American Specialty Health®

2024 Clinical Programs Quality Improvement (QI) Annual Evaluation - Executive Summary

(4Q2023 - 3Q2024)

American Specialty Health, Incorporated

American Specialty Health Plans of California, Inc.

American Specialty Health Group, Inc.

American Specialty Health Insurance Company

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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.
- Support the member experience and improve access through technology enabled platforms that allow for telehealth member engagement, patient education, and real time and asynchronous support for selected specialties and conditions as clinically appropriate. The purpose of the ASH virtual clinical programs is to enable live physical therapists with advanced virtual technology to support patient recovery that is low-cost, high-touch, convenient, and clinically effective.

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 Work Plan 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 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 is collected through methods such as member and practitioner surveys, medical record evaluations, clinical care studies, member appeals and grievances, and internal performance measurements extracted from ASH databases. To achieve the goals of service quality, data is 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 (QOC). 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 and/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:

- Continuously improve quality in clinical and administrative operations, and the delivery of clinical services. The outcome of these activities will result in improved member clinical outcomes, 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 to promote health equity.
- 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.
- Improve 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.
- Maintain accreditation and licenses, for clinical services and operations.
- Maintain delegated status by clients for services contracted from ASH.
- Continuously promote measurable, value-added improvement in the clinical and operational quality of services and products.
- Maintain high customer satisfaction through operational and service excellence, including maintaining at least 90% patient satisfaction.
- Maintain practitioner satisfaction and network stability through operational and service excellence.
- Develop 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.
- Support activities and programs that facilitate integration with allopathic medicine.
- Conduct research initiatives that are focused on the ASH vision and mission.
- Continue to enhance the consistency and reliability of the ASH specialty healthcare model; and
- Monitor 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, Incorporated

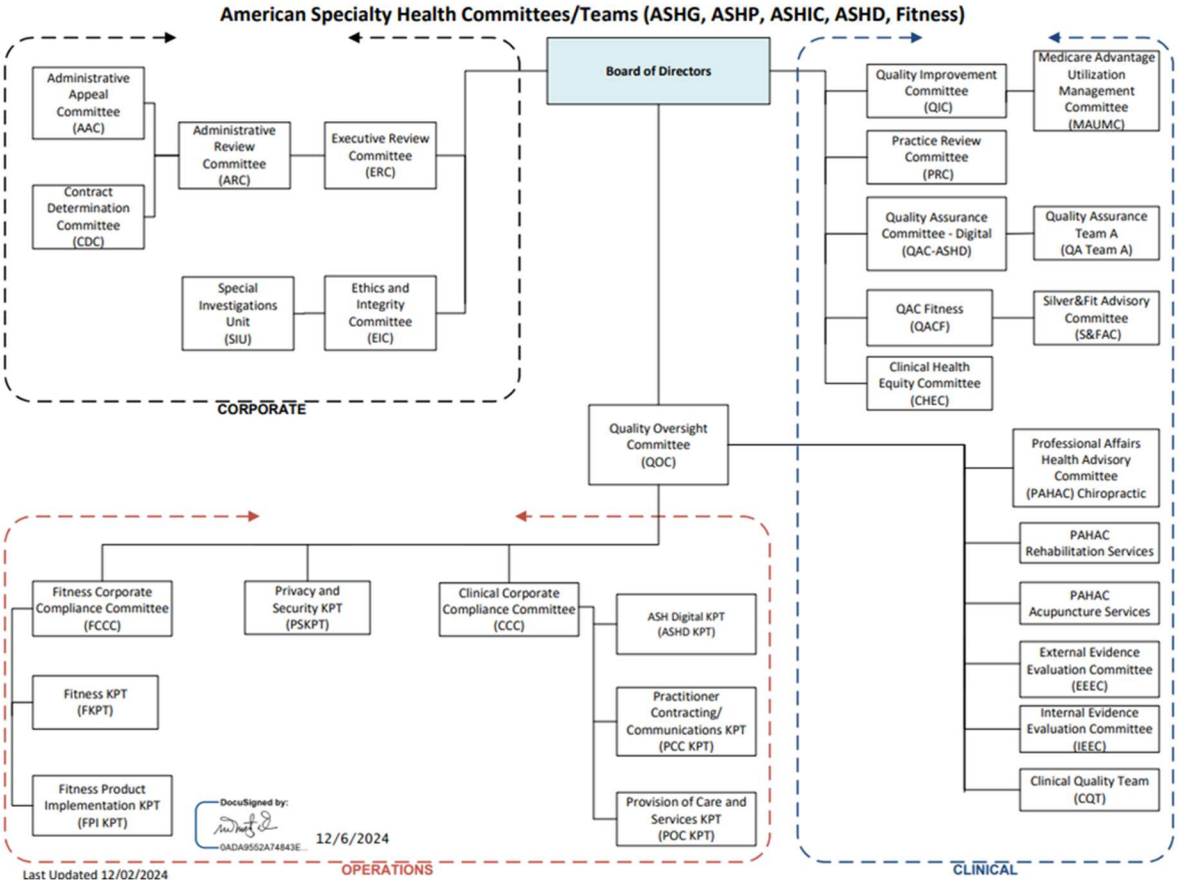
American Specialty Health Incorporated (ASH) is one of the nation's premier independent and privately-owned specialty health organizations offering technology-enabled benefits management services, including musculoskeletal health provider networks and programs, fitness center networks and exercise programs, 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 2024 QI Work Plan. The committees meet on a regular basis to review Performance Measures including Routine Indicators, Routine Monitoring, QI Activities, and Quality Improvement Activity (QIA) Studies.

The Quality Oversight Committee (QOC) has responsibility for the development and oversight of the QI program. The Chief Health Services Officer (CHSO) is the executive sponsor of the QOC. The QOC includes the Senior Vice President, Clinical Services (VPCS), Senior Vice President, Rehab Services, Senior Vice President of Health Services Administration, Senior Medical Directors, Vice President Virtual Physical Therapy, other senior management 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 the QOC, monitored by ASH senior management, and the outcomes are reported to the QOC and the Board of Directors at least 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 the goal of 90%, achieving 95% of the performance standards from 4Q 2023 to 3Q 2024 (See Summary Results for detailed results). 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 cross-functional partners collaborated effectively during the 2024 quality year.

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. All employees are responsible for service excellence and improving the quality of assigned tasks and responsibilities. For 2024, the Board of Directors (BOD) provided adequate resources to support the ASH QI Program. Effectiveness of the QI program and its progress towards influencing safe clinical practices includes the following components:

- 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), Senior Vice President of Clinical Services (VPCS), Senior Vice President of Health Services Administration (VPHSA), other ASH leaders, and at least one credentialed practitioner.
- Based on the results of the 2024 QI Annual Evaluation and QI Program, for 2025, there is no need to restructure or change the QI program. Quality improvement opportunities are identified and are included in the 2025 QI Work Plan.

The following summaries provide an overview of the Quality Improvement Studies in progress, as well as key accomplishments, barriers, and QI opportunities relating to the QI Work Plan activities for 2024.

Confidentiality

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

Results Summary

The Results Summary details the quarter and year-to-date outcomes that were monitored throughout the 2024 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	4Q23	1Q24	2Q24	3Q24
1	QI Program				
1.1	Total Quality Management System				
1.1.1	Track Implementation of all QI (quality improvement) Opportunities 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				
1.1.3	NEW: Annual QI Evaluation (2023 QI Year) and Workplan - Goal: Complete the QI Evaluation and assess the overall effectiveness of the QI Program				
2	QIA Admin				
2.1	Service				
2.1.1a	Increase Electronic Claim Auto-Adjudication Rates [Goal: ASHLink Auto-Adjudication = 75%]				
2.1.1b	Increase Electronic Claim Auto-Adjudication Rates [Goal: Clearinghouse Auto-Adjudication = 55%]				
3	Clinical QI Study				
3.1	Clinical Care				
3.1.1	Monitoring X-Ray utilization (Over Utilization)				
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%]				

#	QI Activity	4Q23	1Q24	2Q24	3Q24
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]**				
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%]**				

#	QI Activity	4Q23	1Q24	2Q24	3Q24
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%]**	●	●	●	●
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%]**	●	●	●	●

#	QI Activity	4Q23	1Q24	2Q24	3Q24
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%]**				
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%]**				

#	QI Activity	4Q23	1Q24	2Q24	3Q24
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%]**	🟢	🟢	🟢	🟢
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)**	🟢	⚫	⚫	⚫
4.1.30a	**Review ASHLink Terms & Conditions at least quarterly for updates. Communicate changes to the Contracts Team. [Goal: Quarterly Review]**	🟢	🟢	🟢	🟢

#	QI Activity	4Q23	1Q24	2Q24	3Q24
4.1.30b	**Review the business uses in the ASHLink Privacy Statement at least quarterly and upon business changes/product development. Communicate changes to business uses to the Privacy Office and train impacted departments on the changes. [Goal: Quarterly Review]**	●	●	●	●
4.1.31a	**Review Choosehealthy Terms & Conditions and Privacy Statement [Quarterly Review]**	●	●	●	●
4.1.31b	**Review the business uses in the Choosehealthy Privacy Statement at least quarterly and upon business changes/product development. Communicate changes to business uses to the Privacy Office and train impacted departments on the changes. [Goal: Quarterly Review]**	●	●	●	●
4.1.32a	**Review ASHCare Terms & Conditions at least quarterly for updates. Communicate changes to the Contracts Team. [Goal: Quarterly Review]**	●	●	●	●
4.1.32b	**Review the business uses in the ASHCare Privacy Statement at least quarterly and upon business changes/product development. Communicate changes to business uses to the Privacy Office and train impacted departments on the changes. [Goal: Quarterly Review]**	●	●	●	●
4.1.34	**Monitor developments impacting privacy compliance impacting Privacy Statements and communicate those to stakeholders so that necessary edits can be posted and, if necessary, consent to the changes is obtained prior to compliance effective dates. [Goal: Monthly Review/ Quarterly Report]**	●	●	●	●
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	4Q23	1Q24	2Q24	3Q24
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 10 business days = 95%]**	●	●	●	●
4.2.4a	**Monitor Recredentialing Timeliness by Specialty - Chiropractic [Goal: % completed within TAT = 95%]**	●	●	●	●

#	QI Activity	4Q23	1Q24	2Q24	3Q24
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	4Q23	1Q24	2Q24	3Q24
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]**	●	●	●	●

#	QI Activity	4Q23	1Q24	2Q24	3Q24
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]**	●	●	●	●
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]**	●	●	●	●

#	QI Activity	4Q23	1Q24	2Q24	3Q24
4.4.3a	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Utilization Management (UM) Decision Making [Aggregate Goal: Clean Cases = 90%- Chiropractic]**	●	●	●	●
4.4.3b	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Utilization Management (UM) Decision Making [Aggregate Goal: Clean Cases = 90% -Acupuncture]**	●	●	●	●
4.4.3c	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Utilization Management (UM) Decision Making [Aggregate Goal: Clean Cases = 90% - Therapeutic Massage]**	●	●	●	●
4.4.3d	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Utilization Management (UM) Decision Making [Aggregate Goal: Clean Cases = 90% - Naturopathy]**	●	●	●	●
4.4.3e	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Utilization Management (UM) Decision Making [Aggregate Goal: Clean Cases = 90% - Rehab]**	●	●	●	●
4.4.3f	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Utilization Management (UM) Decision Making [Aggregate Goal: Clean Cases = 90%-Podiatry]**	●	●	●	●
4.4.3g	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Utilization Management (UM) Decision Making [Aggregate Goal: 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**	●	●	●	●
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%]**	●	●	●	●

#	QI Activity	4Q23	1Q24	2Q24	3Q24
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) • 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) • 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)				
5.1.5	Monitor Choosehealthy Accessibility (Goal: Monitor and Remediate Issues Timely)				
5.1.6	Monitor ASHcare Accessibility (Goal: Monitor and Remediate Issues Timely				

#	QI Activity	4Q23	1Q24	2Q24	3Q24
5.2	Practitioner Contracting/Communications				
5.2.1	Obtain Letters Verifying State Licensing Entities Perform Education Verification Prior to Licensing	●	●	●	●
5.2.2	CP 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; 2 ACU)]	●	●	●	●
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	●	●	●	●
5.3.7a	Monitor Timely Completion of Annual Review of Non-Clinical Practice Guidelines [Goal: 98% within Established Timeframes]	●	●	●	●
5.3.7b	Monitor Timely Completion of Annual Review of Clinical Practice Guidelines (CPGs) [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	●	●	●	●

#	QI Activity	4Q23	1Q24	2Q24	3Q24
5.2	**Practitioner Contracting/Communications**				
5.3.13	**Review and report CPT, HCPC and 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**				
5.4.7	**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	**Maintain Compliance with URAC Telehealth Accreditation, VPTR Services [Goal: 100% Compliance with Accreditation Requirements]**				
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%]**				
5.5.8	**Perform Random Quality Assurance Audits of Medical Doctor Files to Verify Accuracy of Data via NPDB Query**				

#	QI Activity	4Q23	1Q24	2Q24	3Q24
5.2	Practitioner Contracting/Communications				
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]				

#	QI Activity	4Q23	1Q24	2Q24	3Q24
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.]**				
5.6.10	**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	**VPTR Patient Experience: Monitor VPTR 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: Monitor and Report]**				
6.6	**Develop Reporting for VPT Performance Measures [Goal: To build the reporting and methodology]**				

Quality Improvement Activity Trends in 2024

ASH Clinical Programs Quality Improvement (QI) Work Plan for 2024 overall, year-to-date (YTD), achieved **95%** of the QI Work Plan activities goals (routine indicators and routine monitoring). There was a total of 798 unique QI Work Plan activities from the following categories:

- **Total Quality Management (TQM)** – this section includes recommendations/ QI Opportunities from the prior work plan year that are tracked and trended in the current year (3 Metrics).
- **Quality Improvement Activities (QIA)** – Formal hypothesis-driven studies that address opportunities for error reduction or performance improvement. Studies chosen are highly relevant to clinical or administrative core processes, or accreditation standards, industry requirements, or member risk and safety (5 Quality Improvement Studies).
- **Routine Indicators** – Key metrics that measure effectiveness of the major processes within ASH (609 Metrics).
- **Routine Monitors** – Periodic activities that ensure compliance with delegation, accreditation, and regulatory requirements (189 Metrics).

Quality Improvement activities are monitored throughout the year. ASH Clinical Programs met or exceeded **95%** of the performance standards in aggregate for Routine Indicator and Routine Monitoring activities from 4Q 2023 to 3Q 2024. These impressive results were only down 2% from the previous two Quality Improvement years, which met 97% of goals in 2022 and 2023. 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 variables 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 2024 Quality Improvement Work Plan year:

Table 1: 2024 QI Routine Indicators

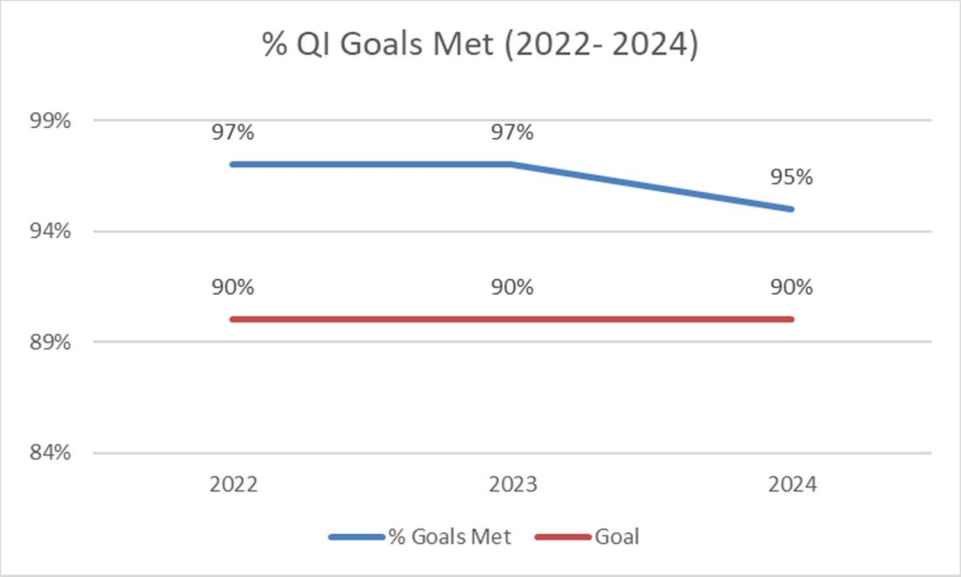
Category	Total Goals	Missed Goals	Goals Met	% Met by Category
Service	**305**	22	283	93%
Practitioner Contracting/ Communications	**208**	3	205	99%
Care and Service	**28**	3	25	89%
Clinical Care	**39**	0	39	100%
Delegation	**28**	5	23	82%
Regulatory	**1**	0	1	100%
Aggregate Total	**609**	**33**	**576**	**95%**

Table 2: 2024 QI Routine Monitoring - Results

Category	Total Goals	Missed Goals	Goals Met	% Met by Category
Service	21	6	15	71%
Practitioner Contracting/ Communications	10	0	10	100%
Clinical Care	46	0	46	100%
Accreditation	17	0	17	100%
Delegation	23	1	22	96%
Regulatory	46	0	46	100%
Virtual Physical Therapy & Rehab (VPT&R)	26	1	25	96%
Aggregate Total	**189**	**8**	**181**	**96%**
Grand Total Aggregate	**798**	**41**	**757**	**95%**

*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.

Percent of QI Activities Meeting Goals Three Year Trend- Aggregate Annual Results



QI Opportunities from the 2023 QI Evaluation, Completed in 2024

1.1.1 Track Implementation of All QI Opportunities from Previous Year's Evaluation

Data:

Committee	Total QI Opportunities to Complete in 2024	Total Closed	Percentage Closed
Corporate Compliance Committee	1	1	100%
Clinical Quality Team	14	14	100%
Ethics & Integrity Committee	0	0	100%
Clinical Programs Key Process Team	3	3	100%
Quality Oversight Committee	1	1	100%
Grand Total	**19**	**19**	**100%**

Analysis/Barriers:
A total of 19 recommendations were made for 2024, of which 19 were completed (100%).

Actions Taken:
Actions taken as a result of the 2023 Quality Improvement Evaluation recommendations are described in the individual activity summaries.

QI Opportunities:
None

Quality Improvement Activity (QIA) Studies

Following are summaries of the Quality Improvement Activity (QIA) studies (administrative and clinical) that were scheduled for review based on the 2024 Quality Improvement Work Plan.

Administrative

2.1.1 Increase Electronic Claim Auto-Adjudication Rates

Data:
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 75%. 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.

Results for 1Q 2024 and 3Q 2024 exceeded goals for Clearinghouse and narrowly missed the ASHLink goal at 74% and 69%, respectively. For 4Q 2023 and 2Q 2024, auto-adjudication results exceed stated goals for ASHLink (75% Goal) and clearinghouse (55% Goal) in 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.

Quarter	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
4Q 2010	***Baseline:* Quarterly**	251,025	426,797	**59%**	70%
4Q 2023	Remeasurement 44: ASHLink	281,933	354,019	**80%**	75%
	Remeasurement 44: Clearinghouse	1,918,326	2,455,350	**78%**	55%
1Q 2024	Remeasurement 45: ASHLink	247,488	335,684	**74%**	75%
	Remeasurement 45: Clearinghouse	1,956,227	2,499,032	**78%**	55%
2Q 2024	Remeasurement 46: ASHLink	307,014	397,420	**77%**	75%
	Remeasurement 46: Clearinghouse	2,124,277	2,587,771	**82%**	55%
3Q 2024	Remeasurement 47: ASHLink	276,448	397,866	**69%**	75%
	Remeasurement 47: Clearinghouse	2,183,822	2,683,581	**81%**	55%

Analysis/Barriers:

Auto-adjudication results continue to consistently exceed stated goals in the Clearinghouse category. Even though the ASHLink goal missed standards, it is due to historical results for 1Q when customers' benefits renew, new groups are added, and eligibility verification is required for the first transaction of the calendar year. The results for 3Q 2024 exceeded targets on the Clearinghouse side and narrowly missed the ASHLink goal. This missed goal during 3Q 2024 was due to outages in systems that support business critical processes. It is not expected that ASHLink will continue to miss the goal for future quarters.

Actions Taken:

Operations continued to partner with EDI to identify new groups that require group records to be added to group maintenance to increase auto adjudication. Operations also worked with the IHIS team to create new enrollment records for members throughout the year. After the outage in 3Q 2024, a recurring maintenance schedule was developed and implemented to mitigate future occurrences.

QI Opportunities:

None

Clinical QI Studies

3.1.1 Reducing Inappropriate X-ray Utilization (Over 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.

Goals and Objectives:

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.

Evaluation of Annual Aggregate Data and Trends:

The number of practitioners in Cohort 1 and Cohort 2 for both 2023 and 2024 were consistent, with more practitioners with X-ray MNR assigned for 2024. The percentage of practitioners who have X-ray MNR assigned and continue to have X-ray MNR assigned in the subsequent CPS review was consistent at 83% and demonstrates a high rate of practitioners that have X-ray MNR assigned in consecutive CPS annual reviews. There was a larger decrease in the percentage of

patients X-rayed for Cohort 1 compared to Cohort 2 for both total and new patients, demonstrating that practitioners are more likely to modify their practice patterns with the initial X-ray assignment. (Please see attached QIA for greater detail.)

Metric 1: % of Practitioners with current X-ray MNR who are assigned X-ray MNR in CPS annual review					
Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2022 - 9/30/2023	*Baseline:*	874	1058	83%	N/A
10/1/2023 - 9/30/2024	*Remeasurement 1:*	860	1033	83%	N/A

Metric 2: % change in total patients X-rayed for Cohort 1 between aggregate CPS annual review data and 7 months of data following CPS annual review					
Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2022 - 9/30/2023	*Baseline:*	-12.30%	35.50%	-34.65%	N/A
10/1/2023 - 9/30/2024	*Remeasurement 1:*	-13.70%	35.80%	-38.27%	N/A

Metric 3: % change in new patients X-rayed for Cohort 1 between aggregate CPS annual review data and 7 months of data following CPS annual review					
Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2022 - 9/30/2023	*Baseline:*	-15.50%	77.90%	-19.90%	N/A
10/1/2023 - 9/30/2024	*Remeasurement 1:*	-14.70%	75.80%	-19.39%	N/A

Metric 4: % change in total patients X-rayed for Cohort 2 between aggregate CPS annual review data and 7 months of data following CPS annual review					
Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2022 - 9/30/2023	*Baseline:*	-6.10%	31.70%	-19.24%	N/A
10/1/2023 - 9/30/2024	*Remeasurement 1:*	-8.10%	32.60%	-24.85%	N/A

Metric 5: % change in new patients X-rayed for Cohort 2 between aggregate CPS annual review data and 7 months of data following CPS annual review					
Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2022 - 9/30/2023	*Baseline:*	-6.10%	77.80%	-7.84%	N/A
10/1/2023 - 9/30/2024	*Remeasurement 1:*	-2.40%	79.40%	-3.02%	N/A

Time Period	Cohort 1 Count	*Those with new X-ray MNR assigned
Jan 2023 CPS Review	219	
Jan 2024 CPS Review	242	

Time Period	Cohort 2 Count	*Those with X-ray MNR that continue to have X-ray MNR
Jan 2023 CPS Review	874	
Jan 2024 CPS Review	860	

Assessment of Performance:

There was some fluctuation between 2023 and 2024 in the percent change for the percentage of patients X-rayed for total patients for Cohort 1 (newly assigned X-ray MNR) and for both total and new patients for Cohort 2 (X-ray MNR remained). This data can be used in the next QI year to establish comparison goals for use in evaluating current and future interventions to ensure that interventions are successful in decreasing unnecessary X-ray utilization for both Cohort 1 and Cohort 2. Those with newly assigned X-ray MNR appear to be more responsive to changing their practice patterns with the current process of increased oversight and education, with almost 50% of practitioners showing a lower rate of total patients X-rayed and almost 75% showing a lower rate of new patients X-rayed in the seven months following the X-ray MNR assignment.

For practitioners that have had increased oversight and education for at least one year, the change in utilization patterns is much less drastic, with approximately 45% showing a lower rate of total patients X-rayed and around 30% showing a lower rate of new patients X-rayed in the same seven-month period. Some of these practitioners have been assigned X-

ray MNR oversight for multiple consecutive years and may be less receptive to changing practice patterns through the current process of oversight and education.

Intervention Strategies:
January 2024 CPS annual review completed. Initial intervention of mailing letters to practitioners who were newly assigned X-ray MNR completed by CQA staff. Increased oversight provided to those with newly assigned X-ray MNR and continued additional oversight provided to those with continued X-ray MNR. Initial years of the QIA will be used for establishing a baseline level of change and in subsequent years, additional interventions may be evaluated to ensure that the oversight and education provided are successfully decreasing inappropriate X-ray utilization. This intervention proves quite effective for those who are newly assigned oversight (cohort 1), but there appears to be a resistant population that continue to X-ray at similar frequencies (cohort 2).

QI Opportunities:

- Initiate additional educational intervention in 2025 related to inappropriate X-ray utilization.

3.1.2 Encouraging Practitioners to Support Tobacco Cessation (TC) 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. Preventive 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.

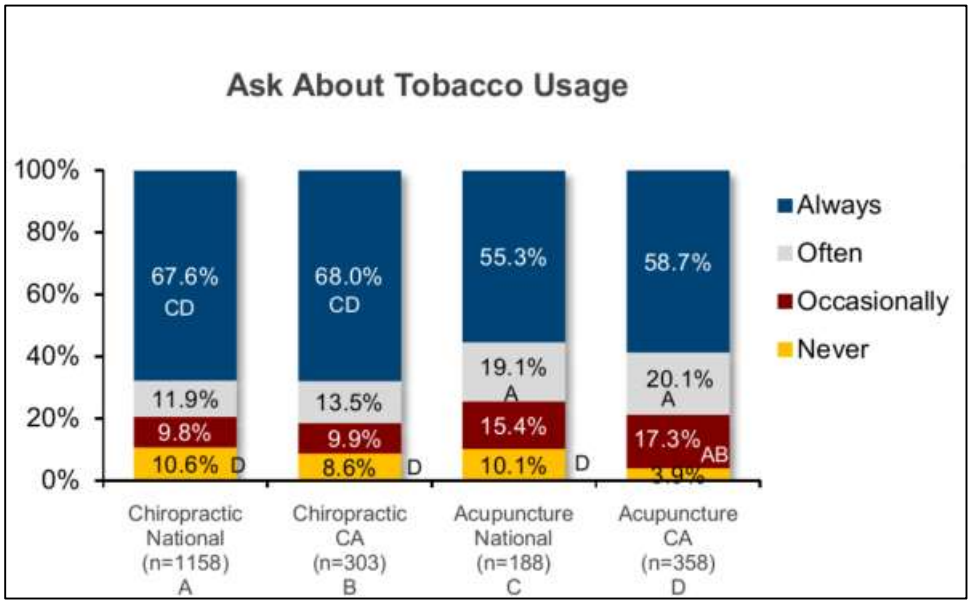
Goals and Objectives:
ASH surveys chiropractic practitioners to measure self-reported ASK and ADVISE practices and has set the study goals of:

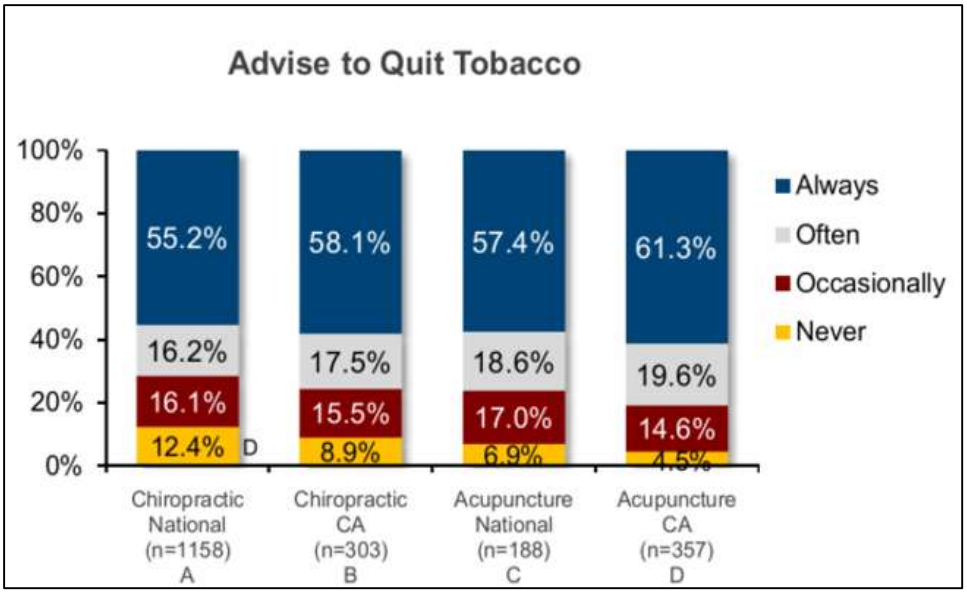
- >85% Always or Often ASK
- <5% Never ASK
- >60% Always ADVISE

ASH also monitors Naturopaths and Acupuncturists with similar objectives for monitoring purposes. *(Please see attached QIA for greater detail.)*

Study completion date: the anticipated completion date for this study is December 31, 2025.

Evaluation of Aggregate Data and Trends:





43. Why don't you always advise to quit?	Chiropractic – Natl	Chiropractic – CA	Acupuncture – Natl	Acupuncture – CA
	(A)	(B)	(C)	(D)
Base:	(n=515)	(n=127)	(n=80)	(n=138)
I may often or occasionally advise but not 100% of the time	29.9%	36.2%	36.3%	47.1% A
I do not have time during the appointment to address tobacco cessation	10.9%	22.8% AC	8.8%	17.4%
It is not part of my responsibilities	11.1%	9.4%	6.3%	13.0%
Patients are not receptive to receiving this advice	27.0% D	31.5% D	28.8%	16.7%
I don't know enough about tobacco cessation	1.6%	3.9%	2.5%	5.8% A
I am not comfortable talking about tobacco cessation	3.1%	4.7%	6.3%	4.3%
Outside the scope of practice	29.9% BD	17.3%	20.0%	15.2%
Other	10.3%	11.8%	16.3%	10.1%

Assessment of Performance:
The 2024 survey responses indicated a slight decrease in "Always/Often" ASK about Tobacco Usage for acupuncture practitioners (74.4% nationally compared to 76.0% last year) and a stable response for chiropractic practitioners (79.5% compared to 79.3% last year). Neither group has met the goal of 85%. Nationally both chiropractic and acupuncture practitioners have significantly increased in "Always/Often" ADVISE to quit tobacco (76% for acupuncturists compared to 55.7% last year and 71.4% for chiropractors compared to 51.9% last year), which has now met the 60% goal. Both groups also remain below goal (5% or less of the time) for Never Asking about tobacco usage with chiropractic practitioners increased for 2024 to 10.6% up from 9.5% in 2023 and acupuncture practitioners increased to 10.1% up from 8.9% in 2023.

Intervention Strategies:
Three (3) articles on Tobacco Cessation and the health benefits of quitting were published in the quarterly Practitioner newsletters in 2024. Six (6) handouts were provided in an electronic/printable format for practitioners to use with their patients. Practitioners were provided information on the Great American Smoke Out (November of each year) and encouraged to share with their patients, asking them to quit on this national day.

Chiropractic, acupuncture, and naturopathy practitioners received quarterly newsletters with articles and handouts focused on tobacco cessation and the health benefits of quitting to encourage practitioners to ask and advise. Between 81-89% of chiropractic and acupuncture practitioners read the newsletter articles. While only 18- 30% of practitioners indicated that they use the handouts in their practices**.**

ASH 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 tobacco free. ACS has approved the use of an existing flyer for use by ASH. The co-branding agreement was approved by the ASH Vendor Oversight Committee during 4Q 2023. These flyers were then used to launch a Tobacco Cessation Program intervention that included providing a poster and/or fliers (in English and Spanish) to participating practitioners in the program to hand out and encourage discussion with all patients who smoke and advise them to quit. Engagement of practitioners occurred in three different interventions.

TC Program Intervention 1: CQE Phone Outreach

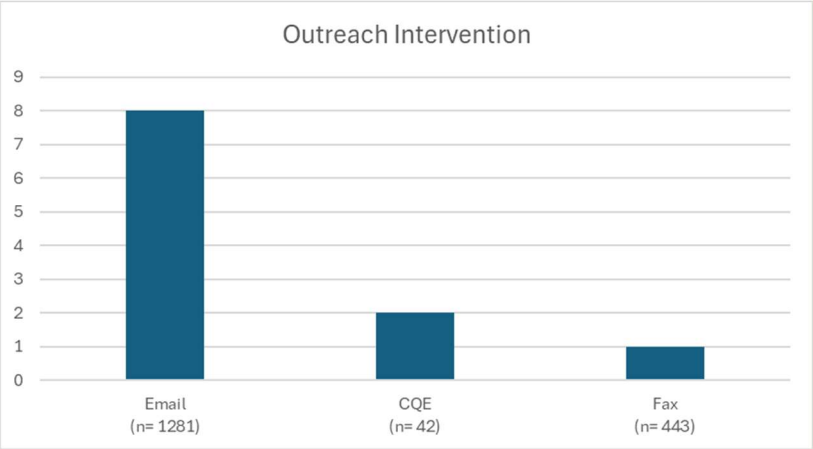
- An initial group of 12 practitioners were placed in a database for CQE outreach to engage them to participate in the Tobacco Cessation project. This initial group was offered an incentive of CEU hours. On initial rounds of calling, five agreed to participate in the coming year once the materials were available and an additional practitioner had answered maybe. Once materials were available and ready to be sent out the practitioners were outreached again to ensure continued interest. Only one practitioner from this group actually engaged in the project and received reimbursement for CEU hours.
- Another 30 practitioners were contacted through CQE outreach, without the CEU incentive. From this group, one additional practitioner agreed to participate in the project. CQE outreach is continuing alongside other interventions.

TC Program Intervention 2: Email outreach

- A list of Chiropractic practitioners in 5 target states (IL, IN, KS, MO, and OH) was obtained for tier 3 practitioners and above. Emails were sent to 642 practitioners, with reminders sent to 639 practitioners for a total of 1281 emails sent in all. 31 practitioners had undeliverable email addresses.
- Based on the minimal responses received from practitioners, we believe that a majority of the emails are not received by the practitioners due to firewalls and security measures in their office email systems. In an outreach effort to a sample of the practitioners whom the emails were sent, many of these practitioners indicated that they never received the emails. The HLS Tobacco Cessation team, resent emails to those who had indicated during CQE outreach that they did not receive the emails.
- The email intervention engaged 8 practitioners into the project, which is the largest intervention result, but is only 0.062% of emails sent resulting in engagement.

TC Program Intervention 3: Fax outreach

- An updated list of practitioners was requested to include fax numbers for the targeted group of chiropractic practitioners. The list of practitioners was compared to the original outreach list to remove those who were no longer participating and those not already engaged through CQE calls or email (whether agreeing or declining). This gave a total of 532 unique practitioners. When the list was compared further to group by duplicate fax numbers and office addresses, it was found that there were 443 unique office/ group fax numbers to outreach. Faxing attempts began at the end of 3Q 2024 and concluded at the beginning of 4Q 2024 in an attempt to engage more providers to reach the targeted goal of 50 providers for the initial pilot alongside continued calls from the CQE. Faxing only resulted in one additional practitioner agreeing to participate.



During 3Q 2024, survey questionnaires were sent to the participating practitioners, however, due to the low engagement, these results were not statistically significant.

QI Opportunities:

- Expand the TC Program to additional states to recruit and engage more practitioners into the project.
- Provide an easy tracking tool for practitioners to count how many patients received the TC materials.
- Hold a focus group with the participating practitioners to gain insight regarding the TC program request their feedback about effective interventions for Tobacco Cessation.

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.

According to the 2018 Physical Activity Guidelines Advisory Committee report to the U.S. Department of Health and Human Services, physical activity is a key public health opportunity for disease prevention and health promotion. According to the 2018 Physical Activity Guidelines:

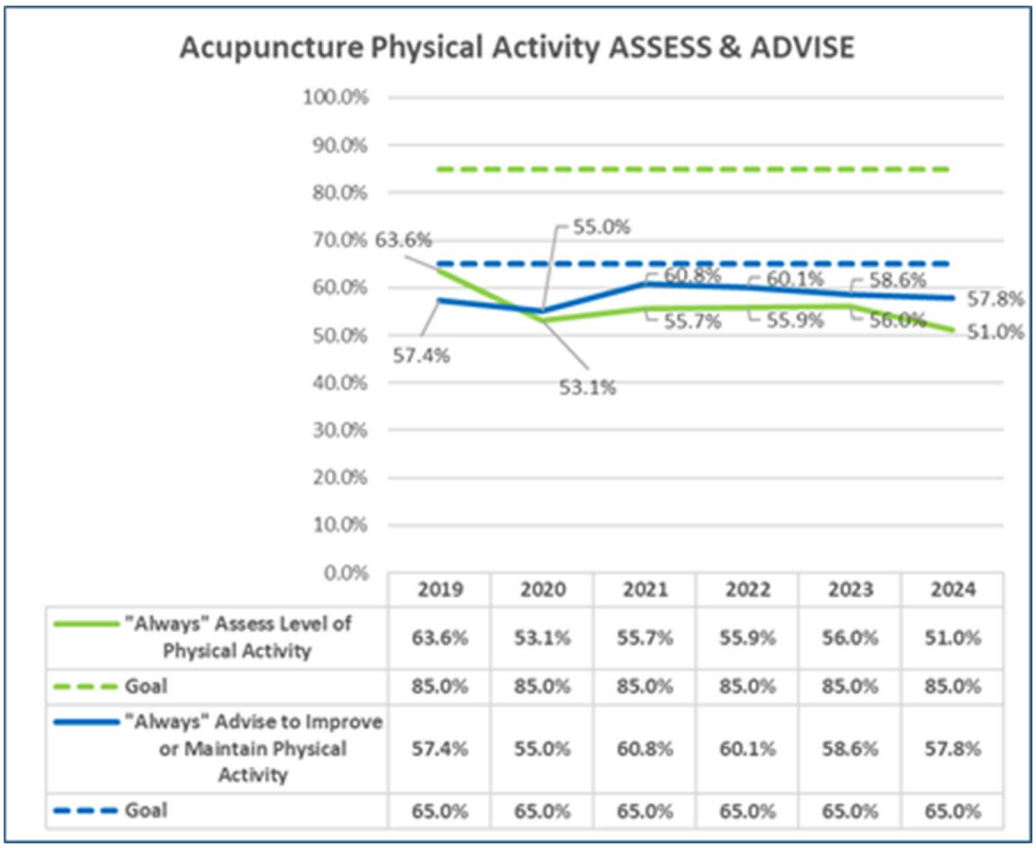
- Physically active individuals sleep better, feel better, and function better (e.g., better sleep quality; acute executive cognitive function improvements; reduced depressive symptoms; improved quality of life perception; higher energy levels and reduced fatigue).
- Some health and cognitive benefits occur immediately (e.g., blood pressure, sleep, improved insulin sensitivity, reduced anxiety, and improved cognition).

- Physical activity reduces the risk of a large number of diseases and conditions (e.g., heart disease; stroke; obesity; weight gain; dementia; fall risk; bladder, endometrium, esophagus, kidney, lung, stomach, breast, and colon cancer; and preventing the development or halting progression of chronic conditions such as osteoarthritis, hypertension, and type 2 diabetes).
- The benefits of physical activity can be achieved in a variety of ways and inactive individuals can achieve substantial health gains by increasing their activity level, even if they do not reach the recommended targets of 150 to 300 minutes per week of moderate-intensity physical activity.
- Efforts to promote physical activity can be effective using individual behavioral change theories and techniques; school-based, and community-wide physical activity programs; environmental and policy changes to support physical activity access (e.g., bike to work/public transport & walking; information and communication technologies to monitor and support physical activity levels).

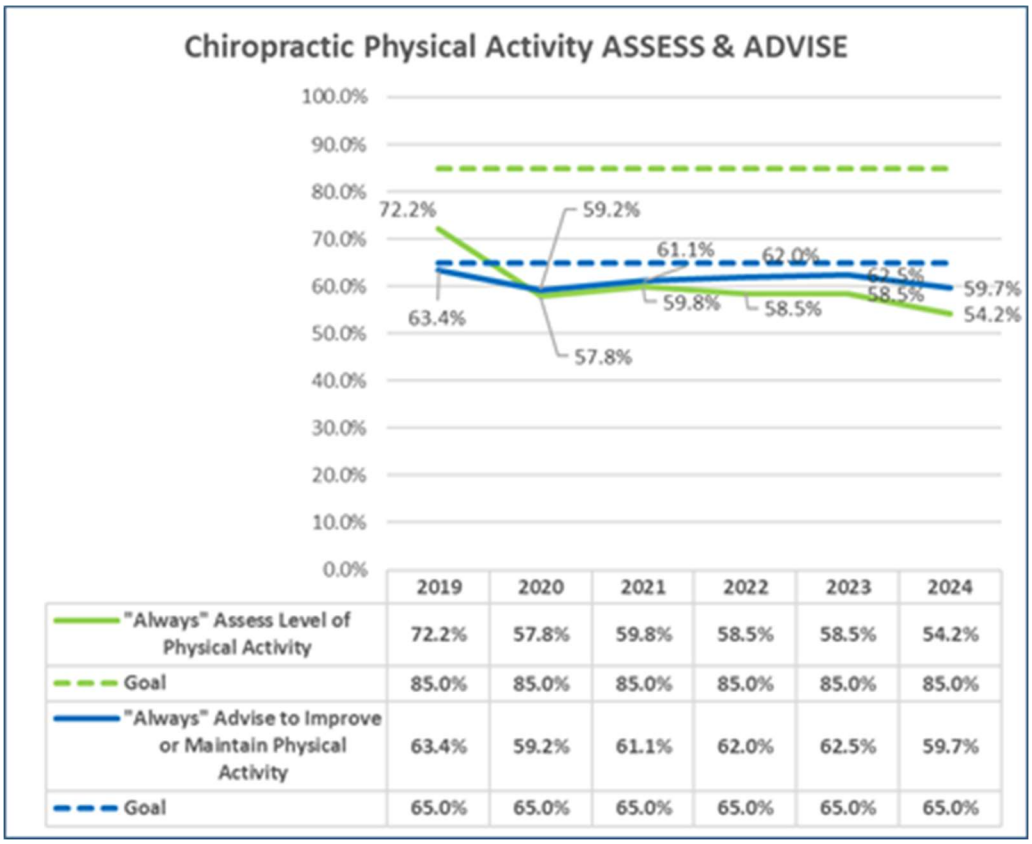
As part of ASH's pain ecosystem care delivery model, ASH practitioners primarily serve musculoskeletal (MSK), rehabilitation, and pain management patient populations. These populations stand to directly benefit from the promotion of physical activity for the reasons noted above. Furthermore, these populations may have an increased tendency toward low rates of physical activity given that MSK or painful conditions may limit / impair their ability to be physically active. Over time, low levels of physical activity cause, contribute to, and exacerbate chronic pain and other health conditions.

Goals and Objectives:
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. This will continue in 2025.

Evaluation of Annual Aggregate Data and Trends:



	2019	2020	2021	2022	2023	2024
"Always" Assess Level of Physical Activity	63.6%	53.1%	55.7%	55.9%	56.0%	51.0%
Goal	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
"Always" Advise to Improve or Maintain Physical Activity	57.4%	55.0%	60.8%	60.1%	58.6%	57.8%
Goal	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%



	2019	2020	2021	2022	2023	2024
"Always" Assess Level of Physical Activity	72.2%	57.8%	59.8%	58.5%	58.5%	54.2%
Goal	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
"Always" Advise to Improve or Maintain Physical Activity	63.4%	59.2%	61.1%	62.0%	62.5%	59.7%
Goal	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%

The 2024 survey responses indicated a decrease in "Always" ASSESS for both acupuncture practitioners (51.0% compared to 56.0% last year) and chiropractic practitioners (54.2% compared to 58.5% last year), as well as "Always" ADVISE for both practitioner types (57.8% for acupuncturists compared to 58.6% last year and 59.7% for chiropractors compared to 62.5% last year).

Assessment of Performance:
The 2024 survey responses indicated a decrease in "Always" ASSESS for both acupuncture practitioners (51.0% compared to 56.0% last year) and chiropractic practitioners (54.2% compared to 58.5% last year), as well as "Always" ADVISE for both practitioner types (57.8% for acupuncturists compared to 58.6% last year and 59.7% for chiropractors compared to 62.5% last year).

Performance has been stable but remains below goals, 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.

Intervention Strategies:
In 2024, the educational articles and resources were reviewed by the clinical team in May to ensure that current materials were appropriate. Links to articles and resources were updated. The following patient & practitioner educational resources were disseminated to the network as follows:

An article titled *Promoting Physical Activity* update and included in the May/June ASH newsletter covering:
- 2018 Physical Activity Guidelines Advisory Committee report & health benefits of physical activities (PA), clinician's role in assessing and advising for PA
- A reminder to practitioners about the 5 Patient Education handouts were created and posted on ASHLink
    - What Staying Active Does for Your Health
    - Moving Can Help Your Joint and Muscle Pain
    - 6 Tips for Staying Active Without the Gym

    - Physical Activity Tracking Log
    - 6 Tips to Move Mindfully with Pain
- Practitioner Toolkits/Resources
    - The American College of Sports Medicine's global initiative Exercise is Medicine® (EIM)
    - The Office of Disease Prevention and Health Promotion's campaign Move Your Way training resource/tools for providers to promote physical activity.

QI Opportunities:
This QIA had not yet achieved the goals so the opportunity for improvement continues for practitioners to promote and facilitate incorporating physical activity assessment and advisal into daily practice. The 2025 recommendations are follows:

- Review and update the practitioner and patient educational interventions in 2025.

- Evaluate if additional questions may be added to the practitioner survey to understand why practitioners may not assess or advise on physical activity to determine if additional interventions may address the identified causes.

Barriers Identified in 2024

ASH Clinical Programs met or exceeded **95%** of the quality program performance standards in aggregate for routine indicator and routine monitoring activities from 4Q 2023 to 3Q 2024. These positive results were in line with the previous two Quality Improvement years, which were 97% in 2022 and 2023.

Quality Improvement activities are also 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 and QI opportunities for improvement/ recommendations focus on variables such as alternate or improved processes, modifications in policy or process, member and/or practitioner education, or other methods to improve performance. Upon evaluation of the analysis and barriers, the committees and key process teams make recommendations to further enhance the effectiveness of the quality improvement system results.

The following is a summary of the barriers identified, and actions taken during the implementation of the 2024 Quality Improvement Work Plan. A total of 41 metrics missed or partially missed the goals during the QI Year.

Routine Indicators

Service

4.1.1A- 4.1.1F Monitor Inquiry Telephone Responsiveness

This metric consists of 6 subparts, with four of those missing metrics during the QI year at least one quarter.

Summary:

- **4.1.1A has a goal of 30 seconds= 75%.**
  The metric for 4.1.1A missed goal in 4Q 2023, coming in at 54% of call being answered within 30 seconds.

- **4.1.1B has a goal of 60 seconds = 85%.**
  The metric for 4.1.1B missed goal in 4Q 2023 with 59% of calls and in 1Q 2024 with 80% of calls answered within 60 seconds.

- **4.1.1C has a goal of average speed of answer = 30 seconds.**
  The metric for 4.1.1C missed goal in 4Q 2023 with an average speed of answer of 123 seconds and 46 seconds in 1Q 2024.

- **4.1.1F has a goal of wait times ≤10 minutes.**
  The metric for 4.1.1F missed goal in 4Q 2023 with 96% of calls experiencing a hold time greater than 10 minutes.

Analysis/Barriers:
The department experienced an unexpected increase in call volume and staffing shortages during 4Q 2023 and the beginning of 1Q 2024, which impacted performance.

Actions Taken:
The department used all available resources to handle inbound volumes. Clinical Customer Service (CSS) also partnered with ASH Recruiting on strategies to meet hiring goals and converted seasonal staff from another ASH department into a customer service class. These strategies caused the department to begin meeting performance expectations mid-February and going forward for the remainder of 2024.

QI Opportunities:
None

4.1.2A- 4.1.2F Monitor Member Inquiry Telephone Responsiveness

This metric consists of 6 subparts, with four of those missing metrics during the QI year at least one quarter.

Summary:
- **4.1.2A has a goal of 30 seconds= 75%.**
  The metric for 4.1.2A missed goal in 4Q 2023, coming in at 73% of call being answered within 30 seconds.

- **4.1.2B has a goal of 60 seconds = 85%.**
  The metric for 4.1.2B Missed goal in 4Q 2023 with 77% of calls within 60 seconds.

- **4.1.2C has a goal of average speed of answer = 30 seconds.**
  The metric for 4.1.2C missed goal in 4Q 2023 with an average speed of answer of 63 seconds.

- **4.1.2F has a goal of wait times ≤10 minutes.**
  The metric for 4.1.2F missed goal in 4Q 2023 with 99% of calls experiencing a hold time greater than 10 minutes.

Analysis/Barriers:
The department experienced an unexpected increase in call volume and staffing shortages during 4Q 2023, which impacted performance.

Actions Taken:
The department used all available resources to handle inbound volumes. CSS also partnered with ASH Recruiting on strategies to meet hiring goals and converted seasonal staff from another ASH department into a customer service class. These strategies caused the department to begin meeting performance expectations mid-February and going forward for the remainder of 2024.

QI Opportunities:
None

4.1.11A- 4.1.11D Monitor Timeliness of Member Appeal Acknowledgements and Resolution

This metric consists of 4 subparts, with one of those missing metrics during the QI year in one quarter.

Summary:
The goal for 4.1.11A is for 90% of Commercial & Medicare member appeals to be acknowledged within 5 calendar days. The goal was missed for 2Q 2024.

Analysis/Barriers:
This standard was narrowly missed by one appeal (67%) that was acknowledged in 7 calendar days. Due to low volume, the sample size is not statistically valid and therefore the missed metric is not indicative of overall performance.

Actions Taken:
This standard was missed by one appeal due to low volume (3 within a quarter). This is not a statistically valid sample size and is not indicative of overall performance**.**

QI Opportunities:
None

4.1.14A- 4.1.14B Monitor Timeliness of Resolution of Practitioner Appeals

This metric consists of 2 subparts, with one of those missing metrics during the QI year in one quarter.

Summary:
The goal for 4.1.14A is for 90% of pre-service (clinical) practitioner appeals to be resolved within 15 calendar days. The goal was missed in 1Q 2024 (83% performance). APG narrowly missed this goal by one case due to a one-off manual error. Due to low volume (6 within a quarter), this is not a statistically valid sample size and is not indicative of overall performance.

Analysis/Barriers:
Appeals and Grievances (APG) narrowly missed this goal by one case. Due to the low volume (6 within a quarter), this is not a statistically valid sample size and is not indicative of overall performance.

Actions Taken:
Additional training was provided to ensure that this error does not reoccur.

QI Opportunities:
None

4.1.15A- 4.1.15D Monitor MNR Form Decision-Making Timeliness and Turn Around Time (TAT)

This metric consists of 4 subparts, with one of those missing metrics during 4Q 2023 and 1Q 2024.

Summary:

- **4.1.15A has a goal of Clinical decision making (Commercial): pre-service within 2 business days= 93%.** The metric for 4.1.15A missed goal in 4Q 2023 at 90% and in 1Q 2024 at 91%.

Analysis/Barriers:
Due to increased receipts (including more non-standard documentation that increased review complexity) in late 4Q 2023 and 1Q 2024, ASH TATs were lengthened.

Actions Taken:
In January 2024, ASH lowered the production requirements for staff due to the increase of non-standard medical record, which take more time to process. ASH also reforecast staff projections to compensate for the increase in non-standard receipts. ASH returned to meeting standards by the end of 1Q 2024.

QI Opportunities:
None

4.1.18A- 4.1.18B Monitor Medical Necessity Review (MNR) Form Processing for Priority States/Clients

This metric consists of 2 subparts, with both of those missing metrics during 4Q 2023 and 1Q 2024.

Summary:

- **4.1.18A has a goal of MNR Form Processing Timeliness for Client= 93%.**
  The metric for 4.1.18A missed goal in 4Q 2023 at 86% and in 1Q 2024 at 89%.

- **4.1.18B has a goal of MNR Form Processing Timeliness for Priority State= 100%.**
  The metric for 4.1.18B missed goal in 4Q 2023 at 55% and in 1Q 2024 at 73%.

Analysis/Barriers:
Due to increased receipts (including more non-standard documentation that increased review complexity) in late 4Q 2023 and 1Q 2024, ASH TATs were lengthened.

Actions Taken:
In January 2024, ASH lowered the production requirements for staff due to the increase of nonstandard medical record, which take more time to process. ASH also reforecast staff projections to compensate for the increase in nonstandard receipts. ASH returned to meeting standards by the end of 1Q 2024.

QI Opportunities:
None

4.1.19A- 4.1.19E Monitor Claims Processing Timeliness

This metric consists of 5 subparts, with one of those missing metrics during one quarter of the QI year.

Summary:

- **4.1.19D has a goal of Medicare (unaffiliated) Claims processing within 30 calendar days= 97%.**
  The metric for 4.1.19D missed goal in 1Q 2024 at 80% of Medicare (unaffiliated) claims being processed within 30 calendar days.

Analysis/Barriers:
The standard was missed by one claim that experienced front-end delays and multiple hand-offs while the Claims team reviewed medical records and identified the appropriate payor.

Actions Taken:
The Claims Department continued to prioritize and closely monitor aging claims to help mitigate claims that miss the turnaround time goals.

QI Opportunities:
None

4.1.20A- 4.1.20H Monitor CBR Claims Processing Timeliness

This metric consists of 8 subparts, with three of those missing metrics during at least one quarter of the QI year.

Summary:

- **4.1.20D has a goal of CBR Claims Processing of last receipt paid in 7 days= 90%.**
  The metric for 4.1.20D missed goal in 4Q 2023 at 83% of CBR claims being processed with last receipt paid within in 7 days.

- **4.1.20F has a goal of 2-Step Claims Processing of received to post within 30 days= 96%.**
  The metric for 4.1.20F missed goal in 2Q 2024 at 87% of 2-Step claims being received to post within 30 days.

- **4.1.20H has a goal of 2-Step Claims Processing of last receipt paid in 7 days= 90%.**
  The metric for 4.1.20H missed goal in 4Q 2023 at 83 % and in 3Q 2024 at 87% of 2-Step claims being processed with last receipt paid within in 7 days.

Analysis/Barriers:
The standard was missed due to a file exchange quality review process that was implemented for a large expansion in 4Q 2023. In 2Q 2024, the standard was missed due to the cyberattack at a large healthcare company. While ASH does not have a direct relationship with the healthcare company, some of our client health plans relied on the health care company to send claims files to ASH. File exchanges were paused for several months, and these files are necessary for ASH to reconcile and pay claims. These delays caused claims to finalize over 30 days. In 3Q 2024, 4.1.20H was missed due to several paper check run failures that occurred; however, EFT payments were successful.

Actions Taken:
ASH confirmed the newly implemented file exchanges behave as intended and future delays are not anticipated, as the cyber-attack issue is not expected to reoccur. To address the paper check run failure, ASH has implemented additional alerts should this reoccur, so failed paper check runs can be reinitiated in the event they cannot process as expected.

QI Opportunities:
4.1.20 should be consolidated so that the metrics are not separated between CBR and 2-step.

Practitioner Contracting/Communications

4.2.1A- 4.2.1L Monitor Geographic Availability of Practitioners

This metric consists of 12 subparts, with two of those missing metrics during at least one quarter of the QI year.

Summary:

- **4.2.1G has a goal of 90% of members having desired access to Nutrition Services in suburban/urban areas.**

The metric for 4.2.1G partially missed goal in 2Q 2024.

- **4.2.1H has a goal of 90% of members having desired access to Nutrition Services in rural areas.**
  The metric for 4.2.1H partially missed goal in 2Q 2024 due to issues with GeoAccess reporting and narrowly missed in 3Q 2024 at 89.3% of members having the desired access to Nutrition Services in rural areas.

Analysis/Barriers:
Rural areas have limited Nutrition Services providers available to recruit. Members in these areas will have to travel longer distances to access services. With the ongoing efforts in 2024 focused on recruitment for underserved counties, ASH maintains stable networks which are meeting and exceeding minimum access standards. Acupuncture and Nutrition Services in rural areas continue to be a challenge in 2024. Due to the increased membership mostly associated with Medicare Advantage benefits and limited licensed providers available to recruit in rural areas, network adequacy in these areas has dropped below minimum access standards.

Actions Taken:
Licensed providers within the counties identified as underserved based on network adequacy standards were added to an ongoing recruitment campaign. ASH looks forward to continuing these efforts for all specialties in 2025, with prioritized focus on Acupuncture and Nutrition Services in rural areas.

QI Opportunities:
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.

Care And Service

4.3.3A- 4.3.3G Monitor Practitioner Satisfaction with UM Process

This metric consists of 7 subparts, with three of those missing metrics during at least one quarter of the QI year.

Summary:

- **4.3.3B has a goal of 70% Practitioner Satisfaction with the UM process for National Chiropractic.**
  The metric for 4.2.1B partially missed goal based on survey results with a 65% process score and a 71% care score.

- **4.3.3D has a goal of 70% Practitioner Satisfaction with the UM process for National Acupuncture.**
  The metric for 4.2.1D partially missed goal based on survey results with a 63% process score and a 76% care score.

- **4.3.3E has a goal of 70% Practitioner Satisfaction with the UM process for Naturopathy.**
  The metric for 4.2.1E missed goal based on survey results with a 41% process score and a 58% care score.

Analysis/Barriers:
In 2024, 16,457 acupuncture, chiropractic, therapeutic massage, and naturopathy practitioners were eligible to take the survey. 2,909 responses were received, yielding an overall response rate of 17.7%. The overall response rate in 2024 (17.7%) was slightly lower than that of 2023 (18.2%). Naturopathy practitioners reported the lowest process score of 41% and the lowest care score of 58%.

Actions Taken:
In 2024, the following actions were taken to improve practitioner satisfaction with the UM process:

- ASH continues to host annual, ongoing, and as requested ASH Provider Webinars using Microsoft Teams.

    - Topics covered in the webinars/seminars include claims process, operations manual, MNR process, client summaries, and more.
    - Webinars are posted to ASHLink and translated into Korean and Mandarin for the Acupuncture providers.
- 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.
    - A Provider Education Platform was launched through ASHLink powered by Inspire360 (a learning management system) and currently is accessible by in and out-of-network chiropractic, acupuncture, and physical/occupational therapy practitioners.
    - Materials currently include:
        - Course Modules (e.g., Insurance and Managed Care, Documentation)
        - Various Tutorials and Articles
        - Patient educational handouts addressing various clinical topics
- ASH continues to program ASHLink modifications to enhance communication on ASHLink and increase provider awareness, including:
    - Added a new ChatBot feature to ASHLink to provide automated responses and connection to live agents as appropriate
    - Enhanced ASHLink Resources page for better user experience
    - Added new eMNR form for rehab users that is shorter and allows users to upload their medical notes.
- ASH continues to launch educational initiatives for practitioners/providers, including:
    - Educational articles to improve the acupuncture member experience with topics such as good communication to improve outcomes, professional ethics, informed consent, and documentation.
    - Educational articles on health equity and social determinants of health
- ASH updated the Clinical Performance System (CPS) criteria for Rehabilitation Services to include complexity categories and to lower the minimum patient count for inclusion in review. ASH also began collecting additional data on medical necessity review (MNR) and functional outcome measure (FOM) submissions to evaluate for potential use in future criteria.
- ASH launched multiple clinical quality evaluation practitioner service enhancements:
    - Created clinical call queues to address more general questions that are better addressed by a clinician than customer service.
    - Added additional clinical staff to support provider education outreach calls and to support the recruiting team for provider onboarding and retention.

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. Activities included:

- Chiropractic - Chiropractic Medical Policy CPG Review, collaborated on facilitating improved relations with vendors under silent PPO agreements outside of ASH, created a Chiropractic Value Whitepaper to support legislative advocacy efforts in California, initiated review papers with external researchers, presented and distributed Cost of chiropractic versus medical management of adults with spine-related musculoskeletal pain: a systematic review, R. Farabaugh.
- Rehabilitative Services (PT/OT)- Development of MNR submission reference sheet.
- Acupuncture – Acupuncture Medical Policy CPG Review, acupuncture grievances project, provider education initiative, and peripheral neuropathy QIA research project.

QI Opportunities:

None

Delegation

4.5.3 Monitor Mission-Critical System Availability

This metric has a goal of 99.5% system availability and missed metric during the last quarter of the QI year.

Summary:

ASH achieved a 98.33% system availability score in 3Q 2024 for clinical systems.

Analysis/Barriers:

The standard was missed due to outages in systems that support business critical processes. Degradation in a core database required the business to pause for a resolution. Later in the quarter, targeted maintenance to rectify other database issues took longer than expected to complete which left critical systems unavailable.

Actions Taken:

ASH moved to a new methodology to calculate system availability: starting with 3Q 2024, the system availability will be calculated for a particular product or operation based on downtime created by Critical and High impact Major Incidents that impacted the particular product or operation. Major incidents are as reported in our IT Service Portal. Operations and products impacted will be clearly documented in the incident analysis. Downtime will be calculated as the number of minutes between the incident opened and resolved times. System uptime for the product or operation will be calculated by subtracting downtime minutes from possible available minutes.

QI Opportunities:

None

4.5.5A- 4.5.5B Report Quality Care Immediate Terminations to Health Plan Clients

This metric consists of 2 subparts, with both missing metrics during at least one quarter of the QI year.

Summary:

- **4.5.5A has a goal of 90% of quality care immediate terminations being reported to health plan clients within 2 business days.**
  The metric for 4.5.5A missed goal in 4Q 2023 with only 11% notified within two business days in November. During 1Q 2024, 52% were notified and 89% in 2Q 2024 within two business days.

- **4.5.5B has a goal of 100% of quality care immediate terminations being reported to health plan clients within 5 business days.**
  The metric for 4.5.5B missed goal based in 2Q 2024 with 89% of being notified within five business days.

Analysis/Barriers:

In 4Q 2023, 16 practitioners/providers were immediately terminated or de-credentialed, including 4 chiropractors, 6 acupuncturists, 1 rehabilitation service provider, 1 massage therapist, 1 occupational therapy practitioner, and 3 physical therapy practitioners. One hundred forty-six (146) points of contact, representing 71 health plans were notified of the immediate terminations as applicable.

The two-business day notification goal did not meet the 90% threshold in 4Q 2023. While notifications were sent within two-business days for October and December at 100%, in November only 11% were notified within two-business days (4 of 35 notifications). One practitioner had notification sent three business days after termination decision date. The delay was due to extra time needed for training of the new Associate Director, CQA in the immediate termination process. The percentages were affected by the large number of health plans needing notification for the one practitioner affected by the delay.

In 1Q 2024, 6 practitioners/providers were immediately terminated or de-credentialed, including 5 chiropractors and 1 physical therapy practitioner. Sixty-nine (69) points of contact, representing 33 health plans were notified of the immediate terminations as applicable.

The two-business day notification goal did not meet the 90% threshold in 1Q 2024 at 52%. While notifications were sent within two-business days for January and March at 100%, in February only 52% were notified within two-business days (36 of 69 notifications). One practitioner missed the two-day notification with notice sent four business days after termination decision date. The delay in health plan notification was due to the termination letter not being sent until two-business days after termination date and then an oversight in staff coverage for notifications with both primary and secondary notifiers being out of the office.

In 2Q 2024, 5 practitioners/providers were immediately terminated or de-credentialed, including 3 chiropractors, 1 acupuncturist and 1 physical therapy practitioner. Thirty-eight (38) points of contact, representing 17 health plans were notified of the immediate terminations as applicable.

The two-business day notification goal did not meet the 90% threshold in 2Q 2024 at 89%. While notifications were sent within two-business days for May and June at 100%, in April only 89% were notified within two-business days (34 of 38 notifications). One practitioner missed the two-day notification with notice sent seven business days after termination decision date. The delay in health plan notification was due to the termination letter not being copied to Sr. Manager, CQA upon release to the practitioner. The following week a client fallout report identified the missed notification. Notice was sent to the one affected client (representing four points of contact) the same day CQA became aware of the missed notification.

The five-business day notification goal did not meet the 100% threshold in 2Q 2024 at 89%. While notifications were sent within five-business days for May and June at 100%, in April only 89% were notified within two-business days (34 of 38 notifications). One practitioner missed the five-day notification with notice sent seven business days after termination decision date. The delay in health plan notification was due to the termination letter not being copied to Sr. Manager, CQA upon release to the practitioner. The following week a client fallout report identified the missed notification. Notice was sent to the one affected client (representing four points of contact) the same day CQA became aware of the missed notification.

Actions Taken:

Education and training were provided to CQA staff, as well as, adding an additional contact point in the letter approval route so all staff involved in the immediate termination notification processes are aware of any immediate terminations being issued to practitioners.

QI Opportunities:

None

Routine Monitoring

Service

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

This metric has a goal of 100% staff training completion and partially missed metric each quarter of the QI year.

Summary:

This goal was partially missed in each quarter of the QI year. 4Q 2023 had a Language Assistance Program (LAP) refresher training rate of 94%. In 1Q 2024 this completion rate was 98%. In 2Q 2024 and 3Q 2024 the rate of completion was 99% for both quarters.

Analysis/Barriers:

Trainers/Managers did not ensure that all training was completed.

Actions Taken:
Follow up with Human Resources at the end of every month to ensure that all individuals have completed the training.

QI Opportunities:
None

5.1.5 Monitor ChooseHealthy Accessibility

This metric has a goal to monitor and remediate accessibility issues timely and partially missed the metric during 1Q 2024.

Summary:
Due to a companywide issue on February 7, 2024, the ChooseHealthy website was inaccessible from approximately 10:45am until 8:30pm ET.

Analysis/Barriers:
As soon as the outage was known work began to remediate the issue and get the site accessible.

Actions Taken:
This was an unexpected companywide issue that is not expected to reoccur.

QI Opportunities:
None

5.1.7 Monitor ASHCare Accessibility

This metric has a goal to monitor and remediate accessibility issues timely and partially missed the metric during 1Q 2024.

Summary:
Due to a companywide issue on February 7, 2024, the ASHCare website was inaccessible from approximately 10:45am until 8:30pm ET.

Analysis/Barriers:
As soon as the outage was known work began to remediate the issue and get the site accessible.

Actions Taken:
This was an unexpected companywide issue that is not expected to reoccur.

QI Opportunities:
None

Delegation

5.5.1 Performance Standards and Clinical Indicators Reported to Clients

This metric has a goal to report 90% within stipulated calendar days from the close of the quarter based on client contract (30, 45, 60, or 90 days).

Summary:
In 1Q 2024 only 61% of reports were delivered timely.

Analysis/Barriers:
A key staff member was unexpectedly out of the office due to a family emergency, which caused a delay to obtain access to the SFTP site to submit reports.

Actions Taken:
Staff reached out to the client to advise of the SFTP access issue and worked to identify other ways to submit reports.

QI Opportunities:
To avoid this issue in the future, additional staff access to the SFTP site has been made available.

Virtual Physical Therapy & Occupational Therapy (VPTOT)

6.1 Virtual Physical Therapy & Occupational Therapy (VPTOT) Network Buildout

This metric has a goal to have at least 2 credentialed and appropriately licensed VPTOT providers for all 50 states and was partially missed in 2Q 2024

Summary:
In 2Q 2024, the goal was partially met and on track. There was currently at least 1+ credentialed PT provider in all 50 states + DC. At the end of 3Q 2024 there were approximately 358 licensed and credentialed providers for VPTOT and the goal of at least 2 credentialed providers per state had been met.

Analysis/Barriers:
Limited utilization caused challenges for the engagement of network providers.

Actions Taken:
Continued outreach with the recruitment network to fill remaining network needs led to meeting the goal by the end of the QI year.

QI Opportunities:
Recommend continuing to monitor network build out ensuring network adequacy for future expansion and additional clients in 2025. This includes network adequacy by specialty and sub-specialty.

Quality Improvement (QI) Opportunities for 2025

Based on the results of the 2024 QI Work Plan, including monitored escalations, quality metrics, and accreditation requirements, opportunities for improvement are identified for the 2024-2025 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.

Following is a summary of the QI Opportunities identified which will be implemented as part of the 2025 Quality Improvement Work Plan. QI Opportunities in progress from the 2024 QI Work Plan will continue to be worked on in 2025.

Clinical QI Studies

Clinical Care

3.1.1 Monitoring X-Ray Utilization (Overutilization)

- Initiate additional educational intervention in 2025 related to inappropriate X-ray utilization.

3.1.2 Encouraging Practitioners to Support Tobacco Cessation with Patients

- Expand included states to continue to conduct interventions to recruit more practitioners into the project.
- Provide an easy tracking tool for practitioners to count how many patients received the TC materials.
- Hold a focus group with the participating practitioners to gain insight in program.

3.1.3 Encouraging Practitioners to Promote Physical Activity

- Review and update the practitioner and patient educational interventions in 2025.
- Evaluate if additional questions may be added to practitioner survey to understand why practitioners may not assess or advise on physical activity to determine if additional interventions may address the identified causes.

Routine Indicator

Service

4.1.29 Perform Assessment of On-Line Provider Listings to Ensure Usability and Usefulness Every Three Years

- PRL is recommending we conduct the survey again in 2025 due to large number of satisfied responses rather than very satisfied.

Practitioner Contracting/ Communications

4.2.1A- 4.2.1L Monitor Geographical Availability of Practitioners

- 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.

Clinical Care

4.4.3A – 4.4.3G Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Medical Necessity Decision Making

- CPM and CAHPA reports to be updated in 2025 to match new metric name of “Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Medical Necessity Decision Making” on the 2025 QI Work Plan.

4.4.3A –Chiropractic

- Finalize for CQEs and Chiropractic practitioners an “Active Care” educational tutorial

4.4.3E –Physical Therapy / Occupational Therapy

- Clinical leadership will provide key user insights, requests, and feedback in each phase of IHIS re-design and development throughout the year.

Routine Monitoring

Practitioner Contracting/ Communications

5.2.3 Monitor Practitioner Involvement in Education Activities

- For 2025, we are in the process of creating and addressing additional webinars that focus on practitioner questions related to ASHLink. As needed, ASH will add information to the educational webinars based on questions received during clinical and recruitment Q and A sessions.

Clinical Care

5.3.13 Review and report CPT, HCPC, and ICD_10 Annual Code Updates

- Continue training staff and pursue coding certification for additional staff to assist in coding projects. Considerations for process enhancements are being discussed with senior clinical leadership.

Virtual Physical Therapy & Rehab (VPTOT)

6.1 Virtual Physical Therapy & Occupational Therapy (VPTOT) Network Buildout

- Monitor network build out ensuring network adequacy for future expansion and additional clients in 2025. This includes network adequacy by specialty and sub-specialty.