Quality Improvement Health Equity Utilization Managment Committee Voting Packet

August 14, 2026

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Meeting Minutes

Quality Improvement Health Equity Utilization Management Committee 05/08/26

Access and Availability Subcommittee 05/20/2026

Community Advisory Committee 03/12/2026

Cultural Linguistic Services Subcommittee 04/22/2026

Internal Quality Improvement Committee
5/19/2026
6/16/2026
7/21/2026

Quality Improvement Health Equity Committee

5/8/2026

Committee Member Name and Title	Specialty	Present
Donna Carey MD, Chief Medical Officer, Alameda Alliance for Health	Pediatrics	☒
Lao Paul Vang, Chief Health Equity Officer, Alameda Alliance for Health		☐
Parag Sharma, MD, Medical Director, Utilization Management, Alameda Alliance for Health	Internal Medicine	☒
Stephanie Brown, MD, Medical Director, Quality Improvement, Alameda Alliance for Health	Emergency Medicine	☒
Peter Currie, Ph.D. Senior Director, Behavioral Health, Alameda Alliance for Health	Psychologist	☒
Michelle Stott, Senior Director, Quality, Alameda Alliance for Health		☒
James Florey, MD, Chief Medical Officer, Children First Medical Group	Pediatrics	☒
Raj Davda, MD, Chief Medical Officer, Community Health Center Network	Internal Medicine	☐
Sirina Keesara, MD, Medical Director, Community Health Center Network	OB/GYN	☐
Lisa Laurent, MD, Chief Medical Officer, Alameda Health System	Radiology	☐
Anchita Venkatesh, DMD MA, Program Director, General Practice Residency, Highland Hospital		☐
Deka Dike CEO, Omotochi		☒
La Toshia Palmer, MD, Executive Director, Alameda County Office of Education		☒
Monique Hedmann, MD MPH, Director, Department of Adult Medicine, Baywell Health	Family Medicine	☒
Sherilyn Cook, MD, Health Officer, Nevada County	Internal Medicine	☒

Staff Member Name and Title	Present
Allison Lam, Senior Director, Health Care Services	☒
Alma Pena. Senior Manager, Grievance and Appeals	☒
Ami Ambu, Quality Improvement Project Specialist II	☒

Andrea DeRochi, Behavioral Health Manager	☐
Ang Yen, Director Health Equity	☒
Angela Moses, Quality Review Nurse	☒
Ashley Asejo, Clinical Quality Programs Coordinator	☒
Beverly Juan, Medical Director Community Health	☒
Cecilia Gomez, Senior Manager Provider Services	☐
Dani Staub, Director, Incentives & Reporting	☒
Daphne Lo, Medical Director Long Term Supportive Services	☐
Dona Doran, Manager, Risk Adjustment	☒
Eileen Ahn, Accreditation and Regulatory Compliance Specialist	☒
Emily Erhardt, Population Health and Equity Specialist	☐
Falmata Abatcha, Quality Improvement Project Specialist II	☒
Farashta Zainal, Quality Improvement Manager	☒
Fiona Quan, Quality Improvement Project Specialist I	☐
Gil Duran, Manager, Population, Health and Equity	☒
Hellai Momen, Quality Review Nurse	☒
Homaira Momen, Quality Review Nurse	☐
Jaini Goradia, Director, Stars Strategy and Program Manager	☒
James Burke, Lead Quality Improvement Project Specialist	☒
Jennifer Karmelich, Director, Quality Assurance	☐
Jessica Adams, Accreditation and Regulatory Compliance Specialist	☒
Jessica Jew, Population Health and Equity Specialist	☒
Jessica Pedden, Senior Manager, Quality Analytics	☐
Kalkidan Asrat, Quality Improvement Project Specialist II	☒
Kathy Ebido, Senior Quality Improvement Nurse Specialist	☒
Katrina Vo, Senior Communications & Content Specialist	☐
Kayla Williams, Manager, Member Experience & Programs	☒
Kimberly Glasby, Director, Long Term Services and Supports	☐
Kisha Gerena, Accreditation Manager	☒
Lily Hunter, Director, Social Determinants of Health	☒
Linda Ayala, Director of Population Health and Equity	☒

Loc Tran, Manager, Access to Care	☒
Luke Lim, Senior Director Pharmacy Services	☒
Mao Moua, Manager, Cultural and Linguistic Services	☒
Matthew Woodruff, Chief Executive Officer	☐
Megan Foster, Quality Improvement Project Specialist II	☒
Michelle Findlater, Director, Utilization Management	☒
Michelle Lewis, Senior Manager Communications & Outreach	☐
MyLe Hillard, Manager, HEDIS Strategy & Program Management	☒
Patricia Carrillo, Quality Improvement Project Specialist I	☒
Richard Golfin III, Chief Compliance Officer & Chief Privacy Officer	☐
Rosa Carrodus, Disease Management Health Educator	☒
Sangeeta Singh, Quality Improvement Project Specialist I	☒
Sanya Grewal, Healthcare Services Specialist	☒
Sarbjit Lal, Quality Improvement Project Specialist	☒
Sean Pepper, Compliance Special Investigator	☐
Shatae Jones, Director Housing & Community Services Program	☒
Stephen Smythe, Director, Program Compliance & Privacy Operations	☒
Tanisha Shepard, Quality Improvement Project Specialist	☒
Tiffany Cheang, Chief Analytics Officer	☒
Tome Meyers, Executive Director, Medicare Programs	☒
Yemaya Teague, Senior Analyst of Health Equity	☐
Community Members in Attendance	☐
Molly Hart	
Mini Swift	

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
Call to Order	D. Carey	The meeting was called to order at 9:02am		

Agenda Item	Responsible Person	Discussion	Vote	Action Items (High, Medium, Low)
I. Alameda Alliance Updates	D. Carey	**Membership Status Clarification:** • D. Carey explained that new committee members require Board of Governors approval before becoming official members. • Dr. Sherilynn Cooke was confirmed as an approved member. • Committee member introductions: Dr. Sherilynn Cooke and Dr. Monique Hedmann.		
II. Chief of Health Equity Updates	LP. Vang	**SDOH Mitigation Focus:** • Dr. Yen Ang described the team's prioritization of social determinants of health (SDOH), specifically targeting food insecurity as a major barrier for Medi-Cal members, and outlined the rationale for selecting this focus based on prevalence and impact. . **Pilot Program Design:** • The Food is Medicine pilot was detailed as a collaboration with a clinic provider and a food vendor, aiming to integrate food access referrals into clinical workflows with minimal provider burden. . **Pilot Goals and Scope:** • The pilot intends to test the feasibility of providing healthy food access to eligible members, with the long-term goal of scaling the intervention based on outcomes and operational learnings.		
III. Committee Member	M. Swift	Dr. Minnie Swift presented AHS's approach to integrating health equity into quality improvement, emphasizing stratified data use, patient and		

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	Presentation: Alameda Health Systems		community co-design, and equity as both a process and an outcome. The presentation highlighted governance models that share decision-making power with patients and community members and identified emerging equity priorities, including care for uninsured populations and immigrant health.		
IV.	**Policies & Procedures**	D. Carey	The Policies & Procedures packet was sent out prior to QIHEC for committee review. • 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	Move to Approve: 1st: J. Florey 2nd: L. Palmer	
V.	**Meeting Minutes**	D. Carey	The meeting Minutes packet was sent out prior to QIHEC for committee review. • QIHEC 4/10/26 • UM Workgroup 3/27/26 • IQIC 4/21/26 • A&A 3/17/26	Move to Approve: 1st: J. Florey 2nd: P. Sharma	

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VI. UM Workplan Update	A. Lam M. Findlater	**Board-Certified Consultant Review:** • Lam explained the role of board-certified consultants in utilization management, the partnership with Advanced Medical Review, and the annual review process for the consultant list. . **Prior Authorization Grid Updates:** • M. Findlater detailed changes to the prior authorization (PA) list, including code realignment, new codes for clinical review, and updates specific to group care in response to regulatory changes. **Criteria for Auto-Authorization:** • M. Findlater clarified that codes are moved to auto-authorization based on data showing greater than 90% approval rates. **<u>Findings and Recommendations</u>** **Key Findings** • **Board-Certified Consultant oversight remains a critical UM safeguard**, with an annual review and approval of a large, multi-specialty consultant pool used to support complex, high-risk, or specialty medical necessity determinations in accordance with NCQA requirements. • **Prior Authorization (PA) grid alignment was identified as necessary to reduce discrepancies**, resulting in updates that better align auto-authorization lists with PA requirements across Medi-Cal, D-SNP, and Group Care lines of business.	Move to Approve: 1st: J. Florey 2nd: S. Cooke	

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		• **Expanded PA requirements were implemented for Group Care**, reflecting newly covered benefits and regulatory guidance, including the addition of a significant number of procedure codes requiring clinical review. • **Data-driven criteria are used to determine movement between PA and Auto-Auth**, with high approval rates informing decisions to streamline authorization workflows while maintaining clinical oversight. **Recommendations:** • **Continue routine alignment of PA grids and Auto-Authorization lists** to ensure consistency, reduce administrative burden, and support timely access to care while maintaining regulatory compliance. • **Maintain annual review and committee oversight of Board-Certified Consultants** to support fair, evidence-based UM decisions, particularly for complex and specialty services. • **Monitor the impact of expanded PA requirements on Group Care members**, including turnaround times, provider burden, and access implications, and adjust workflows as needed based on utilization data. • **Leverage approval-rate data to identify opportunities for further automation**, moving high-confidence services to Auto-Auth where appropriate to improve efficiency without compromising quality.		
VII. QIHE Trilogy Documents	M. Stott F. Zainal M. Moua L. Tran	**Program Strategy and Objectives:** • The QIHE program's goals include engaging members, prevention, early intervention, and whole-person care, with a	Move to Approve: 1st: J. Florey 2nd: S. Cooke	

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	G. Duran L. Ayala K. Gerena	focus on children's health, behavioral health, and maternal health. **Performance Metrics and Achievements:** • F. Zainal reported high performance on HEDIS measures, with most metrics exceeding benchmarks, and highlighted improvements in childhood and cancer prevention domains. **Clinical Safety and Corrective Actions:** • Updates included closure of over 9,500 potential quality issues, completion of facility site reviews, and process improvements in response to audit findings. **Population Health and Equity Initiatives:** • L. Ayala described successes in expanding doula services, recruiting community advisory committee members, and increasing interpreter service utilization. **NCQA Accreditation Status:** • K. Gerena reported successful maintenance of health plan accreditation and closure of the Medi-Cal Appeals Corrective Action Plan. **D-SNP Program Launch and Updates:** • T. Meyers provided an update on the launch and progress of the Dual Special Needs Plan (D-SNP), including enrollment numbers, provider education efforts, vendor partnerships, and ongoing quality improvement alignment.		

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		<u>Findings and Recommendations</u> **Key Findings:** • Strong overall quality performance was reported, with the majority of HEDIS and quality measures meeting or exceeding minimum performance levels, including notable gains in childhood, cancer prevention, and behavioral health measures. • Health equity is being operationalized through targeted, data-driven interventions, including stratification of performance data, focused improvement projects for priority populations (e.g., Black/African American members, members with limited English proficiency), and integration of community-based strategies such as doula services and community health workers. • Accreditation and compliance milestones were achieved, including successful maintenance of NCQA Health Plan and Health Outcomes Accreditation and closure of corrective action plans, reflecting strengthened quality governance and operational readiness. **Recommendations:** • **Continue focused, stratified quality improvement efforts** to sustain gains and address remaining gaps, particularly in access to care, behavioral health follow-up, and chronic disease management. • **Expand and deepen integration of health equity strategies**—including community health workers, culturally and linguistically appropriate services, and patient/community		

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		engagement—across quality initiatives to further reduce disparities. • **Maintain continuous readiness and monitoring** for regulatory, accreditation, and performance requirements while aligning QI and Health Equity priorities across Medi-Cal, D-SNP, and Group Care lines of business.		
VIII. Population Health	G. Duran L. Ayala	**Framework and Focus Areas:** • The PHM strategy is structured around NCQA focus areas: managing multiple chronic illnesses, emerging risk, keeping members healthy, and patient safety across settings. **2025 Performance and Adjustments:** • The team reported mixed results in some programs, with adjustments for 2026 including increased outreach, targeted incentives, and shifting resources to high-impact areas. **Health Equity Initiatives:** • Efforts include well-child visit projects for Black and African-American members, expansion of doula services, and new programs for non-specialty mental health and topical fluoride. **<u>Findings and Recommendations</u>** **Key Findings:** • **PHM strategy is aligned with NCQA standards, DHCS Bold Goals, and Alliance priorities**, using a structured framework that spans multiple chronic conditions, emerging risk, prevention/keeping members healthy, and patient safety across care settings.	Move to Approve: 1st: L. Palmer 2nd: J. Florey	

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		• **2025 performance showed mixed results across PHM programs**, with strong outcomes in some Medi-Cal populations (e.g., chronic condition confidence, doula utilization, well-child initiatives) and lower engagement or goal attainment in Group Care and certain emerging-risk programs due to outreach, engagement, and operational barriers. • **Targeted populations and disparities were clearly identified**, including Black/African American children, members with limited English proficiency, maternal health populations, and members needing behavioral health follow-up, informing refinements to the 2026 strategy. **Recommendations:** • Focus resources on high-impact, data-driven PHM interventions, narrowing the 2026 strategy to programs demonstrating the strongest outcomes and discontinuing or deprioritizing lower-yield initiatives. • Strengthen member engagement strategies, including targeted outreach, incentives, phone and text-based follow-up, and improved coordination with case management, ECM, and community-based partners to improve participation and outcomes. • **Continue integrating PHM with Quality Improvement and Health Equity efforts**, ensuring interventions address identified disparities, support whole-person care, and align across Medi-Cal, D-SNP, and Group Care lines of business.		

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IX. Community Health Strategy	S. Jones	**Program Growth and Utilization:** • The Community Health Worker (CHW) program saw a dramatic increase in claims and contracted providers, expanding from 51 claims in 2023 to over 24,000 in 2025, and growing the network to 132 CHWs across 23 providers. **Pilot Interventions:** • CHWs are involved in a range of pilots addressing chronic disease management, SDOH, asthma education, maternal health, medication adherence, and food access. **Strategic Integration and Partnerships:** • Plans for 2026 include integrating CHW strategy into the QIHE program, expanding partnerships with local health jurisdictions and community organizations, and strengthening training and oversight. **<u>Findings and Recommendations</u>** **Key Findings:** • **The Community Health Strategy (CHS) was formally integrated into the Quality Improvement and Health Equity framework**, positioning CHWs as a core mechanism for translating quality priorities into member-level, culturally responsive interventions. • **CHW program utilization and network capacity expanded significantly**, with rapid growth in contracted CHW providers, workforce size, and claims volume, demonstrating increased adoption and operationalization of the CHW benefit across the network.		

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		• **CHWs are being deployed across multiple priority initiatives**, including chronic disease management (e.g., A1C, blood pressure), maternal and child health, asthma education, behavioral health follow-up, medication adherence, food access, and quality campaign outreach aligned with HEDIS and equity goals. **Recommendations:** • Continue scaling and integrating the CHW program within population health, quality, and health equity initiatives to improve engagement, close care gaps, and address social drivers of health. • Strengthen CHW training, oversight, and provider integration, including standardized workflows, clinic embedding, and quality monitoring to support sustainable program growth and consistent service delivery. • Prioritize evaluation of CHW-led interventions, using utilization and outcome data to assess impact, inform refinement of pilot programs, and guide future expansion aligned with Alliance quality and equity priorities.		
X. Public Comment	D. Carey	None		
XI. Adjournment	D. Carey	Meeting Adjourned at 10:40am		

X_____ Date_____

Dr. Donna Carey
Chief Medical Officer, Alameda Alliance for Health
Chair

Minutes prepared by: Ashley Asejo - Clinical Quality Programs Coordinator

Access and Availability Subcommittee
May 20, 2026
Teams Conference, 1pm – 2:30pm

Member Name and Title	Present	Member Name and Title	Present
Dr. Donna Carey, MD, Chief Medical Officer		Michelle Stott, Sr. Director of Quality	X
Dr. Beverly Juan, MD, Community Health		Dr. Peter Currie, Sr. MD, Behavioral Health	
Jessica Pedden, Quality Analytics Manager		Rommel Cuevas, Regulatory Compliance Specialist	X
Tiffany Cheang, Chief Analytics Officer		Gia Degrano, Director, Medical Services	
Cecilia Gomez, Manager, Provider Services	X	Jennifer Karmelich, Director, Quality Assurance	
Christine Rattray, Supervisor, Quality Improvement		Darryl Crowder, Director, Provider Services	
Donna Ceccanti, Manager, Peer Review and Credentialing		Linda Ayala, Manager, Health Education	X
Homaira Momen, Quality Review Nurse	X	Hellai Momen, Quality Review Nurse	X
Richard Golfin III, Chief Compliance Officer		Marie Broadnax, Manager, Compliance	X
Lily Hunter, Manager, Case Management		Farashta Zainal, Manager, Quality Improvement	X
Loc Tran, Manager, Access & Availability	X	Allison Lam, Senior Director, Health Care Services	X
Angela Moses, Quality Review Nurse	X	Judy Rosas, Manager, Member Services	X
Fiona Quan, Project Specialist, Quality Improvement	X	Kathy Ebido, Sr. QI Nurse Specialist	X
Heidi Torres, Quality Programs Coordinator	X	Sophia Noplis, Compliance Auditor – Delegate Oversight	
Tanisha Shepard, Project Specialist, Quality Improvement	X	Alma Pena, Grievance & Appeals Manager	
Mao Moua, Manager, Cultural and Linguistic Services	X	Kathrine Goodwin, Supervisor, Health Plan Audits	
Gil Duran, Manager, Population Health and Equity	X	Sarbjit Lal, Project Specialist, Quality Improvement	X
Carlos Lopez, Manager, Quality Assurance and Regulatory Reporting		Ami Ambu, Project Specialist II, Quality Improvement	
Megan Hickman, Compliance Auditor – Delegation Oversight		Rahel Negash, Pharmacy Supervisor	
Crystal Hung, Quality Review Nurse	X	Alexandra Loza, Quality Assurance Specialist	X
Kayla Williams, Manager Member Experience & Program Management	X	Donna Wong, Senior Human Resources Generalist	
Robert Smith, Regulatory Compliance Specialist		Stephanie Brown, MD, Medical Director	
Leticia Alejo, Provider Services		Melissa Vance, Network and Contracting	X
Krishnan, Vaneesha, Supervisor, Regulatory Affairs & Compliance	X	Yen Ang, MD, Health Equity	X

Access and Availability Subcommittee
May 20, 2026
Teams Conference, 1pm – 2:30pm

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
I. Welcome/Agenda Review	L. Tran	The meeting was called to order by L. Tran at 1:02PM.		
II. P&P Annual Update	L. Tran	• QI **107 – Appointment Access and Availability Standards (Annual Update):** Reviewed the annual update and minor formatting changes. This policy describes how the Alliance implements and maintains procedures for members to obtain appointments for routine (non-urgent) and urgent care for all applicable provider types. • QI **108 – Access to Behavioral Health Services (Annual Update):** Conducted annual review and minor formatting changes. This policy describes how the Alliance implements and maintains procedures to ensure the Alliance complies with the access and availability standards set by DMHC and DHCS. • QI **116 – Provider Appointment Availability Survey (PAAS) (Annual Update):** Conducted annual review and minor formatting changes. This policy describes how the PAAS survey process was designed to monitor Alliance delegated and directly contracted provider compliance with access and availability standards for Alliance members.		
III. MY2025 PAAS Results	L. Tran	**Overview:** Provider Appointment Availability Survey (PAAS) is an annual survey fielded between the time of August and December to evaluate the Alliance's network on access to urgent and routine appointment availability. The five provider types surveyed based on DMHC methodology are PCP, Specialist, Non-Physician Mental Health, Ancillary, and Psychiatrist. **MY2025 Survey Results:** AAH Compliance rate Goal for Urgent and Non-Urgent Appointment is 75% DMHC Compliance rate Goal for Urgent and Non-Urgent Appointment is 70% • Ancillary: - Routine appointment: 88.9% for both lines of business. - +16% increase compared to MY2024 • PCP: - Urgent appointment: 46.6% (IHSS) 56.1% (MCL) - Routine appointment: 73.9% (IHSS) 80.9% (MCL)		

Access and Availability Subcommittee
May 20, 2026
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		- Slight decrease in Urgent appointments and increase for Routine appointments compared to MY2024 • NPMH: - Urgent appointment: 48% for both lines and business - Routine appointment: 92.7% - Follow-up appointment: 93.8% - 33% decrease in Urgent appointment compared to MY2024 and 0.5% decrease for Routine IHSS and 1.9% increase for MCL • Psychiatrist: - Urgent appointment 51.3% for both lines of business - Routine appointment 93.7% for both lines of business - 29.1% decrease in Urgent appointment compared to MY2024 and 2.5% decrease for Routine appointment • Specialist: - Urgent appointment: 23.5% (IHSS) and 23.9% (MCL) - Routine appointment 67.1% (IHSS) and 67.2% (MCL) - Decrease in percentage score for Urgent appointment and increase for Routine appointment compared to MY2024 **Provider Response Rates:** Compared to the 5 provider types in MY2025, Ancillary was the only provider where ineligible provider percentage decreased. All other provider types had an increase in ineligible providers. As for non-responsive rates, we saw a decrease in 4 of the 5 provider types. Only Ancillary providers increased by 15.3% in the non-responsive rate this measurement year. **Provider Type Breakdown:** • Ancillary: Total 34 surveyed - 18 Eligible compliance rate of 88.8% - 17 Unique Providers ▪ 6 were non-responsive ▪ 2 were ineligible due to 1 provider not offering appointments and 1 provider not in plant network. • PCP: Total 791 surveyed - 476 Eligible compliance rate of Urgent Appt. 52.5% and Routine Appt. 78.2%		

Access and Availability Subcommittee
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		- 461 Unique providers ▪ 72 were non-responsive ▪ 100 were ineligible mainly due to contact information issues, provider does not offer appointments and provider not in plan network. • NPMH: Total 1788 surveyed - 1036 Eligible compliance rate Urgent appt: 48.0%, Routine appt 92.7% and Follow-up appt 93.8% - 881 Unique Providers ▪ 198 were non-responsive ▪ 176 were ineligible due to contact information issue, provider does not offer appointment and provider not in plan network • Psychiatrists: Total 208 surveyed - 152 Eligible compliance rate Urgent appt: 51.3% and Routine appt 93.7% - 104 Unique Providers ▪ 12 were non-responsive ▪ 13 were ineligible were contact information, provider does not offer appointments, and provider retired or cease to practice were the main issues. M. Stott asked: Urgent appointment compliance rate looks to have gone down this measurement year, how did it compare to MY2024? L. Tran answered: For MY2025, all provider types showed a decrease in percentage score for Urgent appointment standard, roughly about 20% decrease. The main reason being that DMHC changed their Urgent appointment methodology to apply either 96 hours or 48 hours timeframe. Since most providers do not require prior authorization for an urgent appointment the 48 hours was selected as the standard this year and moving forward. A&A team will work on scheduling meetings with providers to share their survey data along with educating providers on the new standard for PAAS. For the survey we also continue to see providers on leave of absence and provider shortage across all plans.		

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Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
		M. Stott asked: Contact information issues seem to be one of the main ineligible reasons. If most contacts can be readily available via the internet, why is it that contact information is such an issue? L. Tran answered: The 3 topic reasons for ineligible providers are: Contact information Issues, provider does not offer appointments, and provider not in plant network. The provider data file that Q-Metric uses to conduct surveys is the same file that we submit to DMHC which is gathered from our provider directory. There was a meeting last week between Q-Metrics, Provider Services, Analytics, and A&A to conduct a provider validation project. Q-Metrics would reach out to the Alliances 3,800+ provider network to validate the contact information, along with if provider offers appointments, and if the provider is part of the network. After the validation, data will be shared with the Provider Services team to update the provider repository. M.Stott asked: If the validation project be completed prior to the next survey. L. Tran answered: Yes, the information gathered from the validation project will be used for the MY2026 PAAS and to update the provider's repository. DMHC requires the eligibility rate to be 20% or lower, currently we sit at 28%. Anything that is above the 20% may be subjected to a corrective action plan or an administrative penalty, that is why the project was initiated in hopes to lower the ineligibility rate. • Specialist: Total 4,738 surveyed - 1,987 Eligible compliance rate Urgent appt: 23.7% and Routine appt 67.1% - 2,414 Unique Providers ▪ 596 were non-responsive ▪ 808 were ineligible were provider contact information issue and provider not office appointments J. Rosas asked: Why do providers have an option to decline the survey? L. Tran answered: When we survey the providers if they cannot or chose not to respond that is considered they decline to respond to the survey.		

Access and Availability Subcommittee
May 20, 2026
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		J. Rosas asked: Is there is anything in the contractual agreements that indicates providers are required to participate in these surveys? L. Tran answered: In the contractual agreement it does state that providers are responsible for responding to all surveys conducted by the Alliance, but it does not go into detail. C. Gomez confirmed that contracts are more high level and speaks to making sure providers meet their regulatory requirements rather than going into more specific types of survey and when they will be surveyed. Dr. Ang added: Providers have many tasks to do in their day-to-day work and filling out a survey might not be one of their top priorities. She noted it's not an excuse but just a fact of a provider's life. L. Tran answered: There is an understanding that there is a lot of administrative burden on the providers and their staff. Last year, there was a pilot with 3 provider groups, 2 of which were UCSF and Stanford where data extracting methodology was used instead of the email/fax/phone methodology which helped with alleviating the burden on the administrative staff. The method was approved by DMHC last year and we saw improvement in response rates. We hope that more providers are willing to participate in the new data extraction methodology moving forward. T. Cheang added: These surveys are done by every Health Plan, whether its commercial, Medi-Cal, or Medicare. Depending on how many Health Plans one provider is contracted with they might be getting multiple survey calls for the same thing. Since this is not something new and a mandatory practice with all Health Plans, provider should be aware of them. The Alliance sends out letters to prep providers for the upcoming surveys as well. L. Tran added: During the survey, Q-Metric also provides a white glove service to some of our larger provider groups like CHCN. If they do not respond to the survey, Q-Metric would send us a follow-up email for us to communicate with our providers to complete the survey. **PCP Compliance Rates:**		

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		• CHCN had decrease in both appointments' standards compared to MY2024 • CFMG had decrease in urgent and increase in routine appointments compared to MY2024 • Epic Care had decreased in both appointments' standards compared to MY2024 • UCSF and Stanford both showed increase in both appointments' standards compared to MY2024. Percentage increase is due to the data extraction methodology allowing Q-Metric access to provider appointment schedule. Significant increase in routine appointments for UCSF was noted. • John Muir had increase in urgent and decrease in routine appointments compared to MY2024 • Alameda Health System had decrease in both appointments standard compared to MY2024 • Davis Street Primary Care did not have a response for MY2024 • Individually Contracted Provided had decrease in both appointment standard compared to MY2024		
IV. DHCS QMRT Timely Access Monitoring	F. Quan	**Overview:** QMRT evaluates provider compliance with DHCS timely access standards for routine and urgent appointment availability on a quarterly basis. **Q4 2025 Results (349 Providers Surveyed):** • Urgent appointment compliance 47% • Non-urgent appointment compliance**:** 65% • The average scores between the rolling four quarters are: 52% for urgent appointments and 68% for non-urgent appointments. **Provider Outcomes:** • 42 providers were non-compliant in Q4 • 14 providers were non-responsive		
V. Access Related QOA Dashboard	F. Quan	**Overview:**		

Access and Availability Subcommittee
May 20, 2026
Teams Conference, 1pm – 2:30pm

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
		The Q1 2026 Quality of Access dashboard provides an overview of member complaints and access-related concerns to identify trends and improvement opportunities across the network. The dashboard is used to monitor performance related to timely access standards. **QOA (Quality of Access) Summary:** • Total QOA in Q1 2026: 926 • Majority of QOAs were related to non-urgent access (523) and time-to-answer call (260) issues • Of the 926 QOAs received, 63 of those pertain to Behavioral/Mental health cases with Time to answer call being the main compliant and Non-Urgent appointment availability to follow. • No outstanding QOA issues currently; oldest open item is 58 days old Previously in Q4 the total QOAs received were 304 compared to Q1 at 926 QOA received. There was a process transition taking place between the timeframe of Q4 2025 and Q1 2026 which explains the big gap in QOAs received between both quarters. The process has fully transitioned, moving forward the numbers should more align with the previous/next quarters. **Provider Trending & Compliance:** • 65 providers were identified as trending in Q1 2026 • 34 of 65 providers were found non-compliant • The 34 providers found to be non-compliant after reassessment will receive a CAP. The number shown is per referral and not per provider as one provider can receive multiple referrals for the same access category compliant. **Facility Referral Volume (Q1 2026):** • Facilities receiving 15 or more referrals were reviewed for performance tracking • AHS remained the highest volume facility followed by a few CHCN clinics and Davis Street Primary Care Clinic. • A list of facilities receiving CAPs was included for Q1 follow-up		

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		Improvements were noted for the following providers, who fell off the non-compliant list and did not receive a CAP this quarter compared to Q4. • Davis Street Primary • La Clinica – Transit Village • TVHC – Hayward • West Coast Medicine and Cardiology		

VI. Q1 2026 OB/GYN Access and Availability Monitoring	T. Shepard	**Overview:** Report helps show improvements to timely access and availability to our OBGYN Specialist/PCP care via grievances received.
		Report based on DHCS APL 21-006 Network Adequacy Standards, which include:
		• Routine OBGYN/PCP appointments within **10 business days**
		• Specialty OBGYN appointments within **15 days**
		• First prenatal visits within **2 weeks**
		
		Quarterly Findings:
		• Q1 2026 showed improvement compared to quarter over quarter.
		• 2 QOAS (Quality of Access Standards) cases were received for OBGYN providers:
		  ○ Dr. Chandler Kalaokalani
		  ○ John Muir Health - Pleasanton
		• One case is still waiting for a confirmatory survey to be conducted while one still found to be non-compliant after confirmatory survey.
		Identified Barriers:
		• Providers not accepting new patients
		• Staffing issues
		• Limited or no OBGYN appointment availability
		
		Next Steps:
		• Continue tracking and trending OBGYN QOAs to identify improvement opportunities
		• Ongoing monitoring of provider's access performance		

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		• Continued issuance of Corrective Action Plans (CAPs) for providers with two consecutive quarters of substantiated non-compliance.		
VII. Geo-Access Update	T. Shepard	**Q2 2026 SNC Report:** Ensuring our members have access to specialty services within 30 minutes and/or 15 minutes of a provider. **CFMG:** • Increase in member count across Castro Valley, Fremont and San Leandro were noticed this quarter. • Changes in member count can also affect the number of members without access in those specific areas for certain specialties. Those numbers are highlighted in red in the report. • Decrease in member count were noted for Hayward, Livermore, Pleasanton, San Leandro, and Union City for certain specialties. • Most specialties are hospital based. • Alternative access is provided to members who do not meet the time and distance from the care they need. Also, transportation services are provided upon request. CHCN: • In the report, the specialties listed show the total of member in the specific zip code. • Livermore city is mainly listed across all specialty types as not having adequate access. A lot of members live in rural areas in Livermore where access to certain specialties is farther than the time and distance requirement. • ENT and HIV AIDS show both Fremont and Livermore cities not meeting time or distance. - ENT: 61 for Fremont and 13 in Livermore - HIV AIDS: 150 in Fremont and 16 in Livermore L. Tran added: The numbers highlighted in red in the reports are members not meeting distance and time for the provider type. When listed as member without access, it does not mean the member has no access to a provider. It means the members do not have a provider		

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
		within the proximity to meet time and distance. For example, some places in Livermore are in rural areas and mostly unincorporated. **ANC: No changes between Q4, 2025 to Q2, 2026 data. The listed specialty types and zip codes are list mot meeting Time and Distance.** • Endocrinology • ENT • General Surgery • Hematology • HIV AIDs • Nephrology • Neurology • Oncology • Orthopedic Surgery • Physical Medicine RH • Pulmonary Cities and ZIP Codes • Tracy 95377 • Livermore 94550 • Mountain House 95391 • Discovery Bay 94505 • Byron 94514 **DSNP** • Requires 98% adequacy level • Specialties provided by CMS • Currently there are two specialties not meeting the 98% adequacy: Urology and Inpatient Psychiatric Facilities • Continue to monitor and work with Provider Services to improve the adequacy level of the two specialties. C. Gomez added:		

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		• For the ANC report, a lot of the listed city/zip codes are actually in different counties, but they have a crossover into Alameda County that the Alliance is still accountable for. But this also makes it a bit challenging to fill those gaps because primarily the city is in the neighboring counties. • For DSNP report, 2 additional providers will be loaded into the provider repository that cover Urology and Inpatient Psychiatric Facilities. Once Geo-Access refreshes we will note if there are any changes.		
VIII. Access CAP Dashboard	F. Quan	**Access CAP Dashboard (Q1 – Q4 2025)** • Total CAPs issued: **446** • CAPs closed: **330** • CAPs remaining open: **234** **Outstanding Providers (Max outreach attempts made)** • Identified providers with no response after continuous follow-ups - Jin Kwan Kim, MD, East Bay Cardiovascular and Medical Specialist, Progressive Urgent Care, La Loma Medical Group, Davis Street Primary Care, CHCN – TVHC, John Muir Physical Network, CHCN - NAHC • Ongoing escalation through A&A and QI committees. **Top Trending Providers (Highest CAP Volume)** • Alameda Health System • Stanford • John Muir • La Clínica • UCSF Medical Centers **Ongoing Actions & Interventions** • Outreach to non-compliant and non-responsive providers • Bi-Weekly fax blast two months prior to survey period • QMRT and CG-CAHPS notices included in every other quarter in the quarterly Provider Packet		

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		• Submission of service requests (SRs) for provider data corrections (e.g., address, phone, specialty, status updates) • Sharing access data with Network and Contracting teams • Conducting on-site and virtual visits for providers with repeated non-compliance • Distribution of quarterly survey reminders in provider communications • Continued provider education and delegate discussions on timely access standards • Member facing document that educates member on alternative access options to reduce ER visits. • Currently in its final process waiting for translation to be completed. Once translation is completed, the Access team will start the mailing campaign for members who have frequent emergency room visits.		
IX. 2024 – 2025 Provider Satisfaction	L. Tran/ C. Gomez	(Presented by L. Tran) **Provider Satisfaction Survey** is an annual survey fielding between the timeframe of September to November. **Response rate in 2025** = 16.6% - Increase in response rate compared to 2024 **Methodology:** Mailed questionnaire followed by a phone call **Overall Satisfaction Trend:** Steady increase rating from MY2023 to MY2025 Provider Satisfaction Composite Score: • Composite with increase in percentage score compared to the previous year. - Overall satisfaction (92nd) - Network/Coordination of Care • Composite with decrease in percentage score compared to the previous year. - All Other Plans (92nd) - Finance Issues (Claims) (90th) - Utilization and Quality Management (90th) - Pharmacy - Health Plan Call Center Service Staff (89th)	L. Tran: Investigate the verbatim raw rata for the comment/feedback related to question 10H to determine if it's the lack of information or the non-responsiveness of the plan's medical director. Bring findings to Dr. Carey.	

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		- Provider Relations (86th) Compared to the previous measurement year the listed composite did had a decrease in percentage rating, however compared to the PG Commercial Benchmark Book of Business percentage rating remain higher scoring between the 86th to 90th percentile. **Key Drivers of Overall Satisfaction with Health Plan** • POWER: List the 5 measures with high impact on overall satisfaction where the Alliance scored above the average. Will continue to promote and leverage the strength of these measures. - The health plan's facilitations/support of appropriate clinical care for patients - Timeliness of plan decisions on urgent prior authorization requests - Timeliness of obtaining pre-certification/referral/authorization information - Procedures for obtaining pre-certification/referral/authorization information - Accuracy of claims process • OPPORTUNITIES: List the measure with high impact on our overall satisfaction but the Alliance scored below the average - Ability to speak with plan medical director about prior authorization decisions (Presented by C. Gomez) **Key Findings – What We Do Well** • Overall satisfaction has continued to trend upwards. • Goal is 80% or greater, goal was met within the past two surveys. • 95.1% if respondents stating they would recommend the Alliance. • 95.3% of providers would recommend Alliance for Health to their patients. • 6.1% increase in Net Satisfaction Score and 5.1% increase in Net Loyalty Score. • The Alliance continues to perform higher than the SPH Commercial Benchmark Book of Business in all areas. • Network continues to grow and the Alliance continues to seek opportunities to contract with new providers with correlates to increase in Network/Coordination of Care area. **Key Findings – Opportunities** • Ability to speak to Plan Medical Director related to prior authorizations decisions		

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
		• Network expansion which includes Enhance Care Management (ECM), Community Supports (CS), Doulas and Behavioral Health providers. **Conclusion & Next Steps** • Provider Satisfaction goal met for FY2026 • Overall satisfaction increased in the last three years: 2023 = 78.4%, 2024 = 80.7%, and 2025 = 83.1% • Engagement with providers • Provider Did You Know Campaign M. Stott asked: How do we plan to address the opportunity composite regarding 'Getting hold of plans Medical Director related to prior authorization decisions.' Are there processes in place for a provider to call a Medical Director? C. Gomez answered: The Alliance would need to start collaborating on creating provider education material as "Plans Medical Director" can be the delegates or Alliance depending on who did the authorization decision. J. Karmelich answered: On every Notice of Action (NOA) a phone number is included as a regulatory requirement for the providers to contact the Medical Director who made the determination if they would like to discuss the decision. M. Stott added: Should we send reminders to Providers that a phone number is included on the NOA if they have questions about the decision? J. Karmelich answered: It can be possible that the providers have tried to contact the Medical Director via the number on the NOA but did not receive a response. However, during the Audits and NCQA Survey they do ask for a call log of every single time someone contacted the plan, but the list has always been very small. We might have to look into additional information provided via the survey and conduct research. M. Stott agreed more research needs to be done related to this opportunity.		

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		C. Gomez added this was an opportunity in the previous year surveys as well. L. Tran answered: We can look into the verbatim raw rata for the comment/feedback related to question 10H to determine if it's the lack of information or the non-responsiveness of the plan's medical director. Then we can take the findings to Dr. Carey.		
X. Capacity Report	C. Gomez/F. Quan	(C. Gomez presented) **Presentation Overview** • Standard capacity threshold: 1 provider to 2,000 members • Providers who reach the 80% capacity will show up on the list **Provider Capacity** • Carol Elizabeth Glann, MD (CFMG) and Estaban Daniel Lovato, MD (Direct) are both slightly above the 80%. Providers and Delegate have been informed of capacity and is currently under monitoring. • Rajesh Sam Suri (Direct) at 133.40% capacity = panel closed. When provider hit 90% capacity Provider Services closed his panel, but the auto assignments had already kicked in, which resulted in the capacity over 100%. Provider Services have been monitoring the provider month over month. Dr. Suri is also working on bringing on mid-level providers to help bring his capacity down. Since the panel closure the percentage has gone down from about 150% to 133%. (F. Quan presented) An overview of QOAs received related to providers under capacity monitoring: • No QOAs received for Dr. Glann or Lovato this quarter • Dr. Suri total 8 QOAs received - 5 related to Time to Answer Call which was found to be compliant after assessment - 2 related to Urgent Appointment which was found to be non-compliant after assessment - 1 related to Non-Urgent Appointment which was found to be non-compliant after assessment - Provider will be added to the A&A teams tracking and trending for QOAs to monitor if provider continues to appear non-compliant for 2 consecutive quarters		

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XI. Grievance & Appeals Report	A. Loza	**Q1 2026 DSNP Line of Business** – First quarter presenting DSNP Data. **Volume Overview** • Standard grievances: 80 • Expedited grievances: 0 • First Call Resolution (Similar to exempt grievances): 29 • Total access grievances: 109 • Total grievances (all categories): 327 **Compliance Performance** • Standard grievances: Met 95% compliance standard in closing all cases **Standard/ Expediated Grievances Related to Access – Q1 2026** • Ancillary Provider 4 • Clinic 18 • Delegate 4 • Hospital 1 • Mental Health Facility 1 • Out of Network 1 • PCP 3 • Plan 27 • Specialist 5 • Vendor 12 **Standard Grievances Against Plan** • Timely Access 1 • Technology/Telephone 16 • Provider Availability 4 • Out of Network 1 • Language Access 1 • Geographic Access 1 • Continuity of Care (Provider) 3		

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
		Clinics with ≥5 grievances: No PCPs, Clinics, or specialist identified with five or more unique grievances since this is the first quarter reporting on DSNP. **First Call Resolution (FCR) Grievances Related to Access** • Ancillary Provider 1 • Clinic 3 • Delegate 2 • Other 1 • PCP 4 • Plan 18 **First Call Resolution (FCR) Grievance Against Plan** • Timely Access 3 • Technology/Telephone 17 • Provider Availability 3 • Out of Network 1 • Geographic Access 2 • Continuity of Care 1 • Authorization 2 **Clinics with ≥5 grievances:** No PCPs and Clinics, identified with five or more unique grievances for this reporting quarter. **IHSS Line of Business** **Grievance Volume** • Standard grievances: 173 • Expedited grievances: 0 • Exempt grievances: 111 • Total access grievances: 284 • Total grievances (all categories): 613 **Compliance Performance**		

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		• Did not meet the internal compliance standards for Standard Grievances • Met the internal compliance for exempts and overall turnaround times. **Standard/ Expediated Grievances Related to Access – Q1 2026** • Ancillary Provider 9 • Clinic 79 • Delegate 4 • Hospital 2 • Other 1 • Out of Network 5 • PCP 11 • Plan 43 • Specialist 17 • Vendor 2 **Standard Grievances Against the Plan Q1 2025 to Q1 2026** • Plan 43 - With Technology/Telephone (10), Authorization (10), Provider Availability (6), Timely Response to Auth/Appeal Request (2), and Out-of-Network (1) • Clinics with ≥5 grievances - AHS: Highland Wellness Center, Eastmont Wellness Center, and Hayward Wellness Center - CHCN: Tiburcio Vasquez Health Center (Hayward) and La ClinicaSan Antonio Neighborhood - No non-AHS/CHCN clinics - No PCPs and Specialist **Exempt Grievances Related to Access** • Ancillary Provider 1 • Clinic 16 • Delegate 1 • Mental Health Facility 1		

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
		• Out of Network 1 • PCP 22 • Plan 58 • Specialist 10 • Vendor 1 **Exempt Grievances Against the Plan Q1 2025 to Q1 2026** • Plan 56 - With all pertaining to Technology/Telephone (ID card issues, Member Portal Issues, and Other issues such as not receiving tax documents) • No PCP, Clinics and Specialist with ≥5 grievances **Medi-Cal Line of Business** **Grievance Volume** • Standard grievances: 2,978 • Expedited grievances: 5 • Exempt grievances: 2,013 • Total access grievances: 4,996 • Total grievances (all categories): 12,147 **Compliance Performance** • Did not meet the internal compliance standards for Standard Grievances • Met the internal compliance for exempts and overall turnaround times. **Standard/ Expediated Grievances Related to Access – Q1 2026** • Ancillary Provider 86 • Clinic 1,455 • Delegate 39 • Hospital 44 • Mental Health Facility 40 • Mental Health Professional 39 • Other 11		

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		• Out of Network 69 • PCP 159 • PCP Non-Physician Medical Practitioner 3 • Plan 834 • Skilled Nursing Facility 1 • Specialist 123 • Specialist Non-Physician Medical Practitioner 3 • Vendor 77 **Standard/Expedited Grievances Against the Plan Q1 2025 to Q1 2026** • Plan 834 - Majority related to AAH System Error • Clinics with ≥5 grievances - (487) AHS - (412) CHCN - Non-AHS/CHCN clinics (top 10): Davis Street Primary Care Clinic, Epic Care – East 14th, John Muir Health – Berkeley, West Coast Medicine and Cardiology, Roots Community Health Center, Progressive Urgent Care, East Bay Cardiovascular and Medical Specialists, OneStop Aesthetic Travel and Wellness, California Cardiovascular Consultants, John Muir Health - Pleasanton - PCPs: Dr. Amita Sharma - No Specialists **Exempt Grievances Related to Access** • Ancillary Provider 40 • Clinic 536 • Delegate 8 • Mental Health Facility 9 • Mental Health Professional 3 • Other 1 • Out of Network 68 • PCP 304		

Agenda Item	Presenter	Discussion/Activity	Follow-Up Action/ Responsible party/ target date	Document
		• PCP Non-Physician Medical Practitioner 4 • Plan 962 • Specialist 65 • Vendor 5 **Exempt Grievances Against the Plan Q1 2025 to Q1 2026** • Plan 962 - With all pertaining to Technology/Telephone (ID card issues, Member Portal Issues, and Phone/System Issues) • Clinics with ≥5 grievances - (214) CHCN - (256) AHS - Non-AHS/CHCN clinic: Roots Community Health Center - PCPs (Top 5): Dr. Phuong Dang (Contract terminated as of 04/30/2026), Dr. Rajesh Suri, Dr. Vladmir Titov, and Dr. Najillbulrahman Saifulrahman - No Specialists Dr. Carey asked: For providers who have 5 or more grievances, is that information given to Provider Relations to inform the providers of their grievances? J. Karmelich answered: Grievances are only escalated to Provider Relations if G&A has issues obtaining answers or responses from the provider. Currently, there is no process in place to send reports to Provider Relations regularly. Providers are sent all their grievances to respond to. Dr. Carey added: On the credentialing side, most providers voice that they are unaware of the grievances they have and would appreciate it if they are informed of their grievances and their trend reports. Sometimes when grievances are sent it might be to the office staff who review them but may not have reached the providers. So, the providers might be unaware of them. When a provider has a certain number of grievances their recredential year will be reduced from 3 to 1 year. Can an internal process be put in place on the Provider level, to ensure the Providers are being informed of their grievances and their trends to prevent them from getting penalized on the credentialing side.		

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		Both J. Karmelich and C. Gomez agree to have this conversation and plan out a process. J. Karmelich suggested maybe the provider portal can be utilized to share the grievance trend information. Also provide a fax blast to providers so they are aware where their grievances are being sent to so they can work with their office staff in a process to appropriately address the grievances. Dr. Care, J. Karmelich and C. Gomez will set up a separate meeting to talk about the process separately.		
XII. FSR/MRR Updates	K. Ebido	**FSR/MRR - Type:** • Initial – Initial review of new provider or new site location • Periodic – Reivew every three years • Annual – Review every year (Due to failed review or CAP open >120) • Focused MRR – Follow up on Medical Record Review – Specific section or deficiencies from previous MRR • Interim Monitoring – Interim monitoring between the full scope reviews • PARS – Physical Accessibility Review Survey (3 Years) **2025 Facility Site Review/Medical Record Review:** A total of 209 reviews were done in 2025 with majority relating to Periodic review for the site and record reviews **2026 Facility Site Review/Medical Record Review:** As od Q1 2026 there as been 41 reviews with majority relating to Periodic review (12). **List of providers who received training in 2025.** Training could include training new staff, new office manager, reviewing CAPs and assisting them with completion. **Training conducted in 2026 thus far:** AHS – Highland Wellness, Dr. Ranjit Reen, AHS – Hayward Wellness, CCCMA, Dr. Jin Kim, and Alvarado Medical Clinic • Extensive meetings were conducted with Dr. Kim in Q1 as their clinic had multiple issues. • All has been resolved.	K. Ebido to send list of the 1 and 2 star SNF facilities to M. Stott to work collaboratively to complete attestation that have not been received.	

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		FSR/MRR: Failed Reviews Fail = 79% and below for full-scope review. New member assignment is on hold until CAP is closed. • 2025 - Q1 = 4 Failed Sites - Q2 = 4 Failed Sites - Q3 = 1 Failed Site - Q4 = 4 Failed Sites • 2026 - Currently no failed sites, but 3 providers had their new member assignment placed on hold due to non-compliant with responsiveness to closing their CAP **FSR/MRR: Membership Hold –** Issue has been resolved with all listed providers. • 2025 - Q1 = 4 - Q2 = 6 - Q3 = 1 - Q4 = 4 • 2026 - Q1 =3 Dr. Carey asked: If there were currently any providers with membership hold. K. Ebido answered: As of current today, there were 3 providers with membership holds but 2 of the 3 will be closed today. The provider still with a membership hold is Lifelong Medical Care – Trust Health Center as of early May **Corrective Action Plan (CAP)** • 2025 – All CAPs have been closed • 2026 – 20 CAPs have been issued as of Q1 with 4 remaining open. 1 CAP was exceeding 90 days, which related to Dr. Kishore Nara's CAP that was closed yesterday. **Critical Element CAPs** Must be addressed within 10 business days and all have been closed		

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		• 2025 Q4: Common issues found non-safety needles and sharp containers not secured. • 2026 Q1: Emergency medication (expired or not being monitored), exit routes being blocked, non-safety needles, and sharp containers no secured. M. Stott asked: There were a lot of issues regarding non-safety needles, as it's standard practice to have safety needles, why is this a prevalent issue? K. Ebido answered: Upon opening break room cabinets the team noted mainly in solo providers' office, they are storing some non-safety needles. The reason is unknown, but it can possibly be it's a cost issue or the office wants to use up the old stock. The office also has safety needs, so they do know where to get the supply. For offices that have procedures which require non-safety needles, FSR team would request if the provider has a waiver to address the use of non-safety needles. Dr. Carey asked: If OB-GYN practices have been incorporated in FSR. K. Ebido answered: Currently in discussion on how to finalize the process. Dr. Carey responded: DHCS expectation to add OBGYN practices to FSR review. The Alliance had conducted FSR for OBGYN practices prior to 2019 but has stopped because the CPSP program was dissolved but not the Alliance has to figure out how to reincorporate them back into FSR. K. Ebdio confirmed it is in progress. Currently 35 OBGYN specialists have been identified. Dr. Carey, K. Ebido, and M Stott will have separate meetings to discuss the finalize OBGYN FSR process. **IHA – Audit:** Report only shows Eligible Medical Review reviews so number might appear smaller as some providers are not open to new members. • 2025 had a total of 65 Eligible Medical Record reviews. • 2026 Q1 has a total of 11 Eligible Medical Record reviews		

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		Skilled Nursing Facilities (SNF) – To ensure high quality of care, patient safety, and adherence to standards of care provided to Long Term Care Members. **Quality Monitoring:** Total Quality Assurance Performance Improvement (QAPI) Attestation received 105 Facilities. The goal of 60% attestation received met. M. Stott asked if the list of the 1-and 2-star SNF facilities be sent to her as she is working with Carla regarding to SNF and can work collaboratively to complete some of the assentation that have yet to be received. K. Ebido confirms to send over SNF list.		
XIII. Q1, 2026 Member Services Blended Call Center Report	J. Rosas	**Call Center Performance Metrics** • Total calls received: **60, 101** • Calls answered: **59,007** • Abandonment rate: **2%** (below 5% target) • Average speed to answer: **7 seconds** • Calls answered within 30 seconds: **98%** • Average talk time: **7 minutes, 10 seconds** • Calls answered within 10 minutes: **100%** **Quarter-over-Quarter Comparison (Q4 2025 → Q1 2026)** • Incoming and Answered calls increased by **12%** • Abandonment rate remains steady at **2%** • Average speed to answer remains steady **7 seconds** • Calls answered within 30 seconds remain steady at **98%** • Average talk time increased from **6:49 to 7:10** due to complexity of calls • Calls answered within 10 minutes remained at **100%**		
XIV. Meeting Adjourn	L. Tran	Next Meeting: September 9, 2026		

Meeting Minutes submitted by: Fiona Quan, Quality Improvement Project Specialist **Date: 07/28/2026**

ALAMEDA Alliance FOR HEALTH

COMMUNITY ADVISORY COMMITTEE (CAC)

Thursday, March 12, 2026, 10:00 AM – 12:00 PM

Committee Members	Role	Present
Cecelia Wynn	Alliance Member	x
Donna Griggsmurphy	Alliance Member	x
Donna Leonard-Pageau	Alliance Member	x
Erika Garner	Alliance Member	x
Irene Garcia	Alliance Member	x
Jody Moore	Parent of Alliance Member	x
Keith Pageau Jr.	Alliance Member	x
Kenneth Porter	Greater New Beginnings	x
Len Turner	Greater New Beginnings	x
Lenore Harris	Parent of Alliance Member	x
Kerrie Lowe, LCSW	Social Worker, Alameda County Public Health	x
Marilen Biding, BSN	Alameda County Health Homes Department	x
Mayra Matias Pablo	Parent of Alliance Member	
MiMi Le	Alliance Member	x
Natalie Williams	Alliance Member	x
Omoniyi Omotoso, MD	Native American Health Center	x
Reginald Jackson	Communities for a Better Environment	
Robert Williams	Alameda County Health and Human Resource Education Center	x
Shirley Tong	Parent of Alliance Member	x
Sonya Richardson	Alliance Member	
Tandra DeBose	Alliance Member	x
Valeria Brabata Gonzalez	Alliance Member	

Other Attendees	Organization	Present
Kyle Navarro	Alameda County Healthy Homes	x
Melodie Shubat	CHME	x

Alliance Staff Members	Title	Present
Beverly Juan, MD	Medical Director, Case Management and Community Health	x
Crystal Villanueva	Marketing Communications Specialist	x
Dana Patterson	Business Analyst, Incentives & Reporting	x

Dani Staub	Director, Incentives & Reporting	x
Donna Carrey, MD	Chief Medical Officer	x
Farashta Zainal	Manager, Quality Improvement	x
Gil Duran	Manager, Population Health and Equity	x
Jennifer Karmelich	Director, Grievance and Appeals	x
Jessica Jew	Population Health and Equity Specialist	x
Karina Rivera	Director, Public Affairs and Medica Relations	x
Kayla Williams	Manager, Member Experience and Program Management	x
Lao Paul Vang	Chief Health Equity Officer	x
Linda Ayala	Director, Population Health and Equity	x
Loc Tran	Manager, Access to Care	x
Mao Moua	Manager, Cultural and Linguistic Services	x
Mara Macabinguil	Interpreter Services Coordinator	x
Matthew Woodruff	Chief Executive Officer	x
Michelle Lewis	Senior Manager, Outreach and Communications	x
Michelle Stott	Senior Director, Quality Improvement	x
Misha Chi	Interpreter Services Coordinator	x
Osiris Rivas	Cultural and Linguistic Services Specialist	x
Patrick Beene	Medicare Field Sales & Community Agent	x
Peter Currie	Senior Director, Behavioral Health	x
Rosa Carrodus	Disease Management Health Educator	x
Sanya Grewal	Manager, Community Health Initiatives	x
Shatae Jones	Director, Community Health Strategy	x
Stacey Stefflre	Medicare Product Manager	x
Stephanie Brow, MD	Medical Director, Medical Services	x
Thomas Dinh	Outreach Coordinator	x
Tome Myers	Executive Director, Medicare Programs	x
Yemaya Teague	Senior Analyst, Health Equity	x
Yen Ang	Director, Health Equity	x

AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
1. WELCOME AND INTRODUCTIONS			
N. Williams	Natalie Willliams, CAC Chair, called the meeting to order at 10:04 am. A roll call was taken, and a quorum was established. Introduction of staff and visitors was completed.	None	None
2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM DECEMBER 04, 2025			
N. Williams	Motion to approve December 04, 2025, CAC Meeting Minutes.	Motion: T. Debose Second: L. Turner Vote: Approved by consensus.	None
2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
N. Willams	Motion to approve March 12, 2026, CAC Meeting Agenda.	Motion: T. Debose Second: O. Omotoso Vote: Approved by consensus.	None
3. CEO UPDATE – CEO REPORT (All Lines of Business)			
M. Woodruff	Matthew Woodrfuff, Chief Executive Office (CEO), presented on the Alliance Updates. Board of Governors (BOG) Chair • Voting will take place on March 13, 2026 for a new Chair to replace the previous Chair, Rebecca Gebhart, who stepped down. Term starts April 01, 2026. Community Supports (CS) • State has found a way to keep all CS. • Changes: Post-Hospitalization Housing and Medical Respite Care will be combined into one CS. State will come out with rules by June 30, 2026. ❖ *Staff Comment-K. Rivera: They are transitioning Medical Respite Care and Post-Hospitalization Housing from the 1115 waiver into ILOS Authority. This is a more permanent authority that will allow the state to continue this specific service.* Provider Grants	None	None

	• Recruiting: Alliance allocated $2 million each year in 2025 and 2026. This helps provider offices recruit for staff such as physicians, front office, medical assistants, etc. CEO to request budget allocation for recruitment in the May 2026 BOG Meeting. Financials • Alliance had net gains in December 2025 (under $1 million) and January 2026 ($9.14 million). This is unusual as more hospitalizations are historically observed in these months. Membership • Initial report showed over 12,000 members disenrolled in January and February 2026. • Under 3,000 of those members came back due to retroactivity. This is a high number as usual numbers stay within 100-300 members. • Alameda County is working to get members back into Medi-Cal. • Outreach: Alliance Communications and Outreach is collaborating with Alameda County Public Health, Social Services Agency, Community Health Center Network (CHCN), and Alameda Health System in different marketing campaigns to ensure that people re-enroll to Medi-Cal. ❖ *Staff Comment-M. Lewis: As part of the campaign, we'll have billboards, DMV ads, and we're mailing about 40,000 postcards per month to members who are up for renewal to remind them. We were also at the Black Joy Parade in February. That was our first time walking in the parade, and we were sharing our renewal message "When it's time to renew, make sure you do." It was a great way to engage with the community and there's lot of love from the community. We'll also have social media and we are looking into radio as well.* IT Workflow Automation • The Alliance has begun several automation projects over the past three (3) years. Once most the information is automated, the goal is to move into AI. • As an example, when a member calls in, AI can display all of the member's information on the Member Services representative's screen versus having to manually check from multiple systems.		

	❖ *Member Comment-N. Williams: And we can see on the other side of that, where members call in and you have the option of facial recognition instead of typing your information. I'm sure they'll catch up to that as well.* ➢ *Member Question-J. Moore: How will you use AI for that? Wouldn't it be a safety concern?* ➢ *Response-M. Woodruff: No, because they're all in our systems. It's all internal us. It's not going to be out on the web or outside our system. Currently, Member Services staff need to look at eleven (11) different systems, whereas, with AI, all information can be shown on one screen. This will allow staff to get information quicker and answer the phone faster.* **Medicare Overview** • Medicare D-SNP (Dual-Special Nees Population) product (Alameda Alliance Wellness) launched on January 1, 2026. • We had a slow rollout to ensure that everything is set up and done correctly. • 240-260 members enrolled currently, without any marketing or promotion. • Goal is to begin marketing and expanding no sooner than July 1, 2026.		
4. FOLLOW-UP ITEMS (All Lines of Business)			

M. Moua	Mao Moua, Manager of Cultural and Linguistic Services, provided updates on the follow-up items from December 04, 2025.
	
	• Include network adequacy as a future agenda topic: Added the agenda topic and details to the CAC agenda tracker as a future agenda item.
	• Share CEO Report-Budget: Sent CAC an email on 02/12/2026 with a direct link to the Board of Governors (BOG) webpage where the report could be accessed.
	• Share feedback regarding how to provide information to families about Social Security benefits for children with special needs
	  ○ Shared feedback with the Case Management (CM) team.
	  ○ CM noted this information varies case by case.
	  ○ CM shared with their staff a screening tool to help guide staff in providing information to members.
	• Send information on the City of Berkeley's World Café event via email
		None	None

	○ Due to the tight turnaround, the event information was not shared via email as planned. ○ Alliance staff attended and represented the Alliance at the World Café. ○ Going forward, we will ensure future events and opportunities for input are shared in a timely manner.		
5. a. NEW BUSINESS – ALLIANCE IN THE COMMUNITY (All Lines of Business)			
T. Dinh	Thomas Dinh, Community Outreach Coordinator, reported updates on the Community Conversations Initiative. Two events are planned for 2026 and three tentatively for 2027. Coffee and Conversations • 2026 ○ Roots Community Center – Armstead Hall 7830 MacArthur Blvd, Oakland, CA ▪ Saturday, April 11, 2026, 10:30 am – 11:30 am ▪ Doors open at 10 am. No RSVP required. Space is limited ○ Lifelong Medical Care – LifeLong Medical Care West Oakland Middle School and LifeLong Medical Care Emeryville Highschool Clinic ▪ Saturday, September 19, 2026, 10: 30 am – 11:30 am ▪ Doors open at 10 am. No RSVP required. Space is limited. • 2027 ○ La Clinica Havenscourt – Pending (Spring 2027) ○ La Clinica Hawthrone Elementary – Pending (Spring 2027) ○ La Clinica San Lorenzo Highschool Location – Pending (Spring 2027) • T. Dinh expressed appreciation for the participation of CAC members, Cecilia Wynn, Donna Griggsmurphy, and Tanda Debose, in the planning committee.	None	None
5. b. NEW BUSINESS – CULTURAL AND LINGUISTIC SERVICES PROGRAM DESCRIPTION ANNUAL REVIEW (All Lines of Business)			
M. Moua	Mao Moua, Manager of Cultural and Linguistic Services, discussed the CLS Program Annual Review. Brief Description of Changes to CLS Program • Yearly review, minor grammar and formatting.	None	None

	• Updated areas for input and advice to align with new All Plan Letter requirements. • Included Alliance Wellness (D-SNP) activities and work plan. ➢ *Staff Question-M. Woodruff: Is there a difference in translations for Medicare and Medi-Cal? We have threshold languages for Medi-Cal, are they the same for Medicare?* ➢ *Response-M. Lewis: The threshold languages are the same for Medicare, but with the addition of Tagalog. And this is to ensure that we provide excellent customer service to our members.* ➢ *Response-L. Ayala: That means that we translate all our documents. English is the primary language, and Spanish is the next most spoken language, followed by Cantonese and Mandarin. The other threshold languages are Vietnamese and Farsi. Farsi is new for our plan as of August 2025. And Tagalog is the additional language that we're keeping for Medicare.* ➢ *Response-M. Lewis: We include language assistance services in all our communications. If a member needs a document translated in a non-threshold language, they just have to call us and let us know, and we'll provide that document in that language or in an alternative format that works best for them.*		
5. c. NEW BUSINESS – 2025 CULTURAL AND LINGUISTIC SERVICES WORKPLAN GOALS UPDATE AND EVALUATION INPUT (Medi-Cal and Group Care)			

M. Moua	Mao Moua, Manager of Cultural and Linguistic Services, presented on the Cultural and Linguistic Services: 2025 Program Review & Evaluation Report.
	
	Cultural & Linguistic Services (CLS): 2025 Focus Areas
	• CLS Recap
	  ○ Most CLS goals were met.
	  ▪ Some goals will continue into 2026.
	  ○ Interpreter services were available when members needed them
	  ○ Overall membership decreased.
	  ▪ Membership increased for Spanish, Chinese, and Farsi speakers.
	  ○ Members shared positive feedback about interpreter services.
	  ○ Interpreter use and language access tracking improved.
	  ○ Outreach efforts led to twelve (12) new CAC members
	• What This Means for Members
		None	None

	○ Members were more likely to get help in their preferred language. ○ Services were provided in person, by phone, and by video. ○ CLS continues to look for ways to improve our language assistance services. Language Assistance & Member Satisfaction • Interpreter Services ○ Interpreter services met the goal of being available 95% or more of the time. ○ Behavioral health interpreter use is now being tracked. ○ Focus on using faster, on-demand interpreter services. • Member Survey Feedback ○ Most members said they received an interpreter when they needed one. ○ Adult and child survey results met or exceeded goals for qualified interpreters. ○ Member Satisfaction survey response rates increased compared to past years. ❖ *Member Comment-N. Williams: It was very easy this time to do the surveys because they were emailed out and the survey itself is in the email. There was no need to go through different links or pages.* Challenges and Focus Areas for 2026 • Challenges ○ Limited staff makes some work harder to complete quickly. ○ Some language-related issues took longer than planned to close due to delays from providers or vendors. ○ Incomplete ethnicity and language data limits our ability to connect members with services that meet their needs. • 2026 Focus Areas ○ Better understanding of member language and culture needs. ○ Growing the Community Advisory Committee (CAC). ○ Improving how quickly language-related problems are resolved. ○ Teaching members and providers how to request interpreter services. ○ Learning more about members in “Other” language groups. Program Evaluation and Your Input		

	• What We're Doing
	  ○ We are reviewing our Cultural and Linguistic Services program.
	• Why Your Feedback is Needed
	  ○ To learn what is working well.
	  ○ To understand what is not working.
	  ○ To make sure services meet member needs.
	
	What We're Asking
	• Do our goals match what you see in your community?
	• What services are helpful?
	• What should we change or improve?
	
	➢ *Member Question-N. Williams: What is being done regarding limited staffing?*
	➢ *Response-M. Moua: We are looking at ways to automate. As an example, with Interpreter Services, we are working closely with our vendor to see how we can automate scheduling which we can hopefully implement this year. In addition, we are providing due dates for providers' and vendors' resolutions when issues are escalated to them.*
	
	➢ *Member Question-N. Williams: Michelle, are you also working on automation projects for outreach?*
	➢ *Response-M. Lewis: Yes, we're exploring more digital communications, such as adding QR codes to our community engagement events so that members can scan them. So, to your point about surveys being easier when you don't have to click many links, you just scan it and see the information. We do have QR codes on our current postcard campaign and so we're looking at how we can incorporate that more for our health education materials. We also have text messaging campaigns. We are looking more towards digital communications and less print PDF type files that we have so many of. There's about 5,000 on the website. We want to make information more accessible and relevant to our members, so you get the kind of services that you deserve.*
	
	➢ *Member Question-T. Debose: Considering what is happening with our federal government and ICE, do you feel that it is the reason why our numbers have dropped this 1st quarter? Because there's a lot of changes and turmoil. Do you think people self-deporting and all the other issues coming up have affected your numbers?*		

	➢ *Response-M. Woodruff: Yes, but there are two (2) different sides. Year-to-date we've had almost 3% undocumented members disenrolled and over 4% citizen members disenrolled. It's a smaller percentage but a bigger number overall because it's a smaller population. We went from up to 82,000 undocumented members, and we're now at about 70,000. The majority of the disenrollments are coming from citizens in the Adult Expansion Program, because the COVID protections are now gone. They now have to enroll and take action which they did not have to do before. Under the COVID protections, if you were eligible for one program, you would be enrolled in every program. We're actually seeing more citizens being disenrolled so far.* ➢ *Member Question-T. Debose: Are we doing what we need to contact these members and offer support? I know the Alliance does outreach, but how are we connecting to those people that are getting disenrolled?* ➢ *Response-M. Woodruff: A lot of different ways. We send out 40,000 postcards a month to remind members that their redetermination date is coming up. Plus, we have social media. Alameda Health System is doing a lot of radio spots, including ethnic radio spots. Community Health Center Network and Alameda County Health are also doing their own outreach. And the difference is that they can outreach to people after they're disenrolled, however, the Alliance cannot. So, we're trying to get them on the front end and the county and the providers are working on the back end to reach out, remind, and support people regarding completing their paperwork.* ❖ *Member Comment-T. Debose: That's what it sounds like because for most people, doing paperwork is not on top of mind right now.* ➢ *Response-M. Lewis: Yes, it is a lot. Fortunately, we have 18 community partner sites that can assist with completing enrollment paperwork. Our postcard includes information on these sites such as Baywell Health, Asian Health Services, Bary Area Community Health, and others.* ➢ *Member Question-O. Omotoso: How do we make sure that we're capturing the correct language preferences when members enroll?* ➢ *Response-M. Moua: The Alliance receives a monthly membership data report and that's what we use to look at our members' demographic information. When we identify a member with an incorrect preferred language listed, we encourage them to call the Social Services Agency to make sure it gets updated.*		

	➢ *Response-L. Ayala: There's additional complexity to that as language options in the application are limited. Depending on the place where you are in California, certain languages that are spoken by many people may not be tracked. It presents a challenge for us in the way that data comes to us and gets added to our data systems. We've been doing some work with our IT department, thinking through how that data gets funneled into data that's usable for us. When we track language requests for interpreter services, it provides a whole other dimension or expansion of the number of languages that we can see our members are speaking.* ➢ *Member Question-J. Moore: What does the state require? What does the state regulate when it comes to languages?* ➢ *Response-L. Ayala: They decide on certain categories or languages data that they collect and send to us. They also look at threshold languages which are the most common languages. They tell each county which languages have highest percentages of members that speak them, and therefore the plan is required to offer information in those languages. In addition, there's the top 15 most common languages in California, however, Mam is not included even though we have a very large Mam-speaking community. Mam is not included as a language option in the application, however, it is also not a commonly written language, so it is complicated in that way.* ❖ *Member Feedback-J. Moore: Let me offer a suggestion. I'm often communicating with my Uber drivers in multiple languages and I use Google Translate. I wonder if there's some type of grant that will help us get devices of some type. I believe that we have so much technology available to us that could easily help with language interpretation.* ➢ *Response-L. Ayala: As those interpreter systems get better, we might get to the day where we could rely on those for things as important as our medical communication. Currently, with Medi-Cal regulations, we have to be very vigilant to make sure that interpreters supporting our members and the translations we create for them are made by qualified interpreters and translators. There's a level of quality that we have to ensure which requires processes. What we have done is put more kiosks with iPads at high-volume clinics, which is a way we make qualified interpreters right at hand. And so, there are technological solutions that we're trying to implement. But unfortunately, Google is not on that qualified list, even though it can be helpful.*		

	❖ *Member Comment-J. Moore: Your idea is really great and wonderful way to get interpreter services remotely, but still from a human. I understand those limitations. I was just thinking about those rare circumstances where we really want to help our people, to just be able to convey to them how we're going to be able to communicate, even if we can't right at that moment.* ❖ *Staff Comment-M. Lewis: We do we do use Google Translate on our public website to provide a multilingual site and translate a lot of information at one time. And there are studies going on where providers are using the Meta glasses in which you can have a bilingual conversation. They're able to talk to their patients in their preferred language and it translates it in real time. I think it will happen. It's just not there yet. And to Linda's point, we want to make sure that our translators are certified and that they stand and provide the information that our members need. And because there have been instances wherein things were translated, and it didn't say what it was supposed to say. We just want to make sure that we're doing that as well.* ❖ *Member Comment- R. Williams: Personally, I use a headset that auto translates for me when I speak to anyone out in the community. These devices can be used as extra support, and do not necessarily take over the job of a human being. It is just an asset or a tool for the individual who's receiving the translation.* ➢ *Response-M. Moua: Could you share with me offline what tools those are? I'd be interested in just knowing more about that tool that you're using out in the community.* ❖ *Member Feedback-J. Moore: We should encourage involvement of families and caregivers. When we do things as a family or as a community and within our relationships, it's more motivating than doing it alone. With the postcards for example, we can reach out to families and caregivers with messaging such as "Make sure your mom is enrolled" or "Make sure your brother is covered".* ➢ *Response-M. Moua: That's very good feedback and we'll definitely note that in our evaluation as part of our feedback from the CAC.* ➢ *Member Question-J. Moore: Can you clarify what you were discussing earlier regarding delay in responses from providers and vendors?* ➢ *Response-M. Moua: It is when issues come to us for escalation. For example, my team and I handle the potential quality issues related to*		

	quality of language. We noticed that with some providers and vendors, it does take a little bit more time to get a response, to looking into the issue, and providing an outcome and resolution. We now make sure to specify a deadline that is also reasonable, to provide a response or resolution. ❖ *Member Feedback-J. Moore: It is also good to look into what is preventing them from getting back to you. Most people are inundated with work and other things that they do.* How Your Feedback Helps • Used in the final CLS program evaluation. • Shared with Alliance committees • Guide 2026 workplan goals and priorities		
6. ALLIANCE REPORTS – GRIEVANCE AND APPEALS: OVERVIEW OF PROCESS (All Lines of Business) AND 2025 REPORT (Medical and Group-Care)			

J. Karmelich	Jennifer Karmelich, Director of Grievance and Appeals, presented on the Grievance and Appeals Process
	
	What is Grievance?
	• A grievance is when a member is unhappy about something other than when a benefit is denied.
	• It can be about:
	  ○ Services
	  ○ Staff behavior
	  ○ Access to care
	• Members do not have to say “grievance” for it to count.
	• A grievance can be filed any time after the problem happens.
	• All complaints are handled as grievances, even if the member does not ask to file one.
	
	Grievance Examples
	• Trouble getting an appointment or waiting too long to be seen
	• Rude or disrespectful behavior from doctors, nurses, or staff
	• Problems getting referrals or approvals for care
	• Poor coordination between providers
	• Issues with clinic or office condition
	
	Type of Grievances
		None	Alliance staff to follow up with K. Porter regarding the incident of Greater New Beginnings Organization’s clients getting disenrolled last January 1, 2026.

	• Access to Care
	  ○ Long wait times to get an appointment
	  ○ Not enough primary care doctors or specialists
	  ○ Phone calls not answered or returned
	  ○ No interpreter or language help
	  ○ Buildings that are hard to access (no ramps, small waiting rooms)
	• Quality of Service
	  ○ Rude or unhelpful staff or providers
	  ○ Clinics or offices that are dirty or poorly maintained
	  ○ Poor customer service from the health plan
	• Coverage Issues
	  ○ Getting a bill for costs the member did not expect
	  ○ Being charged when the member believes the plan should pay
	• Other Issues
	  ○ Problems with eligibility or enrollment
	  ○ Concerns about fraud, waste, or abuse
	  ○ Privacy or HIPAA concerns
	• Quality of Care Grievances
	  ○ A quality of care (QOC) grievance is a complaint about the care a member received.
	  ○ The member feels the care was not safe, appropriate, or what they needed.
	  ○ These complaints are reviewed by medical professionals.
	  ▪ The medical director is responsible for the final resolution.
	  ○ QOC cases are reviewed for a potential quality issue (PQI).
	  ○ If identified as a PQI, the case will with reviewed by the Quality Improvement Department for further action.
	
	➢ *Member Question-K. Pageau: I am an Alliance Member, and we did have several grievances going on my behalf because I was not getting the right care. After we call in to report a grievance, we would get a letter in the mail about three (3) weeks later which states that the grievance was resolved, and nobody ever contacted us after that. Is there a way for the Alliance to talk to the member and provider first to make sure that they are happy with the resolution before closing out the case?*
	➢ *Response-J. Karmelich: When we get a grievance, we first send an acknowledgement letter to formally notify you that we received your grievance and to advise you to contact us if there is additional*		

	information that you would like to provide. And when you receive a resolution letter, that is our resolution after our investigation, which includes a lot of care coordination and if there's additional care coordination that needs to happen, we'll make a referral to our Case Management Department. They will reach out to assist the members with any other services that they need assistance with. ➢ *Member Question-J. Moore: What areas does the Alliance perform worse than others? Are there trends?* ➢ *Response-J. Karmelich: We're going to do the reports after the presentation, and we'll do a deep dive into certain categories of grievances. But I can tell you the number one grievance that we do have is access to care.* ➢ *Member Question-J. Moore: Are you also going to provide information on how many of the grievances get resolved versus don't?* ➢ *Response-J. Karmelich: They all get resolved.* ➢ *Member Question-J. Moore: Even though they get resolved, what do we do to ensure that things actually improve?* ➢ *Response-J. Karmelich: Yes, so there's a difference. When we have individual grievances, we do a process based on that individual member's needs. And a resolution to us is that the member is made whole. If the member is calling in and saying that they can't get an appointment, we need to get the member an appointment. If they can't find a specialist, we will find them a specialist. That is how we resolve the case. Systemic issues that we identify based on this grievance and appeals process are looked at in our reports. We do our tracking and trending. If, for example, we see 100 grievances regarding one issue. We identify that as a systemic issue, and we will review that within our committees, and put actions in place to fix that issue.* ❖ *Member Comment-J. Moore: Thank you. Also, I just want to say your team have really been great when I've needed help with my son. I want to commend you for your work.* ➢ *Response-J. Karmelich: Thank you. That is our goal. I always tell our staff that this is a very complex system for a lot of people and that our job is to help navigate them through this very complex system and to help them during very stressful times. To remember when they're calling and express dissatisfaction and frustration, for staff to have some*		

	compassion and empathy and try to work through this process. I will take your appreciation back to our team. ➢ *Member Question-K. Porter: My question is not necessarily regarding grievance. My organization works with juveniles and they are already Alameda Alliance members upon their inception into our program. But something weird happened on January 1, 2026. They were switched to Baywell Health without prior notification. We recently had to go through the process of reenrolling them back to Alameda Alliance. I am curious to know why that would happen, that they would get automatically switched and therefore could no longer see the doctors that they were regularly seeing at the Children's Hospital.* ➢ *Response-Dr. Carey: The only thing that I can think of is that perhaps they lost their Medi-Cal and were instead enrolled into the county's HPAC Program, and Baywell Health is one of the county clinics that accepts that insurance.* ➢ *Member Response-K. Porter: The nature of our clients is that they are all wards of the court, therefore, they automatically qualify for Medi-Cal. This has never happened before, so it caught us by surprise. We now have all of them reenrolled into Alameda Alliance but found that strange.* ➢ *Staff Response-M. Lewis: Alameda Alliance Members can also select Baywell Health as primary care provider, so we could look into this more.* ❖ *Member Comment-C. Wynn: I too had a problem getting my eyes checked this year at my regular optometry office. I was advised to go to Highland instead.* ❖ *Member Comment-N. Williams: And usually there's a 6-months or so wait when scheduling an appointment at Highland. It sounds like providers are just not accepting Medi-Cal.* ❖ *Member Comment: D. Leonard-Pageau: Yes, as of January 1, 2026, I could no longer see my Sutter doctors that I have been seeing for 25-30 years. I can only see my Highland, UCSF, and Stanford doctors. Sutter did not sign up to accept Medi-Cal, so I lost 60% of my specialists.* ➢ *Member Question-J. Moore: I'm still not understanding what these all mean and why that may happen.* ➢ *Response-M. Woodruff: Let me try to quickly break down everything that happened. When it comes to the juvenile members, it does not seem to make a whole lot of sense, especially to that many clients. Let's discuss offline how you can give me their names in a HIPAA compliant manner, as I would like to investigate it and find out what happened there. All I*		

	can think of right now is that they somehow got switched in the system somewhere. ❖ *Member Comment-K. Porter: This might have contributed to the number of members dropping if this happened to others as well.* ➢ *Response-J. Karmelich: To add, they could have also bounced off and then bounced back on and then you go through the whole process again and then auto assigned to a new PCP.* ➢ *Response-M. Woodruff: As far as the issues with the optometry office you went to Cecilia, the Alliance switched to VSP, which is the largest optometry group in the state. If they do not accept VSP, then that may be the reason why you could no longer see them. As far as Sutter is concerned, you are correct Donna. Providers can opt out of the Medi-Cal Program.* ❖ *Member Comment-M. Le: I received a letter from Social Services, and they informed me that I need to renew my Medi-Cal, otherwise, I will be disenrolled on January 1, 2026. I did not get the form, so I went to the office to request the renewal form. Maybe others did get the notice to renew, but did not take action, and that's why they got cut off. We need to pay attention to the notices from Medi-Cal.* J. Karmelich continued with the presentation: Discrimination Grievances • A complaint about being treated unfairly or differently • These complaints are handled by the Alliance's Compliance Department. • Discrimination is not allowed under state and federal law: o California Unruh Civil Rights Act and Government Code – Section 11135 o Title VI (race, color, national origin) o Title IX (sex) o Age Discrimination Act o Americans with Disabilities Act (ADA) and Rehabilitation Act (Sections 504 & 508) o Affordable Care Act – Section 1557 • The Alliance is required to report discrimination grievances to the State. What is an Appeal? • An appeal is when a member asks the Alliance to review the decision made about their benefits.		

	• A member or their authorized representative can file an appeal.
	• Time limits to file an appeal:
	  ○ DHCS: within 60 days of the decision
	  ○ DMHC: within 180 days of the decision
	
	Appeal Communications
	• Notice of Action (NOA): A letter that explains a decision about your benefits.
	• Notice of Appeals Resolution (NAR): A letter that tells you the result of an appeal.
	• "Your Rights" Attachment: Explains your right to appeal, ask for a State Hearing, or request an Independent Medical Review (IMR).
	
	Appeal Examples
	• You can file an appeal if:
	  ○ A service is denied or only partly approved.
	  ○ Payment for a service is denied.
	  ○ You are asked to pay for care you believe should be covered.
	  ○ You are denied care from a provider outside the Alliance network.
	  ○ A service you were getting is reduced, stopped, or ended.
	
	How can members file a grievance or appeal?
	• There are four ways to file a grievance or appeal with the Alliance:
	  ○ Calling Member Services
	  ○ At the Alliance office
	  ○ Mailing the Alliance
	  ○ Online - Member Grievance Form
	• A member or authorized representative can file for help.
	• The Alliance can help complete forms and steps.
	• Help is available in member's preferred language.
	
	Processing a Grievance
	• Exempt grievance: Resolved by the next business day (no letter required).
	• Standard grievance:
	  ○ Acknowledgment within 5 days
	  ○ Written decision within 30 days
	• Expedited grievance:		

	○ For serious or urgent health concerns ○ Resolved within 72 hours Processing an Appeal • Expedited appeal: ○ For urgent health needs ○ Decision within 72 hours • Standard appeal: ○ Acknowledgment within 5 days ○ Decision within 30 days • The decision letter explains the reason and your next steps. If you do not agree with the decision • You can request a State Hearing with a judge. • You can file a complaint or request an Independent Medical Review (IMR). ○ With the Department of Managed Health Care (DMHC) • These reviews are done by an outside doctor who is not related to the Alliance. ➢ *Member Question-D. Leonard-Pageau: When a person has the same grievance against the same provider, do you have a record of that? Because it gets tiring filing grievances against the same providers.* ➢ *Response-J. Karmelich: Yes. If a member is continuously filing grievances against the same provider or vendor, we investigate those and we report on them during our committee meetings. We have tracking and trending reports. If it's against a specific provider, we do have a credentialing process outside of the grievance process, which is the process of how we credential our providers and we have a committee as part of that credentialing process. It includes all our MDs and our CMO. They review all the grievances against that provider when they come up for credentialing. We take these cases very seriously and everything is reviewed when we make those decisions.* J. Karmelich continued with the Grievance and Appeals Report: Medi-Cal • 2025 Total Cases: 49,231 (Compliance Rate: 96.1%) • Standard Grievances: 27,649 (Compliance Rate: 93.3%) • Expedited Grievances: 28 (Compliance Rate: 85.7%) • Exempt Grievances: 20,745 (Compliance Rate: 99.9%)		

	• Standard Appeals: 782 (Compliance Rate: 94.6%)
	• Expedited Appeals: 27 (Compliance Rate: 85.1%)
	
	• Appeal Data/Analysis
	  ○ 2025 Total Prior Authorization Appeals: 818
	  ○ Prior Authorization Appeals:
	  ▪ CFMG: 3 (Overturned: 1)
	  ▪ CHCN: 112 (Overturned: 13)
	  ▪ Plan: 703 (Overturned:165)
	
	• Grievance Data/Analysis
	  ○ Highest number is Access to Care Grievances: 21,796.
	
	• Grievances filed against the Plan
	  ○ Highest number is Access to Care Grievances (8,042): Members have difficulty accessing/navigating through the AAH member portal, not receiving their member ID cards timely, other health insurance errors in the system, and unable to reach AAH staff by telephone.
	  ○ Coverage Disputes (381): Disputes related to benefit and reimbursement requests.
	  ○ Other (6,577): Complaints about enrollment, eligibility, protected health information, and fraud/waste/abuse.
	  ○ Quality of care (18): Complaints about the quality of care received from the plan.
	  ○ Quality of Service (6,440): Complaints against our internal departments, such as G&A, Member Services, Behavioral Health, and Case Management regarding customer service.
	• Grievances filed against our Delegated Networks/Vendors
	  ○ Highest number is ModivCare (Transportation Vendor): 1,563
	
	Grievance and Appeals Report: IHSS Commercial
	• Appeal Data/Analysis
	  ○ 2025 Total Prior Authorization Appeals: 81 (Overturned: 8)
	• Grievance Data/Analysis
	  ○ 2025 Total Grievances: 2,170
	  ○ Highest number is against the Plan: 843
	• Grievances filed against the Plan
	  ○ Access to Care (360): Members have difficulty accessing/navigating through the AAH member portal, not		

	receiving their member ID cards timely, other health insurance errors in the system, and unable to reach AAH staff by telephone. o Coverage Disputes (109): Disputes related to benefit and reimbursement requests. o Other (120): Complaints about enrollment, eligibility, protected health information, and fraud/waste/abuse. o Quality of Service (254): Complaints against our internal departments, such as G&A, Member Services, Behavioral Health, and Case Management regarding customer service. ➢ *Member Question-L. Harris: Some of the numbers are high for particular vendors. How is that addressed?* ➢ *Response-J. Karmelich: Yes. For certain vendors that are very service based such transportation and DME, there's a lot of touch points there. So that's why we do have a higher number of grievances for these specific vendors. We have what we call a JOM, Joint Operation Meeting, with those vendors on a quarterly basis. We all meet as a group and discuss grievances. We do grievance reports for every single meeting we go to, and we show them where they're at quarter by quarter. That's where we discuss and put actions in place on what they're going to do to try to reduce the number of grievances. It's never going to be 0. That's why we have our process. We look at it per 1000 members, based on utilization. If we see a huge spike or increase, we put actions in place to ensure that we're not going to continue that trend.*		
7. a. CAC BUSINESS – CAC MEMBERSHIP UPDATE (All Lines of Business)			
M. Moua	Mao Moua, Manager of Cultural and Linguistic Services, provided an update on CAC Membership. • Resignation received from Jennifer Gudiel of Alameda County Asthma Start Program, in mid-December 2025.	None	None
7. b. CAC BUSINESS – CONFIFENTIALITY AND CONFLICT OF INTEREST FORM (All Lines of Business)			
M. Chi	Misha Chi, Interpreter Services Coordinator, made an announcement regarding the Confidentiality and Conflict of Interest Form. • M. Chi thanked the CAC members who already completed the form and advised the others to approach her immediately after the meeting to receive the form for completion.	None	None

	• M. Chi advised the people who are attending virtually that she will mail them the form with a prepaid return envelope.		
8. OPEN FORUM			
N. Williams	• M. Lewis announced that CAC members will receive an invitation to attend the Alliance's 30th Anniversary Celebration. It will be held on April 24,2026 11:00 am-2:00 pm. M. Lewis encouraged CAC members to participate in a legacy video that C&O will be creating. • T. Debose gave kudos to the C&O team for creating the new agenda template. She expressed loving the color and formatting. • M. Moua announced that this is the last CAC meeting for Misha Chi due to her role transitioning out of providing on-site support for CAC. M. Moua gave her kudos and thanked her for her amazing work. • M. Moua introduced Osiris Rivas, Cultural and Linguistic Services Specialist, who will take on the role of supporting the CAC. • O. Omotoso raised concern about not having enough Occupational Therapy providers for kids. ➢ *Response-L. Ayala: We will follow up with you individually and then provide an update to the CAC at the next meeting.* • D. Leonard-Pageau recommended that it will benefit members if the Alliance supports the Recipes for Health Program.	None	Alliance staff to follow up with Dr. Omotoso regarding not having enough Occupational Therapy providers for children on the network.
9. ADJOURNMENT			
N. Williams	• Natalie Williams, CAC Chair, announced that the next meeting will be on June 11, 2026. • Meeting adjourned at 12:00 pm.	Motion: C. Wynn Second: D. Leaonard-Pageau Vote: Approved by consensus.	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator Date: 04/16/2026

Approved by: DocuSigned by: _____ Date: 06/18/2026 | 8:38 AM PDT

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Cultural and Linguistic Services Subcommittee (CLSS) Meeting
April 22, 2026

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

Staff Member Name	Title	Present
Adrina Rodriguez	Privacy Compliance Specialist	
Alexandra Loza	Quality Assurance Specialist	x
Alexandria McGuire	Quality Assurance Analyst	x
Dani Staub	Director, Incentives and Reporting	x
Debbie Spray	Manager, IT Governance and Incident Management	
Judy Rosas	Senior Manager, Member Services	
Kailey Mulipola	Interpreter Services Coordinator	x

Kayla Williams	Manager, Experience & Program Management	x
Krystaniece Wong	Regulatory Compliance Specialist	
Lisa Sciutto	Regulatory Compliance Specialist	
Mandy Gutierrez	Senior Communications & Media Specialist	x
Mara Macabinguil	Interpreter Services Coordinator	x
Misha Chi	Interpreter Services Coordinator	x
Osiris Rivas	Cultural and Linguistic Services	x
Robert Smith	Regulatory Compliance Specialist	
Robert Smith	Regulatory Compliance Specialist	x
Rommel Cuevas	Regulatory Compliance Specialist	
Rosa Carrodus	Disease Management Health Educator	x
Shatae Jones	Director, Community Health Strategy	x
Yemaya Teague	Senior Analyst of Health Equity	x

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
Call to Order/Introductions	M. Moua	M. Moua informed that the purpose of the CLSS is to ensure that Alameda Alliance for Health meets the cultural linguistic needs of our members.	
1. Minutes from 1/28/2026 Meeting	M. Moua	Mao mentioned that meeting minutes for the CLSS meeting on 1/28/2026 were shared via email and are attached with the meeting invite.	
2. Agenda review	M. Moua	Listed as followed.	
3. Follow-up items from 1/28/2026	M. Moua	M. Moua shared that there was one request to share the Q4 2025 top 10 utilizers for on demand interpreter services.	
4. Q1 CLS Workplan Update (All Lines of Business)	M. Moua	Mao presented an update on the Q1 2026 Cultural and Linguistic Services (CLS) Workplan, highlighting progress across all lines of business. • The Committee was informed that overall progress on the CLS Workplan remains strong, with multiple goals met and others on track for implementation in subsequent quarters. • Key updates included completion of the member cultural and linguistic assessment, including a review of member demographics and a reduction in members categorized with unknown language preference, resulting in improved data quality. • Interpreter fulfillment performance met the workplan goal, with a reported 99 %t fulfillment rate across all modalities, including in-person, phone, and video services.	

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
		• Regarding on-demand access and cart transition activities, iPads were successfully transitioned into the Alliance's device management system. A related Memorandum of Understanding is currently under internal review, and this initiative remains in progress. • CLS reported continued collaboration with the Analytics team on interpreter services utilization reporting. A utilization report by line of business was developed, and automation of this reporting was implemented. • Updates on surveys and member satisfaction indicated that adult CG-CAHPS interpreter access targets were met, while child targets were narrowly missed; however, overall averages remain positive. Implementation of Q1 2026 survey results is planned for Q2, with a standard reporting lag noted. • Education and outreach initiatives related to timely access to interpreter services are planned for Q2 and Q3. No updates were reported for Q1, as these efforts are pending implementation. • Provider language capacity reporting under NCQA Net 1A is scheduled for Q2 and Q3, with no updates reported for Q1. • For Community Advisory Committee (CAC) recruitment, outreach was conducted across Medi-Cal, Group Care, and D-SNP lines of business. Five (5) applications were received and are pending review by the CAC Selection Committee. • Language access monitoring activities included review of the grievance and appeals (G&A) language access reporting workflow and the Q1 report. No concerning trends were identified. • D-SNP-specific updates noted that language access monitoring remains in progress, interpreter fulfillment reached 99%, and tracking of translation requests by line of business is planned for Q2. During discussion, a question was raised regarding monitoring of the 8-minute interpreter connection time metric for D-SNP. Mao confirmed that this metric is monitored, though it is not currently a formal workplan goal, and indicated it could be included in future reporting.	
5. CG-CAHPS and 2025 Provider Satisfaction Survey	M. Moua	Mao presented the CG-CAHPS results related to interpreter services for the Medi-Cal and Group Care lines of business.	

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
(Medi-Cal and Group Care)		• The CLS Workplan established CG-CAHPS performance targets for members who required interpreter services, with goals of 81% favorable responses for adult members and 92% for child members reporting receipt of a qualified, non-family interpreter. • For calendar year 2025, adult members reported an average favorable response rate of 86.5%, exceeding the established target. Child members reported an average favorable response rate of 92.2%, meeting the target. • Quarterly trend data demonstrated improvement in adult CG-CAHPS scores over the course of the year, while child scores remained consistently strong. • Mao reviewed non-favorable responses, which included a small percentage of members reporting difficulty communicating in their preferred language or reliance on family members or friends as interpreters. It was noted that these responses may reflect personal or cultural preferences, while also identifying an opportunity for continued education regarding the availability and use of qualified interpreter services. • CLS indicated that ongoing member and provider education efforts will continue to support awareness and appropriate utilization of qualified interpreter services.	
6. Health Equity/DEI Training Update (All Lines of Business)	Y. Ang	Dr. Ang provided an update on Health Equity activities, including the status of the Alliance's Diversity, Equity, and Inclusion (DEI) training program and progress on Health Equity milestones and Social Determinants of Health (SDOH) initiatives. • Regarding DEI training, the Committee was informed that, due to recent changes in the federal DEI landscape, the DEI training program rolled out in the prior year is not currently being actively promoted. While training modules remain available on the Alliance's webpage for voluntary access, participation rates have been very low. This trend was noted to be consistent with other California health plans. As a result, the DEI training initiative has been placed on hold pending	

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
		further federal guidance, which the Health Equity team continues to monitor. • Dr. Ang then reviewed the Health Equity Roadmap and milestone prioritization. Due to limited staffing and resources, the Health Equity team has elected to focus efforts over the next two to three years on Milestones Five and Six, which center on community engagement and SDOH mitigation. While other milestones remain interconnected, these two areas were identified as the most feasible and impactful at this time. Data continues to guide decision-making related to community engagement and intervention strategies. • There are key initiatives supporting these milestones. Community Connect meetings continue to be held bi-monthly with network providers and community-based organizations to facilitate dialogue on health equity topics and share best practices. Outreach to faith-based organizations is ongoing, recognizing their role as trusted community partners. • Dr. Ang also provided an update on grant-funded SDOH work, including the Beloved Black Babies initiative, which is supported by the California Health Care Foundation and is scheduled to conclude in October. Evaluation results from this initiative will be shared upon completion. • An overview of the Food Is Medicine pilot was presented. The initiative focuses on medically tailored meals as a 12-week intervention and is being codesigned directly with a clinic provider to ensure integration into clinical workflows and long-term sustainability. The program emphasizes staff capacity-building, behavioral support, and evaluation to assess effectiveness and scalability. The pilot is planned to launch in June, with early findings to be reported in the future quarter. During discussion, clarification was provided that the Food Is Medicine pilot is not currently coordinated with the County's Food Is Medicine program. Differences between medically tailored meals and supportive food models were noted, and it was explained that the pilot is intentionally limited in scope	

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		due to budget considerations. Potential collaboration may be explored in the future if resources are allowed.	
7. Compliance Updates **a) DHCS/DMHC** (Medi-Cal and Group Care) **b) CMS** (D-SNP)	M. Broadnax K. Goodwin	K. Goodwin provided an update on recent regulatory audits and surveys, including the 2026 DHCS Routine Survey and the 2025 DMHC Routine Survey. • Regarding the 2026 DHCS Routine Survey, the Committee was informed that the look-back period covered March 1, 2025, through December 31, 2025. Virtual interviews were conducted from March 2 through March 13, 2026, followed by a preliminary exit conference held on March 23, 2026. During the exit conference, DHCS shared draft preliminary findings totaling twelve items, including findings related to Utilization Management, ECM, Claims, and Grievances and Appeals, with one repeat finding under appeals. One additional area of concern related to Quality was noted but is not considered a preliminary finding at this time. DHCS is expected to release its final preliminary report in late May, with a follow-up exit conference anticipated during the first week of June. The Compliance team will provide updates as additional information becomes available. • K. Goodwin then reviewed the 2025 DMHC Routine Survey, clarifying that the report received on December 31, 2025, was a preliminary report. The Alliance submitted its Corrective Action Plan on February 17, 2026. The preliminary report identified sixteen findings, including two repeat findings related to Grievances and Appeals and Pharmacy. The Alliance is contesting four findings, including one Pharmacy finding and three Behavioral Health findings. Compliance is currently coordinating corrective action plan verification activities. The final DMHC report is anticipated in May or early June. • M. Broadnax noted that there were no additional updates from the Regulatory Affairs team. A reference slide was included to remind Committee members of available avenues for engaging with the Compliance Department for questions or concerns.	
8. Language Access Monitoring and Reporting	A. Loza	A. Loza presented Q1 2026 Grievances and Appeals (G&A) Language Access Reports across all lines of business. • For the Medi-Cal line of business, the Committee was informed that a total of 159 language access and discrimination-related grievances	

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
a) Grievance and Appeals Report (All Lines of Business)		were reported during Q1 2026, consisting of standard and exempt grievances, with no expedited grievances reported. Overall G&A volume totaled 12,321 cases. Compliance timeliness standards were met for exempt grievances but not met for standard grievances. The reported rate was 0.09 language access complaints per 1,000 members. A total of 112 unique grievances and 47 shadow cases were resolved during the quarter, representing a 6.4 percent decrease in language access complaints compared to the prior quarter. Thirty grievances related to discrimination were identified and referred to by the Compliance Department for further investigation. • A. Loza reviewed provider and vendor trends for Medi-Cal, noting that no ancillary providers or specialists met the threshold of three or more grievances. Several primary care providers and clinics met reporting thresholds. Vendor-related grievances included concerns related to interpreter quality and transportation scheduling language barriers. Complaints against the Plan included issues such as member materials provided in English instead of the preferred language, difficulty reaching representatives who speak the member's preferred language, and dissatisfaction with interpreter processes. • For the IHSS (Commercial) line of business, eight language access and discrimination grievances were reported, including standard and exempt grievances. Overall grievance volume for IHSS totaled 613 cases, with a reported rate of 0.42 complaints per 1,000 members. One discrimination-related grievance was identified. A slight increase in language access grievances was noted compared to the prior quarter. No providers met the threshold for repeated grievances; however, individual grievances included reports of lack of bilingual staff, interpreter quality concerns, and failure to assist with interpreter scheduling. • For the D-SNP line of business, three (3) standard language access grievances were reported in Q1 2026. All grievances were closed within required timeframes, meeting the 95% compliance standard. No discrimination-related grievances were reported. Due to enrollment being under 1,000 members, a grievance rate per 1,000	

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
		was not calculated. Reported issues included language barriers related to phone trees, member materials not provided in the preferred language, and vendor materials unavailable in the member's preferred language.	
b) Quality of Language-PQI Report (All Lines of Business)	M. Moua	M. Moua presented the Q1 2026 Quality of Language (QOL) Potential Quality Issues (PQI) Report, providing a high-level overview of language-related PQIs across all lines of business. • A total of three language-related PQIs were submitted during Q1 2026, reflecting a notable decrease compared to prior quarters. It was explained that this decrease is attributable to refinements made to the PQI workflow and submission criteria to reduce duplication and ensure that only issues meeting the formal PQI definition are referred for review. Language access concerns continue to be monitored through collaboration with the Grievances and Appeals (G&A) team. • Of the three PQIs reported, two were vendor-related and one was categorized as other. Identified concerns included interpreter quality and provider-related interpreter appointment issues. All PQIs were escalated to the appropriate vendor or provider for investigation and were subsequently resolved. The Committee was advised that CLS continues to monitor PQIs for recurring patterns across consecutive quarters. No providers met the threshold for repeated language-related PQIs during Q1 2026, and no concerning trends were identified.	
c) Member Services Representative Multilingual Staff Report (All Lines of Business)	A. McGuire	A. McGuire presented an update on multilingual staffing within Member Services. • As of April 2026, Member Services has 48 qualified multilingual staff, with four staff members qualified in more than one non-English threshold language. Member Services currently staffs a total of 52 positions by language, covering Spanish, Vietnamese, Cantonese, Mandarin, and Tagalog. • It was reported that multilingual staff performance is monitored regularly, with at least one non-English threshold language call reviewed per month for each language spoken by a Member Services representative.	

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
		Ms. McGuire noted that there are currently three open bilingual positions, including: - Member Services Navigator III (D-SNP line of business), bilingual Spanish - Member Services Representative I, bilingual Farsi - Member Services Representative I, bilingual Cantonese During discussion, G. DeGrano shared that a request has been submitted to utilize temporary staffing support to assist with recruitment challenges for bilingual positions.	
d) Membership Report (All Lines of Business)	O. Rivas	O. Rivas presented an overview of current membership demographics, including primary and threshold languages, across all lines of business based on the April 2026 report. • For the Medi-Cal line of business, the Committee was informed that total enrollment was approximately 373,438 members. Of these members, the majority identified English as their primary language, followed by Spanish. Other reported threshold languages included Chinese, Vietnamese, and Farsi. • For the Group Care line of business, enrollment totaled approximately 6,293 members. English and Chinese were reported as the most identified primary languages, followed by Spanish, Vietnamese, and Farsi. • For the D-SNP (Alliance Wellness) line of business, enrollment totaled approximately 232 members. Most members identified English as their primary language, followed by Spanish and Chinese. Additional reported languages included Tagalog, Vietnamese, and Farsi. O. Rivas noted that membership demographic data continues to support CLS planning, prioritization of language access services, and monitoring of threshold languages across all lines of business.	
e) Utilization of Interpreter Services (All Lines of Business)	M. Macabinguil	M. Macabinguil presented the Interpreter Services Utilization Report for Q1 2026 and provided additional follow-up information requested at the prior meeting.	

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
		• As a follow-up item from the January meeting, Ms. Macabinguil reported on the Q4 2025 Top 10 Utilizers of On-Demand Interpreter Services, noting that this information had not been available previously due to data limitations. CHCN was identified as the highest utilizer, followed by Asian Health Services, with remaining utilization largely attributed to internal Alliance departments and other providers. • For Q1 2026 interpreter fulfillment, CLS reported an overall fulfillment rate of 99.71%, exceeding the established performance benchmark. This rate was consistent across Medi-Cal and Group Care, with D-SNP reporting a 100% fulfillment rate due to lower utilization volume. • Interpreter services utilization data demonstrated that on demand services accounted for most interpreter encounters, representing approximately three-quarters of all services provided during the quarter. Pre-scheduled services accounted for the remaining utilization. Monthly trends showed a decrease in February, attributed in part to fewer calendar days, followed by increased volume in March. • By service modality, on-demand phone interpreting remained the most utilized service type, followed by pre-scheduled in-person services and on-demand video interpreting. Pre-scheduled phone and video services were used primarily for languages of lesser diffusion to ensure interpreter availability at appointment start times. • Utilization by line of business indicated that Alliance Wellness (D-SNP) usage remains limited, with nearly all services provided through on-demand phone interpreting. Medi-Cal and Group Care utilization patterns were consistent with overall trends, with on-demand phone interpreting as the primary modality. • M. Macabinguil reviewed the Top 10 Utilizers for Q1 2026, noting Tri-City Physical Therapy as the highest utilizer of pre-scheduled services and CHCN as the highest utilizer of on-demand services. Additional discussion clarified that utilization among Federally Qualified Health Centers (FQHCs) varies, with providers generally	

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
		expected to utilize internal language resources first and CLS services as a secondary option. • The top five languages utilized during Q1 2026 were Spanish, Cantonese, Vietnamese, Mandarin, and Mam. It was noted that Mam services are predominantly provided through pre-scheduled modalities due to interpreter availability considerations.	
f) Utilization of Translation Services Report (All Lines of Business)	M. Gutierrez	M. Gutierrez presented a high-level overview of written translation services and language utilization for Q1 2026. • Written translation requests during the quarter were submitted by multiple departments, with Grievances and Appeals representing the highest volume of requests, primarily for member correspondence and required notices. The C&O team also reported a substantial number of translation requests, consisting largely of member-facing communications across threshold languages and various formats. • M. Gutierrez noted that a detailed translation services report is available on the Alliance intranet and includes additional breakdowns beyond the summary presented. It was further reported that work is underway with the translation vendor to enhance reporting capabilities, including tracking translation requests by line of business, with updated reporting anticipated beginning in Q2. • During discussion, a question was raised regarding the apparent absence of Utilization Management (UM) Notice of Action (NOA) translations in the Q1 data. Ms. Gutierrez indicated that this may reflect a categorization issue and committed to reviewing the data with the vendor and reporting back to the Committee at a future meeting. • Q1 2026 language utilization distribution, which showed Spanish as the most frequently utilized language for written translations, followed by English. It was explained that English utilization reflects back-translation activities, including review of member responses and audio translations. Other commonly utilized languages included Chinese (Traditional), Farsi, Punjabi, and Tagalog, with smaller volumes for additional languages.	

Agenda Item	Responsible Person	Discussion	Follow-Up Action/Responsible Party/Target date
		Clarification was provided regarding Chinese language usage, noting that the Alliance primarily translates written materials into Traditional Chinese based on member demographics and historical preferences, while Simplified Chinese translations are provided upon member request.	
g) Vendor Interpreter Quality Monitoring Reports (All Lines of Business)	M. Moua	M. Moua presented the Q1 2026 Vendor Interpreter Quality Monitoring Report, summarizing interpreter linguistic assessment results for CLS vendor partners. • For Hanna Interpreting Services, a total of 47 interpreter linguistic assessments was completed in January, 49 in February, and 13 in March. All Hanna interpreters successfully passed the linguistic assessments, and no quality issues were identified during the reporting period. • For Propio, a total of 621 interpreter linguistic assessments was completed in January, 388 in February, and 639 in March. The majority of Propio interpreters met the established quality threshold, with approximately 98% achieving a passing score during the quarter. A small number of interpreters scored below the 80% threshold. For those cases, Propio provided coaching, feedback, and close monitoring. Interpreters with repeated sub-threshold scores are subject to removal in accordance with vendor quality protocols, and reassessments are conducted when applicable. M. Moua noted that CLS continues to monitor interpreter quality data monthly and works closely with vendor quality departments to address concerns promptly. Overall, vendor interpreter quality performance for Q1 2026 met CLS expectations, and no systemic quality concerns were identified.	
Adjournment	M. Moua	Meeting was adjourned by M. Moua, next meeting will be held on July 22, 2026.	

Meeting Minutes Submitted by: Kailey Mulipola Date: 5/13/2026

Approved by: Mao Moua Date: 06/12/2026

INTERNAL QUALITY IMPROVEMENT COMMITTEE
5/19/2026, 9:00am-10:00am
Remote

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Name	Title
Michelle Stott, RN, MSN	Senior Director of Quality
Allison Lam	Executive Director, Health Care Services
Tiffany Cheang	Chief Analytics Officer, Healthcare Analytics
Lao Paul Vang	Chief Health Equity Officer
Linda Ayala	Director, Population Health
Farashta Zainal	Manager, Quality Improvement Team

Name	Title
Dr. Donna Carey	Chief Medical Officer
Dr. Stephanie Brown	Medical Director, Quality Improvement
Darryl Crowder	Director, Provider Relations & Provider Contracting
Jaini Goradia	Director, Stars Strategy and Program Management
Shatae Jones	Director, Community Health Strategy
James Burke	Supervisor, Quality Performance

INTERNAL QUALITY IMPROVEMENT COMMITTEE
5/19/2026, 9:00am-10:00am
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
Call to Order/Roll Call			
I. Review agenda for 5/19/2026	J. Burke	The agenda was reviewed by James.	

II. Outstanding Action Items
• **Understanding EMR Systems Used**
• **Siftwell**
• **PT ID Data & Dashboard**
• **List of Vendors – Chronic Disease**
	-F. Zainal
	
	-M. Stott
	
	-L. Ayala
	
	-M. Foster
		• EMR Systems: List of provider EMRs compiled; to be shared via email.
		• Siftwell Presentation: Pending identification of owner; timeline TBD.
		• Patient ID/Data Dashboard: Clarification needed; follow-up in progress.
		• Chronic Disease Vendors:
		  ○ Goji (informational only)
		  ○ Kangaroo Health (potential partnership)
		  ○ MacArthur GI & Journey Health (prior CHW outreach; possible re-engagement)	

III. Preliminary Final HEDIS Rates	F. Zainal	• Above MPL for all measures except Controlling High Blood Pressure (CBP). Achievements
		  ○ 90th percentile: 5 measures
		  ○ 75th percentile: 7 measures
		  ○ 50th percentile: 9 measures
		• Topical Fluoride significantly improved (now >75th percentile).
		• CBP remains a critical gap, narrowly missed in hybrid rates.
		• Overall improvement trend; targeted effort needed for blood pressure control.	

INTERNAL QUALITY IMPROVEMENT COMMITTEE
5/19/2026, 9:00am-10:00am
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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By

IV. QIHE Cross-Functional Operating Plan	M. Stott
	L. Hunter
	F. Zainal
		• Care Management
		  ○ Care Opportunities (TrueCare): Automating HEDIS gap visibility for real-time intervention.
		  ○ Aligning case management to proactively address care gaps.
		  ○ Upward Health Collaboration:
		  ▪ Supporting high-risk (PIE) members with transitions of care.
		  ▪ Includes hospital and home-based follow-up.
		  ▪ Frees internal teams to focus on D-SNP population.
		  ▪ Exploring integration of gap-in-care data sharing.
		• ED utilization and follow-up measures (FUM/FUA):
		  ○ High volume of ED visits; moderate follow-up compliance.
		  ○ Repeat ED utilization identified (notably Alameda Health System).
		Next Steps:
		  • Collaboration with ECM providers to reduce ED overuse and improve follow-up.
		  • Exploring CHW integration for Hume Center (pending funding clarity).
		• PHM Dashboard
		  ○ Ongoing collaboration to define dashboard priorities and scope.
			-Explore FMC measure alignment with ED follow-up work and collaboration opportunities with the D-SNP team. (Farashta)

INTERNAL QUALITY IMPROVEMENT COMMITTEE
5/19/2026, 9:00am-10:00am
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
V. Childhood Domain • **Overview of Well Child Visits (W15, W30, WCV, and** • **2023-2026 PIP W15 African American Children**	F. Abatcha	• Topical Fluoride ○ Surpassed MPL and 75th percentile for the first time. ○ Continued initiatives: ▪ Provider engagement ▪ MA scripts to improve acceptance ▪ Outreach and education strategies • Well Child Visits (W15, W30, WCV) ○ Rates impacted by population growth but remain strong. ○ New approaches: ▪ Direct member outreach replacing reliance on providers ▪ Incentive program ($25 gift card) ▪ PDSA cycles with targeted clinics • Health Equity PIP (Black/African American infants) ○ Achieved +11.7 percentage point improvement ○ Successful partnership (e.g., Below the Belt Babies cohort): ▪ Very low no-show rate (only 2) ○ Key barriers: ▪ Poor contact data ▪ Low awareness of visit requirements ▪ Scheduling access challenges	LexisNexis -Determine how to integrate into workflows -Define data prioritization and usage approach (Tiffany)

INTERNAL QUALITY IMPROVEMENT COMMITTEE
5/19/2026, 9:00am-10:00am
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By

VI. Building PHM Program Design Capacity	G. Duran	• Shift toward equity-driven, upstream population health approach.
		• Focus areas:
		  ○ Root causes vs. downstream fixes
		  ○ Targeted universalism (tailored strategies for subpopulations)
		• Priority measures identified:
		  ○ Controlling Blood Pressure (CBP)
		  ○ Well Child Visits (W15)
		• Structured into
		  ○ Rapid improvement track (CBP)
		  ○ Deep co-design track (W15)
		• Emphasis on:
		  ○ Geographic and population stratification
		  ○ Member journey mapping
		  ○ Cross-sector stakeholder engagement
		• Goal: Sustainable, equitable high performance beyond MPL.	

Adjournment			

Meeting Minutes submitted by: Anne Villareal Date: 05/20/26

Approved by: James Burke Date: 05/20/26

INTERNAL QUALITY IMPROVEMENT COMMITTEE
6/16/2026, 9:00am-10:00am
Remote

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Name	Title
Michelle Stott, RN, MSN	Senior Director of Quality
Allison Lam	Executive Director, Health Care Services
Tiffany Cheang	Chief Analytics Officer, Healthcare Analytics
Lao Paul Vang	Chief Health Equity Officer
Linda Ayala	Director, Population Health
Farashta Zainal	Manager, Quality Improvement Team

Name	Title
Dr. Donna Carey	Chief Medical Officer
Dr. Stephanie Brown	Medical Director, Quality Improvement
Darryl Crowder	Director, Provider Relations & Provider Contracting
Jaini Goradia	Director, Stars Strategy and Program Management
Shatae Jones	Director, Community Health Strategy
James Burke	Supervisor, Quality Performance

INTERNAL QUALITY IMPROVEMENT COMMITTEE
6/16/2026, 9:00am-10:00am
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
Call to Order/Roll Call			
I. Review agenda for 6/16/2026	F. Zainal	The agenda was reviewed by Farashta.	
II. Outstanding Action Items • **FMC measure alignment with ED follow-up work** • **LexisNexis - Determine integration into workflows and define data prioritization and usage approach**	-F. Zainal -L. Ayala	• Follow-up within 7 days required; claims data timing limits outreach. Provider education and coordination at point of care identified as key strategies. Exploration of DSNP reports, transitional nursing, and EMS collaboration discussed. • Analysis identified some updated contact information. Teams will submit lists of unreachable members for validation; limitations remain for children's data.	Keep FMC in action plan tracker and explore integration with behavioral health workflows. (Quality team) Teams send lists of members with invalid contact info to Tiffany.
III. HEDIS Rates • **Provider Award Program**	F. Zainal	• Pilot program established recognizing Excellence and Most Improved providers. Recognition includes plaques, visits, and possible newsletter features. Future considerations include grievances, CAPs, DSNP performance, and health equity. • Strong performance in multiple measures including depression screening, immunizations, and well-child visits. Gaps remain in postpartum care and cancer screening.	Validate grievance data for selected providers. Incorporate health equity and DSNP metrics into next year's criteria.

INTERNAL QUALITY IMPROVEMENT COMMITTEE
6/16/2026, 9:00am-10:00am
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
IV. QIHE Cross-Functional Operating Plan	M. Stott J. Rosales S. Jones G. Duran	• Strong performance in multiple measures including depression screening, immunizations, and well-child visits. Gaps remain in postpartum care and cancer screening. • Postpartum care identified as key gap. Multiple initiatives underway include outreach, dashboards, prenatal access, and CHW strategies. • Development of perinatal resource webpage, childbirth education programs, and doula education efforts. • New DHCS guidelines expand outreach from pregnancy onset through postpartum. Emphasis on early engagement, resource linkage, and follow-up coordination. • Pilot program delivering telehealth support showed low enrollment but high need, with measurable depression and anxiety rates. Expansion and evaluation underway. • Enterprise-wide CHW integration through expanded partnerships, development of evaluation dashboards and KPIs, implementation of closed-loop referral tracking, and a focus on whole-person, cross-departmental care.	CM to explore reminding members of postpartum visits (within HEDIS requirements) as part of TCS workflow
V. Reproductive Health Domain	S. Singh	• Reproductive health rates deferred due to time.	Carry forward to next meeting.

INTERNAL QUALITY IMPROVEMENT COMMITTEE
6/16/2026, 9:00am-10:00am
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
VI. OB/GYN Audits	K. Ebido	• OB/GYN audits deferred due to time.	Carry forward to next meeting.
Adjournment			

Meeting Minutes submitted by: Anne Villareal Date: 06/16/26

Approved by: James Burke Date: 06/18/26

INTERNAL QUALITY IMPROVEMENT COMMITTEE
7/21/2026, 9:00am-10:00am
Remote

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INTERNAL QUALITY IMPROVEMENT COMMITTEE
7/21/2026, 9:00am-10:00am
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
Call to Order/Roll Call			
I. Review agenda for 7/21/2026	J. Burke	• Agenda reviewed. James noted a revised IQIC format with emphasis on regulatory and compliance-related updates.	
I. Consent Agenda **• QI Workplan**	J. Burke	• QI Work Plan reviewed as part of the committee's oversight and audit readiness activities.	
I. Staffing Updates **• Yemaya Teague, Quality & Health Equity Specialist**	M. Stott	• Welcomed Yemaya Teague to the Quality Improvement Department to support health equity initiatives.	
II. Policies & Procedures Review	K. Gerena G. Duran	• New Accreditation Readiness Policy (QI137) introduced to standardize NCQA accreditation planning and maintenance. • New Geographic Classification Policy established for standardized member geographic data reporting. • Six Health Education policies and Population Health policies reviewed with minor updates. • PH001 Population Health Management Program updated to align with NCQA Health Equity accreditation requirements.	
III. D-SNP STARS Program Update	J. Goradia	• Current projected performance: 3.0 overall stars; Part C at 1.0 star and Part D at 4.0 stars. • Reviewed operational assessment of 31 STAR measures and ongoing improvement initiatives. • Updates provided on member incentives, birthday card outreach, welcome kits, complaints and grievances	Michelle and Jaini to discuss HOS engagement and potential upstream data collection strategies.

INTERNAL QUALITY IMPROVEMENT COMMITTEE
7/21/2026, 9:00am-10:00am
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
		workgroup, annual wellness visit strategy, and ED visit classification project. • Discussion focused on provider readiness for Annual Wellness Visits and opportunities to improve HOS performance.	
IV. Population Health Management (PHM) Update	G. Duran	• Reviewed PHM framework, local planning alignment efforts, and 2026 PHM Work Plan progress. • Continued collaboration with Alameda County and Berkeley CHA on Community Health Improvement Plans. • Discussed use of Medi-Cal Connect dashboards and ongoing integration into PHM monitoring and reporting. • Mid-year PHM strategy evaluation and reporting planned.	
V. Reproductive Health Domain Update	S. Singh	• Reviewed prenatal and postpartum care performance trends. • Prenatal care rates are trending downward but remain above prior-year performance. • Postpartum care remains a focus area with provider education and member outreach initiatives underway. • Ongoing projects include postpartum reminder calls, postpartum resource guide development, provider consultations, pregnancy notification process development, and delivery notification tracking improvements.	Lily and Sangeeta to coordinate postpartum outreach activities to prevent duplication of member contacts.

INTERNAL QUALITY IMPROVEMENT COMMITTEE
7/21/2026, 9:00am-10:00am
Remote

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Agenda Item	Responsible Person(s)	Discussion	Follow-Up Person(s)/Action/Due By
		• Discussion highlighted racial disparities affecting prenatal and postpartum performance measures.	
VI. OB/GYN Audits	M. Stott	• Reviewed implementation of standalone OB/GYN quality reviews and chart audits in response to maternal health and state oversight priorities. • FSR team will review 35 OB/GYN sites using DHCS audit tools and CPSP-related requirements. • Findings will be monitored, corrective actions implemented as necessary, and site visits coordinated across departments.	Quality Improvement and Case Management teams to collaborate on future OB/GYN site visits and provider education efforts.
Adjournment	J. Burke	Meeting adjourned after review of action items and next steps. Meeting materials are available in the Outlook invitation packet.	

Meeting Minutes submitted by: Anne Macasiljig Date: 07/21/26

Approved by: James Burke Date: 7/28/26