DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Alameda Alliance for Health

Quality Improvement Program
Program Evaluation

2019

Health care you can count on.
Service you can trust.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

2019 Quality Improvement Program Evaluation Signature Page

DocuSigned by:
Stephanie Wakefield

Stephanie Wakefield, RN
Director of Quality

05/21/2020
Date

DocuSigned by:
Sanjay Bhatt

Sanjay Bhatt, M.D.
Medical Director, QI
Vice Chair, Health Care Quality Committee

05/21/2020
Date

DocuSigned by:
Steve O'Brien
B18599763F004BE...

Steve O'Brien, M.D.
Chief Medical Officer
Chair, Health Care Quality Committee

05/21/2020
Date

DocuSigned by:
Scott Coffin
9FC0ACFD3A6A42A...

Scott Coffin
Chief Executive Officer

6/17/2020
Date

DocuSigned by:
Evan Seevak, MD
12928DDEF02645D...

Evan Seevak, M.D.
Board Chair

6/17/2020
Date

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

TABLE OF CONTENTS

INTRODUCTION 5
MISSION AND VISION 5
PURPOSE 5
MEMBERSHIP AND PROVIDER NETWORK 6
QI STRUCTURE AND RESOURCES 9
A. QI Structure 9
B. Governing Committee 9
C. Committee Structure 10
D. Evaluation of Senior-level Physician and Behavioral Health Practitioners 10
E. Program Structure and Operations 11
F. QI Resources 11
OVERALL PROGRAM EFFECTIVENESS 13
SERVING MEMBERS WITH COMPLEX CONDITIONS 14
PROVIDER OUTREACH AND ENGAGEMENT 14
MEMBER OUTREACH AND MEMBER SERVICES 15
MEMBER ADVISORY COMMITTEE (MAC) 18
MEMBER NEWSLETTER 19
SAFETY OF CLINICAL CARE 20
PHARMACY 20
A. Substance Abuse Disorder 20
B. Drug Recalls 24
C. Potenial Quality Issues (PQI) 25
D. Consistency in Application of Criteria (IRR) 27
FACILITY SITE REVIEW 28
A. Audit of Initial Health Assessments (IHAs) via FSR/MRR 29
PEER REVIEW AND CREDENTIALING COMMITTEE (PRCC) 30
DELEGATION OVERSIGHT 31
QUALITY IMPROVEMENT PROJECTS 34
PEDIATRIC CARE COORDINATION PILOT 40
CLINICAL IMPROVEMENT TRENDS: HEDIS 44
ANALYSIS OF HEDIS MEDICAID EXTERNAL ACCOUNTABILITY SET (EAS) 47
HEALTH PLAN ACCREDITATION 47
QUALITY OF SERVICE 49

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

MEMBER EXPERIENCE SURVEY 49

CAHPS SURVEY ANALYSIS 56

NEXT STEPS REGARDING CAHPS RESULTS 57

QUALITY OF ACCESS 58

A. Standards and Educational Standards 58
B. Provider Capacity 60
C. Geo Access 60
D. Provider Appointment Availability 61
E. Year-Over-Year Analysis 64
F. Alameda Health System 64
G. CFMG Providers 64
H. CHCN Providers 64
I. ICPs 65
J. Provider-Focused Improvement Activities 65
K. Best Practices 65
L. After Hours Survey 66
M. First Prenatal Visit Survey 68
N. Oncology Survey 68
O. CG CAHPS Surveys 69
P. Provider Satisfaction Survey Overview 70
Q. Year to Year Trend Comparisons 71
R. Segmentation Analysis 72
S. Priority Matrix 73
T. Next Steps 76

GRIEVANCE AND APPEALS 76

A. Commercial Grievances 77
B. Medicaid Grievances 77
C. Commercial Appeals 78
D. Medi-Cal Appeals 79
E. UM Appeals 80

CULTURAL AND LINGUISTIC NEEDS OF MEMBERS 81

PRACTITIONER LANGUAGE CAPACITY 84

ANALYSIS OF 2019 QUALITY PROGRAM EVALUATION AND EFFECTIVENESS 86

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

INTRODUCTION

Alameda Alliance for Health (Alliance) is a public, not-for-profit managed care health plan committed to making high-quality health care services accessible and affordable to citizens most in need in Alameda County. Established in January 1996, the Alliance was created by the Alameda County Board of Supervisors for Alameda County residents and reflects the cultural and linguistic diversity of the community.

Under the leadership and strategic direction established by Alameda Alliance for Health (The Alliance) Board of Directors, senior management and the Health Care Quality Committee (HCQC), the Health Services 2018 Quality Improvement Program was successfully implemented. This report serves as the annual evaluation of the effectiveness of the program activities.

The processes and data reported covers activities conducted from January 1, 2019 through December 31, 2019.

MISSION AND VISION

As its Mission, the Alliance strives to improve the quality of life of our members and people throughout our diverse community by collaborating with our provider partners in delivering high quality, accessible and affordable health care services. As participants of the safety-net system, we recognize and seek to collaboratively address social determinants of health as we proudly serve Alameda County. The Alliance Vision is be the most valued and respected managed care health plan in the state of California.

PURPOSE

The purpose of the Alliance 2019 Annual Quality Improvement Program Evaluation is to access and evaluate the overall quality and effectiveness of the QI Program in meeting the goals and objectives of the QI Program and Work Plan. The QI department leads the evaluation assessment in collaboration with cross function departments utilizing data and reports from committees, content experts, data analysts, work plans outcomes, Plan-Do-Study-Act studies, Performance Improvement and Quality Improvement Project to perform qualitative and quantitative analysis of initiatives and activities outcomes, identify barriers to established goals and objectives, best practices, next steps and other improvement opportunities. The Alliance uses the annual evaluation to identify new and ongoing goals, objectives, and activities for the QI Program in the coming year.

This evaluation assesses the following elements:

- Completed and ongoing QI activities that address quality and safety of clinical care and quality of service
- Performance measure trends to assess performance in the quality and safety of clinical care and quality of service;
- Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices

The annual QI Program Evaluation is reviewed and approved by the Health Care Quality Committee (HCQC) prior to being submitted for review and approval by the BOG. The HCQC and the BOG also review and approve the QI Program Description and Work Plan for the upcoming year.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

MEMBERSHIP AND PROVIDER NETWORK

The Alliance product lines include Medi-Cal managed care and Group Care commercial insurance. Medi-Cal managed care beneficiaries, eligible thorough one of several Medi-Cal programs, e.g. TANF, SPD, Medi-Cal Expansion and Dually Eligible Medi-Cal members do not participate in California's Coordinated Care Initiative (CCI). For dually eligible Medi-Cal and Medicare beneficiaries, Medicare remains the primary insurance and Medi-Cal benefits are coordinated with the Medicare provider.

Alliance Group Care is an employer-sponsored plan offered by the Alliance. The Group Care product line provides comprehensive health care coverage to In-Home Supportive Services (IHSS) workers in Alameda County.

Table 1: 2019 Trended Enrollment by Network and Aid Category

Current Membership by Network By Category of Aid							
Category of Aid	**Dec-19**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	32,066	13%	7,652	6,748	241	12,283	5,142
Child	89,056	37%	8,088	8,165	27,298	30,400	15,105
SPD	25,687	11%	8,617	3,707	1,184	10,329	1,850
ACA OE	78,154	32%	13,842	24,862	930	29,947	8,573
Duals	17,776	7%	7,090	1,923	1	6,632	2,130
Medi-Cal	242,739		45,289	45,405	29,654	89,591	32,800
Group Care	6,092		2,689	827	-	2,576	-
Total	**248,831**	**100%**	**47,978**	**46,232**	**29,654**	**92,167**	**32,800**
Medi-Cal %	97.60%		94.40%	98.20%	100.00%	97.20%	100.00%
Group Care %	2.40%		5.60%	1.80%	0.00%	2.80%	0.00%
		Network Distribution	*19.30%*	*18.60%*	*11.90%*	*37.00%*	*13.20%*
			% Direct:	**38%**		**% Delegated:**	**62%**

Table 2: 2019 Trend Enrollment by Age Category

Age Category Trend								
	Members				**% of Total (ie.Distribution)**			
Age Category	**Dec-17**	**Dec-18**	**Nov-19**	**Dec-19**	**Dec-17**	**Dec-18**	**Nov-19**	**Dec-19**
Under 19	102,258	98,122	92,318	91,641	38%	37%	37%	37%
19 - 44	86,599	84,866	79,016	78,271	32%	32%	32%	31%
45 - 64	58,713	57,340	54,703	54,210	22%	22%	22%	22%
65+	22,409	23,862	24,661	24,709	8%	9%	10%	10%
Total	**269,979**	**264,190**	**250,698**	**248,831**	**100%**	**100%**	**100%**	**100%**

In 2019, the Alliance membership decreased by 5.81% from 2018 enrollment and 7.83% from 2017 enrollment as noted in Table 2 above. Total membership numbers declined by 21,148 from Dec. 2017 to Dec. 2019. The Alliance experienced a membership decline in all age categories from 2018 to 2019. 6.6% membership decline for under 19, 7.7% decline in the 19-44 category, 5.4% decline for 45-64 age category, with the smallest increase noted for 65+ age category of 3.5%. Despite membership decline, % of total distribution by age category remained relatively unchanged from 2018 to 2019. The decline in enrollment is not unique to the Alliance but follows as state wide trend thought to be largely due to the decrease in unemployment and increase acquisition of employer sponsored insurance, as well as, the undocumented immigrant population opting out of health plan insurance. However, exact reasons for the downward trend in health plan enrollment numbers remains undetermined.

Medical services are provided to beneficiaries through one of the contracted provider network. Currently, The Alliance provider network includes:

Table 3: 2019 Provider Network by Type, Enrollment and Percentage

Provider Network	Provider Type	Members (Enrollment)	Percent of Enrollment in Network
Direct-Contracted Network	Independent	47,978	19%
Alameda Health System	Managed Care Organization	46,232	19%
Children First Medical Group	Medical Group	29,654	12%
Community Health Clinic Network	Medical Group	92,167	37%
Kaiser Permanente	HMO	32,800	13%
	TOTAL	**248,831**	**100%**

From 2018 to 2019, the percentage of members within each provider network has remained relatively steady.

The Alliance offers a comprehensive health care delivery system, including the following scope of services:

- Ambulatory care
- Hospital care
- Emergency services
- Behavioral health (mental health and addiction medicine)
- Home health care
- Hospice
- Palliative Care
- Rehabilitation services
- Skilled nursing services - Skilled
- Managed long term services and support (MLTSS)
    - Community based adult services
    - Long Term SNF Care (limited)
- Transportation
- Pharmacy
- Care coordination along the continuum of care including arrangements for linked and carved out services, programs, and agencies.

These services are provided through a network of contracted providers inclusive of hospitals, nursing facilities, ancillary providers and service vendors. The providers/vendors are responsible for specifically identified services through contractual arrangements and delegation agreements.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

The Alliance provider network includes:

Table 4: Alliance Ancillary Network

Ancillary Type	Count
Hospitals	17
Skilled Nursing Facilities	54
Health Centers (FQHCs and non-FQHCs)	67
Behavioral Health Network	1
DME Vendor	1 (Capitated)
Transportation Vendor	1
Pharmacies/Pharmacy Benefit Manager (PBM)	Over 200
Radiology/Delegate (ended 7/31/19)	1 (partial year)

Alliance members may choose from a network of over 580 primary care practitioners (PCPs), and nearly 7000 specialists, 17 hospitals, 73 health centers, 70 nursing facilities and more than 200 pharmacies throughout Alameda County. Effective August 1, 2019, radiology consulting services ended as part of our ancillary network and became directly managed by the Alliance. The Alliance demonstrates that the managed care model can achieve the highest standard of care and successfully meet the individual needs of health plan members. Our members' optimal health is always our first priority.

The Alliance Quality Improvement (QI) Program strives to ensure that members have access to quality health care services.

QI STRUCTURE AND RESOURCES

A. QI STRUCTURE

The structure of the QI Program is designed to promote organizational accountability and responsibility in the identification, evaluation, and appropriate use of the Alliance health care delivery network for medical and behavioral health care services. Additionally, the structure is designed to enhance communication and collaboration on QI program goals and objectives, activities and initiatives, that impact member care and safety both internal and external to the organization, inclusive of delegates. The QI Program is evaluated on an on-going basis for efficacy and appropriateness of content by Alliance staff and oversight committees.

B. GOVERNING COMMITTEE

The Alameda County Board of Supervisors appoints the Board of Governors (BOG) of the Alliance, a 15-member body representing provider and community partner stakeholders. The BOG is the final decision making authority for all aspects of the Alliance QI programs and is responsible for approving the annual Quality Improvement Program Description, Work Plan, and Program Evaluation. The Board of Governors delegates oversight of Quality functions to The Alliance Chief Medical Officer (CMO) and the Health Care Quality Committee (HCQC) and provides the authority, direction, guidance and resources to enable Alliance staff to carry out responsibilities, functions and activities of the QI Program. QI oversight is the responsibility of the HCQC.

The HCQC develops and implements the QI program and oversees the QI functions within the Alliance. The HCQC:

- Recommends policies or revisions to policies for effective operation of the QI program and the achievement of QI program objectives
- Oversees the analysis and evaluation of the Quality Improvement, Utilization Management (UM) and Case Management program and Work Plan activities and assesses the results.
- Ensures practitioner participation in the QI program activities through attendance and discussion in relevant QI committee or QI subcommittee meetings.
- Identifies needed actions, and ensures follow-up to improve quality, prioritizing actions based on their significance and provides guidance on which choose and pursue as appropriate. HCQC also assesses the overall effectiveness of the QI, UM, CM and Pharmacy & Therapeutics Programs. The HCQC met a total of 6 times in 2019:
    1. January 17, 2019
    2. March 21, 2019
    3. May 16, 2019
    4. July 18, 2019
    5. September 19, 2019
    6. November 21, 2019

The 2018 QI Program Evaluation, the 2019 QI Program Description and the 2019 QI Work Plan were presented to the HCQC during the March 21, 2019 meeting and unanimously approved.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

C. COMMITTEE STRUCTURE

The Board of Governors (BOG) appoints and oversees the HCQC which, in turn, provide the authority, direction, guidance, and resources to enable Alliance staff to carry out the Quality Improvement Programs. The BOG also oversees the Peer Review and Credentialing (PRC) Committee which provides a peer review platform and also a platform to review provider credentialing and re-credentialing. Committee membership is made up of provider representatives from the Alliance contracted networks and the Alliance community including, those who provide health care services to Behavioral Health, Seniors and Persons with Disabilities (SPD) and Chronic Conditions.

The HCQC Committee provides oversight, direction, recommendations, and final approval of the QI Program documents. Committee meeting minutes are maintained summarizing committee activities and decisions, and are signed and dated.

HCQC charters a sub-committee, the Internal Quality Improvement Sub-Committee (IQIC) which serves as a forum for the Alliance to evaluate current QI activities, processes, and metrics. The IQIC also evaluates the impact of QI programs on other key stakeholders within various departments and when needed, assesses and plans for the implementation of any needed changes. HCQC assumes responsibility for oversight of the IQIC activities and monitoring its areas of accountability as needed. The structure of the committee meetings is designed to increase engagement from all participants.

The major committees that support the quality and utilization of care and service include:

- Healthcare Quality Committee (HCQC)
- Peer Review and Credentialing Committee (PRC)
- Member Advisory Committee (MAC)
- Pharmacy and Therapeutics Sub-committee
- Utilization Management (UM) Sub-committee
- Access and Availability Sub-committee
- Internal Quality Improvement Sub-committee (IQIC)
- Cultural and Linguistic Sub-committee

Additionally, joint operations meetings (JOMs) support the quality improvement work of the Alliance. Each committee meets at least quarterly, some monthly, and all committees / sub-committees, except the PRC and MAC committees, report directly to the HCQC. The PRC and MAC committees report directly to the BOG. The Peer Review and Credentialing Committee supports the quality and utilization of safe care and service for the Alliance membership and reports directly to the BOG. Each committee continues to meet the goals set forth in their charters, as applicable. The HCQC membership includes practitioners representing a broad range of specialties, as well as, Alliance leadership and staff.

D. EVALUATION OF SENIOR-LEVEL PHYSICIAN AND BEHAVIORAL HEALTH PRACTITIONERS

The Board of Governors delegates oversight of Quality and Utilization Management functions to HCQC which is chaired by the Alliance Chief Medical Officer (CMO) and vice-chaired by the Medical Director of Quality. The CMO and Medical Director provides the authority, direction, guidance and resources to enable Alliance staff to carry out the Quality Improvement Program. The CMO delegates senior level physician involvement in appropriate committees to provide clinical expertise and guidance to program development.

During 2019 Dr. Aaron Chapman, a psychiatrist and Medical Director of Alameda County Behavioral Health Care Services (ACBHCS), actively participated in the HCQC meetings and provided clinical input ensuring policies and reports considered behavioral health implications.

The active involvement of senior-level physicians including the psychiatrist from ACBHCS has provided consistent input into the quality program. Their participation helped ensure The Alliance is meeting accreditation and regulatory requirements.

E. PROGRAM STRUCTURE AND OPERATIONS

The Alliance QI Program encompasses quality of care across the Alliance enterprise and across the health care continuum. 2019 QI Program activities included the following but were not limited to the following:

- Evaluation of effectiveness of the QI program structure and oversight
- Implementation and completion of ongoing QI activities that addressed quality and safety or clinical care and quality of service
- Trending of measures to assess performance in the quality and safety of clinical care and quality of service
- Analysis of QI initiatives and barriers to improvement
- Monitoring, auditing, and evaluation of delegated entities QI activities for compliance to contractual requirements with implementation of corrective action plans as appropriate
- Internal monitoring and auditing of QI activities for regulatory compliance, and assurance of quality and safety of clinical care an quality of service
- Development and revision of department policies, procedures and processes as applicable
- Development and implementation of direct and delegate network corrective action plans as a result of non-compliance and identified opportunities for improvement, as applicable.

F. QI RESOURCES

The Alliance QI Department key staff included licensed physicians and registered nurses, qualified non-clinical management staff, as well as, non-clinical specialist staff and non-clinical administrative support coordinators. The assignment and performance of work within the team, whether working on site or remotely, for both clinical and non-clinical activities, is seamless to the Alliance operations processes. Job description expectations with assigned tasks and responsibilities remain unchanged regardless of the geographical location of staff member.

During 2019 several key leadership and support staff positions in Quality Improvement were filled:

- Sr. Director of Quality
- Quality Improvement Manager
- Access to Care Manager
- Quality Improvement Specialists
- FSR Coordinator
- Director, Clinical Initiatives and Clinical Leadership Development

In 2019, with the onboarding of new senior and management level leadership, and qualified support staff the Health Care Services QI Department team was able to further mitigate gaps in both leadership

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

and oversight of the QI program integrity. The QI program moved forward in providing quality improvement guidance enterprise wide meeting regulatory and accreditation standards and promoting positive health outcomes for the Alliance membership. Health Care Services continues to evaluate staff turn-over and strives to provide a positive work environment while creating a stable work force.

Through 2019, vendor partnerships were a part of the QI resource strategy. The Alliance continued its contractual relationship with Health Data Decisions (HDD). HDD augmented QI resources via consulting and analytic expertise for the HEDIS program.

Additionally, the Alliance maintained its relationship with vendor: SPH Analytics. SPH provided provider and member satisfaction survey, after hours and emergency instruction survey, the Health Risk Assessment (HRA) survey and Health Information Form (HIF-MET) survey implementation, analysis and reporting.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

OVERALL PROGRAM EFFECTIVENESS

The Alliance's quality improvement efforts strive to impact the safety and quality of care and service provided to our members and providers. Review of the Alliance's 2019 QI activities as described herein demonstrates the Alliance's QI department ability (in collaboration with internal and external entities) to successfully assess, design, implement, and evaluate an effective QI program by achieving, inlcuding but, not limited to, the following:

1. Improved focus on the importance of chronic condition management, and accessing appropriate care through initiatives to educate and connect with members, direct and delegated providers, communitiy based organizations, state and county entities and enhance our improvements to our internal operations
2. Maintained a targeted focus on the analysis of key drivers, barriers and best practices to improve Access to Care
3. Expanded staff knowledge of health disparities within the Alliance membership through population data colllection, analysis and segmentation
4. Promoted the awareness and concepts of inter-departmental QI initiatives and activities, including Plan-Do-Study-Act (PDSA), Inter-Rater Reliability (IRR), to create greater operational efficiencies
5. Invested in quality measurement analysis expertise
6. Identified Potential Quality Issues (PQIs) operations gaps and root cause analysis to identify and overcome barriers, as well as, best practices resulting in internal workflow improvements and staff retraining
7. Exhibited improvement in HEDIS measures' performance including CCS, CDC, and IMA, W15, AWC, W34, and CAP 12-19
8. Ensured timely Facilty Site Review/Medical Record Review audits and Physical Accessibility Review Surveys
9. Hired senior and management and non-clinical support staff in the QI Department.
10. Targeted QI initiatives to improve direct and delegate provider engagement in access to care efforts to improve rates of preventive care and services, screenings and referrals for members
11. Targeted partnerships with community based, county agencies and delegate providers to improve referral and resources triage and management through technology collaboration and supoort
12. Promoted healthcare access and safety education for members and providers through targeted pharmacy substance use program
13. Improved engagement with intereprter services vendors and Alliance network providers to ensure quality interperter services at all points of healthcare service contact.
14. Enhanced engagement with Behavioral Health delegate for improved and timely access to care
15. Collaborated with delegated providers around implementation of a revised Delegate Corrective Action Plan (CAP) Process creating increased efficiencies for compliance from both direct and delegated providers

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

The Alliance is invested in a multi-year strategy to ensure that the organization adapts to health plan industry changes now and within 3 - 5 years. An effective QI program with adequate resources is essential to the Alliance's successful adaptation to expected changes and challenges.

SERVING MEMBERS WITH COMPLEX CONDITIONS

The Alliance continues to identify members with complex health conditions in need of supportive services based on data collection and analysis. The Alliance links members to Asthma and Diabetes Disease Management, Complex Case Management, Transition of Care, Whole Person and Health Homes Management programns and services based on healthcare needs.

Members identified as potential candidates for Asthma Disease Management are mailed outreach materials explaining their illness and the process to enroll in Disease Management. Disease Management is optional so members who do not pursue Disease Management programs are also provided information related to community resources available to support their health conditions.

Additionally, some of the Alliance members were identified as "high risk" for complex health conditions through claims, encounter and referral data. Identified members are forwarded to case management and health homes management for follow up. Complex Case Management and Health Homes Management staff outreach to high risk members by telephone and communicate with CB-CMEs. When outreach attempts are successful, initial assessments are performed and care plans are developed. Members who agree to care are provided assistance with provision of services and recommendations to support managing their conditions. When outreach is attempted but unsuccessful, the case is closed.

Members were also identified for "transitions of care" assistance. Transition of Care assistance is designed to ensure that the coordination and continuity of health care occurs for members who are discharged from Medical or Surgical inpatient care settings to a different level of care. Tracking and trending of outcomes through Case and Disease Management processes is a key component of the Case Management and Disease Management program activities. Serviing all members inclusive of those with complex needs and conditions for tracking and trending of more targeted improvement in health outcomes through population health and needs assessments data collection will continue to be a part of the Health Care Services fabric in 2020.

PROVIDER OUTREACH AND ENGAGEMENT

During 2019, the Provider Services department provided continued outreach to all PCP, Specialists and Ancillary provider offices via in-person visits and the use of fax blasts.

Topics covered in the visits and fax blasts included but, were not limited to: use of the provider portal, the announcement of the Member Satisfaction survey, education on current HEDIS measures, use of interpretive services and cultural sensitivity education, Health Wellness initiatives, Diabetes Self-Management Education and Support (DSMES), Gap in Care Reports, Electronic Billing, Provider, drug formulary schedule updates, Fraud Waste and Abuse reporting, Timely Access Standards, Provider Appointment Availability Survey (PASS), Provider notification regarding vaccines and Measles and Pertussis outbreaks, Podiatry Services updates, Local Breastfeeding resources, Food as Medicine Program education, Tobacco Cessation counseling, Pediatric Bright Futures Preventive Health Guidelines, and Adult United States Preventive Services Task Force Guidelines, in addition to Radiology Services and Pay for Performance updates.

In addition to ongoing quarterly visits, every newly credentialed provider received a new provider orientation within 10 days of becoming effective with the Alliance. This orientation includes a very detailed summary which includes but, not limited to:

- Plan review and summary of Alliance programs

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

- Review of network and contract information
- How to verify eligibility
- Referrals and how to submit prior authorizations
- Timely Access Standards
- Member benefits and services that require PCP referral
- How to submit claims
- Filing of complaints and the appeal process
- Initial Health and Staying Healthy Assessment
- Coordination of Care, CCS, Regional Center, WIC program
- Child Health and Disability Program
- Members Rights and Responsibilities
- Member Grievances
- Potential Quality Issues (PQIs)
- Health Education
- HEDIS Education

Overall, there were approximately 1,128 provider visits completed during the 2019 calendar year. The Provider Services department plans to continue our robust provider outreach and engagement strategies in 2020.

MEMBER OUTREACH AND MEMBER SERVICES

In 2019, the Alliance Member Services (MS) Department continued to have a strong focus on providing high-quality service. Quarterly call center metrics are presented below in the Member Services blended (Ansafone and AAH call center) dashboard. The dashboard represents blended (Medi-Cal and Group Care) customer service results.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 5: Blended Customer Service Results – Medi-Cal and Group Care

Alliance Member Services Staff	Q1	Q2	Q3	Q4
Incoming Calls (MS)	41796	39720	40255	38871
Abandoned Rate (MS)	5%	2%	3%	5%
Answered Calls (MS)	39804	39120	39216	36780
Average Speed to Answer (ASA)	00:27	00:22	00:33	00:41
Calls Answered in 30 Seconds (All)	84.0%	87%	85%	85%
Average Talk Time	8:04	8:21	8:06	8:10
Calls Answered in 10 Minutes (goal: 100%)	100.0%	100.0%	100.0%	100.0%
Ansafone Call Center	Q1	Q2	Q3	Q4
Incoming Calls (AF)	9173	6733	5970	6404
Abandoned Rate (AF)	14%	9%	12%	10%
Answered Calls (AF)	7912	6115	5241	5753
Average Speed to Answer (ASA)	3:21	1:45	2:58	1:11
Calls Answered in 30 Seconds (AF)	46%	54%	37%	61%
Average Talk Time (ATT)	5:59	6:34	7:31	5:44
Recordings/Voicemails	Q1	Q2	Q3	Q4
Incoming Calls (R/V)	4805	4268	4234	3794
Abandoned Rate (R/V)	0.00%	0.00%	0.00%	0.00%
Answered Calls (R/V)	4805	4268	4234	3794
Calls Answered in 30 Seconds (R/V)	100%	100%	100%	100%
Blended Results	Q1	Q2	Q3	Q4
Incoming Calls (R/V)	55774	50721	50459	49069
Abandoned Rate (R/V)	6%	2%	4%	6%
Answered Calls (R/V)	54774	49503	48691	46327
Average Speed to Answer (ASA)	0:51	0:30	0:46	0:42
Calls Answered in 30 Seconds (R/V)	80%	84%	81%	84%
Average Talk Time (ATT)	7:02	6:49	7:22	6:38

Figure 1: Member Services Call Volume 2019 - 2019 Member Services Call Center Report

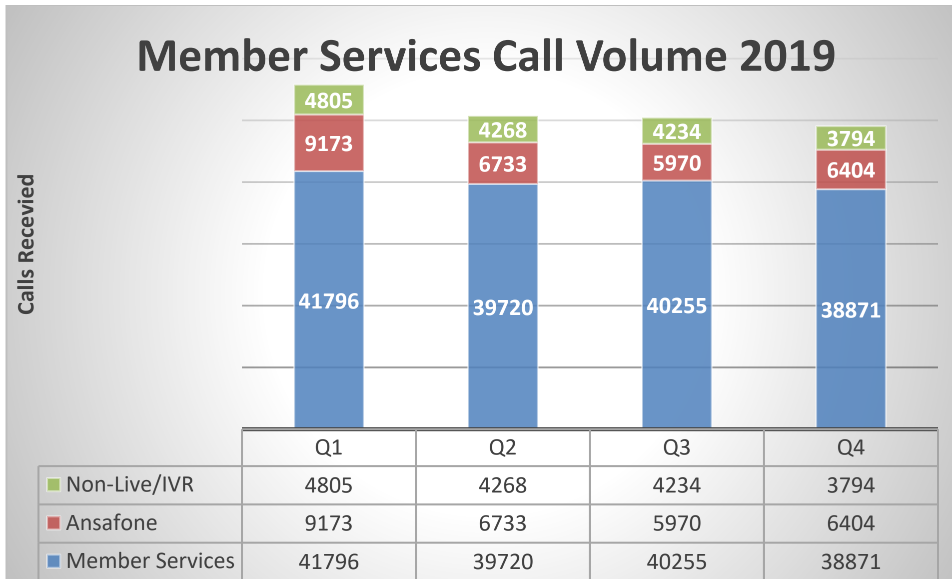
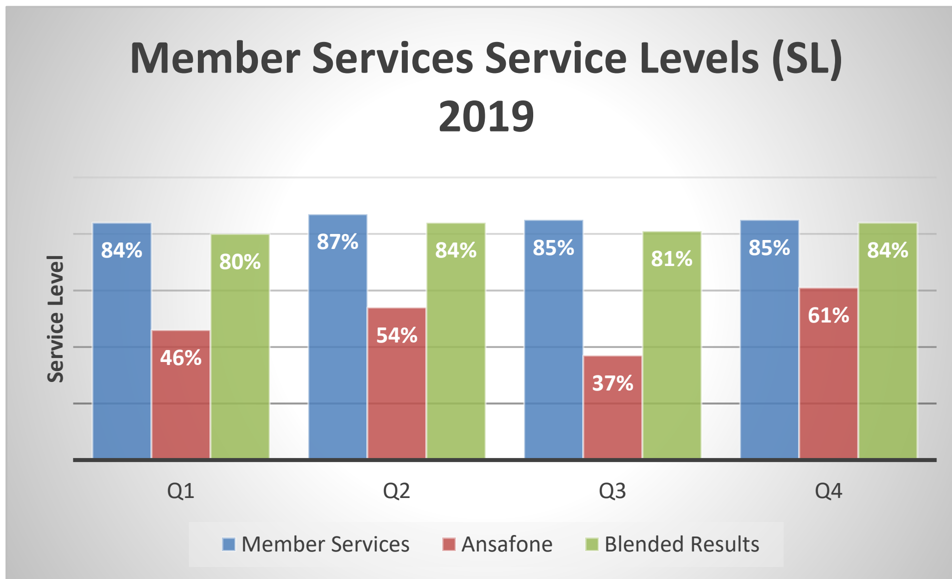


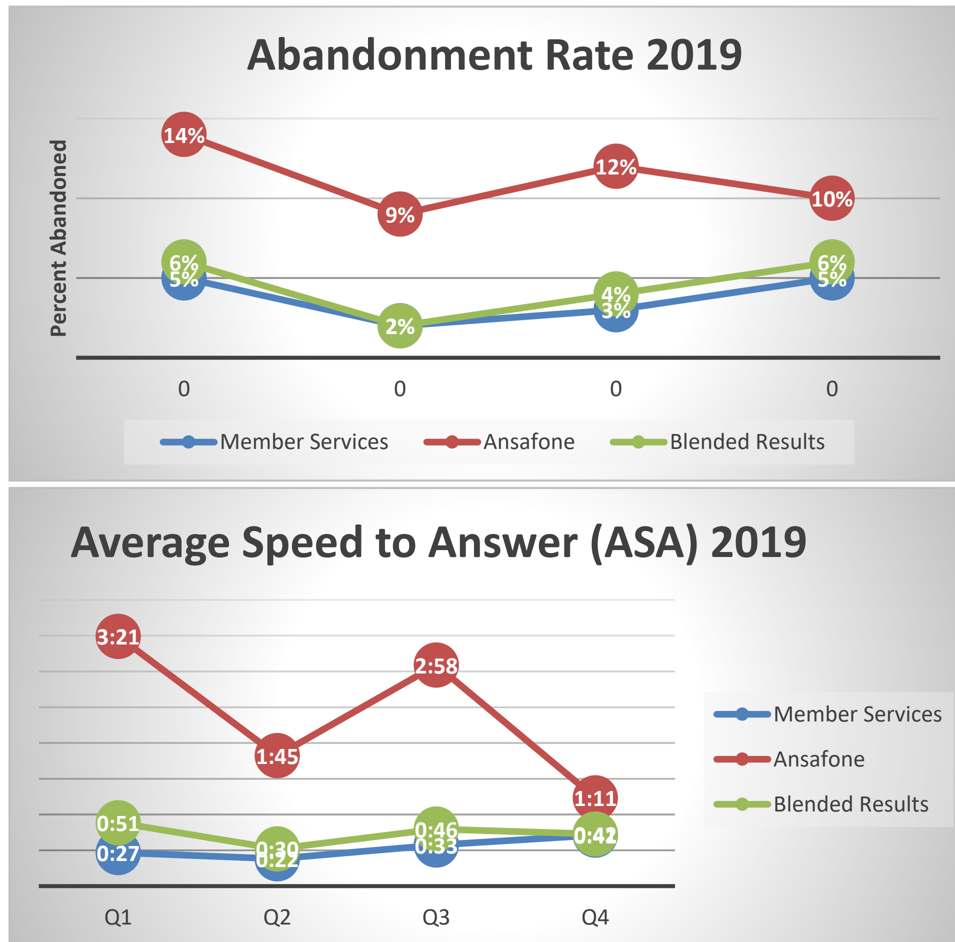
Figure 2: Member Services Levels (SL) 2019 - 2019 Member Services Call Center Report



In 2019, Member Services blended call center targeted metrics were not met for Q1 and Q4 for the abandonment rate of 5% or less. Staffing challenges due to unexpected/unplanned leave of absences (LOAs) impacted the team's ability to meet its service metrics. The MS Department reviewed and implemented various changes to improve service levels and meet metrics. The Member Services phone tree was redesigned to increase member satisfaction and decrease abandonment rates by allowing members to reach the right people, with the right skills (bilingual in particular), at the right time. Member Services Representatives are also able to transfer calls to in-house bilingual representatives (decreasing the need for interpreter service vendor) as the phone system allows for user visibility. The Department is currently reviewing the Member Services Representative – Bilingual job description and will make necessary changes to recruit and hire quality skilled customer service agents that meet quality standards. In 2020 Member Services leadership, as they did in 2019, will continue work with HR and Health Education to review the bilingual language assessment to increase the level of proficiency

required to meet the quality standards to better service our members in this important area. Member Services is currently and will continue working with Compliance to review contractual performance guarantees to ensure quality measures have been met by our call overflow vendor. Through quality assurance process when service measures are not met by the vendor, Compliance will continue to issue corrective action plans. The Department continues to monitor and track call center operations to ensure compliance and quality standards are met.

Figure 3: Abandonment Rate and Average Speed to Answer (ASA) 2019



MEMBER ADVISORY COMMITTEE (MAC)

In 2019, the Member Advisory Committee (MAC) functioned to provide information, advice, and recommendations to the Alliance on member educational and operational issues in respect to the administration of the Alliance's cultural and linguistic services. These advisory functions include but, are not limited to, providing input on the following:

- Culturally appropriate service or program design
- Priorities for the health education and outreach program
- Member satisfaction survey results
- Findings of health education and cultural and linguistic group needs assessment
- The Alliance's outreach materials and campaigns

- Communication of needs for provider network development and assessment
- Community resources and information

The Member Advisory Committee received information from the Alliance on public policy issues, including financial information, and data on the nature and volume of member grievances and the grievance disposition.

The MAC met four times in 2019:

- March 21, 2019
- June 27, 2019
- September 19, 2019
- December 19, 2019

Some of the key topics discussed in 2019 included:

- Cultural and Linguistics Work Plan and Quarterly Reports
- Grievances & Appeals
- Communications & Outreach collateral, events and activities
- Health Education Report
- Health Education Handout Review
- Durable Medical Equipment Vendor
- Health Homes Program
- Substance Use Disorder Program
- Population Needs Assessment
- CalAIM
- Alliance 2020 Organizational priorities
- Questions & Answers for member concerns

MEMBER NEWSLETTER

The Alliance 2019 Spring/Summer and Fall/Winter *Member Connect* newsletter was published and shared with more than 150,000 member households and provider offices. The newsletter contained a variety of disease self-management and preventive care topics and education on:

- Appropriate ER use
- Avoiding C-sections
- Asthma medicines
- Cervical cancer prevention
- LARC (Long-Acting Reversible Contraception)
- Perinatal mental health
- Well-child and well-care visits

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

- Diabetes care and prevention
- Immunizations

SAFETY OF CLINICAL CARE

In 2019, the Alliance continued its organizational focus on maintaining safety of clinical care for its membership.

PHARMACY

A. SUBSTANCE ABUSE DISORDER

The Alliance partnered with our network providers and other local leaders to develop a Substance Use Disorder Program.

Alameda Alliance has launched multiple strategies, *Communication, Community Outreach, and Pharmacy Safeguards*. However, there was a small increase in the total short acting opioid users, long acting opioid users, and members using both short and long acting opioids together. The next steps will be to identify members if grandfathered members had in increase in dose or increase in hospice/palliative/cancer member utilization or gaps in coding for non-grandfathered members. AAH will work together with analytics and PBM to monitor any increase in dose escalation month to month.

AAH is finalizing members and providers materials for distribution of academic detailing materials along with visiting provider office.

Next steps will include additional focus on prevention, intervention and treatment, and recovery support. Ongoing analysis of data regarding the use of MAT, prescribing habits, grievances, ED Data, and opioid and benzodiazepine usage will guide next steps in the program development and implementation.

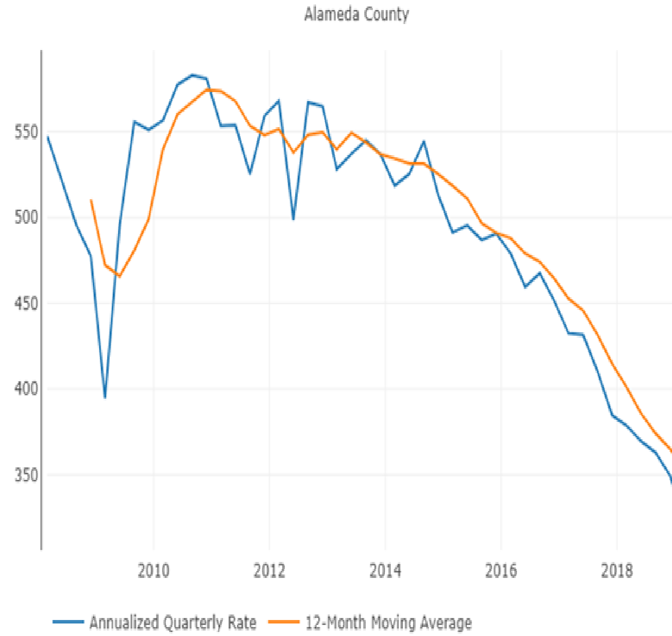
DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Figure 4: Opioids Stewardship Report

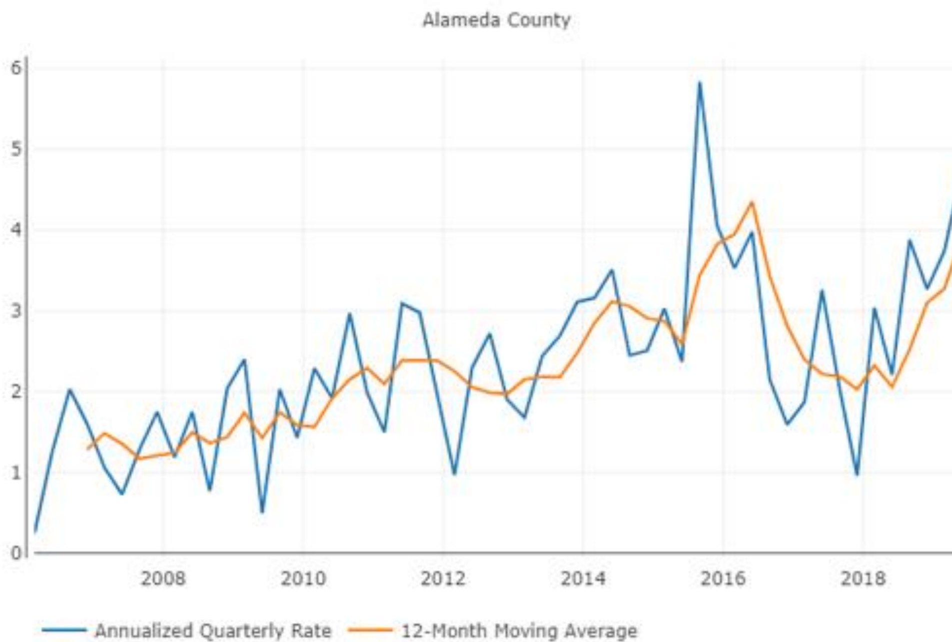
Purpose of Report: To provide periodic updates regarding steps that AAH is taking to help combat the opioid epidemic.

Current Alameda County Data

Opioid Prescriptions by Member Location



Opioid Related Overdose-Age Adjusted Rate Per 100,000 Residents

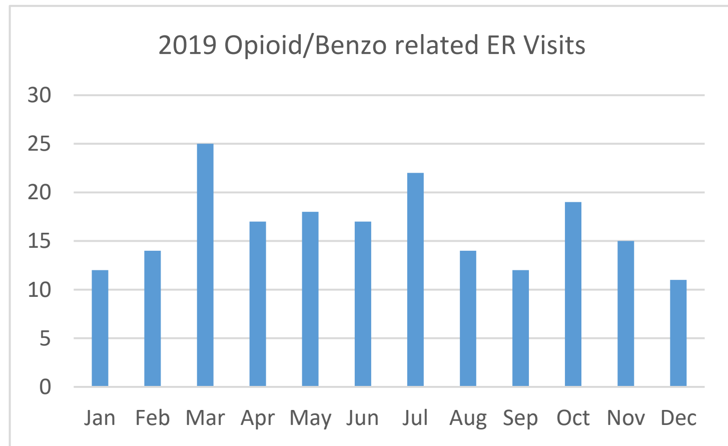


Alameda Alliance Ongoing Activities

Opioid and Benzodiazepine ER Reporting

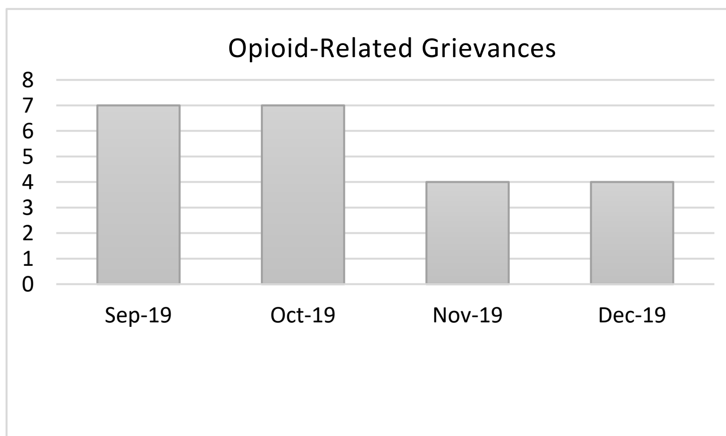
Reports based on claims data and reflects each unique claim with opioids/benzo related ICD code

Reports are shared with assigned pcps of members on these reports on a quarterly basis



Monitor Opioid-related Grievances

Methodology: QI and Pharmacy Services provided a set of keywords such as pain, opioid, and benzodiazepine to G&A. From there G&A manually searched the G&A application database for grievances with these keywords.



Academic Detailing

Overview: QI and Pharmacy Services to identify chronic users defined as greater than 3 months of use and prescribed **≥ 300 MME.** AAH will provide provider education for the providers of these chronic users which includes the following components:

Health education materials: Three documents related to safety, alternative methods, and medications for pain management have been created and designed.

Network access maps for alternative resources: Work with data analytics and C&O to create maps for providers and **members** we are focusing on for under academic detailing.

Members ≥ 300 MME data: Pharmacy services working with PBM to collect most accurate data to identify members receiving ≥ 300 MME. QI gathering CURES reports and the most recent EMR notes per member.

Alameda Alliance is continue to improve our opioid stewardship program. Below are some changes the Alliance has implemented

1. *Pharmacy Safeguards* – As of January 2020, AAH implemented additional safeguards to ensure appropriate opioid use.

Key Points include:

- SAOs have a 14-day limit on their initial start for opioid naïve patients (Table 6)
- Grandfathering chronic users 6 months prior to when program were started; chronic users defined as a cumulative day supply of greater or equal to 90 days supply.
- All SAOs formulation will be limited for to maximum of 3 times daily dosing
- All cancer diagnosis, hospice/palliative care, and sickle cell anemia diagnosis will be exempted from quantity and fill restrictions for opioids
- Monthly reporting and tracking of >120, 200, 300, 400 MME members, providers
- Quarterly reporting of chronic users

Table 6: Pharmacy Safeguard Implementations

Pharmacy Safeguards

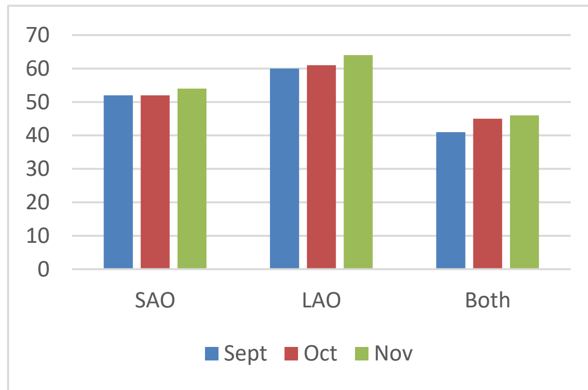
- PA: Prior Authorization
- LAO: Long Acting Opioid
- SAO: Short Acting Opioid

Action	AAH Implementation Date				
Opioid Program Start		12/2017	06/2018	10/2019	01/2020
"New Start" SAO Limit	None	None	None	None	14
SAO QL per month	180	#180/30	#180/30	#90/30	#90/30
SAO Limited by	Drug	Drug	Drug	Total	Total
PA for all LAOs	No	Yes	Yes	Yes	Yes
LAO Increase limit	No	Yes	Yes	Yes	Yes
Cover Alprazolam	Yes	Yes	No	No	No
Cover Carisoprodol	Yes	Yes	No	No	No
Diazepam Limits	3/day	3/day	3/day	3/day	3/day
Lorazepam Limits	No	4/day	4/day	4/day	4/day
Clonazepam Limits	No	3/day	3/day	3/day	3/day

Below is a table that lists the number of members on short acting opioids (SAO) only, long acting opioids (LAO) only, and both short and long acting opioids in September, October, and November. Short and long acting opioids had a slight increase but remains stable. Please note this is data is specifically for a population of >120 MME only.

Figure 5: Members on SAO, LAO, and Both SAO and LAO for Sept-Nov 2019

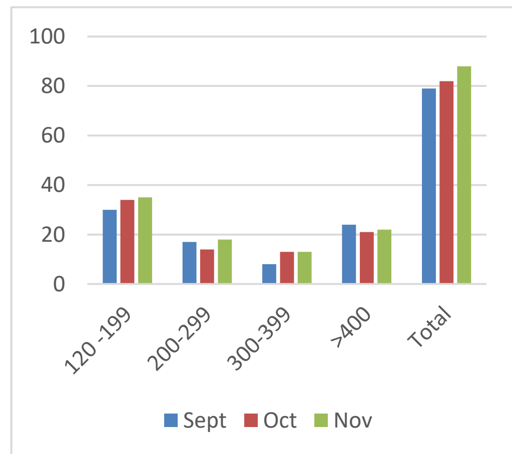
Year	SAO	LAO	Both
Sept	52	60	41
Oct	52	61	45
Nov	54	64	46



Below is a table that lists the number of members on high dose (>120 MME) opioids. From 2016 to 2018, this table shows a 20.3% decrease in members utilizing 120-199 MME, 62.5% decrease in members utilizing 200-299 MME, 20% decrease in members utilizing 300-399 MME, and a 20% increase in members utilizing more than 400 MME.

Figure 6: Members per year on >120MME

	MME (Morphine Milligram Equivalents)				
Month	**120 - 199**	**200-299**	**300-399**	**≥400**	**Total**
Sept	30	17	8	24	79
Oct	34	14	13	21	82
Nov	35	18	13	22	88



B. Drug Recalls

The Pharmacy Department monitors all drug recalls. In 2019, pharmacy recall information is as below:

Table 7: 2019 Pharmacy Recalls

Total number of safety notices/recalls	**86**
Total number of withdrawals	1
The number of notifications where PBM completed a claims data review	30

In 2019, there were 86 recalls. Recalls were monitored for adversely affected members. The number of notifications where the PBM completed a claims data review were 30.

The Alliance website has a continuous flow of safety resources for members and providers and includes FDA recalls, Risk Evaluation and Mitigation Strategies, a Patient Safety Resource Center, and Drug Safety Bulletins.

C. POTENIAL QUALITY ISSUES (PQI)

A Potential Quality Issues are defined as: An individual occurrence or occurrences with a potential or suspected deviation from accepted standards of care, including diagnostic or therapeutic actions or behaviors that are considered the most favorable in affecting the patient's health outcome, which cannot be affirmed without additional review and investigation to determine whether an actual quality issues exists. PQI cases classified as **Quality of Care (QOC)**, **Quality of Access (QOA)**, or **Quality of Service (QOS) Issues**

The QI Department investigates all Potential Quality Issues (PQIs). These may be submitted by members, practitioners, or internal staff. When a PQI is identified, it is forwarded to the Quality Department and logged into a database application. Quality Review Nurses investigate the PQI and summarize their findings. The QI Medical Director reviews all QOC. The QI Medical Director will refer cases to the Peer Review and Credentialing Committee (PRC) for resolution, on clinical discretion or if a case is found to be a significant quality of care issue (Clinical Severity 3, 4).

Table 8: Quality of Care (QOC) Issue Severity Level

Severity Level	Description
C0	No QOC Issue
C1	Appropriate QOC • May include medical / surgical complication in the *absence of negligence* • Examples: Medication or procedure side effect
C2	Borderline QOC • With potential for adverse effect or outcome • Examples: Delay in test with *potential* for adverse outcome
C3	Moderate QOC • Actual adverse effect or outcome (non-life or limb threatening) • Examples: Delay in / unnecessary test *resulting in* poor outcome
C4	Serious QOC • With significant adverse effect or outcome (life or limb threatening) • Examples: Life or limb threatening

Alameda Alliance for Health's Quality department received 1,109 Potential Quality Issues (PQIs), during measurement year 2019. Of the 1,109 PQIs received, a total 31.65%, or 351, of the PQIs were classified as a QOC. The quarterly frequencies are listed in the table below:

Table 9: 2019 PQI Quarterly Frequencies

Indicator	QI 2019	Q2 2019	Q3 2019	Q4 2019	
Indicator 1: QOC PQIs	Denominator: **375** Numerator: **87** Rate: **23.2%** Goal: 60% Gap to goal: **36.8%**	Denominator: **280** Numerator: **85** Rate: **30.36%** Goal: **60%** Gap to goal: **29.64**%	Denominator: **237** Numerator: **71** Rate: **29.96%** Goal: **60%** Gap to goal: **30.04%**	Denominator: **217** Numerator: **108** Rate: 49.77% Goal: **60%** Gap to goal: **10.23%**	100 50 0 Q1 Q2 Q3 Q4
Indicator 2: QOC PQIs leveled at severity C2-4	Denominator: 87 Numerator: **28** Rate: 32.18% Goal: N/A	Denominator: **85** Numerator: **29** Rate: **34.12%** Goal: N/A	Denominator: **71** Numerator: **17** Rate: **23.94%** Goal: N/A	Denominator: **108** Numerator: **9** Rate: **8.33%** Goal: N/A	100 50 0 Q1 Q2 Q3 Q4

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

In 2017, the Quality Improvement (QI) team received about **300** PQIs; in December of 2017, the QI team trained all AAH staff and changed the referral criteria. As a result, in 2018, the QI team received almost **3000** PQIs. In 2019, the QI team has continued with the adapting the PDSA (Plan-Do-Study-Act) cycles from 2018.

In PDSA cycle 1, the QI Review Nurse Supervisor continued to conduct Exempt Grievances case audits via random sampling, to ensure that PQIs are not missed. QI Department management continues to provide oversight of exempt and standard grievances, reviews and investigates *clinical* referrals internal and external to the organization, and ensures that services and access related PQIs are addressed through vendor management and compliance oversight, and other existing channels.

PDSA cycle 2, addressed the technological support and improvement of the PQI application for the QI team. In 2017 and 2018, the team heavily relied on Microsoft Excel. In Q4 2018, phase 1 of the PQI Application was introduced, and phase 1 sub-phases that permitted the QI team to transition from Excel to a home-built application. In 2019, the QI Department continued to collaborate with the IT department in developing and implementing Phase 2 of the PQI application with technology enhancements designed to improve and optimize workflow efficiencies, improve reporting, creating a central data repository that contained essential tracking components, from the initial investigation to the final resolution and leveling of a PQI. QI intends to continue to working closely with IT in 2020 to continue with Phase 3 development, which will include additional enhancements to improve the workflow efficiencies and tracking and trending of data, within the application.

The QI Review Nurse team has undergone significant transitions in 2018 and 2019, however, through 2 PDSA cycles, the team remains committed to effectively reviewing and adjudicating PQIs via root-cause-analysis to improve patient care.

D. CONSISTENCY IN APPLICATION OF CRITERIA (IRR)

The Alliance QI Department assesses the consistency with which physicians, pharmacist, UM nurses, Retrospective Review nurses and non-physician reviewers apply criteria to evaluate inter-rater reliability (IRR). A full description of the testing methodology is available in the QI Program and Quality Improvement policy 133. QI has set the IRR passing threshold as noted below.

Table 10: Inter-rater Reliability Thresholds

Score	Action
High – 90%-100%	No action required
Medium – 61%-89%	Increased training and focus by Supervisors/ Managers
Low – Below 60%	Additional training provided on clinical decision-making. If staff fails the IRR test for the second time, a Corrective Action Plan is required with reports to the Director of Health Services and the CMO. If staff fails to pass the IRR test a third time, the case will be escalated to Human Resources which may result in possible further disciplinary action.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

The IRR process for PQIs uses actual PQI cases. IRRs included a combination of acute and/or behavioral health IRRs. Results will be tallied as they complete the process and corrective actions implemented as needed. When opportunities for improving the consistency in applying criteria, QI staff addresses corrective actions through requiring global or individualized training or completing additional IRR case reviews.

For 2019, IRR testing was performed with QI clinical staff to evaluate consistency in classification, investigation and leveling of PQIs. All QI Review Nurse and Medical Director Reviewers passed the IRR testing with scores of 100%.

FACILITY SITE REVIEW

Facility Site Review (FSR) and Medical Record Review (MRR) audits are mandated for each Health Plan under DHCS Plan Letter 14-004 to occur every three y. FSRs are another way the Alliance ensures member quality of care and safety within the provider office environment. Mid-cycle follow-up of FSR and MRR occurs every 18 months . Corrective Action Plans (CAPs) for non-compliance are required depending on the site FSR and MRR scores and critical element failures.

In 2019, there were 76 site reviews. The total number and types of audits are detailed in the table below:.

Table 11: 2019 Facility Site Reviews

2019	Q1	Q2	Q3	Q4	Total
FSR/MRR: Full Scope	13	6	9	4	**32**
Initial FSR	1	0	1	0	**2**
Initial MRR	7	1	0	0	**8**
Initial FSR/MRR	1	0	1	0	**2**
MRR: Follow Up	2	5	2	1	**10**
FSR/MRR: Mid-cycle	4	4	3	0	**11**
Periodic Annual	0	0	1	1	**2**
Periodic FSR	2	0	2	0	**4**
Periodic MRR	1	1	3	0	**5**
Total Reviews	**31**	**17**	**22**	**6**	**76**

DHCS regulation requires that Critical Element CAPs be received by the Alliance within 10 business days of the site review. The Alliance had 4 providers who were non-compliant in 2019.

Additionally, a critical element CAP is issued for deficiencies in any of the 9 critical elements in the FSR that identify the potential for adverse effects on patient health or safety and must be corrected within 10 business days of the site review.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 12: Compliant and non-compliant FSR/MRR CAPs received in 2019

2019	Q1	Q2	Q3	Q4	Total
Compliant CAPs (received within 45 calendar days)	19	10	16	4	**49**
Non-Compliant CAPs	3	0	3	1	**7**
Total CAPs Issued	**22**	**10**	**19**	**5**	**56**

Table 13: CAPs closed within 120 days of FSR in 2019

2019	Q1	Q2	Q3	Q4	Total
CAPs closed within 120 days	22	10	17	4	**53**
CAPs not closed within 120 days	0	0	2	1	**3**
Total CAPs Issued	**22**	**10**	**19**	**5**	**56**

Factors contributing to non-compliance due to Alliance follow-up with provider offices: vacant FSR Coordinator position; and lack of outreach communication to obtain needed documentation. In 2019 the Alliance hired a FSR Coordinator and initiated an Escalation Process in Q3.

In 2019 the Alliance had one (1) provider with non-passing scores below 80%.

Table 14: 2019 Audits with Non-Passing Scores

2019	Audit Date	FSR Score	MRR Score
Q1	1/9/2019	89%	76%
Q2	N/A	N/A	N/A
Q3	N/A	N/A	N/A
Q4	N/A	N/A	N/A

A. AUDIT OF INITIAL HEALTH ASSESSMENTS (IHAS) VIA FSR/MRR

IHA includes history and physical (H&P) and Individual Health Education Behavioral Assessment (IHEBA). An IHA must be completed within 120 days of member assignment.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

In 2019, medical records at 65 sites were reviewed for the presence of an IHA. Table lists the results of these reviews. The compliance rate goal of 30% was exceeded in all four quarters of 2019. The 28 total non-compliant providers received re-education/training on IHA and IHEBA compliance.

Table 15: 2019 MRR Results

2019	Q1	Q2	Q3	Q4	Total
# of MRRs with Compliant IHAs	13 (48%)	10 (63%)	11 (65%)	3 (60%)	37
# of MRRs with Non-Compliant IHAs (CAPs)	14	6	6	2	28
Total IHAs Audited via FSR	27	16	17	5	65

PEER REVIEW AND CREDENTIALING COMMITTEE (PRCC)

In 2019, 38 practitioners were reviewed for lack of board certification. If there were complaints about a practitioner's office, facility site reviews were conducted and the outcome was reviewed by the PRCC. There was no site reviews conducted based on complaints in 2019. All grievances, complaints, and PQIs that required investigation were forwarded to this committee for review. In 2019, 64 practitioner grievances, complaints, or PQIs were investigated by the committee. There were no practitioners that required reporting to National Practitioner Data Bank (NPDB) by the Alliance.

In 2019, the PRCC granted one year reappointment for two practitioners for grievances filed regarding office procedures. The table below shows evidence of practitioner review by the PRCC prior to credentialing and re-credentialing decisions.

Table 16: Count of Practitioners Reviewed for Quality Issues at PRCC in 2019

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Count of Practitioners Reviewed for Quality Issues At PRCC in 2019										
PRCC Date	PRC	NPDB	Attestation	Malpractice (pending/dismissed)	Facility Site Review	Grievance, Complaints, PQI	License Action	Board Certification CAP	CAP	Total
January		2		1		6		2		11
February		2		2		2		2		8
March	2	1				9		4		16
April		3		4		8		1		16
May	1		1	1		8		1		12
June	1	2		1		8		3		15
July		1		1		1		2	1	6
August		1		2		2		2	3	10
September			1	2		7		5	1	16
October		2	1	2		2	1	6		14
November	1	2	2	2		7	2	7	3	26
December				1		4		3	1	9
Total	**5**	**16**	**5**	**19**	**0**	**64**	**3**	**38**	**9**	**159**

DELEGATION OVERSIGHT

The Alliance conducts quarterly and annual delegation oversight in compliance with Department of Health Care Services (DHCS), DMHC, and the National Committee for Quality Assurance (NCQA) regulations. Annual delegation oversight reviews were conducted in 2019.

Results from the 2019 reviews were reported to the Compliance Committee. The QI delegation audit results were also reported to the HCQC.

In addition to the annual oversight audits, the Alliance held quarterly Joint Operations Meetings with delegates. Additionally, the Alliance held regular Executive Team meetings with Community Health Center Network (CHCN) and Alameda Health Systems Leadership. The Alliance, as well as, the delegate contribute to the meeting agenda. The standard Leadership meeting agenda includes but, is not limited to, the following topics with updates: claims adjudication, information technology, provider relations, member services, quality activities concerns and progress, in addition to new and/or revised legislation, or DMHC, DHCS regulations. Weekly or biweekly Alliance and delegate calls were held to improve communication and information flow, provide bi-directional updates, and resolve any immediate mutual concerns. The Alliance places a high degree of importance on problem solving and communicating with delegates.

In 2019 the Alliance conducted Joint Operations meetings with the delegated groups to review their individual Access and Timely of Care survey results, in addition to, HEDIS rate performance specific to their group to identify opportunities for improvement, strategies for improvement of scores, and HEDIS timelines for reporting year 2019.

The following delegated groups were audited in 2019:

Table 17: Alameda Alliance Delegated Entities

Delegate	Quality Improvement		Utilization Management		Credentialing		Grievances & Appeals		Claims		Call Center		Case Management		Cultural & Linguistic Services		Provider Training	
	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care
Beacon Health Strategies LLC	X	X	X	X	X	X			X	X	X	X	X		X	X	X	
Community Health Center Network (CHCN)			X	X					X	X			X	X			X	
March Vision Care Group, Inc.					X				X									
Children's First Medical Group (CFMG)			X		X				X									
PerformRx			X	X	X	X			X	X	X	X			X	X		
California Home Medical Equipment (CHME)			X	X														
Kaiser	X		X		X		X		X		X		X		X		X	
UCSF					X	X												
Physical Therapy PN					X	X												
Lucille Packard					X	X												

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

The Alliance will continue to conduct oversight of the delegated groups, review thresholds to ensure they are aligned with industry standards, and will issue corrective actions when warranted. After review of the QI delegates, no actions were specifically identified or taken. The QI Delegates Program Evaluation will be reviewed by the HCQC in Q1 of 2020.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

QUALITY IMPROVEMENT PROJECTS

In 2019, the Alliance collaborated with the Department of Health Care Services (DHCS) and Health Services Advisory Group (HSAG) to improve the process for two quality measures. The following quality improvement projects were initiated in late 2017 and completed in June 2019. The projects were based on HEDIS 2017 reporting year data. DHCS encourages plans to adopt the Institute for Health Improvement's (IHI) model for improvement. This approach frames the improvement project to clarify and focus the project before the Plan-Do-Study-Act (PDSA) model is implemented. The project cycle was 18 months and concluded June 30, 2019. The outcomes for the quality improvement projects are stated below.

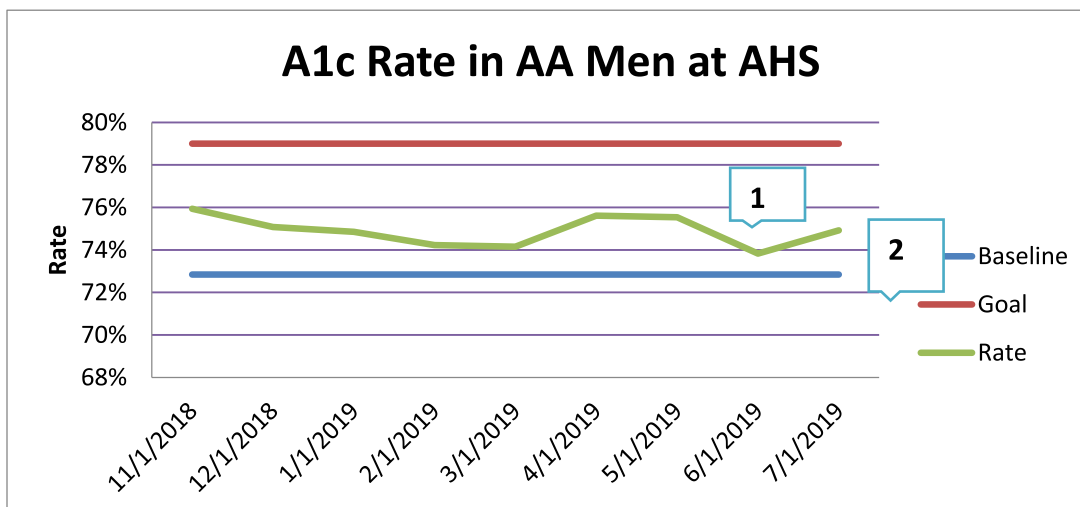
QUALITY IMPROVEMENT PROJECTS

1. HEDIS Measure CDC: Improve the rate of HbA1c Testing in African American Men.

Each Performance Improvement Project (PIP) cycle, DHCS requires one PIP to be centered on addressing a health disparity. 2016 Census data estimates that approximately 11% of Alameda County population identifies as African American whereas Alameda Alliance data revealed that 22% of our diabetic members are African American, which represents a greater disease burden. For reporting year 2017 (2016 calendar year), Alameda Alliance HbA1c testing rate for African American men of 73.12% was below the total plan rate of 85.89%. Collaboration regarding this effort with provider partners across the network revealed that Alameda Health System was targeting HbA1c Poor Control (>9.0%) as QI focus for 2018. Through this partnership, a SMART AIM goal was developed to increase the rate of HbA1c testing among African American men from 73.12% to 79%. The intervention focused on providing point-of-care testing at Highland Outpatient, one of the largest providers of care in the AAH network. During 2018, Alameda Alliance met with Highland clinical staff six times to develop, plan and implement the intervention. Highland began using point-of-care testing in a pilot phase in December 2018.

The Alliance did not achieve the SMART Aim goal for this project. From the run chart over the course of the project, it does not appear that there was an increase in the overall rate as a result of intervention testing. The total number of patients that received HbA1c testing as a result of the intervention was only 8, or about 2.5% of the total population, over the course of three months of testing, which was not enough to make an impact on the overall rate.

Figure 7: Graph of A1c Rate in AA Men at AHS



DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 18: A1c Rate of AA Men at AHS

	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
Numerator	243	238	247	242	241	248	242	235	230
Denominator	320	317	330	326	325	328	323	314	307
Rate	75.94%	75.08%	74.85%	74.23%	74.15%	75.61%	75.54%	73.83%	74.92%

Analysis: In order to perform any interventions that may improve patient care, the Alliance will need to establish key contacts at target sites. Alameda Health System is a large provider for many of the Alliance's most vulnerable patients. Performance improvement within these sites will require strong relationships with a clinic manager or another staff member who will champion and facilitate efforts. The Alliance will continue to identify opportunities for improvement within this focus. Continued telephone outreach will include the offer for transportation aimed at this population. Although the offer of transportation did not show improvements to the rate of HbA1c testing, multiple members accepted the offer of transportation, indicating that this is a need even if it is not the only need of the population. AHS is also transferring to the EPIC system and with this change they have decided to move to an open schedule system in September. The Alliance will continue its collaborative work with AHS to improve appointment availability and scheduling efforts.

Next steps: In 2020, the Alliance intends to adapt the intervention that was tested with Alameda Health System and continue its efforts in improving the HbA1c testing rates of its African American diabetic population by identifying additional partnerships with other key stakeholders within the Alliance community.

2. HEDIS Measure CAP: Increase the Alameda Alliance overall rate of Children and Adolescent Access to Primary Care

Physicians for ages 12-19 (CAP4). Using MY 2017 data, Alameda Alliance CAP4 rate was 85.47%, which fell under the Minimum Performance Level (MPL) of 85.73%. Additional analysis showed that Tri-City clinics, which includes Liberty, Mowry 1 and Mowry 2 offices, had a CAP4 rate of 81.12%, significantly lower than the Alameda Alliance overall rate and well below the MPL. Conversations with Tri-City clinical staff and a thorough literature revealed monetary incentives to be an effective intervention with this age group. Alameda Alliance met with providers and support staff from Tri-City seven times in 2018 to discuss intervention strategies, plan and implementation. Tri-City staff committed to calling all members who were non-compliant with this measure three times and then send them a follow up text if they were not reached by phone. Alameda Alliance committed to sending these members a mailed letter and providing a $25 gift card to all members who completed a compliant visit during the pilot. Tri-City began outreach phone calls in December 2018. The goal is to increase the rate of primary care visits for 12-19 year olds assigned to Tri-City clinics from 81.12% to 86%. This project ran until June 30, 2019.

At the time that the target clinics were chosen for intervention testing, Tri-City clinics had a SMART Aim rate of 81.12%. By the time intervention testing began in December 2018, the SMART Aim measure rate for this clinics had already increased to 88.6%. At the final run of the data report, the compliance rate for the SMART Aim target population was 90.5%, well above the goal rate. Although the intervention to perform outreach calls did appear to coincide with a slight increase in the SMART Aim after the first round of calls, there is no evidence that the second and third round of calls had any positive effect on the SMART Aim rate. Since the SMART Aim rate increased steadily in the months prior to the intervention, there is a question of whether the outreach call attempt can be attributed to the slight increase in rate that happened after. Additionally, it appears that the target sites showed a decrease in the denominator over times, which may mean that they lost non-compliant members from

their population over time rather than increasing the number of compliant members. This makes it more likely that the intervention was not be responsible for rate increase.

Figure 8: Graph of CAP Rate among Tri City Pediatric Population

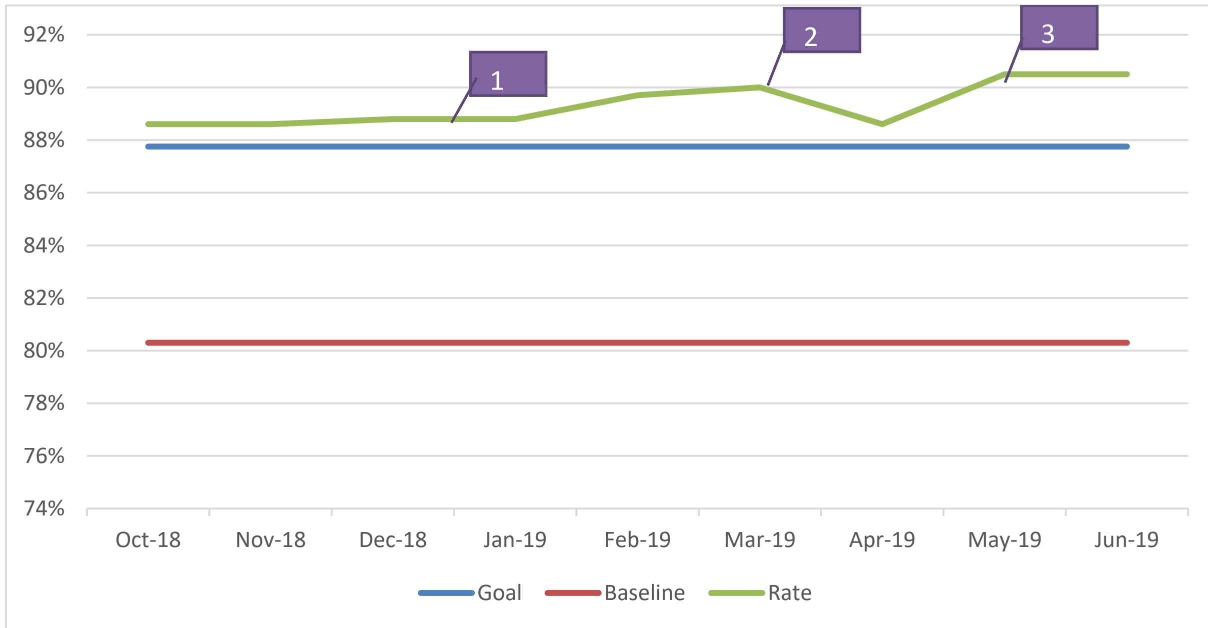


Table 19: CAP Rate among Tri City Pediatric Population

Month	Goal	Base	Rate	Num	Den
Oct 18	87.75%	81.12%	88.60%	1255	1416
Nov 18	87.75%	81.12%	88.60%	1255	1416
Dec 18	87.75%	81.12%	88.80%	1251	1408
Jan 19	87.75%	81.12%	88.80%	1253	1395
Feb 19	87.75%	81.12%	89.90%	1244	1383
Mar 19	87.75%	81.12%	90%	1244	1383
Apr 19	87.75%	81.12%	90.10%	1231	1366
May 19	87.75%	81.12%	90.50%	1244	1375
Jun 19	87.75%	81.12%	90.50%	1224	1352

In 2020, the Alliance intends to adapt this intervention and use the lessons learned to continue to engage the adolescent population to receive preventive care which include EPSDT services.

3. HEDIS Measure MPM: Managing members on persistent medications.

Screening rates for members on persistent medications were below the minimum performance level three years in a row. The rates of screening for members on the following medications: angiotensin converting enzyme (ACE) inhibiters or angiotensin receptor blockers (ARB) and diuretics (DIU) were ACE/ARB= 83.12% in RY 2015, 84.27% in RY 2016 and 86.06% in RY 2017 and DIU= 81.67% in RY 2015, 83.22% in RY 2016 and 85.14% in RY 2017. Due to consistently falling below the Minimum Performance Level for this measure, DHCS requested that Alameda Alliance participate in a pilot to rapidly improve the rates for this measure using a SWOT methodology: Strengths, Weaknesses, Opportunities and Threats. Alameda Alliance completed a data analysis of delegate performance and

reached out to clinics with low performance. Leadership at Tiburcio Vasquez clinics in the Community Health Center Network (CHCN) expressed an interested in partnering on improving this measure. Tiburcio Vasquez clinics had 556 eligible members and a compliance rate of 85.9% for ACE/ARB and 88.9% for diuretics. The interventions developed included texting members to alert them that they were due for a lab and needed to see their provider as well as a 'soft stop' put on members' pharmacy refills to encourage pharmacists to counsel members to get their labs. Alameda Alliance allocated $25 to pharmacies for each member that successfully completed their lab within the measurement period, which concluded in June 30, 2019. Text messaging was completed through Tiburcio Vasquez using their text messaging application and began in December 2018. Text messaging in December prioritized members who had not seen their provider in over a year and had multiple gaps in care in addition to missing their MPM lab. In 2019, the Plan was informed by DHCS that it had met the requirements of the State issued PDSA because it met the MPL for HEDIS reporting year 2017. As a result, the Alliance has chosen to abandon this intervention and project.

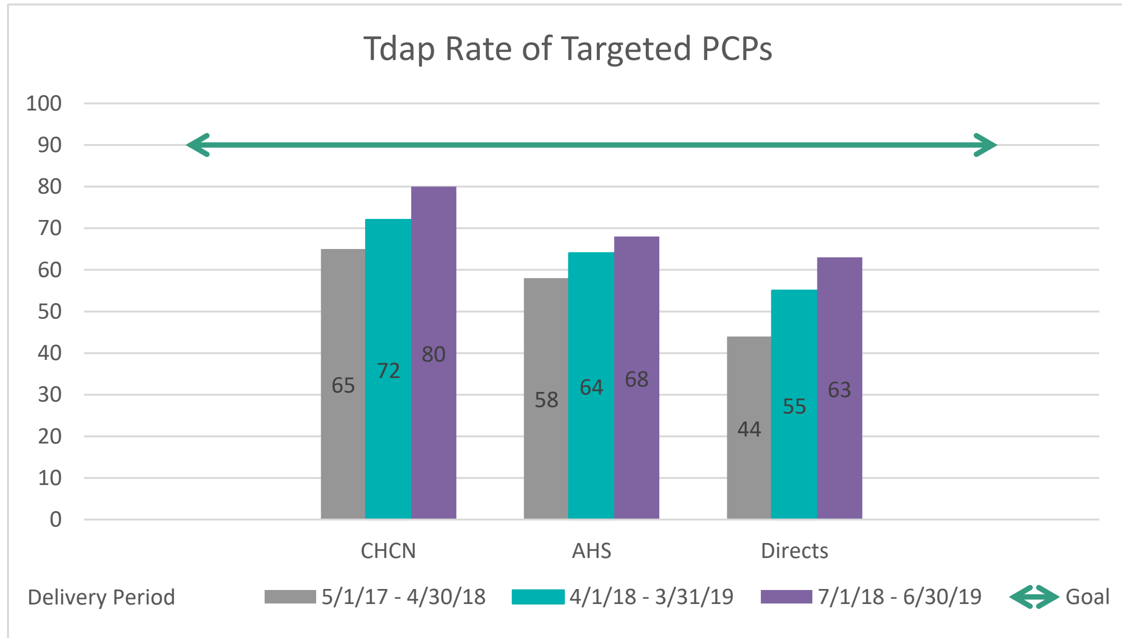
Additional QI Projects:

4. HEDIS Measure None: Increasing rates of Tdap vaccines in pregnant women in the third trimester

In 2018, over 300 cases of pertussis were identified in Alameda County, five of which were infants younger than 4 months old. Immunizing pregnant women with the Tdap vaccine between 27-36 weeks gestation is the most effective practice to protect infants from pertussis. The Alliance and the Immunization Division of Alameda County's Public Health Department (ACPHD) have partnered to implement a Quality Improvement Project to improve rates of prenatal Tdap vaccination. The Alliance completed a baseline data analysis of claims submitted for deliveries between 5/1/2017 to 4/30/2018 and claims data for any Tdap received within 10 months prior to delivery. As a result, 19 PCP's were identified with 30 deliveries or more and Tdap vaccination rates of 80% or lower. Among these providers thus far, Ob/Gyn leadership at Lifelong Medical Care and Alameda Health Systems have expressed interest with improving their rates.

In March and June of 2019, the Alliance and ACPHD presented best Tdap practices to Tri-City Health Center, Tiburcio Vasquez, Axis Community Health Center, as well as several direct providers. It is through the partnership with ACPHD, that 70.33% of the expectant mothers at the targeted provider locations received a Tdap vaccination during the 3rd trimester.

Figure 9: Graph of TDAP Rate of Targeted PCPs



During 2019, the targeted providers received the following interventions:

- Best practices tip sheet
- A Local Health Department (LHD) Nurse-led training on disease prevention, management, and how to promote the vaccine by effective communication
- Tdap flyers and posters in threshold languages for waiting and exams rooms
- An Alliance Nurse and Medical Director visit to discuss member level data, identify and resolve barriers, and determine opportunities to appropriately report and capture data

Analysis: During the process, several barriers were identified, which included the lack of a pharmaceutical grade refrigerator which caused the member to be referred to a pharmacy, providers misunderstanding the claims and reimbursement process, EMR changes, and lack of CAIR 2.0 interfacing with existing EMR. As a result, the Alliance intends to continue the partnership with ACPHD in 2020 in order to ensure timely Tdap administration and/or follow-up of OB care coordination for its members.

5. Improving Initial Health Assessment (IHA) Rates

The past 1 year of IHA rates is outlined below.

Table 20: 2018 IHA Rates

Q1 2018	Q2 2018	Q3 2018	Q4 2018
Denominator: 15,035 Numerator: 3,628 Rate: 24.13% Goal: 30% Gap to goal: 5.87% points	Denominator: 15,704 Numerator: 3,430 Rate: 21.84% Goal:30% Gap to goal: 8.16% points	Denominator:14,181 Numerator: 3,343 Rate: 23.57% Goal: 30% Gap to goal: 6.43% points	Denominator: 13,739 Numerator: 3,161 Rate: 23% Goal: 30% Gap to goal: 7% points

On average, an IHA is completed for 23.14% of new members (1/1/18 – 12/31/18); the table below identifies IHA completion rates by network.

Table 21: IHA Completion Rates among New Enrollees

Network	New Enrollees	With IHA Completed	IHA Compliant Rate
AHS	18,267	3,086	**16.89%**
ALLIANCE Excl. AHS	10,131	2,742	**27.06%**
CFMG	7,790	1,966	**25.24%**
CHCN	16,361	4,635	**28.33%**
KAISER	6,110	1,133	**18.54%**
ALL NETWORK	**58,659**	**13,562**	**23.12%**

In an effort to improve IHA compliance rates, the Alliance is working to:

- Ensure member education – through mailings and member orientation
- Improve provider education – through faxes, the PR team, provider handbook, and P4P program
- Improve data sharing – by sharing gaps in care lists with our delegates and providers
- Incentivize IHA completion rates – by including IHA completion rates as an incentivized program
- Update claims codes – to ensure proper capture of IHA completion
- Monitor records to ensure compliance with all components of the IHA

Given the 6 month claims lag, data will be reviewed and analyzed in Q3 – Q4 of 2020.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

PEDIATRIC CARE COORDINATION PILOT

In 2018 CA State Auditor Report cited the following:

1. "90% of children in MCL receive services through managed care plans
2. "An annual average of 2.4 million children who were enrolled in MCL over the past five (5) years have not received all of the preventive health services that the State has committed to provider them."
3. "Under-utilization of children's preventive health in CA MCL has been consistently below 50% and is ranked 40th in the country, 10% below the national average."
4. Alameda Alliance for Health Direct and Delegate Network providers are performing below 50% on several pediatric HEDIS measures

In July of 2019, to address the important issue of under-utilization and improve pediatric access to care for preventive health services, Health Care Services (HCS) QI department developed a deployed a strategy for enhanced integration of pediatric health care services for the children and adolescent population enrolled in the Alameda Alliance (AA) for Heath Medi-Cal program. The Alliance sought to constructively influence and impact care delivery for this identified population in three (3) ways:

- Quality Initiatives
- Clinical Initiatives
- Pilot Program

The HCS strategy proposed leveraging "whole child wellness" integration through:

- Improved screening and referrals as part of Medi-Cal Early and Periodic Screening, and Diagnostic and Treatment (EPSDT) supplement benefit
- Reporting via data segmentation and visualization
- Member and provider incentives
- Community based program funding
- Provider P4P
- Health Education engagement

The Alliance collaborated with external stakeholder's key to the success of this pediatric pilot

- Direct Providers
- Delegates
    - Alameda Health Services (18K Pediatric Members)
    - Beacon Health Options
    - Children's First Medical Group (32K Pediatric Members)
    - Community Health Care Network (36K Pediatric Members)
    - Kaiser (18K Pediatric Members)
- Community Based Organizations (CBOs)
    - Alameda County Public Health Asthma Start
    - Alameda County Healthy Homes Lead Poisoning Prevention

- First 5 Alameda County
- Benioff Children's Hospital Oakland
- Regional Center
- CA Children's Services

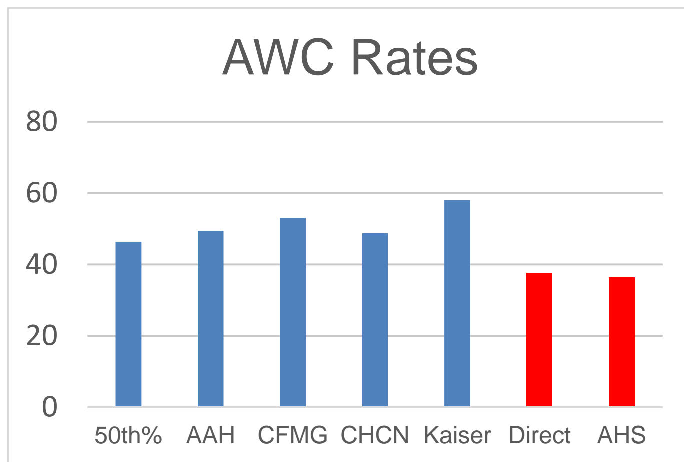
Pediatric HEDIS Performance Measures selected for improvement:

1. AWC – Adolescent Well-Care Visits

AWC - Adolescent Well-Care Visits*

Age 12-21 years of age who had at least one visit with a primary care practitioner or an OB/GYN during the year.

Figure 10: 2019 AWC Rates



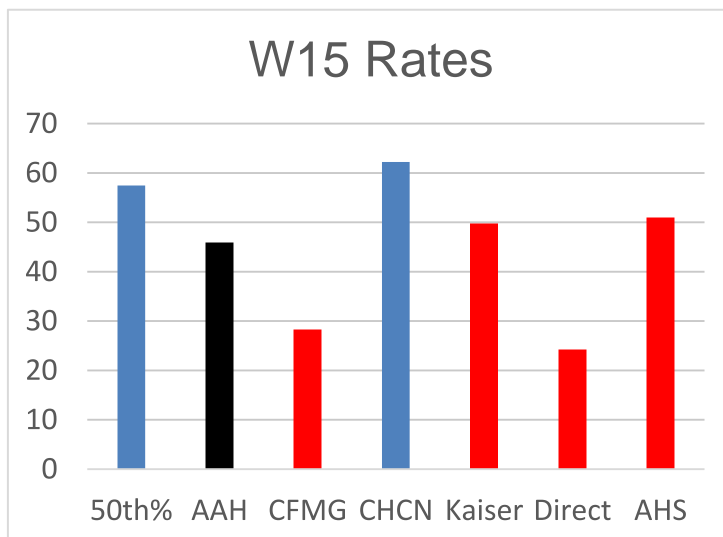
- Plan Above the 50th %: Yes
- Providers below the 50%: Directs and AHS
- Eligible Number: 41K
  - Directs: 3993
  - AHS: 3820

* Hybrid Measure, but no previous hybrid rates, thus graph is admin data only

2. W15 - Well-Child Visits in the First 15 months of Life

Figure 11: 2019 W15 Rates

15 months old and had 0–6 well-child visits with a pcp



- Plan Above the 50th %: No
- Providers below the 50%: CFMG, Kaiser, Directs and AHS
- Eligible Number: 1,335
  - CFMG: 382 → PIP
  - Kaiser: 354 → Data Share
  - Directs: 70
  - AHS: 153 → Data Share

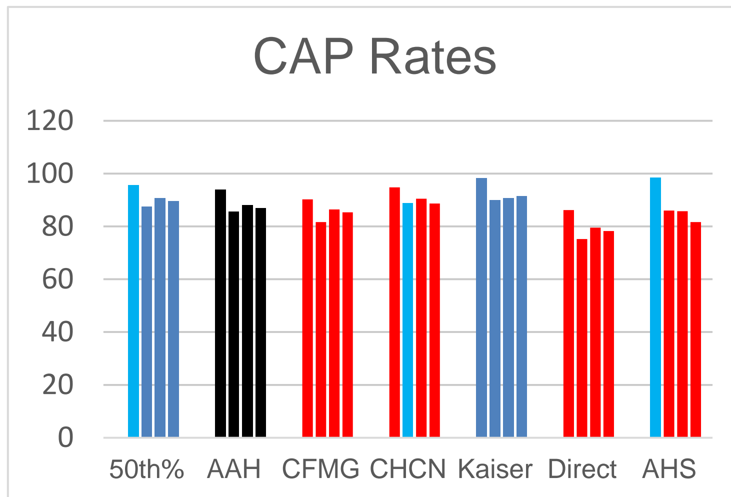
* Hybrid Measure, but no previous hybrid rates, thus graph is admin data only

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

3. CAP - Children & Adolescents' Access to Primary Care Practitioners

Figure 12: 2019 CAP Rates

1-19 yo who had a visit with a PCP – 1-2 (3468), 2-6 (22063), 7-11 (20826), 12-19 (30283)



- Plan Above the 50th %: No
- Providers below the 50%: CFMG (All), CHCN (3/4), Directs (All) and AHS (3/4)
- Eligible Number:
  - CHCN → Data Share
  - CFMG → Data Share
  - Directs: 3993 → PIP
  - AHS: 3820 → PIP

Goal of effective partnerships will result in value-add outcomes for the Alliance and its pediatric members that include:

- a shared vision
- improved access to care (Quality initiatives with delegates)
- increased utilization rates for preventive health services (Quality initiatives)
- improved data sharing
- improved care coordination (Clinical initiatives with delegates)
- improved health outcomes, (Clinical initiatives with delegates)
- improved HEDIS rates to MCAS 50% MPL (Quality initiatives with delegates)
- enriched member and provider experience/satisfaction (Quality initiatives)

The Pediatric Care Coordination Pilot launched October of 2019. Pilot analysis with outcomes measurements slated for July 2020.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Figure 13: HEDIS MCAS Access to Care PIP Measures with Member Incentives (CFMG, AHS, CHCN, Directs)

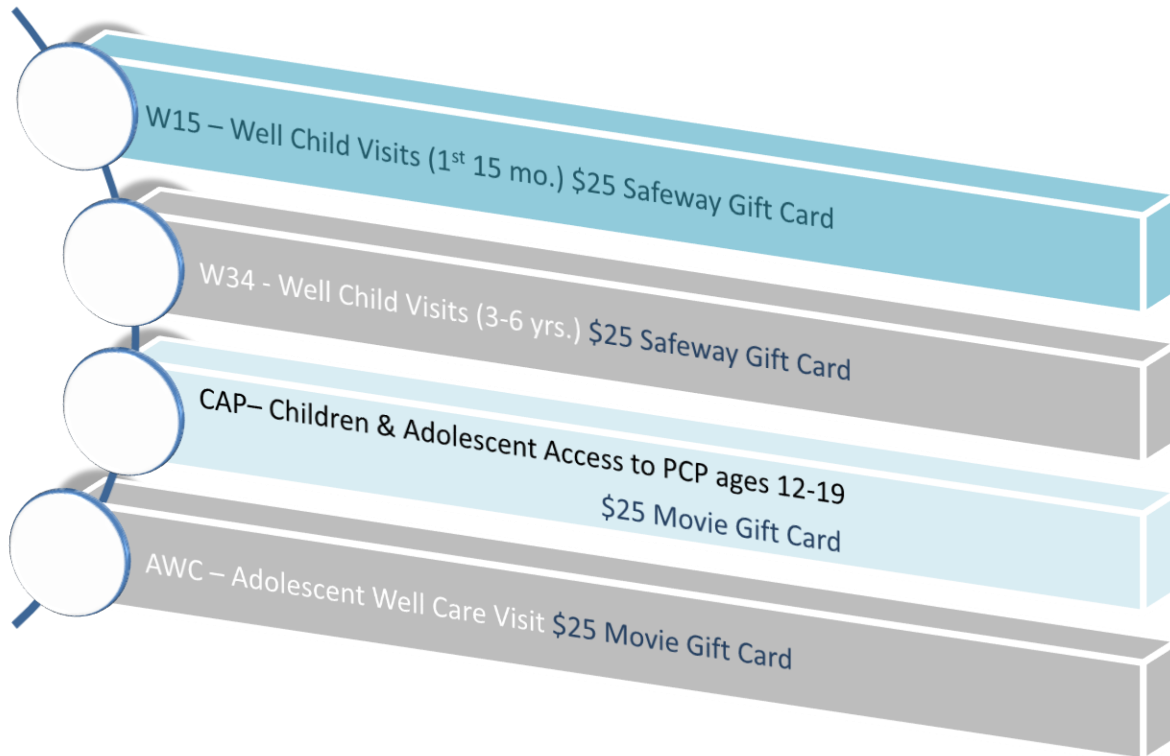
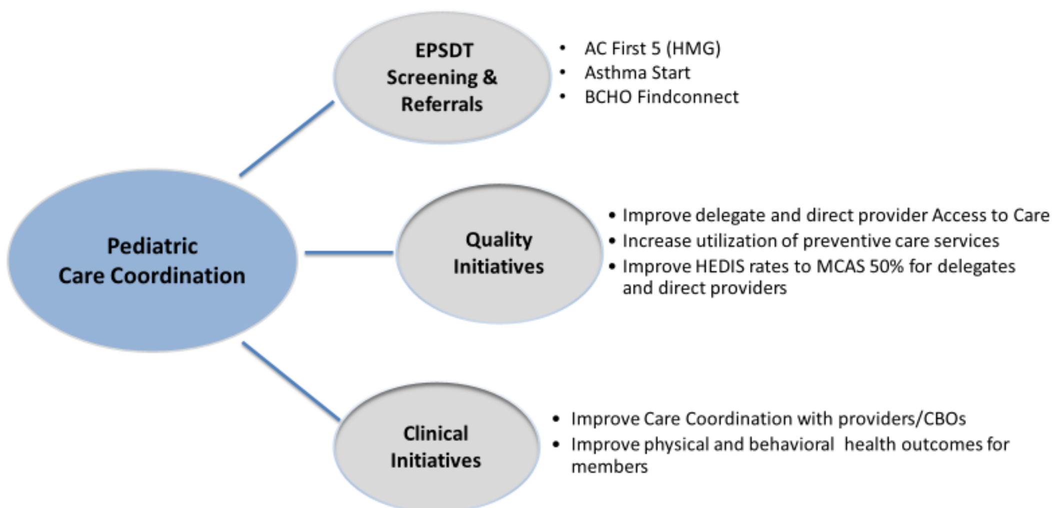


Figure 14: Pediatric Care Coordination Pilot Goals



DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 22: Pediatric Care Coordination Pilot

	Potential AAH Support	Additional Value Add	Purpose of Pilot Funding
AC First 5 Help Me Grow (HMG) Ages 1-5	Multilingual call center for well visit member outreach improve HEDIS/GIC under utilization	• + Comm reputation • Culturally relevant member connections and communications • Demonstrated data sharing	• Increase outreach to AAH members • Improve screening and referrals with increased access to primary care services • Care Coordination/Navigation

Asthma Start Ages 1- 18	• Strengthen CM utilization to high risk members
	• Assist with AMR HEDIS Metric
	• Become CB-CME for scaling and sustainability
	• F/U ED visits
		• + Comm reputation
		• Intensive asthma CM for kids/families
		• Existing systems to track referrals and health outcomes
		• Integrated with county services
			• Data sharing opportunity for enhanced integration into QI and population
			• Health mgt work
			  • CM/DM coordination
			  • Increase HE funding to expand service to 19-20 year olds
			  • Fund one (1) CHW for 1yr. with outcomes tracking
			  • Become CB-CME

BCHO (ACES) Findconnect	• Strengthen provider/plan capacity to provide resource referrals via trauma informed care assessment addressing SDOH	• State funding already in place for provider trauma screenings. Resource referrals are needed to assist with BH care coordination and targeting of wrap-around service coordination-including
		  • Food is Medicine
		  • Open source Wellness
			• Pilot "Hub Model" using Health Coordinator embedded in AAH CM to promote and receive referrals via Findconnect platform
			• Data source for Pop Health reporting
			• Provide Trauma Care Training to AAH staff.

CLINICAL IMPROVEMENT TRENDS: HEDIS

The Alliance is committed to ensuring the level of care provided to all enrollees meets professionally recognized standards of care and is not withheld or delayed for any reason. The Alliance adopts, re-adopts, and evaluates recognized standards of care for preventive, chronic and behavioral health care conditions. The Alliance also approves the guidelines used by delegated entities. Guidelines are approved through the HCQC. Adherence to practice guidelines and clinical performance is evaluated primarily using standard HEDIS measures. HEDIS is a set of national standardized performance measures used to report on health plan performance in preventive health, chronic condition care, access and utilization measures. DHCS requires all Medicaid plans to report a subset of the HEDIS measures. Two years of Medicaid hybrid and administrative rates are noted below. Reporting year is

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

noted and reflects prior calendar year. Minimum Performance Level and High Performance Level are determined by the Medi-Cal Managed Care Division.

Table 23: Medicaid Hybrid HEDIS Measures

NCQA Acronym	Current Rate Method	Accred - EAS - Both	Measure	Hybrid Final - June 2018	2019 Current Hybrid	2019 MPL
ABA	H	A	Adult BMI Assessment	83.09%	92.92%	*83.17%*
CCS	H	B	Cervical Cancer Screening	60.00%	63.54%	*54.26%*
CDC	H	E	CDC HbA1c	87.59%	89.05%	*84.99%*
CIS	H	E	CIS - COMBO3	73.97%	77.62%	*65.45%*
PPC	H	B	PPC - Prenatal	85.52%	84.44%	*76.89%*
W34	H	B	Well-Child Visits in the Third, Fourth, Fifth and Six	79.27%	73.84%	*67.15%*
CBP	H	B	Controlling High Blood Pressure	65.69%	64.23%	*49.15%*
CDC	H	E	CDC Poor Control	34.31%	29.68%	*47.08%*
CDC	H	B	CDC Good Control <8	53.77%	57.66%	*44.44%*
CDC	H	B	CDC Eye	58.64%	61.31%	*50.85%*
CDC	H	E	CDC Neph	89.54%	86.62%	*88.56%*
CDC	H	B	CDC BP<140/90	61.80%	67.15%	*56.33%*
IMA	H	B	IMA - Combo 2	47.69%	55.23%	*26.28%*
PPC	H	B	PPC - Postpartum	68.31%	72.78%	*59.61%*
WCC	H	A	WCC - BMI	72.27%	91.34%	*66.06%*
WCC	H	B	WCC - Counseling for Nutrition	74.45%	82.69%	*59.85%*
WCC	H	B	WCC - Counseling for Phys Activity	76.01%	80.30%	*52.31%*

Table 24: Medicaid Administrative HEDIS Rates

NCQA Acronym	Current Rate Method	Accred - EAS - Both	Measure	Admin Final - April 2018	2019 Current Admin	2019 MPL
AAB	A	B	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	41.23%	41.47%	*27.63%*
ADD	A	A	Initiation Phase	40.04%	44.02%	*47.13%*
ADD	A	A	Continuation and Maintenance (CM) Phase	54.55%	53.26%	*38.20%*
AMM	A	A	Effective Acute Phase Treatment	66.70%	70.03%	*48.90%*
AMM	A	A	Effective Continuation Phase Treatment	51.97%	53.37%	*33.45%*
AMR	A	E	Asthma Medication Ratio	62.85%	64.17%	*56.85%*
AWC	A	A	Adolescent Well-Care Visits	48.24%	49.43%	*45.74%*
BCS	A	B	Breast Cancer Screening	63.88%	63.93%	*51.82%*
CAP	A	E	12-24 Months	91.90%	93.94%	*93.64%*
CAP	A	E	25 Months - 6 Years	84.53%	85.60%	*84.39%*
CAP	A	E	7-11 Years	87.55%	88.20%	*87.73%*
CAP	A	B	12-19 Years	85.54%	86.96%	*85.91%*
CHL	A	A	Chlamydia Screening in Women - Total	59.99%	58.91%	*50.46%*
CWP	A	A	Appropriate Testing for Children With Pharyngitis	66.48%	72.17%	*72.52%*
LSC	A	A	Lead Screening in Children	64.50%	63.84%	*62.53%*
LBP	A	B	Use of Imaging Studies for Low Back Pain	81.99%	80.40%	*67.19%*
MMA	A	A	Total Medication Compliance 50%	67.73%	68.38%	*54.72%*
MMA	A	A	Total Medication Compliance 75%	46.12%	47.08%	*29.41%*
MPM	A	E	ACE Inhibitors or ARBs	86.52%	86.95%	*85.97%*
MPM	A	E	Diuretics	85.60%	85.92%	*86.00%*
NCS	A	A	Non-Recommended Cervical Cancer Screening in Adolescent Females	0.27%	0.20%	*2.06%*
SPC	A	A	SPC - Received Statin Therapy 21-75 Male	77.76%	78.34%	*74.53%*
SPC	A	A	SPC - Statin Adherence 80% 21-75 Male	82.24%	81.14%	*59.21%*
SPC	A	A	SPC - Received Statin Therapy 40-75 Female	66.04%	69.35%	*69.85%*
SPC	A	A	SPC - Statin Adherence 80% 40-75 Female	72.49%	81.40%	*56.34%*
SPD	A	A	SPD - Received Statin Therapy	69.16%	71.46%	*58.19%*
SPD	A	A	SPD - Statin Adherence 80%	76.20%	80.08%	*53.18%*
SSD	A	A	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	82.24%	80.70%	*77.27%*
SMD	A	A	Diabetes Monitoring for People With Diabetes and Schizophrenia	63.89%	63.28%	*65.00%*
SMC	A	A	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	68.00%	60.87%	*74.33%*
SAA	A	A	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	28.53%	32.31%	*53.91%*
PBH	A	A	Persistence of Beta-Blocker Treatment After a Heart Attack	81.30%	83.10%	*73.66%*
PCE	A	A	Systemic Corticosteroid	63.65%	63.30%	*62.92%*
PCE	A	A	Bronchodilator	85.82%	87.45%	*78.74%*
URI	A	A	Appropriate Treatment for Children With Upper Respiratory Infection	97.38%	98.09%	*86.63%*
W15	A	A	W15 - Six or More visits	21.03%	45.92%	*58.54%*

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

ANALYSIS OF HEDIS MEDICAID EXTERNAL ACCOUNTABILITY SET (EAS)

The above tables represent the Medicaid HEDIS measures for the DHCS Accountability measure set. Of the trended measures (including individual sub measures), 43/52 measures met the Minimum Performance Level (MPL). In 2019, 8 of the measures showed improvement while 12 showed a minimal decline, whereas 2 measures (W34 and SMC) showed more significant decline but continue to be significantly above the MPL.

The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (HEDIS) indicators. It is a composite rate calculated as a percent of the National High Performance Level (HPL). The Alliance goal is to increase Aggregated Quality Factor Score rates by 5% each year. In 2018, the Alliance met the target goal when evaluated in the aggregate. The Alliance met minimum performance goals for all measures. If a minimum performance level is not met, an in depth analysis occurs to identify barriers to access and care.

Based on the HEDIS data presented, potential focus areas for 2020 may include the following:

- W34 – Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years
- W15 – Six or more Visits in the First 15 Months
- AWC – Adolescent Well-Care Visits
- CCS – Cervical Cancer Screening
- CDC – Comprehensive Diabetic Care – HbA1c Testing

HEALTH PLAN ACCREDITATION

In September 2019, Alameda Alliance participated in the triennial reaccreditation survey for Health Plan Accreditation (HPA) sponsored by NCQA. NCQA HPA is a voluntary recognition program consisting of a triennial desktop review of program materials, policies and procedures and on-site file review. The standards evaluate Quality Improvement, Population Health Management, Network Management, Utilization Management, Credentialing, Rights and Responsibilities, and Member Connections. Annually, the score and award are reevaluated based on the fixed survey standards score and an annual reevaluation of audited HEDIS and CAHPS scores. NCQA grants the following decisions: Excellent (90-100 points), Commendable (80-89.99 points), Accredited (65-79.99 points), Provisional (55-64.99 points), and Denied (less than 54.99 points).

Figure 15: Medicaid NCQA Accreditation Status Award

With a combined score of 86.14, Medicaid earned “Commendable” status, 48.99 Standards score, and 37.14 HEDIS + CAHPS score. However, there was a must pass element UM 7B that did not receive a passing score. The Alliance received a Corrective Action Plan for this element and will be resurveyed in June 2020. In 2020, HEDIS + CAHPS scores will be submitted for annual NCQA reevaluation and added to the Standards score of 48.99.

Figure 16: Group Care NCQA Accreditation Status Award

With a combined score of 41.66 for Standards, GroupCare earned “Accredited” status for the next year. The Alliance will have a resurvey in June 2020 to review elements that did not pass 80%, we will need a score of 42.5 for Standards to obtain our accredited status for 3 years. For GroupCare we also did not receive a passing score for the must pass element UM 7B. Resurvey of this element will also be conducted in June 2020.

QUALITY OF SERVICE

Analyses of member experience information helps managed care organizations identify aspects of performance that do not meet member and provider expectations and initiate actions to improve performance. Alameda Alliance for Health (AAH) monitors multiple aspects of member and provider experience, including:

- Member Experience Survey
- Member Complaints (Grievances)
- Member Appeals

MEMBER EXPERIENCE SURVEY

The Medi-Cal and Commercial Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is administered by an NCQA-certified HEDIS survey vendor. SPH Analytics was selected by the Alliance to conduct the 2019 CAHPS 5.0 survey. The survey method includes mail and phone responses. Members in each Alliance line of business (LOB) are surveyed separately. Table 1 shows the survey response rates. As of 12/31/19, the Alliance had a total of 243,457 members. Breakdown of member enrollment by network is as follows: Community Health Center Network (CHCN) 36%; the

Alliance (directs) 18%; Alameda Health System (AHS) 18%; Kaiser 13%; and Children First Medical Group (CFMG) 12%.

Table 25: Survey Response Rates for 2019 – 2018

	Medi-Cal Adult	Medi-Cal Child	Commercial Adult
2019	21.3%	21.3%	28.3%
2018	20.9%	24.3%	27.9%

Table 26, Table 27,and

Table 28 contain trended survey results for the Medi-Cal Child, Medi-Cal Adult, and Commercial Adult populations across composites. Tables 5-7 contain trended survey results for these three populations for the delegate networks. The 2018 Quality Compass All Plans (QCAP) benchmark noted within the table is a collection of CAHPS 5.0 mean summary ratings for the Medicaid and Commercial samples that were submitted to NCQA in 2018 that provides for an aggregate or national summary. With respect to the 2018 QCAP scores, Red signifies that the current year 2019 score is significantly lower when compared to trend or benchmark score. Data values in Green indicate that the current year 2019 score is significantly higher when compared to trend or benchmark score.

Table 26: Medi-Cal Child Trended Survey Results

Summary Rate Scores: Medi-Cal Child				
Composite	**2019**	**2018 QCAP**	**2018**	**Year Over Year Trend**
Getting Needed Care	83.5%	84.7%	81.9%	↑
Getting Care Quickly	85.4%	89.5%	82.8%	↑
How Well Doctors Communicate	93.7%	93.7%	91.6%	↑
Customer Service	86.1%	88.7%	84.6%	↑
Shared Decision Making	78.4%	78.3%	75.3%	↑
Rating of Health Care (8-10)	89.8%	87.0%	85.9%	↑
Rating of Personal Doctor (8-10)	93.6%	89.5%	89.6%	↑
Rating of Specialist (8-10)	85.5%	87.0%	86.3%	↓
Rating of Health Plan (8-10)	88.9%	86.3%	88.3%	↔

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 27: Medi-Cal Adult Trended Survey Results

Summary Rate Scores: Medi-Cal Adult				
Composite	**2019**	**2018 QCAP**	**2018**	**Year Over Year Trend**
Getting Needed Care	76.0%	82.4%	76.1%	↔
Getting Care Quickly	74.5%	82.1%	73.2%	↑
How Well Doctors Communicate	88.4%	91.6%	90.5%	↓
Customer Service	80.7%	88.3%	86.7%	↓
Shared Decision Making	78.7%	79.5%	70.8%	↑
Rating of Health Care (8-10)	73.6%	74.6%	73.5%	↔
Rating of Personal Doctor (8-10)	77.1%	81.4%	80.3%	↓
Rating of Specialist (8-10)	74.5%	82.1%	77.8%	↓
Rating of Health Plan (8-10)	73.4%	77.0%	73.0%	↔

Table 28: Commercial Adult Trended Survey Results

Summary Rate Scores: Commercial Adult				
Composite	**2019**	**2018 QCAP**	**2018**	**Year Over Year Trend**
Getting Needed Care	72.8%	86.2%	72.3%	↔
Getting Care Quickly	70.9%	84.8%	69.5%	↑
How Well Doctors Communicate	87.6%	95.0%	85.8%	↑
Customer Service	82.8%	88.4%	86.5%	↓
Shared Decision Making	84.3%	81.6%	84.3%	↔
Rating of Health Care (8-10)	68.2%	77.5%	66.8%	↑
Rating of Personal Doctor (8-10)	80.4%	84.9%	73.3%	↑
Rating of Specialist (8-10)	75.5%	84.7%	75.9%	↔
Rating of Health Plan (8-10)	64.5%	63.6%	66.5%	↓

Table 29: Medi-Cal Child Trended Survey Results – Delegates

	AHS			Alliance			CFMG			CHCN			Kaiser 2019			2018 QCAP
	2019	2018	Year Over Year Trend	2019	2018	Year Over Year Trend	2019	2018	Year Over Year Trend	2019	2018	Year Over Year Trend	2019	2018	Year Over Year Trend	
Getting Needed Care	79.2%	91.9%	↓	77.5%	65.0%	↑	82.6%	81.4%	↑	83.8%	78.9%	↑	90.1%	92.4%	↓	84.7%
Getting Care Quickly	55.7%	70.2%	↓	93.3%	84.1%	↑	89.3%	89.9%	↔	79.8%	76.8%	↑	98.6%	93.1%	↑	89.5%
How Well Doctors Communicate	94.7%	90.0%	↑	86.1%	100.0%	↓	93.8%	93.9%	↔	92.8%	86.4%	↑	98.5%	99%	↓	93.7%
Rating of Health Care (8-10)	87.5%	87.1%	↔	100.0%	93.3%	↑	91.1%	86.4%	↑	87.0%	81.4%	↑	93.9%	93.9%	↔	87.0%
Rating of Personal Doctor (8-10)	97.0%	81.3%	↑	100.0%	85.0%	↑	97.9%	93.3%	↑	88.1%	87.2%	↑	94.7%	94.7%	↔	89.5%
Rating of Specialist (8-10)	75.0%	66.7%	↑	100.0%	50.0%	↑	91.3%	93.8%	↓	77.8%	89.7%	↓	90.9%	83.3%	↑	87.0%
Rating of Health Plan (8-10)	97.2%	87.2%	↑	96.2%	81.8%	↑	88.8%	85.6%	↑	84.1%	89%	↓	95.1%	92.6%	↑	86.3%

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 30: Medi-Cal Adult Trended Survey Results – Delegates

	AHS			Alliance			CFMG			CHCN			Kaiser			2018QCAP
	2019	2018	Year Over Year Trend	2019	2018	Year Over Year Trend	2019	2018	Year Over Year Trend	2019	2018	Year Over Year Trend	2019	2018	Year Over Year Trend	
Getting Needed Care	74.5%	69.4%	↑	81.9%	74.4%	↑	50.0%	100%	↓	70.1%	78.3%	↓	90.0%	88.3%	↑	82.4%
Getting Care Quickly	69.5%	68.9%	↑	75.0%	86.0%	↓	50.0%	83.3%	↓	75.2%	65.7%	↑	82.4%	72.3%	↑	82.1%
How Well Doctors Communicate	88.8%	87.5%	↑	82.9%	88.2%	↓	100.0%	100%	↔	91.8%	94.4%	↓	93.2%	85%	↑	91.6%
Rating of Health Care (8-10)	67.6%	60.6%	↑	71.7%	81.5%	↓	100.0%	100%	↔	75.6%	70.4%	↑	81.3%	90.9%	↓	74.6%
Rating of Personal Doctor (8-10)	70.6%	76.9%	↓	65.5%	86.8%	↓	100.0%	100%	↔	85.9%	79.2%	↑	85.7%	70.6%	↑	81.4%
Rating of Specialist (8-10)	62.5%	75.0%	↓	67.9%	71.4%	↓	0%	100%	↓	86.0%	88.9%	↓	63.6%	57.1%	↑	82.1%
Rating of Health Plan (8-10)	67.7%	62.9%	↑	71.0%	77.6%	↓	50.0%	50%	↔	74.8%	74.8%	↔	91.6%	82.6%	↑	77.0%

Table 31: Commercial Adult Trended Survey Results – Delegated Network

	Alliance			CHCN			AHS			2018 QCAP
	2019	2018	Year Over Year Trend	2019	2018	Year Over Year Trend	2019	2018	Year Over Year Trend	
Getting Needed Care	72.4%	70.6%	↑	71.8%	73.2%	↓	77.7%	75.6%	↑	86.2%
Getting Care Quickly	73.5%	69.5%	↑	71.2%	70.1%	↑	61.4%	68.3%	↓	84.8%
How Well Doctors Communicate	83.7%	81.2%	↑	90.8%	89.4%	↑	91.3%	95.0%	↓	95.0%
Rating of Health Care (8-10)	68.0%	63.7%	↑	65.6%	69.7%	↓	79.2%	69.2%	↑	77.5%
Rating of Personal Doctor (8-10)	73.2%	68.3%	↑	85.6%	78.7%	↑	88.9%	76.5%	↑	84.9%
Rating of Specialist (8-10)	70.0%	73.1%	↓	82.9%	77.3%	↑	81.8%	83.3%	↓	84.7%
Rating of Health Plan (8-10)	61.8%	64.7%	↓	67.5%	68.5%	↓	64.1%	67.7%	↓	63.6%

Table 32, Table 33, and Table 34 contain the 3-point scores across measures for the LOBs. The 3-point scores are utilized for the annual accreditation score provided by NCQA.

Table 32: Medi-Cal Child 3 Point Sorces:

Measure	Alliance 3-Point Score	2019 CAHPS 25th Percentile	Alliance Percentile Threshold
Getting Needed Care	2.40	2.40	25th
Getting Care Quickly	2.48	2.54	<25th
Customer Service	2.51	2.50	25th
Coordination of Care	NA	2.36	NA
Rating of Health Care	2.64	2.49	90th
Rating of Personal Doctor	2.76	2.58	90th
Rating of Specialist	NA	2.53	NA
Rating of Health Plan	2.69	2.51	90th

NA = denominator was less than 100 and the points are redistributed among the remaining required measures.

Table 33: Medi-Cal Adult 3-Point Scores

Measure	Alliance 3-Point Score	2019 CAHPS 25th Percentile	Alliance Percentile Threshold
Getting Needed Care	2.21	2.34	<25th
Getting Care Quickly	2.26	2.38	<25th
Customer Service	NA	2.48	NA
Coordination of Care	NA	2.36	NA
Rating of Health Care	2.32	2.35	<25th
Rating of Personal Doctor	2.45	2.43	25th
Rating of Specialist	NA	2.48	NA
Rating of Health Plan	2.40	2.39	25th

NA = denominator was less than 100 and the points are redistributed among the remaining required measures.

Table 34: Commercial Adult 3-Point Scores

Measure	Alliance 3-Point Score	2019 CAHPS 25th Percentile	Alliance Percentile Threshold
Getting Needed Care	2.15	2.36	<25th
Getting Care Quickly	2.21	2.39	<25th
Customer Service	NA	2.44	NA
Claims Processing	NA	2.36	NA
Coordination of Care	2.29	2.27	25th
Rating of Health Care	2.27	2.33	<25th
Rating of Personal Doctor	2.51	2.47	25th
Rating of Specialist	2.45	2.49	<25th
Rating of Health Plan	2.21	2.02	50th

NA = denominator was less than 100 and the points are redistributed among the remaining required measures.

Table 35 shows the measures with the highest and lowest Quality Compass All Plans percentile rankings across each LOB.

Table 35: Highest and Lowest Quality Compass All Plans Percentile Rankings

Highest Quality Compass All Plans Percentile Rankings		
Medi-Cal Adult	**Commercial Adult**	**Medi-Cal Child**
37th Health Promotion and Education	**76th** Shared Decision Making	**95th** Rating of Personal Doctor (8-10)
37th Rating of Health Care (8-10)	**54th** Coordination of Care	**79th** Rating of Health Care (8-10)
32nd Shared Decision Making	**53rd** Rating of Health Plan (8-10)	**74th** Rating of Health Plan (8-10)
Lowest Quality Compass All Plans Percentile Rankings		
Medi-Cal Adult	**Commercial Adult**	**Medi-Cal Child**
<10th Getting Care Quickly	**<10th** Rating of Personal Doctor (8-10)	**31st** Rating of Specialist (8-10)
<10th Getting Needed Care	**<10th** Rating of Health Care (8-10)	**16th** Customer Service
<10th Coordination of Care	**<10th** Getting Needed Care	**15th** Getting Care Quickly

CAHPS SURVEY ANALYSIS

The 2019 CAHPS survey results year-over-year trends show variation within the Alliance business lines. Across LOBs, the Medi-Cal Child population had the highest overall composite summary rate scores in 2019. The Commercial Adult population had the lowest overall composite summary rate scores. Additionally, from 2018 to 2019 seven of the nine composite summary rate scores increased for Medi-Cal Child, while four of the nine increased for Commercial Adult. From 2018 to 2019, four of the nine composite summary rate scores decreased for Medi-Cal Adult. Lastly, three composites - Rating of Health Plan, Rating of Health Care, and Rating of Personal Doctor – have been identified for all LOBs as key drivers of member satisfaction, as shown in Table 12, thus providing opportunities for improvement.

Table 36: Composites and Key Drivers

Composite	Key Driver
Rating of Health Plan	Customer Service
	Getting Needed Care
Rating of Health Care	How Well Doctors Communicate
	Getting Needed Care
Rating of Personal Doctor	How Well Doctors Communicate
	Coordination of Care

Table 37 shows the top priorities identified by SPH across populations, based on performance of survey composites and key measures.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 37: Composites and Top Priorities

Population	Top Priorities
Medi-Cal Child	Rating of Specialist
	Customer Service
Medi-Cal Adult	Rating of Personal Doctor
	Coordination of Care
	How Well Doctors Communicate
	Getting Needed Care
Commercial Adult	Rating of Specialist
	How Well Doctors Communicate
	Rating of Personal Doctor
	Claims Processing

Four of the seven composite summary rate scores increased for CFMG for their Medi-Cal Child population, while four of the seven stayed the same for their Medi-Cal Adult population. Five of the seven composite summary rate scores increased for CHCN for their Medi-Cal Child population; however, there was variation within scores for their Medi-Cal Adult population (3-increased, 3-decreased, 1-stayed the same). Four of the seven composite summary rate scores decreased for their Commercial Adult population. Six out of seven composite summary rate scores increased for Kaiser for their Medi-Cal Adult population; however, there was variation within scores for their Medi-Cal Child population (3-increased, 2-decreased, 2-flat). Four of the seven composite summary rate scores increased for AHS for their Medi-Cal Child population, while five of the seven composite summary rate scores increased for their Medi-Cal Adult population. Four of the seven composite summary rate scores decreased for their Commercial Adult population. Six out of seven composite summary rate scores increased for the Alliance network for their Medi-Cal Child population; however, six out of seven composite summary rate scores decreased for their Medi-Cal Adult population. Five of the seven composite summary rate scores increased for their Commercial Adult population.

Three-point scores are utilized for the annual accreditation score provided by NCQA. The Alliance utilized the Medi-Cal Child survey to address this portion of the annual score. Three composites are at or below the 25th percentile. The other three are at the 90th percentile.

NEXT STEPS REGARDING CAHPS RESULTS

The Alliance will continue to collaborate interdepartmentally, focusing on the areas identified as top priorities, to increase overall survey scores and percentiles. Additionally, the Alliance will continue to partner with providers on initiatives designed to improve the member experience and survey scores in 2020-2021 using the Plan-Do-Study-Act cycle to improve or maintain Member Satisfaction scores.

QUALITY OF ACCESS

A. STANDARDS AND EDUCATIONAL STANDARDS

The Alliance has continued to educate providers on, monitor, and enforce the following standards**:**

Table 38: Primary Care Phsyician (PCP) Appointment

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	**Appointment Within:**
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Pre-natal Appointment	2 Weeks of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not* require PA	48 Hours of Request

Table 39: Specialty/Other Appointment

SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	**Appointment Within:**
Non-Urgent Appointment with a **Specialist** Physician	15 Business Days of Request
Non-Urgent Appointment with a **Behavioral Health** Provider	10 Business Days of Request
Non-Urgent Appointment with an **Ancillary Service** Provider	15 Business Days of Request
First OB/GYN Pre-natal Appointment	2 Weeks of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not* require PA	48 Hours of Request

Table 40: All Provider Wait Time/Telephone/Language Practices

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	**Appointment Within:**
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

*** Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines**

PA = Prior Authorization

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Urgent Care refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Non-urgent Care refers to routine appointments for non-urgent conditions.

Triage or Screening refers to the assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage, and determine the urgency of the member's need for care.

Each of these standards are monitored as described in the table below. In 2019, the Alliance made changes to the CG-CAHPS instrument to ensure that the collected data was consistent with the Alliance standards. These changes were implemented in the 2019 surveys.

Table 41: Primary Care Physician (PCP) Appointment

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	**Measured By:**
Non-Urgent Appointment	PAAS, CG-CAHPS
First OB/GYN Pre-natal Appointment	First Prenatal, Confirmatory Survey
Urgent Appointment that *requires* PA	PAAS, CG-CAHPS
Urgent Appointment that *does not* require PA	PAAS, CG-CAHPS

Table 42: Specialty/Other Appointment

SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	**Measured By:**
Non-Urgent Appointment with a **Specialist** Physician	PAAS
Non-Urgent Appointment with a **Behavioral Health** Provider	PAAS
Non-Urgent Appointment with an **Ancillary Service** Provider	PAAS
First OB/GYN Pre-natal Appointment	First Prenatal, Confirmatory Survey
Urgent Appointment that *requires* PA	PAAS
Urgent Appointment that *does not* require PA	PAAS

Table 43: All Provider Wait Time/Telephone/Language Practices

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	**Measured By:**
In-Office Wait Time	CG-CAHPS
Call Return Time	CG-CAHPS

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	**Measured By:**
Time to Answer Call	CG-CAHPS
Telephone Access – Provide coverage 24 hours a day, 7 days a week	Confirmatory Survey
Telephone Triage and Screening – Wait time not to exceed 30 minutes	Confirmatory Survey
Emergency Instructions – Ensure proper emergency instructions	After Hours: Emergency Instructions Survey, Confirmatory Survey
Language Services – Provide interpreter services 24 hours a day, 7 days a week	CG-CAHPS

The Alliance and the QI team adopted a PDSA approach to the access standards.

- Plan: The standards were discussed and adopted, and surveys have been aligned with our adopted standards.
- Do: The surveys are administered, per our policies and procedures (P&Ps); survey methodologies, vendors, and processes are outlined in P&Ps.
- Study: Survey results along with QI recommendations are brought forward to the A&A Committee; the Committee formalizes recommendations which are forwarded to the HCQC and Board of Governors

Act: Dependent on non-compliant providers and study / decision of the A&A Committee, actions may include, but are not limited to, provider education/re-education and outreach, focused discussions with providers and delegates, resurveying providers to assess/reassess provider compliance with timely access standard(s), issuing of corrective action plans (CAPs), and referral to the Peer Review and Credentialing Committee.

B. PROVIDER CAPACITY

The Alliance reviews network capacity reports monthly to determine whether primary care providers are reaching network capacity standards of 1:2000. In 2019, no providers exceeded the 2,000 member threshold. The Network Validation department flags the provider at 1900 and above to ensure member assignment does not reach the 2,000 capacity standard. If a provider is close to the threshold, the plan reaches out to confirm if the provider intends to recruit other providers. If not, the panel is closed to new assignment. During this time the plan and the provider are in communication of such changes.

C. GEO ACCESS

The geographic access reports are reviewed quarterly to ensure that the plan is meeting the geographic access standards for provided services in Alameda County. For PCPs, the Alliance has adopted standards of one provider within 30 minutes / 15 miles. For specialists, the Alliance has adopted standards of one provider within 30 minutes / 15 miles. During 2019, the Alliance implemented a cross functional quarterly meeting to review access issues and concerns.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

In 2019, the rural areas near Livermore were the only areas in which the plan faced geographic access issues for Primary Care Provider (PCP) services. Although, there were some deficiencies in the Livermore area for PCP services for distance, the Alliance was able to demonstrate compliance in meeting "time" regulatory standards. The Alliance received DHCS approval to their request for alternative access for certain Pediatric specialist in 2019.

D. PROVIDER APPOINTMENT AVAILABILITY

The Alliance's annual Provider Appointment Availability Survey (PAAS) for MY2019 was used to review appointment wait times for the following provider types:

- Primary Care Physicians (PCPs)
- Specialist Physicians (SPCs):
    - Cardiovascular Disease
    - Endocrinology
    - Gastroenterology
- Non-Physician Mental Health (NPMH) Providers (PhD-level and Masters-level)
- Ancillary Services Providers offering Mammogram and/or Physical Therapy
- Psychiatrists

The Alliance reviewed the results of its annual PAAS for MY2019 in order to identify areas of deficiency and areas for potential improvement. The Alliance defines *deficiency* as a provider group scoring less than a seventy-five percent (75%) compliance rate on any survey question related to appointment wait times.

The Alliance analyzed results for Alameda County, as the vast majority of members live and receive care in Alameda County, the Alliance's service area. Additionally, per the MY2019 DMHC PAAS Methodology, the Alliance reported compliance rates for all counties in which its contracted providers were located, regardless of whether the providers were located outside the Alliance's service area. This included provider groups in the following counties – Contra Costa, Sacramento, San Francisco, Santa Clara, Solano, Marin, Madera, Monterey, San Mateo, Santa Cruz, and Sonoma.

Table 44:Compliance Rates by Appointment Type across All Provider Types

LOB	Urgent Appt	Routine Appt
IHSS	65%	72%
MCL	68%	75%

Across all provider types, there was greater compliance with the routine appointment standard than with the urgent appointment standard, and this was evidenced for both LOBs – MCL and IHSS (see Table 1). This was also evident in the results of the MY2018 PAAS. When engaging in provider/delegate re-education around the timely access standards, the Alliance will increase its efforts around compliance with the urgent appointment standard through the following ways:

- Dissemination of provider communications (written and posted) emphasizing the urgent appointment standards;

- Reinforcement of the urgent appointment standards by Provider Services within their interactions with providers; and
- Targeted discussions with leadership staff during Joint Operations Meetings between the Alliance and its delegate leadership.

Table 45: Overall Appointment Compliance Rates by Provider Type

LOB	Ancillary	PCPs	NPMH	Psychiatrists	Specialists
IHSS	100%	81%	78%	72%	51%
MCL	100%	82%	78%	73%	52%

Ancillary Providers had the highest level of compliance for both LOBs across both appointment types (urgent appointment standard excluded for this provider type), followed by PCPs, NPMH providers, and Psychiatrists, with Specialists having the lowest level of compliance for both LOBs (see Table 2). Results of the MY2018 PAAS also show Ancillary providers with the highest level of compliance, followed by PCPs, Psychiatrists, and NPMH providers, with Specialists again having the lowest level of compliance for both LOBs. When engaging in provider/delegate re-education around the timely access standards, the Alliance will increase its efforts on Specialists, given they had the lowest level of compliance across all provider types. This will be accomplished through targeted discussions with leadership staff during Joint Operations Meetings between the Alliance and its delegate leadership.

Table 46: Appointment Type by Provider Survey Type

Ancillary		
LOB	**Urgent Appt**	**Routine Appt**
IHSS	Not applicable	100%
MCL	Not applicable	100%
PCPs		
LOB	**Urgent Appt**	**Routine Appt**
IHSS	80%	82%
MCL	79%	86%
NPMH		
LOB	**Urgent Appt**	**Routine Appt**
IHSS	74%	83%
MCL	75%	82%

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Psychiatrists		
LOB	**Urgent Appt**	**Routine Appt**
IHSS	61%	83%
MCL	63%	84%
Specialists		
LOB	**Urgent Appt**	**Routine Appt**
IHSS	50%	53%
MCL	50%	54%

All provider types had higher levels of compliance with the routine appointment standard than with the urgent appointment standard (see Table 3).

Table 47: Percentage of Ineligible Provider Types

Psychiatrists	PCPs	Specialists	Ancillary	NPMH
36%	31%	30%	29%	27%

Across all provider types, Psychiatrists had the highest percentage of ineligible providers, followed by PCPs, Specialists, and Ancillary providers, with NPMH providers having the lowest percentage of ineligible providers (see Table 4). Results of the MY2018 PAAS also show Psychiatrists as having the highest percentage of ineligible providers, followed by NPMH providers, PCPs, and Specialists, with Ancillary providers having the lowest percentage of ineligible providers. Only one provider type, Psychiatrists, showed a decrease in percentage of ineligible providers from MY2018 to MY2019; all other provider types had an increase from MY2018 to MY2019. The Alliance will ensure continued collaboration with its Analytics and Provider Services Teams, as well as with its delegate networks, to enhance accuracy of provider contact information, provider specialty, provider network status, and/or provider appointment availability, with the goal of decreasing the overall percentage of ineligible providers.

Table 48: Percentage of Non-Responsive Provider Types

Specialists	NPMH	Psychiatrists	Ancillary	PCPs
41%	37%	17%	15%	8%

Across all provider types, Specialists had the highest percentage of non-responsive providers, followed by NPMH providers, Psychiatrists, and Ancillary providers, with PCPs having the lowest percentages of non-responsive providers (see Table 5). Of those Specialists, those with a specialty in cardiology had the highest non-responding percentage (48%), followed by endocrinology (34%), and gastroenterology (18%). Only two provider types showed a decrease in their overall non-responsiveness rates year-over-year – NPMH providers (15 percentage points) and Psychiatrists (7 percentage points). Overall non-responsive rates increased year-over-year for Specialists (20 percentage points), Ancillary providers (11 percentage points), and

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

PCPs (1 percentage point). The Alliance will increase its level of provider/delegate education around survey completion and purpose, including a focus on the development of provider/delegate improvement plans, with the overall goal of lessening and/or removing barriers for non-responsiveness. These efforts will include a focus on Specialists, given they had the highest level of survey non-responsiveness across provider types.

E. YEAR-OVER-YEAR ANALYSIS

All provider types, with the exception of Ancillary providers, decreased in compliance rates across both appointment types and for both LOBs. Psychiatrists had the biggest drop in compliance rates for the urgent appointment standard for both LOBs, followed by Specialists. Specialists had the biggest drop in compliance rates for the routine appointment standard for both LOBs.

F. ALAMEDA HEALTH SYSTEM

For the PCP provider type, Alameda Health System decreased their rate of compliance with the routine appointment standard to 0%, as well as moved from ineligible to 0% compliance with the urgent appointment standard, both providing opportunities for improvement.

G. CFMG PROVIDERS

For the PCP provider type, CFMG providers increased their rate of compliance with the routine appointment standard. Additionally for the PCP provider type, CFMG providers decreased their rate of compliance with the urgent appointment standard, providing opportunity for improvement. For cardiology, CFMG providers demonstrated best practice by maintaining 100% compliance with both appointment standards. For endocrinology, CFMG providers made no improvement in compliance with the urgent appointment standard but doubled their rate of compliance with the routine appointment standard. For gastroenterology, CFMG providers demonstrated best practice by moving from non-responsive to 100% compliance with both appointment standards.

H. CHCN PROVIDERS

For the PCP provider type, CHCN providers demonstrated best practice with 100% compliance with both appointment standards for the MCL LOB. Alternately for the PCP provider type, CHCN providers were below the compliance threshold for both appointment standards for the IHSS LOB, providing opportunity for improvement. CHCN providers did not participate in the MY2018 survey for PCPs; as such, year-over-year analysis was not possible. For cardiology, CHCN providers increased their rate of compliance with both appointment standards. For endocrinology, CHCN providers decreased their rate of compliance with the urgent appointment standard, providing opportunity for improvement. Additionally for endocrinology, CHCN providers increased their rate of compliance with the routine appointment standard. For gastroenterology, CHCN providers demonstrated best practice by doubling their rate of compliance with the urgent appointment standard to 100%; they also increased their rate of compliance with the routine appointment standard. For the Ancillary provider type, CHCN providers demonstrated best practice by maintaining 100% compliance with the routine appointment standard.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

I. ICPS

For the PCP provider type, ICPs increased their rate of compliance with the routine appointment standard. ICPs decreased their rate of compliance with the urgent appointment standard for the MCL LOB, providing opportunity for improvement. Alternately, ICPs increased their rate of compliance with the urgent appointment standard for the IHSS LOB. For cardiology, ICPs demonstrated best practice by maintaining 100% compliance with the routine appointment standard. Additionally for cardiology, ICPs decreased their rate of compliance with the urgent appointment standard, providing opportunity for improvement. For gastroenterology, ICPs demonstrated best practice by increasing their rate of compliance from 0% to 100% for both appointment standards. For the Psychiatrist provider type, ICPs increased their rate of compliance with both appointment standards from being ineligible in MY2018. For the Adult NPMH provider type, ICPs decreased their rate of compliance with both appointment standards, providing opportunities for improvement.

J. PROVIDER-FOCUSED IMPROVEMENT ACTIVITIES

As part of the Quality Improvement strategy for 2020, the Alliance will continue its ongoing re-education of providers/delegates regarding timely access standards via various methods (e.g., quarterly provider packets, fax blasts, postings on the Alliance website, targeted outreach to providers/delegates, in-office provider visits, and others as appropriate), with the goal of increasing the overall percentage of survey participation and compliance. Additionally, the Alliance will continue to conduct regularly scheduled and ad-hoc surveys/audits that assess provider compliance with timely access standards, issuing time-sensitive corrective action plans (CAPs) to all non-responsive and non-compliant providers. The Alliance will continue to discuss the importance of completion of the PAAS and other timely access surveys. Results and corrective actions needed for improvement are discussed with leadership staff during Joint Operations Meetings between the Alliance and its delegate leadership. The Alliance will also consider engaging in similar discussions with the larger provider groups in its network, especially those with low compliance rates and/or high rates of non-responsiveness. Lastly, the Alliance will continue to review other indicators of access and availability throughout the year and will engage in Plan-Do-Study-Act cycles, as appropriate.

All non-compliant PCPs, Specialists, NPMH providers, Ancillary providers, and Psychiatrists receive notification of their survey results and the timely access standards in which they were deficient, along with time-sensitive CAPs. All non-responsive PCPs, Specialists, NPMH providers, Ancillary providers, and Psychiatrists receive notification of their non-responsiveness reminding them of the requirement to respond to timely access surveys, along with the timely access standards and time-sensitive CAPs.

K. BEST PRACTICES

As part of the Quality Improvement strategy for 2020, during Joint Operations Meetings the Alliance will engage in discussions with delegate leadership whose providers have higher compliance rates, in an effort to learn about best practices that can be shared with other providers. Additionally, the Alliance will share findings from the MY2019 PAAS within its Health Care Quality Committee (HCQC), which is comprised of leadership staff from several delegated networks, offering additional opportunities for discussion of best practices.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

L. AFTER HOURS SURVEY

The Alliance contracted with SPH Analytics (SPH) to conduct the annual Provider After-Hours Survey for MY2019, which measures providers' compliance with the after-hours emergency instructions standard. The MY2019 After-Hours Survey was conducted in August 2019. SPH followed a phone-only protocol to administer the survey to the eligible provider population during closed office hours. A total of 448 Alliance providers and/or their staff were surveyed, and included 115 primary care physicians (PCPs), 274 specialists, and 59 behavioral health (BH) providers. The survey assesses for the presence of instructions for a caller with an emergency situation, either via a recording or auto-attendant, or a live person.

The table below presents the compliance rates for the providers surveyed in the After-Hours Survey:

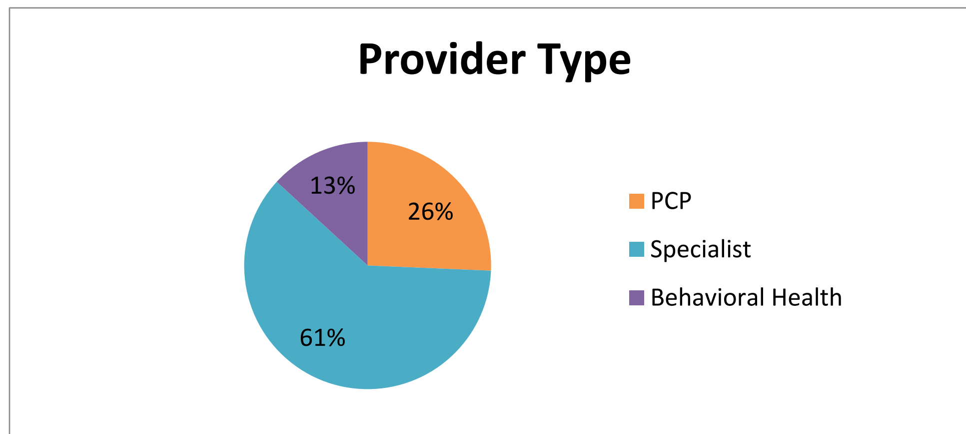
Table 49: Compliace Rates for After Hours Survey

Provider Type	Emergency Instructions		
	Total Compliant	Total Non-Compliant	Compliance Rate
PCP	109	6	94.8%
Specialist	244	29	89.1%
BH	45	14	76.3%

A total of 49 providers (6 PCPs, 29 specialists, 14 BH) were found to be non-compliant with the emergency instructions standard as a result of the After-Hours Survey. PCPs had the highest compliance rate, followed by specialists, then BH providers.

The figure below presents the response rate across provider types:

Figure 17: Response Rate by Provider Type



Specialists had the highest response rate to the survey, followed by PCPs, then BH providers.

The Alliance's Quality Improvement department staff conducted confirmatory surveys of the 49 providers identified as non-compliant as a result of the After-Hours Survey, to verify their compliance with the emergency instruction standard. This decision was made based on the Alliance's past experience and concerns relating to the integrity of SPH data from MY2017 and

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

MY2018 of the After-Hours Survey. The table below presents the compliance rates for the providers surveyed via the confirmatory surveys conducted by the Alliance:

Table 50: AAH Conducted Survey Compliance Rate for Providers

Provider Type	Emergency Instructions		
	Total Compliant	Total Non-Compliant	Compliance Rate
PCP	111	4	96.5%
Specialist	256	18	93.4%
BH	49	10	83.1%

Results of the confirmatory surveys show that 32 providers (4 PCPs, 18 specialists, 10 BH) were non-compliant with the emergency instructions standards, versus the 49 identified by SPH. This increased the compliance rates for all three provider types. PCPs continued to have the highest compliance rate, followed by specialists, then BH providers. The Alliance shared with SPH the results of its confirmatory surveys, after which SPH: 1) met with Alliance staff to discuss the discrepancy in the number of non-compliant providers, 2) shared with the Alliance their quality assurance process, 3) acknowledged an SPH-agent error in 9 of the 17 records that were then subsequently deemed as compliant, and 4) provided the Alliance with a survey improvement plan based on their corrected findings. The Alliance will ensure that the providers identified as non-compliant in the 2019 confirmatory surveys are included in the MY2020 After-Hours Survey, as well as those eight (8) providers for whom a discrepancy remained between SPH's MY2019 After-Hours Survey findings and the Alliance's confirmatory survey findings.

In November of 2019, the Alliance's QI department staff issued time-sensitive corrective action plans (CAPs) to the 32 providers identified as non-compliant as a result of the Alliance's confirmatory surveys. Eighty-seven percent (87%) of the CAPs were issued to directs, while the remaining 13% were issued to delegates.

In looking at year-over-year results, the PCP compliance rate in 2019 did not significantly change from 2018 (96.5% vs. 97.5%, respectively), while the specialist compliance rate showed improvement in 2019 compared to 2018 (93.4% vs. 89.9%, respectively). The compliance rates for PCPs, specialists, and BH providers all exceeded the 80% target goal in 2019, and the compliance rates for PCPs and specialists all exceeded the 80% target goal in 2018. Note: BH providers were not surveyed in the MY2018 After-Hours Survey. For those providers identified by the Alliance as repeat offenders – those found non-compliant with the timely access standard for two consecutive years – an action plan has been put in place to ensure: a) the providers' understanding of the timely access standard, and b) they have taken the necessary steps toward compliance with the standard.

Access to a physician after-hours was assessed within the MY2019 After-Hours Survey. Compliance with access to a physician after-hours was determined from the subset of providers for whom a live person was reached within the survey. Results show the average compliance rate across provider types was 89.7%. The table below presents the breakdown of compliance rates for each of the provider types.

Table 51: Compliance Rate – Access to a Physician

Provider Type	Access to a Physician		
	Total Compliant	Total Non-Compliant	Compliance Rate
PCP	42	5	89.3%
Specialist	79	9	89.8%
BH	1	0	100%

In looking at year-over-year results, the PCP compliance rate in 2019 was significantly higher than the compliance rate from confirmatory surveys conducted with PCPs in 2018 (89.3% vs. 46.7%, respectively). The compliance rates for PCPs, specialists, and BH providers all exceeded the 80% target goal in 2019.

M. FIRST PRENATAL VISIT SURVEY

The Alliance conducted the annual First Prenatal Visit Survey for MY2019, which measures providers' compliance with the first prenatal visit standard. The survey was conducted in June and July of 2019 and was administered to a random sample of eligible Alliance Obstetrics and Gynecology (OB/GYN) providers. The table below shows results of the survey.

Table 52: First Prenatal Visit Survey

Appointment Within 2 Weeks	75% Target Goal Met	Percent of Ineligibles	Precent of Non-Responsive	Total CAPs
59%	No	40%	14%	26

The 2019 compliance rate is one percentage point higher than the 2018 compliance rate. Time-sensitive corrective action plans (CAPs) will be issued to all non-responding and non-compliant providers within Q2 2020. Additionally, the Alliance's QI Department will: continue: 1) its ongoing provider education and discussions at delegate Joint Operations Meetings (JOMs) regarding timely access standards; 2) collaboration with Analytics, Provider Services, and delegate networks to improve the accuracy of provider data, thus decreasing the number of ineligible providers.

N. ONCOLOGY SURVEY

The Alliance conducted the annual Oncology Survey for MY2019, which measures providers' compliance with the urgent and non-urgent appointment standards for specialists. The survey was conducted in June and July of 2019 and was administered to a random sample of eligible Alliance oncology providers. The table below shows results of the survey.

Table 53: Oncology Survey

Urgent Appt	75% Target Goal Met	Non-Urgent Appt	75% Target Goal Met	Percent of Ineligibles	Percent of Non-Responsive	Total CAPs
92%	Yes	100%	Yes	5%	27%	1

The 2019 compliance rate for non-urgent appointments is the same as 2018, while the 2019 compliance rate for urgent appointments is 8 percentage points lower. Time-sensitive corrective action plans (CAPs) will be issued to all non-responding and non-compliant providers within Q2 2020. Additionally, the Alliance's QI Department will: continue: 1) its ongoing provider education and discussions at delegate Joint Operations Meetings (JOMs) regarding timely access standards; 2) collaboration with Analytics, Provider Services, and delegate networks to improve the accuracy of provider data, thus decreasing the number of ineligible providers.

O. CG CAHPS Surveys

The Alliance contracted with SPH Analytics (SPH) to conduct its quarterly Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey within 2019, which measures member perception of and experience with three timely access standards: in-office wait time; call return time; and time to answer call. The CG-CAHPS survey was fielded in Q1, Q3 and Q4 of 2019. The survey was not fielded in Q2 of 2019, as the Alliance was awaiting DHCS approval for a modified survey that included two changed standards and modified survey response options as a result of the changed standards. Per approval from DHCS, the in-office wait time standard changed from within 30 minutes to within 60 minutes. Also, the call return time standard changed from within 30 minutes to within one business day. The time to answer call standard remained the same (within 10 minutes). SPH followed a mixed methodology of mail and phone to administer the survey to a randomized selection of eligible members who had accessed care with their PCP within the previous six months.

The table below presents the compliance rates across the three metrics for the CG-CAHPS surveys that were conducted in 2019, as well as the number of non-compliant providers within each quarter.

Table 54: CG-CAHPS Survey Results 2019

	Compliance Rates			Non-Compliant Providers		
Metric	**Q1 2019**	**Q3 2019**	**Q4 2019**	**Q1 2019**	**Q3 2019**	**Q4 2019**
In-Office Wait Time	83.60%	90.30%	90.2%	9	6	10
Call Return Time	95.50%	78.20%	78.1%	6	23	41
Time To Answer Call	n/a	77.60%	77.2%	n/a	27	30

The target compliance goal for each of the three metrics is 80%. The time to answer call metric was captured in the Q3 2019 CG-CAHPS survey for the first time; as such, no data is available for this metric prior to that time.

The Alliance continues to follow its Escalation Process for Providers Non-Compliant with CG-CAHPS which involves: tracking and trending in the first quarter of non-compliance; sending a provider letter and discussions at Joint Operations Meetings with delegates for two consecutive quarters of non-compliance; and issuing corrective action plans (CAPs) and discussions with COOs/CFOs during three consecutive quarters of non-compliance. Given the standards changed for two of the three CG-CAHPS metrics during Q2 2019, tracking and trending started afresh with the Q3 2019 data.

In addition to the CG-CAHPS surveys noted above that were administered in 2019, the Alliance conducted three internal ad-hoc surveys during Q1 2019, each with a random selection of 50 providers, to assess compliance with each of the three standards, incorporating the two revised standards. The table below presents the compliance rates across the three metrics for the confirmatory surveys that were conducted in Q1 2019, as well as the number of non-compliant providers.

Table 55: Q1 2019 Internal Ad-Hoc Surveys

Metric	Q1 2019	Non-Compliant Providers
In-Office Wait Time	97.40%	1
Call Return Time	94.70%	2
Time To Answer Call	90.70%	4

P. Provider Satisfaction Survey Overview

The Alliance contracted with its NCQA certified vendor, SPH, to conduct a Provider Satisfaction Survey for measurement year 2019. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs. The Alliance provided SPH with a database of 5,679 Primary Care Physicians (PCPs), Specialists (SPCs) and Behavioral Health (BH) providers who were part of the Alliance network. Duplicate provider names or NPIs were removed from the databased prior to submitting to survey vendor. From the database of unique providers, a sample of 815 records was drawn. A total of 170 surveys were completed between August and November 2019 (86 mail, 23 internet, 61 phone).

Tables 1-3 contain the survey response rates, survey respondents, and role of survey respondents for 2019 compared to 2018.

Table 56: Survey Response Rates: 2019 vs. 2018

	Mail/Internet	Phone
2019	14.3%	28.6%
2018	19.9%	30.4%

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 57: Survey Respondents 2019 vs. 2018

	PCPs	BH Providers	SPCs
2019	58.0%	29.0%	27.8%
2018	32.9%	19.3%	56.0%

Table 58: Role of Survey Respondents 2019 vs. 2018

	Physician	Office Manager	BH Clinician	Nurse/ Other Staff
2019	30.2%	24.9%	24.9%	20.1%
2018	28.9%	36.0%	14.0%	21.1%

Q. YEAR TO YEAR TREND COMPARISONS

Table 4 contains the trended survey results across composites. SPH's 2018 Commercial Book of Business[1] (BoB) benchmark is utilized, which is a collection of data from 34 plans representing 6,831 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.

Table 59: Trended Survey Results Across Composites

Summary Rate Scores				
Composite/Attribute	**2019**	**2018 SPH Commercial BoB**	**2018**	**Year Over Year Trend**
Overall Satisfaction with the Alliance	67.8%	71.8%	81.1%	↓
All Other Plans (Comparative Rating)	43.8%	37.3%	49.8%	↓
Finance Issues	36.2%	31.3%	41.7%	↓
Utilization and Quality Management	48.2%	32.7%	45.2%	↑
Network/Coordination of Care	36.6%	33.0%	40.9%	↓
Pharmacy	34.1%	23.8%	35.6%	↓
Health Plan Call Center Staff	44.5%	38.2%	52.8%	↓

[1] With respect to the Summary Rate scores, blue indicates a significant difference when compared to 2018 scores (if applicable).

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Summary Rate Scores				
Composite/Attribute	**2019**	**2018 SPH Commercial BoB**	**2018**	**Year Over Year Trend**
Provider Relations	57.3%	37.4%	53.5%	↑
Recommend to Other Physicians' Practices	87.3%	85.6%	87.7%	↔

As shown in Table 4, an upward trend is noted in summary rate scores for Utilization and Quality Management and Provider Relations. A downward trend is noted in summary rate scores for Overall Satisfaction, which is significant compared to 2018. Additionally, a downward trend is noted in summary rate scores for the remaining categories of: Comparative Rating to Other Plans, Finance Issues, Network/ Coordination of Care, Pharmacy, and Health Plan Call Center Service Staff.

R. SEGMENTATION ANALYSIS

As shown in Table 5, Alliance delegate, Beacon Health Options, had the highest summary rate score for overall satisfaction with the Alliance in 2019 compared to the other networks. Of note Beacon had a higher total number of survey respondents. However, with the exception of Beacon, between 2018 and 2019 summary rate scores for overall satisfaction with the Alliance dropped across the network by 20.5% - 28.5%.

Table 60: Overall Satisfaction with the Alliance by Delegate

Summary Rate Scores for Overall Satisfaction with the Alliance				
Year	**Alliance**	**Beacon**	**CFMG**	**CHCN**
2019	60.5%	72.4%	66.7%	62.7%
2018	81.0%	71.1%	95.2%	85.7%

As shown in Table 6, PCPs had the highest summary rate scores for overall satisfaction with the Alliance in 2019 compared to the other provider types. This same pattern was seen in the 2018 scores. However, between 2018 and 2019 summary rate scores for overall satisfaction with the Alliance dropped across all provider types by 10.6% - 15.4%.

Table 61: Overall Satisfaction with the Alliance by Provider Type

Summary Rate Scores for Overall Satisfaction with the Alliance			
Year	**PCP**	**BH**	**Specialist**
2019	72.4%	60.5%	66.7%
2018	85.7%	71.1%	82.1%

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

S. PRIORITY MATRIX

Table 7 identifies the priority level of the various composites, along with their correlation with overall satisfaction with the Alliance, as well as their relation to the 75th percentile in comparison with the 2018 SPH Commercial BoB benchmark.

Table 62: Priority Matrix

	Composite	Correlation with Overall Satisfaction	Relation to 75th Percentile
Top Priority	Health Plan Call Center Service Staff	High	Below (73rd)
Medium Priority	Network/Coordination of Care	Slight	Below (70th & 73rd)
	Finance Issues		
Monitor and Maintain	Pharmacy	Not High	At or Above (91st and 99th)
	Provider Relations		
Strength	Utilization and Quality Management	High	At or Above (96th)

Below is an overview of the survey results for 2017-2019 broken down by composite categories, the questions that make up the composites (attributes), and rating questions.

Table 63: 2017-2019 Survey Results

170 Total Respondents

Composites and Key Questions	Current 2019		2018		2017		2018 SPH Book of Business Benchmarks**	
	Valid n	Summary Rate*	Valid n	Summary Rate*	Valid n	Summary Rate	Commercial	Medicaid
Overall Satisfaction		67.8%		81.1%		79.1%	71.8%	66.6%
8A. Would you recommend Alameda Alliance for Health to other physicians' practices?	142	87.3%	203	87.7%	214	88.8%	85.6%	83.2%
8B. Please rate your overall satisfaction with Alameda Alliance for Health.	146	67.8%	212	81.1%	235	79.1%	71.8%	66.6%
8C. Please rate your overall satisfaction with Other managed Medi-Cal plans in your county.	105	56.2%	160	63.8%	174	60.3%	NA	NA
All Other Plans (Comparative Rating)								
1A. How would you rate Alameda Alliance for Health compared to all other health plans you contract with?	162	43.8%	239	49.8%	240	56.7%	37.3%	32.9%
Finance Issues		36.2%		41.7%		47.2%	31.3%	28.6%
2A. Consistency of reimbursement fees with your contract rates.	133	33.1%	210	39.5%	219	47.5%	30.2%	26.8%
2B. Accuracy of claims processing.	129	36.4%	204	45.1%	215	50.7%	34.0%	30.4%
2C. Timeliness of claims processing.	131	38.2%	200	43.5%	218	44.5%	32.0%	31.1%
2D. Resolution of claims payment problems or disputes.	113	37.2%	179	38.5%	193	46.1%	29.0%	26.0%
Utilization and Quality Management		48.2%		45.2%		46.6%	32.7%	30.5%
3A. Access to knowledgeable UM staff.	128	43.8%	190	40.5%	184	45.7%	31.9%	29.0%
3B. Procedures for obtaining pre-certification/referral/authorization information.	133	45.1%	199	45.7%	217	44.7%	31.6%	29.6%
3C. Timeliness of obtaining pre-certification/referral/authorization information.	131	48.1%	197	45.7%	214	43.5%	31.7%	29.9%
3D. The health plan's facilitation/support of appropriate clinical care for patients.	136	50.0%	189	46.0%	198	46.5%	32.2%	30.6%
3E. Access to Case/Care Managers from this health plan.	116	43.1%	170	40.6%	159	45.3%	31.1%	28.6%
3F. Degree to which the plan covers and encourages preventive care and wellness.	127	59.1%	170	52.4%	180	53.9%	37.7%	35.4%
Network/Coordination of Care		36.6%		40.9%		35.6%	33.0%	27.9%
4A. The number of specialists in this health plan's provider network.	134	36.6%	178	37.6%	179	30.7%	31.6%	25.8%
4B. The quality of specialists in this health plan's provider network.	130	40.0%	184	44.6%	174	39.1%	37.4%	31.5%
4C. The timeliness of feedback/reports from specialists in this health plan's provider network.	120	33.3%	171	40.4%	160	36.9%	30.2%	26.5%
Pharmacy		34.1%		35.6%		34.2%	23.8%	21.4%
5A. Consistency of the formulary over time.	99	36.4%	158	34.2%	126	34.9%	23.4%	21.8%
5B. Extent to which formulary reflects current standards of care.	101	33.7%	161	37.9%	128	34.4%	24.7%	22.6%
5C. Variety of branded drugs on the formulary.	99	30.3%	153	34.0%	126	32.5%	23.0%	20.0%
5D. Ease of prescribing your preferred medications within formulary guidelines.	101	36.6%	152	37.5%	125	36.8%	25.0%	21.8%
5E. Availability of comparable drugs to substitute those not included in the formulary.	98	33.7%	151	34.4%	123	32.5%	22.6%	20.8%
Health Plan Call Center Service Staff		44.5%		52.8%		55.4%	38.2%	35.3%
6A. Ease of reaching health plan call center staff over the phone.	137	42.3%	197	49.2%	210	51.9%	36.6%	32.9%
6B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	133	50.4%	199	55.8%	208	59.1%	40.4%	38.2%
6C. Helpfulness of health plan call center staff in obtaining referrals for patients in your care.	124	41.1%	190	51.6%	191	53.9%	36.2%	32.9%
6D. Overall satisfaction with health plan's call center service.	134	44.0%	201	54.7%	206	56.8%	39.5%	37.3%
Provider Relations		57.3%		53.5%		54.8%	37.4%	34.6%
7A. Do you have a Provider Relations representative from this health plan assigned to your practice?	128	48.4%	196	54.6%	212	44.3%	37.0%	47.2%
7B. Provider Relations representative's ability to answer questions and resolve problems.	53	71.7%	99	66.7%	89	70.8%	51.1%	43.2%
7C. Quality of provider orientation process.	98	46.9%	145	48.3%	158	46.8%	31.3%	30.7%
7D. Quality of written communications, policy bulletins, and manuals.	105	53.3%	167	45.5%	186	46.8%	29.9%	30.0%

* Summary Rates represent the most favorable response percentage(s).

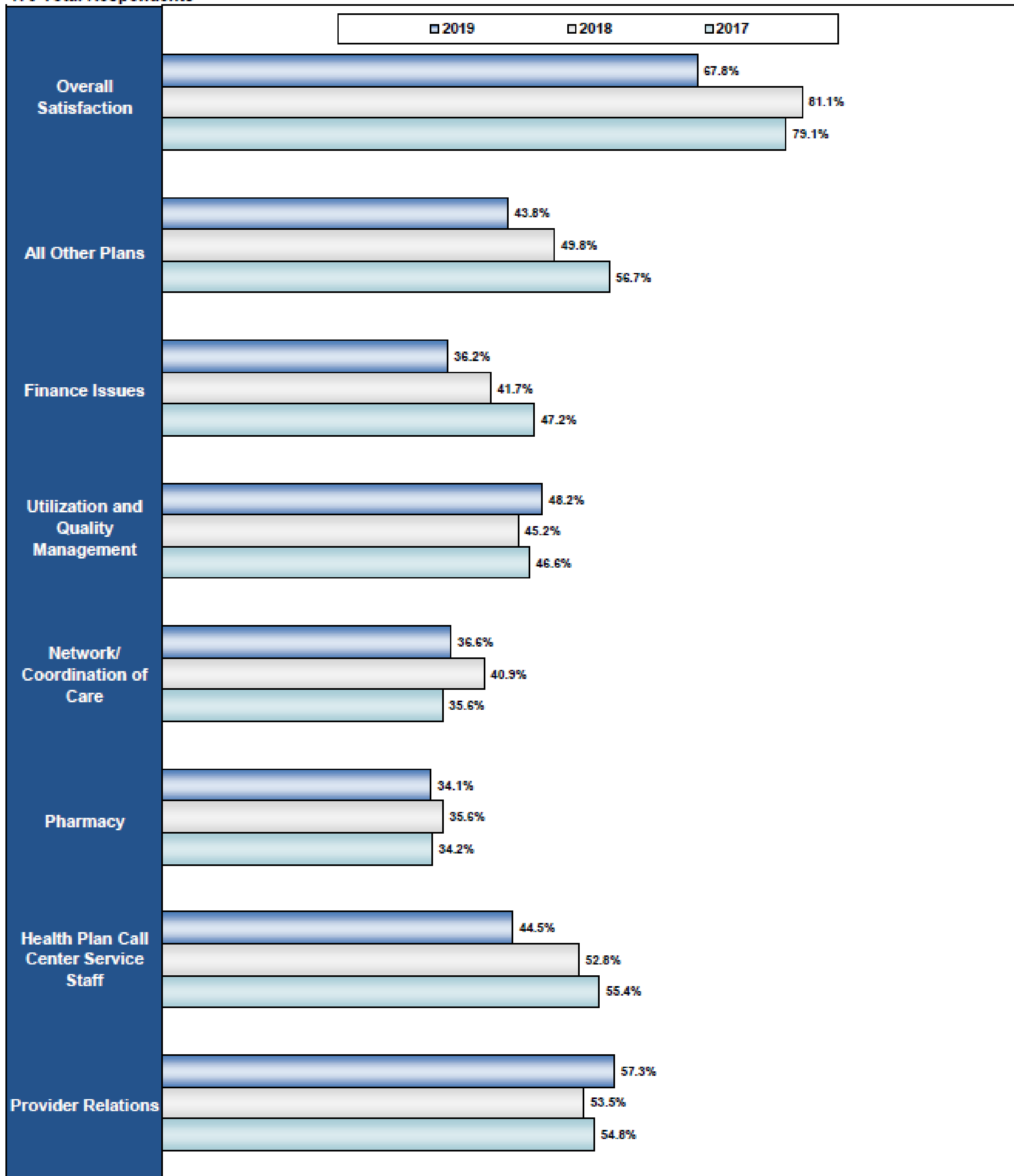
** SPH Analytics's 2018 Commercial Book of Business consists of data from 34 projects representing 6831 respondents, while the Medicaid Book of Business consists of data from 78 projects representing 20660 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

Note 1: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; No shading denotes that there was no significant difference between the percentages, there is no benchmark, or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note 2: The Overall Satisfaction Summary Rate includes only 8B. It does not include 8A or 8C.

Note 3: The Provider Relations composite is the average of 7B through 7D. It does not include 7A.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208



Note 1: The Overall Satisfaction composite represents only Q8B, 'Please rate your overall satisfaction with: Alameda Alliance for Health'.

Note 2: The Provider Relations composite is the average of Q7B through Q7D. It does not include Q7A, 'Do you have a Provider Relations representative from this health plan assigned to your practice?'

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

The above information recognizes an upward trend from 2018 to 2019 in utilization and quality management and provider relations. Additionally, the above information recognizes an upward trend over time from 2017 to 2019 in utilization and quality management, network/coordination of care, and provider relations.

The above information recognizes a downward trend from 2018 to 2019 in overall satisfaction (significantly lower than 2017 and 2018 Summary Rates), comparative rating to other plans (significantly lower than 2017 Summary Rates), finance issues (significantly lower than 2017 Summary Rates), network/coordination of care, pharmacy, and health plan call center service staff (significantly lower than 2017 Summary Rates).

T. NEXT STEPS

While our goals were to have upward trends in the majority of composite categories, this data will be shared with all relevant stakeholders to improve future scores and outcomes. Specifically, next steps will involve the following:

- High level Executive Summary shared with Senior Leadership and department directors and managers
- Collaborate with department stakeholders to Identify and document quantitative and qualitative analysis
- PDSA agreed upon opportunities for improvement to improve or maintain Provider Satisfaction Scores.

GRIEVANCE AND APPEALS

Alameda Alliance for Health reviews and investigates all grievance and appeal information submitted to the plan in an effort to identify quality issues that affect member experience. The grievance and appeals intake process are broken down into two processes, complaints and appeals. In both instances, the details of the member's complaints are collected, processed, and reviewed and actions are taken to resolve the issue.

A **Grievance** is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. A grievance may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, and the beneficiary's right to dispute an extension of time proposed by the Alliance to make an authorization decision. Where the plan is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.

A **Complaint** is the same as "grievance".

An **Appeal** refers to an appeal of any adverse decisions that are not about coverage.

An **UM Appeal** is defined as a review of an Adverse Benefit Determination. The state regulations do not explicitly define the term "Appeal", they do delineate specific requirements for types of Grievances that would fall under the new federal definition of Appeal. These types of Grievances involve the delay, modification, or denial of services based on medical necessity, or a determination that the requested service was not a covered benefit.

The Alliance's Grievance and Appeals (G&A) department monitors grievances (complaints) and appeals on a quarterly basis to identify issues affecting quality of care and service within the provider network. Providers exceeding the maximum amount of complaints are subject to disciplinary action.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

A. COMMERCIAL GRIEVANCES

Table 64: Commercial Compliant Volume 2018-2019

Commercial Complaint Volume				
Category	**2018 Complaint Total**	**2018 Complaints per 1,000 Members**	**2019 Complaint Total**	**2019 Complaints per 1,000 Members**
Quality of Care	161	2.31	47	0.66
Access	99	1.42	338	4.76
Attitude/Service	51	0.73	208	2.9
Billing/Financial	115	1.65	293	4.09
Quality of Practitioner Office Site	2	0.03	4	0.06
Total Number per 1,000	428	6.13	890	12.42

Calculation: the sum of all unique grievances for the year divided by the sum of all enrollment for the year multiplied by 1000.

B. MEDICAID GRIEVANCES

Table 65: Medicaid Complaint Volume 2018-2019

Medicaid Complaint Volume				
Category	**2018 Complaint Total**	**2018 Complaints per 1,000 Members**	**2019 Complaint Total**	**2019 Complaints per 1,000 Members**
Quality of Care	2513	0.8	663	0.25
Access	1790	0.57	5617	2.09
Attitude/Service	1190	0.57	3539	1.31
Billing/Financial	1175	0.37	2841	1.05
Quality of Practitioner Office Site	45	0.01	73	0.03
Total Number per 1,000	6713	2.13	12733	4.73

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

The Alliance initiated an update to our exempt and non-exempt grievance process in 2018 which continued into 2019. We identified that in addition to not reporting exempt grievances to Committee for review we were grossly under reporting exempt grievances in general. Workflows and training was conducted with Member Services and G&A staff to ensure that all expressions of dissatisfaction were being captured. In addition, the Alliance updated the tracking system for capturing exempt grievances effective Q4 2018 to allow for accurate reporting. With this continuing training, we have a significant increase of grievances throughout the quarters, doubling the complaint numbers from 2018 to 2019.

California Home Medical Equipment (CHME) – The Alliance identified a significant trend of increased grievances against our durable medical equipment (DME) vendor, California Home Medical Equipment (CHME). In January 2018, there were 48 grievances received alone with a total of 444 (Medi-Cal and Commercial) grievances for all of 2018. The grievances involved customer service, telephone access, and delay in receiving supplies. Grievance data and trends were presented to CHME leadership during Joint Operations Meetings and on an ad-hoc basis. In Q4 2018, the Alliance Compliance Department issued a Corrective Action Plan and the Alliance has begun to meet with CHME bi-weekly starting in 2019 to resolve issues. CHME has reported that they have increased their call center staff and operational team in order to improve telephone wait times. The Alliance continued to monitor grievances against CHME in 2019, there was a decrease of grievances in 2019 at 279 (Medi-Cal and Commercial), with the only 45 filed in the last quarter of 2019. As a result of the continual decrease of complaints, the Corrective Action Plan with CHME was closed in December 2019.

We continue to see a large amount of billing and financial grievances with 1,175 grievance in 2018 with a significant increase to 2,841 grievances in 2019 related to members being balanced billed from out-of-network providers for emergency services. The Alliance covers twenty-four (24) hour care for emergencies, both in and outside of Alameda County. Although we cannot avoid these grievances, the Alliance works closely with our claims department and provider service department to resolve the complaints. There has also been an increase of complaints with regard to questions related to copays with our Commercial line of business, a majority of these complaints are resolved by reference the GroupCare Member Handbook to educate the members on their copay and financial responsibilities.

We have identified a significant increase in attitude/service, specifically under provider/staff attitude. A majority of these complaints are filed against our Delegates, PCP/Clinic, and Specialist. The Alliance provides additional education to these providers with an emphasis on the Member’s Rights and Responsibilities.

C. COMMERCIAL APPEALS

Table 66: Commercial Appeal Volume 2018-2019

Commercial Appeal Volume				
Category	**2018 Appeal Total**	**2018 Appeal per 1,000 Members**	**2019 Appeal Total**	**2019 Appeal per 1,000 Members**
Quality of Care	0	0	0	0
Access	0	0	7	0.1

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Commercial Appeal Volume				
Category	**2018 Appeal Total**	**2018 Appeal per 1,000 Members**	**2019 Appeal Total**	**2019 Appeal per 1,000 Members**
Attitude/Service	0	0	1	0.01
Billing/Financial	0	0	36	0.5
Quality of Practitioner Office Site	0	0	0	0
Total Number per 1,000	0	0	44	0.61

D. MEDI-CAL APPEALS

Table 67: Medi-Cal Appeal Volume 2018-2019

Medi-Cal Appeal Volume				
Category	**2018 Appeal Total**	**2018 Appeal per 1,000 Members**	**2019 Appeal Total**	**2019 Appeal per 1,000 Members**
Quality of Care	0	0	23	0.01
Access	0	0	73	0.03
Attitude/Service	0	0	34	0.01
Billing/Financial	0	0	43	0.01
Quality of Practitioner Office Site	0	0	1	0.0004
Total Number per 1,000	0	0	174	0.06

The Alliance failed to appropriately track the number of appeals for the reporting year of 2018; therefore, the table has 0 for all categories under I Appeal Volume. The Alliance conducted additional staff training in how to identify appeals in accordance with RR 2 Policies and Procedures for Complaints and Appeals, B Policies and Procedures for Appeals. There were a total of 218 appeals processed during the reporting year at 0.08 per 1,000 members. The billing/financial appeals received were with regard to dispute over covered services, the appeals were in response to grievances about members not satisfied with previous complaint resolutions with regard to copay or balance billing inquiries, member are further educated on their financial responsibility.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

E. UM APPEALS

Table 68: UM Appeals

Prior Authorization Appeals	Filed Against:					Overturn %
	Beacon	CFMG	CHCN	Evictors	Plan	
Inpatient Appeal					8	50.0%
Outpatient Appeal	4		78	245	204	38.9%
Pharmacy Appeal					344	30.8%
Retro Appeal			11	3	64	19.2%
Grand Total:	**4**		**89**	**248**	**620**	**961**
Overturned %:	**50.0%**		**20.2%**	**58.5%**	**26.9%**	**34.5%**

The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of 2019; we are over our goal at 34.5% overturn rate. The Alliance also decided to end our contractual relationship with our radiology vendor and internalize the review of radiology authorizations due to the high overturn rate that had been trending throughout 2018 and into Q1 2019. This change occurred on 8/1/2019, the Alliance has identified a significant decrease in our overturn rate in the month of September, and this was the first month where we were below our internal benchmark for overturns.

Summary of UM Appeals:

- There were 831 appeals initially denied for medical necessity during the reporting period:
    - 307 overturned/approved all based on medical necessity
    - 60 partially overturned/approved
    - 464 Upheld/Denied
- There were 97 appeals initially denied for out-of-network request during the reporting period:
    - 11 overturned/approved all based on medical necessity
    - 4 overturned/approved based on network adequacy issues
        - 3 Services not available within network
        - 1 Timely Access for Specialist appointment
    - 2 overturned/approved based on Continuity of Care
    - 4 partially overturned/approved
    - 76 Upheld/Denied
- There were 33 appeals initially denied for not being a covered benefit during the reporting period:

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

 - 8 overturned/approved all based on medical necessity
 - 25 upheld/denied

- There was an overall decrease of the overturn rate within the reporting period.

CULTURAL AND LINGUISTIC NEEDS OF MEMBERS

The Alliance QI Department conducts an annual assessment of the Alliance's membership cultural and linguistic makeup as well as the provider network with respect to member accessibility. The assessment is meant to enhance the Alliance's ability to provide access to high quality, culturally appropriate healthcare to our members and focuses on the following areas:

- Cultural and Linguistic needs of members;
- Provision of interpreter services
- PCP language capacity

The Alliance strives to ensure members have access to a PCP who can speak their language or to appropriate interpreters. For members who have not chosen a PCP upon enrollment, the Alliance will assign a member to a PCP based on characteristics, including language. In 2019, the Alliance identified the following threshold languages.

Table 69: 2019 Threshold Languages

Medi-Cal	English	146,494	60.95%
	Spanish	47,081	19.59%
	Chinese	23,803	9.90%
	Vietnamese	8,190	3.41%
Group Care	English	3,640	59.81%
	Chinese	1,405	23.09%
	Spanish	302	4.96%*

* Dec. 2019: Just under threshold criteria, but given variations in membership over the year, the Alliance chooses to treat Spanish as a threshold language for Group Care.

Table 70: Member Ethnicity – Medi-Cal

MEDI-CAL	Prior Year	YTD	Percent Change	Current Month	
ALAMEDA ALLIANCE FOR HEALTH MEMBERSHIP BY PRIMARY ETHNICITY	**Jan - Dec 2018**	**Jan - Dec 2019**	**% YTD Membership in Jan - Dec 2019 (minus) Percent of Membership in Jan - Dec 2018**	**Dec 2019**	**Dec 2019 Percent**
Hispanic (Latinx)	28.69%	28.55%	-0.14%	68,144	28.35%
Black (African American)	18.60%	18.48%	-0.13%	44,513	18.52%
Other	14.57%	15.25%	0.68%	37,120	15.44%
Chinese	10.95%	11.11%	0.16%	26,869	11.18%

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

MEDI-CAL	Prior Year	YTD	Percent Change	Current Month	
ALAMEDA ALLIANCE FOR HEALTH MEMBERSHIP BY PRIMARY ETHNICITY	Jan - Dec 2018	Jan - Dec 2019	% YTD Membership in Jan - Dec 2019 (minus) Percent of Membership in Jan - Dec 2018	Dec 2019	Dec 2019 Percent
Other Asian / Pacific Islander	11.31%	11.07%	-0.24%	26,400	10.98%
White	10.60%	10.06%	-0.54%	23,690	9.86%
Vietnamese	4.34%	4.40%	0.06%	10,704	4.45%
Unknown	0.67%	0.82%	0.16%	2,301	0.96%
American Indian Or Alaskan Native	0.27%	0.26%	-0.01%	604	0.25%
Total Members				240,345	

Medi-Cal Ethnicity Discussion: 2019 saw an overall decrease in membership, but only slight changes in ethnicities as a percent of the Medi-Cal membership. Hispanic (Latinx) members make up almost 30%, all Asian members combined make up over 25%, and Black (African American) members almost 20% of our Medi-Cal membership.

Table 71: Member Ethnicity – Group Care

GROUP CARE	Prior Year	YTD	% Change	Current Month	
ALAMEDA ALLIANCE FOR HEALTH MEMBERSHIP BY PRIMARY ETHNICITY	Jan - Dec 2018	Jan - Dec 2019	% YTD Membership in Jan - Dec 2019 (minus) Percent of Membership in Jan - Dec 2018	Dec 2019	Dec 2019 Percent
Unknown	38.65%	34.99%	-3.66%	2,029	33.34%
Other Asian / Pacific Islander	24.88%	26.88%	1.99%	1,670	27.44%
Chinese	11.40%	12.19%	0.79%	787	12.93%
Black (African American)	11.63%	11.75%	0.12%	711	11.68%
Other	5.27%	5.74%	0.47%	355	5.83%
Hispanic (Latinx)	3.28%	3.43%	0.15%	217	3.57%
Vietnamese	2.79%	2.92%	0.13%	187	3.07%
White	1.97%	1.99%	0.01%	121	1.99%
American Indian Or Alaskan Native	0.12%	0.12%	-0.00%	9	0.15%
Total Members				6,086	

Group Care Ethnicity Discussion: The largest group who identified their ethnicity was the Other Asian/Pacific Islander, at almost one-fourth of the Group Care membership, of which 22% are of Asian Indian ethnicity. The percent of Group Care members with unknown ethnicity continues to decline, although still higher than desired.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 72: Member and Provider Languages Spoken – Medi-Cal

MEDI-CAL	Prior Year	YTD	Percent Change	Current Month	
ALAMEDA ALLIANCE FOR HEALTH MEMBERSHIP BY PRIMARY LANGUAGE	Jan - Dec 2018	Jan - Dec 2019	% YTD Mbrshp in Jan - Dec 2019 (minus) Percent of Mbrshp in Jan - Dec 2018	Dec 2019	Dec 2019 Percent
English	62.14%	61.31%	-0.83%	146,495	60.95%
Spanish	19.19%	19.54%	0.35%	47,081	19.59%
Chinese	9.52%	9.76%	0.24%	23,803	9.90%
Unknown	3.58%	3.65%	0.07%	8,979	3.74%
Vietnamese	3.25%	3.35%	0.10%	8,190	3.41%
Other Non-English	1.70%	1.76%	0.06%	4,267	1.78%
Farsi	0.62%	0.63%	0.01%	1,530	0.64%
Total Members				240,345	

Medi-Cal Language Discussion: Our Medi-Cal members are approximately 3/5 English-speaking, 1/5 Spanish-speaking, 1/10 Chinese-speaking 3/100 Vietnamese-speaking.

Table 73: Member and Provider Languages Spoken – Group Care

GROUP CARE	Prior Year	YTD	Percent Change	Current Month	
ALAMEDA ALLIANCE FOR HEALTH MEMBERSHIP BY PRIMARY LANGUAGE	Jan - Dec 2018	Jan - Dec 2019	% YTD Mbrshp in Jan - Dec 2019 minus) Percent of Mbrshp in Jan - Dec 2018	Dec 2019	Dec 2019 Percent
English	60.86%	60.27%	-0.59%	3,640	59.81%
Chinese	21.61%	22.34%	0.72%	1,405	23.09%
Spanish	4.87%	4.95%	0.08%	302	4.96%
Unknown	4.59%	4.35%	-0.25%	257	4.22%
Vietnamese	3.39%	3.60%	0.21%	222	3.65%
Other Non-English	2.88%	2.92%	0.04%	169	2.78%
Farsi	1.79%	1.58%	-0.22%	91	1.50%
Total Members				6,086	

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Group Care Language Discussion: Group Care members continue to speak predominately English 2/5 of the Group Care members, followed by Chinese-speaking (almost 1/5) and Spanish-speaking (1/20).

PRACTITIONER LANGUAGE CAPACITY

During 2019, the Alliance's Provider Relations staff conducted in-person surveys during provider office visits to verify languages spoken by providers. The chart below is a comparison of identified languages spoken by the plan's members to its provider network at the end of Quarter 4 2019. Please note, multi-lingual providers are counted for each language spoken by the individual.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 74: Provider Network vs. Members Comparison of Identified Languages

	2017Q4			2018Q4			Change			
Language	**PCPs**	**Members**	**Members per PCP**	**PCPs**	**Members**	**Members per PCP**	**Count PCPs**	**Percent PCPs**	**Count Members**	**Percent Members**
English	501	135,124	269	509	131,489	258	8	2%	-3,635	-3%
Spanish	113	45,571	403	115	45,318	394	2	2%	-253	-1%
Chinese	47	23,701	504	78	23,541	301	31	66%	-160	-1%
Unknown	7	10,818	1,545	7	9,785	1,397	0	0%	-1,033	-10%
Vietnamese	16	8,289	518	16	8,218	513	0	0%	-71	-1%
Other Non-English	133	2,212	16	173	2,153	12	40	30%	-59	-3%
Arabic	2	2,069	1,034	3	2,000	666	1	50%	-69	-3%
Farsi	6	1,656	276	7	1,640	234	1	17%	-16	-1%
Total	825	229,440		908	224,144		83	10%	-5,296	-2%

Source: Q4 2017 and Q4 2018 Provider Impact Reports

Table 75: MCAL PCPs & Members by Language

	2018Q4			2019Q4			Change			
Language	**PCPs**	**Members**	**Members per PCP**	**PCPs**	**Members**	**Members per PCP**	**Count PCPs**	**Percent PCPs**	**Count Members**	**Percent Members**
English	509	131,489	258	503	122,728	243	-6	-1%	-8,761	-7%
Spanish	115	45,318	394	111	42,823	385	-4	-4%	-2,495	**-2%**
Chinese	78	23,541	301	68	22,367	328	-10	-15%	-1,174	**-2%**
Vietnamese	16	8,218	513	12	7,885	657	-4	-33%	-333	**-2%**
Arabic	3	2,000	666	7	2,062	294	+4	57%	62	**-3%**
Farsi	7	1,640	234	7	1,522	217	0	0%	-118	**3%**
Total	908	224,144		**890**	**209,727**					

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

* A number of PCPs do not have a primary language designated in the data we receive. Also, multi-lingual providers are counted for each language they speak.

The Alliance also identified and reviewed significant changes and trends related to provider language capacity. In 2019 the Plan experienced overall decline in Medi-Cal membership for all languages as well as a decline in PCPs speaking all languages except for Arabic. The largest decline in PCPs per member is seen for Vietnamese. The plan will continue to monitor the decline to see if it persists and whether there are grievances that might require taking action.

Table 76: 2018 Q4 vs 2019 Q4 Comparison

	2018Q4	2019Q4	Change
Language	Members per PCP	Members per PCP	Difference
English	258	243	Improvement ↓11
Spanish	394	385	Improvement ↓9
Chinese	301	328	Decline ↑27
Vietnamese	513	657	Decline ↑144
Arabic	666	294	Improvement ↓ 69
Farsi	234	217	Improvement ↓ 16

Our Group Care members (data not in a table), while being a significantly smaller population, have access to most of our extensive Medi-Cal network of providers. As a result, all languages have at least 1 PCP per 25 members.

In addition, the Alliance continues to monitor provider language capacity levels and trends quarterly though the following:

- Review of provider and member spoken language capacity comparison
- Review of grievances related to provider language capacity
- Monitoring of interpreter services provided

In the absence of a practitioner who speaks a member's preferred language, the Alliance ensures the provision of interpreter services at the time of appointment. The Alliance has two interpreter vendors to ensure coverage for both telephonic and in-person interpreters are available for all of our members' health care needs. In 2019, the Alliance provided over 12,500 telephonic interpreter services. In addition, we completed just approximately 21,000 requests for interpreter services at the time of appointment. This represents over 99.5% fulfillment with prescheduled interpreter requests.

ANALYSIS OF 2019 QUALITY PROGRAM EVALUATION AND EFFECTIVENESS

The Alliance has identified the challenges and barriers to improvement throughout the 2019 QI Evaluation. Recommended activities and interventions for the upcoming year consider these

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

challenges and barriers in working toward success and achievement of the Alliance's goals in 2020.

Challenges and barriers to achieving objectives encountered within the 2019 program year included but, are not limited to:

- Under reporting of exempt grievance due to gaps in workflows and staff training
- Reliance on mid-year annual HEDIS measurement results impedes optimal strategic rapid cycle PDSA implementation for quality improvement activities
- Limited implementation time for new Quality leadership to implement improvement strategies from 2018 CHAPS findings
- Limited implementation time for new Quality leadership to implement improvement strategies from 2018 Provider Satisfaction Survey findings
- Member Services call center "call abandonment" rate negatively impacted by staffing challenges

Program major accomplishments with objectives met for 2019 include but, are not limited to:

- Adequate QI program resources to carry out roles, functions, and responsibilities
- A consistent and stable QI committee and program structure
- Stable key positions, including Director and Managers, now filled within the Quality department
- Successful administration of all timely access surveys within the expected timeframes, allowing for timely analysis and implementation of next steps with providers and within the Alliance
- Implementation of a revised Delegate CAP Process in which corrective action plans (CAPs) were issued at the group/delegate level (rather than at the individual provider level), contributing to increased efficiencies as well as oversight management
- Increased Provider Satisfaction Survey scores in 2019 for Provider Relations and Utilization and Quality Management
- HCQC meetings held 6 times within 2019 and remains active in ensuring requirements of the QI Program were met
- Stable and consistent Senior Level Physician involvement and Appropriate External and Internal Leadership
- Improved HEDIS performance rates for most measures; above the MPL for all accountable HEDIS metrics
- Development and deployment of a Pediatric Care Coordination Pilot to promote access to care and EPSDT service utilization in partnership with direct, delegate, and CBOs.
- Improved targeted focus on direct and delegate provider education and outreach collaboration with Provider Services to improve access to care using gap in care reports
- Continued focus on health promotion and education that resulted in higher CAHPS scores
- Improved turn-around times and root cause analysis of PQIs
- Implementation of Phase I and Phase II of the PQI Application database

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

- Ongoing / successful performance improvement projects
- Robust Health Education and Cultural and Linguistic Programs
- Launched Diabetes Prevention Program
- Cost effective approach to quality and safety of care and services utilizing community resources such as:
    - Substance Abuse Disorder Program
    - Ongoing Performance Improvement Projects
- Improved Member Services processes and hiring new staff, resulting in improved telephone response times.
- Updated grievance tracking system for capturing exempt grievances and accurate reporting
- Comprehensive monitoring of all practitioners during credentialing / re-credentialing to ensure high quality network.
- QI Program was evaluated, discussed and approved by the HCQC Committee

The HCQC has evaluated the approved the overall effectiveness of the Alliance QI Program and determined its progress in meeting safe, clinical practice, goals, based on an assessment of performance in all aspects of the QI Program. The committee determines no need to restructure or change the QI program for the subsequent 2020 year.

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table of Tables

Table 1: 2019 Trended Enrollment by Network and Aid Category....6
Table 2: 2019 Trend Enrollment by Age Category....6
Table 3: 2019 Provider Network by Type, Enrollment and Percentage....7
Table 4: Alliance Ancillary Network....8
Table 5: Blended Customer Service Results – Medi-Cal and Group Care....16
Table 6: Pharmacy Safeguard Implementations....23
Table 7: 2019 Pharmacy Recalls....24
Table 8: Quality of Care (QOC) Issue Severity Level....25
Table 9: 2019 PQI Quarterly Frequencies....26
Table 10: Inter-rater Reliability Thresholds....27
Table 11: 2019 Facility Site Reviews....28
Table 12: Compliant and non-compliant FSR/MRR CAPs received in 2019....29
Table 13: CAPs closed within 120 days of FSR in 2019....29
Table 14: 2019 Audits with Non-Passing Scores....29
Table 15: 2019 MRR Results....30
Table 16: Count of Practitioners Reviewed for Quality Issues at PRCC in 2019....30
Table 17: Alameda Alliance Delegated Entities....32
Table 18: A1c Rate of AA Men at AHS....35
Table 19: CAP Rate among Tri City Pediatric Population....36
Table 20: 2018 IHA Rates....39
Table 21: IHA Completion Rates among New Enrollees....39
Table 22: Pediatric Care Coordination Pilot....44
Table 23: Medicaid Hybrid HEDIS Measures....45
Table 24: Medicaid Administrative HEDIS Rates....46
Table 25: Survey Response Rates for 2019 – 2018....50
Table 26: Medi-Cal Child Trended Survey Results....50
Table 27: Medi-Cal Adult Trended Survey Results....51
Table 28: Commercial Adult Trended Survey Results....51
Table 29: Medi-Cal Child Trended Survey Results – Delegates....52
Table 30: Medi-Cal Adult Trended Survey Results – Delegates....53
Table 31: Commercial Adult Trended Survey Results – Delegated Network....54
Table 32: Medi-Cal Child 3 Point Sorces:....54
Table 33: Medi-Cal Adult 3-Point Scores....55

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 34: Commercial Adult 3-Point Scores 55
Table 35: Highest and Lowest Quality Compass All Plans Percentile Rankings 56
Table 36: Composites and Key Drivers 56
Table 37: Composites and Top Priorities 57
Table 38: Primary Care Phsyician (PCP) Appointment 58
Table 39: Specialty/Other Appointment 58
Table 40: All Provider Wait Time/Telephone/Language Practices 58
Table 41: Primary Care Physician (PCP) Appointment 59
Table 42: Specialty/Other Appointment 59
Table 43: All Provider Wait Time/Telephone/Language Practices 59
Table 44:Compliance Rates by Appointment Type across All Provider Types 61
Table 45: Overall Appointment Compliance Rates by Provider Type 62
Table 46: Appointment Type by Provider Survey Type 62
Table 47: Percentage of Ineligible Provider Types 63
Table 48: Percentage of Non-Responsive Provider Types 63
Table 49: Compliace Rates for After Hours Survey 66
Table 50: AAH Conducted Survey Compliance Rate for Providers 67
Table 51: Compliance Rate – Access to a Physician 68
Table 52: First Prenatal Visit Survey 68
Table 53: Oncology Survey 69
Table 54: CG-CAHPS Survey Results 2019 69
Table 55: Q1 2019 Internal Ad-Hoc Surveys 70
Table 56: Survey Response Rates: 2019 vs. 2018 70
Table 57: Survey Respondents 2019 vs. 2018 71
Table 58: Role of Survey Respondents 2019 vs. 2018 71
Table 59: Trended Survey Results Across Composites 71
Table 60: Overall Satisfaction with the Alliance by Delegate 72
Table 61: Overall Satisfaction with the Alliance by Provider Type 72
Table 62: Priority Matrix 73
Table 63: 2017-2019 Survey Results 74
Table 64: Commercial Compliant Volume 2018-2019 77
Table 65: Medicaid Complaint Volume 2018-2019 77
Table 66: Commercial Appeal Volume 2018-2019 78
Table 67: Medi-Cal Appeal Volume 2018-2019 79

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table 68: UM Appeals 80
Table 69: 2019 Threshold Languages 81
Table 70: Member Ethnicity – Medi-Cal 81
Table 71: Member Ethnicity – Group Care 82
Table 72: Member and Provider Languages Spoken – Medi-Cal 83
Table 73: Member and Provider Languages Spoken – Group Care 83
Table 74: Provider Network vs. Members Comparison of Identified Languages 85
Table 75: MCAL PCPs & Members by Language 85
Table 76: 2018 Q4 vs 2019 Q4 Comparison 86

DocuSign Envelope ID: 78A477BE-FE22-45B4-A82D-64446ABE6208

Table of Figures

Figure 1: Member Services Call Volume 2019 - 2019 Member Services Call Center Report.....16
Figure 2: Member Services Levels (SL) 2019 - 2019 Member Services Call Center Report......17
Figure 3: Abandonment Rate and Average Speed to Answer (ASA) 2019 18
Figure 4: Opioids Stewardship Report 21
Figure 5: Members on SAO, LAO, and Both SAO and LAO for Sept-Nov 2019........................24
Figure 6: Members per year on >120MME 24
Figure 7: Graph of A1c Rate in AA Men at AHS 34
Figure 8: Graph of CAP Rate among Tri City Pediatric Population 36
Figure 9: Graph of TDAP Rate of Targeted PCPs 38
Figure 10: 2019 AWC Rates 41
Figure 11: 2019 W15 Rates 41
Figure 12: 2019 CAP Rates 42
Figure 13: HEDIS MCAS Access to Care PIP Measures with Member Incentives (CFMG, AHS, CHCN, Directs) 43
Figure 14: Pediatric Care Coordination Pilot Goals 43
Figure 15: Medicaid NCQA Accreditation Status Award 48
Figure 16: Group Care NCQA Accreditation Status Award 49
Figure 17: Response Rate by Provider Type 66