

Quality Improvement Health Equity Committee Meeting

May 9, 2025

Meeting Name:	Quality Improvement Health Equity Committee		
Date of Meeting:	5/9/2025	Time:	9:00 AM – 11:00 AM
Meeting Coordinator:	Ashley Asejo	Location:	Alameda Alliance for Health HQ 1240 S. Loop Rd. Alameda
Webinar Meeting ID:	Microsoft Teams Meeting ID: 218 089 783 379 Passcode: 3dPehk	Meeting Materials:	Standing Committees – Alameda Alliance for Health

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

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

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

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

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

Meeting Agenda				
Topic	Time	Document	Responsible Party	Vote to approve or Informational
1. Call to Order/Roll Call:	1min	Verbal	D. Carey	Informational
2. Alameda Alliance Updates	5min	Verbal	D. Carey	Informational
3. Chief of Health Equity Updates	5min	Verbal	L. Vang	Informational
4. Policies and Procedures <ul style="list-style-type: none"> Listed below 	5min	Document	D. Carey	Vote
5. Approval of Committee Meeting Minutes <ul style="list-style-type: none"> QIHEC: 4/11/25 UMC: 4/25/25 CLSS: 1/22/25 A&A: 3/25/25 	2min	Document	D. Carey	Vote
6. Quality Improvement Program Description, Evaluation & Work Plan	25min	Document	QI Leadership	Vote
7. Population Health: Assessment, Impact & Strategy Documents	15min	Document	G. Duran	Vote
8. Network Cultural Linguistic Capacity	10min	Verbal	M. Moua	Vote

Meeting Agenda				
Topic	Time	Document	Responsible Party	Vote to approve or Informational
9. 2024 DHCS Audit Findings	5min	Document	M. Stott	Informational
10. Access & Availability Update <ul style="list-style-type: none"> • MY2024 After Hours Survey Results 	5min	Verbal	L. Tran	Informational
11. Public Comment	1min	Verbal	D. Carey	Informational
12. Adjournment	1min	Verbal	D. Carey	Next Meeting 8/8/2025

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

Policies & Procedures
<ul style="list-style-type: none"> • CS-001: Community Supports – Oversight, Monitoring & Controls • CS-005: Community Supports – Asthma Remediation • CS-006: Community Supports – Recuperative Care (Medical Respite) • QI-114: Monitoring of Access and Availability Standards • QI-133: Inter-Rater Reliability (IRR) -Testing for Clinical Decision Making • MBR-024: Exempt Grievance

Voting Member Roll Call

Dr. Donna Carey

Alameda Alliance Updates

Dr. Donna Carey

Chief Health Equity Officer Update

Lao P. Vang

Voting Item: Policies and Procedures

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

Policy Procedures Summary of Changes

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)	Retire (X)	Presenter
CS	CS-001	Community Supports – Oversight, Monitoring & Controls	This policy outlines the process in which Alameda Alliance for Health (AAH) will oversee its contracted providers who deliver Community Supports (CS) services.	Added D-SNP, Formatting changes, content updated	X				Kimberly Glasby
CS	CS-005	Community Supports – Asthma Remediation	This policy outlines the process in which Alameda Alliance for Health processes the Asthma Remediation Community Support.	Added D-SNP, Formatting changes, content updated with APS program requirements, Added closed loop referral statement, updates APL	X				Kimberly Glasby
CS	CS-006	Community Supports – Recuperative Care (Medical Respite)	This policy outlines the process in which Alameda Alliance for Health processes the Recuperative Care/Medical Respite Community Support.	Added D-SNP, Formatting changes, content updated, Added closed loop referral statement, updates APL	X				Kimberly Glasby
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 delegate network.	Updated policy to include types of high volume BH providers (Psychologists, LCSWs, Licensed Marriage & Family Therapist), in accordance with NCQA standard NET 1, Element D, factor 1.	X				Loc Tran
Quality	QI-133	Inter-Rater Reliability (IRR) -Testing for Clinical Decision Making	Describes monitoring process for consistency and accuracy of review criteria applied by all clinical reviewers - physicians and non-physicians - who are responsible for conducting clinical reviews and to act on improvement opportunities identified through this monitoring	1) Added MCARE/DSNP 2) Modified HCQC to QIHEC 3) Incorporated BH IRR 4) Added language related to Milliman Care Guidelines as part of IRR 5) Modified scoring and actions, including attempts, testing, and oversight	X				Michelle Stott
Member Services	MBR -024	Exempt Grievance	Describes procedures for the submittal, processing, and resolution of Exempt Grievances	Minor grammar edits.			X		Gia DeGrano

Voting Item: Approval of Committee Meeting Minutes

QIHEC: 4/11/2025

UMC: 4/25/2025

CLSS: 1/22/2025

A&A: 3/25/2025

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

Voting Item: Quality Improvement Program Description, Evaluation & Work Plan

QI Team Leadership

2024/2025 Quality Improvement Health Equity (QIHE) Trilogy

Quality Improvement Health
Equity Committee (QIHEC)
May 9, 2025

Overall QIHE Program Goals

- ▶ Monitor, evaluate, and take timely action to address necessary improvements in the quality of care and ***to improve upon Health Equity***
- ▶ Ensure quality of care in the following areas:
 - ▶ Clinical quality of **physical and behavioral** health care
 - ▶ **Access to care**
 - ▶ **Continuity and Care Coordination**
 - ▶ **Member Experience**

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

Kathy Ebido, RN – Sr. QI Nurse Specialist

Loc Tran, Manager Access to Care

James Burke, Supervisor, Quality Performance

Quality Improvement Health Equity Trilogy Documents

➤ 2024 Program Evaluation

- Outcomes/effectiveness
- Opportunities

➤ 2025 Program Description & Work Plan

- Program design (*including purpose, governance and staffing structure, interventions*)
- Measurable goals & milestones
- Reporting/oversight

Quality Performance Activities

Farashta Zainal, QI Manager

Quality Performance

- ▶ HEDIS Rates (MY 2024)
- ▶ State Mandated Projects
 - Performance Improvement Projects (PIPs)
 - A3 Lean Quality Improvement Health Equity
 - IHI/DHCS Childhood Health Equity Collaboration
- ▶ Quality Improvement Projects

2024 Preliminary HEDIS Rates as of 4/25/2025

	2023 Rates		2024 Rates						Benchmarks		
Measure Description	Admin Rate	Hybrid Rate	EP	Num	Admin Rate	Hybrid Rate	Above MPL	Number to Treat to MPL	MPL	75th Pctl	90th Pctl
Behavioral Health Domain Measures											
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day	38.90%		2,155	913	44.48%		Y	0	36.18%	41.86%	49.40%
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day	54.69%		2,090	596	66.38%		Y	0	53.82%	63.06%	73.12%
Chronic Disease Management Domain Measures											
Asthma Medication Ratio	69.88%		2,963	2,031	63.18%		N	52	66.24%	72.22%	76.65%
Controlling High Blood Pressure	48.85%	65.21%	18,780	9,430	52.03%	60.10%	N	19	64.48%	69.37%	72.75%
HbA1c Poor Control (>9.0%)	32.46%		17,330	9,680	33.08%	28.95%	Y	0	33.33%	60.83%	63.50%
Cancer Prevention Domain Measures											
Breast Cancer Screening	59.59%		15,480	9,231	59.62%		Y	0	52.68%	59.51%	63.48%
Cervical Cancer Screening	58.33%	60.58%	70,608	35,143	52.91%	59.37%	Y	0	57.18%	61.56%	67.46%

2024 Preliminary HEDIS Rates

	2023 Rates		2024 Rates						Benchmarks		
Measure Description	PY Admin Rate	PY Hybrid Rate	EP	Num	Admin Rate	Hybrid Rate	Above MPL	Number to Treat to MPL	MPL	75th Pctl	90th Pctl
Children's Health Domain Measures											
Childhood Immunization Status - Combo 10	41.24%	45.74%	3,021	1,120	38.20%	43.80%	Y	0	27.49%	34.79%	42.34%
Immunizations for Adolescents - Combo 2	49.27%	47.69%	3,813	1,825	47.92%	47.45%	Y	0	34.30%	41.61%	48.66%
Developmental Screening in the First Three Years of Life Total	54.39%		7,144	4,544	64.63%		Y	0	35.70%	52.90%	
Lead Screening in Children	60.78%	61.31%	3,032	2,023	66.72%		Y	0	63.84%	71.11%	79.51%
Topical Fluoride for Children Rate1 - dental or oral health services	14.13%		88,581	13,004	17.74%		N	1131	19.00%	22.80%	
Well-Child Visits in the First 15 Months of Life - 6 or More Visits	58.67%		1,231	797	66.69%		Y	0	60.38%	64.99%	69.67%
Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits	74.03%		2,814	2,185	77.73%		Y	0	69.43%	73.09%	79.94%
Child and Adolescent Well-Care Visits	56.30%		84,983	47,214	55.88%		Y	0	51.81%	58.07%	64.74%
Reproductive Health Domain Measures											
Chlamydia Screening in Women	67.14%		7,385	4,952	70.04%		Y	0	55.95%	64.37%	69.07%
Timeliness of Prenatal Care	85.90%	90.87%	2,480	2,130	86.21%	91.28%	Y	0	84.55%	88.58%	91.85%
Timeliness of Postpartum Care	86.74%	89.95%	2,480	2,153	86.28%	92.44%	Y	0	80.23%	83.33%	86.62%

Quality Measures Below MPL

MY2023 vs MY2024

Measures below MPL MY2023	MY 2023 Admin Rates	MY 2024 Admin Rates
Follow-up After Emergency Visit for Mental Illness (FUM)	54.69%	66.38%
Lead Screening for Children (LSC)	60.78%	66.72%
Topical Fluoride for Children (TFL-CH)	14.13%	17.74%
Measure below MPL MY2024		
Controlling High Blood Pressure (CBP)	65.21%	60.10%
Asthma Medication Ratio (AMR)	69.88%	63.18%
Topical Fluoride for Children (TFL-CH)	14.13%	17.74%

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).
- ▶ **A3 Lean Quality Improvement and Health Equity:** Targeted outreach to members who are non-compliant for blood pressure control, and who have not received a blood pressure monitor as part of their prescription benefit. The goal is 20% of members outreached will agree to receive a monitor, 75% of those who received a monitor will have a blood pressure reading in the current measurement year.
- ▶ **2024-25 IHI/DHCS Childhood Equity Collaboration:** Partner with clinics to conduct test of change to drive improvement in completing well visits based on member feedback and Community Based Organization partnerships.

Quality Performance Activities

Member Focused

Outreach, Education & Incentives

- Mailers: Birthday Cards (CCS, WCV), BCS targeted flyer
- Outreach Calls: First 5 (W15, W30, WCV), Vendor Calls (A1c, BCS, CBP, CCS), Engagement Coordinators (A1c, CBP, CCS)
- Non-utilizer Pilot
- Well-Child Campaign (Billboards, Public Transportation Flyers, Radio Commercial, Social Media, Website, DMV Video)
- Member Incentives: HEDIS Crunch, WCV, CCS, BCS

Provider Focused

Education & Support

- 1:1 QI Meetings with Delegates and Clinics
- Improvement Academy Webinars: P4P, ABCs of QI, Measure Specific Webinars, Townhalls
- Measure Highlights Tools
- Incentive Programs: P4P, Grant Funded QI Projects, After Hours, Staff Incentive, Fluoride Varnish Incentives
- Actionable Care Gap Reports
- Point of Care Testing for Lead in Office Draws and Member Incentive

Additional QI Activities

Addressing Data Gaps

- Supplemental Data
- Other Health Insurance Removal
- Mom & Newborn Medical Record Match for Well Visits
- Provider Education for Billing Codes and Documentation

Collaboration

- CFMG texting campaign
- CHCN CBP, CRC, and Point of Care Testing Units for Lead
- Roots SUD
- Mobile Mammography
- Pap Clinics

Quality Performance

2025 Focus Areas:

▷ Incentives

- Pay for Performance (P4P)
- Quality Incentive Program: Staff Incentive, Extended Office Hours
- Provider Funded Quality Improvement Projects

▷ State Mandated Quality Improvement Projects

▷ Multidisciplinary Workgroups: Well Visits, Reproductive Health and Cancer Screening, Chronic Disease, Behavioral Health

▷ Campaign and member engagement

- Well Child/Immunization Campaign

▷ Outreach and Follow Up

- ED Utilization
- Initial Health Appointment

Potential Quality Issues (PQI)

Facility Site Reviews/Medical Record Reviews (FSR/MRR)

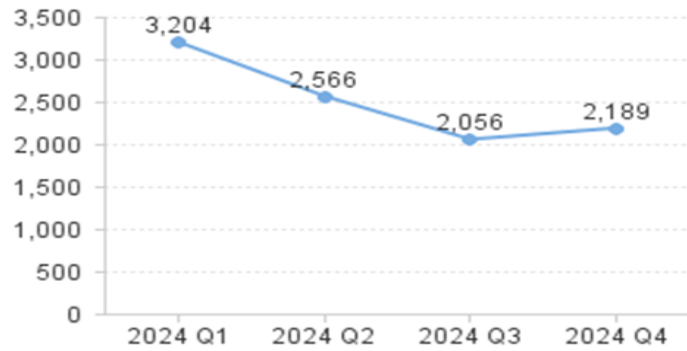
Kathy Ebido

Clinical Safety

- ▶ Potential Quality Issues (PQI)
- ▶ Inter-rater reliability (IRR)
- ▶ Facility Site Reviews
- ▶ SNF/LTC Quality Monitoring

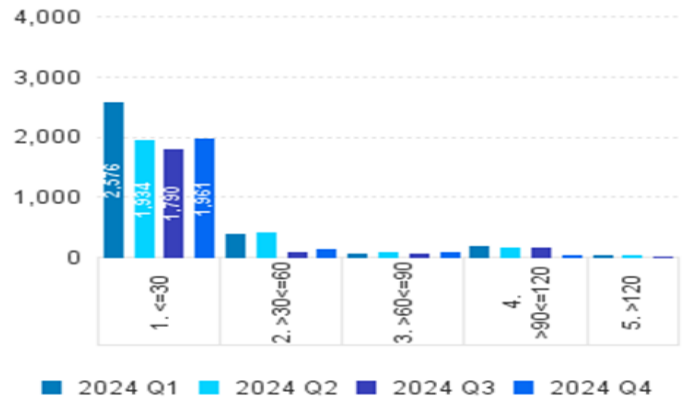
PQI Dashboard 2024

PQI Referrals By Quarter

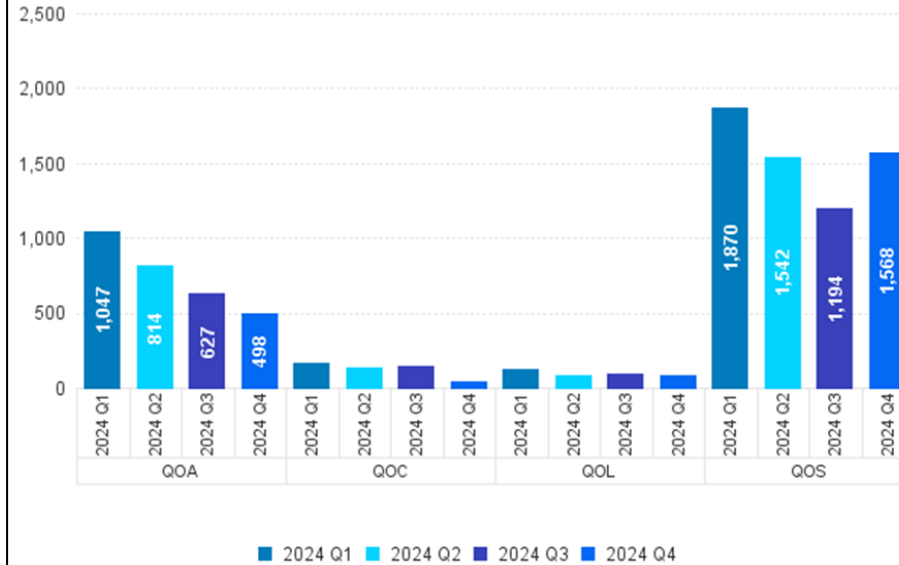


Quarter	# PQIs
2024 Q1	3204
2024 Q2	2566
2024 Q3	2056
2024 Q4	2189
Total:	10015

Turn Around Time to Resolve a PQI

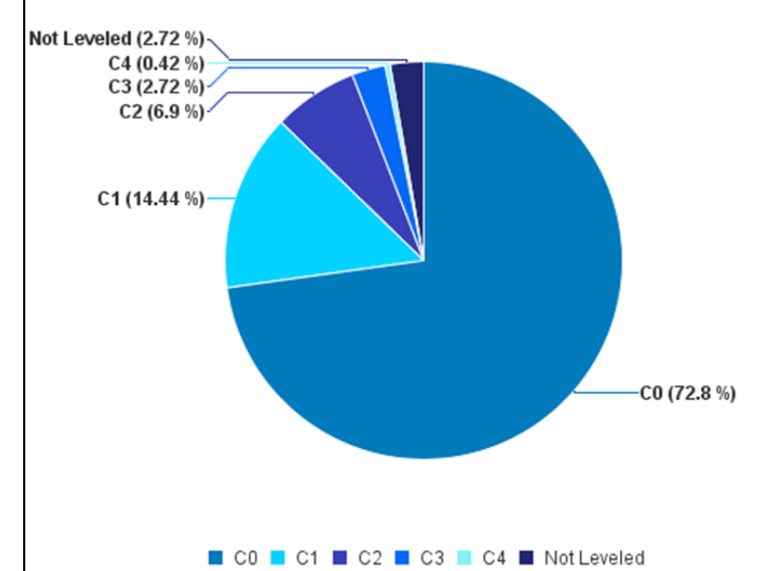


PQI Classification by Quarter



	2024 Q1	2024 Q2	2024 Q3	2024 Q4	Total
QOA	1047	814	627	498	2986
QOC	165	131	142	40	478
QOL	122	79	93	83	377
QOS	1870	1542	1194	1568	6174
Total:	3204	2566	2056	2189	10015

QOC Leveling



	2024 Q1	2024 Q2	2024 Q3	2024 Q4	Total
C0	132	99	97	20	348
C1	19	23	17	10	69
C2	8	7	13	5	33
C3	6	1	5	1	13
C4		1	1		2
Not Levelled			9	4	13
Total:	165	131	142	40	478

PQIs Still Open by Quarter Received

Quarter	# PQIs
2024 Q3	1
2024 Q4	379
Total:	380

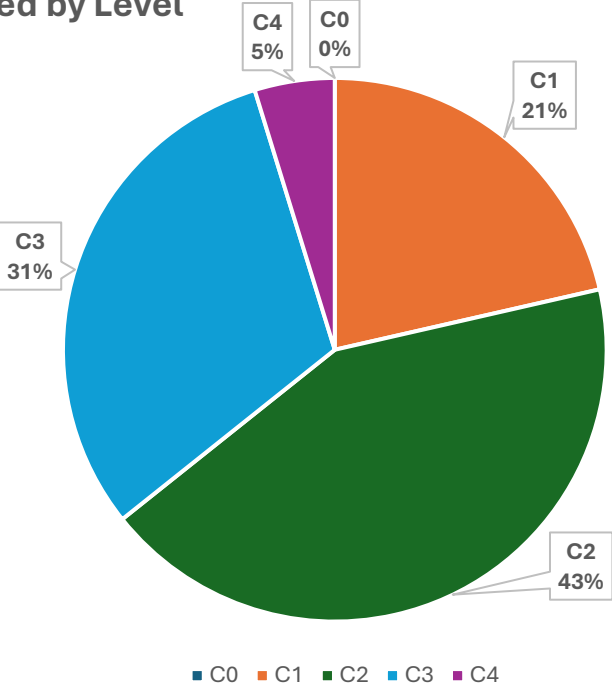
PQI Corrective Action Plan (CAP) Dashboard for 2024

Purpose: To provide a high-level overview of the CAPs issued in 2024

Leveling	Leveling Description
C0	No Quality-of-Care issue
C1	QOC issue in the absence of negligence
C2	Borderline QOC-Potential for adverse event or outcome
C3	Moderate QOC-Actual adverse effect or outcome (non-life or limb threatening)
C4	Serious QOC-With significant adverse effect or outcome (life or limb threatening)

Level	Q1	Q2	Q3	Q4	Total
C0	0	0	0	0	0
C1	1	0	6	2	9
C2	1	2	10	5	18
C3	4	1	6	2	13
C4	0	1	0	1	2
Total	6	4	22	10	42

CAP Issued by Level



Name of Provider (C2-C4)	
Alameda Hospital (C2)	Hayward Convalescent Center (C1)
All Saints Subacute (C2)	Highland Hospital (C4, C3 x2, C2 x2)
ABSMC (C3 x 2)	John George Hospital (C1)
Baypoint SNF (C3)	Lake Merritt SNF (C2 x2)
Baywood Court SNF (C2)	Modivcare (C3 x2, C2x3, C1x2)
Children’s Hospital Oakland-Ortho (C1)	Park Central Rehab (C3)
Individual Provider A (C1)	Redwood Convalescent Hospital (C2)
Driftwood SNF (C1 x 2)	San Leandro Healthcare SNF (C2)
Eden Healthcare SNF (C2)	Sutter-Eden Medical Center (C2)
Eden Medical Center (C3 +C2)	Washington Hospital (C3 + C4)
Elmwood Care Center SNF (C3)	Windsor Healthcare SNF (C2 x2, C1)
Fremont Healthcare SNF (C2)	Contra Cost Reg Med Ctr (C3)

Facility Site Reviews / Medical Record Reviews

Year: 2024	Q1	Q2	Q3	Q4	TOTAL
FSR: Initial Full Scope	0	1	1	2	4
FSR: Full Scope Periodic	7	7	15	21	50
FSR: Full Scope Annual	2	1	0	0	3
FSR: Urgent Care	1	0	0	0	1
MRR: Initial Full Scope	0	3	1	0	4
MRR: Full Scope Periodic	3	8	14	13	38
MRR: Full Scope Annual	1	2	0	0	3
MRR: Focused	1	5	3	0	9
Interim Monitoring	9	0	1	4	14
PARS	2	5	29	16	52
Total Reviews	26	32	64	56	178

Type of Review	Definition
Full Scope FSR/MRR Periodic	Periodic review every 3 years
Full Scope FSR/MRR Annual	Annual review every year (due to failed review or CAP not closed 120 days)
Initial FSR / MRR	Initial review of new provider or new site location
MRR Focused	Follow up medical record review focused on specific sections or deficiencies from previous MRR
Interim Monitoring	Interim monitoring between the full scope reviews. Reviews can be onsite or provider self-assessment

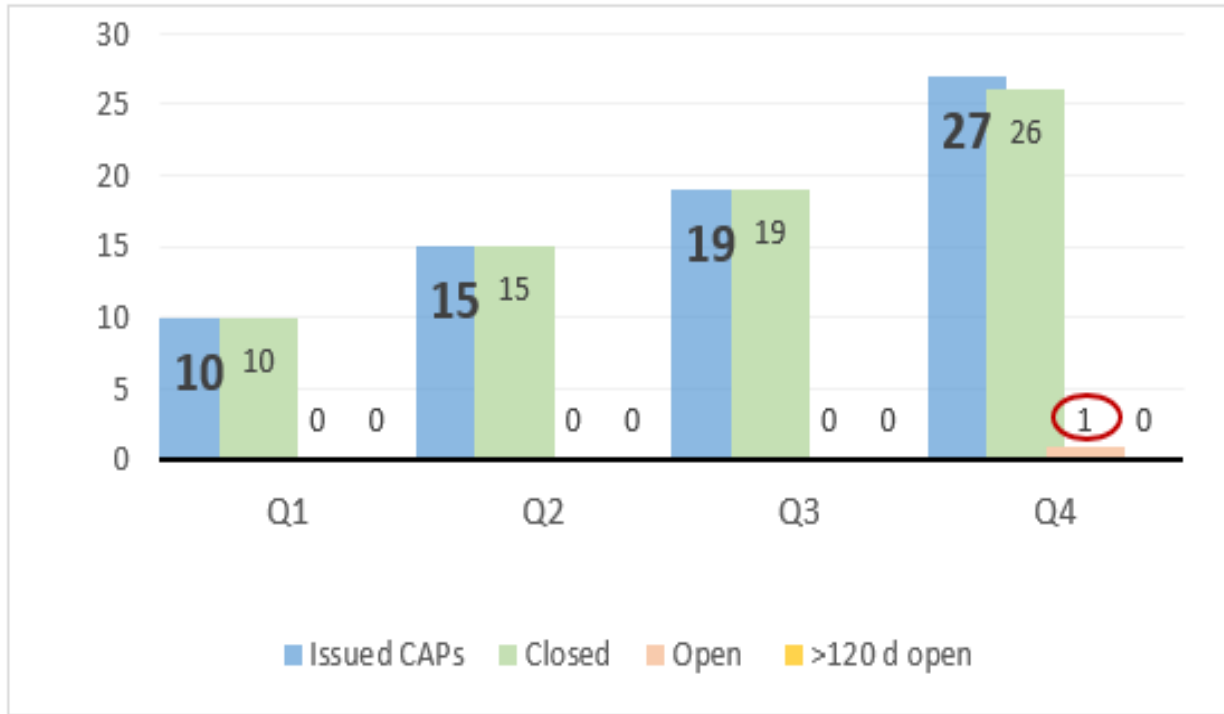
Legend:

FSR = Facility Site Review

MRR = Medical Record Review

PARS = Physical Accessibility Review Survey

Full-Scope FSR/MRR Corrective Action Plan (CAP)



*In Q4, there is 1 active CAP but the was closed in 2025 Q1.
No open CAPs >120 days from deadline.

Failed Reviews

2022	Number of sites	FSR Score	MRR Score
Q1	0	N/A	N/A
Q2	1	92%	79.02%
Q3	0	N/A	N/A
Q4	1	88.72%	77.39%

Non-Passing Score: 79% and below. New member assignment is on hold until CAP is closed. Scores and AAH action plan are reported to DHCS.

Membership Hold

2022	Issued	Open
Q1	1	0
Q2	3	0
Q3	1	0
Q4	1	0
TOTAL	6	0

Per DHCS APL 22-017 new member assignment is on hold for PCP sites that receive failing scores on FSR/MRR and/or providers who do not correct site review deficiencies within established CAP timelines until CAP is closed.

FSR/MRR Trends

- ▶ Revised FSR/MRR tool (effective July 2022 and ongoing updates)
 - Increased criteria and new standards.
 - Alliance anticipated a drop in provider scores on subsequent periodic reviews due to the increased criteria. Since 2019, Alliance piloted the possible changes and saw ~7 to 8 % decrease in scores.
 - Conducted focused reviews as education and to follow up on CAP.
- ▶ Provider staffing turnovers and continuous provider education on new standards.

SNF/LTC Quality Monitoring

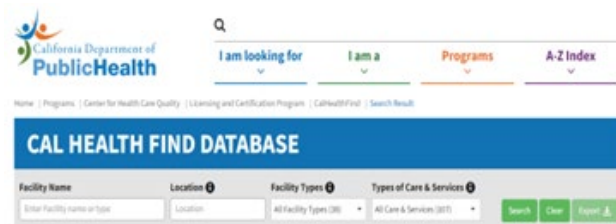
▶ Quality Assurance Performance Improvement (QAPI) Attestation

▶ CMS Star rating 
[CMS Five-Star Rating](#)






▶ Census

▶ PQI – QOC

▶ CDPH Database



▶ ICF-DD Monitoring

Star Ratings	Number of Facilities	Number of Attestations Received
	9	5 (55%)
	10	8 (80%)
	17	10 (59%)
	27	14 (52%)
	31	19 (61%)
TOTAL	94	56 (60%)

Data as of 12/31/2024

Clinical Safety

2025 Focus Areas:

▷ Oversight and monitoring:

- PQI, IRR, and FSR
- SNF/LTC Quality monitoring – collaborate with other stakeholders for process improvements

▷ Process improvement through streamlined processes and workflows

- Grievances to PQIs
- Timely closure of corrective action plans and escalate trends as appropriate
- Provider Preventable Conditions (PPCs)

Member Experience & Access

Loc Tran

CAHPS Survey Methodology

- ▶ **Survey fielding:** Mail and Phone survey methodology, per NCQA protocol.
- ▶ **Survey period:** February – May 2024 (lookback MY 2023)
 - ▶ Medicaid Child-parent of those 17 years and younger (as of Dec. 31st).
 - ▶ Medicaid Adult-18 years and older (as of Dec. 31st).
 - ▶ Continuously enrolled in the plan for at least five of the last six months of the measurement year.
 - ▶ Commercial Adult-Continuously enrolled in the plan, allowing for one gap of up to 45 days during the measurement year.

	Medicaid Adult		Commercial Adult		Medicaid Child		Key:
	MY 2022	MY 2023	MY 2022	MY 2023	MY 2022	MY 2023	
Number of Valid Survey Collected	155	181	215	185	251	323	Increase from 2022
Response Rate	11.7%	13.6%	20.0%	17.6%	12.3%	15.8%	Decrease from 2022
PG Response Rate	11.5%	11.1%	11.6%	10.3%	9.9%	9.4%	

Medi-Cal Child Trended Survey Results

▷ Getting Care Quickly: 9th QC Percentile

- ▶ Urgent Appointment (n=77): 80.5%
- ▶ Non-Urgent Appointment (n=188): **76.1%**
 - Above plan score: Ages 0-13; White/African American/Hispanic
 - Below plan score: Ages 14 or older; Asian/Native Hawaiian/American Indian

▷ Getting Needed Care: 12th QC Percentile

- ▶ Getting Care, Test, or Treatment (n=166): **84.9%**
- ▶ Getting Specialist Appointment (n=65): **67.7%**
 - Above plan score: Males (+3%); Ages 0-4; White/Hispanic
 - Below plan score: Females (-2%); Ages 9-13; Other

Summary Rate Scores: Medi-Cal Child			
	2023 QC%	MY2023	MY2022
Getting Care Quickly (% Always or Usually)	85.5%	78.3%	73.0%
Getting Needed Care (% Always or Usually)	82.7%	76.3%	79.2%

Medi-Cal Adult Trended Survey Results

- ▶ **Getting Care Quickly: 17th QC Percentile**
 - ▶ **Urgent Appointment (n=56): 76.8%**
 - ▶ **Non-Urgent Appointment (n=100): 73.0%**
 - Above plan score: Females (+2%); White/African American
 - Below plan score: Males (-1%); Asian/Hispanic/Other
- ▶ **Getting Needed Care: 5th QC Percentile**
 - ▶ **Getting Care, Test, or Treatment (n=95): 83.3%**
 - ▶ **Getting Specialist Appointment (n=69): 63.8%**
 - Above plan score: Females (+2%); Ages 35-44; White/Hispanic
 - Below plan score: Males (-3%); Ages 18-34; Asian/Other

Summary Rate Scores: Medi-Cal Adult			
	2023 QC%	MY2023	MY2022
Getting Care Quickly (% Always or Usually)	80.4%	74.9%	72.9%
Getting Needed Care (% Always or Usually)	81.0%	73.6%	75.2%

Commercial Trended Survey Results

▷ Getting Care Quickly: <5th QC Percentile

- ▶ Urgent Appointment (n=56): **76.8%**
- ▶ Non-Urgent Appointment (n=126): **53.2%**
 - Above plan score: Ages 55 or older; White/African American/Hispanic
 - Below plan score: Asian

▷ Getting Needed Care: <5th QC Percentile

- ▶ Getting Care, Test, or Treatment (n=137): **69.6%**
- ▶ Getting Specialist Appointment (n=91): **72.5%**
 - Above plan score: Females (+2%); White/African American/Hispanic
 - Below plan score: Males (-5%); Ages 55 or older; Asian

Summary Rate Scores: Commercial Adult			
	2023 QC%	MY2023	MY2022
Getting Care Quickly (% Always or Usually)	80.0%	65.0%	56.0%
Getting Needed Care (% Always or Usually)	81.9%	71.1%	72.0%

Q2 2024 – Q3 2024 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

Provider Type	Q2 2024	Q3 2024
PCP	91.7%	93.9%
BH	94.4%	90.5%

Time to Answer Call

Answer calls within 10 minutes at an 70% compliance threshold goal

Provider Type	Q2 2024	Q3 2024
PCP	76.1%	76.6%
BH	79.8%	80.0%

Call Return Time

Return calls within 1 Business Day at an 70% compliance threshold goal

Provider Type	Q2 2024	Q3 2024
PCP	72.0%	73.5%
BH	72.0%	61.9%

Non-Life Threatening

Office Schedule Non-Life-Threatening appointment within 6 hours at an 80% compliance threshold goal

Provider Type	Q2 2024	Q3 2024
BH	83.8%	71.8%

CAHPS/CG-CAHPS Summary

▷ Improved ratings:

- ▶ Improvement on ratings for **Getting Care Quickly (commercial LOB)**, in-office wait time, time to answer call
- ▶ **Female members** rate us above the plan average score compared to male members.
- ▶ **Asian population rate** us below the plan average score for Getting Care Quickly and Getting Needed Care.

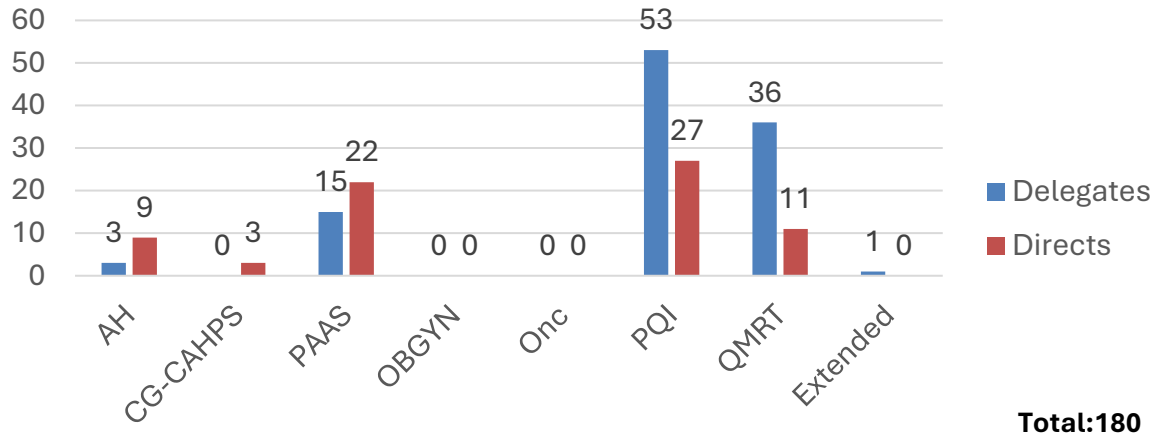
▷ Next steps:

- ▶ **Provider engagement:** Ongoing provider education and onsite office visits to providers with trends
- ▶ **Promote best practices:** Open access scheduling; allow a portion of each day open for urgent care and/or follow up care.
- ▶ **Promote provider incentives**
 - P4P access measures
 - extend office hours
 - provider recruitment/retention grant
- ▶ **Member facing document:** alternative access (e.g., urgent care, telehealth, after hour/weekend clinics)

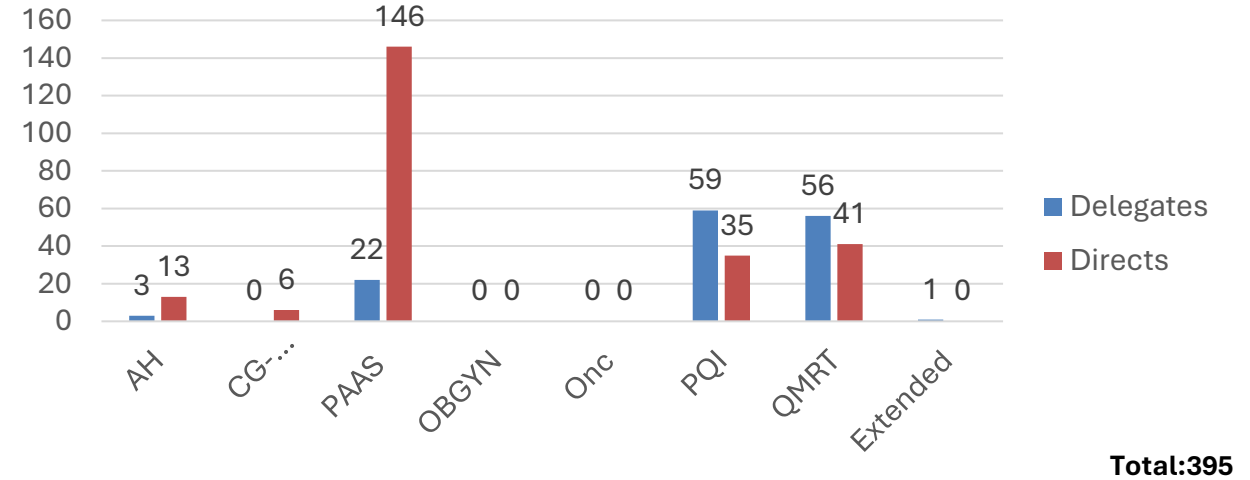
Access CAP Dashboard Q1 2024 – Q4 2024

SURVEY	PURPOSE OF SURVEY
After Hours (AH)	Assess compliance with after-hours telephone access, screening/triaging, and emergency instructions standards (provider survey)
CG-CAHPS	Assess compliance with urgent and non-urgent appointment availability standards, in-office wait time standard, call return time standard, and time to answer call standards (member survey)
PAAS	Assess compliance with urgent and non-urgent appointment availability standards (provider survey)
First Pre-Natal (OBGYN)	Assess compliance with first prenatal appointment availability standard (provider survey)
DHCS QMRT-TA	Assess compliance with urgent, non-urgent, and first prenatal appointment availability (provider survey)
Oncology (ONC)	Assess compliance with urgent and non-urgent appointment availability standards for oncology specialty
Confirmatory (PQI)	Assess compliance with urgent and non-urgent appointment availability standards, in-office wait time standard, call return time standard, and time to answer call standards (member grievances)
Extended Timeframe	A&A team reviews randomly selected providers and their medical record documentation to ensure that longer waiting time would not have a detrimental impact on the health of the member.

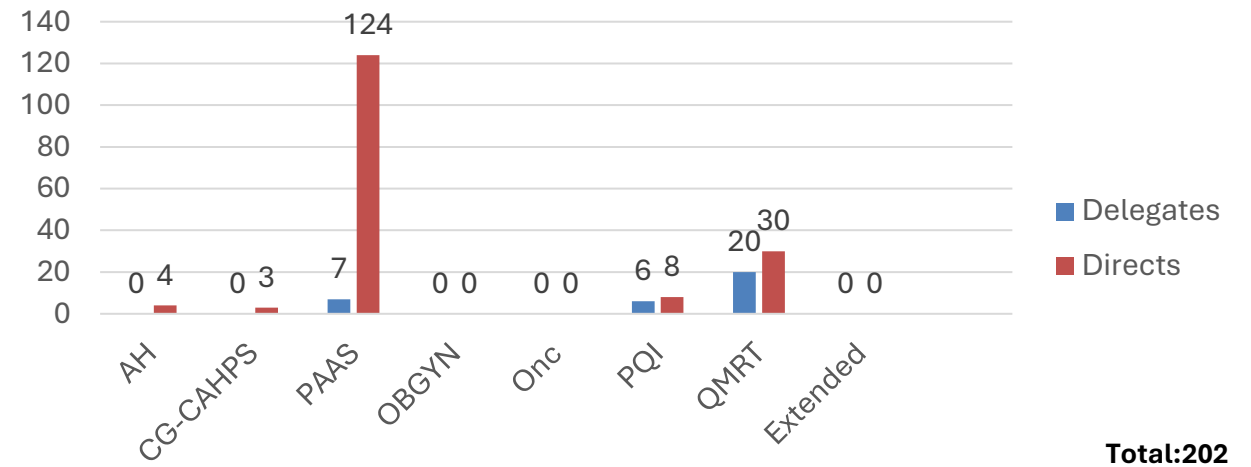
CAPs Closed



CAPs Issued



CAPs Open



Top 5 Access Provider Trends

- ▶ Alameda Health System: Confirmatory(26) QMRT(5) PAAS(3)
- ▶ Davis Street Primary Care: Confirmatory(7) QMRT(1) PAAS(1)
- ▶ John Muir: Confirmatory(11) QMRT(4) CG-CAHPS(1) PAAS(2)
- ▶ Stanford: PAAS(2) QMRT(4)
- ▶ UCSF- QMRT(6) PAAS(4)

Member Experience & Access

2025 Focus Areas:

- ▶ **Track and trend access results** for top five non-compliant providers for follow up actions
- ▶ **Member facing documents:**
 - Alternative access focusing on decreasing ER utilization
 - Member assessment surveys focusing on increasing member's response rate
- ▶ **Provider recruitment/contracting in collaboration with Provider Services:**
 - Share Geo Access/PAAS/Non-PAAS data with Network and Contracting team for Network Road Map planning
- ▶ **Process improvement:**
 - Refine corrective action plan process and actions in collaboration with other departments

Population Health Management

Health Education

Gil Duran

2024 Population Health & Equity

1) Population Health Management

- ▶ PHM Strategy, Population Needs Assessment, Monitoring

2) Health Education Program

- ▶ Mailings, Intake Form, Our Roots, Diabetes Prevention Program, Doulas

3) Disease Management

- ▶ Asthma, Diabetes, Depression, Hypertension

2024 Population Health Management

1) PHM Strategy

- ▶ PHM Strategy and Evaluation approved by QIHEC in May 2024.
- ▶ The October DHCS PHM Strategy deliverable was submitted and approved.




2) Population Needs Assessment

- ▶ Monthly discussions with Alameda County and City of Berkeley on shared goals and meaningful participation in their Community Health Assessment and Community Health Improvement Plans (CHA/CHIP).
- ▶ Progress reported to DHCS through the October deliverable.

3) Monitoring

- ▶ Continued to monitor PHM KPIs while submission to DHCS remains on hold.
- ▶ Onboarded a consultant group to create a monitoring framework.

Alliance 2024 PHM Strategy

Strategic Pillars	2024 Programs
 Address primary care gaps and inequities	<ul style="list-style-type: none"> • Non-utilizer outreach campaigns • Breast cancer screening – Equity • Under 30 months well-visits – Equity
 Support members managing health conditions	<ul style="list-style-type: none"> • Multiple Chronic Disease Management • Diabetes Prevention Program (DPP) • Post ED Visit for Mental Illness
 Connect members in need to whole person care	<ul style="list-style-type: none"> • BirthWise Wellbeing – Equity • Complex Case Management (CCM) • Transitional Care Services (TCS)



2024 Health Education

- ▶ Completed a total of 2,685 health education and community referral mailings.
- ▶ Launched a [Health Education Intake Form](#) for new material development requests, readability, etc.
- ▶ Partnered with Our Roots to enhance support for perinatal communities of color.
- ▶ Continued to refer and enroll members to our contracted Diabetes Prevention Program (DPP) providers.
 - ▶ **Yumlish:** 600+ members enrolled, 300+ actively engaged.
 - ▶ **HabitNu:** 45+ members enrolled, 35 actively engaged.

Top 6 Requested Health Topics 2024

Topic	Member Requests
Diabetes	185
Hypertension	181
Nutrition	172
Back Care	134
Asthma	126
Safety	99

2024 Health Education

▶ Doula Benefit

- ▶ 19 claims processed for doula benefit services for seven unique members served by three unique doulas
- ▶ 16 contracted doulas of 27 eligible PAVE-enrolled doulas that reside in Alameda County
- ▶ Launched Doula Scholarship Program and dedicated doula Alliance support services
- ▶ Partnered with CBOs and Alameda County Public Health Department
- ▶ Tailored provider and member communications

2024 Disease Management

Condition	Program	2024 Mailings	Services Offered
Asthma	<i>Happy Lungs</i> Low-Risk Children	6,662	<p>All members receive:</p> <ul style="list-style-type: none"> • Outreach letter • Basic condition information • Wellness Request Form <p>All members eligible for:</p> <ul style="list-style-type: none"> • Nurse case management • Medication education • Social work • Health navigation • Health coaching • Health education materials <p>Eligible members may also receive:</p> <ul style="list-style-type: none"> • Community Supports • In-home assessment • Asthma remediation services • Complex Case Management
	<i>Living Your Best Life with Asthma</i> Low-Risk Adults		
	<i>Community Supports-Asthma Remediation</i> High-Risk Adults and Children		
Diabetes	<i>Living Your Best Life with Diabetes</i> Low, Emerging and High-Risk Adults	5,595	
Hypertension	<i>Living Your Best Life with Hypertension</i> Low and High-Risk Adults	2,196	
Perinatal Depression	<i>BirthWise Wellbeing</i> At and High-Risk Adults	6,802	

Population Health & Equity

2025 Focus Areas:

Population Health Management

Implement *coordinated and data-driven strategies* to address health disparities in *prioritized sub-populations*

- ▷ Develop 2025 NCQA PHM Strategy and DHCS PHM deliverable
- ▷ Meaningful participation in CHA/CHIP with Alameda County and City of Berkeley
- ▷ Implement PHM monitoring framework and RSS guidance
- ▷ Interdisciplinary: Align on emergency department visit definition and identify populations that may benefit from interventions

Health Education

Develop new *wellness and preventive* services and programs

- ▷ 95% timely fulfillment of health education materials and referrals
- ▷ Develop a strategy to support the D-SNP population in health education and wellness and prevention services
- ▷ Measure the impact of doula utilization on maternal and child health outcomes
- ▷ Implement a new strategy to engage members in Disease Management programs
- ▷ Develop tailored disease management outcomes measures for subpopulations by the end of 2025

Cultural and Linguistic Services

Mao Moua

2024 Cultural and Linguistic Services

▶ **Interpreter Services**

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

▶ **Member Satisfaction**

- ▶ CG-CAHPS: 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.
- ▶ Timely Access Requirement (TAR) Survey

▶ **Community Engagement and Input**

- ▶ Implement DHCS 2024 contract requirements to the Community Advisory Committee (CAC) and community engagement.

▶ **Provider Language Capacity**

- ▶ Complete NCQA Net 1A Report.

▶ **Potential Quality Issues-Quality of Language (PQI-QOL)**

- ▶ Reach a closure rate of 95% or more within 60 days.

2024 Summary and Highlights

▶ Interpreter Services

- ▶ Over **97,000** services provided, in **135** languages by 3 vendors.
- ▶ Averaged 95% or above quarterly fulfillment rate.
- ▶ Utilization of interpreter services significantly increased across all modalities: in-person, telephonic, and video--**70% increase** compared to 2023.

▶ Member Satisfaction with Language Services

- ▶ Implemented 1st Annual Timely Access Requirement (TAR) Survey with no quality concerns.
- ▶ Received favorable responses to accessing interpreter services.

▶ Community Engagement and Input

- ▶ Welcomed one (1) new Community Advisory Committee (CAC) member.
- ▶ Completed 1st Annual CAC Demographic Report and identified priorities for CAC recruitment.
- ▶ Established and held 1st CAC Selection Committee.

2024 Top 10 Languages		
In-Person	Telephonic	Video
Spanish	Spanish	Spanish
Cantonese	Cantonese	Cantonese
Vietnamese	Vietnamese	Vietnamese
Mandarin	Mandarin	American Sign Language
Mam	Mam	Arabic
Arabic	Arabic	Mandarin
American Sign Language	Dari	Hindi
Russian	Khmer	Russian
Dari	Farsi	Farsi
Farsi	Mien	Mam

2024 TAR: Favorable Response Rate	Scheduling of Interpreter Services	Availability of Interpreters Who Speak My Preferred Language	Knowledge, Skills, and Quality of Interpreters
Adult	90%	92%	95%
Child	89%	89%	92%

Cultural and Linguistic Services

2025 Focus Areas:

▶ **Member Cultural and Linguistic Assessment**

- ▶ Assess the cultural and linguistic needs of plan enrollees and identify action items that may need addressed to ensure the cultural and linguistic needs of member are met.

▶ **Process Improvement: Language Assistance Services**

- ▶ Increase monthly use of on-demand vs in-person services by 5 percentage through improvements to on-demand access.
- ▶ Ensure tracking, analysis and reporting of interpreter services utilization for behavioral health 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.
- ▶ Increase the Timely Access Requirement (TAR) Survey response rate by 2% for both adult and child.

Cultural and Linguistic Services

2025 Focus Areas:

▶ **NCQA Provider Network Capacity**

- ▶ Conduct NCQA NET 1 A Report: Analysis of Capacity of Alliance Provider Network to meet Cultural and Linguistic and share findings with internal and external stakeholders by May 31, 2025

▶ **Community Engagement and Input**

- ▶ Recruit at least one (1) committee member in each of the three (3) identified areas of representation gaps: Men, individuals aged 19-44 and those who are Limited English Proficient (LEP).

▶ **Process Improvement: 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.

2024 QIHE Program Evaluation

Summary

- ▶ Overall *improved performance* with active interventions and collaborative efforts with Alliance departments, providers, members, and community
- ▶ *Increases in MY 2024 HEDIS/MCAS performance*, particularly in children's measures
- ▶ *Clinical safety program stable* with escalation protocol followed; address CAPs
- ▶ *Access to appointments as a continued focus area*; providers are monitored for corrective action plan closure and resolution
- ▶ *Strong Population Health Management Program* with collaborative efforts underway
- ▶ Offerings for Health Education and Cultural & Linguistics Services continue to *meet member's needs and program goals*

Overall 2025 QIHE Program Goals

- ▶ Monitor, evaluate, and take timely action to address necessary improvements in the quality of care and **to improve upon Health Equity**
- ▶ **Strategically** ensure quality of care in the following areas *by identifying and acting on trends that maximizes efficiency and reduces medical costs*:
 - ▶ Clinical quality of **physical and behavioral** health care
 - ▶ **Access to care**
 - ▶ **Continuity and Care Coordination**
 - ▶ **Member Experience**

2025 QIHE Key Priorities

▶ Audit Readiness

- ▶ DHCS, DMHC, NCQA, DSNP

▶ Quality Measures Performance

- ▶ Achieve HEDIS rates *above MPLs* and incremental *improvement above HPLs*

▶ Access to Care/Member Experience

- ▶ Improve *timely access to care* survey scores (i.e. CAHPS, CG-CAHPS) and reduce number of corrective action plans
- ▶ Improve *member experience* through effective member engagement strategies

▶ Clinical Safety

- ▶ Identify and act on *quality of care trends* in collaboration with other key team members

▶ Population Health & Equity

- ▶ Implement *coordinated and data-driven strategies* to address health disparities in *prioritized sub-populations*

2025 Quality Improvement Health Equity (QIHE) Workplan

Quality of Care & Service

- ▶ Annual QIHE Program Evaluation
- ▶ Increase HEDIS Rates MY 2025 to meet/exceed minimum performance level (MPLs)
- ▶ Pay for Performance: webinars and joint meetings with delegates/directs
- ▶ Learning Academy
- ▶ 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
 - IHI/DHCS Equity Learning Collaborative: Children's Health
- ▶ Workgroups & Projects: Meet/Exceed MPLs for Women's Health, Well-Child, Chronic Disease Management, Behavioral Health (**New**: initiatives for quality improvement).
- ▶ Engagement outreach program
- ▶ Provider trainings on HEDIS measures
- ▶ Increase Initial Health Appointment rates

Safety

- ▶ Potential Quality Issue turn-around time ($\geq 95\%$) within 120 days, annual training, inter-rater reliability audits, Exempt Grievances Auditing
- ▶ PQI CAP track and trends, PQI Modivcare Focus, PPC refinement (**New**)
- ▶ Perform bi-annual IHA audit and implement a follow up plan (**New**)
- ▶ 100% Corrective Action Plan closure within 30 days for Facility Site Reviews

Member Experience

- ▶ Skilled Nursing Facility/Long Term Care Quality Monitoring (i.e. attestation, site visit audit tool, quality measures)
- ▶ Access to Care (meet/exceed timely access standard goals):
- ▶ Provider Satisfaction Survey
- ▶ Member Satisfaction Survey (CAHPS 5.1, CG-CAHPS)
- ▶ Provider visits and Training

Population Health/Health Ed/Cultural & Linguistic

- ▶ Population Health Management: LHJ CHA/CHIP collaboration, PHM framework to inform monitoring and RSS guidance, 2025 PHM Strategy
- ▶ Health Education Programs: DSNP, Doula outcomes, Disease Management strategy and measures (**New**)
- ▶ Cultural & Linguistics (CLS): CLS needs and actions, fulfillment rate, on-demand versus in-person services, interpreter services for BH, Timely access requirement (TAR), Network capacity to meet CLS NCQA (**New**), CAC representation (**New**), PQI QOL

Questions?

Voting Item: Population Health: Assessment, Impact & Strategy Documents

Gil Duran



Population Health Management 2025 Strategy

Presented to QIHEC May 9, 2025

Population Health Management (PHM)

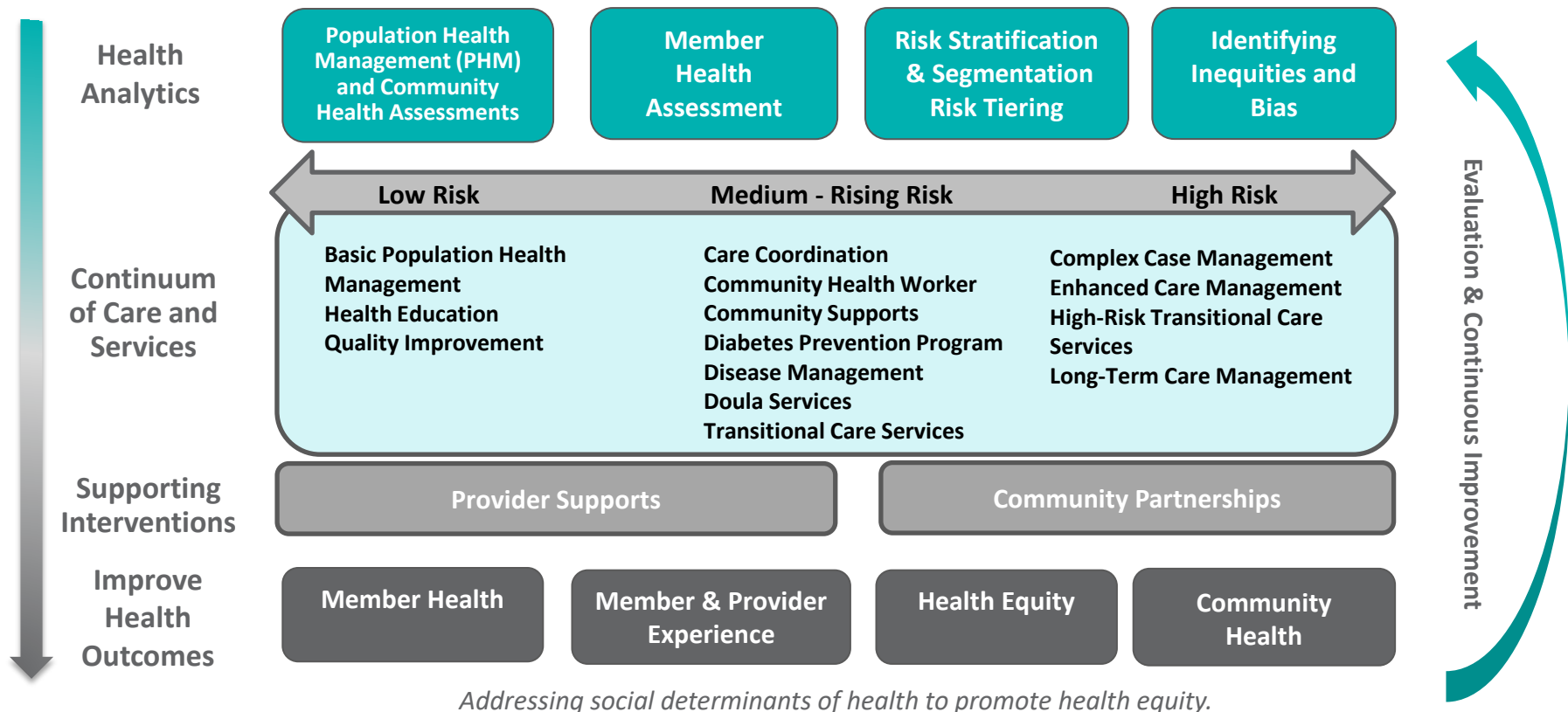


PHM means a whole-system, person-centered, population-health approach to ensuring equitable access to health care and social care that addresses member needs. It is based on data-driven risk stratification, analytics, identifying gaps in care, standardized screening, assessment processes, and holistic care/case management interventions.

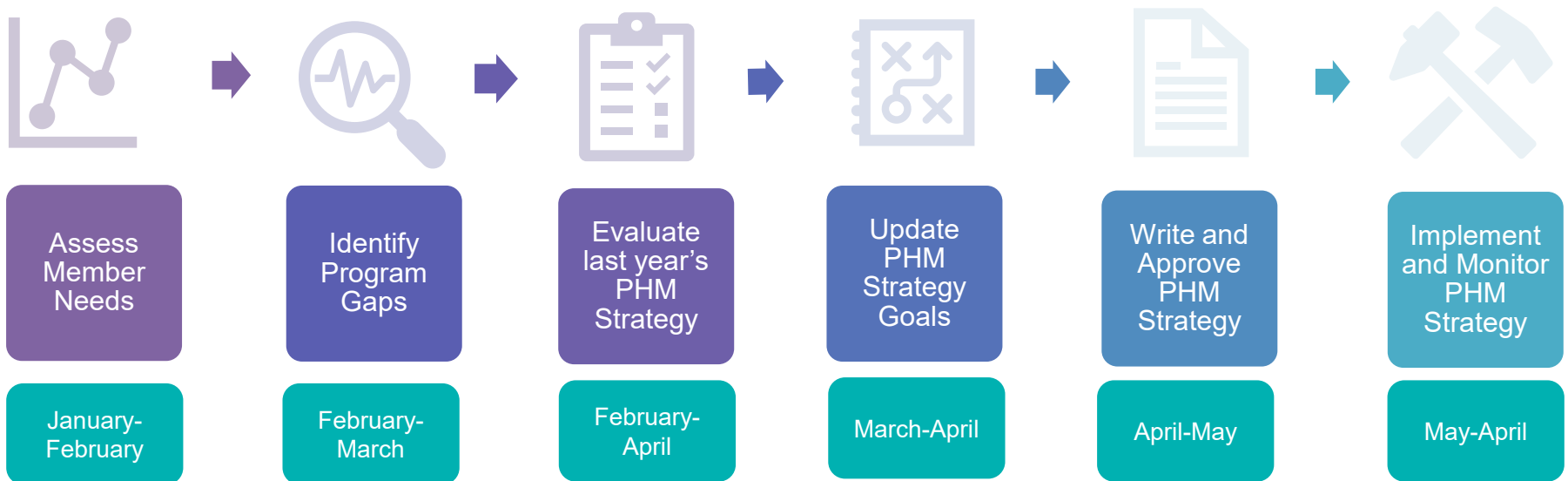
-Department of Health Care Services



Alliance Population Health Management Framework



PHM Strategy Cycle



NCQA PHM Assessment

The Alliance annually assesses the characteristics of its member population and subpopulations.

Population and Subpopulations

MC

All members: enrolled at least 11 months in 2024 & eligible in Dec 2024	340,744
Race/ethnicity	
Limited English proficiency	99,023
Children & adolescents: ages 0-20	101,138
SPD Children: SPD aid code & ages 0-20	2,733
SPD Adults: SPD aid code & ages 21+	31,307
Pregnant & postpartum: HEDIS codes, ages 12-55	7,344
Diabetes and hypertension: HEDIS codes	21,881
SMI/SED: County BH Services	8,197

GC

All members: enrolled at least 11 months in 2024 & eligible in Dec 2024	4,690
Race/ethnicity	
Limited English proficiency	1,965
Disabilities: selected CareAnalyzer diagnoses	837
Pregnant & postpartum: HEDIS codes, ages 12-55	59
Diabetes and hypertension: HEDIS codes	462

Characteristics

Language

Homelessness

Top 10 Dx

Chronic
Disease
Prevalence

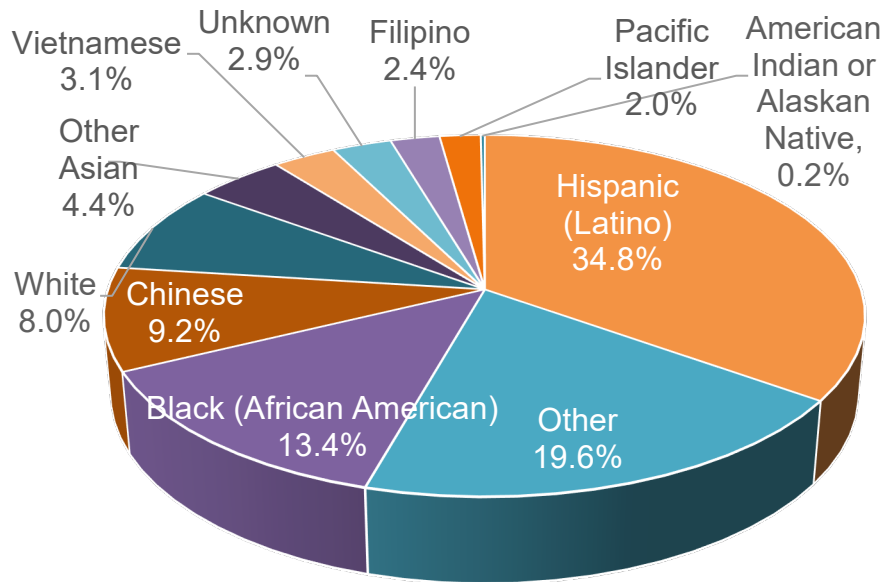
Quality
Measures

Utilization

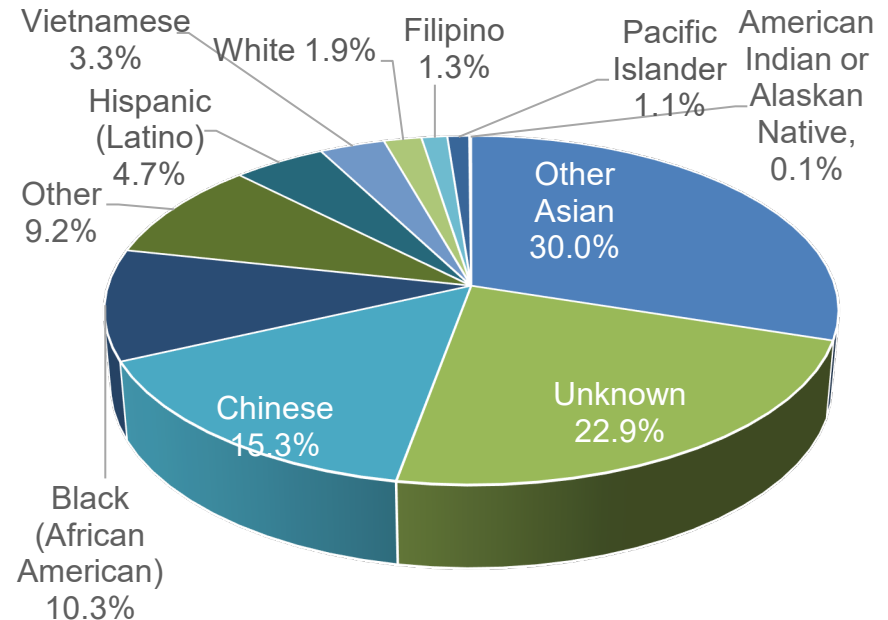
Alliance Members by Race/Ethnicity

- ▶ Medi-Cal – 340,744
- ▶ Group Care (IHSS) – 4,690

Medi-Cal



Group Care



Member Needs

Assessment data is used to assess member needs and update PHM activities and resources to address member needs and health care disparities.

- ▶ Provider access for preventive care, follow-up appointments, and mental health services
- ▶ Outreach and education about needed services
- ▶ Help with coordination for health and social needs
- ▶ Awareness and connection to programs and services
- ▶ Culturally and linguistically concordant support

2024 PHM Evaluation Successes

- ▶ Alliance and vendor outreach for Complex Case Management, Disease Management, non-utilizers, and Transitional Care Services.
- ▶ Partnering with providers and community organizations on outreach for well-child visits, Diabetes Prevention Program, follow-up after ED for mental illness, and breast cancer screening.
- ▶ Mobile mammography and incentives continue to maintain Black (African American) breast cancer screening rates.

2024 PHM Evaluation Opportunities

- ▶ Increase outreach and follow-up efforts by Alliance staff for Case and Disease Management program surveys, mammography standing orders, and well-child visits.
- ▶ Improve staff training and internal coordination of referrals.
- ▶ Continue to develop and expand partnerships with hospitals, community health workers, community-based organizations, and faith-based organizations.
- ▶ Consider which projects and target populations would benefit the most from incentives.
- ▶ Explore ways of improving outreach to members that are compliant with regulations.

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.

Target populations & goals

Programs & services




Activities that are not direct member interventions

Program coordination

How members are informed

How AAH promotes Health Equity

2025 PHM Strategic Pillars

Strategic Pillars	2025 Programs
 <p>Address primary care gaps and inequities</p>	<ul style="list-style-type: none"> • Cancer Prevention • Under 30 Months Well-Visits – Equity
 <p>Support members managing health conditions</p>	<ul style="list-style-type: none"> • BirthWise Wellbeing – Equity • Blood Pressure Monitoring • Diabetes Prevention Program (DPP) • Disease Management Health Education
 <p>Connect members in need to whole person care</p>	<ul style="list-style-type: none"> • Doula Services • Multiple Chronic Case Management • Post ED Visit for Mental Illness • Transitional Care Services (TCS)

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
Cancer Prevention	●				●					
Under 30 Months Well Visits - Equity	●			●				●		●
BirthWise Wellbeing - Equity		●			●				●	●
Blood Pressure Monitoring		●			●					
Diabetes Prevention Program		●			●					
Disease Management Health Education		●				●				
Doula Services			●	●				●		●
Multiple Chronic Case Management			●			●				
Post ED visit for Mental Illness			●				●		●	
Transitional Care Services			●				●			

Lead: Case Management

Managing Multiple Chronic Illnesses

▶ Multiple Chronic Case Management (MC, GC)

- ▶ At least 80% of members with at least 2 or more comorbidities that are enrolled in any CM program (CCM, Care Coordination, TCS) between April 2025 and March 2026 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 (CCM)
- Care Coordination
- Transitional Care Services (TCS)



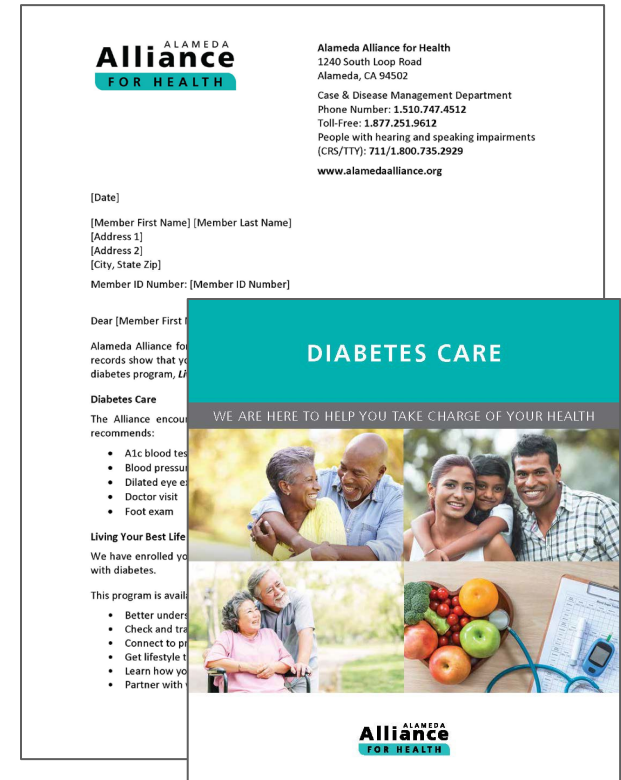
Lead: Population Health

Managing Multiple Chronic Illnesses

▶ Disease Management Health Education (MC, GC)

- ▶ At least 80% of members with 2 or more chronic conditions who participated in health education between April 2025 and March 2026 will have a confidence score in disease self-management knowledge and behaviors of at least 24 out of 30 after receiving health coaching sessions as measured by post health coaching assessment.

- Disease management health education
- Community health worker program



Lead: Population Health


Managing Members with Emerging Risk

▶ BirthWise Wellbeing (Equity, MC)




- ▶ By March 2026, at least 80% of members that receive peer coaching support will rate the **usefulness of the information received** at a 4 or above out of 5 using the program satisfaction survey.

- Community health worker coaching and outreach
- Behavioral health referrals and treatment
- Health education resources

Alameda Alliance for Health
BirthWise Wellbeing



Pregnancy, baby, and your mental health











Alameda Alliance for Health (Alliance) and your doctor are your partners in your health. Do you have questions about your pregnancy, baby, or mental health? You can contact your doctor or reach out to us. The Alliance offers a **BirthWise Wellbeing Program** that can help connect you to the support you need.

You are prepared for dirty diapers, loads of laundry, and late-night feedings, but are you prepared for the possibility of anxiety or depression? Feeling down or anxious is common during pregnancy and in the first year after birth.

These feelings and thoughts can go away on their own. Sometimes these feelings are more serious and stay longer. The good news is they can be treated and get better with help.

YOU OR YOUR PARTNER MAY HAVE:

 Changes in your eating or sleeping habits	 Difficulty caring for yourself or your baby	 Extreme mood swings
 Feelings of anger, worry, or sadness	 Less interest in things you used to enjoy	 Upsetting thoughts that don't go away

If this sounds like you, please get help right away. You are not alone.

1/2

Lead: Quality Improvement

Managing Members with Emerging Risk

▶ Blood Pressure Monitoring QI Project (MC, GC)

- ▶ At least 20% of members outreached will receive a blood pressure monitor.
- ▶ Increase Controlling High Blood Pressure (CBP) administrative rate for Alameda Health System by 2 percentage points from MY2024 (as of April 2025) to MY2025.
 - Blood pressure monitor outreach
 - Health education resources
 - Health coaching



Lead: Quality Improvement

Managing Members with Emerging Risk



▶ Cancer Prevention QI Project (MC, GC)

▶ Increase by 3 percentage points from MY2024 (as of April 2025) to MY2025.

- Breast Cancer Screening (BCS) for Black (African American) women
 - Cervical Cancer Screening (CCS)
 - Colorectal Cancer Screening (COL)
- Mobile mammography, incentive program, reminder calls and mailings
 - Cervical cancer screening birthday cards and reminders, at home HPV testing kit pilot program
 - Cologuard testing, educational mailer

Managing Members with Emerging Risk



▷ Diabetes Prevention Program (MC)

- ▶ At least 25% of participants who have continued tracking their weight and completed 9 sessions between April 2025 and March 2026 will have reached and maintained at least 5% weight loss.

→ Lifestyle change program

→ Member outreach campaign

Lead: Quality Improvement

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 MY2024 (as of April 2025) to MY2025.
 - Outreach calls
 - Well-child advertising campaign
 - Well-child visits prenatal campaign
 - Beloved Babies Centering Program incentive

Keeping Members Healthy

▶ Doula Services (MC, GC)

- ▶ By March 2026, at least 2% (approximately 75) Black (African American), Hispanic (Latino), or American Indian or Alaskan Native Medi-Cal members who are or were pregnant in the last year will receive doula services.
- ▶ By March 2026, at least 10% (approximately 5) Group Care members who are or were pregnant in the last year will receive doula services.
 - Doula services
 - Doula education outreach campaign



Lead: Quality Improvement

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 66.38% in MY2024 (as of April 2025) to 67.38% in MY2025.
 - Outreach calls
 - Member incentive
 - Behavioral health ED navigator



Lead: Case Management

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 by 1 percentage point from March 2025 to March 2026.

→ Transitional Care Services



Questions?

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

Voting Item: Network Cultural Linguistic Capacity

Mao Moua

2024 NCQA Net 1A Report- Availability of Practitioners to Meet the Cultural Needs and Preferences of Members

M. Moua

NETWORK CLS CAPACITY REPORT OVERVIEW

- ▷ Report Background & Purpose
- ▷ Member Demographics
- ▷ Provider Capacity
- ▷ Key Findings
- ▷ Language Use Trends
- ▷ Grievance and Discrimination Cases
- ▷ Actions

BACKGROUND/REPORT PURPOSE

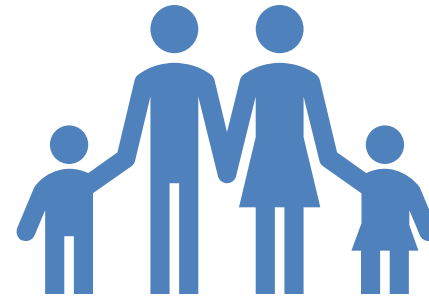
- ▷ Completed annually.
- ▷ Lookback period: 2024.
- ▷ Meets NCQA Health Plan Accreditation NET 1A Factors 1 & 2 requirements.
 1. Assesses the cultural, ethnic, racial and linguistic needs of its members.
 2. Adjusts the availability of practitioners within its network, if necessary.



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



Assess the characteristics of network practitioners



Assess whether members' needs were met



Adjust provider network or take action to meet member needs

▶ Language Trends

▶ Threshold Languages

Total by Plan		Threshold Languages	
Medi-Cal 407,721	English	245,480	60.21%
	Spanish	105,231	25.81%
	Chinese	29,441	7.22%
	Vietnamese	8,064	1.98%
	Tagalog	1,967	0.48%
Group Care 5,788	English	3,362	58.09%
	Chinese	1,462	25.26%
	Spanish	307	5.30%
	Vietnamese	230	3.97%
	Tagalog	25	0.43%

MEMBER DEMOGRAPHICS

► Membership by Language Comparison-Medi-Cal

- Spanish-speaking members ↑ 6.55%
- English speakers ↓ 5.25%

MEDI-CAL	% Change	Current Month	
ALAMEDA ALLIANCE FOR HEALTH MEMBERSHIP BY PRIMARY LANGUAGE	% YTD Membership in Jan - Dec 2024 (minus) % of Membership in Jan - Dec 2023	Dec 2024	Dec 2024 %
English	-5.25%	245,480	60.21%
Spanish	6.55%	105,231	25.81%
Chinese	-1.02%	29,441	7.22%
Other non-English	0.07%	9,051	2.22%
Unknown	0.09%	8,487	2.08%
Vietnamese	-0.34%	8,064	1.98%
Tagalog	-0.10%	1,967	0.48%
Total Members		407,721	

► Membership by Language Comparison-Group Care

- English speakers ↓ 0.53%
- Chinese speakers ↑ 0.34%

GROUP CARE	% Change	Current Month	
ALAMEDA ALLIANCE FOR HEALTH MEMBERSHIP BY PRIMARY LANGUAGE	% YTD Membership in Jan - Dec 2024 (minus) % of Membership in Jan - Dec 2023	Dec 2024	Dec 2024 %
English	-0.53%	3,362	58.09%
Chinese	0.34%	1,462	25.26%
Spanish	0.17%	307	5.30%
Vietnamese	0.13%	230	3.97%
Unknown	0.04%	202	3.49%
Other non-English	-0.11%	200	3.46%
Tagalog	-0.05%	25	0.43%
Total Members		5,788	

MEMBER-PROVIDER RACE/ETHNICITY

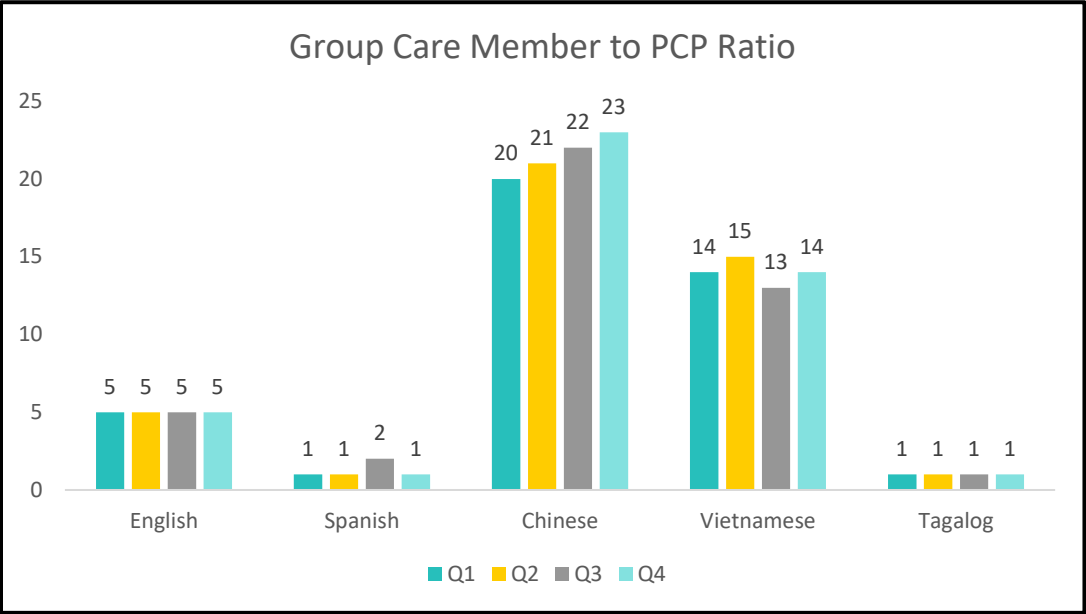
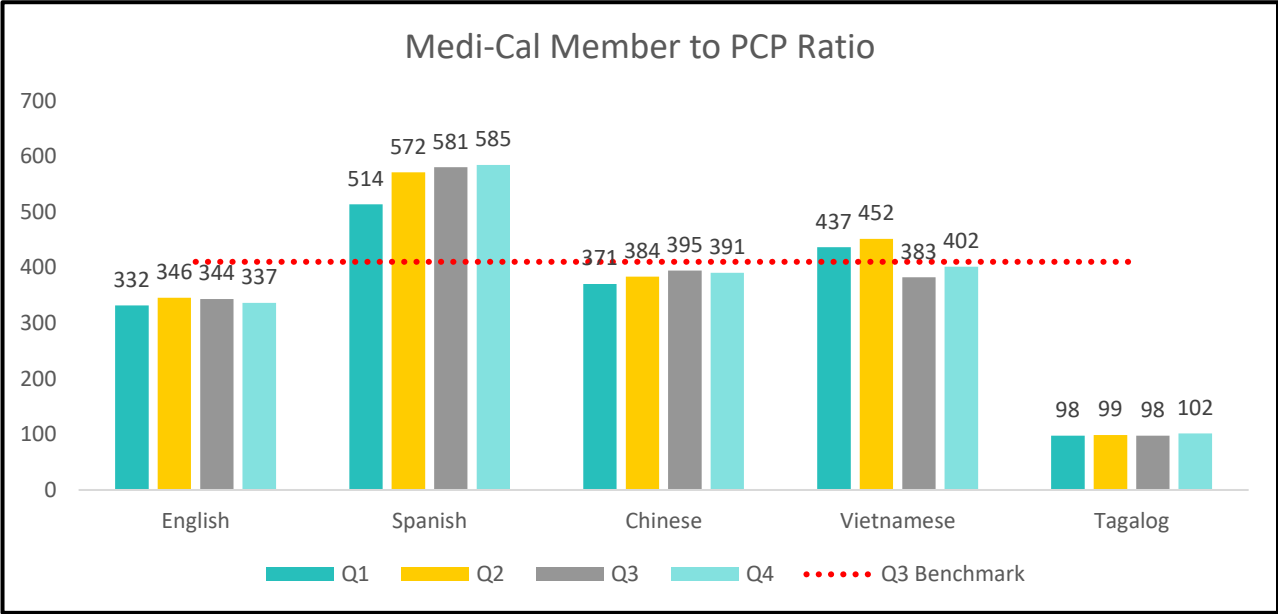
► Provider by Race/Ethnicity Comparison-Medi-Cal and Group Care Members

- Underrepresentation:
 - Latinx PCPs, Specialists and Behavioral Health
 - Black Specialists
 - Pacific Islander PCPs, Specialists and Behavioral Health
- Limited to providers who elected to self-report.

Race/Ethnicity	% Members	% PCP	% Specialists	% Behavioral Health
Hispanic (Latinx)	33%	6%	3%	20%
Asian *	13%	43%	46%	19%
Black (African American)	12%	13%	4%	11%
White	7%	34%	41%	48%
Asian Indian	<1%	2%	3%	<1%
Pacific Islander **	7%	1%	1%	<1%
American Indian or Alaskan Native	<1%	1%	<1%	1%
Other ***	17%	1%	1%	<1%
Unknown	10%	<1%	<1%	<1%
Total	100%	100%	100%	100%

* Includes Chinese, Vietnamese, Korean, Cambodian, Japanese, Filipino and Laotian
** Includes Hawaiian
*** Includes Samoan, Guamanian, Amerasian, and Other self-reported ethnicities

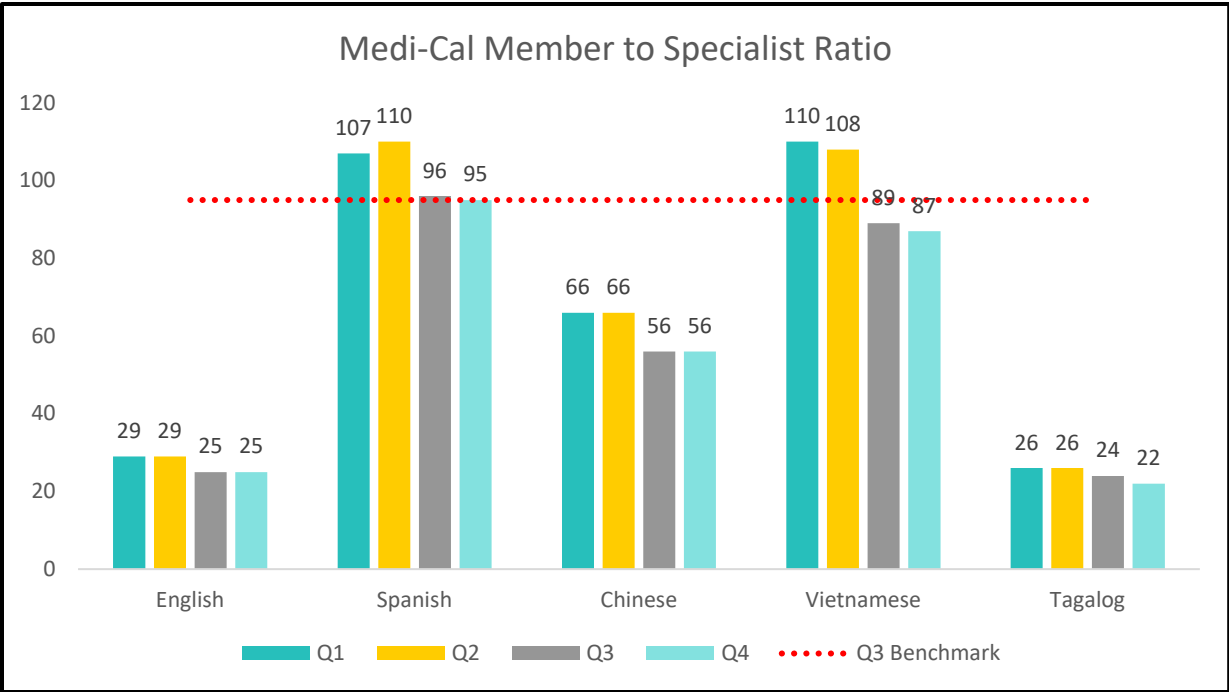
- ▶ Third Quartile (Q3) Benchmark
 - ▶ 75% of data falls below this point value
 - ▶ X Members to one Provider ratios above the Q3 benchmark = top 25% (potential language access gaps)
- ▶ Member to PCP by Threshold Language
 - ▶ Medi-Cal - Spanish > Q3 benchmark in all quarters.
 - ▶ Group Care – Lower numbers indicate greater access, no concerns noted.



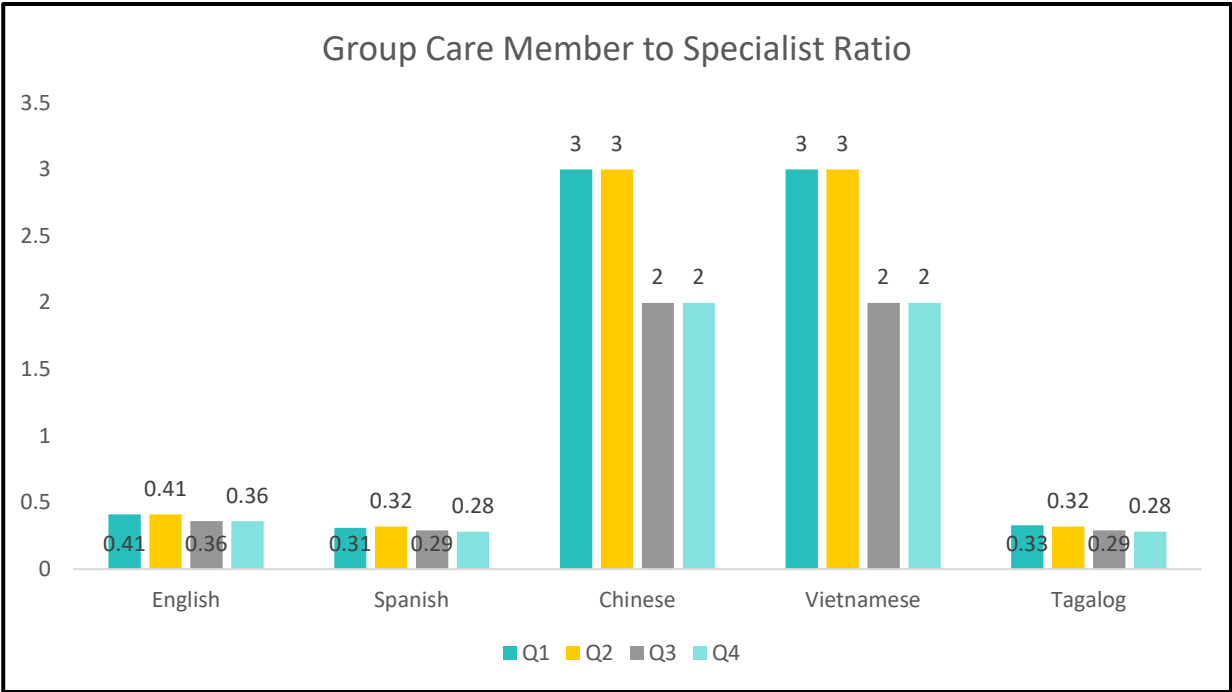
Member to Specialists by Threshold Language

- ▶ Medi-Cal - Spanish and Vietnamese > Q3 benchmark in Quarters 1 and 2
 - Improved by Quarter 3 and 4
- ▶ Group Care – Lower numbers indicate greater access, no concerns notes.

Medi-Cal Member to Specialist Ratio

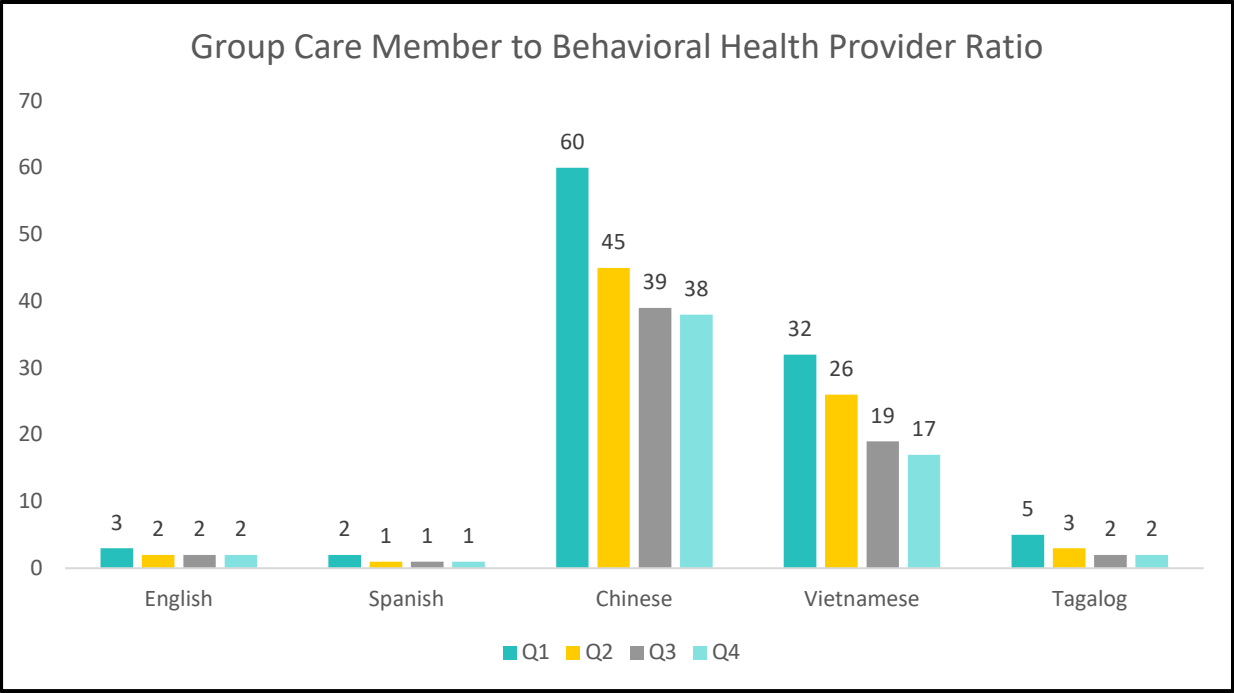
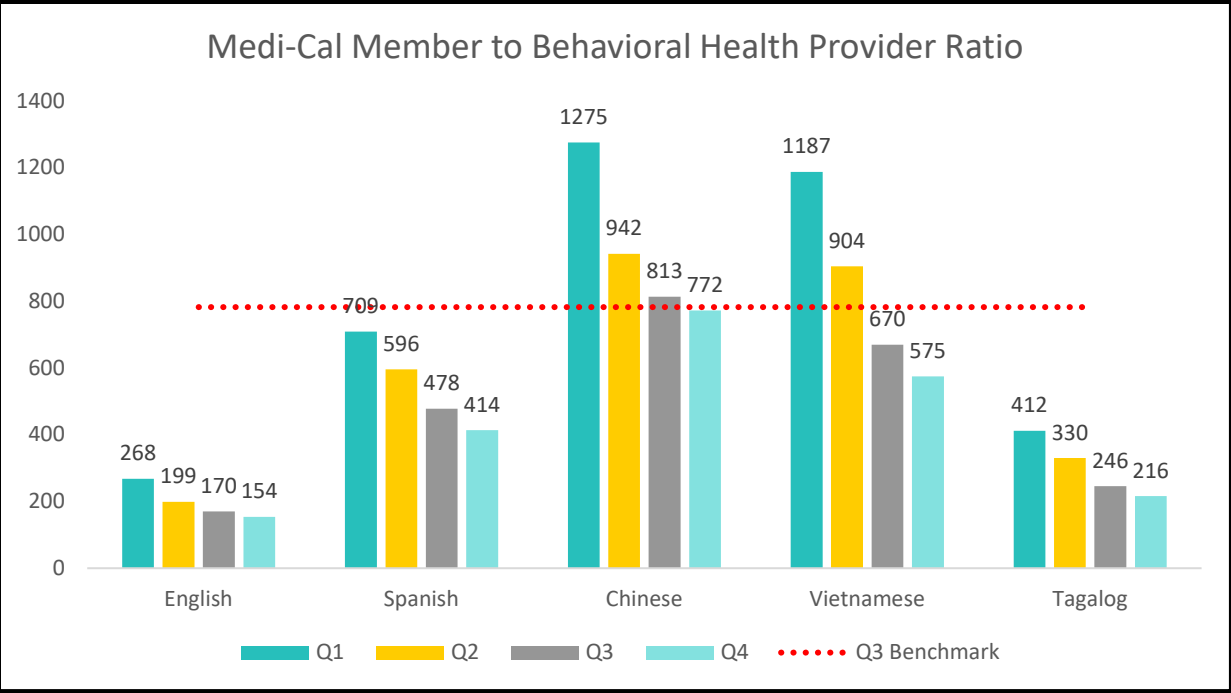


Group Care Member to Specialist Ratio



PROVIDER LANGUAGE CAPACITY – BH

- Member to Behavioral Health (BH) Providers by Threshold Language
 - Medi-Cal - Chinese and Vietnamese > Q3 benchmark for Quarter 1 and 2
 - All languages improved in Quarter 3 and 4
 - Group Care – Lower numbers indicate greater access, no concerns noted.



► Interpreter Services Utilization

- ▶ 70% increase since 2023
- ▶ Telephonic: Highest increase in Spanish, Mandarin, and Mam languages
- ▶ In-person: Highest increase in Spanish, Mandarin, Cantonese languages
- ▶ Video: Highest increase in Spanish
- ▶ Use of Family and friends still more common among Chinese adults
 - Cultural preferences

GRIEVANCE AND DISCRIMINATION CASES

▷ Grievances

- ▶ Language assistance
 - Medi-Cal: 503
 - Group Care: 16
- ▶ Increased by 75% since 2023, lower than 1/1,000 services threshold
- ▶ Most common grievances
 - PCP change request (Changed to align with member's preferred spoken language)
 - Providers not scheduling interpreting services (Alliance connected member to services.)
 - Quality of interpreter services (Resolved with vendor.)

▷ Discrimination

- ▶ 109 discrimination cases (substantiated and non-substantiated)
- ▶ Decreased by 41%
- ▶ 1 case found to be substantiated

▷ No patterns of provider issues in 2024

ASSESSMENT & NEXT STEPS

- ▶ No significant gaps in network or patterns of concern found
- ▶ The Alliance will continue activities to ensure the provider network meets the cultural and linguistic needs of members through the following activities:
 - ▶ Member
 - Partner with community-based organizations to meet cultural needs (i.e., wellness, preventive, and care management services)
 - Provide culturally and linguistically appropriate materials
 - Respond to member grievances
 - Use non-clinical cultural liaisons where appropriate
 - ▶ Provider
 - Monitor member to provider ratios by language and ethnicity
 - DEI training
 - Data sharing regarding language needs of members
 - Provider education on access to language services
 - Provider race/ethnicity data collection
- ▶ Ongoing Monitoring

2024 DHCS Audit Findings

Michelle Stott

2024 DHCS Audit – QI Findings

Status Update: 4/30/2025

QI FINDINGS: BLOOD LEAD SCREENING

Category	Deficiency	Actions Taken
2.1.1 Provision of Blood Lead Screening (Accepted by DHCS as of 2/15/2025)	The Plan did not ensure that blood lead screening tests were conducted for members up to six years of age.	<p>Updated Policy QI-125 to include a requirement for providers to follow up on lab orders. Policy QI-125 will be approved in Quality Committee by 2/30/2025 and the Administrative Oversight Committee by 4/30/2025.</p> <p>Funded point-of-care testing units in January 2024 to the CHCN network. These units aim to eliminate the need for members to make an additional visit to the lab.</p> <p>Conducted member outreach, and member Incentive; members were offered a gift card to complete their services at the lab.</p> <p>Continued monitoring of HEDIS lead screening rates (now above MPL).</p> <p>Conducted provider education through webinars, 1:1 meetings, CLPP training 1) Healthcare Services All-Staff meeting, 2) Provider webinar (live) and video (posted on Alliance website) and Measure Highlight tools.</p>

QI FINDINGS: ACCESS

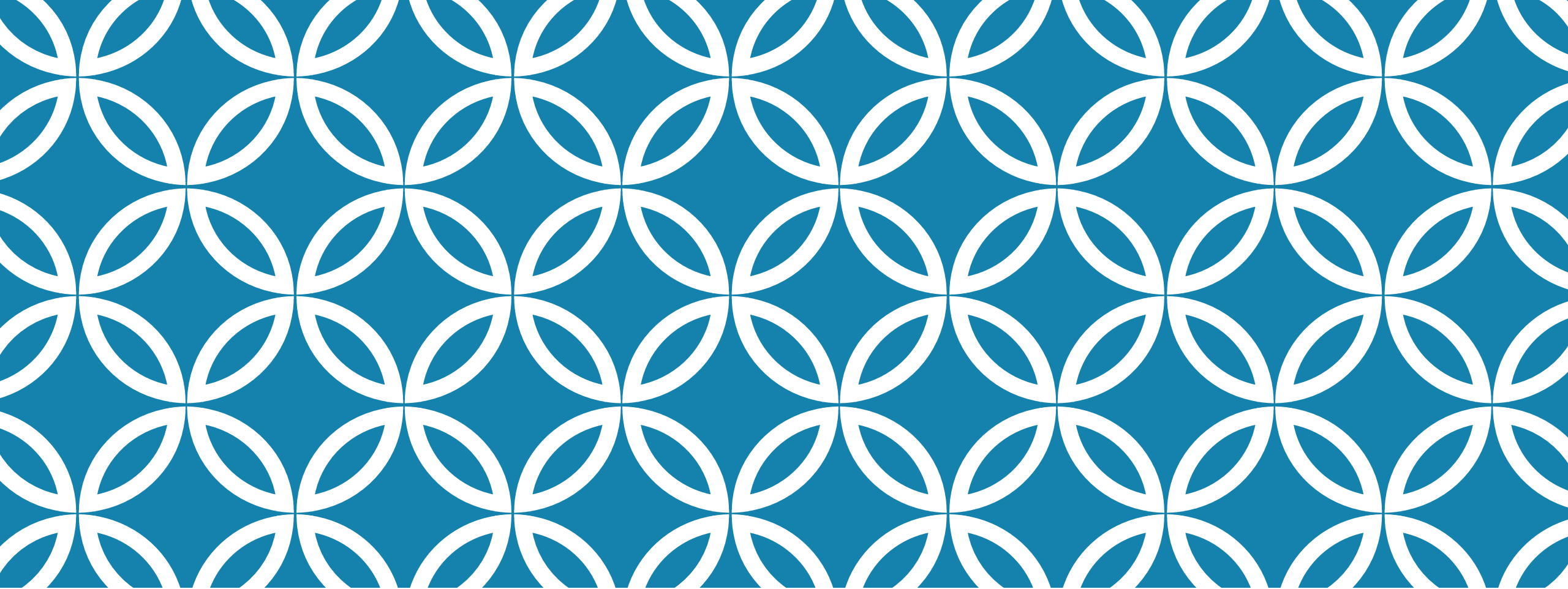
Category	Deficiency	Actions Taken
<p>3.1.1 Appointment waitlist timeliness</p> <p>(Accepted by DHCS as of 4/15/2025)</p>	<p>The Plan did not ensure members were able to obtain medically necessary appointments within established timely access standards. One of the Plan's medical groups placed members on an appointment waitlist and had members waiting up to six months to make an appointment.</p>	<p>Closed provider panel in September, preventing additional wait listed members. (9/1/2024). The Alliance has agreed to open member selected assignment starting on 2/18/2025. However, auto assignment will remain closed until further notice.</p> <p>On-going meetings: Joint Operating Meetings (JOM) and AAH/Provider Access Meetings.</p> <p>Active outreach to members on the wait list. Progress reports were reviewed at AAH/Provider Access meetings.</p> <p>In September, two new providers were hired to support wait list. In review of grievances data, the number of grievances declined for timely access</p> <p>QI initiatives to improve access to care, includes pay for performance (P4P), extended office hours incentives and provider recruitment/retention incentives (AAH provider grant live as of 6/1/2024).</p>
<p>3.1.2 Monitoring In-Office Wait Times for Specialty and Behavioral Health Services</p> <p>(Accepted by DHCS as of 3/15/2025)</p>	<p>The Plan did not monitor in-office wait time for specialists and behavioral health providers</p>	<p>The Plan added in-office wait times measure to CG-CAHPS survey for BH providers on 5/6/2024. The finalized report was presented at the Access & Availability Committee in September.</p> <p>Specialist providers will be added to the CG-CAHPS survey starting on 1/21/2025, anticipated final report June 2025.</p> <p>QI-114 Monitoring of Access and Availability Standards was revised to include monitoring of in-office wait times for specialist and behavioral</p>

QI FINDINGS: CULTURAL AND LINGUISTIC SERVICES (CLS)

Category	Deficiency	Actions Taken
4.2.1 Cultural and Linguistic Services (Partially accepted, pending future deliverables)	The Plan did not monitor the linguistic performance of vendors that provide interpreter services.	<ul style="list-style-type: none">• P&P CLS-011: CLS Program Monitoring to include additional language on monitoring information collected and reporting by 04/30/2025. -Accepted.• Update vendor contracts to include reporting requirements for vendor interpreter qualifications and cadence by 04/30/2025. -Accepted.• Anticipation of implementation of monthly vendor interpreter qualifications reporting by 1/31/2025. -Accepted.• Anticipation of implementation of a monthly attestation of monthly vendor interpreter qualifications review by 1/31/2025. -Accepted.• Review and address concerns with vendor interpreter qualifications at Quarterly Vendor Joint Operations Meeting (JOM) by 4/30/2025. -Pending deliverable for May submission.• Report and address concerns with vendor interpreter qualifications at Quarterly Cultural and Linguistic Services Subcommittee (CLSS) meeting by 4/30/2025. -Completed

Access & Availability Update

Loc Tran



A&A SURVEY RESULTS

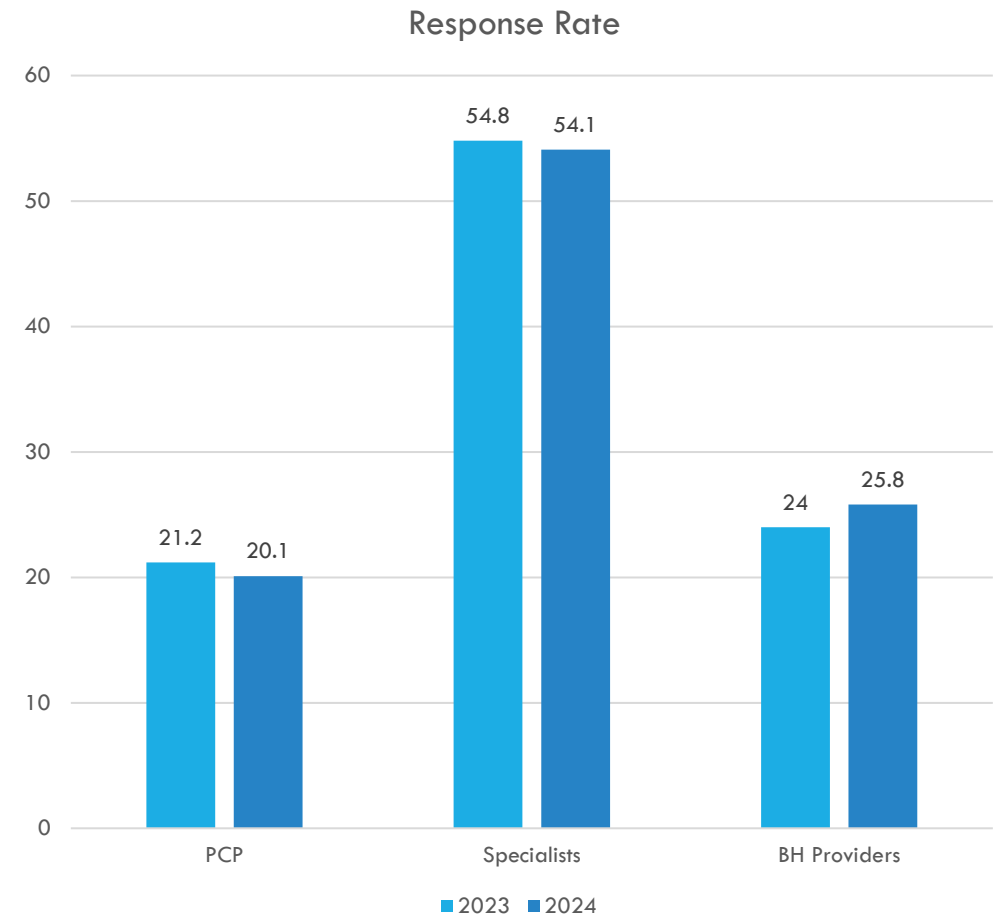
MY2024 AFTER HOURS — CG-CAHPS Q3 2024

05.09.2025 QIHEC

MY2024 AFTER HOURS SURVEY RESULTS

Providers surveyed in 2024	
Provider Type	Number Surveyed
PCP	63
Specialists	170
BH	81
Total	314

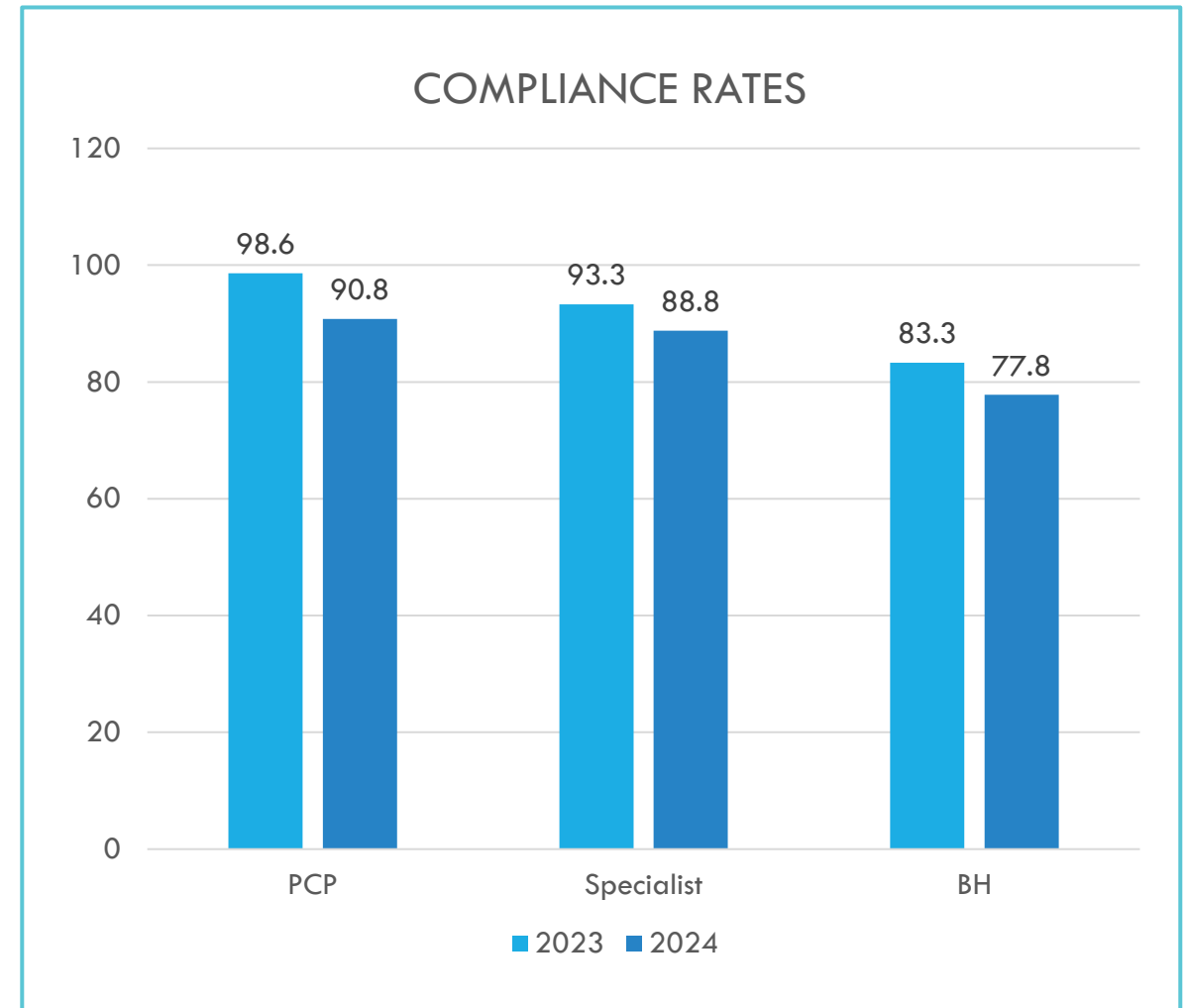
- ❖ 480 unique providers were sampled but 166 providers or 34.6% were excluded due to phone number issues in 2024 three-specialty 2023 with 34.1%.



SURVEY COMPLIANCE RATE COMPARISON AND BARRIERS

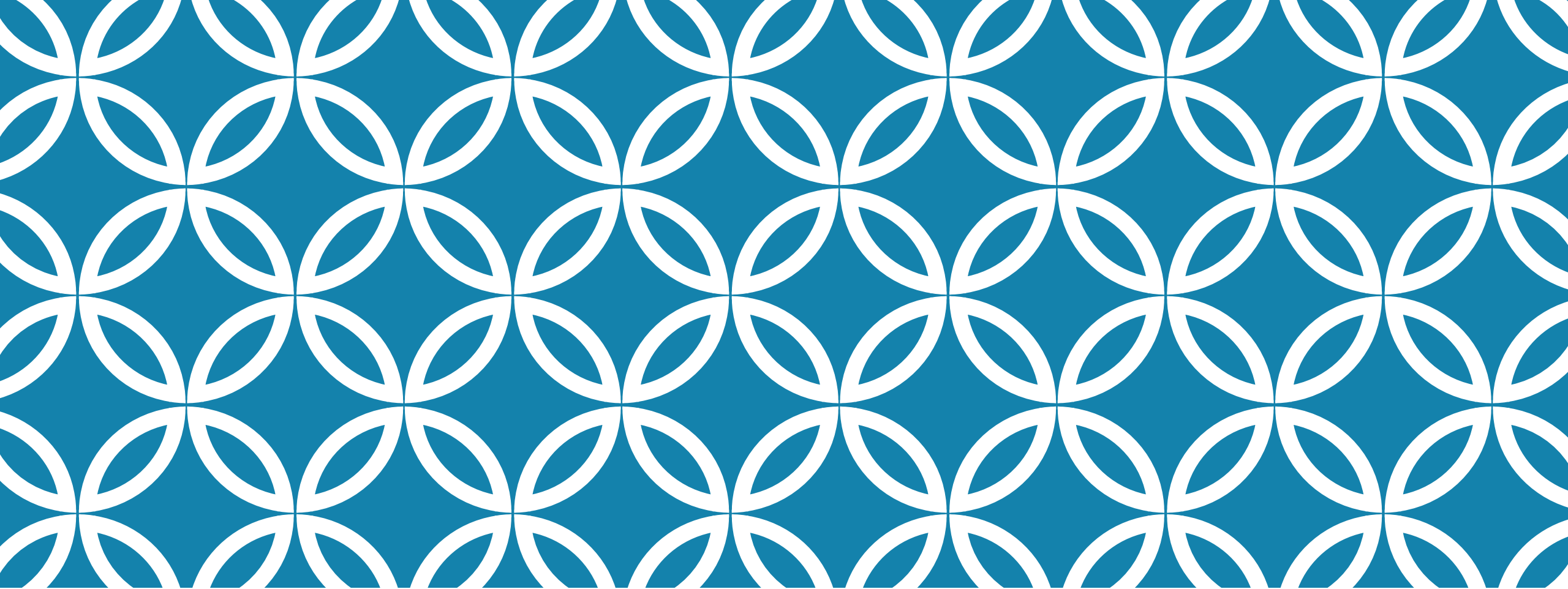
Provider Type	2023	2024	Difference
PCP	98.6%	90.8%	-7.8%
Specialist	93.3%	88.8%	-4.5%
BH	83.3%	77.8%	-5.5%

- ❖ BH continue to score lowest of the three specialties
 - Many BH providers use a direct personal phone, that goes straight to their voice message
- ❖ Specialist Providers scored the 2nd highest in 2024 of the three specialties
 - Some Specialties phone numbers lead to non-clinical departments



NEXT STEPS:

- 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
- CAPs for non-compliant and non-responsive



QUESTIONS?

Public Comment

Thank You for Joining Us

Next Meeting: August 8, 2025