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**IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH COMMITTEE MEETINGS**

**STATE OR LOCAL OFFICIALS CONTINUE TO IMPOSE OR RECOMMEND MEASURES TO PROMOTE SOCIAL DISTANCING.**

**AS A RESULT OF THE COVID-19 VIRUS, AND RESULTING ORDERS AND DIRECTION FROM THE PRESIDENT OF THE UNITED STATES, THE GOVERNOR OF THE STATE OF CALIFORNIA, AND THE ALAMEDA COUNTY HEALTH OFFICER, THE PUBLIC WILL NOT BE PERMITTED TO PHYSICALLY ATTEND THE ALAMEDA ALLIANCE FOR HEALTH MEETING TO WHICH THIS AGENDA APPLIES.**

**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**

**[cbrazil@alamedaalliance.org](mailto:cbrazil@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: 189 394 460#.**

**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.**

<b>Meeting Name:</b>	Member Advisory Committee (DRAFT)		
<b>Date of Meeting:</b>	September 15, 2022	<b>Time:</b>	10:00 AM – 12:00 Noon
<b>Meeting Chair and Vice Chair:</b>	Maria Archuleta, Chair Natalie Williams, Vice Chair	<b>Location:</b>	Call in or video call only.
<b>Call In Number:</b>	Telephone Number: <b>1.510.210.0967</b> Code: <b>189 394 460#</b>	<b>Webinar:</b>	<a href="#">Click here to join the meeting</a> 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	Charlene Harrison	Site Director, Native American Health Center
Natalie Williams	Alliance Member, Vice Chair	Bassam Jammal	Alliance Member
Brenda Burrell	Administrative Specialist II, ACPH Child Health & Disability Prevention	Mimi Le	Alliance Member
Warren Cushman	Alliance Member	Melinda Mello	Alliance Member
Roxanne Furr	Alliance Member	Jody Moore	Parent of Alliance Member
Irene Garcia	Alliance Member	Amy Sholinbeck, LCSW	Asthma Coordinator, Alameda County Asthma Start
Erika Garner	Alliance Member		

<b>III. Meeting Agenda</b>			
<b>Topic</b>	<b>Responsible Party</b>	<b>Time</b>	<b>Vote to approve or Information</b>
<b>Welcome and Introductions</b> <ul style="list-style-type: none"> <li>Member Roll Call</li> <li>Alliance Staff</li> <li>Visitors</li> </ul>	<b>Maria Archuleta, Chair</b>	5	Information
<b>Approval of Minutes and Agenda</b>			
1. Approval of Minutes from June 16, 2022	<b>Maria Archuleta, Chair</b>	2	Vote
2. Approval of Agenda	<b>Maria Archuleta, Chair</b>	3	Vote
<b>Alliance Reports</b>			
1. Alliance CEO Update <ul style="list-style-type: none"> <li>Finances</li> </ul>	<b>Scott Coffin</b> Chief Executive Officer	20	Information
2. COVID-19 and Monkey Pox	<b>Steve O'Brien, MD</b> Chief Medical Officer  <b>Maria Archuleta, Chair</b>	20	Discussion
3. Grievances and Appeals <ul style="list-style-type: none"> <li>April – June 2022</li> </ul>	<b>Kisha Gerena</b> Manager, Grievances and Appeals	10	Information
4. Outreach Report <ul style="list-style-type: none"> <li>April - June 2022</li> </ul>	<b>Michelle Lewis</b> Manager, Communications and Outreach	5	Information
5. Cultural and Linguistic Services <ul style="list-style-type: none"> <li>Annual Work plan (Part 2)</li> <li>Cultural Sensitivity Training</li> </ul>	<b>Linda Ayala</b> Manager, Health Education	10	Discussion
6. Population Needs Assessment 2022	<b>Linda Ayala</b> Manager, Health Education <b>Farashta Zainal</b> Manager, Quality Improvement <b>Jessica Jew</b>	15	Discussion

<b>III. Meeting Agenda</b>			
<b>Topic</b>	<b>Responsible Party</b>	<b>Time</b>	<b>Vote to approve or Information</b>
	Health Education Specialist <b>Rosa Reyes</b> Health Educator		
<b>New Business</b>			
1. MAC Candidate(s)	<b>Rosa Reyes</b> Health Educator  <b>Linda Ayala</b> Manager, Health Education	15	Vote
<b>Open Forum</b> <ul style="list-style-type: none"> <li>• Next meeting topics</li> <li>• MAC stipend options</li> </ul>	<b>Maria Archuleta</b> , Chair  <b>Linda Ayala</b> Manager, Health Education	10	Discussion
<b>Adjournment</b>	<b>Maria Archuleta</b> , Chair	5	Next meeting: <b>December 15, 2022</b>

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 **Cindy Brazil** at **510.747-6166** 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, June 16, 2022 10:00 AM – 12:00 PM**  
 DRAFT

<b>Committee Member Name</b>	<b>Role</b>	<b>Present</b>
Maria Archuleta	Alliance Member	X
Brenda Burrell	Alameda County Child Health & Disability Prevention	X
Roxanne Furr	Alliance Member	X
Irene Garcia	Alliance Member	X
Erika Garner	Alliance Member	X
Charlene Harrison	Site Director, Native American Health Center	X
Bassam Jammal	Alliance Member	
Mimi Le	Alliance Member	X
Melinda Mello	Alliance Member	X
Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start	X
Natalie Williams	Alliance Member, Vice-Chair	X

<b>Other Attendees</b>	<b>Organization</b>	<b>Present</b>
Warren Cushman	MAC Candidate	X
Ed Ettleman	CHME	X
Jody Moore	MAC Candidate	X

<b>Staff Member Name</b>	<b>Title</b>	<b>Present</b>
Alex Alvarez	Outreach Coordinator	X
Linda Ayala	Manager, Health Education	X
Sanjay Bhatt, MD	Senior Medical Director	X
Cindy Brazil	Health Programs Coordinator	X
Donna Carey, MD	Medical Director of Case Management	X
Scott Coffin	Chief Executive Officer	X
Peter Currie	Senior Director, Behavioral Health	X
Mark Dashiell	Temp. Senior Director of Quality	X
Thomas Dinh	Outreach Coordinator	X
Kisha Gerena	Manager, Grievances and Appeals	X
Jessica Jew	Health Education Specialist	X
Steve Le	Outreach Coordinator	X
Michelle Lewis	Manager, Communications & Outreach	X
Tami Lewis	Senior Director, Integrated Planning	X

Isaac Liang	Outreach Coordinator	X
Steve O'Brien, MD	Chief Medical Officer	X
Rosa Reyes	Disease Management Health Educator	X
Anne Margaret Villareal	Outreach Coordinator	X
Katrina Vo	Communications & Content Specialist	X
Ruth Watson	Chief Projects Officer	X
Farashta Zainal	Quality Improvement Manager	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
<b>Welcome and Introductions</b>	Natalie Williams	Welcomed attendees. L. Ayala took attendance.	N. Williams called the meeting to order.	
<b>Approval of Agenda and Minutes</b>	Natalie Williams			
<b>1. Approval of Agenda</b>			Agenda approved by consensus.	
<b>2. Approval of Minutes from March 16, 2022</b>			Minutes from the previous meeting approved by consensus.	
<b>Alliance Reports</b>				
<b>1. Alliance CEO Update</b>	Scott Coffin	<p>S. Coffin presented the operations &amp; financial performance update.</p> <ul style="list-style-type: none"> <li>Alliance membership continues to grow due to continued suspension of Medi-Cal redeterminations during the public health emergency and more people qualifying. The membership is expected to increase until January 2023.</li> <li>Year-to-date in the fiscal year, the Alliance has \$15.2 million net income.</li> <li>There is a projected \$14.9 million net loss in the Board of Governors approved budget for the next fiscal year. The Alliance has about \$200 million in reserves to cover losses. The net loss is expected due to a forecasted</li> </ul>		

		<p>decline in membership, increased medical expenses from new programs and services and higher health care costs, and additional clinical and administrative staffing.</p> <ul style="list-style-type: none"> <li>• Questions and comments from MAC members: <ul style="list-style-type: none"> <li>○ M. Archuleta: Is ECM (Enhanced Care Management) new? Has heard of someone who was going to a member's home to help after they were in the hospital but stopped. Dr. O'Brien answered that ECM is community-based case management. Dr. Carey added that ECM provides culturally and linguistically congruent and convenient non-clinical care in one location. The helper might have been a home health nurse. The member should contact their PCP to ask if they still need the service.</li> <li>○ N. Williams: How do you get ECM services? Dr. O'Brien answered that members can call the Alliance and request to be evaluated for the program.</li> <li>○ M. Archuleta: Are more people joining the Alliance due to COVID? S. Coffin answered that he can ask Alameda County Social Services for the enrollment reasons and report back.</li> </ul> </li> </ul> <p>Dr. Bhatt, P. Currie, R. Watson, and T. Lewis presented on mental health &amp; autism spectrum services.</p> <ul style="list-style-type: none"> <li>• The insourcing of behavioral health services involved understanding the status quo, internal planning, and community engagement. The Board of Governors approved in April 2021 to terminate the</li> </ul>		<p>S. Coffin will report back on reasons for Medi-Cal enrollment.</p>
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		<p>contract with Beacon Health Options no later than December 2022. The Alliance will be taking on seven service domains, including customer service and claims.</p> <ul style="list-style-type: none"> <li>• In Alameda County, behavioral health services are split; the mild-to-moderate acuity mental health services are provided by Medi-Cal, and the severe acuity services are provided by Alameda County Behavioral Health.</li> <li>• The Beacon network currently has 1,100 providers and provide about 150,000 visits, but most of the visits are from the top 25% of providers. The Alliance is using this analysis to contract with Beacon network providers.</li> <li>• Dr. Peter Currie, Senior Director of Behavioral Health, was hired. He has done insourcing before at Inland Empire Health Plan. Dr. Currie explained the Lift &amp; Shift approach: <ul style="list-style-type: none"> <li>○ Insourcing was not required, but the Alliance wanted to integrate physical and mental health.</li> <li>○ The goal for Day 1 is to have no interruptions in services for members. The Alliance is building an internal behavioral health team and adding to existing core systems and staff. The team is developing a “No Wrong Door” approach with Alameda County Behavioral Health to coordinate information and services.</li> <li>○ After Day 1, there will be more enhancements evaluated for implementation like warm handoffs, provider engagement, and assessing network gaps.</li> </ul> </li> <li>• T. Lewis and R. Watson reviewed organizational priorities and insourcing project timeline.</li> </ul>		
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		<ul style="list-style-type: none"> <li>○ The go-live date for insourcing of mental health &amp; autism spectrum services is November 1, 2022.</li> <li>○ CalAIM is another organizational priority, with four additional populations of focus being added for ECM and carve-in of Long Term Care in 2023.</li> <li>○ Other priorities include incentive programs and various federal and state-mandated projects and enterprise portfolio.</li> <li>● Questions from MAC members: <ul style="list-style-type: none"> <li>○ M. Archuleta: Can members who are already seeing psychologists or psychiatrists continue? P. Currie replied that the Alliance is about to launch a campaign to contract with Beacon providers. The Alliance would still provide a continuity of care authorization for members seeing providers who do not want to contract with Alliance.</li> <li>○ M. Archuleta: Do primary care providers have authorization to prescribe psychiatric medicines? Concerned that PCPs are not providing access to psychiatric care. Dr. O'Brien replied that PCPs can prescribe if they are comfortable with it, or else they can refer their patient to a specialist. Independent of their PCP, members can refer themselves to behavioral health therapy.</li> </ul> </li> </ul> <p>S. Coffin recognized each MAC member for their years of service. The certificates and a gift jacket will be sent to MAC members.</p>		
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<p><b>2. Grievances and Appeals</b></p>	<p>Kisha Gerena</p>	<p>Presented Q1 2022 grievance and appeals report.</p> <ul style="list-style-type: none"> <li>• The overall compliance rate for the quarter was 97.2%. Compliance rates for standard and expedited grievances were not met. Dr. O'Brien commented that this was due to catching up from the previous quarter.</li> <li>• The highest number of grievances was filed against the Plan. Common grievances were not meeting Kaiser enrollment criteria and issues with transportation. Compliance is meeting with the Alliance transportation vendor twice per week to go over the grievances.</li> <li>• Questions from MAC members: <ul style="list-style-type: none"> <li>○ E. Garner: Expressed concerns about the process for making complaints and what paperwork the member fills out. Are there any consequences for the providers and staff? K. Gerena replied that the Alliance receives and reviews the complaint and sends an acknowledgement letter to the member within 5 days. Then, the Alliance has 30 days to resolve the grievance and will mail a letter to the member letting them know the result. Dr. O'Brien added that the providers are on a three-year credentialing cycle. Every three years, the Alliance reviews all the grievances against the provider and decides whether to take action, for example capping the number of members they can serve.</li> <li>○ N. Williams: What can a member do if they do not want to go back to a provider? K. Gerena answered that members can ask Member Services to help change their PCP. Case</li> </ul> </li> </ul>		
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		<p>Management can help with a referral to a different specialist.</p> <ul style="list-style-type: none"> <li>○ M. Archuleta: What about Stanford in the Alliance network? Have observed that UCSF has a long wait, but Stanford is easy to get in. Dr. O'Brien answered that Stanford is mostly not contracted except for oncology and major organ transplants for members with a directly contracted provider (not part of CHCN). The Alliance is continuing to talk with Stanford about expansion.</li> </ul>		L. Ayala will assist with following up with M. Archuleta and UCSF issue.
<b>3. Outreach Report</b>	Michelle Lewis	<p>Presented the annual Outreach Report for Q1 2022 (Q3 FY 2021-2022).</p> <ul style="list-style-type: none"> <li>• Over 1,000 member orientation outreach calls were made resulting in over 300 orientations completed.</li> <li>• Member orientations help members understand their benefits, grievances, and when to get an Initial Health Assessment.</li> </ul>		
<b>4. Cultural and Linguistic Services</b>	Linda Ayala	<p>Presented the annual review of Cultural and Linguistic Services.</p> <ul style="list-style-type: none"> <li>• The membership data shows the growth in members since last year, but the demographic makeup is about the same. "Other ethnicity" has been increasing.</li> <li>• The Alliance provides about 3,000 to 5,000 interpreter services each month. The October to November data on the graph reflects a change in data tracking.</li> </ul>		The 2022 Work Plan will be presented at the next meeting.
<b>New Business</b>				
<b>1. MAC Candidates</b>	Rosa Reyes Linda Ayala	<p>Facilitated introduction of MAC candidates.</p> <ul style="list-style-type: none"> <li>• The process for bringing on new MAC candidates is that the candidate application answers are read, the candidate can add other information, MAC members can ask questions, and then a vote is conducted after the meeting by e-mail or phone.</li> </ul>		MAC members will vote to approve new

		<ul style="list-style-type: none"> <li>Candidates Warren Cushman and Jody Moore were introduced to the MAC and gave their statements. MAC members had no further questions for the candidates.</li> </ul>		members after the meeting.
<b>2. Chair and Vice-Chair Nominations</b>	Linda Ayala	<p>Facilitated nominations of MAC Chair and Vice-Chair.</p> <ul style="list-style-type: none"> <li>The responsibilities of the MAC Chair are to attend a planning meeting and facilitate the MAC meeting.</li> <li>The process for voting in the new MAC Chair and Vice-Chair is to ask for nominations. If nominees accept, they choose whether to run for Chair, Vice-Chair, or either one. Each candidate can give a brief statement. A vote will be conducted after the meeting by email or phone.</li> <li>N. Williams selected to run for Vice-Chair. Her interests are homelessness and access to care.</li> <li>M. Archuleta accepted her nomination and could run for either position. She would like to help meetings go smoothly and make sure comments are heard.</li> </ul>		MAC members will vote on Chair and Vice-chair after the meeting.
<b>Open Forum</b>	Natalie Williams	<ul style="list-style-type: none"> <li>M. Lewis announced that the Values in Action Committee is hosting a welcome back event at the Alliance on Friday July 8<sup>th</sup> from 2 to 5 PM. MAC members are invited to attend. RSVP information will be emailed to MAC members.</li> </ul>		
<b>Adjournment</b>	Natalie Williams	Next meeting: September 15, 2022	N. Williams adjourned the meeting.	

Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 6/20/2022

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Natalie Williams, Vice-Chair, Member Advisory Committee

# CEO Update to the Alameda Alliance Member Advisory Committee

*Operations, Monkeypox & COVID Update*



Presented by Dr. Steve O'Brien and Scott Coffin

September 15<sup>th</sup>, 2022

# Agenda

- CEO Update
  - Operations & Financial Performance Update
- Monkeypox Update
- COVID Update

# CEO Update

## *Operations & Financials*

- ▶ **Total membership in Medi-Cal and IHSS (Group Care) exceeded 320,000 in the month of September.**
  - ▶ Public Health Emergency forecasted to end in November 2022 (may be extended into 2023)
  - ▶ Medi-Cal Re-determinations continue through January 2023
- ▶ **Completed Fiscal Year 2022** (July 1<sup>st</sup>, 2021 through June 30<sup>th</sup>, 2022):
  - ▶ \$1.2 billion in total revenue, net income of \$23 million
  - ▶ Year-to-date: \$23 million net income, approximately \$7 million better than forecast.
- ▶ **Fiscal year 2023** (July 1<sup>st</sup>, 2022 through June 30<sup>th</sup>, 2023)
  - ▶ Forecast \$1.3 billion in revenue and \$14.9 million net loss.
  - ▶ Addition of new Medi-Cal services: Long-Term Care, Major Organ Transplants

# CEO Update

## *Accreditation & Regulatory Audits*

### ▶ **NCQA accredited for two lines of business.**

- ▶ Completed the routine accreditation survey in June 2022
- ▶ Accredited for commercial and Medi-Cal lines of business

### ▶ **Department of Health Care Services (DHCS)**

- ▶ Completed the 2022 routine medical survey audit in April

### ▶ **Department of Managed Health Care (DMHC)**

- ▶ Started the 2021 routine follow-up audit in June, anticipate to close by 2024
- ▶ Started the 2022 routine financial & claims audit in August
- ▶ Started the 2022 behavioral health investigation in April, onsite started in September
- ▶ Provider-based audit with CHCN and CFMG to assess regulatory compliance



# CEO Update

## *Fiscal Year 2023*

### What is leading to a forecasted net loss of \$14.9 million dollars next year?

Revenue increases by \$122 million dollars, and is driven by membership and covered services, and Medi-Cal enrollment is forecasted to decline by 15,000 over 12 months.

#### ▶ Medical Expense

**\$130 million more than current year**

- New Medi-Cal programs and services, including Major Organ Transplants, Long-Term Care, Enhanced Care Management, and Community Supports.
- Increasing health care costs for hospital stays, outpatient visits, and other services
- 20+ new clinical staff being hired

#### ▶ Administrative Expense

**\$19.5 million more than current year**

- 57+ new administrative staff being hired (majority of administrative expense is staffing)

# CEO Update

## *Progress Report & Going Forward*

### ▶ **CalAIM Progress Report**

- Transitioned Whole Person Care into Enhanced Care Management (ECM) & Health Homes into Community Supports (CS) on January 1<sup>st</sup>, 2022
- Recipe4Health Go-Live started September 1<sup>st</sup>
- Alameda County Behavioral Health ECM provider services started September 1<sup>st</sup>

### ▶ **CalAIM program 2022-2023**

- Long-Term Care SNF go-live is January 1<sup>st</sup>, 2023 & LTC Intermediate Care Facility (ICF) / Institutions for Mental Disease (IMF) July 1<sup>st</sup>, 2023
- Population Health go-live is January 1<sup>st</sup>, 2023 & July 1<sup>st</sup>, 2023 for Children & Youth
- Addition of ECM services in 2023 (justice-involved/adults & youth, long-term care facilities, and serious mental illness & substance use)
- New Community Supports “social determinants” are being considered for implementation

### ▶ **Alameda County’s Single Plan Model starts on January 1<sup>st</sup>, 2024**

- Regulatory filings have been submitted to DHCS and Operational Readiness begins in 2023

# Monkeypox & COVID Update

## AAH Mission

Improving the health and well-being of our members  
by collaborating with our provider and community partners  
to deliver high quality and accessible services

# Monkeypox

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## □ **What is Monkeypox?**

- Viral infection found in certain types of monkeys in a few parts of Africa
  - Related to smallpox but much milder

## □ **What are the signs and symptoms?**

- Rash sometimes preceded by fever, swollen nodes, flu-like symptoms
  - Rash in genitals, hands, face in recent cases

## □ **Why focus on it now?**

- 2022 global outbreak spread to multiple non-endemic countries
  - Centered in MSM (men who have sex with men)

# Monkeypox (MPX) Data in CA

*Data are updated on Tuesdays and Fridays. Last updated September 6, 2022.*

## Number of reported probable and confirmed monkeypox cases in California

Statewide Cases
4,140

By Local Health Jurisdiction	Cases*
Los Angeles	1640
San Francisco	748
San Diego	319
Riverside	212
Alameda	188
Orange	171
Santa Clara	146
Sacramento	125
Long Beach	86
Contra Costa	75
San Mateo	65

Hospitalized	n	Percent*
Yes	140	4.5
No	2988	95.5
Unknown	1012	NA

Age Group	n	Percent*
Under 18 years	14	0.3
18-24	269	6.5
25-34	1556	37.6
35-44	1389	33.6
45-54	617	14.9
55-64	259	6.3
65 years and older	36	0.9
Unknown	0	NA

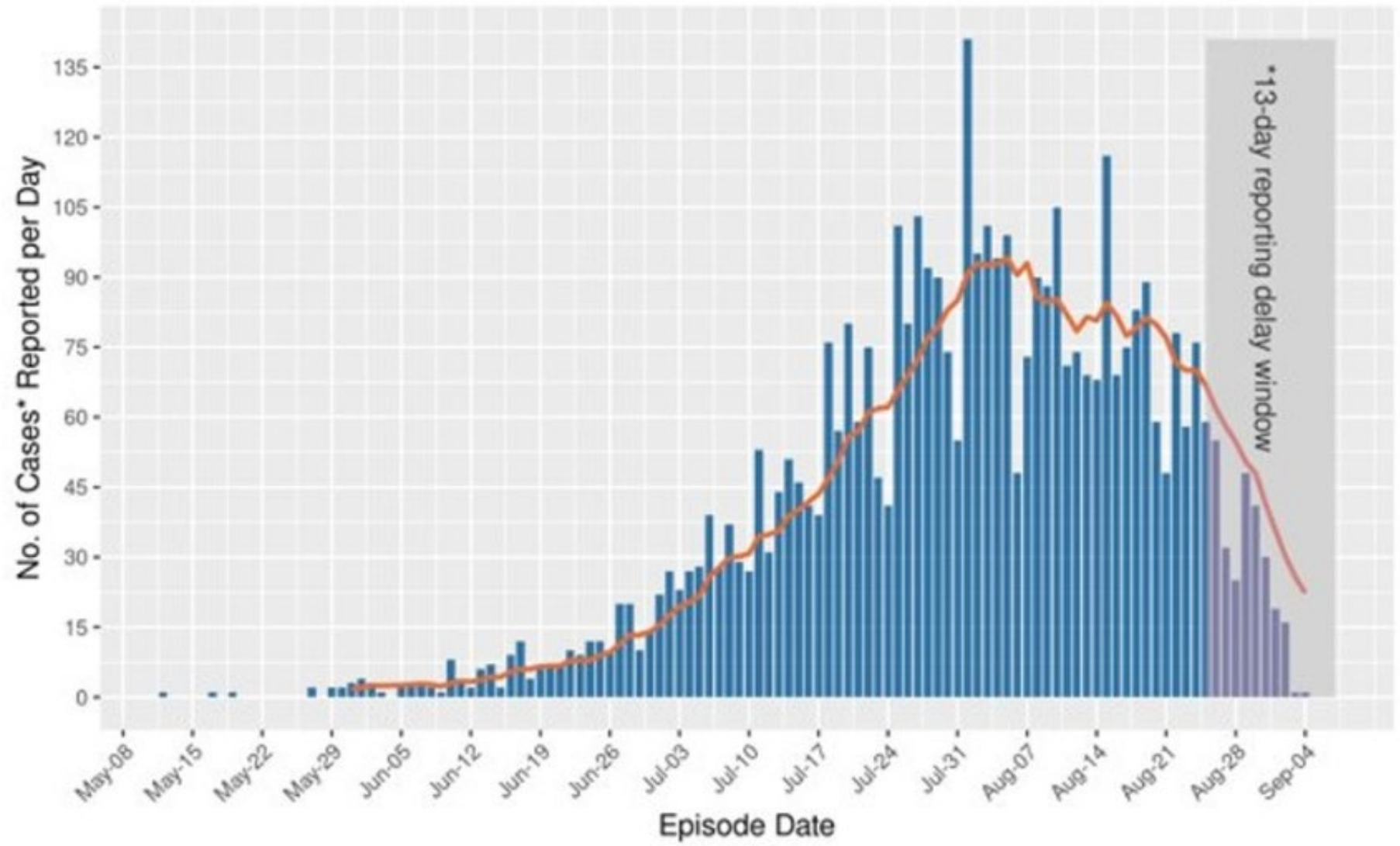
# Monkeypox (MPX) Data in CA

Race/Ethnicity	n	Percent*
Hispanic or Latino	1562	42.2
White	1284	34.7
Black or African American	465	12.6
Asian	225	6.1
Other/Multiple Races	135	3.6
American Indian or Alaska Native	17	0.5
Native Hawaiian or Other Pacific Islander	14	0.4
Unknown	438	NA

## Gender Identity and Sexual Orientation\*

Male	n	%**
<b>Male</b>	<b>3968</b>	<b>97.0</b>
Gay or same-gender loving	2511	83.9
Bisexual	307	10.3
Heterosexual or straight	153	5.1
Diverse Term	23	0.8
Unknown	974	-

# New Cases



# Monkeypox Transmission

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- Monkeypox can be spread through:
  - Direct, prolonged skin-skin contact with rash lesions
  - Sexual/intimate contact, including kissing
  - Living in a house and sharing a bed with someone
  - Sharing towels or unwashed clothing
  - Respiratory secretions through prolonged face-to-face interactions (the type that mainly happen when living with someone or caring for someone who has monkeypox)
- Monkeypox is NOT spread through:
  - Casual brief conversations
  - Walking by someone with monkeypox, like in a grocery store
  - Much less contagious than COVID





- Typical lesions are well defined, deep seated & umbilicated but can vary
- Fever before rash
- Swollen nodes
- Palms and soles
- Painful or itchy



# Monkeypox

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- **Is it obvious it's monkeypox?**
  - Can be confused with other STD's or other viral skin conditions
- **Monkeypox treatment**
  - Supportive care normally enough
  - No approved treatments but several being used for severe cases (Tecovirimat, TPOX, immunoglobulin)
- **Can kids get Monkeypox?**
  - Yes, anyone can get it.
  - Immunocompromised at higher risk of bad outcomes
  - There have been only a few deaths

# Monkeypox

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- **What can I do to avoid Monkeypox?**
  - Avoid direct contact with monkeypox lesions
  - Use hand sanitizer
  - Decrease/avoid multiple sexual partners, especially MSM, until rate decreases
  - Get vaccinated if at risk

# Monkeypox

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## □ Is there a vaccine?

- Yes (>18yo) via the national stockpile  
-> states -> public health dpts

- Alameda County – Steamworks, Oakland LGBT center
- SFAF, Kaiser, CoCoCo PHD

## □ Who should get vaccinated?

- PEP\* for direct exposure, high risk exposure,
- PrEP\* for high risk individuals

## □ What if you had smallpox vaccine in the past?

- May have some immunity but need revaccination for fresh exposure

\* PEP = post exposure prophylaxis

\*PrEP = pre-exposure prophylaxis

# COVID Questions

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- **When to get a COVID booster?**
  - 0-5 No booster yet
  - 5-11 Pfizer booster >5mo after initial
  - 12-17 Pfizer or Comirnaty booster >5mo after initial
  - >18 Pfizer, Comirnaty, Moderna, or Spikevax booster >5 mo after initial
- **Who is eligible for a 2<sup>nd</sup> booster?**
  - >50 OR >12 and immunocompromised
- **Can you get reinfected with COVID?**
  - Yes, more common with recent strain
- **How effective is current vaccine against new strain?**
  - Partially
- **Should you get the new Bivalent booster when available?**
  - “old” vaccine mRNA + B4 & B5 variant mRNA
  - Less studied, consider if at higher risk

### Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	September 1, 2022
From:	Kisha Gerena – Manager, Grievance and Appeals
Reporting Period:	Resolved Q2 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	1913	30 Calendar Days	95% compliance within standard	1848	96.6%	
Expedited Grievance	17	72 Hours	95% compliance within standard	13	76.4%	
Exempt Grievance	3869	Next Business Day	95% compliance within standard	3865	99.8%	
Standard Appeal	68	30 Calendar Days	95% compliance within standard	68	100.0%	
Expedited Appeal	0	72 Hours	95% compliance within standard	0	N/A	
<b>Q2 2022 Total Cases:</b>	5867		95% compliance within standard	5794	98.7%	

\*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.)

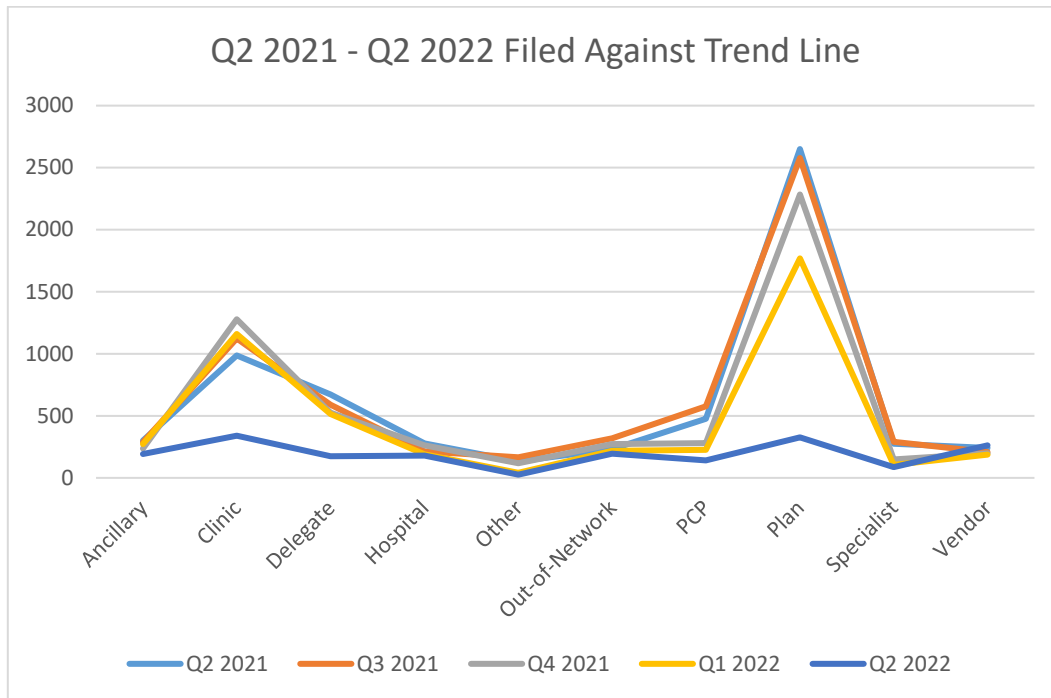
**Appeal Data/Analysis:**

Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Inpatient Appeal				1	1
Outpatient Appeal	1		18	30	49
Pharmacy Appeal				5	5
Retro Appeal			5	8	13
<b>Grand Total:</b>	<b>1</b>	<b>0</b>	<b>23</b>	<b>44</b>	<b>68</b>
<b>Overtured %:</b>	<b>100%</b>	<b>0%</b>	<b>33.8%</b>	<b>64.7%</b>	<b>19.1%</b>

**Grievance Data/Analysis:**

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	18	150	3	8	14	193
Clinic	103	95	4	50	88	340
Delegate	26	68	50	13	18	175
Hospital	12	142	2	14	10	180
Mental Health Facility					1	1
Other	3	20	2		1	26
Out-of-Network	11	168	6	3	8	196
PCP	47	20	2	30	43	142
PCP Non-Physician Medical Practitioner						
Plan	85	143	25	1	72	326
Specialist	27	28	25	17	12	87
Specialist Non-Physician Medical Practitioner						
Vendor	6	6		3	246	261
<b>Grand Total</b>	<b>338</b>	<b>842</b>	<b>97</b>	<b>139</b>	<b>514</b>	<b>1930</b>

- 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, billing and reimbursement requests
  - Other
    - Enrollment: PCP Auto assignments
  - Quality of Service
    - Complaints against our internal departments, G&A, Member Services and Case Management regarding customer service.



- There was a decrease in grievances against the Plan in Q2 2022 compared to Q1 2022.
  - Medi-Cal pharmacy benefit is now managed through Medi-Cal leading to a reduced number of coverage dispute complaints and pharmacy appeals

**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:

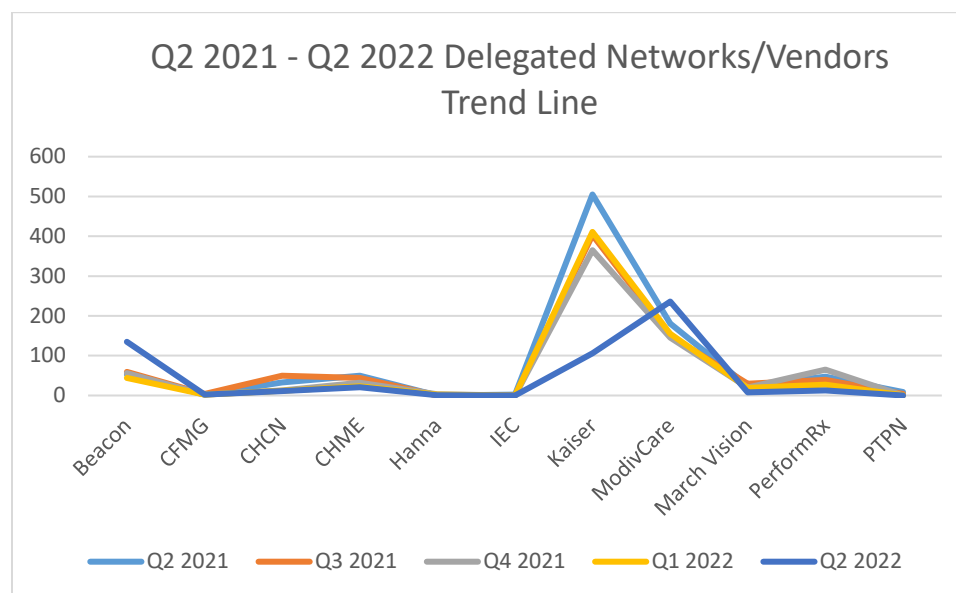
- Beacon Health Strategies – Behavioral Health Benefit Provider
- Children First Medical Group (CFMG) – Alliance Provider Network
- Community Health Center Network (CHCN) – Alliance Provider Network
- California Home Medical Equipment (CHME) – DME Benefit Supplier
- Kaiser – Fully Delegated Provider
- 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	
<b>Delegate</b>	<b>26</b>	<b>68</b>	<b>50</b>	<b>13</b>	<b>18</b>	<b>175</b>
Beacon	18	3		6	8	35
CFMG	1				1	2
CHCN	5	3			3	11
Kaiser	2	42	50	7	5	106
March Vision		7			1	8

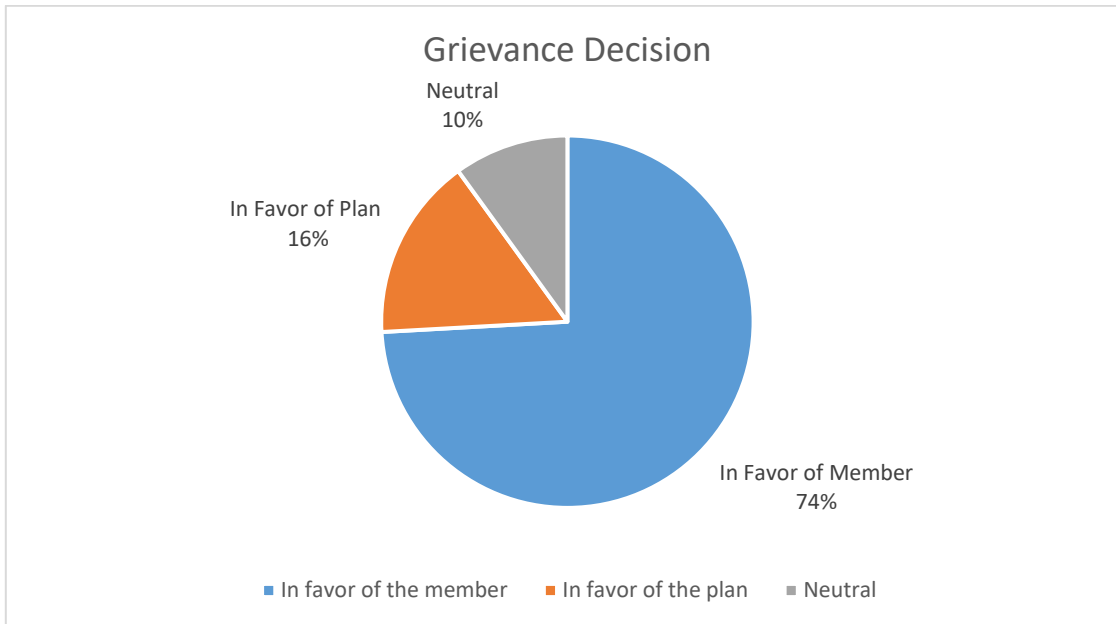


Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
PerformRx		13				13
PTPN						
<b>Vendor</b>	<b>6</b>	<b>6</b>		<b>3</b>	<b>246</b>	<b>261</b>
CHME	4			2	15	21
Cyacom						
Hanna					1	1
Human Arc						
ModivCare	1	5			230	236
Optum		1		1		2
Teladoc	1					1
<b>Grand Total</b>	<b>32</b>	<b>74</b>	<b>50</b>	<b>16</b>	<b>264</b>	<b>436</b>

- Against Kaiser: Most grievances due to Kaiser enrollment, a member does not meet the KP enrollment criteria.



- Decrease in grievances filed against Kaiser: The Alliance identified a decrease in grievances filed against Kaiser in Q2 2022 compared to Q1 2022.
- Increase in grievances filed against ModivCare: The Alliance continues to receive complaints against ModivCare, and noticed a slight increase in complaints compared to Q1 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 1,701 unique grievance cases resolved during the reporting period, with a total of 1,930 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.
  - Filed Against Clinic – excluding AHS – there are 10 clinics who exceed the established threshold for 2<sup>nd</sup> Quarter 2022; all 10 clinics also are trending for 2022 with the highest volume of complaints. The highest volume by type is Access to Care.
  - Filed Against PCP – there are 4 PCPs who exceed the established threshold for 2<sup>nd</sup> Quarter 2022; all 4 PCPs are also trending for 2022 with the highest volume of complaints. The highest volume by type is Access to Care.

**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:

# COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2021 - 2022 | 4<sup>TH</sup> QUARTER (Q4) OUTREACH REPORT

# ALLIANCE IN THE COMMUNITY

## FY 2020 - 2021 | 4<sup>TH</sup> QUARTER (Q4) OUTREACH REPORT

Between April 2022 and June 2022, the Alliance completed **1,329**-member orientation outreach calls and conducted **396** member orientations (**30%-member** participation rate). The Communications & Outreach (C&O) Department also completed **6** Service Requests, and **151** Website Inquires in Q4.

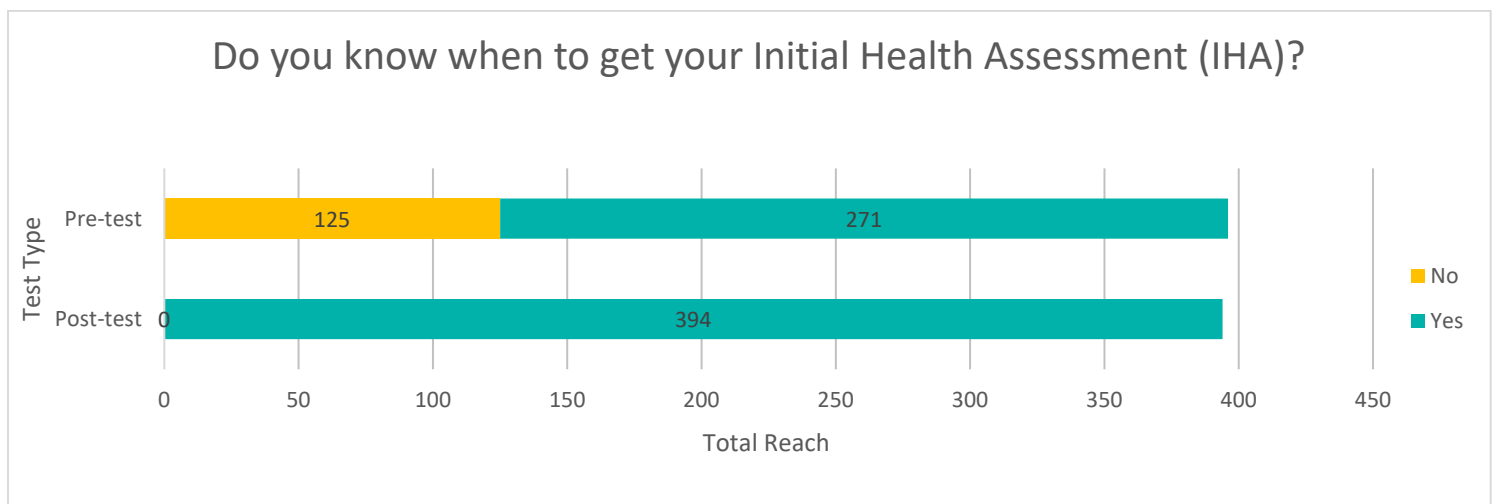
The C&O Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **25,294** self-identified Alliance members have been reached during outreach activities.

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

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of June 30<sup>th</sup>, 2022, the Outreach Team completed **19,299**-member orientation outreach calls and conducted **5,469** member orientations (**28%-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 18<sup>th</sup>, 2020 through June 30<sup>th</sup>, 2022 – **5,469** members completed our MO program by phone.

After completing a MO **100%** of members who completed the post-test survey in Q4 FY 21-22 reported knowing when to get their IHA, compared to only **68.4%** 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 21-22\Q4\3. June**

ALLIANCE IN THE COMMUNITY  
 FY 2021 - 2022 | 4<sup>TH</sup> QUARTER (Q4) OUTREACH REPORT

Q4 FY 2021-2022 TOTALS



0 VIRTUAL COMMUNITY EVENTS

0 MEMBER EDUCATION EVENTS

396 MEMBER ORIENTATIONS

0 MEETINGS/ PRESENTATIONS

0 TOTAL INITIATED/INVITED EVENTS

396 TOTAL EVENTS



0 TOTAL REACHED AT VIRTUAL COMMUNITY EVENTS

0 TOTAL REACHED AT MEMBER EDUCATION EVENTS

396 TOTAL REACHED AT MEMBER ORIENTATIONS

0 TOTAL REACHED AT MEETINGS/PRESENTATIONS

396 TOTAL MEMBERS REACHED AT EVENTS

396 TOTAL REACHED AT ALL EVENTS



ALAMEDA  
 PIEDMONT  
 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. The italicized cities are outside of Alameda County. The following cities had a <1% reach during Q4 2021: Elk Grove, Hermiston, and Martinez. The C&O Department started including these cities in the Q3 FY21 Outreach Report.



\$0

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS\*

\* Includes refundable deposit.



# Cultural & Linguistic Services 2022 Workplan

Member Advisory Committee  
September 2, 2022

# Assess C&L Needs

- ▶ Hold ***Cultural and Linguistic Subcommittee*** meetings each quarter
  - ▶ Review members' race, ethnicity, language and age
  - ▶ Review interpreter and translation services
  - ▶ Review grievances and member surveys
  - ▶ Take actions as needed



# Language Services

- ▶ Ensure interpreters and bilingual staff meet quality standards
- ▶ Inform members of interpreter services
- ▶ Post and mail non-discrimination notices and **taglines** with letters/on website.

*How else might we let members know of the right to interpreters, translations, and alternative formats?*

**ALAMEDA Alliance FOR HEALTH**

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**LANGUAGE ASSISTANCE SERVICES**

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**English**  
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1.877.932.2738 (CRS/TTY: 711 or 1.800.735.2929).

**Español (Spanish)**  
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1.877.932.2738 (CRS/TTY: 711 o 1.800.735.2929).

**繁體中文 (Chinese)**  
注意：如您需要用繁體中文，您可以免費獲得語言協助服務。請致電 1.877.932.2738 (加州中繼轉接電話服務 (CRS/TTY) 專線：711 或 1.800.735.2929)。

**Tiếng Việt (Vietnamese)**  
CHÚ Ý: Nếu quý vị nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số 1.877.932.2738 (CRS/TTY: 711 hoặc 1.800.735.2929).

**العربية (Arabic)**  
انتباه: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل على الرقم 1.877.932.2738 (CRS/TTY: 711 أو 1.800.735.2929).

**Հայերեն (Armenian)**  
Ուշադրություն: Եթե խոսում եք հայերեն, ապա ձեզ տեղեկացված կարգով կեն արանայրդիկ լեզվակրան անվճար ծախսերը պահանջելու: Չհարկադիր 1.877.932.2738 (CRS/TTY (հեռախոս)՝ 711 կամ 1.800.735.2929):

**ខ្មែរ (Cambodian)**  
សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ រោងជំនួយភាសាសំឡេងឥតគិតថ្លៃត្រូវបានផ្តល់ឱ្យ។ សូមអ្នកទូរស័ព្ទ 1.877.932.2738 (CRS/TTY: 711 ឬ 1.800.735.2929)។

**فارسی (Farsi)**  
توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه (زبان) بطور رایگان در اختیار شما قرار داده می شود. با 1.877.932.2738 (CRS/TTY 711) یا 1.800.735.2929 تماس بگیرید.

**हिंदी (Hindi)**

1



# Provider Language Capacity

- ▶ Inform providers of member language needs
- ▶ Educate providers of role in language access
- ▶ Track provider language capacity



# Member Advisory Committee

- ▶ Hold quarterly MAC meetings to receive member/community input into Alliance services
- ▶ Recruit members:
  - ▶ Preferred language not English
  - ▶ Male, non-cisgender
  - ▶ Asian, Latinx, and African American
  - ▶ Ages 19 to 44



Source: Microsoft Office Clip Art

*How might we find new members?*

# Cultural Sensitivity Training

- ▶ Staff and provider Cultural Sensitivity Training.
- ▶ Inform staff and providers of cultural sensitivity resources.
- ▶ You are invited!
  - ▶ Separate meeting this fall to view and offer input into the training.
  - ▶ Date TBD



Source: Microsoft Office Clip Art

# Thank you!

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

Linda Ayala

Alameda Alliance for Health

[layala@alamedaalliance.org](mailto:layala@alamedaalliance.org)



# 2022 Population Needs Assessment

Member Advisory Committee  
September 15, 2022

# What is the Population Needs Assessment?

- ▷ Part of the Alliance Population Health Strategy
- ▷ The Population Needs Assessment (PNA) Goal:
  - ▶ Identify and understand Medi-Cal member health needs and health disparities
  - ▶ Evaluate health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns
  - ▶ Take action
- ▷ DHCS required report
  - ▶ Moved to every 3 years– next report due in 2025



# Member subgroups

- ▶ Children with special health care needs (CSHCN)
- ▶ Seniors and persons with disabilities (SPD)
- ▶ Members with limited English proficiency (LEP)
- ▶ Members with diverse cultural and ethnic backgrounds



# What are the required components?

- ▷ Key Findings
  - ▶ Member profile
  - ▶ Health status
  - ▶ Health disparities
  - ▶ Gaps in health education, quality improvement, and cultural & linguistic services
- ▷ Action plan
- ▷ Stakeholder engagement





# Alliance Member Advisory Committee (MAC) Input

- ▶ Held 3 focus groups with MAC members
  - ▶ 5 MAC Alliance members
  - ▶ 3 MAC community partners
- ▶ Reviewed key findings and discussed challenges and ideas for what the Alliance can do:
  - ▶ Getting care quickly
    - Takes work to get care, delays, doctors not listening; staffing shortages
  - ▶ Breast cancer screening
    - Difficult to get appointments; need information, reminders, and support
  - ▶ Blood pressure and diabetes control
    - Lack of access to healthy food and resources, education, tools

# Action Plan

# 2021 Action Plan Update

2021 Objective	Measure	Progress	Status
1a. Asthma in the Hispanic (Latino) and Black (African American) child populations	Asthma Start participation	Goal not met	Ended in 2021
1b. Asthma in the Black (African American) adult population	HEDIS AMR	Improved	Ended in 2021
2a. Getting routine care appointments quickly	CAHPS	Improved for adults; Worse for children	Ended in 2021
2b. Well-child visits	HEDIS WCV	Unknown	Changing for 2022
2c. Breast cancer screening in Black (African American) women	HEDIS BCS	No change	Continuing in 2022, updated baseline

# Focus Area 1: Chronic disease self- management support

Blood pressure control

Diabetes control



# Chronic disease management

## Findings:



- ▶ **HEDIS CBP (Controlling High Blood Pressure)** rates were low overall and for most subgroups for MY2020.
  - ▶ MY2021 update - at MPL
- ▶ **HEDIS CDC-H9 (Diabetes Control – HbA1c Poor Control)** rate was worse than the MPL in MY2020.
  - ▶ MY2021 update - better than MPL
- ▶ For both CBP and CDC-H9, people ages 21-44 and Black (African American) members had the lowest rates for control for MY2020.
- ▶ **High blood pressure** is the top diagnosis for adults and SPDs.



# Blood Pressure Control



**Objective 1a:** *Increase HEDIS Controlling Blood Pressure (CBP) measure for members 18 to 85 years of age with a diagnosis of hypertension who are assigned to Community Health Center Network (CHCN) delegate from 60.22% in Measurement Year 2021 to 65.00% in Measurement Year 2023.*

---

## Strategies

Support CHCN with devices for patients to monitor blood pressure at home.

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Evaluate program results by subgroups.

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Explore blood pressure device coverage.

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# Diabetes Control



**Objective 1b:** *Increase the number of members 19 years of age and older with diabetes who engage with Alliance health education and disease management programs regarding diabetes self-management by 20% from 224 members in 2021 to 269 members in 2023.*

---

## Strategies

Improve Alliance outreach and support for members with poor control or care gaps.

---

Expand reach of health coaching and community diabetes self-management programs.

---

Support Eastmont Wellness with member incentives for diabetes classes and A1C testing.

---

# Focus Area 2: Access and Participation in Preventive Care

Well-child visits

Breast cancer screening





# Preventive Care

## Findings:



- ▶ Children and adults were significantly lower than the CAHPS benchmark for **getting routine care quickly**.
- ▶ Well-child visits were not measured for HEDIS in 2020. Results for MY 2021 indicated **W30 (Well-child visits in the first 30 months of life)** as a priority.
- ▶ HEDIS **BCS (Breast Cancer Screening)** rates were low overall and lowest for White and Black (African American) members for MY2020.
  - ▶ MY2021 update – overall rate below MPL



# Well-child Visits



**Objective 2a:** *Increase HEDIS Well-Child Visits (W30) in the First 30 Months of Life from 44.08% in Measurement Year 2021 for 0-15 months to 54.92% in Measurement Year 2022 and 63.73% for 15-30 months in Measurement Year 2021 to 71.43% in Measurement Year 2022.*

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## Strategies

Fund outreach to child members through First 5, Children First Medical Group (CFMG), and La Clinica.

---

Outreach to members who have not visited their doctor.

---

Educate about timely access for routine care appointments and track issues.

---



# Breast Cancer Screening in Black Women



**[HEALTH DISPARITY] Objective 2b:** *Improve HEDIS Breast Cancer Screening (BCS) measure among Black (African American) women ages 52 to 74 from 46.09% in Measurement Year 2021 to 53.76% in Measurement Year 2022.*

---

## Strategies

Continue LifeLong clinic texting campaign with member incentive.

---

Launch mobile mammogram.

---

Create materials for breast cancer screening.

---

Research appointment availability and educate about timely access.

---

# Alinea Mobile Mammography



# Image Credits

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Health Education Manager

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