ALAMEDA Alliance FOR HEALTH

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Quality Improvement Health Equity Committee Voting Items

April 11, 2025

Please click on the hyperlink(s) below to direct you to corresponding material for each item.

QIHEC Meeting Minutes 2/14/2025

Internal Quality Improvement Committee Meeting Minutes 3/19/2025

Access & Availability Meeting Minutes 11/06/2024

Utilization Management Committee Meeting Minutes 2/28/2025

Utilization Management Committee Meeting Minutes 3/28/2025

Quality Improvement Health Equity Committee

2/14/2025

Committee Member Name and Title	Specialty	Present
Donna Carey MD, Chief Medical Officer, Alameda Alliance for Health		X
Lao Paul Vang, Chief Health Equity Officer, Alameda Alliance for Health		
Aaron Chapman, MD, Medical Director, Alameda County Behavioral Health Care Services	Psychiatry	
Tri Do, MD, Interim Chief Medical Officer, Community Health Center Network	Internal Medicine	X
James Florey, MD, Chief Medical Officer, Children First Medical Group	Pediatrician	
Peter Currie, Ph.D. Senior Director, Behavioral Health, Alameda Alliance for Health		X
Michelle Stott, Senior Director, Quality, Alameda Alliance for Health		X
Anchita Venkatesh, DMD MA	Program Director ,General Practice Residency, Highland Hospital	X
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, NAHC	X
Deka Dike	CEO, Omotochi	X

Staff Member Name and Title	Present
Ashley Asejo, Clinical Quality Programs Coordinator	X
Kalkidan Asrat, Quality Improvement Project Specialist II	X
Linda Ayala, Director of Population Health and Equity	

James Burke, Lead Quality Improvement Project Specialist	X
Rosa Carrodus, Disease Management Health Educator	X
Tiffany Cheang, Chief Analytics Officer	X
Andrea DeRochi, Behavioral Health Manager	
Gil Duran, Manager, Population, Health and Equity	X
Kathy Ebido, Senior Quality Improvement Nurse Specialist	
Michelle Findlater, Director, Utilization Management	X
Kisha Gerena, Accreditation Manager	
Kimberly Glasby, Director, Long Term Services and Supports	X
Richard Golfin III, Chief Compliance Officer & Chief Privacy Officer	
Sanya Grewal, Healthcare Services Specialist	
Bob Hendrix, Quality Improvement Outreach Coordinator	
Megan Hils, Quality Improvement Project Specialist II	
Lily Hunter, Director, Social Determinants of Health	X
Jessica Jew, Population Health and Equity Specialist	X
Shatae Jones, Director Housing & Community Services Program	X
Beverly Juan, Medical Director Community Health	X
Jennifer Karmelich, Director, Quality Assurance	
Allison Lam, Senior Director, Health Care Services	X
Daphne Lo	
Homaira Momen, Quality Review Nurse	X
Angela Moses, Quality Review Nurse	
Fiona Quan, Quality Improvement Project Specialist I	
Christine Rattray, Quality Improvement Supervisor	X
Tanisha Shepard, Quality Improvement Project Specialist	
Sangeeta Singh, Quality Improvement Project Specialist I	
Grace St. Clair, Director, Compliance & Special Investigations	
Yemaya Teague, Senior Analyst of Health Equity	
Loc Tran, Manager, Access to Care	X
Matthew Woodruff, Chief Executive Officer	
Farashta Zainal, Quality Improvement Manager	X
Hellai Momen, Quality Review Nurse	
Mao Moua, Manager, Cultural and Linguistic Services	X

Ami Ambu, Quality Improvement Project Specialist II	X
Sarbjit Larb, Quality Improvement Project Specialist	X
Sean Pepper, Compliance Special Investigator	
Michelle Lewis, Senior Manager Communications & Outreach	
Ang Yen, Director Health Equity	
Cecilia Gomez	
Katrina Vo	
Patricia Carrillo	X
Falmata Abatcha	X
Jaini Goradia, Director, Stars Strategy and Program Manager	X
Community Members in Attendance	
Carolina Guzman, Public Health OOD	X

S

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
I. Call to Order	D. Carey	The meeting was called to order at 9:01am New Committee Member Introductions • The meeting began with a roll call from the current QIHEC Committee Members. • New Committee Member Introductions. - 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		

Agenda Item		Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
II.	**Alameda Alliance Updates**	D. Carey	• Alameda Alliance is preparing for a joint DMHC and DHCS audit from March 3 to 10, with in-person and virtual components. • The Healthcare Services team had a successful audit preparation session. • The Healthcare Services team had an all-day audit preparation session, which was deemed successful, as it was the first in-person audit in six years. • The organization is also searching for a new Medical Director of Quality and other positions, with interviews underway.		
III.	**Chief of Health Equity Updates**	D. Carey	• CEO Matt attended a State capitol meeting where changes to DEI and health equity were discussed, but current plans are to continue as is. • The health equity roadmap is being rolled out, focusing on community engagement, particularly around cancer screenings, and staff training on DEI and transgender care.		
IV.	**Overview of Committee Member Presentations**	M. Stott	• Michelle discussed the upcoming rotating presentations by committee members. • Starting next month, committee members will be asked to present on quality measures or activities. • Participants are encouraged to share their organizations' quality related activities. • This format is intended to engage the committee's new members and is considered a highlight of the meeting.		
V.	**QIHEC Charter Updates**	M. Stott	• The QIHEC committee, a standing board committee, is responsible for implementing, overseeing, and monitoring the Quality Improvement Health Equity Program and the UM program.	Move to Approve: 1st : T. Do 2nd : D. Dike	

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
		• The charter outlines roles, responsibilities, meeting cadence, and voting members. • Updates to the charter include renaming the member advisory committee to the Community Advisory Committee, changing the submission of minutes to the board to reporting through the chief medical officer, and submitting annual trilogy documents instead of minutes to DHCS.		
VI. Policies & Procedures	D. Carey	Policies & Procedures packet was sent out prior to QIHEC for committee review. • QI-104: Potential Quality of Care Issues • QI-124: Initial Health Appointment • QI-125: Blood Lead Screening for Children • QI-135:Early and Periodic Screening, Diagnostic and Treatment Services • HED-001: Health Education Program • HED-002: Health Education Materials • HED-006: SABIRT Services • HED-007: Tobacco Cessation • HED-009: Diabetes Prevention Program • PH-001: Population Health Management Program • PH-002: Basic Population Health Management • PH-004: Community Health Worker • PH-005: Population Assessment • CLS-001: Cultural and Linguistic Services (CLS) Program Description • CLS-002: Community Engagement • CLS-003: Nondiscrimination, Language Assistance Services, and Effective Communication for Individuals with Disabilities • CLS-008: Member Assessment of Cultural and Linguistic needs • CLS-009: CLS Program - Contracted Providers	Move to Approve: 1st : M. Stott 2nd : T. Do	

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
		• CLS-010: CLS Program - Staff Training and Assessment • CLS-011: CLS Program - Compliance Monitoring • CBAS-002: Expedited Initial Member Assessment for CBAS Eligibility • CBAS 004: Member Assignment to CBAS Center • CBAS 006: CBAS Emergency Remote Services • CM-001: Complex Case Management (CCM) Identification, Screening, Enrollment and Assessment • CM-010: Enhanced Care Management - Member Identification and Grouping • CM-011: Enhanced Care Management - Care Management - Transitions of Care • CM-013: Enhanced Care Management - Oversight, Monitoring, Controls • CM-014: Enhanced Care Management - Operations Non-Duplication • CM-016: Enhanced Care Management – Staffing • CM-018: Enhanced Care Management - Member Notification • CM-043: Child Welfare Liaison • CS-013: Community Supports-Sobering Centers • CS-014: Non-Housing Community Supports Criteria • LTC-001: Long Term Care Program • LTC-002: Authorization Process and Criteria for Admission, Continued Stay, and Discharge from a Long Term Care Facility • LTC-003: LTC Case Management Member Identification and Enrollment and Management Process • LTC-005: Coordination of Care – Long Term Care • UM-002: Coordination of Care • UM-057: Authorization Service Request		

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
		• UM-059: Continuity of Care for MediCal Beneficiaries who transition into Medicals Managed Care		
VII. Meeting Minutes	D. Carey	Meeting Minutes packet was sent out prior to QIHEC for committee review. • 11/15/24 QIHEC • 12/3/24 CLSS • 9/19/24 CAC • 12/13/24 & 1/31/25 UMC	Move to Approve: 1st: T. Do 2nd: M. Stott	
VIII. CLS Program Description & Evaluation	M. Moua	• M. Moua discussed updates to the Cultural Linguistic Services (CLS) program, including integrating population health assessments and renaming the CAC coordinator to health education coordinator. • Membership increased, particularly among Spanish and Latinx speakers, with a 95% fulfillment rate for interpreting services. • Challenges included tracking behavioral health calls and outreach to providers. • A new category for non-specialty mental health services has been added to the program description. • Tracking interpreting services for behavioral health services is still in progress, with ongoing efforts to identify behavioral health calls through initial prompts. • The team met all standards and gave feedback and established a CAC selection committee. • For 2025, the focus will be on assessing CLS needs, improving member satisfaction, and ensuring quality of language and behavioral health tracking.	Move to Approve: 1st: M. Stott 2nd: D. Dike	

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
IX. DHCS 2024 Audit Finding	M. Stott	• M. Stott discussed the 2024 audit findings for DHCS, focusing on action plans due in March. • Key issues included incomplete blood lead screening orders, addressed by policy updates and point-of-care testing units. • HEDIS lead screening rates improved, surpassing the minimum performance level. • Worked with Alameda Health System (AHS) monthly to address access to care issues and implement initiatives to improve appointment availability. • Alliance closed the provider panel for AHS in September 2024 and waitlist management was improved with additional providers and member outreach to schedule appointments. • Behavioral health and specialist in-office wait times were monitored, with updates to policies and CG-CAHPS surveys. Final reports are presented at Access & Availability Committee. • Cultural and linguistic services improved by monitoring vendor performance, updating contracts, and receiving monthly reports. • Finalize updates to the CLS001 program monitoring policy and update vendor contracts to include new reporting requirements. • Review the first round of vendor reports for January 2025 and continue to review reports quarterly.		
X. UM Workplan Update	M. Findlater	• The Work Plan Update discussed key metrics for 2023 and 2024. • The average length of stay was 5.4 days in 2023, decreasing to 5.4 and 4.8 in August and September 2024, respectively. • Alameda Alliance admissions averaged 69.2 per 1000 in 2023, with spikes in January and May.		

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
		• Readmission rates were significantly higher than the 18% goal, with SPD having the highest rate at 23.9%. • Six out of 13 hospitals saw a decrease in readmissions in 2024. Emergency visits were highest at Highland and out-of-net facilities. • Focus on getting readmission rates down at the facilities that have had increases, such as San Leandro, St. Rose, and Stanford. • Denial rates showed a decrease in full denials but an increase in partial denials, particularly in the outpatient setting. • Continue monitoring the denial rate trends to ensure members are getting the services they need. • Conduct a deeper dive into why there are so many people accessing care outside of Alameda County.		
XI. Case Management Update	L. Hunter	• L. Hunter provided an update on transportation and case management. • Transition from Lyft ride share recovery pilot to standard network option, pending contract update. • Case management saw a 10% increase in Transition of Care Services (TCS) cases and a 2% increase in complex cases. The internal complex case management audit showed 100% assessment and 98% care plan adherence. • Increase in Transition of Care cases from January to December 2024, with more cases kept open longer due to high caseloads. Staff performance improvements and retraining to help manage caseloads and prioritize tasks. • Referrals increased from Q2 to Q3 2024, with ADT being the majority of referrals related to TCS.		

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
		• Enhanced Care Management (ECM) authorizations increased, and impact analysis showed a 47.9% decrease in admissions and a 51.2% decrease in bed days post-ECM enrollment		
QI Workplan Updates				
XII. Alameda County Public Health CHNA/CHIP	G. Duran C. Guzman	• Carolina Guzman from Alameda County Public Health to discuss the Community Health Needs Assessment (CHNA). • Carolina highlighted the department's accreditation process and the significant health disparities in the African American, Pacific Islander, and Latinx communities, including a 16-year life expectancy gap post-COVID. • Key issues identified in the 2022-2024 CHNA include access to care, language interpretation, mental health, income, employment, and community safety. • Six internal signature programs were outlined, addressing various health needs, with ongoing collaboration with Alameda Alliance. • Opportunities for involvement in work groups were also mentioned.		
XIII. PQI Updates	C. Rattray	• C. Rattray presented three reports on the team's activities. • The first report analyzed the PQI dashboard for Q1-Q4 2024, revealing 9,855 PQIs, with most related to quality of service and access issues. • The second report reviewed 100 randomly selected exempt grievances, achieving over 90% accuracy in identifying PQIs. • The third report audited 59 cases in Q2 and 48 in Q3, focusing on quality of care, service, access, and language issues, with a decrease in Q3 due to competing responsibilities.		

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
		• Continue to audit, track, and trend exempt grievances going forward at the same rate and of randomly selected cases. • Work with Member Services and G&A to tweak the "cheat sheet" used for categorizing exempt grievances.		
XIV. CAC Activities and Findings	M. Moua	• The Community Advisory Committee (CAC) provides feedback on policies and procedures affecting CLS access, quality, and health equity. • In 2024, the CAC emphasized promoting preventative care, integrating nutrition with medically tailored meals, and addressing inequities in health screenings and well visits, particularly for African American members. • Utilize the Alliance member spotlight to share stories about seeking preventative care. • They suggested using diverse staff for surveys and exploring telehealth for accessibility. • Target specific age groups for feedback and outreach around accessing screenings and visits. • The CAC praised doulas for African American women but criticized ABA services for staff turnover. • They recommended diverse communication methods, improving grievance processes, and partnering with sports teams to reduce mental health stigma. • Follow up is underway for the recommended feedback from CAC		
XV. Behavioral Health Update	P. Currie	• The presentation covered the rise in mental health and ADA/DHT utilization since January 2024, with a 95% turnaround time target met in Q4 2024. • The Behavioral Health Department implements DHCS screening tools, tracking youth and adult screenings monthly.		

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
		• A 6% rate for non-specialty mental health services was achieved, up from 4% in 2023. • Implement the non-specialty mental health outreach and education plan over the next year. • Evaluate and update the non-specialty mental health outreach and education plan annually. • Analysis revealed opportunities for outreach to older adults, Chinese, Vietnamese, and Spanish speakers, and those in long-term care. • The new Senate Bill 1019 requires outreach and education on non-specialty mental health services, aligned with cultural and linguistic standards. Plans include mailings, website posts, and social media outreach for members and providers.		
XVI. Public Comment	D. Carey	none		
XVII. Adjournment	D. Carey	Meeting adjourned at 10:49am		

X_____ Date_____
Dr. Donna Carey
Chief Medical Officer, Alameda Alliance for Health
Chair

Minutes prepared by: Ashley Asejo - Clinical Quality Programs Coordinator

INTERNAL QUALITY IMPROVEMENT COMMITTEE
3/19/2025, 1:00pm-2:30pm
Remote

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Name	Title	Name	Title
Dr. Donna Carey	Chief Medical Officer	Michelle Nepomuceno Stott, RN, MSN	Senior Director of Quality
Linda Ayala	Director, Population Health	Dr. Beverly Juan	Medical Director, Utilization Management
Loc Tran	Manager, Access to Care	Cecilia Gomez	Sr. Manager, Provider Services
Annie Lam	Director, Health Care Services	Tiffany Cheang	Chief Analytics Officer, Healthcare Analytics
Lilly Hunter	Director, Social Determinants of Health	Farashta Zainal	Manager, Quality Improvement Team
Grace St. Clair	Director, Compliance	Christine Rattray	Supervisor, Quality Improvement (PQI)
Sean Pepper	Compliance Special Investigator	Gil Duran	Manager, Population Health and Equity
Jennifer Karmelich	Director of Quality Assurance	Mao Moua	Manager, Cultural and Linguistic Services
Alma Pena	Manager, Grievances & Appeals	Darryl Crowder	Director, Provider Relations & Provider Contracting

INTERNAL QUALITY IMPROVEMENT COMMITTEE
3/19/2025, 1:00pm-2:30pm
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
Call to Order/Roll Call			
I. Review agenda for 3/19/25	F. Zainal	The agenda was reviewed by Farashta.	
II. Policies & Procedures	L. Ayala	The following Policies were reviewed and will move to QIHEC in April. • HED-010: Doula Services	
III. Meeting Minutes - **IQIC 1/15/2025**	F. Zainal	Meeting Minutes submitted for review. • Minutes Approved 3/6/2025.	
IV. QI Program Trilogy Documents	QI Leadership	QI Leadership discussed the trilogy documents, including, 2024 Program Evaluation, 2025 Program Description, and 2025 Work Plan. **<u>Quality Improvement Activities Update</u>** • Key metrics included 2024 HEDIS rates, with follow-up after emergency department visits for mental illness below performance due to missing data. • Chronic disease measures like high blood pressure and diabetes A1c were also below minimum levels. • Another QIP focused on hypertension, partnering with Alameda Health System to provide BP monitors, reaching 20% of members who wanted a monitor but not the 75% goal for those who received one. • Positive outcomes were noted in breast cancer screening and African American children's well visits, showing a 5.2% increase.	

INTERNAL QUALITY IMPROVEMENT COMMITTEE
3/19/2025, 1:00pm-2:30pm
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
		• Collaborations with external organizations like CFMG and CHCN focused on text messaging campaigns, hypertension and colorectal cancer screening, and mobile mammography events. • State-mandated QI projects focused on health equity and hypertension management. • Future plans include continued pay-for-performance incentives, provider education, and collaborations to improve well-child visits, immunization rates, and ED utilization. **<u>Potential Quality Issues (PQI) and Facility Site Reviews/Medical Record Reviews (FSR/MRR)</u>** • Increase in potential quality issues (PQIs) from 1,001 in 2024, with 3,204 in Q1 due to membership growth. • Quality of service issues were most common, followed by access issues. • Quality of care issues were the most investigated, with most leveling as C0. • Corrective action plans (CAPs) were issued to 42 providers, with Highland Hospital and Windsor Healthcare receiving the most. • Facility site reviews increased to 178 in 2024, with a 7-8% decrease in audits since July 2022. • The reviews range from full scope audits to interim monitoring and focus reviews, which assist providers in education and training. There were three annual reviews conducted last year due to failed previous site reviews. • SNF and long-term care monitoring focused on CMS ratings, census, and PQIs.	

INTERNAL QUALITY IMPROVEMENT COMMITTEE
3/19/2025, 1:00pm-2:30pm
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
		• Provider preventable conditions (PPCs) were also discussed, with a focus on timely corrective action plans. **<u>Member Experience & Access</u>** • L. Tran discussed the CAP survey methodology, noting a 2.4% decrease in response rates from 2023 to 2022. • For Medi-Cal lines, there was a 3% increase in compliant rates for urgent appointments but a 3% decrease for needed care, failing to meet the 2023 benchmark. • For Medicare-aligned business, members must be continuously enrolled for at least five of the last six months. • Race and ethnicity data showed varied ratings, with younger whites and African Americans rating higher. • For commercial lines, there was a 10% increase in compliant rates for urgent appointments but a 0.9% drop for needed care. • Commercial alignment business requires continuous enrollment with a maximum gap of 45 days. • The team plans to improve respond rates and provider education, focusing on alternative access and reducing ER utilization. **<u>Population Health Management</u>** • In 2024, the team focused on population health equity across three areas: population health management (PHM), health education, and disease management. • Key achievements include the approval of the PHM strategy by QIHEC in May 2024 and the submission to DHCS in October.	

Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
		• They fulfilled 2,685 health education requests and launched a health education intake form. • The doula benefit saw 19 claims processed for seven members. • Disease management programs, including asthma, diabetes, and hypertension, reached thousands of members. • In 2025, the focus will be on refining PHM strategies, supporting doula providers, and developing tailored disease management outcome measures. **Cultural & Linguistic Services** • In 2024, the Cultural Linguistic Services (CLS) program focused on providing interpreter services with a 95% fulfillment rate across modalities, including in-person, video, and telephonic interpreters. • They tracked utilization and member satisfaction, aiming for 81% of adults and 92% of children to receive qualified interpreters. • The program implemented a timely access requirements survey and engaged the community through a new Community Advisory Committee (CAC). • Over 97,000 units of interpreter services were provided in 135 languages, with a 70% increase in utilization. • For 2025, they aim to increase on-demand services by 5% and ensure parity in behavioral health services. **2025 Program Overview** • In 2024, the team achieved top performance in HEDIS and clinical safety, with a focus on appointment access and corrective actions.	

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		• For 2025, the goals include strategic planning, efficiency improvements, and managing medical costs. • The work plan includes new initiatives like an interdepartmental goal to reduce preventable emergency department visits, with collaboration on health disparities and member outreach. • The team will also address audit findings, prepare for NCQA health equity and accreditation audits, and implement D-SNP, with policy updates expected in Q3.	
V. PQI	C. Rattray	• C. Rattray reviewed Q4 2024 data, noting an increase in PQIs and a return to a baseline membership of 2057. • Strategies to improve referrals are being developed. • A total of 10,295 cases were reviewed, with 532 related to quality of care. An inter-rater reliability report (IRR) using an 88 and 30 model achieved 100% agreement among nurses and doctors. • Eight cases were reviewed, meeting the criteria, and the remaining 22 standby cases were not assessed. **<u>Annual PQI Training</u>** • Annual PQI (Performance Quality Improvement) training was conducted well and will be repeated in January or February. • C. Rattray notes that everyone on the call participated in the training, which was recently presented to healthcare services staff and to CHCN.	
VI. Newly Transitioned Member Campaign	A. Ambu	• A. Ambu discussed various campaigns aimed at improving care for newly transitioned members, particularly those from Anthem and the adult expansion population. • The primary objective is to improve access to preventative care and chronic disease management for transition members.	

INTERNAL QUALITY IMPROVEMENT COMMITTEE
3/19/2025, 1:00pm-2:30pm
Remote

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		• Key initiatives included the CHW outreach project with Journey Health to enhance appointment adherence and care coordination, targeting 15,000 members by April 2026. • The cervical cancer screening project increased participation by 3% in 2023. • The birthday campaign led to a 12% completion rate for well-child visits. • The text campaign for well-child visits is ongoing, and the provider outreach with member incentives is exploring new strategies. • These campaigns have significantly increased engagement and will continue into 2025.	
VII. Grievance & Appeals Report	A. Pena	G&A Report has been moved to the next IQIC Meeting.	
Adjournment	F. Zainal	Next meeting: 7/16/2025	

Meeting Minutes submitted by: Ashley Asejo **Date:** 4/1/2025

Approved by: **Date:**

ACCESS AND AVAILABILITY SUBCOMMITTEE

November 06, 2024

Teams Conference, 1pm – 2:30pm

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

ACCESS AND AVAILABILITY SUBCOMMITTEE
November 06, 2024
Teams Conference, 1pm – 2:30pm

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
I. Welcome/Agenda Review	L. Tran	The meeting was called to order by L. Tran at 1:02PM.	N/A	
II. Policy Updates • **QI - 114**	L. Tran	L. Tran noted as part of the DHCS Access Conference, BH and Specialist providers have been added to the CG-CAHPS survey and has been reflected on the policy QI-114 Monitoring of Access and Availability Standards starting Q1 2025. Motion approval – Michelle Stott Second approval – Gia Degrano All in favor and no opposition. Policy has been approved.		
III. Geo-Access Update • **ANC** • **SNC (CHCN & CFMG)**	T. Shepard	T. Shepard presented on the Q4 2024 Geo-Access Updates. Not many changes from the previous quarters. The listed cities continue to have deficiencies in the mentioned specialties who are unable to meet both time and distances: *(Distance is within 15 miles and Time is within 30 minutes)* • Ped Endocrinology – Discovery Bay • Adult and Ped Ent – Tracy • Ped Hematology – Tracy and Mountain House • Ped HIV/AIDs – Discovery Bay • Ped Nephrology, Bryon, Discovery Bay, Dublin, Livermore, Pleasanton, Sunol, Tracy, Mountain House • Ped Oncology – Tracy and Mountain House • Adult and Ped Ophthalmology – Tracy • Ped Physical Medicine – Discovery Bay • Ped Pulmonology – Discovery Bay SNC report for Q3 2024 for CFMG: Improvements were seen for the following specialties from Q3 to Q4. • Adult and Ped Hematology, HIV/AID, Nephrology, Oncology, Physical Medicine, Pulmonology • Adult OBGYN SNC report for Q3 2024 for CHCN: Improvements were seen for the following specialties from Q3 to Q4. • Ped Nephrology, Physical Medicine, Pulmonology		

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
		Next Action Steps: A&A will continue to track and trend the cities and zip-codes that do not meet both time and distance. And share any updates or trends with Provider Services and Member Services. M. Stott asked if we know the percentage of providers within each city and of those providers in the city whom Alliance is contracted and not contracted. C. Gomez noted it might be a question for the contracting department. But she is not aware of any programs that track in that way. Currently, they are looking to expand provider opportunities for the upcoming D-SNIP population but for Medi-Cal there poses challenges as provider do have to sign and agree to receive payment via Medi-cal.		
IV. Access- Related PQI Dashboard	F. Quan	F. Quan presented on the Q3 2024 QOA PQI referrals. In Q3 2024, a total of 627 PQI QOA referrals were received, majority of them are complaints for the Non-Urgent Access category with 350 PQIs and next highest being Time to Answer Call with 183 PQIs. Of the 627 PQIs received 20 of those were related to BH. The access category with the most complaints for BH providers was Time to Answer Call receiving 12 PQIs and next being Non-Urgent Appointment with 7 PQIs. Currently, there are no outstanding QOA PQIs and not exceeding the 120-day turnaround time. The oldest PQI is 33 days because Dr. Misra is currently on vacation and unable to answer the survey. The next oldest one after that is 10 days. For tracking and trending in Q3 2024, there were 76 providers and after a reassessment of those provider 61 of those were still found to be non-compliant. Many of the usual provider appeared on the Corrective Action Plan list for Q3 2024 for example: CHCN clinics like Tiburcio Vasquez Health Center and La Clinica – Transit village. Alameda Health System clinics like Eastmont Wellness, Hayward and Highland. And some of the individual providers like Davis Street Primary Care and John Muir Health – Berkeley. In Q3 2024, 6 providers received more than 15 PQI referrals. Davis Street Primary Care, Eastmont Wellness Center, Hayward Wellness Center, Highland Wellness Center, Newark Wellness Center and West Oakland Health Council – East Oakland. F. Quan added additional comment: following the most recent updates of PQIs for the month of October none of the Alameda Health System providers appeared on the 15 or more PQI referral list. This is most		

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		likely due to the agreement of closing the panel for alameda health system providers so the clinics can catch up on their appointments and new patients are being redirected elsewhere. Next steps: Continue to share results with delegate, direct, Provider Services and FSR team. Conduct onsite or virtual visits to providers with high PQI referrals. CAPs to be sent to non-compliant providers.		
V. DHCS QMRT Timely Access Monitoring Study	S. Lal	S. Lal presented the Q2 2024 DHCS QMRT. DHCS QMRT is a quarterly survey conducted to assess providers in their urgent and routine appointment availability. The survey was conducted from April 2024 to June 2024. A total of 312 providers were surveyed with 91 in PCP, 91 in specialists, 53 in Ancillary and 77 in NPMH. Compliance rates for both metrics dropped in Q2 2024. For the Urgent appointment the compliance rate dropped slightly from 48% in Q1 2024 to 44% in Q2 2024. For the Routine appointment a more significant drop in score was seen from 81% in Q1 2024 to 55% in Q2 2024. This could be due to the decline in response rate from Q1 to Q2 of 2024. In Q2 2024, for the urgent appointment a total of 43 providers were surveyed and of those 19 were compliant. For the routine appointment, of the 56 providers surveyed 31 of those were compliant. A total of 31 providers were sent corrective action plants for non-responsive and non-compliant on September 30th, 2024.		
VI. OB/GYN A&A Monitoring Q3 2024	T. Shepard	T. Shepard went over Q3 2024 OB/GYN Monitoring. In Q3 2024 there was a total of 18 QOA received regarding to OBGYN Services. • 17 PCP OBGYN • 1 First Prenatal Visits • 2 Urgent PCP OBGYN Results after the confirmatory survey • 2 were found to be compliant • 16 were non-compliant Some barriers that we continue to see are that providers are not taking new patients or OBGYN appointments are not offered.		

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		Next steps: A&A will continue to track and trend OB/GYN PQIs to identify the areas of improvement. Corrective action plans will be issues for 2 consecutive quarters of substantiated non-compliance.		
VII. Access CAP Dashboard • **Provider visits & Improvement**	F. Quan	F. Quan went over Q4 2023 to Q3 2024 Access CAP dashboard. During this duration a total of 405 CAPs were issued. Majority of those CAPs are related to PAAS as that is A&A's biggest survey with the most individually contracted providers. There are still 240 CAPs still open again with majority of them relating to the PAAS. Since PAAS has a large number of individual providers it takes a little additional time to outreach to the providers. A total of 222 CAP have been closed during this timeframe. Outstanding CAPs: Providers on this list have gone through out escalation process, which is going through multiple outreaches from the A&A team them through our MD, Dr. Juan for additional outreach. If no responses are received it will be brought up to the A&A Sub-Committee for review. As of now, only Davis Street Primary Care is listed. And with additional help from Dr. Carey. F. Quan noted that an email relating to CAPs was received from Davis Street just recently and will be reviewed shortly. F. Quan also wanted to add that with Dr. Juan's help, Randy from Stanford had finally responded to the CAPs. Months have gone by with multiple outreach attempts from the A&A team, but no responses were received from Randy. Currently, Randy is working with Dr. Juan to close the CAPs. Virtual/Onsite Provider visits: The A&A team met with a total of 14 providers, some providers have recurring meetings. The A&A team has meeting scheduled with Asian Health Services and Epic Care in the coming weeks.		
VIII. IHA Audit Dashboard	A. Moses	A. Moses presented on the Q3 2024 Initial Health Assessment (IHA) audit. Goal: To Validate the completion of eligible population's IHA within 120 days of assignment. - The Targeted population are members who are newly enrolled with AAH during the measurement period. Excluding members who have completed an IHA within 12 months prior to enrollment. Requires a minimum of 2 documented outreach attempts. - Desired outcomes are to improve the percentage of completed IHA of newly enrolled members.		

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ACCESS AND AVAILABILITY SUBCOMMITTEE
November 06, 2024
Teams Conference, 1pm – 2:30pm

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		Interventions: Is to review a total of 30 records from the measurement period 10/01/2023 – 05/31/2024. - Of the 30 charts reviewed 25 IHA were completed with a 83% completion rate. - Of the 30 charts review 14 IHA were found to be compliant receiving a 47% compliance rate ▪ For the IHA to be compliant with the following items must be provided: Comprehensive Health History Physical and Mental. Identification of Risk, Assessment of need for Preventive screens or services, Health Education and Diagnosis of Plan of Care. - Of the 30 charts reviewed 16 providers will receive Educational Letters due to non-compliant medical record review. Between 2023 and 2024 when screening for Alcohol, depression and drug, providers just had to mention or noted they asked the question in 2023. But in 2024 a questionnaire is required to be completed, and many providers were missing that attachment for their IHA submissions. Study: - IVR calls will be studied and reviewed. Call AAH place to make sure members are being notified that these appointments are being made. - Risk Per individual age group: ETOH/ Drug disorder, Tobacco Use, BH Counseling, Depression, Fluoride Varnish, Hearing, Vision, Blood Lead Screen and/or follow-up interventions. Some Barriers to audit completion were found to be: - Failure to response to medical record request - Untimely response to medical records request - Lack of provider/office staff follow-up - Incomplete documentation of IH categories Changes - Adhere to medical records request and CAP escalation timeline - Provider reeducation of the Initial Health Appointment/Assessment requirement via the CAP process - Consider a new approach to provider education Next Steps: - Next adult to be conducted January 2025 - Follow-up letters with providers who are non-compliant		

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
		- Provider education for staff ie: creating laminated flyers for the staff to keep on hand for references so staff is aware of what is needed		
IX. Provider Network Capacity Report	C. Gomez F. Quan	C. Gomez went over the October Network Capacity report. Reports is to monitor members to PCP assignments. Provider who are at 80% or more capacity. If they are at 80% capacity, they will be placed on the list to track. If the provider is at 90% their panel will be closed to auto assignment. If the provider reaches 100%, they will be closed from all assignments. Two doctors (An Tam Pham, MD and Carol Elizabeth Glann, MD) who are under CFMG continue to be on the report month over month. Patients of these providers will age out which frees up slots but new members will get assigned to the providers which keeps the provider on the report. Three direct providers are listed on the report: Gautam Pareek, MD, Jim Kwan Kim, MD, and Rajesh Sam Suri, MD. Most of these providers have multiple practice locations, but the location listed is flagged location. Provider Services representative will reach out to the providers who appear on the capacity report and let them know where they stand and if the providers have any actions in place to help leverage the capacity. F. Quan provided information on PQIs received for the providers listed on the Capacity Report. No PQIs were received for both Dr. Pham and Dr. Glann in Q3 2024. However, PQIs were received for the other 3 individually contracted providers. • Dr. Pareek: 2 PQIs, 1 Non-urgent and 1 Time to Answer Call • Dr. Kim: 4 PQIs, 3 Time to Answer Call and 1 Call Return Time • Dr. Suri: 4 PQIs, 3 Time to Answer Call and 1 Urgent Appointment		
X. Grievance & Appeals	A. Pena	A. Pena presented on Q3 2024 Access and Availability Grievances Related Report: **IHSS:** A total of 419 cases were received and all were closed within the turnaround timeframe. A breakdown of categories cases was filed against were: **Standard/Expedited Grievances -** The Plan with 27 cased filed against them falling within these sub-categories: Authorization, Provider Availability, Technology/Telephone, Continuity of Care, Geographic Access and Out of Network.		

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		Next highest count was for the Clinics at a total of 41. Usually if a specific clinic was identified with 5 or more unique grievances it will be listed. None of the clinics had 5 or more unique cases. **Exempt Grievances -** The Plan had 35 cases filed against them with majority of them being related to ID Card Issues (22). There were 2 related to member portal issues and 6 related to Other – which are complaints about not receiving IHSS materials, PCP Auto-Assignments and demographics. **Medi-Cal:** A total of 9,831 cases were received. G&A are at 99.91% of closing all cases within the compliance standard. **Standard/Expedited Grievances –** The Plan had a total of 490 cases filed against them. With 286 cases with AAH System error being the highest subcategory with the most grievances. Followed by Other Health Insurance, ID Card Issues, Other, Member Portal Issue, and Specific Provider Directory Error. Clinics had the next highest case count with a total of 1,016. • AHS clinics had 340 cases, mostly related to timely access. • CHCN clinics had 386 cases mostly related to timely access and provider availability. • Non-AHS/CHCN clinics: 34 for Davis Street Primary Care, 17 for AmCare Medical Group and 11 for John Muir Health – Berkeley Center Upon reviewing the Trend Line: the trends have been pretty consistence quarter over quarter. The only uptick seen was in the Technology and Telephone category with about 100 more cases than in the previous quarter. Tracking and trending for exempt grievances. The Plan received the most in Q3 2024 with 1142 case filed that category. Mostly related to Technology and Telephone issues such as: replacing ID of a card, access member portal and phone and system issues. Clinics received the next highest with 482 grievances. 136 pertaining to Alameda Health Systems and 15 pertaining to CHCN clinics. 3 PCPs were identified with more than 10 unique grievances for the reporting quarter: Dr. Chung Kuang Lin (19), Dr. Aditya Jain (12), and Dr. Amita Sharma (10). For Non-AHS/CHCN clinics who received the highest number of grievances were Davis Street Primary Care with 18 files and Roots Community Health Cetner with 16 files. And no Specialist were identified with more than 5 unique grievances for the reporting quarter.		

ACCESS AND AVAILABILITY SUBCOMMITTEE
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XI. Compliance Updates • **Annual Subcontractor Network Certification** • **Upcoming TAR/ANR & SNC ANC Reporting**	R. Cuevas J. Drake	R. Cuevas provided a verbal compliance update on the following items. On 10/25/2024 the 2024 Landscape analysis was submitted to DHCS which is the first phase of the annual subcontractor network certification, that analyzes what the Alameda Alliance delegate and sub-delegate network are contracted with and to identify the deficiencies in our network and what approaches we are taking along with our delegate groups. Alliance received phase 2 on November 4th, which requires us to address other aspects such as divisions financial responsibility, appointment availability, and inclusion of mandatory provide types. Phase 2 includes a completion of 2 forms. Currently the forms are in progress but seem to be identical to last year. Once reviewed a meeting will be set up to go over with the parties responsible. The items are due on December 30ths to account for holidays such as New Years. TAR/ANR and ANC announcements are usually sent out by DMHC in December, so we will continue to look out for that next month.		
XII. Member Services Telephone Wait Time & Call Center Dashboard	J. Rosas	J. Rosas presented on the Member Services Blended Call Center Dashboard for Q3 2024. Target is to answer 80% calls within 30 seconds or less. Abandon rate of 5% or less. In Q3, 54, 429 calls were received, the call center answered 52,588 calls with a abandon rate of 3%. The average speed to answer a call is within 14 seconds with a 95% call answered within 30 seconds. The average talk time for a call is 7 minutes and 6 seconds. Called answered within 10 minutes with a (100% goal) received a 100% in Q3 2024. There was a 28% decrease in calls in Q2 and a 28% decrease in calls in Q3 from Q1, which is the highest call volume that the call center received to date.		
XIII. Underutilization: Unused Auths and Specialty Care. Potential Overutilization in the ER	Dr. Mendoza	Dr. Mendoza presented on the Access and Availability: Underutilization of Care. 3 areas in which opportunities for improvement for A&A were found to be in were: • ED Utilization • Unused Authorization • Underutilized Specialist Care: Palliative Care **ED Utilization:** The focus will be on the other non-network facilities which have a high visit rate over the course of Q1 and Q2 2024. The two facilities being Kaiser and Sutter Hospitals.		

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		Of the top diagnosis rendered during the ED visits in Q1 and Q2 202 there were multiple diagnosis which could have been seen via same day PCP appointments, urgent Care and Telehealth options instead of making a visit to the ED. Those diagnosis's being: • Acute Upper Respiratory Infection • Headache Unspecified • Acute Pharyngitis Unspecified • Cough Unspecified • Cough Unspecified • Viral Injection Unspecified **OON Emergency Room Utilization:** Kaiser Facilities in the Oakland Richmond, San Leandro and Hayward remains high OON facilities for the Alliance members. Better promotion of the in-network and alternative covered services in those areas might deter members from going to those ED facilities. Top diagnosis seen in the OON ER Utilization that can be treated via same day appointment, Urgent Care or telehealth services. • Illness Unspecified • Cellulitis Unspecified • Unspecified Abdominal Pain M. Stott asked if there are higher ED visits due to the impact of IV fluid or med shortages. Dr. Mendoza answered that as of the presented data is based off of claims data, and claims have a 3 month lag time there might not be any impacting data that can be noted from the IV shortage till maybe around January. As of now, provider offices have reduced elective surgeries and the usage of IV fluids if it isn't necessary. But there is impact right now especially to colonoscopy or OB services but as of what degree the impact is, that is unknown for now. M. Stott added that the reason she questioned this was because one of the top ED diagnoses was Sepsis and usually IV Fluids are required in those cases. Dr. Mendoza agreed that Sepsis is a common diagnosis for patients to visit the ED and in those cases, patients will not be decline and IV Fluids will be administered. **Past Cycle Not Utilized Auth – Service Type & Aid Code** Separated by service type, Tertiary and Quaternary are noted to be the highest unused authorizations. Of those unused authorizations, the MCAL Adult Expansion LOB holds the		

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		highest count with 456. It is made aware that this group might have less skill set to navigate through the medical website/information, unmet medical needs, or possibly primary threshold language that's not English which makes it difficult for this group to complete their appointments. Unused authorization broken down by Specialty: - Neurology and Hem/Onc being the highest - Followed by Urology, Orthopedics, Cardiology, Gastroenterology and Transplant Hepatology/Gastroenterology UCSF has the most approved unused authorization. If broken down by Specialty, UCSF has most of their authorization approved for the following specialties: Neurology, Hem/Onc, Urology, Cardiology, Orthopedics. **Specialty Services Utilization Approvals Q1/Q2 2024** Typical Specialty Care that are being monitored are: Chiropractic Services, Podiatry, Acupuncture, Organ transplant, and Palliative care In Q1/Q2 2024 usage of Palliative care continues to have low utilization. State noted the eligible diagnosis to receive Palliative care are: Advance heart disease, renal, lung and oncology care are eligible with a 12-month life expectancy, but majority of the Palliative care are for Cancer related diagnosis. The year before last, Dr. Mendoza and Dr. O'Brien also advocated adding an additional diagnosis for patient who have advance dementia and are unable to care for themselves. However, even though the Alliance population consists of a big elderly population these services still are not being utilized as hoped. The Alliances have around 400,000 members but approvals for Palliative care is only in double digits for new members referrals. There are hardly any denials for these services, usually the denials are for uncontracted providers or retro authorization greater than 90 days. Dr. Mandoza wraps up the presentation with hopes that Palliative Care can be utilized more in the future.		
XIV. Q&A	All			

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XV. Meeting Adjourn	L. Tran	Next Meeting: March 5, 2025		

Meeting Minutes submitted by: Fiona Quan, Quality Improvement Project Specialist **Date: 12/17/2024**

Utilization Management Committee Meeting Minutes
February 28, 2025, 1:30 PM – 3:00 PM
Teams

Member Name and Title	Present	Member Name and Title	Present
Donna Carey, Chief Medical Officer	X	Karen Marin, Manager, Long Term Care	X
Richard Golfin, Chief Compliance Officer	X	Katherine Goodwin, Supervisor, Health Plan Audits	X
Tiffany Cheang, Chief Analytics Officer		Khalsa Maninder, Medical Director, Utilization Management	X
Allison Lam, Senior Director, Health Care Services	X	Kimberly Glasby, Director, Long Term Services & Supports	X
Alma Pena, Sr. Manager, G&A		Kisha Gerena, Manager, Grievances & Appeals	
Amani Sattar, Executive Assistant	X	Laura Grossman-Hicks, Sr. Director, Behavioral Health Services	X
Andrea DeRochi, Manager, Behavioral Health	X	Lily Hunter, Director, Social Determinants of Health	X
Annie Lam, Manager, Provider Services Call Center		Linda Ayala, Director, Population Health & Equity	X
Benita Ochoa, Lead Pharmacy Tech		Lisha Reamer-Robinson, Manager, Compliance Audits & Investigation	X
Beverly Juan, Medical Director, Community Health		Loc Tran, Manager, Access to Care	
Brittany Nielsen, Executive Assistant		Marie Broadnax, Manager, Regulatory Affairs & Compliance	
Carla Healy-London, Manager, Inpatient UM	X	Michelle Findlater, Director, Utilization Management	X
Cecilia Gomez, Sr. Manager, Provider Services	X	Michelle Stott, Senior Director, Quality	X
Corinne Casey-Jones, Manager, Community Supports	X	Nancy Pun, Sr. Director, Analytics	
Darryl Crowder, Director, Provider Relations and Contracting		Nora Tomassian, Director, Pharmacy	X
Daphne Lo, Medical Director, LTSS	X	Oscar Macias, Manager, Housing Program	X
Farashta Zainal, Manager, Quality Improvement		Peter Currie, Senior Director, Behavioral Health	X
Gia Degrano, Senior Director, Member Services	X	Rahel Negash, Pharmacy Supervisor	
Gil Duran, Manager, Population Health & Equity	X	Ramon Tran Tang, Clinical Pharmacist	
Heather Wanket, Clinical Manager, ECM	X	Sanya Grewal, Healthcare Services Specialist	
Hope Desrochers, Manager, Outpatient UM	X	Sharma Parag, Medical Director	
Jeffrey Bencini, Clinical Pharmacist		Shatae Jones, Director, Housing & Community Services Program	
Jennifer Karmelich, Director, Quality Assurance	X	Stephen Smythe, Director, Compliance & Special Investigations	
Jorge Rosales, Manager, Case & Disease Management	X	Stephen Williams, Supervisor, OP UM	X
Judy Rosas, Sr. Manager, Member Services	X	Timothy Tong, Lead Clinical Pharmacist	

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I. Call to Order/ Introductions	A. Lam	The meeting was called to order by Allison Lam at **1:30 pm**		
II. Review and Approval of minutes	A. Lam	The UM Committee Minutes from **January 31, 2025** were approved electronically by a quorum of the committee prior to the meeting.	UMC_Meeting Minutes_1.31.25.docx.	**Approved via e-vote:** 2/4/25 – 2/7/25
III. Policies and Procedures	All	• CM-002 • CM-003 • CM-006 • CM-007 • CM-019 • CM-028 • CM-030 • CM-031 • CM-032 • CM-034 • UM-015 • UM-025	PP Summary of Changes_2.28.25.pdf	**Vote to Approve:** None opposed: The policies will be finalized as approved and moved forward to QIHEC • **Allison:** Inform the compliance team with Roberta to assign a new CM number for the

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				updated PMP. • **Lily:** Evaluate and discuss the potential retirement of old programs and policies that are no longer applicable.
IV. UM Program Effectiveness **A. Long Term Care Report**	K. Glasby K. Marin	• **LTC Membership:** Decrease in LTC membership from 2,705 in January to 2,479 in December, indicating a decrease of 195 members. The average membership in Q4 was 2,510. • **TAP Metrics:** The TAP for Q4 was 94%, which did not meet the 95% goal. Karen mentioned a staffing shortage and the hiring of a temp nurse in late December to address the issue. • **ER Visits:** Highlighted a decreasing trend in ER visits from Q1 to Q4, with a significant decrease from 204 visits in January to 128 in December. There is an emphasis on the importance of collaboration with facilities to prevent unnecessary ER visits.	LTC Metrics.pdf	• **Kimberly:** Investigate if Power BI can track the duration members have been in LTC facilities before discharging to lower levels of care.

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		• **In-Network vs. Out-of-Network:** In-network vs. out-of-network admissions, noting a decrease in in-network admissions and a slight increase in out-of-network admissions. Karen recommended collaborating with contracting to bring out-of-network facilities into the network. • **Discharges to Lower Levels of Care:** Provided data on discharges to lower levels of care, including assisted living, board and care and home health. Karen recommended ongoing education and enhanced coordination to ensure smooth transitions.		
B. G&A Report	A. Pena	• **Group Care Appeals Report:** Jennifer presented the Q4 appeals report for group care, noting a total of 21 appeals with a 28.5% overturn rate. She highlighted the higher number of outpatient and pharmacy appeals. ○ **Appeals Overview:** Total of 21 appeals for group care in Q4, with a 28.5% overturn rate. The majority of appeals were outpatient and pharmacy appeals. ○ **Outpatient Appeals:** There were 16 outpatient appeals with a 6.25% overturn rate. • **Medical Appeals Report:** Jennifer discussed the Q4 medical appeals report, noting a total of 157 appeals with a 17.8% overturn rate. She highlighted an increase in inpatient and retro appeals, particularly from LTC and SNF. ○ **Appeals Overview:** Total of 157 medical appeals in Q4, with a 17.8% overturn rate. Note that there is an increase in inpatient and retro appeals, particularly from LTC and SNF.	GA Report_IHSS.pdf GA Report_MCAL.pdf	

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		○ **Top Requesting Providers:** The top five requesting providers, Stanford Oncology has the highest number of appeals with many of these appeals related to timely access issues. ○ **Top Requested Services:** The top requested services, include out-of-network office visits, LTC, and respite care. The majority of out-of-network requests were upheld. ○ **Overturn Reasons:** The reasons for overturning appeals, include additional information obtained, meeting medical necessity, and services not available in-network.		
V. CM Program Effectiveness **A. Behavioral Health Report**	A. DeRochi	• **Mental Health Coordination:** Andrea reported that the average case open time for mental health care coordination was 18 days. The majority of cases were closed because the task was completed, and the member was connected to care. • **BHT ABA Coordination:** The BHT ABA care coordination had more activity, with an average of 200 cases per month. The challenges in contacting members include a 26% rate of being unable to contact families initially. • **Closed Reasons:** Data on closed reasons for both mental health and BHT ABA cases, include completion of tasks, inability to contact members, and escalation to higher-level programs. • **TAT Performance:** While routine PAS were handled well, there were issues with deferrals due to high volume, systems issues, and staffing shortages during the holidays.	 BH Report.pdf	

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B. Case Management Report	J. Rosales	• **Transportation Updates:**
		  ○ Lyft Ride Share Transitioning from recovery pilot to standard network option by end of 2024 pending contract update.
		  ○ Modivcare annual delegate/subcontractor audit in progress
		  ○ Vendor Management is working on updated contract with subcontractor Modivcare
		• **EPSDT Referrals:** There is consistency in EPSDT referrals from UM to CM as the team continues to send over referrals and ensure oversight of their delegate, CHCN.
		• **Case Management Volume and Referrals:** There is an increase in transitional care services cases
		• **HRA and HIFMET Turnaround Times:** There is a spike in volume due to new members and the need to improve processing times.
			CM Report.pdf	• **Jorge:** Request analytics to create a report tracking the average duration cases are open in each program (care coordination, complex, TCS)
				• **Lily, Michelle Stott:** Discuss the possibility of including IHA reminders in the HRA and HIF met IVR calls.

VI. Regulatory/Compliance NCQA Accreditation **A. Compliance Activities**	L. Reamer-Robinson	• **FWA Activity Report:** Lisha provided an overview of FWA activity, noting a total of 10 cases in Q4, all due to provider billing.	Compliance Activity Report.pdf	

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		• **DMHC/DHCS Regulatory Audit Updates:** ○ 2024 DHCS Routine Survey CAP ▪ The DHCS conducted its 2024 Routine Full Medical Survey from June 17th, 2024, through June 28th, 2024. ▪ On December 23rd, 2024, the Plan's CAP response was submitted timely to the DHCS and submits a monthly CAP update. ○ 2024 DHCS FSR/MRR Audit ▪ On September 17th, 2024, the DHCS conducted its random full-scope FSR and MRR Review consistent with APL 22-017. ▪ The Final Report required a CAP from all ten (10) providers. ▪ The PCP's CAPs are all closed and eight (8) were submitted to DHCS' Site Review Unit on December 6th, 2024. Two larger files required a separate submission and were submitted on January 6th, 2025. ○ 2025 DMHC-DHCS Joint Audit ▪ On December 16th, 2024, the Plan received notification from DHCS regarding the joint audit survey with DMHC. ▪ The lookback period is from June 1st, 2024, through February 28th, 2025. ▪ The Pre-Audit materials requested were submitted on January 16th, 2025.		

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VII. Adjournment	A. Lam	The meeting was adjourned at **2:45 pm**		**Next Meeting:** March 28, 2025 at 1:30 PM

Meeting Minutes submitted by: DocuSigned by: Amani Sattar 1515265B2E7E4DC... 03/03/2025 | 10:08 AM PST **Date:** _____

Amani Sattar,
EA to the CMO

Approved by: DocuSigned by: Allison Lam 8E7713C4669F403... 03/03/2025 | 10:24 AM PST **Date:** _____

Allison Lam,
Sr. Director, Health Care Services

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Member Name and Title	Present	Member Name and Title	Present
Donna Carey, Chief Medical Officer	X	Karen Marin, Manager, Long Term Care	
Richard Golfin, Chief Compliance Officer		Katherine Goodwin, Supervisor, Health Plan Audits	
Tiffany Cheang, Chief Analytics Officer	X	Khalsa Maninder, Medical Director, Utilization Management	
Allison Lam, Senior Director, Health Care Services	X	Kimberly Glasby, Director, Long Term Services & Supports	X
Alma Pena, Sr. Manager, G&A		Kisha Gerena, Manager, Grievances & Appeals	
Amani Sattar, Executive Assistant	X	Laura Grossman-Hicks, Sr. Director, Behavioral Health Services	X
Andrea DeRochi, Manager, Behavioral Health		Lily Hunter, Director, Social Determinants of Health	X
Annie Lam, Manager, Provider Services Call Center		Linda Ayala, Director, Population Health & Equity	X
Benita Ochoa, Lead Pharmacy Tech		Lisha Reamer-Robinson, Manager, Compliance Audits & Investigation	X
Beverly Juan, Medical Director, Community Health	X	Loc Tran, Manager, Access to Care	
Brittany Nielsen, Executive Assistant		Marie Broadnax, Manager, Regulatory Affairs & Compliance	
Carla Healy-London, Manager, Inpatient UM	X	Michelle Findlater, Director, Utilization Management	X
Cecilia Gomez, Sr. Manager, Provider Services	X	Michelle Stott, Senior Director, Quality	X
Corinne Casey-Jones, Manager, Community Supports		Nancy Pun, Sr. Director, Analytics	
Darryl Crowder, Director, Provider Relations and Contracting		Nora Tomassian, Director, Pharmacy	
Daphne Lo, Medical Director, LTSS	X	Oscar Macias, Manager, Housing Program	
Farashta Zainal, Manager, Quality Improvement		Peter Currie, Senior Director, Behavioral Health	X
Gia Degrano, Senior Director, Member Services		Rahel Negash, Pharmacy Supervisor	
Gil Duran, Manager, Population Health & Equity		Ramon Tran Tang, Clinical Pharmacist	
Heather Wanket, Clinical Manager, ECM	X	Sanya Grewal, Healthcare Services Specialist	
Hope Desrochers, Manager, Outpatient UM	X	Sharma Parag, Medical Director	
Jeffrey Bencini, Clinical Pharmacist		Shatae Jones, Director, Housing & Community Services Program	
Jennifer Karmelich, Director, Quality Assurance		Stephen Smythe, Director, Compliance & Special Investigations	X
Jorge Rosales, Manager, Case & Disease Management		Stephen Williams, Supervisor, OP UM	X
Judy Rosas, Sr. Manager, Member Services	X	Timothy Tong, Lead Clinical Pharmacist	X

Utilization Management Committee Meeting Minutes
March 28, 2025, 1:30 PM – 3:00 PM
Teams

Agenda Item	Presenter	Discussion/Activity	Document	Follow-Up Action/ Responsible party/ target date
I. Call to Order/ Introductions	A. Lam	The meeting was called to order by Allison Lam at **1:30 pm**		
II. Review and Approval of minutes	A. Lam	The UM Committee Minutes from **February 28, 2025** were approved electronically by a quorum of the committee prior to the meeting.	UMC_Meeting Minutes_2.28.25.pdf	**Approved via e-vote:** 3/4/25 – 3/5/25
III. Policies and Procedures	All	• CM-006 • CM-035 • UM-053	PP Summary of Changes_3.28.25.pdf	**Vote to Approve:** None opposed: The policies will be finalized as approved and moved forward to QIHEC
IV. Program Scope & Structure **A. UM & CM Trilogy Overview**	A. Lam	• Provided an overview of the UM and CM trilogy document, explaining that it includes the UM/CM program evaluation, UM/CM program description, and work plans.	2025 UM & CM Trilogy Overview.pdf	**Vote to Approve:** None opposed: The policies will be finalized as approved and moved forward to QIHEC

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Utilization Management Committee Meeting Minutes
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B. MY2024 UM Program Evaluation	A. Lam	• Provided an overview of the UM program evaluation.	2024 UM Program Evaluation.pdf	
C. MY2024 CM Program Evaluation	A. Lam	• Provided an overview of the CM program evaluation.	2024 CM Program Evaluation.pdf	
D. 2025 UM Program Description & Workplan	A. Lam	• Provided an overview of the UM program description and work plan.	2025 UM Work Plan.pdf 2025 UM Program Description.pdf	
E. 2025 CM Program Description & Workplan	A. Lam	• Provided an overview of the CM program description and work plan.	2025 CM Work Plan.pdf 2025 CM Program Description.pdf	
F. Behavioral Health Report	P. Currie	• **BHT and ABA Services:** There is a 25% increase in unique utilizers for BHT and ABA services, attributing the rise to increased diagnostic rates of autism and efforts to make services more available.	Behavioral Health.pdf	

Utilization Management Committee Meeting Minutes
March 28, 2025, 1:30 PM – 3:00 PM
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Agenda Item	Presenter	Discussion/Activity	Document	Follow-Up Action/ Responsible party/ target date
		• **Mental Health Services:** There is a 31% increase in unique utilizers for mental health services, with over 25,000 members in active treatment by the end of 2024. • **Utilization by Age:** Members aged 31 to 50 represented the highest level of mental health service utilization, while children were the lowest utilizers. • **Service Types:** Psychotherapy is the most frequently utilized, followed by psychiatry.		
G. Carved Out Services	H. Desrochers	• **Total Cases Assessed:** There were over 4000 cases assessed, with about 3200 outpatient and 1000 inpatient cases. • **Referral Decisions:** Approximately one-third of assessed cases were referred, with a high approval rate of 72% from CCS. • **Denial Reasons:** The primary denial reasons included no CCS diagnosis, age, and out-of-county residence. • **Diagnosis Categories:** The top diagnosis categories for inpatient and outpatient cases include perinatal, congenital anomalies, and accidents and poisonings. • **Rendering Providers:** UCSF Benioff and UCSF San Francisco are the highest rendering providers	 CCS Carveout Services_Q1-Q4_2024.	Continue to report on the pending CCS cases that have not yet been resolved. (Hope)

Utilization Management Committee Meeting Minutes
March 28, 2025, 1:30 PM – 3:00 PM
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H. Over/Under Utilization	M. Findlater	• **ED Visits By Facility:** ○ Eden, UCSF Benioff Children's and St. Rose all saw decreases in their Q3 to Q4 usage, while the other hospitals all have a noted increase in ER visits per 1000. ○ The largest increase was at Summit followed by Highland and then the OON Facilities • **Acute Admissions:** ○ Admits/1K increased to 71.9 admits in 2024 *(+0.4 increase from 2023)* ○ ALOS decreased to 5.5 days in 2024 *(-0.2 decrease from 2023)*•By Aid Category: SPD has the longest ALOS at 5.9 ○ Paid Days/1K ○ Paid Days/1K decreased to 381.4 days in 2024 *(-11.6 decrease from 2023)* • **Readmission Rate:** ○ The average readmission rate from June 2023 – June 2024 was 21.0% • **Denial Rate:** ○ Inpatient ▪ Full Denials averaged 1.2% for 2024. ▪ Partial denials averaged 1.8% for 2024 ▪ The overall denial rate for 2024 was 3.0% ○ Outpatient ▪ Full denials averaged 3.3% for 2024 ▪ Partial denials averaged 0.3% for 2024 ▪ The overall outpatient denial rate is at 3.6%.	 Over Under Utilization.pdf	Participate in the over/under utilization workgroup to discuss and develop solutions for identified issues. (All team members)

Utilization Management Committee Meeting Minutes
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		• **Unused Authorizations:** ○ By Service Type: ▪ TQ represents 51.6% of all unused Authorizations ○ By Aid Code: ▪ Adult Expansion ACA OE members account for 59% of the unused Authorizations ○ By Urgency: ▪ 29% of unused Authorizations are requested and approved at an Urgent Level ○ By Diagnosis: ▪ Benign and Malignant Neoplasms, Genitourinary and Pain are the top diagnosis provided		
V. Adjournment	A. Lam	The meeting was adjourned at **2:37 pm**		**Next Meeting:** April 25, 2025 at 1:30 PM

Meeting Minutes submitted by: DocuSigned by: Amani Sattar 1515265B2F7F4DC... **Date:** 04/02/2025 | 1:57 PM PDT

Amani Sattar,
EA to the CMO

Approved by: DocuSigned by: Allison Lam 8E7713C4669F403... **Date:** 04/02/2025 | 2:00 PM PDT

Allison Lam,
Sr. Director, Health Care Services