



MEMBER ADVISORY COMMITTEE (MAC)
Thursday, June 15, 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	
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	
Mimi Le	Alliance Member	X
Mayra Matias Pablo	Parent of Alliance Member	X
Melinda Mello	Alliance Member	X
Jody Moore	Parent of Alliance Member	
Sonya Richardson	Alliance Member	
Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start	X
Natalie Williams	Alliance Member, Vice-Chair	X

Other Attendees	Organization	Present
Ed Ettleman	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
Raul Cornejo	IT Service Desk Supervisor	X
Peter Currie	Senior Director, Behavioral Health	X
Thomas Dinh	Outreach Coordinator	X
Gil Duran	Manager, Population Health and Equity	X
Michelle Findlater	Director, Utilization Management	X
Lily Hunter	Director, Social Determinants of Health	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
Rachel Marchetti	Supervisor, Case Management	X
Mao Moua	Manager, Cultural and Linguistic Services	X
Steve O'Brien, MD	Chief Medical Officer	X
Gabriela Perez-Pablo	Outreach Coordinator	X
Rosa Reyes	Disease Management Health Educator	X
Monique Rubalcava	Health Education Specialist	X
Grace St. Clair	Director, Compliance & Special Investigations	X
Amy Stevenson	Clinical Manager of Enhanced Care Management	X
Loc Tran	Manager, Access to Care	X
Lao Paul Vang	Chief Health Equity Officer	X
Anne Margaret Villareal	Outreach Coordinator	X
Katrina Vo	Communications & Content Specialist	X
Matt Woodruff	Chief Executive Officer	X
Farashta Zainal	Quality Improvement Manager	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Natalie Williams	N. Williams welcomed attendees and conducted roll call. L. Ayala introduced staff and announced that Jody Moore was unable to attend due to a family event. Today's MAC meeting will not contain any voting items because the Brown Act required notice was not posted on time.		
Approval of Agenda and Minutes	Natalie Williams			
1. Approval of Minutes from March 16, 2023		Postponed until next meeting.		Vote on March minutes at next meeting.
2. Approval of Agenda				
CEO Update	Matt Woodruff	M. Woodruff presented an update on Alliance financials. <ul style="list-style-type: none"> Financial performance has been doing well this fiscal year through April. Next fiscal year, income is expected to drop due to members coming in and Kaiser members leaving. Community reinvestment is a new requirement from the State that about 5% of the money made must be paid back to the community through quality and access starting in 2025. This committee will need to approve the investment and send recommendations to the full Board. This is a 		

draft plan that still needs to go through the legislature and governor.

- Questions:
 - T. DeBose: What does quality and access mean? M. Woodruff: We have quality scores that we need to meet. Access could mean bringing in new providers or incentivizing providers to stay open longer or on weekends. S. O'Brien: We are held accountable to quality scores and reward providers for their performance. We can also give incentives to members to receive care.
 - N. Williams: Does community investment apply to members that are fully covered and receive wraparound services? M. Woodruff: Yes, it will be for the community as a whole as opposed to individual members to improve quality scores and provider access.
 - V. Brabata Gonzalez: Is this like creating a foundation? Will the money go to partners? M. Woodruff: We have started talking to the full Board about doing a grant program, which will be different from a foundation. The money will be given back to the community.
 - N. Williams: What's a ballpark figure for 5%? M. Woodruff: It could be about \$2-3 million in a good year.

M. Woodruff continued with updates on delivery model changes, including insourcing of mental health and autism spectrum services for both Medi-Cal and Group Care and the single plan model.

- Insourcing is going well, but there was a larger than anticipated backlog. Phone lines and provider office hours are open, but there will be 4-5 months needed for stabilization.
- Discussion:

		<ul style="list-style-type: none"> ○ V. Brabata Gonzalez: Families have been waiting for months for ABA services but are hopeful that the Alliance can change something. Agencies seem to not be able to hire enough staff, maybe because of reimbursement or regulations. M. Woodruff: There aren't enough providers. I don't think it's a reimbursement issue since we pay at market rates. ○ T. DeBose: It's time and people providing the services. They can't meet the demand with the stipulations of when and how often to see someone. ○ V. Brabata Gonzalez: Had behavior interventionists quit because of the agency's rules about getting paid. Alameda Alliance could try to understand the staffing issues. S. O'Brien: Agree that the network is not large enough, so we are working to get more CDE psychologists and behavior analysts. We are also looking for more psychiatrists, which has been another need. P. Currie: We contracted with all the ABA providers that were willing to which was 100% of the CDE providers and close to that for ABA, but that has been inadequate. We are meeting with providers to learn about the staffing barriers and see what we can do as a health plan. Hoping to show improvement in 6 months. ○ N. Williams: Maybe the MAC members would like more information about ABA in a future meeting. ○ A. Sholinbeck: Is there a dedicated phone line? I've known of at least one client that was dropped after the transition. M. Woodruff: We bought 		<p>ABA services suggested as a future MAC meeting topic.</p>
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		<p>the phone number from Beacon to redirect to Alliance Member Services.</p> <p>S. O'Brien: We are backlogged on calls but will be caught up next week.</p> <ul style="list-style-type: none"> ○ V. Brabata Gonzalez: A lot of families with children with disabilities are very frustrated, since ABA is an urgent intervention. People are feeling hopeful that the Alliance is a new voice. ● Kaiser will get default enrollment, but the percentage in Alameda County is unknown. ● Disenrollments start in two weeks, and the Alliance is still doing outreach with the County. <ul style="list-style-type: none"> ○ N. Williams: Is there coverage for people who do not sign anything? M. Woodruff: In Alameda County, 36% will be automatically re-enrolled, but the rest must take action. ● Still waiting on final findings from DHCS audit in April, but they made between 11 and 14 comments. Under 10 findings is very good. 		
New Business				
1. Addressing Social Determinants of Health (Part II)	Amy Stevenson	<p>Provided an overview of the Enhanced Care Management (ECM) program.</p> <ul style="list-style-type: none"> ● To recap from the previous presentation, Alliance Case Management programs are telephonic and include care coordination, Transitional Care Services, and Complex Case Management. ● Members qualify for ECM through various populations of focus and get a lead case manager to coordinate their health care services. They outreach in different settings like the home, clinic, or on the street and work with members on a care plan. ● On July 1, ECM will open to children and youth populations of focus under 21 years. Six new providers have been added to support them. Two more populations of focus will be added in 2024. 		

		<ul style="list-style-type: none"> • There are some overlaps with other programs where members cannot be in both. The Alliance has a No Wrong Door policy where providers can refer, or members and family members can self-refer. Members should not be concerned about eligibility because they can still be referred to one of the other case management programs. • Questions: <ul style="list-style-type: none"> ○ T. DeBose: Does this program include foster youth? A. Stevenson: Yes, starting July 1st. ○ A. Sholinbeck: How long are people in the program being followed? A. Stevenson: There is no time limit from the State. We authorize for 24 months, and providers can submit a justification to extend. The program is supposed to help people stabilize and connect to services, but people can always come back. ○ V. Brabata Gonzalez: Excited about ECM since coordinating care can be hard financially. How can we make sure community organizations who have been doing this work are part of ECM and not just focus on the clinical? Subpopulations of children also have very complex and specific needs. S. O'Brien: Almost 9,000 eligible children are joining about 15,000 adults. Many of the ECM providers we have brought on for the kids are from the community. A. Stevenson: We are partnering with California Children's Services and community-based organizations Seneca Family Services, La Familia, and the umbrella organization Full Circle. The providers also have the ability to meet members in the community. ○ S. O'Brien added that there are new Community Supports coming on in 		
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		<p>July including caregiver respite, personal caregiver services, and home modifications.</p> <ul style="list-style-type: none"> ○ V. Brabata Gonzalez: When services are available, how can we share the information? L. Hunter: They are going live July 1st. We are working on publications to share with the community and can send to you. 		
2. Cultural and Linguistic Services	Mao Moua	<p>M. Moua presented the cultural and linguistic services (CLS) annual update.</p> <ul style="list-style-type: none"> ● The goal of the CLS program is to ensure that all Alliance members receive equal access to high quality health care services that meet the diverse needs of our members. ● The Medi-Cal membership has increased from the previous year. The largest race/ethnic groups are Hispanic (Latino) and Other. <ul style="list-style-type: none"> ○ T. DeBose: Do you have a breakdown of what race/ethnic groups there are in the people who need to re-enroll? Thought the largest group was African American and don't want to see this group lose health care. M. Woodruff: No, but according to the last census in Alameda County the largest groups were Chinese, White, Hispanic, and African American. In September I would be able to give July results. We are still waiting for the June file of people who would be disenrolled since the files from the State are incorrect right now. ○ S. O'Brien posted a chart with the county data Matt referenced and added that how we outreach to people will be important as we get more information; for example, languages, providers and community-based organizations to involve, or sick patients. ○ N. Williams: What about the members that need sign language? M. Moua: We offer scheduled 		<p>Provide data on members needing to re-enroll by race/ethnicity.</p>

		<p>appointments and video for all languages, including sign language.</p> <ul style="list-style-type: none"> ○ V. Brabata Gonzalez: How is race/ethnicity identified for Hispanic? L. Ayala: We get data from the State that does not separate race and ethnicity, but we are asking the State how we should report this information. ○ V. Brabata Gonzalez: Why does the race/ethnicity breakdown differ so much from the county? M. Moua: We have members who have Medicare and Medi-Cal but could go into more detail on demographics in the future. ● Languages are also reported by the State, but they do not capture all types, for example Mam. There are currently five threshold languages with Arabic being added. <ul style="list-style-type: none"> ○ A. Sholinbeck: Do you know if the members are monolingual? Have found that a lot of Tagalog speakers are bilingual, but many Arabic speakers are not. M. Moua: These are preferred languages. M. Woodruff: Tagalog became a threshold language a couple of years ago when the State mandated it. We are planning to translate materials to Arabic proactively. Farsi will probably become a threshold language this year or next. ○ V. Brabata Gonzalez: What about Mam? M. Moua: We will track and trend and look at the concentration. L. Ayala: Mam is not an option on the enrollment form, so our tracking only comes from interpreter services requests. ○ M. Matias Pablo: For Mam, family members usually help with filling out forms, but it's hard to translate what they are reading on the paper, if it's not in their spoken language. M. 		<p>When we look at our membership demographics, our data comes directly from the state and it's not accurately capturing all races and ethnicities. For future state, we will take a closer look at our membership race and ethnicities in comparison with county data. We will also share Medi-Cal eligibility requirements from the state.</p>
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Moua: Will continue to work on better serving Mam-speaking members.

- Interpreter services have stayed steady at about 3,000-4,000 per month. The top languages requested are Cantonese, Vietnamese, Spanish, Mandarin, and Arabic. The goal is to fill at least 95% of the interpreter service requests.
 - V. Brabata Gonzalez: Have had bad experiences calling into Spanish interpreter lines with families, not just at the Alliance. Is there quality assurance? M. Moua: We have a quality assurance process and share member feedback with our vendors. L. Ayala: Alliance bilingual staff must pass an assessment, and Member Services staff have a quality assurance process through recorded phone calls.
 - V. Brabata Gonzalez: Is there an easy option to give feedback, like press a number to take a survey or make it automatic? L. Ayala: This is part of our normal grievances & appeals process, and members can comment to Member Services staff. M. Woodruff: At the beginning or end of every Member Services call, you are asked if you want to take a survey and press a key, but not with the interpreter line.
 - V. Brabata Gonzalez: Families also have the issue when the child turns 18 and doesn't have conservatorship yet and then on the phone they won't talk to the parent, so we help them fill out the release form. Should also have the option to give feedback on the interpreter line. M. Moua: Will bring back to discuss improving quality assurance.

Alliance staff to consider ways to give feedback when using interpreter line.

		<ul style="list-style-type: none"> For 2024, there will be new requirements for the cultural sensitivity training for Alliance staff and providers. Will plan to get feedback from members for next year's training. <ul style="list-style-type: none"> T. DeBose: Can MAC members listen to the training? M. Moua: It is posted publicly online. L. Ayala: We could also consider making it a webinar. 		Alliance to share 2023 Cultural Sensitivity Training with MAC members.
Alliance Reports				
1. Grievances and Appeals	Jennifer Karmelich	<p>Presented Grievances & Appeals reports for Q4 2022, Medi-Cal Q1 2023, and Group Care Q1 2023.</p> <ul style="list-style-type: none"> Grievances and appeals turnaround time standards were all met except for Group Care Q1 2023 standard grievances. For Group Care Q1 2023 the compliance rate was 96.8% overall. Met overturn rate of under 25% for both quarters. The highest number of grievances was filed against the Plan under Access to Care, which includes difficulty accessing the portal and being unable to reach Alliance staff by phone. In Q1 2023 for Medi-Cal, there were issues with members receiving Alliance ID cards timely. For Group Care, there were access issues related to providers. Medi-Cal had an increase in enrollment in 2022 and therefore an increase in grievances throughout the year. Kaiser has the most grievances for delegated networks/vendors, mostly because of member enrollment denials. Grievance decision charts will need to be revised, but the majority are in favor of the member. Discussion: <ul style="list-style-type: none"> E. Garner: Has gotten billed by Kaiser before. When filing grievances against Kaiser, it seems like they get overlooked with no apology for wrongdoing. It feels like Medicaid members get poor treatment. J. 		J. Karmelich will send revised grievance decision charts with next meeting packet.

		<p>Karmelich: Kaiser is fully delegated and process their own grievances. The Alliance can also send grievances to Kaiser and ensure that they respond.</p> <ul style="list-style-type: none"> ○ V. Brabata Gonzalez: Started to encourage parents to file grievances. Has Alliance prepared for grievances about ECM and behavioral health? J. Karmelich: Yes, we have been preparing for increased enrollment with the single plan model. ○ V. Brabata Gonzalez: If parents have been waiting months for ABA, should they file the grievance against the Alliance? J. Karmelich: Tell them to contact the Alliance. We now have the behavioral health department in house to better communicate with grievances & appeals. P. Currie: We are committed to providing responses to members who have waited a long time for services and will build our network in the coming months. ○ M. Mello: Do you also do approvals? M. Woodruff: This is a different department. 		
<p>2. Outreach Report</p>	<p>Alejandro Alvarez</p>	<p>Presented the FY2023 Q3 Outreach Report (January to March 2023).</p> <ul style="list-style-type: none"> • The Outreach team continues to conduct member orientations via 10–30-minute phone calls and makes sure to answer member questions or get back to them. • The Outreach team is starting to go back out into the community. Staff will provide their business cards or follow up with members who have questions. In July, will start scheduling onsite orientations again at clinics. • Questions: <ul style="list-style-type: none"> ○ V. Brabata Gonzalez: Is there data on whether there’s a group that is eligible but not enrolled? M. Woodruff: We don’t know that data, 		

		<p>but the Alliance hired a Chief Health Equity Officer who will review marketing materials.</p> <ul style="list-style-type: none"> ○ V. Brabata Gonzalez: Do we know the race and ethnicity of people who are eligible? M. Woodruff: No, we do not know this, but we know who is eligible. We've hired a Chief Health Equity Officer to help make sure our marketing materials is targeted, but it's going to take time. 		
MAC Business				
1. New Candidates	Linda Ayala	<p>Postponed to the next meeting because it is a voting item. At the next meeting will also discuss the Chair and Vice-Chair.</p> <ul style="list-style-type: none"> • N. Williams: With MAC chair elections coming up, give some thought to Melinda Mello, who was the previous Chair. 		New candidates and MAC elections to be discussed at the next meeting.
Open Forum	Natalie Williams	L. Ayala requested MAC members to e-mail an Alliance staff member if there are any agenda items to suggest.		
Adjournment	Natalie Williams	Next meeting: September 14, 2023		

Meeting Minutes Submitted by: Jessica Jew, Population Health and Equity Specialist Date: 6/16/2023

Approved By:  Date: 9/18/23
 Natalie Williams, Vice Chair, Member Advisory Committee

R 10/4/23