ALAMEDA Alliance FOR HEALTH
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ACCESS AND AVAILABILITY SUBCOMMITTEE

May 1, 2024

Teams Conference, 1pm – 2:30pm

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

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I. Welcome/Agenda Review	L. Tran	The meeting was called to order by L. Tran at 1:05PM.	N/A	
II. Introductions	L. Tran	New Facility Site Review Quality Improvement Coordinator: Ashley Funiestas (FSR Quality)	N/A	
III. HSAG Nav	K. Goodwin	The purpose of the audit is to fulfill the mandate of Title 42 CFR §438.350(a), which dictates that states contracting with Managed Care Organizations (MCOs), Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs) (Waiver Agencies), or Primary Care Case Manager (PCCM) entities engage a qualified External Quality Review Organization (EQRO) to conduct an annual External Quality Review (EQR) for each contracted entity. As per CFR guidelines, the External Quality Review (EQR) is mandated to encompass the validation of Managed Care Organization (MCO), PIHP, or PAHP network adequacy, ensuring compliance with the stipulations outlined in Title 42. HSAG will be the EQRO responsible for conduction the annual NAV audit. HSAG will examine the data, systems, and methodologies employed in calculating results for each network adequacy indicator, as outlined by the state's standards, and provide a validation rating for each indicator that reflects the overall confidence in that methodology. The audit will cover the data the plan submitted to DHCS in November 2023, drawing on information from October 2023. <u>Timeline</u>: Internal meeting April 8th. • Identified needs of the audit. • Overview of audit request and ISCAT tool. • Review of timeline. HSAG kick-off meeting April 10th. Pre-Audit deliverables due to compliance May 6th, 2024. Pre-Audit deliverables are due to HSAG on May 15th, 2024. Interview sessions & Systems Demo scheduled July 15th and July 17th. <u>Pre-Audit Deliverables:</u>	Katherine will follow up if the results are to be published.	

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		The Information Systems Capabilities Assessment Tool (ISCAT) is a questionnaire that the plan must fill out and send to HSAG. This questionnaire will be utilized to assess and validate the data used in calculating and reporting the necessary network adequacy indicators. ISCAT comprises inquiries and requests for descriptions regarding the plan's member enrollment and provider system(s), data elements, and processing steps. Each item on the ISCAT has been assigned to SMEs, which was identified during the kick-off meeting. Question asked by M. Stott – Will the result of the audit be published? Per K. Goodwin she will ask if they plan to publish the result.		
IV. PASS Report	L. Tran	The Provider Appointment Availability Survey, also known as the Timely Access Survey, is conducted annually. This survey outlines compliance rates for Urgent and Routine appointments across five provider types for two lines of business: Medi-Cal and Commercial Plan. For MY2023we were omitted by DMHC to survey seven additional specialties type: • Dermatology • Neurology • Oncology • Ophthalmology • ENT • Pulmonology • Urology For MY2023 DMHC Compliance rate goal for Urgent and Non-Urgent Appointment is 70%. Meanwhile AAH set its compliance rate goal at 75%. <u>Ancillary</u> 2023 Ancillary saw an increase of 16.7% compliance rate for non-urgent appointments and an overall score of 100% compliance. <u>PCPs</u> IHSS Line of Business for urgent appointments had an increase of 15.9% in compliance rate.	N/A	

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		MCL Line of Business for urgent appointments had an increase of 14.3% in compliance rate. Overall score for urgent appointment is 66.6%. IHSS Line of Business for non-urgent appointments had an increase of 5.4% in compliance rate. MCL Line of Business for non-urgent appointments had an increase of 4.1% in compliance rate. Overall score for non-urgent appointment is 74.7%. <u>NPMH:</u> IHSS Line of Business for urgent appointments had an increase of 12.9% in compliance rate. MCL Line of Business for urgent appointments had an increase of 10.1% in compliance rate. Overall score for urgent appointment is 86.7%. The non-urgent appointment compliance rate for NPMH experienced a slight decrease, yet it still exceeded the established goal IHSS Line of Business for non-urgent appointments had a decrease of -3.5% in compliance rate. MCL Line of Business for non-urgent appointments had a decrease of -3.4% in compliance rate. Overall score for non-urgent appointment is 84.2%. DMHC has mandated an additional metric for monitoring: follow-up appointments. We're not only evaluating urgent and non-urgent appointments but also required to inquire about providers' availability for follow-up appointments The DMHC's required goal for follow-up appointment is 80%, and we achieved a score of 87.3% for MY2023. <u>Psychiatrists</u> IHSS Line of Business for urgent appointments had an increase of 16.6% in compliance rate. MCL Line of Business for urgent appointments had an increase of 22.2% in compliance rate. Overall score for urgent appointment is 76.9%. IHSS Line of Business for non-urgent appointments had an increase of 7.8% in compliance rate. MCL Line of Business for non-urgent appointments had an increase of 6.3% in compliance rate. Overall score for non-urgent appointment is 92.3%.		

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		Specialist: IHSS Line of Business for urgent appointments had an increase of 9.9% in compliance rate. MCL Line of Business for urgent appointments had an increase of 8.4% in compliance rate. Overall score for urgent appointment is 55.5%. IHSS Line of Business for non-urgent appointments had an increase of 0.1% in compliance rate. MCL Line of Business for non-urgent appointments had a decrease of -0.8% in compliance rate. Overall score for non-urgent appointment is 56.7%. Provider Response Rate: Percentage of Ineligible Provider Types: Psychiatrist: 14.0%, PCPs: 23.0%, Specialists: 21.3%, Ancillary: 10.0%, NPMH: 7.6% Overall, there was a decrease across provider types except for PCPs, which experienced a 1.6% increase compared to the previous year. Percentage of Non-Responsive Provider Types: Psychiatrist: 17.5%, PCPs: 19.9%, Specialists: 51.9%, Ancillary: 10.0%, NPMH: 36.2% Psychiatrists and Ancillary Non-Responsive providers saw a decrease, while PCPs and NPMH experienced an increase. There was a notable surge in specialists, possibly attributed to the expansion of provider types, as the previous year only had three provider types. Breakdown: Ancillary: Of the 40 surveyed in 2023: 32 providers were Eligible. • 0 - Non-Compliant for Non-Urgent Appointment • 32 - Compliant for Non-Urgent Appointment 100.0% Of the 16 Unique providers surveyed in 2023: 2 providers were Non-Responsive. • 1 - providers did not answer the phone		

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		• 1 - providers declined to answer the survey 2 providers were Ineligible. • 1 - Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email) • 1 - Ineligible – Provider not in Plan Network <u>Primary Care Physician:</u> Of the 668 surveys conducted in 2023: 372 Surveyed Responses were Eligible. • 31 - providers do not offer Urgent Appointments • 114 - Non-Compliant for Urgent Appointment • 227 - Compliant for Urgent Appointment 66.6% • 94 - Non-Compliant for Non-Urgent Appointment • 278 - Compliant for Non-Urgent Appointment 74.7% Of the 416 Unique Providers surveyed in 2023: 83 Unique providers were Non-Responsive • 41 - providers did not answer the phone • 42 - providers declined to answer the survey 96 Unique providers were Ineligible. • 20 - Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email) • 10 - Ineligible – Provider does not offer Appointments • 7 - Ineligible - Provider listed under incorrect Specialty • 9 - Ineligible - Provider not in County • 41 - Ineligible – Provider not in Plan Network • 9 - Ineligible – Provider retired or ceasing to practice <u>Non-Physician Medical Health:</u> Of the 434 surveyed conducted in 2023: 240 Surveyed Responses were Eligible. • 46 - providers did not offer Urgent Appointments • 2 – providers did not offer Non-Urgent Appointments • 26 - Non-Compliant for Urgent Appointment • 170 - Compliant for Urgent Appointment **86.7%** • 38 - Non-Compliant for Non-Urgent Appointment • 202 - Compliant for Non-Urgent Appointment **84.2%** Of the 224 Unique Providers surveyed in 2023:		

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		81 Unique providers were Non-Responsive • 58 - providers did not answer the phone • 23 - providers declined to answer the survey 17 Unique providers were Ineligible. • 3 - Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email) • 5 - Ineligible – Provider does not offer Appointments • 6 - Ineligible – Provider not in Plan Network • 3 - Ineligible – Provider retired or ceasing to practice <u>Psychiatrist:</u> Of the 112 surveyed conducted in 2023: 78 Surveyed Responses were Eligible. • 18 - Non-Compliant for Urgent Appointment • 60 - Compliant for Urgent Appointment 76.9% • 6 - Non-Compliant for Non-Urgent Appointment • 72 - Compliant for Non-Urgent Appointment 92.3% Of the 39 Unique Providers surveyed in 2023: 10 providers were Non-Responsive • 7 - providers did not answer the phone • 3 - providers declined to answer the survey 8 providers were Ineligible. • 1 - Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email) • 1 - Ineligible – Provider does not offer Appointments • 4 - Ineligible - Provider not in County • 2 - Ineligible – Provider not in Plan Network <u>Specialist:</u> Total Surveys Conducted: 3,339 • Cardiology: 580 • Endocrinology: 261 • Gastroenterology: 395 • Dermatology: 270 • Neurology: 525 • Oncology: 366		

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		• Ophthalmology: 309 • ENT: 214 • Pulmonology: 289 • Urology: 122 • NA: 8 Of the 3,339 surveyed in 2023: 859 Survey Responses were Eligible. • 169 - providers did not schedule Urgent Appointments • 476 - Non-Compliant for Urgent Appointment • 383 - Compliant for Urgent Appointment 55.5% • 372 - Non-Compliant for Non-Urgent Appointment • 487 - Compliant for Non-Urgent Appointment 56.7% Of the 1,855 Unique Provider surveyed conducted in 2023: 963 Unique providers were Non-Responsive • 351 - providers did not answer the phone • 612 - providers declined to answer the survey 396 providers were Ineligible. • 77 - Ineligible – Contact Information Issue (Incorrect Phone or Fax Number/Email) • 61 - Ineligible – Provider does not offer Appointments • 11 - Ineligible - Provider listed under incorrect Specialty • 49 - Ineligible - Provider not in County • 172 - Ineligible – Provider not in Plan Network • 26 - Ineligible – Provider retired or ceasing to practice <u>Next Steps:</u> • CAPs for non-compliant and non-responsive providers • Send out biweekly faxblast 2 months prior up to the survey period. • Onsite office visits to provider not meeting Timely Access year over year. • Ongoing provider education and delegate JOM discussions regarding timely access standards • Access and Availability will collaborate with Analytics and Provider Services to reconsolidate provider data, and thus to decrease the number of ineligible providers • Provide incentives to extend office hours, focusing on improving access to care		

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V. Access CAP Dashboard	F. Quan	Review of Access CAP Dashboard Q2 2023 – Q1 2024 Throughout this time frame, 413 CAPs were issued, predominantly comprising PAAS, PQI, and QMRT. Of these, 262 CAPs were resolved, leaving 162 still open, primarily involving direct providers. <u>Outstanding CAPs:</u> The new escalation process, which includes A&A, will commence with an outreach as the CAP approaches its due date. Another outreach will follow the due date, and if the CAP remains unresolved, it will be escalated to Dr. Juan, who will conduct outreach from her end. Several providers have gone through the escalation process with majority of them confirmatory surveys at Lifelong, Native American Health, as well as Michelle Adams. M. Stott – What systems are in place to help with the next available appointment, workflow, or scheduling that could be addressed? The A&A team is attempting to establish connections with Lifelong and Native Health, as well as other CHCN clinics, and schedule quarterly meetings to comprehend clinic barriers. Although telehealth is offered some providers have stated that members prefer in-person appointments after the pandemic, and due to that they do not have a lot of appointment availability. Other issues raised is that provider not accepting new members, and that information is provided to provider services department.	N/A	
VI. QOA PQI Referrals Dashboard Q1 2024	F. Quan	In Q1 2024, the number of QOAs received increased to 837, compared to Q4 of 2023 (608). The majority of the QOA were non-urgent appointments, followed by time to answer calls, with office wait time being the least common. There were 15 behavioral health cases. Out of the 15 behavioral health cases, the majority were related to time taken to answer calls and call return time. Currently there are no outstanding QOA, or PQI exceeding the 120 days turnaround time. The oldest QOA is 38 days.	N/A	

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		Tracking and Trending: In Q1 2024 there were 58 providers that trended for 58 quarters, and after re-assessment there were a total of 33 providers who were found to be non-compliant. List of Q1 2024 facilities/clinics/providers with 15 or more referrals: • Davis Street Primary Care (18) • La Clinica – Transit Village (21) • Tiburcio – Firehouse (19) • Eastmont Wellness Center (24) • Lifelong Medical Care – West Berkeley (21) • Hayward Wellness Center (72) • Newark Health Center (36) • Highland Wellness Center (91) • Tiburcio – San Leandro (33) • John Muir – Berkeley (79) • Tiburcio – Hayward (46) • La Clinica – San Antionio (15) • Tiburcio – Union City (17) List of Providers who received a CAP: • Asian Health Services- Chenming & Margaret Hu Tiburcio – Hayward • BayChildren's Physicians – Claremont Tibrucio – San Leandro • Davis Street Primary Care Clinic Tibrucio – Firehouse • Eastmont Wellness Center Washington Township – Danielson • Epic Care – East 14th Street Dr. Mark Zeme • Hayward Wellness Center Dr. Weiwei Xu • John Muir Health – Berkeley Dr. Win Htay • La Clinica – San Antionio • La Clinica – Transit Village • Newark Health Center Next Steps: • Share results with Delegate and Direct entities.		

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		• 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. • Onsite office visits to providers with high PQI referrals • CAPs to be sent to non-compliant providers • CAPs are issued at the delegate level. • CAPs are issued at the direct provider level		
VII. Q1 OB/GYN A&A Monitoring	T. Shepard	OB/GYN Access and Availability report is generated based of DHCS APL 21-1006 Network Adequacy Standards to continuously review, evaluate and improve timely access to and availability of OB/GYN PCP care within 1- business days from request and OB/GYN Specialty care access within 15 days from request. QOA Received: Q1 2024 23 QOA received. • 17 PCP OBGYN • 5 Specialist • 1 Urgent PCP OBGYN Finding Against Provider or Clinic: • Tiburcio – Hayward: Urgent Appt (1) Non-Urgent Appt (4) • Tiburcio – San Leandro: Non-Urgent (1) • Tiburcio – Union City: Non-Urgent (1) • Axis – Hacienda: Non-Urgent Appt (3) • Eastmont Wellness: Non-Urgent (1) • Hayward Wellness: Non-Urgent Appt (3) • Highland Wellness: Non-Urgent Appt (3) • West Oakland: Non-Urgent Appt (1) • The Women's Center St Rose: Non-Urgent Appt (2) • Karen Pei-Yen Tuan, MD: Non-Urgent (1) • Beharie Kristina Danielle, MD: Non-Urgent (1) • Stacey Barrie, MD: Non-Urgent Appt (1) Results after Confirmatory Survey: Q1 2024 • 12 compliant	N/A	

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		• 11 non-compliant <u>Next Steps:</u> We will maintain our monitoring and analysis of OB/GYN PQIs to pinpoint areas for improvement, particularly focusing on specific providers/clinics to ensure timely access to prenatal care. CAPs will be issued for two consecutive quarters of confirmed non-compliance. M. Stott asked a question– Is there a way to distinguish which visits are prenatal? Per Loc – we will review the data to break out further if applicable.		
VIII. Geo Access Meeting Update	L. Tran	GEO Access is monitored on a quarterly basis to ensure our network is meeting the distance (15 miles) and time (30 minutes). In Q1 2024, the specialties that failed to meet the time and distance criteria were Pediatrics Nephrology in Dublin, Livermore, Pleasanton, and Sunol. In comparison to Q4 2023, areas that did not meet the criteria included Pediatrics Endocrinology in Livermore, and Pediatrics Nephrology in Dublin, Livermore, Pleasanton, and Sunol due to not having providers in the area.	N/A	
IX. Provider Network Capacity Report	F. Quan C. Gomez	There were five providers in total, and PQIs were not received for Dr. An Tan Pham, Dr. Carol Glann, and Dr. Robert Watts. Dr. Esteban Lovato had a total of 5 PQIs, with four concerning non-urgent appointments and one about in-office wait time. Dr. Gautam Pareek had a total of 4 PQIs, with three pertaining to time to answer calls and one concerning call return time.	N/A	
X. Access-Related Grievance Report	J. Karmelich	Deferred to September 4th meeting.	N/A	
XI. Member Services Telephone Wait Time & Call Center Dashboard	J. Rosas	In the first quarter of this year, the Member Services Department fielded an impressive 76,006 calls, marking a 34% increase from Q1 2023. The quarter saw an average abandonment rate of 10%, with 77% of calls answered within 30 seconds. The rise in membership due to the Medi-Cal Expansion and Anthem Transition drove up call volume. However, staffing shortages have resulted in prolonged wait times for members contacting Member Services for plan services and benefits.	N/A	

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		To address this challenge and enhance phone performance, Member Services implemented several measures. These include hiring new Member Services Representatives (MSRs), providing upskilling training to current MSRs and Overflow Call vendors, and cross-training them to handle additional call types. This approach enables the team to distribute call loads effectively across available resources. Leadership is also maximizing resource utilization by restricting approved PTO per day, offering daily overtime opportunities, and scheduling mandatory 30-minute meal breaks for the first three days of each month. Additionally, non-essential off-phone activities are being canceled or postponed, and supervisors and support staff are being scheduled to assist with call handling. The primary objective is to reduce wait times for members seeking customer service.		
XII. Q&A	All			
XIII. Meeting Adjournment	L. Tran	Meeting Adjourn at 1:54PM. Next meeting is September 4, 2024.		

Meeting Minutes submitted by: Sarbjit Lal, Quality Improvement Project Specialist **Date:** 5/02/2024.

Approved by: Loc Tran **Date:** 05/06/2024.