



MEMBER ADVISORY COMMITTEE (MAC)
Thursday, September 16, 2023, 10:00 AM – 12:00 PM

Committee Member Name	Role	Present
Valeria Brabata Gonzalez	Alliance Member	X
Brenda Burrell (Acting)	Administrative Specialist, Alameda County Child Health & Disability Prevention	
Tandra DeBose	Alliance Member	X
Roxanne Furr	Alliance Member	
Irene Garcia	Alliance Member	X
Erika Garner	Alliance Member	X
Mimi Le	Alliance Member	X
Mayra Matias Pablo	Parent of Alliance Member	X
Melinda Mello	Alliance Member	X
Jody Moore	Parent of Alliance Member	
Sonya Richardson	Alliance Member	
Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start	X
Natalie Williams	Alliance Member, Chair	X
Cecelia Wynn	Candidate	X

Other Attendees	Organization	Present
Ed Ettleman	CHME	X
Anna Gruver	Alameda County Family Health Services Division	X
Bernie Zimmer	CHME	X
Angie (Friend of the family, Mrs. Archuleta)		X
Isaiah Archuleta (Mrs. Archuleta's son)		X

Alliance Staff Member	Title	Present
Matt Woodruff	Chief Executive Officer	X
Michelle Lewis	Senior Manager, Communications & Outreach	X
Alejandro Alvarez	Community Outreach Supervisor	X
Thomas Dinh	Outreach Coordinator	X
Linda Ayala	Director, Population Health and Equity	X
Peter Currie	Senior Director, Behavioral Health	X
Cindy Brazil	Interpreter Services Coordinator	X
Berenice Sanchez	Lead Interpreter Services Coordinator	X
Rachel Marchetti	Supervisor, Case Management	X

Mao Moua	Cultural and Linguistic Services Manager	X
Thomas Dinh	Outreach Coordinator	X
Gil Duran	Manager, Population Health and Equity	X
Anne Margaret Villareal	Outreach Coordinator - Bilingual Tagalog	X
Jennifer Karmelich	Director, Quality Assurance	X
Steve Le	Outreach Coordinator	X
Lena Lee	Health Education Coordinator	X
Isaac Liang	Outreach Coordinator	X
Rachel Marchetti	Supervisor, Case Management	X
Steve O'Brien, MD	Chief Medical Officer	X
Rosa Reyes	Disease Management Health Educator	X
Grace St. Clair	Director, Compliance & Special Investigations	X
Michelle Stott	Senior Director of Quality	X
Loc Tran	Manager, Access to Care	X
Lao Paul Vang	Chief Health Equity Officer	X
Juan Sandoval	IT Service Desk Support Technician	X
James Burke	Lead Quality Improvement Project Specialist	X
Gilbert Rojas	Chief Financial Officer	X
Amy Stevenson	Clinical Manager of Enhanced Care Management	X
Shatae Jones	Director Housing & Community Services Program	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Natalie Williams	<ul style="list-style-type: none"> Member Roll Call Alliance Staff Visitors 		
Approval of Agenda and Minutes	Natalie Williams	Made a motion to approve minutes from: <ul style="list-style-type: none"> March 16, 2023 June 15, 2023 	Minutes from the previous meetings approved by consensus.	
Approval of Agenda	Natalie Williams	Reviewed agenda for today.	Agenda approved by consensus.	
	Linda Ayala	Asked for permission to record the meeting.	All in favor.	
CEO Update				

<p>Alliance Updates</p>	<p>Matt Woodruff</p>	<p>Informed that:</p> <ul style="list-style-type: none"> • In June the Alliance reported a 9 million dollars in net income. A big part of that is based on the redetermination process. The Alliance received more members for enrollment than expected. We enrolled approximately 4,000 new members vs 3,300 disenrolled members in July. • The Alliance met all regulatory metrics for the month of July, except for Average Answer Rate that fell short by 1 % (from 5% to 6%) which is defined as how fast Member Services staff can answer phone calls from our members. • On September 1st, the Alliance received final approval from the State to become a single plan model in Alameda County. This has been a major effort across the organization for the past 18 months. • On August 24th, CMS (Centers for Medicare and Medicaid Services) and DHCS (Department of Health Care Services) staff came on site to learn about Alameda County success in addressing housing. The Alliance started a housing program in 2017. Therefore, has had more time to work at addressing social determinants of health. • The Alliance is working on implementing a Medicare program by January 2026 and should be ready for open enrollment in October 2025. • In June of this year, the Alliance started a Race-Gender-Ethnicity Salary survey led by Anastasia Swift, Chief Human Resource Officer, to determine if our staff is being paid equally and will present the results in the next October Board Meeting. • Question from MAC member: 		
--------------------------------	----------------------	--	--	--

<p>Redetermination Process</p>	<p>Michelle Lewis</p>	<ul style="list-style-type: none"> ○ T. DeBose: What is the difference between the go-live of 2026 and the current renewal process? ○ M. Woodruff: At this moment, the Alliance has two lines of business: Medi-Cal and Group Care. In January 2026, the Alliance will have two lines of business: Medi-Cal and Medicare. <p>Presented the redetermination process for Medi-Cal program:</p> <ul style="list-style-type: none"> ● Because of Covid-19, no re-enrollment was required for the past three years. Now that the Public Health Emergency is over, everyone will have to be redetermined for eligibility for the Medi-Cal program starting in June 2023. ● The Alameda County Social Services Agency will issue a renewal letter that will arrive by mail in a yellow envelope. It is very important to keep your contact information updated in order to receive this notification. However, not everyone may receive a renewal letter. If Medi-Cal has enough information on your income and eligibility, you may not need to submit any paperwork. Although, those who receive a renewal letter must submit their application otherwise they will be disenrolled from the Medi-Cal program. ● Question from MAC member: <ul style="list-style-type: none"> ○ A. Sholinbeck: If someone is on Medi-Cal through Social Security, are they still subject to the redetermination process? ○ M. Lewis: Yes, they are. If they are not auto renewed, they need to be redetermined for Medi-Cal program and that's why is so important to have their information up to date. 		
---------------------------------------	-----------------------	--	--	--

		<ul style="list-style-type: none"> • The Alliance works closely with county partners to support not only Alliance members but our entire community through the redetermination process since it was paused for three years. There is a new website named: www.mybenefitscalwin.org, where everyone can get information about their benefits and eligibility status. • Starting on January 1, 2024, the Alliance will transition into a single plan model as well as Kaiser will be accepting Medi-Cal members directly from the State of California. • DHCS (through the Ambassadors Program where MAC members have joined) has created a Medi-Cal Continues Coverage Unwinding Dashboard. The dashboard includes the following measures: 1) Total Enrollment, 2) Applications in Progress, 3) Redeterminations, and 4) Disenrollments. • This dashboard will be updated monthly. In June, there were approximately 40,000 renewals due for all Alameda County. The Alliance will be working with our county partners to identify Alliance members that are due for redetermination each month to support them during this process. • Questions from MAC members: <ul style="list-style-type: none"> ○ T. DeBose: How is the Alliance reaching out to Blue Cross/Blue Shield members that will have to transition into the Alliance Medi-Cal plan next year? ○ M. Woodruff: By September 30th, Anthem will send out letters to all members that will be part of the Alliance next year. It's approximately 85,000 people, so we have moved up our hiring timeline to increase staff in Member Services, Care Management, 		
--	--	---	--	--

		<p>and other departments as needed. After October 1st, the Alliance will know who those members are because that's when the Anthem's enrollment process gets frozen. As of January 1st, Kaiser will no longer be contracted with the Alliance. Medi-Cal members can still have Kaiser but not through the Alliance.</p> <ul style="list-style-type: none"> ○ T. DeBose: If a person has services with Kaiser through the Medi-Cal program (like my daughter). Is she still an Alliance member? ○ M. Woodruff: No, that's because Kaiser will have their own contract from the State for the Medi-Cal program. Kaiser will likely keep current members, but for those members that are due, they will have to go through the redetermination process. ○ N. Williams: What was the website to look for benefits? ○ M. Lewis: It's www.mybenefitscalwin.org. ○ A. Rodriguez: I will bring over a few flyers with this information. ○ A. Sholinbeck: Is this site different from Cal SOS? ○ M. Lewis: Cal SOS is the name of the system. It's very confusing. ○ L. Ayala: Requesting a follow-up email with a copy of the flyer after the meeting. <ul style="list-style-type: none"> ● Preliminary Renewal Data (as of September 5th): <ul style="list-style-type: none"> ○ Redeterminations due in June: 37,556. ○ Complete: 24,469 (65.1%). 		
--	--	---	--	--

	<p>Matt Woodruff</p>	<ul style="list-style-type: none"> ○ Continued in Coverage: 14,449 (59%). ○ Ex Parte Renewals: 8,555 (22.8%). ○ Discontinued: 10,020 (26.7%). ○ Discontinued/Procedural: 9,089 (90.7%). ○ Renewals in Process: 13,097 (34.9%). ● Question from MAC member: <ul style="list-style-type: none"> ○ C. Wynn (candidate): Thank you so much for this information. Do not want to switch to Kaiser. Happy to know the benefit exists. ○ M. Woodruff: Only for the next 3 months with the Alliance. <p>Presented impact of the redetermination process:</p> <ul style="list-style-type: none"> ● Most of our disenrollments were in the Medi-Cal ACA Optional Expansion (adults) as well as in Medi-Cal Child. We didn't expect the child disenrollment to be that high, so we are looking into that. As long as the renewal process is started, members won't get disenrolled even if they have pending paperwork to submit. ● During the first two months of disenrollment, July and August, the Alliance began with 361,726 members and ended with 354,671 members. In July, there were a total of 6,829 additions and 10,249 terminations. As for August, there were 6,071 additions and 10,208 terminations. ● 93% of members terminated have less than \$5,000 in costs or no utilization, which means that most of the disenrolled people were not using our services. Our Chief Equity Office, Paul Vang, is analyzing this data to look for possible root causes. ● Question from MAC member: 		<p>A follow-up email with a copy of the flyer will be shared with MAC members.</p>
--	----------------------	--	--	--

		<ul style="list-style-type: none"> ○ T. DeBose: Do they have two plans or something? ○ M. Woodruff: Yes, that is possible. ○ L. Ayala: Or they have moved. 		
<p>Follow up Items 6/15/23 Meeting</p>	<p>Mao Moua</p>	<p>Presented follow-up items from the June meeting:</p> <ul style="list-style-type: none"> ● ABA Services: Plan to present at the December MAC meeting. ● Questions from MAC members: <ul style="list-style-type: none"> ○ L. Ayala: Tandra, do you know someone familiar with these services? ○ T. DeBose: I've heard from people with children with autism that is very hard to get an initial evaluation. Is that getting better? ○ M. Woodruff: When the Alliance transitioned over from Beacon (behavioral health services) there was a waiting list that we didn't know about. All members on that waiting list has been contacted, although it doesn't mean that they got into services. The main issue is that there are only three behavioral health providers who offer needed assessments in the entire Bay Area. ○ A. Sholinbeck: What about the people that were previously approved with Beacon? Do they need to be reassessed with the Alliance? ○ M. Woodruff: No, we received all care plans from Beacon for those that were already receiving services. This is just for the people that were waiting to be assessed. ○ S. O'Brien: There are a couple of things happening with the autism grouping. First, the Alliance is providing more services. We used to 		

		<p>have about 7,000 people under Beacon and now there are over 10,000 members receiving autism authorizations. So, the demand has gone up and we have a bit of narrowness in our network, but our team is currently working on expanding it and has already added another provider and is looking forward to adding more. There is a little bit of a waiting list for those people. Once people have received an authorization for autism services, it has been challenging to find providers who can accommodate appointments in the timeframe that works for families, which is usually in the afternoon (after school).</p> <ul style="list-style-type: none"> ○ V. Brabata Gonzalez (via Teams Chat): Could we develop a plan with dates and metrics to close the gap on ABA services? As a parent, the wait is heartbreaking as you know the window for the intervention to have the most impact on your child's life gets smaller and smaller as time passes. I understand the administrative challenge, but I want you to think of this as an emergency. All these children are growing up without a life-changing intervention. So, please, a plan with dates and goals. ● Provide data on members needing to re-enroll by race/ethnicity: This information was already covered by M. Woodruff and M. Lewis at the beginning of the meeting. ● Alliance staff to consider ways to give feedback when using interpreter line: Call Member Services and provide details of the encounter. Participate in a survey after a 		<p>Alliance Staff will document as an action item for follow-up by our behavioral health team.</p>
--	--	--	--	--

		<p>phone a call, when it is not related to interpreter services, but every member can also give any feedback about their Member Services call experience.</p> <ul style="list-style-type: none"> • Question from MAC member: <ul style="list-style-type: none"> ○ N. Williams: Do they go to Grievances and Appeals? ○ M. Moua: Yes, they do. • Alliance to share 2023 Cultural Sensitivity Training with MAC members: On pause until 2024 to ensure alignment with the new 2024 Medi-Cal and Diversity, Equity, Inclusion All Plan Letter (APL) requirements. • G&A: J. Karmelich will send revised grievance decision charts with the next meeting packet. • The Alliance is working on an action plan to compare county data on race and ethnicities with our own membership and will share that in the future. • Every member can find further information regarding Medi-Cal Eligibility at the DHCS Medi-Cal website. • Alliance Key Contact Sheets are available after the meeting. 		
<p>New Business</p>				
<p>Timely Access Report</p>	<p>Loc Tran</p>	<p>Presented on Q1 2021 - Q4 2022 CG-CAHPS (PCP post-visit survey) results for in-office wait time, call return time, and time to answer call.</p> <ul style="list-style-type: none"> • In-office wait time based on ethnicity: The top three responses under 60 minutes are for Chinese, Hispanic, and Other; over 60 minutes standard, Black, Hispanic, and Other. • In-office wait time based on language: Under 60 minutes, Chinese, English, and Spanish. Same languages were reported for over 60 minutes response time. • Call Return (Ethnicity): Higher percentage within one business day for Chinese, Hispanic, 		

		<p>and Other. As for over one business day, we have Black, Hispanic, and Other. For those who did not hear back from their provider, the top three were Black, Hispanic, and Other.</p> <ul style="list-style-type: none"> • Call Return (Language): We continue to see Chinese, English, and Spanish as the top three responses within one business day. English, Mandarin, and Spanish as top responses for over one business day. As for those who did not hear back from providers, it's English, Spanish, and Undetermined. • Time to answer a call (Ethnicity): The standard is within 10 minutes. Top three are Black, Hispanic, and Other. As for the percentage of greater than 10 minutes, we have Chinese, Hispanic, and Other. • Time to answer a call (Language): The standard is within 10 minutes. Top three within 10 minutes are Chinese, English, and Spanish. As for the percentage of greater than 10 minutes, we have Chinese, English, and Spanish. 		
<p>Enhanced Care Management (ECM) Update</p>	<p>Amy Stevenson</p>	<p>Presented Enhanced Care Management (ECM) program:</p> <ul style="list-style-type: none"> • The Alliance started an ECM program in 2017 with CHCN (Community Health Care Network) to support members experiencing homelessness. • In 2019, the Alliance expanded our partnership and continues to do so by training all new providers who come on board. • In 2022, we launched another expansion to include Street Health partners as ECM providers as well. • Th ECM program gives qualified members extra services from a dedicated ECM provider, which is an entity that contracts with a Medi-Cal managed care health plan. A lead care 		

		<p>manager works for the ECM provider to coordinate the member’s health care services and links them to community and social services.</p> <ul style="list-style-type: none"> • Members get these extra services at no cost as part of their Medi-Cal benefits. • Some of the services that the ECM program offers are: <ul style="list-style-type: none"> ○ Contact and engage members in their care. ○ Complete a comprehensive assessment with members and work with them to develop a care plan to manage their goals. ○ Coordinate care and information across all the member’s providers to implement their care plan. ○ Provide tools and support that will help members better monitor their health. ○ Help members safely and easily transition in and out of the hospital or other treatment facilities. ○ Educate members and their personal support system about their health issues and options to improve treatment adherence. ○ Connect members to community and social services. • ECM populations of focus: <ul style="list-style-type: none"> ○ Medi-Cal members that meet criteria such as experiencing homelessness can be eligible. ○ In July, we had our largest expansion adding Children and Youth in Child Welfare so now everyone from birth to end-of-life could be eligible for these services. 		
--	--	---	--	--

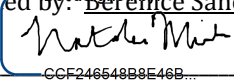
<p>OMB Site Visit Highlights</p>	<p>Shatae Jones</p>	<ul style="list-style-type: none"> ○ In January 2024, the Alliance will expand ECM to individuals transitioning from incarceration as well as the Birth Equity. ● So far, the Alliance has identified only 8,597 homeless members out of 27,282 eligible members and has reached out to 1,354 (30.6%) members. We are looking to increase this percentage by collaborating with our Street Health partners. We have enrolled 2,011 members (almost 40%) and 312 members graduated from ECM program. <p>Introduced herself as Director of Housing & Community Services Program and presented highlights from the OMB (Office of Management and Budget) visit in August:</p> <ul style="list-style-type: none"> ● The Alliance Housing program is a wraparound approach to support our community by data sharing, cross collaboration, and investment. Alameda County was recognized for stellar data collection systems such as SHIE (Social Health Information Exchange) and Community Health Record. This data repository allows for the health plans and other service providers to engage in a collective system of care and easily navigate coordination of services with one another. ● Alameda Alliance for Health was recognized for deep and intentional cross collaboration with our county partners, community-based organizations, and community stakeholders. ● Permanent Supportive Housing (PSH) Site Visit: Housing is foundational to a member's health and wellness. Without a safe and affordable place to reside, member's care becomes secondary, and they become more at risk for poor health outcomes. 		
---	---------------------	---	--	--

		<ul style="list-style-type: none"> • Questions from MAC members: <ul style="list-style-type: none"> ○ T. DeBose: Commented on the homelessness levels in Alameda County. It's upsetting! ○ S. Jones: We understand how you feel, homelessness is a national issue. ○ N. Williams: As sad as it is, we have to recognize that Alameda County has stepped up by providing housing services for people with mental illnesses. 		
<p>Grievances and Appeals Report</p>	<p>Jennifer Karmelich</p>	<p>Presented Q2 2023 G&A report:</p> <ul style="list-style-type: none"> • For our commercial line of business (IHSS), the Alliance received a total of 393 cases. There was a total of 152 standard grievances (resolved within 30 calendar days) and 229 exempt grievances (resolved within the next business day) which are usually resolved by Member Services. There were 12 standard appeals which are related to authorizations that were denied. Our compliance rate was 99.4 %. Most cases (140) were against the Alliance. • For our Medi-Cal line of business, the Alliance received a total of 7,674 cases. There were 2,455 standard grievances, 5,136 exempt grievances, and 79 appeals. There were a couple of expedited grievances which were resolved within 72 hrs. The majority of cases (2,898) were against the Alliance. • There were 677 cases related to enrollment. As we previously discussed, members can apply for Kaiser coverage but not everyone gets approved. When members are denied by Kaiser, they can file an appeal. • There were 276 cases against ModivCare, who is our transportation vendor. Most of the cases are related to the driver being late or 		

Outreach Report	Alejandro Alvarez	not showing to pick up member for appointment. Due to time constraints, the Outreach Report was postponed for next meeting.		
MAC Business				
MAC Chair and Vice Chair	Linda Ayala	<p>Informed that:</p> <ul style="list-style-type: none"> • We will be voting today to elect a MAC Chair and Vice Chair. There is information in your packets regarding roles and responsibilities. • MAC members can either self-nominate or nominate another MAC member. • Some of the responsibilities are: <ul style="list-style-type: none"> ○ Meeting with Alliance staff to create an agenda. ○ Facilitating meetings. ○ Following up on issues that may arise. ○ Making sure that all MAC members are involved and have a voice during the meeting. • Comments from MAC members: <ul style="list-style-type: none"> ○ N. Williams: It's really rewarding, and this collaboration provides a better sense of control over your health care. I think it is wise for MAC members to try and serve as Chair or Vice Chair. I would like to nominate Melinda Mello as Chairperson. ○ M. Mello: I accept the nomination for either Chair or Vice Chair. I nominate N. Williams for Co-Chair as well. ○ N. Williams: I accept the nomination as Vice Chair. ○ T. DeBose: I nominate myself for Vice Chair. ○ C. Wynn: How long is the commitment for these positions? 	Vote	M. Moua to send out an email for MAC members who attended via video conference to vote for Chair, Vice Chair, and new candidate Cecelia Wynn.

		with the Social Security Agency for more information.		Security Agency.
Open Forum	Natalie Williams Linda Ayala Alejandro Alvarez	The meeting is now open for anyone who would like to share. Shared on Community and Outreach Report: <ul style="list-style-type: none"> From March 2020 through March 2023, our outreach coordinators completed 27,135 member-orientation outreach calls and our team is very small. 		
Adjournment	Natalie Williams	Next meeting: December 14, 2023	N. Williams adjourned the meeting.	

Meeting Minutes Submitted by: Berenice Sanchez, Lead Interpreter Services Coordinator Date: 9/22/2023

Approved By:  Date: 01/30/2024
CCF246548B8E46B...
 Natalie Williams, Chair, Member Advisory Committee