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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, PASSCODE: 146 264 5778 #. 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:	December 17, 2020	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: 146 264 5778#	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
Feda Almaliti	Community Advocate	Bassam Jammal	Alliance Member
Maria Archuleta	Alliance Member	MiMi Le	Alliance Member
Roxanne Furr	Alliance Member	Melinda Mello	Alliance Member, Chair
Irene Garcia	Alliance Member	Colleen Payne	A/C Child Health & Disability Prevention
Erika Garner	Alliance Member	Katty Perea	Parent of Alliance Member
Charlene Harrison	Site Director, Native American Health Center		

III. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions a. Happy Birthday Melinda!	Melinda Mello , Chair and Natalie Williams , Vice Chair	5	Information
A Tribute in honor of our beloved board member Feda Amaliti and her son Muhammad.	Melinda Mello , Chair and Natalie Williams , Vice Chair	20	

Alameda Alliance for Health
Member Advisory Committee Meeting Agenda

Approval of Minutes and Agenda			
1. Approval of Minutes from September 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
Alliance Standing Reports			
1. Alliance Update	Scott Coffin CEO	25	Information
2. Grievances and Appeals <ul style="list-style-type: none"> • 3rd Quarter 2020 	Jennifer Karmelich Director of Quality Assurance	15	Discussion
3. Communications and Outreach <ul style="list-style-type: none"> • 3rd Quarter Report • Member Portal 	Michelle Lewis Manager, Communications and Outreach	10	Information
Old Business			
1. Self-care during Covid-19	Alliance Clinical Staff	10	
2. Pharmacy changes update	Helen Lee , PharmD, Senior Director, Pharmacy Services	5	
New Business			
1. Care packages 2020	Michelle Lewis Manager, Communications and Outreach	10	
2. Health Education Advisory Groups & Handout Review	Linda Ayala , Manager Health Education	5	Update
2. MAC Attendance	Melinda Mello , Chair	5	
Open Forum	Melinda Mello , Chair and Natalie Williams , Vice Chair	3	Information
Adjournment	Melinda Mello , Chair and Natalie Williams , Vice Chair	2	Next meeting: March 18, 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 inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.



MEMBER ADVISORY COMMITTEE (MAC)
Thursday, September 17, 2020 10:00 AM - 12:00 PM

Committee Member Name	Role	Present
Feda Almaliti	Community Advocate	X
Maria Archuleta	Alliance Member	X
Roxanne Furr	Alliance Member	X
Irene Garcia	Alliance Member	X
Erika Garner	Alliance Member	X
Charlene Harrison, Native American Health Center	Safety Net Provider	X
Bassam Jammal	Alliance Member	X
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
Will Scott	Alliance Member (On leave)	
Natalie Williams	Alliance Member, Co-Chair	X

Other Attendees	Organization	Present
Brenda Burrell (representing MAC member, Colleen Payne)	A/C Child Health & Disability Prevention	X
Ed Ettleman	CHME	X
Bernie Zimmer	CHME	X

Staff Member Name	Title	Present
Alex Alvarez	Outreach Coordinator	X
Linda Ayala	Manager, Health Education	X
Sanjay Bhatt, MD	Quality Improvement Director	X
Cindy Brazil	Health Programs Coordinator	X
Scott Coffin	Chief Executive Officer	X
Raul Cornejo	Senior IT Service Desk Technician	X
Jessica Jew	Health Education Specialist	X
Jennifer Karmelich	Director, Complaints & Resolutions	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
Gil Riojas	Chief Financial Officer	X
Amy Stevenson	Clinical Manager, Health Homes	X
Katrina Vo	Communications and Content Specialist	X
Stephanie Wakefield	Senior Director of Quality	X
Otis Ward	Outreach Coordinator	X
Matt Woodruff	Chief Operations Officer	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Melinda Mello, Natalie Williams	Welcomed attendees. L. Ayala took attendance and explained housekeeping rules for the call.	M. Mello called the meeting to order at 10:02 AM.	
Approval of Agenda and Minutes	Melinda Mello, Natalie Williams			
1. Approval of Minutes from June 18, 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; public health emergency and impacts on access to health care; vaccinations; and employee action committees.</p> <ul style="list-style-type: none"> The Board of Governors approved two new board members in August, Natalie Williams 		

		<p>(consumer) and Byron Lopez (SEIU/United Healthcare Workers West).</p> <ul style="list-style-type: none"> ● The two employee committees are the Values in Action Committee, dedicated to the company core values and culture, and the Diversity, Equity & Inclusion Committee. <p>G. Riojas reported on operating performance.</p> <ul style="list-style-type: none"> ● While FY 2019-2020 resulted in a net income, the forecast for FY 2020-2021 is a net loss due to state budget constraints. <ul style="list-style-type: none"> ○ K. Perea asked if services for children with disabilities will be impacted by the budget. S. O'Brien answered that there is no expected impact. ● More Alliance members continue to stay enrolled, partly due to the suspension of the Medi-Cal redetermination process. ● The State taking back the pharmacy benefit on January 1, 2021 also impacts Alliance revenue. In response to questions from M. Archuleta and F. Almaliti, S. O'Brien and H. Lee added the following information: <ul style="list-style-type: none"> ○ Prior authorizations will be handled by the State and their pharmacy services vendor. The State's Contract Drugs List will be used to determine authorizations instead of the Alliance formulary. ○ Money related to pharmacy expenses will not go through the Alliance. ○ Members will be notified by letter 90, 60, and 30 days in advance of the change. ○ Vaccines could be paid for by both the plan and the State. Members will be able to continue to get their vaccines as usual. 		
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		<p>M. Woodruff reported on the public health emergency and impacts on access to health care through Operations metrics.</p> <ul style="list-style-type: none"> • Comparing the 4 months before and after Shelter in Place in March, there was a 21% decrease in claims, 36% decrease in outpatient visits, and 51% decrease in office visits. However, telehealth visits increased by 800%. • In the same comparison, Member Services calls decreased by 23%. The largest drop was in calls about changing PCP. There was an increase in calls requesting Kaiser. This may be related to more people coming to Medi-Cal from Commercial plans. Members have to meet specific criteria to be able to join Kaiser. • To date, the Outreach team has completed new member orientations with over 2,000 members. <p>S. O'Brien continued with talking about impacts to health care access and vaccinations.</p> <ul style="list-style-type: none"> • The majority (60 to 70%) of visits are now telephonic. The no-show rate has decreased, but there are fewer labs, vaccines, and pap smears being given. • There is a statewide concern about a drop in vaccination rates for both children and adults. The Alliance is working with the State to send educational material to child members and also working with providers to promote vaccination. • F. Almaliti asked about behavioral health telehealth and utilization, and self-care supports for members (e.g., Calm app). S. O'Brien replied: <ul style="list-style-type: none"> ○ Over 90% of behavioral health visits are being done by phone or video. Beacon has a platform for video. 		
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		<ul style="list-style-type: none"> ○ The denial rate is close to 0% for behavioral health, so people can get services they request. Although providers have said they are seeing more mental health issues, the Alliance hasn't seen increased referrals. ○ Beacon has provided some education to members for mental health and COVID-19, but can talk to Beacon about self-care resources. 		S. O'Brien to ask Beacon about self-care resources.
<p>2. COVID-19 Myths and Facts</p>	Sanjay Bhatt	<p>Presented information on popular COVID-19 questions and myths.</p> <ul style="list-style-type: none"> • The primary message was to wash hands, wear a mask, and social distance in order to prevent COVID-19. <ul style="list-style-type: none"> ○ COVID-19 is transmitted through air but can last on surfaces for days to weeks. ○ Masks have different types and limitations, but protecting others is one of the main reasons they are recommended. • The health care field has been actively studying COVID-19 so there has been new research and questions still being studied. <ul style="list-style-type: none"> ○ Some drugs can moderate symptoms, but there is no cure. ○ It is not known if other vaccines can help boost your immunity for COVID-19, but it is still strongly recommended to get the flu vaccine. ○ The U.S. is waiting for a vaccine to pass Phase 3 of testing. • Other facts: <ul style="list-style-type: none"> ○ COVID-19 can affect everyone but disproportionately affects elderly with higher death rate. All can be 		

		<p>infected and transmit the virus. It is more dangerous than the flu.</p> <ul style="list-style-type: none"> ○ Digital thermometers detect fever, but COVID-19 can take up to two weeks to show symptoms and the symptoms can vary. ○ UV light, alcohol, and chlorine should not be used on the body. 		
3. Grievances and Appeals	Jennifer Karmelich	<p>Presented Grievances & Appeals report for Q2 2020 April to June 2020).</p> <ul style="list-style-type: none"> • Expedited appeals were out of compliance because one case took an extra day. • Pharmacy had the highest number of appeals because the authorization turnaround time is only 24 hours. • This was the first quarter where the 25% benchmark for overturn rate was met. • The highest number of grievances was against the Plan in the “other” category. The majority were about PCP assignment, since members get auto-assigned if they do not pick their own PCP within 30 calendar days. Other common complaints were phone connectivity issues and member ID not received. • Grievances have trended up due to more training to better track complaints. • Among delegated networks, the highest number of grievances was against PerformRx. These included attitude toward members at the pharmacy. There was also an increase in grievances related to Kaiser enrollment. • Beacon grievances were about ABA providers and hours, telephone issues, and not calling members back. The Alliance is requesting an action plan for the telephone and call issues. • The only complaint about network adequacy for specialists was for a Genetics and Genomics specialist. 		

		<ul style="list-style-type: none"> The majority of access grievances were against LogistiCare. 		
4. Communications and Outreach	Michelle Lewis	<p>Presented Communications & Outreach report from Q4 FY2020 (April to June 2020) and provided an overview of the member portal.</p> <ul style="list-style-type: none"> Participation in all events was postponed due to Shelter in Place. There were 909 new member orientations completed. These include a pre & post-test, which showed that people increased their understanding of when to get the Initial Health Assessment. Members have been appreciative of the personal outreach. N. Williams asked about outreach to homeless and participation in virtual events. M. Lewis replied that they supported a virtual event with the United Seniors of Oakland and Alameda County and are discussing how to do care bags this year. The member portal has icons that show the most common reasons that people visit. MAC members had provided feedback on the portal via interviews. A walk-through of the portal is planned for the December meeting. 		
5. Health Education Yearly Update	Linda Ayala	Requested to postpone item to a future meeting.		
New Business				
1. Population Needs Assessment	Linda Ayala	<p>Presented on the 2020 Population Needs Assessment (PNA).</p> <ul style="list-style-type: none"> The Population Needs Assessment is a new report required annually. Previously there was a Group Needs Assessment required every 5 years. The PNA focuses on gaps in Health Education, Quality Improvement, and Cultural and Linguistic Programs and addresses health disparities, which are differences between groups. 		

		<ul style="list-style-type: none"> Demographics were covered in the last meeting, so the member profile was not included with these slides. MAC members were mailed a worksheet to write down comments and ideas, especially on creative ways to reach people. The PNA includes 7 goals around culturally appropriate health education, routine care appointments, and information on member benefits. For each goal, there was a finding to explain why it was a focus and the strategy ideas for how to accomplish the goal. 		
2. Chair and Vice Chair	Linda Ayala	<p>Explained the chair and vice chair selection for this year.</p> <ul style="list-style-type: none"> Usually, MAC members vote and recommend a candidate to S. Coffin to confirm. This year, S. Coffin decided to continue with the current chairs until next year, when it will be easier to do elections and transition to the new chairs. S. Coffin commented that he would like to recognize current chairs Melinda Mello and Natalie Williams for helping the group run smoothly and would like to keep this stability for now. 		
Open Forum	Melinda Mello, Natalie Williams	M. Archuleta asked M. Lewis how Alliance Outreach can help the homeless and supply masks. M. Lewis replied that she will take it back to the team to discuss.		M. Lewis and team will discuss outreach to homeless.
Adjournment	Melinda Mello, Natalie Williams	Next meeting: December 17, 2020.	M. Mello adjourned the meeting at 12:03 PM.	

Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 9/21/2020

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

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[MAC 091720 minutes draft.docx](#)

Member Advisory Committee

Presented by Scott Coffin, Chief Executive Officer

December 17, 2020

Agenda:

- ▶ Alliance's Mission, Vision, and Values
- ▶ Board of Governors update
- ▶ Operations update
- ▶ Diversity, Equity & Inclusion Committee
- ▶ COVID-19 vaccines & coordination with Alameda County Health Care Services Agency (Dr. Steve O'Brien)

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 15 Board Members

- ▶ New Board Members appointed in August by the Alameda County Board of Supervisors
 - ▶ Natalie Williams – Consumer Member

 - ▶ Byron Lopez – SEIU / United Healthcare Workers West

Operations Update

- ▶ **Finances: Fiscal Year July 1, 2020 to June 30, 2021**
 - ▶ \$15.8 million loss (July through October 2020)
 - ▶ Tangible net equity is over \$200 million
 - over 600% of requirement
 - ▶ Predict a \$15.4 million loss this fiscal year.
 - California's 's budget crisis
 - Medi-Cal rate reductions by DHCS
- ▶ **December membership is over 275,000 *** Record Setting *****
 - ▶ 269,000 Medi-Cal
 - ▶ 6,000 Group Care
- ▶ **Governor Newsom stopped Medi-Cal re-determination. It will begin again after the public health emergency ends**
- ▶ **Pharmacy benefit will move to the State on April 1, 2021**

Diversity, Equity & Inclusion Committee

- ▶ Diversity, Equity, and Inclusion Committee
 - ▶ Created in September, 2020
 - ▶ Recommends ways to create an inclusive environment.
 - All employees are encouraged to reach their full potential.
 - Individual differences are valued and respected
 - ▶ Evaluates progress on the Alliance's diversity goals.
 - ▶ Presents to the Board of Governors and the Member Advisory Committee.
 - ▶ Advises on the development member & provider communications materials.
 - ▶ Address Alliance Members' health disparities.

COVID-19 Vaccines

Why use vaccines?

- ▶ Vaccines can prevent infectious diseases (e.g. polio, measles) and some cancers (HPV related cancers)
- ▶ When most people are vaccinated, the virus struggles to spread
 - ▶ Herd immunity
- ▶ Herd immunity protects those who cannot be vaccinated.



Is building strong immune system with diet, sleep and exercise a good alternative to getting a vaccine?

Good to do, but not an alternative



How vaccines work

- ▷ Vaccines present an antigen* that stimulates your immune system to fight specific viruses
- ▷ Vaccines are given IM or SQ
- ▷ Vaccines may require more than one dose to:
 - ▶ Build complete immunity
 - ▶ Give a booster when immunity wears off
 - ▶ Immunize against seasonal spread (e.g. flu)

■ *antigen = substance that stimulates antibody formation

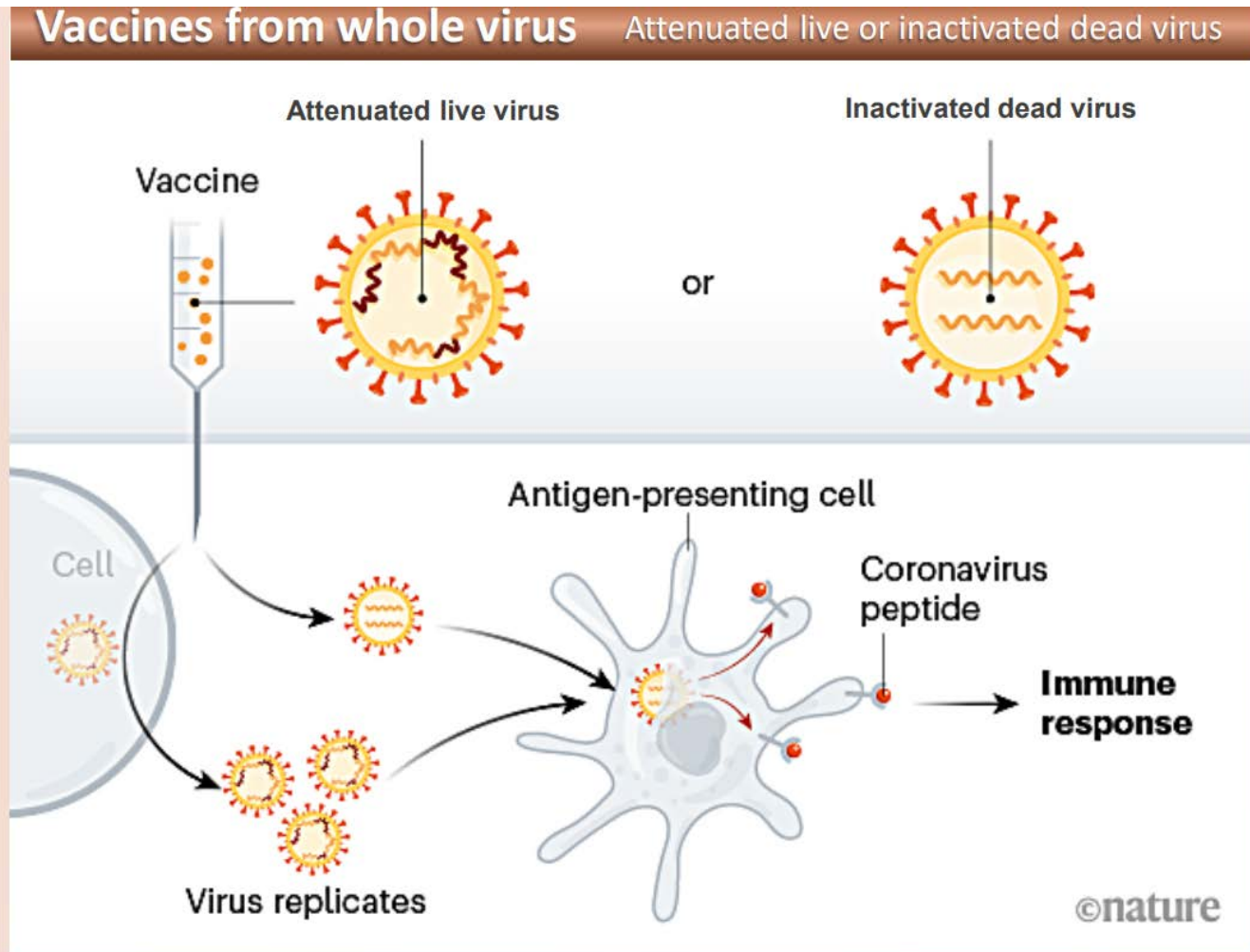
Types of Vaccines

Virus

Protein

Viral Vector

Nucleic Acid



MMR
Smallpox
Yellow fever
Influenza
Hep A

Types of Vaccines

Virus

Protein

Viral Vector

Nucleic Acid

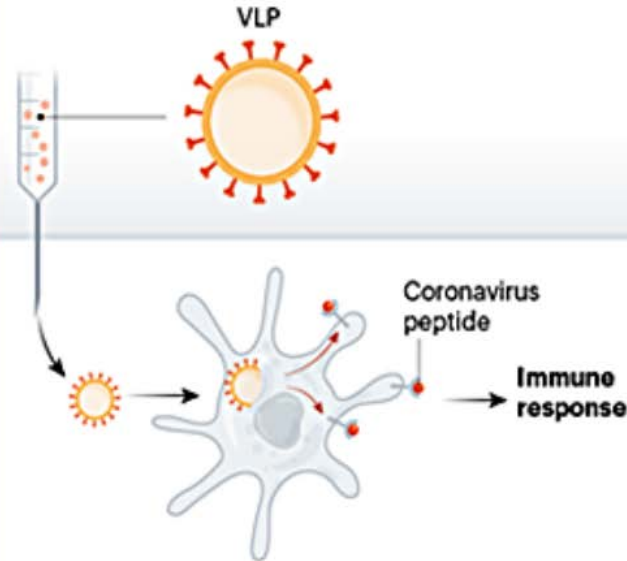
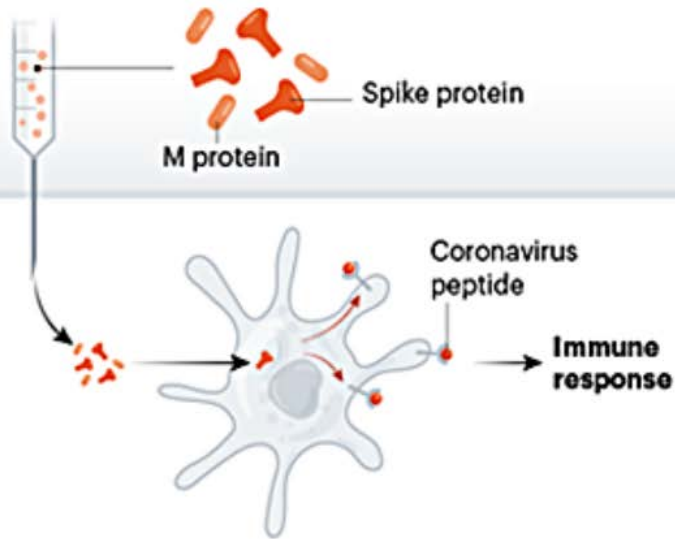
Protein-based vaccines

Protein sub-units or virus-like particles

Protein sub-units

OR

Virus-like particles



Influenza

Types of Vaccines

Virus

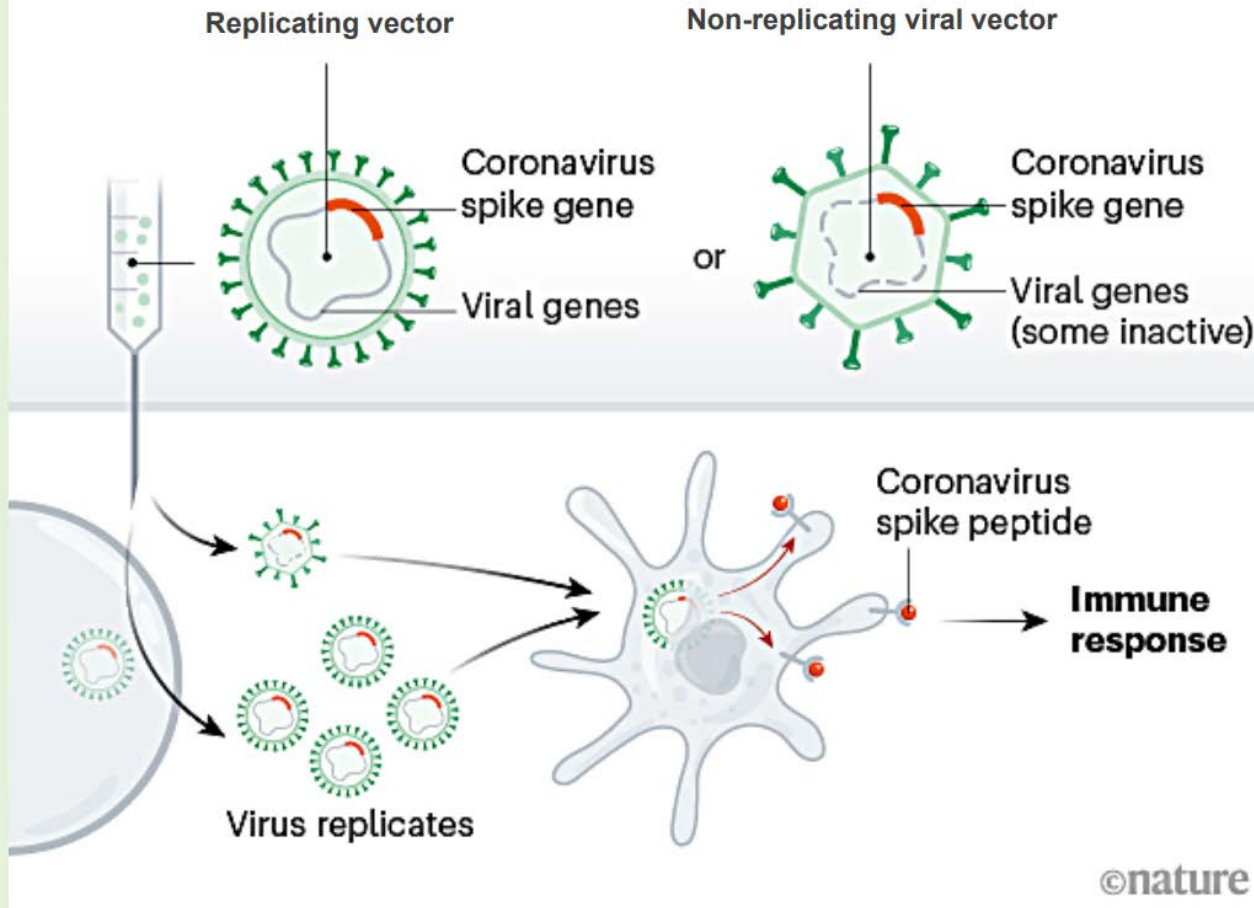
Protein

Viral Vector

Nucleic Acid

Viral vector vaccines

Replicating vector or non-replicating viral vector



Ebola

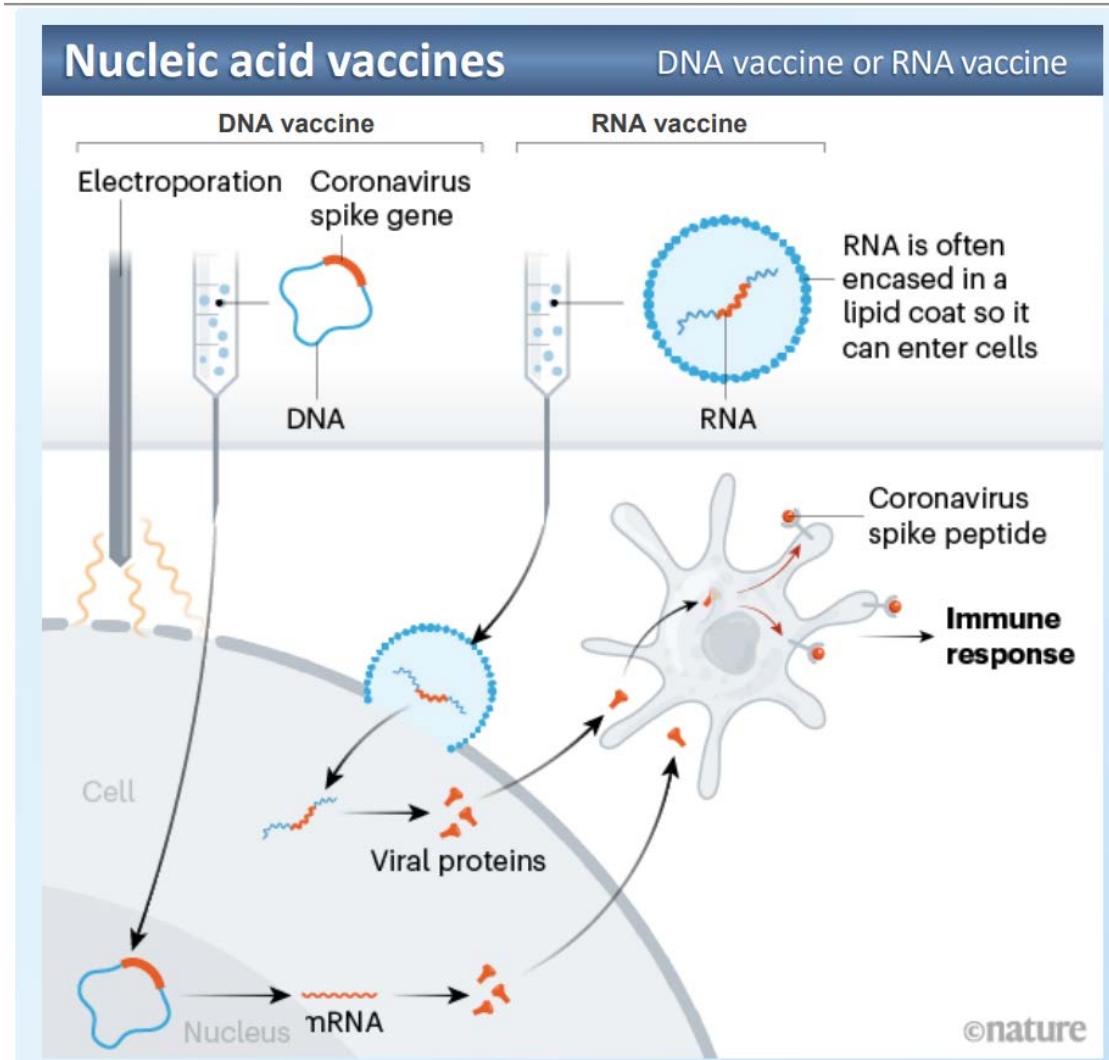
Types of Vaccines

Virus

Protein

Viral Vector

Nucleic Acid



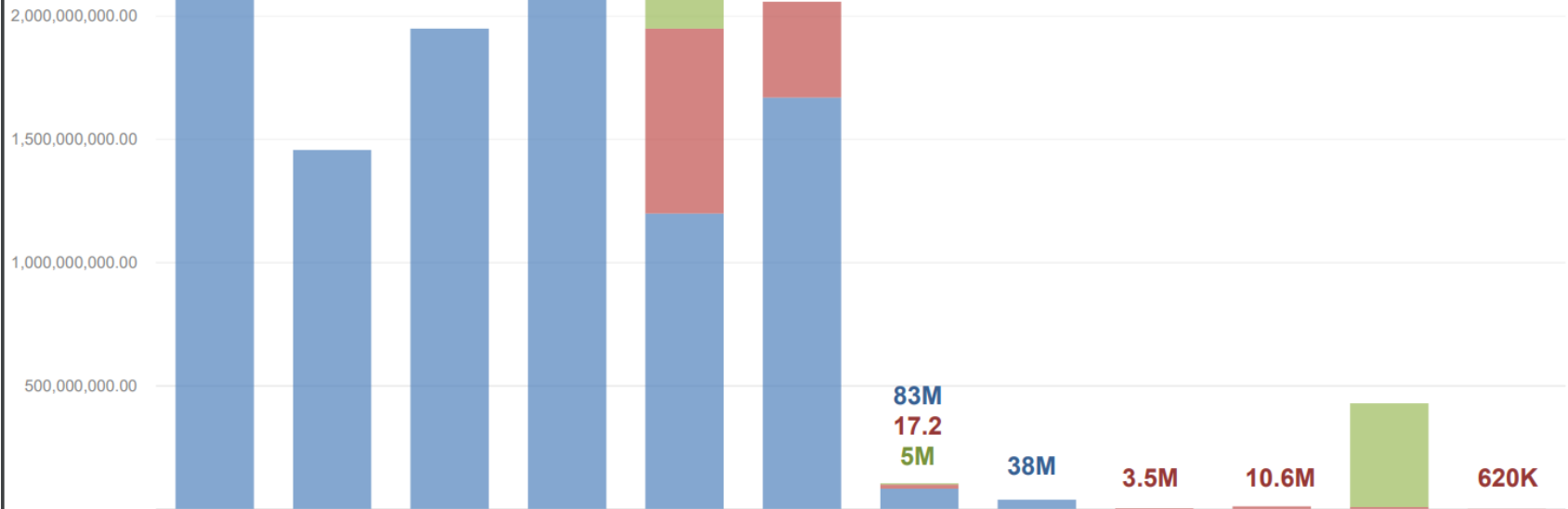
Pfizer COVID
Moderna COVID

US Investment

COVID Vaccine Investment

R&D and Access

- USG Funding
- CEPI / GAVI Funding
- European Funding



Sanofi*	J&J*	Pfizer	Moderna*	AZ/Oxford*	Novavax*	Inovio	Merck	Clover Bio-pharm	U. of Queensland	CureVac	U of HK
DNA	Viral Vector	mRNA	mRNA	Viral Vector	Protein	DNA	Viral Vector	Protein	Protein	mRNA	Viral Vector

Contender Vaccines

COVID Vaccine Pipeline

Sanofi*	J&J*	Pfizer	Moderna*	AZ/ Oxford*	Novavax*	Inovio	Merck	Clover Bio- pharm	U. of Queens- land	CureVac	U of Hong Kong
France	USA	USA	USA	UK	USA	USA	USA/ Austria	China	Australia	German y	China
<i>DNA</i>	<i>Viral Vector</i>	<i>mRNA</i>	<i>mRNA</i>	<i>Viral Vector</i>	<i>Protein</i>	<i>DNA</i>	<i>Viral Vector</i>	<i>Protein</i>	<i>Protein</i>	<i>mRNA</i>	<i>Viral Vector</i>
Ph 1	Ph3 Start 9/2020	Ph 2/3 Start 7/2020	Ph 3 Start 7/2020	Ph 3 Start 9/2020	Ph 2 Start 8/2020	Ph1	Pre- Clinical	Ph1	Ph1	PH1	Pre- Clinical
US: 2.1B	US 1.45B	US 1.9B	US 2.48B	US 1.2B CEPI 750M EU 923M	US 1.6B CEPI 388M	US 83M CEPI 17.3M EU 5M	US 38M	CEPI 3.5M	CEPI 10.6M	CEPI 8.3M EU 421M	CEPI 620K



Overlapping USG and COVAX investments

USG Funding

**Operation Warp Speed Finalist*

COVAX Portfolio

FAQs

- ▶ Should I get a flu shot?
 - ▶ Yes, unless your doctor advises otherwise

- ▶ Should I get a COVID vaccine?
 - ▶ Yes, unless your doctor advises otherwise

- ▶ Will AAH be giving COVID vaccine @ work?
 - ▶ Very unlikely

- ▶ What should I do if I'm feeling sick?
 - ▶ Stay home. Consider COVID test to guide quarantine. Contact provider

Useful links

- ▶ Alameda County COVID-19
 - ▶ <https://covid-19.acgov.org/index.page>

- ▶ Alameda County COVID testing sites
 - ▶ <https://covid-19.acgov.org/testing.page?>

- ▶ CDC COVID-19 information
 - ▶ <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- ▶ Holiday gathering recommendations
<https://covid-19.acgov.org/covid19-assets/docs/press/holiday-recommendations-2020.11.09.pdf>



Questions?

Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	December 17, 2020
From:	Jennifer Karmelich - Director, Quality Assurance
Reporting Period:	Resolved Q3 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	1,312	30 Calendar Days	95% compliance within standard	1,274	97.1 %	
Expedited Grievance	25	72 Hours	95% compliance within standard	19	76.0%	
Exempt Grievance	4,450	Next Business Day	95% compliance within standard	4,448	99.9%	
Standard Appeal	117	30 Calendar Days	95% compliance within standard	117	100.0%	
Expedited Appeal	8	72 Hours	95% compliance within standard	8	100.0%	
Q3 2020 Total Cases:	5,912		95% compliance within standard	5,866	99.2%	7.08

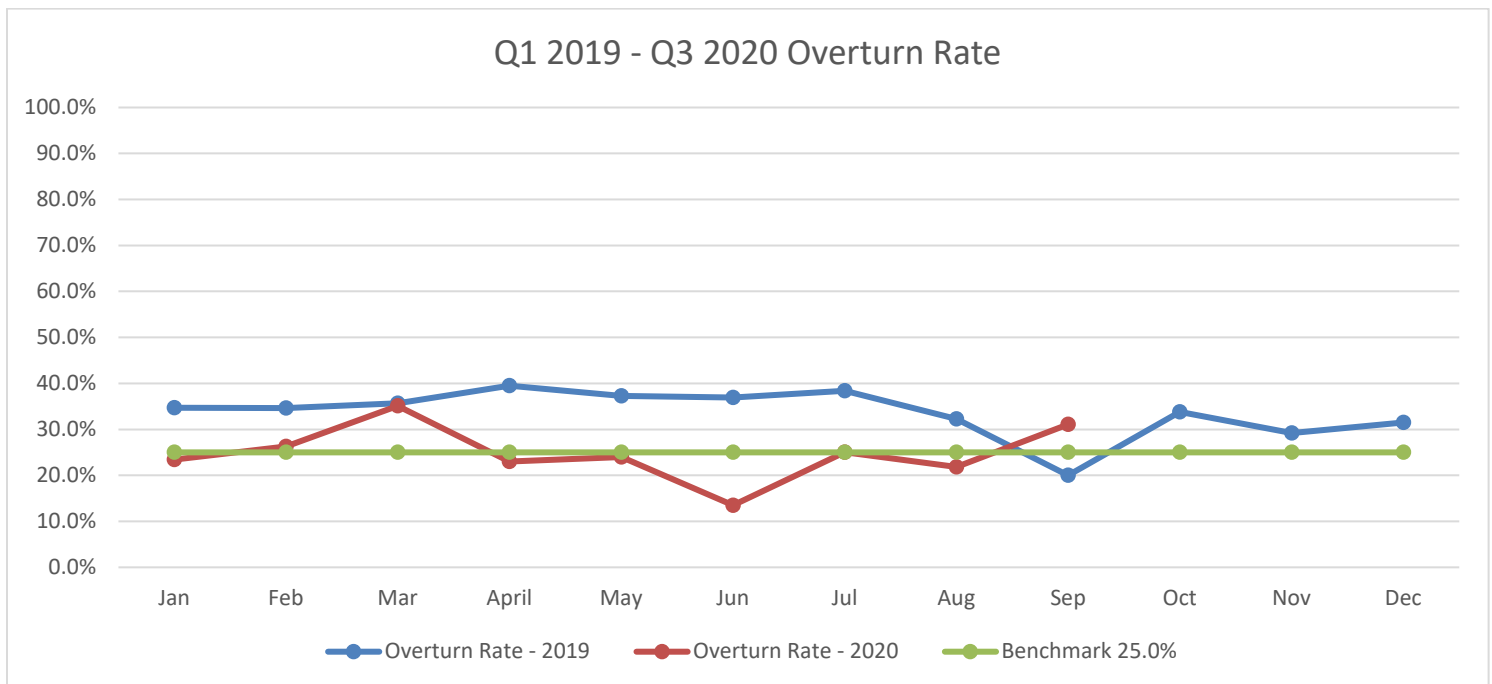
*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

Our goal of 95% compliance rate within the expedited grievances turnaround time (72 hours) was not met. Four complaints with regard to Solara Medical Supplies and two cases with regard to medication.

Data/Analysis

Appeals:

Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Inpatient Appeal				1	1
Outpatient Appeal			17	21	38
Pharmacy Appeal				80	80
Retro Appeal			3	3	6
Grand Total:			20	105	125
Overtured %:	0%	0%	0.05%	30.5%	26.4%

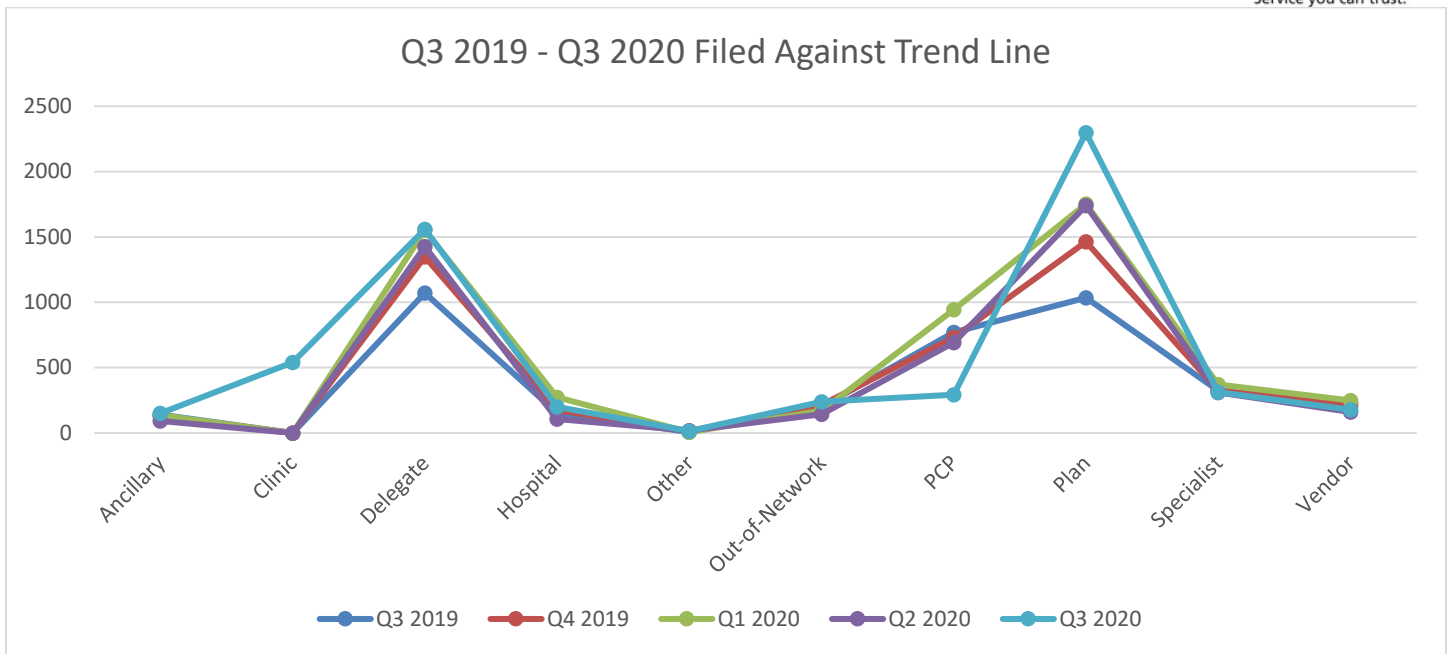


- The overturn rates for appeals:
 - Q4 2019 – overall 31.8%
 - Q1 2020 – overall 28.4%
 - Q2 2020 – overall 20.8%
 - Q3 2020 – overall 26.4%

Grievances:

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	28	82	1	4	35	150
Clinic	310	42	2	13	173	540
Delegate	390	240	434	32	463	1559
Hospital	26	132	2	15	25	200
Other	3	3	1		8	15
Out-of-Network	56	160		3	21	240
PCP	152	3	2	20	117	294
Plan	1057	93	822	1	324	2297
Specialist	182	40	1	15	75	313
Vendor	74	4	2	5	94	179
Grand Total	2278	799	1267	108	1335	5,787

- Grievances filed against the Plan:
 - Access to Care
 - Telephone/Technology: phone connectivity issues, members not receiving their ID cards
 - Coverage Disputes
 - Denial of services based on PA rules
 - 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.
- 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 was an increase in grievances filed against the Plan for the quarter, this was due to increase phone connectivity issues because of the transition to work from home and reinstating copays and network restraints that were put into place because of the pandemic and CA State of Emergency protocols; i.e. copays reinstated and closed pharmacy network within our 6 counties.

Grievances filed against our Delegated Networks/Vendors:

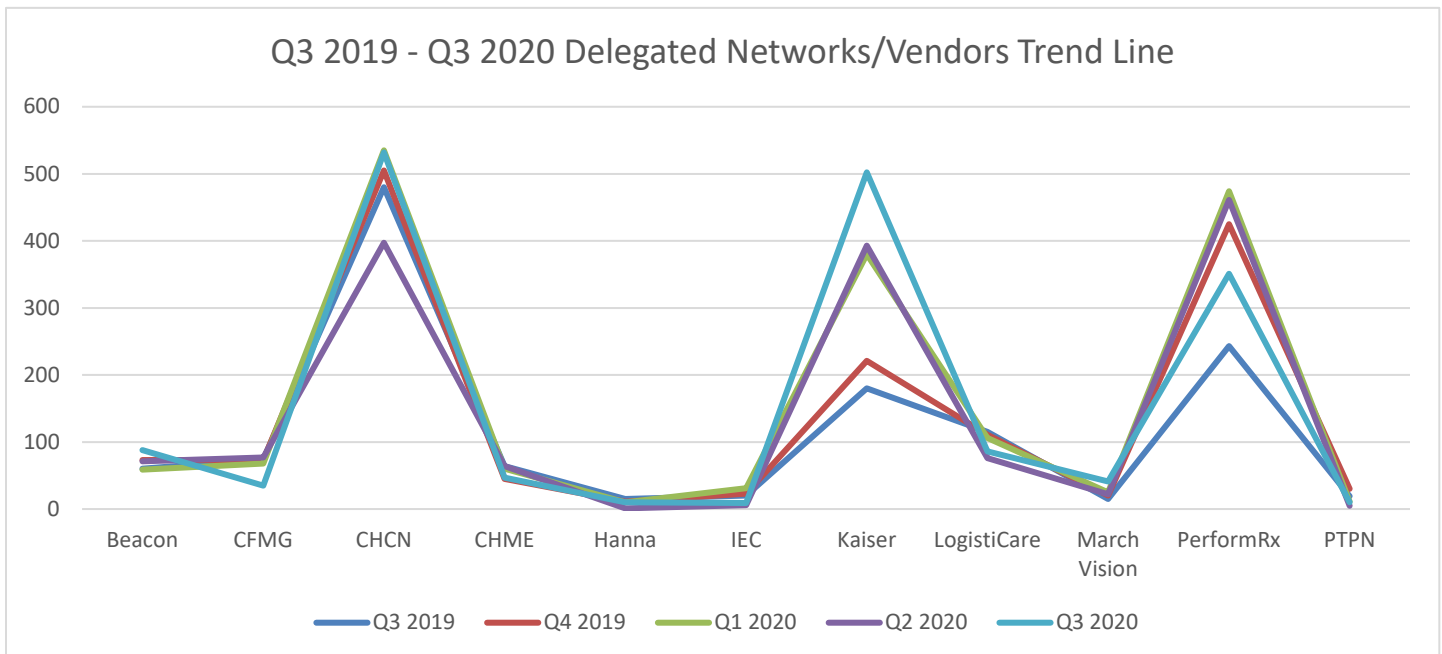
Delegated Network is a subcontractor with a Health Plan that has been given authority to perform functions, our delegates are listed below:

- 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

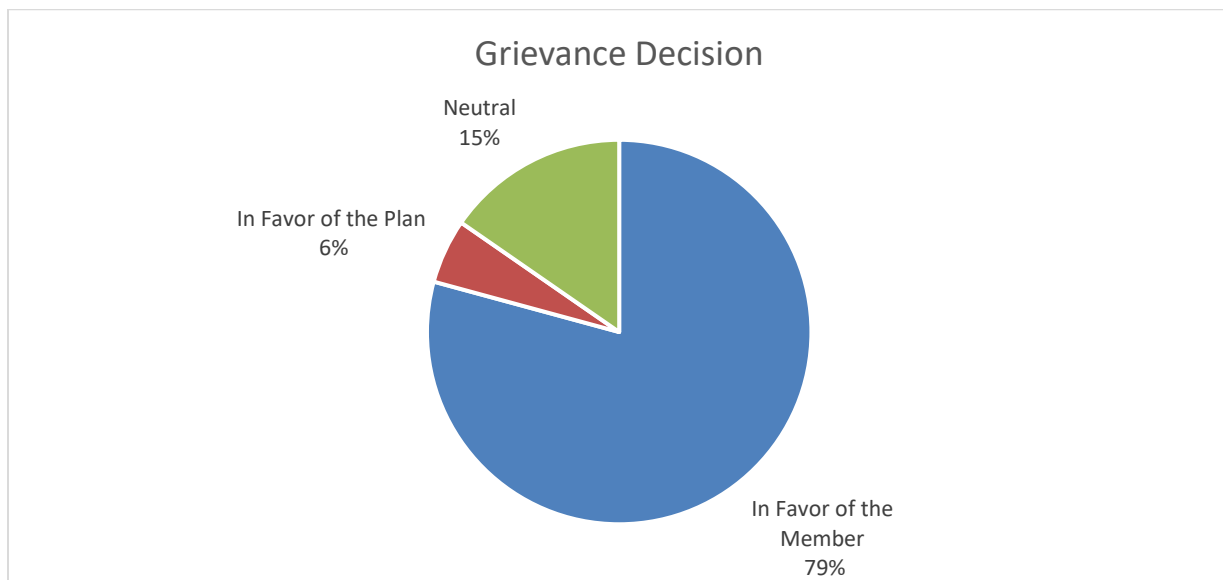
Against Kaiser: Most grievances due to Kaiser enrollment, a member does not meet the KP enrollment criteria.

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Delegate	390	240	434	32	463	1559
Beacon	52	4	2		30	88
CFMG	11	8			16	35
CHCN	273	54	6	28	171	532
Kaiser	7	36	419	3	37	502
March Vision	16	9	5	1	10	41
PerformRx	28	128	2		193	351
PTPN	3	1			6	10
Vendor	74	4	2	5	94	179
Ansafone			2	1	10	13
CHME	33				14	47
Hanna	5				5	10
Human Arc					1	1
IEC	2				7	9
LogistiCare	26	3		4	53	86
Optum	1				1	2
Solera	7	1			3	11
Grand Total	464	244	436	37	557	1,738

- Against Kaiser: Most grievances due to Kaiser enrollment, a member does not meet the KP enrollment criteria.
- Against Perform Rx: Most grievances due to Benefit Coverage, a medication is not covered or requires PA.

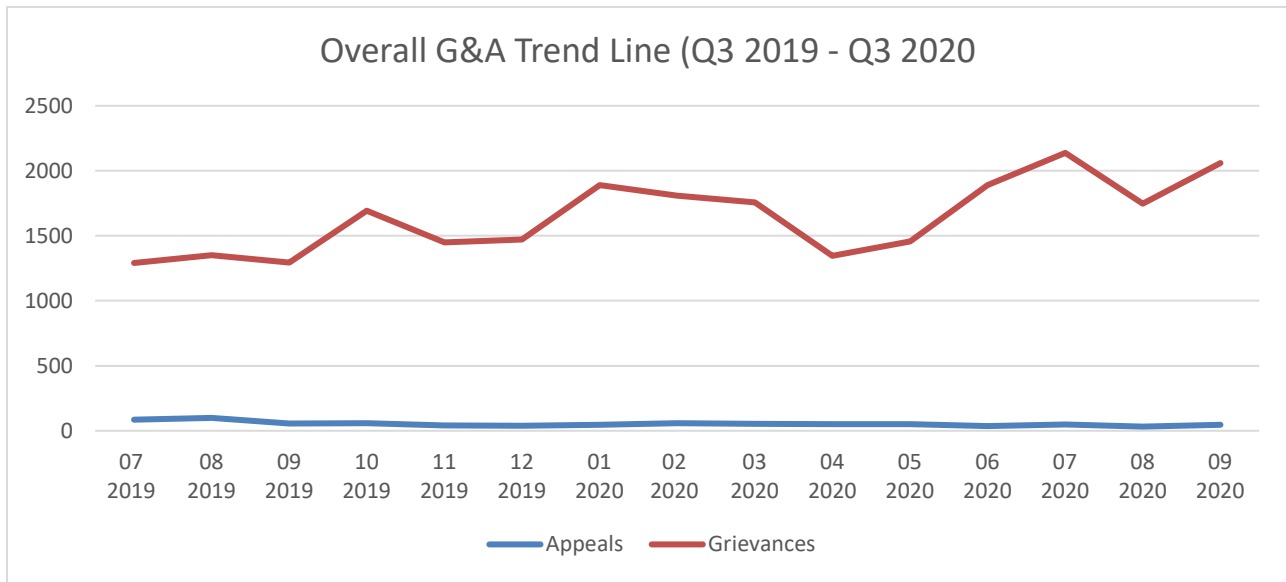


- **Kaiser Increase:** The Alliance identified an increase of grievances filed against Kaiser, these complaints are due to there being an increase of Kaiser enrollment requests overall, this increase led to increased denials for enrolment; therefore leading to an increase number of grievances because of the denials.
- **PerformRx Decrease:** There was a decrease of grievances filed against PerformRx due to additional training to the G&A team. Previous complaints with regard to dispute of copays and medication being denied at the pharmacy due to PA requirements or pharmacy being OON of our 6 counties were filed against the pharmacy. This team has not been trained to categories these complaints against the Plan because the reason for the complaints were due to the Plans copay requirements, PA rules and Network requirements.
- 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 5,599 unique grievance cases resolved during the reporting period, with a total of 5,787 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.
- Effective 8/10/2020, G&A transitioned to a new application, QualitySuite. The report has a collection of data from the old G&A application and the new G&A application, which consists of new grievance categories. The categories from each application have been combined for this report. See attached for the new grievance types, grievance categories, and grievance sub-categories with definitions.

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | 1ST QUARTER (Q1) OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | Q1 OUTREACH REPORT

During the 1st Quarter (Q1 – July, August, September) of Fiscal Year (FY) 2020-2021, the Alliance reached **1,116** members through our member orientation outreach call campaign.

The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the numbers 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 reached in late February 2018. Since July 2018, **21,422** self-identified Alliance members were reached during community events, and member education events and activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, in accordance with 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.

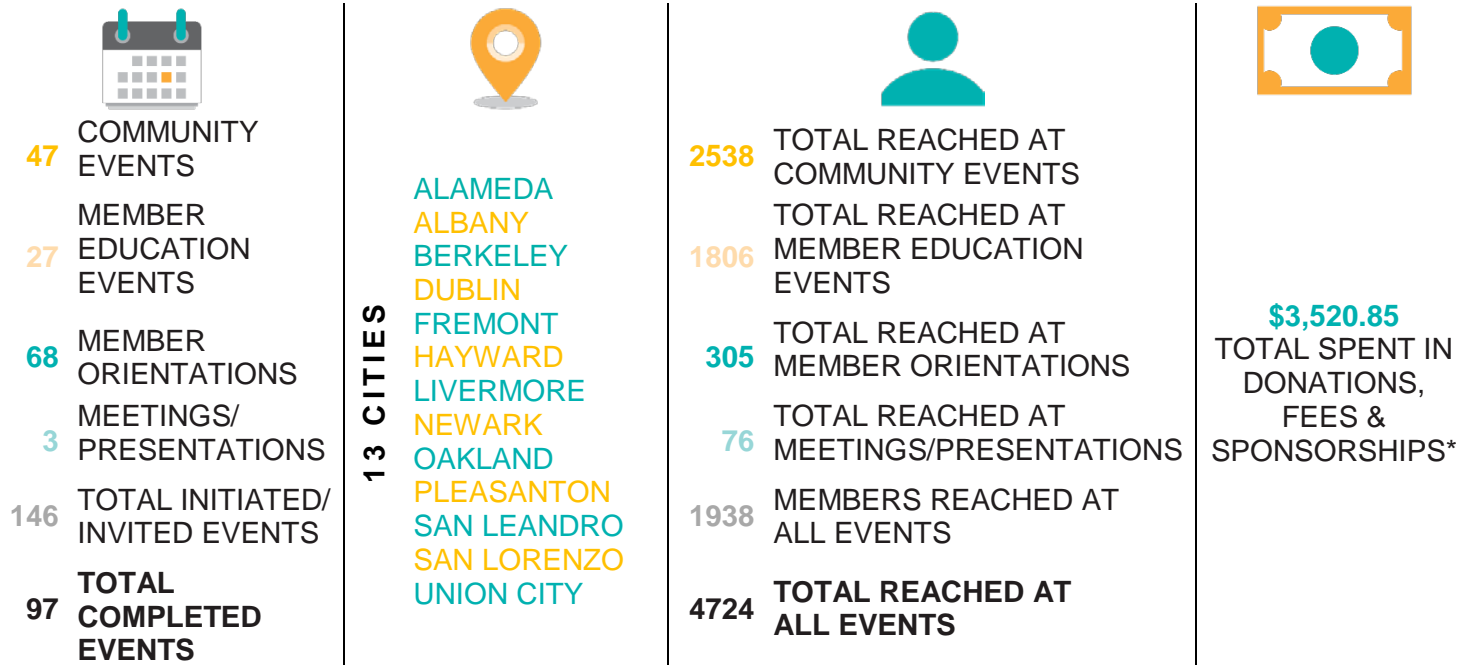
On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone.

All events details can be reviewed at **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 20-21\Q1\3. September 2020**

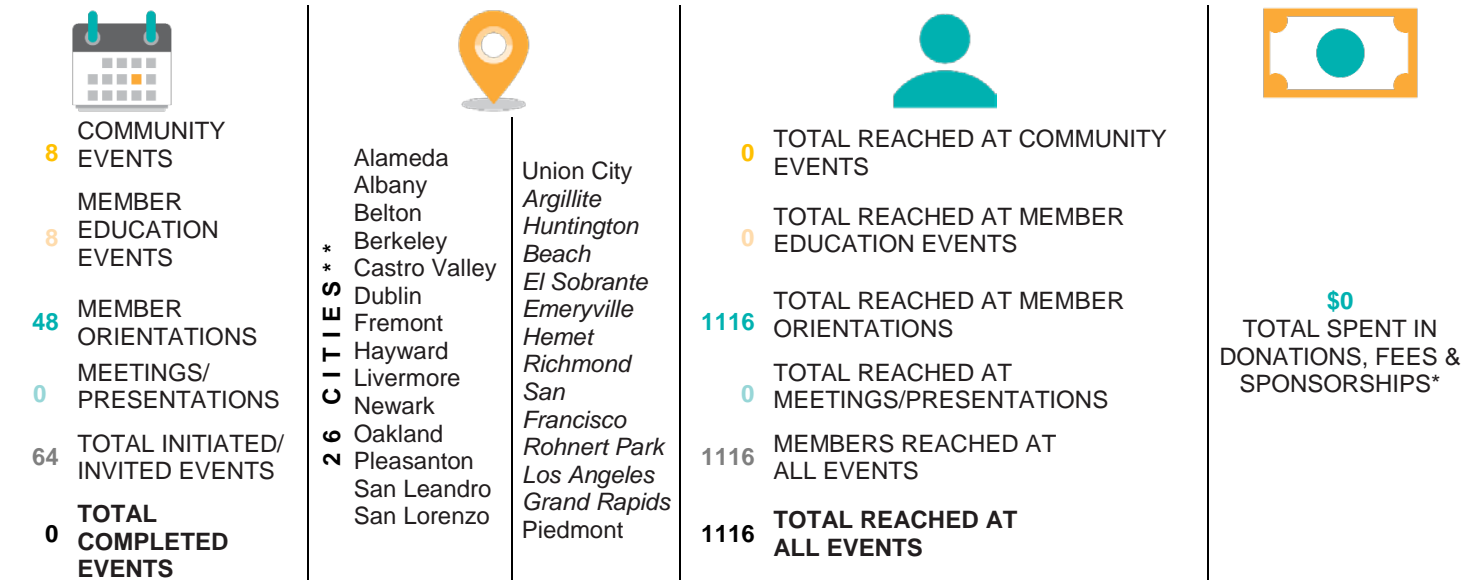
ALLIANCE IN THE COMMUNITY

FY 2020-2021 | Q1 OUTREACH REPORT

FY 2019-2020 Q1 TOTALS



FY 2020-2021 Q1 TOTALS



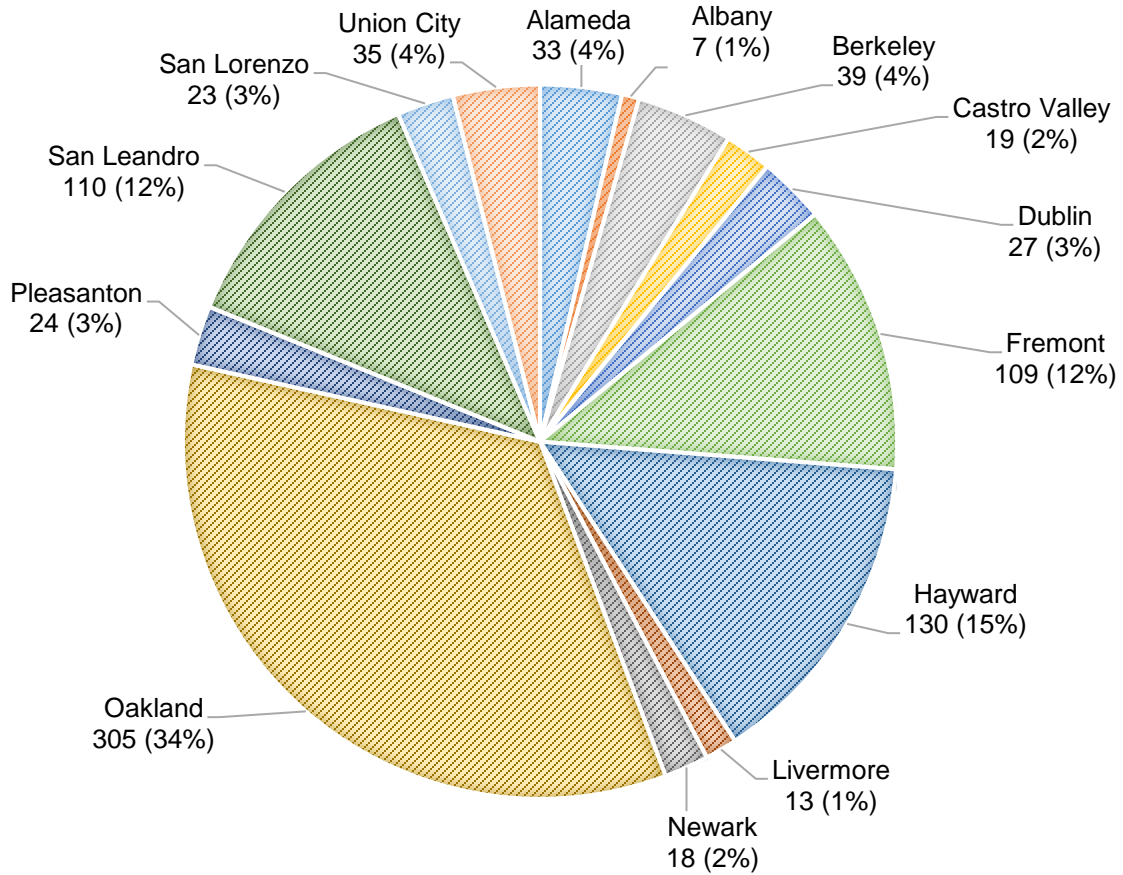
* Includes refundable deposit.

**Cities 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 Q4 2020 Outreach Report.

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | Q1 OUTREACH REPORT

NUMBERS REACHED BY CITY*

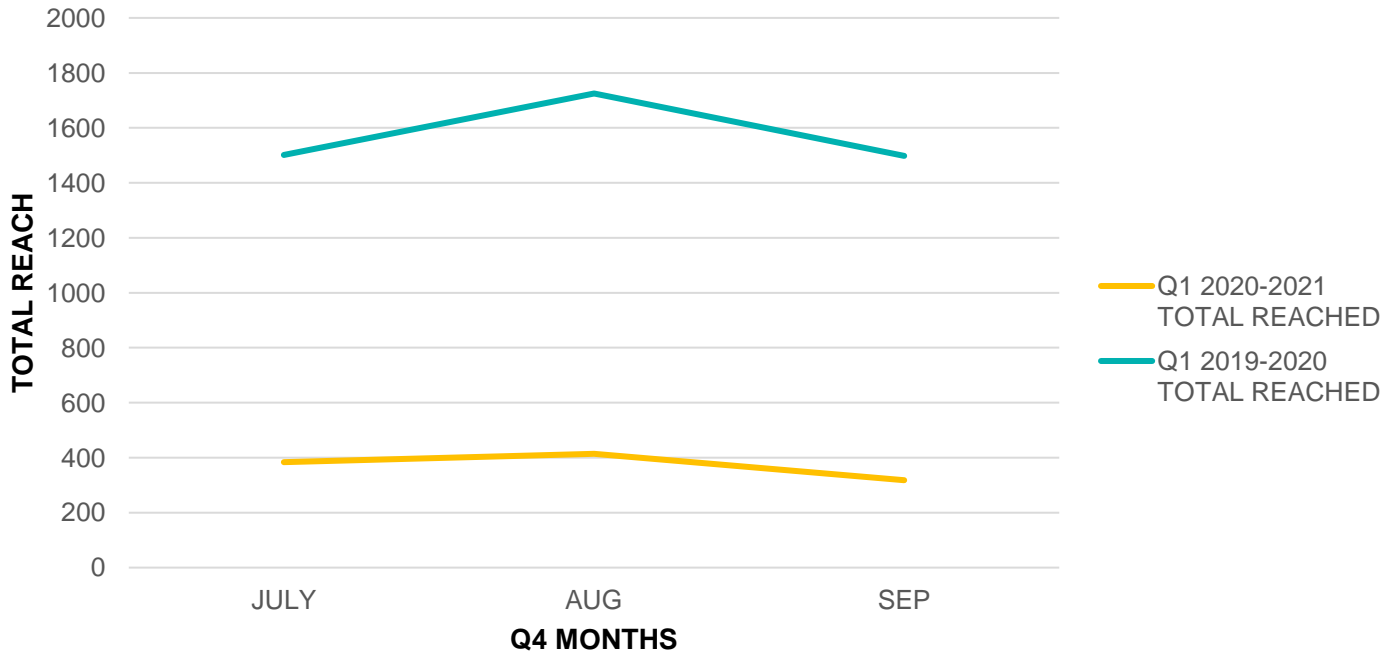


* The following cities had <1% reach during Q1 of FY21: Burlingame, El Sobrante, Emeryville, Richmond, San Francisco, San Jose, San Pablo, San Ramon, Stockton and Tracy.

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | Q1 OUTREACH REPORT

TOTAL REACHED BY Q1



	JULY	AUG	SEP	TOTAL
Q1 2020-2021 – TOTAL REACHED	384	414	318	1116
Q1 2019-2020 – TOTAL REACHED	1501	1725	1498	4724

The graph above compares the total reached at **all Alliance outreach events** in Q1 of FY 2020-2021 and Q1 of FY 2019-2020.

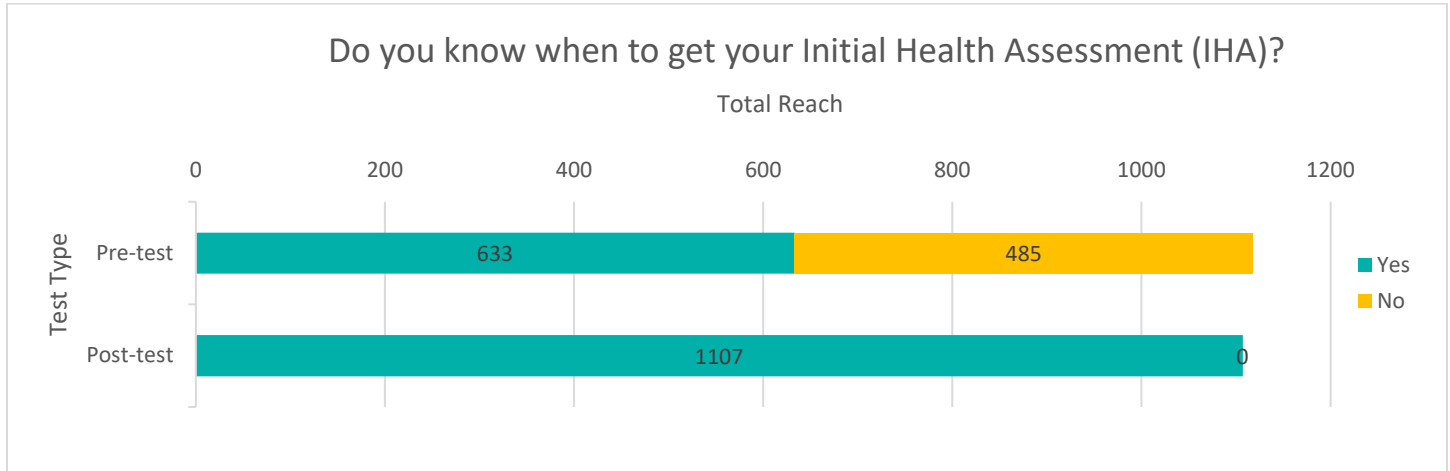
During Q1 of FY 2021-2020, the Alliance reached 1,116 members compared to 4,724 people in Q1 of FY 2019-2020 at all events.

During Q2 of Fiscal Year 2017-2018, the C&O Department implemented an event tracking tool to improve our tracking method, and to help prevent overstating numbers reached.

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | Q1 OUTREACH REPORT

INITIAL HEALTH ASSESMENT KNOWLEDGE DURING Q1



	YES	NO	TOTAL
Q1 2020-2021 – PRE-TEST	633	485	1118
Q1 2020-2021 – POST-TEST	1107	0	1107

Before and after an MO, members are asked to complete a pre-test and a post-test. The graph above compares the responses of members when asked “Do you know when to get your Initial Health Assessment (IHA)?”

After completing an MO, **100%** of members who completed the post-test survey in Q1 of FY 2020-2021 reported knowing when to get their IHA, compared to only 57% of members knowing in the pre-test.



Health Education Member Input

- Care Book and Handout Review
- Advisory Groups

Care Book and Handout Review

Care Book and Handout Review

- ▶ Looking for volunteers to review materials and answer questions by e-mail, mail, or phone.
 - ▶ Set 1
 - Eat Well Be Active book (adults)
 - Caring for Your Heart book
 - ▶ Set 2
 - Live Healthy 5-2-1-0 book (families with children)
 - Your Healthy Pregnancy book
 - ▶ Set 3
 - Tips for Parenting Healthy Children handout
 - Prevent Falls handout
 - Alcohol & Drugs handout

Advisory Groups

Role of an Advisory Group

- ▶ Understand the strengths, concerns, and barriers that our members have.
- ▶ Provide input on culturally relevant programs and materials.



Group 1: Asian and Pacific Islander Adults

Focus: Improve high blood pressure, high cholesterol, and diabetes management in API adults 45 and over.

- ▶ Asian and Pacific Islander members
- ▶ Community representatives
- ▶ Alliance staff



Group 2: African American/Black Asthma

Focus: Improve asthma management in African American/Black children and adults ages 21-44.

- ▶ African American and Black members
- ▶ Community representatives
- ▶ Alliance staff



How often will the group meet?

- ▶ Meet 4 times a year for 1-hour meetings.
- ▶ Meetings will be over Webex or phone.
- ▶ Spend some time reviewing materials prior to and after the meetings.



Is there a stipend?

- ▶ Yes, we will be requesting permission from our State regulators to offer a stipend.



Are you interested?

- ▶ Please contact Rosa Reyes:
 - ▶ Email: rreyes@alamedaalliance.org
 - ▶ Phone: 510-373-5666

