



Alameda Alliance for Health
Member Advisory Committee Meeting Agenda

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO “ATTN: ALLIANCE MEMBER ADVISORY COMMITTEE” 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT ilee@alamedaalliance.org. YOU MAY WATCH THE MEETING LIVE BY LOGGING IN BY COMPUTER. CLICK THE LINK PROVIDED IN YOUR EMAIL OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: **1.510.210.0967**, CODE: **289 469 110 64#** IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENT DURING THE MEETING AT THE END OF EACH TOPIC.

PLEASE NOTE: THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE COMMITTEE WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

Meeting Name:	Member Advisory Committee		
Date of Meeting:	June 15, 2023	Time:	10:00 AM – 12:00 Noon
Meeting Chair and Vice Chair:	Maria Archuleta, Chair Natalie Williams, Vice Chair	Location:	Video Conference Call and in-person. Oakland/Hayward Rooms 1240 South Loop Road Alameda, CA 94502
Call In Number:	Telephone Number: 1.510.210.0967 Code: 162 314 40#	Webinar:	Click here to join the meeting in Microsoft Teams. Link is also in your email.

I. Meeting Objective

Advise Alameda Alliance for Health on the development and implementation of its cultural and linguistic accessibility standards and procedures.

II. Members

Name	Title	Name	Title
Maria Archuleta	Alliance Member, Chair	Erika Garner	Alliance Member
Natalie Williams	Alliance Member, Vice Chair	Charlene Harrison	Site Director, Native American Health Center
Valeria Brabata Gonzalez	Alliance Member	Mimi Le	Alliance Member
Brenda Burrell (Acting)	Administrative Specialist II, ACPH Child Health & Disability Prevention	Mayra Matias Pablo	Parent of Alliance Member
Warren Cushman	Alliance Member	Melinda Mello	Alliance Member
Tandra DeBose	Alliance Member	Jody Moore	Parent of Alliance Member
Roxanne Furr	Alliance Member	Sonya Richardson	Alliance Member
Irene Garcia	Alliance Member	Amy Sholinbeck, LCSW	Asthma Coordinator, Alameda County Asthma Start

III. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions <ul style="list-style-type: none"> • Member Roll Call • Alliance Staff • Visitors 	Natalie Williams , Vice Chair	5	Information
Approval of Minutes and Agenda			
1. Approval of Minutes from March 16, 2022	Natalie Williams , Vice Chair	2	Vote
2. Approval of Agenda	Natalie Williams , Vice Chair	3	Vote
CEO Update			
1. Alliance Updates 2. Medi-Cal Delivery Model Changes 3. Alliance staffing growth 4. DHCS Audit	Matt Woodruff Chief Executive Officer	25	Information

III. Meeting Agenda			
Topic	Responsible Party	Time	Vote to approve or Information
New Business			
1. Addressing Social Determinants of Health (Part II)	Amy Stevenson Clinical Manager, Enhanced Care Management	15	Discussion
2. Cultural and Linguistic Services	Mao Moua Manager, Cultural and Linguistic Services	15	Discussion
Alliance Reports			
1. Grievances and Appeals <ul style="list-style-type: none"> October – December 2022 January - March 2023 	Jennifer Karmelich Director, Quality Assurance	10	Information
2. Outreach Report <ul style="list-style-type: none"> January - March 2023 	Alejandro Alvarez Community Outreach Supervisor	12	Information
MAC Business			
1. New Candidates <ul style="list-style-type: none"> a. Viveca Bradley b. Cecelia Wynn 	Linda Ayala Director, Population Health and Equity	10	Vote
Open Forum <ul style="list-style-type: none"> 1. Next meeting topics 	Natalie Williams , Vice Chair	5	Discussion
Adjournment	Natalie Williams , Vice Chair	2	Next meeting: September 14, 2023

Americans with Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact **Lena Lee** at **510.747-6104** at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.



MEMBER ADVISORY COMMITTEE (MAC)
Thursday, March 16, 2023 10:00 AM - 12:00 PM
 DRAFT

Committee Member Name	Role	Present
Maria Archuleta	Alliance Member, Chair	
Valeria Brabata Gonzalez	Alliance Member	X
Brenda Burrell (Acting)	Administrative Specialist, Alameda County Child Health & Disability Prevention	X
Warren Cushman	Alliance Member	
Tandra DeBose	Alliance Member	X
Roxanne Furr	Alliance Member	
Irene Garcia	Alliance Member	
Erika Garner	Alliance Member	X
Charlene Harrison	Site Director, Native American Health Center	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	X
Sonya Richardson	Alliance Member	
Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start	X
Natalie Williams	Alliance Member, Vice-Chair	X

Other Attendees	Organization	Present
Ed Ettleman	CHME	X
Ashley Prasad	CHME	X
Abegail Quijano-Gella	Alameda County Family Health Services Division	X
Bernie Zimmer	CHME	X

Staff Member Name	Title	Present
Alejandro Alvarez	Community Outreach Supervisor	X
Linda Ayala	Director, Population Health and Equity	X
Susan Baca	Community Supports Supervisor	X
Cindy Brazil	Interpreter Services Coordinator	X
Donna Carey, MD	Medical Director of Case Management	X
Scott Coffin	Chief Executive Officer	X
Raul Cornejo	IT Service Desk Supervisor	X

Thomas Dinh	Outreach Coordinator	X
Gil Duran	Manager, Population Health and Equity	X
Rose Ann Florez	Community Supports Coordinator	X
Kisha Gerena	Manager, Grievances and Appeals	X
BJ Gerona	Service Desk Support Technician	X
Tessa Hammer	Associate Counsel	X
Jessica Jew	Population Health and Equity Specialist	X
Jennifer Karmelich	Director, Quality Assurance	X
Steve Le	Outreach Coordinator	X
Lena Lee	Health Education Coordinator	X
Michelle Lewis	Senior Manager, Communications & Outreach	X
Isaac Liang	Outreach Coordinator	X
Maryam Maleki	Supervising Associate Counsel	X
Rachel Marchetti	Supervisor, Case Management	X
Brenda Martinez	Clerk of the Board	X
Steve O'Brien, MD	Chief Medical Officer	X
Rosa Reyes	Disease Management Health Educator	X
Jorge Rosales	Manager, Case Management	X
Danube Serri	Legal Analyst	X
Grace St. Clair	Director, Compliance & Special Investigations	X
Michelle Stott	Senior Director of Quality	X
Loc Tran	Manager, Access to Care	X
Paul Vang	Chief Health Equity Officer	X
Katrina Vo	Communications & Content Specialist	X
Ruth Watson	Chief Projects Officer	X
Matt Woodruff	Chief Operating Officer	X
Farashta Zainal	Quality Improvement Manager	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Linda Ayala	<p>Chair Maria Archuleta was not able to attend today's meeting. L. Ayala facilitated the meeting at the request of the Chair and Vice-Chair.</p> <ul style="list-style-type: none"> Bassam Jammal has stepped down as a MAC member, and Mayra Matias Pablo and Sonya Richardson were voted into the MAC. 	L. Ayala called the meeting to order.	Additional presentations will be mailed to MAC members.

		<ul style="list-style-type: none"> • A couple of presentations were missing from the mailed packets and will be mailed separately after the meeting. • M. Mello: Was not able to attend today's meeting in person due to medical reasons. 		
Approval of Agenda and Minutes	Linda Ayala			
1. Approval of Minutes from December 15, 2022			Minutes from the previous meeting approved by consensus.	
2. Approval of Agenda			Agenda approved by consensus.	
Brown Act and Public Meetings	Maryam Maleki	<p>Presented AB 2449 and Brown Act post-pandemic requirements for public meetings and in-person vs. virtual participation.</p> <ul style="list-style-type: none"> • The Brown Act defines how public meetings are run in California. During the state of emergency, public meetings could be held remotely. The state of emergency ended February 28th, 2023. AB 2449 is a new law allowing for remote participation in limited circumstances. • Members can attend remotely if they have "just cause" or in emergency circumstances. In these cases, they should notify the Alliance and provide a general description (in 20 words or less, no need to share personal information). For emergency circumstances, the MAC must approve and vote as an action item. • Only two of the four MAC meetings per year can be attended remotely, and not three consecutive meetings. Members must participate with both sound and video and let other MAC members know before any vote if someone 18 or older is present and what their relationship is to the member. 		

		<ul style="list-style-type: none"> M. Mello: Do I have to let people know why I'm remote? M. Maleki replied that this would fall under "just cause", and members could provide a general explanation. L. Ayala added that the Alliance will be walking MAC members through meeting the requirements. S. O'Brien emphasized that there is no need to share personal information beyond "I am getting medical treatment." 		
CEO Update	<p>Scott Coffin Matt Woodruff Paul Vang</p>	<p>S. Coffin presented an update on Alliance mission, vision & values and the Board of Governors.</p> <ul style="list-style-type: none"> The mission states that we work through collaboration. The Alliance currently has over 9,000 access points for health care. The Board of Governors has appointed a new Chair, Rebecca Gebhart, and Vice-Chair, Dr. Noha Aboelata. Dr. Evan Seevak completed his term as Chair. Rebecca Gebhart had previously been Chair of the Compliance Advisory Committee and requested a new Committee Chair to be appointed. All 15 Board seats are filled, but four more are planned to be added: Alameda County Social Services Agency (SSA), Alameda County Health Care Services Agency (HCSA), Community Health Center Network (CHCN), and long-term care. CHCN is adding a second seat due to serving a large number of Alliance members. This will be the last MAC meeting for Scott, who will be retiring as CEO on May 31st. Matt Woodruff has been appointed the new CEO, starting June 1st. <p>M. Woodruff thanked the Board for their work on the CEO selection process and gave an update on the public health emergency.</p> <ul style="list-style-type: none"> With the state of emergency ending in California on February 28th and the federal 		

		<p>public health emergency ending in May, Medical redeterminations will begin April 1st.</p> <ul style="list-style-type: none"> • The Alliance is working closely with Alameda County Social Services Agency on co-branding an outreach campaign. April and May will be focused on broad marketing outreach efforts. The Alliance has already shared information via social media and website. • The Alliance is establishing an agreement with the County to do direct call outreach and postcards to members who might be disenrolled. The plan is to start in June for the disenrollments that will begin in July and continue every month. We are also looking at other marketing strategies like TV, radio, and billboards. • Questions from MAC members: <ul style="list-style-type: none"> ○ N. Williams: Will you include information on how to stay enrolled? M. Woodruff: Yes, the County and State websites will both be included. ○ A. Sholinbeck: Are there materials available to pass out to people? M. Woodruff: This will be available in another week or two. ○ T. DeBose: Can you provide a list of Board of Governors members as well as how to find out about the ambassador program if interested in helping? I also have a background in broadcasting if you need help with media. M. Lewis shared the link to the Board of Governors (https://alamedaalliance.org/about/governance/) and ambassador program (https://www.dhcs.ca.gov/toolkits/Pages/PHE-Outreach-Toolkit.aspx) 		<p>Links to Board of Governors and DHCS ambassador program will also be e-</p>
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		<ul style="list-style-type: none"> • In-office wait time: 91.1% of members waited less than 60 minutes in Q4, meeting the goal of 80% despite a slight decrease from previous quarters. All delegate providers scored above 80% for the year. • Call return time: 75.5% of members had call returned within one business day in Q4, meeting the goal of 70% (starting Q3, 2022 the compliance threshold goal was changed from 80% to 70%), with a slight increase from Q3. Alameda Health System (AHS) was below the threshold but had significant improvement in Q4. CHCN fell below the threshold in Q4. • Time to answer call: 72.9% of members waited 0-10 minutes to speak to their provider office in Q4, meeting the goal of 70% with a decrease throughout the year. AHS and CHCN were below the goal in Q4. • These results are tracked for providers who do not meet the goal for three consecutive quarters. • The next steps are to continue to track and trend rates, share results with providers, and send corrective action plans (CAPs) to non-compliant providers. • S. O'Brien added that the times are specified by the State. This presentation gives a technical behind-the-scenes look at how we work to make sure members can get care. • Questions from MAC members: <ul style="list-style-type: none"> ○ V. Brabata Gonzalez: Is the data divided by race/ethnicity or language? For example, the wait time for a call will be longer for Spanish. L. Tran: This report fulfills the State requirements. We also collect other information and could present more in the future. S. O'Brien added that 		
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		<p>we can look at this more closely in our health equity work.</p> <ul style="list-style-type: none"> ○ T. DeBose: 60 minutes would feel unacceptable to Kaiser members, usually the wait is only 15 minutes. ○ N. Williams: Is there an ideal wait time aside from the 60 minutes? S. O'Brien: We don't have an ideal wait time. 60 minutes is the minimally acceptable wait time by the State's standards. 		
<p>2. Addressing Social Determinants of Health</p>	<p>Jorge Rosales Susan Baca Amy Stevenson</p>	<p>J. Rosales provided an overview of the Alliance transportation benefit.</p> <ul style="list-style-type: none"> • The Alliance has been contracted with Modivcare for transportation since 2011. Currently, Case Management is responsible for the benefit including physician certification statements (PCS), call scripts, member care, and discharge coordination. Vendor Management is also involved with coordinating meetings to discuss quality issues and grievances and conducting provider audits. • The slide contains a typo on the percentage of services that are Non-Medical Transportation (NMT) vs. Non-Emergency Medical Transportation (NEMT). 80% of trips are NMT (e.g., car, bus or taxi) and 20% are NEMT, which is the higher level of transportation and requires the PCS authorization form. • The largest category of the purpose for trips (40%) are dialysis treatments, which are recurring rides. The next largest category for NMT is methadone treatment. For NEMT, the next largest categories are other, methadone treatment, physician services, and physical therapy. 		

		<ul style="list-style-type: none"> • Members are informed of the benefit via the Member Handbook. The Member Services Department, Case Management Department, PCP office, dialysis offices, and community partners can all assist members. • Questions from MAC members: <ul style="list-style-type: none"> ○ V. Brabata Gonzalez: What would transportation for a child be considered? What if someone doesn't have a car seat? J. Rosales: The car seat would be NMT. If the parents had a need like being in a wheelchair, that would NEMT. S. O'Brien clarified that a car seat is non-medical but the vehicle would need to be able to accommodate a car seat. ○ M. Le: Could my husband, who is an Alliance member, use the transportation benefit? J. Rosales: Yes, please call Member Services. S. O'Brien added that the Alliance will reach out. ○ A. Sholinbeck: How do you determine if someone gets a sedan or a bus pass? Do you use Uber or Lyft? J. Rosales: We will not force people to take public transportation. Modivcare asks specific questions during the intake, for example how close you live to a bus stop or BART. Historically we have mostly sent bus passes, but now it is different and we want to make the benefit more available. The cars are not Uber or Lyft, although we are working on a pilot for recovery rides with Lyft if a driver is running late to an appointment. 		<p>Case Management will reach out to M. Le to coordinate transportation.</p>
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		<ul style="list-style-type: none"> ○ A. Quijano-Gella: How far in advance do you have to request? J. Rosales: Three business days, although Modivcare will try to accommodate urgent requests. <p>S. Baca presented on Community Supports at the Alliance.</p> <ul style="list-style-type: none"> • Community Supports are part of the CalAIM initiative. These are services that are medically appropriate and cost effective alternatives. • Housing services include housing navigation (assisting members to find housing), deposits (helping to cover initial costs), and tenancy and sustaining services (assisting members with staying in their residences). • Medical respite is for members who recently had surgery and need a place to recover. • Asthma remediation is currently for members 18 years of age and younger, though we are hoping to expand to adults soon. Asthma Start will do a home evaluation to see if members qualify for asthma remediation supplies and minor home modifications. • Medically tailored meals are offered by Project Open Hand. These are home-delivered meals following discharge from the hospital or nursing home. Recipe for Health does home-delivered produce for those who have a qualifying medical condition. Members must be assigned to one of four participating clinics. • There is a pilot project with East Bay Innovations to help those in a high level of care such as a nursing facility transition to a lower level of care with support. We are also starting a program to help people return home with home modifications. This is not a 		
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		<p>Community Supports program yet, but if successful might be in the future.</p> <ul style="list-style-type: none"> • Questions from MAC members: <ul style="list-style-type: none"> ○ A. Sholinbeck: People have called into 211 and not been able to access these housing services, how do they request it? S. Baca: I recommend members to call 211 or walk into a housing resource center. Once the member has been assessed to see if they qualify, Alameda County HCSA will place a referral with the Alliance. Because housing is an issue, this is not an easy or fast process. S. O'Brien added that Alliance members will be identified through the County's coordinated entry system and do not need to ask for the service. Although limited resources are available, the housing bundle is still the largest Community Supports program being provided. ○ M. Le: I know someone in Section 8 housing with no elevator; would this service help them find ground floor housing? S. Baca: Would recommend having them work with their housing case manager to see if they can get a more accessible unit. ○ N. Williams: Is this for the homeless or members in general? S. Baca: People who are unstably housed can still call 211 for resources or go to a housing resource center. The coordinated entry system will identify high priority members, for example long-term homelessness with a chronic medical condition or homeless families with children. The 		<p>Link to housing resource centers will be shared with MAC members and other questions answered after the meeting and/or at a future meeting.</p>
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		<p>link to housing resource centers in Alameda County is: https://docs.google.com/document/d/1U6d4KIXAFMMF8E2H-VAi3gpLy71L3Tvm/edit</p> <p>Due to time constraints, L. Ayala requested MAC members to continue asking questions via post-it notes. The presentation on Enhanced Care Management will be postponed to the next meeting.</p>		Enhanced Care Management to be presented next meeting.
3. Health Education Program	Gil Duran	<p>G. Duran presented the Health Education Workplan Update for 2022. He introduced himself as the new manager of Population Health and Equity and Lena Lee as the new Health Education Coordinator.</p> <ul style="list-style-type: none"> • The Wellness Programs & Materials Request Form is sent out to members letting them request information and materials. • Health Education is looking for a couple of volunteers to field-test a cookbook. MAC members can pick these up from Cindy Brazil. • The top health education handouts requested were nutrition and exercise. The top health education programs were La Clinica nutrition counseling and Asthma Start. Family Paths is a local organization we work with to offer parenting classes to members. • Health Education also identifies people who could benefit from wellness campaign outreach, for example for asthma and pregnancy, and shares information on health education topics and resources with all members through the member newsletter. • Work plan activities included responding to member requests, supporting the development of clinic electronic health record infant feeding assessment, asthma and diabetes management, and collaboration with other organizations. 		

		<ul style="list-style-type: none"> • In 2023, Health Education plans to support primary care engagement, mental health services, and maternal and child health. • T. DeBose: Does the Alliance provide information for new caregivers for both children and adults to tell members where to go for services and how to get it? For example, it was difficult to find a dentist that accepts Medi-Cal. A class on this would be very helpful. <ul style="list-style-type: none"> ○ G. Duran: This is a component of what Family Paths does. We try to get information out through our newsletter and website. ○ N. Williams: Would be good to get more providers that would take Medi-Cal. ○ M. Lewis: Dental services are covered by Denti-Cal and not the Alliance, but we should provide more education. ○ S. O'Brien: Case Management can help coordinate people into Denti-Cal. Even though we don't administer this we want to find better ways for people to access information. ○ V. Brabata Gonzalez: My agency offers educational programs, how can an organization become a provider with Alliance? L. Ayala: Please contact us. 		
Alliance Reports				
1. Grievances and Appeals	Kisha Gerena	Due to time constraints, L. Ayala proposed postponing this quarter's Grievances & Appeals report to the next meeting.		Q4 2022 Grievances & Appeals report to be presented at

				the next meeting.
2. Outreach Report	Alejandro Alvarez	<p>Presented the 2022 annual outreach report.</p> <ul style="list-style-type: none"> The Outreach team attended four community events in 2022; pre-pandemic they were attending 1-2 per month. Since March 18, 2020, the Alliance has conducted 6,411 member orientations explaining how to utilize Alliance services. YouTube videos that are part of the orientation are also available. The pre- and post-test shows that members who complete the orientation learn when to get their Initial Health Assessment. The Outreach team is working on additional outreach for non-utilizers who have never used their benefits. There is a gap especially among Hispanic/Latino members who do not know they have insurance. 		
MAC Business				
1. Confidentiality Statement	Lena Lee	Requested MAC members to sign a new confidentiality statement every year. This statement will be mailed to members attending virtually. MAC members can contact Lena Lee if they would like to go over the form.		Confidentiality statement will be mailed to MAC members attending virtually. MAC members to sign and return.
2. Stipend Update	Lena Lee	The MAC stipend is \$155 for in-person and \$75 for virtual attendance. MAC members who have not already let Lena Lee know how they would like to receive the stipend should contact her.		MAC members to let Lena Lee know preference for stipend.
Open Forum/Future Meeting Topics	Linda Ayala	<ul style="list-style-type: none"> V. Brabata Gonzalez: Autism services and CalAIM are important topics. Does the Alliance help people with Medi-Cal waivers? This is a complicated process. 		

		<ul style="list-style-type: none"> ○ N. Williams: Medi-Cal waivers have been coming up a lot with 27- to 35-year-olds who are worried about their Medi-Cal benefits. ○ V. Brabata Gonzalez: The Regional Center processes the developmental disabilities one, there's the Center for Elders' Independence for the nursing waiver and all these different places. ● L. Ayala requested that further ideas and questions be submitted by post-it or in the chat. 		The Alliance will follow up with further questions.
Adjournment	Linda Ayala	Next meeting: June 15, 2023	L. Ayala adjourned the meeting.	

Meeting Minutes Submitted by: Jessica Jew, Population Health and Equity Specialist Date: 3/20/2023

Approved By: _____ Date: _____
 Maria Archuleta, Chair, Member Advisory Committee

Alliance CEO Update

Presented to the Alameda Alliance Member Advisory Committee



Presented by:

Matt Woodruff, Chief Executive Officer

June 15th, 2023

Alliance Updates

➤ Financials:

- **April 2023:** Net Operating Performance by Line of Business for the month of April 2023 and Year-To-Date (YTD):

	<u>April</u>	<u>YTD</u>
Medi-Cal	(\$13.4M)	\$76.5M
Group Care	(\$149K)	\$2.3M
Totals	(\$13.5M)	\$78.8M

- **Revenue was \$138 million in April 2023 and \$1.2 billion Year-to-Date (YTD):**
 - Medical expenses were \$121 million in April and \$1.0 billion year-to-date; the medical loss ratio is 87% for the month and averages 89% for the fiscal year.
 - Administrative expenses were \$6.2 million in April and \$58.4 million year-to-date; 4.5% of revenue for the month and averages 5.0% for the fiscal year.
- **Total enrollment in April 2023 went over 358,000**, increasing by more than 3,267 Medi-Cal members compared to March.

➤ Final Budget – Fiscal Year (FY) 2024:

- In 2024 the Alliance is projecting a net income of \$21.9 million.
- We hired 108 new employees (138 if you count current open positions in active recruitment).

➤ Community Reinvestment

- FY24 DHCS contract requirement.

Medi-Cal Delivery Model Changes

➤ **Medi-Cal and Group Care:**

- Insourcing of mental health & autism spectrum services on 4/1/2023.
- The first phase of this insourcing initiative is referred to as the stabilization phase and is forecasted to last 4-5 months.

➤ **Single Plan Model:**

- Effective January 1st, 2024, Alameda County will become the “Prime” Medi-Cal option for Alameda County residents enrolled in the Medi-Cal program.
- Kaiser will receive default enrollment; they are contractually obligated to grow 5% statewide.

Medi-Cal Delivery Model Changes

➤ Continuous Coverage:

- The public health emergency has ended, and Medi-Cal redeterminations have started. The first disenrollments will occur in July 2023 and continue through May 2024.
- Alameda Alliance for Health is partnering with Alameda County Social Services Agency on an outreach campaign to minimize the disruptions to county residents due to disenrollment from the Medi-Cal program.

Alliance Staffing Growth

- Alliance scheduled to grow by 108 employees next year.
- New populations discussion.

DHCS Audit

➤ Alliance 2023 DHCS Audit Results:

- The onsite virtual interview took place from April 17th, 2023, through April 28th, 2023.
- The Plan is awaiting a final report, which is expected near August 2023.

➤ Single Plan Model:

- Effective January 1st, 2024, Alameda County will become the “Prime” Medi-Cal option for Alameda County residents enrolled in the Medi-Cal program.
- Kaiser will receive default enrollment; they are contractually obligated to grow 5% statewide.

Questions



Matt Woodruff

Chief Executive Officer

Alameda Alliance for Health

Cell 510.697.2704

mwoodruff@alamedaalliance.org



CalAIM, Enhanced Care Management

Amy Stevenson, DNP, RN, PHN, ACM-RN
Clinical Manager

Case Management Programs (All Telephonic)

- **Care Coordination**
 - Task and Goal based
 - i.e., assist in obtaining appointment or obtaining durable medical equipment

- **Transitional Care Services (TCS)** formerly Transitions of Care (TOC)
 - Outreach upon admission to hospital
 - Evaluate for post discharge needs: follow up appt, home health, DME, transportation, etc.

- **Complex**
 - Meet criteria:
 - Medical diagnosis / Utilization
 - Member consent
 - Care plan guided goals

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory.

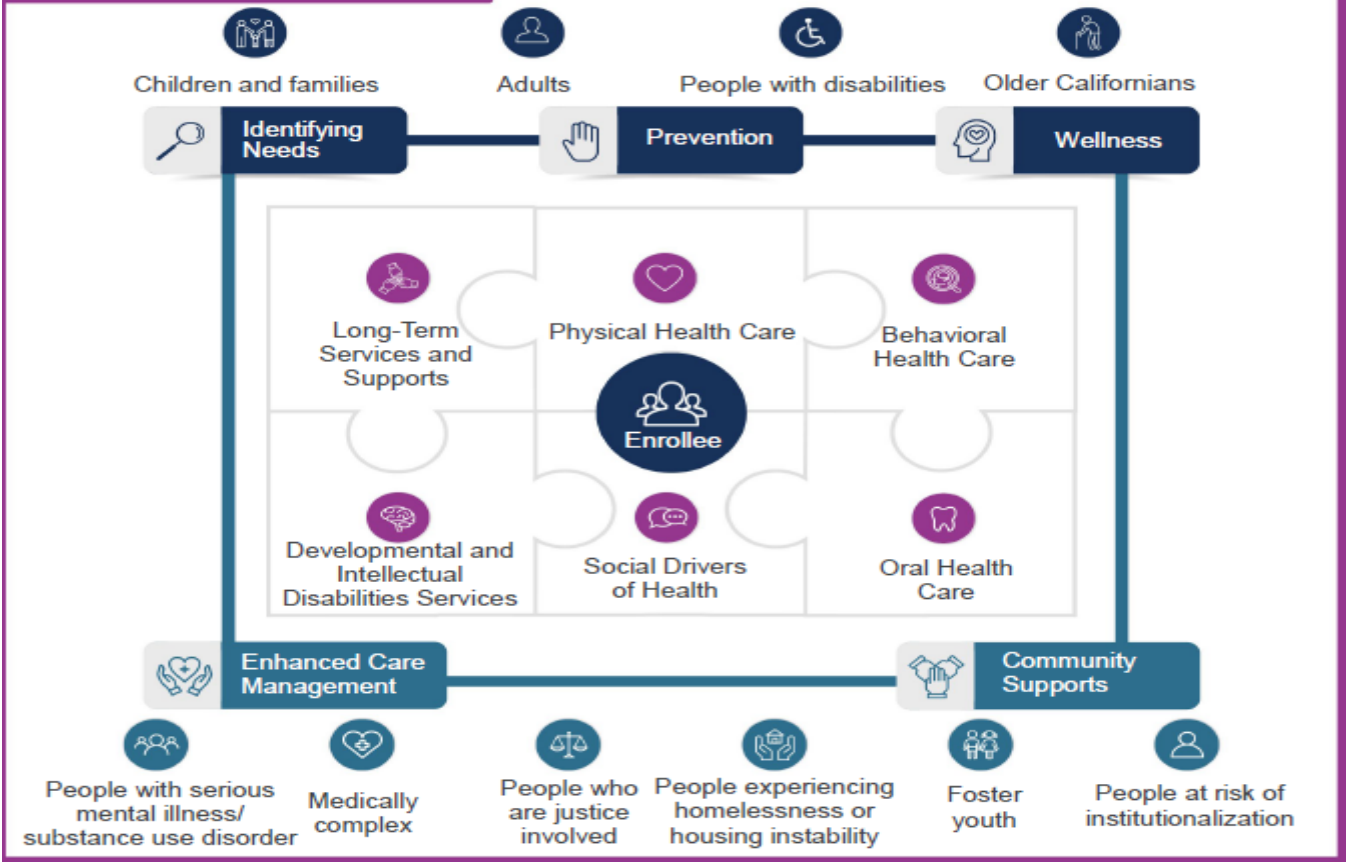
CalAIM Goals

Implement a whole-person care approach and address social drivers of health.

Improve quality outcomes, reduce health disparities, and drive delivery system transformation.

Create a consistent, efficient, and seamless Medi-Cal system.

Population Health Management



Enhanced Care Management (ECM)

What is ECM?

- ❑ ECM 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 manager**, who works for the ECM provider, coordinates the member's health care services and links them to community and social services.
- ❑ The member's ECM provider works with all of their providers to give an **added layer of support**.
- ❑ Members get these **extra services at no cost** as part of their Medi-Cal benefits.
- ❑ ECM will **not take away** any of the member's current Medi-Cal benefits.











ECM is exclusively for Medi-Cal managed care health plan members. Only managed care health plan members can access the ECM benefit. Medi-Cal beneficiaries who receive care through the fee-for-service (FFS) delivery system **must enroll in a managed care health plan** to receive ECM services.

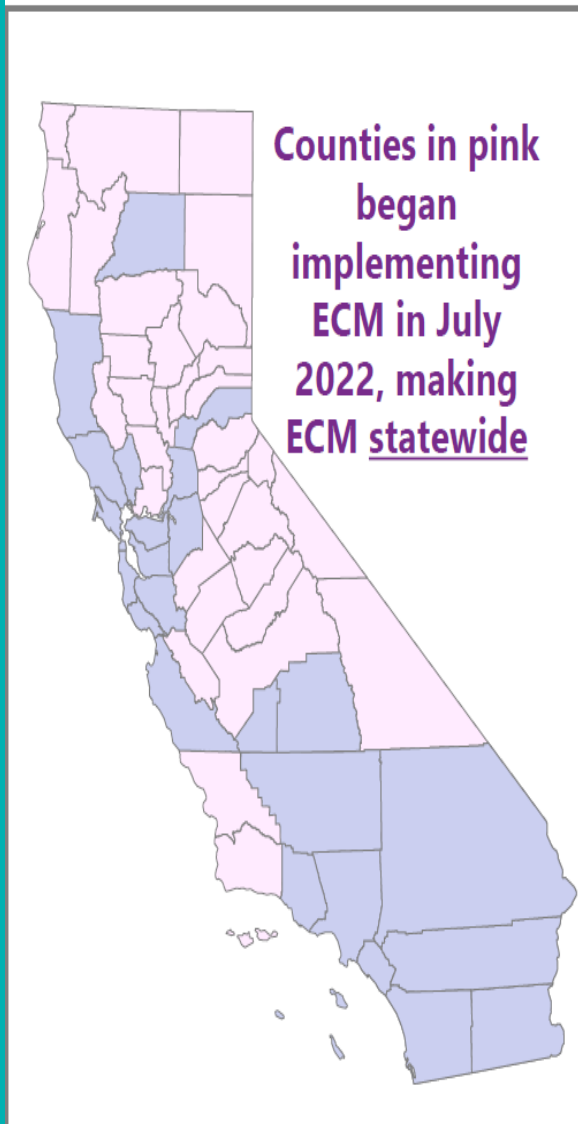
What Services Does ECM Offer?

- ▶ **Outreach and Engagement:** Contact and engage the member in their care.
- ▶ **Comprehensive Assessment and Care Management Planning:** Complete a comprehensive assessment with the member and work with them to develop a care plan to manage and guide their care and meet their goals.
- ▶ **Enhanced Coordination of Care:** Coordinate care and information across all of the member's providers and implement the care plan.
- ▶ **Health Promotion:** Provide tools and support that will help the member better monitor and manage their health.
- ▶ **Comprehensive Transitional Care:** Help the member safely and easily transition in and out of the hospital or other treatment facilities.
- ▶ **Member and Family Supports:** Educate the member and their personal support system about their health issues and options to improve treatment adherence.
- ▶ **Coordination of and Referral to Community and Social Support Services:** Connect the member to community and social services.

ECM Populations of Focus

New
↓

ECM Population of Focus (POFs)	Adults	Children & Youth
 1 Individuals Experiencing Homelessness	✓	✓
 2 Individuals At Risk for Avoidable Hospital or ED Utilization (<i>formerly called "High Utilizers"</i>)	✓	✓
 3 Individuals with Serious Mental Health and/or SUD Needs	✓	✓
 4 Individuals Transitioning from Incarceration	✓	✓
 5 Adults Living in the Community and At Risk for LTC Institutionalization	✓	
 6 Adult Nursing Facility Residents Transitioning to the Community	✓	
 7 Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
 8 Children and Youth Involved in Child Welfare		✓
 9 Individuals with Intellectual or Developmental Disabilities (I/DD)	✓	✓
 10 Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes	✓	✓



ECM Populations of Focus (POFs)	Go-Live Timing
<ul style="list-style-type: none"> • Individuals and Families Experiencing Homelessness • Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization • Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs • Individuals Transitioning from Incarceration (some WPC counties) <ul style="list-style-type: none"> ○ Individuals with Intellectual or Developmental Disabilities (I/DD) ○ Adult Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes 	<p>January 2022 (Whole Person Care Pilots (WPC) and Health Home Program (HHP) counties)</p> <p>July 2022 (all other counties)</p>
<ul style="list-style-type: none"> • Adults Living in the Community and At Risk for Institutionalization and Eligible for Long Term Care (LTC) Institutionalization • Adults who are Nursing Facility Residents Transitioning to the Community 	<p>January 2023</p>
<ul style="list-style-type: none"> • Children / Youth Populations of Focus 	<p>July 2023</p>
<ul style="list-style-type: none"> • Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, who are subject to racial and ethnic disparities. 	<p>January 2024</p>
<ul style="list-style-type: none"> • Individuals Transitioning from Incarceration 	<p>2024 (Date TBD)</p>

ECM Overlaps/Non-duplication

1) 1915(c) Waivers	2) Services Carved Out of Managed Care	3) Services Carved into Managed Care	4) Dual-Eligible Members	5) Other Programs	6) Programs Serving Pregnant & Postpartum Individuals
Multipurpose Senior Services Program (MSSP)	California Children's Services (CCS)	CCS Whole Child Model (WCM)	Dual Eligible Special Needs Plans (D-SNPs)	California Community Transitions (CCT) Money Follows the Person (MFTP)	Comprehensive Perinatal Services Program (CPSP)
Assisted Living Waiver (ALW)	County-Based Targeted Case Management (TCM)	Complex Care Management (CCM)	D-SNP Look-Alike Plans	Family Mosaic Project	Black Infant Health (BIH) Program
Home and Community-Based Alternatives (HCBA) Waiver	Specialty Mental Health Services (SMHS) TCM	Community-Based Adult Services (CBAS)	Other Medicare Advantage Plans	Hospice	California Perinatal Equity Initiative (PEI)
HIV/AIDS Waiver	SMHS Intensive Care Coordination for Children (ICC)		Medicare Fee For Service (FFS)	California Wraparound	American Indian Maternal Support Services (AIMSS)
HCBS Waiver for Individuals with Developmental Disabilities (I/DD)	Drug Medi-Cal Organized Delivery System (DMC-ODS) & Drug Medi-Cal (DMC) Program Care Coordination & Management Programs		Cal MediConnect		CDPH California Home Visiting Program (CHVP)
Self-Determination Program for Individuals with I/DD	Full Service Partnership (FSP)		Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)		CDSS CalWORKS Home Visiting Program (HVP)
	Health Care Program for Children in Foster Care (HCPCFC)		Program for All-Inclusive Care for the Elderly (PACE)		
	In Home Supportive Services (IHSS)				
	Genetically Handicapped Person's Program (GHPP)				

1. ECM and the other program	MCP Members can be enrolled in both ECM and the other program. ECM enhances and/or coordinates across the case/care management available in the other program. MCP must ensure non-duplication of services between ECM and the other program.
2. Either ECM or the other program	MCP Members can be enrolled in ECM or in the other program, not in both at the same time.
3. Not Eligible to Enroll in ECM	Medi-Cal beneficiaries enrolled in the other program are excluded from ECM.

How to Refer to ECM

▶ Members & Family Members:

- ▶ call Member Services (1.510.747.4567)
- ▶ or the Case Management department (1.510.995.3725)

▶ Providers:

- ▶ *Send AAH Enhanced Care Management (ECM) Approval Request Form*
 - Please fax or send by secure email the completed form to the Alliance Enhanced Case Management Department at **1.510.995.3725** or **ECM@alamedaalliance.org**
 - Please include any supporting clinical documentation

No Wrong Door

- ▶ If you or a family member could benefit from any of our case management programs, please reach out to Member Services or the Case Management department.
- ▶ We can help select which case management program is the best fit for the member's needs.

Thank you!

Questions?



Cultural & Linguistic Services Annual Update

Mao Moua, CLS Manager

CULTURAL AND LINGUISTIC SERVICES (CLS): PROGRAM GOAL

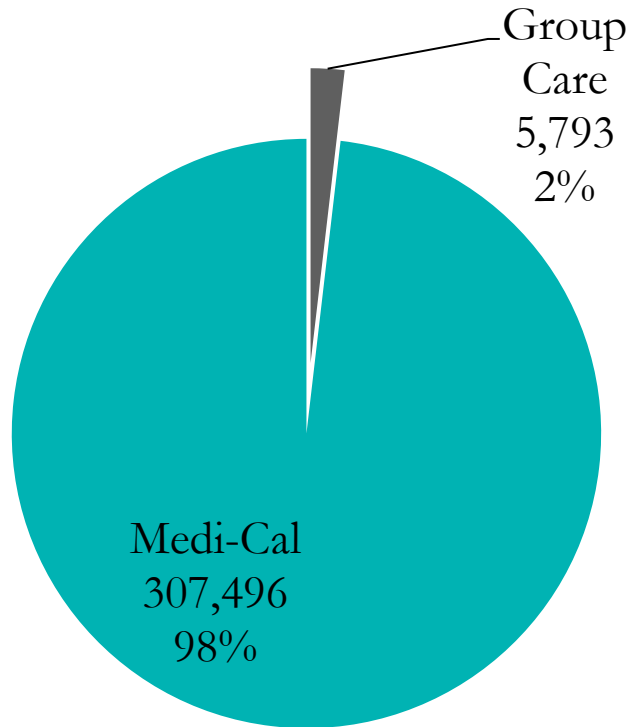


Ensure that all Alliance members receive **equal access** to high quality health care services, that meet the **diverse needs** of our members':

- language
- culture
- gender
- sexual orientation
- disability
- socio-economic status
- age
- religion

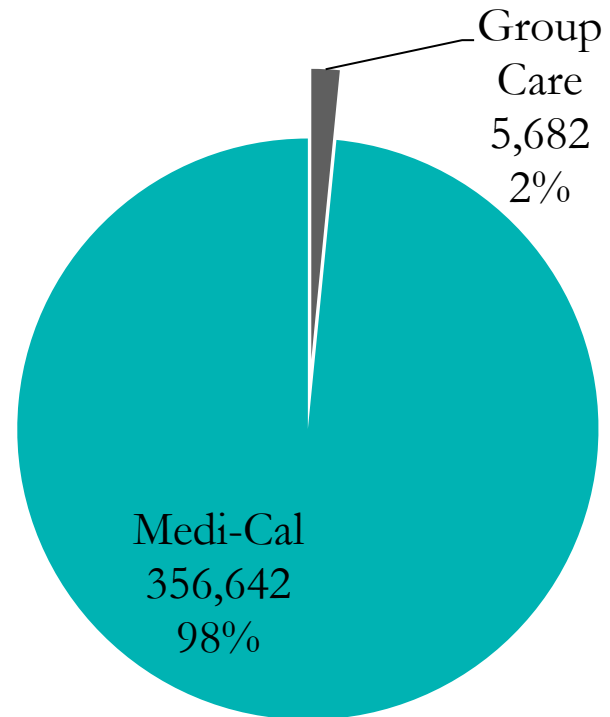
Alameda Alliance for Health (Alliance) Membership

CURRENT MEMBERSHIP



Total: 313,289

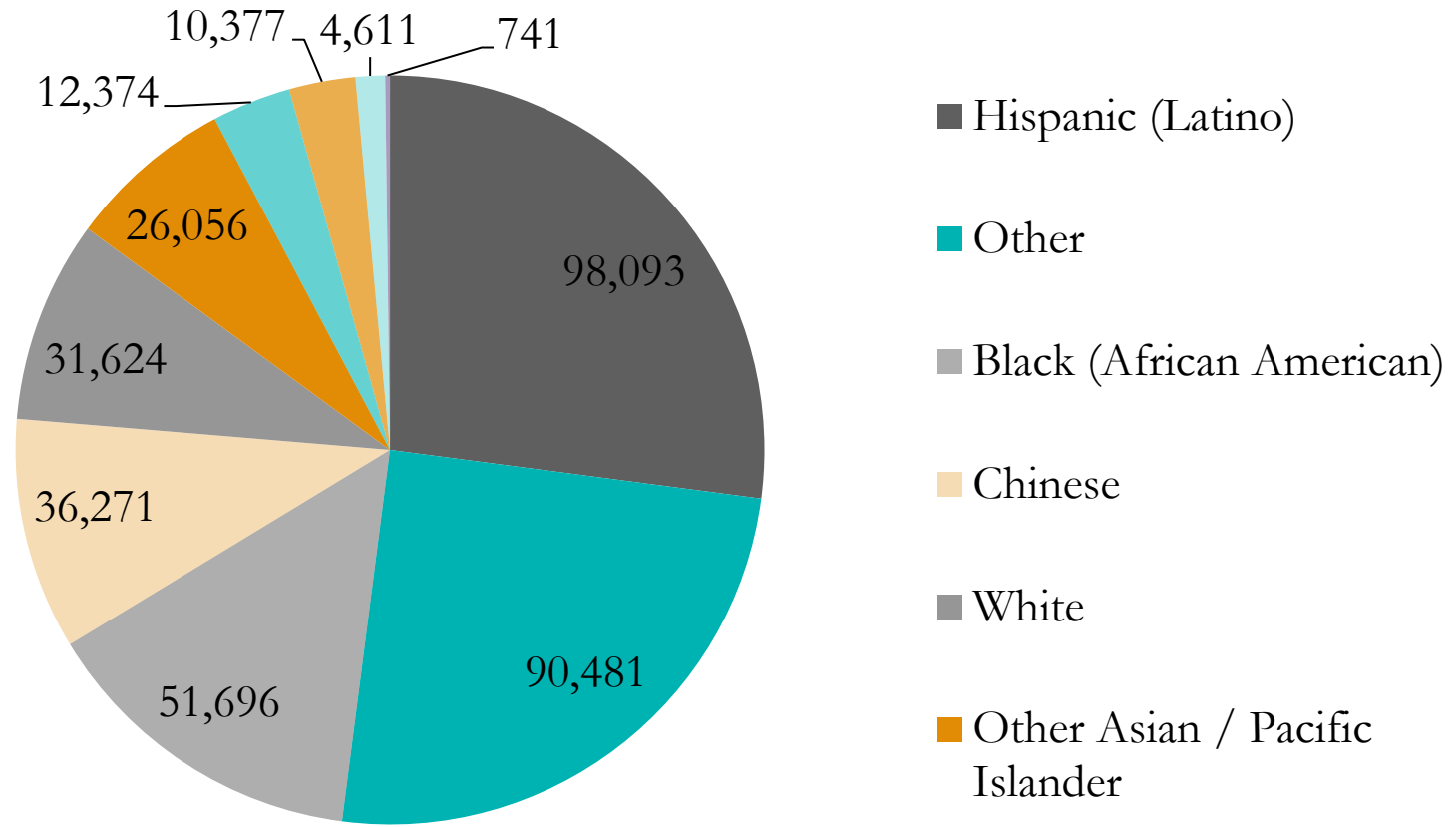
Data as of: June 2022



Total: 362,324

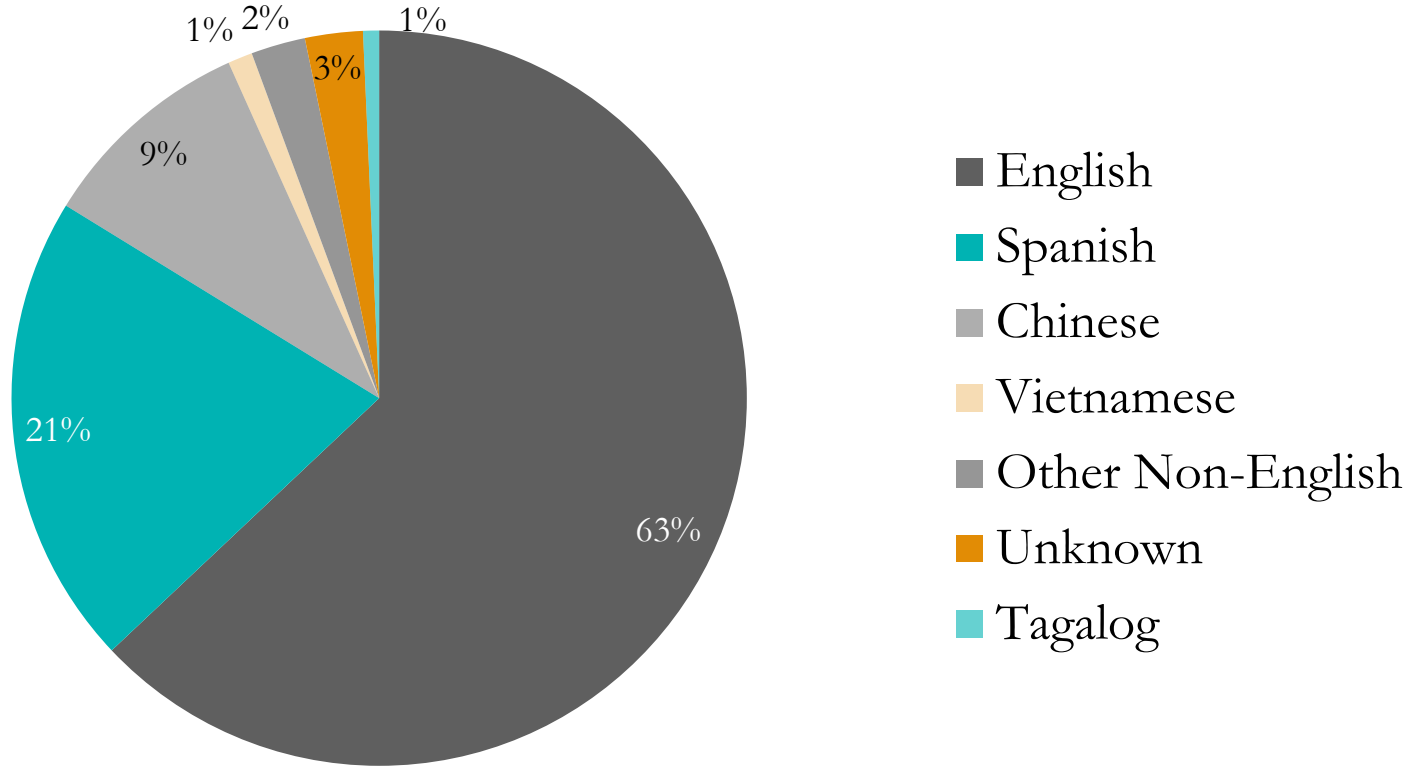
Data as of June 2023

MEMBERSHIP BY ETHNICITY



Data: as of June 2023

MEMBERSHIP BY LANGUAGE



Data as of: June 2023

THRESHOLD LANGUAGES

Medi-Cal

- English
- Spanish
- Chinese
- Vietnamese
- Tagalog

Group Care

- English
- Chinese
- Spanish

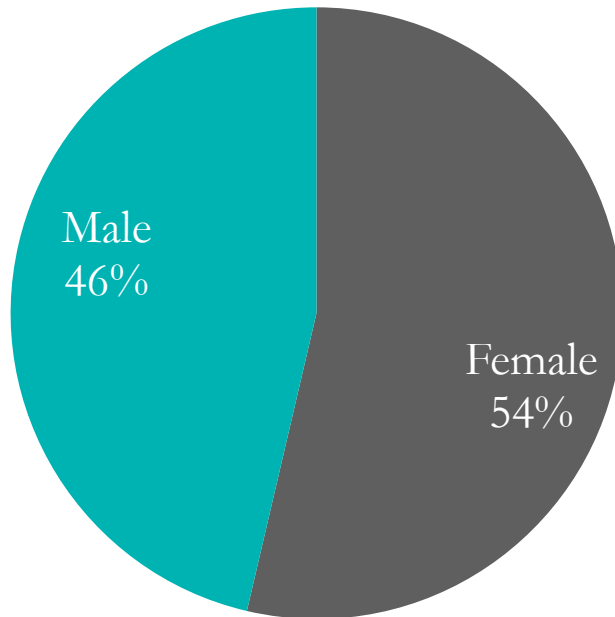
- A threshold language is spoken by 5% or over 3,000 of the Medi-Cal eligible population in Alameda County.
- Alliance must translate key documents and letters into these languages.

LANGUAGES WITH 500+ MEMBERS

Language	June 2023
ENGLISH	61.0%
SPANISH	20.0%
CANTONESE	7.0%
VIETNAMESE	2.0%
UNKNOWN	2.0%
MANDARIN CHINESE	2.0%
ARABIC	0.7%
TAGALOG	0.6%
FARSI	0.6%
KOREAN	0.2%
CENTRAL KHMER	0.2%
RUSSIAN	0.1%

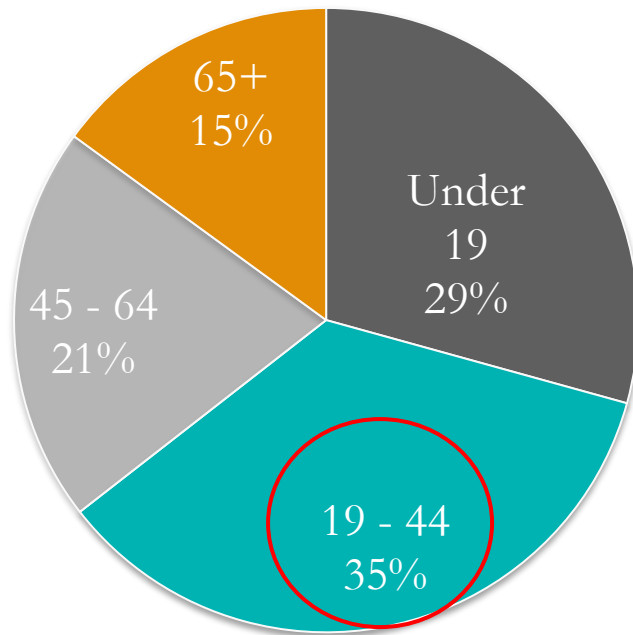


MEMBERSHIP BY GENDER



Data as of: June 2023

MEMBERSHIP BY AGE



Data as of: June 2023

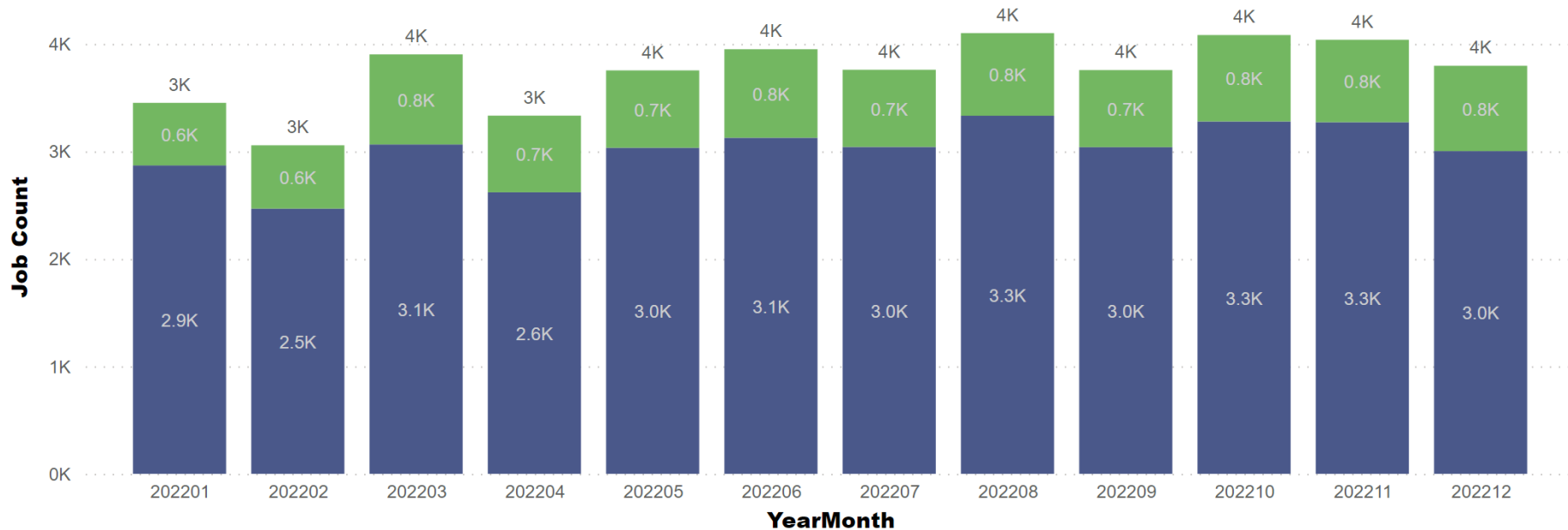
Language Assistance Services



Utilization of Interpreter Services
Provider Language Capacity

INTERPRETER SERVICES PROVIDED IN 2022 BY TYPE

Service_Type_Category ● On Demand ● Scheduled



K= thousand

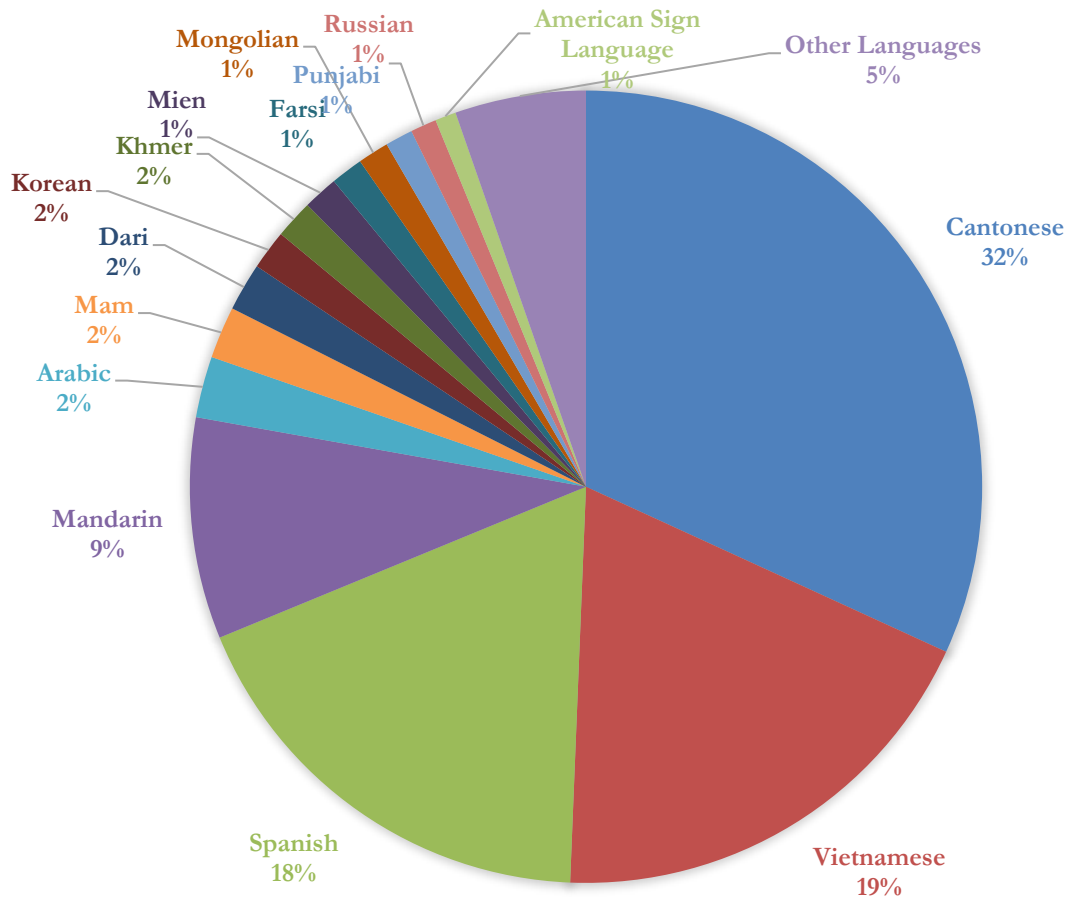
TOP 5 LANGUAGES UTILIZED IN 2022

Language
Cantonese
Vietnamese
Spanish
Mandarin
Arabic



Languages Requested 2023 Q1

- ▷ By far the most common language requested is Cantonese (32%) followed by Vietnamese (19%), Spanish (18%) and Mandarin (9%).
- ▷ Mam and Arabic languages increased 1% over the last quarter.



PROVIDER LANGUAGE CAPACITY

Medi-Cal # Members per provider		
Language	4 th Quarter 2021	4 th Quarter 2022
English	228	239
Chinese	377	322
Spanish	293	369
Vietnamese	451	408
Tagalog	105	78
Arabic	376	299
Farsi	257	246

Group Care # Members per provider		
Language	4 th Quarter 2021	4 th Quarter 2022
English	6	6
Chinese	19	21
Spanish	2	2
Vietnamese	13	12
Tagalog	1	1
Arabic	1	0
Farsi	18	14

Note: Some primary care providers (PCP) do not have a primary language designated. Multilingual PCPs are counted for each language they speak

- Count of members per PCP by language was stable in 2022 for both Medi-Cal and Group Care.
 - For Medi-Cal, Vietnamese has the highest ratio (408 members per PCP).
 - For Group Care, Chinese has the highest ratio (21 members per PCP).

PROVIDER LANGUAGE CAPACITY

▷ 2022 CG-CAHPS

- Survey Question: “Were you able to communicate with your doctor and clinic staff in your preferred language?”

- Responses included:

No

Yes, my health plan provided one for me.

Yes, my doctor’s office gave me an interpreter or spoke my language.

Yes, I used family or a friend as my interpreter.

Favorable Response Rate	2021	2022
Adult	84%	81%
Child	93%	93%

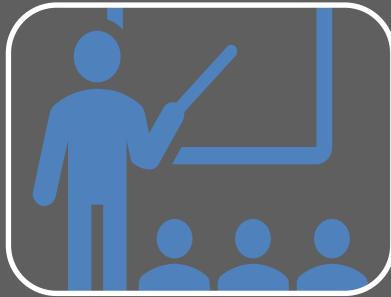
2022 to 2023 CLS Highlights



CLS 2022 HIGHLIGHTS

- ▶ Met goal of 95% fill rate for interpreter services
- ▶ Continued education to Alliance providers on available interpreter services
- ▶ Continued expansion of access to telephonic and video interpreting to meet members' linguistic needs
- ▶ Continued training to Alliance member and provider facing teams on accessing/requesting for interpreter services
- ▶ Completed National Committee for Quality Assurance (NCQA) Report – Practitioner Availability to Meet Cultural and Linguistic Needs of Member
- ▶ Convened internal stakeholder participants to review annual Cultural Sensitivity Training and completed 2022 update for Alliance staff and providers
- ▶ Continued discussions and action planning with interpreter service vendors to address gaps, grievances, and provider feedback
- ▶ Welcomed 6 new members for the Alliance Member Advisory Committee
- ▶ Alliance Staffing
 - Lead Interpreter Services Coordinator
 - CLS Manager position

2023 CLS Work Plan



MEMBER CULTURAL AND LINGUISTIC (C&L) ASSESSMENT

- ▶ Hold **Cultural and Linguistic Subcommittee** meetings each quarter (internal) to:
 - Review members' race, ethnicity, language and age
 - Review interpreter and translation services
 - Review grievances and member/access surveys
 - Create action plan(s) to address C&L gaps and member C&L needs.

LANGUAGE ASSISTANCE SERVICES

- ▷ Ensure a 95% or more fulfillment rate for interpreter services
- ▷ Ongoing work
 - Inform members of Alliance interpreter services
 - Post and mail non-discrimination notice and taglines letters on Alliance website(s)

- ▶ Review Member CG-CAHPS Survey question on meeting member interpreter services needs
- ▶ Ongoing work
 - Inform providers of Alliance member language needs
 - Educate providers of role in language access
 - Track provider language capacity
 - Conduct provider language capacity analysis for reporting, as needed



CULTURAL SENSITIVITY TRAINING

- ▶ Ensure a 96% completion rate by Alliance staff
- ▶ Prepare and ensure to include new 2024 Department of Health Care Services (DHCS) requirements
- ▶ Ongoing work
 - Review and launch annual staff and provider Cultural Sensitivity Training (*September 2023*)
 - Provide Alliance staff and providers with resources on providing culturally competent care
 - Ensure to include member feedback



Thank you!

Please contact us if you have ideas to help improve our Cultural and Linguistic Services.

Mao Moua, Cultural and Linguistic Services Manager

Linda Ayala, Director, Population Health and Equity

Alameda Alliance for Health

mmoua@alamedaalliance.org, layala@alamedaalliance.org

Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	March 2, 2023
From:	Kisha Gerena – Manager, Grievance and Appeals
Reporting Period:	Resolved Q4 2022

Purpose: In accordance with Title 28 of the California Code of Regulations §1300.69(f) Enrollees and subscribers participating in establishing public policy shall have access to information available from the plan regarding public policy, including financial information and information about the specific nature and volume of complaints received by the plan and their disposition.

Standards/Benchmark:

Case Type	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	2222	30 Calendar Days	95% compliance within standard	2124	95.6%	
Expedited Grievance	4	72 Hours	95% compliance within standard	4	100.0%	
Exempt Grievance	5076	Next Business Day	95% compliance within standard	5075	99.9%	
Standard Appeal	81	30 Calendar Days	95% compliance within standard	80	98.8%	
Expedited Appeal	3	72 Hours	95% compliance within standard	3	100.0%	
Q4 2022 Total Cases:	7386		95% compliance within standard	7286	95.3%	

*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

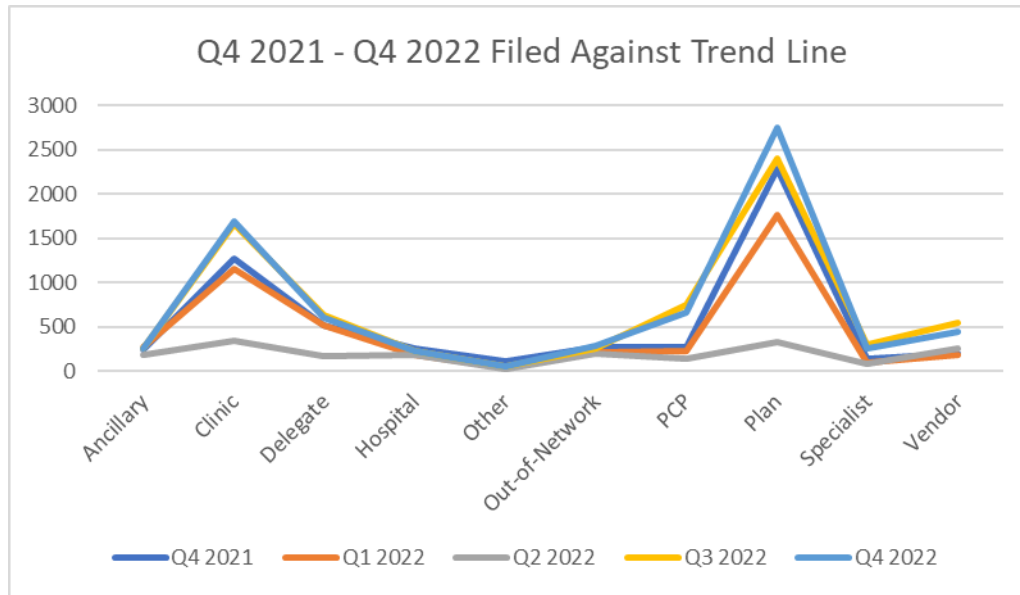
Appeal Data/Analysis:

Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Coverage Disputes	0	0	3	4	7
Disputes Involving Medical Necessity	0	1	13	43	57
Out of Network	0	0	7	13	20
Grand Total:	0	1	23	60	84
Overtured %:	0%	0%	4.3%	25.0%	19.0%

Grievance Data/Analysis:

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	68	140	2	8	44	262
Clinic	1055	95	16	114	419	1699
Delegate	72	48	405	12	68	605
Hospital	33	152	2	23	24	234
Long-term Care	0	0	0	1	0	1
Mental Health Facility	1	0	0	0	13	14
Other	4	18	0	1	32	55
Out-of-Network	22	244	3	8	10	287
PCP	433	5	3	31	194	666
PCP Non-Physician Medical Practitioner	2	0	0	2	1	5
Plan	735	148	1284	2	579	2748
Skilled Nursing Facility	2	1	0	5	4	12
Specialist	137	24	0	31	69	261
Specialist Non-Physician Medical Practitioner	0	0	0	0	1	1
Vendor	60	21	9	6	356	452
Grand Total	2624	896	1724	244	1814	7302

- Grievances filed against the Plan:
 - Access to Care
 - Telephone/Technology: Members having difficulty accessing/navigating through member portal, and unable to reach AAH staff by telephone.
 - Coverage Disputes
 - Disputes related to benefit, billing, and reimbursement requests.
 - Other
 - Enrollment: including complaints regarding PCP Auto assignments, complaints regarding PHI, fraud/waste/abuse, and eligibility.
 - Quality of Service
 - Complaints against our internal departments: G&A, Member Services, and Case Management regarding customer service.



- There was a 12.6% increase in grievances against the Plan in Q4 2022 compared to Q3 2022.

Grievances filed against our Delegated Networks/Vendors:

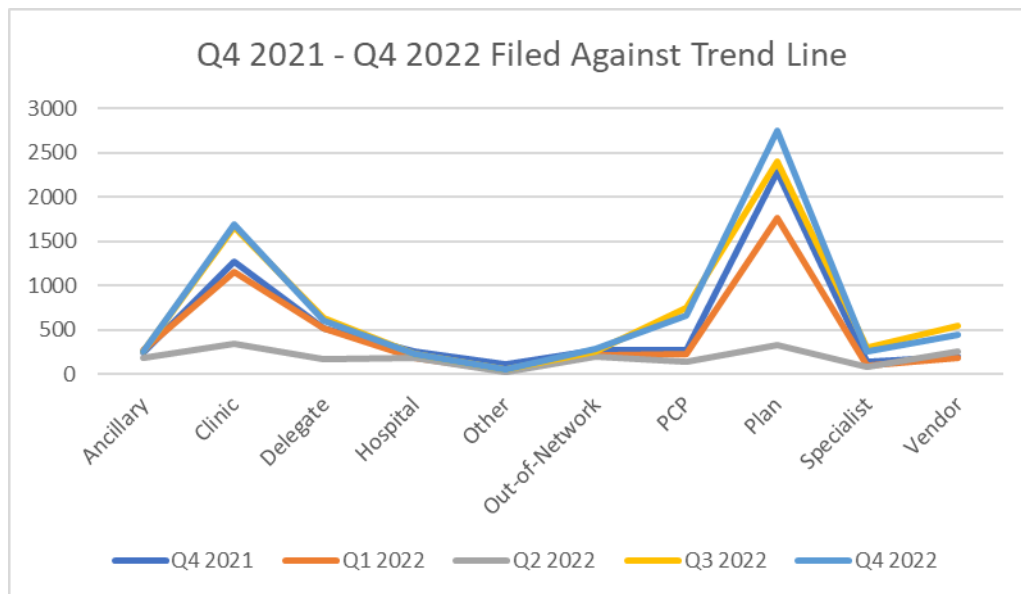
Delegated Network is a subcontractor with a Health Plan that has been given authority to perform functions, our delegates are listed below:

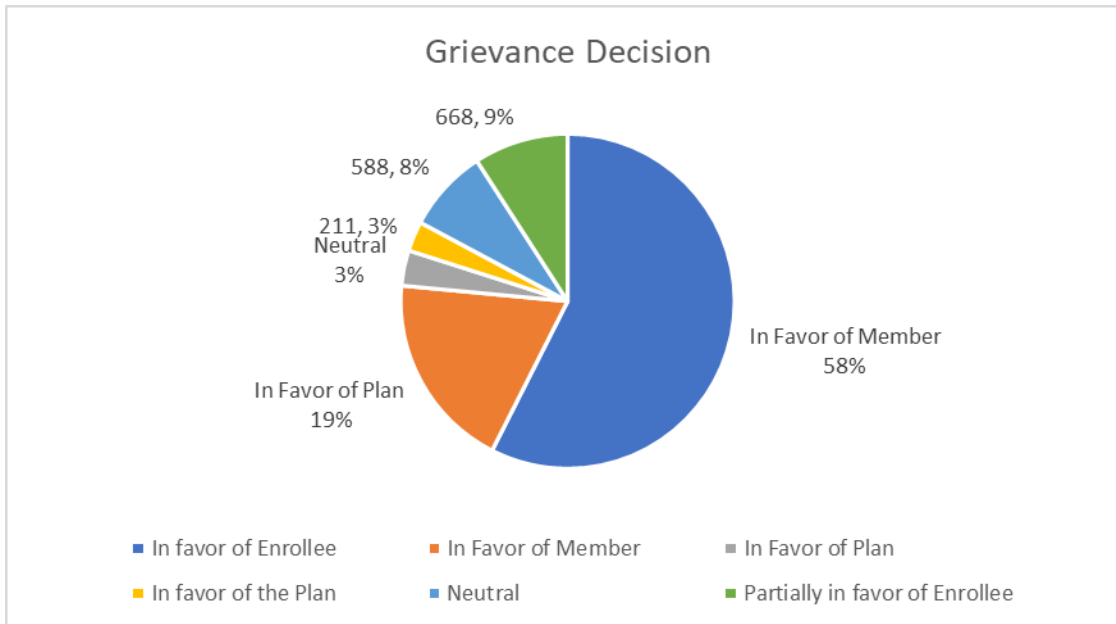
- Beacon Health Strategies – Behavioral Health Benefit Provider
- Children First Medical Group (CFMG) – Alliance Provider Network
- Community Health Center Network (CHCN) – Alliance Provider Network
- California Home Medical Equipment (CHME) – DME Benefit Supplier
- Kaiser – Fully Delegated Provider
- March Vision Care Group – Vision Benefit Provider
- PerformRx – Pharmacy Benefit Provider

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Delegate	72	64	405	12	68	605
Beacon	32	2	27	1	22	84
CFMG	4	0	0	0	2	6
CHCN	13	10	1	0	7	31
Kaiser	15	26	366	10	27	444
March Vision	5	4	11	1	6	27
PerformRx	0	6	0	0	3	9
PTPN	3	0	0	0	1	4
Vendor	60	21	9	6	356	452
CHME	17	5	2	3	17	44
Cyacom	2	0	0	0	4	6
Hanna	2	0	0	0	1	3

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Human Arc	0	0	0	0	1	1
ModivCare	15	16	4	2	248	285
Optum	0	0	0	0	3	3
Teladoc	1	0	3	1	2	7
Xaqt	23	0	0	0	80	103
Grand Total	132	69	414	18	424	1057

- Decrease in grievances filed against Kaiser: The Alliance identified 10.45% decrease filed against Kaiser in Q4 2022 compared to Q3 2022.
 - Grievances against Kaiser are related to enrollment issues and members not meeting criteria to be enrolled into Kaiser.
- The Plan identified a decrease in grievances filed against ModivCare: The Alliance continues to receive complaints against ModivCare, however there was a 27.53% decrease in complaints compared to Q3 2022. Complaints related to transportation providers being late/no show to transport the members to and from their appointments.





*Neutral decisions are decided when it is he/she said complaint and the complaint cannot be substantiated either way.

Tracking and Trending:

- There were 1,833 unique grievance cases resolved during the reporting period, with a total of 2,226 grievances including all shadow cases.
- All grievances related to quality of care were forwarded as a Potential Quality Issue (PQI) to the AAH Quality department, upon further investigation, the PQI nurse and Alliance MD assign severity levels, action codes and outcome codes as deemed appropriate.
- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meetings.

Issues/Recommendations:

- The department is working closely with its team and Member Services Department to provide training and education regarding the intake and processing of expedited cases to ensure we meet turnaround times.

Action Items:

Action Item:	Responsible Party:	Completed:

Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	June 8, 2023
From:	Kisha Gerena – Accreditation Manager
Reporting Period:	Resolved Q1 2023

Purpose: In accordance with Title 28 of the California Code of Regulations §1300.69(f) Enrollees and subscribers participating in establishing public policy shall have access to information available from the plan regarding public policy, including financial information and information about the specific nature and volume of complaints received by the plan and their disposition.

Standards/Benchmark:

Case Type	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	2314	30 Calendar Days	95% compliance within standard	2230	96.3%	
Expedited Grievance	2	72 Hours	95% compliance within standard	2	100.0%	
Exempt Grievance	5135	Next Business Day	95% compliance within standard	5130	99.9%	
Standard Appeal	42	30 Calendar Days	95% compliance within standard	42	100.0%	
Expedited Appeal	0	72 Hours	95% compliance within standard	0	N/A	
Q1 2023 Total Cases:	7493		95% compliance within standard	7404	98.8%	7.25

*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

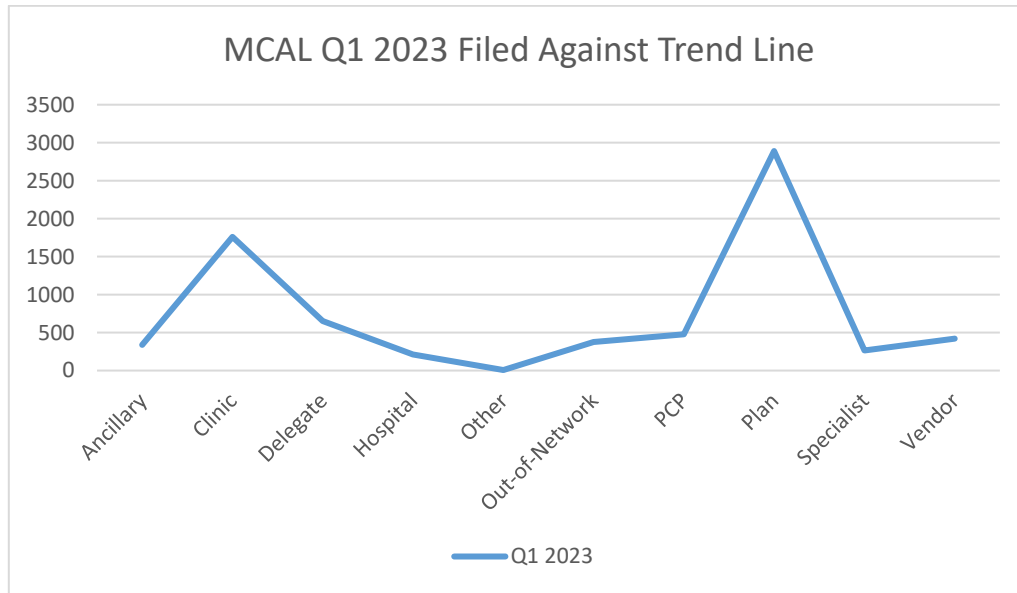
Appeal Data/Analysis:

Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Coverage Disputes	0	0	0	2	2
Disputes Involving Medical Necessity	0	0	7	15	22
Out of Network	0	0	8	10	18
Grand Total:	0	0	15	27	42
Overturned %:	0%	0%	6.6%	29.6%	21.4%

Grievance Data/Analysis:

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	57	206	7	6	63	339
Clinic	1137	72	14	111	427	1761
Delegate	79	56	372	20	125	652
Hospital	49	111	1	28	22	211
Long-term Care	0	0	0	0	1	1
Mental Health Facility	3	2	0	0	4	9
Other	1	0	0	0	6	7
Out-of-Network	22	244	3	8	10	287
PCP	324	5	3	35	11	478
PCP Non-Physician Medical Practitioner	4	0	1	2	3	10
Plan	1011	103	975	0	801	2890
Skilled Nursing Facility	7	0	0	9	6	22
Specialist	148	14	4	28	70	264
Specialist Non-Physician Medical Practitioner	0	0	0	0	0	0
Vendor	46	24	3	2	346	421
Grand Total	2922	876	1385	246	2022	7451

- Grievances filed against the Plan:
 - Access to Care
 - Telephone/Technology: Members having difficulty accessing/navigating through member portal, not receiving their member ID cards timely, unable to reach AAH staff by telephone.
 - Coverage Disputes
 - Disputes related to benefit and reimbursement requests
 - Other
 - Enrollment: 845
 - Eligibility: 116
 - Fraud/Waste/Abuse: 7
 - PHI: 7
 - Quality of Service
 - Complaints against our internal departments, G&A, Member Services and Case Management regarding customer service.



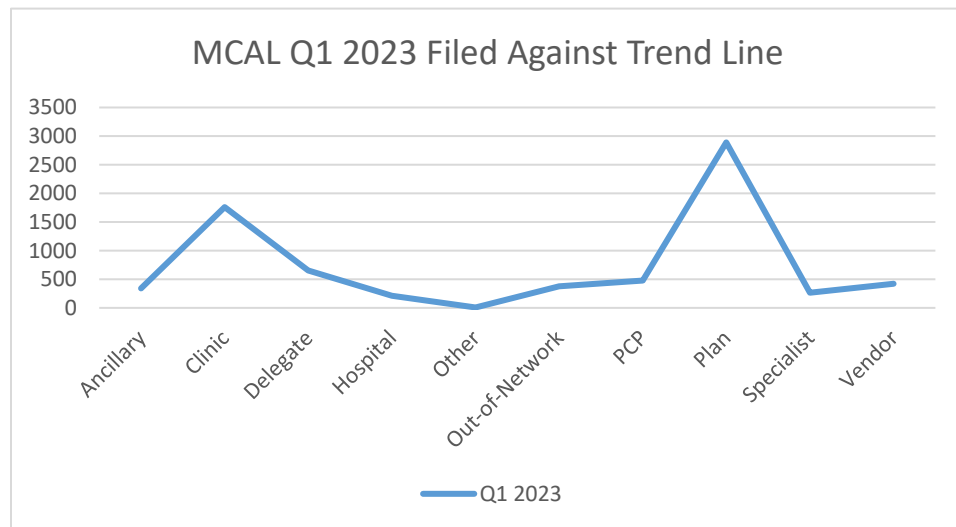
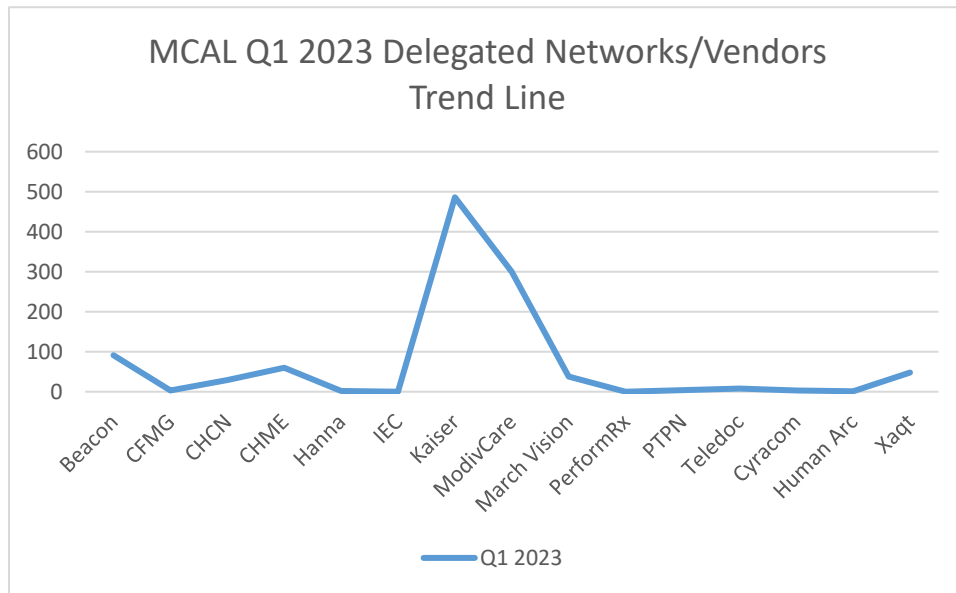
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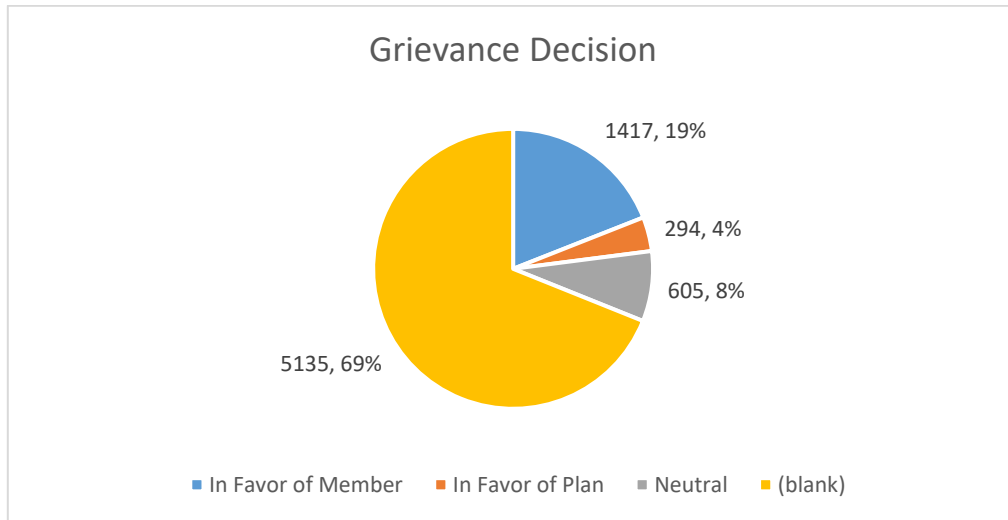
Delegated Network is a subcontractor with a Health Plan that has been given authority to perform functions, our delegates are listed below:

- Beacon Health Strategies – Behavioral Health Benefit Provider (through Q1 2023)
- Children First Medical Group (CFMG) – Alliance Provider Network
- Community Health Center Network (CHCN) – Alliance Provider Network
- California Home Medical Equipment (CHME) – DME Benefit Supplier
- Kaiser – Fully Delegated Provider
- March Vision Care Group – Vision Benefit Provider

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Delegate	79	56	372	20	125	652
Beacon	45	3	2	4	37	91
CFMG	2	0	0	0	1	3
CHCN	15	3	1	0	10	29
Kaiser	10	37	359	14	66	486
March Vision	4	13	10	2	9	38
PTPN	2	0	0	0	2	4
Teledoc	1	0	0	0	0	1
Vendor	46	24	3	2	346	421
CHME	23	5	1	0	31	60
Cyacom	0	0	0	0	3	3
Hanna	0	0	0	0	2	2

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Human Arc	0	0	0	0	1	1
ModivCare	17	19	2	1	261	300
Teladoc	4	0	0	1	2	7
Xaqt	2	0	0	0	46	48
Grand Total	125	80	375	22	471	1073





*Neutral decisions are decided when it is he/she said complaint and the complaint cannot be substantiated either way.

Tracking and Trending:

- There were 6,240 unique grievance cases resolved during the reporting period, with a total of 7,451 grievances including all shadow cases.
- All grievances related to quality of care were forwarded as a Potential Quality Issue (PQI) to the AAH Quality department, upon further investigation, the PQI nurse and Alliance MD assign severity levels, action codes and outcome codes as deemed appropriate.
- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meetings.

Issues/Recommendations:

Action Items:

Action Item:	Responsible Party:	Completed:

Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	June 8, 2023
From:	Kisha Gerena – Accreditation Manager
Reporting Period:	Resolved IHSS Q1 2023

Purpose: In accordance with Title 28 of the California Code of Regulations §1300.69(f) Enrollees and subscribers participating in establishing public policy shall have access to information available from the plan regarding public policy, including financial information and information about the specific nature and volume of complaints received by the plan and their disposition.

Standards/Benchmark:

Case Type	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	176	30 Calendar Days	95% compliance within standard	163	92.6%	
Expedited Grievance	0	72 Hours	95% compliance within standard	0	N/A	
Exempt Grievance	224	Next Business Day	95% compliance within standard	224	100.0%	
Standard Appeal	3	30 Calendar Days	95% compliance within standard	3	100.0%	
Expedited Appeal	0	72 Hours	95% compliance within standard	0	N/A	
Q1 2023 Total Cases:	403		95% compliance within standard	390	96.8%	22.63

*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

*We did not meet compliance rate for IHSS grievances because there were 13 cases out of compliance.

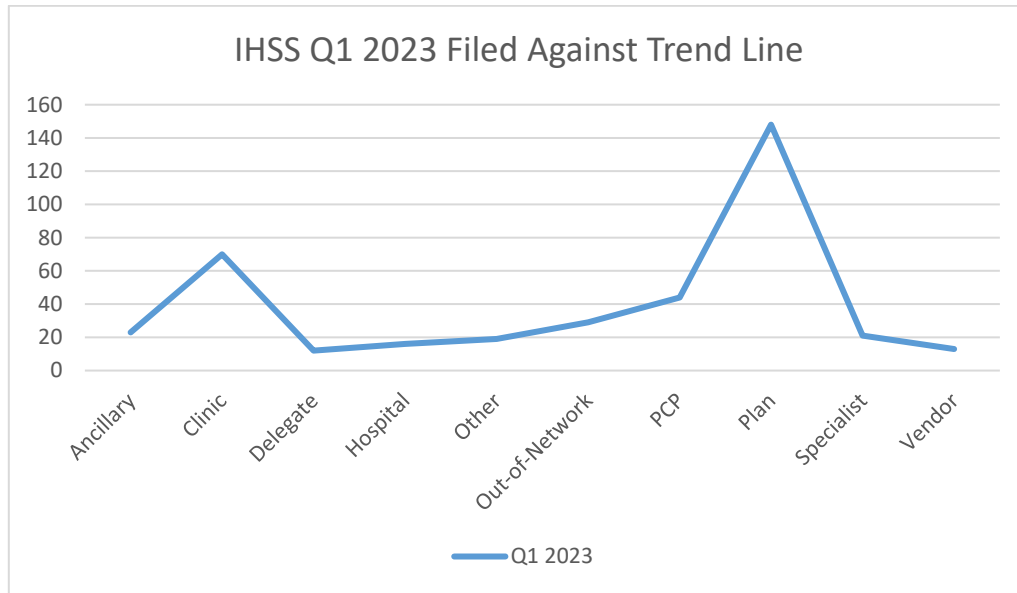
Appeal Data/Analysis:

Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Disputes Involving Medical Necessity	0	0	1	2	3
Grand Total:	0	0	1	2	3
Overtured %:	0%	0%	0%	0%	0%

Grievance Data/Analysis:

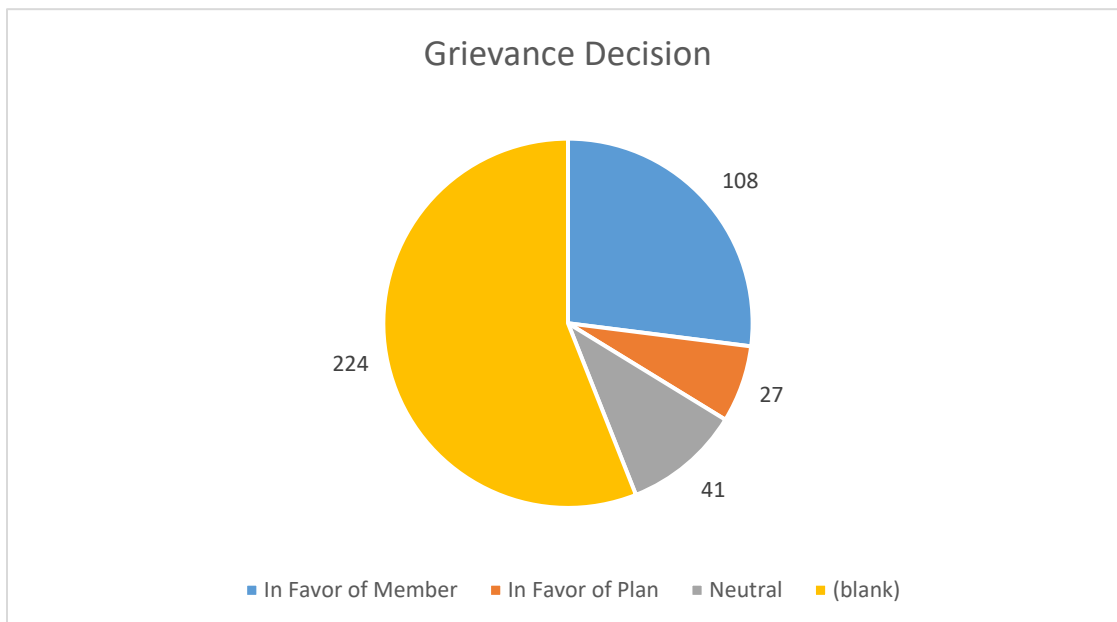
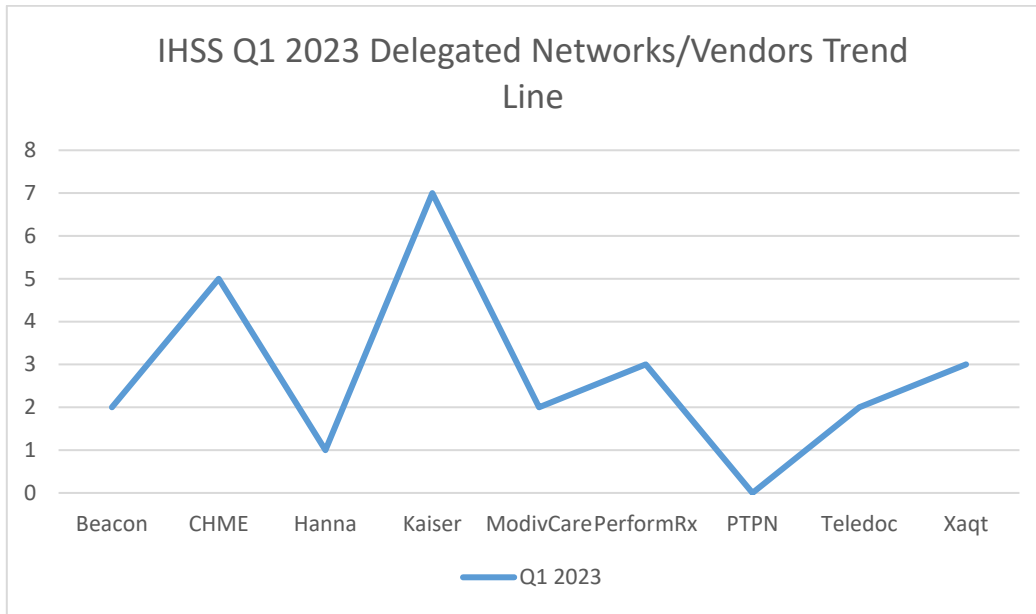
Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	6	15	1	0	1	23
Clinic	44	6	2	5	13	70
Delegate	1	3	7	0	1	12
Hospital	2	8	0	1	5	16
Long-term Care	0	0	0	0	0	0
Mental Health Facility	0	0	0	0	1	1
Mental Health Professional	0	0	0	0	1	1
Other	0	1	2	0	16	19
Out-of-Network	4	25	0	0	0	29
PCP	30	0	0	0	14	44
PCP Non-Physician Medical Practitioner	0	0	0	0	0	0
Plan	39	56	18	0	35	148
Skilled Nursing Facility	1	1	0	1	0	3
Specialist	13	0	0	1	7	21
Specialist Non-Physician Medical Practitioner	0	0	0	0	0	0
Vendor	4	1	1	0	7	13
Grand Total	144	116	31	8	101	400

- Grievances filed against the Plan:
 - Access to Care
 - Disputes related to provider availability, geographic access, telephone access and AAH system error.
 - Coverage Disputes
 - Disputes related to benefit and reimbursement requests.
 - Other
 - Enrollment: PCP Auto assignments (18)
 - Eligibility (1)
 - Quality of Service
 - Complaints against our internal departments, G&A, Member Services and Case Management regarding customer service.



Grievances filed against our Delegated Networks/Vendors:

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Delegate	1	3	7	0	1	12
Beacon	1	0	0	0	1	2
Kaiser	0	0	7	0	0	7
PerformRx	0	3	0	0	0	3
Vendor	4	1	1	0	7	13
CHME	3	1	0	0	1	5
Hanna	0	0	0	0	1	1
ModivCare	0	0	0	0	2	2
Teladoc	1	0	1	0	0	2
Xaqt	0	0	0	0	3	3
Grand Total	5	4	8	0	8	25



*Neutral decisions are decided when it is he/she said complaint and the complaint cannot be substantiated either way.

Tracking and Trending:

- There were 353 unique grievance cases for IHSS members resolved during the reporting period, with a total of 400 grievances including all shadow cases.
- All grievances related to quality of care were forwarded as a Potential Quality Issue (PQI) to the AAH Quality department, upon further investigation, the PQI nurse and Alliance MD assign severity levels, action codes and outcome codes as deemed appropriate.
- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meetings.

Issues/Recommendations:

Action Items:

Action Item:	Responsible Party:	Completed:

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2022 - 2023 | 3RD QUARTER (Q3) OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2022 - 2023 | 3RD QUARTER (Q3) OUTREACH REPORT

Between January 2023 and March 2023, the Alliance completed **1,083-member** orientation outreach calls and conducted **299** member orientations (**28%**-member participation rate). The Alliance also completed **24** Service Requests, and **201** Website Inquires in Q3. The Alliance reached a total of **1,319** people and spent a total of \$800 in donations, fees, and/or sponsorships at the 2023 Chinatown Lunar New Year Bazaar, Black Joy Parade 2023, and the 39th City of Dublin St. Patrick's Day Celebration community events.**

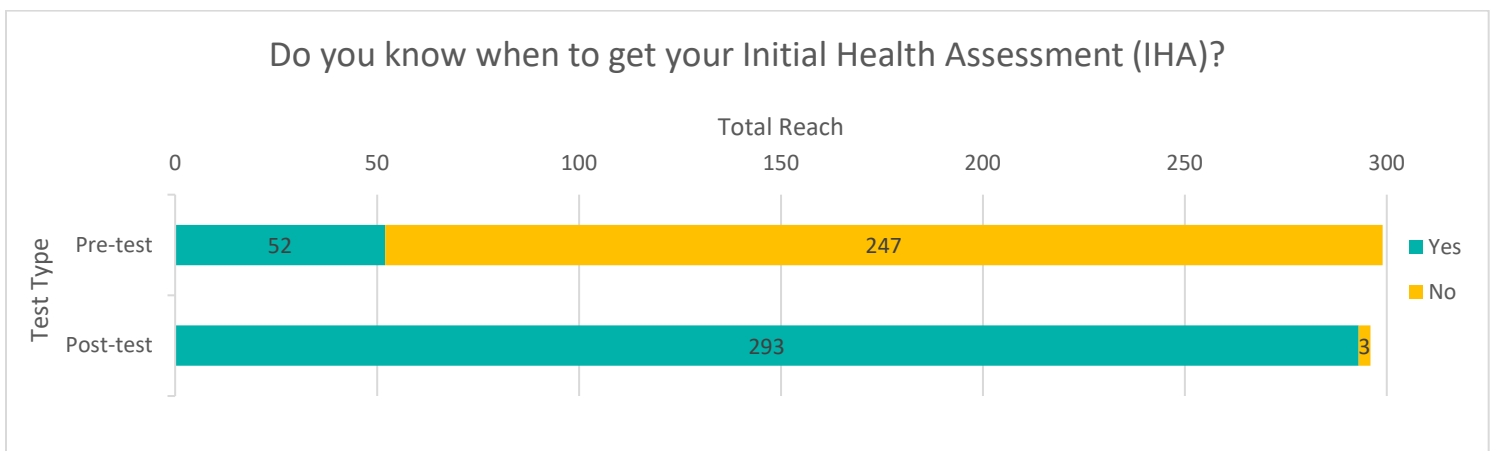
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **26,891** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16th, 2020**, the Alliance began assisting members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from the Coronavirus Disease (COVID-19). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice.

On **Wednesday, March 18th, 2020**, the Alliance began conducting member orientations by phone. As of March 31st, 2023, the Outreach Team completed **24,755-member** orientation outreach calls and conducted **6,710** member orientations (27.1%-member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between March 18th, 2020, through March 31st, 2023 – **6,710** members completed our MO program by phone.

After completing a MO **99%** of members who completed the post-test survey in Q3 FY 22-23 reported knowing when to get their IHA, compared to only **17.4%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 22-23\Q3\3. March 2023**

ALLIANCE IN THE COMMUNITY

FY 2022 - 2023 | 3RD QUARTER (Q3) OUTREACH REPORT

Q3 FY 2022-2023 TOTALS



3 COMMUNITY EVENTS

0 MEMBER EDUCATION EVENTS

299 MEMBER ORIENTATIONS

0 MEETINGS/ PRESENTATIONS

10 TOTAL INITIATED/INVITED EVENTS

302 TOTAL EVENTS



1319 TOTAL REACHED AT COMMUNITY EVENTS

0 TOTAL REACHED AT MEMBER EDUCATION EVENTS

299 TOTAL REACHED AT MEMBER ORIENTATIONS

0 TOTAL REACHED AT MEETINGS/PRESENTATIONS

630 TOTAL MEMBERS REACHED AT EVENTS

1618 TOTAL REACHED AT ALL EVENTS



ALAMEDA
ALBANY
BERKELEY

CASTRO VALLEY
DUBLIN

FREMONT
HAYWARD
LIVERMORE

NEWARK
OAKLAND
PLEASANTON

SAN LEANDRO
SAN LORENZO
UNION CITY

TOTAL REACH 17 CITIES

**Cities represent the mailing addresses for members who completed a Member Orientation by phone and Community Events. The italicized cities are outside of Alameda County. The following cities had <1% reach during Q3 2023: San Francisco and El Monte. The C&O Department started including these cities in the Q3 FY20 Outreach Report.*



\$800

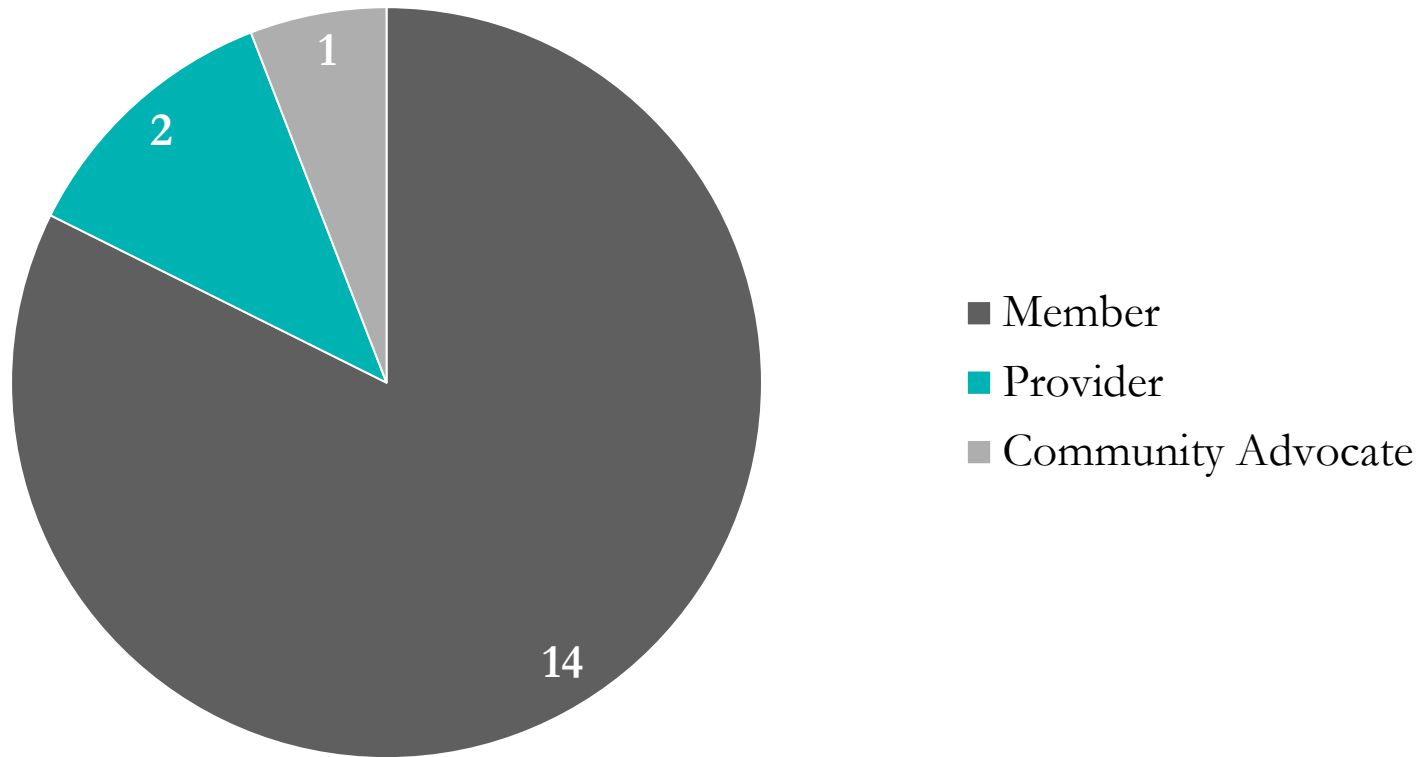
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.

MAC Membership Demographics and Updates



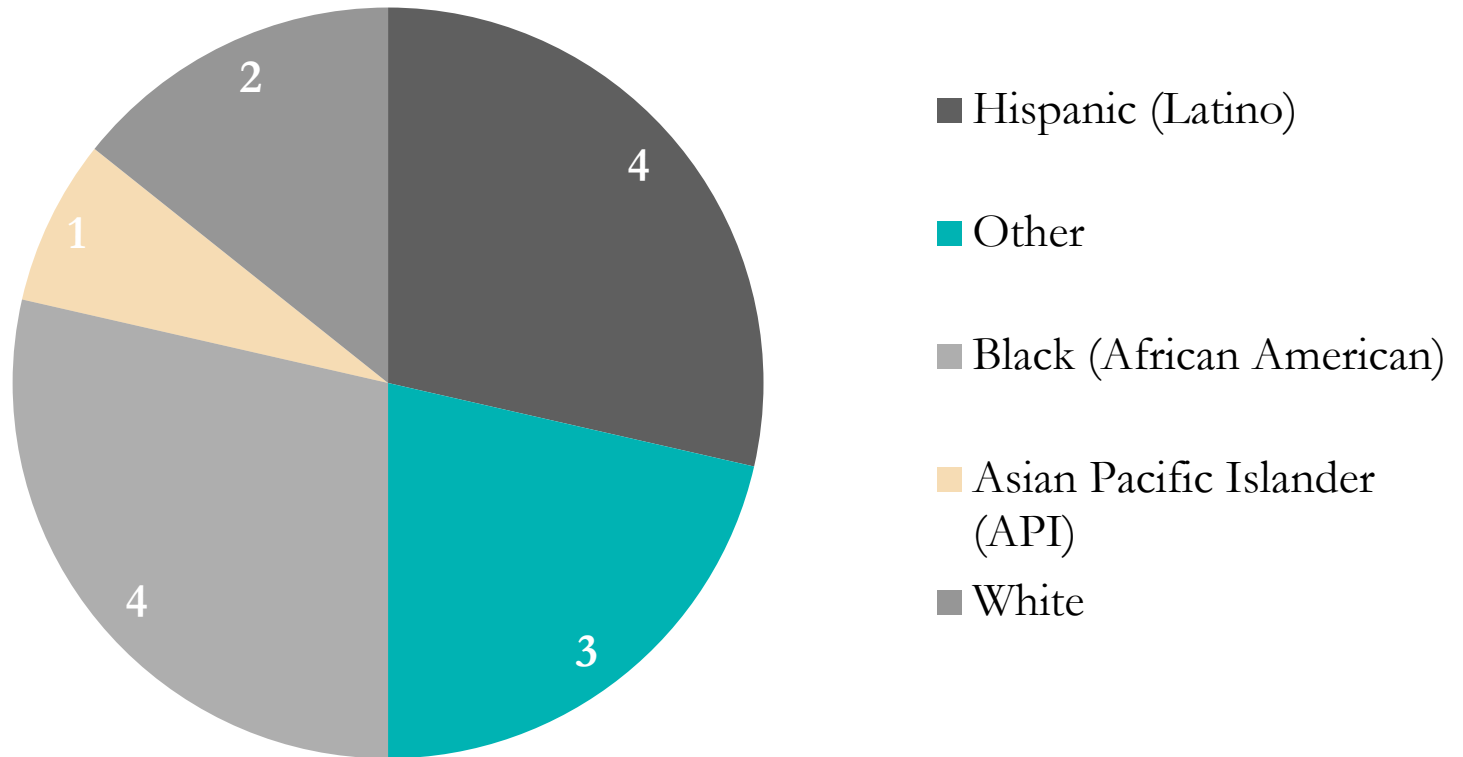
CURRENT MAC MEMBERSHIP



Total: 17

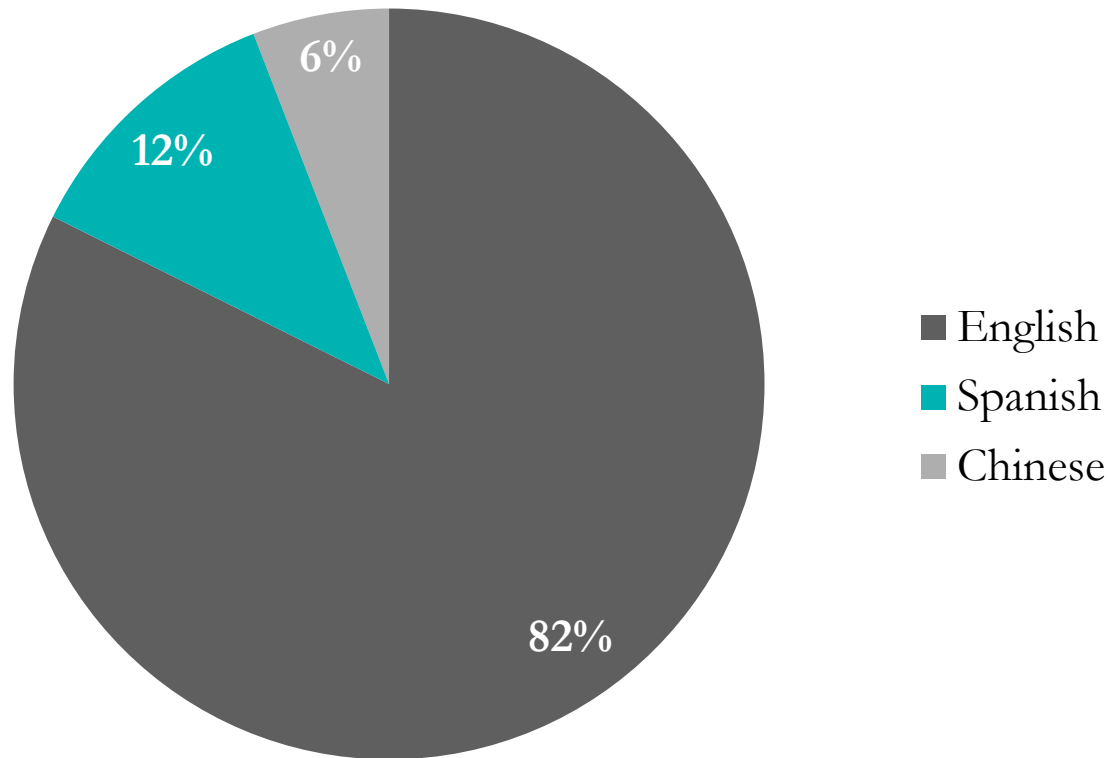
Data as of June 2023

MAC MEMBERSHIP BY ETHNICITY



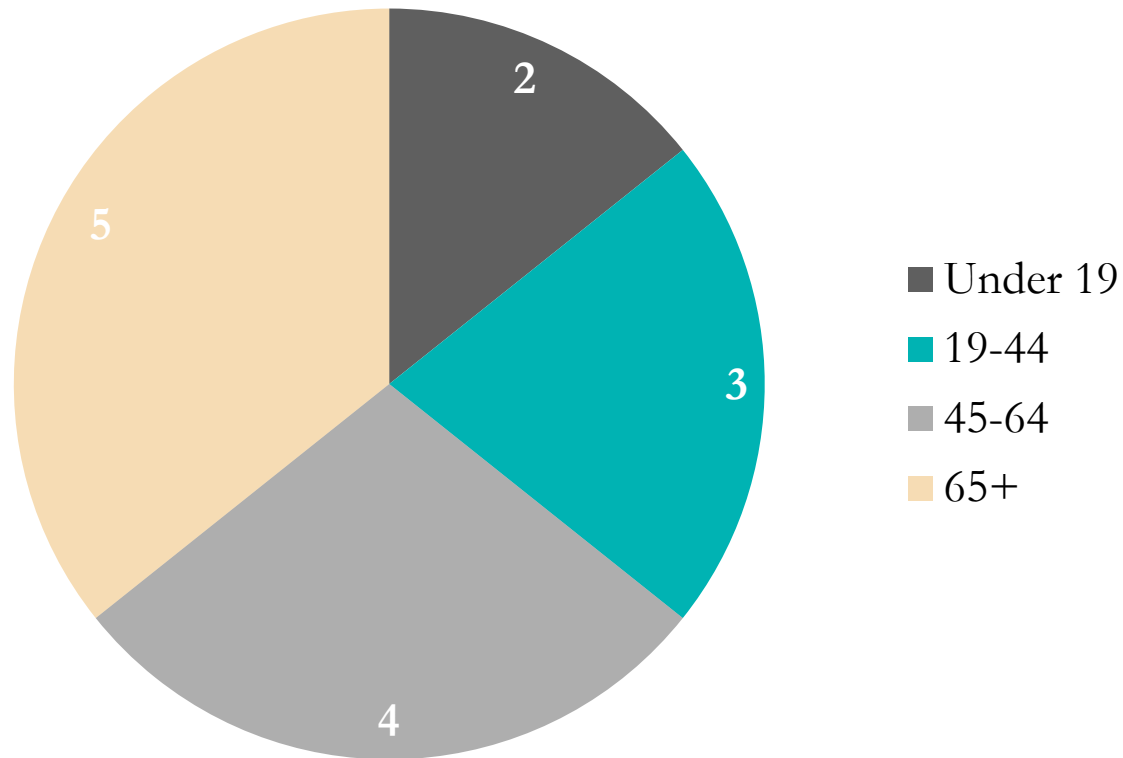
Data: as of June 2023

MAC MEMBERSHIP BY LANGUAGE



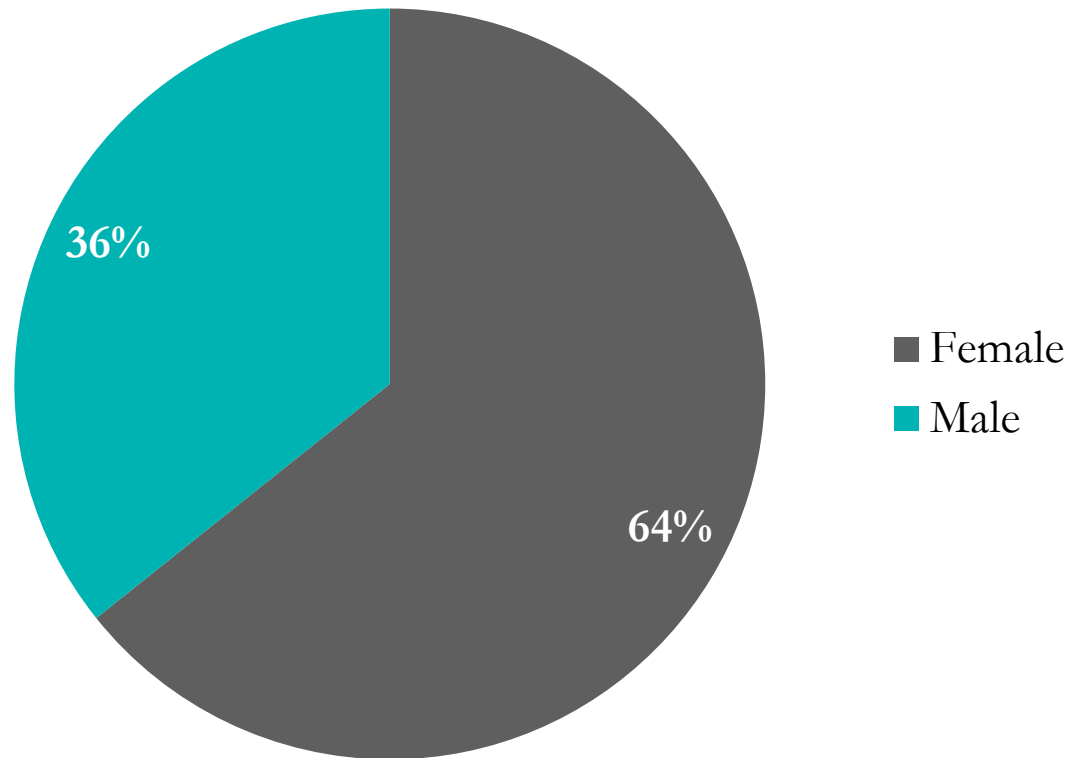
Data: as of June 2023

MAC MEMBERSHIP BY AGE



Data: as of June 2023

MAC MEMBERSHIP BY GENDER



Data: as of June 2023

OTHER MAC MEMBERSHIP REPRESENTATIONS

- ▷ Seniors and Persons with Disabilities (SPD)
- ▷ Adult Expansion
- ▷ Parents/Caregivers of Children
- ▷ Community Partners

MAC MEMBERSHIP UPDATE(S)

- ▷ Resignation
 - MAC Member: Warren Cushman
 - Next Step(s): Fill vacant seat
- ▷ Transportation Stipend
- ▷ Review MAC Candidates

MAC Member Recruitment Update and Candidates



MAC Candidates: Outreach & Application Process

Outreach

- ▶ Alliance support staff and/or current members recruit new members to MAC through:
 - ▶ Direct outreach to members
 - ▶ Community organizations
 - ▶ Clinics
 - ▶ Provider offices.
- ▶ Interested members may contact the Alliance.

Application

- ▶ The Alliance sends an application form by mail.
- ▶ Alliance staff can assist members in completing the form over the phone.
- ▶ If the candidate meets the basic criteria for MAC membership, the Alliance staff will reach out to the member to complete the “Potential MAC Member Questions.”

MAC Candidates: Voting Process

Attend a MAC Meeting

- ▶ Member/candidate is invited to attend the next MAC meeting.
- ▶ Alliance Staff will introduce the candidate to the MAC members.
- ▶ Candidate shares additional information.
- ▶ MAC members may ask questions.

Voting

- ▶ Members will vote by secret ballot.
- ▶ After the meeting, votes are counted by Alliance staff.
- ▶ Alliance staff will inform the candidate and MAC committee of the results.

MAC Candidates

▶ Viveca Bradley

▶ Cecelia Wynn



AB 2449 and the Brown Act Post-Pandemic

Member Advisory Committee
March 16th, 2023

Why are we back in-person?

1. The Brown Act defines how to run public meetings.
2. The Alliance is a local public agency, so we must comply with the Brown Act.
3. During COVID-19, the *State of Emergency* allowed for telephone or video meetings.
4. The State of emergency ended in California February 28th, 2023.
5. Starting March 2023, standing committees – including MAC, must be held in person, with some exceptions.
6. AB 2449 defines how some members may participate on the MAC by teleconference in limited circumstances.

What is required to attend remotely?

- ▷ A quorum (half + 1) of members must attend meetings in person.
- ▷ Members can only attend remotely if they have:
 - ▶ **Just Cause:** Caregiving, contagious illness, physical or mental disability, travel while on Alliance business.
 - Notify the Alliance as soon as possible
 - Provide a general description of the need
 - ▶ **Emergency Circumstances:** A physical or family medical emergency.
 - Request permission from the MAC
 - MAC must approve vote as an action item
 - The member using the emergency circumstances exception must provide a general description of circumstance (no need to share personal information; 20 words or less)

Limits to remote participation

- ▶ How often can I remote into the meeting?
 - ▶ No more than two meetings (of the four) per year
- ▶ Members must participate with both sound and video when attending remotely.
- ▶ Members must let other MAC members know before any vote if someone 18 or older is present and their relationship to the member.