

**Central California Alliance for Health  
Year 2023**

**Quality Improvement (QI)  
Program Annual Evaluation**

**Date: August 2024**

QIHEC Approval Date: December 18, 2024

Alliance Board Approval Date: January 22, 2025

## Table of Contents

1.	EXECUTIVE SUMMARY .....	4
1.1.	Overall Effectiveness of the QI Program .....	4
1.1.1.	2023 Accomplishments.....	4
1.1.2.	Achievements and Strategies.....	4
	Conclusion .....	4
1.1.3.	Key functional Areas: .....	5
1.1.4.	2024 Opportunities .....	5
2.	QI PROGRAM STRUCTURE .....	9
2.1.	Evaluation of Core Staff .....	9
2.2.	Evaluation of Reporting Relationships.....	10
2.3.	Evaluation of Funding and Resources for QI Initiatives .....	10
2.4.	Evaluation of Physician Involvement.....	10
2.5.	Assessment of Systems .....	11
2.6.	Assessment of Delegated Vendors.....	11
3.	Member Complaints and Appeals Related to Access .....	12
3.1.	Introduction: .....	12
3.2.	Methodology: .....	12
3.3.	Goal Standards for Member Complaints and Appeals: .....	12
3.4.	Key Findings.....	12
3.4.1.	Complaints Non-Behavioral Health.....	12
	Opportunities for Improvement: .....	15
3.4.2.	Appeals Non-Behavioral Health .....	16
3.4.3.	Complaints Behavioral Health .....	18
3.4.4.	Appeals Behavioral Health.....	19
4.	ACCESS TO CARE .....	21
4.1.	Introduction .....	21
4.2.	Program Goal .....	21
4.3.	Program Objectives .....	21
4.4.	Methodology .....	22

4.5.	Program Performance .....	22
4.5.1.	Primary Care Practitioner (PCP) Performance .....	22
4.5.2.	Specialty Care Practitioner (SCP) Performance – High-Volume Specialists .....	24
4.5.3.	Specialty Care Practitioner (SCP) Performance – High-Impact Specialists .....	25
4.5.4.	Behavioral Healthcare Practitioner (BCP) Performance – Non-Prescriber: Non-Physician Mental Health .....	26
4.5.5.	Behavioral Healthcare Practitioner (BHCP) Performance – Prescriber.....	27
5.	GEO-ACCESS TO PRACTITIONERS.....	28
5.1.	Introduction .....	28
5.2.	IdealCare Provider Ratio Analysis.....	44
5.3.	IdealCare Overall Geographic Analysis .....	45
5.4.	Conclusion and Next Steps: .....	45
6.	CAHPS .....	45
6.1.	Introduction .....	45
6.2.	Objectives .....	45
6.3.	Methodology .....	46
6.4.	Results and Performance Evaluation .....	46
6.5.	Qualitative Barrier Analysis .....	51
6.6.	Conclusion and Next Steps .....	54
7.	HEDIS.....	55
7.1.	Introduction .....	55
7.2.	Results and Performance.....	55
7.3.	Barrier Qualitative Analysis .....	57
8.	2024 QI Program Initiatives.....	59

# 1. EXECUTIVE SUMMARY

## 1.1. Overall Effectiveness of the QI Program

### 1.1.1. 2023 Accomplishments

The 2023 Quality Improvement (QI) Program at CCAH has demonstrated a strong commitment to enhancing the quality of care and achieving health equity. Here's a breakdown of its components and effectiveness:

### 1.1.2. Achievements and Strategies

- **Effective Work Plan Utilization:** The 2023 QI Work Plan was instrumental in tracking and reporting on organization-wide goals. This comprehensive approach ensured that the quality initiatives were well-defined and impactful across all areas.
- **Staffing and Resources:** The QI department was fully staffed with no open positions at this current time. Based on the assessment, the staffing was adequate to meet the needs of the program as other departments continue to provide support to the QI department.
- **Leadership and Physician Engagement:** Leadership, along with network physicians, actively participated in relevant committee meetings, offering valuable recommendations and insights. This collaboration was crucial in identifying barriers and finding opportunities for improvement.
- **Provider Grant Program/Provider Partnership program:** The multi-year Provider Incentive Program played a significant role in enhancing quality scores. It focused on innovative member engagement and interventions, aiming to deliver high-quality care. Providers were given funding to support member engagement activities.
- **Joint Operation Meetings (JOMs):** Regular JOMs with key provider groups helped to strengthen provider engagement in quality improvement initiatives. These meetings facilitated better collaboration and shared strategies for improvement. Clinic Joint Operation (cJOC) meetings and Joint Operation Committee (JOC) meetings with Hospitals are scheduled quarterly.
- **Advocacy for Increased Commitment:** Leadership advocated for a greater organization-wide focus on quality improvement. This included increasing collaboration with providers and driving member-centric engagement efforts by increasing outreach and incentives for both groups.
- **Continuous Quality Improvement Activities:** In 2023, there were several plans and activities aimed at improving:
  - **Member Access and Engagement:** Ensuring members could easily access and engage with care by maintaining a robust network of practitioners and providers.
  - **Member Experience:** Enhancing the overall experience of members through various initiatives (i.e. Outreach, incentive programs, member education, etc.).
  - **Systems and Reporting Enhancements:** Upgrading existing systems to support better care for members through case management and population health (i.e. use of gap in care reports).
  - **Data Analytics:** Leveraging advanced data analytics to drive improvements.

## Conclusion

The 2023 QI Program was successful in aligning its components to support CCAH's mission of improving member health through high-quality care. By focusing on key areas of clinical and non-clinical care, member safety, and experiences, and through active leadership and provider

engagement, the program was able to drive meaningful improvements in care quality and health equity.

### **1.1.3. Key functional Areas:**

- **Complaint and Appeal related to Access** – CCAH met all five categories, including access and the total complaint rate per 1,000 member months. When reviewing trend data, CCAH identified an increase in complaints related to non-behavioral health services. The highest complaint rates were observed in the areas of attitude and service, as well as access to care. Despite this, the rate per 1,000 member months for these issues remains relatively low. CCAH will place further focus on these areas to address the increasing trend in complaints and appeals, which impact overall member satisfaction. This will also ensure that members can access care as quickly as needed.
- **Access to Care** – CCAH's assessment found that 97% of urgent care appointments for PCPs are available within 24 hours. This exceeds CCAH's performance target of 95% which demonstrates that CCAH's network can and does accommodate its members' most pressing healthcare needs.
- **Geo-Access to Practitioners** – CCAH has met all geo-access drive and distance standards for Primary Care Providers, High Volume Specialists, and High Impact Specialists. Last year, CCAH added 304 new PCPs and 467 SCPs to the network. This improved rates of pediatricians and internal medical doctors in rural areas significantly.
- **CAHPS** – In 2024, CCAH improved all eight CAHPS scores over their respective 2017 scores. Over 80% of respondents felt that they received care quickly and nearly 90% of respondents gave favorable reviews of their doctor.
  - *Double Digit (10% or greater) Increases* – Two of the eight measures saw double digit percentage increases from 2017 to 2024. First, "How Well Doctors Communicate Composite" increased by over 11% from 81.00% in 2017 to 92.40% in 2024. And second, "Getting Care Quickly Composite" increased by over 15% from 65.10% in 2017 to 80.80% in 2024.
  - *A Caring Approach and Member Engagement* – CCAH invested heavily in training staff to have more member-centric empathy and a caring approach when interacting with members. CCAH also implemented various member engagement initiatives to demonstrate their renewed commitment to ensure members have an excellent experience. The CAHPS improvements are a direct reflection of this quality initiatives.
- **HEDIS** – Out of twelve HEDIS measures, five measures met the goal.
  - 5 Met Goal: APM, PCR, PPC-Timeliness of Prenatal Care, PPC-Postpartum Care, and POD
  - The following measures met the goal for both Merced, Santa Cruz and Monterey in 2022
    - APM – Blood Glucose Testing exceeded the goal by approximately 17 percentage points.
    - PCR – Plan All-Cause Readmissions (Observed Rate) exceeded the goal by approximately 6 percentage points.
    - PPC – Timeliness of Prenatal Care exceeded the goal by approximately 2 percentage points.

### **1.1.4. 2024 Opportunities**

While CCAH is happy with its 2023 QI Program accomplishments, CCAH has a culture of continuous improvement. This requires the organization to self-evaluate and look critically at opportunities to improve (i) internal processes and (ii) quality of services provided to its members. Included below are selected highlights of focus areas for 2024.

- **QI Program Structure** – CCAH will continue to monitor staffing resources supporting the QI program and may adjust staff as needed throughout 2024.
- **Complaint and Appeal related to Access** – CCAH will continue expanding its network by adding non-emergency medical transport vendors and telehealth services to improve access to care.

We will enhance scheduling systems, gather patient feedback, and increase network capacity through partnerships with medical schools. CCAH will also offer grants to recruit providers and improve staff training in customer service. Additionally, we will revise policies for flexible scheduling and better communication to reduce confusion and improve member satisfaction.

- **Access to Care** – CCAH has an opportunity to improve access for urgent and routine care appointments. Due to the growing network, both urgent and routine care appointment availability rates increased by approximately 3.23% from the prior year for PCP. However, there are some SCP types that did not meet the goal. Part of this challenge is attributable to that some service areas in are designated as Health Professional Shortage Areas (HPSAs) in California. It results in a limited number of specialist providers in those regions. To remediate this, CCAH intends to both (i) continue to grow its network by collaborating with UCSF and Stanford, (ii) contract with all tertiary care centers within the service area, and (iii) offers transportation benefits to members to ensure that mobility challenges or limited access to transportation barriers do not prevent members from receiving necessary care.
- **Geo-Access to Practitioners** – Geo-access standards were mostly met. CCAH seeks to continuously improve its network to provide more options for members to obtain care. CCAH will continue to recruit new providers, particularly focusing on rural areas, and offer medical capacity grants to fund specific required provider types. CCAH will also monitor its network footprint on an ongoing basis to ensure that all covered services are accessible and available within the time and distance standards.
- **CAHPS** – The CAHPS member results reflect some of the ongoing challenges already highlighted in other sections of this document. Although the network has grown, there are still challenges in accessing care, especially with specialists. CCAH intends to tackle this problem in 2024 by expanding telehealth and offering medical grants for specific provider types to aid in recruiting additional practitioners and supporting medical assistants.

Measure	2023 Valid n	2021	2022	2023	2023 PG BoB	2023 QC	Goal met
Rating Questions (% 9 or 10)							
Q28. Rating of Health Plan	420	66.40%	57.20%	59.30%	63.60%	61.20%	NO
Q8. Rating of Health Care	267	62.70%	51.30%	48.70%	56.80%	55.70%	NO
Q18. Rating of Personal Doctor	317	72.80%	68.40%	68.10%	69.20%	67.90%	NO
Q22. Rating of Specialist +	189	67.60%	72.10%	64.00%	67.40%	66.20%	NO
Rating Questions (% 8, 9 or 10)							
Q28. Rating of Health Plan	420	79.80%	76.80%	77.10%	79.30%	77.70%	NO
Q8. Rating of Health Care	267	79.10%	75.60%	72.70%	75.40%	74.60%	NO
Q18. Rating of Personal Doctor	317	82.10%	83.10%	80.40%	83.20%	82.40%	NO
Q22. Rating of Specialist +	189	77.80%	85.70%	81.50%	82.30%	81.40%	NO
Getting Needed Care Composite Score	231	85.30%	82.90%	78.90%	82.00%	81.00%	NO

Q9. Getting care, tests, or treatment	265	83.90%	82.50%	82.60%	84.80%	84.20%	NO
Q20. Getting specialist appointment	198	86.70%	83.20%	75.30%	79.10%	78.30%	NO
Getting Care Quickly Composite Score	191	84.50%	73.40%	75.90%	81.50%	80.40%	NO
Q4. Getting urgent care	131	88.20%	74.50%	82.40%	82.70%	82.00%	NO
Q6. Getting routine care	252	80.80%	72.20%	69.40%	80.40%	79.20%	NO
Effectiveness of Care							
Q31. Flu Vaccine: 18-64 (% Yes)	298	41.30%	48.00%	45.60%	41.10%	40.30%	YES
Q33. Advised to Quit Smoking: 2YR	97	69.10%	69.60%	69.10%	74.30%	72.80%	NO
Q34. Discussing Cessation Meds: 2YR +	99	42.60%	52.20%	53.50%	53.00%	51.20%	YES
Q35. Discussing Cessation Strategies: 2YR +	95	41.80%	43.30%	42.10%	47.20%	45.40%	NO
Customer Service Composite Score	132	88.90%	91.10%	87.50%	89.80%	89.20%	NO
Q24. Provided information or help	132	83.50%	86.90%	80.30%	84.50%	83.70%	NO
Q25. Treated with courtesy and respect	133	94.30%	95.30%	94.70%	95.00%	94.70%	NO
How Well Doctors Communicate Composite Score	245	89.30%	91.50%	91.60%	92.80%	92.50%	NO
Q12. Dr. explained things	243	91.60%	90.50%	92.20%	92.80%	92.60%	NO
Q13. Dr. listened carefully	246	88.70%	92.70%	92.30%	92.90%	92.60%	NO
Q14. Dr. showed respect	246	90.80%	92.70%	94.30%	94.60%	94.40%	NO
Q15. Dr. spent enough time	246	85.80%	89.90%	87.80%	91.00%	90.30%	NO
Q17. Coordination of Care Composite Score	147	79.40%	83.70%	79.60%	85.60%	84.60%	NO
Q27. Ease of Filling Out Forms Composite Score	427	94.50%	93.10%	95.60%	95.30%	95.40%	NO

- CCAH received a positive rating of 77.1% in 2023, below the 2023 PG BoB benchmark of 79.3%. The goal was not met.
  - In 2023, 72.7% of respondents rated health care positively, which did not achieve the 2023 PG BoB benchmark of 75.4%. The goal was not met.
  - A rating of 80.4% was given to personal doctors in 2023, missing the 2023 PG BoB benchmark of 83.2%. The goal was not met.
  - The rating for specialists was 81.5% in 2023, which did not reach the 2023 PG BoB benchmark of 82.3%. The goal was not met.
  - When investigating CAHPS surveys focused on access to care, CCAH did not meet the benchmark for both getting needed care composite score and getting care quickly composite score.
  - For evaluating the getting needed care composite score, the rate is 78.9%. It is lower than the PG BoB goal of 82% by 3.10 percentage points and lower than the rate in 2022 by 4.00 percentage points.
  - The data showed a negative trend in member satisfaction with getting needed care between 2021 and 2023.
  - When observing the getting care quickly composite score in 2023, the rate is 75.9%. It did not meet the PG BoB goal, missing by 5.60 percentage points, but was higher than the rate in 2022 of 2.50 percentage points.
  - However, the rate in 2023 is 2.50 percentage points higher than that in 2022. It indicates a slightly positive trend for members getting care quickly.
  - Customer service was rated positively by 87.5% of respondents in 2023, below the 2023 PG BoB benchmark of 89.8%. The goal was not met.
  - The communication skills of doctors were rated positively by 91.6% of respondents in 2023, which did not meet the 2023 PG BoB benchmark of 92.8%. The goal was not met.
  - Care coordination received a 79.6% positive rating in 2023, underperforming compared to the 2023 PG BoB benchmark of 85.6%. The goal was not met.
  - The ease of filling out forms was rated positively by 95.6% of respondents in 2023, slightly exceeding the 2023 PG BoB benchmark of 95.3%, yet the goal was not met.
- **HEDIS** –CCAHA has significant opportunities to enhance its HEDIS metrics, as indicated by the current performance data. The table below highlights the disparities between the 2022 results and the established goals across various measures. To address these gaps, CCAH will focus on improving data quality and mapping, particularly concerning depression, ADHD, and post-partum care data. Enhancements in data collection and targeted interventions will be crucial for improving specific measures. Key strategies include:
    - *Data Collection* - Enhancing access to provider EMRs and other data sources to support more accurate HEDIS metric calculation.
    - *Specific Measures* - Concentrating efforts on improving AMM, ADD, and PPC to meet or exceed performance goals.

HEDIS Measure	County	2022	Goal	Goal Met
AMM – Effective Acute Phase	Merced	65.05%	75.00%	N
	Santa Cruz/Monterey	64.40%	75.00%	N
AMM – Effective Continuation Phase	Merced	44.92%	65.00%	N
	Santa Cruz/Monterey	47.07%	65.00%	N
ADD – Initiation Phase	Merced	41.84%	31.67%	N



	Santa Cruz/Monterey	41.14%	31.67%	N
ADD – Continuation Phase	Merced	49.06%	60.66%	N
	Santa Cruz/Monterey	40.30%	60.66%	N
SSD	Merced	79.31%	81.60%	N
	Santa Cruz/Monterey	79.47%	81.60%	N
APM – Blood Glucose Testing	Merced	67.59%	50.00%	Y
	Santa Cruz/Monterey	67.48%	50.00%	Y
PCR – Plan All-Cause Readmissions (Observed Rate)	Merced	15.31%	10.00%	Y
	Santa Cruz/Monterey	16.58%	10.00%	Y
PCR – Plan All-Cause Readmissions (Expected Rate)	Merced	9.02%	10.00%	N
	Santa Cruz/Monterey	9.35%	10.00%	N
PPC – Timeliness of Prenatal Care	Merced	92.21%	90.00%	Y
	Santa Cruz/Monterey	91.30%	90.00%	Y
PPC – Postpartum Care	Merced	81.02%	90.00%	N
	Santa Cruz/Monterey	95.65%	90.00%	Y
POD – Pharmacotherapy for Opioid Use Disorder	Merced	44.44%	40.00%	Y
	Santa Cruz/Monterey	20.62%	40.00%	N

- CCAH evaluated 11 measures across Merced and Santa Cruz/Monterey counties. Out of these measures, 5 met their goals, and 6 did not.
- The lowest-performing measure was ADD – Continuation Phase in Santa Cruz/Monterey. It achieved only 40.30% against a goal of 60.38%, which means it fell short by 20.08 percentage points.
- The highest-performing measure was APM – Blood Glucose Testing in both Merced and Santa Cruz/Monterey. The rates reached 67.59% and 67.48%, respectively, compared to a goal of 50.00%. The measure exceeded the target by 17.59 percentage points in Merced and 17.48 percentage points in Santa Cruz/Monterey.

## 2. QI PROGRAM STRUCTURE

### 2.1. Evaluation of Core Staff

The QI Director has many years of HEDIS and QI experience and oversaw all aspects of the QI Program in 2024. CCAH has determined that the QI Director had the appropriate experience and skills necessary to effectively lead and manage the QI Program. The QI Director role was able to accomplish this working reasonable hours allowing for long term sustainability of the QI Program's leadership and the QI Program itself.

In 2024, CCAH also had one dedicated QI Program Manager. Where the QI Director focuses on strategy and manages “up” and cross-functionally across the organization, the Quality Improvement and Population Health Director focuses on operations and manages “down” and centrally the dedicated nursing staff on the core QI team. The QI Director was able to successfully oversee and manage all aspects of the day-to-day operations of the QI Program along with being very hands-on for a number of strategic QI initiatives. The Program Manager is performing well and has the appropriate knowledge, skills, and abilities to perform this crucial organizational role.

The QI Director also has two dedicated nurses reporting directly into the Quality and Health Programs Manager. Combined, the 1 program manager and 2 nurses work as 3 dedicated resources in the QI department to implement the various projects outlined in the Work Plan and Program Description. This staffing level was adequate for 2024 because of the maturity of CCAH’s QI Program process, tools, and governance structure. These tools and templates served as accelerators allowing the team of 3 to execute the broad scope of activities described in the 2024 QI Program Description.

## **2.2. Evaluation of Reporting Relationships**

Throughout 2024, the staff meet frequently, often more than 1x/week, with their direct supervisors. This includes all of the following reporting relationships:

- Nurses reporting into the Program Manager,
- QI Program Manager reporting into the QI Director
- QI Director reporting into the Chief Medical Officer
- Chief Medical Officer reporting into the President and Chief Executive Officer

These direct-report meetings occurred in addition to ad hoc meetings, various team meetings, project meetings, governance meetings, interdepartmental meetings, etc. However, the direct-report meetings provided a crucial 1:1 touchpoint for all the various 2024 initiatives, which supported direct and clear accountability throughout the QI Program’s chain of command. The quality of these reporting relationships supported and enhanced the execution of the 2024 QI Program activities.

## **2.3. Evaluation of Funding and Resources for QI Initiatives**

### **Current Activities**

CCAH ongoing leverage funding for both member and provider incentives to support various QI initiatives. The key activities included generating gap-in-care reports, executing member incentives coupled with outreach, and conducting member education through newsletters and the website. Provider education was also part of the QI efforts, communicated via newsletters.

### **Future Plan Enhancements**

CCAH also launched the Provider Partnership program. This program provided incentives and staffing support to help local providers close care gaps, including hiring outreach staff and expanding clinic resources.

Additional funding that will be implemented in 2025 is a texting program for member outreach which will be help as a timely reminder. Furthermore, CCAH is transitioning its incentive structure from a claim-based model to a point-of-service model.

## **2.4. Evaluation of Physician Involvement**

In 2024, CCAH made significant improvements to the involvement of physicians within its QI Program. Initially, physician participation was limited to their presence at meetings. However, changes were implemented in 2024 to encourage more active feedback and engagement from physicians. These adjustments aimed to enhance the quality and effectiveness of the program by ensuring that physician insights were fully integrated into decision-making processes.

Meetings were held as scheduled throughout the year, with a focus on achieving all established goals. These discussions placed a strong emphasis on improving behavioral health representation. The active participation of physicians played a crucial role in aligning the program's initiatives with the plan's objectives.

In addition, CCAH plans to introduce a Member Voice Committee as part of its HealthEquity accreditation efforts. This committee plans to collect member feedback through community meetings held at regular intervals. In order to encourage active involvement, CCAH will offer incentives and schedule meetings at convenient locations and times. These initiatives will further enhance the inclusivity and responsiveness of the QI Program.

In terms of program efficiency, both the QI Director and Chief Medical Officer were directly involved in implementing the 2024 QI Program initiatives. They actively collaborated with other executives and provided continuous guidance and oversight. Their approach to overcoming challenges often involved coordination with multiple departments across CCAH.

Based on the assessment, it can be concluded that the current staffing is sufficient to meet the program's needs.

## **2.5. Assessment of Systems**

For 2024, CCAH has implemented systems to manage and administer its QI programs, including gap-in-care reports, member incentives, and provider incentives. The organization acknowledges both strengths and areas for improvement in these systems.

### **Current System Capabilities**

*Gap-in-Care Reports* - CCAH currently has systems in place to run gap-in-care reports and summarize relevant data. These systems support the generation of reports necessary for tracking and addressing care gaps.

*Incentive Programs* - Adequate resources and systems are established to administer member and provider incentive programs. These systems facilitate the management and execution of incentives effectively.

### **Future Plan Enhancements**

For 2025 CCAH is undertaking a data project aimed at enhancing its data systems to improve the timeliness and accuracy of gap-in-care reports. This initiative seeks to refine the reporting process and provide more precise insights for addressing care gaps.

It can be summarized that CCAH has adequate systems in place to administer its QI programs, including gap-in-care reports, member incentives, and provider incentives. However, for better performance, CCAH has identified a plan to improve the timeliness and accuracy of gap-in-care reports. This enhancement will further optimize the effectiveness of these programs and ensure more precise outcomes.

## **2.6. Assessment of Delegated Vendors**

In 2024, CCAH maintained a delegation agreement with Carelon, to manage grievances and appeals related to Behavioral Health quality issues. CCAH is committed to ongoing oversight of its delegates to ensure they are performing their functions effectively, particularly in contributing to behavioral health initiatives.

CCAH monitors the performance of its delegated vendors through a structured oversight process. This process includes regular reviews of the delegate's activities and outcomes. It focuses on areas where the delegate provides critical input, such as managing behavioral health issues. Joint operations

meetings are held regularly to assess performance. These meetings also address areas for improvement and implement corrective actions when necessary.

For this Annual Evaluation, CCAH has summarized the overall performance of Carelon, emphasizing the vendor's role in managing behavioral health-related grievances and appeals and its contributions to the organization's quality improvement initiatives.

### 3. Member Complaints and Appeals Related to Access

#### 3.1. Introduction:

CCAH consistently collects data on factors that impact member experience. The sources concerning complaints and appeals challenges in the non-behavioral healthcare and behavioral healthcare sectors are divided into five NCQA categories. The data is carefully analyzed to assess the effectiveness of the network and identify areas that have potential for improvement. The investigation concentrated on access-related complaints and appeals. The report summarizes the results of the annual evaluation of customer complaints and appeals, which identify challenges to member satisfaction and propose solutions to address these gaps.

#### 3.2. Methodology:

- The CCAH's Member Services team retrieved complaints and appeals from the database.
- The complaints and appeals are categorized into one of the five NCQA categories.
- The rate of complaints per 1,000 member months per month allows the Plan to compare complaint rates with the formula:
  - Annual Rate per 1,000 Member Months = (Total Number of complaints or appeals for the Year / Total Member Months for the Year) x 1,000
  - Total Member Months for the Year = Sum of monthly membership over the course of the Year

#### 3.3. Goal Standards for Member Complaints and Appeals:

- Annual total complaints and appeals per 1,000 member months: **≤5/1,000.**
- Annual per category of complaints and appeals per 1,000 member months: **≤2/1,000.**

#### 3.4. Key Findings

##### 3.4.1. Complaints Non-Behavioral Health

Category	Previous Year (2022)		Current Measurement Year (2023)			
	Total Member Months 4,851,989		Total Member Months 5,055,088			
	2022 Total Complaints	2022 Complaints per 1,000	2023 Total Complaints	2023 Complaints per 1,000	Goal (Per 1,000 Members Months)	Goal Met?

		Member Months		Member Months		
Quality of Care	695	0.14	772	0.15	2	YES
Access	2,048	0.42	1,510	0.30	2	YES
Attitude/Service	795	0.16	1,938	0.38	2	YES
Billing/Financial	244	0.05	421	0.08	2	YES
Quality of Practitioner Office Site	2	0.00	3	0.00	2	YES
Total/Number per 1,000	3,784	0.78	4,644	0.92	5	YES

### Quantitative Analysis:

- CCAH set the goal for evaluating complaints per category to be below 2 per thousand members and the overall goal to be below 5 per thousand members.
- CCAH met all goals for access, attitude/service, quality of care, billing/financial, and practitioner office site.
- Attitude and service appeared to be the most common complaints, with 0.384 complaints per 1,000 member months.
- Access complaints were the second most common category of complaints that CCAH received in 2023, at 0.30 complaints per thousand member months. But when compared to the previous year, this was the most complaint-related category. Both years of measurement still met the goal of having complaints less than 2 per 1,000 member months.
- The quality-of-care rate was 0.15 complaints per thousand member months.
- There were 0.08 billing and finance-related complaints for every 1,000 member months.
- The quality of the practitioner office site was the lowest complaint category that CCAH received. It was presented only at 0.01 complaints per 1,000 member months.
- The total rates of all complaint categories met the goal of less than 5 per 1,000 members. The total was 0.92 per 1,000 member months.
- The overall trend in complaint rates per 1,000 member months showed a slight increase across most categories in 2023, with the total rising by 0.14. Three categories of complaints showed an increasing trend, including Quality of Care, Attitude/Service, and Billing/Financial. However, Access complaints saw a decrease of 0.12.

### Conclusion Based on Quantitative Analysis:

CCAHA met all 5 categories and the total complaints rate per 1,000 member months when evaluating complaints received through the measurement year 2023. When investigating trend data, CCAH noticed an increase in complaints regarding non-BH services. This reflects that members were not

content with the staff's service and attitude and were unable to get access to care as quickly as they needed.

### **Qualitative Analysis:**

The analysis of access complaints revealed that the goal of maintaining less than 2 complaints per 1,000 member months was not achieved. As most complaints are concentrated in the categories of Access and Attitude/Service, this may indicate that members are dissatisfied with service access and the attitude of CCAH staff. The SMEs including Quality Improvement and Population Health Director, Quality and Health Programs Manager, Grievance and Quality Manager, Provider Services Director, Provider Quality and Network Development Manager, Health Services Operations Manager, and Compliance Director explored a detailed examination of the categories related to access complaints to identify provider availability and timely access as the primary issues in specific areas.

#### *Barrier at Member Level:*

- Both Monterey and Merced counties have significant rural populations, which face additional barriers to accessing healthcare. Limited transportation options and fewer healthcare facilities contribute to the high number of complaints.
- Members might not be fully aware of the services covered or how to receive care, treatment, tests, and case management which causes frustrations that inevitably develop into complaints.
- Members do not know how to navigate the healthcare system as well, and therefore they are not able to get appointments in a timely manner. Some members do not realize that providers have same day waitlist appointments, and they can receive appointment assistance with the Alliance care management.
- Members' geographic location, economic status, or educational background might influence their access to healthcare services and their experiences. These factors could hinder their ability to receive timely and quality care. It then contributed to higher complaints in access and attitude/service categories.

#### *Barrier at Provider Level:*

- limited staffing or an imbalance between the number of healthcare providers and the high demand for services can lead to longer wait times and reduced quality of service. As reflected in the increased complaints in the Attitude/Service category, providers may lack sufficient training in service or empathy for positive member interactions.
- Limited resources of specialist availability affect the quality of care and access to care. As exploring a detailed examination of the categories related to access complaints, provider availability and timely access are the primary issues in specific areas.

County	Provider Availability	Timely Access	Grand Total
MONTEREY	186	92	278
MERCED	126	47	173
SANTA CRUZ	84	23	107

- In conclusion, provider availability and timely access appeared to be the top challenges in access-related complaints. These challenges not only lead to lower levels of member satisfaction but also interfere with the desired outcomes. The table above showed that Most complaints are likely to occur in Monterey and Merced counties. The specific types of providers that mostly cause complaints are family practitioners and clinics with mixed specialty types. The potential causes for the number of complaints in the particular areas are identified as follows.
- There are a limited number of NEMT vendors that are contracted with CCAH. This limits the ability of members to get transportation to provider offices.
- Monterey and Merced are designated as health professional shortage areas. These designations are typically made by the Health Resources and Services Administration (HRSA), which assesses regions based on specific criteria to determine shortages of healthcare professionals. It means that there is a limited number of providers in those areas. Because of the shortage, patients have limited access to providers participants and the plan also does not have much opportunity to contact additional providers in that area.
- Many complaints mention that patients had to wait long times to secure an appointment with their PCPs or SCPs. For example, members reported wait times until June 2023 for new patient appointments and delays in scheduling follow-up visits.
- Several providers, clinics, and health centers refused to schedule appointments for new patients or those who had not been seen in a long time. This issue is particularly acute with providers like Alisal Health Center and Federally Qualified Health Centers (FQHCs).
- Provider network shows that practitioners are in-network and/or accepting new patients. However, when members contact the practitioner, they are told that the provider is not accepting new patients.

#### *Barriers at Plan-Level Barriers*

- Ineffective communication from providers that may not update their availability or specialty information with CCAH regularly.
- Inefficiencies in the appointment scheduling systems and inadequate capacity to handle patient preferred times were recurrent themes.
- Policy and procedures regarding appointment scheduling, billing, and eligibility for services can create barriers to accessing care.

#### **Conclusion Based on Qualitative Analysis:**

In conclusion, CCAH reported the total complaints per 1,000 members and complaints regarding access were met their goals. The data reveal the success of performance in keeping the complaints rate low for non-behavioral health services. There is no need to do a robust barrier analysis to address any network adequacy gaps.

#### **Opportunities for Improvement:**

- CCAH has been working to expand the network by adding several vendors. These vendors can provide non-emergency medical transport to patients so that the patient can go to providers that are located far from their residence.

- Implement and expand telehealth clinics to reach remote and underserved areas. CCAH are in the process of implementing telehealth for both non-behavioral health and behavioral health to expand the number of telehealth only providers. In addition, several of the clinics offer in -person. They also offer Telehealth appointments to their patients. This reduces the need for patients to travel long distances and allows providers to see patients virtually that can reduce the pressure on physical clinic spaces.
- CCAH is implementing efficient scheduling systems and informing members about the appointment assistance available through the member services unit, which they can contact to secure earlier appointments.
- CCAH has been increasing patient feedback monitoring mechanisms to regularly gather and use this data to inform service adjustments. These efforts aim to enhance service quality and member satisfaction while addressing gaps in care.
- CCAH has been increasing network capacity by working with local medical schools, residency programs with University of California Merced and University of California San Francisco to expand the network in remote areas.
- CCAH offers medical capacity grants to fund a portion of the salary for specific provider types to aid in recruiting additional practitioners and supporting medical assistants.
- CCAH is enhancing comprehensive training and staff development programs focused on empathy, customer service, and cultural competence. This approach aims to improve staff interactions with members and reduce complaints related to attitude and service.
- CCAH is developing effective communication methods to help members understand their coverage, how to access services, and how to voice concerns. These improvements are expected to reduce confusion and dissatisfaction.
- CCAH have been revising policies to be more flexible and accommodating of individual member needs. This includes offering more flexible scheduling options, clearer billing practices, and customized care plans.

### 3.4.2. Appeals Non-Behavioral Health

Category	Previous Year (2022)		Current Measurement Year (2023)			
	Total Member Months 4,851,989		Total Member Months 5,055,088			
	2022 Total Appeals	2022 Appeals per 1,000 Member Months	2023 Total Appeals	2023 Appeals per 1,000 Member Months	Goal (Per 1,000 Member Months)	Goal Met?
Quality of Care	3	0.00	3	0.00	2	YES
Access	185	0.04	186	0.04	2	YES
Attitude/Service	0	0.00	0	0.00	2	YES
Billing/Financial	1	0.00	1	0.00	2	YES



Quality of Practitioner Office Site	0	0.00	0	0.00	2	YES
Total/Number per 1,000	189	0.04	190	0.04	5	YES

### Quantitative Analysis:

- The target for appeal rates per category was set below 2 appeals per 1,000 member months, with an overall organizational goal of less than 5 appeals per 1,000 member months.
- CCAH successfully met the goals for all categories, including quality of care, access, attitude/service, billing/financial, and quality of practitioner office site.
- The total appeals slightly increased from 189 in 2022 to 190 in 2023, but they remained low at 0.04 per 1,000 member months. This rate met the organization's overall goal of less than 5 appeals per 1,000 member months.
- Appeals related to access was the highest appeal category received in 2023. This rate was stabilized at 0.04 to 0.04 per 1,000 member months. This also achieved the goal of having fewer than two appeals per thousand members.
- Appeal related to Quality of Care maintained a stable appeal rate of 0.01 per 1,000 member months, equivalent to 1.83 appeals per 1,000 member months. It met the set goal.
- Appeals related to other categories, including attitude/service, billing/financial, and quality of practitioner office site, were recorded as zero appeals. The rates achieved the goal with a successful performance of 0.00 appeals per 1,000 member months.

### Conclusion Based on Quantitative Analysis:

CCAH met all goals for evaluating non-behavioral health appeals for 2023. The report highlights the positive aspect of member satisfaction with CCAH's health services.

### Qualitative Analysis:

In summary, CCAH met all goals for keeping all categories of appeals, especially access, below 2 per thousand members, and there is a zero-complaint rate in categories such as billing/financial, quality of practitioner office site, and attitude/service. This indicates an excellent level of service and care. The possible reasons could be that CCAH has robust systems in place to ensure that members can easily access services, encounter no billing or financial discrepancies, experience high-quality practitioner office environments, and receive service with a positive attitude. By focusing on member experience, CCAH can effectively minimize complaints in these areas. The recorded complaint rates for access and quality of care were relatively low. It further suggests that CCAH has successfully implemented optimized processes to address and resolve issues promptly, preventing them from escalating into appeals.

The fact that CCAH has been able to maintain the complaint rate below the set goals in every category shows how dedicated the organization is to proactive measures and ongoing development. The organization's commitment to achieving and surpassing set goals for complaint rates guarantees high member satisfaction and quality of care.

### Conclusion Based on Qualitative Analysis:

The main conclusion is that CCAH's members are highly satisfied with non-behavioral health services. This conclusion is supported by the relatively low numbers of complaints and appeals across all service categories. There is no need to identify opportunities or address network adequacy issues at the moment.

#### 3.4.3. Complaints Behavioral Health

Category	Previous Year (2022)		Current Measurement Year (2023)			
	Total Member Months 4,851,989		Total Member Months 5,055,088			
	2022 Total Complaints	2022 Complaints per 1,000 Member Months	2023 Total Complaints	2023 Complaints per 1,000 Member Months	Goal (Per 1,000 Member Months)	Goal Met?
Quality of Care	12	0	19	0	2	YES
Access	61	0.01	37	0.01	2	YES
Attitude/Service	50	0.01	53	0.01	2	YES
Billing/Financial	4	0	14	0	2	YES
Quality of Practitioner Office Site	0	0	0	0	2	YES
Total/Number per 1,000	127	0.03	123	0.02	5	YES

### Quantitative Analysis:

- The goals were to maintain complaints per category below 2 per 1,000 member months, with an organizational target of fewer than 5 complaints per 1,000 member months overall.
- CCAH met all the goals. It demonstrates effective overall management and resolution of member complaints.
- In 2023, the rate of total complaints dropped slightly to 0.02 per 1,000 member months. There was a small drop from 0.03 per 1,000 member months in 2022, suggesting a positive trend overall.

- Complaints related to attitude or service were reported as having the highest number at a rate of 0.01 per 1,000 member months. From 2022 to 2023, the rate rose slightly from 50 to 53 total complaints.
- There were 0.01 access complaints per 1,000 member months. The rate significantly decreased from 61 complaints to 37 complaints per between 2022 and 2023. This reflects the improvement in access complaints, demonstrating effective measures taken to enhance access services.
- The complaint Quality of Care in Behavioral Health Care 2023 registered 19 complaints with a rate of 0.00 complaints per 1,000 member months. There was a slight increase from 12 complaints in 2022, indicating a growing concern that needs monitoring but remains well below the complaint threshold.
- For billing/financial, the rate was 14 complaint and that account for 0.00 per 1,000 member months. There is an increase from the prior year, as in 2022 there was only 4 complaints.
- There have been no complaints about the quality of the practitioner office site. This indicates the ongoing satisfaction of members with the practitioner office environment.

### **Conclusion Based on Quantitative Analysis:**

In conclusion, CCAH has demonstrated effective complaint management across access and various service categories in 2023. All categories have met the goals set. The overall decrease in complaints, especially in the category of access, underscores CCAH's effort to enhance member satisfaction and address concerns promptly and efficiently.

### **Qualitative Analysis:**

The rates of complaints regarding access and other categories of behavioral health services remained consistently low from 2022 to 2023. This consistent performance suggests CCAH's effective network adequacy, which contributes to heightened member satisfaction. One possible reason for this success is CCAH's proactive approach to engaging with members, which helps to address issues before they develop into formal complaints. Implementing strategies such as conducting regular satisfaction surveys, maintaining open and empathetic communication, and deploying a responsive member services team are crucial for success. CCAH is in a strong position to improve member satisfaction and lower complaint rates in the coming years through proactive issue resolution and continuous monitoring.

### **Conclusion Based on Qualitative Analysis:**

In summary, the qualitative analysis reveals a positive trend in member satisfaction with regarding behavioral health services. The results showed low complaint frequencies across various categories. In 2023, the objectives concerning service quality, accessibility, and practitioner office site criteria were successfully achieved.

#### ***3.4.4. Appeals Behavioral Health***

Category	Previous Year (2022)	Current Measurement Year (2023)
----------	----------------------	---------------------------------

	Total Member Months 4,851,989		Total Member Months 5,055,088			
	2022 Total Appeals	2022 Appeals per 1,000 Member Months	2023 Total Appeals	2023 Appeals per 1,000 Member Months	Goal (Per 1,000 Members)	Goal Met?
Quality of Care	0	0.00	0	0.00	2	YES
Access	0	0.00	0	0.00	2	YES
Attitude/Service	0	0.00	0	0.00	2	YES
Billing/Financial	0	0.00	0	0.00	2	YES
Quality of Practitioner Office Site	0	0.00	0	0.00	2	YES
Total/Number per 1,000	0	0.00	0	0.00	5	YES

### Quantitative Analysis:

- The set goals were to keep complaints per category below 2 per 1,000 member months, with an overall organizational goal of fewer than 5 complaints per 1,000 member months.
- CCAH met all the goals for investigating appeals rate as there was no appeal reported for behavioral health care service in all five categories. It demonstrates effective overall management and resolution of member complaints.
- Between 2022 and 2023, the rate of total complaints received was zero. It suggests a positive trend overall.
- There were zero access complaints per 1,000 member months between 2022 and 2023. This reflects the effective ongoing access services of CCAH, leading to the ongoing satisfaction of members.

### Conclusion Based on Quantitative Analysis:

CCAHA has demonstrated outstanding performance in managing and resolving member complaints and appeals across all service categories. The organization successfully met all goals of maintaining complaints below 2 per 1,000 member months and keeping the overall complaint rate under 5 per 1,000 member months. No appeals were reported for behavioral health care services in all five categories. It underscored the effectiveness of CCAH's management practices and highlights a consistent and positive trend in member satisfaction. Moreover, the zero rate of access complaints over the same period further affirms the high level of efficacy in CCAH's access services.

### **Qualitative Analysis:**

There has been a consistent and positive trend in the zero number of appeals across all categories in behavioral health appeals for 2022 and 2023. This demonstrates a high level of satisfaction with care and service access. The reason could be that CCAH has implemented robust systems to ensure that members can easily access services, encounter no billing or financial discrepancies, experience high-quality practitioner office environments, and receive service with a positive attitude. This thorough focus on member experience helps minimize the occurrence of issues in these areas. Furthermore, it suggests that CCAH has promptly put in place effective procedures to address problems before they become appeals. Continued monitoring and proactive measures will be essential to sustain this positive trend and further improve the quality of care and access provided to Medicaid beneficiaries.

### **Conclusion Based on Qualitative Analysis:**

The outcomes reflect a robust framework within CCAH that ensures ongoing member satisfaction and operational excellence by proactively addressing any potential concerns. There is no need for further robust barrier analysis or opportunities for addressing network adequacy gaps at the moment.

### **Opportunity to Improvement**

- Provide healthcare providers with regular training sessions to improve their skills and understanding of delivering quality care.
- Provide members with educational materials to help them better understand their treatment options and expected outcomes.
- Establish standardized treatment plans and policies to ensure reliable, exceptional healthcare.

## **4. ACCESS TO CARE**

### **4.1. Introduction**

Central California Alliance for Health (CCAH) review the provider appointment availability survey (PAAS) of services standards to measure appointment availability, network service adequacy, and capacity for Primary Care Providers (PCPs), high volume specialists, high impact specialists, and behavioral health specialists to ensure adequate access is provided for members. CCAH conducts a thorough assessment of network adequacy in relation to the state Department of Health Care Services (DHCS) standards, performing this evaluation quarterly and annually. The group in charge of reviewing and analyzing this process consists of Quality Improvement and Population Health Director, Quality and Health Programs Manager, Grievance and Quality Manager, Provider Services Director, Provider Quality and Network Development Manager, Health Services Operations Manager, and Compliance Director.

### **4.2. Program Goal**

The program goal is to ensure that CCAH meets the appointment access standards established to meet the needs of members.

### **4.3. Program Objectives**

The program objectives include the following:

- Determine appropriate access and availability thresholds for the specified areas of care.
- Re-evaluate the appropriateness of network availability standards at least annually.
- Measure the availability of practitioner networks in our geographic area.
- Identify any areas for improving the network to meet the needs of members.
- Develop, prioritize, and implement interventions to improve access for members.

#### 4.4. Methodology

CCAH works with a vendor to complete data collection to monitor appointment availability via PAAS for primary care, high-volume specialty, and high-impact practitioner providers. The survey was conducted via telephone, mail, and web with a contracted survey vendor. The survey included a census of all primary care and specialty care providers to measure appointment availability against access standards. The Timely Access Survey was filed on May 1, 2022. The final data files were received from the vendor on January 30th, 2023.

##### *Performance Standards for Primary Care Practitioners (PCP)*

The performance standard for PCPs is that >80% of the below appointment types meet their respective timeframe requirements:

- Urgent care – within 48 hours
- Routine care – within 10 days

##### *Performance Standards for Specialty Care Practitioners (SPC)*

The performance standard for SCPs is that >80% of the below appointment types meet their respective timeframe requirements:

- Urgent care – within 96 hours
- Routine care – within 15 days

##### *Performance Standards for Behavioral HealthCare Practitioners (BPC)*

The performance standard for SCPs is that >80% of the below appointment types meet their respective timeframe requirements:

- Non-life-threatening emergency– within 6 hours
- Urgent care – within 96 hours
- First Appointment Routine care – within 15 days

#### 4.5. Program Performance

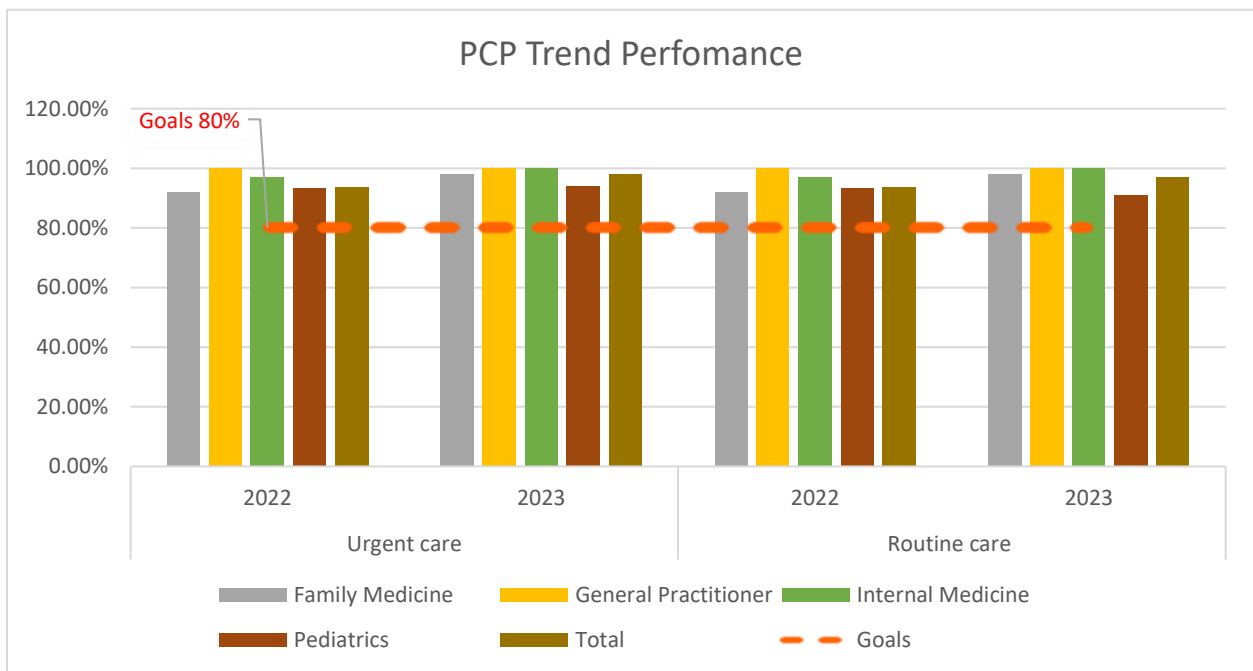
The tables below show the Plan's performance for different types of practitioners over time.

##### *4.5.1.Primary Care Practitioner (PCP) Performance*

PCPs include Family Medicine; General Practitioners; Internal Medicine; Pediatrics.

Appointment Type	Performance Standard	PCP Type	2022 Results (Pass/Count)	2023 Results (Pass/Count)	Goal Met (YES/NO)
Urgent care GOAL: 80%	Appointment available within 48 hours of patient will be seen today as a	Family Medicine	92.12% (152/165)	98% (296/301)	YES
		General Practitioner	100% (10/10)	100% (16/16)	YES
		Internal Medicine	97.06% (66/68)	100% (63/63)	YES

Appointment Type	Performance Standard	PCP Type	2022 Results (Pass/Count)	2023 Results (Pass/Count)	Goal Met (YES/NO)
	walk in or work in	Pediatrics	93.33% (28/30)	94% (66/70)	YES
		Total	93.77% (256/273)	98% (441/450)	YES
Routine care GOAL: 80%	Appointment available within 10 business days of patient will be seen today as a walk in or work in	Family Medicine	92.12% (152/165)	98% (296/302)	YES
		General Practitioner	100% (10/10)	100% (16/16)	YES
		Internal Medicine	97.06% (66/68)	100% (63/63)	YES
		Pediatrics	93.33% (28/30)	91% (64/70)	YES
		Total	93.77% (256/273)	97% (439/451)	YES



### Quantitative Analysis:

- CCAH successfully exceeded the 80% benchmark for accessibility to both urgent and routine care across all types of primary care practitioners.
- When assessing urgent care for appointment availability within 48 hours, the overall CCAH result surpassed the goal by 18 percentage points.
- In urgent care, Pediatrics had the lowest service accessibility percentage at 94%, yet it still exceeded the 80% target.
- CCAH exceeded the 80% goal for routine care appointments available within 10 business days by 17 percentage points.
- Achieving a 100% success rate in General Practitioner and Internal Medicine for both urgent care and routine care. This demonstrates CCAH's exceptional performance.

- Overall, the performance in urgent care and routine care were met for evaluating appointment availability.

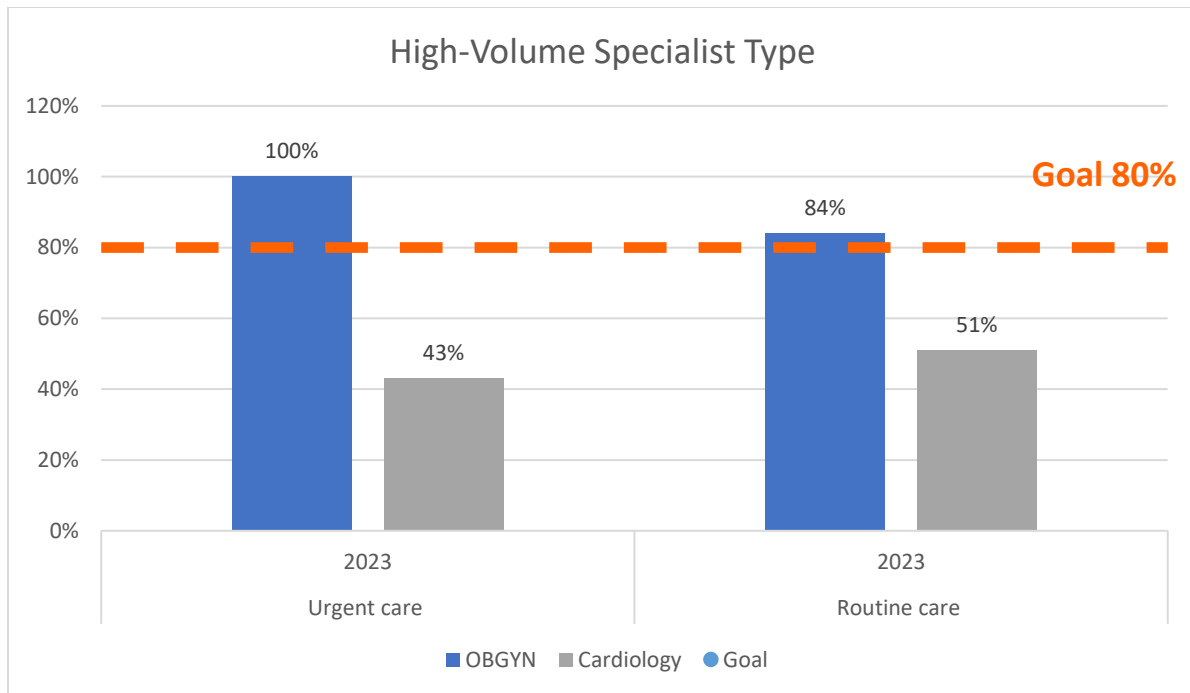
#### **4.5.2. Specialty Care Practitioner (SCP) Performance – High-Volume Specialists**

High-Volume SCPs include OB/GYN and Cardiology

Appointment Type	Performance Standard	High-Volume Specialist Type	2023 Result (Pass/Total Count)	Goal Met (YES/NO)
Urgent care GOAL: 80%	Appointment available within 96 hours of initial request	OB/GYN	100% (42/42)	YES
		Cardiology	43% (27/63)	NO
Routine care GOAL: 80%	Appointment available within 15 business days of initial request	OB/GYN	84% (42/50)	YES
		Cardiology	51% (32/63)	NO

**High-Volume SCPs: Urgent Care (w/in 96 hours) and Routine Care (w/in 15 days) Visit Availability**





#### **Quantitative Analysis:**

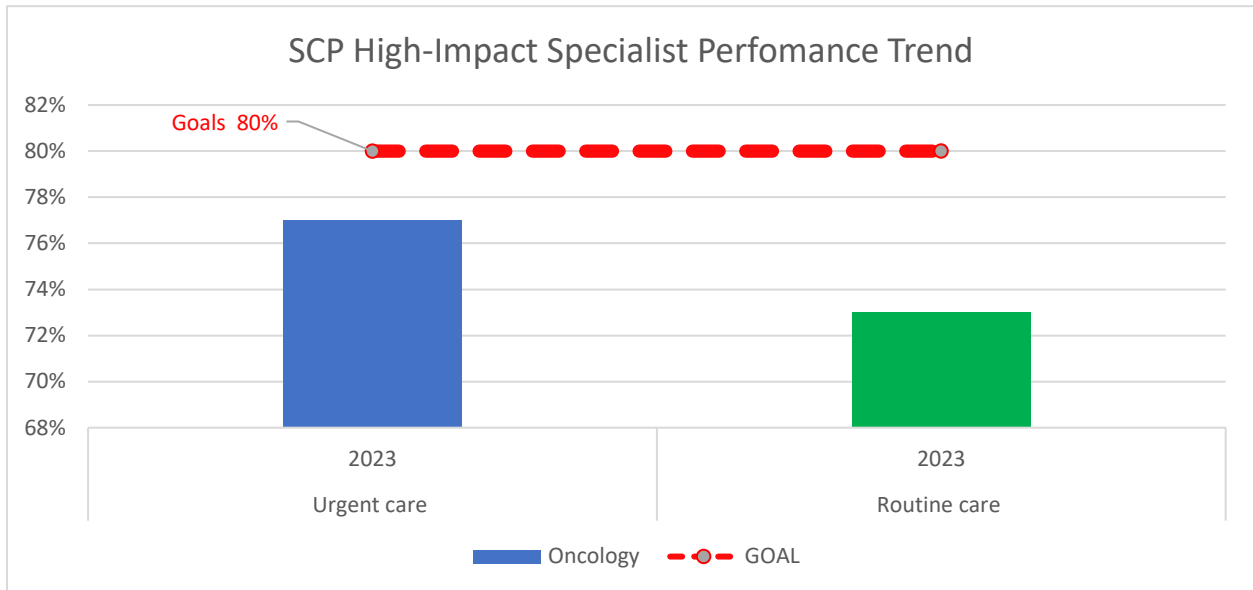
- CCAH set a goal of 80% for urgent care appointments to be available within 96 hours of the initial request and for routine care of making appointments available within 15 business days.
- The OB/GYN specialty care appointment availability met the urgent care performance goal with a 100% success rate. All 42 appointments requested were scheduled within 48 hours.
- CCAH also met the OB/GYN specialty care appointment availability routine care goals with an 84% success rate, surpassing the goal of 80% by 4 percentage points. Out of 50 appointments, 42 were successfully scheduled within 30 business days.
- The Cardiology specialty care appointment availability goal was not met for either urgent care or routine care. The performance rate was relatively low at 43% for urgent care and 51% for routine care.
- For urgent care, CCAH missed the goal by approximately 37 percentage points. For routine care, CCAH missed the goal by 29 percentage points.

#### **4.5.3. Specialty Care Practitioner (SCP) Performance – High-Impact Specialists**

High-Impact SPCs include Oncology

Appointment Type	Performance Standard	High-Impact Specialist Type	2023 Result (Pass/Total Count)	Goal Met (YES/NO)
Urgent care GOAL: 80%	Appointment available within 96 hours of initial request	Oncology	77% (20/26)	NO

Appointment Type	Performance Standard	High-Impact Specialist Type	2023 Result (Pass/Total Count)	Goal Met (YES/NO)
Routine care GOAL: 80%	Appointment available within 15 business days of initial request	Oncology	73% (19/26)	NO



#### **Quantitative Analysis:**

- CCAH set a performance goal for evaluating urgent care appointment availability within 96 hours and routine care appointment availability within 15 business days at an 80% goal.
- CCAH did not meet performance standards for either urgent care appointments or routine care appointments.
- The urgent care performance rate for Oncology was 76 % and fell approximately 4 percentage points short of the 80% target. For routine care, the rate fell short by approximately 7 percentage points.
- This minimal shortfall in the goal indicates a gap in appointment availability for Oncology within the timeframe.

#### **4.5.4. Behavioral Healthcare Practitioner (BCP) Performance – Non-Prescriber: Non-Physician Mental Health**

Non-Prescriber BPCs include: Licensed Clinical Social Worker and Psychologist

Appointment Type	Performance Standard	BHCP type	2022 Result (Pass/Total Count)	2023 Result (Pass/Total Count)	Goal Met (YES/NO)
Non-Life Threatening Emergency GOAL:80%	Members are scheduled to be seen within 6 hours of contacting the provider	LCSW/	NA	NA	
		Psychologists	NA	NA	
Urgent Care GOAL: 80%	Appointment available within 96 hours	LCSW/	65% (13/20)	79% (15/19)	NO
		Psychologists	50% (4/8)	75% (6/8)	NO
First Appointment Visit For Routine Care GOAL: 80%	Members are scheduled to be seen within 10 business days of contacting the provider	LCSW/	62% (13/21)	64% (14/22)	NO
		Psychologists	50% (4/8)	67% (6/9)	NO

#### **Quantitative Analysis:**

- The data show that CCAH did not meet the goal of 80% for appointment availability for urgent care and for the first appointment visit for routine care.
- The data regarding non-life-threatening emergency appointment availability within 6 hours is NA because members can go to ER without referral or making appointment.
- For urgent care, where members should receive appointment availability within 96 hours, CCAH's Licensed Clinical Social Workers achieved a performance result of 79%, only 1 percentage point short of the target goal. However, for the first appointment visit for routine care within 10 business days, LCSWs missed the goal by 16 percentage points.
- Psychologists failed to achieve the goal by 5 percentage points for urgent care and 13 percentage points for routine care. The rates were 75% and 67%, respectively, compared to the goal of 80%.

#### **4.5.5.Behavioral Healthcare Practitioner (BHCP) Performance – Prescriber**

Non-Prescriber BHCPs include Psychiatrists.

Appointment Type	Performance Standard	2022 Results (Pass/Total Count)	2023 Results (Pass/Total Count)	Goal Met (YES/NO)
Non-Life Threatening Emergency GOAL:80%	Members are scheduled to be seen within 6 hours of contacting the provider	NA	NA	
Urgent Care GOAL: 80%	Appointment available within 96 hours	75% (6/8)	45% (5/11)	NO
First Appointment Visit For Routine Care GOAL: 80%	Members are scheduled to be seen within 15 business days of contacting the provider	82% (9/11)	36% (4/11)	NO

### Quantitative Analysis:

- CCAH had a limited number of psychiatrists available. CCAH did not meet the goal for 2023 appointment available.
- The data regarding non-life-threatening emergency appointment availability within 6 hours is NA because members can go to ER without referral or making appointment.
- The performance rate for evaluating appointment accessibility for urgent care did not meet the goal, with a performance result of only 45%. The compliance rate declined from 2022 by 30 percentage points.
- For first-appointment visits, the rate dropped significantly by 46 percentage points from 2022. The 2023 compliance rate of 36% did not reach the goal of 80%.

## 5. GEO-ACCESS TO PRACTITIONERS

### 5.1. Introduction

CCAHA has established provider availability standards for the number and geographic distribution of Primary Care Providers (PCPs), high volume Specialists, high impact Specialists, and Behavioral Health providers to ensure adequate access is provided for the Health Plan membership. At least annually CCAH measures performance against its standards.

On August 9, 2024, provider network geo-access was analyzed against the established standards as outlined below. The rows highlighted in red show the geo-access to practitioner standards that were not met and align with the information provided below. This analysis is conducted at least annually.

Santa Cruz County

### GEO-ACCESS TO PRACTITIONERS

Practitioner Type	Measure	Performance Goal	Performance	Met/Not Met
Primary Care Physicians	1 within 30 minutes or ten miles of member's residence or workplace	100%	100%	Met
Hospitals	1 within 30 minutes or 15 miles of member's residence or workplace	100%	100%	Met
High-Volume Specialists				
Cardiology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Obstetrics/Gynecology (OB/GYN)	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
High-Volume Behavioral Health Providers				
Licensed Clinical Social Workers (LCSW)	LCSW Providers to Members	100%	100%	Met
Psychiatrists	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Psychologists	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
High-Impact Providers				
Oncologists	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Core Specialists				

Dermatology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Ear, Nose, and Throat/Otolaryngology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Endocrinology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Gastroenterology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
General Surgery	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Hematology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
HIV/AIDS Specialists/Infectious Diseases	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Nephrology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Neurology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Oncology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met

Ophthalmology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Orthopedic Surgery	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Physical Medicine and Rehabilitation	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Pulmonology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Allergy/Immunology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Neurosurgeons	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met

Monterey County:

GEO-ACCESS TO PRACTITIONERS				
Practitioner Type	Measure	Performance Goal	Performance	Met/Not Met
Primary Care Physicians	1 within 30 minutes or ten miles of member's residence or workplace	100%	97%	Not Met
Hospitals	1 within 30 minutes or 15 miles of member's residence or workplace	100%	85%	Not Met
High-Volume Specialists				

Cardiology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Obstetrics/Gynecology (OB/GYN)	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
High-Volume Behavioral Health Providers				
Licensed Clinical Social Workers (LCSW)	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Psychiatrists	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Psychologists	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
High-Impact Providers				
Oncologists	1 within 75 minutes or 45 miles of their residence or workplace	100%	84%	Not Met
Core Specialists				
Dermatology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Ear, Nose, and Throat/Otolaryngology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Endocrinology	1 within 75 minutes or 45 miles of their	100%	100%	Met



	residence or workplace			
Gastroenterology	1 within 75 minutes or 45 miles of their residence or workplace	100%	92%	Not Met
General Surgery	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Hematology	1 within 75 minutes or 45 miles of their residence or workplace	100%	84%	Not Met
HIV/AIDS Specialists/Infectious Diseases	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Nephrology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Neurology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Oncology	1 within 75 minutes or 45 miles of their residence or workplace	100%	84%	Not Met
Ophthalmology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Orthopedic Surgery	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met

Physical Medicine and Rehabilitation	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Pulmonology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Allergy/Immunology	1 within 75 minutes or 45 miles of their residence or workplace	100%	83%	Not Met
Neurosurgeons	1 within 75 minutes or 45 miles of their residence or workplace	100%	82%	Not Met

Merced County:

GEO-ACCESS TO PRACTITIONERS				
Practitioner Type	Measure	Performance Goal	Performance	Met/Not Met
Primary Care Physicians	1 within 30 minutes or ten miles of member's residence or workplace	100%	100%	Met
Hospitals	1 within 30 minutes or 15 miles of member's residence or workplace	100%	100%	Met

High-Volume Specialists				
Cardiology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Obstetrics/Gynecology (OB/GYN)	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
High-Volume Behavioral Health Providers				
Licensed Clinical Social Workers (LCSW)	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Psychiatrists	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Psychologists	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
High-Impact Providers				
Oncologists	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Core Specialists				
Dermatology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Ear, Nose, and Throat/Otolaryngology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met

Endocrinology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Gastroenterology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
General Surgery	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Hematology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
HIV/AIDS Specialists/Infectious Diseases	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Nephrology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Neurology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Oncology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Ophthalmology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Orthopedic Surgery	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met

Physical Medicine and Rehabilitation	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Pulmonology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Allergy/Immunology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Neurosurgeons	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met

Mariposa County:

GEOACCESS TO PRACTITIONERS				
Practitioner Type	Measure	Performance Goal	Performance	Met/Not Met
Primary Care Physicians	1 within 30 minutes or ten miles of member's residence or workplace	100%	99%	Not Met
Hospitals	1 within 30 minutes or 15 miles of member's residence or workplace	100%	95%	Not Met

High-Volume Specialists				
Cardiology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Obstetrics/Gynecology (OB/GYN)	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
High-Volume Behavioral Health Providers				
Licensed Clinical Social Workers (LCSW)	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Psychiatrists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Psychologists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
High-Impact Providers				
Oncologists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Core Specialists				
Dermatology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Ear, Nose, and Throat/Otolaryngology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

Endocrinology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Gastroenterology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
General Surgery	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Hematology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
HIV/AIDS Specialists/Infectious Diseases	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Nephrology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Neurology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Oncology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Ophthalmology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Orthopedic Surgery	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

Physical Medicine and Rehabilitation	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Pulmonology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Allergy/Immunology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Neurosurgeons	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

San Benito County:

GEO-ACCESS TO PRACTITIONERS				
Practitioner Type	Measure	Performance Goal	Performance	Met/Not Met
Primary Care Physicians	1 within 30 minutes or ten miles of member's residence or workplace	100%	91%	Not Met
Hospitals	1 within 30 minutes or 15 miles of member's residence or workplace	100%	89%	Not Met



High-Volume Specialists				
Cardiology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Obstetrics/Gynecology (OB/GYN)	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
High-Volume Behavioral Health Providers				
Licensed Clinical Social Workers (LCSW)	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Psychiatrists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Psychologists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
High-Impact Providers				
Oncologists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Core Specialists				
Dermatology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Ear, Nose, and Throat/Otolaryngology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

Endocrinology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Gastroenterology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
General Surgery	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Hematology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
HIV/AIDS Specialists/Infectious Diseases	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Nephrology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Neurology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Oncology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Ophthalmology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Orthopedic Surgery	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

Physical Medicine and Rehabilitation	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Pulmonology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Allergy/Immunology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Neurosurgeons	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

### ***Quantitative Analysis:***

The Geo-Access tables show that goals were met except for the eleven county and provider type combinations listed below. The goals were not met due to a number of reasons discussed in the qualitative analysis.

<b>County Name</b>	<b>Provider Type</b>
Monterey, CA	Allergy/Immunology
Monterey, CA	Gastroenterology
Monterey, CA	Hematology
Mariposa, CA	Hospitals
Monterey, CA	Hospitals
San Benito, CA	Hospitals
Monterey, CA	Neurosurgery
Monterey, CA	Oncology
Mariposa, CA	Primary Care
Monterey, CA	Primary Care

San Benito, CA	Primary Care
----------------	--------------

### **Quantitative analysis:**

Operations Business Analysis worked with Health Analytics to align the geo-access monitoring report from Quest Analytics to the standards established in Policy 300-5050 – Geographic Accessibility Standards.

Identify reasons why goals are not met for a type of practitioner:

1. Attrition of existing providers has led to a shortage of providers in the service area. This has particularly impacted the geographically rural areas within Mariposa, Monterey, and San Benito counties.
2. Generally, the geo-access analysis shows a trend in that Hospital and Primary Care networks do not meet geo-access standards for Mariposa, San Benito, and Monterey Counties. The other gaps are for specialty care (Allergy/Immunology, Gastroenterology, Hematology, Neurosurgery, and Oncology) in southern Monterey County.

## **5.2. IdealCare Provider Ratio Analysis**

In June 2024, provider network ratios were analyzed against the established standards as outlined below. This analysis is conducted at least annually.

Practitioner Type	Standard (Requirement) Provider to Member Ratio	Medi-Cal Ratio (RY Actuals) Provider to Member Ratio	Met/Not Met
Total Physicians	1:2,000	1:25	Met
Primary Care Physicians	1:2,000	1:659	Met
General Medicine/Family Practice	1:2,000	1:1,157	Met
Internal Medicine	1:2,000	1:2,503	Not Met
Pediatrics	1:2,000	1:1,053	Met
High Volume Specialists			
Cardiology	1:5,000	1:778	Met
Obstetrics/Gynecology (OB/GYN)	1:3,000	1:368	Met
High Volume Mental Health Providers			
Licensed Clinical Social Workers (LCSW)	1:2,000	1:294	Met
Psychiatrists	1:5,000	1:1,707	Met
Psychologists	1:5,000	1:1,301	Met
High Impact Specialists			
Oncologists	1:10,000	1:964	Met
Other Specialists			
Allergy/Immunology	1:5,000	1:5,368	Not Met
Neurosurgeons	1:10,000	1:2,912	Met

### **Quantitative Analysis:**

The ratios table shows that goals were met for all provider types except Internists and Allergy/Immunology. The ratio was above the goals for these practitioner types by 503 members (internists) and 368 members (Allergy/immunology). These goals were not met due to a number of reasons discussed below.

### **Qualitative Analysis:**

Operational Business Analysis worked with Health Analytics to align the Provider to Patient Ratio report in Tableau to the NCQA standards.

Identify reasons why goals are not met for a type of practitioner:

1. Attrition of existing providers has led to a shortage of primary care providers in the service area. This has particularly impacted the rural areas included in the Alliance's service area.
2. Increase in membership during the pandemic as members were not being disenrolled. The Alliance then instituted texting reminder processes to ensure that members continued to receive Medi-Cal benefits post pandemic, which was successful in maintaining membership.

## **5.3. IdealCare Overall Geographic Analysis**

- Numerical standards are met and exceeded for all PCP types except Internal Medicine. Drive distance standards are met and exceeded for all PCP types in Santa Cruz and Merced. but for Monterey, Mariposa, and San Benito the drive distance standards for PCP are not met.
- Numerical standards are met and exceeded for all high-volume specialists and high-impact specialists. Drive distance standards are met and exceeded for all high-volume specialists and high-impact specialists except oncologists in Monterey.
- Numerical standards are met and exceeded for all Behavioral Health provider types. Drive distance standards are met and exceeded for all Behavioral Health provider types.

## **5.4. Conclusion and Next Steps:**

CCAH meets the member to provider ratio standards for most of the provider types. There are only two provider types that don't meet the ratio standards, and this is because several of the areas that CCAH operates in locations that are considered rural and areas designated to have low providers. CCAH's contracting department has done a good job of contracting with a very high percentage of providers in the service area and this has helped the organization meet most of the goals.

# **6. CAHPS**

## **6.1. Introduction**

Central California Alliance for Health (CCAH) monitors member satisfaction with health plan functions on an annual basis through the CAHPS survey. CCAH has established key CAHPS measures and quantifiable standards to evaluate member satisfaction. The two main focus areas of this survey were members getting the needed care and members receiving care promptly. This report provides an overview and analysis of CAHPS report for FY 2024.

## **6.2. Objectives**

- Annually evaluate member satisfaction for member population.
- Identify opportunities to improve member satisfaction.

- Develop and implement solutions to improve member satisfaction.

### 6.3. Methodology

CCAH The methodology employed in this survey involves analyzing summary rates based on member responses. In particular, the rates were determined by analyzing the percentage of participants who revealed "Always" or "Usually" in their feedback regarding consistently receiving the care they needed and receiving it in a timely manner. This approach offers a clear measure of satisfaction and allows for year-over-year comparisons to identify trends and guide future improvements in service. By prioritizing these response categories, CCAH can obtain valuable insights into the reliability and accessibility of the care provided to members.

- Total Completed Surveys: 443
- Surveys Sent: 2012
- Response Rate: 22.4%

### 6.4. Results and Performance Evaluation

CCAH evaluated satisfaction using the following measures and quantifiable standards that represent the percentage of favorable positive responses. The tables below show CCAH's performance against the goals for 2024 survey. The goals were based on the PG BoB Data.

#### Access to Care

Measure	2021	2022	2023	2023 PG BoB	Goal met
Getting Needed Composite Score	85.30%	82.90%	78.90%	82.00%	NO
Getting care, tests, or treatment	83.90%	82.50%	82.60%	84.80%	NO
Getting specialist appointment	86.70%	83.20%	75.30%	79.10%	NO
Getting Care Quickly Composite Score	84.50%	73.40%	75.90%	81.50%	NO
Getting urgent care	88.20%	74.50%	82.40%	82.70%	NO
Getting routine care	80.80%	72.20%	69.40%	80.40%	NO

#### Key Findings

- CCAH did not meet the goal for any of the key measures under "Access to Care."
- The highest performing measure in 2023 was "Getting Urgent Care" at 82.40%, which was only 0.30 percentage points below the benchmark.
- The lowest performing measure in 2023 was "Getting Routine Care" at 69.40%, which was 11.00 percentage points below the benchmark.
- When examining through the composite score. The "Getting Needed Composite Score" declined by 4.00 percentage points from 2022 and by 6.40 percentage points from 2021.
- The "Getting Care Quickly Composite Score" improved by 2.50 percentage points from 2022 but declined by 8.60 percentage points from 2021.

### **Care Coordination**

Measure	2021	2022	2023	2023 PG BoB	Goal met
Doctors were informed and up to date about care from other health providers	79.40%	83.70%	79.60%	85.60%	NO

### **Key Findings**

- CCAH did not meet the goal for the key measures under "Care Coordination."
- In 2023, the performance measure of doctors was informed and up to date about care from other health providers was 79.60%. It falls short the goal of 85.60% by 6 percentage points.
- The recent rate declined by 4.10 percentage points from 2022 (83.70%) and improved slightly by 0.20 percentage points compared to 2021 (79.40%).

Measure	2021	2022	2023	2023 PG BoB	Goal met
Customer Service Composite Score	88.90%	91.10%	87.50%	89.80%	NO
Provided information or help	83.50%	86.90%	80.30%	84.50%	NO
Treated with courtesy and respect	94.30%	95.30%	94.70%	95.00%	NO

### Key Findings

- When analyzing customer service composite score, CCAH did not meet the goal for any key measures under "Plan Administration."
- The lowest performing measure (Customer service staff provided information or help) was 80.30%, which was 4.20 percentage points below the benchmark.
- The highest performing measure in 2023 was "Treated with Courtesy and Respect" at 94.70%, which was 0.30 percentage points below the goal.

### Global Measures

Measure	2021	2022	2023	2023 PG BoB	Goal met
Rating of Health Plan	79.80%	76.80%	77.10%	79.30%	NO
Rating of Health Care	79.10%	75.60%	72.70%	75.40%	NO
Rating of Personal Doctor	82.10%	83.10%	80.40%	83.20%	NO
Rating of Specialist	77.80%	85.70%	81.50%	82.30%	NO

### Key Findings

- CCAH did not meet the goal for any key measures under "Global Measures."
- The lowest rate was "Rating of Personal Doctor" at 80.40%, which was 2.80 percentage points below the benchmark.
- The highest performing measure in 2023 was "Rating of Specialist" at 81.50%, which was 0.80 percentage points below the benchmark.

### How Well Doctors Communicate

Measure	2021	2022	2023	2023 PG BoB	Goal met
How Well Doctors Communicate Composite Score	89.30%	91.50%	91.60%	92.80%	NO
Doctors explained things in an understandable way	91.60%	90.50%	92.20%	92.80%	NO
Doctors listened carefully to you	88.70%	92.70%	92.30%	92.90%	NO
Doctors showed respect for what you had to say	90.80%	92.70%	94.30%	94.60%	NO
Doctors spent enough time with you	85.80%	89.90%	87.80%	91.00%	NO



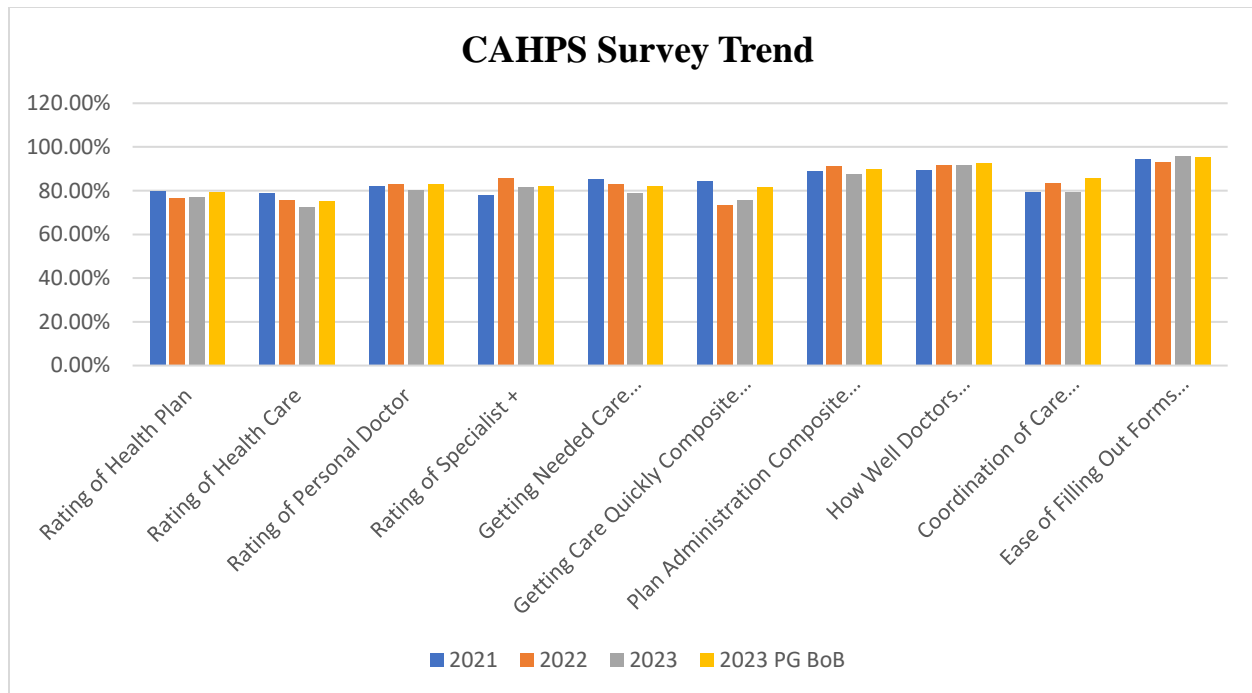
### Key Findings

- CCAH met the goal for one of the key measures under "How Well Doctors Communicate."
- The lowest performing measure (Doctors spent enough time with you) was 3.20% below the goal.
- The highest performing measure (Doctors showed respect for what you had to say) was only 0.30% below the goal.

### CAHPS Trend Analysis

The tables below show a trend analysis of CAHPS ratings from 2017 to 2024.

Measure	2021	2022	2023	2023 PG BoB	Goal met	Difference from Goal
Rating of Health Plan	79.80%	76.80%	77.10%	79.30%	NO	-2.20%
Rating of Health Care	79.10%	75.60%	72.70%	75.40%	NO	-2.70%
Rating of Personal Doctor	82.10%	83.10%	80.40%	83.20%	NO	-2.80%
Rating of Specialist +	77.80%	85.70%	81.50%	82.30%	NO	-0.80%
Getting Needed Care Composite Score	85.30%	82.90%	78.90%	82.00%	NO	-3.10%
Getting Care Quickly Composite Score	84.50%	73.40%	75.90%	81.50%	NO	-5.60%
Plan Administration Composite Score	88.90%	91.10%	87.50%	89.80%	NO	-2.30%
How Well Doctors Communicate Composite Score	89.30%	91.50%	91.60%	92.80%	NO	-1.20%
Coordination of Care Composite Score	79.40%	83.70%	79.60%	85.60%	NO	-6.00%
Ease of Filling Out Forms Composite Score	94.50%	93.10%	95.60%	95.30%	NO	0.30%



### Quantitative Analysis

- CCAH received a positive rating of 77.1% in 2023, below the 2023 PG BoB benchmark of 79.3%. The goal was not met.
- In 2023, 72.7% of respondents rated health care positively, which did not achieve the 2023 PG BoB benchmark of 75.4%. The goal was not met.
- A rating of 80.4% was given to personal doctors in 2023, missing the 2023 PG BoB benchmark of 83.2%. The goal was not met.
- The rating for specialists was 81.5% in 2023, which did not reach the 2023 PG BoB benchmark of 82.3%. The goal was not met.
- When investigating CAHPS surveys focused on access to care, CCAH did not meet the benchmark for both getting needed care composite score and getting care quickly composite score.
- For evaluating the getting needed care composite score, the rate is 78.9%. It is lower than the PG BoB goal of 82% by 3.10 percentage points and lower than the rate in 2022 by 4.00 percentage points.
- The data showed a negative trend in member satisfaction with getting needed care between 2021 and 2023.
- When observing the getting care quickly composite score in 2023, the rate is 75.9%. It did not meet the PG BoB goal, missing by 5.60 percentage points, but was higher than the rate in 2022 of 72.50 percentage points.
- However, the rate in 2023 is 2.50 percentage points higher than that in 2022. It indicates a slightly positive trend for members getting care quickly.
- Customer service was rated positively by 87.5% of respondents in 2023, below the 2023 PG BoB benchmark of 89.8%. The goal was not met.
- The communication skills of doctors were rated positively by 91.6% of respondents in 2023, which did not meet the 2023 PG BoB benchmark of 92.8%. The goal was not met.
- Care coordination received a 79.6% positive rating in 2023, underperforming compared to the 2023 PG BoB benchmark of 85.6%. The goal was not met.
- The ease of filling out forms was rated positively by 95.6% of respondents in 2023, slightly exceeding the 2023 PG BoB benchmark of 95.3%, yet the goal was not met.

## ***Qualitative Analysis - Opportunities for Improvement***

Based on the CAHPS data review, CCAH did not reach its goals for the "getting needed care" and "getting care quickly" composite scores. This outcome highlights members struggled to access care promptly when required. CAH has acknowledged that the "getting needed care" measure is the most essential and is therefore the top priority for Plan improvements. The rate for this measure revealed a downward trend in member satisfaction between 2021 and 2023.

### **6.5. Qualitative Barrier Analysis**

The SMEs, including Quality Improvement and Population Health Director, Quality and Health Programs Manager, Grievance and Quality Manager, Provider Services Director, Provider Quality and Network Development Manager, Health Services Operations Manager, and Compliance Director, identified the challenges obstructing the transition and quality of health care service.

- *Access to Care*
  - The decrease in the CAHPS rates can be related to the challenges in accessing routine care during the pandemic. Over the past two years, clinics have been overwhelmed with COVID and flu-related cases. It resulted in limited availability for routine care. The severity of the pandemic in 2021 and part of 2022 further compounded the situation, which led to a significant reduction in access to routine care.
- *Member-Level*
  - Members often expect to receive appointments much sooner than they actually do, which contributes to the low CAHPS ratings. Although appointments are available, the delay in scheduling leads to member dissatisfaction. The gap between the expected and actual appointment times is the primary reason for the low ratings.
  - Members do not know how to navigate the healthcare system as well, and therefore they are not able to get appointments in a timely manner. Some members do not realize that CCAH has appointment assistance for their member services unit that they can call to get the appointment services earlier.
- *Provider-Level*
  - People have begun to believe that the pandemic is ending during the period of 2022. They then are returning to the office, looking to schedule appointments now after a period of time without appointments. This resulted in a significant and unanticipated rise in the number of patients booking appointments, which would reduce the number of slots available for everyone, for which the current specialist network was unprepared.
    - CCAH has made efforts to maintain all specialist contracts with practitioners. However, the increasing demand for appointments may impact member expectations regarding timely care.
  - Primary Care is getting negatively impacted:
    - The task was made more challenging due to the limited number of PCPs available for contracting. This is because many medical school graduates are opting for specialist careers, which are more financially rewarding.
  - Providers are not updating their panel status:

- There are cases when patients contact the clinic to schedule an appointment but find that the office's panel is closed. Members may have the perception that there are fewer appointments available as there were in previous years.
    - Providers may close offices due to high patient volume.
    - Providers may fail to update the CCAH management team on their current panel status due to lack of awareness, time constraints, or staff turnover.
- *Plan-Level*
  - There appears to be an imbalance between the number of patients seeking appointments and the availability of practitioners.
  - Some older recipients may have multiple chronic conditions and may require longer duration of appointments. Practitioner offices often struggle with the availability of longer appointment durations.
  - There are multiple health plans that operate in the same geographic area as CCAH. These plans have a significant patient base, managing multiple products and establishing contracts with primary care physicians and specialists who have a high volume of patients and a significant impact on healthcare. It becomes increasingly challenging for members as they find themselves competing for appointments with the same practitioners.
- *Health Plan-Level:*
  - There appears to be an imbalance between the number of patients seeking appointments and the availability of practitioners.
  - Some older recipients may have multiple chronic conditions and may require longer duration of appointments. Practitioner offices often struggle with the availability of longer appointment durations.
  - There are multiple health plans that operate in the same geographic area as CCAH. These plans have a significant patient base, managing multiple products and establishing contracts with primary care physicians and specialists who have a high volume of patients and a significant impact on healthcare. It becomes increasingly challenging for members as they find themselves competing for appointments with the same practitioners.
  - There was no crucial impact from negative retro disenrollments due to the text messaging campaign. The increase in membership during the COVID years has persisted post-pandemic.
  - Conversely, there was a reduction in the number of providers and medical staff as retention became challenging in the past few years. Many providers and staff left the state due to high costs, a shortage of support staff, and burnout. Several providers faced unsustainable costs related to insurance, taxes, and malpractice, leading to further attrition. Additionally, a major shortage in both practitioners and support staff made it difficult for many providers to run their offices effectively. To address this issue, we instituted a medical assistant grant to help support this critical staffing need.

### ***Opportunities for Improvement***

Based on the 2023 CAHPS Survey results, several opportunities have been identified to enhance the timeliness and accessibility of healthcare services for CCAH members. These opportunities target specific areas where performance metrics did not meet the established goals.

- CCAH investigated opportunities to enhance the telehealth solution. Telehealth services will be expanded by increasing the number of telehealth-only providers. Additionally, several clinics offer in-person appointments and provide telehealth options to their patients. This expansion aims to offer members more opportunities to receive care remotely and reduce the need for in-person visits.
- The Plan is using appropriate types of providers (i.e. CHWs, Doulas, and other type of ancillary providers), to cover for shortage PCPs in the service area. These providers can see members and administer the appropriate services instead of PCPs.
- CCAH increases network capacity by working with local medical schools, residency programs with University of California Merced and University of California San Francisco to expand the network in remote areas.
- CCAH offers medical capacity grants to fund a portion of the salary for specific provider types to aid in recruiting additional practitioners and supporting medical assistants.
- Implement efficient scheduling systems and inform members about the appointment assistance available through the member services unit, which they can contact to secure earlier appointments.
- CCAH will also enhance awareness of members that they contact Carelon directly to facilitate immediate and comprehensive support. This direct engagement ensures that members receive timely and coordinated care, enhancing their overall health outcomes and satisfaction with the healthcare system.
- There are incentive programs currently in place for PCPs, SCPs, and hospitals to give more funding to the provider network. CCAH is developing additional incentive programs to provide additional support to the provider network depending on availability of operational revenue. Additional operational revenue is distributed through grant funding or incentive payments to providers.

By addressing these areas, CCAH can work towards improving the overall healthcare service delivery efficiency and effectiveness, member satisfaction, and Plan goals for timely and accessible care.

Description of Intervention	Barrier Addressed	Timeframe
<b>1. Continuing to expand the Provider/Practitioner Network</b> Provider Relations continues to expand the practitioner panel to improve access for CCAH members. The Provider Relations department will focus on growing the specialty network. CCAH is reviewing contract reimbursement amounts requested in specialty areas that have been identified for improvement.	Providers/Pra ctitioners Not Participating with CCAH	Ongoing
<b>2. Continuing to Enhance Collaboration with New TPA</b> In 2024, CCAH started its search for a new TPA. The process was completed by Jan 1, 2024, for CCAH's IdealCare line of business. CCAH will continue to work closely with the new TPA to ensure that it understands the quality metrics and standards that the TPA is expected to meet.	Issues with the TPA	Ongoing

Description of Intervention	Barrier Addressed	Timeframe
<p>3. <b>Continue to educate practitioners on appointment access</b> standards so they can make necessary arrangements to see patients in a timely manner. The Plan will send newsletters and update its websites to educate practitioners on the appointment access standards. Education distributed annually by Provider Relation Representatives between October – December during in-person office visits.</p>	<p>Practitioners are not aware of appointment availability standards</p>	<p>Ongoing</p>

## 6.6. Conclusion and Next Steps

CCAH has concluded that there are still some issues related to appointment access. Improving appointment access and making sure members receive the care they need is a key initiative for the Plan in its ongoing effort to improve quality. CCAH is continuing to expand its specialty network in order to provide better coverage to its members. CCAH will also continue to identify additional health groups and practitioners that can join the Plan in 2024.

## 7. HEDIS

### 7.1. Introduction

CCAH monitors several external and internally developed clinical quality measures that track the quality of health care services provided by the Plan's network of contracted providers. In order to calculate these rates for these measures, CCAH collects data from a variety of different sources that include but are not limited to the following:

- Annual HEDIS submission
- Claims and encounter data from contracted primary and specialty care providers
- Claims and encounters from ancillary care providers (e.g. Hospitals, Labs, Radiology centers, etc.)

Measuring and reporting these measures helps CCAH assess the effectiveness of the care members have received. These clinical quality measures are used to evaluate multiple aspects of patient care including:

- Performance with healthcare outcomes and clinical processes.
- Effectiveness of program used to manage chronic conditions.

#### *Effectiveness of HEDIS Measures*

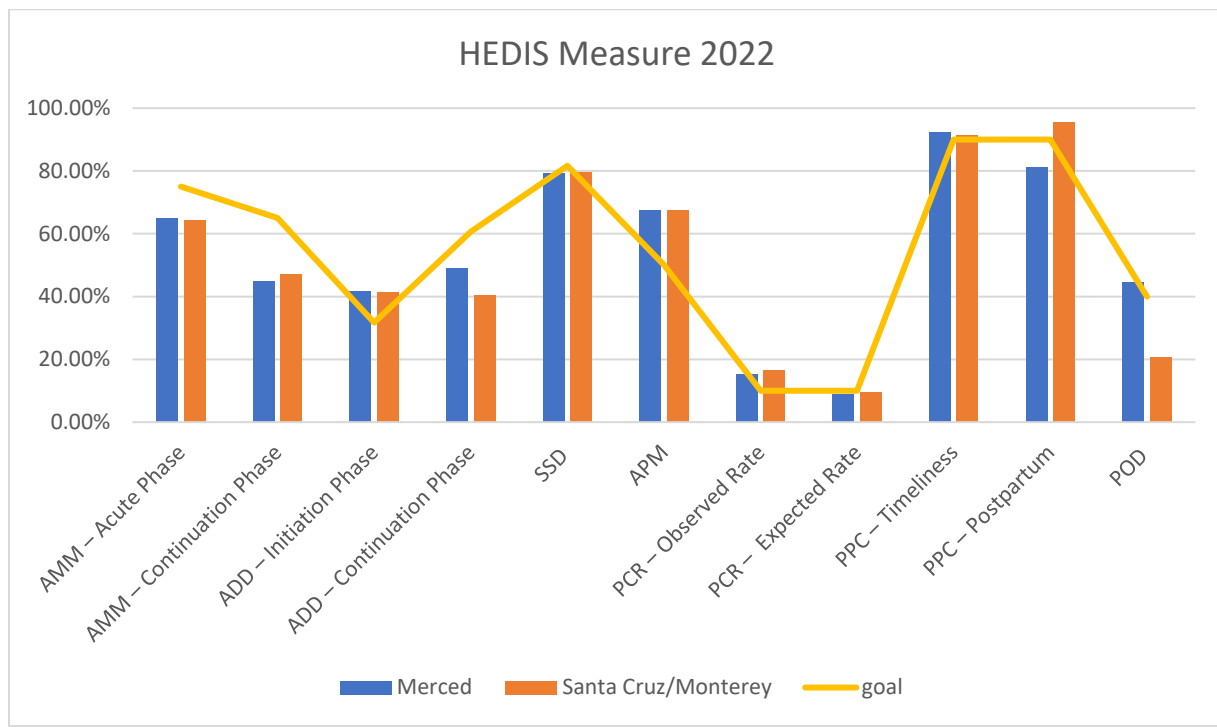
HEDIS is a set of standardized performance measures designed to ensure that healthcare consumers have reliable information for performance comparison amongst health plans. Additionally, it guides the Plan in identifying clinical areas that need ongoing improvements efforts.

### 7.2. Results and Performance

The table below compares CCAH's performance on some of the key measures to the national percentiles. In 2020, CCAH will be focusing on improving the measures that did not meet goals for 2024.

HEDIS Measure	County	2022	Goal	Goal Met
AMM – Effective Acute Phase	Merced	65.05%	75.00%	N
	Santa Cruz/Monterey	64.40%	75.00%	N
AMM – Effective Continuation Phase	Merced	44.92%	65.00%	N
	Santa Cruz/Monterey	47.07%	65.00%	N
ADD – Initiation Phase	Merced	41.84%	31.67%	N
	Santa Cruz/Monterey	41.14%	31.67%	N
ADD – Continuation Phase	Merced	49.06%	60.66%	N
	Santa Cruz/Monterey	40.30%	60.66%	N
SSD	Merced	79.31%	81.60%	N
	Santa Cruz/Monterey	79.47%	81.60%	N
APM – Blood Glucose Testing	Merced	67.59%	50.00%	Y

	Santa Cruz/Monterey	67.48%	50.00%	Y
PCR – Plan All-Cause Readmissions (Observed Rate)	Merced	15.31%	10.00%	Y
	Santa Cruz/Monterey	16.58%	10.00%	Y
PCR – Plan All-Cause Readmissions (Expected Rate)	Merced	9.02%	10.00%	N
	Santa Cruz/Monterey	9.35%	10.00%	N
PPC – Timeliness of Prenatal Care	Merced	92.21%	90.00%	Y
	Santa Cruz/Monterey	91.30%	90.00%	Y
PPC – Postpartum Care	Merced	81.02%	90.00%	N
	Santa Cruz/Monterey	95.65%	90.00%	Y
POD – Pharmacotherapy for Opioid Use Disorder	Merced	44.44%	40.00%	Y
	Santa Cruz/Monterey	20.62%	40.00%	N



### Quantitative Analysis

- CCAH evaluated 11 measures across Merced and Santa Cruz/Monterey counties. Out of these measures, 5 met their goals, and 6 did not.
- The lowest-performing measure was ADD – Continuation Phase in Santa Cruz/Monterey. It achieved only 40.30% against a goal of 60.38%, which means it fell short by 20.08 percentage points.



- The highest-performing measure was APM – Blood Glucose Testing in both Merced and Santa Cruz/Monterey. The rates reached 67.59% and 67.48%, respectively, compared to a goal of 50.00%. The measure exceeded the target by 17.59 percentage points in Merced and 17.48 percentage points in Santa Cruz/Monterey.

### **7.3. Barrier Qualitative Analysis**

The team at CCAH performed a detailed barrier analysis. There are two categories of barriers that impact HEDIS measures. These are as follows:

#### **Barrier to Continuity and Coordination of Care**

##### ***Provider Level Barriers***

- PCPs are often unaware when their patients visit the hospital, indicating a collaboration and communication issue between providers and care settings. Hospital staff do not always share information with PCPs after a member's emergency room visit, partly due to not knowing the PCP's identity or failing to complete a release of information form.
- Misinterpretation of HIPAA regulations prevent hospital staff from sharing information with PCPs without a signed release form, which is further complicated by insufficient training on HIPAA requirements.
- Staff turnover in hospitals leads to disruptions in processes, impacting the continuity and coordination of care.
- Infrastructure Challenges:
  - Interoperability between electronic health systems may be suboptimal, impacting the timely exchange of care plans between providers in different settings. Inadequate synchronization of procedures for sharing member discharge plans across settings could delay communication and hinder post-discharge coordination of care.
  - The Hospitals and outpatient practitioners are rarely on the same EMR system which means that they are not able to see the relevant clinical information needed to better manage their patient. There are different kinds of infrastructure established to exchange information between hospitals and PCPs. These include Health information exchanges and ADT feeds. However, due to lack of resources and staffing to set up these systems, several clinics are not able to utilize these systems.
  - Some hospitals may not be connected to the ADT Feed system.
    - PCPs may not be getting sufficient information if they don't have access or did not activate their access to ADT Feed system.
    - Even the clinics that are connected to HIEs and getting ADT feeds have an issue with the providers reviewing these notes once they are received. PCPs who are within those clinics may not be aware that they can get or may not know they are already getting information through the ADT Feeds.

##### ***Member Level Barriers***

- Communication between healthcare providers and members may be insufficient.
  - Members are not given clear instructions to share the discharge summaries with their outpatient provider. There is limited provider-member interaction time which could lead to unclear instructions for follow-up care once discharged.
  - Members discharged from the hospital without clear guidance on post-discharge follow up care, how and when to schedule an appointment with their PCP, medication

management, or other essential information may struggle to adhere to treatment plans, increasing the risk of readmission.

- Members may lack awareness of whom to contact for follow-up care, such as their primary care provider or specialist.
  - This lack of clarity could result in members not seeking necessary post-discharge care, leading to complications and an increased risk of readmission.
- Personal factors, such as limited social support, additional health conditions, and individual circumstances, can hinder members' ability to manage their health effectively post-discharge, contributing to the risk of readmission.

## **Barrier to Continuity and Coordination Between Medical Care and Behavioral Healthcare**

### ***Provider Level Barriers***

- PCPs may lack confidence and experience in managing mental health medication compared to BH practitioners.
  - Unfamiliarity with mental health medications, unclear follow-up procedures, and difficulties in advising patients about medication adherence contribute to this issue.
- Access to BH providers is challenging, causing delays in care for members needing ongoing mental health medication management.
- Lack of coordination between PCPs and BH practitioners results in improper management of mental health patients.
  - PCPs may stop prescribing medication without consulting BH practitioners when side effects occur.
- Information exchange systems between providers are suboptimal.
  - Delays in sharing medical history, especially when patients switch providers, impact treatment continuity.
- Misinterpretations of HIPAA regulations hinder information sharing between PCPs and BH practitioners.
- The use of different EMR systems by BH practitioners and medical practitioners hampers effective patient care.

### ***Member Level Barriers***

- Members may discontinue mental health medication during summer months due to routine changes, reflecting a lack of awareness about the need for consistent treatment.
- Members might stop taking medication once symptoms improve, not understanding the importance of long-term adherence to prevent relapses.
- Stigma and side effects can lead to treatment discontinuation.
  - Members may choose to stop treatment to avoid judgment or due to bothersome side effects.
- Individuals with other health issues may prioritize physical health over mental health, leading to neglect of psychoactive drugs and non-adherence.

## **Conclusion:**

For 2024, the Quality Improvement Program at CCAH will build upon its previous successes with a renewed focus on innovation and strategic goals. Here's an overview of the key initiatives planned for the year:

## 8. 2024 QI Program Initiatives

1. **Expand CCAH's Collaboration with Community Based Organizations**
  - **Incorporate collaboration with Community Based Organizations:** The program will integrate CCAH's Model into its mission, vision, and values. This model emphasizes addressing the unique needs of members and aims to broaden internal programs and partnerships with Community-Based Organizations (CBOs) to better support members.
2. **Increased member feedback**
  - **Member Feedback** will be introduced to gather direct feedback from members regarding the quality of care and overall satisfaction. This initiative will provide valuable insights to refine and improve services.
3. **Expand Provider Participation in the Provider Partnership Program**
  - **Inclusion of Smaller Providers:** The program will work on increasing participation from smaller network providers in the program. This expansion aims to ensure that quality improvement efforts reach a broader range of providers and benefit a more diverse set of members.
4. **Increase Focus on Health Equity and Culturally and Linguistically Appropriate Services (CLAS)**
  - **Engagement and Feedback:** There will be a heightened emphasis on health equity and CLAS. This includes:
    - **Consumer Advisory Committee (CAC):** Engaging with community and member feedback through the CAC.

The 2024 QIHET Program aims to advance CCAH's mission by integrating its Model of Care, enhancing member feedback mechanisms, expanding provider participation, and focusing on health equity and culturally appropriate services. These initiatives are designed to support continuous improvement in care quality and member outcomes while fostering stronger community and provider engagement.