

PROVIDER PULSE

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THE ALLIANCE NAMES MATTHEW WOODRUFF AS CHIEF EXECUTIVE OFFICER AS SCOTT COFFIN RETIRES



Matthew Woodruff became the new Chief Executive Officer (CEO) of Alameda Alliance for Health (Alliance) on Thursday, June 1, 2023. Former Alliance CEO Scott Coffin

served in this role for close to a decade and retired on Wednesday, May 31, 2023. Mr. Coffin began serving as CEO in early 2015, led the organization out of state conservatorship, transformed the operations into sustainability, experienced many successes, and left the organization in good hands under the leadership of Mr. Woodruff.

Today, the Alliance employs almost 500 staff and reports more than \$1.3 billion in revenue annually, maintains national quality accreditations, meets regulatory compliance, and has over \$200 million in financial reserves. Under Mr. Coffin’s leadership, the Alliance’s success was recognized by state and federal regulators for the efficiency of its operations and rapid improvement of quality scores. The Alliance moved from the third-lowest quality scores to the fourth-highest managed care organization statewide.

THE ALLIANCE NAMES MATTHEW WOODRUFF AS CHIEF EXECUTIVE OFFICER AS SCOTT COFFIN RETIRES

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Over the last eight years, the Alliance has created a series of primary care incentive programs and pilots for complex case management, providing more than \$84 million to local providers to improve the quality of care for adults and children enrolled in the Medi-Cal program.

To support the needs of older adults, children, and families, Mr. Coffin forged new relationships with the Alameda County Board of Supervisors, Alameda County Agency leaders, and leaders of community-based organizations to expand access to health services. Mr. Coffin's commitment to addressing health disparities and social determinants of health for underserved people to help have a positive impact on their lives has driven the organization to launch population health programs. In the last year of Mr. Coffin's leadership, the Alliance successfully implemented the first phase of the CalAIM program, including Enhanced Care Management (ECM), Community Supports (CS), and Major Organ Transplants (MOT).

Having more than 27 years of experience as a health care leader, Mr. Woodruff is recognized as a national expert and industry leader in operations for Medicare Advantage and Medi-Cal Managed Care Plans. Mr. Woodruff received the U.S. Department of Health and Human Services Secretary's Award for Distinguished Service for his work in developing the current Medicare competitive bidding process.

"The Alliance Board of Governors appreciates Matt's empathic, member-first approach to his work and his deep knowledge of how Medi-Cal operates. His decades of Medicare experience position him well to lead us as we move into that line of business," said Rebecca Gebhart, Chair of the Alliance Board of Governors. *"The Board is confident that Matt will be a successful CEO and will continue the incredible track record of achievement that the Alliance has had under Scott Coffin's leadership."*

"Matt's experience with the Alliance will be particularly valuable in helping us navigate the transformational changes in the state CalAIM program designed to provide an equitable, coordinated, and person-centered approach to overall health for our Medi-Cal beneficiaries," added Dr. Noha Aboelata, Vice Chair of the Alliance Board of Governors.

THE ALLIANCE NAMES MATTHEW WOODRUFF AS CHIEF EXECUTIVE OFFICER AS SCOTT COFFIN RETIRES

(CONTINUED FROM PAGE 2)

Beginning in 2015, Mr. Woodruff served on Mr. Coffin's executive team as the Chief Operating Officer (COO) at the Alliance. In this role, Mr. Woodruff led the Alliance's day-to-day operations and strengthened the organization's internal and external partnerships. Under his leadership, the Alliance attained national recognition, achieving Center of Excellence status for superior employee satisfaction, member satisfaction, and exceptional level of service to its members. Mr. Woodruff's work to strengthen relationships with the organization's provider network led to satisfaction rates with contracted community providers reaching a record level in 2022 and increasing by 28 percentage points since 2015.

When Mr. Coffin announced his retirement in 2022, *"the CEO recruitment had a large number of outstanding candidates but in the end, Matt stood out, and was the top recommendation of the Alliance CEO Search Committee,"* said Dr. Evan Seevak, a member and former Chair of the Alliance Board of Governors and Chairperson for the CEO Search Committee. *"In the interview process, Matt demonstrated his deep knowledge of the Alliance, Medi-Cal Managed Care, and Medicare, and our members, providers, and our local community. We are excited to have Matt step into his new role."*

"The Alliance has completed a successful turnaround in the last eight years and the company will continue in good standing for many years into the future. The Alameda County Medi-Cal program will change into a County-Organized Model with several new Medi-Cal services addressing social determinants of health, including supportive services for older and fragile adults, and services that address a variety of food and housing insecurities. The Alliance has pioneered and invested in a series of pilot programs to overcome health disparities, including Recipe4Health, Whole Person Care, and Health Homes, and will be launching a new pilot to help formerly incarcerated residents coordinate re-entry services. I have full confidence in Matt's leadership and his commitment to fulfill the mission and vision of the Alliance, and to continue strengthening the local collaboration with our safety-net partners," said former CEO of the Alliance, Scott Coffin.

As a third-generation Mexican American, Mr. Woodruff was raised in the Bay Area, is a graduate of St. Mary's College of Moraga, and lives with his wife and two (2) kids in the East Bay.



THE ALLIANCE NAMES NEW BOARD CHAIR, VICE CHAIR, AND WELCOMES TWO (2) NEW BOARD MEMBERS

The Alliance announced that Mrs. Rebecca Gebhart has been named Chair of the Alliance Board of Governors. The board is the governing body of the Alliance, which is the leading Medi-Cal managed care health plan serving more than 80% of the adults and children in the Medi-Cal program in Alameda County.

"The Alliance remains fully committed to administering the best health care services to all and has continually strived to improve the quality of living for Alameda County residents since 1996," said Scott Coffin, former Alliance CEO. "As long-time health care and community leaders, the Board of Governors provide valuable perspectives to advise and better align to our mission and vision, to expand our services to reach more people, and to improve the local health care system through strategic integration."

"I am honored to take on the role as Chair of the Alliance Board of Governors and work with my colleagues on the Board to help move the plan's mission forward in improving the health and well-being of our members," said Mrs. Gebhart.

Mrs. Gebhart, who has served as a Board member since May 2016, has over 20 years of health care finance experience and previously served as the Finance Director at Alameda County's Health Care Services Agency (HCSA) before retiring. Mrs. Gebhart also served as the HCSA Assistant Director, overseeing all financial operations for the \$1 billion agency consisting of Behavioral Health, Administration/Indigent Health, Public Health, and Environmental Health. Dr. Evan Seevak served as the Vice Chair from 2017 to 2019, and as the Chairperson from 2019 through 2022. Dr. Seevak remains a member of the Board of Governors and is recognized and appreciated for more than 11 years of service.

The Alliance was also happy to announce the appointment of Dr. Noha Aboelata as Vice Chair of the Board. Dr. Aboelata is the founder and CEO of Roots Community Health Center and is a dedicated health care leader and advocate

committed to eliminating health disparities among low-income individuals in East Oakland and the broader community of Alameda County. Dr. Aboelata has served on the Alliance Board since 2018 and throughout her career has built a holistic approach that focuses on enhancing accessibility and consistent care by connecting patients to a range of resources that support their health and overall wellness.

The Alliance also named two (2) new Board members:

Supervisor Lena Tam, the recently elected member of the Alameda County Board of Supervisors, joined the Alliance as a new Board member. Supervisor Tam is a longstanding community leader and public servant who previously served as Vice Mayor of the City of Alameda where she secured housing for low-income seniors and worked to enhance safety net services for Alameda residents. She also served as the President of the City of Alameda Health Care Board where she worked tirelessly to keep Alameda Hospital open and ensure it continues to provide emergency services to the community.

Ms. Jody Moore, an Alameda resident and mother of two (2) children, joined the Alliance Board, serving in the Consumer Member seat. As a parent to a child with special needs, Ms. Moore has dedicated many years to advocating for services that support people with disabilities. Ms. Moore previously sat on Alameda's Commission on Disability and served as Vice Chair for several years. In 2011, she founded the group The Alameda Autism Community Network and has dedicated much of her time to supporting events that bring awareness to issues impacting people with disabilities.

THE ALLIANCE ANNOUNCES NEW CHIEF OF HEALTH EQUITY



The Alliance announced that Mr. Lao Paul Vang has assumed a new role as the health plan's Chief of Health Equity.

In this critical role that reports to the CEO, Mr. Vang is charged with implementing policies to ensure that health

equity is prioritized and addressed throughout the organization and each of the communities served by the Alliance. He is responsible for implementing an overarching vision of diversity, equity, and inclusion that centers Alliance staff, members, community, and provider partners. As Chief of Health Equity, Mr. Vang works closely with community leaders to refine the Alliance's population health strategy by identifying ways to mitigate social determinants of health.

Mr. Vang has extensive experience in public administration and humanitarian affairs. He has created and implemented large-scale human rights and health care equity, global diversity, racial-gender equity, and social inclusion programs throughout his career. Before joining the Alliance, Mr. Vang oversaw public safety operations for a large school district in Washington State where he designed proactive approaches to preventing crime and school violence and developed comprehensive racial equity policies and strategies to dismantle institutional racism and system inequity.

Mr. Vang also previously served as the World Health Organization's Chief Human Rights and Healthcare Equity Officer in West Africa as well as the Chief Human Rights and Diversity Officer for the United Nations Mission in Liberia, West Africa.

"Attaining our health equity goals requires change in our organization, and change in the way we serve the valued residents of Alameda County. The addition of a dedicated humanitarian executive leader into the Alliance family is essential to reach more people," said Scott Coffin, former Alliance CEO. "Mr. Vang has spent much of his career dedicated to addressing health care inequities for marginalized communities on a global scale, and we're looking forward to having him work to expand our mission and reinforce the work that we do each day to serve our safety net community."

"I am excited to take on this important role at the Alliance and partner with our dedicated staff and leaders to address member health inequities, and to help deliver meaningful and lasting change, both within our organization and throughout the broader Alameda County community," said Mr. Lao Paul Vang.



PROVIDER SPOTLIGHT: DEFINING WHAT IT MEANS TO BE A SERVANT LEADER – DR. KELLEY MEADE’S STORY

Dr. Kelley Meade is passionate about helping people access health care and services. As a trained pediatrician, Dr. Meade’s special interests include managing asthma and supporting healthy lifestyles for our youngest members.

Dr. Meade earned her medical degree in the Midwest at the Rosalind Franklin University of Medicine and Science, Chicago Medical School. She completed her residency in pediatrics on the East Coast at the Boston University School of Medicine, Boston Medical Center.

Dr. Meade is a Bay Area native with deep roots in the Oakland and Berkeley community. In 1995, Dr. Meade came home to the Bay Area to work at UCSF Benioff Children’s Hospital Oakland (BCH Oakland). This was a full circle moment as this was the very place where her tonsils were removed as a young girl.

At UCSF BCH Oakland, Dr. Meade has served as the interim Chief Medical Officer, and today she is the Associate Dean of Academic and Clinical Affairs. Dr. Meade partners with the leadership at the UCSF School of Medicine, supporting faculty members with their work on patient care, research, training, and advocacy. Even with her busy schedule, Dr. Meade visits the Pediatric Primary Care Clinic at least once a week to care for her patients. Dr. Meade and her clinic received a grant from the Alliance to coordinate with school districts to enhance pediatric asthma care.

Dr. Meade is the true definition of a “servant leader.” She is passionate about providing care to our youngest members and improving health systems for the greater good. Dr. Meade engages with her patients and their families to find the best ways to manage their health needs. Giving back to the



community is part of her leadership style, and she is committed to the health care of children and young adults.

In her spare time, Dr. Meade enjoys cooking for her family. She also likes being in or near any body of water for recreational activities such as kayaking.

The Alliance is honored that Dr. Meade cares for our youngest members and serves on our Board of Governors and Strategic Planning Committee, helping guide, oversee, and contribute to the administration of our organization. Her knowledge, experience, and profound work are invaluable to the Alliance, our members, provider partners, and our community.

We look forward to working with Dr. Meade in finding the best ways to serve all members.

Do you want to learn more about Dr. Meade? Please visit our website to watch an up-close and personal message from Dr. Meade at www.alamedaalliance.org.

You can also connect with us on Facebook, Instagram, or X (formerly known as Twitter) to view the video.



TAKING STEPS TOWARD IMPROVING ACCESS TO HOUSING IN ALAMEDA COUNTY

Research studies have shown that being unhoused is linked to health inequities such as shorter life expectancy, higher mortality rates, and greater use of hospital services. In California, on any given day, more than 150,000 people may experience homelessness, resulting in adverse social conditions. These social conditions can include food insecurity, safety, substance use, sanitation, and communicable diseases, to name a few, that exacerbate poor health outcomes.



In our own backyard, the 2022 Homeless Point-In-Time (PIT) Count, indicates 9,747 individuals were found to be unhoused in Alameda County, representing an increase of 1,725 individuals or 22% from 2019. Over the last few years, many local, regional, and state efforts have focused on finding solutions that will assist some of the most vulnerable people in our communities. That includes the Department of Health Care Services' (DHCS) Housing and Homeless Incentive Program (HHIP), which began earlier this year and will continue through December 2023. HHIP aims to improve health outcomes and access to whole-person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population. Along with other Medi-Cal managed care plans throughout the state, the Alliance is participating in the HHIP, which allows the network of Alameda County safety net providers to earn significant funding to build capacity and to keep more people housed.

In partnership with Alameda County Health Care Services Agency (HCSA) and Anthem Blue Cross, the Alliance recently submitted an investment

plan to the State of California that was informed and supported by Alameda County's Continuum of Care (CoC) program, which works to provide housing to individuals and families experiencing homelessness. As part of the investment plan, the Alliance will invest approximately \$26.5 million over the next several months to local efforts focused on addressing homelessness and housing insecurity. The investment plan includes targeted funding that will lead to minimizing housing gaps for Alameda County Medi-Cal members. Over the next year, the Alliance will allocate funding through community-based organizations to build capacity for housing, recuperative care, and community supports designed to meet the social needs that impact the health of Medi-Cal members. The funding will also support operating funds to help make housing units for our highest-need members, increase the number of medically frail beds for members with high medical needs and impairments who are experiencing homelessness, assist with coordination efforts that will increase successful transitions into recuperative care, and help maximize the use of available resources.

TAKING STEPS TOWARD IMPROVING ACCESS TO HOUSING IN ALAMEDA COUNTY

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Additional investments include significant funding to support permanent housing opportunities for older, medically frail individuals who are experiencing homelessness and partnering with local organizations to support capacity-building efforts for housing units dedicated to serving our members. To better understand the landscape of our local unhoused community, the Alliance is supporting the 2024 Alameda County PIT Count that will enhance efforts to get a deeper understanding of the health needs of people experiencing homelessness. Our partnership with the Alameda County's Health Care for the Homeless program is expanding to better support the Street Health Program – which provides outreach and engagement, health care services, and connections to available housing resources to residents throughout the county. Investments are being made to improve data infrastructure and to support programs and interventions that focus on populations that are disproportionately experiencing or at risk of homelessness.

Throughout the development of this effort, the Alliance has aligned with the strategic priorities of our local Continuum of Care, including the Alameda County Health Care Services Agency's Home Together 2025 Community Plan to improve and address health outcomes for Alliance members. We will also continue to align with additional Alliance initiatives, work on building our capacity and partnerships to connect our members to needed housing services, and build upon existing priorities that have been established by our local community. While we know these efforts are tremendous undertakings for safety net leaders, we remain committed to addressing housing insecurity through a variety of partnerships across Alameda County to improve the health and well-being of all residents.

ADDRESSING FOOD INSECURITY WITH RECIPE4HEALTH



During the past year, the Alliance has worked diligently to meet the requirements needed to implement major components of the Department of Health Care Services' (DHCS) CalAIM initiative.

We are proud to have successfully launched new Enhanced Care Management (ECM) and Community Supports (CS) services, and the transition of Major Organ Transplants (MOT) into Alameda County's Medi-Cal managed care program. These essential services, along with other CalAIM initiatives, are helping improve the health outcomes of our members, particularly those with the most complex health care needs.

In 2022, the Alliance introduced six (6) Community Supports services, including housing transition and tenancy services, recuperative care, asthma remediation, and medically tailored meals/food. These services, while not medical in nature, are major factors in social determinants of health that are helping our members avoid hospital stays, reduce visits to the emergency department, and improve their overall well-being.

In September 2022, the Alliance launched the Recipe4Health program as part of our medically tailored meals/food program. Recipe4Health is a "Food as Medicine" program administered by the Alameda County Health Care Services Agency (HCSA) as part of the ALL IN program. Recipe4Health aims to address social drivers of health among residents

by prescribing patients nutrient-dense produce and connecting them to local support groups that bring members together and include physical activity, healthy food demonstrations, stress reduction, and social connection over the course of several months.

Through our partnership with Alameda County, eligible Alliance members have access to food prescriptions that include up to 12 weeks of a wide selection of healthy vegetable alternatives. We are proud to note that the food prescriptions are filled by Dig Deep Farms, a social enterprise founded in 2010 by the Deputy Sheriffs' Activities League, the Alameda County Sheriff's Office, and local urban farms that creates green economy jobs for justice-involved individuals.

ADDRESSING FOOD INSECURITY WITH RECIPE4HEALTH

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We know that the lack of access to healthy foods is associated with poor health outcomes, which can lead to higher health care costs. A study funded by the U.S. Department of Health and Human Services found that unhealthy eating habits cost the U.S. health care system about \$50 billion per year due to heart disease, stroke, and type 2 diabetes. As a safety net provider, our mission is to improve the health and well-being of our members by collaborating with our provider and community partners to deliver high-quality and accessible services, and the Recipe4Health program does just that. Through this important partnership, we hope to address the poor health outcomes that are associated with food insecurity that our members face regularly. The Alliance is committed to supporting the needs of our most complex and vulnerable patients, assisting with the management of chronic health conditions, and reducing hospitalizations.



Patients who qualify for this service must meet at least one (1) of the following criteria to be eligible:

- Have chronic condition(s), such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high-risk prenatal conditions, and chronic or disabling mental/behavioral health disorders.
- Are being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement.
- Have intensive care coordination needs.

Since 2020, the Alliance has financially invested in the Recipe4Health program and partnered to help launch and expand Food as Medicine efforts at local clinics throughout Alameda County. Through this partnership, thousands of patients throughout Alameda County have been screened for food insecurity and have been offered healthy food interventions in combination with group behavioral support that has led to improved health outcomes. The integration of Recipe4Health into the Alliance's Community Supports medically tailored meals/food program will address the nutritional needs of the Alameda County community while reducing barriers associated with food insecurity. If you have any questions about this medically supportive meals/food service, please contact the Alliance Community Supports team at CSDept@alamedaalliance.org.

THE LAUNCH OF 2023 CALAIM INITIATIVES



Population Health Management

The Alliance launched several components of the Department of Health Care Services' (DHCS) CalAIM initiative, including Enhanced Care Management (ECM), Community Supports (CS), and the transition of Major Organ Transplants (MOT) into Medi-Cal managed care. These programs, along with other CalAIM initiatives, help managed care health plans (MCP) improve outcomes for the millions of Californians served by Medi-Cal, particularly those with the most complex health care needs. On Sunday, January 1, 2023, DHCS launched another major CalAIM initiative, Population Health Management (PHM). PHM requires all Medi-Cal MCPs – including the Alliance – to develop and maintain a system for person-centered population health management. PHM establishes a comprehensive, accountable plan of action that addresses member needs and preferences across a continuum of care. PHM assists health plans to build trust and meaningfully engage their members. Additionally, it will gather, share, and assess timely and accurate data on member preferences and needs to help identify effective and efficient opportunities for interventions; as well as identify gaps in care.

While many of the other CalAIM initiatives are focused on the most vulnerable Medi-Cal members, PHM requires plans to prioritize prevention strategies and identify health-related issues before they become bigger problems. PHM focuses on connecting members to public health, social services, and supports that will help them stay healthy, as well as providing case management, care coordination, and transitions for members who need additional care. PHM helps managed care plans to focus on identifying and mitigating social determinants of health with the ultimate goal of reducing disparities across all member populations. DHCS proposed developing a platform at the individual member level to expand access to medical, behavioral, and social services data. By using this new platform, and leveraging the social health information exchange and community health record systems that were previously established by our local safety net partners, we successfully set up an effective PHM program that addresses our members' needs and ultimately improves their health outcomes.

THE LAUNCH OF 2023 CALAIM INITIATIVES

(CONTINUED FROM PAGE 11)



Upcoming Major CalAIM Reforms

Another major CalAIM reform initiative, the institutional long-term care (LTC) carve-in, launched on Sunday, January 1, 2023, and now care in nursing homes and other institutional settings is provided as a benefit through the Alliance. Previously, Alliance members who were admitted to long-term care institutions were disenrolled after spending more than 60 days there and enrolled in fee-for-service (FFS) Medi-Cal. Since January 1, the Alliance has been responsible for members who need ongoing skilled care services and for members living in LTC facilities. This population remains enrolled with the Alliance and has access to our case management services, ensuring that members have access to high-quality care and other navigation services. We work closely with our contracted LTC facilities and many of our community-based partners to provide care and ongoing support for these members. Approximately 1,800 members living in institutional settings were enrolled in the Alliance on Sunday, January 1, 2023.

The new LTC managed care benefit aligns with the Medi-Cal Populations of Focus (PoFs), which are eligible for our Enhanced Care Management (ECM) benefit and Community Supports (CS) services. These new PoFs include nursing facility residents who may be candidates for transitioning back to the community and individuals at risk for institutionalization. In addition, the benefit includes people who are eligible for long-term services in their homes and have the ability to live safely with wrap-around support. With the support of our case management teams and community-based partners, we are committed to providing these important services that will help members avoid institutionalization while helping others safely transition into the community.

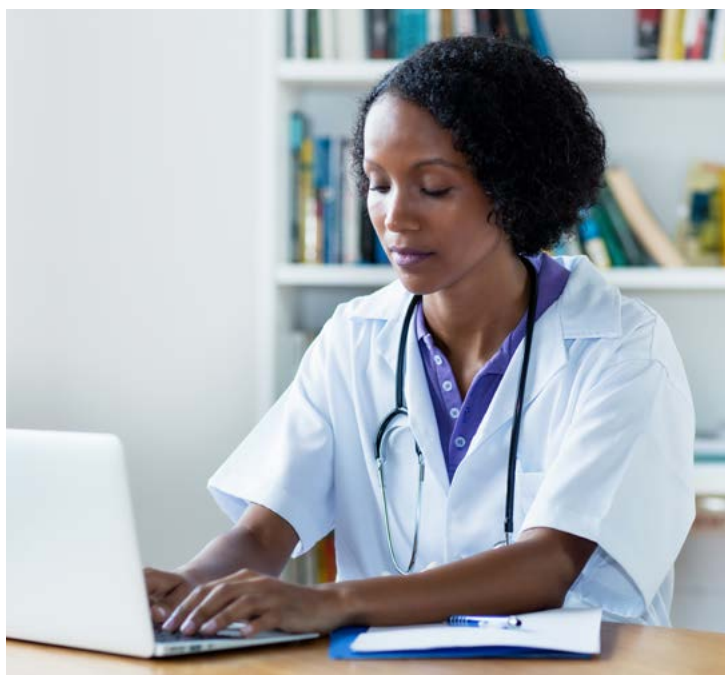
While many of these major reforms are a huge undertaking by managed care health plans across the state, the Alliance remains committed to improving care integration and ensuring that members have full access to person-centered services and supports that are needed to maintain their health and well-being.

IMPORTANT NOTICE ABOUT PROVIDER SUBMISSION OF CLINICAL INFORMATION

Every prior authorization (PA) request is reviewed to determine the medical necessity of the requested service or item. To ensure that we can adhere to our regulatory-mandated turnaround times, we are asking for your help in ensuring all applicable supporting documentation is submitted with the PA request form. This will help our members receive their services promptly. Incomplete submissions may cause a delay in processing.

When submitting a PA request for a service or item, such as durable medical equipment (DME), please include the following information:

- Submit the primary diagnosis for care in the first position.
- Include all applicable information that supports the medical necessity for the requested service/ or DME (e.g., MD office notes, consultation notes, labs, diagnostic results, etc.).
- Include a clear and legible medical order from the clinician for the requested service as noted in the management/care plan documented in the submitted clinical notes.



Please see below for examples:

Diagnostic medical imaging requests, such as an MRI of the chest:

- Include pertinent clinical notes of the chief complaint that has prompted the requested diagnostic imaging (e.g., shortness of breath, cough, or wheezing).
- Send progress notes that include the clinical history and physical exam centered on the chief complaint such as:
 - Duration of symptoms
 - Treatment tried and/or failed
 - Comorbidities if pertinent
 - Pertinent physical findings in the most recent physical exam (PE)
 - Management plan that discusses the diagnostic medical imaging requested and plan of action related to requested imaging

DME requests, such as a wheelchair:

- Include clinical notes that support the medical necessity for the member to have a wheelchair.
- If the PA request is a replacement, please state why a new wheelchair is needed:
 - Lost or stolen, if possible, include a police report.
 - Broken – Verify if our DME vendor, California Home Medical Equipment (CHME), has been called and if repairs can be made. In many instances, DME can be repaired. For more information, please call CHME at **1.650.357.8550** or fax **1.650.931.8928**.

If you have any questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

FRAUD, WASTE, AND ABUSE (FWA) PREVENTION AND REPORTING



At the Alliance, we are committed to building and maintaining our valuable community and provider partnerships. In support of those relationships, the Alliance promotes the prevention, detection, and resolution of fraud, waste, and abuse (FWA), and other unlawful activities in and around health care.

Health care fraud costs taxpayers billions of dollars each year and endangers the health of our communities.

If you are aware of actual or suspected illegal activity, unethical business practices, or other suspicious activity regarding our health plan, our providers, vendors, or members, please report it immediately by using one of the following methods:

1. Call the Alliance Compliance Department Hotline (NEW): **1.844.587.0810**
2. Email the Alliance Compliance Department: **compliance@alamedaalliance.org**
3. Visit the Alliance website: **www.alamedaalliance.ethicspoint.com**
4. Call the Medi-Cal Fraud and Abuse Hotline: **1.800.822.6222**

We appreciate your help in fighting, preventing, and detecting health care fraud, waste, and abuse. The Alliance is committed to complying with all applicable federal and state laws addressing false claims, including the Federal False Claims Act, the California False Claims Act, and the Deficit Reduction Act of 2005 (Section 6032).

Thank you for your continued partnership and for providing high-quality care to our members and the community.

2022 HEDIS® RESULTS



Healthcare Effectiveness Data and Information Set® (HEDIS®) is used by health plans to measure **how well we give service and care to our members.** The Alliance collects data annually on how we perform certain services and types of care. The Alliance reports the data to the National Committee for Quality Assurance (NCQA), which then rates health plans.

The California Department of Health Care Services (DHCS) uses a subset of the HEDIS® measures to hold health plans accountable for reporting the performance of the measures. These measures are referred to as the Managed Care Accountability Sets (MCAS). The chart below illustrates 15 measures in which the Alliance is intended to hold to the 50th percentile minimum performance level (MPL).

The Alliance performed below the MPL on five (5) measures:

1. Follow-up After Emergency Department Visit for Mental Illness
2. Well-Child Visits in the First 15 months
3. Lead Screening in Children
4. Cervical Cancer Screening (CCS)
5. Controlling High Blood Pressure

The Quality Improvement (QI) team is driving multiple initiatives to increase rates in measures below the MPL. Some of the strategies include member outreach (phone calls, text messaging, and mailers), member incentives to complete screenings, and provider and member education.

If you would like to partner with us on any of these initiatives, please contact the Alliance Quality Improvement team at

DeptQITeam@alamedaalliance.org.

2022 HEDIS® RESULTS

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NCQA ACRONYM	MEASURE DESCRIPTION	2022 ADMIN RATES	2022 HYBRID RATES	MPL
Behavioral Health				
FUA1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day	29.82%	N/A	21.24%
FUM1	Follow-Up After Emergency Department Visit for Mental Illness - 30 Day	49.03%	N/A	54.51%
Children's Domain				
CIS10	Childhood Immunization Status - Combo 10	45.20%	52.80%	34.79%
IMA	Immunizations for Adolescents - Combo 2	49.36%	50.61%	35.04%
LSC	Lead Screening in Children	57.52%	60.58%	63.99%
W15	Well-Child Visits in the First 15 Months of Life – Six (6) or More Visits	46.56%	N/A	55.72%
W30	Well-Child Visits for Age 15 Months to 30 Months - Two (2) or More Visits	69.01%	N/A	65.83%
WCV	Child and Adolescent Well-Care Visits	49.69%	N/A	48.93%
Women's Health				
BCS	Breast Cancer Screening	56.13%	N/A	50.95%
CHL	Chlamydia Screening in Women	64.14%	N/A	55.32%
CCS	Cervical Cancer Screening	52.44%	53.83%	57.64%
PPC2	Timeliness of Postpartum Care	81.72%	85.42%	77.37%
PPC1	Timeliness of Prenatal Care	85.36%	87.50%	85.40%
Chronic Disease				
CDC10	HbA1c Control (>9.0%)	37.06%	29.20%	39.90%
CBP	Controlling High Blood Pressure	41.77%	54.74%	59.85%

CERVICAL CANCER SCREENING (CCS) RATES



During the pandemic, many women refrained from seeking medical care, including cervical cancer screenings (CCS). Factors such as the fear of contracting COVID-19 and staff shortages in health care contributed to this decline. The Alliance has observed a decrease in CCS rates over the past two (2) years.

To ensure that our members receive the necessary screening and treatment for early detection of cervical cancer, we have identified two (2) top priorities:

1. Increase awareness of screening requirements
2. Implement quality improvement initiatives

The Alliance Quality Improvement (QI) team has developed various programs to assist clinicians in improving CCS rates. These strategies include member incentives, provider incentives, and member health education materials. Additionally, CCS is integrated into the Pay-for-Performance (P4P) program, which aims to enhance quality, performance, and outcomes through provider incentives.

If you are interested in learning about your CCS rate and participating in a Quality Improvement project, we encourage you to reach out to the Alliance Quality Improvement team at DeptQITeam@alamedaalliance.org.

IMPROVE YOUR CLINIC'S QUALITY OF SERVICE

The most common member concerns relate to quality of service (QOS) in the clinics where they go for medical care. Common examples of complaints received by the Alliance include rudeness of staff, no authorization for referrals processed, medications refilled/called to pharmacy/e-scribe, and miscommunications between provider/staff. Listed below are several tips to curb these complaints and have demonstrated success in de-escalating concerning conversations.



In any clinical setting, different types of staff work as a team. This may include medical assistants, licensed vocational nurses (LVNs), and registered nurses (RNs). When hiring for the positions in the clinic, it is important for interviewers to focus on experience, training/education, and teamwork, and to check previous references. Additionally, during the interview process, there are questions to help determine work ethic, problem-solving, and willingness to work the hours required. Team members can also meet with the prospective employee during the interview process to ensure a team fit. It is highly recommended that a provider be involved in the interview process as well to ensure that the standard of care will be met for their patients. The hiring manager and human resources personnel also play an important role in the hiring process as they present the required paperwork and job description.

Every step of the hiring process is important to consider when hiring new staff. This may also include the initial contact made, and the first conversation had with the potential employee. During these initial interactions, ask some questions to ensure the employee sounds warm and welcoming. For example, we can ask ourselves a simple question such as, "Does their voice sound as though they are smiling?" We want to make sure that when patients are receiving messages/communications from this new employee that they feel welcome, heard, and respected. Overall, the potential employee who meets this criteria is the person who should be chosen to represent the clinic. Reception staff set the tone for a patient's appointment and lay the groundwork for a successful clinical day. They are your first line of offense for a smooth-running clinical experience for the patient, staff, and provider.

IMPROVE YOUR CLINIC'S QUALITY OF SERVICE

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FRONT OFFICE PERSONNEL

Telephone Etiquette Tips

1. Answer the phone calmly – Smile!
(A frustrated voice can put your patient on guard.)
2. Answer on the second or third ring.
3. Have a script prepared such as, “ABC Clinic, Valerie speaking, may I help you?”
“ABC Clinic, Valerie speaking, may I place you on a brief hold?” (Wait for a response before putting them on hold.)
4. Busier clinics may need two (2) employees to answer the phones.
5. Staff should contact their manager if they need help with a patient and/or for assistance to answer phone lines.

QOS concerns may come from a patient who feels that they were treated rudely by staff over the phone.

Practicing good customer service can help mitigate complaints. If further staff training is needed, there are free videos that can be shared with all staff.

Appointment Check-in Tips

1. Welcome patients by maintaining eye contact.
2. Use friendly language to greet patients such as, “Good morning” or “Good afternoon.”
 - If the patient has been there before, you may say, “Nice to see you again!” (This can help to build rapport with patients.)
3. Keep an open line of communication with patients waiting to be seen by their providers.
 - Inform them if their provider is running late and/or seeing other patients first.
 - If a patient is unable to wait long due to time constraints, you may ask the back of the office for an update on the estimated wait time and/or reschedule the patient as needed.
4. Maintain availability on schedule for unforeseen circumstances.
 - One (1) appointment slot in the morning and one (1) in the evening is sufficient for rescheduling purposes.

IMPROVE YOUR CLINIC'S QUALITY OF SERVICE

(CONTINUED FROM PAGE 19)

BACK OFFICE

Patient Intake Tips

1. Call the patient pleasantly by their name.
2. Introduce yourself as they approach you – Smile!
3. Maintain pleasant customer service as you take their weight, height, blood pressure, etc.
4. Politely open the conversation by asking the patient, “What brings you in to see Doctor XYZ”?
5. Be proactive to keep the appointment on time by preparing all medical supplies needed for the visit.

Referral Process, Prescription Refills, and Prior Authorizations

1. The clinic's authorization and medication refill process should be seamless.
2. The busy clinic may have to dedicate a person qualified to receive the prescription order from the provider and ensure that the medication prescription is sent to the correct pharmacy.
3. Authorization should be submitted timely; patients are expecting your referral for the success of their health concerns.



Patients may have a wide variety of language needs. It is important to develop patient hand-outs or provide free educational pamphlets. To access educational materials for patients, please visit the **Centers for Disease Control and Prevention website** or the **Alliance website**. The process will not only provide patient understanding, but the printed information may also save time for your back-office staff.

The common thread is “Patient Satisfaction!” If patients are satisfied and their expectations are met, they will be loyal customers to your practice. One last

tip for providers is to develop a “Patient Satisfaction Survey” that can be handed to your patients at the end of their visit. An alternative format would be to email the survey to patients. Invite patients to share their experiences during their visit to your office as it can help to improve services. To ensure effectiveness, review and share the results with your staff and make changes as needed. Remember to praise and recognize your staff for a job well done to encourage positive staff morale.

TIMELY ACCESS STANDARDS*

The Alliance is committed to working with our provider network in offering our members the highest quality of health care services.

Timely access standards* are state-mandated appointment timeframes for which you are evaluated.

All providers contracted with the Alliance are required to offer appointments within the following timeframes:

APPOINTMENT WAIT TIMES	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Urgent Appointment that does not require PA	48 Hours of the Request
Urgent Appointment that requires PA	96 Hours of the Request
Non-Urgent Primary Care Appointment	10 Business Days of the Request
First Prenatal Visit	10 Business Days of the Request
Non-Urgent Appointment with a Specialist Physician	15 Business Days of the Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of the Request
Non-Urgent Appointment with an Ancillary Services for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days of the Request

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

*Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines

PA – Prior authorization

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

Non-urgent Care – Routine appointments for non-urgent conditions.

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

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

PROVIDER TRAINING CORNER

Community Resources for Provider Training Opportunities

To learn more about upcoming training opportunities in our community, please visit the new Provider Resources for Training and Technical Assistance Opportunities section of our website [here](#).



WE WANT TO HEAR FROM YOU!

If you would like to be featured in the Alliance newsletters or have a story idea or a topic that you would like to see covered in the Alliance Provider Pulse newsletter, please contact us.

Provider Services Department

Email: providerpulse@alamedaalliance.org

Phone Number: **1.510.747.4510**

ALL FEEDBACK IS WELCOME!

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