Quality Improvement Health Equity Committee Voting Packet

-Meeting Minutes-

May 9, 2025

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

QIHEC Meeting Minutes :4/11/2025

Utilization Management Committee Meeting Minutes: 4/25/2025

Cultural and Linguistic Services Subcommittee Meeting Minutes: 1/22/2025

Access & Availability Meeting Minutes : 3/25/2025

Quality Improvement Health Equity Committee

4/11/2025

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

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

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

Ami Ambu, Quality Improvement Project Specialist II	X
Sarbjit Larb, Quality Improvement Project Specialist	
Sean Pepper, Compliance Special Investigator	
Michelle Lewis, Senior Manager Communications & Outreach	
Ang Yen, Director Health Equity	X
Cecilia Gomez, Senior Manager Provider Services	
Katrina Vo, Senior Communications & Content Specialist	
Patricia Carrillo, Quality Improvement Project Specialist I	X
Falmata Abatcha, Quality Improvement Project Specialist II	
Jaini Goradia, Director, Stars Strategy and Program Manager	
Emily Erhardt, Population Health and Equity Specialist	X
Stephen Smythe, Director, Program Compliance & Privacy Operations	X
Community Members in Attendance	

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
I. Call to Order	D. Carey	The meeting was called to order at 9:02am		
II. Alameda Alliance Updates	D. Carey	• The Alliance has made progress in filling key positions, with offers extended for the Medical Director of Utilization Management and Senior Director of Pharmacy, pending background checks. • They are also preparing for the D-SNP program launch on January 1, 2026, involving policy and workflow development. • Audits by DHCS and DMHC were conducted in March, with preliminary findings from DHCS and pending results from DMHC. • Dr. Tri Do will be leaving CHCN and Dr. Raj Davda has been named as the interim CMO.		

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III. Chief of Health Equity Updates	L. Vang	• L. Vang the progress of Health Equity Initiatives. • DHCS approved the DEI training curriculum in March, with a pilot phase expected to complete by June. • Over 95% of staff have completed TGI training, with the next phase for member-facing vendors planned. • Despite federal changes, the commitment to health equity remains strong, with regular meetings and no official changes in direction. • NCQA, acting as a federal contractor, is expected to release guidance by April 30th on how executive orders signed in January may affect federal contractors, including the Alliance, and potentially impact their accreditation process. This was confirmed by the accreditation manager Kisha Gerena. **Findings/Recommendations** • Offers extended for Medical Director of Utilization Management and Senior Director of Pharmacy at Alameda Alliance, pending background checks. • Preparation for the D-SNP program launch on January 1, 2026, involving policy and workflow development.		
IV. Committee Member Presentations	A. Chapman	• Dr. Aaron Chapman from the Alameda County Behavioral Health Department discussed the challenges of managing mental health and substance use disorders in emergency departments. • He highlighted the shortage of psychiatric acute inpatient beds, particularly for youth, and the fragmented referral systems. • Dr. Chapman emphasized the need for better outreach and engagement teams to address this issue. Dr. Curry noted the		

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		lack of funding for bridge navigators and the stigma faced by patients in emergency departments. • Explore ways to improve the interface between emergency departments and the county's behavioral health services, such as increasing the presence of outreach and engagement teams in the emergency departments. • Investigate the possibility of expanding the capacity of the Willow Rock program or other acute psychiatric facilities to address the shortage of beds, particularly for the youth population. • The discussion concluded with a call for collaboration among healthcare systems to improve access and care for patients with mental health and substance use disorders.		
V. Policies & Procedures	D. Carey A. Lam	• The Policies & Procedures packet was sent out prior to QIHEC for committee review. • HED-010: Doula Services • QI-115: Access & Availability Committee • QI-117: Member Satisfaction Survey (CAHPS) • QI-118: Provider Satisfaction Survey • UM-015: Emergency Services and Post Stabilization Services • UM-025: Guidelines for Obstetrical Services • UM-053: Breastfeeding Lactation Management Aids • CM-002: Complex Case Management Plan Development and Management • CM-003: Complex Case Management Plan Evaluation and Closure • CM-006: Internal Audit and Monitoring • CM-007: SPD High Risk Stratification and Care Planning • CM-019: Private Duty Nursing Case Management For Members under the age of 21	Move to Approve: 1st: M. Stott 2nd : D. Dike	

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
		• CM-028: Disease Management - Home Placed Developmentally Disabled HPDD Members • CM-030: Early Start • CM-031: School Linked CHDP Services • CM-032: Care Coordination - Local Education Agency Services • CM-034: Transitional Care Services • CM-035: Prescreening Process - ECM and CS Providers		
VI. Meeting Minutes	D. Carey	Meeting Minutes packet was sent out prior to QIHEC for committee review. • 2/14 QIHEC • 2/28 & 3/28 UMC • 11/6/24 A&A • 3/19 IQIC	Move to Approve: 1st: M. Stott 2nd: A. Chapman	
VII. Utilization Management Program Description, Evaluation & Work Plan	A. Lam	• A. Lam the 2024 evaluation of the utilization management (UM) program, highlighting key metrics. • Turnaround times were above the 95% benchmark except for behavioral health at 90%, due to system and training issues. • Authorization volume increased due to Anthem membership absorption. Denial rates decreased to 2.31% from 2023. • Emergency room visits decreased by 33.4% per 1,000, while readmission rates rose to 21.1%. • Out-of-network utilization increased due to transitioning Anthem members. • Provider satisfaction improved, with better prior authorization timeliness. • For 2025, initiatives include using community health workers and enhancing training and oversight.	Move to Approve: 1st: M. Stott 2nd: A. Chapman	

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
		Findings/Recommendations • Turnaround times for the utilization management (UM) program were above the 95% benchmark, except for behavioral health at 90%, due to system and training issues. • Authorization volume increased due to the absorption of Anthem membership.		
VIII. Case Management Program Description, Evaluation & Work Plan	A. Lam	• A. Lam discussed the annual review of the case management program, emphasizing assessment, care planning, and interventions. • In 2024, the Health Risk Assessment completion rate was 12%, and efforts are underway to improve it. • Case authorization volumes, particularly for Transitional Care Services, showed significant monthly increases. • Member satisfaction was 88.2% in 2024, below the goal of 90%. • For 2025, the focus is on tailored approaches and collaborations to address readmission rates and ER utilization. • The case management team processed an additional 3000 cases monthly, and their efforts were commended. **Findings/Recommendations** • Annual review highlighted strong emphasis on assessment, care planning, and interventions. • Completion rate in 2024 was only 12%, indicating a need for improvement. • Significant increase in case authorizations, especially for Transitional Care Services, on a month-to-month basis. • Reached 88.2% in 2024, falling short of the 90% target. • Case management team handled 3,000 additional cases monthly, reflecting increased demand.	Move to Approve: 1st: M. Stott 2nd: D. Dike	

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
		• Targeting reductions in readmission rates and ER utilization through tailored approaches and collaborations.		
IX. Behavioral Health	P. Currie	• P. Currie presented the behavioral health report, highlighting care coordination between medical and behavioral health services. • Key points included the demographic of children aged 3-7 using ABA services, with females comprising 24%. • The network expanded from 30 to over 50 groups, serving almost 1,000 BCBAs (Board Certified Behavioral Analysts). • Efforts to address the gap between authorized and delivered ABA services were discussed. • The Alliance is enhancing care coordination by standardizing treatment reports and implementing a data exchange process with ACBH. • The non-specialty mental health outreach plan aims to promote health equity and improve access to services, with a recent town hall for primary care doctors. **Findings** • Completion rate in 2024 was only 12%, indicating a need for improvement. • Significant increase in case authorizations, especially for Transitional Care Services, on a month-to-month basis. • Reached 88.2% in 2024, falling short of the 90% target. • Case management team handled 3,000 additional cases monthly, reflecting increased demand.		

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		• Key points included the demographic of children aged 3-7 using ABA services, with females comprising 24%. • Network expanded from 30 to over 50 groups, serving almost 1,000 BCBAs (Board Certified Behavioral Analysts). **Recommendations** • Target reductions in readmission rates and ER utilization through tailored approaches and collaborations. • Address the gap between authorized and delivered ABA services. • Enhance care coordination by standardizing treatment reports and implementing a data exchange process with ACBH. • Promote health equity and improve access to non-specialty mental health services.		
X. NCQA Update	K. Gerena	• K. Gerena provided an update on the preparation for the health plan accreditation survey scheduled for July 15th, highlighting the need for 18 annual reports, nine of which require QI review. • The team is coordinating with the compliance department for pending documents and monitoring changes to executive orders that may impact the survey. • A file review for delegates, involving the case management department, pharmacy appeals, and credentialing, is expected to start once information from NCQA is received. • The health equity survey is scheduled for June, with similar preparation steps underway. **Findings/Recommendations** • The case management team handled 3,000 additional cases monthly, reflecting increased demand.		

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		• Key points included the demographic of children aged 3-7 using ABA services, with females comprising 24%.		
XI. Public Comment	D. Carey	**Healthcare Services Reorganization Update** • Dr. Carey announced organizational changes aimed at optimizing healthcare services and increasing efficiency. • Effective on Monday, the Grievances and Appeals department will move to Operations, with the director, manager, and coordinators reporting to Tammy Lewis, while the nurses will join the Quality Team under Michelle Stott. • The NCQA team will also report to Quality. • Conversely, the Community Support Housing Team and CHW teams will move to Healthcare Services under Kimberly Glasby.		
XII. Adjournment	D. Carey	Meeting adjourned at 10:32am		

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

Minutes prepared by: Ashley Asejo - Clinical Quality Programs Coordinator

Utilization Management Committee Meeting Minutes
April 25, 2025, 1:30 PM – 3:00 PM
Teams

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

Utilization Management Committee Meeting Minutes
April 25, 2025, 1:30 PM – 3:00 PM
Teams

Agenda Item	Presenter	Discussion/Activity	Document	Follow-Up Action/ Responsible party/ target date
I. Call to Order/ Introductions	A. Lam	The meeting was called to order by Allison Lam at **1:30 pm**		
II. Review and Approval of minutes	A. Lam	The UM Committee Minutes from **March 28, 2025** were approved electronically by a quorum of the committee prior to the meeting.		**Approved via e-vote:** 4/3/25 – 4/7/25
III. Policies and Procedures	All	• CS-001 • CS-005 • CS-006 • CM-028	PP Summary of Changes_4.25.25.pdf	**Vote to Approve:** None opposed: The policies will be finalized as approved and moved forward to QIHEC
A. AMR	A. Lam	• Review of the AMR details	AMR Reviewer Details.pdf	

Utilization Management Committee Meeting Minutes
April 25, 2025, 1:30 PM – 3:00 PM
Teams

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IV. Clinical Decision Support Tools **A. Review of Clinical Criteria & Hierarchy**	M. Findlater	• Annual update on the UM criteria review hierarchy, including the use of MCG 28th edition and the alignment with CHCN for radiology components. • The MCG 28th edition went live on November 18, 2024, and is used for evidence-based guidelines and is updated annually with the latest evidence. • LTC follows a different set of criteria, primarily using APLs and Title 22 instead of MCG criteria.	UM Hierarchy.pdf	
B. Use of Board-Certified Consultants	A. Lam	• The review of board-certified consultants was moved up due to turnover at AMR. • There was a slight increase in the number of board-certified consultants from last year's review, with 254 consultants now available across various specialties.	Use of Board Certified Consultants.p	
V. UM Program Effectiveness	C. Healy-London M. Findlater H. Desrochers T. Tong	• **IP Utilization Review** ○ The team has been surpassing the 95% benchmark for turnaround time, except for IHSS in March, which was due to a newborn baby entry and a nurse void copying a line item. ○ Denial rates fluctuated between April 2024 and March 2025, with a high of 4.7% in February. Full denials tend to be due to eligibility issues. ○ In March, the team went live with OCR AI technology for face sheet readings, which has been successful overall, with some issues being addressed through enhancements.	IP Operational Utilization Review.pdf OP Operational Utilization Review.pdf Rx Operational Utilization Review.pdf	

Utilization Management Committee Meeting Minutes
April 25, 2025, 1:30 PM – 3:00 PM
Teams

Agenda Item	Presenter	Discussion/Activity	Document	Follow-Up Action/ Responsible party/ target date
		○ The team recommends continuing to monitor trends, streamline the inpatient authorization process, and enhance the OCR AI technology. • **OP Utilization Review** ○ Authorization volume has remained steady, with the lowest volume in Q1 2025 due to a decrease in February. ○ The team has consistently exceeded the 95% benchmark for turnaround time, with an overall TAT of 99.25% in Q1 2025. ○ Full denial rates peaked at 3.6% in January and declined to 1.9% in February. Partial denials remained stable at around 0.2%. ○ The team is focusing on PA optimization, ensuring alignment with DHCS requirements, and considering auto-opting items with low denial rates. • **Rx Utilization Review** ○ In Q1 2025 there were 1040 authorizations for the medical line of business and 27 for group care. ○ The approval rate for the medical line of business was 97.5%, with a 2.5% denial/partial rate. Group care had a 100% approval rate. ○ The overall turn around time for Q1 2025 was 99.6%. ○ The quality audit scores for Q1 2025 were 100% for all categories, including timeliness, NOAA requirements, and appropriate medical professional assessment.		

Utilization Management Committee Meeting Minutes
April 25, 2025, 1:30 PM – 3:00 PM
Teams

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		○ The team is addressing an increase in retro past 90-day prior authorizations, with providers submitting PAS outside of the 90 days from the date of service requested.		
A. BH Report	A. DeRochi	• There was a significant increase in ABA authorizations by 25% and a 31% decrease in mental health prior authorization requests from January to March 2025. • The overall turnaround time for Q1 2025 was 98% for ABA/BHT and 87% for mental health. A systems error in January caused a drop in mental health TAT, which has since been resolved. • The overall denial rate for Q1 2025 remained consistent at less than 1%, with regular monitoring to ensure it stays below 5%.	BH Report.pdf	Conduct refresher training for staff on the timeliness of outpatient requests to address the deferral delay issue. (Peter)
B. DUR Report	Ramon	• Q1 2025 drug utilization review, including member and provider opioid utilization, ER visits for opioid overdose, and adherence to medication-assisted treatment. The team is monitoring trends and sending letters to providers with patients who do not have naloxone.	DUR Report.pdf	
C. CBAS Measures	M. Findlater	• The total volume of CBAS Requests and Members in Q1 2025 is 355 across 4 centers. • IPC Renewals have decreased 8% in Q1 2025. • CBAS Emergency Remote Services (ERS) ○ There have been 7 new ERS Cases for Q1 and 5 members who stopped.	CBAS.pdf	

Utilization Management Committee Meeting Minutes
April 25, 2025, 1:30 PM – 3:00 PM
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VI. Member / Provider Experience with UM & CM **A. Provider Survey**	A. Lam	• Provider satisfaction survey results highlight improvements in provider satisfaction with pre-certification procedures and the ability to speak with plan medical directors. The team is focusing on automation, data exchange platforms, and training to further improve provider experience.	Provider Satisfaction.pdf	Continue efforts to reduce provider administrative burden and improve the provider experience with authorization processes. (Allison)
B. Regulatory Audit Findings (DHCS)	A. Lam	• The following categories were found during the DHCS audit between 6/1/23 – 5/31/24. ○ UM 1.2.1 - Referral to Transplant Program within 72 hours ○ UM 1.2.2 - Centers of Excellence for Major Organ Transplants ○ UM 1.5.1 – Overutilization of Subacute Level of Facility Care ○ UM 1.5.2 – Early and Periodic Screening Diagnostic and Treatment Services ○ CM and CoC 2.4.1 - Notice of Action Letters for Continuity of Care Requests	DHCS Audit_UM Findings.pdf	Submit the revised SOP for monitoring and oversight to DHCS as evidence for the corrective action response. (Allison)

Utilization Management Committee Meeting Minutes
April 25, 2025, 1:30 PM – 3:00 PM
Teams

Agenda Item	Presenter	Discussion/Activity	Document	Follow-Up Action/ Responsible party/ target date
		• Note that most corrective action responses have been partially accepted. The team is submitting additional evidence to address the remaining concerns.		
VII. Adjournment	A. Lam	The meeting was adjourned at **2:23 pm**		**Next Meeting:** May 30, 2025 at 1:30 PM

Meeting Minutes submitted by: DocuSigned by: Amani Sattar 1515265B2E7E4DC... **Date:** 05/01/2025 | 11:59 AM PDT

Amani Sattar,
EA to the CMO

Approved by: DocuSigned by: Allison Lam 8E7713C4669F403... **Date:** 05/01/2025 | 12:04 PM PDT

Allison Lam,
Sr. Director, Health Care Services

Cultural and Linguistic Services Subcommittee (CLSS) Meeting
January 22, 2025

Committee Member Name	Title	Present
Linda Ayala, MPH	Director, Population Health and Equity	x
Farashta Zainal, MBA, PHP	Quality Improvement Manager	x
Tran Loc	Manager, Access to Care	x
Donna Carey, MD	Chief Medical Officer	
Darryl Crowder	Director, Provider Services	
Gia DeGrano	Director, Member Services	x
Carlos Lopez	Quality Assurance and Regulatory Reporting Manager	x
Cecilia Gomez	Sr. Manager, Provider Services	
Beverly Juan, MD	Medical Director, Medical Services	x
Jennifer Karmelich	Director, Quality Assurance	
Michelle Lewis, MPH	Manager, Communications and Outreach	
Alma Pena	Manager, Grievances and Appeals Manager	x
Mao Moua, MPA	Manager, Cultural and Linguistic Services	x
Gil Duran, MPH	Manager, Population Health and Equity	x
Lao Paul Vang	Chief Health Equity Officer	
Michelle Stott, MSN	Senior Director of Quality	x
Anastacia Swift	Chief Human Resource Officer	
Taumaoe Gaoteote	Director, Diversity, Equity, Inclusion	
Allison Lam	Senior Director, Health Care Services	
Andrea DeRochi	Behavioral Health Manager	
Lisha Reamer-Robinson	Manager, Compliance Audits, and Investigations	x
Marie Broadnax	Manager, Regulatory Affairs & Compliance	x
Yen Ang	Director Health Equity	x

Staff Member Name	Title	Present
Yemaya Teague	Senior Analyst of Health Equity	
Cindy Brazil	Interpreter Services Coordinator	x
Sylvia Guzman	Interpreter Services Coordinator	x
Mara Macabinguil	Interpreter Services Coordinator	x
Alexandra Loza	Quality Assurance Specialist	
Veronica Pap Rocki	Privacy Compliance Specialist	x
Adrina Rodriguez	Privacy Compliance Specialist	
Mandy Gutierrez	Senior Communications & Media Specialist	x
Rosa Carrodus	Disease Management Health Educator	

Robert Smith	Regulatory Compliance Specialist	x
Krystaniece Wong	Regulatory Compliance Specialist	x
Debbie Spray	Manager, IT Governance and Incident Management	x

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
1. Call to Order/Introductions	M. Moua	M. Moua called the meeting to order.	
2. Minutes from 12/03/2024 Meeting	M. Moua	Minutes from the last meeting were reviewed by presenters with no additional changes/comments and are attached to the meeting invite.	
3. Agenda review	M. Moua	M. Moua reviewed the agenda.	
4. Follow-up items from 12/03/2024	M. Moua	M. Moua reported on the follow-up items from the last meeting. • Share draft APL for Threshold Languages with Provider and Services Department for Review (**Completed**).	
5. 2024 CLS Workplan Evaluation	M. Moua	M. Moua reviewed the 2024 CLS Workplan Evaluation. • Member Cultural and Linguistic Assessment: Completed assessments on 01/24/24, 04/24/24, 08/28/24, and 12/03/24 CLSS meetings. Increase in overall membership, and significant increase in Spanish-speaking and Latinx members **(Goal met).** • Language Assistance Services (Interpreter Services): Achieved a fulfillment rate of above 95% across all modalities (in-person, video, and telephonic interpreter services) **(Goal met).** • Language Assistance Services (Behavioral Health (BH) Services Tracking): Hanna is unable to identify BH calls without the caller's initial prompt. Continuing to work with Hanna to resolve flagging BH calls at any time during a call **(In-progress)**. • Language Assistance Services (Member Satisfaction): The 2024 Adult and Child Timely Access Requirement (TAR) Survey results were reviewed last year at CLSS and QIHEC meetings, with no concerns identified. No action is needed at this time but will continue to share quality concerns with interpreter services at vendor Joint Operations Meetings (JOMs), as well as CLSS and QIHEC Subcommittee meetings **(Goal met).** • Provider Language Capacity (Member Satisfaction): Per the Member CG-CHAPS Survey results, goal was met for Q1, Q2, and Q3 for Adult surveys. For Child surveys, goals were not met in Q1 but met in Q2 and	

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		Q3. Satisfaction results improved for both Adult and Child in both Q2 and Q3. Q4 results are not yet available, but planned implementation for Q1 2025 and will share results at the next CLSS meeting (**Q1: Unmet for Child, Q2: Met, Q3: Met, Q4 Planned implementation for Q1 2025)** • Provider Language Capacity and Race and/or Ethnicity (Provider Network): Net 1A report now meets all standards after revisions made based on consultant feedback. Updates presented at the 11/15/2024 QIHEC meeting and at the 12/03/2024 CLSS meeting. Met with Compliance to review the discrimination case report to include substantial vs non-substantial cases **(Goal met)**. • Community Advisory Committee (CAC): Connected and presented information about CAC as part of membership recruitment at the following organizations: o Father Friendly Provider Network (FFPN) o Healthy Relationships Learning Community (HRLC) o Health and Human Resources Educations (HHREC) o Alameda County Public Health Fatherhood Initiative Held a CAC Selection Committee (CAC SC) meeting on 12/17/2024, focused on member recruitment, and CAC SC's roles and responsibilities. Next steps include ongoing CAC recruitment with guidance from CAC SC **(Ongoing)**. • Potential Quality Issues-Quality of Language (QOL-PQI): In Q1 and Q2 2024, the goal was 95% or more closure rate within 30 business days. Goal was met in Q1 but not in Q2. Transitioned to increase the closure timeframe to 60 business days starting in Q3. The goal was met in Q3 and slightly off by 1% in Q4 due to interpreter services scheduling volume increase and difficulty reaching provider offices. Next steps include hiring additional staff and enhancing workflow around how to address non-responsive providers **(Q1: Met, Q2: Unmet, Q3: Met, Q4: Unmet).** ➢ *Comment-Y. Ang: I think for the purpose of PDSA or continual improvement, it is important for us to track the ID of the interpreters. The effort is not meant to be punitive or personal or targeting on any specific translator but to help us understand the challenges that led to the sub-optimal delivery service e.g., interpreter is under stress,*	

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		interpreter did not have tools at their disposal to be able to do their best. ➢ *Response-M. Moua: When a PQI is sent to us, sometimes it includes the interpreter's ID and name, and sometimes it does not and so it becomes challenging to follow through. We do look into our usage reports, as well as our data systems-ODS and TruCare. Sometimes, PQIs come in regarding an incident that happened three months ago and we're not able to track those calls. But for majority of the time, when we have the interpreter ID and name, we can do a follow-through. The interpreter can be in a queue, so it's also very important that we are provided with the specific date and time when the specific encounter happened; without this information, it is hard for the vendor to track but regardless, they still note all feedback received from the Alliance.* ➢ *Comment-L. Ayala: Carlos or Gia, is anything in the training of Member Services (MS) staff, or other teams that use our interpreter services about when it's appropriate to document the ID number.* ➢ *Response-C. Lopez: MS staff are trained to document the ID in their Service Requests (SRs),* ➢ *Response- L. Ayala: Yes, and there are instances, it wasn't. Sometimes we get the complaint and it will be a member stating, "Three days ago, I was using an interpreter from the Alliance and things did not go well at all.", but we can't follow through if we don't have the date, time, and name of the interpreter. So, it's about catching as many as we can.* ➢ *Comment-G. DeGrano: Those complaints that don't have that information are after the fact when it has happened as you mentioned, and the member making the complaint does not remember who they spoke to, when they spoke to them, and they give us general information that we cannot follow up on.* ➢ *Comment-M. Moua: I just want to echo that MS does a very good job at notating those when sending over to us, but as Gia mentioned, sometimes members call in about their experience form days or even months ago as they remember them. I do see that MS staff note the interpreter's name and ID when they use one, on their service request documentation. Thank you to Carlos and Gia for your continued efforts on this, and sometimes it's out of our hands because we notate exactly*	

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		what the members tell us and may not be able to do a diligent follow-through because of that. But I do think it's a good idea to see what we can do to improve that, and I am more than happy to take this offline and work through this in a PDSA. Dr. Ang, thank you for your thoughts and comments. I know you have great ideas about enhancing monitoring within interpreter services. ➢ *Question-Y. Ang: Is there a customer service survey right after the service is provided like in any other service-oriented companies?* ➢ *Response-C. Lopez: Yes, when members call us, they can opt- in for an after-call survey. The survey includes four questions.* ➢ *Comment-M. Moua: Dr. Ang, last year, we also launched our Timely Access Requirement Survey that asks members about the quality and the knowledge of our interpreter services. We received favorable responses. But in terms of having that specific targeted customer service survey right after an interpreter services call, we don't have that process.* M. Moua provided an overview of CLS Successes and Challenges. • Successes: o Maintained 95% fulfillment rate for all interpreter services modalities despite an increase in membership. o Received favorable responses related to accessing interpreter services through member satisfaction surveys. o Met all standards for Ne1A report and identified enhancement opportunity to improve reporting regarding discrimination cases. o Met contractual requirements for CAC regarding CAC Selection Committee, member recruitment, and the annual CAC Demographic Survey. • Challenges: o Increased volumes in scheduling and QOL-PQIs. o Limitations with the interpreter service vendor regarding tracking and reporting system for BH calls. o Difficulty with outreach to provider offices to address QOL-PQIs.	

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		• Action Steps:
		  ○ Implement batch scheduling system with Hanna to handle scheduling volumes.
		  ○ Hire additional staff.
		  ○ Review and streamline for workflow for QOL-PQIs.
		  ○ Continue to explore solutions for BH Interpreter Services Tracking.
		
		➢ *Comment-L. Ayala: We use the Net 1A, as it is easier to say than the full name of this report, which is the Provider Network Capacity to Meet the Cultural and Linguistic Needs of Members. Iit is an assessment of the provider network in terms of race, ethnicity, and culture. We're still working on continuing to have this as a tool to make sure that the network is appropriate. For PQIs, we are working to make some adjustments in 2025 on what should qualify as a QOL-PQI so that we do not lose what we're tracking and trending in terms of overall issues with providers but making sure that the CLS team is really focusing on PQIs that clearly fit within that. There will be some more training and updates on what that will look like.*
		
		M. Moua presented the CLS Workplan Plan and Discussion.
		
		• CLS Focus Areas
		  ○ Assessing the cultural and linguistic needs of members.
		  ○ Language services for members (i.e., member satisfaction through CG-CAHPS and timely access through the TAR Survey and improving completion rates.
		  ○ Provider network by language capacity race and/or ethnicity.
		  ○ Community Engagement (Community Advisory Committee)
		  ○ QOL-PQI
		• Discussion and Feedback
		  ○ Do these focus areas align with the organization goals?
		  ○ What other areas of focus should CLS consider?
		
		➢ *Comment-L. Ayala: As we enter into D-SNP, I think we were just starting to uncover some of the areas where we'll have a role, and just wanted to put it out there that we will be working with Compliance*	

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		and Vendor Management on some of the delegated CLS services, making sure that the new vendors we bring on are going to be compliant with our overall CLS plan. There will be a newly identified threshold language that we will be planning for this year.We're also very much involved in NCQA, not just in accreditation pieces, but also in Health Equity.. So, it's been an incredibly busy time for Mao and her team, but also gives us new opportunities and learning about ways we can meet the needs of members. ➢ *Response-M. Moua: Yes, thank you Linda. We are working on those. I think we're also treading into a new territory, understanding what those requirements are. We are continuously working on NCQA and Health Equity accreditations, as well as D-SNP along the way. I am more than happy to work with anyone who feels that we should include something in the workplan. Our goal for next steps, is developing work plan goals, and sharing it at our next CLSS meeting in April.* ➢ *Comment-L. Ayala: I also want to suggest that as we collect more Sexual Orientation, Gender Identity (SOGI) data, we consider if this might be where we look at the data as another way that the committee can expand its ability to understand the cultural needs of our members.* ➢ *Response & Question-G. DeGrano: i'm glad you brough it up, Linda. I was thinking about how we can incorporate SOGI into this committee because in Member Services, I am looking for some guidance on gender neutral terminology guides that can help our staff, especially for training purposes. So, I'm looking to see if CLS can help us out with that? Is that something that you think would be appropriate?* ➢ *Response-M. Moua: Linda, you're more involved in that work and I don't know in terms of where we are with that, but our team can support that, Gia. In my previous work, I've also done that as well too. More than happy to take this offline and see if we can connect with others that are part of that workgroup and see how CLS can support this.*	

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		➢ *Response-L. Ayala: Yes, that's great. I think this is a great request and figure out whether that lies in our area or if there's others such as the Health Equity team. We'll be happy to collaborate on it.*	
6. 2025 CLS Program Description	L. Ayala	L. Ayala provided a brief description of changes to the CLS Program Description. • Yearly review, minor grammar and formatting. • Added integration of "population assessments" to develop CLS standards and procedures. • Updated CAC coordinator title to "Health Education Coordinator". • Expanded on role of Cultural and Linguistic Services Committee.	M. Moua and L. Ayala to review the charter in the next CLSS meeting-to be completed on an annual basis.
7. Policies and Procedures Annual Updates	L. Ayala	L. Ayala provided the annual updates to the Policies and Procedures. • A thread throughout is language updates to ensure clarity that CLS work applies to mental health and behavioral health providers as well. • CLS-001: CLS Program Description-Updates in language to make sure that it is very clear that the work we are doing in CLS also applies to our mental and behavioral health services. • CLS-002: Member Advisory Committee-Several updates due to the new contract and new requirements surrounding reporting demographics of our CAC members, as well as updates to CAC representation. • CLS-003: Nondiscrimination, Language Assistance Services, and Effective Communication for Individuals with Disabilities-Expanded on process when ASL interpreters cannot be arranged, and updates to the Community Services Program referral section to include Alliance website as a place where we inform members of available programs. • CLS-008: Member Assessment of Cultural and Linguistic Needs-Updated the policy owner and policy name. • CLS-009: CLS Program: Contracted Providers-Updated with changes in the cultural and sensitivity training being under the purview of CLS. • CLS-010: CLS Program Staff Training and Assessment-Aligned with Human Resources P&Ps around DEI training. • CLS-011: CLS Compliance Monitoring-Expanded on how we're monitoring the quality of interpreter services and added some ne	

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		processes that we're putting into place. The word "bilingual" has been replaced with "multilingual staff".	
8. Community Advisory Committee (CAC) Update	M. Moua	M. Moua shared CAC input/feedback received from quarterly meetings. CAC Input from 03/14/2024 meeting: • Communications and Outreach: Radio or television campaigns may work best for certain communities, such as newcomers or older Latinx population. CAC Input from 06/13/2024 meeting: • Annual Review of CLS: Explore methods to expand English language learning opportunities for the community. • Population Health Management o Recommended involvement of African American staff in conducting surveys with African American members to gather feedback. o Express interest in understanding disparity data related to why members are not going to breast cancer screenings and well-visits. CAC Input from 09/19/2024 meeting: • Employee Demographics o Explore opportunities for promotion and career development within management to better reflect the member population. o Analyze the impact of staff diversity on relationships with Alliance staff. CAC Input from 12/16/2024 meeting: • Non-Specialty Mental Health Outreach and Education Plan o Express ease of referral by doctor and receiving a phone call. o Utilize community-based organization social media to push out information. o Partner with sports teams to discuss mental health and reduce stigma. ➢ *Question-Y. Ang: Can you share the results of the survey in June around understanding why people are not doing certain screenings?* ➢ *Response-F. Zainal: Yes, I am happy to share the results with Dr. Ang.*	F. Zainal to share disparity survey results with Dr. Yen Ang.
9. Compliance Updates	M. Broadnax	M. Broadnax, L. Reamer-Robinson, and K. Wong presented on compliance updates.	M. Broadnax and K. Wong to bring up the

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	L. Reamer-Robinson K. Wong	• Enterprise-wide end-to-end Letter and Enclosure Process ○ In the process of improving our end-to-end letter and enclosure process to ensure compliance. ○ We are required to include certain enclosures with our notices to our members and providers, and we need to ensure that we are using the right one and applicable to the right line of business. ➢ *Question-L. Ayala: I'm assuming that this includes making sure that we have the right translated versions? This is very timely because Mao and Loc were just working on updates to some surveys that are going out to our contractors and making sure that the enclosures are proper. And this survey goes out not just in our threshold languages, but also many other languages.* ➢ *Response-M. Broadnax: Yes, we are working with C&O to make sure that we have the most up to date versions and make sure that they are applicable to the right lines of business.* • Policies: ○ DMHC APL 24-023: New Enacted Statutes Impacting Health Plans (also known as Legislative Round Up)-Vaneesha will be setting up meetings. ○ DHCS APL 24-019: Minor Consent to Outpatient Mental Health Treatment and Counseling-Minors won't have to get their parent's consent. ○ DHCS Draft APL: Standard for Determining Threshold Languages Draft-We have a new language, Farsi. We will need to have a discussion on how to handle Tagalog, if we still need to translate documents to that language ongoing. ➢ *Question-A. Ayala: According to the new listing, Tagalog would no longer meet the threshold language criteria for Alameda County, right?* ➢ *Response-M. Broadnax: Yes, but we need to see if we should continue to translate the documents because our member population has Tagalog-speakers.*	next steps for Tagalog with SLT for thoughts. M. Moua to follow-up with Hanna on Farsi interpreter qualifications and dialects spoken. K. Wong to provide an update on the final list of threshold languages to the committee.

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		➢ *Response & Question-L. Ayala: We can look at that together as a group. We could put that on the agenda for the next meeting if we think that it would be an interesting thing to look at those numbers, but you're saying that it would be an organizational decision, not necessarily a compliance decision?* ➢ *Response-M. Broadnax: Right, we can continue to translate in Tagalog if we want to.* ➢ *Response-L. Ayala: Yes, this matter may require input from the Senior Leadership Team (SLT) since there will be financial considerations involved.* ➢ *Question-G. DeGrano: Are you saying that as an organization, we decide whether we continue with Tagalog or not? Because currently in our queue, our prompts include Tagalog but not Farsi.* ➢ *Response-M. Broadnax: Yes, as an organization, we need to decide.* ➢ *Response & Question-L. Ayala: Once the APL comes out from the state, we'll have 90 days for compliance. We'll need to have everything in Farsi as a threshold language.* ➢ *Response-K. Wong: It is 90 days after the final APL is released, so right now, we're still managing the draft. Also, in terms of Tagalog and Farsi, we did ask a question to DHCS to make sure that the form with all the threshold languages is correct.* ➢ *Question-M. Moua: Once you get clarification on those languages, could you share with us too?* ➢ *Response-K. Wong: Yes, we will. Once the final APL comes out, we'll make sure to distribute. I don't know if Marie or any of the teams have discussed it, but I know some teams are going to begin some of their Farsi translations since we know that language is coming.* ➢ *Question-G. DeGrano: And that was my question because we'll need to make sure that we recruit for a position, is that something we could potentially start recruiting for now since we know that it is coming?* ➢ *Response-K. Wong: I feel for this matter, it may require input from SLT too, but I would say yes. Jen asked if we could begin translations, and Richard confirmed, we should start. So, I would say yes, because we do know that Farsi is going to be a finalized language.*	

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		➢ *Response-L. Ayala: And we can see in our own member data, not just from the county data, there's a real concordance. We can see the increase in Farsi-speaking members.* ➢ *Question-M. Moua: Going back to Marie's question around thoughts and comments on how to move forward with Tagalog now that it's dropping off as threshold language, I'm wondering if it's also been brought up in other committees as well to for further thoughts? I have my own thoughts, but I'm wondering if there's conversations being had at the SLT level and other meetings?* ➢ *Response-K. Wong: I don't think we have. I know I haven't brought it to SLT, but maybe I can discuss that with Marie internally. Mao, if you think it's a conversation that should be discussed, because I think I agree, I'll bring that up.* ➢ *Comment-F. Zainal: Just wanted to make sure that when you contract with interpreters, Farsi is spoken by two countries, Afghanistan and Iran, and there is nuisance in the dialogues. I'm sure we can't tell in our county if it's more prominently Afghans or Iranians, but my guess is there are way more prominently Afghans so maybe gear more towards that. When they're interpreting, they should ask if the member needs Iranian dialect or Afghan dialect.* ➢ *Response-L. Ayala: I would agree, and I think it might be an interesting thing to dig into county data if available. We could even ask our public health partners if they have some more nuanced information that might help.* ➢ *Response-F. Zainal: Yes, I mean I don't think it matters in written, but it could be harder for some on who Afghan to understand an Iranian dialect.* ➢ *Response-M. Moua: I greatly appreciate the feedback. We can take this back with our pre-scheduled vendor to get more granular in terms of interpreter qualifications. I can also reach out to our vendor to see which specific area/geography our Farsi interpreters are from and happy to share that back.* ➢ *Comment-L. Ayala: I think they use Dari as well, so they use some other descriptions to help differentiate some of those dialects. But Gia, if you need some advice on that or want to think about that, we can maybe bring this back up to see if we can assist you in making sure we*	

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		get the Member Service staff speaking hopefully the language that'll best serve our members. ➢ *Response-G. DeGrano: Yes, I think as soon as the APL comes out, I think that is sufficient for us to justify what we need.* • Joint DHCS Annual/DMHC Triennial Audit starts 03/03/2025. o 03/03/2025-03/07/25-Onsite o 2nd week is reserved for virtual interviews. o Links and Technical Assistance Guides (TAGs) to previous interview questions have been provided. o Reach out to the Audit team for any questions. ➢ *Question-G. DeGrano: Can you share why it was decided not to do mock audits?* ➢ *Response-L. Reamer-Robinson: I think it's because this audit came up so quickly, so we were not able to schedule those mock audits along with all the deliverables flying through. Therefore, we provided the information via a Teams link, however, if there are any questions, we will be more than happy to meet with you to talk about those questions and provide you with additional resources that you feel your team may need.* ➢ *Question-M. Stott: I was wondering since DHCS is limited scope and DMHC is full scope, did they give us a sense as to how they were going to schedule that?* ➢ *Response-L. Reamer-Robinson: We haven't received any specifics yet regarding interviews or interview sessions, other than the follow-up questions that they're having after we submit these pre-audit deliverables. For DHCS, they will probably do a lot of follow-ups on the deficiencies identified in our last audit, so we should be prepared to speak to anything that was submitted as a CAP.* ➢ *Comment-L. Ayala: And we'll be looking at DMHC because we do expect CLS to be one of the highlighted areas. If there's anything the you or we have concerns about how we'll collaborate on responding to those questions. Feel free to reach out.*	

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		• CMS Health Plan Management System (HPMS) Memorandums
		  ○ CMS' version of an All-Plan Letter.
		  ○ Much smaller than APLs and have higher frequency.
		  ○ Compliance Regulatory Affairs team is discussing how HPMS memos will be managed.
		  ○ With the D-SNP product, there will be more deliverables to manage and different policies and regulations to implement.
		
		➢ *Question-M. Moua: For clarification, it sounds like your team is going to be spearheading this and you'll work with IPD to include stakeholders and specific departments as needed. Is that correct?*
		➢ *Response-K. Wong: Yes, we will be working with IPD, especially for the bigger ones, and likely will be working with Tome and his department to help us understand which of the memos are applicable to the plan. I'll see if Marie can give updates at a future CLSS meeting.*	

10. Cultural Sensitivity Training – Staff 2024	V. Pap Rocki	V. Pop Rocki provided an update on the annual Corporate Compliance Training. • Around 570 individuals were assigned and completed the annual compliance training, including the cultural sensitivity training. • Everyone assigned with September start date has completed the training.	
11. Language Access Reporting			
11. a. Alternative Formats Selection (AFS) Report	M. Moua	M. Moua provided an overview of the Alternative Format Selection Report (AFS). • Non-AFS: 332,584 (98.33%) • Large Print: 5,522 (1.63%) • Audio CD: 66 (.02%) • County Support: 29 (.01%) • I need a format not listed here: 15 (0%) • Braille: 10 (0%) • Data CD: 7 (0%)	
11. b. Grievance and Appeals Report	A. Pena	A. Pena presented on the Grievance and Appeals Report.	

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		Medi-Cal:
		• 161 grievance cases (including shadow cases) in Q4 2024 (.210% per 1000)
		• 131 unique grievances resolved pertaining to lack of language access and discrimination
		• 27 grievances related to discrimination, forwarded to Compliance Department for further investigation
		• Grievance Types
		  ○ Access to Care: 134
		  ○ Quality of Service: 27
		
		Providers or vendors with 3 or more grievances filed against them:
		• AAH Plan: There were complaints against the plan regarding Language Access. These consisted of:
		  ○ Not receiving a call back from the Alliance with an interpreter
		  ○ Dissatisfaction with the interpreter process
		  ○ Reaching representatives who speak their preferred language
		  ○ Experiencing language barriers during mental health screenings
		  ○ Lack of a Mandarin-Chinese phone queue option.
		• PCP/Clinic: The complaints filed against the following clinics are because the members experienced language barriers with the staff.
		  ○ Axis Community Health-Hacienda: 5
		  ○ Davis Street Primary Care Clinic: 3
		  ○ Progressive Urgent Care: 3
		  ○ Roots Community Health Center: 3
		• Specialists: 3 complaints against CSI Medical Group because the staff only speaks English.
		• Vendor:
		  ○ 10 complaints against Hanna. These consisted of:
		  ▪ Members having difficulty understanding the interpreters because of different dialects.
		  ▪ Interpreter services being changed to a telephonic interpreter.
		  ▪ Interpreter was late to the appointment.
		  ▪ Getting connected with an interpreter that speaks the wrong language.	

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		▪ Lack of Mam interpreter. ○ 7 complaints against ModivCare. These consisted of: ▪ Members faced language barriers when calling to make reservations for rides because they do not have Vietnamese, Hindi, or Spanish-speaking staff members. ▪ These grievances were resolved by helping the member call ModivCare with interpreters to schedule rides. ○ 4 complaints against CyraCom. These consisted of: ▪ Member could not hear the interpreter and had to repeat herself many times during the call. ▪ The call with the interpreter was disconnected. ▪ Interpreters are not consistent due to different dialects. ▪ Lack of Mam interpreter. Group Care: • 7 grievance cases (including shadow cases) in Q4 2024 (.23% per 1000) • 4 grievances related to discrimination • 4 unique grievances cases resolved pertaining to lack of language access • Grievance Types ○ Access to Care: 3 ○ Quality of Service: 4 • Data/Analysis ○ 1 complaint against We Care Rehab Service, Inc. ▪ The clinic does not speak Spanish. ○ 1 complaint against the plan. ▪ Member was dissatisfied with the amount of time it took for the plan to get an interpreter. ○ 1 complaint against Davis Street Primary Care Clinic. ▪ The clinic staff does not speak Spanish. Tracking and Trending: • Grievances filed against our Delegates/Vendors are reported to the groups during our quarterly Joint Operation Meetings.	
11. c. Quality of Language-PQI Report	M. Moua	M. Moua presented on Q4 2024 QOL-PQIs.	

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		• The majority are related to clinic sites, followed by ancillary providers, and then vendors.
		• Number of PQIs: Started with a high number in Q1, followed by a decrease in Q2, picked up again in Q3, and increased again in Q4.
		• Open Cases: 22 cases are currently open, mostly received in December 2024, but are still within the 60-day turnaround time.
		• Overall, we've been able to close all cases within the contractual requirement of 120-day turnaround time.
		• PQI Type:
		  ○ Provider Language (38): Member not satisfied with language spoken by provider/staff.
		  ○ N/A (13): Dissatisfaction with provider's phone-tree languages available OR member sent letter in non-preferred written language
		  ○ Interpreter for Appt-Provider (5): Provider issue providing interpreter for appointment.
		  ○ Interpreter for Vendor (2): Vendor issue providing interpreter for appointment.
		  ○ Quality (10): Member concerns with quality of language or interpretation.
		• By Language:
		  ○ Spanish: 47
		  ○ English: 15
		  ○ Yue Chinese: 11
		  ○ Mandarin Chinese: 4
		  ○ Undetermined: 4
		  ○ Persian: 1
		
		Plan/Provider/Vendor List (with 2 or more QOL-PQIs):
		• AAH: 9
		• Hanna: 9
		• Asian Health Services (Rolland and Kathryn Lowe Medical Center): 4
		• Cyracom: 3
		
		AAH Type of QOL-PQI:
		• Post-survey call caused interpreter to disconnect after a call transfer: 1	

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		• Dissatisfaction with AAH's process for requesting interpreter services: 1 • Queue: No Russian language option in Alliance phone tree system: 1 • Letter sent from AAH in non-preferred written language: 3 • Dissatisfaction with Mandarin-speaking Provider Network in Pleasanton area: 1 • Received a Robo/IVR call from AAH in non-preferred spoken language: 1 • Queue: Unable to reach a Spanish-speaking representative: 1 Hanna Type of QOL-PQI: • Quality of Interpreter Services Provided: 2 • Interpreter No Show: 1 • Interpreter Spoke Incorrect Language or Dialect: 4 • Dissatisfaction with the modality of interpreter services confirmed: 1 • Interpreter Preference: 1 Asian Health Services Type of QOL-PQI: • Dissatisfaction with non-Spanish-speaking Staff: 3 • Dissatisfaction with non-Spanish-speaking Providers: 1 CyraCom Type of QOL-PQI: • Quality of Interpreter Services Provided (Cantonese): 1 • Quality of Interpreter Services Provided (Spanish): 1 • Availability of Mam-speaking Interpreters: 1	
11. d. Membership Reports	B. Sanchez	B. Sanchez presented on Q4 2024 Member Demographics. • Medi-Cal: Majority are English and Spanish-speaking. • Group Care: Majority are English and Chinese-speaking.	
11. e. Utilization of Interpreter Services	B. Sanchez	B. Sanchez presented on Q4 2024 Interpreter Services Utilization. • Fulfillment rate: 98% overall. All vendors met the 95% metric goal for fulfillment rate.	

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		• On-Demand: 25%; Presceduled:26% • Utilization Per Language: Most requests are Spanish (43.7%), followed by Cantonese (15.63%), Vietnamese (11.78%), Mandarin (7.65%), and Mam (3.59%).	
11. f. Utilization of Translation Services Report	M. Gutierrez	M. Gutierrez presented on Q4 2024 Utilization of Translation Services Report. Translated Document: • G&A holds the largest number. • C&O team translated 38 documents in threshold and non-threshold languages as requested. • Notable items include the 2025 Medi-Cal EOC, UM letter templates, flu postcards, and other health-related documents. • Top languages translated into: Spanish (43%), followed by English (17.86%), and Chinese (14.77%).	
11. g. Member Services Representative-Multilingual Staff Report	C. Lopez	C. Lopez presented on the Member Services (MS) Representative Multilingual Staff Report. Member Services Multilingual Staff: • Spanish: 27 • Vietnamese: 4 • Cantonese: 5 • Mandarin: 3 • Tagalog: 4 Open Positions: • Behavioral Health (BH) Member Liaison Specialist: 1 • MS Representative I-Bilingual Spanish: 5 • MS Representative I-Bilingual Cantonese: 1 • MS Representative I-Bilingual Mandarin: 1 ➢ *Comment- L. Ayala: It's great to see Mandarin. I think for a while it was a challenge to have available as well as Cantonese.*	

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		➢ *Response-G. DeGrano: It is still a language that's hard for us to recruit for. It is good that we have staff that speak both Cantonese and Mandarin and we try to hang on to those.* ➢ *Question-M. Moua: What does data on Tagalog look like as far as volume of incoming calls?* ➢ *Response-C. Lopez: Compared to the other threshold languages, it's small. We don't get very many. We notice that this population does not wait very long on the phone. They usually hang up and call again and select English since they are very fluent in English.*	
Adjournment	M. Moua	Next meeting on April 23, 2025.	

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Services Coordinator Date: 02/14/2025

Approved By: Mao Moua, Manager, Cultural Linguistic Services Date: 03/10/2025

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ACCESS AND AVAILABILITY SUBCOMMITTEE
March 25, 2025
Teams Conference, 1pm – 2:30pm

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

ACCESS AND AVAILABILITY SUBCOMMITTEE
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Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
I. Welcome/Agenda Review	L. Tran	The meeting was called to order by L. Tran at 1:02PM.	N/A	
II. Policy Updates • **QI – 115:** A&A Committee • **QI – 117:** Member Satisfaction Survey • **QI – 118:** Provider Satisfaction Survey	L. Tran	L. Tran discussed policy QI-115 which provides oversight to ensure timely access to healthcare services for our members and adhering to regulatory and contractual access and availability requirements. We updated the policy to meet Medicare D-Snip CMS, Title 42.CFR 422.112: 1) Ensure AAH monitor provider network adequacy appointment wait time, and Geo Access. 2) Address barriers to care, including SDOH and provider shortage. 3) Interventions to improve access to care and reduce disparities. For QI-117, this policy is to ensure that we assess our member experience and satisfaction with the Alliance as a health plan, with their health care and their perceived effectiveness of care. We updated this policy to meet CMS title 42, CRF section 423.156: 1) Ensure unbiased, standardized data collection using CMS approved Vendor. 2) Identification of population with disparities (e.g. racial/ethnic group, limited English proficiency, disability status). 3) Implement QI initiatives to address member satisfaction concerns. For QI-118, this is our Provider Satisfaction Survey which provides the Alliance with provider feedback about their experience with the Alliance. We updated it to meet CMS Title 42 CFR section 422.202(b): 1) Ensure Provider Satisfaction Survey, conclusion and recommendations are incorporated into QIHE Program Work Plan for Medical/Alliance Health Wellness/Group Care and annually reported to CMS. Motion approval – Dr. Beverly Juan Second approval – Michelle Stott All in favor and no opposition. Policy has been approved.		
III. Compliance Updates: • ANR Submission	R. Cuevas	R. Cuevas provided updates for DHCS ANC. The submissions were due on 3/21/25, and through lots of emails and communications, all ANC materials from DHCS were distributed to SMEs back in February. So last Friday everything was finalized and		

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		submitted to DHCS. That is complete. The next big project is DMHC. The Timely Access Annual Network review submission portal was open January 13th and based on what DMHC provided on their website, I updated the annual checklist. For this year and last year, we used to hold weekly and monthly meetings up until submission date, but this year we're going to just be holding biweekly office hours. So every Tuesday and Thursday I send out the invitations for those office hours up until submission date. In addition, we kicked off a Team's chat so any urgent messages that need to be seen can be seen by the SMEs and will be seen by everybody in real time. That's another communication tool that we've got going on and at this point everything looks like it's on track. Next submission will be on May 1st.		
IV. MY2024 After Hours Emergency Contact	L. Tran	L. Tran presented. For After-Hours Survey, the methodologies we follow are phone only protocol. The survey was administered in September of 2024. The table displays how many of our providers respond to the survey. So, for PCP 63 surveyed, Specialists 170 surveyed, Behavioral Health 81 surveyed. For PCP, of the 63 providers surveyed, 57 were compliant resulting in a 90.8% compliant rate in 2024. Compared to 2023, PCP providers had a decrease percentage score of 7.8% in 2024. However, PCP continues to meet the goal of 80% for MY2024. For Specialists, of the 170 providers surveyed, 151 were compliant resulting in an 88.8% compliant rate in 2024. Compared to 2023, Specialist providers had a decrease in percentage score of 4.5% in 2024, but we continue to meet the compliant rate of 80% for MY2024. For Behavioral Health, of the 81 providers surveyed, 63 were compliant resulting in a 77.8% compliant rate in 2024. Compared to 2023, BH providers had a decrease in percentage score of 5.5% in 2024. We did not meet the compliant rate threshold of 80% for measurement MY2024. On the next slide we look at the Survey Response Rate Comparison by each provider type and we do see that the specialist continues to have the highest response rate of all three provider types.		

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		We looked at some of the barriers and trends, of the 480 unique providers that we select as part of the sample, 166 providers were excluded due to phone number issues in 2024. The breakdown showed: ❖ 42/166 were Behavioral Health Providers ❖ 33/166 were PCP Providers ❖ 91/166 were Specialty Providers Of the 44 providers who received CAPs due to non-compliance. We have received 4 responses where the provider noted the phone numbers used for the survey are not accurate. Any questions? **Question:** M. Stott asked if there were only 4 responses out of 44 that received CAPs? **Response:** L. Tran, Yes, so we issued 44 but so far only 4 have responded, so we continue to follow up until we receive a response. **Response:** M. Stott, and 34% is high for phone number issues? **Response:** L. Tran, yes and those are the ones that were excluded because of phone issues and if you look at the breakdown below, for BH, calls go to their personal phone because many of these providers could be solo providers, so they use their personal phone for appointments so when we call, they don't have emergency instructions provided. We do issue the CAP and educate them on the requirement. **Question:** G. Degrano, is that one you've issued a cap? Do they have a certain time frame where they have to correct that, and then would you call them back to make sure they placed a message on their voicemail? **Response:** L. Tran responded, yes, and based on what we've seen historically that some of the CAP responses stated that they have updated their after-hour emergency instruction. Quick update on our MY2024 Provider Appointment Availability Survey. Currently it's under data evaluation. We had a meeting with our analytic team and were informed that the raw data will be available by the end of the month. Once we receive the raw data, we're going to do our analysis and then will report out the compliance rate and outcome at the May A&A Committee meeting.		
V. MY2024 PAAS Update	L. Tran	L. Tran presented: For this slide we're assessing the first prenatal visit, and the response rate is within two weeks of the request. For MY2024 our compliant rate is 49.2% with a		

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		decrease of 26.7% compared to 2023. We did not meet our target goal which is 75% and the total number of CAPs issued for MY2024 is 47.		
VI. MY2024 Non-PAAS Result	L. Tran	As we look at the survey responses, out of the 63 eligible providers, 31 were compliant with the First Prenatal Visits Timely Access Standards and 32 providers were non-compliant. In terms of the 47 corrective action plans; • 32 non-compliant providers who did not meet the 2-week appt timeframe • 15 non-responsive providers who either refused to answer the survey or did not answer the phones. The survey was conducted around November to December 2024. When calls were made during that time, some providers were on PTO due to the holidays. For 2025 we are looking to administer the survey between September to November in hopes of getting a better response and compliant rate. On the next slide we have the First Prenatal Visit Survey Breakdown. For 2024 total providers we surveyed was 153, 46% responded to the survey. There was a 17% decrease compared to 2023. The percentage of ineligible providers was 44% with a 16% increase compared to 2023. The percentage for non-response was 10% which is a 2% increase compared to 2023. Of the 153 unique providers that we surveyed in 2024 70 providers were Eligible. • 7 providers are out on leave Those providers we excluded from our denominator. Then we had 15 providers that were Non-Responsive and refused to participate. 68 providers were Ineligible. • 11 No appointment at this location • 8 providers had incorrect phone numbers • 33 providers were not in Plan Network • 6 providers have ceased to practice or retired • 9 providers listed under incorrect specialty • 1 provider not in county With all of this information we have submitted a request to our Provider Services team to update our provider repository. Some of the barriers for First Prenatal: • Provider and staffing shortage		

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		• Provider no longer in plan network • Provider listed under incorrect specialty Actions taken in 2024: • Team conducted onsite/virtual visits and Timely Access Trainings with providers. • Updated contact person and contact information was gathered and submitted to Provider Services to update in repository. • We continue to conduct onsite and virtual visits to educate our providers around Timely Access requirements. So, on the Trending Non-Compliant Providers, the 1st table providers are non-compliance for 2024 and 2023. The 2nd table shows the providers trending for non-compliance in 2022, 2023 and 2024. A&A will outreach to these providers for a virtual or onsite visit to educate them on the requirements. Most belong to Alameda Health System.		
VII. OB/GYN A&A Monitoring Q4 2024	T. Shepard	T. Shepard presented; the reporting period is for Q4 2024. The purpose of this monitoring is to continuously review, evaluate, and improve our timely access and availability of our OBGYN PCP care within 10 business days of the request and OBGYM Specialty care within 15 days of the request and 1st Prenatal visits within two weeks of the request. For the QOA's received for Q4 2024 we had 8 PCP OBGYN, this was a significant drop from the previous quarter which had 18 QOA's received. Findings against the provider/clinic include: • La Clinica De La Raza Transit Village with 2 non-urgent appointments • Highland Hospital with 1 non-urgent appointment • Highland Wellness with 2 non-urgent appointments • John Muir Health with 1 non-urgent appointment • Newark Health with 1 non-urgent appointment • Dr. Yvette Gentry with 1 non-urgent appointment		

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		The results after Confirmatory Survey showed that we were able to close all 8 of the QOA's received in Q4. Some of the barriers we are experiencing include: • Providers not taking new patients • Providers not offering OBGYN appointments Next action steps include: • Will continue to track and trend OBGYN PQIs to identify areas of improvement with specific providers/clinics to ensure timely access to OBGYN services. • Will issue CAPs for 2 consecutive quarters of substantiated non-compliance.		
VIII. Geo-Access Update Q1 2024 • ANC • SNC (CHCN & CFMG)	T. Shepard	T. Shepard presented Geo Access Report for Q1 2025 For our ANC report the following specialties did not meet both time and distance for Q1 2025: • Endocrinology Adult - Tracy • Ent/Otolaryngology for both Adult and Pediatrics - Tracy • General Surgery Pediatrics – Tracy & Mountain House • Hematology Adult and Pediatrics – Tracy and Mountain House • HIV AIDS Adult – Tracy & Mountain House • Nephrology Pediatrics – Byron, Discovery Bay, Dublin, Livermore, Pleasanton, Tracy and Mountain House • Neurology Adult and Pediatrics – Tracy • Oncology Adult and Pediatrics – Tracy • Orthopedic Surgery Adult and Pediatrics – Tracy & Mountain House • Physical Medicine RH Pediatrics – Byron, Discovery Bay, Tracy, Mountain House • Pulmonology Pediatrics – Byron, Discovery Bay, Tracy Mountain House On the next slide we show the specialties and cities where we improved from Q4 2024 to Q1 2025. • Endocrinology Pediatrics – Discovery Bay • HIV AIDS Pediatrics – Discovery Bay • Nephrology Pediatrics – Dublin, Pleasanton, Sunol • Opthamology Adult and Pediatrics – Tracy		

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		For SNC CFMG Q1 2025 the following cities are currently not meeting both time and distance: • Cardiology – Newark • Endocrinology – Castro Valley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City • Gastroenterology – Newark • General Surgery – Newark, Tracy, Mountain House • Hematology – Castro Valley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City • HIV AIDS ID - Castro Valley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City • Nephrology - Castro Valley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City • Neurology - Castro Valley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City • OBGYN - Castro Valley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City • Phys Med RH - Castro Valley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City • Oncology - Castro Valley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City • Pulmonology – Dublin, Fremont, Hayward, Newark, Livermore, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City The following specialties showed some improvement from the previous quarter and are now compliant with the requirements. • Cardiology – Fremont, Livermore • Dermatology – Newark • Ent Otho – Livermore • Gastroenterology – Fremont, Livermore • General Surgery – Fremont, Livermore • OBGYN – Sunol • Pulmonology – Castro Valley, Hayward		

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		Moving onto SNC CHCN for Q1 2025, this list is much smaller as far as specialties and cities not meeting both time and distance: • Cardiology – Livermore • Dermatology – Livermore • Endocrinology – Livermore • Ent Otho – Fremont, Livermore • Gastroenterology – Livermore • General Surgery – Livermore • Hematology – Livermore • HIV AIDS ID – Fremont, Livermore • Nephrology – Livermore • Neurology – Livermore • OBGYN – Livermore • Oncology – Livermore • Opthamology – Livermore • Orthopedic Surgery – Livermore • Phys Med RH – Livermore • Pulmonology – Livermore However, we have seen some improvement with the number of cities that are now meeting both time and distance for the following specialties: • PCP – Livermore • Nephrology – Castro Valley, Dublin, Fremont, Hayward, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City • Phys Med RH – Dublin, Fremont, Livermore, Newark, Pleasanton, Sunol • Pulmonology – Dublin, Fremont, Livermore, Newark, Pleasanton, Sunol This improvement just speaks to all the hard work and collaboration we are doing in order to get providers in those areas. We still have some work to do but we showed great improvement from the previous quarter.		
IX. DHCS QMRT Timely Access Monitoring Study Q3 2024 and Q4 2024	F. Quan	F. Quan presented, For Q4 and Q3, in Q4 we surveyed 331 providers, 92 PCP, non-physician mental health and specialist providers and 55 ancillary providers. Comparing the scores between both quarters, for non-urgent in Q3 we received 66% and in Q4 we received a 73% so we did have a good percentage increase for the non-urgent appt		

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		availability survey. However, for the urgent in Q3 it was 67% and in FQ4 it dropped down to around 43% but it seems like 40%-50% is the average for the urgent in QMRT. For the total response for the survey in Q3 we received for urgent appointment availability there were 37 eligible survey responses. 21 of those were compliant and in Q4 there were 42 eligible responses and 18 of those were compliant with the non-urgent appointment availability. In Q3 there were 47 eligible responses and 31 of those were compliant. In Q4 there were 52 eligible responses and 31 of those were compliant. Total CAPs issued for this were 36 non-responsive in Q3 and 14 non-responsive in Q4, the non-responsive rate did drop from Q3 to Q4. For non-compliant providers, we issued 22 CAPs in Q3 and 28 CAPs in Q4, so roughly around the same. Any questions? **Question:** Dr. D. Carey - Can you just confirm what you mean by non-responsive? **Response:** F. Quan - Usually for non-responsive it means that they attempted to call the provider's office. They do 3 consecutive day attempts as well and if no one picks up, or provider office indicates they don't have time to answer the survey, or they don't want to participate in the survey. Those reasons would be categorized as non-responsive.		
X. QOA PQI Dashboard Q4 2024	F. Quan	F. Quan presented, In Q4 we received a total of 624 QOA PQI's regarding access and availability. Per the slide, in the access category that received the most QOA PQI's for non-urgent appointment with 335 PQI's. The second category with the most PQI's was Time to Answer Call, which was 189. Out of 624 there were 20 related to behavioral health and the majority fell within the time to answer category with 13. As for now, there are none exceeding the 120-day turnaround time and the oldest one is 75 days. For the Q4 Tracking and Trending for 2 consecutive quarters, in Q4 74 providers track and trended for 2 consecutive quarters which means that we received the PQI's, and they were non-compliant. There were providers that received 15 or more PQI referrals, and a majority of them belong to Hayward, Eastmont, Highland, Newark, Davis Street Primary, and Tiburcio Vasqez Hayward location. For Q4 providers who received the CAP, those are the ones that track and trended and when we did the final assessment, they were non-compliant after two consecutive quarters, so they received CAPs. There were a couple of CHCN clinics, West Oakland, Axis, AHS, Tiburcio Vasquez, John Muir, La Loma Medical Group. They all received the CAPs in Q4. Any questions?		

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XI. CG-CAHPS Q3 2024	F. Quan	F. Quan presented, starting with PCP: In-Office Wait Time for Q3. This is usually when the patient has an appointment and they're waiting in the office to see their provider. How long does it take for the member to see their provider or how long it takes for the provider to get seen by them. So, the answer of less than 60 minutes is the compliant answer and the goal for this metric is 80%. For this measure, all network providers continue to score above 80%. In Q3 we received a 94% for In-Office Wait Time for PCP. When we looked at the trend analysis slide, we did go up by 2% and we did stay around the 90% range for the In-Office Wait Time for PCP in Q3. Next slide, for PCP Call Return Time, this is when a member calls a provider's office during regular office hours, and they leave a voice message. How long does it take for the provider to return their call within one business day. The compliant answer and goal for this metric is 70%. For this measure, all Network Providers scored above 70% aside from AHS, which stays around 60% for the past two quarters. The trend analysis for this, there was an increase of 1.5% from Q2 to Q3. For PCP Time to Answer Call, this is when a member calls the provider during regular office hours and how long did they wait to speak to a staff member. The compliance answer is to pick up the call within 10 minutes. The percentage goal is 70% and we received 77% for this quarter. All network providers met the compliance goal compared to Q2. For the trend analysis there was a slight percentage increase of .5% from Q2 2024 to Q3 2024. Next slide shows the Non-Compliant Provider Trend, these are direct and delegate providers who were found to be non-compliant for 3 consecutive quarters from Q1 2024 to Q3 2024. **In-Office Wait Time** – La Loma Medical Group **Call Return Time** – AHS, Gautam Pareek, MD, La Clinica, LMC, Native American HC, TVHC San Leandro, BACH, BayWell (WOHC) **Time to Answer Call** – AHS, Claire Diep, MD, La Clinca San Antonio, La Clinca Transit Village, TVHC.		

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		Moving on to Behavioral Health, In-Office Wait Time. We started fielding BH services in Q2 2024. The percentage goal for In Office Wait Time for BH is 80% and they must return the call within 60 minutes. All provider networks continued to stay above 80% and scored 91% this quarter. There was a 3.9% decrease in percentage score from Q2 2024 to Q3 2024. For BH Call Return Time, the percentage goal is 70% for BH, this is when the member calls the provider's office during regular office hours and leaves a message, how long it takes for the provider to return the member's call. The compliance answer is within 1 business day. All network providers fell below the 70% threshold goal in Q3 2024. The trend analysis showed there was a 10.1% decrease in percentage score from Q2 2024 to Q3 2024, which resulted in the Call Return Time metric falling below the 70% threshold goal in Q3 2024. Question from C. Gomez, how do you determine who falls under CFMG and CHCN because we don't delegate behavioral health. Does it depend on where the provider is located? Response from L. Tran, yes Ceci, that is correct. For BH Time to Answer Call, same thing they must answer within 10 minutes and 70% is the goal. The percentage score is about the same, it was 80% in Q2 and is still 80% for Q3. All the provider networks still stayed above the 70% goal for this metric. Lastly, the BH Non-Life-Threatening Emergency. This is when the providers office gets an appointment for emergency mental health care that's non-life threatening. When are the members' appointments scheduled? Less than six hours is the compliant answer. The percentage goal is 80%. We received 72% for this so we didn't meet the percentage goal and there was also a big decrease in percentage score from Q2 to Q3 with a 12% decrease for this metric. Any questions? **Question** – M. Stott, it looks like for Call Return Time and Non-Life Threatening the rates are low so that's concerning. If there's a behavioral health issue is there going to be any follow up for these behavioral health providers? **Response** – F. Quan, I understand the numbers may be low as mentioned for call return time, a lot of BH providers use their direct phones to answer calls and often when we did our surveys it would go directly to their voicemail and it'll say they will return the		

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		voicemail within 2 or 3 business days. As for the non-life threatening, we are sending out CAPs to these providers and hopefully we can meet with providers to go over their result since we see a decrease in compliant rate compared to last quarter. **Response** – M. Stott, if we could do some additional follow up and drill down the cause that would be really helpful. **Response** – F. Quan, yes, we will and we're working on trying to talk with some BH providers in person and virtually as well. **Response** – M. Stott, you could work with Dr. Currie and Andrea also because they may have some ideas.		
XII. Access CAP Dashboard	F. Quan	F. Quan presented, for our Access Cap Dashboard for 2024, we issued a total of 395 CAPs majority of them relating to our PAAS survey. This is one of our biggest surveys with the most providers. That's why that number is the highest. Next is our QMRT which is equivalent to our PAAS that DHCS conducts on a quarterly basis and next will be our PQI survey. Those are done monthly. We closed a total of 180 CAPs in 2024 and currently there are still 202 open as of now. The top five trending providers that we see in 2024 are AHS, Davis Street, John Muir, Stanford and UCSF. On the next slide shows Escalated Outstanding CAPs. For outstanding CAPs, the A&A team goes through the escalation process of reaching out to the providers and gives them a few weeks for a response and if they don't respond we reach out to our Medical Director. Dr. Juan will help us out by outreaching to the provider to see if they respond to our CAPs and if they still don't respond we will bring it to the A&A Committee meeting. As of now, East Bay Cardiovascular, Dr. Okoronkwo and La Loma Medical have gone through this escalation process. **Question**: L. Tran – This question is for Michelle and/or Dr. Carey, In the past we followed our escalation process and if a provider continues to not respond. Normally, we would escalate to Dr. Bhatt and eventually it would go to our peer credential committee for review. Since the position is now vacant, who should we share this information with for the peer credentialling review? **Response:** Dr. Carey – These do get over to our credentialing review. I see their open CAPs.		

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		Response: L. Tran – Okay great because we do try to outreach to those providers when they are close to their re-credential time. F. Quan continues, the next slide is our virtual onsite provider visits. This is an overview of all the providers that we had either a virtual or onsite visit last year in 2024. Some of these providers, we met 2-3 times because they wanted to be seen on a bi-weekly, bi-monthly or quarterly basis. Our next step will be to continue sending out CAPs for non-compliant and non-responsive providers. We do send out the bi-weekly fax blast two months prior to the survey period. This is done for our Non-PAAS and PAAS. So as soon as we figure out the date for Non-PAAS, we will start doing the fax blast campaign. Survey notice letters are also included in quarterly provider packets. We are conducting onsite & virtual visits to educate our providers on Timely Access Standard. The A&A team will collaborate with Analytics and Provider Services to reconsolidate provider data. We're also working on developing members facing documents regarding alternative access, focusing on decreasing ER utilization. We also share our Geo Access, PAAS and Non-PAAS data with network and contracting teams for network road mapping planning. Any questions?		
XIII. Provider Network Capacity Report (March)	C. Gomez/F. Quan	C. Gomez presenting Provider Network Capacity Report for March: This report monitors provider capacity, its primary care provider capacity based off member assignment. The ratio is 1 to 2000, so one provider per 2000 assigned members. We start tracking capacity at 80% and if a provider reaches at least 90% or above then we close auto assignment. If a provider reaches 100%, we will close full assignment. The report for March shows all the providers that were at least at 80%. We do have 1 provider highlighted in green that shows the panel was closed. The provider let us know they were no longer or felt like they could take on more members, so we had already closed the panel for that provider. We have 1 provider that we did have to close auto assignment. That's Dr. Rajaram is part of the CFMG network. Anyone that is either direct or through the delegate, we inform them of where they're at in terms of capacity just to make sure that they're aware of their panel. Any questions?	C. Gomez to confirm if Dr. Najibulrahman Saifulrahma has more than one location other than Modesto.	

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		Question: K. Ebido – I'm looking at Dr. Najib and the address is Modesto. Is that accurate because that's out of our county? **Response:** C. Gomez – I can go back and check. It depends if they have more than one site, or they're just connected to more than one office so I can check on that one. F. Quan presenting, I'm going to make a quick comment on these providers for PQI. For Dr. Glenn and Dr. Ahmadi, we did not receive any PQI's during Q4, and for Dr. Lovato we did receive 2 PQI's, one related to urgent appt and the other is for in office wait time. After our reassessment they were compliant. For Dr. Pareek, they didn't specifically say which location it pertained to but in total Dr. Pareek did have 10 PQI's one or non-urgent appt which after reassessment it was compliant. Eight for time to answer call and one related to call return time which happened to be compliant as well. For Dr. Jin Kim, we closed the panel, and they received 15 PQI's, 3 related to non-urgent appointments. After the assessment shows they were compliant for all 3 cases, 10 related to time to answer call and majority of the time when we did our confirmatory survey, they were compliant. Dr. Rajaram had no PQI's, Dr. Saifurama had 1 PQI for time to answer call, after we conducted the confirmatory, they were compliant. For Dr. Suri they had 4 PQIs, 1 related to urgent appointments and 3 for time to answer, after our reassessment they were not compliant with 2 cases. For Dr. De La Cruz, 1 related time to answer call. As for Dr. Lopez, they also received 2 PQI's for non-urgent appt., after our reassessment, they were compliant with 1 confirmatory survey. Any questions?		
XIV. Grievance & Appeal Report	A. Pena	A. Loza presenting Q4 Access-Related Grievance Report, so we'll start with our commercial IHSS plan for standard grievances. We had 107 and we didn't have any expedited grievances for Q4 related to access and there were 67 access grievances. They were all closed within our 95% compliance rate. A total of 174 IHSS grievances related to access care. For Q4 2024 there were a total of 429 grievances in total for IHSS members. Below is the chart that shows our standard and expedited grievances related to access for Q4. Ancillary providers had 11 total grievances, clinics had 39, the Delegates had 5, Hospitals had 4, Other had 6, out of network 4, PCPs had four and then the Plan had 30 access related grievances against them. Specialists had 4 grievances for a total of 107 for Q4. The next chart is from Q4 2023 – Q4 2024 access related grievances. For standard/expedited grievances the cases filed against the Plan were 30:	A. Loza to follow up with K. Ebido on Dr. Sharma and break down which clinics have a trend in grievances.	

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		a. 14 Authorization b. 1 Continuity of Care c. 8 Provider Availability d. 5 Technology/Telephone e. 1 Timely Access Clinics there were 39, PCPs there were 4, Specialists there were also 4. For our Exempt Grievances, cases filed against the Plan were 29: a. 25 Telephone/Technology related grievances pertaining to ID card issues or member portal issues, complaints about not receiving IHSS materials, PCP auto-assignments, demographics, and telephone access plan. Moving onto the Medi-Cal report for Q4. So, for standard grievances, we had 2288 access related grievances, 8 expedited grievances and then 2211 grievances for a total of 4507. They were all closed within our 95% compliance rate and 10,404 grievances for the entire quarter. For our ancillary providers, we had 111 grievances, clinics were 1185, delegates 38 grievances. Hospital 46, Mental health facilities 24, Mental health professional 14, Other was 11, Out of Network 33, PCP 114, the Plan 565, Skilled nursing facility 1, Specialist 92, Specialist Non-Physician Medical Practitioner 2, and Vendor 60. For grievances against the Plan, the standard expedited grievances had 330 grievances against the Plan, 286 of those were for Alameda Alliance system errors. Our AHS clinics have the highest number of grievances related to timely access, and so did our CHCN clinics. The non-AHS CHCN clinics with the highest number of grievances were Davis St. Primary care clinic and John Muir Berkeley Center for PCPs. There were no PCPs that were identified with five or more unique grievances for the reporting quarter. That also goes for our specialists. On to the exempt grievance tracking, for ancillary providers, we had 58 clinics, it was 601 delegate, 19 Hospital, 15 mental Health Facility, 43 mental health Professional,10 Other 2 Out of Network, 38 PCP, 369 PCP non physician medical practitioner, for the Plan 936, Specialist 81, Specialist Non-Physician, medical practitioner 3 and Vendor 32 for a total of 2211 cases. So, against the plan for exempt grievances, 895 of those were related to technology and telephone related grievances regarding replacement ID cards accessing the member portal and then phone and system issues.		

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		Clinics identified 601 grievances, 104 of those were against HS clinics, 152 of those were against CHCN clinics for PCPs. There were 2 PCPs that identified with 10 or more unique grievances for the quarter. Those were Dr. Ranjana Sharma and Dr. Najibulrahman Saifulrahman. Specialists, there were none that identified with 5 or more unique grievances for the quarter and that's it for the reports. **Question**: M. Stott – Once you identify the trends, does it also go to peer review or are there other actions you take? **Response**: A. Loza - We do have meetings with other delegates and vendors to talk about it if we see a trend in grievance, and that's usually done on a quarterly basis. **Response**: C. Gomez – I want to add that Donna does pool grievance data for providers when they're coming up for recredentialing, but I don't know what the details are. If there's a threshold or anything like that. **Question:** K. Ebido – So Dr. Ranjana Sharma is part of Washington Township, there's several sites there. Would you be able to break down which location there is a trend of grievances? **Response:** A. Loza – We could look into it to see which ones when its categorized, it's usually just under Dr. Sharma's office. Will investigate the specific location and get back to K. Ebido. G. Degrano added noting the conversion of a standard grievance from an exempt grievance. This occurs when the exempt grievance is linked to an access issue. MS typically resolves an exempt grievance by COB next Business Day. But if unable to resolve within the turnaround time the grievance will be converted to a Standard Grievance, but what if there was an access issue how is that being delt with. Back in October 2024 MS made a process change due to an issues DHCS noted. When a member submits a grievance nothing dissatisfaction with their current provider because of access issues and want to change providers. MS will change the provider, and the case will be closed. DHCS found that to be an issue as no follow-up assessment is done to the previous provider on their accessibility. Now when MS receives an exempt grievance relating to an access issue, and the MS representative is unable to reach the providers office to access on appointment availability the grievances will be converted to standard for further reassessment. L. Tran added that's why there has been an increase in PQIs related to access.		

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		G. Degrano confirms, yes. L. Tran provided a quick update on Alameda Health System. Last year, the Alliance received a CAP from DHCS in regard to the waitlist for Highland, noting members are not getting their appointments within the timely access standard. QI Operation along with Dr. Carey has been meeting with Alameda Health System on a monthly basis to review their access data. The last meeting was in February 2025 and based on the discussion from that meeting Alameda Health System have contacted all members on their Highland waitlist to schedule an appointment. The Alliance will continue to monitor incoming access related grievances for Highland and Alameda Health Systems as a whole. Next meeting with Alameda Health Systems will be on April 1, 2025. Highland has been closed for auto assignment from September 2024 to Feb 2025. Currently, Highland has been reopened for members who would like to select Highland as their PCP but is still closed for auto assignment. It is noted that access continues to be an issue with Alameda Health System, QI Operations and Dr. Carey will continue to meet monthly to discuss updates and next action steps. M. Stott adds this has been escalated internally; Dr. Carey and Ruth are discussing on additional next step since this continues to be an issue.		
XV. FSR/MRR Updates	K. Ebido	K. Ebido presenting I will be talking about facilities, site review and medical record review. You can just basically see the number of audits that we've conducted for 2024. Different kinds of reviews from a full scope, meaning a whole day or 2-day audit versus just monitoring or focus reviews where its targeted audits. We also provided some educational or training follow-ups. You can see on the right side these are the different providers that we visited in Q3, we did a lot because we were preparing a lot of our providers for the state audit. Here on the left, you can see the providers that have failed, failed are 79 percent or lower. When they fail, we put membership hold. So not only do we put hold for providers that fail reviews, but also for providers who do not submit or close their CAP by certain timelines. We also monitor CAPs that were sent or sent to us by the deadline. We should receive them in 30 days. We also need to close them by 90 days, but we have 120 days to fully close the CAP. As for 2024, everything was closed except just one, but it was closed the following quarter, it's still compliant within 120 days.		

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		On the next slide, we just had one site review for an urgent care in Q1. This are just a list of providers with CAP and you can review the materials. On the next slide I wanted to highlight providers that have critical elements. Critical elements are weighed 2 points versus their regular one point, and they need to close these CAPs within 10 business days. We also look at quality monitoring for our long-term care and SNF and how we do that is we ask for attestation that they have a quality assurance performance or quality in place. These are also audited by CDPH when they conduct their reviews, we look at star ratings from 1-5. We look at their census especially for stars with 1 or 2, how many facilities do we have and what are their census. And of course, we look at any PQI's related to quality of care and then monitor the CDPH database. We also monitor the ICF-DD facilities. We wanted to focus on the one-star facilities. You can see that out of seven facilities 3 sites had QOC's. Two of them are C0 and C1. There is one that is a C3 BayPoint Healthcare. The PQI was received by our PQI team in November of 2024. A CAP was issued in January of 2025 and is still open and this is up for escalation to our Medical Director. Any questions? **Question:** M. Stott – Kathy, there is one facility looks like in Cupertino is that so? We have members there apparently, is that right? **Response:** K. Ebido – Looks like there are 4 members but there are no PQI. **Response**: M. Stott – I think its one we could look into with the LTC team. K. Ebido continues, just giving you updates, the State came out in September to conduct site reviews for 10 of our providers. We sent in our CAP in January, and it was closed by the State on February 10th and they've accepted our CAP. We are continuing and looking at our IHA audit tools so that we can continue monitoring IHA so we can have good response for state audits. Also, I want to give you a update on MSRP. This is like a database for the State where we can submit our facility site review data. They're still on hold and still in the testing period. We've conducted IHA webinar in February and then we are also continuing to certify Crystal our new FSR Nurse.		
XVI. Member Services Telephone Wait Time & Call Center Dashboard	J. Rosas	G. DeGrano presenting, this is the Q4 Dashboard for Member Services Call Center. I am happy to report that Q4 like Q3 we were able to meet all our SLA's. So, for calls		

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		answered within 30 seconds, which is our goal, we met that goal. The abandoned rate was less than 5%. which was at 3.4% and our calls answered within 10 minutes the goal is 100% we continued to meet that in Q3 and Q4. There was a significant increase. As you can see from the first, second and third quarter, the calls have dropped 10% in the last quarter from Q3 to Q4. We continue to monitor that, but we're holding steady with meeting all or service level in the Call Center. Any questions?		
XVII. Q&A	All			
XVIII. Meeting Adjourn	L. Tran	Next Meeting: May 21, 2025		

Meeting Minutes submitted by: Tanisha Shepard, Quality Improvement Project Specialist **Date: 03/27/2025**