



2023 Quality Improvement (QI) Annual
Evaluation Executive Summary
(4Q2022 - 3Q2023)

American Specialty Health, Incorporated

American Specialty Health Plans of California, Inc.

American Specialty Health Group, Inc.

American Specialty Health Insurance Company

ASH 2023 QI Evaluation - Table of Contents

Executive Summary	5
Vision of the Quality Improvement (QI) Program	5
Purpose of the QI Program	5
Philosophy of the QI Program	5
Goals of the QI Program	7
Overview of American Specialty Health, Inc.	8
Overview of American Specialty Health Committee Structure	8
Overall Effectiveness of the QI Program	8
Confidentiality	9
Results Summary	10
Quality Improvement Activity Trends in 2023	24
Quality Improvement Activity (QIA) Studies	26
Quality Improvement Studies in Progress	26
2.1.1 Increase Electronic Claim Auto-Adjudication Rates	26
3.1.1 Reducing Unnecessary X-Ray Utilization	26
3.1.2 Encouraging Practitioners to Support Tobacco Cessation with Patients	27
3.1.3 Encouraging Practitioners to Promote Physical Activity.....	27
Barriers Identified in 2023	28
Routine Indicators	28
4.1.11A Monitor Timeliness of Member Grievance Acknowledgements and Resolution	28
4.2.1D Monitor Geographic Availability of Practitioners.....	28
4.2.7b-c Monitor Practitioners Turnover Rate for All Specialties.....	29
4.3.3b,d,E and F Monitor Patient Satisfaction with UM Process.....	29
4.4.1 c Monitor Patient Satisfaction with UM Process.....	30
Routine Monitoring	31
4.5.1 Monitor Timeliness of Claims Processing Monthly Reports to Clients.....	31
5.1.1 Monitor Language Assistance Service for Compliance and Effectiveness - Non-CA (ACA) ..	31

5.1.2 Monitor Language Assistance Service for Compliance and Effectiveness - Non-CA (ACA) ..	31
5.3.13a Review and Report CPT Annual Code Updates	32
5.5.1 Performance Standards and Clinical Indicators Reported to Clients	32
5.6.9 Monitor California Department of Insurance Sufficiency Standards of California Practitioners to Determine Recruitment Needs to Support the California Department of Insurance (CDI) Access Standards	33
6.1 Virtual Physical Therapy& Rehab (VPT) Network Buildout.....	33
6.3 VPTR Patient Experience Monitor VPTR Patient Service Quality	34
6.4 Client Satisfaction Assessment	34
6.6 Develop Reporting for VPTR Performance Measures	34
QI Opportunities from the 2022 QI Evaluation Completed in 2023	35
Clinical QI Studies	35
3.1.1 Monitoring X-Ray Utilization (Over Utilization)	35
3.1.2 Encouraging Practitioners to Support Tobacco Cessation with Patients	35
3.1.3 Encouraging Practitioners to Promote Physical Activity.....	35
Routine Indicators	36
4.1.1 Monitor Practitioner Inquiry Telephone Responsiveness.....	36
4.1.2 Monitor Member Inquiry Telephone Responsiveness.....	36
4.1.5 Monitor practitioner Inquiry Resolution Timeliness	36
4.1.14 Monitor Member Grievance Trends.....	37
4.1.20 Monitor Timeliness of Resolution of Practitioner Appeals.....	37
4.1.28 Quarterly Complete National Verification of Practitioner Data to Ensure Accuracy.....	37
4.2.1 Monitor Geographic Availability of Practitioners.....	37
4.2.3 Monitor Credentialing Timeliness by Specialty	38
4.2.8 Monitor Practitioner Compliance with Member Access Standards for Appointments (Secret Shopper)	38
4.2.12 Evaluation of Member Access Complaints, Requests for Out of Network Services, and Member Experience (Annual CAHPS Survey)	38
4.4.2 Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-Rater Reliability (IRR) - Step One.....	38
4.4.4 Monitor Clinical Performance System Criteria and Tier Participation	39
4.4.8 Monitor CPS Criteria and Tier Participation	40

Routine Monitoring	40
5.2.3 Monitor Practitioner Involvement in Education Activities.....	40
5.3.1 Report Evidence Evaluation Committee Review of Techniques or Procedures	40
5.3.2 Conduct PAHAC Meetings	40
5.3.11 Monitor Practitioners with a Specific Radiological Quality Assurance Review	41
5.3.13 Review and Report CPT, HCPC and ICD-10 Annual Code Updates	41
5.6.3 Track and Report Regulatory Complaints and Non-Routine Inquiries	42
5.6.9 Monitor California Department of Insurance Sufficiency Standards of California Practitioners to Determine Recruitment Needs to Support the California Department of Insurance (CDI) Access Standards	42
Quality Improvement (QI) Opportunities for 2024	43
Clinical QI Studies	43
3.1.1 Monitoring X-Ray Utilization (Overutilization).....	43
3.1.2 Encouraging Practitioners to Support Tobacco Cessation with Patients	43
3.1.3 Encouraging Practitioners to Promote Physical Activity.....	43
Routine Indicator	43
4.4.3A – 4.4.3G Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-Rater Reliability (IRR) – Step Two	43
Routine Monitoring	44
5.6.9 Monitor California Department of Insurance Sufficiency Standards of California Practitioners to Determine Recruitment Needs to Support the California Department of Insurance (CDI) Access Standards KPT	44
6.1 Virtual Physical Therapy (VPTR) Network Buildout KPT	44
6.6 Develop Reporting for VPTR Performance Measures CCC	44

Executive Summary

Vision of the Quality Improvement (QI) Program

The core vision of American Specialty Health (ASH) is to empower individuals to live healthier. To achieve the vision of transforming healthcare through the delivery of quality healthcare services through collaboration with providers, practitioners and client partners, ASH will:

- Positively impact the delivery of healthcare by broadening the understanding and acceptance of specialty healthcare practitioners within the established healthcare community and third-party reimbursement system.
- Facilitate the integration of specialty healthcare, health improvement, population health, and integrative health care services into traditional health care management products.
- Promote evidence-based decision assist tools to support the delivery and management of specialty therapies to improve the health care choices made by members, practitioners, and client partners in the selection and delivery of clinically effective, cost-efficient healthcare services and products.

Purpose of the QI Program

The purpose of American Specialty Health's annual Quality Improvement Evaluation is to measure the effectiveness and summarize the accomplishments of the Quality Improvement Program related to the quality of care, service, and safety provided to patients and identify opportunities for future improvements. The annual QI Evaluation reviews various aspects of the QI Program, the Clinical Services Utilization Management (UM) Program, the Credentialing Program, and the Clinical Performance Program captured through the QI Workplan activities. The annual QI Evaluation process reviews and documents the overall effectiveness of the QI program, addresses the quality of clinical care and service, operational improvements, and summarizes the program activities and improvements that were accomplished throughout the year. The annual QI Evaluation process identifies barriers encountered during the QI process to assist in identifying priorities, resources, and/or modified methodologies necessary to achieve established goals.

Philosophy of the QI Program

The QI Program defines the process for monitoring member quality of care and service. To achieve the goal of improved member clinical outcomes, pertinent data (aggregate and practitioner-specific data) are collected and analyzed by clinical committees to identify improvement opportunities, develop interventions, and measure outcomes. Data are collected through methods such as member surveys, medical record evaluations, clinical care studies, practitioner surveys, member appeals and grievances, and internal performance measurements extracted from ASH databases. To achieve the goals of service quality, data are collected and monitored by integrated committees against standardized internal and external performance standards. Quality improvement initiatives and priorities focus on areas where members have the greatest need and where the greatest potential to positively impact quality of service and healthcare service delivery to ASH members, providers, practitioners, and clients are identified.

The QI Program incorporates the scope of benefits, services, and activities provided by ASH. It is comprehensive, fully operational, and includes a description of the program, company mission, goals, and objectives throughout all operational areas, and reports on ASH's progress in meeting its goals and objectives.

ASH is committed to continuous quality improvement of the programs and services it offers to individuals. This purpose influences the quality improvement program throughout ASH and incorporates cross-functional activities to monitor, review, and analyze outcomes of programs and policies that impact the quality of care and the quality of service including, but not limited to, the prevention, recognition, and management of adverse outcomes; patient safety; practitioner accessibility; and clinical and administrative services provided to members. The Quality Improvement Program (QI Program) describes components of the clinical performance program designed to evaluate compliance by credentialed practitioners with ASH's standards of professional care and professional recognized standards of practice related to services provided under the practitioner's scope of professional licensure and acceptable to ASH and its Quality Oversight

Committee. The QI program supports and defines the mechanisms to improve the organization administrative processes, clinical services, and clinical activities in accordance with the corporate vision and mission.

Systems within the QI Program are designed to objectively measure, evaluate, monitor, and improve the processes related to the practitioner-member interaction, clinical services provided to members, and internal processes. The QI Program integrates clinical and operational management systems that support consistent compliance with protection of patient health and welfare, privacy and confidentiality of member information, and peer review information. These management systems meet state and federal security standards, meet, or exceed accreditation standards, and meet client delegation requirements. Areas in need of improvement are identified, appropriate interventions are implemented, and improvement results are documented. The goal of these interventions is continuous quality improvement in clinical and administrative operations and the delivery of clinical services.

The ASH philosophy is based on the following quality improvement principles:

- Member-Centric
- Outcomes-Based
- Evidence-Based
- Safe
- Technology enabled
- Virtual services enabled
- Excellent service delivery
- Integrity
- Competency of staff
- Caring
- QI focused leadership
- Monitoring accuracy and consistency
- Measurement accuracy and reporting quality
- Auditing for QI identification
- Teamwork
- Creativity
- Change management affinity

Quality is defined by ASH as meeting or exceeding internal or external customer (e.g., member, client, accreditation entities, state, and federal regulators) expectations and specifications at a cost that represents value to all applicable customers. ASH is committed to continuously improving the quality of member care and service through organization-wide collaborative planning in the oversight of clinical care, services, products, relevant measurement, and assessment of exiting processes to improve clinical outcomes.

The QI Program is designed to:

- Consistently meet or exceed the expectations of customers.
- Measure performance relative to industry standards, internal standards, and customer expectations.
- Identify and implement changes in processes and organizational structure based on gained experience.
- Continually improve the support of client, industry, and internally defined standards.
- Objectively and systematically measure and monitor services offered by ASH and implement quality improvement activities based upon the findings.

Goals of the QI Program

The goals of ASH's QI Program are to:

- Maintain and improve upon managed care operations, quality systems, and continuous quality improvement initiatives in support of ASH members, practitioners, and providers. The outcome of these activities will result in improved member health, high member satisfaction, and high quality clinical and service delivery.
- Facilitate effective health improvement outcomes for the members who access services from an ASH credentialed practitioner.
- Deliver effective, evidence-based clinical decision making through the credentialing, medical necessity review, and quality management functions of the organization for the benefit of the member seeking covered health services.
- Improve consumer health by facilitating the integration of evidence-based specialty healthcare products, benefits, and services with conventional evidence-based healthcare in the support of health plans and third-party reimbursement.
- Continue expansion of education initiatives; teaching consumers, clients, practitioners, and staff regarding clinical aspects and benefits of specialty healthcare and evidence-based practices.
- Ensure appropriate member access and availability to practitioners that agree to ASH terms and conditions including, but not limited to, ASH clinical services program, administrative requirements, adherence to ASH policies, and that have been credentialed according to ASH's Credentialing Program.
- Make timely, responsive, clinically appropriate, and/or operationally accurate decisions to support quality assurance and medical necessity review, credentialing, clinical performance (quality) management, medical record documentation review, practitioner facility criteria, preventive health services, customer services, appeals and grievances management, claims management, and contract services.
- Provide quality management and improvement support related to clinical and operational processes, policy development, research, reporting, regulatory compliance, accreditation maintenance, and delegation audit management, including management of the interface between clinical quality and administrative operations.
- Serve our culturally and linguistically diverse membership or customers as mutually agreed upon and delegated by our health plan partners.
- Provide educational support to employers, health plans, employee benefit consultants, and others on evidence-based healthcare for the efficacy, patient safety, and cost-effectiveness of services/interventions which are provided.
- Improves consumer access to and availability of evidence-based services provided by practitioners of chiropractic, physical therapy, occupational therapy, speech therapy, acupuncture, therapeutic massage, naturopathy, nutritional services, podiatry, and other healthcare services added to ASH programs.
- Maintains accreditation and licenses, for clinical services and operations.
- Maintains delegated status by clients for services contracted from ASH.
- Continually promotes measurable, value-added improvement in the clinical and operational quality of services and products.
- Maintains high customer satisfaction through operational and service excellence, including maintaining at least 90% patient satisfaction.
- Maintains practitioner satisfaction and network stability through operational and service excellence.
- Develops and disseminates evidence-based clinical practice guidelines and best clinical practices and assists practitioners with implementation to continually improve the quality and safety of clinical services delivered by ASH practitioners.
- Supports activities and programs that facilitate integration with allopathic medicine.
- Conducts research initiatives that are focused on the ASH vision and mission.
- Continues to enhance the consistency and reliability of the ASH specialty healthcare model; and
- Monitors information received from practitioners and practitioners and takes appropriate action when suspicions of inappropriate or potentially fraudulent practices are discovered.

Overview of American Specialty Health, Inc.

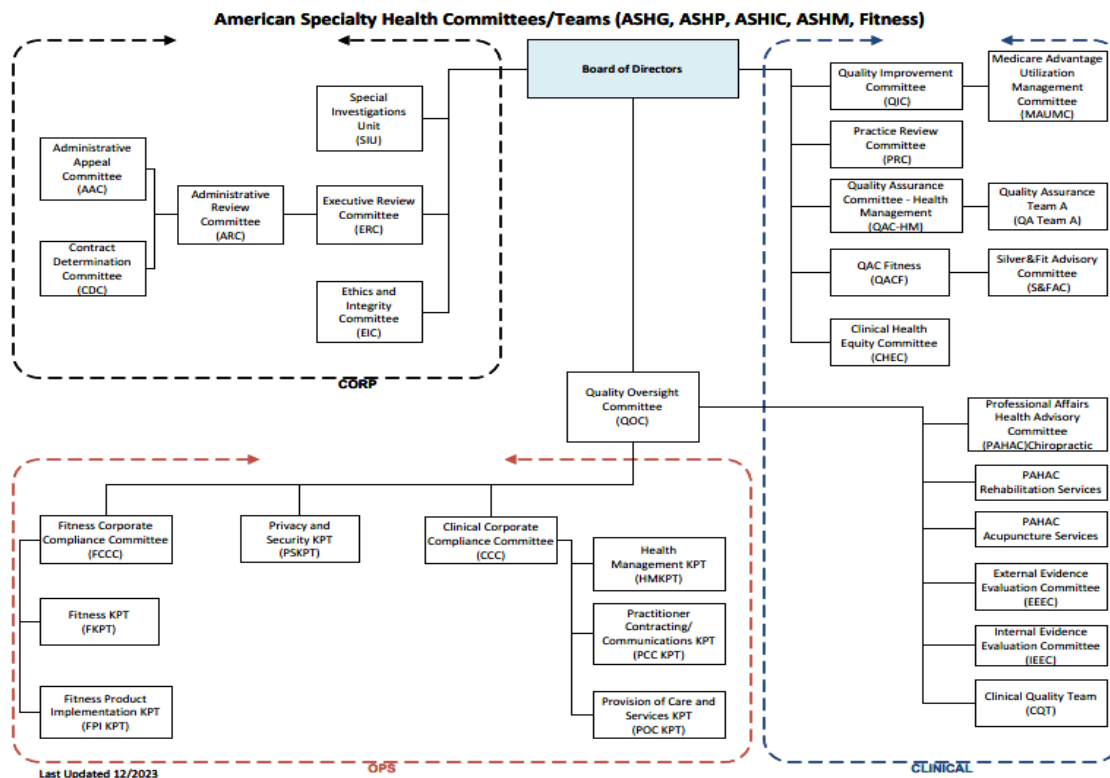
American Specialty Health Incorporated (ASH) is one of the nation's premier independent and privately-owned specialty health organizations offering technology-enabled benefits management services, including musculoskeletal health provider networks and programs, fitness center networks and exercise programs, and well-being solutions for health plans, insurance carriers, employers, associations, and others.

Overview of American Specialty Health Committee Structure

The Quality Improvement (QI) program has been established with input and active participation of key staff and management. The ASH Committees, Key Process Teams (KPTs), and clinical peer committees effectively managed the activities included in the 2023 QI Workplan. The committees meet on a regular basis to review quality metrics including Routine Indicators, Routine Monitoring, QI Activities, and QI Studies.

The Quality Oversight Committee (QOC) has responsibility for the development and oversight of the QI program. The QOC includes, among others, the Chief Health Services Officer (CHSO), Vice President of Clinical Services (VPCS), Senior Vice President of Health Services, and at least one credentialed practitioner.

The QI program is reviewed, assessed, and approved annually. The responsibility for assessing and monitoring the quality of care and clinical services provided to members is delegated by the Board of Directors (BOD) to QOC. The QI program is reviewed and approved by QOC, monitored by American Specialty Health – Specialty (ASH) senior management, and the outcomes are reported the Board of Directors annually.



Overall Effectiveness of the QI Program

American Specialty Health has made significant improvements to its clinical and administrative operational infrastructure to provide high quality service to its customers. Continuous advancements to technology and process

improvements resulted in measurable improvements to performance and strengthened the operational capabilities for future growth. ASH consistently monitors and measures its performance, meeting or exceeding 97% of the performance standards from 4Q2022 to 3Q2023. To strengthen the efficiency and quality of internal processes and operations in support of our health care delivery systems, ASH continues to build alliances with clients, educational institutions, accreditation agencies, regulatory bodies, practitioner organizations, and other external customers in the managed care and health care industries.

ASH believes that being accredited, supporting our accredited health plan partners, and working with accrediting organizations in the development of standards is evidence that our quality program has enhanced and strengthened the patient and practitioner encounter while positively influencing clinical outcomes. Obtaining national accreditation through URAC and the National Committee for Quality Assurance (NCQA) demonstrates ASH's commitment to compliance with industry standards and regulators, and high-quality care and services to members, practitioners, and other customers. ASH continues to maintain its full accreditation status since 1998.

Dedicated staff, analytical capabilities, and data resources are allocated by the Board of Directors to support the corporate-wide QI Program. For 2023, the BOD provided adequate resources to support the ASH QI Program. All employees are responsible for service excellence and improving the quality of assigned tasks and responsibilities.

- Quality Oversight Committee (QOC) and the QI Committees met consistently throughout the QI Year as part of their responsibilities for oversight of the QI Program.
- Practitioners participated in the QOC meetings to provide input and recommendations regarding the clinical care provided to members and the QI Program.
- ASH leadership are members of the QOC, including the Chief Health Services Officer (CHSO), Vice President of Clinical Services (VPCS), Senior Vice President of Health Services Administration, and at least one credentialed practitioner.
- Based on the results of the 2023 QI Annual Evaluation and QI Program, for 2024, there is no need to restructure or change the QI program. Quality improvement opportunities are identified and will be part of the QI Workplan.

The following summaries provide an overview of the Quality Improvement Studies in progress, as well as key accomplishments, barriers, and recommendations relating to the QI Workplan activities for 2023.

Confidentiality

The Quality Improvement Evaluation and all documents related to it are confidential and subject to all confidentiality policies.

Results Summary

The Results Summary details the quarter and year-to-date outcomes that were monitored throughout the 2023 Quality Improvement year. For any activity that missed a review or a quarterly goal, the activity is analyzed for identification of potential barriers. The summary of the analysis can be found in the Barrier Analysis section of the Quality Improvement Evaluation.



= All goals met



= Goal partially met



= Missed goal or review



= N/A

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
1	QI Program				
1.1	Total Quality Management System				
1.1.1	Track Implementation of all Recommendations from Previous Year's Evaluation	●	●	●	●
1.1.2	Business Owners to complete and Present New NCQA QIA Form Section I: Activity Selection and Methodology to Committee/Team	●	●	●	●
2	QIA Admin				
2.1	Service				
2.1.1	Increase Electronic Claim Auto-Adjudication Rates [Goal: ASHLink Auto-Adjudication = 75%; Clearinghouse Auto-Adjudication = 55%]	●	●	●	●
3	Clinical QI Study				
3.1	Clinical Care				
3.1.1	Monitoring X-Ray utilization (Over Utilization) [Goal: GA, TN, TX - ≤ 10% (consistent with ASH averages and national benchmarks)]	●	●	●	●
3.1.2	Encouraging Practitioners to Support Tobacco Cessation with Patients [Goals: 1) ≥85% Practitioners "Always or Often" Ask about tobacco use; 2) ≤5% Practitioners "Never" Ask About Tobacco Use] 3) ≥60% of "Always or Often Ask" Instruct those who use tobacco to quit	●	●	●	●
3.1.3	Encouraging Practitioners to Promote Physical Activity	●	●	●	●
4	Routine Indicator				
4.1	Service				
4.1.1a	Monitor Practitioner Inquiry Telephone Responsiveness [Goal: 30 seconds = 75%]	●	●	●	●
4.1.1b	Monitor Practitioner Inquiry Telephone Responsiveness [Goal: 60 seconds = 85%]	●	●	●	●
4.1.1c	Monitor Practitioner Inquiry Telephone Responsiveness [Goal: Avg speed = 30 secs.]	●	●	●	●
4.1.1d	Monitor Practitioner Inquiry Telephone Responsiveness [Goal: Abandonment rate = 5%]	●	●	●	●
4.1.1e	Monitor Practitioner Inquiry Telephone Responsiveness [Goal: Call blockage = 2%]	●	●	●	●
4.1.1f	Monitor Practitioner Inquiry Telephone Responsiveness (Unanswered Calls > 10 Minutes) [Goal: Report Wait Times ≥10 Minutes]	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
4.1.2a	Monitor Member Inquiry Telephone Responsiveness [Goal: 30 seconds = 80%]	●	●	●	●
4.1.2b	Monitor Member Inquiry Telephone Responsiveness [Goal: 60 seconds = 85%]	●	●	●	●
4.1.2c	Monitor Member Inquiry Telephone Responsiveness [Goal: Avg speed = 30 secs.]	●	●	●	●
4.1.2d	Monitor Member Inquiry Telephone Responsiveness [Goal Abandonment rate = 5%]	●	●	●	●
4.1.2e	Monitor Member Inquiry Telephone Responsiveness [Goal: Call blockage = 2%]	●	●	●	●
4.1.2f	Monitor Member Inquiry Telephone Responsiveness (Unanswered Calls > 10 Minutes) [Goal: Report Wait Times ≥10 Minutes]	●	●	●	●
4.1.3	Monitor Practitioner Inquiry Types to Identify Trends	●	●	●	●
4.1.4	Monitor Member Inquiry Types to Identify Trends	●	●	●	●
4.1.5a	Monitor Practitioner Inquiry Resolution Timeliness [Goal: Immediately = 75%]	●	●	●	●
4.1.5b	Monitor Practitioner Inquiry Resolution Timeliness [Goal: Within 1 Business Day = 80%]	●	●	●	●
4.1.5c	Monitor Practitioner Inquiry Resolution Timeliness [Goal: Within 2 Business Days = 85%]	●	●	●	●
4.1.5d	Monitor Practitioner Inquiry Resolution Timeliness [Goal: Within 5 Business Days = 90%]	●	●	●	●
4.1.6a	Monitor Member Inquiry Resolution Timeliness [Goal: Immediately = 80%]	●	●	●	●
4.1.6b	Monitor Member Inquiry Resolution Timeliness [Goal: Within 1 Business Day = 85%]	●	●	●	●
4.1.6c	Monitor Member Inquiry Resolution Timeliness [Goal: Within 2 Business Days = 90%]	●	●	●	●
4.1.6d	Monitor Member Inquiry Resolution Timeliness [Goal: Within 5 Business Days = 95%]	●	●	●	●
4.1.7	Monitor Member Administrative and Clinical Appeals Trends	●	●	●	●
4.1.8	Monitor Member Appeal Uphold Rate	●	●	●	●
4.1.9	Monitor Member Grievance Trends	●	●	●	●
4.1.10a	Monitor Timeliness of Member Grievance Acknowledgements and Resolution [Goal: Acknowledged within 5 calendar days = 90%]	●	●	●	●
4.1.10b	Monitor Timeliness of Member Grievance Acknowledgements and Resolution [Goal: Resolved within 30 calendar days = 90%]	●	●	●	●
4.1.11a	Monitor Timeliness of Member Appeals Acknowledgement and Resolution [Goal: Commercial & Medicare - Acknowledged within 5 calendar days = 90%]	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
4.1.11b	Monitor Timeliness of Member Appeals Acknowledgement and Resolution [Goal: Urgent (Commercial) & Expedited (Medicare) Appeals Resolved within 72 hours = 90%]	●	●	●	●
4.1.11c	Monitor Timeliness of Member Appeals Acknowledgement and Resolution [Goal: Pre-service Resolved within 15 calendar days = 90%]	●	●	●	●
4.1.11d	Monitor Timeliness of Member Appeals Acknowledgement and Resolution [Goal: Post-service (Commercial) & Routine (Medicare) Resolved within 30 calendar days = 90%]	●	●	●	●
4.1.12	Monitor Practitioner Administrative Appeal Trends	●	●	●	●
4.1.13	Monitor Timeliness of Practitioner Acknowledgement of Practitioner Appeals - ASHP [Goal: Acknowledged within 15 calendar days = 90%]	●	●	●	●
4.1.14a	Monitor Timeliness of Resolution of Practitioner Appeals [Goal: Pre-Service (Clinical) Resolved within 15 days = 90%	●	●	●	●
4.1.14b	Monitor Timeliness of Resolution of Practitioner Appeals Goal: Post-Service (Admin & Clinical) Resolved within 30 calendar days = 90%]	●	●	●	●
4.1.15a	Monitor MNR Form Decision-making Timeliness and TAT [Goal: Clinical decision making (Commercial): pre-service within 2 business days = 93%]	●	●	●	●
4.1.15b	Monitor MNR Form Decision-making Timeliness and TAT [Goal: Clinical decision making (Commercial): post-service within 30 calendar days = 95%]	●	●	●	●
4.1.15c	Monitor MNR Form Decision-making Timeliness and TAT [Goal: Clinical decision making (Medicare): pre-service within 14 calendar days = 95%]	●	●	●	●
4.1.15d	Monitor MNR Form Decision-making Timeliness and TAT [Goal: Clinical decision making (Medicare): post-service within 14 calendar days = 95%]	●	●	●	●
4.1.16a	Monitor MNR Form Member Notification Timeliness and TAT [Goal: Member notification (Commercial & Medicare): pre-service within 2 business days = 95%]	●	●	●	●
4.1.16b	Monitor MNR Form Member Notification Timeliness and TAT [Goal: Member notification (Commercial & Medicare): post-service within 5 business days = 95%]	●	●	●	●
4.1.17a	Monitor MNR Form Practitioner Notification Timeliness and TAT [Goal: practitioner notification (Commercial & Medicare): pre-service within 1 business day = 95%]	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
4.1.17b	Monitor MNR Form Practitioner Notification Timeliness and TAT [Goal: practitioner notification (Commercial & Medicare): post-service within 1 business day = 95%]	●	●	●	●
4.1.18a	Monitor MNR Form Processing Timeliness for Priority States/Clients [Goal: processing = 90% Client]	●	●	●	●
4.1.18b	Monitor MNR Form Processing Timeliness for Priority States/Clients [Goal: processing = 100% Priority States]	●	●	●	●
4.1.19a	Monitor Claims Processing Timeliness [Goal: commercial within 15 calendar days = 80%]	●	●	●	●
4.1.19b	Monitor Claims Processing Timeliness [Goal: commercial within 25 calendar days = 95%]	●	●	●	●
4.1.19c	Monitor Claims Processing Timeliness [Goal: commercial within 30 calendar days = 99%]	●	●	●	●
4.1.19d	Monitor Claims Processing Timeliness [Goal: Medicare (unaffiliated) within 30 calendar days = 97%]	●	●	●	●
4.1.19e	Monitor Claims Processing Timeliness [Goal: Medicare (all other) within 60 calendar days = 97%]	●	●	●	●
4.1.20a	Monitor CBR Claims Processing Timeliness [Goal: Received to Post within 9 Days = 90%]	●	●	●	●
4.1.20b	Monitor CBR Claims Processing Timeliness [Goal: Received to Paid within 30 Days = 96%]	●	●	●	●
4.1.20c	Monitor CBR Claims Processing Timeliness [Goal: Post to 837 File Sent within 1 Business Day = 95%]	●	●	●	●
4.1.20d	Monitor CBR Claims Processing Timeliness [Goal: Last Receipt to Date Paid in 7 Days = 90%]	●	●	●	●
4.1.20e	Monitor 2-Step Claims Processing Timeliness [Goal: Received to Post within 9 Days = 90%]	●	●	●	●
4.1.20f	Monitor 2-Step Claims Processing Timeliness [Goal: Received to Paid within 30 Days = 96%]	●	●	●	●
4.1.20g	Monitor 2-Step Claims Processing Timeliness [Goal: Post to 837 File Sent within 1 Business Day = 95%]	●	●	●	●
4.1.20h	Monitor 2-Step Claims Processing Timeliness [Goal: Last Receipt to Date Paid in 7 Days = 90%]	●	●	●	●
4.1.21	Monitor Claims Re-pricing Timeliness [Goal: Commercial & Medicare within 7 business days = 90%]	●	●	●	●
4.1.22a	Monitor Claims Processing Denial Letter Timeliness [Goal: Commercial within 30 calendar days = 99%]	●	●	●	●
4.1.22b	Monitor Claims Processing Denial Letter Timeliness [Goal: Medicare within 60 calendar days = 98%]	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
4.1.23a	Monitor Claims Processing Accuracy [Goal: coding accuracy = 98%]	●	●	●	●
4.1.23b	Monitor Claims Processing Accuracy [Goal: payment accuracy = 95%]	●	●	●	●
4.1.23c	Monitor Claims Processing Accuracy [Goal: financial accuracy = 99%]	●	●	●	●
4.1.24	Monitor Complaints Regarding the Website for ASHLink.com	●	●	●	●
4.1.25	Monitor Website Performance Indicators for ASHLink.com	●	●	●	●
4.1.26	Evaluate Appropriateness of External Website Links for ASHLink.com	●	●	●	●
4.1.27	Evaluate Functionality of Website Links for ASHLink.com	●	●	●	●
4.1.28	Quarterly Complete National Verification of Practitioner Data to Ensure Accuracy	●	●	●	●
4.1.29	Perform Assessment of On-Line Provider Listings to Ensure Usability and Usefulness Every Three Years (Assessment most recently performed in 2023)	●	●	●	●
4.1.30	Review ASHLink Terms & Conditions and Privacy Statement	●	●	●	●
4.1.31	Review Choosehealthy Terms & Conditions and Privacy Statement	●	●	●	●
4.1.32	NEW: Review ASHcare Terms & Conditions and Privacy Statement	●	●	●	●
4.2	Practitioner Contracting/Communications				
4.2.1a	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access - Suburban/Urban - Chiropractic]	●	●	●	●
4.2.1b	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access -Rural - Chiropractic]	●	●	●	●
4.2.1c	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access - Suburban/Urban - Acupuncture]	●	●	●	●
4.2.1d	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access -Rural - Acupuncture]	●	●	●	●
4.2.1e	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access - Suburban/Urban - Naturopathy]	●	●	●	●
4.2.1f	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access -Rural - Naturopathy]	●	●	●	●
4.2.1g	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access - Suburban/Urban - Nutrition Services]	●	●	●	●
4.2.1h	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access -Rural - Nutrition Services]	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
4.2.1i	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access - Suburban/Urban - Physical Therapy/Occupational Therapy]	●	●	●	●
4.2.1j	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access -Rural - Physical Therapy/Occupational Therapy]	●	●	●	●
4.2.1k	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access - Suburban/Urban - Therapeutic Massage]	●	●	●	●
4.2.1l	Monitor Geographic Availability of Practitioners [Goal = 90% Members with Desired Access -Rural - Therapeutic Massage]	●	●	●	●
4.2.2a	Monitor Credentialing and Re-credentialing Approval Rates - Aggregate	●	●	●	●
4.2.2b	Monitor Credentialing and Re-credentialing Approval Rates - Chiropractic	●	●	●	●
4.2.2c	Monitor Credentialing and Re-credentialing Approval Rates - Acupuncture	●	●	●	●
4.2.2d	Monitor Credentialing and Re-credentialing Approval Rates - Therapeutic Massage	●	●	●	●
4.2.2e	Monitor Credentialing and Re-credentialing Approval Rates - Nutrition Services	●	●	●	●
4.2.2f	Monitor Credentialing and Re-credentialing Approval Rates - Naturopathy	●	●	●	●
4.2.2g	Monitor Credentialing and Re-credentialing Approval Rates - Occupational Therapy	●	●	●	●
4.2.2h	Monitor Credentialing and Re-credentialing Approval Rates - Physical Therapy	●	●	●	●
4.2.2i	Monitor Credentialing and Re-credentialing Approval Rates - Speech Therapy	●	●	●	●
4.2.3a	Monitor Credentialing Timeliness by Specialty [Goal: Primary verifications completed in 180 calendar days = 98%]	●	●	●	●
4.2.3b	Monitor Credentialing Timeliness by Specialty [Goal: Attestations completed in 180 calendar days = 97%]	●	●	●	●
4.2.3c	Monitor Credentialing Timeliness by Specialty [Goal: Notifications completed in 90 calendar days = 95%]	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
4.2.4a	Monitor Recredentialing Timeliness by Specialty - Chiropractic [Goal: % completed within TAT = 95%]	●	●	●	●
4.2.4b	Monitor Recredentialing Timeliness by Specialty - Acupuncture [Goal: % completed within TAT = 95%]	●	●	●	●
4.2.4c	Monitor Recredentialing Timeliness by Specialty - Therapeutic Massage [Goal: % completed within TAT = 95%]	●	●	●	●
4.2.4d	Monitor Recredentialing Timeliness by Specialty - Nutrition Services [Goal: % completed within TAT = 95%]	●	●	●	●
4.2.4e	Monitor Recredentialing Timeliness by Specialty - Naturopathy [Goal: % completed within TAT = 95%]	●	●	●	●
4.2.4f	Monitor Recredentialing Timeliness by Specialty - Occupational Therapy [Goal: % completed within TAT = 95%]	●	●	●	●
4.2.4g	Monitor Recredentialing Timeliness by Specialty - Physical Therapy [Goal: % completed within TAT = 95%]	●	●	●	●
4.2.4h	Monitor Recredentialing Timeliness by Specialty - Speech Therapy [Goal: % completed within TAT = 95%]	●	●	●	●
4.2.5	Monitor Mid-cycle Verification Outcomes	●	●	●	●
4.2.6a	Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Aggregate	●	●	●	●
4.2.6b	Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Chiropractic	●	●	●	●
4.2.6c	Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Acupuncture	●	●	●	●
4.2.6d	Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Therapeutic Massage	●	●	●	●
4.2.6e	Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Nutrition Services	●	●	●	●
4.2.6f	Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Naturopathy	●	●	●	●
4.2.6g	Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Occupational Therapy	●	●	●	●
4.2.6h	Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Physical Therapy	●	●	●	●
4.2.6i	Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Podiatry	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
4.2.7a	Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 15% DC]	●	●	●	●
4.2.7b	Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 15% LAc]	●	●	●	●
4.2.7c	Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 15% ND]	●	●	●	●
4.2.7d	Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 15% NS]	●	●	●	●
4.2.7e	Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 15% PT-OT]	●	●	●	●
4.2.7f	Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 20% MT]	●	●	●	●
4.2.8a	Monitor Practitioner Compliance with Member Access Standards for Appointments (Secret Shopper) - ASHG [Goal: Practitioners Compliant with Member Access Standards for Appointments = 90%]	●	●	●	●
4.2.8b	Monitor Practitioner Compliance with Member Access Standards for Appointments (Secret Shopper) - ASHP [Goal: Practitioners Compliant with Member Access Standards for Appointments = 90%]	●	●	●	●
4.2.9	Monitor Member Grievances for Access to Appointments [Goal = ≤3 Complaints per 1,000 Members]	●	●	●	●
4.2.10	Review Practitioner Availability and Accessibility Results with ASH Client Services and Regulatory Compliance teams to determine need for regulatory filings and health plan notifications (ASHP and ASHG)	●	●	●	●
4.2.11	Monitor Requests for MOU and Out of Network Services	●	●	●	●
4.2.12	Evaluation of member access complaints, requests for out of network services, and member experience (Annual CAHPS survey)	●	●	●	●
4.3	Care and Service				
4.3.1a	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Chiropractic - California]	●	●	●	●
4.3.1b	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Chiropractic - National]	●	●	●	●
4.3.1c	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Acupuncture - California]	●	●	●	●
4.3.1d	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Acupuncture - National]	●	●	●	●
4.3.1e	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Naturopathy]	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
4.3.1f	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Therapeutic Massage]	●	●	●	●
4.3.2	Monitor Practitioner Satisfaction	●	●	●	●
4.3.3a	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Chiropractic - California]	●	●	●	●
4.3.3b	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Chiropractic - National]	●	●	●	●
4.3.3c	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Acupuncture - California]	●	●	●	●
4.3.3d	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Acupuncture - National]	●	●	●	●
4.3.3e	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Naturopathy]	●	●	●	●
4.3.3f	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Therapeutic Massage]	●	●	●	●
4.3.3g	Monitor Practitioner Satisfaction Physical Therapy/Occupational Therapy	●	●	●	●
4.4	Clinical Care				
4.4.1a	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Chiropractic - California]	●	●	●	●
4.4.1b	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Chiropractic - National]	●	●	●	●
4.4.1c	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Acupuncture - California]	●	●	●	●
4.4.1d	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Acupuncture - National]	●	●	●	●
4.4.1e	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Naturopathy]	●	●	●	●
4.4.1f	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Therapeutic Massage]	●	●	●	●
4.4.2a	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step One [Goal: Step One Clean Cases = 90% - Chiropractic]	●	●	●	●
4.4.2b	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step One [Goal: Step One Clean Cases = 90% - Acupuncture]	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
4.4.2c	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step One [Step One Clean Cases = 90% - Therapeutic Massage]	●	●	●	●
4.4.2d	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step One [Goal: Step One Clean Cases = 90% - Naturopathy]	●	●	●	●
4.4.2e	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step One [Goal: Step One Clean Cases = 90% - PT/OT]	●	●	●	●
4.4.2f	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step One [Goal: Step One Clean Cases = 90% - Podiatry]	●	●	●	●
4.4.2g	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step One [Goal: Step One Clean Cases = 90% - Speech]	●	●	●	●
4.4.3a	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step Two [Goal: Step Two Clean Cases = 90%- Chiropractic]	●	●	●	●
4.4.3b	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step Two [Goal: Step Two Clean Cases = 90% -Acupuncture]	●	●	●	●
4.4.3c	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step Two [Goal: Step Two Clean Cases = 90% - Therapeutic Massage]	●	●	●	●
4.4.3d	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step Two [Goal: Step Two Clean Cases = 90% - Naturopathy]	●	●	●	●
4.4.3e	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step Two [Goal: Step Two Clean Cases = 90% - PT/OT]	●	●	●	●
4.4.3f	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step Two [Goal: Step Two Clean Cases = 90%-Podiatry]	●	●	●	●
4.4.3g	Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-rater Reliability (IRR) - Step Two [Goal: Step Two Clean Cases = 90% - Speech]	●	●	●	●
4.4.4	Monitor Trends in Practitioner Clinical Corrective Action Plans (CAPs)	●	●	●	●
4.4.5	Monitor Trends in Member Clinical Grievances Issues	●	●	●	●
4.4.6	Monitor Trends in Practitioner Clinical Appeals	●	●	●	●
4.4.7	Monitor Impact of CPS on Average Office Visit and X-ray Utilization Rates	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
4.4.8	Monitor CPS Criteria and Tier Participation	●	●	●	●
4.4.9	Monitor MNR Form Clinical Non-Approval (Denial) & Partial Approval Rates	●	●	●	●
4.5	Delegation				
4.5.1	Monitor Timeliness of Claims Processing monthly Reports to Clients [Goal: % reported within timeline = 95%]	●	●	●	●
4.5.2	Monitor Timeliness of Eligibility File Loading [Goal: % clean files loaded within 3 business days = 95%]	●	●	●	●
4.5.3	Monitor Mission-critical System Availability [Goal: % available = 99.5%]	●	●	●	●
4.5.4	Monitor Website Availability for ASHLink [Goal = 99.5% Uptime]	●	●	●	●
4.5.5a	Report Quality of Care Immediate Terminations to Health Plan Clients [Goal = 90% in 2 business days]	●	●	●	●
4.5.5b	Report Quality of Care Immediate Terminations to Health Plan Clients [Goal = 100% in 5 business days]	●	●	●	●
4.5.6	Ensure Timely Response to Delegation CAPs and Recommendations [Goal: 95% responded to within the agreed upon timeframes]	●	●	●	●
4.6	Regulatory				
4.6.1	Confirm Completion of Staff by Entity Analysis and Coordinate Staffing Adjustments Accordingly	●	●	●	●
5	Routine Monitoring				
5.1	Service				
5.1.1	Monitor Language Assistance Service for Compliance and Effectiveness - California (Delegated Business) <ul style="list-style-type: none"> • Staff Training [Goal: 100% ≤ 30 days] • Practitioner Communications • Volume and languages utilized for interpretation services • Volume, languages requested, and turnaround time for translation services [Goal: 100% TAT <21 days] • Language assistance related complaints and grievances 	●	●	●	●
5.1.2	Monitor Language Assistance Service for Compliance and Effectiveness- Non-CA (ACA) <ul style="list-style-type: none"> • Staff Training [Goal: 100% ≤ 30 days] • Practitioner Communications • Volume and languages utilized for interpretation services • Volume, languages requested, and turnaround time for translation services [Goal: 100% TAT <21 days] • Language assistance related complaints and grievances 	●	●	●	●
5.1.3	Educate Practitioners and Staff on Serving a Culturally and Linguistically Diverse Membership Population.	●	●	●	●
5.1.4	Monitor ASHLink Network Search Accessibility (Goal: Monitor and Remediate Issues Timely)	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
5.1.5	Monitor Choosehealthy Accessibility (Goal: Monitor and Remediate Issues Timely)	●	●	●	●
5.1.6	Monitor PTRx (ASH Specialty Networks and EmD!) Accessibility (Goal: Monitor and Remediate Issues Timely)	●	●	●	●
5.1.6	Monitor ASHcare Accessibility (Goal: Monitor and Remediate Issues Timely)	●	●	●	●
5.2	Practitioner Contracting/Communications				
5.2.1	Obtain Letters Verifying State Licensing Entities Perform Education Verification Prior to Licensing	●	●	●	●
5.2.2	PCC KPT Review of QI activity, including the Practitioner Satisfaction Survey Results to Identify QI activities	●	●	●	●
5.2.3	Monitor Practitioner Involvement in Education Activities	●	●	●	●
5.3	Clinical Care				
5.3.1	Report Evidence Evaluation Committee Review of Techniques or Procedures	●	●	●	●
5.3.2	Conduct PAHAC Meetings [Goal: Schedule Semi-annual meetings (2 Chiropractic; 2 PTOT)]	●	●	●	●
5.3.3	Report Coordination of Patient Care (Medical Co-Management/Patient Safety)	●	●	●	●
5.3.4	Over-utilization -- Monitor and Report Potential Over-Utilization Annually	●	●	●	●
5.3.5	Under-Utilization -- Monitor Potential Under-Utilization Annually Through a Member Functional Outcome Survey	●	●	●	●
5.3.6	Under-Utilization -- Monitor Potential Under-Utilization Annually Through a Focused Survey	●	●	●	●
5.3.7	Monitor Timely Completion of Annual Review of All Policies [Goal: 98% within established timeframes]	●	●	●	●
5.3.8	Monitor Scope of Practice Regulations for all Contracted Practitioner Types and Implement Applicable Updates as Necessary	●	●	●	●
5.3.9	Monitor and Report Clinical Quality Trends to BOD	●	●	●	●
5.3.10	Monitor Appropriateness of Acupuncture Services through Medical Physician Review	●	●	●	●
5.3.11	Monitor Practitioners with a Specific Radiological Quality Assurance Review	●	●	●	●
5.3.12	Present CAHPA & CPM Reports to QIC	●	●	●	●
5.3.13a	Review and report CPT Annual Code updates	●	●	●	●
5.3.13b	Review and report HCPC Annual Code updates	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
5.3.13c	Review and report ICD-10 Annual Code updates	●	●	●	●
5.3.14	Update CPT, ICD and HCPC codes in policy (per Annual revisions)	●	●	●	●
5.4	Accreditation				
5.4.1	Obtain Re-accreditation from URAC for-Health Network, Health UM	●	●	●	●
5.4.2	Obtain Re-accreditation for UM from NCQA	●	●	●	●
5.4.3	Obtain Re-accreditation for Credentialing from NCQA	●	●	●	●
5.4.4	Complete and Report Annual QI Evaluation	●	●	●	●
5.4.5	Complete and Report Annual QI Workplan	●	●	●	●
5.4.6	Complete Annual Review of the Quality Improvement (QI) Program	●	●	●	●
5.4.7	Complete Annual Review of the Clinical Services (UM) Program	●	●	●	●
5.4.8	Complete Annual Review of the Credentialing Program	●	●	●	●
5.4.9	Review Compliance with applicable URAC Standards as Released	●	●	●	●
5.4.10	Review Compliance with NCQA CR & UM, and HP Standards as released	●	●	●	●
5.4.11	Complete Accreditation Communication Requirements - Practitioners	●	●	●	●
5.4.12	Prepare Accreditation for URAC Telehealth, Virtual Physical Therapy (VPT); [Goal: Complete desktop application prepare for validation audit]	●	●	●	●
5.5	Delegation				
5.5.1	Performance Standards and Clinical Indicators Reported to Clients [Goal = 90% within Stipulated Calendar Days from Close of Quarter (30, 45, 60, or 90)]	●	●	●	●
5.5.2	Current UM, QI and Credentialing Programs Reported to Clients	●	●	●	●
5.5.3	Post QI Evaluation Summary on ASHLink (pre-login) and FLASH	●	●	●	●
5.5.4	Review Compliance with NCQA HPA Standards	●	●	●	●
5.5.5	Report California UM and Clinical Quality Reports to Health Plan Clients	●	●	●	●
5.5.6	Perform Annual Delegation Oversight Review Audit of any CVO or Entity in Which All or Part of Credentialing has been Delegated	●	●	●	●
5.5.7	Monitor Process of Delegation Agreement Review and Execution [Annual Goal: Delegation Agreements Executed within 90 days of effective date (independent of client delays): 90%]	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
5.5.8	Perform Random Quality Assurance Audits of Medical Doctor Files to Verify Accuracy of Data via NPDB Query	●	●	●	●
5.6	Regulatory				
5.6.1	Monitor Training Completion and Compliance for Staff (ASH Employees, Temporary Employees, Seasonal Employees, Interns, Volunteers & Board of Directors) for: 1) Fraud, Waste and Abuse Training; 2) Privacy and Security Training; and 3) Code of Conduct and General Compliance/Conflict of Interest Training.	●	●	●	●
5.6.2	Monitor Training Completion and Compliance for Practitioners/Providers & Delegates for: 1) Exclusion Checks 2) CMS Required Training—General Compliance and Fraud, Waste and Abuse; and 3) Code of Conduct/Conflict of Interest.	●	●	●	●
5.6.3	Track and Report Regulatory Complaints and Non-Routine Inquiries	●	●	●	●
5.6.4a	Conduct Exclusion Screenings for staff (ASH Employees, Temporary Employees, Seasonal Employees, Interns, Volunteers, Consultants, & Board of Directors & Shareholders) prior to hire, contracting, or appointment in accordance with RC29. [Goal = Complete Monthly Check]	●	●	●	●
5.6.4b	Conduct Exclusion Screenings for staff (ASH Employees, Temporary Employees, Seasonal Employees, Interns, Volunteers, Consultants, & Board of Directors & Shareholders) on a monthly basis in accordance with RC29. [Goal = Complete Monthly Check]	●	●	●	●
5.6.5a	Monitor and Report on all Required Federal Exclusion List and State Medicaid Lists Tracking for Government Program Affiliates (Contracted Practitioners, Delegates & Vendors, as applicable) prior to hire, contracting, or appointment in accordance with RC29. [Goal = Complete Monthly Check]	●	●	●	●
5.6.5b	Monitor and Report on all Required Federal Exclusion List and State Medicaid Lists Tracking for Government Program Affiliates (Contracted Practitioners, Delegates & Vendors, as applicable) on a monthly basis in accordance with RC29. [Goal = Complete Monthly Check]	●	●	●	●
5.6.6	Monitor and Report on Quarterly Compliance Office Reports Sent to the Board of Directors [Goal: Quarterly Submission of Reports]	●	●	●	●
5.6.7	Monitor and Report on Quarterly Compliance Reports Sent to the Ethics & Integrity Committee [Goal: Quarterly Submission of Reports]	●	●	●	●
5.6.8	Review Exhibit J for Material Changes (California) [Goal: Bi-Annual Review of Ex. J.]	●	●	●	●
5.6.9	Monitor California Department of Insurance Sufficiency Standards of California Practitioners to Determine Recruitment Needs to Support the California Department of Insurance (CDI) Access Standards	●	●	●	●

#	QI Activity	1Q2023	2Q2023	3Q2023	4Q2023
5.6.10	Monitor Member Grievances Related to Caltrans Road Closures To Determine Recruitment Needs to Support the California Department of Insurance (CDI) Access Standards	●	●	●	●
5.6.11	Review Federal and State Language Assistance Program Requirements for Changes	●	●	●	●
5.6.12	Complete annual review of the ASH Language Assistance Training Program (ASH Employees and Contracted Practitioners)	●	●	●	●
6	Virtual Physical Therapy (VPT)				
6.1	Virtual Physical Therapy (VPT) Network Buildout [Goal: At least 2 credentialed and appropriately licensed VPT providers for all 50 states]	●	●	●	●
6.2	VPT Patient Experience Monitor VPT Patient Service Quality [Goal: To build survey tool(s) and methodology for future survey reporting]	●	●	●	●
6.2.1	VPT Patient Experience Monitor VPT Patient Care [Goal: To build survey tool(s) and methodology for future survey reporting]	●	●	●	●
6.3	VPT Provider Experience Survey [Goal: To build survey tool(s) and methodology for future survey reporting]	●	●	●	●
6.4	Client Satisfaction Assessment [Goal: To build survey tool(s) and methodology for future survey reporting]	●	●	●	●
6.5	Monitoring Quality of Care (Adverse events, complaints, and grievances) [Goal: To build the reporting and methodology]	●	●	●	●
6.6	Develop Reporting for VPT Performance Measures [Goal: To build the reporting and methodology]	●	●	●	●

Quality Improvement Activity Trends in 2023

Quality Improvement activities are monitored throughout the year. ASH Specialty met or exceeded 97% of the performance standards in aggregate for Routine Indicator and Routine Monitoring activities from 4Q2022 to 3Q2023. These impressive results were consistent with the previous Quality Improvement year, which is consistent with 97% in 2022. When a quality improvement initiative, routine indicator, or routine monitoring activity does not meet its expected goal, the project is analyzed for identification of potential barriers. Barriers focus on variable such as alternate or improved processes, modifications in policy or process, member and/or practitioner education, or other manners to obtain improved performance.

Data:

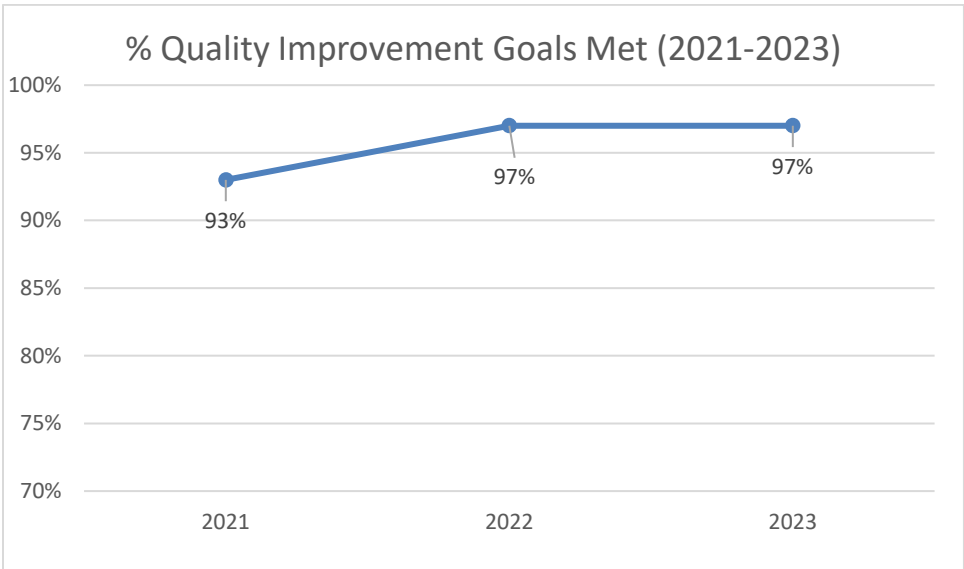
The following tables illustrate the quality improvement activity trends observed for goals met or missed by category during the 2023 Quality Improvement Workplan year:

Category	Total Goals	Missed Goals	Goals Met	% Met by Category
Service	289	1	288	100%
Practitioner Contracting/ Communcaitions	212	5	207	98%
Care and Service	28	3	25	89%
Clinical Care	53	1	52	98%
Delegation	28	1	27	96%
Regulatory	0	0	0	100%
Aggregate Total	610	11	599	98%

Category	Total Goals	Missed Goals	Goals Met	% Met by Category
Service	21	5	16	76%
Practitioner Contracting/ Communcaitions	10	0	10	100%
Clinical Care	50	1	49	98%
Accreditation	20	0	20	100%
Delegation	20	1	19	95%
Regulatory	50	4	46	92%
Virtual Physical Therapy & Rehab (VPT&R)	16	5	11	75%
Aggregate Total	187	16	171	94%

Grand Total Aggregate	797	27	770	97%
------------------------------	------------	-----------	------------	------------

*A goal is considered as any action required to be carried out or taken for a Quality Improvement activity in each quarter. For example, each Quality Improvement activity can have up to four individual goals (4 quarters) in a given reporting year.



Quality Improvement Activity (QIA) Studies

The following is a high-level summary of the Quality Improvement Activity (QIA) studies that were scheduled for review based on the 2023 Quality Improvement Workplan. Please refer to the subsequent QI sections which describe the Quality Improvement Activities in further detail.

Quality Improvement Studies in Progress

Service

2.1.1 Increase Electronic Claim Auto-Adjudication Rates

[Goal: ASHLink Auto-Adjudication = 70%; Clearinghouse = 55%]

Both internal and external customer satisfaction, as well as a reduction in operating costs can be achieved by increasing the electronic claims auto-adjudication rate. ASH established a goal for electronic claims auto-adjudication of 70%. In order to meet this goal, system issues such as claims processing for services rendered by a non-participating practitioner, referral research, and eligibility/benefit research will need to be addressed to result in more efficient claims processing.

Summary:

Results for 1Q2023 exceeded goals for Clearinghouse and narrowly missed the ASHLink goal. For 2Q2023 and 3Q2023 auto-adjudication results consistently exceed stated goals for ASHLink (70% Goal) and clearinghouse (55% Goal) both categories. The QI Year ended strong with both categories exceeding goals. Overall data integrity has improved due to EDI involvement and partnership with client health plans to improve the quality of eligibility data loaded into the ASH system.

Both internal and external customer satisfaction, as well as a reduction in operating costs can be achieved by increasing the electronic claims auto-adjudication rate. ASH established a goal for electronic claims auto-adjudication of 70%. In order to meet this goal, system issues such as claims processing for services rendered by a non-participating practitioner, referral research, and eligibility/benefit research will need to be addressed to result in more efficient claims processing.

Clinical Care

3.1.1 Reducing Unnecessary X-Ray Utilization

[Goal: To provide interventions directed at decreasing unnecessary X-ray utilization to decrease the percentage of patients X-rayed by practitioners within each of the cohorts in the current year and to decrease the percentage of practitioners who are assigned continued X-ray oversight in consecutive CPS annual reviews.]

Summary:

ASH clinical committees, upon review and interpretation of published scientific evidence, have identified the inappropriate over-use of diagnostic X-ray examinations as a potential health and safety issue. ASH's regard for patient safety relative to patient exposure to ionizing radiation led to this quality improvement activity aimed at reducing unnecessary utilization of X-ray services by chiropractic practitioners in our national network. Review of claims data

has revealed that a subset of ASH practitioners demonstrates significantly higher utilization of X-ray services when compared to their peers, for both new and established patients. Interventions have been developed, including the assignment of X-ray Medical Necessity Review (MNR) which requires practitioners to submit all X-ray services for peer review by ASH's Clinical Quality Evaluators (CQEs) to verify only medically necessary services are being provided and to provide education on those services that are not supported, with a goal of improving patient safety by decreasing these unnecessary X-rays.

The target population will include two cohorts for each year:

- **Cohort 1:** ASH Chiropractic practitioners who have a new assignment of X-ray MNR during the January CPS annual review.
- **Cohort 2:** ASH Chiropractic practitioners who have existing X-ray MNR and continue to have assignment of X-ray MNR following the January CPS annual review.

3.1.2 Encouraging Practitioners to Support Tobacco Cessation with Patients

[Goal: ≥85% Practitioners "Always or Often" Ask about tobacco use; ≤5% Practitioners "Never" Ask About Tobacco Use; ≥60% of Practitioners to "Advise" those who use tobacco to quit]

Summary:

ASH aims to educate and encourage its practitioner network to deliver tobacco cessation best practices by consistently asking members about tobacco use and advising those who use tobacco to quit (ASK and ADVISE) during clinical encounters. This initiative follows the U.S. Preventative Services Task Force's recommendations and other long-standing guidelines that clinicians ask all adults about tobacco use and advise them to stop using tobacco to thwart the well-established health consequences of tobacco use including premature mortality, cardiovascular disease, and cancer. Study completion date: the anticipated completion will be determined when the goals are achieved.

Naturopathy practitioners were also included in the Tobacco Cessation interventions provided during the year. Due to the small number of Naturopathy practitioner responses to the satisfaction survey, this is not a statistically significant sample size and is to be reviewed with caution.

Chiropractic, acupuncture, and naturopathy practitioners received quarterly newsletters with articles and handouts focused on tobacco cessation and the health benefits of quitting. Between 70.4% - 76.7% of chiropractic and acupuncture practitioners read the newsletter articles. While only 24-32% of practitioners indicated that they use the handouts in their practices.

3.1.3 Encouraging Practitioners to Promote Physical Activity

[Goal: GA, TN, TX - ≤ 10% (consistent with ASH averages and national benchmarks)]

Summary:

This study is focused on ASH's network chiropractors and acupuncturists and the intent is twofold: to improve the percentage of practitioners who always ASSESS new patients' level of physical activity; and to improve the percentage of practitioners to always ADVISE to start, increase, or maintain their level of exercise or physical activity as appropriate.

This study is projected to be completed when the performance goal > 85% of practitioners who always ASSESS new patients' level of physical activity is met; and when the performance goal > 65% percentage of practitioners to always ADVISE to start, increase, or maintain their level of exercise or physical activity as appropriate is met. Both performance goals must be met in order to consider the study successful and no longer needed.

The 2023 survey responses indicated minimal changes in "Always" ASSESS for both acupuncture practitioners (56.0% compared to 55.9% last year) and chiropractic practitioners (58.5% compared to 58.5% last year), as well as "Always"

ADVISE for acupuncture practitioners (62.5% compared to 62% last year). There was a slight decrease in percentage of practitioners that “Always” ADVISE for chiropractic (58.6% compared to 60.1% last year).

Performance has been stable but unchanging indicating a resistance among some practitioners to include assessment and recommendations for physical activity as part of their existing treatment plans. Practitioner resistance may be due to a lack of time or practitioner perception that these activities are outside of the scope of their normal treatment interventions.

Barriers Identified in 2023

Quality Improvement activities are monitored throughout the year. When a quality improvement initiative, routine indicator, or routine monitoring activity does not meet its expected goal, the project is analyzed for identification of potential barriers. Barrier resolution focus on variables such as alternate or improved processes, modifications in policy or process, member and/or practitioner education, or other methods to obtain improved performance.

The following is a summary of the barriers identified and actions taken during the implementation of the 2023 Quality Improvement Workplan. ASH Specialty met or exceeded 97% of the performance standards in aggregate for Routine Indicator and Routine Monitoring activities from 4Q2022 to 3Q2023. These great results were consistent with the previous Quality Improvement year, which is consistent with 97% in 2022. When a quality improvement initiative, routine indicator, or routine monitoring activity does not meet its expected goal, the project is analyzed for identification of potential barriers. Barriers focus on variable such as alternate or improved processes, modifications in policy or process, member and/or practitioner education, or other manners to obtain improved performance.

Routine Indicators

Service

4.1.11A Monitor Timeliness of Member Grievance Acknowledgements and Resolution

[Goal: Acknowledged within 5 calendar days = 90%]

Summary:

The goal was missed for 3Q2023. This standard was missed by one appeal due to the low volume (5 within a quarter). This is not a statistically valid sample size and is not indicative of overall performance.

Actions Taken:

This standard was missed by one appeal due to the low volume (5 within a quarter). This is not a statistically valid sample size and is not indicative of overall performance.

Recommendations:

None

Practitioner Contracting/Communications

4.2.1D Monitor Geographic Availability of Practitioners

[Goal: 90% Members with Desired Access - Rural - Acupuncture]

Summary:

This metric missed during the first three quarters of the year. 84% of members have access to a provider within standards. Rural areas have limited licensed Acupuncture providers available to recruit. Members in these areas will have to travel longer distances to access services. Licensed providers available to recruit are added for recruitment with the objective of increasing access for members.

Actions Taken:

For areas where there are no providers available to recruit, state licensure is monitored to identify any new providers and add them for recruitment. Recommend recalculating results where no providers are available to recruit to provide the access results where providers are located.

Recommendations:

Recommend recalculating results where no providers are available to recruit to provide the access results where providers are located.

4.2.7B-C Monitor Practitioners Turnover Rate for All Specialties

B. *[Goal: YTD Turnover ≤ 15% LAc]*

C. *[Goal: YTD Turnover ≤ 15% ND]*

Summary:

This metric missed in 4Q2022. The year-to-date acupuncture turnover rate was 19%. The year-to-date naturopathy turnover rate was 19%. These turnover rates exceeded the 15% level primarily due to terminations for failure to comply with the recredentialing process and resignations in 1Q2023.

Actions Taken:

Turnover from 2nd through 4th quarters have stabilized to historical, expected quarterly turnover rates. For areas where there are no providers available to recruit, state licensure is monitored to identify any new providers and add them for recruitment. Recommend recalculating results where no providers are available to recruit to provide the access results where providers are located.

Recommendations:

None

Care And Service**4.3.3B,D,E and F Monitor Patient Satisfaction with UM Process**

Summary:

The goal for 4.3.3B was for 70% patient satisfaction – chiropractor - national. This goal was partially met, national chiropractic practitioners reported a process score of 68% and a care score of 73%.

The goal for 4.3.3D was for 70% practitioner satisfaction – acupuncture - national. National acupuncture practitioners reported a process score of 61% and a care score of 68%.

The goal for 4.3.3E was for 70% practitioner satisfaction - naturopathy. Naturopathy practitioners reported a process score of 39% and a care score of 50%.

The goal for 4.3.3F was for 70% practitioner satisfaction- therapeutic massage. Therapeutic massage practitioners reported a process score of 65% and a care score of 67%.

Actions Taken:

The 2022 Provider and Practitioner Satisfaction Survey results were presented to the Provider Orientation Workgroup on July 19, 2023, to solicit feedback on opportunities to improve provider and practitioner satisfaction with the UM process.

In addition, the following actions were taken to improve practitioner satisfaction with the UM process:

- ASH continues to use the ASHSeminars.Splashthat.com website, which provides details on upcoming webinars/seminars and allows practitioners to RSVP. Topics covered in the webinars/seminars include claims process, operations manual, MNR process, client summaries, and more.
- ASH is working on a Provider Education Library (PEL) project designed with the primary objective to review, revise, perform a gap analysis, add as needed, update, and provide greater consistency across specialties to the articles/resources available in the ASHLink PEL.
- ASH continues to program ASHLink modifications to enhance communication on ASHLink and increase provider awareness.

ASH held Acupuncture, Chiropractic, and Rehabilitation Services Professional Affairs Healthcare Advisory Committee meetings to solicit input, feedback, and recommendations from the professional associations, academic institutions, and other professional representatives to assist ASH in assessing quality improvement opportunities. Additional meetings will be held in 2024.

Recommendations:

None

Clinical Care

4.4.1 C Monitor Patient Satisfaction with UM Process

Summary:

The goal for 4.4.1C was for 90% practitioner satisfaction – acupuncture - California. California acupuncture practitioners reported a success rate of 89.7%.

Actions Taken:

In 2023, a specific group of acupuncture patients covered in a pain clinic program in California was oversampled to allow for additional analysis with a larger ending sample size.

The hypothesis to be tested was that a specific group of patients covered in a pain clinic program reported low levels of success with their treatment. These patients have chronic conditions, have received previous treatment attempts, and are often referred to acupuncture treatment as a last resort.

The results of the analysis confirmed that pain clinic patients are significantly more likely to report their condition was not successfully treated (85.5%), lowering the overall acupuncture satisfaction scores related to success of treatment. If patients covered in the pain clinic program were to be removed from the California acupuncture sample, the goal would be met (92.0%).

These chronic pain patients make up a large portion of California acupuncture patients. Thus, while satisfaction was lower than other specialties, satisfaction was quite good for this chronic pain patient group.

Recommendations:

None

Routine Monitoring**Delegation****4.5.1 Monitor Timeliness of Claims Processing Monthly Reports to Clients**

[Goal: % reported within timeline = 95%]

Summary:

ASH partially met the goals for Monitor Timeliness of Claims Processing Monthly Reports to Clients in 4Q2022. The Commercial standard was missed due to 6 quarterly reports delivered one business day after the due date. The sent date for the quarterly reports were populated in error which prevented the automated system from delivering the reports. The Reporting team immediately sent the reports once it was discovered the reports had not been delivered.

Actions Taken:

The Reporting team has identified the issue resulting in the sent date being populated in error. The issue has been resolved preventing this error from reoccurring.

Recommendations:

None

Service**5.1.1 Monitor Language Assistance Service for Compliance and Effectiveness - Non-CA (ACA)**

[Goal: Staff Training [Goal: 100% ≤ 30 days]

Summary:

This goal was missed in 1Q2023 with the LAP refresher coming in at 99% completion. Trainers/Managers did not ensure that all training was complete.

Actions Taken:

Follow up with HR at the end of every month to ensure that all individuals have completed the training.

Recommendations:

None

5.1.2 Monitor Language Assistance Service for Compliance and Effectiveness - Non-CA (ACA)

[Goal: Staff Training [Goal: 100% ≤ 30 days]

Summary:

This goal was missed each quarter with the LAP refresher coming in at 99% completion in 4Q2022, 2Q2023 and 3Q2023. In 1Q2023 completion rate was 96%. Trainers/Managers did not ensure that all training was complete.

Actions Taken:

Follow up with HR at the end of every month to ensure that all individuals have completed the training.

Recommendations:

None

Clinical Care**5.3.13A Review and Report CPT Annual Code Updates**

[Goal: Review and Report]

Summary:

CPT code annual updates (which go into effect on January 1st) were presented to CCC on 12/13/2023 and to KPT on 12/14/2023. The codes were presented to CCC and KPT in December, the goal is to present annual CPT updates by the end of November. Although the CPT updates were presented before their effective date, the goal was missed by two weeks. Additional time was needed to review and evaluate several COVID vaccine codes, including their FDA status. Analysis of the new codes indicated an extremely low business risk to not meeting the reporting goal, due to most of the codes being non-applicable to ASH provider types. Several barriers for review and reporting of the code updates were identified in 2023. These barriers included: limited resources, competing projects, additional research above and beyond what is typically required, timeliness of receiving coding books and final approval from senior-level Health Services management.

Actions Taken:

ASH Clinical Quality Administration (CQA) continues to present quarterly updates for CPT codes in order to minimize the number of codes that historically were reviewed at the end of the year for implementation on 1/1 of the following year. Reviewing the quarterly code updates timely as they are released decreases the number of codes reviewed as year-end. Quarterly review also assists in evaluating ad hoc mid-year changes. Coding information from CMS websites and EncoderPro is utilized to research, compile information and begin evaluation even before coding books are available. This process improvement allows for early evaluation of coding changes which are confirmed with coding books once they are accessible either through e-books or printed versions. Steps were taken in 4Q2023 to train additional staff in assisting with quarterly and annual coding projects.

Recommendations:

None

Delegation**5.5.1 Performance Standards and Clinical Indicators Reported to Clients**

[Goal: 90% within Stipulated Calendar Days from Close of Quarter (30, 45, 60, or 90)]

Summary:

100% of reports due to clients 30-days and 60-days following the close of the quarter were reported on time. 33% of reports due to clients 45 days following the close of the quarter were reported on-time with 66% being reported one-day late. The suite of 32 Centene/Wellcare reports must be uploaded at the same time via FTP so that the client can retrieve them together. Two of the reports were delivered one day late to CTC from IMD and all were then immediately uploaded by CTC to the FTP for the client. This resulted in the entire suite of Centene/Wellcare reports being delivered to the client one day late.

Actions Taken:

CTC collaborating with IMD to understand the cause of late delivery of these two reports and assess future opportunities to ensure timely delivery of all Centene/Wellcare reports.

Recommendations:

None

Regulatory

5.6.9 Monitor California Department of Insurance Sufficiency Standards of California Practitioners to Determine Recruitment Needs to Support the California Department of Insurance (CDI) Access Standards

[Goal: Align to CDI Access Standards]

Summary:

This metric has consistently missed goal each quarter. In 4Q2022 for Chiropractic zero counties were identified as underserved, and for Acupuncture, 31 counties were identified based on CA CDI standards. In 1Q2023 for Chiropractic, zero counties were identified as underserved. For Acupuncture, 42 counties were identified as underserved based on CA CDI standards. In 2Q2023 for Chiropractic, zero counties were identified as underserved. For Acupuncture, 41 counties were identified as underserved based on CA CDI standards.

Rural areas have limited licensed Acupuncture providers available to recruit. Licensed providers available to recruit are added for recruitment with the objective of increasing access for members. For areas where there are no providers available to recruit, state licensure is monitored to identify any new providers and add them for recruitment.

Actions Taken:

This routine monitoring activity has been eliminated for 2024. The standards indicated do not align with the regulator's timeframes and this data is not reported externally.

Recommendations:

Recommend recalculating results where no providers are available to recruit to provide the access results where providers are located.

Virtual Physical Therapy & Rehab (VPTR)

6.1 Virtual Physical Therapy & Rehab (VPT) Network Buildout

[Goal: At least 2 credentialed and appropriately licensed VPT providers for all 50 states]

Summary:

Goal is partially met and is on track. There is currently at least 1+ credentialed provider in all 50 states + DC. At the end of 3Q there were approximately 300 licensed and credentialed providers for VPTR.

Actions Taken:

Provider Recruitment is in process with these providers to have them obtain additional states licenses to ensure coverage including by specialty and subspecialty.

Recommendations:

Continue to process additional VPTR providers in various phases of contracting moving them through credentialing process while reaching out to present VPTR network to obtain additional licensure.

6.3 VPTR Patient Experience Monitor VPTR Patient Service Quality

[Goal: To build survey tool(s) and methodology for future survey reporting]

Summary:

Survey tool has been drafted. Anticipate survey fielding in 2024.

Actions Taken:

Survey tool draft has been shared with relevant stakeholders to collect feedback and edits.

Recommendations:

None

6.4 Client Satisfaction Assessment

[Goal: To build survey tool(s) and methodology for future survey reporting]

Summary:

Survey tool has been drafted. Anticipate survey fielding in 2024. Goal was partially met.

Actions Taken:

Survey tool draft was shared with relevant stakeholders to collect feedback and edits.

Recommendations:

None

6.6 Develop Reporting for VPTR Performance Measures

[Goal: To build the reporting and methodology]

Summary:

Goal is partially met and is on track. Initial reporting was created using data exported from AMD for analysis to develop long term reporting for both QI and network management. Data was used to develop metrics and data requests for creation by IMD. IMD has been engaged in the process and work is being prioritized for future development in the coming quarters. Initial difficulties with accessing data in AMD and creating assets within ASH for long-term data collection/storage.

Actions Taken:

Created initial reports and met with clinical team and IMD to create performance reporting needed.

Recommendations:

Continue to work with IMD to finalized needed reporting and creating assets, reports and dashboards requested.

QI Opportunities from the 2022 QI Evaluation Completed in 2023

Upon evaluation of the 2023 QI Workplan activities, including barriers and opportunities for improvement, the following QI Opportunities (previously called recommendations) were made by the Committees and Key Process Teams from the 2022 QI Annual Evaluation which would further enhance the effectiveness of the quality improvement system results.

The following is a summary of the barriers/opportunities for improvement identified and actions taken during the implementation of the 2023 Quality Improvement Workplan.

A total of 33 recommendations were made in 2023, of which 29 were completed (100%) and 4 were removed as they are part of standard procedures or practice and are not included in the percentage closed. QI Opportunities not closed or in progress will be continued in the 2024 QI Workplan.

Clinical QI Studies

3.1.1 Monitoring X-Ray Utilization (Over Utilization)

Summary:

Close out the current QIA and developing a new study to reduce inappropriate x-ray utilization among contracted practitioners.

Actions Taken:

A new QIA Study was written up and opened in 2Q2023.

Recommendation completed.

3.1.2 Encouraging Practitioners to Support Tobacco Cessation with Patients

Summary:

- Continue the Tobacco Cessation QIA and continue to promote the ASK and ADVISE tobacco cessation best practices by retaining the newsletter articles, patient education resources, recurring newsletter blurb highlighting the patient education resources, and developing flyers and handouts for practitioners for the Great American Smokeout in 2023.
- Explore additional educational opportunities for practitioners on Tobacco Cessation.

Actions Taken:

- Collaborated with the American Cancer Society (ACS) to co-brand with American Specialty Health (ASH) on existing evidence-based literature developed by ACS for quitting smoking and the health benefits of staying quit. ACS has approved the use of an existing flyer for use by ASH. Co-branding agreement was approved by the ASH Vendor Oversight Committee.

Recommendation completed.

- ASH researched continuing educational opportunities on the topic of Smoking and Health Benefits of quitting, which would provide CE credits for ASH practitioners.

Recommendation completed.

3.1.3 Encouraging Practitioners to Promote Physical Activity

Summary:

- Continue the practitioner and patient educational interventions in 2023.
- Review and refine the educational resources with clinical input to ensure relevance and impact among practitioners and patients.

Actions Taken:

- The newsletter article titled *Promoting Physical Activity* was reviewed and republished in the May/June ASH Practitioner newsletter.

Recommendation completed.

- CHI team reviewed content in 3Q2023 to ensure it was accurate and relevant.

Recommendation completed.

Routine Indicators

Service

4.1.1 Monitor Practitioner Inquiry Telephone Responsiveness

Summary:

Customer service leadership should continue to monitor staffing levels monthly and work with ASH Human Resources team to ensure hiring forecasts stay on target.

Actions Taken:

Customer service leadership worked closely with HR to create and implement a nationwide recruitment strategy to ensure staff is not focused in one area of the country. Customer service leadership also worked in parallel with the Executive leadership team to enhance the compensation package to attract qualified candidates.

Recommendation completed.

4.1.2 Monitor Member Inquiry Telephone Responsiveness

Summary:

Customer service leadership should continue to monitor staffing levels monthly and work with ASH Human Resources team to ensure hiring forecasts stay on target.

Actions Taken:

Customer service leadership worked closely with HR to create and implement a nationwide recruitment strategy to ensure staff is not focused in one area of the country. Customer service leadership also worked in parallel with the Executive leadership team to enhance the compensation package to attract qualified candidates.

Recommendation completed.

4.1.5 Monitor practitioner Inquiry Resolution Timeliness

Summary:

Continue to identify ways to improve timeliness of log resolution.

Actions Taken:

Created health plan specific teams to monitor and manage call logs to ensure timely resolution.

Recommendation completed.

4.1.14 Monitor Member Grievance Trends

Summary:

APG Leadership will work with IMD to revise criteria so that cases that do not require committee review (and therefore are not upheld or overturned) are properly excluded/removed from the approval rate metrics.

Actions Taken:

APG Leadership worked with IMD – all reporting now excludes the cases that do not require committee review.

Recommendation completed.

4.1.20 Monitor Timeliness of Resolution of Practitioner Appeals

Summary:

- ASH will continue to run aged claim reports for all 2 step clients and identify areas of opportunity for both the client and ASH.
- ASH Claims team will exclude CGHB claims from counting towards the received to paid turnaround time for 4.1.20b.

Actions Taken:

- ASH continued to partner with the 2-step clients on reviewing monthly aged claim files. This is now ongoing and a part of the process.
- The ASH Claims team has excluded CGHB claims from counting toward the received to paid turnaround time since 2Q23.

Recommendation completed.

4.1.28 Quarterly Complete National Verification of Practitioner Data to Ensure Accuracy

Summary:

In 2023 ASH recommends enhanced practitioner communications reminding practitioners of the quarterly validation requirements.

Actions Taken:

This became a part of the department's standard business practices and is ongoing.

Recommendation completed.

Practitioner Contracting/ Communication

4.2.1 Monitor Geographic Availability of Practitioners

Summary:

ASH recommends recalculating network adequacy results for areas where there are no providers available to recruit. This will provide an analysis and results for member access where licensed providers are available.

Actions Taken: GeoAccess results for areas where there are no providers available to recruit have been recalculated.

Recommendation completed.

4.2.3 Monitor Credentialing Timeliness by Specialty

Summary:

The notification timeliness metric does not correspond with Performance Standard Reports, which were revised in 3Q2022 to align with accreditation standards. This metric should be revised to measure the timeliness from the committee review date and when the provider notification letter is sent.

Actions Taken:

As of 1Q2023, ASH revised 4.2.3C to align with accreditation standards. 4.2.3C now reflects the committee review date and when the provider notification letter is sent, with the goal of 10 business days or less.

Recommendation completed.

4.2.8 Monitor Practitioner Compliance with Member Access Standards for Appointments (Secret Shopper)

Summary:

ASH PRL team will continue to call practitioners found to be non-compliant upon initial ASHP After Hours survey to educate them on compliance requirements before the follow up on the resurvey call, which will be completed at a minimum three weeks after the initial call.

Action Taken:

This became a part of the department's standard business practices and is ongoing.

Recommendation completed.

To help increase the overall performance for 2023 ASHP and ASHG Urgent/ Non-Urgent Appointment Surveys, practitioners that fail the initial survey related to ASH contractual agreements will continue to be referred to the Provider Relations (PRL) team for outreach to conduct a phone training regarding the guidelines prior to receiving the re-survey evaluation as well as an educational letter (documenting the identified deficiencies) and attestation form to sign and return to ASH acknowledging their understanding and agreement to comply with all member accessibility.

Actions Taken:

This became a part of the department's standard business practices and is ongoing.

Recommendation completed.

4.2.12 Evaluation of Member Access Complaints, Requests for Out of Network Services, and Member Experience (Annual CAHPS Survey)

Summary:

ASH will continue monitoring member access complaints and requests for out of network services on a quarterly basis.

Actions Taken:

Recommendation is now a standard part of the QI activity.

Recommendation completed.

Clinical Care

4.4.2 Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-Rater Reliability (IRR) - Step One

Summary:**4.4.2A – Step One Clean Cases – Chiropractic:**

- Continue to assess for opportunities that will enhance interface during future Step One IRR testing to better approximate day-to-day working conditions.

4.4.2B – Step One Clean Cases – (Acupuncture, Chiropractic, Physical Therapy/Occupational Therapy)

- Continue to assess for opportunities that will enhance interface during future Step One IRR testing to better approximate day-to-day working conditions.
- Continue current audit processes to evaluate the consistency with which ASH CQEs involved in rendering Medical Necessity Review determinations, apply guidelines in clinical decision making and assess for opportunities to improve consistency and performance.

4.4.2C – Step One Clean Cases – Therapeutic Massage

- Continue to assess for opportunities that will enhance interface during future Step One IRR testing to better approximate day-to-day working conditions.

4.4.2E – Step One Clean Cases – Physical Therapy / Occupational Therapy

- Continue to assess for opportunities that will enhance interface during future Step One IRR testing to better approximate day-to-day working conditions.

Actions Taken:

All of these above actions are standard practice in the process. This was incorrectly categorized as a recommendation, as this is a standard part of the process and CQI efforts.

Recommendations removed as they are part of the standard practice.**4.4.4 Monitor Clinical Performance System Criteria and Tier Participation****Summary:**

Continue to observe, track, and assess Practitioner CAP compliance rates to identify trends and potential barriers to achieving higher CAP compliance rates. Consider whether a higher CAP compliance rate is a desirable outcome for ASH to the extent that it influences the cost-benefit analysis to favor permanent implementation of such increased communication efforts to Practitioners. However, the extra burden placed on CQA staff would be a formidable barrier and should be carefully weighed.

Actions Taken:

Higher CAP compliance rates are indeed desirable to demonstrate successful efforts at Practitioner remediation. Since 4Q2022, CQA has taken and will maintain two (2) primary steps to improve CAP compliance rates including: 1) Added a line item on the CAP response form for Practitioner to check off that they must respond to the Inquiry Letter as part of CAP compliance; 2) Reinforced the need to appropriately log in PROMIS the CAP responses received as part of appeals to QIC for standard terminations for Failure to Respond to CAP. It is noteworthy that neither of these steps demand much CQA staff time and have thus far borne positive results.

Recommendation completed.

4.4.8 Monitor CPS Criteria and Tier Participation

Summary:

Work with CQA and PCS teams to develop and implement process for Administrative CAPs to make tier impact decisions during committee, include tier impact determination in CAP letter and apply impact to practitioner/provider at time of CAP.

Actions Taken:

Met with CQA and PCS teams to implement Admin CAP process for assigning tier impact in committee. Met with PCS team this quarter to review process and provide additional recommendations due to changes in management of CDC committee (committee where Admin CAPs are issued). CDC to implement process in 2024. CPS team will provide support as needed. Follow-up meeting scheduled for 1Q2024.

Recommendation closed.

Routine Monitoring

Practitioner Contracting/ Communications (PCC)

5.2.3 Monitor Practitioner Involvement in Education Activities

Summary:

For 2023, we are in the process of creating and addressing additional webinars that focused on practitioner questions related to ASHLink. As needed, ASH will implement educational webinars based on questions received during clinical and recruitment Q and A sessions.

Actions Taken:

ASH completed ongoing webinars throughout 2023. The administrative and clinical teams evaluated and updated the Webinars as needed. This will be adopted as a departmental procedure.

Recommendation completed.

Clinical Care

5.3.1 Report Evidence Evaluation Committee Review of Techniques or Procedures

Summary:

Assess and prioritize potential agenda topics for EEEEC/IEEC in 2023

Actions Taken:

Potential agenda topics for EEEEC/IEEC were assessed.

Recommendation completed.

5.3.2 Conduct PAHAC Meetings

Summary:

- Evaluate ways to further engage the PAHAC members in order to enhance their value to ASH and the Associations. Re-engage PAHAC in CPG review.

Actions Taken:

Dr. Metz and Robert White attended the Chiropractic PAHAC representing ASH Board Members to address concerns, questions, and engagement. A plan was presented to include more frequent and targeted meetings in 2023. Dr. Mines

engaged both the Chiropractic and Rehabilitation Services PAHACs regarding their involvement in the Provider Education Initiative and Dr. Boland and Dr. Bjornaraa engaged the PAHACs regarding their review and input into Clinical Practice Guidelines. ASH engaged the PAHAC in soliciting topics of interest was established. Dr. Metz, Robert White, and Jason Foggiano addressed the PAHAC concerns and questions.

Recommendation completed.

Summary:

- In 2023 hold 6 PAHAC meetings; 2 Chiropractic, 2 Acupuncture, and 2 Rehabilitative Services.

Actions Taken:

PAHAC Chiropractic	PAHAC Acupuncture	PAHAC Rehabilitation Services
May 16, 2023	May 17, 2023	June 20, 2023
August 29, 2023	October 18, 2023	October 24, 2023
September 29, 2023		
November 28, 2023		

Recommendation completed.

5.3.11 Monitor Practitioners with a Specific Radiological Quality Assurance Review

Summary:

The CPS team will review data from practitioners with repeated failures of the X-ray criteria and work with CQA leadership if any additional interventions are needed.

Actions Taken:

New QIA initiated to monitor and track interventions for both practitioners with newly assigned X-ray MNR and those with repeated high X-ray utilization that remain with X-ray MNR oversight for multiple review cycles.

Recommendation completed.

5.3.13 Review and Report CPT, HCPC and ICD-10 Annual Code Updates

Summary:

- Continue to identify opportunities to access information quicker such as alternative vendors or sources for information.

Actions Taken:

EncoderPro was contacted to see if there is a data file that ASH receives that would have the annual code changes available earlier than what is posted on EncoderPro. The CMS website is monitored for quarterly updates.

Recommendation completed.

Summary:

- The CQA P&P will be updated to include language that quarterly and annual coding changes will be presented to CQT.

Actions Taken:

A statement was added to the Draft P & P on 8/11/22 that updates will be presented to KPT and CQT while substantially impactful updates will also be presented to CCC.

Recommendation completed.

Regulatory

5.6.3 Track and Report Regulatory Complaints and Non-Routine Inquiries

Summary:

Continue monitoring to confirm the baseline volume of <15 inquiries per quarter.

Actions Taken:

This recommendation was completed as of 1Q2023. This has been in place as standard routine monitoring and the baseline volume of <15 inquiries per quarter is accurate.

Recommendation completed.

5.6.9 Monitor California Department of Insurance Sufficiency Standards of California Practitioners to Determine Recruitment Needs to Support the California Department of Insurance (CDI) Access Standards

Summary:

Evaluation of counties where there are no licensed providers available to recruit is recommended to be added to the analysis. Identification of these areas would provide insight into where providers are available for recruitment focus.

Actions Taken:

This routine monitoring activity has been eliminated for 2024. The standards indicated do not align with the regulator's timeframes and this data is not reported externally.

Recommendation completed.

Quality Improvement (QI) Opportunities for 2024

Based on the results of the 2023 QI Work Plan, including monitored escalations, quality metrics, and accreditation requirements, opportunities for improvement are identified for the 2023-2024 QI Work Plan by business owners and committee feedback. QIA Studies are also identified to support enhanced quality infrastructure and performance. These QI opportunities will be reviewed and approved by the QOC, and dedicated resources will be allocated to complete these activities. In prior years, QI Opportunities were referred to as recommendations and are monitored on the QI Work Plan.

Following is a summary of the recommendations /QI opportunities identified which will be carried out during the implementation of the 2023 Quality Improvement Workplan. Recommendations in progress from the 2023 QI Work Plan will continue to be worked on in 2024.

Clinical QI Studies

Clinical Care

3.1.1 Monitoring X-Ray Utilization (Overutilization)

- Develop new interventions for cohort 2 to decrease unnecessary X-ray utilization, as well as decrease the number of practitioners who require X-ray MNR oversight in consecutive reviews.
- Develop new interventions for cohort 2 to decrease unnecessary X-ray utilization, as well as decrease the number of practitioners who require X-ray MNR oversight in consecutive reviews. Continue to monitor metrics and develop comparison goals as data becomes available to establish targets for improvement rates. Continue current X-ray MNR tier assignment protocol and education.

3.1.2 Encouraging Practitioners to Support Tobacco Cessation with Patients

- Deploy the Tobacco Cessation Program interventions in 2024, utilizing a co-branded Health Benefits flier with the American Cancer Society, working with ASH practitioners to hand out and encourage discussion with all patients who smoke and advise them to quit.
- Analyze and assess the impact of this program intervention through short surveys and the annual practitioner satisfaction surveys.

3.1.3 Encouraging Practitioners to Promote Physical Activity

- Continue the practitioner and patient educational interventions in 2023.
- Review and refine the educational resources with clinical input to ensure relevance and impact among practitioners and patients.

Routine Indicator

Clinical Care

4.4.3A – 4.4.3G Monitor Consistency of Applying Medical Necessity Review Criteria and the Evaluation of Inter-Rater Reliability (IRR) – Step Two

4.4.3A – Step Two – Chiropractic

- Updates will be considered to the Chiropractic Services Medical Policy/Guideline- CPG 278 to include information relevant to Intersegment Traction (Roller Table) therapy and the subsequent creation of a Contributing Factor (Response Language) for this service.
- Assess ASH CPG 1 (X-ray Guidelines) for opportunities to help further clarify indicators when neurological findings may impact the necessity for diagnostic imaging (e.g., X-Rays, MRI). Conduct associated staff training as appropriate.
- Clinical management to consider enhancements to verbiage regarding the appropriate use of various passive therapies and related terminology (Passive Care, Passive Therapy, Passive Therapeutic Modalities) included as part of various Response Language codes and Policies. CQE training will be conducted as appropriate.
- Conduct a refresher training related to Neuromuscular Rehabilitation and other related therapeutic procedures (e.g., Therapeutic Exercise, Therapeutic Activities) addressing criteria as well as appropriate intensity and length of use of these procedures. The Rehabilitation Services team is leading the development of related training materials including the facilitation of this training.

4.4.3E – Step Two – Physical Therapy / Occupational Therapy

- Discuss with ASH operational leadership potential system programming opportunities to require the CQEs/Clinical Peer Reviewers to enter a service specific response language code for each denied service type (e.g., Office Visits/Care, Eval/Re-Eval).
- Review and discuss clinical rationale and response language coding for specific cases monthly with all reviewers to improve use of response language and body region codes.

Routine Monitoring

Regulatory

5.6.9 Monitor California Department of Insurance Sufficiency Standards of California Practitioners to Determine Recruitment Needs to Support the California Department of Insurance (CDI) Access Standards KPT

- Recommend recalculating results where no providers are available to recruit to provide the access results where providers are located.
- Per the discussion in CCC, it is recommended that this QI activity is eliminated. The standard stated is not a CDI requirement and is not reported out externally.

Virtual Physical Therapy & Rehab (VPTR)

6.1 Virtual Physical Therapy (VPTR) Network Buildout KPT

- Continue to process additional VPTR providers in various phases of contracting moving them through credentialing process while reaching out to present VPTR network to obtain additional licensure.

6.6 Develop Reporting for VPTR Performance Measures CCC

- Continue to work with IMD to finalize needed reporting and creating assets, reports and dashboards requested.