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San Francisco Health Plan

2025 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 November 2024, membership included 178,827 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.

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 twelve-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 Health Plan accreditation in 2023. In 2025, SFHP will pursue the NCQA Health Equity accreditation to demonstrate our commitment to building an internal culture that supports health equity work and identifying opportunities to reduce health inequities and improve care.

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 November 2024, SFHP retained 76% (178,827 members) of the managed care market share in San Francisco County. [1]

Healthy Workers HMO

Healthy Workers HMO 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 November 2024, 11,769 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 Quality Improvement and Health Equity

[1] Medi-Cal Managed Care Enrollment Report – November 2024, https://data.chhs.ca.gov/dataset/c6ccef54-e7a9-4ebd-b79a-850b72c4dd8c/resource/95358a7a-2c9d-41c6-a0e0-405a7e5c5f18/

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 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 population size, opportunities for improvement, risk, organizational priorities, evidence of disparities, and alignment with the Department of Health Care Services (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 DHCS standards and requirements of 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 two members of the Member Advisory Committee, one of whom is a Seniors and Persons with Disabilities (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 of SFHP Quality, 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 of Quality and Equity 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 Committee convenes at least quarterly to review, evaluate, and approve the SFHP Formulary revisions based on safety, comparable efficacy, cost, and to adopt pharmaceutical management procedures including prior authorization criteria, quantity limits, and step therapy protocol for covered outpatient prescription medications. The Pharmacy and Therapeutics 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 processes. The SFHP Pharmacy and Therapeutics 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 DHCS under Medi-Cal Rx as of January 1, 2022. The Pharmacy and Therapeutics Committee governs retrospective drug utilization review processes and related policies for Medi-Cal for the purpose of oversight of adherence and disease and medication management, including targeted quality measures. The Pharmacy and Therapeutics 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 Pharmacy and Therapeutics 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 Chief Medical Officer or Designee 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 findings. 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 serves as the Public Policy Committee of SFHP as defined and required by the Knox-Keene Act and advises SFHP on issues of concern to the recipients of services from SFHP. The membership of the Committee consists of not less than 10 and not more than 30 members. At least 51% of the Member Advisory Committee members are enrolled themselves, or are parents or guardians of enrollees of SFHP at the time of membership on the Committee commences. No more than 49% are community leaders, including at least one provider, as selected by the MAC Selection Committee. Members of the Member Advisory

Committee serve two-year terms and may serve two terms, for a total of four consecutive years. The MAC Selection Committee, with support from SFHP staff, selects and proposes members to the Committee. The Member Advisory Committee Selection Committee recommends proposed members to the Governing Board for appointment at the next regularly scheduled meeting of the Governing Board. The Member Advisory Committee is chaired by co-chairs who are elected by the Committee, and each co-chair serves on the Governing Board concurrently according to each term of office.

The Provider Quality Performance Program Advisory Committee

The Provider Quality Performance program Advisory Committee provides guidance to SFHP on pay-for-performance program development, implementation, and evaluation. Committee members review prior and current year Provider Quality Performance Program network performance, identify, and predict barriers to success for participants, and problem-solve solutions. Membership is made up of representatives from all Provider Quality Performance Program participating organizations. Meetings are held at least twice a year. The Provider Quality Performance Program 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 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 QIHETP scorecard is shared with QIHEC every quarter.

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

Health Services Staff

- Chief Medical Officer
- Chief Health Equity Officer
- Director, Quality and Population Health Management (Chair)
- Senior Medical Director
- Director, Clinical Operations
- Director, Care Management
- Manager, Quality Data Analytics
- Director, Pharmacy
- Manager, Behavioral Health
- Nurse Supervisor, Quality Review
- Associate Program Manager, Quality Improvement

- Program Manager, Health Equity & Quality
- Manager, Quality Improvement

Operations Staff

- Director, Provider Network Operations
- Director, Marketing and Communications

Compliance Staff

- Manager, NCQA & Special Projects

ITS Staff

- Director, Business Analytics
- Senior Manager, Health Services Product Management

The Policy & Compliance Committee

The Policy and Compliance Committee is comprised of SFHP staff and led by SFHP's Chief Compliance and Regulatory Affairs Officer. The Policy and Compliance Committee 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 Policy and Compliance Committee. The Policy and Compliance Committee also communicates regulatory updates and compliance issues to SFHP management. The Policy and Compliance Committee 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. Policy and Compliance Committee members include:

- Chief Officer, Compliance and Regulatory Affairs (Chair)
- Director, Regulatory Affairs
- Director, Compliance and Oversight
- Controller, or designee
- Director, 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
- Director, Provider Network Operations, or designee
- Director, Care Management, or designee
- Chief Health Equity Officer, or designee

The Provider Network Oversight Committee

The Provider Network Oversight Committee is comprised of SFHP staff and reports to SFHP's Chief Compliance and Regulatory Affairs Officer. The Provider Network Oversight Committee 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 compliance 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 Provider Network Oversight Committee is chaired by the Director, Compliance and Oversight and is comprised of members from the following departments: Compliance and Regulatory Affairs, Operations, Provider Network

Operations, and Health Services. Provider Network Oversight Committee voting members include:

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

The Grievance Review Committee

The Grievance Review Committee 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 or a notification to the Medical Group. Member grievances are not delegated to Medical Groups, except Carelon Behavioral Health. The Grievance Review Committee 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 Senior Medical Director with cross functional representation from Member Services, Provider Relations, Health Services, and Compliance and Regulatory Affairs departments. The committee meets three times a week. Grievance Review Committee members include:

- Chief Medical Officer or designee (Chair)
- Senior Medical Director
- 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 Program Leadership Team 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 Program Leadership Team also ensures follow through of Grievance Review Committee recommendations for grievance trends and reviews for system issues. The Grievance Program Leadership Team is led by the Supervisor, Grievances & Appeals with cross functional representation from Health Services, Member Services, and Compliance and Regulatory Affairs departments. Grievance Program Leadership Team meets quarterly. Program Leadership Team members include:

- Chief Medical Officer or designee (Chair)
- Senior Medical Director
- 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 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. Access Compliance Committee members include:

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

The Utilization Management Committee

The Utilization Management Committee 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 Utilization Management Process enhancements. The Utilization Management Committee is a subcommittee of the QIHEC. The Utilization Management Committee meets a minimum of six times annually and provides meeting minutes, quarterly trend reports, and annual reports to the QIHEC. The Utilization Management Committee membership, with voting rights on all motions, consists of:

- Chief Medical Officer
- Senior Medical Director
- Medical Director
- Director, Clinical Operations (chair)
- Nurse Manager, Prior Authorizations
- Senior Manager, Concurrent Review
- Nurse Manager, Long-Term Care
- Program Manager, Clinical Operations
- Manager, Clinical Operations
- Director, Pharmacy Operations
- Nurse Supervisor, Quality Review
- Director, Compliance & Oversight

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 quality measures. SFHP at minimum meets quarterly with these provider groups, including: the San Francisco Health Network, North East Medical Services, UCSF, Astrana Health which oversees All American Medical Group and Jade Healthcare, and the San Francisco Community Clinic Consortium. Agendas and topics for these Quality Collaborative meetings are planned based on Quality Improvement 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 ad hoc meetings. In addition to these quarterly 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 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 Program activities. A summary of the QIHET Program 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 Program activities, including:

- Disseminating the QIHET Program 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 and Population Health Management Department within Health Services has primary accountability for implementing the QIHET Program and the corresponding QIHET Program 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. Quality staff monitor quality indicators and implement and evaluate the Plan's quality improvement and health equity activities. Quality department staff develop and comply with policies and procedures describing SFHP standards, legislative and regulatory mandates, contractual obligations and, as applicable, NCQA standards. Quality department staff support management of QIHET Program studies and reports, including statistical analysis and interpretation of data. Based on the QIHET Program Work Plan activities, Quality department staff provide 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 (CMO) – responsible for co-chairing the Quality Improvement and Health Equity Committee, Physician Advisory/Peer Review/Credentialing Committee, Pharmacy and Therapeutics Committee, and for overseeing Health Services functions spanning 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 Chief Health Equity Officer and the Quality & Population Health Management Director.

Chief Health Equity Officer (CHEO) – responsible for co-chairing the Quality Improvement and Health Equity Committee, and provides leadership, strategy and program development across SFHP, ensuring that health equity is addressed throughout the organization, including the QIHET Program. The CHEO, in collaboration with the CMO, is responsible for reporting to the Governing Board at least quarterly on the QIHET Program and for communicating information and updates regarding the QIHET Program to SFHP leadership and staff. The CHEO has a Doctorate of Philosophy in Clinical Psychology, is a licensed psychologist in California, and has 12 years of clinical experience and 10 years in Medi-Cal Managed Care. Reporting to the CHEO are the quality improvement staff including the Director of Quality & Population Health Management.

Quality Improvement Staffing Structure

Director, Quality & Population Health Management - reports to the CHEO, ensures the completion of the QIHET Program, and directs the execution of QIHET Program activities identified in the QIHET Program Work Plan. The Director of Quality & Population Health Management oversees teams focused on fostering quality for our members: Population Health Management, Quality Improvement, and Quality Data Analytics. The Quality & Population Health Management Director has a Master's in Business Administration and has 16 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 & Population Health Management are the following positions:

Manager, Population Health - oversees all population health management activities including Health Education, Cultural & Linguistic Services, Population Needs Assessment, and Basic Population Health Management. The Manager of Population Health Management has 18 years of experience in public health, managed care, and community health and a Bachelor of Arts in American Studies and English. Reporting to the Manager of Population Health are the following positions:

Senior Program Manager, Children & Families - responsible for Early & Periodic Screening, Diagnostic, Screening, & Treatment monitoring; serves as liaison with Women Infants & Children, San Francisco Department of Public Health, and the Golden Gate Regional Center; oversees development, implementation, and process improvement of Care Management programs serving child and youth members and their caregivers/families; and develops interventions to improve measures related to pediatric and perinatal care. The Senior Program Manager, Children & Families has 14 years experience in healthcare and a Bachelor's degree in Social Work.

Senior Program Manager, Population Health – responsible for the Initial Health Appointment workgroup, conducts the annual Population Assessment for NCQA accreditation, and works on other Well-Child Visit activities, including efforts to reduce disparities. The Senior Program Manager, Population Health has six years' experience in population health, 13 years' experience in healthcare, and a Master's in Public Health.

Associate Program Manager, Population Health - serves as the oral health liaison, oversees the Institute for Healthcare Improvement Well-Child Visit project, authors health education materials, coordinates care for children and families, and updates policies and procedures. The Associate Program Manager, Population Health has five years' experience in Medi-Cal managed care and holds a Bachelor of Arts in Public Health and Social Welfare.

Qualified Health Educator & Program Manager, Population Health – responsible for approving all health education materials, incentive requests, and evaluations; oversees development of health education materials; builds and maintains partnerships with the community for health promotion. The Qualified Health Educator & Program Manager, Population Health has six years' experience and a Master of Public Health in Community Health Education.

Program Manager, Population Health – responsible for monitoring services to ensure access to culturally and linguistically appropriate services, develops programs to address gaps, administers annual Interpreter Services Survey, reviews Cultural & Linguistic Services grievances, staffs Health Equity initiatives, and collaborates to plan required Diversity, Equity, and Inclusion trainings. The Cultural & Linguistic Services & Health Equity Program Manager has eight years of experience and holds a Master of Science in Global Health.

Manager, Quality Data Analytics – responsible for managing the overall planning, execution, and implementation of SFHP's Healthcare Effectiveness Data and Information Set (HEDIS) and other quality reporting processes. The Manager of Quality Data Analytics has an Associate Degree in Marketing and Management, with 23 years of healthcare experience including 10 years of quality improvement experience. Reporting to the Manager of Quality Data Analytics are the following positions:

Associate Program Manager, Quality Data Analytics – responsible for supporting the QDA Manager in leading the overall planning, execution, and implementation of SFHP's HEDIS process. The Quality Data Analytics Associate Program Manager has an Associate of Science Degree in Science and Mathematics and 8 years of healthcare and quality experience.

Associate Program Manager, Quality Data Analytics – responsible for supporting the overall planning, execution, and implementation of SFHP's HEDIS process. The Quality Data Analytics Associate Program Manager has a Bachelor of Science Degree in Health Science/Public Health and 8.5 years of healthcare and quality experience**.**

Data Analyst, Quality Data Analytics – responsible for the analysis and reporting of data supporting HEDIS and other quality reporting and submissions. The Quality Data Analytics Data Analyst has a Bachelor of Science Degree in Data Science and over a year of healthcare and quality experience.

Manager, Quality Improvement – reports to the Quality & Population Health Management Director and oversees Quality Improvement & Health Equity programs focusing on care

experience, access to care and incentive interventions for providers and members. The Quality Improvement Manager has a Bachelor of Arts in Race, Ethnicity, & Health with 12 years of experience in a clinical setting and nine years of experience in quality improvement. Reporting to the Manager of Quality Improvement are the following positions:

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 Program Manager has a Bachelor's of Science in exercise physiology, a Master's of science in organization development and has 14 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 of Arts in Psychology with seven years of experience in public health.

Program Manager, Health Equity & Quality – responsible for managing SFHP's health equity activities, ensuring compliance with health equity requirements, and contributes to QIHET Program strategy and priorities. The Program Manager, Health Equity and Quality has a Master's of Arts degree, is a certified Project Management Professional, and has nine years of experience in healthcare and seven years of experience in community health advocacy.

Associate Program Manager, Quality Improvement – responsible for managing the QIHET Program, oversight of the work plan, and facilitates quality collaborative activities with network providers. The Associate Program Manager, Quality Improvement has a Bachelors of Science in Health Sciences – Administration & Management, a Master's of Public Health degree, and has five years of experience in managed care.

Health Services Teams & Departments that contribute to the QIHET Program

Behavioral Health

SFHP's Behavioral Health team implements quality improvement activities related to implementation of and oversight of behavioral health including behavioral health treatment.

Care Management Department

SFHP's Care Management Department supports high-risk and complex care members with navigating the health care system. The primary focus is to improve health status, medical and behavioral health care system access, decrease hospitalization and emergency department use and support members with community resources pertaining to social determinants of health. Members are enrolled in various care management programs based on acuity, clinical criteria, and utilization of services. The Care Management Department also implements the programs of Enhanced Care Management and Community Supports benefit to provide support to members with complex needs.

Clinical Operations Department

SFHP's Clinical Operations Department conducts Utilization Management for both inpatient and outpatient requests. In addition, they oversee delegated Utilization Management activities within the provider network to comply with all regulatory Utilization Management requirements. Activities are comprised of the following functional areas: Concurrent Review, Post-Acute, Long Term Care, Prior Authorization, and Utilization Management Delegation Oversight.

Pharmacy Department

SFHP's Pharmacy Department ensures oversight of the daily pharmacy program operations and is responsible for clinical integration with other Health Services departments to improve medication management for members, improve HEDIS scores, and support other medication-related initiatives.

Other SFHP Departments & Teams that contribute to the QIHET Program

Compliance & Regulatory Affairs Department

The Compliance & Regulatory Affairs Department is responsible for ensuring organization-wide compliance with applicable federal and state laws and regulations, contractual requirements, and NCQA accreditation standards. The Compliance and Regulatory Affairs Department staff provide consultation to SFHP departments to develop and implement policies and procedures which comply with regulatory and contractual requirements. This includes performing analyses on the impact on operations of new laws and regulations, Medi-Cal contract changes, All Plan Letters and Policy Letters which are the means by the DMHC and DHCS convey interpretation of changes in policy or procedure at the federal or state levels, and provide guidelines to Health Services staff on how to implement these changes. The Compliance & Regulatory Affairs Department also coordinate oversight of all delegated activities and monitors the implementation of corrective action plans.

Customer Service Department

The Customer Service Department is responsible for ensuring SFHP members receive exemplary service and accurate information in a timely manner. Customer Service Representatives deliver information telephonically to members about their health coverage, summary of benefits, and member rights to Cultural and Linguistic Services. Additionally, Customer Service Representatives assist members in navigating their health care, such as changing their primary care providers, reporting grievances and educating members about the grievance submission process, and understanding information regarding SFHP's services. All Customer Service Representatives are bilingual individuals, and the Customer Service Department expands the linguistic capacity of its services through the use of a language interpretation service.

Grevience & Appeals Team

The Grievance & Appeals team is responsible for managing member grievances, and ensuring that grievances are appropriately classified and resolved, in conjunction with the Grievance Review Committee and the Grievance Program Leadership Team.

Marketing & Communications Department

The Marketing and Communications Department is responsible for all mandatory and supplementary communications to our Medi-Cal members. These include the SFHP Member Handbook, Evidence of Coverage, and Summary of Benefits, which the Marketing and Communications department develops and mails annually in threshold languages and at the recommended and appropriate reading level. Members can also request materials in Braille, large print format, and non-threshold languages. The department crafts messaging, creates content and design, and manages translations for all printed and online materials, digital communications, advertising, and phone outreach efforts with the goal of improving our members' lives through better health.

The department delivers health education materials in a continuing effort to improve our members' health and health improvement and disease management incentives such as: infant well visits, child developmental screenings, topical fluoride application, prenatal and postpartum care, diabetes and asthma care, controlling high blood pressure. Finally, in collaboration with the Population Health Program Manager & Qualified Health Educator, the Marketing and Communications department develops the SFHP quarterly newsletter Your Health Matters which delivers information including hints and tips about healthy living

Provider Network Operations Department

The Provider Network Operations Department is responsible for aspects of the QIHET Program that relate to evaluation of provider qualifications and network performance. Provider Network Operations staff are responsible for new provider orientation and education, facility site reviews and conducting and analyzing provider satisfaction surveys. Also, the Provider Network Operations department is responsible in ensuring SFHP's provider network can adequately meet the needs of SFHP's membership including analysis of provider to member ratios, availability of high impact and high volume specialist and executing letters of agreement for ad hoc request for services outside of SFHP's contract provider network.

External Agencies that contribute to the QIHET Program

Carelon Behavioral Health

Carelon is delegated to provide non-specialty mental health care and behavioral health treatment (BHT) 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 non-specialty mental health benefit to Carelon. Carelon's on-site clinical staff participate 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 Program 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 Program 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, DHCS priorities, and provider and member-identified opportunities in the following key domains:

- 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, involve complex needs, or experience health disparities. The QIHET Program employs a systematic and data-driven method for identifying opportunities for improvement and evaluating the results of interventions. The PDSA model (Plan-Do-Study-Act) is used as the framework to test and implement changes for continuous process improvement.

1. **Plan**: Identify a goal or problem, develop a plan for a change or intervention, and define success metrics.
2. **Do**: Implement the plan on a small scale, gathering data as you proceed.
3. **Study**: Analyze the results and compare them to the anticipated outcomes. Reflect on what worked, what didn't, and why.
4. **Act**: Based on the findings, decide whether to adopt, adapt, or abandon the change. Use insights to refine the plan and start a new cycle if needed.

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 QIHET Program 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 QIHET Program Scorecard. The Annual QIHET 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.

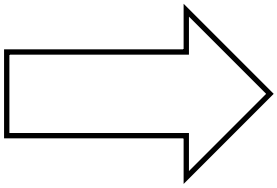
Data Systems and Sources

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 Demographics
    - Race, Ethnicity, and Language data
    - Sexual Orientation, Gender Identity data
- 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 and Jiva (Care Management systems)
- QNXT (claims processing system)
- Cotiviti (HEDIS vendor)
- Point Click Care (Admission-Discharge-Transfer feeds)
- 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 the methodology published in the DHCS Quality Measures for Encounter Data document. SFHP works with its Trading Partners to ensure timely encounter submissions by reviewing error reports, reconciling and resubmitting rejected encounters.
- **HEDIS Workgroup** – The HEDIS Workgroup is a cross-functional internal SFHP workgroup representing QDA and Information & Technology Services staff working to support the facilitation and incorporation of internal and external data sources and to track progress on SFHP's HEDIS process.

- **Monthly Proactive HEDIS Runs** – The QDA team monitors HEDIS data quality via monthly proactive runs. This includes a monthly quality assurance and user acceptance testing process to identify and resolve any data quality issues. In addition, HEDIS rates are monitored monthly via the HEDIS Performance Monitoring Dashboard in SFHP's data visualization tool which allows the QDA team to compare denominator and rate changes month over month and year over year. 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. The QDA team also monitor data source volumes via a HEDIS Data Monitoring Report.
- **Health Equity and Quality Measure Set** – The QI and QDA teams stratify HEDIS and CAHPS measures by race, ethnicity, and age as required by the DMHC. This measure set is comprised of 12 HEDIS measures and one CAHPS measure: Colorectal Cancer Screening, Breast Cancer Screening, Glycemic Status Assessment 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.
- **Sexual Orientation & Gender Identity Data Collection** – SFHP will collect Sexual Orientation and Gender Identity data, including sex assigned at birth and pronouns to advance health equity and ensure tailored, inclusive care. Sex assigned at birth, sexual orientation, and gender identity data will primarily be sourced from the Serving Communities Health Information Organization Health Information Exchange. Pronoun data will be collected through interactions with member-facing staff or directly updated by members via the member portal. All data will be securely housed in SFHP's claim processing system QNXT, ensuring compliance with relevant privacy and security standards. A robust strategy is being developed to support consistent, culturally competent data collection practices across all touchpoints. As the structure and processes for Sexual Identity & Gender Identity data collection and management are still under development, further details will be provided in the program's implementation plan.

C. Policies and Procedures

SFHP reviews and updates its quality and clinical policies and procedures (Utilization Management, Care Management, Pharmacy, Quality Improvement & Health Equity, Health Education, Cultural & Linguistic Services, Population Health Management) biennially at 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 & Health Equity Transformation Program

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

QIHET Program Work Plan

Results of the annual evaluation in combination with information and priorities determined by SFHP's Health Services department 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 or intervention and how it aims to improve the domain in which it is included
- Measure target of the QI activity or 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 domain incorporates all aspects of the services provided to members including customer service, language access, appointment access, and wait times.

Timely Access

SFHP monitors and reports on HEDIS measures focused on timely access. These include:

- Prenatal and Postpartum Care

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.

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
- Controlling High Blood Pressure
- Glycemic Status Assessment for Patients with Diabetes

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
- San Francisco Department of Public Health Asthma Home Visiting Program and Resources
- Eighth Joint National Committee 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 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

Transitional Care Services team, Medical Director, and primary care providers. Educational medication resources for targeted members will also increase adherence and knowledge of their drug regimen. The Medication Therapy Management program targets 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 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

The Drug Utilization Review program consists of a Retrospective Drug Utilization Review Program and an Educational Program promoting optimal medication use to prescribers, pharmacists, and members. The SFHP Drug Utilization Review Program coordinates with the Medi-Cal Drug Utilization Review Board and the Medi-Cal Pharmacy Benefit Manager on retrospective Drug Utilization Review and educational activities for the Med-Cal line of business. The Pharmacy Drug Utilization Review 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 Drug Utilization Review 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

SFHP Clinical Operations, Care Management, and Pharmacy staff are trained to identify Potential Quality Issues and refer them to the Quality Review Nurse. SFHP defines a Potential Quality Issue 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 Potential Quality Issues 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 for peer review and next step recommendations.

B. 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 Screening & Chronic Condition Management

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

- Depression Screening & Follow-Up for Adolescents & Adults
- Initiation and Engagement of Substance Use Disorder Treatment
- Prenatal Depression Screening & Follow-Up
- Postpartum Depression Screening & Follow-Up

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:

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Child and Adolescent Well-Care Visits
- Childhood Immunization Status
- Chlamydia Screening in Women
- Developmental Screening in The First Three Years of Life
- Immunizations for Adolescents
- Lead Screening in Children
- Well-Child Visits in the First 30 Months of Life
- Topical Fluoride for Children

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. Human Papillomavirus, 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 Provider Quality Performance Program is SFHP's pay-for-performance program. Provider Quality Performance 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, Provider Quality Performance 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. SFHP then reviews quality indicators (HEDIS, CAHPS, utilization, etc.) and recommends projects to improve quality for SFHP members, using funds from the Strategic Use of Reserves.

C. 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 under utilization, and otherwise improved coordination across multiple providers and facilities and focuses on members with more complex medical and psychosocial needs.

Care Coordination & Continuity of Care Monitoring

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

- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Eye Exam for Patients with Diabetes
- 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
- Plan All Cause Readmission

Long Term Care Quality Assurance Performance Improvement

SFHP is responsible for administering care and maintaining a comprehensive Quality Assurance Performance Improvement 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, Intermediate Care Facilities for Developmentally Disabled, and Subacute Facilities. The QIHEC is responsible providing oversight of the Plan's Quality Assurance Performance Improvement activities.

Health Risk Assessment

All new Seniors and Persons with Disabilities 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 Health Risk Assessment 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. Health Risk Assessment telephonic care management is provided for 30 days to members In addition, the Long-Term Services and Supports standardized set of ten questions are embedded in the HRA assessment and utilized to assess members who might need Long-Term Services and Supports . Members who answer "yes" to one of the Long-Term Services and Supports questions are considered "high risk" and referred to Care Management for outreach.

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 needs, 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, Golden Gate Regional Services , Department of Early Childhood and Community Behavioral Health Services 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 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

Transitional Care Services is designed 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 programs, such as Enhanced Care Management if appropriate. Transitional Care Services lasts for 30 days post discharge or until the member is connected to all needed services and supports. Members receiving care within delegated medical groups within the network receive Transitional Care Services from their assigned medical group.

Health Information Tool & Member Evaluation Tool Services

Members receive the Health Information Tool & Member Evaluation Tool assessment from SFHP as part of the new member Welcome Packet, SFHP Care Management staff reviews all assessments received by SFHP Business Analytics, 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 program.

Enhanced Care Management

Enhanced Care Management 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:

- outreach and engagement
- comprehensive assessment and care management plan
- enhanced coordination of care,
- health promotion
- transitional care services
- member and family supports
- 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 Enhanced Care Management 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:
    - Children and youth experiencing homelessness
    - Children and youth with avoidable ED and hospital utilization
    - Children and youth with Severe Mental Illness and Substance Use Disorder
    - Children and youth enrolled in CA children's services or whole child model with additional needs beyond California Children's Services condition
    - Children and youth involved in child welfare
    - Children and youth with intellectual and developmental disabilities
    - 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

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 ten Community Supports currently available to eligible SFHP members, three additional Community Supports services will be available in July 2025.

- Medical respite: 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 : 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 : 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, a recent discharge from the hospital, or have extensive care coordination needs.
- Housing navigation : Assists members with identifying and securing housing, which includes developing a housing plan, addressing barriers, and securing viable housing options.
- Housing deposits : Provides up to $5,000 to assist members 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 : Assist members with maintaining housing, including coordination with landlord, education on lease compliance, assistance with financial literacy, etc.

- Home modifications : Provides 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/Long-Term Care.
- Community Transitions : Up to $7,500 to support individuals in an Long-Term Care 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.)
- Respite Services: Provides support to caregivers of Members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature.
- Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities: Supports members to live in the community and/or avoid institutionalization when possible. The goal is to both facilitate nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for Members with an imminent need for nursing facility level of care.

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
- Inpatient Utilization – Acute Care – Total Inpatient Days per 1000 Member Months
- 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.

D. Member Experience

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

Consumer Assessment of Healthcare Providers & Systems

SFHP monitors and reports on a variety of Health Plan Consumer Assessment of Healthcare Providers & Systems (HP-CAHPS) as part of its overall strategy to provide high quality care to members. These HP-CAHPS measures include:

- HP-CAHPS Getting Needed Care
- HP-CAHPS Getting Care Quickly
- HP-CAHPS Rating of Personal Doctor
- HP-CAHPS Rating of Specialist Seen Most Often
- HP-CAHPS Customer Service

SFHP conducts annual analysis HP-CAHPS performance which may include supplemental surveys, utilization analysis, and member market research to drill down on key drivers to performance improvement. Based on HP-CAHPS results, supplemental surveys, and analysis, SFHP strategizes and plans initiatives to improve SFHP programs improvement and services and collaborates with SFHP's provider network to influence provider activities and procedures to improve member care experience.

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 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 Community Needs Assessment and NCQA Population Assessment: Cultural, Ethnic, Racial and Linguistic Needs of SFHP Members and Practitioner Availability. 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 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. 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 sixth 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, avoiding at-risk drinking, identifying depressive symptoms, perinatal care, and managing chronic diseases such as asthma and diabetes, 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.

E. 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
- 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, DHCS' Suspend & Ineligible List, the System for Award Management, National Plan and Provider Enumeration System, the Social Security Death Master File, and the Restricted Provider Database.

DHCS Performance Improvement Projects

SFHP implements DHCS Performance Improvement Projects at any given time. Performance Improvement Projects 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 Spanish-speaking member population. SFHP aims to improve the rate of Spanish-speaking 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 substance use 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, hospitals, 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 Grid is executed. The Responsibilities and Reporting Requirements Grid describes the specific responsibilities that are being delegated and provides the basis for oversight. The Responsibilities and Reporting Requirements 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 is required if:

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

In addition to submission of a Corrective Action Plan , 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 consecutive audit periods.

Audit results are communicated to the Delegated Entity within 60 days from the completion of the audit. When a Corrective Action Plan 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 Utilization Mangement Committee, and the Quality Improvement & Health Equity 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 - Applied Behavior Analysis & Behavioral Health Treatment 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.

Non-Specialty Mental Health – Carelon Behavioral Health provides non-specialty mental health and Behavioral Health Treatment services to all SFHP Medi-Cal members. San Francisco Behavioral Health Services provides all covered 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: *Steve O'Brien, MD* Date: 2/20/2025

Chief Health Equity Officer: *Edwin Poon, PhD* Date: 2/20/2025

Quality Improvement & Health Equity Committee Review	Date: 2/20/2025
Board of Directors Review	Date: 3/19/2025

Appendix A: Workplan

Access to Primary & Specialty Care

2025 Workplan

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
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	59.00%	6/30/25	• Request Corrective Action Plans of provider groups performing below 80% compliance rate and below 50% response rate. • Provide technical assistance with Corrective Action Plans. • Continue providing funding to Zuckerberg San Francisco General Specialty Care providers to implement appointment access interventions. • Incentivize Zuckerberg San Francisco General providers through inclusion of a third next available monitoring measure in SFHP's specialty pay-for-performance program.	Associate Program Manager, Access to Care
Timeliness of Prenatal Care	Number of members with deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization	Number of members with a live birth during the measurement period	86.89%	12/31/25	• Perform data analysis to identify high and low performing PCPs/clinics with significant portions of membership. • Survey Providers to understand best practices and identify areas for quality improvement at member or clinic level. • Incentivize providers through inclusion of a prenatal measure and a health equity prenatal measure in SFHP's primary and specialty care pay-for-performance programs; providers participating in the health equity prenatal measure will conduct perinatal quality improvement activities for the measure for members who are Latinx, Black or African American, Native American. • Distribute prenatal education booklets to providers, SFHP Service Center, and community partners to share with members. • Promote and encourage pregnant members to engage in services through a member incentive for both prenatal and postpartum visit.	Senior Program Manager, Children & Families

2025 – Monitor Only

Measure Title	Numerator	Denominator	Measure Owner
Postpartum Care	Number of members with a live birth during the measurement period who had a postpartum check between 7-84 days after delivery.	Number of members with a live birth during the measurement period	Senior Program Manager, Children & Families

Care Coordination and Continuity of Care

2025 Workplan

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
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 (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm	53.82%	12/31/25	• Share with network providers ED visit data of members eligible for Follow-Up After ED Visit for Mental Illness to facilitate follow-up outreach and scheduling of a PCP appointments. • Provide training to ED Navigators on SFHP's recommended workflow for connecting members to their primary care provider and/or care manager. • Collaborate with contracted Emergency Departments to improve ED Navigators patient documentation practices, including the attachment of visit notes to hospital charts and use of Health Information Exchange, to support better sharing of information between hospitals and primary care providers. • Identify mental health providers with availability after-hours and generate a directory to share with ED Navigators. • Incentivize providers through inclusion of a Follow-Up After ED Visit for Mental Illness 30-day measure in SFHP's primary care pay-for-performance program.	Manager, Behavioral Health
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 (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm	38.62%	12/31/25	• Share with network providers ED visit data of members eligible for Follow-Up After ED Visit for Mental Illness to facilitate follow-up outreach and scheduling of a PCP appointments.	Manager, Behavioral Health

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Follow-Up After Hospitalization for Mental Illness: 7 – Day	Members (aged 6 and older) who received a follow-up visit for mental illness within 7 days of a hospitalization with a diagnosis of mental illness or intentional self-harm	Hospitalizations for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm	18.10%	12/31/25	• Share with network providers data of hospital admissions of members eligible for Follow-Up After Hospitalization for Mental Illness to facilitate follow-up outreach and scheduling of a PCP appointments.	Manager, Behavioral Health
Follow-Up After ED Visit for Substance Use: 30 – Day	Follow up visit by members 13 years of age and older for substance use within 30 days of an emergency department (ED) visit with a principal diagnosis of substance use disorder or any diagnosis of drug overdose	Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder or any diagnosis of drug overdose	36.18%	12/31/25	• Share with network providers ED visit data of members eligible for Follow-Up After ED Visit for Substance Use to facilitate follow-up outreach and scheduling of a PCP appointments. • Provide training to ED Navigators on SFHP's recommended workflow for connecting members to their primary care provider and/or care manager. • Collaborate with contracted Emergency Departments to improve ED Navigators patient documentation practices, including the attachment of visit notes to hospital charts and use of Health Information Exchange, to support better sharing of information between hospitals and primary care providers. • Identify mental health providers with availability after-hours and generate a directory to share with ED Navigators. • Incentivize providers through inclusion of a Follow-Up After ED Visit for Substance Use 30-day measure in SFHP's primary care pay-for-performance program.	Manager, Behavioral Health
Follow-Up After ED Visit for Substance Use: 7 – Day	Follow up visit by members 13 years of age and older for substance use within 7 days of an emergency department (ED) visit with a principal diagnosis of substance use disorder or any diagnosis of drug overdose	Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder or any diagnosis of drug overdose	24.00%	12/31/25	• Share with network providers ED visit data of members eligible for Follow-Up After ED Visit for Substance Use to facilitate follow-up outreach and scheduling of a PCP appointments.	Manager, Behavioral Health

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Follow-Up After High-Intensity Care for Substance Use Disorder: 7 – Day	Follow up visit by members 13 years of age and older for substance use within 7 days of acute inpatient hospitalizations, residential treatment or withdrawal management visits with a principal diagnosis of substance use disorder	Acute inpatient hospitalizations, residential treatment or withdrawal management visits for members 13 years of age and older with a principal diagnosis of substance use disorder	23.08%	12/31/25	• Share with network providers data of hospital admissions of members eligible for Follow-Up After High Intensity Care for Substance Use Disorder to facilitate follow-up outreach and scheduling of a PCP appointments.	Manager, Behavioral Health
Plan All-Cause Re-admissions	The observed rate of acute inpatient and observation stay admissions for members 18 to 64 years of age and older who were readmitted within 30 days	The risk-adjusted expected rate of acute inpatient and observation stay admissions for members 18 to 64 years of age readmitted within 30 days	1.1783	12/31/25	• Share Admission, Discharge, Transfer data for acute and post-acute admissions of high-risk members shared with network providers to facilitate outreach, scheduling and follow-up with an ambulatory provider within 7 calendar days of discharge. • Provide Transitional Care Services via SFHP Care Management staff to high risk members connected to the SFHP Direct network and collaborate with delegated medical groups to provide TCS to high risk members connected to all other SFHP networks; Transitional Care Services will include follow- up with the member for up to 30 days post discharge or until the member is connected to all needed services and supports, including assistance with scheduling appointments and referrals to programs. • Provide members at lower risk for readmission the telephone number for the dedicated Transitional Care Services intake line, as part of discharge documentation should further assistance be required post discharge.	Nurse Manager, Transitional Care Services

2025 – Monitor Only

Measure Title	Numerator	Denominator	Measure Champion
Eye Exam for Patients With Diabetes	Total members 18–75 years of age with diabetes who received a retinal or dilated eye exam by an eye care professional	Total members 18–75 years of age with diabetes	Director, Quality & Population Health Management
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Total members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and received a diabetes screening test	Total members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication	Director, Quality & Population Health Management

Clinical Quality - Behavioral Health

2025 Workplan

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Depression Screening Follow-Up for Adolescents and Adults	Total members 12 years of age and older who received follow-up care within 30 days of a positive depression screen finding	Total members 12 years of age and older who were screened for clinical depression using a standardized instrument	70.91%	12/31/25	• Incentivize providers through inclusion of depression screening and follow-up measures in SFHP's primary care pay-for-performance program. • Provide gap in care reports to providers for members eligible for depression screening and follow-up. • Collaborate with Primary Care Providers to co-locate behavioral health staff onsite at clinics • Deliver member and provider education materials on the benefits and importance of dyadic care services.	Manager, Behavioral Health
Engagement of Substance Use Disorder Treatment	New substance use disorder episodes that have evidence of treatment engagement within 34 days of initiation	New substance use disorder episodes	8.62%	12/31/25	• Share with network providers data of hospital admissions and ED visits of members eligible for Engagement of Substance Use Disorder Treatment to facilitate follow-up outreach and scheduling of a PCP appointments.	Manager, Behavioral Health

2025 – Monitor Only

Measure Title	Numerator	Denominator	Measure Champion
Depression Screening for Adolescents and Adults	Total members 12 years of age and older who were screened for clinical depression using a standardized instrument	Total members 12 years of age and older	Manager, Behavioral Health
Prenatal Depression Screening	Total members with a live birth who were screened for clinical depression using a standardized instrument during the prenatal period	Number of members with a live birth during the measurement period	Manager, Behavioral Health
Prenatal Depression Follow-Up	Total members with a live birth who received follow-up care within 30 days of a positive depression screen finding	Total members with a live birth who were screened for clinical depression using a standardized instrument	Manager, Behavioral Health
Postpartum Depression Screening	Total members with a live birth who were screened for clinical depression using a standardized instrument during the postpartum period	Number of members with a live birth during the measurement period	Manager, Behavioral Health
Postpartum Depression Follow-Up	Total members with a live birth who received follow-up care within 30 days of a positive depression screen finding	Total members with a live birth who were screened for clinical depression using a standardized instrument	Manager, Behavioral Health

Clinical Quality - Medical Care

2025 Workplan

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Hepatitis C Treatment	Total number of members with any past history of Hepatitis C diagnosis who have completed the Hepatitis C treatment regimen	Total number of members with any past history of Hepatitis C diagnosis	40.00%	12/31/25	• Collaborate with End Hep C group on provider education and C to promote Hepatitis C testing in the community. • Provide analysis and trends on members who have not completed Hepatitis C treatment to providers. • Create outreach letter template for providers with members with a diagnosis of Hepatitis C who have not yet received treatment.	Clinical Pharmacist
Asthma Medication Ratio	The number of members who have a medication ratio of ≥0.50 during the measurement year.	Total members 5-64 years of age and older with persistent asthma	76.65%	12/31/25	• Continue to create educational materials for providers around the Global Initiative for Asthma guidelines. • Incentivize providers through inclusion of an Asthma Medication Ratio measure in SFHP's primary care pay-for-performance program. • Provide gap in care reports to providers for members with persistent asthma. • Launch a new Asthma member incentive to address members needing intervention to address their Asthma medications.	Clinical Pharmacist

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Controlling High Blood Pressure	Total members 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg)	Total members 18–85 years of age who had a diagnosis of hypertension	72.75%	12/31/25	• Provide gap in care reports to providers for members eligible for controlling blood pressure. • Create provider education materials for visit coding, member care and communication. • Implement alerts in SFHP's care management system to facilitate appointment coordination and warm transfers. • Promote and encourage members to engage in services through a member incentive to obtain an annual care/wellness visit and care to control their high blood pressure.	Director, Quality & Population Health Management

2025 – Monitor Only

Measure Title	Numerator	Denominator	Measure Champion
Glycemic Status Assessment for Patients With Diabetes – >9%	Total members 18–75 years of age with diabetes who have their most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year	Total members 18–75 years of age with diabetes	Director, Quality & Population Health Management
Glycemic Status Assessment for Patients With Diabetes – <8%	Total members 18–75 years of age with diabetes who have their most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year	Total members 18–75 years of age with diabetes	Director, Quality & Population Health Management

Engagement With Primary Care

2025 Workplan

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Initial Health Appointment	Total members who had a comprehensive PCP visit during first 120 days of Medi-Cal enrollment	Total new members enrolled in prior 120 days	22.75%	12/31/25	• Continue to offer a raffle to incentivize new members to complete their Initial Health Appointment. • Incentivize providers through inclusion of an Initial Health Appointment measure in SFHP's primary care pay-for-performance program. • Develop a Frequently-Asked-Questions document to serve as a resource for the provider for coding Initial Heath Appointments. • Conduct delegated medical group audits of their Initial Health Appointment processes to identify opportunities for improved outreach and documentation. • Provide member lists and group performance to network providers, aligned with provider data needs to conduct member outreach. • Outreach via mail to members with no record of an Initial Health Appointment after 60 days after enrollment to educate the member on scheduling their appointment, how to contact SFHP with questions, and the importance of the Initial Health Appointment in their care.	Manager, Population Health Management
Well-Child Visits in the First 15 Months of Life	Infants with six or more well-child visits by 15 months of age	All infants turning 15 months of age	69.67%	12/31/25	• Establish supplemental data feeds to better align SFHP data with provider data. • Expand the member incentive Plan-Do-Study-Act project at Zuckerberg Children's and Family Health Centers to test providing member gift cards in-person and at more visits. • 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. • Provide gap in care reports to providers for members eligible for well-child visits. • Promote and encourage members age zero to 15 months to engage in services through a member incentive to obtain well-child visits.	Senior Program Manager, Population Health Management

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Well-Child Visits in the First 15 Months of Life – Health Equity	Latinx infants with six or more well-child visits by 15 months of age	All Latinx infants turning 15 months of age	63.29%	12/31/25	• Provide Community Health Worker group classes with a focus on Latinx members and aligned with DHCS Performance Improvement Project requirements. • Collaborate with primary care clinic serving majority of Latinx members ages 0-15 months to facilitate reminder phone calls and distribute gift cards to members attending W30 appointments. • Develop visual tool to map organizations and entities that serve or support Latinx members and identify partnership opportunities. • Interview community stakeholders to understand barriers to care and identify areas for quality improvement at member or organizational level. • Collaborate with one community-based organization to co-develop member education materials and deliver workshops designed for Latinx caregivers/guardians, including outreach to pregnant and birthing members. • Incentivize providers through inclusion of a well-child health equity measure in SFHP's primary care pay-for-performance program; providers participating in this measure will conduct well-child quality improvement activities for the measure for members who are Latinx.	Senior Program Manager, Population Health Management
Child and Adolescent Well-Care Visits - Health Equity A	Total members 3–21 years of age who are Native Hawaiian/Pacific Islander, or Native Alaskan/Native American members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner	Total members 3–21 years of age who are Native Hawaiian/Pacific Islander, or Native Alaskan/Native American	41.83%	12/31/25	• Survey providers to understand best practices and identify areas for quality improvement at member or clinic level. • Interview community stakeholders to understand barriers to care and identify areas for quality improvement at member or organizational level. • Collaborate with one PCP clinic and one community-based organization serving a high proportion of members who are Native Hawaiian/Pacific Islander, Native Alaskan/Native American to implement one PDSA test of change for improvement to address identified barriers to care.	Senior Program Manager, Children & Families

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Child and Adolescent Well-Care Visits - Health Equity B	Total members 3–21 years of age who are Black/African-American members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner	Total members 3–21 years of age who are Black/African-American	48.15%	12/31/25	• Survey providers to understand best practices and identify areas for quality improvement at member or clinic level. • Interview community stakeholders to understand barriers to care and identify areas for quality improvement at member or organizational level. • Collaborate with one PCP clinic and one community-based organization serving a high proportion of members who are Black/African American to implement one PDSA test of change for improvement to address identified barriers to care.	Senior Program Manager, Children & Families
Topical Fluoride for Children	Total members 1–20 years of age who receive at least two topical fluoride varnish applications in the measurement year	Total members 1–20 years of age	19.00%	12/31/25	• Survey providers to understand best practices and identify areas for quality improvement at member or clinic level. • Promote and engage members aged 12 to 47 months through a member incentive to obtain fluoride varnish treatment. • Provide gap in care reports to providers for members eligible for topical fluoride treatment. • 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 at risk of caries.	Associate Program Manager, Access to Care
Develop-mental Screening	Total children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday	Total children turning one, two, or three in the measurement year	63.84%	12/31/25	• Survey Providers to understand best practices and identify areas for quality improvement at member or clinic level. • Promote and encourage members age one to four months to engage in services through a member incentive to obtain well-child visits. • Promote and engage members eligible for developmental screening through a member incentivize. • Incentivize providers through inclusion of a developmental screening measure in SFHP's primary care pay-for performance program. • Provide gap in care reports to providers for members eligible for developmental screening. • Collaborate with SF Department of Early Childhood to promote to medical groups the use of the Sparkler App to track developmental screenings.	Senior Program Manager, Children & Families

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Colorectal Cancer Screening	Total members 45–75 years of age who had appropriate screening for colorectal cancer	Total members 45–75 years of age	49.36%	12/31/25	• Provide gap in care reports to providers for members eligible for care Provide gap in care reports to providers for members eligible for colorectal cancer screening. • Create provider education materials for visit coding, member care and communication. • Implement alerts in SFHP's care management system to facilitate appointment coordination and warm transfers. • Incentivize providers through inclusion of a colorectal cancer screening measure in SFHP's primary care pay-for performance program. • Promote and encourage members to engage in services through a member incentive to obtain an annual care/wellness visit and colorectal cancer screening	Director, Quality & Population Health Management
Breast Cancer Screening	Total members 50–74 years of age who had a mammogram to screen for breast cancer	Total members 50–74 years of age	63.48%	12/31/25	• Provide gap in care reports to providers for members eligible for breast cancer screening. • Create provider education materials for visit coding, member care and communication. • Implement alerts in SFHP's care management system to facilitate appointment coordination and warm transfers. • Promote and encourage members to engage in services through a member incentive to obtain an annual care/wellness visit and breast cancer screening.	Director, Quality & Population Health Management

2025 – Monitor Only

Measure Title	Numerator	Denominator	Measure Champion
Well-Child Visits in the First 15 – 30 Months of Life	Total children with two or more well-child visits between 15 and 30 months of age	Total children turning 30 months of age	Senior Program Manager, Population Health Management
Child and Adolescent Well-Care Visits	Total members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner	Total members 3–21 years of age	Senior Program Manager, Quality Improvement

Measure Title	Numerator	Denominator	Measure Champion
Childhood Immunization Status	Total children turning 2 years of age who have had a combination of ten vaccines: 4 diphtheria, tetanus and acellular pertussis; 3 polio; 1 measles, mumps & rubella; 3 haemophilus influenza type B; 3 hepatitis B, 1 chicken pox; 4 pneumococcal conjugate; 1 hepatitis A; 2 or 3 rotavirus; & 2 influenza vaccines	Total children turning 2 years of age	Associate Program Manager, Access to Care
Immunizations for Adolescents	Total children turning 13 years of age who have had 1 dose of meningococcal vaccine, 1 tetanus, diphtheria toxoids and acellular pertussis vaccine, and have completed the human papillomavirus vaccine	Total children turning 13 years of age	Associate Program Manager, Access to Care
Lead Screening in Children	Total children turning 2 years of age who had one or more capillary or venous lead blood test for lead poisoning	Total children turning 2 years of age	Senior Program Manager, Population Health Management
Chlamydia Screening	Total members 16-24 years of age who were recommended for routine chlamydia screening who had at least one test for chlamydia	Total members 16-24 years of age who were recommended for routine chlamydia screening	Senior Program Manager, Children & Families
Cervical Cancer Screening	Total members 21-64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer	Total members 21-64 years of age who were recommended for routine cervical cancer screening	Senior Program Manager, Children & Families

Member Experience

2025 Workplan

Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Getting Needed Care – Adult	Total number of adult members responding with ‘usually’ or ‘always’ to the Getting Needed Care HP-CAHPS composite	Total number of adult members responding to the Getting Needed Care HP-CAHPS questions	75.52%	6/30/25	• Improve workflows and system efficiencies for Durable Medical Equipment across vendors, referring providers, and the SFHP. • Deliver a digital, multi-month HP-CAHPS education and awareness campaign for members focused on ways to access specialty care and vision services as well as how to complete the HP-CAHPS survey if randomly selected to participate.	Senior Program Manager, Quality Improvement
Getting Needed Care – Child	Total number of child members responding with ‘usually’ or ‘always’ to the Getting Needed Care HP-CAHPS composite	Total number of child members responding to the Getting Needed Care HP-CAHPS questions	85.70%	6/30/25		Senior Program Manager, Quality Improvement

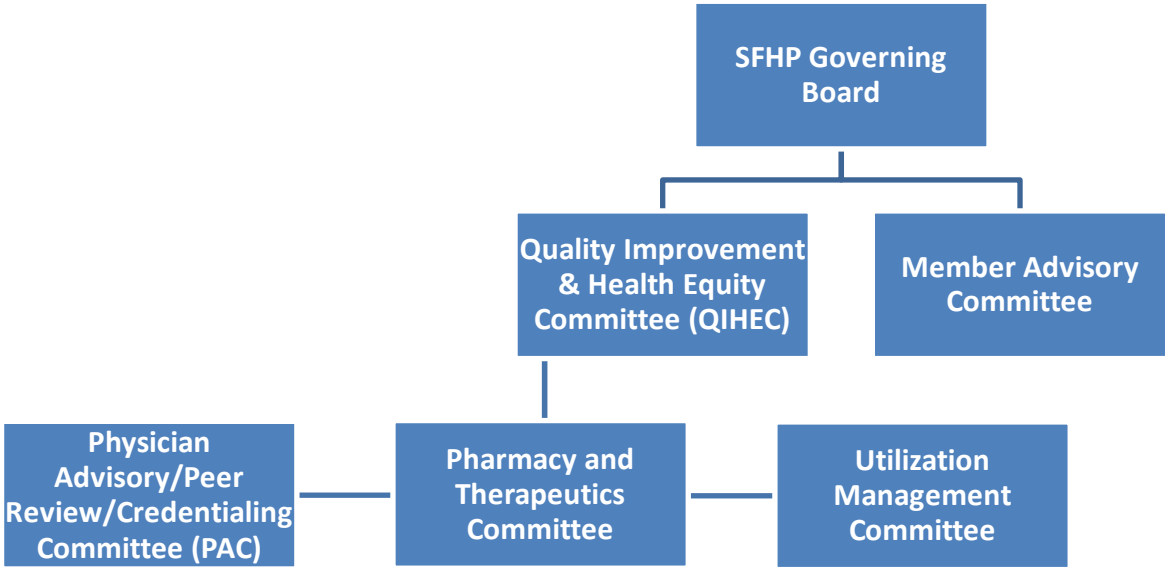
Measure Title	Numerator	Denominator	Target	Date Activities to be Completed	Activities	Measure Champion
Getting Care Quickly – Adult	Total number of adult members responding with 'usually' or 'always' to the Getting Care Quickly HP-CAHPS composite	Total number of adult members responding to the Getting Care Quickly HP-CAHPS questions	73.26%	6/30/25	• Design and deliver member experience survey for dual-eligible beneficiaries to establish baseline and develop early strategy for care experience improvement in preparation for 2026 D-SNP. • Complete network analysis to understand trends and barriers to accessing specialty care and develop an intervention to address identified barriers. • Incentivize providers through inclusion of HP-CAHPS Care Experience measures in SFHP's primary and specialty care pay-for-performance programs.	Senior Program Manager, Quality Improvement
Getting Care Quickly – Child	Total number of child members responding with 'usually' or 'always' to the Getting Care Quickly HP-CAHPS composite	Total number of child members responding to the Getting Care Quickly HP-CAHPS questions	84.62%	6/30/25		Senior Program Manager, Quality Improvement

2025 – Monitor Only

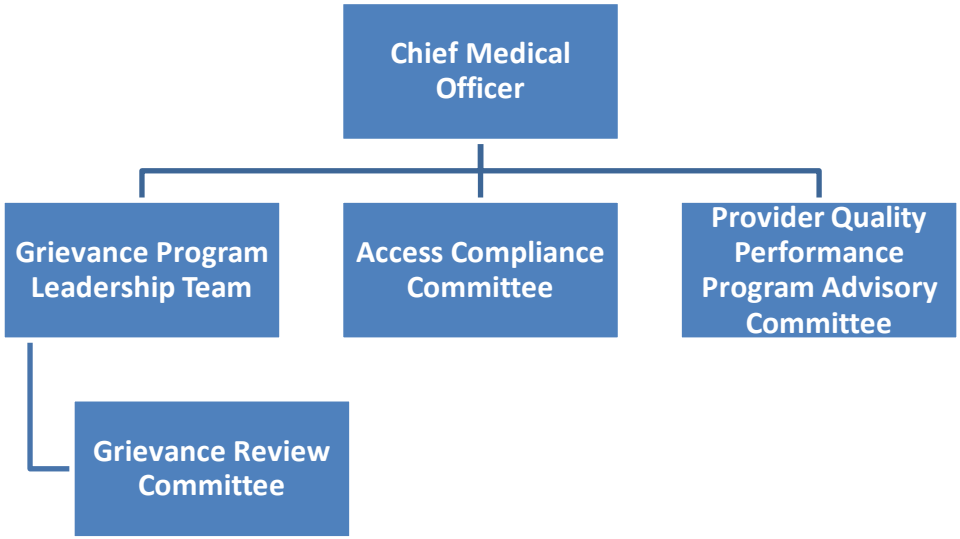
Measure Title	Numerator	Denominator	Measure Champion
Customer Service	Total number of adult members responding with 'usually' or 'always' to the Getting Care Quickly HP-CAHPS composite	Total number of adult members responding to the Getting Care Quickly HP-CAHPS questions	Senior Manager, Member Services
Rating of PCP	Total number of adult members responding with '9' or '10' to the Rating of Personal Doctor HP-CAHPS question	Total number of adult members responding to the Rating of Personal Doctor HP-CAHPS question	Senior Program Manager, Quality Improvement
Rating of Specialist	Total number of adult members responding with '9' or '10' to the Rating of Specialist Seen Most Often HP-CAHPS question	Total number of adult members responding to the Rating of Specialist Seen Most Often HP-CAHPS question	Senior Program Manager, Quality Improvement

Appendix B: Quality Committees and Staff Structure

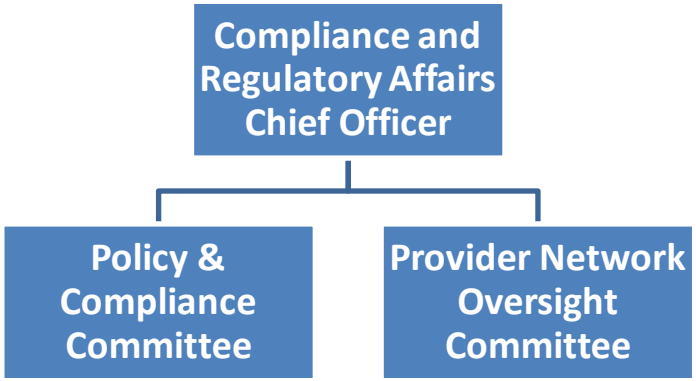
Quality Committees Reporting to Governing Board



Operational Quality Committees Reporting to Chief Medical Officer



Quality Committees Reporting to Chief Officer, Compliance and Regulatory Affairs



Quality Staff Reporting to the Chief Medical Officer