ALAMEDA Alliance FOR HEALTH
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ACCESS AND AVAILABILITY SUBCOMMITTEE

March 6, 2024

Teams Conference, 1pm – 2:30pm

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

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I. Welcome/Agenda Review	L. Tran	The meeting was called to order by L. Tran at 1:03PM.	N/A	
II. Introductions	L. Tran	New QI Project Specialist: Sarbjit Lal New Senior Director of Health Care Services: Allison Lam	N/A	
III. P&P (Annual Review)	L. Tran	Policy and Procedures due for annual review, no changes were made. - QI-107 Appointment Access 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 Michelle Stott motion to approve and Dr. Sanjay Bhatt second. No opposed.		
IV. MY2023 Non-PAAS OB/GYN Report	L. Tran	L. Tran went over the results for the MY2023 First Prenatal Visit Survey results. As a reminder to the committee, effective Q4 2023 Timely Access for First Prenatal Visits have been changed from 10 business days to 2 weeks of request. In 2023, the survey scored a 75.9% and met the threshold goal of 75% with 29 CAPs issued. Compared to 2022 where we received a 55.6% score. In total, 81 eligible providers responded to the survey, and 63 of those were compliant leaving 18 providers non-compliant. L. Tran also mentioned this is the first year the Frist Prenatal Survey met the 75% percentage threshold goal. Dr. Bhatt asked what might've impacted the survey this year to see such an improvement in score? Was it a network increase of OB/GYN providers? Possible education and outreach to providers on Access? - L. Tran answered that there wasn't an increase to the OB/GYN network but the possible increase in provider education and outreach. There were many onsite and virtual visits conducted with providers who trend on non-compliant year over year. Also, virtual provider trainings were held with delegate groups like CHCN. Results	N/A	

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		from the previous years and meeting with providers to update the Alliance repository with Analytics and Provider Services to ensure we have the most updated provider information. M. Stott commented that at one point Alameda Health System had lost an OB/GYN provider. And wanted to know the impact (if any) it might have made on the survey or was it out of the survey period? - L. Tran answered that Alameda Health System continues to have access issues not only on OB/GYN. But the difference of AHS this year is the increase in response and compliance rate from AHS. M. Stott follow-up with another question asking if the survey only includes PCP OB/GYN or does it also include OB/GYN specialist. - L. Tran confirmed that it includes both PCP and Specialist for OB/GYN. J. Karmelich noted that even though the scores are meeting compliance and at the time of the survey providers can meet the timely access standards. It doesn't necessarily mean there are no deficiencies and access issues in the network. Dr. Bhatt agrees, as Alliance continues to grow in membership, but provider network continue to stay the same, may be less likely to see improvement in survey scores. There are possibilities that it will cause more access issues, but the Alliance will continue to build the network to take on the growing number of members. **Breakdown:** In 2023 a total of 137 providers were surveyed. 63.5% of those providers had eligible responses. 28.5% were Ineligible and 8% were non-responsive. A decrease of 17% of non-responsive provider was seen in comparison to 2022. <u>87 Providers were eligible but:</u> • 4 providers are out on leave • 1 provider is referral only for high risk • 1 provider is no longer working at the location <u>11 providers refused to response to the survey</u> <u>39 providers were Ineligible:</u> • 9 providers answered they are no scheduling appointments • 8 providers had incorrect phone numbers • 17 providers were not in plan network • 1 provider ceased to practice or has retired • 2 providers listed under incorrect specialty		

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		• 2 providers are not in County. Possible common barriers noted by provider during CAP responses, virtual/ onsite visits and survey results: • Provider and Staffing shortage • Provider no longer in plan network • Provider contact information issue A&A continues to work with providers and Provider Services to update the provider repository. The results of these efforts were shown in the 2023 Non-PAAS survey as 45 survey were completed by email/fax compared to the 19 survey completed by email/fax in 2022. Next Steps: • CAPs sent out to non-compliant and non-responsive providers • Send out biweekly fax blast 2 months prior up to the survey period • Onsite office visits to provider not meeting Timely Access Standards • Ongoing provider education and delegate JOM discussion regarding Timely Access Standards • A&A continue to collaborate with Analytics and Provider Services to reconsolidate provider data, and thus decrease the number of ineligible providers Trending Non-Compliant Providers for MY2021 – MY2022 • 8 providers were found to be compliant in 2023 while they were non-compliant in 2021 and 2022. Office visits, email follow-up and discussion with providers to obtain the most recent contact information and education of timely access standard had shown an improvement in these providers. • 10 providers were non-compliant for 2022 and 2023 • 2 providers were non-compliant for 2021, 2022 and 2023 Most providers on the 2 and 3 years of non-compliant list were Alameda Health System providers. In the JOM with Alameda Health System later in the afternoon this information will be provided to Tangerine at AHS. As for the other non-AHS providers, the A&A team is working towards setting up on-site visits to help connect and educate the provider before the 2024 survey period.		

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V. MY2023 After Hours Report	L. Tran	Methodology: Survey is conducted on an annual basis with our vendor Press Ganey on a phone-only protocol to administer survey after business hours. A random selection of PCP, Specialists and Behavioral Health providers are surveyed for this survey. **Providers Surveyed in 2023:** PCP – 69 Specialist – 178 Behavioral Health – 78 Total = 325 **Breakdown:** • PCP: Of the 69 providers surveyed, 68 providers were compliant. Resulting in a 9.6% compliant rate in 2023. Compared to 2022, a slight increase of 1.3% was seen in 2023. Goal of 80% was met for PCP. • Specialist: Of the 178 providers surveyed, 166 were compliant. Resulting in a 93.3% compliant rate in 2023. Compared to 2022, a slight increase of 0.5% was seen in 2023. Goal of 80% was met for Speaclist. • Behavioral Health: Of the 78 providers surveyed, 65 were compliant. Resulting in an 83.3% compliant rate in 2023. Compared to 2022, a 7% decrease in percentage score was seen in 2023. Even though BH received the lowest score between the 3 provider groups it still met the goal of 80%. **Survey Response Rate Comparison:** Response rates for 2023 were similar to 2022, but more compliant answers were received in 2023 which resulting in better compliance rate for PCP and Specialists. **Next Actions Steps:** • Cap issues to non-compliant and non-responsive providers • Onsite/Virtual visits to providers not meeting After Hours Survey • Provide provider trainings throughout the year	N/A	
VI. Q3 – Q4 2023 CG-CAHPS Report	F. Quan	Two quarters Q3 2023 and Q4 2023 data will be reviewed this quarter as Q3 data was delayed and did not make it to the last A&A Sub-Committee meeting in November 2023. **In-Office Wait Time:**		

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		Question: How many minutes do patients wait in the waiting and exam room before seeing the doctor. Within 60 minutes is the compliant answer. • Q4 2023 Score: 92% • Q3 2023 Score: 94% A compliance rate of 80% was met for both Q3 and Q4 2023. All delegates continue to meet the 80% threshold goal as well. Trend analysis showed that a slight increase of 3% was seen in Q3 2023 and then a decrease of 2% in Q4, 2023. In-Office Wait Time metric continues to stay within the 90% range. **Call Return Time:** Question: When a member leaves a voice message to the provider's office during regular business hours, when do they receive a call back. Within 1 business day is the compliant answer. • Q4 2023 Score: 75.2% • Q3 2023 Score: 75.8% A compliance rate of 70% was met for both Q3 and Q4 2023. Alliance, CFMG and Kaiser continue to meet the 70% threshold goal for both quarters. However, CHCN met the goal in Q3 but fell slightly below in Q4. AHS continues to fall below the threshold goal but had a significate increase of 6.3% in Q4. Trend analysis for Call Return Time continues to stay steady along the 74% - 75%. **Time to Answer Call:** Question: When a member calls the provider office during regular business hours, how long do they wait to speak with a staff member? Within 10 minutes is the compliant answer. • Q4 2023 Score: 72.2% • Q3 2023 Score: 75.3% A compliant rate of 70% was met for both Q3 and Q4 2023. Alliance, CFMG and Kaiser all continue to meet the 70% threshold goal for both quarters. However, CHCN and AHS continue to score below the goal for both quarters. Trend analysis for Q3 2023 showed the highest percentage score this metric has received in the past 4 quarters. However, in Q4 the score did drop back down to 72.2%. During this quarter CHCN Health Centers: La Clinica's Transit Village and San Antionio Neighborhood had issues with their new phone systems. Unsure if the issues have already been resolved but during the time of the issue La Clinica had informed us they are fixing their		

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		phones on high priority. We were also informed by Native American Health Center that they were having some security issues which also affected their phone system. We suspect that there might've been some correlation as to why CHCN scores decreased during this quarter compared to last. Q4 2023 Non-Compliant Provider Trend: which are providers who were found to be non-compliant for 3 consecutive quarters Q2 2023 to Q4 2023. • First time that AHS is not on the Call Return Time non-compliant for 3 consecutive quarters. **Next Action Steps:** Track and Trend compliant rates Share results with Delegate and Direct entities Sent out reminders for CG-CAHPS semiannually Onsite office visits to providers not meeting compliance year over year Share results with our PS and FSR staff Send out CAPs to our direct providers. M. Stott asked on the non-compliant provider trend list, Axis Community Health was present on both Call Return Time and Time to Answer Call metric. Was a possible reason provided by the clinic as to why they are not meeting the metrics? - L. Tran responded that the most common barrier we received from provider is regarding to staffing shortages. Two additional Timely Access training courses were provided to CHCN health centers at the beginning of the year in January.		
VII. Access CAP Dashboard	F. Quan	Access CAP Dashboard review of Q1 2023 through Q4 2023 so the year of 2023. **CAPs Issued: 433**. Most CAPs sent were for PAAS Survey. An increase of PAAS CAPs were seen because in 2023 it was the first year in which BH was done in house. In the past all BH providers were bundled into one CAP to Beacon but in 2023 CAPs were sent out separately to the corresponding non-compliant provider. **CAPs Closed: 413** **CAPs Open: 155** CAP comparison between 2022 and 2023. In 2022 a total of 250 CAPs were issued so an increase of 183 or 73% of CAPs issued in 2023. CAPs closed almost double the amount from 133 in 2022 to 413 in 2023. CAPs Open	Ceci commented to send the names of the outstanding providers to her. Her team will provide the A&A team with contacts they have on their end for the outstanding 10 providers.	

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		remained roughly about the same with 17 more in 2023 then 2022. However, a lot more CAPs were closed and issued in 2023. - The A&A worked proactively this year by conducting provider training and onsite/virtual visits to providers offices. - The process for sending out CHCN CAPs have also changed. In the pass CAPs for CHCN were sent to CHCN for distribution with slow response rates. After a discussion with CHCN and their permission we send out CAPs directly to the health center and CC: CHCN. With this new process an increase in response rates was seen. - A new escalation process was also created for CAPs. A&A will conduct follow-up prior to the CAP due date and after the CAP has been due, if no response received it will move to the next step. After A&A has made their attempts, the CAP will be sent to Dr. Juan to assist with MD outreach to provider office. If no response is received the CAP will go to the A&A Sub-Committee for discussion and next steps. Outstanding providers who went through the escalation process and A&A have not received a response. Providers brought to committee to additional contact information or information on the next steps for these providers. - A total of 10 providers: Mahawar Medical Center, Ranjit Reen, Anjani Thakur, Optima Ophthalmic Medical Associates, Wei wei Xu, We Care Rehab, Women's Center at St. Rose, Fairmont Hospital – Physical Therapy, Michelle Adams and Lucile Packard Children's Hospital. Ceci commented to send the names of the outstanding providers to her. Her team will provide the A&A team with contacts they have on their end for the outstanding 10 providers.		
VIII. QOA PQI Referrals Dashboard Q4 2023	F. Quan	Data for the Q4 2023 QOA PQI was presented this quarter. As usual the category with the highest referral was for Non-Urgent Appointment availability with 344 referrals. The total amount of QOA PQI received this quarter was 608. Compared to the previous quarter which we received the highest referral of 851 a lot less referral were received this quarter. During this time a total of 8 BH related cases were received. None outstanding or exceeding the 120 days turn around time. The current oldest QOA PQI is 15 days. Most of the referral received are related to our delegate clinics. For the tracking and trending of the QOA PQI for 2 consecutive quarters. In Q4 2023 75 providers trended for 2 consecutive quarters. After a reassessment 47 of those provider were still found to be non-compliant and CAPs were sent out/	K. Ebido asked which location we CAP for Irine Kelly Estelle	

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		Only 5 providers received more than 15 referrals this quarter. Mostly being the AHS clinics (Eastmont, Hayward, Highland and Newark Wellness Centers) and last one is a CHCN health center, Tiburcio Vasques Health Center with 30 referrals. A complete list of providers who received QOA PQI related CAPs in Q4 2023 was provided. Next steps: We'll continue to share the results with our delegate and direct entities and to our internal staff in the Provider Services and FSR team. Onsite/Virtual visits to providers with high PQI referrals. And to sent CAPs to non-compliant providers. M. Stott noted that for providers who receive multiple CAPs for the same survey or for different survey. Is there a way to possibly consolidate everything into one CAP in the future for providers to better keep track and respond to them. Discussion for offline. - L. Tran agrees to bring this discussion offline. As of now if providers have multiple CAPs we try to create individual Access report to our providers and we meet to discuss their results. With these extra outreach steps we have been having better response rate. K. Ebido asked about asked which location we CAP for Irine Kelly Estelle. - L. Tran responded that he is not sure which location is CAP but we will look into it and respond back.		
IX. Q3 2023 DHCS QMRT Dashboard	T. Shepard	Q3 2023 DHCS QMRT Timely Access Study results are presented. The DHCS QMRT survey is similar to Alliance's annual Provider Appointment Availability Survey which surveys the PCP, NPMH, Specialist and Ancillary providers on their Urgent and Non-Urgent Appointment Availability. Results were received in January and CAPs were sent out in February. A total amount of provider surveyed in Q3 2023 were 398: 103 PCPs, 103 NPMH, 137 Specialist and 55 Ancillary. Compliance scores for urgent was 37% and for non-urgent was 46%. There were decrease in compliance scores for both metrics. Total responses received: urgent had a total of 15 compliance answers from the 41 survey responses. And non-urgent had a total of 19 compliance answers from the 41 survey responses. A total of 45 non-responsive CAPs were issued and a total of 44 non-compliant CAPs were issued.		
X. OB/GYN A&A Monitoring	T-Shapard	The purpose of this document is to improve the timely access and availability of the OB/GYN PCP care within 10 business days and OB/GYN specialty care access within 15 days.		

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		In Q4 2023 OB/GYN A&A monitoring, there was a total of 7 QOA received. 4 provider were found to be compliant with non-urgent appointment access standard and 3 providers were found to be non-compliant with non-urgent appointment access standard. The providers who received the PQIs were Epic Care, Highland Wellness with 3, Newark health Center, Hayward Wellness Center and Tiburcio Vasquez – San Leandro. Possible Barriers: Language accessibility which has been resolved with the assistance of Member Services. Eligibility Issues and Member knowledge of Member Portal navigation. Next Action Steps: Continue to track and trend to identify areas of improvement. Issuing CAPs to providers with 2 consecutive quarters of non-compliance and ensure member education on Timely Access Standards via newsletter and web portal.		
XI. Geo Access Meeting Update	L. Tran	Q4 2023 Geo-Access Update comparison between Q3 2023. Not many changes were seen between the two quarters. Specialties that continue to not meet the Time and Distance* are: • Pediatrics Nephrology – Dublin, Livermore, Pleasanton, and Sunol • Pediatric Endocrinology – Livermore *Distance is within 15 miles *Time is within 30 minutes A&A meets on quarterly basis with UM and PS to discuss geo-access issues. A lot of time especially for the pediatric population there is a deficiency as most of the provider we have are either at CHO or resides in the Oakland area.		
XII. Provider Network Capacity Report	C. Gomez F. Quan	C. Gomez noted the report monitors assigned members to direct PCPs at the 1 to 2000 requirement. Monitoring begins at 80% reach, and if it reaches 90% or above auto assignment will be closed, if provider reaches 100% all new assignments are closed. With the transition of ABC members to AAH at the beginning of January, an increase in capacity percentages was seen. ABC members who were assigned to that provider were reassigned back to that same provider once they established with AAH. 2 providers Dr. An Tan Pham and Dr. Esteban Daniel Lovato has shown to reached 90% on this month's capacity report. Dr. Pham was originally at 90% already so auto-assignment had already been closed. As for Dr. Lovato, auto-assignment has been closed and because of that she had fell slightly below the 90% in this month at 89.55%.		

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		F. Quan added that from a PQI stand point some providers on the Capacity Report did receive PQIs. Dr. An Tan Pham and Dr. Robert D. Watts did not receive any QOA PQI during Q4 2023. But the following providers did: • Dr. Carol Elizabeth Glann with 1 PQI related to Time to Answer Call • Dr. Estaban Daniel Lovato with 3 PQI related to Non-Urgent Appointment and 2 related to In-Office Wait Time • Dr. Gautam Pareek with 3 PQI related to Time to Answer Call, 1 for Non-Urgent Appointment and 1 for Call Return Time		
XIII. FSR Update	K. Ebido	K. Ebido went over the 2023 Q1 – Q4 FSRs/MRRs & IHA Audit **Facility Site Review (FSR)/Medical Records Review (MRR)** The chart shows a complete count of all the audits done in the 2023 timeframe. Some dialysis audits were conducted in 2023. In Q3 2023 CDPH had some back logs due to the pandemic, so K. Ebido completed the review to assist with the back log. 3 provider failed review with a score of 79% and below for full-scope review. 1 provider already retired and FSR team is arranging meeting with the other 2 providers for a full-scope review. 1 review will be tomorrow and 1 to be scheduled within the month. When a PCP site receives a failing score on full-scope reviews and do not response to the CAP within the deadline the membership for that site will be closed. A total of 12 CAPs were issued in 2023 and currently there is 1 open CAP issued in Q4 2023 up till the end of Q1 of 2024. **Corrective Action Plan (CAP) – PCP** Goal: Per APL the CAP timeline given by the state, full scope reviews (FSR/MRR) are received within 30 days and closed by 90 days. Hopefully no CAP needs to be extended beyond 120 or else approval is needed from State. All 27 CAPs have been closed for the full scope reviews for the year 2023. PCP-Focused review/Interim Monitoring CAPs issued are no reported to DHCS these reviews are used for more of a training purpose for providers be stay within compliance. Of the 16 CAPs issued there is still one interim monitoring CAP opened for East Bay Cardiovascular Medical Specialist. The panel is currently closed for all their sites. FSR team is working closely with the provider as one more item needs to be submitted before the CAP can be closed. Provider is reaching its 120 days soon on 03/14/2024. 3 CAPs were issued for Dialysis in 2023 and 2 CAPs were issued for Urgent Care in 2023. A complete list of providers who received CAPs through the year broken down by quarters was provided.		

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		Critical Elements (CE) are also monitored. CE have a deficiency and are a weight of 2 points. These CAPs must be corrected within 10 business day. Currently no open CAPs in this category. Providers with New membership hold after failing the reviews. Example: Dr. Cuong Tat Vu failed the review conducted by CCHP who shared the information with the Alliance. But since Dr. Vu has retired. Dr. Najibulrahman Saifularahman is a progressive urgent care, the FSR team is working on scheduling an audit with. West Coast Medicine also failed the audit and a visit to their office will be conducted this week. Audit of Initial Health Assessment (IHA) via FSR in 2023 by Count. Part of the Facility Site reviews includes an initial health assessment review. HIA must be completed within the 120 days of member assignment or effective date with new PCP (whichever is recent). Sometimes even though providers have deficiencies in IHA but if their overall score is high then no CAPs are issued.		
XIV. Access-Related Grievances Report	J. Karmelich	**Medi-Cal Grievance related to Access Report.** For Q4 2023 there was a total of 2,795 Access cases. 848 were Standard Access Grievances. 1,947 were exempt Access Grievances. Total cases received throughout the year of 2023 is 11,939 of access related complaints. Of those 11,862 were compliance resulting in a 99.4% compliance score which is well above the 95% compliance goal. Standard and Exempt grievances are presented separately because sometimes the Exempt grievances are higher in certain categories, and it might skew numbers for the Standard. **Standard/Expediated Grievances related to Access – Q4 2023:** The categories are broken down to the follow: Authorization, Continuity of Care, Geographic Access, Language Access, Out-of-Network, Physical Access, Provider Availability, Technology/Telephone, Timely Access, Timely Response to Auth/Appeal Request. There were a total of 848 Standard grievances in Q4 2023 and the majority of the grievances related to the Timely Access filed against the Clinic with 397 grievances. Followed by The Plan with 120 and PCP at 90. According to the 2023 Access related grievance trend line: more of the categories do stay low throughout the year. There was a decrease seen for the Authorization category in Q4 2023. J. Karmelich is unsure what attributed to the decrease. Provider Availability stayed fairly the same as Q3 2023 with 132 and 194 in Q4 2023. There was a decrease in		

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		Technology/Telephone and a signification increase for Timely Access from 249 in Q3 2023 to 423 in Q4 2023. Tracking and trending and identifying the issues for tiles being filed against. Against the Plan for 120 grievances a. Provider Availability: Provider directory errors, Network providers not accepting new patients and Availability of mental and behavioral health providers. b. Technology/Telephone: Telephone access to specific departments and Accessing member Portal Issues Against the Clinic is the highest with 397 grievances a. 183 of those grievances are related to AHS clinic having a high number of provider availability and timely access issues b. 140 of those grievances are related to CHCN clinics related to delay in submitting authorizations and timely access. Currently, having email discussion with CHCN and showing examples and references if the mentioned issues. No PCP and Specialist show consistence issues or stood out with having 5 or more grievances. Technology/Telephone due to delay in receiving ID cards. Categorization has been changed to Quality of Services Plan Customer Services instead of access since were getting high numbers of access related issues already. Due to this new categorization the numbers have decreased. The increase seen in obtaining timely access appointments is due to a process change. When Members Services resolves a PCP change it is categorized as an Exempt grievance. It's now changed to Standard grievances instead so further investigation of why the member wants to change PCP will be conducted. Even though there was an increase in timely access appointments there was an overall decrease in grievances received compared to Q3 2023. However, obtaining timely access appointment continues to be monitored as it's still the category that receives the highest grievances. Meetings will be scheduled for clinics identified as the highest number of timely access appointments. <u>For the Exempt Grievances Related to Access in Q4 2023:</u> There was a total of 1,947. 886 were related to the Plan, 400 against the Clinic, 333 against the PCP and 122 against the Specialist. For the Trend line for exempt grievances, a decrease in Timely Access was seen due to the process change from re-categorizing PCP change from Exempt to Standard. Against the Plan for 886 grievances: a. Technology/Telephone: Replacement ID cards, Accessing Member Portal Issues and Phone/Systems Issues. Against the Clinics for 400 grievances:		

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		a. 128 of those grievances were related to AHS clinics related to provider availability and timely access. b. 246 of those grievances are related to CHCN clinics related to delay in submitting authorization and timely access. Against PCP – there were a total of 5 PCPs that were identified with more than 10 unique grievances. - Belandar, Marie Ann - Jain, Aditya - Saifulrahman, Najibulrahman - Shah Idrees, Shaista - Sharma, Amita Nothing for Specialist identified with more than 5 unique grievances. **IHSS (Commercial) Grievance related to Access Report.** For Q4 2023 there was a total of 141 Access cases. 47 were Standard Access Grievances. 94 were exempt Access Grievances. Total cases received throughout the year of 2023 is 616 of access related complaints. Of those 611 were compliance resulting in a 99.2% compliance score. Data was not separated by Exempt and Standard for the commercial line of business. Of the total 141 grievances: 50 is to the Plan, 36 is to the Clinic, 28 is to the PCP and 12 is to the Specialist. Trend line: nothing alarming stood out in Q4 2023. Overall the numbers were lower than Q3 2023 but usually the numbers are lower during this quarter, all date looks normal. Tracking and trending issues seen are similar to the issues noted for Medi-Cal. For IHSS instead of a quarterly overview of the issues an annual review is presented. Against the Plan was a total of 204 grievances received in 2023. a. Provider availability – provider directory errors b. Technology/ Telephone related grievances – Member ID Card issues and Accessing member Portal Issues Against the Clinics: a. 45 grievances were related to AHS clinics for provider availability and timely access issues. b. 79 grievances were related to CHCN clinics for delay in submitting authorizations and timely access. Suspect that the Clinics are not taking new members, or they have a limited amount of new members slots available but they are not informing the Plans. So the auto-		

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		assignment continues to assignment patients to the clinics, but when members call they tell the patient they aren't taking new patients. Against PCPs – there were a total of 4 PCPs with 5 or more unique grievances over the last 4 quarters. - Dr. Claire Thuc Dyen Diep - Dr. Pavani Kuruma - Dr. Kathryn Malone - Dr. Gautam Pareek Next steps: GA continues to meet with providers at JOMs and discuss solutions about this ongoing access related issues with providers. G. Degrano made a comment that Member Services is trying to understand what the provider means when they inform the member they are on the Waitlist. Where do the members stand on the waitlist and how far out does this waitlist go till? - J. Karmelich note they have been receiving a lot of grievances from different members regarding this waitlist issues. Some noted they have been on the waitlist but did not receive any updates on the status of the waitlist. But some members really want to be seen by the specific providers which has long wait times and is willing to wait. M. Stott questioned why the clinics can't just schedule the members even though the appointment might be far out. - J. Karmelich noted that sometimes there aren't enough providers, or the schedule has not opened up that far. M Stott as if members are fine with waiting. - J. Karmelich noted that some patients are willing to wait as they don't want to deal with the whole reassignment or selecting and finding a new provider again - J. Rosas added that most are not willing to wait and will file grievances against the long wait times.		
XV. Member Services Telephone Wait Time & Call Center Dashboard	J. Rosas	J. Rosas went over the 2023 Q4 Member Services Dashboard. The blended results include all incoming calls to member services like BH related calls, call from the over flow call center XAQT. Total incoming call is 45312		

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Teams Conference, 1pm – 2:30pm

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
		Total called answered was 43093 Abandoned Rate is 5% - The target goal is to answer 80% or more calls under 30 seconds or less and a abandon of 5% or less. 87% of the calls were answered under 30 seconds. 90% of the calls were answered under the 60 seconds. The average talk time was 6 minutes and 43 seconds. In October the abandon rate was just shy 1% from the target goal. This is due to the staffing shortages in the department. Member Services is working hard to continue hiring new member services staff, training and upscaling the knowledge of current MSR and the overflow call center staff so they can assist with different types of calls. Maximizing all the resources available by limited lunch to 30 minutes, not over lapping PTO, offering over time, managers and supporting staff will block out times to assist with calls during certain timeframes.		
XVI. Q&A	All			
XVII. Meeting Adjournment	L. Tran	Meeting Adjourn at 2:18PM. Next meeting is May 1, 2024.		

Meeting Minutes submitted by: Fiona Quan, Quality Improvement Project Specialist **Date:** 4/03/2024

Approved by: Loc Tran, Access to Care Manager **Date:** 04/03/2024