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San Francisco Health Plan

2022 Quality Improvement Program Description & Work Plan

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1. Introduction

San Francisco Health Plan (SFHP) is a community health plan that provides affordable health care coverage. As of August 2021, membership included 162,516 low and moderate-income individuals and families. Members have access to a range of medical benefits including preventive care, specialty care, hospitalization, prescription medications, behavioral health and family planning services. SFHP was designed by and for the residents it serves and takes great pride in its ability to serve a diverse population that includes children, young adults, and seniors and persons with disabilities (SPDs).

SFHP is a unique public-private partnership established by the San Francisco Health Authority as a public agency distinct from the county and city governments. A nineteen-member Governing Board directs SFHP. The Governing Board includes physicians and other health care providers, members, health and government officials, and labor representatives. The Board is responsible for the overall direction of SFHP, including its Quality Improvement (QI) Program. The Governing Board meetings are open for public participation.

To ensure high quality care and service, SFHP embarked on a journey to be accredited with the National Center for Quality Assurance (NCQA) in 2015. SFHP received interim accreditation status in 2016 and first survey accreditation in 2017, earning 48.3 of 50 possible points. SFHP renewed its accreditation in 2020.

SFHP's products include Medi-Cal and Healthy Workers:

- **Medi-Cal**
  Medi-Cal is California's Medicaid program, which is a federal and state-funded public health insurance program for low-income individuals. As a managed care plan, SFHP manages the funding and delivery of health services for Medi-Cal members. As of August 2021, SFHP retained 88% (150,707 members) of the managed care market share in San Francisco County. [1]

- **Healthy Workers**
  Healthy Workers is a health insurance program offered to providers of In-Home Supportive Services or temporary exempt employees of the City and County of San Francisco. As of August 2021, 11,840 members are enrolled in this program.

2. QI Program Purpose, Scope and Goals

SFHP is committed to continuous quality improvement for both the health plan and its health care delivery system. The purpose of the SFHP QI Program is to establish comprehensive methods for systematically monitoring, evaluating, and improving the quality of the care and services provided to San Francisco Health Plan members. The QI Program is designed to ensure that members have access to quality medical and behavioral health care services that are safe, effective, accessible, equitable, and meet their unique needs and expectations. Delivery of these services must be in a culturally competent manner to all beneficiaries, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity.

[1] Medi-Cal Managed Care Enrollment Report – September 2021, https://data.chhs.ca.gov/dataset/c6ccef54-e7a9-4ebd-b79a-850b72c4dd8c/resource/95358a7a-2c9d-41c6-a0e0-405a7e5c5f18/download/mcod-mc-mc-enrollment-report-september-2021.csv

SFHP contracts with medical and behavioral health care providers, including medical groups, clinics, independent physicians and their associated hospitals, ancillary providers, behavioral health clinicians, and pharmacies to provide care. SFHP maintains responsibility for communicating regulatory and contractual requirements as well as policies and procedures to participating network providers. SFHP retains full responsibility for its QI Program and does not delegate quality improvement oversight. In certain instances, SFHP may delegate some or all QI functions to accredited provider organizations.

Under the leadership of SFHP's Governing Board, the QI Program is developed and implemented through the Quality Improvement Committee (QIC). The QIC structure, under the leadership of the SFHP Chief Medical Officer, ensures ongoing and systematic collaboration between SFHP and its key stakeholders: members, provider groups, and practitioners. The QI Program is also part of a broader SFHP improvement strategy that includes a Population Health Management Program. The Population Health Management Program develops SFHP's strategic targets for addressing the needs of its members across the continuum and manages the effective execution of that strategy. Strategic targets from Population Health Management are incorporated into the QI program. A shared leadership team ensures accountability and collaboration between both programs.

The QI Program's objectives and outcomes are detailed in the QI Work Plan (see Appendix A). Each program objective is monitored at least quarterly, evaluated at least once per year and is shared with QIC quarterly in the form of a QI scorecard. Measures and targets are selected based on volume, opportunities for improvement, risk, organizational priorities, and evidence of disparities.

The scope and goals of the QI Program are comprehensive and encompass major aspects of care and services in the SFHP delivery system, as well as the clinical and non-clinical issues that affect its membership. These include:

- Improving members' health status, including reducing health disparities and addressing, where possible, the social determinants of health that adversely impact our members
- Ensuring continuity and coordination of care
- Ensuring access and availability of care and services, including parity between medical and behavioral health care services
- Ensuring member knowledge of rights and responsibilities
- Providing culturally and linguistically appropriate services
- Ensuring that health care practitioners are appropriately credentialed and re-credentialed
- Ensuring timely communication of Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) standards and requirements to participating medical groups and organizational providers
- Ensuring effective and appropriate utilization management of health care services, including medical, pharmaceutical, and behavioral health care services
- Providing health education resources
- Ensuring clinical quality and safety in all health care settings
- Ensuring excellent member care experience
- Ensuring that responsibilities delegated to medical groups meet plan standards
- Evaluating the overall effectiveness of the QI Program through an annual comprehensive program evaluation
- Using the annual evaluation to update the QI Program and develop an annual QI Work Plan

3. QI Program Structure

The following section describes the quality committees and staff of SFHP. Appendix B - Quality Improvement Committee Structure, includes details on committee reporting structure.

A. Quality Committees

The Quality Committees listed below report either to the Quality Improvement Committee (QIC), the Governing Board, or the Chief Medical Officer (CMO).

i. The Quality Improvement Committee

The SFHP QIC is comprised of network clinicians (physicians, behavioral health, and pharmacists) and three members of the Member Advisory Committee, one of whom is an SPD member. The QIC is chaired by SFHP's CMO. The QIC is a standing committee of the San Francisco Health Authority Governing Board that meets six times a year. It is the main forum for member and provider oversight, ensuring the quality of the healthcare delivery system. The committee is responsible for reviewing and approving the annual QI Program and QI Evaluation, and for providing oversight of the Plan's quality improvement activities. SFHP brings new quality improvement programs to the QIC to ensure the committee members provide input into program planning, design, and implementation. SFHP maintains an annual calendar to ensure that key SFHP QI activities are brought to the QIC for ongoing review. This includes review and approval of policies and procedures related to quality improvement, utilization management, and delegation oversight. SFHP maintains minutes of each QIC meeting, submits them to the Governing Board for review and approval, and submits these to DHCS on a quarterly basis. The QIC meetings are open to the public and agendas and minutes are published on SFHP's website.

ii. The Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics (P&T) Committee convenes at least quarterly to review, evaluate, and approve the SFHP Formulary revisions based on safety, comparable efficacy and cost and to adopt pharmaceutical management procedures including prior authorization criteria, quantity limits, and step therapy protocol for covered outpatient prescription medications. The P&T Committee is responsible for pharmaceutical and therapeutic treatment guidelines and an annual approval of the pharmacy clinical policies and procedures for formulary, prior authorization, monitoring of utilization rates, timeliness of reviews, and drug utilization review (DUR) processes. The SFHP P&T Committee governs formulary, utilization management, and related policies/procedures for the Healthy Workers HMO line of business and Healthy San Francisco program. Formulary, utilization management, and related policies/procedures for Medi-Cal will be governed by the Department of Health Care Services (DHCS) upon implementation of Medi-Cal Rx (January 1, 2022). The retrospective DUR processes and related policies governed by the P&T Committee may include Medi-Cal for the purpose of oversight of adherence and disease and medication management. The P&T Committee is comprised of network physicians, including a psychiatrist, and pharmacists along with the SFHP Pharmacy Director and is chaired by SFHP's CMO or designee. The committee meets quarterly and on an ad hoc basis, and meetings are open to the public. The P&T Committee reports to the QIC.

iii. The Physician Advisory/Peer Review/Credentialing Committee

The Physician Advisory/Peer Review/Credentialing Committee (PAC) provides comments and recommendations to SFHP on standards of care and peer review. The PAC Committee is chaired by SFHP's CMO and consists of providers in SFHP's network. The PAC Committee serves to review and provide recommendations regarding substantive quality of care concerns, in particular those related to credentialed provider performance. The Sanctions Monitoring Report is reviewed by SFHP monthly to

ensure that any identified providers with investigations or actions are brought to the PAC Committee for review, including confirmed Potential Quality Issues of requisite severity and Facility Site Review finding. The PAC Committee also reviews credentials and approves practitioners for participation in the SFHP network as appropriate. The PAC Committee meets every two months and is a subcommittee of QIC.

iv. The Member Advisory Committee

The Member Advisory Committee (MAC) serves as the Public Policy Committee of SFHP as defined and required by the Knox-Keene Act. The MAC advises the Plan on issues of concern to SFHP's service beneficiaries. The committee is made up of SFHP members and health care advocates. In this forum, members can voice concerns and give advice about what health services are offered and how services are delivered to members. It consists of at least 10 to no more than 30 members and is led by an SFHP member. The Committee meets monthly and reports to the Governing Board.

v. The Practice Improvement Program Advisory Committee

The Practice Improvement Program (PIP) Advisory Committee provides guidance to SFHP on pay-for-performance program development, implementation, and evaluation. Committee members review prior and current year PIP network performance, identify and predict barriers to success for participants, and problem-solve solutions. Membership is made up of representatives from all PIP-participating organizations. Meetings are held at least twice a year. The PIP Advisory Committee reports to the CMO.

B. Committees with Internal Membership Only

The Committees with Internal Membership Only listed below report either to the CMO, or the Compliance and Regulatory Affairs Officer, which in turn provide updates to the QIC or the Governing Board through minutes or representation as appropriate.

i. The Policy & Compliance Committee

The Policy and Compliance Committee (PCC) is comprised of SFHP staff and led by SFHP's Compliance and Regulatory Affairs Officer. The PCC reviews and approves all new policies and procedures and changes to existing policies and procedures. Policies and procedures with clinical implications must be approved by the QIC before review by the PCC. The PCC also communicates regulatory updates and compliance issues to SFHP management. The PCC meets at least 11 times per year and is chaired by the Compliance Programs Supervisor. Members include representatives from Health Services, Operations, Finance, Information Technology Services, Human Resources, and Marketing departments. PCC members include:

- Chief Officer of Compliance and Regulatory Affairs Regulatory Affairs Counsel, Chairperson
- Regulatory Affairs Counsel, Chairperson
- Manager, Compliance and Oversight
- Director of Policy Development and Coverage, or delegate
- Director of Finance, or delegate
- Director of Pharmacy, or delegate
- Director of Clinical Operations, or delegate
- Director of Human Resources, or delegate
- Director of Systems Development Infrastructure, or a delegate
- Director of Claims, or delegate
- Senior Manager, Member Services

- Director of Marketing & Communications, or delegate
- Director of Provider Network Operations, or delegate
- Director of Care Management, or delegate
- Director of Health Services Program, or a delegate

ii. The Provider Network Oversight Committee

The Provider Network Oversight Committee (PNOC) is comprised of SFHP staff and led by SFHP's Compliance and Regulatory Affairs Officer. The PNOC provides a forum for evaluating providers' compliance with DHCS, DMHC, and NCQA requirements and standards. This committee identifies issues and addresses concerns related to provider performance of their administrative responsibilities. The committee is responsible for making penalty recommendations when providers do not meet performance standards according to federal and state requirements. The PNOC is chaired by the Manager, Compliance and Oversight and is comprised of members from the following departments: Compliance and Regulatory Affairs, Operations, and Health Services. PNOC voting members include:

- Manager, Compliance and Oversight (Chair)
- Officer, Compliance and Regulatory Affairs
- Director, Provider NetworkDirector, Clinical Operations
- Manager, Access and Care Experience
- Director, Health Services
- Behavorial Health Manager
- Director of Pharmacy

iii. The Grievance Review Committee

The Grievance Review Committee (GRC) is an internal SFHP committee that reviews all grievances and serves as an escalation point for trends identified from member grievances. If a grievance trend is identified or there is a particularly concerning grievance, the committee will recommend a Corrective Action Plan (CAP) or a notification to the Medical Group. Member grievances are not delegated to Medical Groups, except Kaiser, Beacon, and Vision Service Plan (VSP). The GRC also reviews individual member grievances through a collaborative process to ensure that all the components of the grievances have been resolved. The committee is led by the CMO with cross functional representation from Member Services, Provider Relations, Health Outcomes Improvement, and Compliance and Regulatory Affairs departments. The committee meets twice weekly. GRC members include:

- Chief Medical Officer or designee (Chair)
- Health Plan Physician Advisor
- Chief Officer, Compliance and Regulatory Affairs
- Senior Manager, Member Services
- Account Manager, Provider Network Operations
- Quality Review Nurse
- Supervisor, Appeals and Grievances
- Counsel, Regulatory Affairs
- Senior Analyst, Regulatory Affairs
- Program Manager, Appeals and Grievances
- Grievance Staff
- Lead, Customer Service
- Pharmacy, Utilization Management, Care Management, Health Education, and Cultural & Linguistics staff participate as needed.

iv. The Grievance Program Leadership Team

The Grievance PLT is an internal SFHP committee that provides oversight and monitoring of all grievance program functions such as process improvement opportunities, audits, reporting, regulatory requirements, operations, and grievance trends. Grievance PLT also ensures follow through of Grievance Review Committee recommendations for grievance trends and reviews for system issues. The Grievance PLT is led by the Manager of Access and Care Experience with cross functional representation from Health Services, Member Services, Health Outcomes Improvement, and Compliance and Regulatory Affairs departments. Grievance PLT meets quarterly. PLT members include:

- Chief Medical Officer or designee (Chair)
- Chief Officer, Compliance and Regulatory Affairs
- Chief Officer, Operations
- Senior Manager, Member Services
- Supervisor, Appeals and Grievances
- Quality Review Nurse
- Program Manager, Appeals and Grievances
- Manager, Provider Relations and/ or Account Manager, Provider Network Operations as needed.

v. The Access Compliance Committee

The Access Compliance Committee (ACC) coordinates the monitoring and improvement activities for the accessibility and availability of medical and behavioral health care services. The committee meets at least quarterly to review access data, monitor progress of access-related corrective action plans, and recommend and review actions based on non-compliance with timely access standards. The committee is cross-functional and comprised of representatives from Operations, Health Services, and Compliance and Regulatory Affairs departments. The committee reports to the QIC. ACC members include:

- Regulatory Affairs Counsel (Chair)
- Manager, Provider Relations
- Network Manager, Provider Relations
- Senior Analyst, Regulatory Affairs and Compliance
- Senior Program Manager, Quality and Access
- Specialist, Provider Relations

vi. The Utilization Management Committee

The Utilization Management Committee (UMC) provides oversight to ensure effective and compliant implementation of SFHP's Utilization Management Program and to support compliance with SFHP's policy requirements, the Medi-Cal contract, NCQA accreditation requirements, and DHCS/DMHC statutory and regulatory requirements. Discussion outcomes may result in changes to medical policy and criteria, prior authorization requirements, and/or UM Process enhancements. The UMC is a subcommittee of the QIC. The UMC meets 10 times annually and provides monthly minutes, quarterly trend reports, and annual reports to the QIC. The UMC membership, with voting rights on all motions, consists of:

- Chief Medical Officer, MD
- Associate Medical Director, MD
- Director, Clinical Operations, RN
- Senior Manager, Prior Authorization, RN

- UM Nurse Manager, Prior Authorizations, RN
- Manager, Concurrent Review and Care Transitions, RN
- Program Manager, Utilization Management, PhD
- Director of Pharmacy, Pharm.D
- Manager, Pharmacy, RPh

The UMC membership, with voting rights limited to behavioral health and mental health motions, consists of:

- Director of Clinical Services – Beacon Health Options (ad hoc)
- Valid State Clinical License required (RN, LCSW, LMFT, PhD, or PsyD)
- Medical Director (MD/Psychiatry) – College Health IPA (Beacon Health Options) (ad hoc)

C. Quality Improvement Communications

i. Communication to members

SFHP updates members regularly regarding key QI activities. A summary of the QI work plan and evaluation is published and distributed to members annually by mail in the member newsletter "Your Health Matters," and on SFHP's website.

ii. Communication to providers

SFHP updates providers regularly regarding key QI activities, including:

- Disseminating the QI work plan and evaluation to providers via the SFHP Provider Newsletter and by posting on SFHP's website.
- Informing providers of new and revised policies and procedures, and legislative and regulatory requirements as they occur through the SFHP Provider Newsletter and the Network Operations Manual (NOM).
- Sharing preventive care and other clinical practice guidelines.
- Distributing results of quality monitoring activities, audits and studies, including grievances that identify potential system issues and member experience and provider satisfaction survey results
- Providing training for new providers on SFHP's NOM.

D. Quality Improvement Staff

The Health Outcomes Improvement (HOI) department within Health Services has primary accountability for implementing the QI Program, corresponding QI Work Plan, and conducting an annual population health assessment and strategy. The department is organized to provide interdisciplinary involvement in ensuring the quality of health care and services provided to SFHP's membership. HOI staff monitors quality indicators and implements and evaluates the Plan's quality improvement activities. HOI staff develop and comply with policies and procedures describing SFHP standards, legislative and regulatory mandates, contractual obligations and, as applicable, NCQA standards. HOI staff support management of QI studies and reports, including statistical analysis and interpretation of data. Based on the QI Work Plan activities, HOI staff provides summary data, analysis, and recommendations to the QIC.

i. Health Services Staffing Structure

The Health Services Leadership that supports the QI program are:

Chief Medical Officer – responsible for leading the Quality Improvement Committee, Physician Advisory/Peer Review/Credentialing Committee, and the Pharmacy and Therapeutics Committee, and for all quality improvement studies and activities. The CMO provides guidance and oversight for development of policies, programs, and projects that support all activities identified in the QI Program. The CMO carries out these responsibilities with support from direct reports, including Medical Director, Associate Medical Director, and Directors of Health Outcomes Improvement, Pharmacy, Clinical Operations, and Care Management. In addition, the CMO partners with the Officer of Compliance and Regulatory Affairs. The CMO is a board-certified physician who holds a current license to practice medicine in California. The Senior Medical Director holds a Medical Doctorate and has 30 years of healthcare experience including 12 years of clinical practice experience and 18 years of clinical quality and managed care experience.

ii. Population Health & Special Programs Staffing Structure

Interim Director, Population Health & Quality – The Interim Director, Population Health & Quality reports to the Chief Medical Officer, ensures the completion of the QI Program (including work plan and evaluation), and directs the execution of QI activities identified in the QI Work Plan. The Interim Director, Population Health & Quality, oversees teams focused on fostering quality for SFHP's members. The Interim Director, Population Health & Qiality has a Master of Health Administration and has 19 years of experience in program development, process improvement, and quality implementation experience.

- **Senior Program Manager, Quality & Access –** reports to the Director, Population Health & Special Programs, and is responsible for operating quality improvement oversight and project manages SFHP's access monitoring requirements, measures CAHPS performance, develops and implements interventions to improve the care experience of SFHP members. The Quality & Access Senior Program Manager has 12 years of experience in a clinical setting and six years of experience in quality improvement.

- **Manager, Population Health –** reports to the Director, Population Health & Special Programs, and oversees activities related to the improvement and auditing of clinical HEDIS measures, health education & promotion programs, and pay-for-performance. The Population Health Manager is a Registered Nurse with an Associate Degree in Nursing Science. The Population Health Manager has 14 years of clinical experience and 11 years of quality improvement experience. Reporting to the Manager, Population Health, the following positions support SFHP's QI efforts:

    - **Program Manager, Population Health –** project manages interventions to improve HEDIS measures, including member incentives, medical record review, health disparities, and cultural linguistic services. The Population Health Program Manager has a Bachelor of Arts in Sociology and is a Certified Full Spectrum Doula and a Certified Family Planning Health Educator, with 11 years of experience in qualitative research, four years of experience in a clinical setting, and three years of experience in quality improvement.

    - **Program Manager, Population Health –** project manages interventions to improve HEDIS and member experience measures through SFHP's pay-for-performance program.

The Population Health Program Manager has a Master of Public Health, with four years of experience in quality improvement.

- **Program Manager, Population Health (Qualified Health Educator) –** designs and implements interventions to improve HEDIS rates, ensures that members have access to low-literacy health education materials/classes, and ensures that members have access to services in their preferred language. The Qualified Health Educator and Program Manager of Population Health has a Master of Public Health, with 16 years of experience in public health including 11 years of experience in health education.

- **Specialist –** provides support to the above staff to execute their responsibilities, developing marketing materials, pay-for-performance data management, and coordinating with providers to report pay-for-performance data. The Specialist in Population Health has a Bachelor of Science in Public Health, with one year of experience in clinical research, one year experience in health promotion, and two years experience in care coordination.

- **Supervisor, Special Programs** – reports to the Director, Population Health & Special Programs, and is responsible for the overall planning, execution, and implementation of projects and work products related to Special Projects within Health Services. The Program Manager Supervisor has10 years of experience in program management in a health care and administrative program setting. The Supervisor Program Manager has a Bachelor's of Science in Health Services.

  - **Program Manager, Social Determinants of Health –** reports to Supervisor of Special Programs and is responsible for navigating county and community SDoH agencies and interventions, analyzing SDoH policy trends as relevant to SFHP members and consults with internal staff on pathways connecting to communityagencies that address SDoH while tracking barriers to access. The SDoH Program Manager has a Bachelors of Science or Social Work , with four years of experience in program management, and two years of direct service.
  - **Program Manager, Children and Families –** reports to Supervisor of Special Programs and is responsible for implementing activities and measurement of programs involving children and family services. Children & Family program manager monitors DHCS & DHMC requirements, coordinates with county andcommunity services and develops and implements interventions to improve the care experience of SFHP members. The Children & Family Program Manager has a Bachelors of Science or Social Work , with four years of experience in program management, and two yearsof direct service with children and family.

iii. Health Services Departments that contribute to the QI Program

Clinical Operations Department
SFHP's Clinical Operations Department conducts Utilization Management (UM) for both inpatient and outpatient requests. In addition, they oversee delegated UM activities within the provider network to comply with all regulatory UM requirements. Activities are comprised of the following functional areas: Care Transitions, Concurrent Review, Prior Authorization, UM Delegation Oversight, UM Claims Edits, and Provider Dispute Resolutions.

Pharmacy Department
SFHP's Pharmacy Department leads initiatives to improve quality of care, including medication reconciliation and drug utilization reviews. The Pharmacy Department also includes the Health Services Product Management team, which oversees SFHP's HEDIS process and internal applications supporting SFHP processes that impact member care

Care Management Department
SFHP's Care Management department administers case management programs aimed at improving care for members who may be high risk, high-utilizing, and/or experiencing challenges when trying to effectively engage the health care system. Care Management provides a wide range of services from basic telephonic care coordination to intensive, in-person case management. The goals of Care Management's programs are to improve member health, support members' self-management of chronic conditions, improve connection with and utilization of primary care, and reduce inpatient admissions and avoidable ED visits. As part of these goals, the program works to address psychosocial stability (e.g. housing, access to healthy food, clothing, and in-home supportive services) when needed. All programs include comprehensive assessments and member-driven care plans. Through a collaborative process with primary care providers, behavioral health providers, community agencies, and the member, Care Management staff work to improve coordination of services.

iv. External Agency that contributes to the QI program

Beacon Health Options
Beacon Health Options is delegated to provide non-specialty mental health care to SFHP's Medi-Cal members. Beacon's Quality Director presents annually on their QI plan and participates in QIC meetings as needed. SFHP's CMO provides oversight and strategic guidance of the NSMH benefit to Beacon Health Options. Beacon's on-site clinical staff participates in Care Management rounds to ensure a smooth connection of our member to Beacon services. SFHP collaborates with Beacon's Clinical Management Director on QI initiatives as needed.

4. Quality Improvement Method and Data Sources

A. Identification of Important Aspects of Care

SFHP identifies priorities for improvement based on regulatory requirements, NCQA standards, data review, and provider- and member- identified opportunities in the key domains of Clinical Quality & Safety, Quality of Service & Access to Care, Utilization Management, and Care Coordination & Services. Particular attention is paid to those areas that are high risk, high volume, high cost, or problem prone.

The QI Program employs a systematic method for identifying opportunities for improvement and evaluating the results of interventions. The QI Program uses the following methods to improve performance:

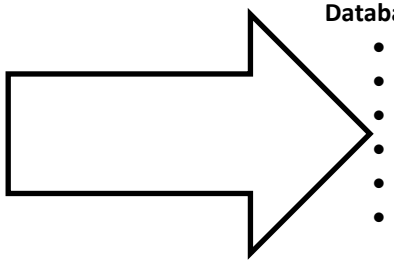
- Establish targets and/or benchmarks for key indicators within each domain
- Systematically collect data
- Analyze and interpret data at least annually
- Identify opportunities for improvement
- Identify barriers to improvement
- Prioritize opportunities

- Establish improvement objectives in support of priorities
- Design interventions based on best practices or previous interventions
- Implement and track progress of interventions
- Measure effectiveness of interventions based on progress toward standards or benchmarks

B. Data Systems and Sources

Member Data:
- Grievances
- Consumer Assessment of Healthcare Providers and Systems
- Health Information Form/Member Evaluation Tool
- Health Appraisal
- Member Advisory Committee
- Focus Groups
- Health Risk Assessment
- Eligibility and Demographic
- Member Predictive Risk Score (MARA)
- Member Care Plan
- External Program Eligibility

Provider Data:
- Claims/Encounters
- Authorizations
- Pharmacy
- Credentialing/Rosters
- Surveys/Audits
- Medical Records
- Labs
- Electronic Health Records
- Immunizations



Databases and Data Systems:
- Enterprise Data Warehouse
- Essette (Care Management System)
- QNXT (Claims Processing System)
- Cotiviti (HEDIS Vendor)
- PreManage (Information Exchange)
- Health Trio (Member and Provider Portal)

Data Monitoring and Reporting

SFHP monitors and improves data quality via the following mechanisms:

- **Encounter Data Monitoring** – SFHP measures the quality of encounter data monthly for completeness, accuracy, reasonability, and timeliness using methodology published in the DHCS Quality Measures for Encounter Data (QMED) document. SFHP works with its Trading Partners to ensure timely encounter submissions by reviewing error reports, reconciling and resubmitting rejected encounters.
- **Health Services Product Management (HSPM) HEDIS Workgroup** – The HSPM HEDIS Workgroup is an internal SFHP workgroup that sets the overall direction for HEDIS data quality improvement and monitoring efforts. The workgroup's goals include improvement of data quality (lab, encounter/claim, pharmacy, and member data), regular and recurring monitoring of data quality, and vetting of new data sources (carve out, lab, EHR feeds, Medicare, etc.). The workgroup supports improvement of data that impacts NCQA Accreditation and the California Managed Care Accountability Set quality indicators.

C. Policies and Procedures

SFHP reviews and updates all of its quality and clinical policies and procedures (Utilization Management, Care Coordination, Pharmacy, Quality Improvement, Health Education, Cultural and Linguistic Services) biennially at a minimum. Clinical policies and procedures are also updated on an as-needed basis to reflect changes in federal and state statutory and regulatory requirements and/or NCQA standards. QIC and SFHP's internal Policy and Compliance Committee approve new and updated policies and procedures.

5. QI Program

San Francisco Health Plan evaluates the overall effectiveness of the Quality Improvement Program through an annual evaluation process that results in a written report which is approved by the CMO, QIC, and Governing Board and then submitted to DHCS.

A. QI Work Plan

Results of the annual evaluation described above, in combination with information and priorities determined by the Health Services leadership and staff, are reviewed and analyzed in order to develop an annual QI Work Plan (see Appendix A). This comprehensive set of measures and indicators is divided into six domains:

1. Managing Members with Emerging Risk
2. Patient Safety or Outcomes Across Settings
3. Keeping Members Healthy
4. Quality of Service and Access to Care
5. Utilization of Services
6. Managing Multiple Chronic Illnesses

The QI Work Plan also includes a summary of Quality Improvement Committee Activities and updates are communicated to QIC via a scorecard each quarter.

B. QI Program Evaluation

Measures completed within the evaluation timeline are included in the evaluation for that calendar year. Measure completion is determined by the staff responsible for the measure and is indicated by either completion of planned activities, achievement of the stated target, or receipt of the required data for evaluation. Measure timelines are determined by the activities and the data frequency and can be longer than a single calendar year. Each measure's timeline is indicated in the Work Plan found in Appendix A. The evaluation includes an executive summary and a summary of quality indicators, identifying significant trends and areas for improvement. Each measure included in the evaluation includes the following elements:

- Brief description of the QI activity/intervention and how it aims to improve the domain in which it is included
- Measure target of the QI activity/intervention

- Measure definition
- Measure results, trended over at least three years when available
- Barriers that affected the effectiveness of the activity/intervention
- Recommended interventions/actions to overcome barriers in the following year

6. QI Activities

A. Managing Members with Emerging Risk

The domain of Managing Members with Emerging Risk involves QI activities related to clinical outcomes related to chronic condition care management.

i. Chronic Condition Management

SFHP monitors and reports on a variety of HEDIS measures focused on recommended interventions for members with chronic conditions. These include:

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Antidepressant Medication Management
- Asthma Medication Ratio
- Comprehensive Diabetes Care
- Concurrent Use of Opioids and Benzodiazepines
- Controlling High Blood Pressure
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Follow-Up After Emergency Department Visit for Mental Illness
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medications
- Medical Assistance with Smoking and Tobacco Use Cessation
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Pharmacotherapy Management of COPD Exacerbation
- Plan All Cause Readmissions
- Risk of Continued Opioid Use
- Statin Therapy for Patients with Cardiovascular Disease
- Statin Therapy for Patients with Diabetes
- Use of First-Line Psychosocial Care For Care for Children and Adolescents on Antipsychotics
- Use of Imaging Studies for Low Back Pain
- Use of Opioids at High Dosage
- Use of Opioids at High Dosage in Persons Without Cancer
- Use of Opioids from Multiple Providers

SFHP promotes chronic condition management guidelines to providers through the quarterly provider newsletter and by publishing guidelines on SFHP's public website. These guidelines include but are not limited to:

- American Diabetes Association: Clinical Practice Guidelines
- Institute for Clinical Systems Improvement Guidelines
- SFDPH Asthma Home Visiting Program and Resources
- JNC8 Guidelines for Hypertension

B. Patient Safety or Outcomes Across Settings

The domain of Patient Safety or Outcomes Across Settings involves QI activities related to clinical outcomes related to preventing adverse health outcomes.

i. Patient Safety

SFHP is committed to the safety of its members. Current patient safety initiatives include the following:

Medication Therapy Management (MTM) Program – SFHP Clinical Pharmacists review medication needs for members identified by the Care Management and Care Transitions program. The goal is to optimize medication regimens by promoting safe and effective use of medications. Achieving this goal and completing interventions is a multidisciplinary effort between Pharmacy services, the Care Management and Care Transitions team, Senior Medical Director, and primary care providers. Educational medication resources for targeted members will also increase adherence and knowledge of their drug regimen.

SFHP Pain Management Program – SFHP conducts trainings for providers and clinic staff on multiple aspects of pain management, including safe opioid prescribing. SFHP works with external and internal experts to provide clinical and non-clinical pain management resources to the community. SFHP's pay-for-performance program (PIP) also supports best practices in opioid prescribing and pain management. SFHP has an internal Pain and Opioid Workgroup and pain management is discussed at SFHP's Pharmacy & Therapeutics Committee.

Potential Quality Issues (PQIs) – SFHP Clinical Operations, Care Management, and Pharmacy staff are trained to identify PQIs and refer them to the Quality Review Nurse. SFHP defines a Potential Quality Issue (PQI) as an identified adverse variation from expected clinical standard of care that may present potential or real harm to SFHP members and requires further investigation. SFHP ensures that PQIs are initially evaluated by the Quality Review Nurse for clinical review of elements meeting an acceptable standard of care and presents to the SFHP Associate Medical Director to review investigation results and determine if a clinical quality issue is evident, which may result in corrective action plans and referral to Provider Advisory Committee (PAC) for peer review and next step recommendations.

C. Keeping Members Healthy

The domain of Keeping Members Healthy involves QI activities related to clinical outcomes related to disease prevention.

i. Preventive Care

SFHP monitors and reports on a subset of U.S. Preventive Services Task Force (USPSTF) clinical recommendations and preventive service guidelines as well as other preventive service HEDIS and CMS measures. These include:

- Adolescent Immunization Status
- Ambulatory Care
- Appropriate Testing for Pharyngitis
- Appropriate Treatment Upper Respiratory Infection
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- Breast Cancer Screening
- Cervical Cancer Screening

- Childhood Immunization Status
- Chlamydia Screening in Women
- Contraceptive Care: All Women Ages 15-44
- Contraceptive Care: Postpartum Women Ages 15-44
- Screening for Depression and Follow-Up Plan
- Developmental Screening in The First Three Years of Life
- Prenatal and Postpartum Care
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Well-Child Visits in the First 30 Months of Life
- Child and Adolescent Well-Care Visits

SFHP promotes pediatric and adult preventative health care guidelines to providers through the monthly provider newsletter and by publishing links to established guidelines on SFHP's public website. These guidelines include:

- Recommended immunization schedules (e.g. HPV, Influenza)
- Recommended screenings (e.g. Initial Health Assessment, Colon Cancer)
- Pediatric laboratory/diagnostic studies (e.g. Newborn Blood Screening)
- Recommended counseling (e.g. violence, tobacco use/cessation)

To encourage members to receive high priority services, SFHP offers a $50 incentive to eligible members for completing adult wellness visits.

ii. DHCS Performance Improvement Projects (PIP)

SFHP implements DHCS PIPs at any given time. PIP measures aim to understand key drivers of poor performance and conduct improvement activities based on the key drivers. One of SFHP's PIPs for 2019-2021 targets the large disparities in breast cancer screening rates seen among the SFHP member population by race/ethnicity. SFHP aims to improve the rate of African American members who receive a breast cancer screening within the HEDIS timeframe. The second PIP aims to improve the rate of well-child visits for infants up to the age of fifteen months. This is a new measure for SFHP so there is significant improvement opportunity for the entire SFHP member population. Due to COVID related delays, the two DHCS PIPs will continue through 2022.

iii. Health Education

SFHP ensures that members have access to low-literacy health education and self-management resources in all threshold languages mandated by DMHC and DHCS. These resources are available on the SFHP website, and through SFHP providers. Select materials are also mailed to members as part of SFHP's population health campaigns.

Health topics covered by these tools and fact sheets include smoking and tobacco use cessation, encouraging physical activity, healthy eating, managing stress, asthma and diabetes control, parenting, and perinatal care, among others. SFHP's member newsletter, "Your Health Matters," features emerging health education topics prioritized by SFHP's clinical leadership. In addition, the SFHP website includes a sortable listing of free group wellness classes offered by SFHP's provider network on a variety of topics.

SFHP's member portal prompts members to complete the Health Trio Health Appraisal tool to identify risk factors and health concerns. Based on the Health Appraisal results, members are provided with a risk

and wellness profile, along with prevention strategies. In addition, the Health Trio online platform provides members with access to dynamic and evidence-based self-management tools based on their individual areas of risk or interest. These include topics such as healthy weight, healthy eating, promotion of physical activity, managing stress, tobacco use cessation, avoiding at-risk drinking, and identifying symptoms of depression.

D. Quality of Service and Access to Care

The domain of Quality of Service and Access to Care incorporates all aspects of the services provided to members including customer service, language access, appointment access, and wait times.

i. Monitoring Member Access

SFHP monitors members' access to care, following regulations delineated by DMHC and DHCS as well as accreditation standards set by NCQA. DMHC monitoring requirements are met by the annual Timely Access Regulations submission in March. DHCS monitoring requirements are met via the annual contract oversight audit performed by DHCS. These access monitoring measures, among others, are reviewed quarterly by SFHP's Access Compliance Committee. Based on monitoring and survey results, the committee identifies issues and requests a response when performance thresholds are not met. Data are comprehensive, addressing core areas such as member and provider experience with access, appointment availability, after hours care, wait times, as well as indicators of network adequacy to meet members' needs.

ii. Financial Incentives to Support Improvement

The Practice Improvement Program (PIP) is SFHP's pay-for-performance program. PIP incentive funds are sourced from approximately an 18.5% withholding of provider payments. Providers are eligible to earn 100% of these funds back if they meet program requirements. Supporting the goals of the triple aim, PIP has four domains: Clinical Quality, Patient Experience, Systems Improvement, and Data Quality. Participants have opportunities to gain incentive funds both from meeting benchmarks and from relative improvement. Unearned funds are reserved to support improvement of performance measures via technical assistance and provider-level grants**.**

In addition to the pay-for-performance program, SFHP's governing board caps financial reserves equal to two months of member capitation. Reserves in excess of these amounts are allocated to the Strategic Use of Reserves (SUR). SFHP then reviews quality indicators (HEDIS, CAHPS, utilization, etc.) and recommends projects to improve quality for SFHP members, using funds from SUR.

iii. Provider Satisfaction

On an annual basis, SFHP conducts a Provider Satisfaction Survey to gather information about network-wide provider issues and concerns with SFHP's services. The survey targets primary care and specialty care providers, ancillary providers, and office staff. It measures their satisfaction with the following SFHP functions:

- Telehealth Services
- Utilization Management]
- Care Management
- Network/Coordination of Care
- Timely Access to Health Care Services
- Pharmacy
- Health Plan Customer Service Staff

- Provider Relations
- Ancillary Provider Network
- Member Incentives

Results are distributed to the impacted SFHP departments and the QIC to identify and implement improvement activities. Applicable improvements are integrated into QI Program activities.

iv. Provider Credentialing

SFHP ensures that health care practitioners and organizational providers are qualified to perform the services for which they are contracted by credentialing, re-credentialing, screening and enrolling all network providers. This process includes:

- Bi-annual review of credentialing policies and procedures for compliance with legislative and regulatory mandates, contractual obligations, and NCQA standards
- Peer review of credentialing and re-credentialing recommendations, potential quality of care issues, and disciplinary actions through the Physician Advisory Committee (PAC)
- Providing a mechanism for due process for practitioners who are subject to adverse actions
- Reviewing licensing and accreditation documentation of organizational providers, or reviewing for compliance with industry standards
- Conducting ongoing provider monitoring through the Medical Board of California and other licensing organizations, List of Excluded Individuals/Entities (LEIE), DHCS' Suspend & Ineligible List (S&I), the System for Award Management (SAM), National Plan and Provider Enumeration System (NPPES), the Social Security Death Master File (SSADMF), and the Restricted Provider Database (RPD).

v. Member Grievances and Appeals

SFHP ensures that member grievances and appeals are managed in accordance with Managed Care, Medi-Cal, and NCQA standards. SFHP manages and tracks complaints and grievances and provides a quarterly analysis, identifying trends and addressing patterns when evident, to the QIC. To identify patterns and trends in grievances, grievance reports are generated to report rates by line of business, medical group, and grievance category. When a grievance pattern has been identified, SFHP works with clinics or medical groups to develop strategies for improvement or request corrective action as appropriate. SFHP's Utilization Management Committee (UMC) reviews all member appeals for issues and trends.

vi. Member Rights and Responsibilities

SFHP works to ensure that members are aware of their rights and responsibilities. This includes the annual review, revision, and distribution of SFHP's statement of member rights and responsibilities to all members and providers for compliance with SFHP standards and legislative mandates. SFHP's member rights and responsibilities are available in the Medi-Cal Member Handbook, Medi-Cal Member Guidebook, Healthy Workers HMO Evidence of Coverage and Disclosure Form, and Healthy Workers HMO Member Guidebook. Members can also view their rights and responsibilities on SFHP's public-facing website. Providers are able to view the member rights and responsibilities in SFHP's Provider Manual. SFHP also implements specific policies that address the member rights to confidentiality and minor's rights. SFHP conducts a review of grievance and appeal policies and procedures to ensure compliance with SFHP standards, legislative mandates, DHCS contractual obligations, and NCQA standards, at least once every other year. In addition, SFHP analyzes member grievances and appeals that specifically concern member rights and responsibilities.

vii. Cultural and Linguistically-Appropriate Services and Anti-Discrimination Procedures

SFHP's Cultural and Linguistic Services program is informed by regular assessment of the cultural and linguistic needs of its members via the DHCS Population Needs Assessment (PNA) and NCQA Population Assessnent: Cultural, Ethnic, Racial and Linguistic Needs of SFHP Members and Practitioner Availability (NET 1 A). All SFHP member materials are available in Medi-Cal threshold languages. All SFHP health education materials are written at a sixth-grade reading level. Alternative formats for member materials, such as large text and braille, are available to members upon request.

All non-English monolingual and Limited English Proficient (LEP) SFHP members have access to confidential, no-cost linguistic services at all SFHP and medical points of contact. SFHP informs members about the availability of linguistic services through its Member Handbook, Evidence of Coverage, member newsletters and through other member contacts. The SFHP identification card also indicates the right to interpreter services. Linguistic services may be provided by bilingual providers and staff, or via interpreter services. Interpreter services are provided by a face-to-face interpreter, telephone language line, or Video Monitoring Interpretation (VMI). Interpreter services include sign language interpreters and/or TTY/TDD.

Most SFHP members have the option to select a primary care provider that speaks their preferred language. The SFHP Provider Directory indicates languages spoken at clinic sites.

SFHP contracts the responsibility for providing interpreter services at all medical points of contact to its medical groups. All medical groups must have language access policies and procedures that are consistent with SFHP's policy and meet all legal and regulatory requirements. The SFHP Program Manager, Population Health, conducts an audit of linguistic services, provider participation in cultural awareness training, and anti-discrimination policies as part of the annual Medical Group Compliance Audit. The Program Manager, Population Health, also assists in addressing grievances related to cultural and linguistic issues and discrimination at both medical and non-medical points of contact, systemically investigating and intervening as needed. In addition, SFHP publishes anti-discrimination notices on member and provider-facing materials, including Evidence of Coverage and Provider Network Operations Manual.

E. Utilization of Services

The domain of Utilization of Services addresses quality of care through the lens of appropriate utilization (i.e. monitoring and improving both overused and underused services).

i. Over and Under Utilization of Services

SFHP monitors and evaluates outpatient, inpatient, emergency department, and ancillary services, through monthly reviews of service utilization data. The intent of the reviews is to identify patterns of under and overutilization of services and address any outlier patterns by creating actionable steps to promote evidence-based, medically appropriate service utilization. Service utilization monitoring is reviewed through a UM trending report providing national and state benchmarks for:

- Ambulatory Care – Emergency Dept Visits
- Inpatient Utilization – Acute Care – Total Inpatient Average Length of Stay (ALOS)
- Inpatient Utilization – Acute Care – Total Inpatient Days/1000 MM
- Plan all Cause Readmission Rates

Service utilization patterns are shared with internal leadership, as well as, with external leadership in SFHP's provider network. Adverse patterns are discussed with SFHP's internal and external leadership for root-cause identification, and if needed, corrective action plans are developed.

ii. Pharmacy Services Drug Utilization Review (DUR)

The DUR program consists of a Retrospective DUR Program and an Educational Program promoting optimal medication use to prescribers, pharmacists, and members. The SFHP DUR Program coordinates with the Medi-Cal DUR Board and the Medi-Cal Pharmacy Benefit Manager on retrospective DUR and educational activities for the Med-Cal line of business. The Pharmacy DUR Program activities may focus on identifying medication use patterns to reduce fraud, abuse, and waste, inappropriate, unsafe or unnecessary care and develop education programs to optimize medication use.

- **Retrospective DUR Program** consists of reporting and analysis for prescription claims data and other records to identify patterns of fraud, abuse, gross overuse, inappropriate or medically unnecessary care and other aspects of optimizing medication use. Drug utilization reports evaluate prescribing trends and potential over and under use and potential outlier cases. Utilization reports may include member adherence reports, controlled substance utilization reports, pharmacy outlier reports, etc.

- **Educational Program** consists of verbal and written communication outreach activities developed by the Medi-Cal DUR team and by SFHP to educate prescribers, pharmacists and members on common drug therapy problems with the aim of improving prescribing and dispensing practices.

iii. Care Transitions

SFHP manages members assigned to the San Francisco Health Network, Community Clinic Network and UCSF Medical Group who are discharged from an out of medical group inpatient setting and assists in creating a discharge plan to ensure a medically safe and effective transition to an alternate level of care. The SFHP Concurrent Review and Care Transitions Nurses and Coordinators collaborate internally and with the acute care and SNF facilities to ensure that safe transitions are completed. These include medically necessary services and supportive services in the community for the member upon discharge. SFHP also conducts pre- and post- discharge calls or in-person visits with members and works to coordinate timely post-discharge follow-up appointments as part of the discharge planning process. These activities help to coordinate care with the goal of reducing avoidable readmissions or emergency department visits by ensuring the member's discharge needs are met and there is appropriate follow-up through the continuum of care.

F. Managing Multiple Chronic Illnesses

The Managing Multiple Chronic Illnesses domain encompasses QI activities that improve coordination across multiple providers and facilities and focuses on members with more complex medical and psychosocial needs.

i. Care Management Programs

SFHP's Care Management department administers case management programs aimed at improving care for members who may be high risk, high-utilizing, and/or experiencing challenges when trying to effectively engage the health care system. Care Management provides a wide range of services from basic telephonic care coordination to intensive, in-person case management. Effective March 2020, in

efforts to adhere to the Shelter in Place guidelines during the COVID-19 pandemic, all Care Management programs were adapted to providing telephonic case management only. The goals of Care Management's programs are to improve member health, support members' self-management of chronic conditions, improve connection with and utilization of primary care, and reduce inpatient admissions and ED visits. As part of these goals, the program works to address social determinants of health and psychosocial stability (e.g. housing, access to healthy food, clothing, and in-home supportive services) when needed. All programs include comprehensive assessments and member-driven care plans. Through a collaborative process with primary care providers, behavioral health providers, community agencies, and the member, Care Management staff work to improve coordination of services. Staff identify and address barriers to care and enhance and support members' self-care knowledge and skills. The Health Homes Program (HHP) will be ending on December 31st 2021 and effective January 1st 2022 we will be launching the Enhanced Care Management (ECM) program, an initiative under CalAIM. ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high-cost members through systematic coordination of services nand comprehensive care management that is community-based, interdisciplinary, high-touch, and person centered.

ii. Care Coordination with External Agencies

SFHP's Care Management and Utilization Management teams ensure coordination of care for members per Medi-Cal contractual requirements. These coordination activities include executed MOUs with key agencies such as California Children Services (CCS), Golden Gate Regional Services (GGRC), Early Start (ES) and Community Behavioral Health Services (BHS) that outline coordination activities. These coordination activities are designed to ensure members are aware of non-plan benefits and programs available to them and confirm coordination of care across agencies and services. As part of the Health Homes Program, SFHP addresses the needs of members living in supportive housing and those experiencing homelessness. Through collaboration with the Department of Homelessness and Supportive Housing, supportive housing providers, and various community partners, SFHP enhances the scope of care coordination to create a more unified and effective service system.

iii. Children and Transitional Aged Youth

The Children and Transitional Aged Youth (CATY) care coordination program is designed to serve SFHP members aged 0-21 and their families and/or caregivers. Evidence-based assessment tools, consent documents, and care plan goals and interventions have been developed to meet the needs of this population. This program has specific workflows outlining program eligibility, policies, procedures, and outcome metrics. Dedicated Care Management staff have been hired and trained on workflows and California consent laws and policies pertaining to case management with children and transitional aged youth.

iv. Health Risk Assessment (HRA)

All new Seniors and Persons with Disabilities (SPDs) members complete Health Risk Assessments. Members are then reassessed annually. Members are stratified as either high or low risk based on their responses to the HRA questionnaire or the reassessment report data. Members who are high risk receive outreach both by phone and mail, while low risk members receive outreach by mail. HRA telephonic care management is provided for 30 days to members who receive services within the non-delegated medical groups (San Francisco Health Network, Community Clinic Network and UCSF Medical Group). Members receiving care within delegated medical groups in the network receive follow-up from their assigned medical group.

G. Delegation Oversight

i. Standards and Process for Delegated Medical Groups

SFHP oversees functions and responsibilities delegated to subcontracted medical groups, health plans and behavioral health organizations (Delegated Entities). These Delegated Entities must comply with laws and regulations stated in 42 CFR 438.230 and Title 22 CCR § 53867, the DHCS contract, and NCQA Health Plan Standards. SFHP ensures that delegated functions are in compliance with these laws, regulations, and standards through an annual audit process and monthly and quarterly monitoring activities.

As a prerequisite to enter into a delegation agreement, SFHP conducts a pre-delegation audit of the prospect's delegated functions. Subject to approval from the Provider Network Oversight Committee, SFHP may waive the pre-delegation audit in lieu of current and in good standing documented evidence of NCQA Accreditation or Certification.

Once the pre-delegation audit is complete, a Delegation Agreement and Responsibilities and Reporting Requirements (R3) Grid is executed. The R3 Grid describes the specific responsibilities that are being delegated, and provides the basis for oversight. The R3 Grid indicates which activities are to be evaluated through annual audits, and which activities are to be evaluated through more frequent monitoring.

Six to twelve months post execution of the Delegation Agreement, SFHP conducts an audit of all delegated functions. The audit scope and review period are determined by the Provider Network Oversight Committee.

Delegated Entities are required to demonstrate compliance with applicable requirements and standards by achieving a passing score of 95%. A Corrective Action Plan (CAP) is required if:

- A critical element is missed.
- The overall audit score is below 95%.
- There are inappropriate UM denials.
- There are incorrectly paid or denied claims.

Audit results are communicated to the Delegated Entity within 60 days from the completion of the audit. When a CAP is submitted by the Delegated Entity, the SFHP Delegate Oversight team will evaluate the response and issue either an approval or a request for additional information.

Annually, the Provider Network Oversight Committee, the UM Committee, and the Quality Improvement Committee review a summary of delegated groups audit results, provide feedback or request additional information or corrections from the delegate as needed.

ii. Delegated Functions

Credentialing – The following groups are delegated to conduct credentialing activities on behalf of the plan:

- American Specialty Health
- Beacon Health Options
- Brown and Toland
- Chinese Community Health Care Association
- Hill Physicians Medical Group

- Jade HealthCare Medical Group
- Kaiser Foundation Health Plan
- North East Medical Services
- San Francisco Health Network
- University of California, San Francisco Medical Center (UCSF)
- Teladoc

Utilization Management – The following groups are delegated to conduct UM activities on behalf of the Plan:

- American Specialty Health
- Beacon Health Options
- Brown and Toland
- Chinese Community Health Care Association
- Hill Physicians Medical Group
- Jade HealthCare Medical Group
- Kaiser Foundation Health Plan
- North East Medical Services
- San Francisco Behavioral Health Services

Pharmacy Services – Kaiser Health Plan Foundation and Magellan are delegated to manage pharmaceutical services on SFHP's behalf.

Complex Case Management –The following groups are delegated to conduct Complex Case Management on behalf of the plan:

- Brown and Toland
- Chinese Community Health Care Association
- Hill Physicians Medical Group
- Jade HealthCare Medical Group
- North East Medical Services
- Kaiser Foundation Health Plan

Non-Specialty Mental Health – Kaiser Foundation Health Plan is delegated to provide behavioral health services to all of its SFHP Medi-Cal members. Beacon Health Options provides non-specialty mental health services to all other SFHP Medi-Cal members. Community Behavioral Health Services (BHS) provides all non-specialty and specialty behavioral services to SFHP Healthy Workers members.

Quality Management – Kaiser Foundation Health Plan and Beacon Health Options are delegated for QI.

Member Appeals and Grievances – Kaiser Foundation Health Plan and Beacon Health Options are delegated for Appeals and Grievances.

Reviewed & Approved by:

Chief Medical Officer: *Fiona Donald, MD* **Date:** 12/2/2021

Quality Improvement Committee Review Date: 12/9/2021

Board of Directors Review Date: 1/5/2022

Appendix A: Work Plan

Managing Multiple Chronic Illnesses

Measure Name	Numerator	Denominator	Target	Title	Activities	Date Activities to be Completed
Care Management Follow Up On Clinical Depression	Total clients 18 years or older screened positive for clinical depression with Patient Health Questionnaire-9 with a "Connect to Behavioral Health" care plan goal	Total Care Management clients 18 years or older screened positive for clinical depression with Patient Health Questionnaire-9	90.0%	Senior Manager, Care Management	• Train staff in mental health, particularly on severe mental illness (SMI) and community resources, in order to ensure that staff is equipped to identify signs and symptoms of clinical depression, address client safety including connection to behavioral health services. • Clinical Supervisors to review monthly reports with staff and to coach staff to ensure members are screened and receive appropriate follow up. • Coach and conduct role-playing activities to reduce the rate of members declining PHQ-9 screening. • Clinical Supervisors to conduct quarterly audits to ensure best practices and regulatory requirements are met. • Complete bi-monthly staff self-audits which will enable Coordinators to identify and remedy any gaps in the member's care plan including completing the PHQ-9 screening when indicated.	6/30/2022
Care Management Client Perception Of Health	Total clients who responded to self-reported health question of SF-12 on both the intake and closing assessments and: - Increased at least one box in rating their health if "Poor" or "Fair" indicated - Maintained or increased at least one box in rating their health if "Good", "Very Good", or "Excellent" indicated	Total Care Management clients who responded to self-reported health question of SF-12 on both the intake and closing assessments	63.0%	Senior Manager, Care Management	• Clinical Supervisors and Medical Director coaching the CM Nurses and Community Coordinators to assess for client barriers and gaps in health education and connection to PCP. • CM Management have developed a 2-year training syllabus for the team, to include trainings on subjects the team have identified gaps in and areas management feel would benefit the team in their ongoing work with members. • Utilization of Milliman Care Guidelines (MCG) condition specific assessments and MCG health education materials by CM Nurses. • Review of self-management goal report with CM Nurses to ensure that members have chronic condition self-management goals as part of their care plans as indicated.	6/30/2022

Measure Name	Numerator	Denominator	Target	Title	Activities	Date Activities to be Completed
Care Management Client Satisfaction	Number of satisfaction survey respondents who respond “Yes” to Question 2: Has the Care Management program helped you reach your health goals? and who respond “Always” or “Often" to Question 6: After receiving information from the Care Management staff, I feel confident I can take the actions needed to maintain or improve my health.	Total Care Management clients who responded to the Care Management satisfaction survey	90.0%	Senior Manager, Care Management	• Maintain a process to triage members into longer-term case management programs when requested by member or indicated by member’s self-efficacy skills. • CM staff completes a 6 month reassessment and review of care plan including goals with member • Provide more thorough life skills, health education and training to members as it pertained to their health maintenance. • Improve communication of care plan goal progress between Care Management staff and members.	6/30/2022

Managing Members with Emerging Risk

Measure Name	Numerator	Denominator	Target	Title	Activities	Date Activities to be Completed
Percentage of Members completing Hepatitis C Treatment	Total number of members with any past history of Hepatitis C infection who have completed the Hepatitis C treatment regimen	Total number of members with any past history of Hepatitis C diagnosis	40.0%	Care Coordination Pharmacist	• Use reporting to develop a profile (age, ethnicity, gender, location) for members not yet treated for Hepatitis C. • Continue to provide treatment support through SFHP’s Care Transitions and Care Management programs. • Outreach to SFHP primary care providers and gather any information on treatment hesitancy or failure that they can provide for their patients.	6/30/2022

Measure Name	Numerator	Denominator	Target	Title	Activities	Date Activities to be Completed
HbA1c in Poor Control	Total members 18–75 years of age with diabetes who have their most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year	Total members 18–75 years of age with diabetes	34.05%	Care Coordination Pharmacist	• Promote screening for members diabetes through member incentives. • Conduct Drug Utilization Review with members with diabetes prescribed multiple diabetes medications. • Enroll members with diabetes into the Medically Tailored Meals program administered by Project Open Hand.	6/30/2022
Project Open Hand Member Satisfaction	Members with diabetes and pre-diabetes enrolled in the program who found the Project Open Hand program helpful	Members with diabetes and pre-diabetes enrolled in the program who complete the Project Open Hand client survey	85.0%	Social Determinants of Health Program Manager	• Partner with Project Open Hand, a community organization which will deliver medically tailored meals and/or groceries to SFHP members with chronic conditions and evaluate members' food needs through appointments with dieticians.	9/30/2022

Patient Safety or Outcomes Across Settings

Measure Name	Numerator	Denominator	Target	Title	Activities	Date Activities to be Completed
Medication Therapy Management (MTM)	Total number of SFHP members engaged in SFHP's Care Management and Care Transitions programs with a pharmacist recommendation for medication reconciliation to be completed with initial medication reconciliation completed	Total number of SFHP members engaged in SFHP's Care Management and Care Transitions programs with a pharmacist recommendation for medication reconciliation to be completed	90.0%	Care Coordination Pharmacist	• Monitor the pharmacist resource requirements needed to support the population of members engaged in Care Management and Care Transitions team. • Assess for additional efficiencies in workflow and member assessment configurations. • Continue reviewing members in the initial assessment process which recommends an MTM assessment and establishes the denominator population for this measure.	6/30/2022

Measure Name	Numerator	Denominator	Target	Title	Activities	Date Activities to be Completed
Opioid Safety - Buprenorphine Prescription	Total number of SFHP members with Opioid Use Disorder with at least one buprenorphine prescription in the last year	Total number of SFHP members with Opioid Use Disorder	30.0%	Care Coordination Pharmacist	• Outreach to methadone clinic providers in order to better support the use of MAT. • Disseminate educational material to members on MAT options. • Monitor buprenorphine adherence using the repository. • Consider targeted outreach to members with buprenorphine single fills or their providers.	6/30/2022
Opioid Safety - Opioid and Benzodiazepine Co-prescribing	Total number of SFHP members with both an opioid and benzodiazepine prescription	Total number of SFHP members with an opioid prescription	7.0%	Care Coordination Pharmacist	• Work with mental health and substance use specialist providers to create and distribute provider information how to taper members off benzodiazepines and alternate treatments for anxiety and insomnia.	6/30/2022
High Dose Opioid Prescriptions	Total number of SFHP members with an opioid prescription prescribed between 120-500 morphine milligram equivalents for at least one quarter in the last year who do not have a buprenorphine prescription in that quarter	Total number of SFHP members with an opioid prescription	6.0%	Care Coordination Pharmacist	• Work with mental health and substance use specialist providers to create and distribute provider information on buprenorphine prescribing	6/30/2022
Pharmacy Transition	Total number of targeted members outreached	Total medium and high-risk members as identified by the high-risk member dataset	80.0%	Pharmacy Clinical Programs Supervisor	• Send pre-transition outreach letter to all medium- and high-risk members offering plan support. • Provide high-risk member profiles to delegated medical groups to facilitate provider-member communication. • Coordinate direct member outreach for high-risk members engaged in Care Management, Care Transitions, and Beacon services. • Provide education and resources to internal member-facing staff to support continuity of care related to pharmacy transition.	6/30/2022

Keeping Members Healthy

Measure Name	Numerator	Denominator	Target	Title	Activities	Date Activities to be Completed
Breast Cancer Screening	Total number of African American members who have had a mammogram	Total number of African American members 52-74 years of age	50.0%	Program Manager, Population Health	• Provide patient navigation services through Rafiki Coalition for Black/African American members due for a breast cancer screening. • Provide Health Education materials to Black/African American SFHP members.	6/30/2022
COVID-19 Vaccination	Members who have received first dose	Members eligible to receive first dose	No greater than 10% less than percentage of SF residents who have received first dose	Program Manager, Population Health	• Incentivize members 12 years and up to receive vaccination through the COVID Vaccine Incentive. • Conduct letter outreach and live phone outreach to unvaccinated members 12 years and up to provide vaccine information and coordination of vaccination appointments and transportation to vaccination appointments. • Provide grants to provider groups and community-based organizations for outreach to underserved populations. • Coordinate with the SF Department of Public Health and community organizations via weekly meetings. • Letter outreach to members 5 – 11 to communicate need for members to be vaccinated. • Provider outreach via provider newsletters and SFHP website update.	6/30/2022

Quality of Service and Access to Care

Measure Name	Numerator	Denominator	Target	Title	Activities	Date Activities to be Completed
Health Plan Consumer Assessment of Healthcare Providers and Systems (HP-CAHPS) Rating of Health Plan	Total respondents to SFHP's HP-CAHPS Rating of Health Plan question who rate the health plan 9 or 10	Total respondents to SFHP's HP-CAHPS Rating of Health Plan question	61.3%	Senior Program Manager, Access & Care Experience	• Implement and communicate member experience YouTube videos. • Identify access-related issues via the Access Compliance Committee and develop plans to address found issues. • Conduct CAHPS surveying off-cycle from annual HP-CAHPS • Promote SFHP's telehealth services to increase access to care.	9/30/2022

Measure Name	Numerator	Denominator	Target	Title	Activities	Date Activities to be Completed
Provider Appointment Availability Survey (PAAS) - Routine Appointment Availability In Specialty Care	Total non-behavioral health specialists surveyed in PAAS with eligible survey responses that indicate routine appointment availability compliant with Department of Managed Health Care standards	Total non-behavioral health specialists surveyed in PAAS with eligible survey responses	82.9%	Senior Program Manager, Access & Care Experience	• Request Corrective Action Plans of provider groups performing below 80% compliance rate and below 50% response rate. • Provide technical assistance with Corrective Action Plans. • Train network providers on proving successful telehealth visits	3/31/2022
Cultural and Linguistic Services (CLS) Provider Data	Total number of practitioners who have voluntarily provided SFHP with their race/ethnicity and language proficiency data	Total number of active credentialed practitioners in network	10.0%	Program Manager, Population Health	• Explore ways to collect information about languages in which individual practitioners are fluent when communicating about medical care. Possible sources may include: practitioner survey, credentialing application, provider relations script, Credentials Verification Organization. • Collect information about language services available through the practice. • Explore ways to collect practitioner race/ethnicity and practitioner language data. • Publish practitioner languages in the provider directory. • Publish language services available through the practice in the provider directory. • Provide practitioner race/ethnicity on request and/or explore publishing practitioner race/ethnicity in the provider directory.	6/30/2020

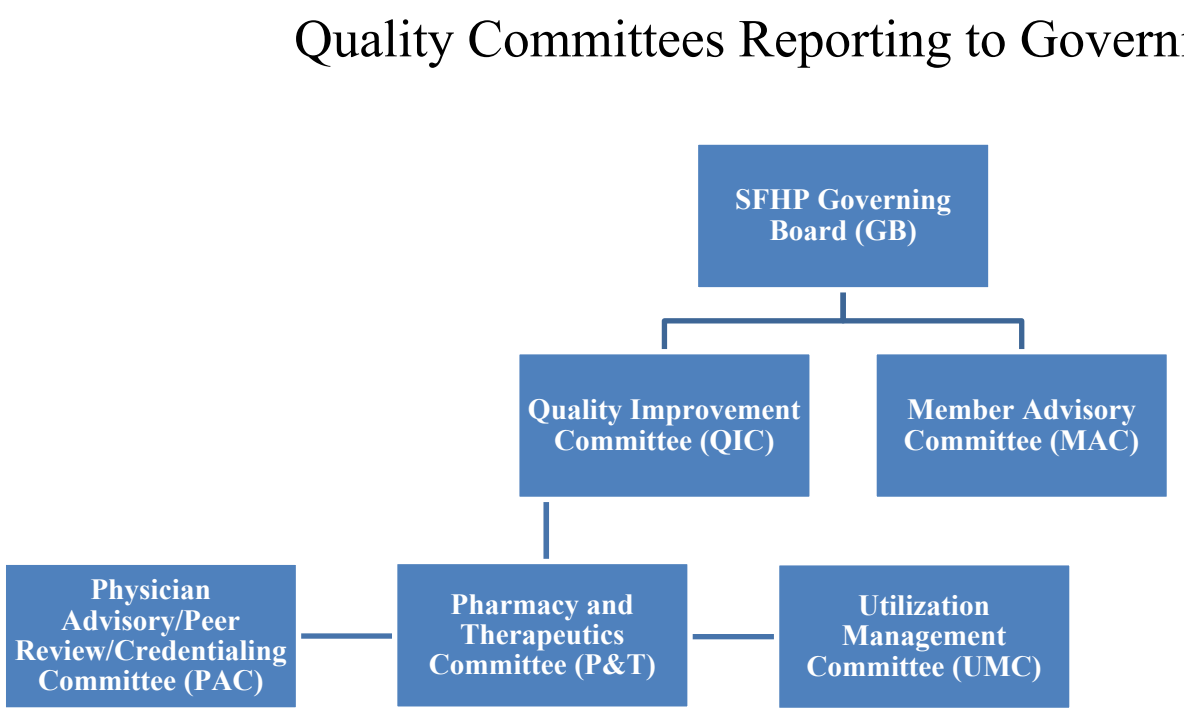
Utilization of Services

Measure Name	Numerator	Denominator	Target	Title	Activities	Date Activities to be Completed
Antidepressant Medication Management (AMM) — Effective Continuation Phase Treatment	Members 18 years of age and older with a diagnosis of major depression treatment who were treated with antidepressant medication and who remained on an antidepressant medication treatment for at least 180 days	Members 18 years of age and older with a diagnosis of major depression treatment who were treated with antidepressant medication	52.49%	Interim Director, Population Health/Quality	• Members enrolled in a Care Management program will be engaged to assist members adhering to medication. Care Management staff will be given access to AMM dashboards to identify members falling in this denominator. • Conduct annual training on HEDIS related measures to Provider Advisory Council. Disseminate HEDIS Toolkit which includes billing recommendation, best practices, and resources available to providers for their members that meet the HEDIS definitions. • Share PCP Toolkit with Health Plans to post on their website and promote to their providers. Educate physical health providers on assessment and treatment of depression.	6/30/2022
Inpatient Admissions	Sum of acute inpatient admissions	Sum of member months (rate will be annualized)	82.8	Director, Clinical Operations	• Review diagnostic related groups that are driving utilization in Utilization Management Committee • Recommend care management programs to look address driver population	6/30/2022

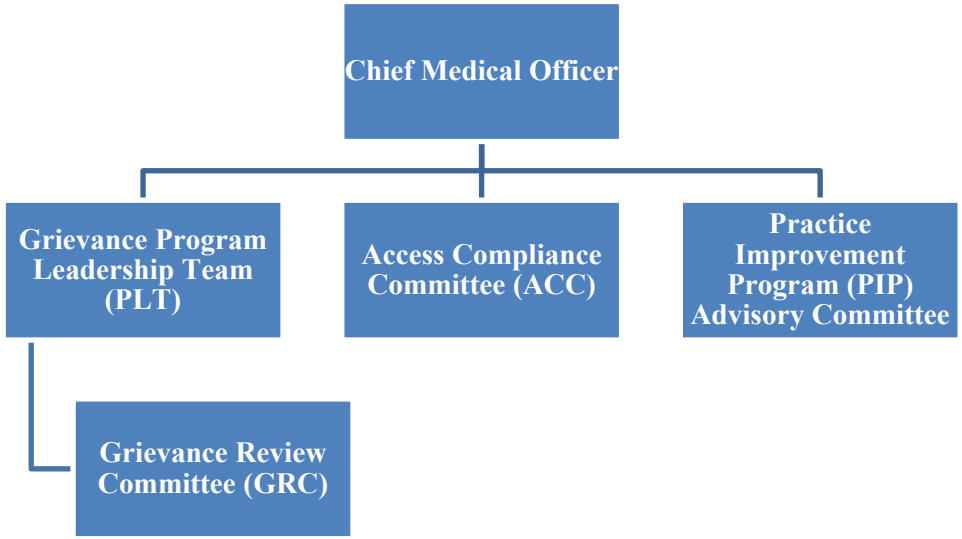
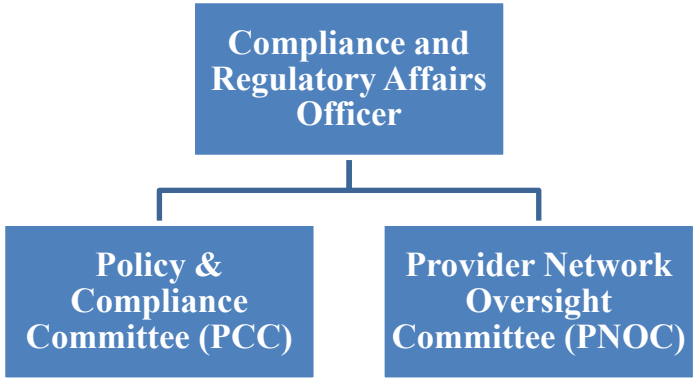
Quality Oversight Activities

Oversight	Summary	Resp. Staff	Activities	Due Date
Quality Improvement Committee	Ensure Quality Improvement Committee (QIC) oversight of QI activities outlined in the QI Plan	CMO	• Six meetings to be held in 2022	12/30/2022
Pharmacy and Therapeutics Committee	Ensure oversight and management of the SFHP formulary and DUR initiatives	CMO	• Quarterly and ad hoc P&T Committee meetings	12/30/2022
Provider Advisory, Peer Review, and Credentialing Committee	Ensure oversight of credentialing and peer review by the Provider Advisory Committee	CMO	• Six meetings to be held in 2022	12/30/2022
Annual Evaluation of the QI Program	Review Quality Improvement plan and determine efficacy of implemented plan based on outcomes	Interim Director, Population Health & Quality	• Evaluate each measure in the QI work plan • QIC review of QI evaluation • Governing Board review of QI Evaluation	3/1/2022
QI Plan Approval for Calendar Year	Review and approve proposed Quality Improvement work plan	Interim Director, Population Health & Quality	• QIC review of QI work plan • Governing Board review of QI Work Plan	3/1/2022
Delegation Oversight for QI	Ensure oversight of QI for all delegated entities	Interim Director, Population Health & Quality	• Follow delegation oversight procedures • QIC review of Delegated Oversight Audits for QI	12/30/2022
DHCS Performance Improvement Projects	Ensure oversight and follow through on required DHCS Performance Improvement Projects (PIPs)	Interim Director, Population Health & Quality	• Attend DHCS-led PIP calls. • Adhere to process delineated by DHCS.	12/30/2022

Appendix B: Quality Improvement Committee Structure



Operational Quality Committees Reporting to Chief Medical Officer



Quality Committees Reporting to Officer, Compliance and Regulatory Affairs