Behavioral Health Annual Evaluation

Medi-Cal

7/1/2024-6/30/2025

October 15, 2025

Contents

Executive Summary

Overview

The Health Plan of San Joaquin/Mountain Valley Health Plan ("Plan") strives to provide meaningful quality improvement activities for behavioral health which focus on continuity and coordination of medical and behavioral health care. Through other narratives, the Plan evaluates member experience with behavioral health, network adequacy of behavioral health practitioners and providers, and throughout the year, the Plan implements interventions based on the approval of annual work plans that involve various departments and stakeholders including the Quality Improvement Health Equity Committee, Quality Improvement Health Equity Operations Committee, Clinical Operations Committee, Monthly Clinical Operations Meeting, Delegation Oversight Committee, and other relevant meetings. The Plan then evaluates data sources to identify potential areas for improvement.

Scope

The scope of the Continuity and Coordination of Medical and Behavioral Healthcare report encompass the ongoing assessment, monitoring and improvement of continuity and coordination of medical and behavioral healthcare. The population served is diverse; representing multiple cultural and linguistic groups and includes pediatric, adult, and geriatric individuals. The line of business managed is Medi-Cal managed care for San Joaquin, Stanislaus, Alpine, and El Dorado counties. The year-end membership for all lines of business combined was 405, 600 members, a decrease of about 34, 229 members due to Medi-Cal redetermination resulting in enrollment loss.

The Continuity and Coordination of Medical Care and Behavioral Health serve to assess overall effectiveness and identify opportunities for improvement. The information presented includes results from clinical and service quality activities for each county of Medi-Cal.

Continuity and Coordination of Care between Medical Care and Behavioral Healthcare

During the review period of July 1, 2024, to June 30, 2025, Health Plan of San Joaquin/Mountain Valley Health Plan ("Plan") collaborated with their contracted Managed Behavioral Health Organization (MBHO), Federally Qualified Health Centers (FQHCs), Independent Physician Associations (IPAs)/Medical Groups, and Behavioral Healthcare practitioners to collect and analyze data to improve coordination between medical care and behavioral healthcare.

In 2024, National Committee for Quality Assurance (NCQA) standards changed substantially for QI3 and QI4 was eliminated. In alignment with the NCQA categories for this quality improvement activity, the following elements were targeted for this measurement period:

1. Performance on continuity and coordination of care through performance on required Health Plan Ratings HEDIS measures
2. Annually monitor performance and act on one required continuity and coordination of care HEDIS Health Plan Ratings measure in Element B for which it received a rating of "1" or "0."

Our goals for the past year's initiatives were:

1. Increase ranking for Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) - Met
2. Increase ranking for Follow-Up After Hospitalization for Mental Illness (FUH)—7 days—Total Rate – Not Met
3. Increase ranking for Follow-Up After Emergency Department Visit for Mental Illness (FUM)—7 days—Total Rate - Met
4. Increase ranking for Follow-Up After Emergency Department Visit for Substance Use (FUA)—7 days—Total Rate - Met
5. Increase ranking for Initiation and Engagement of Substance Use Disorder Treatment (IET)—Engagement of SUD Treatment—Total Rate - Not Met
6. Increase ranking for Follow-Up After High Intensity Care for Substance Use Disorder (FUI)—7 Days—Total Rate - Not Met
7. Increase ranking for Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) - Met

The following individuals were involved in the collaborative activities that included the analysis:

Plan Representatives:

Vanessa Aranda, Behavioral Health Program Manager
Kate Maietta, Manager, Behavioral Health Case Management
Stephanie Acevedo-Moran, Manager, Behavioral Health Treatment
Yvonne Garza, Manager, Social Services
Catrina Rodriguez, Director of Behavioral Health and Social Services
Tracy Hitzeman, RN, Exec. Director of Clinical Operations
Lakshmi Dhanvanthari, MD, Chief Medical Officer
Nicole Branning, Manager, Accreditation
Kathleen Dalziel, Director of HEDIS and NCQA
Ilia Rolon, Director of Special Projects, Quality Improvement
Robert Ruiz, Exec. Director of Quality Improvement and Health Equity

Ana Aranda, Director of Provider Services

In the review period, there were opportunities identified to increase coordination between medical and behavioral health care providers. Many of the outcome measures saw an improvement; however, there were still those that did not meet our goals.

Many of this contributed to the data challenges related to not receiving data from MHBO, and difficulty with not receiving data from county mental health. By 2025, these issues were resolved.

Below you will find the analysis of each area, the barriers, interventions attempted in 2024, and those identified for 2025.

Data: HEDIS Measures

HEDIS Measure	MY2023 Rate	MY2024 Rate	Measure Rating Score Compared to Percentiles	Change
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	27.71% (46/166)	19.81% (21/106)	3	+2
Follow-Up After Hospitalization for Mental Illness (FUH)—7 days—Total Rate	5.63% (4/71)	1.11% (1/90)	1	0
Follow-Up After Emergency Department Visit for Mental Illness (FUM)—7 days—Total Rate	14.74% (213/1445)	9.09% (124/1364)	2	+1
Follow-Up After Emergency Department Visit for Substance Use (FUA)—7 days—Total Rate	13.09% (284/2169)	17.19% (374/2176)	3	+1
Initiation and Engagement of Substance Use Disorder Treatment (IET)—Engagement of SUD Treatment—Total Rate	3.36% (219/6515)	5.65% (502/8887)	1	0
Follow-Up After High Intensity Care for Substance Use Disorder (FUI)—7 Days—Total Rate	10.93% (27/247)	11.04% (34/308)	1	0
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	83.29% (1201/1442)	83.50% (997/1194)	4	+1
		Total	15	5
		Average (Total/7)	2.14	0.71

Quantitative Analysis

For Measurement Year (MY) 2024 compared to MY2023, we saw the following rates and their changes:

- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) decreased from 27.71% to 19.81%; however, it increased in Measure Rating Score Compared to Percentiles by 2 points.
- Follow-up after hospitalization for mental illness (FUH) – 7 days – total rate decreased from 5.63% to 1.11% and did not have a change in measure rating score compared to percentiles.

- Follow-up after emergency department visit for mental illness (FUM) 7 days – total rate decreased from 14.74% to 9.09%; however, increased in Measure Rating Score Compared to Percentiles by 1 point.
- Follow-up after emergency department visit for substance use (FUA) – 7 days total rate increased from 13.09% to 17.19% and increased in Measure Rating Score Compared to Percentiles by 1 point.
- Initiation and Engagement of Substance Use Disorder Treatment (IET) – Engagement of SUD Treatment – Total rate increased from 3.36% to 5.65% and had no change for Measure Rating Score Compared to Percentiles.
- Follow-up after high intensity care for substance use disorder (FUI) – 7 days total rate increased from 10.93% to 11.04% and had no change for Measure Rating Score Compared to Percentiles.
- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD) increased from 83.29% to 83.50% and increased in Measure Rating Score Compared to Percentiles by 1 point.

Total points received were 15 points with an average of 2.14 and average change of 0.71 across the HEDIS measures.

Qualitative Analysis

In 2024-2025, the Plan focused provider communication and education on increasing Non-Specialty Mental Health Services (NSMHS)awareness, BH screening and referrals, and collaboration between primary care physicians and other behavioral health practitioners.

Interventions completed in 2024-2025:

- Implemented NSMHS Outreach and Education Plan to increase member and provider awareness of Non-Specialty Mental Health Services, members access to these services, and the provider referral process
- Created new educational materials for providers and stakeholders including guidelines for diagnosis and treatment, and HEDIS tip sheets (MCAS Measures - 2024 Pocket Guide, FUA & FUM Outreach and Follow Up Flyer, and FUA and FUM Talking Points)
- Developed health education for providers to share with members (What is Mental Health, and APP Health Education Flyers)
- Utilized Inovalon platform to share information with both behavioral healthcare and non-behavioral healthcare providers on gaps in care
- Implemented FUA and FUM intervention with Internal Behavioral Health Care Management team performing follow up post-discharge and tracked outcomes in 11/11/2024
- Updated provider website with BH content on 12/24/24
- Promoted new materials in Provider Alerts
- Facilitated BH Look & Learn for provider network on 3/26/2025 that covered Non-Specialty Mental Health Services, referral process, care coordination, BH quality measures including FUA, FUM, and SSD, and new materials
- Presented on Behavioral Health/Non-Specialty Mental Health & Social Services and discussed quality measure process/workflow implementation during Provider Partnership Program (PPP) and Equity and Practice Transformation (EPT) Payment Programs meetings
- Offered training and guidance on FUA and FUM process and workflow implementation
- Encouraged the submission of supplemental data
- Promoted data exchange with all providers groups

- Engaged in discussions with County Mental Health Plans on data exchange and collaboration on shared BH measures, Enhanced Care Management and Community Supports referral process, and NSMH services and referral process

It is important to note that these HEDIS measure rates capture members who meet criteria for a higher level of care and receive specialty mental health services (SMHS) from County Mental Health Plans or non-psych facilities. Low or decreasing rates can be attributed to the Health Plan not receiving data directly from County Mental Health Plans or non-psych facilities resulting in a gap in data. To address this gap, the Plan and County Mental Health Plans are in the process of executing Memorandum of Understanding (MOUs) that include data sharing and exchange requirements to improve data reporting. The Plan's improvement on HEDIS measures is contingent on executing MOUs, and data exchange/sharing implementation with County Mental Health Plans in all service counties for the bifurcated BH system of care's (NSMHS and SMHS) data to be reflected in our data. Additionally, the Plan continues to engage County Mental Health Plans and non-psych facilities in discussions to consider participating in the health information exchange to improve data sharing and exchange.

Barrier Analysis

Barrier	Opportunity	Intervention
Health Plan is not responsible for the management of higher levels of care	Partner with the inpatient psychiatric facilities on the transition of care plan to ensure they are connected to the County MHP	1) TOC team to identify BH admissions for BH CM team 2) BH CM Team to coordinate after care plan
Non-Psych facilities might not know of county resources	Partner with non-psych facility settings for educational opportunities	1) Schedule meetings with non-psych facilities 2) Discuss opportunities to educate discharge planning staff on resources for member upon/during discharge

Measuring Effectiveness - Opportunities for Improvement

The following measures received a 1 in the MY2024 reporting period and are our identified opportunities for improvement. We will be targeting these measures for the upcoming measurement year.

- Follow-Up After Hospitalization for Mental Illness (FUH)—7 days—Total Rate
- Initiation and Engagement of Substance Use Disorder Treatment (IET)—Engagement of SUD Treatment—Total Rate
- Follow-Up After High Intensity Care for Substance Use Disorder (FUI)—7 Days—Total Rate

Our plan for interventions in 2025 will include the following:

1) Educate provider network on non-specialty and specialty mental health and substance use disorder services as well as resources
2) Update provider website with additional information

3) Develop an internal workgroup with the Transitions of Care Team, Behavioral Health, and Social Work team to discuss opportunities for efficiency and collaboration on cases that involve behavioral health diagnoses
4) Partner with the County Mental Health Plans on opportunities to coordinate care

Behavioral Health Member Satisfaction Survey

Overview

Health Plan of San Joaquin and Mountain Valley Health Plan ("Plan") is a local, nonprofit community-based health maintenance organization that provides care to people in the Medi-Cal program. Health Plan's mission is to "Provide high quality healthcare for our members through community partnerships." In line with our mission, the Plan's goals are to:

- Improve the quality and efficiency of health care provided to our patients.
- Improve members' experiences with services and care received.
- Improve patients' health outcomes.
- Provide culturally sensitive and linguistically appropriate services.
- Promote the safety of all members in all treatment settings.
- Ensure timely access and availability of services for all members, including those with complex or special needs, including physical or developmental disabilities, multiple chronic conditions, and severe mental illness.
- Promote processes to ensure the availability of "safe, timely, effective, efficient, equitable, patient-centered care" and provide oversight within the network.
- Promote the use of Community Supports and resources to augment current Medi-Cal benefits.
- Promote Health Equity for the population we serve in alignment with all Plan Programs.

Behavioral Healthcare (BH) Program

On October 1, 2024, the Plan insourced all behavioral health activities with the intention of improving BH compliance with regulatory requirements, program and service delivery, and member satisfaction. Health Plan's members have access through no wrong door to be connected to behavioral healthcare (BH) services. For members seeking mental health services, Plan has a directly contracted network of mental health providers, which provides the following:

- Individual, family and group mental health
- Psychological / Neuropsychological testing
- Lab work, drugs and supplies
- Medication Management / Drug therapy monitoring

The Plan provides BH services to members with mild to moderate functional impairment. For services beyond the scope of primary care, a provider may refer the member to Health Plan's BH Program to assist with linking the member to the medically necessary services that include:

- Access to Non-Specialty Mental Health Services (NSMHS), which include Outpatient treatment for mild-to-moderate mental health conditions, for all ages, do not require prior authorization:
    - Individual, family and group mental health
    - Psychological testing, when clinically indicated to evaluate a

    - mental health condition
    - Lab work, drugs and supplies
    - Drug therapy monitoring

- Behavioral Health Treatment for members under 21 years of age, when indicated
    - Diagnostic Evaluation
    - Psychological Assessment

- Coordination of Specialty Mental Health Services (SMHS) for serious mental health conditions:
    - Counseling
    - Psychiatric medication management
    - Full-Service Partnership
    - Crisis intervention
    - Crisis mobile response
    - Inpatient Psychiatric Hospitalization
    - Referrals
    - Targeted Case Management

Behavioral Health Member Experience

The Plan seeks to improve our program and services to members. To improve BH member experience, the Behavioral Health (BH) Program actively measures member satisfaction with BH services, identifies opportunities to improve member satisfaction, and develops and implements solutions in the form of BH quality improvement activities.

The Director of Behavioral Health and Social Services solicits input from members through the BH Member Satisfaction Annual Assessment, Bh related Member Grievances and Appeals, and Community Advisory Community (CAC) feedback. Additionally, stakeholders throughout the organization were engaged for their feedback to ensure appropriateness of the program, identify opportunities for improvement, and enhancements to the BH Program for the upcoming Fiscal Year (FY) through the Monthly Internal Clinical Operations Meeting and Member Experience Collaboration/Task Force Meeting. Once all information has been collected, analyzed, and documented, the Director of BH solicits input from the Executive Director of Clinical Operations, and Chief Medical Officer to ensure alignment with Health Plan's strategic objectives. The evaluation is reviewed at the Clinical Operations Committee, a subcommittee of the QIHEC, to solicit feedback and obtain approval. The Quality Improvement Health Equity Committee (QIHEC), a subcommittee of the Health Commission, provides feedback and approves the evaluation.

Based on the findings and recommendations from the BH Annual Assessment, the Plan implements BH quality improvement activities over the next FY. The effectiveness and opportunities of the BH quality improvement activities are analyzed and reported out at least annually in the BH Annual Assessment as well as the Utilization Management Program Annual Evaluation.

Annual Assessment of Behavioral Health Member Experience

Introduction

The Plan is committed to ensuring enrollees' experience with the Plan's behavioral health providers and systems are evaluated annually. Once evaluated, opportunities to improve are identified and acted on. The methods used to evaluate member experience with behavioral healthcare include an annual survey of member experience which was completed on October 21, 2024. During this timeframe, Carelon Behavioral Health was the MBHO delegated to manage and coordinate BH services.

Please note that this year's annual survey includes reporting for HPSJ members served in San Joaquin and Stanislaus counties. On January 1, 2024, the Plan established Mountain Valley Health Plan (MVHP) and expanded services to Alpine and El Dorado counties. Starting in 2025, the Plan's annual survey will include reporting from all four counties: San Joaquin, Stanislaus, Alpine and El Dorado.

Behavioral Health Survey Methodology

The Plan employed a vendor to conduct a behavioral health member experience survey. The survey focuses on assessing overall satisfaction and identifying areas where care quality can be improved. It also includes a screening for members who received behavioral health services within the past 12 months. Members who received services during this period were selected to participate. These members were contacted through outreach calls or received the survey by email.

A total of 3,527 surveys were mailed to members. Additionally, 1,250 outreach calls were made to connect with members. Out of these efforts, 151 surveys were completed. This resulted in a response rate of approximately 3.16%.

The responses are aggregated to point out the areas of improvement. Since the questions and the methodology was different from last year, there is no available trend data for this year. Subject matter experts set a goal for 80% for all survey questions.

Section 1: Member Experience with BH Services

The Plan received completed surveys from 151 members. Since many participants skipped some questions, calculations were based on the total number of responses for each specific question. For questions with answer choices such as "Never," "Sometimes," "Usually," and "Always," the numerator consisted of responses marked "Usually" and "Always." For "Yes" or "No" questions, only "Yes" responses were included in the numerator.

Question	Numerator	Denominator	2024 Rate	Goal	Goal Met
11. Did you like the location of your provider's office?	119	132	90%	80%	Y
12. How often did counseling or treatment meet your needs concerning the following areas: Language	103	143	72%	80%	N
How often did counseling or treatment meet your needs concerning the following areas: communication	101	140	72%	80%	N
How often did counseling or treatment meet your needs concerning the following areas: religion	93	132	70%	80%	N
How often did counseling or treatment meet your needs concerning the following areas: culture	94	132	71%	80%	N
How often did counseling or treatment meet your needs concerning the following areas: Race and/or Ethnicity	98	136	72%	80%	N
14. Are you happy with your provider's office	123	136	90%	80%	Y
15. Was your privacy and dignity maintained during your treatment	129	141	91%	80%	Y
16. Did your doctor or therapist involve you in making treatment goals and value your opinion?	127	139	91%	80%	Y
17. If you took medication as a part of your treatment, did your provider tell you what the side	103	124	83%	80%	Y

effects of those medicines were?					
19. How much were you helped by the counseling or treatment that you had?	130	143	91%	80%	Y
20. How often did your Personal Doctor (PCP) seem to know about the counseling or treatment you had?	121	132	92%	80%	Y
21. How often did those you have seen for counseling and treatment seem to know about the care you had from medical doctors?	121	133	91%	80%	Y
22. Think about the providers you have seen for counseling and treatment. On a scale of 1 to 10, how would you rate those providers? ***7-10 is count as compliance**	114	147	78%	80%	N
23. How satisfied are you overall with the services you received for mental or behavioral health? ***7-10 is count as compliance**	110	142	77%	80%	N

Quantitative Analysis

- The Plan met the goal for 8 out of 15 questions evaluating member experiences with behavioral health services. To meet the goal, the compliance rate must exceed 80%.
- The rate for liking the provider's office location was 90%, which exceeded the goal of 80% by 10 points. This goal was met.
- The rate for meeting language needs in counseling or treatment was 72%. This fell short of the 80% goal by 8 percentage points. The goal was not met.
- The rate for meeting communication needs in counseling or treatment was 72%. This was 8 percentage points below the goal of 80%. The goal was not met.
- The rate for addressing religious needs in counseling or treatment was 70%. This was 10 percentage points lower than the 80% goal. The goal was not met.

- The rate for meeting cultural needs in counseling or treatment was 71%. This was 9 percentage points below the goal of 80%. The goal was not met.
- The rate for meeting race and ethnicity needs in counseling or treatment was 72%. This fell short of the goal by 8 percentage points. The goal was not met.
- The rate for being happy with the provider's office was 90%. This surpassed the 80% goal by 10 percentage points. The goal was met.
- Satisfaction with the provider's office location had a rate of 90%, exceeding the 80% goal by 10 points. This goal was met.
- Maintaining privacy and dignity during treatment had a rate of 91%, surpassing the goal by 11 points. This goal was met.
- Involving members in making treatment goals and valuing their opinions had a rate of 91%, which was 11 points above the goal. This goal was met.
- Providers explaining medication side effects had a rate of 83%, 3 points higher than the 80% goal. This goal was met.
- Feeling helped by counseling or treatment had a rate of 91%, exceeding the goal by 11 points. This goal was met.
- PCP awareness of counseling or treatment had a rate of 92%, which was 12 points above the goal. This goal was met.
- Providers being aware of care from medical doctors had a rate of 91%, 11 points higher than the goal of 80%. This goal was met.
- For rating counseling or treatment providers on a scale of 7 to 10, the rate was 78%, falling 2 points short of the 80% goal. This goal was not met.
- Overall satisfaction with mental or behavioral health services had a rate of 77%, 3 points below the goal of 80%. This goal was not met.

Conclusion Based on Quantitative Analysis

- The Plan met the goal for 8 out of 15 questions evaluating member experiences with behavioral health services. This indicates that members are somewhat satisfied with HPSJ's behavioral health services in terms of the quality of provider office sites, accessibility of provider locations, and quality of care. However, there are concerns regarding providers communicating and taking members cultural preferences into account when providing care to the members.
- The Plan met the goal for provider's office locations, privacy and dignity, member involvement in treatment goals, providing comprehensive information about medications and side effects, members feeling helped by counseling or treatment, and PCP Awareness of Counseling and Treatment.
- The questions that did not meet the 80% compliance rate mostly concern language, race/ethnicity, religion, communication, and culture. This contributed to lower overall member satisfaction.

Qualitative Analysis
The NCQA & HEDIS Director and NCQA & HEDIS Coordinator reviewed the results and identified areas of concern.

- More members are seeking help through emergency services, which has led to more referrals to County Access programs and telehealth services instead of in-person visits. This shift has reduced the focus on in-person care. Telehealth providers may not know how to contact the member's primary care doctor, leading to disconnected care.
- Some members lack understanding of available treatment options and benefits, such as self-help groups and family involvement in care. If healthcare providers are unaware of these resources or how to connect members to them, they may miss including them in care plans. This can limit members' access to support and resources that could improve their treatment experience and outcomes.
- For urgent appointments or immediate treatment, the Plan operates in many rural areas where there are limited number of behavioral health providers. Although HPSJ offers telehealth services, some members may not prefer this option. Moreover, providers are also dealing with a high volume of patients, which can cause delays in seeing members.
- The results showed that the goal was not met regarding how often counseling or treatment met members' needs related to language, race, religion, ethnic background, or culture. Counseling or treatment may not align with members' specific needs. Although 70-72 % of members reported receiving the care they needed, this did not reach the 80 percent satisfaction goal. This issue may be linked to the rural nature of the Plan's network and the challenge of finding providers who represent the member population.

Conclusion Based on Qualitative Analysis
The Plan achieved the goals for 8 out of 15 questions assessing member experiences with behavioral health services, with compliance rates in areas such as provider location, privacy, member involvement in treatment goals, and awareness of counseling by primary care providers. However, there are barriers such as gaps in care coordination, limited understanding of available treatment resources, and a shortage of behavioral health providers in rural areas. The Plan's subject matter experts addressed these issues and enhanced member satisfaction.

Opportunities for Improvement

- Enhance care coordination by strengthening communication between telehealth providers and primary care providers to ensure they have up-to-date and consistent information.
- Expand behavioral health provider networks in rural areas to reduce wait times and improve access to urgent care.
- Educate both members and providers about available resources to raise awareness of treatment options, improving care plans and member support.

- Develop and implement training programs for cultural competence to better understand and meet the cultural and linguistic needs of members, ensuring that care aligns with their specific backgrounds and preferences.

Section 2: Behavioral Health Appointment Access Report

San Joaquin County

San Joaquin County Appointments Access					
BH Practitioner	Numerator	Denominator	2024 Rate	Goal	Goal Met?
Care for a non-life-threatening emergency within 6 hours.	34	46	74%	80%	N
Urgent care within 48 hours.	38	47	81%	80%	Y
Initial visit for routine care within 10 business days.	36	68	53%	80%	N
Follow-up routine care within 10 business days.	28	58	48%	80%	N

Quantitative Analysis

- In San Joaquin County, the Plan met the goal for urgent care appointment access within 48 hours but did not meet the goals for a non-life-threatening emergency, initial visit for routine care, and a follow-up routine care appointment.
- The rate for members getting a non-life-threatening emergency within 6 hours was 74%, which did not meet the target. The rate falls short of the target by 6 percentage points.
- Urgent care access within 48 hours met the goal at 81%, exceeding the target goal of 80% by 1 percentage point.
- For initial routine care visits within 10 business days, the rate was 53%. It missed the goal by 27 percentage points.
- The rate of members receiving follow-up routine care within 10 business days was 48%, falling 32 percentage points short of the 80% target.

Stanislaus County

Stanislaus County Appointments Access					
BH Practitioner	Numerator	Denominator	2024 Rate	Goal	Goal Met?
Care for a non-life-threatening emergency within 6 hours.	21	33	64%	80%	N
Urgent care within 48 hours.	20	37	54%	80%	N
Initial visit for routine care within 10 business days.	31	56	55%	80%	N
Follow-up routine care within 10 business days.	32	59	54%	80%	N

Quantitative Analysis

- The Plan did not meet the 80% target for non-life-threatening emergency care, urgent care, initial routine care visits, or follow-up routine care access in Stanislaus County.
- For non-life-threatening emergencies, 64% of members received care within 6 hours, which leaves a gap of 16 percentage points below the goal.
- The rate of urgent care within 48 hours was 54%. It fell short of the 80% target by 26 percentage points.
- The rate for initial routine care visits within 10 business days was 55%. It is 25 percentage points below the target.
- Members receiving follow-up routine care appointments within 10 business days had a rate of 54%, which was 26 percentage points below the target.

Conclusion Based on Quantitative Analysis

The Plan achieved the goal only for urgent care appointments in San Joaquin. The result showed that there were lower rates for initial routine care visits and follow-up routine care appointments in both San

Joaquin and Stanislaus counties. Conversely, the rate for non-life-threatening emergency care was higher. This may be due to limited provider availability based on geographic challenges and members' preference for emergency services over routine care. As a result, it indicates that members did not receive timely behavioral care for routine services.

Qualitative Analysis

The Provider Relations Director and Provider Network Program Manager conducted a thorough review and analysis of the results, identifying the following key barriers.

- Some behavioral health practitioners are worried about collaborating with the Plan due to the higher rate of missed appointments among members, which disrupts their scheduling, workflow, and income.
- Behavioral health providers in larger cities can contract with non-Medicaid HMOs as alternatives.
- Solo behavioral health practitioners are often overwhelmed by their caseloads. Thus, they cannot accept more patients, which leads to longer wait times for appointments.
- The Plan has experienced more Medicaid members with complex healthcare needs in recent years. Some behavioral health practitioners can then schedule fewer appointments since these patients need more time and care during visits.
- Phone calls during patient sessions are rarely answered by behavioral health professionals, which increases the possibility of non-compliance because non-responding providers are considered non-compliant.
- Geographical Challenges
    - The Plan operates in many rural areas, and there are limited numbers of Behavior Health providers offering services in the rural areas.
- San Joaquin Individual Practitioner-Level Analysis for Non-Compliance
    - The goal is to maintain a noncompliance rate of less than 20% for any one city.
    - Based on the data collected, Stockton met the goal by having a noncompliance rate of less than 20% for non-life-threatening emergency and urgent care appointment access in San Joaquin. However, Manteca showed a higher noncompliance rate. The bigger issue lies with routine care, where most cities have noncompliance rates greater than 20%.
    - Stockton has a higher number of noncompliance cases because it has significantly more appointments compared to other cities.
- Stanislaus Individual Practitioner-Level Analysis for Non-Compliance
    - The goal is to maintain a noncompliance rate of less than 20% for any one city.
    - Based on the data, Modesto received the highest number of noncompliance cases, but the rate for non-life-threatening emergency appointment access remained below 20%. However, the challenge lies more explicitly in urgent care and routine care, where most cities exhibit a noncompliance rate exceeding 20%.
    - The reason for Modesto's higher number of noncompliance cases could be due to the larger volume of patients being served.

Conclusion Based on Overall Qualitative Analysis

Again, the increase in the Plan's membership is the main reason the goals are not met. Since the pandemic, there has been a noticeable rise in mental health concerns among members, which has greatly increased the demand for behavioral health providers. With limited new providers in the area, the solution would be to expand the provider network and encourage members to utilize telehealth services.

Barrier Analysis

Barriers	**Opportunity**	**Intervention**
• Telehealth providers may not know how to contact the member's primary care doctor, leading to disconnected care	• Enhance care coordination by strengthening communication between telehealth providers and primary care providers to ensure they have up-to-date and consistent information	• Encouraged care coordination between BH providers (telehealth) and primary care providers and noted benefits in member experience and treatment outcomes during Provider Partnership Program Meetings and 3/26/2025 Provider Look and Learn
• Shortage of behavioral health providers in rural areas	• Expand behavioral health provider networks in rural areas to reduce wait times and improve access to urgent care	• Completed ongoing monitoring of the BH Provider Network to ensure network adequacy and directed quality improvement and health equity activities (i.e., BH Provider recruitment, and increasing diversity in BH Providers)

• Healthcare providers might be unaware of these resources or how to connect members to them, they may miss including them in care plans; this can limit members' access to support and resources that could improve their treatment experience and outcomes	• Educate both members and providers about available resources to raise awareness of treatment options, improving care plans and member support	• Implemented Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan on 01/01/2025 to promote BH services available to all Medi-Cal members through member and provider education and outreach activities • Informed members on how to access BH services, and referral options through the website social media, communication, health education materials, and member newsletter • Educated providers on BH services and referral options through the BH Provider website, provider alerts, provider newsletter - PlanScan, during Provider Partnership Program Meetings, and 03/26/2025 Provider Look and Learn
• Healthcare providers may not be communicating and taking members cultural preferences into account when	• Develop and implement training programs for cultural competence to better understand	• The Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan offered optional provider trainings on

providing care to the members • Treatment may not align with members specific needs in the areas of language, race/ethnicity, religion, communication, and culture • Challenges with finding providers who represent the member population in rural areas	and meet the cultural and linguistic needs of members, ensuring that care aligns with their specific backgrounds and preferences	BH topics, stigma, and Cultural Humility
• The number of providers in the service area is limited. HPSJ is located in a region that struggles with a shortage of practitioners • Additionally, not all members require an in-person appointment	• **Promote Telehealth related to BH services:** Continue efforts to promote and broaden telehealth access to enhance member engagement	• Shared availability of BH services via telehealth in the Spring 2025 Focus Your Health Member Newsletter • Promoted telehealth services in the 09/05/2025 Provider Alert • Increased the number of members accessing telehealth
• Some healthcare providers are unfamiliar with the access standards	• **Educate the BH network about access standards:** Ongoing evaluation of availability and accessibility standards is necessary to ensure that providers and practitioners are meeting appointment standards	• Director of Provider Services oversaw the Appointment and Availability survey and worked to address non-compliance

Opportunities for Improvement

Description of Opportunity and Intervention	Barrier Addressed
1. **Promote Telehealth related to BH services:** Continue efforts to promote and broaden telehealth access to enhance member engagement. The Plan has worked with vendors to increase the number of members accessing telehealth.	The number of providers in the service area is limited. The Plan is located in a region that struggles with a shortage of practitioners. Additionally, not all members require an in-person appointment.
2. **Educate the BH network about access standards:** Ongoing evaluation of availability and accessibility standards is necessary to ensure that providers and practitioners are meeting appointment standards. The Director of Provider Services will be responsible for overseeing the Appointment and Availability survey and addressing non-compliance by the end of the measurement year.	Some healthcare providers are unfamiliar with the access standards.

Member Behavioral Health Related Grievance and Appeals

The Plan performs an annual assessment of grievance and appeals which includes BH related member grievances and appeals. It is important to note that the Plan categorized Behavioral Health separately for Grievances and Appeals reporting in Q4 2023 as a result there is not Behavioral health reporting was incomplete for fiscal year 2023-2024.

Below is a summary of the data for 2024-2025.

Data: FY 2024-2025 Grievances

NCQA Category	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Applied Behavioral Analysis				
Access	**3**	**5**	**5**	**3**
Attitude and Service	**1**			

Billing and Financial Issues			**1**	**3**
Quality of Care	**3**	**4**		
Quality of Practitioner Office Site				
Total	**7**	**9**	**6**	**6**
Mental Health				
Access	**12**	**2**	**8**	**14**
Attitude and Service	**5**	**3**	**11**	**1**
Billing and Financial Issues				
Quality of Care	**21**	**18**	**11**	**9**
Quality of Practitioner Office Site				**1**
Total	**38**	**23**	**20**	**24**
Substance Use Disorder Services				
Access	**1**		**1**	**1**
Attitude and Service				
Billing and Financial Issues				
Quality of Care			**1**	
Quality of Practitioner Office Site				**1**
Total	**1**	**0**	**2**	**1**
Grand Total	**46**	**32**	**28**	**31**

***Quality of Practitioner Office Site is a sub-category**

Data: FY 2024-2025 Appeals

Quarter	Number of Appeals
Q3 2024	0
Q4 2024	0
Q1 2025	0
Q2 2025	0

Total	**0**

Quantitative Analysis
For FY 2024-2025, we saw the following rates and their changes:

- Grievances:
  - Overall, a total of 137 grievances per 1000 members were received.
  - The ≤5.00 grievances/1000 members goal was met for each category.

- Appeals:
  - Overall, a total of 0 appeals per 1000 members were received.
  - The ≤5.00 appeals per 1000 members goal was met for each category.

- Identified trends in grievances for all counties of operation included:
  - MBHO (Carelon Behavioral Health) issues including claims
  - Delays in referrals (PCP to BH Specialist)
  - Phone system issues
  - Transportation scheduling issues
  - Provider Directory issues

- From Q3 2024 – Q4 2024, the Plan received a total of 22 grievances per 1000 members related to MBHO (Carelon Behavioral Health) which accounted for:
  - 89% of the total grievances in Q3 2024, and
  - 3% of the total grievances in Q4 2024.

- Starting in Q4 2024, the Plan experienced a decline in grievances.

Qualitative Analysis
In FY 24-25, interventions were carried out by the Grievance, Quality Improvement, Behavioral Health, and Provider Services teams, which included educating: members and providers on BH services and how to access these services, provider partners and staff about ensuring that referrals are followed up on and tracked, providers partners on authorization processes for specialty services (i.e., BHT, etc.), and provider partners and staff on approaches to improve member experience, communication, coordination, and quality of care.

During the first half of FY 24-25, the Plan identified an overall trend that most grievances were related to the performance of the MBHO (Carelon Behavioral Health). The Plan actively tracked grievances concerning the MBHO, monitored resolution, and developed strategies to prevent member abrasion. The Plan implemented strategies to reduce member abrasion leading up the termination of the MBHO contract on 9/30/2024 and BH in-sourcing go-live on 10/1/2024. However, the Plan continued to respond to MBHO abrasion post BH in-sourcing in the second half of FY 24-25 noted in the milestones below.

FY 24-25 BH Milestones:

- 2/2024 – 2/2025:

    - Impathy/Array Behavioral Care terminated their contract with the MBHO in 2/2024.
    - Members reported being billed for unpaid NSMHS/BH services by Impathy/Array Behavioral Care.
    - The Plan responded by putting the MBHO on an expedited Corrective Action Plan to closely monitor the MBHO's progress in resolving ongoing claims issues. When MBHO notified the Plan of the termination with Impathy/Array's contract, MBHO did not provide timely notice to members, and it impacted over 300 members.
    - The MBHO claims issues continued until 2/2025.
- 7/2024:
    - To prepare for the MBHO contact termination, the Plan informed the MBHO to only refer members to Providers in network to reduce member abrasion with transition of care.
- 9/2024:
    - One month prior to BH In-Sourcing, the Plan actively took over cases for Applied Behavioral Analysis, Mental Health and Substance Use Disorder from the MBHO.

Another trend noted in FY 24-25 involved grievances regarding the ShoreTel Phone System where members' phone calls were being dropped, staff were unable to access phone calls, members were not being able to hear staff when calling in or out, and phone calls could not be recorded for quality assurance. The Plan tracked and monitored these grievances closely due to the ongoing member access issues. The Plan decided to terminate the contract with ShoreTel Phone System on 5/4/2025 and implemented RingCentral Phone System on 5/5/25. After one month of post-implementation, the phone access issues were resolved. Additionally, a new Crisis Support Workflow was created to address RingCentral Phone System transferred calls appearing as cold calls with no flagging option to identify members with urgent needs. The Customer Service Leadership and Behavioral Health and Social Services (BH & SS) Leadership teams developed a shared communication channel to streamline collaboration by having the ability to flag urgent calls, request BH & SS support while on an active call, and coordinate staff to staff warm transfers for members with urgent needs and follow up.

A correlation can be made in the decline of grievances due to the Plan terminated contracts with the MBHO in Q4 2024, and ShoreTel Phone System in mid-Q2 2025. The outcome of the Plan's decision to in-source BH services and implement the RingCentral Phone System led to a noticeable reduction in BH related grievances. This trend will continue to be monitored in FY 25-26.

As a result of the in-sourcing of BH services, the Plan created a BH & SS team composed of Behavioral Health Case Management, Behavioral Health Treatment Case Management, and Social Services Case Management. The BH & SS is responsible for ensuring that NSMHS/BH benefits are available to enrolled members, increasing member and provider communication and education on NSMHS/BH access and referral options, improving BH &SS service delivery to members, and collaborating with internal and external stakeholders to improve access to care, quality of care, care coordination, and health outcomes for our membership through the Plan's quality improvement initiatives. The BH and SS team has taken a proactive role in partnering with the Grievance, Quality Improvement, and Provider Services teams as well as providers and staff to respond and resolve grievance in a timely manner specifically by offering clarification and education on NSMHS/BH Services, BH referral process, screening and referral/follow up, etc. Furthermore, the Plan implemented a NSMHS Outreach and Education Plan to increase member and provider awareness of NSMHS/BH services, options for members to access

these services, and the provider referral process in 1/1/2025. In 2024-2025, the Plan implemented a variety of interventions proven effective at decreasing BH related grievances and appeals in the areas of Access to Care, Attitude and Service, and Quality of Care.

Barrier Analysis

Barriers	**Opportunity**	**Intervention**
Access: • Members are not always aware of BH services offered by the Plan and how to access them • Member experienced rideshare scheduling issue for BH appointment	• Promote Medi-Cal covered services including BH and transportation services as well as how to access these services	• Shared Member Medi-Cal Evidence of Coverage and Annual member newsletters with members that detailed covered benefits, and how to access BH and transportation services • Implemented Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan on 01/01/2025 to promote BH services available to all Medi-Cal members through member and provider education and outreach activities • Informed members on how to access BH services, and referral options through the website social media, communication, health education materials, and member newsletter • Educated providers on BH services and referral options through the BH Provider website,

		provider alerts, provider newsletter - PlanScan, during Provider Partnership Program Meetings, and 03/26/2025 Provider Look and Learn
Attitude and Service: • Members expressed concerns with their needs not being supported	• Offer provider education and training to improve member experience and meet members' needs	• Offered provider education and training to improve member experience and meet members' needs through the Grievance Team
Quality of Care: • Delay in Provider referral to medication management services • Provider not following up on referrals and not submitting prior authorization for specialty BH services (i.e., Behavioral Health Treatment BHT)) specifically autism assessment and speech services when requested by parent/caregiver for member under 21 years old • BHT Provider not submitting timely authorizations • BH Provider frequently rescheduling appointments • Difficulty getting return calls from Health Plan's BH Services	• Increase provider education and training on BH services, Early and Periodic Screening, Diagnostic, and treatment (EPSDT), specialty services, following up on referrals, timely access, turnaround times for authorizations, member experience, and communication • Perform root cause analysis on phone system issue	• In 10/2024, the Plan decided to terminate the contract with managed BH organization, Carelon, and completed an in-sourcing of BH services; where the Plan established a BH Provider Network, and BH staff coordinated referrals and connected members to BH Providers directly • Educated providers on Early and Periodic Screening, Diagnostic, and treatment (EPSDT), following up on referrals, timely access, and turnaround times for authorizations to better manage the

• BH Provider limited communication and response when member followed up on status of disability forms completion		expectations of their patients for specialty BH services • Increased access and availability of the Plan staff to providers for support and ongoing education regarding the Plan requirements • Leveraged Provider Partnership Program Meetings to speak with providers about ways to facilitate the UM process with members to address identified barriers, and offered education on the Plan benefits and resources • The Plan performed a root cause analysis of the phone call concerns, and resolved phone system issues by terminating the contract with phone system vendor, ShoreTel and started implementation with new phone system, vendor, RingCentral on 5/5/2025

Opportunity for Improvement

- Educate both members and providers about available resources to raise awareness of treatment options, improving care plans and member support.
- Educate providers on screening and follow up/referrals to NSMHS/BH services, provider referral process, and prior authorizations.
- Educate the BH network about access standards.

Community Advisory Community (CAC) Feedback

On December 20, 2024, the Plan's Community Advisory Community (CAC) discussed the topic of the Non-Specialty Mental Health Services Outreach and Education Plan and BH Services, and the CAC's feedback was compiled to be included in member experience reporting for BH. The CAC is composed of active Health Plan of San Joaquin/Mountain Valley Health Plans members representing all four counties of operation. The CAC can be leveraged as a forum to better engage members in the care they receive through the Plan where they provide input, advice and make recommendations to the Plan to address Quality of Care, Quality of Care, Health Equity, Health Disparities, Population Health Management (PHM), children services, Community Reinvestment Plans, and Community Health Assessments (CHA)/Community Health Improvement Plans (CHIP). Also, the CAC may advise on necessary member or provider targeted services, programs, and training.

Barrier Analysis

Barriers	Opportunity	Intervention
Access: "I would like to see more advertisements for the benefits offered." "I would like to have an appointment with a mental health specialist if an analysis indicates I need further follow-up." "More advertising on the doctors available and an annual directory with the name and locations of the doctors. Would make it easier for members to understand and use." "Members want help learning how to use the website, simpler use to	• Increase promotion of BH benefit, how members can access BH services, and BH provider network via the website, social media, member communication and materials • Increase BH screening and follow up via referral to BH services • Improve data reporting related to BH Utilization and membership serviced including demographic information	• Implemented Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan on 01/01/2025 to promote BH services available to all Medi-Cal members through member and provider education and outreach activities • As a result of the BH in-sourcing in October 2024, BH Customer Service phone line at 1-888-581-7526 (PLAN) was shared with members for support with BH benefit questions and to start BH services • Enhancements were made to the Provider Directory available to members online • Promoted BH screenings and follow up/referrals to BH services during

mental health services, and data on who is using these services. They are worried about making services easy to use." "Members also want to know if the health plan helps unserved groups first."		Provider Partnership Program Meetings and 3/26/2025 Provider Look and Learn • Posted Health Plan's BH Utilization Assessment and NSMHS Outreach and Education Plan on the website for members to review
Member Education, Communication, and Marketing: "I would like to see more specifically what all mental health services cover." "Include using social media more, even with limited funds." "We need more education shared in the current agencies that are available in the county." "I would like to see information shared at community health fairs in the Patterson area."	• Increase promotion of BH benefit and how members can access BH services via the website, social media, member communication and materials • Improve partnerships and education with County Agencies and Community Partners • Increase participation and promotion of BH benefits at community events	• Informed members on how to access BH services, and referral options through the website social media, communication, health education materials, and member newsletter (Focus Your Health - Spring 2025, Fall 2024, and Spring 2024 Editions) • Met with County Agencies and Community Partners to discuss programs/services, and identify collaboration opportunities • Provided in-service trainings on BH services and referral process to County Agencies and Community Partners • Presented on BH awareness and BH benefit at various community events
Quality of Care: "Need to contract more mental health counselors who speak Spanish because the visits are spread out and	• Increase Spanish speaking BH Providers in Provider Network • Promote Provider Directory • Increase BH Providers who offer diverse treatment modalities and incorporate	• Completed ongoing monitoring of the BH Provider Network to ensure network adequacy and directed quality improvement activities (i.e., BH Provider recruitment)

very who staff who can speak Spanish. Even though they offer interpreters, it feels more reassuring to have an in person who speaks the language." "I would like to see included alternative therapy to help with social and emotional health. Also, I would like for providers to receive proper training on the various phases of mental health wellness such as acupuncture and aromatherapy." "That there are more providers offering services who are trained."	cultural and well-being practices • Increase provider trainings on BH topics • Identify BH Providers who are trained in evidence-based practices via the Provider Directory • Increase BH Providers trained in evidence-based practices	• Educated providers on BH services and referral options through the BH Provider website, provider alerts, provider newsletter - PlanScan, 03/26/2025 Provider Look and Learn, and BH Provider Education/Resources shared during Provider Partnership Program Meetings • Offered optional provider trainings on BH topics, stigma, and Cultural Humility
Quality Improvement: "Asking non-HPSJ members for ideas to improve services."	• Engage County Agencies and Community Partners for feedback and ideas related to quality improvement	• Gathered feedback from County Agencies and Community Partners on BH services, and quality improvement activities, and incorporated into NSMHS Outreach and Education Plan
Member Engagement: "Making in-person survey groups with rewards for feedback."	• Offer rewards for member feedback	• Encouraged member engagement and feedback and considering equitable practices, including, but not limited to rewards

Opportunity for Improvement

- Educate both members and providers about available resources to raise awareness of treatment options, improving care plans and member support.
- Educate providers on screening and follow up/referrals to NSMHS/BH services, provider referral process, and prior authorizations.
- Educate the BH network about access standards.
- Enhance care coordination by strengthening communication between telehealth providers and primary care providers to ensure they have up-to-date and consistent information.
- Expand behavioral health provider networks in rural areas to reduce wait times and improve access to urgent care.
- Develop and implement training programs for cultural competence to better understand and meet the cultural and linguistic needs of members, ensuring that care aligns with their specific backgrounds and preferences.

Measuring Effectiveness – Opportunities for Improvement

In FY 2024-2025, the Plan was successful in terminating the MBHO contract with Carelon on 9/30/2024 and implementing BH in-sourcing on 10/01/2024. The Plan's intended outcomes of improving BH compliance with regulatory requirements, program and service delivery, and member and provider satisfaction are being closely tracked and will be reported in next year's assessment. Based on FY 2024-2025 BH related member grievances alone, there was a significant decline in member grievances proceeding the BH in-sourcing on 10/1/2024 and this trend continued until 6/30/2025. Additionally, the Plan focused on increasing member engagement to inform NSMHS/BH Program and service delivery by incorporating the Annual Assessment of BH Member Experience and Bh related Member Grievances and Appeals results along with solicited CAC feedback into the Plan's opportunities for improvement. In 2025-2026, the Plan will continue work to improve member awareness of BH services, how to access these services and referral options, member engagement, communication, and marketing, BH service delivery, BH provider network, physical and behavioral health provider education and training, process improvement for when prior authorizations are needed for BH and BHT/ABA, and quality improvement to address the health equity needs of members in the areas of language, communication, religion, culture, race and/or ethnicity. etc.

Our plan for interventions in 2025 will include the following:

- Direct referrals from the Plan's staff for members seeking behavioral health care services
- Follow-up with members after their appointments
- Enhance care coordination by strengthening communication between telehealth providers and primary care providers to ensure they have up-to-date and consistent information
- Educate members on awareness of BH services, how to access these services and referral options, member engagement, communication, and marketing, service delivery and BH provider network
- Educate providers and BH provider network about access standards - Ongoing evaluation of availability and accessibility standards is necessary to ensure that providers and practitioners are meeting appointment standards. The Director of Provider Services will be responsible for overseeing the appointment and availability survey and addressing non-compliance by the end of the measurement year

- Educate providers on submitting authorizations where all necessary information is received at the time of the initial request so the initial reviewer can make a more informed decision
- Develop and implement training programs for cultural competence to better understand and meet the cultural and linguistic needs of members, ensuring that care aligns with their specific backgrounds and preferences
- Promote telehealth related to BH services - Continue efforts to promote and broaden telehealth access to enhance member engagement. HPSJ will work to increase the number of members accessing telehealth.
- Expand behavioral health provider networks in rural areas to reduce wait times and improve access to urgent care
- Increase BH provider recruitment to meet membership needs including language, communication, religion, culture, race and/or ethnicity
- Closer partnership with BH Provider Network, County Agencies and Community Partners and County Mental Health Plans on access and care coordination needs for the Plan's members
- Promote telehealth related to BH services - Continue efforts to promote and broaden telehealth access to enhance member engagement. HPSJ will work to increase the number of members accessing telehealth.
- Expand behavioral health provider networks in rural areas to reduce wait times and improve access to urgent care
- Increase BH provider recruitment to meet membership needs including language, communication, religion, culture, race and/or ethnicity
- Closer partnership with the BH Provider Network, County Agencies and Community Partners and County Mental Health on access needs for Health Plan members
- Implement the data exchange workflows with the County Mental Health Plans to improve care coordination

Annual Assessment of Behavioral Health Provider Experience

Provider Satisfaction Report

Introduction:

Annually, the Plan assesses providers' experience with the Plan's behavioral health program, provider network, and systems. Once evaluated, opportunities to improve are identified and acted on. The methods used to evaluate provider experience with behavioral healthcare include an annual survey of provider satisfaction completed in February 2025. During this timeframe, Carelon Behavioral Health was the MBHO delegated to manage and coordinate BH services.

Behavioral Health Survey Methodology:

The FY 24-25 Provider Satisfaction Survey was completed by the vendor, PressGaney (PG). The Provider Satisfaction Survey targets providers to measure their satisfaction with the Plan. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and

needs. Based on the data collected, this report summarizes the results and assists in identifying plan strengths and opportunities. For NCQA Health Plan Accreditation, the Plan conducts the PG Provider Satisfaction Survey Survey to monitor provider satisfaction levels and to respond to one or more NCQA Health Plan Accreditation Standards. The 2024 PG Provider Satisfaction Survey was designed to support the following NCQA standards:

- **NCQA Standard QI 3** (Continuity and Coordination of Medical Care) looks to managed care organizations to gather information, at least annually, to assess and identify opportunities to improve coordination of medical care across its delivery system. This includes conducting quantitative analysis of data and feedback.
- To enhance the value of the survey to organizations providing behavioral healthcare services, PG developed an optional supplemental survey module (3 questions) which was implemented to address **NCQA Standard QI 4** (Continuity and Coordination Between Medical Care and Behavioral Health Care). Similar to QI 3, this standard looks to the organization to demonstrate evidence of collaboration between medical care delivery system and its behavioral healthcare network.

The Provider Satisfaction survey was administered via mail, telephone and internet. Qualified respondents were providers contracted with the plan. The timeline for the survey involved mailing questionnaires to providers on 11/04/2024, completing follow-up calls to non-respondents on 12/03/2024, and accepting complete surveys until the last day on 12/17/2024.

Data: 2024 Survey Response Rates

Completed Surveys						2024	2023
County	**Sample Size**	**Mail**	**Phone**	**Internet**	**Total**	**Response Rates**	**Response Rates**
San Joaquin	625	38	25	22	85	13.6%	9.0%
Stanislaus	505	25	18	18	61	12.1%	11.8%
El Dorado	77	0	1	0	1	1.3%	NA
Total	**1,207**	**63**	**44**	**40**	**147**	**12.2%**	**10.2%**

Response Rate = Completed surveys

	Sample size

Statistical references and notes:

- All statistical testing is performed at the 95% confidence level.
- Percentages less than 10.0% are not shown in graphs where space does not permit.
- Totals reported in graphs and tables may not be equal to the sum of the individual components due to the rounding of all figures.
- A caret (^) indicates a base size smaller than 20. Interpret with caution.

Data: Behavioral Health Summary Rate Scores for Continuity and Coordination of Medical Care

Composites, Attributes and Key Questions	2022		2023		2024	
Continuity and Coordination of Medical Care *(% Always or Often)*	**Valid n**	**SRS**	**Valid n**	**SRS**	**Valid n**	**SRS**
32. Able to refer patients with Mild to Moderate BH needs to behavioral health without difficulty/delay	83	36.10%	55	36.40%	82	28.10%
33. Able to refer patients with severe BH needs to County Behavioral Healthcare Services without difficulty/delay	90	26.70%	55	38.20%	85	35.30%

34. Receive timely/thorough info about patients when they are discharged from an inpatient behavioral health facility provided through County BH network	89	21.40%	59	30.50%	90	18.90%

Note:

- The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.
- The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

Quantitative Analysis:

2024 Provider Survey Response Rates

A total of 1, 207 provider surveys were completed in FY 24-25. The survey data is summarized by county below:

- San Joaquin County had a sample size of 625. The completed surveys were received by mail - 38, phone - 25, and internet - 22. The total response rate of 85 accounted for 13.6% while last year's rate was 9.0%; which was an increase of 4.6% in response rate in 2024.
- Stanislaus County had a sample size of 505. The completed surveys were received by mail - 25, phone - 18, and internet - 18. The total response rate of 61 accounted for 12.1% while last year's rate was 11.8%; which was a decrease in 0.3% in response rate in 2024.
- El Dorado County had a sample size of 77. The completed surveys were received by mail - 0, phone - 1, and internet - 0. The total response rate of 1 accounted for 1.3% while last year's rate was NA; which was an increase in 1.3% in response rate in 2024.

- Alpine County was not captured in this survey due to sample size being classified as statistically insignificant.

Behavioral Health – Summary Rate Scores for Continuity and Coordination of Medical Care

Overall, the total number of provider responses to Continuity and Coordination of Medical Care - Behavioral Health questions demonstrated a significant increase compared to the drastic decline observed last year; the 2024 provider response rate is closer to its performance in 2022.

- For Behavioral Health Question #32 - "Able to refer patients with Mild to Moderate BH needs to behavioral health without difficulty/delay," responses were described as: the Valid n of 83 and SRS of 36.10% in 2022, the Valid N of 55 and SRS of 36.40% in 2023, and the Valid n of 82 and SRS of 28.10% in 2024.
  - The Valid n (total number of provider responses to the question) increased by 27.
  - The SRS or Summary Rate Score decreased 8.3%.

- For Behavioral Health Question #33 - "Able to refer patients with severe BH needs to County Behavioral Healthcare Services without difficulty/delay," responses were described as: the Valid n of 90 and SRS of 26.70% in 2022, the Valid N of 55 and SRS of 38.20% in 2023, and the Valid n of 85 and SRS of 35.30% in 2024.
  - The Valid n (total number of provider responses to the question) increased by 30.
  - The SRS or Summary Rate Score decreased 2.9%.

- For Behavioral Health Question #34 -"Receive timely/thorough info about patients when they are discharged from an inpatient behavioral health facility provided through County BH network," responses were described as: the Valid n of 89 and SRS of 21.40% in 2022, the Valid N of 59 and SRS of 30.50% in 2023, and the Valid n of 90 and SRS of 18.90% in 2024.
  - The Valid n (total number of provider responses to the question) increased by.
  - The SRS or Summary Rate Score decreased 11.60%.

- In FY 24-25, the Valid n (total number of provider responses to the question) increased in all three Behavioral Health questions, and the Summary Rate Scores decreased with a difference between 2.9% to 11.60% compared to 2023.

Qualitative Analysis:

The 2024 Provider Satisfaction Surveys were mailed to providers on 11/4/2024, and response was requested within 30 days, which coincides with holiday and vacation schedules impacting staffing resources, and completion of end of the year priorities and deliverables where completing the survey may have been de-prioritized. The Plan decided to adjust the timeline for the Provider Satisfaction Surveys to an earlier date to increase survey completion. In FY 2025-2026, the Provider Satisfaction Survey will start at the end of October 2025.
It is important to note that Providers' responses for the Summary Rate Scores for Continuity and Coordination of Medical Care for Behavioral Health questions may have been influenced by the MBHO's performance in the first half of FY 24-25 where the Plan experienced an increase in MBHO related grievances. During this time, Providers reported

MBHO challenges with confirming receipt of BH referrals, performing outreach/follow up on BH referrals, converting BH referrals to completed appointments with BH providers, and responding to provider communication regarding NSMHS/BH services, referral status, and claims issues. On 9/30/2024, the Plan terminated the MBHO contract and in-sourced BH services. To increase transparency and information with Providers about the BH in-sourcing and NSMHS/BH services, the NSMHS Outreach and Education Plan was implemented on 1/1/2025 and focused on ensuring that Providers were kept informed via the BH Provider website, provider alerts, provider newsletter - PlanScan, during Provider Partnership Program Meetings, and 03/26/2025 Provider Look and Learn.

To strengthen the BH & SS team's relationship with providers prior to and after the BH in-sourcing, the BH & SS team increased visibility and accessibility to providers and staff by:

- Attending Provider Partnership Program Meetings for all 26 practices on a monthly and/or bi-monthly basis,
- Presenting on NSMHS/BH services and the provider referral process provider education and training events sponsored the Plan and/or external stakeholders,
- Offering ad hoc meetings for provider consultation with NSMHS/BH & SS subject matter experts for BH & SS questions (i.e., BH follow up workflows, Primary Care BH integration, etc.), and
- Opening lines of communication by sharing the BH & SS teams' emails (i.e., BH CM, ABA/BHT, and SS) and the BH Customer Service Phone Line.

Barrier Analysis

Barriers	**Opportunity**	**Intervention**
Low Provider Satisfaction Survey Completion and Response to BH Questions: • Providers may benefit from early notice and being informed about the intention and impact of the annual Provider Satisfaction Survey	• Inform providers about the Provider Satisfaction Survey earlier • Increase provider communication and education regarding NSMHS/BH services program and system updates related to BH in-sourcing	• Launch Provider Satisfaction Survey one month earlier and inform providers via Provider Alert (annually in October) • Shared NSMHS/BH services updates with the BH Provider website, provider alerts, provider newsletter - PlanScan, during Provider Partnership Program Meetings, and 03/26/2025 Provider Look and Learn
Education: • Providers are not aware of BH services offered by the Plan,	• Promote Medi-Cal covered services including BH services	• Shared Member Medi-Cal Evidence of Coverage and Annual member

referral options for members, and the provider referral process	as well as how to access these services	newsletters with members that detailed covered benefits including NSMHS/BH services, and information on SMHS/County Behavioral Healthcare services and referrals • Implemented Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan on 01/01/2025 to promote BH services available to all Medi-Cal members through member and provider education and outreach activities • Educated providers on BH services and referral options through the BH Provider website, provider alerts, provider newsletter - PlanScan, during Provider Partnership Program Meetings, and 03/26/2025 Provider Look and Learn
Data Sharing and Exchange: • Providers report not receiving notifications when patients are discharged from inpatient behavioral	• Implement the data exchange workflows with the County Mental Health Plans	• Engaged in data sharing and exchange discussions with the County Mental Health Plans • Offered to coordinate and

health facilities provided through County BH network • Without notifications, providers experience difficulty identifying patients with recent inpatient behavioral health encounters to complete outreach and follow up to connect patients with BH services and other supportive services to prevent re-admissions • County Mental Health Plans are not established with the Health Information Exchange		participate in Health Information Exchange (Manifest Medex) meetings alongside the County Mental Health Plans • Awarded Community Reinvestment - Health Information Exchange (HIE) Grants for HIE and Standard Data Sharing to San Joaquin and Stanislaus Mental Health Plans

Measuring Effectiveness - Opportunities for Improvement

In FY 2024-2025, the Plan was successful in terminating the MBHO contract with Carelon on 9/30/2024 and implementing BH in-sourcing on 10/01/2024. The Plan's intended outcomes of improving BH compliance with regulatory requirements, program and service delivery, and member and provider satisfaction was being closely tracked and will be reported in next year's assessment. Additionally, the Plan focused on increasing provider engagement to inform NSMHS/BH Program and service delivery by incorporating the provider satisfaction survey results and findings into the Plan's opportunities for improvement along with soliciting provider feedback during provider collaboration meetings. In 2025-2026, the Plan will continue work to improve provider awareness of BH services, how members can access BH services and referral options, member engagement, communication, and marketing, BH service delivery and BH provider network, physical and behavioral health provider education and training, process improvement for when prior authorizations are needed for BH and BHT/ABA, and quality improvement to address the health equity needs of members in the areas of language, communication, religion, culture, race and/or ethnicity. etc. Additionally, the Plan will focus on supporting our provider partners to improve authorization processes, and communication and coordination with office staff.

Our plan for interventions in 2025 will include the following:

- Launch Provider Satisfaction Survey one month earlier and inform providers via Provider Alert (annually in October)
- Direct referrals from Health Plan staff for members seeking behavioral health care services
- Follow-up with members after their appointments
- Enhance care coordination by strengthening communication between telehealth providers and primary care providers to ensure they have up-to-date and consistent information

- Educate both members and providers on awareness of BH services, how to access these services and referral options, member engagement, communication, and marketing, service delivery and BH provider network
- Educate providers and BH provider network about access standards - Ongoing evaluation of availability and accessibility standards is necessary to ensure that providers and practitioners are meeting appointment standards. The Director of Provider Services will be responsible for overseeing the appointment and availability survey and addressing non-compliance by the end of the measurement year
- Educate providers on submitting authorizations where all necessary information is received at the time of the initial request so the initial reviewer can make a more informed decision
- Develop and implement training programs for cultural competence to better understand and meet the cultural and linguistic needs of members, ensuring that care aligns with their specific backgrounds and preferences
- Promote telehealth related to BH services - Continue efforts to promote and broaden telehealth access to enhance member engagement. HPSJ will work to increase the number of members accessing telehealth.
- Expand behavioral health provider networks in rural areas to reduce wait times and improve access to urgent care
- Increase BH provider recruitment to meet membership needs including language, communication, religion, culture, race and/or ethnicity
- Closer partnership with the BH Provider Network, County Agencies and Community Partners and County Mental Health on access needs for Health Plan members
- Implement the data exchange workflows with the County Mental Health Plans