

Quality Improvement Health Equity Committee Meeting

August 8, 2025

Meeting Name:	Quality Improvement Health Equity Committee		
Date of Meeting:	8/8/2025	Time:	9:00 AM – 11:00 AM
Meeting Coordinator:	Ashley Asejo	Location:	Alameda Alliance for Health HQ 1240 S. Loop Rd. Alameda
Webinar Meeting ID:	Microsoft Teams Meeting ID: 249 022 665 310 Passcode: NvbADr	Meeting Materials:	Standing Committees – Alameda Alliance for Health

IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH COMMITTEE MEETINGS

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO “ATTN: ALLIANCE QIHEC COMMITTEE” 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT aasejo@alamedaalliance.org YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE LINK PROVIDED ABOVE. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA.

PLEASE NOTE: ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE COMMITTEE WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

Meeting Objective	
To improve quality of care and close health equity gaps for Alliance members by facilitating clinical oversight and direction.	
Members	
Name	Title
<input type="checkbox"/> Donna Carey, MD	Chief Medical Officer, Alameda Alliance for Health
<input type="checkbox"/> Lao Paul Vang	Chief Health Equity Officer, Alameda Alliance for Health
<input type="checkbox"/> Aaron Chapman, MD	Behavioral Health Medical Director and Chief Medical Officer, Alameda County Behavioral Health Care Services
<input type="checkbox"/> James Florey, MD	Chief Medical Officer, Children First Medical Group

<input type="checkbox"/> Peter Currie, Ph.D.	Senior Director, Behavioral Health, Alameda Alliance for Health
<input type="checkbox"/> Michelle Stott	Senior Director, Quality, Alameda Alliance for Health
<input type="checkbox"/> Anchita Venkatesh, DMD MA	Program Director, General Practice Residency, Highland Hospital
<input type="checkbox"/> Chaunise "Chaun" Powell, MD	Sr. Chief of Student Services, Alameda County Office of Education
<input type="checkbox"/> Anthony Cesspooch Guzman, MSW	Chief Cultural Officer, Native American Health Center
<input type="checkbox"/> Deka Dike	CEO, Omotochi

Meeting Agenda				
Topic	Time	Document	Responsible Party	Vote to approve or Informational
1. Call to Order/Roll Call:	1min	Verbal	D. Carey	Informational
2. Alameda Alliance Updates	5min	Verbal	D. Carey	Informational
3. Health Equity Update	5min	Verbal	Y. Teague	Informational
4. Policies and Procedures <ul style="list-style-type: none"> All Policies listed below 	15min	Document	D. Carey	Vote
5. Approval of Committee Meeting Minutes <ul style="list-style-type: none"> QIHEC – 5/9/25 A&A – 5/21/25 CLS – 4/23/25 IQIC – 7/16/25 UMC – 5/30/25, 6/27/25, 7/25/25 	1min	Document	D. Carey	Vote
6. Provider Manual	5min	Document	C. Gomez	Vote
7. Committee Member Presentation: CFMG HEDIS Quality Improvement Activities	15min	Document	J. Florey	Informational

Meeting Agenda				
Topic	Time	Document	Responsible Party	Vote to approve or Informational
QI Workplan				
8. HEDIS Results	10min	Verbal	F. Zainal	Informational
9. Geo-Access & Provider Network Capacity	5min	Verbal	L. Tran C. Gomez	Informational
10. Survey Results <ul style="list-style-type: none"> • PAAS • QMRT 	10min	Verbal	L. Tran	Informational
11. PQI <ul style="list-style-type: none"> • PQI Internal Dashboard • PQI CAPs • Exempt Grievance Report • RN PQI Audit Report 	10min	Verbal	H. Momen	Informational
12. FSR Update/CAP <ul style="list-style-type: none"> • SNF/LTC quality monitoring • PQI LTC Dashboard 	10min	Verbal	K. Ebido	Informational
13. Behavioral Health Report	10min	Verbal	P. Currie	Informational
18. Public Comment	2min	Verbal	D. Carey	Informational
19. Adjournment	1min	Verbal	D. Carey	Next meeting: 11/14/2025

Americans with Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact Ashley Asejo aasejo@alamedaalliance.org at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodation to attend or participate in meetings on a regular basis.

Policies & Procedures

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| <ul style="list-style-type: none"> • BH-001 Behavioral Health Services • BH-005 Care Coordination- Behavioral Health • BH-008 Behavioral Health Services (Group Care/IHSS) • CLS001 Cultural and Linguistic Services (CLS) Program Description • CLS002 Community Engagement • CLS003 Nondiscrimination, Language Assistance Services, and Effective Communication for Individuals with Disabilities • CLS008 Member Assessment of Cultural and Linguistic needs • CLS009 CLS Program - Contracted Providers • CLS010 CLS Program - Staff Training and Assessment • CLS011 CLS Program - Compliance Monitoring • QI-105 Facility Site Reviews (FSRs), Medical Record Reviews (MRRs) and Physical Accessibility Review Surveys (PARS) • QI-107 Appointment Access and Availability Standards • QI-108 Access to Behavioral Health Services • QI-116 Provider Appointment Availability Survey (PAAS) • QI-124 Initial Health Appointment (IHA) and Initial Preventive physical Exam (IPPE) • HED-001 Health Education Program • HED-002 Health Education Materials • HED-006 SABIRT Services • HED-007 Tobacco Cessation • HED-009 Diabetes Prevention Program • HED-010 Doula Services • PH-001 Population Health Management Program • PH-002 Basic Population Health Management • PH-003 Risk Stratification and Segmentation • PH-005 Population Assessment • GA-D-001 Integrated Grievances • GA-D-002 Integrated Reconsiderations and Redeterminations (Level I Appeals) • GA-D-003 Complaints Tracking Module Management Policy | <ul style="list-style-type: none"> • CM-001 Complex Case Management (CCM) Identification, Screening, Enrollment and Assessment • CM-002 Complex Case Management Plan Development and Management • CM-003 Complex Case Management Plan Evaluation and Closure • CM-004 Care Coordination of Services • CM-006 Internal Audit and Monitoring • CM-008 SPD HRA - Survey and Interventions • CM-034 Transitional Care Services • CM-D-001 CICM - Program Infrastructure • CM-D-002 CICM - Member Identification & Grouping • CM-D-003 CICM - Care Management • CM-D-004 CICM - Staffing • CM-D-005 CICM - Member Notification • CM-D-007 CICM - IT Data Sharing • CM-D-009 CICM: Adults at Risk for Long-Term Care Institutionalization • CM-D-103 DSNP Individualized Care Plan Components • CM-D-105 DSNP Individualized Care Plan Documentation, Maintenance, Updates and Notifications • CM-D-106 Developmental Disabilities • DSNP Out of Area/ Out of Network Utilization Management Review Policy RGR • DSNP Prior Authorization/ Concurrent Review/ Organization Determination Audit Process Policy RGR • DSNP UM 000 Readmissions Review Policy RGR • DSNP UM 000 Review of Hospital Logs Policy RGR (New Name ADT File Review) • UM 001 Utilization Management Process • DSNP UM 004 Over/ Under Utilization • DSNP UM 005 Second Opinions • DSNP UM 007 New and or Experimental Technology Review Process • UM 007 MediCal/ IHSS New and or Experimental Technology Review Process |
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<ul style="list-style-type: none"> • CS-002 Community Supports – Housing Transition Navigation Services • CS-003 Community Supports – Housing Deposits • CS-004 Community Supports – Housing Tenancy and Sustaining Services • CS-007 Community Supports – Medically Tailored Meals/Medically Supportive Food • CS-008 Community Supports – Respite Services • CS-009 Community Supports – Personal Care and Homemaker Services • CS-010 Community Supports – Environmental Accessibility Adaptations (Home Modifications) • CS-011 Community Supports – Assisted Living Facility Transitions • CS-012 Community Supports – Community or Home Transition Services • UM 16 Transportation Guidelines • CM-009 Enhanced Care Management Program Infrastructure • CM-011 Enhanced Care Management - Care Management & Transitions of Care • CM-18 Enhanced Care Management - Member Notification • CM-041 Enhanced Care Management - Outreach/Member Engagement 	<ul style="list-style-type: none"> • DSNP UM 011 Coordination of Care- Hospice and Terminal Illness • DSNP UM 014 COC Identifying Abuse • DSNP UM 023 Communicable Disease Reporting and Services • DSNP UM 029 Sensitive Services • DSNP UM 036 Continuity of Care • DSNP UM 045 Communication Services • DSNP UM 046 Use of Board-Certified Consultants • DSNP UM 047 UM Subcommittee • DSNP UM 048 Triage and Screening Services • DSNP UM 049 UM Utilization Management Satisfaction Survey • UM 050 Tracking and Monitoring of services Prior Authorized • DSNP UM 052 Discharge Planning to Lower Level of Care • DSNP UM 055 Palliative Care • DSNP UM 058 Continuity of Care for New Enrollees Transitioned to Managed Care after receiving a Medical Exemption • DSNP UM 063 Gender Affirming Surgery and Services • QI-104: Potential Quality of Care Issues
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Voting Member Roll Call

Dr. Donna Carey

Alameda Alliance Updates

Dr. Donna Carey

Health Equity Update

Yemaya Teague

Voting Item: Policies and Procedures

The complete Policies & Procedures Packet has been sent in a separate email.

Policy Procedures Summary of Changes

Department	Policy #	Policy Name	Brief Description of Policy	Description of Changes/Current Revisions	Policy Update (X)	New Policy (X)	Annual Review or Formatting Changes (X)
Behavioral Health	BH-001	Behavioral Health Services	Alameda Alliance shall provide the following Behavioral Health Services when they are provided or ordered by a licensed health care professional acting within the scope of his or her license.	Added language: Section G.8. Alameda Alliance will arrange coverage and facilitate scheduling appointments or arranging the admission for out-of-network services for medically necessary treatment of mental health or substance use disorder when services are not available in network within geographic and timely access standards to ensure the delivery of these services, to the maximum extent possible, within geographic and timely access standards.	X		
Behavioral Health	BH-005	Care Coordination- Behavioral Health	Alameda Alliance for Health (the Alliance) Primary Care Providers (PCPs) are required to provide behavioral health and/or substance abuse services, including diagnosis and treatment, within their scope of practice.	Added language: Section J. 4.J.The Alliance will arrange coverage for out-of- network services for medically necessary treatment of a mental health or substance use disorder when services are not available in network within geographic and timely access standards to ensure the delivery of these services, to the maximum extent possible, within geographic and timely access standards. The Alliance will continue to meet its obligation to ensure its contracted network provides readily available and accessible health care services to each of the plan's enrollees throughout its service area.	X		
Behavioral Health	BH-008	Behavioral Health Services (GroupCare/IHSS)	Alameda Alliance will cover medically necessary behavioral health services for GroupCare members.	New Policy to split from Medi-Cal due to different regulations.		X	
Quality Improvement/CLS	001	Cultural and Linguistic Services (CLS) Program Description	Describes elements of the Alliance Cultural and Linguistic Services including objectives, activities, roles, work plan and organization chart.	Alignment with DSNP requirements. Minor grammar and formatting updates. Added DSNP as an acronym.	X		
Quality Improvement/CLS	002	Community Engagement	Describes role, function and policies for the Alliance Community Advisory Committee (CAC).	Alignment with DSNP requirements. Minor grammar and formatting updates. Updated designated CAC Coordinator. Added Center for Medicare and Medicaid Services (CMS) as a reference. Added DSNP as an acronym.	X		

Policy Procedures Summary of Changes

Quality Improvement/CLS	003	Nondiscrimination, Language Assistance Services, and Effective Communication for Individuals with Disabilities	Describes how the Alliance ensures interpreter and translation services for Alliance members who require language assistance services.	Alignment with DSNP requirements. Updated to comply with APL 25-006, including ability of member's representative to request alternative formats, updating name of multi-lingual "Taglines" to "Notice of Availability," and adding our process for including language access language in small notices. Minor grammar, wording, and formatting updates.	X		
Quality Improvement/CLS	008	Member Assessment of Cultural and Linguistic needs	Describes how the Alliance monitors the language needs of members and ensures these members have access to language assistance services.	Alignment with DSNP and Health Equity requirements. Minor grammar and formatting updates. Added Center for Medicare and Medicaid Services (CMS) as a reference. Expanded and updated language for Notice of Availability. Updated and added Definition/Acronyms section.	X		
Quality Improvement/CLS	009	CLS Program - Contracted Providers	Describes how the Alliance ensures its providers are informed of their responsibilities and provide language assistance services to members.	Alignment with DSNP requirements. Minor grammar and formatting updates. Expanded and updated Quality Improvement Department's role around member and provider language capacity. Updated and added Definition/Acronyms section.	X		
Quality Improvement/CLS	010	CLS Program - Staff Training and Assessment	Describes how the Alliance ensures staff receives cultural sensitivity training and are assessed for bilingual capacity.	Alignment with DSNP requirements. Minor grammar and formatting updates. Added Center for Medicare and Medicaid Services (CMS) as a reference. Updated and added Definition/Acronyms section.	X		
Quality Improvement/CLS	011	CLS Program - Compliance Monitoring	Describes how the Alliance ensures quality language assistance services through monitoring of staff, providers and language services vendors.	Alignment with DSNP requirements. Minor grammar and formatting updates. Updated and added Definition/Acronyms section.	X		
Quality Improvement	QI-105	Facility Site Reviews (FSRs), Medical Record Reviews (MRRs) and Physical Accessibility Review Surveys (PARS)	Describes site review process by which Alliance conducts, scores, monitors, and reports site reviews in accordance with all applicable state and federal guidelines.	Added DSNP Modified HCQC to QIHEC Clarified that monitoring of missed appointments are applicable to all providers	x		

Policy Procedures Summary of Changes

Quality Improvement	QI-107	Appointment Access and Availability Standards	Describes how the Alliance implements and maintain procedures for members to obtain appointments for routine (non-urgent) and urgent care from all applicable provider types.	<p>DSNP-42 CFR 422.112-Access to Care/Medicare Manage Care Mauual</p> <p>1) Updates Appointment Wait Time (D-SNP)- Urgent/emergency services without PA (immediate), Non-Urgent (PCP)- 7 business days of request, Routine/Preventive Care-30 business days of request</p> <p>2) Definition of Routine or Preventive Care</p> <p>3) Monitoring Missed Appointment- updates policy to include all provider within our network</p> <p>4)APL 25-008- Updated P&P to ensure Member receive hospice care services within 24 hours of request</p>	X		
Quality Improvement	QI-108	Access to Behavioral Health Services	Describes how the Alliance implements and maintain procedures to ensures the Alliance complies with the access and availability standards set by DMHC and DHCS.	DSNP-42 CFR 422.112-Access to Care/Medicare Manage Care Mauual	x		
Quality Improvement	QI-116	Provider Appointment Availability Survey (PAAS)	Describes the PAAS survey process designed to monitor Alliance delegated and directly contracted provider compliance with access and availability standards for Alliance members.	<p>DSNP-42 CFR 422.112-Access to Care/Medicare Manage Care Mauual</p> <p>1) Updates Appointment Wait Time (D-SNP)- Urgent/emergency without PA (immediate), Non-Urgent (PCP)- 7 business days of request, Routine/Preventive Care- 30 business days of request</p>	x		
Quality Improvement	QI-124	Initial Health Appointment (IHA) and Initial Preventive physical Exam (IPPE)	Requirement on completing IHA within 120 days and IPPE within 12 months. Policy provides guidance on the elemens that need to be completed, monitoring, timeline and exlusions.	Included language for Initial Preventive Physical Exam (IPPE) and Annual Wellness Exam (AWE), which is required for the DSNIP program.	X		
Health Education	HED-001	Health Education Program	Descibes Alliance Health Education Program Elements	Updated to align with D-SNP policy guide to include the addition of STARS measures to inform the Alliance Health Education Program.	x		
Health Education	HED-002	Health Edcation Materials	Describes process for creating and approving health education and member informing materials.	Updated to include the D-SNP population.	x		
Health Education	HED-006	SABIRT Services	Describes alcohol and drug screening, assessment, brief interventions and referral to treatment benefit.	Updated to include the D-SNP population.	x		
Health Education	HED-007	Tobacco Cessation	Describes Alliance policy on tracking tobacco use and implementing cessation services.	Updated to include the D-SNP population.	x		
Health Education	HED-009	Diabetes Prevention Program	Describes how the Alliance offers the Diabetes Prevention Program to eligible members.	Updated to add the Medicare Diabetes Prevention Program as a covered D-SNP benefit.	x		
Health Education	HED-010	Doula Services	Describes how the Alliance offers the Doula Benefit to eligible members.	Updated to include the D-SNP population.	x		

Policy Procedures Summary of Changes

Population Health	PH-001	Population Health Management Program	Describes the elements of the Alliance's Population Health Management Program in alignment with the DHCS PHM Policy Guide. Refers to Alliance policies and procedures that detail Alliance population health management elements and programs.	Annual review and updated to include the D-SNP population and NCQA Health Equity Accrediation standards for reducing disparities.	x		
Population Health	PH-002	Basic Population Health Management	Describes Alliance Population Health Management supports including provision of BPHM services by PCPs, role of Alliance ECM, LTC and Care Management staff, Wellness and Prevention activities and refers to related P&Ps and services.	Annual review and updated include the D-SNP population and align language to the PHM policy guide.	x		
Population Health	PH-003	Risk Stratification and Segmentation	Describes Alliance Population Health Management data sources and processes for risk stratification and segmentation of members.	Updated to include the D-SNP population, replace PHM Service with "Medi-Cal Connect," and indicate that the Alliance will use the DHCS RSS tiers once available.	x		
Population Health	PH-005	Population Assessment	Describes how the Alliance understands and assesses its member population and subpopulations by demographics, health, utilization, SDOH and other characteristics in compliance with DHCS PHM Policy Guide and NCQA PHM requirements.	Annual review and updated to include the D-SNP population and NCQA Health Equity Accrediation standards for health equity data collection.	x		
Grievance and Appeals	GA-D-001	Integrated Grievances	New Policy for DSNP grievances. The policy covers procedure for handling of expedited, standard, dismissed and withdrawn grievances. It also included the IRE review process.	New Policy		X	
Grievance and Appeals	GA-D-002	Integrated Reconsiderations and Redeterminations (Level I Appeals)	New Policy for DSNP Level I Appeals. The policy covers procedure for handling of expedited, standard, dismissed and withdrawn appeals. It also includes IRE review process and SFH and further appeal rights.	New Policy		X	
Grievance and Appeals	GA-D-003	Complaints Tracking Module Management Policy	New policy for complaints received through the CTM module in HPMS. The policy covers the process for handling urgent, immediate and standard CTMs.	New Policy		X	
CS	CS-002	Community Supports – Housing Transition Navigation Services	This policy outlines the process in which Alameda Alliance for Health processes the Housing Transition Navigation Community Support.	Added D-SNP, Updated format, Updated policy to align with new DHCS policy guide, Added closed loop referral process	x		

Policy Procedures Summary of Changes

CS	CS-003	Community Supports – Housing Deposits	This policy outlines the process in which Alameda Alliance for Health processes the Housing Deposits Community Support.	Added D-SNP, Updated format, Updated policy to align with new DHCS policy guide, Added closed loop referral process	X		
CS	CS-004	Community Supports – Housing Tenancy and Sustaning Services	This policy outlines the process in which Alameda Alliance for Health processes the Housing Tenancy and Sustaning Community Support.	Added D-SNP, Updated format, Updated policy to align with new DHCS policy guide, Added closed loop referral process	X		
CS	CS-007	Community Supports – Medically Tailored Meals/Medically Supportive Food	This policy outlines the process in which Alameda Alliance for Health processes the Medically Tailored Meals/Medically Supportive Food Community Support.	Changed Name to Align with the DHCS renaming, Added D-SNP, Updated format, Updated policy to align with new DHCS policy guide, Added closed loop referral process	X		
CS	CS-008	Community Supports – Respite Services	This policy outlines the process in which Alameda Alliance for Health processes the Respite Services Community Support.	Added D-SNP, Updated format, Updated policy to align with new DHCS policy guide, Added closed loop referral process	X		
CS	CS-009	Community Supports – Personal Care and Homemaker Services	This policy outlines the process in which Alameda Alliance for Health processes the Personal Care and Homemaker Community Support.	Added D-SNP, Updated format, Updated policy to align with new DHCS policy guide, Added closed loop referral process	X		
CS	CS-010	Community Supports – Environmental Accessibility Adaptations (Home Modifications)	This policy outlines the process in which Alameda Alliance for Health processes the Environmental Accessibility Adaptations (Home Modifications) Community Support.	Added D-SNP, Updated format, Updated policy to align with new DHCS policy guide, Added closed loop referral process	X		
CS	CS-011	Community Supports – Assisted Living Facility Transitions	This policy outlines the process in which Alameda Alliance for Health processes the Assisted Living Facility Community Support.	Changed name to align with the DHCS renaming, Added D-SNP, Updated format, Updated policy to align with new DHCS policy guide, Added closed loop referral process	X		
CS	CS-012	Community Supports – Community or Home Transition Services	This policy outlines the process in which Alameda Alliance for Health processes the Community or Home Transition Services (formerly known as “Community Transition Services/Nursing Facility Transition to a Home”) Community Support.	Added D-SNP, Updated format, Updated policy to align with new DHCS policy guide, Added closed loop referral process	X		
CMDM	UM 16	Transportation Guidelines	Structure of Plan's Transportation Benefit	Addition of DSNP language, update that subcontractor inform liaison about critical incidents.	X		
CMDM	CM-009	Enhanced Care Management Program Infrastructure	AAH leverages existing relationships and communications with our provider network to facilitate care planning, care coordination, and care transition coordination as stated in DHCS ECM Program guide.	Updated to include language for closed loop referral processes	X		

Policy Procedures Summary of Changes

CMDM	CM-011	Enhanced Care Management - Care Management & Transitions of Care	Outreach and engagement are ensured and ECM services are prioritized accordingly by ECM providers. ECM members are thoroughly assessed.	Updated to include language for closed loop referral processes	X		
CMDM	CM-18	Enhanced Care Management - Member Notification	AAH is responsible for the development, implementation and distribution of requirements for ECM services and related activities to contracted entities, including member identification and notification.	Updated to include language for closed loop referral processes	X		
CMDM	CM-041	Enhanced Care Management - Outreach/Member Engagement	AAH is responsible for engaging ECM eligible members, using state determined CMS approved criteria.	Updated to include language for closed loop referral processes	X		
CMDM	CM-001	Complex Case Management (CCM) Identification, Screening, Enrollment and Assessment	Identify, screen, enroll and assess for CCM.	Move auditing language to CM-006	x		
CMDM	CM-002	Complex Case Management Plan Development and Management	Care plan requirements for CCM cases	Move auditing language to CM-006	x		
CMDM	CM-003	Complex Case Management Plan Evaluation and Closure	Criteria to close out CCM care plan and close case	Move auditing language to CM-006	x		
CMDM	CM-004	Care Coordination of Services	Structure of Plan's Care Coordination Services	Move auditing language to CM-006	x		
CMDM	CM-006	Internal Audit and Monitoring	Monitoring and auditing of all CM cases and HRA cases	Add auditing language for all CM positions to CM-006	x		
CMDM	CM-008	SPD HRA - Survey and Interventions	Structure of Health Risk Assessment (HRA) and Procedure for Seniors and Persons with Disabilities (SPD)	Move auditing language to CM-006	x		
CMDM	CM-034	Transitional Care Services	Structure of Plan's Transitional Care Services program	Move auditing language to CM-006	x		
CMDM	CM-D-001	CICM - Program Infrastructure	CICM program overview, including goals, member engagement and additional requirements for specific CICM populations			X	
CMDM	CM-D-002	CICM - Member Identification & Grouping	Identifying members eligible for CICM populations of focus			X	
CMDM	CM-D-003	CICM - Care Management	Care management for CICM members, including member outreach, engagement, assessment, and care plan development			X	
CMDM	CM-D-004	CICM - Staffing	CICM team including roles, functions and credentials (if appropriate)			X	
CMDM	CM-D-005	CICM - Member Notification	CICM notification to members and providers and how to change lead care manager			X	

Policy Procedures Summary of Changes

CMDM	CM-D-007	CICM - IT Data Sharing	Sharing of data, including assessments and care plans, care transition notifications/alerts, community referrals, etc.			X	
CMDM	CM-D-009	CICM: Adults at Risk for Long-Term Care Institutionalization	Identification and management of members who are eligible for CICM population of focus: At risk for LTC institutionalization			X	
CMDM	CM-D-103	DSNP Individualized Care Plan Components	Care plan components are made of HRA, communication between the interdisciplinary care team and various data sources			X	
CMDM	CM-D-105	DSNP Individualized Care Plan Documentation, Maintenance, Updates and Notifications	Documentation, maintenance, updates and notifications related to the care plan			X	
CMDM	CM-D-106	Developmental Disabilities	Supporting the member population of developmentally disabled and collaboration with RCEB			X	
UM	UM 000	DSNP UM 000 Out of Area/ Out of Network Utilization Management Review Policy RGR	Process for ensuring access to medically necessary care for D-SNP enrollees seeking or receiving services from out-of-area (OOA) or out-of-network (OON) providers, in compliance with CMS and DHCS regulations.	New Policy		X	
UM	UM 000	DSNP UM 000 Prior Authorization/ Concurrent Review/ Organization Determination Audit Process Policy RGR	Process for ensuring compliance with Regulations for PA, CCR and org determination process. Addresses Standard Auditing process	New Policy		X	
UM	UM 000	DSNP UM 000 Readmissions Review Policy RGR	Process to review all Reasmissions within 30 days. Policy describes process to evaluate reasmissions, medical necessity and potentially preventable readmissions	New Policy		X	
UM	UM 000	DSNP UM 000 Review of Hospital Logs Policy RGR (New Name ADT File Review)	Process for reviewing admissions, discharges and transfers file review to ensure we are aligned with the regulations on how to collect, review and analyze the ADT feeds.	New Policy		X	
UM	UM 001	UM 001 Utilization Management Process	Overarching UM Policy discussing the UM services and functions including reporting and heirarchy for UM decision Making.	Addition of NCD/ LCD to the Heirarchy, Alignment with the 42 CFR guidances	X		
UM	UM 004	DSNP UM 004 Over/ Under Utilization	Policy describes approach to identify, monitor and address patterns of healthcare over and under utilization for all 3 LOB.	Updated policy to reflect DSNP elements of STARS, readmission specific to 30 days, CMS regulations. Updated definitions sections. Aligned with updated BH policies	X		

Policy Procedures Summary of Changes

UM	UM 005	DSNP UM 005 Second Opinions	Policy describes process for members to have access to 2nd opinions from qualified healthcare professionals within the Alliance Network.	Update the TAT for notification to the member and provider to align DSNP and MCAL LOBs	X		
UM	UM 007	DSNP UM 007 New and or Experimental Technology Review Process	New and/or Experimental Technology Review Process to review new and/or experimental technology as well as a new application of existing technology. The intent of the evaluation of new developments in technology and new applications of existing technology is to ensure that Alliance members have equitable access to safe and effective care.	New Policy created to cover specific guidances related to the DSNP utilization of new and experimental Technologies		X	
UM	UM 007	MediCal/ IHSS UM 007 New and or Experimental Technology Review Process	New and/or Experimental Technology Review Process to review new and/or experimental technology as well as a new application of existing technology. The intent of the evaluation of new developments in technology and new applications of existing technology is to ensure that Alliance members have equitable access to safe and effective care.	Minor formatting updates, Annual Review	X		X
UM	UM 011	DSNP UM 011 Coordination of Care- Hospice and Terminal Illness	Policy outlining process for all terminally ill members and potential hospice coordination	Updates added to align with DSNP regulatory requirements including the provision for services under FFS, clarification on the conference opportunity and LCD/ NCD determination utilizations. Alignment with APL 25-008 Hospice services	X		
UM	UM 014	DSNP UM 014 COC Identifying Abuse	Policy highlighting the PCP's role and responsibility to report potential cases of abuse.	DSNP Updates including HRA required questions, CFR 42 definitions and reporting timeframes. Updates to the definitions and references sections	X		
UM	UM 023	DSNP UM 023 Communicable Disease Reporting and Services	Policy outlining the process for Community Health Care Providers/ PCPs to work in alignment with the Local Health Department to report any infectious diseases/ outbreaks.	Significant formatting changes from original MCAL/ IHSS Policy removing duplication, older phone numbers and Tuberculosis specific guidance that was outdated. Updated UM Hierarchy reviews when appropriate. Included CMS regulation.	X		
UM	UM 029	DSNP UM 029 Sensitive Services	This policy outlines the process and procedure for Sensitive Services including Family Planning, Sterilization, Sexually Transmitted Diseases (STD), HIV Testing and Counseling and Abortion in compliance with the Informed Consent, Minor Consent Services and freedom of choice regulations	Significant formatting changes from original MCAL/ IHSS Policy removing duplication, Included D-SNP and CMS regulation.	X		

Policy Procedures Summary of Changes

UM	UM 036	DSNP UM 036 Continuity of Care	ating provider (NPP) of any type at the member	Updated policy to include DSNP regulations pertaining to the member's ability to received continuity of care services upon transition into the Alliance. Correct FY age from 25 to 26 in the policy.	X		
UM	UM 045	DSNP UM 045 Communication Services	Describes process to ensure timely access to UM staff regarding UM process in accordance with DHCS and CMS.	Update purpose statement, include CMS regulations and DSNP relevant process. Details regarding methods for receipt of information and requests from members and providers including contact phone numbers and relevant citations and references.	X		
UM	UM 046	DSNP UM 046 Use of Board Certified Consultants	establish guidelines for the effective utilization of board-certified physicians in a healthcare setting. To ensure that utilization management decisions are informed by appropriate clinical expertise, particularly in complex or specialized cases, by incorporating board-certified consultants into the UM decision-making process.	Minor updates to align with D-SNP regulation and highlight that Board-Certified reviewers may also be used in appeals.	X		
UM	UM 047	DSNP UM 047 UM Subcommittee	(UM) Sub-Committee of the Quality Improvement Health Equity Committee (QIHEC) is a forum for the Alliance to evaluate current activities, processes, and metrics internal to the Inpatient and Outpatient UM department. The Sub-Committee also evaluates the impact of UM programs on other key stakeholders within various departments and when needed, assesses, and plans for the implementation of any needed changes	Updates to include the DSNP requirements for the UM Subcommittee specific to the differences between the MCAL/ IHSS UM Subcommittee and the DSNP LOB	X		
UM	UM 048	DSNP UM 048 Triage and Screening Services	Describes process for triage and screening services in accordance with DHCS and CMS.	Update policy to include CMS requirements, and minor edits to include contact information, references and appropriate citations.	X		
UM	UM 049	DSNP UM 049 UM Utilization Management Satisfaction Survey	Describes process for conducting and reporting results of UM Satisfaction Survey in compliance with DHCS and CMS.	Update policy to include CMS requirements, DSNP references, and survey analysis methodology along with minor edits.	X		
UM	UM 050	UM 050 Tracking and Monitoring of services Prior Authorized	establishes procedures for the systematic tracking and monitoring of healthcare services subject to prior authorization (PA) requirements. It ensures compliance with CMS and Medicaid services regulations for PA and safeguards against improper utilization.	Minor formatting updates,added DSNP References including LCD and NCDs			

Policy Procedures Summary of Changes

UM	UM 052	DSNP UM 052 Discharge Planning to Lower Level of Care	Describes process for review and oversight of discharge planning, administrative days, and care coordination and lower level of care placement.	Update policy to include CMS requirements, DSNP references, and minor edits of both content and grammar.	X		
UM	UM 055	DSNP UM 055 Palliative Care			X		
UM	UM 063	DSNP UM 063 Gender Affirming Surgery and Services			X		
QI	QI-101	Quality Improvement and Health Equity Program	Describes the implementation and monitoring of the quality improvement health equity program	Included the the requirements for the DSNIP program and minor language changes	X		
QI	QI-104	Potential Quality of Care Issues	Describes the evaluation, monitoring and appropriate action to address all PQIs	Closure of PQI from date of receipt to be changed to 150 days. Change of responsible parties to be inclusive of any QI Medical Director for the review of PQIs, ie, "QI Medical Director" changed to "Medical Director." Removal of "QI Supervisor" title due to changes in the PQI team structure.	X		

Voting Item: Approval of Committee Meeting Minutes

- QIHEC – 5/9/25
- A&A – 5/21/25
- CLS – 4/23/25
- IQIC – 7/16/25
- UMC – 5/30/25,
6/27/25, 7/25/25

The complete Minutes packet
has been sent to the committee
via email.

Voting Item: Provider Manual

Cecilia Gomez

The complete Provider Manual
has been sent to the committee
via email.

Committee Member Presentation: CFMG

HEDIS Quality Improvement Activities

Dr. James Florey

HEDIS Results

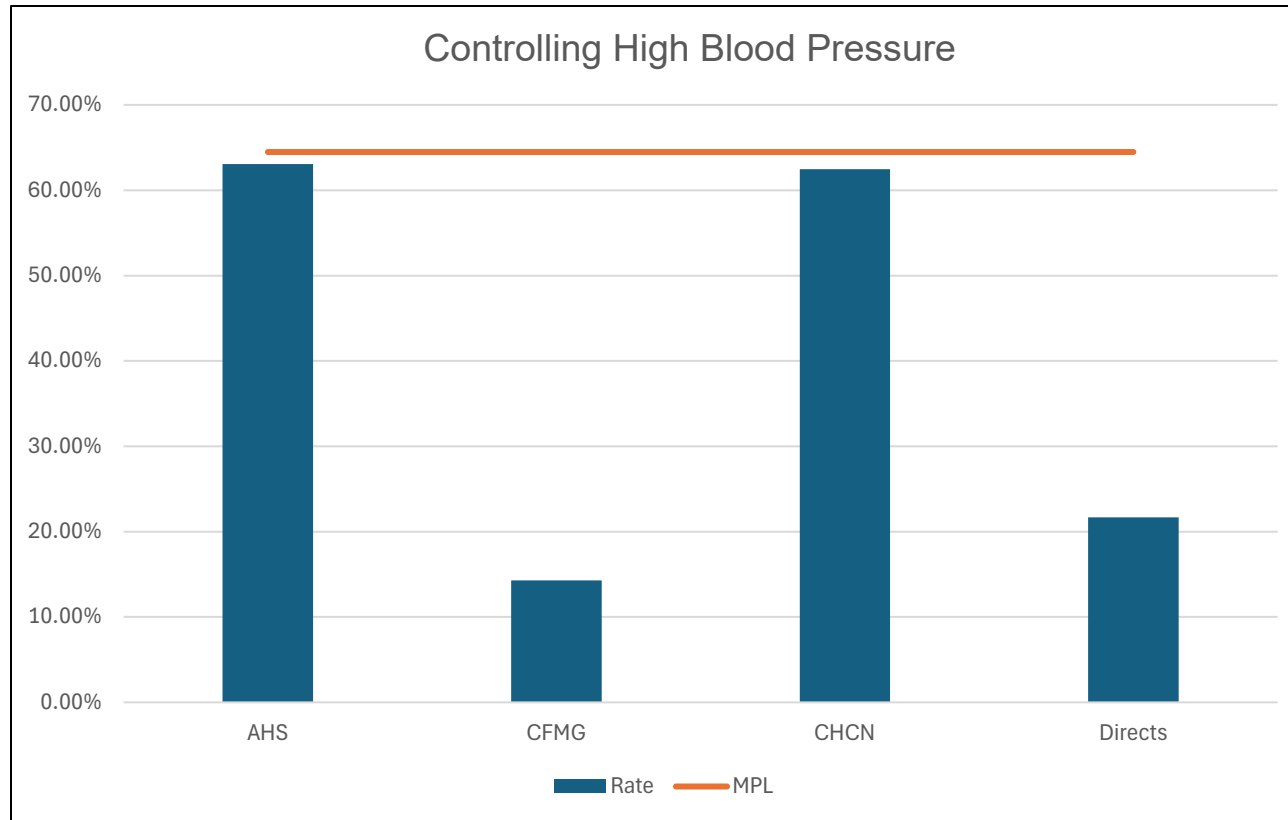
Farashta Zainal

HEDIS Rates Final MY2024 & MY2025 as of July

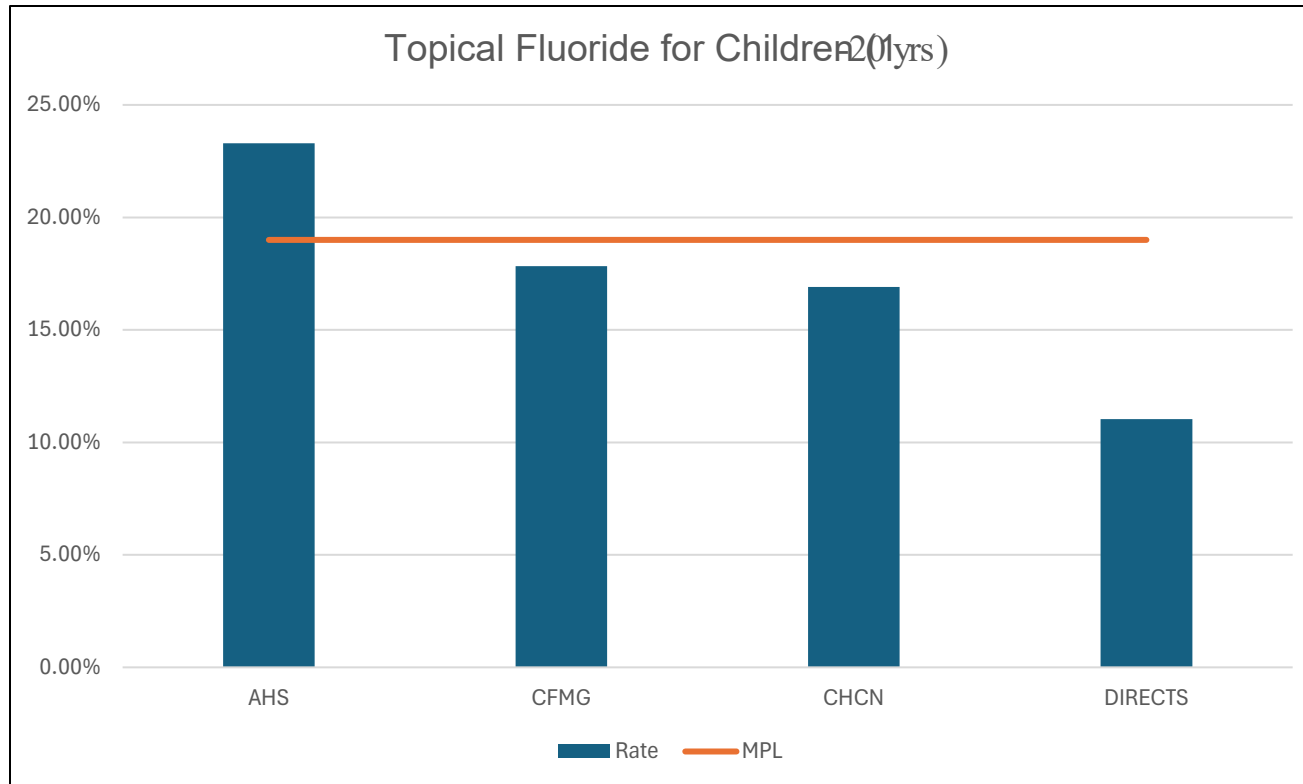
		MY2024		MY2025					Benchmarks		
P4P	Measure Description	Admin Rate	Hybrid Rate	EP	Num	Rate	Number to Treat to MPL	Number to Treat to 75th Pctl	MPL	75th Pctl	90th Pctl
Behavioral Health											
N	FollowUp After Emergency Department Visit for Alcohol andOther Drug Dependence 30 Day	44.48%		1,113	458	41.15%	0	8	36.18%	41.86%	49.40%
Y	FollowUp After Emergency Department Visit for Mental Illness- 30 Day	66.38%		1,121	576	51.38%	28	131	53.82%	63.06%	73.12%
Cancer Screening											
Y	Breast Cancer Screening - ECDS	59.62%		17,195	9,121	53.04%	0	1,113	52.68%	59.51%	63.48%
N	Breast Cancer Screening Ages 42-74 ECDS	54.98%		25,185	12,701	53.04%	0	1,113	52.68%	59.51%	63.48%
Y	Cervical Cancer Screening ECDS	52.91%	59.37%	80,567	38,023	47.19%	3,779	7,791	51.88%	56.86%	63.54%
Y	Colorectal Cancer Screening - ECDS	45.27%		58,179	20,129	34.60%	2,054	5,871	38.13%	44.69%	49.54%
Chronic Disease											
N	Asthma Medication Ratio	63.18%		1,652	1,181	71.49%	0	13	66.24%	72.22%	76.65%
Y	Controlling High Blood Pressure	52.03%	60.10%	22,249	10,149	45.62%	4,197	5,285	64.48%	69.37%	72.75%
Y	Glycemic Status >9.0%	33.08%	28.95%	18,922	9,304	49.17%	2,998	3,641	33.33%	29.93%	27.01%
Childhood Measures											
Y	Childhood Immunization Status Combo 10 ECDS	38.20%	43.80%	3,749	1,253	33.42%	0	0	24.34%	30.04%	37.37%
Y	Immunizations for Adolescents Combo 2 ECDS	47.92%	47.45%	4,862	2,006	41.26%	0	0	33.31%	39.22%	44.82%
Y	Developmental Screening in the First Three Years of Life	64.63%		10,745	6,000	55.84%	0	0	35.70%	52.90%	
Y	Lead Screening in Children	66.75%	67.88%	3,762	2,516	66.88%	0	160	63.84%	71.11%	79.51%
Y	Topical Fluoride for Children Rate1 - dental or oral health services	17.74%		98,358	1,270	1.29%	17,420	21,157	19.00%	22.80%	
Y	Well-Child Visits in the First 15 Months of Life- 6 or More Visits	66.69%		2,610	1,160	44.44%	417	537	60.38%	64.99%	69.67%
Y	Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits	77.73%		3,685	2,664	72.29%	0	30	69.43%	73.09%	79.94%
Y	Child and Adolescent Well-Care Visits	55.88%		94,277	26,885	28.52%	21,958	27,859	51.81%	58.07%	64.74%
Reproductive Health											
N	Chlamydia Screening	70.04%		6,560	3,818	58.20%	0	405	55.95%	64.37%	69.07%
N	Timeliness of Prenatal Care	86.21%	91.28%	2,185	1,864	85.31%	0	72	84.55%	88.58%	91.85%
N	Timeliness of Postpartum Care	86.28%	92.44%	2,185	1,805	82.61%	0	16	80.23%	83.33%	86.62%

Controlling High Blood Pressure

MY2024 Rates by Network

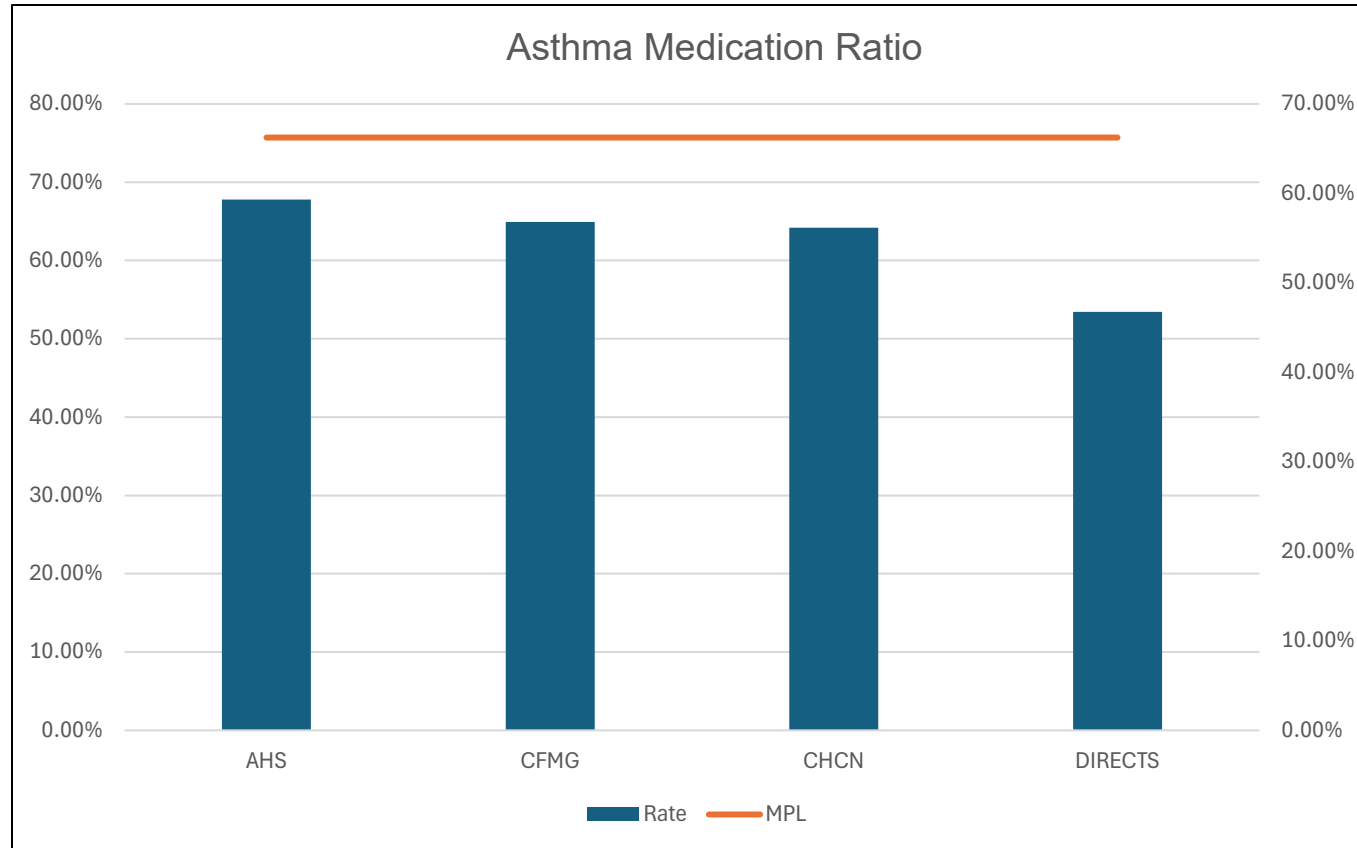


Topical Fluoride for Children MY2024 Rates by Network



Asthma Medication Ratio

MY2024 Rates by Network



Geo-Access & Provider Network Capacity

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Cecilia Gomez

Q2 2025 ANC GEO-ACCESS UPDATE

Specialties and cities that did not meet both Time and Distance*

Q2, 2025

- **Endocrinology (Adult), Ent/Otolaryngology (Adult/Ped), General Surgery (Adult), Hematology (Adult), Neurology (Adult/Ped), Oncology (Adult/Ped) – Tracy**
- **General Surgery (Ped), Hematology (Ped), HIV AIDS ID (Adult), Orthopedic Surgery (Adult/Ped) – Tracy, Mountain House**
- **Nephrology (Ped), Phys Med RH (Ped), Pulmonology (Ped) – Byron, Discovery Bay, Tracy, Mountain House**

Improved Specialties and Cities from Q1 2025 to Q2 2025

- **Nephrology, Pediatrics – Dublin, Livermore, Pleasanton**

* Distance: within 15 miles

* Time: within 30 minutes

Q2 2025 SNC CFMG GEO-ACCESS UPDATE

Specialties and cities that did not meet both Time and Distance*

Q2, 2025

- **Cardiology, Gastroenterology, General Survey** – Newark
- **General Surgery, Pediatric** – Tracy, Mountain House
- **Endocrinology, Hematology, HIV AIDS ID, Nephrology, Neurology, Oncology, Phys Med RH** – Castro Valley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City
- **OBGYN** – Castro Valley, Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Union City
- **Pulmonology** – Dublin, Fremont, Hayward, Livermore, Newark, Pleasanton, San Leandro, San Lorenzo, Sunol, Union City

* Distance: within 15 miles

* Time: within 30 minutes

Q2 2025 SNC CHCN GEO-ACCESS UPDATE

Specialties and cities that did not meet both Time and Distance*

Q2, 2025

- **PCP** (*was compliant in Q1 2025*), **Cardiology, Dermatology, Endocrinology, Ent Oto, Gastroenterology, Hematology, HIV AIDS ID, Nephrology, Neurology, OBGYN, Oncology, Ophthalmology, Orthopedic Surgery, Phys Med RH, Pulmonology** – Livermore
- **Ent Oto, HIV AIDS ID** – Fremont

* Distance: within 15 miles

* Time: within 30 minutes

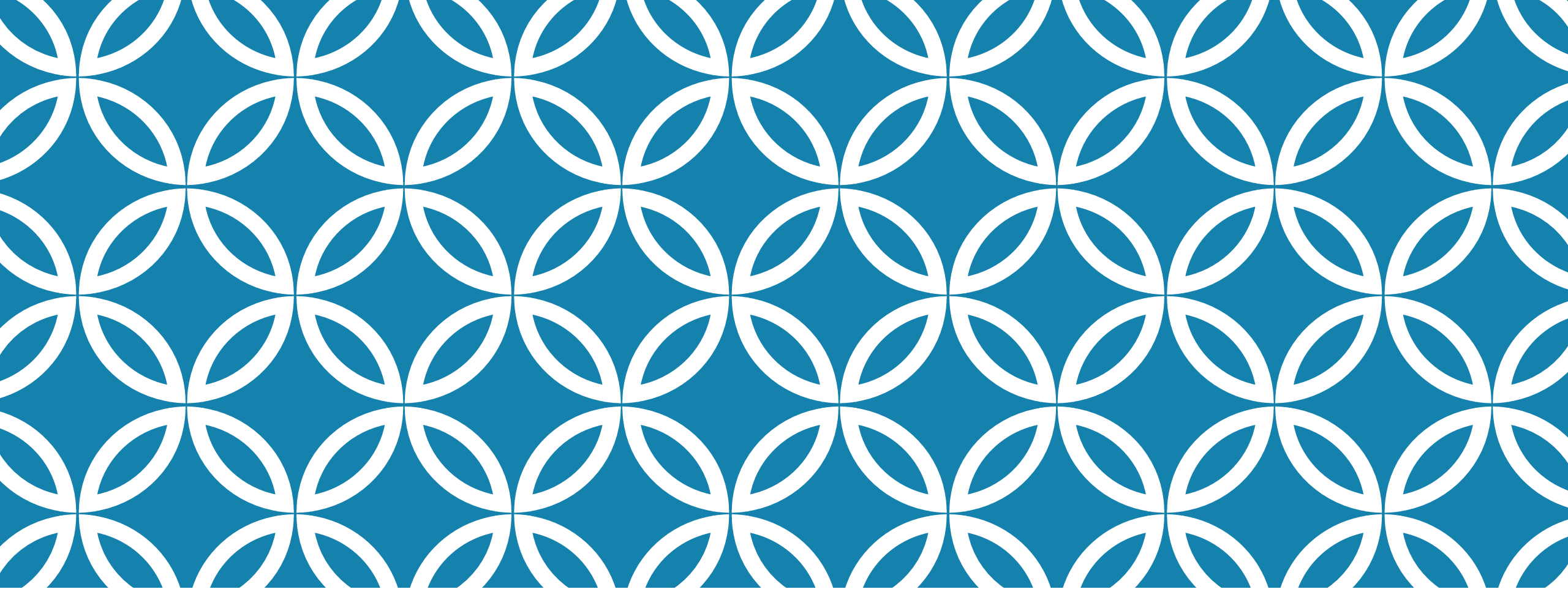
Provider Name	Address	NPI	Network	Provider PR Key	Capacity	Membership	%	Action	FYI- Providers at 80+% (Outreach)	Close Auto Assignment	A&A PQI Received
Adrian Lemar James, MD	700 Adeline Street, Oakland, CA 94607	1356495261	CHCN	10004	3095	2526	81.62%	Y	Approaching Capacity,Provider outreach needed		n/a
Amita Sharma, MD	27206 Calaroga Avenue Suite 210, Hayward, CA 94545	1982671301	AAH	47709	2000	1671	83.55%	Y	Approaching Capacity,Provider outreach needed		Total: 1 NUA - 1 (NC)
Carol Elizabeth Glann, MD	3055 MacArthur Boulevard, Oakland, CA 94602	1760568117	CFMG	5612	2000	1769	88.45%	Y	Approaching Capacity,Provider outreach needed		n/a
Ebrahim Ahmadi, MD	38143 Martha Avenue , Fremont, CA 94536	1417008426	AAH	549	2000	1635	81.75%	Y	Approaching Capacity,Provider outreach needed		n/a
Esteban Daniel Lovato, MD	3022 International Boulevard Suite 312, Oakland, CA 94601	1376610923	AAH	502	2000	1683	84.15%	Y	Approaching Capacity,Provider outreach needed		n/a
Gautam Pareek, MD	3755 Beacon Avenue, Fremont, CA 94538	1386756427	AAH	516	2721	2328	85.56%	Y	Approaching Capacity,Provider outreach needed		Total: 2 IOWT & CRT (NC)
Kavitha Rajaram, MD	21297 Foothill Boulevard Suite 100, Hayward, CA 94541	1972779338	CFMG	5339	2000	1730	86.50%	Y	Approaching Capacity,Provider outreach needed		n/a
Najibulrahman Saifulrahman, MD	801 17th Street, Modesto, CA 95354	1144517756	AAH	44412	2000	1715	85.75%	Y	Approaching Capacity,Provider outreach needed		Total: 2 TAC - 2 (NC)
Rajesh Sam Suri, MD	27171 Calaroga Avenue Suite 1 thru 3, Hayward, CA 94545	1790700987	AAH	1063	2000	1668	83.40%	Y	Approaching Capacity,Provider outreach needed		Total: 1 TAC - C
Rajesh Sam Suri, MD	3155 Kearney Street Suite 100, Fremont, CA 94538	1790700987	AAH	1063	2000	1668	83.40%	Y	Approaching Capacity,Provider outreach needed		Total: 4 TAC - 3 (C) and 1 (NC)
Rhodora Cruz De La Cruz, MD	2147 Mowry Avenue Suite A2, Fremont, CA 94538	1255445300	AAH	344	2000	1947	97.35%	Y	Approaching Capacity,Provider outreach needed		Total: 3 TAC - 2 (C) UNA - 1 (NC)
Yahaira Lucia Lopez Arredondo, MD	27171 Calaroga Avenue Suite 1 thru 3, Hayward, CA 94545	1912203373	AAH	158249	2000	1681	84.05%	Y	Approaching Capacity,Provider outreach needed		Total: 3 TAC - 2 (C) UNA - 1 (NC)
Yahaira Lucia Lopez Arredondo, MD	3155 Kearney Street Suite 100, Fremont, CA 94538	1912203373	AAH	158249	2000	1681	84.05%	Y	Approaching Capacity,Provider outreach needed		

Yellow= Providers over 80%

Survey Results

- PAAS
- QMRT

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2024 PAAS 2024 DHCS QMRT

08/08/2025 QIHEC

PAAS OVERVIEW

SURVEY FIELDDED AUGUST - DECEMBER 2024

The Provider Appointment Availability Survey also call the Timely Access Survey is conducted on an annual basis. The survey details compliance rates for Urgent and Routine appointments across five provider types for two lines of business: Medi-Cal and Commercial Plan

Consistent with the DMHC MY2024 PAAS Methodology, the Alliance's MY2024 PAAS was used to assess appointment availability wait times for the following five provider types:

- Primary Care Providers (PCPs)
- Specialist Physicians (10):
 - Cardiology
 - Endocrinology
 - Gastroenterology
 - Dermatology
 - Neurology
 - Oncology
 - Ophthalmology
 - ENT
 - Pulmonology
 - Urology
- Non-Physician Mental Health (NPMH) Providers (PhD-level and Masters-level)
- Ancillary Service Providers offering Mammogram and/or Physical Therapy
- Psychiatrists

2024 PAAS COMPLIANCE RATES

AAH Compliance rate goal for Urgent and Non-Urgent Appointment = 75%

DMHC Compliance rate goal for Urgent and Non-Urgent Appointment = 70%

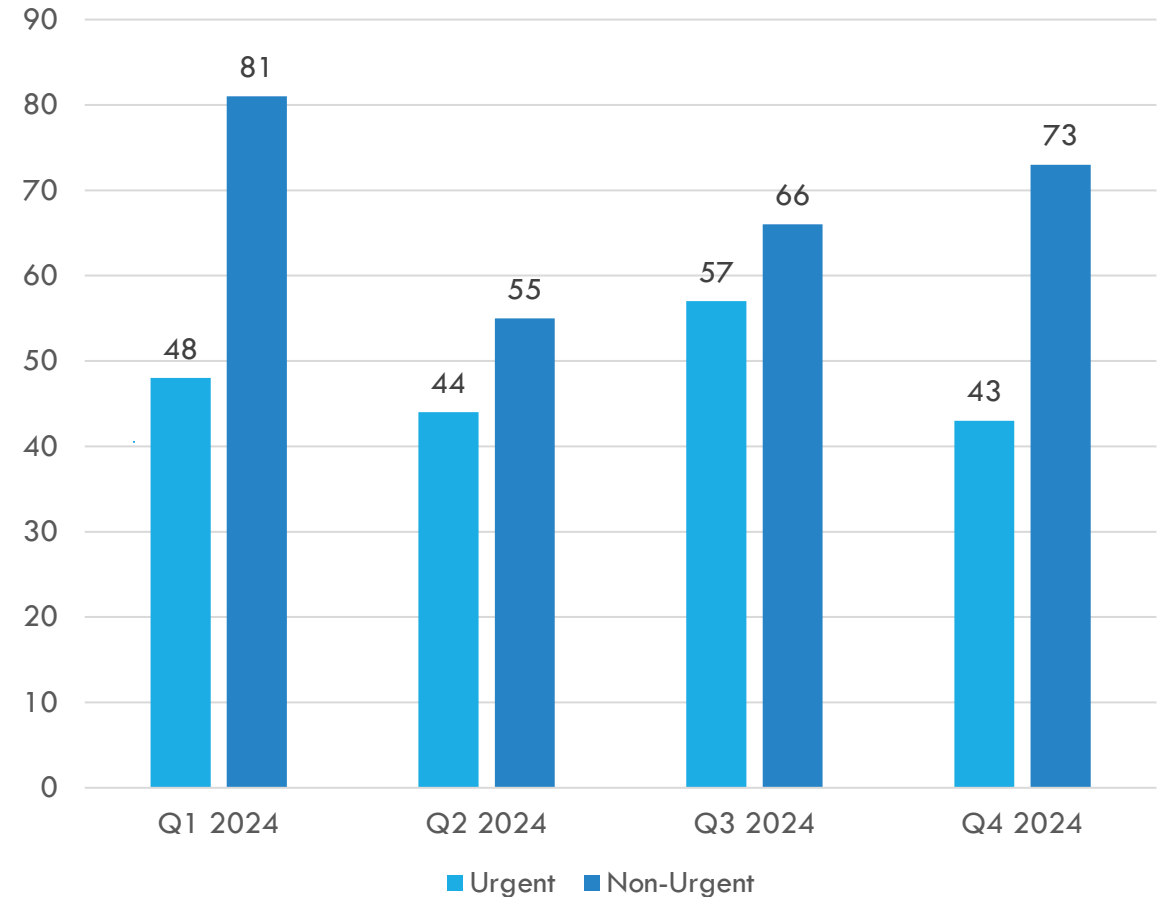
2024			Year to Year % Difference	
Urgent Appt	Routine Appt	Follow-up Appt	Urgent	Non-Urgent
Ancillary				
Not applicable	72.7%		N/A	-27.3%
PCPs				
55.4%	69.9%		-11.2%	-4.8%
NPMH				
81.6%	91.1%	91.4%	-5.1%	+6.9%
Psychiatrists				
80.4%	96.2%		+3.5%	+3.9%
Specialists				
48.1%	51.5%		-7.4%	-5.2%

DHCS QMRT Timely Access Study

ABOUT

Tool	DHCS QMRT Timely Access Study Tool
Frequency	Quarterly
Timely Access Requirement	<p>Exhibit A, Attachment 9, 3(B) and 4(B)(3)(4) – “Members must be offered appointments within the following timeframes:”</p> <ul style="list-style-type: none"> • Urgent care appointments <ul style="list-style-type: none"> ○ for services that do not require prior authorization – within 48 hours of the request for appointment • Non-urgent appointments <ul style="list-style-type: none"> ○ for PCPs: within 10 business days of request ○ for SPCs: within 15 business days of request ○ for NPMH providers: within 10 business days of request ○ for Ancillary Services providers: within 15 business days of request

COMPLIANCE RATES QUARTER-OVER-QUARTER



SUMMARY AND NEXT STEPS

Overall Improvement ratings:

- For PAAS 2024 **percentage increases** was noted for the **Psychiatrist** provider type.
- **NPMH** and **Psychiatrist** provider types met the compliance goal of 75% for PAAS 2024
- **Percentage increase** for Non-Urgent appointment in the past 3 quarters for DHCS QMRT

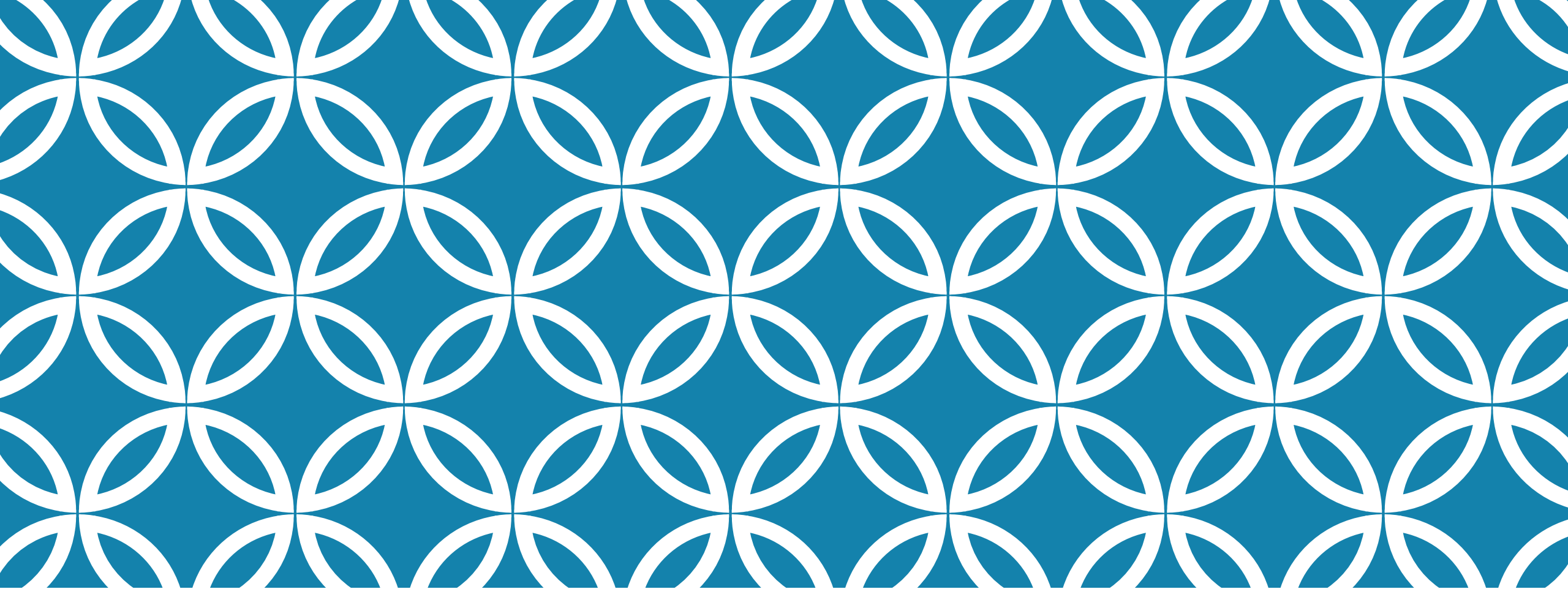
Next Steps:

- Provider engagement: Ongoing provider education and onsite/virtual office visits to providers with trends
- Send out Non-Compliant and Non-Responsive CAPs to providers who are not meeting compliance
- Disseminate survey information and reminders during quarterly provider packet
- Promote best practices and Provider Incentives
 - Open access scheduling, blocking portion of each day with urgent care and/or follow-up care appointments
 - P4P access measures
 - Extended office hours
 - Provider recruitment/retention grant

FOCUS AREAS

Focus Areas:

- Track and trend top 5 non-compliant providers for follow-up actions
- Member facing documents
 - Alternative access focusing on decreasing ER utilization
 - Member assessment surveys focusing on increasing member's response rate
- Provider Recruitment/contracting in collaboration with Provider Services to improve
 - Share Geo-Access data and survey responses regarding provider updates with Network and Contracting team for Network Road Map planning
 - Improve survey responses and lower ineligible providers
- Process Improvement
 - Refine corrective action plan process and actions in collaboration with other departments



QUESTIONS?

PQI Update

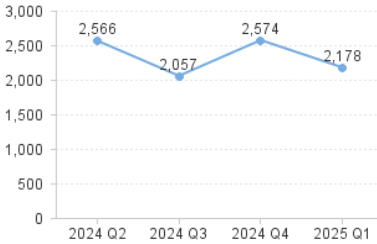
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PQI Dashboard

2025 Q1

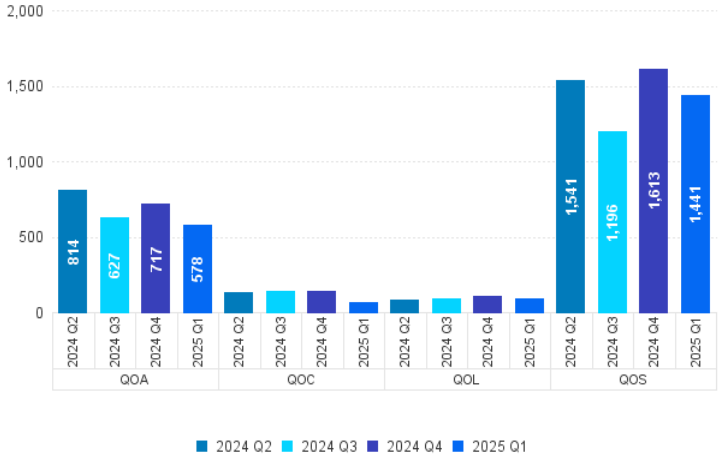
Run Date: 06/30/2025

PQI Referrals By Quarter



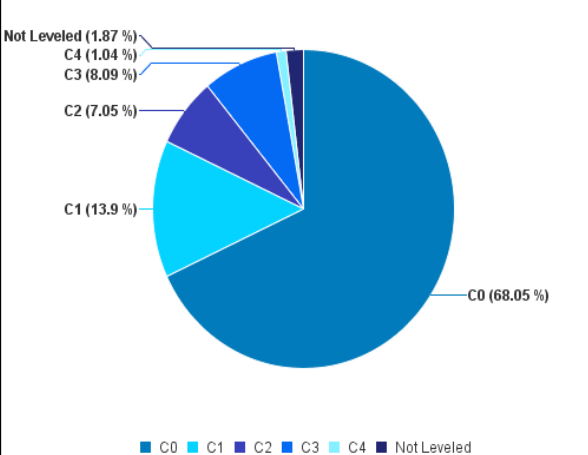
Quarter	# PQIs
2024 Q2	2566
2024 Q3	2057
2024 Q4	2574
2025 Q1	2178
Total:	9375

PQI Classification by Quarter



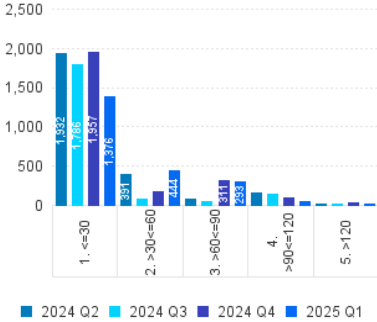
	2024 Q2	2024 Q3	2024 Q4	2025 Q1	Total
QOA	814	627	717	578	2736
QOC	132	141	140	69	482
QOL	79	93	104	90	366
QOS	1541	1196	1613	1441	5791
Total:	2566	2057	2574	2178	9375

QOC Leveling



	2024 Q2	2024 Q3	2024 Q4	2025 Q1	Total
C0	98	104	95	31	328
C1	24	18	22	3	67
C2	8	12	9	5	34
C3	1	5	9	24	39
C4	1	1		3	5
Not Leveled		1	5	3	9
Total:	132	141	140	69	482

Turn Around Time to Resolve a PQI



PQIs Still Open by Quarter Received

Quarter	# PQIs
2024 Q4	2
2025 Q1	105
Total:	107

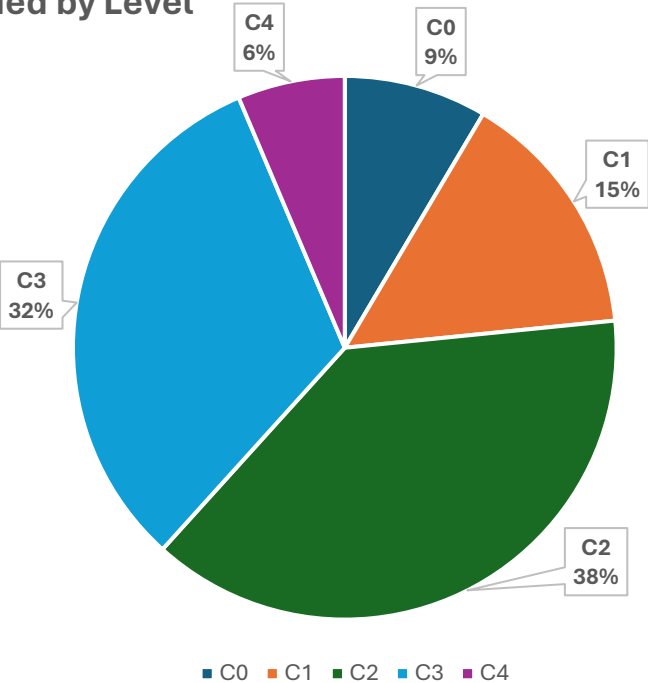
PQI Corrective Action Plan (CAP) Dashboard Q2 2024-Q1 2025

Purpose: To provide a high-level overview of the CAPs issued

Leveling	Leveling Description
C0	No Quality-of-Care issue
C1	QOC issue in the absence of negligence
C2	Borderline QOC-Potential for adverse event or outcome
C3	Moderate QOC-Actual adverse effect or outcome (non-life or limb threatening
C4	Serious QOC-With significant adverse effect or outcome (life or limb threatening

Level	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Total
C0	0	3	1	0	4
C1	0	5	2	0	7
C2	3	9	5	1	18
C3	1	8	5	4	18
C4	1	1	1	0	3
Total	5	26	14	5	50

CAP Issued by Level



Name of Provider (C2-C4)	
Alameda Hospital (C2)	Park Central Rehab (C3)
All Saints Subacute (C2)	Highland Hospital (C4/C3 x1/ C2 x2)
Sutter (C3 x2/C2x2)	Stratford Villa Post Acute (C3)
Baypoint SNF (C3)	Lake Merritt SNF (C3/C2)
Baywood Court SNF (C2)	Modivcare (C3 x3/C2x4)
Kaiser (C4)	Redwood Convalescent Hospital (C2)
ProHealth Home Health (C2)	San Leandro Healthcare SNF (C2)
Eden Healthcare SNF (C2)	Crestwood SNF (C3)
Crown Bay SNF (C0/C3)	Washington Hospital (C3 x2/ C4)
Elmwood Care Center SNF (C3)	Windsor Healthcare SNF (C2)
Fremont Healthcare SNF (C2)	Contra Cost Reg Med Ctr (C3)
Park Bridge Rehab (C3)	

Exempt Grievance Audit Report

Q4 2024 – Q1 2025

Presented at IQIC
July 16, 2025

Overview

Purpose:

- To ensure clinical monitoring of Exempt Grievances for Potential Quality of Care, Service, Language and Access Issues per Alliance Policy and Procedure: QI-104, Potential Quality Issues.

Methodology:

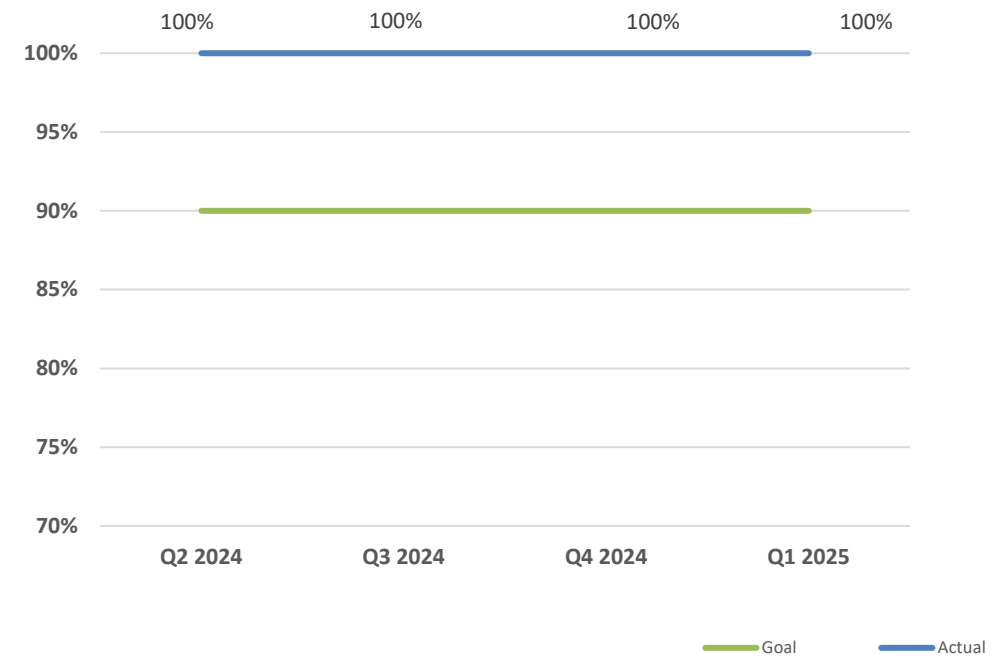
- Quarterly review of **100** randomly selected Exempt Grievances from the universe of all Exempt Grievances received during the reporting period. Cases are reviewed to determine if they were correctly identified for referral to the Quality Dept for investigation.
- Goal: $\geq 90\%$ of Exempt Grievances will be correctly identified and appropriately referred to Quality for review.

Results

Performance rates

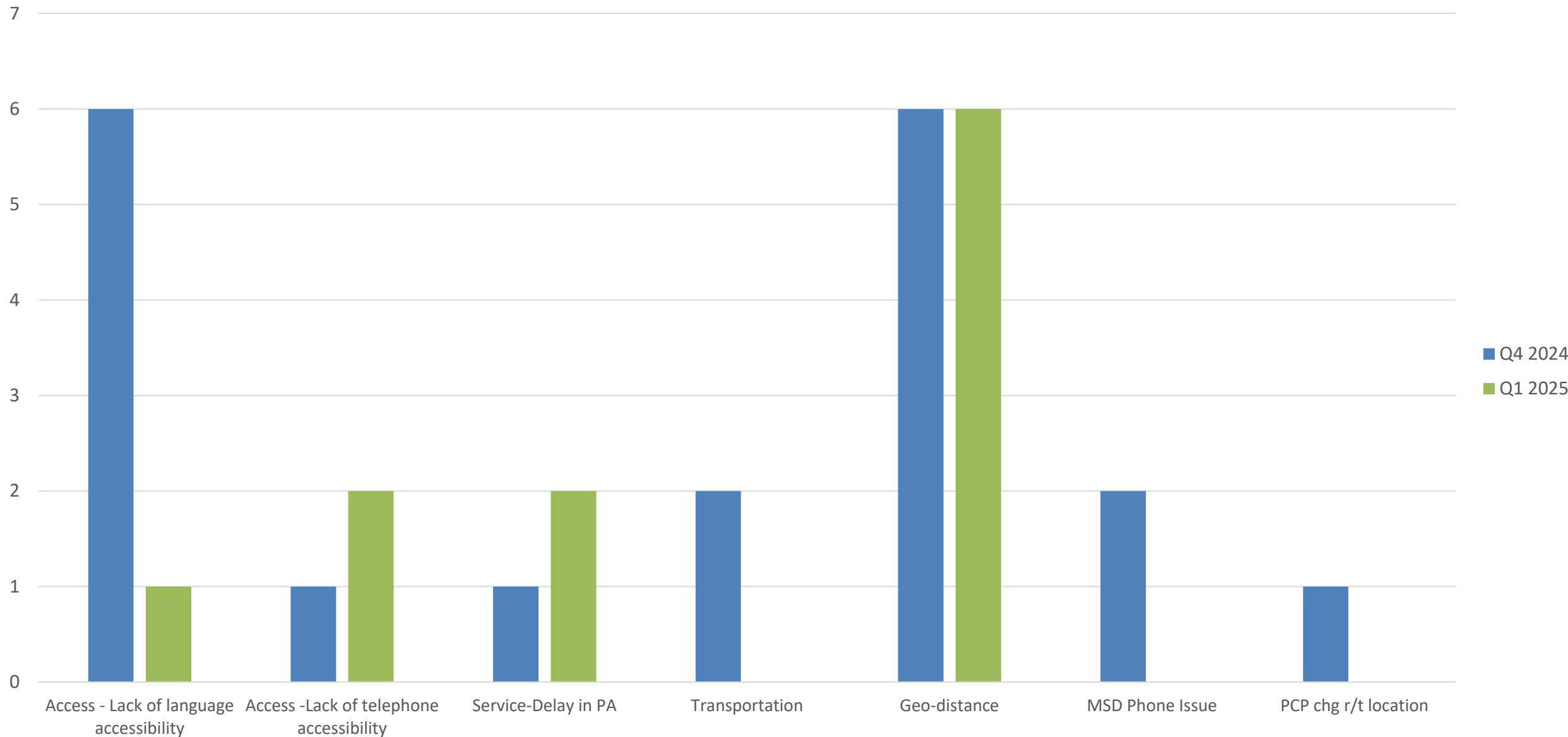
	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Numerator	100	100	100	100
Denominator	100	100	100	100
Performance Rate	100%	100%	100%	100%
Gap to Goal	NA	NA	NA	NA
Universe (n)	5383	5444	5284	5657

Performance Rate Per Quarter



Exempt Grievance Categories referred as PQI

Q4 2024 & Q1 2025



Results and next steps:

- ▶ The goal of 90% was met successfully at a rate of 100% in the 200 randomly selected cases for Q4 2024 and Q1 2025. No areas were identified for process improvement regarding missed opportunities for PQI referrals.
- ▶ Of the PQI referrals identified in this random sampling, there were a number of referrals that were not appropriate, including issues related to Member Services phone access, geo-access and transportation service issues already resolved by Member Services or G&A.
- ▶ Since this audit period, the Quality Improvement Dept has collaborated with G&A and Member Services leadership to review and fine-tune the PQI reference guide to assist in identifying appropriate grievances for referral to QI for review as a PQI.
- ▶ Quality Improvement will continue to audit, and track and trend Exempt Grievance results at the rate of 100 cases per quarter with collaborative efforts for improvement where appropriate with Member Services and G&A.

Questions?

Clinical Reviewer PQI Case File Audit Report for Quality-of-Service Issues				
Reported by: Christine Clark Rattray, RN QI Clinical Supervisor			Date: 7/16/2025 IQIC	
Reporting period: Q4 2024-Q1 2025				
<p>Purpose: To ensure accurate and appropriate clinical documentation, monitoring, and oversight of Quality-of-Service (QOS) PQI case files.</p> <p>Quality of Access (QOA) cases are referred to the Access & Availability team while Quality of Language (QOL) cases are referred to the Cultural and Linguistics team for evaluation and appropriate intervention.</p> <p>All Quality-of-Care cases are audited by the Senior Medical Director of Quality or designated Medical Director at weekly case review meetings.</p>				
Results	Q2 2024 Case Files Reviewed Volume QOS cases = 59 Compliance Rate: 98% Goal: ≥90%: Goal exceeded 4/4 RN Reviewers	Q3 2024 Case Files Reviewed Volume QOS cases = 48 Compliance Rate: 99% Goal: ≥90%: Goal exceeded 4/4 RN Reviewers (QI SVR stopped doing QOS reviews in Q3 2024)	Q4 2024 Case Files Reviewed Volume QOS cases = 45 Compliance Rate: 100% Goal: ≥90%: Goal exceeded 3/3 RN Reviewers	Q1 2025 Case Files Reviewed Volume QOS cases = 35 Compliance Rate: 98% Goal: ≥90%: Goal exceeded 3/3 RN Reviewers (One RN LOA Feb/Mar 2025)
Oversight Methodology	QI Clinical Supervisor or designated clinical staff audits 5 QOS PQI case files/month for each Quality Review RN. Case files are audited for accurate and appropriate documentation that includes: <ul style="list-style-type: none">i. Timely review and resolution within 120 daysii. PQI type - appropriately classifiediii. Assessment of problem/grievanceiv. Planned investigationv. Intervention carried out according to planvi. Evaluation/Resolution -Pass rate of ≥90% must be met. -Retraining of QI Review Nurse will be conducted for a score of less than 90%.			
Data source:	PQI Application Database			
Improvement Opportunities	No opportunities for improvement identified at this time for any RN reviewer			
Interventions for Improvement Opportunities:	Continuous auditing of Quality of Service (QOS) cases to determine compliance with established TATs and provision of refresher training where appropriate.			

Next Steps:	Ongoing Auditing of PQI case files with identification for training opportunities
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Facility Site Review Update

Kathy Ebido

Facility Site Reviews/Medical Record Reviews (FSR/MRR)

Kathy Ebido, Sr QI Nurse Specialist

Facility Site Reviews/Medical Record Reviews

Year: 2025	Q1	Q2	Total
FSR: Initial Full Scope	1	1	2
FSR: Full Scope Periodic	14	19	33
FSR: Full Scope Annual	0	1	1
FSR: Urgent Care	0	0	0
MRR: Initial Full Scope	0	0	0
MRR: Full Scope Periodic	11	17	28
MRR: Full Scope Annual	0	1	1
MRR: Focused	1	0	1
Interim Monitoring	3	5	8
PARS	8	12	20
Total Reviews	38	56	94

Review Type	Definition
Full Scope FSR/MRR Periodic	Periodic review every 3 years
Full Scope FSR/MRR Annual	Annual review every year (due to failed review or CAP not closed 120 days)
Initial FSR / MRR	Initial review of new provider or new site location
MRR Focused	Follow up medical record review focused on specific sections or deficiencies from previous MRR
Interim Monitoring	Interim monitoring between the full scope reviews. Reviews can be onsite or provider self-assessment

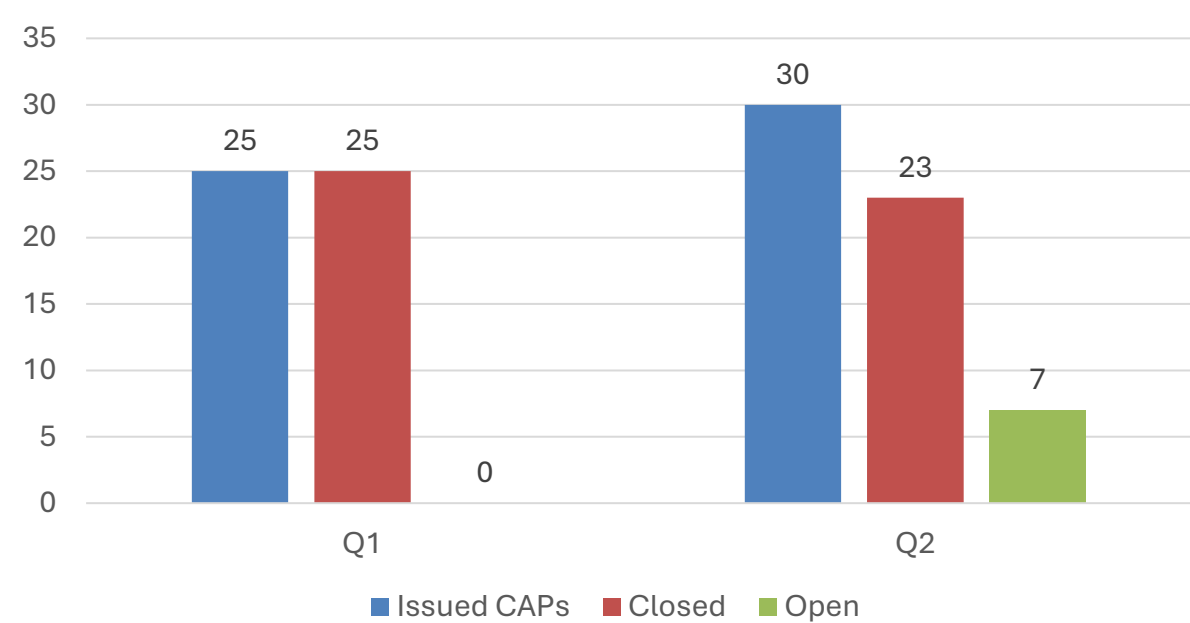
Legend:

FSR = Facility Site Review

MRR = Medical Record Review

PARS = Physical Accessibility Review Survey

Full Scope FSR/MRR Corrective Action Plan (CAP)



**In Q2, there were 7 active CAP pending closure. No open CAPs >90 days from deadline.*


2025	Failed Sites	Failed FSR Score	Failed MRR Score	CAP/Schedule Timeline (Non-Compliance)
Q1	4	1	3	1
Q2	7	0	4	4






Membership Hold		
2025	Issued	Open
Q1	4	0
Q2	7	3

FSR/MRR Trends

- ▶ Revised FSR/MRR tool (effective July 2022 and ongoing updates)
 - Increased criteria and new standards.
 - Alliance anticipated a drop in provider scores on subsequent periodic reviews due to the increased criteria. Since 2019, Alliance piloted the possible changes and saw ~7 to 8 % decrease in scores.
 - Conducted focused reviews as education and to follow up on CAP.
- ▶ Provider staffing turnovers and continuous provider education on new standards.

SNF/LTC Quality Monitoring

- ▶ Quality Assurance Performance Improvement (QAPI) Attestation
- ▶ CMS Star rating 
[CMS Five-Star Rating](#)
- ▶ Census
- ▶ PQI – QOC (Reviewed weekly PQI nurse, reviewed monthly by FSR team with outreach to facilities for clarification and resolution as needed).
- ▶ CDPH Database
- ▶ ICF-DD Monitoring

Rating	Number of Facilities	Attestation Received
	6	4/6 (67%)
	11	8/11 (73%)
	20	10/20 (50%)
	30	19/30 (63%)
	30	20/30 (67%)
Rating N/A	8	3/8 (38%)
Total	105	61%

Data as of 06/30/2025

Facilities that received a rating of 2 or below were contacted to request QAPI attestation (7/24/2025).

Clinical Safety - 2025 Focus Areas:

▶ **Oversight and monitoring:**

- PQI and FSR
- SNF/LTC Quality monitoring – collaborate with other stakeholders for process improvements

▶ **Process improvement through streamlined processes and workflows**

- Grievances to PQIs
- Timely closure of corrective action plans and escalate trends as appropriate
- Provider Preventable Conditions (PPCs)

Behavioral Health Report

Dr. Peter Currie



Behavioral Health Report

August 2025

Topics

- Provider training BHT/ABA forms
- 2024 DHCS Audit- BH Findings Update
- ACBH & AAH Care Coordination

BHT Provider Office Hours- BHT Forms

- BH Provider Notice (Fax Blast) sent 03/28/2025 for training on the new ABA Treatment Plan Form for BH Providers
 - BHT Form Provider Training Video (YouTube): [BH ABA Form Training](#)
 - BHT Form Training Slide Deck: www.alamedaalliance.org/providers/provider-resources/training-and-technical-assistance-opportunities
- BHT Provider Office Hours:
 - 04/30/2025
 - 05/07/2025
 - 05/14/2025

2024 DHCS Audit- BH Findings Overview

- Audit Review Period: 6/1/2023 – 5/31/2024
- DHCS Final Report Issued: 11/18/2024
- Monthly updates to DHCS (*through May 2025*)

Category	Deficiency	Actions Taken
BHT (2.3.1)	Provision of Behavioral Health Treatment Services The Plan did not ensure the provision of BHT services in accordance with approved BHT plans for members under the age of 21.	<ul style="list-style-type: none"> • Implementation of a new monitoring report, the BH Utilization Report, which tracks the utilization (Claims per authorized hour) • BHT Provider Training on new electronic BHT/ABA forms <ul style="list-style-type: none"> • The plan meets with providers with low utilization rates to determine gaps and barriers preventing the fulfillment of authorized hours. • Ongoing monthly monitoring and oversight • Reports to UMC quarterly
BHT (2.3.2)	Timely Access to Behavioral Health Treatment Services The Plan did not arrange and coordinate BHT services for members under the age of 21 within 60 calendar days.	<ul style="list-style-type: none"> • BHT Caregiver Update Standard Operating Procedure developed, implemented, and training. • New Caregiver Update Report to monitor consistent monthly follow-ups to parent/guardian/caregiver. • Ongoing weekly monitoring and oversight

2024 DHCS Audit- BH Findings Overview

- As of 6/11/2025: DHCS has **ACCEPTED** all CAP responses
- Oversight & Monitoring Activities will continue as part of standing quality assurance procedures, to ensure sustained compliance
 - Monthly Operational Audits
 - Monthly and Quarterly Operational Reports
 - Quarterly Review at UMC/IQIC/QIHEC

ACBH & AAH Care Coordination

- **ACBHD/ Alameda Alliance Operational Leadership Meetings**

- D-SNP Communication

- The Alliance D-SNP will service Alameda County residents eligible for Medicare and Medi-Cal and opt to enroll in the plan
 - The Alliance will not provide residential services so we will need to plan coordinate with ACBHD to connect member to residential services.

- Care Coordination across both plans

- Eating disorder: ACBHD working with Alliance under a cost sharing agreement for services dated back to FY 23/24 which are under review for potential revision.
 - ACBHD has experienced a rise in individuals presenting with complex conditions/needs, including dementia and psychiatric conditions. ACBHD and the Alliance have begun discussions to address the needs of this population which are often in Long Term Care facilities.
 - Behavioral Health data exchange efforts are to restart to address closed loop referral and care coordination requirements.
 - Care Transitions: The Alliance and ACBHD will meet on a monthly meeting cadence to get an understanding of specialty and non-specialty clients, or how transitions from inpatient psychiatric to lower levels of care are tracked are managed.

Questions?

Public Comment

Thank You for Joining Us

Next Meeting: November 14, 2025