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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: 477 430 892# 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>	December 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>477 430 892#</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	Erika Garner	Alliance Member
Natalie Williams	Alliance Member, Vice Chair	Charlene Harrison	Site Director, Native American Health Center
Valeria Barata Gonzalez	Alliance Member	Bassam Jammal	Alliance Member
Brenda Burrell (Acting)	Administrative Specialist II, ACPH Child Health & Disability Prevention	Mimi Le	Alliance Member
Warren Cushman	Alliance Member	Melinda Mello	Alliance Member
Tandra DeBose	Alliance Member	Jody Moore	Parent of Alliance Member
Roxanne Furr	Alliance Member	Amy Sholinbeck, LCSW	Asthma Coordinator, Alameda County Asthma Start
Irene Garcia	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 September 15, 2022	<b>Maria Archuleta, Chair</b>	2	Vote
2. Approval of Agenda	<b>Maria Archuleta, Chair</b>	3	Vote
<b>CEO Update</b>			
1. Operations and Finance Progress Report 2. Medicare 3. Public Health Emergency and Redeterminations 4. Medi-Cal enrollment predictions 5. Medi-Cal Program Changes <ul style="list-style-type: none"> <li>• Long-term care (1/2023) and Behavioral Health (3/2023)</li> <li>• Population Health (1/2023)</li> <li>• Other Populations of Focus in 2023</li> </ul>	<b>Scott Coffin</b> Chief Executive Officer  <b>Matt Woodruff</b> Chief Operations Officer	20	Information
<b>New Business</b>			
1. Behavioral Health Insourcing	<b>Peter Currie, PsyD</b> Senior Director, Behavioral Health	40	Discussion
2. Disease Management	<b>Lily Hunter</b> Director, Social Determinants of Health	5	Information

<b>III. Meeting Agenda</b>			
<b>Topic</b>	<b>Responsible Party</b>	<b>Time</b>	<b>Vote to approve or Information</b>
<b>Alliance Reports</b>			
1. Grievances and Appeals <ul style="list-style-type: none"> <li>July - September 2022</li> </ul>	<b>Kisha Gerena</b> Manager, Grievances and Appeals	10	Information
2. Outreach Report <ul style="list-style-type: none"> <li>July - September 2022</li> <li>Care bags 2022</li> </ul>	<b>Michelle Lewis</b> Senior Manager, Communications and Outreach	5	Information
3. Timely Access Report	<b>Loc Tran</b> Manager, Access and Availability	5	Discussion
<b>MAC Business</b>			
1. MAC Candidate(s)	<b>Rosa Reyes</b> Disease Management Health Educator  <b>Linda Ayala</b> Director, Population Health and Equity	10	Vote
2. Attendance Discussion	<b>Linda Ayala</b> Director, Population Health and Equity	5	Vote
<b>Open Forum</b> <ul style="list-style-type: none"> <li>Next meeting topics</li> <li>Next year's MAC schedule</li> <li>Don't forget your booster!</li> </ul>	<b>Maria Archuleta, Chair</b>	5	Discussion
<b>Adjournment</b>	<b>Maria Archuleta, Chair</b>	5	Next meeting: <b>March 15, 2023</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, September 15, 2022 10:00 AM - 12:00 PM**  
 DRAFT

<b>Committee Member Name</b>	<b>Role</b>	<b>Present</b>
Maria Archuleta	Alliance Member, Chair	X
Brenda Burrell	Alameda County Child Health & Disability Prevention	
Warren Cushman	Alliance Member	X
Roxanne Furr	Alliance Member	
Irene Garcia	Alliance Member	X
Erika Garner	Alliance Member	X
Charlene Harrison	Site Director, Native American Health Center	X
Bassam Jammal	Alliance Member	X
Mimi Le	Alliance Member	X
Melinda Mello	Alliance Member	X
Jody Moore	Parent of 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>
Valeria Brabata Gonzalez	MAC Candidate	X
Tandra DeBose	MAC Candidate	X
Ed Ettleman	CHME	X
Anne Nadler	Alameda County Social Services Agency	X
Bernie Zimmer	CHME	X

<b>Staff Member Name</b>	<b>Title</b>	<b>Present</b>
Linda Ayala	Manager, Health Education	X
Cindy Brazil	Health Programs Coordinator	X
Scott Coffin	Chief Executive Officer	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
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
Farashta Zainal	Quality Improvement Manager	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
<b>Welcome and Introductions</b>	Maria Archuleta	Welcomed attendees. L. Ayala took attendance.	M. Archuleta called the meeting to order.	
<b>Approval of Agenda and Minutes</b>	Maria Archuleta			
<b>1. Approval of Agenda</b>			Agenda approved by consensus.	
<b>2. Approval of Minutes from June 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>• MAC members are invited to join the Alliance Board of Governors and can contact Scott if interested.</li> <li>• The public health emergency will be decided by the governor but is forecasted to end in November 2022. Medi-Cal redeterminations would begin about 60 days after the end of the public health emergency. <ul style="list-style-type: none"> <li>○ W. Cushman: Has Alliance considered members who would lose health care services after the public health emergency? S. Coffin replied that the Department of Health Care Services has launched a navigator program statewide and another program to minimize the loss of coverage and</li> </ul> </li> </ul>		<p>MAC members contact S. Coffin if interested in Board of Governors.</p> <p>S. Coffin to continue updates on this topic in</p>





		<p>an Enhanced Care Management (ECM) provider on September 1<sup>st</sup>.</p> <ul style="list-style-type: none"> <li>• Coming up in 2023, long-term care will launch with skilled nursing facilities on January 1<sup>st</sup> and intermediate care facilities and institutions for mental disease July 1<sup>st</sup>. Additional ECM services in 2023 include justice-involved adults and youth.</li> <li>• Alameda County has been approved for the single plan model in 2024. Kaiser will be separating to provide care for a limited number of members.</li> <li>• Further questions and comments from MAC members: <ul style="list-style-type: none"> <li>○ N. Williams: Were long-term care services for both adults and children all along? S. Coffin replied yes, though populations for services have been separated.</li> <li>○ M. Archuleta: Have heard of patients getting caught when leaving plan with prescription drug plan and Medicare. S. Coffin will pass along information about HICAP, which helps people with questions about Medicare coverage.</li> <li>○ B. Jammal: Have had some issues with Medi-Cal coverage. S. Coffin replied that Alliance Member Services will reach out about the issue.</li> </ul> </li> </ul>		<p>S. Coffin/L. Ayala will share information about HICAP with MAC.</p> <p>Alliance Member Services will contact B. Jammal about coverage issue.</p>
<p><b>2. COVID-19 and Monkeypox</b></p>	<p>Steve O'Brien, MD</p>	<p>Provided an update on monkeypox and COVID.</p> <ul style="list-style-type: none"> <li>• Monkeypox is a viral infection usually in monkeys but can spread to humans. The current outbreak is centered in MSM (men who have sex with men). It is mostly spread through prolonged, direct contact with monkeypox rash lesions.</li> </ul>		

		<ul style="list-style-type: none"> <li>• Most people who get it don't need treatment, and very few have been hospitalized. Cases have been decreasing since August.</li> <li>• Vaccines are now in good supply for people who have been exposed or are at high risk. The vaccine requires two shots separated by four weeks. <ul style="list-style-type: none"> <li>○ M. Archuleta: What about monkeypox in schools? S. O'Brien replied that so far there have only been a couple children who have had monkeypox and no spread seen in schools.</li> <li>○ N. Williams: Should there be more education to teens? S. O'Brien agreed with more education about sex and being cautious. Here, monkeypox is being spread as an STD (sexually transmitted disease).</li> </ul> </li> <li>• For COVID, boosters are available for ages 5 and up. The death rate is at an all-time low. Bivalent boosters are new with early data, but you can consider getting it if at higher risk. <ul style="list-style-type: none"> <li>○ M. Archuleta: How long should someone with low antibodies wait to get booster? S. O'Brien replied that if someone does not have good antibody response, there is a treatment to get antibodies. They would have to work with their doctor on their individual needs.</li> </ul> </li> </ul>		
<p><b>3. Grievances and Appeals</b></p>	<p>Kisha Gerena</p>	<p>Presented Q2 2022 grievance and appeals report.</p> <ul style="list-style-type: none"> <li>• The overall compliance rate for the quarter was 98.7%. The compliance rate for expedited grievances was not met. The overturn rate for appeals was 19.2%, better than the goal of 25%.</li> <li>• The highest number of grievances was filed against the Plan. Common grievances were coverage disputes and access to care, for example issues with the member portal, not</li> </ul>		

		<p>receiving member ID, and being unable to reach a staff member by phone.</p> <ul style="list-style-type: none"> <li>• ModivCare has the highest number of grievances for vendors due to drivers not showing up or being late.</li> <li>• Some clinics exceeded the threshold for grievances with the highest volume in access to care.</li> <li>• Grievances &amp; Appeals is working with Member Services to assign cases correctly to meet turnaround times.</li> </ul>		
<b>4. Outreach Report</b>	Michelle Lewis	<p>Presented the outreach report for Q2 2022 (Q4 FY 2021-2022).</p> <ul style="list-style-type: none"> <li>• The outreach team continues to conduct member orientations over the phone, with about a 30% participation rate. They also respond to service requests and website inquiries. These efforts help members understand their benefits and encourage people to go see their doctor.</li> <li>• With the new hybrid working model, the team is starting to go back into the community. Alliance attended the Chinatown Oakland Street Festival and shared on social media. <ul style="list-style-type: none"> <li>○ W. Cushman: Will you take recommendations about festivals and events? M. Lewis answered yes.</li> </ul> </li> </ul>		
<b>5. Cultural and Linguistic Services</b>	Linda Ayala	<p>Presented the second part of the annual Cultural and Linguistic Services review with the work plan.</p> <ul style="list-style-type: none"> <li>• The work plan includes quarterly cultural and linguistic subcommittee meetings and ensuring members have access to language services.</li> <li>• How else might we let members know of the right to interpreters, translations, and alternative formats? <ul style="list-style-type: none"> <li>○ M. Archuleta: Agree that flyers that go out with information is good.</li> </ul> </li> </ul>		

		<ul style="list-style-type: none"> <li>○ N. Williams: Provide information through wait messages when calling in to Alliance.</li> <li>○ V. Brabata Gonzalez: What about members who are illiterate or low literacy? L. Ayala replied that the Alliance follows requirements for 6<sup>th</sup> grade reading level and looks for ways to be more visual. Member Services Representatives help explain how to access services, but we are open to more ideas and resources. V. Brabata Gonzalez agreed that this has been a challenge for Family Resource Navigators as well.</li> <li>● Alliance informs providers of member language needs and educates providers about language access.</li> <li>● The MAC continues to recruit and look for ways to find new members to join.</li> <li>● Alliance creates a cultural sensitivity training and would like MAC input. More information on a separate meeting will be sent later.</li> </ul>		
<b>6. Population Needs Assessment</b>	Linda Ayala Farashta Zainal Rosa Reyes	<p>Presented results of the 2022 Population Needs Assessment (PNA) and action plan.</p> <ul style="list-style-type: none"> <li>● The Population Needs Assessment identifies Medi-Cal member health needs and health disparities as part of the Alliance population health strategy.</li> <li>● Three focus groups were held with MAC members to review the key findings and discuss challenges and strategies. The main areas discussed were getting care quickly, breast cancer screening, and blood pressure and diabetes control. <ul style="list-style-type: none"> <li>○ N. Williams: Members very below poverty is not a subgroup considered in the PNA. L. Ayala responded that there is an income level to qualify for</li> </ul> </li> </ul>		

		<p>Medi-Cal, but we have not looked at income levels within Medi-Cal.</p> <ul style="list-style-type: none"> <li>• For blood pressure control, self-monitored blood pressure devices are now a Medi-Cal benefit so more members have them. We are working with Community Health Center Network (CHCN) to explore how to integrate the readings into provider electronic health records.</li> <li>• For diabetes, the Alliance plans to do a mailing campaign, expand health coaching, and continue providing incentives for Eastmont Wellness diabetes classes. <ul style="list-style-type: none"> <li>○ N. Williams: Is it only Eastmont that provides incentives? This can be hard for members to get to. R. Reyes replied that it is currently just Eastmont for the incentive program, but there are other programs that provide online or telephone options. The other strategies will target everyone.</li> <li>○ J. Moore shared a personal story about difficulties with behavioral health and diabetes for children. Diabetes can be overlooked in populations with disabilities. It was also easy to get on medicine but hard to get off it. Other people have had a long wait to access services such as wisdom teeth removal. Would like to get to the bottom of issues, such as adding more dental surgeons. <ul style="list-style-type: none"> <li>▪ S. O'Brien: A benefit of insourcing behavioral health will be coordinating with other parts of health care. The Alliance has case managers on staff to help</li> </ul> </li> </ul> </li> </ul>		<p>R. Reyes will follow up with N. Williams about diabetes programs.</p>
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		<p>coordinate among providers and services.</p> <ul style="list-style-type: none"> <li>▪ J. Moore: Have a case manager at Beacon with limited services. Confused about the delay from November to April for the behavioral health insourcing. Who are the 20 staff added?</li> <li>▪ S. O'Brien: It may be helpful to bring back behavioral health on future MAC agendas. The team has been hired. Agree that it remains to be seen what the results will be post-behavioral health transition.</li> <li>▪ S. Coffin: The date was moved because it is a complex transition, and the Alliance did not want to put patients in danger. We will present material about the transition and ask J. Moore to review beforehand.</li> </ul> <ul style="list-style-type: none"> <li>• The last two objectives regarding well-child visits and breast cancer screening were not covered. L. Ayala asked MAC members to review the packet for the rest of the presentation.</li> </ul>		<p>S. Coffin/L. Ayala to add behavioral health transition to agenda and share material with J. Moore for review.</p>
<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> <li>• Candidates Tandra DeBose and Valeria Brabata Gonzalez were introduced to the MAC</li> </ul>		<p>MAC members will vote to approve new members after the meeting.</p>

		<p>and gave their statements. Both are part of Family Resource Navigators and parents of children with special needs. MAC members had no further questions for the candidates.</p> <ul style="list-style-type: none"> <li>Jody Moore and Warren Cushman were introduced as new MAC members.</li> </ul>		
<b>Open Forum</b>	Maria Archuleta	<ul style="list-style-type: none"> <li>N. Williams asked about information that will be shared after the meeting. L. Ayala will send presentations and respond to other follow-up items.</li> <li>L. Ayala announced that MAC members can continue receiving a check for their stipend or can choose to receive a virtual Visa gift card instead.</li> </ul>		MAC members contact Linda, Rosa, or Cindy if would like stipend as a virtual Visa gift card.
<b>Adjournment</b>	Maria Archuleta	Next meeting: December 15, 2022	M. Archuleta adjourned the meeting.	

Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 9/16/2022

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Maria Archuleta, Chair, Member Advisory Committee

# *Alliance CEO Update*

*Presented to the Alameda Alliance Member Advisory Committee*



*Presented by:*

*Matt Woodruff, Chief Operating Officer*

*Scott Coffin, Chief Executive Officer*

*December 15<sup>th</sup>, 2022*



# Agenda

- ▶ **Mission, Vision, and Values**
- ▶ **Operating Results**
  - ▶ July 2022 – October 2022
  - ▶ Final budget in Fiscal Year 2023
- ▶ **Medi-Cal Enrollment Projections**
  - ▶ Mandatory Medi-Cal Managed Care Initiative
  - ▶ Public Health Emergency Unwinding
- ▶ **Medicare Expansion**
  - ▶ Medicare Advantage Duals Special Needs Plan by 2026
- ▶ **Medi-Cal Program Changes**

# Mission, Vision, and Values

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

## VISION

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

## VALUES

**Teamwork:** We actively participate, support each other, develop local talent, and interact as one team.

**Respect:** We put people first, embracing diversity and equity, striving to create a positive work environment, excellent customer service, and value all people's health and well-being.

**Accountability:** We work to create and maintain efficient processes and systems that minimize barriers, maximize access and sustain high quality.

**Commitment & Compassion:** We are empathic and care for the communities we serve including our members, providers, community partners and staff.

**Knowledge & Innovation:** We collaborate to find better ways to address the needs of our members and providers by proactively focusing innovative resources on population health and clinical quality.

# Operating Results

1. October 2022 financials reporting \$9.5 million net income. Passed 100% of regulatory performance metrics.
2. Final budget presented to the Alameda Alliance Finance Committee & Board of Governors in December.
3. Projecting revenues to exceed \$1.5 billion by next June 2023.
4. Alliance completed four months of results in the current fiscal year, and is reporting a \$21.5 million in net income year-to-date; eight months remaining in our fiscal year (ends June 30, 2023).
5. 328,000 members (210,000 adults and 118,000 children); 98% Medi-Cal, 2% in-home supportive services workers

# Medi-Cal Enrollment Projections

1. In March of 2020, the Alliance had 240,000 Medi-Cal adults & children.
2. Alameda Alliance membership has grown by over 90,000 beneficiaries (March 2020 through December 2022).
3. Public Health Emergency suspended Medi-Cal redeterminations (annual eligibility verification).
4. Medi-Cal enrollment setting new records each month, forecasting 357,000 by June 2023.
5. The unwinding of the public health emergency starts April 2023 and continues for 12-14 months; potential for 15% - 20% of Medi-Cal beneficiaries to be disenrolled.

# Medicare Expansion

1. Alameda Alliance was certified for Medicare over a decade ago, focused on dually-eligible people (individuals covered by Medi-Cal and Medicare).
2. Medicare certification was revoked in 2014, and the 6,000+ members were enrolled into other parts of the Medicare system.
3. Today we serve 22,000 dually-eligible beneficiaries, and 22,000 more are enrolling in January 2023 (total 44,000); Alliance administers the Medi-Cal benefits, and a Medicare health plan administers the Medicare benefits.
4. The DHCS and CMS are expanding care coordination for “Duals”, and aligning beneficiaries into a single health plan by 2026.
5. Alliance has the opportunity to expand into Medicare and retain the 44,000 dually-eligible beneficiaries.

# Medi-Cal Program Changes

1. Long-term care benefit transitions from Medi-Cal fee-for-service to managed care on 1/1/2023. First phase includes members in long-term care facilities (skilled nursing) and custodial services.
2. Population Health Management begins 1/1/2023, focuses on transitions of care for high-risk individuals.
3. Insourcing of mental health & autism spectrum services on 3/31/2023. Beacon Health Options will be transitioning out of Alameda County.

**Thank you to MAC Committee  
Members for your service.**

# Insourcing Mental Health Mild-to-Moderate and Autism Spectrum Disorder Services



Member Advisory Committee

Peter Currie, Ph.D.  
Senior Director of Behavioral Health

December 15, 2022



What Motivated The Alliance to Develop Our Own Behavioral Health Department?

1. Link between BH and Physical Disease

Current to Future State

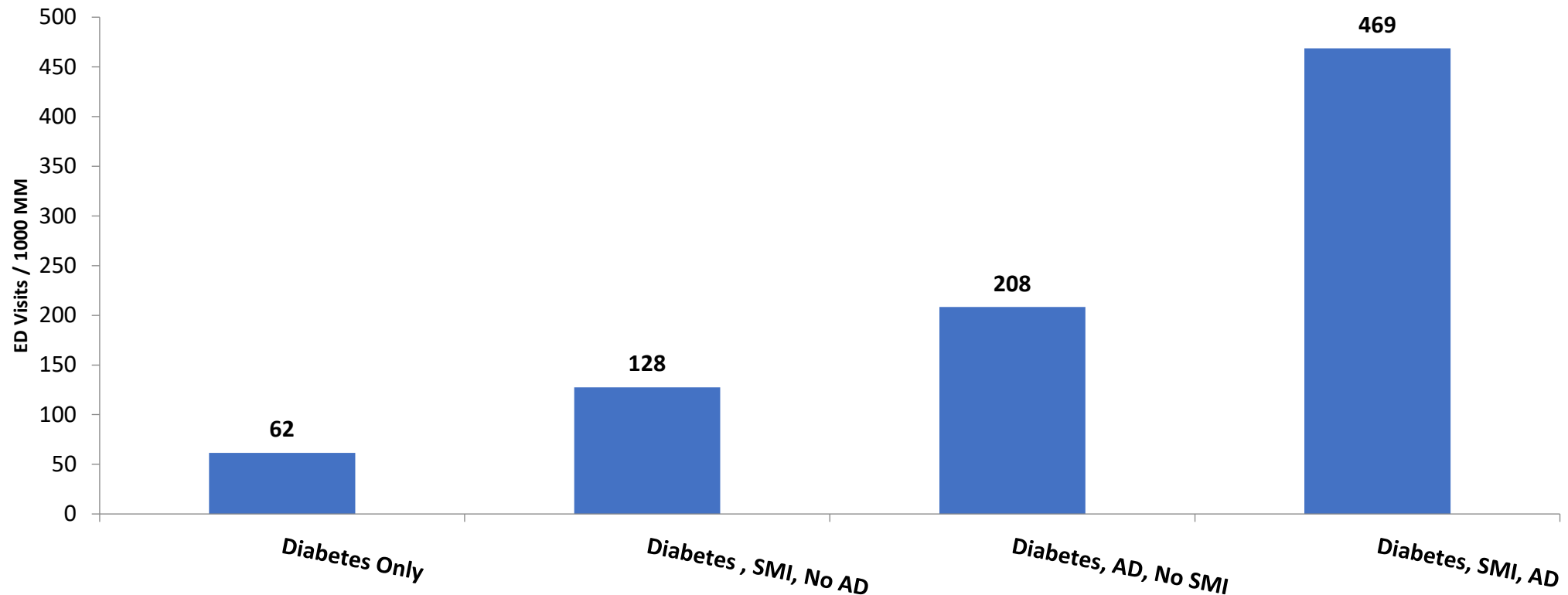
Insourcing M2M / ASD

# Agenda

# Health Care Utilization

With Multiple Conditions

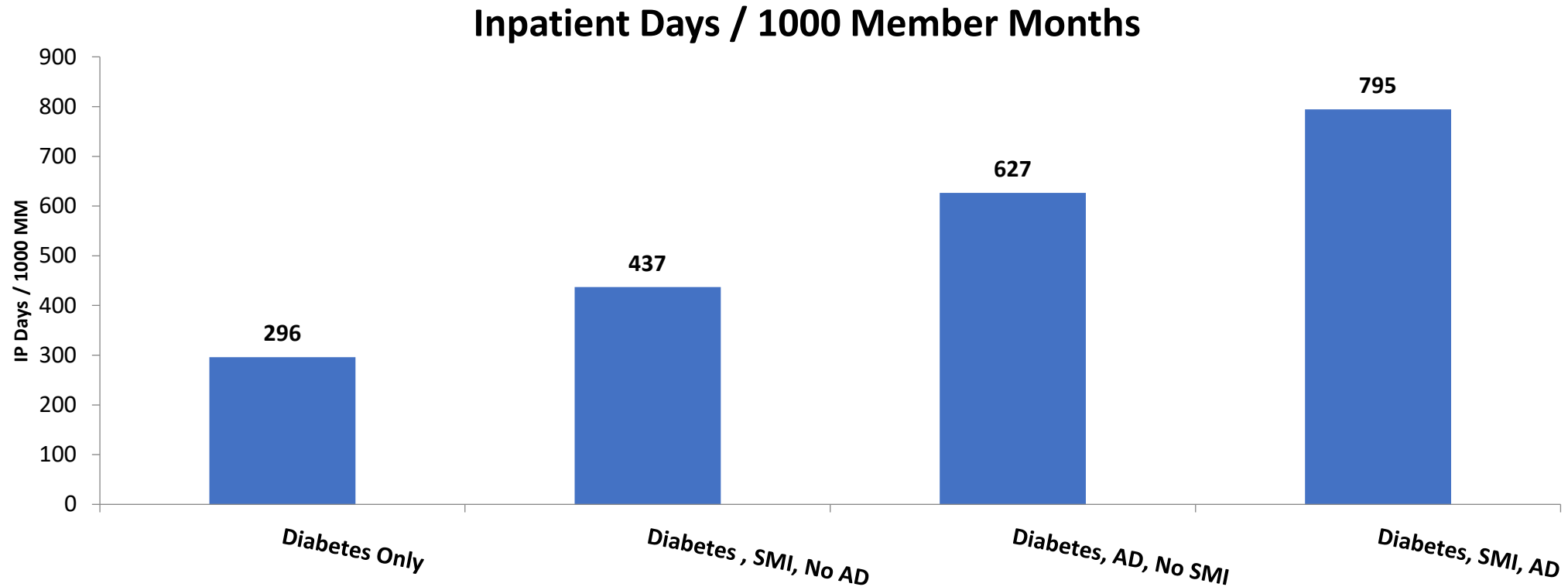
**ED Visits / 1000 Member Months**



Source: DHCS Research and Analytic Studies Division

# Health Care Utilization

With Multiple Conditions



Source: DHCS Research and Analytic Studies Division

# Key Reasons to Integrate Physical and Behavioral Health Services in Medicaid



Medicaid pays for more than a quarter, 26%, of all behavioral health spending nationally



Beneficiaries with behavioral health diagnoses account for almost half, 48%, of total Medicaid expenditures



20% of beneficiaries have a behavioral health — mental health and/or substance use disorder — diagnosis



Spending can increase up to 75% when beneficiaries with a chronic physical condition also have a mental illness

What Motivated The Alliance to Develop Our Own Behavioral Health Department?

2. Health Equity

Current to Future State

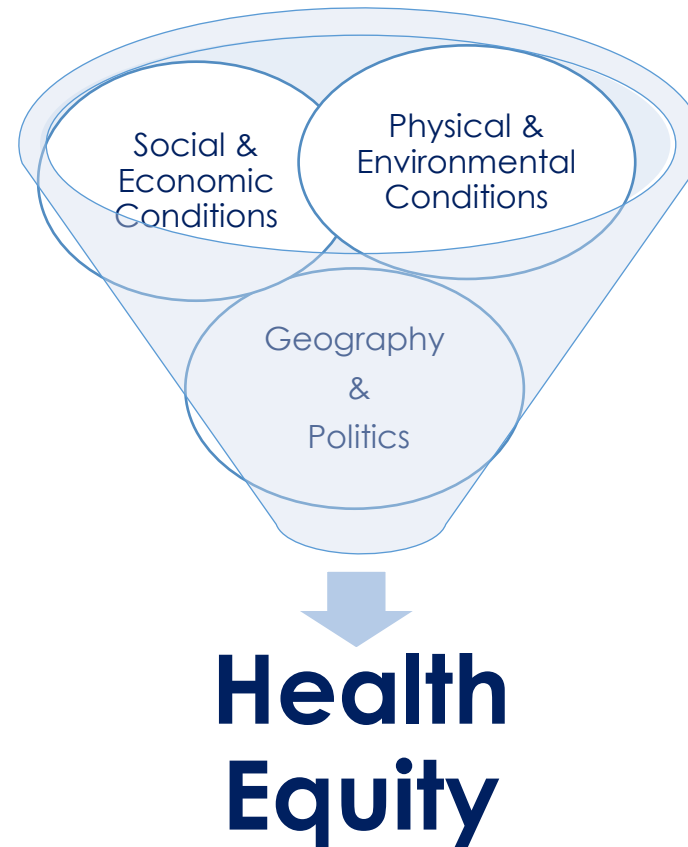
Insourcing M2M / ASD

# Agenda

# Viewing BH Insourcing through a Health Equity Lens

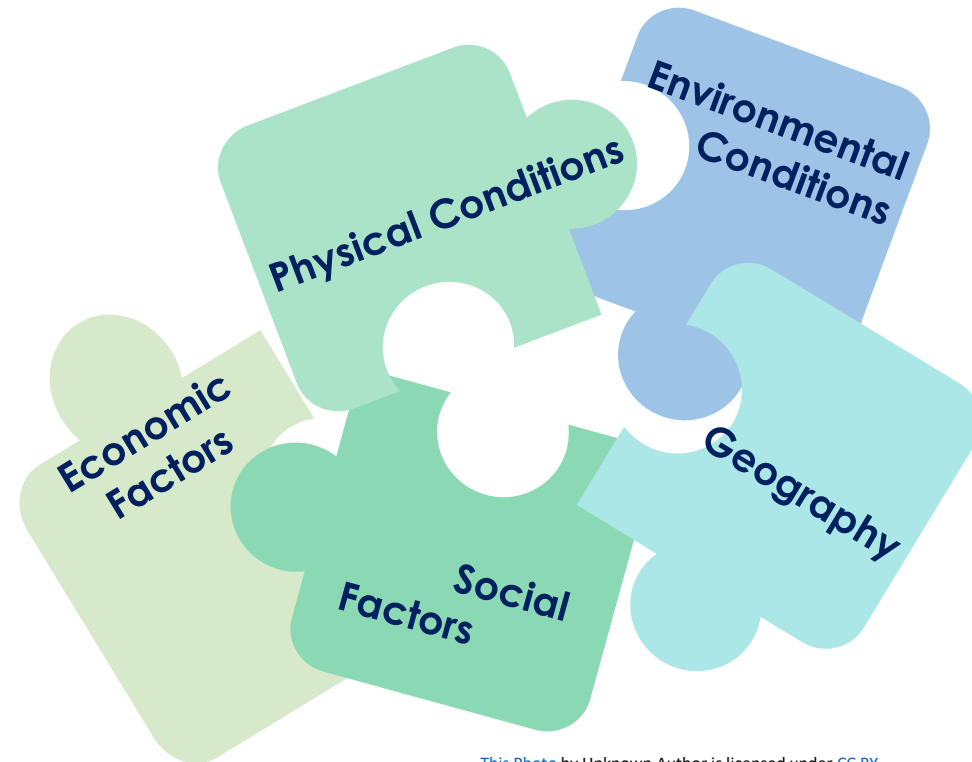
“Health Equity” means all people have **full** and **equal access** to opportunities that enable them to lead healthy lives.

To **reduce health and mental health disparities to vulnerable communities.**



# Health and Mental Health Disparities

- Differences in a person's health and/or mental health
  - occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment
  - geographic location, or a combination of any of these factors.
- Individuals with differences often experience more early life adversity.



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# Vulnerable Communities

- Communities where inequities are prevalent
- Insufficient resources or capacity to protect and promote their health.

Women	Racial or Ethnic Groups	Low Income Individuals & Families
People with Mental Illness	People with Substance Use Disorder	Seniors
Immigrants & Refugees	Children	LGBTQ
People with Intellectual Disabilities	Limited English Proficient Communities	People with Physical Disabilities



## For Example: Insourcing to Enable AAH to Be Able to Respond to Special Needs: Impact of the Pandemic on Early Childhood and Youth

- 4-year-old – 50% of life in Pandemic Echo
- 3-year-old – greater than 2/3 of life in Pandemic Echo
- 23 months and younger – 100% of life in Pandemic Echo

# Realizing the Impact: Children

Decrease in identification of children at risk:

- Not in school
  - Not in the public (stores/parks/events...)
  - Not at camp
  - Not in daycare/head start
  - Not in doctor's office
  - Not in treatment services
  - Not in church
- 
- Decrease in call to child welfare abuse/neglect hotline
  - Increase in cases at ED with more severe harm

# Realizing the Impact: Children & Youth

## Soaring rates of Mental Health Disorders

- Depression/Anxiety
- Suicidal Ideation/Attempts
  - Particularly for 14-16 females



*Devastating increase in Suicide & Suicide Attempts (Child Epidemic) DENVER (KDVR)  
— Children's Hospital Colorado hosted a virtual roundtable on Tuesday. They said right now the leading cause of death for Colorado's children is suicide. They have declared what they call, a state of emergency. - May 25, 2021*

# Realizing the Impact: Children

## Devastating increase Addiction

- Drugs and Alcohol are readily available (access not hindered)
- Seeing INCREASE:
  - SUBSTANCE ABUSE
  - INTOXICATION
  - OVERDOSES
  - **PRENATAL EXPOSURE**
  - **DRUG ENDANGERED ENVIRONMENTS**
  - **CHILD/ADOLESCENT SUBSTANCE ADDICTION**
  - **TRAUMA/LOSSES**



# Impact of the Pandemic Early Childhood

## Restrictions and developmental environment

- Less opportunities for Social development
- Less opportunity for Early Identification & Treatment
- Earlier and Increased exposure to technology
- Less opportunity for sensory processing integration
- Increased impact of single environment – Positive?  
Negative (chaos/safety/maltreatment)?

# Realizing the Impact: Young Children

## **Delay in identification & diagnosis**

- **Medical Conditions & Neurodevelopmental Disorders**
- More advanced stages of disease and/or exacerbation of conditions



# Impact of the Pandemic Early Childhood

- Neurotypical Children have been negatively impacted by not going to school
- Early childhood development and identification lag...
- For Children with Learning or ***Neurodevelopmental Disabilities*** the ***“Education GAP”*** is even greater. Loss of services has caused substantial learning loss; for so many of these children repetition and routine are required to maintain their gains.
  - Significant regression – lose so much in a short period of time
  - The more that one relied on services/intervention – the larger the GAP

How Responsibility for Behavioral Health Services is Shared with  
Alameda County Behavioral Health

Current to Future State

Insourcing M2M / ASD

# Agenda



PAST

NOW

FUTURE

Current: Silos

- PCPs and Specialists
- AAH - Beacon network BH Providers for Mild/Moderate
- Alameda County BH Substance Use and Moderate/Severe Mental Health

Future: Integrated Care

- Team of PCP, specialists, and BH providers work together with patients and families

# What we Aspire to Create: Integrated Care

- Integrated care
  - Team based approach of primary care and behavioral health providers working with patients and families
  - Uses a systematic and cost-effective approach to provide patient-centered care for a defined population
  - Address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization
- (Safety Net Medical Home Initiative, 2014)

# Insourcing Benefits: Laying the Foundation for Whole Person Care

## Member benefits include:

- Continuum of care for members in Medi-Cal and Group Care, under one system of care
- Fewer touchpoints – reduce the confusion, assist patients directly and streamline the navigation
- Ability to integrate case management, physical health, mental health, and cognitive disorders

## Provider benefits include:

- Increased data sharing between safety-net partners for care transition planning and supports
- Local relationship – Single source for member and operational support
- Expand the network with local providers not currently contracted with Beacon

## Alliance benefits include:

- Creates more local jobs
- Improve satisfaction of members, behavioral health providers, and primary care providers
- Increase compliance with accreditation standards and regulatory reporting
- Community Stakeholder benefits include:
  - Alignment for long-term integration with the Alameda County Safety-Net, convergence of mild-to-moderate, moderate to severe, and severely mental ill services
  - Better integration of utilization & case management to prepare for population health, enhanced care management, long-term care, and in-lieu of services in 2022
  - Formation of community partnerships with Community safety net serving non-profits and children.

# Mental Health & Substance Use Services Today: Moving From Segregated Silos to “No Wrong Door” Coordinated Care

MEDI-CAL MANAGED CARE <b>Alameda Alliance for Health</b>		<b>Alameda County Health Care Services</b>			
<b>Physical &amp; Social health care services</b> <ul style="list-style-type: none"> <li>• Maternity &amp; Newborn care</li> <li>• Pediatric services, including oral &amp; vision</li> <li>• Ambulatory patient services, including mental health within the PCP’s scope of practice</li> <li>• Prescription drugs</li> <li>• Prevention &amp; wellness services, and chronic disease management</li> <li>• Enhanced Care Management</li> <li>• Community Support Services</li> </ul>	<b>Mental Health Services</b>		<b>Rehabilitative &amp; habilitative services (mental health)</b> <ul style="list-style-type: none"> <li>• Targeted case management</li> <li>• Day treatment intensive programs</li> <li>• Day rehabilitation</li> <li>• Adult residential treatment services</li> <li>• Full service partnerships</li> </ul>	<b>Emergency mental health services</b> <ul style="list-style-type: none"> <li>• Crisis intervention</li> <li>• Crisis stabilization</li> <li>• Adult crisis residential services</li> </ul>	<b>Inpatient mental health hospitalization</b> <ul style="list-style-type: none"> <li>• John George Psychiatric Hospital</li> </ul>
	<b>Mild to Moderate Acuity</b> <ul style="list-style-type: none"> <li>• Individual &amp; Group Therapy</li> <li>• Psychological testing when clinically indicated to evaluate a mental health condition</li> <li>• Psychiatric consultation</li> </ul>	<b>Severe Acuity</b> <ul style="list-style-type: none"> <li>• Individual &amp; group therapy</li> <li>• Psychological Testing</li> <li>• Medication Management</li> <li>• Substance Use</li> </ul>			
	<b>School-based behavioral health services</b>				

# Scope of Behavioral Health Services AAH will be Insourcing as of April 1, 2023



## Summary of the Covered Benefits

- **Mild-to-Moderate mental health services**
  - Individual and group mental health evaluation and treatment (psychotherapy)
  - Psychological testing to evaluate a mental health condition
  - Outpatient services, laboratory, medications, supplies, and supplemental Psychiatric consultation
- **Autism Spectrum cognitive and supportive services**
  - Behavioral Health Treatment (BHT) services for eligible beneficiaries under 21 years of age, and include Applied Behavioral Analysis (ABA); example is children with Autism Spectrum Disorder (ASD) or children for whom a physician or psychologist determines it is medically necessary
  - Services include behavioral intervention, comprehensive behavioral treatment, language training, modeling, natural teaching strategies, parent/guardian training, peer training, pivotal response training, schedules, scripting, self-management, social skills package, and story-based interventions.
  - Services delivered in schools, homes or other community-based settings

# M2M / ASD Utilization

- 11,200 Members:
  - 10,000 (98%) unique Medi-Cal members
  - 200 unique Group Care members for mental health services
  - 1,000 unique members receiving ASD services
- 154,000 Mental Health / Autism Spectrum Disorder Visits:
  - 152,000 Medi-Cal
    - 85,000 Mild to Moderate
    - 67,000 Autism Spectrum
  - 2,000 Group Care
- Telehealth Visits:
  - 47,000 Telehealth visits by 5,700 unique members (Mild to Moderate and Autism Spectrum Disorder)

# M2M / ASD

Provider Network – Currently Maintained by Beacon

- Providers in network –1,100
  - Combination of direct and community-based partnerships
    - 150+ Psychologists, 200+ Psychiatrists, 200+ Board Certified Behavior Analyst, and more than 500 mental health professionals such as Licensed Marriage & Family Therapist, Licensed Clinical Social Worker, etc.
  - 100% of Mental Health Autism Spectrum Disorder services for 2021 were provided by approximately 1000 providers
    - Top 10 Providers – delivered 62.6% of services
    - Top 25 Providers – delivered 73.1% of services

Current to Future State – Building the Foundation Step 1 = Insourcing  
Insourcing M2M / ASD – 4/01/2023

# Agenda



## ➤ Insourcing M2M/ASD Services from Beacon

### 7 Service Domains

- Care Transitions
- Utilization Management
- Quality Improvement
- Provider Network
- Credentialing
- Member Services
- Claims Processing & Payment

# Service Delivery Model (7 Service Domains)

Leverage existing systems and processes to incorporate *patient centered* Mental Health Mild to Moderate and Autism Spectrum Disorder Services into Alameda Alliance Operations:

- Expand AAH **Member Services** call center capability with additional resources and training on the benefit
- Contract existing Mental Health **Provider Network** to continue to meet all **Credentialing**, access and availability standards and ensure continuity of care
- Implement clinical operations for Mental Health focused **Case and Utilization Management**
- Timely and accurate **Claim Processing & Payments** using existing claims system
- HEDIS requirements built into contracts in support of **Quality Improvement** activities
- DHCS and NCQA compliant telephone triage and referral as well as **Care Transitions** protocols

# “Day 1”

- Regulatory Compliance / Reporting / Data Sharing
- Direct contracting will strengthen Provider relationships
- Continue Tele-Psych Program
- Leverage existing core systems and staff
- Build comprehensive internal Behavioral Health team that includes expertise in treating patients with autism
  - Creation of a new Behavioral Health Department
  - Expansion of Member Call Center to include behavioral health specialists
  - Formation of internal crisis response team (e.g. threat & potential harm assessment)
- Cohesive Medical and Behavioral Health record in Medical Management Systems (MMS)
- Access Issues / “No Wrong Door”
  - Joint workgroup with Alameda County Behavioral Health

# Improvement Opportunities – Beyond Day 2

- Areas the Alliance will evaluate:
  - Improving Warm Handoffs
  - Improving Step Up / Step Down Care Coordination with County
  - Enhancing the existing Member & Provider Portals to Support Care Coordination
  - Referral & Re-authorization Process to Remove Barriers to Care
  - Explore Payment Reform & Delegation Opportunities
  - Primary Care Physician Engagement
  - Telehealth Psych Program
  - Assess Network Gaps (Linguistic/Cultural/Racial Disparities & Barriers to care)

# Current Activities

- Internal Development
  - Ongoing Executive Level evaluation of project deliverables, risks and timeline
  - Hired New Staff to implement behavioral health insourcing
  - Developed detailed Business and Technology Requirements
  - Identified Regulatory Compliance Requirements (DHCS/DMHC)
    - Regulator Notification
    - Member & Provider Notifications
    - Policy & Procedure Development
- Collaborative Planning with Community Partners (EG: AHS, ACBH, FQHCs, Behavioral Health Organizations).

# Next Steps

- Insourcing implementation
  - **Provider Network Development (Contracting, Credentialing) – In Progress**
  - System Updates/Configuration – In Progress
  - Staffing – Complete and Training is underway
  - Member Notification – Scheduled to mail
  - Mild to Moderate Mental Health / Autism Spectrum Disorder Program Cutover to AAH April 1, 2023

# Questions?

Peter Currie – [pcurrie@alamedaalliance.org](mailto:pcurrie@alamedaalliance.org)

Sanjay Bhatt – [sbhatt@alamedaalliance.org](mailto:sbhatt@alamedaalliance.org)



# Case Management

at Alameda Alliance for Health



# Case Management Programs

- Care Coordination
  - - Does not meet TOC or complex criteria
  - - Goal based
  - - Telephonic
- Heme/Onc
  - - Heme/Onc Diagnosis
  - - Care Coordination needs
- Major Organ Transplant
  - - Transplant spectrum
  - - care coordination needs not related to transplantation

# Case Management

- Complex
  - Meet criteria:
    - Medical diagnosis
    - Social determinants of health
  - Open ended, based on care plan
  - telephonic
- TOC – Transitions of Care
  - Bundle
    - discharge call within 1 business day
    - Medication reconciliation for high-risk members
    - Review and teach back of discharge plan
    - Evaluate for post discharge needs: follow up apt, home health, DME, transportation, etc.
  - 30-day post-discharge
  - Telephonic

# How to Refer

- Referral Form
- Anyone can refer:
  - Member
  - PCP
  - Community Partner
- Call into Case Management: 877-251-9612
- Email Case Management: [DeptCMDM@alamedaalliance.org](mailto:DeptCMDM@alamedaalliance.org)

### Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	December 5, 2022
From:	Kisha Gerena – Manager, Grievance and Appeals
Reporting Period:	Resolved Q3 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	2107	30 Calendar Days	95% compliance within standard	1779	84.4%	
Expedited Grievance	5	72 Hours	95% compliance within standard	4	80.0%	
Exempt Grievance	5025	Next Business Day	95% compliance within standard	5022	99.9%	
Standard Appeal	87	30 Calendar Days	95% compliance within standard	86	98.8%	
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.0%	
<b>Q3 2022 Total Cases:</b>	7225		95% compliance within standard	6892	95.3%	

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

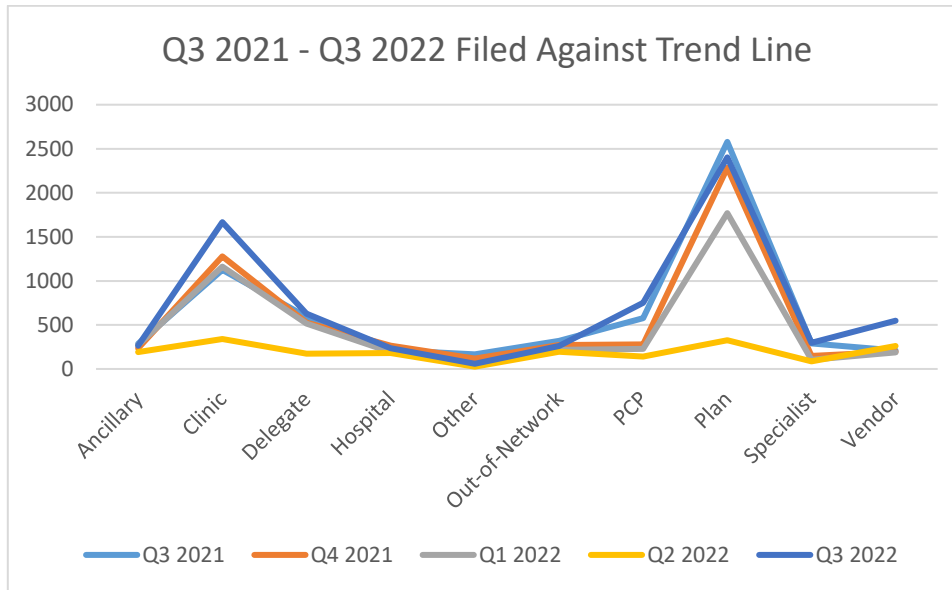
**Appeal Data/Analysis:**

Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CHME	CHCN	Plan	
Inpatient Appeal	0	0	0	0	0
Outpatient Appeal	1	1	23	41	66
Pharmacy Appeal				4	4
Retro Appeal	0	0	10	8	18
<b>Grand Total:</b>	<b>1</b>	<b>1</b>	<b>33</b>	<b>53</b>	<b>88</b>
<b>Overtured %:</b>	<b>0%</b>	<b>0%</b>	<b>9.0%</b>	<b>18.8%</b>	<b>14.7%</b>

**Grievance Data/Analysis:**

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	152	149	4	11	58	274
Clinic	1035	67	12	102	403	1619
Delegate	72	64	391	15	91	633
Hospital	32	174	6	29	22	263
Mental Health Facility	4	4	0	3	2	13
Other	5	23	7	1	22	58
Out-of-Network	31	222	2	7	20	282
PCP	464	12	6	52	201	735
PCP Non-Physician Medical Practitioner	2	0	0	1	0	3
Plan	572	124	1159	3	544	2402
Specialist	153	42	3	19	75	272
Specialist Non-Physician Medical Practitioner	0	0	0	1	1	2
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, PHI, fraud/waste/abuse, eligibility, and PCP auto assignments
  - Quality of Service
    - Complaints against our internal departments: G&A, Member Services and Case Management regarding customer service.



- There was an increase in grievances against the Plan in Q3 2022 compared to Q2 2022.
  - Medi-Cal pharmacy benefit is now managed through Medi-Cal leading to a reduced number of coverage dispute complaints and pharmacy appeals

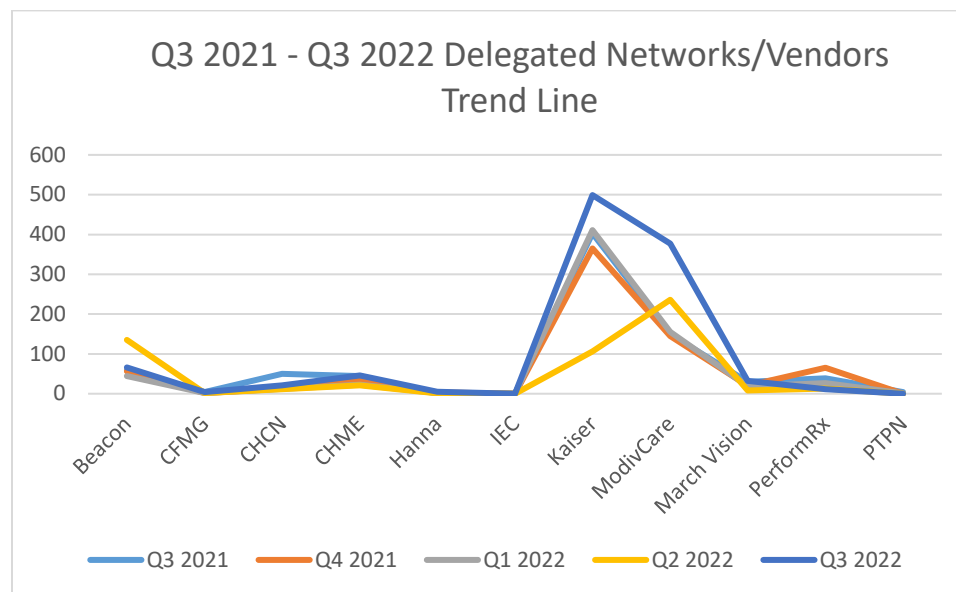
**Grievances filed against our Delegated Networks/Vendors:**

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

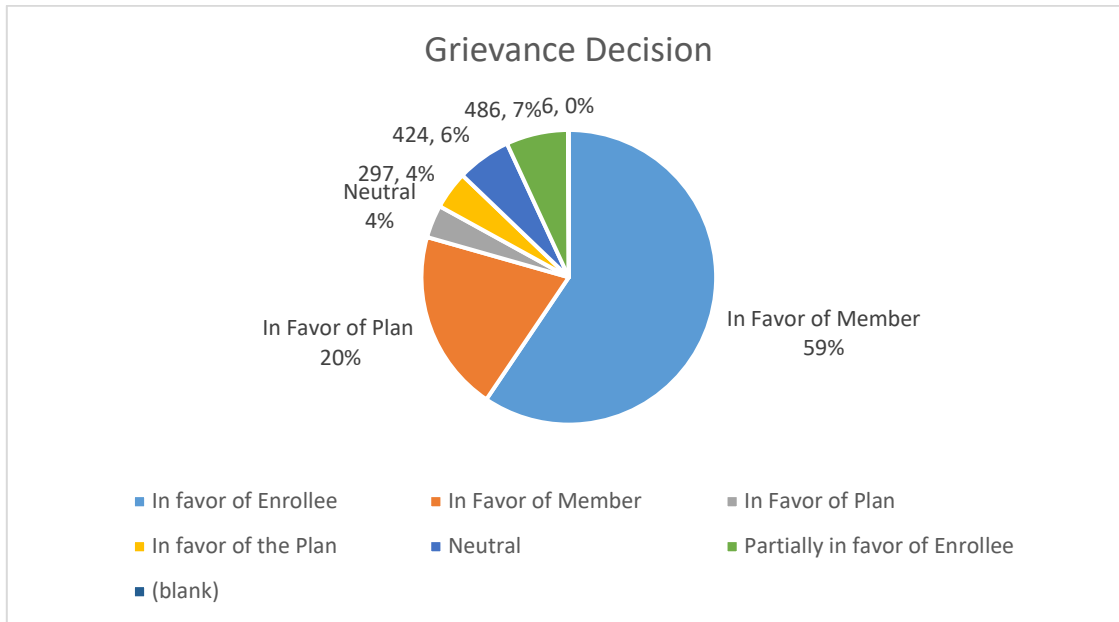
- Beacon Health Strategies – Behavioral Health Benefit Provider
- Children First Medical Group (CFMG) – Alliance Provider Network
- Community Health Center Network (CHCN) – Alliance Provider Network
- California Home Medical Equipment (CHME) – DME Benefit Supplier
- Kaiser – Fully Delegated Provider
- 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>72</b>	<b>64</b>	<b>391</b>	<b>15</b>	<b>91</b>	<b>633</b>
Beacon	27	7	3	1	27	65
CFMG	4	0	0	0	0	4
CHCN	8	5	0	0	8	21
Kaiser	24	38	383	11	43	499
March Vision	8	8	5	3	8	32
PerformRx	1	6	0	0	4	11
PTPN	0	0	0	0	0	0
<b>Vendor</b>	<b>61</b>	<b>18</b>	<b>9</b>	<b>7</b>	<b>455</b>	<b>550</b>
CHME	4	3	1	1	37	46

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Cyacom	0	0	0	0	1	1
Hanna	2	0	0	0	3	5
Human Arc	0	0	0	0	0	0
ModivCare	25	15	3	6	328	377
Optum	1	0	0	0	2	3
Teladoc	0	0	4	0	1	5
<b>Grand Total</b>	<b>133</b>	<b>82</b>	<b>400</b>	<b>22</b>	<b>546</b>	<b>1183</b>



- There was a 21% increase in grievances filed against Kaiser in Q3 2022 compared to Q2 2022.
  - The majority were related to members not meeting Kaiser enrollment criteria
- ModivCare had an increase of 63% of grievances compared to Q2.
  - 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 6,854 unique grievance cases resolved during the reporting period, with a total of 7,137 grievances including all shadow cases.
- All grievances related to quality of care were forwarded as a Potential Quality Issue (PQI) to the AAH Quality department, upon further investigation, the PQI nurse and Alliance MD assign severity levels, action codes and outcome codes as deemed appropriate.
- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meetings.

**Issues/Recommendations:**

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

**Action Items:**

Action Item:	Responsible Party:	Completed:



# COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2022 - 2023 | 1<sup>ST</sup> QUARTER (Q1) OUTREACH REPORT

# ALLIANCE IN THE COMMUNITY

## FY 2022 - 2023 | 1<sup>ST</sup> QUARTER (Q1) OUTREACH REPORT

Between July 2022 and September 2022, the Alliance completed **2,370** member orientation outreach calls and conducted **545** member orientations (**23%** member participation rate). The Alliance also completed **31** Service Requests, and **144** Website Inquires in Q1. The Alliance reached a total of **1,357** people and spent a total of \$770 in donations, fees, and/or sponsorships at the Oakland Chinatown Chamber of Commerce and the 19<sup>th</sup> Annual Healthy Living Festival community events.\*\*

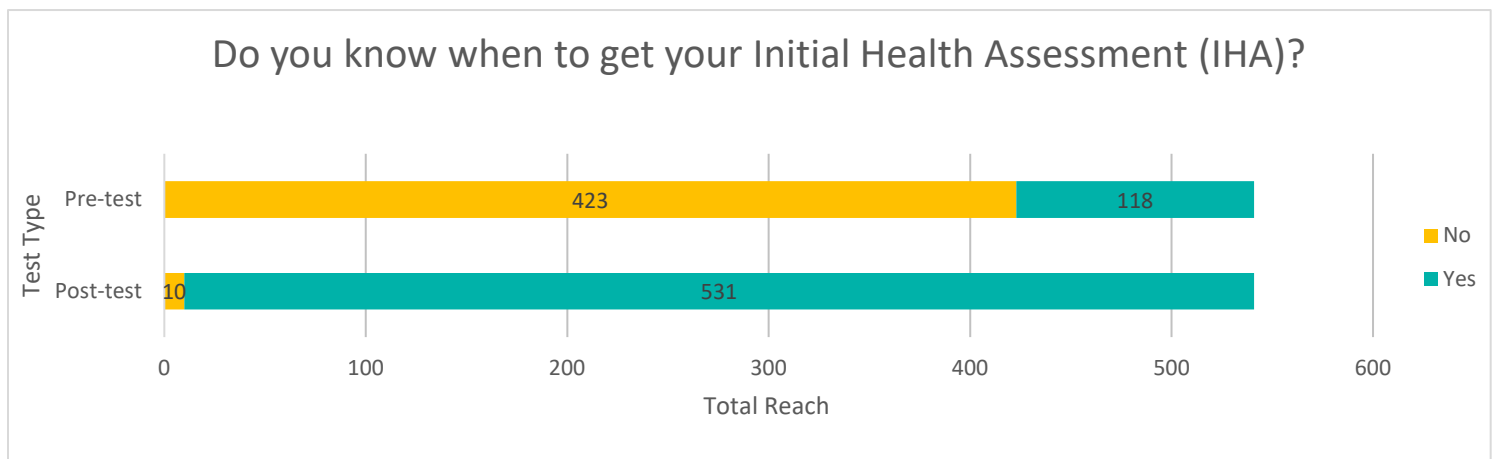
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **25,839** self-identified Alliance members have been reached during outreach activities.

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 the Coronavirus Disease (COVID-19). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice.

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of September 30, 2022, the Outreach Team completed **21,669**-member orientation outreach calls and conducted **6,014** 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, 2020, through September 30, 2022 – **6,014** members completed our MO program by phone.

After completing a MO **98.2%** of members who completed the post-test survey in Q1 FY 22-23 reported knowing when to get their IHA, compared to only **21.8%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: [W:\DEPT\\_Operations\COMMUNICATIONS & MARKETING\\_OFFICIAL\\_FOLDER\Reports\C&O Reports\Outreach Reports\FY 22-23\Q1\3. September 2022](W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL_FOLDER\Reports\C&O Reports\Outreach Reports\FY 22-23\Q1\3. September 2022)

# ALLIANCE IN THE COMMUNITY

## FY 2022 - 2023 | 1<sup>ST</sup> QUARTER (Q1) OUTREACH REPORT

### Q1 FY 2022-2023 TOTALS



**2** COMMUNITY EVENTS

**0** MEMBER EDUCATION EVENTS

**545** MEMBER ORIENTATIONS

**0** MEETINGS/ PRESENTATIONS

**2** TOTAL INITIATED/INVITED EVENTS

**547** TOTAL EVENTS



**1357** TOTAL REACHED AT COMMUNITY EVENTS

**0** TOTAL REACHED AT MEMBER EDUCATION EVENTS

**545** TOTAL REACHED AT MEMBER ORIENTATIONS

**0** TOTAL REACHED AT MEETINGS/PRESENTATIONS

**1230** TOTAL MEMBERS REACHED AT EVENTS

**1902** TOTAL REACHED AT ALL EVENTS



ALAMEDA  
ALBANY  
BERKELEY

CASTRO VALLEY  
DUBLIN

FREMONT  
HAYWARD  
LIVERMORE

NEWARK  
OAKLAND  
PLEASANTON

SAN LEANDRO  
SAN LORENZO  
UNION CITY

### TOTAL REACH 17 CITIES

\* Cities represent the mailing addresses for members who completed a Member Orientation by phone and CE. The italicized cities are outside of Alameda County. The following cities had <1% reach during Q1 2022: Emeryville, Concord, and Richmond. The C&O Department started including these cities in the Q3 FY21 Outreach Report.



**\$770**

### TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS\*

\*\* Includes refundable deposit.

# **Q4 2021 – Q3 2022 CG-CAHPS**

**In-Office Wait Time**

**Call Return Time**

**Time to Answer Call**

Member Advisory Committee 12/15/2022

# Overview of TIMELY ACCESS Standards

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	Appointment Within:
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

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# CG-CAHPS: In-Office Wait Time

# IN-OFFICE WAIT TIME

## Q3, 2022

Survey Tool CG-CAHPS (Q27/Adult, Q37/Child) asks:

- Office wait time includes both the time spent in the waiting room and the exam room before you are seen by the doctor. Thinking about visits to this provider in the last 6 months, about *how many minutes did you typically wait in the waiting room and exam room until you saw the provider? Was it...*
  - Less than 60 minutes**
  - More than 60 minutes

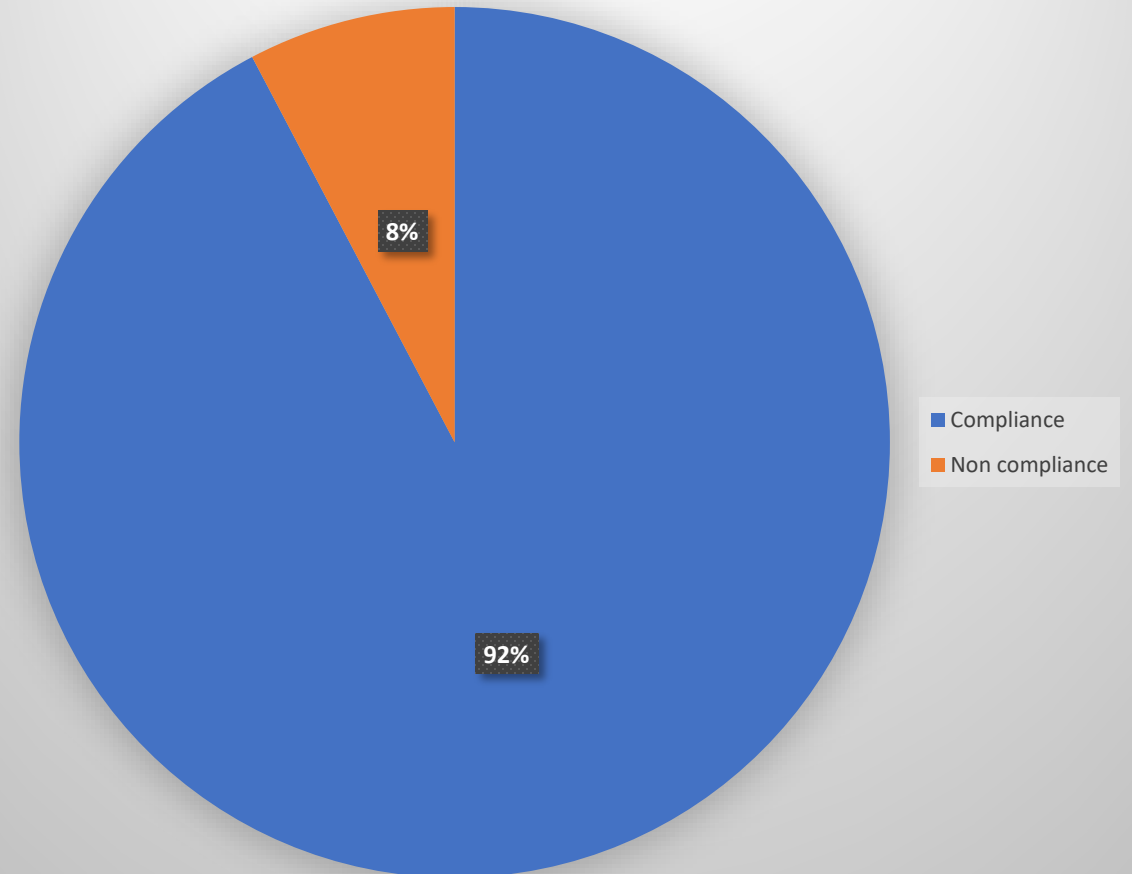
Goal = 80%

Q2, 2022: 92.3%

Q1, 2022: 92.7%

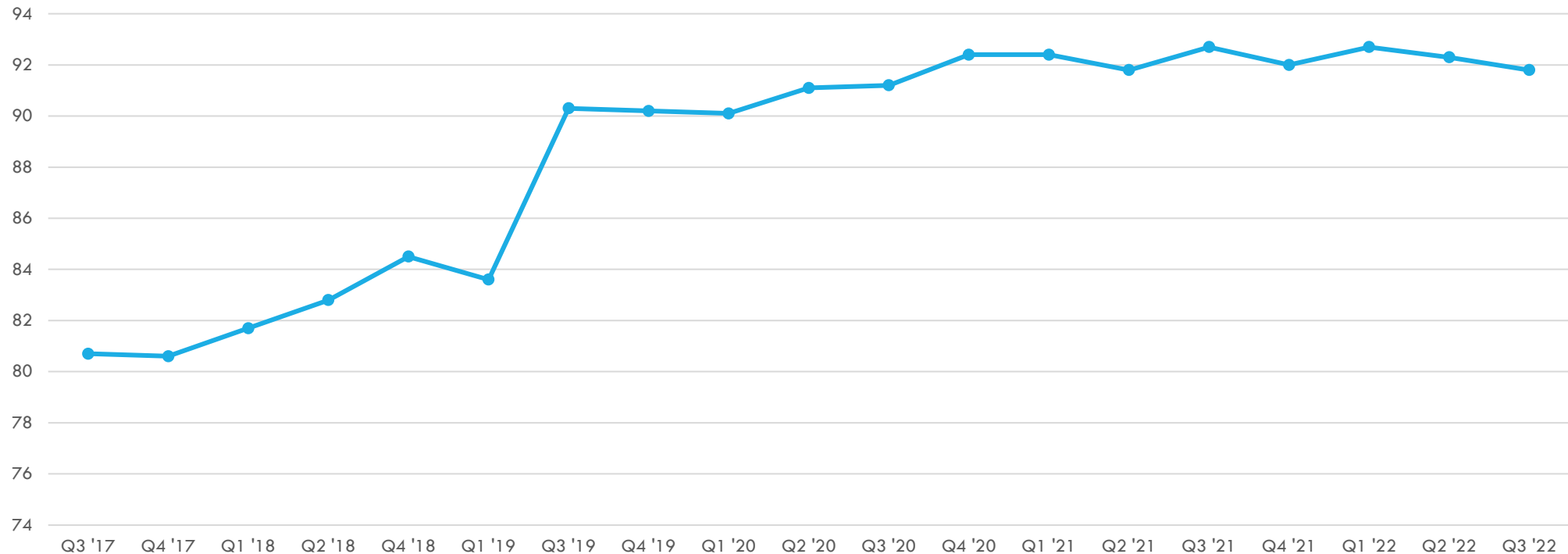
Q4, 2021: 92%

In Office Wait Time



# IN-OFFICE WAIT TIME

## TREND ANALYSIS

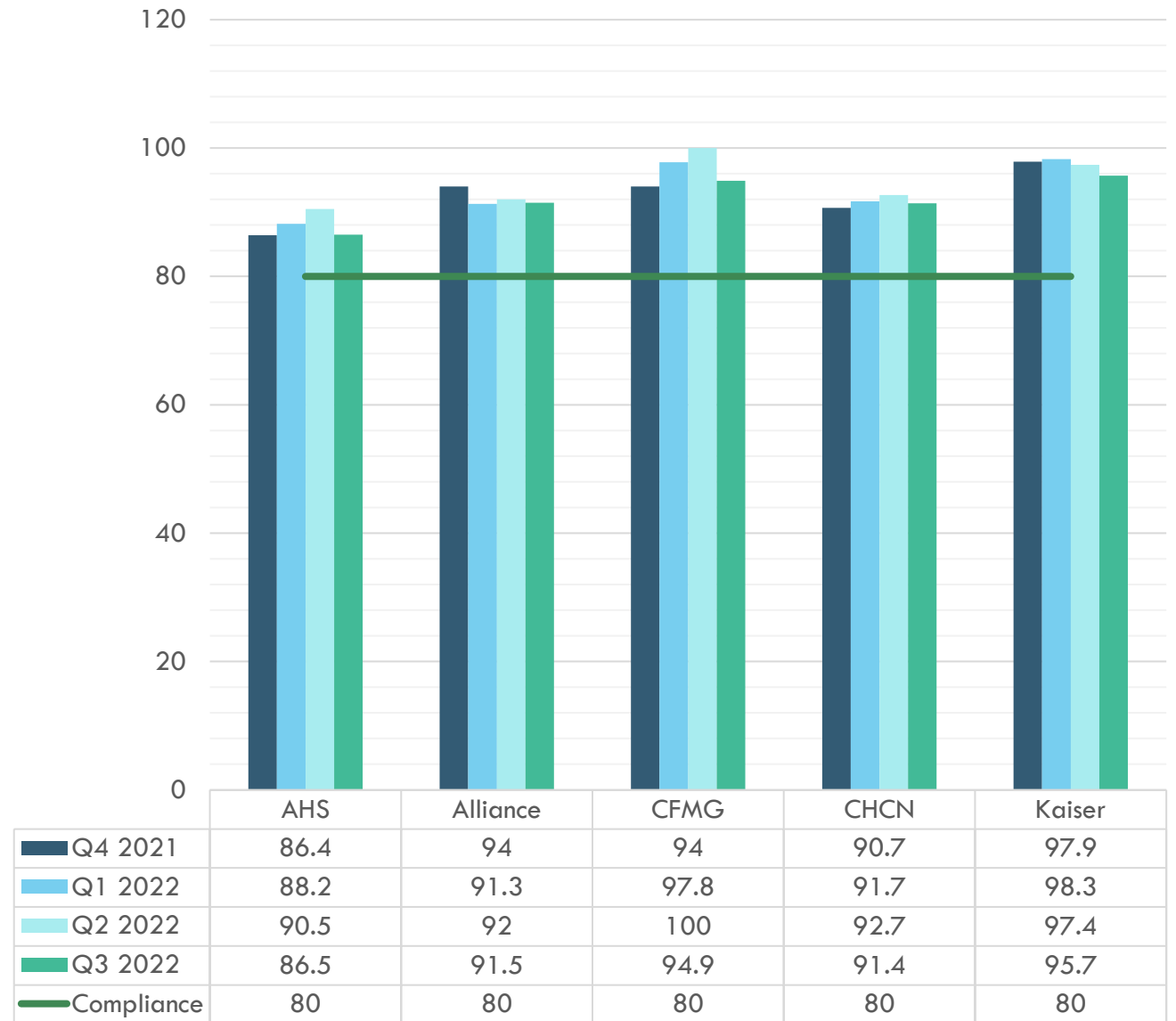


- A slight continuous downward trend as of Q1 2022, however the metric continues to meet the 80% compliance rate threshold goal.
- Survey sample methodology changed in Q1, 2022. Duplicated member surveys removed; member only surveyed once for their most recent doctors' visits during sample period.
- *Standard requirement was changed from within 30 minutes to within 60 minutes in Q2, 2019.*



# IN-OFFICE WAIT TIME COMPLIANCE RATE BY NETWORK (%)

- All delegate providers continued to score above the 80% compliance threshold from Q4 2021 to Q3 2022



# Q3 2022 IN-OFFICE WAIT TIME NON-COMPLIANT PROVIDER TREND

Direct and Delegate providers who were found to be non-compliant for 3 consecutive quarters from Q1, 2022 to Q3, 2022.

- Rajiv R. Ahuja, MD
- Alvarado Medical Clinic
- La Loma Medical Group
- Henry Geoffrey Watson, MD

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# CG-CAHPS: Call Return Time

# CALL RETURN TIME

## Q3, 2022

Survey Tool CG-CAHPS (Q10/Adult, Q17/Child) asks:

- Thinking about visits to this provider in the last 6 months, when you called this provider's office during regular office hours, when did you get a call back?
  - Within 1 business day**
  - More than 1 business day
  - Did not hear back

**Goal = 70%**

Q2 2022: 71.2%

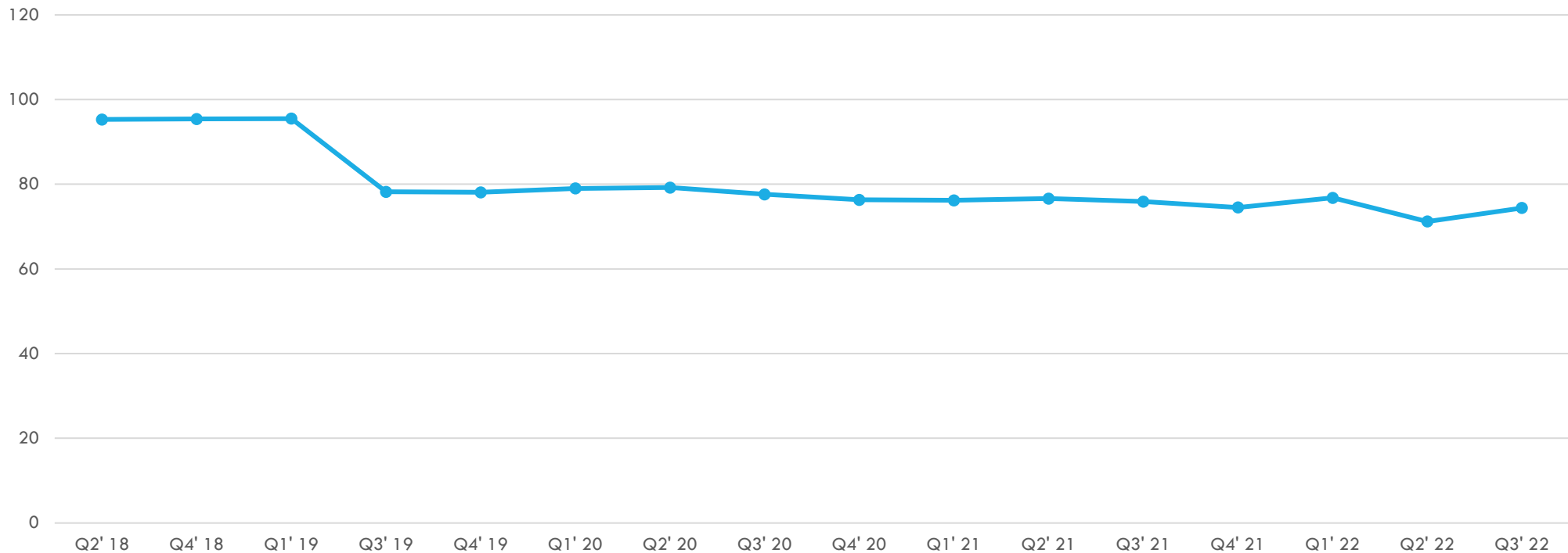
Q1 2022: 76.8%

Q4 2021: 74.5%

\*Starting Q3, 2022 compliance threshold goal has been changed from 80% to 70%.



# CALL RETURN TIME TREND ANALYSIS

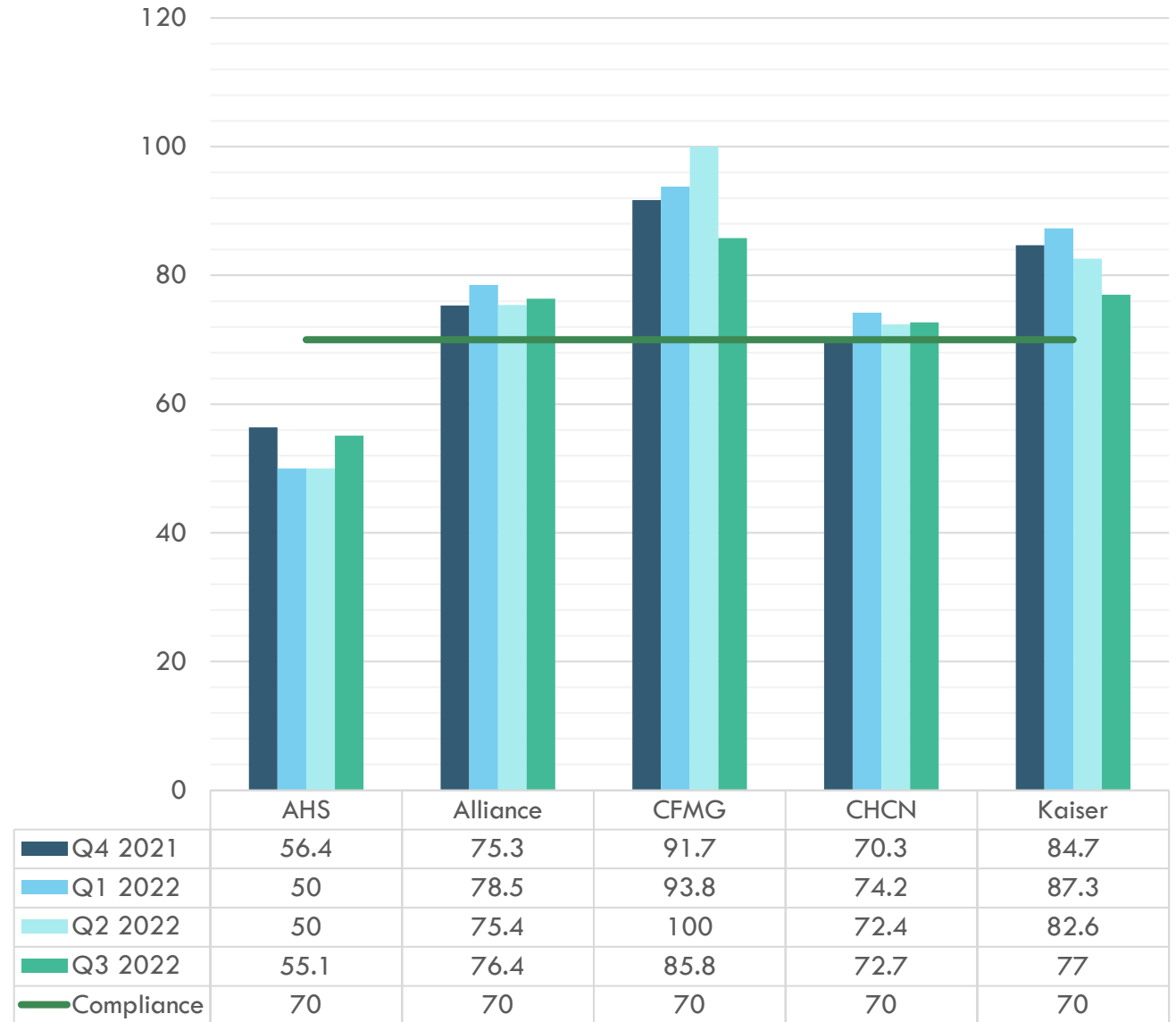


○ Graph indicates a percentage increase of 3.2% from Q2, 2022 to Q3, 2022

- Survey sample methodology changed in Q1, 2022. Duplicated member surveys removed; member only surveyed once for their most recent doctors' visits during sample period.
- *Standard requirement was changed from within 30 minutes to within 1 business day in Q2 2019*

# CALL RETURN TIME COMPLIANCE RATE BY NETWORK (%)

- With the new compliance goal change from 80% to 70%, only AHS continue to not meet the threshold goal.



# Q3 2022 CALL RETURN TIME NON-COMPLIANT PROVIDER TREND

Direct and Delegate providers who were found to be non-compliant for 3 consecutive quarters from Q1, 2022 to Q3, 2022.

- Alameda Health System – Eastmont Wellness
- Alameda Health System – Hayward Wellness
- Alameda Health System – Highland Wellness
- Alvarado Medical Clinic
- Nabil K. Abudayeh
- Pacific Cardiology Associates
- Webster Medical Clinic
- Axis Community Health - Hacienda
- Native American Health Center
- Tri-City Health Center

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# CG-CAHPS: Time To Answer Call



# TIME TO ANSWER CALL

## Q3, 2022

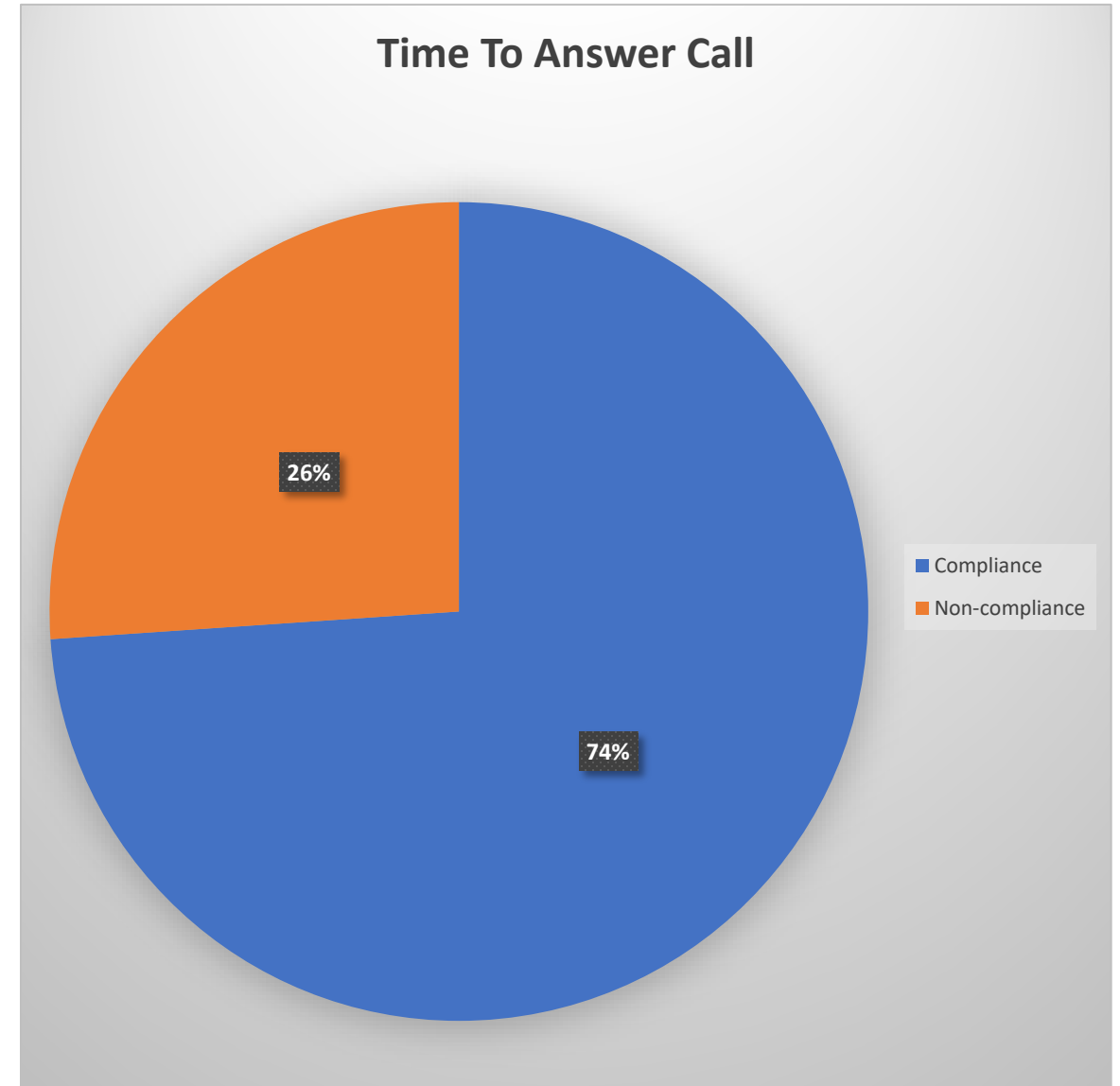
Survey Tool CG-CAHPS (Q5/Adult, Q4/Child) asks:

- Thinking about visits to this provider in the last 6 months, when you called this provider's office during regular office hours, how long did you wait to speak to a staff member?
  - 0 – 10 minutes**
  - Greater than 10 minutes

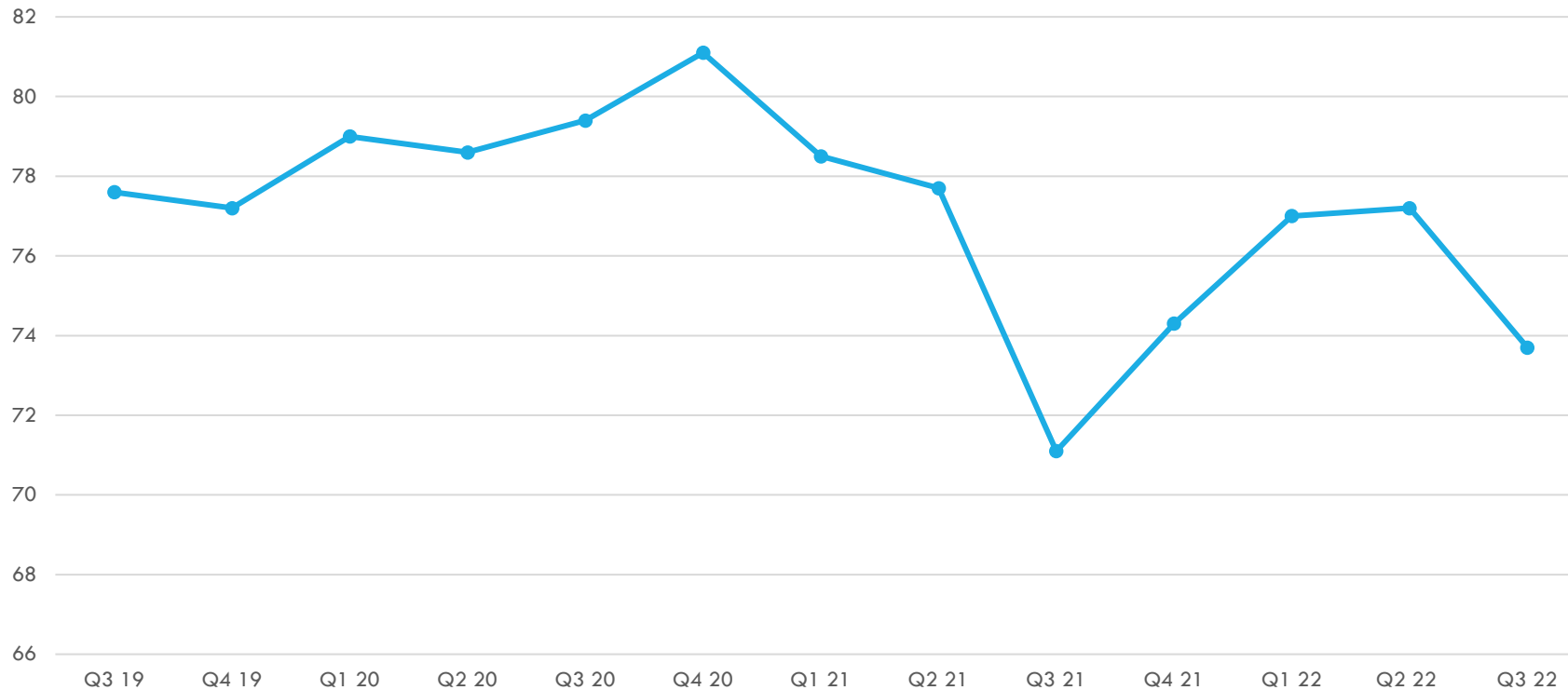
Goal = 70%

Q2 2022: 77.2%  
Q1 2022: 77.0%  
Q4 2021: 74.3%

\*Starting Q3, 2022 compliance threshold goal has been changed from 80% to 70%.



# TIME TO ANSWER CALL TREND ANALYSIS

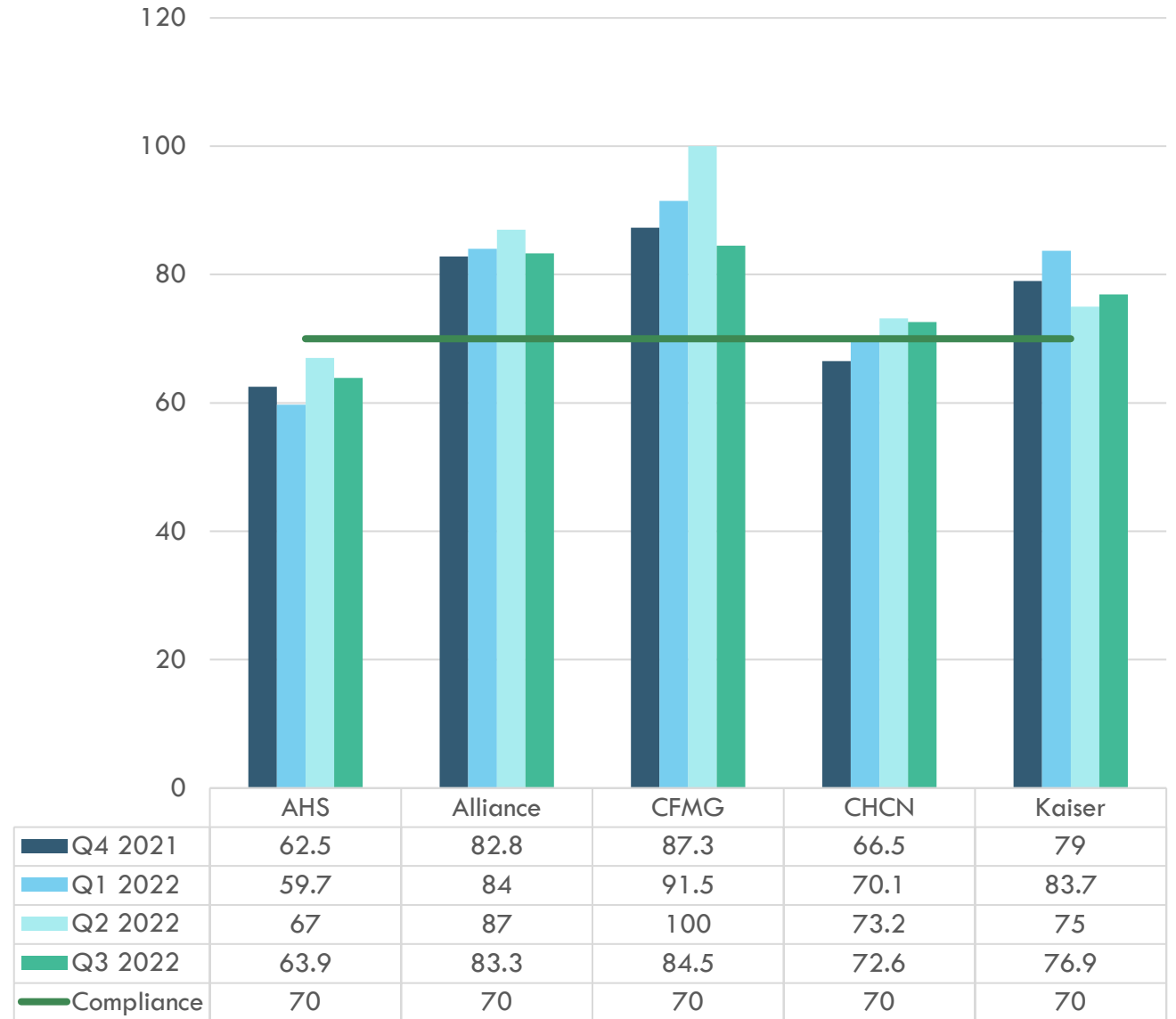


○ Graph indicates significant decrease of 3.5% from Q2 2022 to Q3 2022

- Survey sample methodology changed in Q1, 2022. Duplicated member surveys removed; member only surveyed once for their most recent doctors' visits during sample period.

# TIME TO ANSWER CALL COMPLIANCE RATE BY NETWORK (%)

- With the new compliance goal change from 80% to 70%, only AHS continue to not meet the threshold goal.



# Q3 2022 TIME TO ANSWER CALL NON-COMPLIANT PROVIDER TREND

Direct and Delegate providers who were found to be non-compliant for 3 consecutive quarters from Q1 2022 to Q3 2022.

- Alameda Health System – Eastmont Wellness
- Alameda Health System – Hayward Wellness
- Alvarado Medical Clinic
- Nabil K. Abudayeh, MD
- La Clinica De La Raza – San Antonio Neighborhood
- La Clinica De La Raza – Transit Village
- Lifelong Medical Care
- Tiburcio Vasquez Health Center
- West Oakland Health Center

# NEXT ACTION STEPS

- Track and Trend compliant rates
- Share results with Delegate and Direct entities
- Share results with Provider Services and FSR staff to incorporate as part of provider and office staff education for identification of barriers and improvement opportunities.
- CAPs to be sent to non-compliant providers
  - CAPs are issued at the direct provider level

**Q&A**

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# Attendance Policy – MAC Charter

- ▶ “The MAC committee may dismiss a member from the committee if they fail to attend two meetings of the committee within one year for reasons other than illness. Members shall notify the Alliance of expected absences.”
  
- ▶ The Alliance staff will inform members who are at risk of being dismissed:
  - a. After one (1) missed meeting for reason other than illness Alliance staff will call the member to remind the member of the policy.
  
  - b. After two (2) missed meetings for reason other than illness, Alliance staff will send a letter to remind the member of the policy.
  
  - b. At the last meeting of the calendar year (December), Alliance staff will present an attendance wrap up report. MAC members will vote on whether they choose to dismiss a member because of their attendance record.
  
- ▶ “Committee members may serve more than one term, at the discretion of the Chief Executive Officer (CEO).”

# MAC Candidates: Outreach & Application

## Outreach

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

## Application

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



# MAC Candidates: Voting

## Attend a MAC meeting

- ▶ The member is invited to attend the next MAC meeting.
- ▶ The Alliance Staff will present the candidate to the MAC members.
- ▶ The candidate shares additional information.
- ▶ The MAC members may ask questions.

## Voting

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



Health care you can count on.  
Service you can trust.

## **MEETINGS OF THE MEMBER ADVISORY COMMITTEE**

Member Advisory Committee meetings are held every quarter. The MAC needs 51% of the members to attend meetings to have a quorum and conduct business. MAC quarterly meetings and materials, including meeting minutes, are public.

Quarterly meetings of the MAC for 2023 will be on the morning of the third Thursday of the third month of each quarter as follows:

March 16, 2023

June 15, 2023

September 14, 2023

December 14, 2023

The Alliance may invite MAC Members to participate in other meetings or activities throughout the year. These extra activities are optional.

All meetings will be held online or at the Alameda Alliance for Health office:  
1240 So. Loop Road, Alameda, CA 94502.