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

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: 1.408.418.9388, Meeting Number: 187 429 1163. 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 MUST SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE.

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. IT WOULD BE APPRECIATED 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. IF THAT IS NOT POSSIBLE, EVERY EFFORT WILL BE MADE TO ATTEMPT TO REVIEW E-COMMENTS DURING THE COURSE OF THE MEETING. TOWARDS THIS END, THE CHAIR OF THE COMMITTEE WILL ENDEAVOR TO TAKE A BRIEF PAUSE BEFORE ACTION IS TAKEN ON ANY AGENDA ITEM TO ALLOW THE COMMITTEE CLERK TO REVIEW E-COMMENTS, AND SHARE ANY E-COMMENTS RECEIVED DURING THE MEETING.

Meeting Name:	Member Advisory Committee		
Date of Meeting:	March 18, 2021	Time:	10:00 AM – 12:00 Noon
Meeting Chair and Vice Chair:	Melinda Mello, Chair and Natalie Williams, Vice Chair	Location:	Call in or video call only.
Call In Number:	1.408.418.9388 Code: 187 429 1163	Webinar:	WebEx link provided 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	Bassam Jammal	Alliance Member
Roxanne Furr	Alliance Member	MiMi Le	Alliance Member
Irene Garcia	Alliance Member	Melinda Mello	Alliance Member, Chair
Erika Garner	Alliance Member	Colleen Payne	A/C Child Health & Disability Prevention
Charlene Harrison	Site Director, Native American Health Center	Katty Perea	Parent of Alliance Member

III. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions a. Roll Call	Melinda Mello , Chair and Natalie Williams , Vice Chair	5	Information
Approval of Minutes and Agenda			
1. Approval of Minutes from December 17, 2020	Melinda Mello , Chair and Natalie Williams , Vice Chair	3	Vote
2. Approval of Agenda	Melinda Mello , Chair and Natalie Williams , Vice Chair	2	Vote

Alameda Alliance for Health
Member Advisory Committee Meeting Agenda

Alliance Standing Reports			
1. Alliance Update	Scott Coffin , CEO	20	Information
2. Grievances and Appeals • 4 th Quarter 2020	Jennifer Karmelich Director of Quality Assurance	15	Discussion
3. Communications and Outreach • 4 th Quarter Report	Michelle Lewis Manager, Communications and Outreach	10	Information
4. Population Needs Assessment	Linda Ayala Manager, Health Education	10	Discussion
New Business			
1. Presentation on TOC	Julie Anne Miller , Senior Director Health Care Services	15	Information
2. Stanford Cancer Program	AJ Dixon , Director, Clinical Initiatives and Clinical Leadership Development	20	Discussion
3. MAC Applicant, Provider Position	Linda Ayala , Manager, Health Education	15	Recommendation
Old Business			
1. Confidentiality Forms	Cindy Brazil , Health Programs Coordinator	1	Information
Open Forum	Melinda Mello , Chair and Natalie Williams , Vice Chair	2	
Adjournment	Melinda Mello , Chair and Natalie Williams , Vice Chair	2	Next meeting: June 17, 2021

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



Alameda Alliance for Health
Member Advisory Committee Meeting Agenda

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 17, 2020 10:00 AM - 12:00 PM

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

Other Attendees	Organization	Present
Ed Ettleman	CHME	X

Staff Member Name	Title	Present
Alex Alvarez	Outreach Coordinator	X
Linda Ayala	Manager, Health Education	X
Cindy Brazil	Health Programs Coordinator	X
Donna Carey, MD	Medical Director of Case Management	X
Scott Coffin	Chief Executive Officer	X
Jessica Jew	Health Education Specialist	X
Jennifer Karmelich	Director, Quality Assurance	X
Steve Le	Outreach Coordinator	X
Helen Lee	Senior Director of Pharmacy Services	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
Katrina Vo	Communications and Content Specialist	X
Otis Ward	Outreach Coordinator	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Melinda Mello, Natalie Williams	Welcomed attendees. L. Ayala took attendance.	M. Mello called the meeting to order at 10:03 AM.	
Approval of Agenda and Minutes	Melinda Mello, Natalie Williams			
1. Approval of Minutes from September 17, 2020			Minutes from the previous meeting approved by consensus.	
2. Approval of Agenda			Today's agenda approved by consensus.	
Alliance Standing Reports				
1. Alliance Update	Scott Coffin	<p>Provided an update on Alliance mission, vision, and values; Board of Governors; operating performance; and Diversity, Equity & Inclusion Committee.</p> <ul style="list-style-type: none"> ● The Board of Governors approved two new board members in August, Natalie Williams (consumer) and Byron Lopez (SEIU/United Healthcare Workers West). Due to the unfortunate passing of Feda Almaliti, there is a consumer seat open. MAC members can contact Scott if interested. ● There has been a \$15.8 million loss year-to-date, but it is projected that the net loss for the fiscal year will be about the same, \$15.4 million. The Alliance received a large \$11 million claim this first quarter. ● It is predicted that there will be about 280,000 Alliance Medi-Cal members by June. More people are qualifying for Medi-Cal, and the governor's pause on Medi-Cal redetermination is expected to last through the first half of 2021. 		MAC members contact Scott if interested in Board of Governors seat.

		<ul style="list-style-type: none"> • The pharmacy benefit transition to the State was delayed from January 1 to April 1, 2021. • The Diversity, Equity, and Inclusion Committee was formed in September 2020. They are working to identify a consultant to help create a strategy to address health disparities. <p>S. O'Brien continued with a presentation on COVID-19 vaccines.</p> <ul style="list-style-type: none"> • Vaccines prevent diseases. "Herd immunity" is reached when most people are vaccinated, thereby protecting those who cannot be vaccinated. A strong immune system is not a substitute for vaccines. • Daily cases are currently very high. The Latinx community has been disproportionately impacted. • Vaccines work by presenting an antigen, a substance that will trigger an immune response. There are 4 types of vaccines. The Pfizer and Moderna vaccines are RNA vaccines. They both require 2 doses to build immunity. • The COVID-19 vaccines will first go to priority groups and starting April will be more widely available. It is hoped that herd immunity will be reached by October to December. • Research shows there may be less willingness to get the vaccine among African Americans and those who do not have as much education. African Americans and Indigenous people have a higher death rate than other groups. • People are concerned about side effects and that the vaccine will not work. So far, the vaccines have been tolerated well and shown to be about 95% effective. • Questions from MAC members: 		<p>S. O'Brien will send N.</p>
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		<ul style="list-style-type: none"> ○ N. Williams: What is mRNA? – This stands for “messenger RNA”, which is a subset of RNA. S. O’Brien will send more information. ○ B. Jammal: Will the Alliance cover the vaccine? – Yes. The U.S. government has already paid for the vaccines, and the insurance plans will only pay the fee to have the shot administered. The county will be deciding the rollout of vaccines. ○ M. Mello: Will you get sick after the COVID vaccine? – You might feel sick because of the immune response. Taking ibuprofen or Tylenol before getting the shot could help. There have only been 2-3 cases of allergic reactions out of the several hundred thousand who received the vaccine. ○ M. Archuleta: If you have low white blood cell count, is it safe to get a vaccine? – Ask your doctor about vaccine safety. In general, vaccines are more important for people with chronic conditions. ○ M. Archuleta: Would lupus patients be prioritized? – The four priority groups are health care workers, essential workers, people over age 65, and people with pre-existing conditions. The county will distribute the vaccine to clinics. It could come to people with chronic conditions in February or March. 		Williams more information on mRNA.
2. Grievances and Appeals	Jennifer Karmelich	<p>Presented Grievances & Appeals report for Q3 2020 (July to September 2020).</p> <ul style="list-style-type: none"> • Expedited grievance compliance rate was not met this quarter. There were 6 cases out of compliance. This was due to contract issues 		

		<p>with a vendor, so it took 4-5 days to go out of network for the services instead of the standard 72 hours.</p> <ul style="list-style-type: none"> • The overturn rate (prior authorization denials that were overturned after appeal) was 26.4%, close to the benchmark of 25%. • There were 2,297 grievances against the plan due to phone connectivity issues, member not receiving ID card, and PCP auto-assignment. • Clinic and PCP are now two separate categories for grievances filed against. • For delegates, grievances against Kaiser were mostly about enrollment denials. For PerformRx, the pharmacy benefit manager, the grievances were mostly due to coverage disputes at point-of-sale. • N. Williams asked if Alliance covers dental. J. Karmelich replied that it is a state benefit called Denti-Cal. 		
<p>3. Communications and Outreach</p>	<p>Michelle Lewis</p>	<p>Presented Communications & Outreach report from Q1 FY2021 (July to September 2020).</p> <ul style="list-style-type: none"> • Alliance Outreach continues to be over telephone only. They are starting to pick up virtual events for future participation. • The Outreach team made about 6,000 calls to new members and reached about 30% of them. They finished the February new member list and are now working on March. • A third of the members who completed orientations lived in Oakland. There are other cities outside Alameda County from mailing addresses. • After the member orientations, 100% of the members knew when to get their Initial Health Assessment (IHA). • Input from Outreach staff and MAC: <ul style="list-style-type: none"> ○ O. Ward: Phone has provided an opportunity to reach the homeless population. 		

		<ul style="list-style-type: none"> ○ S. Le: Members who do not speak English and older members have appreciated the outreach. One challenge is that people avoid picking up potential spam calls, but he leaves the Member Services phone number in voicemails so that members know who they are speaking to. ○ A. Alvarez: There seems to be a disconnect for the Latinx community between enrolling in Medi-Cal and enrolling in the Alliance. Some members didn't know they were Alliance members or what an insurance plan was. The Outreach team is working to educate members about Alliance benefits and services. ○ N. Williams: It is good to be reaching people who wouldn't attend outreach events or go to clinics for an orientation. <p>Michelle continued with an overview of the new member portal.</p> <ul style="list-style-type: none"> • The new member portal went live last Friday. It can be accessed through the main website, which also has a new look and feel. • The front page of the portal was reorganized to include quick links. If there is more time at a future meeting, could show a live demo. • By spring, the portal should be accessible from phone. They are also working on an app. • N. Williams appreciated the aesthetics of the Alliance website homepage, especially the Certified Center of Excellence banner. M. Lewis replied that this was recently awarded to Member Services, and more information about it can be found on the website. 		
Old Business				

<p>1. Self-care during COVID-19</p>	<p>Dr. Donna Carey</p>	<p>Presented on what stress looks like, tips, and resources for self-care during COVID.</p> <ul style="list-style-type: none"> • You are not alone; about 53% of adults say that the pandemic has negatively impacted their mental health. • Stress can show up as fear about health; sleeping, eating, or drinking more or less than normal; being more forgetful; and worsened health problems. • If you are not feeling well, talk to your doctor. Your doctor should be someone you are comfortable with talking about anything. They can refer you to other resources. • Self-care tips: move for at least 30 minutes a day; eat healthy and buy more fresh foods at the store; connect with people and call family and friends; get a good night's sleep; practice coping skills; and prioritize to-dos. • It can help to create a toolbox with 5-6 coping skills that you can refer to when you are feeling stressed. • For support, 211 is also a good resource that can link to other community resources. There may be free versions of apps like Calm and Headspace that can be tools for meditation and relaxation. • N. Williams added tips that it helps to make a shopping list before going to the grocery store. She also makes notes before going to bed about what to do the next day. 		
<p>New Business</p>				
<p>1. Care packages 2020</p>	<p>Michelle Lewis</p>	<p>Provided an update on care bags for 2020.</p> <ul style="list-style-type: none"> • The Alliance is working with the mail house to put bags together. As of today, they are just waiting on one more item. • The care bags this year include a face mask, hand sanitizer, first aid kit, and list of local warming stations. 		

		<ul style="list-style-type: none"> The distribution will start after the assembly is complete, after Christmas. The bags will go to shelters and churches. MAC and staff members who want to distribute bags should email Michelle or Cindy, and the care bags will be mailed to your house. 		MAC members or staff who would like to distribute care bags contact Michelle or Cindy.
2. Health Education Advisory Groups & Handout Review	Linda Ayala	<p>Presented opportunity for input into Health Education materials and projects.</p> <ul style="list-style-type: none"> Input is needed for care books and handouts. The mode to provide input is flexible (mail, e-mail, or phone). Health Education will mail the materials to members. MAC members should email Cindy if interested. Health Education is forming 2 advisory groups: 1) African American/Black and asthma, and 2) Asian and Pacific Islanders and diabetes, high blood pressure, and high cholesterol. There will be a stipend, but the state still needs to approve the amount. Email Rosa or Cindy if interested. N. Williams asked if it possible to join both advisory groups. L. Ayala replied that the ask is for people to join one, and the intention is to get input from people who are from those ethnic backgrounds. 		MAC members who are interested in reviewing materials or joining an advisory group contact Cindy or Rosa.
3. MAC Attendance	Melinda Mello	Noted that everyone met the attendance requirements for meetings this year.		
Tribute to Feda Almaliti and Muhammad		MAC members and staff shared tributes to Feda Almaliti and her son, Muhammad. She was appreciated for her advocacy, directness, and heroism. Communications and Outreach put together a video to honor them at https://youtu.be/OeAH2Xikh5I , also accessible from the news and updates on the Alliance homepage.		
Adjournment	Melinda Mello, Natalie Williams	Next meeting: March 18, 2021.	M. Mello adjourned the meeting at 11:59 AM.	

Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 12/22/2020

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

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[MAC 121720 minutes draft.docx](#)

Member Advisory Committee



Presented by Scott Coffin, Chief Executive Officer

March 18, 2021

Agenda:

- ▷ **Alliance's Mission, Vision, and Values**
- ▷ **Board of Governors update**
- ▷ **Operating Performance**
- ▷ **COVID-19: Role of the Health Plan**
 - ▶ **Community Outreach**
 - ▶ **Coordination with Alameda County Health Care Services Agency**
- ▷ **COVID-19 Vaccine update**

Our Mission

We strive to improve the quality of life of our members and people throughout our diverse community by collaborating with our provider partners in delivering high quality, accessible and affordable health care services. As participants of the safety-net system, we recognize and seek to collaboratively address social determinants of health as we proudly serve Alameda County.

Our Vision

The Alliance will be the most valued and respected managed care health plan in the State of California.

Our Values

Teamwork:

We participate actively, remove barriers to effective collaboration and interact as a winning team.

Respect:

We are courteous to others, embrace diversity and strive to create a positive work environment.

Accountability:

We take ownership of tasks and responsibilities and maintain a high level of work quality.

Commitment & Compassion:

We collaborate with our providers and community partners to improve the wellbeing of our members, focus on quality in all we do and act as good stewards of resources.

Knowledge & Innovation:

We seek to understand and find better ways to help our members, providers and community partners.

Board of Governors

- ▶ **Alameda Alliance for Health has 13 Board Members, and 2 open Board Seats:**
 - ▶ **Consumer Member, nominated from the MAC**
 - ▶ **Alameda Health System, designated by the Board of Trustees**

- ▶ **Bylaws were revised and a resolution was approved by the Board of Governors in February**

- ▶ **Executive Committee and Compliance Advisory Committee added as new Standing Committees**

Operating Performance

- ▶ **Fiscal Year 2020-2021 financial performance:**
 - ▶ **\$17.5 million net loss (July 2020 through January 2021)**
 - ▶ **Reported \$1.2 million net income in January 2021**
- ▶ **As of February, total membership exceeds 280,000 (274,000 Medi-Cal and 6,000 Group Care)**
- ▶ **Governor Newsom suspended the Medi-Cal re-determination process, process resumes after the public health emergency ends**
- ▶ **Second quarter financial forecast presented to the Board of Governors on March 12, 2021**
- ▶ **Forecasting \$9.5 million net loss in fiscal year 2020-2021**
- ▶ **Transition of Medi-Cal Pharmacy benefits has been delayed indefinitely, and we are coordinating with the Department of Health Care Services**

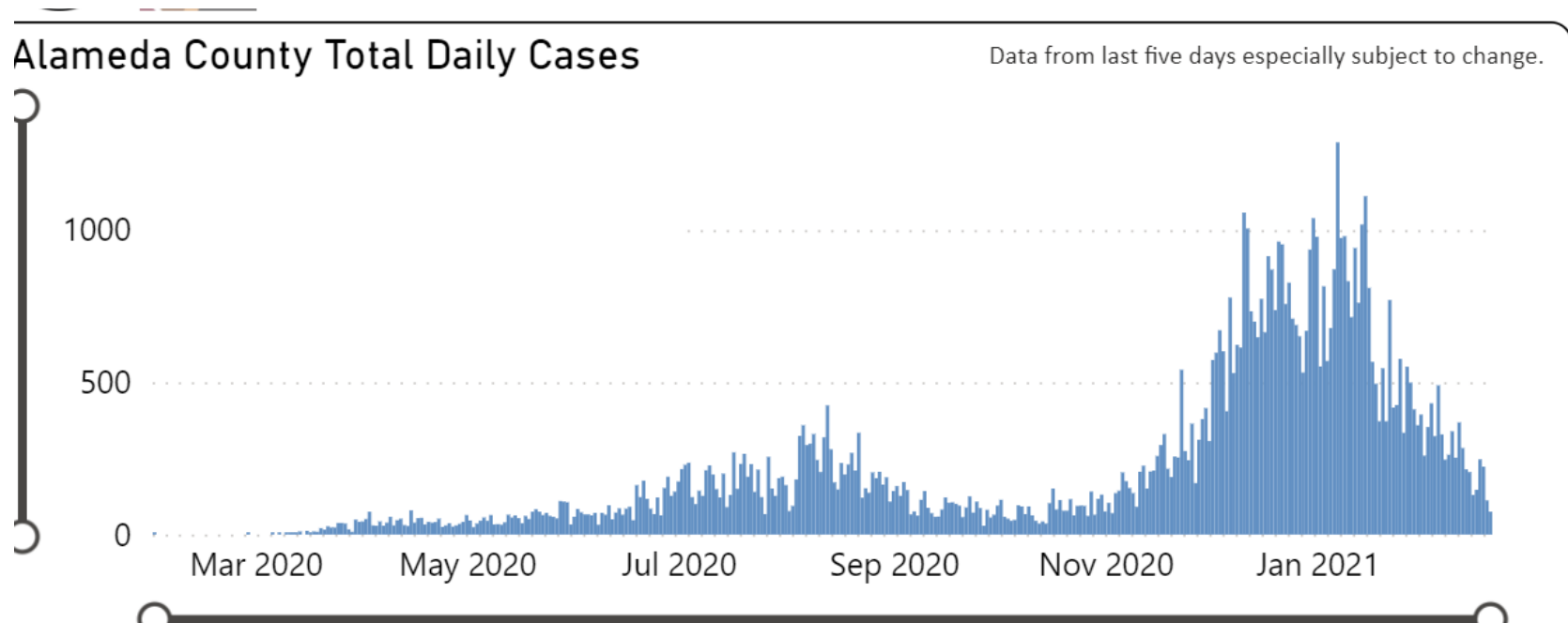
COVID-19 Community Outreach & Vaccination update

COVID-19 Vaccine

EQUITY: DISPARITIES IN VACCINATING AAH MEMBERS

SHOULD YOU GET VACCINATED?

Alameda County COVID cases peaked in January....now declining



How Does Vaccination Get Prioritized?

CDC Recommendations

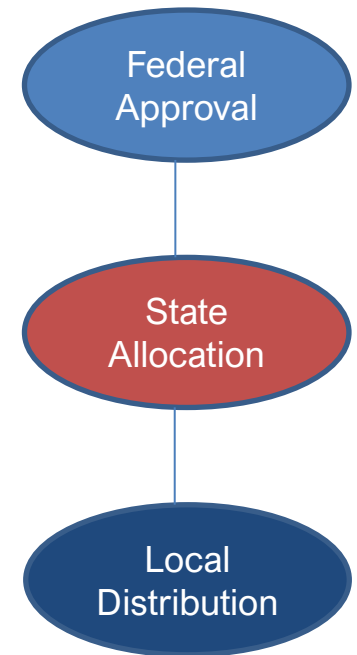
Statewide COVID-19 Vaccine Task Force

- ▶ Drafting Guidelines Workgroup: develop allocation guidance for who will receive vaccine when supply is limited
- ▶ Community Vaccine Advisory Committee: advises State's Task Force on direction of task force workgroups

Local Distribution

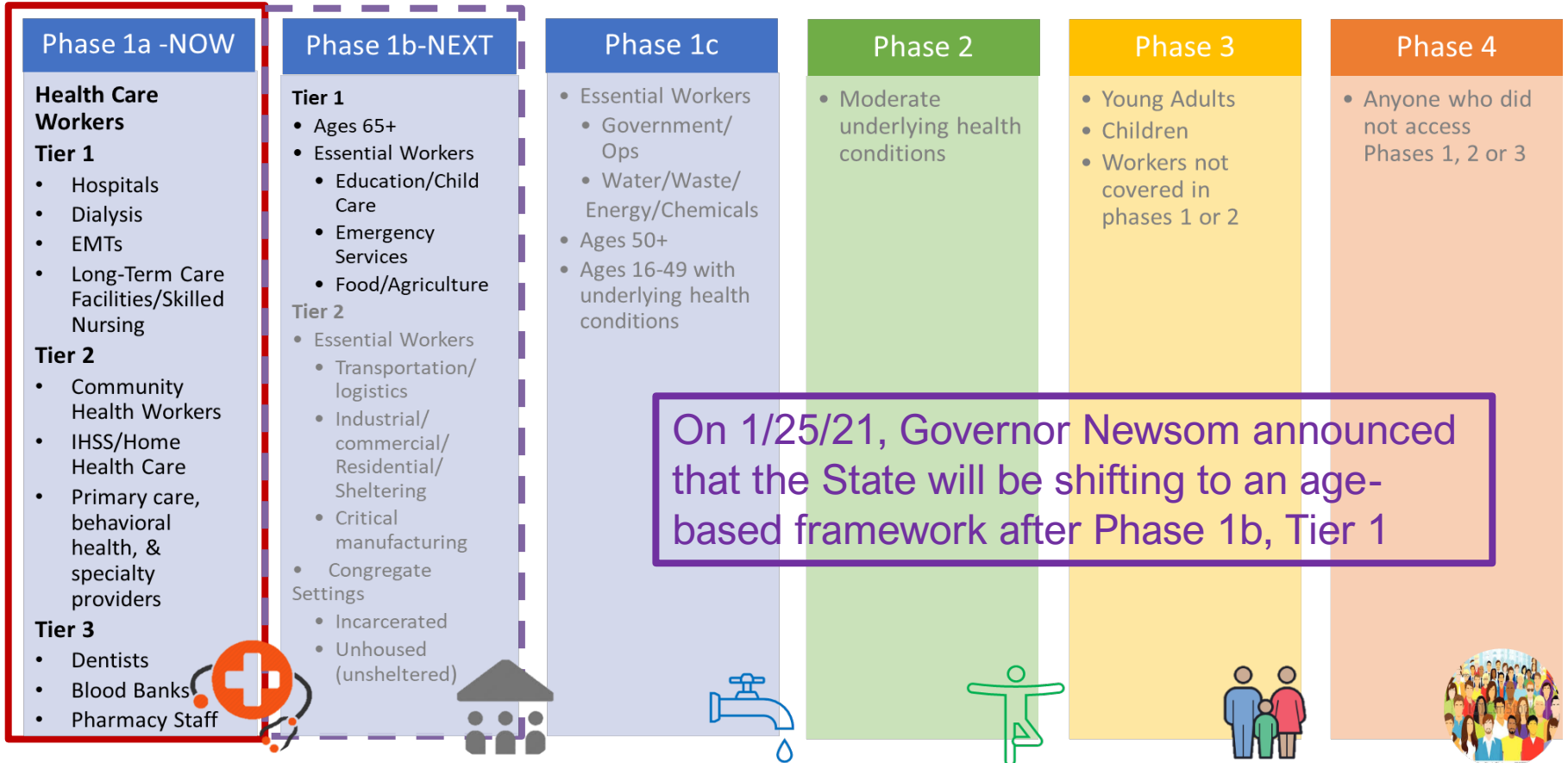
- ▶ **Equity**
- ▶ Outreach
- ▶ Logistical & Supply Strategy

Priorities change week to week & day to day



Vaccine Prioritization Framework

as of 1/25/21

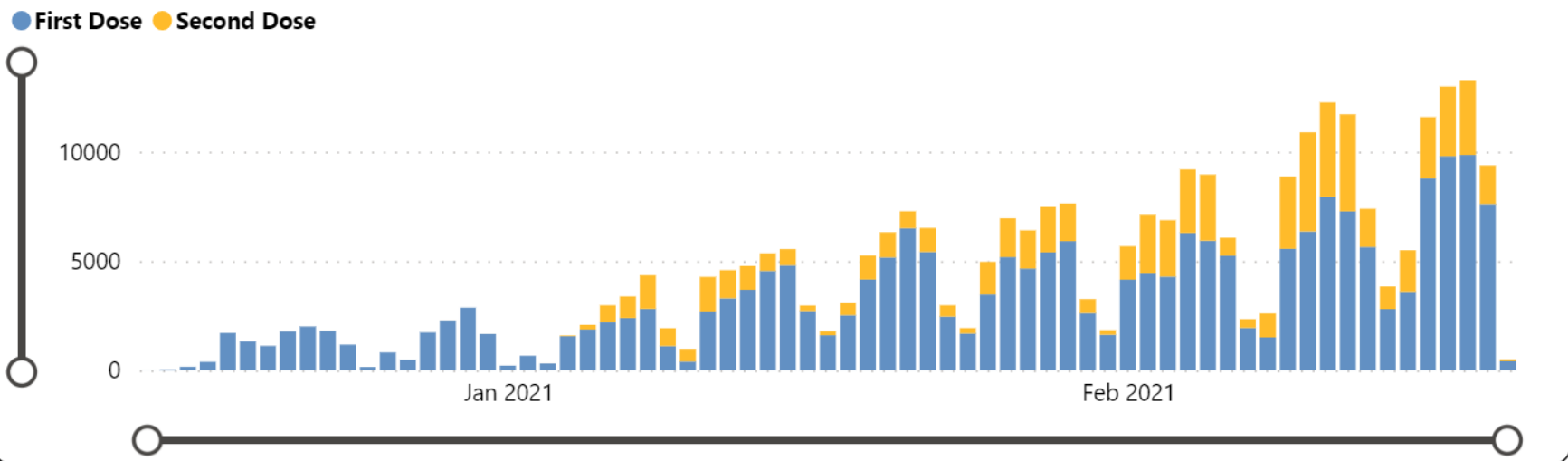


<https://covid-19.acgov.org/vaccines>

Alameda County is increasing COVID vaccinations

Alameda County Vaccine Doses Administered by Dose Type by Day

Data from last five days especially subject to change.

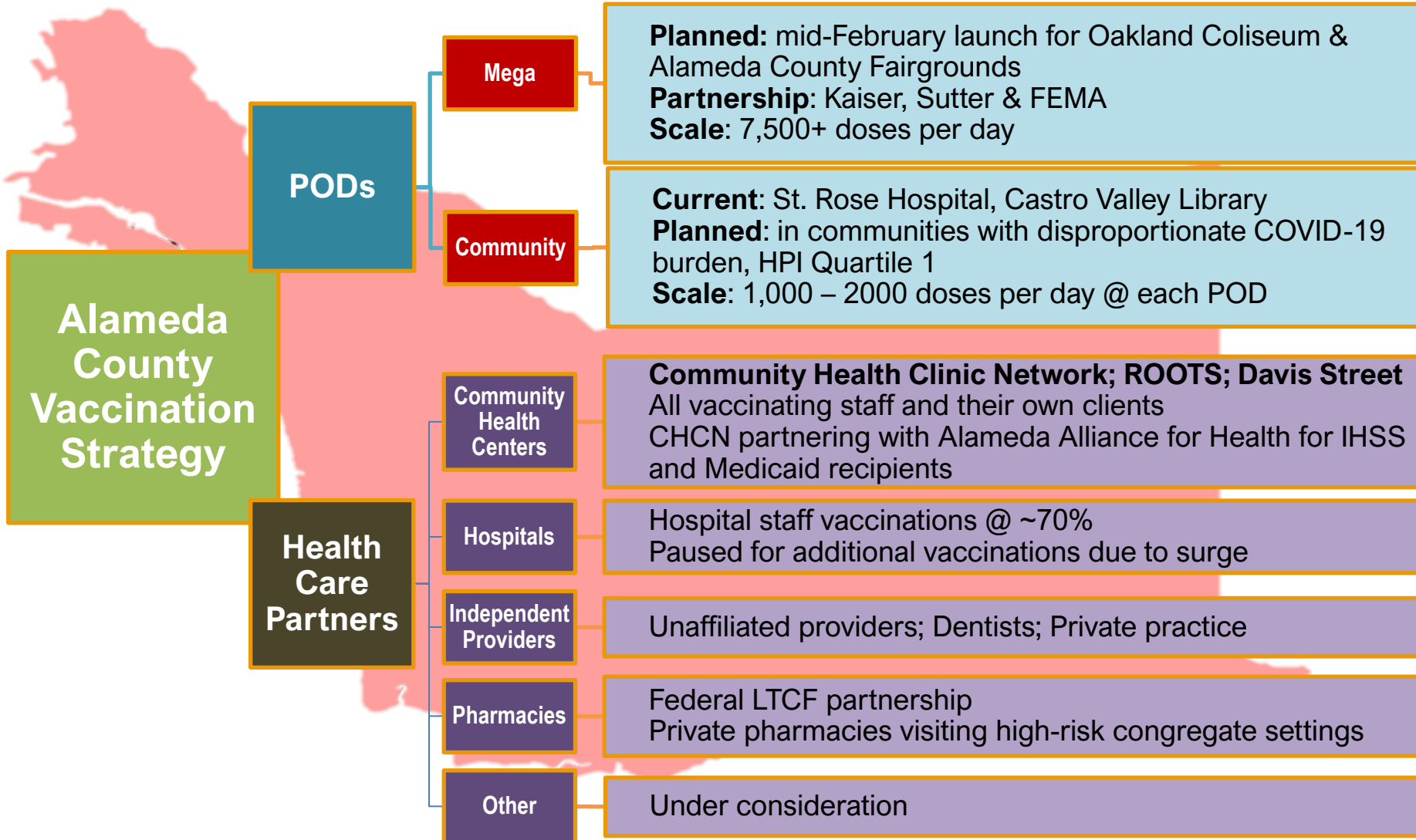


Status of Vaccine in Alameda County as of 2/21/21

Doses received within Alameda County (excluding Berkeley)	300,586
First Doses	224,604
Second Doses	73,536

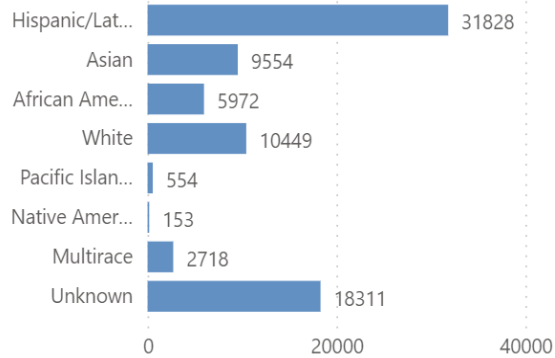
Approximate size of Phase 1a population in Alameda County – <u>Now</u>	145,000
Health care workers, long term care facility residents and staff	

Approximate size of Phase 1b population in Alameda County – <u>early February</u>	420,000
>65 years old, education & childcare, emergency services, food/agriculture	

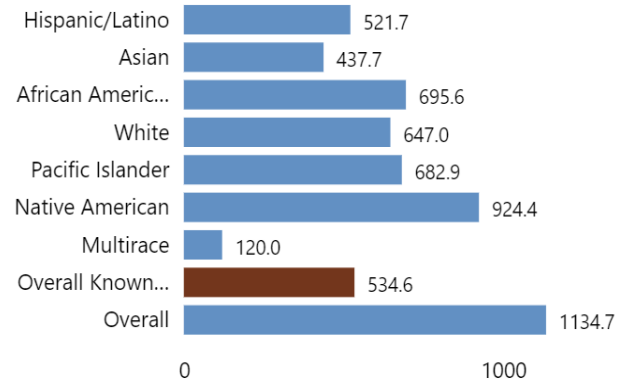


Disparities in COVID

CASES (ALAMEDA)

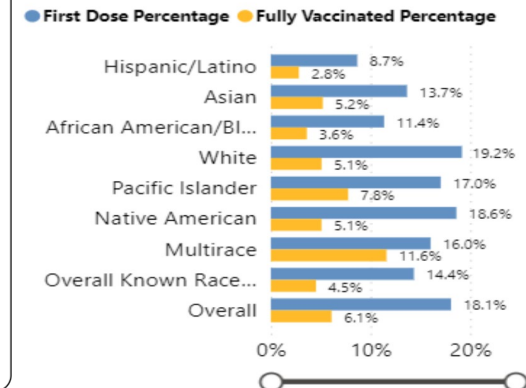


AC TESTING (ALAMEDA)



VACCINATION (ALAMEDA)

Doses by Race/Ethnicity >= 16 Years



National Data

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.9x	0.7x	1.1x	1.3x
Hospitalization ²	3.7x	1.1x	2.9x	3.2x
Death ³	2.4x	1.0x	1.9x	2.3x

Race and ethnicity are risk markers for other underlying conditions that affect health including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

Vaccine Hesitancy

WOULD DEFINITELY/PROBABLY GET VACCINE IF FREE

- ▶ White – 65%
- ▶ Hispanic – 61%
- ▶ Black – 50%

MAIN REASON WOULD NOT GET VACCINE

- ▶ White – Lack of Trust (23%), Safety concerns (30%), Don't need/want it (39%)
- ▶ Black – Lack of Trust (35%), Safety concerns (39%), Don't need/want it (21%)

Source: Kaiser Family Foundation/Undeclared poll (2020)

How to decide if you should get the COVID vaccine

- ▶ Every decision in life has pros and cons
- ▶ Decision making
 - ▶ What's your goal?
 - **Safety for you & protect others**
 - **Freedom**
 - ▶ Gather information
 - **Trusted sources**
 - **Use your scientific mind**
 - ▶ Consider the consequences
 - **Personal risk**
 - **Your role in spreading virus**
 - ▶ If you decide not to get vaccinated, that does not need to be an immutable decision
 - ▶ **I recommend everyone get vaccinated, unless your doctor tells you not to**

Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	March 18, 2021
From:	Jennifer Karmelich - Director, Quality Assurance
Reporting Period:	Resolved Q4 2020

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	2,103	30 Calendar Days	95% compliance within standard	2,072	98.5 %	
Expedited Grievance	10	72 Hours	95% compliance within standard	10	100.0%	
Exempt Grievance	3,955	Next Business Day	95% compliance within standard	3,951	99.8%	
Standard Appeal	155	30 Calendar Days	95% compliance within standard	154	99.3%	
Expedited Appeal	5	72 Hours	95% compliance within standard	5	100.0%	
Q4 2020 Total Cases:	6,228		95% compliance within standard	6,182	99.2%	7.12

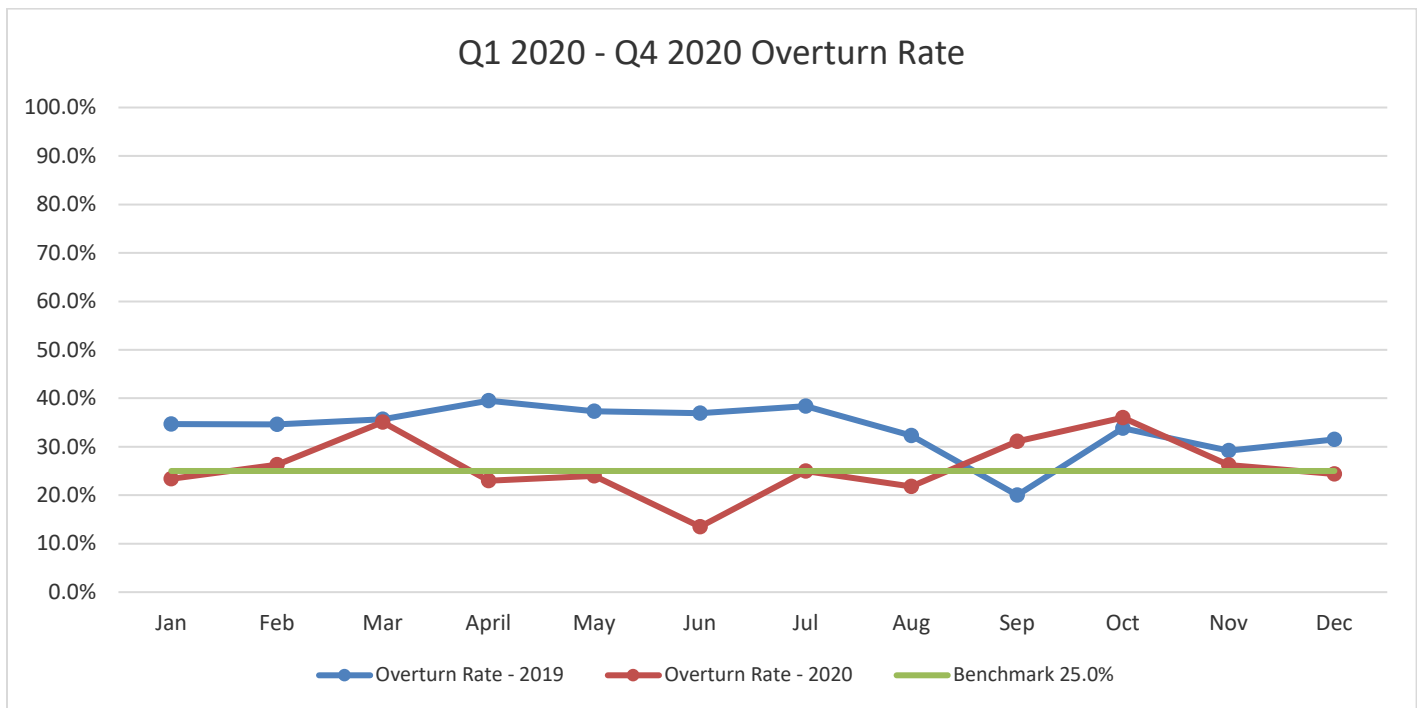
*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

We are aware that there was a total of 36 cases out of compliance. This was due to the Department being understaffed, as well as delayed responses from the providers.

Data/Analysis

Appeals:

Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Inpatient Appeal			1	3	4
Outpatient Appeal	2	1	34	39	76
Pharmacy Appeal					74
Retro Appeal			2	4	6
Grand Total:	2	1	37	120	160
Overtured %:	0%	0%	32.4%	28.3%	28.7%

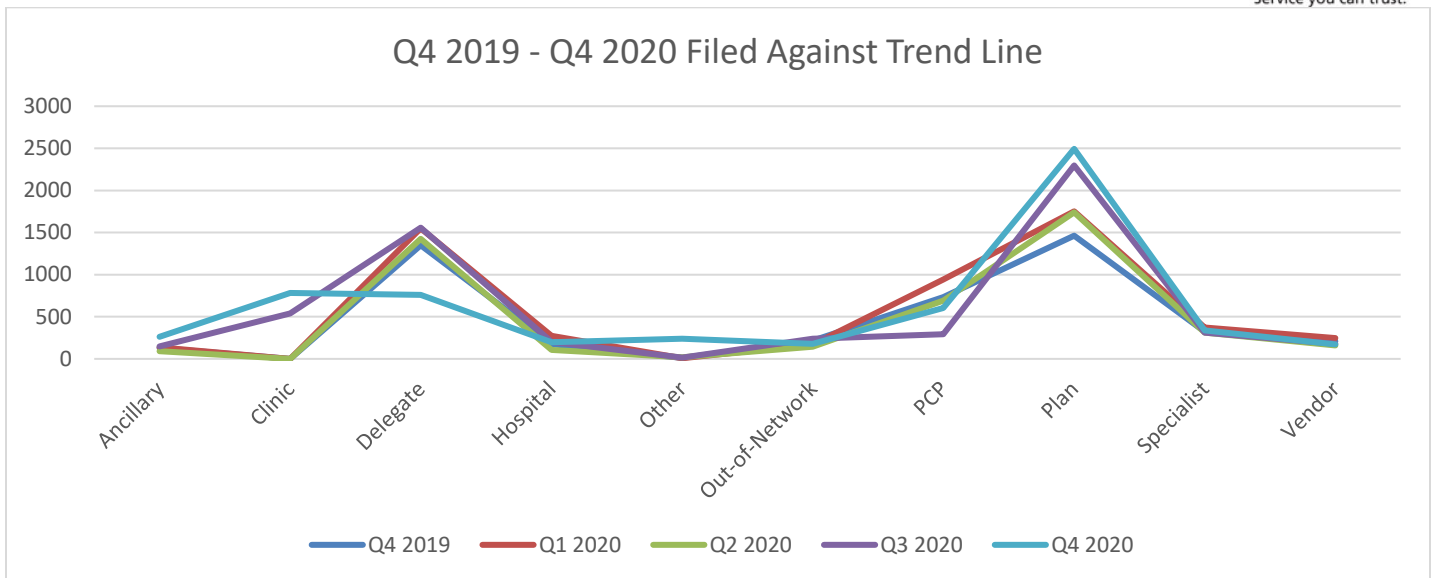


- The overturn rates for appeals:
 - Q1 2020 – overall 28.4%
 - Q2 2020 – overall 20.8%
 - Q3 2020 – overall 26.4%
 - Q4 2020 – overall 28.7%

Grievances:

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	65	131	3	8	55	262
Clinic	425	52	4	37	265	783
Delegate	90	102	463	19	85	759
Hospital	15	136	11	14	23	199
Mental Health Facility	8	3			7	18
Mental Health Professional	5	1		2	4	12
Other	19	42	2		177	240
Out-of-Network	28	131	6		14	179
PCP	311	18	4	51	219	603
PCP Non-Physician Medical Practitioner	3			2	1	6
Plan	829	416	883		366	2494
Specialist	188	33	1	22	95	339
Specialist Non-Physician Medical Practitioner	2					2
Vendor	38	18	3	2	111	172
Grand Total	2026	1083	1380	157	1422	6068

- Grievances filed against the Plan:
 - Access to Care
 - Telephone/Technology: phone connectivity issues, members not receiving their ID cards, member portal issues, online provider director says providers are accepting new AAH members when they are not
 - Coverage Disputes
 - Denial of services based on PA rules, reimbursement requests
 - Other
 - Enrollment: PCP Auto assignments
 - Quality of Service
 - Complaints against our internal departments, G&A, Member Services and Case Management



- Clinic Increase: Clinic and PCP were separated in our new G&A system, clinics are now captured under Clinic, not PCP/Clinic.
- Delegate Decrease: Grievances filed against Delegate providers/clinics were previously categorized under delegate. These grievance cases are now being categorized under PCP, Clinics, or Specialists. Only complaints filed against the actual delegate are being captured under delegate now.
- Other Increase: Grievances filed against pharmacies are now being captured under other which explains the increase under other.
- PCP Decrease: Clinic and PCP were separated in our new G&A system, Clinics were removed from the PCP category resulting in a decrease in Q3 2020.
- Plan Increase: There continues to be an increase in grievances filed against the Plan for the quarter, this was due to increased phone connectivity issues because of the transition to work from home and related to PCP auto assignment issues.

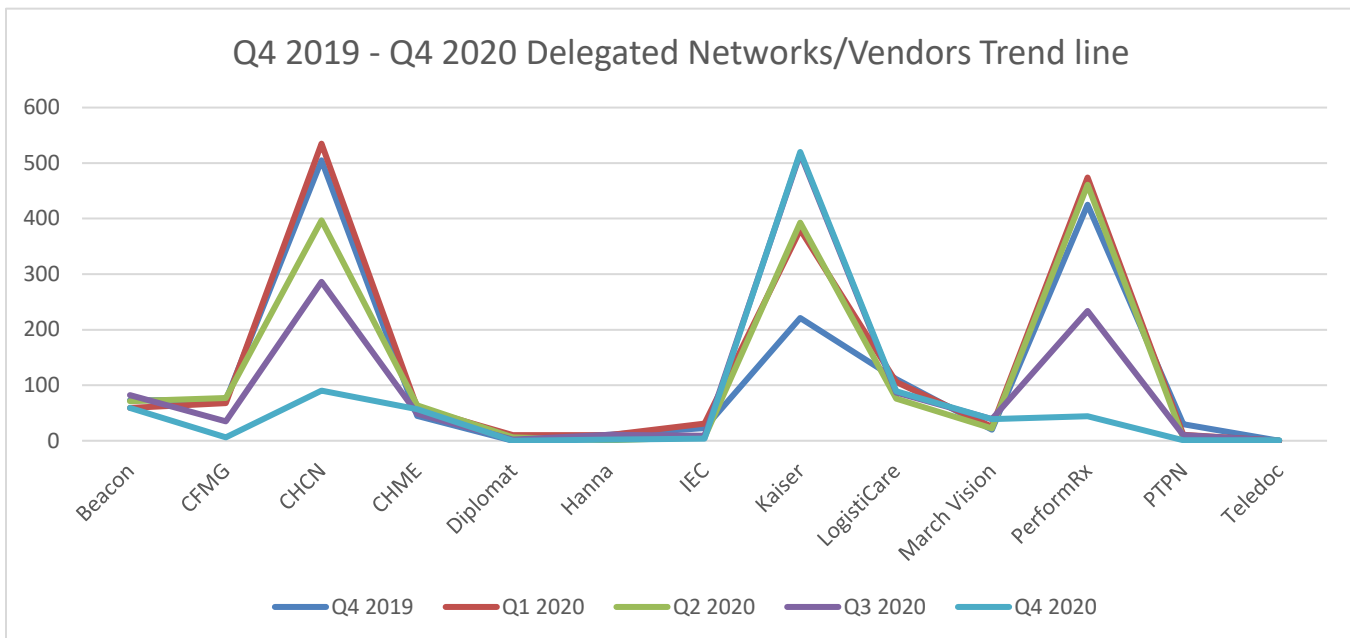
Grievances filed against our Delegated Networks/Vendors:

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

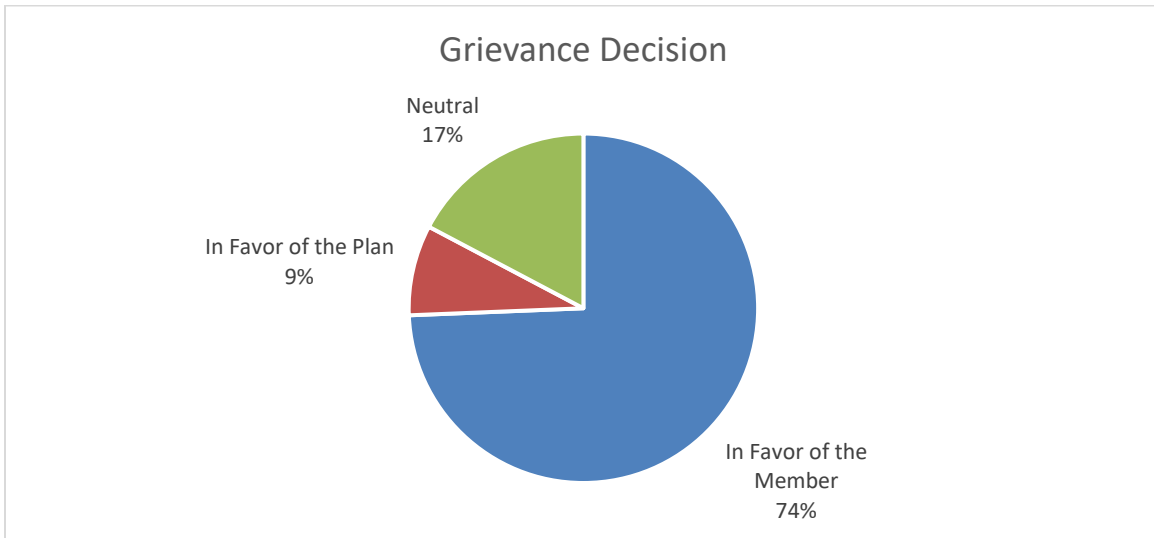
Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Delegate	90	102	463	19	85	759
Beacon	40	5			14	59
CFMG	1	4			1	6
CHCN	32	32	1	11	14	90
Kaiser	7	38	454	1	20	520
March Vision	7	5	8	7	12	39
PerformRx	3	18			23	44
PTPN					1	1
Vendor	38	18	3	2	111	172
Ansafone	6				6	12
CHME	21	10		2	24	57
Cyacom	1				2	3
Hanna	2					2
Human Arc			2		1	3
IEC	1				3	4
LogistiCare	7	8			74	89
Optum					1	1
Teledoc			1			1
Grand Total	128	120	466	21	196	931

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



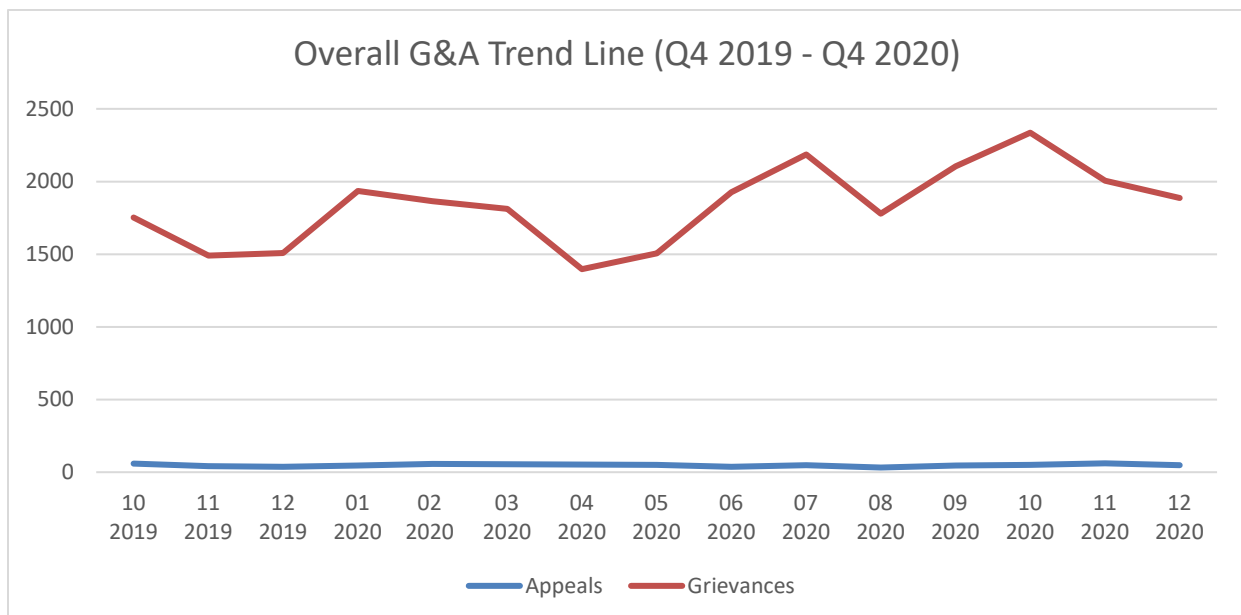
- CFMG Decrease: Grievances filed against CFMG providers/clinics were previously categorized under Delegate - CFMG. These grievance cases are now being categorized under PCP, Clinics, or Specialists.
- CHCN Decrease: Grievances filed against CHCN providers/clinics were previously categorized under Delegate - CHCN. These grievance cases are now being categorized under PCP, Clinics, or Specialists.

- **Kaiser Increase:** The Alliance identified an increase of grievances filed against Kaiser, these complaints are due to there being an increase of Kaiser enrollment requests overall, this increase led to increased denials for enrollment; therefore leading to an increase number of grievances because of the denials.
- **PerformRx Decrease:** Pharmacy complaints related to member’s having difficulty obtaining medications from pharmacies due to coverage limits/non-formulary medications are now being categorized against the Plan as Coverage Dispute - Benefit issues.
- **Grievances filed against our Delegates/Vendors** have been provided to the groups during our quarterly Joint Operation Meeting.



*Neutral decisions are decided when the complaint cannot be substantiated either way.

Tracking and Trending:



- There were 5,843 unique grievance cases resolved during the reporting period, with a total of 6,068 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.

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

2020 | ANNUAL OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

2020 | ANNUAL OUTREACH REPORT

Between **January 2020** and **December 2020**, the Alliance initiated and/or was invited to participate in a total of **311** events throughout Alameda County. The Alliance completed **65** community events, more than **6,000** member orientation outreach calls, and **2,805** member orientations by phone. The Alliance reached a total of **5,672** people and spent a total of **\$2,070*** in donations, fees, and/or sponsorships during 2020.

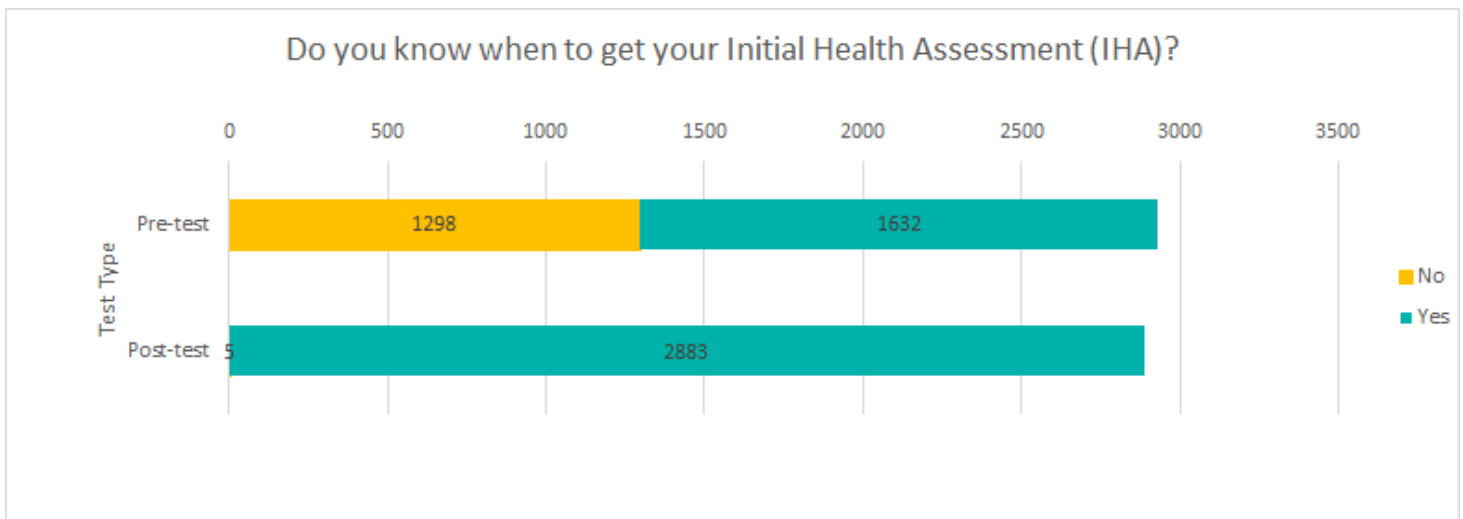
The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the people reached at community events are Medi-Cal Members, of which approximately 82% are Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **22,052** 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 and community events until further notice.

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone.

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, through December 31, 2020) – **2,805** net new members completed our MO program by phone.

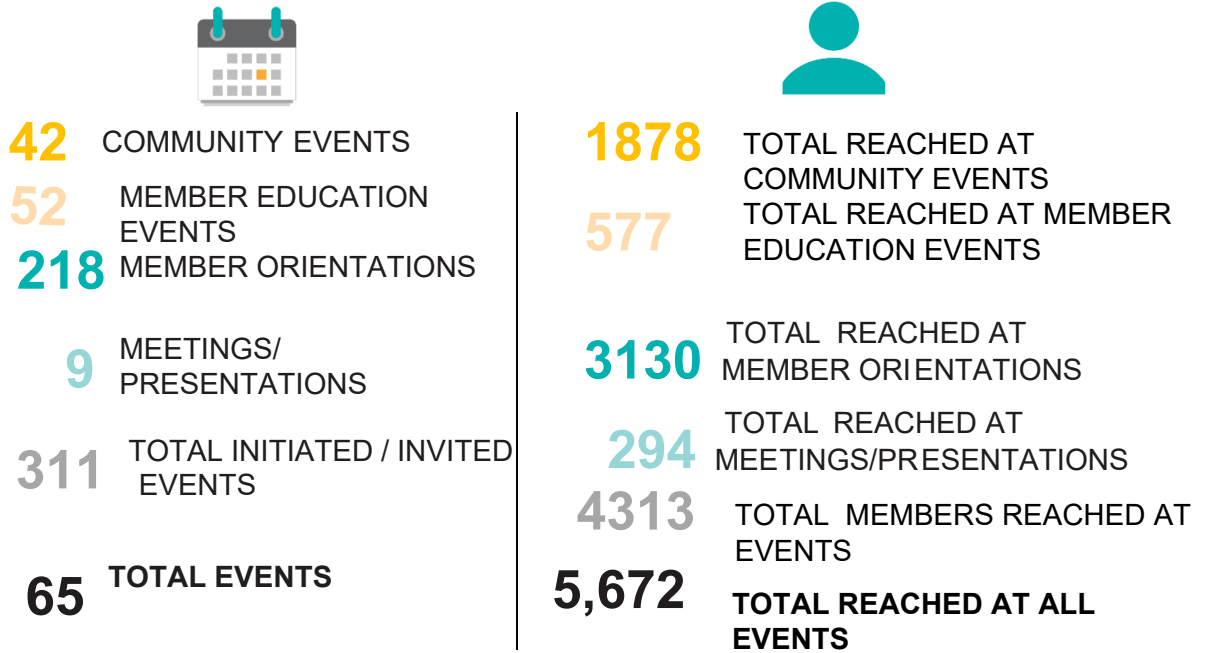
After completing a MO **99.8%** of members who completed the post-test survey in 2020 reported knowing when to get their IHA, compared to only **55.7%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 20-21\Q2\3. December 2020**

ALLIANCE IN THE COMMUNITY
2020 | ANNUAL OUTREACH REPORT

2020 TOTALS



ALAMEDA
BERKELEY

CASTRO
VALLEY
DUBLIN

FREMONT
HAYWARD
LIVERMORE

NEWARK
OAKLAND
PLEASANTON

SAN LEANDRO
SAN LORENZO
UNION CITY

10 CITIES & 3 UNINCORPORATED COMMUNITIES

** Cities not listed represent the mailing addresses for members who completed a Member Orientation by phone. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the FY20 Q4 Outreach Report. Please see event details for complete listings of cities.*



\$2,070

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.*



Population Needs Assessment

Action Plan Update

Member Advisory Committee 3/18/2021

Action Plan Overview

- ▶ 7 goals total in 3 categories
 - ▶ Culturally appropriate health education (4)
 - ▶ Routine care visits (2)
 - ▶ Information on member benefits (1)



High Blood Pressure, High Cholesterol, and Diabetes in Adult API Members

Objective: *Reach 100 Asian and Pacific Islander members with hypertension, hyperlipidemia, and/or diabetes through materials, classes, and/or other supports by June 30, 2022.*

Progress update:

- ▶ Asian Health Services blood pressure cuff intervention; 150 BP cuffs provided to date
- ▶ Field-tested Diabetes and Heart Health care books
- ▶ Presented on diabetes program referrals with Case Management staff and Health Homes community-based programs
- ▶ Had conversations with 3 community partner organizations
- ▶ Organized first meeting of API advisory group

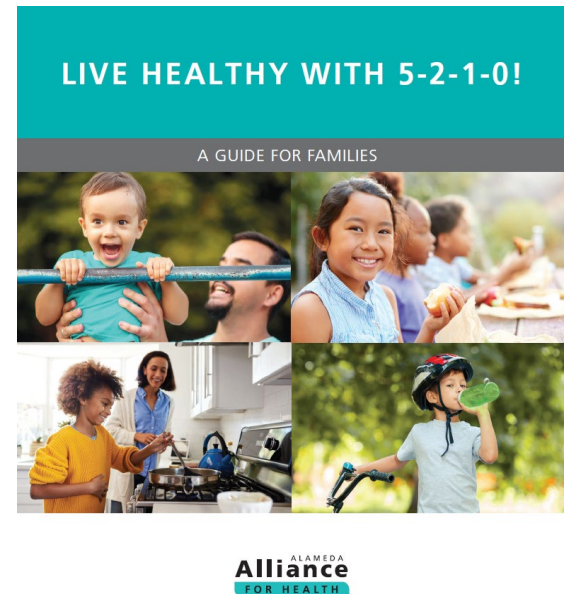


Obesity in Hispanic Children

Objective: *Connect 100 Hispanic (Latinx) families with healthy weight resources by June 30, 2022.*

Progress update:

- ▶ Started offering parenting classes through Family Paths [2 Hispanic families] and lactation consults [1 Hispanic family] through Alta Bates Summit
- ▶ Field-tested care book
- ▶ Attended trainings for FindConnect community resource platform
- ▶ Presented research and ideas to providers and community partners

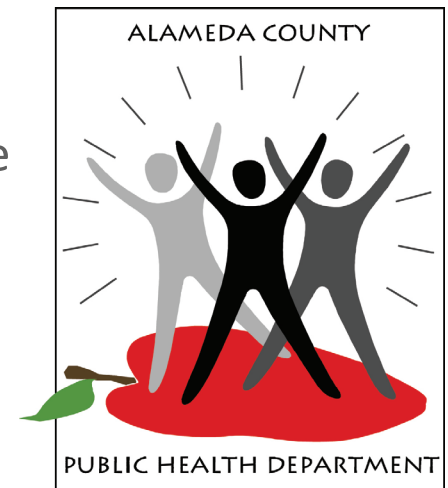


Asthma in Hispanic and Black Children

Objective: *Increase annual participation of Hispanic (Latinx) and Black (African American) children in Asthma Start in-home case management program by 25% from 209 (2019) to 261 members by December 31, 2021.*

Progress update:

- ▶ 114 Hispanic or Black members participated in 2020
- ▶ Support for Alameda County Asthma Start to enhance outreach to members for case management services
- ▶ Began to identify child members with ED visits for asthma from hospital feeds
- ▶ Updated referral report to Asthma Start



Asthma in Black Adults

Objective: Achieve HEDIS Asthma Medication Ratio (AMR) measure of at least Measurement Year 2019 MPL of 63.60% for Black (African American) adults ages 21 to 44 by December 31, 2021.

Progress update:

- ▶ HEDIS AMR 2020 rate as of December for Black adults ages 21 to 44 was 44.12%
- ▶ Held African American Asthma Advisory Group meeting
- ▶ Drafted Asthma Education video slides and script
- ▶ Pharmacy and Case Management plans for targeted member and provider outreach

Alliance
ALAMEDA
FOR HEALTH

What are the symptoms of asthma?

Shortness of breath
 You cannot take a deep breath with ease.

Cough
 The cough lasts more than a week and is constant, especially at night.

Tightness in the chest
 You feels like a strap is around your chest.

Wheezing
 There is a whistle sound when you breathe out.

Getting Routine Care

Objective: *Improve CAHPS rate for getting checkup or routine care appointment as soon as needed from 70.3% to 72% for adults and from 83.5% to 85.6% for children by December 31, 2021.*

Progress update:

- ▶ 2020 CAHPS rates were 65.2% for adults and 81.7% for children
- ▶ Educated providers with access gaps
- ▶ Included provider education in quarterly packet
- ▶ Shared access standards in member newsletter



Well Child Visits (WCV)

Objective: *Improve HEDIS Well-child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) measures from 68.63% for Black (African American) and 68.42% for White members to the Measurement Year 2019 MPL of 72.87% by December 31, 2021. NOTE: CAP measures discontinued in 2020*

Progress update:

- ▶ Initial rates for members 3-6 years old as of 2/5/21
 - ▶ Black (African American): 46.46%
 - ▶ White: 48.64%
 - ▶ The Alliance saw a 20% decrease from 2019 to 2020
- ▶ Started sending providers Gaps-in-Care Reports in April
- ▶ Planned WCV birthday card Initiative
- ▶ Designed member postcards for well visit reminders

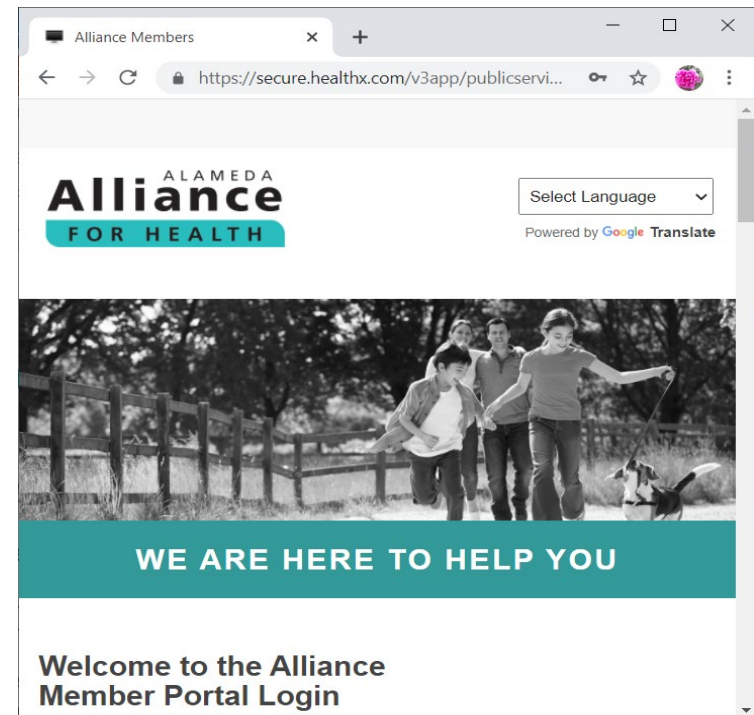


Information and Coordination of Benefits

Objective: *Improve CAHPS rate for providing needed information (through written materials and the Internet) from 52.6% to 62% for adults by December 31, 2021.*

Progress update:

- ▶ Discussed issues with Alliance Member Satisfaction Taskforce
- ▶ Redesigned member portal and advertised in the member newsletter
- ▶ Need new objective to measure success of efforts



Population Needs Assessment 2021

- ▶ Gathering data
- ▶ Look for an invite to review data and discuss action plan updates

Linda Ayala, MPH

Health Education Manager

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Transitions of Care

at Alameda Alliance for Health

Case Management

- 4 Programs
 - Transitions of Care (TOC)
 - Complex
 - Care Coordination
 - Health Homes

Transitions of Care (TOC)

- **Bundle**
 - discharge call within 1 business day
 - Review and teach back of discharge plan
 - Evaluate and coordinate for post discharge needs: follow up apt, home health, DME, transportation, etc.
 - Medication reconciliation for high-risk members
- **Telephonic**
- **30-day post-discharge**

How to Refer

- Call into Case Management: 877-251-9612
- Email Case Management: DeptCMDM@alamedaalliance.org
- Anyone can refer:
 - Member
 - PCP
 - Community Partner
- Referral Form:
https://www.alamedaalliance.org/~media/files/modules/publications/provider/medical%20management/cmdm%20referral%20form_102419.pdf