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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. 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: **289 469 110 64#** 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.

Meeting Name:	Member Advisory Committee		
Date of Meeting:	March 16, 2023	Time:	10:00 AM – 12:00 Noon
Meeting Chair and Vice Chair:	Maria Archuleta, Chair Natalie Williams, Vice Chair	Location:	Call in or video call only.
Call In Number:	Telephone Number: 1.510.210.0967 Code: 289 469 110 64#	Webinar:	Click here to join the meeting 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
Valeria Brabata Gonzalez	Alliance Member	Mimi Le	Alliance Member
Brenda Burrell (Acting)	Administrative Specialist II, ACPH Child Health & Disability Prevention	Mayra Matias Pablo	Parent of Alliance Member
Warren Cushman	Alliance Member	Melinda Mello	Alliance Member
Tandra DeBose	Alliance Member	Jody Moore	Parent of Alliance Member
Roxanne Furr	Alliance Member	Sonya Richardson	Alliance Member
Irene Garcia	Alliance Member	Amy Sholinbeck, LCSW	Asthma Coordinator, Alameda County Asthma Start
Erika Garner	Alliance Member		

III. Meeting Agenda			
Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions <ul style="list-style-type: none"> • New Members <ul style="list-style-type: none"> a. Mayra Matias Pablo b. Sonya Richardson • Member Roll Call • Alliance Staff • Visitors 	Maria Archuleta , Chair	5	Information
Approval of Minutes and Agenda			
1. Approval of Minutes from December 15, 2022	Maria Archuleta , Chair	2	Vote
2. Approval of Agenda	Maria Archuleta , Chair	3	Vote
Brown Act and Public Meetings	Linda Ayala , Director, Population Health and Equity	5	Information
CEO Update			
1. Alliance Updates 2. Update on BH Network & Insourcing	Scott Coffin Chief Executive Officer	20	Information
New Business			
1. Timely Access Report	Loc Tran Manager, Access and Availability	10	Discussion
2. Addressing Social Determinants of Health	Jorge Rosales Manager, Case Management Susan Baca Supervisor, Community Supports Amy Stevenson	30	Discussion

II. Meeting Agenda			
Topic	Responsible Party	Time	Vote to approve or Information
	Clinical Manager, Enhanced Care Management		
3. Health Education Program <ul style="list-style-type: none"> • 2022 Update • Field-testing opportunity 	Linda Ayala Director, Population Health and Equity	15	Discussion
Alliance Reports			
1. Grievances and Appeals <ul style="list-style-type: none"> • October – December 2022 	Kisha Gerena Manager, Grievances and Appeals	10	Information
2. Outreach Report <ul style="list-style-type: none"> • October – December 2022 	Alejandro Alvarez Community Outreach Supervisor	12	Information
MAC Business			
1. Confidentiality statement updates 2. Stipend update	Lena Lee Health Education Coordinator	2	Vote
Open Forum 1. Next meeting topics	Maria Archuleta, Chair	5	Discussion
Adjournment	Maria Archuleta, Chair	2	Next meeting: June 15, 2023

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 **Lena Lee** at **510.747-6104** 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, December 15, 2022 10:00 AM - 12:00 PM
 DRAFT

Committee Member Name	Role	Present
Maria Archuleta	Alliance Member, Chair	
Valeria Brabata Gonzalez	Alliance Member	X
Brenda Burrell (Acting)	Alameda County Child Health & Disability Prevention	X
Warren Cushman	Alliance Member	X
Tandra DeBose	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	
Bassam Jammal	Alliance Member	X
Mimi Le	Alliance Member	
Melinda Mello	Alliance Member	X
Jody Moore	Parent of Alliance Member	X
Amy Sholinbeck	Alameda County Asthma Start	X
Natalie Williams	Alliance Member, Vice-Chair	X

Other Attendees	Organization	Present
Abegail Quijano-Gella	Alameda County Family Health Services Division	X
Mayra Matias Pablo	MAC Candidate	X
Sonya Richardson	MAC Candidate	X

Staff Member Name	Title	Present
Alejandro Alvarez	Community Outreach Supervisor	X
Linda Ayala	Director, Population Health and Equity	X
Sanjay Bhatt, MD	Senior Medical Director	X
Cindy Brazil	Interpreter Services Coordinator	X
James Burke	Lead Quality Improvement Project Specialist	X
Scott Coffin	Chief Executive Officer	X
Peter Currie, PsyD	Senior Director, Behavioral Health	X
Thomas Dinh	Outreach Coordinator	X
Rosemary Endick	Behavioral Health Quality Improvement Navigator	X
Kisha Gerena	Manager, Grievances and Appeals	X
Angelica Glasco Olivares	Behavioral Health Case Management Navigator	X
Lily Hunter	Director, Social Determinants of Health	X
Tristina James	Behavioral Health Navigator	X

Jessica Jew	Health Education Specialist	X
Steve Le	Outreach Coordinator	X
Helen Lee	Senior Director, Pharmacy Services	X
Michelle Lewis	Senior Manager, Communications & Outreach	X
Isaac Liang	Outreach Coordinator	X
Dennis Mullenix	Behavioral Health Triage Specialist	X
Steve O'Brien, MD	Chief Medical Officer	X
Rosa Reyes	Disease Management Health Educator	X
Jorge Rosales	Manager, Case Management	X
Grace St. Clair	Director, Compliance & Special Investigations	X
Michaela Thompson	Behavioral Health Triage Specialist	X
Loc Tran	Manager, Access to Care	X
Katrina Vo	Communications & Content Specialist	X
Hermine Voskanyan	ABA Analyst	X
Matt Woodruff	Chief Operating Officer	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Linda Ayala	L. Ayala facilitated the meeting because MAC Chair and Vice-Chair were unable to attend. V. Brabata Gonzalez and T. DeBose joined today as new Member Advisory Committee members.	L. Ayala called the meeting to order.	
Approval of Agenda and Minutes	Linda Ayala			
1. Approval of Minutes from September 15, 2022			Minutes from the previous meeting approved by consensus.	
2. Approval of Agenda			Agenda approved by consensus.	
CEO Update	Scott Coffin Matt Woodruff	S. Coffin presented the operations & financial performance update. <ul style="list-style-type: none"> October 2022 financials and the final budget were presented to the Alameda Alliance Finance Committee & Board of Governors last week. There was a \$9.5 million net income in October 2022 with \$21.5 million income so far in the first four months of the fiscal year. Flu and COVID season are expected to increase expenses in the coming months. <ul style="list-style-type: none"> W. Cushman: In the last meeting, hadn't there been a shortfall in the 		

budget with CalAIM changes? S. Coffin: The projection changed from the preliminary budget. Less utilization than expected for major organ transplants, favorable Medi-Cal rates, and increased enrollment have led to a projected net income.

M. Woodruff gave an update on the public health emergency.

- Member enrollment has continued to increase because of the public health emergency. It is expected to continue until April 2023.
- For the first time, the Alliance will partner with Alameda County Social Services Agency to reach out to members before and after being disenrolled. This outreach will begin in April.
 - J. Moore: How would someone lose enrollment? M. Woodruff: Someone could be disenrolled if they moved out of the county, got a new job, or had not updated their address.
 - A. Sholinbeck: People also have to complete redetermination paperwork to continue being enrolled, so if they changed their address they might not receive the notice.
 - T. DeBose: Would someone coming off of COBRA be able to keep Kaiser? M. Woodruff: Generally speaking they could, but the answer depends on various factors.
 - V. Brabata Gonzalez: What happens to the income and losses for the Alliance? S. Coffin: The Alliance is its own not-for-profit organization outside of the County. There is a bank account with reserves, and the Alliance is required to maintain a minimum amount to be solvent and cover medical expenses. About 92%

		<p>of the revenue goes toward paying medical expenses.</p> <ul style="list-style-type: none"> ○ M. Mello: Who to talk to if concerned about being disenrolled? M. Woodruff: Alameda County Social Services will handle those questions, but Alliance Member Services can connect members to Social Services Agency sites and enrollment assisters. <p>S. Coffin continued with updates on Medicare expansion and Medi-Cal program changes.</p> <ul style="list-style-type: none"> ● The Alliance was certified for Medicare in the past but stopped serving Medicare members in 2014. Currently, there are 22,000 dual-eligible Alliance members with an expectation to grow to 44,000 next year. The Alliance can certify as a Medicare plan again in order to retain these dual-eligible members. ● Upcoming program changes in 2023 are the long-term care benefit with the Alliance, transitions of care from hospital to home for high-risk members, and the insourcing of behavioral health in April 2023. 		
New Business				
1. Behavioral Health Insourcing	Peter Currie, PsyD	<p>Presented on behavioral health insourcing at the Alliance, which will include mild-to-moderate and autism spectrum disorder services.</p> <ul style="list-style-type: none"> ● The Alliance chose to insource behavioral health because of increased health care utilization with multiple conditions; high expenditures through Medi-Cal; and health equity for vulnerable communities. ● A health equity example is the impact of the pandemic on early childhood and youth. There have been more mental health disorders among children and youth for reasons that include less identification of risk, less opportunities for social development, and increased access to substances. Furthermore, the delay in identification of medical 		

		<p>conditions and neurodevelopmental disorders can result in lifelong delays.</p> <ul style="list-style-type: none"> • Currently, silos exist in treating behavioral health. Beacon is carved out from the Alliance, and Alameda County Behavioral Health covers moderate to severe mental health as well as substance use. • The future state is integrated, team-based care with care management teams to help address member needs. The Alliance has been working with Alameda County Behavioral Health for the last 6 months on the No Wrong Door initiative so that members can get care in either or both systems and do not need prior authorization for care. Eleven districts in Alameda County are expanding behavioral health within schools. • As of April 1, 2023, mild-to-moderate mental health services (e.g., psychotherapy, psychological testing, and outpatient services) and autism spectrum services (e.g., ABA) will be covered by the Alliance. Currently, about 11,000 members are utilizing behavioral health services. • Seven service domains will be transitioning from Beacon to the Alliance: call center, provider network, case and utilization management, claims, quality improvement, and care transitions. The plan on day 1 is to transition members, and then make improvements after that. • Questions from the MAC: <ul style="list-style-type: none"> ○ W. Cushman: How will my providers and different silos work together? P. Currie: Federally Qualified Health Centers currently are the backbone for mild-to-moderate and have mental health and other health care services in the same place. In the future, the Alliance is looking to create a care coordination platform. ○ T. DeBose: How will the Alliance coordinate with short-term residential facilities for foster youth? 		
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		<p>P. Currie: This is a vulnerable population. The responsibility for their care would stay with Alameda County, but the Alliance would want to coordinate for other health care services and/or mild-to-moderate mental health services.</p> <ul style="list-style-type: none"> ○ A. Sholinbeck: Are there enough providers and would there be a wait time? Could someone see their provider as often as they'd like? P. Currie: There will be no prior authorizations or caps on visits, so that will depend on the member and provider agreement for therapy. The goal is to treat mental health on par with physical health, so both would have the standard of scheduling a visit within 10 business days. The Alliance is actively contracting with providers who have treated members in the last 6 months and are also looking to contract with others and continue to fill gaps. On April 1, the goal will be continuity of care. ○ A. Sholinbeck: Who will members call for services? P. Currie: Members can call Alliance Member Services and will still be able to call the Beacon number on the back of the member ID card, which has been purchased and will be routed to Alliance Member Services. 		
2. Case Management	Jorge Rosales	<p>J. Rosales provided an overview of Alliance Case Management programs.</p> <ul style="list-style-type: none"> ● Health navigators, social workers, and registered nurses provide care coordination support to members to fill in gaps in care. There are specialized programs for heme/oncology and major organ transplant that provide wraparound services such as getting labs or primary care appointments. ● Complex care management helps stabilize high risk members. 		

		<ul style="list-style-type: none"> • Transitions of care assists members being discharged from the hospital. The Alliance is working to contact the member when they are first admitted. • Anyone can refer into Case Management with a referral form, call, or email. • Questions from MAC members: <ul style="list-style-type: none"> ○ M. Mello: Are all these programs already in effect? Thankful for these programs. J. Rosales confirmed that they are. ○ A. Sholinbeck: Does Case Management get back to the referring party to let them know what happened? J. Rosales: The staff is working on ways to improve that. They are training staff to at least confirm that the referral was received and keep them up to date as needed. FindHelp may be an option in the future if providers are registered with the platform. 		
Alliance Reports				
1. Grievances and Appeals	Kisha Gerena	<p>Presented Q3 2022 grievance and appeals report.</p> <ul style="list-style-type: none"> • The overall compliance rate for the quarter was 95.3%. The compliance rate for standard grievances and expedited grievances were not met because of the clearing of inventory for standard grievances and a misclassified expedited grievance. The overturn rate for appeals was 14.7%, better than the goal of 25%. • The highest number of grievances was filed against the Plan. Common grievances were PCP auto-assignments, access to care, and quality of service. The number of grievances against the Plan increased from Q2 to Q3. • Pharmacy grievances are no longer being handled by the Plan. • Kaiser and ModivCare had the highest number of grievances for delegated networks/vendors. These also increased from 		

		<p>Q2, with a 63% increase for ModivCare. Grievances are shared quarterly at operational meetings.</p> <ul style="list-style-type: none"> Quality of care grievances are forwarded to the Quality Improvement department for a separate investigation. 		
2. Outreach Report	Michelle Lewis	<p>S. Coffin announced that the Highland Hospital main entrance now includes a dedication to Wilma Chan, who was on the Alliance Board of Governors and Alameda County Board of Supervisors.</p> <p>M. Lewis presented the outreach report for Q3 2022 (Q1 FY 2022-2023).</p> <ul style="list-style-type: none"> The outreach team continues to conduct member orientations over the phone, with a 23% participation rate this quarter. They also respond to service requests and website inquiries. These efforts help members understand their benefits and encourage people to go see their doctor. The team has a goal this fiscal year to attend one community event per month. Most recently, they attended the 19th Annual Healthy Living Festival at Oakland Zoo. Photos of the events and more are being posted on Alliance social media. <p>Continued with an update about Alliance care bags for 2022.</p> <ul style="list-style-type: none"> The Alliance will be providing 5,000 care bags this year with meaningful items, including a mask, personal hygiene products, a list of warming shelters, and non-perishable food. Care bags will be distributed with Alliance street medicine providers and other community partners. MAC members can contact Michelle if interested in getting care bags, and they will get a box of 5 bags that can be assembled or are already assembled. <ul style="list-style-type: none"> T. DeBose: Have the bags been put together? M. Lewis: The mail house is putting the bags together offsite. 		<p>MAC members contact Michelle Lewis to request care bags.</p>

3. Timely Access Report	Loc Tran		This item was postponed to the next meeting.	Add to next meeting's agenda.
MAC Business				
1. MAC Candidates	Rosa Reyes Linda Ayala	<p>Facilitated introduction of MAC candidates.</p> <ul style="list-style-type: none"> 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. Candidates Sonya Richardson and Mayra Matias Pablo were introduced to the MAC and gave their statements. Sonya Richardson is an Alliance member, and Mayra Matias Pablo works at WIC. <ul style="list-style-type: none"> T. DeBose, to Sonya Richardson: Why did you decide to join the MAC? S. Richardson: Wanted to learn more about medical background. 		MAC members will vote to approve new members after the meeting.
2. Attendance Discussion	Linda Ayala	Reviewed MAC attendance policy. There were no issues with attendance for 2022.		
Open Forum	Linda Ayala	<ul style="list-style-type: none"> Schedule of meetings have been shared for next year. The MAC Chair and Vice-Chair would like to remind everyone to get a COVID booster and flu shot. Email Linda Ayala or Cindy Brazil about any topics you would like to see in future MAC meetings. Health Education will be sending an e-mail asking for volunteers to field-test materials. <ul style="list-style-type: none"> M. Mello and T. DeBose said they could volunteer. 		<p>MAC members e-mail Linda Ayala or Cindy Brazil about future MAC meeting topics.</p> <p>Health Education will follow up by e-mail about field-testing.</p>
Adjournment	Linda Ayala	Next meeting: March 16, 2022	L. Ayala adjourned the meeting.	

Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 12/16/2022

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
Ruth Watson, Chief of Integrated Planning

Paul Vang, Chief of Health Equity
Scott Coffin, Chief Executive Officer

March 16th, 2023

Agenda

- ▶ **Mission, Vision, and Values**
- ▶ **Board of Governors**
- ▶ **Public Health Emergency**
 - ▶ Continuous Coverage & Ambassador Programs
- ▶ **Chief of Health Equity**
 - ▶ Welcome Paul Vang, Chief of Health Equity
- ▶ **Operating Results**
 - ▶ January 2023, year-to-date, and fiscal year 2023
- ▶ **Medi-Cal delivery model 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.

Board of Governors

1. New Chair & Vice Chair appointments
2. New Chair for Compliance Advisory Committee
3. Addition of four new Board Seats pending approval by the Alameda County Board of Supervisors.
 - ▶ Revision of Bylaws and County Ordinance
 - ▶ Increases number of Board Seats from 15 to 19
4. Retirement of current Chief Executive Officer on May 31st, 2023.
5. Appointment of new Chief Executive Officer on June 1st, 2023.

Public Health Emergency

1. Governor Newsom ended the Public Health Emergency on February 28th, 2023.
2. Medi-Cal eligibility process is timed with a person's anniversary date.
3. DHCS Continuous Coverage & Coverage Ambassador Programs.
4. Targeted communications and outreach to Medi-Cal beneficiaries, timed to the anniversary dates.
5. Co-branding an outreach campaign with Alameda County providers & health care agencies.

www.keepmedicalcoverage.org

Medi-Cal Delivery Model Changes

1. Alameda County Board of Supervisors approved to change the Medi-Cal delivery model, effective January 1st, 2024.
2. Alameda Alliance for Health will be the prime Medi-Cal option for over 400,000 adults and children.
3. Kaiser Permanente to contract directly with the State of California for Medi-Cal services, effective January 1st, 2024.

Operating Results

1. Net income reported in January 2023 \$17.1 million, year-to-date exceeds \$40 million dollars.
2. Forecast to end the fiscal year in 2023, net income exceeds \$60 million dollars.
3. Financial reserves reached \$233 million dollars.
4. Total enrollment is forecasted to reach 359,000 by June 2023.
5. Administration of mental health & autism spectrum services, scheduled for 3/31/2023.

Questions



Scott Coffin

Chief Executive Officer
Alameda Alliance for Health
Cell 510.414.6681

scoffin@alamedaalliance.org

Q1 2022 – Q4 2022 CG-CAHPS

In-Office Wait Time

Call Return Time

Time to Answer Call

Member Advisory Committee 03/07/2023

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.	

CG-CAHPS: In-Office Wait Time

IN-OFFICE WAIT TIME

Q4, 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

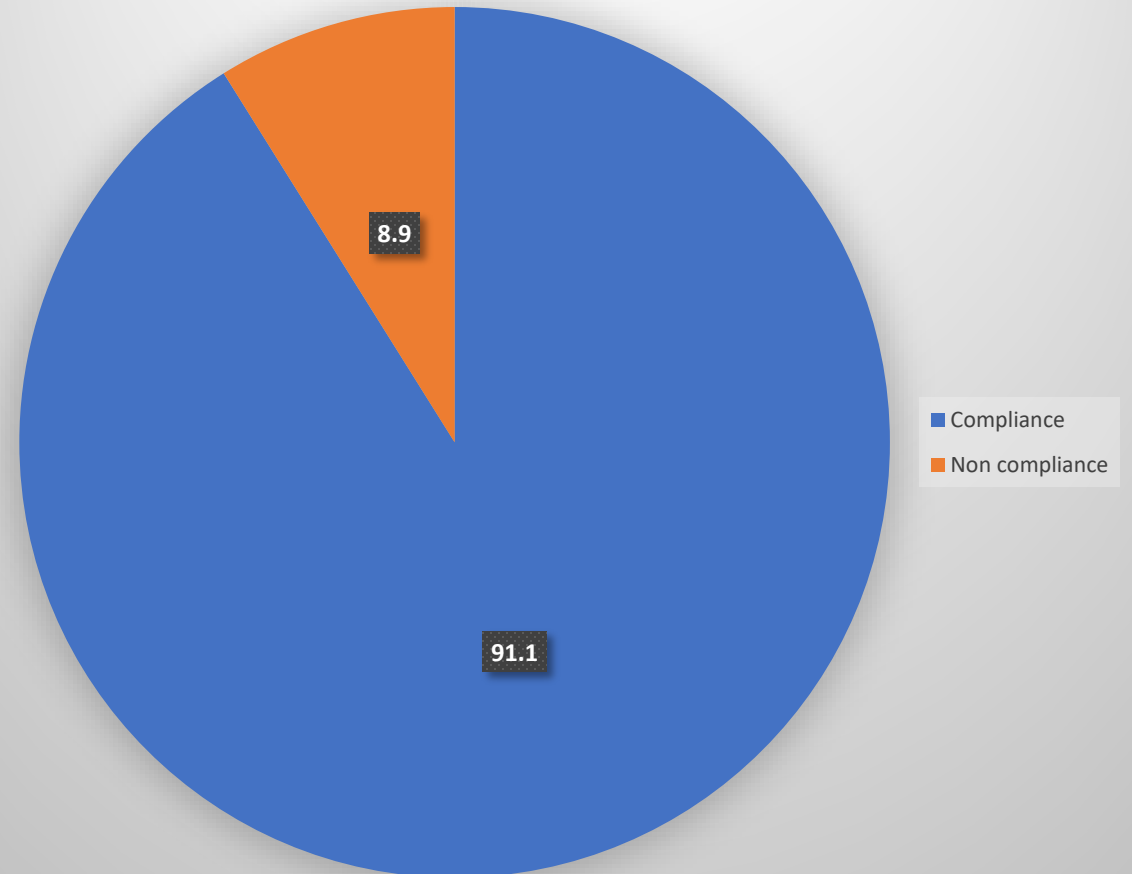
Goal = 80%

Q3, 2022: 91.8%

Q2, 2022: 92.3%

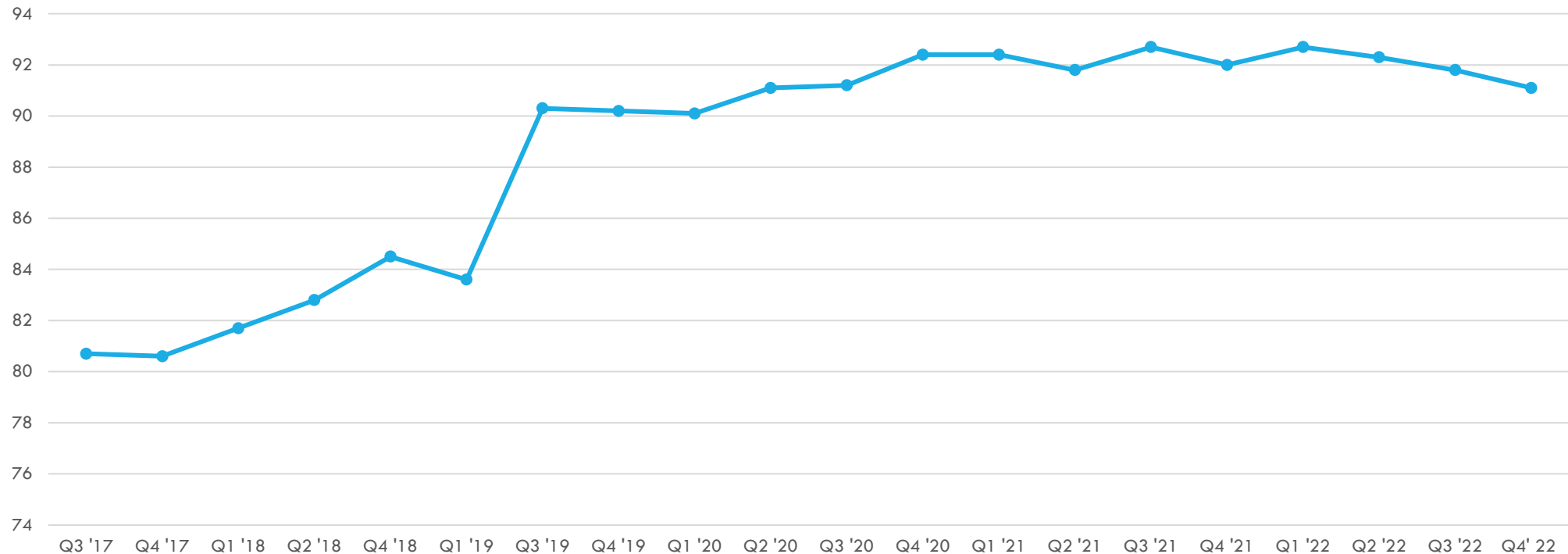
Q1, 2022: 92.7%

In Office Wait Time



IN-OFFICE WAIT TIME

TREND ANALYSIS

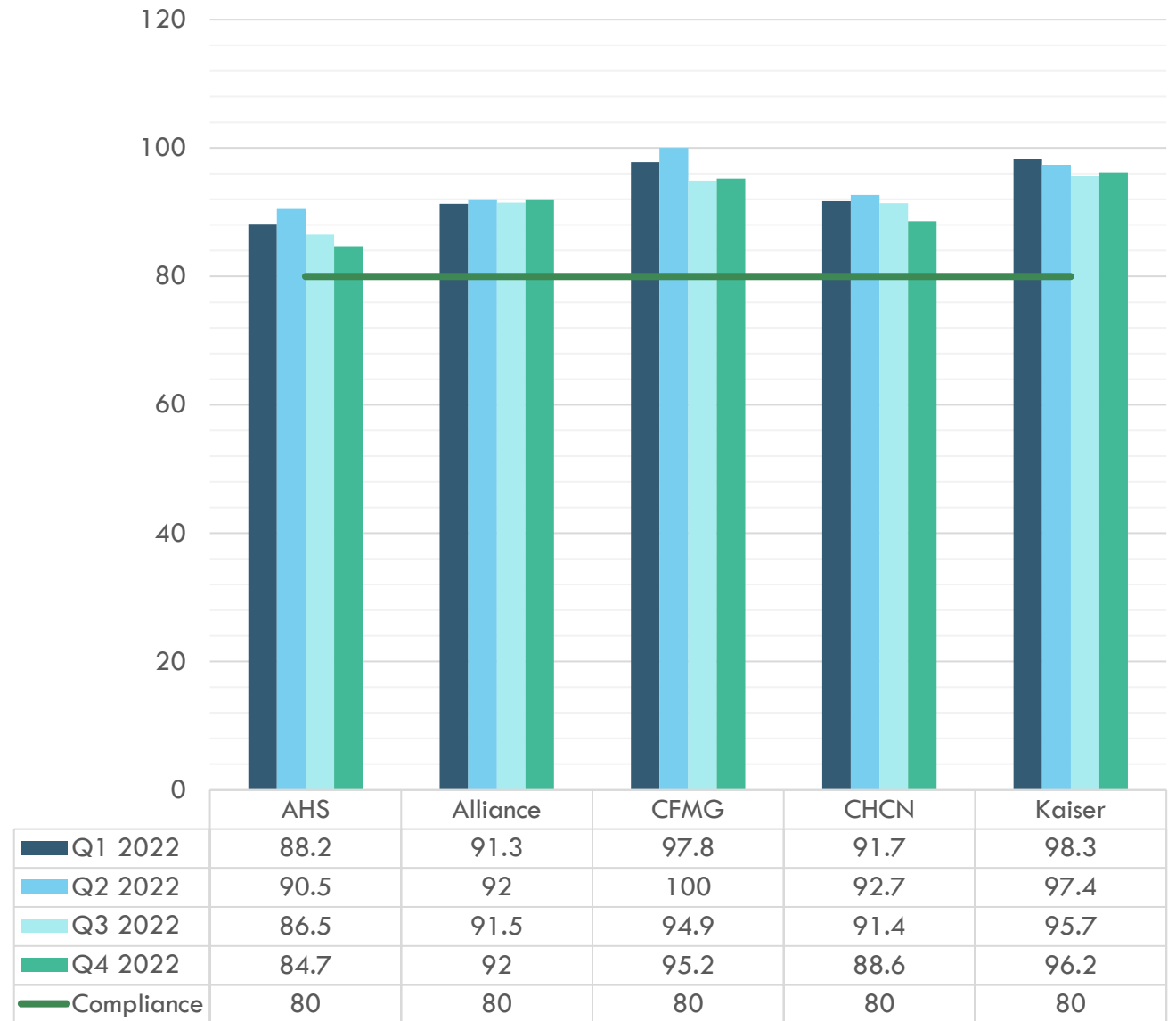


○ Graph indicates a slight .7% decrease from Q3, 2022

- 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 60 minutes in Q2, 2019.*

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

- All delegate providers continued to scored above the 80% compliance threshold for the year of 2022



CG-CAHPS: Call Return Time

CALL RETURN TIME

Q4, 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%

Q3 2022: 74.4%

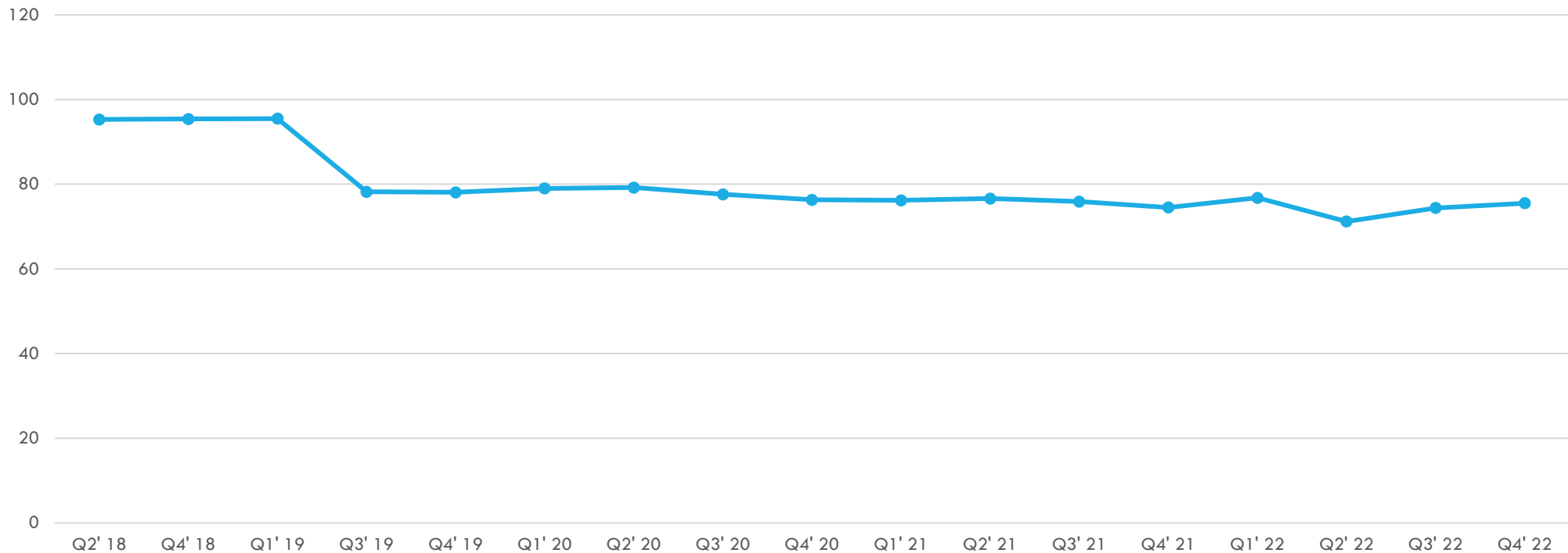
Q2 2022: 71.2%

Q1 2022: 76.8%

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



CALL RETURN TIME TREND ANALYSIS

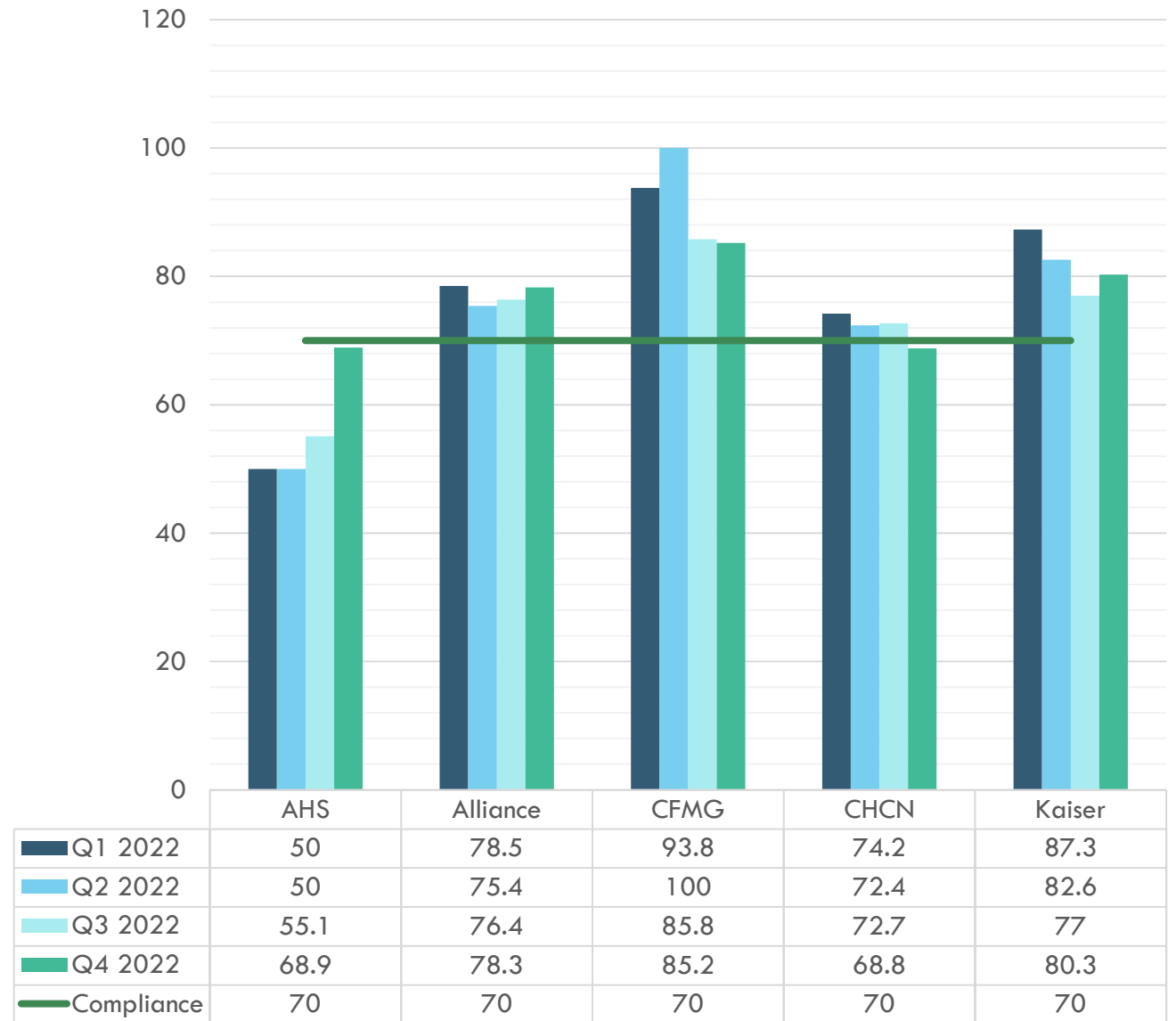


○ Graph indicates a percentage increase of 1.1% from Q3, 2022 to Q4, 2022

- 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 (%)

- AHS had a significant percentage increase of 13.8% scoring a 68.9% in compliance rate which is only 1.1% away from the threshold goal of 70% for Q4, 2022.
- CHCN fell slightly below the 70% threshold goal in Q4, 2022



CG-CAHPS: Time To Answer Call

TIME TO ANSWER CALL

Q4, 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

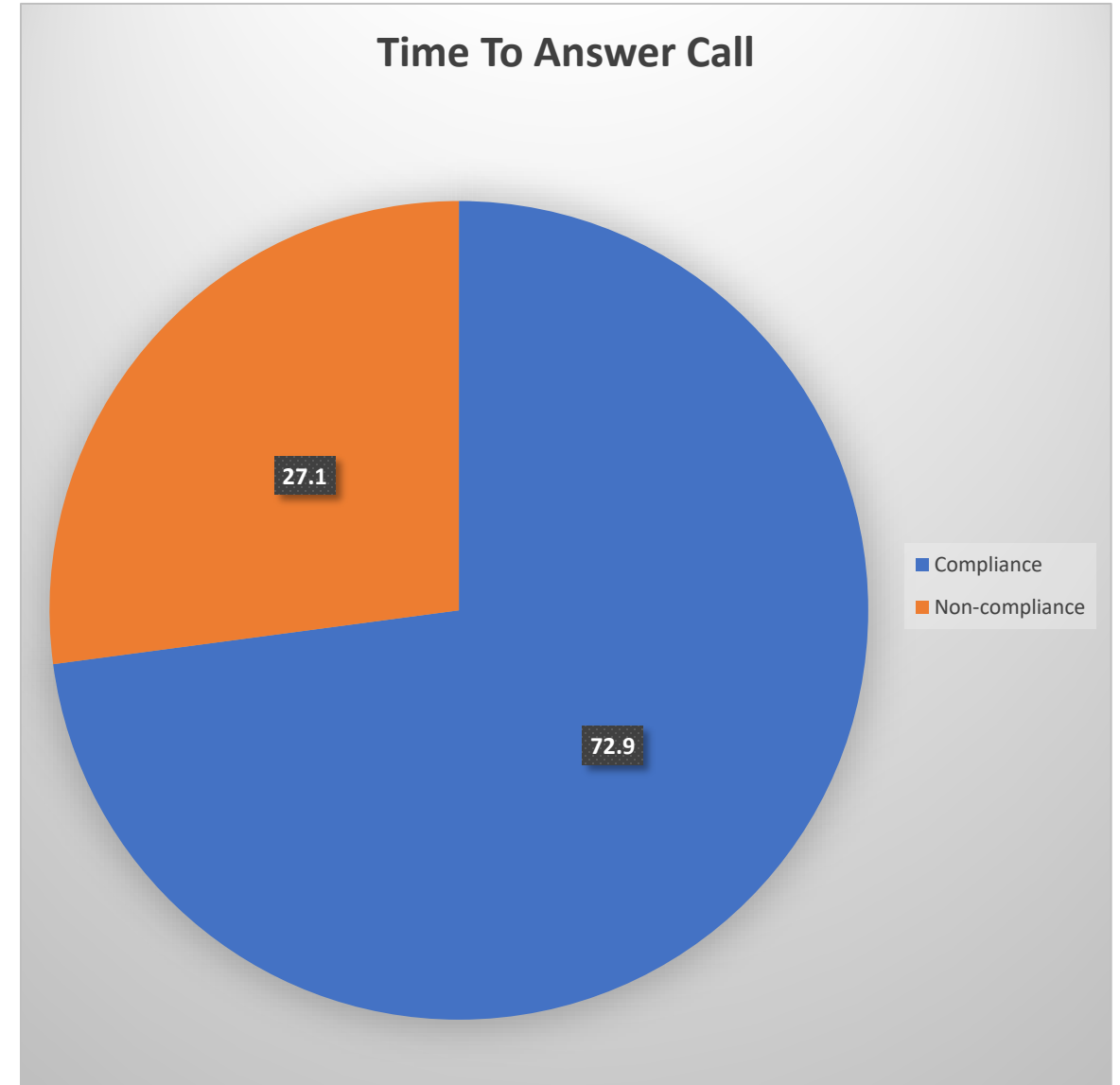
Goal = 70%

Q3 2022: 73.7%

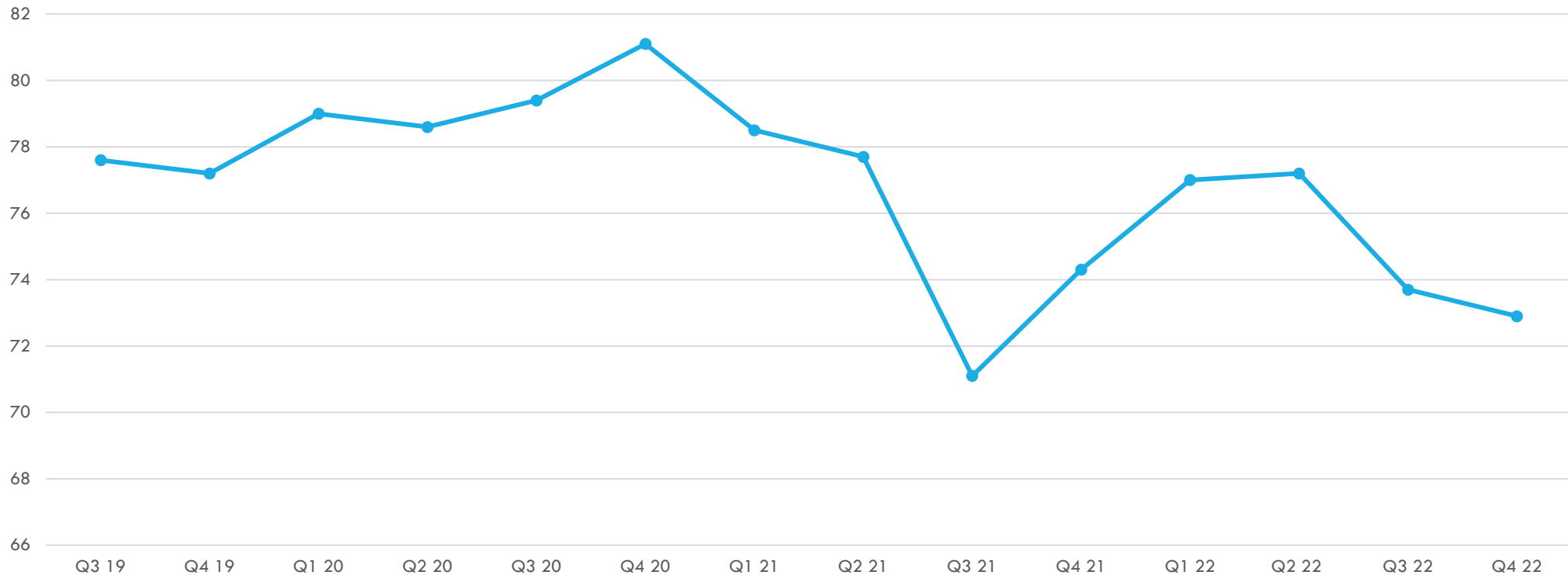
Q2 2022: 77.2%

Q1 2022: 77.0%

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



TIME TO ANSWER CALL TREND ANALYSIS

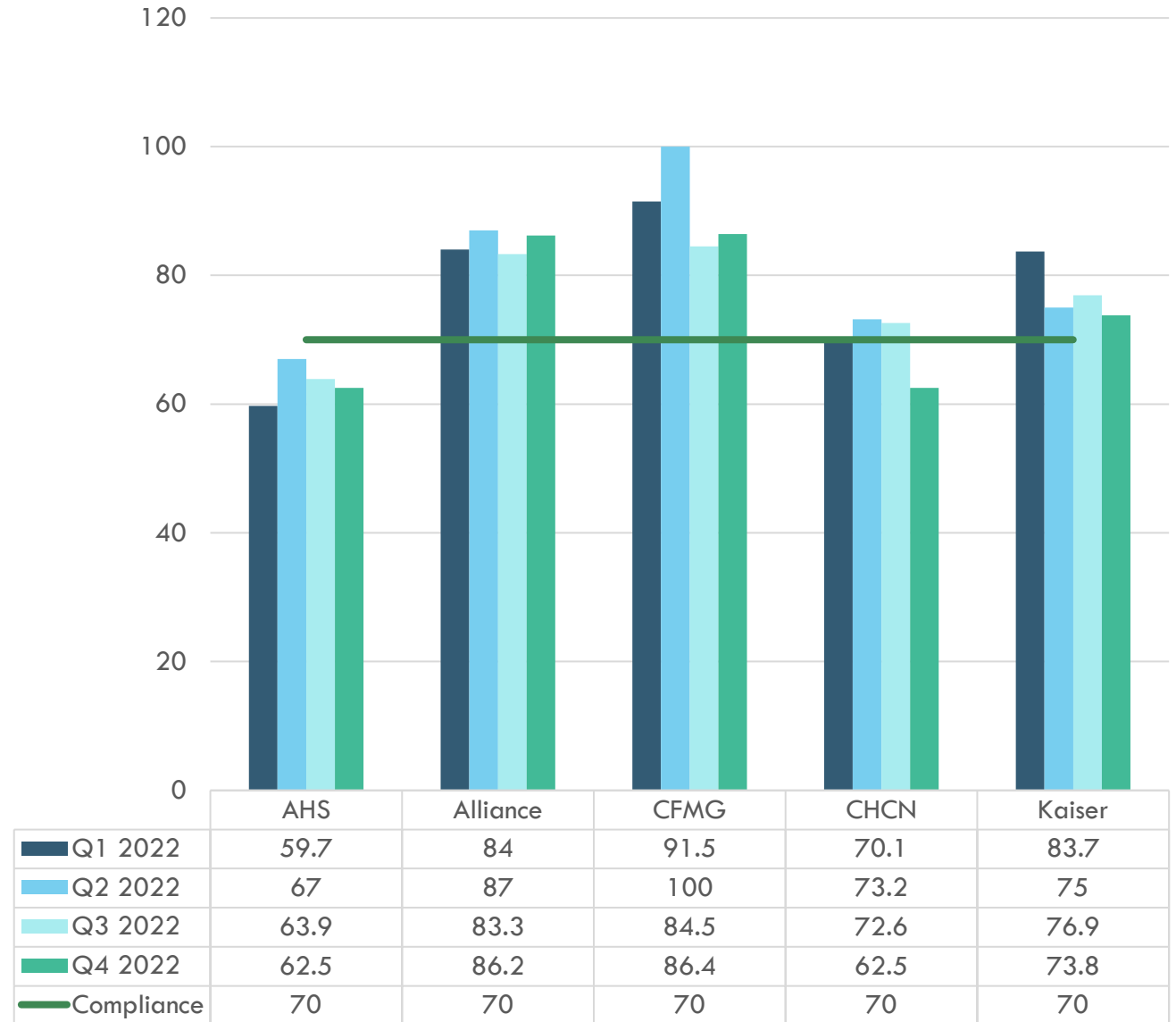


○ Graph indicates significant decrease of 0.8% from Q3, 2022

- 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 (%)

- AHS and CHCN scored **below** the 70% threshold goal in Q4, 2022
- In Q4, 2022, CHCN's percentage rate received a 10.1% decrease from Q3, 2022 which resulted in CHCN falling below the 70% threshold goal in Q4, 2022.



Q4 2022 NON-COMPLIANT PROVIDER TREND

Direct and Delegate providers who were found to be non-compliant for 3 consecutive quarters from Q2 2022 to Q4 2022.

In-Office Wait Time

Alvarado Medical Clinic

La Loma Medical Group, Inc

Henry Geoffrey Watson, MD

Call Return Time

AHS – Eastmont Wellness

AHS – Hayward Wellness

AHS – Highland

Alvarado Medical Clinic

Axis Community Health

Nabil K. Abudayeh, MD

Webster Medical Clinic

Lifelong – Howard Daniel Clinic

Native American Health Center

Tiburcio – Hayward

BACH – Mowry 2

Time to Answer Call

AHS – Eastmont Wellness

AHS – Hayward Wellness

Alvarado Medical Clinic

Axis Community Health

Tiburcio - Hayward

Tiburcio – Union City

BACH – Irvington Dave Clinic

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



Community Supports Learning Collaborative

at Alameda Alliance for Health

What are Community Supports?

- Part of the CalAIM initiative by the Department of Health Care Services (DHCS) to **improve the quality of life and health outcomes of Medi-Cal beneficiaries** by implementing broad delivery system, programmatic, and payment system reforms.
- Community Supports are services or settings that managed care plans (Alameda Alliance for Health) may offer in place of services or settings covered under the California Medicaid State Plan that are:
 - medically appropriate
 - cost effective alternatives

Community Supports Programs

Housing – managed by HCSA

- Housing Navigation - assisting members find a place to live

This includes:

- **Conducting a tenant screening and housing assessment** that identifies the member's preferences and barriers related to successful tenancy.
- **Developing an individualized housing support plan** based upon the housing assessment that addresses identified barriers.
- **Searching for housing and presentation options**
- **Assisting in securing housing**, including the completion of housing applications and securing required documents
- **Assisting with benefits advocacy**, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process.
- **Identifying and securing available resources** to assist with subsidizing rent and matching available rental subsidy resources to members
- **Identifying and securing resources to cover expenses**, such as a security deposit, moving costs, adaptive aids, environmental modifications, moving costs, and other one-time expenses.
- **Assisting with requests for reasonable accommodation**, if necessary
- **Landlord education and engagement**
- **Ensuring that the living situation is safe and ready for move-in**
- **Communication and advocating on behalf of the member with landlords**

Community Supports Programs

Housing – managed by HCSA

- Housing Deposits – helping cover initial costs (rent, utilities, set up costs)

This includes:

- **Security deposits** required to obtain a lease on an apartment or home.
- **Set-up fees/deposits** for utilities or service access and utility arrearages.
- **First month coverage of utilities**, including but not limited to telephone, gas, electricity, heating and water.
- **First month's and last month's rent** as required by landlord for occupancy.
- **Services necessary for the individual's health and safety**, such as pest eradication and one-time cleaning prior to occupancy.
- Goods such as air conditioner or heater, and other **medically-necessary adaptive aids and services**, designed to preserve an individual's health and safety in the home such as hospital beds, Hoyer lifts, air filters, specialized cleaning or pest control supplies etc., that are necessary to ensure access and safety for the individual upon move-in to the home.

Community Supports Programs

- Housing Tenancy and Sustaining Services – assisting members with staying in their residences
- This includes:
 - Provide **early identification and intervention for behaviors that may jeopardize housing**, such as late rental payment, hoarding, substance use, and other lease violations.
 - **Education and training** on the role, rights, and responsibilities of the tenant and landlord
 - **Coaching on developing** and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
 - **Coordinating with the landlord** and case management provider to address identified issues that could impact housing stability
 - Assistance in **resolving disputes with landlords and/or neighbors** to reduce the risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the member owes back rent or payment for damage to the unit.
 - **Advocacy and linkage with community resources** to prevent eviction when housing is or may potentially become jeopardized.
 - **Assisting with benefits advocacy**, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process.
 - **Assistance with the annual housing recertification process.**
 - Coordinating with the tenant to review, update and **modify their housing support and crisis plan** on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
 - **Continuing assistance with lease compliance**, including ongoing support with activities related to household management.
 - **Health and safety visits**, including unit habitability inspections.
 - **Other prevention and early intervention services** identified in the crisis plan that are activated when housing is jeopardized.
 - **Providing independent living and life skills** including assistance with and training on budgeting, including financial literacy and connection to community resources.

Community Supports Programs

➤ Medical Respite

➤ Providers:

➤ BACS

➤ Cardea Health

➤ Fairmont Tiny Homes

➤ Lifelong Adeline Medical Respite

➤ Service to include:

➤ Interim housing with a bed and meals and ongoing monitoring of the individuals ongoing medical or behavioral health condition.

➤ Based on individual needs, may also include:

➤ Limited or short-term assistance with IADLs or ADLs

➤ Coordination of transportation to post-discharge appointments

➤ Connection to any other ingoing services an individual may require including mental health and substance use disorder services

➤ Support in accessing benefits and housing

➤ Gaining stability with case management relationships and programs



Source: <https://newsroom.uhc.com/community/medical-respite.html>

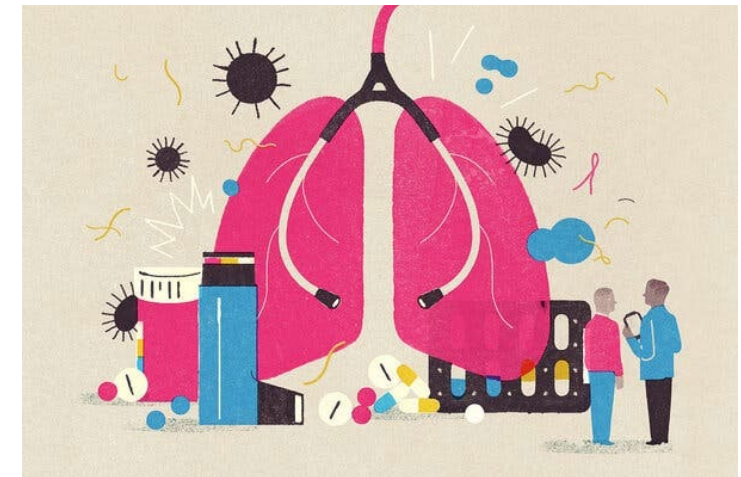
Community Supports Programs

➤ Asthma Remediation

➤ Physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.

➤ Examples include:

- Allergen-impermeable mattress and pillow dustcovers
- High-efficiency particulate air (HEPA) filtered vacuums
- Integrated Pest Management (IPM) services
- De-humidifiers
- Air filters
- Other moisture-controlling interventions
- Minor mold removal and remediation services
- Ventilation improvements
- Asthma-friendly cleaning products and supplies
- Other interventions identified to be medically appropriate and cost effective



Source: <https://www.nytimes.com/2021/02/15/well/live/theres-no-one-size-fits-all-treatment-for-asthma.html>

Managed by HCSA – Asthma Start Program

Asthma Start

- Asthma Start is a NO COST program for the parents/guardians of children diagnosed with asthma, providing case management services which addresses the medical, environmental, and psychosocial needs of families.
- Who Qualifies? A person is eligible to participate in the Asthma Start Program if ALL the following requirements are met:
 - Lives in Alameda County
 - Is 0-18 years of age
 - Has been diagnosed with asthma
- What Services Are Offered?
 - Asthma education to families (i.e. symptoms, triggers, prevention, medication, etc.).
 - Remote inspections for asthma triggers (i.e. mold, pests, dust, etc.).
 - Referrals for housing, employment, and health insurance.

Asthma Start

- For more information or to participate in the program, please contact:
Alameda County Public Health Department—Chronic Disease Program
7200 Bancroft Avenue, Suite 202, Oakland, CA 94605
- <https://acphd.org/asthma/>

Brochure for mailing to members

<https://acphd-web-media.s3-us-west-2.amazonaws.com/media/programs-services/asthma-start-program/docs/program-flyer-eng.pdf>

Community Supports Programs

Meals

Meals by Project Open Hand

- Meals delivered to the home immediately following discharge from a hospital or nursing home when members are most vulnerable for readmission.
- Medically-Tailored meals are tailored to the medical needs of the member by a Registered Dietitian or other certified nutrition professional
- Medically-supportive food and nutrition services, including medically tailored groceries, healthy food vouchers, and food pharmacies.
- Behavioral, cooking, and/or nutrition education is included when paired with direct food assistance.

Meals

- **Produce - Recipe For Health**

Home delivered produce from Dig Deep Farms for those who have a qualifying medical condition

- Nutritional Education

Members must be assigned to 1 of these 4 clinics to receive Home Delivered Produce :

- Native American Health Center
- Lifelong Ashby
- BACH Liberty
- AHS Hayward Wellness

Nursing Facility Transition/Diversion to Assisted Living Facilities AND Community Transition Services/Nursing Facility Transition to Home

- This is an Alameda Alliance Self Funded Pilot Project
- For our Members who are in Nursing Facilities or at Risk for Placement in a Nursing Facility
- Who are Willing and Able to Reside in a Lower Level of Care or
- Can Return Home

Nursing Facility Transition/Diversion to Assisted Living Facilities

- This Program Assist our Members in making a Transition to a Lower Level of Care by Providing Case Management Services and Support to Transition Successfully to Residential Home Like Settings

Nursing Facility Transition to Home

- Case Managers Assist our Members in Returning Home by Providing Services, Support and Home Modifications so our Members can Safely Reside in a Home
- If Proven Successful, These Programs May Become A Community Supports Service



Questions?



CalAIM, Enhanced Care Management

Amy Stevenson, DNP, RN, PHN, ACM-RN
Clinical Manager

Case Management Programs (All Telephonic)

- **Care Coordination**
 - Task and Goal based
 - i.e., assist in obtaining appointment or obtaining durable medical equipment
- **Transitional Care Services (TCS)** formerly Transitions of Care (TOC)
 - Outreach upon admission to hospital
 - Evaluate for post discharge needs: follow up appt, home health, DME, transportation, etc.
- **Complex**
 - Meet criteria:
 - Medical diagnosis / Utilization
 - Member consent
 - Care plan guided goals

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory.

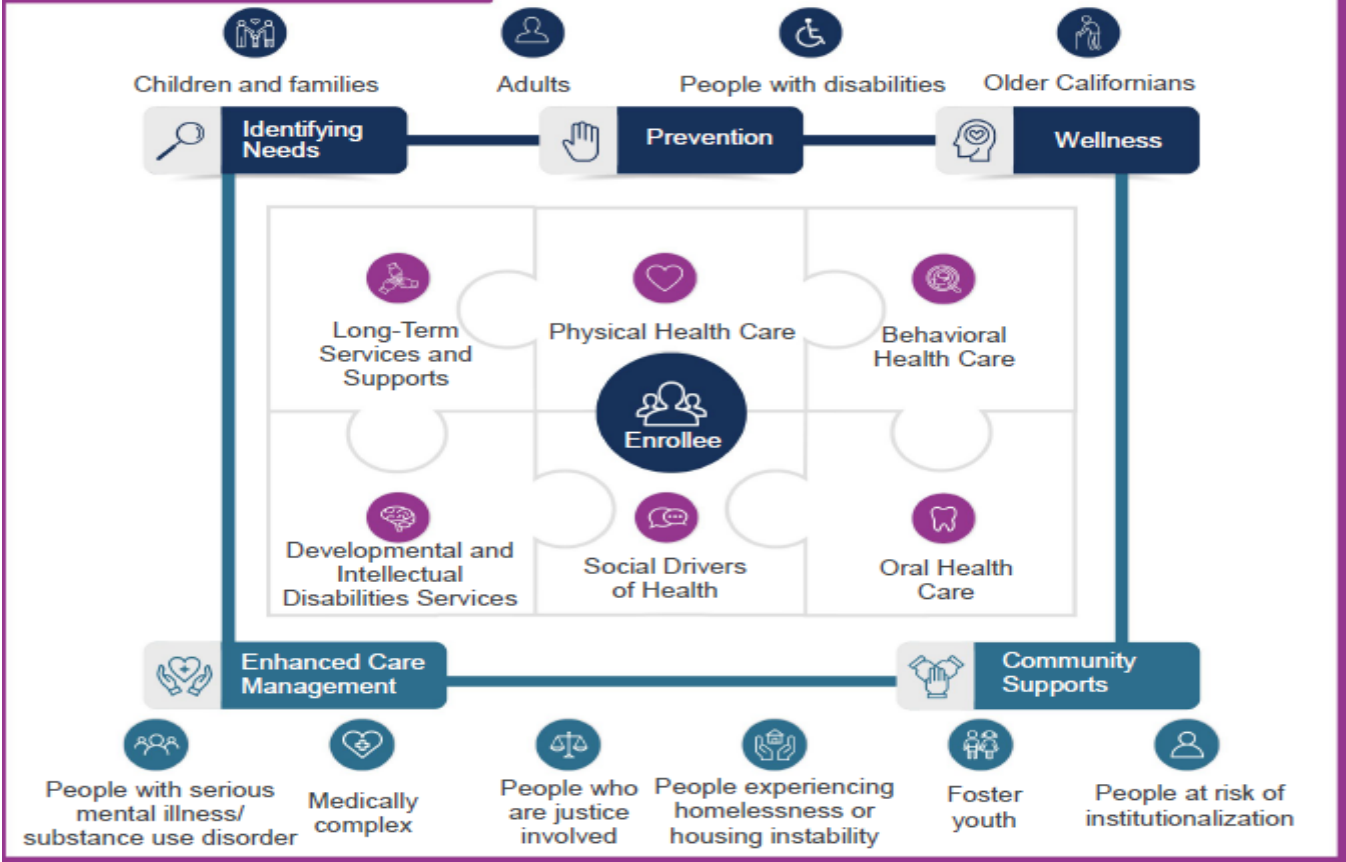
CalAIM Goals

Implement a whole-person care approach and address social drivers of health.

Improve quality outcomes, reduce health disparities, and drive delivery system transformation.

Create a consistent, efficient, and seamless Medi-Cal system.

Population Health Management



Enhanced Care Management (ECM)

What is ECM?

- ❑ ECM gives qualified members extra services from a dedicated ECM provider, which is an entity that contracts with a Medi-Cal managed care health plan.
- ❑ A **lead care manager**, who works for the ECM provider, coordinates the member's health care services and links them to community and social services.
- ❑ The member's ECM provider works with all of their providers to give an **added layer of support**.
- ❑ Members get these **extra services at no cost** as part of their Medi-Cal benefits.
- ❑ ECM will **not take away** any of the member's current Medi-Cal benefits.











ECM is exclusively for Medi-Cal managed care health plan members. Only managed care health plan members can access the ECM benefit. Medi-Cal beneficiaries who receive care through the fee-for-service (FFS) delivery system **must enroll in a managed care health plan** to receive ECM services.

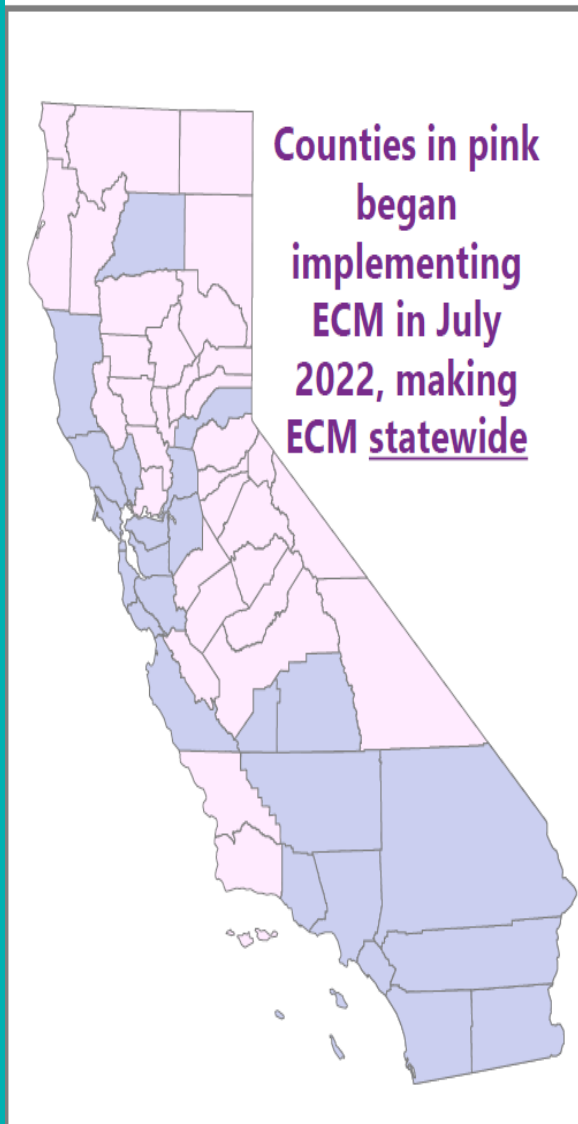
What Services Does ECM Offer?

- ▶ **Outreach and Engagement:** Contact and engage the member in their care.
- ▶ **Comprehensive Assessment and Care Management Planning:** Complete a comprehensive assessment with the member and work with them to develop a care plan to manage and guide their care and meet their goals.
- ▶ **Enhanced Coordination of Care:** Coordinate care and information across all of the member's providers and implement the care plan.
- ▶ **Health Promotion:** Provide tools and support that will help the member better monitor and manage their health.
- ▶ **Comprehensive Transitional Care:** Help the member safely and easily transition in and out of the hospital or other treatment facilities.
- ▶ **Member and Family Supports:** Educate the member and their personal support system about their health issues and options to improve treatment adherence.
- ▶ **Coordination of and Referral to Community and Social Support Services:** Connect the member to community and social services.

ECM Populations of Focus

New
↓

ECM Population of Focus (POFs)	Adults	Children & Youth
 1 Individuals Experiencing Homelessness	✓	✓
 2 Individuals At Risk for Avoidable Hospital or ED Utilization (<i>formerly called "High Utilizers"</i>)	✓	✓
 3 Individuals with Serious Mental Health and/or SUD Needs	✓	✓
 4 Individuals Transitioning from Incarceration	✓	✓
 5 Adults Living in the Community and At Risk for LTC Institutionalization	✓	
 6 Adult Nursing Facility Residents Transitioning to the Community	✓	
 7 Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
 8 Children and Youth Involved in Child Welfare		✓
 9 Individuals with Intellectual or Developmental Disabilities (I/DD)	✓	✓
 10 Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes	✓	✓



ECM Populations of Focus (POFs)	Go-Live Timing
<ul style="list-style-type: none"> • Individuals and Families Experiencing Homelessness • Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization • Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs • Individuals Transitioning from Incarceration (some WPC counties) <ul style="list-style-type: none"> ○ Individuals with Intellectual or Developmental Disabilities (I/DD) ○ Adult Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes 	<p>January 2022 (Whole Person Care Pilots (WPC) and Health Home Program (HHP) counties)</p> <p>July 2022 (all other counties)</p>
<ul style="list-style-type: none"> • Adults Living in the Community and At Risk for Institutionalization and Eligible for Long Term Care (LTC) Institutionalization • Adults who are Nursing Facility Residents Transitioning to the Community 	<p>January 2023</p>
<ul style="list-style-type: none"> • Children / Youth Populations of Focus 	<p>July 2023</p>
<ul style="list-style-type: none"> • Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, who are subject to racial and ethnic disparities. 	<p>January 2024</p>
<ul style="list-style-type: none"> • Individuals Transitioning from Incarceration 	<p>2024 (Date TBD)</p>

ECM Overlaps/Non-duplication

1) 1915(c) Waivers	2) Services Carved Out of Managed Care	3) Services Carved into Managed Care	4) Dual-Eligible Members	5) Other Programs	6) Programs Serving Pregnant & Postpartum Individuals
Multipurpose Senior Services Program (MSSP)	California Children's Services (CCS)	CCS Whole Child Model (WCM)	Dual Eligible Special Needs Plans (D-SNPs)	California Community Transitions (CCT) Money Follows the Person (MFTP)	Comprehensive Perinatal Services Program (CPSP)
Assisted Living Waiver (ALW)	County-Based Targeted Case Management (TCM)	Complex Care Management (CCM)	D-SNP Look-Alike Plans	Family Mosaic Project	Black Infant Health (BIH) Program
Home and Community-Based Alternatives (HCBA) Waiver	Specialty Mental Health Services (SMHS) TCM	Community-Based Adult Services (CBAS)	Other Medicare Advantage Plans	Hospice	California Perinatal Equity Initiative (PEI)
HIV/AIDS Waiver	SMHS Intensive Care Coordination for Children (ICC)		Medicare Fee For Service (FFS)	California Wraparound	American Indian Maternal Support Services (AIMSS)
HCBS Waiver for Individuals with Developmental Disabilities (I/DD)	Drug Medi-Cal Organized Delivery System (DMC-ODS) & Drug Medi-Cal (DMC) Program Care Coordination & Management Programs		Cal MediConnect		CDPH California Home Visiting Program (CHVP)
Self-Determination Program for Individuals with I/DD	Full Service Partnership (FSP)		Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)		CDSS CalWORKS Home Visiting Program (HVP)
	Health Care Program for Children in Foster Care (HCPCFC)		Program for All-Inclusive Care for the Elderly (PACE)		
	In Home Supportive Services (IHSS)				
	Genetically Handicapped Person's Program (GHPP)				

1. ECM and the other program	MCP Members can be enrolled in both ECM and the other program. ECM enhances and/or coordinates across the case/care management available in the other program. MCP must ensure non-duplication of services between ECM and the other program.
2. Either ECM or the other program	MCP Members can be enrolled in ECM or in the other program, not in both at the same time.
3. Not Eligible to Enroll in ECM	Medi-Cal beneficiaries enrolled in the other program are excluded from ECM.

How to Refer to ECM

▶ Members & Family Members:

- ▶ call Member Services (1.510.747.4567)
- ▶ or the Case Management department (1.510.995.3725)

▶ Providers:

- ▶ *Send AAH Enhanced Care Management (ECM) Approval Request Form*
 - Please fax or send by secure email the completed form to the Alliance Enhanced Case Management Department at **1.510.995.3725** or **ECM@alamedaalliance.org**
 - Please include any supporting clinical documentation

No Wrong Door

- ▶ If you or a family member could benefit from any of our case management programs, please reach out to Member Services or the Case Management department.
- ▶ We can help select which case management program is the best fit for the member's needs.

Thank you!

Questions?



Health Education 2022 Workplan Update

Member Advisory Committee
3/16/2023



To improve members' health and wellbeing through the lifespan through promotion of appropriate use of health care services, prevention, healthy lifestyles and disease self-care and management.

Welcome new staff!

- ▶ Gil Duran – Population Health and Equity Manager
 - ▶ Responsible for population health and health education
- ▶ Lena Lee – Health Education Coordinator
 - ▶ Connect members to health education materials and programs
 - ▶ Administrative support for Member Advisory Committee

Member requested Health Education Materials and Class/Program referrals - 2022

▶ Wellness form distribution

- ▶ Newsletter
- ▶ Health Ed mailings
- ▶ Sent with Care Plans
- ▶ Provider requests

Alameda Alliance for Health
Wellness Programs & Materials

Member Request Form - Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please select the topics that you want us to send you. You can also request the handouts in other formats. Many handouts can be found at www.alamedaalliance.org.

<p>BOOKS</p> <p><input type="checkbox"/> Cookbook (choose one)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Diabetes <input type="checkbox"/> Healthy Eating</p> <p><input type="checkbox"/> What to Do When Your Child Gets Sick</p> <p>CLASSES & PROGRAM REFERRALS</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Alcohol and Other Substance Use</p> <p><input type="checkbox"/> Breastfeeding Support</p> <p><input type="checkbox"/> CPR/First Aid</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Diabetes Prevention Program (Prediabetes)</p> <p><input type="checkbox"/> Healthy Weight</p> <p><input type="checkbox"/> Heart Health</p> <p><input type="checkbox"/> Parenting</p> <p><input type="checkbox"/> Pregnancy and Childbirth</p> <p><input type="checkbox"/> Quit Smoking</p> <p><i>(please have Smokers' Helpline call me)</i></p> <p><input type="checkbox"/> Senior Centers/Programs</p> <p><input type="checkbox"/> WW (formerly Weight Watchers)</p> <p>MEDICAL ID BRACELETS OR NECKLACE</p> <p><input type="checkbox"/> Asthma</p> <p style="padding-left: 20px;"><input type="checkbox"/> Child <input type="checkbox"/> Adult</p> <p><input type="checkbox"/> Diabetes</p> <p style="padding-left: 20px;"><input type="checkbox"/> Child <input type="checkbox"/> Adult</p>	<p>WRITTEN MATERIALS</p> <p><i>(medical power of attorney)</i></p> <p><input type="checkbox"/> Alcohol and Other Substance Use</p> <p><input type="checkbox"/> Asthma</p> <p style="padding-left: 20px;"><input type="checkbox"/> Child <input type="checkbox"/> Adult</p> <p><input type="checkbox"/> Back Care</p> <p><input type="checkbox"/> Birth Control and Family Planning</p> <p><input type="checkbox"/> Breastfeeding</p> <p><input type="checkbox"/> Car Seat Safety</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Exercise</p> <p><input type="checkbox"/> Healthy Eating</p> <p><input type="checkbox"/> Heart Health</p> <p><input type="checkbox"/> Parenting</p> <p><input type="checkbox"/> Pregnancy and Childbirth</p> <p><input type="checkbox"/> Quit Smoking</p> <p><input type="checkbox"/> Safety</p> <p style="padding-left: 20px;"><input type="checkbox"/> Baby <input type="checkbox"/> Child</p> <p style="padding-left: 20px;"><input type="checkbox"/> Adult <input type="checkbox"/> Older Adult</p> <p><input type="checkbox"/> Sexual Health</p> <p><input type="checkbox"/> Stress and Depression</p>
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Name (self): _____ Alliance Member ID Number: _____

Child's Name (if applies): _____ Child's Member ID Number: _____

Age of Child: _____ Preferred Language: _____

Address: _____ Phone Number: _____

City: _____ Zip Code: _____ Email Address: _____

Materials are for: Child Adult Older Adult

Alliance ALAMEDA
FOR HEALTH

To order, please send this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502
Phone Number: 1.510.747.4577

People with hearing and speaking impairments (CRS/TTY): 711/1.800.735.2929

ALameda Alliance for Health REG FORM 05/2020
HEC W-1 05/2020

Distribution of Health Education Materials-2022

▷ Health education handouts mailed to **304 members**

▷ Top 6 requested:

1. Nutrition (115)
2. Exercise (104)
3. Diabetes (90)
4. Heart Health (85)
5. Back Pain (84)
6. Stress and Depression (79)

Health Programs Enrollment

▷ Top 6 programs (as of 2/3/23):

1. La Clinica nutrition counseling (249)
2. Asthma Start pediatric case management (67)
3. Diabetes Prevention Program/DPP (20)
4. Weight Watchers (20)
5. Family Paths parenting classes (13)
6. Alta Bates lactation consults (12)

Wellness Campaigns

<p>Post ER Childhood Asthma Home visiting program for children with asthma</p>	<p>428</p>
<p>Prenatal Packet Resources for pregnant women</p>	<p>4,028</p>
<p>Postpartum Packet Resources for women after birth</p>	<p>2,288</p>
<p>Black Infant Health Perinatal group support for Black women</p>	<p>660</p>
<p>Health Advancement for Pacific Islanders Perinatal support for Pacific Islanders</p>	<p>89 pregnant 47 after birth</p>

Member Newsletter

▶ Fall 2021/Winter 2022

- ▶ Improve Your balance to Prevent Falls
- ▶ Kick Start Your Healthy Weight Journey in the New Year
- ▶ You Can Quit Smoking: Here's How

YOU CAN QUIT SMOKING: HERE'S HOW

Quitting smoking is one of the most important steps you can take to improve your health. This is true no matter how old you are or how long you have smoked.

Many people who smoke become addicted to nicotine, a drug that is found naturally in tobacco. This can make it hard to quit smoking. But the good news is there are proven treatments that can help you quit.

COUNSELING PLUS MEDICINES

Using counseling and medicine together gives you the best chance of quitting for good.

Counseling

- Can help you make a plan to quit smoking.
- Can help you prepare to cope with stress, urges to smoke, and other issues you may face when trying to quit.


YOU CAN:

-  Talk to your doctor or a quit smoking counselor at your clinic.
-  Get coaching at no cost through a Quitline. Call Kick It California (formerly California Smokers' Helpline) toll-free at **1.800.300.8086** or visit **kickitca.org** (English, Spanish, Chinese, Vietnamese, and interpreters offered).
-  Use no-cost online resources like **smokefree.gov** (English, Spanish) and **cdc.gov/quit**.




Medicines

- Can help you manage withdrawal symptoms and cravings, so you can stay confident and motivated to quit.

YOU CAN:

-  Ask your doctor about treatments to help you quit smoking. You might use more than one (1) medicine to further increase your chances of quitting.

These include:

-  - Nicotine patch, gum, lozenge, inhaler, or nasal spray
-  - Varenicline
-  - Bupropion

Remember, even if you've tried to quit before, the key to success is to keep trying and not give up. After all, more than half of U.S. adults who have ever smoked have quit.

For more resources about quitting smoking, please visit www.alamedaalliance.org/live-healthy-library and click "Quit Smoking." You can also request materials to be mailed to you using the Alliance Wellness Programs & Materials Request Form found on **page 24**.

Member Newsletter

▶ Summer/Fall 2022

- ▶ What is Monkeypox (MPX)?
- ▶ New National Maternal Mental Health Hotline
- ▶ Cancer Screening Tests for Women's Health
- ▶ Let's Play Catch-up on Check-ups and Vaccines
- ▶ Where Do I Go for Health Care?

LET'S PLAY CATCH-UP ON CHECK-UPS AND VACCINES

Many children missed check-ups and vaccines during the past couple of years. As children attend in-person learning and care, it's important for parents to work with their child's doctor or nurse to make sure they get caught up on well-child visits and vaccines.

YOU HAVE THE POWER TO HELP KEEP YOUR CHILD HEALTHY.

Making sure that your child sees their doctor for well-child visits and vaccines is one of the best things you can do to keep your child and family safe. Vaccines protect against diseases like measles or whooping cough that easily spread and are especially harmful to babies and young children.



Well-Child Visits

At your well-child visit, you and your doctor will:

- Track growth and developmental milestones
- Discuss any concerns about your child's health
- Get vaccines to prevent illnesses

How often should you go?

Doctors recommend that children have checkups at these ages:

Well-Baby Visits

- 3 to 5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months

Well-Child Visits

- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Every year after age 3

COVID-19 Vaccines

The Centers for Disease Control and Prevention (CDC) recommends COVID-19 vaccines for everyone six (6) months and older. Children five (5) years and older can get a booster shot.

COVID-19 vaccines protect people from getting very sick if they do get COVID-19. Children can safely receive other vaccines the same day they receive their COVID-19 vaccine. Visit [vaccines.gov](https://www.vaccines.gov) for more information about COVID-19 vaccines and where to get one.

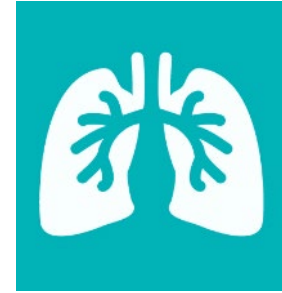
To learn more about well-child visits and vaccines for children, please visit the "Well Care" page at www.alamedaalliance.org/live-healthy-library.



Health Education 2022 Work Plan

Areas of focus

- ▷ Health Education Program
- ▷ Pregnancy, Baby Care & Lactation
- ▷ Asthma Management
- ▷ Diabetes Management
- ▷ Childhood Obesity
- ▷ Smoking Cessation



Health Education Program

- ▶ Responded to member requests
- ▶ Mailed printed care books – **new resource!**
- ▶ Annual update of website and referral information
- ▶ Funded Alameda County Resource Guide



Pregnancy, Baby Care & Lactation

- ▶ Pregnancy mailings and referrals
- ▶ Supported development of clinic electronic health record infant feeding assessment
- ▶ Contributed to Breastfeeding Coalition's Newsletter for Clinics and Lactation Professionals



Asthma Management

- ▶ Improved ER referrals
- ▶ Educated providers on asthma remediation services
- ▶ Asthma health coaching



Diabetes Management

- ▶ Diabetes health coaching
- ▶ Referrals to hospital diabetes self-management programs
- ▶ Provided incentives for local clinic diabetes class



Childhood Obesity

- ▶ Care book for families available
- ▶ Continued nutrition education through La Clinica
- ▶ Active participation on CNAP – County Nutrition Action Partners



Tobacco Cessation

- ▶ Member and provider resources and education
- ▶ Alliance workgroup



Health Education 2023

- Improve primary care engagement
- Address mental health needs
- Enhance/launch disease management programs (Diabetes, Asthma, Heart disease and Depression)
- Support equitable birth outcomes
- And . . .

Thanks!

Questions?

You can contact us at:

 layala@alamedaalliance.org

Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	March 2, 2023
From:	Kisha Gerena – Manager, Grievance and Appeals
Reporting Period:	Resolved Q4 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	2222	30 Calendar Days	95% compliance within standard	2124	95.6%	
Expedited Grievance	4	72 Hours	95% compliance within standard	4	100.0%	
Exempt Grievance	5076	Next Business Day	95% compliance within standard	5075	99.9%	
Standard Appeal	81	30 Calendar Days	95% compliance within standard	80	98.8%	
Expedited Appeal	3	72 Hours	95% compliance within standard	3	100.0%	
Q4 2022 Total Cases:	7386		95% compliance within standard	7286	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.)

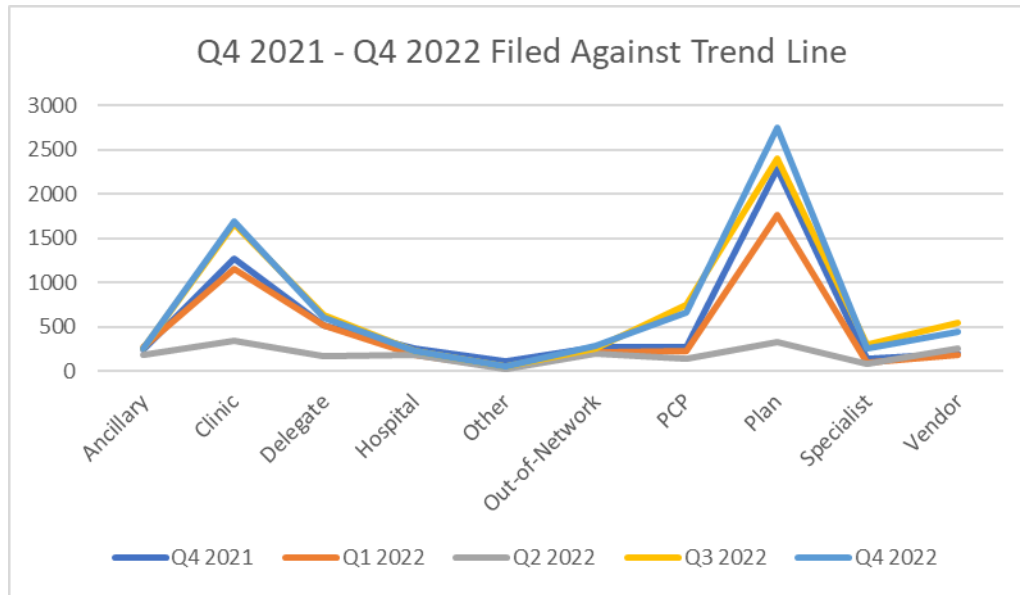
Appeal Data/Analysis:

Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Coverage Disputes	0	0	3	4	7
Disputes Involving Medical Necessity	0	1	13	43	57
Out of Network	0	0	7	13	20
Grand Total:	0	1	23	60	84
Overturned %:	0%	0%	4.3%	25.0%	19.0%

Grievance Data/Analysis:

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	68	140	2	8	44	262
Clinic	1055	95	16	114	419	1699
Delegate	72	48	405	12	68	605
Hospital	33	152	2	23	24	234
Long-term Care	0	0	0	1	0	1
Mental Health Facility	1	0	0	0	13	14
Other	4	18	0	1	32	55
Out-of-Network	22	244	3	8	10	287
PCP	433	5	3	31	194	666
PCP Non-Physician Medical Practitioner	2	0	0	2	1	5
Plan	735	148	1284	2	579	2748
Skilled Nursing Facility	2	1	0	5	4	12
Specialist	137	24	0	31	69	261
Specialist Non-Physician Medical Practitioner	0	0	0	0	1	1
Vendor	60	21	9	6	356	452
Grand Total	2624	896	1724	244	1814	7302

- Grievances filed against the Plan:
 - Access to Care
 - Telephone/Technology: Members having difficulty accessing/navigating through member portal, and unable to reach AAH staff by telephone.
 - Coverage Disputes
 - Disputes related to benefit, billing, and reimbursement requests.
 - Other
 - Enrollment: including complaints regarding PCP Auto assignments, complaints regarding PHI, fraud/waste/abuse, and eligibility.
 - Quality of Service
 - Complaints against our internal departments: G&A, Member Services, and Case Management regarding customer service.



- There was a 12.6% increase in grievances against the Plan in Q4 2022 compared to Q3 2022.

Grievances filed against our Delegated Networks/Vendors:

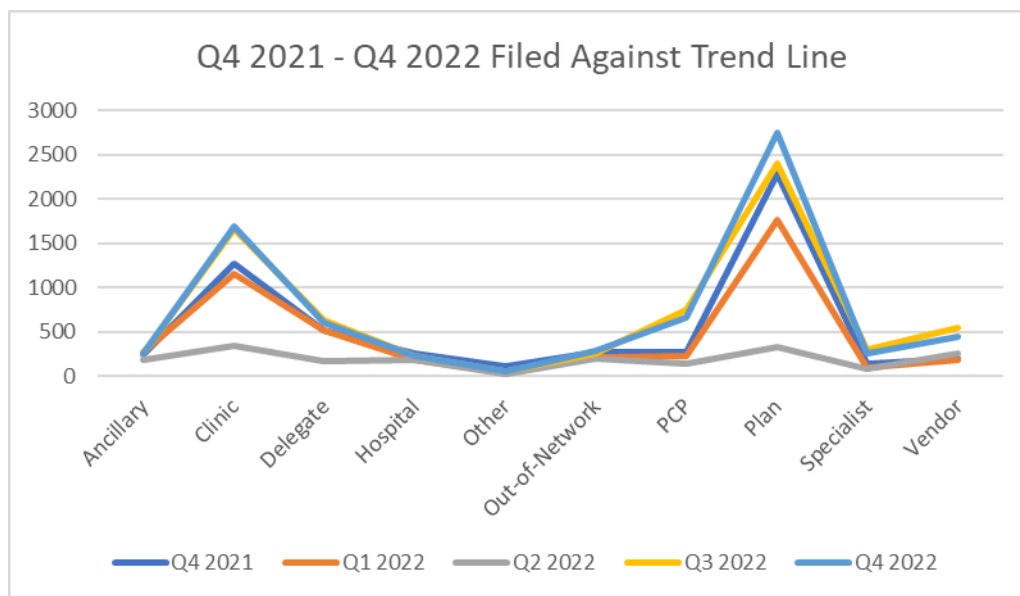
Delegated Network is a subcontractor with a Health Plan that has been given authority to perform functions, our delegates are listed below:

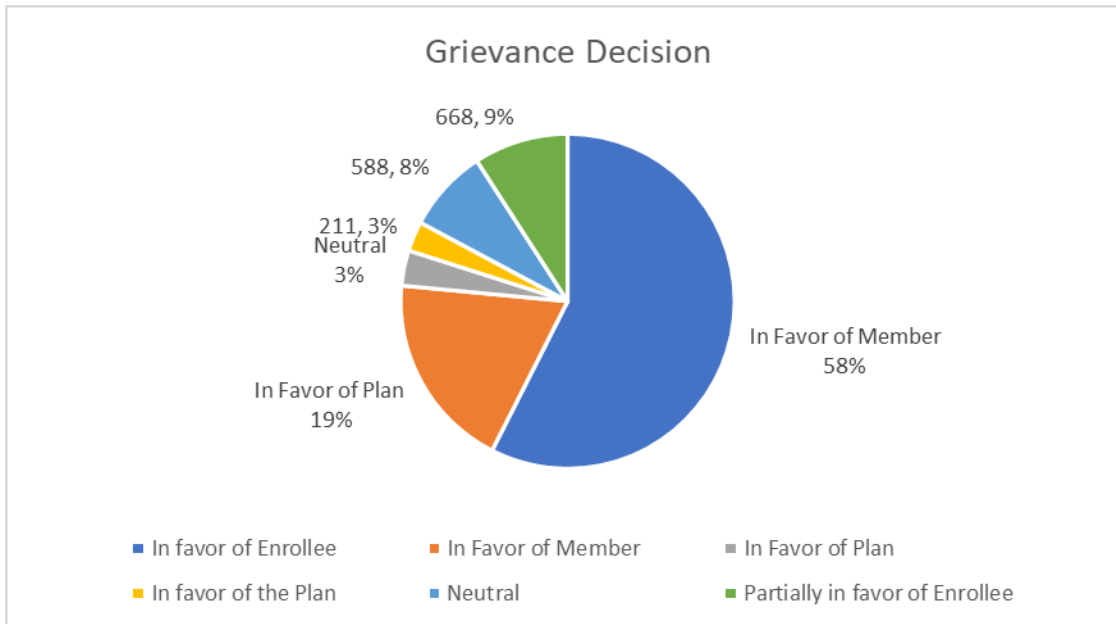
- Beacon Health Strategies – Behavioral Health Benefit Provider
- Children First Medical Group (CFMG) – Alliance Provider Network
- Community Health Center Network (CHCN) – Alliance Provider Network
- California Home Medical Equipment (CHME) – DME Benefit Supplier
- Kaiser – Fully Delegated Provider
- 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	
Delegate	72	64	405	12	68	605
Beacon	32	2	27	1	22	84
CFMG	4	0	0	0	2	6
CHCN	13	10	1	0	7	31
Kaiser	15	26	366	10	27	444
March Vision	5	4	11	1	6	27
PerformRx	0	6	0	0	3	9
PTPN	3	0	0	0	1	4
Vendor	60	21	9	6	356	452
CHME	17	5	2	3	17	44
Cyacom	2	0	0	0	4	6
Hanna	2	0	0	0	1	3

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Human Arc	0	0	0	0	1	1
ModivCare	15	16	4	2	248	285
Optum	0	0	0	0	3	3
Teladoc	1	0	3	1	2	7
Xaqt	23	0	0	0	80	103
Grand Total	132	69	414	18	424	1057

- Decrease in grievances filed against Kaiser: The Alliance identified 10.45% decrease filed against Kaiser in Q4 2022 compared to Q3 2022.
 - Grievances against Kaiser are related to enrollment issues and members not meeting criteria to be enrolled into Kaiser.
- The Plan identified a decrease in grievances filed against ModivCare: The Alliance continues to receive complaints against ModivCare, however there was a 27.53% decrease in complaints compared to Q3 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 1,833 unique grievance cases resolved during the reporting period, with a total of 2,226 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:

- None

Action Items:

Action Item:	Responsible Party:	Completed:

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

2022 | ANNUAL OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

2022 | ANNUAL OUTREACH REPORT

Between **January 2022** and **December 2022**, the Alliance completed **4** community events, more than **6,715**-member orientation outreach calls, and **1,647** member orientations by phone. The Alliance reached a total of **3,211** people and spent a total of **\$2,270*** in donations, fees, and/or sponsorships in 2022. In addition, during 2022, the Outreach team completed **697** Alliance website inquiries and **47** service requests.

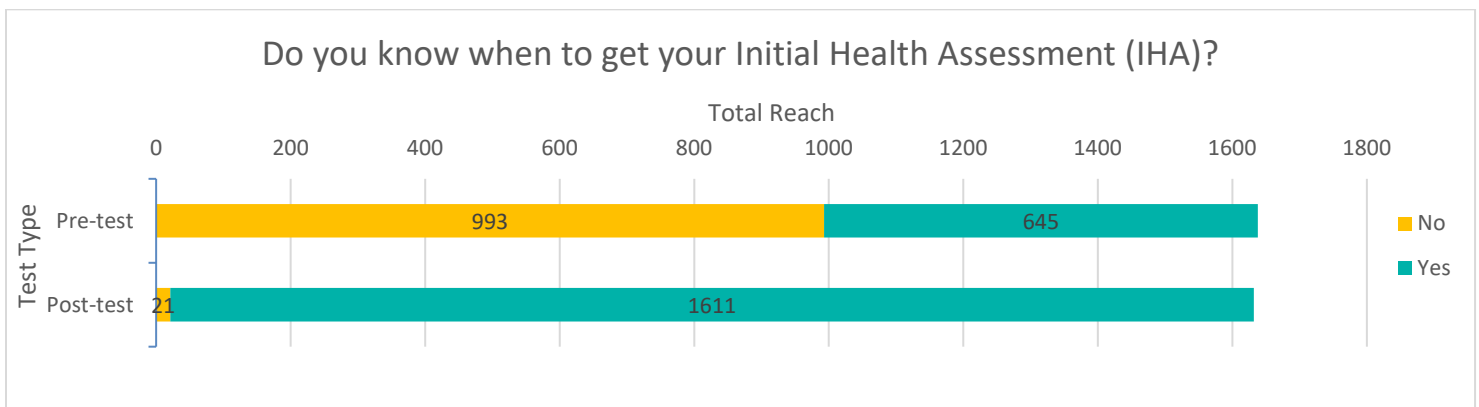
The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the people reached at community events are Medi-Cal Members, of which approximately 82% are Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **26, 261** self-identified Alliance members were 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 until further notice.

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of December 31, 2022, the Outreach Team completed **23,672**-member orientation outreach calls and conducted **6,411** member orientations (**27%** 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 December 31, 2022 – **6,411** net new members completed our MO program by phone.

After completing a MO **98.7%** of members who completed the post-test survey in 2022 reported knowing when to get their IHA, compared to only **39.4%** 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 22-23\Q2\3. December 2022**

ALLIANCE IN THE COMMUNITY
2022 | ANNUAL OUTREACH REPORT

2022 TOTALS



4 COMMUNITY EVENTS	1564 TOTAL REACHED AT COMMUNITY EVENTS
0 MEMBER EDUCATION EVENTS	0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
1647 MEMBER ORIENTATIONS	1647 TOTAL REACHED AT MEMBER ORIENTATIONS
0 MEETINGS/PRESENTATIONS	0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
7 TOTAL INITIATED / INVITED EVENTS	2358 TOTAL MEMBERS REACHED AT EVENTS
1651 TOTAL EVENTS	3211 TOTAL REACHED AT ALL EVENTS



- | | | | | |
|----------|---------------|-----------|------------|-------------|
| ALAMEDA | CASTRO VALLEY | FREMONT | NEWARK | SAN LEANDRO |
| ALBANY | DUBLIN | HAYWARD | OAKLAND | SAN LORENZO |
| BERKELEY | | LIVERMORE | PLEASANTON | UNION CITY |

TOTAL REACH 26 CITIES

**Cities not listed represent the mailing addresses for members who completed a Member Orientation by phone and Community Events. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the FY20 Q3 Outreach Report. Please see event details for complete listings of cities.*



\$2,270

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

* Includes refundable deposit.



Alameda Alliance for Health

Transportation Benefit

Modivcare is our broker

- ▶ The Plan is contracted with Modivcare as our broker. The relationship has been continuous since 2011.
- ▶ We use them for reservations, routing, and transportation network. They are not subcontracted Quality or Grievance and Appeals.

Involved departments/ Responsible folks

- ▶ Started in Member Services.
- ▶ In 2016, added Vendor Management for broker oversight, relationship management, and transportation provider oversight.
- ▶ In 2020, the Manager of Outpatient UM began managing PCS forms.
- ▶ In Fall 2022, this responsibility transitioned to the Manager of Case Management.

Involved departments/ Responsible folks

Vendor Management

Responsible party: Strategic Account Representative (who also has oversight over 30 other Tier 1 and 2 vendors.

- Coordinates meetings/audits, including:
 - Weekly cross functional meetings
 - Biweekly PQI and G&A meetings
 - Quarterly Joint Operations Meetings
 - Annual on-site audit
- Performs Quarterly PAVE transportation provider audits
- Oversees Service Level Agreements

Case Management

Responsible party: Manager of Case Management with support from two others

- PCS process gurus, responsible for collection, oversight, processing of all PCS forms
- Call scripting
- Member care
- Discharge coordination

- Other involved departments: Member Services, Grievance and Appeals, Quality, and Compliance.

▶ Non Medical Transportation (NMT)

~ 20% of trips

- ▶ NMT uses a car, taxi, bus, or other public or private way of getting to your medical appointment.
- ▶ You can use non-medical transportation (NMT) when you are:
 - ▶ Traveling to and from a medical appointment
 - ▶ Picking up prescriptions and medical supplies

▶ Non-Emergency Medical Transportation (NEMT)

~ 80% of trips

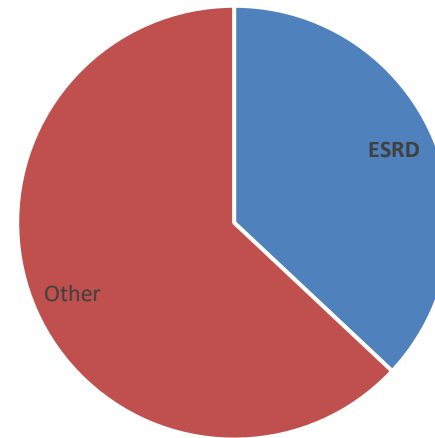
- ▶ NEMT uses an ambulance, litter van, wheelchair van, or air transport. NEMT does not use a car, bus, or taxi.
- ▶ You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical, dental, mental health, and substance use disorder appointment by car, bus, train, or taxi, and AAH pays for the treatment of your medical or physical condition.
- ▶ Before getting NEMT, you need to request the service through your doctor. Your doctor will prescribe the correct type of transportation to meet your medical condition. Your doctor must fill out a Physician Certification Statement (PCS) form to request the type of transportation you need.

Treatment Type

~40% of all trips
for treatment
type:

End Stage Renal
Disease (ESRD) –
Dialysis

All Trips by Treatment Type 2022
Q4

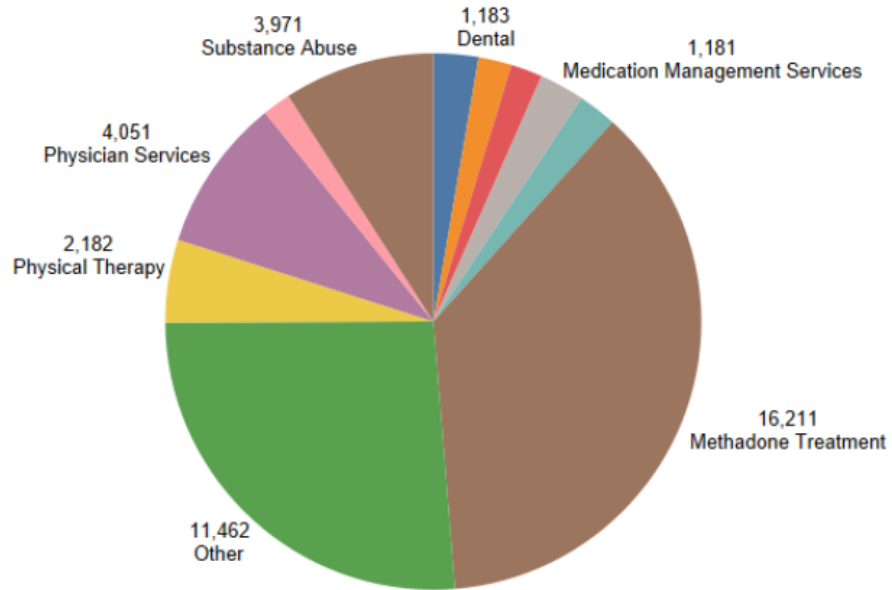


~12,000 total rides per month

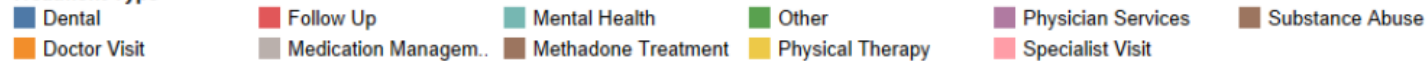
With a mix of ~10,000 NMT (80%) and ~2,000 NEMT (20%)

Source: Alameda Alliance for Health Board of Governors Regular Meeting – Operations Dashboard. December 2022.

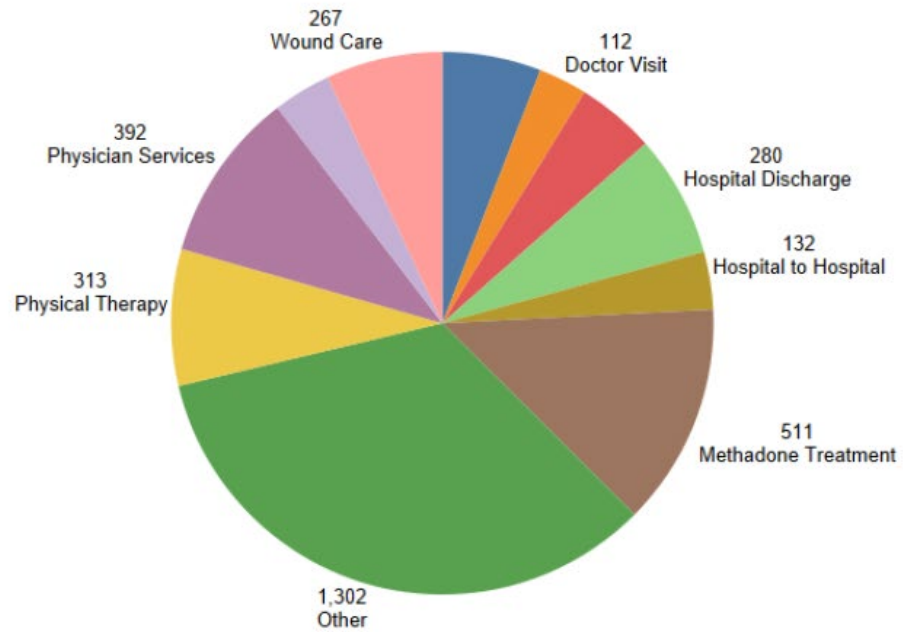
NMT Treatment Type (Excluding ESRD) Last Quarter



Treatment Type



NEMT Treatment Type (Excluding ESRD) Last Quarter



Treatment Type

- Discharge
- Doctor Visit
- Follow Up
- Hospital Discharge
- Hospital to Hospital
- Methadone Treatment
- Other
- Physical Therapy
- Physician Services
- Podiatry
- Wound Care

Member Informed of benefit via:

Member Handbook

Member Services Department

Case Management Department

PCP Office

Dialysis Offices

Community Partners



~12,000 total rides per month

With a mix of ~10,000 NMT (80%) and ~2,000 NEMT (20%)

Source: Alameda Alliance for Health Board of Governors Regular Meeting – Operations Dashboard. December 2022.