Quality Improvement Health Equity Committee Meeting

May 17, 2024

Meeting Name:	Quality Improvement Health Equity Committee		
Date of Meeting:	5/17/2024	**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** Meeting ID: 274 427 185 746 Passcode: 58hbbH	**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
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 Health Systems – Improving Patient Throughput	10 min	Verbal	A. Wu	Informational
4. Policies and Procedures • Listed below	5 min	Document	D. Carey	Vote
5. Approval Committee Meeting Minutes • QIHEC- 4/17/2024 • A&A- 5/3/2024	2 min	Document	D. Carey	Vote
6. Population Health Management (PHM) • PHM Evaluation • PHM Strategy	10 min	Document	L. Ayala G. Duran	Vote
7. NCQA Update	5 min	Document	J. Karmelich	Informational

Meeting Agenda				
Topic	**Time**	**Document**	**Responsible Party**	**Vote to approve or Informational**
8. Initial Health Appointments	5 min	Document	F. Zainal	Informational
9. Survey Results • PAAS • QMRT • CG-CAHPS • After Hours Survey	15 min	Document	L. Tran	Informational
10. Availability of Practitioners to Meet the Cultural Needs and Preferences of Members	10 min	Document	M. Moua	Vote
11. Public Comment	1 min	Verbal	D. Carey	Informational
12. Adjournment	1 min	Verbal	D. Carey	Next Meeting August 16, 2024

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

Policies & Procedures	
• CBAS-002 Expedited Initial Member Assessment for CBAS • CBAS-004 Member Assignment to a CBAS Center • CBAS-005 Provision of Unbundled CBAS Services • CBAS-006 CBAS ERS • CM-034 Structure of Plan's Transitional Care Services program • UM-001 Utilization Management Program • UM-004 Over and Under Utilization • UM-005 Second Opinions • UM-007 New and or Experimental Technology Review Process • UM-008 Coordination of Care- California Children's Services • UM-014 Identifying Abuse • UM-016 Transportation Guidelines • UM-025 Guidelines for Obstetrical Services • UM- 029 Sensitive Services • UM-063 Gender Affirmation Surgery and Services	• UM- 036 Continuity of Care • UM-048 Triage and Screening Services • UM-049 Utilization Management Satisfaction Survey • UM-050 Tracking and Monitoring of Services Prior Authorized • UM-056 Standing Referrals • UM-057 Authorization Service Requests • UM-058 Continuity of Care for New Enrollees Transitioned to Managed Care After Receiving A Medical Exemption • UM-059 Continuity of Care for Medi-Cal Beneficiaries who Transition into MediCal Managed Care • UM-015 Emergency Services and Post-Stabilization Services • UM-003 Concurrent Review and Discharge Planning Process • LTC-003 LTC Case Management Member Identification and Enrollment and Management Process

Chief Medical Officer Alameda Alliance Updates

Dr. Donna Carey

ALAMEDA Alliance FOR HEALTH

Chief Health Equity Officer Update

Lao P. Vang

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Alameda Health Systems- Improving Patient Throughput

Dr. Andrea Wu - Alameda Health Systems

ALAMEDA Alliance FOR HEALTH

Voting Item: Policies and Procedures

ALAMEDA Alliance FOR HEALTH

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)
2	140-Utilization Management Department	CBAS-002	Expedited Initial Member Assessment for CBAS	Process to expedite CBAS referrals	Annual Review- Dates Updated. Updated Dates/ Time frames for Member and provider notifications, fixed grammar/ capitalization. Updated reference resources.	X		X
3	140-Utilization Management Department	CBAS-004	Member Assignment to a CBAS Center	Process for how to link a member to a CBAS center	Annual Review- fixed grammar/ capitalization. Updated reference resources.	X		X
4	140-Utilization Management Department	CBAS-005	Provision of Unbundled CBAS Services	Process for services uniquely provided by the CBAS centers	Annual Review- fixed grammar/ capitalization. Updated reference resources.	X		X
5	140-Utilization Management Department	CBAS-006	CBAS ERS	Process for utilization or Emergency Remote Services following the pandemic	New Policy that addresses the Emergency Remote Services Requirements from CDA		X	
6	140-Utilization Management Department	UM-001	Utilization Management Program	Basic UM Overview Policy	Updated formatting and grammar. Updated LVN oversight, corrected PA Retro Language, Added TCS collaborative language, Updated IRR to encompass new hires, added references to other UM policies mentioned.	X		X
7	140-Utilization Management Department	UM-004	Over and Under Utilization	Policy related to over and underutilization of UM services and member follow ups	Updated formatting and grammar. Updates the HCQC language to newer QIHEC title. Updated the policy/ references names	X		X

8	140- Utilization Management Department	UM-005	Second Opinions	Policy on how and what 2nd opinions need authorization and what the requirements are for the providers completing them	Removed some duplicative language about Expedited referrals for 2nd opinion. Removed Phone #s, clarified language related to the Consultation report to align with California Health and Safety Code. Updated Policy Reference names.	X		X
9	140- Utilization Management Department	UM-007	New and or Experimental Technology Review Process	Policy on how and what New and experimental technologies need authorization and what the requirements are for the providers completing them	Annual Review- minor formatting and policy clarification. Updated to QIHEC from HCQC	X		X
10	140- Utilization Management Department	UM-008	Coordination of Care- California Children's Services	CCS Rules, regulations and monitoring requirements	Alignment with the Contract language following the CCS age out and need for continued care coordination beyond the initial 12 months. Updated Committee names removed duplicate verbiage.	X		X
11	140- Utilization Management Department	UM-014	Identifying Abuse	How to report suspected elder and child abuse	Changed Name to reduce confusion with Continuity of care. Updated Reportable criteria to match the APS criteria listed on the form. Added verbiage r/t Filing of reports to Ombudsman for members in LTC.	X		X
12	140- Utilization Management Department	UM-025	Guidelines for Obstetrical Services	Guidelines for OB care	Added reference of Dould policy, minor formatting changes. Added dental language, moved the set of	X		X
13	140- Utilization Management Department	UM- 029	Sensitive Services	Family planning services including HIV and STD testing as well as abortion	Annual Review- minor formatting and policy clarification. Updated to QIHEC from HCQC. Updated with New APL 23-004	X		X
14	140- Utilization Management Department	UM- 036	Continuity of Care	Continuity of Care for Terminated and Non-Participating Providers	Updated HCQC Title, Updates Reference Documents & Policy names, Removed future tense r/t transition	X		X

15	140-Utilization Management Department	UM-048	Triage and Screening Services	Telephonic triage process	Updated HCQC Title, Updates Reference Documents & Policy names,	X		X
16	140-Utilization Management Department	UM-049	Utilization Management Satisfaction Survey	Process for monitoring satisfaction survey	Updated HCQC Title, Updates Reference Documents & Policy names,	X		X
17	140-Utilization Management Department	UM-050	Tracking and Monitoring of Services Prior Authorized	Process for monitoring Prior Auths	Updated HCQC Title, Updates Reference Documents & Policy names,	X		X
18	140-Utilization Management Department	UM-056	Standing Referrals	Process and regulations surrounding length of time a referral can be in place	Updated HCQC Title, Formatting Updates Reference Documents & Policy names,	X		X
19	140-Utilization Management Department	UM-057	Authorization Service Requests	Process for processing Service requests	Updates r/t Group care, updates on what requires P/A or auth & what does not, biomarker language updated, updates on what can be Auto-Authd, updated the CS auth timeframe to business days, enhanced required clinical information list, Enchanced CM Referral laguage to encompass extra programs eligible for CM referrals, updated definition for Group Care Medically Necessary Services	X		X
20	140-Utilization Management Department	UM-058	Continuity of Care for New Enrollees Transitioned to Managed Care After Receiving A Medical Exemption	Continuity of Care for New Enrollees Transitioned to Managed Care After Receiving A Medical Exemption	Annual Review- minor formatting and policy clarification. Updated to QIHEC from HCQC. Updated with New APLs. Updated Call return requirements.	X		X

21	140-Utilization Management Department	UM-059	Continuity of Care for Medi-Cal Beneficiaries who Transition into MediCal Managed Care	Continuity of Care for Medi-Cal Beneficiaries who Transition into MediCal Managed Care	Annual Review- minor formatting and policy clarification. Updated to QIHEC from HCQC. Updated with New APLs. Updated Call return requirements.	X		X
22	140-Utilization Management Department	UM-015	Emergency Services and Post-Stabilization Services	Describes processes for emergency and post-stabilization services	Updated language to align with DMHC APL 17-017, referencing the appropriate Knox-Keene standard for a member's reasonable belief on what is considered an emergency	X		
23	140-Utilization Management Department	UM-003	Concurrent Review and Discharge Planning Process	describes utilization review process for concurrent review and discharge planning	incorporated specifics around BH concurrent review	X		
24	LTC	LTC-003	LTC Case Management Member Identification and Enrollment and Management Process	LTC CM processes	Updated for ICF-DD and Subacute	X		X
25	CMDM	UM-016	Transportation Guidelines	Structure of Plan's Transportation Benefit	Addition of language regarding transportation for trips outside of time and distance standards, covered by our PA process for trips over 50 miles.	X		
26	CMDM	CM-034	Transitional Care Services	Structure of Plan's Transitional Care Services program	Addition of language to note PHM guide updates, including risk stratification	X		

27	UM	UM-063	Gender Affirmation Surgery and Services	Gender Affirmation definitions, covered services for all lines of business, and medically necessity criteria to receive care.	Legal review for updated DHCS APL guidance; removal of retired federal regulations; updated minor consent language aligned with WPATH guidance and state law; & simplifying WPATH Standards of Care reference	X		

Voting Item: Approval of Committee Meeting Minutes

- QIHEC- 4/17/2024
- A&A- 5/3/2024

ALAMEDA Alliance FOR HEALTH

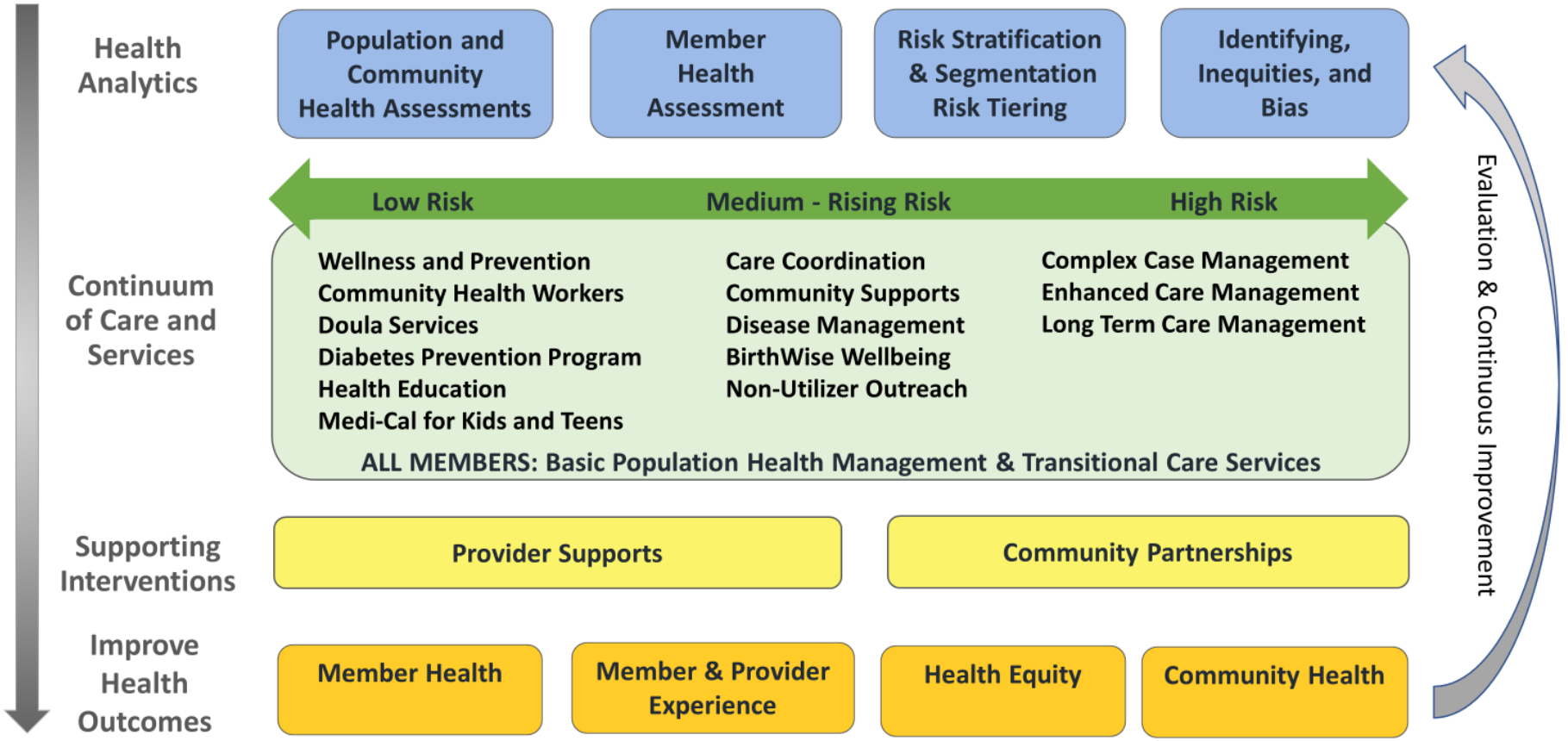
Population Health Managment

Linda Ayala, MPH - Director of Population Health & Equity

Voting Items: PHM Evaluation and PHM Strategy

ALAMEDA Alliance FOR HEALTH

Alliance PHM Framework



Addressing social determinants of health to promote health equity.

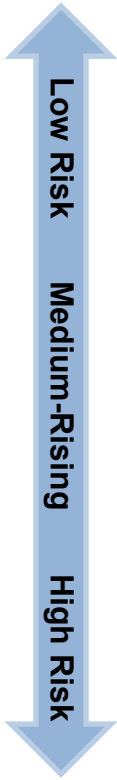
PHM Strategy Cycle

2023 PHM Evaluation Opportunities

- Increase engagement and partnerships with members, community organizations, and providers to better understand and address barriers.
- More member education around the importance of preventive services.
- Begin outreach with members before they leave the ED or hospital.
- Connect across Alliance and county programs to promote services and close gaps in care.
- Explore ways to improve data for outreach and measurement of results.

2024 PHM Strategic Pillars

Strategic Pillars	2024 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	• Multiple Chronic Disease Management • Diabetes Prevention Program • Post ED Visit for Mental Illness
Connect members in need to whole person care	• BirthWise Wellbeing – Equity • Complex Case Management • Transitional Care Services

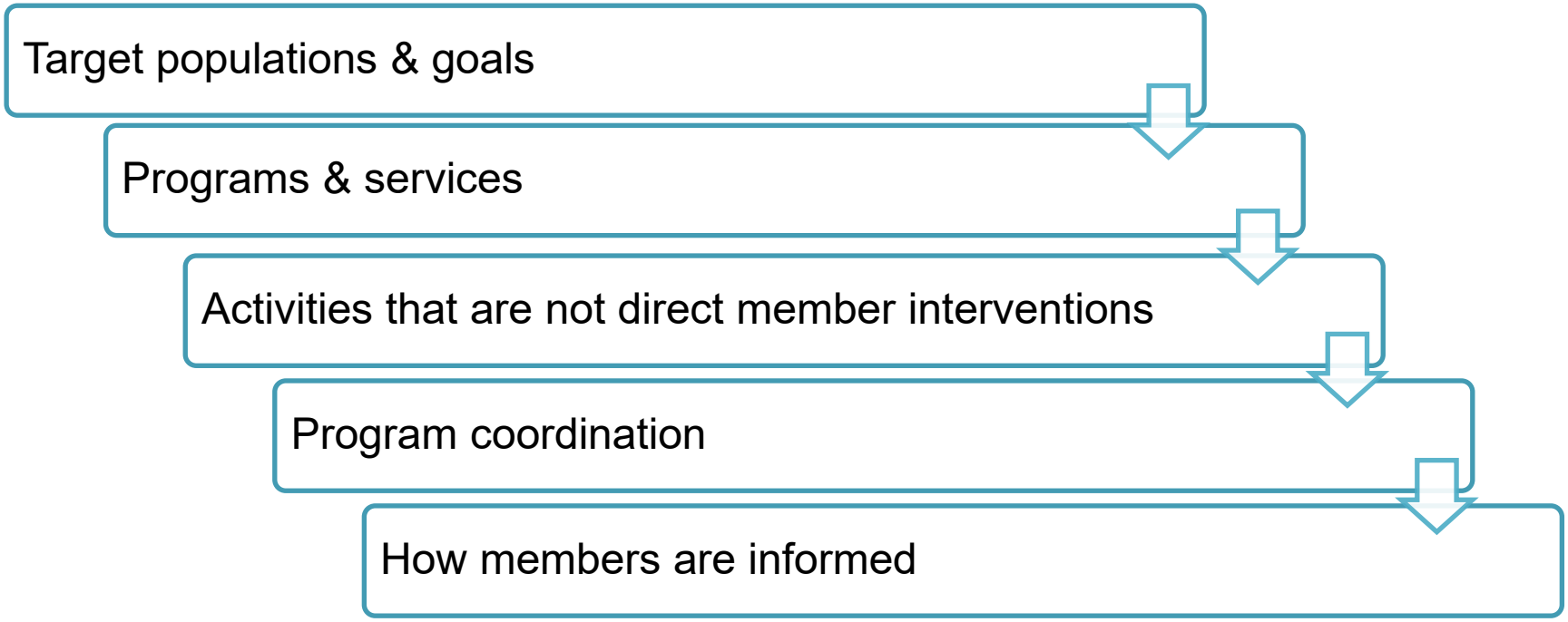


Alliance/NCQA/DHCS Priorities

AAH Programs	Alliance Strategic Pillars			NCQA Area of Focus				DHCS Areas of Focus		
	Address primary care gaps and inequities	Support members managing health conditions	Connect members in need to whole person care	Keeping members healthy	Managing members with emerging risk	Managing multiple chronic illnesses	Patient safety or outcomes across settings	Children's Preventive Care	Behavioral Health integration	Maternity Outcomes and Birth Equity
Non-utilizer Outreach Campaigns	●			●				●		
Breast Cancer Screening - Equity	●			●						
Under 30 Months Well Visits - Equity	●			●				●		●
Multiple Chronic Disease Management		●				●				
Diabetes Prevention Program		●			●					
Post ED visit for Mental Illness		●					●		●	
BirthWise Wellbeing - Equity			●		●				●	●
Complex Case Management			●			●				
Transitional Care Services			●				●			

Population Health Management Strategy

The Alliance Population Health Management (PHM) Strategy identifies and addresses member needs across the continuum of care and ensures access to a comprehensive set of services with the aim of improving health and supporting enhanced quality of life.



How AAH promotes Health Equity

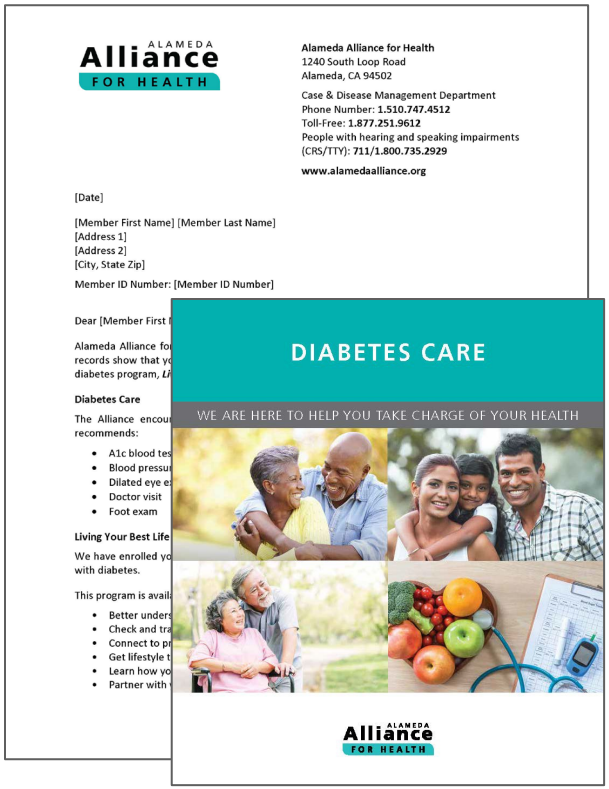
Managing Multiple Chronic Illnesses

- **Complex Case Management (MC, GC)**
  - At least 80% of members with at least 2 or more comorbidities that are enrolled in CCM between April 2024 and March 2025 will report a confidence level of at least 6 out of 10 in being able to better manage their health condition since receiving care management services on the case management satisfaction survey.

    → Complex Case Management

Managing Multiple Chronic Illnesses

- **Multiple Chronic Disease Management (MC, GC)**
  - At least 80% of members with 2 or more chronic conditions who enrolled in Disease Management between April 2024 and March 2025 will have a confidence score in disease self-management knowledge and behaviors of at least 24 out of 30 after receiving 2 to 3 health coaching sessions as measured by post health coaching assessment.
    - → Disease management health education
    - → Care coordination



Managing Members with Emerging Risk

- **BirthWise Wellbeing (Equity, MC)**
  - By March 2025, at least 3% of (approximately 75) Black (African American), Hispanic (Latino), or American Indian or Alaskan Native members who are or were pregnant in the last year will receive doula services.
    - → Maternal mental health education outreach campaign
    - → Doula services
    - → Doula benefit outreach campaign
    - → Behavioral health referrals and treatment
    - → Health education resources

Managing Members with Emerging Risk

habitnu

yumlish

- **Diabetes Prevention Program (MC)**
  - 20% of participants who have continued tracking their weight through 26 weeks between April 2024 and March 2025 will have reached and maintained at least 5% weight loss.
    - → Lifestyle change program
    - → YumLive! health media service

Managing Members with Emerging Risk

- **Black (African American) Breast Cancer Screening QI Project (Equity, MC, GC)**
  - Increase Breast Cancer Screening (BCS) rates for Black (African American) women ages 50-74 by 3% from MY2023 (as of April 2024) to MY2024.
    - → Mobile mammography
    - → Mammogram incentive program
    - → Community outreach events

Keeping Members Healthy

- **Black (African American) Well-Child Visit QI Project (Equity, MC)**
  - HEDIS well-child visit (W30) and immunization (CIS-10) rates will increase for Black (African American) members by 5% from MY2023 (as of April 2024) to MY2024.
    - → Well-child visits prenatal campaign
    - → First 5 care coordination
    - → Well-child advertising campaign

Keeping Members Healthy

- **Non-utilizer Outreach QI Project (MC, GC)**
  - Outreach to at least 20% of members ages 50 years and above who did not utilize services from October 2022 to September 2023 by June 2024 and connect 2% to primary care services.
  - Outreach to at least 20% of members ages 6 years and under who did not utilize services from October 2022 to September 2023 by June 2024 and connect 2% to primary care services.

    → Non-utilizer call campaign

Patient Safety or Outcomes Across Settings

- **Follow-up after ED Visit for Mental Illness QI Project (MC)**
  - Follow-up After ED Visits for Mental Illness (FUM) - 30 days HEDIS rate for Medi-Cal members will increase from 51.10% in MY2023 (as of April 2024) to 54.87% in MY2024.

    →Outreach

Patient Safety or Outcomes Across Settings

- **Transitional Care Services (MC, GC)**
  - Increase the percentage of transitions for high-risk members that had at least one interaction with their assigned care manager within 7 days post-discharge from 24.7% for Medi-Cal and 22.9% for Group Care in March 2024 by 1 percentage point in March 2025.

    → Transitional Care Services

Questions?

Contact Linda Ayala, Director of Population Health and Equity, at layala@alamedaalliance.org

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NCQA Update

Jennifer Karmelich

ALAMEDA Alliance FOR HEALTH

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

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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

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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

Initial Health Appointments

Farashta Zainal

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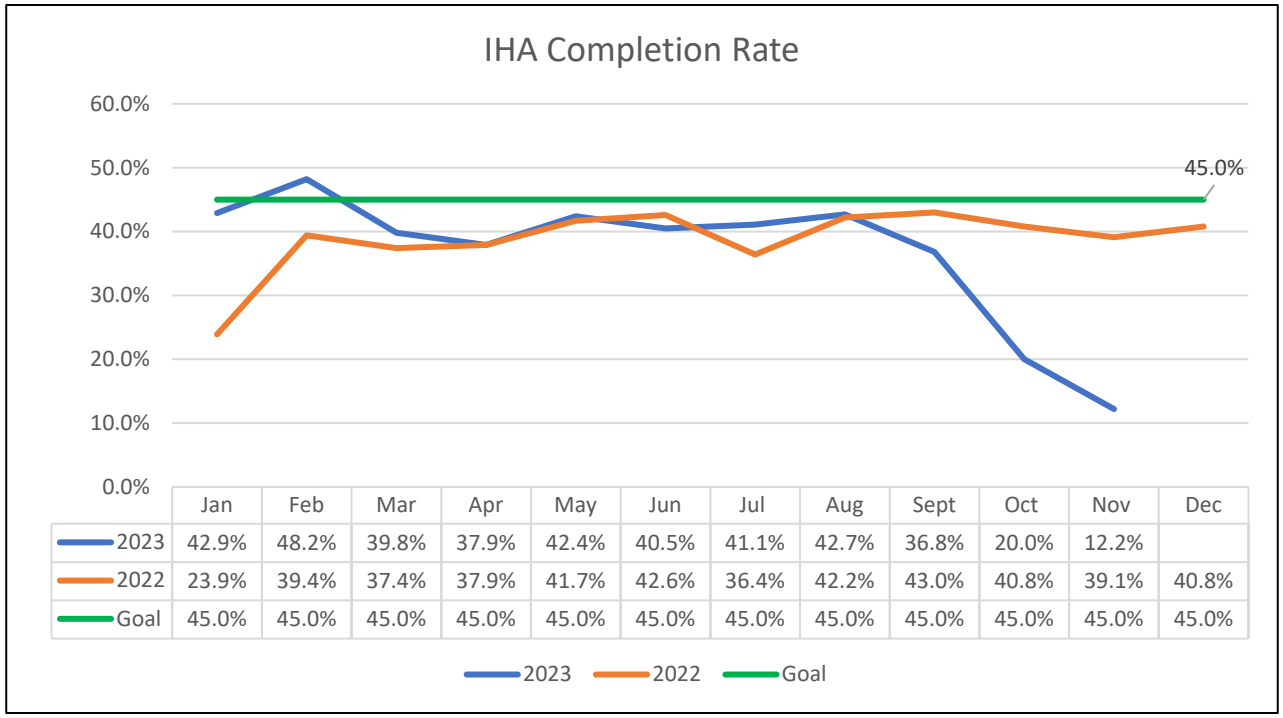
IHA Improvement Strategies

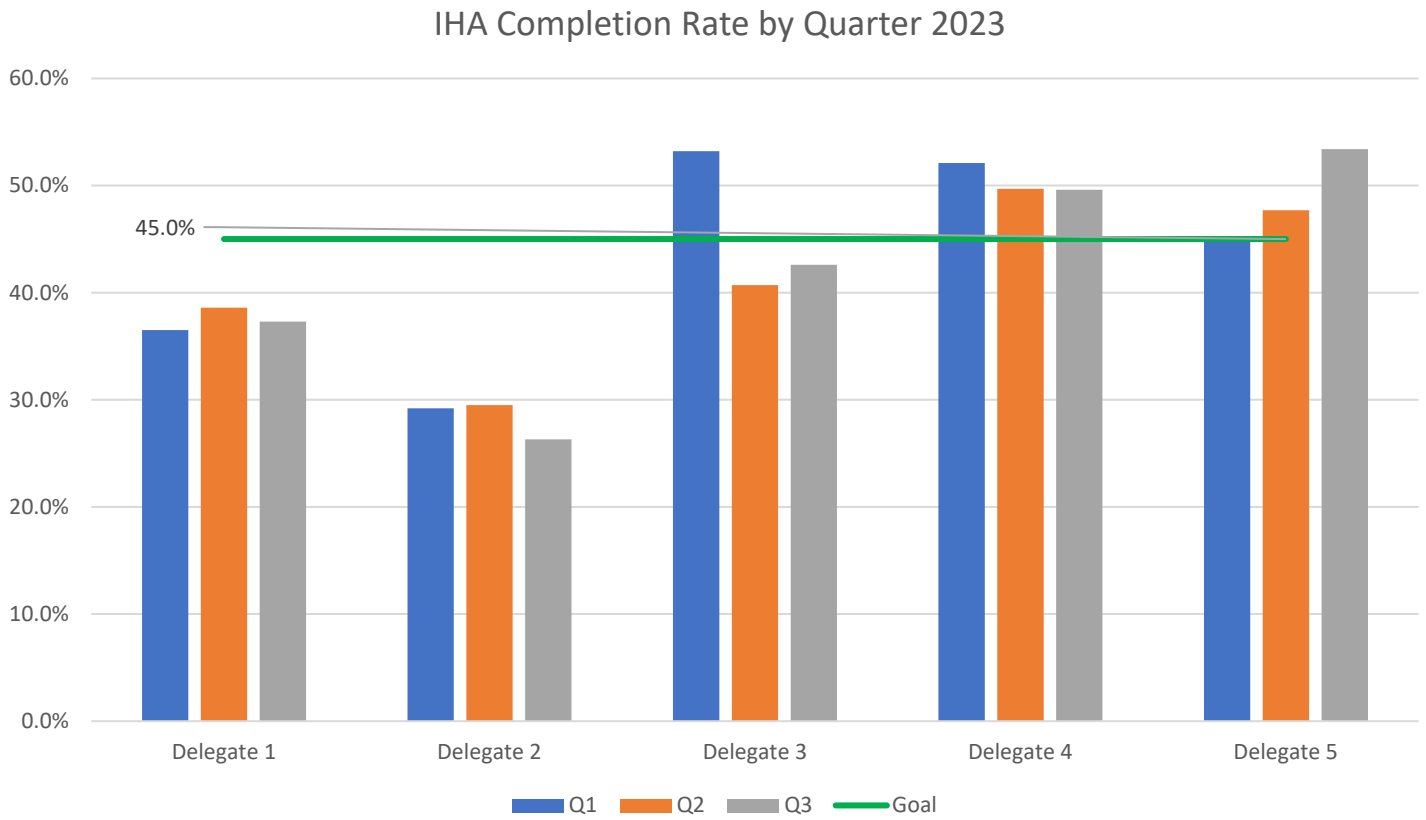
- IHA Corrective Action Plan Issued as a Result of 2023 DHCS Audit
- Strategies in Place to Improve Rates
  - Member communication - IVR calls
  - Provider communication - JOM, QI meetings, webinars, provider newsletter
  - Additional claim codes added to capture IHA
  - IHA reports sent to providers
  - IHA Measure Highlight tool for providers

AAH IHA Completion Rate 2022 - 2023



	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



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)

Survey Results (PAAS, QMRT, CG-CAHPS, After Hours Survey

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2023 PAAS
Q1 – Q4 2023 CG-CAHPS

05/17/2024 QIHEC

PAAS OVERVIEW

SURVEY FIELDED AUGUST - DECEMBER 2023

The Provider Appointment Availability Survey also call the Timely Access Survey is conducted on an annual basis. The survey details compliance rates for Urgent and Routine appointments across five provider types for two lines of business: Medi-Cal and Commercial Plan

Consistent with the DMHC MY2023 PAAS Methodology, the Alliance's MY2023 PAAS was used to assess appointment availability wait times for the following five provider types:

- Primary Care Providers (PCPs)
- Specialist Physicians (10):
  - Cardiology
  - Endocrinology
  - Gastroenterology
  - Dermatology
  - Neurology
  - Oncology
  - Ophthalmology
  - ENT
  - Pulmonology
  - Urology
- Non-Physician Mental Health (NPMH) Providers (PhD-level and Masters-level)
- Ancillary Service Providers offering Mammogram and/or Physical Therapy
- Psychiatrists

2023 PAAS COMPLIANCE RATES

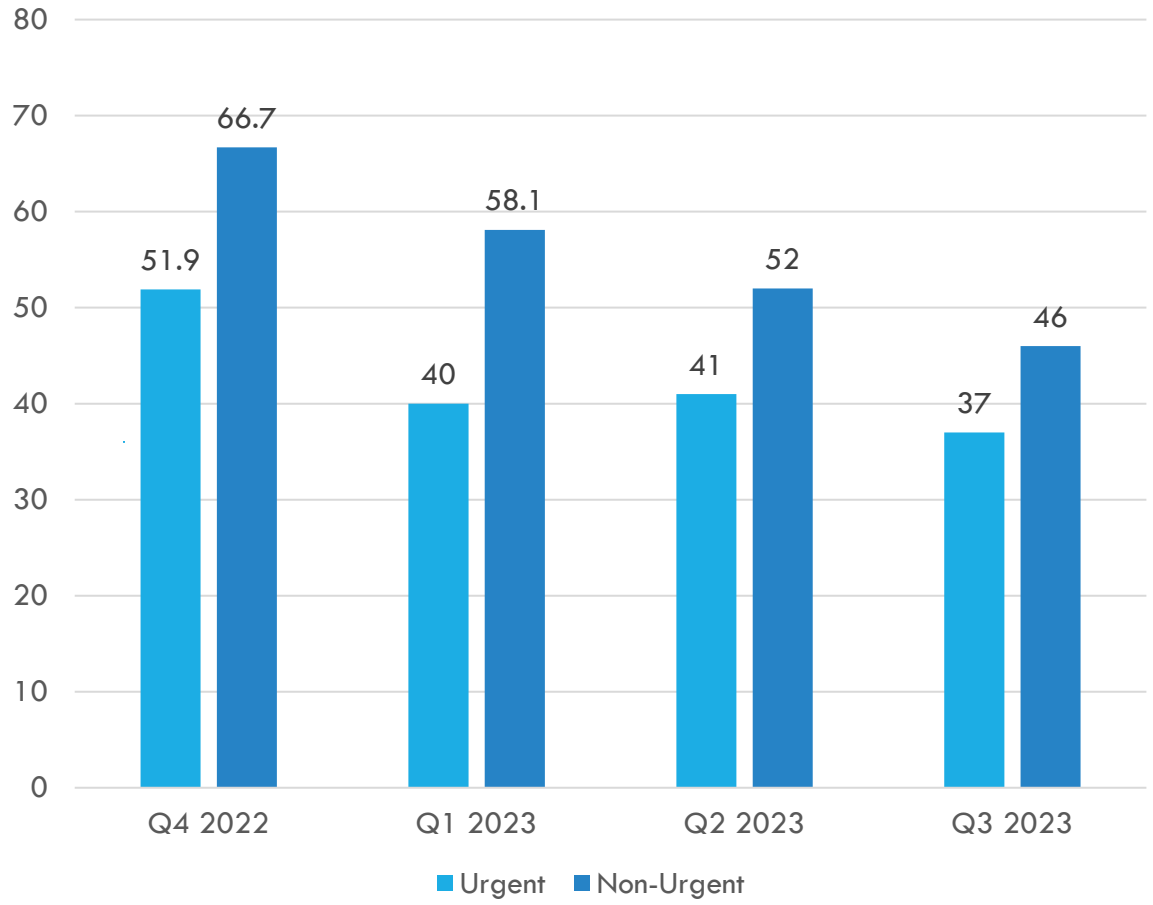
AAH Compliance rate goal for Urgent and Non-Urgent Appointment = 75%
DMHC Compliance rate goal for Urgent and Non-Urgent Appointment = 70%

2023			Year to Year % Difference	
Urgent Appt	**Routine Appt**	**Follow-up Appt**	**Urgent**	**Non-Urgent**
Ancillary				
Not applicable	100%		N/A	+16.7%
PCPs				
66.6%	74.7%		+14.9%	+4.7%
NPMH				
86.7%	84.2%	87.3%	+11.4%	-3.4%
Psychiatrists				
76.9%	92.3%		+19.1%	+7.1%
Specialists				
55.5%	56.7%		+9.2%	-0.4%

DHCS QMRT Timely Access Study

ABOUT	
Tool	DHCS QMRT Timely Access Study Tool
Frequency	Quarterly

Timely Access Requirement	Exhibit A, Attachment 9, 3(B) and 4(B)(3)(4) – "Members must be offered appointments within the following timeframes:"
	• Urgent care appointments
	  ○ for services that do not require prior authorization – within 48 hours of the request for appointment
	• Non-urgent appointments
	  ○ for PCPs: within 10 business days of request
	  ○ for SPCs: within 15 business days of request
	  ○ for NPMH providers: within 10 business days of request
	  ○ for Ancillary Services providers: within 15 business days of request



Q1 – Q4 2023 CLINICIAN & GROUP CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CG-CAHPS)

In-Office Wait Time			
See provider within 60 minutes at an 80% compliance threshold goal			
Q1 2023	**Q2 2023**	**Q3 2023**	**Q4 2023**
92.0%	91.1%	94.0%	92.0%

Call Return Time			
Return calls within 1 Business Day at an 70% compliance threshold goal			
Q1 2023	**Q2 2023**	**Q3 2023**	**Q4 2023**
74.3%	74.5%	75.8%	75.2%

Time to Answer Call			
Answer calls within 10 minutes at an 70% compliance threshold goal			
Q1 2023	**Q2 2023**	**Q3 2023**	**Q4 2023**
70.0%	71.4%	75.3%	72.2%

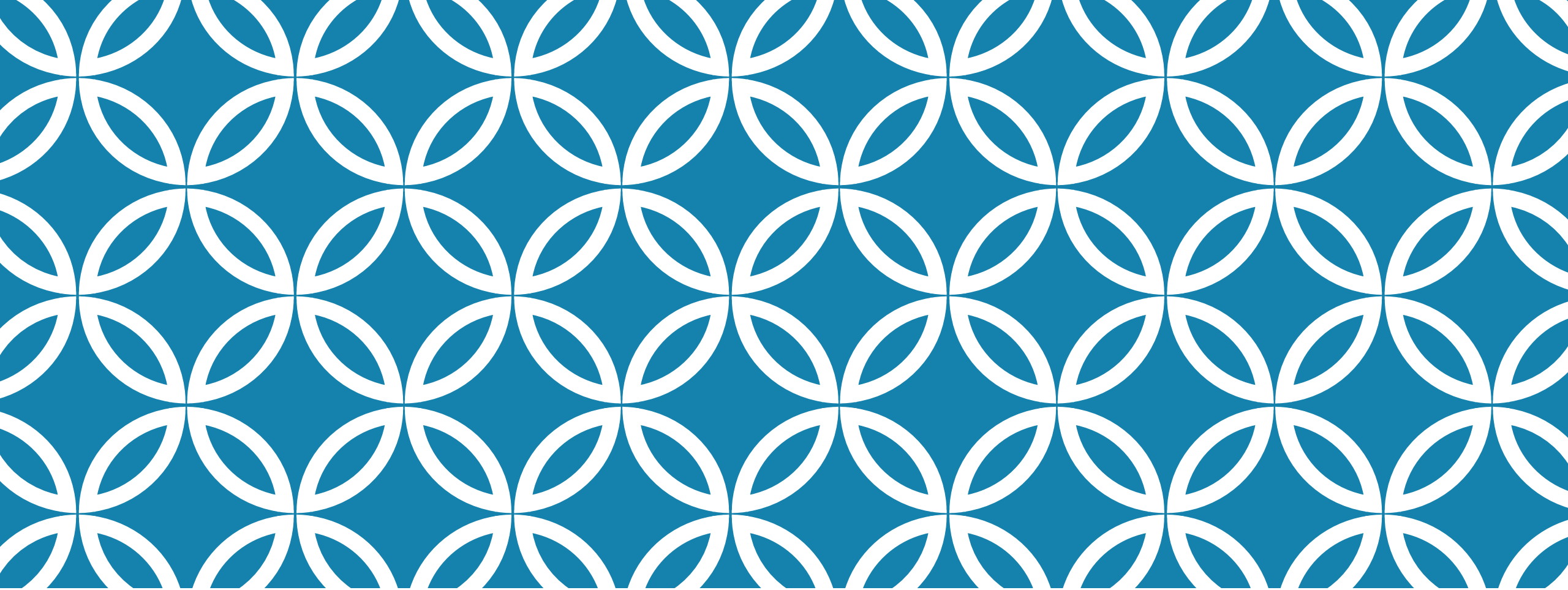
NEXT STEPS:

1) Educate our Provider network through

- Providers Orientation
- Send out biweekly faxblast 2 months prior up to the survey period
- Timely Access Standard information were included in provider quarterly packet
- Virtual/Onsite visits to provider not meeting Timely Access year over year
- Timely Access to Care training with Delegate/ICP

2) CAPs for non-compliant and non-responsive

3) Provide incentives to extend office hours, focusing on improving access to care



QUESTIONS?

Availability of Practitioners to Meet the Cultural Needs and Preferences of Members

Mao Moua

ALAMEDA Alliance FOR HEALTH

BACKGROUND/REPORT PURPOSE

- Completed annually.
- Meets NCQA NET 1A Factors 1 & 2 requirements.
  - Assesses the cultural, ethnic, racial and linguistic needs of its members.
  - Adjusts the availability of practitioners within its network, if necessary.
- Offer a practitioner network sufficient in volume and capabilities to meet the cultural, ethnic, racial, and linguistic needs of Alliance members.

BACKGROUND/REPORT PURPOSE

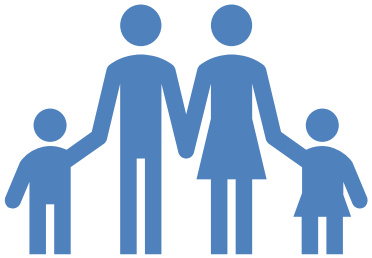
ALAMEDA Alliance FOR HEALTH

Review data on cultural, ethnic, racial and linguistic characteristics of members

Identify language needs and ethnic backgrounds of Alliance members

Assess the characteristics of network practitioners

Identify languages of practitioners in the network to assess whether they meet members' language needs



Assess whether members' needs were met

Assess whether members' language needs and preferences were met

Adjust provider network

Identify network activities to address members' language needs and cultural preferences

2023 RESULTS: PCP LANGUAGE CAPACITY COMPARISON-MEDI-CAL

	Q4 2022			Q4 2023			Change			
Language	PCPs	Members	Ratio PCPs: Members	PCPs	Members	Ratio PCPs: Members	# PCPs	% PCPs	# Members	% Members
English	679	162,956	1:239	719	186,084	1:258	40	6%	23,128	14%
Spanish	167	61,723	1:369	183	60,804	1:332	16	10%	-919	-1%
Chinese	77	24,812	1:322	75	26,424	1:352	-2	-3%	1,612	6%
Vietnamese	20	8,168	1:408	19	7,829	1:412	-1	-5%	-339	-4%
Arabic	8	2,392	1:299	10	2,036	1:203	2	25%	-356	-15%
Tagalog	22	1,733	1:78	21	1,845	1:87	-1	-4%	112	6%
Farsi	7	1,722	1:246	9	2383	1:264	2	28%	661	38%
Total	**1,188**	**272,796**		**1,246**	**296,280**					

2023 RESULTS: PCP LANGUAGE CAPACITY COMPARISON-GROUP CARE

	Q4 2022			Q4 2023			Change			
Language	PCPs	Members	Ratio PCPs: Members	PCPs	Members	Ratio PCPs: Members	# PCPs	% PCPs	# Members	% Members
English	560	3,376	1:6	588	3,324	1:5	28	5%	-52	-2%
Spanish	138	290	1:2	152	284	1:1	14	10%	-6	-2%
Chinese	68	1,438	1:21	64	1,396	1:21	-4	-6%	-42	-3%
Vietnamese	18	226	1:12	16	221	1:13	-2	-11%	-5	-2%
Arabic	8	6	1:0	10	7	1:0	2	25%	1	17%
Tagalog	21	27	1:1	20	26	1:1	-1	-5%	-1	-4%
Farsi	6	86	1:14	8	84	1:10	2	33%	-2	-2%
Total	**993**	**5,777**		**1,034**	**5,622**					

2023 RESULTS: SPECIALISTS LANGUAGE CAPACITY COMPARISON- MEDI-CAL AND GROUP CARE

ALAMEDA Alliance FOR HEALTH

Medi-Cal	Q4 2023		
Language	Specialists	Members	Ratio Specialists: Members
English	8,236	244,411	1:29
Spanish	900	95,695	1:106
Chinese	426	29,432	1:69
Vietnamese	77	8,336	1:108
Unknown	799	7,887	1:9
Other Non-English	1,202	3,419	1:2
Farsi	90	2,785	1:30
Arabic	62	2,552	1:41
Tagalog	78	2,120	1:27
Total	**11,870**	**396,637**	

Group Care	Q4 2023		
Language	Specialists	Members	Ratio Specialists: Members
English	8,100	3,309	1:0
Chinese	422	1,396	1:3
Spanish	885	289	1:0
Vietnamese	77	222	1:2
Unknown	778	175	1:0
Other Non-English	1,189	104	1:0
Farsi	89	82	1:0
Tagalog	76	24	1:0
Arabic	61	6	1:0
Total	**11,677**	**5,607**	

2023 RESULTS: BH LANGUAGE CAPACITY COMPARISON-GROUP CARE

Medi-Cal	Q4 2023		
Language	Behavioral Health Providers	Members	Ratio BH: Members
English	872	244,411	1:280
Spanish	130	95,695	1:736
Chinese	18	29,432	1:1,635
Vietnamese	7	8,336	1:1,190
Unknown	14	7,887	1:563
Other Non-English	144	3,419	1:23
Farsi	14	2,785	1:198
Arabic	7	2,552	1:364
Tagalog	4	2,120	1:530
Total	**1,210**	**396,637**	

Group Care	Q4 2023		
Language	Behavioral Health Providers	Members	Ratio BH: Members
English	856	3,309	1:3
Chinese	18	1,396	1:77
Spanish	130	289	1:2
Vietnamese	7	222	1:31
Unknown	14	175	1:12
Other Non-English	144	104	1:0
Farsi	14	82	1:5
Tagalog	4	24	1:6
Arabic	7	6	1:0
Total	**1,194**	**5,607**	

2023 RESULTS: MEMBERSHIP BY RACE/ETHNICITY COMPARISON-MEDI-CAL

MEDI-CAL	Prior Year	YTD	% Change	Current Month	
Alameda Alliance for Health Membership by Race/Ethnicity	Jan – Dec 2022	Jan – Dec 2023	% YTD Membership in Jan – Dec 2023 (minus) % of Membership in Jan – Dec 2022	Dec 2023	Dec 2023 %
Hispanic (Latinx)	28.75%	28.56%	-0.19%	99,239	28.66%
Other *	24.43%	24.38%	-0.05%	82,837	23.93%
Black (African American)	14.56%	14.04%	-0.52%	48,395	13.98%
Chinese	9.79%	10.04%	0.24%	34,595	9.99%
White	8.76%	8.82%	0.06%	29,883	8.63%
Vietnamese	3.59%	3.43%	-0.16%	11,757	3.40%
Asian Indian	3.11%	3.11%	0.01%	10,772	3.11%
Filipino	2.82%	2.91%	0.09%	9,830	2.84%
Asian or Pacific Islander	1.98%	2.07%	0.10%	7,361	2.13%
Unknown	0.49%	0.89%	0.41%	5,535	1.60%
Korean	0.45%	0.50%	0.05%	1,722	0.50%
Cambodian	0.48%	0.46%	-0.02%	1,589	0.46%
American Indian or Indian Alaskan Nativ	0.21%	0.20%	-0.00%	718	0.21%
Samoan	0.18%	0.17%	-0.01%	620	0.18%
Japanese	0.14%	0.15%	0.01%	494	0.14%
Laotian	0.14%	0.14%	-0.01%	461	0.13%
Hawaiian	0.08%	0.08%	-0.00%	264	0.08%
Guamanian	0.05%	0.05%	-0.00%	156	0.05%
Total Members				346,228	

2023 RESULTS: MEMBERSHIP BY RACE/ETHNICITY COMPARISON-GROUP CARE

GROUP CARE	Prior Year	YTD	% Change	Current Month	
Alameda Alliance for Health Membership by Race/Ethnicity	Jan – Dec 2022	Jan – Dec 2023	% YTD Membership in Jan – Dec 2023 (minus) % of Membership in Jan – Dec 2022	Dec 2023	Dec 2023 %
Asian Indian	27.15%	29.45%	2.29%	1,692	30.10%
Unknown	25.03%	23.68%	-1.35%	1,272	22.63%
Chinese	14.42%	14.47%	0.06%	833	14.82%
Black (African American)	11.43%	10.91%	-0.52%	601	10.69%
Other*	8.64%	8.18%	-0.45%	479	8.52%
Hispanic (Latinx)	3.97%	3.95%	-0.02%	229	4.07%
Vietnamese	3.14%	3.07%	-0.07%	172	3.06%
White	2.06%	2.06%	-0.01%	112	1.99%
Filipino	1.15%	1.17%	0.02%	67	1.19%
Asian or Pacific Islander	1.15%	1.20%	0.05%	63	1.12%
Cambodian	0.96%	0.91%	-0.05%	48	0.85%
Korean	0.52%	0.52%	0.00%	31	0.55%
Amerasian	0.10%	0.14%	0.04%	8	0.14%
American Indian or Alaskan Native	0.10%	0.14%	0.04%	8	0.14%
Laotian	0.16%	0.13%	-0.03%	6	0.11%
Samoan	0.03%	0.02%	-0.01%	1	0.02%
Total Members				5,622	

2023 RESULTS: PROVIDER BY RACE/ETHNICITY COMPARISON-MEDI-CAL AND GROUP CARE MEMBERS

Race/Ethnicity	% Members	% PCP	% BH	% Specialists
Hispanic (Latinx)	34%	8%	18%	2%
Asian *	12%	48%	20%	43%
Black (African American)	13%	8%	10%	5%
White	8%	29%	50%	43%
Asian Indian	3%	5%	0%	4%
Pacific Islander **	2%	1%	1%	1%
American Indian or Alaskan Native	0.20%	0%	1%	1%
Other ***	20%	1%	0%	1%
Unknown	4%	0%	0%	0%

* Includes Chinese, Vietnamese, Korean, Cambodian, Japanese, Filipino and Laotian
** Includes Hawaiian
*** Includes Samoan, Guamanian, and Amerasian

2023 RESULTS: LANGUAGES SERVICES PROVIDED-TELEPHONIC, TELEPHONIC, AND IN-PERSON

- Over 57,000 services provided, in 112 languages by 3 vendors.
- Most common languages

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

- Compared to 2022:
  - Telephonic interpreter services increased in 2023 for all threshold languages, with Spanish and Mandarin languages having the highest increase.
  - Video interpreter services continued to decrease for all threshold languages, except Spanish.
  - In-person interpreter services for Spanish doubled in 2023.

2023 RESULTS: MEMBER SATISFACTION WITH LANGUAGE SERVICES-ADULT

ADULT: Able to communicate with doctor and clinic staff in preferred language?	Favorable % 2022	Favorable % 2023	Family and Friends % 2022	Family and Friends % 2023	No % 2022	No % 2023
Total	81.6%	85.20%	15.39%	12.19%	3.00%	2.60%
Chinese	89.25%	87.59%	9.44%	10.86%	1.30%	1.53%
Spanish	86.87%	91.46%	6.71%	6.71%	2.81%	1.81%
Vietnamese	85.56%	85.71%	9.95%	9.82%	3.48%	4.46%
English	57.14%	61.84%	34.69%	29.60%	8.16%	8.55%
Tagalog (2023 n= 15)	45.45%	40.00%	48.48%	60%	6.06%	0.00%
Other Languages	58.77%	63.80%	36.84%	32.38%	4.38%	3.80%

2023 RESULTS: MEMBER SATISFACTION WITH LANGUAGE SERVICES-CHILD

CHILD: Able to communicate with doctor and clinic staff in preferred language?	Favorable % 2022	Favorable % 2023	Family and Friends % 2022	Family and Friends % 2023	No % 2022	No % 2023
Total	92.30%	95.40%	5.01%	3.04%	2.69%	1.59%
Chinese	94.01%	98.36%	4.70%	0.40%	1.28%	1.22%
Spanish	93.82%	95.58%	4.49%	3.01%	1.68%	1.40%
Vietnamese	70.00%	100%	10.00%	0.00%	20.00%	0.00%
English	80.76%	90.41%	7.69%	8.77%	11.53%	1.36%
Tagalog (2023 n= 0)	100%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Languages	87.50%	76.92%	9.37%	12.82%	3.12%	10.25%

2023 RESULTS: C&L RELATED GRIEVANCES

Grievance Type	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Grand Total
Access to Care	**69**	**72**	**94**	**62**	**297**
Language Assistance Plan	10	7	20	12	49
Language Assistance Provider	59	65	74	50	248
Quality of Service	**26**	**30**	**37**	**20**	**186**
Discrimination	23	30	32	16	169
Disability Discrimination	3	0	5	4	17
Grand Total	**95**	**102**	**131**	**82**	**483**

- Significant increases for language assistance grievances from 2022 to 2023 by 53% and for discrimination by 154%..
- Most common grievances
  - Request to change PCP to a provider who spoke their language
  - Provider not scheduling interpreting services
  - Quality issues with interpreter services at time of appointment
- No corrective action plans were warranted for patterns of non-compliance; however, all grievances were addressed with provider and/or interpreter service vendor, and member education was provided.

ASSESSMENT

- **By Language**
  - No barriers identified in member to PCP ratio for both lines of business.
  - PCPs increased in English and Spanish.
  - Limited provider language data for Specialists and BH providers.
  - Ratios of members to PCP, Specialists and BH by language showed favorable for all languages.
- **By Race/Ethnicity**
  - Self-reported data for "Asian" is a broad category.
  - Provider network reflects our membership, but proportions are not parallel.
  - Clinical provider network have less Hispanic (Latinx) representation, but provider offices have non-Clinical Hispanic (Latinx) staff, who serve as links to the non-Hispanic (Latinx) providers.
  - Network has safety net providers who specialize in Alliance's diverse populations.
- **By Culture**
  - Include cultural preferences by race/ethnicity/language to continue to improve health care experiences and outcomes
  - Use PHM Strategy Population Assessment and Evaluation for improvement/enhancement.

ASSESSMENT

- **Intersection of Language/Race/Ethnicity and Culture**
  - CG-CAHPs data showed members continue to rely on family and friends, despite provider and member education. For adults, English and Other Languages showed greatest use. For child, it is Chinese and Tagalog.
  - Grievances in language access and discrimination increased significantly from 2022 to 2023.
- **Conclusions**
  - No adjustments are needed to the provider network.
  - Alliance will continue to educate practitioners on the cultural preferences and beliefs of our membership through the Cultural Sensitivity Training.
  - Alliance county has a growing number of residents who speak non-threshold languages.
  - Closely monitor provider network as membership expands and new languages arise, including the geographic make-up of our network access requirements.

ACTIONS

- **Member-Cultural and Linguistic Services Program**
  - Use provider directory to assign providers to meet member's language and cultural preferences.
  - Monitor member preferences and provider network capacity.
  - Translate plan materials into our threshold languages and other foreign languages, including alternative formats.
  - Hire staff with language and cultural backgrounds that is reflective of our membership.
  - Partner with community organizations with cultural and linguistic capacity to provide wellness and prevention/care management services.
  - Monitor member health status, preventative services, and program engagement data for inequities through PHM.
  - Continue to offer Cultural Sensitivity Training to staff and practitioners.
  - Address/respond to member grievances related to cultural and linguistic services.
  - Meet with our interpreter service vendors to address enhancements and/or improvements.

ACTIONS

- **Practitioners-Cultural and Linguistic Services Program**
  - Continue to recruit, credential, and contract with a diverse provider network that is reflective of our membership.
  - Monitor current translations and interpreter services vendors to ensure they are meeting the cultural and linguistic needs of our members. Recruit, as needed to fill gaps in services.
  - Continue to educate/inform providers on availability of interpreter services and importance of providing culturally competent care.
  - Maintain information on provider language capacity and make regular updates to the provider directory.
  - Collect and mmaintain information on provider race/ethnicity.
  - Targeted outreach to providers with patterns of QOL-PQIs.
  - Continue monitoring of availability Hispanic (Latinx) providers.
  - Improve self-reported data for provider race/ethnicity for the “Asian” category.

ACTIONS

- **Ongoing Monitoring and Continuous Improvement**
  - Monitor quality issues with interpreter services at time of appointment
  - Require practitioners to complete culturall competency courses.
  - Ongoing monitoring of CLS program through QIHEC, including availability of CLS reports to include information on grievances and appeals, QOL-PQIs, language services provided, provider language capacity, provider race/ethnicity, and identify areas of improvement.
  - Facility Site Reviews to ensure compliance with cultural and linguistic services.
  - Monitor interpreter service vendor contracts and fulfillment rate.
  - Monitor/address discrimination and language assistance related grievances.
  - Present monitoring activities of the CLS program to CLSS, QIHEC, and Community Advisory Committee (CAC) for input/feedback.
  - Leverage existing Alliance meetings with providers and community-based organizations to educate providers on availability of language assistance services and providing effective communication.

Thank you!
Questions?

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Public Comment

ALAMEDA Alliance FOR HEALTH

Thank You for Joining Us

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