HEALTH CARE QUALITY COMMITTEE
8/18/2023
Remote via Microsoft Teams

Committee Member Names and Titles	Specialty	Present
Steve O'Brien, Chief Medical Officer		X
Aaron Chapman, MD, Medical Director, Alameda County Behavioral Health Care Services	Psychiatry	X
Wesley Lisker, MD, Kaiser Permanente	Nephrology	X
Tri Do, MD, Chief Medical Officer, Community Health Center Network	Internal Medicine	X
Felicia Tornabene, MD, Alameda Health Systems	Internal Medicine	X
James Florey, MD, Chief Medical Officer, Children First Medical Group	Pediatrician	X
Sanjay Bhatt, MD, Medical Director of Quality, Alameda Alliance for Health	Emergency Medicine	X
Peter Currie, MD, Senior Director, Alameda Alliance for Health	Behavioral Health	X
Donna Carey, MD, Medical Director of Case Management, Alameda Alliance for Health	Pediatrician	X
Michelle Nepomuceno Stott, RN, MSN, Senior Quality Director, Alameda Alliance for Health		X
Rosalia Mendoza, MD, Medical Director, Utilization Management, Alameda Alliance for Health		

Alliance Staff Member Names and Titles	Present
Angelica Glasco Olivares, Behavioral Health Case Management Navigator	X
Angela Moses, Quality Review Nurse	X
Ashley Asejo, Clinic Quality Programs Coordinator	X
Beverly Juan, MD, Medical Director, Community Health	X
Bob Hendrix, Quality Improvement Project Specialist	X
Christine Rattray, Quality Improvement Nurse Supervisor	X
Dennis Mullenix, Behavioral Health Triage Specialist	X
Diana Fajardo, Behavioral Health Triage Specialist	X
Farashta Zainal, MBA, Quality Improvement Manager	X
Fiona Quan, Quality Improvement Project Specialist	X

Gil Duran, Population Health and Equity Manager	X
Grace St. Clair, MS-HCA, Director of Compliance & Special Investigations	X
Helen Lee, PharmD, MBA, Senior Director of Pharmacy Services	X
Hellai Momen, Quality Review Nurse	X
Hermine Voskanyan, ABA Analyst	
Homaira Momen, Quality Review Nurse	X
James Burke, Lead Quality Improvement Project Specialist	X
Jaymelee Chambers-Skondin, RN, Manager Long-Term Care	X
Jennifer Karmelich, Director Quality Assurance	X
Jessica Jew, Population Health and Equity Specialist	X
Jessica Pedden, Quality Analytics Manager	X
Julie Anne Miller, Senior Director of Health Care Services	X
Kathy Ebido, Senior Quality Improvement Specialist Nurse	X
Kisha Gerena, Accreditation Manager	X
Lao Paul Vang, Chief Health Equity Officer	X
Lily Hunter, Director of Social Determinants of Health	X
Linda Ayala, MPH, Director of Population Health	X
Loc Tran, Manager Access to Care	X
Matt Woodruff, Chief Operating Officer	X
Mao Moua, Manager, Cultural and Linguistic Services	X
Megan Hils, MPH, Quality Improvement Project Specialist	X
Richard Golfin, III, Chief Compliance Officer	X
Rosa Reyes-Quintanilla, Disease Management Health Educator	X
Rosa Sanchez, Facility Site Quality Improvement Coordinator	X
Sangeeta Singh, Quality Improvement Project Specialist	X
Tanisha Shepard, Quality Improvement Project Specialist	X
Other Participants	
Community Members in Attendance	
None	

Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
Call to Order	S. O'Brien	The meeting was called to order at 9:00 a.m.		
1. Chief Medical Officer Alameda Alliance Update	S. O'Brien	• This is the first HCQC of the fiscal year. A lot of growth is happening at the Alliance. - Continued expansion of CAL-AIM. - Single Plan Model beginning in January. - Preparing to become a Medi-Cal DSNP plan in 2026. • Name change to Quality Improvement Health Equity Committee (QIHEC) will begin the next meeting. • CAL-AIM is focused on quality performance. - Increase push to improve quality rates and accountability to deliver quality of care. - The standards have been elevated this year, and our rates will linked to our quality scores. - You will soon hear more about efforts to boost quality and how we can collaborate with your providers. - In the current fiscal year, our primary focuses are quality and health equity. • M. Stott added that we have a lot of measures that we are held accountable for this year because of the financial impacts we have. We have to make great strides towards quality and are working hard towards that this year.		
2. Follow-Up Item from May 19, 2023	S. O'Brien	**<u>Redetermination Process Overview</u>** • During the COVID State of Emergency, people did not have to re-enroll for their Medi-Cal. - This has now restarted in June and as of July, there has been a significant increase in re-enrollment.		

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		- Our current membership is currently 350,000, and we are expected to gain 75,000 members in January from Anthem. - We are expecting total enrollment to decrease due to reenrollment qualifications or those who will not re-enroll in Medi-Cal. - Increase efforts made across the County and State to make sure people re-enroll. **Comments:** J. Florey: Our company has not lost anyone. Re-enrollment is up 50 kids.		
3. Policies and Procedures	S. O'Brien	**Policies and Procedures** Policies approved through e-vote. <u>Quality</u> QI-107 - Appointment Access and Availability Standards QI-135 – Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) <u>CMDM</u> UM-16 – Transportation Guidelines CM-04 – Care Coordination Services CM-08 – SPD HRA Survey and Interventions CM-020 - Health Information Form Member Evaluation Tool (HIF/MET) CM-029 - Developmental Disabilities CM-033 - Home and Community Based Services (Waiver Programs) – DDS CM-034 - Transitional Care Services <u>CM</u>		

Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
		CM-009 – ECM Infrastructure CM-010 – ECM Member Identification & Grouping CM-011 – ECM Care Management & TOC CM-013 – ECM Oversight Monitoring & Controls CM-014 – ECM Operations Non-Duplication CM-016 – ECM Staffing <u>HCS</u> HCS-015 – ECM Outreach & Member Engagement HCS-020 – ECM IT & Data Sharing <u>UM</u> UM-003 - *Concurrent Review and Discharge Planning Process UM-005 -*Second Options UM-016 – Topical Fluoride Varnish UM-018 - Targeted Case Management (TCM) and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (Medi-Cal for Kids and Teens) UM-023 – Communicable Disease Reporting and Services UM-030 – Referrals to the Supplemental Food Program for Women, Infants & Children (WIC) UM-035 – Care Coordination-Vision Services UM-046 – Use of Board-Certified Consultants UM-048 – Tirage and Screening Services UM-050 - Tracking and Monitoring of Services Prior Authorized UM-053 - Breastfeeding: Lactation Management Aids UM-056 - Standing Referrals UM-057 – Authorization Service Requests UM-069 – CGM Monitoring Equipment UM-063 – Gender Affirmation Surgery and Services UM-071 – Major Organ and Bone Marrow Transplants		

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		CBAS CBAS-001 – Initial Member Assessment and Reassessment for CBAS Eligibility CBAS-002 – Expedited Initial Member Assessment for CBAS Eligibility CBAS-004 - Member Assignment to a CBAS Center PHM PH-001 - Population Health Management Program PH-002 - Basic Population Health Management PH-003 - Risk Stratification and Segmentation		
4. Approval Committee Meeting Minutes	S. O'Brien	**Committee Minutes – Approved by e-vote.** • HCQC – May 19, 2023 • IQIC – July 19, 2023 • A&A Meeting – May 5, 2023 • CLS Meeting- May 2, 2023/July • UMC– May 26, 2023/June 30, 2023/July 28, 2023		
5. CHCN presentation: CHCN HEDIS Updates and Best Practices	T. Do H. Roth	**CHCN HEDIS Updates and Best Practices** • CHCN is a network of 8 Federally Qualified Health Centers • CHCN has been doing a lot of work around quality and health equity and can go over the health equity efforts in a future meeting if needed. • Internally, there was a recent consolidation of the Quality, Analytics and Health Informatics teams under the Quality Department. - Intention is to collaborate on how to improve quality scores.	Share Slides with attendees	

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		• Adding a value-based care team to support APM (Alternate Payment Model) work. We believe it is a better model than the current reimbursement system. - APM will help better align our providers priorities away from productivity and move into quality. - Joining a Medicare ACO. • CHCN represents the following health centers. - Asian Health Services (AHS) - Axis Community Health - Bay Area Community Health (BACH) - La Clinica de La Raza - Lifelong Medical Care - Native American Health Center - Tiburcio Vasquez Health Center - West Oakland Health • 350,000 patients across all health centers. Over 200,000 Medical Managed care members. • H. Roth walked through CHCNs rates. • Ongoing interventions. - CDC LE9: DM workshops or educational group visits including medication management have been successful across health centers. Using gap in care for continuous outreach throughout the year has been successful. It helps to understand how many members are needed to meet performance and how to conduct targeted outreach. - Peds measures (W15, W30, CIS, IMA): Using gap in care outreach as well as a back-to-school push. Back to school time has been more successful with our pediatric measures. Combining this outreach with incentives has also been a success. Expanding available slots is something used for immunizations.		

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		- BCS: Mobile mammography with incentives have been great for health centers. Barrier identification surveys where patients are being asked why they didn't show and what the barriers are. Great information was collected to understand why the no-shows happen. A big reason was transportation, so we are now working with Lyft to help get patients in for their screenings. • H. Roth shared the performance growth spotlighting health centers. • Intervention Highlights: Wanted to highlight interventions that have been successful. - CCS: o Provider pap clinic days and pap-a-thons. o Women's health incentives (gift cards) o Waitlist for "no shows" to easily schedule those who call in. - WCV: o Gap in care list outreach with text reminders. o Age specific messaging. Catered messages specific to age groups. (Well-Child vs. Annual well visit) o Patient incentives - CBP: o Provider education sessions and huddles help with updates from the American Heart Association. o Patient HTN clinics with regular cadence. o Pharmacy involvement for medication questions and adherence. o Nutrition referrals. o Relying on RPM (Remote Patient Monitoring) for integrated cuffs due to barriers in staffing.		

Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
		• QI team best practices (non-measure specific) - Annual HEDIS Palooza. Opportunity for collaboration and sharing of best practices. - Tableau/data training for new staff members - QI fundamental and PDSA Training for new staff planned for the Fall and to continue for all new staff members. - Monthly forum for QI and QI-adjacent team members. Dream team meeting with all health centers. - Technical Assistance as needed for new measures such as FUM. - Health Center PSDA Support ad-hoc • F. Tornabene asked: Can you share more about your RPM program? - H. Roth: We do not have a specific RPM program. For CBP most health centers have their own RPMs that they use for monitoring. Goji is a successful RPM. Care Signal is used for CBP and CCS. For CBP it's helpful for patient outreach also with integrating BP readings into the EMR. Each one operates differently. Every health center relies on their own RPM and we support them as needed. - M. Hart added that the biggest challenge is the staffing resources required to help keep these programs going. Whenever we can use technology to help with integration and help decrease staff time, you're always going to need a person-to-person follow-up. This doesn't solve patient issues but working with care teams to use their devise is really what's needed. Making sure we can provide continuous staffing really makes a difference. • D. Carey asked: Which clinics are doing the remote BP monitoring? - M. Heart shared that all CHCN Health Centers are using them in some way/shape/form.		

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		- Everybody has their own program. - Monthly touch base meetings to learn from each other. • Areas of opportunity and assistance - FUM: o Managing data requirements. o Ensure a follow up is happening. o Trying to forge a deeper relationship with the transition of care RNs and Behavioral Health who are both at capacity. o Improving partnership with AHS. o Claims data is now being received. - CCS: o Increasing care team staff. o Improving outreach, scheduling, and appointment availability. o Partnering with the operations team. o Extended hours program. o The challenge is due to the large denominator. - WCV: o Exploring strengthening school-based partnerships to target older adolescents (18-21). o Critical to expand outreach efforts. - LSC: o Pilot point of care lead testing. o Improving relationship with Quest diagnostics. • T. Do mentioned that given the increased focus from DHCS on penalties, we are convening a group of CMOs, QI Committee, COOs, Quality Teams and Behavioral Health directors in a very focused session on how to close gaps. **Discussion from the meeting chat:**		

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		T.Do: We've also received funding from foundations for CBP to support health centers with high proportions of communities of color (eg, West Oakland). Very helpful for focused efforts to improve HTN control.		
6. QI Workplan	M. Stott S. Bhatt	**<u>QI Workplan Overview</u>** • M. Stott shared the 2023 QIHE Workplan snapshot. - Snapshot is included in the meeting packet. - Highlights some of the scope of our Quality-of-Care programs as well as Health Equity and Population Health activities. - S. O'Brien added, there is an increasing amount of work that is going into the facility site reviews for preventive care because other programs are sunsetting (i.e. CHDP). Significant portions of the responsibility are going to be under the facility site review so as an organization, are looking at that and what we need to do in terms of accommodating those increasing tasks. • Population Health & Equity. - A lot of focus had been on the development of Population Health management strategies and population needs assessment. - Collaborating with the counties. - Creating a strategic framework in which information is being socialized. - PHM Strategic goals that have been coordinated internally. • P4P Timeline - S. Bhatt included that the QI workplan is a working document that shows quarter over quarter progress. - S. Bhatt went over the P4P timeline.	Presentation slide included in packet.	

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		- We are actively in the process of looking at data to determine what metric we should include in next year's 2024 P4P Program.
		- 65% of our metrics are HEDIS related, and the remaining are non HEDIS related.
		- Last 2 years we had a budget of about $5 million. Each year, about 50-55% of the overall pool is in payouts.
		-
		- In December 2023 we will email the P4P Guide. Printed copies are available.
		- Webinars will happen in January 2024
		- Pay out in September 2025.
		- What's working and not working for the P4P Program?
		  o Are you involved in internal P4P Programs?
		  o How can Alliance help Facilitate the P4P Program?
		  o S.O'Brien: what could make the P4P program more impactful in moving quality outcomes?
		  o T. Do commented: One thing that can be effective is to just have the Quality data available to providers and Health Centers on a monthly basis that way they can react to it and adjust on an ongoing basis.
		  o T. Do: Another topic of discussion is whether the amounts of the P4P are sufficient. This could get in the way of Quality. It seems that to change the priority from Productivity to quality - all the incentives need to be large enough to move in the direction from productivity to quality.
		  o P4P programs in general, the health centers that have the highest risk patients are going to have the lowest measures meaning no incentive funds.		

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		Those who have the most vulnerable patients need the boost. o F. Tornabene added, this point is something that comes up on the technical side but it's really around the many different metrics specifications (Start and end time of the measurement periods, numerator, and denominator of different rates depending on the program) It can be very confusing and effect what the improvement teams focus on. It is an added challenge. o S. Bhatt: Around quality data, it's one of the reasons we meet regularly with each of the teams to share that data. We can change the frequency as needed. o In terms of P4P program amount, we are looking at some other programs in the CA region. Discussing with other plans what the appropriate percentage amount is. o For the highest risk members, we look at our data on a regular basis to identify who/where are our sickest patients. What are programs and partnerships we can form to ensure that those high-risk members are receiving the appropriate care. o On metrics, we brought this up to DHCS on the number of metrics. They are starting to have better overlap around the metrics. o M.Stott: Around data, we are creating a provider profile. Looking at what type of report are valuable to providers. What would help in terms of driving performance?		

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		○ Practice coaching programs in clinics using a QI organization. ○ A lot of different measures, what are the shared measures that are the most impactful so that there should be an aligned focus. ○ J. Florey: We would benefit by having monthly metrics beginning in March. I don't believe it requires a meeting. Stick with quarterly plan. We are going to begin expressing our metrics both in a percent complete for a measure and also using a hypothetical dollar distribution (dollars earned and dollars left on the table) It turns out dollars have way more valence than percents do. Our data is more compelling in percents for our management and in dollars for our providers. ○ I want to encourage the Alliance and their relationship with HIE to emphasize the importance of getting HEDIS based data sets out of the HIE not just point of care information. ○ I reinforce the request about re-examining the dollars in P4P. This is unique with the Alliance. P4P dollars have become relevant across the industry. ○ I strongly encourage senior leadership and quality teams to engage with UCSF and Stanford to see to it that incentives can reach the level of performance for the doctor. ○ I would also encourage the use of public service announcements and churches to send the message about the importance of preventative medicine. ○ For pediatrics: Annual exams instead of well-child exams. It can be confusing for members.		

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		○ I think that it would be very interesting if we got some demographic distributions of the HEDIS performance metrics. Identify which ethnic group is doing well. ○ S. O'Brien: this is worthy of a lot more conversation. How do we double down our investment in Quality and what are the metrics? The actual providers have to be motivated in some way to drive change at a provider level. **Discussion from the meeting chat:** J.Florey: I left out a really important insight. We appreciate that MD/PCP is top of hierarchy, but PCP is not the driver of HEDIS performance. PCP if not motivated by money, is considered a barrier but not a driver. The front office appt scheduling and back-office MA drive HEDIS completion and should be rewarded. Another insight re W30A is that we have to decouple HEDIS from CHDP and Bright Futures. HEDIS is 6 visits in 15 months without regard to the recommended periodicity incentivized by CHDP, which is going away.		
7. HEDIS Results	F. Zainal	Farashta highlighted the following: • Rates above MPL • Number to treat to get to MPL. • Concerns about meeting MPL for the year. ○ FUM (282 members to treat) ○ W15 (268 members to treat) ○ WCV (20,875 members to treat) ○ CCS (8,065 members to treat) 1:22 • FUM ○ 2023 – lower than we were last year at this time.	Presentation slide included in packet.	

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		○ Area of concern. Trying to figure out how to support follow-up visits. • WCV 0-15 ○ Below MPL last year. ○ Slightly lower than last year. ○ Last year the numbers included Kaiser numbers. Which Kaiser usually doesn't submit their numbers until the end of the year. ○ We are probably around the same rate as last year after Kaiser. ○ Supplemental data is really needed from providers so we can include that in our data. • LSC ○ Doing better than last year. • CBP ○ Rates are far above where we were last year at this time. • CCS ○ Under MPL. ○ This measure is a 3–5-year measure. ○ A lot of women stopped going 3/5 years ago due to the pandemic. • Quality Improvement Projects. ○ 2 focus areas: Provider focus and Member focus. ○ Provider: – Education/Webinars – 1:1 Provider Meetings – Provider Newsletters – Incentive programs -P4P -Extended office hours (CCS,WCV)		

Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
		-Staff incentives up to $1000 – Member outreach support (First 5) o Member: – Education – Outreach calls – Birthday Card reminders (CCS/WCV) – Member newsletters – Member incentive programs. **<u>Discussion from the meeting chat:</u>** A.Chapman: Are you getting timely information about Mental Health ED Visits? We struggle with timely information in ACBH. Often we don't know until the patient tells us. - S.Bhatt: we do have close to read time ADT (admission / discharge / transfer) data; we have been talking to Karen and the ACBH QI Team about data sharing to move this metric...happy to talk more about this -F.Zainal: We were using ADT reports and discovered that we were not getting timely information for ED, we decided to use claims data to learn who was in the ED for the FUM/FUA measure which captures significant more members -A.Chapman: Sanjay, we continue to have challenges obtaining discharge summaries from psych hospitalizations. Any support in this area would be appreciated. Hallie and Dr. Khush Grewal have been working on this for some time now. J. Florey: We have also discovered that frequency of claims submission varied at the extremes. It was noted that practices and systems do not know how to account accurately for cap payments and various additional incentives such as Prop 56, P4P, ACEs screening,		

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		etc to have a more accurate and incentivizing understanding of %RVS they are receiving from AAH patient care. Finally, UCSF and BCH-O have explicitly refused even no downside VBC with us, repetitively, with each new admin. They are almost entirely focused on community at a pipeline to FFS tertiary care. Preventative Health at the community level is not even a dashboard for them		
8. Access & Availability Updates	L. Tran C. Gomez	• L.Tran reviewed the Timely Access Standards - All delegate providers continue to score above the 80% compliance threshold in Q1 2023. - In-office wait time had a slight increase (.9%) from Q4 2022 - Call return time AHS percentage increased 10.6%. CHCN met the compliance goal of 70% in Q1 2023 compared to previous quarters. - Overall, we see a decrease of 1.2% from Q12022 to Q4 2023. - Time to answer call: AHS and CHCN scored below the 70% threshold goal in Q1 2023. • Next steps: - Continue to track and trend rates. - Share results with delegates and directs. - Send out reminders for CG-CAHPS semiannually as well as increase onsite visits to providers. Share results with Provider Services and FSR staff for provider/staff education to identify barriers and areas for improvement. - CAPs will be sent to non-compliant providers at the direct provider level. • L. Tran went over the Q1 and Q2 2023 Geo-Access report. Questions/Comments:	Presentation slide included in packet.	

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		S. O'Brien: You mentioned AHS and CHCN Clinics. Are you reaching out to individual clinics or CHCN as a whole? Does Dr. Do know about the clinics having issues? L.Tran: With CHCN we have contacted 5 clinics already. We have been working with Teresa Ercole, Director of Compliance, to reach out and provide additional training around Timely Access Standards for the front-line staff, shared data and we provided individual reports to each clinic. • C. Gomez went over Provider Satisfaction Survey - We are contracted with SPH Analytics to conduct the survey. - Survey measures from October to December 2022. - Conducted via mail/email and phone. - Provider types that were surveyed were PCP, Specialists and Behavioral Health. • Provider overall satisfaction. 2022 had the highest overall satisfaction rate. • With regards to the overall book of business, we are higher/significantly higher in some of the categories in comparison to the other health plans measured by the vendor. • Areas of improvement are Network Coordination of Care, Call Center Service staff and Provider Relations. • Survey Results - "Did you know Provider campaign" helps to share things that we do to partner with providers and to share overall survey information. - For claims and payment. Claims teams continue to average 18-19 days for payment times. - Pay 99.9% of claims accurately in under 45 days.		

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		- For Network coordination, it went lower than we would have liked. The survey was modified to include additional questions about Behavioral Health. - Contributing factors include a provider/admin shortage and timely access. - We will continue to monitor how the scores will look now that we are in-sourcing Behavioral Health. - The provider relations team has partnered with the Utilization Management team to outreach impacted providers. - Calls have continued from Provider relations Representatives. - We have seen a reduction in hold time.		
9.Case Management Workplan Update	L. Hunter	• Transitional Care Services (TCS) - Done by case management team. - Falls under population health management focus. - TCS is the transferring from one level of care to another. (ie. Discharge from hospital to home or community-based setting) - The majority of TCS services are done by our internal Case Management Team. Some are delegated to CHCNs TCS services team. - Started January 2023 with a high volume. Volume decreased by Summer. - Case Management is responsible for providing TCS for high-risk members. As well as coordinate and verify that members receive TCS. - Next steps are to remind everyone that starting January 2024 all members can receive TCS.		

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		- Continuing to work on developing workflows and processes to take in the volume increase. Also hiring new staff in Q4. - O'Brien added CHCN is also gearing up for TCS. They have almost half of the hospitalizations. • Community Supports - The State has approved 14 community support services to date. We are at 11. - 2 are pilots. One will go live in January. Leaving a total of 12. - Short-Term Post- Hospitalization Housing and Day Habilitation Programs are still in progress. - S. O'Brien added that these are very important services. Millions of dollars are represented in these various services. These are also known as "In lieu of services". How do we utilize these services to focus on the people who need them? Who are the members who would really benefit from these services? - With all these services, there are varying methods for referral. • Enhanced Care Management (ECM) - One of our benefits is also under the Cal-AIM umbrella. - 9 populations of focus. Previously 10. Same risk population. - July, we went live with all Children and Youth. Moving forward and working with providers to make sure everything is going smoothly. - Getting ready for January 2024 when we will take on Individuals transitioning from incarceration and the birth equity population of focus. - S. O'Brien commented: The State is very interested in us increasing our participation in ECM and increasing the		

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		percentage of our eligible members who are enrolled. How do we add more providers? How can we help more members have more access to ECM?		
10. Potential Quality Issues	A. Moses	• A. Moses presented the Q1 Clinical PQI Review. - The reason we do this audit is to ensure accurate and appropriate clinical documentation, monitoring and oversight of various Quality issues. We want to make sure we evaluate and appropriately assign/identify an intervention. All Quality-of-Care cases are audited by the Senior Director of Quality at a weekly review meeting. - 60 cases are always reviewed. - 98% Compliance rate for Q1 2023. Goal is 90% - Audits on 4 RN Reviews. Things that are looked at include. o Timely Resolution with 120 days o PQI Type Appropriately classified. o Assessment of problems and grievances. o Planned investigations. o Interventions carried out according to the plan. o Evaluation & Resolution. - The pass rate is greater than 90%. - Re-training is needed if less than 90% of the result. • S, Bhatt added: This is the report we put forward every quarter. • S. O'Brien commented: the state takes PQIs very seriously, they want to make sure we are looking at them, in particular the ones related to Clinical Quality.		
11. FSR Update/CAP	K. Ebido	Facility Site Review (FSR) • S. O'Brien added: Facility Site Review is going to have an increase in responsibility and added scope.		

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		• M. Stott: There is the tie in with CHDP as well as looking at documentation of trainings for the preventative screenings during the FSR visits. • S. Bhatt added: As we become a single plan model, we will be responsible for those expanded Facility Site Reviews. • K.Ebido: We will be gaining about 30-35 sites that were previously assigned to Contra Costa Health Plan and Anthem Blue Cross. • Reviews submitted to State: FSR Full Scope, MRR (Medical Record Review) Full Scope, Focused MRR and Interim Monitoring. Scores are submitted to the State and shared to other Health Plans if they share the same provider. - More site reviews were done in Q1 than Q2. - Interim n=monitoring are reviews done in between the full scope audit as an opportunity to educate the providers if they scored low in previous audits. - Failed Reviews: for full scope. 79% or below. When the provider fails, we close new membership e enrollment. - If a provider does not close a CAP timely then we freeze their panel. - CAP responses need to be received by us within 30 days of the audit report. • No CAPs were opened for more than 120 days. • The State has some leeway for providers to request extensions that we can grant. • When we complete the exit meeting, we tell them about new member holds. • S.O'Brien Added: there are changes coming up as Cal Aim has grown and the State has a focus on Managed Care plans. Other programs that are decreasing in size or sun setting. We are looking actively and planning for other programs to focus on. A lot of work will be done in the FSR area.		

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12. Behavioral Health Update	P. Currie S. Bhatt	Moved to the next meeting.		
13. Compliance Update: Audit Update - DMHC / DHCS / Other	G. St. Clair	Moved to the next meeting.		
1. Public Comment	S.O'Brien	Julie Ann Miller will be retiring in November. This is her last HCQC Meeting.		
2. Adjournment	S.O'Brien	S.O'Brien adjourned the committee meeting at 11:00 a.m.		

X_____ <click to insert a date>
Dr. O'Brien
Chief Medical Officer
Chair

Minutes prepared by: Ashley Asejo, Clinical Quality Programs Coordinator