

# ALAMEDA ALLIANCE FOR HEALTH

## QUALITY IMPROVEMENT PROGRAM EVALUATION

### 2022



Health care you can count on.  
Service you can trust.

## 2022 Quality Improvement Program Evaluation Signature Page

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# TABLE OF CONTENTS

<b>Introduction.....</b>	<b>5</b>
<b>Mission, Vision, and Values.....</b>	<b>5</b>
Mission .....	5
Vision.....	5
Values .....	5
<b>Scope of the 2022 Quality Improvement Program Evaluation .....</b>	<b>5</b>
<b>Quality Improvement Structure .....</b>	<b>6</b>
Governing Committee .....	6
Committee Structure .....	7
Evaluation of Senior-Level Physician and Behavioral Health Practitioners .....	8
Program Structure and Operations .....	8
QI Resources.....	9
<b>Membership and Provider Network.....</b>	<b>10</b>
Membership .....	10
Provider Network .....	11
<b>Health Plan Quality Performance .....</b>	<b>13</b>
HEDIS Performance .....	13
Analysis of HEDIS Medicaid Managed Care Accountability Set (MCAS) .....	14
<b>Quality Improvement Performance Initiatives and Projects .....</b>	<b>14</b>
Overview.....	14
Priority Performance Improvement Project (PIP) (2020-2022) – Well Child Visit 3-21 years .....	16
Equity Performance Improvement Project (PIP) (2020-2022) – Breast Cancer Screening (BCS).....	17
IHA Rates & Audits .....	18
CFMG Improve Well-Child Visits (0-21 years).....	20
Improve A1c Poor Control (>9%) Rates in Eastmont Wellness Center.....	20
Improve Colon Cancer Screening Rates in West Oakland Health Center .....	20
Improve Cervical Cancer Screening Rates in BACH, for Women Between the ages 21-64 .....	20
First 5 Alameda Partnership.....	21
Opioid/SUD Continuation.....	21
Opioids Stewardship Report .....	23
Goals for 2022 .....	23
Opioid and Benzodiazepine ER Reporting .....	23
Drug Recalls .....	27
<b>Pay-for-Performance Programs .....</b>	<b>27</b>
Overview.....	27
2021 Program Summary.....	27
QI Training and Coaching .....	29
<b>Patient Safety and Quality Compliance .....</b>	<b>29</b>
Consistency in Application of Criteria.....	29
Facility Site Reviews .....	30
Audit of Initial Health Appointments via FSR/MRR .....	32
Peer Review and Credentialing Committee.....	32
Potential Quality Issues .....	33
<b>Quality in Member Experience .....</b>	<b>35</b>
Overview.....	35
Standards and Provider Education .....	36
Provider Capacity .....	38
Geo Access .....	38

## 2022 QI Program Evaluation

Member Satisfaction Survey (CAHPS 5.1H) .....	39
MY2022 – 2021 Alliance and Delegate Comparative Findings .....	42
Next Steps .....	44
Provider Satisfaction Survey Overview .....	45
Year to Year Trend Comparisons .....	46
SPH Alliance POWER List: .....	47
Best Practice .....	47
Next Steps .....	48
CG-CAHPS Survey .....	48
After Hours Care .....	49
Initial Pre-Natal Visits .....	51
Oncology Survey .....	52
Provider Appointment Availability Survey .....	53
Year-Over-Year Analysis .....	55
Alameda Health Systems (AHS) .....	55
Children's First Medical Group (CFMG) .....	55
Community Health Center Network (CHCN) .....	55
Individual Contracted Providers (ICP) .....	55
Provider-Focused Improvement Activities .....	56
Provider Outreach and Engagement .....	56
Member Outreach and Member Services .....	57
<b>Population Health Management and Health Education .....</b>	<b>58</b>
Population Health Management (PHM) Overview .....	58
PHM Strategy .....	58
Population Needs Assessment .....	60
PHM Strategy Evaluation .....	60
Health Education Overview .....	61
Member Wellness Handouts and Programs .....	61
Childhood Obesity .....	62
Pregnancy and Baby Care .....	62
Smoking Cessation .....	63
Lactation Supports .....	63
Member Wellness Library .....	64
Disease Management Overview .....	64
Adult Asthma .....	64
Pediatric Asthma .....	64
Diabetes .....	65
<b>Delegation Oversight .....</b>	<b>65</b>
<b>Analysis of 2022 Quality Program Evaluation and Effectiveness .....</b>	<b>66</b>
<b>Conclusion .....</b>	<b>67</b>

## Introduction

Alameda Alliance for Health (Alliance) is a local, public, not-for-profit managed care health plan committed to making high-quality health care services accessible and affordable to County residents. The Alliance staff and provider network reflect the county's cultural and linguistic diversity. Established in January 1996, the Alliance was created by the Alameda County Board of Supervisors for county residents. The Alliance currently provides health care coverage to over 354,822 children and adults through its programs.

Under the leadership and strategic direction established by the Board of Governors (BOG), senior management and the Health Care Quality Committee (HCQC), the Health Care Services 2022 Quality Improvement (QI) Program was successfully implemented. This report serves as the annual evaluation of the effectiveness of the program activities.

The processes and data reported covers activities conducted from January 1, 2022, through December 31, 2022.

## Mission, Vision, and Values

### Mission

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

### Vision

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

### Values

Teamwork: We actively participate, support each other, develop local talent, and interact as one team.

Respect: We put people first, embracing diversity and equity, striving to create a positive work environment, excellent customer service, and value all people's health and well-being.

Accountability: We work to create and maintain efficient processes and systems that minimize barriers, maximize access, and sustain high quality.

Commitment & Compassion: We are empathic and care for the communities we serve including our members, providers, community partners and staff.

Knowledge & Innovation: We collaborate to find better ways to address the needs of our members and providers by proactively focusing innovative resources on population health and clinical quality.

## Scope of the 2022 Quality Improvement Program Evaluation

The Alliance's QI Department is designed to monitor the quality of clinical care and health care service delivery to all Alliance members. The structure provides ongoing reviews of activities and identifies opportunities to improve the quality of care provided, fosters financial stewardship to the health plan, and collaborates with internal and external stakeholders to deliver high quality and accessible health care. Further, the department fosters consistency in quality

assessment and improvement to the health care system while:

- Adopting and integrating community health priorities, standards, and goals that impact the health of Alliance's members.
- Identify and target improvement to improve access, care, and service.
- Identify overuse, misuse, and underuse of health care services.
- Identify opportunities to improve patient safety and care.
- Address quality issues, both potential and tangible.
- Monitor data trends that display variations in services or disparities in care.

The QI Department set goals designed to improve quality and the effectiveness of clinical care served to our members:

- Primary goal: to objectively monitor and evaluate the quality, appropriateness, and outcome of care and services delivered to members of the Alliance.
- Overall goal: to ensure that members have access to quality health care services that are safe, effective, and meet their needs.

The QI Department is structured to continuously pursue opportunities for improvement and problem resolution by:

- Monitoring services and care provided.
- Improving data and analytics to validate care outcomes.
- Peruse opportunities for improvement in areas that are important to Alliance members' care and health.
- Identify interventions when opportunities for improvement are identified.
- Improving member experience through provider access to care.

## Quality Improvement Structure

### QI Structure

The structure of the Alliance QI Program is designed to promote organizational accountability and responsibility in the identification, evaluation, and appropriate use of the Alliance health care delivery network for medical and behavioral health care services. Additionally, the structure is designed to enhance communication and collaboration on QI program goals and objectives, activities, and initiatives, that impact member care and safety both internal and external to the organization, inclusive of delegates. The QI Program is evaluated on an on-going basis for efficacy and appropriateness of content by Alliance staff and oversight committees.

### Governing Committee

The Alameda County Board of Supervisors appoints the BOG of the Alliance, a 15-member body representing provider and community partner stakeholders. The BOG is the final decision-making authority for all aspects of the Alliance QI Programs and is responsible for approving the

## 2022 QI Program Evaluation

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annual QI Program Description, Work Plan, and Program Evaluation. The BOG delegates oversight of Quality functions to the Alliance Chief Medical Officer (CMO) and the HCQC and provides the authority, direction, guidance, and resources to enable Alliance staff to carry out responsibilities, functions, and activities of the QI Program. QI oversight is the responsibility of the HCQC.

The HCQC develops and implements the QI program and oversees the QI functions within the Alliance.

### The HCQC:

- Recommends policies or revisions to policies for the operational effectiveness of the QI Program and the achievement of QI program objectives.
- Oversees the analysis and evaluation of the QI, Utilization Management (UM) and Case Management (CM) programs and Work Plan activities and assesses the results.
- Ensures practitioner participation in the QI program activities through attendance and discussion in relevant QI committee or QI subcommittee meetings.
- Identifies needed actions, and ensures follow-up to improve quality, prioritizing actions based on their significance and provides guidance on which to choose and pursue as appropriate. The HCQC also assesses the overall effectiveness of the QI, UM, CM and Pharmacy & Therapeutics Programs.
- The HCQC meets a minimum of four times per year or as often as needed, to follow-up on findings and required actions.
- Oversees the actions of the Internal Quality Sub-Committee, Utilization Management Sub-Committee, Access, and Availability Sub-Committee, Cultural and Linguistics Sub-Committee, and Population Health Sub-Committee.

### **Committee Structure**

The BOG appoints and oversees the HCQC which, in turn, provides the authority, direction, guidance, and resources to enable Alliance staff to carry out the QI Programs. The BOG also oversees the Peer Review and Credentialing Committee (PRCC) which provides a peer review platform and, also a platform to review provider credentialing and re-credentialing. Committee membership is made up of provider representatives from the Alliance contracted networks and the Alliance community including, those who provide health care services to Behavioral Health, Seniors and Persons with Disabilities (SPD) and chronic conditions.

The HCQC provides oversight, direction, recommendations, and final approval of the QI Program documents. Committee meeting minutes are maintained summarizing committee activities and decisions and are signed and dated.

HCQC charts a sub-committee, the Internal Quality Improvement Sub-Committee (IQIC) which serves as a forum for the Alliance to evaluate current QI activities, processes, and metrics. The IQIC also evaluates the impact of QI programs on other key stakeholders within various departments and when needed, assesses, and plans for the implementation of any needed changes. HCQC assumes responsibility for oversight of the IQIC activities and monitoring its areas of accountability as needed. The structure of the committee meetings is designed to increase engagement from all participants.

The major committees that support the quality and utilization of care and service include:

- Healthcare Quality Committee (HCQC)
- Peer Review and Credentialing Committee (PRCC)
- Member Advisory Committee (MAC)
- Pharmacy and Therapeutics (P&T) Sub-committee
- Utilization Management (UM) Sub-committee
- Access and Availability Sub-committee
- Internal Quality Improvement Sub-committee (IQIC)
- Cultural and Linguistic Services Sub-committee
- Population Health Sub-Committee

Additionally, Joint Operations Meetings (JOMs) support the quality improvement work of the Alliance. Each committee meets at least quarterly, some monthly, and all committees / sub-committees, except the PRC and MAC committees, report directly to the HCQC. The PRC and MAC report directly to the BOG. The PRCC supports the quality and utilization of safe care and service for the Alliance membership and reports directly to the BOG. Each committee continues to meet the goals outlined in their charters, as applicable. The HCQC membership includes practitioners representing a broad range of specialties, as well as Alliance leadership and staff.

### **Evaluation of Senior-Level Physician and Behavioral Health Practitioners**

The BOG delegates oversight of QI, CM and UM functions to the HCQC which is chaired by the Alliance CMO and vice-chaired by the Senior Medical Director. The CMO and Senior Medical Director provide the authority, direction, guidance, and resources to enable Alliance staff to carry out the QI Program. The CMO delegates senior level physician involvement in appropriate committees to provide clinical expertise and guidance to program development.

The committee is comprised of multiple physician representatives and includes CMOs of partner delegate groups. Dr. Aaron Chapman, a psychiatrist and CMO of Alameda County Behavioral Health Care (ACBH), actively participates in the HCQC meetings and provided clinical input ensuring policies and reports considered behavioral health implications. The active involvement of senior-level physicians including the psychiatrist from Alameda County Behavioral Health (ACBH) has provided consistent input into the quality program. Their participation helped ensure that the Alliance is meeting accreditation and regulatory requirements.

### **Program Structure and Operations**

The Alliance QI Program encompasses quality of care across the Alliance enterprise and across the health care continuum.

2022 QI Program activities included, but were not limited to the following:

- Evaluation of the effectiveness of the QI program structure and oversight.
- Implementation and completion of ongoing QI activities that addressed quality and safety



or clinical care and quality of service.

- Trending of measures to assess performance in the quality and safety of clinical care and quality of service.
- Analysis of QI initiatives and barriers to improvement.
- Monitoring, auditing, and evaluation of delegated entities QI activities for compliance with contractual requirements with the implementation of corrective action plans as appropriate.
- Internal monitoring and auditing of QI activities for regulatory compliance, and assurance of quality and safety of clinical care and quality of service.
- Development and revision of department policies, procedures, and processes as applicable.
- Development and implementation of direct and delegate network corrective action plans because of non-compliance and identified opportunities for improvement, as applicable.

## **QI Resources**

The Alliance QI Department key staff included licensed physicians and registered nurses, qualified non-clinical management staff, as well as non-clinical specialist staff and non-clinical administrative support coordinators. The assignment and performance of work within the team, whether working on site or remotely, for both clinical and non-clinical activities, is seamless to the Alliance operations processes. Established job description expectations with assigned tasks and responsibilities remain unchanged regardless of the geographical location of staff member.

The QI program moved forward in providing quality improvement guidance enterprise-wide meeting regulatory and accreditation standards and promoting positive health outcomes for the Alliance membership. In Q4, 2021 – Q4, 2022, the QI Department experienced a vacancy/turnover in multiple positions. In Q4, 2021, the QI Manager moved to the Alliance Quality Analytics Department. In Q2, 2022, the Sr. QI Director retired and left the Alliance. In Q1, 2022, the A&A Manager was hired. Throughout the vacancies, the Sr. Medical Director provided direction and oversight of the QI Department. QI, Health Care Services, and the Alliance continues to evaluate staff turnover and strives to provide a positive work environment while creating a stable work force.

Throughout 2022, vendor partnerships were a part of the QI resource strategy. The QI department continued to augment QI resources via consultants and analytic expertise for the Healthcare Effectiveness Data and Information Set (HEDIS) program.

Additionally, the Alliance maintained its strong relationship with healthcare services support and survey vendor, Symphony Performance Health (SPH) Analytics. In 2022 SPH supported the QI Department work with implementation, analysis, and reporting on the following surveys:

- Afterhours and Emergency Instruction Survey
- Member Satisfaction Survey (CAHPS 5.1H, CG CAHPS)
- Provider Satisfaction Survey

## Membership and Provider Network

### Membership

The Alliance product lines include Medi-Cal managed care and Group Care commercial insurance. Medi-Cal managed care beneficiaries, eligible through one of several Medi-Cal programs, e.g., Temporary Assistance Needy Families (TANF), SPD, Medi-Cal Expansion and Dually Eligible Medi-Cal members who do not participate in California's Coordinated Care Initiative (CCI). For dually eligible Medi-Cal and Medicare beneficiaries, Medicare remains the primary insurance and Medi-Cal benefits are coordinated with the Medicare provider.

Alliance Group Care is an employer-sponsored plan offered by the Alliance. The Group Care product line provides comprehensive health care coverage to In-Home Supportive Services (IHSS) workers in Alameda County.

### Trended Enrollment by Network and Aid Category

Current Membership by Network by Category of Aid							
Category of Aid	Nov-22	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	101,680	32%	9,923	9,842	828	20,424	9,107
Child	50,124	16%	7,810	9,305	30,405	35,444	18,716
SPD	28,505	9%	8,442	4,532	1,039	12,314	2,178
ACA OE	117,051	37%	16,918	38,101	1,228	45,565	15,239
Duals	22,889	7%	8,483	2,545	3	8,253	3,605
Total Medi-Cal:	320,249	100%	51,576	64,325	33,503	122,000	48,845
Total: Group Care:	5,791		2,299	865		2,627	
<b>Total</b>	<b>326,040</b>	<b>100%</b>	<b>53,875</b>	<b>65,190</b>	<b>33,503</b>	<b>124,627</b>	<b>48,845</b>
Medi-Cal %	98.22%		95.73%	98.67%	100.00%	97.89%	100.00%
Group Care %	1.78%		4.27%	1.33%	0.00%	2.11%	0.00%
			16.52%	19.99%	10.28%	38.22%	14.98%
			<b>% Direct:</b>	<b>37%</b>		<b>% Delegated:</b>	<b>63%</b>

### 2022 Trended Categories of Aid, Distribution and Growth/Loss

Category of Aid Trend											
Category of Aid	Members				% of Total (ie. Distribution)				% Growth (Loss)		
	Nov-2020	Nov-2021	Oct-2022	Nov-2022	Nov-2020	Nov-2021	Oct-2022	Nov-2022	Nov 2020 to Nov 2021	Nov 2021 to Nov 2022	Oct 2022 to Nov 2022
Adults	37,638	42,623	49,215	50,124	13.77%	14.48%	15.22%	15.37%	13.2%	17.6%	1.8%
Child	94,620	97,935	101,350	101,680	34.62%	33.27%	31.34%	31.19%	3.5%	3.8%	0.3%
SPD	26,314	26,366	28,410	28,505	9.63%	8.96%	8.79%	8.74%	0.2%	8.1%	0.3%
ACA OE	89,752	100,844	115,888	117,051	32.84%	34.26%	35.84%	35.90%	12.4%	16.1%	1.0%
Duals	18,990	20,692	22,709	22,889	6.95%	7.03%	7.02%	7.02%	9.0%	10.6%	0.8%
Medi-Cal Total:	267,314	288,460	317,572	320,249	97.81%	98.00%	98.21%	98.22%	7.9%	11.0%	0.8%
Group Care Total:	5,982	5,880	5,788	5,791	2.19%	2.00%	1.79%	1.78%	-1.7%	-1.5%	0.1%
<b>Total Membership:</b>	<b>273,296</b>	<b>294,340</b>	<b>323,360</b>	<b>326,040</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>7.7%</b>	<b>10.8%</b>	<b>0.8%</b>

## 2022 QI Program Evaluation

### 2022 Trend Enrollment by Age Category

Age Category	Members				% of Total (Distribution)				% Growth (Loss)		
	Nov-20	Nov-21	Oct-22	Nov-22	Nov-20	Nov-21	Oct-22	Nov-22	Nov-20	Nov-21	Oct-22
	Nov-20	Nov-21	Oct-22	Nov-22	Nov-20	Nov-21	Oct-22	Nov-22	to	to	to
									Nov 2021	Nov 2022	Nov 2022
Under 19	97,068	100,206	103,652	103,974	36%	34%	32%	32%	3%	3%	0%
19 - 44	91,897	104,239	117,712	119,089	34%	35%	36%	37%	13%	13%	1%
45 - 64	57,413	60,571	67,689	68,279	21%	21%	21%	21%	6%	12%	1%
65+	26,918	30,135	34,307	34,698	10%	10%	11%	11%	12%	14%	1%
<b>Total</b>	<b>273,296</b>	<b>295,151</b>	<b>323,360</b>	<b>326,040</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>8%</b>	<b>10%</b>	<b>1%</b>

In November of 2022, the Alliance annual membership increased by 10.0% from November 2021. The Alliance experienced membership growth in all age categories from 2021 to 2022 with a 3.0% membership growth for ages under 19, 13% growth (largest growth category) in the 19-44 age category, 12.0% growth for 45-64 age category and 14.0% growth for the 65+ age category. Percent of total distribution by age category remained stable from 2021 – 2022.

A driver of the increase in membership was the economic downturn related to the 2021 – 2022 pandemic and the delayed in member dis-enrollments from health plans by the state.

### Provider Network

Medical services are provided to beneficiaries through contracted provider networks. Currently, The Alliance provider network includes:

#### 2022 Provider Network by Type, Enrollment and Percentage

PROVIDER NETWORK	PROVIDER TYPE	MEMBERS (ENROLLMENT )	% OF ENROLLMENT IN NETWORK
Direct-Contracted Network	Independent	69,890	19.70%
Alameda Health System (AHS)	Managed Care Organization	66,703	18.80%
Children First Medical Group (CFMG)	Medical Group	34,388	9.69%
Community Health Clinic Network (CHCN)	Medical Group	132,090	37.23%
Kaiser Permanente	HMO	51,751	14.59%
<b>TOTAL</b>		<b>354,822</b>	<b>100%</b>

The Alliance offers a comprehensive health care delivery system, including the following scope of services:

- Ambulatory care
- Hospital care

- Emergency Services
- Behavioral Health (mental health and addiction medicine)
- Home Health Care
- Hospice
- Palliative Care
- Rehabilitation Services
- Skilled Nursing Services – Skilled
- Managed Long-Term Services and Support (MLTSS)
- Community Based Adult Services
- Long Term SNF Care (limited)
- Transportation
- Pharmacy

Care coordination along the continuum of care including arrangements for linked and carved out services, programs, and agencies.

These services are provided through a network of contracted providers inclusive of hospitals, nursing facilities, ancillary providers, and service vendors. The providers/vendors are responsible for specifically identified services through contractual arrangements and delegation agreements.

The Alliance provider network includes:

#### **Alliance Ancillary Network**

<b>Ancillary Type</b>	<b>Count</b>
Behavioral Health Network	1
Durable Medical Equipment (DME) Vendor	1 Capitated, 12 Non-Capitated
Health Centers (FQHCs and non-FQHCs)	81
Hospitals	17
Pharmacies/Pharmacy Benefit Manager (PBM)	Over 200
Skilled Nursing Facilities (SNF)	72
Transportation Vendor	1 Individual Vendor with 380 Individual Transportation Providers

Alliance members may choose from a network of over 590 Primary Care Practitioners (PCPs), more than 7000 specialists, 17 hospitals, 81 health centers, 72 skilled nursing facilities and more than 200 pharmacies throughout Alameda County. The Alliance demonstrates that the managed care model can achieve the highest standard of care and successfully meet the individual needs of health plan members. Our members' optimal health is always our priority.

The Alliance QI Program strives to ensure that members have access to quality health care services.

## Health Plan Quality Performance

### HEDIS Performance

The Alliance is committed to ensuring the level of care provided to all enrollees meets professionally recognized standards of care and is not withheld or delayed for any reason. The Alliance adopts, re-adopts, and evaluates recognized standards of care for preventive, chronic and behavioral health care conditions. The Alliance also approves the guidelines used by delegated entities. Guidelines are approved through the HCQC. Adherence to practice guidelines and clinical performance is evaluated primarily using standard HEDIS measures. HEDIS is a set of national standardized performance measures used to report on health plan performance in preventive health, chronic condition care, access, and utilization measures. The California Department of Health Care Services (DHCS) requires all Medicaid plans to report a subset of the HEDIS measures. 2022 preliminary Medicaid administrative rates are noted below. Minimum Performance Level (MPL) and High-Performance Level are determined by the Medical Managed Care Division.

Note: 2022 rates are preliminary, final rates will be available July 2023

#### Medicaid Administrative HEDIS Rates

NCQA Acronym	Measure Description	2021 Admin Rates	2021 Hybrid Rates	2022 Admin Rates	2022 Hybrid Rates	MPL	Measure Type
<b>Behavioral Health</b>							
FUA1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day	12.90%		29.46%		21.24%	Administrative
FUM1	Follow-Up After Emergency Department Visit for Mental Illness - 30 Day	59.77%		49.03%		54.51%	Administrative
<b>Children's Domain</b>							
CIS10	Childhood Immunization Status - Combo 10	44.31%	47.15%	45.20%	52.80%	34.79%	Administrative / Hybrid
IMA	Immunizations for Adolescents - Combo 2	45.14%	46.96%	49.36%	50.61%	35.04%	Administrative / Hybrid
LSC	Lead Screening in Children	53.76%		57.52%	60.58%	63.99%	Administrative / Hybrid
W15	Well-Child Visits in the First 15 Months of Life - 6 or More Visits	44.08%		46.56%		55.72%	Administrative
W30	Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits	63.73%		69.01%		65.83%	Administrative
WCV	Child and Adolescent Well-Care Visits	51.64%		49.69%		48.93%	Administrative

## 2022 QI Program Evaluation

Women's Health							
BCS	Breast Cancer Screening	53.02%		56.13%		50.95%	Administrative
CHL	Chlamydia Screening in Women	63.46%		64.14%		55.32%	Administrative
CCS	Cervical Cancer Screening	55.55%	61.52%	52.44%	53.83%	57.64%	Administrative / Hybrid
PPC2	Timeliness of Postpartum Care	78.98%	83.60%	81.72%	85.42%	77.37%	Administrative / Hybrid
PPC1	Timeliness of Prenatal Care	86.33%	92.00%	85.36%	87.50%	85.40%	Administrative / Hybrid
Chronic Disease							
CDC10	HbA1c Control (>9.0%)	37.30%	32.85%	37.06%	29.20%	39.90%	Administrative / Hybrid
CBP	Controlling High Blood Pressure	33.91%	55.72%	41.77%	54.74%	59.85%	Administrative / Hybrid

### Analysis of HEDIS Medicaid Managed Care Accountability Set (MCAS)

In Measurement Year (MY) 2022, the Alliance continued to see the impact of COVID-19 on the HEDIS rates. First the growth in the Alliance membership due to the pandemic, increased the eligibility population across many measures. Members who were eligible for Medi-Cal during the pandemic did not seek care. Other measures where we see the impact of COVID-19 are those that meet the requirement across multiple years, such as Cervical Cancer Screening. As a result, the Alliance performed below the MPL on five measures (preliminary results):

- Behavioral Health: Follow-Up After Emergency Department Visits for Mental Illness-30 Day
- Children's Domain: Well Child Visits in the First 15 months of life 6x, Lead Screening
- Women's Health: Cervical Cancer Screening
- Chronic Disease: Controlling High Blood Pressure

The Alliance has initiated steps to improve the measures below performance in 2022. Our comprehensive quality strategy includes new interventions to meet or exceed the required 2023 milestones. The Alliance will continue its efforts to improve HEDIS measures below MPL by focusing on access, provider, and member education, and dedicated multidisciplinary workgroups to improve HEDIS rates.

## Quality Improvement Performance Initiatives and Projects

### Overview

The Alliance's quality improvement efforts strive to impact the safety and quality of care and service provided to our members and providers. Review of the Alliance's 2022 QI activities as described herein demonstrates the Alliance's QI department ability (in collaboration with internal



and external entities) to successfully assess, design, implement, and evaluate an effective QI Program including but not limited to, the following:

Improved focus on the importance of chronic condition management and accessing appropriate care through initiatives to educate and connect with members, direct and delegated providers, community-based organizations, state, and county entities and enhance our improvements to our internal operations.

1. Maintained a targeted focus on the analysis of key drivers, barriers, and best practices to improve access to care.
2. Expanded staff knowledge of health disparities and equity within the Alliance membership through population data collection, analysis, and segmentation and targeted quality improvement activities as part of Population Health Management Program
3. Promoted the awareness and concepts of inter-departmental QI initiatives and activities, including Plan-Do-Study-Act (PDSA), and Inter-Rater Reliability (IRR), to:
  - a. Identify, investigate, and resolve Potential Quality Issues (PQIs).
  - b. Identify and address service over-and-underutilization.
  - c. Promote patient safety.
  - d. Remove barriers to access to timely care and services.
4. Invested in quality measurement analysis expertise.
5. Identified PQIs operations gaps and root cause analysis to identify and overcome barriers, as well as best practices resulting in internal workflow improvements and staff retraining.
6. Monitor and demonstrate improvement in HEDIS measures.
7. Ensured timely Facility Site Review (FSR/Medical Record Review (MRR) audits and Physical Accessibility Review Surveys (PARS)) in person and virtually.
8. Targeted QI initiatives to improve direct and delegate provider engagement in access to care efforts to improve rates of preventive care and services, screenings, and referrals for members.
9. Targeted partnerships with community-based county agencies and delegate providers to improve referral and resources triage and management through technology collaboration and support.
10. Promoted healthcare access and safety education for members and providers through targeted pharmacy substance use programs.
11. Improved engagement with interpreter services vendors and Alliance network providers to ensure quality interpreter services at all points of healthcare service contact.
12. Enhanced engagement with Behavioral Health delegate for improved and timely access to care.
13. Collaborated with First 5 of Alameda County and delegate provider networks to improve WCV and EPSDT service utilization for pediatric and adolescent members.

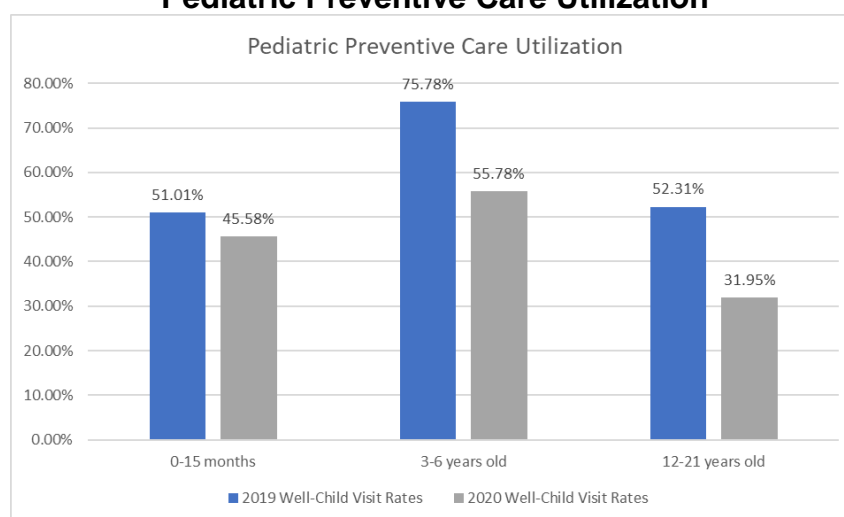
The Alliance is invested in a multi-year strategy to ensure that the organization adapts to health plan industry changes now and within 3 - 5 years. An effective QI program with adequate resources is essential to the Alliance's successful adaptation to expected changes and challenges.

### Priority Performance Improvement Project (PIP) (2020-2022) – Well Child Visit 3-21 years

In California, it has been identified that children are not accessing comprehensive pediatric services consistently. The California State Auditor Report identified that, “an annual average of 2.4 million children enrolled in Medi-Cal do not receive all required preventive services.” Additionally, this report confirms utilization rates for children in Medi-Cal have remained below 50 percent. As a result, the Alliance, has decided to focus on increasing pediatric access through its Pediatric Care Coordination Pilot. The goal of the pilot is to engage the Alliance's pediatric members to seek regular check-ups at age-appropriate intervals that follows the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule and anticipatory guidance with increased screenings and referrals to improve member health functional status and/or satisfaction.

The intervention will be focused on the HEDIS measure: Well Child Visits (WCV) -- the percentage of members 3–21 years of age who had one or more well-child visits with a PCP during the MY. The Alliance selected the MCAS WCV measure because the Plan identified an opportunity for improvement based on its administrative results for MY2020. Given the COVID-19 pandemic, the Plan saw a decrease in pediatric utilization of preventive care services. The Alliance saw a decline in pediatric utilization in MY2020.

**Pediatric Preventive Care Utilization**



The WCV MY2020 admin rates for direct Alliance providers demonstrate there is underutilization of preventative care among members 3-21 years old. As an initiative starting in 2022, the Alliance in partnership with Dr. Rhodora De La Cruz, a volume, low performing direct provider tested a birthday card and incentive program. The program included mailing a birthday card (members 3-21 years with a birthday between April – December 2022) with a reminder to complete a well visit and receive a \$25 gift card. The Smart aim documented was to increase well child visit rate for Dr. Rhodora De La Cruz from 40.94% to 45% by December 31, 2022.



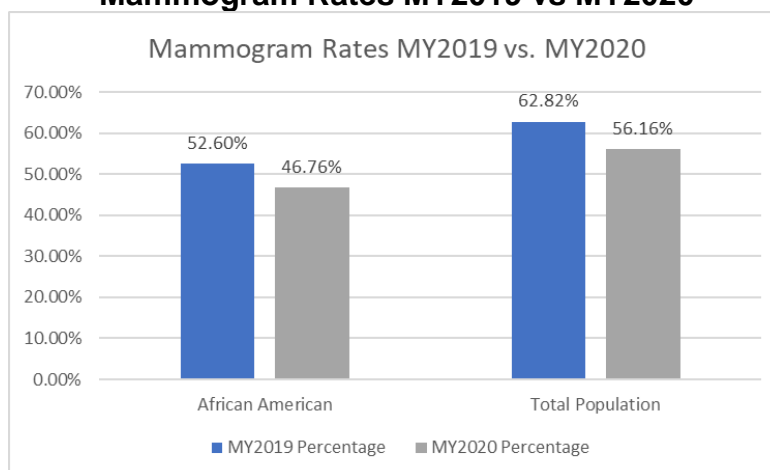
Although the Smart aim target of 45% was not met, Dr. De La Cruz's WCV rates for MY2022 showed an improvement, with a reported rate of 44.40%, a 4.93% increase from the previous year. A total of 971 members were sent birthday cards and/or received outreach calls reminding them to complete their well visit, with an added incentive of a \$25 gift card upon completion. Out of these members, a total of 70 completed their well visit between April and December of 2022. The project encountered various difficulties, such as a shortage of staff to carry out multiple outreach calls. Despite Dr. De La Cruz's office making one outreach attempt, we believe that a second attempt would result in improved rates of well visits. The incorrect phone numbers and addresses of members also posed a challenge in reaching out to them. Another issue that arose was the high no-show rates for this project. Moreover, the timing of the project meant that members were less likely to see a PCP and complete a well visit during the months of November – December.

### Equity Performance Improvement Project (PIP) (2020-2022) – Breast Cancer Screening

According to an American Cancer Society 2022-2020 report, approximately 1 in 8 women (13%) will be diagnosed with invasive breast cancer in their lifetime. The report also highlights and reinforces the disparities felt by African American women when it comes to receiving timely and accessible preventive care such as mammograms. African American women have the highest breast cancer death rate of 28.4 deaths per 100,000. They also have higher incidence rates than non-Hispanic Whites before the age of 40 and are more likely to die from breast cancer at every age. Early detection of breast cancer is the number one way to decrease mortality rates, therefore, The Alliance will focus on increasing breast cancer screening rates among our members with a narrowed focus on African American women.

The Alliance has selected the MCAS Breast Cancer Screening (BCS) measure because there have been identified opportunities for improvement based on MY 2020 data for MY 2021. The Alliance has seen a decrease in breast cancer screening services as depicted in the chart below comparing MY 2022 and MY 2020 admin rates for African American women and all other eligible women for the MCAS BCS measure.

**Mammogram Rates MY2019 vs MY2020**



## 2022 QI Program Evaluation

There was a 5.84% decrease in mammogram rates among African American women, and a 6.66% decrease in mammogram rates among all Alliance female members that qualified for the BCS measure.

Increasing breast cancer screening rates among the Alliance's African American female members was the narrowed focus of this PIP. The MY2020 admin rate for the Alliance was 56.16%, and among African American women it was 46.76%. The Smart aim for this PIP was by December 31, 2022, use key driver diagram interventions to increase the percentage of breast cancer screenings among African American women between the ages of 52 and 74, from 46.76% to 53.76%.

The PDSA was conducted in partnership with LifeLong Medical Care (LifeLong), a high volume, low performing health center. The PDSA includes a texting campaign with a reminder to complete breast cancer screening and an offer to receive a \$50 incentive gift card. LifeLong sent up to two text messages and a letter to members who opt out or have wrong phone numbers. The Care Coordinator confirmed the screening was complete and called members to confirm the address for the mailing of incentive.

The Smart aim was not achieved. Due to the Alliance staff turnover one intervention was tested and therefore the population size was not significant enough to achieve the Smart aim outlined in this project. However, the Alliance achieved a 1.06% increase in the overall BCS rates for African American women from 46.76% in 2021 to 47.82% in 2022. While this is not a significant improvement for the overall BCS rates for African American women we do believe it is clinically and programmatically significant because our partnering provider LifeLong who tested the intervention achieved an increase of 7.41% points over the same period the previous year.

### IHA Rates & Audits

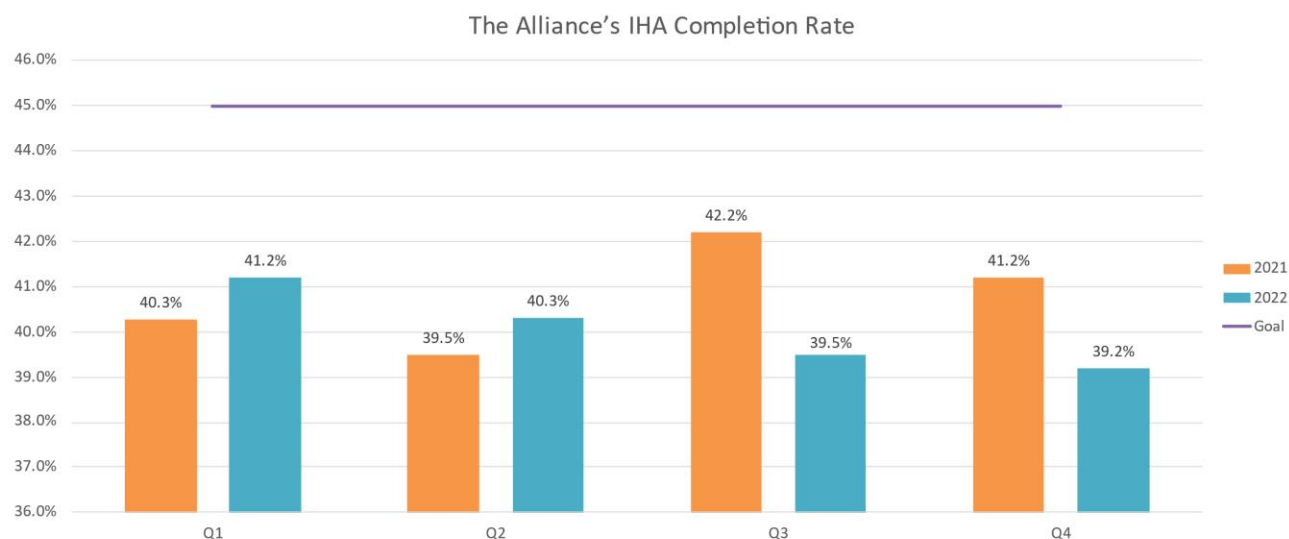
The past 1 year of IHA rates is outlined below.

#### 2022 IHA Completion Preliminary Rates – Medi-Cal

New Enrollee	Re-Enrollee	Total
<u>Denominator</u> :37,860	<u>Denominator</u> : 16,077	<u>Denominator</u> : 53,937
<u>Numerator</u> : 14,036	<u>Numerator</u> : 6,014	<u>Numerator</u> : 20,050
<u>Rate</u> : 37.1%	<u>Rate</u> : 37.4%	<u>ate</u> : 37.2%
<u>Goal</u> : 45%	<u>Goal</u> : 45%	<u>Goal</u> : 45%
<u>Gap to goal</u> : Goal Not Met	<u>Gap to goal</u> : Goal Not Met	<u>Gap to goal</u> : Goal Not Met



## 2022 IHA Completion Rates by Quarter



Annually the Alliance conducts an audit of the Initial Health Appointments (IHA). A random sample of 60 members are selected and medical records are requested to review if the six elements of the IHA has been completed, including:

- Patient history
- Review of organ systems
- Physical and mental examination
- Preventive care
- Diagnoses and plan of care
- Staying Healthy Assessment (SHA)

In 2022, 60 charts were requested, 31 received. In all 25 components of the IHA were missing, with the Staying Healthy Assessment (SHA) missing most often. Per APL22-030, the IHEBA/SHA, will no longer be required components of the IHA beginning January 1, 2023.

To improve IHA compliance rates, the Alliance is working to:

- Ensure member education – through mailings, member orientation and IVR calls.
- Improve provider education – through provider manual and newsletter/packets, JOMs, HCQC) meeting, site specific quality meetings, provider educational webinars.
- Improve data sharing – by sharing gaps in care lists with our delegates and providers.
- Monitor records – through IHA audits, FSR/MRR site review, monitoring of IHA rates.

### CFMG Improve Well-Child Visits (0-21 years)

In collaboration with CFMG, an organization providing primary care and pediatric specialty care, the Alliance launched a texting campaign to boost well-child visit rates. The campaign was aimed at children aged 0-21 years and served as a reminder tool for parents/guardians to complete a well visit exam. From January 1, 2022, to September 18, 2022, more than 48,294 distinct Alliance members received a text message, with a reported engagement success rate of 15.50%. Among them, 845 members reported having already scheduled or completed an appointment.

Although there was no improvement in rates for the CFMG network in the W30 (0-30 months 6+) and Well Child Visit (3-21 years), an improvement was seen in the W30 (15-30 months 2+) from MY2021's 61.18% to MY2022's 64.54%.

### Improve A1c Poor Control (>9%) Rates in Eastmont Wellness Center

In collaboration with our delegate AHS, the Alliance's objective was to enhance the HgA1c Poor Control (>9%) rates for members aged 18-75 years assigned to Eastmont Wellness Center, a clinic under AHS, to manage diabetes better. The smart goal for this project was to decrease the number of overdue HgbA1c tests for Eastmont Adult Medicine/Alameda Alliance patients by 50% by October 2022 and improve HgA1c Poor Control (>9%) rates by 5%.

To enhance the HgbA1c rates, the Eastmont Wellness Center team launched an outreach and incentive project. The team identified gaps in care, developed text message and call scripts, used a combination of text messages and outreach calls, and followed up with a letter. Members who completed an A1c test received a gift card, and those with out-of-control A1c levels were scheduled for a follow-up visit with their provider.

The Eastmont Wellness Center achieved an improvement of 5.56%, exceeding their goal of 5%, by decreasing HgA1c Poor Control (>9%) rates from 49.88% in MY2021 to 44.32% in MY2022.

*\*Note: HgbA1c Poor Control, lower rate is better.*

### Improve Colon Cancer Screening Rates in West Oakland Health Center

In July 2021, The Alliance collaborated with West Oakland Health Council (WOHC), a Federally Qualified Health Center, to enhance colon cancer screening rates in African American men aged between 45-75 years. The Alliance implemented an outreach and incentive program for its members in partnership with WOHC. In 2022, the initiative continued with a \$50 incentive gift card and an outreach call from WOHC. Based on the provider's recommendation, members were either scheduled for a colonoscopy or sent a FIT/Cologuard test at home with instructions on how to complete and mail or drop off the specimen. The objective of the project was to raise the colorectal cancer screening rates among African American male members at WOHC from 22.79% to 37.10%. The colorectal cancer screening rates in African American males assigned to WOHC was 37.89% in 2022, exceeding the set goal.

### Improve Cervical Cancer Screening Rates in BACH, for Women Between the ages 21-64

The Alliance collaborated with Bay Area Community Health (BACH), a provider with high volume but low performance, to implement an outreach and incentive program aimed at improving rates

of Cervical Cancer Screening among women aged 21-64. BACH also offered Saturday Pap clinics to enhance appointment availability. As a result of this initiative, BACH completed 100 cervical cancer screenings, representing a 3% improvement from the baseline.

### **First 5 Alameda Partnership**

The Alliance continued to partner with First 5 Alameda in 2022. The goal of the initiative was to engage, assess, and connect Medi-Cal enrolled children, ages 0-5 and their families to appropriate clinical and community-based services and support to improve their health and well-being through an integrated community-based care management program. First 5 Alameda served as a key care management entity for Alliance pediatric members, ages 0 to 5 and worked in partnership with the Alliance to:

- Conduct outreach and engagement to increase child access to well-child preventative care for select Alliance members, ages 0-5.
- Provide pediatric health education to families in a culturally appropriate and accessible manner.
- Bolster pediatric health provider capacity to deliver DHCS/Bright Futures mandated pediatric screenings, with an emphasis developmental screening, ACES, and social determinants of health.

Coordinate family-centered access to well-child visits, as well as needed developmental/behavioral services, mental health services, community-based services and supports, and social support needs, to enhance and supplement practice-based care coordination services and comply with EPSDT requirements.

Through our partnership with First 5, 981 members completed a well visit or had a scheduled well visit. First 5 facilitated 23 provider trainings to support pediatric providers to implement ACE's screening. Within the Alliance pediatric sites 10 providers participated in a QI project. 310 members with an identified need connected to at least one Alliance or Contractor early intervention services.

### **Opioid/SUD Continuation**

In 2020, the Alliance partnered with our network providers and other local leaders to develop a Substance Use Disorder Program. This program has continued through 2022.

Alameda Alliance has continued to use multiple strategies involving *Member and Provider Educational Outreach and Pharmacy Safeguards*. The Alliance has accurate and comprehensive monthly reports that detail opioid overutilization, members grandfathered to high dose opioids, members excluded from the SUD Program (including those involved in hospice/palliative, cancer, and members with sickle cell disease), and monitoring the changes in Morphine Milligram Equivalence (MME).

The Alliance monitors a list of members who meet the definition of *chronic opioid users and potential chronic opioid users*. Chronic users are defined as members with prescriptions of greater than 120 MME consecutively for the last three months. Potential chronic opioid users are defined as members with prescriptions between 50 to 119 MME consecutively for the last three months.

## 2022 QI Program Evaluation

The Alliance also has compiled a list of members who presented to the ED with opioid and benzodiazepine overdose and a separate list of members on concurrent use of opioids and benzodiazepines.

In 2022, the Alliance sent pertinent members and providers educational mailings. Mailing includes:

1. Provider Facing:
  - a. Lists of identified members who are chronic users, high risk members on becoming chronic users, concurrent chronic opioid/benzodiazepine usage and members presenting to ED for opioid/benzodiazepine overdose.
  - b. Provider Opioid and Benzodiazepine Tapering Tools.
  - c. Treatment for opioid dependence.
2. Member Facing:
  - a. Opioid Safety guide for members and caregivers.
3. Provider and Member Facing:
  - a. Non-opioid formulary alternatives.
  - b. Local alternative health services contracted with the Alliance (e.g., physical therapy, acupuncture, chiropractor, massage).

**Mailer Timeline**

Day	Member	Provider
1	Original mailing gets sent out	Original mailing gets sent out.
45	Repeat mailing. Refer to case management if a member is on greater than 300 MME.	Repeat mailing.
90	Check if member transition to buprenorphine or received appropriate pain treatment.	Receive letters from medical director. Submit a PQI.
120	N/A	Include operations and peer review committee to decide whether to keep in-network.

Note the above escalation process for members and providers with persistent chronic use of opioids. Cancer, hospice, and sickle cell anemia members are excluded from this. Pharmacy will work with QI to receive chart notes to check on this. Rising risk members will be tracked and looked at on a case-by-case basis. Handouts may include opioid safety, medication assisted therapy, non-opioid alternatives, opioid and benzodiazepines tapering tools and provider maps for non-opioid alternatives such as physical therapy, acupuncture, etc.

The table above outlines the actions to be taken after initially mailing to members and providers (day 1). Each respective row reflects a higher escalation process to be taken if members and providers continue to use opioid inappropriately or with no identified treatment plan.

This escalation process was implemented in our population health goals for 2022. This goal was as follows:” Between 1/1/22 and 12/31/22, ensure that 100% of members (>300MME) and

providers (of members on >300MME) with ongoing use of opioids follow the SUD Escalation Process.”

This goal was not met. We surveyed providers who provided feedback that mailing was not the most effective method of receiving education. The Alliance will discuss next steps for provider education and escalation process. Lastly, the creation of the tracking log and mailing process was delayed due to limited C&O and Analytic capacity and Alliance staffing transitions.

## **Opioids Stewardship Report**

April 2022: Mailings to 30 high-risk members with prescriptions of greater than 300 MME consecutively for the last three months. These members received:

- High risk cover letter
- Health education: Safety guide for patients and caregivers
- Health education: Treating pain without opioids.
- Health education: Medicines for opioid dependence

April 2022: Mailings to 41 rising risk members with prescriptions between 50 to 89 MME consecutively for the last three months. These members received:

- Rising risk cover letter
- Health education: Safety guide for patients and caregivers
- Health education: Treating pain without opioids.

October 2022: Mailings of a total of 37 providers with members who were on any of the following lists:

- Opioid and Benzodiazepine Co-use list
- Rising risk list: 50-119 MME for 3 consecutive months
- High risk list: 120+ MME for 3 consecutive months
- Opioid and Benzodiazepine ER list

The Alliance developed a Provider packet that included an Opioid and Benzodiazepine Tapering Tool, Shared Data for providers / delegates / committees, Health Education materials, Local Maps that identify providers who may meet the member's needs, and member facing materials.

## **Goals for 2022**

- Continue educating members and providers who are chronic and rising risk opioid users.
- Continue sharing data for providers/delegates/committees.
- Organize materials on Alliance website to be accessible to members and providers.

## **Opioid and Benzodiazepine ER Reporting**

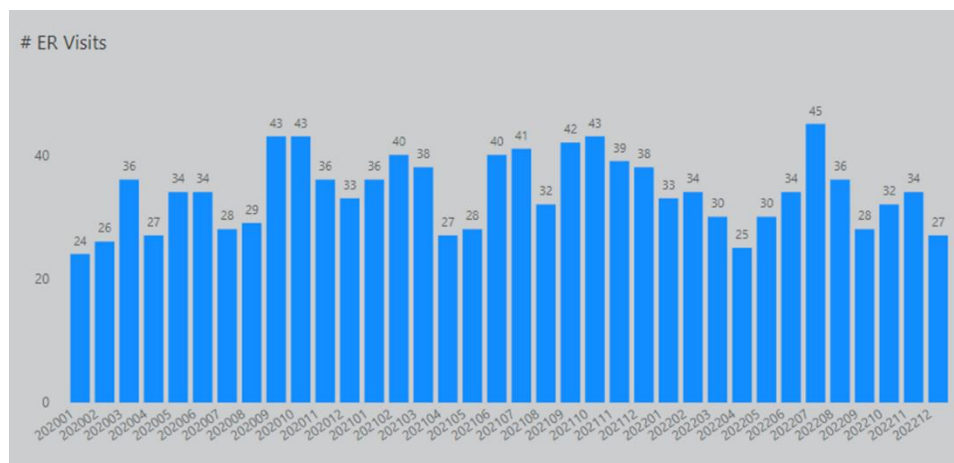
- Reports are based on claims data and reflected on each unique claim with opioids/benzodiazepine related ICD code.

## 2022 Q1 Program Evaluation

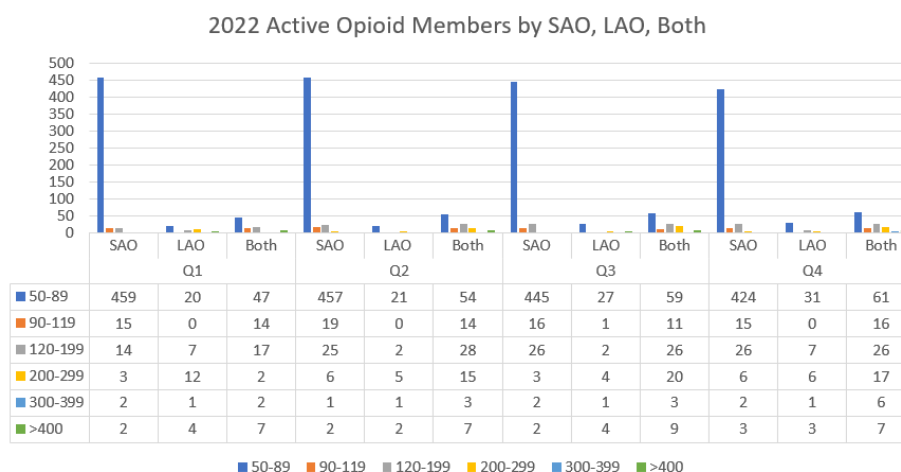
- Reports are shared with assigned PCPs of members quarterly.
- There were several peaks between 2020 and 2022 with opioid/benzodiazepine related ER visits. After July 2022, there was a steady decline in opioid/benzodiazepine overdose.

The Alliance will continue to improve our opioid stewardship program. Below are results of our interventions. As of January 1, 2022, DHCS has taken over the pharmacy benefit for outpatient drugs. The Alliance pharmacy has discontinued formulary safeguards for Medi-Cal but is continuing with formulary safeguards for IHSS members.

**Table 1: 2020 – 2022 Benzodiazepines and Opioid ED visits**



**Figure 1: 2022 Data for Members on Short Actin Opioids (SAO), Long-Acting Opioids (LAO), and Both SAO and LAO**



**Table 2: 2022 Member per Quarter on >50MME**

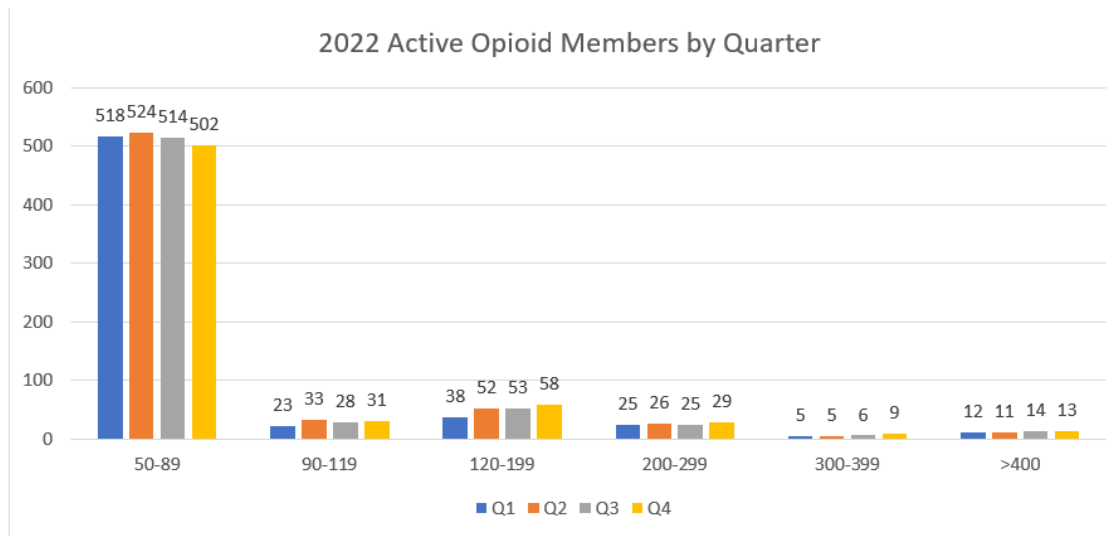
MME (MORPHINE MILLIGRAM EQUIVALENTS)				
MME	Q1	Q2	Q3	Q4
50-89	518	524	514	502
90-119	23	33	28	31



## 2022 QI Program Evaluation

<b>120-199</b>	514	28	53	25
<b>200-299</b>	502	31	58	29
<b>300-399</b>	5	5	6	9
<b>&gt;400</b>	12	11	14	13

**Figure 2: 2022 Active Opioid Members by Quarter**



**2021 Active Members by Quarter**

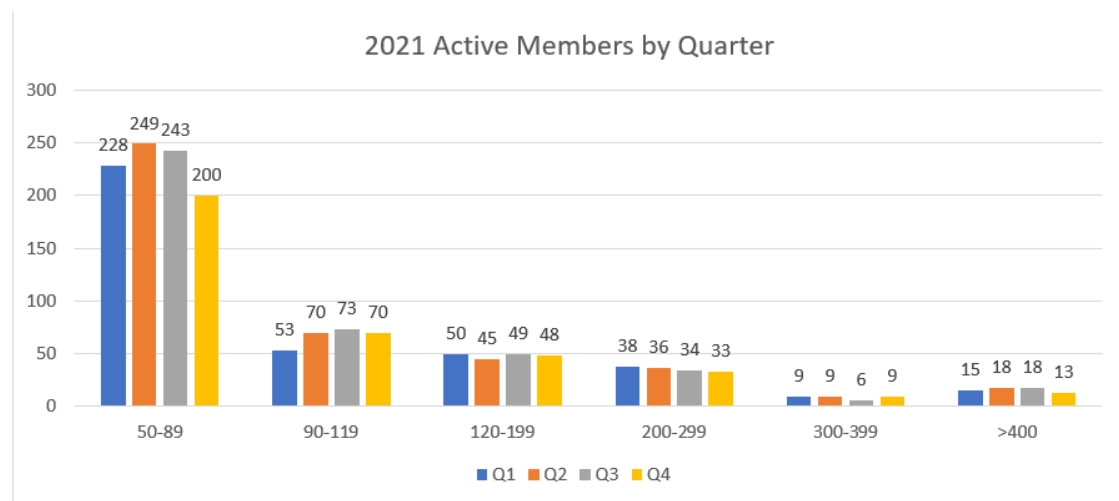


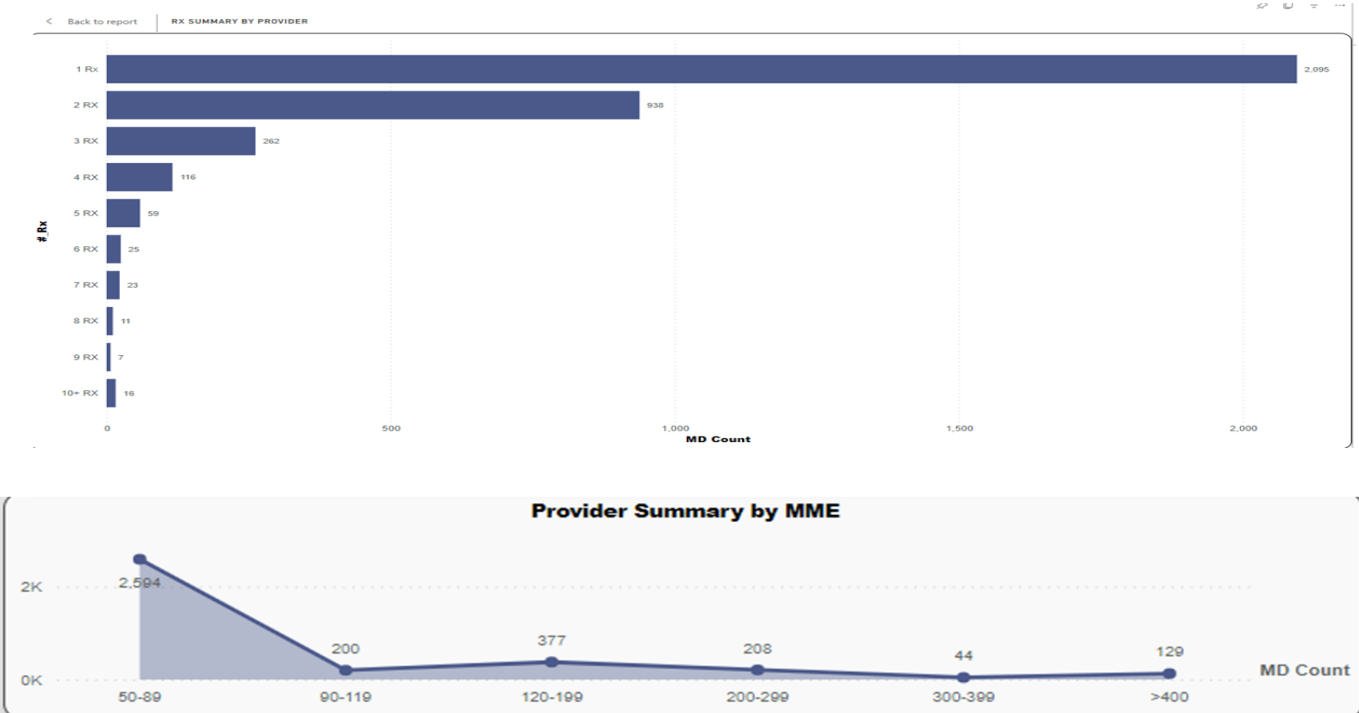
Figure 1 and Table 2 both show opioid utilization by type of opioids used and MME used. Figure 2 shows short-acting utilization doubled in 2022. Similarly, 50-89 MME utilizers also almost double in 2022 while >90 MME declined or had no change. This is an interesting trend as Medi-Cal RX started in 2022. After Medi-Cal RX implementation, there was no DUR edits and PA in place until 9/2022, which explains the increase in opioid utilization for 50-89 MME. Prior to Medi-

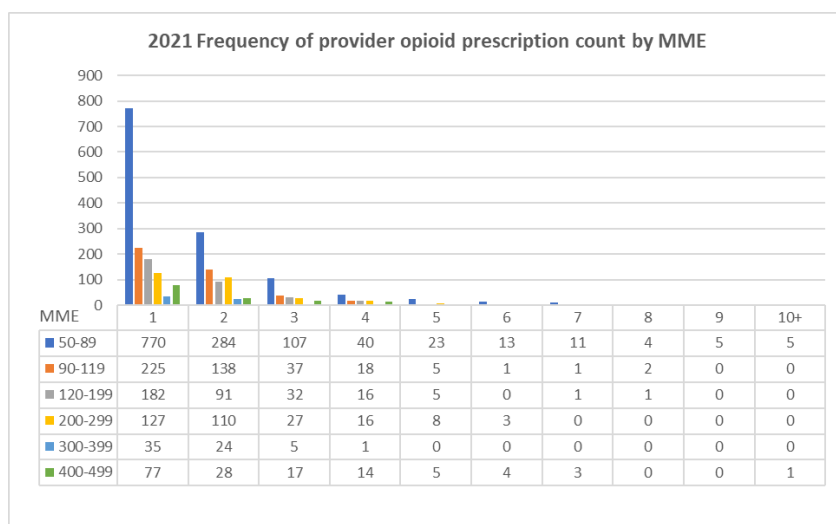
2022 QI Program Evaluation

Cal Rx, we restricted opioid naïve patients to only 14-day supply unless there was identified medical necessity.

Below is a graph depicting how many unique providers prescribing opioids categorized by ascending MME. These graphs are looking at provider prescription claims. There is a general decrease in prescribing trend as the MME goes up. In 2022, 44 providers each wrote 1 prescription for 300-399 MME and 129 providers each wrote 1 prescription greater than 400 MME. In addition, at least 16 providers wrote at least 10 prescriptions. The top five providers who wrote more than 300 MME were oncology, internal medicine, and family practitioners. In comparison with 2021, there was almost 4 times increase in prescription claims for 50-89 MME while >300 MME has decreased.

Figure 3: 2022 Frequency of Provider Opioid Prescription Count by MME for 2021 and 2022



**Table 3: 2021 Frequency of Provider Opioid Prescription Count by MME**

## Drug Recalls

The Pharmacy Department monitors all drug recalls. In 2022, there were 110 recalls. Recalls were monitored for adversely affected members. The number of notifications where the PBM completed a claims data review was 5.

### 2022 Pharmacy Recalls

RECALL TYPE	QUANTITY
Total number of safety notices/recalls	110
Total number of withdrawals	0
The number of notifications where PBM completed a claims data review	5

## Pay-for-Performance Programs

### Overview

The Alliance Pay-for-Performance (P4P) program offers performance-based incentive payments for delivered services. Through this program, primary care providers (PCPs) and PCP Groups are rewarded for superior performance and yearly improvement. The P4P program focuses on preventative care, pediatrics, access, and chronic disease and includes clinical quality (HEDIS) measures and other (non-HEDIS) measures. The MY for the program was January 1, 2021, through December 31, 2021.

### 2021 Program Summary

The MY 2021 P4P program is tailored to each delegate and directly contracted PCP group category: AHS, CHCN, CFMG, Directs – Family Medicine Providers, Directs – Pediatric Providers, Directs – Internal Medicine Providers. The measures for each are outlined below.

## 2022 QI Program Evaluation

Category	Measure	AHS	CHCN	CFMG	Directs - Family Practice	Directs - Internal Medicine	Directs - Pediatrics
HEDIS	Childhood Immunizations: Combo 10 (CIS)			X			X
	Immunizations for Adolescents: Combo 2 (IMA)						X
	Well-Child Visits in the First 15 Months of Life: Six or More Visits (W30)	X	X	X			X
	Well-Child Visits 15- 30 Months of Life: Two or More Visits (W30)	X	X	X			X
	Child and Adolescent Well-Care Visits (WCV)	X	X	X	X		X
	Child and Adolescent - BMI percentile (WCC)			X			X
	Child and Adolescent - Nutrition (WCC)			X			X
	Child and Adolescent - Phys Activity (WCC)			X			X
	Asthma Medication Ratio (AMR)		X	X	X	X	Monitoring Measure
	Breast Cancer Screening (BCS)	X			X	X	
	Cervical Cancer Screening (CCS)	X	X		X	X	
	Chlamydia Screening for Women (CHL)				X	X	
	HbA1c Testing for Diabetes (CDC)	X	X		X	X	
Other	PCP Visits Per 1000	X	X	X	X	X	X
	ED Visits Per 1000	X	X	X	X	X	X
	Readmission Rate	X	X				
	Member Satisfaction Survey: Non-Urgent Appt Availability	X	X	X	X	X	X
	Screening for Depression	Monitoring Measure	Monitoring Measure		Monitoring Measure	Monitoring Measure	

For delegates, points were earned based on performance compared to the overall Alliance population and/or improvement from the prior year. For directly contracted PCP groups, points were earned based on performance compared to the overall Alliance population excluding members assigned to delegates and/or improvement from the prior year. This applied to all measures except for “Member Satisfaction Survey: Non-Urgent Appt Availability” and monitoring measures. Full points were earned for the “Member Satisfaction Survey: Non-Urgent Appt Availability” if 80% of survey responses for a PCP group indicated that the member was able to schedule a non-urgent appointment within 10 business days. No points were assigned to monitoring measures.

Delegates and directly contracted PCP groups earned 44.57% of the available pool dollars for the MY2021 P4P program. Directly contracted pediatric providers performed the best, earning 66.97% of the pool dollars available to them. A breakout by delegate and directly contracted provider category is below.

## 2022 QI Program Evaluation

Delegate/Directly Contracted Provider Category	% of Pool Dollars Earned
AHS	31.00%
CHCN	42.00%
CFMG	50.38%
Directs - Family Practice Providers	51.40%
Directs - Internal Medicine Providers	47.90%
Directs - Pediatric Providers	66.97%
<b>TOTAL</b>	<b>44.57%</b>

The measures, point values, and benchmarks vary from year-to-year, so it is difficult to make an apples-to-apples comparison against prior year results.

### QI Training and Coaching

To establish a culture of quality across the organization and disseminate knowledge of quality improvement methodologies, the Quality Team conducted a training program on the PDSA methodology. The training encompassed methods for enhancing quality, creating an aim statement, utilizing data for performance enhancement, tools for devising change ideas, and testing change ideas with the PDSA methodology. In October/November 2022, a webinar series comprising five one-hour sessions was held, attended by over 30 staff and management members from the QI and Behavioral Health Departments. Out of the 11 respondents who completed the survey, 99% gave the course an excellent/very good rating. The QI team is planning to offer a second session of the training, accessible to all departments within the Health Care Services umbrella, with the objective of extending the training to our external provider network while continuing to provide the training to internal staff.

The Alliance QI and Analytics departments will continue to focus on preventative care, pediatrics, access, and chronic disease in future year P4P programs.

## Patient Safety and Quality Compliance

### Consistency in Application of Criteria

The Alliance QI Department assesses the consistency with which clinical reviewers, physicians, pharmacists, UM nurses, Retrospective Review nurses and non-physician reviewers apply criteria to evaluate inter- Rater reliability (IRR). A full description of the testing methodology is available in policy QI-133. The QI has set the IRR passing threshold as noted below.

#### IRR Thresholds

SCORE	ACTION
High – 90%-100%	IRR Pass Rate No action required.
Medium – 61%-89%	Increased training and focus by supervisors/managers.

## 2022 QI Program Evaluation

Low – Below 60%	<ul style="list-style-type: none"> <li>• Additional training provided on clinical decision-making.</li> <li>• If staff fails the IRR test for the second time, a Corrective Action Plan is required with reports to the Director of Health Services and the Chief Medical Officer.</li> <li>• If staff fails to pass the IRR test a third time, the case will be escalated to Human Resources which may result in possible further disciplinary action.</li> </ul>
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The IRR process for PQIs uses actual PQI cases. Results will be tallied as they complete the process and corrective actions implemented as needed. When opportunities for improving the consistency in applying criteria, QI staff addresses corrective actions through requiring global or individualized training or completing additional IRR case reviews.

For 2021, IRR testing was performed with QI clinical staff to evaluate consistency in classification, investigation and leveling of PQIs. All QI Review Nurse and Medical Director Reviewers passed the IRR testing with scores of 100%.

### Facility Site Reviews

Facility Site Review (FSR) and Medical Record Review (MRR) audits are mandated for each Health Plan under DHCS All Plan Letter 22-017 to occur every three (3) years. FSRs are another way the Alliance ensures member quality of care and safety within the provider office environment. Interim monitoring and follow-up of FSR and MRR occurs between each regularly scheduled full scope reviews. Corrective Action Plans (CAPs) for non-compliance are required depending on the site FSR and MRR scores and critical element failures.

During the PHE (Public Health Emergency) environment in 2020, 2021, and 2022, Alliance had backlogs in FSRs. Reviews were conducted onsite and virtually. In January 2022, Alliance fully resumed all FSR activities in person. APL 22-017 provides Alliance an option to choose to conduct the MRR on site or virtually. Most providers with electronic medical records opted to have a virtual MRR. The virtual process complies with all applicable Health Insurance Portability Accountability Act (HIPAA) standards.

Alliance continued to submit quarterly updates to DHCS regarding FSR status. In addition, the bi-annual DHCS reports were submitted in July 2022 (FSRs conducted in January to June 2022) and January 2023 (FSRs conducted in July to December 2022).

In 2022, there were 107 site reviews. The total number and types of audits are detailed in the table below.

#### 2022 Facility Site Reviews

TYPE	Q1	Q2	Q3	Q4	TOTAL
<b>FSR</b>					
<b>Initial FSR</b>	3	1	0	2	<b>6</b>
<b>Periodic FSR</b>	13	8	9	4	<b>34</b>
<b>Annual FSR</b>	0	0	0	1	<b>1</b>

## 2022 Q1 Program Evaluation

<b>Urgent Care FSR</b>	0	0	0	1	1
<b>MRR</b>					
<b>Initial MRR</b>	0	0	1	2	3
<b>Periodic MRR</b>	15	12	10	3	40
<b>Annual MRR</b>	0	0	0	1	1
<b>Focused MRR</b>	0	0	0	1	1
<b>Interim Monitoring</b>	0	3	6	11	20
<b>Total Reviews</b>	<b>31</b>	<b>24</b>	<b>26</b>	<b>26</b>	<b>107</b>

DHCS regulation requires that Critical Element (CE) CAPs be received by the Alliance within 10 business days and FSR/MRR CAPs within 45 days of the site review. In July 2022, the new FSR/MRR standards were in effect. There are changes to the CAP timelines. FSR/MRR CAPs are due within 30 days of the FSR and/or MRR Report.

Additionally, a CE CAP is issued for deficiencies in any of the 14 critical elements in the FSR that identify the potential for adverse effects on patient health or safety and must be corrected within 10 business days of the site review. In 2022, there were 68 CAPs issued and 1 CAP remain open for more than 120 days.

Per DHCS regulation, failed periodic reviews are reported bi-annually. In 2022, the Alliance had two providers with non-passing scores of 79% and below. A corrective action plan was provided to DHCS. New member assignment is put on hold for PCP sites that receive failing scores on FSR/MRR and/or providers who do not correct FSR/MRR deficiencies within established CAP timelines until the CAP is closed. In 2022, there were four providers with new member assignment holds (two providers failed the MRR, one provider did not close the CAP within timelines in Q4 2021, resulting in a hold in 2022 Q1 and another provider did not close CAP in 2022 Q4).

### FSR/MRR CAPs Issued in 2022

TYPE	Q1	Q2	Q3	Q4	TOTAL
<b>Total CAPs Issued</b>	<b>22</b>	<b>21</b>	<b>15</b>	<b>10</b>	<b>68</b>
<b>Open</b>	0	0	0	2	2
<i>Open &gt;120 days</i>	2	0	0	1	2
<b>Closed</b>	22	21	15	6	64

### 2022 Audits with Non-Passing Scores

QUARTER	Audit Date	FSR Score	MRR Score
Q1	N/A	N/A	N/A

## 2022 QI Program Evaluation

<b>Q2</b>	5/2/2022	N/A	79.02%
<b>Q3</b>	N/A	N/A	N/A
<b>Q4</b>	10/31/2022	N/A	70.33%

### Audit of Initial Health Appointments via FSR/MRR

IHAs include history and physical (H&P) and Individual Health Education Behavioral Assessment (IHEBA). An IHA must be completed within 120 days of member assignment.

Alliance reviewed records IHA for members enrolled before 2022 eligible for IHA criteria. IHA was also reviewed for newly enrolled members in 2022 who presented for well care visit at the providers office and where an IHEBA was completed. In 2022, medical records at 43 sites were reviewed for the presence of an IHA. During the MRR, the nurse reviewer, if possible, ensures at least 30% of records reviewed are for members eligible for IHA. Table 19 lists the results of these reviews. The 21 total non-compliant providers received CAP and re-education/training on IHA and IHEBA compliance.

### 2022 MRR Results

TYPE	Q1	Q2	Q3	Q4	TOTAL
<b>Total IHAs Audited via FSR</b>	13	12	11	7	43
<b># of MRRs with Compliant* IHAs</b>	10 (77%)	4 (33%)	4 (36%)	3 (43%)	21
<b># of MRRs with Non-Compliant IHAs (CAPS)</b>	3	8	7	4	22

*\*Compliant = Per DHCS CAP guidelines, no CAP issued if MRR score is 90% or greater and 80% or greater on Pediatric/Adult Preventive section.*

### Peer Review and Credentialing Committee

In 2022, 33 practitioners were reviewed for lack of board certification. If there were complaints about a practitioner's office, facility site reviews were conducted, and the outcome was reviewed by the PRCC. There were no site reviews conducted based on complaints in 2022. All grievances, complaints, and PQIs that required investigation were forwarded to this committee for review. In 2022, 125 practitioner grievances, complaints, or PQIs were investigated by the committee. There were no practitioners that required reporting to National Practitioner Data Bank (NPDB) by the Alliance.

In 2022, the PRCC granted one-year reappointment for three (3) practitioners for grievances filed regarding office procedures, quality of care and accessibility. The table below shows evidence of practitioners reviewed by the PRCC for credentialing and re-credentialing decisions.



## 2022 QI Program Evaluation

### Count of Practitioners Reviewed for Quality Issues at PRCC in 2022

Count of Practitioners Reviewed for Quality Issues At PRCC in 2022											
PRCC Date	PRC	NPDB	Attestation	Malpractice	Facility Site Review	Grievance, Complaints, PQI	License Action	Board Certification	CAP	GAP	Total
January						8		2	1	2	11
February				1		8		1		1	10
March		2		3		13		5	1	3	24
April		3		2		15		4		5	24
May		3	1	3		20		1	2	3	30
June		1		1		11		1		2	14
July				2		14		1	2	1	19
August No Committee Meeting											0
September		4				10		5		1	19
October		3				4	1			2	8
November		2		3		12		7	3	3	27
December				2		10		6	1	10	19
<b>Total</b>	<b>0</b>	<b>18</b>	<b>1</b>	<b>17</b>	<b>0</b>	<b>125</b>	<b>1</b>	<b>33</b>	<b>10</b>	<b>33</b>	<b>205</b>

### Potential Quality Issues

Potential Quality Issues (PQIs) are defined as: A individual occurrence or occurrences with a potential or suspected deviation from accepted standards of care, including diagnostic or therapeutic actions or behaviors that are considered the most favorable in affecting the patient's health outcome, which cannot be affirmed without additional review and investigation to determine whether a quality issue exists. PQI cases are classified as Quality of Access (QOA), Quality of Care (QOC), or Quality of Service (QOS) issues. Quality of Language (QOL) was added as a separate PQI classification as an improvement opportunity to better capture, track, trend, investigate and resolve PQIs related to member grievances regarding language. The Alliance QI Department investigates all PQIs referred to as outlined in Policy QI-104, Potential Quality Issues. PQIs may be submitted via a wide variety of sources including but not limited to members, practitioners, internal staff, and external sources. PQIs are referred to the QI Department through a secure electronic feed or entered manually into the PQI application, for evaluation, investigation, resolution, and tracking.

Quality Review Nurses investigate PQIs and summarize their findings. QOA cases are referred to A&A for review and tracking while QOS cases that do not contain a clinical component are investigated and closed by the review nurse. QOL cases are reviewed and investigated by the Cultural and Linguistic Manager. The Senior Director and/or the QI RN Supervisor oversees and audits a random sample of all PQI case types. The QI Medical Director reviews all QOC cases, in addition to, any QOA, QOL, or QOS cases where the Quality Review Nurse and RN manager/director requests Medical Director case review. The QI Medical Director will refer cases to the Peer Review and Credentialing Committee (PRC) for resolution, on clinical discretion or if a case is found to be a significant quality of care issue (Clinical Severity 3, 4).

## 2022 QI Program Evaluation

### Quality of Care (QOC) Issue Severity Level

SEVERITY LEVEL	DESCRIPTION
<b>C0</b>	No QOC Issue
<b>C1</b>	Appropriate QOC May include medical / surgical complication in the <i>absence of negligence</i> . Examples: Medication or procedure side effect
<b>C2</b>	Borderline QOC With potential for adverse effect or outcome Examples: Delay in test with <i>potential</i> for adverse outcome
<b>C3</b>	Moderate QOC Actual adverse effect or outcome (non-life or limb threatening) Examples: Delay in / unnecessary test <i>resulting in</i> poor outcome
<b>C4</b>	Serious QOC With significant adverse effect or outcome (life or limb threatening) Examples: Life or limb threatening

The Alliance's QI Department received 6,458 PQIs, during MY2022, which is a 112% increase from 2021. The total volume of PQIs increased by 3,407 which is largely reflected in the number of QOS and QOA issues identified during this MY. Of the 6,458 PQIs received in 2022, 8%, or 509, of the PQIs were classified as a QOC. PQI monthly and quarterly totals are listed below:

### 2022 All PQI Type Monthly Totals

PQI Type	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL	%
<b>All Types of PQIs</b>	328	321	589	563	489	483	570	687	727	412	593	696	<b>6458</b>	
<b>QOA</b>	100	123	229	183	146	164	189	246	259	123	150	215	<b>2127</b>	<b>33%</b>
<b>QOC</b>	58	20	32	47	38	41	57	68	43	55	34	16	<b>509</b>	<b>8%</b>
<b>QOS</b>	145	162	309	304	270	254	295	335	388	213	384	428	<b>3484</b>	<b>54%</b>
<b>QOL*</b>	14	7	14	21	23	17	24	26	23	14	15	30	<b>228</b>	<b>3%</b>
<b>Other*</b>	11	9	8	8	12	7	5	12	14	7	10	7	<b>110</b>	<b>2%</b>

\*\*Referred to Beacon or Kaiser

QI clinical management investigated reviewed and triaged all referrals both internal and external

## 2022 QI Program Evaluation

to the organization to ensure that access, clinical, language, service related PQIs were addressed through RN investigation and oversight support from Compliance and Vendor Management as applicable.

### 2022 OQC PQI Quarterly Totals

INDICATOR	Q1	Q2	Q3	Q4
<b>Indicator 1:</b> QOC PQIs	Denominator: <b>1238</b> Numerator: <b>110</b> Rate: <b>8.9%</b>	Denominator: <b>1535</b> Numerator: <b>126</b> Rate: <b>8.2%</b>	Denominator: <b>1984</b> Numerator: <b>168</b> Rate: <b>8.5%</b>	Denominator: <b>1701</b> Numerator: <b>105</b> Rate: <b>6.2%</b>
<b>Indicator 2:</b> QOC PQIs leveled at severity C2-4	Denominator: <b>109</b> Numerator: <b>25</b> Rate <b>22.9%</b>	Denominator: <b>125</b> Numerator: <b>17</b> Rate: <b>13.6%</b>	Denominator: <b>167</b> Numerator: <b>33</b> Rate: <b>19.8%</b>	Denominator: <b>112</b> Numerator: <b>8</b> Rate: <b>7.2%</b>

QI RN management continued to conduct Exempt Grievances case audits via random sampling, to ensure that clinical PQIs are not missed and forwarded to the Quality Department. QI Department clinical management provides oversight of exempt grievances via review of randomly selected exempt grievances. In 2022, 100 exempt grievance cases per quarter were reviewed with an overall performance rate of 98.5% which exceeds the established performance metric of 90%.

	Q4 2021	Q1 2022	Q2 2022	Q3 2022
<b>Numerator</b>	98	98	98	100
<b>Denominator</b>	100	100	100	100
<b>Performance Rate</b>	98	98	98	100
<b>Gap to Goal</b>	N/A	N/A	N/A	N/A
<b>Universe</b>	3126	3068	3684	4828

The Alliance IT department continues to provide support with workflow enhancements to the PQI application. The PQI application remains a robust and responsive system allowing for timely and accurate reporting, documentation, tracking, and adjudication of PQIs.

A full description of the PQI process is documented in Policy QI-104.

## Quality in Member Experience

### Overview

Analyses of member experience information helps managed care organizations identify aspects of performance that do not meet member and provider expectations and initiate actions to improve performance. The Alliance monitors multiple aspects of member and provider experience, including:

- Member Experience Survey
- Member Complaints (Grievances)

- Member Appeals

## Standards and Provider Education

The Alliance has continued to educate providers on, monitor, and enforce the following standards:

### Primary Care Physician (PCP) Appointments

APPOINTMENTS WAIT TIMES	
Appointment Type:	Appointment Within:
Urgent Appointment that <i>does not</i> requires PA	48 Hours of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Non-Urgent <b>Primary Care</b> Appointments	10 Business Days
<b>First Prenatal</b> Visit	10 Business Days
Non-Urgent Appointment with a <b>Specialist</b> Physician	15 Business Days
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	10 Business Days
Non-Urgent Appointment for <b>Ancillary Services</b> for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days

### All Provider Wait Time/Telephone/Language Practices

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Standard:	Within:
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

*\*Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines PA = Prior Authorization*

**Urgent Care** refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

**Non-urgent Care** refers to routine appointments for non-urgent conditions.

**Triage or Screening** refers to the assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage and

## 2022 QI Program Evaluation

determine the urgency of the member's need for care.

Each of these standards are monitored as described in the table below. In 2022, the Alliance made changes to the CG-CAHPS instrument to ensure that the collected data was consistent with the Alliance standards which remained in place during the MY2020.

Shortening or Extending Appointment Timeframes: The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care Practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the Member's medical record that a longer waiting time will not have a detrimental impact on the health of the Member.

### Primary Care Physician (PCP) Appointment

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	Measured By:
Urgent Appointment that <i>requires</i> PA	PAAS, CG-CAHPS, Confirmatory Survey
Urgent Appointment that <i>does not</i> require PA	PAAS, CG-CAHPS, Confirmatory Survey
Non-Urgent <b>Primary Care</b> Appointment	PAAS, CG-CAHPS, Confirmatory Survey
<b>First Prenatal</b> Appointment	Non-PAAS, Confirmatory Survey
Non-Urgent Appointment with a <b>Specialist</b> Physician	PAAS, Confirmatory Survey
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	PAAS, Confirmatory Survey
Non-Urgent Appointment for <b>Ancillary Services</b> for the diagnosis or treatment of injury, illness, or other health conditions	PAAS, Confirmatory Survey

### All Provider Wait Time/Telephone/Language Practices

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Standard:	Measured By:
In-Office Wait Time	CG-CAHPS, Confirmatory Survey
Call Return Time	CG-CAHPS, Confirmatory Survey
Time to Answer Call	CG-CAHPS, Confirmatory
Telephone Access – Provide coverage 24 hours a day, 7 days a week	Confirmatory Survey

## 2022 QI Program Evaluation

Telephone Triage and Screening – Wait time not to exceed 30 minutes	Confirmatory Survey
Emergency Instructions – Ensure proper emergency instructions	After Hours: Emergency Instructions Survey, Confirmatory Survey
Language Services-Provide interpreter services 24 hours a day, 7 days a week	CG-CAHPS

### The Alliance and the QI team adopted a PDSA approach to the access standards:

**Plan:** The standards were discussed and adopted, and surveys have been aligned with our adopted standards.

**Do:** The surveys are administered, per our policies and procedures (P&Ps); survey methodologies, vendors, and processes are outlined in P&Ps.

**Study:** Survey results along with QI recommendations are brought forward to the A&A Committee; the Committee formalizes recommendations which are forwarded to the HCQC and Board of Governors

**Act:** Dependent on non-compliant providers and study / decision of the A&A Committee, actions may include, but are not limited to, provider education/re- education and outreach, focused discussions with providers and delegates, resurveying providers to assess/reassess provider compliance with timely access standard(s), issuing of corrective action plans (CAPs), and referral to the Peer Review and Credentialing Committee.

### Provider Capacity

The Alliance reviews network capacity reports monthly to determine whether primary care providers are reaching network capacity standards of 1:2000. In 2022, there was one provider that exceeded the 2,000-member threshold for a Pediatric PCP. As a result, membership assignment was closed until the provider's capacity improved. The Network Data Validation team continues to monitor the threshold at 80% and above to ensure member assignment does not reach the 2,000-capacity standard. If a provider is close to the threshold, the plan reaches out to confirm if the provider intends to recruit other providers. If not, the panel is closed to the new assignment. During this time, the plan and the provider are in communication of such changes.

### Geo Access

The geographic access reports are reviewed quarterly to ensure that the plan meets the geographic access standards for provided services in Alameda County. For PCPs, the Alliance has adopted standards of one provider within 30 minutes / 15 miles. For specialists, the Alliance has adopted standards of one provider within 30 minutes / 15 miles. During 2022, the Alliance continued its cross functional quarterly meeting to review access issues and concerns.

In 2022, the Alliance continues to face geographic access issues for certain pediatric specialists in various parts of Alameda County. In those instances, the Plan has requested alternatives access standards from the DHCS as a result. When reviewing the geographic access maps and data, there are a few members who reside in remote areas or unincorporated parts of Alameda County or where Pediatric Specialties may not be available (Livermore, Dublin, and Pleasanton), resulting in deficiencies. Even though the provider and member are in the same zip code, the time and distance standards are still compromised. The Plan requested alternative access standards in that instance.

### Member Satisfaction Survey (CAHPS 5.1H)

The Medi-Cal and Commercial Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is administered by the National Committee for Quality Assurance (NCQA) a certified Health Effectives Data and Information Set (HEDIS) survey vendor. SPH Analytics was selected by the Alliance to conduct the 2022 CAHPS 5.1H survey. NCQA used a new 5.1H version of the CAHPS survey starting 2021. The HEDIS CAHPS survey included minor changes to some of the instructions and survey items to indicate the different ways in which patients may be receiving care: in person or via telehealth.

The survey method includes mail and phone responses. Members in each Alliance line of business (LOB) are surveyed separately. The table below shows the survey response rates. As of April 2023, the Alliance had a total of 354, 822 members.

The breakdown of member enrollment by network is as follows:

- AHS: 19.7%
- Directs: 18.80%
- CHCN: 37.23%
- CFMG: 9.69%
- Kaiser: 14.59%

**Survey Response Rates by Line of Business**

	Medi-Cal Adult	Medi-Cal Child	Commercial Adult
2022	12.4%	12.3%	21.5%
2021	15.9%	18.2%	23.7%
2020	14.7%	16.5%	23.5%

The Medi-Cal Child, Adult Medi-Cal, and Adult Commercial Trended Survey Results in the tables below, contains trended survey results for the Medi-Cal Child, Medi-Cal Adult, and Commercial Adult populations across composites. Quality Compass All Plans (QCAP) benchmark noted within the tables is a collection of CAHPS 5.1H mean summary ratings for the Medicaid and Commercial samples that were submitted to NCQA in 2021 that provides for an aggregate or national summary.

## 2022 QI Program Evaluation

In respect to benchmark scores, Red signifies that the current year 2022 score is significantly lower than the 2021 score. Green indicates that the current year 2022 score is significantly higher than the 2021 score.

### Medi-Cal Child Trended Survey Results

Summary Rate Scores: Medi-Cal Child				
Composite	2022	Previous Year Comparison	2021	2020
Getting Needed Care	78.4%	↓	82.2%	81.0%
Getting Care Quickly	77.8%	↓	78.8%	82.0%
How Well Doctors Communicate	91.3%	↓	93.2%	92.7%
Customer Service	85.5%	↓	90.2%	84.0%
Rating of Health Care (8-10)	89.5%	↑	89.1%	87.3%
Rating of Personal Doctor (8-10)	90.6%	↓	91.0%	91.2%
Rating of Specialist (8-10)	85.3%	↓	87.2%	90.6%
Rating of Health Plan (8-10)	86.0%	↓	88.1%	87.5%
Coordination of Care	89.1%	↑	73.8%	82.4%

### Medi-Cal Adult Trended Survey Results

Summary Rate Scores: Medi-Cal Adult				
Composite	2022	Previous Year Comparison	2021	2020
Getting Needed Care	75.9%	↓	79.0%	82.6%
Getting Care Quickly	75.9%	↑	72.4%	71.7%
How Well Doctors Communicate	92.3%	↑	83.5%	95.7%
Customer Service	89.4%	↑	84.1%	88.8%
Rating of Health Care (8-10)	66.3%	↓	73.1%	75.4%
Rating of Personal Doctor (8-10)	82.9%	↑	81.3%	84.7%
Rating of Specialist (8-10)	78.6%	↓	78.9%	91.7%



## 2022 QI Program Evaluation

Rating of Health Plan (8-10)	74.4%	↓	74.9%	78.4%
Coordination of Care	79.0%	↓	83.0%	80.3%

### Commercial Adult Trended Survey Results

Summary Rate Scores: Commercial Adult				
Composite	2022	Previous Year Comparison	2021	2020
Getting Needed Care	65.8%	↓	75.2%	65.6%
Getting Care Quickly	62.0%	↓	71.1%	68.7%
How Well Doctors Communicate	83.2%	↓	87.7%	90.0%
Customer Service	78.5%	↑	77.3%	80.3%
Rating of Health Care (8-10)	61.0%	↓	70.1%	66.1%
Rating of Personal Doctor (8-10)	74.9%	↓	77.4%	77.6%
Rating of Specialist (8-10)	72.6%	↓	82.9%	80.2%
Rating of Health Plan (8-10)	65.9%	↓	67.1%	68.5%
Coordination of Care	74.4%	↓	76.8%	83.5%

Tables below contain trended survey results for the three (3) member populations and their delegate network compared to the Alliance.

### Medi-Cal Child Trended Survey Results - Delegates

	AHS				Alliance			CFMG			CHCN			Kaiser		
	2022 Plan Total	2022	2021	YoYT	2022	2021	YoYT	2022	2021	YoYT	2022	2021	YoYT	2022	2021	YoYT
Total Respondents	250	27			14			54			98			57		
Getting Needed Care	78.4%	63.9%	80.0%	↓	58.3%	95.5%	↓	75.8%	71.7%	↑	84.8%	92.6%	↓	78.8%	94.2%	↓
Getting Care Quickly	77.8%	88.9%	69.2%	↑	61.4%	58.3%	↑	71.1%	75.6%	↓	80.8%	86.5%	↓	83.1%	89.7%	↓
How Well Doctors Communicate	91.3%	80.0%	89.7%	↓	77.8%	90.6%	↓	92.3%	95.9%	↓	93.6%	91.4%	↑	93.9%	95.0%	↓
Customer Service	85.5%	83.3%	90.0%	↓	98.5%	78.6%	↑	83.2%	90.3%	↓	87.1%	90.6%	↓	85.6%	95.5%	↓
Rating of Health Care (8-10)	89.5%	88.9%	90.9%	↓	87.5%	83.3%	↑	87.5%	89.1%	↓	88.2%	86.9%	↑	93.9%	96.2%	↓
Rating of Personal Doctor (8-10)	90.6%	94.7%	92.0%	↑	81.8%	91.3%	↓	95.2%	92.4%	↑	88.2%	86.6%	↑	90.2%	96.1%	↓
Rating of Specialist (8-10)	85.3%	100.0%	75.0%	↑	100.0%	100.0%	↔	91.7%	81.0%	↑	83.3%	91.7%	↓	71.4%	100.0%	↓
Rating of Health Plan (8-10)	86.0%	78.3%	89.7%	↓	84.6%	83.3%	↑	85.2%	89.3%	↓	87.9%	86.8%	↑	87.3%	90.9%	↓
Coordination of Care	89.1%	66.7%	66.7%	↔	50.0%	62.5%	↓	88.9%	70.0%	↑	87.5%	76.2%	↑	100.0%	88.9%	↑

YoYT = Year-Over-Year Trend

## 2022 QI Program Evaluation

### Medi-Cal Adult Trended Survey Results - Delegates

	2022 Plan Total	AHS			Alliance			CHCN			Kaiser		
		2022	2021	YoYT	2022	2021	YoYT	2022	2021	YoYT	2022	2021	YoYT
Total Respondents	163	30	48		39	52		64	71		28	36	
Getting Needed Care	75.9%	76.3%	72.5%	↑	72.5%	82.3%	↓	70.9%	79.7%	↓	90.6%	80.4%	↑
Getting Care Quickly	75.9%	69.1%	81.3%	↓	66.4%	61.5%	↑	74.3%	62.1%	↑	93.7%	87.5%	↑
How Well Doctors Communicate	92.3%	94.6%	73.8%	↑	87.5%	86.6%	↑	91.4%	87.9%	↑	97.7%	80.9%	↑
Customer Service	89.4%	75.0%	81.3%	↓	95.8%	87.3%	↑	87.2%	82.7%	↑	95.8%	86.4%	↑
Rating of Health Care (8-10)	66.3%	50.0%	80.0%	↓	77.3%	65.5%	↑	52.5%	72.2%	↓	90.9%	76.2%	↑
Rating of Personal Doctor (8-10)	82.9%	63.6%	88.2%	↓	81.3%	73.0%	↑	87.2%	80.9%		92.6%	82.8%	↑
Rating of Specialist (8-10)	78.6%	70.0%	87.5%	↓	88.2%	64.3%	↑	71.0%	94.7%	↓	91.7%	50.0%	↑
Rating of Health Plan (8-10)	74.4%	62.1%	76.1%	↓	81.1%	68.0%	↑	70.0%	75.4%	↓	89.3%	81.3%	↑
Coordination of Care	79.0%	80.0%	73.3%	↑	72.2%	83.3%	↓	73.7%	87.5%	↓	92.9%	88.9%	↑

YoYT = Year-Over-Year Trend

### Commercial Adult Trended Survey Results – Delegated Network

	2022 Plan Total	Alliance			CHCN			Kaiser		
		2022	2021	YoYT	2022	2021	YoYT	2022	2021	YoYT
Total Respondents	231	103	117		98	108		30	25	
Getting Needed Care	65.8%	62.5%	76.2%	↓	66.4%	74.7%	↓	77.4%	72.6%	↑
Getting Care Quickly	62.0%	59.9%	75.2%	↓	62.4%	70.5%	↓	68.6%	56.4%	↑
How Well Doctors Communicate	83.2%	82.6%	93.2%	↓	84.5%	84.1%	↔	81.9%	75.0%	↑
Customer Service	78.5%	81.9%	84.0%	↓	74.2%	70.3%	↑	83.3%	72.2%	↑
Rating of Health Care (8-10)	61.0%	58.6%	73.9%	↓	64.1%	69.8%	↓	57.1%	53.3%	↑
Rating of Personal Doctor (8-10)	74.9%	73.6%	96.4%	↓	76.8%	79.3%	↓	73.9%	73.3%	↔
Rating of Specialist (8-10)	72.6%	65.9%	91.5%	↓	83.9%	73.3%	↑	66.7%	60.0%	↑
Rating of Health Plan (8-10)	65.9%	68.3%	72.1%	↓	67.4%	62.6%	↑	53.3%	63.6%	↓
Coordination of Care	74.4%	77.1%	78.8%	↓	70.6%	75.6%	↓	76.9%	75.0%	↑

YoYT = Year-Over-Year Trend

The 2022 CAHPS survey results year-over-year trends show variation within the **Alliance** business lines. Across LOBs, the Medi-Cal Child population had the highest measure summary rate scores in 2022.

### MY2022 – 2021 Alliance and Delegate Comparative Findings

#### Medi-Cal Child

- **AHS:** Five (5) of nine (9) scores decreased based on the above table. A significant increase in percentage scores were seen for 'Getting Care Quickly' and 'Rating of Specialist (8-19)'.
- **Directs:** Four (4) of nine (9) scores decreased based on the above table. With significant decrease in scores for 'Getting Needed Care' and 'How Well Doctors Communicate.'
- **CFMG:** Five (5) of the nine (9) scores decreased based on the above table. A significant increase in percentage scores was seen for 'Coordination of Care.'

## 2022 QI Program Evaluation

- CHCN: Four (4) of nine (9) scores decreased based on the above table.
- Kaiser: Eight (8) of nine (9) scores decreased based on the above table. A significant decrease was seen for 'Getting Needed Care' and 'Rating of Specialist (8-10)'. However, a significant increase was seen for 'Coordination of Care' from 88.9% in 2021 to 100% in 2022.

### Quantitative Trends:

- Overall, a consistent decrease in percentage scores was noted throughout all delegate groups.

### Medi-Cal Adult

- AHS: Five (5) of nine (9) scores decreased based on the above table. A significant decrease was seen for 'Getting Care Quickly,' 'Rating of Health Care (8-10)' and 'Rating of Person Doctor (8-10)'. However, a significant increase was seen for 'How Well Doctors Communicate.'
- Directs: Two (2) of nine (9) scores increased based on the above table. With significant increases in scores for 'Rating of Specialist (8-10)' and 'Rating of Health Plan (8-10)'.
- CHCN: Five (5) of nine (9) scores decreased based on the above table. A significant decrease was seen for 'Rating of Health Care (8-10)' and 'Rating of Specialist (8-10)'.
- Kaiser: Nine (9) of nine (9) scores increased based on the above table. With a significant increase for 'Rating of Specialist (8-10)' with a 91.7% in 2022 compared to 50.0% in 2021.

### Quantitative Trends:

- All delegates increased percentage scores in 'How Well Doctors Communicate.'

### Commercial Adult

- AHS: Seven (7) of nine (9) scores increased based on the above table.
- Directs: Nine (9) of nine (9) scores decreased based on the above table. A significant decrease was seen for 'Getting Care Quickly,' 'Rating of Health Care (8-10)', 'Getting Needed Care' and 'Rating of Specialist (8-10)'.
- CHCN: Five (5) of nine (9) scores decreased based on the above table.

### Quantitative Trends:

- Alliance had decreased in all measures in 2022. However, increases were seen for the following two measures for both CHCN and AHS:

### Costumer Service

Rating of Specialist (8-10)

#### Composite Measures

Population	Top Measures	Bottom Measures
Medi-Cal Child	Coordination of Care	Getting Needed Care
	Rating of Health Care	How Well Doctors Communicate

## 2022 QI Program Evaluation

<b>Medi-Cal Adult</b>	Rating of Specialist	Getting Care Quickly
	Customer Service	Getting Care Quickly
	How Well Doctors Communicate	Coordination of Care
	Rating of Personal Doctor	Getting Needed Care
	Rating of Health Plan	Getting Care Quickly
<b>Commercial Adult</b>	Rating of Health Care	How Well Doctors Communicate
	Care Coordination	Claims Processing

Getting Care Quickly' is identified again as the common bottom measure for all three Lines of Business. Low scoring composite provides opportunities for improvement via RCA as part of the QI Work Plan for 2022.

### Composites and Key Drivers

Measures	Key Driver
<b>Rating of Health Plan</b>	Customer Service Providing Information and Help
	Getting Needed Care
	Health Plan Overall Rating
<b>Rating of Health Care</b>	Doctors Spending Enough Time with Patients
	How Well Doctors Communicate
<b>Rating of Personal Doctor</b>	Getting Needed Care

### Next Steps

The Alliance will continue to collaborate interdepartmentally, focusing on maintaining power in top rating measures and improving member perception of care and services ranked at the bottom of composite scores. Additionally, the Alliance will continue to partner with providers on initiatives designed to improve the member experience and survey scores in 2022-2023 using PDSA cycle to improve or maintain Member Satisfaction scores. Commercial Adult for the Alliance shows an increase in scores.

Review Improvement Strategies recommendations by SPH for targeted improvement focus that include:

- Assess CAHPS data by direct and delegate provider/networks. Beginning Q3 2022 share results at Joint Operations Meetings (JOM) with delegates. Correlate with grievance data and access PQI complaint data to share with providers.
- Continue best practices for LOBs with increasing survey results.

## 2022 QI Program Evaluation

- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.). Identify opportunities for improvement.
- Support members and collaborate with providers to enhance routine and urgent access to care through proactive approaches within Member Services, Provider Relations and Utilization Management and Case and Care Management.

### Provider Satisfaction Survey Overview

The Alliance contracted with its NCQA certified vendor, SPH, to conduct a Provider Satisfaction Survey for MY2022. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs. The Alliance provided SPH with a database of Primary Care Physicians (PCPs), Specialists (SPCs) and Behavioral Health (BH) providers who were part of the Alliance network. Duplicate provider names or NPIs were removed from the database prior to submitting to survey vendor. From the database of unique providers, a sample of 815 records was drawn. A total of 106 surveys were completed between October - December 2022 (59 mail, 26 internet, 21 phone).

The table below contains the survey response rates, survey respondents, and role of survey respondents for 2022 compared to 2021.

#### Survey Response Rates for Mail/Internet and Phone: 2022 vs. 2021

	Mail/Internet	Phone
2022	10.4%	2.5%
2021	12%	2%

#### Survey Respondents for PCPs, BH Providers, SPCs: 2022 vs. 2021

	PCPs	BH Providers	SPCs
2022	8.7%	28.4%	14.5%
2021	11.7%	32.1%	12.3%

## 2022 QI Program Evaluation

### Year to Year Trend Comparisons

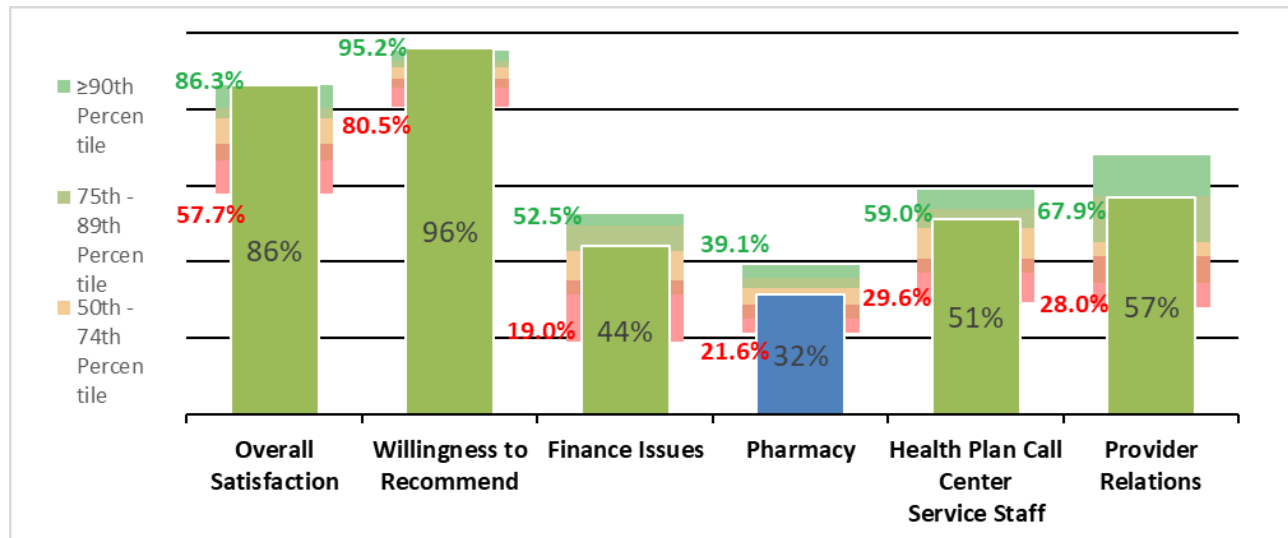
The table below contains the trended survey results across composites.

#### Trended Survey Results Across Composites

Summary Rate Scores					
Composite / Attribute	MY 2022	Variance Compared to Previous Year	Variance Compared to SPH Commercial Benchmark BoB	2021	2020
Overall Satisfaction	86.3%	Higher	Significantly Higher	77.3 %	85.0%
Overall Satisfaction with the Alliance	86.3%	Higher	Significantly Higher	77.3%	85.0%
All Other Plans (Comparative Rating)	53.5	Higher	Significantly Higher	50.0	55.6%
Finance Issues	44.3%	Stable	Higher	44.5%	45.0%
Utilization and Quality Management	50.6%	Higher	Significantly Higher	45.3%	50.9%
Network Coordination of Care	31.2%	Lower	N/A	37.3%	39.1%
Pharmacy	31.6%	Lower	N/A	35.1%	33.0%
Health Plan Call Center Service Staff	51.3%	Lower	Higher	54.0%	53.9%
Provider Relations	56.7%	Lower	Significantly Higher	63.5%	61.5%

The Alliance identified higher composite scores in 3 of 8 measures compared to 2021 scores. One (1) of the 8 composites scores remained stable compared to 2021. Four (4) of the 8 composites scores are significantly higher than the vendor commercial BoB score.

## 2022 QI Program Evaluation



Green bar = AA performing at or above the 75<sup>th</sup> percentile

Red bar = AA performing below the 25<sup>th</sup> percentile

Survey results indicated that the Alameda Alliance is performing above the 75<sup>th</sup> percentile in 5 of 6 composites compared to the distribution of scores in the 2021 SPH Commercial Book of Business and performing above the median for the other measure.

### SPH Alliance POWER List:

Promote and Leverage Strengths (Top 5 Listed):

1. Procedures for obtaining pre-certification/referral/authorization information.
2. Timeliness of plan decisions on routine prior authorization requests.
3. Timeliness of obtaining pre-certification/referral/authorization information.
4. Degree to which the plan covers and encourages preventive care and wellness.
5. The health plan's facilitation/support of appropriate clinical care for patients.

### Best Practice

Below are the performance results for the past three years, for Overall Satisfaction with the Alliance, which has exceeded the SPH Aggregate BoB value in all three years.

Overall Satisfaction with Alameda Alliance for Health	Numerator: % Completely of Somewhat Satisfied	Denominator: No. of question respondents	Rate	SPH Aggregate Book of Business	Met SPH Aggregate BoB? (Y/N)
Measurement Y1 2020	119	140	85%	69%	Y



## 2022 QI Program Evaluation

Measurement Y2 2021	85	110	77.3%	70.8%	Y
Measurement Y3 2022	88	102	86.3%	70.2%	Y

### Next Steps

- Survey results will be shared at Health Care Quality Committee.
- A cross functional workgroup will study opportunities with SPH POWER listing to promote and leverage identified strengths for ongoing improvement.

### CG-CAHPS Survey

The Alliance contracted with SPH Analytics to conduct its quarterly Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey within 2022, which measures member perception of and experience with three timely access standards: in-office wait time; call return time; and time to answer call. The CG-CAHPS survey was fielded in Q1, Q2, Q3, Q4 of 2022. In 2022 the Alliance was given approval by DHCS to modify the CG-CAHPS survey. Per approval from DHCS, the in-office wait time standard changed from within 30 minutes to within 60 minutes. Also, the call return time standard changed from within 30 minutes to within one business day. The time to answer the call standard remained the same (within 10 minutes). SPH followed a mixed methodology of mail and phone to administer the survey to a randomized selection of eligible members who had accessed care with their PCP within the previous six months.

The table below presents the compliance rates across the three metrics for the CG-CAHPS surveys that were conducted in 2022 within each quarter.

**CG-CAHPS Survey Results 2022**

Metric	Compliance Goal	Q1 2022	Q2 2022	Q3 2022	Q4 2022
<b>In-Office Wait Time (Within 60 minutes)</b>	80%	92.7%	92.3%	91.8%	91.1%
<b>Call Return Time (Within 1 Business Day)</b>	70%	76.8%	71.2%	74.4%	75.5%
<b>Time To Answer Call (Within 10 minutes)</b>	70%	77%	77.2%	73.7%	72.9%

Since the pandemic, many providers and delegates have faced staffing challenges due to burnout and high turnover. The Alliance recognized the challenges that our providers faced, started Q3, 2022 the compliance threshold goal has changed from 80% to 70% for Call Return Time and Time to Answer Call.



## 2022 QI Program Evaluation

Possible Barriers	<ul style="list-style-type: none"> <li>6-month delay in survey fielding from date of encounter. Results are based on <i>a member's perception</i> of encounter experience.</li> <li>Survey conducted on member encounter experience during the COVID-19 PHE provider office operations restructuring.</li> </ul>
Next Action Steps	<ul style="list-style-type: none"> <li>Track and Trend compliance rates</li> <li>Continue to follow escalation process for providers non-compliance with CG-CAHPS: <ul style="list-style-type: none"> <li>1Q: Track &amp; trend</li> <li>2Qs: Letter/JOM discussion</li> <li>3Qs: CAP/Discussion with COO/CFO</li> </ul> </li> <li>Share results with Provider Services department, FSR staff, to incorporate as part of Member &amp; Provider Satisfaction work group discussions and PDSA/Intervention planning as applicable.</li> <li>Share results with delegate groups and discuss improvement strategies.</li> <li>Monitor new compliance goal of 70% for Call Return Time and Time to Answer Call</li> </ul>

### After Hours Care

The Alliance contracted with SPH Analytics to conduct the annual Provider After-Hours Survey for MY2022, which measures providers' compliance with the after-hours emergency instructions standard. The MY2022 After-Hours Survey was conducted in November of 2022. SPH followed a phone-only protocol to administer the survey to the eligible provider population during closed office hours. A total of 398 Alliance providers and/or their staff were surveyed, and included 73 primary care physicians (PCPs), 211 specialists, and 114 behavioral health (BH) providers. The survey assesses the presence of instructions for a caller in an emergency, either via a recording or auto-attendant, or a live person.

The table below presents the compliance rates for the providers surveyed in the After-Hours Survey:

**Compliance Rates for After Hours Survey**

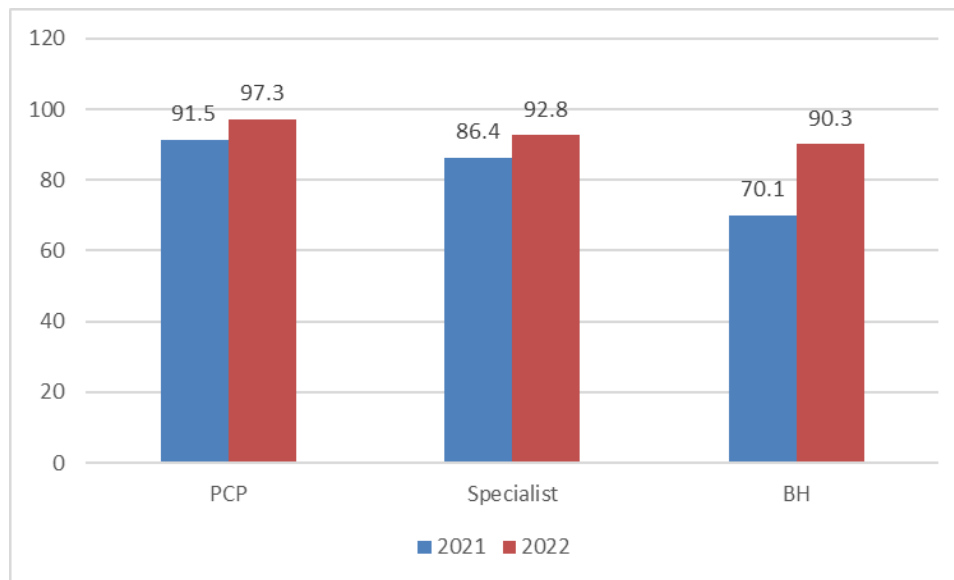
Provider Type	Emergency Instructions		
	Total Compliant	Total Non-Compliant	Compliance Rate
PCP	71	2	97.3%
Specialist	192	15	92.8%

## 2022 QI Program Evaluation

<b>BH</b>	102	11	90.3%
<b>Total</b>	<b>365</b>	<b>28</b>	

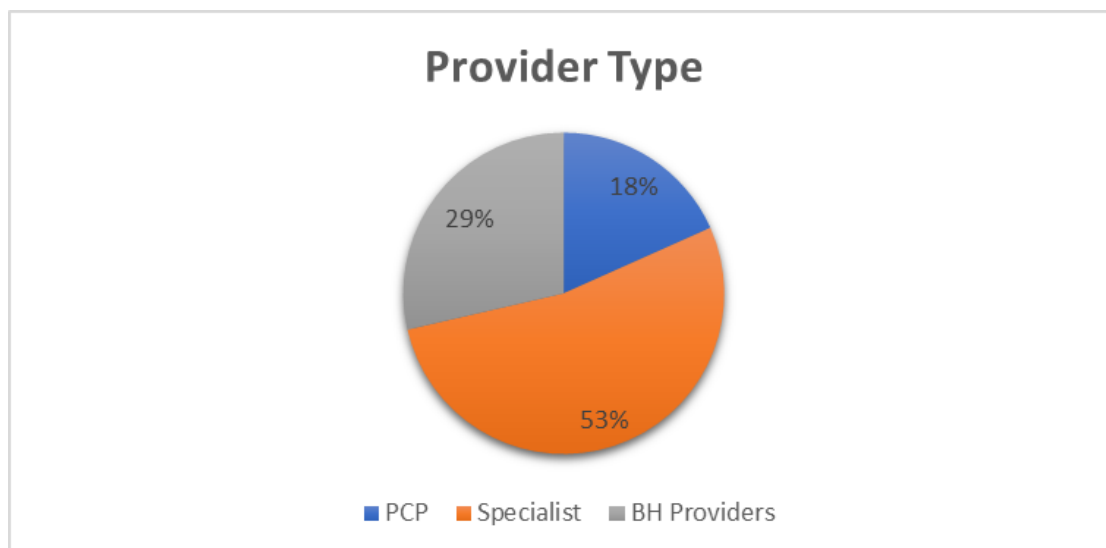
A total of 28 providers (2 PCPs, 15 Specialists, 11 BH) were found to be non-compliant with the emergency instructions standard because of the After-Hours Survey. Specialist providers had the highest non-compliance rate in 2022 but down from 30 in 2021 followed by BH, then PCP providers.

### After Hours Emergency Instruction and Access to Physician Compliance Rate Comparison (2021 v 2022)

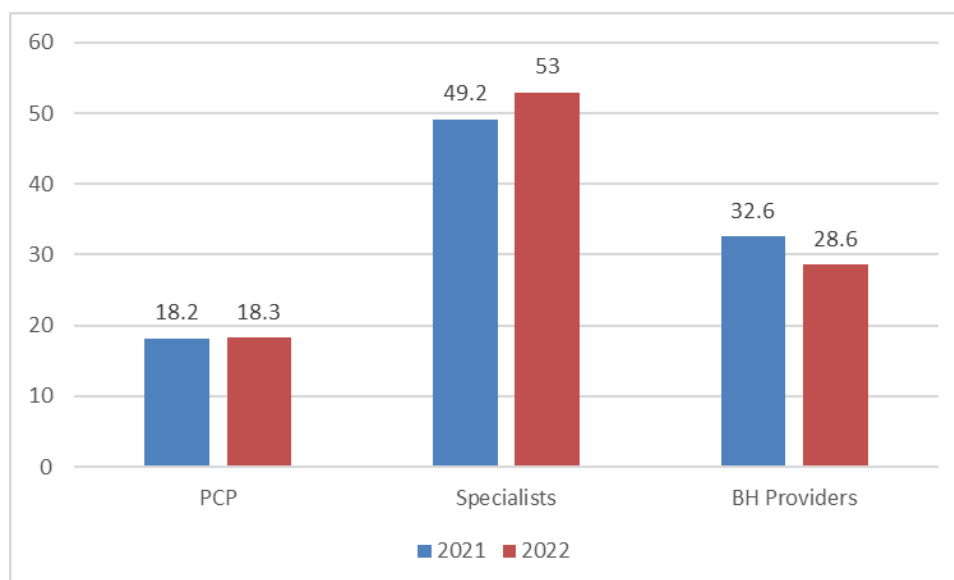


The figure below presents the response rate across provider types:

### Response Rate by Provider Type



### After Hours Emergency Instruction and Access to Provider Survey Response Rate Comparison (2021 v 2022)



- Number of survey respondents in 2021 = 451.
- Number of survey respondents in 2022 = 398.
- Year-over-year Specialist providers have had the highest response rate to the survey.
- BH providers response rate decreased in 2022 from 2021 by 4%.
- Specialist providers response rate increased in 2022 from 2021 by 3.8%.

In 2022, all the Alliance provider groups performed above 90%. Results of survey were presented at Q1 2023 Access and Availability Committee with the following next steps for improvement:

- Share results with Delegate and Direct entities.
- Share results with Provider Services and FSR staff to incorporate as part of provider and office staff education for identification of barriers and improvement opportunities.
- CAPs to be sent to non-compliant providers.
- CAPs are issued at the delegate level.
- CAPs are issued at the direct provider level.

### Initial Pre-Natal Visits

The Alliance conducted the annual First Prenatal Visit Survey for MY2022, which measures providers' compliance with the first prenatal visit standard. The survey was conducted in September – November of 2022 and was administered to a random sample of eligible Alliance Obstetrics and Gynecology (OB/GYN) providers. The table below shows the results of the survey.

## 2022 QI Program Evaluation

### First Prenatal Visit Survey

Appointment within 10 business days	75% Target Goal Met	Percent of Ineligibles	Percent of Non-Responsive
55.6%	No	33.7%	25.5%

The 2022 First Prenatal Visit survey results showed a compliance rate of 17.6% lower than the 2021 which held a 73.2% compliance rate. The goal of 75% was not met and Corrective Action Plans (CAPs) will be issued to all non-responding and non-compliant providers within Q2 2022.

The Alliance's QI Department will continue:

1. Survey monitoring of First Prenatal Visit compliance via Quality of Access PQIs
2. Ongoing provider education and discussions at delegate JOMs regarding timely access standards
3. Collaboration with Analytics, Provider Services, and delegate networks to improve the accuracy of provider data, thus decreasing the number of ineligible providers.

### Oncology Survey

The Alliance conducted the annual Oncology Survey for MY2022, which measures providers' compliance with the urgent and non-urgent appointment standards for Oncology specialists. The survey was conducted from September – November of 2022 and was administered to a random sample of eligible Alliance Oncology providers. The table below shows the results of the survey.

### Oncology Survey

Urgent Appt	75% Target Goal Met	Non-Urgent Appt	75% Target Goal Met	Percent of Ineligibles	Percent of Non-Responsive
51.4%	No	82.9%	Yes	25.0%	28.9%

In 2022, the compliance rate for urgent appointments had a significant decline of 32.8%, a difference from 2021 which received a compliance score of 84.2%. Non-urgent appointments increased by 3% from 78.9% in 2021.

Time-sensitive corrective action plans (CAPs) will be issued to all non-responding and non-compliant providers within Q2 2023. Additionally, the Alliance's QI Department will:

1. Continue ongoing provider education and discussions at delegate JOMs regarding timely access standards.
2. Collaboration with Analytics, Provider Services, and delegate networks to improve the accuracy of provider data, thus decreasing the number of ineligible providers.

## Provider Appointment Availability Survey

The Alliance's annual Provider Appointment Availability Survey (PAAS) for MY2022 was used to review appointment wait times for the following provider types:

- Primary Care Physicians (PCPs)
- Specialist Physicians (SPCs):
  - Cardiovascular Disease
  - Endocrinology
  - Gastroenterology
- Non-Physician Mental Health (NPMH) Providers (PhD-level and Masters-level)
- Ancillary Services Providers offering Mammogram and/or Physical Therapy
- Psychiatrists

The Alliance reviewed the results of its annual PAAS for MY2022 to identify areas of deficiency and areas for potential improvement. The Alliance defines deficiency as a provider group scoring less than a seventy-five percent (75%) compliance rate on any survey question related to appointment wait times.

The Alliance analyzed results for Alameda County, as most members live and receive care in Alameda County, the Alliance's service area. Additionally, per the MY2022 Department of Managed Health Care (DMHC) PAAS Methodology, the Alliance reported compliance rates for all counties in which its contracted providers were located, regardless of whether the providers were located outside the Alliance's service area. This included provider groups in the following counties – Contra Costa, San Joaquin, Sacramento, San Francisco, Santa Clara, San Jose, Solano, Marin, Madera, Monterey, San Mateo, Santa Cruz, San Luis Obispo, Santa Barbara, and Sonoma.

### MY2022 Compliance Rates by Appointment/Type across All Provider Types

Ancillary		
LOB	Urgent Appt	Routine Appt
IHSS	Not applicable	83.3%
MCL	Not applicable	83.3%
PCPs		
LOB	Urgent Appt	Routine Appt
IHSS	54.4%	68.1%
MCL	57.3%	73.7%
NPMH		
LOB	Urgent Appt	Routine Appt
IHSS	73.8%	87.8%
MCL	76.6%	87.6%
Psychiatrists		
LOB	Urgent Appt	Routine Appt

## 2022 QI Program Evaluation

IHSS	61.0%	84.7%
MCL	55.4%	90.8%
<b>Specialists</b>		
<b>LOB</b>	<b>Urgent Appt</b>	<b>Routine Appt</b>
IHSS	44.8%	55.6%
MCL	45.9%	56.2%

Across all provider types, there was greater compliance with the routine appointment standards than with the urgent appointment standard, and this was evidenced for both LOBs – MCL and IHSS for 2020, 2021, and 2022. As a result of COVID-19 PHE office visits (face-to-face and telehealth) dramatically declined. The Alliance will continue engaging in provider/delegate re-education around the timely access standards, to increase its efforts around compliance with the urgent appointment standard through the following ways:

- Fax blast timely access standard to all PCP.
- Provider Orientation,
- Create a provider facing document to be included in the provider quarterly packet,
- Timely access standard is included in CAP issued to non-compliant and non-responsive providers,
- Alliance community Health Medical Director and Access Availability Manager discussed timely access standard during on site visit,
- Targeted discussions with leadership staff during Joint Operations Meetings between the Alliance and its delegate leadership.

### Percentage of Ineligible Provider Types

MY	Psychiatrists	PCPs	Specialists	Ancillary	NPMH
<b>2022</b>	27.2%	19%	26%	19%	25%
<b>2021</b>	40%	26%	34%	31%	21%

Across all provider types, Psychiatrists had the highest percentage of ineligible providers, followed by Specialist providers, NPMH, Ancillary and PCP. Results of the MY2021 PAAS also show Psychiatrists as having the highest percentage of ineligible providers. Psychiatrists, Specialist, PCP and Ancillary providers showed a decrease in percentage of ineligible providers from MY2021 to MY2022. While NPMH providers show an increase in eligible providers. The Alliance will ensure continued collaboration with its Analytics and Provider Services Teams, as well as with its delegate networks, to enhance accuracy of provider contact information, provider specialty, provider network status, and/or provider appointment availability, with the goal of decreasing the overall percentage of ineligible providers.

### Percentage of Non-Responsive Provider Types

MY	Psychiatrists	PCPs	Specialists	Ancillary	NPMH
<b>2022</b>	27.6%	20.2%	34.7%	23.8%	28.1%

## 2022 QI Program Evaluation

<b>2021</b>	19%	8%	30%	19%	27%
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Across all provider types, Specialists had the highest percentage of non-responsive providers, followed by NPMH providers, Psychiatrists and Ancillary providers, with PCPs having the lowest percentages of non-responsive providers in MY2022 (see table above). The Alliance will increase its level of provider/delegate education around survey completion and purpose, including a focus on the development of provider/delegate improvement plans, with the overall goal of lessening and/or removing barriers for non-responsiveness. These efforts will include a focus on Specialists, given they had the highest level of survey non-responsiveness across provider types year-on-year.

### Year-Over-Year Analysis

For eligible providers who completed the survey, Ancillary and PCP did not show improvement in compliance rates in either appointment types for both LOBs. NPMH providers showed improvement in compliance rates for routine appointment standard for both LOBs and urgent appointment for Medi-Cal LOB. Specialist providers showed a slight improvement in compliance rates for urgent and routine appointments for Medi-Cal LOB, and slight decreases in compliance rates for both appointment standard for IHSS LOB. Psychiatrists showed improvement in compliance rates for routine appointments for both LOBs and decreased in compliance rates for urgent appointments for both LOBs.

### Alameda Health Systems (AHS)

For the PCP provider type, AHS again fell short of the compliance threshold for both appointment standards for both LOBs.

### Children's First Medical Group (CFMG)

For the PCP provider type, CFMG providers maintained a stable rate of compliance with both appointment standards. For the Specialist provider types, CFMG providers showed a significant increase in compliance for both appointment standards for cardiology appointments and endocrinology. However, CFMG providers demonstrated zero compliance for gastroenterology appointments.

### Community Health Center Network (CHCN)

For the PCP and Ancillary provider types, CHCN providers has continued to demonstrate best practice and maintained a stable rate of compliance with both appointment standards for both LOBs. For Specialist provider types, CHCN cardiology providers demonstrated a significant increase in their rates of compliance for routine appointments for both LOBs and urgent appointments for IHSS. For gastroenterology appointments, CHCN providers showed a significant decrease to zero rates of compliance for both appointment standards for both LOBs. For endocrinology appointments, CHCN providers demonstrated a significant improvement with both appointment standards for both LOBs.

### Individual Contracted Providers (ICP)

For the PCP provider type, ICPs maintained a stable rate of compliance with both appointment

standards for both LOBs. For cardiology and gastroenterology, ICPs demonstrated best practice by maintaining 100% compliance with routine appointment standards for both LOBs. ICPs maintained 100% compliance with urgent appointments for gastroenterology for IHSS LOB. However, ICPs showed a significant decrease with urgent appointments standard for cardiology for both LOBs but maintained above 75% compliance rate for urgent appointment standard. For the Adult NPMH provider type, ICPs showed an overall increase in compliance rates for both appointment standards for both LOBs.

### **Provider-Focused Improvement Activities**

As part of the QI strategy for 2023, the Alliance will continue its ongoing re-education of providers/delegates regarding timely access standards via various methods (e.g., quarterly provider packets, fax blasts, postings on the Alliance website, targeted outreach to providers/delegates, and in-office provider visits as appropriate), with the goal of increasing individual response and compliance rates to  $\geq 75\%$ . Additionally, the Alliance A&A unit will conduct focused scheduled and confirmatory surveys/audits that assess provider compliance with timely access standards. Time-sensitive corrective action plans (CAPs) will be issued to all non-responsive and non-compliant providers. Results and corrective actions needed for improvement will be discussed with delegate leadership staff during Joint Operations Meetings between the Alliance and its delegate. The Alliance will review other survey result indicators of access and availability to identify both best practice and opportunities for improvement throughout the year for performance improvement activities.

For PAAS MY2022 all non-compliant PCPs, Specialists, NPMH providers, Ancillary providers, and Psychiatrists receive notification of their survey results and the timely access standards in which they were deficient, along with time-sensitive CAPs. All non-responsive PCPs, Specialists, NPMH providers, Ancillary providers, and Psychiatrists receive notification of their non-responsiveness reminding them of the requirement to respond to timely access surveys, along with the timely access standards and time-sensitive CAPs.

The Alliance will share findings from the MY2022 PAAS at the Q3 2023 Access and Availability Sub-Committee for feedback and recommendations, as well as, in the Q3 HCQC, which is comprised of Chief Officer leadership from delegated networks, offering additional opportunities for discussion of best practice and improvement opportunities.

### **Provider Outreach and Engagement**

During 2022, the Provider Services department provided continued outreach to all PCP, Specialists and Ancillary provider offices via the use of fax blasts. Outreach and engagement with providers were completed in a variety of ways including virtual meetings, email, telephone, and mail.

Topics covered in the outreach, engagement, and fax blasts included but, were not limited to: Member Satisfaction update and reminders, Provider Satisfaction updates, Provider Appointment Availability Survey (PAAS) updates, utilization management updates and reminders, Immunizations, provider network updates, Annual Healthcare Effectiveness Data and Information Set® (HEDIS) medical record data retrieval notice, Fraud, Waste and Abuse information, Timely Access Standards Reminders, Pay-for-Performance program, Long-Term Care updates, Community Health Worker benefit, and Member Rights.



In addition to ongoing quarterly visits, every newly credentialed provider received a new provider orientation within 10 business days of becoming effective with the Alliance. This orientation includes a very detailed summary which includes but not limited to:

- Plan review and summary of Alliance programs,
- Review of network and contract information,
- How to verify eligibility,
- Referrals and how to submit prior authorizations,
- Timely Access Standards,
- Member benefits and services that require PCP referral,
- Filing of complaints and the appeal process,
- Interpreter Services process,
- Transportation benefit information,
- Initial Health and Staying Healthy Assessment,
- Coordination of Care, CCS, Regional Center, WIC program,
- Claims and billing information,
- Child Health and Disability Program,
- Members' Rights and Responsibilities,
- Member Grievances,
- PQIs,
- Provider Portal, and
- Health Education.

Overall, there were over 500 quarterly packets mailed to providers with updates as mentioned above. Additionally, over 2,600 outreach occurrences were conducted during the 2022 calendar year. The Provider Services department plans to continue our robust provider outreach and engagement strategies in 2022.

## **Member Outreach and Member Services**

The Alliance Member Services (MS) Department continues to have a strong focus on providing high-quality service. The Alliance mission is to help our members live a healthy life providing access to high-quality care and services that they need. Providing excellent customer service is just one of the many ways that we serve our members, providers, and community.

The Alliance monitors access to its Member Services Department quarterly. The following internal standards and goals are used to evaluate access to the Member Services Department by telephone.

## 2022 QI Program Evaluation

Member Services Department Telephone Access Standards	
Standards	Goal
% of calls answered by a live agent within 30 seconds	80%
Calls Abandoned before a live voice is reached	≤ 5 %

The Alliance also offers a member orientation to help members better understand their benefits, the importance of the initial health assessment and who to call when they need help. The member orientation is available to all Alliance members.

## Population Health Management and Health Education

### Population Health Management (PHM) Overview

In accordance with NCQA 2023 Population Health Program Standards and Guidelines and in alignment with the California Department of Health Care Services Population Health Management Policy Guide, Alliance has developed a PHM Strategy for identifying and addressing member needs across the continuum of care with the aim of improving the health outcomes of the Alliance membership and supporting enhanced quality of life. This continuum includes members with the highest levels of needs, those with emerging risks, and wellness and prevention activities for all members. The Alliance conducts an annual analysis of the impact of its PHM strategy that includes quantitative and qualitative analysis for evidence of program effectiveness and opportunities for improvement.

### PHM Strategy

#### Goal

Maintain and update a cohesive plan of action that addresses the Alliance member/population needs across the continuum of care.

#### Results

This goal was achieved. The Alliance created the 2022 Alliance Population Health Management Strategy, and approved the strategy at the April 26, 2022, HCQC meeting. The 2022 PHM Strategy is described in a separate document. The following table highlights member populations and interventions included in the 2022 Alliance PHM Strategy:

Subset of Population	Targeted Interventions for Eligible Members	Number of Members Eligible 2022*	Percentage of Membership 2022**
<b>Managing Multiple Chronic Illnesses</b>		<b>9,069</b>	<b>2.9%</b>
Members that meet 3 of the following: ED visits >4, IP admits >3, readmissions >1 in the past 6 months.	Complex Case Management	1,234	.39%
Members transitioning out of an AHS's inpatient facility.	Transitions of Care	3,659	1.2%
ECM	Enhanced Care Management	4,176	1.5%

## 2022 QI Program Evaluation

<b>Managing Members with Emerging Risk</b>		<b>76,299</b>	<b>24.4%</b>
Pediatric members ages 0 -18 with Asthma.	Asthma Start – case management and asthma remediation	6,727	2.1%
Members 19 years and older with diagnosis of persistent asthma.	Educational mailing and asthma remediation	10,984	3.5%
Members with diabetes who are > 21 years or older.	Adult Diabetes Disease Management	22,147	7.1%
Families with children who are overweight or obese. This group also includes Children with Special Healthcare needs.	Connect members to healthy weight resources.	14,795	4.7%
Members who smoke.	Provide tobacco cessation and educational materials.	18,079	5.8%
Pregnant members and members who have recently given birth.	Increase prenatal and postpartum access to mental health and SUD screening and treatment	3,478	1.2%
<b>Keeping Members Healthy</b>		<b>312,699</b>	<b>100%</b>
Black (African American) males ages 50-75 years old who have not received a colon cancer screening or colonoscopy exam during 2021.	Colon cancer screening incentive program.	250	.1%
Females between the ages of 23-35 years old who have not received cervical cancer screening.	Cervical cancer screening incentive program.	51,682	16.5%
African American women who have not received a mammogram within the last 2 years.	Breast cancer screening incentive program.	2,450	.78%
Pediatric members ages 3-21 who have not received an annual well-child exam within the last year.	Well-Child Exam incentive program.	45,816	15.6%
Pregnant members and members who have recently given birth.	Prenatal and postpartum mailing, education, and connection to resources.	3,863	1.2%
All Members including those with no information or low risk.	Health education wellness request form – member-wide distribution through biannual newsletter.	312,699	100%
Unvaccinated members and missed immunization schedule as define by ACIP guidelines.	Identify members and work with pharmacy providers.	72,937	23.3%
<b>Patient Safety of Outcomes Across Settings</b>		<b>75</b>	<b>.03%</b>
Members that are acute and chronic users and members who are on >50 MME/day or had benzodiazepines overdose related ED visits due to concurrent use of opioids.	Substance use disorder provider and member outreach and education.	75	.03%

## **Population Needs Assessment**

### **Goal**

Conduct annual population health assessment according to NCQA (Group Care and Medi-Cal) and DHCS (Medi-Cal) guidelines including a gap analysis.

### **Results**

This goal was achieved. The *2022 Alliance Population Needs Assessment* was completed and approved at the 4/28/2022 HCQC meeting. The document can be found on the Alliance website at [www.alamedaalliance.org](http://www.alamedaalliance.org).

## **PHM Strategy Evaluation**

### **Goal**

This goal was achieved. Conduct yearly impact analysis of the PHM Strategy according to NCQA (Group Care and Medi-Cal) and DHCS (Medi-Cal) guidelines and implement activities to address findings.

### **Results**

The Alliance conducted the 2022 comprehensive analysis of the impact of its Population Health Management (PHM) Strategy. The PHM Evaluation includes quantitative results for relevant clinical, cost, utilization, and experience measures. Quantitative and qualitative analysis is conducted on the results for evidence of program effectiveness and continuous improvement. This analysis is conducted by the Health Care Services Department to support Alliance members and promote an effective PHM Strategy.

On review of the 2022 Population Health Strategy outcomes, the Alliance noted continued strong foundational elements, building successes, and opportunities for continuous improvement. Significant successes of the PHM Program included member and provider engagement through Case Management, Health Education, QI, and Pharmacy programs and projects. Clinic and community partnerships supported more members in receiving preventive care and education. Challenges included delayed implementation of Disease Management and opioid use programs as well as barriers to member outreach across quality improvement projects.

### **Opportunities for Improvement**

On review of the evaluation results, opportunities include:

- Improve data collection and monitoring and evaluation of outcomes.
- Increased monitoring of ECM providers and training for TCS staff.
- Develop and launch Disease Management programs with coordinated organizational support and integration of risk stratification and segmentation.
- Expand quality improvement projects with more innovative providers and public health collaborations.
- Align with state-level health equity goals and regulatory requirements.

**Actions Based on Opportunities**

Actions based on opportunities are listed below:

- Complex Case Management (CCM), Transitional Care Services (TCS), and Enhanced Care Management (ECM): The Alliance will develop evaluative studies to compare outcomes across groups, including a control group to understand the impact of various programs. The Alliance will expand TCS to all high-risk members in 2023 and by 2024 offer TCS to all Alliance members experiencing a care transition. As the program expands, the Alliance will enhance training to improve consistency in program implementation. In 2023 and 2024, ECM will expand to new populations including at-risk children & youth and pregnant or postpartum members. The Alliance will dedicate ECM staffing and resources to improve monitoring and oversight of program implementation.
- Disease Management: The Alliance will continue to develop and improve processes for asthma and diabetes disease management programs. Disease management is planned to expand to members with cardiovascular disease and depression in 2023.
- Quality Improvement: The Alliance will continue to work closely with clinics and community groups and explore strategies such as text messaging, community health workers, member education videos, provider webinars, and adapting best practices or successes from other clinics. One best practice that the Alliance has already begun to implement is the use of mobile mammography. QI will also address identified health disparities in quality measures.

*Note: The complete 2022 PHM Strategy Evaluation is documented in a separate document.*

**Health Education Overview**

Alliance promotes the appropriate use of plan health care services, risk reduction, healthy lifestyles, and self-management of health conditions through a Health Education Program available to all members. The Alliance Health Education Program develops culturally appropriate materials and programs that meet the diverse needs of the Alliance membership and participates in community collaborations to promote health and wellness in Alameda County. The 2022 Health Education objectives and results are as follows:

**Member Wellness Handouts and Programs****Objective 1**

Make health education programs and information available to 100% of Alliance members in 2022.

**Results 1**

This goal was achieved. 100% of members were informed of health education programs and information. Members request health education materials and program information through the Wellness Request Form, communications with Alliance staff and provider referrals. The wellness Request form is included in the Alliance biannual member newsletter (mailed out to all Alliance households) and Health Risk Assessment, Case Management and Health Education mailings.

**Objective 2**

Distribute upon request health education program listings and health education handouts to

## 2022 QI Program Evaluation

100% of members and providers who request information in 2022.

### Results 2

This goal was achieved. 100% of 3034 members received requested health education information and program referrals in 2022.

#### Top 6 Requested Health Topics

Topic	Member Requests
Nutrition	115
Exercise	104
Diabetes	90
Heart Health	85
Back Pain	84
Stress and Depression	79

### Childhood Obesity

#### Objective 1

Launch Kurbo and healthy weight resources.

#### Result 1

This goal was partially met. The Alliance published a child healthy weight care book. Barriers to launching the pediatric weight management program were overcome and member and provider tools were drafted, however late in 2022, the Kurbo program was discontinued. Alliance Health Education continues to explore options for child healthy weight activities listings.

#### Objective 2

Connect 100 pediatric members 50% Hispanic (Latino) with healthy weight resources between January 1, 2022, and June 30, 2023.

#### Result 2

This goal is still in process, but to date 10 members requested healthy eating, exercise, and weight materials for themselves and/or child in 2022 (3 Hispanic). 39 members received nutrition education from La Clinica (36 Hispanic).

### Pregnancy and Baby Care

#### Objective 1

Distribute pregnancy and baby care resources and referrals to 100% of all identified pregnant and postpartum members.

#### Results 1

Please see Population Health Management objective in above section.

**Objective 2**

Refer 100% of identified Black or Pacific Islander pregnant members into ACPH culturally tailored perinatal programs.

**Results 2**

This objective was achieved.

**Prenatal/Postpartum Referrals and Mailings**

<b>Mailing/Referrals</b>	<b>Members reached</b>
Prenatal Mailings	4,028
Postpartum Mailings	2,288
Black Infant Health Referrals	660
Pacific Islander Program Referrals	89 Prenatal 47 Postpartum

**Smoking Cessation****Objective**

Increase rate of CAHPS adult tobacco users who were advised to quit from the 2021 rate of 75.6% to 78.0% and discussed medications with their doctor from the 2021 rate of 48.8% to 51.5% by December 31, 2022.

**Results**

MY2022 results are not yet available; MY2021 results: Advised to quit - 71.1% Medi-Cal, 77.8% Group Care. Discussed medications - 50.0% Medi-Cal, 48.6% Group Care. Activities conducted to support the goal included:

1. Provider packet piece published about tobacco treatment resources. Submitted provider quarter packet for Q1 2023 about tobacco treatment challenges.
2. Member newsletter went out with article on smoking cessation, submitted article for 2023 on hookah, also included in article about preterm birth.
3. Held Tobacco Cessation Workgroup Meeting on July 27 and reviewed member utilization and treatment data with Pharmacy, QI, Health Education and Case Management.

**Lactation Supports****Objective**

Expand lactation support for members through 1 additional contract for services.

**Results**

Goal was modified. The Alliance reached out to Washington Hospital and ValleyCare lactation programs and discussed telephonic lactation consults through WIC but was unsuccessful in establishing another lactation contract. Another opportunity arose to support lactation through the integration of Infant Feeding best practices and referrals into the Electronic Health Record

for CHCN clinics. The Alliance funded the enhancement which will launch with provider trainings in 2023.

## **Member Wellness Library**

### **Objective 1**

Update content, design, and format for Alliance wellness library by June 30, 2022.

### **Results 1**

This goal was not achieved by June, but it was completed by the end of 2022. Materials and translations were completed in the first quarter of 2022 and made ready for distribution by the fourth quarter. Presentations were made to Case Management, IQIC, HCQC, and Provider Services regarding updated materials and materials were published on the Alliance Intranet for distribution to members.

### **Objective 2**

Automated Wellness Mailing through KP vendor. Automation will reduce COVID exposures, reduce staff workload, and increase speed in distributing member requests by December 31, 2022

### **Results 2**

This goal was not achieved due to competing organizational priorities and delays in finalizing health education materials. Health Education has requested Project Management support to assist in prioritizing and completing this project.

## **Disease Management Overview**

Alliance Health Education, Case Management and Pharmacy teams collaborate to launch programs that support members in disease self-management. In 2022, the Alliance focused on Adult and Pediatric Asthma and Diabetes.

## **Adult Asthma**

### **Objective**

The number of Alliance members with asthma who engage with the Alliance regarding self-management of their asthma will increase by 20% from 61 members in 2021 to 73 members in 2023.

### **Results**

This objective is in progress. In 2022, 46 members received asthma education materials. The planned outreach mailing campaign to adults with asthma was delayed by pending DHCS approval, resulting in lower than anticipated program engagement. The Alliance continued promotion of asthma self-management support through the Alliance Wellness Program & Materials Request Form in the Member Newsletter and the Alliance website.

## **Pediatric Asthma**

### **Objective**



## 2022 QI Program Evaluation

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The number of Alliance members ages 0 – 18 with asthma whose parents engage with the Alliance regarding self-management of their child's asthma will increase by 20% from 136 in 2021 to 162 in 2023.

### Results

In 2022, 67 members participated in Asthma Start (Alameda County's in-home case management program for pediatric asthma). Member engagement was facilitated by the reinstatement of the weekly ER report from the local children's hospital in the third quarter of 2022, increasing referrals from the Alliance to Asthma Start. The Alliance also educated providers about asthma remediation services through presentations and a handout.

Challenges to achieving our goal included: Suspension of the local children's hospital data on asthma-related ER visits. These reports were not available for most of the year, meaning fewer timely referrals. An increase in referrals was anticipated with an outreach mailing campaign to children with asthma, but this was delayed by pending DHCS approval of campaign materials. Asthma Start became a part of Community Supports-Asthma Remediation, which changed the criteria for engagement and added an authorization step. This may be a temporary barrier as providers and Asthma Start adjusting to the new processes.

### Diabetes

#### Objective

Increase HEDIS Asthma Medication Ratio (AMR) measure from 49.17% in MY2020 to MY2020 MPL of 62.43% for Black (African American) adults ages 19 to 64.

#### Results

In 2022, 118 members engaged with the Alliance programs: 9 in Alliance Disease Management health coaching and 109 in contracted hospital Diabetes Self-Management Education and Support (DSMES) programs.

Health Education developed a new process for Case Management to refer members they are working with to diabetes health coaching and/or assistance in enrolling in Alliance-paid DSMES programs. Members continued to participate in DSMES through provider and self-referrals and can receive information and assistance through the Alliance. However, a planned outreach mailing campaign to adults with diabetes has not been approved to start. Case Management referrals depended on staffing buy-in to refer to health coaching. Staffing changes may have limited the number of referrals.

## Delegation Oversight

As a part of its compliance program and strategy, the Alliance deploys an array of auditing and monitoring exercises throughout the year. Annually, First-tier subcontracted entities, called delegates, undergo an annual delegation oversight audit. The audits are conducted in accordance with DHCS, DMHC, and the NCQA regulations.

Audit results are reported to the Delegation Oversight Committee, which is an underreporting committee of the Compliance Committee.

In Calendar Year 2022, the Alliance conducted annual delegation oversight audits for the entities included in the Alameda Alliance Delegated Entities – 2022 attachment.

To supplement its approach to Compliance, the Alliance holds quarterly JOMs with delegates, as necessary. JOMs cover a variety of topics, to include individual Access and Timeliness of Care survey results; HEDIS rate performance and opportunities for improvement; strategies for score improvement, and HEDIS timelines for reporting in the current year. In addition to JOMs, the Alliance holds regular Executive Team meetings with its strategic partners CHCN and AHS.

### Analysis of 2022 Quality Program Evaluation and Effectiveness

The Alliance has identified the challenges and barriers to improvement throughout the 2022 QI Evaluation MY. Both challenges and achievements helped to inform our 2022 QI Work Plan.

2022 brought an abundance of opportunities for improvement in ensuring that our members have high quality, safe, timely, effective, efficient, equitable, patient centered care. Recommended activities and interventions for the upcoming year consider these challenges and barriers in working toward success and achievement of the Alliance's goals in 2022.

Challenges and barriers to achieving objectives encountered within the 2022 program year included but are not limited to:

- COVID-19 pandemic and PHE shelter in place resulted in multiple quality initiatives and activities paused due to PHE.
- COVID-19 changes to interpreter needs from in-person to telephonic and video.
- COVID-19 caused Potential Quality Issue Medical Record / Corrective Action Plans to be impacted because of provider delays.
- IHA Audits to be impacted because of a delay in provider responses to medical record requests.
- Drop in health education program participation due to pandemic and move to virtual formats for classes.
- HEDIS measurement results impeded deployment of optimal strategic rapid cycle PDSA implementation for quality improvement activities.
- Member Services call center "call abandonment" rate negatively impacted by staffing challenges.
- QI leadership staffing challenges in staff hiring. During this time, the QI department had a temporary QI Director though with a stable QI Medical Director who performed the required functions.

Program major accomplishments with objectives met for 2022 include but are not limited to:

- Adequate QI program resources to carry out roles, functions, and responsibilities.
- A consistent and stable QI committee and program structure.
- Successful administration of all timely access surveys within the expected timeframes, allowing for timely analysis and implementation of next steps with providers and within the Alliance.
- Maintenance of favorable Provider Satisfaction Survey scores.

## 2022 QI Program Evaluation

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- HCQC meetings in 2022 remain active in ensuring requirements of the QI Program were met.
- Stable and consistent Senior Level Physician involvement and Appropriate External and Internal Leadership.
- Improved HEDIS performance rates for measures; above the MPL for most reported HEDIS metrics.
- Ongoing Pediatric Care Management Program to promote access to care and EPSDT service utilization in partnership with direct, delegate, and CBOs.
- Improved turn-around times and root cause analysis of PQIs.
- Robust Health Education and Cultural and Linguistic Programs adding Quality of Language (QOL) PQIs segmentation for tracking and trending.
- Ongoing Member Advisory Committee and member input via virtual formats to ensure continued member input into programs and services.
- Updated grievance tracking system for capturing exempt grievances and accurate reporting and PQI referral submission to Quality department.
- Comprehensive monitoring of all practitioners during credentialing / re-credentialing to ensure high quality network.

### Conclusion

Overall, the Alliance's QI Program was effective in reviewing data, assessing trends, identifying issues, and developing improvement activities within the Health Plan related to access to care, member and provider experience and quality of care.

During 2022, Alameda Alliance focused on meeting the Program goals and completing all initiatives as outlined in the 2022 QI Work Plan. Starting in 2021 and continuing throughout 2022, Alameda Alliance began working on improving staffing and workgroups to ensure high quality and compliance with both accreditation and all regulatory agencies. Throughout 2022, PDSA activities were a main source for continuing to improve the Alliance's quality performance. These PDSA activities have created a culture at the Alliance that leads to innovative and thoughtful work. The culture is dedicated to the Alliance's mission.

The Alliance is committed to improving the quality of healthcare delivered to its members through proactive analysis of shared processes and integration of health initiatives that align with the industry and government quality standards; including a preventive health model for outreach and preemptive intervention related to health outcomes.

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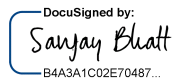
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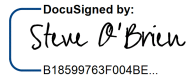
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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Alameda Alliance For Health:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [deptlegal@alamedaalliance.org](mailto:deptlegal@alamedaalliance.org)

### **To advise Alameda Alliance For Health of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [deptlegal@alamedaalliance.org](mailto:deptlegal@alamedaalliance.org) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from Alameda Alliance For Health**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [legal@alamedaalliance.org](mailto:legal@alamedaalliance.org) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with Alameda Alliance For Health**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [deptlegal@alamedaalliance.org](mailto:deptlegal@alamedaalliance.org) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Alameda Alliance For Health as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Alameda Alliance For Health during the course of your relationship with Alameda Alliance For Health.