ACCESS AND AVAILABILITY SUBCOMMITTEE

August 3, 2023

Teams Conference, 1pm – 2:30pm

Member Name and Title	Present	Member Name and Title	Present
Dr. Steve O'Brien, MD, Chief Medical Officer	X	Kisha Gerena, Manager, Grievances and Appeals	
Matthew Woodruff, Chief Operating Officer		Donna Ceccanti, Manager, Peer Review and Credentialing	
Julie Anne Miller, Director CM/UM	X	Gia Degrano, Director, Member Services	
Loc Tran, Manager, Access & Availability	X	Jennifer Karmelich, Director, Quality Assurance	X
Dr. Sanjay Bhatt, MD Quality Improvement Medical Director	X	Darryl Crowder, Director, Provider Services	
Dr. Beverly Juan, MD, Medical Director	X	Dr. Rosalia Mendoza, UM Medical Director	
Homaira Momen, Quality Review Nurse, Quality Improvement	X	Helen Lee, Senior Director, Pharmacy Services	X
Tanisha Shepard, QI Project Specialist	X	Linda Ayala, Manager, Health Education	
Jamisha Jefferson, Quality Programs Coordinator		Tiffany Cheang, Chief Analytics Officer	X
Farashta Zainal, Manager, Quality Improvement	X	Lily Hunter, Manager, Case Management	
Cecilia Gomez, Manager, Provider Relations	X	Rosa Sanchez, Facility Site Quality Improvement Coordinator	X
Fiona Quan, Quality Improvement Project Specialist	X	Judy Rosas, Manager, Member Services	X
Dr. Currie Peter, Senior Director, Behavioral Health		Michelle Stott, RN, Sr. Director of Quality	X
Kathy Ebido, Senior Quality Improvement Nurse Specialist	X	Richard Golfin III, Chief Compliant Officer	
Christine Rattray, Supervisor Quality Improvement		Bob Hendrix, Quality Improvement Project Specialist	
Hellai Momen, Quality Review Nurse, Quality Improvement		Jessica Pedden, Manager, Quality Analytics	
Heidi Torres, Quality Programs Coordinator	X	Michelle Florian, Compliance Auditor, Delegation Oversight	X
James Burke, Lead Quality Improvement Project Specialist		Marie Broadnax, Manager, Regulatory Affairs & Compliance	X
Sangeeta Singh, Quality Improvement Project Specialist		Angela Moses, Quality Review Nurse	X
Katherine Goodwin, Supervisor, Health Plan Audits	X	Grace St. Clair, Director, Compliance & Special Investigation	
Lisha Reamer-Robinson, Manager, Compliance Audits, Investigation		Mao Moua, Manager, Cultural and Linguistic Services	X
Gil Duran, Manager, Population Health & Equity		Megan Hils, QI Project Specialist	

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I. Welcome/ Introduction	L. Tran	The meeting was called to order by L. Tran	N/A	
II. Agenda Review	L. Tran	L. Tran reviewed agenda topics to be discussed	N/A	
III. Approved Minutes from 05.03.23	L. Tran	E-vote approved 7/25/2023	N/A	
IV. Follow-up Items from 05.03.23	L. Tran	**Requests:** • To provide assessment and action plans or actions taken for the Geo-Access Time & Distance Grid • PAAS 2022 will be presented at the next A&A on 8/2/23 • Dr. Bhatt requested to ask D. Crowder if contracts with providers require them to complete the surveys. Based on D. Crowder's response, providers are required to comply with QI activities.	Completed	
V. P&P - Q1 107	L. Tran	L. Tran presented policy Q1-107 – Appointment Access and Availability Standards. This policy describes how the Alliance implements and maintain procedures for routine (non-urgent) and urgent care from all applicable provider types. <u>Updates:</u> • Reformatted our Timely Access Standard table for first prenatal appt. within 10 business days. • J-13 comment letter updates our P&P to mirror DMHC definitions for "Appointment Waiting Time" and "Preventative Care". Compliance has reviewed it and it will be brought up for approval during today's meeting. **Committee Vote to Approve: 2 approvals / no objections**	N/A	
VI. DHCS Preliminary Audit Report	M. Florian	M. Florian presented. Compliance is still waiting for the preliminary audit report for the 2023 DMHC audit and will present that information once received. There was a request from DMHC for A&A items on their survey questionnaire for the 2021 follow up survey.	N/A	

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VII. MY 2022 PAAS Report	L. Tran	L. Tran went over the presentation slides for the 2022 Provider Appointment Availability Survey (PAAS) Results. The survey for MY2022 was conducted in August-December 2022. Consistent with the DMHC MY2022 PAAS Methodology the Alliance's MY2022 PAAS was used to assess appointment availability wait times for the following five provider types:
		
		• Primary Care Providers (PCPs)
		• Specialists Physicians:
		  ○ Cardiology
		  ○ Endocrinology
		  ○ Gastroenterology
		• Non-Physician Mental Health (NPM) Providers (PhD-level and Masters-level)
		• Ancillary Services Providers offering Mammogram and/or Physical Therapy
		• Psychiatrists
		
		<u>Compliance Rates</u>
		• The compliance rate goal for Urgent and Non-Urgent Appointment is 75%. For MY2022 Ancillary, there was a -10.7% decrease for IHSS and Medi-Cal LOB compared to 2021. However, we still met the goal rate and had a 83.3% overall.
		
		• For IHSS PCPs there was a -24.1% decrease in urgent appt and a -16.8% decrease for non-urgent compared to 2021. For Medi-Cal LOB there was a -21.6% decrease for urgent and -14.1% decrease for non-urgent compared to 2021 and we did not meet the 75% goal rate.
		
		• For IHSS NPMH urgent, there was a -7.6% decrease but an increase of +2.2% for non-urgent compared to 2021, For Medi-Cal LOB there was a -3.5% decrease in urgent but a +9.9% increase for non-urgent compared to 2021. For routine appt there was an overall total of 87.8% for IHSS and 87.6% for Medi-Cal LOB meeting the 75% goal rate. For IHSS urgent we fell below goal rate and had a 73.8% but for Medi-Cal we met the goal rate at 76.6%.
		
		• For IHSS Psychiatrists there was -2.2% decrease for urgent appointment and a 2.2% increase for non-urgent appointment. As for the Meid-Cal LOB there was a -3.2% decrease for urgent care and a 10.3% increase for non-urgent appointment. Our overall score for urgent appointments was 58.1% which did not meet the 75%
			Review PowerPoint slides	

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		compliance rate threshold but for non-urgent we did meet the compliance rate at 85.5%.
		
		• For IHSS Specialists LOB we -1.2 decrease for urgent and a -0.9% decrease for non-urgent appointment. For Medi-Cal LOB we had a 0.3% increase for urgent and 0.2% increase for non-urgent appointments. Overall, there was a 45.3% compliant rate for urgent appointment and 55.9% compliant rate for non-urgent appointment. We did not meet the complaint rate for our specialists for urgent and non-urgent.
		
		Provider Response Rate
		For MY2022 across the board we have a decrease of ineligible providers compared to 2021. The only area where we see an increase ineligible provides is NPMH. As for non-responsive we see an increase across the board for MY2022.
		
		• For *Ancillary* we surveyed 42 providers in 2022:
		24 providers were Eligible
		  ○ 4-non-compliant for non-urgent appointment
		  ○ 20 compliant for non0urgent appointment **83.3%**
		• 10 providers were non-responsive
		  ○ 6 providers did not answer the phone
		  ○ 4 providers declined to answer the survey
		• 8 providers were Ineligible
		  ○ 4 Ineligible – Contact information issue
		  ○ 2 Ineligible – Provider does not offer appointments
		  ○ 2 Ineligible – Provider not in Plan Network
		
		• For *Primary Care Physician* 895 providers were surveyed in 2022:
		542 providers were Eligible
		  ○ 29 providers are out on leave
		  ○ 235 non-compliant for urgent appointment
		  ○ 278 compliant for urgent appointment **54.2%**
		  ○ 148 non-compliant for non-urgent appointment
		  ○ 365 compliant for non-urgent appointment **71.2%**
		• 181 providers were non-responsive
		  ○ 92 providers did not answer the phone		

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		○ 89 providers declined to answer the survey • 172 providers were Ineligible ○ 18 Ineligible – Contact information issue ○ 11 Ineligible – Provider does not offer appointments ○ 10 Ineligible – Provider listed under incorrect specialty ○ 13 Ineligible – Provider not in County ○ 102 Ineligible – Provider not in Plan Network ○ 18 Ineligible – Provider retired or ceasing to practice **Question** Dr. O'Brien: So out of all the PCPs that were eligible, half were compliant, and half were non-compliant, so those numbers where there were significant changes and dropped from previous year. That's substantial, are there reasons for the drop? **Answer** Loc explained that based on our virtual and on-site visits, we've noticed staff shortages with our providers across the board or they can't hire providers soon enough so there's a lack of providers in some areas. **Feedback:** Dr. O'Brien – Because there has been a significant drop from year to year, that is what the focus should be and the research should start with that and primarily just that. It's a big deal and great information. Dr. Bhatt – Suggested that we do a deeper dive into that 14% that past last year but failed this year, and then maybe reach out to those providers/delegates and discuss what the change was year to year. Once you do that with that 14% you will start to see some trends. L. Tran continued with the presentation, • For *Non-Physician Mental Health* 327 providers were surveyed in 2022: 327 providers were Eligible ○ 60 providers are out on leave ○ 66 non-compliant for urgent appointment ○ 201 compliant for urgent appointment **75.3%** ○ 33 non-compliant for non-urgent appointment ○ 234 compliant for non-urgent appointment **87.6%** • 196 providers were non-responsive ○ 101 providers did not answer the phone		

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		○ 95 providers declined to answer the survey • 174 providers were <u>Ineligible</u> ○ 21 Ineligible – Contact information issue ○ 4 Ineligible – Provider does not offer appointments ○ 19 Ineligible – Provider not in County ○ 102 Ineligible – Provider not in Plan Network ○ 28 Ineligible – Provider retired or ceasing to practice • For Specialists, 1551 providers were surveyed in 2022 610 providers were Eligible ○ 30 providers were out on leave ○ 317 Non-Compliant for urgent appointment ○ 263 Compliant for urgent appointment **<u>45.3%</u>** ○ 256 Non-Compliant for non-urgent appointment ○ 324 Compliant for non-urgent appointment **<u>55.9%</u>** • 538 providers were Non-Responsive ○ 207 providers did not answer the phone ○ 331 providers declined to answer the survey • 403 providers were Ineligible ○ 91 Ineligible – contact information issue ○ 29 Ineligible – provider does not offer appointments ○ 10 Ineligible – provider listed under incorrect Specialty ○ 42 Ineligible – provider not in county ○ 189 Ineligible – provider not in Plan Network ○ 42 Ineligible – provider retired or ceasing to practice **<u>Challenges:</u>** • Provider retirement • Provider and staffing shortage • Provider no longer in plan network • Incorrect provider contact information • Outsourcing call center **<u>Next Steps:</u>** • CAPs for non-compliant and non-responsive providers		

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		• Send out biweekly fax-blast 2 months prior up to the survey period • Onsite office visits to provider not meeting Timely Access year over year • Ongoing provider education and delegate JOM discussions regarding timely access standards • Access and Availability will collaborate with Analytics and Provider Services to reconsolidate provider data, and thus to decrease the number of ineligible providers • Providers incentive to extend office hours, focusing on improving access to care **<u>Overview of MY2023 Changes</u>** For PAAS 2022 we had three (3) Specialists, Cardiologists, Endocrinologist and Gastroenterologists. For PAAS 2023 we added 7 additional Specialties: ○ Dermatologists ○ Neurologist ○ Oncologists ○ Ophthalmologists ○ ENT ○ Pulmonologists ○ Urologists		
VIII. Q1 2023 DHCS QMRT Dashboard	F. Quan	Fiona went over the Q1 2023 DHCS QMRT Timely Access Study slide which is similar to our PAAS report that surveys our providers for urgent and non-urgent availability. We received the data in July and are still drafting the CAPs so they haven't been issued yet, but a total of 256 providers were surveyed during this quarter. There were no specialists surveyed, but 102 PCPs, 102 NPMH and 52 Ancillary providers were surveyed. For Quarter-over-Quarter compliance rate we did drop a couple percentages from Q4 2022. But on the total responses in Q1 2023 we had more providers that responded to the QMRT survey.		
VIII. Q1 2023 CG-CAHPS Report	T. Shepard L. Tran	T. Shepard went over th L. Tran went over Time Access Requirement (TAR) Survey. This ensures that we are providing the necessary interpreter services as required by DHCS. Currently with our CGCAPS we do capture survey question b. Availability of interpreters who speak my preferred spoken language. However, the state wants us to add: 1. scheduling of appointments w/an interpreter	Dr. Bhatt suggested, a deeper dive into the TAR survey and look into all those nuance questions. If press ganey is saying 3000 will meet our requirements	

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		2. knowledge, skill, and quality of interpreter. This is a new survey that will be translated/conducted in 15 languages and not just our current threshold languages. Mao added that we decided to field a separate survey too because the methodology is very specific. We are definitely taking a more detailed look to ensure we are meeting the requirement. When the data was reviewed and who was going to be surveyed, we felt that the CGCAHPs may not capture the methodology that they are asking for. This survey is sent randomly throughout our current membership.	that means those requirements exists and they've done an analysis. It would beneficial to hear what those requirements are especially for the Analytic/Provider Relations would gather. They could identify members who are non-english speaking or have a history of using interpreter services and provide that information to press ganey.	
IX. Access CAP Dashboard	F. Quan	F. Quan reviewed the Q3 2022-Q2-2023, we issued a total of 434 CAPs, PAAS being the highest because we just received the report and issued the CAPs. QMRT, PQI and CG-CAHPS are quarterly and monthly surveys. There are currently 214 CAPs open, PAAS being the majority. We have closed a total of 241 CAPs. Doing a lot of onsite and virtual visits helped to close those CAPs. Going forward we will continue our onsite and virtual visits.		
X. Quality of Access PQI Referrals Dashboard Q2 2023	F. Quan	F. Quan reviewed the QOA PQI Referrals for Q2 2023. We received 722 CAPs, majority for non-urgent appt availability issues 416, time to answer was 141. There were 13 BH cases received, no outstanding QOA and none exceeding 120 days. The oldest PQI is 71 days, we are waiting for PR to provide updated contact information. For tracking and trending for Q2 2023 providers that trended for 2 consecutive quarters is lower than Q1 with only 77 providers this quarter, and 56 were found to be non-compliant. Next steps: • Share results w/ Delegate and Direct entities • Share results with Provider Services and FSR staff to incorporate as part of provider and office staff education for identification of barriers and improvement opportunities. • Onsite office visits to providers with high PQI referrals • CAPs to be sent to non-compliant providers • CAPs are issued at the delegate level		

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		• CAPs are issued at the direct provider level		
XI. Provider Network Capacity Report	C. Gomez	C. Gomez reported out on the monitoring of ratio of PCP to member assignment, the ratio is 1 to 2000 members. Once it hits 80 or above capacity, the report will flag so that way they can review those PCPs that reached 80 and above. Dr. Rhodora De La Cruz is at 82.45% and flagged approaching capacity. Provider Services has been working with her.		
XII. Geo Access Meeting Update	L. Tran	L. Tran reviewed the Q1 and Q2 2023 geo access report with regards to time and distance. There have been improvement with specific specialties as well as deficiencies where we don't meet both time and distance. We are working with Analytics and Provider Services to pull this data to really review the report to explain why we see changes from one quarter to another.		
XIII. FSR Update	K. Ebido	K. Ebido reviewed the FSR/MRR slide. By count shows how many audits have been done. For Q1 32, Q2 36. For failed reviews we had 2 for Q1 which was conducted by Contra Costa Health Plan. Q2 there was 1 that failed. Audit of Initial Health Assessments		
XII. OB/GYN A&A Monitoring	A. Moses	A. Moses reviewed the quarterly report for Q1 2023. We had 2 QOAs received, 1 provider was compliant, 1 provider was non-compliant with non-urgent appt standards. We do this because DHCS wants us to monitor the status of our OBGYN specialty carriers. For Q1 2023 WOHC: non-compliant (non-urgent apt access) and La Clinica San Antonio: Compliant (non-urgent appt access). Possibly barriers: • Language accessibility • Eligibility issues • Member knowledge of member portal navigation Next action steps: • Will continue to track and trend OB/GYN PQIs to identify areas of improvement w/specific providers/clinics to ensure timely access to prenatal care. • Will issue CAPs for 2 consecutive quarters of substantiated non-compliance. – **No CAPs issued in Q1 2023 for OB/GYN related access issues.** • Ensure Member Education on Timely Access Standards via newsletter and web portal.		
XIV. Access-Related Grievances Report	J. Karmelich	J. Karmelich reported on 2 grievance reports for Medi-Cal and Commercial line of business.		

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		Medi-Cal – Grievances resolved for Q2 2023 we had 2912 access cases majority were exempt grievances at 2,412. Majority were against the plan regarding issues with member ID cards for that quarter. We did have a 98.2% compliance rate, we are a little below for our standard grievances at 94% but close to the 95%. For grievances Filed Against, highest number is the Clinic at 1000 grievances with majority falling under timely access, provider availability, delayed in authorization and technology/telephone. The highest for the quarter were against the Plan, 948 for technology/telephone issues and that's the issue with the ID cards. The clinics with the highest number of access related grievances were the IHSS clinics with Highland Wellness Center had 121 complaints with most being under timely access, delayed authorizations, tech/telephone, and provider availability. Some clinics are not accepting new members. Hayward Wellness Center with 117 complaints, Newark Wellness had 52 complaints, Tiburcio Vasquez in San Leandro had 65 complaints and Tiburcio Vasquez Hayward had 80 complaints. **PCPs w/highest number of grievances:** • Dr. Kathryn Malone with 15 complaints mostly related to provider availability, timely access, authorization. • Dr. Gautum Pareek with 12 complaints mostly related to tech/telephone, geographic access, timely access, authorization, provider availability. • Dr. Pavani Kuruma with 10 complaints mostly related to provider availability and timely access. • Dr. Amita Sharma with 10 complaints mostly related to timely access and geographic access. • Dr. Tracey Taylor with 8 complaints mostly related to authorization, tech/telephone, timely access and geographic access. **Vendors w/highest number of grievances:** • CHME with 25 complaints mostly related to authorizations, tech/telephone and language access. • ModivCare with 14 complaints mostly related to tech/telephone access. **Tracking & Trending:** Has been consistent between Q1 and Q2 2023. Majority of complaints were tech/telephone with 948 for the quarter, 604 were due to replacement ID cards, 103 phone system issues and 101 member portal, and 141 telephone access Plan, most complaints related to reaching AAH staff, phone calls not being returned by AAH staff.		

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		Issues/Recommendations: AAH system issues – replacement ID cards continue to be the highest complaint for this category. AAH's printing vendor is currently experiencing a significant and unexpected backlog of orders for replacement ID cards. At this time orders for replacement member ID cards ma take up to30 business days. For Commercial line of business we had a total of 159 access related grievances. Majority of those grievances were closed as exempt at 135 with 24 standing grievances. Grievances filed against the clinic there were 45. Clinics with highest number of grievances: • Highland Wellness with 9 complaints mostly related to timely access, authorization and provider availability. • Tiburcio Vasquez Hayward with 4 complaints related to timely access and tech/telephone access. • Axis Community Health with 3 complaints related to authorization and timely access. • West Coast Medicine and Cardiology had 3 complaints related to authorization, language access and timely access. • West Oakland Health had 3 complaints related to timely access and provider availability. **PCPs with high number of grievances:** • Dr. Nabil Abudayeh with 2 complaints related to authorization and provider availability. • Dr. Aditya Jain, 2 complaints related to geographic access. • Dr. Pavani Kuruma had 2 complaints related to authorization. • Dr. Padmavathi Madathanapalli had 2 complaints related to geographic access and tech/telephone access. • Dr. Gautam Pareek had 2 complaints related to tech/telephone and timely access. • Dr. Henry Geoffrey Watson had 2 complaints related to tech/telephone and timely access. **Tracking & Trending:** There were 39 AAH system errors related to replacement ID cards, 7 phone system issues, 6 member portal issues and 4 telephone access to Plan (unable to reach AAH staff or phone calls not being returned). There were 124 unique grievance cases resolved during the reporting period with a total of 159 grievances including all shadow cases.		

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XV. Member Services Telephone Wait Time & Call Center Dashboard	J. Rosas	J. Rosas reported on Member Services dashboard, Blended Customer Service Results for Medi-Cal and GroupCare Q2. The dashboard shows stats for Q2, a combination of member services inbound call center as well as those just received for BH, as well as data for overflow call-center, as well as the IVR prompts. During the 2nd quarter of this year, member services dept received 57,144 calls which is the highest in dept history. Compared to Q1 of 2023, we took 3082 calls were taken this quarter than last quarter. The average abandonment rate was 22% for Q2, while the service level of calls answered within 60 sec, was 68%. Due to staffing deficits members have been longer than usual wait times to access Plans services and benefits. We have hired new MSRs, providing an upscale training to existing MSR and overflow call vendor and cross training them to handle add'l call types. Also maximizing available resources by continue to limit the amount of PTO per day, offering OT daily and scheduling mandatory 30 meal breaks during the first 3 days of the month. We are cancelling or postponing off phone activities and scheduling supervisors and support staff to help with phone calls.		
XVI. Q&A	All			
XVII. Meeting Adjournment	L. Tran	Next A&A meeting will be November 1, 2023		

Meeting Minutes submitted by: Tanisha Shepard, Quality Improvement Project Specialist **Date:**08/04/2023

Approved by: Loc Tran, Access to Care Manager **Date:**
Signed: