**COMMUNITY ADVISORY COMMITTEE (CAC)**

**Thursday, September 10, 2026, 10:00 AM – 12:00 PM**

| Committee Members | Role | Present |
|---|---|---|
| Cecelia Wynn | Alliance Member | x |
| Darcell Davis | Alliance Member | x |
| Diana Espinel | Alliance Member | x |
| Donna Griggsmurphy | Alliance Member | x |
| Donna Leonard-Pageau | Alliance Member | x |
| Erika Garner | Alliance Member | x |
| Irene Garcia | Alliance Member | x |
| Iris Abarca | Alliance Member | |
| Jie Feng | Alliance Member | |
| Jody Moore | Parent of Alliance Member | x |
| Keith Pageau Jr. | Alliance Member | x |
| Kenneth Porter | Greater New Beginnings | x |
| Kerrie Lowe, LCSW | Social Worker, Alameda County Public Health | x |
| Len Turner | Greater New Beginnings | |
| Lenore Harris | Parent of Alliance Member | x |
| Marilen Biding, BSN | Alameda County Health Homes Department | x |
| MiMi Le | Alliance Member | x |
| Nacerddine Azeb | Alliance Member | x |
| Natalie Williams | Alliance Member | x |
| Omoniyi Omotoso, MD | Native American Health Center | x |
| Robert Williams | Alameda County Health and Human Resource Education Center | x |
| Shirley Tong | Parent of Alliance Member | x |
| Tandra DeBose | Alliance Member | |
| Tee Kimmons | Parent of Alliance Member | x |
| Valeria Brabata Gonzalez | Alliance Member | |

| Other Attendees | Organization | Present |
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| Aminah Asberry | Bay Area Community Resources | x |
| Melodie Schubat | CHME | x |
| Molly Hart | Community Health Center Network | x |

| Alliance Staff Members | Title | Present |
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| Allison Lam | Executive Director, Healthcare Services | x |
| Beau Hennemann | Chief Operating Officer | x |
| Darryl Crowder | Director, Provider Services and Provider Contracting | x |
| Donna Carrey, MD | Chief Medical Officer | x |
| Emily Earnhardt | Population Health and Equity Specialist | x |
| Gabriela Perez-Pablo | Outreach Coordinator | x |
| Gil Duran | Manager, Population Health and Equity | x |
| Gill Riojas | Chief Financial Officer | x |
| Hamid Noori | Manager, Medicare Sales and Retention | x |
| Isaac Liang | Outreach Coordinator | 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 |
| Linda Ayala | Director, Population Health and Equity | x |
| Loc Tran | Manager, Access to Care | x |
| Mara Macabinguil | Interpreter Services Lead | 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 |
| Monique Rubalcava | Health Education Specialist | x |
| Osiris Rivas | Cultural and Linguistic Services Specialist | x |
| Rosa Carrodus | Disease Management Health Educator | x |
| Sanya Grewal | Manager, Community Health Initiatives | x |
| Stephanie Brown | Medical Director, Quality Improvement and Health Equity | x |
| Thomas Dinh | Outreach Coordinator | x |
| Tome Meyers | Executive Director, Medicare Programs | x |
| Yemaya Teague | Quality and Health Equity Specialist | x |

| AGENDA ITEM SPEAKER | DISCUSSION | ACTION | FOLLOW-UP |
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| **1. WELCOME AND INTRODUCTIONS** | | | |
| N. Williams | Natalie Willliams, CAC Chair, called the meeting to order at 10:05 am.<br>A roll call was taken, and a quorum was established.<br>Introduction of staff and visitors was completed. | None | None |

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| **2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM JUNE 11, 2026** | | | |
| N. Williams | Motion to approve June 11, 2026 CAC Meeting Minutes. | Motion: C. Wynn<br>Second: K. Porter<br>Vote: Approved by consensus. | None |
| **2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA** | | | |
| N. Willams | Motion to approve September 10, 2026 CAC Meeting Agenda. | Motion: I. Garcia<br>Second: R. Williams<br>Vote: Approved by consensus. | None |
| **3. CEO UPDATE – CEO REPORT (All Lines of Business)** | | | |
| M. Woodruff | Matthew Woodrfuff, Chief Executive Officer (CEO), presented on the Alliance Updates.<br><br>Financials<br>• June 2026: Lost money due to payment for a compliance issue that occurred in 2023.<br>• July 2026: Lost $5 Million as projected.<br>• Work in automating processes continues. The goal is not to take away somebody's position, but to not hire more staff.<br>• Disenrollments: The number has gone down a little bit. It's been a full year since the COVID protections went away and we are seeing stabilization.<br>• Reenrollments: Reenrollment activity is also being monitored.<br>• Large number of disenrollments is expected in January 2027.<br><br>Changes in Medi-Cal benefits/eligibility in effect as of July 2026<br>• Transitional Rent<br>o The only new benefit that started in January 2026.<br>o Provides up to 6 months of rental assistance for members experiencing or at risk of homelessness.<br>o No. of requests received: 61<br>o No. of members and their families successfully housed: 48<br><br>Legislative Updates<br>• No. of members who will be disenrolled in January 2027: 61,000 | None | None |

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| | ○ These members will transition back to Medi-Cal Fee-For Service.<br>○ The Alliance is partnering with community partners to work with those members to ensure that they stay in care.<br>• Change in Public Charge<br>○ The government will have the right to refuse people who they think are going to use Medi-Cal. Before, they only considered cash assistance programs, but with this change, they are looking at all benefits.<br>○ This will not likely result to disenrollments but may lessen enrollments.<br>• Medicare Overview<br>○ Launched full sales and marketing in August 2026.<br>○ Spent the first 7 months making sure everything is set up correctly and the Alliance has done a great job at that.<br>○ Now fully working on sales and enrolling members to the plan.<br>○ Due to Medi-Cal disenrollments, the Alliance needs to increase its membership in Medicare.<br><br>➢ *Member Question-D. Griggsmurphy: I looked at the website and tried to look at the Medicare Advantage plans available, I did not see Alameda Alliance. How can we market it more if it's not there?*<br>➢ *Response-M. Woodruff: It's probably only been up for about 3 weeks, so when you looked it may not have been up yet. The 300 members that we have right now have all been through word of mouth. But it should be there now as we are trying to bring members in.*<br>➢ *Member Question-D. Griggsmurphy: How can Alliance participate in keeping people at home instead of prematurely going to nursing home and ER as their primary care?*<br>➢ *Response-M. Woodruff: As part of our Community Supports programs, we work with several different companies in trying to keep people in their home instead of going into long-term care, as well as transitioning people in long-term care back into the community.*<br>➢ *Response-A. Lam: We are actively working with community partners such as East Bay Innovations (EBI) and other medical respite facilities in the community to support these housing-related efforts. It's a large part of our strategy.* | | |
| **4. FOLLOW-UP ITEMS (All Lines of Business)** | | | |

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| M. Macabinguil | Mara Macabinguil, Interpreter Services Lead, provided updates on the follow-up items from June 11, 2026.<br><br>• Include the following agenda topics at the September CAC Meeting: Early and Periodic Screening, and Diagnostic, and Treatment (EPSDT), and Medicare STARs Performance.<br>  ○ Agenda topic will be presented during today's CAC meeting. | None | None |
| **5. a. NEW BUSINESS – EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) (All Lines of Business)** | | | |
| M. Stott | Michelle Stott, Director of Quality Improvement presented on the Early Periodic Screening, Diagnostic, and Treatment Services (ESPDT).<br><br>EPSDT<br>• Also known as "Medi-Cal for Kids and Teens".<br>• Children, Teens, and Young Adults (under 21) enrolled in the Alliance qualify for free services and support to stay or get healthy.<br><br>Goal<br>• Early and comprehensive age-appropriate health care services.<br>• Preventive screenings, Diagnostic services, and Treatment services.<br>• Screenings, covered benefits, and services of medical necessity.<br><br>Well-Child Visits<br>• Free Check-ups<br>  ○ Physical exam<br>  ○ Social and family health history<br>  ○ Immunizations<br>  ○ Dental health and fluoride varnish<br>  ○ Hearing and vision<br>  ○ Behavioral/mental health needs<br>  ○ Lad screening<br>  ○ Developmental milestones<br>  ○ And other preventive care services and topics based on the child's age<br>• Bright Future/American Academy of Pediatrics Guidelines<br>  ○ Most visits happen before and more frequently before age 3, and annually thereafter.<br>Monitoring Care for Children<br>• Managed Care Accountability Measures – Children's Health | None | None |

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| | • Claims data and encounter data<br>• Surveys<br>  ○ Member Experience<br>  ○ Timely Access to Care<br>• Facility and medical records reviews<br>• Utilization of services<br>  ○ Emergency room visits<br>  ○ Inpatient visits<br>  ○ Behavioral health visits<br>  ○ Care Management referrals<br>• Grievances and Potential Quality Issues<br><br>Managed Care Accountability Measures – Children's Health<br>• HEDIS Performance Highlights<br>  ○ 90th: Childhood and adolescent immunization rates 90th percentile National HEDIS Benchmarks<br>  ○ 65%+: Children 0-30 months completed required number of well visits<br>  ○ 8/8: Childhood measures above the 50th percentile National HEDIC Benchmarks<br>• ALL8 Tracked Measures<br>  ○ Childhood Immunization (0-2 years)<br>  ○ Immunization for Adolescents (9-13 years)<br>  ○ Developmental Screening (First 3 Years of Life)<br>  ○ Lead Screening in Children<br>  ○ Topical Fluoride for Children<br>  ○ Well Child Visit 6+ (0-15 months)<br>  ○ Well Child Visits 2+ (15-30 months)<br>  ○ Child & Adolescent Well Care Visits (3-21 years)<br>• Non-Utilizer Data Review<br>  ○ Ages 16-17 (65.7% of all members)<br>  ○ Hispanic members (44.4%)<br>  ○ English- and Spanish-speaking families (93.1% combined)<br>  ○ Members residing in Oakland and Hayward (36.6% of all)<br><br>Well Child Activities<br>• Population Health & Equity<br>  ○ Patient identification & dashboards<br>  ○ Stakeholder input on root causes and actions<br>  ○ Health Education | | |

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| | • Community Driven<br>  ○ Community Health Workers (CHW) – trusted connectors<br>  ▪ First 5<br>  ▪ Pediatric practices<br>  ○ Outreach at community events (e.g. health fairs, cultural events)<br>• Care Management<br>  ○ Care coordination<br>• Access<br>  ○ Timely Access to Care<br>  ○ Outreach for post-emergency room visits<br>  ○ "Care When You Need It" flyer<br><br>Well Child Initiatives<br>• Member Driven<br>  ○ Well Child Birthday Cards/Letters<br>  ○ Incentives<br>  ○ Outreach<br>  ○ Well Visit Campaigns<br>• Provider Driven<br>  ○ Provider Meetings – data sharing & Quality Improvement (QI) project initiatives<br>  ○ Education – webinars, tip sheets<br>  ○ QI coaching to improve clinic workflows<br>  ○ QI funding<br>• Data Approach<br>  ○ Provider care gap reports<br><br>Discussion<br>• How can the Alliance encourage more children/parents to get well-child visits with their PCPs?<br>  ○ Race/Ethnicity or Cultural considerations<br>  ▪ Hispanics<br>  ▪ Black/African American<br>  ▪ Smaller populations:<br>  ◦ Hispanics<br>  ◦ Black/African American<br>  ◦ Smaller Populations<br>  -Native Hawaiian/Pacific Islander<br>  -American Indian/Alaskan Native | | |

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| | <ul><li>Time Span:<ul><li>During pregnancy and at birth</li><li>School age years (6-11 years old)</li><li>Teens & Young adults (12-21 years old)</li></ul></li></ul><ul><li>*Member Question-Dr. Omotoso: I looked at the flyer and here it says the gift card is given by the provider at the well-child visit, but I thought that was changed and now it's mailed by the Alliance, correct?*</li><li>*Response-M. Stott: Yes, they are now mailed by the Alliance directly. We have a vendor that works with us.*</li></ul><ul><li>*Member Question-Dr. Omotoso: Okay, I just want to make sure that was corrected on the flyer so that they don't go to the office expecting to get it there. And in terms of outreach and raising awareness, do we usually provide information on the well-child visit timeline before they leave the hospital when the baby is born?*</li><li>*Response-M. Stott: Yes, that's an opportunity we are working with hospitals now. As you mentioned, working upstream so they know when these visits are supposed to occur, as members don't always know.*</li></ul><ul><li>*Member Question-Dr. Omotoso: What kind of non-English speaking community events do you currently take part in?*</li><li>*Response-M. Lewis: There's several events that we attend that are not language-specific. For example, we will be attending the Dia De Los Muertos Event in Fruitvale, Vietnamese American Community Center of East Bay, and Autumn Moon Festival. Our team does speak all the threshold languages. Gabriela is bilingual in English and Spanish. Thomas is multilingual in English, French, and Vietnamese. And we have other staff that speak Mandarin and Cantonese as well. We also offer alternative formats such as large print, CD, or braille.*</li></ul><ul><li>*Member Question-Dr. Omotoso: Is there any targeted outreach or campaign for the youth ages 18-21? Do you utilize social media?*</li><li>*Response-M. Lewis: We attended the school fair in Laney, as well as Oakland Pride. We don't have specific events for the age group, but we go to places where they are.*</li></ul> | | |

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| | ➢ *Member Question-L. Harris: Where are we reaching out to people? Were we targeting specific churches or religious spaces where particular ethnic groups tend to congregate? I was also wondering about utilizing midwives and doulas and their relationships with some of these communities. Back to school nights at high schools and the Pride Center are good to think about too.*<br>➢ *Response-M. Lewis: We participated in back-to-school events, both with Oakland and Hayward Unified School Districts. For churches, we participated in health fairs such as in Acts Full Gospel Church and Allen Temple. We will also be holding Coffee and Conversations at St. Jarlath Church in Fruitvale.*<br><br>❖ *Member Feedback-R. Williams: I recommend giving the youth stipend and letting them do outreach for you so they can spread the word with the community. In addition, Foodie Night is where you will find Filipinos and Pacific Islanders who are in that demographic range. They congregate there every single night, so it would be great if you can table at those events.*<br><br>❖ *Guest Feedback-A. Asberry: What medical organizations is the Alliance working with? And are there considerations about the race and ethnicity of the doctors that you are partnering with? One thing that my organization is very intentional about is partnering with wellness centers that have culturally competent doctors and nurses. In the Black community for example, it is a struggle to get our elders and young people to go see doctors that are not Black doctors. I know that's a challenge in itself, but I'm curious if that is taken into consideration. I think that it could really go a long way to increasing young people coming into those spaces if they see physicians or nurse practitioners that look like them.*<br>➢ *Response-M. Stott: Yes, I completely agree. We do take a look at our provider network in terms of race, ethnicity, and more demographics because we reinforce being able to have a diverse network that supports our members and promote trust.* | | |
| **5. b. NEW BUSINESS – TRANSITIONAL CARE SERVICES (All Lines of Business)** | | | |
| A. Lam | Allison Lam, Executive Director of Health Care Services, presented on Transitional Care Services.<br><br>Transitional Care Services | None | Alliance Staff to provide K. Lowe the Alliance Case |

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| | • Support for members moving from one setting or level of care to another.<br>  ○ Home/Community -Living Arrangements<br>  ○ Hospital<br>  ○ Post-Acute Facility (example: nursing facility)<br><br>TCS Support Model<br>• Risk Categories-Not Pregnant or Postpartum<br>  ○ High-Risk (e.g., transitioning home after a stay in a skilled nursing facility)<br>  ▪ Assigned a single Point of Contact (e.g., care manager)<br>  ▪ Coordination support begins on admission through, at minimum, 30 days post discharge<br>  ▪ Member contact and PCP follow-up within 7 days after discharge<br>  ▪ Review medication(s)<br>  ▪ Complete all discharge instructions & follow-up plans<br>  ○ Lower-Risk (e.g., transitioning home after a scheduled bunion removal surgery in the hospital)<br>  ▪ Member notified of support available from a dedicated TCS Phone Line<br>  ▪ Coordination support begins on admission through, at minimum, 30 days post discharge<br>  ▪ After discharge, member contacts the TCS phone line, as needed<br>  ▪ PCP follow-up within 30 days after discharge<br>• Risk Categories-Pregnant or Postpartum<br>  ○ High-Intensity Pregnancy and Postpartum (e.g., pregnant, newly diagnosed with uncontrolled diabetes at prenatal visit)<br>  ▪ Assigned a single Point of Contact (e.g., care manager) and notified of dedicated TCS Phone Line<br>  ▪ Coordination support begins as soon as member identified as “high intensity” through, at minimum, 60-days after end of pregnancy<br>  ▪ Member contact within 7 days after discharge<br>  ▪ Birthing Checklist (medical, social, family, and behavioral health needs)<br>  ▪ Complete all discharge instructions & follow-up plans<br>  ○ Moderate-Intensity Pregnancy and Postpartum (e.g., Pregnant, enrolled in WIC and home visiting program) | | Management phone number. |

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| | ▪ Assigned a Care Coordination team and notified of dedicated TCS Phone Line<br>▪ Coordination support begins no later than beginning of 3rd trimester, through, at minimum, 60-days after end of pregnancy<br>▪ Member contact within 21 days after discharge<br>▪ Birthing Checklist (medical, social, family, and behavioral health needs)<br>▪ Complete all discharge instructions & follow-up plans<br><br>Committee Input<br>• Ideas for outreach & engagement when members leave the hospital?<br>o If a care manager contacted you after a hospital stay, what support/information would be most helpful?<br>o How comfortable would you be to have someone visit you at home? If uncomfortable, what would help make you more comfortable?<br>o How and when would you prefer to be contacted after leaving the hospital (telephone, text, etc.)<br>• Ideas to encourage follow-up with PCP after discharge<br>o What barriers might exist for timely follow-up with the PCP?<br>o Would you prefer tele-health options?<br>o What message would motivate you to schedule a PCP visit within 7 days? Within 30 days?<br><br>❖ *Member Feedback-N. Williams: I heard from other members that they prefer to have the option to meet case workers either at their home or somewhere else, instead of defaulting to their home or environment.*<br><br>❖ *Member Feedback-K. Pageau: Maybe we can have somebody from the Alliance at least for the first few days after discharge to check if they need any additional support.*<br><br>❖ *Member Feedback-Dr. Omotoso: If the patient is identified as high-risk, assign a case manager before discharge, and ask how they would like to be engaged such as via phone calls, text messages, or if they would like to be visited in their home, so those questions are answered before they leave the hospital.* | | |

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| | ❖ *Member Feedback-M. Le: My husband did not have good experience at the nursing home. IHSS was then arranged and it is great as he can be home and be more comfortable. The IHSS worker supports him at home, including cooking meals. It is the best thing.*<br><br>➢ *Member Question-K. Lowe: Does Transitional Care assist with connecting members with a PCP? And what's the phone number?*<br>➢ *Response-A. Lam: Yes, absolutely, we can get that to you. It is our Case Management phone number.* | | |
| **5. c. NEW BUSINESS – PROVIDER NETWORK UPDATES (All Lines of Business)** | | | |
| D. Chowder | Darryl Chowder, Director of Provider Services and Provider Contracting, reported on the Provider Network Updates.<br><br>Provider Network at a Glance<br>• Primary Care Providers: 711<br>• Specialists: 12,276<br>• Mental health: 2,700<br>• Applied Behavioral Analysis (ABA): 1,250<br>• Doula: 166<br>• Community Health Worker (CHW): 31<br>• Midlevel: 292<br>• Ambulatory Surgery Centers (ASC): 16<br>• Community Baded Adult Services (CBAS): 5<br>• Dialysis: 3 major groups<br>  ○ Davita<br>  ○ Fresenius<br>  ○ Satellite<br>• Home Health: 78<br>• Hospice: 54<br>• Hospitals: 17<br>• Home Infusion: 5<br>• Intermediate Care Facilities (ICF): 36<br>• LTC/SNF: 107<br><br>Delegates<br>• Community Health Center Network (CHCN)-fully delegated, contracted for D-SNP. | None | None |

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| | • Children First Medical Group (CFMG)-fully delegated, contracted for D-SNP.<br>• Teledoc, Inc.-fully delegated, contracted for D-SNP<br>• Physical Therapy Provider Network (PTPN)-partially delegated for physical therapy services only, contracted for D-SNP<br>• Quest Diagnostics Incorporated (Unilab DBA Quest)-partially delegated-lab services only, contracted for D-SNP.<br><br>Enhanced Car Management Providers (ECM)<br>• Alameda Health System<br>• BACS (Bay Area Community Services)<br>• California Cardiovascular Consultants (CCC)<br>• CHCN<br>• Alameda County Health (AC Health)<br>• East Bay Innovations<br>• Institute on Aging<br>• La Familia<br>• Lao Family Community Development<br>• Lao Family Oakland Campus<br>• Master-Care, Inc<br>• MedZed Physician Services, Inc.<br>• Newark Wellness Center (ECM)<br>• Pair Team Medical Group of California, PC<br>• Roots Community Health Center (ECM)<br>• Seneca Family of Agencies<br>• Star Nursing Inc<br>• Sterling Hospitalists Medical Group<br>• UCSF Benioff Children's Hospital Oakland – ECM<br>• UCSF Medical Center – ECM<br><br>Community Supports (CS) Providers<br>• 24Hr HomeCare, LLC<br>  ○ Caregiver Respite Services<br>  ○ Personal Care and Homemaker Services<br>• Alameda County Health (AC Health)<br>  ○ Housing Tenancy and Sustaining Services<br>  ○ Housing Transition and Navigation<br>  ○ Housing Deposits<br>  ○ Asthma Remediation | | |

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| | ○ Medically Supportive Food<br>○ Community Supports<br>• Bay Area Community Services (BACS)<br>○ Caregiver Respite Services<br>• Cardea Health<br>○ Caregiver Respite Services<br>• Homestyle Direct, LLC<br>○ Caregiver Respite Services<br>• Omatochi Corp<br>○ Housing Tenancy and Sustaining Services<br>○ Housing Transition and Navigation<br>○ Caregiver Respite Services<br>○ Personal Care and Homemaker Services<br>• Project Open Hand<br>○ Medically Supportive Food<br><br>D-SNP Post-Launch Projects<br>• Urgent Care expansion<br>○ Current efforts being made to contract the new WHHS urgent care center<br>○ Additional efforts being made to source additional centers<br>• Intensive Outpatient Program (IOP) Services<br>○ Current efforts being made to solidify contracts for this service at the facility and individual provider level<br>• Dialysis<br>○ Current efforts being made to contract Davita, Satellite, and Fresenius dialysis centers<br><br>❖ *Member Feedback-K. Pageau: I find Quest staff to be rude, you get bruised, and the kiosks are ridiculous.*<br>❖ *Member Feedback-D. Leonard-Pageau: Yes, they would not help me put my name in the Kiosk and did not do a good job with the blood-draw process.*<br>❖ *Member Feedback-R. Williams: I have family members that go to Quest, and they do not treat people as humans, but I also want to recognize that the Alliance is fixing this by adding care managers showing up. That will negate the complaints, to make sure that members are served correctly.*<br>➢ *Response-D. Carey: You can always file a complaint with our Grievance Department, and we will follow up with the provider, let them* | | |

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| | *know of the grievance, and demand a response from them. We track those grievances and ensure they are improving. You may call Member Services, and they can direct you to Grievance and Appeals.* | | |
| **5. d. NEW BUSINESS – MENTAL HEALTH INFORMATION AND OUTREACH: MEMBER FEEDBACK DISCUSSION (All Lines of Business)** | | | |
| G. Duran<br>M. Rubalcava | Gil Duran, Manager of Population Health and Equity, and Monique Rubalcava, Health Education Specialist, presented on Mental Health and Emotional Well-Being Support.<br><br>Support Available to Members<br>• Alliance members can get support for:<br>  ○ Stress, anxiety, grief, or feeling overwhelmed<br>  ○ Individual, family, or group counseling<br>  ○ Mental health assessments and screenings<br>  ○ Psychiatry and medication support<br>  ○ Help connecting to services<br>• Good to know:<br>  ○ These services are covered benefits<br>  ○ No prior authorization is required<br>  ○ Members can ask the Alliance, their PCP, or another trusted provider for help connecting to care<br><br>Assessment Learnings<br>• We found that some members who speak languages other than English may not be accessing mental health support as often as other members.<br><br>Request for Advice<br>• What makes someone comfortable asking for help?<br>• What messages or topics would encourage someone to seek support?<br>• Who are the most trusted people or organizations to share this information?<br><br>Discussion Questions<br>• What emotional well-being or mental health topics would be most helpful for the Alliance to address?<br>  ○ Current materials include:<br>  ▪ Applied Behavior Analysis (ABA)<br>  ▪ Depression<br>  ▪ Relaxation | None | None |

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| | ▪ Stress and Anxiety<br>▪ When to Seek Mental Health Treatment<br>○ What challenges are people in your community facing that we should talk about more?<br><br>❖ *Member Feedback-D. Griggsmurphy: I think you have great topics, but I always think of facilitated groups that are kind of peer-to-peer approach with licensed providers maintaining the group. We have these in places like the Intertribal Friendships House and Asian Health Center. Having culturally appropriate programs makes a big difference.*<br><br>❖ *Member Feedback-D. Leonard-Pageau: When you go to the doctor, they do behavioral and emotional health screenings, but they don't take the time to explain what it's for, so sometimes patients get scared that there will be negative consequences such as having them admitted to the hospital. Also, it would be best if they allowed patients to complete the screening at home so they can take their time and just either mail it back or submit it on their next visit.*<br><br>❖ *Member Feedback-C. Wynn: I think we should invest in having liaisons available at the Social Services Agency office in Oakland. Many are not aware of our resources.* | | |
| **6. ALLIANCE REPORTS – ALLIANCE WELLNESS ENROLLMENT & STARs UPDATE (Alliance Wellness/D-SNP)** | | | |
| H. Noori<br>K. Williams | Hamid Noori, Manager of Medicalre Sales and Retention and Kayla Williams, Manager of Member Experience and Program Management presented on the Alameda Alliance Wellness Enrollment and Stars Updates.<br><br>Medicare D-SNP Enrollment<br>• January 2026: 165<br>• February 2026: 182<br>• March 2026: 209<br>• April 2026: 228<br>• May 2026: 239<br>• June 2026: 247<br>• July 2026: 266<br><br>Medicare D-SNP Enrollment Initiatives<br>• Hiring five (5) Medicare Field Sales & Community Agents | None | None |

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| | • Medicare.gov is now live<br>• Shopping page on the Alliance public website is now live<br>• Marketing campaigns<br>• IT and system enhancements<br><br>Medicare D-SNP Benefit Changes for 2027<br>• Part D copay elimination via Medicaid Value Added Services (MVAS)<br>• Worldwide emergency transportation and worldwide urgent care added as covered benefits, up to a combined $25,000 annual maximum reimbursement<br>• Over the counter (OTC) allowance changed from $50/month to $110/quarter<br>• Part B drugs may be subject to step therapy in 2027<br>• Changing Pharmacy Benefit Manager (PBM) from PerformRx to MedImpact<br><br>Medicare Star Programs<br>• The health plan's Medicare Start Rating:<br>  ○ Reflects the quality of care, safety, and experience members have.<br>  ○ Is published on Medicare's websites for eligible members to use when choosing their insurance.<br>  ○ Impacts the plan's funding to expand benefits and provide the D-SNP plan to more community members<br>  ▪ 5 Stars: Excellent<br>  ▪ 4 Stars: Above Average<br>  ▪ 3 Stars: Average<br>  ▪ 2 Stars: Below Average<br>  ▪ 1 Star: Poor<br><br>Priorities<br>• Accessing Care<br>  ○ Ensuring members get care when they need it.<br>  ○ Encouraging the completion of Annual Wellness Visits.<br>  ○ Helping members understand where to go for care.<br>  ○ Connecting members to their PCP after ER and hospital visits.<br>• Preventive Care Services<br>  ○ Improving timely completion of mammograms, colorectal screenings, and more. | | |

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| | ○ Including discussions about physical activity, mental wellness, memory skills, balance, and bladder health during visits.<br>• Chronic Disease Management<br>○ Promoting regular checkups, screenings, and lab work.<br>○ Advocating for the use of remote patient monitors.<br>• Medication Safety and Adherence<br>○ Enhancing personalized health education on taking medications as prescribed.<br>○ Reducing barriers to accessing medication fills.<br><br>➢ *Member Question-D. Leonard-Pageau: Why won't the plan give hypoglycemic members a glucose meter? In my case, my endocrinologist submitted a prior authorization that keeps getting denied because I am not diabetic, however, being able to monitor my sugar will prevent me from going to the ED, which costs so much more than the cost of a glucose meter.*<br>➢ *Response-K Williams: We will make sure to take this back to our pharmacy team to make sure we can provide an answer and potentially a solution to your question.* | | |
| 7. CAC BUSINESS – CAC MEMBERSHIP UPDATE (All Lines of Business) | | | |
| N. Williams | Natalie Williams provided an update on CAC Membership.<br><br>• Tandra Debose will be leaving the CAC, and the December 2026 CAC meeting will be the last meeting she will be attending.<br>• The CAC will be voting for a new CAC Vice Chair at the December 2026 CAC meeting. | None | None |
| **8. OPEN FORUM** | | | |
| N. Williams | • K. Pageau commented that the doctors instruct patients to go to the pharmacy for vaccinations, however, the problem is that the pharmacy is not qualified to handle any adverse reactions.<br>➢ *Response-D. Carrey: I can speak with you after the meeting to give you some suggestions.* | None | None |
| **9. ADJOURNMENT** | | | |
| N. Williams | • Meeting adjourned at 12:05 pm.<br>• Next CAC Meeting: December 10, 2026. | None | None |

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Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Services Lead Date: 10/16/2026
Approved by: _____ Date:

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