

Alameda Alliance for Health
Member Advisory Committee Meeting Agenda

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Meeting Name:	Member Advisory Committee		
Date of Meeting:	March 19, 2020	Time:	10:00 AM – 10:30 AM
Meeting Chair and Vice Chair:	Melinda Mello, Chair and Natalie Williams, Vice Chair	Location:	Phone conference only.
Call In Number:	510-770-6508	Webinar:	N/A

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
Feda Almaliti	Community Advocate	Melinda Mello	Alliance Member, Chair
Maria Archuleta	Alliance Member	Colleen Payne	A/C Child Health & Disability Prevention
Roxanne Furr	Alliance Member	Katty Perea	Parent of Alliance Member
Irene Garcia	Alliance Member	Will Scott	Alliance Member
Erika Garner	Alliance Member	Natalie Williams	Alliance Member, Co-Chair
Charlene Harrison	Site Director, Native American Health Center		
Bassam Jammal	Alliance Member		
MiMi Le	Alliance Member		

III. Meeting Agenda				
Topic	Document	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions <ul style="list-style-type: none"> New Member: Katty Perea 		Melinda Mello, Chair and Natalie Williams, Vice Chair	2	Information

Alameda Alliance for Health
Member Advisory Committee Meeting Agenda

III. Meeting Agenda				
Topic	Document	Responsible Party	Time	Vote to approve or Information
Approval of Minutes and Agenda				
1. Approval of Minutes from December 19, 2019	 MAC 121919 minutes draft.doc	Melinda Mello, Chair and Natalie Williams, Vice Chair	2	Vote
2. Approval of Agenda			1	Vote
Alliance Standing Reports				
1. Alliance Update <ul style="list-style-type: none"> • Coronavirus • Public charge 		Scott Coffin, CEO	20	
New Business				
1. Population Needs Assessment input		Linda Ayala, Manager, Health Education	2	Information
Adjournment <ul style="list-style-type: none"> • Forms • Stipend • Census 		Melinda Mello, Chair and Natalie Williams, Vice Chair	3	Next meeting: June 18, 2020

Member Advisory Committee Purpose

The Alliance maintains a Member Advisory Committee to gather cultural and linguistic information from stakeholders and the community that the Alliance serves. The committee’s responsibilities include advising on cultural competency issues, and educational and operational issues affecting seniors, people who speak a primary language other than English, and people who have a disability. The Member Advisory Committee encourages Alliance members and others to participate in public policy of the health plan to ensure the comfort, dignity, and convenience of members.

The Member Advisory Committee is open to the public. Anyone wishing to speak on a matter on the agenda will have the opportunity to do so in the order determined by the Chair. Anyone wishing to speak on a matter not on the agenda should wait until

the Chair asks for public comments at the end of the agenda. Comments should be brief and limited to the specific subject under discussion.

Note: Only matters within the Member Advisory Committee's jurisdiction may be addressed at the meetings. If necessary, the Chair may limit the total time to be devoted to public comment on any item, and the time allotted to individual speakers, to ensure sufficient time for the consideration of all matters on the agenda.



- ✓ This meeting is wheelchair accessible.
- ✓ Alternative formats or any other disability-related accommodations or services: Please contact Cindy Brazil at the Alameda Alliance for Health at 510-747-6166 or cbrazil@alamedaalliance.org at least 72 hours before the meeting to request agenda materials in an alternative format or to request other accommodations.



**MEMBER ADVISORY COMMITTEE (MAC)
Thursday, December 19, 2019 10:00 AM - 12:00 PM**

Committee Member Name	Role	Present
Feda Almaliti	Community Advocate	X
Maria Archuleta	Alliance Member	X
Roxanne Furr	Alliance Member	X
Irene Garcia	Alliance Member	X
Erika Garner	Alliance Member	X
Charlene Harrison, Native American Health Center	Safety Net Provider	X
Bassam Jammal	Alliance Member	X
Kim Khue Mai	Alliance Member	
MiMi Le	Alliance Member	X
Melinda Mello	Alliance Member, Chair	X
Colleen Payne, A/C Child Health & Disability Prevention	Community Advocate	X
Katty Perea	Parent of Alliance Member	
Will Scott	Alliance Member	
Natalie Williams	Alliance Member, Co-Chair	X

Staff Member Name	Title	Present
Alejandro Alvarez	Outreach Coordinator	X
Linda Ayala	Manager, Health Education	X
Cindy Brazil	Health Programs Coordinator	X
Scott Coffin	Chief Executive Officer	X
Jessica Jew	Health Education Specialist	X
Jennifer Karmelich	Director, Complaints & Resolutions	X
Michelle Lewis	Manager, Communications & Outreach	X
Isaac Liang	Outreach Coordinator	X
Sasikumar Karaiyan	Executive Director, Information Technology	X
Loren Mariscal	Grievances and Appeals Manager	X
Steve O'Brien, MD	Chief Medical Officer	X
Katrina Vo	Communications and Content Specialist	X
Stephanie Wakefield	Senior Director of Quality	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Melinda Mello, Natalie Williams	Welcomed attendees. New member Katty Perea was unable to make it to the meeting today. Committee members and staff introduced themselves.	Melinda Mello called the meeting to order at 10:09 AM.	
Approval of Agenda and Minutes	Melinda Mello, Natalie Williams			
1. Approval of Minutes from September 19, 2019			Minutes from the previous meeting approved by consensus.	
2. Approval of Agenda			Today's agenda approved by consensus.	
Alliance Standing Reports				
1. Alliance Update	Scott Coffin	<p>Presented on MAC appreciation, operating performance, CalAIM, and preview of Alliance's priorities in 2020.</p> <ul style="list-style-type: none"> • The Alliance is in the middle of the range for health plan average administrative expense, which is around 4 to 8%. • S. Coffin will present at the March MAC meeting on the CalAIM draft. AAH is planning for changes in the current proposal for CalAIM: <ul style="list-style-type: none"> ○ New Medi-Cal benefits ○ Pilots to integrate services among the county, cities, and plan ○ Pharmacy will transition to the State except for physician administered drugs, which are medicines that you get in the doctor's office ○ Long-term benefits will transition from Medi-Cal Fee For Service to 		L. Ayala will send out the link to the CalAIM proposal.

		<p>managed care, including all organ transplants. S. O'Brien added that this is an opportunity for the plan to help people in skilled nursing facilities get out or improve their quality of care, but presents financial risk.</p> <ul style="list-style-type: none"> ○ Enhanced care management and coordination for groups of people like high utilizers and re-entry ○ In lieu of services that include housing assistance <ul style="list-style-type: none"> ● 2020 preview includes the Food as Medicine and pediatric pilots. <ul style="list-style-type: none"> ○ The Food as Medicine pilot is a partnership with Alameda County that is starting at one clinic. ○ The pediatric pilot focuses on preventive services for children. ● N. Williams asked about Alliance technology and members being able to access their records. S. Karaiyan replied that members can see if they are eligible on the member portal, and they are working on making it mobile compatible by the end of June 2020. ● C. Payne asked for more details on access to care and mental health screenings in the pediatric pilot. <ul style="list-style-type: none"> ○ S. Wakefield replied that the pilot targets HEDIS measures around getting visits at certain ages. The Alliance is working with community-based organizations to perform screening and referrals. ○ S. O'Brien replied that delegates are reaching out to their providers about screenings. The State is dedicating tobacco tax money to providers to perform developmental screenings starting January 2020. AAH is also 		<p>L. Ayala will connect Colleen with the pediatric pilot team about screenings.</p>
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		<p>piloting referrals to resources after screening. For example, Benioff Children’s Hospital Oakland has a cloud platform that can be used to refer to services and outreach to members.</p>		
<p>2. Grievances & Appeals</p>	<p>Jennifer Karmelich</p>	<p>Presented 2019 Q3 Grievances & Appeals report (Jul, Aug, Sep 2019).</p> <ul style="list-style-type: none"> • From January 2018 to September 2019, the overturn rate decreased. There were more processes put in place to avoid overturn reasons of not the right decision or not enough information. • S. O’Brien asked to distinguish between unique individuals making grievances and the number of grievances. • A table about accessibility grievances was added to the report. F. Almaliti asked about being able to see trends and the types of specialists. <ul style="list-style-type: none"> ○ J. Karmelich responded that she can look into the specialist types, but there were no red flags. There is a known lack of pain management specialists. For ABA providers, the grievances were about not having the desired hours available. ○ S. O’Brien added that the Alliance Quality department conducts access surveys, and the Utilization Management department looks at out-of-network authorization requests. AAH takes access issues seriously. ○ S. Coffin suggested that the MAC can contact J. Karmelich with requests for more detailed information. • CHME (vendor for durable medical equipment) grievances have stabilized at 		<p>J. Karmelich will add unique members to the report next time.</p> <p>J. Karmelich will update the filed against trend line with Q3 and send out the report.</p> <p>J. Karmelich will report on specialist types or trends of note.</p> <p>L. Ayala will share J. Karmelich’s contact information.</p>

		<p>about 20 per month, which will be the new baseline. They have had good communication.</p> <ul style="list-style-type: none"> ○ R. Furr shared that she has had issues with her durable medical equipment. S. O'Brien advised to connect with care coordination. M. Lewis added that members can call Member Services with issues about CHME. ○ M. Mello said that she talked to Ed at CHME, and he wanted to attend MAC meetings. M. Lewis has added him to the distribution list, but he was not able to attend today's meeting. 		L. Ayala to assist in connecting R. Furr with care coordination.
3. Communications and Outreach	Michelle Lewis	<p>Introduced care bag assembly and care book draft. Presented FY 2019 Q1 Outreach report (Jul, Aug, Sep 2019).</p> <ul style="list-style-type: none"> • The goal for today's care bag assembly is 1,500 bags. Last year we made 1,000 bags and there was a great response. • Shared the first prototype of a care book (kidney failure) in response to feedback about less paper and mail. Would like input on whether it is helpful for members and is something people would want to keep. • The Outreach team completed a similar number of events compared to Q1 of FY 2018. • From an event at Asian Health Services the Outreach team learned that members needed information about how to call the Alliance and how to use the member portal. They are creating a flyer with some basics about calling your doctor and getting transportation and interpreter services. • The Outreach team also participates in the special needs committee and does community presentations. • R. Furr asked how they notify people about events. M. Lewis said that they post events on the website and social media. They have done 		

		<p>mailer invites for new member orientations and listening sessions. A. Alvarez added that they call new members. M. Lewis said they could explore other ways of sharing about events with all members.</p>		
New Business				
1. Technology Update	Sasikumar Karaiyan	<p>Presented on current and upcoming technology to support Alliance members.</p> <ul style="list-style-type: none"> • The goal is that all members can access services through different channels. • The member portal has some functions like checking eligibility already, but they are rebuilding to add more capabilities like live chat and to be mobile-friendly. <ul style="list-style-type: none"> ○ Has talked to the vendor about creating an app but first are working on the website and mobile compatibility. ○ In the new rebuild, members can submit grievances and appeals online and follow the status. J. Karmelich added that currently members can submit online per DMHC requirements, but they have to log into the member portal. In the new update, you do not have to be an active member to submit a grievance or appeal. ○ The timeline is the end of February for the new provider portal, and the end of June for the member portal. • The call center can take over 30 calls at a time. The customer service satisfaction rate was 98%. • Next year, will implement automated responses to questions (IVR) available 24 hours a day. 		

		<ul style="list-style-type: none"> • Working on forwarding real-time data about hospital admissions to Alliance Health Care Services for follow-up calls. <ul style="list-style-type: none"> ○ S. O'Brien talked about the transition of care bundle that AAH is building right now. It will include a discharge call to help with follow-up appointment, medicine, and equipment. The member's medical home will be calling where possible, but AAH or other partners may call as well. They are doing a pilot with Highland Hospital. ○ M. Archuleta asked about follow-up for homeless people. S. O'Brien replied that they are working with community organizations or agencies that can help. ○ S. O'Brien said that they can talk about the transitions of care follow-up timeline and initiatives to reduce readmissions in more detail at a future meeting ○ S. Karaiyan added that they also want to share the data with the PCP that there was a hospital admit to help with follow-up. 		
<p>2. Population Needs Assessment</p>	<p>Linda Ayala</p>	<p>Presented on the plan to conduct the 2020 Population Needs Assessment (PNA).</p> <ul style="list-style-type: none"> • The PNA is an update to a requirement from the state to look at members' health needs. It requires member participation, so there will be regular check-ins about this at the MAC meetings. • The first two data sources on the list (member satisfaction/CAHPS and health disparities data) are required by the state. AAH can add other data, like timely access (which could include information on 		

		<p>specialists). L. Ayala asked the MAC to share input on the plan or contact her later.</p> <ul style="list-style-type: none"> ○ F. Almaliti suggested adding grievances data. • The PNA will look at special needs populations. <ul style="list-style-type: none"> ○ S. O'Brien suggested homeless population, and F. Almaliti suggested people with chronic conditions. • Explained that quality improvement in the action plan is a project that targets a specific group and issue. • For stakeholders, "community partners" might need to be a more detailed list in the future. <ul style="list-style-type: none"> ○ S. Coffin suggested service providers or vendors like CHME. • The plan is to share findings at the March MAC meeting and get input into the action plan. At the September meeting, will share what was presented to the state. It will be a yearly cycle. 		
3. MAC Business a. Attendance	Linda Ayala	<p>Presented yearly MAC attendance report.</p> <ul style="list-style-type: none"> • The charter describes the MAC attendance policy. In December they present a report on attendance, and the MAC votes whether to take action. • This year, all but one member attended regularly. Kim Khue Mai attended 2 meetings in the last 2 years and is not in regular communication. The MAC voted on whether to dismiss. 	Dismissal of Kim Khue Mai as a MAC member approved by consensus.	
b. Transportation for MAC members	Linda Ayala	Announced that transportation coordination to the MAC and BOG meetings will most likely change. AAH is still figuring out the process and will share with members before the next meeting.		L. Ayala to communicate with MAC members about transportation updates.

<p>Open Forum</p>	<p>Melinda Mello, Natalie Williams</p>	<ul style="list-style-type: none"> • M. Archuleta asked about infusion services under the pharmacy transition. S. O'Brien replied that the services will be covered, and AAH will be more robustly administering the benefit with coordination. • M. Archuleta asked about an issue where doctors and pharmacies disagree on the number of refills. S. O'Brien replied that this issue is between the doctor and pharmacy, but the Alliance Member Services and Pharmacy departments can help. He also clarified that in 2020 there will be minimal changes to the pharmacy side of the benefit, but in 2021 the state of California will be handling issues. • M. Archuleta commented that lupus is not talked about at meetings, and there is a need for materials for both adults and children to inform members about the symptoms and getting tested. S. O'Brien replied he is not sure if there is anything in Health Education related to lupus, but under population health and disease management, they will be looking at data and targeting specific illnesses and health disparities. AAH is adding a disease management person. • S. Coffin recognized M. Mello and N. Williams for attending BOG meetings, and W. Scott and F. Almaliti as BOG members. • S. Coffin announced that Michelle Obama will be in Oakland on April 1, and tickets go on sale tomorrow. • F. Almaliti commented that it is good that the grievance data is being broken out more, but she still wants more details to catch issues and know what is happening, for example which languages. 		<p>L. Ayala to follow up on lupus resources if available.</p>
<p>Adjournment</p>	<p>Melinda Mello, Natalie Williams</p>	<p>Next meeting: March 29, 2020.</p>	<p>M. Mello adjourned the</p>	

			meeting at 11:51 AM.	
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Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 12/26/2019

Approved By: _____ Date: _____
Melinda Mello, Chair, Member Advisory Committee (Natalie Williams, Co Chair, Member Advisory Committee)

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[MAC 121919 minutes draft.docx](#)



COVID-19 (Coronavirus) Update

Prepared By: Scott Coffin, Alliance CEO

Overview

- ▶ Alameda County Public Health Order
- ▶ Coronavirus facts
- ▶ How to avoid Coronavirus & the flu
- ▶ Additional resources

Alameda County Public Health Order

Alameda County Public Health Order

The Alameda County Public Health Department (ACPHD) has activated emergency response units to address the prevention and spreading of this virus. ACPHD is coordinating with state and federal agencies.

- ▶ Shelter in place through April 7, 2020.
- ▶ Exempt organizations and businesses.
- ▶ Healthcare operations provision
- ▶ The Alliance's efforts.

Alameda County Public Health Order

- ▶ Shelter in place through April 7, 2020
 - ▶ Effective Tuesday, March 17 through April 7, 2020.
 - Order may be amended, shortened, or extended.
 - ▶ Mandatory order throughout the Bay Area in all 6 counties.
 - ▶ Stay home except for essential needs.
 - ▶ Social distancing is one of the most effective ways to slow down the spread of the coronavirus in our community.

Alameda County Public Health Order

- ▶ Exempt organizations and businesses
 - ▶ The following essential services will remain open.
 - City/County government services: Police stations, fire stations, hospitals/clinics and healthcare operations, jails, courts, garbage/sanitation
 - Pharmacies
 - Grocery stores
 - Gas stations
 - Banks
 - Laundromats

Alameda County Public Health Order

▷ Healthcare operations provision

▶ The Alliance must maintain certain services:

- Authorizations for medications.
- Making payments to providers.
- Discharge planning for members transitioning from hospital inpatient settings to their home or a skilled nursing facility.

Alameda County Public Health Order

- ▶ The Alliance's efforts:
 - ▶ On-site coordination at the main Alliance corporate office
 - ▶ Remote worker settings/telecommunicating (e.g. home office)
 - Access company resources remotely.
 - Maintain highest levels of customer service for our nearly 250,000 members and 7,000 contracted providers.



Coronavirus Facts

Coronavirus Facts

- ▶ Coronavirus (also known as COVID-19) is a virus similar in many ways to the influenza virus (the flu):
 - ▶ Spread through close contact (less than 6 feet).
 - ▶ Air droplets from coughs/sneezes, and (potentially) from touching objects that has the virus on it (e.g. doorknobs, elevator buttons).
 - ▶ Similar “flu-like” symptoms like aches, fevers, sweats.
 - ▶ Almost all people who get sick with Coronavirus can recover and will get back to normal.

Coronavirus Facts

- ▶ A small but significant percent (less than 2%) of those infected can get more seriously ill including pneumonia, severe breathing problems and rarely death.
- ▶ More than 4,000 known cases of Coronavirus in the U.S.
- ▶ More than 400 known cases in California
- ▶ Less than 30 known cases in Alameda County
- ▶ New cases of coronavirus transmission in Solano county.
- ▶ Chances of exposure to the flu is higher than your risk of being exposed to coronavirus.

How to Avoid Coronavirus & the Flu

Safety tips to keep you and your family safe

How to Avoid Coronavirus & the Flu



Cover your coughs and sneezes with a tissue or your sleeve.



Wash your hands often with soap and water for **more than 20 seconds**.



Clean & disinfect your work area (keyboard, phone, doorknobs)

- ▶ Avoid close contact with people who are sick.
- ▶ Avoid touching your eyes, nose, and mouth.
- ▶ Get a flu shot/vaccine annually.
- ▶ If you don't feel well or feel sick, please stay home and rest.



Additional Resources



The Center for Disease Control and Prevention (CDC)

The best and most reliable source for up-to-date information on the coronavirus, and offers guidance when traveling:

- ▷ www.cdc.gov/coronavirus/2019-ncov/index.html
- ▷ www.cdc.gov/coronavirus/2019-ncov/travelers/index.html



Alameda County Health Care Services Agency (HCSA)

Recent local news:

- ▷ www.acphd.org/2019-ncov.aspx



We are a part of the community we serve, and we will continue to remain steadfast in our mission to serve and improve health for our community.

Thanks!
Questions?

You can contact me at:

 scoffin@alamedaalliance.org