



**Date:** February 24, 2022  
**Meeting Place:** Microsoft Teams Meeting  
 +1 323-475-1528 : Conference ID: 742 834 674#

**Meeting Time:** 7:30AM - 9:00 AM

**Members Present:** Fiona Donald, MD *Chief Medical Officer, SFHP*; Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member*; Ana Valdes, MD *Chief Healthcare Officer, Healthright360*; Claire Horton, MD *Chief Medical Officer, San Francisco Health Network*; Albert Yu, MD, MPH, MBA *Chief Health Information Officer, San Francisco Department of Public Health*; Edward Evans *SFHP Member Advisory Committee Member*; Jaime Ruiz, MD *Chief Medical Officer, Mission Neighborhood Health Center*; Lukejohn Day, MD *Chief Medical Officer, Zuckerberg San Francisco General Hospital*; Kenneth Tai, MD *Chief Medical Officer, North East Medical Services*, Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services*

**Staff Present:** Bill Mace *Interim Senior Manager, Grievance & Appeals*; Tammie Chau PharmD, APh *Care Coordination Pharmacist*; Jennifer Forte RN, CN *Concurrent Review Nurse*; Matija Cale RN, MS *Director, Clinical Operations*; Edward Cho *Provider Relations Specialist*; Monica Baldzikowski RN, PHN *Senior Manager, Prior Authorizations*; Se Chung *Health Services Administrative Specialist*; Rashid Alexander *Interim Director Population Health and Quality*; Jose Mendez, *Senior HEDIS Program Manager*

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
<b>Call to Order</b>	Meeting called to order at 7:35 AM with a quorum. <ul style="list-style-type: none"> <li>• Roll Call. New SFHP staff: Bill Mace.</li> <li>• CMO / SFHP Updates - John Grgurina, SFHP CEO retiring at end of March 2022.</li> </ul>		

	<ul style="list-style-type: none"> <li>- Incoming CEO, Yolanda Richardson.</li> <li>- SFHP is celebrating 25<sup>th</sup> anniversary.</li> <li>- Medi-Cal Rx transition update: As of January 2022, Rx benefit has moved to State/Magellan. SFHP can help escalate issues.</li> </ul>		
<b>Consent Calendar</b>	<p>All in favor to approve consent calendar.</p> <ul style="list-style-type: none"> <li>-ER Report is Rx access post ER visit. Requirement by State. Suicidal Ideations being monitored in conjunction with behavior health access.</li> <li>-Grievance Report: Q4 2021 77% grievances resolved in 30 days. Increase in overall member grievances re: access to services, experience, delays in DME. SFHP has had significant staff changes in this department.</li> </ul>		<p>Approved.</p> <ul style="list-style-type: none"> <li>• Review of December 2021 Minutes</li> <li>• Q3 2021 ER Report</li> <li>• Q4 2021 Grievance Report</li> <li>• Q4 2021 Appeals Report</li> <li>• Q4 2021 PQI Report</li> <li>• UM Committee Minutes (Nov. – Dec. 2021)</li> <li>• HE P&amp;P Updates Summary (Nov. 2021 – Jan. 2022)</li> <li>• PDN Criteria 8.21</li> <li>• Non-Genital Gender Confirmation Criteria 11.21</li> <li>• Genital Gender Confirmation Criteria 11.2021</li> <li>• CO-57 UM Criteria</li> <li>• MCG 25<sup>th</sup> Edition – Summary of Changes</li> <li>• FSR 2021 Annual Report</li> </ul>
<b>Quality Improvement</b>	<ul style="list-style-type: none"> <li>• <b><i>UM Clinical Criteria</i></b></li> </ul> <p>Presented by: Matija Cale, RN, MS; Monica Baldzikowski, RN, PHN; Jennifer Forte, RN, CM</p>		

	<p>-SFHP internally developed UM clinical hierarchy determines which criteria is used decide medical necessity on a prior authorization request.</p> <p>1<sup>st</sup> criteria: Genital Gender Confirmation Services, Non-Genital Gender Confirmation Services, EPSDT (Early and Periodic Screening, Diagnostic, and Treatment services) Private Duty Nursing.</p> <p>2<sup>nd</sup> criteria: MCG Care Guidelines – evidence based clinical criteria. National recognized and used by SFHP concurrent review &amp; prior authorization teams. Updated at least 1/year.</p> <p>3<sup>rd</sup> criteria: State/Federal (Medi-Cal/CMS) criteria.</p> <p>4<sup>th</sup> criteria: Chief Medical Officer, internal physician reviewer, or MRIOA.</p> <p>-Top 3 MCG Guidelines used:</p> <ol style="list-style-type: none"> <li>1. General criteria: Observation (medically necessary but less acute conditions)</li> <li>2. Cellulitis criteria – inpatient and surgical care guideline. Frequently used guideline for skin infections. Includes elevated heart rate, low blood pressure, severe pain, etc.</li> <li>3. Systemic or Infections Conditions criteria -general recovery care guideline. 24<sup>th</sup> edition of MCG- guidance used for COVID related admissions. 25<sup>th</sup> edition of MCG- to include Acute Viral Illness guideline for COVID related admissions. Includes edema, lymphedema, etc.</li> </ol> <p>-SFHP Gender Affirmation Services criteria – developed in collaboration with WPATH Standards of Care and Gender Health SF. Criteria posted on SFHP website. For Members over 18 years old.</p> <p>Non-Genital Gender Confirmation Services criteria</p> <p>Genital Gender Confirmation Services criteria</p>		
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Currently mandated coverage of services but legislation SB-855 may causes changes.

*Dr. Claire Horton: How many cases are done per year? Average cost per patient?*

*Dr. Fiona Donald: Important to look at all the services provided within the network (SFHN, SFCCC). Majority of members access through those networks.*

*Monica Baldzikowski: Cost may be challenging because surgeries can be done over a long period of time. Will follow up with Dr. Horton.*

-SFHP EPSDT Private Duty Nursing criteria

Directed towards children in Medi-Cal. Children have broader benefits.

First review/covered by California Children Services (CCS), if denied, SFHP reviews. SFHP received 2 cases last year.

SFHP uses Utah Medicaid program's acuity grid (also used by sister plans) to determine the number of hours needed. Hours determined in coordination with Member's Specialist and PCP.

- Call to approve criteria. Approved by committee.

• ***DHCS Quality Strategy***

Presented by: Fiona Donald, MD

-COVID Vaccine: SF County 90% 1 dose, 66% boosted, SFHP members nearly at 70%.

-DHCS Quality Strategy is very ambitious. 50 metrics identified with a focus on health disparities, maternity care (especially in Black and Native American communities), behavioral health, follow up for mental health and substance use disorder.

	<p>-SFHP will look to focus health equity metrics in these areas: Colorectal cancer screening; blood pressure control; diabetes control; prenatal and postpartum care.</p> <p>-Current race/ethnicity data is self-reported.</p> <p>-Looking to add a 5<sup>th</sup> AIM health equity. 2009 Triple AIM created; 2014 4<sup>th</sup> AIM added.</p> <ul style="list-style-type: none"><li>• Meeting adjourned at: 8:39 AM.</li></ul>		
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Eddy Ang, MD SFHP Senior Medical Director

QI Committee Chair's Signature & Date: 06/09/22

Minutes are considered final only with approval by the QIC at its next meeting.