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San Francisco Health Plan

2023 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 October 2022, membership included 179,154 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 October, SFHP retained 88% (167,607 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 October 2022, 11,732 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

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/>

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.

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 are governed by the Department of Health Care Services (DHCS) under Medi-Cal Rx as of January 1, 2022. The retrospective DUR processes and related policies governed by the P&T Committee include Medi-Cal for the purpose of oversight of adherence and disease and medication management, including targeted quality measures. 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 Chief 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 Regulatory Affairs Analyst. Members include representatives from Health Services, Operations, Finance, Information Technology Services, Human Resources, and Marketing departments. PCC members include:

- Chief Officer, Compliance and Regulatory Affairs, Chairperson
- Senior Manager, Compliance and Oversight
- Director, Policy Development and Coverage Programs, or designee
- Director, Finance, or designee

- Manager, Pharmacy Operations, or designee
- Director, Clinical Operations, or designee
- Director, Human Resources, or designee
- Director, Systems Development Infrastructure, or designee
- Director, Claims, or designee
- Senior Manager, Member Services, or designee
- Director, Marketing & Communications, or designee
- Senior Manager, Provider Network Operations, or designee
- Director, Care Management, or designee
- Vice President, Health Services Programs, or designee

ii. The Provider Network Oversight Committee

The Provider Network Oversight Committee (PNOC) is comprised of SFHP staff and reports to SFHP's Chief 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 Senior 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:

- Senior Manager, Compliance and Oversight (Chair)
- Chief Officer, Compliance and Regulatory Affairs
- Senior Manager, Provider Network Operations
- Director, Clinical Operations
- Manager, Behavioral Health
- Manager, Pharmacy Operations

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 Services, and Compliance and Regulatory Affairs departments. The committee meets twice weekly. GRC members include:

- Interim Chief Medical Officer or designee (Chair)
- Medical Director
- Chief Officer, Compliance and Regulatory Affairs
- Senior Manager, Member Services
- Supervisor, Provider Relations
- Specialist, Provider Relations
- Quality Review Nurse

- Nurse Supervisor, Quality Review
- Supervisor, Grievances & Appeals
- Supervisor, Regulatory Affairs & Compliance
- Regulatory Affairs Legal Counsel
- Regulatory Affairs Specialist
- Associate Program Manager, Grievances & Appeals
- Grievance Staff
- Supervisor, Customer Service
- Customer Service Lead or Specialist
- 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:

- Interim Chief Medical Officer or designee (Chair)
- Medical Director
- Chief Officer, Compliance and Regulatory Affairs
- Chief Officer, Operations
- Senior Manager, Member Services
- Senior Manager, Provider Network Operations
- Senior Manager, Compliance & Oversight
- Supervisor, Grievances & Appeals
- Nurse Supervisor, Quality Review
- Supervisor, Customer Service
- Supervisor, Regulatory Affairs & Compliance
- Quality Review Nurse
- Associate Program Manager, Grievances & Appeals

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 & Regulatory Affairs departments. The committee reports to the QIC. ACC members include:

- Supervisor, Regulatory Affairs and Compliance (Chair)
- Director, Clinical Operations
- Senior Manager, Provider Network Operations

- Supervisor, Provider Relations
- Supervisor, Quality Improvement
- Program Manager, NCQA & Special Projects
- 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:

- Interim Chief Medical Officer
- Medical Director
- Director, Clinical Operations
- UM Nurse Manager, Prior Authorizations
- Manager, Concurrent Review and Care Transitions
- Program Manager, Utilization Management
- Manager, Pharmacy Operations

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

Interim Chief Medical Officer – responsible for leading the Quality Improvement Committee, Physician Advisory/Peer Review/Credentialing Committee, Pharmacy and Therapeutics Committee, various functions spanning state programs, population health, care management, utilization management, clinical appeals, and for all quality improvement studies and activities. The Interim CMO provides guidance and oversight for development of policies, programs, and projects that support all activities identified in the QI Program. The Interim CMO carries out these responsibilities with support from direct reports, including Vice President of Health Services Programs, Medical Directors, and Directors of Clinical Operations and Care Management. The Interim CMO has over 10 years of clinical experience. He has worked clinically in safety net care delivery organizations and administratively in Medicare and Medi-Cal managed care. The Interim CMO graduated as Chief Resident from the Family Medicine residency program at Henry Ford Hospital, followed by a fellowship in Geriatric Medicine at Harvard Medical School. He earned his medical degree from Kaohsiung Medical University (Taiwan) and a Master of Public Health from Harvard University. He is board certified in Family Medicine and Geriatric Medicine.

ii. Population Health & Special Programs Staffing Structure

Manager, Pharmacy Operations – reports to the Interim CMO and oversees pharmacy operations and medication related clinical programs and activities. The Manager of Pharmacy Operations has a doctorate of pharmacy with 15 years of healthcare experience including five years of clinical experience. The Manager of Pharmacy Operations also achieved a Post Graduate Year One residency and holds a certification as a Board Certified Pharmacotherapy Specialist. Reporting to the Manager of Pharmacy Operations, the following positions support SFHP's QI efforts:

- **Clinical Pharmacist** – responsible for the Medication Therapy Management program and supporting formulary and quality activities. The Clinical Pharmacist of Pharmacy Operations has a doctorate of pharmacy with 15 years of healthcare experience including 10 years of clinical experience and five years experience in quality improvement. The Clinical Pharmacist of Pharmacy Operations also achieved a Post Graduate Year One residency and holds a license as an Advanced Practice Pharmacist.
- **Clinical Pharmacist** – responsible for supporting the Medication Therapy Management program and supporting formulary, operations, and quality activities. The Clinical Pharmacist of Pharmacy Operations has a doctorate of pharmacy with 10 years of healthcare experience including five years of clinical experience and five years experience in quality improvement. The Clinical Pharmacist of Pharmacy Operations also achieved a Post Graduate Year One residency, holds a license as an Advanced Practice Pharmacist, and a certification as a Board Certified Pharmacotherapy Specialist.
- **Clinical Pharmacist** – responsible for managing activities related to pharmacy for HEDIS quality measures and overseeing SFHP’s opioid program including a pain workgroup. The Clinical Pharmacist of Pharmacy Operations has a doctorate of pharmacy with five years of healthcare experience including four years experience in quality improvement. The Clinical Pharmacist of Pharmacy Operations also achieved a Post Graduate Year One residency.
- **Program Manager, Pharmacy Compliance** – responsible for supporting pharmacy operations including quality activities by ensuring compliance. The Program Manager of Pharmacy Compliance has 22 years of healthcare experience, including 10 years of direct patient care.
- **Senior Analyst, Pharmacy Business** – responsible for supporting pharmacy operations including quality activities via reporting development, training and maintenance. The Senior Analyst of Pharmacy Business has 25 years of healthcare experience, including four years of direct patient care. The Senior Analyst of Pharmacy Business also achieved certificates in California accounting I & II and New York data processing.
- **Analyst, Pharmacy Data** – responsible for supporting to pharmacist staff to execute their responsibilities. The Analyst of Pharmacy Data has 25 years of healthcare experience. The Analyst of Pharmacy Data also is a licensed pharmacy technician.
- **Analyst, Pharmacy**– responsible for supporting to pharmacist staff to execute their responsibilities. The Analyst of Pharmacy achieved a pharmacy technician diploma and has 12 years of healthcare experience, including eight years of direct patient care.. The Analyst of Pharmacy also is a licensed pharmacy technician.
- **Analyst, Pharmacy**– responsible for supporting to pharmacist staff to execute their responsibilities. The Analyst of Pharmacy achieved a Bachelors of Science in Healthcare Administration & Management and has 20 years of healthcare experience, including 15 years of direct patient care.. The Analyst of Pharmacy also is a licensed pharmacy technician.

Senior Manager, Health Services Product Management – reports to the Interim CMO and oversees internal applications supporting SFHP processes that impact member care. The Senior Manager of

Health Services Product Management has a Master of Computer Science and Applications, with 16 years of experience in healthcare technology. Reporting to the Manager of Health Services Business Relationships, the following positions support SFHP's QI efforts:

- **Senior Program Manager, Health Services Product Management** – responsible for overseeing SFHP's HEDIS process and systems and applications affecting multiple departments within Health Services, including Cotiviti (HEDIS software). The Senior Program Manager of Health Services Product Management has an Associate Degree in Marketing and Management, with 21 years of managed care experience including six years of experience in quality improvement.
- **Senior Program Manager, Health Services Product Management** – responsible for overseeing systems and applications affecting multiple departments within Health Services including Essette (care management software). The Senior Program Manager of Health Services Product Management has Bachelors of Computer Information Systems and Political Science, with 17 years of healthcare experience.
- **Program Manager, Health Services Product Management** – responsible for overseeing systems and applications affecting multiple departments within Health Services including Cotiviti (HEDIS software). The Program Manager of Health Services Product Management has a Bachelor of Science in Human Development, with 10 years of healthcare experience, including eight years of experience in quality improvement.
- **Associate Program Manager, Health Services Product Management** – responsible for overseeing systems and applications affecting multiple departments within Health Services. Examples include PIPBase (Pay-for-Performance database), MARA (member risk measurement), and PreManage ED (Hospital Information Exchange). The Associate Program Manager of Health Services Product Management has Bachelors of Social Work and Social Science, with 14 years of care management experience.
- **Specialist, Health Services Product Management** – provides support to the above staff to execute their responsibilities, including system support requests. The Health Services Product Management Specialist has an Associate Science degree and six years of healthcare experience.

Supervisor, Quality Improvement – reports to the Interim CMO 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 seven years of experience in quality improvement.

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: Concurrent Review, Prior Authorization, UM Delegation Oversight, and Provider Dispute Resolutions.

Health Services Programs Department

SFHP's Health Services Programs department includes quality activities related to care management, population health management, implementation of state programs, and oversight of behavioral health & housing supports.

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

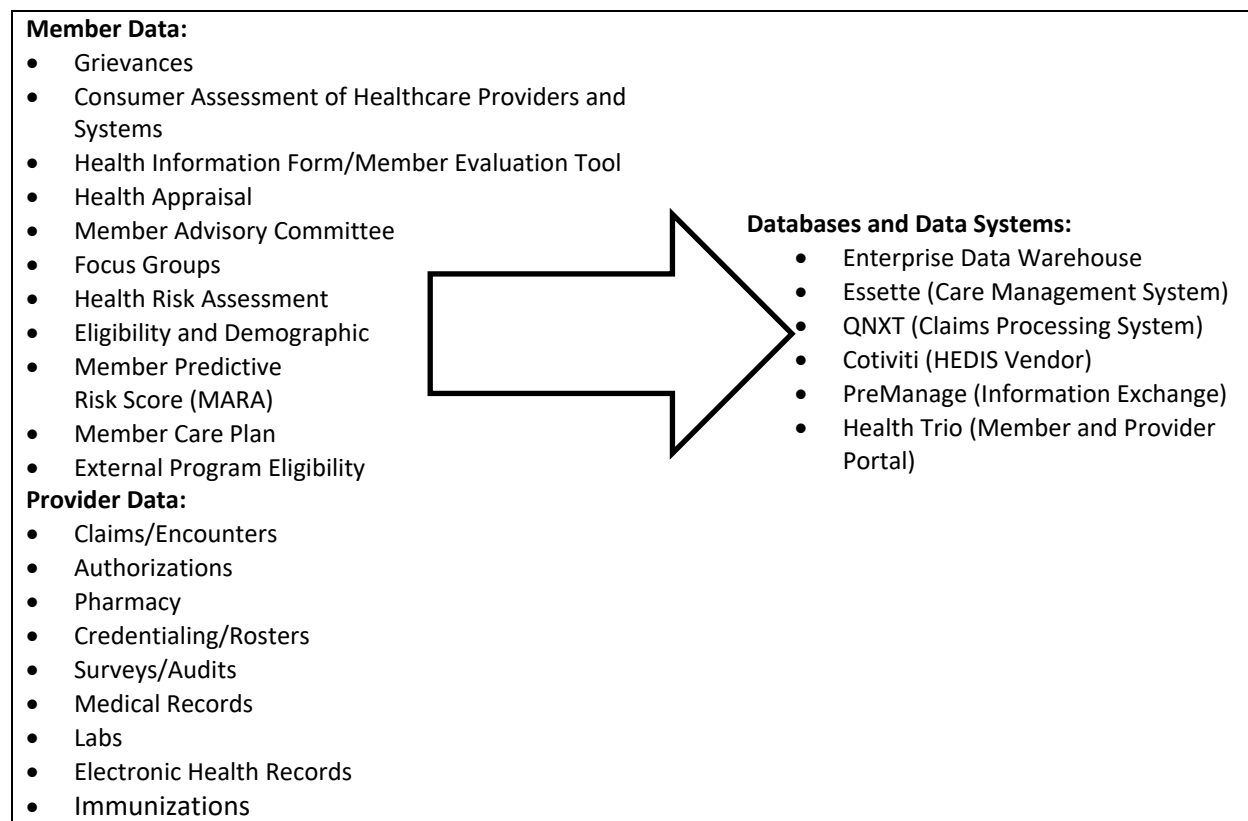
A. Identification of Important Aspects of Care

SFHP identifies priorities for improvement based on regulatory requirements, NCQA standards, data review, and provider- and member- identified opportunities in the key domains of Managing Members with Emerging Risk, Patient Safety or Outcomes Across Settings, Keeping Members Healthy, Quality of Service & Access to Care, Utilization of Services , and Managing Multiple Chronic Illnesses. 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



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) Data Workgroup** – The HSPM Data Workgroup is an internal SFHP workgroup that sets the overall direction for 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
- 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 program as per Enhanced Care Management (ECM) and NCQA requirements. 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 (including ECM) providers. Educational medication resources for targeted members will also increase adherence and knowledge of their drug regimen. The MTM program is currently expanding to target additional populations of focus under CalAIM, including long term care and others, as well as support improvement of targeted quality measures via the Medication Adherence Program.

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 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 well-child 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. Due to COVID related delays, the two DHCS PIPs will continue through 2023.

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 Assessment: 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 Medi-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.

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. 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. As of January 1st 2022 SFHP launched 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 and 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. 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:

Interim Chief Medical Officer: *Eddy Ang, MD, MPH*

Date: 12/2/2022

Quality Improvement Committee Review Date: 12/8/2022

Board of Directors Review Date: 1/4/2023

Appendix A: Work Plan

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 | <ul style="list-style-type: none">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.Incentivize providers through inclusion of breast cancer screening improvement indicator in SFHP’s pay-for-performance program. | 6/30/2023 |
| Well Child Visits In the First 15 Months | Total number of members age zero to 15 months who receive six well-child visits | Total number of members age 0 to 15 months | 55.72% | Supervisor, Quality Improvement | <ul style="list-style-type: none">Promote well-child visits for members age zero to 15 months through a member incentive gift card.Partner with local community-based organizations including the Office of Early Childhood to pilot a Well Child screening program to educate members and facilitate connection to care.Incentivize providers through inclusion of well-child screening improvement indicator in SFHP’s pay-for-performance program. | 9/30/2023 |
| Well Child Visits in the First 15-30 Months | Total number of members age 15 to 30 months who receive two well-child visits | Total number of members age 15 to 30 months | 72.24% | Supervisor, Quality Improvement | <ul style="list-style-type: none">Partner with local community-based organizations including the Office of Early Childhood to pilot a Well Child screening program to educate members and facilitate connection to care.Incentivize providers through inclusion of well-child screening improvement indicator in SFHP’s pay-for-performance program. | 9/30/2023 |

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Managing Members with Emerging Risk

| Measure Name | Numerator | Denominator | Target | Title | Activities | Date Activities to be Completed |
|--|---|---|--------|---------------------------------|--|---------------------------------|
| Asthma Medication Ratio | Members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 | Members 5–64 years of age who were identified as having persistent asthma | 59.94% | Clinical Pharmacist | <ul style="list-style-type: none">• Inform providers of the identified at-risk populations.• Update member education for members with asthma, integrating the newest guidelines.• Host a training with SFHP Care Management staff focused on asthma treatment and place in therapy of rescue versus maintenance inhalers.• Enroll eligible and at-risk members Comprehensive Care Management, Enhanced Care Management, or Medication Therapy Management. | 6/30/2023 |
| 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% | Clinical Pharmacist | <ul style="list-style-type: none">• Use reporting to develop a profile (age, ethnicity, gender, location) for members not yet treated for Hepatitis C.• Outreach to SFHP primary care providers and gather any information on treatment hesitancy or failure that they can provide for their patients.• Continue to provide treatment support through SFHP’s Care Transitions programs.• Work with local community group EndHepC to receive feedback from SFHP clinicians providing Hepatitis C care and treatment. | 6/30/2023 |
| Diabetes Care – 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 | 30.90% | Supervisor, Quality Improvement | <ul style="list-style-type: none">• 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. | 6/30/2023 |

| Measure Name | Numerator | Denominator | Target | Title | Activities | Date Activities to be Completed |
|---|--|---|--------|---|---|---------------------------------|
| Diabetes Care – Eye Exams | Total members 18–75 years of age with diabetes who have had a retinal eye exam | Total members 18–75 years of age with diabetes | 56.51% | Supervisor, Quality Improvement | <ul style="list-style-type: none"> Promote screening and care visits for members with diabetes through a member incentive gift card. Enroll members with diabetes into the Medically Tailored Meals program administered by Project Open Hand. Conduct Drug Utilization Review with members with diabetes prescribed multiple diabetes medications. | 6/30/2023 |
| Project Open Hand Member Satisfaction | Members with diabetes, pre-diabetes, chronic kidney disease, end stage renal disease, long Covid, acute hospital discharge requiring nutritional support, and members with other complex chronic conditions needing nutritional support, enrolled in the program who found the Project Open Hand program helpful | Members with diabetes, pre-diabetes, chronic kidney disease, end stage renal disease, long Covid, acute hospital discharge requiring nutritional support, and members with other complex chronic conditions needing nutritional support, enrolled in the program who complete the Project Open Hand client survey | 96.0% | Social Determinants of Health Program Manager | <ul style="list-style-type: none"> 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. | 9/30/2023 |
| Prenatal Care for Black & Native American Members | Total number of birthing members who are Black or Native American who have received a prenatal care visit in the first trimester or within 42 days of enrollment with SFHP | Total number of birthing members who are Black or Native American | 95.86% | Program Manager, Population Health | <ul style="list-style-type: none"> Enroll and credential doulas that represent SFHP’s diverse population Conduct mail campaign to African American and Native American female identifying members ages 18-45 to encourage them to ask their PCP to submit a recommendation for a doula on their behalf. Incentivize perinatal visits for through a member incentive gift card. Promote prenatal care visits through a reproductive health mail campaign. Operationalize Comprehensive Perinatal Services through development of a plan program charter. Develop provider incentive to encourage in SFHP’s Pay for Performance PIP increase in maternity care visits and share data. | 9/30/2023 |

| Measure Name | Numerator | Denominator | Target | Title | Activities | Date Activities to be Completed |
|---|--|---|--------|------------------------------------|---|---------------------------------|
| Postpartum Care for Black & Native American Members | Total number of birthing members who are Black or Native American who have received a postpartum care visit between seven and 84 days after delivery | Total number of birthing members who are Black or Native American | 60.14% | Program Manager, Population Health | <ul style="list-style-type: none"> Enroll and credential doulas that represent SFHP's diverse population Conduct mail campaign to African American and Native American female identifying members ages 18-45 to encourage them to ask their PCP to submit a recommendation for a doula on their behalf. Incentivize perinatal visits for through a member incentive gift card. Promote postpartum care visits through a reproductive health mail campaign. Operationalize Comprehensive Perinatal Services through development of a plan program charter. Develop provider incentive to encourage in SFHP's Pay for Performance PIP increase in maternity care visits and share data. | 9/30/2023 |
| Postpartum Depression Follow-Up for Black & Native American Members | Total number of Black & Native American members who have screened positive for depression who have received follow-up care | Total number of Black & Native American members who have screened positive for depression | 38.89% | Manager, Behavioral Health | <ul style="list-style-type: none"> Collaborate with Beacon Health Options to pilot a maternal mental health clinical program tailored to the specific needs of Black and Native American members SFHP members. Partner with local community-based organizations to educate members and facilitate connection to care. Enroll and credential doulas that represent SFHP's diverse population | 9/30/2023 |

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% | Director, Care Management | <ul style="list-style-type: none"> 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 CM dashboard monthly 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 audits every four months to ensure best practices and regulatory requirements are met. Complete quarterly 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. | 6/30/2023 |
| 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 | 60.0% | Director , Care Management | <ul style="list-style-type: none"> 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. Develop a two 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 condition specific assessments and health education materials by CM Nurses. | 6/30/2023 |
| 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 | 80.0% | Director , Care Management | <ul style="list-style-type: none"> 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 six 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. | 6/30/2023 |

Patient Safety or Outcomes Across Settings

| Measure Name | Numerator | Denominator | Target | Title | Activities | Date Activities to be Completed |
|--|---|---|--------|----------------------------|--|---------------------------------|
| Medication Therapy Management Follow-Up Care | Total number of SFHP members with a completed medication reconciliation who received follow-up care defined as: at least one filled prescription within 90 days and a visit with their provider within 30 days of receiving medication therapy management service | Total number of SFHP members with a completed medication therapy management service | 70.0% | Clinical Pharmacist | <ul style="list-style-type: none"> Monitor the pharmacist resource requirements needed to support the population of members engaged in Care Management. 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. Expand Medication Therapy Management to include members not engaged in Care Management. These members may include those with multiple providers, with ten or more prescriptions, and/or members utilizing multiple pharmacies. | 9/30/2023 |
| 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% | Clinical Pharmacist | <ul style="list-style-type: none"> Collaboration with methadone clinic providers in order to better support the use of Medication Assisted Therapy. Disseminate educational material to members on Medication Assisted Therapy options. Monitor buprenorphine adherence using the repository. Outreach to members with buprenorphine single fills or their providers. | 6/30/2023 |
| 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 | 4.0% | Clinical Pharmacist | <ul style="list-style-type: none"> Work with mental health and substance use specialist providers to create and distribute provider information on buprenorphine prescribing | 6/30/2023 |
| Follow-Up After Emergency Department for Mental Health | Members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 30 days after ED visit | ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence | 21.24% | Manager, Behavioral Health | <ul style="list-style-type: none"> Collaborate with SF County Behavioral Health Services and ZSFG's Addiction Care Team to coordinate follow-up care. Collaborate with Beacon on activities and interventions including service promotion, in-services for providers, member outreach, county engagement, and case management. Provide Prop 56 funding to segments of the provider network to integrate medical mental health, and substance use services. Incentivize providers through inclusion of follow-up after hospital discharge improvement indicator in SFHP's pay-for-performance program. | 6/30/2023 |
| Follow-Up After Emergency Department for Mental Health | Adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 30 days after ED visit | ED visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm | 54.51% | Manager, Behavioral Health | <ul style="list-style-type: none"> Collaborate with Beacon on activities and interventions including service promotion, in-services for providers, member outreach, county engagement, and case management. Provide Prop 56 funding to segments of the provider network to integrate medical mental health, and substance use services | 6/30/2023 |

| Measure Name | Numerator | Denominator | Target | Title | Activities | Date Activities to be Completed |
|----------------------------|---|---|--------|-------------------------------|--|---------------------------------|
| SFHN All Cause Readmission | Acute inpatient and observation stays for members 18 years of age and older in the SFHN network that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission | Acute inpatient and observation stays for members 18 years of age and older in the SFHN network | 13.5% | Director, Clinical Operations | <ul style="list-style-type: none"> SFHP nursing staff to conduct discharge planning including coordinating aspects of member care including coordination and communication of members' PCP follow-up appointment and following up with the member to review the discharge instructions and ensure a follow up appointment is made prior to discharge. Incentivize providers through inclusion of follow-up after hospital discharge improvement indicator in SFHP's pay-for-performance program. | 5/31/2023 |

Quality of Service & Access to Care

| Measure Name | Numerator | Denominator | Target | Title | Activities | Date Activities to be Completed |
|--|---|---|--------|------------------------------------|--|---------------------------------|
| Cultural & Linguistic Services: Provider Language Data | Total number of practitioners who have voluntarily provided SFHP with their language proficiency | Total number of active credentialed practitioners in network | 25.0% | Program Manager, Population Health | <ul style="list-style-type: none"> Explore ways to collect information about languages in which a practitioner is fluent when communicating about medical care Collect information about language services available through the practice Publish individual practitioner languages in the provider directory Publish language services available through the practice in the provider directory | 6/30/2023 |
| Cultural & Linguistic Services: Provider Race/Ethnicity Data | Total number of practitioners who have voluntarily provided SFHP with their race/ethnicity | Total number of active credentialed practitioners in network | 5.0% | Program Manager, Population Health | <ul style="list-style-type: none"> Explore ways to collect practitioner race/ethnicity data Provide practitioner race/ethnicity on request and/or explore publishing practitioner race/ethnicity in the provider directory | 6/30/2023 |
| Routine Appointment Availability in Specialty Care | Total number of specialists responding to PAAS with a routine appointment within 15 business days | Total number of specialists responding to PAAS with a routine appointment | 59.9% | Supervisor, Quality Improvement | <ul style="list-style-type: none"> Request Corrective Action Plans of provider groups performing below 80% compliance rate and below 50% response rate. Provide technical assistance with Corrective Action Plans. | 6/30/2023 |

| Measure Name | Numerator | Denominator | Target | Title | Activities | Date Activities to be Completed |
|---|---|--|--------|---------------------------------|--|---------------------------------|
| Health Plan Consumer Assessment of Healthcare Providers and Systems – Getting Needed Care | Total number of members responding with ‘usually’ or ‘always’ to the Getting Needed Care HP-CAHPS composite | Total number of members responding to the Getting Needed Care HP-CAHPS | 68.48% | Supervisor, Quality Improvement | <ul style="list-style-type: none"> • Increase response rate to survey overall, but particularly for Black members and Spanish speaking members through member mailer. • Promote translation services and a process for Spanish-speaking members to connect with physicians and clinical leaders that speak Spanish. • Implement member focus groups and a supplemental member experience survey to identify specific actions to drive improvement. • Promote SFHP’s telehealth services to increase access to care • Develop marketing, education and communication approaches to increase members understanding of what additional care options are available • Identify provider network member experience champions and launch a CAHPS provider workgroup to develop shared goals, outline strategies and shared lessons learned on ways to improve SFHP member experience. | 6/30/2023 |
| Health Plan Consumer Assessment of Healthcare Providers and Systems – Rating of Personal Doctor | Total number of members rating 9 or 10 to the Rating of Personal Doctor question | Total number of members responding to the Rating of Personal Doctor question | 66.86% | Supervisor, Quality Improvement | <ul style="list-style-type: none"> • Increase response rate to survey overall, but particularly for Black members and Spanish speaking members through member mailer. • Promote translation services and a process for Spanish-speaking members to connect with physicians and clinical leaders that speak Spanish. • Implement member focus groups and a supplemental member experience survey to identify specific actions to drive improvement. • Promote SFHP’s telehealth services to increase access to care • Develop marketing, education and communication approaches to increase members understanding of what additional care options are available • Identify provider network member experience champions and launch a CAHPS provider workgroup to develop shared goals, outline strategies and shared lessons learned on ways to improve SFHP member experience. | 6/30/2023 |
| Health Plan Consumer Assessment of Healthcare Providers and Systems – Rating of Specialist | Total number of members rating 9 or 10 to the Rating of Specialist question | Total number of members responding to the Rating of Specialist question | 62.79% | Supervisor, Quality Improvement | <ul style="list-style-type: none"> • Increase response rate to survey overall, but particularly for Black members and Spanish speaking members through member mailer. • Promote translation services and a process for Spanish-speaking members to connect with physicians and clinical leaders that speak Spanish. • Implement member focus groups and a supplemental member experience survey to identify specific actions to drive improvement. • Promote SFHP’s telehealth services to increase access to care • Develop marketing, education and communication approaches to increase members understanding of what additional care options are available • Identify provider network member experience champions and launch a CAHPS provider workgroup to develop shared goals, outline strategies and shared lessons learned on ways to improve SFHP member experience. | 6/30/2023 |

Utilization of Services

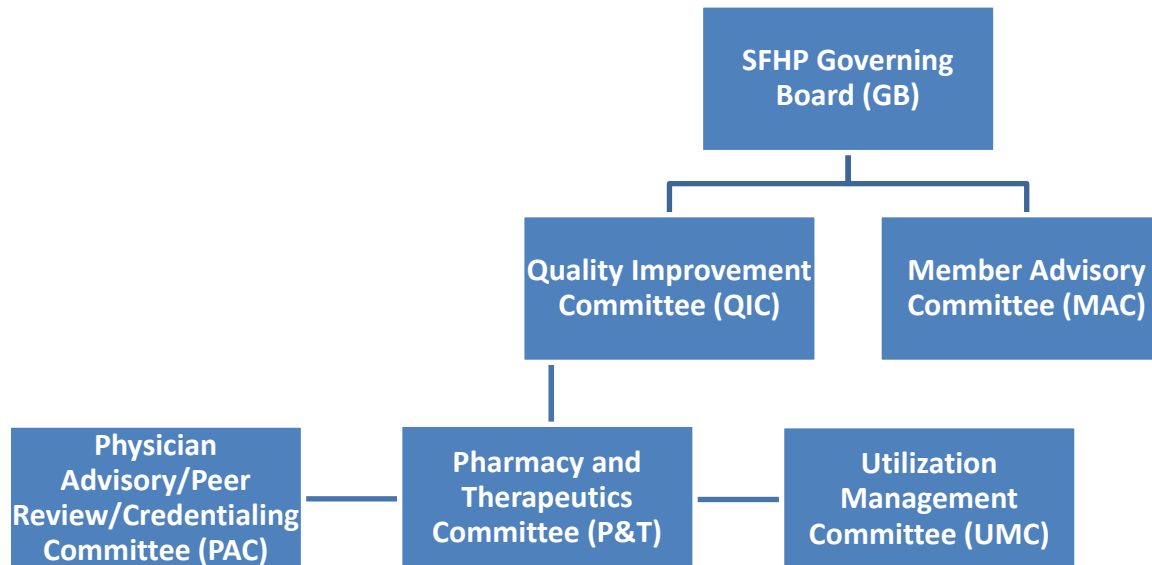
| Measure Name | Numerator | Denominator | Target | Title | Activities | Date Activities to be Completed |
|---|--|--|--------|-------------------------------|---|---------------------------------|
| Antidepressant Medication Management—Effective Continuation Phase Treatment | Members 18 years of age 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 | 56.24% | Clinical Pharmacist, Pharmacy | <ul style="list-style-type: none">Collaborate with Beacon Health Options on member and provider outreach and education.Create member-level health education materials about antidepressant adherence.Conduct member level outreach for members not achieving adherence goals. | 6/30/2023 |
| Antipsychotic Medication Adherence | Members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period | Members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder | 61.59% | Clinical Pharmacist, Pharmacy | <ul style="list-style-type: none">Collaborate with Beacon Health Options on member and provider outreach and education.Outreach to SF Department of Public Health to discuss barriers to access for members with schizophrenia on antipsychotics. | 6/30/2023 |

Quality Oversight Activities

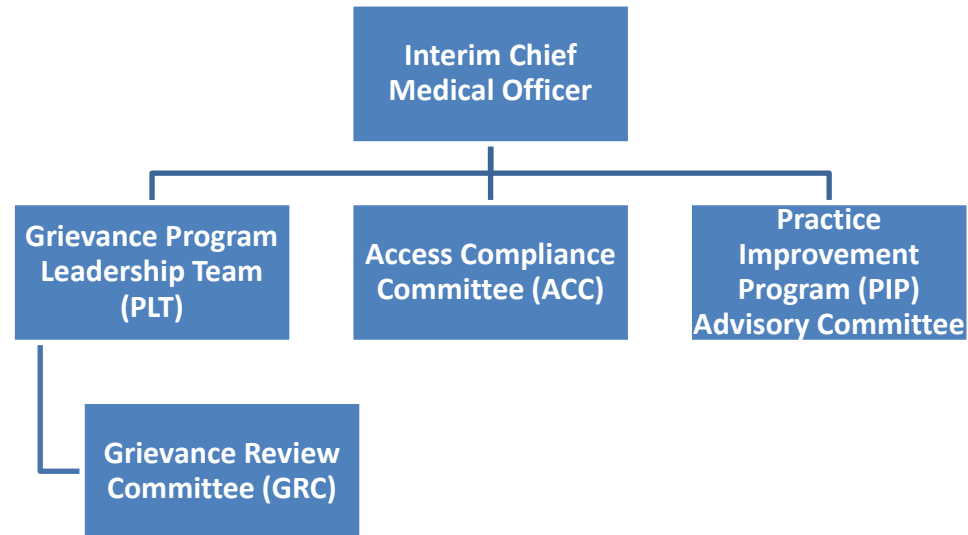
| Oversight | Summary | Resp. Staff | Activities | Due Date |
|---|---|---------------------------------|---|------------|
| Quality Improvement Committee | Ensure Quality Improvement Committee (QIC) oversight of QI activities outlined in the QI Plan | Interim CMO | <ul style="list-style-type: none">Six meetings to be held in 2023 | 12/30/2023 |
| Pharmacy and Therapeutics Committee | Ensure oversight and management of the SFHP formulary and DUR initiatives | Interim CMO | <ul style="list-style-type: none">Quarterly and ad hoc P&T Committee meetings | 12/30/2023 |
| Provider Advisory, Peer Review, and Credentialing Committee | Ensure oversight of credentialing and peer review by the Provider Advisory Committee | Interim CMO | <ul style="list-style-type: none">Six meetings to be held in 2023 | 12/30/2023 |
| Annual Evaluation of the QI Program | Review Quality Improvement Program and determine efficacy of implemented plan based on outcomes | Supervisor, Quality Improvement | <ul style="list-style-type: none">Evaluate each measure in the QI work planQIC review of QI evaluationGoverning Board review of QI Evaluation | 3/1/2023 |
| QI Plan Approval for Calendar Year | Review and approve proposed Quality Improvement Program work plan | Interim CMO | <ul style="list-style-type: none">QIC review of QI work planGoverning Board review of QI Work Plan | 3/1/2023 |
| Delegation Oversight for QI | Ensure oversight of QI for all delegated entities | Supervisor, Quality Improvement | <ul style="list-style-type: none">Follow delegation oversight proceduresQIC review of Delegated Oversight Audits for QI | 12/30/2023 |
| DHCS Performance Improvement Projects | Ensure oversight and follow through on required DHCS Performance Improvement Projects (PIPs) | Manager, Population Health | <ul style="list-style-type: none">Attend DHCS-led PIP calls.Adhere to process delineated by DHCS. | 12/30/2023 |

Appendix B: Quality Committees and Staff Structure

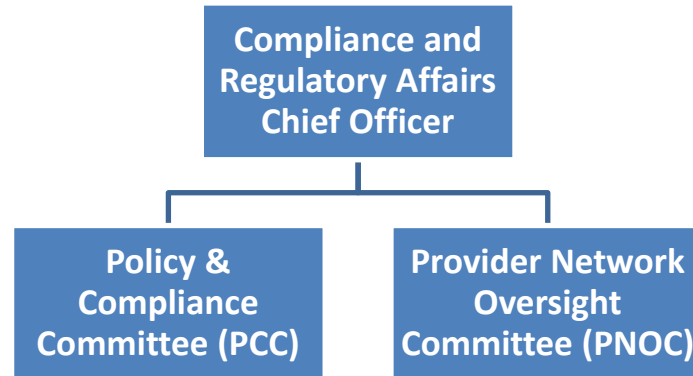
Quality Committees Reporting to Governing Board



Operational Quality Committees Reporting to Interim Chief Medical Officer



Quality Committees Reporting to Chief Officer, Compliance and Regulatory Affairs



Quality Staff Reporting to the Interim Chief Medical Officer

