

Quality Improvement Health Equity Committee Meeting

April 11, 2025

Meeting Name:	Quality Improvement Health Equity Committee		
Date of Meeting:	4/11/2025	Time:	9:00 AM – 11:00 AM
Meeting Coordinator:	Ashley Asejo	Location:	Alameda Alliance for Health HQ 1240 S. Loop Rd. Alameda
Webinar Meeting ID:	Microsoft Teams Meeting ID: 220 112 789 666 Passcode: ZG8Gtc	Meeting Materials:	Standing Committees – Alameda Alliance for Health

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

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

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

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

James Florey, MD	Chief Medical Officer, Children First Medical Group
Peter Currie, Ph.D.	Senior Director, Behavioral Health, Alameda Alliance for Health
Michelle Stott	Senior Director, Quality, Alameda Alliance for Health
Anchita Venkatesh, DMD MA	Program Director, General Practice Residency, Highland Hospital
Kristin Nelson	Director, Behavioral Health Services Student Services Division, Alameda County Office of Education
Chaunise "Chaun" Powell, MD	Sr. Chief of Student Services, Alameda County Office of Education
Anthony Cesspooch Guzman, MSW	Chief Cultural Officer, Native American Health Center
Deka Dike	CEO, Omotochi

Meeting Agenda				
Topic	Time	Document	Responsible Party	Vote to approve or Informational
1. Call to Order/Roll Call:	1min	Verbal	D. Carey	Informational
2. Alameda Alliance Updates	5min	Verbal	D. Carey	Informational
3. Chief of Health Equity Updates	5min	Verbal	L. Vang	Informational
4. Committee Member Presentation: ACBH Challenges Regarding Patients with Mental Health and Substance Use Disorders in the Emergency Room – A Discussion	15min	Verbal	A. Chapman	Informational
5. Policies and Procedures <ul style="list-style-type: none"> Listed below 	5min	Document	D. Carey	Vote
6. Approval of Committee Meeting Minutes <ul style="list-style-type: none"> 2/14 QIHEC 2/28 & 3/28 UMC 11/6/24 A&A 3/19 IQIC 	2min	Document	D. Carey	Vote

Meeting Agenda				
Topic	Time	Document	Responsible Party	Vote to approve or Informational
7. Utilization Management Program Description, Evaluation & Work Plan	20min	Document	M. Findlater	Vote
8. Case Management Program Description, Evaluation & Work Plan	20min	Document	A. Lam	Vote
9. Behavioral Health: <ul style="list-style-type: none"> Care Coordination Between Medical care and Behavioral Healthcare Report Autism Spectrum Disorder Deep Dive Non-Specialty Mental Health - outreach & education Plan 	15min	Document	P. Currie	Informational
10. NCQA Update	2min	Document	K. Gerena	Informational
11. Public Comment	1min	Verbal	D. Carey	Informational
12. Adjournment	1min	Verbal	D. Carey	Next Meeting 5/9/2025

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

Policies & Procedures	
<ul style="list-style-type: none"> • HED-010: Doula Services • QI-115: Access & Availability Committee • QI-117: Member Satisfaction Survey (CAHPS) • QI-118: Provider Satisfaction Survey • UM-015: Emergency Services and Post Stabilization Services • UM-025: Guidelines for Obstetrical Services • UM-053: Breastfeeding Lactation Management Aids • CM-002: Complex Case Management Plan Development and Management • CM-003: Complex Case Management Plan Evaluation and Closure 	<ul style="list-style-type: none"> • CM-006: Internal Audit and Monitoring • CM-007: SPD High Risk Stratification and Care Planning • CM-019: Private Duty Nursing Case Management For Members under the age of 21 • CM-028: Disease Management - Home Placed Developmentally Disabled HPDD Members • CM-030: Early Start • CM-031: School Linked CHDP Services • CM-032: Care Coordination - Local Education Agency Services • CM-034: Transitional Care Services • CM-035: Prescreening Process - ECM and CS Providers

Voting Member Roll Call

Dr. Donna Carey

Alameda Alliance Updates

Dr. Donna Carey

Chief Health Equity Officer Update

Lao P. Vang

Committee Member Presentation: ACBH

Aaron Chapman, MD

Challenges Regarding Patients with Mental Health and Substance Use Disorders in the Emergency Room – A Discussion

Alameda Alliance Quality
Improvement Health Equity
Committee Meeting (QIHEC)

April 11, 2025



Background

- Patients with Mental Health (MH) and Substance Use Disorders (SUD) are frequently admitted into community Emergency Departments (ED)
- There is a recognized shortage of psychiatric inpatient beds for adults and youth across the country
- Patients with MH or SUD concerns often end up waiting in EDs for appropriate transfers for care
- The MH and SUD systems may appear fragmented making appropriate referral to outpatient care a challenge for ED providers
- The changing landscape of the Welfare and Institutions codes create confusion over the legal landscape for patient's on MH holds

Discussion: What is Needed? What can be Done?

- Where is the right place for referral?
 - What number do I give to the patient?
 - What number do I call myself?
- When is a referral to ACCESS for outpatient care insufficient?
- Is there “low barrier to access” MH or SUD care? Where?
- Are there other ways to engage patients in needed care?
- What are we going to do about the bed shortage?

Voting Item: Policies and Procedures

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

Policy Procedures Summary of Changes

Policy	Department	Policy #	Policy Name	Brief Description of Policy	Description of Changes/Current Revisions	Policy Update (X)	New Policy (X)	Annual Review or Formatting Changes (X)
1	Health Education	HED-010	Doula Services	Describes how the Alliance offers Doula Benefit to eligible members.	Yearly updte and minor grammar edits.			X
2	Quality	QI-115	Access and Availability Committee	Describes how the Access and Availability (A&A) Committee provides oversight to ensure: 1) timely access to and availability of quality health care services for all members within the Alliance and delegate network, and 2) the continuous monitoring of access to and availability of behavioral and medical health care services in adherence with regulatory and contractual access and availability requirements.	MCARE/DSNP- CMS, Title 42. CFR 422.112 1) Ensures AAH monitor provider network adequacy, appointment wait time, and Geo Access 2)Address barriers to care, including SDOH and provider shortage 3) Interventions to improve access to care and reduce disparities	x		
3	Quality	QI-117	Member Satisfaction Survey (CAHPS)	The CAHPS survey is designed to solicit feedback from Alliance members about their experience/satisfaction with the Alliance as a health plan, with their health care and their perceived effectiveness of care	MCARE/DSNP-CMS Title 42, CFR Section 423.156 1)Ensure unbiased, standardized data collection using CMS approved Vendor 2) Identification of population with disparities (e.g racial/ethnic group, limited English proficiency, disability status) 3) Implement QI initiatives to address member satisfaction concerns	x		
4	Quality	QI-118	Provider Satisfaction Survey	The Provider Satisfaction Survey provides the Alliance with provider feedback about their experience with the Alliance.	MCARE/DSNP-CMS Title 42, CFR Section 422.202 (b) 1)Ensure Provider Satisfaction survey, conclusion and recommendations are incorporated into QIHE Program Work Plan for MediCal/ Alliance Health Wellness/Group Care, and annually reported to CMS	x		
5	UM	UM-015	Emergency Services and Post Stabilization Services	Discussed how post stabilization servives are managed in compliance with the DMHC APL	New Version- Significant updates to policy. Removed duplications and moved some of what was in policy statement section into the procedure section. Clarified the process for the Delegate distribution of the information if a call is received related to a delegated member. Changed HCQC to QIHEC. Clarified language describing staff availability 24/7	X		
6	UM	UM-025	Guidelines for Obstetrical Services	Describes the evidence-based, clinical practice guidelines used in the provision of obstetrical services	Added requirements for Maternal Mental Health Screenings, as described in AB No. 1936 (at least 1 during pregnancy and 1 additional during first 6 weeks postpartum, and additional postpartum screenings as per clinical judgement of treating provider) also recommending P&P to be transitioned to CM; will request Compliance assign a CM P&P number	X		

Policy Procedures Summary of Changes

7	UM	UM-053	Breastfeeding Lactation Management Aids	Describes process for obtaining breast pump and human donor milk	Updated policy to be inclusive of AB 3059 guidance which requires that effective January 1, 2025, all lines of business to cover the provision of medically necessary pasteurized donor human milk obtain from a tissue bank licensed pursuant to Chapter 4.1 (HSC) as a basic health care services.	X		
8	CMDM	CM-002	Complex Case Management Plan Development and Management	Care plan requirements for CCM cases	Remove CCM delegation language (no more Kaiser CCM). Update attachment 2, CCM welcome letter.	X		
9	CMDM	CM-003	Complex Case Management Plan Evaluation and Closure	Criteria to close out CCM care plan and close case	Remove CCM delegation language (no more Kaiser CCM). Clarify CM Satisfaction Survey.	X		
10	CMDM	CM-006	Internal Audit and Monitoring	Monitoring and auditing of all CM cases and HRA cases	2/28 UMC: Remove language realted to UM and pharmacy internal audits. Update description of schedule to align with monthly productivity and quality metrics. 3/28 UMC: Add language stating frequency of auditing for all CM cases including phone call monitoring.	X		
11	CMDM	CM-007	SPD High Risk Stratification and Care Planning	Identification and stratification of SPD members / Health Information Form/Member Evaluation Tool (HIF/MET) for Seniors and Persons with Disabilities (SPD)	replaces guiding citation from APL 17-013 SPD to APL 22-024 PHM	X		
12	CMDM	CM-019	Private Duty Nursing Case Management For Members under the age of 21	As part of Early and Periodic Screening, Diagnostic and Treatment (EPSDT), CM Services available via AAH or CCS for members under age of 21 receiving private duty nursing services	adds "Medi-Cal for Teens and Kids" language.	X		
13	CMDM	CM-028	Disease Management - Home Placed Developmentally Disabled HPDD Members	Role of RCEB liason and coordination with RCEB for HPDD Members (formerly Agnews)	Remove sections not applicable to population.	X		
14	CMDM	CM-030	Early Start	Process for AAH Case Management, along with PCPs, to refer children with development disabilities under the age of 36 months to RCEB's Early Start program				X
15	CMDM	CM-031	School Linked CHDP Services	Case management for pediatric members assigned to school based Primary Care Provider	Update "CHDP" part of P&P name and mention of "CHDP" within P&P to to "Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) (Medi-Cal for Kids & Teens)"	X		
16	CMDM	CM-032	Care Coordination - Local Education Agency Services	Duties of PCP, AAH, and school districts for member receiving serviced by Local Education Agencies (LEA)				X
17	CMDM	CM-034	Transitional Care Services	Structure of Plan's Transitional Care Services program				X

Policy Procedures Summary of Changes

CM	CM-035	Prescreening Process - ECM and CS Providers	Describes the prescreening and onboarding process for potential ECM and CS providers	Revised end-to-end process for prescreening potential ECM and CS providers: revised Entity Interest Form and Provider Certification Application, refined prescreening panel and provider scorecards, added timeframes for prescreening decisions, and specified a senior leadership approval process	X		X
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Voting Item: Approval of Committee Meeting Minutes

QIHEC: 2/14/2025

UMC: 2/28/2025

UMC: 3/28/2025

A&A: 11/6/2024

IQIC: 3/19/2025

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

Voting Item: Utilization Management Program Description, Evaluation & Work Plan

Allison Lam



Utilization Management Trilogy Documents - Overview

*presented at QIHEC by Michelle Findlater Director, Utilization
Management*

4/11/2025

Overview

- **UM Trilogy:**
 - 2024 UM Program Evaluation
 - 2025 UM Program Description & Work Plan

Overview

- **2024 Program Evaluation**
 - Outcomes / effectiveness
 - Opportunities to refine
- **2025 Program Description & Workplan**
 - Program design (*including purpose, governance and staffing structure, interventions*)
 - Measurable goals & milestones
 - Reporting / oversight



Utilization Management

Purpose:** to ensure members receive the **right care**, in the **right place**, and at the **right time

Processes & Programs

- **Utilization Review**
 - Services Exempt from Prior Authorization
 - Services Requiring Prior Authorization
 - **Authorization Processing**
 - Prospective (Pre-service)
 - Concurrent
 - Retrospective (Post-service)
-
- ▷ **Inpatient & Outpatient Services**
 - ▷ **Long-Term Services & Supports (LTSS)**
 - ▷ **Community-Based Adult Services (CBAS)**
 - ▷ **Behavioral Health**
 - ▷ **Pharmacy**
 - ▷ **Clinical Appeals**
 - ▷ **Delegation Oversight (CHCN & CFMG)**

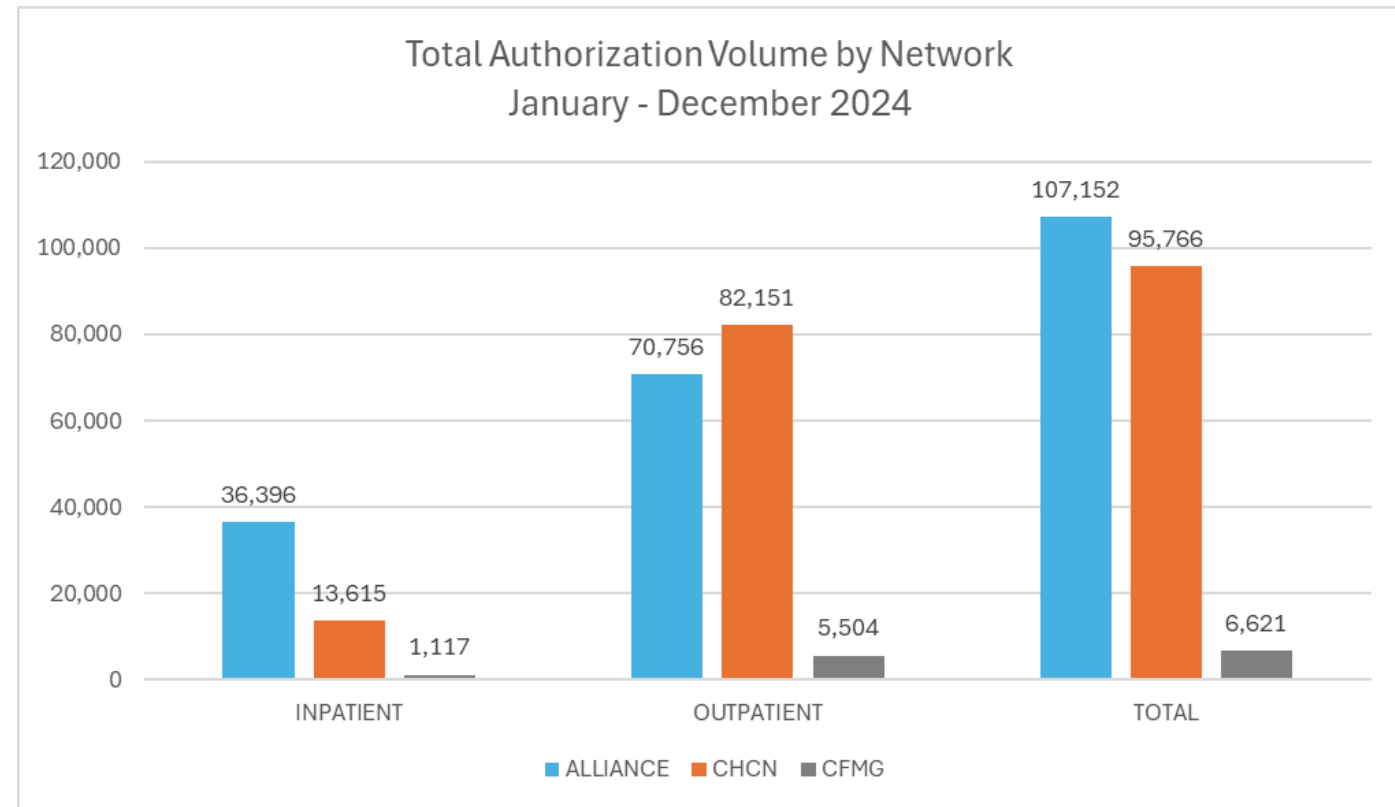
2024 Evaluation- Turn Around Times

- **Authorization Turn-Around Times (goal = 95%)**
 - **LTC:** overall 96%, above goal
 - **BH:** overall 90%, below goal
 - **Pharmacy:**
 - Outpatient RX (Group Care only): overall 99.8%, above goal
 - Physician Administered Medications/Injections: overall 99.4%, above goal
 - **Inpatient/Outpatient:** overall 99%, above goal

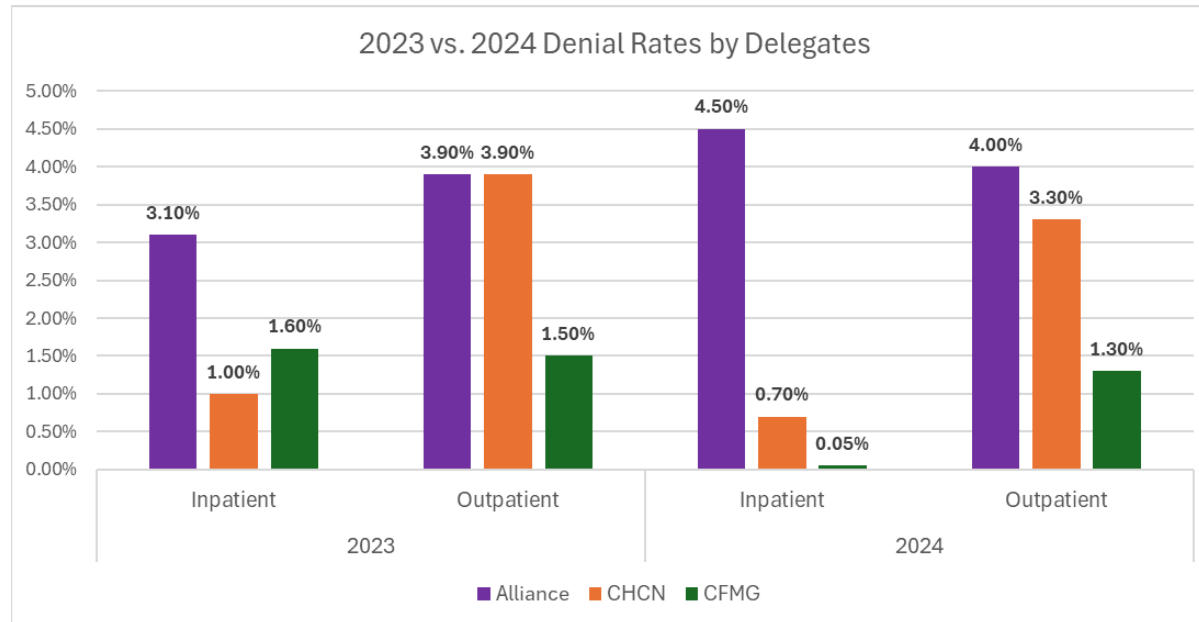
2024 Combined Inpatient & Outpatient Authorization TAT						
	Q1	Q2	Q3	Q4	MY2024	Goal
Medi-Cal	99%	99%	99%	99%	99%	95%
Group Care	100%	100%	100%	99%	100%	95%
Overall	99%	99%	99%	99%	99%	95%

2024 Evaluation- Total Auth Volume

- Significant increase in total auth volume (+101,992 compared to 2023)
 - Membership growth (Anthem transition & remaining LTC membership carve-in)
 - System and reporting configuration updates leading to more accurate data capture



2024 Evaluation- Denial Rates



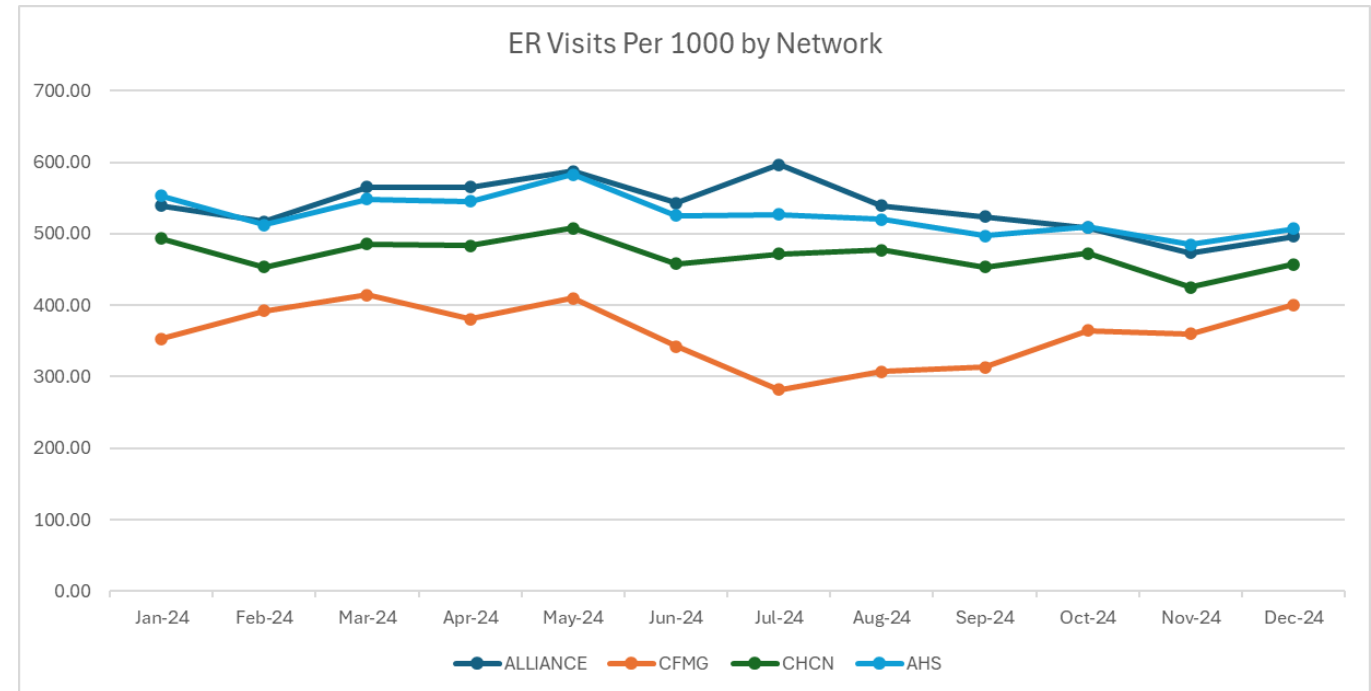
• Denial Rates

- Overall 2.31% (-0.04% from 2023)
- The Alliance saw an increased inpatient denial rate (4.50%, +1.4) and an increased outpatient denial rate (2.87%, -1.08).
- The CHCN delegated network saw an inpatient denial rate decrease (0.70%, -0.30) of unclear reason, and an outpatient denial rate decrease (3.30%, -0.6).
- The CFMG delegated network saw an inpatient denial increase (1.75%, +.15) due to ineligible members, and outpatient denials decreased (1.3%, -0.2%) in 2024.

2024 Evaluation ER Visits

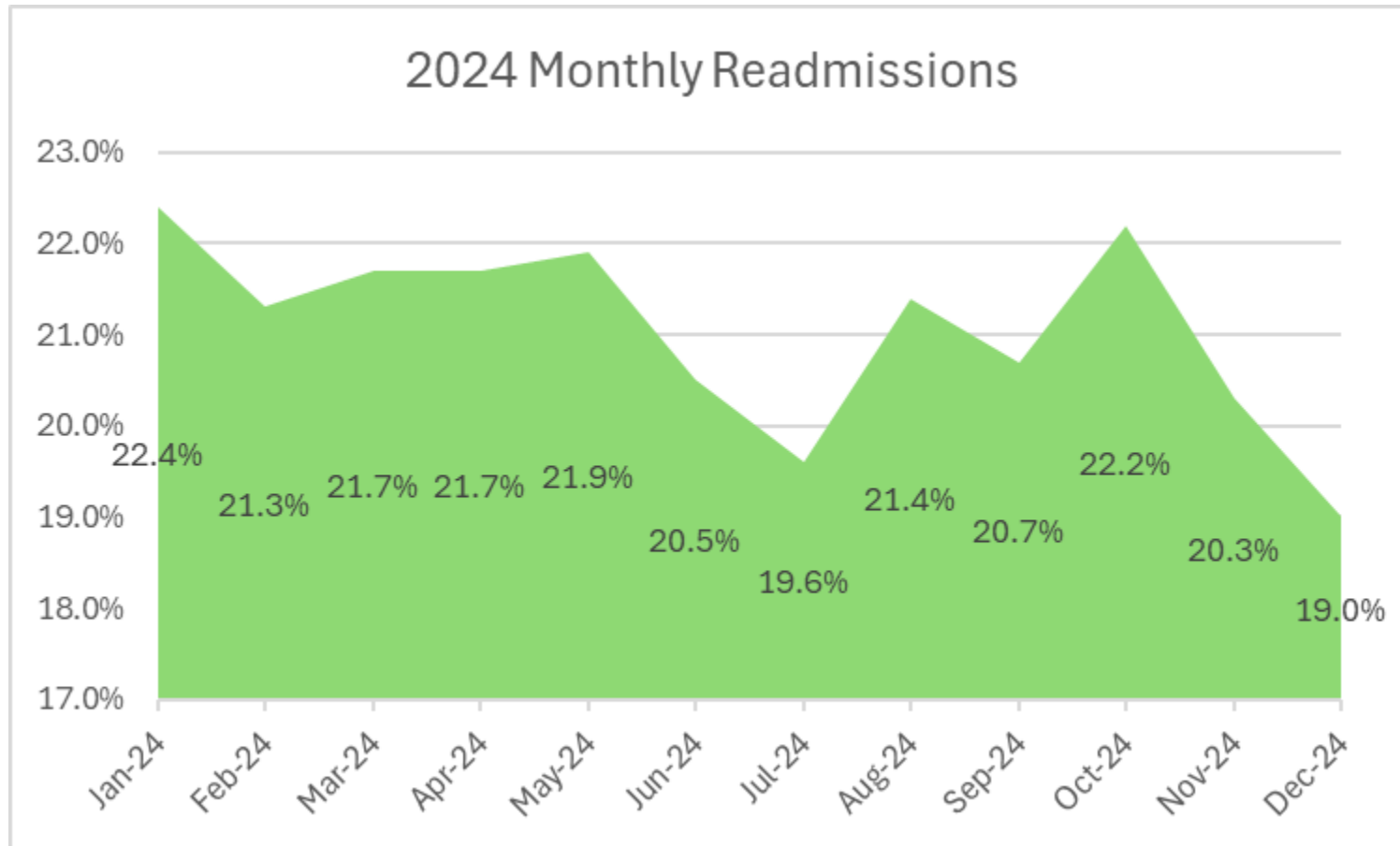
- **Over/Under Utilization Measures**

- **ER visits:** average 491.6 visits/K (-33.4/K)
 - Alliance Highest- 547.48 visits/ 1,000
 - CFMG Lowest- 362.3 visits/ 1,000
- *Emergency Room Utilization highest at Highland Hospital*



2024 Evaluation, cont'd

- **Acute Inpatient Hospitalization Readmission Rate: 21.1% (+1.1%)**



2024 Evaluation- Specialty/ Ancillary Visits

- **Specialty/Ancillary visits:**

- Acupuncture
 - Slight increase
- Podiatry
 - Slight decrease
- Chiropractor
 - No change
- Transplant
 - Increase
- Palliative care
 - Slight increase



2024 Evaluation-Out of Network (OON)

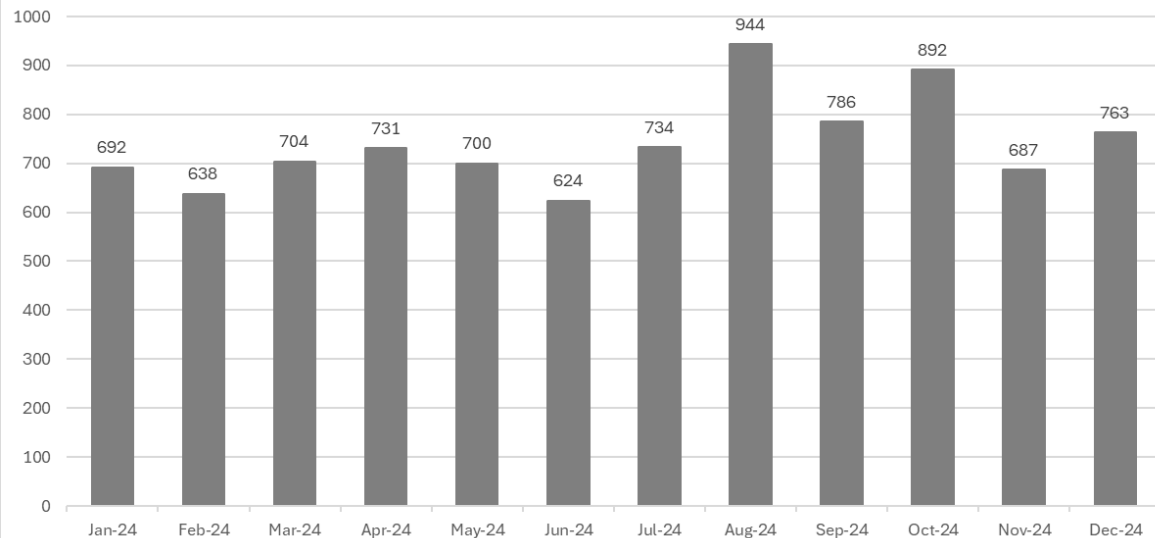
- **Volumes:**

- Average 741/month approvals (+293)

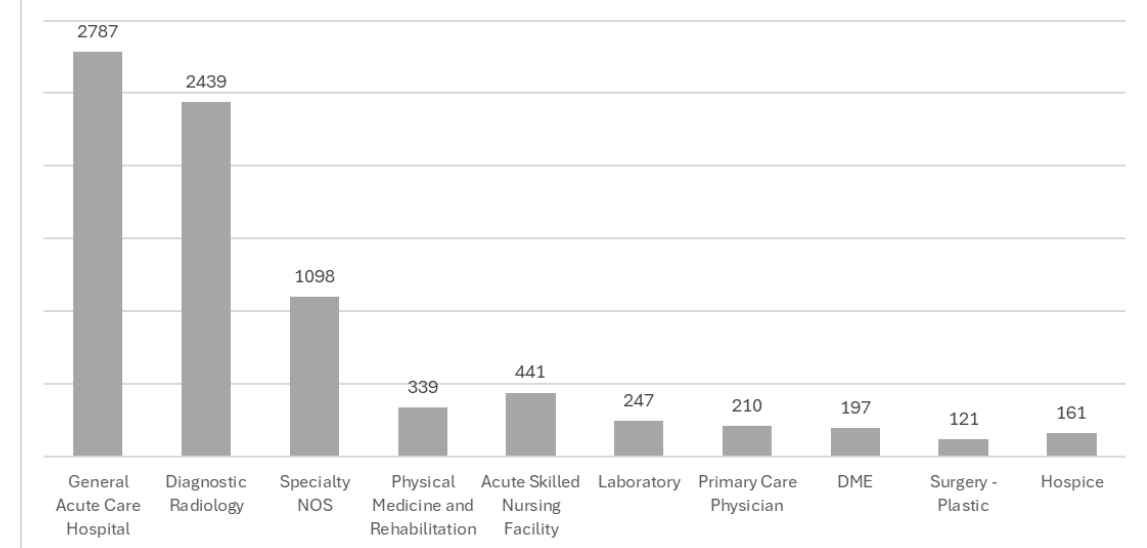
- **Top 5 most accessed out-of-network services:**

- General Acute Hospitalizations (2787), Diagnostic Radiology (2439), Specialty Care - not otherwise specified (1096), Physical Medicine and Rehabilitation (339) and Acute Skilled Nursing facilities (441).

2024 OON Authorization Volume Summary



2024 Out-of-Network Authorization Volume, by Specialty



2024 Evaluation- Unused Authorizations

Unused Authorizations:

- 275 unique members
 - 5 members with >10 Unused Authorizations
- Top Service Types
 - (TQ, office visits, Office Procedures)

Process for Addressing Unused Auths with Members

- UM runs a monthly report based on authorizations that have no corresponding claims activity.
- UM Sends letters to members on this report reminding them they have an authorization on file

2024 Evaluation- Behavioral Health

- There was a monthly average of 523 authorizations processed.
- Overall, the denial rate is low, which is representative of the commitment the Alliance has to members accessing appropriate mental health care

2024 Evaluation- Pharmacy

		Q1 2024	Q2 2024	Q3 2024	Q4 2024
Number of Physician Administered Medications/Injections PAs Processed	Group Care	22	35	32	42
	Medi-Cal	1517	1260	1350	1361
Total Auth Volume		1539	1295	1382	1403
TAT (%)	Group Care	100%	100%	100%	100%
	Medi-Cal	99.16%	99.06%	99.72%	99.65%
TAT Average (%)		99.2%	99.1%	99.7%	99.7%

- Pharmacy reports all utilization activity and monitoring in the Pharmacy and Therapeutics Committee

2024 Evaluation- Long-Term Services and Supports

- Membership-

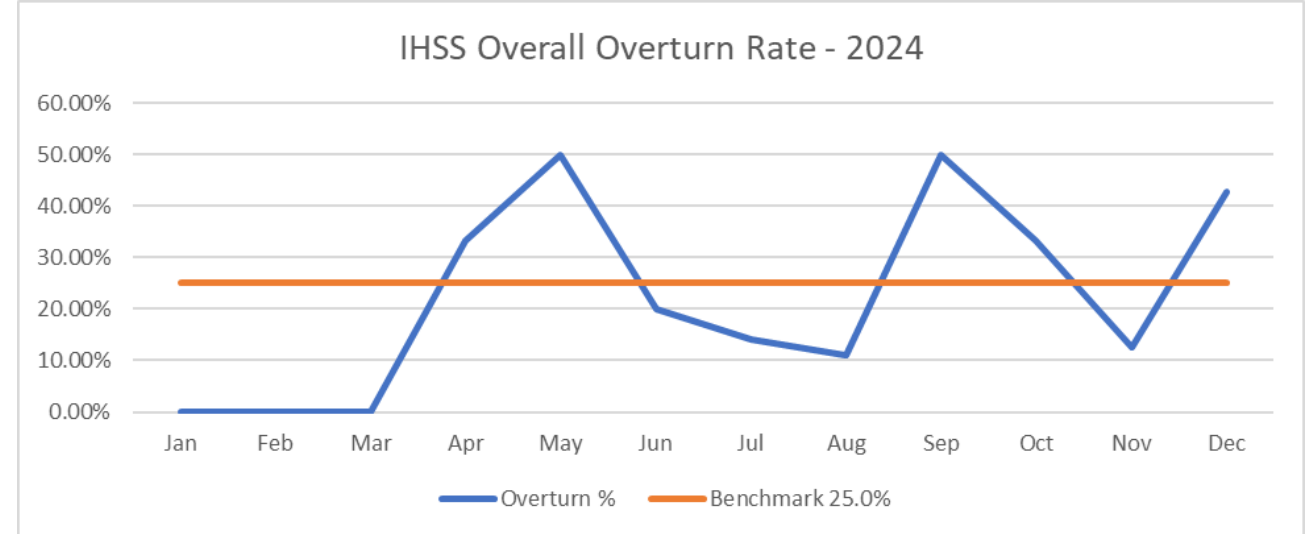
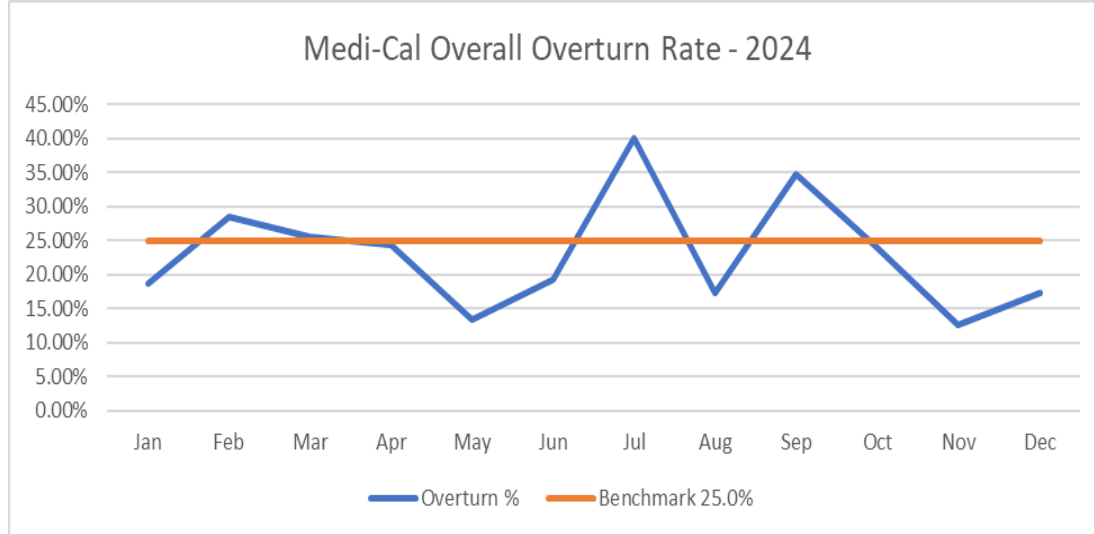
- For 2024, the number of acute admissions for LTC members has been consistent, averaging 171 admits/month since the transition of the LTC benefit in January 2024. There was a peak in the summer months. The average length of stay (ALOS) for 2024 was 9.6 days, and the readmission rate was 28.9% for 2024.

- Bed Days

- For 2024, there was an average of 97.6 members/month with approved bed holds, and an average of 624 bed hold days authorized/month. The inpatient days don't peculiarly correlate with the inpatient statistics due to half of the long-term care members being dual and Medicare covering the inpatient stays.

2024 Evaluation- Grievance and Appeals

- The Alliance had an average overturn rate of 29.9% for MCAL appeals in 2024, which was slightly above our internal benchmark of 25%. The Alliance also had an average overturn rate of 33.9% in 2024 for IHSS appeals, which is also above our internal benchmark.



2024 Evaluation- Provider Satisfaction with UM

- **Provider survey:**
- Alliance saw a decrease in provider satisfaction score related to:
 - Facilitation of care **(-5%)**
 - Coverage of prevention **(-6.8%)**
 - Obtaining Pre-Auth Info **(+12.4%)**
 - Timeliness of Pre-Auth Info **(+12.1%)**

2025 Workplan

- Opportunities incorporated into 2025 Program/Workplan:
 - Explore **Community Health Workers** and **Bridge Programs** embedded in Emergency Departments to **decrease Emergency Department Utilization**
 - Continue **referral processes for Enhanced Care Management, Complex Case Management and Community Supports** to link members to appropriate resources for next level of care
 - **Streamline and improve accessibility of prior authorization information** to providers, including **increase visibility of authorization details online**
 - Provide **regular training** and **share best practices with delegated entities**, particularly around Enhanced Care Management, Community Supports, Transitional Care Services

Thanks!

Questions?

You can contact me at:

 Mfindlater@alamedaalliance.org

Voting Item: Case Management Program Description, Evaluation & Work Plan

Allison Lam



Case Management

Purpose:** to ensure members receive **person-centered support** to achieve their **most optimal health outcomes

Processes & Programs

- Health Risk Assessment (HRA) & HIF/MET Screener

- ▷ Basic Population Health Management

- ▶ Care Coordination
 - ▶ Disease Management

- ▷ Complex Case Management

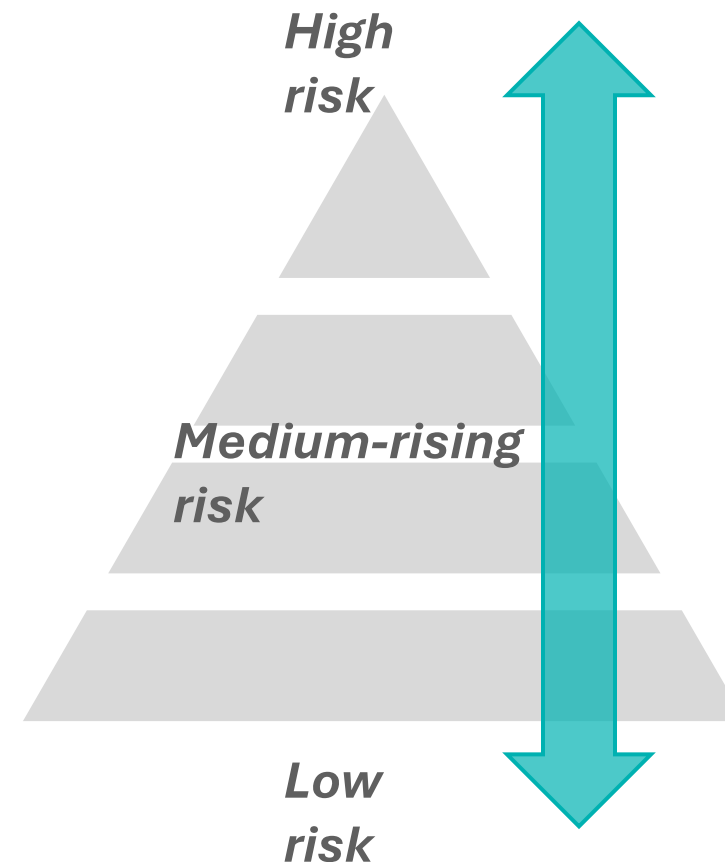
- ▷ Enhanced Care Management

- ▷ Targeted Case Management

- ▷ Transitional Care Services

- ▷ Specialized Supports

- ▶ California Children Services
 - ▶ Community Supports
 - ▶ Continuity of Care
 - ▶ Major Organ Transplants
 - ▶ Transportation



2024 Evaluation

- **Health Risk Assessment (HRA) & HIF/MET Screener**
 - Overall 12% HRA completion rate (*no change compared to 2023*)
 - Increase in HIF/MET screening return rate in Q4 2024
- **Case Volumes (open/active)**
 - **PH Care Coordination:** average 2,338 cases/month *(+854/month)*
 - **BH Care Coordination:** average 614 referrals/month
 - **Disease Management – Asthma:** 131 members served
 - **Disease Management – Diabetes:** 889 members served *(significant increase)*
 - **Complex Case Management:** average 70 cases/month *(-59/month)*
 - **Enhanced Case Management:** 2132 adults & 1206 children/youth served
 - **Transitional Care Services:** average 3,766 cases/month *(+3,070/month)*
- **Member Satisfaction with CM**
 - **Member survey:** *overall rate 88.2%* (below goal of 90%)
 - **Grievances:** 76 grievances against CM – *notable trends:*
 - Dissatisfied with PCP, LTC, Access & Availability or delegate CM department

2025 Workplan

- **Opportunities incorporated into 2025 Program/Workplan:**
 - Work with IT department to identify additional opportunities to **automate administrative CM processes**
 - Identify populations experiencing disparities and conduct **targeted outreach to increase disease management service utilization.**
 - Solidification of **case coordination processes for behavioral health services** to increase efficiency and uniformity of practice
 - **Develop, train, maintain and expand the ECM provider network** (to increase access to ECM services)
 - Establish **Closed Loop Referral** processes for ECM, Community Supports, and other community-based organizations, as appropriate
 - Collaborate with Quality departments and other departments to **address readmissions and ER utilization**

QIHEC Behavioral Health Report



April 11, 2025

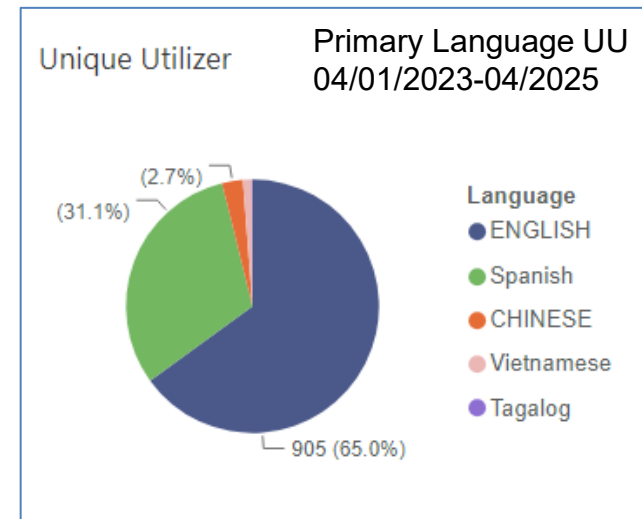
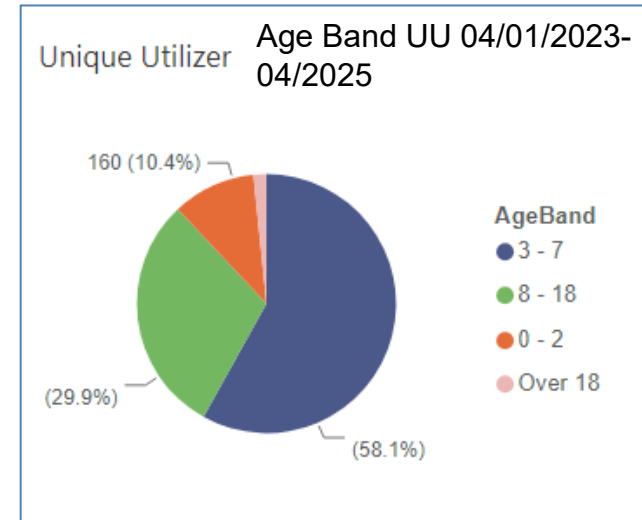
Agenda

- ▶ ASD Deep Dive
- ▶ Care Coordination between medical and behavioral healthcare
- ▶ NSMHS outreach and education plan updates

ASD Deep Dive

BHT/ABA

- Children aged 3 to 7 constitute the largest group utilizing Behavioral Health Therapy (BHT) services, with females representing 24% of this demographic.
- English and Spanish-speaking members are the predominant users of these services.
- To enhance accessibility and cultural competence, ongoing efforts are being made to connect members with providers fluent in their preferred languages and to support providers with interpreter services.



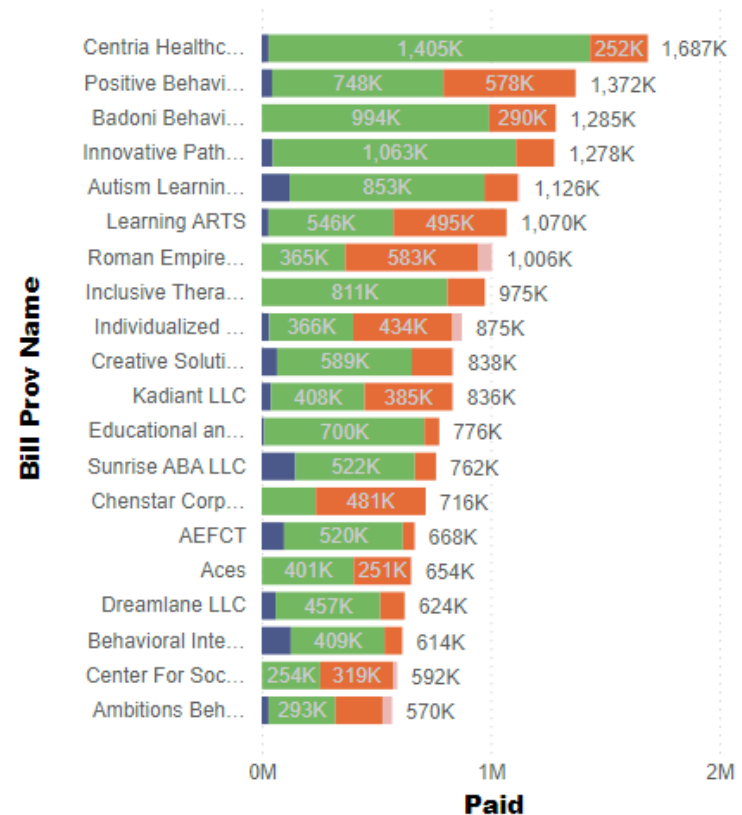
BHT/ABA cont.

Our highest provider utilization per claim is with the following organizations:

- ▶ Centria Healthcare
- ▶ Positive Behavior Supports
- ▶ Badoni Behavioral Services

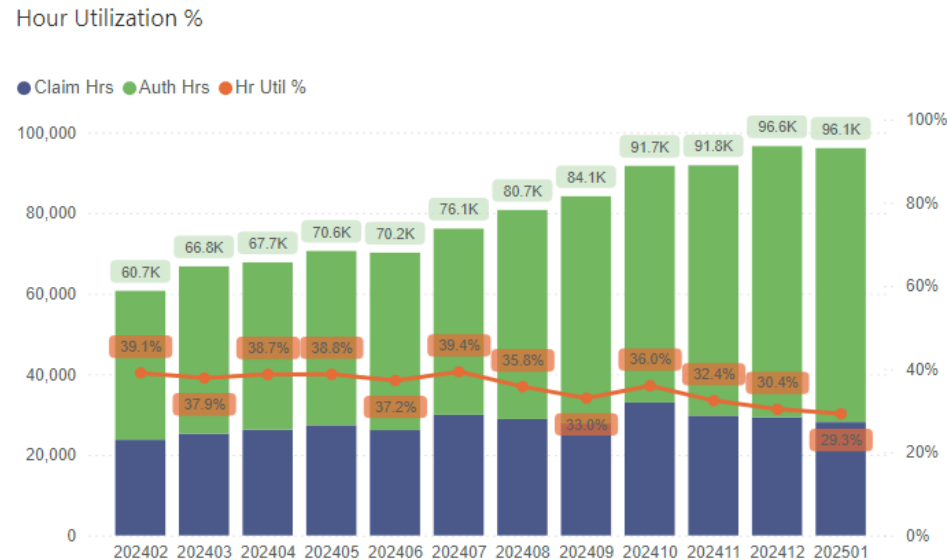
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AgeBand ● 0 - 2 ● 3 - 7 ● 8 - 18 ● Over 18



BHT/ABA

Authorized Hours/Claim Hours



- ▶ Over the past 12 months, we have connected members to services, resulting in an average utilization rate of 35.2% of authorized hours per claim. However, various factors—including staffing shortages, scheduling conflicts, and change requests—have hindered both providers and members from fully utilizing these authorized hours.
- ▶ Staffing shortages align with national trends, where a shortage of behavioral professionals has led to increased workload and provider burnout, further impacting services delivery.
- ▶ The Behavioral Health (BH) team is proactively working to ensure consistent member engagement; nevertheless, the high demand for services has presented significant challenges.

Care coordination between medical and behavioral healthcare

- ▶ Addressing the “Black Box” experience PCPs report after referring for Mental Health treatment.
 - ▶ Initial and follow up Mental Health Treatment Reports submitted via AAH Provider Portal to be forwarded to the member’s PCP.
 - ▶ BHT/ABA Treatment Plans for members receiving Autism & BHT/ABA services submitted from Autism Service Providers (BCBA) to be forwarded to the member’s PCP or Pediatrician.
 - ▶ Care Coordination Data Exchange with Alameda County Behavioral Health (ACBH) for Alliance members receiving Specialty Mental Health Treatment.

NSMHS Outreach & Education Plan

The Provider Town Hall, held on 04/03/2025, focused on the integration of physical and behavioral health services in Medi-Cal. Key topics discussed included:

- The role of **BH insourcing** in promoting health equity.
- Addressing **physical and mental health disparities**, particularly in communities where inequities are most prevalent.
- Understanding how to access care through the **Alliance**, including when **prior authorization** is required.
- Guidance on **referring patients** to the appropriate services.

NCQA Update

Kisha Gerena

NCQA Update



Health Plan and Health Equity Accreditation

April 11, 2025

Health Plan Accreditation

- Survey Dates
 - July 15, 2025
- Current Status
 - Submission preparation
 - Pending documents
 - 18 annual reports (9 require QIHEC review)
 - Delegation Oversight audits
- Next Steps
 - Receive pending documents
 - Monitor the changes made to the Executive Orders
 - Final Assessment by consultants
 - File review workgroups

Health Equity Accreditation

- Survey Date
 - June 10, 2025
- Current Status
 - Submission preparation
- Next Steps
 - Monitor the changes made to the Executive Orders
 - Final risk assessment by consultant

Thank you!



Public Comment

Thank You for Joining Us

Next Meeting: May 9, 2025