

# ALAMEDA ALLIANCE FOR HEALTH

## QUALITY IMPROVEMENT HEALTH EQUITY PROGRAM EVALUATION

### 2023



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

2023 Quality Improvement Health Equity Program Evaluation

2023 Quality Improvement Health Equity  
Program Evaluation Signature Page

DocuSigned by:

Michelle Stott

633EF366C88141E...

**Michelle N. Stott, RN, MSN**  
Senior Director, Quality  
Quality Improvement Health Equity  
Committee

06/11/2024 | 9:56 AM PDT

Date

DocuSigned by:

Sanjay Bhatt

B4A3A1C02E70487...

**Sanjay Bhatt, M.D., M.S., M.M.M.**  
Senior Medical Director  
Vice Chair, Quality Improvement Health  
Equity Committee

06/11/2024 | 11:01 AM PDT

Date

DocuSigned by:

Donna Carey

93FF13824EC54CD

**Donna Carey, MD**  
Interim Chief Medical Officer  
Chair, Quality Improvement Health Equity  
Committee

06/12/2024 | 11:31 AM PDT

Date

DocuSigned by:

Matthew Woodruff

**Matthew Woodruff**  
Chief Executive Officer  
Chair, Quality Improvement Health Equity  
Committee

06/20/2024 | 9:42 AM PDT

Date

DocuSigned by:

Chair Rebecca Gebhart

**Rebecca Gebhart**  
Board Chair

06/20/2024 | 10:09 AM PDT

Date

## 2023 Quality Improvement Health Equity Program Evaluation

---

### Table of Contents

<b>Introduction .....</b>	<b>5</b>
<b>Mission, Vision, and Values.....</b>	<b>5</b>
Mission .....	5
Vision.....	5
Values .....	5
<b>Scope of the 2023 Quality Improvement Health Equity Program Evaluation .....</b>	<b>6</b>
<b>Quality Improvement Structure.....</b>	<b>7</b>
Governing Committee.....	7
Committee Structure.....	7
Evaluation of Senior-Level Physician and Behavioral Health Practitioners.....	8
Program Structure and Operations .....	9
QI Resources .....	9
<b>Membership and Provider Network.....</b>	<b>10</b>
Membership .....	10
Provider Network .....	11
<b>Health Plan Quality Performance.....</b>	<b>13</b>
HEDIS Performance .....	13
Chronic Disease.....	15
Analysis of HEDIS Medicaid Managed Care Accountability Set (MCAS) .....	15
<b>Quality Improvement Health Equity Performance Initiatives and Projects.....</b>	<b>16</b>
Overview .....	16
Equity Performance Improvement Project (PIP) (2023 – 2026) – Well Child Visit in the First 15 Months of Life - (W30 6+) .....	17
Nonclinical Performance Improvement Project (PIP) (2023-2026) – Improve the Percentage of Provider Notifications for Members with SUD/SMH Diagnoses Following or Within 7 Days of Emergency Department (ED) Visit .....	18
Initial Health Appointment (IHA) Rates & Audits .....	19
Audit of Initial Health Appointments via FSR/MRR .....	19
IHA Audit.....	20
Well Child Domain .....	21
Disease Management Domain .....	22
Women’s Health Domain .....	23
Behavioral Health.....	24
First 5 Alameda Partnership .....	24
Non-Utilization Outreach.....	25
Opioid/SUD Continuation.....	26
Opioids Stewardship Report.....	27
Goals for 2023 .....	28
Opioid and Benzodiazepine ER Reporting.....	28
Drug Recalls.....	32
<b>Pay-for-Performance Programs .....</b>	<b>32</b>
Overview .....	32
2022 Program Summary.....	32
QI Training and Coaching.....	33
<b>Patient Safety and Quality Compliance .....</b>	<b>34</b>
Consistency in Application of Criteria.....	34
Facility Site Reviews .....	35
Peer Review and Credentialing Committee .....	37
Potential Quality Issues .....	38
<b>Quality in Member Experience .....</b>	<b>41</b>

## 2023 Quality Improvement Health Equity Program Evaluation

---

Overview .....	41
Standards and Provider Education .....	41
Provider Capacity .....	43
Geo Access .....	44
Member Satisfaction Survey (CAHPS 5.1H) .....	44
MY2023 – 2022 Alliance and Delegate Comparative Findings .....	48
Next Steps .....	50
Provider Satisfaction Survey Overview .....	50
Year to Year Trend Comparisons .....	51
PG Alliance POWER List: .....	52
Best Practice .....	53
Next Steps .....	53
CG-CAHPS Survey .....	53
After Hours Care .....	54
Initial Pre-Natal Visits .....	57
Provider Appointment Availability Survey .....	58
Year-Over-Year Analysis .....	60
Alameda Health Systems (AHS) .....	61
Children's First Medical Group (CFMG) .....	61
Community Health Center Network (CHCN) .....	61
Individual Contracted Providers (ICP) .....	61
Provider-Focused Improvement Activities .....	62
Provider Outreach and Engagement .....	62
Member Outreach and Member Services .....	63
<b>Population Health and Equity .....</b>	<b>64</b>
Population Health Management (PHM) Overview .....	64
PHM Strategy .....	64
Population Health Assessment .....	66
PHM Strategy Evaluation .....	66
Health Education Overview .....	66
Member Wellness Handouts and Programs .....	66
Disease Management Overview .....	69
Behavioral Health Quality .....	69
<b>Delegation Oversight .....</b>	<b>70</b>
<b>Analysis of 2023 Quality Program Evaluation and Effectiveness .....</b>	<b>71</b>
<b>Conclusion .....</b>	<b>72</b>

## 2023 Quality Improvement Health Equity Program Evaluation

---

### Introduction

Alameda Alliance for Health (Alliance) is a local, public, not-for-profit managed care health plan committed to making high-quality health care services accessible and affordable to County residents. The Alliance staff and provider network reflect the county's cultural and linguistic diversity. Established in January 1996, the Alliance was created by the Alameda County Board of Supervisors for county residents. The Alliance currently provides health care coverage to over 354,822 children and adults through its programs.

Under the leadership and strategic direction established by the Board of Governors (BOG), senior management and the Quality Improvement Health Equity Committee (QIHE), the Health Care Services 2023 Quality Improvement Health Equity (QIHE) 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, 2023, through December 31, 2023.

### Mission, Vision, and Values

#### Mission

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

#### Vision

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

#### Values

Teamwork: We actively participate, support each other, develop local talent, and interact as one team.

Respect: We put people first, embracing diversity and equity, striving to create a positive work environment, excellent customer service, and value all people's health and well-being.

Accountability: We work to create and maintain efficient processes and systems that minimize barriers, maximize access, and sustain high quality.

Commitment & Compassion: We are empathic and care for the communities we serve including our members, providers, community partners and staff.

Knowledge & Innovation: We collaborate to find better ways to address the needs of our members and providers by proactively focusing innovative resources on population health and clinical quality.

## 2023 Quality Improvement Health Equity Program Evaluation

---

### Scope of the 2023 Quality Improvement Health Equity Program Evaluation

The Alliance's Quality Department is designed to monitor the quality of clinical care and health care service delivery to all Alliance members. The structure provides ongoing reviews of activities and identifies opportunities to improve the quality of care provided, fosters financial stewardship to the health plan, and collaborates with internal and external stakeholders to deliver high quality and accessible health care. Further, the department fosters consistency in quality assessment and improvement to the health care system while:

- Adopting and integrating community health priorities, standards, and goals that impact the health of Alliance's members.
- Identify and target improvement to improve access, care, and service.
- Identify overuse, misuse, and underuse of health care services.
- Identify opportunities to improve patient safety and care.
- Address quality issues, both potential and tangible.
- Monitor data trends that display variations in services or disparities in care.

The Quality Department set goals designed to improve quality and the effectiveness of clinical care served to our members:

- Primary goal: to objectively monitor and evaluate the quality, appropriateness, health equity, and outcome of care and services delivered to members of the Alliance.
- Overall goal: to ensure that members have access to quality health care services that are safe, effective, equitable, and meet their needs.

The Quality Department is structured to continuously pursue opportunities for improvement and problem resolution by:

- Monitoring services and care provided.
- Improving data and analytics to validate care outcomes.
- Peruse opportunities for improvement in areas that are important to Alliance members' care and health.
- Identify interventions when opportunities for improvement are identified.
- Improving member experience through provider access to care.

## 2023 Quality Improvement Health Equity Program Evaluation

---

### Quality Improvement Structure

#### QIHE Structure

The structure of the Alliance QIHE 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 mental health (MH and behavioral health treatment (BHT) services. Also, the structure is designed to enhance communication and collaboration on QIHE program goals and objectives, activities, and initiatives that impact member care and safety both internal and external to the organization, including delegates. The QIHE Program is evaluated on an on-going basis for efficacy and appropriateness of content by Alliance staff and oversight committees.

#### Governing Committee

The Alameda County Board of Supervisors appoints the 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 QIHE Programs and is responsible for approving the annual QIHE Program Description, Work Plan, and Program Evaluation. The BOG delegates oversight of Quality functions to the Alliance Chief Medical Officer (CMO) in collaboration with the Chief Health Equity Officer (CHEO), and the QIHEC, and provides the authority, direction, guidance, and resources to enable Alliance staff to carry out responsibilities, functions, and activities of the QIHE Program. QIHE oversight is the responsibility of the QIHEC.

The QIHEC develops and implements the QIHE program and oversees the QIHE functions within the Alliance.

#### The QIHEC:

- Recommends policies or revisions to policies for the operational effectiveness of the QIHE Program and the achievement of QI program objectives.
- Oversees the analysis, evaluation, and monitoring of the QI, Utilization Management (UM) and Case Management (CM) programs and Work Plan activities and assesses the results.
- Ensures practitioner participation in the QIHE 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 to choose and pursue as appropriate.
- The QIHEC meets a minimum of four times per year or as often as needed, to follow-up on findings and required actions.
- Oversees the actions of the Internal Quality Sub-Committee, Utilization Management Sub-Committee, Access, and Availability Sub-Committee, and the Cultural and Linguistics Sub-Committee.

#### Committee Structure

The BOG appoints and oversees the QIHEC which, in turn, provides the authority, direction, guidance, and resources to enable Alliance staff to carry out the QIHE Programs. The BOG also oversees the Peer Review and Credentialing Committee (PRCC), which provides a peer review

## **2023 Quality Improvement Health Equity Program Evaluation**

---

platform and 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 members with Mental Health and Behavioral Health Treatment, Seniors, and Persons with Disabilities (SPD) and chronic conditions.

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

QIHEC charters a sub-committee, the Internal Quality Improvement Sub-Committee (IQIC) which serves as a forum for the Alliance to evaluate current QIHE 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. QIHEC 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:

- Quality Improvement Health Equity Committee (QIHEC)
- Peer Review and Credentialing Committee (PRCC)
- Community Advisory Committee (CAC)
- Pharmacy and Therapeutics (P&T) Sub-committee
- Utilization Management (UM) Sub-committee
- Access and Availability Sub-committee
- Internal Quality Improvement Sub-committee (IQIC)
- Cultural and Linguistic Services 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 PRCC, CAC, and P&T committees, report directly to the QIHEC. The PRCC, CAC, and P&T report directly to the BOG. Each committee continues to meet the goals outlined in their charters, as applicable. The QIHEC membership includes practitioners representing a broad range of specialties, as well as Alliance leadership and staff.

### **Evaluation of Senior-Level Physician and Behavioral Health Practitioners**

The BOG delegates oversight of QI, CM and UM functions to the QIHEC which is chaired by the Alliance CMO in collaboration with the CHEO, and vice-chaired by the Senior Medical Director. The CMO, CHEO, and Senior Medical Director provide the authority, direction, guidance, and resources to enable Alliance staff to carry out the QIHE Program. The CMO delegates senior level physician involvement in appropriate committees to provide clinical expertise and guidance to program development.

The committee is comprised of multiple physician representatives and includes CMOs of partner delegate groups. A psychiatrist and CMO of Alameda County Behavioral Health Care (ACBH),



## 2023 Quality Improvement Health Equity Program Evaluation

---

actively participates in the QIHEC meetings and provides clinical input ensuring policies and reports considered behavioral health implications. The active involvement of senior-level physicians including the psychiatrist from Alameda County Behavioral Health (ACBH) has provided consistent input into the quality program. Their participation helped ensure that the Alliance is meeting accreditation and regulatory requirements. The Senior Director of Behavioral Health at Alameda Alliance for Health is also an active participant of the QIHE Program.

### Program Structure and Operations

The Alliance QIHE Program encompasses quality of care across the Alliance enterprise and across the health care continuum.

2023 QIHE Program activities included, but were not limited to the following:

- Evaluation of the effectiveness of the QIHE program structure and oversight.
- Implementation and completion of ongoing QIHE 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 QIHE initiatives and barriers to improvement.
- Monitoring, auditing, and evaluation of delegated entities QI activities for compliance with contractual requirements with the implementation of corrective action plans as appropriate.
- Internal monitoring and auditing of QIHE activities for regulatory compliance and assurance of quality and safety of clinical care and 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 because of non-compliance and identified opportunities for improvement, as applicable.

### 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. Established job description expectations with assigned tasks and responsibilities remain unchanged regardless of the geographical location of staff member.

The QIHE program moved forward in providing quality improvement guidance enterprise-wide meeting regulatory and accreditation standards and promoting positive health outcomes for the Alliance membership. In Q1 2023, the Sr. Medical Director provided direction and oversight of the QI Department until the new Senior Director, Quality was hired. In 2023, to support growth with advancing skillset and succession planning, levels were incorporated as part of the Quality Improvement Project Specialist (QPS) position. Within the QPS position, the levels are QPS I, QPS II, and Lead QPS. In addition, new positions were approved for fiscal year 2023/2024: 1) QI Engagement Coordinators to conduct outreach to members to complete all preventive

## 2023 Quality Improvement Health Equity Program Evaluation

screenings and 2) QI Review Nurse to conduct facility site reviews and support Skilled Nursing Facility/Long Term Care quality monitoring. QI, Health Care Services, and the Alliance continue to evaluate staff turnover and strive to provide a positive work environment while creating a stable work force.

Throughout 2023, vendor partnerships were a part of the QI resource strategy. The QI department continued to augment QI resources via consultants and analytic expertise for the Healthcare Effectiveness Data and Information Set (HEDIS) program.

Additionally, the Alliance maintained its strong relationship with healthcare services support and survey vendor, Symphony Performance Health (SPH) Analytics. In 2023 SPH supported the QI Department work with implementation, analysis, and reporting on the following surveys:

- Afterhours and Emergency Instruction Survey
- Member Satisfaction Survey (CAHPS 5.1H, CG CAHPS)
- Provider Satisfaction Survey

## Membership and Provider Network

### Membership

The Alliance product lines include Medi-Cal managed care and Group Care commercial insurance. Medi-Cal managed care beneficiaries, eligible through one of several Medi-Cal programs, e.g., Temporary Assistance Needy Families (TANF), Seniors and Persons with Disability (SPD), Medi-Cal Expansion, Long-Term Care, Long-Term Care Dual, and Dually Eligible Medi-Cal members who 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.

### Trended Enrollment by Network and Aid Category

Current Membership by Network by Category of Aid							
Category of Aid	Nov-23	% of Medi- Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	52,215	15.00%	10,373	9,947	787	21,830	9,278
Child	101,660	29.20%	8,019	9,256	31,944	33,769	18,672
SPD	31,018	8.91%	10,205	4,453	1,141	12,899	2,320
ACA OE	120,761	34.69%	19,443	36,959	1,258	46,989	16,112
Duals	41,381	11.89%	24,689	2,518	1	9,778	4,395
LTC	139	0.04%	139				
LTC-Dual	986	0.28%	986				
Total Medi-Cal:	348,160	100%	73,854	63,133	35,131	125,265	50,777
Total: Group Care:	5,586		2,299	865	0	2,627	0
<b>Total</b>	<b>353,746</b>	<b>100%</b>	<b>76,153</b>	<b>63,998</b>	<b>35,131</b>	<b>127,892</b>	<b>50,777</b>
Medi-Cal %	98.42%		96.98%	98.65%	100.00%	97.95%	100.00%
Group Care %	1.58%		3.02%	1.35%	0.00%	2.05%	0.00%
			21.53%	18.09%	9.93%	36.15%	14.35%
			% Direct:	40%		% Delegated:	60%

### 2023 Trended Categories of Aid, Distribution and Growth/Loss

## 2023 Quality Improvement Health Equity Program Evaluation

Category of Aid Trend											
Category of Aid	Members				% of Total (ie. Distribution)				% Growth (Loss)		
	Nov-2021	Nov-2022	Oct-2023	Nov-2023	Nov-2021	Nov-2022	Oct-2023	Nov-2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023
Adults	42,623	50,124	52,476	52,215	14.48%	15.37%	14.76%	14.76%	17.60%	4.17%	-0.50%
Child	97,935	101,680	101,670	101,660	33.27%	31.19%	28.59%	28.74%	3.82%	-0.02%	-0.01%
SPD	26,366	28,505	31,131	31,018	8.96%	8.74%	8.75%	8.77%	8.11%	8.82%	-0.36%
ACA OE	100,844	117,051	121,706	120,761	34.26%	35.90%	34.22%	34.14%	16.07%	3.17%	-0.78%
Duals	20,692	22,889	41,888	41,381	7.03%	7.02%	11.78%	11.70%	10.62%	80.79%	-1.21%
LTC	0	0	144	139	0.00%	0.00%	0.04%	0.04%	0.00%	100.00%	-3.47%
LTC-Dual	0	0	1,012	986	0.00%	0.00%	0.28%	0.28%	0.00%	100.00%	-2.57%
Medi-Cal Total:	288,460	320,249	350,027	348,160	98.00%	98.22%	98.42%	98.42%	11.02%	8.72%	-0.53%
Group Care Total:	5,880	5,791	5,607	5,586	2.00%	1.78%	1.58%	1.58%	-1.51%	-3.54%	-0.37%
<b>Total Membership:</b>	<b>294,340</b>	<b>326,040</b>	<b>355,634</b>	<b>353,746</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>10.77%</b>	<b>8.50%</b>	<b>-0.53%</b>

### 2023 Trend Enrollment by Age Category

Age Category	Members				% of Total (Distribution)				% Growth (Loss)		
	Nov-21	Nov-22	Oct-23	Nov-23	Nov-21	Nov-22	Oct-23	Nov-23	Nov-21 to Nov 2022	Nov-22 to Nov 2023	Oct-23 to Nov 2023
Under 19	100,206	103,974	104,125	104,107	33.95%	31.89%	29.28%	29.43%	3.76%	0.15%	-0.02%
19 - 44	104,239	119,089	123,815	122,783	35.32%	36.53%	34.82%	34.71%	14.25%	3.97%	-0.83%
45 - 64	60,571	68,279	73,486	72,981	20.52%	20.94%	20.66%	20.63%	12.73%	7.63%	-0.69%
65+	30,135	34,698	54,208	53,875	10.21%	10.64%	15.24%	15.23%	15.14%	56.23%	-0.61%
<b>Total</b>	<b>295,151</b>	<b>326,040</b>	<b>355,634</b>	<b>353,746</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>10.47%</b>	<b>9.08%</b>	<b>-0.53%</b>

In November of 2023, the Alliance annual membership increased by 9.0% from November 2022. The Alliance experienced membership growth in all age categories from 2022 to 2023 with the exception for ages under 19, which was flat year-over-year, 4.0% growth in the 19-44 age category, 8.0% growth for 45-64 age category and 56.0% growth for the 65+ age category (largest growth category).

The percentage of total distribution for age category under the age of 64 decreased by -4.59% while age 65+ category increased by 4.59% from 2022 to 2023.

The increase in membership was due to the mandatory transition from Duals from FFS, increased SPD enrollment, and newly eligible Long-Term Care members. The delay in member disenrollments from health plans by the state are also contributed to the growth in membership.

### Provider Network

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

#### 2023 Provider Network by Type, Enrollment and Percentage

PROVIDER NETWORK	PROVIDER TYPE	MEMBERS (ENROLLMENT)	% OF ENROLLMENT IN NETWORK
Direct-Contracted Network	Independent	75,201	21.32%
Alameda Health System (AHS)	Managed Care Organization	63,617	18.04%
Children First Medical Group (CFMG)	Medical Group	35,444	10.05%

## 2023 Quality Improvement Health Equity Program Evaluation

Community Health Clinic Network (CHCN)	Medical Group	128,483	36.43%
Kaiser Permanente	HMO	49,902	14.15%
<b>TOTAL</b>		<b>352,647</b>	<b>100%</b>

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

- Ambulatory care
- Hospital care
- Emergency Services
- Mental Health
- Home Health Care
- Hospice
- Palliative Care
- Rehabilitation Services
- Skilled Nursing Services
- Managed Long-Term Services and Support (MLTSS)
- Community Based Adult Services
- Enhanced Care Management and Community Support
- Long Term Care (custodial, Subacute care, and Intermediate Care Facility for the Developmentally Disabled (ICF/DD) facilities)
- Transportation
- Pharmacy

Care coordination along the continuum of care includes 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.

The Alliance provider network includes:

### Alliance Ancillary Network

## 2023 Quality Improvement Health Equity Program Evaluation

Ancillary Type	Count
Behavioral Health Network	Groups: 229 Individuals: 1,507
Durable Medical Equipment (DME) Vendor	1 Capitated, 12 Non-Capitated
Health Centers (FQHCs and non-FQHCs)	68
Hospitals	17
Pharmacies/Pharmacy Benefit Manager (PBM)	Over 200
Skilled Nursing Facilities (SNF)	103
Transportation Vendor	1 Individual Vendor with 380 Individual Transportation Providers

Alliance members may choose from a network of over 786 Primary Care Practitioners (PCPs), more than 9,000 specialists, 17 hospitals, 68 health centers, 103 skilled nursing facilities, and more than 200 pharmacies throughout Alameda County. 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 priority.

The Alliance QIHE Program strives to ensure that members have access to quality health care services.

### Health Plan Quality Performance

#### HEDIS Performance

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 QIHEC. Adherence to practice guidelines and clinical performance is evaluated primarily using standard Healthcare Effectiveness Data and Information Set (HEDIS). 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. The California Department of Health Care Services (DHCS) requires all Medicaid plans to report a subset of the HEDIS measures. 2023 preliminary Medicaid administrative rates are noted below. Minimum Performance Level (MPL) and High-Performance Level are determined by the Medi-Cal Managed Care Division.

Note: 2023 rates are preliminary, final Administrative and Hybrid rates will be available July 2024

#### Medicaid Administrative HEDIS Rates

## 2023 Quality Improvement Health Equity Program Evaluation

NCQA Acronym	Measure Description	2022 Admin Rates	2022 Hybrid Rates	2023 Admin Rates	MPL	Measure Type
Behavioral Health						
FUA1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day	29.82%		31.26%	36.34%	Administrative
FUM1	Follow-Up After Emergency Department Visit for Mental Illness - 30 Day	49.03%		33.65%	54.87%	Administrative
Children's Domain						
CIS10	Childhood Immunization Status - Combo 10	45.20%	52.80%	41.24%	30.90%	Administrative / Hybrid
IMA	Immunizations for Adolescents - Combo 2	49.36%	50.61%	49.27%	34.31%	Administrative / Hybrid
LSC	Lead Screening in Children	57.52%		60.67%	62.79%	Administrative / Hybrid
DEV	Developmental Screening in the First Three Years of Life	44.24%		54.37%	34.70%	Administrative / Hybrid
TFL	Topical fluoride for Children Rate 1 – dental or oral health services	12.18%		13.28%	19.30%	Administrative / Hybrid
W30	Well-Child Visits in the First 15 Months of Life - 6 or More Visits	46.56%		58.67%	58.38%	Administrative
W30	Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits	69.01%		74.03%	66.76%	Administrative
WCV	Child and Adolescent Well-Care Visits	49.69%		56.26%	48.07%	Administrative
Women's Health						
BCS	Breast Cancer Screening	56.08%		59.58%	50.95%	Administrative
CCS	Cervical Cancer Screening	52.44%	53.83%	57.98%	57.11%	Administrative / Hybrid
CHL	Chlamydia Screening in Women	64.14%		66.91%	56.04%	Administrative
PPC1	Timeliness of Prenatal Care	85.36%	87.50%	85.60%	84.23%	Administrative / Hybrid
PPC2	Timeliness of Postpartum Care	81.72%	85.42%	85.93%	78.10%	Administrative / Hybrid

## 2023 Quality Improvement Health Equity Program Evaluation

Chronic Disease						
AMR	Asthma Medication Ratio	74.71%		69.87%	65.61%	Administrative / Hybrid
HBD 2	HbA1c Control (>9.0%)	37.06%	29.20%	32.47%	37.96%	Administrative / Hybrid
CBP	Controlling High Blood Pressure	41.77%	54.74%	48.82%	61.31%	Administrative / Hybrid

### Analysis of HEDIS Medicaid Managed Care Accountability Set (MCAS)

In Measurement Year (MY) 2023, the Alliance has observed improvements in HEDIS rates compared to MY2022 across multiple measures. The recovery from the COVID-19 pandemic and the stabilization of the workforce have contributed to more in-person office visits, thus leading to an increase in rates. Other factors contributing to the rise in rates include data mining, educating and training the provider network on HEDIS specifications, reviewing, and encouraging the use of real-time actionable care gap reports, member outreach, and incentive programs.

Preliminary rates for MY2023 indicate a few areas where the Alliance falls short of the Minimum Performance Level (MPL): Follow-up After Emergency Visit for Alcohol and Drug Dependence and for Mental Health (FUA/FUM), Lead Screening for Children (LSC), Topical Fluoride for Children (TFL), and Well Child Visits in the First 15 Months of Life (W30 6+). The most notable reason for the low rates in these measures is data integrity issues. FUA/FUM measures are impacted by Alameda County data, and due to system upgrades, the Department of Health Care Services (DHCS) has not provided the Alliance with complete data since July 2023. The Alliance is anticipating a rise in the rates for FUA/FUM with complete data from DHCS.

While the Alliance has made efforts to increase fluoride treatments through primary care provider (PCP) offices, including communication on the importance of fluoride treatments and offering training in partnership with Alameda County Dental, a significant portion of the population of children aged 5-20 years relies on dental office visits for appropriate financial reimbursements. Consequently, the Alliance does not have oversight of Dental Services.

MY 2023 rates for LSC and W30 6+ visits have substantially increased over MY 2022. We are confident that the Alliance will meet the MPL on these measures with complete administrative and hybrid data.

The Alliance will continue its efforts to further increase HEDIS rates to meet or exceed the MPL. Our comprehensive quality strategy includes new interventions to meet or exceed the required 2024 milestones, including internal and external collaboration. The Alliance will continue its efforts to improve HEDIS measures below MPL by focusing on access, provider engagement, member and community engagement, educational efforts, and dedicated multidisciplinary workgroups to enhance HEDIS rates.



## 2023 Quality Improvement Health Equity Program Evaluation

---

### Quality Improvement Health Equity Performance Initiatives and Projects

#### Overview

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 2023 QIHE 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 QIHE Program including 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, community-based organizations, state, and county entities and enhance our improvements in 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 and equity within the Alliance membership through population data collection, analysis, segmentation, and targeted quality improvement activities as part of the Population Health Management Program
4. Promoted the awareness and concepts of inter-departmental QI initiatives and activities, data-driven approaches, including Plan-Do-Study-Act (PDSA), and Inter-Rater Reliability (IRR), to:
  - a. Identify, investigate, and resolve Potential Quality Issues (PQIs).
  - b. Identify and address service over-and-underutilization.
  - c. Promote patient safety.
  - d. Remove barriers to access to timely care and services.
5. Invested in quality measurement analysis expertise.
6. Identified 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. Monitored and demonstrated improvement in HEDIS measures.
8. Ensured timely Facility Site Review (FSR/Medical Record Review (MRR) audits and Physical Accessibility Review Surveys (PARS) in person and virtually.
9. Targeted QIHE 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.
10. Targeted partnerships with community-based county agencies and delegate providers to improve referral and resources triage and management through technology collaboration and support.
11. Promoted healthcare access and safety education for members and providers through targeted pharmacy substance use programs.



## 2023 Quality Improvement Health Equity Program Evaluation

---

12. Improved engagement with interpreter services vendors and Alliance network providers to ensure quality interpreter services at all points of healthcare service contact.
13. Coordinated engagement with Behavioral Health, both when delegated and in-sourced in April 2023, for improved and timely access to care.
14. Collaborated with First 5 of Alameda County and delegate provider networks to improve well-child visits (WCV) and Early Periodic Screening and Diagnostic Treatment (EPSDT) service utilization for pediatric and adolescent members.
15. Provided webinars and technical assistance to providers to promote access, preventive care, chronic disease management, women's health, and behavioral health services.
16. Incorporated a health equity lens by analyzing health disparity data, member feedback on barriers and root causes, and alignment with the Population Health Strategy and Health Equity Department initiatives.

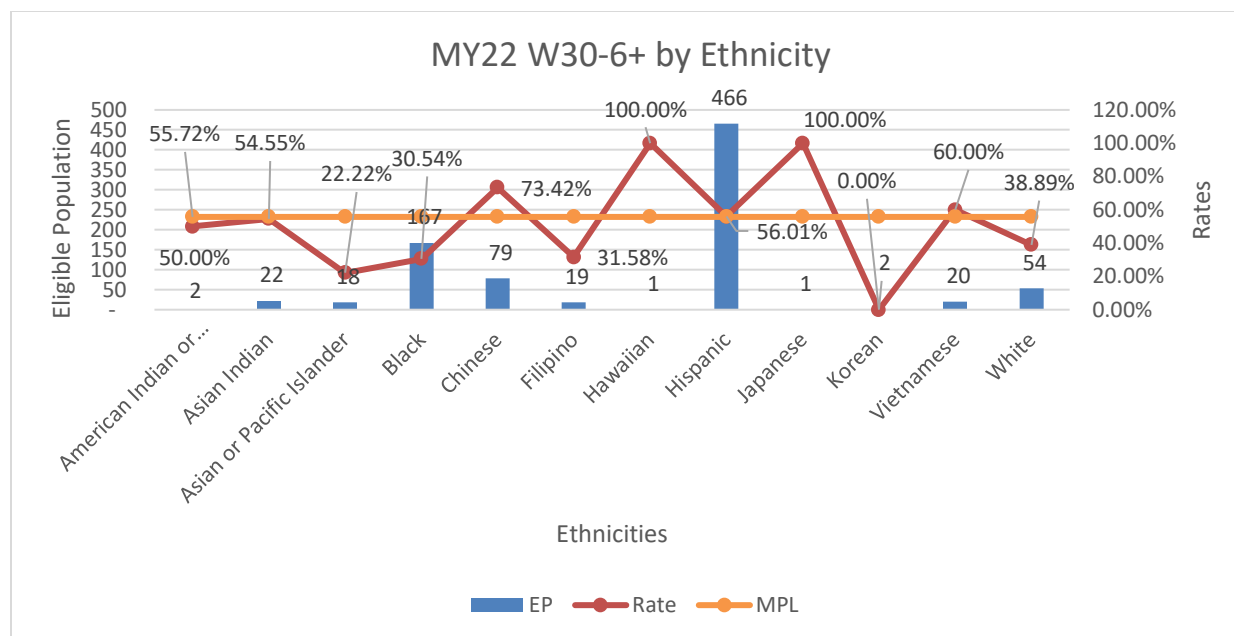
The Alliance is invested in a multi-year strategy to ensure that the organization adapts to health plan industry changes now and within 3 - 5 years. An effective QIHE program with commitment across all entities is essential to the Alliance's successful adaptation to expected changes and challenges.

### **Equity Performance Improvement Project (PIP) (2023 – 2026) – Well Child Visit in the First 15 Months of Life - (W30 6+)**

The Department of Health Care Services (DHCS) has reported a concerning trend of lower rates of well-child visits for African American children aged 0-15 months. As a result, the Equity Performance Improvement Project (PIP) topic for MY2023-MY2026 is focused on enhancing well-visit rates for African American children in this age group. In MY2023, the Alliance submitted population size and baseline data for African American children aged 0-15 months residing in Alameda County and a member of the Alliance to DHCS, and the PIP topic was accepted as an equity project through 2026.

The chart below indicates that the Well Child Visits in the First 30 Months of Life (W30-6+) score for Black/African American children ages 0-15 falls below the Minimum Performance Level (MPL). When comparing the Black population with other demographic groups in the Alliance population, the rates for Black children are significantly lower. The Alliance recognizes an opportunity to improve the current scores for Black children to reach or exceed the MPL of 55.72%. As the first step in the PIP process the Alliance is conducting barrier analysis through member surveys to help inform the Alliance and providers on barriers members encounter to completing well visits.

## 2023 Quality Improvement Health Equity Program Evaluation



### Nonclinical Performance Improvement Project (PIP) (2023-2026) – Improve the Percentage of Provider Notifications for Members with SUD/SMH Diagnoses Following or Within 7 Days of Emergency Department (ED) Visit

When a member seeks care in the Emergency Department (ED) for either substance use disorder (SUD) or mental health conditions, it is typically because they are in crisis or in need of assistance not currently provided by their regular providers. During such crises or urgent situations, there's an opportunity for intervention if the member can relate to the appropriate services and receive timely follow-up care. Without such follow-up, members are more likely to return to the ED, and their SUD or mental health conditions often worsen when consistent treatment is not initiated. Therefore, the Department of Health Care Services (DHCS) has identified Follow-up After Emergency Department Visit for Substance Use or Mental Health as the nonclinical Performance Improvement Project (PIP) for 2023 – 2026.

For the nonclinical PIP, DHCS has allowed managed care plans to choose from three topics:

1. Improve the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an emergency department (ED) visit.
2. Enhance the percentage of referrals to Community Support programs (such as Sobering Centers, Day Habilitation programs) within 7 days of visiting the ED for members with a SUD/SMH diagnosis and seen in the ED for the same diagnoses.
3. Increase the percentage of members enrolled in care management, complex care management (CCM), or enhanced care management (ECM) within 14 days of a provider visit where the member was diagnosed with SMH/SUD.

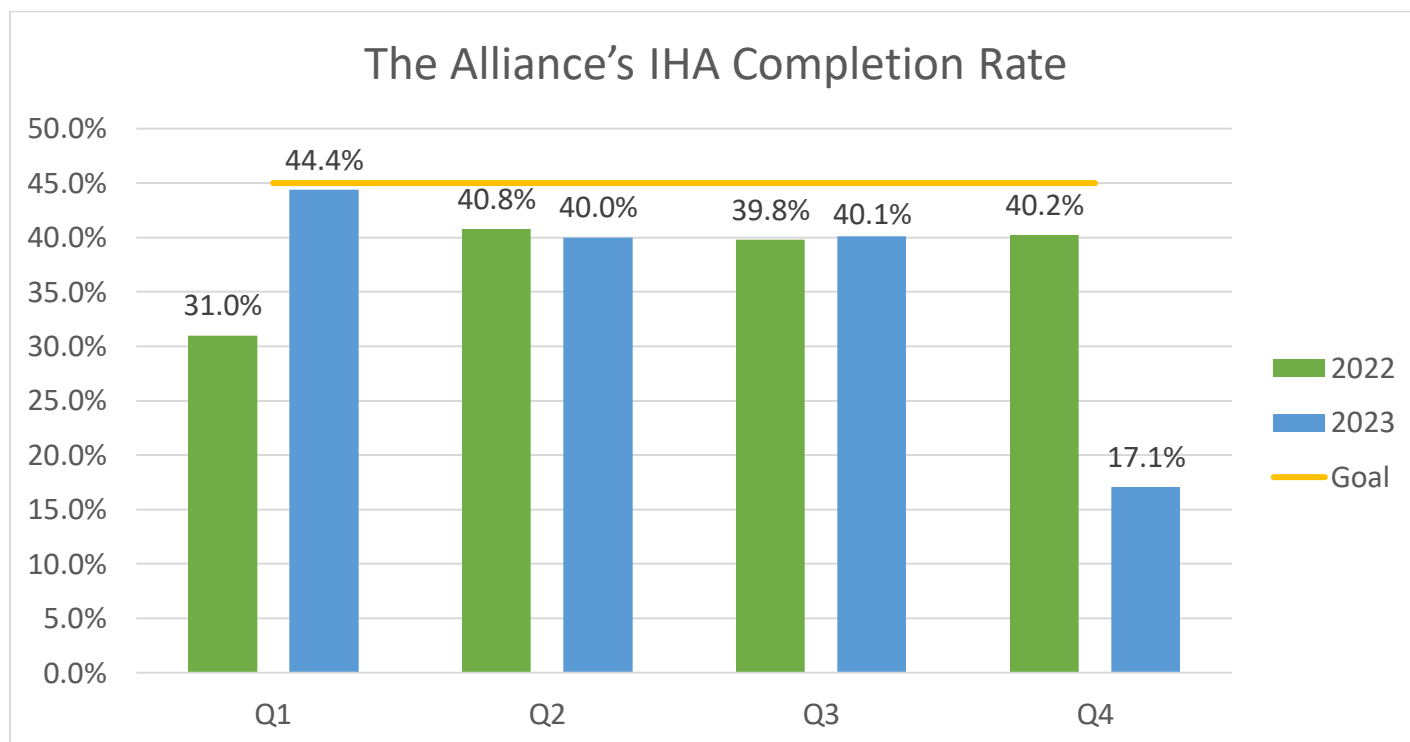
The Alliance has selected topic number one: to improve the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an ED visit. This choice was made because a notification system to ensure providers are aware that their patients had an ED visit is crucial and represents the first step in following up with patients.

## 2023 Quality Improvement Health Equity Program Evaluation

In the chart below, MY2022 rates for Follow-up After ED Visit for Substance Use or Mental Health (FUA/FUM) within 7 days are low. Therefore, the Alliance believes that by increasing provider notifications, the rates for FUA/FUM within 7 days will also increase.

Measure	Number of Events	Notified Provider within 7 Days	Rate
Follow-Up After Emergency Department Visit for Substance Use (FUA)	1,700	37	2.18%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	1,591	44	2.77%

### Initial Health Appointment (IHA) Rates & Audits



In 2023, the Alliance implemented IVR calls to members newly enrolled or re-enrolled, with a message to encourage them to schedule an appointment with their assigned PCP to establish care. Additionally, the Alliance provides an IHA report to help providers identify members who are newly enrolled or re-enrolled. Moreover, the Alliance communicates regularly with providers through provider meetings, newsletters, and fax blasts regarding the importance of Initial Health Appointments (IHAs).

The preliminary rates for 2023 indicate a substantial increase in quarter one; however, the rates for quarters two and three remain unchanged from MY2022. Due to claims lag and 120-day timeframe for completion, quarter 4 data is not finalized. The Alliance will continue to strategize opportunities for improving IHA rates.

### Audit of Initial Health Appointments via FSR/MRR

IHAs include History and Physical (H&P). An IHA must be completed within 120 days of member

## 2023 Quality Improvement Health Equity Program Evaluation

plan enrollment or PCP effective date (whichever is more recent) or documented within the 12 months prior to plan enrollment/PCP effective date.

Alliance reviewed records of IHA for members enrolled before 2023 eligible for IHA criteria. IHA was also reviewed for newly enrolled members in 2023 who presented for well care visits at the provider's office. In 2023, medical records at 28 sites were reviewed for the presence of an IHA. During the MRR, there were at least 30% of records reviewed or members eligible for IHA. The Table below lists the results of these reviews. There was a total of 28 IHA charts audited and 50% (14) were compliant with the required elements. The 14 total non-compliant providers received CAPs and re-education/training on IHA compliance.

### 2023 MRR Results

TYPE	Q1	Q2	Q3	Q4	TOTAL
<b>Total IHAs Audited via FSR</b>	11	4	6	7	28
<b># of MRRs with Compliant* IHAs</b>	9 (82%)	0 (0%)	3 (50%)	2 (29%)	14 (50%)
<b># of MRRs with Non-Compliant IHAs (CAPS)</b>	2	4	3	5	14 (50%)

*\*Compliant = Per DHCS CAP guidelines, no CAP issued if MRR score is 90% or greater and 80% or greater on Pediatric/Adult Preventive section.*

### IHA Audit

The Alliance conducted an audit of the Initial Health Appointments (IHA). A random sample of member charts were selected, and medical records were requested to review the IHA elements, including:

- Comprehensive physical and mental exam
- Identification of risks
- Preventive care
- Health Education
- Diagnoses and plan of care

In 2023, 60 charts were requested, 40 received. The following were the results of the IHA audit:

- Adults – 20 charts reviewed, 68% of elements completed.
- Children – 17 charts reviewed, 76% of elements completed.
- Adolescents – 3 charts reviewed, 67% of elements completed.

To improve IHA compliance rates, the Alliance worked to:

- Ensure member education – through mailings, member orientation and outreach.
- Improve provider education – through provider manual and newsletter/packets, Joint Operational Meetings (JOMS), QIHEC meeting, provider site visits to educate providers on timely access standards, and provider educational webinars.
- Improve data sharing – by sharing gaps in care lists with delegates and providers.
- Developed an IHA Provider Guide with requirements, codes, and best practices which

## 2023 Quality Improvement Health Equity Program Evaluation

---

was shared with providers through various communication methods.

- Monitor medical records – through IHA audits, FSR/MRR site review, and monitoring of IHA rates.
- Ensure accountability – through corrective action plans and follow up.

### Well Child Domain

The Well-Child Workgroup focused on improving performance on childhood domain measures held to the Minimum Performance Level (MPL) on the California DHCS Managed Care Accountability Set (MCAS) for FY23/R24. The aim of the workgroup was as follows:

Alameda Alliance for Health (AAH) will improve on well-child measures in the Managed Care Accountability Set (MCAS) that are under the Minimum Performance Level (MPL), by conducting improvement projects to increase the rates from below the MPL to above the MPL and to maintain current rates, by December 31, 2023, as follows:

- Child and Adolescent Well-Care Visits (WCV), from 49.24% to 59.34%, by December 31, 2023.
- Lead Screening in Children (LSC), from 57.47% to 67.47%, by December 31, 2023.
- Well-Child Visits in the First 0-15 Months of Life (W30-6+), from 46.56% to 56.57%, by December 31, 2023.

To support these improvements, the workgroup conducted various projects on member education, member outreach, provider education, provider collaboration, and addressing data gaps with the Analytics Department. Here are highlights of a few projects that helped drive improvements in the overall rates:

- HEDIS Crunch with Children First Medical Group (CFMG): The goal of this project was to meet or exceed CFMG's rates in W30-6+, W30-2+, and WCV measures by providing members, and their families, with a \$25 Target Gift Card upon completion of their well-visits. For MY23, 19 CFMG clinics collectively distributed 2,983 gift cards from June-December of 2023. As a result, CFMG exceeded the MPL in the W30-2+ and WCV measures. W30-6+ did not meet or exceed the MPL; however, CFMG had a 24.35% improvement in this rate from MY22, which may be attributed to the HEDIS Crunch project contributed to.
- Measure Highlight Sheets: The Alliance's QI Team developed Measure Highlight Sheets to help providers, a reference guide on the various MCAS measure definitions, codes, best practices, and tips to meet the measures. Measure Highlight Sheet were developed for: Childhood Immunization Status – Combination 2 (CIS-2), Immunizations for Adolescents (IMA-2), Lead Screening in Children (LSC), Developmental Screening in the First Three Years of Life (DEV), Topical Fluoride Varnish for Children (TFL-CH), and Well-Child Visits for ages 0-21 years old (W30-6+, W30-2+, and WCV). The Measure Highlight Sheets were provided to all Pediatric provider offices.
- Supplemental Data for W30-6+: The QI Team partnered with the Analytics Team to bridge the gap in data for the W30-6+ visits. The Alliance learned that data gaps were significant in the first two visits, as typically the babies' Medi-CAL Client Index Numbers (CINs) are

## 2023 Quality Improvement Health Equity Program Evaluation

---

tied to their Mother's Medi-Cal CIN. The challenges we learned through billing are that often claims do not delineate if the visit was for the mother or the baby. To improve this gap in data, the QI Team worked with CFMG clinics, who historically performed low in this measure, to collect medical records for review and determined if recorded encounters count towards our overall rate. As a result, the Analytics Department received 196 records from 11 CFMG clinics, of which 67 visits were found to be compliant. This contributed to CFMG's overall W30-6+ rate, which increased by 24.35% from MY22.

### Disease Management Domain

The Chronic Disease Workgroup focused on improving performance on measures held to the MPL on the MCAS. The aim of the workgroup was as follows:

Alameda Alliance for Health (AAH) will improve or maintain performance on chronic disease management measures in the Managed Care Accountability Set (MCAS) to meet the Minimum Performance Level (MPL), by conducting PDSA (Plan, Do, Study, Act) projects by December 31, 2023, as follows:

Asthma Medication Ratio (AMR), maintain at least 10% performance above MPL, by December 31, 2023.

Controlling High Blood Pressure (CBP), increase from 38.2% to 60.0%, by December 31, 2023.

Hemoglobin A1c Control for Patients with Diabetes, decrease from 42.2% to 39%, by December 31, 2023

Two projects were initially discussed to undertake as a PDSA, including an informational campaign, and were eventually abandoned due to various administrative challenges. The Alliance previously partnered with the Alameda County Public Health Department to increase education and awareness of asthma prevalence and treatment, and there was a goal to continue the work by developing an educational video to display at provider office waiting rooms. After some investigation, it was determined that the amount of effort and cost to produce the video was too large for the potential impact due to low response from providers about their interest and ability to display the videos. The workgroup also pursued a project to increase A1c testing by mailing home test kits to members to obtain an A1c result and reconnect the member to care. The workgroup planned to partner with an in-network laboratory to provide and process the kits. After several months of discussion and reorganization of departments at the laboratory, it was again determined that the cost of the project outweighed the potential return.

One project focused on improving blood pressure control did demonstrate some success. The Community Health Center Network (CHCN) received funding from the Alliance to support community health centers' efforts to build or improve their remote self-monitored blood pressure (SMBP) program. Funds were used to purchase remote connected BP devices, to support EHR integration of BP measurements, and to improve patient engagement with the program and education on SMBP. Several measures were tracked: CBP measure rate overall and for the African American population, systolic BP change, number of patients with an SMBP order, percentage of enrolled patients with subsequent BP readings, and impact on staff capacity and workload. The program saw success in the overall CBP rate with an almost 20% increase in the administrative rate from MY2022 and narrowly missing the MPL with administrative data by 1%. The CBP rate among African American members also increased from MY2022. More than 3,700 members received SMBP orders; 81% of those members had a subsequent BP remote BP

## 2023 Quality Improvement Health Equity Program Evaluation

---

reading and 65% improved their systolic BP after enrollment. Implementing a remote monitoring program and integrating with an EHR required a significant investment upfront, however less time was spent on data-related tasks as the program continued. Staff time spent on patient outreach increased throughout the year as more patients were enrolled yet staff capacity did not increase. Overall, the program was determined successful, and the Alliance will again provide support in MY2024.

### Women's Health Domain

The Women's Health Workgroup focused on improving measures that were performing below the minimum performance level in the Managed Care Accountability Set (MCAS), aiming to increase rates to meet or exceed the minimum performance level (MPL) and coordinate efforts to address population health disparities. These measures included:

Cervical cancer screenings (CCS)

Breast cancer screenings (BCS)

Chlamydia screenings in women (CHL)

Timeliness of prenatal care (PPC 1)

Timeliness of postnatal care (PPC 2)

In 2023, the workgroup initiated several quality improvement projects to enhance measures in the women's health domain. These projects included mobile mammography, targeted member outreach to increase breast cancer screening rates among African American women, and outreach efforts through birthday card reminders and calls targeting women aged 24-30 who have significant care gaps.

**Mobile Mammography:** The Alliance aimed to improve access to BCS screenings for its members and streamline clinic workflows for breast cancer by offering mobile mammography services. In partnership with the provider network, the Alliance hosted six mobile mammography events, resulting in 109 completed screenings.

**Breast Cancer Flyer:** To enhance health education and awareness on breast cancer, a health education flyer was created and distributed to 780 eligible African American women. Following the distribution, 23 women completed a screening. Follow-up outreach calls were made to women who received the flyer but did not complete the screening, resulting in an additional six screenings.

**CCS Birthday Card:** Birthday cards targeting women aged 24-64 who were non-compliant with cervical cancer screenings were sent to encourage scheduling a screening with their primary care provider (PCP) and provide member education. Two versions of the birthday card were created: one with an incentive and one without. The incentive birthday card facilitated 95 screenings out of 4,021 eligible members from July to December 2023, while the non-incentive birthday card facilitated eight screenings from June to December among 418 eligible members.

**CCS Outreach Calls:** Data revealed low cervical cancer screening rates among women aged 24-30. From August 2nd to October 30th, 7,090 women in this age group received outreach calls providing timely instructions on scheduling and completing a cervical cancer screening. As a result, 354 women completed a screening.

**Cervical Cancer Pap Drives:** Multiple providers organized pap events to increase cervical cancer screenings for women aged 24-64. The Alliance supported these events by conducting

## 2023 Quality Improvement Health Equity Program Evaluation

---

outreach calls to schedule appointments, remind members of their scheduled appointments, and providing incentives and giveaways. These efforts led to 262 completed cervical cancer screenings through these events.

As a result of the improvement projects all women's health measures held to MPL has met or exceed the benchmarks in MY2023. The preliminary administrative results are listed in the chart above under HEDIS results.

### Behavioral Health

The Behavioral Health Workgroup focused on increasing performance rates of measures held to MPL on the MCAS: Follow-up after Emergency Department Visit for Mental Illness (FUM) and Follow-Up after Emergency Department Visit for Substance Use (FUA). The aim statement of the workgroup was as follows:

Alameda Alliance for Health will improve on Mental Health and Behavioral Health Treatment measures in the Managed Care Accountability Set that are held to the Minimum Performance Level (MPL), by conducting PDSA (Plan, Do, Study, Act) projects to increase the rates to meet or exceed the MPL by December 31<sup>st</sup>, 2023 as follows:

- FUM: Maintain 5% or greater performance above MPL (54.51%)
- FUA: Maintain 7% or greater performance above MPL (21.24%)

As the workgroup explored network performance on the measures, it became apparent that provider education on the measures was central to improving performance. Two webinars were held by the QI team in March and May to explain the measure definitions and requirements for meeting the measures, and to share best practices. 16 individuals attended the webinar session on March 15 and 8 individuals attended on May 24. Additionally, measure highlights with a similar focus on measure specifications and best practices were developed to share with providers in the network, and the webinars were recorded and made available to view on the Alliance website.

For the remainder of the year, the workgroup focused on supporting providers in their efforts to meet the measure requirements. Several providers experienced challenges developing workflows that were comprehensive and effective and not overly burdensome to clinic staff. It was also challenging for practices to understand which providers could conduct follow-up services and the appropriate coding for those services. The workgroup continued to focus on providing education on the measures and the use of ED visit notification reports to identify members who have been seen for visits that qualify for inclusion in the measures. The secondary focus of the workgroup shifted to exploring strategies for the Alliance to provide follow-up services directly, which included seeking vendors to provide services and developing a workflow to conduct services in-house. These strategies have not proven successful, and the focus of the workgroup in 2024 will shift to exploring opportunities to support positioning navigators in EDs who can provide follow-up assessments and care navigation and County collaboration.

### First 5 Alameda Partnership

The Alliance continued to partner with First 5 Alameda in 2022-23. The goal of the initiative was to engage, assess, and connect Medi-Cal enrolled children, ages 0-5 and their families to appropriate clinical and community-based services and support to improve their health and well-being through an integrated community-based care management program. First 5 Alameda served as a key care management entity for Alliance pediatric members, ages 0 to 5 and worked



## 2023 Quality Improvement Health Equity Program Evaluation

---

in partnership with the Alliance to:

- Conduct outreach and engagement to increase child access to well-child preventative care for select Alliance members, ages 0-5.
- Provide pediatric health education to families in a culturally appropriate and accessible manner.
- Bolster pediatric health provider capacity to deliver DHCS/Bright Futures mandated pediatric screenings, with an emphasis developmental screening, Adverse Childhood Experiences (ACEs) Screening, and social determinants of health.

Coordinate family-centered access to well-child visits, as well as needed developmental/behavioral services, mental health services, community-based services and supports, and social support needs, to enhance and supplement practice-based care coordination services and comply with EPSDT requirements.

Through our partnership with First 5, 480 members completed a well visit or had a scheduled well visit. First 5 facilitated provider improvement projects with 10 PCPs in the Alliance network. 884 Alliance members referred by First 5 to at least one community services or support.

### Non-Utilization Outreach

The Alliance Board of Governors expressed concerns about the utilization of services by Alliance members. As a result, non-utilization was included as a strategic organization-wide goal. The goal was to reach out to at least 20% of non-utilizers over the age of fifty and connect 2% to primary care services, as well as to outreach to 20% of non-utilizers ages six and under and connect 2% to primary care services by June 30, 2023.

In partnership with Xaqt, a vendor for member outreach, the Alliance conducted outreach calls from April to June 2023. The outreach campaign aimed to facilitate scheduling an appointment for members who had not utilized primary care in the last 15 months, with a specific focus on adults 50 and older with ED visits and children 6 and younger. The primary goal of the outreach was to update the member's assigned PCP and facilitate scheduling an appointment with their assigned PCP. The secondary goal was to identify members with HEDIS measure completion gaps to tailor calls to complete needed preventive services. Three outreach attempts were completed, reaching a total of 4353 adults and 3334 children.

The results of the outreach campaign:

- 50% overall outreach success\* rate – 47% of adults, 55% of children.
- 2.25% (102) adults and 1.26% (97) children had a PCP visit following a successful contact based on claims filed.
- 44% of calls resulted in a voicemail.
- 41% of members could not be reached due to incorrect/disconnected phone number, no option to leave voicemail or no phone number on file.

\*Note – successful defined as, changed PCP, Left Voicemail, Shared General Information,

## 2023 Quality Improvement Health Equity Program Evaluation

Spoke with Member, Parent or Guardian, Transferred to PCP.

Given that there will be new membership in January 2024 with Anthem and adult expansion members, a non-utilizer outreach will be repeated in 2024.

### Opioid/SUD Continuation

In 2020, the Alliance partnered with the network providers and other local leaders to develop a Substance Use Disorder Program. This program has continued through 2023.

Alameda Alliance has continued to use multiple strategies involving *Member and Provider Educational Outreach and Pharmacy Safeguards*. The Alliance has accurate and comprehensive monthly reports that detail opioid overutilization, members grandfathered to high dose opioids, members excluded from the SUD Program (including those involved in hospice/palliative, cancer, and members with sickle cell disease), and monitoring the changes in Morphine Milligram Equivalence (MME).

The Alliance monitors a list of members who meet the definition of *chronic opioid users and potential chronic opioid users*. Chronic users are defined as members with prescriptions of greater than 120 MME consecutively for the last three months. Potential chronic opioid users are defined as members with prescriptions between 50 to 119 MME consecutively for the last three months.

The Alliance also has compiled a list of members who presented to the ED with opioid and benzodiazepine overdose and a separate list of members on concurrent use of opioids and benzodiazepines.

In 2023, the Alliance sent pertinent members and providers educational mailings. Mailing includes:

1. Provider Facing:
  - a. Lists of identified members who are chronic users, high risk members on becoming chronic users, concurrent chronic opioid/benzodiazepine usage and members presenting to ED for opioid/benzodiazepine overdose.
  - b. Provider Opioid and Benzodiazepine Tapering Tools.
  - c. Treatment for opioid dependence.
2. Member Facing:
  - a. Opioid Safety guide for members and caregivers.
3. Provider and Member Facing:
  - a. Non-opioid formulary alternatives.
  - b. Mailer Timeline

Day	Member	Provider
1	Original mailing gets sent out	Original mailing gets sent out.
45	Repeat mailing. Refer to case management if a member is on greater than 300 MME.	Repeat mailing.
90	Check if member transition to	Receive letters from medical

## 2023 Quality Improvement Health Equity Program Evaluation

	buprenorphine or received appropriate pain treatment.	director. Submit a PQI.
120	N/A	Include operations and peer review committee to decide whether to keep in-network.

Note the above escalation process for members and providers with persistent chronic use of opioids. Cancer, hospice, and sickle cell anemia members are excluded from this. Pharmacy will work with QI to receive chart notes to check on this. Rising risk members will be tracked and looked at on a case-by-case basis. Handouts may include opioid safety, medication assisted therapy, non-opioid alternatives, opioid and benzodiazepines tapering tools and provider maps for non-opioid alternatives such as physical therapy, acupuncture, etc.

The table above outlines the actions to be taken after initially mailing to members and providers (day 1). Each respective row reflects a higher escalation process to be taken if members and providers continue to use opioid inappropriately or with no identified treatment plan.

This escalation process was implemented in the population health goals for 2023. This goal was as follows:” Between 1/1/22 and 12/31/22, ensure that 100% of members (>300MME) and providers (of members on >300MME) with ongoing use of opioids follow the SUD Escalation Process.”

This goal was not met. We surveyed providers who provided feedback that mailing was not the most effective method of receiving education. The Alliance will discuss next steps for provider education and escalation process. Lastly, the creation of the tracking log and mailing process was delayed due to limited Communications & Outreach (C&O) and Analytic capacity and Alliance staffing transitions.

### Opioids Stewardship Report

September 2023: Mailings to 15 high-risk members with prescriptions of greater than 120MME consecutively for the last three months. These members received:

- High risk cover letter
- Health education: Safety guide for patients and caregivers
- Health education: Treating pain without opioids.
- Health education: Medicines for opioid dependence

September 2023: Mailings to 53 rising risk members with prescriptions between 50 to 119 MME consecutively for the last three months. These members received:

- Rising risk cover letter
- Health education: Safety guide for patients and caregivers
- Health education: Treating pain without opioids.

September 2023: Mailings of a total of 39 providers with members who were on any of the following lists:

- Opioid and Benzodiazepine Co-use list

**2023 Quality Improvement Health Equity Program Evaluation**

---

- Rising risk list: 50-119 MME for 3 consecutive months
- High risk list: 120+ MME for 3 consecutive months
- Opioid and Benzodiazepine ER list
- Chronic use without Naloxone Mail list

The Alliance developed a Provider packet that included an Opioid and Benzodiazepine Tapering Tool, Shared Data for providers / delegates / committees, Health Education materials, Local Maps that identify providers who may meet the member's needs, and member facing materials.

**Goals for 2023**

- Continue educating members and providers who are chronic and rising risk opioid users.
- Continue sharing data for providers/delegates/committees.
- Organize materials on Alliance website to be accessible to members and providers.

**Opioid and Benzodiazepine ER Reporting**

- Reports are based on claims data and reflected on each unique claim with opioids/benzodiazepine related ICD code.
- Reports are shared with assigned PCPs of members on an annual basis.
- There were several peaks between 2022 and 2023 with opioid/benzodiazepine related ER visits. After August 2023, there was a steady decline in opioid/benzodiazepine overdose. The highest peak was in the beginning of 2023.

The Alliance will continue to improve our opioid stewardship program. Below are results of our interventions. As of January 1, 2022, DHCS has taken over the pharmacy benefit for outpatient drugs. The Alliance pharmacy has discontinued formulary safeguards for Medi-Cal but is continuing with formulary safeguards for IHSS members.

**Table 1: 2022 – 2023 Benzodiazepines and Opioid ED visits**

2023 Quality Improvement Health Equity Program Evaluation

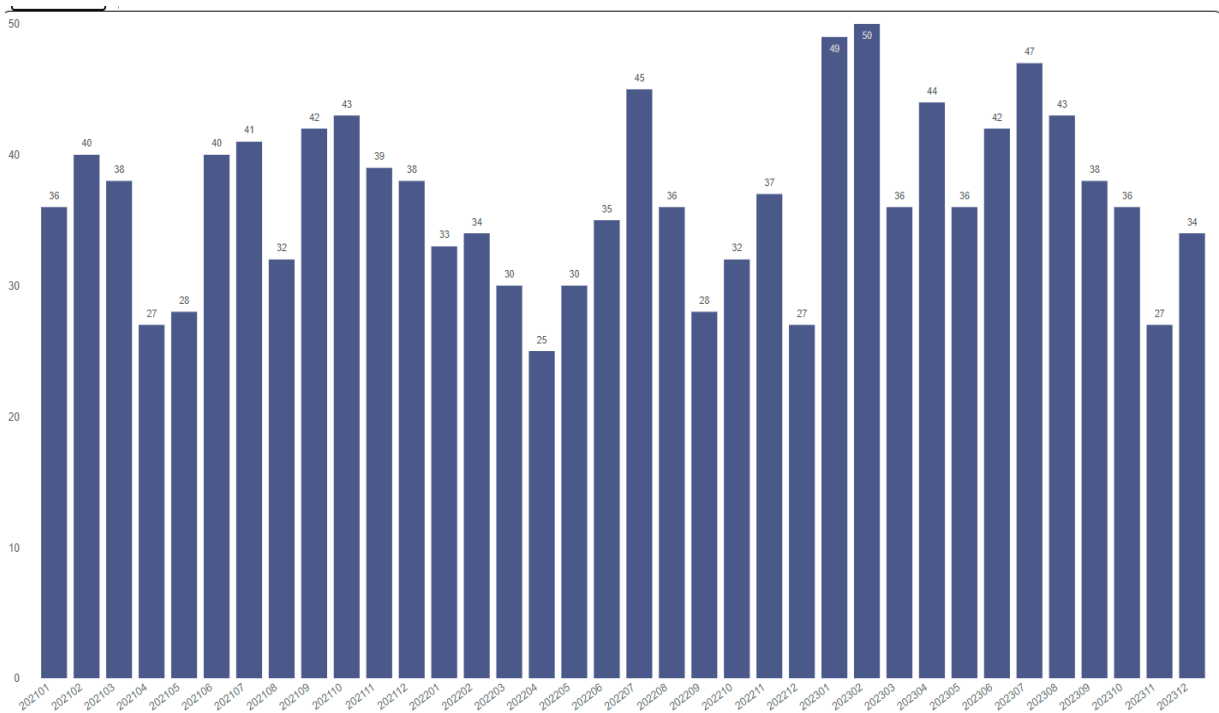
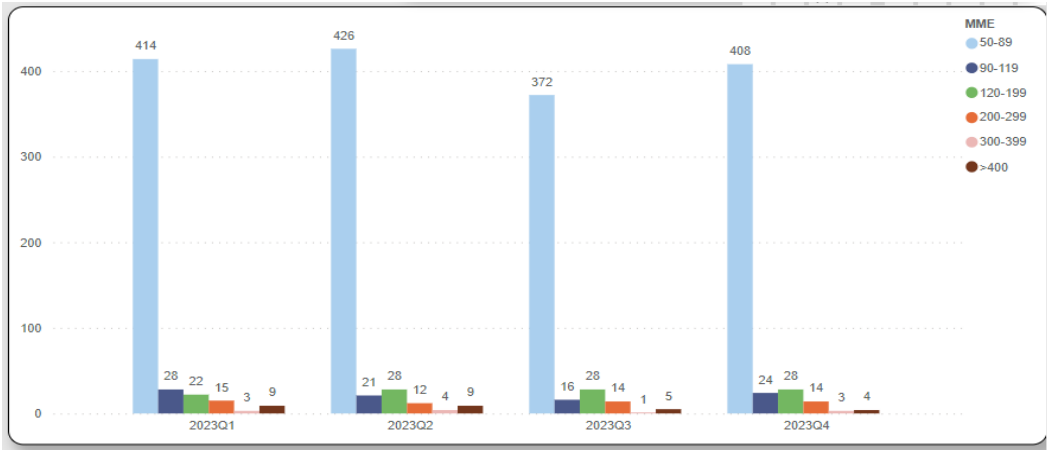


Figure 1: 3 Data for Members on Short Actin Opioids (SAO), Long-Acting Opioids (LAO), and Both SAO and LAO

Table 2: 3 Member per Quarter on >50MME				
MME (MORPHINE MILLIGRAM EQUIVALENTS)				
MME	Q1	Q2	Q3	Q4
50-89	414	426	372	408
90-119	28	21	16	24
120-199	22	28	28	28
200-299	15	12	14	14
300-399	3	4	1	3
>400	9	9	5	4

Figure 2: 2023 Active Opioid Members by Quarter

2023 Quality Improvement Health Equity Program Evaluation



2022 Active Members by Quarter

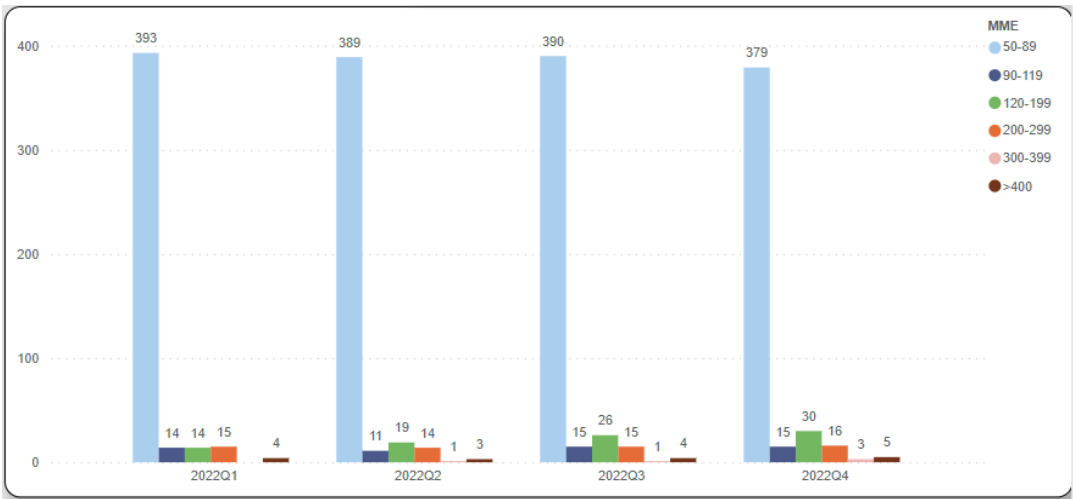


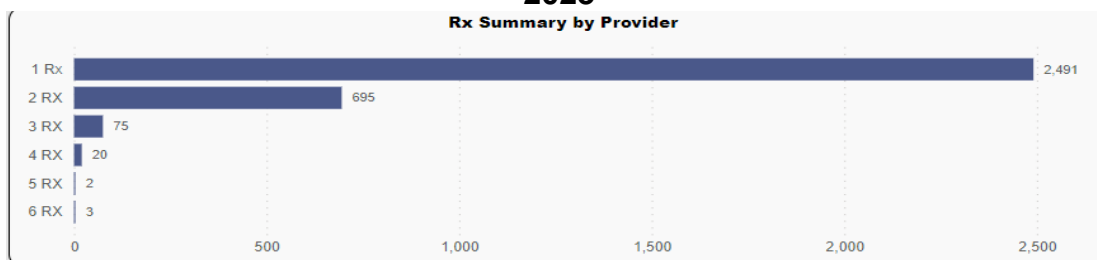
Figure 1 and Table 2 both show opioid utilization by type of opioids used and MME used. Table 2 shows short-acting utilization decreased in 2023. Similarly, Figure 3 shows 50-119 MME utilizers increased in 2023 while >120MME declined or had no change.

Below is a graph depicting how many unique providers prescribing opioids categorized by ascending MME. These graphs are looking at provider prescription claims. There is a general decrease in prescribing trend as the MME goes up. In 2023, 19 providers each wrote 1 prescription for 300-399 MME and 31 providers each wrote 1 prescription greater than 400 MME. In addition, 3 providers wrote at least 6 prescriptions. The top five providers who wrote more than 300 MME were oncology, internal medicine, and family practitioners. In comparison with 2022, there was a slight increase in utilization for all MME.

Figure 3: 2 Frequency of Provider Opioid Prescription Count by MME for 2021 and 2023

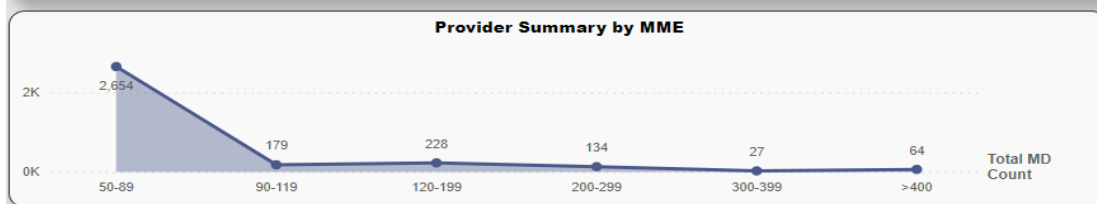
## 2023 Quality Improvement Health Equity Program Evaluation

### 2023

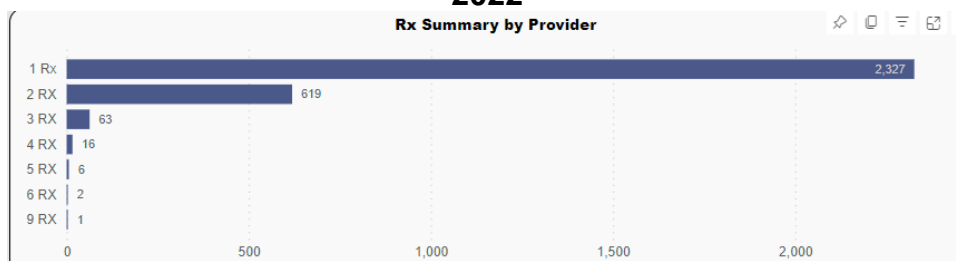


#### Rx by # Provider

MME	1 Rx	2 RX	3 RX	4 RX	5 RX	6 RX	Total
50-89	2,146	441	49	13	2	3	2,654
90-119	99	76	3	1			179
120-199	151	67	7	3			228
200-299	45	74	14	1			134
300-399	19	8					27
>400	31	29	2	2			64
<b>Total</b>	<b>2,491</b>	<b>695</b>	<b>75</b>	<b>20</b>	<b>2</b>	<b>3</b>	<b>3,286</b>

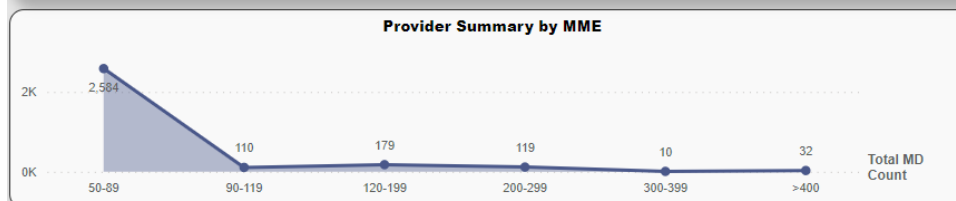


### 2022



#### Rx by # Provider

MME	1 Rx	2 RX	3 RX	4 RX	5 RX	6 RX	9 RX	Total
50-89	2,101	424	40	11	5	2	1	2,584
90-119	43	60	5	2				110
120-199	105	67	7					179
200-299	44	61	11	2	1			119
300-399	8	1		1				10
>400	26	6						32
<b>Total</b>	<b>2,327</b>	<b>619</b>	<b>63</b>	<b>16</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>3,034</b>



## 2023 Quality Improvement Health Equity Program Evaluation

### Drug Recalls

The Pharmacy Department monitors all drug recalls for IHSS. In 2023, there were 94 recalls. Recalls were monitored for adversely affected members. The number of notifications where the PBM completed a claims data review was 8.

#### 2023 Pharmacy Recalls

RECALL TYPE	QUANTITY
Total number of safety notices/recalls	94
Total number of withdrawals	0
The number of notifications where PBM completed a claims data review	8

### Pay-for-Performance Programs

#### Overview

The Alliance Pay-for-Performance (P4P) program offers performance-based incentive payments for delivered services. Through this program, primary care providers (PCPs) and PCP Groups are rewarded for superior performance and yearly improvement. The P4P program focuses on preventative care, pediatrics, access, and chronic disease and includes clinical quality (HEDIS) measures and other (non-HEDIS) measures. The evaluation of the P4P is for January 1, 2022, through December 31, 2022.

#### 2022 Program Summary

The 2022 P4P program is tailored to each delegate and directly contracted PCP group category: AHS, CHCN, CFMG, and Directs. The measures for each are outlined below.

Category	Measure	AHS	CHCN	CFMG	Directs - Family Practice	Directs - Internal Medicine	Directs - Pediatrics
HEDIS	Childhood Immunizations: Combo 10 (CIS)			X			X
	Immunizations for Adolescents: Combo 2 (IMA)			X			X
	Well-Child Visits in the First 15 Months of Life: Six or More Visits (W30)	X	X	X			X
	Well-Child Visits 15- 30 Months of Life: Two or More Visits (W30)	X	X	X			X
	Child and Adolescent Well-Care Visits (WCV)	X	X	X	X		X
	Child and Adolescent - BMI percentile (WCC)	X	X	X			X
	Child and Adolescent - Nutrition (WCC)	X	X	X			X
	Child and Adolescent - Phys Activity (WCC)	X	X	X			X



## 2023 Quality Improvement Health Equity Program Evaluation

	Breast Cancer Screening (BCS)	X	X		X	X	
	Cervical Cancer Screening (CCS)	X	X		X	X	
	HbA1c Testing for Diabetes (CDC) - Poor Control	X	X		X	X	
	Colorectal Cancer Screening (COL)					X	
Other	PCP Visits Per 1,000 Members	X	X	X	X	X	X
	ED Visits Per 1,000 Members	X	X	X	X	X	X
	Readmission Rate	X	X				
	Flue Vaccination Rate	X	X	X	X		X
	Member Satisfaction Survey: Non-Urgent Appt Availability	X	X	X	X	X	X
	Screening for Depression	Monitoring Measure	Monitoring Measure		Monitoring Measure	Monitoring Measure	

For delegates, points were earned based on performance compared to the overall Alliance population and/or improvement from the prior year. For directly contracted PCP groups, points were earned based on performance compared to the overall Alliance population excluding members assigned to delegates and/or improvement from the prior year. This applied to all measures except for “Member Satisfaction Survey: Non-Urgent Appointment Availability” and monitoring measures. Full points were earned for the “Member Satisfaction Survey: Non-Urgent Appointment Availability” if 80% of survey responses for a PCP group indicated that the member was able to schedule a non-urgent appointment within 10 business days. No points were assigned to monitoring measures.

Delegates and directly contracted PCP groups earned 39.58% of the available pool dollars for the 2022 P4P program. Directly contracted family practice providers performed the best, earning 61.57% of the pool dollars available to them. A breakout by delegate and directly contracted provider category is below.

Delegate/Directly Contracted Provider Category	% of Pool Dollars Earned
AHS	20.00%
CHCN	47.79%
CFMG	39.20%
Directs - Family Practice Providers	61.57%
Directs - Internal Medicine Providers	40.56%
Directs - Pediatric Providers	59.94%
<b>TOTAL</b>	<b>39.58%</b>

The measures, point values, and benchmarks vary from year-to-year, so it is difficult to make an apples-to-apples comparison against prior year results.

### QI Training and Coaching

To establish a culture of quality across the organization and disseminate knowledge of quality

2023 Quality Improvement Health Equity Program Evaluation

improvement methodologies, the Quality Team conducted a training program on the PDSA (Plan-Do-Study-Act) methodology. The training encompassed methods for enhancing quality, creating an aim statement, utilizing data for performance enhancement, tools for devising change ideas, and testing change ideas with the PDSA methodology. In June 2023, a webinar series comprising of three one-hour sessions was held, attended by 112 staff and management members from the Health Care Services departments. Out of the 15 respondents who completed the survey, 100% gave the course an excellent/very good rating. The QI team is planning to offer a third session of the training, accessible to all departments within the Alliance and all provider clinics in the Alliance network.

Annually, the Alliance conducts education sessions, to delegates and primary care direct providers, for the Pay-for-Performance (P4P) incentive program. The education session’s objectives are for attendees to understand the P4P measures, goals, points, potential earnings, and review new or updated measure descriptions. Conducted in January 2023, the Alliance extended this opportunity to primary care direct providers for the first time, 50 provider staff attended.

Lastly, to support performance improvements on the DHCS Managed Care Accountability Set (MCAS), the QI Team offered a Measure Highlight Webinar Series which focused on the childhood domain measures, and two behavioral health domain measures: Follow-up After ED Visits for Mental Illness and Substance Use (FUM/FUA). The objectives for these webinars reviewed the measures specifications, share tips on what counts to complete the measures successfully, and allowed opportunity for high-performing providers to discuss and share bright spots on what made them successful in achieving the measures. This series spanned through March-May of 2023, with 55 attendees from various primary care clinics. Overall, 10 providers completed the survey, indicating they found this webinar beneficial particularly as it pertains to learning bright spots from their peers.

Patient Safety and Quality Compliance

Consistency in Application of Criteria

The Alliance QI Department assesses the consistency with which clinical reviewers, physicians, pharmacists, 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 policy QI-133. The IRR passing threshold is noted below.

IRR Thresholds (UM)	
SCORE	ACTION
High – 90%-100%	IRR Pass Rate - No action required.

2023 Quality Improvement Health Equity Program Evaluation

Medium – 61%-89%	Increased training and focus by supervisors/managers.
Low – Below 60%	<ul style="list-style-type: none"><li>Additional training provided on clinical decision-making.</li><li>If staff fails the IRR test for the second time, a Corrective Action Plan is required with reports to the Senior Director of Health Services and the Chief Medical Officer.</li><li>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.</li></ul>

The IRR process for PQIs involves reviewing actual PQI cases. Results will be tallied as they complete the process and corrective actions implemented as needed. When there are opportunities for improving consistency in applying criteria, QI staff address corrective actions through global, individualized training, or completing additional IRR case reviews.

For 2023, IRR testing was performed with QI clinical staff to evaluate consistency in classification, investigation and leveling of PQIs. All QI Review Nurses and Medical Director Reviewers passed the IRR testing with scores of 100%.

Facility Site Reviews

Facility Site Review (FSR) and Medical Record Review (MRR) audits are mandated for Medi-Cal Managed Care Plans to occur every three (3) years, per DHCS All Plan Letter 22-017. FSRs are another way the Alliance ensures member quality of care and safety within the provider office environment. Interim monitoring and focused reviews occur between each regularly scheduled full scope review. Corrective Action Plans (CAPs) for non-compliance are required depending on the site FSR and MRR scores and critical element failures.

The bi-annual DHCS report was submitted in July 2023 for FSRs conducted in January to June 2023). FSRs conducted in July to December 2023 have not been submitted due to DHCS’ Managed Care Quality and Monitoring Division (MCQMD) Site Review Portal (MSRP). The bulk upload testing and production file submission was delayed until further notice.

In 2023, there were 131 site reviews including PCP sites, urgent care, and dialysis centers. The total number and types of audits are detailed in the table below.

2023 Facility Site Reviews					
TYPE	Q1	Q2	Q3	Q4	TOTAL
FSR					

## 2023 Quality Improvement Health Equity Program Evaluation

<b>Initial FSR</b>	2	0	0	4	6
<b>Periodic FSR</b>	8	0	2	3	13
<b>Annual FSR</b>	0	0	0	1	1
<b>Urgent Care FSR</b>	0	0	2	0	2
<b>Dialysis</b>	0	0	4	0	4
<b>MRR</b>					
<b>Initial MRR</b>	1	0	0	0	1
<b>Periodic MRR</b>	6	3	1	2	12
<b>Annual MRR</b>	0	0	0	1	1
<b>Focused MRR</b>	4	6	8	4	22
<b>Interim Monitoring</b>	11	27	20	11	69
<b>Total Reviews</b>	<b>32</b>	<b>36</b>	<b>37</b>	<b>26</b>	<b>131</b>

DHCS regulation requires that Critical Element (CE) CAPs be received by the Alliance within 10 business days and FSR/MRR CAPs within 30-days of the FSR and/or MRR Report. A CE CAP is issued for deficiencies in any of the 14 critical elements in the FSR that identify the potential for adverse effects on patient health or safety. In 2023, there were 43 CAPs issued and all CAPs are closed.

Per DHCS regulation, failed periodic reviews are reported bi-annually. In 2023, the Alliance had three providers with non-passing scores of 79% and below for the full scope MRR. Provider 1 is a shared provider with Contra Costa Health Plan (CCHP). CCHP is the assigned plan to conduct the review and share their findings with the Alliance. CCHP is responsible for the oversight of the site review completion and monitoring. Per APL 22-017 and CCHP MOU, if a provider receives a failed score from a collaborative plan, the Alliance must consider the PCP site as having a failing score. For provider 2, this is an initial MRR for a new PCP site. Alliance will continue to educate the provider on standards and conduct an annual full scope review. Provider 3 had provider changes in 2023. The nurse reviewer met with one of the doctors at the site and provided education. Alliance will conduct an annual full scope review.

In July 2022, DHCS implemented the use of the revised FSR/MRR tools. Many providers were adjusting to the new standards. Alliance anticipated the drop in scores. We conducted provider education and training leading to the changes. A corrective action plan was provided to DHCS. Failed reviews are escalated to the Medical Director to follow up with the provider. In addition, a new process implemented to facilitate CAP closure was placing new member assignments on hold for PCP sites that receive failing scores on FSR/MRR and/or providers who do not correct FSR/MRR deficiencies within established CAP timelines until the CAP is closed. In 2023, there were 12 providers with new member assignment holds.

### PCP FSR/MRR CAPs Issued in 2023

## 2023 Quality Improvement Health Equity Program Evaluation

TYPE	Q1	Q2	Q3	Q4	TOTAL
Total CAPs Issued	14	9	8	12	43
Open	0	0	0	1	1
<i>Open &gt;120 days</i>	0	0	0	1	1
Closed	14	19	8	11	42

### 2023 Audits with Non-Passing Scores

QUARTER	Audit Date	FSR Score	MRR Score
Q1	Provider 1: 2/23/23 (conducted by CCHP) Provider 2: 3/6/23	86%  N/A	Provider 1: 63%  Provider 2: 75.20%
Q2	Provider 3: 4/28/23	91.20%	79.18%
Q3	N/A	N/A	N/A
Q4	N/A	N/A	N/A

### Long Term Care Quality Monitoring

With the transition of the Long Term Care (LTC) benefit and members to Medi-Cal Managed Care Plans, the Alliance is in the process of building out the LTC quality monitoring program. For Skilled Nursing Facilities (SNF), to comply with APL 23-004, a tracker was developed to collect quality assurance and improvement findings from California Department of Public Health (CDPH) survey deficiency findings, Medicare Stars, and PQIs. An attestation was developed for SNF providers to attest to compliance with the five key elements identified by the Centers for Medicare and Medicaid (CMS) Quality Assurance Performance Improvement (QAPI) program. In addition, Analytics is in the process of programming a report for the LTC measures within the MCAS of performance measures for each SNF, including emergency room visits, healthcare associated infections requiring hospitalization, and potentially preventable readmissions. For Subacute facilities, these facilities will emulate the SNF quality monitoring process. For Intermediate care facilities for individuals with developmental disabilities (ICF/DD), in addition to monitoring CDPH findings, quality monitoring includes service delivery findings from the Regional Centers. The Subacute and ICF/DD facilities quality monitoring processes will continue to be further developed in 2024. Efforts include adding a QI Review Nurse (in recruitment) to conduct site visits as needed, interdisciplinary meetings with LTC facilities, and performance measures monitoring once reports are available. The QI team are working on the LTC quality monitoring processes in collaboration with the LTC teams at the Alliance to ensure appropriate coordination and oversight of these facilities.

### Peer Review and Credentialing Committee

In 2023, 48 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 were no site reviews conducted based on complaints in 2023. All grievances, complaints, and PQIs that required investigation were forwarded to this committee

## 2023 Quality Improvement Health Equity Program Evaluation

for review. In 2023, 114 practitioner grievances, complaints, or PQIs were investigated by the committee. There were no practitioners that required reporting to the National Practitioner Data Bank (NPDB) by the Alliance.

In 2023, the PRCC granted a one-year reappointment for one (1) practitioner for grievances filed regarding quality of care and accessibility. The table below shows evidence of practitioners reviewed by the PRCC for credentialing and re-credentialing decisions.

### Count of Practitioners Reviewed for Quality Issues at PRCC in 2023

Count of Practitioners Reviewed for Quality Issues At Credentialing Committee in 2023												
PRCC Date	PRC	NPDB	Attestation	Malpractice	Felony/Misde meanor/Fraud	Facility Site Review	Grievance, Complaints, PQI	License Action	Board Certification	CAP	GAP	Total
January		2			1		7	1	1	2	7	21
February		3		1	1		14		12	4	12	47
March		5		4			21		3	3	14	50
April		2		1			12		1	3	9	28
May		2		2	2		9		4	2	20	41
June	1	2			2		6		2	3		16
July				2			9	1		1	4	17
August No Committee Meeting												
September		1		1			5		7	0	7	21
October		2		1	2		8		4	1	12	30
November		1		2			12		10	1	16	42
December		1					11		4	5	4	25
<b>Total</b>	<b>1</b>	<b>21</b>	<b>0</b>	<b>14</b>	<b>8</b>	<b>0</b>	<b>114</b>	<b>2</b>	<b>48</b>	<b>25</b>	<b>105</b>	<b>338</b>

### Potential Quality Issues

Potential Quality Issues (PQIs) 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 a quality issue exists. PQI cases are classified as Quality of Care (QOC), Quality of Service (QOS), Quality of Access (QOA) or Quality of Language (QOL). The Alliance QI Department investigates all PQIs referred to as outlined in Policy QI-104, Potential Quality Issues. PQIs may be submitted via a wide variety of sources including but not limited to members, practitioners, internal staff, and external sources. PQIs are referred to the QI Department through a secure electronic feed or entered manually into the PQI application, for evaluation, investigation, resolution, and tracking.

Quality Review Nurses investigate PQIs and summarize their findings. QOA cases are referred to the A&A Team for review and tracking while QOS cases that do not contain a clinical component are investigated and closed by the review nurse. QOL cases are reviewed and investigated by the Cultural and Linguistic Team. The Senior Director and/or the QI RN Supervisor oversees and audits a random sample of all PQI case types. The QI Medical Director reviews all QOC cases, in addition to any QOA, QOL, or QOS cases where the Quality Review Nurse and RN manager/director requests Medical Director case review. 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).

## 2023 Quality Improvement Health Equity Program Evaluation

### Quality of Care (QOC) Issue Severity Level

SEVERITY LEVEL	DESCRIPTION
<b>C0</b>	No QOC Issue
<b>C1</b>	Appropriate QOC May include medical / surgical complication in the <i>absence of negligence</i> . Examples: Medication or procedure side effect
<b>C2</b>	Borderline QOC With potential for adverse effect or outcome Examples: Delay in test with <i>potential</i> for adverse outcome
<b>C3</b>	Moderate QOC Actual adverse effect or outcome (non-life or limb threatening) Examples: Delay in / unnecessary test <i>resulting in</i> poor outcome
<b>C4</b>	Serious QOC With significant adverse effect or outcome (life or limb threatening) Examples: Life or limb threatening

The Alliance's QI Department received 9276 PQIs during MY2023, which is a 44% increase from 2022. The total volume of PQIs increased by 2,818 which is largely reflected in the number of QOS and QOA issues identified during the measurement year. Of the 9,276 PQIs received in 2023, 7%, or 644 of the PQIs were classified as a QOC. PQI monthly and quarterly totals are listed below:

### 2023 All PQI Type Monthly Totals

PQI Type	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL	%
<b>All Types of PQIs</b>	650	643	875	707	764	846	857	945	858	930	716	465	<b>9276</b>	
<b>QOA</b>	198	183	254	216	229	240	265	314	273	250	223	140	<b>2785</b>	<b>30%</b>
<b>QOC</b>	56	62	90	39	45	61	53	52	46	56	42	42	<b>644</b>	<b>7%</b>
<b>QOS</b>	371	371	488	417	456	514	500	554	492	585	427	281	<b>5456</b>	<b>59%</b>
<b>QOL*</b>	12	14	32	27	27	25	32	19	35	31	17	16	<b>287</b>	<b>3%</b>
<b>Other*</b>	13	13	11	8	7	6	7	6	12	8	7	6	<b>104</b>	<b>1%</b>

\*\*Referred to Beacon or Kaiser



## 2023 Quality Improvement Health Equity Program Evaluation

QI clinical management investigated, reviewed, and triaged all referrals both internal and external to the organization to ensure that access, clinical, language, service related PQIs were addressed through RN investigation and oversight support from Compliance and Vendor Management as applicable.

### 2023 QOC PQI Quarterly Totals

INDICATOR	Q1	Q2	Q3	Q4
<b>Indicator 1:</b> QOC PQIs	Denominator: <b>2168</b> Numerator: <b>208</b> Rate: <b>10 %</b>	Denominator: <b>2317</b> Numerator: 145 Rate: <b>6 %</b>	Denominator: <b>2660</b> Numerator: <b>151</b> Rate: <b>6%</b>	Denominator: <b>2131</b> Numerator: 140 Rate: <b>7%</b>
<b>Indicator 2:</b> QOC PQIs leveled at severity C2-4	Denominator: <b>208</b> Numerator: <b>38</b> Rate <b>18.3%</b>	Denominator: <b>145</b> Numerator: <b>34</b> Rate: <b>23%</b>	Denominator: <b>151</b> Numerator: <b>18</b> Rate: <b>12%</b> <b>2 cases still open</b>	Denominator: <b>140</b> Numerator: <b>3</b> Rate: <b>2%</b> <b>67 cases still open</b>

QI RN management continued to conduct Exempt Grievances case audits via random sampling, to ensure that clinical PQIs are not missed and forwarded to the Quality Department. QI Department clinical management provides oversight of exempt grievances via review of randomly selected exempt grievances. In 2023, 100 exempt grievance cases per quarter were reviewed by QI clinical management, with an overall performance rate of 99.5% which exceeds the established performance metric of 90%.

	Q4 2021	Q1 2023	Q2 2023	Q3 2023*
<b>Numerator</b>	98	100	100	100
<b>Denominator</b>	100	100	100	100
<b>Performance Rate</b>	98	100	100	100
<b>Gap to Goal</b>	N/A	N/A	N/A	N/A
<b>Universe</b>	3126	5096	5352	5604

\*Q4 2023 data available at the end of April 2024 due to 120-day TAT for closure

The Alliance IT department continues to provide support with workflow enhancements to the PQI application. An enhancement was made in Quality Suite with the ability to identify long term care (LTC) facilities when PQIs are opened. This will allow the QI clinical safety team to track and trend PQI cases in LTC facilities. The PQI application remains a robust and responsive system allowing for timely and accurate reporting, documentation, tracking, and adjudication of PQIs.



## 2023 Quality Improvement Health Equity Program Evaluation

### Quality in Member Experience

#### Overview

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. The Alliance monitors multiple aspects of member and provider experience, including:

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

#### Standards and Provider Education

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

##### Appointments Wait Times

APPOINTMENTS WAIT TIMES	
Appointment Type:	Appointment Within:
Urgent Appointment that <i>does not</i> requires PA	48 Hours of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Non-Urgent <b>Primary Care</b> Appointments	10 Business Days of the Request
<b>First Prenatal</b> Visit	2 Weeks of the Request
Non-Urgent Appointment with a <b>Specialist</b> Physician	15 Business Days of the Request
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	10 Business Days of the Request
Non-Urgent Appointment for <b>Ancillary Services</b> for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days of the Request

##### All Provider Wait Time/Telephone/Language Practices

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Standard:	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.	

## 2023 Quality Improvement Health Equity Program Evaluation

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*

**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.

**Shortening or Extending Appointment Timeframes:** The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care Practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer waiting time will not have a detrimental impact on the health of the member.

Each of these standards are monitored as described in the table below. In 2023, the Alliance made changes to the CG-CAHPS instrument to ensure that the collected data was consistent with the Alliance standards which remained in place since MY2020.

### Access Monitoring Surveys

#### Primary Care Physician (PCP) Appointment

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	Measured By:
Urgent Appointment that <i>requires</i> PA	PAAS, CG-CAHPS, Confirmatory Survey
Urgent Appointment that <i>does not</i> require PA	PAAS, CG-CAHPS, Confirmatory Survey
Non-Urgent <b>Primary Care</b> Appointment	PAAS, CG-CAHPS, Confirmatory Survey
<b>First Prenatal</b> Appointment	Non-PAAS, Confirmatory Survey
Non-Urgent Appointment with a <b>Specialist</b> Physician	PAAS, Confirmatory Survey
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	PAAS, Confirmatory Survey
Non-Urgent Appointment for <b>Ancillary Services</b> for the diagnosis or treatment of injury, illness, or other health conditions	PAAS, Confirmatory Survey

#### All Provider Wait Time/Telephone/Language Practices

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES

## 2023 Quality Improvement Health Equity Program Evaluation

Standard:	Measured By:
In-Office Wait Time	CG-CAHPS, Confirmatory Survey
Call Return Time	CG-CAHPS, Confirmatory Survey
Time to Answer Call	CG-CAHPS, Confirmatory
Telephone Access – Provide coverage 24 hours a day, 7 days a week	After Hours: Emergency Instruction Survey, Confirmatory Survey
Telephone Triage and Screening – Wait time not to exceed 30 minutes	After Hours: Emergency Instruction Survey, 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 were 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 were brought forward to the A&A Committee; the Committee formalizes recommendations which are forwarded to the QIHEC 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.

### Provider Capacity

The Alliance reviews network capacity reports monthly to determine whether primary care providers are reaching network capacity standards of 1:2000. The Alliance Provider Services Department continues to monitor the threshold at 80% and above to ensure member assignment does not reach the 2,000-capacity standard. If a provider is close to the threshold, the plan will outreach to the provider to make them aware and see if they intend to recruit other providers. If not, the panel is closed to new assignment if they reach 2,000 capacity standards. During this

2023 Quality Improvement Health Equity Program Evaluation

time, the plan and the provider were in communication of such changes. In 2023, there were three (3) providers who reached 80% of the threshold and received outreach and were monitored throughout the year. No providers exceeded the 2,000-capacity standard.

Geo Access

The geographic access reports were reviewed quarterly to ensure that the plan meets the geographic access standards for provided services in Alameda County. For PCPs, the Alliance has adopted standards of one provider within 30 minutes / 10 miles. For specialists, the Alliance has adopted standards of one provider within 30 minutes / 15 miles. During 2023, the Alliance continued its cross functional quarterly meetings to review access issues and concerns.

In 2023, the Alliance continued to face geographic access issues for certain pediatric specialists in various parts of Alameda County. In those instances, the Plan requested approval of alternative access standards from DHCS. When reviewing the geographic access maps and data, there were a few members who resided in remote areas or unincorporated parts of Alameda County or where Pediatric Specialties may not be available (Livermore, Dublin, and Pleasanton), resulting in deficiencies. Even though the provider and member were in the same zip code, the time and distance standards were still compromised. The Plan requested alternative access standards in these instances.

Member Satisfaction Survey (CAHPS 5.1H)

The Medi-Cal and Commercial Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is administered by the National Committee for Quality Assurance (NCQA), a certified Health Effectives Data and Information Set (HEDIS) survey vendor. Press Ganney Analytics was selected by the Alliance to conduct the 2023 CAHPS 5.1H survey. NCQA used a new 5.1H version of the CAHPS survey starting in 2021. The HEDIS CAHPS survey included minor changes to some of the instructions and survey items to indicate the different ways in which patients may be receiving care: in person or via telehealth.

The survey method includes mail and phone responses. Members in each Alliance line of business (LOB) was surveyed separately. The table below shows the survey response rates. As of April 2023, the Alliance had a total of 358,725 members.

The breakdown of member enrollment by network are as follows:

- AHS: 18.60%
- Directs: 20.85%
- CHCN: 36.45%
- CFMG: 9.69%
- Kaiser: 14.41%

Survey Response Rates by Line of Business

	Medi-Cal Adult	Medi-Cal Child	Commercial Adult
2023	11.7%	12.3%	20.0%
2022	12.4%	12.3%	21.5%

## 2023 Quality Improvement Health Equity Program Evaluation

<b>2021</b>	15.9%	18.2%	23.7%
-------------	-------	-------	-------

The Medi-Cal Child, Adult Medi-Cal, and Adult Commercial Trended Survey Results in the tables below, contains trended survey results for the Medi-Cal Child, Medi-Cal Adult, and Commercial Adult populations across composites. Quality Compass All Plans (QCAP) benchmark noted within the tables is a collection of CAHPS 5.1H mean summary ratings for the Medicaid and Commercial samples that were submitted to NCQA in 2022.

In respect to benchmark scores, Red signifies that the current year 2023 score is significantly lower than the 2022 score. For overall Medi-Cal trends, there were no composite rates significantly lower (red) than the 2022 score. Green indicates that the current year 2023 score is significantly higher than the 2022 score.

### Medi-Cal Child Trended Survey Results

Summary Rate Scores: Medi-Cal Child				
Composite	2023	Previous Year Comparison	2022	2021
Getting Needed Care	79.2%	↑	78.4%	82.2%
Getting Care Quickly	73.0%	↓	77.8%	78.8%
How Well Doctors Communicate	92.8%	↑	91.3%	93.2%
Customer Service	92.1%	↑	85.5%	90.2%
Rating of Health Care (8-10)	81.7%	↓	89.5%	89.1%
Rating of Personal Doctor (8-10)	90.7%	↑	90.6%	91.0%
Rating of Specialist (8-10)	95.2%	↑	85.3%	87.2%
Rating of Health Plan (8-10)	86.6%	↑	86.0%	88.1%
Coordination of Care	83.0%	↓	89.1%	73.8%

### Medi-Cal Adult Trended Survey Results

Summary Rate Scores: Medi-Cal Adult				
Composite	2023	Previous Year Comparison	2022	2021
Getting Needed Care	75.2%	↓	75.9%	79.0%

## 2023 Quality Improvement Health Equity Program Evaluation

Getting Care Quickly	72.9%	↓	75.9%	72.4%
How Well Doctors Communicate	87.5%	↓	92.3%	83.5%
Customer Service	88.7%	↓	89.4%	84.1%
Rating of Health Care (8-10)	61.1%	↓	66.3%	73.1%
Rating of Personal Doctor (8-10)	80.0%	↓	82.9%	81.3%
Rating of Specialist (8-10)	80.3%	↑	78.6%	78.9%
Rating of Health Plan (8-10)	70.9%	↓	74.4%	74.9%
Coordination of Care	91.7%	↑	79.0%	83.0%

### Commercial Adult Trended Survey Results

Summary Rate Scores: Commercial Adult				
Composite	2023	Previous Year Comparison	2022	2021
Getting Needed Care	72.0%	↑	65.8%	75.2%
Getting Care Quickly	56.0%	↓	62.0%	71.1%
How Well Doctors Communicate	87.5%	↑	83.2%	87.7%
Customer Service	82.9%	↑	78.5%	77.3%
Rating of Health Care (8-10)	76.7%	↑	61.0%	70.1%
Rating of Personal Doctor (8-10)	82.4%	↑	74.9%	77.4%
Rating of Specialist (8-10)	80.6%	↑	72.6%	82.9%
Rating of Health Plan (8-10)	67.1%	↑	65.9%	67.1%
Coordination of Care	80.0%	↑	74.4%	76.8%

Tables below contain trended survey results for the three (3) member populations and their delegate network compared to the Alliance.

### Medi-Cal Child Trended Survey Results - Delegates

## 2023 Quality Improvement Health Equity Program Evaluation

MY2023 CAHPS 5.1H Child MediCal	2023 Plan Total	CHCN			CFMG			Kaiser			AHS			Alliance		
		2023	2022	YoYT	2023	2022	YoYT	2023	2022	YoYT	2023	2022	YoYT	2023	2022	YoYT
Total Respondents		115	98		65	54		43	57		21	27		7	14	
Rating of Health Care (8-10)	81.7%	78.6%	88.2%	↓	82.9%	87.5%	↓	82.6%	93.9%	↓	92.9%	88.9%	↑	66.7%	87.5%	↓
Rating of Personal Doctor (8-10)	90.7%	87.5%	88.2%	↓	96.3%	95.2%	↑	89.7%	90.2%	↓	87.5%	94.7%	↓	100.0%	81.8%	↑
Rating of Specialist (8-10)	95.2%	100.0%	83.3%	↑	91.7%	91.7%	↔	85.7%	71.4%	↑	100.0%	100.0%	↔	100.0%	100.0%	↔
Rating of Health Plan (8-10)	86.6%	84.8%	87.9%	↓	90.2%	85.2%	↓	85.4%	87.3%	↓	90.0%	78.3%	↑	80.0%	84.6%	↓
Getting Needed Care	79.2%	71.9%	84.8%	↓	87.1%	75.8%	↑	86.0%	78.8%	↑	76.2%	63.9%	↑	83.3%	58.3%	↑
Getting Care Quickly	73.0%	70.9%	80.8%	↓	81.2%	71.1%	↑	65.8%	83.1%	↓	77.8%	88.9%	↓	55.0%	61.4%	↓
How Well Doctors Communicate	92.8%	90.5%	93.6%	↓	98.5%	92.3%	↑	90.6%	93.9%	↓	90.7%	80.0%	↑	93.8%	77.8%	↑
Customer Service	92.1%	88.8%	87.1%	↑	97.2%	83.2%	↑	87.5%	85.6%	↑	100.0%	83.3%	↑	100.0%	98.5%	↑
Coordination of Care	83.0%	92.0%	87.5%	↑	90.0%	88.9%	↑	50.0%	100.0%	↓	60.0%	66.7%	↓	100.0%	50.0%	↑

YoYT = Year-Over-Year Trend

### Medi-Cal Adult Trended Survey Results - Delegates

MY2023 CAHPS 5.1H Adult MediCal	2023 Plan Total	CHCN			AHS			Alliance			Kaiser		
		2023	2022	YoYT	2023	2022	YoYT	2023	2022	YoYT	2023	2022	YoYT
Total Respondents	155	70	64		32	30		28	39		24	28	
Rating of Health Care (8-10)	61.1%	58.5%	52.5%	↑	70.6%	50.0%	↑	57.1%	77.3%	↓	62.5%	90.9%	↓
Rating of Personal Doctor (8-10)	80.0%	71.4%	87.2%	↓	92.0%	63.6%	↑	83.3%	81.3%	↑	78.3%	92.6%	↓
Rating of Specialist (8-10)	80.3%	70.8%	71.0%	↓	81.8%	70.0%	↑	94.1%	88.2%	↑	77.8%	91.7%	↓
Rating of Health Plan (8-10)	70.9%	67.1%	70.0%	↓	80.6%	62.1%	↑	69.2%	81.1%	↓	73.9%	89.3%	↓
Getting Needed Care	75.2%	71.8%	70.9%	↑	78.7%	76.3%	↑	90.6%	72.5%	↑	56.6%	90.6%	↓
Getting Care Quickly	72.9%	62.4%	74.3%	↓	80.3%	69.1%	↑	80.0%	66.4%	↑	80.8%	93.7%	↓
How Well Doctors Communicate	87.5%	81.8%	91.4%	↓	90.9%	94.6%	↓	92.1%	87.5%	↑	93.2%	97.7%	↓
Customer Service	88.7%	82.3%	87.2%	↓	95.5%	75.0%	↑	93.3%	95.8%	↓	100.0%	95.8%	↑
Coordination of Care	91.7%	93.3%	73.7%	↑	90.9%	80.0%	↑	85.7%	72.2%	↑	100.0%	92.9%	↑

YoYT = Year-Over-Year Trend

### Commercial Adult Trended Survey Results – Delegated Network

MY2023 CAHPS 5.1H Adult Commerical	2023 Plan Total	CHCN			Alliance			AHS		
		2023	2022	YoYT	2023	2022	YoYT	2023	2022	YoYT
Total Respondents	215	91	98		90	103		34	30	
Rating of Health Care (8-10)	76.7%	73.7%	64.1%	↑	78.8%	58.6%	↑	80.0%	57.1%	↑
Rating of Personal Doctor (8-10)	82.4%	82.9%	76.8%	↑	79.2%	73.6%	↑	89.3%	73.9%	↑
Rating of Specialist (8-10)	80.6%	80.6%	83.9%	↓	78.0%	65.9%	↑	87.5%	66.7%	↑
Rating of Health Plan (8-10)	67.1%	68.2%	67.4%	↑	64.0%	68.3%	↓	72.7%	53.3%	↑
Getting Needed Care	72.0%	67.4%	66.4%	↑	72.0%	62.5%	↑	83.7%	77.4%	↑
Getting Care Quickly	56.0%	47.7%	62.4%	↓	60.6%	59.9%	↑	67.0%	68.8%	↓
How Well Doctors Communicate	87.5%	86.4%	84.5%	↑	87.6%	82.6%	↑	90.0%	81.9%	↑
Customer Service	82.9%	79.4%	74.2%	↑	83.9%	81.9%	↑	88.9%	83.3%	↑
Coordination of Care	80.0%	82.1%	70.6%	↑	75.8%	77.1%	↓	84.6%	76.9%	↑

YoYT = Year-Over-Year Trend

The 2023 CAHPS survey results year-over-year trends show variation within the **Alliance** business lines. Across LOBs, the Medi-Cal Child population had the highest measure summary rate scores in 2023.

## 2023 Quality Improvement Health Equity Program Evaluation

### MY2023 – 2022 Alliance and Delegate Comparative Findings

#### Medi-Cal Child

- AHS: Five (5) of nine (9) scores increased based on the above table. A significant increase in percentage scores were seen for 'Rating of Health Plan,' 'Getting Needed Care,' 'How Well Doctors Communicate' and 'Customer Service.' Significant decreases in percentage scores were seen for 'Getting Care Quickly.'
- Direct: Five (5) of nine (9) scores increased based on the above table. With significant increase in percentage scores for 'Rating Personal Doctor,' 'Getting Needed Care,' 'How Well Doctors Communicate' and 'Coordination of Care.' Significant decreases in percentage scores were seen for 'Rating of Health Care' and 'Getting Care Quickly.'
- CFMG: Six (6) of the nine (9) scores increased based on the above table. A significant increase in percentage scores was seen for 'Getting Needed Care,' 'Getting Care Quickly' and 'Customer Service.'
- CHCN: Three (3) of nine (9) scores increased based on the above table. A significant increase in percentage scores was seen for 'Rating of Specialist.' Significant decreases in percentage scores were seen for 'Rating of Health Care' and 'Getting Care Quickly.'
- Kaiser: Three (3) of nine (9) scores increased based on the above table. A significant increase in percentage scores was seen for 'Rating of Specialist. Significant decreases in percentage scores were seen for 'Rating of Health Care,' 'Getting Care Quickly' and 'Coordination of Care.'

#### Quantitative Trends:

- Overall, a consistent increase in percentage scores was seen throughout all delegate groups. A significant decrease in percentage score was seen mostly for 'Getting Care Quickly'.

#### Medi-Cal Adult

- AHS: Eight (8) of nine (9) scores increased based on the above table. A significant increase was seen for 'Getting Care Quickly,' 'Customer Service' and 'Coordination of Care'.
- Direct: Six (6) of nine (9) scores increased based on the above table. With significant increase in percentage scores for 'Getting Needed Care,' 'Getting Care Quickly' and 'Coordination of Care'. Significant decreases in percentage scores were seen for 'Rating of Health Care' and 'Rating of Health Plan.'
- CHCN: Three (3) of nine (9) scores increased based on the above table. With a significant increase for 'Coordination of Care.' Significant decrease in percentage score was seen for 'How Well Doctors Communicate.'
- Kaiser: Two (2) of nine (9) scores increased based on the above table. Significant decreases in percentage scores were seen for 'Rating of Health Care,' 'Rating of Personal Doctor,' 'Rating of Specialist,' 'Rating of Health Plan,' 'Getting Needed Care' and 'Getting Care Quickly.'

#### Quantitative Trends:



## 2023 Quality Improvement Health Equity Program Evaluation

- All delegates increased percentage scores in 'Coordination of Care.'

### Commercial Adult

- AHS: Eight (8) of nine (9) scores increased based on the above table. A significant increase was seen for 'Rating of Health Care,' 'Rating of Personal Doctor,' 'Rating of Specialist,' 'Rating of Health Plan' and 'How Well Doctors Communicate.'
- Direct: Seven (7) of nine (9) scores increased based on the above table. A significant increase was seen for 'Rating of Health Care,' 'Rating of Specialist' and 'Getting Needed Care.'
- CHCN: Seven (7) of nine (9) scores increase based on the above table. A significant increase was seen for 'Rating of Health Care' and 'Coordination of Care.' Significant decrease in percentage score was seen for 'Getting Care Quickly.'

### Quantitative Trends:

- All delegates showed an overall increase in most of the measures. 'Rating of Health Care' received significant increase in percentage score for all delegate groups.

### Top and Bottom 3 Measures

Population	Top 3 Measures	Bottom 3 Measures
Medi-Cal Child	Rating of Specialist (9-10)	How Well Doctors Communicate
	Customer Service	Getting Needed Care
	Rating of Personal Doctor (9-10)	Getting Care Quickly
	Coordination of Care	Getting Care Quickly
Medi-Cal Adult	Rating of Specialist (9-10)	How Well Doctors Communicate
	Customer Service	Rating of Health Care (9-10)
	Rating of Health Plan (9-10)	Rating of Specialist (9-10)
Commercial Adult	Rating of Health Care (9-10)	Getting Care Quickly
	Coordination of Care	How Well Doctors Communicate

'Getting Care Quickly' and 'How Well Doctors Communicate' are identified in 2023 as the common bottom measure for all three Lines of Business. The low scoring measures provide opportunities for improvement via root cause analysis as part of the QIHE Work Plan for 2024.

### Key Drivers of Rating of Health Plan

## 2023 Quality Improvement Health Equity Program Evaluation

Population	Key Drivers
Medi-Cal Child	Rating of Health Care
	Rating of Personal Doctor
	Getting Urgent Care
Medi-Cal Adult	Rating of Specialist
	Rating of Health Care
	Rating of Personal Doctor
Commercial Adult	Rating of Specialist
	Rating of Personal Doctor
	Dr. Spent enough time

The above table shows the top 3 Key Drivers for Rating of Health Plan for all three Lines of Business. 'Rating of Personal Doctor' was found to be the common Key Driver in all three Lines of Business. With 'Rating of Health Care' and 'Rating of Specialist' being the second most common Key Drivers in at least two Lines of Business.

### Next Steps

The Alliance will continue to collaborate interdepartmentally, focusing on maintaining power in top rating measures and improving member perception of care and services ranked at the bottom of composite scores. Additionally, the Alliance will continue to partner with providers on initiatives designed to improve the member experience and survey scores in 2024 using PDSA cycle to improve or maintain Member Satisfaction scores.

Review improvement strategies recommendations by Press Ganey (PG) for targeted improvement focus that include:

- Assess CAHPS data by direct and delegate provider/networks. Beginning Q2 2024 share results at Joint Operations Meetings (JOM) with delegates. Correlate with grievance data and access PQI complaint data to share with providers.
- Continue best practices for LOBs with increasing survey results.
- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.). Identify opportunities for improvement.
- Virtual/onsite visits to providers not meeting Timely Access year over year.
- Encourage/support provider in approaches toward open access scheduling. Allow portion of each day to open the schedules urgent care and/or follow-up care.
- Support members and collaborate with providers to enhance routine and urgent access to care through proactive approaches with Member Services, Provider Relations, Utilization Management, and Case and Care Management.
- 

### Provider Satisfaction Survey Overview

The Alliance contracted with its NCQA certified vendor, Press Ganey (PG), to conduct a Provider

## 2023 Quality Improvement Health Equity Program Evaluation

Satisfaction Survey for MY2023. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs. The Alliance provided PG with a database of 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 database prior to submitting to survey vendor. From the database of unique providers, a sample of 915 records was sampled. A total of 131 surveys were completed between September - November 2023 (76 mail, 16 internet, 39 phone).

The table below contains the survey response rates, survey respondents, and role of survey respondents for 2023 compared to 2022.

### Survey Response Rates for Mail/Internet and Phone: 2023 vs. 2022

	Mail/Internet	Phone
2023	12.6%	1.7%
2022	10.4%	2.5%

### Survey Respondents for PCPs, BH Providers, SPCs: 2023 vs. 2021

	PCPs	BH Providers	SPCs
2023	9.7%	24.0%	14.6%
2022	8.7%	28.4%	14.5%

## Year to Year Trend Comparisons

The table below contains the trended survey results across composites.

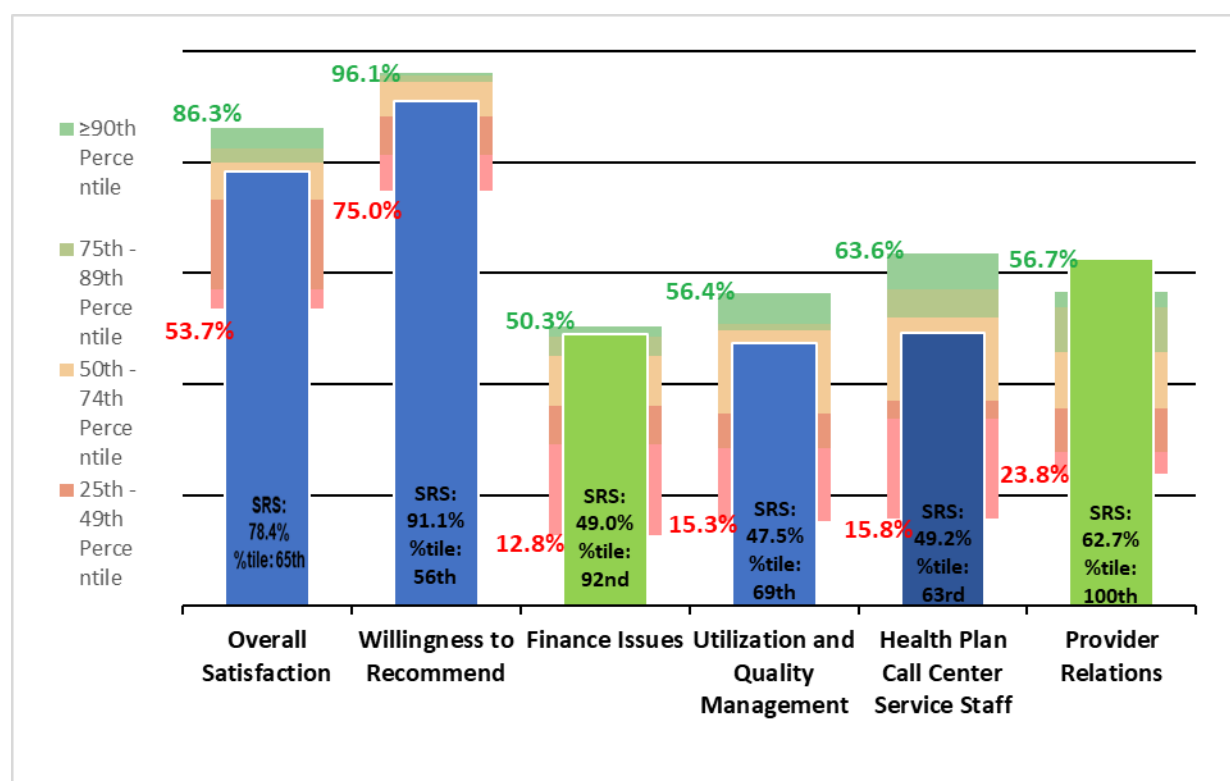
### Trended Survey Results Across Composites

Summary Rate Scores					
Composite / Attribute	MY 2023	Variance Compared to Previous Year	Variance Compared to PG Commercial Benchmark BoB	2022	2021
Overall Satisfaction with the Alliance	78.4%	Lower	Significantly Higher	86.3 %	77.3%
All Other Plans (Comparative Rating)	55.3%	Higher	Significantly Higher	53.5%	50.0%
Finance Issues	49.0%	Higher	Significantly Higher	44.3%	44.5%
Utilization and	47.5%	Lower	Significantly Higher	50.6%	45.3%

## 2023 Quality Improvement Health Equity Program Evaluation

Quality Management					
Network Coordination of Care	41.7%	Significantly Higher	N/A	31.2%	37.6%
Pharmacy	38.1%	Higher	N/A	31.6%	35.1%
Health Plan Call Center Service Staff	49.2%	Lower	Significantly Higher	51.3%	54.0%
Provider Relations	62.7%	Higher	Significantly Higher	56.7%	63.5%

The Alliance identified higher composite scores in 5 of 8 measures compared to 2022 scores. One (1) of the 8 composites scored significantly higher compared to 2022. Six (6) of the 8 composites scores are significantly higher than the vendor commercial BoB benchmark.



Green bar = AA performing at or above the 75<sup>th</sup> percentile

Red bar = AA performing below the 25<sup>th</sup> percentile

Survey results indicated that the Alameda Alliance is performing above the 75<sup>th</sup> percentile in 2 of 6 composites compared to the distribution of scores in the 2022 PG Commercial Book of Business and performing above the median for the other measures.

### PG Alliance POWER List:

Promote and Leverage Strengths (Top 5 Listed):

## 2023 Quality Improvement Health Equity Program Evaluation

1. Procedures for obtaining pre-certification/referral/authorization information.
2. Timeliness of plan decisions on routine prior authorization requests.
3. Timeliness of obtaining pre-certification/referral/authorization information.
4. Timeliness of plan decisions on urgent prior authorization requests.
5. The health plan's facilitation/support of appropriate clinical care for patients.

### Best Practice

Below are the performance results for the past three years, for Overall Satisfaction with the Alliance, which has exceeded the 2022 PG Aggregate BoB value in all three years.

Overall Satisfaction with Alameda Alliance for Health	Numerator: % Completely of Somewhat Satisfied	Denominator: No. of question respondents	Rate	2022 PG Aggregate Book of Business	Met 2022 PG Aggregate BoB? (Y/N)
Measurement Y1 2021	85	110	77.3	70.8%	Y
Measurement Y2 2022	88	102	86.3%	70.2%	Y
Measurement Y3 2023	98	125	78.4%	70.1%	Y

### Next Steps

- Survey results will be shared at the Access and Availability Sub-Committee and Quality Improvement Health Equity Committee.
- A cross functional workgroup will study opportunities with PG POWER listing to promote and leverage identified strengths for ongoing improvement.

### CG-CAHPS Survey

The Alliance contracted with Press Ganey (PG) Analytics to conduct its quarterly Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey within 2023, 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, Q2, Q3, Q4 of 2023. PG 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 conducted in 2023 within each quarter.

#### CG-CAHPS Survey Results 2023

## 2023 Quality Improvement Health Equity Program Evaluation

Metric	Compliance Goal	Q1 2023	Q2 2023	Q3 2023	Q4 2023
In-Office Wait Time (Within 60 minutes)	80%	92.0%	91.1%	94.0%	92%
Call Return Time (Within 1 Business Day)	70%	74.3%	74.5%	75.8%	75.2%
Time To Answer Call (Within 10 minutes)	70%	70.0%	71.4%	75.3%	72.2%

Since the pandemic, many providers and delegates have noted they continue to face staffing and provider shortages in their offices.

Possible Barriers	<ul style="list-style-type: none"> <li>6-month delay in survey fielding from date of encounter. Results are based on <i>a member's perception</i> of encounter experience.</li> <li>Survey conducted on member encounter experience during the COVID-19 PHE provider office operations restructuring.</li> </ul>
Next Action Steps	<ul style="list-style-type: none"> <li>Track and Trend compliance rates.</li> <li>Continue to follow escalation process for providers non-compliant with CG-CAHPS: <ul style="list-style-type: none"> <li>1Q: Track &amp; trend</li> <li>2Qs: Letter/JOM discussion</li> <li>3Qs: CAP/Discussion with COO/CFO</li> </ul> </li> <li>Share results with Provider Services department, FSR staff, to incorporate as part of Member &amp; Provider Satisfaction work group discussions and PDSA/Intervention planning as applicable.</li> <li>Share results with delegate groups and discuss improvement strategies.</li> <li>Schedule onsite or virtual meetings with providers who have trends for non-compliance</li> </ul>

### After Hours Care

The Alliance contracted with Press Ganey (PG) Analytics to conduct the annual Provider After-Hours Survey for MY2023, which measures providers' compliance with the after-hours emergency instructions standard. The MY2023 After-Hours Survey was conducted in September of 2023. PG followed a phone-only protocol to administer the survey to the eligible provider population during closed office hours. A total of 493 Alliance providers and/or their staff were surveyed, which consisted of 104 primary care physicians (PCPs), 262 specialists, and 127

2023 Quality Improvement Health Equity Program Evaluation

behavioral health (BH) providers. Of the 493 providers 325 providers were eligible with 168 providers ineligible and have been excluded from the survey results. The survey assesses the presence of instructions for a caller in an emergency, 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:

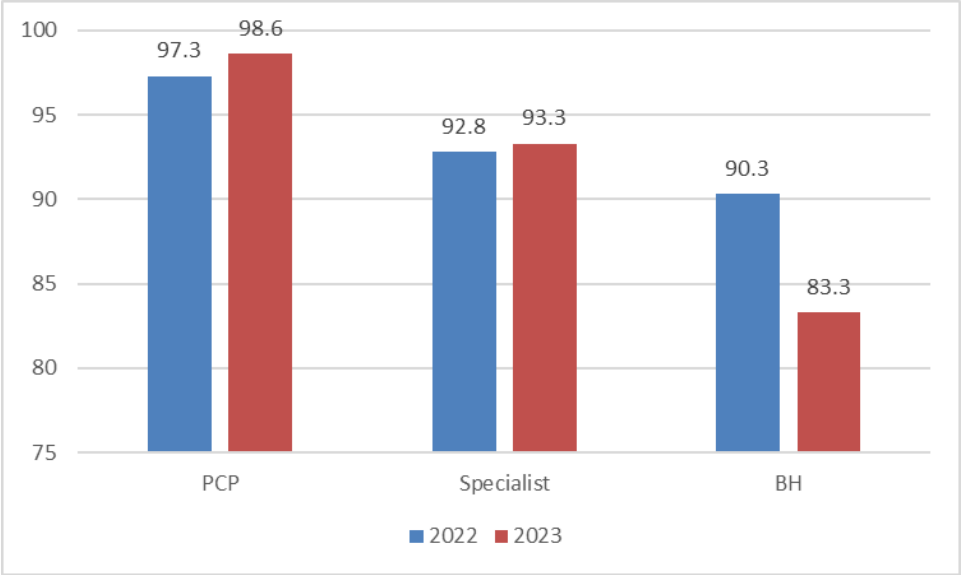
Compliance Rates for After Hours Survey

Provider Type	Emergency Instructions		
	Total Compliant	Total non-compliant	Compliance Rate
PCP	68	1	98.6%
Specialist	166	12	93.3%
BH	65	13	83.3%
Total	299	26	

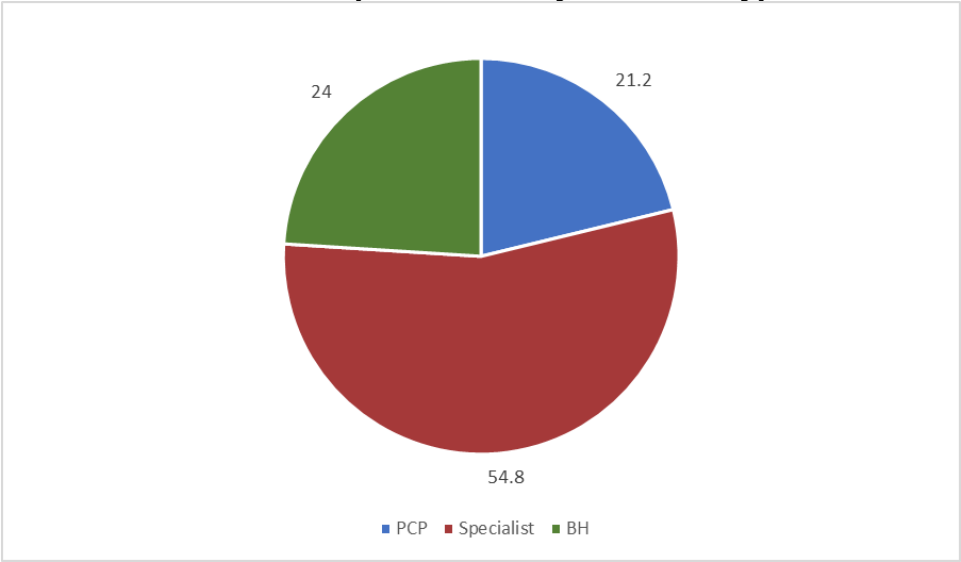
A total of 26 providers (1 PCPs, 12 Specialists, 13 BH) were found to be non-compliant with the emergency instructions standard for the After-Hours Survey. Behavioral Health providers had the highest non-compliance rate in 2023.

After Hours Emergency Instruction and Access to Physician  
Compliance Rate Comparison (2022 v 2023)

2023 Quality Improvement Health Equity Program Evaluation



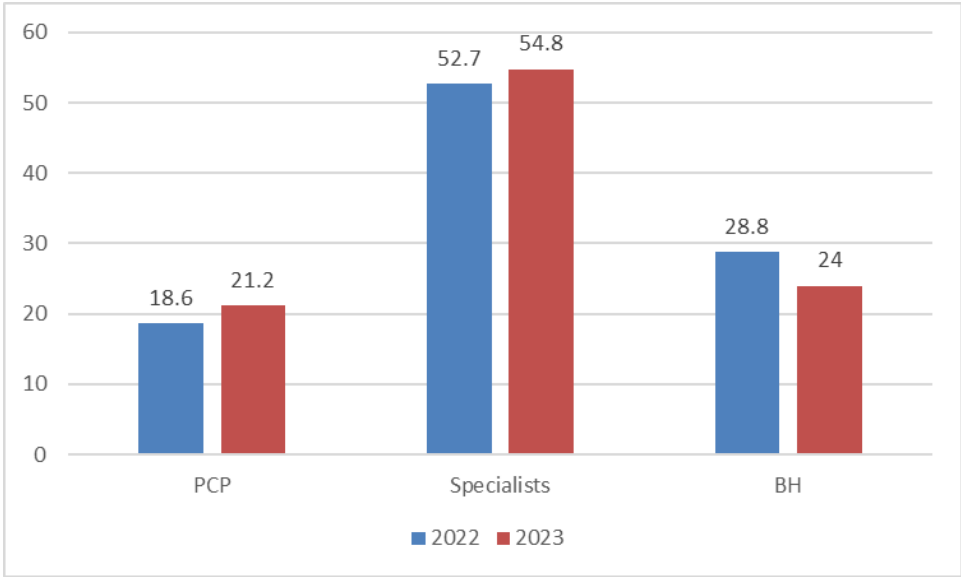
MY2023 Response Rate by Provider Type



After Hours Emergency Instruction and Access to Provider Survey Response Rate Comparison (2022 v 2023)



## 2023 Quality Improvement Health Equity Program Evaluation



- Number of survey respondents in 2022 = 393
- Number of survey respondents in 2023 = 325.
- Year-over-year Specialist providers have had the highest response rate to the survey.
- BH providers response rate decreased in 2023 from 2022 by 4.8%.
- Specialist providers response rate increased in 2023 from 2022 by 2.1%.

In 2023, all the Alliance provider groups continue to perform above the 80% compliance rate, and met the 80% compliance rate threshold. Results of survey were presented at Q1 2024 Access and Availability Committee with the following next steps for improvement:

- Share results with Delegate and Direct entities.
- Share results with Provider Services and FSR staff to incorporate as part of provider and office staff education for identification of barriers and improvement opportunities.
- CAPs to be sent to non-compliant providers.
- CAPs are issued at the delegate level.
- CAPs are issued at the direct provider level.

### Initial Pre-Natal Visits

The Alliance conducted the annual First Prenatal Visit Survey for MY2023, which measures providers’ compliance with the first prenatal visit standard. The survey was conducted in September – November of 2023 and was administered to a random sample of eligible Alliance Obstetrics and Gynecology (OB/GYN) providers. The table below shows the results of the survey.

### First Prenatal Visit Survey

## 2023 Quality Improvement Health Equity Program Evaluation

Appointment within 2 weeks of request	75% Target Goal Met	Percent of Ineligibles	Percent of Non- Responsive
75.9%	Yes	28.5%	8%

The 2023 First Prenatal Visit survey met the compliance threshold goal of 75%. Corrective Action Plans (CAPs) will be issued to all non-responding and non-compliant providers within Q4 2023.

The Alliance's QI Department will continue:

1. Survey monitoring of First Prenatal Visit compliance via Quality of Access PQIs
2. Ongoing provider education and discussions at delegate JOMs regarding timely access standards.
3. CAPs for non-compliant and non-responsive providers.
4. Virtual/Onsite office visits to providers not meeting Timely Access year over year.
5. Collaboration with Analytics, Provider Services, and delegate networks to improve the accuracy of provider data, thus decreasing the number of ineligible providers.

### Provider Appointment Availability Survey

The Alliance's annual Provider Appointment Availability Survey (PAAS) for MY2023 was used to review appointment wait times for the following provider types:

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

## 2023 Quality Improvement Health Equity Program Evaluation

The Alliance reviewed the results of its annual PAAS for MY2023 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 most members live and receive care in Alameda County, the Alliance's service area. Additionally, per the MY2023 Department of Managed Health Care (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, San Joaquin, Sacramento, San Francisco, Santa Clara, San Jose, Solano, Marin, Madera, Monterey, San Mateo, Santa Cruz, San Luis Obispo, Santa Barbara, and Sonoma.

### MY2023 Compliance Rates by Appointment/Type across All Provider Types

Ancillary			
LOB	Urgent Appt	Routine Appt	
IHSS	Not applicable	100%	
MCL	Not applicable	100%	
PCPs			
LOB	Urgent Appt	Routine Appt	
IHSS	64.1%	73.1%	
MCL	68.6%	76.1%	
NPMH			
LOB	Urgent Appt	Routine Appt	Follow-up Appt
IHSS	86.7%	84.2%	87.3%
MCL	86.7%	84.2%	87.3%
Psychiatrists			
LOB	Urgent Appt	Routine Appt	
IHSS	76.9%	92.3%	
MCL	76.9%	92.3%	
Specialists			
LOB	Urgent Appt	Routine Appt	
IHSS	55.4%	56.7%	
MCL	55.6%	56.7%	

Across all provider types, there was greater compliance with the routine appointment standards than with the urgent appointment standard, and this was evidenced for both LOBs – MCL and IHSS for 2022, and 2023. The Alliance will continue engaging in provider/delegate re-education around the timely access standards, to increase its efforts around compliance for urgent and non-urgent appointment standard through the following ways:

- Biweekly fax blast 2 months prior up to the survey period
- Onsite office visits to providers not meeting Timely Access year over year

## 2023 Quality Improvement Health Equity Program Evaluation

- Ongoing provider education and delegate JOM discussions regarding Timely Access Standards
- CAP and Timely Access Standard sent out to non-compliant and non-responsive providers,
- Access and Availability collaborate with Analytics and Provider Services to reconsolidate provider data, and thus to decrease the number of ineligible providers
- Provide incentives to extend office hours, focusing on improving access to care

### Percentage of Ineligible Provider Types

MY	Psychiatrists	PCPs	Specialists	Ancillary	NPMH
2023	14.0%	23.0%	21.3%	10.0%	7.6%
2022	27.6%	21.4%	29.9%	19.0%	24.9%

In MY2023, across all provider types, PCPs had the highest percentage of ineligible providers, followed by Specialist providers, Psychiatrist, Ancillary and NPMH. Psychiatrists, Specialist, NPMH and Ancillary providers showed a decrease in percentage of ineligible providers from MY2022 to MY2023. While PCP providers show a slight increase in ineligible providers. 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.

### Percentage of Non-Responsive Provider Types

MY	Psychiatrists	PCPs	Specialists	Ancillary	NPMH
2023	17.5%	19.9%	51.9%	10.0%	36.2%
2022	27.0%	19.0%	33.4%	23.8%	28.0%

Across all provider types, Specialists had the highest percentage of non-responsive providers, followed by NPMH, PCPs and Psychiatrists providers, with Ancillary having the lowest percentages of non-responsive providers in MY2023 (see table above). 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 year-on-year.

### Year-Over-Year Analysis

For eligible providers who completed the survey in MY2023, all provider categories showed an

## 2023 Quality Improvement Health Equity Program Evaluation

---

increase in percentage score in at least one of the appointment standards. Ancillary providers were the only providers who scored a 100% compliance rate in MY2023 for non-urgent appointment standard. PCPs and Psychiatrists showed percentage increases for both urgent and non-urgent appointment standards for both LOBs. Both provider types showed a significant increase of at least +14% in compliance rate for the urgent appointment standard bringing the Psychiatrists score above the 75% compliance rate goal. NPMH providers also had an increase in percentage score for urgent appointment but a slight decrease in percentage score for the non-urgent appointment. However, even with the slight decrease in percentage score, NPMH continues to meet the compliance rate goal in MY2023. Specialist providers had percentage increases in both appointment standards for both LOBs but continued to score below the compliance rate goal.

### Alameda Health Systems (AHS)

For the PCP provider type, AHS fell short of the compliance threshold goal for both appointment standards for both LOBs. For the Specialists provider type, AHS scored a 100% compliance rate for Gastroenterology, Oncology, and Urology for both appointment standards and LOBs. For Ophthalmology, AHS also scored a 100% compliance rate for the non-urgent appointment standard for both LOBs. However, AHS did not meet the threshold goal for both LOBs appointment standards for Pulmonology.

### Children's First Medical Group (CFMG)

For the PCP provider type, CFMG providers maintained a stable rate of compliance with both appointment standards. For the Specialist provider type, CFMG providers showed a 100% compliance rate for both appointment standards in Cardiology, for urgent appointment standard in Ophthalmology, and non-urgent appointment standard in Pulmonology. Non-urgent appointments were not met for Ophthalmology and urgent appointment was not met for Pulmonology. The threshold goal was not met for both appointment standards for Dermatology and ENT.

### Community Health Center Network (CHCN)

For Ancillary providers, CHCN scored a 100% compliance rate for non-urgent appointment standards for both LOBs. For PCP providers, the Medi-Cal LOB scored a 100% compliance rate for both standards. While for the Commercial LOB, non-urgent appointment standard met the 75% threshold goal and the urgent appointment fell short in meeting the threshold goal. For Specialists, CHCN scored a 100% compliance rate for Gastroenterology and Oncology for both appointment standard and LOBs. Aside from the urgent appointment standard for the Commercial LOBs, the compliance goal was met for all other appointment standards for the Cardiology specialty. Endocrinology, Dermatology, Neurology, ENT and Urology did not meet the threshold goal for either appointment standards and LOBs.

### Individual Contracted Providers (ICP)

For the PCP provider type, ICPs did not meet the threshold goal of 75% for both appointment standards and LOBs. ICPs met the compliance threshold goal for Cardiology for both appointment standards and LOBs. Dermatology, Ophthalmology, ENT and Pulmonology all met the threshold goal of 75% percent in at least 2 of the 4 appointment standards. Gastroenterology, Neurology and Urology all did not meet the appointment standard threshold goal for MY2023.

## 2023 Quality Improvement Health Equity Program Evaluation

---

For the Adult NPMH provider type, ICPs continues to meet the compliance rates for both appointment standards and LOBs.

### Provider-Focused Improvement Activities

As part of the QI strategy for 2024, 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, and in-office provider visits as appropriate), with the goal of increasing individual response and compliance rates to  $\geq 75\%$ . Additionally, the Alliance A&A unit will conduct focused scheduled and confirmatory surveys/audits that assess provider compliance with timely access standards. Time-sensitive corrective action plans (CAPs) will be issued to all non-responsive and non-compliant providers. Results and corrective actions needed for improvement will be discussed with delegate leadership staff during Joint Operations Meetings between the Alliance and its delegate. The Alliance will review other survey result indicators of access and availability to identify both best practice and opportunities for improvement throughout the year for performance improvement activities.

For PAAS MY2023 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.

The Alliance will share findings from the MY2023 PAAS at the Q2 2024 Access and Availability Sub-Committee for feedback and recommendations, as well as, in the May 2024 QIHEC, which is comprised of Chief Medical Officer leadership from delegated networks, offering additional opportunities for discussion of best practice and improvement opportunities.

### Provider Outreach and Engagement

During 2023, the Provider Services department continued outreach to all PCP, Specialists and Ancillary provider offices. Outreach and engagement with providers were done in various ways including virtual meetings, email, telephone, fax blasts, and mail.

Topics covered in the outreach, engagement, and fax blasts included but, were not limited to: Member Satisfaction update and reminders, Provider Satisfaction updates, Provider Appointment Availability Survey (PAAS) updates, utilization management updates and reminders, Immunizations, provider network updates, Annual Healthcare Effectiveness Data and Information Set® (HEDIS) medical record data retrieval notice, Fraud, Waste and Abuse information, Timely Access Standards Reminders, Pay-for-Performance program, Long-Term Care updates, behavioral health updates, Provider webinars, and Member Rights.

In addition to ongoing outreach, every newly credentialed provider received a new provider orientation within 10 business 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,
- Review of network and contract information,

2023 Quality Improvement Health Equity Program Evaluation

- How to verify eligibility,
- Referrals and how to submit prior authorizations,
- Timely Access Standards,
- Member benefits and services that require PCP referral,
- Filing of complaints and the appeal process,
- Interpreter Services process,
- Transportation benefit information,
- Initial Health Appointment,
- Coordination of Care, California Children’s Services, Regional Center, WIC program,
- Claims and billing information,
- Child Health and Disability Program,
- Members’ Rights and Responsibilities,
- Member Grievances,
- PQIs,
- Provider Portal, and
- Health Education.

Overall, there were over 500 quarterly packets mailed to providers with updates as mentioned above. Additionally, over 2,400 outreach occurrences were conducted during the 2023 calendar year. The Provider Services department plans to continue our robust provider outreach and engagement strategies in 2024.

Member Outreach and Member Services

The Alliance Member Services (MS) Department continues to have a strong focus on providing high-quality service. The Alliance mission is to help our members live a healthy life providing access to high-quality care and services that they need. Providing excellent customer service is just one of the many ways that we serve our members, providers, and community.

The Alliance monitors access to its Member Services Department quarterly. The following internal standards and goals are used to evaluate access to the Member Services Department by telephone.

Member Services Department Telephone Access Standards	
Standards	Goal
% of calls answered by a live agent within 30 seconds	80%
Calls Abandoned before a live voice is reached	≤ 5 %

The Alliance also offers a member orientation to help members better understand their benefits, the importance of the initial health assessment and who to call when they need help. The member orientation is available to all Alliance members.

2023 Quality Improvement Health Equity Program Evaluation

Population Health and Equity

Population Health Management (PHM) Overview

In accordance with NCQA 2023 Population Health Program Standards and Guidelines and in alignment with the California Department of Health Care Services (DHCS) *CalAIM: Population Health Management Policy Guide*, the Alliance has developed a PHM Strategy for identifying and addressing member needs across the continuum of care with the aim of improving the health outcomes of the Alliance membership and supporting enhanced quality of life. This continuum includes members with the highest levels of needs, those with emerging risks, and wellness and prevention activities for all members. The Alliance conducts an annual analysis of the impact of its PHM strategy that includes quantitative and qualitative analysis for evidence of program effectiveness and opportunities for improvement.

PHM Strategy

Goal

Maintain and update a cohesive plan of action that addresses the Alliance member/population needs across the continuum of care.

Results

This goal was achieved. The Alliance created the *2023 Alliance Population Health Management Strategy* and approved the strategy at the May 19, 2023, Health Care Quality Committee (QIHEC) meeting and updated the strategy goals in October 2023 for submission to DHCS. The 2023 PHM Strategy is described in a separate document. The following table highlights objectives in key focus areas included in the 2023 Alliance PHM Strategy.

Note: Line of Business (LOB) is noted by Medi-Cal (MC) or Group Care (GC).

Alameda Alliance for Health 2023 NCQA PHM Strategy Goals

2023 PHM Strategy Goals			
Domain	LOB	Program Name	Goal
Managing Multiple Chronic Illnesses			
Hypertension & Diabetes	MC & GC	Living Your Best Life Diabetes and Hypertension Disease Management	By the end of March 2024, at least 2% of members receiving disease management outreach will engage in at least one disease management or case management conversation.
			At least 90% of members with diabetes and hypertension who complete the post-participation assessment by March 2024 will report increased confidence in disease self-management knowledge and behaviors.



## 2023 Quality Improvement Health Equity Program Evaluation

Homelessness	MC	Enhanced Care Management	Increase ECM enrollment for eligible members experiencing homelessness with chronic conditions by at least 1 percentage point from 17.5% in 2022 to 18.5% in 2023.
Managing Members with Emerging Risk			
Children with Disabilities	MC	California Children's Services (CCS) Referrals	Increase enrollment in case management programs including CCS for children identified as potentially eligible but not enrolled in CCS from 29.96% in 2022 (July to December) to 30.96% in 2023.
Maternal and Adolescent Depression	MC & GC	Maternal Mental Health Program	Improve HEDIS prenatal (PND-E) and postpartum (PDS-E) depression screening rates by 2 percentage points from MY2022 (as of April 2023) to MY2024 (as of April 2024).
Keeping Members Healthy			
Well-Child Visits (Equity Focus)	MC	Black (African American) Well Child Visit QI Project	HEDIS well-child visit (W30) and immunization (CIS-10) rates will increase for Black (African American) members by 3 percentage points from MY2022 (as of April 2023) to MY2023.
Breast Cancer Screening (Equity Focus)	MC & GC	Black (African American) Breast Cancer Screening QI Project	Increase Breast Cancer Screening (BCS) rates for Black (African American) women ages 52-74 by 3 percentage points from MY2022 (as of April 2023) to MY2023.
Primary Care Utilization	MC & GC	Non-utilizer Outreach QI Project	Outreach to at least 20% of non-utilizers in 2022 ages 50 years and above by June 2023 and connect 2% to primary care services.
Primary Care Utilization	MC & GC	Non-utilizer Outreach QI Project	Outreach to at least 20% of non-utilizers in 2022 ages six and under by June 2023 and connect 2% to primary care services.
Patient Safety of Outcomes Across Settings			
ED Utilization for People with Mental Illness	MC	Follow-up after ED Visit for Mental Illness and Substance Use QI Project	Follow-up After ED Visits for Mental Illness (FUM) - 30 days HEDIS rate for Medi-Cal members will increase from 49.03% in MY2022 to 54.51% in MY2023 (pending DHCS approval of Performance Improvement Project).

## 2023 Quality Improvement Health Equity Program Evaluation

Readmissions	MC & GC	Transitional Care Services	Increase the percentage of transitions for high-risk members that had at least one interaction with their assigned care manager within 7 days post-discharge from 22.6% in August 2023 to 23.6% in March 2024.
Catastrophic Cases	MC & GC	Catastrophic Case Management	Identify catastrophic cases and refer 95% of the cases into case management programs between April 2023 to March 2024.

### Population Health Assessment

#### Goal

Conduct annual population health assessment according to NCQA (Group Care and Medi-Cal) and DHCS (Medi-Cal) guidelines including a gap analysis.

#### Results

This goal was achieved. The NCQA Population Health Assessment is part of the *2023 Alliance Population Health Management Strategy* that was presented at the May 19, 2023, QIHEC meeting and submitted in October to DHCS.

### PHM Strategy Evaluation

#### Goal

Conduct yearly impact analysis of the PHM Strategy according to NCQA (Group Care and Medi-Cal) and DHCS (Medi-Cal) guidelines and implement activities to address findings.

#### Results

This goal was achieved. The Alliance conducted the 2023 comprehensive analysis of the impact of its Population Health Management (PHM) Strategy. The PHM Evaluation includes quantitative results for relevant clinical, utilization, and experience measures. Quantitative and qualitative analysis is conducted on the results for evidence of program effectiveness and continuous improvement. This analysis is conducted by the Health Care Services Department to support Alliance members and promote an effective PHM Strategy. The complete *2023 PHM Strategy Evaluation* is documented in a separate document.

### Health Education Overview

Alliance promotes the appropriate use of plan health care services, risk reduction, healthy lifestyles, and self-management of health conditions through a Health Education Program available to all members. The Alliance Health Education Program develops culturally appropriate materials and programs that meet the diverse needs of the Alliance membership and participates in community collaborations to promote health and wellness in Alameda County. The 2023 Health Education objectives and results are as follows:

### Member Wellness Handouts and Programs

#### Objective 1

Maintain a 95% fulfillment rate for health education material requests within 10 business days through the end of 2023. Sustain member wellness materials by updating and adhering to a five-year review cycle.

2023 Quality Improvement Health Equity Program Evaluation

Results 1

The fulfillment goal for health education requests was met in quarters one and two (97.73% and 98.33%, respectively), but it was not met in quarters three and four (82% and 82.98%, respectively). An ongoing challenge is the necessity to have staff on-site to fulfill requests. An increase in requests for non-threshold materials in the last half of the year also presented a barrier to meeting the goal. Moving forward, a backup resource will be identified and trained to process on-site material fulfillment requests, and the goal will be refined next year to include a distinct service level agreement for non-threshold languages.

Members request health education materials and program information through the Wellness Request Form, referrals from Alliance staff, and provider referrals. The Wellness Request form is included in the Alliance biannual member newsletter (mailed out to all Alliance households) and Health Risk Assessment, Case Management and Health Education mailings. The Health Education materials update goal was met. All materials were reviewed and updated according to the five-year update schedule.

Top 6 Requested Health Topics

Topic	Member Requests
Nutrition	107
Weight Control	96
Physical Activity	88
Diabetes	81
Heart Health	64
Safety	63

Objective 2

Develop and implement health education programs and evaluations to drive program improvements by the end of 2023.

Results 2

This goal was achieved. Health education staff completed program evaluations for Family Paths parenting classes, Lactation Consultations, and Solera Diabetes Prevention Program (DPP), and Prenatal Hospital Classes by the end of June. The program that did not meet its goals was our DPP program through Solera. In response to the low performance and other contractual considerations, the Alliance will move its DPP offering to a different provider to address low engagement and low satisfaction with the program. The Alliance will also implement an incentive for returning post program surveys to increase member feedback. Below is a summary of Health Education program objectives and results.

--	--

## 2023 Quality Improvement Health Equity Program Evaluation


Program	Objectives	Results
<b>Family Paths Parenting Class Evaluation</b>	<u>Objective 1:</u> 90% or more members returning Parenting class surveys will find the program helpful or very helpful.	Five of five (100%) members returning surveys found the program to be helpful or very helpful in achieving their health goals. <b>This objective was met.</b>
	<u>Objective 2:</u> 90% of Family Paths participants (members and non-members) agree or strongly agree that the teacher or facilitator treated them with respect.	Nearly all (96.37%) agreed or strongly agreed that the teacher or facilitator treated them with respect. <b>This objective was met.</b>
	<u>Objective 3:</u> 85% or more of Family Paths participants (members and non-members) agree or strongly agree that they feel more confident about their parenting or co-parenting skills.	Most participants (95.46%) agreed or strongly agreed that they feel more confident about their parenting or co-parenting skills. <b>This objective was met.</b>
<b>Lactation Consultations</b>	<u>Objective:</u> 90% of participating members returning surveys found the program helpful or very helpful	100% members returning surveys found the program to be helpful or very helpful in achieving their health goals. <b>This objective was met.</b>
<b>Solera DPP</b>	<u>Objective 1:</u> 90% or more of members returning surveys who attended 4 core sessions find the program helpful or very helpful.	71% members returning surveys found the program helpful or very helpful. <b>This objective was not met.</b>
	<u>Objective 2:</u> 25% of members who commit attend 4 core sessions	Of the 3 members who committed in 2022, 2 (67%) of them attended 4 core sessions. <b>This objective was met with a small number of participants.</b>
	<u>Objective 3:</u> 30% of members who have continued tracking their weight through 26 weeks have reached or maintained at least 5% weight loss.	At week 26, four participants had reached a 5% weight loss (25% of those tracking weight at week 26). <b>This objective was almost met.</b>
<b>Prenatal Classes Alliance Hospitals</b>	<u>Objective 1:</u> 11% or more of members who request prenatal class information participated.	In 2021, there were 20 members who requested and were mailed prenatal class information. Five of the members (25%) participated. <b>This objective was met.</b>
	<u>Objective 2:</u> 90% or more of participating members returning surveys will find the program helpful or very helpful.	There were no surveys returned, so this objective could not be measured.

### Objective 3

Launch Maternal Mental Health Program by July 2023.

#### Result 1

This goal was not met. The Alliance launched bi-weekly workgroups to develop and implement the Maternal Mental Health program. Provider informing materials are near completion and internal processes are being refined to improve screening rates among perinatal members. Member informing materials have been developed and their distribution is targeted for early

## 2023 Quality Improvement Health Equity Program Evaluation

---

2024. Competing priorities like the in-sourcing of the Alliance Behavioral Health provider network in April of 2023 presented barriers to achieving this goal. This goal will continue as a priority in 2024.

### Objective 4

Submit Health Education Program descriptions to DHCS for approval by the end of September 2023.

### Result 2

This goal was met, but the timeline was extended to the end of January 2024. The additional time was needed for health education, compliance, and communications and outreach staff to meet and understand the filing and compliance requirements for health education programs and services, including community-based and internal programs. All programs are currently compliant with filing requirements.

## Disease Management Overview

Alliance Health Education and Case Management teams collaborate to launch programs and interventions that support members in disease self-management. In 2023, the Alliance focused on launching its full suite of disease management interventions in Asthma, Cardiovascular Disease, Diabetes, and Depression.

### Objective 1

Implement the launch of expanded Asthma Disease Management health education and coaching campaigns in June of 2023. Implement the launch of Diabetes, Cardiovascular Disease, and Depression Disease Management health education interventions by the end of 2023.

### Results 1

These goals were partially met. The Alliance offered disease management programs including a) diabetes health coaching and b) pediatric asthma education and remediation services throughout 2023. Disease management program descriptions, internal workflows, health education materials and provider communications were developed for asthma, cardiovascular disease, diabetes, and perinatal depression. Member outreach mailings were created for all programs and the first batch of monthly mailings to members were sent in December of 2023. The Depression member education and outreach mailing will launch in March of 2024. Excellent cross departmental collaboration facilitated progress in program development. Barriers to timely implementation included competing priorities in launching CalAIM initiatives and lengthy member-facing material approval processes requiring DHCS review and approval. Mid-way through the year, we engaged our project management team to support interdepartmental coordination and accelerate launch of our outreach efforts.

## Behavioral Health Quality

The Alliance maintains procedures for monitoring the coordination and quality of behavioral healthcare provided to all members, including, but not limited to:

- Appropriate service utilization across Mental Health (MH) services and Behavioral Health Treatment (BHT)

2023 Quality Improvement Health Equity Program Evaluation

- Monitoring of applicable performance measures
- Case Coordination
- Member engagement
- Collaboration with Alameda County Behavioral Health
- Interdepartmental collaboration for related behavioral health quality measures
- BH Work Plan and QI initiatives.
- Review and investigation of Potential Quality Issues (PQIs)
- Medically necessary services across the healthcare network

Prior to April 1, 2023, mental health (MH) and behavioral health treatment (BHT) services were delegated to Beacon Health Strategies, an NCQA Accredited MBHO, except for specialty behavioral health for Medi-Cal members, which were excluded from the Alliance contract with DHCS. The Specialty Behavioral Health Services are coordinated under a Memorandum of Understanding between The Alliance and Alameda County Behavioral Health (ACBH). The Alliance has reviewed Beacon’s QIHE Program Description and Work Plan to ensure a complete transition and developed trilogy documents that include the health plan’s responsibility of the QI/CM/UM function of behavioral health.

As part of the Alliance’s insourcing, the Behavioral Health Department has expanded to new positions, including a behavioral health manager, licensed social workers, registered nurses, board-certified behavioral analysts, and BH navigators. The BH Department ensures all clients and families receive the highest mental health (MH) services and behavioral health treatment (BHT). In addition, BH collaborated with the QI team, such as the FUA/FUM HEDIS measures, and participates in the Behavioral Health workgroup.

The 2024 BH Workplan will be made available to the quality committees for reporting once the development and monitoring of the specific metrics are completed in the anticipated 2<sup>nd</sup> quarter of 2024.

Please see the UM & CM Program Description for additional information.

Delegation Oversight

As a part of its compliance program and strategy, the Alliance deploys an array of auditing and monitoring exercises throughout the year. Annually, First-tier subcontracted entities, called delegates, undergo an annual delegation oversight audit. The audits are conducted in accordance with DHCS, DMHC, and the NCQA regulations.

Audit results are reported to the Delegation Oversight Committee, which is a committee that reports to the Compliance Committee.

In 2023, the Alliance conducted annual delegation oversight audits for the entities included in the 2023 Alameda Alliance Delegated Entities noted in the table below.

To supplement its approach to Compliance, the Alliance holds quarterly JOMs with delegates, as necessary. JOMs cover a variety of topics, to include individual Access and Timeliness of Care survey results; HEDIS rate performance and opportunities for improvement; strategies for score improvement, and HEDIS timelines for reporting in the current year. In addition to JOMs,

## 2023 Quality Improvement Health Equity Program Evaluation

the Alliance holds regular Executive Team meetings with its strategic partners CHCN and AHS.

ALAMEDA ALLIANCE DELEGATED ENTITIES - 2023																			
Delegate's Name		Quality Improvement		Utilization Management		Credentialing X = NCQA Accredited		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
1	Community Health Center Network (CHCN)			X	X					X	X			X	X			X	X
2	March Vision Care Group, Inc.					X				X									
3	Children's First Medical Group (CFMG)			X		X				X									
4	PerformRx			X	X						X					X	X		
5	Kaiser	X		X		X		X		X		X		X		X		X	
6	UCSF (Credentialing)					X	X												
7	Physical Therapy PN (Credentialing)					X	X												
8	Lucille Packard (Credentialing)					X	X												
9	Teladoc (Credentialing)					X	X												
	Beacon Health Strategies LLC (Contract Term Effective 03/31/2023)	X	X	X	X	X	X			X	X	X	X	X		X	X	X	

## Analysis of 2023 Quality Program Evaluation and Effectiveness

The Alliance has identified successes, challenges/barriers, and improvements throughout the 2023 QIHE Evaluation. Many of the QIHE Program goals were met or exceeded. The evaluation included recommended activities and interventions to inform the 2024 QIHE Work Plan

Major accomplishments in which objectives were met for 2023 include but are not limited to:

- Adequate QI program resources to carry out roles, functions, and responsibilities.
- Coordinated transition of Health Care Quality Committee to the Quality Improvement Health Equity Committee in collaboration with the Chief Health Equity Officer
- Support of QI investments to improve HEDIS/MCAS performance through the following strategies: provider engagement, member engagement, data collection/sharing, innovative funding/projects, and organizational alignment.
- Enhanced Pay-for-Performance program with a focus on quality measures below the minimum performance level and promotion of primary care visits
- Launched a new Health Equity incentive for providers.
- Developed a Population Health Management Program, including publication of a Population Health Strategy with on-going goals/objectives, and in collaboration with multiple departments, utilized a health equity lens to address health disparities.
- 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.
- Maintenance of favorable Provider Satisfaction Survey scores.
- QIHEC meetings in 2023 remain active in ensuring requirements of the QIHE Program were met.
- Stable and consistent Senior Level Physician involvement
- Improved HEDIS performance rates for measures; above the MPL for most reported HEDIS metrics.
- Ongoing Pediatric Care Management Program to promote access to care and EPSDT



## 2023 Quality Improvement Health Equity Program Evaluation

service utilization in partnerships with direct, delegate, and CBOs.

- Improved turn-around times and root cause analysis of PQIs.
- Robust Health Education and Cultural and Linguistic Programs adding Quality of Language (QOL) PQIs segmentation for tracking and trending.
- Ongoing Community Advisory Committee and member input via virtual formats to ensure continued member input into programs and services.
- Updated grievance tracking system for capturing exempt grievances and accurate reporting and PQI referral submission to Quality department.
- Comprehensive monitoring of all practitioners during credentialing / re-credentialing to ensure high quality network.

Challenges and barriers to achieving objectives encountered within the 2023 program year included but are not limited to:

- Despite the COVID Public Health Emergency ending, timely access to care was strained as there continued to be provider workforce shortages compounded by pent up demand for preventive care services.
- QI leadership vacancy in Quarter 1, 2023 though a QI Medical Director performed the required functions until a Senior Director, Quality was hired.
- Increase in membership volume for members > 50 years old resulted in increases in PQIs and interpreter services.
- With the new Medi-Cal contract effective January 1, 2024, and several All Plan Letters issued by DHCS, significant modifications were made in policies and procedures, new processes, and program updates
- Financial impacts were imposed for quality sanctions and withholds based on HEDIS/MCAS performance.

## Conclusion

Overall, the Alliance's QIHE Program was effective in reviewing data, assessing trends, identifying issues, and developing improvement activities within the Health Plan related to access to care, member and provider experience, health equity, and quality of care.

During 2023, Alameda Alliance focused on meeting the QIHE Program goals and completing all initiatives as outlined in the 2023 QIHE Work Plan. Health equity was integrated into the quality program and continues to be a main driver for the work. Throughout 2023, multiple PDSA activities and innovative projects resulted in improvements in the Alliance's quality performance. These PDSA activities have created a culture focused on the Alliance's mission, member-centric care, and provider satisfaction. In addition, there was significant program development to meet the DHCS requirements for Population Health Management, including alignment with the DHCS Bold Goals and collaborative efforts with both internal and external partners. In the latter part of the year, the Alliance committed to QI investments and support of strategies in member engagement, provider engagement, data collection/sharing, project funding, and organizational



## **2023 Quality Improvement Health Equity Program Evaluation**

---

alignment; all of which will continue in 2024. The Alliance is dedicated to improving the quality of healthcare delivered to its members through proactive analysis of shared processes and integration of health initiatives that align with the industry and government quality standards; including a preventive health model of whole person care and preemptive interventions related to health outcomes.