Quality Improvement Health Equity Committee Meeting

April 19, 2024

Meeting Name:	Quality Improvement Health Equity Committee		
Date of Meeting:	4/19/2024	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** ID: 278 215 802 469 Passcode: ArWsaF	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	Interim Chief Medical Officer, Alameda Alliance for Health
Paul Lao Vang	Chief Health Equity Officer, Alameda Alliance for Health
Sanjay Bhatt, MD Vice Chair	Senior Medical Director, Quality & Behavioral Health, Alameda Alliance for Health, Emergency Medicine

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
Felicia Tornabene, MD	Chief Medical Officer, Alameda Health System
James Florey, MD	Chief Medical Officer, Children First Medical Group
Donna Carey, MD	Medical Director, Case Management, Alameda Alliance for Health, Pediatrics
Rosalia Mendoza, MD	Medical Director, Utilization Management, Alameda Alliance for Health, Family Practice
Peter Currie, Ph.D.	Senior Director, Behavioral Health, Alameda Alliance for Health
Michelle Stott	Senior Director, Quality, Alameda Alliance for Health

Meeting Agenda				
Topic	**Time**	**Document**	**Responsible Party**	**Vote to approve or Informational**
Call to Order/Roll Call:	1 min	Verbal	D. Carey	Informational
1. Alameda Alliance Updates	5 min	Verbal	D. Carey	Informational
2. Chief of Health Equity Updates	5 min	Verbal	L. Vang	Informational
3. Committee Member Presentations • Alameda County Behavioral Health Care Services - Expansion of designated providers for placement of holds under Lanterman Petris Short (LPS)	10 min	Verbal	A. Chapman	Informational
4. Policies and Procedures • Listed below.	5 min	Document	D. Carey	Vote

Meeting Agenda				
Topic	**Time**	**Document**	**Responsible Party**	**Vote to approve or Informational**
5. Approval Committee Meeting Minutes • QIHEC- 2/16/2024 • UMC- 3/22/2024 • IQIC-3/20/2024 • CLSS-1/24/2024 • A&A-3/6/2024 • MAC-12/14/2023 • CAC - 12/28/2023	2 min	Document	D. Carey	Vote
6. QIHE Program Description, Evaluation & Workplan	20 min	Document	M. Stott F. Zainal L. Tran C. Rattray G. Duran M. Moua L. Ayala	Vote
7. CM Program Description, Evaluation & Work Plan	15 min	Document	L. Hunter	Vote
8. UM Program Description, Evaluation & Work Plan	15 min	Document	M. Findlater	Vote
9. Initial Health Appointment	5 min	Document	F. Zainal	Informational
10. NCQA Update	5 min	Document	J. Karmelich	Informational
11. Community Advisory Committee Update	5 min	Verbal	L. Ayala	Informational
12. Public Comment	1 min	Verbal	D. Carey	Informational
13. Adjournment	1 min	Verbal	D. Carey	Next Meeting May 17, 2024

Policies & Procedures	
QI-107: Appointment Access and Availability Standards QI-108: Access to Behavioral Health Services QI-114: Monitoring of Access and Availability Standards QI-115: Access and Availability Committee QI-116: Provider Appointment Availability Survey (PAAS) QI-117: Member Satisfaction Survey (CAHPS) QI-118: Provider Satisfaction Survey QI-133: Inter-Rater Reliability Testing for Clinical Decision Making HED-010:Doula Services CM-XXX: Prescreening Process - ECM and CS Providers CM-002: Complex Case Management Plan Development and Management CM-003: Complex Case Management Plan Evaluation and Closure CM-005: Disease Management Programs 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 LTC-004: LTC Bed Hold and Leave of Absence UM-057: Authorization Service Request UM-058: Continuity of Care for New Enrollees Transitioned to Managed Care After Receiving a Medical Exemption BH-001: Behavioral Health Services

Chief Medical Officer Alameda Alliance Updates

Dr. Donna Carey

ALAMEDA
Alliance
FOR HEALTH

Chief Health Equity Officer Update

Lao P. Vang

Committee Member Presentations

Dr. Aaron Chapman

Policies and Procedures

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	Quality	QI-107	Appointment Access and Availability Standards	Describes how the Alliance implements and maintain procedures for members to obtain appointments for routine (non-urgent) and urgent care from all applicable provider types.	Annual review, no updates required			x
2	Quality	QI-108	Access to Behavioral Health Services	Describes how the Alliance implements and maintain procedures to ensures the Alliance complies with the access and availability standards set by DMHC and DHCS.	Annual review, no updates required			x
3	Quality	QI-114	Monitoring of Access and Availability Standards	Describes how the Alliance has established a mechanism for ongoing monitoring of its provider network to ensure timely access to and availability of quality health care services for all members within the Alliance and delegae network.	Annual review, no updates required			x
4	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.	Annual review, no updates required			x
5	Quality	QI-116	Provider Appointment Availability Survey (PAAS)	Describes the PAAS survey process designed to monitor Alliance delegated and directly contracted provider compliance with access and availability standards for Alliance members.	Annual review, no updates required			x
6	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	Annual review, no updates required			x
7	Quality	QI-118	Provider Satisfaction Survey	The Provider Satisfaction Survey provides the Alliance with provider feedback about their experience with the Alliance.	Annual review, no updates required			x
8	Quality	QI-133	Inter-Rater Reliability Testing for Clinical Decision Making		Annual review, no updates required			X
9	Health Education	HED-010	Doula Services	Describes how the Alliance implements the doula services benefit to eligible members.	Updated to reflect APL 23-024, added DHCS Standing recommendation for Doula services; clarification on Dx code needed for claims, and reimbursement requirements from the APL; and other minor updates.	X		
10	Case Management	CM-XXX	Prescreening Process - ECM and CS Providers	AAH provides a thorough and equal review process for any interested entity in providing ECM or CS services	new policy		X	
11	Case Management	CM-002	Complex Case Management Plan Development and Management	Care plan requirements for CCM cases	Addition of language around AOR	X		
12	Case Management	CM-003	Complex Case Management Plan Evaluation and Closure	Criteria to close out CCM care plan and close case				X
13	Case Management	CM-005	Disease Management Programs	Asthma and Diabetes DM programs screening and enrollment				X
14	Case Management	CM-006	Internal Audit and Monitoring	Monitoring and auditing of CCM cases and HRA cases				X

15	Case Management	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)				X
16	Case Management	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				X
17	Case Management	CM-028	Disease Management - Home Placed Developmentally Disabled HPDD Members	Role of RCEB liason and coordination with RCEB				X
18	Case Management	CM-030	Early Start	Process for AAH Case Management, along with PCPs, to refer children with development disabilites under the age of 36 months to RCEB's Early Start program				X
19	Case Management	CM-031	School Linked CHDP Services	Case management for pediatric members assigned to school based Primary Care Provider				X
20	Case Management	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
21	Long-Term Care	LTC-004	LTC Bed Hold and Leave of Absence	Process for Bed Holds and LOAs for LTC members	Updated wording to align with the DHCS APL, formatting changes	X		
22	Utilization Management	UM-057	Authorization Service Request	Included Biomarker Langugae, Formatting,		X		
23	Utilization Management	UM-058	Continuity of Care for New Enrollees Transitioned to Managed Care After Receiving a Medical Exemption	Updated Formatting, Updated APL References,		X		
24	Behavioral Health	BH-001	Behavioral Health Services	Describes benefit, authorization, medical necessity and care coordination requirements for mh/sud services	BH 001 and BH 002 contained duplicate information Additional language added to meet DHCS and DMHC guidelines. BH 002 will be retired.	X		

Approval of Committee Meeting Minutes

- QIHEC- 2/16/2024
- UMC- 3/22/2024
- IQIC-3/20/2024
- CLSS-1/24/2024
- A&A-3/6/2024
- MAC-12/14/2023
- CAC - 12/28/2023

QIHE Trilogy Documents

Michelle Stott, RN, MSN – Sr. Director of Quality

Farashta Zainal, MBA, PMP - QI Manager

Linda Ayala, MPH - Director of Population Health & Equity

Christine Rattray, RN - QI Supervisor

Loc Tran, Manager Access to Care

Dr. Bhatt, Sr. Medical Director

2023/2024
Quality Improvement Health Equity (QIHE) Trilogy

Quality Improvement Health
Equity Committee (QIHEC)
April 19, 2024

Quality Improvement Health Equity Trilogy Documents

➢ 2023 Program Evaluation

➢ 2024 Program Description

➢ 2024 Work Plan

Quality Improvement

In the evaluation and work plan, the 5 areas of focus:

▸ Quality of Care

▸ Quality of Service

▸ Safety

▸ Member Experience & Access

▸ Population Health

The following slides aim to highlight specific areas noted within the Program Evaluation. Health Equity activities are integrated in the activities.

Quality Improvement Activities Update

Farashta Zainal, QI Manager

Quality of Care & Quality of Service

▶ HEDIS Rates

▶ State Mandated Projects

   ○ Performance Improvement Projects (PIPs)

▶ Quality Improvement Projects

2023 Preliminary HEDIS Rates

Measure Description	2022 Rates		2023 Rates								
	Admin Rate	Hybrid Rate	EP	Num	Rate	Above MPL	Number to Treat to MPL	Overall AAH	MPL	75th Pctl	90th Pctl
Behavioral Health											
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day	29.82%		1,780	557	31.29%	N	90	31.26%	36.34%	42.67%	53.44%
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day	49.03%		1,671	559	33.45%	N	358	33.65%	54.87%	64.29%	73.26%
Disease Management											
Asthma Medication Ratio	74.71%		2,141	1,496	69.87%	Y	0	69.75%	65.61%	70.82%	75.92%
Controlling High Blood Pressure	41.77%	54.74%	16,992	8,295	48.82%	N	2,123	48.27%	61.31%	67.27%	72.22%
HbA1c Poor Control (>9.0%)	37.06%	29.20%	14,387	4,671	32.47%	Y	0	32.22%	37.96%	33.45%	29.44%

2023 Preliminary HEDIS Rates

Measure Description	2022 Rates		2023 Rates								
	PY Admin Rate	PY Hybrid Rate	EP	Num	Rate	Above MPL	Number to Treat to MPL	Overall AAH	MPL	75th Pctl	90th Pctl
Well Child											
Childhood Immunization Status - Combo 10	45.20%	52.80%	3,584	1,478	41.24%	Y	0	41.24%	30.90%	37.64%	45.26%
Immunizations for Adolescents - Combo 2	49.36%	50.61%	4,603	2,268	49.27%	Y	0	49.27%	34.31%	40.88%	48.80%
Developmental Screening in the First Three Years of Life Total	44.24%		8,538	4,642	54.37%	Y	0	54.37%	34.70%		
Lead Screening in Children	57.52%	60.58%	3,593	2,180	60.67%	N	77	60.67%	62.79%	70.07%	79.26%
Topical Fluoride for Children Rate1 - dental or oral health services	12.18%		85,107	11,301	13.28%	N	5,125	13.28%	19.30%		
Well-Child Visits in the First 15 Months of Life - 6 or More Visits	46.56%		1,418	832	58.67%	Y	0	58.67%	58.38%	63.34%	68.09%
Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits	69.01%		3,404	2,520	74.03%	Y	0	74.03%	66.76%	71.35%	77.78%
Child and Adolescent Well-Care Visits	49.69%		81,658	45,940	56.26%	Y	0	56.25%	48.07%	55.08%	61.15%
Women's Health											
Breast Cancer Screening - ECDS	56.08%		16,298	9,712	59.59%	Y	0	59.95%	52.60%	57.48%	62.67%
Cervical Cancer Screening	52.44%	53.83%	55,495	32,213	58.05%	Y	0	58.15%	57.11%	61.80%	66.48%
Chlamydia Screening in Women	64.14%		7,385	4,952	67.05%	Y	0	67.07%	56.04%	62.90%	67.39%
Timeliness of Prenatal Care	85.36%	87.50%	2,480	2,130	85.89%	Y	0	85.85%	84.23%	88.33%	91.07%
Timeliness of Postpartum Care	81.72%	85.42%	2,480	2,153	86.81%	Y	0	86.77%	78.10%	82.00%	84.59%

Quality Measures Below MPL MY2022 vs MY223

Measures Below MPL in MY2022	MY 2022 Admin Rates	MY 2023 Admin Rates
Follow-up After Emergency Visit for Mental Illness (FUM)	49.03%	33.45%
Lead Screening for Children (LSC)	57.52%	60.67%
Well Child Visits 15-30 months (2x visits)	58.67%	58.05%
Controlling Blood Pressure (CBP)	41.77%	48.82%
Cervical Cancer Screening (CCS)	52.44%	58.05%

State Mandated QI Projects

▷ 2023-26 Equity Performance Improvement Project (PIP) – Well Child Visit in the First 15 Months of Life (W30-6+) African American Children

▷ 2023-26 Non-clinical Performance Improvement Projects (PIP) – Improve the Percentage of Provider Notification for Members with SUD/SMH Diagnoses Following or Within 7 days of Emergency Department Visit (FUM/FUA)

QI Activities

Member Focused

Outreach, Education & Incentives

- Mailer – birthday cards, BCS targeted flyer
- Outreach calls – First 5, CCS & BCS outreach calls
- Non-utilizer pilot
- On-hold messages
- Member Incentives – HEDIS Crunch, well child, CCS, BCS

Provider Focused

Education & Support

- Established QI meetings
- Webinars – P4P, ABCs of QI, measure specific webinars, , townhall
- Measure highlights tools
- Provider incentive programs – P4P, grant funded QI projects, after hours incentive, staff incentive
- Actionable care gap reports

Additional QI Activities

Addressing Data Gaps

- Supplemental data
- Other health insurance removal
- Mom & new born medical record match for well visits

Collaboration

- CFMG texting campaign
- CHCN CBP RMP project
- Roots HTN Barbara Shop project
- Mobile mammography
- Pap clinics

2024 QIHE Plan Focus

▷ Pay for Performance (P4P)

▷ Health Equity Incentive Pilot

▷ State Mandated Quality Improvement Projects

▷ Multidisciplinary Workgroups – Well Visits, Women's Health, Chronic Disease, Behavioral Health

▷ Practice Facilitation and Coding

▷ Well Child Campaign

▷ Initial Health Appointment

▷ Improve Access

Safety

▶ **Potential Quality Issues (PQI)**

▶ Substance Use Disorder

▶ Facility Site Review (FSR)

▶ Inter-Rater Reliability (IRR)

PQI Dashboard 2023

PQI Referrals By Quarter
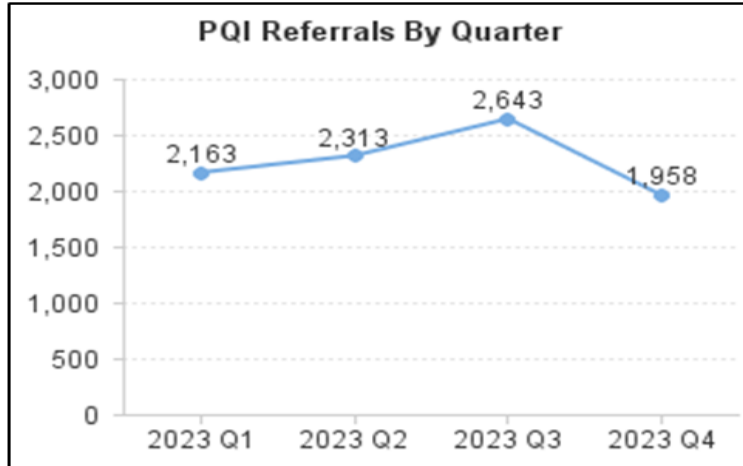
Quarter	# PQIs
2023 Q1	2163
2023 Q2	2313
2023 Q3	2643
2023 Q4	1958
Total:	9077

PQI Classification by Quarter

Legend: 2023 Q1, 2023 Q2, 2023 Q3, 2023 Q4

QOC Leveling

Not Leveled (0.59 %)
C4 (0.2 %)
C3 (1.57 %)
C2 (15.1 %)
C1 (11.76 %)
C0 (70.78 %)

Legend: C0, C1, C2, C3, C4, Not Leveled

Turn Around Time to Resolve a PQI

Legend: 2023 Q1, 2023 Q2, 2023 Q3, 2023 Q4
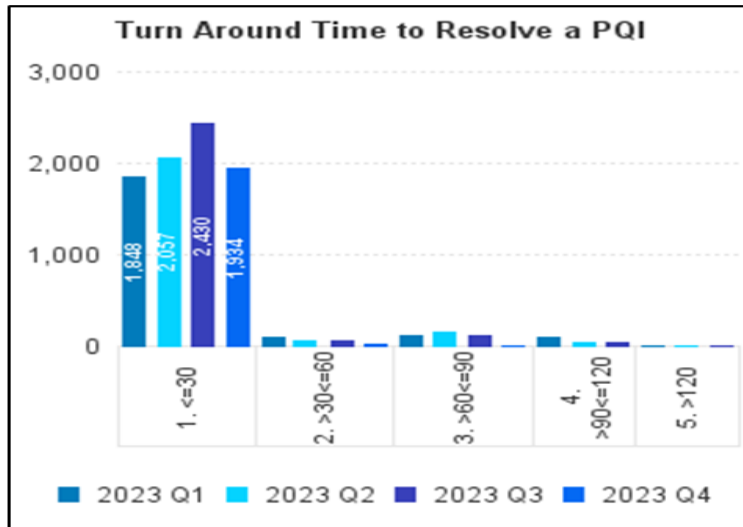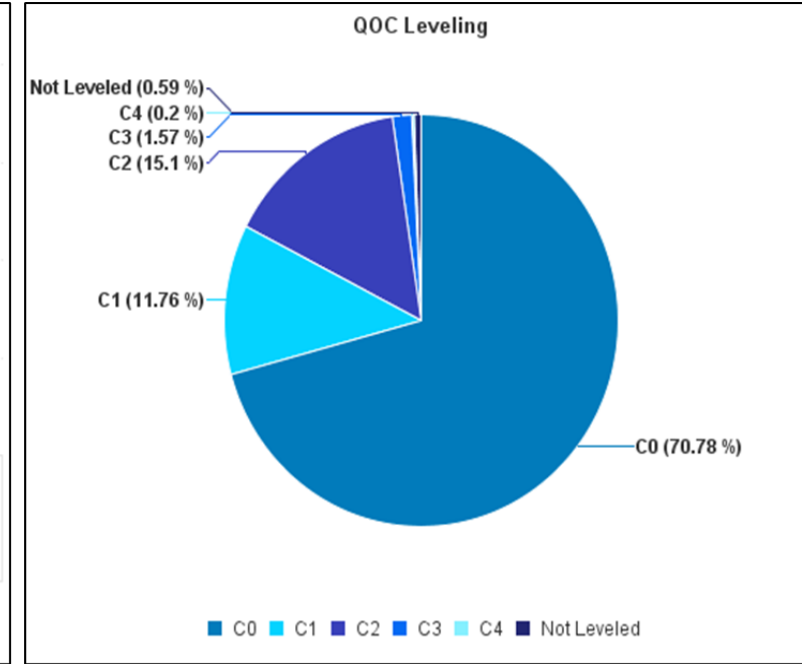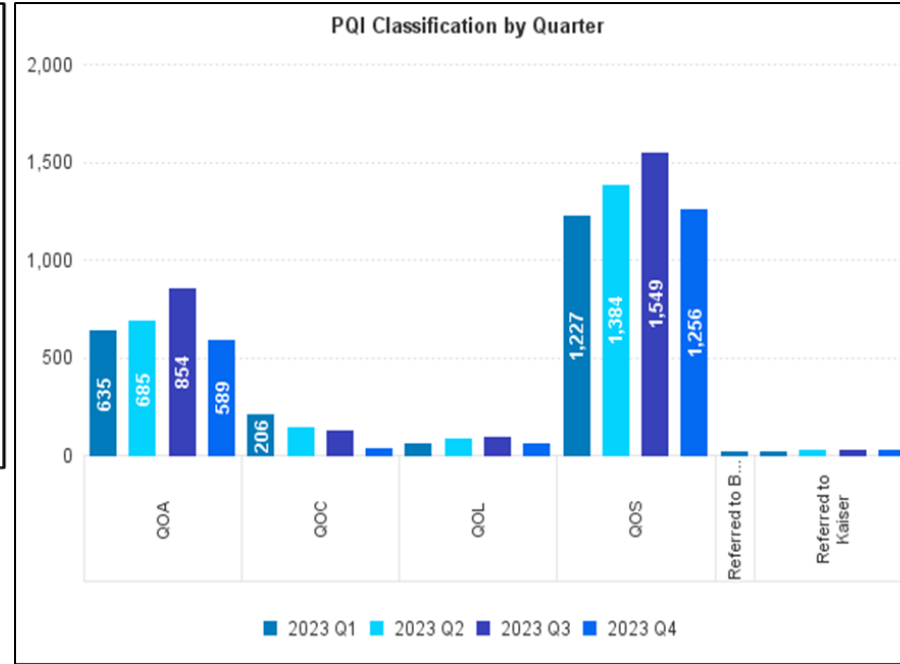
	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Total
QOA	635	685	854	589	2763
QOC	206	144	125	35	510
QOL	58	79	88	57	282
QOS	1227	1384	1549	1256	5416
Referred to Beacon	18				18
Referred to Kaiser	19	21	27	21	88
Total:	2163	2313	2643	1958	9077

	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Total
C0	146	99	87	29	361
C1	23	12	21	4	60
C2	34	31	11	1	77
C3	2	1	5		8
C4		1			1
Not Leveled	1		1	1	3
Total:	206	144	125	35	510

PQIs Still Open by Quarter Received

Quarter	# PQIs
2023 Q3	28
2023 Q4	164
Total:	192

PQI Corrective Action Plan (CAP) Dashboard for 2023

Purpose: To provide a high-level overview of the CAPs issued in 2023

Leveling	Leveling Description
Quality of Care 2	Borderline QOC - Potential for adverse event or outcome.
Quality of Care 3	Moderate QOC - Actual adverse event or outcome (non-life or limb threatening).
Quality of Care 4	Serious QOC - With significant adverse event or outcome (life or limb threatening).

Level	Q1	Q2	Q3	Q4	Total
C2	0	2	3	0	5
C3	1	4	1	4	10
C4	2	1	0	0	3
Total	3	7	4	4	18

CAPs Issued by Level

- 5 (27.78 %) — C2
- 10 (55.56 %) — C3
- 3 (16.67 %) — C4
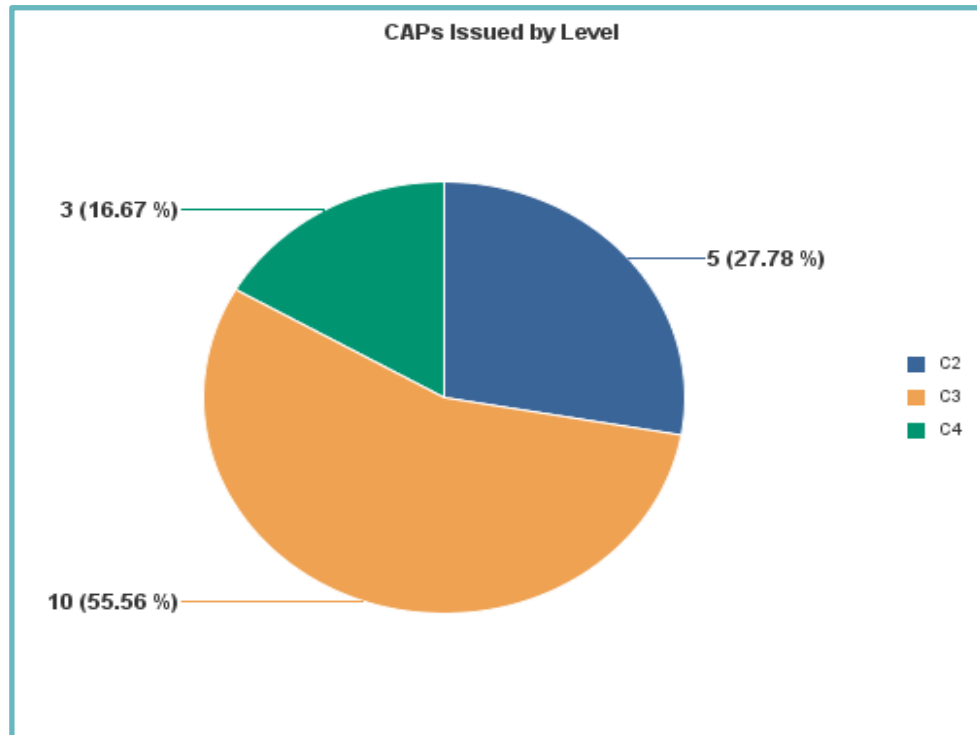
Name of Provider
ABSMC (C3)
Alameda Healthcare and Wellness Center (C4)
Alameda Hospital (C3)
East Oakland Health Council Pharmacy (C3)
Eden Medical Center (C2)
Highland Hospital (C2, C2, C3)
Kentfield Hospital San Francisco (C2)
Kindred Hosptial (C3)
Kindred Nursing and Rehab-Livermore (C4)
Marina Garden Nursing Center (C3)
Modivcare (C3x4)
San Leandro Health Care SNF (C4)
Sonoma Specialty Hospital (C2)

2024 QIHE Plan Focus

▷ Continue clinical safety monitoring of PQI, Substance Use Disorder, FSR, and IRR

▷ Implement quality monitoring process for Skilled Nursing Facilities/Long Term Care facilities

Member Experience & Access

Loc Tran

MY 2022 Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.1H Survey Summary

To measure how well plans meet their **members' expectations** and goals

To determine which areas of services that have the **greatest effect** on members' overall satisfaction

To identify the **areas of opportunity** for improvement

ALAMEDA
Alliance
FOR HEALTH

Medi-Cal Child Trended Survey Results

Getting Care Quickly: <5th QC Percentile Rank

▷ White/Hispanic/Latino/Other rate us above the plan average score

▷ African American/Asian/American Indian or Alaska Native rate us below the plan average score

Urgent Appointment: 80.6%   **Non-Urgent Appointment:** 65.4%

Getting Needed Care: 19th QC Percentile Rank

▷ White/Hispanic/Latino rate us above the plan average score

▷ Asian/Native Hawaiian/Pacific Islander/American Indian or Alaska Native/Other rate us below the plan average

▷ African American stay even with the plan average score

Getting Care, Test, or Treatment: 78.5%

Getting Specialist Appointment: 80.0%

Summary Rate Scores: Medi-Cal Child					
	2022 QC %	**MY2022**	**Previous Year Comparison**	**MY2021**	**MY2020**
Getting Needed Care (% Always or Usually)	84.2%	79.2%	↑	78.4%	82.2%
Getting Care Quickly (% Always or Usually)	86.7%	73.0%	↓	77.8%	78.8%

ALAMEDA
Alliance
FOR HEALTH

Medi-Cal Adult Trended Survey Results

Getting Care Quickly: 16th Percentile Rank

▷ White/African American/American Indian or Alaska Native/Other rate us above the plan average score

▷ Asian/Pacific Islander/Native Hawaii rate us below the plan average score

▷ Hispanic/Latino stay even with the plan average score

Urgent Appointment: 76.1%   **Non-Urgent Appointment:** 69.7%

Getting Needed Care: 9th Percentile Rank

▷ White/Native Hawaiian/Pacific Islander/Latino/American Indian or Alaska Native rate us above the plan average score

▷ African American/Asian/Other rate us below the plan average score

Getting Care, Test, or Treatment: 80.0%

Getting Specialist Appointment: 70.3%

Summary Rate Scores: Medi-Cal Adult					
	2022 QC %	**MY2022**	**Previous Year Comparison**	**MY2021**	**MY2020**
Getting Needed Care (% Always or Usually)	81.9%	75.2%	↓	75.9%	79.0%
Getting Care Quickly (% Aways or Usually)	80.2%	72.9%	↓	75.9%	72.4%

Commercial Adult Trended Survey Results

Getting Care Quickly: <5th Percentile Rank

▷ White/African-American/American Indian or Alaska Native/Other/Hispanic rate us above the plan average score

▷ Asian/Native Hawaiian rate us below the plan average score

Urgent Appointment: 55.4%   **Non-Urgent Appointment:** 56.5%

Getting Needed Care: <5th Percentile Rank

▷ American Indian or Alaska Native/Other/Hispanic rate us above the plan average score

▷ White/Asian/Native Hawaiian rate us below the plan average score

▷ African American stay even with the plan average score

Getting Care, Test, or Treatment: 73.1%

Getting Specialist Appointment: 70.8%

Summary Rate Scores: Commercial Adult					
	2022 QC %	**MY2022**	**Previous Year Comparison**	**MY2021**	**MY2020**
Getting Needed Care (% Always or Usually)	83.8%	72.0%	↑	65.8%	75.2%
Getting Care Quickly (% Always or Usually)	82.6%	56.0%	↓	62.0%	71.1%

2024 QIHE Workplan Focus

▷ Discussion and development of improvement strategies with internal stakeholders

▷ Encourage/support provider in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or follow up care

▷ On-going provider education and onsite office visits to provider not meeting Timely Access year over year

▷ Access related measures included on P4P

Population Health Management

Health Education

Linda Ayala

ALAMEDA
Alliance
FOR HEALTH

2023 Population Health & Equity

1) 2023 NCQA PHM Strategy and DHCS PHM deliverable

2) PHM monitoring and evaluation

3) Health Education Program

   ▸ Diabetes Prevention Program, Maternal Mental Health

4) Disease Management

   ▸ Asthma, Diabetes, Depression, Hypertension

2023 Population Health Management

1) Updated the Alliance PHM Strategy for 2023
   - Midpoint review conducted and presented to the PHM Committee.
   - The October DHCS PHM Strategy deliverable was submitted and approved.

2) Population Needs Assessment
   - Initiated discussions with Alameda County and City of Berkeley to develop shared goals and meaningful participation in their Community Health Assessment and Community Health Improvement Plans (CHA/CHIP).

3) Began monitoring and submission of PHM Key Performance Indicators (KPIs) to DHCS in Fall of 2023.

Alliance 2023 PHM Strategy

Strategic Pillars	2023 Programs
Address primary care gaps and inequities	• Non-utilizer outreach campaigns • Breast cancer screening - Equity • Under 30 months well visits – Equity
Support members managing health conditions	• Hypertension & diabetes disease management • Maternal mental health • Follow-up after ED visit for mental illness and substance use
Connect members in need to whole person care	• Transitional Care Services • Catastrophic case management • California Children's Services (CCS) referrals

2023 Health Education

▷ **Health Education**

- ▸ Launched DPP with Yumlish and HabitNu

- ▸ Maternal Mental Health workgroup met to define provider guidelines, workflows, and program outreach strategy

▷ **Disease Management**

- ▸ Launched diabetes and asthma letter campaigns

- ▸ Offering diabetes health coaching

Living Your Best Life

Adult members with asthma, diabetes, and high blood pressure

Members in the perinatal period with or at risk for depression

BirthWise Wellbeing

Happy Lungs

Pediatric members with asthma

Maternal Mental Health
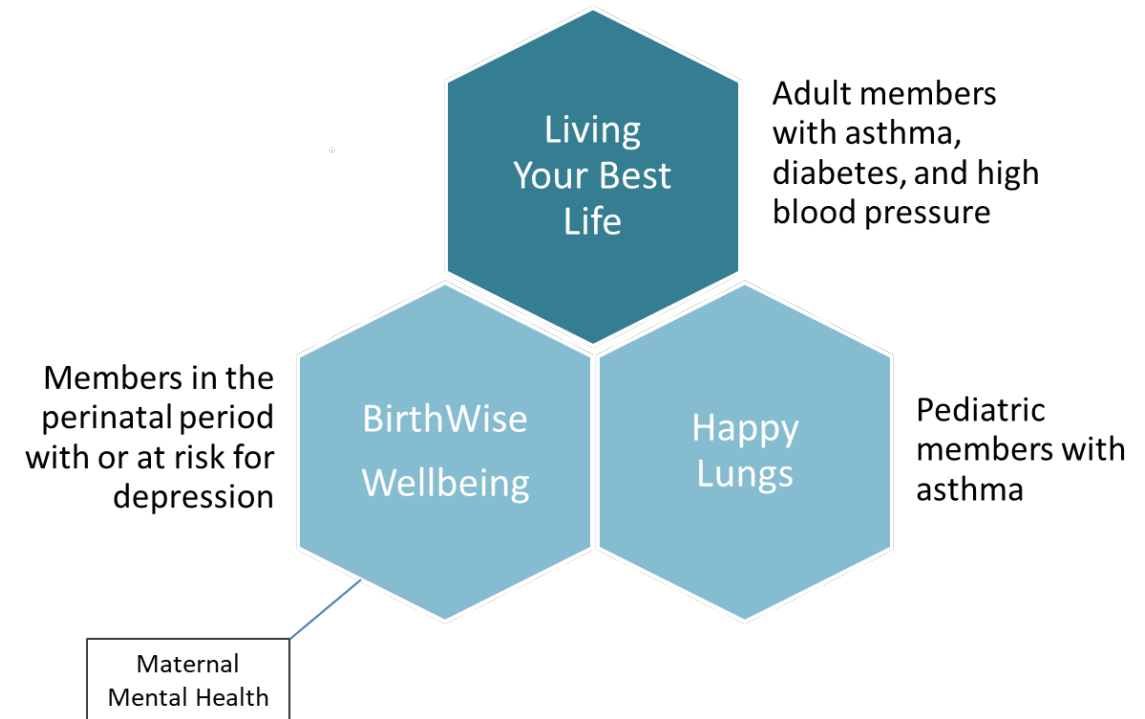
2024 QIHE Workplan Focus

Population Health Management

▷ Develop 2024 NCQA PHM Strategy and DHCS PHM deliverable

▷ Meaningful participation in CHA/CHIP and collaborative shared goals with Alameda County and City of Berkeley

▷ Expand PHM monitoring and evaluation processes

Health Education

▷ 95% timely fulfillment of health education materials and referrals

▷ Develop a new health education initiative

▷ Expand Alliance doula provider network

▷ Maternal and child health equity program

▷ Support Disease Management populations with closing care gaps

Cultural and Linguistic Services

ALAMEDA
Alliance
FOR HEALTH

2023 Cultural and Linguistic Services Focus
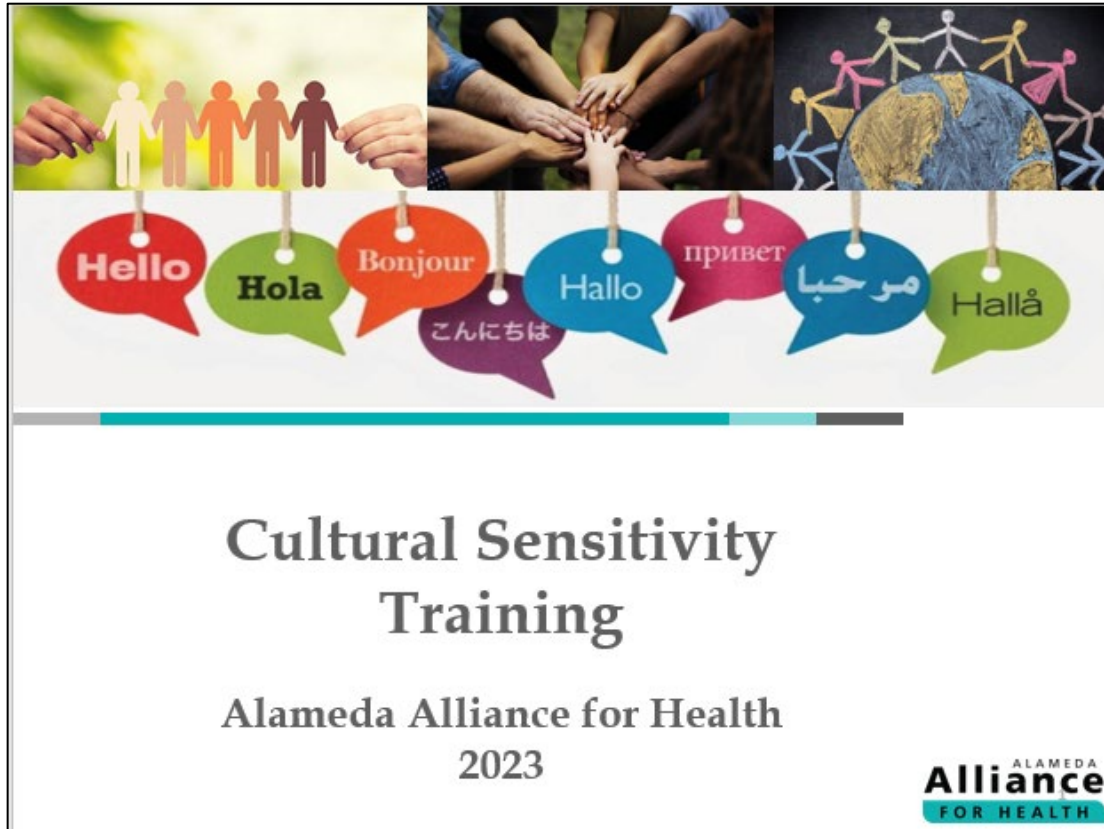
▷ **Interpreter Services**

　　▸ Reach an average fulfillment rate of ninety-five percent (95%) or more for in-person, video and telephonic interpreter services.

▷ **Member Satisfaction**

　　▸ 81% of adult members and 92% of child members who need interpreter services will report receiving a non-family qualified interpreter through their doctor's office or health plan.

▷ **Community Engagement and Input**

　　▸ Implement DHCS 2024 contract requirements to the Community Advisory Committee (CAC).

▷ **Provider Language Capacity**

　　▸ Complete NCQA Net 1A Report.

▷ **Cultural Sensitivity Training**

　　▸ Implement DHCS 2024 contract requirements in both staff and provider training.

2023 Summary and Highlights

▷ **Interpreter Services**

▸ Over 57,000 services provided, in 112 languages by 3 vendors.

▸ Averaged 95% or above quarterly fulfillment rate.

▸ Utilization increased for all interpreter services modalities (in-person, telephonic, and video).

▷ **Member Satisfaction**

▸ Percentage point increase for adults and child in favorable responses on the Member Satisfaction Survey, CG-CAHPS to the survey question: *"Were you able to communicate with your doctor and clinic staff in your preferred language?"*

▷ **Community Engagement and Input**

▸ Welcomed one (1) new Community Advisory Committee (CAC) member.

▸ Updated CAC Charter to include 2024 DHCS contract requirements.

▸ Passed resolution to create a CAC Selection Subcommittee.

▷ **Cultural Sensitivity Training**

▸ Cultural Sensitivity Training – 100% attendance

In-Person	Telephonic	Video
Cantonese	Spanish	Cantonese
Spanish	Cantonese	Spanish
Vietnamese	Mandarin	Mandarin
Mandarin	Vietnamese	Vietnamese
American Sign Language	Arabic	Arabic
Arabic	Dari	Portuguese
Dari	Farsi	Farsi
Russian	Punjabi	Taishanese
Punjabi	Russian	Dari
Burmese	Tigrinya	Korean

Average Favorable Response Rate	2022	2023
Adult	81.1%	84.9%
Child	92.6%	95.5%

2024 CLS Workplan

▷ Language Assistance Services

  ▸ Reach or exceed an average fulfillment rate of 95%.

  ▸ Track interpreter services utilization for behavioral health services.

▷ Provider Language Capacity

  ▸ Reach or exceed an average fulfillment rate of 95%.

▷ Member Satisfaction

  ▸ 81% of adult members and 92% of child members who need interpreter services will report receiving a non-family qualified interpreter through their doctor's office or health plan

  ▸ Complete the Timely Access Requirement (TAR) Survey

▷ Provider Network

  ▸ Complete Net 1A Analysis and Report (Race and/or Ethnicity)

▷ Community Engagement and Input

  ▸ Implementation of DHCS 2024 contract updates to the CAC.

▷ Potential Quality Issues (PQIs)

  ▸ Monitor, evaluate and conduct interventions for PQI-Quality of Language with a closure rate of 95% or more within 30 business days.

2023 QIHE Program Evaluation Summary

▶ Overall improved performance with active interventions

▶ Increases in MY 2023 HEDIS/MCAS performance compared to last year; though noted 80K regulatory fine (MY 2022)

▶ Clinical safety program stable with no significant areas of concern/trends

▶ Access to appointments continue to be a focus area; workforce/turnover in provider offices

▶ Met DHCS deliverables for Population Health Management Program (i.e. PHM Strategy approved, CHA/CHIP collaboration, and KPI monitoring)

▶ Offerings for Health Education and Cultural & Linguistics Services continue to meet member's needs and program goals

▶ Increased intention with Health Equity activities

▶ New quality monitoring: Behavioral Health, Long Term Care

2024 Quality Improvement Health Equity (QIHE) Workplan

ALAMEDA Alliance FOR HEALTH

Quality of Care & Service

- Annual QIHE Program Evaluation

- Increase HEDIS Rates MY 2024 to meet/exceed minimum performance level (MPLs)

- Pay for Performance: webinars and joint meetings with delegates/directs

- Health Equity Incentive Pilot (New)

- QI PDSA Cycle Training

- Performance Improvement Projects:

  → Priority PIP: Follow Up After Emergency Department Visit for Mental Illness/substance use (FUA/FUM)

  → Equity PIP: Improve Well Child (W15) for African Americans

- Workgroups & Projects: Meet/Exceed MPLs for Women's Health, Well-Child, Chronic Disease Management, Behavioral Health (New: initiatives for quality monitoring).

- Engagement outreach program (New)

- Provider trainings on HEDIS measures

- Non/Under Utilization Outreach

- Increase Initial Health Appointment rates

Safety

- Potential Quality Issue turn around time (≥95%) within 120 days, annual training, and inter-rater reliability audits

- Exempt Grievances Auditing

- 100% Corrective Action Plan closure within 30 days for Facility Site Reviews

- Skilled Nursing Facility/Long Term Care Quality Monitoring (i.e. attestation, site visit audit tool, quality measures) (New)

Member Experience

- Provider and member education for Opioid/SUD

- Access to Care (meet/exceed timely access standard goals)

- Provider Satisfaction Survey

- Member Satisfaction Survey

- Provider visits and Training (New)

Population Health/Health Ed/Cultural & Linguistic

- Population Health Management: DHCS Readiness, Health Equity NCQA Readiness, KPIs, PHM Strategy/Evaluation, Population Assessment, DEI Strategic Framework

- Health Education Programs: Maternal Mental Health, Health Education Program Description, Asthma, Diabetes, Heart Disease (New)

- Cultural & Linguistics (CLS) Assessment, Language Assistance Services, (BH: New), Provider Language Capacity, CLS training, Community Advisory Committee, Timely Access Survey – interpreter (New), PQI-QOLs (New)

2024 Regulatory activities

▷ DHCS audit readiness

▷ NCQA readiness

▷ DSNP development and implementation

Questions?

Case Management Program Description, Evaluation & Work Plan

Lily Hunter

AAH Case Management

Program Evaluation 2023
Program Description 2024
Work Plan 2024

ALAMEDA
Alliance
FOR HEALTH

Synopsis

2023 Case Management Program Evaluation

Alliance CM Delegation Enrollment Volume 2023

2023 Alliance Delegated Network				
Provider Network/ Delegate	Provider Type	Delegated Activity – Care Coordination/CM	Delegated Activity – Complex Case Management	Volume
Kaiser	HMO	Yes	Yes	48,477
CHCN	MCO	Yes	No	128,342
CFMG	Medical Group	No	No	35,401
Alameda Health System	MCO	No	No	63,548
Direct Contracted Network	Independent	No	No	76,241

Case Management Scope of Services

- Basic Population Health Management
  - Care Coordination/Management (AAH)
  - Disease Management
- Complex Case Management (AAH/Delegates)
- Specialty Programs
  - Transitional Care Services(AAH)
  - Enhanced Care Management (ECM)(CBOs)
  - Community Supports Services

CCM Case Referral Sources and Outcomes

2023 Complex Case Referral Sources

- Other, [3], 1%
- Self, [20], 6%
- UM Dept, [4], 1%
- Member Services, [14], 4%
- Internal Report, [65], 18%
- CM/DM , [225], 64%
- Inpatient UM Dept, [11], 3%
- External Report, [3], 1%
- Community Partner/Hospital, [6], 2%
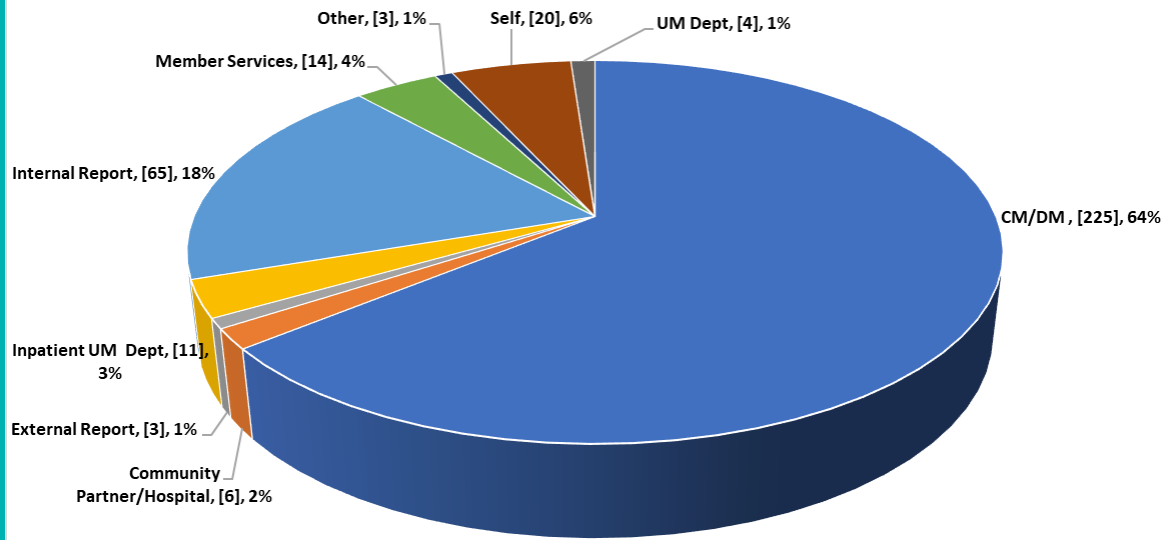
Outcomes of Members Referred from CM/DM

- Completed Program: 71
- Lost Contact: 41
- Other: 10
- Duplicative Program: 9
- Escalate services to higher level program: 6
- Member/AOR declines program: 5
- Unable to contact member: 5
- Termination of coverage: 3
- Deceased: 2
- Admission: 2
- Member transferred to Delegate/Other: 1
- Member non-compliant: 1
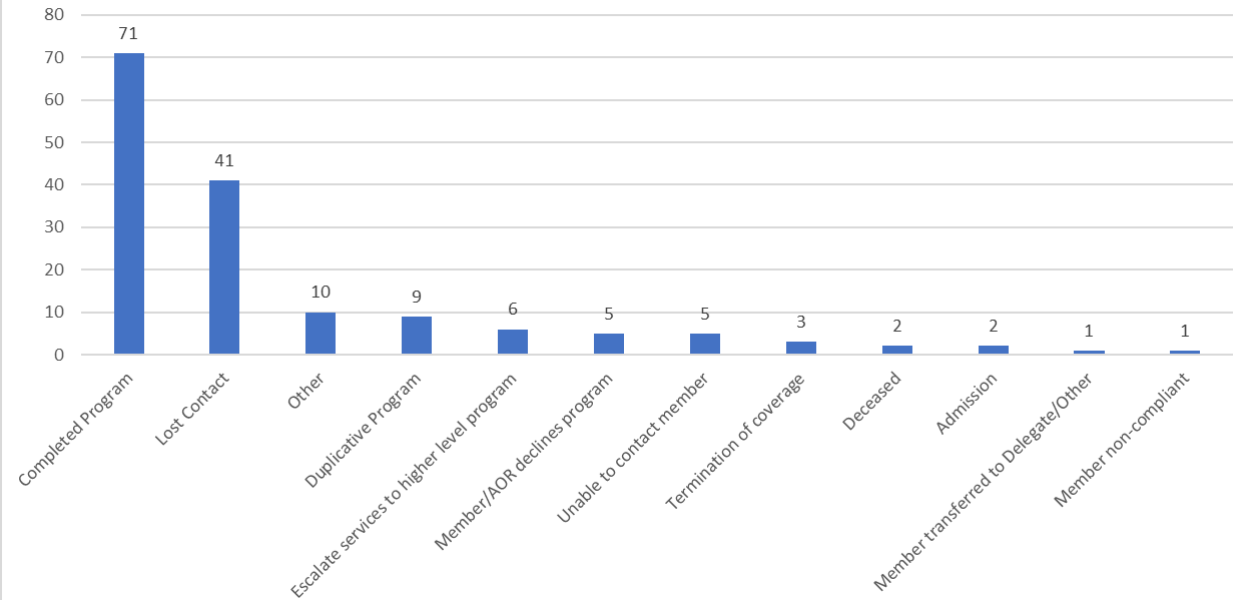
Transitional Care Services (TCS) 2023

- High-Risk members only

- 3586 new cases

- Regulatory Requirement
    - Identified Case Manager to ensure DC plan is enacted
    - Discharge Planning Risk Assessment
    - Discharge documents for member

Case Management Volume 2023

Case Management Volume 2023
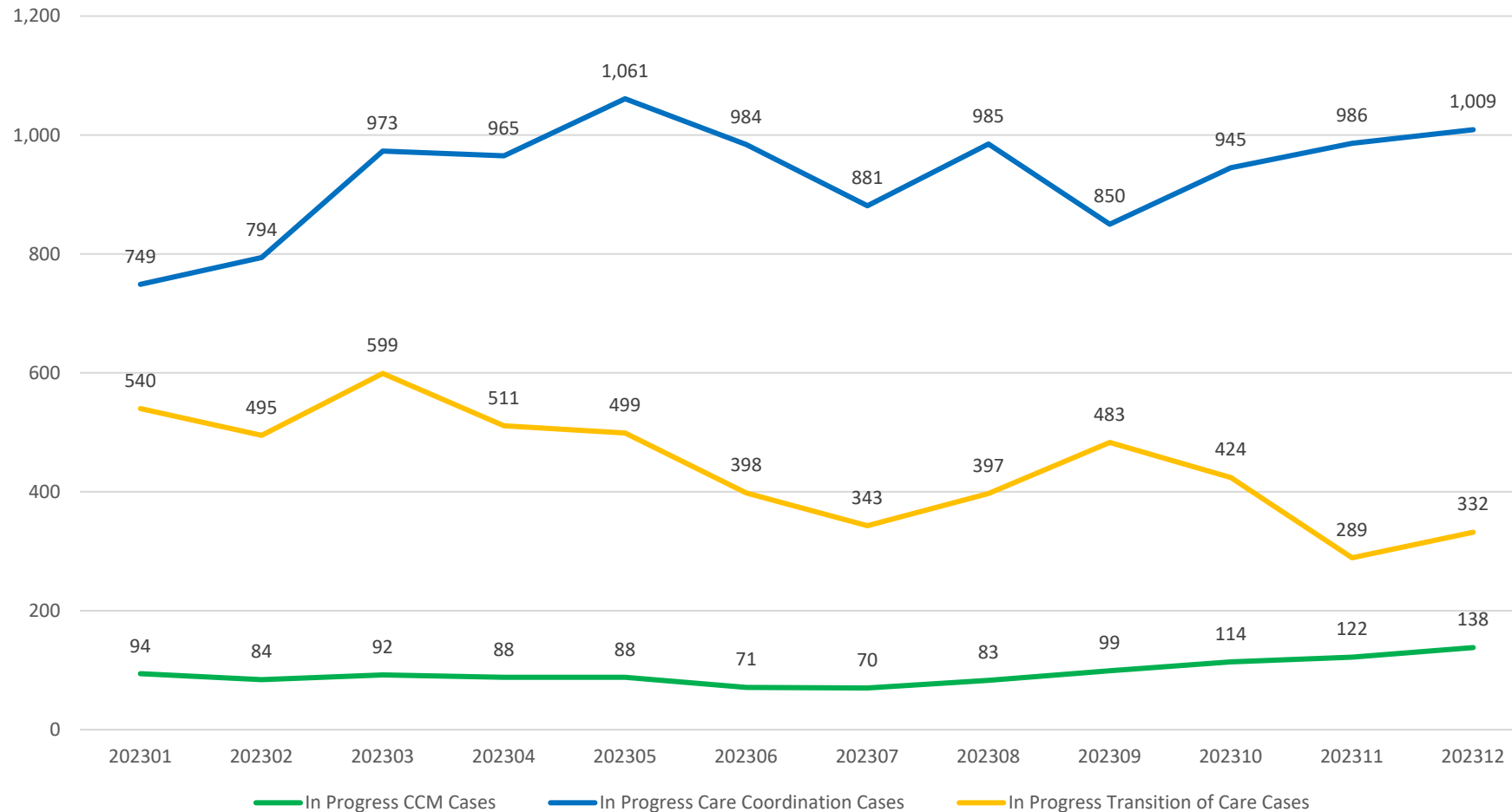
Enhanced Care Management (ECM) 2023

- 2,501 members served in 2023

(up from 1,509 in 2022)

- 36 ECM sites (up from 24 in 2022)

- Preliminary trends suggest possible improvement in hospital utilization

- Further data validation in progress

Community Supports Services

- Housing Navigation
- Housing Deposits
- Housing Tenancy & Sustaining Services
- Recuperative Care (Medical Respite)
- Medically Tailored Meals/Medically Supportive Food
- Asthma Remediation

- Added new services:

- Personal Care & Homemaker Services
- (Caregiver) Respite Services
- Home Modifications

Regulatory components & Audit findings

- 2023 – DHCS

- No adverse findings for the Case Management Department from any 2023 audits

Health Risk Assessments (HRAs)

- Outreach to Seniors and Persons with Disabilities (SPD)

- Newly enrolled

- Annual assessments

- Level of intervention is based on level of risk identified
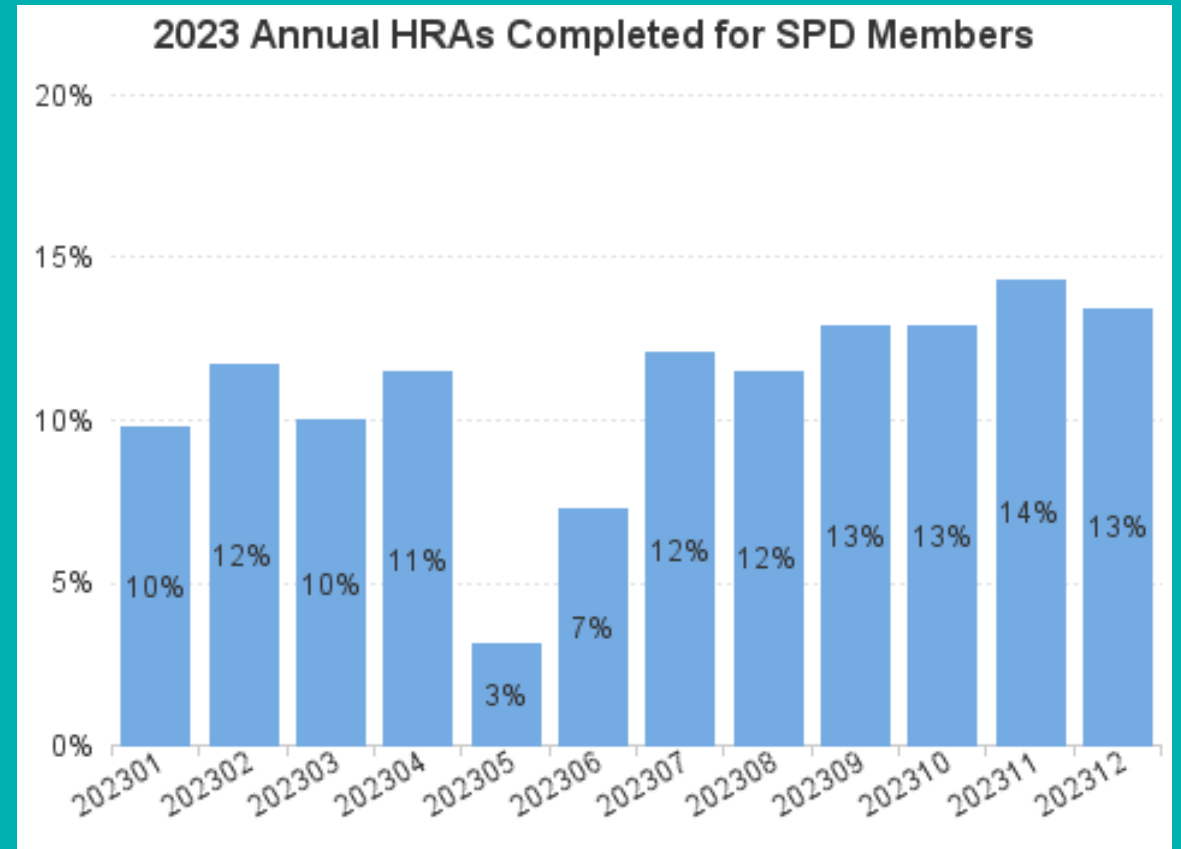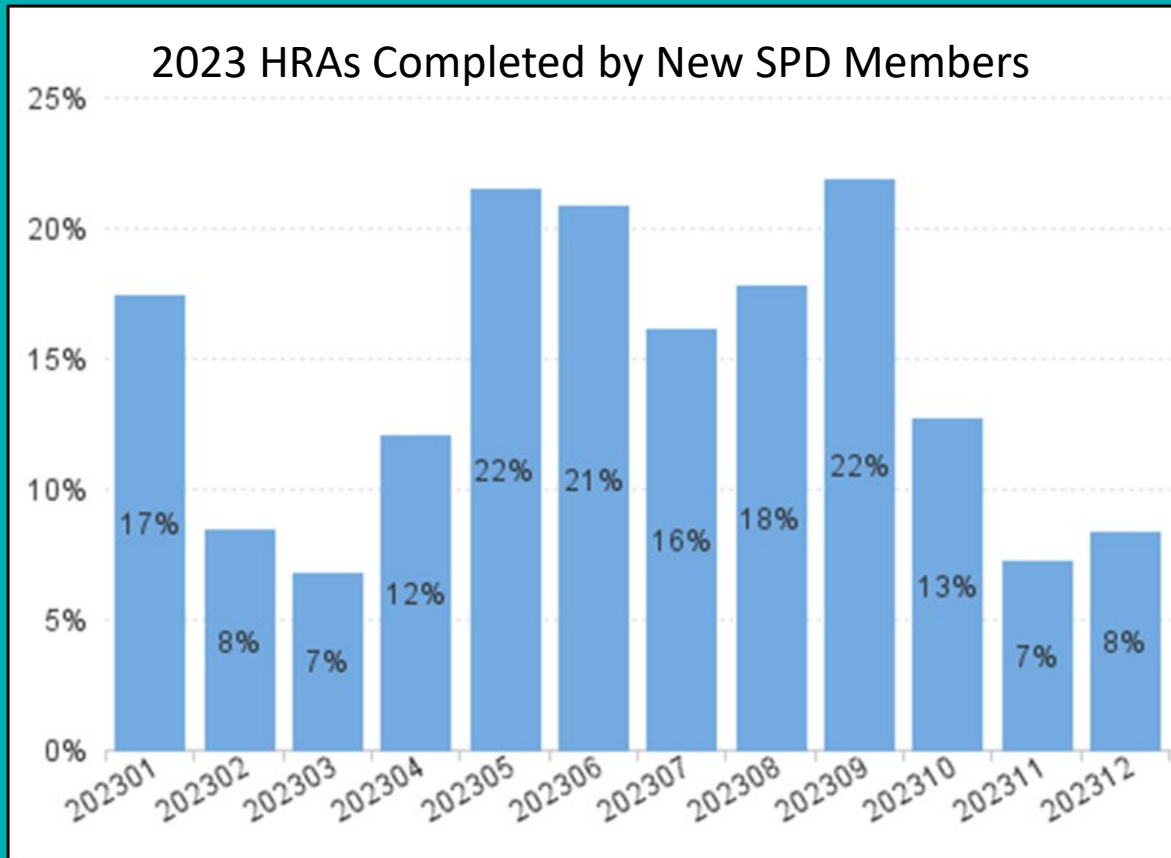
Interdisciplinary Rounds (IDT)

- Every complex case open >90 days is reviewed at IDT

- Rounds held bi-weekly

- Daily aging report notifies staff of open case at 60 days of age

Complex Cases ≥ 90 days	Outcome of IDT	% of Timely IDT based on Report
0	No IDT	0%
18	Timely	100%
0	Untimely	0%

Transportation

- Insource of acquiring Physician Certification Statement (PCS)

- Hired Transportation Coordinators to assist

- Ended 2023 with ~88% within compliance

- Up from 30-50% within compliance when PCS was still managed by the transportation subcontractor

Transportation

Trips with PCS on File Covering Date of Trip

Month	Percentage
2023-10	74.67%
2023-11	85.05%
2023-12	87.76%
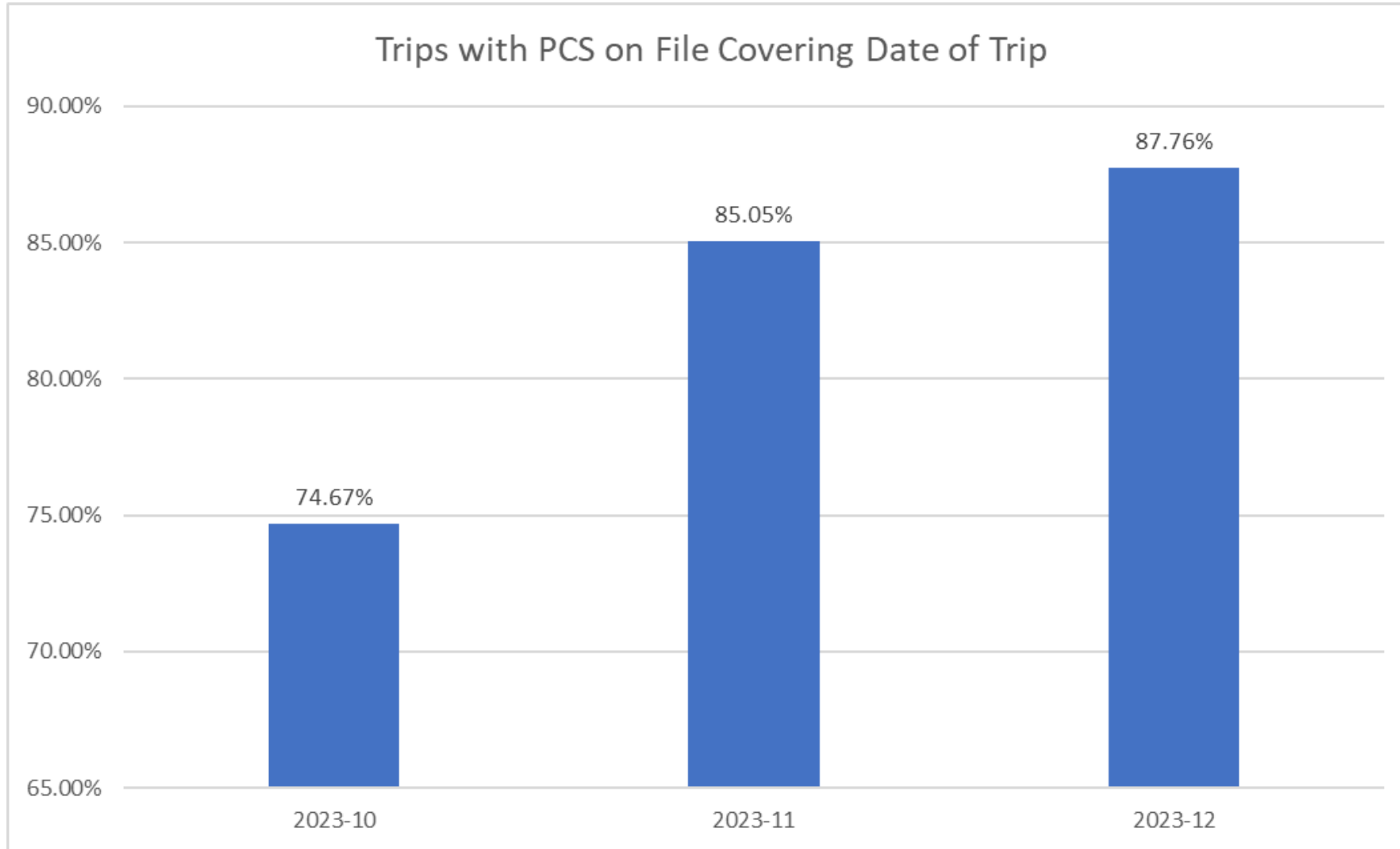
2023 Delegate Annual Audit Results (CM Components Only)

Delegate Name	Provider Type	Delegated Activity – Care Coordination/Case Management	Delegated Activity – Complex Case Management	2023 Audit Results	Corrective Action Required
Kaiser	Health Maintenance Organization (HMO)	Yes	Yes	No deficiencies found	None
CHCN	Managed Care Organization (MCO)	Yes	No	1 finding File Reivew (91% score) *This is a preliminary finding*	Retraining of staff already addressed in 2022 audit
Beacon/College Health IPA (through 3/31/23)	Managed Behavioral Healthcare Organization (MBHO)	Yes	Yes	No audit* * In April 2023, MH/BH services were insourced into AAH	No audit*

Behavioral Health

Insourcing from Beacon completed as of 4/1/23. This included the simultaneous of state MH screening tools and coordination with Alameda County Behavioral Health.

2023 Transition of Care Tools

BH Care Coordination
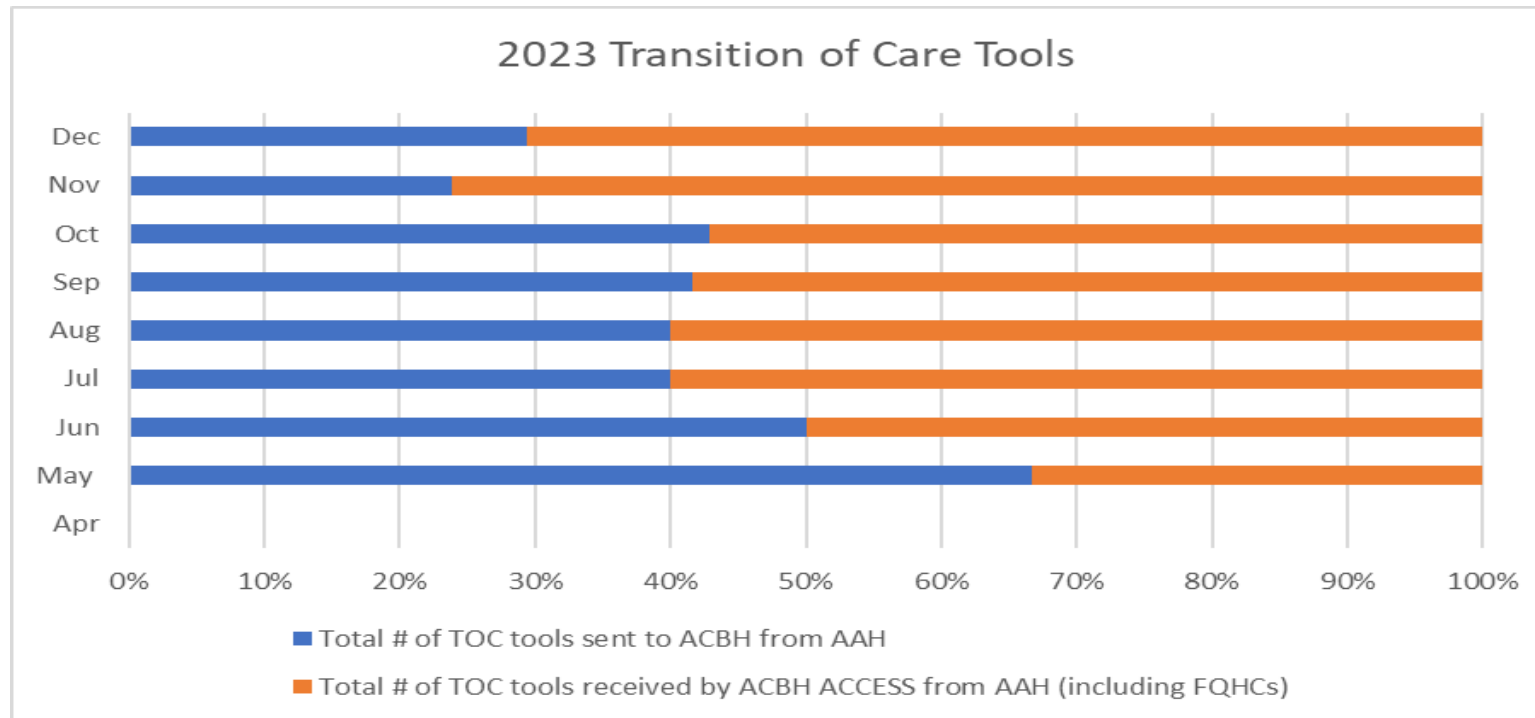
2023 Total Care Coordination Referrals

Month	Value
Apr	244
May	208
Jun	233
Jul	258
Aug	337
Sep	382
Oct	308
Nov	234
Dec	206
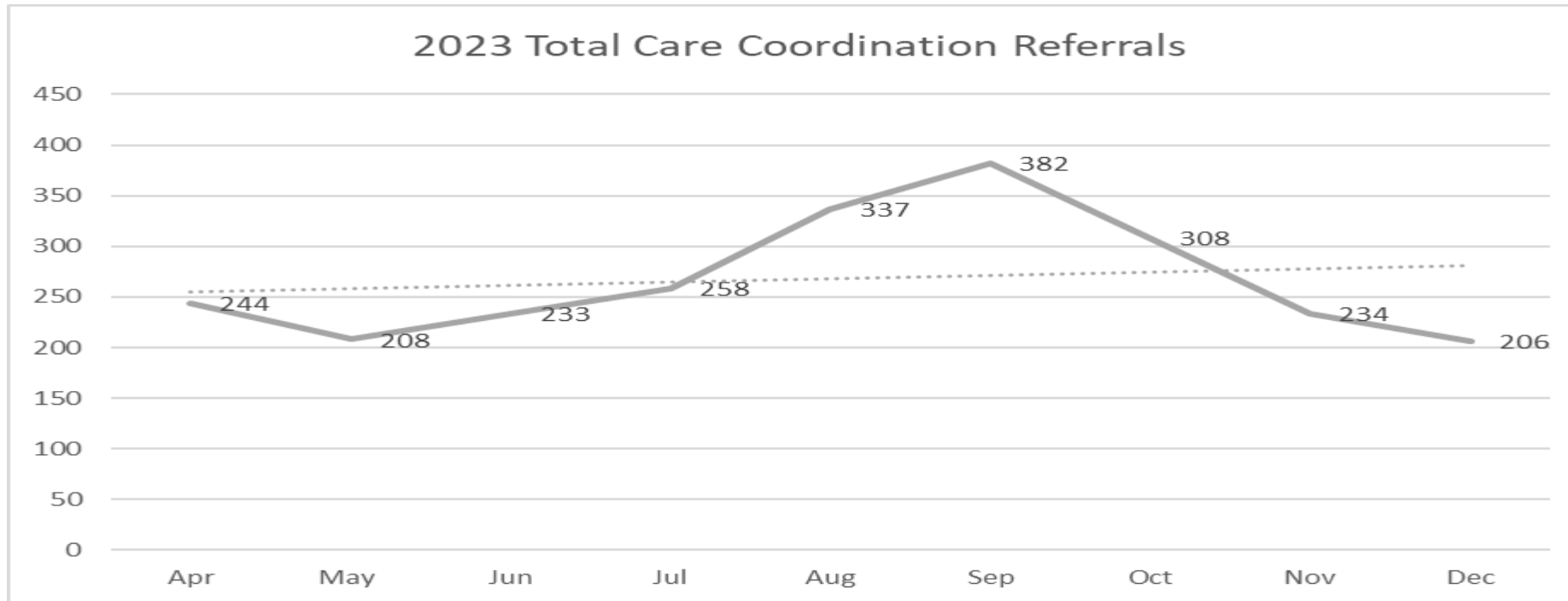
Referrals remain steady and reflect a typical seasonal variation. The primary case closure reasons = member connected to care/care rendered.

Synopsis

2024 Case Management Program Description

Program Description Summary

o   The Program Description covers all aspects of the CM program, including the structure within Alameda Alliance, authority and relationship to the Board of Governors, compliance with regulatory requirements, staffing model and roles, program elements, CM processes, relationship to delegated entities, and integration with quality improvement activities.

o   In 2023, the CM Program continued programs from 2022 and is expanding in 2024.

o   Highlighted changes:

  o   Behavioral Health Insourcing Integration

  o   Transitional Care Services requirements

  o   Enhanced Care Management (ECM) Additional of Populations of Focus

  o   Community Supports Services

  o   Management of Transportation Services Benefit

  o   Title and Role changes

  o   2023 Program Improvement Opportunities

  o   Updated CM Workplan

2024 CM Program Opportunities for Improvement

o   Redesign the CM program to focus on key CM activities, monitoring through UMC & QIHEC

o   Ensure information systems reflect reporting needs for compliance monitoring and oversight

o   Conduct ongoing auditing and monitoring of key operational areas

o   Expand ECM network providers

o   Expand CS services and network providers

o   Collaborate with PHM Team on Population Health Strategy

o   Focused effort on obtaining and updating member contact information

o   Enhanced Transportation Benefit Oversight

o   Enhance delegation oversight activities for CM, Care Coordination, CCM, and TCS.

o   Collaborate with Health Care Analytics on refinement of data and tracking of Program Outcomes

UM Program Description, Evaluation & Workplan

Michelle Findlater

Alameda Alliance UM Trilogy Documents

2023 UM Program Evaluation

2024 UM Program Description

2024 UM Workplan

QIHEC

Michelle Findlater

Director Utilization Managemet

ALAMEDA
Alliance
FOR HEALTH

UM Program Evaluation
Synopsis

2023

UM Program Scope

- The UM Program serves Alliance members by ensuring that appropriate processes are used to **review and approve the provision of medically necessary covered services**.

- The UM Program also ensures **timely and appropriate access to care**, including the provision of **continuity of care** and **coordination of medical and behavioral services** to improve member health outcomes.

- Additionally, the UM Program encompasses delegated utilization management functions, whereby the Alliance provides **oversight and monitoring of delegated entities for compliance with all utilization management activities**.

UM Process: Turn Around Time

2023 Combined Inpatient & Outpatient Authorization TAT						
	Q1	**Q2**	**Q3**	**Q4**	**MY2023**	*Goal*
Medi-Cal	97%	97%	97%	97%	**97%**	*95%*
Group Care	100%	98%	98%	98%	**99%**	*95%*
Overall	99%	98%	97%	98%	**98%**	*95%*

In 2023- Overall, TAT Compliance was 98% across both product lines.

In 2022- Overall, TAT compliance was 98.5% across both product lines.

This represents a consistent year-over-year trend above the 95% benchmark

UM Process: Denial Rates

2022 vs. 2023 Denial Rates by Delegates
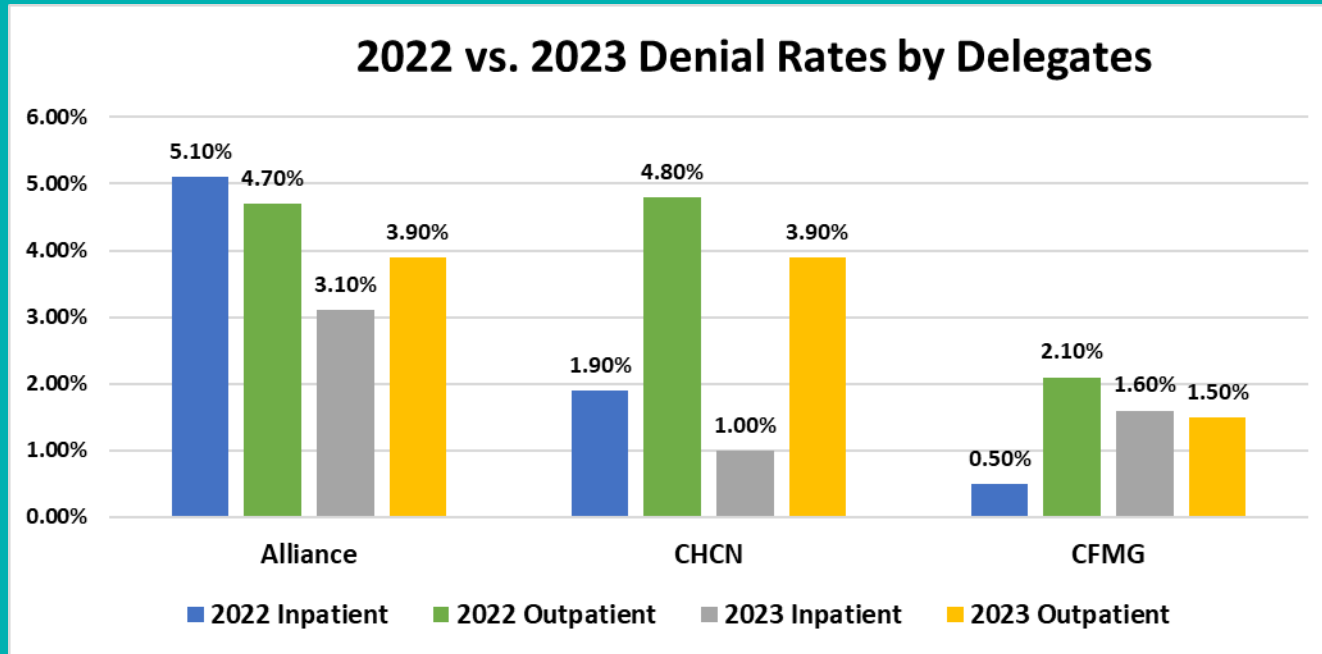
- 2023 Inpatient authorization denial rate- 1.9%
- 2023 Outpatient denial rate- 3.1%
- Combined 2023 all denial rates for all networks was 2.5%
- This is a -0.7% year-over-year decrease compared to 2022

UM Outcomes: 2023 ER Visits

ER Visits Per 1000 By Network and Overall Total
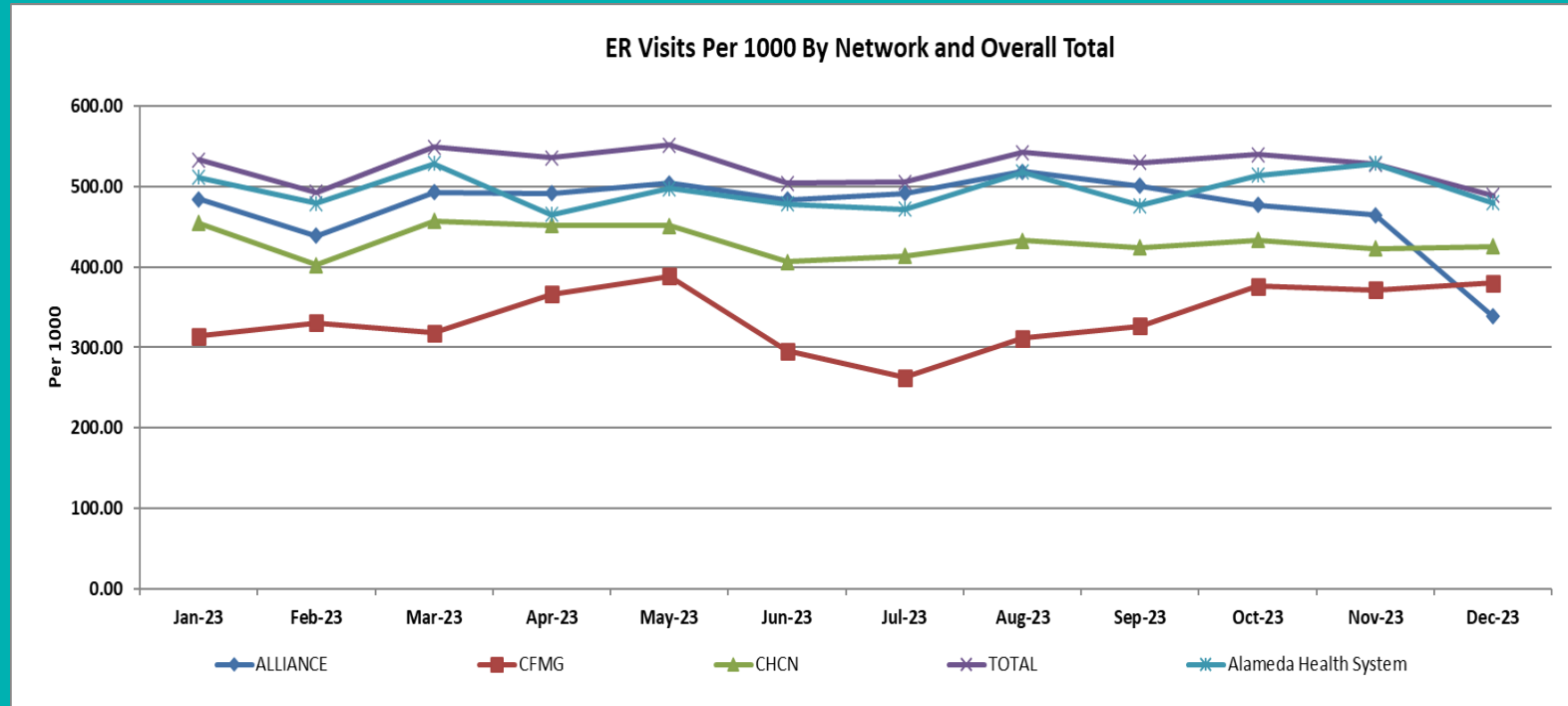
In 2023, emergency utilization was 525.0 visits/1000 members across all networks, which was an increase in volume (+9.9) compared to 2022.

CFMG has lowest ER utilization rate (336.9 visits/1000)

AHS have the highest emergency room utilization rates (495.56 visits/1000)

In 2024 we will focus on PHM and QI projects to monitor diagnosis trends and identify and reduce repeat utilization

UM Outcomes: ALOS

ALOS by Aid Category
Jan 2023 - Dec 2023 (excludes Maternity)

Legend: MCAL CHILD, MCAL ADULT, MCAL ACA OE, MCAL SPD
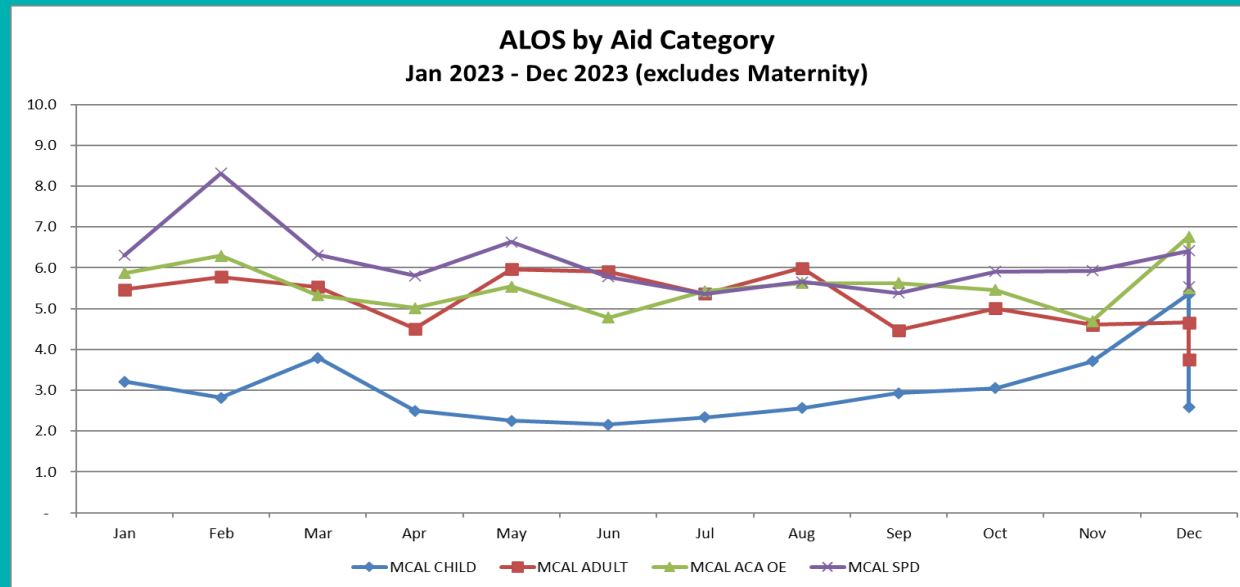
- ALOS in 2023 decreased (-0.05%) compared to 2022.

- IP and Case Management collaborate to fulfill the DHCS Transitional Care Services requirements have been effective in reducing overall Long Length of Stays.

- The most common discharge barriers related to placement difficulties included higher member age, the presence of complex behavioral health diagnoses requiring placement, conservatorship and placement needs, ventilator/ tracheostomy with hemodialysis needs, and members with multidrug-resistant organisms (MDRO) status.

UM Readmissions

2023

UM: Readmissions (Goal <18%)

2023 Monthly Readmission Trend

Month	Rate
Jan-23	18.0%
Feb-23	21.3%
Mar-23	19.3%
Apr-23	21.0%
May-23	20.1%
Jun-23	20.3%
Jul-23	21.4%
Aug-23	19.4%
Sep-23	21.0%
Oct-23	19.7%
Nov-23	21.6%
Dec-23	18.8%
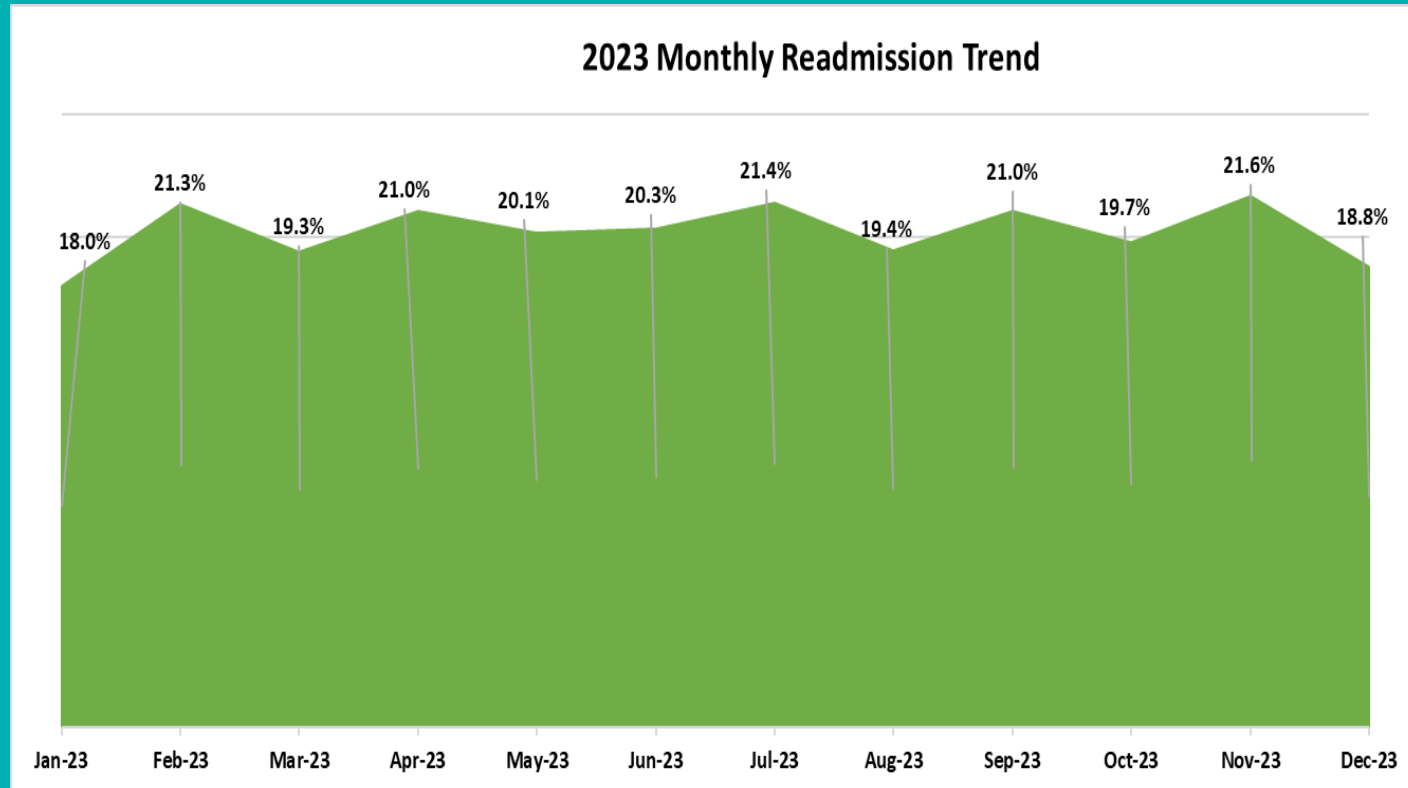
In 2023, readmission rate increased to 20.1% (+0.5) compared to 2022.

UM: Readmissions (Goal <18%)

2023 Overall Readmission Rate by Network
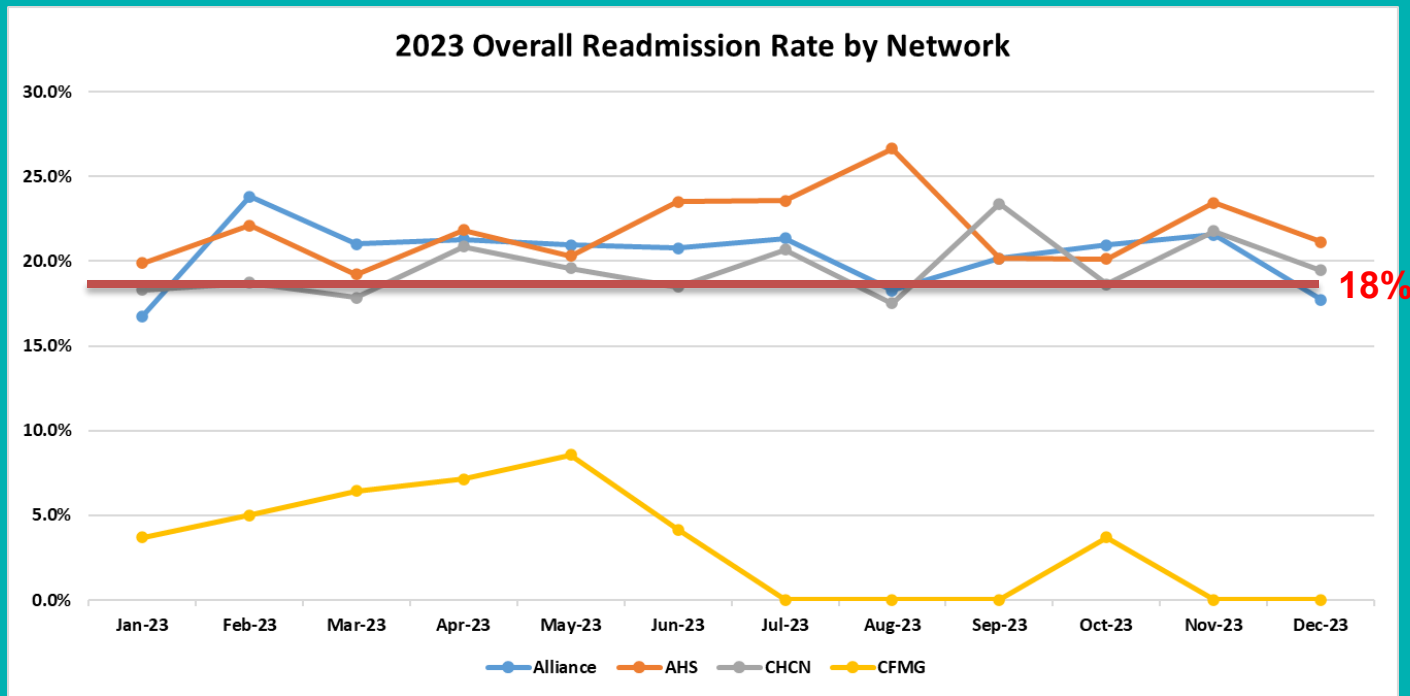
Overall Readmission Rates were 20.1% in 2023 which is higher than then the 18% Benchmark. In 2022 we also exceeded benchmark with a rate of 19.6%.

AHS/ Alliance and CHCN all have similar readmission rates

AHS reported access issues to primary care physicians and establish follow-up visits after hospital discharge in the AHS network, with current strategies focusing on replacing medical staff FTE to increase access capacity in 2024.

CFMG has a lower membership which explains the overall lower readmission rates. In 2023- they saw an upward trend in the spring months related to readmissions for dehydration and eating disorders at UCSF.

Long Term Care

2023

ALAMEDA Alliance FOR HEALTH

LTSS Turn Around Time

Quarter	Q1	Q2	Q3	Q4	MY2023
Authorizations Meeting TAT	362	473	602	902	2339
Total Authorizations	476	674	865	1407	3422
% Compliant	76%	70%	70%	64%	68%
Goal	*95%*	*95%*	*95%*	*95%*	*95%*

**For 2023, TAT compliance did not reach the goal for any quarter, with an overall TAT compliance of 68% for the year.

Root cause analysis was conducted to determine key drivers for noncompliance. The primary drivers for TAT noncompliance were related to authorization volume increase, staffing, internal process gaps, provider training needs, system configuration and data analytic issues. All primary drivers have been addressed with internal staff hiring and training, provider education, and system reconfiguration. Ongoing education and monitoring for TAT compliance will continue to be a high priority for the LTSS department in 2024.

Top LTC ER Diagnosis

ER Diagnosis

Diagnosis	Value
Epilepsy; convulsions	~29
Abdominal pain	~29
Open wounds of head; neck; and trunk	~30
Other lower respiratory disease	~32
Urinary tract infections	~38
Nonspecific chest pain	~39
Other gastrointestinal disorders	~41
Complication of device; implant or graft	~45
Other injuries and conditions due to external causes	~50
Superficial injury; contusion	~52
Complications of surgical procedures or medical care	~57

For 2023, there was a monthly average of 90 ER visits/month for the LTC population, with peaks in July, September, and October. The top 3 reasons for ER visits were surgical complications, contusions, and other conditions and injuries due to external causes.

In 2024, in collaboration with the Quality Management department, the LTSS department will develop quality performance measures for LTC facilities, with the goal of preventing unnecessary/avoidable ER visits.

LTC Admissions
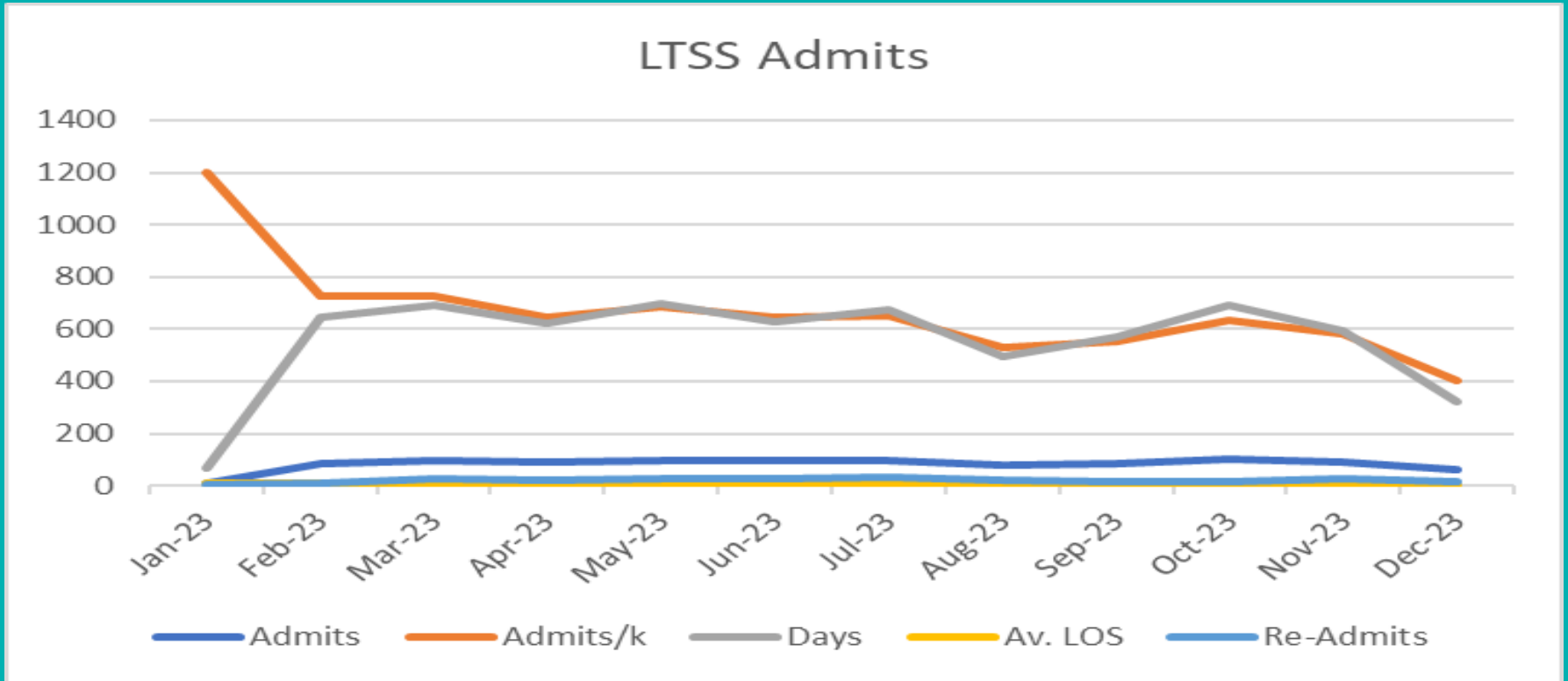
For 2023, the number of acute admissions for LTC members has been consistent, averaging 85 admits/month since the carve-in of the LTC benefit in January 2023. The average length of stay (ALOS) for 2023 was 6.25 days, and the readmission rate was 1.28% for 2023.

Delegate Oversight 2023

Delegate Name	Provider Type	NCQA Accreditation or Certification	Delegated Activity- Utilization Management	Delegated Activity- Grievance and Appeals
Kaiser	Health Maintenance Organization (HMO)	Yes	Yes	Yes
CHCN	Managed Care Organization (MCO)	No	Yes	No
CFMG	Managed Care Organization (MCO)	No	Yes	No
Beacon / College Health IPA* (through 3/31/23)	Managed Behavioral Healthcare Organization (MBHO)	Yes	Yes	No

*In April 2023, Mental Health/Behavioral Health services were insourced into The Alliance and Beacon/College Health IPA was a delegate only through March 31, 2023. Efforts in Q1 2023 were focused on transitioning the impacted members from Beacon to The Alliance.

UM Outcomes: Provider Satisfaction

Question	MY2021	MY2022	MY2023	Benchmark
Access to UM Staff	44%	49.4%	48.5% *(83rd Percentile)*	35%
Obtaining Pre-Auth Info	48%	56.8%	49.0% *(78th Percentile)*	35%
Timeliness of Pre-Auth Info	47%	52.9%	49.0% *(76th Percentile)*	36%
Facilitation of Care	46%	51.8%	48.0% *(74th Percentile)*	37%
Coverage of Prevention	60%	54.9%	54.2% *(77th Percentile)*	42%

For 2023, all scores were well above the established benchmark of 35%, however, all scores were lower in comparison to 2022. The largest decrease in provider satisfaction score was related to procedures for obtaining prior authorization information (-7.8%), followed by the timeliness of obtaining prior authorization information (-3.9%).

Behavioral Health

2023 – New In-sourcing with AAH 4/1/2024

Alliance
ALAMEDA
FOR HEALTH

Behavioral Health

- Insourcing completed as of 4/1/24, behavioral health authorizations have increased appropriately

YTD Total # of Approved and Denied Authorizations
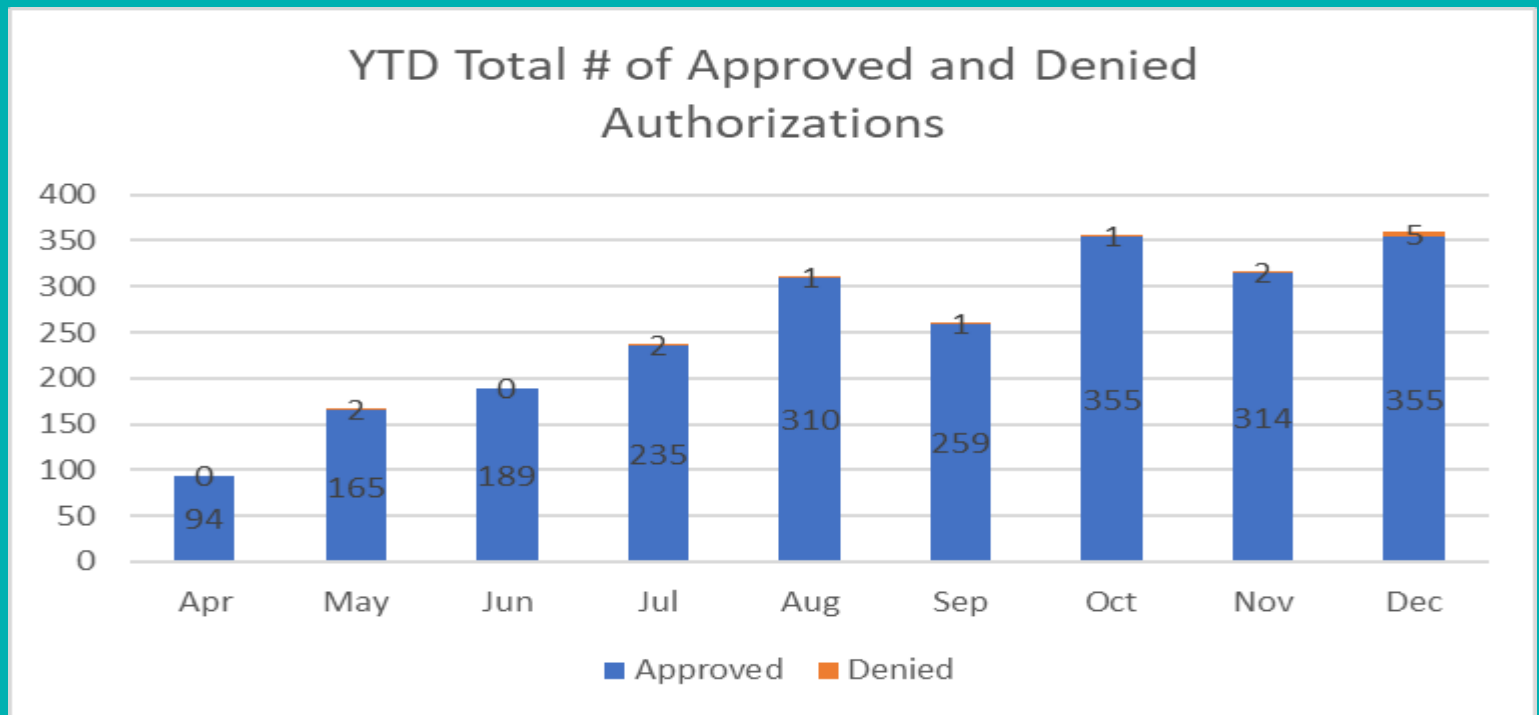
Behavioral Health

2023 BH Overall Turnaround Time (TAT)				
	Q2	Q3	Q4	MY2023
Authorization Meeting TAT	349	724	777	1850
Total Authorizations	450	808	1011	2269
% Compliant	78%	90%	77%	82%
Goal	*95%*	*95%*	*95%*	*95%*

2023 BH Overall Denial Rate									
202304	202305	202306	202307	202308	202309	202310	202311	202312	Total
0%	1%	0%	1%	0%	0%	0%	1%	1%	1%

TAT processes have been analyzed and interventions put in place. TAT will continue to be tracked/trended.

Denial rates are low as AAH seeks to engage members in appropriate care.

2024 Utilization Management Program Description

ALAMEDA
Alliance
FOR HEALTH

2024 UM Program Description

The Program Description covers all aspects of the UM program, including the structure within Alameda Alliance, authority and relationship to the Board of Governors, compliance with regulatory requirements, staffing model and roles, program elements, UM processes, relationship to delegated entities, and integration with quality improvement activities.

In 2024, the Description of the UM Program describes the ongoing components of the program and the additions of new programs

UM Leadership

- Chief Medical Officer

- UM Medical Director

- Senior Director of Health Care Services

- Director of UM

- Manager of Outpatient UM

- Manager of Inpatient UM

- Director of Long-Term Services and Supports

- Manager of Long-Term Care

- Senior Director Pharmacy Services

- Lead Clinical Pharmacist

- Senior Director Behavioral Health

- Manager Behavioral Health

Notable Changes in the 2024 UM Program Description:

- Carve Ins: Sub Acute and Intermittent Care Facilities for the Developmentally Disabled (ICF/DD)

- Behavioral Health Insourcing

- Expanded Continuity of Care process description

- Coordination with PHM strategy

- Implementation of Transitional Care Services for All members

- Program Areas of Focus for 2024

- Updated UM Workplan

2024 Program Recommendations – Focus areas

- **Delegates:** Enhance oversight for all regulatory processes

- **LTC:** Hardwire SNF carve in, quality metrics, plan for ICF in 2024

- **Data:** Refine UM data integrity and analysis

- **UM processes:** Enhancements on throughputs

- **ED / Hospital Over Utilization:** High frequency ED visits & OON Kaiser utilization, LOS strategies for Short/Routine/ Extended LOS, & Readmissions coordination with Pharm/TCS CM.

- **OON:** Enhance analysis and collaboration with PR on network

- **Quality:** Enhance identification of quality issues affecting members, focus on inpatient.

2024 Program Recommendations – Inter-Dept Collaboration

- Enhanced coordination with CM and PHM on TCS, LTC, BH, CCS, EPSDT, MOT, CS/ECM.

- Continued monitoring and process improvements to meet NOA Compliance

- Continue Tertiary Quaternary Policy

- Develop UM processes with BH insourcing

- Analyze G&A activities related to UM decision making by volume and reasons for overturn.

- Collaborate with PR and MS to enhance Member and provider satisfaction with UM.

- Develop improved capture of PQI Quality opportunities for Inpatient (i.e. Preventable Readmissions & PPC capture), HEDIS collaboration.

- Coordinate Provider/ Practice outreach with PR around network and PA requirements primarily for OON specialties

Utilization Management
2023 Evaluation
2024 Description
2024 Work Plan

Questions?

ALAMEDA
Alliance
FOR HEALTH

Initial Health Appointment

Farashta Zainal

ALAMEDA
Alliance
FOR HEALTH

Initial Health Appointments (IHA)

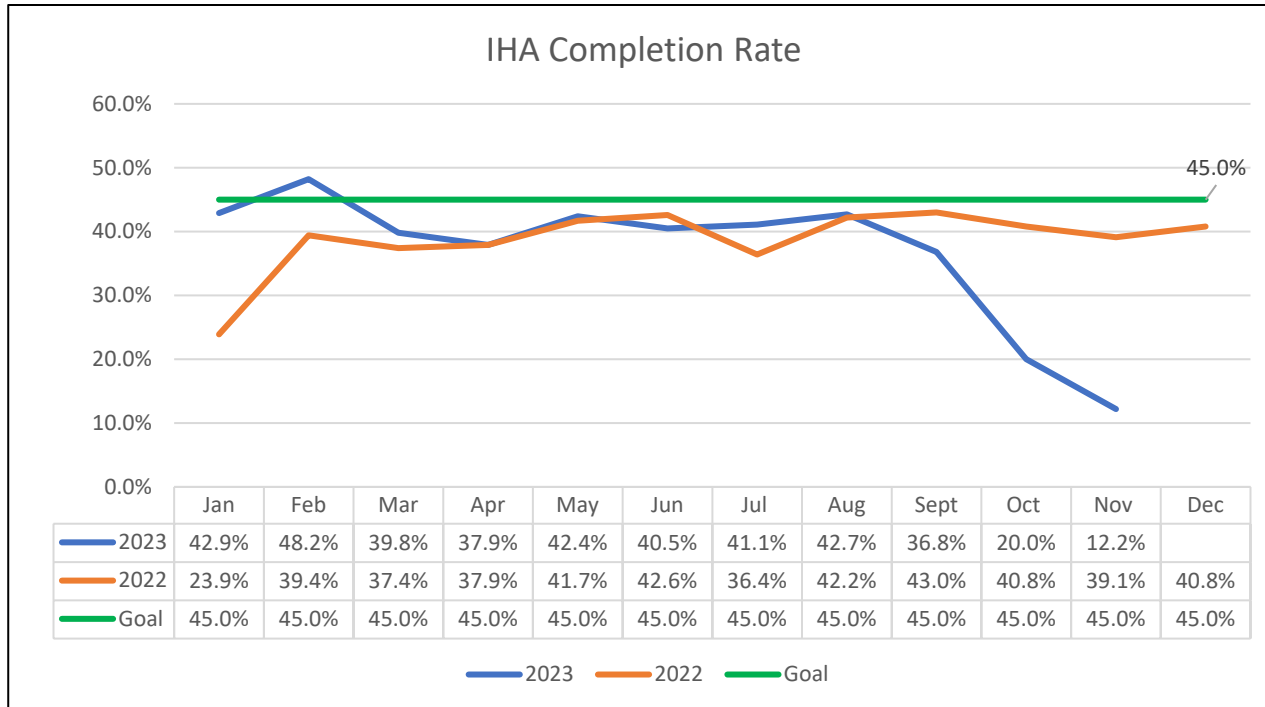**April 19, 2023**

IHA Improvement Strategies

▷ IHA Corrective Action Plan Issued as a Result of 2023 DHCS Audit

▷ Strategies in Place to Improve Rates

- ▸ Member communication - IVR calls

- ▸ Provider communication - JOM, QI meetings, webinars, provider newsletter

- ▸ Additional claim codes added to capture IHA

- ▸ IHA reports sent to providers

- ▸ IHA Measure Highlight tool for providers

AAH IHA Completion Rate 2022 - 2023

IHA Completion Rate

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2023	42.9%	48.2%	39.8%	37.9%	42.4%	40.5%	41.1%	42.7%	36.8%	20.0%	12.2%	
2022	23.9%	39.4%	37.4%	37.9%	41.7%	42.6%	36.4%	42.2%	43.0%	40.8%	39.1%	40.8%
Goal	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%

IHA Completion Rate by Delegate 2023

IHA Completion Rate by Quarter 2023

Legend: Q1, Q2, Q3, Goal
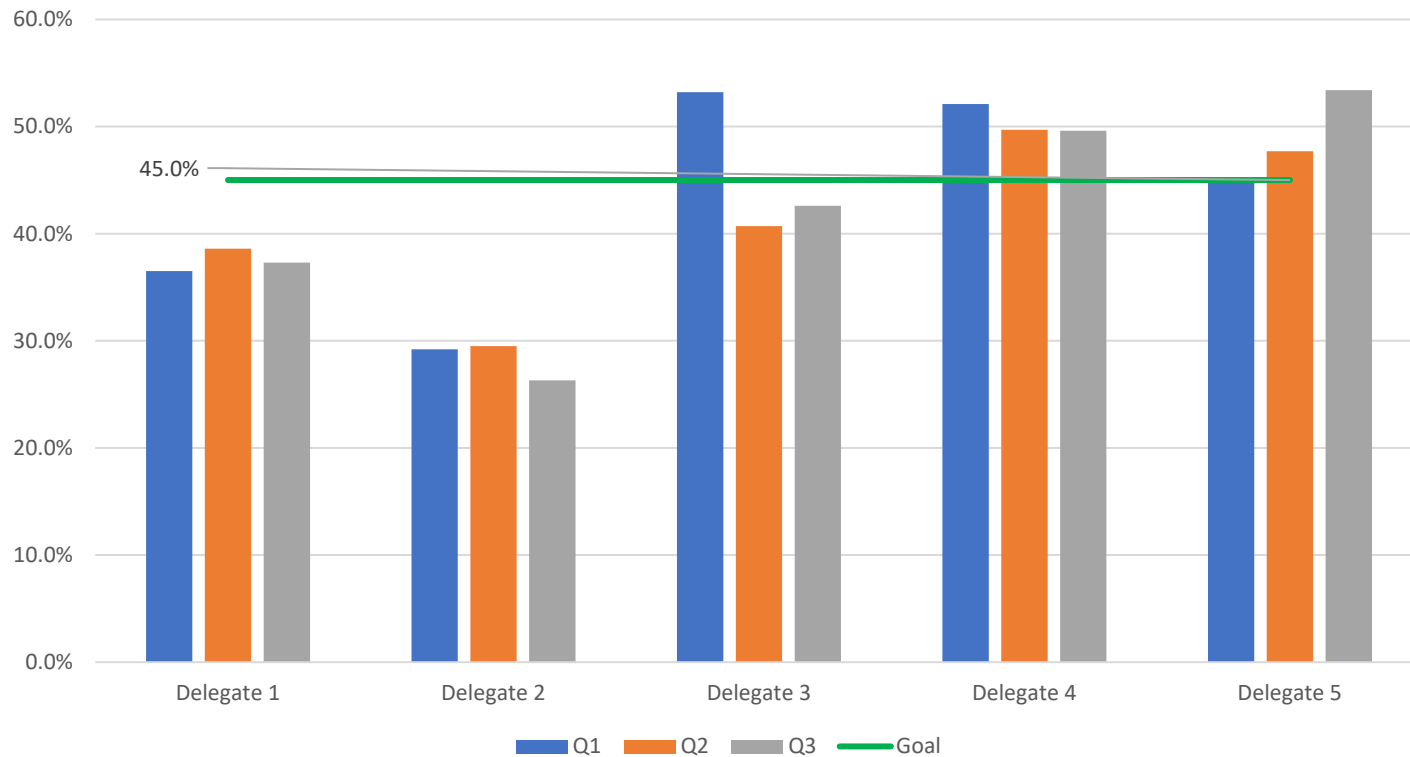
Initial Health Appointments (IHA) Audit

Requirements

Complete within 120 days of enrollment.

➢ Excludes members who completed an IHA within 12 month prior to enrollment.

➢ Requires a minimum of 2 documented outreach attempts.

Elements

➢ A history of the Member's physical and mental health

➢ An identification of risks

➢ Preventative Services – recommended by USPSTF

➢ Health education

➢ The diagnosis and plan for treatment of any diseases

Initial Health Appointments (IHA) Audit Audit Results 2023

▷ Chart Review Methodology

  ▶ Total Charts: 40 (Adult and Children)

  ▶ IHA completed during the period: 1/28/23 to 10/28/23

▷ Audit Results

  ▶ Percent of IHA elements completed:

    → Children (0 – 6 years) 76%

    → Adolescents (9 – 14 years) 67%

    → Adults (27 – 55 years) 68%

  ▶ Elements most often missed across all age groups include health screenings (i.e., BLD, Depression, Hearing, alcohol, drug)

NCQA Update

Jennifer Karmelich

NCQA Update – QIHEC Report Out

4/19/2024

NCQA Topics

▷ Accreditation Team

▷ Health Plan Reaccreditation Status

▷ Health Equity Accreditation Status

Accreditation Team

▷ Jennifer Karmelich – Director, Quality Assurance

▷ Kisha Gerena – Accreditation Manager

▷ (2) Accreditation Specialists

▷ NCQA Consultants – The Mihalik Group

Health Plan Reaccreditation Status

NCQA Status

▷ Medi-Cal

  ▸ **Accredited** based on standards survey

  ▸ **4.0 of 5 Star Rating** based on quality (HEDIS) and member experience (CAHPS) scores

▷ Commercial – GroupCare

  ▸ **Accredited** based on standards survey

  ▸ **3.0 of 5 Star Rating** based on quality (HEDIS) and member experience (CAHPS) scores

2022 Accreditation Survey Scoring

Category	Total Applicable Points	Points Received and Percentages	Category Result
Quality Improvement	16.00	16.00 (100.00 %)	ACCREDITED
Population Health Management	21.00	21.00 (100.00 %)	ACCREDITED
Network Management	28.00	27.00 (96.43%)	ACCREDITED
Utilization Management	44.00	44.00 (100.00%)	ACCREDITED
Credentialing/Recredentialing	15.00	14.00 (93.33%)	ACCREDITED
Member Experience	25.00	25.00 (100.00 %)	ACCREDITED
Total	**149.00**	**147.00 (98.66%)**	**ACCREDITED**

Upcoming HP Survey – Important Dates

Survey Dates	Submission Date: 6/10/2025 Survey: 7/28/2025 - 7/29/2025
Lookback Period	Documents: 24 months UM/Rx/BH/Appeals/CCM Files: 12 months Credentialing Files: 36 months

Health Equity Accreditation Status

"

Health Equity Accreditation focuses on the foundation of health equity work: building an internal culture that supports the organization's external health equity work; collecting data that help the organization create and offer language services and provider networks mindful of individuals' cultural and linguistic needs; identifying opportunities to reduce health inequities and improve care.

Health Equity Standards

▷ HE 1: Organizational Readiness

▷ HE 2: Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data

▷ HE 3: Access and Availability of Language Services

▷ HE 4: Practitioner Network Cultural Responsiveness

▷ HE 5: Culturally and Linguistically Appropriate Services Programs

▷ HE 6: Reducing Health Care Disparities

Upcoming HE Survey – Important Dates

Survey Dates	Submission Date: 6/10/2025 Look Back Period for Initial Survey: 12 Months
Accreditation Date	Per DHCS, all Medi-Cal plans must be accredited by 1/1/2026

Health Equity Prep

▷ HE Accreditation 101 training

▷ 63 Documents requested

▷ Consultant Risk Assessment

Community Health Advisory Committee Update

Linda Ayala

Public Comment

Thank You for Joining Us