ALAMEDA
Alliance
FOR HEALTH

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

Quality Improvement Program Description 2018

6/15/18
Date

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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 Work Plan. Improvement priorities are selected based on regulatory requirements, 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 committee reporting relationship and organizational bodies. *Appendix B* displays the reporting relationships for key staff responsible for QI activities at the Alliance.

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. 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/Medical Director (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

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

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

The P&T Committee is a standing committee of the BOG. It meets a minimum of four times per year.

The P&T Committee is responsible for 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**

The PRCC Committee 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 AAH quality targets, and report results to the HCQ.

Responsibilities include:

- Develop, approve and monitor a dashboard of key performance and quality improvement (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 satisfaction
  - 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:

- AAH Chief Medical Officer(CMO)
- AAH Medical Director(s)
- Director of Accreditation, Health Education and Acting Director of Quality
- Quality Improvement Project Specialist
- QI Nurse Specialist
- Ad Hoc members from *Provider Relations, Member Services, Business Analytics and Health Education*

- 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 Quality Committee meeting.
- The IQIC shall meet quarterly, at least four times per year. If urgent matters (as determined by the AAH 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 AAH.
- Minutes and relevant documents and reports will be forwarded to the HCQC for review.

F. **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:

ALAMEDA ALLIANCE DELEGATED ENTITIES														
	Quality Improvement		Utilization Management		Credentialing		Rights and Responsibilities		Claims		Call Center		Case Management	
Delegate	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care
Beacon Health Strategies LLC	X	X	X	X	X	X			X	X	X	X	X	
Community Health Center Network (CHCN)			X	X					X	X			X	X
March Vision Care Group, Inc.					X				X					
Children's First Medical Group (CFMG)			X		X				X				X	
PerformRX			X	X	X	X			X	X				
EviCore			X	X										
California Home Medical Equipment (CHME)			X	X										
Kaiser	X		X		X		X		X		X		X	
UCSF					X	X								
Physical Therapy PN					X	X								
Lucille Packard					X	X								

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 Quality Management (QM) Department is part of the Medical Services Department, and responsible for implementing QI activities and monitoring the QI program. The QM Department directs the accreditation process, manages HEDIS clinical review and CAHPS data collection and improvement process, conducts facility site reviews (FSR), and oversees the quality activities in other departments and those performed by delegated groups.

Resource allocation for the Quality Department is determined by recommendations from the HCQC, the 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 satisfaction. The Acting Director of Quality, with assistance and direction from the Medical Director of Quality and Chief Medical Officer 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**

The Medical Director is part of the medical team and is responsible for appropriateness, quality of care, access and availability, provider satisfaction, member satisfaction 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.

C. **Director of Accreditation, Health Education and Acting Director of Quality**

The Director of Accreditation, Health Education and Acting Director of Quality (QI Director) reports to the CMO and is responsible for HEDIS hybrid data accuracy and accreditation program implementation. 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 position is responsible for the development, and assessment of system-level performance, service quality and medical outcomes improvement activities of the Alliance. This position also works closely to coordinate and manage resources and expertise from all Alliance departments in implementing the QI program. The QI Director holds a Master of Science in Health Service Administration, 15 years of managed care experience and a clinical license.

D. **Quality Improvement Nursing Staff**

The Quality Improvement nursing staff is comprised of licensed registered nurses and licensed vocational nurses. Quality Improvement Nurse Specialists are licensed registered nurses that report to the QI Director and the Medical Director of Quality. One is a Clinical Nurse Supervisor, one 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. One 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 RN is a Certified Facility Site Reviewer. Two are responsible for investigating Potential Quality Issues initiated from member grievances or front line health care staff. Two are Licensed Vocational Nurses and are responsible for medical record accuracy in both the DHCS Encounter Data Validation project and the HEDIS project.

E. **Quality Improvement Project Specialist**

QI Project Specialists (QIPS) are responsible for providing support for quality assessment and performance improvement activities including quality monitoring, access and availability monitoring, evaluation and facilitation of performance improvement projects. They report directly to the QI Director.. The QIPS acts as a liaison between the Alliance and the survey vendors and 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 are Master's prepared and have experience in managed care as well as other highly regulated organizations. There are currently two vacancies.

F. **Facility Site Review/Quality Improvement Coordinator**

The Facility Site Review/Quality Improvement Coordinator reports to the QI Director and is responsible for performing facility site review accessibility audits and quality improvement activities in conjunction with the Quality Improvement Nurse. The position assists with provider trainings, HEDIS data collection, disease specific outreach, and preparation for accreditation and compliance surveys by external agencies such as DHCS, CMS and NCQA. This individual is a medical doctor from Columbia, South America.

G. **Director Complaints and Resolutions**

The Director of Complaints and Resolutions reports to the Chief Compliance Officer & General Counsel, and is 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.

H. **Utilization Management Staff**

The UM/Medical Services and QM Departments are part of the Alliance Medical Management Department. These two departments work collaboratively to ensure that quality health care is delivered to members. Some responsibilities as it relates to QI include conducting concurrent reviews, tracking key utilization data, and providing an annual evaluation of utilization management activities to the HCQC for the identification of improvement opportunities.

I. **Pharmacy Staff**

The Pharmacy Department and QM 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 and oversight of the Pharmacy Benefit Manager.

J. **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.

K. **Network Management/Provider Relations**

The Network Management/Provider Relations Department is the primary point of contact for network providers. They assist the QM 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 QM Department with practitioners who do not comply with requests from QM Department including scheduling HEDIS abstraction visits.

L. **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 QM Department provides the Credentialing Department with Facility Site Review and Medical Record audit scores. The Credentialing staff is responsible for coordinating the PRCC meetings.

M. **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 QM 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.

N. **Health Education**

The Health Education Department consists of three full time staff. 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.

O. **Healthcare Analytics Staff**

The Healthcare Analytics Department consists of fourteen staff members. There are two Directors, two Managers, six analysts and two Quality Specialists. 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. The Healthcare Analytics department is responsible for all HEDIS data collections and reporting. Additionally, some quality analytics and reporting are produced by outside vendors under contract with the Alliance.

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

The Alliance is also participating in a pilot performance improvement project with DHCS using the Strength, Weakness, Opportunity and Threat (SWOT) model. This performance improvement pilot is intended to operationalize change at the organization level for sustained efficiency and greater member experience.

The Alliance implemented both performance improvement methodologies for the 2018 PIPs.

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.

A **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 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.
- TrueCare: 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 (True Care).
- Member and provider grievance and appeal data.
- Potential Quality 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.

B. **Evaluation**

Health care analysts collect and summarize quality data. QI 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.

V. 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.

VI. TYPES OF QI MEASURES AND ACTIVITIES

A. **Healthcare Effectiveness Data Information Set (HEDIS)**

The External Accountability Set 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 Healthcare Providers and Systems (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 Medical Services Department. 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 Medical Management 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 assess and improve how well our members are able to receive quality health care, and whether any disparities or barriers exist that impede their ability to do so. 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 Quality Improvement 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 practitioner 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
- 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 Managed Behavioral Healthcare Organization, 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 Committee (JOC) 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 Medical 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. Each new SNP member is asked to complete a Health Risk Assessment (HRA) survey upon enrollment and annually thereafter. New SNP enrollees are also encouraged to undergo an in-home physical examination performed by an Alliance vendor. The Provider Manual informs the PCP about the IHA, the HRA, the home visit, 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 indicating 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 and the Director of 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 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 Clinical 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.

O. **Clinical Practice Guidelines**

The Alliance uses clinical practice guidelines to help practitioners make decisions about appropriate health care for specific clinical circumstances. The Alliance uses these guidelines to monitor and improve the quality of care provided by participating practitioners. Clinical practice guidelines are also the clinical basis for the Alliance complex case management and disease management programs.

The QI program includes a process to develop and/or adopt and update clinical practice guidelines that assist providers in the delivery of preventive, acute, and chronic care, care for seniors and persons with disability, and disease management. Approved clinical practice guidelines are consistent with standards and recommendations of professional organizations, and/or scientific evidence, clinical trials, validated studies, or published reports.
The CMO and Medical Services staff identify areas for guideline development based on utilization and membership data. The Quality Management Department makes recommendations regarding practice guidelines to the HCQC for review and adoption. HCQC adopts guidelines for at least two medical conditions, at least two behavioral health conditions, and preventive care guidelines. Guidelines in use are reviewed and re-adopted at least every two years by the HCQC.

Approved guidelines are posted on the Alliance provider website and distributed for implementation to the Alliance provider community. Guidelines required by DHCS will also be distributed for use and included in the Provider Manual. The Alliance measures performance against preventive health and clinical guidelines annually, primarily using HEDIS measures.

P.   Utilization Management

The Alliance Utilization Management activities are outlined in the Alliance Utilization Management (UM) Program Description. This program includes serving members with complex conditions. The UM program defines how UM decisions are made in a fair and consistent manner. The UM Program Description is reviewed and approved by the UM Committee and HCQC. For additional information, refer to the UM Program Description.

VII. 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 days and low risk members are contacted within a reasonable time frame.

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.

VIII. 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.

IX. 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.

X. 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
- Program scope
- Yearly objectives
- Yearly planned activities
- 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.

XI. 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.

XII. 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.

The following organizational charts will be inserted on the next three pages: Appendix A

Alliance Board of Governor's and Committee Structure
May 2018

Board of Governors

Marty Lynch, CEO, Lifelong Medical
Dr. Evan Seevak, Alameda Health System
David B, Vliet, CEO, Tiburcio Vasquez
Wilma Chan, Alameda County Board of Supervisor
Delvecchio Finley, CEO, Alameda Health System
Aaron Basrai, Pharmacist
Dr. Bert Lubin, UCSF/Children's Hospital of Oakland

Dr. Michael Marchiano, St. Rose Medical Center
Rebecca Gebhart, Alameda County Health Care Services Agency
Dr. Noha Aboelata, ACCMA/SMMA
Dr. Rollington Ferguson, Internal Medicine, ACCMA
Nick Peraino, SEIU
Travis Stein, SEIU
Feda Amaliti, Consumer
Will Scott, Consumer

- Strategic Planning Committee
- Finance Committee
- Compliance Advisory Group

Administration
Scott Coffin
Chief Executive Officer

- Consumer Advisory Committee
- Core Values Committee

Medical Services
Steve O'Brien, MD
Chief Medical Officer
- Health Care Quality Committee
- Pharmacy & Therapeutics Committee
- Access & Availability Committee
- Internal Quality Improvement Committee
- Peer Review & Credentialing Committee

Operations
Matt Woodruff
Chief Operations Officer
- Benefits Committee

Performance & Analytics
Tiffany Cheang
Chief Analytics Officer

Diana Sekhon
Director of Compliance
- Compliance Committee

Information Technology
Aman Bhasin
Chief Information Officer
- Data Governance Committee

Human Resources
Anastacia Swift
Executive Director
- Culture Club Committee

Finance
Gil Riojas, CPA
Chief Finance Officer

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Appendix B

Alameda Alliance for Health
Senior Management
February 28, 2018

Scott Coffin
Chief Executive Officer

Jeanette Murray
Executive Assistant

Steve O'Brien, M.D
Chief Medical Officer
- Utilization Management
- Case & Disease Management
- Pharmacy
- Quality Improvement

Matthew Woodruff
Chief Operating Officer
- Member Services
- Claims
- Provider Relations
- Community Relations &
- Facilities/Support Services
- Credentialing
- Medical Coding

Open
Chief Compliance Officer
- Regulatory Compliance
- Delegation Oversight
- Grievance & Appeals
- Provider Disputes
- Vendor Management
- Government Relations

Tiffany Cheang
Chief Analytics Officer
- Data Warehousing & Reporting
- Pay For Performance
- Gaps in Care/Report Cards
- Grants

Gil Riojas
Chief Financial Officer
- Accounting
- Financial Analysis
- Financial Planning

Anastacia Swift
Executive Director, Human Resources
- Recruiting & Retention
- Training & Development
- Compensation & Benefits
- Employee Relations
- Administration

Aman Bhasin
Chief Information Officer
- Applications
- Infrastructure
- Data Exchange & Integrity
- Encounter Reporting
- Program Office
- IT Service Desk

Alameda Alliance for Health
Medical Management
February 28, 2018

Dr. Steve O'Brien, MD
Chief Medical Officer

Roberta Robertson
Executive Assistant

Medical Services

Dr. Michelle Schnidermann
Medical Director

Dr. Sanjay Bhatt
Quality Improvement
Medical Director

Dr. Beverly Juan
Medical Director

Dr. Trudi Carter
Medical Management
Consultant

Gregory Wyche, RN
Director, Clinical
Services ****

Pharmacy

Jonathan Szkotak, PharmD
Director, Pharmacy Services

Rahel Negash, PharmD
Clinical Pharmacist

Kitty Deng, PharmD
Clinical Pharmacist

Ramon Tran Tang, PharmD
Clinical Pharmacist

Michelle Florian, PTh
Pharmacy Services Specialist

Benita Ochoa
Pharmacy Services Specialist

Ashley Ragadio
Pharmacy Services Specialist

Quality

Kathleen Dalziel
Director, Accreditation &
Health Education & Acting
Director, Quality

Linda Ayala
Manager, Health
Education

Cindy Brazil
Health Programs
Coordinator

Open
Health Education
Specialist

Christine Clark, RN
Quality Improvement
Supervisor

Open
QI Project Specialist

Toni Lee Acevedo
QI Project Specialist

Nicole Sardella
QI Project Specialist

Jamisha Jefferson
Quality Programs
Coordinator

Open
QI Project Specialist

Mirabelle Celario, RN
Sr. QI Nurse Specialist

Hellai Momen, RN
Quality Review Nurse

Open
Quality Improvement
Nurse Specialist

Wan Hung Rita Ng, RN
Quality Review Nurse

Carolina Perez
Facility Site Review QI
Coordinator

Theresa Cereno, LVN
OB Case Manager

Romina Santos, LVN
OB Case Manager

**** See Clinical Services Chart

Alameda Alliance for Health
Clinical Services
February 28, 2018

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Gregory Wyche, RN
Director, Clinical Services
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Open
Administrative Assistant
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Open — Manager, Outpatient Utilization Management

- **Fanita Bryant, RN** — Outpatient UM Nurse
- **Alice Mak, RN** — Outpatient UM Nurse

Open — Supervisor, Outpatient Utilization Management

- **Nichole Garcia** — Utilization Management Coordinator
- **Alicia Garibay** — Utilization Management Coordinator
- **Sharanjit Kaur** — Utilization Management Coordinator
- **Nancy Vongsay** — Utilization Management Coordinator
- **Rex Ngov** — Utilization Management Coordinator
- **Hilda Ramirez** — Utilization Management Coordinator
- **Alexandra Loza** — Utilization Management Coordinator
- **Maria Radona** — Utilization Management Coordinator
- **Catherine Patrick** — Utilization Management Coordinator

Teresita Inton, RN — Manager, Inpatient Utilization

- **James Slife, 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
- **Lisa Calvo, LVN** — Inpatient UM Nurse
- **Sherry Roces, RN** — Inpatient UM Nurse
- **Kristel Rusiana, RN** — Inpatient UM Nurse
- **Erica Meraz** — Senior UM Specialist

Daniel Moore, RN — Manager, Case & Disease Management

- **Ann Chu** — Health Navigator
- **Blanca Martinez** — Health Navigator
- **Elsa Guzman** — Health Assessment Coordinator
- **Open** — Health Navigator

- **Jennifer Reyes, RN** — Lead Complex Case Manager
- **Open** — Complex Case Manager, Nurse
- **Gloria Winne, RN** — Complex Case Manager
- **Gigi Nguyen, RN** — Case Manager
- **Open** — Complex Case Manager, Nurse
- **Open** — Complex Case Manager, Nurse

Amy Stevenson, RN — Manager, Transition of Care

- **Open** — Medical Social Worker
- **Lena Lee** — Transition of Care, Health Navigator
- **Open** — Nurse Liaison, Health Homes & Whole Person Care
- **Open** — Transition of Care Social Worker
- **Jennifer Aduako** — Community Health Worker, Health Homes & Whole Person Care

Appendix B

- **Quality Committee Reporting Structure**

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 • Medical Director or physician designee from Children First Medical Group • Medical Director or physician designee from Kaiser • Medical Director or physician designee from Community Health Center Network • Physician from Alameda County Medical Center • Alliance Participating Physicians (3 positions) • Representative from Alameda County Public Health • Behavioral Health Consultant Non-Member Alliance Staff: • Senior Director, Medical Services • Manager, Quality Oversight • Director of Accreditation, Health Education and Acting Director of Quality • Manager, Utilization Management and Care Coordination	Quarterly, additionally as needed

Peer Review Credentialing Committee (PRCC) *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) • Medical Director or physician designee from Children First Medical Group • Medical Director or physician designee from Community Health Center Network • Medical Director or physician designee from Alameda County Medical Center • Alliance participating physician (2 positions) • Alliance participating physician representing a medical specialty	Monthly, up to ten times each year.

COMMITTEE	ROLE	REPRESENTATION	MEETING FREQUENCY
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 representing a medical specialty • Alliance participating Pharmacists (not to exceed 3) Non Members Representative from contracted Pharmacy Benefit Management Organization	Quarterly