Alameda Alliance for Health
Community Advisory Committee Meeting Agenda

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE COMMUNITY ADVISORY COMMITTEE" 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT **orivas@alamedaalliance.org.** YOU MAY WATCH THE MEETING LIVE BY LOGGING IN BY COMPUTER. CLICK THE LINK PROVIDED IN YOUR EMAIL OR IN THE AGENDA BELOW OR YOU MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER**: 1.510.210.0967**, CODE: **646 356 147#.** IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENT DURING THE MEETING AT THE END OF EACH TOPIC.

PLEASE NOTE: THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE COMMITTEE WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

I. Meeting Information

Meeting Name: Community Advisory Committee (CAC)

Date	Time	Location
Thursday, September 10, 2026	10:00 AM- 12:00 PM	Video Conference Call and In-person. **Alameda Alliance for Health** Emeryville Conference Room 1240 South Loop Road Alameda, CA 94502

Meeting Chair and Vice Chair	Call-In Number	Webinar URL
Natalie Williams, Chair Tandra DeBose, Vice Chair	**Telephone Number: 1.510.210.0967** **Code:** 646 356 147#	Join the meeting now in Microsoft Teams. Link is also in your email.

II. Meeting Objective

Advise the Alliance on cultural, linguistic and policy concerns and offer the Alliance a member's point of view about the needs and concerns of special groups such as older adults and persons with disabilities, families with children, and people who speak a primary language other than English.

III. Voting Members

Name	Title
☐ Abarca, Iris	Alliance Member
☐ Azeb, Nacerddine	Alliance Member
☐ Biding, Marilen, BSN	Alameda County Healthy Homes Department
☐ Brabata Gonzalez, Valeria	Alliance Member
☐ Davis, Darcell	Alliance Member
☐ DeBose, Tandra	Community Advocate, Vice Chair
☐ Espinel, Diana	Alliance Member
☐ Feng, Jie	Alliance Member
☐ Garner, Erika	Community Advocate
☐ Garcia, Irene	Alliance Member
☐ Griggsmurphy, Donna	Alliance Member
☐ Harris, Lenore	Parent of Alliance Member
☐ Kimmons, Tee	Parent of Alliance Member
☐ Le, Mimi	Alliance Member
☐ Leonard-Pageau, Donna	Alliance Member
☐ Lowe, Kerri, LCSW	Alameda County Public Health
☐ Moore, Jody	Parent of Alliance Member
☐ Omotoso, Omoniyi, MD	Native American Health Center
☐ Pageau Jr, Keith	Alliance Member

☐ Porter, Kenneth	Greater New Beginnings
☐ Tong, Shirley	Parent of Alliance Member
☐ Turner, Len	Greater New Beginnings
☐ Williams, Natalie	Alliance Member, Chair
☐ Williams, Robert	Alameda County Health and Human Resource Education Center
☐ Wynn, Cecelia	Alliance Member

IV. Meeting Agenda

Topic	Responsible Party	Time	Vote to Approve or Informational
Welcome and Introductions • Member Roll Call • Alliance Staff • Visitors • Housekeeping	**Natalie Williams** Chair	5	Information
1. Approval of Minutes from • June 11, 2026	**Natalie Williams** Chair	2	Vote
2. Approval of Agenda	**Natalie Williams** Chair	2	Vote
CEO Update			
1. CEO Report *(All Lines of Business)*	**Matt Woodruff** Chief Executive Officer	20	Information
Follow-up Items			
1. Follow-up Items from • June 11, 2026 *(All Lines of Business)*	**Marianita Macabinguil** Interpreter Services Lead	5	Information
New Business			
1. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) *(All Lines of Business)*	**Michelle Stott** Senior Director, Quality	15	Information/ Discussion
2. Transitional Care Services *(All Lines of Business)*	**Allison Lam** Executive Director, Health Care Services	15	Information/ Discussion

Topic	Responsible Party	Time	Vote to Approve or Informational
3. Provider Network Updates *(All Lines of Business)*	**Darryl Crowder** Director, Provider Services and Provider Contracting **Malissa Vance** Manager, Networks and Contracting	15	Information/ Discussion
4. Mental Health Information and Outreach: Member Feedback Discussion *(All Lines of Business)*	**Gil Duran** Manager, Population Health and Equity **Monique Rubalcava** Health Education Specialist	10	Information/ Discussion
Alliance Reports			
1. Alliance Wellness Enrollment & STARs Updates *(Alliance Wellness/D-SNP)*	**Tome Meyers** Executive Director, Medicare Programs **Hamid Noori** Manager, Medicare Sales & Retention **Kayla Williams** Manager, Member Experience & Program Management	20	Information/ Discussion
CAC Business			
1. CAC Membership Update	**Natalie Williams** Chair **Mao Moua** Manager, Cultural and Linguistic Services	5	Information/ Discussion
Open Forum			
1. Public Comments 2. Next Meeting Topics	**Natalie Williams** Chair	3	Information
Adjournment	**Natalie Williams** Chair	2	Next meeting: **December 10, 2026**

Americans with Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance, such as auxiliary aids and services, beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact **Osiris Rivas** at **510.708.4071** at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodation to attend or participate in meetings on a regular basis.

COMMUNITY ADVISORY COMMITTEE (CAC)

Thursday, June 11, 2026, 10:00 AM – 12:00 PM

Committee Members	Role	Present
Cecelia Wynn	Alliance Member	x
Darcell Davis	Alliance Member	x
Diana Espinel	Alliance Member	x
Donna Griggsmurphy	Alliance Member	x
Donna Leonard-Pageau	Alliance Member	x
Erika Garner	Alliance Member	x
Irene Garcia	Alliance Member	x
Iris Abarca	Alliance Member	
Jie Feng	Alliance Member	x
Jody Moore	Parent of Alliance Member	x
Keith Pageau Jr.	Alliance Member	x
Kenneth Porter	Greater New Beginnings	x
Len Turner	Greater New Beginnings	x
Lenore Harris	Parent of Alliance Member	x
Kerrie Lowe, LCSW	Social Worker, Alameda County Public Health	
Marilen Biding, BSN	Alameda County Health Homes Department	x
MiMi Le	Alliance Member	x
Nacerddine Azeb	Alliance Member	
Natalie Williams	Alliance Member	x
Omoniyi Omotoso, MD	Native American Health Center	x
Robert Williams	Alameda County Health and Human Resource Education Center	x
Shirley Tong	Parent of Alliance Member	x
Tandra DeBose	Alliance Member	x
Tee Kimmons	Parent of Alliance Member	x
Valeria Brabata Gonzalez	Alliance Member	x

Other Attendees	Organization	Present
Andrea Wise	Alameda County Public Health Department	x
Carolina Guzman	Alameda County Public Health Department	x
Josephina Renaud	Public	x
Kyle Navarro	Alameda County Healthy Homes	x
Melodie Schubat	CHME	x

Molly Hart	Community Health Center Network	x

Alliance Staff Members	Title	Present
Allison Lam	Executive Director, Healthcare Services	x
Beverly Juan, MD	Medical Director, Case Management and Community Health	x
Dani Staub	Director, Incentives & Reporting	x
Danube Serri	Supervisor, Legal Services	x
Gabriela Perez-Pablo	Outreach Coordinator	x
Gil Duran	Manager, Population Health and Equity	x
Isaac Liang	Outreach Coordinator	x
Jessica Jew	Population Health and Equity Specialist	x
Karina Rivera	Director, Public Affairs and Medica Relations	x
Katrina Vo	Senior Communications and Content Specialist	x
Kayla Williams	Manager, Member Experience and Program Management	x
Linda Ayala	Director, Population Health and Equity	x
Mao Moua	Manager, Cultural and Linguistic Services	x
Mara Macabinguil	Interpreter Services Coordinator	x
Matthew Woodruff	Chief Executive Officer	x
Michelle Lewis	Senior Manager, Outreach and Communications	x
Michelle Stott	Senior Director, Quality Improvement	x
Misha Chi	Interpreter Services Coordinator	x
Osiris Rivas	Cultural and Linguistic Services Specialist	x
Peter Currie	Senior Director, Behavioral Health	x
Rosa Carrodus	Disease Management Health Educator	x
Sanya Grewal	Manager, Community Health Initiatives	x
Steve Le	Outreach Coordinator	x
Thomas Dinh	Outreach Coordinator	x

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AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
1. WELCOME AND INTRODUCTIONS			
N. Williams	Natalie Willliams, CAC Chair, called the meeting to order at 10:04 am. A roll call was taken, and a quorum was established. Introduction of staff and visitors was completed.	None	None
2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM MARCH 12, 2026			

N. Williams	Motion to approve March 12, 2026, CAC Meeting Minutes.	Motion: T. Debose Second: C. Wynn Vote: Approved by consensus.	None
2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
N. Willams	Motion to approve June 11, 2026, CAC Meeting Agenda.	Motion: T. Debose Second: C. Wynn Vote: Approved by consensus.	None
3. CEO UPDATE – CEO REPORT (All Lines of Business)			
M. Woodruff	Matthew Woodrfuff, Chief Executive Officer (CEO), presented on the Alliance Updates. Financials • April 2026 Net Income: $388K • Year-To-Date: $67 million • Tangible Net Equity (TNE): Financial reserves are 296% of the required DMHC minimum, representing $156.5 million in excess TNE. Legislative Updates • With H.R. 1 and May 15 State Budget revisions, there will be cuts to multiple Medi-Cal programs. o Possible cap limits to In-Home Support Services (IHSS). o Reduction in Community Supports and Enhanced Care Management (ECM). o Unsatisfactory Immigration Status (UIS) population is slated to leave the Alliance and transition into Fee-For-Service. o These mean big changes in FY 2027, starting on July 1, 2027. Specific changes will be reported by the CEO in the next CAC meeting. o A lot of advocacy work has been done in the last 30 days. Countywide efforts in opposing the budget cuts. ❖ *Member Comment-T. Debose: Why does the government feel that the services for seniors and children with special needs are dispensable by cutting IHSS and other services? People live off that. And I am so glad that there was legislature that went there to protest it, but it amazes me that they are always looking at seniors and special needs as if we don't*	None	None

	matter. Even the federal government made it a policy to be optional for them to give any money. So, I don't understand it. ➢ *Response-M. Woodruff: The state claims that there's a lot of pressure right now, and that's all they said so I can't speak to what those pressures are, but my guess is that the federal government under H.R. 1, is targeting services that are affected by what they consider as fraud, waste, and abuse. They made comments about housing, community supports, and ABA services.* ❖ *Member Comment-N. Williams: We don't have a lot of lobbyists in Washington speaking for us. Nothing really changes; they're making their moves no matter what.* ❖ *Member Comment-J. Moore: I am unemployed right now. I'm getting Meals on Wheels, and I need to beg them because I don't match the requirements. And as what was said, this is keeping me alive. I tried to get food stamps and I was denied.* • Alameda Alliance and its partners have done a lot of advocacy work in the last 30 days, and we'll see what happens next week when the budgets come out. The state is under a lot of pressure from the federal government. So, more to come but great effort has been put forward from a statewide perspective. IT Workflow Automation • Kicked off first AI-driven automation in Compliance, Claims, and Member Services. • This allows for quick analysis, what usually takes 10 days when a new regulation comes out, now only takes 30 minutes. • Manual checks for accuracy are still being done. ➢ *Member Question-N Williams: Did it take away any jobs?* ➢ *Response-M. Woodruff: No, not right now.* Follow-up Items from CAC • How does the plan allocate money for Behavioral Health (BH)? o The plan does not allocate money for this; we are instead given a set dollar amount on a per member per month basis. o There are no limits on use of BH services by members. • What options are available for members for caregiver support?		

	○ The plan has a community support specifically for caregivers-caregiver respite. There are limitations in place by the state. ○ Additional support for caregivers: ▪ Personal Care and Homemaker Services: helps to fill the time gap between an IHSS application or re-assessment and approval. ○ Other member services that can relieve the caregiver of some of the heavy-lifting duties: ▪ Transportation-can provide rides to and from appointments, including pharmacy. ▪ Case Management-provide support with care coordination, including scheduling appointments. ▪ Behavioral Health-provide emotional support via therapy for the caregiver. ➢ *Member Question-J. Moore: What's the best way for members to access these services? Should they look through the manual?* ➢ *Response-M. Woodruff: Yes, but it is best to call the Member Services Department to tell them what you are looking for, and they will connect you with the appropriate department.*		
4. FOLLOW-UP ITEMS (All Lines of Business)			
M. Moua	Mao Moua, Manager of Cultural and Linguistic Services, provided updates on the follow-up items from March 12, 2026. • Send CEO, Matt's presentation to CAC members ○ Presentation was sent to CAC members via email on 03/13/2026. • Clarify youth PCP change issue ○ Auto PCP change may have occurred because the member exceeded the provider's age eligibility criteria ("aged out"). ○ The member would then have been auto assigned to a PCP and need to be referred to specialists who accept adults. • Occupational Therapy (OT) capacity for children ○ Shared concern with the Provider Services (PS) team. ○ PS is expanding OT contracting. ○ The following process was shared with Dr. Omotoso when there are no available OT providers: ▪ Submit an authorization request to approve treatment with an out-of-network provider.	None	None

5. a. NEW BUSINESS – ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT (ACPHD): COMMUNITY HEALTH IMPROVEMENT PLAN (All Lines of Business)			

C. Guzman
A. Wise
	Carolina Guzman, Program Performance and Accreditation Director and Andrea Wise Program Specialist of Alameda County Public Health Department presented on the Community Health Improvement Plan (CHIP) Implementation Overview.
	
	Community Health Assessment (CHA Purpose)
	• A CHA is the foundation to improve Alameda County's health. It serves as basis for:
	  ○ Priority setting
	  ○ Program development
	  ○ Policy changes
	  ○ Resource coordination
	  ○ Identifying disparities and factors that contribute to them
	  ○ Supporting efforts to achieve health equity
	
	2026 CHA-Health Needs
	• Social determinants of health: economic and environmental factors
	• Chronic diseases: screening, timely treatment
	• Communicable diseases: awareness and education
	• Behavioral health: access, culturally relevant
	
	Where to find the CHA
	• Website: temporarily posted here:
	  ○ https://actionablellc.com/alameda-public-health-2026-cha/
	• Website: future link here:
	  ○ https://health.alamedacountyca.gov/community-health-needs-assessment-and-community-health-improvement-plan/
	• Other sites:
	  ○ https://bsky.app/profile/publichealthac.bsky.social
	  ○ https://www.instagram.com/alamedacountypublichealth/
	  ○ https://www.facebook.com/alamedacountypublichealth
	
	Community Health Improvement Plan (CHIP)
	• A Chip is an action-oriented plan for addressing pressing health needs across Alameda County by:
	  ○ Using CHA data to inform priority areas.
		None	Alliance staff to follow up with D. Espinel to assist with IHSS issue.

	○ Collaborating with: ▪ Community organizations ▪ Hospitals ▪ Managed care plans (MCPs) ▪ Community members ○ Coordinating and utilizing community partnerships to see measurable health outcomes. 2023-2025 CHIP Impacts: Internal Signature Programs • Doula Program ○ Advanced birth justice, trained 98 doulas, served 176 families, expanded reimbursement for doulas, and access to doula services through MCPs: Alameda Alliance and Kaiser Permanente. • Front Door ○ Piloted asthma care partnership with multilingual outreach and culturally responsive staffing, receiving over 1,500 referrals from Alameda Alliance. • Immunization Program ○ Piloted school-based outreach for the Human Papillomavirus (HPV) vaccine. Advanced efforts to improve data sharing with MCPs to target outreach efforts. • Office of Violence Prevention ○ Invested $5.74M in 19 grantees for hospital and community-based violence prevention initiatives; strengthened collaboration and data sharing. Developed Countywide gun violence report. • Sexual & Reproductive Health ○ Established long-term STI screening and prevention at Santa Rita Jail through provider training and inmate outreach. Provided leadership development and capacity building for LGBTQ men of color at the LGTBQ+ Center. • Women, Infants, and Children (WIC) Program ○ Launched Pregnancy Day events, now provided at all full-time WIC offices, and increased attendance by African American clients. Partnered with MCPs to improve referrals. 2025-2028 CHIP Priority Areas • Access to Care		

	- Health, dental, and behavioral health care access and delivery that is high quality, comprehensive, affordable, and culturally and linguistically appropriate. - Economic Security and Opportunities - Economic security and opportunity that support the ability of all residents to be able to pay for basic needs, build wealth, and strengthen community resilience. - Peaceful Families and Communities - Ensuring neighborhood safety through violence prevention and promoting community resilience in the face of disasters and emergencies. Building Blocks for the CHIP - Engage Community - Disseminate CHA. - Engage hospitals, MCPs, steering committee, community leaders, residents. - Identify Strategies for CHIP Outcomes - Convene implementation strategy meeting with key stakeholders. - Work with CHIP RFP Partners. - Solidify benchmarks for each strategy. - Evaluate - Conduct evaluation efforts that identify and quantify policies and impacts. CHIP Request for Proposal (RFP) - Awards $2.0 million to three awardees. - CHIP Priority Areas - Access to Care - Economic Security and Opportunities - Promoting Peaceful Families and Communities. - The contract period begins October 1, 2026, for an initial 12-month pilot. - Bidders must propose activities aligned with one Community Health Improvement Plan (CHIP) Priority. - Bidders must attend Bidders conference in May (completed on 5/20 & 21). 2026 CHIP Timeline		

	• Jan-May: Preparation Phase
	  ○ Distribute CHA, share CHA results.
	  ○ Review hospital CHNA implementation strategies and identify data benchmarks by hospitals.
	  ○ Prepare CHIP RFP.
	  ○ Identify community assets across Alameda County.
	• May-July: Planning Phase
	  ○ Host hospital/MCP convening to establish CHIP strategies.
	  ○ Narrow and develop CHIP strategies.
	  ○ Select CHIP Implementation Partners.
	• July-Sept: Strategy Identification Phase
	  ○ Convene implementation strategy meeting with key stakeholders (steering committee, hospitals/MCPs, residents, nonprofits).
	  ○ Solidify benchmark data and program performance data for each CHIP implementation strategy.
	
	❖ *Member Feedback-T. Debose: I think that the six (6) categories mentioned are achievable and wonderful that progress is being made, but things that keep slipping away are mental health services, and homeless people who happen to have special needs. Yes, they are really hard categories to tackle, but we need comprehensive work done in the mental health area. It seems that we are still not achieving the goal of resolving the major problem in our community which is homelessness, whether due to drug addiction, mental health issues, or special needs.*
	➢ *Response-C. Guzman: Thanks so much for lifting that up, and you are absolutely right. Public health, mental health, and the managed care plans, Alameda Alliance and Kaiser have been in conversations about how to leverage resources in better understanding the needs of the community, to provide timely and consistent treatment. We will also be engaging with the Office of Housing and Homelessness. They now have funding from the Behavioral Care Act, and so we are encouraged that there will be opportunities for us in the county to house people first. And once they are stable in terms of where they are living, to be able to provide adequate treatment that is consistent and humane. This is definitely hard, so we definitely need lots of support and partnership.*
	
	➢ *Member Question-D. Griggsmurphy: I wonder if any of the RFP for the community partnerships are addressing the mental health especially for older adults, not just for those unhoused, but for those that are housed as well, as they need those wraparound services. So, we wait for the*		

	RFP, community partner bids on this, before we can implement a plan, is that what I'm hearing? ➢ *Response-C. Guzman: For this cycle, that's the way we're doing it. We do have an evaluation criteria. I'm glad that you mentioned older adults, because when we did our community assessment, we specifically spoke with older adults' community groups, as well as communities who serve people with different abilities, and that's a big concern that we heard in terms of housing and food insecurity. The data also shows that we are a county that's aging. We have a growth in the elder population, so we have to pay attention to this population. In our RFP, we also asked that they pay attention to the population criteria that we have laid out in terms of priority populations.* ❖ *Member Feedback-T. Debose: Housing for elders is unbelievably hard. If you can't live in your home any longer by yourself, to go and live in a facility, you can't find any that is less than $5,700. It could go up to as high as $15,000 a month. What do seniors do? The Public Health Department really needs to address seniors and their care, including dementia and memory care.* ➢ *Response-C. Guzman: Yes, we do have that as a priority area. We have an initiative called Healthy Brain Initiative. It looks at how we support caregivers and seniors that are aging and starting to show signs of dementia or Alzheimer's. It includes preventive efforts such as diet and exercise, but many times, people can't afford vegetables and fruits, so we're trying to pilot some food delivery to more seniors. If you have any more ideas in support you may lend to us, you are always welcome to participate and join us.* ❖ *Member Feedback-D. Leonard Pageau: What would be helpful is a resource booklet that is also available in large print. This booklet should list all resources and should be updated every six months as resources frequently change. Regarding asthma, these days it's hard to access masks. I am not able to order them online as I do not have a credit card or a computer. Alameda Alliance should find a way to provide masks to members with asthma or other lung diseases, and immunocompromised.* ❖ *Member Comment-J. Moore: I know someone with a son with autism who needed to pay a consultant $9,000 to be able to find them a facility, and the facility was all the way in Utah. Petaluma did a great job by allocating budget for people with behavioral health needs and needing to*		

	live outside of their homes. What would be amazing is to invest in a facility, for the Alliance to build a facility for these people to fulfill their needs, and at the same time make revenue from it. ❖ *Member Comment-D. Espinel: I take care of my mother, and it takes 3 to 4 months to get approved for IHSS and get assigned a social worker. I keep following up but I just keep getting told that I need to wait. My mom has had a fall two (2) times since then, and it is so hard for me to work full time because my mom has mild dementia. I'm wondering if there's a way we can help families in similar situations.* ➢ *Response-A. Lam: If you don't mind, we would like to follow up with you after this meeting so we can support you.*		
5. b. NEW BUSINESS – QUALITY IMPROVEMENT PLAN (All Lines of Business)			

M. Stott	Michelle Stott, Senior Director of Quality presented on the Quality Improvement Health Equity (QIHE) Program.
	
	Overall Objectives
	• Advance Health Equity: Everyone gets fair, equal access to quality care.
	• Support Communities: Address social factors that affect health.
	• Whole-Person Care: Treat the full person — body, mind, and social needs.
	• Track Quality: Measure and improve how care is delivered
	• Close the Gaps: Reduce differences in health outcomes across all populations.
	• Keep Improving: Reduce differences in health outcomes across all populations.
	
	Program Components
	• Member Experience and Access to Care
	• Safe Care
	• Community Health Strategy
	  o Community Health Workers as trusted connectors
	• Quality Performance
	  o Top quality scores
	• Population Health & Equity
	  o Address Social Drivers of Health and reduce disparities in health outcomes
	• NCQA Accreditation
		None	None

	○ Achieve high standards and excellence How do we monitor quality? • Feedback from members, providers, and the community • Managed Care Accountability Set (MCAS)/STARS – preventive care, chronic disease • Key Performance Indicators (examples) ○ Initial health appointments ○ Emergency visits ○ Inpatient visits ○ Behavior health utilization • Surveys ○ Member experience ○ Timely access • Grievances and Potential Quality Issues • Facility site and medical chart review Managed Care Accountability Set (MCAS) • Quality measures: 17 out of 18 above the 50th percentile ○ Below 50th (1 measure) ▪ Controlling High Blood Pressure ○ 50th percentile (9 measures) ▪ Lead Screening ▪ Well-child Visits (0-30 months) ▪ Child/Adolescent Well Care (WCV) ▪ Asthma Medication Ratio (AMR) ▪ Glycemic Status .9.0% (GSD) ▪ Breast Cancer Screening (BSC) Cervical Cancer Screening (CCS) ▪ Colorectal Cancer Screening (COL) ○ 75th Percentile (6 measures) ▪ ED Follow-Up: Mental Illness (FUM) ▪ Developmental Screening (DEV) ▪ Chlamydia Screening (CHL) ▪ Postpartum Care (PPC-Pst) ▪ Topical Fluoride (TFL) ○ 90th Percentile (3 measures) ▪ ED Follow-Up: Alcohol/Drug Dependence (FUA) ▪ Childhood Immunizations (CIS-10) ▪ Immunization for Adolescents (IMA-2)		

	Challenges we are hearing about:
	• Lack of awareness regarding the preventive care requirements
	  ○ It's not always clear which preventive care services I should get or why they matter.
	• Members not going to their assigned primary care providers
	  ○ It's hard to connect with my assigned provider or don't understand why it's important.
	• Incorrect member contact information
	  ○ My contact info changes, so I miss important calls, letters, or reminders.
	• Managing multiple chronic conditions
	  ○ It's overwhelming to manage more than one health condition at the same time.
	• Access and appointment availability
	  ○ It's hard to get appointments that fit my schedule or are available soon enough.
	• No show
	  ○ Sometimes I forget about appointments, or something comes up and I can't make it.
	• Health disparities in certain populations
	  ○ Some groups in our community face more barriers and have worse health outcomes.
	
	What we are working on
	• Population health strategies
	• Better outreach through trusted partners
	  ○ Alliance staff (i.e. QI Engagement Coordinators)
	  ○ Community Health Workers (CHW)
	  ○ Pharmacist outreach
	• Chronic care management
	  ○ Blood pressure remote monitoring
	• Access to care
	  ○ Extended Office Hours provider incentive
	  ○ Care Options document
	  ○ Network expansion: doulas, CHWs, vendors
	• Stronger community partnerships
	  ○ First 5
	  ○ Community events and health fairs
	• Internal cross-collaboration		

	What success looks like
	• Top quality scores across all quality measures:
	  ○ Children
	  ○ Maternal health
	  ○ Chronic disease management
	  ○ Behavioral health
	• Low rates for emergency room (ER Visits)
	• Better preventive care strategies
	• Timely access to care
	• Reduced care gaps across communities
	
	❖ *Member Feedback-D. Leonard-Pageau: Regarding diabetes, Lifelong Medical Care used to have these weekly meetings wherein diabetic patients come together. We shared our successes and ideas on how to manage our diabetes. That program was very beneficial, but they don't do it anymore. That program promoted accountability and partnership, and so it worked. In addition, it would be beneficial to send a community health worker to a patient's home to show them how to properly check their blood sugar or blood pressure.*
	
	➢ *Member Question-K. Pageau: For the nurse advice line, are they associated with a specific hospital, and do they have access to MyChart? There are three (3) urgent care systems near us, but they close at 7pm. One time, we needed an advice nurse but could not access any because they were already closed for the day.*
	➢ *Response-M. Stott: For the nurse advice line, we use a vendor. They mainly triage the symptoms; they will assess you. They may advise you to see your PCP or go to the emergency room. So, it's more of triaging that they do, not so much that they have access to your medical records.*
	
	➢ *Member Question-N. Williams: He mentioned that there was an instance that they had an issue at 8 pm, but their urgent care centers close at 7pm. Where does he go if he does not want to go to the emergency room?*
	➢ *Response-A. Lam: So, the nurse advice line is available 24 hours. A case management staff will then follow up with the member if needed. The nurse advice line may advise you to get care from the emergency room or urgent care, but we also have a Teladoc option in case your doctor's office is closed.*		

	❖ *Member Feedback-L. Harris: I was looking at the challenges that the Quality Improvement program has, and I see that some of it has to do with general communication with the clients. I read a book a few years ago about using community members as proxies for information on preventive care. There was a program implemented addressing high blood pressure and diabetes in Black men. They went into the community and talked to barbers in the barber shops. These barbers acted as health educators for the Black community and they saw positive outcomes. It might be helpful to utilize people that are outside of the healthcare community to address some of those issues. We can look at the places where our community members show up regularly, which may not be a clinic, but might be a church, corner store, or hair salons. These places have people that may have more contact with our members and are more trusted, and they can provide information.*		
5. c. NEW BUSINESS – EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) (All Lines of Business)			
M. Stott	• This agenda item was not covered due to time constraints.	None	CAC Planning Team to add this agenda item to the next CAC meeting.
6. ALLIANCE REPORTS – STARs/MOC OUTCOMES (Alliance Wellness/D-SNP)			

K. Williams
A. Lam
	Allison Lam, Health Care Services Executive Director, presented on the Alliance Wellness: Model of Care.
	
	Model of Care (MOC Key Components)
	• **The Model of Care (MOC) is the foundation for how a Dual Eligible Special Needs Plan (D-SNP) delivers coordinated, high-quality, and person-centered care to its members. It is required by CMS and is the guiding framework for identifying and addressing the unique medical, behavioral, functional, and social needs of dually eligible individuals.**
	  ○ **Description of the D-SNP Population**
	  ○ **Care Coordination**
	  ○ **Specialized Provider Network**
	  ○ **Quality measurements and Performance Improvement**
	
	Care Coordination
	• **Health Risk Assessment (HRA)**
	• **Face to Face Encounter**
			CAC Planning Team to add the Medicare Stars Performance Presentation as an agenda item for the next CAC meeting.
			
			Alliance staff to follow-up with J. Feng regarding interpreter services.
			
			Alliance staff to follow up with J. Feng regarding

	• **Individualized Care Plan (ICP)**
	• **Interdisciplinary Care Team (ICT)**
	• **Care Transition Protocols**
	
	Health Risk Assessment
	• **A structured tool used to collect data on:**
	  ○ **Medical, behavioral, functional, and cognitive needs**
	  ○ **Social Determinants of Health (SDOH)**
	  ○ **Member preferences and goals**
	• **Includes tailored questions to identify:**
	  ○ **Cognitive impairments**
	  ○ **Behavioral health risks**
	  ○ **Assess caregiver stress and capacity**
	• **Completed within 90 days of enrollment**
	  ○ **Attempted on every D-SNP member**
	  ○ **Annually thereafter**
	  ○ **After significant health events**
	
	Health Risk Assessment-Initial Outreach Outcomes
	• **Reachable vs Unreachable**
	  ○ **Reachable: 71.49%**
	  ○ **Unreachable: 28.51%**
	• **Reachable Members**
	  ○ **Hang up: 7.72%**
	  ○ **Left message: 77.81%**
	  ○ **Spoke with correct person: 14.47%**
	• **Unreachable Members**
	  ○ **Wrong Number: 4.84%**
	  ○ **Disconnected: 13.71%**
	  ○ **Busy: 27.42%**
	  ○ **No answer: 54.03%**
	
	❖ ***Member Feedback-D. Leonard-Pageau: I suggest that when they make a call and no one answers, try again immediately after the first attempt. Most people try to get to their phone and cannot answer it in time on the first attempt, so if you make a second attempt right away, they are likely to answer.***
	➢ ***Response-A. Lam: This is great, I will share this feedback because what they currently do is attempt a call once and try again on a different day.***
			case management issues.

	❖ ***Member Feedback-D. Leonard-Pageau: It is also helpful if the Alameda Alliance name is displayed when you call versus just the phone number.*** ➢ ***Response-A. Lam: Yes, that is a recent development for us. The calls now display the Alameda Alliance name, and we will see if that will help.*** ❖ ***Guest Feedback-J. Renaud: It would be best for the caller to mention that they are from the Alameda Alliance at the first part of the phone call, as if it is mentioned at the later part, the member may hang up and think it is a spam call.*** ❖ ***Member Feedback-D. Espinel: In my work, I perform many outreach calls, and so far, I get great results when I send text messages as well to let the clients know the purpose of the call and I provide them with a call-back number.*** ❖ ***Member Feedback-K. Pageau: I really like talking to a real person. For instance, a challenge for me is when I call the pharmacy, AI answers and asks for your information, and after all that you still don't get your medications in a timely manner.*** ➢ *Member Question-J. Feng: It used to be that the patient can get their own interpreter to medical appointments, but then it changed and the doctor's office made the arrangements for an interpreter to come in. The problem with that is that sometimes the doctor forgets, and sometimes the interpreter arranged by the doctor is not able to interpret accurately. So, I am wondering if we can go back to the old system in which members can bring their own interpreters.* ➢ *Response-L. Ayala: We hold our providers accountable in making sure they are arranging for qualified interpreters. However, if a member prefers to have an adult family member or friend to act as an interpreter, they have the right to do that. It is an option.* ➢ *Member Question-J. Feng: If I do bring my own interpreter that works well with me, who will pay them? Will it be paid for by Alameda Alliance?* ➢ *Response-L. Ayala: Unfortunately, we do not have the capacity to do that. However, if you request the interpreter via the Alliance, you may be able to request to see if your preferred interpreter is available. We have members who do that. But we cannot pay outside of our current vendors*		

	➢ *Response-M. Moua: I am committed to following up with a phone call to you, Jia so I can let you know of all the interpreter services that are available, as well as respond to your inquiry regarding bringing your own interpreter.* ➢ *Member Question-J. Feng: I am having issues with case management due to slow progress, and the process does not appear to be transparent. I can share more information about my case if needed.* ➢ *Response-L. Ayala: This is another case wherein we would like to follow up with you after the meeting. Your personal experience is so critical to us, in how our services are working, and in improving them. Sometimes there's very specific issues that we follow up with you after the meeting. But they also give us ideas of what we should address further at a program level.* • Due to time constraints, the Medicare Starts Performance portion of this agenda item was not covered.		
7. a. CAC BUSINESS – BROWN ACT MEETING UPDATE (All Lines of Business)			
D. Serri	Danube Serri, Legal Services Supervisor, provided updates on the Brown Act. • Under Senate Bill 707, as of January 2026, we are now allowed not to hold all our meetings in person. • Meeting in person is no longer a requirement. • Members can attend in person or remotely. • Although not required, in-person attendance is encouraged for the December CAC meeting. • The Alliance Board of Governor's (BOG) acknowledged this change to the Brown Act. • For questions, email: DeptLegal@alamedaalliance.org. ➢ *Member Question-N. Williams: Are we able to vote remotely?* ➢ *Response-D.Serri: Yes, what this update means is that you no longer need to be in person to participate, vote, or count for quorum. Additionally, your remote location is no longer required to be accessible to the public.*	None	None
7. b. CAC BUSINESS – ANNUAL CAC CHAPTER UPDATE (All Lines of Business)			
L. Ayala	Linda Ayala, Director of Population Health and Equity presented on the Annual CAC Chapter Update.	None	None

	• Voting
	  ○ Removed requirement to have virtual attendance approved by vote.
	• Meeting Schedule and Special Participation
	  ○ Updated CAC member meeting participation to align with new Brown Act provisions and Senate Bill 707 and Welfare & Institutions Code requirements.
	  ○ Added the following provisions:
	  ▪ CAC meetings may be held in person, virtually, and/or hybrid format.
	  ▪ CAC meetings will continue to be held in person based on operational/business needs and accessibility considerations.
	  ▪ CAC members are expected to participate regardless of meeting format.
	• Other Updates
	  ○ Minor grammar and formatting updates.		

7. c. CAC BUSINESS – MEMBERSHIP UPDATE AND TERMS OF SERVICES (All Lines of Business)			

L. Ayala	Linda Ayala, Director of Population Health and Equity presented on the CAC membership update and terms of service.
	
	CAC Charter: Membership Terms of Service
	• Membership Terms of Service and Attendance
	  ○ New CAC members will be invited to serve based on the membership criteria and with the approval of the CAC Selection Committee.
	  ○ The term of service for each CAC member shall be two (2) years.
	  ○ Committee members may serve more than two (2) terms, at the discretion of the CAC Selection Committee.
	  ○ The CAC Selection Committee may dismiss a member from the CAC if they do not attend at minimum two (2) quarterly meetings of the committee within one (1) year.
	  ○ Members shall notify the Alliance of expected absences.
	
	Current Membership Review
		None	None

	• Total current CAC members: 25
	• Membership changes:
	  ○ Welcomed six (6) new CAC Members
	  ▪ Diana Janeth Espinel
	  ▪ Darcell Davis
	  ▪ Iris Abarca
	  ▪ Nacerddine Azeb
	  ▪ Tee Kimmons
	  ▪ Jie Feng
	
	➢ *Member Question-J. Feng: After a 2-year term, when can one become a CAC member again?*
	➢ *Response-L. Ayala: There is no term limit, we have members that's been with the committed for over a decade. So, it's really a matter of continuing participation, and the selection committee making the decision on renewing terms.*		

8. OPEN FORUM			
N. Williams	• Recognition certificates from the Alliance were distributed to CAC members as appreciation for their service. • C. Wynn announced that there is a virtual meeting later in the day on the county budget and encouraged others who are interested in joining.	None	None
9. ADJOURNMENT			
N. Williams	• Motion to adjourn the meeting. • Meeting adjourned at 12:05 pm. • Next CAC Meeting: September 10, 2026.	Motion: Erika Garner Second: K. Pageau Vote: Approved by consensus.	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator Date: 06/26/2026

Approved by: _____ Date:

CEO Update

Matthew Woodruff, Chief Executive Officer

To: **Alameda Alliance for Health Member Advisory Committee**

From: **Matthew Woodruff, Chief Executive Officer**

Date: **September 10, 2026**

Subject: **CEO Report**

- **Financials:**
  - **June 2026:** Net Operating Performance by Line of Business for the month of June and Year-To-Date (YTD):

	June	YTD
Medi-Cal	($4.7M)	$78.1M
Group Care	($527K)	($4.7M)
Medicare	($860K)	($11.1M)
Total	($6.1M)	$62.4M

  - **Revenue was $190.6 million in June and $2.3 billion Year-to-Date (YTD)**.
    - Medical expenses were $185.4 million in June and $2.1 billion for the fiscal year-to-date; the medical loss ratio is 97.2% for the month and 92.8% for the fiscal year-to-date.
    - Administrative expenses were $13.6 million in June and $130.5 million for the fiscal year-to-date; the administrative loss ratio is 7.1% of net revenue for the month and 5.7% of net revenue year-to-date.
  - **Tangible Net Equity (TNE)**: Financial reserves are 291% of the required DMHC minimum, representing $152.0 million in excess TNE.
  - **Total enrollment in June was 370,073**, decreased by 4,860 Medi-Cal members compared to May 2026.

- **Alliance Compliance Update**
- **Member Advisory Updates**
  1. What changes in Medi-Cal benefits/eligibility are in effect as July 2026?
     - **Transitional Rent**
       - Transitional Rent is the newest addition to the suite of Community Supports.
       - First mandatory community support (as of 1/1/2026), as well as a benefit.
       - Transitional Rent provides up to six months of rental assistance in interim and permanent settings to Members who are experiencing or at risk of homelessness, have certain

clinical risk factors, and have either recently undergone a critical life transition (such as exiting an institutional or carceral setting or foster care).

- Transitional rent requires that members have a permanent housing solution identified, so the biggest challenge with Transitional Rent is identifying long-term rental subsidies for our members once the six months are up.
    - To address this, AAH has partnered with the Alameda County Flexible Housing Subsidy Pool, to connect Alliance members to permanent long-term rental subsidies and housing solutions.
- AAH has received 61 Transitional Rent authorization requests.
- Transitional Rent has successfully housed 48 members and their families.
- Projected to serve 250 households in the first year.
- Members are connected to the full suite of housing community supports (Housing Navigation, Housing Deposits, and Housing Tenancy Sustaining Services) and Enhanced Care Management (ECM).

2. Are providers sharing benefit updates with members, or will members only hear from the Alliance?
    - Discuss outreach efforts happening in Alameda County
        - UIS
        - Non UIS

- **Key Performance Indicators – Grievances – MCAL & IHSS:**
    - **Regulatory Metrics:**
        - Standard grievances scored 94% processing time, which is below the 95% compliance mark.
        - Exempt grievance and expedited grievance cases were resolved within the 95% of regulatory timeframes.
        - Standard appeal and expedited appeal cases were resolved within the 95% of regulatory timeframes.
        - There was a total of 2,249 unique grievance cases resolved during the reporting period, with a total of 2,389. Out of 2,609 cases, 37% were related to Access to Care, 34% were related to Quality of Service, 19% were related to Coverage Dispute, 6% were related to “other” (enrollment and eligibility) and 4% were related to Quality of Care.
        - For the month of June 2026, 75% of standard grievances were resolved in favor of members, 22% in favor of the Plan, and 3% were withdrawn by members; 77% of exempt grievance cases were

resolved in favor of the members, and 23% were resolved in favor of the Plan.

- For the month of June 2026, there were a total of 1,800 unique exempt grievance cases resolved – of these cases, 34% were category "other," 36% were Quality of Service, and 30% were Access to Care.

- Of the 92 appeals for the month of June 2026, 82% of cases were upheld/denied, 15% were overturned/approved, and 3% were partially upheld.

- **Non-Regulatory Metrics:**
  - All non-regulatory metrics were met for January.

- **Grievances – D-SNP:**
  - For the D-SNP line of business, there were 140 standard grievance and first call resolution cases resolved within the regulatory timeframes of 100% compliance rate. There was 1 appeal received in July. There were no expedited grievance cases or expedited appeal cases filed for D-SNP in the month of July 2026.

- **Legislative Updates:**
  - See Attachment

- **IT Workflow Automation – Next Update September 2026**

- **Alliance in the Community - Next Update September 2026**

- **Medicare Overview**
  - State Medicaid Agency Contract (SMAC) has been fully executed by the Alliance CEO and the State of California.
    - Collaborated with Legal and Compliance on filling out the Matrixes and attestation associated with the SMAC.
    - Documentation was submitted to CMS by the deadline of Monday, July 6th.
  - Advancing Medicare sales and enrollment infrastructure to support future growth and operational excellence.
    - Continuing recruitment efforts for Medicare Field Sales and Community Agent positions to expand community outreach and enrollment capacity

        - Three (3) additional Medicare Field Sales & Community Agent positions have been approved and posted, which equates to a team of six (6) internal sales agents.
    - Deployment completed for individual D-SNP sales queues created within Finesse phone system for improved prospective member experience.
    - Medicare.gov and enrollment form via the Alliance public website is on track for deployment in August.
- The new PBM, MedImpact, is on track for deployment for CY2027. Contracting for the 65+ marketing campaign is complete, and work has officially begun with our marketing and sales vendor, Anderson.
    - The second contract for the age-in campaign is currently in progress.
- Progress continues on the D-SNP Centralized Website Initiative, a key component of the Medicare member acquisition and engagement strategy. Upcoming milestones include:
    - **August 2026:** Launch of shopping and enrollment functionality.
    - **October 2026:** Deployment of member resource content and Annual Enrollment Period (AEP) materials.
    - **January 2027:** Transition to CY2027 plan year content and retirement of CY2026 materials.
- Co-branding work underway with selected provider groups, and clinic leadership to establish visual co-branding identity, messaging, and patient-facing experience.
    - Co-branded marketing campaign targeted for Q1 2027 launch.
    - D-SNP branded materials and promotional assets are complete and ready for use at upcoming clinic sales events.
- Approved and posted a new position called Learning & Development Program Manager to support organizational D-SNP training.

Follow-up Items

Follow-up Items from 06/11/2026

Follow-up Item	Outcome(s)	Status
Include the following agenda topics at the September CAC Meeting: -Early and Periodic Screening, and Diagnostic, and Treatment (EPSDT) -Medicare STARs Performance	• Agenda topic will be presented during today's meeting.	Completed

Medi-Cal for Kids & Teens:

Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Services

September 2026

What is Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)?

Also known as “Medi-Cal for Kids and Teens”

- Children, Teens, and Young Adults (under 21) enrolled in the Alliance qualify for free services and support to stay or get healthy

Goal: Ensures that children get the Right Care at the Right Time in the Right Place

- **E**arly and comprehensive age-appropriate health care services
- **P**reventive screenings, **D**iagnostic services, and **T**reatment services
- **S**creenings, covered benefits, and services of medical necessity

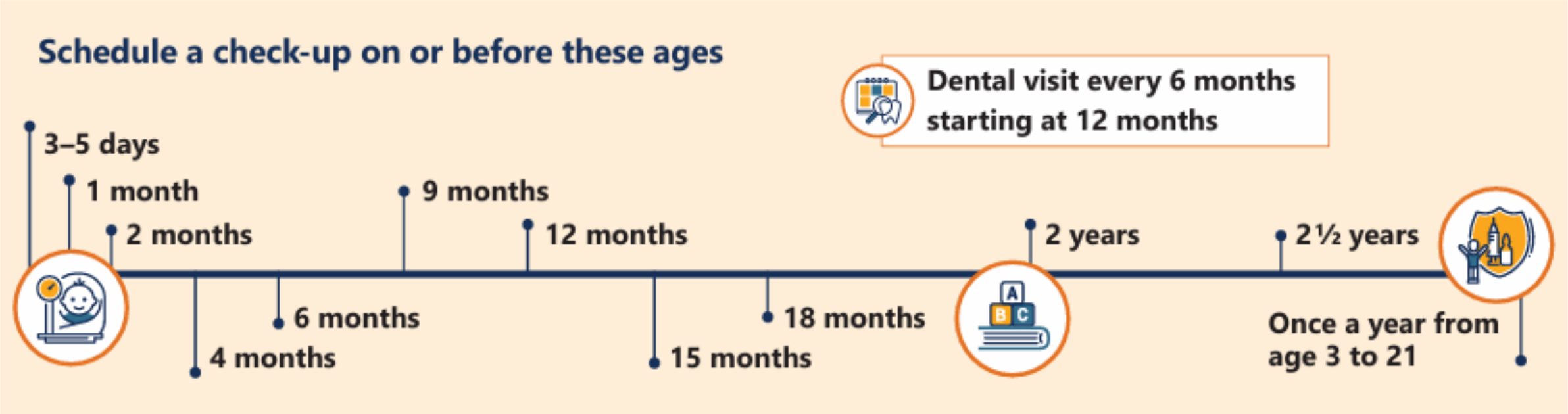
Well-Child Visits

Free Check-Ups

- Physical Exam
- Social and family health history
- Immunizations
- Dental Health and Fluoride varnish
- Hearing and Vision
- Behavioral/Mental Health Needs
- Lead Screening
- Developmental milestones
- And other preventive care services and topics based on the child's age!

Well-Child Visits

- Based on Bright Futures/American Academy of Pediatrics



periodicity_schedule.pdf

How do we monitor care for children?

- Managed Care Accountability Measures – Children's Health
- Claims data and encounter data
- Surveys
  - Member Experience
  - Timely Access to Care
- Facility and medical record reviews
- Utilization of services
  - Emergency room visits
  - Inpatient visits
  - Behavioral health visits
  - Care Management referrals
- Grievances and Potential Quality Issues

Managed Care Accountability Measures – Children's Health

HEDIS PERFORMANCE HIGHLIGHTS

90th
Childhood & Adolescent Immunization Rates 90 %tile National HEDIS Benchmarks

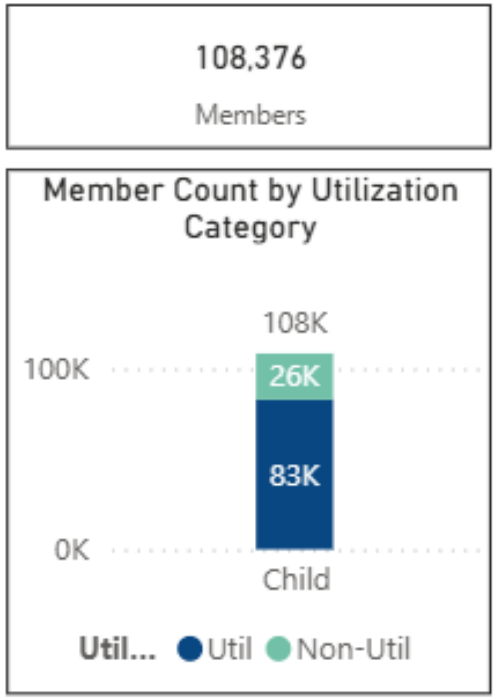
65%+
Children 0–30 Months Completed Required Number of Well Visits

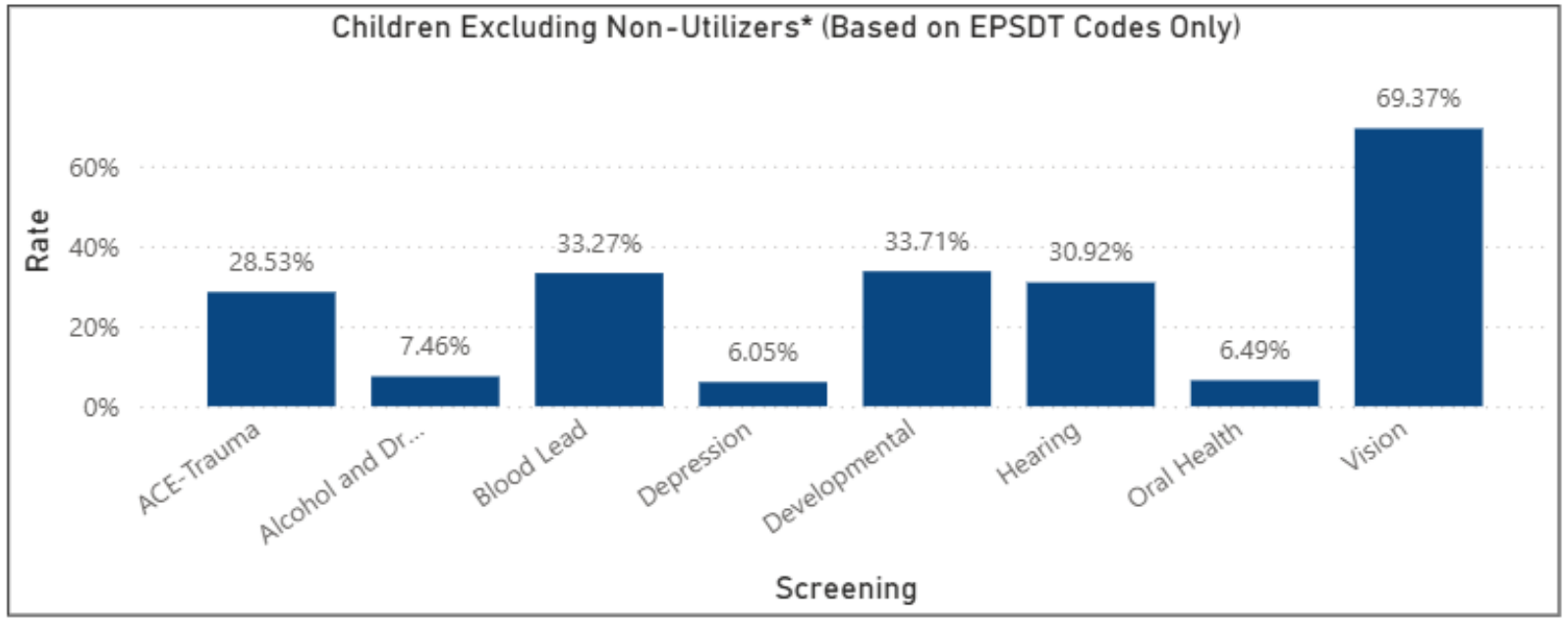
8 / 8
Childhood Measures Above the 50th %tile National HEDIS Benchmarks

ALL 8 TRACKED MEASURES

- ✓ **Childhood Immunization** (0–2 years)
- ✓ **Immunization for Adolescents** (9–13 years)
- ✓ **Developmental Screening** (First 3 Years of Life)
- ✓ **Lead Screening in Children**
- ✓ **Topical Fluoride for Children**
- ✓ **Well Child Visit 6+** (0–15 months)
- ✓ **Well Child Visits 2+** (15–30 months)
- ✓ **Child & Adolescent Well Care Visits** (3–21 years)

EPSDT Quality Monitoring: Non-utilizer





*Non-utilizer: no paid or medical rx claims during the service date period.

Dates of Service: 2/2025 – 7/2026

Non-Utilizer Data Review

- **Ages 6-17** (65.7% of all members)

Age Band	Count	% of Total
12-17 years	8,598	33.6%
6-11 years	8,216	32.1%
18-20 years	5,733	22.4%
3-5 years	2,091	8.2%
16-30 months	604	2.4%
31-35 months	219	0.9%
0-15 months	132	0.5%

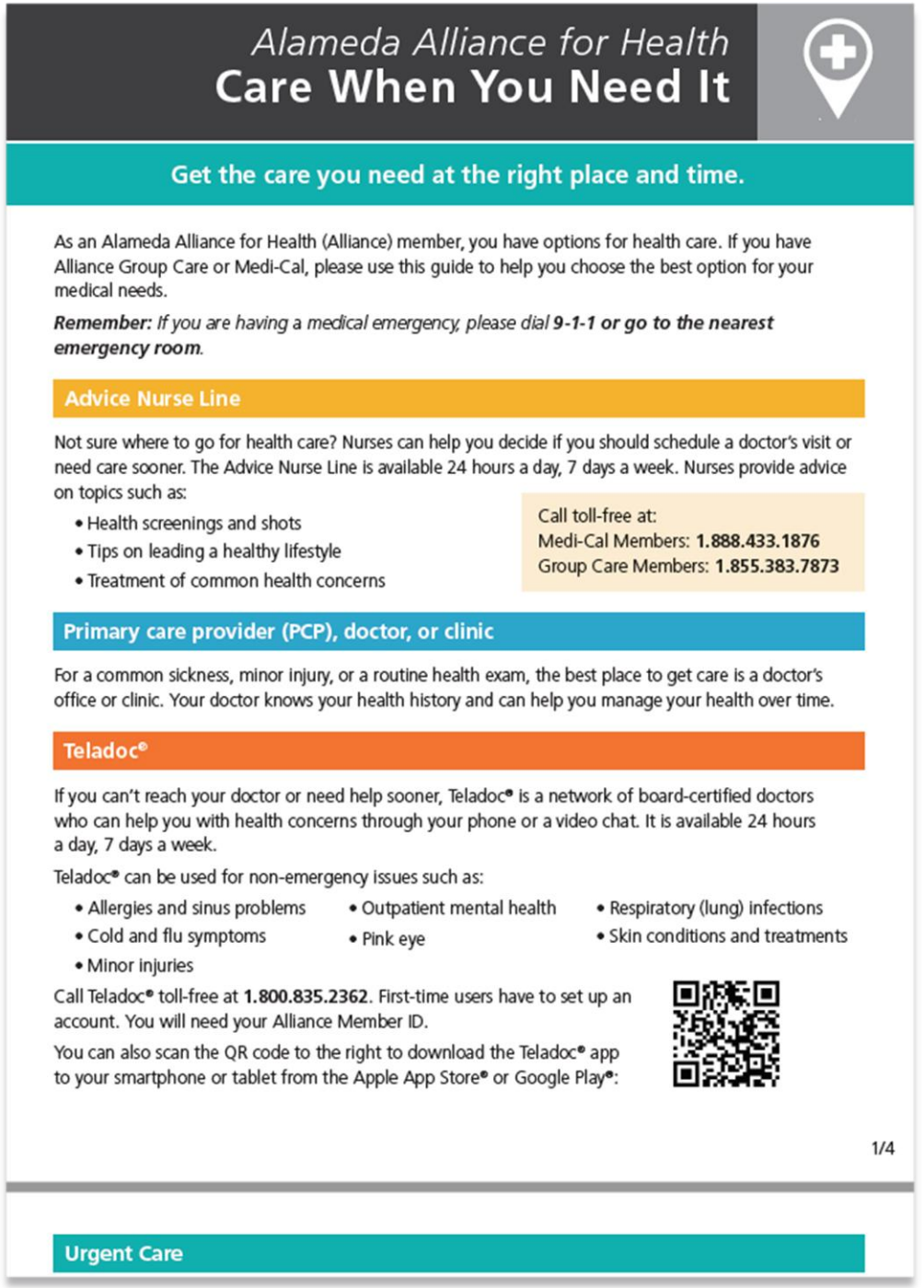
Non-Utilizer Data – Ethnicity & Residence

- **Hispanic members** (44.4%)
- **English- and Spanish-speaking families** (93.1% combined)
- Members residing in **Oakland** and **Hayward** (36.6% of all)

Race/Ethnicity	Count	% of Total
Hispanic	11,371	**44.4%**
Some Other Race	3,708	**14.5%**
Black or African American	3,655	**14.3%**
Asian	2,847	11.1%
Unknown	1,659	6.5%
White	1,626	6.4%
Native Hawaiian/Pacific Islander	684	2.7%
American Indian/Alaska Native	43	0.2%

Well Child Activities

- Population Health & Equity
  - Patient identification & dashboards
  - Stakeholder input on root causes and actions
  - Health Education
- Community Driven
  - Community Health Workers (CHW) – *trusted connectors*
    - First 5
    - Pediatric practices
  - Outreach at community events (e.g. health fairs, cultural events)
- Care Management
  - Care coordination
- Access
  - Timely Access to Care
  - Outreach for post-emergency room visits
  - "Care When You Need It" flyer



Alameda Alliance for Health
Care When You Need It

Get the care you need at the right place and time.

As an Alameda Alliance for Health (Alliance) member, you have options for health care. If you have Alliance Group Care or Medi-Cal, please use this guide to help you choose the best option for your medical needs.

***Remember:** If you are having a medical emergency, please dial **9-1-1 or go to the nearest emergency room**.*

Advice Nurse Line

Not sure where to go for health care? Nurses can help you decide if you should schedule a doctor's visit or need care sooner. The Advice Nurse Line is available 24 hours a day, 7 days a week. Nurses provide advice on topics such as:

- Health screenings and shots
- Tips on leading a healthy lifestyle
- Treatment of common health concerns

Call toll-free at:
Medi-Cal Members: **1.888.433.1876**
Group Care Members: **1.855.383.7873**

Primary care provider (PCP), doctor, or clinic

For a common sickness, minor injury, or a routine health exam, the best place to get care is a doctor's office or clinic. Your doctor knows your health history and can help you manage your health over time.

Teladoc®

If you can't reach your doctor or need help sooner, Teladoc® is a network of board-certified doctors who can help you with health concerns through your phone or a video chat. It is available 24 hours a day, 7 days a week.

Teladoc® can be used for non-emergency issues such as:

- Allergies and sinus problems
- Cold and flu symptoms
- Minor injuries
- Outpatient mental health
- Pink eye
- Respiratory (lung) infections
- Skin conditions and treatments

Call Teladoc® toll-free at **1.800.835.2362**. First-time users have to set up an account. You will need your Alliance Member ID.

You can also scan the QR code to the right to download the Teladoc® app to your smartphone or tablet from the Apple App Store® or Google Play®:

1/4

Urgent Care

Well Child Initiatives

- Member Driven
  - Well Child Birthday Cards/Letters
  - Incentives
  - Outreach
  - Well Visit Campaigns
- Provider Driven
  - Provider Meetings – data sharing & QI project initiatives
  - Education – webinars, tip sheets
  - QI coaching to improve clinic workflows
  - QI funding
- Data Approach
  - Provider care gap reports

Discussion

- How can the Alliance encourage more children/parents to get well-child visits with their PCPs?
  - Race/Ethnicity or Cultural considerations
    - Hispanics
    - Black/African American
    - Smaller populations:
      - Native Hawaiian/Pacific Islander
      - American Indian/Alaska Native
  - Time span:
    - During pregnancy and at birth
    - School age years (6-11 years old)
    - Teens & Young adults (12-21 years old)

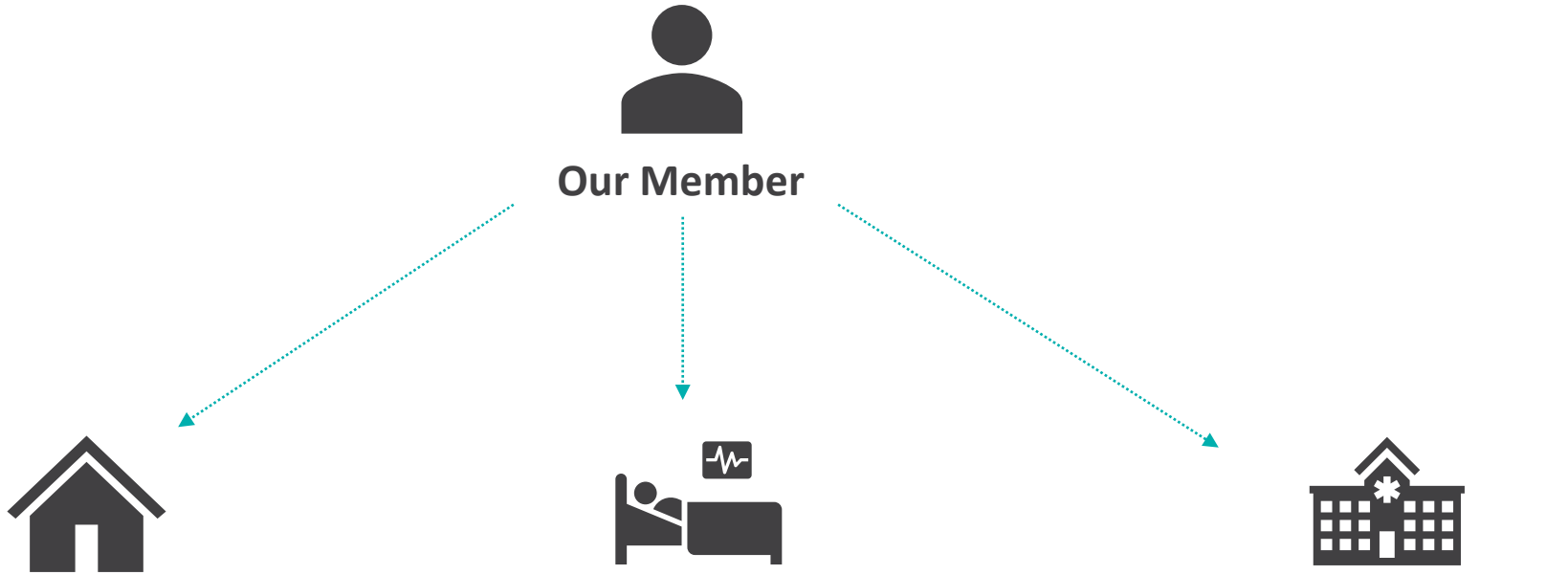
Questions?

Transitional Care Services

Allison Lam, Executive Director, Health Care Services

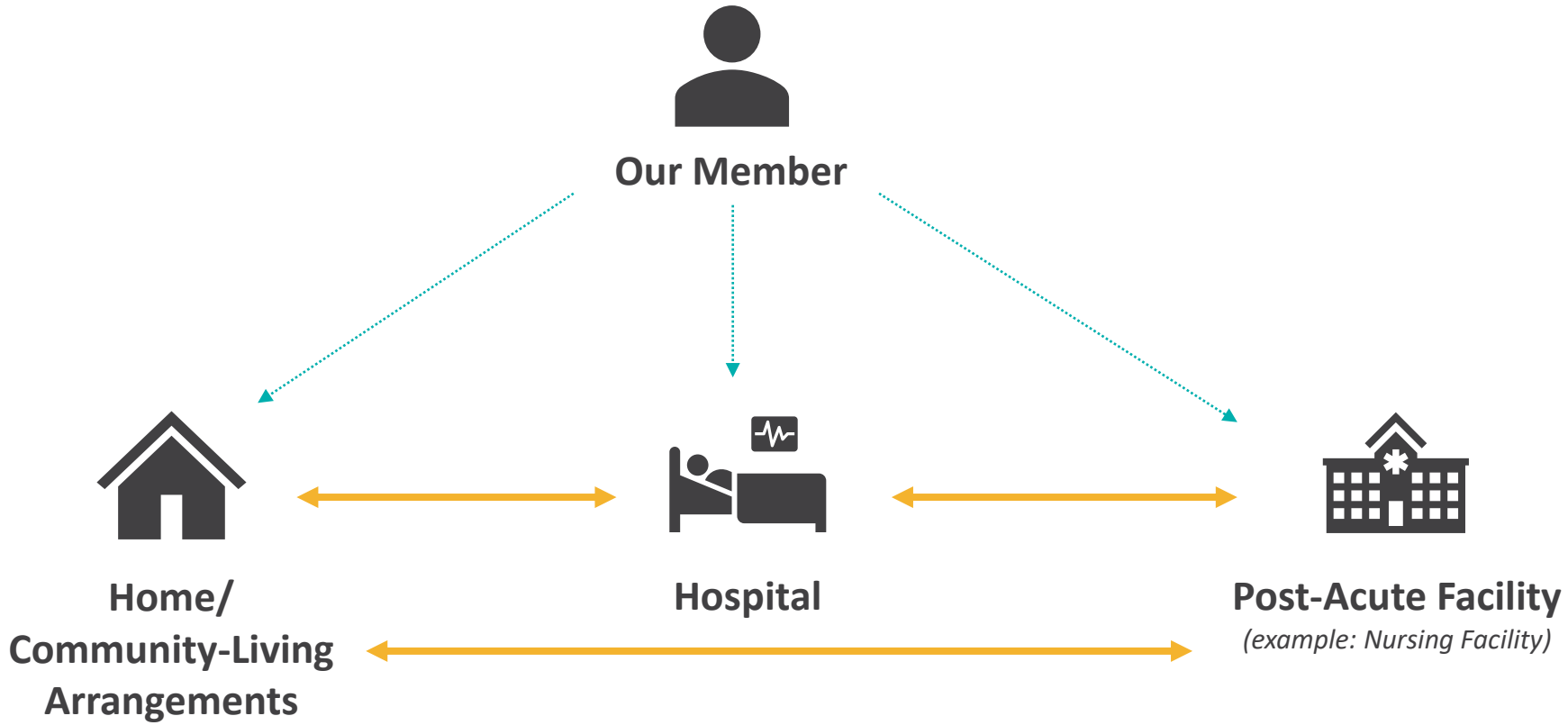
Transitional Care Services

Support for members moving from one setting or level of care to another

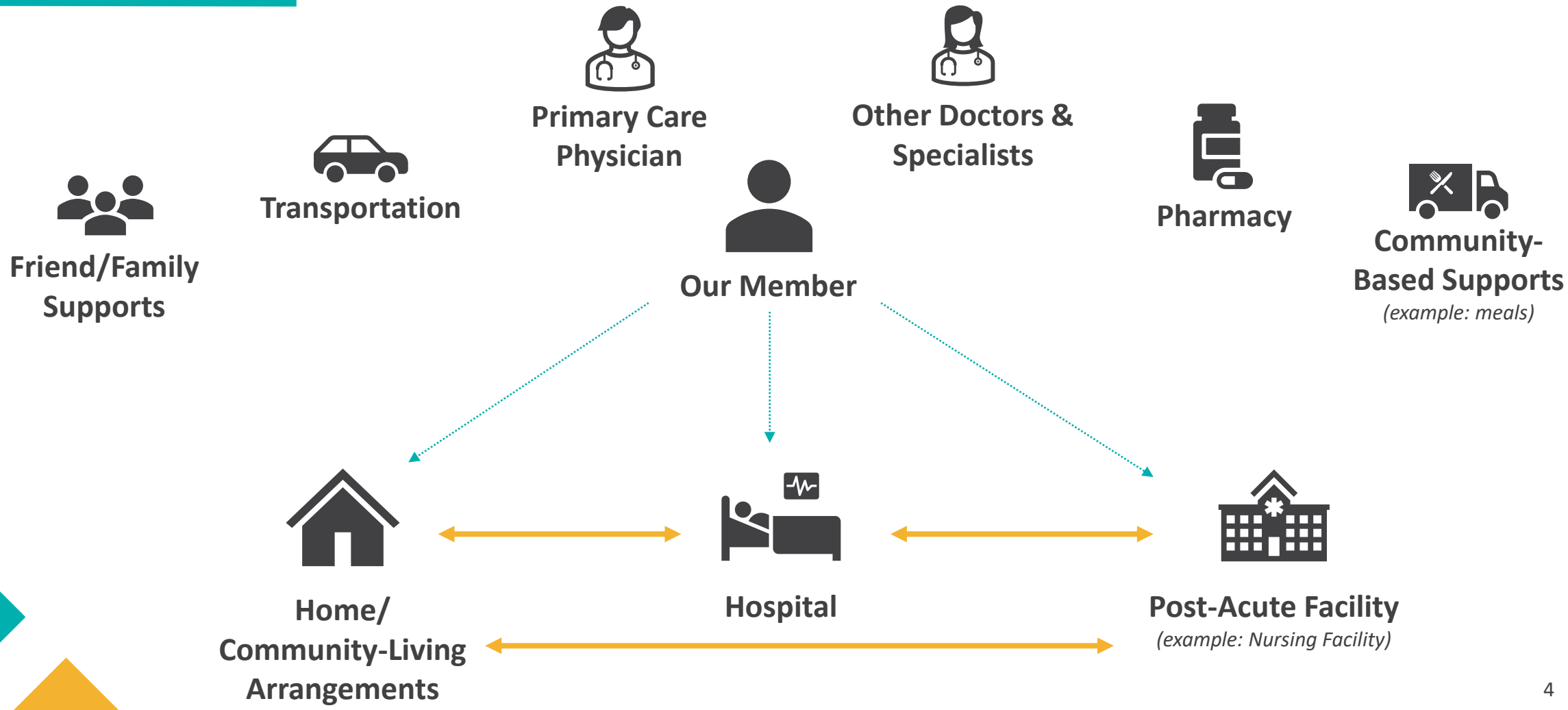


Transitional Care Services

Support for members moving from one setting or level of care to another



Transitional Care Services – there's more!



Why TCS is Important

*"Poorly managed transitions can **diminish health** and **increase costs**. Researchers have estimated that inadequate care coordination, including inadequate management of care transitions, was responsible for **$25 to $45 billion in wasteful spending** in 2011 through **avoidable complications and unnecessary hospital readmissions**."*

Source: DHCS TCS Technical Assistance Resource

Risk Category	Member Example	TCS Support Model
High-Risk *(Not Pregnant or Postpartum)*	Transitioning home after a stay in a skilled nursing facility	1) Assigned a **single Point of Contact** (e.g., care manager) 2) Coordination support **begins on admission** through, at minimum, **30-days post discharge** 3) Member **contact** and **PCP** follow-up **within 7 days** after discharge 4) Review **medication(s)** 5) Complete all **discharge instructions & follow-up** plans
Lower-Risk *(Not Pregnant or Postpartum)*	Transitioning home after a scheduled bunion removal surgery in the hospital	1) Member notified of support available from a **dedicated TCS Phone Line** 2) Coordination support **begins on admission** through, at minimum, **30-days post discharge** 3) After discharge, member contacts TCS phone line, **as needed** 4) PCP follow-up **within 30 days** after discharge

Why TCS is Important – Pregnancy/Post-Partum

*"…While California's **pregnancy-related mortality ratio**—pregnancy-related deaths per 100,000 births— is lower than the national ratio, it has been rising in recent years, and **the majority of these pregnancy-related deaths are preventable**. California's **severe maternal morbidity (SMM) rate**—events of unexpected and potentially life-threatening complications per 10,000 delivery hospitalizations—has also been rising and is higher than the national rate. This **pregnancy related mortality and morbidity crisis is disproportionately impacting Black, American Indian/Alaska Native, and Pacific Islander** pregnant and postpartum individuals."*

Source: DHCS Birthing Care Pathway Report, February 2025

Risk Category	Member Example	TCS Support Model
High-Intensity Pregnancy and Postpartum	Pregnant, newly diagnosed with uncontrolled diabetes at prenatal visit	1) Assigned a **single Point of Contact** (e.g., care manager) and notified of **dedicated TCS Phone Line** 2) Coordination support begins **as soon as member identified** as "high-intensity" through, at minimum, **60-days after end of pregnancy** 3) Member contact **within 7 days** after discharge 4) Birthing **Checklist** (medical, social, family, and behavioral health needs) 5) Complete all **discharge instructions & follow-up** plans
Moderate-Intensity Pregnancy and Postpartum	Pregnant, enrolled in WIC and home visiting program	1) Assigned a **Care Coordination team** and notified of **dedicated TCS Phone Line** 2) Coordination support begins **no later than beginning of 3rd trimester,** through, at minimum, **60-days after end of pregnancy** 3) Member contact **within 21 days** after discharge 4) Birthing **Checklist** (medical, social, family, and behavioral health needs) 5) Complete all **discharge instructions & follow-up** plans

Committee Input

- Ideas for **outreach & engagement** when members leave the hospital?
  - If a care manager contacted you after a hospital stay, what support/information would be most helpful?
  - How comfortable would you be to have someone visit you at home? If uncomfortable, what would help make you more comfortable?
  - How and when would you prefer to be contacted after leaving the hospital (telephone, text, etc.)?
- Ideas to **encourage follow-up with PCP after discharge?**
  - What barriers might exist for timely follow-up with the PCP?
  - Would you prefer tele-health options?
  - What message would motivate you to schedule a PCP visit within 7 days? Within 30 days?

Thank you.

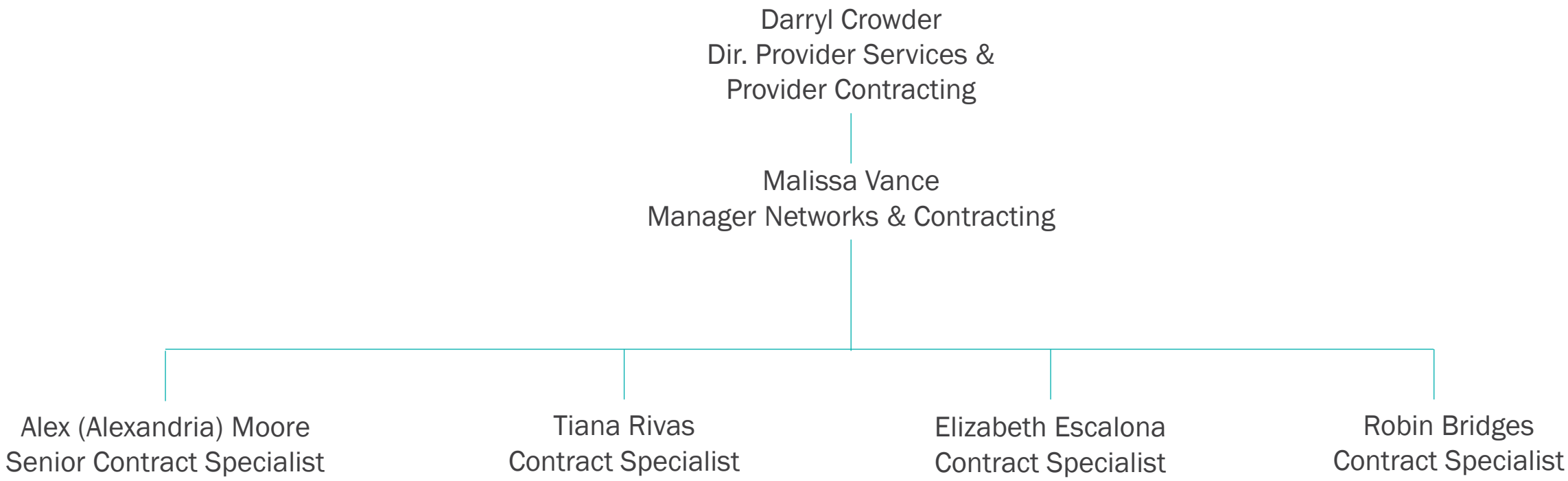
Questions?

You can contact **Allison Lam** at:
allam@alamedaalliance.org

Provider Network Updates

September 10, 2026

Contracting Department Team



Provider Network – *At a Glance*

Professional Provider Type (Credentialed)	Count
Primary Care Providers	711
Specialists	12,276
Mental Health	2,700
Applied Behavior Analysis (ABA)	1,250
Doula	166
Community Health Worker (CHW)	31
Midlevel	292

Provider Network – *At a Glance*

Provider Type (Credentialed)	Count
Ambulatory Surgery Centers (ASC)	16
Community Based Adult Services (CBAS)	5
Dialysis	3 Major Groups: • Davita • Fresenius • Satellite
Home Health	78
Hospice	54
Hospitals	17
Home Infusion	5
Intermediate Care Facilities (ICF)	36
LTC/SNF	107

Delegates

Provider Name	Scope	Contracted for D-SNP? Y/N
Community Health Center Network (CHCN)	Fully Delegated	Yes
Children First Medical Group (CFMG)	Fully Delegated	Yes
Teledoc, Inc (2 DBAs {Teledoc Health, Inc. & Teledoc Physicians, P.C.} but referred to solely as "Teledoc")	Fully Delegated	Yes
Physical Therapy Provider Network (PTPN)	Partially Delegated- Physical Therapy Services only	Yes
Quest Diagnostics Incorporated (Unilab DBA Quest)	Partially Delegated- Lab Services only	Yes

Enhanced Care Management Providers (ECM)

Alameda Health Systems	• Alameda Health System (ECM) • Eastmont Wellness Center (ECM) • Hayward Wellness Center (ECM) • Highland Outpatient Clinic (ECM)
BACS (Bay Area Community Services)	
Bridge Clinic (ECM)	
California Cardiovascular Consultants (CCC)	
CHCN	
Alameda County Health (AC Health)	
East Bay Innovations	
Institute on Aging	
La Familia	
Lao Family Community Development	
Lao Family Oakland Campus	
Master-Care, Inc	
MedZed Physician Services, Inc.	
Newark Wellness Center (ECM)	
Pair Team Medical Group of California, PC	
Roots Community Health Center (ECM)	
Seneca Family of Agencies	
Star Nursing Inc	
Sterling Hospitalists Medical Group	
UCSF Benioff Children's Hospital Oakland - ECM	
UCSF Medical Center - ECM	

Community Supports Providers (CS)

24Hr HomeCare, LLC	• Caregiver Respite Services • Personal Care and Homemaker Services
Alameda County Health (AC Health) Formerly and typically known as: Alameda County Healthcare Services Agency Healthcare Services Agency or HCSA Agencies: • Alameda County Behavioral Health • Alameda County Community Food Bank • Alameda County Recipe4Health • Alameda County Public Health Department	• Housing Tenancy and Sustaining Services • Housing Transition and Navigation • Housing Deposits • Asthma Remediation • Medically Supportive Food • Community Support's
Bay Area Community Services (BACS)	• Caregiver Respite Services
Cardea Health	• Caregiver Respite Services
Homestyle Direct, LLC	• Medically Supportive Food
LifeLong Medical Care	• Caregiver Respite Services
Omatochi Corp	• Housing Tenancy and Sustaining Services • Housing Transition and Navigation • Caregiver Respite Services • Personal Care and Homemaker Services
Project Open Hand	• Medically Supportive Food

D-SNP Post-Launch Projects

- Post launch efforts center around the following specialties:
  - Urgent Care expansion
    - Current efforts being made to contract the new WHHS urgent care center
    - Additional efforts being made to source additional centers
  - Intensive Outpatient Program Services (IOP)
    - Current efforts being made to solidify contracts for this service at the facility and individual provider level
  - Dialysis
    - Current efforts being made to contract Davita, Satellite, and Fresenius dialysis centers

Thank you.

Questions?

Help Us Improve Mental Health and Emotional Well-Being Support

Community Advisory Committee September 2026

We'd like your input on how the Alliance can better connect members to mental health support and resources.

What Support is Available to Members?

- Alliance members can get support for:
  - Stress, anxiety, grief, or feeling overwhelmed
  - Individual, family, or group counseling
  - Mental health assessments and screenings
  - Psychiatry and medication support
  - Help connecting to services
- Good to know:
  - These services are covered benefits
  - No prior authorization is required
  - Members can ask the Alliance, their PCP, or another trusted provider for help connecting to care

What Do You Think?

- What we learned from our assessment:
  - We found that some members who speak languages other than English may not be accessing mental health support as often as other members.
- We'd like your advice:
  - What makes someone comfortable asking for help?
  - What messages or topics would encourage someone to seek support?
  - Who are the most trusted people or organizations to share this information?

Communities we'd like to learn more about:

- Spanish-speaking members
- Chinese-speaking members
- Vietnamese-speaking members
- Tagalog-speaking members
- Farsi-speaking members

We Need Your Feedback

Helping more members access mental health support

Discussion Questions:

1. **What emotional well-being or mental health topics would be most helpful for the Alliance to address?**

Current materials include:

- Applied Behavior Analysis (ABA)
- Depression
- Relaxation
- Stress and Anxiety
- When to Seek Mental Health Treatment

What challenges are people in your community facing that we should talk more about?

Discussion Questions:

2. What is the best way to reach Spanish-speaking, Chinese-speaking, Vietnamese-speaking, Tagalog-speaking, and Farsi-speaking members?

- Who should deliver the message?
- Where should members see or hear it?
- What communication methods work best?
- What approaches should we avoid?

Think about someone in your community. Where would they be most likely to hear about and trust information on emotional well-being or mental health support?

Discussion Questions:

3. What would make you or someone you know feel comfortable seeking emotional or mental health support?

Would any of the following help?

- Knowing services are covered
- Knowing services are private
- Getting help in your language
- Hearing from a trusted provider or community organization
- Learning what to expect before the first visit
- Receiving an incentive
- Connecting with someone who understands your culture or community
- Other?

Discussion Questions:

4. Which message would you be most likely to read?

- **Option A** "Feeling anxious, depressed, or overwhelmed? Support is available."
- **Option B** "Your emotional well-being is part of your overall health."
- **Option C** "Having trouble sleeping, feeling stressed, or not feeling like yourself? You do not have to manage it alone.“

Questions:

- Which gets your attention?
- Which feels most respectful?
- What would you change?
- Do you think different communities would respond differently to these messages? If so, how?

What We Will Do With Your Feedback

- Your feedback will help us:
  - Select new topics for member education materials
  - Improve language and messaging
  - Improve outreach to diverse communities that may not be accessing services as often
  - Identify trusted messengers and outreach channels
  - Create and test new materials before they are finalized

Thank you for sharing your experiences and ideas. Your feed back will help us better support Alliance members and their communities.

Thank you.

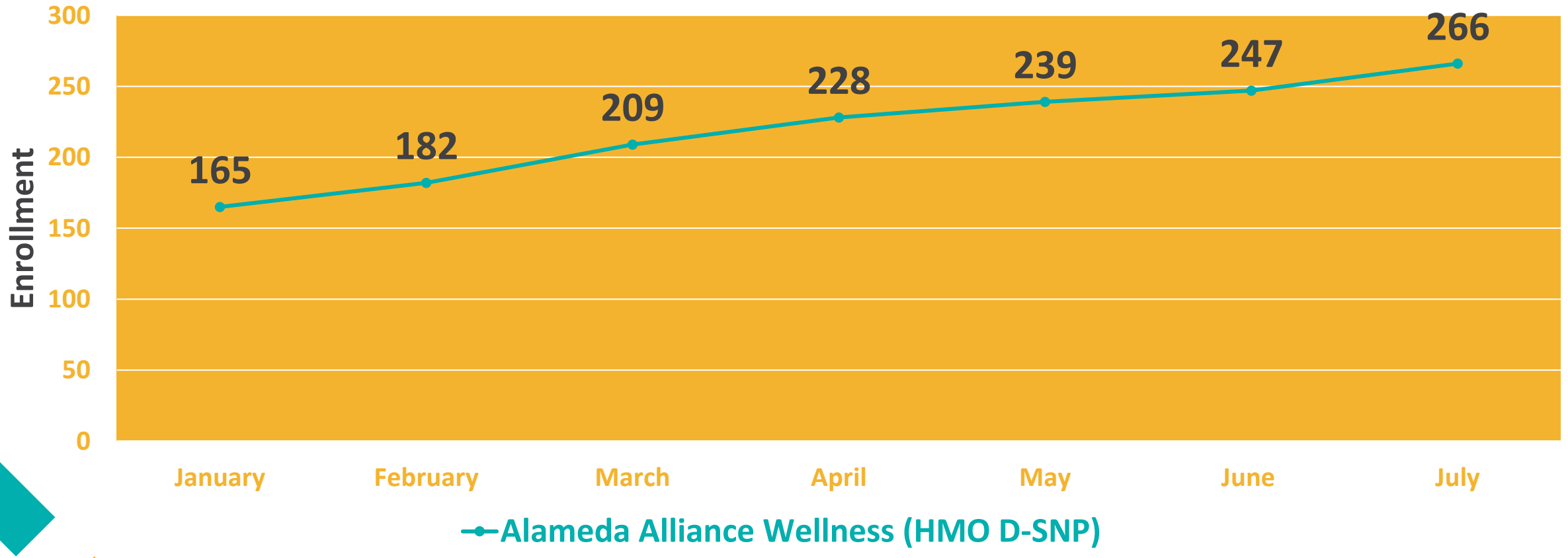
Questions?

You can contact us at:
gduran@alamedaalliance.org
mrubalcava@alamedaalliance.org

Alameda Alliance Wellness (HMO D-SNP) Enrollment & Stars Updates

Tome Meyers, Executive Director, Medicare Programs
Hamid Noori, Manager, Medicare Sales & Retention
Kayla Williams, Manager, Member Experience & Program Management

Medicare D-SNP Enrollment



Medicare D-SNP Enrollment Initiatives

- Hiring five (5) Medicare Field Sales & Community Agents
- Medicare.gov is now live
- Shopping page on the Alliance public website is now live
- Marketing campaigns
- IT and system enhancements

Medicare D-SNP Benefit Changes for 2027

- Part D copay elimination via Medicaid Value Added Services (MVAS)
- Worldwide emergency transportation and worldwide urgent care added as covered benefits, up to a combined $25,000 annual maximum reimbursement
- Over the counter (OTC) allowance changed from $50/month to $110/quarter
- Part B drugs may be subject to step therapy in 2027
- Changing Pharmacy Benefit Manager (PBM) from PerformRx to MedImpact

Medicare Stars Program

The health plan's Medicare Star Rating:

- Reflects the quality of care, safety, and experience members have.
- Is published on Medicare's websites for eligible members to use when choosing their insurance.
- Impacts the plan's funding to expand benefits and provide the D-SNP plan to more community members.

5 Stars: Excellent

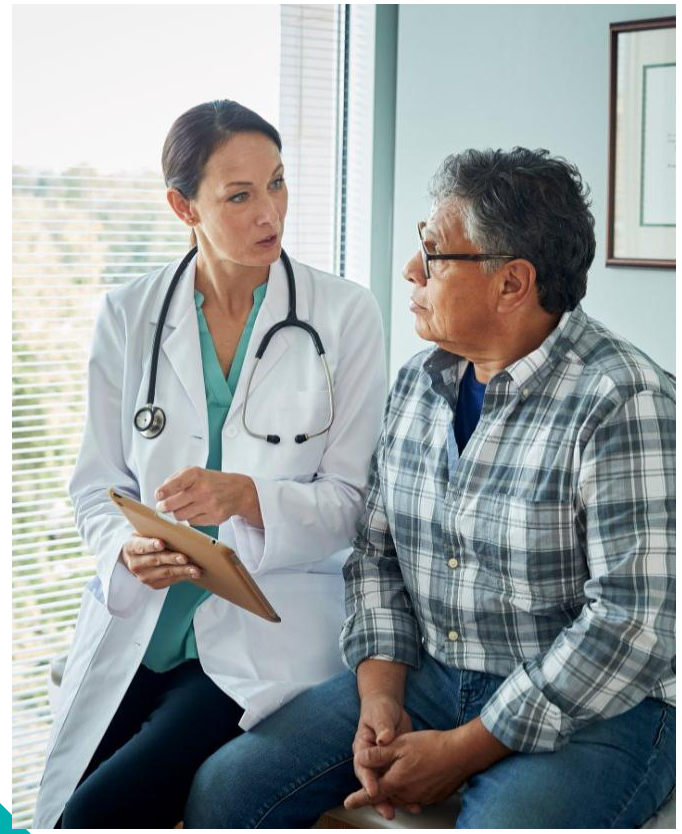
4 Stars: Above Average

3 Stars: Average

2 Stars: Below Average

1 Star: Poor

Priorities



Accessing Care

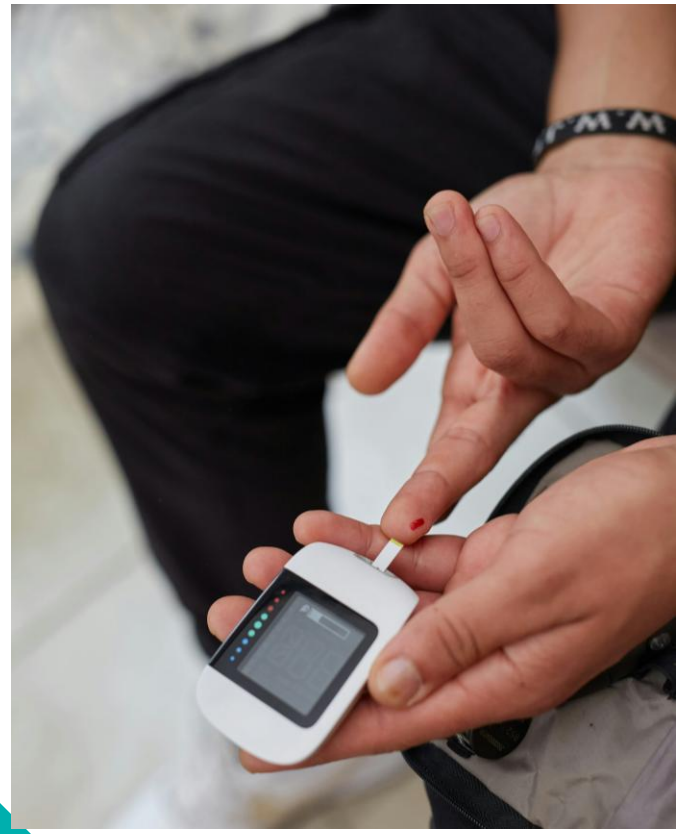
- Ensuring members get care when they need it.
- Encouraging the completion of Annual Wellness Visits.
- Helping members understand where to go for care.
- Connecting members to their PCP after ER and hospital visits.

Preventive Care Services

- Improving timely completion of mammograms, colorectal screenings, and more.
- Including discussions about physical activity, mental wellness, memory skills, balance, and bladder health during visits.

POSITIVE MEMBER EXPERIENCE

Priorities



Chronic Disease Management

- Promoting regular checkups, screenings, and lab work.
- Advocating for the use of remote patient monitors.

Medication Safety and Adherence

- Enhancing personalized health education on taking medications as prescribed.
- Reducing barriers to accessing medication fills.

POSITIVE MEMBER EXPERIENCE

Thank you.

Questions?

CAC Business: Membership Update

Natalie Williams, Chair
Mao Moua, Manager, Cultural and Linguistic Services

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2025 - 2026 | **4TH QUARTER (Q4) OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY

FY 2025 - 2026 | 4TH QUARTER (Q4) OUTREACH REPORT

Alliance in the Community Events and Activities:

Between April and June 2026, the Alliance completed **1,927** member orientation outreach calls among net new members and non-utilizers and conducted **157** net new member orientations and **22** non-utilizer member orientations (**9.3%** member participation rate). In addition, the Outreach team completed **33** Alliance website inquiries, **24** service requests, **19** community events, **5** member education events, and **1** Coffee & Conversations event in Q4. Notably, we participated in the San Leandro Cherry Festival Parade in June, continuing our 9-year commitment to supporting this community event. The parade provided an opportunity to engage with more than **30,000** attendees, increasing community awareness of our organization and strengthening relationships with local residents and partners.

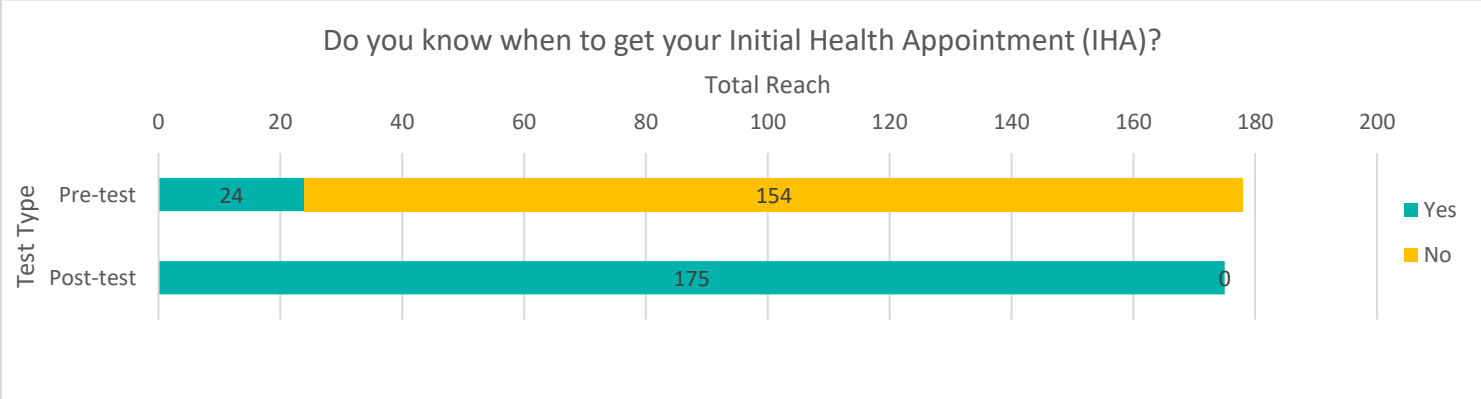
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, approximately **47,228** self-identified Alliance members have been reached during outreach activities.

Alliance Member Orientation Program:

The Alliance Member Orientation (MO) program, launched in 2016, is recognized as a promising practice by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD) to increase member knowledge and awareness about the Initial Health Appointment (IHA).

On **Wednesday, March 18th, 2020,** the Alliance began conducting member orientations by phone. As of **Tuesday, June 30th, 2026**, the Outreach Team has completed **58,194** member orientation outreach calls and conducted **10,569** orientations, achieving a **18%** participation rate.

Between April 1st through June 30th, 2026, **179** members completed an MO by phone. After completing the MO, **100%** of members who completed the post-test survey in Q4 FY 25-26 reported knowing when to get their IHA, compared to only **13.5%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 25-26\Q4\June 2026**

ALLIANCE IN THE COMMUNITY

FY 2025 - 2026 | 4TH QUARTER (Q4) OUTREACH REPORT

Q4 FY 2025-2026 TOTALS

19	COMMUNITY EVENTS	**32363**	TOTAL REACHED AT COMMUNITY EVENTS
5	MEMBER EDUCATION EVENTS	**327**	TOTAL REACHED AT MEMBER EDUCATION EVENTS
179	MEMBER ORIENTATIONS	**179**	TOTAL REACHED AT MEMBER ORIENTATIONS
1	MEETINGS/ PRESENTATIONS	**7**	TOTAL REACHED AT MEETINGS/PRESENTATIONS
34	TOTAL INITIATED/INVITED EVENTS	**1579**	TOTAL MEMBERS REACHED AT EVENTS
204	TOTAL EVENTS	**32876**	TOTAL REACHED AT ALL EVENTS

ALAMEDA
ASHLAND
BERKELEY
CASTRO VALLEY
DUBLIN
FREMONT
HAYWARD
LIVERMORE
NEWARK
OAKLAND
PLEASANTON
SAN LEANDRO
SAN LORENZO
UNION CITY

TOTAL REACH 17 CITIES

Cities represent the mailing addresses for members who completed a Member Orientation by phone. The following cities had <1% reach during Q4 2026: Cherryland, Fairview, and San Francisco. The C&O Department started including these cities in the Q3 FY21 Outreach Report.

$833.53

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.*