

Quality Improvement Health Equity/Utilization Management Committee Meeting

Friday, February 13, 2026

Alameda Alliance for Health

Meeting Agenda



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I. Meeting Information

Meeting Name: Quality Improvement Health Equity /Utilization Management Committee

Date	Time	Location
Friday, February 13, 2026	9:00 AM – 11:00 AM	Alameda Alliance for Health HQ 1240 S. Loop Rd. Alameda
Meeting Facilitator Name	Call-In Number	Meeting Materials
Ashley Asejo	Microsoft Teams	Standing Committees – Alameda Alliance for Health

IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH COMMITTEE MEETINGS

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO “ATTN: ALLIANCE QIHEC COMMITTEE” 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT aasejo@alamedaalliance.org YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE LINK PROVIDED ABOVE. 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.

PLEASE NOTE: 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.

II. Meeting Objective

To improve quality of care and close health equity gaps for Alliance members by facilitating clinical oversight and direction.

III. Voting Members

Alameda Alliance for Health

Meeting Agenda



Name	Title
<input type="checkbox"/> Donna Carey, MD	Chief Medical Officer, Alameda Alliance for Health
<input type="checkbox"/> Stephanie Brown, MD	Medical Director, Quality Improvement
<input type="checkbox"/> Parag Sharma, MD	Medical Director, Utilization Management
<input type="checkbox"/> Lao Paul Vang	Chief Health Equity Officer, Alameda Alliance for Health
<input type="checkbox"/> James Florey, MD	Chief Medical Officer, Children First Medical Group
<input type="checkbox"/> Lisa Laurent, MD	Chief Medical Officer, Alameda Health System
<input type="checkbox"/> Raj Davda, MD	Chief Medical Officer, Community Health Center Network
<input type="checkbox"/> Sirina Keesara, MD	Medical Director, Community Health Center Network
<input type="checkbox"/> Peter Currie, Ph.D.	Senior Director, Behavioral Health, Alameda Alliance for Health
<input type="checkbox"/> Michelle Stott	Senior Director, Quality, Alameda Alliance for Health
<input type="checkbox"/> Anchita Venkatesh, DMD MA	Program Director, General Practice Residency, Highland Hospital
<input type="checkbox"/> Chaunise "Chaun" Powell, LCSW	Sr. Chief of Student Services, Alameda County Office of Education
<input type="checkbox"/> La Toshia Palmer, Ed. D LCSW	Executive Director, Alameda County Office of Education
<input type="checkbox"/> Anthony Cesspooch Guzman, MSW	Chief Cultural Officer, Native American Health Center
<input type="checkbox"/> Deka Dike	CEO, Omotochi

IV. Meeting Agenda

Topic	Time	Document	Responsible Party	Vote to approve or Informational
1. Call to Order/Roll Call:	1min	Verbal	D. Carey	Informational
2. Alameda Alliance Updates <ul style="list-style-type: none"> Combined QIHEC/UMC New members DMHC audit findings 	5min	Verbal	D. Carey	Informational
3. Chief of Health Equity Updates	5min	Verbal	L. Vang	Informational
4. QIHEC/UMC Charter Review & Annual Confidentiality Statement	5min	Document	M. Stott	Delaying Vote

Alameda Alliance for Health

Meeting Agenda



5. Policies and Procedures <ul style="list-style-type: none">All Policies listed below	5min	Document	D. Carey	Delaying Vote
6. Approval of Committee Meeting Minutes <ul style="list-style-type: none">QIHEC: 11/14/25A&A: 11/05/25UMC: 12/19/25	1min	Document	D. Carey	Vote
7. DSNP Update	5min	Document	T. Meyers	Informational
8. UM Workplan Update	10min	Document	M. Findlater	Informational
9. Alameda County Community Needs Assessment	15min	Document	G. Duran C. Guzman	Informational
10. Quality Programs: <ul style="list-style-type: none"><i>Medi-Cal/Group Care</i> – 2026 P4P, 2025 HEDIS Rates<i>DSNP</i> – Stars Measures	10min	Document	F. Zainal J. Pedden	Informational
11. Initial Health Appointment <ul style="list-style-type: none"><i>Delegation Oversight</i><i>(IHA) Audit Results (Medi-Cal)</i>	10min	Document	F. Zainal K. Ebido	Informational
12. PQI Update <ul style="list-style-type: none">Annual TrainingPQI DashboardPQI CAPs	10min	Document	M. Stott	Informational
13. CAC Activities & Findings	5min	Document	L. Ayala	Informational
14. Public Comment	2min	Verbal	D. Carey	Informational
15. Adjournment	1min	Verbal	D. Carey	Next meeting: 4/10/2026

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 beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact Ashley Asejo aasejo@alamedaalliance.org 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.

Alameda Alliance for Health

Meeting Agenda



Policies & Procedures	
<ul style="list-style-type: none">• QI-104: Potential Quality of Care Issues (PQI)• QI-125: Blood Lead Screening for Children• QI-135: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services• UM-001: Utilization Management Program• UM-002: Coordination of Care• UM-003: Concurrent Review and Discharge Planning Process• UM-018: Targeted Case Management (TCM) and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (Medi-Cal for Kids and Teens)• UM-032: Therapeutic Enteral Formulas• UM-033: Topical Fluoride Varnish• UM-051: Timeliness of UM Decision Making and Notification• UM-056: standing Referrals• UM-057: Authorization Service Requested• UM-059: CoC for Medi-Cal Beneficiaries who transition into an MCP• UM-060: Delegation of Utilization Management• UM-063: Gender Affirming Surgery and Services• UM-068: Tertiary and Quaternary Review Process	<ul style="list-style-type: none">• UM-D-005: Review of Admissions, Discharge and Transfer Files• UM-D-009: Integrated Organization Determinations• CM-001: CCM Identification Screening Enrollment and Assessment• CM-002: Complex Case Management Plan Development and Management• CM-006: Internal Audit and Monitoring• CM-007: SPD Health Risk Initial Stratification• CM-008: SPD HRA Survey and Interventions• CM-013: Enhanced Care Management - Oversight, Monitoring & Controls• CM-014: Enhanced Care Management - Operations Non-Duplication• CM-016: Enhanced Care Management - Staffing• CM-019: Privacy Duty Nursing Case Management For Members under the age of 21• CM-028: Disease Management - Home Placed Developmentally Disabled HPDD Members• CM-030: Early Start• CM-031: School Linked Early and Periodic Screening• CM-032: Care Coordination - Local Education Agency Services• CM-033: Home and Community Based Services (Waiver Programs) DDS

Voting Member Roll Call

Dr. Donna Carey

Alameda Alliance Updates

Dr. Donna Carey

- Combined QIHEC/UMC
- New members
- DMHC audit findings

Chief of Health Equity Update

Lao Paul Vang

QIHEC/UMC Charter Review & Annual Confidentiality Statement

Michelle Stott

Quality Improvement Health Equity/Utilization Management Committee (QIHE/UMC)

Key Changes:

- ▶ Oversight and representatives from all lines of business: Medi-Cal, GroupCare, and Alameda Alliance Wellness (DSNP)
- ▶ Addition of:
 1. Utilization management activities:
 - Facilitates clinical oversight and direction for UM in compliance with § 422.137 for policies and procedures, coverage decisions, clinical guidelines, etc.
 - Monitors over and under-utilization, trends, and actions
 - Oversight of delegated UM functions
 2. Model of Care framework oversight (DSNP)
 3. Ensures that its fully delegated subcontractors and downstream fully delegated subcontractors meet QIHE program requirements
 4. Membership that complies with §422.137(c), with a majority of voting members as practicing physicians with various expertise

Policies & Procedures

Policy Procedures Summary of Changes

Department	Policy #	Policy Name	Brief Description of Policy	Description of Changes/Current Revisions	Policy Update (X)	New Policy (X)	Annual Review or Formatting Changes (X)	Retire	Presenter
QI	104	Potential Quality of Care Issues (PQIs)	Describes the monitoring, evaluation, and investigative steps for potential quality of care (PQI) issues	Revised definition of PQI emphasizing suspected deviation in quality of care (QOC) Clarified QI RN triage process for PQI types Added that Provider Preventable Conditions (PPCs) are reported to DHCS Removed Exempt grievance audit process due to process improvements in G&A workflow Revised definition for Quality of Language (QOL) in which linguistic services are consistent with cultural and linguistic	x				
QI	125	Blood Lead Screening for Children	Describes the compliance with State and Federal regulations for blood lead screening and reporting requirements						
QI	135	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Describes the responsibility of services for Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)						
UM	001	Utilization Management Program	Describes the overview of the UM Departments and their functions	Compliance- Added IA Policy and new D-007 policy, updated monitoring section to remove reference to IA audit.	x				Michelle Findlater
UM	002	Coordination of Care	Describes the requirements and process for coordination of care services	Annual review- minor formatting			x		Michelle Findlater
UM	003	Concurrent Review and Discharge Planning Process	Policy covers the process for concurrent reviews	Major formatting changes- aligned department processes such as BH IP and concurrent reviews. Added clarity on the UM process for Agreement with the hospital for the plan of care and the definition of treating provider & representative on who can agree on the plan of care.	x		x		Michelle Findlater
UM	018	Targeted Case Management (TCM) and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (Medi-Cal for Kids and Teens)	Discussed process for EPSDT	Annual Review and minor formatting updates			x		Michelle Findlater

Policy Procedures Summary of Changes

UM	032	Therapeutic Enteral Formulas	Process for Authorization of Enteral Formulas	Annual Review and minor formatting updates			x		Michelle Findlater
UM	033	Topical Fluoride Varnish	Process for authorizing and monitoring the use of topical fluoride varnish	APL 22-030 reference was updated to APL 26-001 IHA Updated Name of QIHE/UM Committee			x		Michelle Findlater
UM	051	Timeliness of UM Decision Making and Notification	Policy covers the Policy and procedure for ensuring UM timeliness.	Clarified Auth Submission process after hours, Clarified Expedited, and de-expedited processes, linked UM 052 processes for concurrent review process, added NCOA definitions of timeliness and provider notifications to ensure alignment with DMHC 2025 Findings 8&9.	x		x		Michelle Findlater
UM	056	Standing Referrals	Guidelines for issuing standing referrals for members of all LOB	Annual review- minor formatting			x		Michelle Findlater
UM	057	Authorization Service Requested	Overarching UM Auth Policy	Completed Pharmacy requested changes & updated Internal Audit Compliance sections per ERM recommendations	x				Michelle Findlater
UM	059	CoC for Medi-Cal Beneficiaries who transition into an MCP	Describes process and regulations related to CoC	Annual & Compliance- clarified language related to UM audits, minor formatting/ grammar updates. Corrected UM policy reference			x		Michelle Findlater
UM	060	Delegation of Utilization Management	Process for UM oversight of Delegated activities	Annual Review and updated. Corrected reference r/t HICE reports being monthly to quarterly. Updated QIHE/UMC Committee names.	x		x		Michelle Findlater
UM	063	Gender Affirming Surgery and Services	Describes Alliance process for authorizing Gender Affirming Services	Corrected 1 spelling error and clarified UM Department is responsible for the CPT code audits.	x				Michelle Findlater
UM	068	Tertiary and Quaternary Review Process	Describes alliance process for TQ authorizations	Removed references to the compliance dept conducting audits and changed it to department audits.	x				Michelle Findlater
UM	D 005	Review of Admissions, Discharge and Transfer Files	ADT process for D-SNP Members	Removed references to the compliance dept conducting audits and changed it to department audits.	x				Michelle Findlater
UM	D 009	Integrated Organization Determinations	Process for D-SNP Org determinations	Compliance removed from the policy oversight annual reviewer.	x				Michelle Findlater
CMDM	CM-001	CCM Identification Screening Enrollment and Assessment	Identify, screen, assess and enroll members in Complex	annual review			x		Lily Hunter
CMDM	CM-002	Complex Case Management Plan Development and Management	Care plan development and maintenance for Complex cases	annual review			x		Lily Hunter
CMDM	CM-006	Internal Audit and Monitoring	Regular auditing of internal staff: productivity and quality metrics	annual review			x		Lily Hunter
CMDM	CM-007	SPD Health Risk Initial Stratification	Initial stratification for HRAs	annual review			x		Lily Hunter
CMDM	CM-008	SPD HRA Survey and Interventions	Required content of HRA, outreach to SPDs, processing HRA timely, once complete and appropriate next steps and follow-up	annual review			x		Lily Hunter
CMDM	CM-013	Enhanced Care Management - Oversight, Monitoring & Controls	Auditing and oversight of ECM providers	annual review			x		Lily Hunter

Policy Procedures Summary of Changes

CMDM	CM-014	Enhanced Care Management - Operations Non-Duplication	Exclusions to ECM program due to duplication of services	annual review			X		Lily Hunter
CMDM	CM-016	Enhanced Care Management - Staffing	Expected staffing roles and responsibilities to provide ECM services to members	annual review			X		Lily Hunter
CMDM	CM-019	Privacy Duty Nursing Case Management For Members under the age of 21	CM management services provided to members under the age of 21 who have approved Private Duty Nursing (PDN) services	annual review			X		Lily Hunter
CMDM	CM-028	Disease Management - Home Placed Developmentally Disabled HPDD Members	Coordination with RCEB to support HPDD members	to be retired				X	Lily Hunter
CMDM	CM-030	Early Start	Responsibilities surrounding referrals to RCEB for Early Start, including case management, assurance of coverage for medically necessary services, etc.	annual review			X		Lily Hunter
CMDM	CM-031	School Linked Early and Periodic Screening	Communication and collaboration with schools for school based health center	annual review			X		Lily Hunter
CMDM	CM-032	Care Coordination - Local Education Agency Services	LEA coordination and care coordination services	annual review			X		Lily Hunter
CMDM	CM-033	Home and Community Based Services (Waiver Programs) DDS	Referring members appropriate to various waiver programs and follow up with coordination care as needed	annual review			X		Lily Hunter

Voting Item: Committee Meeting Minutes

Minutes packet sent via email.

- QIHEC: 11/14/2025
- A&A: 11/05/2025
- UMC: 12/19/2025

Medicare D-SNP Update

Tome Meyers, ED, Medicare Programs

UM Workplan Update

QIHEC

Michelle Findlater, Director Utilization

Management

2/16/2026

Agenda

- ▷ The purpose is to track and trend:
- ▷ UM Metrics Summary
- ▷ Readmissions
- ▷ Emergency Department Volume
- ▷ Inpatient Denial Rates
- ▷ Outpatient Denial Rates

UM Metrics Summary

PowerBI: #12005 IP Claims Utilization
Date: January 2025 – September 2025

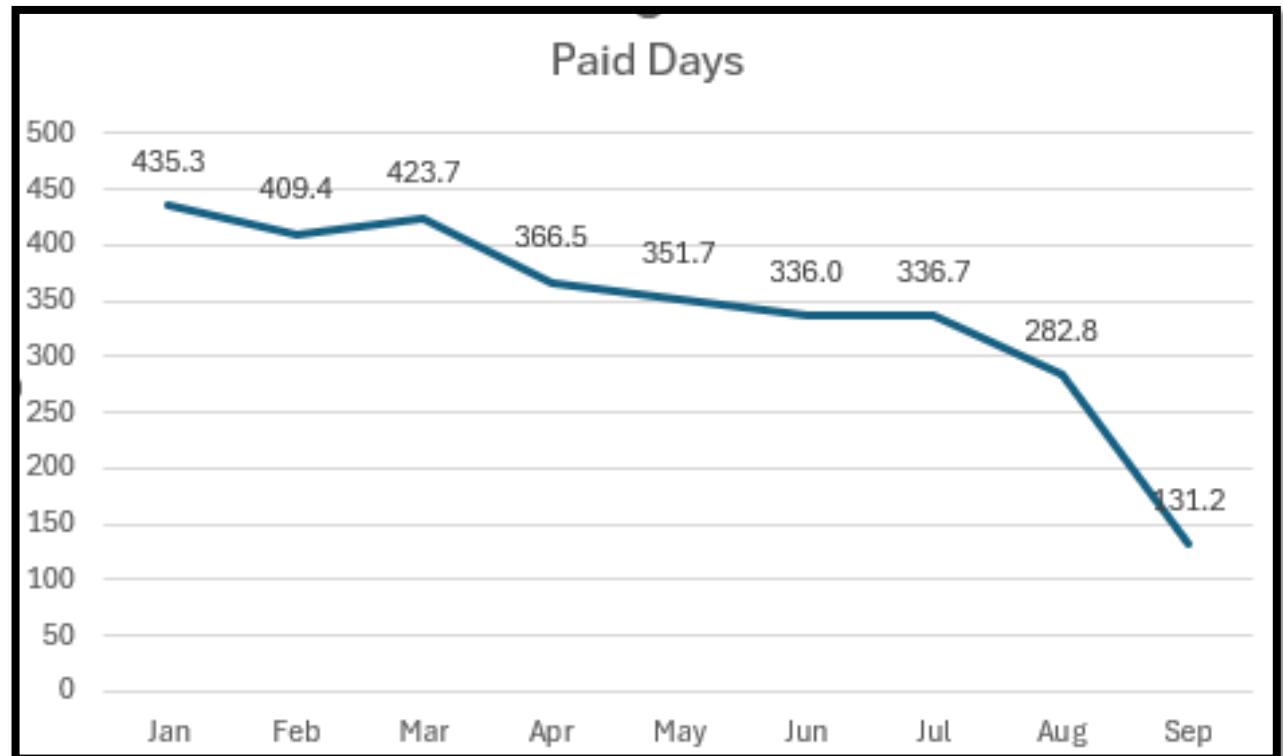
Excluded: LTACs and Sutter Herrick Psych Unit facilities

Paid Days

1/1/25 - 9/30/25

Paid days in 2025 averaged 341.4 days which is (-25.5) from 2024

- Paid Days/ 1000 by delegate- Alliance has the highest paid days at 71406 and CFMG the lowest at 16.4
- Paid Days/ 1000 by Facility: HGH has the highest at 55.2 and San Leandro has the lowest at 15.1
- Paid Days/ 1000 by aid category: SPD-LTC Full Dual is the highest at 1,239.0 and Children are the lowest at 18.7
- All categories have decreased in 2025 as compared to 2024

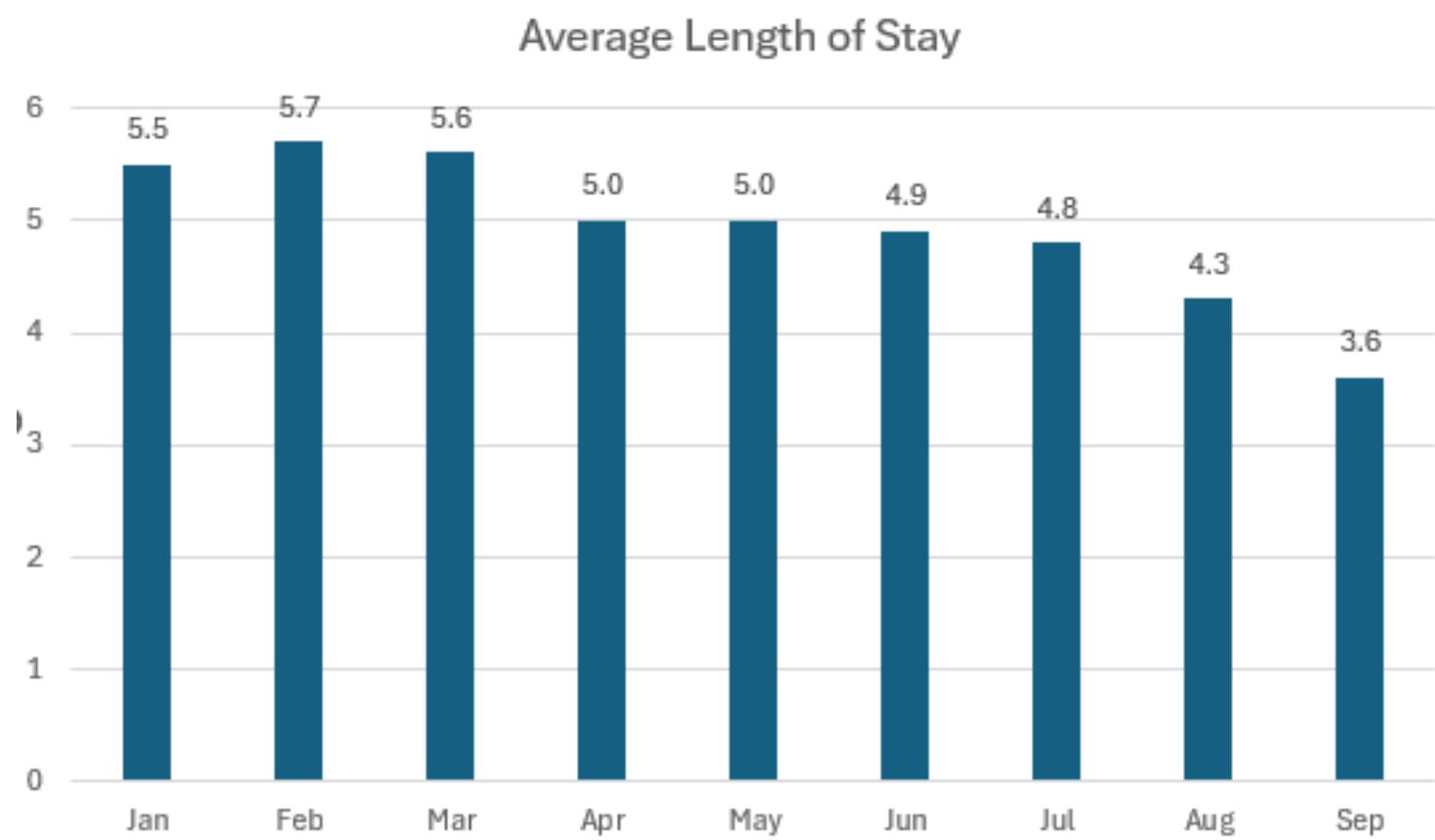


Average Length of Stay (ALOS)

1/1/25 - 9/30/25

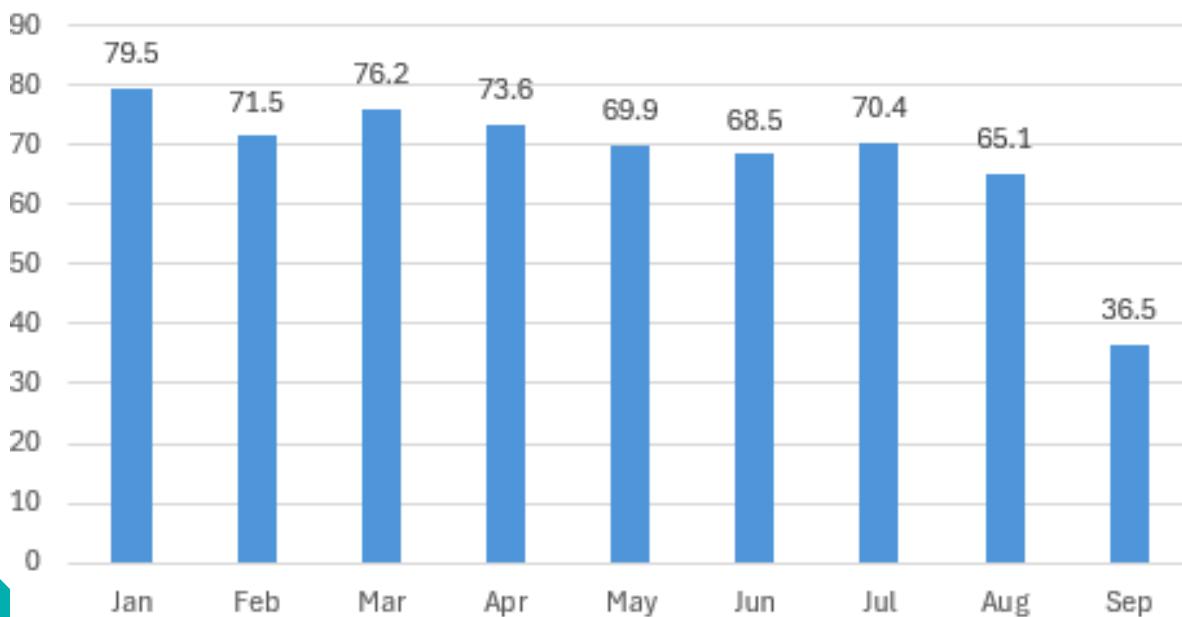
Average LOS for 2025 was 4.9 days which is a (-0.4) from 2024.

- ALOS by Delegate- Alliance has the highest ALOS at 5.6 and CFMG the lowest at 2.2
- ALOS by Facility: UCSF has the highest at 7.1 and UCSF BCHO is the lowest at 2.0
- ALOS by aid category: SPD is the highest at 5.5 and Children are the lowest at 2.2
- All categories have decreased since 2024



AAH Admits/1000 (1/1/25- 9/30/25)

Admits per 1,000



► Average Admits/1000 for 2025 was 67.9 which is a (-0.8) from 2024.

- Admits/1000 by delegate- Alliance has the highest Admits/1000 at 127.5 and CFMG the lowest at 7.5
- Admits/ 1000 by Facility: ABSMC- Summit at 11.1 and LPCH is the lowest at 0.1
- Admits/1000 by aid category: SPD-LTC/ Full Duals is the highest at 230.3 and Children are the lowest at 8.4

Readmissions

PowerBI: #12005 IP Claims Utilization
Date: January 2025 – September 2025

Excluded: LTACs and Sutter Herrick Psych Unit facilities

Monthly Readmissions Trend

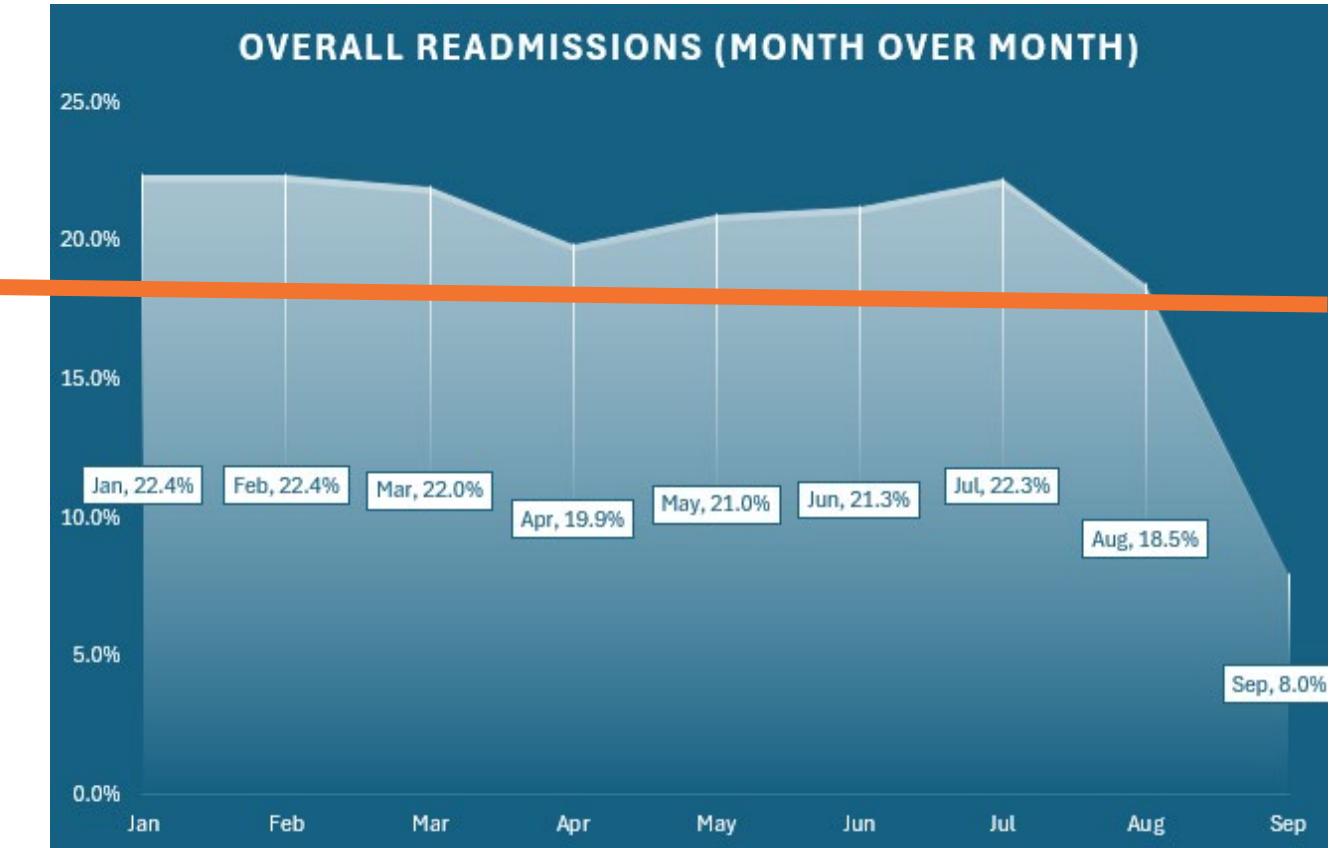
1/1/25 - 9/30/25



Alliance's Readmission goal remains unchanged at 18%.

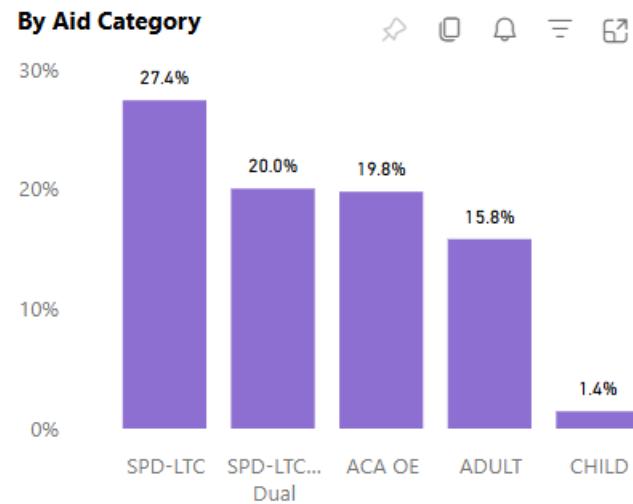
To date in 2025, the data shows the average is tracking at 19.8%, however, there is a significant delay in data reporting for readmissions, and the Alliance predicts the readmission rate (following Jan-Jun trends) would be closer to 21.5%

This is a slight increase from the readmission rate at this time last year which was 21.0% (+0.5%)

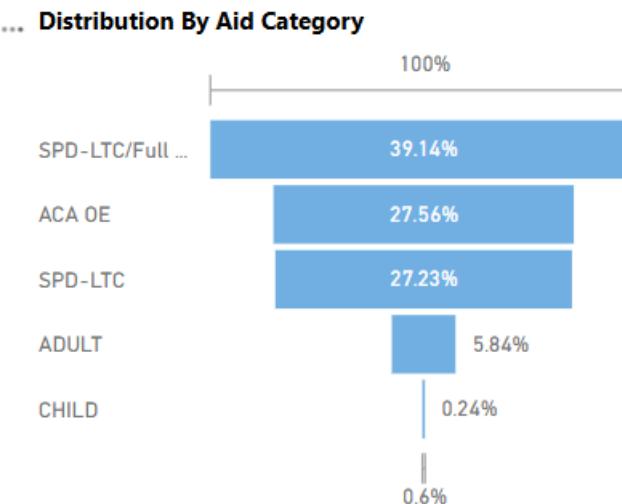


Readmission Rates

1/1/25-9/30/2025



SPD-LTC carry the highest readmission rate 27.4%, followed by SPD-LTC DUALS 20.0% ACA OE 19.8% Adult 15.8% Child 1.4%



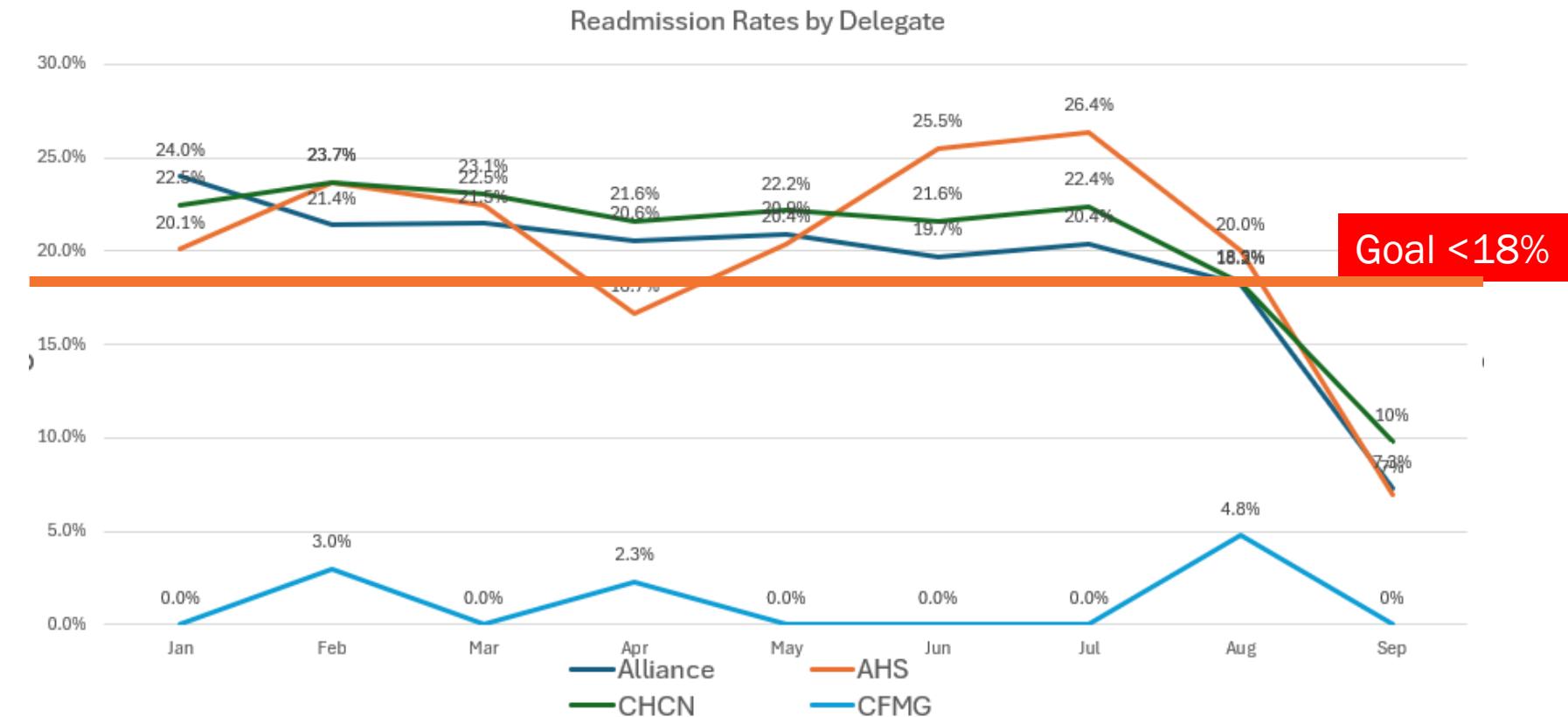
SPD/ LTC Full Duals readmits comprise ~39.14% of total readmits followed by ACA OE 27.56 SPD- LTC ~27.23

In past years, SPD-LTC had a larger distribution than ACA-OE, but that changed this year

Readmission Rate by Delegate

1/1/25-9/30/25

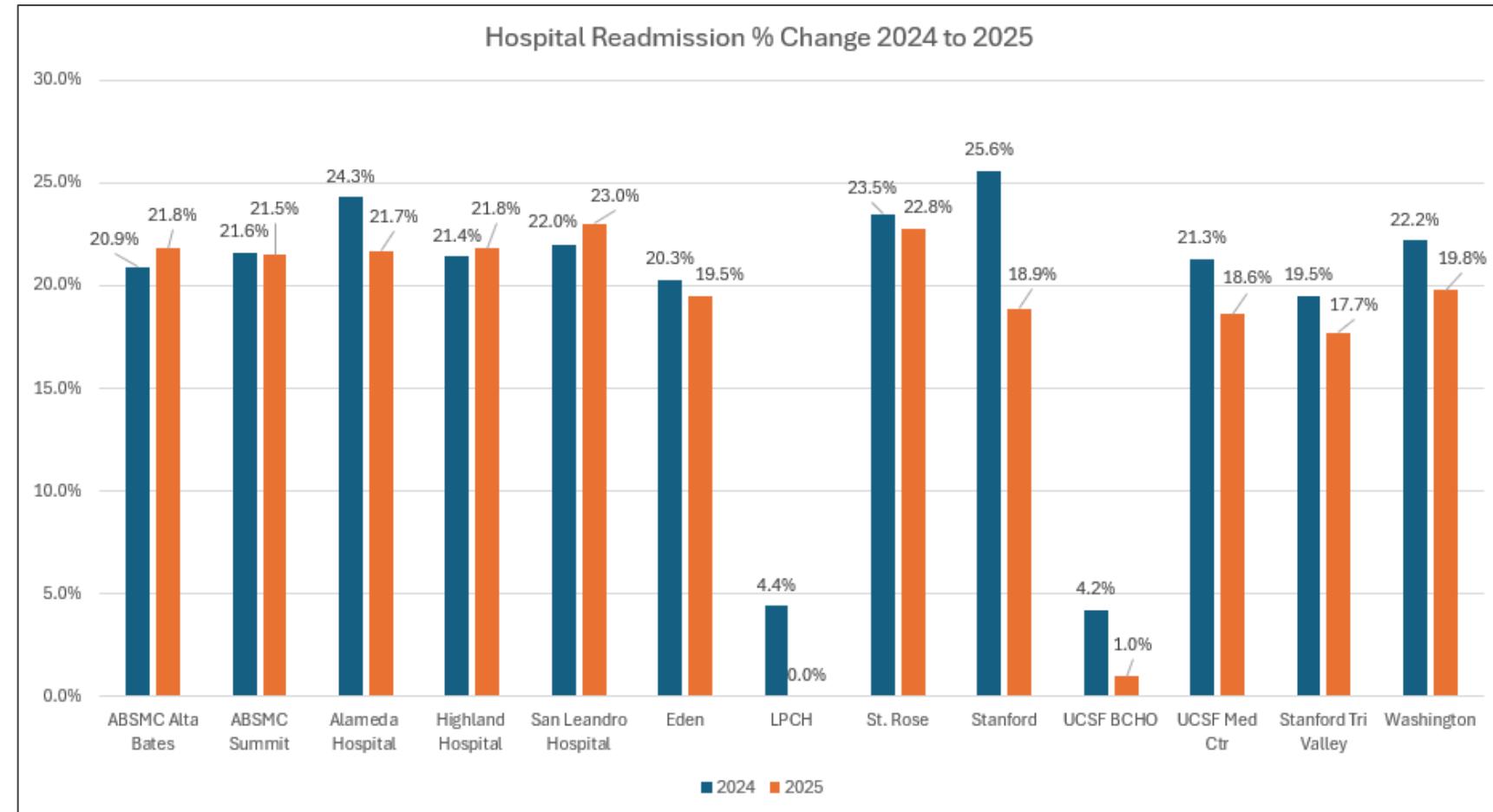
Overall, all 3 networks (except for CFMG) appear to be having readmission trends above the Alliance goal of 18%.



Readmission Rates by Facility

1/1/25-9/30/25

Comparing 2024 average readmission rates to 1/1/25-9/30/25 readmission rates it appears that 10/13 hospitals are having a decrease in readmissions so far in 2025.

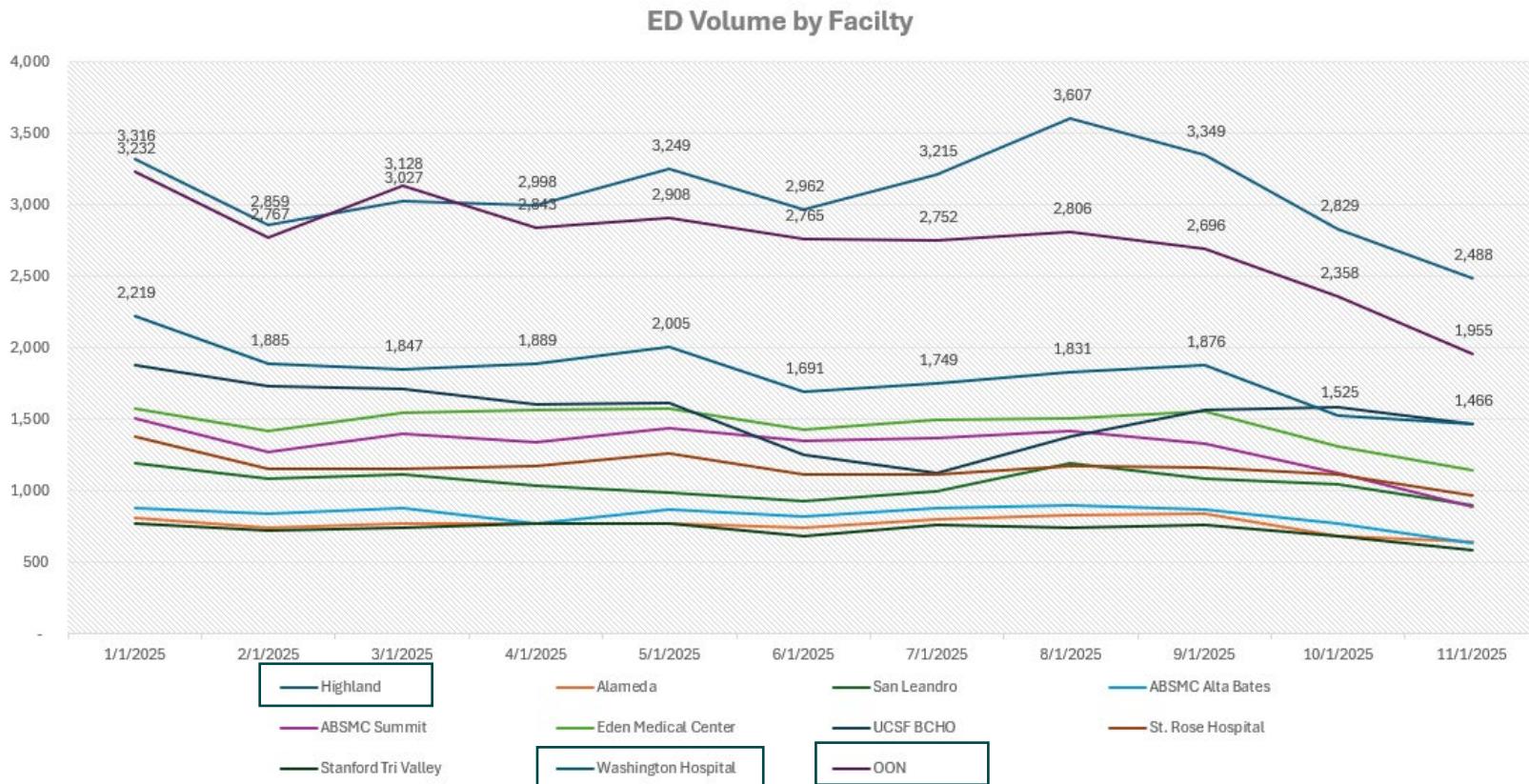


Emergency Department Volume

Excel: #03046 ER Visits by Network

Date: January 2025– September 2025

ED Volume by Facility

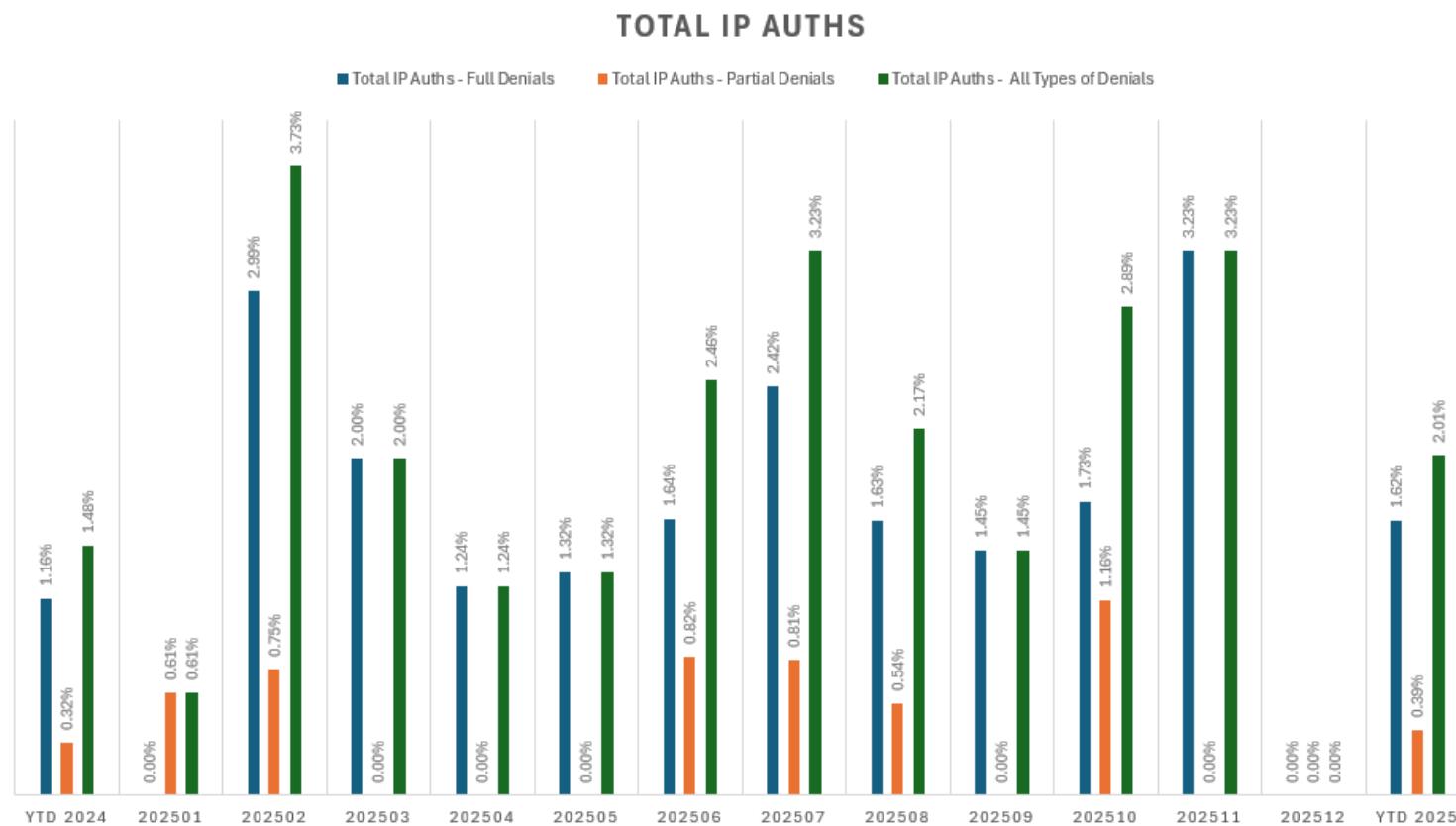


Highland, OON and Washington are top facilities our members are visiting

Inpatient Denial Rates

Excel: #01292 All Auth Denial Rates
Date: January 2025- November 2025

Inpatient Denial Rates



2025 Averages as compared to 2024

Full Denials- 1.62% (+0.46%)

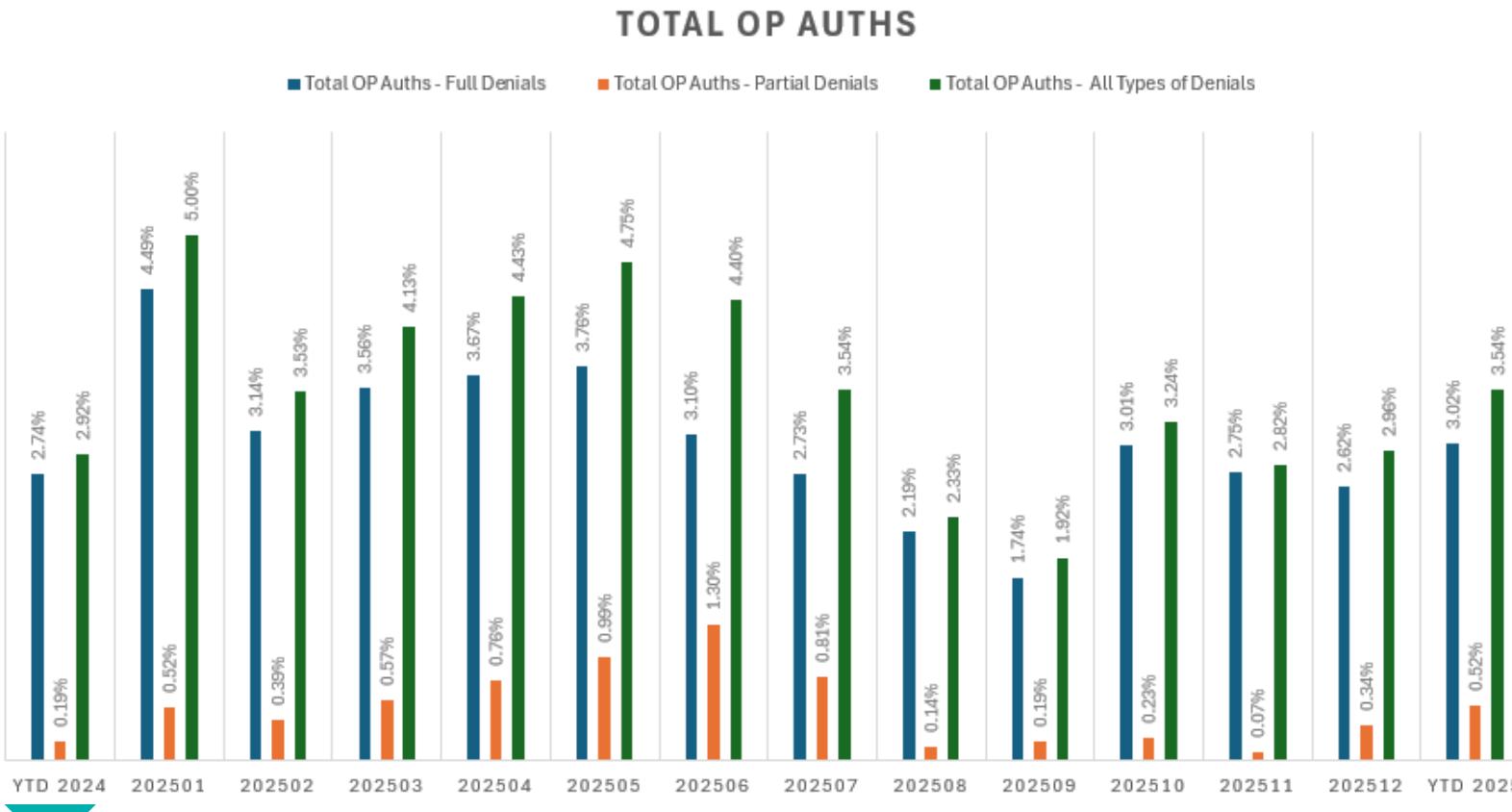
Partial Denials- 0.39% (+0.07%)

All Denials- 2.01 % (+0.53%)

Outpatient Denial Rates

#01292 All Auth Denial Rates (Claims based)
Date: January 2025-November 2025

Outpatient Denial Rates



2025 Outpatient Denials as compared to 2024:

Full Denials- 3.02% (+0.29%)

Partial Denials- 0.52% (+0.33%)

Total Denials- 3.54% (+0.62%)

Thank you.

Questions?



You can contact me at:
mfindlater@alamedaalliance.org

Alameda County Community Needs Assessment

Gil Duran
Carolina Guzman, Public Health, OOD
Alameda County Public Health



Local Planning

*Community Health Assessment/
Community Health Improvement Program*

**Alliance Population Health Management
Alameda County Public Health Department**

2025 Alliance Participation in the CHA/CHIP

- ▶ **Shared Goal:** Alliance provided technical assistance to doulas in ACPHD trainings on contracting and claims.
- ▶ **Stakeholder engagement:** Alliance staff and CAC members participated in CHIP workgroups and CHA community forums. ACPHD presented CHA findings at Alliance CAC and QIHEC.
- ▶ **Resource contribution:** Alliance contributed funding to the ACPHD CHIP evaluation and CHA community forums.
- ▶ **Data sharing:** Alliance provided immunization rates by zip code and plan to share more detailed rates by demographics.

Alameda County Public Health Department Community Health Assessment (CHA)

A presentation for the AAH Quality Improvement
and Health Equity Committee (QIHEC)

Evette Brandon, Director, QIA Division

Carolina Guzmán, Quality Improvement Manager, QIA
Division

Andrea Wise, Program Manager, QIA Division

Isa Wong, Student Intern, QIA Division



Community Health Assessment (CHA) Purpose

- Serves as a foundation to improve Alameda County's health
- Serves as basis for:
 - priority setting
 - program development
 - policy changes
 - coordination of community resources
 - identifying disparities among different subpopulations and factors that contribute to them
 - supporting efforts to achieve health equity



Comprehensive Qualitative Efforts!

- 83 discussions across the county
- Over 300 community members and 100 community health providers
- Hosted 35 focus groups and 6 community forums
- **Polled** on the most pressing health needs



COMMUNITY HEALTH ASSESSMENT
2024-2025 DATA COLLECTION



QIA & PARTNERS CONDUCTED **35** FOCUS GROUPS
WITH SUPPORT FROM **32** ACPHD STAFF
IN **7** LANGUAGES: ENGLISH, KHMER, MAM, MANDARIN, SPANISH, TAGALOG, VIETNAMESE
21 COMMUNITY ORGANIZATIONS HOSTED FOCUS GROUPS

HAYWARD
OAKLAND
CHERRYLAND
SAN LEANDRO
LIVERMORE
ALAMEDA
UNION CITY
FREMONT

© Health Department
County Health

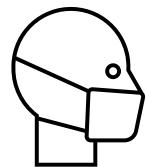
2026 Community Health Needs List



Social Determinants of Health: Economic and Environmental Factors



Chronic Diseases: Screening, timely treatment



Communicable Diseases: Awareness and Education



Behavioral Health: Access, culturally relevant

Health Need: Social Determinants of Health

Social Determinants of Health

Health Care Access and Quality	Exposure to Violence	Economic Stability
<p>Access Barriers: high costs, transportation, benefit navigation, coverage gaps</p> <p>Quality Concerns: provider shortages, follow-up, language barriers, lack of cultural competency</p>	<p>Types of violence: gun violence and homicide, domestic violence, violent crimes</p> <p>Primary Causes: economic stress, built environment, racism, relationship to police and public safety</p>	<p>Economic impacts: rising costs, housing instability, food insecurity, multiple jobs needed</p> <p>Causes: lack of affordable housing, low wages, food deserts, education deficits</p>

“What if you're working two jobs? When can you go to the doctor? Never.”

—Focus Group Participant

“...I want to be able to walk my kid to the park without fear of them being injured or hurt.”

—Key Informant Interviewee

Community Suggestions

- Direct investment in health infrastructure: workforce development, living wage jobs, access to healthy food, wraparound services, specialty care, transportation.
- Provide culturally competent care: have staff that is diverse and reflects communities, hire local residents, value lived experience, expand roles for doulas/midwives/community health navigators.
- Encourage education and prevention programs to build resilient communities (e.g. afterschool programs, youth engagement initiatives, community-based education)
- Address living wage (increased minimum wage) and affordable housing, both of which also impact food insecurity.

Health Needs:
Behavioral Health,
Communicable Diseases,
Chronic Diseases

Health Needs

Behavioral Health	Communicable Diseases	Chronic Diseases
<p>Community Trends: worsening mental health across populations, substance use concerns and overdose</p> <p>Causes: economic insecurity, loneliness, discrimination, access barriers</p>	<p>What: COVID-19, influenza, STIs, other communicable diseases</p> <p>Causes: economic insecurity, education gaps, distrust of healthcare systems, vaccination barriers</p>	<p>What: Heart diseases/stroke, cancer, diabetes, obesity, liver/cirrhosis, asthma, Alzheimer's</p> <p>Causes: economic insecurity, health illiteracy, insurance barriers, transportation, poor food access</p>

- “I had prostate cancer. That’s expensive, you know what I mean? Doctors ain’t going to want to treat you for it. Because if you ain’t got any insurance, they don’t want to see you, man.”

—Community Member, Focus Group Participant

Community Suggestions

- Prioritize community-centered approaches like promotoras, peer educators, community health workers, group therapies and peer support models
- Utilize community health workers and peer educators to build community trust
- Expand health education and awareness around chronic disease prevention and management
- Implement health fairs, workshops, culturally relevant trainings



Practical Implications and Considerations

Practical Implications

- Thinking upstream: Communities understand their health issues are interconnected to other social issues.
 - How do we address systemic issues?
- Priority populations: African American/Black and Pacific Islander populations (especially youth) have more health problems and preventable deaths than any other group.
 - How and where do we prioritize communities?
- Mental health: Mental health and substance use are a top community concern.
 - How is mental health integrated into a range of services?

Considerations

- Access: Invest and partner to support health services that meet communities where they are
- Education: Increase health education and outreach, ensure it meets priority populations
- Workforce Development: Expand culturally competent care and training, invest in diverse health workers

CHA/CHIP Planning Map

January – February 2026

Finalize CHA report

January – March 2026

Share CHA report
Begin CHIP research and planning

March – June 2026

Develop CHIP strategies
Begin drafting CHIP report

Questions?

Contacts

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Medi-Cal/Group Care Provider Pay for Performance Program

Farashta Zainal

MY2024 Pay-for-Performance (P4P) Measures and Payout

HEDIS Measures

1. Childhood Immunization: Combo 10
2. Immunization for Adolescents: Combo 2
3. Controlling High Blood Pressure
4. Colorectal Cancer Screening
5. Well Child Visit in the First 15 Months of Life
6. Well Child Visit in the First 30 Months of Life
7. Child and Adolescent Well-Care Visit
8. Breast Cancer Screening
9. Cervical Cancer Screening
10. Lead Screening in Children
11. Glycemic Status Assessment for Patients with Diabetes
12. Follow up After ED Visits for Mental Illness

Other Measures

1. Members with at least one primary care visit completed by the PCP Group within measurement year
2. Readmission Rate
3. Member Satisfaction Survey – Urgent Appt Availability
4. Member Satisfaction Survey – Non-Urgent Appt Availability

MY2024 Pay-for-Performance (P4P) Program Payout



Pool Dollars – \$6 million



Total Payout – \$3,925,340.50 (65% of pool dollars earned)

MY2026 Pay-for-Performance Measures

HEDIS Measures

1. Childhood Immunization: Combo 10
2. Immunization for Adolescents: Combo 2
3. Controlling High Blood Pressure
4. Developmental Screening in the First Three Years of Life
5. Colorectal Cancer Screening
6. Well Child Visit in the First 15 Months of Life
7. Well Child Visit in the First 30 Months of Life
8. Child and Adolescent Well-Care Visit
9. **Topical Fluoride for Children**
10. Breast Cancer Screening
11. Cervical Cancer Screening
12. Lead Screening in Children
13. Glycemic Status Assessment for Patients with Diabetes
14. Follow up After ED Visits for Mental Illness

Other Measures

1. Initial Health Appointment
2. Member Satisfaction Survey – Urgent Appt Availability
3. Member Satisfaction Survey – Non-Urgent Appt Availability

2025 HEDIS Rates

2025 Medi-Cal HEDIS Rates



P4P	Measure Description	2024		2025 (as of 2/4/2026)							2025 Benchmarks			
		PYAAH Admin Rate	PYAAH Hybrid Rate	EP	Num	Rate	Above MPL	Number to Treat to MPL	Above 75th Pctl	Number to Treat to 75th Pctl	MPL	75th Pctl	90th Pctl	
Behavioral Health														
N	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day	44.48%		2,108	1,081	51.28%	Y		0	Y	0	39.10%	45.80%	53.27%
Y	Follow-Up After Emergency Department Visit for Mental Illness - 30 Day	66.38%		3,686	2,422	65.71%	Y		0	Y	0	57.13%	64.91%	74.67%
Cancer Screening														
Y	Breast Cancer Screening Ages 52-74 - ECDS	59.62%		15,521	9,600	61.85%	Y		0	Y	0	55.87%	61.43%	66.31%
Y	Cervical Cancer Screening - ECDS	52.91%		70,255	38,625	54.98%	Y		0	N	2,003	52.32%	57.83%	64.21%
Y	Colorectal Cancer Screening - ECDS	45.27%		51,844	23,367	45.07%	Y		0	N	1,634	41.39%	48.22%	53.31%
Childhood Measures														
Y	Childhood Immunization Status Combo 10 - ECDS	38.20%		3,642	1,372	37.67%	Y		0	Y	0	23.89%	28.86%	34.79%
Y	Developmental Screening in the First Three Years of Life Total	64.63%		10,469	7,020	67.06%	Y		0	Y	0	37.40%	52.00%	
Y	Immunizations for Adolescents Combo 2 - ECDS	47.92%		4,755	2,318	48.75%	Y		0	Y	0	34.14%	40.19%	47.16%
Y	Lead Screening in Children	66.75%	67.88%	3,655	2,569	70.29%	Y		0	N	222	69.96%	76.34%	82.86%
Y	Topical Fluoride for Children Rate1 - dental or oral health services	17.74%		90,764	16,615	18.31%	N		2,987	N	6,345	21.60%	25.30%	
Y	Well-Child Visits in the First 15 Months of Life - 6 or More Visits	66.69%		2,521	1,619	64.22%	Y		0	N	83	63.38%	67.49%	71.71%
Y	Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits	77.73%		3,607	2,751	76.27%	Y		0	N	45	72.32%	77.50%	82.12%
Y	Child and Adolescent Well-Care Visits	55.88%		85,397	49,958	58.50%	Y		0	N	2,537	55.41%	61.47%	67.63%
Disease Management														
N	Asthma Medication Ratio	63.18%		2,185	1,483	67.87%	Y		0	N	56	63.66%	70.39%	76.25%
Y	Controlling High Blood Pressure	52.03%	60.10%	20,270	11,241	55.46%	N		2,518	N	3,219	67.88%	71.34%	75.43%
Y	Glycemic Status >9.0%	33.08%	28.95%	18,688	6,040	32.32%	N		357	N	1,084	30.41%	26.52%	23.60%
Reproductive Health														
N	Chlamydia Screening	70.04%		8,314	5,621	67.61%	Y		0	Y	0	56.30%	65.47%	70.67%
N	Timeliness of Prenatal Care	86.21%	91.28%	3,681	3,137	85.22%	N		43	N	168	86.37%	89.78%	91.97%
N	Timeliness of Postpartum Care	86.28%	92.44%	3,681	3,222	87.53%	Y		0	Y	0	82.48%	85.15%	88.32%

2026 DHCS MCAS Measures

2026 Accountable MCAS Measures

Carried from Previous Year

1. Childhood Immunization: Combo 10
2. Immunization for Adolescents: Combo 2
3. Developmental Screening in the First Three Years of Life
4. Well Child Visit in the First 15 Months of Life
5. Well Child Visit in the First 30 Months of Life
6. Child and Adolescent Well-Care Visit
7. Topical Fluoride for Children
8. Lead Screening in Children
9. Glycemic Status Assessment for Patients with Diabetes
10. Controlling High Blood Pressure
11. Breast Cancer Screening
12. Cervical Cancer Screening
13. Follow up After ED Visits for Mental Illness – 30 days
14. Follow up After ED Visit for Substance Use - 30 days
15. Timeliness of Prenatal Care
16. Timeliness of Postpartum Care
17. ~~Asthma Medication Ratio~~
18. ~~Chlamydia Screening~~

New for 2026

1. Colorectal Cancer Screening
2. Depression Screening and Follow-up for Adolescents and Adults- Screening
3. Postpartum Depression Screening and Follow-up Screening
4. Prenatal Depression Screening and Follow-up Screening

Alliance Wellness Medicare Stars at a Glance

February 13, 2026

Jessica Pedden, Sr. Manager of Quality Analytics

Medicare Star Measures

HEDIS	HEDIS	CAHPS	HOS	Pharmacy	Admin Ops
Breast Cancer Screening	Care for Older Adults Functional Status	Annual Flu Vaccine	Reducing the Risk of Falling	Statin Use in Person with Diabetes	Part C and D: Call Center-Foreign Language Interpreter and TTY Availability
Diabetes Care – Blood Sugar Controlled	Care for Older Adults Med Review	Getting Needed Care	Improving Bladder Control	Medication Adherence for Diabetes	Part C and D: Members Choosing to Leave the Plan
Controlling Blood Pressure	F/U after ED Visit – Multiple Chronic Conditions	Getting Appointments and Care Quickly	Improving/Maintaining Physical Health	Medication Adherence for Hypertension (RAS antagonists)	Part C and D: Complaints about the Health Plan (per 1000)
Colorectal Cancer Screening	Osteoporosis Mgt. in Women who had a Fracture	Customer Service	Improving/Maintaining Mental Health	Medication Adherence for Cholesterol (Statins)	Plan Makes Timely Decisions about Appeals
Diabetes Care – Eye Exam	Plan All-Cause Readmissions	Rating of Health Care Quality		Concurrent Use of Opioids and Benzodiazepines	Reviewing Appeals Decisions
Kidney Health Evaluation for Patients with Diabetes	Transitions of Care	Rating of Health Plan		Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults	
Statin Therapy for Patients with CVD		Care Coordination		MPF Price Accuracy	
Special Needs Plan (SNP) Care Management		Monitoring Physical Activity		MTM Program Completion Rate for CMR	
		Rating of Drug Plan			
		Getting Needed Prescription Drugs			

Future QIHEC meetings will include a report out of Stars performance as data becomes available.

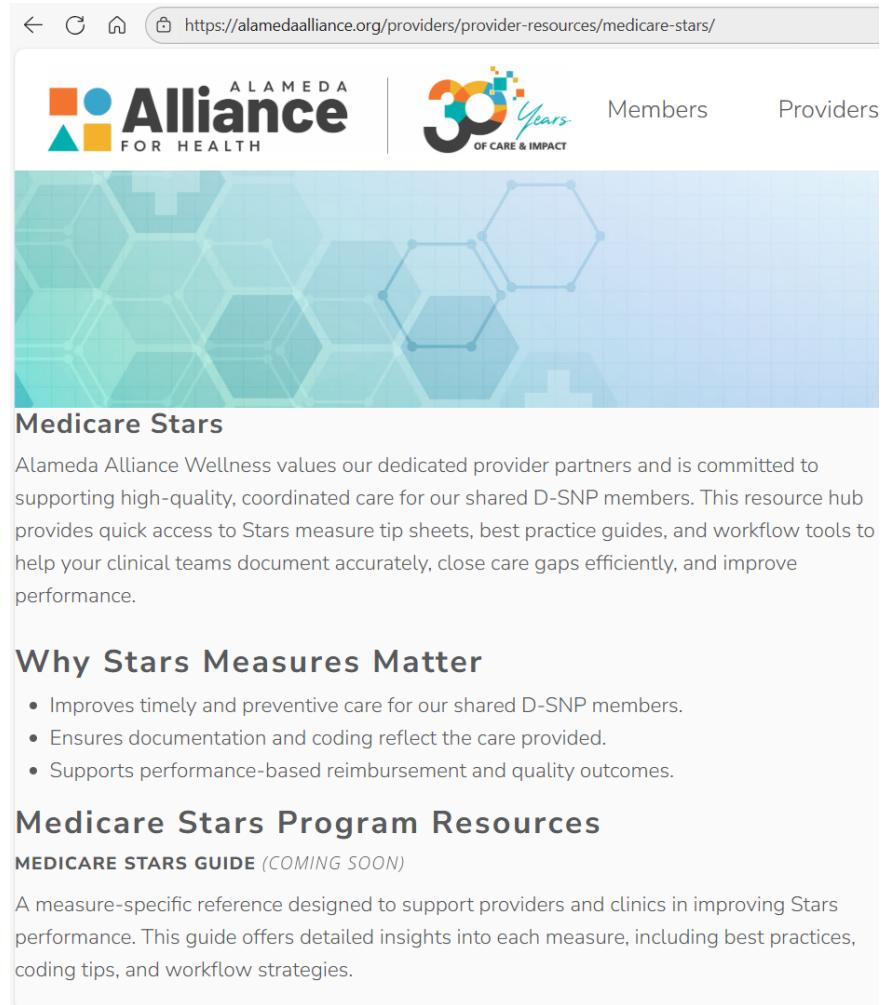
Medicare Star Reporting

► Gaps in Care

- The current gaps in care reports/files will be updated to include the D-SNP Star measures.
This applies to the following files:
 - Monthly extract sent to providers
 - Monthly excel files posted to the AAH portal for each provider
 - Access requests submitted through the AAH Provider Relations team
 - AAH will begin producing files in February 2026

Provider Education

- ▷ Quality Improvement Meetings
- ▷ Medicare Stars Webinar
- ▷ Medicare Stars Webpage
 - Stars Guide
 - Measure Highlights
 - Risk Adjustment Best Practices



The screenshot shows a webpage titled 'Medicare Stars' from the Alameda Alliance. The page features a header with the Alameda Alliance logo and a '30 Years OF CARE & IMPACT' logo. Navigation links for 'Members' and 'Providers' are visible. The main content area has a blue hexagonal background pattern. A sub-section titled 'Why Stars Measures Matter' lists three bullet points: 'Improves timely and preventive care for our shared D-SNP members.', 'Ensures documentation and coding reflect the care provided.', and 'Supports performance-based reimbursement and quality outcomes.' A section for 'MEDICARE STARS GUIDE (COMING SOON)' is also present.

← ⏪ ⏹ https://alamedaalliance.org/providers/provider-resources/medicare-stars/

ALAMEDA
Alliance
FOR HEALTH

30 Years
OF CARE & IMPACT

Members Providers

Medicare Stars

Alameda Alliance Wellness values our dedicated provider partners and is committed to supporting high-quality, coordinated care for our shared D-SNP members. This resource hub provides quick access to Stars measure tip sheets, best practice guides, and workflow tools to help your clinical teams document accurately, close care gaps efficiently, and improve performance.

Why Stars Measures Matter

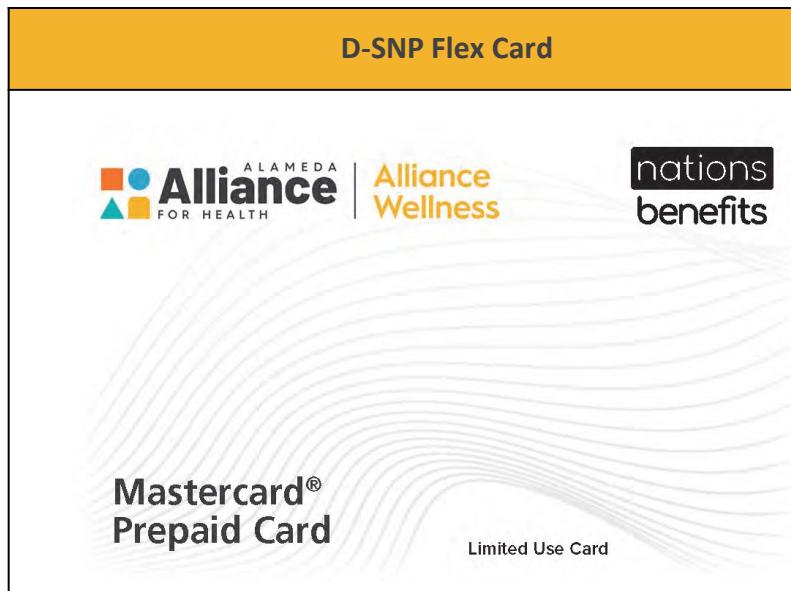
- Improves timely and preventive care for our shared D-SNP members.
- Ensures documentation and coding reflect the care provided.
- Supports performance-based reimbursement and quality outcomes.

Medicare Stars Program Resources

MEDICARE STARS GUIDE (COMING SOON)

A measure-specific reference designed to support providers and clinics in improving Stars performance. This guide offers detailed insights into each measure, including best practices, coding tips, and workflow strategies.

D-SNP Member Incentives



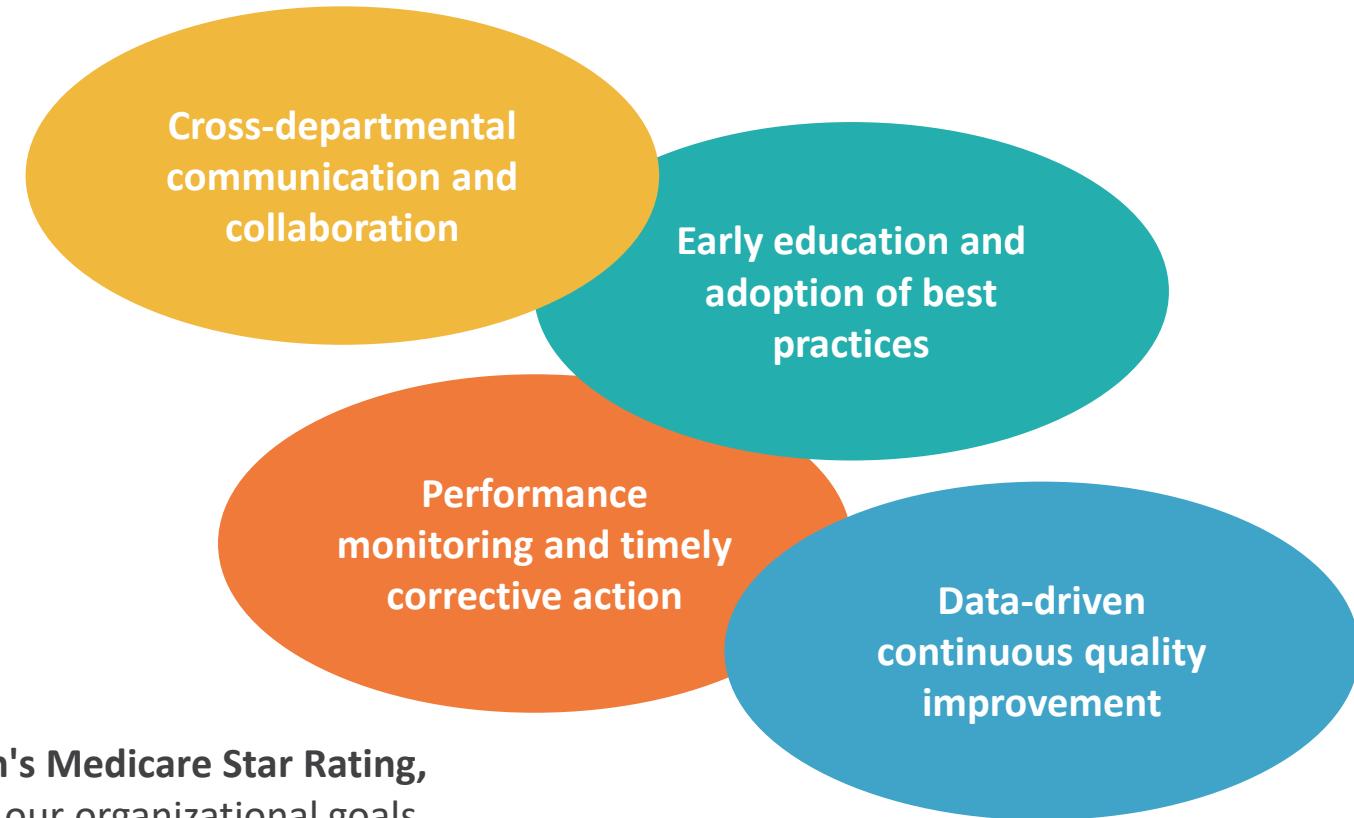
D-SNP Flex Card	\$	Healthy Activity	Population
Mastercard® Prepaid Card  Limited Use Card	\$50	Initial Preventive Physical Exam, Welcome to Medicare Visit, Annual Wellness Visit, or In Home Assessment	All members
	\$25	Influenza Vaccine	All members
	\$25	Colorectal Cancer Screening	Members 45-75
	\$25	Breast Cancer Screening	Women 40-74
	\$25	A1c Test	Members up to 75 with diabetes (type 1 or 2)
	\$25	Diabetes Eye Exam	Members up to 75 with diabetes (type 1 or 2)

Note:

- Incentive activity completion is validated through encounter or claims data (HEDIS technical specifications and value code set).
- A member will only be rewarded once per healthy activity per year. If a member completes multiple healthy activities from the same category, only one incentive is given to the member during the year.
- If a member disenrolls, any funds already loaded will remain accessible until 12 months from the date the funds are loaded.

Next Steps

-  5 Stars: Excellent
-  4 Stars: Above Average
-  3 Stars: Average
-  2 Stars: Below Average
-  1 Star: Poor



All D-SNP members are included in reporting for the plan's Medicare Star Rating. It will take buy-in and support from all practices to achieve our organizational goals.

Cutpoints for CY2026 will not be released until CY2027. However, we can use previous year's cutpoints to estimate what our performance should be to impactfully improve health outcomes and be successful with Stars.

Initial Health Appointment

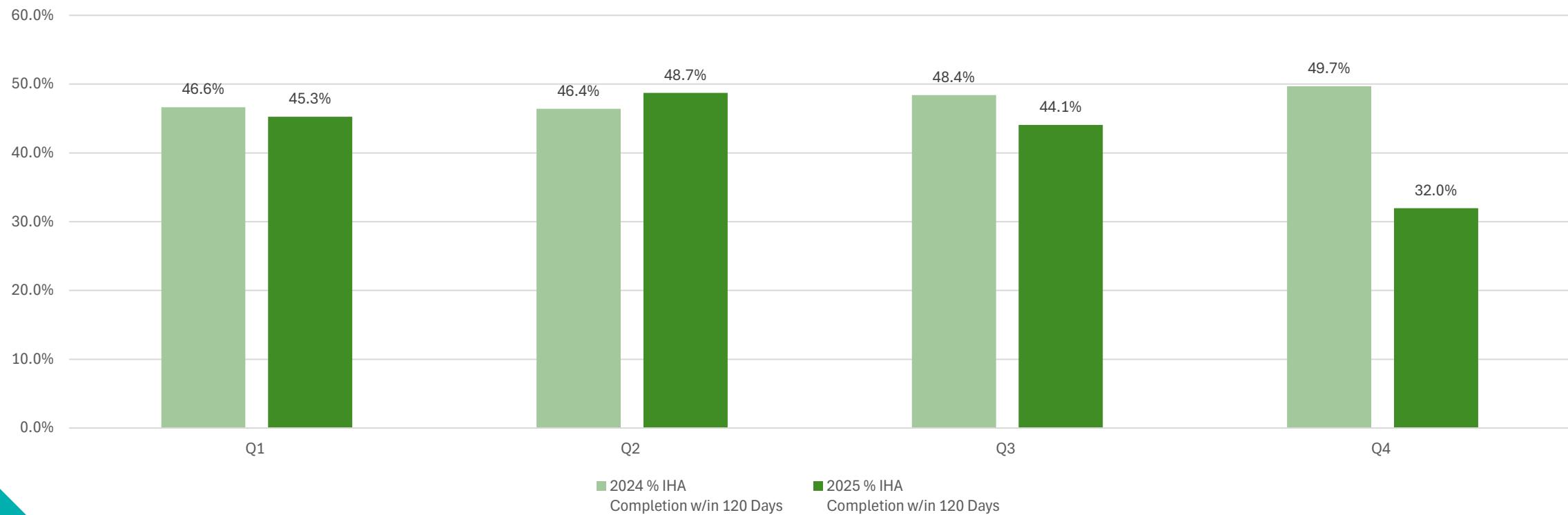
Farashta Zainal
Kathy Ebido

Initial Health Appointments (IHA) Rates

Farashta Zainal, Manager, Quality Performance

Alliance IHA Rates 2024 vs. 2025

2024 vs. 2025 Quarterly IHA Completion within 120 Days

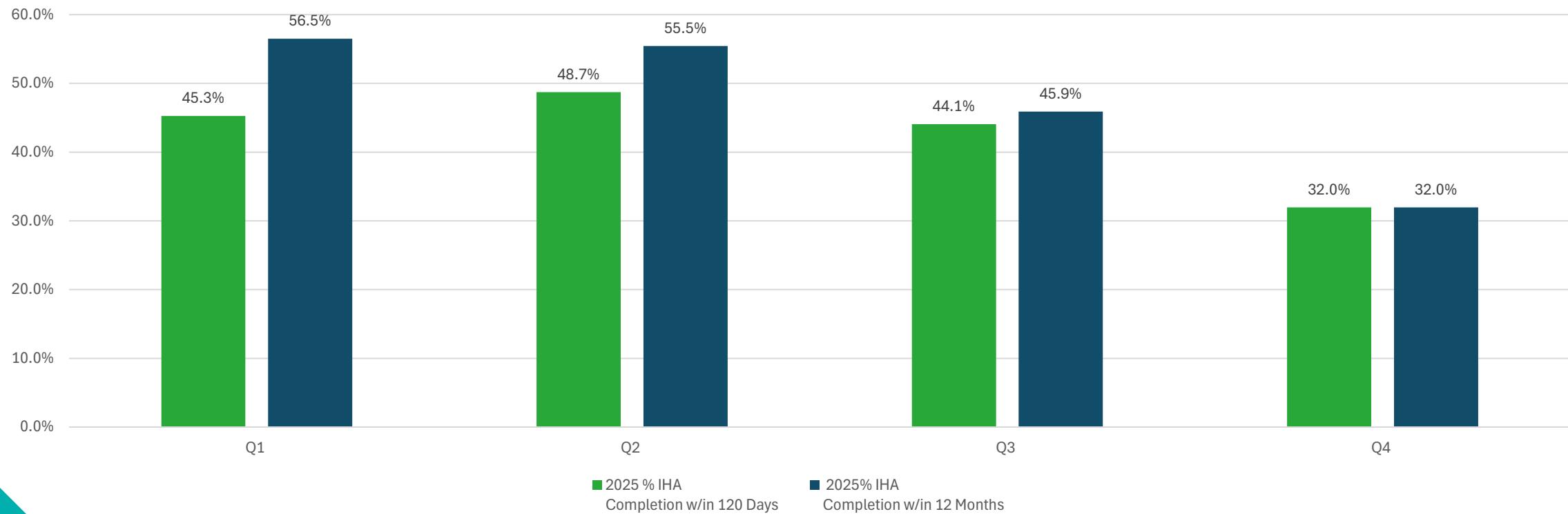


Alliance IHA Completion 2025 120 Days vs. 12 Months

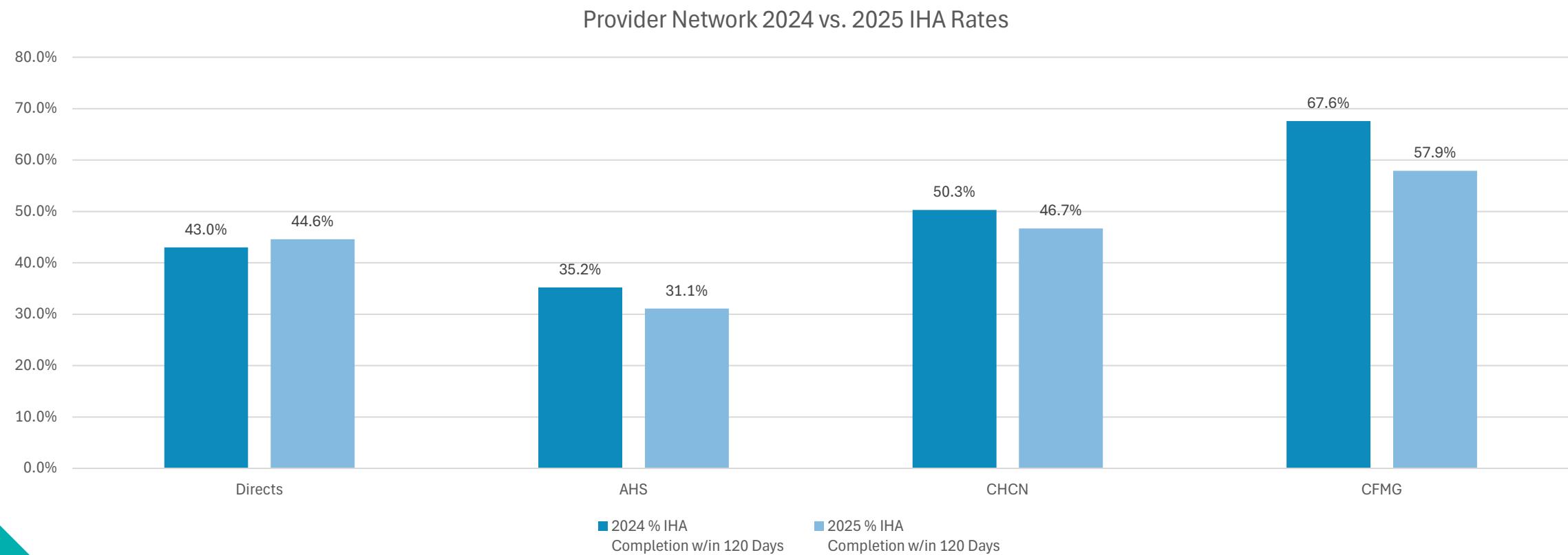


120 Days

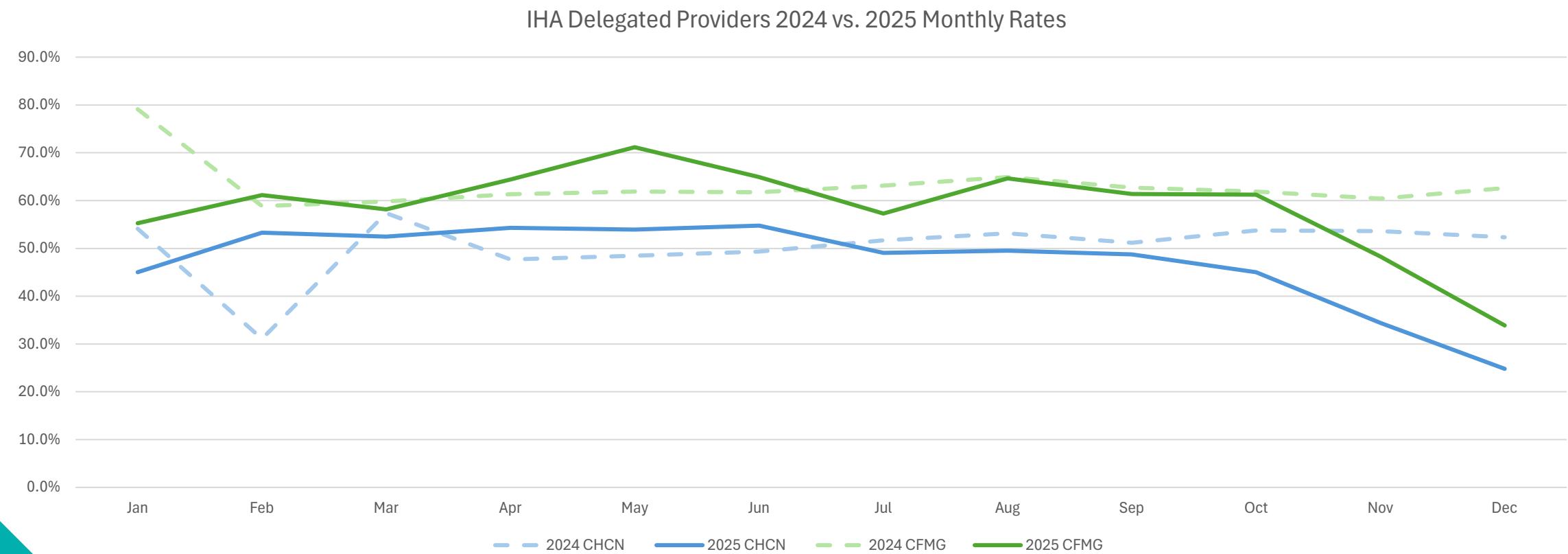
2025 IHA Completion - 120 Days vs 12 months



Provider Network 2024 vs. 2025 IHA Rates



Delegated Providers 2024 vs. 2025 IHA Monthly Rates



Initial Health Appointment & Preventive Screenings: Chart Review 2025

Initial Health Appointment & Preventive Screening



Requirements &
Methodology



Audit results:
Children/Adolescents
& Adults



Insights



Next Steps

IHA Chart Review Methodology

- ▷ Total Charts reviewed: 31 (Children/Adolescent and Adult)
 - ▶ Additional 16 records requested but no records returned or member not seen by provider
- ▷ Complete within 120 days of enrollment (exclude members who completed IHA within 12 months prior to enrollment)
- ▷ IHA completed during the period: January 1, 2024 to September 28, 2025
- ▷ Promote a minimum of 2 documented outreach attempts.

IHA Chart Review Methodology

- ▷ Categories audited
 - ▶ IHA completed timely
 - ▶ IHA includes
 - Comprehensive Health History - Physical
 - Comprehensive Health History - Mental
 - Assessment of need for Preventative Services – recommended by U.S. Preventive Services Task Force (USPSTF) and American Academy of Pediatrics (AAP)
 - Health Education
 - Diagnosis and Plan of Care
 - ▶ Member Risk Assessment
 - ▶ Documented outreach attempts for missed IHA/appointments

Preventive Screening Chart Review

- ▷ Selected Preventive Services based on the following:
 - ▶ U.S. Preventive Services Task Force (USPSTF)
 - ▶ American Academy of Pediatrics (AAP)
 - ▶ HEDIS

CHILD - IHA

Total Child Charts: 9 <i>Age Range of Members (Child) 28 Days - 8 Years</i>	Number of records with element completed	% Records with element completed
1. Initial Health Appointment Completed (Completed within 120 days of member enrollment /effective date with PCP OR completion/documentation of receiving IHA within 12 months prior to eligibility)	8/9	90%
2A. IHA Includes all of the following:	8/9	90%
1) Comprehensive Health History - Physical	8/9	90%
2) Comprehensive Health History - Mental	8/9	90%
3) Assessment of need for Preventive screens or services	8/9	90%
4) Health Education	8/9	90%
5) Diagnosis and Plan of Care	8/9	90%
2B. IHA - Member Risk Assessment (i.e., Health Risk Assessment, Adverse Childhood Experiences screening, Social Determinants of Health)	2/9	22%
3. IHA - Documented outreach attempts for missed IHA/appointments	0/1	0%

ADOLESCENT

Total Adolescent Child Charts: 7 <i>Age Range of Members (Adolescent) 10 – 19 Years</i>	Number of records with element completed	% Records with element completed
1. Initial Health Appointment Completed (Completed within 120 days of member enrolment /effective date with PCP <i>OR</i> completion/documentation of receiving IHA within 12 months prior to eligibility)	5/7	71%
2A. IHA Includes all of the following:	2/7	29%
1) Comprehensive Health History - Physical	4/6	67%
2) Comprehensive Health History - Mental	3/6	50%
3) Assessment of need for Preventive screens or services	3/6	50%
4) Health Education	5/6	83%
5) Diagnosis and Plan of Care	6/6	100%
2B. IHA - Member Risk Assessment (i.e., Health Risk Assessment, Adverse Childhood Experiences screening, Social Determinants of Health)	2/9	22%
3. IHA - Documented outreach attempts for missed IHA/appointments	0/4	0%

ADULT

Total Adult Charts: 15 <i>Age Range of Members (Adult) 23 – 68 Years</i>	Number of records with element completed	% Records with element completed
1. Initial Health Appointment Completed (Completed within 120 days of member enrollment /effective date with PCP <i>OR</i> completion/documentation of receiving IHA within 12 months prior to eligibility)	14/15	93%
2A. IHA Includes all of the following:	11/15	73%
1) Comprehensive Health History - Physical	14/14	100%
2) Comprehensive Health History - Mental	12/14	86%
3) Assessment of need for Preventive screens or services	12/14	86%
4) Health Education	14/14	100%
5) Diagnosis and Plan of Care	14/14	100%
2B. IHA - Member Risk Assessment (i.e., Health Risk Assessment, Adverse Childhood Experiences screening, Social Determinants of Health)	6/14	43%
3. IHA - Documented outreach attempts for missed IHA/appointments	1/2	50%

CHILD - Preventive

Total Child Charts: 9 <i>Age Range of Members (Child) 28 days - 8 Years</i>	Number of records with element completed	% Records with element completed
1. Fluoride Varnish	1/6	17%
2. Hearing Screening	9/9	100%
a. Intervention/referral within 60 days	NA	
3. Vision Screening	9/9	100%
a. Intervention/referral within 60 days	NA	
4. Maternal Depression Screening	0/1	0%
a. Diagnosis and Plan of Care	NA	
5. Developmental Disorder Screening	1/3	33%
a. Intervention/referral within 60 days	NA	
b. Coordination of care with appropriate resources/referral agencies	NA	
6. Blood Lead Screening	6/7	86%
a. Discussion	0/2	0%
b. Ordered or Documentation of Refusal	6/8	75%
c. Results available or declination form available or outreach attempts	5/7	71%

ADOLESCENT - Preventive

Total Adolescent Child Charts: 7 <i>Age Range of Members (Adolescent) 10 – 19 Years</i>	Number of records with element completed	% Records with element completed
1. Hearing Screening	3/7	43%
a. Intervention/referral within 60 days	NA	
2. Vision Screening	3/7	43%
a. Intervention/referral within 60 days	NA	
3. Alcohol Use Disorder Screening and Behavioral Counseling*	0/7	0%
4. Drug Use Disorder Screening and Behavioral Counseling*	0/7	0%
5. Tobacco Use Screening, Prevention, and Cessation Services	5/7	71%
6. Depression Screening	4/7	57%

*in 4 records, screening was completed, but not with a validated assessment/screening tool

ADULT - Preventive

Total Adult Charts: 15 <i>Age Range of Members (Adult) 23 - 68 Years</i>	Number of records with element completed	% Records with element completed
1. Alcohol Use Disorder Screening and Behavioral Counseling*	7/15	47%
2. Drug Use Disorder Screening and Behavioral Counseling**	5/15	33%
3. Depression Screening	9/15	60%
4. High Blood Pressure Screening	14/15	93%
5. Cervical Cancer Screening	5/7	71%
6. Coordination of Care with appropriate resources/agencies for preventive services/screenings	13/13	100%

*in 4 records, screening was completed, but not with a validated assessment/screening tool

** in 3 records, screening was completed, but not with a validated assessment/screening tool

Insights

- Continue provider education on the following:
 - Risk assessments (i.e., Health Risk Assessment, Adverse Childhood Experiences screening, Social Determinants of Health, Cognitive Assessment) should be completed as part of the IHA.
 - Unhealthy alcohol and drug use screening must be conducted using validated screening tools (i.e., CRAFFT, AUDIT-C, DAST-10, TAPS).

Next Steps:

- ▷ Letters with findings were sent to providers
- ▷ Promote IHA documents
 - ▶ P&P
 - ▶ IHA measures tip sheet
- ▷ Continue to promote IHA requirements at JOM meetings
- ▷ Promote preventive screenings through HEDIS initiatives
- ▷ Continue FSR/MRR site reviews for IHA monitoring; issue CAPs as appropriate
- ▷ Refer IHA claims with incorrect billing codes to delegated groups and/or AAH Claims Dept

Thank you.
Questions?

PQI Update

Michelle Stott

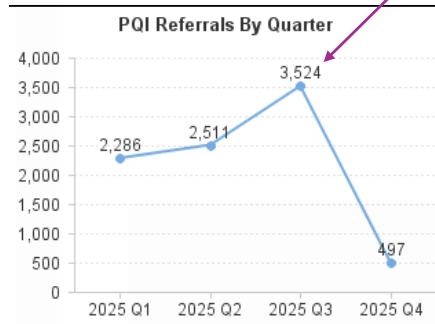
- Annual Training
- PQI Dashboard
- PQI CAPs

Grievance to PQI
process improvement
initiated in Sept. 2025

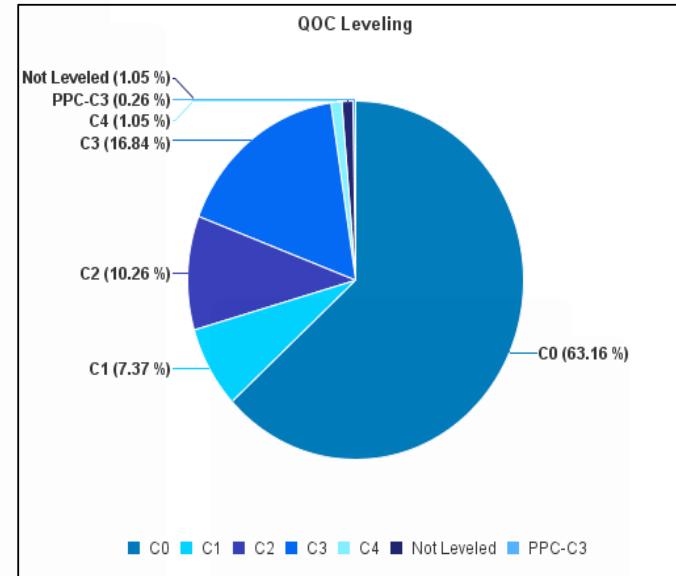
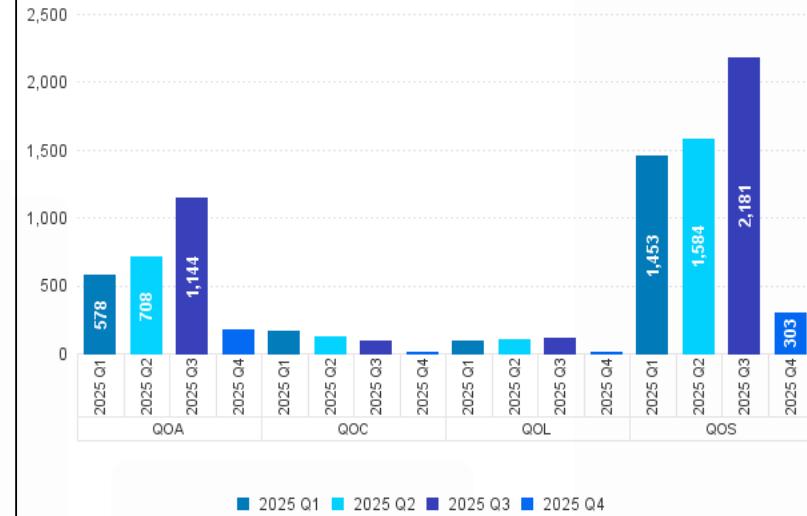
PQI Dashboard

2025 Q4

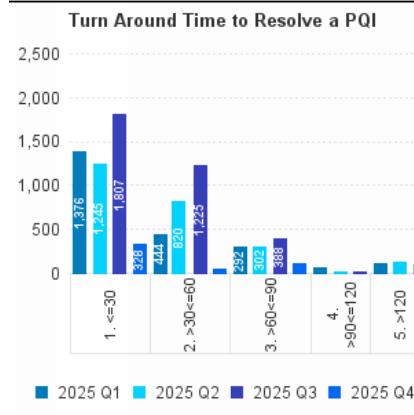
Run Date: 01/05/2026



PQI Classification by Quarter



Quarter	# PQIs
2025 Q1	2286
2025 Q2	2511
2025 Q3	3524
2025 Q4	497
Total:	8818



	2025 Q1	2025 Q2	2025 Q3	2025 Q4	Total
QOA	578	708	1144	180	2610
QOC	165	120	88	7	380
QOL	90	99	111	7	307
QOS	1453	1584	2181	303	5521
Total:	2286	2511	3524	497	8818

	2025 Q1	2025 Q2	2025 Q3	2025 Q4	Total
C0	97	86	56	1	240
C1	12	7	8	1	28
C2	14	11	13	1	39
C3	38	15	7	4	64
C4	3	1	1	1	4
Not Leveled	1	3	1	1	4
PPC-C3	1	120	88	7	380
Total:	165	120	88	7	380

Quarter	# PQIs
2025 Q2	1
2025 Q3	67
2025 Q4	207
Total:	275

Grievance to PQI process improvements

Goal:

Streamline Grievance to PQI workflow to:

- Reduce duplicate referrals received from Member Services, Grievance RNs, QIRNs, and Medical Director
- Reduce redundant processes of medical record requests and outreach to providers
- Prioritize track and trending to address top/high volume issues identified through on-going reports

Activities:

- Weekly check in meetings with Grievance & PQI team; cross-training of processes
- Cross-trained QIRN to review grievances and appropriate classification of grievance types.
 - Reduction in QOS cases as they were resolved upstream in the grievance workflow.
- Updated Grievance SOP
- Updated PQI definition for clarity
 - A potential quality issue (PQI) is a suspected deviation from expected provider performance, clinical care, or care outcome that requires further investigation to determine if an actual quality of care (QOC) concern exists.
- Updated PQI Cheat Sheet
- Refined track and trending reports for language assistance services and access to care (in progress)

PQI Annual Training

Scheduled Dates:

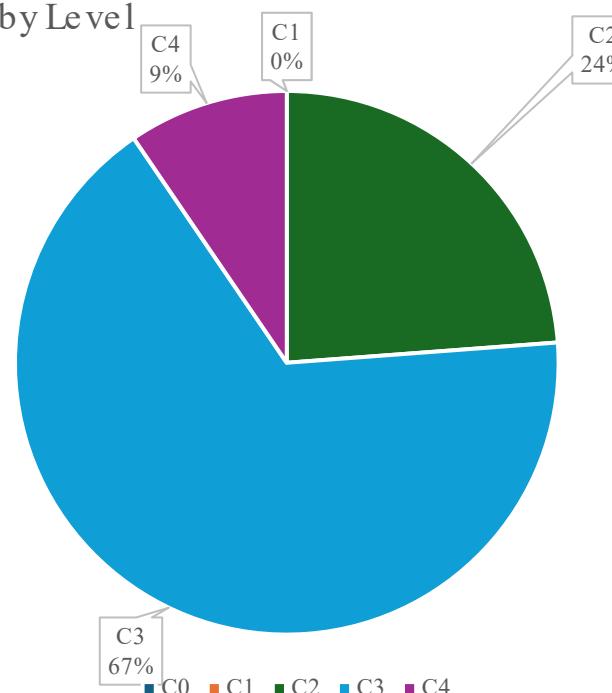
- Member Services: January 22, 2026 (2 sessions)
- Grievances & Appeals: February 18, 2026
- HCS All Staff meeting: February 19, 2026

PQI Corrective Action Plan (CAP) Dashboard for 2025

Purpose: To provide a high-level overview of the CAPs issued in 2025

Leveling	Leveling Description
C0	No Quality-of-Care issue
C1	QOC issue in the absence of negligence
C2	Borderline QOC-Potential for adverse event or outcome
C3	Moderate QOC-Actual adverse effect or outcome (non-life or limb threatening)
C4	Serious QOC-With significant adverse effect or outcome (life or limb threatening)

CAP Issued by Level



Level	Q1	Q2	Q3	Q4	Total
C0	0	0	0	0	0
C1	0	0	0	0	0
C2	0	1	1	3	5
C3	2	6	4	2	14
C4	0	2	0	0	2
Total	2	9	5	5	21

Name of Provider (C2-C4)

Alameda Health Care and Wellness (C2)	Park Bridge Rehab and Wellness (C3)
Creekside health Care Center (C4)	San Leandro Healthcare SNF (C3)
Crest Wood Treatment Center (C3)	The Villas at Saratoga Skilled Nursing and Assisted Living (C3)
Eden Medical Center (C3x1, C2x1)	UCSF (C3 x2)
Fairmont SNF (C3)	
Falack Nor Californian (C3)	
Garfield Neurobehavioral Center (C3)	
Highland Hospital (C3)	
Lake Merrit Healthcare Center SNF (C3)	
Mercy Retirement Care Center (C2)	
Modivcare (C2 x2, C3x2)	
Pacific Care Facility, LLC (C4)	

CAC Activities & Findings

Linda Ayala

Quality-Focused Community Advisory Committee (CAC)

2025 Key Feedback Summary
QIHEC – February 13, 2026



Role of the Community Advisory Committee

- ▷ Community voice and partnership
- ▷ Focus on access, quality, and equity
- ▷ Reflects member diversity
- ▷ Meets quarterly
 - ▶ March
 - ▶ June
 - ▶ September
 - ▶ December

Common Themes From 2025 Feedback

Access For
Vulnerable
Populations

Clear, Simple
Communication

Proactive
Outreach And
Follow-up

Sustainability Of
Services

Access, Coverage, and Policy Concerns

Access & Continuity of Care

- ▶ Impact of state and federal legislation
- ▶ Coverage concerns for undocumented and vulnerable groups
- ▶ Loss of coverage leading to gaps in care
- ▶ Medication access risks, including GLP-1
- ▶ Funding cuts affecting community resources
 - ▶ Food Banks
 - ▶ Senior Centers

Outreach, Mental Health & Community Health Workers

Outreach & Engagement

- ▶ Strong support for the Community Health Worker (CHW) model
 - ▶ Clear introductions and warm hand-offs to build trust
- ▶ Outreach tailored to high-need populations
- ▶ Engagement in trusted community locations
 - ▶ Churches, schools, stores, apartment complexes
- ▶ Screening and preventive care barriers with member-driven solutions
- ▶ Simple, culturally appropriate mental health messaging

Communications and Outreach

“You do wonderful work, and I have to say, I was at the DMV getting my real ID, and I saw the Alliance poster and I took a picture. And the models are of various races, and I love seeing that, that’s beautiful. I am happy to see that I keep seeing the Alliance everywhere.”

—Alliance CAC Member

Equity, Member Experience & Key Takeaways

Key Takeaways

- ▷ Persistent disparities in health outcomes
- ▷ Emphasis on action, not just data
- ▷ Improve member experience through clearer outreach
- ▷ Reduce provider surveys
- ▷ Strengthen community partnerships
- ▷ Build trust through clear communication

Timely Access Standards for Community-Based Adult Services (CBAS)

“Some of those services are not available at all. While we have these standards, often, we don’t have much to offer, which sometimes leads to people having to go to other places like Utah, to access these types of facilities.”

–Alliance CAC Member

Community Health Assessment/ Community Health Improvement Plan (CHA/CHIP)

“People are poorer and we have more food banks. We have health systems and people are getting sicker and sicker, so we need to address what the problem is and how do we solve it by working together.”

—Alliance CAC Member

Thank you.

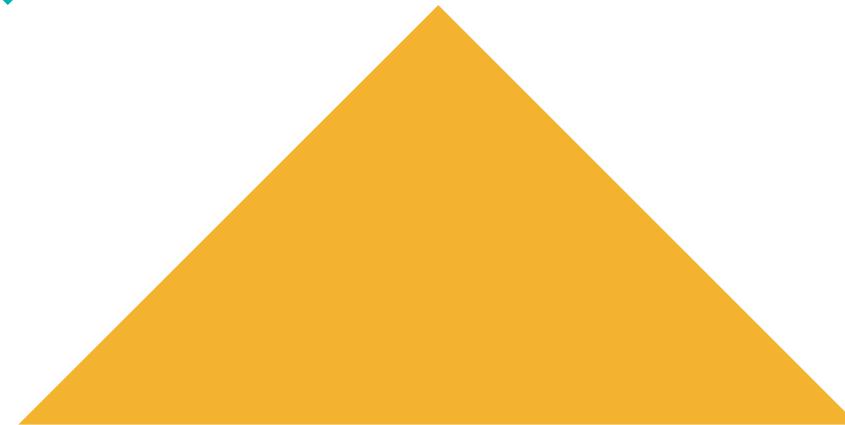
Questions?



You can contact me at:
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Public Comment

Dr. Donna Carey



Thank You for Attending Today's Meeting

Next Meeting: April 10, 2026