

Quality Improvement Health Equity/Utilization Management Committee Meeting

Friday, May 8, 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, May 8, 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.

Alameda Alliance for Health Meeting Agenda



III. Voting Members

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	5min	Verbal	D. Carey	Informational
2. Chief of Health Equity Updates	5min	Verbal	L. Vang	Informational
3. Committee Member Presentation: Alameda Health Systems	15min	Document	M. Swift	Informational

Alameda Alliance for Health Meeting Agenda



4. Policies and Procedures <ul style="list-style-type: none"> All Policies listed below 	5min	Document	D. Carey	Vote
5. Approval of Committee Meeting Minutes <ul style="list-style-type: none"> QIHEC 4/10/26 UM Workgroup 3/27/26 IQIC 4/21/26 A&A 3/17/26 	1min	Document	D. Carey	Vote
6. UM Work Plan Update <ul style="list-style-type: none"> Board-Certified Consultants Review of Code-Specific Prior Authorization Rules 	10min	Document	A. Lam M. Findlater	Vote
Quality Improvement Health Equity Program				
7. QIHE Trilogy Documents (Program Description, Evaluation & Workplan) <ul style="list-style-type: none"> HEDIS Results Survey Results: CG-CAHPS After Hours Survey 	20min	Document	QI Leadership	Vote
8. Population Health <ul style="list-style-type: none"> Assessment, Impact, Strategy Documents 	5 min	Document	L. Ayala G. Duran	Vote
9. Community Health Strategy <ul style="list-style-type: none"> Integration into the QIHE Program 	5min	Document	S. Jones S. Grewal	Informational
10. DSNP Update <ul style="list-style-type: none"> Review Core Measures, MOC narrative, and workplan 	5min	Document	T. Meyers	Informational
11. Public Comment	2min	Verbal	D. Carey	Informational
12. Adjournment	1min	Verbal	D. Carey	Next meeting: August 14, 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

Alameda Alliance for Health

Meeting Agenda



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	
CM-004	CCM Identification Screening Enrollment and Assessment
CM-005	Disease Management Programs
CM-020	Health Information Form/Member Evaluation Tool (HIF/MET)
CM-029	Developmental Disabilities
QI-D-006	Quality Improvement Chronic Care Improvement Program
UM-051	Timeliness of UM Decision Making and Notifications
UM-056	Standing Referrals
UM-068	Tertiary and Quaternary Review Process
UM-D-005	Review of Admissions, Discharge and Transfer Files
UM-D-009	Integrated Organization Determinations

Voting Member Roll Call

Dr. Donna Carey

Alameda Alliance Updates

Dr. Donna Carey

Chief of Health Equity Update

Lao Paul Vang

Committee Member Presentation:

Alameda Health Systems

Voting Item: Policies & Procedures

Policies packet sent via email.

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 (X)	Presenter	Subcommittee Approval Date (QIHEC, PRCC, P&T) if applicable	LOB (MCAL, IHSS, and/or D-SNP)
CMDM	CM-004	CCM Identification Screening Enrollment and Assessment	Care Coordination of Services	addition of care coordination for cell gene therapy	X				Lily Hunter		MCAL/GC
CMDM	CM-005	Disease Management Programs	Disease management services provided at the Alliance for members	annual review; added D-SNP elements (including C1CM); broadened prescreening panel participation			X		Lily Hunter		MCAL/GC
CMDM	CM-020	Health Information Form/Member Evaluation Tool (HIF/MET)	Purpose behind the HIF/MET completion and data collection and sharing	Formatting update	x				Lily Hunter		MCAL/GC
CMDM	CM-029	Developmental Disabilities	Referrals to Regional Center of the East Bay and working collaboratively to support shared members	annual review			X		Lily Hunter		MCAL/GC
QI	D-006	Quality Improvement Chronic Care Improvement Program	Describes the Chronic Care Improvement Program (CCIP) including requirements for identification, interventions, monitoring, and evaluating outcomes for chronic disease management	New policy outlining CCIP requirements and adherence to the Plan-Do-Study-Act model, submission to CMS and annual updates.		x			M.Stott		DSNP
UM	UM 051	Timeliness of UM Decision Making and Notifications	Describes the Alliance processes for making determinations timely	Updated verbiage per IA Recommendations r/t audits	x				M. Findlater		ALL LOB
UM	UM 056	Standing Referrals	Describes the Alliance Processes for Standing referrals	Updated verbiage per IA Recommendations r/t audits. Minor Grammar Updates	x				M. Findlater		All LOB
UM	UM 068	Tertiary and Quaternary Review Process	Describes the Alliance process for Authorizations to TQ Centers	Updated verbiage per IA Recommendations r/t audits. Minor Grammar Updates	x				M. Findlater		All LOB
UM	UM-D-005	Review of Admissions, Discharge and Transfer Files	Describes the review of the logs related to ADT for D-SNP	Updated verbiage per IA Recommendations r/t audits. Minor Grammar Updates	x				M. Findlater		D-SNP
UM	UM-D-009	Integrated Organization Determinations	Describes the review and process for D-SNP Org determinations	Updated verbiage per IA Recommendations r/t audits. Minor Grammar Updates	x				M. Findlater		D-SNP
UM	UM 052	Discharge planning to a lower level of care (including granting administrative days pending placement for facilities contracted for administrative days)	Describes the IP UM department's policies and processes for Admin days for acute inpatient stays.	Updated language related to the TAR criteria for administrative days.	x				M. Findlater		All LOB
UM	UM-D-001	Prior Authorization, Concurrent Review, organization determination audit process	Describes the process for the internal departments to audit the UM components of the authorizations	Updated verbiage per IA Recommendations r/t audits. Minor Grammar Updates	x				M. Findlater		D-SNP
UM	UM- 029	Sensitive Services	Describes the processes to authorize sensitive services including STD testing, treatment, family planning, sterilization and fertility/infertility treatments	Updated the policy to align with DMHC APL 25-021 for infertility/ fertility treatments for Group Care Members	x				M. Findlater		ALL LOB

Voting Item: Committee Meeting Minutes

Minutes packet sent via email.

- **Quality improvement Health Equity Utilization Management Committee 4/10/26**
- **Utilization Management Workgroup 3/27/26**
- **Internal Quality improvement Workgroup 4/21/26**
- **Access & Availability Meeting 3/17/26**

Voting Item: Utilization Management Workplan Update

Board-Certified Consultants

Allison Lam, MHL, RN

Executive Director, Health Care Services

Use of Board-Certified Consultants

- ▶ **Board Certified Consultant:** a physician who has passed a written and oral examination given by a medical specialty board and who has been certified as a specialist in that area
- ▶ Used whenever an Alliance physician reviewer of the appropriate specialty is not available to make a decision on a denial or appeal, including:
 1. **Independent Medical Review** (when Alliance reviewer is unable to apply medical necessity or regulatory guidelines during review; ie: for non-covered benefits)
 2. **High Complexity or Specialized Procedures and Services** (highly complex or specialized procedures/services that require the review of a professional in the same or similar specialty to the physician performing the procedure)
 3. **Level of Certification** (the physician performing the procedure or service is credentialed and/or board-certified and Alliance reviewer is not similarly credentialed or certified)
 4. **Conflict of Interest** (when Alliance reviewer has established personal or professional conflicts of interest)

Advanced Medical Review (AMR)

- ▶ The Alliance contracts with **Advanced Medical Review (AMR)** to provide independent medical review services from Board-Certified Consultants. AMR is contractually required to ensure its reviewers:
 - ▶ Are credentialed/re-credentialed using an NCQA certified Credential Verification Organization (CVO)
 - ▶ Are licensed and board-certified in the appropriate specialty or possess knowledge appropriate to the request
 - ▶ Review the medical information provided by the member's physician, any additional information provided by the Alliance, and national criteria, developed by such organizations as MCG, the Centers for Disease Control, American Academy of Pediatrics, the American College of Cardiology, the American Heart Association and similar specialty organizations.
 - ▶ Evaluate whether the requested services are or were: medically necessary, as defined in the member's Evidence of Coverage and under applicable law; appropriate and necessary for the symptoms, diagnosis or treatment of Member's medical condition; provided for the diagnosis and direct care and treatment of such medical condition; not furnished primarily for the convenience of Member, Member's family, or the treating provider or other provider; furnished at the most appropriate level which can be provided consistent with generally accepted medical standards of care; and consistent with Alameda Alliance policies

Annual Review of AMR Reviewers

- ▶ Attached list of AMR Reviewers and their Specialties
 - ▶ last updated 03.12.2026
 - ▶ 266 Board-Certified Consultants

- ▶ Committee Vote Required



Review of Code-Specific Prior Authorization Rules

Presented at QIHE/UMC

Michelle Findlater

05.8.26

UM Q1 2026 Update

- ▶ These codes are the proposed changes to the PA and/ or Auto Authorization Rule lists.

Codes to add to PA List- Add to Auto Auth list

- ▶ These codes need to require a PA moving forward.
- ▶ They will be on Auto-Authorization
- ▶ 31 Codes Total (Gray)

Codes to add to PA list- do not add to Auto Auth List

- ▶ These codes will be added to the PA grid
- ▶ These codes will require Clinical Review
- ▶ 7 codes (pink)

Codes to add to PA List- remove from Auto Auth list

- ▶ These codes need to require a PA moving forward.
- ▶ They will require a clinical review and will not be on Auto-Authorization
- ▶ 13 Codes Total (Blue)

Add to PA and keep on Auto Auth

- ▶ These codes will require a PA, but will be on Auto-Auth
- ▶ 5 Codes Total (Green)

Add to PA Grid for TQ only

- ▶ These codes will be added to the PA grid for TQ services only
- ▶ These will require clinical review
- ▶ 10 codes

Codes Added/ Changed to align with APL 25-021

- ▶ 2 Group Care codes were changed from not requiring Auth to Require an auth.
- ▶ Total of 185 Codes were added to the PA list to require an Auth for Group Care

Complete List

- ▶ The complete list of code changes can be found here:

[PA Grid Code Changes for QIHEUMC on 5.8.26.xlsx](#)

Motion to Approve

- ▶ Can I get a motion to approve the code changes for UM.

Thanks!

Questions?

You can contact me at:

 mfindlater@alamedaalliance.org

Voting Item: QIHE Trilogy Documents

Quality Improvement Health Equity (QIHE) Trilogy

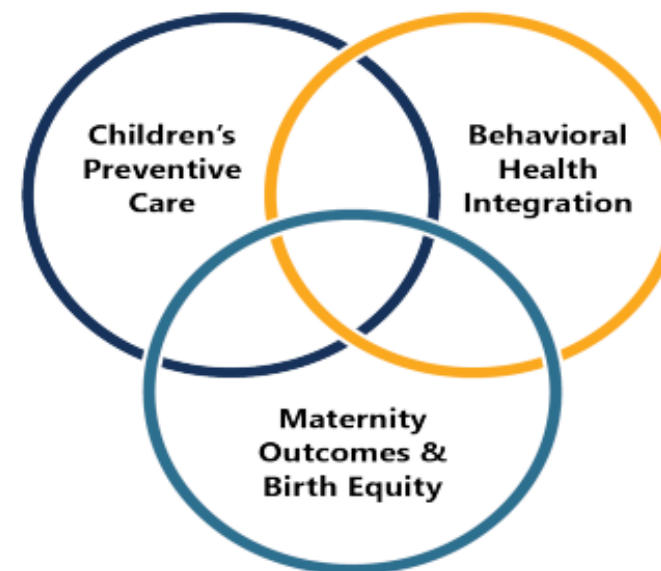
Quality Improvement Health Equity/Utilization
Management Committee

May 8, 2026

CalAIM and Quality Strategy Goals

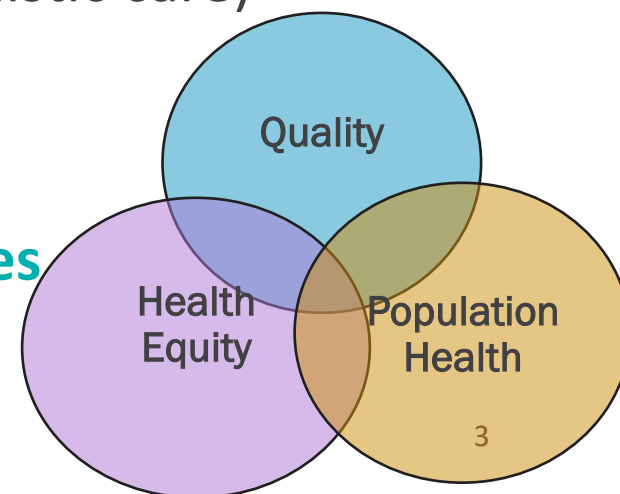
QUALITY STRATEGY GOALS

 <p>Engaging members as owners of their own care</p>	 <p>Keeping families and communities healthy via prevention</p>	 <p>Providing early interventions for rising risk and patient-centered chronic disease management</p>	 <p>Providing whole person care for high-risk populations, addressing drivers of health</p>		
<table border="0"> <tr> <td data-bbox="183 928 509 1195"> <p>QUALITY STRATEGY GUIDING PRINCIPLES</p> </td> <td data-bbox="509 928 1554 1195"> <ul style="list-style-type: none"> » Eliminating health disparities through anti-racism and community-based partnerships » Data-driven improvements that address the whole person » Transparency, accountability and member involvement </td> </tr> </table>				<p>QUALITY STRATEGY GUIDING PRINCIPLES</p>	<ul style="list-style-type: none"> » Eliminating health disparities through anti-racism and community-based partnerships » Data-driven improvements that address the whole person » Transparency, accountability and member involvement
<p>QUALITY STRATEGY GUIDING PRINCIPLES</p>	<ul style="list-style-type: none"> » Eliminating health disparities through anti-racism and community-based partnerships » Data-driven improvements that address the whole person » Transparency, accountability and member involvement 				



Overall QIHE Objectives

- ▷ Implement a Quality Improvement and Health Equity (QIHE) Transformation Program*
 - ▶ Consistent with principles outlined in the **DHCS Comprehensive Quality Strategy**
 - ▶ Monitor, evaluate, and take timely action to address necessary improvements in the quality of care and **to improve upon Health Equity**
- ▷ Ensure quality of care in the following areas (whole-person and holistic care)
- ▷ **Continuous Quality Improvement (CQI)**
- ▷ Population Health Management interventions designed to **address Social Drivers of Health and *reduce disparities in health outcomes**



*NCQA QI 1, Health Outcomes 7

QIHE Trilogy Documents

- 2025 Program Evaluation
- 2026 Program Description
- 2026 Workplan

Quality Improvement Health Equity Program Scope

- Quality Performance
- Member Experience & Access to Care
- Clinical Safety
- Population Health & Equity
- NCQA Accreditation
- Community Health Strategy

Quality Performance

Overall HEDIS® Measures



MY2025 HEDIS®/MCAS Rates

- **90th Percentile**
 - ❖ Follow-up after ED visit for Alcohol and other Drug Dependence (FUA)
 - ❖ Childhood Immunization (CIS-10)
 - ❖ Immunization for adolescents (IMA-2)
- **75th Percentile**
 - ❖ Follow-up after Ed visit for mental illness (FUM)
 - ❖ Developmental screening (DEV)
 - ❖ Chlamydia screening (CHIL)
 - ❖ Timeliness of postpartum Care (PPC-Pst)
- **50th Percentile (MPL)**
 - ❖ Lead screening (LSC)
 - ❖ Well child visits 0-15 mo (W15 6+)
 - ❖ Well child visit 15-30 mo (W30 2+)
 - ❖ Child and adolescent well care (WCV)
 - ❖ Asthma Medication Ratio (AMR)
 - ❖ Glycemic Status >9.0% (GSD)
 - ❖ Breast Cancer Screening (BSC)
 - ❖ Cervical Cancer Screening (CCS)
 - ❖ Colorectal Cancer Screening (COL)
- **Undetermined Pending Final Rates**
 - ❖ Controlling High Blood Pressure
 - ❖ Topical Fluoride for Children

Accountable Measures	MY 2025 (as of 04/01/2026)					
	EP	Num	Admin Rate	MPL	75th Pctl	90th Pctl
Behavioral Health Domain Measures						
Follow-Up After ED Visit for Alcohol and Other Drug Dependence - 30 Day (FUA)	2,111	1,097	51.97%	39.10%	45.80%	53.27%
Follow-Up After ED Visit for Mental Illness - 30 Day (FUM)	3,697	2,473	66.89%	57.13%	64.91%	74.67%
Children's Health Domain Measures						
Childhood Immunization Status - Combo 10 (CIS-10-E)	3,642	1,374	37.73%	23.89%	28.86%	34.79%
Developmental Screening in the First Three Years of Life (DEV-CH)	10,469	7,028	67.13%	37.40%	52.00%	
Immunizations for Adolescents Combo 2 (IMA-2-E)	4,755	2,318	48.75%	34.14%	40.19%	47.16%
Lead Screening in Children (LSC-E)	3,655	2,569	70.29%	69.96%	76.34%	82.86%
Topical Fluoride for Children (TFL-CH)	90,764	18,013	19.85%	21.60%	25.30%	
Well-Child Visits in the First 15 Months of Life - 6 or More Visits (W15)	2,521	1,659	65.81%	63.38%	67.49%	71.71%
Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits (W30)	3,607	2,751	76.27%	72.32%	77.50%	82.12%
Child and Adolescent Well-Care Visits (WCV)	85,397	50,129	58.70%	55.41%	61.47%	67.63%
Chronic Disease Management Domain Measures						
Asthma Medication Ratio (AMR)	2,185	1,485	67.96%	63.66%	70.39%	76.25%
Controlling High Blood Pressure (CBP)	20,261	11,220	55.38%	67.88%	71.34%	75.43%
Glycemic Status >9.0% (GSD)	18,736	6,076	32.43%	30.41%	26.52%	23.60%
Reproductive Health Domain Measures						
Chlamydia Screening (CHL)	8,432	5,696	67.55%	56.30%	65.47%	70.67%
Timeliness of Prenatal Care (PPC-Pre)	3,682	3,136	85.17%	86.37%	89.78%	91.97%
Timeliness of Postpartum Care (PPC-Pst)	3,682	3,222	87.51%	82.48%	85.15%	88.32%
Cancer Prevention Domain Measures						
Breast Cancer Screening (BCS-E)	22,854	13,485	59.00%	55.87%	61.43%	66.31%
Cervical Cancer Screening (CCS-E)	70,255	38,625	54.98%	52.32%	57.83%	64.21%
Colorectal Cancer Screening (COL-E)	51,844	23,367	45.07%	41.39%	48.22%	53.31%

Quality Measures: HEDIS®

2025 EVALUATION



CHILDHOOD MEASURES

7 of 8

met or exceeded MPL



All 8 improved year over year

KEY DRIVERS

- Community partnership (First 5)
- Member outreach (calls, birthday cards)
- Provider education & incentives



CANCER PREVENTION

All

measures exceeded MPL



Mobile mammography



Member outreach (calls, birthday cards)



HPV self-swab pilot



Collaboration with Exact Sciences (Cologuard)



BEHAVIORAL HEALTH (FUA, FUM)

Exceeded 75th–90th percentile benchmarks

FUA

+8.15

percentage points

FUM

+10.39

percentage points

KEY DRIVERS

- Provider education & incentives
- Data sharing with providers & Alameda County

2026 WORKPLAN



HIGH-VOLUME PROVIDER COLLABORATION

Outreach support, data integration, and disease management partnerships



WELL-CHILD COHORT INITIATIVE

Quality improvement training and workflow optimization



TOPICAL FLUORIDE FOR CHILDREN

Provider education, best practice sharing, data transparency, P4P incentives & fluoride kit funding

Member Experience & Access to Care

2025 Evaluation



After-Hours Access

PCP, Specialist, and BH all **exceeded** the 80% threshold goal for MY 2025



Wait Time & Call Response

Most providers **met or exceeded goals** for in-office wait time, call answer, and return time



CG-CAHPS Performance

BH had a **1.5% gap to goal** for call return time; other areas on track



Appointment Access

PCP did **not meet** urgent/routine thresholds; BH met routine but not urgent

2026 Workplan



Provider Education

Continue provider education and JOM discussions on timely access to care



Best Practices & Incentives

Promote best practices and provider incentive programs



Accountability

Increase accountability through member holds and corrective action plans



Alternative Access

Member-facing guides for urgent care, telehealth, and after-hour clinics



Clinical Safety:

Potential Quality Issue (PQI) and Facility Site Reviews (FSR)



9,602

PQIs Closed

Highest spike Q3



209

Reviews Completed

FSR/MRR/PAR



112

CAPs Issued

100% closed in 120 days

2025 Evaluation



DMHC CAP: DMHC CAP audit finding on effective CAP closure



Efficiencies: streamlined G&A processing, RN cross-training, revised workflows, remote MD reviews



Top findings: Top FSR/MRR findings: site access/safety, personnel, clinical services, infection control

2026 Workplan



Close DMHC CAP
Resolve PQI audit finding



Strengthen Processes
Cycle times, PPCs, track & trend



Address QOS Trends
Correlate with member experience



Reduce FSR/MRR Findings
Education & technical assistance



Population Health and Equity



▶ Population Health Management (PHM)

- ▶ PHM Assessment and Strategy
- ▶ PHM data analysis – dashboards and KPIs
- ▶ Local Health Jurisdiction collaborations

▶ Cultural and Linguistic Services (CLS)

- ▶ Interpreter Services
- ▶ Community Advisory Committee
- ▶ Cultural Sensitivity Training
- ▶ Member & Provider CLS Education

▶ Health Education

- ▶ Wellness programs & materials across the lifespan
- ▶ Diabetes prevention program/health coaching
- ▶ Maternal health
- ▶ Non-specialty mental health services outreach and education



Population Health & Equity



17→96

Doula Workforce

465% growth



2,500+

Members Reached

Health education materials



125,017

Interpreter Units

97→99% fulfillment

2025 Evaluation Highlights



433 active DPP members: Exceeded participation goals for Diabetes Prevention Program



12 new CAC members: Member outreach efforts grew Community Advisory Committee



Interpreter services: 125,017 units delivered; fulfillment rate increased from 97% to 99%

2026 Workplan Highlights



PHM Dashboards

Operationalize PHM framework



Mental Health Access

Increase NSMHS utilization



Childbirth Education

Reduce disparities in pregnancy measures



CAC & Multilingual Campaign

Grow CAC; launch interpreter rights education

NCQA Accreditation

2025 Accreditation Status



Health Plan

Accredited — Commercial and Medi-Cal
(with CAP for UM 9B: Timeliness of Appeals)
Period: Sept 23, 2025 to Sept 23, 2028



Health Outcomes

Accredited — Commercial and Medi-Cal
Period: Aug 13, 2025 to Aug 13, 2028
Submission due: May 23, 2028

2026 Workplan



CAP Survey

Address Timeliness of Medi-Cal
Appeals corrective action plan



Accreditation Kick-Off

Launch 2028 NCQA Health Plan
Accreditation planning meeting



Mock Audits

UM, Appeals, Pharmacy, Case
Management, Credentialing,
Behavioral Health



2028 Submission

Health Outcomes submission
target date: May 23, 2028

 **Jan 1, 2026**
Launch Date

*Medicare-Medi-Cal
integration*

 **2**
New Vendors Added





VSP & Liberty Dental

 **5+**
Training Modes
Precipio, webinars, & more

Infrastructure

-  **STARS Integration:** Collaborated with Stars team on assigned measures and provider meeting integration
-  **Policy Updates:** Revised policies and QIHE trilogy documents to include Model of Care and Core Measures
-  **Vendor Oversight:** Added VSP (Medi-Cal & DSNP) and Liberty Dental (DSNP) for delegation oversight
-  **Member Incentives:** Participated in DSNP member incentive development program

Training & Education

-  **Staff Training**
Multi-modal QI training including Precipio module
-  **Language Access**
Multilingual phone tree testing & interpreter services training
-  **Provider Education**
DSNP provider trainings and webinars
-  **Member Materials**
New handouts aligned with STARS measures; expanded Disease Management to DSNP



How can we strengthen the QIHE Program?

What strategies/priorities are you working on (points of alignment)?



Thank you.

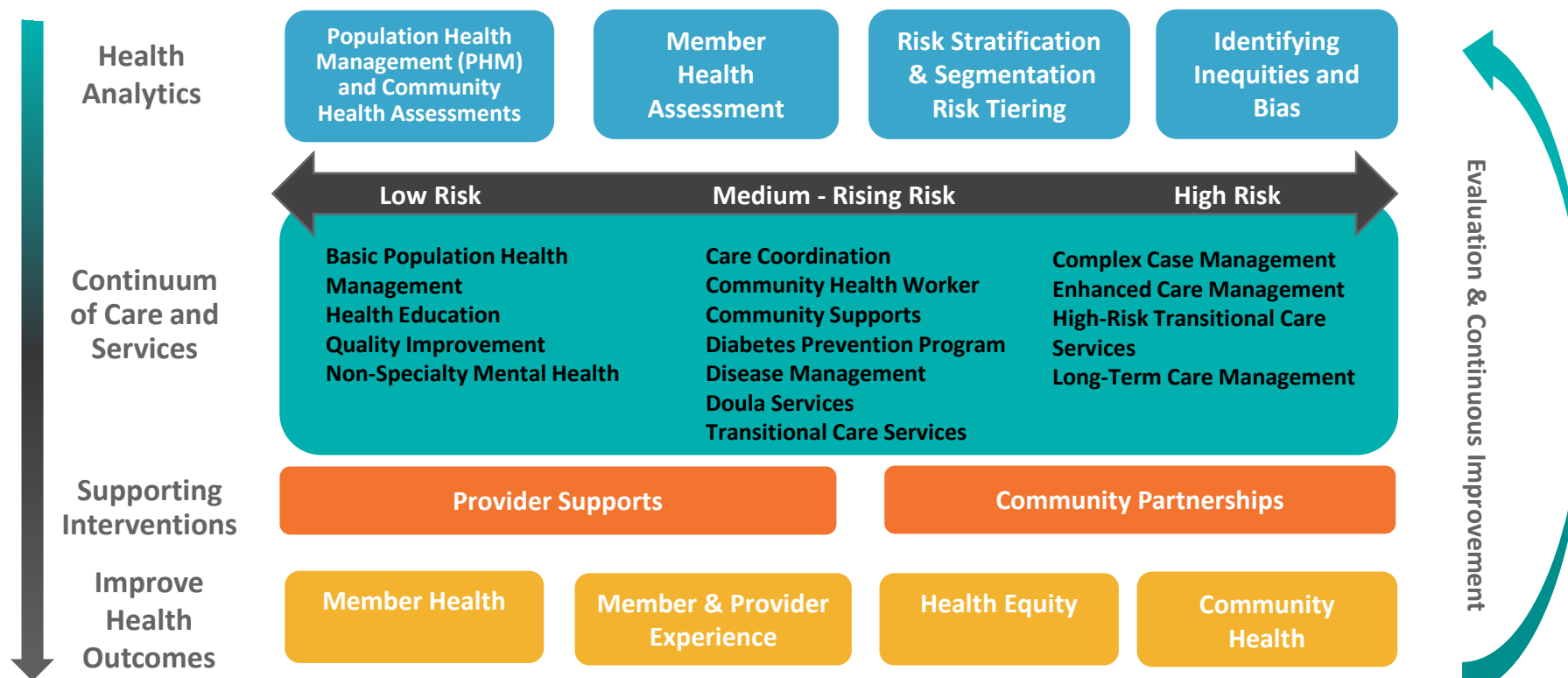
Questions?

Voting Item: Population Health Management

Population Health Management 2026 Strategy

Presented to QIHE/UMC May 8, 2026

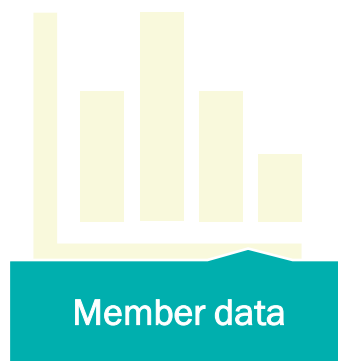
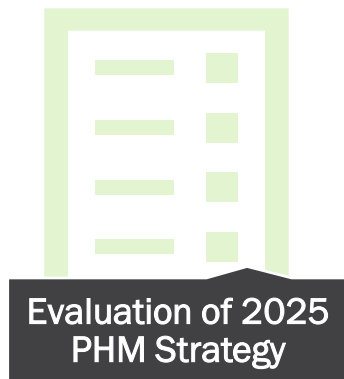
Alliance Population Health Management Framework



Addressing social determinants of health to promote health equity.

2026 PHM Strategy

▶ Updates to program activities and resources are based on:



NCQA Areas of Focus

- Managing Multiple Chronic Illnesses
- Managing Members with Emerging Risk
- Keeping Members Healthy
- Patient Safety and Outcomes Across Settings



Managing Multiple Chronic Illnesses

▶ 2025 Evaluation

Program	Measure	Goal	Result
Multiple Chronic Case Management	% with confidence level of 6 out of 10	80%	MC: 88% GC: 67%
Disease Management Health Education	% with confidence level of 24 out of 30	80%	MC: 83% GC: 70%

▶ 2026 Strategy

- ▶ Reach out to CCM-eligible members to offer CM programs and services
- ▶ Follow up with phone calls for DM letters sent to Group Care members
- ▶ Provide member incentive for DM health coaching



Managing Members with Emerging Risk

▶ 2025 Evaluation

Program	Measure	Goal	Result
BirthWise Wellbeing	% rating usefulness of information a 4 out of 5	80%	No surveys
Blood Pressure Monitoring QI Project (MC)	1) BP monitor received 2) CBP AHS admin rate	1) 20% 2) 64.72%	1) 19% 2) 64.19%
Cancer Prevention QI Project	1) BCS-E, Black/African American members 2) CCS-E 3) COL-E	1) MC: 55.34%, GC: 64.54% 2) MC: 55.89%, GC: 65.05% 3) MC: 48.27%, GC: 60.15%	1) MC: 55.75%, GC: 62.64% 2) MC: 55.01%, GC: 64.36% 3) MC: 45.16%, GC: 58.61%
Diabetes Prevention Program (MC)	% who reached and maintained 5% weight loss	25%	26%



Managing Members with Emerging Risk

▶ 2026 Strategy

- ▶ Targeted outreach for BirthWise Wellbeing with member incentive to increase engagement
- ▶ Shift focus for breast cancer screening to ages 40-49
- ▶ Share best practices from CCS practice facilitation cohort and continue Cologuard test kits
- ▶ BP monitoring and DPP are not goal programs in the 2026 Strategy



Keeping Members Healthy

▷ 2025 Evaluation

Program	Measure	Goal	Result
Black (African American) Well-Child Visit QI Project (MC)	1) W30-6+	1) 40.50%	1) 42.14%
	2) W30-2+	2) 70.62%	2) 67.47%
	3) CIS-10-E	3) 16.58%	3) 15.98%
Doula Services	1) MC utilization for Black, Hispanic, or AI/AN members	1) 2%	1) 3%
	2) GC utilization	2) 10%	2) 3%

▷ 2026 Strategy

- ▶ Grant to support Beloved Babies Centering Program
- ▶ Care coordination of doula referrals from Sutter Alta Bates and Transitional Care Services
- ▶ New goal program: Non-Specialty Mental Health Services Outreach and Education, focused on members with limited English proficiency
- ▶ New goal program: Topical Fluoride for Children



Patient Safety and Outcomes Across Settings




























▶ 2025 Evaluation

Program	Measure	Goal	Result
Follow-up after ED Visit for Mental Illness QI Project (MC)	FUM	67.38%	66.89%
Transitional Care Services	Care manager contact within 7 days	MC: 24.3%, GC: 29.5%	MC: 20.6%, GC: 21.0%

▶ 2026 Strategy

- ▶ Washington Hospital onsite nurse follow-up for ED and inpatient
- ▶ Text messaging outreach for FUM
- ▶ Connection with assigned ECM providers for FUM

2026 PHM Strategy Programs

AAH Programs	NCQA Area of Focus				Alliance QIHE Cross-Functional Operating Plan			
	 Managing multiple chronic illnesses	 Managing members with emerging risk	 Keeping members healthy	 Patient safety or outcomes across settings	 Children's Health	 Behavioral Health	 Reproductive Health	 Chronic Disease
Multiple Chronic Case Management								
Disease Management Health Education								
BirthWise Wellbeing								
Cancer Prevention								
Under 30 Months Well Visits								
Doula Services								
Non-Specialty Mental Health								
Topical Fluoride for Children								
Post ED visit for Mental Illness								
Transitional Care Services								

Questions?

Contact Linda Ayala, Director of Population Health and Equity, at layala@alamedaalliance.org

Community Health Strategy (CHS)

Shatae Jones - Director, Community Health Strategy

- CHS integrates population health analytics, clinical and non-clinical care delivery, quality infrastructure, and community partnerships to:
 - Deliver culturally responsive, person-centered interventions
 - Address social drivers of health
 - Reduce disparities and improve measurable outcomes for Medi-Cal and Medicare members through CHW-Led interventions

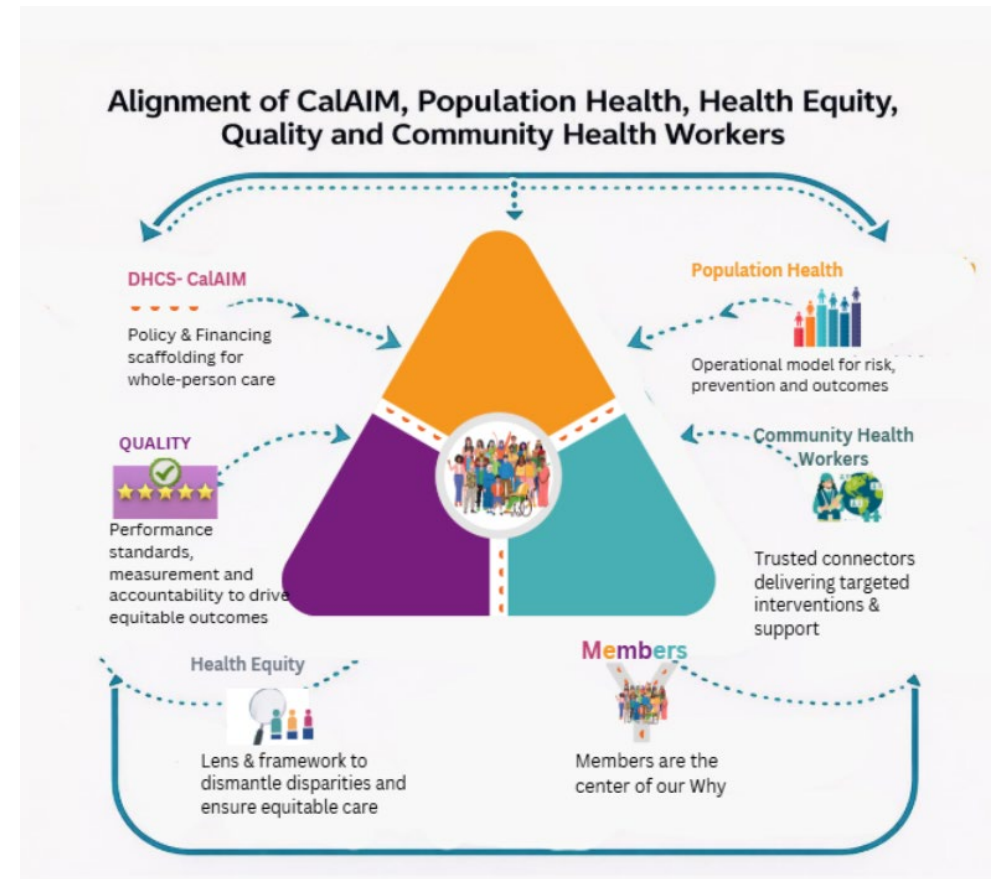
CHS & Quality Integration

Why Quality?

- Quality provides the accountability framework and performance standards that translate strategy into measurable outcomes.
- Community Health Workers operationalize the quality agenda at the member level as trusted connectors

Workplan Highlights: 2025-2026

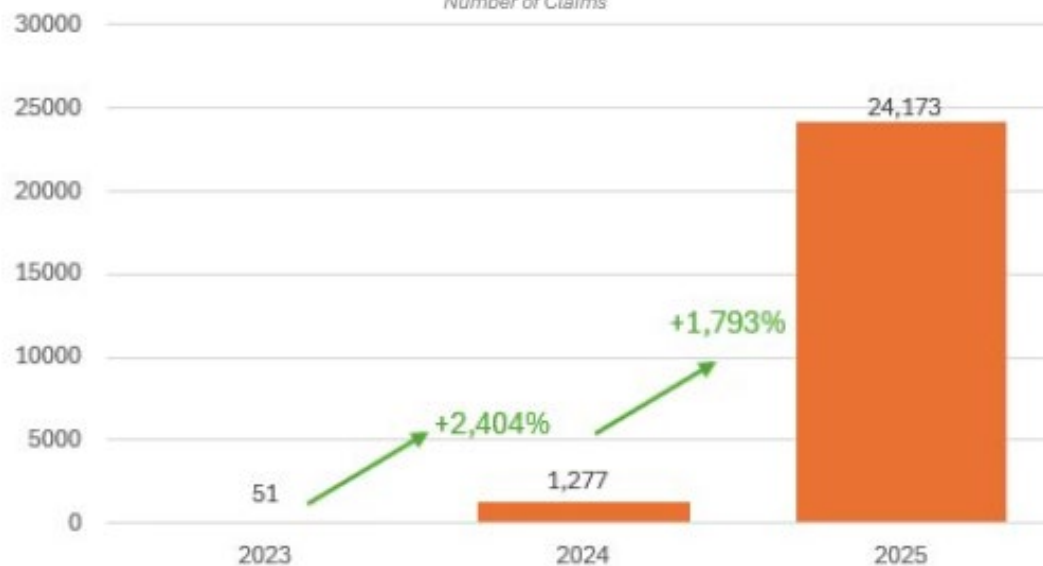
- Deepen community impact through CHW Provider Network Expansion & Recruitment Infrastructure Development
- Transform care delivery by scaling CHW integration – embedding trusted community voices across the care continuum to close care gaps, address social drivers of health, and convert disparity data into community intervention that reaches those traditional systems miss
- Implement phase 1 CHW Strategy



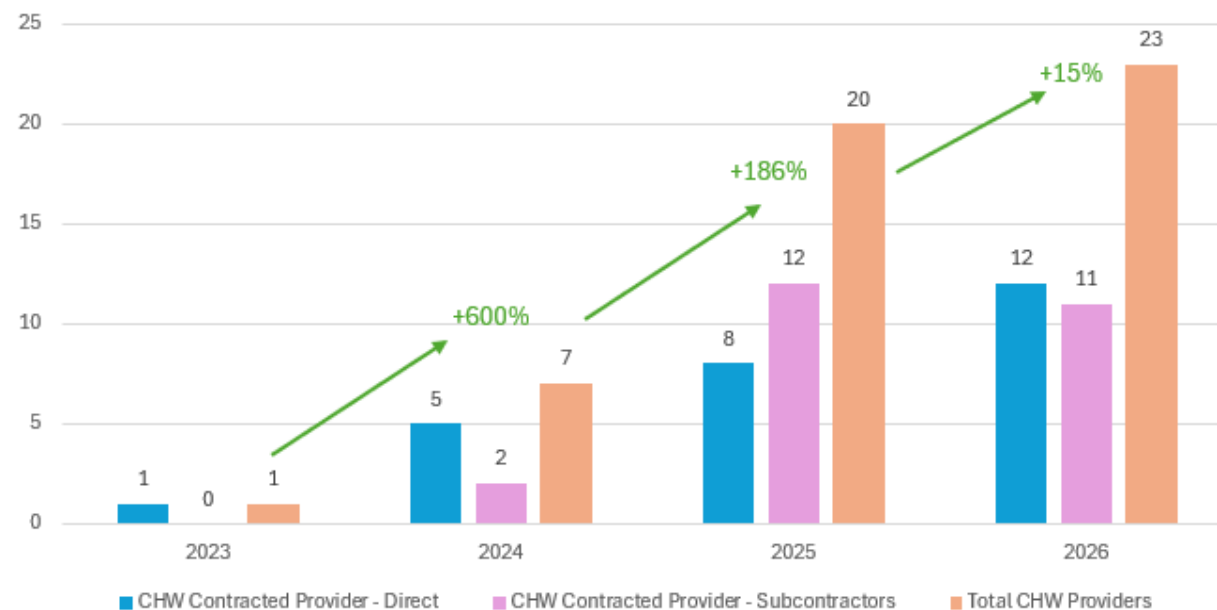
2026 CHS

CHW Utilization

Number of Claims



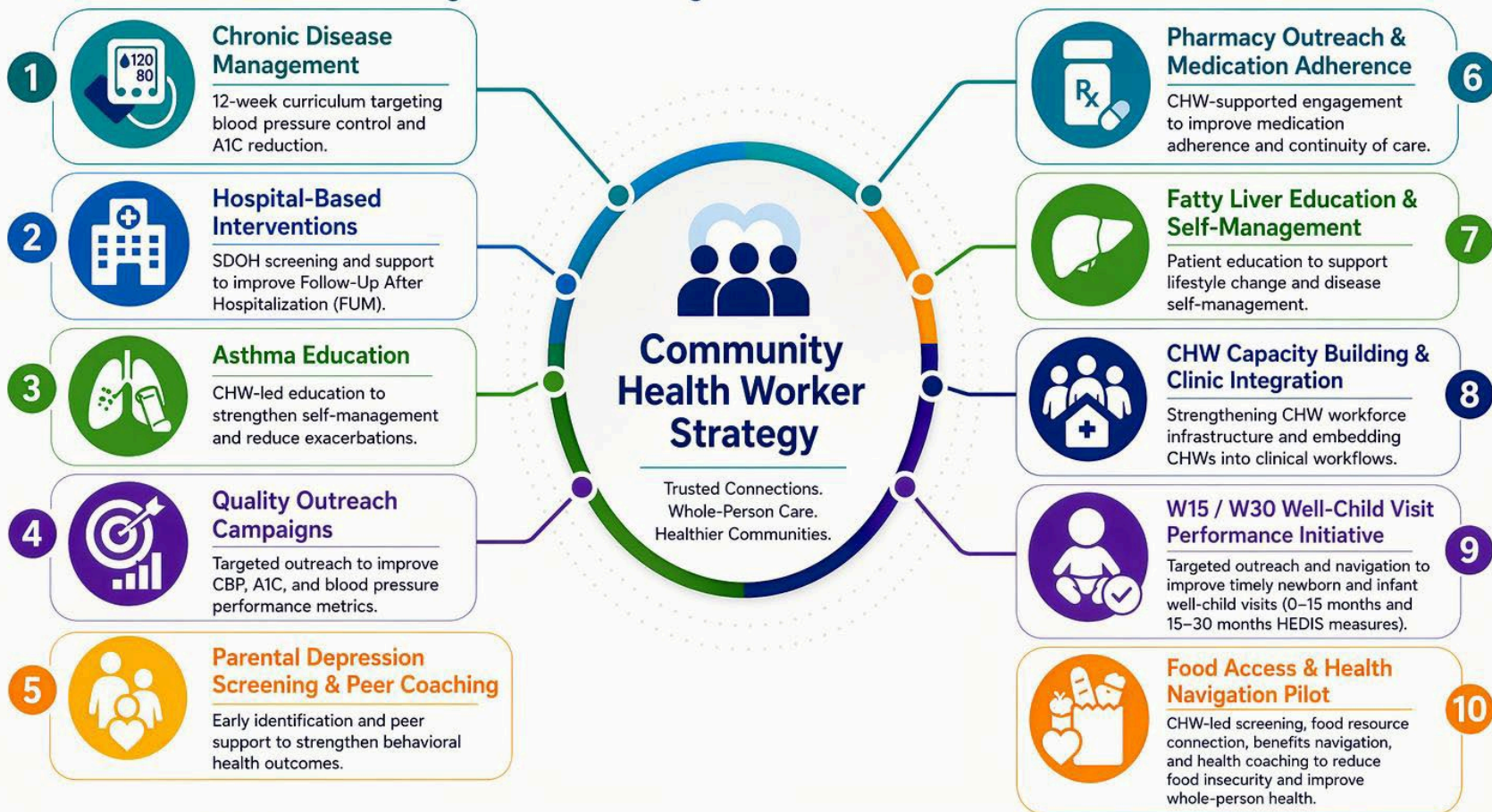
CHW Provider Recruitment



132 CHWs - Supporting CHW Service Delivery across 23 contracted providers

CHW-Led Intervention Pilot Portfolio

10 Strategic Initiatives. Stronger Communities. Better Health Outcomes.



Improving Outcomes



Advancing Equity



Enhancing Member Experience



Reducing Avoidable Utilization

Stronger communities.
 Healthier lives. Together.

2026 Community Health Strategy Workplan

- ❑ **Integrate Community Health Strategy** into the QIHE Program, including expansion of the Community Health Worker network, CHW-led health education, and referral processes
- ❑ **Strengthen the Alliance's partnerships:** Community Health Strategy (CHS) will refine and implement a targeted CHW provider recruitment strategy that expands formal partnership pipelines with Alameda County Local Health Jurisdictions (LHJs), Community-Based Organizations (CBOs), educational institutions, emergency department (ED) partners, maternal health providers, and school districts etc.
- ❑ **Expand CHW Pilot Interventions & Program Evaluation:** CHS will launch new pilot interventions with enterprise Quality Priorities to reduce health disparities.
- ❑ **Strengthen Training Oversight & Monitoring Processes:** CHS will strengthen regulatory oversight of CHW quality by bringing on a CHW Provider Training Acceleration program & Auditing Plan



I Audit Everything TOM

2026 Workplan

QIHE Priorities



Cross-Collaborative Operating Plan

Operationalize QIHE plan to achieve strategic priorities



Community Health Strategy Integration

Expand CHW network, health education, and referral processes



Population Health & Equity

Reduce disparities through partnerships and engagement



DSNP Integration/STARS

Medicare-Medi-Cal integration for core measures; target 3.5 STARS



Member Experience

Improve experience and address timely access to care



CAP & Follow-Up

Develop effective processes to resolve quality issue trends



HEDIS Improvements

Implement innovative approaches to exceed benchmarks



Interpreter Services

Implement efficiencies in interpreter services delivery

Thank you.

Questions?

Medicare D-SNP Update

Tome Meyers, ED, Medicare Programs

Public Comment

Dr. Donna Carey

Thank You for Attending Today's Meeting

Next Meeting: August 14, 2026