# Cultural and Linguistic Services Subcommittee (CLSS) Meeting
## August 28, 2024

| Committee Member Name | Title | Present |
|---|---|---|
| Linda Ayala, MPH | Director, Population Health and Equity | X |
| Sanjay Bhatt, MD | Medical Director of Quality Improvement | |
| Farashta Zainal, MBA, PHP | Quality Improvement Manager | X |
| Tran Loc | Manager, Access to Care | X |
| Donna Carey, MD | Chief Medical Officer | X |
| Darryl Crowder | Director, Provider Services | |
| Gia DeGrano | Director, Member Services | |
| Carlos Lopez | Quality Assurance and Regulatory Reporting Manager | X |
| Cecilia Gomez | Sr. Manager, Provider Services | |
| Beverly Juan, MD | Medical Director, Medical Services | X |
| Jennifer Karmelich | Director, Quality Assurance | |
| Michelle Lewis, MPH | Manager, Communications and Outreach | X |
| Alma Pena | Manager, Grievances and Appeals Manager | X |
| Mao Moua, MPA | Manager, Cultural and Linguistic Services | X |
| Gil Duran, MPH | Manager, Population Health and Equity | X |
| Lao Paul Vang | Chief Health Equity Officer | |
| Michelle Stott, MSN | Senior Director of Quality | X |
| Anastacia Swift | Chief Human Resource Officer | |
| Taumaoe Gaoteote | Director, Diversity, Equity, Inclusion | |
| Allison Lam | Senior Director, Health Care Services | |
| Shatae Jones | Director Housing & Community Services Program | X |
| Lisha Reamer-Robinson | Manager, Compliance Audits, and Investigations | X |
| Yen Ang | Director Health Equity | X |

| Staff Member Name | Title | Present |
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| Yemaya Teague | Senior Analyst of Health Equity | X |
| Krystaniece Wong | Regulatory Compliance Specialist | X |
| Cindy Brazil | Interpreter Services Coordinator | X |
| Sylvia Guzman | Interpreter Services Coordinator | X |
| Mara Macabinguil | Interpreter Services Coordinator | X |
| Berenice Sanchez | Lead Interpreter Services Coordinator | X |
| Veronica Pap Rocki | Privacy Compliance Specialist | X |

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| Vaneesha Krishnan | Regulatory Compliance Specialist | X |
| Mandy Gutierrez | Senior Communications & Media Specialist | X |
| Rosa Carrodus | Disease Management Health Educator | X |

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| **1. Call to Order/Introductions** | Mao M. | Meeting called to order. | |
| **2. Minutes from 4/24/2024** | Mao M. | Shared minutes from last meeting with presenters with no additional changes/comments and attached to meeting invite. | |
| **3. Agenda review** | Mao M. | Reviewed agenda with attendees with no further comments. | |
| **4. Follow-up item review** | Mao M. | Reported on follow-up items from last meeting:<br>• Develop strategies targeted for non-favorable responses in CG-CAHPs (In-Progress): We have a list of identified providers and Mao is working with analytics team to incorporate Q1 2024 provider data. Mao will also coordinate with her team and may reach out to other provider facing teams to determine best approach for outreach and education<br>• Follow-up with Member Services regarding PQI guidelines (Completed): Enhancements were made to Quality Suite in Q2 to allow more visibility around the PQI referral source for the timely access requirement, also known as the TAR Survey.<br>• Update on Timely Access Requirement (TAR) Survey Implementation (Completed): Presenting information today.<br>• Share final Net 1A Report (Completed): This report is also included in the meeting invite, and Mao will present information today.<br>• Follow-up RE: language access issue at Children's Hospital in Oakland (Completed): The issue has been identified and outreach to this provider is being worked on.<br>• New Language Cards (Completed): It is a poster card that says, "Point to your language". The latest version of the language card has been shared with our Member Services team. | |
| **5. New Business** | | Presented updates for CLS Workplan Q2 | |

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| **5a. 2024 CLS Workplan Q2 Update** | Mao M. | • Member Cultural and Linguistic Assessment (Goal met): Completed Q1 2024 assessment at CLS meeting on 4/24/2024 with no significant changes reported for language assistance services.<br>• Language Assistance Services (Goal met): Interpreting Services achieved a 98% fulfillment rate across all modalities, which includes in-person, telephone, and video appointments.<br>• Language Assistance Services for Behavioral Health Services (In-progress): Tracking options have been reviewed, including utilization of interpreter services. Waiting for vendor confirmation on portal/report capabilities.<br>• Timely Access Requirement (TAR) Survey (In-progress): For language assistance services related to member satisfaction, the Adult TAR Survey report has been submitted to DMHC on 4/30/24 and data collection for the Child TAR Survey was successfully fielded from 5/13/24 to 6/24/24.<br>• Member Satisfaction/GC-CAHPS (In-progress): Provider language capacity for member satisfaction Q2 2024 data is still pending and will report out in Q3.<br>• Provider Language Capacity and Race and/or Ethnicity NCQA NET 1A (In-progress): Included the race and ethnicity provider data into the Net 1A Report which was reviewed and approved by QIHEC in May of this year. Report was submitted to NCQA consultants for additional feedback.<br>• Community Engagement (In-progress): Meet weekly to work on DHCS 2024 contract implementation for the Community Advisory Committee (CAC). The finalized list of CAC Selection Committee members have been confirmed and planning for a kickoff meeting is underway. This Selection Committee will now vote on new members that are interested in joining the CAC.<br>• Potential Quality Issues- Quality of Language (Goal not met): The team did not meet the goal of a 95% closure rate for PQIs within 30 business days, achieving only an 86% closure rate for Q2. Despite this, all PQIs were closed within the 120-day | |

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| | | requirement. Due to the increased utilization of Interpreting Services since January 2024, the goal will be revised to close PQIs within 60 days. Changes have also been implemented internally to ensure that we can meet this updated benchmark.<br><br>**Linda A**. – There is a 120-day requirement for closing PQIs. Adjusting to 60 days instead of 30 days will still meet our requirements. | |
| **5b. Availability of Practitioners to Meet the Cultural Needs and Preferences of Members Report** | Mao M. | Presented on NCQA Net 1A Factors 1&2 requirements for 2023:<br>• Purpose: The review is completed annually to ensure that the Alliance offers a practitioner network that is sufficient in volume and capabilities to meet our members' cultural, ethnic, racial, and linguistic needs.<br>• PCP Language Capacity Comparison<br>  ▪ Medi-Cal: The Medi-Cal member population increased for the listed languages except for Spanish, Vietnamese, and Arabic. The PCP and Medi-Cal ratio remained within the contractual network ratios, at one PCP for every 2,000 members.<br>  ▪ Group Care: The member population decreased for all listed languages except for Arabic. The PCP to member ratio is higher for Vietnamese and Chinese languages for both lines of business. The number of PCPs increased for the listed languages, except for Chinese, Vietnamese, and Tagalog.<br>  ▪ The PCP to member ratios remains acceptable within the 1:2,000 ratio for both lines of business.<br>• Specialist Language Capacity Comparison<br>  ▪ Medi-Cal: For Medi-Cal specialists, Spanish and Vietnamese languages have the highest ratio per member.<br>  ▪ Group Care: Chinese and Vietnamese languages have the highest ratio per member.<br>• BH Language Capacity Comparison: | |

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| | | ▪ Medi-Cal: Our Medi-Cal behavioral health providers have the highest ratio for Chinese and Vietnamese languages, as well as Group Care. We could not pull lookback data for the specialist and behavior health providers this year. However, we will ensure that there is a lookback in next year's NCQA Net 1A Report.<br>• Membership by Race/Ethnicity Comparison<br>▪ Medi-Cal: The Medi-Cal member ethnicities for Hispanic, Other, Black-African American, Chinese, and White have had fluctuations of less than 1%.<br>▪ Group Care: Member ethnicities for Asian Indian, Unknown, Chinese, black, African American, and other have had small fluctuations. The percentage of ethnicity for Unknown continuously declined, while for Asian Indian members, it continues to rise, currently at 2.29%.<br>• Provider by Race/Ethnicity Comparison Medi-Cal and Group Care<br>▪ The greatest difference showed for Hispanic (Latinx) race/ethnicity, with 34% of members and only 2 % of specialists.<br>▪ For other ethnicities, the percentages were either above or comparable.<br>▪ This information only includes providers credentialed by the Alliance and does not reflect the entire provider network.<br>• Member Satisfaction with Language Services<br>▪ Adult: A favorable response of 85.2% was reported for 2023, an increase from 2022 (81.6%). Usage of family or friend for interpreter services was slightly higher for both Chinese and Tagalog compared to 2022, possibly due to cultural preferences.<br>▪ Child: There was an increase with a favorable response rate to 95.4%. | |

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| | | ▪ Overall, Spanish, Vietnamese, English and Other languages showed slight decreases or remained the same for both adult and child surveys.<br>▪ There was also an increase in total responses from 2022 to 2023 for adult by 39% and for child by 22%.<br>• C&L Related Grievances<br>▪ Language Assistance: There was a significant increase in grievances related to language assistance by 53%.<br>▪ Discrimination: Grievances related to discrimination increased by 154%. All Quality of Service Grievances related to discrimination were resolved during 2023 and forwarded to our Compliance department for investigation.<br>▪ Common Themes: Members requested changes to their Primary Care Provider (PCP), provider not requesting interpreting services on behalf of the member for an appointment, and quality issues related to interpreting services that were provided. Overall, no Corrective Action Plans (CAPs) were issued.<br><br>**Michelle S**.: Can you elaborate on the types of concerns that are brought up for discrimination cases?<br><br>**Mao M.:** Most reported discriminations may not be a discrimination case after Compliance completes their investigation. More detailed information can be provided.<br><br>**Michelle S**.: Even if they're substantiated or not substantiated, it would be helpful to include that information because it can seem like it's a concern that there's a significant increase in discrimination cases year over year.<br><br>**Yemaya T**.: Why are some grievances filed under discrimination when they are received? Are there other categories under which these | |

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| | | grievances can be filed?<br><br>**Alma P**.: We categorize grievances based on the member's expressed concerns. If a member states, "I feel discriminated", we will file it under discrimination. These cases then undergo an investigation process, by the Compliance team. They determine if true discrimination occurred. We rely on the member's statement and feelings at the time of the intake.<br><br>**Carlos L.**: I would like to add that it is often a gray area. Members might say things like, "They are doing this to me because my race or sexual orientation" or "I feel discriminated because…"<br><br>**Alma P**.: Discrimination cases are the easiest cases to categorize because members will let us know how they felt or perceived the interaction.<br><br>**Farashta Z.:** We have heard that some of our providers are not taking members, who have refused child immunizations. These complaints might be categorized as discrimination, but this is just providers developing new policies due to the increasing number of members declining immunizations since COVID-19.<br><br>• Assessment:<br>  ▪ There were no significant barriers to the member-to-PCP ratio for both lines of business.<br>  ▪ The number of PCPs increased for both English and Spanish languages.<br>  ▪ There is limited provider language data for specialists and behavioral health providers due to reporting and data collection limitations.<br>  ▪ Favorable member-to-PCP ratios for specialists and behavioral health providers by language.<br>  ▪ For race and ethnicity, self-reported provider data for "Asian" is a broad category and more granular data is | |

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| | | needed for accurate comparison for both lines of business.<br>▪ Provider network has less Hispanic (Latinx) representation, but our provider offices do have nonclinical Hispanic staff that serve as a liaison between our members and non-Hispanic providers. We also have safety net providers who specialize in working with our diverse membership.<br>▪ For culture, we used cultural preferences by race and ethnicity, and language to improve health care experiences and outcomes for our members.<br><br>• Actions:<br>▪ Focus on addressing members' cultural, ethnic, racial, and linguistic needs through: CBO Partnership, Cultural and Sensitivity Training, diversity in staffing, monitoring interpreting services and grievances, population assessments, and vendor oversight. If you have any ideas, please feel free to share them. | |
| **5c. Provider Satisfaction Survey** | Mao M. | Presented survey results for 2023:<br>• Providers were asked: Which of the following Interpreter Services are currently used in your office(s)?<br>○ 60.3% of providers have bilingual staff that provides these services<br>○ 39.7% of providers utilized Alliance's in-person interpreter services<br>○ 33.3% of providers utilized Alliance's on-demand telephone interpreting<br>○ 7.7% of providers utilized Alliance's Video interpreting<br>○ 12.8% of providers utilized other services<br>• Providers were also asked how satisfied they are with the Alliances Interpreting Services. There were slight fluctuations across from 2021 to 2022 to 2023 and whether they agree or disagree with the statements overall, we continue to monitor | |

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| | | the quality of interpreting services and vendors through grievances and PQI's.<br>○ 89.9% of providers agreed with having interpreters from the Alliance when needed<br>○ 89.2% of providers are satisfied with the quality of the interpreters provided by the Alliance<br>○ 87.3% of providers coordinate interpreter services at the time of scheduling an appointment | |
| **5d. Timely Access Requirements (TAR) Survey** | Mao M. | Presented survey results for 2024:<br>• Background:<br>○ New annual survey that meets Department of Managed Health Care (DMHC) requirement for timely access.<br>○ First-time conducting to gather members perspectives and concerns on Interpreting Services.<br>○ Offered in 15 languages, including English for both adults and child members.<br>○ Survey completion options: mail or online.<br>• Child Survey:<br>○ Sample size: 2,000 members.<br>○ Responses: 94 members (5% response rate).<br>○ 59% agreed with being provided with interpreter services when needed in the past 12 months.<br>○ 57% satisfied with the knowledge, skill, and quality of interpreters.<br>• Adult Survey:<br>○ Sample size: 3,200 members.<br>○ Responses: 114 members (4% response rate).<br>○ 53% agreed with being provided with interpreter services when needed in the past 12 months.<br>○ 49% satisfied with the knowledge, skill, and quality of interpreters.<br><br>➢ *Comment-L.Ayala.: It looks like the response rate for adults is slightly higher than what we observed in the provider survey.* | |

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| | | *This is interesting as we are asking similar questions to both groups. It would be beneficial to compare these results.*<br>➢ *Response-M.Moua: We will need to review this data and think about other considerations. I agree that it would be interesting to look and compare our TAR Survey results with the Provider Satisfaction Survey, which has a higher response rate, which could provide valuable insight.*<br><br>• No comparative data available due to this being the first year of fielding the survey.<br>• Ideas to increase response rate:<br>  ○ Field survey earlier in the year<br>  ○ Extend data collection period. | |
| **5e. Compliance Updates** | Vaneesha K. | Informed that:<br>• There are no new All Plan Letters (APLs).<br><br>➢ *Question-V.Krishnan: Would Non-Specialty Mental Health Outreach and Training Curriculum have to go through this committee?*<br><br>➢ *Response-L.Ayala: I believe it would need to go through the Community Advisory Committee (CAC) rather than this this committee.* | |
| **6. Standard Reports** | | | |
| **6a. C&L Grievances and Discrimination-based grievances** | Alma P. | Presented Grievance and Appeals Report for Q2 2024:<br>• IHSS (Group Care):<br>  ○ Received 3 exempt grievances, all were closed within the internal timeframe.<br>  ○ Goal: to have less than 1 complaint per 1,000 members. Metric was achieved with 0.11 complaints per 1,000 members.<br>  ○ Categories of Grievance Cases Against: | |

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| | | ▪ AAH Plan: Member was dissatisfied that the Alliance's phone tree not offering Mandarin as a language option.<br>▪ Provider, Axis Community Health – Hacienda: The clinic does not have providers or staff who speak Chinese.<br>▪ Dr. Floyd Huen: Dr. Huen does not speak Chinese.<br>○ No grievances related to discrimination in Q2 for IHSS. Any complaints filed against delegative vendors are reviewed in quarterly joint operation meetings (JOMs).<br>• Medi-Cal:<br>○ Received 137 cases, all closed within the internal timeframe.<br>○ Goal: to have less than 1 complaint per 1,000. Metric was achieved with 0.08 complaints per 1,000 members.<br>○ Categories of Grievance Cases Against:<br>▪ AAH Plan: 9 complaints were filed against the Plan for Language Access. The majority of these complaints consisted of members having difficulty reaching representatives who speak their preferred threshold language.<br>▪ PCP/Clinic: Complaints were filed against the following clinics due to not having providers/staff who speak Spanish, Chinese, Vietnamese, and/or Portuguese/Brazilian:<br>❖ Asian Health Services<br>❖ Asian Health Services–Frank Kiang Medical Center<br>❖ Davis Street Primary Care Clinic<br>❖ West Oakland Health Council–East Oakland<br>❖ Dr. Floyd Huen<br>❖ Dr. Aditya Jain<br>❖ Dr. Amita Sharma<br>▪ Hayward Wellness Center: | |

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| | | ❖ 3 complaints were filed due to clinic not providing the members with an interpreter.<br>❖ The clinic nurse had difficulty communicating with member's interpreter.<br>▪ Specialist: There was not enough data for Q2.<br>▪ Vendor: 5 complaints filed against ModivCare. Members faced language barriers when calling to make reservations for rides due to not having Cantonese, Vietnamese, or Spanish-speaking staff. These grievances were resolved by assisting members with interpreters when calling ModivCare to schedule rides.<br>• Discrimination Grievances: A total of 25 grievances related to discrimination were resolved during the reporting period and forwarded to the Compliance Department for further investigation.<br>• Q2 2024 Grievance Cases: There were 102 unique grievance cases resolved during Q2 2024, related to lack of language access and discrimination/sensitivity, with a total of 137 grievances including all shadow cases.<br><br>➢ *Question-L.Ayala: Do we know if ModivCare uses interpreter services to communicate with members? Or do members call member services to connect with interpreters so they can connect with the vendor?*<br>➢ *Response-C.Lopez: ModivCare carries their interpreting services.*<br><br>➢ *Question-M.Moua: Just to clarify they use their own interpreting services?*<br>➢ *Response-C.Lopez: I believe so.*<br>➢ *Response-A.Perez: Sometimes -this is why it might be misleading-ModivCare does not have interpreter services, leading the member to not find a prompt for their language and* | |

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| | | *hang up. Members will then call us saying they can't get ahold of anyone. We then help them connect with ModivCare.* | |
| **6b. Quality of Language PQI Report** | Mao M. | Presented the PQI-Quality of Language (QOL) Report for Q2:<br>• Q2 was less busy than Q1, with a total of 79 cases closed within a 120-day time frame.<br>• The majority of cases (43) were related to members requesting a Primary Care Provider (PCP) who speaks their preferred language.<br>• Language Breakdown:<br>  ○ Spanish: 43<br>  ○ English: 11<br>  ○ Chinese: 9<br>  ○ Mandarin: 8<br>  ○ Vietnamese: 4<br>• Close Referrals by Against Type:<br>  ○ Ancillary Provider: 4<br>  ○ Clinic: 35<br>  ○ Delegate: 2<br>  ○ Mental Health Facility: 1<br>  ○ Mental Health Professional: 1<br>  ○ PCP: 9<br>  ○ Plan: 10<br>  ○ Specialist: 11<br>  ○ Vendor: 5<br>• AAH Type of QOL Cases:<br>  ○ Received letter in non-preferred written language: 5<br>  ○ Availability of Vietnamese-speaking provider in Fremont: 1<br>  ○ Availability of Mandarin-speaking provider in Fremont area: 1<br>  ○ Unable to fulfill an interpreter service request for in-person: 1<br>  ○ Queue-No Mandarin option in phone tree system: 1 | |

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| | | ▪ Update: The Mandarin language has been successfully added to the phone tree system by Member Services. A huge kudos to Carlos, Gia, and Judy for their efforts in making this happen. | |
| **6c. Membership Reports**<br><br>**6d. Utilization of Language Services** | Mao M.<br><br>Berenice S. | Presented information on membership threshold languages for Q2:<br>• Medi-Cal:<br>  ○ English: 61%<br>  ○ Spanish: 25%<br>  ○ Chinese: 7.34%<br>  ○ Vietnamese: 2.06%<br>  ○ Tagalog 0.50%<br>• Group Care:<br>  ○ Threshold languages percentages have remained stable.<br>  ○ English: 59%<br>  ○ Chinese: 25%<br>• For details on members' ethnicity, gender, and age refer to the Cultural and Linguistic Services Subcommittee (CLSS) Report (attached to the meeting invite).<br><br>Presented interpreter services utilization for Q2:<br>• Fulfilment Goal: 95% for all modalities ( in-person, video, and telephonic interpreter services).<br>• Average Fulfillment Rate Achieved: 98%.<br>• On-demand (telephone and video): 76% and 24% of services<br>• Pre-scheduled (in-person, telephone, and video): 24%<br>• Top 5 Languages Requested:<br>  ○ Spanish: 38%<br>  ○ Cantonese: 19%<br>  ○ Vietnamese: 11%<br>  ○ Mandarin: 8%<br>  ○ Mam: 4%<br>• Spanish language requests increased in January 2024 due to the Anthem Transition and the Adult Expansion. | |

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| **6e. Translation Services** | | • The CLS team is working on implementing efficiencies with providers and vendors as interpreter services utilization continues to grow monthly.<br><br>➢ *Comment-L.Ayala: I just want to point out that other languages such as Mam has more than doubled since 2023. All language utilization had increased, but Spanish is increasing at the fastest rate.* | |
| **6f. Member Services Reps Multilingual Staff Monitoring** | Mandy G.<br><br>Carlos L. | Presented translation services report for Q2:<br>• Translation Requests and Counts:<br>  ○ Community and Outreach (C&O): 163 member-facing documents.<br>  ○ Grievances and Appeals (G&A): 975 letters.<br>  ○ Health Risk Assessment (HRA) Survey: 19 documents (back translation to English).<br>  ○ Health Information Form/Member Evaluation Tool (HIF MIT): 19 documents (back translation to English).<br>  ○ Notice of Action (NOA): 183 documents.<br>  ○ Enhanced Care Management (ECM): 3 documents.<br>  ○ Community Support (CS): 1 document.<br>  ○ Pharmacy Services (PS): 10 documents<br>• Detailed translation services report available on the C&O intranet page: http://allianceconnect/Intranet/Main.aspx?tid=248&mtid=224<br>• Language Utilization for Q2 2024:<br>  ○ Spanish: 47%<br>  ○ English: 21%<br>  ○ Chinese: 14%<br><br>Presented information on multilingual staff for Q2:<br>• Completed Non-Medical Evaluation: 36 qualified multilingual.<br>  ○ Spanish Member Services Representatives (MSR): 27, monitored by Carlos Lopez. | |

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| **6g. Provider Access by Language** | | ○ Vietnamese MSRs: 3, monitored by Christina Ly.<br>○ Cantonese MSRs: 5, monitored by Crista Tran.<br>○ Mandarin MSRs: 2, monitored by Crista Tran.<br>○ Tagalog MSRs: 3, monitored by Heidi Bouchard.<br>○ No linguistic issues were reported.<br>• Open Positions:<br>○ Behavioral Health Member Liaison Specialist – Bilingual: 1 position.<br>○ Member Services Representative I - Bilingual Spanish: 5 positions.<br>○ Member Services Representative I – Bilingual Cantonese: 1 position.<br>○ Member Services Representative I – Bilingual – Vietnamese: 2 positions.<br><br>➢ *Question-M.Moua: Is there data on the number of calls coming in for the new Mandarin queue that was recently implemented in our phone tree?*<br>➢ *Response-C.L.opez: We do have a decent number of calls coming in through the new Mandarin queue and we added the same language option for the Behavioral Health unit as well. About half of the calls that we receive for Cantonese are now Mandarin, so it's quite a lot.*<br>➢ *Comment-M.Moua: I'm glad to hear that the Mandarin queue is being utilized and it's helpful for us to know that if we see any type of PQIs come in. Will make sure to note that we do have a language option for Mandarin. Again, thank you for hiring staff and making this happen.* | |
| | Mao M. | Presented provider access by Language for Q2:<br>• Breakdown by PCP, Specialists, Behavior Health, and ABA providers by line of business to align with NCQA reporting.<br>• Medi-Cal: | |

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| | | ○ PCPS: 705 unique PCPs. Highest ratios per member: Unknown (1:2,640) and Spanish (1:572).<br>○ Specialists: 9,148 unique specialists. Highest ratios per member: Spanish (1:110) and Vietnamese (1:108).<br>○ Behavioral Health: 1,128 unique providers. Highest ratios per member: Chinese (1:942) and Vietnamese (1:904).<br>○ ABA Providers: 785 unique providers. Highest ratios per member: Unknown (1:2,640), Chinese (1:1,082), and Spanish (1:770).<br>• Group Care:<br>○ PCPS: 577 unique PCPs. Highest ratios per member: Unknown (1:177), Chinese (1:21), and Vietnamese (1:15).<br>○ Specialists: 8,988 unique specialists. Highest ratios per member: Chinese (1:3) and Vietnamese (1:3).<br>○ Behavioral Health: 1,211 providers. Highest ratios per member: Chinese (1:45) and Vietnamese (1:26).<br>○ ABA Providers: 785 unique providers. Highest ratios per member: Unknown (1:59), Chinese (1:51), and Vietnamese (1:21).<br>• All ratios met the requirement of 1 to 2000.<br>• No significant findings with provider language capacity. | |
| **Adjournment** | Mao M. | Next meeting on October 23, 2024, at 1:00 pm. | |

Meeting Minutes Submitted by: Berenice Sanchez, Lead Interpreter Services Coordinator Date: 9/11/2024

Approved By: Mao Moua, Manager, Cultural Linguistic Services Date: 09/27/2024

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