SAN FRANCISCO HEALTH PLAN

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San Francisco Health Plan

2024 Quality Improvement Health Equity Transformation Program Description & Work Plan

Contents

1. Introduction

San Francisco Health Plan (SFHP) is a community health plan that provides affordable health care coverage. As of January 2024, membership included 179,058 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 and Health Equity Transformation (QIHET) 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 for Medicaid. SFHP received interim accreditation status in 2016 and first survey accreditation in 2017. SFHP renewed its accreditation in 2023.

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 January 2024, SFHP retained 85% (167,722 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 and a small subset of temporary employees of the City and County of San Francisco. As of January 2024, 11,331 members are enrolled in this program.

2. Quality Improvement and Health Equity Transformation 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 and Health Equity Transformation (QIHET) 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 and take appropriate actions to improve upon Health Equity. The QIHET Program is designed to ensure that members have access to quality medical and behavioral health care services that

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[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/

are safe, effective, accessible, equitable, and meet their unique needs and expectations. Delivery of these services must be in a culturally competent manner to all beneficiaries, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity.

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 QIHET Program all quality and Health Equity functions and does not delegate quality improvement oversight. In certain instances, SFHP may delegate some or all QIHET functions to accredited provider organizations.

Under the leadership of SFHP's Governing Board, the QIHET Program is developed and implemented through the Quality Improvement and Health Equity Committee (QIHEC). The QIHEC structure, under the leadership of the SFHP Chief Medical Officer (CMO and the SFHP Chief Health Equity Officer (CHEO), ensures ongoing and systematic collaboration between SFHP and its key stakeholders: members, provider groups, and practitioners. The QIHET 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 QIHET Program. A shared leadership team ensures accountability and collaboration between both programs.

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

The scope and goals of the QIHET 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 coordination across settings and at all levels of care, including transitions in care, with the goal of establishing consistent Provider-patient relationships
- Ensuring access of primary and specialty care and services, including parity between medical and behavioral health care services
- Ensuring availability and regular engagement with Primary Care Providers (PCP)
- 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 including quality of behavioral Health care focusing on prevention, recovery, resiliency, and rehabilitation
- Ensuring excellent member care experience with respect to clinical quality, access and availability, culturally and linguistically competent health care and services, continuity of care, and Care Coordination
- Ensuring that responsibilities delegated to medical groups meet plan standards
- Evaluating the overall effectiveness of the QIHET Program through an annual comprehensive program evaluation
- Using the annual evaluation to update the QIHET Program and develop an annual QIHET Work Plan

3. QIHET Program Structure

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

Quality Committees

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

The Quality Improvement and Health Equity Committee

The SFHP QIHEC 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 QIHEC is co-chaired by SFHP's CMO and CHEO. The QIHEC is a standing committee of the San Francisco Health Authority Governing Board that meets at least four 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 QIHET Program and QIHET Program Evaluation, and for providing oversight of the Plan's quality improvement and health equity activities. SFHP brings new quality improvement programs to the QIHEC to ensure the committee members provide input into program planning, design, and implementation. SFHP maintains an annual calendar to ensure that key SFHP QIHET Program activities are brought to the QIHEC for ongoing review, analysis, and evaluation. This includes annual review of the results of performance measures, utilization data, consumer satisfaction surveys, delegation oversight and the findings and activities of the Member Advisory Committee, the Physician Advisory/Peer Review/Credentialing Committee, the Pharmacy & Therapeutics Committee, and the Utilization Management Committee. The QIHEC institutes actions to address performance deficiencies including policy recommendations and ensures appropriate follow-up of identified performance deficiencies. SFHP maintains minutes of each QIHEC meeting, submits them to the Governing Board for review and approval, and submits these to DHCS on a quarterly basis. The QIHEC meetings are open to the public and agendas and minutes are published on SFHP's website.

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 P&T Committee governs retrospective DUR processes and related policies for 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 QIHEC.

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 Senior Medical Director 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 QIHEC.

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 four times per year and reports to the Governing Board.

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.

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 QIHEC or the Governing Board through minutes or representation as appropriate.

Quality Oversight Team

The Quality Oversight Team (QOT) serves as SFHP's steward for overall quality improvement. The group meets every other month to discuss strategy, priority setting and planning, and is responsible for executing priorities, providing updates on risk status, monitoring trends and collaborating across departments on high priority issues/projects. This team reviews monthly and quarterly data and analysis for quality improvement and health equity opportunities and workplan measures and makes recommendations before the QIHET scorecard is shared with QIHEC every quarter.

The goal of the QOT is to provide a formal process to assess priorities, develop strategy, and monitor and evaluate the quality, appropriateness, efficiency, and effectiveness of care. The QOT promotes the accountability of all employees for the quality of care and services provided to our members. The QOT supports SFHP's goal of ensuring members receive the right care at the right time in an equitable manner. The QOT is chaired by the Director of Quality Improvement, and consists of the following SFHP Staff:

Health Services Staff
- Chief Medical Officer
- Director, Quality Improvement (Chair)
- Officer, Health Services
- Officer, Programs Development
- Senior Medical Director
- Director, Clinical Operations
- Director, Care Management
- Senior. Manager, Health Services Product Management
- Manager, Health Services Product Management
- Senior Manager, Pharmacy Operations
- Manager, Behavioral Health
- Nurse Supervisor, Quality Review
- Associate Program Manager, Quality Improvement
- Supervisor, Quality Improvement

Operations Staff
- · Senior Manager, Provider Network Operations
- · Director, Marketing and Communications

Compliance Staff
- · Supervisor, NCQA & Special Projects

ITS Staff
- · Director, Business Analytics

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 QIHEC 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
- · Director, Regulatory Affairs
- · Director, Compliance and Oversight
- · Director, Policy Development and Coverage Programs, or designee
- · Controller, 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
- · Officer, Health Services, or designee

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 Director, Compliance and Oversight and is comprised of members from the following departments: Compliance and Regulatory Affairs, Operations, and Health Services. PNOC voting members include:

- Director, Compliance and Oversight (Chair)
- Chief Officer, Compliance and Regulatory Affairs
- Senior Manager, Provider Network Operations
- Senior Manager, Member Services
- Director, Clinical Operations
- Manager, Behavioral Health
- Manager, Pharmacy Operations
- Director, Care Management
- Director, Quality Improvement
- Supervisor, NCQA and Special Projects

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 Carelon Behavioral Health. 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 three times a week. GRC members include:

- Chief Medical Officer or designee (Chair)
- Senior Medical Director
- Chief Officer, Compliance and Regulatory Affairs, or designee
- Director, Regulatory Affairs
- Senior Manager, Member Services
- Supervisor, Provider Relations
- Specialist, Provider Relations
- Quality Review Nurse
- Nurse Supervisor, Quality Review
- Supervisor, Grievances & Appeals
- Regulatory Affairs Legal Analyst
- Program Manager, Grievances & Appeals
- Associate Program Manager, Grievances & Appeals
- Specialists, Grievances & Appeals
- Supervisor, Customer Service
- Customer Service Lead or Specialist
- Pharmacy, Clinical Operations, Care Management, Health Education, and Cultural & Linguistics staff participate as needed.

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 Supervisor, Grievances & Appeals with cross

functional representation from Health Services, Member Services, and Compliance and Regulatory Affairs departments. Grievance PLT meets quarterly. PLT members include:

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

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 QIHEC. ACC members include:

- Director, Quality Improvement (Chair)
- Director, Regulatory Affairs
- Director, Clinical Operations
- Senior Manager, Provider Network Operations
- Supervisor, Provider Relations
- Supervisor, Quality Improvement
- Specialist, Provider Relations
- Associate Program Manager, Access to Care

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 QIHEC. The UMC meets a minimum of 6 times annually and provides monthly minutes, quarterly trend reports, and annual reports to the QIHEC. The UMC membership, with voting rights on all motions, consists of:

- Chief Medical Officer
- Senior Medical Director
- Director, Clinical Operations

- Nurse Manager, Prior Authorizations
- Senior Manager, Concurrent Review
- Nurse Manager, Long-Term Care
- Program Manager, Clinical Operations
- Manager, Clinical Operations
- Senior Manager, Pharmacy Operations

The UMC membership, with voting rights limited to behavioral health and mental health motions, consists of:
- Director of Clinical Services – Carelon Behavioral Health (ad hoc)
- Valid State Clinical License required (RN, LCSW, LMFT, PhD, or PsyD)
- Medical Director (MD/Psychiatry) – College Health IPA (Carelon Behavioral Health) (ad hoc)

Quality Improvement Collaborations

SFHP partners with its provider groups which serve the majority of SFHP members to align priorities and identify opportunities on quality improvement and health equity activities and measures. SFHP meets monthly with each provider group: the San Francisco Health Network, North East Medical Services, UCSF, and the San Francisco Community Clinic Consortium. Agendas and topics for these Quality Collaborative meetings are planned based on quality and Health Equity priorities of SFHP and the provider groups and focus on sharing of performance data and discussion of improvement activities. Identified issues and action items are tracked and followed up on in subsequent meetings. QI and Health Equity staff and leadership from SFHP and the provider groups attend the meetings in addition to subject matter experts invited to meetings ad hoc. In addition to these monthly collaboratives, SFHP attends joint operating meetings with Carelon Behavioral Health as well as other San Francisco health care delivery stakeholders: University of California, San Francisco Health system, Anthem Blue Cross, the San Francisco Department of Public Health, and San Francisco Behavioral Health System.

SFHP collaborates with its providers in a combination of these fora to facilitate continuity and coordination of medical care across its delivery system, particularly when members move between practitioners and across settings. SFHP also collaborates with behavioral healthcare providers to collect and analyze data to facilitate coordination of care between medical and behavioral healthcare providers. The focus of these collaborative improvement activities is for SFHP to support providers when there are gaps in communication or data, as driven by data and analysis focusing on barriers for providers.

Quality Improvement Communications

Communication to members

SFHP updates members annually regarding key QIHET activities. A summary of the QIHET 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.

Communication to providers

SFHP updates providers regularly regarding key QIHET activities, including:

- Disseminating the QIHET 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 and health equity monitoring activities, audits and studies, including grievances that identify potential system issues and member experience and provider satisfaction survey results via joint administrative, joint operations, and or quality collaborative meetings.
- Providing training for new providers on SFHP's NOM.

Quality Improvement Staff

The Quality Improvement (QI) department within Health Services has primary accountability for implementing the QIHET Program, and corresponding QIHET Work Plan. The department is organized to provide interdisciplinary involvement in ensuring the quality and health equity of health care and services provided to SFHP's membership. QI staff monitor quality indicators and implements and evaluates the Plan's quality improvement and health equity activities. QI department 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 QIHET studies and reports, including statistical analysis and interpretation of data. Based on the QIHET Work Plan activities, QI department staff provides summary data, analysis, and recommendations to the QIHEC.

Health Services Staffing Structure

The Health Services Leadership that supports the QIHET program are:

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 and health equity studies and activities. The CMO provides guidance and oversight for development of policies, programs, and projects that support all activities identified in the QIHET Program. The CMO carries out these responsibilities with support from direct reports, including the Health Services Officer, the Programs Development Officer, and the Quality Improvement Director. The CMO has over 11 years of clinical experience. He has worked clinically in safety net care delivery organizations and administratively in Medicare and Medi-Cal managed care. The 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.

Quality Improvement Staffing Structure

Director, Quality Improvement - reports to the CMO, ensures the completion of the QIHET Program, and directs the execution of QIHET activities identified in the QIHET Work Plan. The Director of Quality Improvement oversees teams focused on fostering quality for our members: Pharmacy Operations, Quality Improvement, and Health Services Product Management. The Quality Improvement Director has a Master's in Business Administration and has 15 years working in healthcare as a director responsible for quality improvement and compliance regulations within three managed care organizations, a Federally Qualified Health Center, and a Fortune 100 Health care company. Reporting to the Director of Quality Improvement are the following positions:

> **Senior Manager, Pharmacy Operations –** reports to the Quality Improvement Director and oversees pharmacy operations and medication related clinical programs and activities. The Senior Manager of Pharmacy Operations has a Doctorate of Pharmacy with 16 years of healthcare experience including six years of clinical experience. The Senior 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 QIHET efforts:

>> **Supervisor, Clinical Pharmacy –** responsible for oversight of pharmacy related QIHET measures and initiatives, Drug Utilization Review (DUR) program, and the Medication Therapy Management program. The Interim Supervisor of Clinical Pharmacy s has a doctorate of pharmacy with 16 years of healthcare experience including 11 years of clinical experience and six years of experience in quality improvement. The Interim Supervisor of Clinical Pharmacy also achieved a Post Graduate Year One residency and holds a license as an Advanced Practice Pharmacist. Reporting to the Clinical Pharmacy Supervisor are the following positions:

>> o **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 11 years of healthcare experience including six years of clinical experience and six years of 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.

>> o **Clinical Pharmacist –** responsible for supporting the Drug Utilization Review (DUR) program including opioid review, managing activities related to pharmacy for HEDIS quality measures . The Clinical Pharmacist has a Doctorate of Pharmacy with six years of healthcare experience including five years of experience in quality improvement. The Clinical Pharmacist also completed a Post Graduate Year One residency.

>> o **Analyst, Pharmacy–** responsible for supporting pharmacist staff to execute their responsibilities. The Analyst of Pharmacy achieved a pharmacy technician

diploma and has 13 years of healthcare experience, including nine years of direct patient care. The Analyst of Pharmacy also is a licensed pharmacy technician.

- **Program Manager, Pharmacy Compliance –** responsible for supporting pharmacy operations including quality activities by ensuring compliance. The Program Manager of Pharmacy Compliance has 23 years of healthcare experience, including 11 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 26 years of healthcare experience, including five 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 26 years of healthcare experience. The Analyst of Pharmacy Data is also a licensed pharmacy technician.

- **Program Manager, Pharmacy Vendor Oversight** – 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 21 years of healthcare experience, including 16 years of direct patient care. The Analyst of Pharmacy also is a licensed pharmacy technician.

Senior Manager, Health Services Product Management – reports to the Quality Improvement Director 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 17 years of experience in healthcare technology. Reporting to the Manager of Health Services Business Relationships, the following positions support SFHP's QIHET efforts:

- **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 Manager of Health Services Product Management has an Associate Degree in Marketing and Management, with 22 years of managed care experience including seven years of experience in quality improvement. Reporting to the Manager of Health Services Product Management are the following positions:

  - ○ **Associate Program Manager, Health Services Product Management –** responsible for the overall planning, execution, and implementation of small and medium scale programs including implementation of SFHP's HEDIS process. The Health Services Product Management Specialist has an Associate Science degree and seven years of healthcare experience.

- o **Specialist, Health Services Product Management –** responsible for supporting various applications and programs within the Health Services Product Management Team including internal customer support and program reporting. The Health Services Product Management Specialist has a master's degree in public administration and 5 years of healthcare experience.

- **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 18 years of healthcare experience.

- **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 a Bachelors of Social Work and Social Science, with 14 years of care management experience.

- **Data Analyst, Health Services Product Management –** responsible for the analysis and reporting of data supporting quality initiatives and contributes to increasing the use of data in clinical decision making and improving data quality by identifying data gaps impacting Health Services quality initiatives including HEDIS and Care Management application. The Data Analyst of Health Services Product Management has a Bachelors of Science in Computer Engineering with one year of experience in healthcare.
- **Configuration Analyst, Health Services Product Management –** responsible for application configuration including project planning, execution, and implementation of changes to SFHP's Care Management system. The Configuration Analyst of Health Services Product Management has a Masters of Science in Health Informatics and a certification in Asure AZ 900 with 17 years of experience in healthcare.

Supervisor, Quality Improvement – reports to the Quality Improvement Director and oversees quality improvement programs focusing on care experience, access to care and incentive interventions for providers and members. The Quality Improvement Supervisor has 12 years of experience in a clinical setting and eight years of experience in quality improvement.

- **Program Manager, Care Experience –** responsible for measuring member experience performance, and develops and implements interventions to improve the care experience of SFHP members. The Care Experience Senior Program Manager has a Bachelor's of Science in exercise physiology, a Master's of science in organization development and has 13 years of experience in community health.

- **Program Manager, Quality Programs –** responsible for managing interventions to improve HEDIS and member experience through SFHP's pay-for-performance program and member incentive program. The Program Manager of Quality Programs has a

Master's of Science in Health Care Administration with 10 years of experience in healthcare.

· **Associate Program Manager, Access to Care –** 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 Access to Care Associate Program Manager has a Bachelor's of Arts in Psychology with seven years of experience in public health.

Associate Program Manager, Quality Improvement – reports to the Quality Improvement Director and is responsible for managing the QIHET program, oversight of the work plan, and facilitates QIHET collaborative activities with network providers. The Quality Improvement Associate Program Manager has a Master's of Arts, is a certified Project Management Professional, and has nine years of experience in healthcare and seven years of experience in community health advocacy.

Health Services Departments that contribute to the QIHET Program

Behavioral Health & Housing Department

SFHP's Behavioral Health & Housing Department implements quality improvement activities related to implementation of and oversight of behavioral health & housing supports including behavioral health therapy.

Care Management Department

SFHP's Care Management Department supports high-risk members with navigating the health care system. The primary focus is to improve health status, medical and behavioral health care system access, and decrease hospitalization and emergency department use. Members are enrolled in various case management programs based on acuity, clinical criteria, and utilization of services.

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, Post-Acute, Long Term Care, Prior Authorization, and UM Delegation Oversight.

Population Health Management Department

SFHP's Population Health Management Department is responsible for programs related to population Health Equity, Health Education, Cultural & Linguistic Services, and implementation of Basic Population Health Management with programs that include Community Health Workers, Early & Periodic Screening, Diagnostic, Screening, & Treatment, Wellness & Prevention Programs, Chronic Disease Programs, and programs focused on Maternal Health Outcomes.

State Programs Department

SFHP's State Programs Department implements the programs of Enhanced Care Management and Community Supports benefit to provide support to members with complex needs.

External Agencies that contributes to the QIHET program

Carelon Behavioral Health

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

Teladoc

The Teladoc Program is a service which provides San Francisco Health Plan members with unlimited, toll-free access to telephonic or video consultations, available 24 hours per day, 365 days per year, provided by a state licensed physician. The Teladoc Program contributes to QIHET activities by aiming to reduce avoidable Emergency Room and Urgent Care utilization, increase utilization of the Non Specialty Mental Health benefit, and improve members care experience of access to care.

4. Quality Improvement Method and Data Sources

A. Identification of Important Aspects of Care

SFHP identifies priorities for improvement based on regulatory requirements, NCQA standards, data review, and provider and member-identified opportunities in the key domains of Clinical quality - medical care; Clinical quality - behavioral health; Access to primary and specialty care; Engagement with primary care; Care coordination and continuity of care; Member experience. Particular attention is paid to those areas that are high risk, high volume, high cost, or problem prone. The QIHET Program employs a systematic and data-driven method for identifying opportunities for improvement and evaluating the results of interventions.

Data Collection and Analysis to Identify Opportunities for Improvement

The organization regularly collects information related to medical and behavioral health care clinical quality, member access to and engagement with primary and specialty care, coordination and continuity of care, and member experience across the continuum of care. Information collected includes HEDIS measure rates, member survey data, member movement between practitioners, member movement across settings, opportunities for collaboration between medical care and behavioral healthcare, and feedback from providers on quality-related topics. SFHP staff perform quantitative and qualitative analysis of the data, including root cause analysis and identification of barriers to delivery of quality care to drive measurable improvements focused on improving member experience, supporting providers, and health outcomes. Once improvement opportunities are identified, they are discussed and approved in

the QIHEC. Approved opportunities are then included in the annual QI Workplan (Appendix A) as measures.

Acting on Opportunities

For each measure identified, SFHP "measure champions" lead cross-functional teams of staff who collaborate with providers and community organizations to plan and implement interventions based on best practices to resolve identified issues and barriers. The planning includes choosing a measure indicator by defining a numerator and denominator, baseline rate, target, and activities to be completed within a defined time period.

Measuring Effectiveness

The outcomes of these improvement activities are measured on a monthly and quarterly basis, and measure champions reassess planned activities based on a quarterly qualitative analysis of measure-related data. The quarterly measure performance is shared with and analyzed by the QIHEC in the form of a QI Scorecard. The Annual QI Program Evaluation (see details in section "5. QIHET Program, below) summarizes and analyzes the annual performance data and provides recommendations for the next measurement year.

Data Systems and Sources

Member Data:
- Grievances
- Consumer Assessment of Healthcare Providers and Systems
- Health Information Form/Member Evaluation Tool
- Health Appraisal
- Member Advisory Committee
- Focus Groups
- Health Risk Assessment
- Eligibility and Demographic
- Member Care Plan
- External Program Eligibility
- California Immunization Registry

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

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

B. 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 a cross-functional internal SFHP workgroup drawn from ITS and Health Services (HS) to support facilitation and incorporation of external and internal data sources and to provide a forum to discuss business use cases for the various data sets, particularly external. The workgroup created a Desktop Procedure for the ingestion of new external data sources.
- **Monthly Proactive HEDIS Runs** – The HEDIS team monitors HEDIS data quality via monthly proactive runs. This includes a monthly QA and UAT process to identify and resolve any data quality issues. In addition, HEDIS rates are monitored monthly via the HEDIS Performance Monitoring Dashboard in Tableau which allows the HEDIS team to compare denominator and rate changes month over month. Additional data quality reporting within the HEDIS tool, Quality Reporter, allows the HEDIS Team to monitor the impact of all data sources on HEDIS numerators and exclusions.
- **Health Equity and Quality Measure Set** – The QI and HEDIS teams stratify HEDIS and CAHPS measures as by race, ethnicity, and age as required by the Department of Managed Health Care. This measure set is comprised of 12 HEDIS measures and one CAHPS measure: Colorectal Cancer Screening, Breast Cancer Screening, Hemoglobin A1c Control for Patients with Diabetes, Controlling High Blood Pressure. Asthma Medication Ratio, Depressions Screening and Follow-Up for Adolescents and Adults, Prenatal and Postpartum Care, Childhood Immunization Status, Well-Child Visits in the First 30 Months of Life, Child and Adolescent Well-Care Visits, Plan All-Cause Readmissions, Immunizations for Adolescents, and Getting Needed Care

C. Policies and Procedures

SFHP reviews and updates all of its quality and clinical policies and procedures (Utilization Management, Care Coordination, Pharmacy, Quality Improvement and Health Equity, Health Education, Cultural and Linguistic Services, Population Health Management) 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. QIHEC and SFHP's internal Policy and Compliance Committee approve new and updated policies and procedures.

5. Quality Improvement and Health Equity Transformation Program

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

QIHET Program Work Plan

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

- Access to primary and specialty care

- Clinical quality - behavioral health
- Clinical quality - medical care
- Engagement with primary care
- Care coordination and continuity of care
- Member experience

The QIHET Program Work Plan also includes:

- A summary of Health Equity Activities including health equity activities planned for workplan measures and the implementation of DEI training.
- An overview of the Quality Oversight Activities

QIHET Program Annual Evaluation

Measures completed within the evaluation timeline are included in the evaluation for that calendar year. Measure completion is determined by the staff responsible, known as measure champions, 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
- Quantitative analysis comparing the results to the target, benchmarks, and any other comparable results
- Qualitative analysis including an examination of the underlying reason or cause of the result including listing of barriers and root causes
- Conclusion about the overall outcome and effectiveness of the measure
- Recommendation of interventions and actions to overcome barriers in the following year

6. QI Activities
A. Access to Primary and Specialty Care

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

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 May. 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.

B. Clinical Quality - Medical Care

The domain of Clinical Quality – Medical Care involves activities related to clinical outcomes related to chronic condition care management, patient safety, and pharmacy services including drug utilization review.

Non-Behavioral Chronic Condition Management

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

- Asthma Medication Ratio
- Eye Exam for Patients with Diabetes
- Kidney Health Evaluation for Patients with Diabetes
- Hemoglobin A1c Control for Patients with Diabetes
- Medical Assistance with Smoking and Tobacco Use Cessation
- Pharmacotherapy Management of COPD Exacerbation

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

Pharmacy - 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 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 Transitions of Care 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. Medication Adherence Program is a pharmacy-only initiative targeting overutilization of "as needed" medications and underutilization of maintenance medications. Currently the Medication Adherence Program is on hold with plans to resume with additional staffing.

- **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. There is an internal report that monitors all members on opioids or with opioid use disorder on a quarterly basis. SFHP has an internal Pain and Opioid Workgroup and pain management is discussed at SFHP's Pharmacy & Therapeutics Committee. Currently the Pain and Opioid workgroup is held in tandem with the Quality Improvement and Drug Utilization Review meeting on a monthly basis.

Pharmacy Services Drug Utilization Review (DUR)

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

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

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

Patient Safety: 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. Clinical Quality - Behavioral Health

The domain of Clinical Quality – Behavioral Health involves activities related to clinical outcomes related to behavioral health chronic condition care management.

Behavioral Chronic Condition Management

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

· Adherence to Antipsychotic Medications for Individuals with Schizophrenia
· Antidepressant Medication Management
· 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 After Emergency Department Visit for Substance Use
· Follow-Up After Hospitalization for Mental Illness
· Follow-Up After High-Intensity Care for Substance Use Disorder
· Follow-Up Care for Children Prescribed ADHD Medication
· Initiation and Engagement of Substance Use Disorder Treatment - Engagement
· Metabolic Monitoring for Children and Adolescents on Antipsychotics
· Pharmacotherapy for Opioid Use Disorder
· Use of First-Line Psychosocial Care For Care for Children and Adolescents on Antipsychotics

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

D. Engagement with Primary Care

The domain of Engagement with Primary Care involves activities related to the delivery of preventative care services and Initial Health Assessments.

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
- 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
- Screening for Depression and Follow-Up Plan

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.

Financial Incentives to Primary Care Support Improvement

The Practice Improvement Program (PIP) is SFHP's pay-for-performance program. PIP incentive funds are sourced from approximately a 20% 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.

E. Care Coordination and Continuity of Care

The domain of Care Coordination and Continuity of Care involves activities related to Long Term Care Quality, Care Transitions, Care Management, Enhanced Care Management, monitoring of over and underutilization, and otherwise improved coordination across multiple providers and facilities and focuses on members with more complex medical and psychosocial needs.

Long Term Care Quality Assurance Performance Improvement

San Francisco Health Plan (SFHP) is responsible for administering care and maintaining a comprehensive Quality Assurance Performance Improvement (QAPI) program. In accordance with regulatory requirements and guidance, QI maintains quality oversight and conducts annual monitoring of the care provided to SFHP Medi-Cal members at the following Medi-Cal contracted facilities: Skilled Nursing Facilities, Long Term Care, and Subacute Facilities. The QIHEC is responsible providing oversight of the Plan's QAPI activities.

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). In addition, the Long-Term Services and Supports (LTSS) standardized set of ten questions are embedded in the HRA assessment and utilized to assess members who might need LTSS. Members who answer "yes" to one of the LTSS questions are considered "high risk" and referred to Care Management for outreach. Members receiving care within delegated medical groups in the network receive follow-up from their assigned medical group.

Care Management Programs

SFHP's Care Management department administers various case management programs and benefits 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 as well as managing the intake processes for various benefits. 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.

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), Department of Early Childhood 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.

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.

Transitional Care Services

As of January 1st 2024, SFHP expanded the scope of care transitions and launched the Transitional Care Services (TCS) program, an initiative under CalAIM. The goal of the TCS program is to provide care coordination to prevent gaps in services, care and support while members transition between one level of care or setting to another. Dedicated care management staff are responsible for providing transitional care services which include collaboration with the discharging facility, assistance with scheduling appointments and referrals to other programs, such as ECM if appropriate. The program lasts for 30 days post discharge or until the member is connected to all needed services and supports.

HIF/MET Services

Members receive the HIF MET assessment from SFHP as part of the new member Welcome Packet, SFHP Care Management staff reviews all assessments received by SFHP Business Intelligence, and applies the scoring system, "High-risk" members are referred to Care Management for care management services at SFHP and are outreached to participate in a 30 day Telephonic Care Management (TCM) program.

Enhanced Care Management

Enhanced Care Management (ECM) is a Medi-Cal benefit that was implemented in January 2022, and is a whole-person interdisciplinary approach to improve coordination, access to care, quality and outcomes for SFHP's highest risk group of members. ECM is available to individuals that qualify based on a defined Population of Focus (listed below) and includes the following seven services that are designed to address both the clinical and non-clinical needs: 1) outreach and engagement, 2) comprehensive assessment and care management plan, 3) enhanced coordination of care, 4) health promotion, 5) transitional care services, 6) member and family supports, and 7) coordination and referral to community and social support services. Together these services provide comprehensive care management that is high-touch, community based and focused on the individual needs of the member.

DHCS has identified 16 different Populations of Focus that are eligible for ECM including:
- Individuals experiencing homelessness
- Individuals with avoidable ED and hospital utilization

- Individuals diagnosed with Serious Mental Illness or Substance Use Disorder
- Individuals with intellectual and developmental disabilities
- Adult pregnant and postpartum individuals at risk for adverse perinatal outcomes
- Adults living in the community who are at risk for long-term institutionalization
- Nursing facility residents transitioning back to the community
- Children and youth with complex needs in the following categories:
  o Children and youth experiencing homelessness
  o Children and youth with avoidable ED and hospital utilization
  o Children and youth with SMI and SUD
  o Children and youth enrolled in CA children's services (CCS) or whole child model with additional needs beyond CCS condition
  o Children and youth involved in child welfare
  o Children and youth with intellectual and developmental disabilities
  o Child and youth who are pregnant and post-partum at risk for perinatal adverse outcomes
- Individuals transitioning from incarceration
- Pregnant and post-partum individuals at risk for perinatal adverse outcomes who are subject to racial and ethnic disparities

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
- Community Based Adult Services Utilization

Service utilization patterns are shared with internal leadership as well as 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.

F. Member Experience

The domain of Member Experience involves activities related to improvement of care experience as measured by Health Plan CAHPS, experience or satisfaction of specific programs, Grievances & Appeals, Cultural and Linguistic Services, Health Education, Community Supports and member materials.

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 QIHEC. 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.

Cultural and Linguistically-Appropriate Services and Anti-Discrimination Procedures

SFHP's Cultural and Linguistic Services program is informed by regular assessment of the ethnic, racial, 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.

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.

Health Education

SFHP ensures that members have access to health education and self-management resources at the 6th grade literacy level and 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.

Community Supports

Community Supports are medically appropriate and cost-effective services that are intended to be alternatives to covered services. DHCS has identified 14 Community Supports that health plans can offer, which together seek to improve health outcomes and reduce unnecessary emergency room use, hospitalization/institutionalization. Since Community Supports launched in January 2022, SFHP gradually expanded its offerings to members and forged new partnerships with several community-based providers. Below is a list of the eight Community Supports currently available to eligible SFHP members, three additional CS services will be available in July 2024.

- Medical respite (January 2022): Short-term residential care for members who no longer require hospitalization, but still need to heal from an injury or illness and whose condition would be exacerbated by an unstable living environment.
- Sobering centers (July 2022): Alternative destinations for individuals found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail.
- Medically tailored meals (July 2023): 12 weeks of medically supportive food (could be delivered meals or groceries) that are approved by a registered dietitian that reflect the appropriate dietary therapy for a member's health needs. Eligible individuals must have a qualifying chronic condition or complex health needs.
- Housing navigation (July 2023): Assists members with identifying and securing housing, which includes developing a housing plan, addressing barriers, and securing viable housing options.
- Housing deposits (January 2024): Provides up to $5,000 to assist with securing and funding one-time housing services necessary to establish a basic household (deposit, initial rent, utilities and some goods (e.g. heater, bed). Individuals must be in housing navigation.
- Housing tenancy and sustaining services (January 2024): Assistance with maintaining housing, including coordination with landlord, education on lease compliance, assistance with financial literacy, etc.
- Home modifications (January 2024): Up to $7,500 to support physical adaptations to a home that are necessary to ensure the health and safety of an individual, including grab bars, improvements to bathroom/shower, etc. They are intended to support greater independence and reduce the risk of hospitalization/LTC.
- Community Transitions (January 2024): Up to $7,500 to provide support to individuals in an LTC facility that want to transition back to the community. Services include identifying

housing options, coordinating with the landlord; and good related supports (e.g. home modifications, security deposits, first month of utilities, pest eradication, etc.).

G. Quality Oversight Activities

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.

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 QIHEC to identify and implement improvement activities. Applicable improvements are integrated into QIHET Program activities.

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, accreditation, or vetting 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).

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 2023-2026 targets the large disparities in in infants receiving the six recommended well-child visits by 15-months of age seen among the SFHP member population by race/ethnicity. SFHP aims to improve the rate of Hispanic members who receive all six well-child visits within the HEDIS timeframe. The second PIP aims to improve the members visiting the emergency room for mental health or alcohol or other drugs to receive follow-up care within seven days.

Delegation Oversight

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, and on an annual basis thereafter, 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.

In addition to submission of a CAP, Delegates that have scores less than 95% in any critical element will be subject to quarterly audits of said element. The Delegate will remain under quarterly audit until the Delegate has obtained scores of 95% for two (2) consecutive audit periods.

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 Provider Network Operations team will evaluate the response, collaborate with the Subject Matter Experts, 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.

Delegated Functions

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

- All American Medical Group
- American Specialty Health
- Brown and Toland
- Carelon Behavioral Health
- Hill Physicians Medical Group
- Jade HealthCare Medical Group
- North East Medical Services
- San Francisco Health Network
- Teledoc
- University of California, San Francisco Medical Center (UCSF)
- VSP Vision Plan

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

- All American Medical Group
- American Specialty Health
- Brown and Toland
- Carelon Behavioral Health (ABA/BHT only)
- Hill Physicians Medical Group
- Jade HealthCare Medical Group
- North East Medical Services
- San Francisco Behavioral Health Services

Pharmacy Services – Magellan is delegated to manage pharmaceutical services on SFHP's behalf for the SFHP Healthy Worker HMO line of business.

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

- All American Medical Group
- Brown and Toland
- Hill Physicians Medical Group
- Jade HealthCare Medical Group
- North East Medical Services

Non-Specialty Mental Health –Carelon Behavioral Health provides non-specialty mental health services to all SFHP Medi-Cal members. San Francisco Behavioral Health Services (BHS) provides all non-specialty and specialty behavioral services to SFHP Healthy Worker HMO members.

Quality Management – Quality Management is not a delegated function. Review of each Delegate's Quality Workplan and Quality Measures specific to the delegate are conducted as part of the annual audit.

Member Appeals and Grievances – Carelon Behavioral Health is partially delegated for Grievances and Appeals. Carelon is responsible for processing all grievances and appeals. Carelon grievance and appeals are presented to the Grievance Review Committee (GRC) for review and approval.

Reviewed & Approved by:

Chief Medical Officer: *Eddy Ang, MD, MPH*   Date: 3/7/2024

Quality Improvement & Health Equity Committee Review   Date: 3/7/2024

Board of Directors Review   Date: 3/27/2024

Appendix A: Work Plan

Access to Primary and Specialty Care

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
Appointment Availability - Routine Specialty	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	50.0%	Supervisor, Quality Improvement	• Request Corrective Action Plans of provider groups performing below 80% compliance rate and below 50% response rate. • Provide technical assistance with Corrective Action Plans. • Provide funding to ZSFG Specialty Care providers to implement appointment access interventions. • Incentivize ZSFG providers through inclusion of a third next available monitoring measure in SFHP's specialty pay-for-performance program.	6/30/2024
Provider Directory - Accuracy	Total number of provider data points confirmed accurate	Total number of data points surveyed in the reporting period	90.50%	Senior Manager, Provider Network Operations	• Incentivize providers through inclusion of a provider roster update measure in SFHP's primary care pay-for-performance program. • Segment scores to identify priority groups & conduct root cause analysis of provider data errors. • Outreach to those root cause partners and analyze data to target common sources of inaccuracy.	12/31/2024

Care Coordination and Continuity of Care

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
Care Management Follow Up on Clinical Depression	Total Complex Care Management clients 18 years or older who	Total Complex Care Management clients 18 years or older screened	90.00%	Director, Care Management	• Train staff in mental health, particularly on severe mental illness (SMI) and community resources, to ensure that staff is equipped to identify signs and symptoms of clinical depression and 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.	6/30/2024

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
	screened positive for clinical depression with PHQ-9 with a "Connect to Behavioral Health" care plan goal	positive for clinical depression with PHQ-9			· Initiate a weekly behavioral health office hour between SFHP Care Management, SFHP Behavioral Health, and Carelon clinical teams to staff cases and ensure timely connection to behavioral health services. · Collaborate to ensure effective coordination of care through the Managed Behavioral Health Care Committee which includes both SFHP and SF Behavioral Health Services. · 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. · Clinical Supervisors to conduct audits every 4 months to ensure best practices and regulatory requirements are met.	
Complex Care Management Follow Up on Clinical Depression	Total clients 18 years or older who screened positive for clinical depression with PHQ-9 with a "Connect to Behavioral Health" care plan goal	Total Care Management clients 18 years or older screened positive for clinical depression with PHQ-9	85.00%			
Depression Screening and Follow-Up for Adolescents and Adults: Follow-Up on Positive Screen	The percentage of members who received follow-up care within 30 days of a positive depression screen finding.	The percentage of members who were screened for clinical depression using a standardized instrument.	85.00%	Behavioral Health Manager	· Conduct member-outreach campaign encouraging treatment of symptoms of depression. · Disseminate depression screening health education to members. · Track Carelon Care Management staff completing PHQ-9 depression screening on all members who are referred to Carelon mental health services. · Target conversations with lower performing medical groups about increasing depression screening and follow up.	12/31/2024

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
Follow-up After ED visit for Mental Illness: 30-Day	Members (aged 6 and older) who received a follow-up visit for mental illness within 30 days of an emergency department visit with a diagnosis of mental illness or intentional self-harm	Emergency department visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm	54.87%	Health Services Officer	· ED member navigators provide motivational interviewing and referral to members' Enhanced Care Management provider or PCP for follow-up visit. · Incentivize providers through inclusion of a Follow-up After ED Visit for Mental Illness measure within 30 days in SFHP's primary care pay-for-performance program.	12/31/2024
Follow-up After ED visit for Mental Illness: 7-Day	Members (aged 6 and older) who received a follow-up visit for mental illness within 7 days of an emergency department visit with a diagnosis of mental illness or intentional self-harm	Emergency department visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm	40.59%			

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 30-Day	Follow up visit by members 13 years of age and older for alcohol or other drug (AOD) within 30-days of an emergency department (ED) visit with a principal diagnosis of AOD abuse or dependence	Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence	36.34%	Health Services Officer	· ED member navigators provide motivational interviewing and referral to members' Enhanced Care Management provider or PCP for follow-up visit. · Incentivize providers through inclusion of a Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence within 30 days measure in SFHP's primary care pay-for-performance program.	12/31/2024
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 7-Day	Follow up visit by members 13 years of age and older for alcohol or other drug (AOD) within 7-days of an emergency department (ED) visit with a principal diagnosis of AOD abuse	Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence	24.51%			

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
	or dependence					

Clinical Quality - Behavioral Health

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
Adherence to Antipsychotic Medication	Number of members on antipsychotic with 80% adherence (PDC)	Number of adults 18 years of age and older with schizophrenia or schizoaffective disorder with diagnosis: at least 2 outpatient visits or one acute inpatient visit	61.39%	Clinical Pharmacist	· Communicate with SF Behavioral Health Services to discuss barriers to access for members with schizophrenia on antipsychotics. · Include member education on medication adherence for chronic disease states in Your Health Matters	12/31/2024
Mental Health Utilization Rate	Number of unique Medi-Cal members with a mental health visit	Overall number of Medi-Cal members	4.50%	Health Services Officer	· Conduct member-outreach mental health awareness campaign. · Implement improved service-level agreement with Carelon to hold them accountable to care improvements. · Increase integration of clinics to include providers of behavioral therapy. · Implement dyadic care services to improve family well-being through care appointments that are scheduled in tandem to support parent and child health.	7/31/2024

Clinical Quality - Medical Care

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
Asthma Medication Ratio	Number of controller meds	Number of total asthma meds (controller and rescue) for 5-64 years of age and	69.41%	Clinical Pharmacist	· Collaborate with provider groups with most opportunity for improvement. · Communicate updated asthma guidelines with providers and pharmacies. · Incentivize providers through inclusion of an Asthma Medication Ratio measure in SFHP's primary care pay-for-performance program. · Promote and encourage members with asthma to engage in services through a Chronic Condition incentive.	12/31/2024

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
		older with persistent asthma				
Hepatitis C Treatment	Number of members who completed Hep C treatment regimen	Number of members with any past history of Hep C diagnosis in 36-month lookback for Medi-Cal and Healthy Workers	40.00%	Clinical Pharmacist	· Collaborate with End Hep C group on provider education. · Create outreach letter template for providers with members who need to complete Hepatitis C treatment to assist in coordination of care. · Provide analysis and trends on members who have not completed Hepatitis C treatment to providers.	12/31/2024

Engagement With Primary Care

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
Initial Health Appointment	Number of members who had a comprehensive PCP visit during first 120 days of Medi-Cal enrollment	Number of all new members enrolled in prior 120 days	35.00%	Manager, Population Health	· Initiate raffle to incentivize new members to complete their IHA · Incentivize providers through inclusion of an Initial Health Appointment measure in SFHP's primary care pay-for-performance program. · Coordinate with provider groups by providing new member lists on a monthly cadence, communicate their performance, and making coding requirements clear and accessible to providers. · Improve language in member materials, including website, to make more accessible.	12/31/2024

PCP Engagement	Medi-Cal members without a provider visit from the previous year who have a visit in the subsequent year	Medi-Cal members without a provider visit from the previous year	Increase of 2.0%	Director, Quality Improvement	· Incentivize providers through inclusion of a PCP visit measure in SFHP's primary care pay-for-performance program.
					· Promote and encourage members with asthma to engage in services through member incentives for:
					  o well-child visits in the first 15 months of life
					  o developmental screening in the first 36 months of life
					  o members to receive colorectal cancer screening
					  o members 12 to 47 months to receive fluoride treatment
					  o members to receive initial health appointments
					  o pregnant members to receive prenatal or postpartum visits
					  o members with asthma, high blood pressure, or diabetes to receive a PCP visit
						6/30/2024

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
Prenatal and Postpartum Care: Postpartum Care	Number of people with a live birth during the measurement period who had a postpartum check between 7-84 days after delivery.	Number of people with a live birth during the measurement period.	84.59%	Health Services Officer	· Ensure a diverse and inclusive environment with a network of doulas and community health workers that can support all members engaging in perinatal care and connecting with plan benefits and services. · Promote and encourage pregnant members to engage in services through a member incentive for both prenatal and postpartum visit. · Incentivize providers through inclusion of a prenatal visit measure in SFHP's primary care pay-for-performance program.	12/31/2024
Topical Fluoride for Children: Dental or Oral Health Services Total	Number of members one to 20 years of age who receive at least two topical fluoride varnish applications in the measurement year.	Number of members one to 20 years of age.	19.30%	Supervisor, Quality Improvement	· Coordinate with SF Department of Public Health and local oral health coalitions to promote awareness of the importance of topical fluoride application in the primary care setting for all children from tooth eruption to five years of age and for older children and teens (up to 20 years) at risk of caries. · Offer topical fluoride application training for those clinics requesting support. · Promote and encourage members aged 12 to 47 months to engage in services through a member incentive to obtain fluoride varnish treatment.	12/31/2024
Well-Child Visits in the First 30 Months of Life: 0-15 Months	Infants with six or more well visits by 15 months of age	All infants turning 15 months of age	58.38%	Manager, Population Health	· CM team to contact members with three or four out of the required six visits to coordinate their remaining PCP visits. · Complete Maternal Child Health gap analysis. · Promote and encourage members aged zero to 15 months to engage in services through a member incentive to obtain well-child visits. · Collaborate with SF Department of Public Health and other health plans on coordinated effort to improve measure. · Incentivize providers through inclusion of a well-child visit in the first 15 months of life measure in SFHP's primary care pay-for-performance program.	12/31/2024
Well-Child Visits in the First 30 Months of Life: 15-30 Months	Children with two or more well visits between 15 and 30 months of age	All children between 15 and 30 months of age	77.78%			

Member Experience

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
CAHPS: Getting Needed Care	Total number of members responding with 'usually' or 'always'	Total number of members responding to	72.80%	Supervisor, Quality Improvement	· Implement three organizational	6/30/2024

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
	to the Getting Needed Care HP-CAHPS composite	the Getting Needed Care HP-CAHPS questions			initiatives to improve the member care experience which	
CAHPS: Rating of a Specialist	Total number of members rating 9 or 10 to the Rating of Specialist HP-CAHPS question	Total number of members responding to the Rating of Specialist HP-CAHPS question	67.38%		include interventions focused on access to primary and specialty care, telehealth, and members engaged in	
CAHPS: Rating of PCP	Total number of members rating 9 or 10 to the Rating of Personal Doctor HP-CAHPS question	Total number of members responding to the Rating of Personal Doctor HP-CAHPS question	67.54%		SFHP member-facing programs and services. · Implement a telehealth initiative that increases awareness and utilization, with a focus on African Americans and Spanish-speaking members · Incentivize providers through inclusion of a Rating of Personal Doctor measure in SFHP's primary care pay-for-performance program. · Reduce gaps in care utilization through inclusion of a health equity measure in SFHP's primary care pay-for-performance program. Providers will complete the measure by conducting	

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
					telehealth quality improvement activities for the measure for members who are Hispanic or Latino or Black or African American. · Provide funding to ZSFG Specialty Care providers to implement appointment access interventions. · Incentivize ZSFG providers through inclusion of a third next available monitoring measure in SFHP's specialty pay-for-performance program. · Collaborate with network providers who work in care experience to align priorities & strategy, and work on shared initiatives. · Create a specialty referral guide by medical group for members.	

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
Care Management Client Satisfaction	Number of satisfaction survey respondents who respond "Yes" to Question 2: Has the Care Management program helped you reach your health goals? and who respond "Always" or "Often" to Question 6: After receiving information from the Care Management staff, I feel confident I can take the actions needed to maintain or improve my health.	Total Care Management clients who responded to the Care Management satisfaction survey	65.00%	Director, Care Management	· Development of an individualized case management plan, including member's prioritized goals and preferences. · Improve communication of care plan goal progress between Care Management staff and members. · Provide more thorough life skills, health education and training to members pertaining to self management of their conditions and their health maintenance.	6/30/2024
Complex 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 Complex Care Management clients who responded to self-reported health question of SF-12 on both the intake and closing assessments	100.00%		· CM staff completes a 6-month reassessment and review of care plan, including goals with member. · Maintain a process to triage members into longer-term case management programs when requested by member or indicated by member's self-efficacy skills.	

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
					· Strengthen relationships with community based organizations and increase team knowledge of community resources. · Include online resources in Case Management software system for easier access by CM Coordinators and Nurses. · Initiate a Closed Loop Referrals project to seek a system for connecting members to needed resources.	
Provider Directory: Race & Ethnicity	Number of physicians with race/ethnicity data submitted	Number of physicians in SFHP Network	8.00%	Senior Manager, Provider Network Operations	· Engage provider groups in collecting data from their clinicians. · Conduct communication campaign to network providers to encourage providers to volunteer race and ethnicity information. · Explore offering a provider incentive for collecting race and ethnicity information	12/31/2024

Measure Name	Numerator	Denominator	Target	Responsible Staff	Activities	Date Activities to be Completed
					· Integrate race and ethnicity data collection with credentialing data.	

Health Equity Activities

Measure Title	Identified Ethnic/ Racial group(s) or Languages Experiencing Disparities	Staff Title	Planned Activities - Equity-focused interventions	End
Asthma Medication Ratio	Race/Ethnicity: · Black or African American · Native Hawaiian or Other Pacific Islander · American Indian or Alaskan Native Language · Vietnamese	Clinical Pharmacist	· Conduct root cause analysis of why certain groups experiencing disparities. · Ideate and explore equity-focused interventions for groups experiencing disparities.	12/31/2024
CAHPS: Getting Needed Care	Race/Ethnicity: · Asian Language: · Chinese	Supervisor, Quality Improvement	· Collaborate with SFHP's mental health provider Carelon and SFHP's provider group which serves the largest portion of Asian identifying and Chinese-speaking members North East Medical Services to increase referrals. · Improve provider credentialing issue with North East Medical Services and other provider groups to increase members' access to behavioral health providers. · Coordinate with Carelon to bring APA Family Support Services, a behavioral health provider serving the Chinese community, into Carelon's contracted network. · Provide network providers and staff training on racial equity.	6/30/2024
Depression Screening and Follow-Up for Adolescents and Adults: Follow-Up on Positive Screen	Race/Ethnicity: · Hispanic or Latino · Black or African American · Native Hawaiian or Other Pacific Islander · American Indian or Alaska Native Language · Spanish · Russian	Behavioral Health Manager	· Match primary care clinics which screen for depression with culturally congruent mental health providers for follow-up care.	12/31/2024

Measure Title	Identified Ethnic/ Racial group(s) or Languages Experiencing Disparities	Staff Title	Planned Activities - Equity-focused interventions	End
Prenatal and Postpartum Care: Postpartum Care	Race/Ethnicity: · Black or African American · Native Hawaiian or Other Pacific Islander · American Indian or Alaska Native	Health Services Officer	· Build an outreach program using a diverse group of staff to reach out to at-risk persons who are less likely to engage in preventive care. Refer to community health workers and doulas for support and intervention. · Incentivize providers through inclusion of a health equity measure in SFHP's primary care pay-for-performance program. Providers will complete the measure by conducting perinatal quality improvement activities for the measure for members who are Hispanic or Latino, Black or African American, Native American or Other Pacific Islander, and/or Asian/Pacific Islander patients.	12/31/2024
Well-Child Visits in the First 30 Months of Life: 0-15 Months Well-Child Visits in the First 30 Months of Life: 15-30 Months	Race/Ethnicity: · Black or African American · Hispanic or Latino	Manager, Population Health	· Incentivize providers through inclusion of a health equity measure in SFHP's primary care pay-for-performance program. Providers will complete the measure by conducting well-child quality improvement activities for the measure for members who are Hispanic or Latino or Black or African American.	12/31/2024

Quality Oversight Activities

Oversight	Summary	Resp. Staff	Activities	Due Date
Quality Improvement and Health Equity Committee	Ensure Quality Improvement and Health Equity Committee (QIHEC) oversight of QIHET activities outlined in the QIHET Program	CMO	· At least four meetings to be held in 2024	12/30/2024
Pharmacy and Therapeutics Committee	Ensure oversight and management of the SFHP formulary and DUR initiatives	CMO	· Quarterly and ad hoc P&T Committee meetings	12/30/2024
Provider Advisory, Peer Review, and Credentialing Committee	Ensure oversight of credentialing and peer review by the Provider Advisory Committee	CMO	· Six meetings to be held in 2024	12/30/2024
Annual Evaluation of the Quality Improvement and Health Equity Transformation Program (QIHETP)	Review QIHET Program and determine efficacy of implemented plan based on outcomes	Supervisor, Quality Improvement	· Evaluate each measure in the QIHET work plan · QIHEC review of QIHET evaluation · Governing Board review of QIHET Evaluation	3/27/2024
QIHET Plan Approval for Calendar Year	Review and approve proposed Quality Improvement Program work plan	CMO	· QIHEC review of QIHET Program Work Plan · Governing Board review of QIHET Program Work Plan	3/27/2024

Oversight	Summary	Resp. Staff	Activities	Due Date
Delegation Oversight for QIHET	Ensure oversight of QIHET for all delegated entities	Supervisor, Quality Improvement	· Follow delegation oversight procedures · QIHEC review of Delegated Oversight Audits for QIHET	12/30/2024
DHCS Performance Improvement Projects	Ensure oversight and follow through on required DHCS Performance Improvement Projects (PIPs)	Manager, Population Health	· Attend DHCS-led PIP calls. · Adhere to process delineated by DHCS.	12/30/2024

Appendix B: Quality Committees and Staff Structure

Quality Committees Reporting to Governing Board

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                          │   SFHP Governing    │
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      ┌─────────────────────┐              ┌─────────────────────┐
      │ Quality Improvement │              │   Member Advisory   │
      │   & Health Equity   │              │   Committee (MAC)   │
      │  Committee (QIHEC)  │              └─────────────────────┘
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│    Physician     │  │   Pharmacy and      │  │    Utilization      │
│ Advisory/Peer    │  │   Therapeutics      │  │    Management       │
│Review/Credentialing│ │  Committee (P&T)   │  │  Committee (UMC)    │
│ Committee (PAC)  │  └─────────────────────┘  └─────────────────────┘
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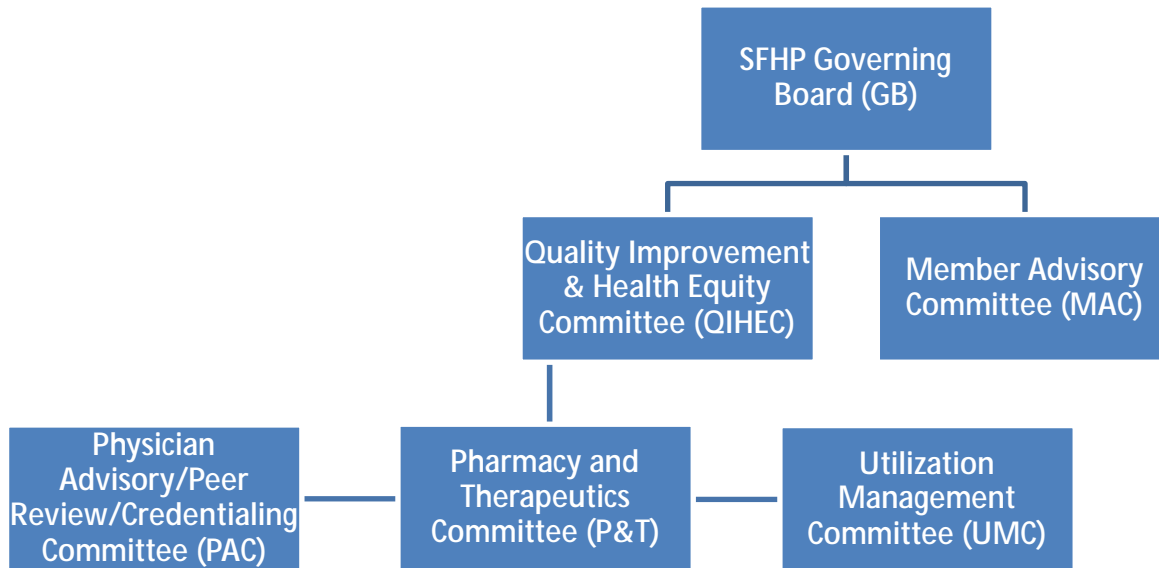
Operational Quality Committees Reporting to Chief Medical Officer

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                    │     Officer      │
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│ Grievance Program│ │ Access Compliance│ │    Practice      │
│ Leadership Team  │ │ Committee (ACC)  │ │  Improvement     │
│     (PLT)        │ │                  │ │  Program (PIP)   │
└──────────────────┘ └──────────────────┘ │Advisory Committee│
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│ Grievance Review │
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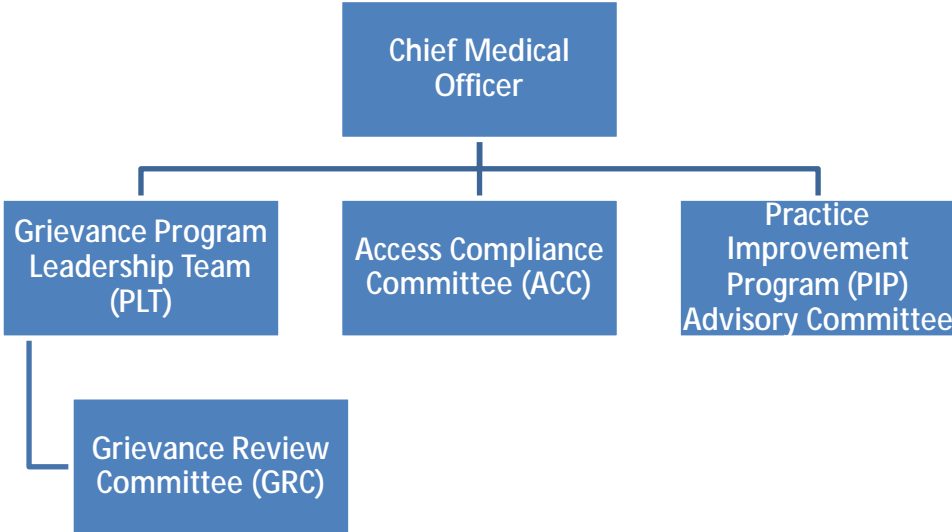
Quality Committees Reporting to Chief Officer, Compliance and Regulatory Affairs

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            │ Regulatory Affairs  │
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    │    Policy &     │  │ Provider Network │
    │   Compliance    │  │    Oversight     │
    │ Committee (PCC) │  │ Committee (PNOC) │
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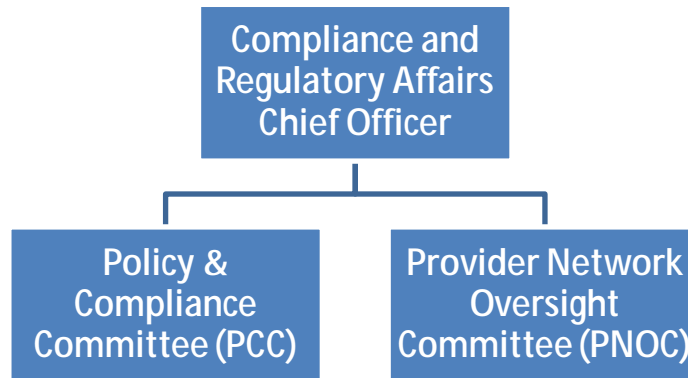
Quality Staff Reporting to the Chief Medical Officer

Chief Medical Officer
- Director, Quality Improvement
  - Associate Program Manager, Quality Improvement
    - Senior Manager, Health Services Product Management (HSPM)
      - Manager, HSPM
        - Associate Program Manager, HSPM
        - Specialist, HSPM
      - Senior Program Manager, HSPM
        - Data Analyst, HSPM
          - Configuration Analyst, HSPM
    - Senior Manager, Pharmacy Operations
      - Supervisor, Clinical Operations
        - Clinical Pharmacist
        - Clinical Pharmacist
        - Pharmacy Analyst
      - Senior Pharmacy Business Analyst
        - Program Manager, Pharmacy Compliance
        - Program Manager, Pharmacy Vendor Management
          - Pharmacy Data Analyst
    - Supervisor, Quality Improvement
      - Program Manager, Care Experience
      - Program Manager, Quality Programs
      - Associate Program Manager, Access to Care