

Quality Improvement Health Equity/Utilization Management Committee Meeting

Friday, April 10, 2026

Alameda Alliance for Health Meeting Agenda



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I. Meeting Information

Meeting Name: Quality Improvement Health Equity /Utilization Management Committee

Date Friday, April 10, 2026	Time 9:00 AM – 11:00 AM	Location Alameda Alliance for Health HQ 1240 S. Loop Rd. Alameda
Meeting Facilitator Name Ashley Asejo	Call-In Number Microsoft Teams	Meeting Materials 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"/> La Toshia Palmer, Ed. D LCSW	Executive Director, Alameda County Office of Education
<input type="checkbox"/> Deka Dike	CEO, Omotochi
<input type="checkbox"/> Monique Hedmann, MD MPH	Director, Department of Adult Medicine, Baywell Health
<input type="checkbox"/> Sherilyn Cook, MD	

IV. Meeting Agenda

Topic	Time	Document	Responsible Party	Vote to approve or Informational
Call to Order/Roll Call:	1min	Verbal	D. Carey	Informational
1. Alameda Alliance Updates <ul style="list-style-type: none"> Introduction of new QIHE/UMC Voting Members. 	5min	Verbal	D. Carey	Informational
2. Chief of Health Equity Updates	5min	Verbal	L. Vang	Informational
3. Policies and Procedures <ul style="list-style-type: none"> All Policies listed below 	5min	Document	D. Carey	Vote
4. Approval of Committee Meeting Minutes	1min	Document	D. Carey	Vote

Alameda Alliance for Health Meeting Agenda



5. Consent Agenda <ul style="list-style-type: none"> • QIHEC/UMC Charter Review & Annual Confidentiality Statement 	5min	Document	M. Stott	Vote
6. UM Program Description, Evaluation & Work Plan	10min	Document	M. Findlater	Vote
7. CM Program Description, Evaluation & Work Plan	10min	Document	A. Lam	Vote
8. Pharmacy Update <ul style="list-style-type: none"> • Prior Authorization Changes for PAD 	3min	Document	T. Tong	Vote
9. DSNP Update	5min	Document	S. Steffire	Informational
10. Stars Update	5 min	Document	J. Goradia	Informational
11. Behavioral Health <ul style="list-style-type: none"> • BH Prior Authorization Grid 	10min	Document	P. Currie	Informational
12. Health Equity Presentation	10min	Document	Y. Ang	Informational
13. NCQA Accreditation	5min	Verbal	K. Gerena	Informational
14. Public Comment	2min	Verbal	D. Carey	Informational
15. Adjournment	1min	Verbal	D. Carey	Next meeting: 5/8/2026

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.

Policies & Procedures	
<ul style="list-style-type: none"> • QI-104: Potential Quality of Care Issues (PQI) • QI-114: Monitoring of Access and Availability Standards • QI-115: Access and Availability Committee • QI-117: Member Satisfaction Survey (CAHPS) • QI-118: Provider Satisfaction Survey • QI-125: Blood Lead Screening for Children 	<ul style="list-style-type: none"> • 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

Alameda Alliance for Health

Meeting Agenda



<ul style="list-style-type: none"> • 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 • 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 	<ul style="list-style-type: none"> • CM-033: Home and Community Based Services (Waiver Programs) DDS • BH-001: Behavioral Health Services • BH-003: Dyadic Services • BH-004: Behavioral Health Therapies (BHT)_ Applied Behavioral Analysis (ABA) • LTC-002: Authorization Process and Criteria for Admission, Continued Stay, and Discharge from a Long-Term Care Facility • LTC-003: LTC Case Management Member Identification and Enrollment and Management Process • LTC-005: Coordination of Care – Long Term Care • CS-001: Community Supports – Oversight, Monitoring & Controls • CS-005: Community Supports – Asthma Remediation • CS-006: Community Supports – Recuperative Care (Medical Respite) • G&A-001: G&A System Description • G&A-002: Grievance Filing • G&A-003: Grievance and Appeals Receipt, Review and Resolution • G&A-004: Member Education Notification Requirements • G&A-005: Expedited Review of Urgent Grievances • G&A-006: Independent Medical Review (IMR) • G&A-007: State Fair Hearings • G&A-008: Adverse Benefit Determination Appeal Process • G&A-010: Medi-Cal Rx Member Complaints and Grievances • G&A-011: UM Appeals System Controls • G&A-D-001: Integrated Grievances • G&A-D-002: "Integrated Reconsiderations and Redeterminations (Level 1 Appeals)" • G&A-D-003: D-SNP Complaint Tracking Module (CTM)
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Voting Member Roll Call

Dr. Donna Carey

Alameda Alliance Updates

Dr. Donna Carey

- Introduction of new QIHE/UMC Voting Members.

Chief of Health Equity Update

Lao Paul Vang

Voting Item: Policies & Procedures

Policies packet sent via email.

- Policies discussed during the February Meeting are in **RED**.
- All **Yellow Highlighted** Policies will be presented in today's meeting.

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	<p>Revised definition of PQI emphasizing suspected deviation in quality of care (QOC)</p> <p>Clarified QI RN triage process for PQI types</p> <p>Added that Provider Preventable Conditions (PPCs) are reported to DHCS</p> <p>Removed Exempt grievance audit process due to process improvements in G&A workflow</p> <p>Revised definition for Quality of Language (QOL) in which linguistic services are consistent with cultural and linguistic appropriate standards (CLAS)</p>	x				
Quality	QI-114	Monitoring of Access and Availability Standards	Describes how the Alliance has established a mechanism for ongoing monitoring of its provider network to ensure timely access to and availability of quality health care services for all members within the Alliance and delegate network.	Annual review, minor formatting changes			x		
Quality	QI-115	Access and Availability Committee	Describes how the Access and Availability (A&A) Committee provides oversight to ensure: 1) timely access to and availability of quality health care services for all members within the Alliance and delegate network, and 2) the continuous monitoring of access to and availability of behavioral and medical health care services in adherence with regulatory and contractual access and availability requirements.	Annual review, updates to include Medicare Operations team	x				
Quality	QI-117	Member Satisfaction Survey (CAHPS)	The CAHPS survey is designed to solicit feedback from Alliance members about their experience/satisfaction with the Alliance as a health plan, with their health care and their perceived effectiveness of care	Annual review, minor formatting changes			x		
Quality	QI-118	Provider Satisfaction Survey	The Provider Satisfaction Survey provides the Alliance with provider feedback about their experience with the Alliance.	Annual review, minor formatting changes			x		

Policy Procedures Summary of Changes

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
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	Proccess 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

Policy Procedures Summary of Changes

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 NCQA 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
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

Policy Procedures Summary of Changes

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
CMDM	CM-035	CM-035 Prescreening Process - ECM CICM and CS Providers	Outlines process for screening and onboarding potential ECM, CICM, and CS providers	annual review; added D-SNP elements (including CICM); broadened prescreening panel participation	X		X		Allison Lam
Behavioral Health	BH 001	Behavioral Health Services	This policy outlines requirements and coverage for behavioral health services for Medi-Cal Members	Update: DHCS APL 26-02 Providers may utilize DHCS approved youth trauma screening tools for Specialty Mental Health Services Access criteria for the SMHS delivery system.	X				
Behavioral Health	BH 003	Dyadic Services	This policy outlines requirements and coverage for behavioral health dyadic services	Reformatted no major revisions, submitting for annual review			X		
Behavioral Health	BH 004	Behavioral Health Therapies (BHT)_ Applied Behavioral Analysis (ABA)	This policy outlines requirements and coverage for behavioral health treatment	Reformatted no major revisions, submitting for annual review			X		
LTC	LTC-002	Authorization Process and Criteria for Admission, Continued Stay, and Discharge from a Long-Term Care Facility	This policy outlines the requirements for reviewing and processing Long Term Care (LTC) Authorization requests for a Member's admission to, continued stay in, or discharge from	Updated TAT from 5bus to 7cal. Updated Monitoring section per compliance	X				K. Glasby/A. Lam
LTC	LTC-003	LTC Case Management Member Identification and Enrollment and Management Process	This policy outlines the requirements for providing care management services for members in Long Term Care (LTC) settings. Long Term Care settings	Added CICM language for DSNP	X				K. Glasby/A. Lam
LTC	LTC-005	Coordination of Care – Long Term Care	This policy outlines the process for providing Long Term Care (LTC) services	Updated some language to make it more clear on the activities performed by AAH.	X				K. Glasby/A. Lam
CS	CS-001	Community Supports – Oversight, Monitoring & Controls	This policy outlines the process in which Alameda Alliance for Health (AAH) will oversee its contracted providers who deliver Community Supports (CS) services.	Updated file review language to align with current practice	X				K. Glasby/A. Lam
CS	CS-005	Community Supports – Asthma Remediation	This policy outlines the process in which Alameda Alliance for Health processes the Asthma Remediation Community Support.	Updated Language to remove any pre 2026 processes.	X				K. Glasby/A. Lam
CS	CS-006	Community Supports – Recuperative Care (Medical Respite)	This policy outlines the process in which Alameda Alliance for Health processes the Recuperative Care/Medical Respite Community Support.	Updated Language to inclded the current 182D 12mo cap	X				K. Glasby/A. Lam
Grievance and Appeals	G&A-001	G&A System Description	Overall grievance discription	Update to Department Officer, Policy Owner, and Internal Audit section.	X				A. Pena
Grievance and Appeals	G&A-002	Grievance Filing	Outlines requirements for filing a grievance	Update to Department Officer and Policy Owner.	X				A. Pena
Grievance and Appeals	G&A-003	Grievance and Appeals Receipt, Review and Resolution	Outlines the G&A case processing process	Update to Department Officer, Policy Owner, and Internal Audit section.	X				A. Pena
Grievance and Appeals	G&A-004	Member Education Notification Requirements	Outlines requirements for educating members of the grievance process	Update to Department Officer and Policy Owner.	X				A. Pena
Grievance and Appeals	G&A-005	Expedited Review of Urgent Grievances	Outlines the expedited case processing process	Update to Department Officer, Policy Owner, and Internal Audit section.	X				A. Pena
Grievance and Appeals	G&A-006	Independent Medical Review (IMR)	Outlines the requirements for DMHC IMR	Update to Department Officer, Policy Owner, and Internal Audit section.	X				A. Pena

Policy Procedures Summary of Changes

Grievance and Appeals	G&A-007	State Fair Hearings	Outlines the requirements for DHCS SFH	Update to Department Officer, Policy Owner, and Internal Audit section.	X				A. Pena
Grievance and Appeals	G&A-008	Adverse Benefit Determination Appeal Process	Outlines the appeals process	Update to policy owner, dept officer, monitoring IA section, investigation of an appeal updated to meet NCQA requirements, and updated section Continuation of Services Until Appeal and State Hearing Rights are Exhausted to meet DHCS requirements.	X				A. Pena
Grievance and Appeals	G&A-010	Medi-Cal Rx Member Complaints and Grievances	Outlines the Medi-Cal Rx grievance process	Update to Department Officer, Policy Owner, and Internal Audit section.	X				A. Pena
Grievance and Appeals	G&A-011	UM Appeals System Controls	Outlines the UM Appeals system controls that we need to have in place according to NCQA requirements	Update to Department Officer and Policy Owner.	X				A. Pena
Grievance and Appeals	G&A-D-001	Integrated Grievances	Outlines the D-SNP grievance process	Update to the Dept Officer and monitoring section.	X				A. Pena
Grievance and Appeals	G&A-D-002	Integrated Reconsiderations and Redeterminations (Level 1 Appeals)	Outlines the D-SNP appeals process	Updated Dept Officer and title of policy owner. Updated audit language under Procedure for Handling Misclassified Appeals.	X				A. Pena
Grievance and Appeals	G&A-D-003	D-SNP Complaint Tracking Module (CTM)	Outlines the requirements for CMS CTMs	Updated Monitoring section.	X				A. Pena

Voting Item: Committee Meeting Minutes

Minutes packet sent via email.

- QIHEC: 2/13/2026
- IQIC: 1/14/2026,
3/18/2026
- CLSS: 1/28/2026
- CAC: 12/04/2025

Voting Item: QIHEC/UMC Charter Review & Annual Confidentiality Statement

Presented in February. Final vote required.

Michelle Stott

Voting Item: Utilization Management Trilogy Documents -Overview

2026 UM Trilogy Documents and Work Plan were sent for review via email.

**Michelle Findlater, Director Utilization
Management QIHE/UMC
4/10/26**

Utilization Management Purpose

To ensure members receive the right care, in the right place at the right time

Processes & Programs

▶ Utilization Review

- ▶ Services Exempt from Prior Authorization
- ▶ Services Requiring Prior Authorization

▶ Authorization Processing

- ▶ Prospective (Pre-service)
- ▶ Concurrent
- ▶ Retrospective (Post-service)

▶ Departments associated with UM Actions

- ▶ Inpatient & Outpatient Services
- ▶ Long-Term Services & Supports (LTSS)
- ▶ Community-Based Adult Services (CBAS)
- ▶ Behavioral Health
- ▶ Pharmacy
- ▶ Clinical Appeals
- ▶ Delegation Oversight (CHCN & CFMG)

2025 Evaluation

- ▶ **Turn Around Time** - Overall 99.7%
- ▶ **Total Authorization Volume** - decrease of 13,555 as compared to 2024
- ▶ **Denial Rate** - Overall increased by 1.15% as compared to 2024
- ▶ **Emergency Department Visits** - decreased by 17.9/1000 members
- ▶ **Readmission Rate** = 21.6% (*0.4% increase from previous year*)
- ▶ **Specialty Auths Monthly Averages** - Acupuncture (19), Podiatry (82), Chiropractic (11), Transplant evaluations (55) and Palliative Care (7)
- ▶ **Behavioral Health** - Average of 523 auths per month processed
- ▶ **Long Term Care** - Decrease in ER utilization by 6%
- ▶ **Delegation Oversight** - CHCN (7 findings), CFMG (7 Findings) and CHME (3 Findings)
- ▶ **Out-of-Network Utilization** - General Acute Hospitals, Diagnostic Radiology, Specialty care, Laboratory and Acute Skilled Nursing Facilities

2026 Workplan

▶ Opportunities incorporated into 2026 Program/Workplan:

- ▶ Continued improvements on **Notice of Action/Coverage Decision Letter** compliance
- ▶ Ongoing **End to End Authorization Process enhancement** incorporating both Prior Auth/Code reviews as well as technologic enhancement
- ▶ **Align Provider Network contracts** to ensure access to services based on members' utilization patterns
- ▶ For D-SNP, ensure **Medicare-Medi-Cal integration** for UM monitoring and decision making
- ▶ Alignment with all departments including Case Management, Behavioral Health, Grievance & Appeals, Pharmacy and LTSS to ensure seamless care coordination
- ▶ Continued communication and **collaboration with Delegates**, including enhanced training, oversight, and monitoring activities

Voting Item: Case Management Program Trilogy Document Summary

2026 CM Trilogy Documents and Work Plan were sent for review via email.

*Purpose: to ensure members receive **person-centered support** to achieve their **most optimal health outcomes***

Allison Lam, MHL, RN
Executive Director, Health Care Services

Background

- ▶ **Accreditation Standards (NCQA: Population Health Management)**
- ▶ **CM Trilogy:**
 - ▶ **2025 Program Evaluation**
 - Outcomes / effectiveness
 - Member & provider satisfaction
 - Opportunities to refine
 - ▶ **2026 Program Description & Workplan**
 - Program design (*including purpose, governance and staffing structure, interventions*)
 - Measurable goals & milestones
 - Reporting / oversight

Processes & Programs

- ▶ **Health Risk Assessment (HRA) & HIF/MET Screener**
- ▶ **Basic Population Health Management**
 - ▶ Care Coordination
 - ▶ Disease Management
- ▶ **Complex Case Management**
- ▶ **Enhanced Care Management**
- ▶ **Targeted Case Management**
- ▶ **Transitional Care Services**
- ▶ **Specialized Supports**
 - ▶ California Children Services (CCS)
 - ▶ Community Supports
 - ▶ Continuity of Care
 - ▶ Major Organ Transplant
 - ▶ Transportation

2025 Evaluation

▶ Health Risk Assessment (HRA) & HIF/MET Screener

- ▶ Overall 9.7% HRA completion rate (*decrease compared to 2024*)
- ▶ No change in HIF/MET screening return rate in 2025

▶ Case Volumes (open/active)

- ▶ **PH Care Coordination:** average 2,632 cases/month (*+267/month*)
- ▶ **BH Care Coordination:** average 610 referrals/month
- ▶ **Disease Management – Asthma:** 5,096 members outreached to for DM services (*increase from 2024*)
- ▶ **Disease Management – Diabetes:** 12,000 members outreached to for DM services (*increase from 2024*)
- ▶ **Complex Case Management:** average 17 cases/month (*-53 average cases/month*)
- ▶ **Enhanced Care Management:** served 6,120 adults (*+3,988*) & 4,119 children/youth (*+2,913*)
- ▶ **Transitional Care Services:** average 5,235 cases/month (*+1,469/month*)

▶ Member Satisfaction with CM

- ▶ Member survey: **overall rate 81.1%** (below goal of 90%)
- ▶ Grievances: 612 grievances against CM – *notable trends:*
 - Dissatisfied with PCP, LTC, Access & Availability or delegate CM department

2026 Workplan

▶ Opportunities incorporated into 2026 Program/Workplan:

- ▶ Continue work with IT department to identify opportunities to **automate administrative processes** (examples: interpretive voice response (IVR), text, electronic communications, etc.)
- ▶ Integration of **case coordination processes between medical and behavioral health services** to increase efficiency and uniformity of practice
- ▶ Explore **additional data-sharing pathways** with contracted provider networks (examples: provider portal, direct system integrations, etc.)
- ▶ **Enhance training and oversight of ECM provider network**, in preparation to improve quality to support all ECM populations of focus.
- ▶ Enhance **Transitional Care Services** with new provider partnerships, including hospitals and home-based providers
- ▶ Incorporate Quality **key performance indicators and HEDIS** measures into program design

Voting Item: Pharmacy Update

Prior Authorization Changes for PAD

Tim Tong, PharmD, Lead Clinical Pharmacist, Medical
Drug Management

P&T Q1 2026 Update

Prior authorization changes for PAD drugs were approved March 17, 2026 by Pharmacy and Therapeutics Committee

HCPCS Code	HCPCS Description	Action
J9183	GEMCITABINE INTRAVESICAL SYSTEM (INLEXZO)	Add PA
J9277	PEMBROLIZUMAB, 1 MG AND BERAHYALURONIDASE ALFA-PMPH (KEYTRUDA QLEX)	Add PA
J9003	LEUPROLIDE INJECTABLE (CAMCEVI ETM)	Add PA
Q5161	DENOSUMAB-KYQQ (AUKELSO/BOSAYA) BIOSIMILAR	Add PA
Q5162	DENOSUMAB-NXXP (BILDYOS/BILPREVDA) BIOSIMILAR	Add PA
J3404	ZOPAPOGENE IMADENOVEC-DRBA (PAPZIMEOS)	Add PA
J9601	INVOSELTAMAB-GCPT (LYNOZYFIC)	Add PA
J1553	IMMUNE GLOBULIN (YIMMUGO)	Add PA
J9019	ASPARAGINASE (ERWINAZE), 1,000 IU ERWINAZE	Remove PA
J9020	ASPARAGINASE, 10,000 UNITS, NOT OTHERWISE SPECIFIED	Remove PA
J1562	IMMUNE GLOBULIN (VIVAGLOBIN)	Remove PA
Q5109	INFLIXIMAB-QBTX BIOSIMILR (IXIFI)	Remove PA
Q5131	ADALIMUMAB-AACF (IDACIO), BIOSIMILAR	Remove PA

Request for Approval

Medicare D-SNP Update

Stacey Stefflre, Medicare Product Manager

Medicare D-SNP Update

- ▶ Medicare D-SNP product (Alameda Alliance Wellness) launched successfully on January 1st, 2026, which aligns with the Alliance's 30th anniversary.
- ▶ Continued collaborations with the Medicare supplemental benefit vendors on operational excellence & process improvements.
 - ▶ Liberty Dental
 - ▶ VSP (Vision Care)
 - ▶ NationsBenefits (Hearing & Flex Card with OTC & Rewards/Incentives)
- ▶ Medicare Online Enrollment Center (OEC):
 - ▶ Evaluating the feasibility and timeline of implementing the Medicare Online Enrollment Center (OEC) functionality so that prospective members can enroll in Alameda Alliance Wellness (D-SNP) via medicare.gov.

Medicare D-SNP Update Cont.

- ▶ 2027 Medicare Bid Submission:
 - ▶ Weekly meetings with key stakeholders and external Actuarial team to discuss the approach to the 2027 plan design and to provide deliverables needed to meet bid submission requirements.
- ▶ Bay Area Community Health (BACH) from Community Health Center Network (CHCN) has joined the Medicare D-SNP pilot as an active participating health center.
 - ▶ The Alliance is scheduling an onsite roadshow in Q2 2026.
- ▶ Medicare Marketing has identified a set of qualified vendors for marketing/brand awareness and is currently in the interview process.
 - ▶ The goal is to select a preferred vendor and begin onboarding to ensure readiness for July implementation.
- ▶ CHCN Marketing Blitz:
 - ▶ Completed three (3) waves of postcard marketing blitz to CHCN leads, which drove up sales and brand awareness.

STARS Update

Jaini Goradia, Director, Stars Strategy and Program Management

Behavioral Health:

BH Prior Authorization Grid Updates

Peter Currie Ph.D, Senior Director, Behavioral Health

BH PA Code List

Peter Currie Ph.D.

PA Code list


- The BH PA Code list has been expanded to include all non-specialty mental health service (NSMHS): [BH PA List for UMC 3 27 26.xlsx](#)
- The BH Department is recommending changes to the PA requirements for the following codes: [BH PA List for UMC 3 27 26.xlsx](#)
- Highlight no PAs for health behavior codes
- Some codes deleted and replaced with other codes

Thank you.

Questions?



You can contact me at:
pcurrie@alamedaalliance.org



Quality
Improvement
Health Equity
Committee
April 10, 2026

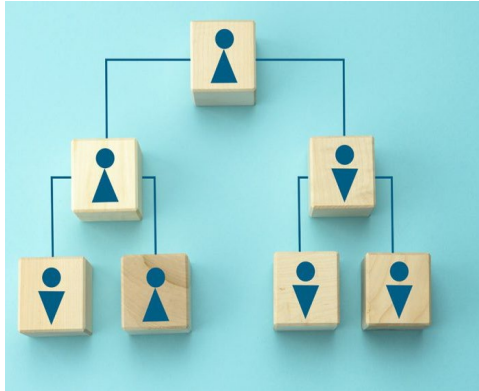


Health Equity Division Update

Report by
Yen Ang, DrPH, RD, FAND
Health Equity Director

Health Equity Roadmap Six Milestones

1 Organization Transformation



2 Data Driven
★



3 Education



4 Communication



5 Community Engagement



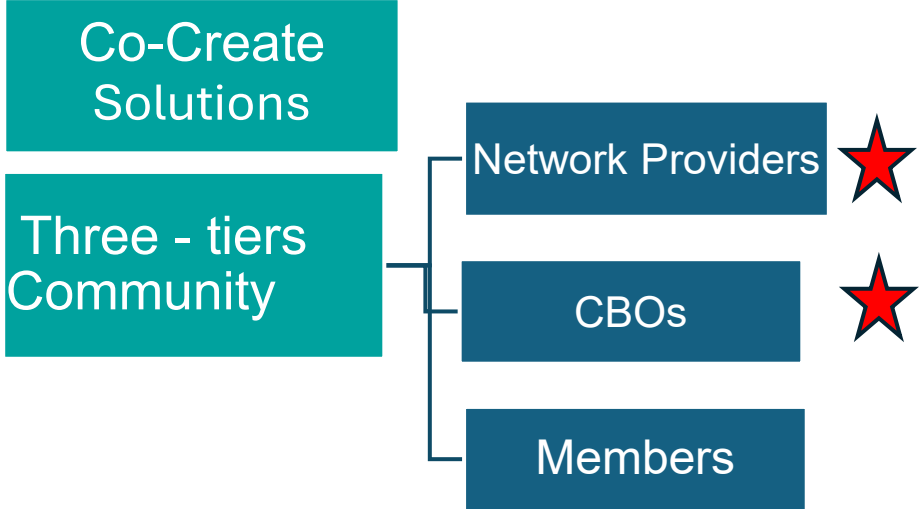
6 SDOH Mitigation Measures



Community Engagement and SDOH Mitigation Measures



Co-DESIGN model



1. **Community Connect:** Bi-monthly virtual convening with network providers and CBO
2. **Beloved Black Babies:** Grant funded program with AHS pediatrician to address SDOH, ie: racially concordant services for maternal-child health
3. **Faith-Based Organization health outreach:** tri-party collaboration to meet and serve our members in the larger community
4. **Food-is-Medicine:** HE-led partnership with selected clinic providers to address major SDOH, ie: food access
5. **California Improvement Network** (CHCF) : one of the 25 lead agencies

NCQA Accredidation

Kisha Gerena

Thank you.

Questions?



You can contact me at:
ttong@alamedaalliance.org

Public Comment

Dr. Donna Carey

Thank You for Attending Today's Meeting

Next Meeting: May 8, 2026