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
	  o Shared feedback with the Case Management (CM) team.
	  o CM noted this information varies case by case.
	  o 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: _____ Date: