ALAMEDA Alliance FOR HEALTH
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ACCESS AND AVAILABILITY SUBCOMMITTEE

November 1, 2023

Teams Conference, 1pm – 2:30pm

Member Name and Title	Present	Member Name and Title	Present
Dr. Steve O'Brien, MD, Chief Medical Officer	X	Kisha Gerena, Manager, Grievances and Appeals	
Matthew Woodruff, Chief Operating Officer		Donna Ceccanti, Manager, Peer Review and Credentialing	
Julie Anne Miller, Director CM/UM	X	Gia Degrano, Director, Member Services	
Loc Tran, Manager, Access & Availability	X	Jennifer Karmelich, Director, Quality Assurance	X
Dr. Sanjay Bhatt, MD Quality Improvement Medical Director	X	Darryl Crowder, Director, Provider Services	
Dr. Beverly Juan, MD, Medical Director	X	Dr. Rosalia Mendoza, UM Medical Director	
Homaira Momen, Quality Review Nurse, Quality Improvement	X	Helen Lee, Senior Director, Pharmacy Services	X
Tanisha Shepard, QI Project Specialist	X	Linda Ayala, Manager, Health Education	
Jamisha Jefferson, Quality Programs Coordinator		Tiffany Cheang, Chief Analytics Officer	X
Farashta Zainal, Manager, Quality Improvement	X	Lily Hunter, Manager, Case Management	
Cecilia Gomez, Manager, Provider Relations	X	Rosa Sanchez, Facility Site Quality Improvement Coordinator	X
Fiona Quan, Quality Improvement Project Specialist	X	Judy Rosas, Manager, Member Services	X
Dr. Currie Peter, Senior Director, Behavioral Health		Michelle Stott, RN, Sr. Director of Quality	X
Kathy Ebido, Senior Quality Improvement Nurse Specialist	X	Richard Golfin III, Chief Compliant Officer	
Christine Rattray, Supervisor Quality Improvement		Bob Hendrix, Quality Improvement Project Specialist	
Hellai Momen, Quality Review Nurse, Quality Improvement		Jessica Pedden, Manager, Quality Analytics	
Heidi Torres, Quality Programs Coordinator	X	Michelle Florian, Compliance Auditor, Delegation Oversight	X
James Burke, Lead Quality Improvement Project Specialist		Marie Broadnax, Manager, Regulatory Affairs & Compliance	X
Sangeeta Singh, Quality Improvement Project Specialist		Angela Moses, Quality Review Nurse	X
Katherine Goodwin, Supervisor, Health Plan Audits	X	Grace St. Clair, Director, Compliance & Special Investigation	
Lisha Reamer-Robinson, Manager, Compliance Audits, Investigation		Mao Moua, Manager, Cultural and Linguistic Services	X
Gil Duran, Manager, Population Health & Equity		Megan Hils, QI Project Specialist	

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I. Welcome/ Introduction	L. Tran	The meeting was called to order by L. Tran	N/A	
II. Agenda Review	L. Tran	L. Tran reviewed agenda topics to be discussed	N/A	
III. Approved Minutes from 08.02.03	L. Tran	E-vote approved	N/A	
IV. Follow-up Items from 08.03.23	L. Tran	**Requests:** • Dr Bhatt requested that A&A take a deeper look into the TAR survey to ensure compliance with Press Ganey. **Response:** • A&A reached out to Press Ganey and confirmed that the survey presented to them does meet the state requirement. Scope work is currently in circulation for signatures. Just waiting for the contract to be fully executed on both ends. Survey must be completed before May 2024.	Completed	
V. P&P - QI 104 - QI 107 - QI 114	M. Stott/ L. Tran	M. Stott presenting QI 104 Potential Quality Issues & QI 114 Monitoring of Access and Availability Standards which relates back to the DMHC comment letter. APL 22-026 there are several regulations related to timely access and reporting. We had to update the information in these policies to note the definition of "substantial harm" and it relates to the C3 & C4 and if there are any corrective action plans, or pattern of non-compliance. **L. Tran motion to approve was granted. Committee voted and approved.**	N/A	
VI. MY2022 PAAS Report Updates	L. Tran	L. Tran reviewed Compliance Rate slide for Urgent and Non-Urgent Appointment with a goal of 75%. • Ancillary for MCL LOB for non-urgent we scored 83.3% • PCP for IHSS LOB we scored 51.7% urgent and MCL LOB non-urgent we scored 70% • NPMH IHSS LOB we scored 75.3% or urgent and MCL LOB 87.6% non-urgent • Psychiatrists IHSS LOB urgent we scored 57.8% and MCL non-urgent 85.2% • Specialists IHSS LOB urgent we scored 46.3% and MCL LOB non-urgent 57.1%	N/A	

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		For Provider Response Rate table, we show the percentage of ineligible Provider Types for MY2022 based on the PAAS report, we have improved across the board for ineligible providers. For Non-Responsive Providers we see an increase in percentage across the board for all provider types. L. Tran reviewed slide showing breakdown of providers surveyed in 2022 for Ancillary where we were compliant for non-urgent appointments at 83.3%. For Primary Care urgent appointment was 51.7% and non-urgent at 70%. NPMH for urgent appointment was 75.3% and non-urgent appt at 87.6%. Psychiatrists for urgent appt 57.8% and non-urgent appt 85.2%. Breakdown of Specialists, urgent appt was 46.3% and non-urgent appt 57.1%.		
VII. MY 2022 CAHPS Result	L. Tran	L. Tran went over the presentation slides for MY2022 CAHPS survey. This measures how well the Plan meets the members expectations and what areas of service have a greater effect on members overall satisfaction and identify opportunity for improvement. We contract with Press Ganey Analytics to conduct the survey. The survey field is from Feb 2023 to May 2023 using mail and phone survey methodology for qualifying member, Medicaid child and Medicaid adult. For Commercial adult they have to be continuously enrolled in the plan allowing for one gap of up to 45 days during the measurement year. L. Tran went over the slide for Summary Rate Scores for Medi-Cal Child. Per the slide the first 2 columns list the measures that are scored. +notation next to the measure means its not part of the calculation. The next columns show how we have done against MY2022 quality compass, as well as our score for MY2022. For Getting Needed Care for MY2022 we see a decrease compared to MY2021, however we scored below the quality compass percentile. Slide presented shows how we did for all other measures listed such as: • Getting Care Quickly • How Well Doctors Communicate • Customer Service • Rating of Health Care • Rating of Personal Doctor • Rating of Specialists • Rating of Health Plan • Coordination of Care For Medi-Cal Adult Summary Rate Scores, Getting Needed Care there is a slight decrease from the previous year and below the percentile. Gor Getting Care Quickly there was also a	Review PowerPoint slides	

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		decrease from previous year. All other measures listed below show comparison from previous year: • How Well Doctors Communicate • Customer Service • Rating of Health Care • Rating of Personal Doctor • Rating of Specialists • Rating of Health Plan • Coordination of Care **Flu Vaccinations (Adults 18-64)**, for Medicaid Adult there was a 2.5 increase from the previous year and for Commercial Adult we see an increase of 3.8% but we are performing below the Press Ganey book of business for commercial adult. **Tobacco Cessation for MY2022,** for Medicaid population advising to quit smoking we had a 3.3% increase from previous year, for Commercial we have a 2.1 decrease. For Discussing Medications we have a 7.8% increase and Commercial we have a 4.2% decrease. For Discussing Strategies we had a 3.3% increase in Medicaid and Commercial we had a 4.2% decrease. **Next Steps:** • Discussion and development of improvement strategies with internal stakeholders • Ongoing provider education and onsite office visits to provider not meeting Timelyy 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 • Providers incentives to extend office hours, focusing on improving access to care. **Questions/Comments:** Dr. O'Brien – We are below Press Ganey book of business in a lot of these areas and draw attention to that as we prepare for Medi-Care. As we go into our discussions with Rubelis related to our readiness in this area for Medi-Care, we should bring these scores and discuss what are strategies will be for improving these scores.		

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VIII. Q2 2023 DHCS QMRT Dashboard	F. Quan	Fiona went over the Q2 2023 DHCS QMRT Timely Access Study slide which is similar to our PAAS report that surveys our providers for urgent and non-urgent availability. We received the data in September and are still drafting the CAPs so they haven't been issued yet, but a total of 397 providers were surveyed during this quarter. For specialists surveyed there were 137, 103 PCPs, 103 NPMH and 54 Ancillary providers were surveyed. For Q2 we received a 52% for non-urgent and 41% for urgent which was 1% higher from last quarter. But in Q2 we had the highest response rate compared to the previous 3 quarters. We received 39 urgent and 48 non-urgent responses. Out of the 39, 16 were compliant and out of the 48, 25 were compliant. In total we will send 20 non-responsive CAPs and 23 non-compliant CAPs for this survey.		
VIII. Q2 2023 CG-CAHPS Report	F. Quan	F. Quan reviewed the In-Office Wait Time slide for Q2 2023, we received a 91% and met the compliance rate threshold of 80%. For trend analysis we are still within the compliance rate threshold of 80% however there was a slight decrease of .9% from Q1. Call Return Time we received a 75% and met the compliance rate threshold of 70%. AHS showed a decrease of 2.5% in Q2 with all other networks meeting the 70% compliance goal. For the trend analysis, not much changed from quarter to quarter there was a slight increase of 0.2% from Q1 to Q2 2023. Time to Answer Call, we scored a 71% and met the compliance goal of 70%. AHS and CHCN scored below the 70% threshold goal in Q2. For trend analysis there was a 1.4% increase from Q1 to Q2 2023. **Next Action Steps:** • Track and Trend compliant rates • Share results with Delegate Direct entities • Send out reminders of CG-CAHPS semiannually. • Onsite office visits to provider not meeting compliance year over year • Share results with Provider Services and FSR staff to incorporate as part of provider and office staff education for identification of barriers and improvement opportunities. • CAPs to be sent to non-compliant providers • CAPs are issued at the direct provider level		

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		Questions? M. Stott had question to all about the non-compliant provider trend slide that lists all the delegates/providers that for 2 or 3 consecutive quarters are non-compliant, is there anything that you all are aware that could be contributing to the access issues? Dr. O'Brien responded stating that for example, Dr. Watson has a certain style of practice so members kind of drop in whenever. For AHS those are large clinic sites and Eastmont Wellness closed to new enrollments for a certain period of time due to lack of providers. We should definitely pass on this information to our CHCN partners as we don't know what the issue is with CHCN.		
IX. Access CAP Dashboard	F. Quan	F. Quan reviewed dashboard from Q4 2022-Q3 2023, we issued a total of 448 CAPs, majority being for PAAS, PQI and QMRT. We have 164 still open and closed 403. We did a comparison between last year Q4 2021 to Q3 2022 we had an increase of CAPs issued by 155% at this time last year we issued 176 CAPs. We did have more PQI's coming in and we have the QMRT which explains the amount of CAPs issued. CAPs opened last year we had 64 and CAPs closed was 112, so we did increase CAP closure. We continue to keep CAPs within their outstanding timeframes but we continue to monitor and close the CAPs. For our Outstanding CAPs slide, we are trying to reach out to our providers and have an escalation process. We are working with Dr. Juan who is assisting with reaching out to these providers, specifically Women's Center of St. Rose for Dr. Author Adams who had originally state back in 12/14/22 that provider is no longer with the office. PR responded that Dr. Adams is still with the providers office. As well as Dr. Jan Dickey in which we have made multiple attempts to contact provider at Dr. Uchenna Okoronkwo location. Next steps of escalation process is to bring these providers to Dr. Bhatt for next steps. **Questions/Comments?** C. Gomez asked that Fiona send the contact info via email to confirm A&A has the correct contact information and/or if PR may have add'l contact information to reach those providers.		
X. Quality of Access PQI Referrals Dashboard Q3 2023	F. Quan	F. Quan reviewed QOA PQI Referral slide for Q3 2023, we received a total of 851 QOA PQI referrals with majority of them relating to non-urgent appt availability. We received 500 of		

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		those. Out of the 851 11 were behavioral/mental health cases, with the oldest QOA being 28 days but this is due to a reassessment because provider is on vacation. Next slide is tracking and trending for 2 consecutive quarters. For Q3 2023 we had 87 providers trended for 2 quarters and 49 providers found to be non-compliant. The list of Q3 2023 providers that received a CAP are listed on the slide. **Next Steps:** • Share results with Delegate and Direct entities • Share results with PR and FSR staff to incorporate as part of provider and office staff education for identifying barriers and improvement opp. • Onsite office visits to providers with high PQI referrals • CAPs to be sent to non-compliant providers • CAPs are used at the delegate level and CAPs are issued at the direct provider level		
XI. Provider Network Capacity Report	C. Gomez	C. Gomez went over provider network capacity slide. The measure is 1 PCP for every assigned 2000 members. Once provider reaches 80% or more, the report will flag the provider and PR does outreach to the provider. If they continue to go up and hit 95% PR will close auto assignment and at 100% close assignment. For Q3 Dr. An Pham which is part of CFMG reached 89% so PR has done outreach to CFMG. **Question/Comments?** F. Zainal, what age due pediatric providers stop seeing members. C. Gomez responded stating 18, 19, it just depends on the provider. F. Zainal states that for 19-21 age group are not transition over to an adult care provider but in HEDIS the wellchild visits and adolescents goes from 3-21 so it could be that they are still assigned to that pediatric provider that is not seeing members past 18 years and yet not being transitioned to another provider so we see a gap in their annual wellchild visits. C. Gomez responded that with K. Gordon's team for certain groups like CFMG once they hit a certain age a notice will be sent advising to select an adult provider or internal medicine provider and then if not, they go thru the auto assignment, but if you have some examples we can look at we can run them through the algorithm.		

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XII. OB/GYN A&A Monitoring	A. Moses	A. Moses reporting for Q2. DHCS APL 21-006 Network Adequacy Standards to continuously review, evaluate, and improve timely access to availability or OB/GYN PC care within 10 business days from request and OB/GYN specialty care access within 15 days from request. Results: 7.17.23 QOA member requested appt and stated she had been calling or appts. She was too far out resolved by PCP change and was seen 7.19.23. There were a few other cases that came in as QOAs' that were QOS the QOS were assigned and closed. There were no CAPs currently and possibly barriers are facilities needed more providers and additional staff training.		
XII. Q&A	All			
XIII. Meeting Adjournment	L. Tran	Next A&A meeting will be March 6, 2024.		

Meeting Minutes submitted by: Tanisha Shepard, Quality Improvement Project Specialist **Date:**12/01/2023

Approved by: Loc Tran, Access to Care Manager **Date:**
Signed: