ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Quality Improvement Program
Program Description

2019

2019 Quality Improvement Program Description
Signature Page

Date 5/7/19

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ALAMEDA Alliance FOR HEALTH

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OVERVIEW

Alameda Alliance for Health's (Alliance) Quality Improvement (QI) Program strives to ensure that members have access to quality health care services. The QI Program Description details the scope, goals, and objectives of the program; how the program is organized to meet program objectives; functional areas and their responsibilities; reporting relationships for QI staff; the methodology used within the program; the structure and roles of committees supporting QI; staffing, resources, and data sources; and how improvement activities are conducted within the Alliance.

The Alliance is licensed by the State of California for Medi-Cal and Group Care lines of business. The Alliance QI Program is applicable to all lines of business and is designed to assess, measure, and improve the quality of care that members receive. The participation of all Alliance departments and staff is essential to achieving QI goals.

I. QI PROGRAM GOALS AND SCOPE

The purpose of the Alliance QI Program is to objectively monitor and evaluate the quality, appropriateness, and outcome of care and services delivered to members of the Alliance. The overall goal of the QI Program is to ensure that members have access to quality health care services that are safe, effective, and meet their needs. The QI program is structured to continuously pursue opportunities for improvement and problem resolution. The QI program is organized to meet overall program objectives as described below and as directed each year by the QI and UM Work Plan. Improvement priorities are selected based on volume, opportunities for improvement, risk, and evidence of disparities.

The QI program is designed to ensure that:

- High quality, safe, and appropriate care that meets professionally recognized standards of practice is delivered to all enrollees.
- The plan promotes objective and systematic measurement, monitoring, and evaluation of services and implements QI activities based upon the findings.
- The plan incorporates medical and behavioral health QI aspects.
- Performance improvement activities are developed, implemented, evaluated and reassessed.
- Physicians and other appropriate licensed professionals, including behavioral health, are an integral part of the QI program.
- Appropriate care consistent with professionally recognized standards of practice is not withheld or delayed for any reason, such as potential financial gain or incentive to plan providers.
- A culture of quality exists to ensure continual HEDIS improvement and accreditation readiness.

The scope of the QI program is comprehensive and encompasses the following:

- Access and availability to clinical services and care management
- Cultural and linguistic services
- Patient safety
- Member and provider experience
- Continuity and coordination of care
- Utilization trends, including over-and under-utilization
- Clinical practice guideline development, adoption, distribution and monitoring
- Acute, chronic, and preventive care services for children and adults
- Member and provider education
- Perinatal, primary, specialty, emergency, inpatient, and ancillary care
- Case review of potential quality issues
- Credentialing and re-credentialing activities
- Delegation oversight and monitoring
- Special needs populations including Seniors and Persons with Disabilities and persons with chronic conditions

II. ORGANIZATIONAL STRUCTURE and SUPPORT COMMITTEES RESPONSIBILITY

Overview

The Alliance Board of Governors (BOG) appoints and oversees the Health Care Quality Committee (HCQC), Pharmacy & Therapeutics (P&T) Committee, Peer Review/Credentialing Committee (PRCC), Member Advisory Committee, and Compliance Committee which in turn, provide the authority, direction, guidance, and resources to enable Alliance staff to carry out the QI Program.

The organizational chart in ***Appendix A*** displays the reporting relationships for key staff responsible for QI activities at the Alliance. ***Appendix B*** displays the committee reporting relationship and organizational bodies.

A Board of Governors

The Alliance BOG is appointed by the Alameda County Board of Supervisors and consists of up to 15 members who represent member, provider, and community partner stakeholders. The BOG is the final decision-making authority for the Alliance QI program. Its duties include:

- Reviewing annually, updating and approving the QI program description, defining the scope, objectives, activities, and structure of the program.
- Reviewing annual QI report and evaluation of QI studies, activities, and data on utilization and quality of services.
- Assessing QI program's effectiveness and direct modification of operations as indicated.

- Defining the roles and responsibilities of HCQC.
- Designating a physician member of senior management with the authority and responsibility for the overall operation of the quality management program, who serves on HCQC.
- Appointing and approving the roles of the Chief Medical Officer (CMO) and other management staff in the QI program.
- Receiving a report from the CMO on the agenda and actions of HCQC.

B. **Health Care Quality Committee (HCQC)**

The HCQC is a standing committee of the BOG and meets a minimum of four times per year, and as often as needed, to follow-up on findings and required actions. The HCQC is responsible for the implementation, oversight, and monitoring of the QI Program and Utilization Management (UM) Program. As it relates to the QI Program, the HCQC recommends policy decisions, analyzes and evaluates the QI work plan activities, and assesses the overall effectiveness of the QI program. The HCQC reviews results and outcomes for all QI activities to ensure performance meets standards and makes recommendations to resolve barriers to quality improvement activities. Any quality issues related to the health plan that are identified through the CAHPS survey and health plan service reports are also discussed and addressed at HCQC meetings. The HCQC oversees and reviews all QI delegation summaries reports and evaluates delegate quality program descriptions and work plan activities. The HCQC presents to the Board the annual QI program description, work plan and prior year evaluation. Signed and dated minutes that summarize committee activities and decisions are maintained. The QI Program, Work Plan, annual Evaluation and minutes from the HCQC are submitted to the California Department of Health Care Services (DHCS).

Responsibilities include:

- Approve, select, design, and schedule studies and improvement activities.
- Review results of performance measures, improvement activities and other studies.
- Review CAHPS and other survey results and related improvement initiatives.
- Provide on-going reporting to the BOG.
- Meet at least quarterly and maintaining approved minutes of all committee meetings.
- Approve definitions of outliers and developing corrective action plans.
- Approve Medical Necessity Criteria and Clinical Practice Guidelines and review compliance monitoring.
- Review member grievance and appeals data.
- Oversee the Plan's process for monitoring delegated providers.
- Oversee the Plan's UM Program.
- Review advances in health care technology, and recommend incorporation of new technology into delivery of services as appropriate.
- Provide guidance to staff on quality improvement activities.
- Monitor progress in meeting QI goals.

- Evaluate annually the effectiveness of the QI program.
- Oversee the Plan's complex case management and disease management programs.
- Review and approve annual QI and UM Program Descriptions, Work Plans, and Evaluations.

The HCQC is chaired by the CMO and vice-chaired by the QI Medical Director. The members are representative of the contracted provider network including, those who provide health care services to Seniors and Persons with Disabilities (SPD) and chronic conditions. The HCQC Members are appointed for two year terms. The voting membership consists of:

- Alliance CMO (Chair)
- Medical Director of Quality (Vice-Chair)
- Chief Executive Officer (ex officio)
- Medical Director or designee from each delegated medical group (i.e., Community Health Center Network, Children First Medical Group, Kaiser)
- Physician representative of Alameda County Medical Center
- Physician representative of Alameda County Ambulatory Clinics
- Alliance contracted physicians (3 positions)
- Representative of County Public Health Department
- A Behavioral Health practitioner
- Alliance Medical Directors
- Alliance Senior QI Director

A quorum is established when the majority of the voting membership is present at the meeting. The Chief Executive Officer does not count in the determination of a quorum.

C. **Pharmacy and Therapeutics Committee (P&T)**

The P&T Committee The IQIC assists the HCQC in oversight and assurance of ensuring the promotion of clinically appropriate, safe, and cost-effective drug therapy by managing and approving the Alliance's drug formulary, monitoring drug utilization and developing provider education programs on drug appropriateness. P&T Committee meeting minutes and pharmacy updates are shared at the HCQC meetings.

The voting membership consists of:

- Alliance Chief Medical Officer (Co-Chair) or Designee
- Alliance Pharmacist (Co-Chair/Secretary)
- Practicing physician(s) representing Family Practice and/or Internal Medicine
- Practicing physician(s) representing Pediatrics
- Practicing physician representing a medical specialty in support of agenda
- Practicing community pharmacist(s) contracted with AAH (not to exceed 3)

D Peer Review and Credentialing Committee (PRC)

The PRC is a standing committee of the BOG that meets a minimum of ten times per year.

Responsibilities include:

- Recommending provider credentialing and re-credentialing actions.
- Performing provider-specific clinical quality peer review.
- Reviewing and approving PRCC Program Description.
- Monitoring delegated entity credentialing and re-credentialing.

The voting membership consists of:

- Alliance Chief Medical Officer (Chair) or Designee
- Medical Director/physician designee from Children First Medical Group
- Medical Director/physician designee from Community Health Center Network
- Physician representative for Alameda County Medical Center
- One specialist physician contracted with the Alliance
- Two physicians from the South County area contracted with the Alliance
- Physician representative from the Alliance BOG

E Internal Quality Improvement Committee (IQIC)

The IQIC assists the HCQC in oversight and assurance of the quality of clinical care, patient safety, and customer service provided throughout the AAH organization. Its primary roles are to maintain and improve clinical operational quality, review organization-wide performance against the Alliance quality targets, and report results to the HCQC. All members shall complete a confidentiality and conflict-of-interest form, as required. A quorum, defined as a simple majority of voting members, must be present in order to conduct a meeting. The IQIC shall meet quarterly, at least four times per year. If urgent matters (as determined by the Alliance CMO) arise between meetings, additional meetings will be scheduled. Meetings may be conducted via conference call or webinar. All relevant matters discussed in between meetings will be presented formally at the next meeting. An agenda and supplementary materials, including minutes of the previous meeting, shall be prepared and submitted to the IQIC members prior to the meeting to ensure proper review of the material. IQIC members may request additions, deletions, and modifications to the standard agenda. Minutes of the IQIC proceedings shall be prepared and maintained in the permanent records of the Alliance. Minutes, relevant documents, and reports will be forwarded to HCQC for review.

Responsibilities include:

- Develop, approve and monitor a dashboard of key performance and QI indicators compared to organizational goals and industry benchmarks.
- Oversee and evaluate the effectiveness of AAH's Performance Improvement and Quality Plans.
- Review reports from other sub-committees and, if acceptable, forward for review at the next scheduled HCQC.

- Reviewing plan and delegate corrective plans with regard to negative variances and serious errors.
- Oversee compliance with NCQA accreditation standards.
- Make recommendations to the HCQC on all matters related to:
    - Quality of Care, Patient Safety, and Member/Provider Experience
    - Performance Measurement
    - Preventive services including:
        - Seniors and Persons with Disability (SPD)
        - Members with chronic conditions
        - Medi-Cal Expansion (MCE) members.

The Committee shall be comprised of the following members:

- Alliance Chief Medical Officer(CMO)
- Alliance Medical Director(s)
- Director of Quality
- Clinical Quality Manager
- Access to Care Manager
- Ad Hoc members from Provider Relations, Member Services, Business Analytics and Health Education

F. **Utilization Management Committee (UMC)**

The UMC is a forum for facilitating clinical oversight and direction. Its responsibilities are to:

- Maintain the annual review and approval of the UM Program, UM Policies/Procedures, UM Criteria and other pertinent UM documents such as the UM Delegation Oversight Plan, UM Notice of Action Templates, and Case/Care Management Program and Policies/Procedures.
- Participate in the utilization management/continuing care programs aligned with the Program's quality agenda.
- Assist in monitoring for potential areas of over and under-utilization and recommend appropriate actions when indicated.
- Review and analysis of utilization data for the identification of trends.
- Recommend actions to the Quality Oversight Committee when opportunities for improvement are identified from review of utilization data including, but not limited to Ambulatory Visits, Emergency Visits, Hospital Utilization Rates, Hospital Admission Rates, Average Length of Stay Rates, and Discharge Rates.

Review information about New Medical Technologies from the Pharmacy & Therapeutics Committee including new applications of existing technologies for potential addition as a new medical benefit for Members.

G. **Access and Availability Subcommittee (AASC)**

The AASC reviews the Alliance's access and availability data to evaluate whether the Alliance is meeting regulatory standards and provides corrective actions and recommendations for improvement to departments when needed. The committee identifies opportunities for improvement and provides recommendations to maintain compliance with access and availability regulatory requirements. Membership is comprised of Alliance staff within departments that are involved with access and availability.

The following are the monitoring activities the subcommittee reviews to ensure compliance with access and availability and network adequacy requirements including:

- Provider capacity levels
- Geographic accessibility
- Appointment availability
- High volume and high impact specialists
- Grievances and appeals related to access
- Potential quality issues related to access
- Triage and screening services related to access
- Member and provider satisfaction survey
- After hours care

H. **Joint Operations Committee/Delegation**

The contractual agreements between the Alliance and delegated groups specify:

- The responsibilities of both parties.
- The functions or activities that are delegated.
- The frequency of reporting on those functions and responsibilities to the Alliance and how performance is evaluated.
- Corrective action plan expectations, if applicable.

The Alliance may delegate QI, Credentialing, UM, Case Management, Disease Management and Claims activities to provider groups that meet delegation requirements. Prior to delegation, the Alliance conducts delegation pre-assessments to determine compliance with regulatory and accrediting requirements.

As part of delegation responsibilities, delegated providers must:

- Develop, enact, and monitor quality plans that meet contractual requirements and Alliance standards.
- Provide encounter information and access to medical records pertaining to Alliance members as required for HEDIS and regulatory agencies.
- Provide a representative to the Joint Operations Committee.
- Submit at least semi-annual reports or more frequently if required on delegated functions.
- Cooperate with state/federal regulatory audits as well as annual oversight audits.
- Complete any corrective action judged necessary by the Alliance.

The Alliance collaborates with delegates to formulate and coordinate QI activities and includes these activities in the QI work plan and program evaluation. Delegated activities are a shared function. Delegate program descriptions, work plans, reports, policies and procedures, evaluations and audit results are reviewed by the Compliance and Joint Operations Committee and findings are summarized at HCQC meetings, as appropriate.

The Alliance currently delegates the following functions:

18 AAH Delegation Audit Schedule											
Delegate Name		Service Type	Product Line		QI	UM	Credentialing / Re-Credentialing	Rights and Responsibilities	Claims	Case Mgmt.	BHT
			MCAL	GC							
1	KAISER	Fully Delegate	X		11/06/18	11/06/18	NCQA	11/06/18	11/06/18	11/06/18	11/06/18
2	BEACON HEALTH STRATEGIES LLC	Mental Health, Partially Delegated	X	X	8/16/18	8/16/18	NCQA	N/A	8/16/18	8/16/18	11/06/18
3	COMMUNITY HEALTH CENTER NETWORK (CHCN)	Partially Delegated	X	X	N/A	10/09/18	N/A	N/A	10/09/18	10/09/18	N/A
4	CHILDREN'S FIRST MEDICAL GROUP (CFMG)	Partially Delegated	X		N/A	9/10/18	7/01/17	N/A	9/10/18	N/A	N/A
5	PERFORMRX	Pharmacy	X	X	N/A	1/01/18	1/01/18	N/A	1/01/18	N/A	N/A
6	MARCH VISION CARE GROUP, INC.*	Vision	X		N/A	N/A	7/01/17	N/A	11/01/18	N/A	N/A
7	CALIFORNIA HOME MEDICAL EQUIPMENT (CHME)	DME	X	X	N/A	8/30/18	N/A	N/A	N/A	N/A	N/A
8	EVICORE*	Specialty Radiology	X	X	N/A	11/01/18	N/A	N/A	N/A	N/A	N/A
9	PHYSICAL THERAPY PROVIDER NETWORK (PTPN)	Physical Therapy	X	X	N/A	N/A	4/01/17	N/A	N/A	N/A	N/A
10	LUCILLE PACKARD	Medical Group	X	X	N/A	N/A	9/01/17	N/A	N/A	N/A	N/A
11	UCSF	Medical Group	X	X	N/A	N/A	10/01/17	N/A	N/A	N/A	N/A

III. QUALITY IMPROVEMENT PROGRAM RESOURCES

Responsibilities for QI program activities are an integral part of all Alliance departments. Each department is responsible for setting and monitoring quality goals and activities.

The Alliance QI Department is part of the Health Care Services Department, and responsible for implementing QI activities and monitoring the QI program. The QI Department directs the accreditation process, manages the HEDIS and CAHPS data collection and improvement process, conducts facility site reviews (FSRs), and oversees the quality activities in other departments and those performed by delegated groups.

Resource allocation for the QI Department is determined by recommendations from the HCQC, CMO, and CEO. The Alliance recruits and hires trained staff, and provides resources to support activities required to meet the goals and objectives of the QI program.

The Alliance's commitment to the QI program extends throughout the organization and focuses on QI activities linked to service, access, continuity and coordination of care, and member and provider experience. The Director of Quality with direction from the Medical Director of Quality and CMO, coordinate the QI program.

A **Chief Medical Officer**

The Alliance CMO is the designated physician who is responsible for, and oversees the QI program. The CMO provides leadership to the QI program through oversight of QI study design, development, and implementation, and chairs the HCQC, PRCC, and P&T committees. The CMO makes periodic reports of committee activities, QI study and activity results, and the annual program evaluation to the BOG.

B **Medical Director of Quality Improvement**

The Medical Director is part of the medical team and is responsible for strategic direction of the Quality and Program Improvement programs. The Medical Director also forms a dyad partner with the Director of Quality and will serve as an internal expert, consultant, and resource in QI. They are responsible for clinical appropriateness, quality of care, pay for performance, access and availability, provider experience, member experience and cost-effective utilization of services delivered to Alliance members. Responsibilities include participating in the grievance and external medical review procedure process, resolving medically related and potential quality related grievances, and issuing authorizations, appeals, decisions, and denials. The Medical Director holds a Medical Doctorate, Master of Medical Management, a Master of Science in Biomedical Investigations, over 10 years of clinical experience, and 8 years of QI experience.

C **Director of Quality Improvement**

The Director of Quality is responsible for strategic direction of the Quality and Program Improvement programs. This position has direct responsibility for the development, implementation, and evaluation of HEDIS and CAHPS. This position is responsible for all performance improvement activities, including improving access and availability of network services; developing and managing quality programs as identified by DHCS, DMHC, and NCQA (PIPs, Improvement Programs i.e. EAS measures, QI Standards) as well as managing, tracking, analyzing, and reporting member experience/satisfaction as requested. The Director is also responsible for the oversight of FSR and potential quality issues (PQIs) and will direct performance improvement, FSR, access and availability. The director is also the senior nurse to the organization to augment clinical oversight. This position assists with setting the priorities of the Health Education program and ensures Health Education and Cultural and Linguistic Services are incorporated in to the Quality program. The Director holds a Master of Science in Health Service Administration, 15 years of managed care experience and a clinical license.

D **Clinical Quality Manager**

This position is currently unfilled. The Clinical Quality Manager is responsible for the day-to-day management of the QI department, including but not limited to the HEDIS measures submissions, Physician Profiling (practice profiling) activities, Performance Improvement Projects, Potential Quality of Care reviews and quality improvement initiatives. The Clinical Manager also acts as

liaison between the Alliance's physician leadership and community practitioners/providers of care across all specialties and delegates. The Manager is also responsible for creating report cards and assessing gaps in care. They work collaboratively throughout the organization to lead and establish appropriate performance management/quality improvement systems.

E **Access to Care Manager**

This position is currently unfilled. The Access to Care Manager is intended to work collaboratively throughout the organization to lead and establish appropriate access to care systems. The Access to Care Manager ensures the access program is in compliance with timely access standards as regulated by the Department of Managed Health Care (DMHC), the Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA). The Access to Care Manager ensures planning and oversight of access to care surveys, ensures appropriate follow up when compliance monitoring indentifies defeciencies, and daily operations related to Facility Site Reviews (FSRs).

F **Quality Improvement Clinical Staff (5)**

1.5 / 5 positions are currently unfilled. The QI clinical staff is comprised of licensed registered nurses and have clinical oversight from the Medical Director of Quality and Director of Quality. The QI Supervisor oversees day-to-day activities of the clinical staff within the QI department with direct supervision of Quality Review Nurses. Quality Review Nurses are responsible for investigating Potential Quality Issues initiated from member grievances or front line health care staff, assisting with HEDIS medical record needs and as needed FSRs. QI Nurse Specialists report to the Clinical Quality Manager. The Senior QI Nurse Specialist is a Facility Site Review (FSR) Master Trainer. The FSR Master Trainer is a state required position responsible for ensuring timely facility site review of contracted physicians or physician groups. The QI Nurse Specialist is responsible for provider site review audits, qualitative and quantitative content of the medical records, compliance with quality of care standards, and oversight monitoring of delegated provider organizations. This position reports to the QI Supervisor.

G **Quality Improvement Project Specialist (5)**

2 / 5 positions are currently unfilled. QI Project Specialists (QIPS) are responsible for providing support for quality assessment and performance improvement activities including quality monitoring, accreditation, access and availability monitoring, evaluation and facilitation of performance improvement projects. They report directly to either the Clinical Quality Manager or Access to Care Manager. The QIPS acts as a liaison between the Alliance and the survey vendors, assist with accreditation needs, collaborate on HEDIS interventions, perform regular assessments of access surveys, provider surveys, CAHPS and grievances. The QIPS ensures accuracy of DHCS performance improvement projects, internal subcommittees and HCQC and subcommittee meeting facilitation. The QIPS have experience in managed care as well as other highly regulated organizations.

H **Facility Site Review/Coordinator**

This position is currently unfilled. The Facility Site Review Coordinator reports to the Access to Care Manager and is responsible for performing facility site review audits and quality improvement activities in conjunction with the QI Nurse Specialists. The position assists with access and availability requirements, provider trainings, HEDIS data collection, disease specific outreach, and preparation for accreditation and compliance surveys by external agencies such as DHCS, CMS and NCQA. \

I **Quality Program Coordinator**

Under the general direction of the Clinical Quality Manager, this position is responsible for helping to plan, organize, and implement Alliance quality programs. Responsibilities include: coordinate quality projects, conduct reminder calls/mailings to targeted members or providers in quality initiatives or programs, represent the Alliance at community meetings/events, create/run periodic departmental reports, maintain departmental worksheets/limited data sets, etc.

J **Director Quality Assurance**

The Director, Quality Assurance is responsible for the operational management of the Alliance Quality Assurance Program under the direction of the Chief Medical Officer. The Director is responsible for Health Care Services internal monitoring activities as well as clinical components of delegation oversight auditing and performance monitoring. The Director is responsible for ensuring Health Care Service's overall regulatory compliance with Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) contractual responsibilities for Health Care Service Departments. The role is also responsible for overseeing ongoing audit readiness activities for DHCS, DMHC and NCQA. The Director is also responsible to coordinate processes, activities, and regulatory compliance involving grievances and appeals for all lines of business. The position identifies, analyzes, and coordinates resolution of grievances and appeals.

K **Utilization Management Staff**

The UM/Medical Services and QI Departments are part of the Alliance Health Care Services Department. These two departments work collaboratively to ensure that quality health care is delivered to members. QI ensures that HCQC is able to identify improvement opportunities regarding: concurrent reviews, tracking key utilization data, and the annual evaluation of UM activities.

L **Pharmacy Staff**

The Pharmacy Department and QI Department work collaboratively on various QI projects. The Pharmacy Department supports patient safety initiatives including working with the Pharmacy Benefit Manager (PerformRx) to inform members, providers and network pharmacies of medication safety alerts. Responsibilities also include review and update of

the formulary through P&T, oversight of the Pharmacy Benefit Manager, and collaboration with HCQC.

M. **Case and Disease Management Staff**

The Case and Disease Management department oversees case management for high-risk members including those identified through the disease management program. Responsibilities include conducting outreach and care coordination activities for members in the programs to ensure the improvement of member outcomes and overall member satisfaction. The staff will also assist the QI department in QI activities through conducting member outreach calls and mailings.

N. **Network Management/Provider Relations**

The Network Management/Provider Relations Department is the primary point of contact for network providers. They assist the QI Department on various QI activities with network providers as appropriate as well as disseminating QI information to practitioners. The Department is responsible for assessing provider satisfaction with Alliance processes and monitoring availability and accessibility standards at physician offices, including after-hours coverage. Provider Services staff also assists the QI Department with practitioners who do not comply with requests from QI including scheduling HEDIS abstraction visits.

O. **Credentialing Staff**

The Credentialing staff support the credentialing and re-credentialing processes for practitioners and network providers. The Credentialing staff conducts ongoing monitoring and evaluation of network practitioners to ensure the safety and quality of services to members. The QI Department provides the Credentialing Department with Facility Site Review and Medical Record audit scores. The Credentialing staff is responsible for coordinating the PRCC meetings.

P. **Member Services Staff**

The Member Services staff fields all member inquiries regarding eligibility, benefits, claims, programs, and access to care. The staff conducts welcome calls to members to educate new members about the health plan benefits. Member Services staff also works with the QI Department on member complaints and appeals in accordance with established policies and procedures. To assist in improving HEDIS scores, the Member Services Department may conduct reminder calls to members to get HEDIS services completed.

Q. **Health Education**

The Health Education Department consists of three full time staff and is inclusive within the QI Department. The staff supports QI in the development and implementation of member and provider educational interventions and community collaborations to address health care quality and access to care. The Health Education Department also manages and monitors the

Cultural and Linguistic programs for the Alliance. The Health Education and Cultural and Linguistic Programs are outlined in a separate document.

R **Healthcare Analytics Staff**

The Healthcare Analytics Department consists of seventeen staff members. This includes: one Chief Analytics Officer, two Directors, one Manager, nine analysts, two Quality Specialists, one Business Administrator, and one Executive Assistant. They perform data analyses involving clinical, financial, provider and member data. The Health Care Analysts are available to the QI department allotting at least 25% of their time to direct QI analysis. They collect and summarize QI data, and work in conjunction with the Information Technology (IT) Department and the QI department to produce analytics and reporting for various QI activities projects including HEDIS. Additionally, some quality analytics and reporting are produced by outside vendors under contract with the Alliance.

S **Utilization Management**

The Alliance's Utilization Management (UM) activities are outlined in the UM Program Description which includes a persons with complex health conditions. The UM Program Description defines how UM decisions are made in a fair and consistent manner. There is also a Case Management (CM) and Complex Case Management Program Description. These programs address serving members with complex health needs, such as, seniors and people with physical or developmental disabilities (SPDs) and/or multiple chronic conditions. There is one staff person dedicated to working with "linked and carved out services" such as East Bay Regional Center, California Children Services (children with complex health care needs), and the Alameda County Behavioral Health Care Department. The UM Program Description is approved by the UMC and HCQC. For additional information, refer to the UM and CM/Complex CM Program Descriptions.

IV. METHODS AND PROCESSES FOR QUALITY IMPROVEMENT

The QI program employs a systematic method for identifying opportunities for improvement and evaluating the results of interventions. All program activities are documented in writing and all quality studies are performed on any product line for which it seems relevant. The Alliance QI Program follows the recommended performance improvement framework used by the Department of Health Care Services (DHCS). In 2017, DHCS adopted a framework based on a modification of the Institute for Health Care Improvement (IHI) Quality Improvement (QI) Model of Improvement. Key concepts for DHCS performance improvement projects (PIP) utilize the following framework:

- PIP Initiation
- SMART Aim Data Collection
- Intervention Determination
- Plan-Do-Study-Act
- PIP Conclusion

A. Identification of Important Aspects of Care

The Alliance uses several methods to identify aspects of care that are the focus of QI activities. Some studies are initiated based on performance measured as part of contractual requirements (e.g., HEDIS). Other studies are initiated based on analyses of the demographic and epidemiologic characteristics of Alliance members and others are identified through surveys and dialogue with our member and provider communities (e.g., CAHPS, provider satisfaction and Group Needs Assessment). Particular attention is paid to those areas in which members are high risk, high volume, high cost, or problem prone.

B. Data Collection and Data Sources

The Alliance uses internal resources and capabilities to design sound studies of clinical and service quality that produce meaningful and actionable information.

Much of the data relevant to QI activities are maintained in a confidential and secure data warehouse named ODS (Operational Data Store). Data integrity is validated annually through the HEDIS reporting audit process, and through adherence to the Alameda Alliance data analysis plan.

Data sources to support the QI program include, but are not limited to the following:

- Data Warehouse (HAL): Houses legacy data from previous system (Diamond).
- ODS (Operational Data Store): This is the main database and the primary source for all data including member, eligibility, encounter, provider, pharmacy data, lab data, vision, encounters, etc. and claims. This database is used for abstracting data required for quality reporting.
- Business Objects: A data mining tool used by staff to create accurate member level reporting.
- HealthSuite: a platform for integrating data from Providers, Members, Medical Records, Encounters, and claims.
- CareAnalyzer (DST): provide care managers access to risk-stratified data that can be effectively applied to target high-risk members for early intervention and improve the overall coordination of care.
- TruCare: in house medical record data storage software.
- HEDIS: Preventive, chronic care, and access measures run through NCQA-certified HEDIS software vendor (Verscend).
- CAHPS 5.0 and CAHPS 3.0: Member experience survey.
- California Immunization Registry (CAIR): Immunization registry information.
- Laboratory supplemental data sources from: Quest, Foundation, Sorian, and NextGen and Novius.
- Credentialing is in Cactus, a credentialing database.
- Provider satisfaction and coordination of care surveys
- Pre-service, concurrent, post-service and utilization review data (TruCare).

- Member and provider grievance and appeal data.
- Potential Quality of Care Issue tracking/trending data.
- Internally developed databases (e.g., asthma and diabetes).
- Provider Appointment Availability Survey (PAAS), as well as after hour access and emergency instructions.
- Other clinical or administrative data.

C. Evaluation

Health care analysts collect and summarize quality data. Quality performance staff analyzes the data to determine variances from established criteria, performance goals, and for clinical issues. Data is analyzed to determine priorities or achievement of a desired outcome. Data is also analyzed to identify disparities based on ethnicity and language. Particular subsets of our membership may also be examined when they are deemed to be particularly vulnerable or at risk.

HEDIS related analyses include investigating trends in provider and member profiling, data preparation (developing business rules for file creation, actual file creation for HEDIS vendors, mapping proprietary data to vendor and NCQA specifications, data quality review and data clean-up). These activities involve both data sets maintained by the Alliance and supplemental files submitted by various trading partners, such as delegated provider organizations and various external health registries and programs (e.g., Kaiser Permanente, Quest Diagnostics and the California Immunization Registry).

Aggregated reports are forwarded to the HCQC. Status and final reports are submitted to regulatory agencies as contractually required. Evaluation is documented in committee minutes and attachments.

D. ACTIONS TAKEN AS RESULT OF QUALITY IMPROMEVEMENT ACTIVITIES

Action plans are developed and implemented when opportunities for improvement are identified. Each performance improvement plan specifies who or what is expected to change, the person responsible for implementing the change, the appropriate action, and when the action is to take place. Actions will be prioritized according to possible impact on the member or provider in terms of urgency and severity. Actions taken are documented in reports, minutes, attachments to minutes, and other similar documents.

An evaluation of the effectiveness of each QI activity is performed. A re-evaluation will take place after an appropriate interval between implementation of an intervention and remeasurement. The evaluation of effectiveness is described quantitatively, in most cases, compared to previous measurement, with an analysis of statistical significance when indicated.

Based on the HEDIS data presented, areas of focus for 2019 include the following:

Clinical Quality Measure Category	
1	Childhood Immunization Status – Combo 3
2*	Children and Adolescents' Access to Primary Care Physicians
3	Children/Adolescents' Weight Assessment and Counseling - Nutrition
4	Asthma Medication Ratio (Total Rate)
5	Cervical Cancer Screening
6	Comprehensive Diabetes Care (18-75 y/o) – HbA1c Testing
7*	Controlling High Blood Pressure
8	Annual Monitoring for Patients on Persistent Medications (>18 y/o) - ACE or ARB
9	Annual Monitoring for Patients on Persistent Medications (>18 y/o) -Diuretics

Other Non-HEDIS related measures of focus will include EPSDT / Pediatric services and also:

Other Measure Category	
10R*	Opioids Intervention Education
11*	Initial Health Assessment (DHCS measure)
12	ED Visits per 1000 Member
13	Pharmacy Utilization - % of Generic Usage

See Appendix C (bottom) for ongoing PIP activities that will continue into 2019.

E. TYPES OF QI MEASURES AND ACTIVITIES

A Healthcare Effectiveness Data Information Set (HEDIS)

The External Accountability Set (EAS) Performance Measures, a subset of HEDIS (Health Effectiveness Data Information Set) are calculated, audited, and reported annually as required by DHCS. Additional measures from HEDIS are also reviewed. A root cause analysis may be performed and improvement activities initiated for measures not meeting benchmarks.

B Consumer Assessment of Health Plan Survey (CAHPS)

The Alliance evaluates member experience periodically. The Consumer Assessment of Health Plan Survey (CAHPS) is conducted by vendors. The Alliance assists in the administration of these surveys, receives and analyzes the results, and follows up with

prioritized improvement initiatives. Survey results are distributed to the HCQC and made available to members and providers upon request. The CAHPS survey is conducted annually for the entire Medi-Cal population and the results from the CAHPS are reported in the annual QI evaluation and used to identify opportunities to improve health care and service for our members.

C State of California Measures

DHCS has developed several non-HEDIS measures that the Alliance evaluates. These measures, specified in the Alliance contract with DHCS, involve reporting rates for an Under/Over-Utilization Monitoring Measure Set.

D State Quality Improvement Activities

DHCS requires Medi-Cal Managed Care plans to conduct at least two QI projects each year. Forms provided by DHCS are used for QI project milestones.

Annually, the Alliance submits its QI Program Description, an evaluation of the prior year's QI Work Plan and a QI Work Plan for the next year. The QI Work Plan will be updated throughout the year as QI activities are designed and implemented.

The Alliance complies with the requirements described in MMCD All Plan Letters.

E Monitoring Satisfaction

The QI program measures member and provider satisfaction using several sources of satisfaction, including the results of the CAHPS survey, the Group Needs Assessment (GNA), the annual DMHC Timely Access survey, plan member and provider satisfaction surveys, complaint and grievance data, disenrollment and retention data, and other data as available. These data sets are presented to the HCQC and BOG at quarterly and annual intervals. The plan may administer topic specific satisfaction surveys depending on findings of other QI studies and activities.

F Health Education Activities

The Health Education Program at the Alliance operates as part of the Health Care Services Department. The primary goal of Health Education is to improve members' health and well-being through the lifespan through promotion of appropriate use of health care services, prevention, healthy lifestyles and disease self-care and management. The primary goal of Health Education is to provide the means and opportunities for Alameda Alliance members to maintain and support their health.

Health education programs include individual, provider, and community-focused health education activities which cluster around several topic areas. The Alliance also collaborates on a number of community projects to develop and distribute important health education messages for at risk populations.

G Cultural and Linguistic Activities

The Alliance Cultural and Linguistic Program operates under the Health Care Services

Department. It reflects the Alliance's adherence and commitment to the U.S. Department of Health & Human Services "National Standards for Culturally and Linguistically Appropriate Services". The program conducts activities designed to ensure that all members have access to quality health care services that are culturally and linguistically appropriate. These activities encompass efforts within the organization, as well as with Alliance members, providers, and our community partners.

Objectives include:

- Comply with state and federal guidelines related to assessment of enrollees in order to offer our members culturally and linguistically appropriate services.
- Identify, inform and assist Limited English Proficiency members in accessing quality interpretation services and written informing materials in threshold languages.
- Ensure that all staff, providers and subcontractors are compliant with the cultural and linguistic program through cultural competency training.
- Integrate community input into the development and implementation of Alliance cultural and linguistic accessibility standards and procedures.
- Monitor and continuously improve Alliance activities aimed at achieving cultural competence and reducing health care disparities.

The objectives for cultural and linguistic activities are addressed in the Health Education and Cultural and Linguistic work plans which are updated annually.

H Disease Surveillance

The Alliance has executed a Memoranda of Understanding with DMHC and maintains procedures to ensure accurate, timely, and complete reporting of any disease or condition to public health authorities as required by State law. The Provider Manual describes requirements and lists Public Health Department contact phone and fax numbers.

I Patient Safety and Quality of Care

The Alliance QI process incorporates several mechanisms to review incidents that pose potential risk or safety concerns for members. The following activities are performed to demonstrate the Alliance's commitment to improve quality of care and safety of its members:

- Reviewing complaints and grievances, and determining quality of care impact.
- Monitoring iatrogenic events such as, hospital-acquired infections reported on claims and reviewing encounter submissions.
- Reviewing concurrent inpatient admissions to evaluate and monitor the medical necessity and appropriateness of ongoing care and services. Safety issues may be identified during this review.
- Investigating reported and/or identified potential quality of care issues.
- Auditing Alliance internal processes/systems and delegated providers.
- Credentialing and re-credentialing review of malpractice, license suspension registries, loss of hospital privileges.

- Performing site review of provider offices for compliance with safety, infection control, emergency, and access standards.
- Monitoring operational compliance with local regulatory practices.
- Monitoring medication usage (e.g., monitoring number of rescue medications used by asthmatics).
- Encouraging/reminding providers to use ePocrates to receive information on drug information, side effects and interactions.
- Partnering with the pharmacy benefit management company to notify members and providers of medication recalls and warnings.
- Reviewing hospital readmission reports.
- Improving continuity and coordination of care between practitioners.
- Providing educational outreach to members (e.g., member newsletter, telephonic outreach) on patient safety topics including questions asked prior to surgery and questions asked about drug-drug interaction.

Quality issues are referred to the QI Department to evaluate the issue, develop an intervention and involve the CMO when necessary.

J. Access and Availability

The Alliance implements mechanisms to maintain an adequate network of primary care providers (PCP) and high volume and high impact specialty care providers. Alliance policy defines the types of practitioners who may serve as PCPs. Policies and procedures establish standards for the number and geographic distribution of PCPs and high volume specialists. The Alliance monitors and assesses the cultural, ethnic, racial, and linguistic needs and preferences of members, and adjusts availability of network providers, if necessary.

The following services are also monitored for access and availability:

- Children's preventive periodic health assessments/ EPSDT
- Adult initial health assessments
- Standing referrals to HIV/AIDS specialists
- Sexually transmitted disease services
- Minor's consent services
- Pregnant women services
- Chronic pain management specialists.

The QI program collaborates with the Provider Relations Department to monitor access and availability of care including member wait times and access to practitioners for routine, urgent, emergent, and preventive, specialty, and after-hours care. Access to medical care is ensured by monitoring compliance with timely access standards for practitioner office appointments, telephone practices, appointment availability. The HCQC also oversees appropriate access standards for appointment wait times. Alliance appointment access

standards are no longer than DMHC and DHCS established standards. The Provider Manual and periodic fax blasts inform practitioners of these standards.

The HCQC reviews the following data and makes recommendations for intervention and quality activities when network availability and access improvement is indicated:

- Member complaints about access
- CAHPS results for wait times and telephone practices
- HEDIS measures for well child and adolescent primary care visits
- Immunizations
- Emergency room utilization
- Facility site review findings
- The review of specialty care authorization denials and appeals
- Additional studies and surveys may be designed to measure and monitor access.

K Behavioral Health Quality

The Alliance maintains procedures for monitoring the coordination and quality of behavioral healthcare provided to all members including, but not limited to, all medically necessary services across the health care network. The Alliance involves a senior behavioral healthcare physician in quarterly HCQC meetings to monitor, support, and improve behavioral healthcare aspects of QI.

Behavioral Health Services are delegated to Beacon Health Strategies, an NCQA Accredited MBHO, except for Specialty Behavioral Health for Medi-Cal members, excluded from the Alliance contract with DHCS. The Specialty Behavioral Health Services are coordinated under a Memorandum of Understanding between the Alliance and Alameda County Behavioral Health Services (ACBHCS). While behavioral health is delegated, some primary care physicians may choose to treat mild mental health conditions rather than referring to Beacon.

The Alliance includes the involvement of a designated behavioral health physician in program oversight and implementation as discussed in Beacon's QI Program Description. The Alliance annually reviews Beacon's QI Program Description, Work Plan, and Annual Evaluation. The Alliance reviews Beacon behavioral health quality, utilization and member satisfaction quarterly reports in a Joint Operations Meeting (JOM) to ensure members obtain necessary and appropriate behavioral health services.

L Coordination, Continuity of Care and Transitions

Member care transitions present the greatest opportunity to improve quality of care and decrease safety risks by ensuring coordination and continuity of health care as members transfer between different locations or different levels of care within the same location.
The Alliance Health Plan Health Care Services Department focuses on interventions that support planned and unplanned transitions and promote chronic disease self-management. Primary goals of the department are to reduce unplanned transitions, prevent avoidable

transitions and maintain members in the least restrictive setting possible.

Comprehensive case management services are available to each member. It is the PCP's responsibility to act as the primary case manager to all assigned members. Members have access to these services regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability. All services are provided in a culturally and linguistically appropriate manner.

Members who may need or are receiving services from out-of-network providers are identified. Procedures ensure these members receive medically necessary coordinated services and joint case management, if indicated. Written policies and procedures direct the coordination of care for the following:

- Services for Children with Special Health Care Needs (CSHCN).
- California Children's Service (CCS) eligible children are identified and referred to the local CCS program.
- Overall coordination and case management for members who obtain Child Health and Disability Prevention Program (CHDP) services through local school districts or sites.
- Early Start eligible children are identified and referred to the local program.
- Members with developmental difficulties are referred to the Regional Center of the East Bay for evaluation and access to developmental services.

All new Medi-Cal members are expected to receive an Initial Health Assessment (IHA) within 120 days of their enrollment with the plan. The IHA includes an age-appropriate health education and behavioral assessment (IHEBA). Members are informed of the importance of scheduling and receiving an IHA from their PCP. The Provider Manual informs the PCP about the IHA, the HRA, and recommended forms. All new Medi-Cal members also receive a Health Information Form\Member Information Tool (HIF\MET) in the New Member Packet upon enrollment. The Alliance ensures coordination of care with primary care for all members who return the form with a condition that requires follow up within 90 days.

The Alliance coordinates with PCPs to encourage members to schedule their IHA appointment. The medical record audit of the site review process is used to monitor whether baseline assessments and evaluations are sufficient to identify CCS eligible conditions, and if medically necessary follow-up services and referrals are documented in the member's medical record.

M. Complex Case Management Program

All Alliance members are potentially eligible for participation in the complex case management program. The purpose of the complex case management program is to provide the case management process and structure to a member who has complex health issues and medical conditions. The components of the Alliance complex case management program encompass: member identification and selection; member assessment; care plan

development, implementation and management; evaluation of the member care plan; and closure of the case. Program structure is designed to promote quality case management, client satisfaction and cost efficiency through the use of collaborative communication, evidence-based clinical guidelines and protocols, patient-centered care plans, and targeted goals and outcomes.

The objectives of the complex case management program are concrete measures that assess effectiveness and progress toward the overall program goal of making high quality health care services accessible and affordable to Alliance membership. The Chief Medical Officer, Director of Health Care Services, and Manager of Case and Disease Management develop and monitor the objectives. The HCQC reviews and assesses program performance against objectives during the annual program evaluation, and if appropriate, provides recommendations for improvement activities or changes to objectives. The objectives of the program include:

- Preventing and reducing hospital and facility readmissions as measured by admission and readmission rates.
- Preventing and reducing emergency room visits as measured by emergency room visit rates.
- Achieving and maintaining member's high levels of satisfaction with case management services as measured by member satisfaction rates.
- Improving functional health status of complex case management members as measured by member self-reports of health condition.

The complex case management program is a supportive and dynamic resource that the Alliance uses to achieve these objectives as well as respond to the needs and standards of consumers, the healthcare provider community, regulatory and accrediting organizations.

The Alliance annually measures the effectiveness of its complex case management program based on the following measures (detailed information can be found in the Comprehensive Case Management Program Description):

1. Satisfaction with case management services - members are mailed a survey after case closure and are asked to rate experiences and various aspects of the program's service.
2. All-cause admission rates - the Alliance measures admission rates for all causes within six months of being enrolled in complex case management.
3. Emergency room visit rate - the Alliance measures emergency room visit rates among members enrolled in complex case management.
4. Health status rate - the Alliance measures the percentage of members who received complex case management services and responded that their health status improved as a result of complex case management services.
5. Use of appropriate health care services - The Alliance measures enrolled members'

office visit activity, to ensure members seek ongoing clinical care within the Alliance network.

The Chief Medical Officer and the Director of Health Care Services collaboratively conduct an annual evaluation of the Alliance complex case management program. This includes an analysis of performance measures, an evaluation of member satisfaction, a review of policies and program description, analysis of population characteristics and an evaluation of the resources to meet the needs of the population. The results of the annual program evaluation are reported to the HCQC for review and feedback. The HCQC makes recommendations for improvement and interventions to improve program performance, as appropriate. The Director of Clinical Services is responsible for implementing the interventions under the oversight of the Chief Medical Officer.

N. Disease Management Program

All Alliance members are eligible for participation in the disease management program. The purpose of the disease management program is to provide disease management services to children who have chronic asthma or adults with diabetes and promote healthy outcomes. This is accomplished through the provision of interventions based on member acuity level. The intervention activities range from case management to those members at high risk to making educational materials available to those members who may have gaps in care. The components of the Alliance disease management program encompass: member identification and risk stratification; provision of case management services; chronic condition monitoring; identification of gaps in care; and education and reminders. Program structure is designed to promote quality condition management, client satisfaction and cost efficiency through the use of collaborative communications, evidence-based clinical guidelines and protocols, patient - centered care plans, and targeted goals and outcomes.

The objectives of the disease management program are concrete measures that assess effectiveness and progress toward the overall program goals of meeting the health care needs of members and actively supporting members and practitioners to manage chronic asthma and diabetes. The Chief Medical Officer and the Director Clinical Services develop and monitor the objectives. The HCQC reviews and assesses program performance against objectives during the annual program evaluation, and if appropriate, provides recommendations for improvement activities or changes to objectives. The objectives of the disease management program include:

- Preventing and reducing hospital and facility readmissions as measured by admission and readmission rates.
- Preventing and reducing emergency room visits as measured by emergency room visit rates.
- Achieving and maintaining member's high levels of satisfaction with disease management services as measured by member satisfaction rates.
- Reducing gaps in care as measured by HEDIS clinical effectiveness measures specific

to the management of asthma and diabetes.

F. SENIORS AND PERSONS WITH DISABILITY (SPD)

The Alliance categories all new SPD members as high risk. High risk members are contacted for a HRA within 45 calendar days and low risk members are contacted within 105 calendar days from their date of enrollment. Existing SPD members receive an annual HRA on their anniversary date. The objectives of a HRA are to assess the health status, estimate health risk, and address members' needs relating to medical, specialty, pharmacy, and community resources. Alliance staff uses the responses to the HRAs, along with any relevant clinical information, to generate care plans with interventions to decrease health risks and improve care management.

DHCS has established performance measures to evaluate the quality of care delivered to the SPD population using HEDIS measures and a hospital readmissions measure.

G. PROVIDER COMMUNICATION

The Alliance contracts with its providers to foster open communication and cooperation with QI activities. Contract language specifically addresses:

- Provider cooperation with QI activities.
- Plan access to provider medical records to the extent permitted by state and federal law.
- Provider maintenance of medical record confidentiality.
- Open provider-patient communication about treatment alternatives for medically necessary and appropriate care.

Provider involvement in the QI program occurs through membership in standing and ad-hoc committees, and attendance at BOG and HCQC meetings. Providers and members may request copies of the QI program description, work plan, and annual evaluation. Provider participation is essential to the success of QI studies including HEDIS and those that focus on improving aspects of member care. Additionally, provider feedback on surveys and questionnaires is encouraged as a means of continuously improving the QI program.

Providers have an opportunity to review the findings of the QI program through a variety of mechanisms. The HCQC reports findings from QI activities to the BOG, at least quarterly. Findings include aggregate results, comparisons to benchmarks, deviation from threshold, drill-down results for provider group or type, race/ethnicity and language, and other demographic or clinical factors. Findings are distributed directly to the provider when data is provider-specific. Findings are included in an annual evaluation of the QI Program and made available to providers and members upon request. The Provider Bulletin contains a calendar of future BOG and standing committee dates and times.

H. EVALUATION OF QUALITY IMPROVEMENT PROGRAM

The HCQC reviews a written evaluation of the overall effectiveness of the QI program on an annual basis. The evaluation includes, at a minimum:

- Changes in staffing, reorganization, structure, or scope of the program during the year.
- Allocation of resources to support the program.
- Comparison of results with goals and targets.
- Tracking and trending of key indicators.
- Description of completed and ongoing QI activities.
- Analysis of the overall effectiveness of the program, including assessment of barriers or opportunities.
- Recommendations for goals, targets, activities, or priorities in subsequent QI Work Plan.

The review and revision of the program may be conducted more frequently as deemed appropriate by the HCQC, CMO, CEO, or BOG. The HCQC's recommendations for revision are incorporated into the QI Program Description, as appropriate, which is reviewed by the BOG and submitted to DHCS on an annual basis.

I. ANNUAL QI WORK PLAN (Separate Document)

A QI Work Plan is received and approved annually by the HCQC. The work plan describes the QI goals and objectives, planned projects, and activities for the year, including continued follow-up on previously identified quality issues, and a mechanism for adding new activities to the plan as needed. The work plan delineates the responsible party and the time frame in which planned activities will be implemented.

The work plan is included as a separate document and addresses the following:

- Quality of clinical care
- Quality of service
- Safety of clinical care
- Members' experience
- Yearly planned activities and objectives
- Time frame within which each activity is to be achieved
- The staff member responsible for each activity
- Monitoring previously identified issues
- Evaluation of the QI program

Progress on completion of activities in the QI work plan is reported to the HCQC quarterly. A summary of this progress will be reported by the CMO to the BOG.

J. QI DOCUMENTS

In addition to this program description, the annual evaluation and work plan, the other additional documents important in communicating QI policies and procedures include:

- "Provider Manual" provides an overview of operational aspects of the relationship between the Alliance, providers, and members. Information about the Alliance's QI Program is included in the provider manual. It is distributed to all contracted provider sites.
- "Provider Bulletin" is a newsletter distributed to all contracted provider sites on topics of relevance to the provider community, and can include QI policies, procedures and activities.
- "Alliance Alert" is the member newsletter that also serves as a vehicle to inform members of QI policies and activities.

These documents, or summaries of the documents, are available upon request to providers, members, and community partners. In addition, the QI program information is available on the Alliance website.

K. CONFIDENTIALITY AND CONFLICT OF INTEREST

All employees, contracted providers, delegated medical groups and sub-contractors of the Alliance maintain the confidentiality of personally identifiable health information, medical records, peer review, internal and external, and internal electronic transmissions and quality improvement records. They will ensure that these records and information are not improperly disclosed, lost, altered, tampered with, destroyed, or misused in any manner. All information used in QI activities is maintained as confidential in compliance with applicable federal and state laws and regulations.

Access to member or provider-specific peer review and other QI information is restricted to individuals and/or committees responsible for these activities. Outside parties asking for information about QI activities must submit a written request to the CMO. Release of all information will be in accordance with state and federal laws.

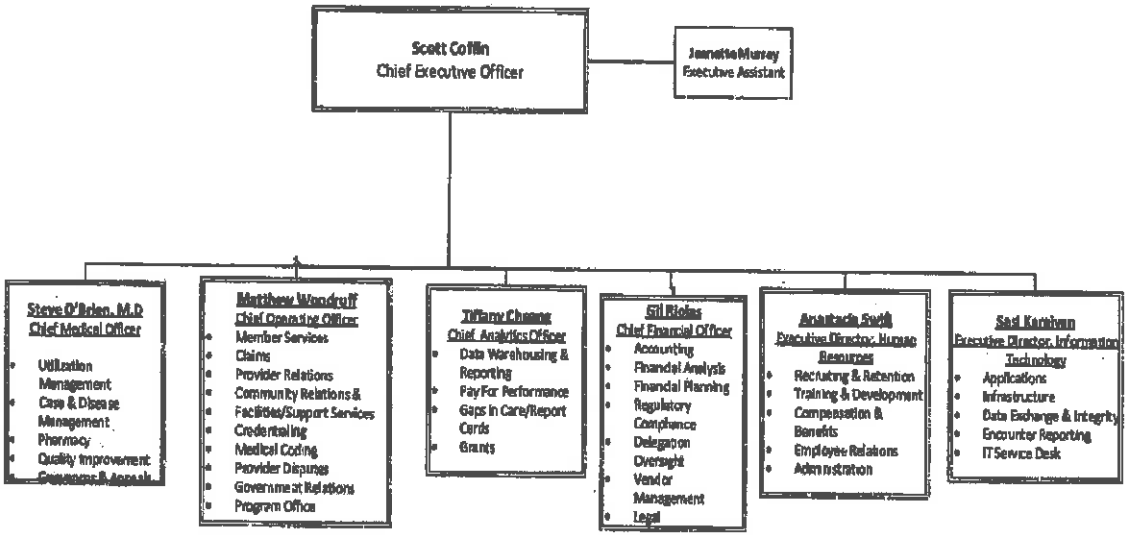
All providers participating in the HCQC or any of its subcommittees, or other QI program activities involving review of member or provider records, will be required to sign and annually renew confidentiality and conflict of interest agreements. Guests or additional Alliance staff attending HCQC meetings will sign a confidentiality agreement.

Committee members may not participate in the review of any case in which they have a direct professional, financial, or personal interest. It is each committee member's obligation to declare actual or potential conflicts of interest.

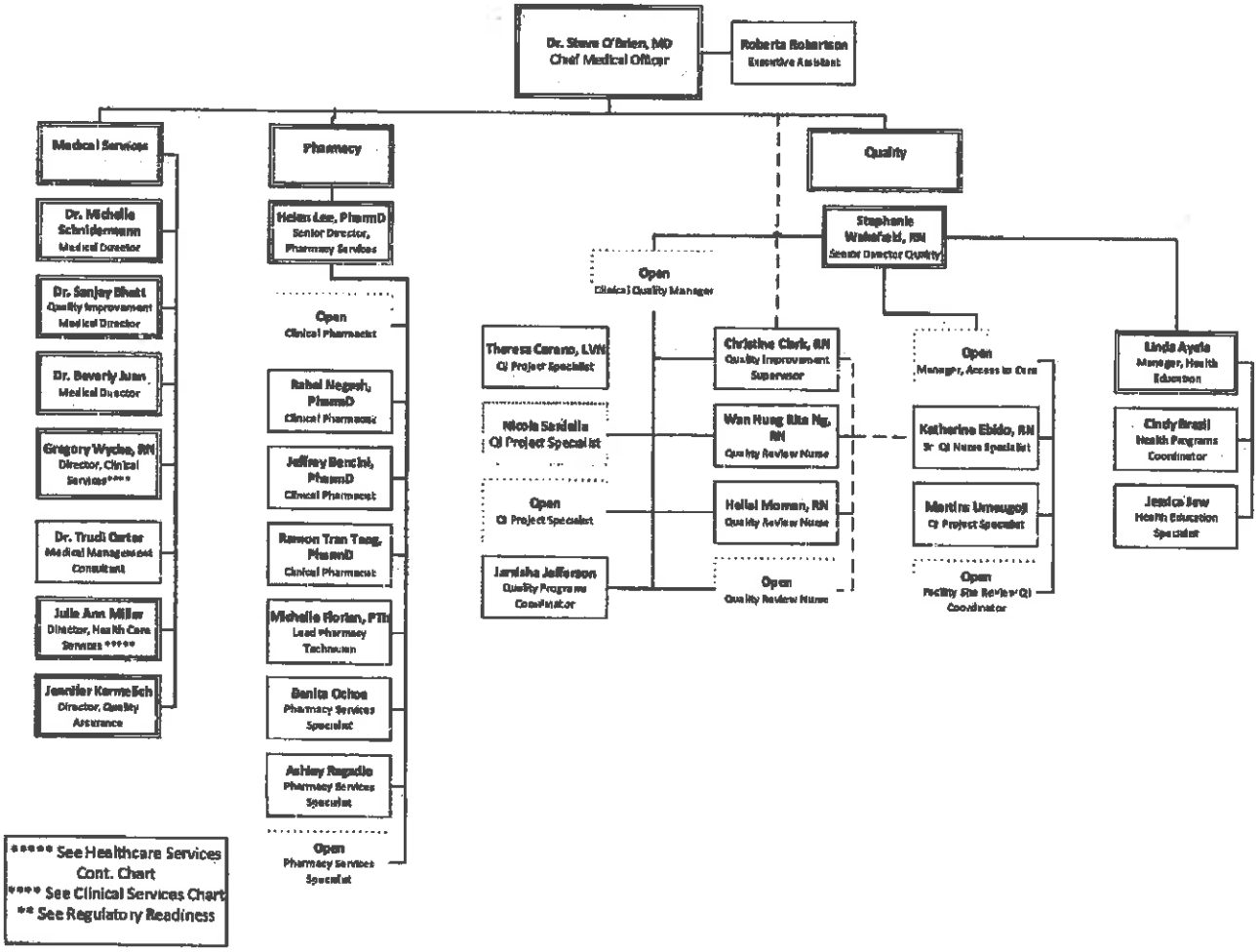
All QI meeting materials and minutes are marked with the statement "Confidential". Copies of QI meeting documents and other QI data are maintained separately and secured to ensure strict confidentiality.

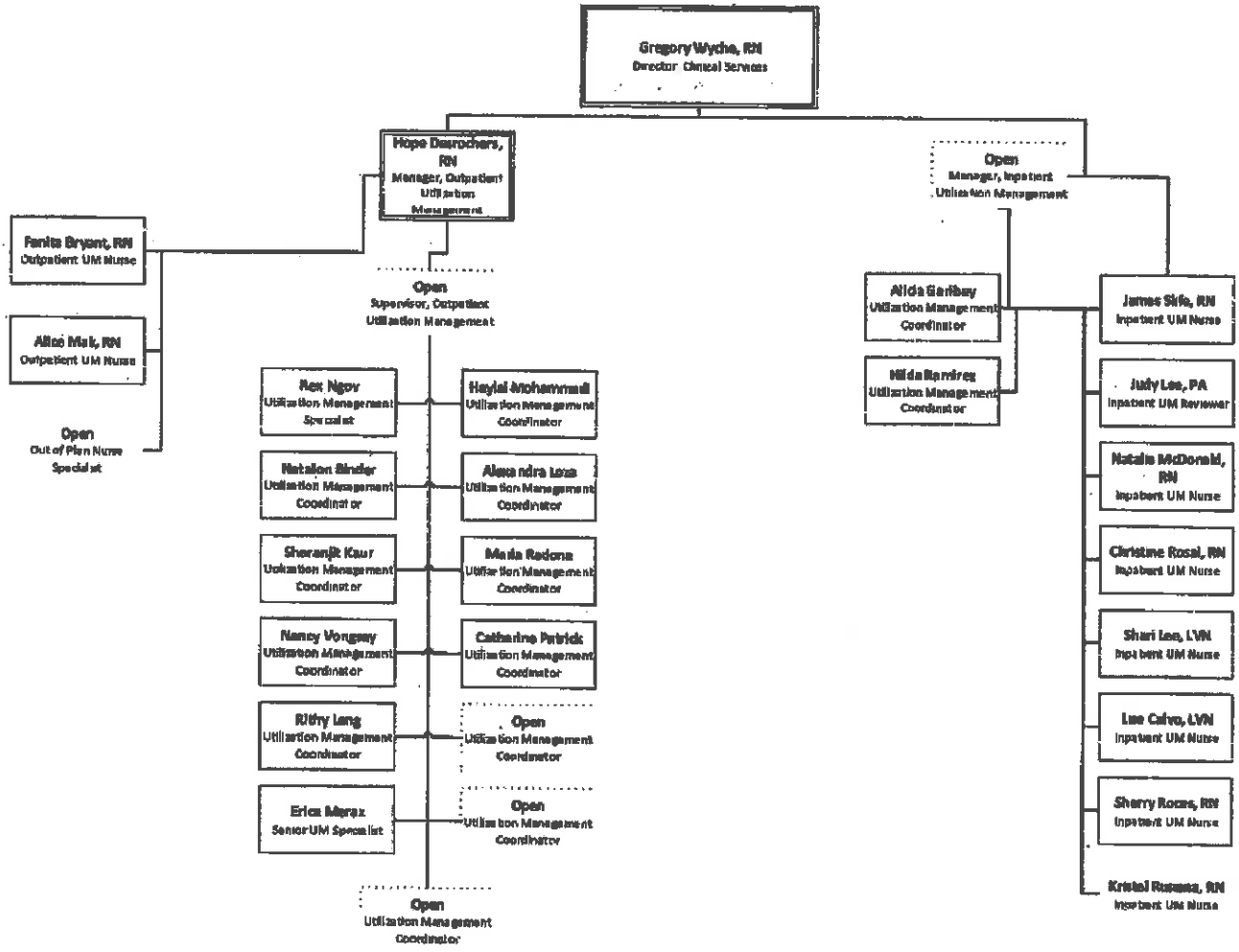
Organizational charts are as follows: Appendix A

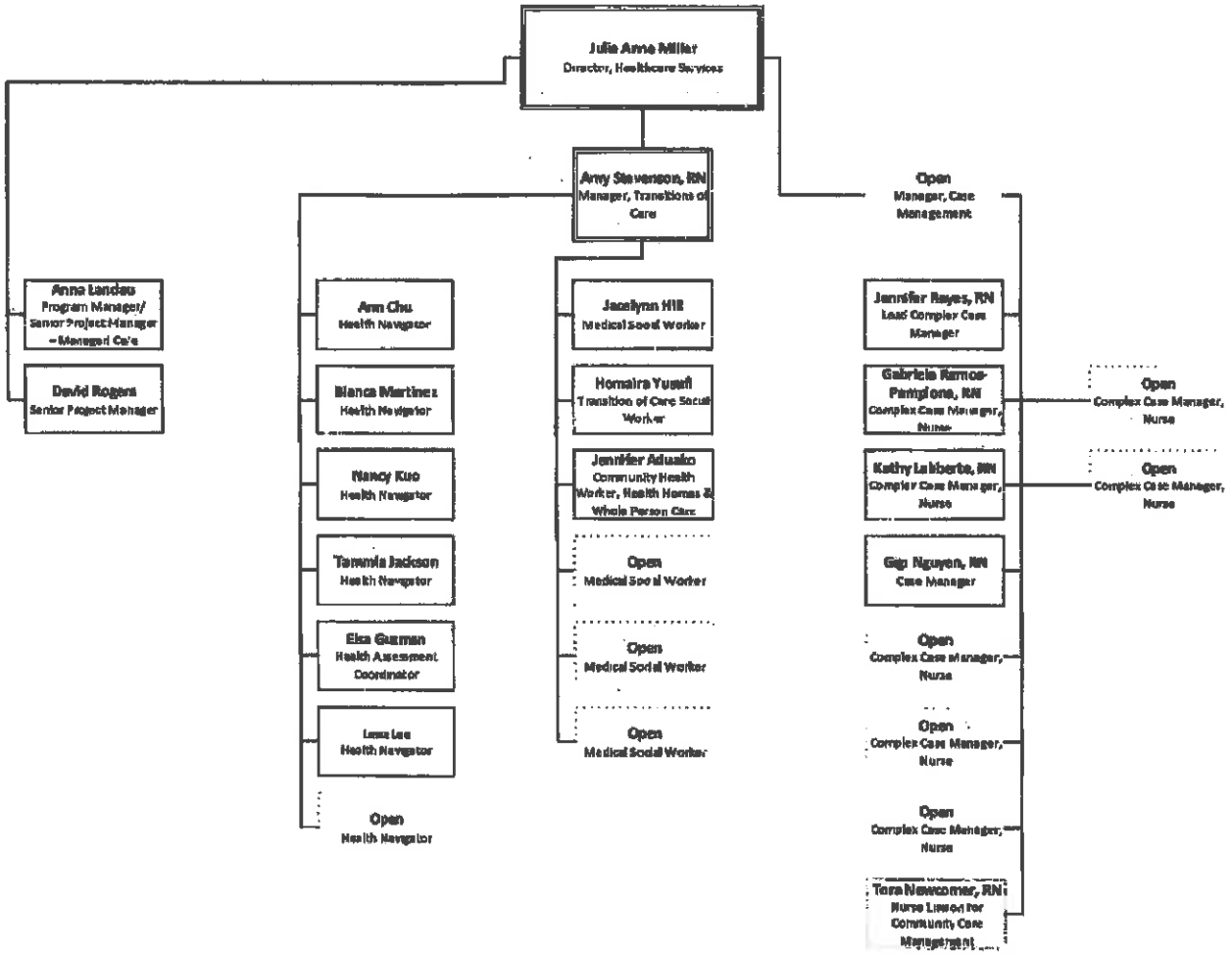
- **Senior Management –**



- **Health Care Services –**




Gregory Wycha, RN
Director Clinical Services
Hope Desrochers, RN
Manager, Outpatient Utilization Management
Open
Manager, Inpatient Utilization Management
Fanita Bryant, RN
Outpatient UM Nurse
Alice Mak, RN
Outpatient UM Nurse
Open
Out of Plan Nurse Specialist
Open
Supervisor, Outpatient Utilization Management
Rex Ngov
Utilization Management Specialist
Haylai Mohammadi
Utilization Management Coordinator
Natalie Binder
Utilization Management Coordinator
Alexandra Loza
Utilization Management Coordinator
Sheranjit Kaur
Utilization Management Coordinator
Maria Rodena
Utilization Management Coordinator
Nancy Vongsay
Utilization Management Coordinator
Catherine Patrick
Utilization Management Coordinator
Ritty Lang
Utilization Management Coordinator
Open
Utilization Management Coordinator
Erica Meraz
Senior UM Specialist
Open
Utilization Management Coordinator
Open
Utilization Management Coordinator
Alida Ganiban
Utilization Management Coordinator
Nida Ramirez
Utilization Management Coordinator
James Sife, RN
Inpatient UM Nurse
Judy Lee, PA
Inpatient UM Reviewer
Natalie McDonald, RN
Inpatient UM Nurse
Christine Rosal, RN
Inpatient UM Nurse
Shari Lee, LVN
Inpatient UM Nurse
Lee Calvo, LVN
Inpatient UM Nurse
Sherry Rocas, RN
Inpatient UM Nurse
Kristal Ramos, RN
Inpatient UM Nurse


Julia Anne Miller
Director, Healthcare Services
Amy Stevenson, RN
Manager, Transitions of Care
Open
Manager, Case Management
Anna Landau
Program Manager/ Senior Project Manager – Managed Care
David Rogers
Senior Project Manager
Ann Chu
Health Navigator
Bianca Martinez
Health Navigator
Nancy Kuo
Health Navigator
Tawanda Jackson
Health Navigator
Elsa Guzman
Health Assessment Coordinator
Lena Lee
Health Navigator
Open
Health Navigator
Jacelynn Hill
Medical Social Worker
Homaira Yusufi
Transition of Care Social Worker
Jennifer Aduako
Community Health Worker, Health Homes & Whole Person Care
Open
Medical Social Worker
Open
Medical Social Worker
Open
Medical Social Worker
Jennifer Reyes, RN
Lead Complex Case Manager
Gabriela Ramos-Pamplona, RN
Complex Case Manager, Nurse
Open
Complex Case Manager, Nurse
Kathy Laliberte, RN
Complex Case Manager, Nurse
Open
Complex Case Manager, Nurse
Gigi Nguyen, RN
Case Manager
Open
Complex Case Manager, Nurse
Open
Complex Case Manager, Nurse
Open
Complex Case Manager, Nurse
Tera Newcomer, RN
Nurse Liaison for Community Case Management

APPENDIX B:

ALAMEDA ALLIANCE COMMITTEES

COMMITTEE	ROLE	REPRESENTATION	MEETING FREQUENCY
Health Care Quality Committee (HCQC) *Reports* to *Alliance Board* of *Governors*	• Oversight of QM Program • Oversight of UM Program (including Complex Case Management and Disease Management programs) • Oversight of delegate management • Oversight of regulatory and accreditation compliance • Oversight of review and adoption of clinical practice guidelines and medical necessity criteria • Review and approval of QI and UM policies and procedures, program descriptions, work plans, and evaluations	• Chief Medical Officer (Chair) • Chief Executive Officer • QI Medical Director • UM Medical Director • CM Medical Director • QI Director • Medical Director or physician designee from CFMG • Medical Director or physician designee from Kaiser • Medical Director or physician designee from CHCN • Physician from Alameda County Medical Center • Representative from	Quarterly, additionally as needed

Peer Review Credentialing Committee (PRC) *Reports* to *Alliance Board* of *Governors*	• Oversight of credentialing process and decisions • Management of credentialing performance and analytics • Oversight of delegated entity credentialing	• Chief Medical Officer (Chair) • QI Medical Director (Vice Chair) • Medical Director or physician designee from Children First Medical Group • Medical Director or physician designee from CHCN • Medical Director or physician designee from Alameda County Medical Center • Alliance participating physician (2 positions)	Monthly, up to ten times each year.
Pharmacy & Therapeutics Committee (P&T) *Reports* to *Alliance Board* of *Governors*	• Development and revision of pharmaceutical policies and processes (including formulary review/updates) • Review, revision and approval of pharmacy review criteria	• Chief Medical Officer (Co-Chair) • Director Pharmacy Services (Co-Chair) • Physician representing Family Practice or Internal Medicine • Physician representing Pediatrics • Physician	Quarterly

Appendix C:

QUALITY IMPROVEMENT PROJECTS

1. HEDIS Measure CDC: Improve the rate of HbA1c Testing in African American Men.

Each Performance Improvement Project (PIP) cycle, DHCS requires one PIP to be centered on addressing a health disparity. 2016 Census data estimates that approximately 11% of Alameda County population identifies as African American whereas Alameda Alliance data revealed that 22% of our diabetic members are African American, which represents a greater disease burden. For reporting year 2017 (2016 calendar year), Alameda Alliance HbA1c testing rate for African American men of 73.12% was below the total plan rate of 85.89%, Additional communication with provider partners across the network revealed that Alameda Health System was making HbA1c Poor Control (>9.0%) a focus for 2018. Through this partnership, a goal was developed to increase the rate of HbA1c testing among African American men from 73.12% to 79%. The intervention focused on providing point-of-care testing at Highland Outpatient, one of the largest providers of care in the AAH network. During 2018, Alameda Alliance met with Highland clinical staff six times to develop, plan and implement the intervention. Highland began using point-of-care testing in a pilot phase in December 2018. This project will run through June 30, 2019.

2. HEDIS Measure CAP: Increase the Alameda Alliance overall rate of Children and Adolescent Access to Primary Care

Physicians for ages 12-19 (CAP4). Using MY 2017 data, Alameda Alliance CAP4 rate was 85.47%, which fell under the Minimum Performance Level (MPL) of 85.73%. Additional analysis showed that Tri-City clinics, which include Liberty, Mowry 1 and Mowry 2, had a CAP4 rate of 81.12%, significantly lower than the Alameda Alliance overall rate and well below the MPL. Conversations with Tri-City clinical staff and a thorough literature revealed monetary incentives to be an effective intervention with this age group. Alameda Alliance met with providers and support staff from Tri-City seven times in 2018 to discuss intervention strategies, plan and implementation. Tri-City staff committed to calling all members who were non-compliant with this measure three times and then send them a follow up text if they were not reached by phone. Alameda Alliance committed to sending these members a mailed letter and providing a $25 gift card to all members who completed a compliant visit during the pilot. Tri-City began outreach phone calls in December 2018. The goal is to increase the rate of primary care visits for 12-19 year olds assigned to Tri-City clinics from 81.12% to 86%. This project will run through June 30, 2019, at which time data collection and analysis will be finalized in order to determine if the intervention should be abandoned or adopted for a larger group of members.

3. HEDIS Measure MPM: Managing members on persistent medications.

Screening rates for members on persistent medications were below the minimum performance level three years in a row. The rates of screening for members on the following medications: angiotensin converting enzyme (ACE) inhibiters or angiotensin receptor blockers (ARB) and diuretics (DIU) were ACE/ARB= 83.12% in RY 2015,84.27% in RY 2016 and 86.06% in RY 2017 and DIU= 81.67% in RY 2015,83.22% in RY

2016 and 85.14% in RY 2017. Due to consistently falling below the Minimum Performance Level for this measure, DHCS requested that Alameda Alliance participate in a pilot to rapidly improve the rates for this measure using a SWOT methodology: Strengths, Weaknesses, Opportunities and Threats. Alameda Alliance completed a data analysis of delegate performance and reached out to clinics with low performance. Leadership at Tiburcio Vasquez clinics in the Community Health Center Network (CHCN) expressed an interested in partnering on improving this measure. Tiburcio Vasquez clinics had 556 eligible members and a compliance rate of 85.9% for ACE/ARB and 88.9% for diuretics. The interventions developed included texting members to alert them that they were due for a lab and needed to see their provider as well as a 'soft stop' put on members' pharmacy refills to encourage pharmacists to counsel members to get their labs. Alameda Alliance allocated $25 to pharmacies for each member that successfully completed their lab within the measurement period, which is scheduled to run through June 30, 2019. Text messaging was completed through Tiburcio Vasquez using their text messaging application and began in December 2018. Text messaging in December prioritized members who had not seen their provider in over a year and had multiple gaps in care in addition to missing their MPM lab. This intervention will continue and the soft stop will be put in place in 2019 at which time data analysis of results can be completed to determine the efficacy of the interventions.

4. HEDIS Measure None: Increasing rates of Tdap vaccines in pregnant women in the third trimester

In 2018, over 300 cases of pertussis were identified in Alameda County, five of which were infants younger than 4 months old. Immunizing pregnant women with the Tdap vaccine between 27-36 weeks gestation is the most effective practice to protect infants from pertussis. The Alliance and the Immunization Division of Alameda County's Public Health Department (ACPHD) have partnered to implement a Quality Improvement Project to improve rates of prenatal Tdap vaccination. The Alliance completed a baseline data analysis of claims submitted for deliveries between 5/1/2017 to 4/30/2018 and claims data for any Tdap received within 10 months prior to delivery. As a result, 19 PCP's were identified with 30 deliveries or more and Tdap vaccination rates of 80% or lower. Among these providers thus far, Ob/Gyn leadership at Lifelong Medical Care and Alameda Health Systems have expressed interest with improving their rates. ACPHD will be presenting best Tdap practices to these sites at upcoming staff meetings between March and June 2019. Next steps include: continued provider outreach and Tdap training by ACPHD, and a repeat data analysis In October 2019 and January 2020 by the Alliance.

5. Improving Initial Health Assessment (IHA) Rates

The past 1 year of IHA rates is outlined below.

Q3, 2017	Q4, 2017	Q1, 2018	Q2, 2018
Denominator: 15489 Numerator: 4110 Rate: 27% Goal Met: N Gap to goal: 7% points	Denominator: 13358 Numerator: 3228 Rate: 24% Goal Met: N Gap to goal: 6% points	Denominator:13841 Numerator: 3186 Rate: 23% Goal Met: N Gap to goal: 7% points	Denominator: 14477 Numerator: 2925 Rate: 20% Goal Met: N Gap to goal: 10% points

On average, an IHA is completed for 24% of new members (7/1/17 – 6/30/18); the table below identifies IHA completion rates by network.

Network	New Enrollees	With IHA Completed	IHA Compliant Rate
AHS	17,033	2,819	17%
ALLIANCE Excl. AHS	9,821	2,830	29%
CFMG	8,182	1,944	24%
CHCN	16,208	4,641	29%
KAISER	5,921	1,215	21%
ALL NETWORK	57,165	13,449	24%

In an effort to improve IHA compliance rates, the Alliance is working to:

- Ensure member education – through mailings and member orientation
- Improve provider education – through faxes, the PR team, provider handbook, and P4P program
- Improve data sharing – by sharing gaps in care lists with our delegates and providers
- Incentivize IHA completion rates – by including IHA completion rates as an incentivized program
- Update claims codes – to ensure proper capture of IHA completion
- Monitor records to ensure compliance with all components of the IHA

Given the 6 month claims lag, data will be reviewed and analyzed in Q3 – Q4 of 2019. This intervention will continue and through 2019 at which time data analysis of results can be completed to determine the efficacy of the interventions.

6. Substance Abuse Disorder –

Alongside the pharmacy team, the QI team is in the process of implementation of a 3-prong approach to addressing members with Substance Abuse Disorder along the continuum of care. The 3 Prong approach focuses on:

1. Prevention – includes Provider Education, Community Outreach, Pharmacy Safeguards
   a. Provider Education has / will continue to have a focus on an Introduction Letter specifically addressing Best Practices, encouraging X-Waivers, assisting providers to understand their local network, and upcoming pharmacy UM Limits. Additionally, education will focus on regular provider outlier report that identifies changes in prescribing habits and outliers to under and over-prescribing. Additionally, evidence based use of opioids will be promoted through the planned 2019 Pay-For-Performance Program. This program was finalized in 2018.
   b. Community Outreach with local partnerships (including Emergency Departments, Hospital Leadership, Medical Organizations, Department of Public Health, and County Leadership
   c. Pharmacy Safeguards which includes removing the prior authorization (PA) for most non-opioid pain medications (see below table), removing commonly over-used / abused drugs

from the formulary, implementing a pharmacist review of all long-acting opioid PAs to ensure that treatment diagnosis are consistent with CDC guidelines (and does not include chronic lower back pain, migraines, neuropathic pain, osteoarthritis). Pharmacists also ensure the co-prescription of naloxone. Finally, formulary limits were implemented in a step-wise approach; this will continue into 2019.

Below is a table that exhibits AAH step-wise approach to ensure the safe and effective use of opioids.

Substance Abuse Program	2017	Dec, 2017	June, 2018	Dec, 2018	June, 2019
"New Start" SAO Limit	None	None	None	14 days	14 days
SAO QL per month	#180	#180/30d	#180/30d	#90/30d	#60/30d
PA for all LAOs	No	Yes	Yes	Yes	Yes
LAO increase limit	No	Yes	Yes	Yes	Yes
Cover Alprazolam	Yes	No	No	No	No
Cover Carisoprodol	Yes	No	No	No	No
Lorazepam Limits	No	3/day	3/day	3/day	3/day
Clonazepam Limits	No	3/day	3/day	3/day	3/day
Oxazepam Limits	No	No	1/day	1/day	1/day

Key achievements of goals include (see above table):

- Removal of PA for most NSAIDs and neuropathic agents (see below table)
- SAO (Short acting opioids) have a 14 day limit on their initial start.
- SAO have / will continue to have step-wise quantity restriction limits.
- All long acting opioids (LAO) require a prior authorization (PA).
- Concurrent prescription of benzodiazepines and opioids require a PA and the prescription of naloxone.
- LAO require the concurrent prescription of naloxone.
- Monitoring of Member Grievances

Class	Drug	Limit	Notes
NSAIDs	Ibuprofen		No restrictions.
	Naproxen		
	Nabumetone		
	Diclofenac		
	Indomethacin		
	Sulindac		
	Meloxicam		
	Etodolac		
	Celecoxib (Celebrex)	QL	Limited to 60 capsules per 30 days
	Diclofenac Gel (Voltaren)	QL	Limited to 200g (two boxes) per 30 days
	Diclofenac soln (Pennsaid)	PA	Reserved for trial and failure of Voltaren Gel.
Neuropathic Agents	Gabapentin		
	Amitriptyline, Nortriptyline		
	Venlafaxine R / XR		
	Duloxetine (Cymbalta)		
	Milnacipran (Savella)	NP	
	Pregabalin (Lyrica)	PA	Reserved for treatment failure of gabapentin at dose larger than 1800mg/day for at 2 months and two other neuropathic pain medications
Other	Lidocaine (Lidoderm) 5% patches	PA	Reserved for treatment failure of gabapentin at dose larger than 1800mg/day for at 2 months and two other neuropathic pain medications

2. Intervention and Treatment – Includes Member Education, Access to MAT and Adjunctive Therapies
3. Recovery Support – Includes Integrated Care and Complex / Care Management – Limited given limited Case Management Staff; see 2018 UM/CM Evaluation

This intervention will continue and through 2019 at which time data analysis of results can be completed to determine the efficacy of the interventions.