

Quality Improvement Health Equity Committee Meeting

November 15, 2024

Meeting Name:	Quality Improvement Health Equity Committee		
Date of Meeting:	11/15/2024	Time:	9:00 AM – 11:00 AM
Meeting Coordinator:	Ashley Asejo	Location:	Alameda Alliance for Health HQ 1240 S. Loop Rd. Alameda
Webinar Meeting ID:	Microsoft Teams Meeting ID: 241 031 105 806 Passcode: 7DQGy6	Meeting Materials:	Standing Committees – Alameda Alliance for Health

IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH COMMITTEE MEETINGS

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO “ATTN: ALLIANCE QIHEC COMMITTEE” 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT aasejo@alamedaalliance.org YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE LINK PROVIDED ABOVE. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA.

PLEASE NOTE: ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE COMMITTEE WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

Meeting Objective	
To improve quality of care and close health equity gaps for Alliance members by facilitating clinical oversight and direction.	
Members	
Name	Title
Donna Carey, MD	Chief Medical Officer, Alameda Alliance for Health
Paul Lao Vang	Chief Health Equity Officer, Alameda Alliance for Health
Aaron Chapman, MD	Behavioral Health Medical Director and Chief Medical Officer, Alameda County Behavioral Health Care Services
Tri Do, MD	Chief Medical Officer, Community Health Center Network

James Florey, MD	Chief Medical Officer, Children First Medical Group
Rosalia Mendoza, MD	Medical Director, Utilization Management, Alameda Alliance for Health, Family Practice
Peter Currie, Ph.D.	Senior Director, Behavioral Health, Alameda Alliance for Health
Michelle Stott	Senior Director, Quality, Alameda Alliance for Health

Meeting Agenda				
Topic	Time	Document	Responsible Party	Vote to approve or Informational
<ul style="list-style-type: none"> Call to Order/Committee <ul style="list-style-type: none"> Voting Member Roll Call 	2 min	Verbal	D. Carey	Informational
<ul style="list-style-type: none"> Alameda Alliance Updates 	7 min	Verbal	D. Carey	Informational
<ul style="list-style-type: none"> Chief of Health Equity Updates 	5 min	Verbal	L. Vang	Informational
<ul style="list-style-type: none"> Committee Member Presentations: CFMG – Best Practice Sharing on Well-Child Measures 	10 min	Verbal	J. Florey	Informational
<ul style="list-style-type: none"> Policies and Procedures <ul style="list-style-type: none"> Listed below 	5 min	Document	D. Carey	Vote
<ul style="list-style-type: none"> Approval of Committee Meeting Minutes <ul style="list-style-type: none"> QIHEC: 8/16/2024 CLSS: 8/28/2024 A&A: 9/04/2024 CAC: 6/13/2024 UMC: 8/30/2024 & 9/27/2024 	2 min	Document	D. Carey	Vote
<ul style="list-style-type: none"> Provider Manual 	5 min	Document	D. Crowder C. Gomez	Vote
<ul style="list-style-type: none"> Cultural and Linguistic Services Program Description Availability of Practitioners to Meet the Cultural Needs and Preferences of Alliance Members 	5 min	Document	M. Moua	Vote
<ul style="list-style-type: none"> UM/CM/Long Term Care Workplan Update <ul style="list-style-type: none"> Long Term Care 	10 min	Document	K. Glasby	Informational

Meeting Agenda				
Topic	Time	Document	Responsible Party	Vote to approve or Informational
QI Workplan Updates				
<ul style="list-style-type: none"> • Initial Health Appointment Audit 	5 min	Document	C. Rattray	Informational
<ul style="list-style-type: none"> • Quality Programs Update <ul style="list-style-type: none"> • Pay for Performance 	10 min	Document	F. Zainal M. Stott	Informational
<ul style="list-style-type: none"> • Access & Availability Update <ul style="list-style-type: none"> • CAHPS 5.1 • CG-CAHPS data for BH and PCP • Timely Access Language Assistance Survey • Provider Satisfaction 	20 min	Document	L. Tran M. Moua C. Gomez	Informational
<ul style="list-style-type: none"> • Compliance Update <ul style="list-style-type: none"> • Audit Update - DMHC / DHCS 	10 min	Document	R. Golfin	Informational
<ul style="list-style-type: none"> • Public Comment 	2 min	Verbal	D. Carey	Informational
<ul style="list-style-type: none"> • Adjourn 	1 min	Verbal	D. Carey	Next Meeting 2/14/2025

Americans with Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact Ashley Asejo aasejo@alamedaalliance.org at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodation to attend or participate in meetings on a regular basis.

Policies & Procedures

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| <ul style="list-style-type: none"> • BH-001: Behavioral Health Services • BH-005: Care Coordination for Behavioral Health • BH-006: Coordination of Care- Substance Abuse • CBAS-001: Initial Member Assessment and Member Reassessment for CBAS Eligibility • CM-009: Enhanced Care Management Program Infrastructure • CM-010: Enhanced Care Management - Member Identification and Grouping • CM-011: Enhanced Care Management - Care Management & Transitions of Care • CM-013: Enhanced Care Management - Oversight, Monitoring & Controls • CM-014: Enhanced Care Management - Operations Non-Duplication • CM-016: Enhanced Care Management – Staffing • CM-018: Enhanced Care Management - Member Notification • CM-XXX: Child Welfare Liaison • UM-016: Transportation Guidelines • QI136: Clinical Practice Guidelines | <ul style="list-style-type: none"> • QI-107: Appointment Access and Availability Standards • QI-114: Monitoring of Access and Availability Standards • QI-116: Provider Appointment Availability Survey (PAAS) • UM-011: Coordination of Care- Hospice and Terminal Illness • UM-018: Targeted Case Management (TCM) and Early and Periodic Screening, Diagnosis and treatment • UM-023: Communicable Disease Reporting and Services • UM-030: Referrals to the Supplemental Food Program for Women, Infants and Children (WIC) • UM-033: Topical Fluoride Varnish • UM-035: Care Coordination- Vision Services • UM-047: UM Sub-Committee • UM-051: Timeliness Standards • UM-055: Palliative Care • UM-057: Authorization Service Request • UM-068: Tertiary and Quaternary Review Process | <ul style="list-style-type: none"> • UM-071: Major Organ Transplant • UM-051 Attachment A: Timeliness Standards Attachment Grid • UM-053: Breastfeeding Lactation Management Aids and Supports • UM-054: Notice of Action • UM-063: Gender Affirming Surgery & Services • UM-003: Concurrent Review and Discharge Planning Process • UM-070: UM Denial System Controls • G&A-001: Grievance and Appeals System Description • G&A-002: Grievance Filing • G&A-003: Grievance Receipt, Review and Resolution • G&A-004: Member Education / Notification Requirements • G&A-005: Expedited Review of Urgent Grievances • G&A- 006: Independent Medical Review • G&A- 007: State Fair Hearing • G&A- 008: Adverse Benefit Determination Appeals Process • G&A- 009: Provider Grievances • G&A- 010: Medi-Cal Rx • G&A- 011: UM Appeals System Controls |
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Voting Member Roll Call

Dr. Donna Carey

Chief Medical Officer Alameda Alliance Updates

Dr. Donna Carey

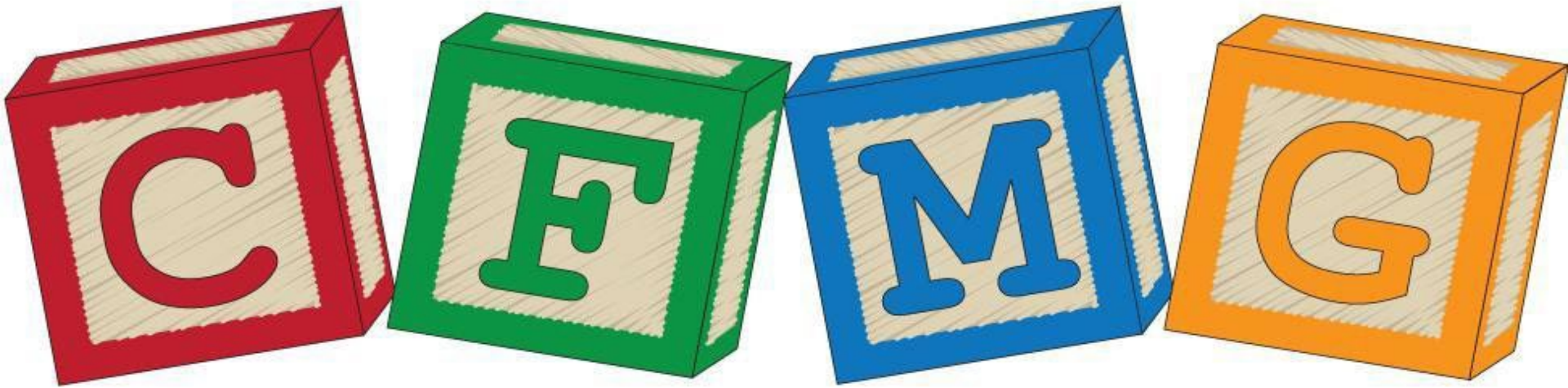
Chief Health Equity Officer Update

Lao P. Vang

Children First Medical Group: Best Practice Sharing on Well-Child Measures.

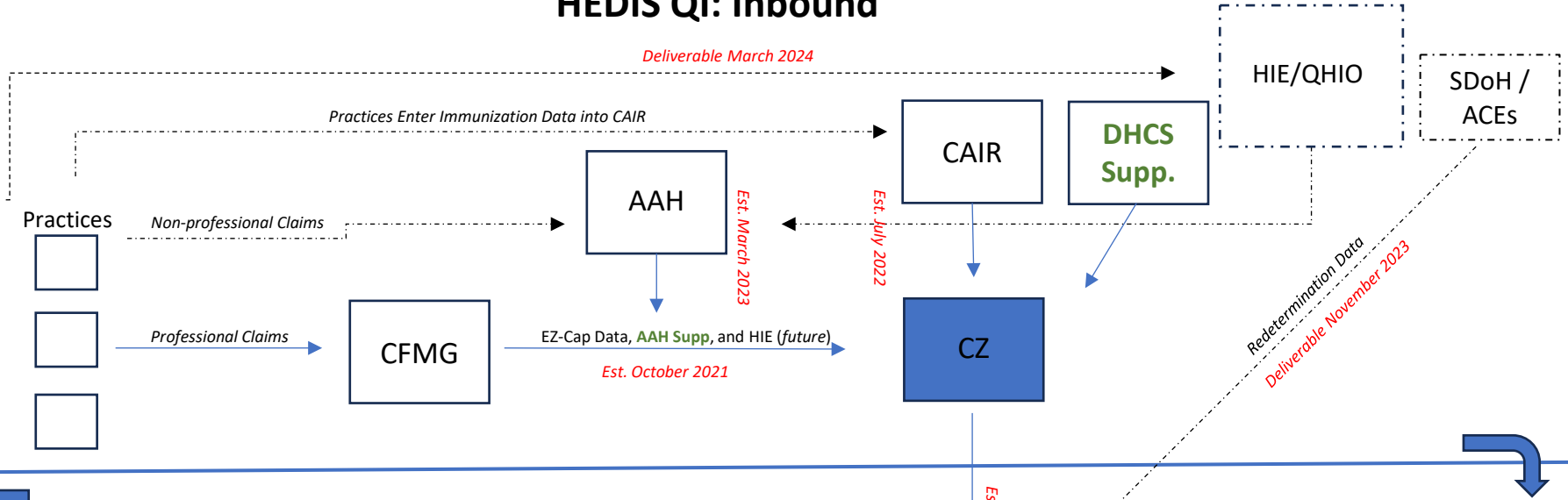
James Florey MD MMM CPE FAAP
Chief Medical Officer, CFMG

Better Practices Addressing Hesitancy in HEDIS Measures

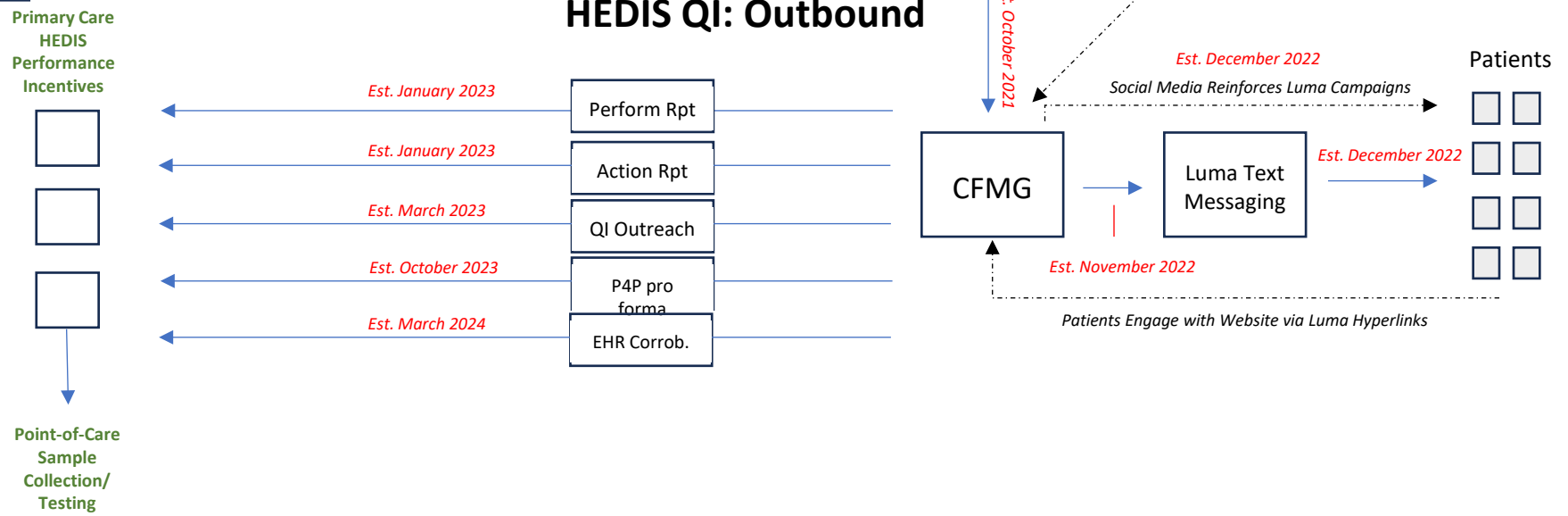


**James Florey, M.D., M.M.M.
Chief Medical Officer**

HEDIS QI: Inbound



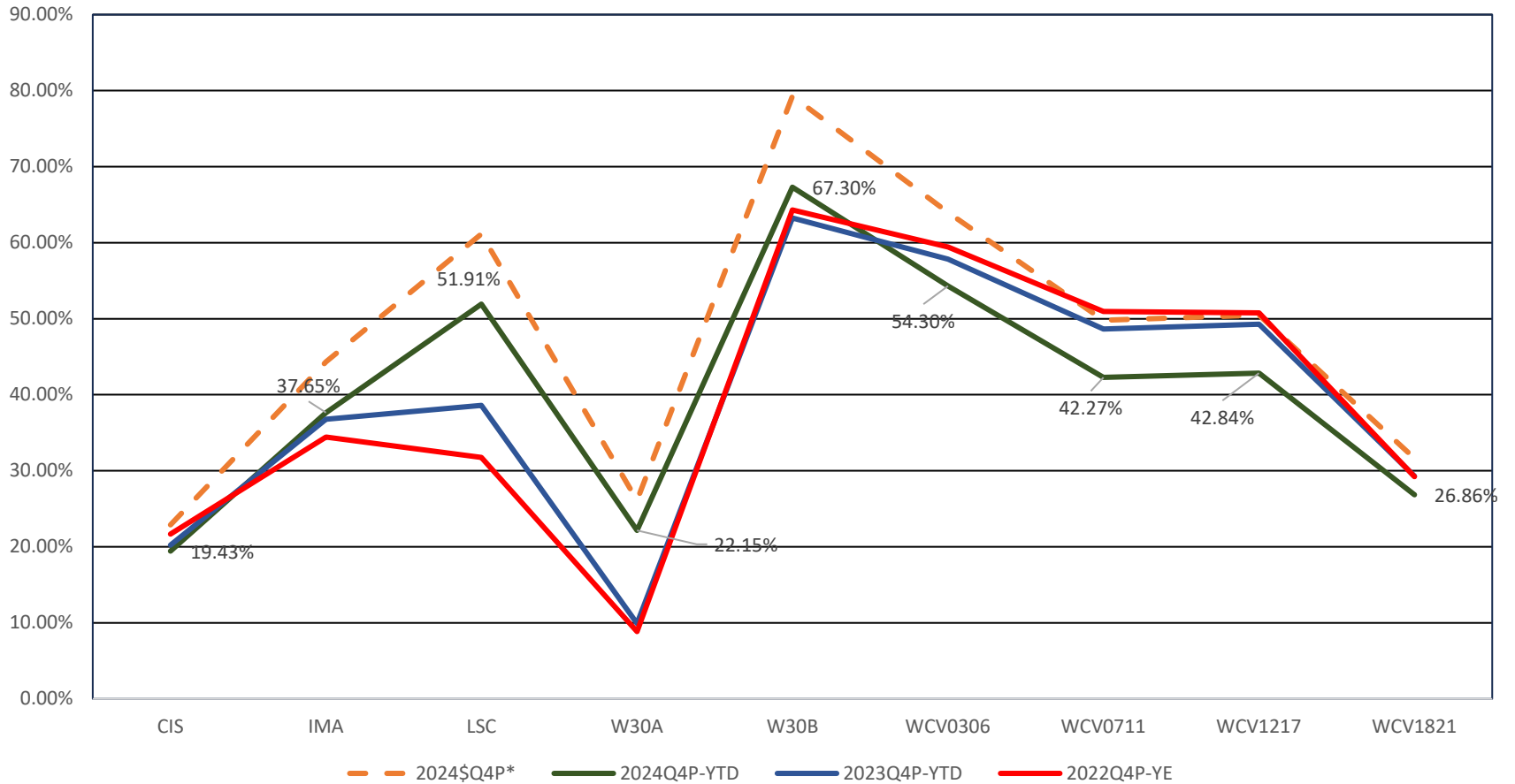
HEDIS QI: Outbound



CFMG HEDIS Relative Performance

MY2022Q4 thru MY2024Q4 as of 11/03/2024

* Gold Dashed Line Estimated End of Quarter Numbers at Current Pace



Hard-Learned Lessons:

- The best data wins
- Know your audience (Tone + Channel)
- Know what's important to your audience (Aligned Incentives)
 - *Vouchers for visits*
 - *Dollars for doctors*
- Hesitancy isn't always hesitancy
 - *The overlooked importance of convenience*
- Close your virtuous PDSA cycle

Voting Item: Policies and Procedures

The complete Policies & Procedures Packet has been sent in a separate email.

Policy Procedures Summary of Changes

Policy	Department	Policy #	Policy Name	Brief Description of Policy	Description of Changes/Current Revisions	Policy Update (X)	New Policy (X)	Annual Review or Formatting Changes (X)
1	BH	BH-001	Behavioral Health Services	The policy establishes guidelines and procedures to ensure the well-being, safety, and effective treatment of AAH members.	Updates to AAH GroupCare MH/SUD inpatient admissions	X		
2	BH	BH-005	Care Coordination for Behavioral Health	The Alliance's Behavioral Health (BH) Department is responsible for this care coordination. Members who are identified as possibly benefiting from, or who request case management including complex case management and enhanced case management will be referred to the Alliance's medical case management program.	BH Care Coordinators Role in Care Coordination	X		
3	BH	BH-006	Care Coordination for Substance Abuse	BH-005 is all encompassing for care coordination within the BH Dept and BH-006 can be retired.	RETIRE POLICY			
4	CBAS	CBAS-001	Initial Member Assessment and Member Reassessment for CBAS Eligibility	Describes process UM follows to create initial and ongoing CBAS Auths	Removed verbiage about a non-regulatory letter that was previously sent to the member/ Center. This process was stopped by UM effective 9/25/24 and this policy update aligns that process. Also added language to identify a MCP designee for the process	X		X
5	CMDM	CM-009	Enhanced Care Management Program Infrastructure	ECM Program infrastructure in alignment with DHCS policy guide for ECM	annual review			X
6	CMDM	CM-010	Enhanced Care Management - Member Identification and Grouping	Member identification and risk grouping for ECM program	annual review			X
7	CMDM	CM-011	Enhanced Care Management - Care Management & Transitions of Care	ECM members are thoroughly assessed. Health Action Plans are developed to assist in the management of the member's needs.	annual review			X
8	CMDM	CM-013	Enhanced Care Management - Oversight, Monitoring & Controls	Auditing and oversight of ECM providers	annual review			X
9	CMDM	CM-014	Enhanced Care Management - Operations Non-Duplication	Non-duplication of services	annual review			X
10	CMDM	CM-016	Enhanced Care Management - Staffing	Required staffing structure for ECM	annual review			X
11	CMDM	CM-018	Enhanced Care Management - Member Notification	Member identification and member notification of ECM services	annual review			X
12	CMDM	CM-XXX	Child Welfare Liaison	Clarify the intent and objectives of the Medical MCP Child Welfare Liaison role	creation of P&P in alignment with DHCS' APRIL 24-013		X	

Policy Procedures Summary of Changes

13	CMDM	UM-016	Transportation Guidelines	Structure of Plan's Transportation Benefit	Updated APL Citations APL 23-006 DELEGATION AND SUBCONTRACTOR NETWORK CERTIFICATION replaces APL 17-004 Subcontractual Relationships and Delegation APL 22-013 PROVIDER CREDENTIALING / RE-CREDENTIALING AND SCREENING / ENROLLMENT replaces APL 19-004 Provider Crednetialing / Recredentialing and Screening / Enrollment	X		
14	CMDM	UM-016	Transportation Guidelines	Structure of Plan's Transportation Benefit	Addition of language regarding transportation liaison and PCS form for 2023 DHCS FA.	X		
15	QI	QI136	Clinical Practice Guidelines	Describes how the Alliance adopts, disseminates, and monitors the use of preventive care and other clinical practice guidelines in alignment with DHCS contract requirements	Updated to include guidelines as specified in DHCS APL 24-008 Immunization Requirements	x		
16	Quality	QI-107	Appointment Access and Availability Standards	Describes how the Alliance implements and maintain procedures for members to obtain appointments for routine (non-urgent) and urgent care from all applicable provider types.	Updated policy to comply with the NCQA accreditation standard of 10 Business Days for Psychiatrist	x		
17	Quality	QI-114	Monitoring of Access and Availability Standards	Describes how the Alliance has established a mechanism for ongoing monitoring of its provider network to ensure timely access to and availability of quality health care services for all members within the Alliance and delegae network.	1. APL 23-015-Timely acces to care standard are noted in the Provider Data and Directories DAT-001 2. Updated policy to include TAR, MCAHPS, HOS survey 3. Updated policy to include BH and Specialist as part of CG-CAHPS survey	x		
18	Quality	QI-116	Provider Appointment Availability Survey (PAAS)	Describes the PAAS survey process designed to monitor Alliance delegated and directly contracted provider compliance with access and availability standards for Alliance members.	1)APL 24-017-Add definition of a pattern of non-compliance rate (fewer than 80%) for NPMH provider follow-up appointment, and Timely Access standard for follow-up non-urgent appointment with NPMH provider 2) Upated policy to align with DMHC PAAS methodology to additionally include Dermatology, Neurology, Oncology, Ophthalmology, Otorlaryngology, Pulmonary, and Urology.	x		
19	UM	UM-011	Coordination of Care- Hospice and Terminal Illness	Describes the process for authorization and care coordination for members receiving Hospice Services	Annual Review- updated spelling, grammar, formatting and QIHEC References			X
20	UM	UM-018	Targeted Case Management (TCM) and Early and Periodic Screening, Diagnosis and treatment	Describes the EPSDT services and the relationship between the plan and Regional Center to ensure members care is coordinated effeciently.	Annual Review- updated spelling, grammar, formatting and QIHEC References			X
21	UM	UM-023	Communicable Disease Reporting and Services	Describes the process for the plan to hold the community providers responsible for reporting communicable diseases to the Local Health Department and our requirement to authorize services related to those communicable diseases	Annual Review- updated spelling, grammar, formatting and QIHEC References			X

Policy Procedures Summary of Changes

22	UM	UM-030	Referrals to the Supplemental Food Program for Women, Infants and Children (WIC)	Describes the role and responsibility for closed loop referral into WIC	Annual Review- removed verbiage about updated referral form and then included the verbiage in guidance about annual notification of member eligibility.	X		X
23	UM	UM-033	Topical Fluoride Varnish	Benefit coverage fluoride varnish, safety to apply, and medical practice steps to provide oral preventive screening/ assessments, and FV applications.	FV intervention guidance and procedure is described in DHCS language, added FV safety addressed for multiple applications, updated language for dental referrals after medical screening; added quality data measures for this intervention; added related policies; added references	X		X
24	UM	UM-035	Care Coordination- Vision Services	PSDT	Annual Review- updated committee title and formatting.			
25	UM	UM-047	UM Sub-Committee	Discusses the UM Committee's roles and responsibilities	Annual review, updates HCQC to QIHEC. Added titles for UM director, LTSS Director, LTSS Medical Director. Added content review of LTSS and CalAIM UM functions	X		X
26	UM	UM-051	Timeliness Standards	Discribed the timelines	Annual Review/ Removed duplicated section- attached the new excel grid that references all UM timelines that follow the strictest guidances from DHCS, DMHC and NCQA which aligns with processes taken by the Alliance UM teams.	X		X
27	UM	UM-055	Palliative Care	Criteria and scope of Palliative services for pediatric and adult members	Annual review; updated populations impacted by the Transition Guide and PHM Guide, alignment with the WIC, updated citations to Pediatric Palliative waiver/ Patient Protection and Affordable Care Act; updated qualifying Palliative care condition for advanced dementia/ Alzheimer's dementia that was added in 2023 referral form but not added to Policy; updated Palliative member and provider notification pathways; Referrals sources including CBAS, TCS and Special Populations for the 2024 MCP Transition Guide. Delegation oversight added. Definitions expanded; updated References.	X		X
28	UM	UM-057	Authorization Service Request	Reviews all UM functions and criteria used to create authorizations	Included verbiage related to the authorization and/or denial of non-benefit and unlisted codes. Updated spelling, grammar, formatting and QIHEC references	X		
29	UM	UM-068	Tertiary and Quaternary Review Process	Criteria and review of academic level of care for complex and rare conditions, or diagnostic or therapies that are not available in the community setting for specialty care.	Added Alta Bates Summit Comprehensive Cancer Center, Adult Cellular Therapy Program for Bone Marrow Transplants only. All active Centers of Excellence are listed for cancer care.	X		X
30	UM	UM-071	Major Organ Transplant	Policy to discuss the process for Authorizing Major Organ Transplant	Annual review- updated the organ list impacted by the program. Updated the verbiage related to the Urgent Auths			
31	UM	051 Attachment	Timeliness Standards Attachment Grid	Grid showing the updated timelines	Sunset this policy/ attachment- will include the new grid in as an attachment built within the UM 051 Policy	X		X

Policy Procedures Summary of Changes

32	UM	UM-053	Breastfeeding Lactation Management Aids and Supports	Benefit coverage for breast feeding bumps and supplies, nutrition services and donor human breast milk.	Updated guidance from AAP and ACOG; updated DHCS indications for breast bump DME; added Pasteurized Donor human breast milk coverage and criteria, and nutritional counseling services related to breastfeeding. Added definitions, added impacted depts, & references	X		X
33	UM	UM-054	Notice of Action	Describes regulatory requirements for NOA enclosures	Annual Review- Formatting updated	X		X
34	UM	UM-063	Gender Affirming Surgery & Services	Outlines criteria for GA authorized services	Annual Review - Updated hair removal language, updated gender affirming language, removed hormone criteria for adult ≥18 yo surgeries.	X		X
35	UM/ BH	UM-003	Concurrent Review and Discharge Planning Process	UM and BH use to complete the Concurrent reviews	BH added verbiage r/t to their process. Removed on site review lanuage, updated the discharge risk assessment verbiage to match the newest guidance provided in the PHM FAQ June 2024 document related to the d/c risk assessment	X		X
36	Utilization Management	UM-070	UM Denial System Controls	Describes UM system controls policies and procedures to monitor and protect data from being altered outside of prescribed protocols	annual review; added monitoring requirements if audit findings are not resolved after consecutive quarters	X		X
37	Grievances & Appeals	G&A-001	Grievance and Appeals System Description	Outlines the grievance system used by the Plan	No change, annual review			X
38	Grievances & Appeals	G&A-002	Grievance Filing	Outlines the process of how members, member representatives and providers on behalf of the member can filing a grievance.	No change, annual review			X
39	Grievances & Appeals	G&A-003	Grievance Receipt, Review and Resolution	Outlines the process when receiving, reviewing and resolving grievances and appeals	No change, annual review			X
40	Grievances & Appeals	G&A-004	Member Education / Notification Requirements	Outlines the process on our member notification requirements, with include education on how to file a grievance.	No change, annual review			X
41	Grievances & Appeals	G&A-005	Expedited Review of Urgent Grievances	Outlines our process for processing expedited grievances.	No change, annual review			X
42	Grievances & Appeals	G&A- 006	Independent Medical Review	Outlines the member's process when requesting an independent medical review when their healthcare services have been denied, modified or delayed by the Plan or a contracted provider	No change, annual review			X
43	Grievances & Appeals	G&A- 007	State Fair Hearing	Outlines the process for members to request a State Fair Hearing when issuing a Notice of Appeal Resolution (NAR) indicating the request was upheld	No change, annual review			X
44	Grievances & Appeals	G&A- 008	Adverse Benefit Determination Appeals Process	Outlines the process for resolving appeals of adverse benefit determinations.	Language regarding timely filing and written consent was updated to handle the appeal as a grievance if requirements to handle as an appeal are not met.	X		
45	Grievances & Appeals	G&A- 009	Provider Grievances	Outlines the formal process to accept, acknowledge, and resolve provider grievances	Retiring due to provider grievance language being removed from our current DHCS contract	X		
46	Grievances & Appeals	G&A- 010	Medi-Cal Rx	Outlines the process for addressing member grievances and appeals related to pharmacy for Medi-Cal members	No change, annual review			X

Policy Procedures Summary of Changes

47	Grievances & Appeals	G&A- 011	UM Appeals System Controls	Outlines the UM appeals system process and control to protect data from being altered outside of prscribed protocols	No change, annual review			X
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Voting Item: Approval of Committee Meeting Minutes

- • QIHEC: 8/16/2024
- • CLSS: 8/28/2024
- • A&A: 9/04/2024
- • CAC: 6/13/2024
- • UMC: 8/30/2024 & 9/27/2024

The complete Minutes packet
has been sent to the committee
via email.

Voting Item: Provider Manual

Daryl Crowder
Cecilia Gomez

The complete Provider Manual has been sent to the committee via email.

Voting Item: Cultural & Linguistic Services

Mao Moua

- Cultural and Linguistic Services Program Description
- Availability of Practitioners to Meet the Cultural Needs and Preferences of Alliance Members

The complete document has been sent to the committee via email.

Cultural and Linguistic Services Program Description

M. Moua

▷ Background:

- ▶ Updates made to meet NCQA Health Equity 5A-Culturally and Linguistically Appropriate Services Programs.
- ▶ Show how the Alliance involves members of culturally diverse community.

▷ Updates:

- ▶ Added language to highlight inclusivity in decision-making and diverse perspectives.
- ▶ Expanded on make-up of Community Advisory Committee (CAC) membership.

Availability of Practitioners to Meet the Cultural Needs and Preferences of Members/Net 1A Report Update

M. Moua

BACKGROUND/UPDATES

- ▶ Background: Updated **Member Culture** section.
- ▶ Updates:
 - ▶ Added external studies on cultural traits of top four (4) ethnic groups in Alameda County: Hispanic, African American, Chinese and Pacific Islander.
 - ▶ Included Pew Research Center data on religious beliefs in the San Francisco metro area.



LTC

Kimberly Glasby

Director, Long Term Services & Support

11/01/2024

Overview

- ▶ Membership
- ▶ Turnaround Times (TAT)
- ▶ Admissions
 - ▶ Average Length of Stay (ALOS)
 - ▶ Admits
 - ▶ Days
 - ▶ Readmissions
- ▶ In Network vs Out of Network
- ▶ ED Visits
- ▶ Discharges

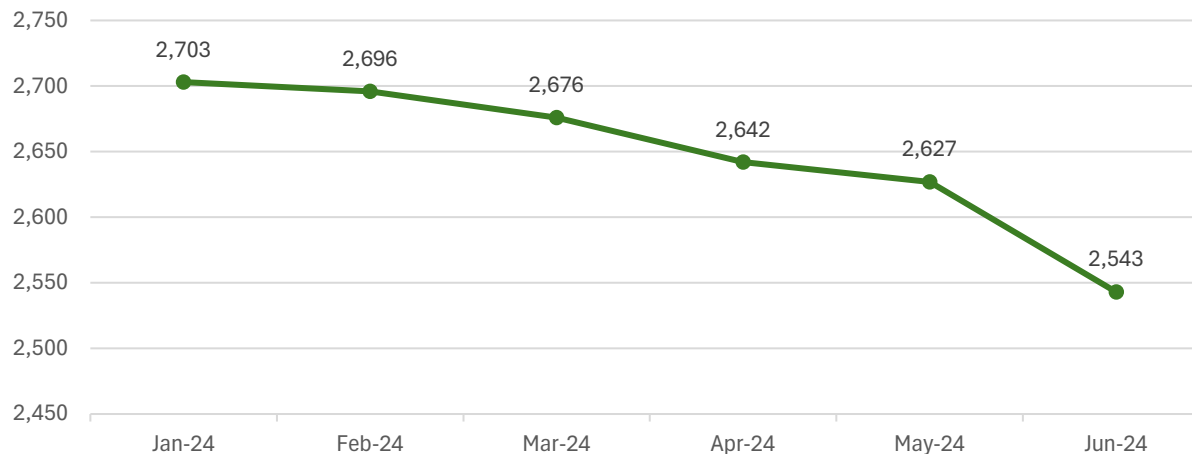
LTC Membership

	January 2024	February 2024	March 2024	Q1 2024 (Average)
Membership	2,703	2,696	2,676	2,692

	April 2024	May 2024	June 2024	Q2 2024 (Average)
Membership	2,642	2,627	2,543	2,604

**point-in-time data only; will be updated at next quarterly report to account for claims lag*

LTC Membership
 Q1 & Q2 2024



LTC TAT

	January 2024	February 2024	March 2024	Q1 2024 (Average)
Medi-Cal	95%	96%	96%	96%
Goal	95%	95%	95%	95%

	April 2024	May 2024	June 2024	Q2 2024 (Average)
Medi-Cal	98%	97%	97%	97%
Goal	95%	95%	95%	95%

LTC Admissions

	January 2024	February 2024	March 2024	Q1 2024 (Average)
Average Length of Stay (ALOS)	15.1	10.4	7.8	11.1
Admits	193	147	146	162
Days	2,907	1,523	1,142	1,857
Re-admissions	59	30	36	42

	April 2024	May 2024	June 2024	Q2 2024 (Average)
Average Length of Stay (ALOS)	7.8	6.1	6.0	6.6
Admits	134	133	99	122
Days	1,043	813	592	816
Re-admissions	39	34	34	36

**point-in-time data only; will be updated at next quarterly report to account for claims lag*

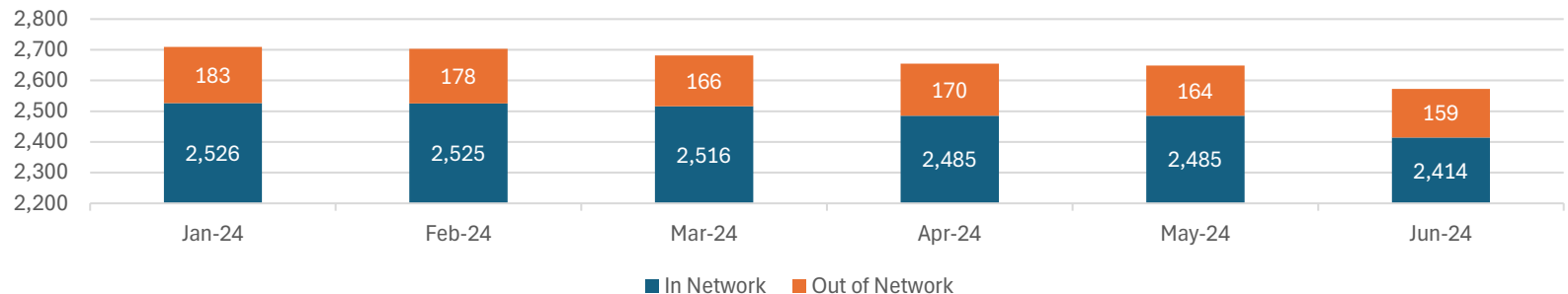
In Network vs Out Of Network

	January 2024	February 2024	March 2024	Q1 2024 (Average)
In Network	2,526	2,525	2,516	2,522
Out of Network	183	178	166	176

	April 2024	May 2024	June 2024	Q2 2024 (Average)
In Network	2,485	2,485	2,414	2,461
Out of Network	170	164	159	164

**point-in-time data only; will be updated at next quarterly report to account for claims lag*

INN vs OON
Q1 & Q2 2024

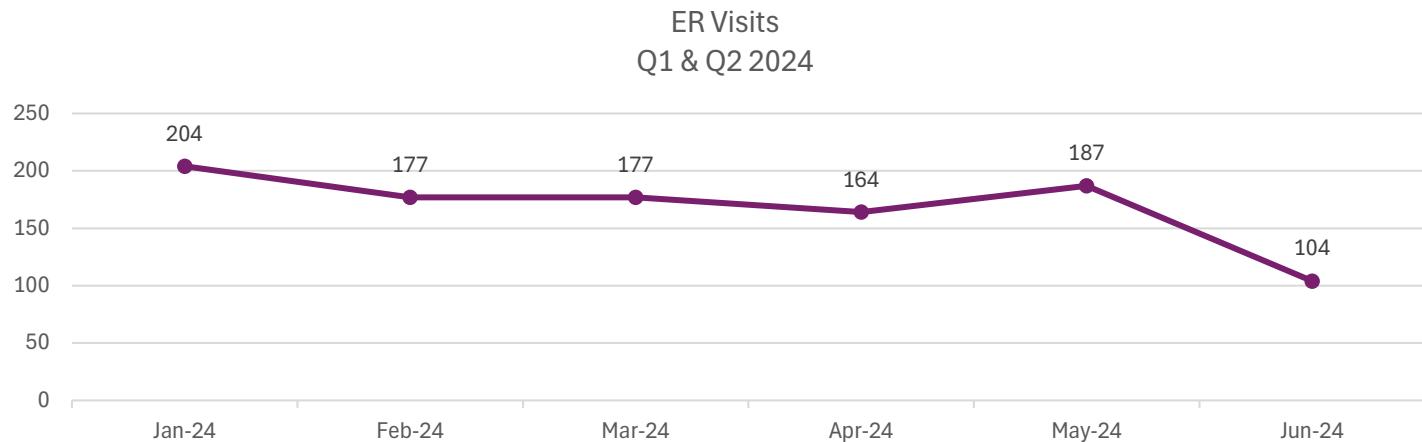


Emergency Room

	January 2024	February 2024	March 2024	Q1 2024 (Average)
ER visits	204	177	177	186

	April 2024	May 2024	June 2024	Q2 2024 (Average)
ER visits	164	187	104	152

**point-in-time data only; will be updated at next quarterly report to account for claims lag*



LTC Discharges to LLC

	January 2024	February 2024	March 2024	Q1 2024 (Average)
Assisted Living	2	2	2	2
Board & Care	1	6	4	4
Home	12	14	9	12
Home w/ Home Health	5	5	12	7

	April 2024	May 2024	June 2024	Q2 2024 (Average)
Assisted Living	2	2	2	2
Board & Care	5	2	2	3
Home	11	15	5	10
Home w/ Home Health	8	2	4	5

Thanks!

Questions?

You can contact me at:

 kglasby@alamedaalliance.org

Initial Health Appointment Audit

Christine Rattray

Initial Health Assessment (IHA) Audit

Q3 2024

Goal (Plan)

- To validate the completion of the eligible population's IHA within 120 days of assignment
- Targeted Population:
 - Members newly enrolled with AAH during the measurement period.
 - Excludes members who completed an IHA within 12 month prior to enrollment.
 - Requires a minimum of 2 documented outreach attempts.

Desired Outcomes:

- Improve the percentage of completed IHAs for newly enrolled members to ensure optimal care for Alliance members.

Interventions (Do)

- Reviewed a total of 30 records from the measurement period **10/1/2023 – 05/31/2024**
- Indicator 1:** Of the **30** charts reviewed, **25** Initial Health Appointments were completed.
- Indicator 2:** Of the **30** charts reviewed, **14** were found to be Initial Health Assessment compliant.
 - Comprehensive Health History - Physical
 - Comprehensive Health History - Mental
 - Identification of Risk
 - Assessment of need for Preventive screens or services
 - Health Education
 - Diagnosis and Plan of Care
- Indicator 3:** Of the 30 charts reviewed, 16 Provider Educational letters were issued due to non-compliant medical record review.

Issues/Risks(Study)

- Study IVR call process
- Risk Per individual age group: ETOH/Drug Disorder, Tobacco Use, BH Counseling, Depression, Fluoride Varnish, Hearing, Vision, Blood Lead Screening and/or follow-up intervention.

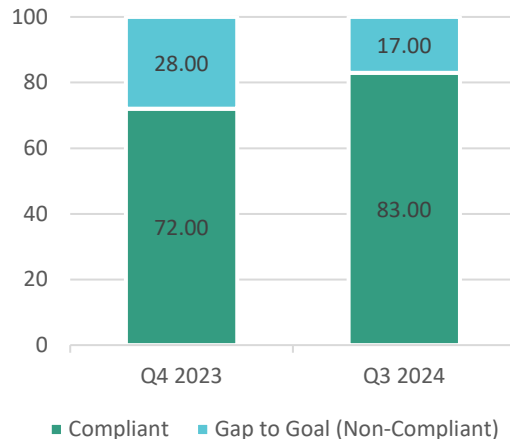
Barriers to Audit Completion

- Failure to respond to medical record request
- Untimely response to medical record request
- Lack of provider/office staff follow-up
- Incomplete documentation of IHA categories

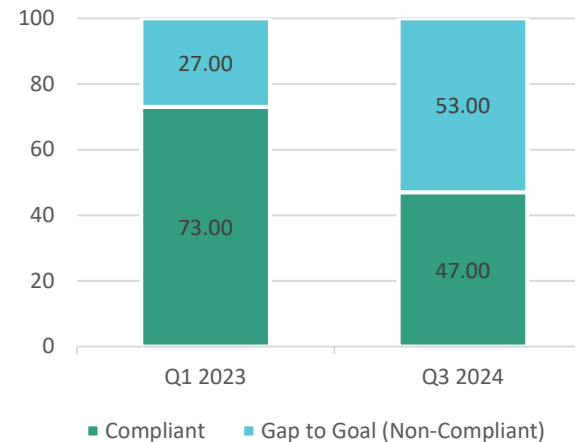
Changes (Act)

- Adhere to medical record request and CAP escalation timeline.
- Provider reeducation of the Initial Health Appointment/Assessment requirements via the CAP process.
- Consider a new approach to provider education.

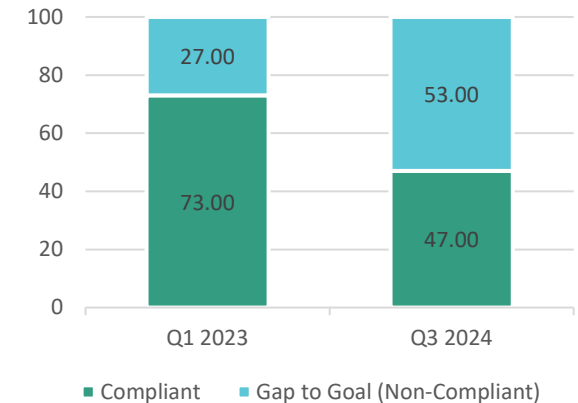
Indicator 1 – Completion of Initial Health Appointment



Indicator 2 – Initial Health Assessment Compliance



Indicator 3 - % Provider Educational letters Issued Due To Non-Compliant MR Review



IHA Measurement Period:

10/1/2023 – 05/31/2024

Audit Completion Date:

10/8/2024

Next Data Extraction:

TBD

Population :

30 records received

Pay for Performance

Farashta Zainal

Michelle Stott



2024 Pay For Performance (P4P)

QIHEC

11/15/24

Quality Investment

Status Update

1. Provider Engagement

- **P4P: Increased funding**
- **Provider Recruitment Incentive launched**

2. Member Engagement

- **2 FTEs QI Engagement Coordinators hired** - telephonic outreach on care gap lists
- Integrate HEDIS in care management platform (FY 2025) – in progress

3. Data collection & sharing

- Funding to support Manifest MedEx: **3 participating providers**

4. Funding/Resources

- QI/Performance Improvement Projects: **2 FTEs QI Project Specialists hired (Pediatrics, BH)**
- Practice coaching consultants/training:
 - **3 providers participating: Roots, AHS, and Baywell (formerly West Oakland)**
 - **Documentation & coding webinar (60 attendees)**

5. Organizational Alignment

- Coordinated campaigns:
 - **Children's campaign launched**

MY 2023 P4P Rates

Measure Desc	MY 2022 MCAL 50 th Admin Percentile (MPL)*	2023			
		EP	Num	Admin Rate	Hybrid Rate
Breast Cancer Screening	50.95%	20,452	11,525	59.59%	
Cervical Cancer Screening	53.28%	74,568	39,076	58.33%	60.58%
Childhood Immunization Status - Combo 10	30.90%	3,985	1,515	41.24%	45.74
HbA1c Poor Control (>9.0%)	31.87%	16,153	6,393	32.46%	30.37%
Immunizations for Adolescents - Combo 2	33.33%	5,358	2,625	49.27%	47.69%
Lead Screening in Children	63.26%	3,996	2,355	60.78%	61.31%
Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits	65.83%	3,921	2,770	58.67%	
Well-Child Visits in the First 15 Months of Life - 6 or More Visits	55.72%	1,531	817	74.03%	
Child and Adolescent Well-Care Visits	48.93%	97,081	46,469	56.30%	

MY 2023 Pay For Performance Payouts Summary

Year	Pool Dollars	% of Pool Dollars Earned	Dollars Left Behind
2023	\$6,000,000.00	44.67%	2,680,192.39
2022	\$5,000,000.00	39.95%	\$3,021,153.94
2021	\$4,000,000.00	44.57%	\$2,217,007.48
2020	\$4,600,000.00	48.37%	\$2,375,083.34

Areas of Opportunity for Greater Earnings

- Improve measures rates to meet the 75th percentile.
- Work with high volume/low performing providers to make quality improvements.
- Make improvements on non-HEDIS measures
 - ED visits per 1000
 - Member satisfaction survey – urgent / non-urgent appointments
 - PCP visits per 1000
 - Readmission rates

MY 2025 P4P HEDIS Metrics

Childhood Measures
Well-Child Visits in the First 15 Months of Life: Six or More Visits (W30)
Well-Child Visits in the First 30 Months of Life: Two or More Visits (W30)
Child and Adolescent Well-Care Visits (WCV)
Childhood Immunizations: Combo 10 (CIS)
Immunizations for Adolescents: Combo 2 (IMA)
Lead Screening in Children (LSC)

Behavioral Health
Follow-up After ED Visit for Mental Illness (FUM) - 30 day
Cancer Screening
Breast Cancer Screening (BCS)
Cervical Cancer Screening (CCS)
Colorectal Cancer Screening (COL-E)*
Chronic Disease
Hemoglobin A1c Poor Control (> 9%) For Diabetics (HBD)
Controlling High Blood Pressure (<140/90) (CBP)

MY 2024 P4P Non HEDIS Metrics

Access
CG-CAHPS Non-Urgent Appt
CG-CAHPS Urgent Appt
Preventative Care
Percentage of acute hospital stay discharges which had follow-up ambulatory visit within 7 days post hospital discharge (PHM/IPP measure)
Initial Health Appointment (IHA)

Monitoring Measures

Avoidable ED visits per 1000 (Using the ED Visit Types per Johns Hopkins of either "Emergent, primary care treatable" or "Non-emergent.")

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E): The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Topical Fluoride for Children (TFL): Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year.

Any non-utilizer that did not receive services in the last 12 months receive a PCP visit in the measurement year

Additional Measures

- ▶ Manifest Medex Health Information Exchange (HIE) Participation
 - ▶ Participation in the Manifest HIE with continuous data submission throughout the measurement year.

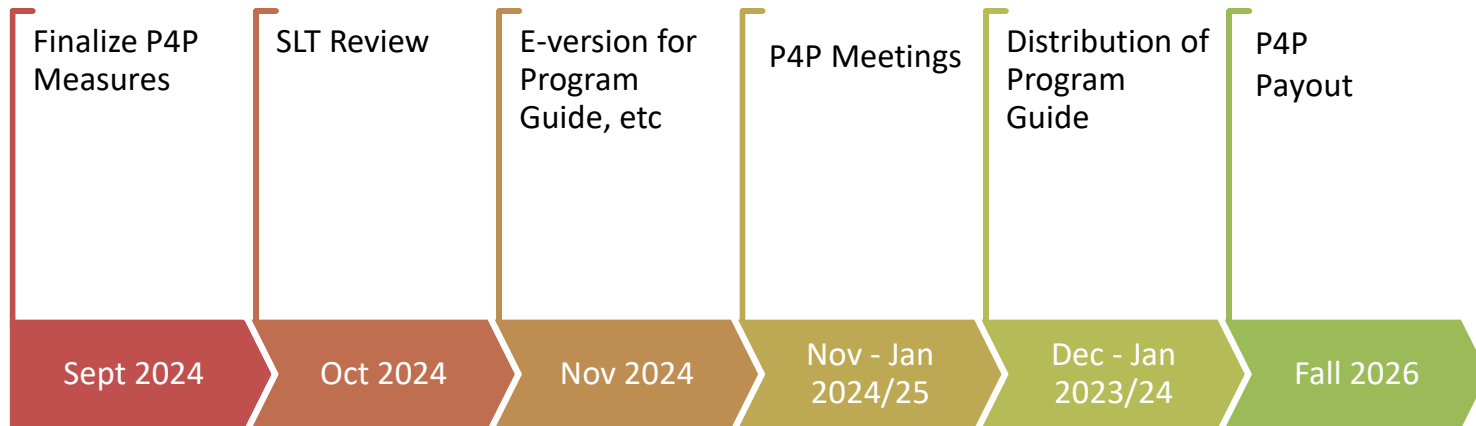
Member at the end of the Measurement Year	15-999	1000-4999	5000-14999	15000+
New Participant	\$ 2,000	\$ 3,000	\$ 5,000	\$ 10,000
Ongoing Participant	\$ 1,000	\$ 1,500	\$ 2,500	\$ 5,000

P4P Performance as of Oct 2024

MCAL + Group Care Combined

Measure	Measure Desc	MY 2023 MCAL 50th Admin Percentile (MPL)*	MY 2023 MCAL 50th Hybrid Percentile (MPL)*	MY 2023 MCAL 75th Admin Percentile	MY 2023 MCAL 75th Hybrid Percentile	202410		
						EP	Num	Rate
BCSE	Breast Cancer Screening - ECDS	52.60%	N/A	57.48%	N/A	18,217	10,380	56.98%
CBP	Controlling High Blood Pressure	32.85%	61.31%	45.26%	67.27%	21,096	10,059	47.68%
CCS	Cervical Cancer Screening	52.55%	57.11%	57.30%	61.80%	78,285	35,635	45.52%
CIS	Childhood Immunization Status - Combo 10	26.76%	30.90%	34.31%	37.64%	3,056	1,023	33.48%
COLE	Colorectal Cancer Screening - ECDS	N/A	N/A	N/A	N/A	43,123	17,837	41.36%
DEV	Developmental Screening in the First Three Years of Life Total	34.70%	N/A	N/A	N/A	7,199	4,220	58.62%
DSFE1	Depression Screening and Follow-Up on Positive Screen for Adolescents and Adults - Screening	0.45%	N/A	2.45%	N/A	196,222	43,536	22.19%
DSFE2	Depression Screening and Follow-Up on Positive Screen for Adolescents and Adults - Follow-Up	75.11%	N/A	82.74%	N/A	5,714	4,246	74.31%
GSD2	Glycemic Status >9.0%	30.41%	37.96%	24.82%	33.45%	17,992	7,297	40.56%
HBD	HbA1c Poor Control (>9.0%)	30.41%	37.96%	24.82%	33.45%	18,594	7,683	41.32%
IMA	Immunizations for Adolescents - Combo 2	33.31%	34.31%	39.66%	40.88%	3,848	1,765	45.87%
LSC	Lead Screening in Children	61.54%	62.79%	68.37%	70.07%	3,066	2,022	65.95%
TFLCH1	Topical Fluoride for Children Rate1 - dental or oral health services	19.30%	N/A	N/A	N/A	93,989	3,021	3.21%
W30	Well-Child Visits in the First 15 Months of Life - 6 or More Visits	58.38%	N/A	63.34%	N/A	1,245	748	60.08%
W30	Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits	66.76%	N/A	71.35%	N/A	2,840	2,174	76.55%
WCV	Child and Adolescent Well-Care Visits	48.07%	N/A	55.08%	N/A	90,515	37,842	41.81%

Timeline



Questions?

Access & Availability Update

Loc Tran

Mao Moua

Cecilia Gomez

CAHPS MY2023

CAHPS Survey Methodology

- ▶ Survey fielded Using a Mail and Phone survey methodology, per NCQA protocol. AAH vendor PG Analytics collected valid surveys from each eligible member population from February – May 2024
 - ▶ Medicaid Child-parent of those 17 years and younger (as of Dec. 31st of the measurement year).
 - ▶ Medicaid Adult-18 years and older (as of Dec. 31st of the measurement year).
 - ▶ Continuously enrolled in the plan for at least five of the last six months of the measurement year.
 - ▶ Commercial Adult-Continuously enrolled in the plan, allowing for one gap of up to 45 days during the measurement year.

	Medicaid Adult		Commercial Adult		Medicaid Child	
	MY 2022	MY 2023	MY 2022	MY 2023	MY 2022	MY 2023
Number of Valid Survey Collected	155	181	215	185	251	323
Response Rate	11.7%	13.6%	20.0%	17.6%	12.3%	15.8%
PG Response Rate	11.5%	11.1%	11.6%	10.3%	9.9%	9.4%

Key:

Increase from 2022

Decrease from 2022

Medi-Cal Child Trended Survey Results

▶ Getting Care Quickly: 9th QC Percentile

- ▶ Urgent Appointment (n=77): **80.5%**
- ▶ Non-Urgent Appointment (n=188): **76.1%**
 - Above plan score: Ages 0-13; White/African American/Hispanic
 - Below plan score: Ages 14 or older; Asian/Native Hawaiian/American Indian

▶ Getting Needed Care: 12th QC Percentile

- ▶ Getting Care, Test, or Treatment (n=166): **84.9%**
- ▶ Getting Specialist Appointment (n=65): **67.7%**
 - Above plan score: Males (+3%); Ages 0-4; White/Hispanic
 - Below plan score: Females (-2%); Ages 9-13; Other

Summary Rate Scores: Medi-Cal Child			
	2023 QC%	MY2023	MY2022
Getting Care Quickly (% Always or Usually)	85.5%	78.3%	73.0%
Getting Needed Care (% Always or Usually)	82.7%	76.3%	79.2%

Medi-Cal Adult Trended Survey Results

▶ Getting Care Quickly: 17th QC Percentile

- ▶ Urgent Appointment (n=56): **76.8%**
- ▶ Non-Urgent Appointment (n=100): **73.0%**
 - Above plan score: Females (+2%); White/African American
 - Below plan score: Males (-1%); Asian/Hispanic/Other

▶ Getting Needed Care: 5th QC Percentile

- ▶ Getting Care, Test, or Treatment (n=95): **83.3%**
- ▶ Getting Specialist Appointment (n=69): **63.8%**
 - Above plan score: Females (+2%); Ages 35-44; White/Hispanic
 - Below plan score: Males (-3%); Ages 18-34; Asian/Other

Summary Rate Scores: Medi-Cal Adult			
	2023 QC%	MY2023	MY2022
Getting Care Quickly (% Always or Usually)	80.4%	74.9%	72.9%
Getting Needed Care (% Always or Usually)	81.0%	73.6%	75.2%

Commercial Trended Survey Results

- ▷ **Getting Care Quickly: <5th QC Percentile**
 - ▶ **Urgent Appointment (n=56): 76.8%**
 - ▶ **Non-Urgent Appointment (n=126): 53.2%**
 - Above plan score: Ages 55 or older; White/African American/Hispanic
 - Below plan score: Asian

- ▷ **Getting Needed Care: <5th QC Percentile**
 - ▶ **Getting Care, Test, or Treatment (n=137): 69.6%**
 - ▶ **Getting Specialist Appointment (n=91): 72.5%**
 - Above plan score: Females (+2%); White/African American/Hispanic
 - Below plan score: Males (-5%); Ages 55 or older; Asian

Summary Rate Scores: Commercial Adult			
	2023 QC%	MY2023	MY2022
Getting Care Quickly (% Always or Usually)	80.0%	65.0%	56.0%
Getting Needed Care (% Always or Usually)	81.9%	71.1%	72.0%

CAHPS Summary

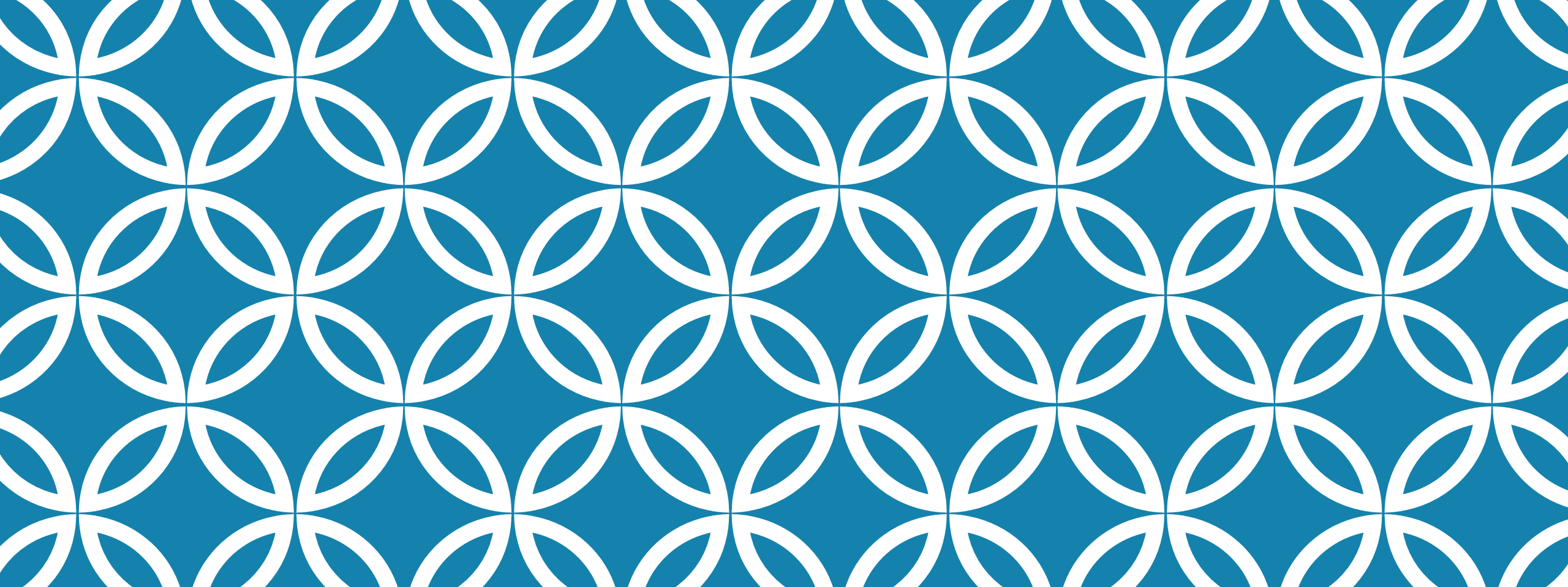
▷ Results

- ▶ Improvement on rating for Getting Care Quickly, especially for the commercial LOB.
- ▶ Female members rate us above the plan average score compared to male members.
- ▶ Asian population rate us below the plan average score for Getting Care Quickly and Getting Needed Care.

▷ Next steps

- ▶ Ongoing provider education and onsite office visits to provider not meeting Timely Access year over year.
- ▶ Encourage/Support provider in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or follow up care.
- ▶ Access related measure included on P4P.
- ▶ Provider incentives to extend office hours, provider recruitment/retention grant, focusing on improving access to care.
- ▶ Member facing document regarding alternative access (e.g., urgent care, telehealth, after hour/weekend clinics).

Questions?



Q1 – Q4 2023 CG-CAHPS

11/15/2024 QIHEC

Q3 2023 – Q2 2024 CLINICIAN & GROUP CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CG-CAHPS) - PCP

In-Office Wait Time

See provider within 60 minutes at an 80% compliance threshold goal

Q3 2023	Q4 2023	Q1 2024	Q2 2024
94.0%	92.0%	91.8%	91.7%

Call Return Time

Return calls within 1 Business Day at an 70% compliance threshold goal

Q3 2023	Q4 2023	Q1 2024	Q2 2024
75.8%	75.2%	74.1%	72%

Time to Answer Call

Answer calls within 10 minutes at an 70% compliance threshold goal

Q3 2023	Q4 2023	Q1 2024	Q2 2024
75.3%	72.2%	71.5%	76.1%

Q2 2024 CLINICIAN & GROUP CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CG-CAHPS) - BH

In-Office Wait Time

See provider within 60 minutes at an 80% compliance threshold goal

Q2 2024

94%

Call Return Time

Return calls within 1 Business Day at an 70% compliance threshold goal

Q2 2024

72%

Time to Answer Call

Answer calls within 10 minutes at an 70% compliance threshold goal

Q2 2024

80%

Non-Life-Threatening Emergency Appointment

Answer calls within 10 minutes at an 80% compliance threshold goal

Q2 2024

84%

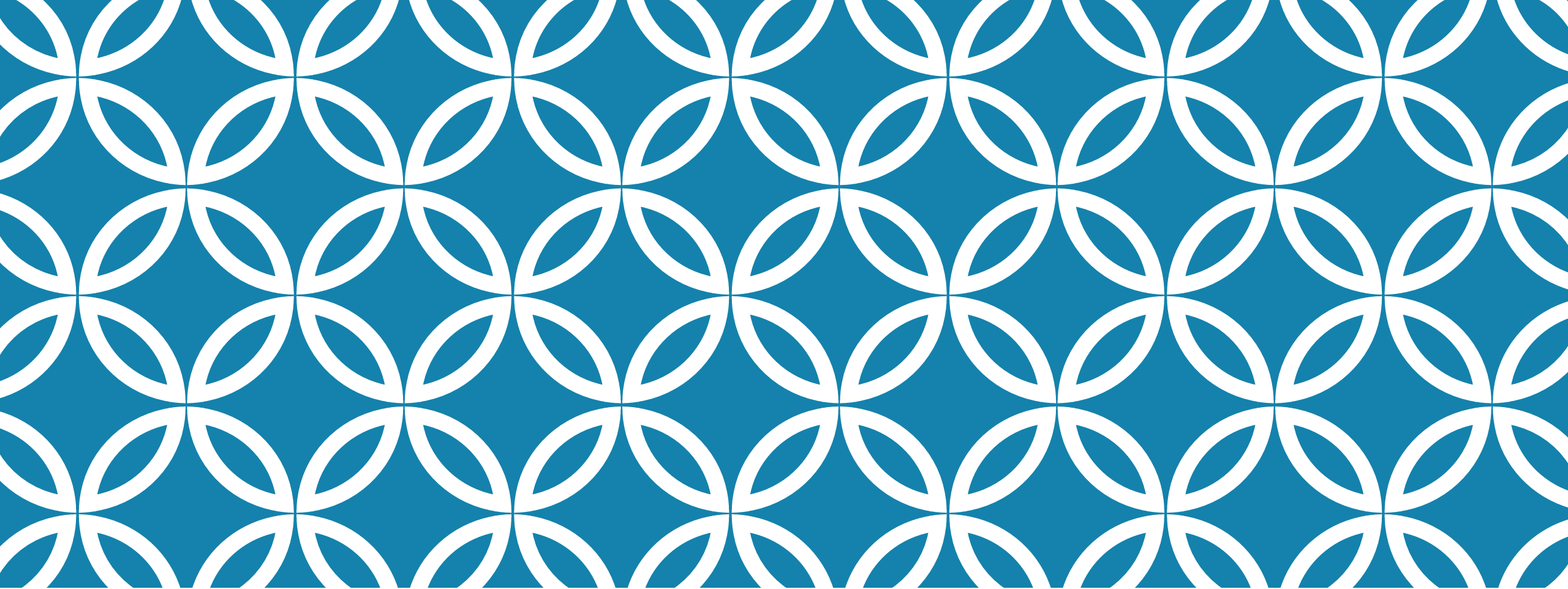
NEXT STEPS:

1) Educate our Provider network through

- Providers Orientation
- Send out biweekly faxblast 2 months prior up to the survey period
- Timely Access Standard information were included in provider quarterly packet
- Virtual/Onsite visits to provider not meeting Timely Access year over year
- Timely Access to Care training with Delegate/ICP

2) CAPs for non-compliant and non-responsive

3) Provide incentives to extend office hours, focusing on improving access to care



QUESTIONS?



Timely Access Requirement (TAR) Survey

Mao Moua

▷ **Background:**

- ▶ Meets DMHC requirement, California Timely Access to Non-Emergency Health Care Services and Annual Timely Access and Network Reporting Requirements and performing related quality improvement
- ▶ Completed Annually

▷ **Purpose:**

Obtain enrollees' perspectives and concerns regarding their experience obtaining timely appointments and interpreter services for health care services.

Inform enrollees of their right to obtain and receive interpreter services

Evaluate the experience and satisfaction of Limited English Proficient (LEP) enrollees



▷ **Questionnaire**

- ▶ Administered by vendor, Press Ganey
- ▶ Surveyed offered in 15 foreign languages and English for both adult and child members
- ▶ Data collection: surveys were completed via email or online

▷ **Sample Design**

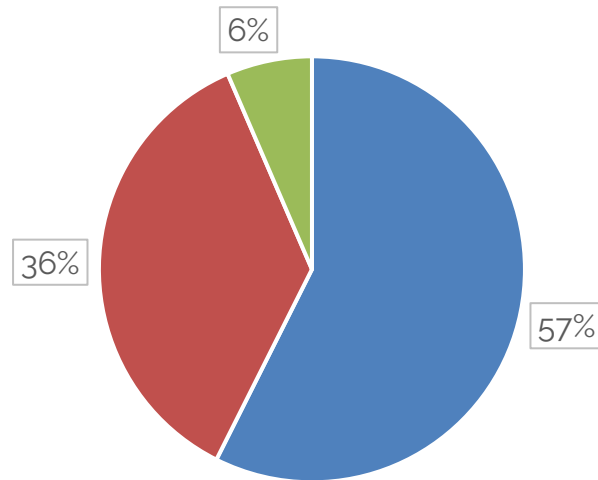
Sample Source		
	Adult	Child
Number Eligible AAH Members	3,200	2,000

Sample Size and Response Rate		
	Adult	Child
Number Completed Surveys	114	94
Response Rate	4%	5%

RESULTS: ADULT AND CHILD

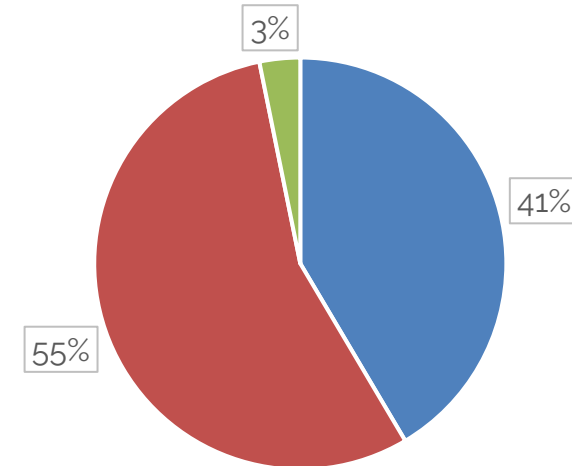
Needed an interpreter to speak with your child's doctor or other health care providers in the past 12 months.

Adult



■ Yes ■ No ■ Unsure

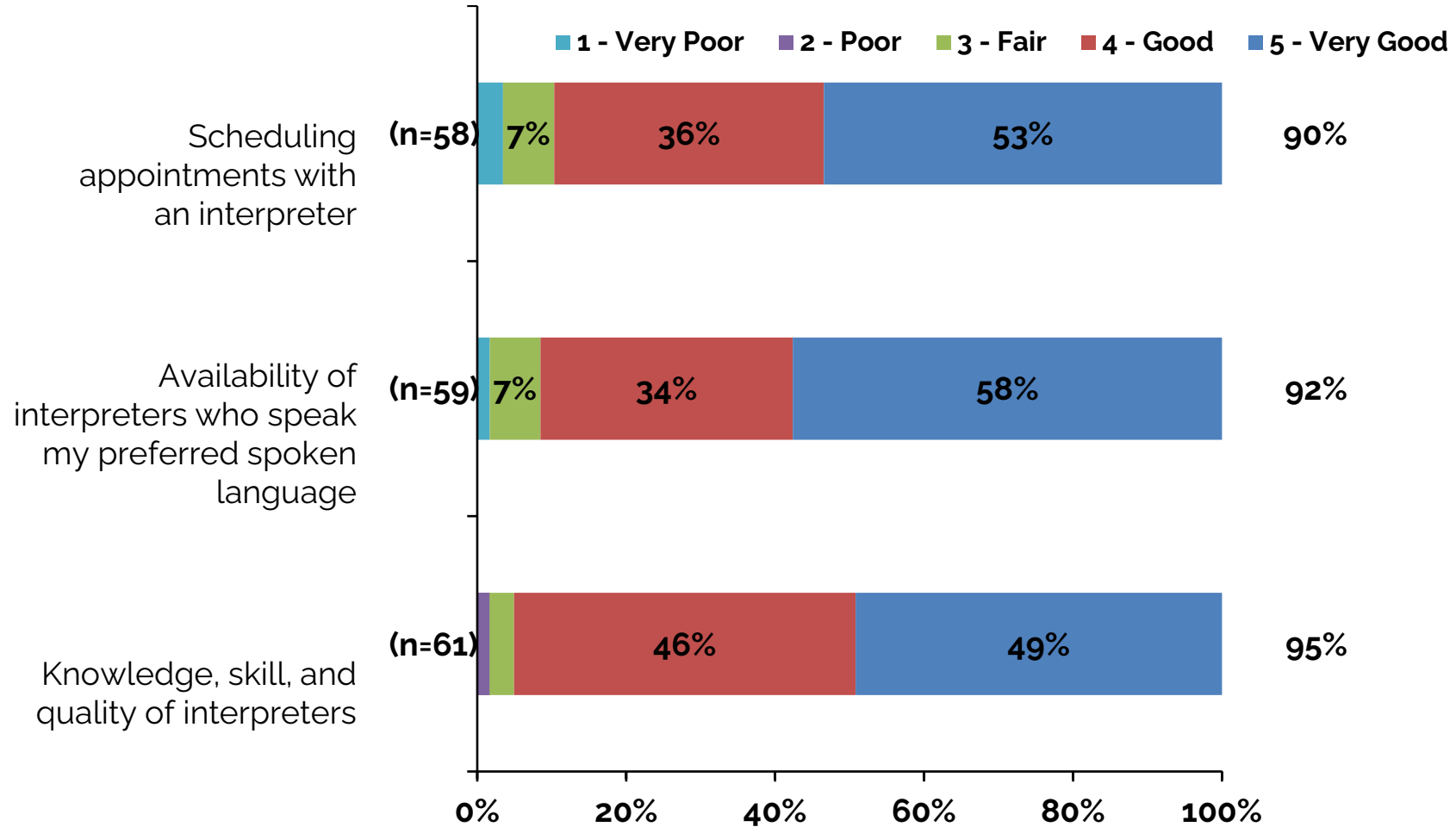
Child



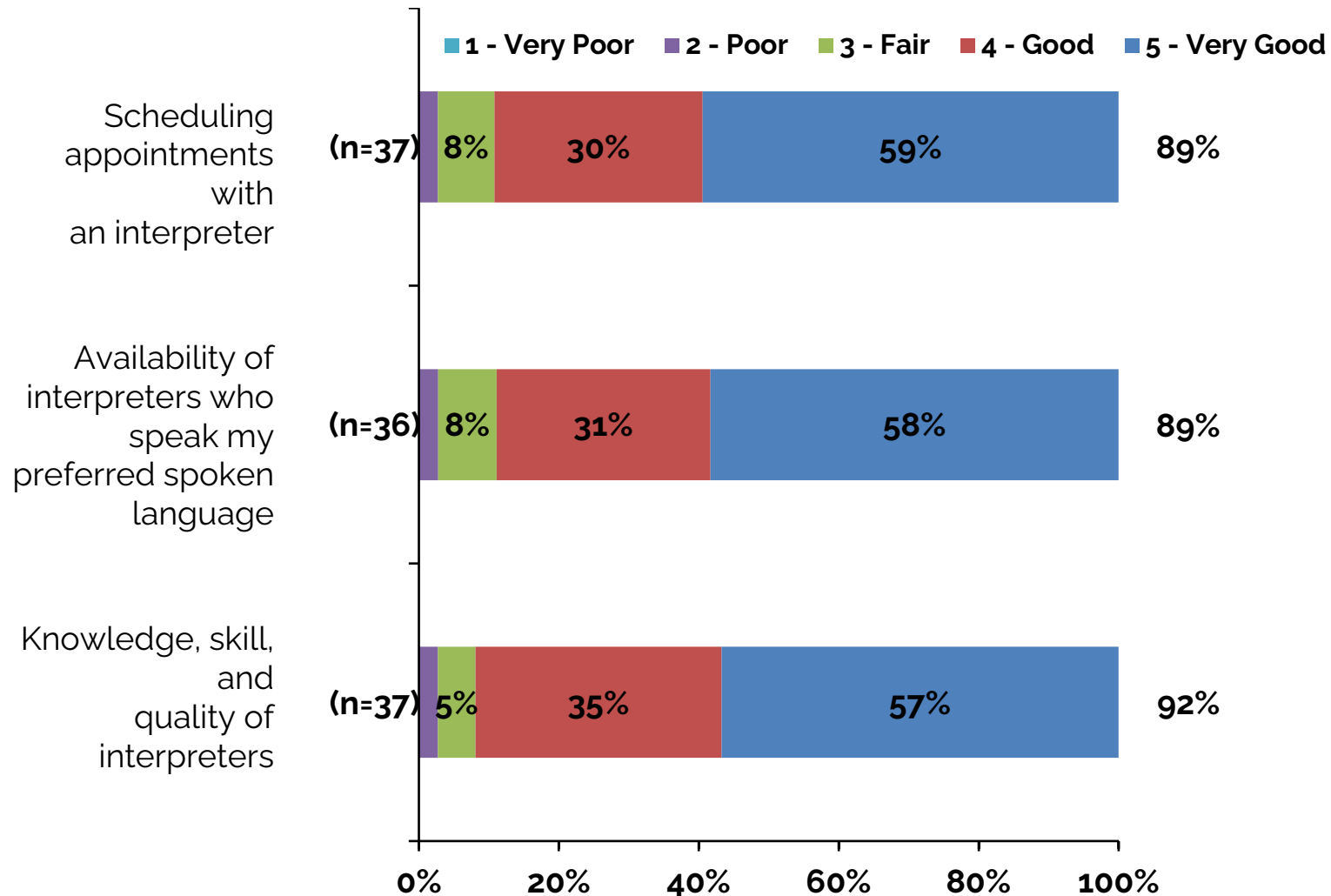
■ Yes ■ No ■ Unsure

Ratings of interpreter services

(% Very good / Good)



Ratings of interpreter services (% Very good / Good)



CONCLUSIONS

- ▶ No comparative data available due to first year fielding survey
- ▶ Not sufficient data to draw reasonable conclusions for the low response rate for both adult and child
 - ▶ Ideas to increase response rate:
 - Field survey earlier in the year
 - Increase data collection period

Provider Satisfaction Survey



2023 Results



Outreach Timeline & Methodology

- Survey fielded from September through November of 2023 with a 13% response rate.
 - 9/11/2023 questionnaire mailed
 - 10/10/2023 second questionnaire mailed
 - 10/31/2023 follow up calls for non-responders began
 - 11/21/2023 – Last day to complete survey
- Largest response from BH providers = 24%. QI increased sample size for BH to gain insight.

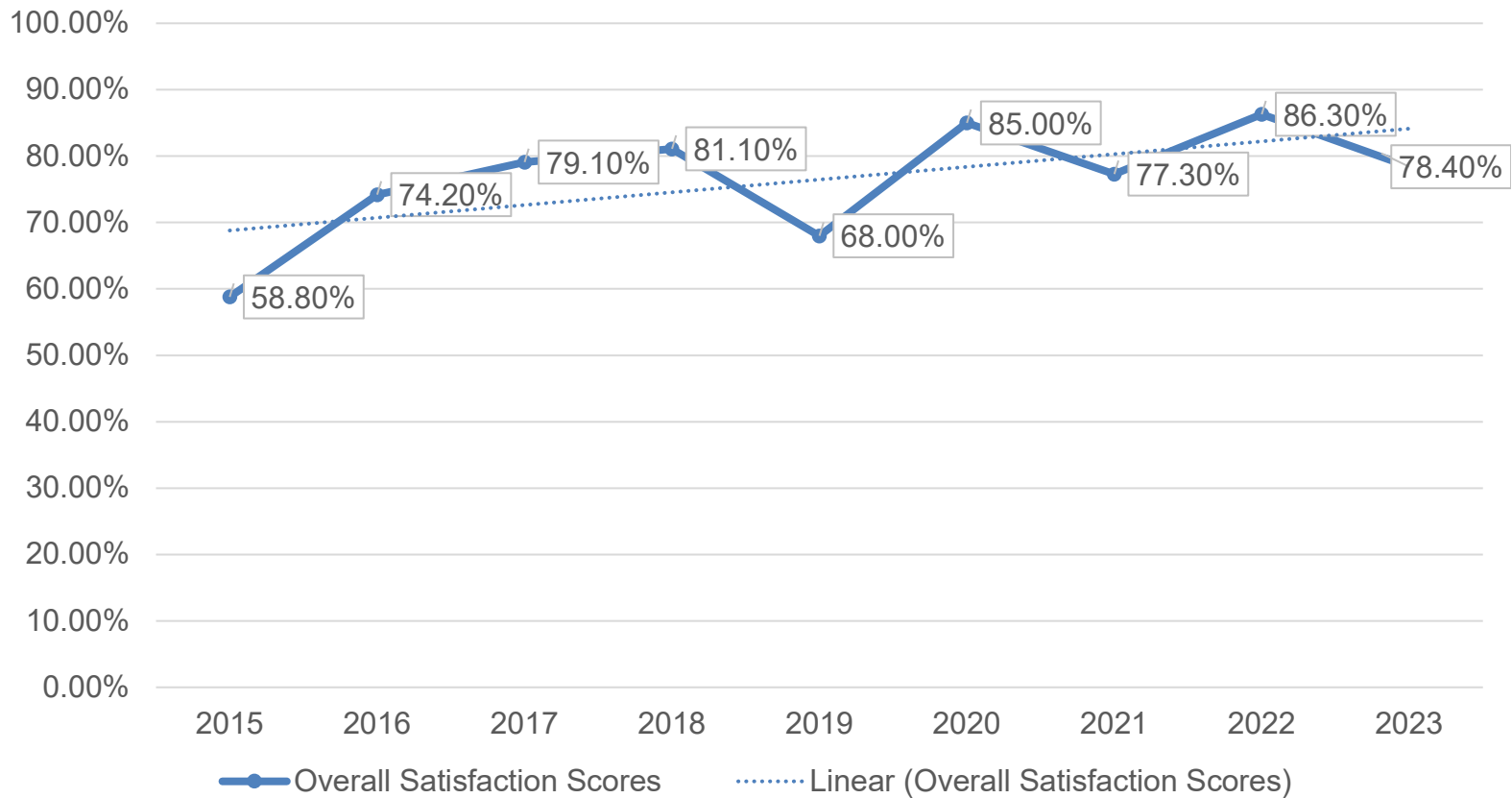
2023 RESPONSE RATES

Provider type	Sample size	Completed surveys				Response rates	
		Mail	Phone	Internet	Total	2023	2022
PCP	403	24	5	10	39	9.7%	8.7%
Specialist	329	31	7	10	48	14.6%	14.5%
Behavioral Health	183	21	4	19	44	24.0%	28.4%
Total	915	76	16	39	131	14.3%	13.0%

$$\text{Response Rate} = \frac{\text{Completed surveys}}{\text{Sample size}}$$

Overall Satisfaction Trend 2015-2023

Overall Satisfaction Scores



Provider Satisfaction Composite Score

Composite	MY 2023 Result	Variance Compared to Previous Year	Variance Compared to SPH Commercial Benchmark BoB/Aggregate	MY 2022 Result	MY 2021 Result
Overall Satisfaction	78.4%	Lower	Significantly Higher	86.3%	77.3%
All Other Plans (Comparative Rating)	55.3%	Higher	Significantly Higher	53.5%	50.0%
Finance Issues (Claims)	49%	Higher	Significantly Higher	44.3%	44.5%
Utilization and Quality Management	47.5%	Lower	Significantly Higher	50.6%	45.3%
*Network/Coordination of Care	41.7%	Higher	N/A	31.2%	37.6%
Health Plan Call Center Service Staff	49.2%	Lower	Significantly Higher	51.3%	54.0%
Provider Relations	62.7%	Higher	Significantly Higher	56.7%	63.5%

*No SPH benchmark

Key Findings – What We Do Well

▷ Finance/Claims

- ▶ Score in 2022 was 44.3% and increased to 49% in 2023
- ▶ Competitive rates for BH/ABA
- ▶ Portal enhancement in 2023 allowed for electronic claim submission for professional claims & quicker processing of claims

▷ Network and Coordination

- ▶ Score in 2022 was 31.2% and increased to 41.7% in 2023
- ▶ Increase in satisfaction with the # of specialist in the network
- ▶ BH insourcing from Beacon to AAH for administration of MH/ABA benefits

▷ Provider Relations

- ▶ Score in 2022 was 56.7% and increased to 62.7% in 2023
- ▶ AAH has dedicated PR Reps compared to Beacon
- ▶ Feedback from providers indicate they like having a person to email/communicate with versus submitting via portal or general inbox

Key Findings – Opportunities

- ▶ Overall score decreased
 - ▶ Score in 2022 was 86.3% and decreased to 78.4% in 2023
 - ▶ QI increased the sample size to include more BH providers from 81 in 2022 to 266 in 2023.
- ▶ Slight decrease for Provider Call Center satisfaction
 - ▶ Score in 2022 was 51.3% and decreased to 49.2% in 2023
 - ▶ Downward trendline from 2021 to 2023
 - ▶ Multiple points of entry for providers (PS call center, Auth Department, BH Department)
 - ▶ BH: No live queue for providers/dependent on voicemails/returned calls

Key Findings – Opportunities (cont.)

- ▷ Utilization and Quality Management
 - ▶ Access to case/care managers from AAH
- ▷ SPH noted an area of opportunity with response to the *ability to speak with plan medical director about prior authorization decisions*
 - ▶ No SPH benchmark
 - ▶ Information is not available to indicate if results are coming from BH or UM

Conclusions & Next Steps:

- ▶ Overall satisfaction has decreased, however upward trendline remains.
- ▶ *2024 Provider Did You Know* campaign is underway and represents the following departments: Behavioral Health (BH), Claims, Case Management, Provider Services, Utilization Management, Population Health, and Quality.
- ▶ General comments included BH Providers noting that additional time is needed to assess due to the recent insourcing of BH (5 months prior) & challenges with portal forms.
- ▶ The Alliance will monitor to review how the BH transition will impact the 2024 survey results.
- ▶ Goal for 2024 is to increase overall provider satisfaction.

Questions?

Compliance Update

DHCS/DMHC Audit Update

Richard Golfin III

Public Comment

Thank You for Joining Us

Next Meeting: February 14, 2025