

**ALAMEDA ALLIANCE FOR HEALTH  
BOARD OF GOVERNORS  
REGULAR MEETING  
February 11<sup>th</sup>, 2022  
12:00 pm – 2:00 pm  
(Video Conference Call)  
Alameda, CA**

**SUMMARY OF PROCEEDINGS**

**Board of Governors on Conference Call:** Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice-Chair), Dr. Kelley Meade, Nicholas Peraino, Marty Lynch, Natalie Williams, Byron Lopez, Dr. Michael Marchiano, James Jackson, Dr. Noha Aboelata, Aarondeep Basrai, Supervisor Dave Brown, Andrea Schwab-Galindo

**Alliance Staff Present on Conference Call:** Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Anastacia Swift, Ruth Watson, Richard Golfin III, Matt Woodruff, Sasi Karaiyan, Tiffany Cheang, Michelle Lewis

**Guests Present on Conference Call:** **Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group**

**Excused: Dr. Rollington Ferguson**

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
<b>1. CALL TO ORDER</b>			
Dr. Evan Seevak	<p>The regular board meeting was called to order by Dr. Seevak at 12:04 pm.</p> <p>The following public announcement was read.</p> <p style="padding-left: 40px;">"The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County levels, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed State of emergency."</p> <p style="padding-left: 40px;">"Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."</p>	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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<b>2. ROLL CALL</b>			
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Dr. Evan Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
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<b>3. AGENDA APPROVAL OR MODIFICATIONS</b>			
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Dr. Evan Seevak	Dr. Seevak moved to change Board Business item 9.d. to be presented after 9.am.	None	None
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<b>4. INTRODUCTIONS</b>			
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Dr. Evan Seevak	None	None	None
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<b>5. CONSENT CALENDAR</b>			
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Dr. Evan Seevak	<p>Dr. Seevak presented the February 11<sup>th</sup>, 2022, Consent Calendar.</p> <ul style="list-style-type: none"> <li>a) January 14<sup>th</sup>, 2022, Board of Governors Meeting Minutes</li> <li>b) February 8<sup>th</sup>, 2022, Finance Committee Meeting Minutes</li> </ul> <p>Motion to Approve February 11<sup>th</sup>, 2022, Board of Governors Consent Calendar.</p> <p>A roll call vote was taken, and the motion passed.</p>	<p><u>Motion to Approve</u> February 11<sup>th</sup>, 2022, Board of Governors Consent Calendar.</p> <p><u>Motion:</u> M. Lynch <u>Second:</u> Supervisor Brown</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	None
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<b>7. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE</b>			
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
<p>Rebecca Gebhart</p>	<p>The Compliance Advisory Committee (CAC) was held telephonically on February 11<sup>th</sup>, 2022, at 10:30 am.</p> <p>Rebecca Gebhart gave the following Compliance Advisory Committee updates.</p> <p>Compliance Audit Dashboard:</p> <ul style="list-style-type: none"> <li>• Dashboard is tracking 133 findings, and 112 have been closed in total.</li> </ul> <p>DHCS Medical Audit findings from 2021:</p> <ul style="list-style-type: none"> <li>• The Compliance Advisory Committee discussed 4 repeat findings. These audit findings are close to being closed: (1) finding on medical necessity denials and the plan has been working to ensure medical necessity standards are documented for denials; (2) decision-makers name was not on the notice of action; (3) health risk assessment that needs to happen within a required timeframe did not happen in the required timeframe. These did not happen timely because they were retroactive assignments; we have developed more precise internal tracking; (4) The Alliance's MOU with Alameda County – the State found that we did not follow all requirements for meeting and reporting from those meetings. The Alliance was able to meet with the State on January 31<sup>st</sup>, and another meeting is scheduled for February 25<sup>th</sup>.</li> </ul> <p>2021 Delegate Audits:</p> <ul style="list-style-type: none"> <li>• The delegates are being audited similarly to how the State audits us. An audit date confirmation is sent to the delegates with a request for documents. Then the State audits the documents, a preliminary report is sent to the delegates, and then a final report.</li> <li>• There are 5 audits in process. CHCN's final report is scheduled to be on March 31<sup>st</sup>. Beacon's final audit report is expected around April 1<sup>st</sup>. March Vision is completed with no findings. CFMG is in process; final audit report will be delivered approximately February 25<sup>th</sup>.</li> <li>• The 5<sup>th</sup> delegate was Modivcare, our transportation provider. We added this to our audit list because of an audit finding. The finding was that the plan did not ensure that the transportation providers/drivers are enrolled in Medi-Cal, have appropriate licensure, and are not subject to any</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>None</p>

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>exclusions. Our internal review found that 1 driver did not meet the requirements. This is an issue statewide with other plans.</p> <ul style="list-style-type: none"> <li>• The audit for Modivcare is scheduled for March 9<sup>th</sup>.</li> <li>• Once the final report is issued to these delegates, the final report can be shared with the Compliance Advisory Committee, and we can bring those results to the Board.</li> </ul> <p>2022 DHCS Survey:</p> <ul style="list-style-type: none"> <li>• The Alliance is in the pre-audit document collection phase.</li> <li>• DHCS has requested 900 documents, due February 14<sup>th</sup>. 94% of these documents have been collected and are being reviewed internally to make sure they are responsive to the request.</li> <li>• This is the first phase of document collection, and the subsequent phases could be related to individual files.</li> <li>• For informational purposes, there are 6 categories of audits: utilization management; case management and care coordination; access and availability; quality improvement; member rights; admin and organizational capacity.</li> </ul> <p>Upcoming Audits:</p> <ul style="list-style-type: none"> <li>• NCQA Reaccreditation - July</li> <li>• 2022 DHCS Medical Survey - April 4<sup>th</sup></li> <li>• DMHC Financial Services Audit in the 4<sup>th</sup> Quarter of 2022</li> </ul> <p>Question: Can the Board be educated on the background and performance of the delegate details?  Answer: We are looking into the structure of this, and a presentation would be informative. We are in the process of building delegate dashboards, and they will be available in the future.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		

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**7. b. BOARD MEMBER REPORT – FINANCE COMMITTEE**

<p>Nicholas Peraino</p>	<p>The Finance Committee was held telephonically on Tuesday, February 8<sup>th</sup>, 2022.</p> <p>Dr. Ferguson was absent at the Board meeting due to an emergency; Nicholas Peraino provided updates:</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>December Financial Report was discussed and Gil will be covering in detail during his Board report.</li> <li>Presentation from Matthew Woodruff about claims interest and auto-adjudicating claims.</li> <li>Gil presented the opportunities around changing the investment portfolio and what our options are.</li> </ul> <p>Question: Is HealthSuite the program that runs adjudicating claims or are there others? Answer: Yes, it is HealthSuite.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>None</p>
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**8. CEO UPDATE**

<p>Scott Coffin</p>	<p>Scott Coffin, Chief Executive Officer, presented the following updates:</p> <ul style="list-style-type: none"> <li>Scott congratulated Dr. Noha Aboelata for receiving a distinguished award. She is the recipient of the 2022 James Irvine Foundation Leadership Award.</li> </ul> <p>Executive Summary:</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>None</p>
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	<p>Finances:</p> <ul style="list-style-type: none"> <li>The Alliance is forecasting this fiscal year to end at a \$3.5 million dollar net income. The budget process for the fiscal year 2023 begins July 1, 2022.</li> </ul> <p>Key Performance Indicators:</p> <ul style="list-style-type: none"> <li>Regulatory metrics - our standard Member Grievances turnaround time was off by 3%, and the expedited grievances were 88% below requirement.</li> <li>Non-Regulatory metrics – Member Services call center abandonment rate and average speed to answer exceeded internal targets, and the Operations teams are working on staffing to improve the customer service experience.</li> </ul> <p>Single Plan Model Update:</p> <ul style="list-style-type: none"> <li>The Department of Health Care Services (DHCS) released the Medical Managed Care request for proposals on February 9<sup>th</sup>, 2022. The RFP addresses 58 counties in California, and responses are due to DHCS by April 11<sup>th</sup>, and then the notices of intent to award are scheduled for August 9<sup>th</sup>. Alameda Alliance for Health is not participating in this procurement process.</li> <li>Alameda County is identified in the RFP as a single plan model as of January 1<sup>st</sup>, 2024. <ul style="list-style-type: none"> <li><u>Next steps include:</u> <ul style="list-style-type: none"> <li>In 2022: Initiate the transition planning with DHCS, Anthem and updating our regulatory submissions and other planning materials.</li> <li>In 2023: Public stakeholder forums with Medi-Cal providers and Medi-Cal beneficiaries would be held at different times in the year, expansion of the provider network, and other operational readiness activities.</li> <li>Following a series of Member &amp; Provider communications in 2023, the Medi-Cal beneficiaries enrolled in Anthem would transition into Alameda Alliance on January 1<sup>st</sup>, 2024</li> </ul> </li> </ul> </li> </ul>		
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Question: Does this information make the Alliance Single Plan Model official?            Answer: As stated in the RFP, we are moving forward to be a Single Plan Model.</p> <p>Contract with Kaiser Permanente:</p> <ul style="list-style-type: none"> <li>• On February 4<sup>th</sup>, the State of California announced their intention to contract with Kaiser Permanente for Medi-Cal managed care services in 22 California counties.</li> <li>• The contract begins January 1<sup>st</sup>, 2024 and continues through the calendar year 2028. There is a provision that mandates a 25% enrollment growth over 5 years.</li> <li>• DHCS is seeking approval from CMS and will propose language to the state legislature to authorize this change to the statewide Medi-Cal delivery system.</li> <li>• In response to this announcement, the Alliance is launching an impact analysis in the month of February to assess the short-term and long-term implications. The analysis will include the impacts to financials, quality, enrollment, operations, regulatory compliance, and other parts of the organization.</li> <li>• The analysis will also include a preliminary view of impacts to our Medi-Cal beneficiaries and providers.</li> </ul> <p>This contract arrangement raises a series of questions, such as:</p> <ul style="list-style-type: none"> <li>• What are the potential impacts to the Alameda County public health infrastructure &amp; programs, including the Medi-Cal Single Plan Model?</li> <li>• What are the potential impacts to the Medi-Cal beneficiaries and providers in Alameda County?</li> <li>• Does the Governor of California have the authority to enter into a sole source contract without public stakeholder engagement?</li> <li>• Does the DHCS have the state and federal authority to execute this contract?</li> <li>• Should the DHCS mandate the enrollment growth of a contracted managed care organization?</li> </ul>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Question: If Kaiser has lower risk beneficiaries, then will we see better rates in the plans that are not Kaiser? Answers: Rates are included in the impact analysis.</p> <p>Question: What is the 25% growth for Kaiser to have? Answers: Estimates will be developed statewide and in Alameda County.</p> <p>Question: If we are to be a Single Plan Model and Kaiser is a Plan in our County, how is the State explaining that? Answer: These are questions being asked statewide as 2 other counties besides Alameda are being moved forward to a Single Plan Model.</p> <p>Question: Does the State have any plans to make up for lost revenue due to the Kaiser Contract? Answer: Not at this time.</p> <p>Question: Will Kaiser be eligible for IGTs? Answer: We will follow up with this with the DHCS.</p> <p>Question: Challenge stakeholder input in the contract; is there precedent for direct contracting without stakeholders? Question: What is the impact on consumer choice? Answer: These questions will be on the impact analysis.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		



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**9. a. BOARD BUSINESS – REVIEW AND APPROVE DECEMBER 2021 MONTHLY FINANCIAL STATEMENTS**

<p>Gil Riojas</p>	<p>Gil Riojas gave the following December 2021 Finance updates:</p> <p>Enrollment:</p> <ul style="list-style-type: none"> <li>For the month ending December 31<sup>st</sup>, 2021, the Alliance had an enrollment of almost 297,000 members, a net loss of \$1.5M, and the tangible net equity was 532% of the required amount.</li> <li>Our enrollment has increased by almost 1600 members since November 2021.</li> <li>Highlight for next month: from December to January, we passed 300,000 members.</li> </ul> <p>Net Operating Results:</p> <ul style="list-style-type: none"> <li>For the month ending December 31<sup>st</sup>, 2021, the actual net loss was \$1.5M, and the budgeted net loss was \$2.7M.</li> <li>The Alliance performed better than what we had budgeted in terms of the net loss.</li> </ul> <p>Revenue:</p> <ul style="list-style-type: none"> <li>For the month ending December 31<sup>st</sup>, 2021, the actual revenue was \$99.8M vs. the budgeted revenue of \$99.6M.</li> <li>For the fiscal year ending December 31<sup>st</sup>, 2021, the actual revenue was \$589.8M vs. the budgeted revenue of \$589.7M.</li> </ul> <p>Medical Expense:</p> <ul style="list-style-type: none"> <li>For the month ending December 31<sup>st</sup>, 2021, the actual medical expense was \$95.3M, and the budgeted medical expense was \$95.3M.</li> <li>For the fiscal year ending December 31<sup>st</sup>, 2021, the actual medical expense was \$560.9M vs. the budgeted revenue of \$564.4M.</li> </ul>	<p>Motion to Approve December 31<sup>st</sup>, 2021, Monthly Financial Statements as presented.</p> <p>Motion: James Jackson Second: N. Williams</p> <p>Vote: Yes</p> <p>No opposed or abstained.</p>	<p>None</p>
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Medical Loss Ratio (MLR):</p> <ul style="list-style-type: none"> <li>For the month ending December 31<sup>st</sup>, 2021, the MLR was 95.5% and 95.1% for the fiscal year-to-date.</li> </ul> <p>Administrative Expense:</p> <ul style="list-style-type: none"> <li>For the month ending December 31<sup>st</sup>, 2021, the actual administrative expense was \$6.0M vs. the budgeted administrative expense of \$7.0M.</li> <li>For the fiscal YTD ending December 31<sup>st</sup>, 2021, the actual administrative expense was \$32.0M vs. the budgeted administrative expense of \$34.5M.</li> </ul> <p>Other Income / (Expense):</p> <ul style="list-style-type: none"> <li>As of December 31<sup>st</sup>, 2021, our YTD interest income from investments is \$215,000, and YTD claims interest expense is \$192,000.</li> </ul> <p>Tangible Net Equity (TNE):</p> <ul style="list-style-type: none"> <li>Tangible net equity results continue to remain healthy, and at the end of December 31<sup>st</sup>, 2021, the TNE was reported at 532% of the required amount.</li> </ul> <p>Cash Position and Assets:</p> <ul style="list-style-type: none"> <li>For the month ending December 31<sup>st</sup>, 2021, the Alliance reported \$326.5M in cash; \$149.4M in uncommitted cash. Our current ratio is above the minimum required at 1.59 compared to the regulatory minimum of 1.0.</li> </ul> <p>Motion to Approve December 31<sup>st</sup>, 2021, Monthly Financial Statements as presented.</p> <p>A roll call vote was taken, and the motion passed.</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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- Dr. Seevak announced that Bobbie Wunsch would be next on the agenda.

**9.d. BOARD BUSINESS – BOARD OF GOVERNORS EFFECTIVENESS ASSESSMENT**

Bobbie Wunsch	<p>Bobbie Wunsch presented the Board of Governors Effectiveness Assessment. Dr. Seevak gave a quick introduction.</p> <p>Governing with Intent:</p> <ul style="list-style-type: none"> <li>• Alameda Alliance for Health Board Effectiveness Review <ul style="list-style-type: none"> <li>○ Board's impact on organizational performance</li> <li>○ How Board operates as a group</li> <li>○ Board structure and membership</li> <li>○ Board's impact on CEO partnership and support</li> </ul> </li> </ul> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Receive BoardSource Board Effectiveness Survey</li> <li>• Analyze survey results</li> <li>• Follow-Up interviews with Board Members based on survey results</li> <li>• Present summary of findings of survey and interviews to the Alliance Board</li> <li>• Identify areas for change and improvement of performance</li> </ul> <p>Bobbie will return in April with the survey results.</p> <p>To view the complete Board of Governors Effectiveness Assessment presentation, see Board Packet.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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**9. b. BOARD BUSINESS – CALAIM PROGRESS REPORT**

<p>Dr. S. O'Brien and Ruth Watson</p>	<p>Dr. O'Brien and Ruth Watson presented the CalAIM Progress Report Update.</p> <p>CalAIM Operational Readiness is divided into two phases and includes all our community-based organizations and other contracted entities for Enhanced Care Management (ECM), Community Supports (CS), and Major Organ Transplants (MOT).</p> <p>Progress report:</p> <ul style="list-style-type: none"> <li>• Phase one – Day One <ul style="list-style-type: none"> <li>○ Operational Readiness Status (ECM, CS, and MOT) - Day One</li> <li>○ ECM &amp; CS Successfully transitioned Whole Person Care (WPC) and Health Home Pilot Program (HHP) Participants into ECM and CS – total eligible members 3,330.</li> <li>○ MOT readiness completed. <ul style="list-style-type: none"> <li>▪ 30 Alliance members currently in transplant pipeline with Stanford and UCSF.</li> <li>▪ COE Network certified with DHCS.</li> <li>▪ Stanford contract fully executed.</li> <li>▪ UCSF – Letter of Intent fully executed – final rates pending DHCS negotiation with UC System.</li> </ul> </li> </ul> </li> <li>• Phase Two – 60/90 Days and Beyond <ul style="list-style-type: none"> <li>○ Incentive Programs: CalAIM Incentive Payment Program (IPP) Potential Allocation of Funds \$11.5M.</li> <li>○ Three-year DHCS program to provide funding for the support of ECM and CS. Submitted Needs Assessment and Gap Filing Plan to DHCS on January 12<sup>th</sup>.</li> <li>○ Student Behavioral Health Incentive Program (SBHIP) Potential Allocation of Funds TBD. Letter of Intent to Participate in the program submitted to DHCS on January 27<sup>th</sup>. Partner form due to DHCS March 15<sup>th</sup>. Needs Assessment due 12/31/2022.</li> <li>○ Housing and Homelessness Incentive Program (HHIP) Potential Allocation of Funds TBD. Letter of Intent due to DHCS March 2022.</li> </ul> </li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>None</p>
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Alameda County Health Care Services Agency (HCSA) due June 30<sup>th</sup>, 2022.</p> <p>Medi-Cal Rx Transition – First 30 Days:</p> <ul style="list-style-type: none"> <li>• Successful transition of Medi-Cal Rx benefit to Magellan completed on 1/1/2022.</li> <li>• Multiple challenges were identified and rapidly addressed. <ul style="list-style-type: none"> <li>○ Eligibility issues (resolved)</li> <li>○ Prior authorization issues (partially resolved)</li> <li>○ Data issues (DHCS is addressing)</li> </ul> </li> </ul> <p>To view the complete CalAIM Progress Report Update presentation, see Board Packet.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
<b>9. c. BOARD BUSINESS – COVID-19 VACCINATIONS AND INCENTIVE PROGRESS UPDATE</b>			
Matthew Woodruff	<p>Matthew Woodruff presented the COVID-19 Vaccinations and Incentives Progress Update.</p> <p>The purpose is to update the vaccinations to both Medi-Cal and Group Care lines of business and discuss the new incentive program. The topics discussed were:</p> <p>COVID-19 Vaccinations Outreach:</p> <ul style="list-style-type: none"> <li>• The Alliance as of February 7<sup>th</sup>, 2022: <ul style="list-style-type: none"> <li>○ 72.2% of Medi-Cal members 12 years and older are vaccinated (fully/partially) based on CAIR, encounter, claim, and HEDIS data; target to reach 89.6% by March 6<sup>th</sup>.</li> </ul> </li> <li>• Averaging 1,000 vaccines a week.</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> <li>• Medi-Cal managed care enrollment continues to reach record-highs each month, and the majority of the Alliance's newly enrolled Medi-Cal Beneficiaries are not vaccinated.</li> <li>• Live after-hours outbound calls to unvaccinated members 12+ started December 14<sup>th</sup>, 2021 and occur weekdays 4 pm to 7 pm and Saturdays 10 am to 1 pm. <ul style="list-style-type: none"> <li>○ To date, 14,140 calls have been made, more than 8,552 of which were completed: 60.5% successful answer rate.</li> <li>○ The texting campaign as a follow-up to live calls began on January 7<sup>th</sup>, 2022.</li> </ul> </li> <li>• Newsletters: <ul style="list-style-type: none"> <li>○ Member Connect Newsletter will be mailed in February 2022 to over 150,000 member households and include vaccine incentive information.</li> </ul> </li> <li>• The Alliance, Alameda County Public Health Department Partnership (scheduled to end about April 2022).</li> <li>• Continuing partnerships with community providers, physicians, Alameda County Care.</li> <li>• Alliance and other faith-based organizations: <ul style="list-style-type: none"> <li>○ Support from ACCMA/SMMA Board Members.</li> </ul> </li> <li>• School partnerships, and Alameda Community Partnerships. <ul style="list-style-type: none"> <li>○ Program ends February 28<sup>th</sup>, 2022. State will extract data March 6<sup>th</sup>, 2022. Alliance submits the final report to DHCS on April 20<sup>th</sup>, 2022. Alliance will report to the Board in March and May on the vaccine program.</li> </ul> </li> </ul> <p>Question: Will the gift cards continue after February 28<sup>th</sup>? Will the provider be able to have them at their office to make it an easier incentive for the member?  Answer: Extension of member incentives will be discussed and decided.</p> <p>To view the complete COVID-19 Vaccinations and Incentives Progress Update presentation, see Board Packet.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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**10. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE**

<p>Dr. Steve O'Brien</p>	<p>The Peer Review and Credentialing Committee (PRCC) was held telephonically on January 18<sup>th</sup>, 2022.</p> <p>Dr. Steve O'Brien gave the following Committee updates:</p> <ul style="list-style-type: none"> <li>• There were fifteen (15) initial providers approved, including two (2) PCPs. Additionally, twenty-nine (29) providers were re-credentialed at this meeting.</li> <li>• There were thirty (30) providers who left the Alliance, including four (4) PCPs. We have been running negative in our providers for approximately 6 months.</li> </ul> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>None</p>
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**10. b. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE**

<p>Dr. Steve O'Brien</p>	<p>The Health Care Quality Committee (HCQC) was held telephonically on January 20<sup>th</sup>, 2022.</p> <p>Dr. Steve O'Brien gave the following Committee updates:</p> <ul style="list-style-type: none"> <li>• Dr. O'Brien introduced the new Quality manager, Farashta Zainal.</li> <li>• Senior Director of Quality Stephanie Wakefield will retire at the end of April after the DHCS audit.</li> <li>• General updates provided at the meeting were P4P, a presentation on re-admission work, and an update on CalAIM and Medi-Cal Rx.</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>None</p>
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Informational update to the Board of Governors.  Vote not required.		
<b>11. STAFF UPDATES</b>			
Sandra Galindo	None	None	None
<b>12. UNFINISHED BUSINESS</b>			
Sandra Galindo	None	None	None
<b>13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS</b>			
Sandra Galindo	None	None	None
<b>14. PUBLIC COMMENTS (NON-AGENDA ITEMS)</b>			
Sandra Galindo	None	None	None
<b>15. ADJOURNMENT</b>			
Dr. Evan Seevak	Dr. Evan Seevak adjourned the meeting at 1:55 pm.	None	None

Respectfully Submitted by: Danube Serri  
 Legal Analyst, Legal Services.