SAN FRANCISCO HEALTH PLAN

CO-64: Information Integrity

APPROVAL/REVIEW/REVISION HISTORY			
Signature	**Title**	**Date**	**Action**
DocuSigned by: Nina Maruyama 9D4617B1400D431...	CCO	8/11/2026	Annual Review
Signed by: Steve O'Brien 60DFB20814944C4...	CMO	7/30/2026	

SFHP POLICY AND PROCEDURE

Information Integrity

Policy and Procedure Number:	CO-64
Department:	Utilization Management
Accountable Lead:	Clinical Operations Policy Analyst
Lines of Business and Coverage Programs Affected:	☒Medi-Cal ☐SFHP Care Plus (HMO D-SNP) ☒Healthy Workers HMO ☐Healthy SF ☐City Option ☐ All lines of business and coverage programs as listed above

POLICY STATEMENT

San Francisco Health Plan (SFHP) protects the integrity of Utilization Management (UM) information used in the processing of UM denials and UM appeals. SFHP has protocols to protect data from being altered outside of appropriate circumstances. SFHP defines appropriate and inappropriate modification types and conducts annual training for impacted UM, Appeals and Grievances, Member Services, and Pharmacy staff.

Utilization Management and Appeals and Grievances teams audit inappropriate documentation and updates to case receipt dates. If an information integrity issue is identified, corrective action to address the issue is immediately implemented. Effectiveness audits of the implemented correction action plan are performed three (3) to six (6) months after completion of the annual audit.

SFHP has system controls to prevent alterations of decision notification dates. A system log evidences that no decision notification date alterations are included in the annual audit review process.

SFHP Compliance Hotline for suspected fraud and inappropriate updates is 1(800) 461-9330.

PROCEDURE

1. **Scope**
   SFHP protects the following types of UM information from inappropriate updates:

UM Authorizations	UM Appeals

• Requests from members or their authorized representatives
• Request receipt date
• Appropriate practitioner review
• Use of board-certified consultants
• Clinical information collected and reviewed
• Decision
• Decision notification date
• Denial notice
	• Requests from members or their authorized representatives
	• Request receipt date
	• Substance and investigation of an appeal.
	• UM appeal participants, as applicable.
	  • Individual or group (e.g., panel) deciding the appeal.
	  • Appropriate practitioner.
	  • Same-or-similar-specialist review.
	• Decision notice
	• Decision notification date

2. Inappropriate Documentation and Updates

The following documentation updates are not permitted:

- Falsifying UM dates (e.g., receipt date, decision date, notification date).
- Creating documents without performing the required activities.
- Fraudulently altering existing documents (e.g., clinical information, board certified consultant review, denial notices, investigation information, same-or-similar specialist review, appeal notices).
- Attributing review to someone who did not perform the activity (e.g., appropriate practitioner review).
- Updates to information by unauthorized individuals.

3. Appropriate Documentation and Updates

The following documentation updates are permitted:

- Modifying a request receipt date for one of the following reasons:
  i. Modification Request from Provider Received Via Fax
  ii. Modification Request from Provider Received Via Phone
  iii. Modification Request from Provider Received Via Provider Portal
  iv. Change of Template Type
  v. New Request Received Via Email
  vi. New Request Received Via Phone
  vii. New Request Received Via Fax
  viii. Provider Request Status Change
  ix. Modification Due to Case Received from Compliance
  x. Data Entry Error
  xi. PDR - Claims Mail Processing Delay
  xii. Case Received After Hours / Holiday
  xiii. New Case Opened Due to Existing Case
  xiv. Software Bug
- Documenting the outcome of a verbal physician review. The case note must include the MD’s name as well as the date/time of the verbal review.

- Documentation summarizing the external board-certified consultant's report. The report must be downloaded from the external independent reviewer portal and attached to the case. Staff are unable to modify the PDF report.
- Documenting a new decision based on new information received that warranted a different decision (i.e., denied by MD for lack of clinical information, but upon receipt of new information, medical necessity criteria is met by Nurse).
- Staff documenting a correction of a typographical error.
- Provider or Member sends an updated request.

4. Process for Documenting Updates to UM information

For updates to a case receipt and notification dates, staff are required to select an override reason using the system embedded drop-down functionality. A tracking report is available to identify all updates to receipt dates. The report includes:

- Date/time stamp of when the information was updated.
- Original receipt date and the new receipt date.
- Update reason that was selected.
- What information was updated.
- Staff who updated the receipt date.

For other UM information updates (unrelated to receipt dates), staff are required to add a case note documenting the following:

- When (e.g., date and time) the information was updated.
- What information was updated.
- Why the information was updated.
- Staff who updated the information.

5. System Security Protocols

a. Case Integrity: An authorization or appeal file, once entered in SFHP's care management system, cannot be deleted by any authorized user, including the system administrator. Users may void, withdraw, or close an authorization or appeal if it was entered erroneously; however, the system retains a record of the cases in these statuses. They are tracked and reported. Files cannot be completely deleted.

b. Role-Based Access Control: Every user is assigned a specific role based on their job function (coordinator, nurse, medical director, supervisor, etc.). Each role is associated with a defined set of permissions. These permissions specify what actions (e.g., view, edit, delete), a user in that role can perform. Users are granted only the minimum access required to perform their responsibilities.

c. Recording Dates:

– **Request Receipt Date:** Except for UM authorization requests received through the provider portal or fax, Utilization Management and Appeals staff manually enter the receipt date of the request. Jiva defaults to populating the current date and time. Users must either accept the current date and time automatically populated by Jiva, or, if their role allows, they may select an override reason and manually

enter a different date. Allowable modification reasons for receipt dates are described above below in “Appropriate Documentation and Updates”.

- **Written Decision Notification Date**: The date is automatically populated by Jiva on the written notification. Dates on written notification cannot be modified by users. The date of written notification cannot be changed or overwritten; if a user subsequently prints the letter again, Jiva captures that date in addition to the original date of written notification.

d. Case Notes: Once posted, case notes cannot be deleted. Notes can be edited for up to 48 hours after posting, but only by the user who posted the note. After 48 hours, the note becomes locked. The only way to clarify or correct a previous note is to add an addendum note.

6. Staff Responsible for Performing UM/Appeal Activities

Activity Type	UM – Utilization Management Staff	UM Appeals Staff
• Responsible for documenting completion of UM activities • Authorized to modify request receipt date information (*decision notification dates cannot be modified)	• *CO Coordinator* (Prior Auth, Concurrent Review, Post-Acute, Long-Term Care, Transportation, Complex Discharge) • *CO Nurse* (Prior Auth, Concurrent Review, Post-Acute, Long-Term Care, Complex Discharge). • *CO Admin staff* (Manager, CO Trainer and Auditor, Analyst) • *CO Supervisor/Manager* (Prior Auth, Concurrent Review, Post-Acute, Long-Term Care)	• *Appeals and Grievances staff* (Specialist, Associate Program Manager, Program Manager, Supervisor) • *Quality Review staff* (Nurse, Supervisor) • *Customer Service staff* (Representative, Specialist, Lead, Supervisor) • *Pharmacy Staff* (Clinical Pharmacist) • *Senior Manager, Member Services*
Responsible for oversight of UM information integrity functions, including auditing.	• CO Manager • CO Program Manager • CO Nurse Auditor Trainer • CO Supervisor/Manager (Prior Auth, Concurrent Review, Post-Acute, Long-Term Care)	• Appeals and Grievances Supervisor • Appeals and Grievances Program Manager • Senior Manager, Member Services

7. Auditing, Documenting and Reporting Information Integrity Issues

Utilization Management and Appeals and Grievances annually audit for inappropriate updates to UM denials and appeal cases. Designated SFHP staff have the ability to edit receipt dates. Decision notification dates cannot be edited due to SFHP maintained system controls that prevent modifications. The annual audit includes review of receipt date, notification date, and other inappropriate updates as defined above. UM maintains a record in JIVA of any edits made, including who made the edit and when it occurred.

For the UM Authorization audit, the scope is limited to UM denial determinations resulting from medical necessity. For the UM Appeal audit, the scope includes all appeal resolution decisions, whether or not an appeal resulted from medical necessity review.

A qualitative analysis is performed on inappropriate documentation and updates. If an integrity issue is identified, staff responsible for oversight (listed above) implement a corrective action plan (CAP) and monitoring process. Annual training may not be the only corrective action.

For UM denial and appeal audits, SFHP reviews audit findings to determine whether inappropriate documentation or updates reflect a systemic issue. Systemic issues are defined as those affecting 5% or more of eligible UM denial or appeal files. When a systemic issue affecting 5% or more of eligible UM denial or appeal files is identified, the issue is addressed by the designated staff responsible for oversight (listed above) to implement a CAP and monitoring.

The annual audit report will include the titles of UM and Appeals and Grievances staff involved in the analysis as well as the cause of each finding. Findings may be classified as operational (impacts team) or individual (impacts an individual staff member).

Consequences for inappropriate documentation and updates may include retraining, a verbal or written warning, or in severe cases, termination. The consequences are dependent on the level of severity and whether it was a repeat offense.

When inappropriate updates, fraud, or misconduct is identified, SFHP notifies SFHP's Chief Compliance Officer and NCQA. Notification to NCQA follows the procedures outlined in Section 5 on the NCQA 2026 Standards and Guidelines. See pages 75 and 76 "Reporting Hotline for Fraud and Misconduct; Notifying NCQA of Reportable Events". SFHP will also notify NCQA if systematic issues are found affecting more than 5% of eligible files during a denial or appeal file audit.

Three (3) to six (6) months after completion of the annual audit, an effectiveness audit of the corrective actions is conducted.

8. Information Integrity Training

Clinical Operations Nurse Trainer and Auditor and Appeals and Grievances Supervisor annually train all UM, A&G, Member Services, and Pharmacy staff on appropriate and inappropriate documentation updates. In addition, the training informs staff of the:

- Annual audit process
- Process for documenting and reporting inappropriate documentation and updates to:
    - The organization's designated individual(s) when identified
    - NCQA, when the organization identifies fraud and misconduct.
    - The consequences of inappropriate documentation and updates.

MONITORING

A. Annually the Clinical Operations Nurse Trainer and Auditor and Appeals and Grievances Supervisor audit UM Denials and UM Appeals for inappropriate updates to request receipt dates following the procedure set forth above. If inappropriate documentation types are identified, a qualitative analysis to determine the cause is performed, and a corrective action plan to address the issue is implemented immediately.

B. The audit findings are documented in a report reviewed by UM and Appeals and Grievances Leadership, the Utilization Management Committee (UMC), the Compliance and Regulatory Affairs Team, and the Quality Improvement and Health Equity (QIHEC).

C. Effectiveness audits of the implemented correction action plan are performed three (3) to six (6) months after completion of the annual audit.

DEFINITIONS

Request Receipt Date: The date the Authorization or Appeal request is received from the member, their authorized representative, or provider, even if the request does not have all the information necessary to make a decision. The date is based on when the request arrives at SFHP, not the date the request is received by the Clinical Operations or Appeals and Grievances team.

Written Decision Notification Date: The date auto generated on the written decision notification letter (i.e., Notice of Action or Notice of Appeal Resolution).

AFFECTED DEPARTMENTS/PARTIES

Clinical Operations

Compliance and Regulatory Affairs
Appeals and Grievances
Member Services
Pharmacy
Utilization Management Committee

RELATED POLICIES & PROCEDURES, DESKTOP PROCESS and PROCESS MAPS

1. DTP UM12 Appeals
2. CO-22: Authorization Requests and Decision Timeframes
3. AG-03: Member Appeals
4. IS-08: Access Controls
5. IS-28: External Network Access Restriction

REVISION HISTORY

Original Date of Issue: May 15, 2025
Revision Approval Date(s): July 23, 2026

REFERENCES

1. 2026 NCQA HPA Standards and Guidelines, UM 11 Information Integrity
2. 2026 NCQA HPA Standards and Guidelines, Section 5: Additional Information (Reporting Hotline for Fraud and Misconduct; Notifying NCQA of Reportable Events)