ALAMEDA Alliance FOR HEALTH
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# ACCESS AND AVAILABILITY SUBCOMMITTEE

## September 4, 2024

### Teams Conference, 1pm – 2:30pm

| Member Name and Title | Present | Member Name and Title | Present |
|---|---|---|---|
| Dr. Donna Carey, MD, Chief Medical Officer | | Dr. Sanjay Bhatt, Sr. MD, Quality Improvement | X |
| Dr. Beverly Juan, MD, Community Health | X | Dr. Peter Currie, Sr. MD, Behavioral Health | |
| Jessica Pedden, Quality Analytics Manager | | Michelle Stott, Sr. Director of Quality | X |
| Tiffany Cheang, Chief Analytics Officer | X | Gia Degrano, Director, Medical Services | X |
| Cecilia Gomez, Manager, Provider Services | X | Jennifer Karmelich, Director, Quality Assurance | X |
| Christine Rattray, Supervisor, Quality Improvement | X | Darryl Crowder, Director, Provider Services | |
| Donna Ceccanti, Manager, Peer Review and Credentialing | | Linda Ayala, Manager, Health Education | X |
| Bob Hendrix, Project Specialist, Quality Improvement | X | Jamisha Jefferson, Coordinator, Quality Improvement | |
| Homaira Momen, Quality Review Nurse | X | Hellai Momen, Quality Review Nurse | X |
| Richard Golfin III, Chief Compliance Officer | | Marie Broadnax, Manager, Compliance | |
| Lily Hunter, Manager, Case Management | | Dr. Rosalia Mendoza, MD, Utilization Management | X |
| Loc Tran, Manager, Access & Availability | X | Farashta Zainal, Manager, Quality Improvement | X |
| Angela Moses, Quality Review Nurse | X | Allison Lam, Senior Director, Health Care Services | |
| Fiona Quan, Project Specialist, Quality Improvement | X | Judy Rosas, Manager, Member Services | X |
| Heidi Torres, Quality Programs Coordinator | X | Kathy Ebido, Sr. QI Nurse Specialist | X |
| Tanisha Shepard, Project Specialist, Quality Improvement | X | Sophia Noplis, Compliance Auditor | X |
| Mao Moua, Manager, Cultural and Linguistic Services | X | Alma Pena, Grievance & Appeals Manager | X |
| Gil Duran, Manager, Population Health and Equity | X | Kathrine Goodwin, Supervisor, Health Plan Audits | X |
| Carlos Lopez, Manager, Quality Assurance and Regulatory Reporting | | Sarbjit Lal, Project Specialist, Quality Improvement | X |
| Megan Hickman | | Ami Ambu, Project Specialist II, Quality Improvement | |
| Brennan Yu, Quality Improvement Review Specialist | X | Ashley Funiestas | X |
| | X | | X |

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| **I. Welcome/Agenda Review** | L. Tran | The meeting was called to order by L. Tran | N/A | |
| **II. P&P**<br>• **QI-107**<br>• **QI-114**<br>• **QI-116** | L. Tran | Review of 3 polices to be voted on by the Committee.<br>• QI-107 Appointment Access and Availability Standards: Describes how the Alliance implements and maintain procedures for members to obtain appts 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<br>• 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 delegate network.<br>• Q1-116 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.<br>The Committee voted and approved policies. | Voted and approved | |
| **III. MY 2023 CAHPS Survey Summary** | L. Tran | Purpose of this survey is measure how well the Plan meet member's expectations and goals; to determine which areas of services have the greatest effect on members' overall satisfaction; to identify areas of opportunity for improvement.<br>Survey Methodology:<br>• AAH vendor, PG Analytics (Press Ganey), conducted the survey<br>• Survey fielded from February 2024 – May 2024<br>• Using mail and phone survey methodology, per NCQA protocol, PG Analytics collected valid surveys from each eligible member population.<br><br>Per the table shown which shows the response rate for the following:<br>• Medicaid Adult had a slight decrease in response rate MY2023 compared to MY2022<br>• Commercial 2.4% decrease from the previous year<br>• Medicaid Child 3.5% increase compared to the previous year<br><br>For MY2023 Medicaid Child Survey Results, 4 out of 9 measures show a slight decrease from the previous year. Those 4 measures were: Getting Needed Care, How Well Doctor Communicate, Customer Service and Rating of Specialist. Overall we didn't see any significant decrease/increase compared to the previous year. | | |

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| | | • Children ages 0-13 rated us above the plan score while 14 or older rated us below<br>• White/African-American/Hispanic rate us above the plan average score<br>• Asian/Native Hawaiian/American Indian rated us below the pan average score.<br>For Urgent Appointment in terms of member response, member rated roughly 80.5% not much change from the previous year. For non-urgent appointment we see a significant improvement from the previous year at 76.1%.<br>Getting Needed Care, males (+3%) rated us above the plan average score compared to females (-2%). Children ages +-13 rate us below the plan score while 0-4 rate us at above.<br>White/Hispanic/Latino rate us above the plan score. Others rate us below the plan score.<br>For Getting Care, Test or Treatment we scored above at 84.9% and Getting Specialist Appointment we scored we see a significant decrease at 67.7%.<br><br>For Medi-Cal Adult line of business, we see 4 of the 9 measures. 3 of 9 show slight decrease compared to previous years and 1 measure (Coordination of Care) we see a significant decrease compared to the previous years<br>Getting Care Quickly we're in the 17th percentile<br>• Female (+2%) rate us above the plan average score while males rate us (-1%) below plan average score.<br>• White/African American rate us above the plan average score.<br>• Asian/Hispanic/Other ate us below the plan average score.<br><br>For Urgent Appointment we show a slight increase compared to previous years with 76.8% and for Non-urgent appointment we show a slight increase from previous years with 73.0%.<br>Getting Needed Care we are in the 5th QC percentile rank:<br>• Females (+2%) rate us above the plan average score where males rate us (-3%) below plan average.<br>• Members age 35-44 rate us the highest compared to other age groups while 18-34 age range rate us the lowest.<br>• White/Hispanic rate us above the plan average score.<br>• Asian/Other rate us below the plan average score.<br>Getting Care, Test or Treatment there was a significant increase at 83.3%<br>Getting Specialist Appointment there was a significant decrease with 63.8% | | |

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| | | For Commercial Adult line of business, 3 of the 9 measures show a slight decrease compared to the previous year. Those measures were, Getting Needed Care Quickly, Customer Service and Coordination of Care. For Getting Care we are in the 5th percentile.<br>• Members age 55 or older rate us highest compared to other age groups.<br>• White/African-American/Hispanic rate us above the plan average score.<br>• Asian rate us below the plan average score.<br>For Urgent Appointments we see a significant improvement compared to the previous year with 76.8%. However for Non-Urgent Appointment we show a significant decrease from the previous year with 53.2%.<br>Getting Needed Care we are in the 5th percentile<br>• Females (+2%) rate us above the plan average score compared to males (-5%).<br>• Members age 55 or older rate us the lowest compared to other age groups.<br>• White/African-American/Hispanic/Other rate us above the plan average score.<br>• Asian rate us below the plan average score.<br><br>Getting Care, Test or Treatment there was a significant decrease at 69.6%<br>Getting Specialist Appointment there was a slight increase at 72.5%.<br>Overall we see improvement on Getting Care Quickly with all lines of business and we also noticed that Asian members tend to rate us the lowest compared to other ethnic groups.<br><br>Tobacco Cessation for both Medi-Cal Adult and Commercial Adult:<br>• Advising to Quit for Medicaid we see an increase of 14% for Commercial compared to previous year and a -3.3% decrease for Medicaid compared to previous year.<br>• Discussion of Medications we see an -3.5% decrease for Medicaid line of business and an increase of 17.7% for Commercial compared to MY2022.<br>• Discussion Strategies we see a slight decrease for Medicaid line of business with -1.% and for Commercial an increase of 8.0%.<br><br>Rating of Health Plan appears to be one of the highest measures across all lines of business and even though we see an improvement in Getting Care Quickly it still remains one of the lowest measures with all lines of business.<br>Next steps:<br>➢ Discussion and development of improvement strategies with internal stakeholders.<br>➢ Ongoing provider education and onsite visits to provider not meeting Timely Access year over year. | | |

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| | | ➢ Encourage/support provider in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or follow up care.<br>➢ Access related measure included on P4P<br>➢ Provider incentives to extend office hours, provider recruitment/retention grant, focusing on improving access to care. | | |
| **IV. Geo-Access Meeting Update**<br>• **ANC**<br>• **SNC** | T. Shepard | Review of ANC report shows that not much has changed between Q2 and Q3 of the Geo Access Report. There were no improved cities this quarter. Discovery Bay, Tracy, Mountain House, Byron, Pleasanton and Sunol continue to be cities not meeting both time and distance or the following specialties:<br>• Endocrinology Peds<br>• Ent Otho Adult and Peds<br>• Hematology Peds<br>• HIV AIDS ID Peds<br>• Nephrology Ped<br>• Oncology Ped<br>• Ophthalmology Adult and Peds<br>• Phys Med RH Ped<br>• Pulmonology Ped<br><br>For the SNC report for both delegate groups CHCN and CFMG, it is important to recognize that although we do have a member listed under San Bernadino that does not mean that this is an actual member, could be the members child attending school. We will continue to track this member to see if they appear on future reports.<br>For CFMG Q3 we show several improvement cities that are now meeting time, distance or both under the following specialties:<br>• PCP Adult – Livermore<br>• Cardiology Adult – Fremont & Pleasanton<br>• Dermatology Adult – Livermore<br>• Ent Otho Adult – Livermore<br>• Gastroenterology Adult – Pleasanton<br>• Gen Surgery Adult – Pleasanton<br>• Neurology Adult – Pleasanton<br>• OBGYN Adult – Sunol<br>• Ophthalmology Adult – Livermore | Track San Bernadino member on future reports and update member services. | |

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| | | • Orthopedic Surgery Adult – Livermore<br>For CHCN Q3 we show several improvement cities for the following specialties:<br>• PCP Peds – Livermore<br>• Endocrinology Adult – Pleasanton<br>• Gen Surgery Ped – Pleasanton<br>• Neurology Peds – Dublin & Pleasanton<br>• Phys Med RH Adult – Castro Valley<br>• Phys Med RH Peds- Hayward, Castro Valley and Union City<br>• Pulmonology Ped – Castro Valley | | |
| **V. CG-CAHPS Data Q1/Q2 2024** | F. Quan | **PCP In-Office Wait Time for Q2 2024**<br>Question to member: About how many minutes did you typically wait in the waiting and exam room until you/or child saw the provider? Less than 60 minutes is the compliance goal. Percentage goal is 80% and we received a 92% compliance rate. Q1 we received a 91.8% compliance rate. All delegate providers continued to score above the 80% compliance threshold in both Q1 and Q2 2024.<br><br>**PCP Call Return Time for Q2 2024**<br>Question to member: When you called this providers office during regular office hours, when did you get a call back? Within 1business day is the compliance answer with the percentage goal being 70%. We received a 72% for Q2 and 74.1% for Q1 2024. CHCN did meet the compliance goal for Q1 and Q2 and AHS is still about 10% below the compliance rate threshold of 70% for Q1 and Q2 2024.<br><br>**PCP Call Return Time Trend Analysis**<br>The Call Return Time compliance rate had a slight decrease of 2.1% from Q1 2024 to Q2 2024. But still meeting the 70% compliance rate goal<br><br>**PCP Time to Answer Call for Q2 2024**<br>Question to member: When calling the provider's office during regular office hours, how long did you wait to speak to a staff member? 0-10 minutes is the compliance answer with the percentage goal being 70%. This was met in Q1&Q2 2024 with 71.5%. CHCN did not meet the 70% goal in Q1 but did meet the goal in Q2 2024. AHS continues to fall below the 70% compliance goal but receive a 7.6% increase in compliance score.<br><br>**PCP Time to Answer Call Trend Analysis** | N/A | |

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| | | Time to Answer Call had a percentage increase of 4.6% from Q1 to Q2 2024.<br><br>**Q2 2024 PCP Non-Compliant Provider Trend**<br>Direct and Delegate providers who were found to be non-compliant for 3 consecutive quarters from Q4 2023 to Q2 2024. These providers we have either spoken with or issued CAPs to. Majority are AHS or CHCN clinics.<br>• La Loma Medical Group<br>• AHS<br>• La Clinica<br>• LMC East Oakland, Howard Daniel Clinic and West Berkeley Family Practice<br>• Native American Health Center<br>• Tiburcio Vasquez Health Center<br>• Bay Area Community Health<br>• West Oakland Health Council<br><br>This is the first time Behavioral Health is being reported so for **BH In Office Wait Time for Q2 2024**<br>Question to member: About how many minutes did you typically wait in the waiting and exam room until you/or child saw the provider? Compliance response is less than 60 minutes with a percentage goal of 80%. BH providers received a 94% and all delegate providers scored above the 80% compliance threshold for Q2 2024.<br><br>**BH Call Return Time Q2 2024**<br>Question to member: When you called this provider's office during regular office hours, when did you get a call back? Compliance response is within 1 business day with 70% percentage goal. BH providers received 72%. Alliance and CFMG did meet the 70% but CHCN fell slightly below the 70% compliance goal.<br><br>**BH Time to Answer Call Q2 2024**<br>Question to member: When calling the provider's office during regular office hours, how long did you wait to speak to a staff member? 0-10 minutes is the compliance response with 70% percentage goal. BH providers received an 80% and all providers networks scored above the compliance goal of 70%.<br><br>**BH Non-Life Threatening Emergency for Q2 2024** | | |

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| | | Question to member: When calling the provider's office to get an appointment for emergency mental health care that was not life threatening, when was your appointment scheduled? Less than 6 hours is the compliance response with a percentage goal of 80%. BH providers received an 84%. Alliance fell slightly below the 80% compliance goal by .5%.<br><br>Next Action Steps:<br>➢ Track and trend compliant rates<br>➢ Share results with Delegate and Direct entities<br>➢ Send out reminders for CG-CAHPS semiannually<br>➢ Onsite office visits to provider not meeting compliance year over year.<br>➢ Share results with Provider Services and FSR staff to incorporate as part of provider and office staff education for identification of barriers an improvement opportunities.<br>➢ CAPs to be sent to non-compliant providers<br>➢ CAPs are issued at the direct provider level<br><br>**Comment/Question from Farashta Zainal:** Based on their surveys for office wait times, members are still complaining about the long wait time.<br>**Response:** In addition to CG-CAHPs we monitor our wait time standards through our PQI process. When members file a grievance related to wait times, we follow up with those providers with a confirmatory survey to assess in-office wait times and track and trend for 2 consecutive quarters. If providers continue to show pattern of non-compliance, we issue them a corrective action plan (CAP) and we make attempts to schedule in-person office or virtual visit to provider to provide additional education on the requirements. We have noticed that there has been some provider turnover. Many providers/groups that we have met with say they are short staffed.<br><br>**Comment/Question from Farashta Zainal:** In addition to complaints about long wait times in the office, we are also seeing complaints around the time it takes for someone to answer the phone especially for pediatric providers.<br>**Response:** Yes, that is one of the struggles we are seeing with some of our providers for Time to Answer Call, especially the groups we spoke with use front staff to process referrals, answer calls, schedule appointments and to support with back office. So with the short staffing it makes it difficult for these groups to be in compliance. | | |

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| **VI. Access-Related PQI Dashboard** | F. Quan | So for Q2 2024 we received a total of 643 PQI's that's a little less than last quarter with 837. With majority of the access categories not being able to get a non-urgent appointment in a timely manner & secondly, time to answer call with 122 PQI's. So out of 643 PQI's 9 were related to behavioral health cases, 5 for non-urgent, 3 were time to answer and 2 were call return time related. The oldest QOA was 18 days old.<br>So for Tracking & Trending for 2 consecutive quarters. So for Q2 2024 there were 59 providers trending for 2 consecutive quarters of non-compliance. So in our 3rd quarter we did a re-assessment and39 of those providers were still found to be non-compliant and CAPs were issued. Those providers were either under AHS clinics and Tiburcio Vasquez, Davis Street. We are meeting with these providers to see how we can assist them with meeting their compliance goals and lend support.<br><br>Next Action Steps:<br>➢ Share results with Delegate and Direct entities<br>➢ Share results with Provider Services and FSR staff to incorporate as part of provider and office staff education for identification of barriers an improvement opportunities.<br>➢ Onsite office visits to providers with high PQI referrals<br>➢ CAPs to be sent to non-compliant providers<br>- CAPs are issued at the delegate level<br>- CAPs are issued at the direct provider level | N/A | |
| **VII. DHCS QMRT Timely Access Monitoring Study** | F. Quan | The following data was gathered on July 31, 2024. We already issued CAPs, a total of 439 providers were surveyed during this period. For Q1 2024 we had a significant increase of 81% for our non-urgent appointment availability. For urgent appointment availability it was around 40% but still an increase from the previous quarter. Total urgent response, there was 62 eligible providers, 30 were compliant. Non-urgent there were 68 eligible providers and 55 responses were compliant. | | |
| **VIII. Q1 OB/GYN A&A Monitoring** | T. Shepard | OB/GYN Access and Availability report is generated based of DHCS APL 21-1006 Network Adequacy Standards to continuously review, evaluate and improve timely access to and availability of OB/GYN PCP care within 1- business days from request and OB/GYN Specialty care access within 15 days from request.<br><br>QOA Received: Q2 2024<br>13 QOA received.<br>• 10 PCP OBGYN<br>• 2 Specialist OBGYN | N/A | |

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| | | • 1 Urgent PCP OBGYN<br><br>Finding Against Provider or Clinic Q2 2024:<br>• Lifelong Medical Care – Howard Daniel Clinic (1)<br>• Lifelong Medical Care – East Oakland (1)<br>• Tiburcio – Hayward: Non-Urgent Appt (2)<br>• Tiburcio – Union City: Non-Urgent (1)<br>• Axis – Hacienda: Non-Urgent Appt (3)<br>• Hayward Wellness: Non-Urgent Appt (1)<br>• Highland Wellness: Non-Urgent Appt (3)<br>• Newark Health: Non-Urgent Appt (1)<br>• Davis Street Primary: Non-Urgent Appt 1st Prenatal Appt (1)<br>• BACH Mowry: Non-Urgent (1)<br>• Karen Pei-Yen Tuan, MD: Non-Urgent (1)<br><br>Results after Confirmatory Survey: Q2 2024<br>• 4 compliant<br>• 8 non-compliant<br>• 1 non-compliant CLOSED<br><br>Barriers:<br>• Providers not taking new patients<br>• Do not offer OBGYN appointments<br><br>Next Steps:<br>• Will continue to track and trend OBGYN PQIs to identify areas of improvement with specific providers/clinics to ensure timely access to OBGYN services.<br>• Will issue CAPs for 2 consecutive quarters of substantiated non-compliance. | | |
| **IX. Access CAP Dashboard**<br>• **Provider Visits & Improvement** | F. Quan | Access CAP Dashboard data from Q3 2023 – Q2 2024. We issued a total of 381 CAPs with the majority related to PAAS. 209 open CAPs related to PAAS and closed 387 CAPs. Are goal is to close all outstanding CAPs before the end of 2024. | N/A | |

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| | | For our Outstanding CAPs we follow our escalation process on when a CAP is due but still have not received a response. So there are a few providers (After Hour, First Prenatal and Confirmatory) went through our escalation process. We make several attempts to reach out to the provider. If no response, we reach out to Dr. Juan (Medical Director) who assists with reaching out to the provider. If still no responses, we bring to the committee for additional assistance such as contact info, etc. Those providers were mentioned to the committee but no further information or contact info was provided.<br><br>Virtual/Onsite Provider Visits: The slide shows the providers/clinics the A&A team have met with in 2023 and 2024. We meet with some of them annually quarterly, monthly or ADHOC. We've also met with AHS and CHCN. Since meeting with these providers it has greatly improved response rate for PAAS, responding to CAPs, answering the calls during survey's or connecting us to the right contact people. | | |
| **X. Provider Satisfaction Survey** | C. Gomez | **Slide presented is the Outreach Timeline & Methodology**<br>This is a timeline of when the questionnaire gets mailed out. Survey fielded from September through November of 2023 with a 13% response rate.<br>• 9/11/2023 questionnaire mailed<br>• 10/10/2023 second questionnaire mailed<br>• 10/31/2023 follow up calls for non-responders began<br>• 11/21/2023 last day to complete survey<br>The largest response from BH providers was 24%. QI increased sample size for BH to gain insight.<br><br>Looking at the overall satisfaction trend from 2015-2023, we are looking at an upward trend line, however, looking at the past two years in 2022 our overall satisfaction was at 86.3% and it did dip down to 78.4% in 2023. For the Provider Satisfaction Composite Score slide, which shows the different categories that are apart of the questionnaire and survey the providers get. The first column it's the overall category and how we measured in MY2023. Next shows if we were higher or lower than the 2022 results. Next column shows the benchmark as SPH as their book of business. So from looking at some of the categories, the overall satisfaction was lower than the previous year. How providers rate us compared to other health plans went up. Previously at 53.5% and then we went to 55.3%. In the category of any finance and claim issues we did go up from 44.3% to 49%. For UM and Quality Management it did dip down from 50.6 and now we're at 47.5%. For network and coordination we did rate higher at almost 10% however there is a NA for the benchmark because this is not a question that's in other | N/A | |

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| | | survey's so SPH doesn't have a benchmark for it. For call center staff our percentage did get a bit lower still significantly higher than the benchmark and for the Provider Relations section, we did score higher in this previous measurement year and still significantly higher for the benchmark.<br><br>Key Findings – What We Did Well<br>• For Finance/Claims there was a significant increase, 44.3% to 49% in 2023<br>• Per our BH and ABA team and feedback from providers the rates are competitive so this may have helped with scores.<br>• Also worked with our Claims team on some portal enhancements in 2023 that allowed for electronic claim submission for professional claims & quicker processing of claims.<br>• Under Network and Coordination we increased the score from 2022 to 2023 and specifically the increase was in the question of the number of specialists in the network.<br>• BH insourcing from Beacon to AAH for administration of MH/ABA benefits<br>• For Provider Relations scores increased from 2022 to 2023<br>• AAH has a dedicated PR reps compared to Beacon and<br>• Feedback from providers indicate they like having a person to email/communicate with versus submitting via portal or general inbox.<br><br>Key Findings – Opportunities<br>• Overall score did decrease from 2022 to 2023<br>• QI increased the sample size to include more BH providers from 81 in 2022 to 266 in 2023.<br>• For Provider Call Center satisfaction there was a slight decrease in 2022 to 2023<br>• Due to downward trendline from 2021 to 2023<br>• Multiple points of entry for providers (PS call center, Auth Dept, BH Dept)<br>• BH providers there is no live queue for providers/dependents on voicemails/returned calls.<br><br>Conclusions & Next Steps:<br>• Overall satisfaction has decreased, however upward trendline remains. | | |

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| | | • 2024 Provider Did You Know campaign is underway and represents the following departments: Behavioral Health, Claims, Case Mgmt, Provider Services, Utilization Mgmt, Population Health, and Quality.<br>• 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.<br>• The Alliance will monitor to review how the BH transition will impact the 2024 survey results.<br>• Goal for 2024 is to increase overall provider satisfaction. | | |
| **XI. Provider Network Capacity Report** | C. Gomez/F. Quan | This report starts monitoring our PCPs when they hit 80% or more. Once they hit 90% we will close auto-assignment and 100% we close all assignment and we communicate this to all providers. We currently have 3 providers on this report are with CFMG and 1 direct adult provider who is currently at 89.7%.<br><br>For PQI's received for these providers, we did receive 1 QOA PQI for Dr. Glann for Q2 for Time to Answer. In Q2 we received 4 Call Return Times and 3 Time to Answer Call PQI or Dr. Pareek. Dr. Pareek did mention that the front line staff that does everything and sometimes they don't have enough staff to answer calls. So they did a re-routing system where they will call back. Patients call and will not wait 10 minutes, instead they get re-routed to a voicemail and calls are then returned. | | |
| **X1. Grievance & Appeal Report** | A. Pena | Q2 report for access and availability. For IHSS we had a total of 278 overall cases, 163 were related to access. We made our compliance rate at 100%. Next graph shows the types of grievance and who they were filed against. The Clinics are the highest with 32 cases filed against the followed by mental health facilities.<br><br>Tracking and trending, there were 142 unique grievance cases during this reporting period with a total of 63 grievances including all shadow cases. Against the plan we had 20 cases:<br>• 10 related to authorization<br>• 6 related to technology/telephone related grievances such as member ID card issues or accessing member portal issues<br>• 2 related to continuity of care<br>• 1 related to provider availability<br>• 1 related to out of network<br>There were 32 grievance cases against clinics: | N/A | |

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| | | • 1 clinic was identified with 5 grievances for the reporting quarter (Hayward Wellness)<br>• Against PCPs there were no specialists identified with more than 5 unique grievances for the reporting quarter.<br>• Against Specialists, there were no specialists identified with more than 5 unique grievance for the reporting quarter.<br>• Grievances related to access filed against our Delegates were provided to the groups during our quarterly Joint Operation Meetings.<br><br>Exempt grievances:<br>• There were 42 against the Plan related to telephone/technology grievances<br>• (30) ID card issues, (5) member portal issue, (3) hard time reaching MSD rep by phone, (1) complaint each for not receiving IHSS materials, PCP auto assignment and long hold time.<br>• Against PCPs, there were no PCP identified with more than 5 unique grievances for the reporting quarter.<br>• Against Clinics, there were no clinics identified with more than 5 unique grievances for the reporting quarter.<br>• Against Specialists, there were no specialists identified with more than 5 unique grievances for the reporting quarter.<br><br>For Medi-Cal, out of 10,315 total cases that GA department processed, 4296 were related to access cases and they were all closed within the required timeframe. The Clinics had the most grievances filed against them. Also grievances against the Plan also had a high amount, 1631 cases for access.<br><br>Tracking and trending, against the Plan there were 202<br>• For Technology/Telephone related grievances<br>• 109 other health insurance (OHI) error. Members complained that there is OHI listed in AAH system<br>• 66 ID card replacement issues<br>• 19 Accessing member portal issues<br>• 6 website issues<br>• 2 telephone access to specific departments | | |

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| | | Against the Clinics there were 917<br>• 257 AHS Clinics have a high number of grievances mostly related to timely access<br>• 375 CHCN clinics have a high number of grievances related to timely access and provider availability<br>• Non-AHS/CHCN clinics with a high number of grievances related to timely access are Davis Street Primary Care (28), Roots Community Health Center (13), Webster Medical Clinic (13)<br>Against PCPs there were 167, however the following PCP was identified with more than 5 unique grievances for the reporting quarter with the majority of complaints related to timely access and provider availability: Dr. Brenna Tetreault (7).<br>Against Specialists, there were no specialists were identified with more than 5 unique grievances.<br><br>Exempt grievance Tracking & Trending: There was a decrease in exempt grievances in Q2 2024 compared to Q1 2024.<br>Against the Plan (1,136) and related to technology/telephone related grievances.<br>• Replacement ID cards<br>• Accessing Member Portal issues<br>• Phone/system issues<br>Against Clinics (482):<br>• 104 AHS Clinics have a high number of grievances related to provider availability and timely access.<br>• 374 CHCN Clinics have a high number of grievances related to delay in submitting authorization and timely access.<br>Against PCPs, there were 4 PCPs that were identified with more than 10 unique grievances for the reporting quarter.<br>• 21 for Dr. Breanna Tetreault<br>• 10 for Dr. Rajesh Suri<br>• 10 for Dr. Floyd Huen<br>• 10 for Dr. Laura Denenberg<br>Against Specialists, Dr. Oliva Butt was the only specialist identified with more than 5 unique grievance for the reporting quarter. | | |

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# ACCESS AND AVAILABILITY SUBCOMMITTEE
## September 4, 2024
## Teams Conference, 1pm – 2:30pm

| Agenda Item | Presenter | Discussion/Activity | Follow-Up Action/ Responsible party/ target date | Document |
|---|---|---|---|---|
| **XII. Member Services Telephone Wait Time & Call Center Dashboard** | J. Rosas | For Q2 the blended results we met all internal metrics for Q2 with the exception of the calls answered within 10 minutes. Our goal is 100% and we missed it by 1%. 80% of our calls are answered within 30 sec with an abandonment rate of 5% for a total of 90% for Q2. During the quarter we received a total of 55,885 blended calls which is a 31% decrease from Q1. The average abandonment rate was 5% while the service level for calls answered within 30 sec was 90%. The average talk time was 6:53 minutes.<br>Member Services has been meeting their metrics for Q1 and Q2 and contribute that to call volume going down. There was a decrease in calls specifically from April as folks prepare for summer. | N/A | |
| **XIII. FSR/MRR Update/CAPs** | K. Ebido | For Q2 we have 32 total reviews composed of FSR, medical reviews and some physical accessibility review surveys. We did 4 provider trainings, (1) in Q1 and (4) in Q2. Upcoming reviews we completed the 2 reviews in Q2 so those are done. For Q3 we have 17, however the focus will be the DHCS audit coming up.<br>There was 1 failed review in Q2 which is closed now. The CAPs issued, there were 2 open but as of Q3 they are closed and no current CAPs open. For New Membership Hold there was one provider, Dr. Ebrahim Ahmadi was the only one listed but has been closed since.<br><br><u>Audit of Initial Health Appointment (IHA) via FSR in 2024</u><br>In Q2 the number of MRR with complaint went up from 4 in Q1 to 14 in Q2. Some issues identified during the MRR were:<br>• Comprehensive H&P and/or review of systems not completed within 120 days or if completed, does not have ROS and/or dental assessment.<br>Intervention:<br>• The non-compliant providers received CAP, education on the IHA, and importance of utilizing AAH member roster.<br>• If CAP is not given, a report is still provided to ensure DHCS standards are met.<br>The Quality Monitoring slide which shows the report for August lists the number of facilities with star ratings alongside the number of attestations received. There was a total of 100 with 62% received. There are 3 attestations not yet received so we will reach out to those providers or do a drop in visit.<br><br><u>Updates/Upcoming Projects</u><br>• DHCS audits 9/17-9/19<br>Currently prepping sites that will be audited. Dr. Ahmadi is one of those sites and formal notices sent by compliance will lead to better cooperation with providers. | | |

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| | | Questions: M. Stott, Are any of the providers indicating any barriers or insights that you've seen by being in the field regarding documentation, trans and preventive health screenings that we need to focus in on to help to support this?<br>Response: One clinic in particular note the outreach attempts for the IHA's and they have a thorough process for their training and their staff seems to be up to date on that. The documentation of outreach attempts and having it noted in a centralized location for easy access has been beneficial as well. | | |
| **XIV. Q&A** | All | | | |
| **XV. Meeting Adjournment** | L. Tran | Next Meeting November 06, 2024 | | |

**Meeting Minutes submitted by:** Tanisha Shepard, Quality Improvement Project Specialist **Date: 09/15/2024**