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SAN FRANCISCO HEALTH PLAN

QI-15: Quality Improvement and Health Equity Transformation Program

APPROVAL/REVIEW/REVISION HISTORY			
Signature	**Title**	**Date**	**Action**
DocuSigned by: Nina Maruyama 9D4617B1400D431...	CCO	9/19/2025	Policy Update
Signed by: Edwin Poon 202F62698ACD491...	CHEO	9/22/2025	

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SFHP POLICY AND PROCEDURE

Quality Improvement and Health Equity Transformation Program

Policy and Procedure Number:	QI-15
Department Owner:	Quality and Population Health Management
Accountable Lead:	Director, Quality and Population Health Management
Lines of Business 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

The purpose of the San Francisco Health Plan (SFHP) Quality Improvement and Health Equity Transformation Program (QIHETP) is to establish comprehensive methods for systematically identifying health disparities, monitoring, evaluating, and improving the quality and equity of care and services provided to SFHP members. The QIHETP is designed to ensure that members have access to quality medical and behavioral health care services that are safe, effective, accessible, equitable, and meet their unique needs and expectations. The QIHETP engages in a member and family-centric approach in the development of interventions and strategies, and in the delivery of all health care services. Under the oversight of SFHP's Governing Board, the QIHETP is developed and implemented through the Quality Improvement and Health Equity Committee (QIHEC).

SFHP's QIHETP complies with contract requirements of both physical and behavioral health services set forth by the Department of Managed Health Care (DMHC), Department of Health Care Services (DHCS), the standards recommended for National Committee for Quality Assurance (NCQA) health plan accreditation, and the Centers for Medicare and Medicaid Services (CMS) requirements in 42 CFR § 422.152. The QIHETP also ensures SFHP's internal quality and health equity goals and efforts align with DHCS' Comprehensive Quality Strategy (CQS) Report and the Health Equity Framework within the CQS. The requirements include:

Star Rating, SFHP Model of Care (MOC), MCAS Performance, Monitoring, and Reporting:

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- Monitoring and reporting quality performance measures as detailed through the Star Rating, MOC, and MCAS measures
- For MCAS exceeding the Minimum Performance Level (MPL) as determined by DHCS
    - If performing below DHCS' established MPLs, SFHP is required to conduct additional Quality Improvement and health equity improvement projects as determined in the MCAS: Quality Improvement and Health Equity Framework Policy Guide
- Stratification of DHCS-selected MCAS measures by various demographics
- Required attendance of SFHP QI staff at least quarterly regional collaborative meetings that may be in-person
- SFHP is accountable for all QI and equity functions that are fully delegated to Subcontractors and Downstream Subcontractors
- SFHP performs continuous oversight, monitoring, evaluation of Fully Delegated Subcontractor's and Downstream Fully Delegated Subcontractor's quality and equity activities
- SFHP conducts Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys and the Health Outcomes Survey (HOS) and reports results to the respective owner, DHCS or CMS annually.

Quality Improvement and Health Equity Transformation Program (QIHETP) Description and Work Plan:

- Assessment of plan performance and determination of measures to address needed improvement.
- Analysis of data to identify gaps in quality of care and utilization, as well as the underlying reasons for variations in the provision of care to SFHP members.
- Organizational chart showing key staff and committees responsible for executing QI and health equity activities, including the following teams to lead the quality and health equity efforts across the organization:
    - Performance Improvement Lead and
    - Regional Quality and Health Equity Team
- SFHP participation in regional quality and health equity teams to support Quality Improvement (QI) and health equity work for all their counties across various DHCS designated regions
- Qualifications of staff responsible for QI and health equity studies, including education, experience, and training.
- Evidence of involvement of a Chief Medical Officer (CMO), or other physician representative.
- Evidence of involvement of a designated behavioral health care practitioner (must be MD or have a clinical PhD or PsyD).
- Description of role, structure, and function of QIHEC, as well as support committees.
- Description of how the QIHETP integrates into the UM program, including trending and evaluating UM grievances, denials, appeals, and overturned appeals as a means of maintaining the medical soundness of the PA criteria and processes. UM program integration with the QIHETP also includes UM activities

and metrics that are relevant, meaningful, and add value to the QIHETP initiatives. The activities and metrics include information on the number and types of service utilization; authorization denials; and upheld/overturned appeals.

- Description of delegated QI and health equity activities.
- Quality of care problems are identified and corrected for all provider entities.
- Description or copy of health plan accreditation reports, including status, survey results, corrective actions, and expiration date.
- Procedures to ensure absence of discrimination in delivery of health care services and that all covered services are provided in an equitable and culturally and linguistically appropriate manner.
- Procedures for evaluating the QIHETP.
- Monitoring and reporting on quality performance measures and improvement activities that address the following areas:
    - Access to primary and specialty health care providers and services
    - Care coordination and continuity of care
    - Clinical quality of behavioral health care focusing on prevention, recovery, resiliency and rehabilitation
    - Clinical quality of physical health
    - Regular engagement with Primary Care Providers
    - Strategies to encourage providers to participate in CMS and HHS QI initiatives (42 CFR §422.152(a)(3))
    - Member experience with respect to clinical quality, access and availability, and culturally and linguistically competent health care services, and continuity and coordination of care.
    - Measures represented in the DHCS MCAS measures and DMHC Health Equity and Quality Measure Set
    - Availability of case management and care coordination for members with chronic conditions, including Seniors and Persons with Disabilities
    - Continuity and Care Coordination across settings and at all levels of care, including transitions in care, with the goal of establishing consistent provider-patient relationship
    - Service utilization, including over and under utilization
    - Measures that correspond to DHCS-required Quality Improvement Projects (QIPs) and Performance Improvement Projects (PIPs).
    - Reduced disparities, cultural competency, network adequacy for underserved populations, or other efforts aimed at improving services for a diverse membership
    - Development of equity-focused interventions intended to address:
        - disparities in the utilization and outcomes of physical and behavioral health care services
        - underlying factors of identified health disparities, including social drivers of health
    - Population Health Management (PHM) activities and findings
    - Meeting disparity reduction targets for specific populations and/or measures as identified by DHCS or CMS.

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    - Required participation in DHCS mandated statewide collaborations or additional initiatives that may improve quality and equity of care for Medi-Cal members as directed by DHCS
    - Reviewing and acting on items identified through DHCS or CMS's reports including but not limited to the Technical Report, Health Disparities Report, Preventive Services Report, Focus Studies, and Encounter Data Validation Report
    - Star Rating interim and final reports
    - Other issues identified by SFHP, DHCS, or CMS
    - Develop, compile, evaluate, and report certain measures and other information to CMS, its enrollees, and the general public. Responsible for safeguarding the confidentiality of the doctor-patient relationship and report to CMS in the manner required cost of operations, patterns of utilizations of services, and availability, accessibility, and acceptability of Medicare approved and covered services (42 CFR §422.516(a))
- Timeframe for completion of measures and staff members responsible for each activity.
- Approval by QIHEC and the Governing Board in quarter one of the calendar year.

QI Program Evaluation:

- Assessment of effectiveness of QI and health equity activities and interventions listed in the QI Work Plan.
- Analysis of required quality performance measure results, and a plan of action to address performance deficiencies, including analyses of each QI delegated organization's performance measure results and actions to address any deficiencies.
- Analysis of the delivery of services and quality of care, including delegated organizations, based on validated data from multiple sources, including quality performance results, encounter data, grievances and appeals, utilization review and the results of consumer satisfaction surveys.
- Monitoring and auditing of QI functions performed by delegated organizations (see DO-02: Oversight of Delegated Functions).
- Analysis of actions taken to address any recommendations in the annual External Quality Review.
- Evaluation of areas of success and needed improvements.
- Trended performance of at least three (3) years for quality and safety of care as well as quality of services.
- Analysis of overall effectiveness of QIHETP, including adequacy of resources, QIHEC structure, practitioner participation/leadership, and need for structural improvement to the QIHETP.
- Implement a program review process for formal evaluation of the impact and effectiveness of the QI Program at least annually (42 CFR §422.152(f)(2)).

PROCEDURE

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The QIHEC structure, under the leadership of the SFHP CMO and Chief Health Equity Officer (CHEO), ensures ongoing and systematic collaboration between SFHP and its key stakeholders, including members, medical groups, and practitioners. QIHETP staff utilize quantitative and qualitative data collection and data-driven decision-making. The QIHETP objectives and outcomes are detailed in the QIHETP Work Plan. Each program objective is monitored at least quarterly and evaluated at the end of its reporting period. Measures and targets are selected based on volume, opportunities for improvement, risk, organizational priorities, and evidence of disparities.

SFHP evaluates the overall effectiveness of the QIHETP through an annual evaluation process that results in a written report, which is approved by the CMO, QIHEC, and Governing Board. The evaluation includes an executive summary and a summary of quality indicators, identifying significant trends and areas for improvement. The QIHETP Work Plan measures are divided into six (6) domains: Access to Primary and Specialty care, Care Coordination and Continuity of Care, Clinical Quality – Behavioral Health, Clinical Quality – Medical Care, Engagement with Primary Care, and Member Experience. Each measure included in the evaluation includes the following elements:

- Brief description of the QI activity/intervention and how it purports to improve the domain in which it is included.
- Target(s) of the QI activity/intervention
- Measures/Metrics used to demonstrate the efficacy of the QI activity/intervention
- Results
- Barriers that impeded the QI activity from demonstrating effectiveness
- Recommended interventions/actions to overcome barriers in the following year

The SFHP Governing Board has ultimate authority and oversight of the QIHETP, directing necessary modifications to QIHETP policies and procedures to ensure compliance with the DHCS QI and Health Equity standards, DHCS Comprehensive Quality Strategy and the CMS requirements in regulation 42 CFR § 422.152. The Governing Board receives written QIHEC progress reports that describe actions taken, progress in meeting QIHETP objectives, and improvements made.

At least one (1) time per year, SFHP presents the QIHETP Description and Work Plan and Evaluation and requests approval. As an official committee of the Governing Board, QIHEC serves as clinical oversight and provides accountability for the QIHETP. QIHEC approves both the QIHETP Description and Work Plan and Evaluation, prior to approval of the Governing Board. At designated QIHEC meetings throughout the year, SFHP presents the status of the QIHETP Work Plan to the QIHEC, requesting input on how to improve activities. Following approval by QIHEC, the QIHETP Description and Work Plan, and Evaluation are submitted to DHCS. The QIHETP Description and Work Plan publicly available on its website on an annual basis.

MONITORING

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Procedures described in this policy are monitored by the QIHEC via the following reports:

1) QIHETP Description and Work Plan (Annual)
2) QIHETP Evaluation (Annual)
3) QIHETP Scorecard (Presented at designated QIHEC Meetings)
4) Star Rating Reports

On an annual basis, the Manager, NCQA provides to the QIHEC a report that includes accreditation status, survey type, level, results, recommended actions, and expiration date.

DEFINITIONS

Quality Improvement and Health Equity Transformation Program Description: Document that describes the structure, resources and methodology of the QIHETP.

Quality Improvement and Health Equity Transformation Program Work Plan: Document that describes the QI and health equity measures, targets, and activities to improve measure performance.

Quality Improvement and Health Equity Transformation Program Evaluation: Document that assesses effectiveness of QI Program activities, including measure activities and overall program.

AFFECTED DEPARTMENTS/PARTIES

Behavioral Health
Compliance and Regulatory Affairs
Quality Improvement
Population Health Management
Quality Data Analytics
Pharmacy
Star Rating

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

DO-02: Oversight of Delegated Functions
QI-01: Quality Improvement and Health Equity Committee

REVISION HISTORY

Original Date of Issue:	December 27, 2017
Revision Date(s):	February 21, 2019; April 22, 2021; January 18, 2024; August 22, 2024; August 21, 2025; September 18, 2025

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REFERENCES

1. 28 CCR § 1300.70
2. SFHP-DHCS Contract Exhibit A, Attachment III, Section 2.2 (Quality Improvement and Health Equity Transformation Program (QIHETP)), Subsection 2.2.7 (Quality Improvement and Health Equity Annual Plan) and Subsection 2.2.9.A (External Quality Review Requirements for Quality Performance Measures)
3. NCQA Health Plan Accreditation 2023 Standards for Quality Management and Improvement – QI 1 A-D
4. NCQA Health Equity Accreditation 2023 Standards – HE 3, 5 & 6
5. DMHC APL 24-018: Health Equity and Quality Program Policies and Requirements
6. Medicare Managed Care Manual Chapter 5
7. Medicare Managed Care Manual Chapter 16B.
8. 42 CFR § 422.152
9. 42 CFR §422.152(a)(3)
10. 42 CFR §422.152(f)(2)
11. 42 CFR §422.516(a)