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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 VIA COMPUTER AT THE FOLLOWING LINK <https://zoom.us/j/95659799786> OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: 1.408.638.0968, Meeting ID: 956 5979 9786. 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:	June 18, 2020	Time:	10:00 AM – 12:00 Noon
Meeting Chair and Vice Chair:	Melinda Mello, Chair and Natalie Williams, Vice Chair	Location:	Via call in or video Call only.
Call In Number:	1.408.638.0968, Meeting ID: 956 5979 9786	Webinar:	Zoom Conference: https://zoom.us/j/95659799786

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	Document	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions		Melinda Mello , Chair and Natalie Williams , Vice Chair	5	Information
Approval of Minutes and Agenda				
1. Approval of Minutes from March 18, 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 <ul style="list-style-type: none"> • COVID-19 update • Operations update related to COVID-19 		Scott Coffin , CEO, Karina Rivera , Public Affairs, Darryl Crowder , Director of Provider Services Matt Woodruff , Chief Operations Officer	25	Information
2. Pharmacy Update		Helen Lee , Senior Directory of Pharmacy	10	Discussion
3. Grievances and Appeals <ul style="list-style-type: none"> • 4th Quarter 2019 • 1st Quarter 2020 • COVID-19 related trends 		Jennifer Karmelich , Director of Quality Assurance	20	Discussion
4. Communications and Outreach		Michelle Lewis , Manager, Communications and Outreach	10	Information
5. Cultural and Linguistic Services		Linda Ayala	15	Information

III. Meeting Agenda				
Topic	Document	Responsible Party	Time	Vote to approve or Information
		Manager, Health Education		
New Business				
1. Timely Access Report		Gina Battaglia Access Manager	20	Discussion
Open Forum		Melinda Mello , Chair and Natalie Williams , Vice Chair	5	Information
Adjournment		Melinda Mello , Chair and Natalie Williams , Vice Chair	5	Next meeting: September 17, 2020

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, March 19, 2020 10:00 – 10:30 AM**

Committee Member Name	Role	Present
Feda Almaliti	Community Advocate	
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	
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	
Natalie Williams	Alliance Member, Co-Chair	X

Staff Member Name	Title	Present
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
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
Steve O'Brien, MD	Chief Medical Officer	X
Katrina Vo	Communications and Content Specialist	X
Stephanie Wakefield	Senior Director of Quality	X
Otis Ward	Outreach Coordinator	X

Other Attendees	Organization	Present
Kim Baranek	A/C Child Health & Disability Prevention	X
Bernie Zimmer	CHME	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Melinda Mello, Natalie Williams	Welcomed attendees and new member Katty Perea. L. Ayala took attendance and explained phone muting and where to find meeting materials. The link to download the materials is at: https://alamedaalliance.org/about/standing-committees/#CAC		
Approval of Agenda and Minutes	Melinda Mello, Natalie Williams			
1. Approval of Minutes from December 19, 2019			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 COVID-19 (Coronavirus).</p> <ul style="list-style-type: none"> Because of the current situation, the discussion on public charge will be deferred to the next meeting. The Alliance is focused on sustaining customer service and operations during shelter in place. Most employees will be transitioned to remote work by the end of next week, but some will remain onsite. Alliance staff are not going out into the field but will provide telephonic support to members and providers. <p>S. Wakefield talked about COVID-19 facts and how to</p>		

		<p>keep you and your family safe.</p> <ul style="list-style-type: none"> • Tips include staying home (social distancing) and practicing good hygiene, like washing hands for more than 20 seconds. • The Advice Nurse Line is available 24/7 to answer questions. <p>Members had questions about going to the doctor's office, wipes and disinfectants, and masks.</p> <ul style="list-style-type: none"> • Is it safe to go to the doctor's office where other people might be sick? <ul style="list-style-type: none"> ○ S. O'Brien recommended calling your doctor first before going to the office and asking questions over the phone. If you are at a provider office and have an issue with getting exposed to people with symptoms, can raise it with the provider or log a grievance. ○ N. Williams shared that her doctor has set times where she can come in and asked if other providers were doing the same. S. O'Brien replied that it varies by provider so it's best to communicate with your provider and be careful going into the office. The Alliance is continuing with current timely access surveys and helping members with access issues. • Are wipes and disinfectants covered by the Alliance? - H. Lee said that some wipes and disinfectants can be processed as a pharmacy benefit under new state orders. • Can I wear a cloth mask? - S. O'Brien said that it is not recommended for healthy people to wear a mask. S. Bhatt added that it's best to stay away from other people and to ask a younger friend or neighbor to go out for you. A cloth mask is not the same as a surgical mask, but you can use it if you have to go out. 		
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New Business				
1. Population Needs Assessment Input	Linda Ayala	Informed MAC members that Health Education will reach out about getting feedback on a report about member health needs.		L. Ayala to follow up with MAC members about input.
2. Announcements a. Forms b. Stipend c. Census	Linda Ayala	Shared announcements about MAC business and the census: <ul style="list-style-type: none"> • MAC members will receive forms in the mail to return. For questions, contact Cindy Brazil. • The stipend will be \$75 for today's meeting attended by phone and \$155 for future meetings where members arrange their own transportation. <ul style="list-style-type: none"> ○ N. Williams expressed that the MAC members were in agreement that there should be \$155 this time as well since the stipend is received after the meeting. S. Coffin replied that the Alliance needs to report to the state in detail about expenses, and for this meeting they won't be able to show that there's a travel expense. • The Alliance is sending out communications about the census encouraging members to participate. M. Lewis added that a flyer is included in member welcome materials. 		
Adjournment	Melinda Mello, Natalie Williams	M. Archuleta had additional questions about flu booster shots, patients with low immunity, and asthma vs. COVID symptoms. S. O'Brien answered to address individual concerns with your provider and to take more precautions if at higher risk. He closed the meeting by saying that anxiety and fear of the unknown are normal, and the Alliance wants to be more supportive to members. Next meeting: June 18, 2020.	M. Mello adjourned the meeting.	

Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 3/24/2020

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

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[I:\BOARD - AAH\Standing Committees\Member Advisory Committee \(MAC\)\MAC Meetings\New Meetings - 2020\3-19-20](#)

Member Advisory Committee

Presented by Scott Coffin, Chief Executive Officer

June 18, 2020

Agenda

- ▶ Alliance's Mission, Vision, and Values
- ▶ Board of Governors
- ▶ Operating Performance
- ▶ COVID-19 Crisis
- ▶ Preliminary Budget FY2021
- ▶ Quality of Care (HEDIS)

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.

- ▶ Values In Action (VIA) Committee
- ▶ Formation of a Diversity Committee in 2020



Board of Governors

- ▶ Board of Governors met on Friday, June 12th
- ▶ April 2020 finance report presented, and fiscal year 2021 preliminary budget approved
- ▶ Approval to draft a public statement opposing structural racism
- ▶ Support Black Lives Matter & oppose racial injustice

Operating Performance

- ▶ Financial performance:
 - ▶ \$164,000 net income in April 2020
 - ▶ \$18.8 million net income year-to-date
 - ▶ Tangible net equity = \$168M, 625% of required amount
- ▶ Medi-Cal membership increasing due to economy and pandemic, almost 7,000 newly enrolled between the months of March and May
- ▶ Forecasting to end the fiscal year \$8.6 million net income
- ▶ Readiness for the Pharmacy transition on January 1, 2021
- ▶ Member call center services, claims processing and payments for providers, and other “customer service” offerings

COVID-19 Crisis

- ▶ Launched the Alliance's Incident Commandment Center, and transitioned 300+ staff to remote working
- ▶ "Telehealth" ...Access to physicians 24 hours/day, 7 days/week by telephone and video
- ▶ Allowing members to obtain medication early or get 90 day supply when medically appropriate and permitted by state and federal law. Working with CVS and Walgreens to waive fees for home delivery, and waiving of prior authorizations if a requested drug is not available or supplies are low.
- ▶ Prior authorizations waived for COVID-19 testing
- ▶ Outreach to 57,000+ vulnerable members, 65 years and older
- ▶ Tracking of member and provider grievances

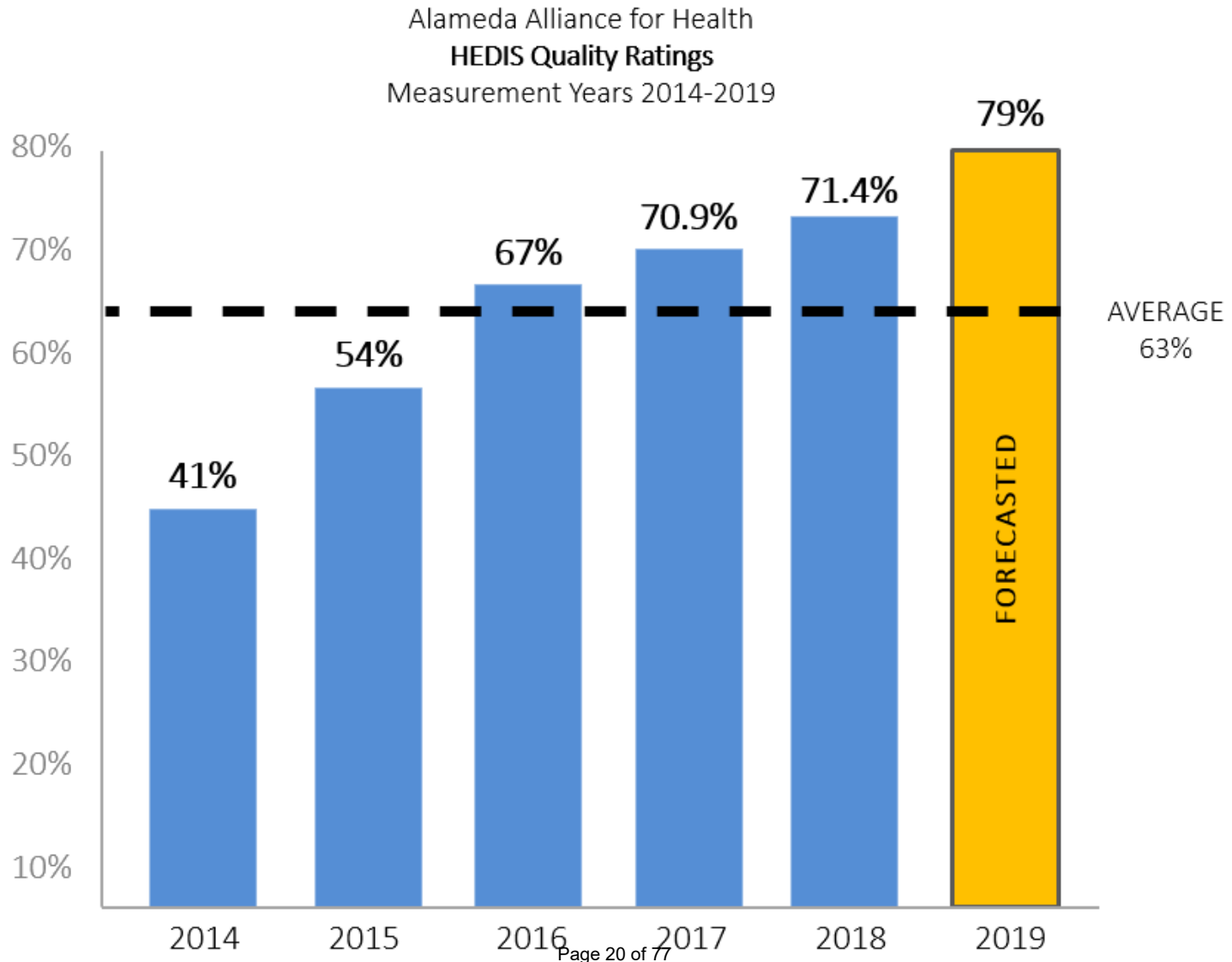
Safety-Net Sustainability Fund

- ▶ Alameda Alliance Board of Governors approved \$16.6 million to support our local safety-net providers
- ▶ Eligible providers include safety-net hospitals, health centers, COVID-19 testing centers, Primary Care Physicians, and other caregivers serving low-income residents
- ▶ Funding program starts in the month of May and ends in October, subject to Board review each month based on the recovery of local economy
- ▶ \$5 million allocated in the month of May, \$4.2 million awarded following the evaluation of 30 applications
- ▶ Accelerating payments to providers for better cash flow

Preliminary Budget FY2021

- ▶ Preliminary budget for fiscal year 2021 presented to the Alliance's Board of Governors on June 12, 2020
- ▶ Forecasted net loss of \$26.8 million (July 2020 – June 2021)
- ▶ Medi-Cal membership increases by 9,000 related to economic impact in Alameda County
- ▶ State budget and the impacts on Medi-Cal and other services for low-income residents in Alameda County
- ▶ DHCS is adding a new benefit “long-term care at home” in 2021

Quality of Care (HEDIS)



Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	June 18, 2020
From:	Jennifer Karmelich – Director, Quality Assurance
Reporting Period:	Resolved Q4 2019 and Q1 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	1874	30 Calendar Days	95% compliance within standard	1862	99.3 %	
Expedited Grievance	13	72 Hours	95% compliance within standard	13	100%	
Exempt Grievance	8183	Next Business Day	95% compliance within standard	8167	99.8%	
Standard Appeal	279	30 Calendar Days	95% compliance within standard	279	100%	
Expedited Appeal	17	72 Hours	95% compliance within standard	17	100%	
Q4 2019 Total Cases:	4752		95% compliance within standard	4738	99.7%	6.04
Q1 2020 Total Cases:	5614		95% compliance within standard	5600	99.7%	7.28

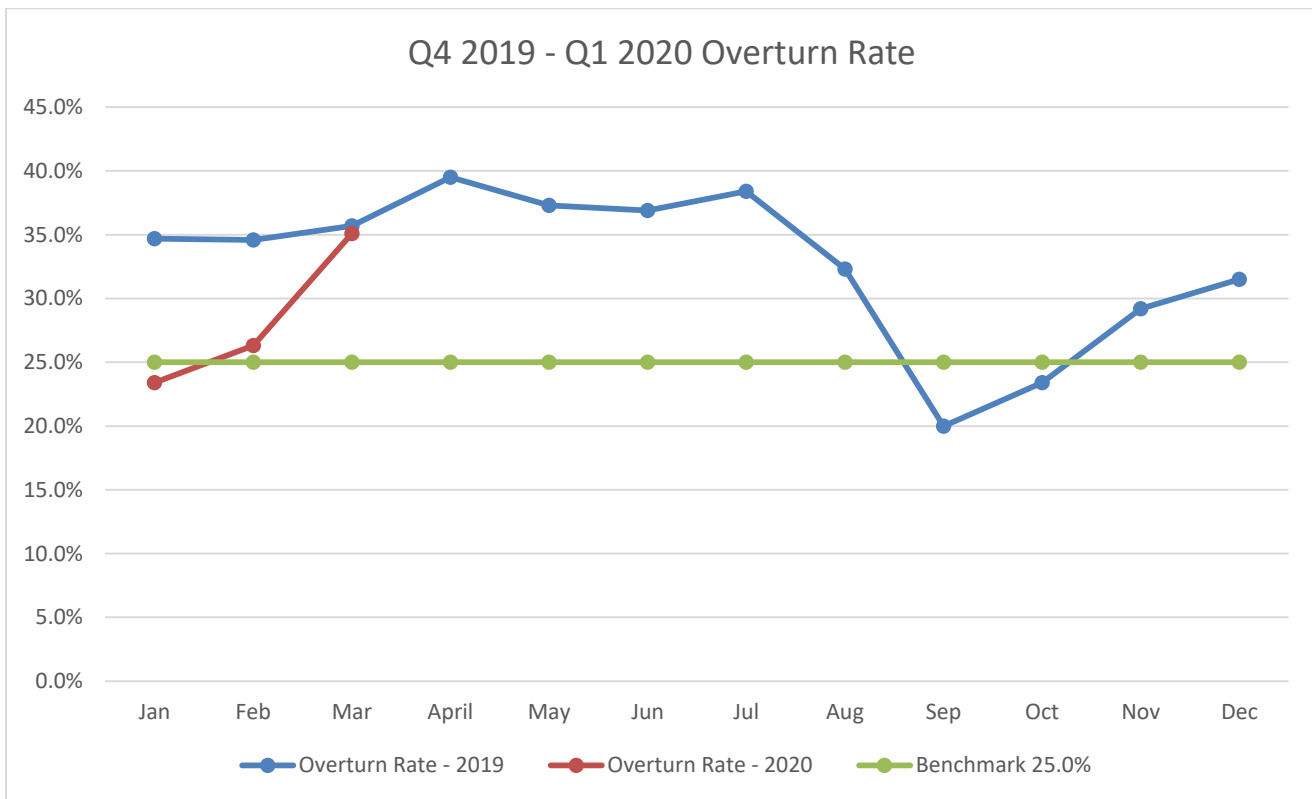
*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

Data/Analysis

Appeals:

Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Inpatient Appeal			1	5	6

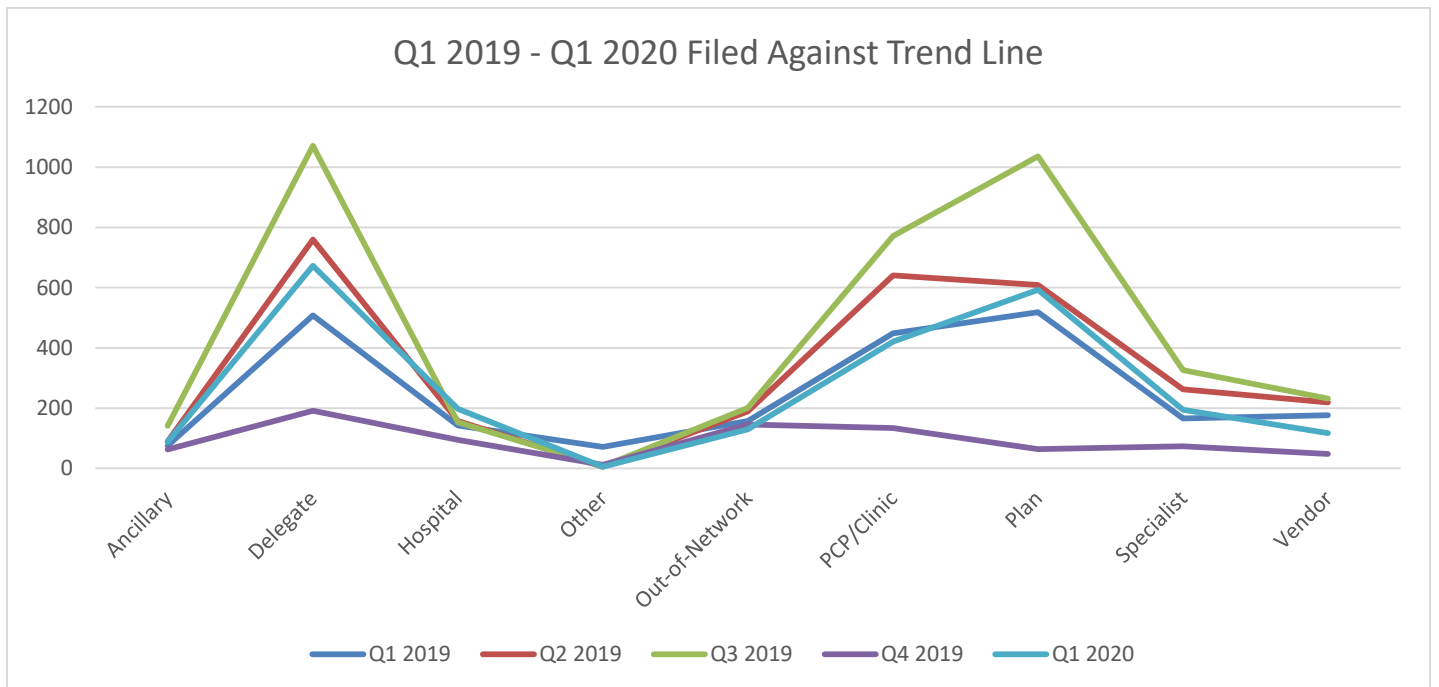
Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Outpatient Appeal	2	1	45	64	112
Pharmacy Appeal				139	139
Retro Appeal			9	29	38
Grand Total:	2	1	55	237	295
Overturned %:	100%	0%	21.8%	31.6%	30%



- The overturn rates for appeals:
 - Q1 2019 - overall 35%
 - Q2 2019 - overall 37.9%
 - Q3 2019 - overall 31.7%
 - Q4 2019 - overall 31.8%
 - Q1 2020 - overall 28.4%

Grievances:

Filed Against:	Grievance Type					Grand Total
	Accessibility	Benefits/Coverage	Other	Quality of Care/Service	Referral	
Ancillary	6	85	4	31	25	151
Delegate	101	232	155	215	160	863
Hospital	8	227	1	34	23	293
Other		14	1	1	1	17
Out-of-Network	2	264		1	9	276
PCP/Clinic	108	120	14	144	169	555
Plan	51	81	406	108	11	657
Specialist	41	57	3	55	111	267
Vendor	60	9	2	61	33	165
Grand Total	377	1089	586	650	542	3244



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’s First Medical Group (CFMG) – Alliance Provider Network

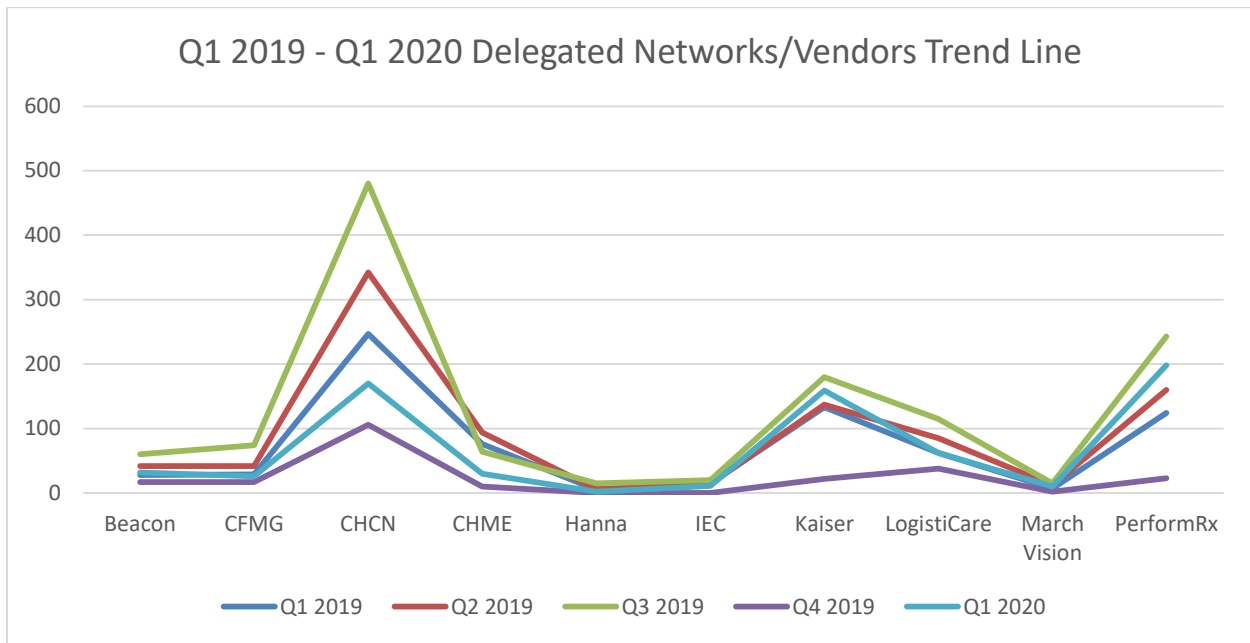
- Community Health Center Network (CHCN) – Alliance Provider Network
- California Home Medical Equipment (CHME) – DME Benefit Supplier
- Kaiser – Fully Delegated Provider
- March Vision Care Group – Vision Benefit Provider
- PerformRx – Pharmacy Benefit Provider

Filed Against:	Grievance Type					Grand Total
	Accessibility	Benefits/ Coverage	Other	Quality of Care/Service	Referral	
Beacon	17	7	2	12	11	49
CFMG	8	18	2	6	5	39
CHCN	68	75	8	86	112	349
CHME	3	3	1	7	25	39
Hanna	1			1		2
IEC	7			4		11
Kaiser	1	30	138	9	3	181
LogistiCare	48	5	1	39	7	100
March Vision	3	6		3		12
PerformRX	3	92	3	94	29	221
PTPN	1	4	2	5		12
Grand Total	160	240	157	266	192	1015

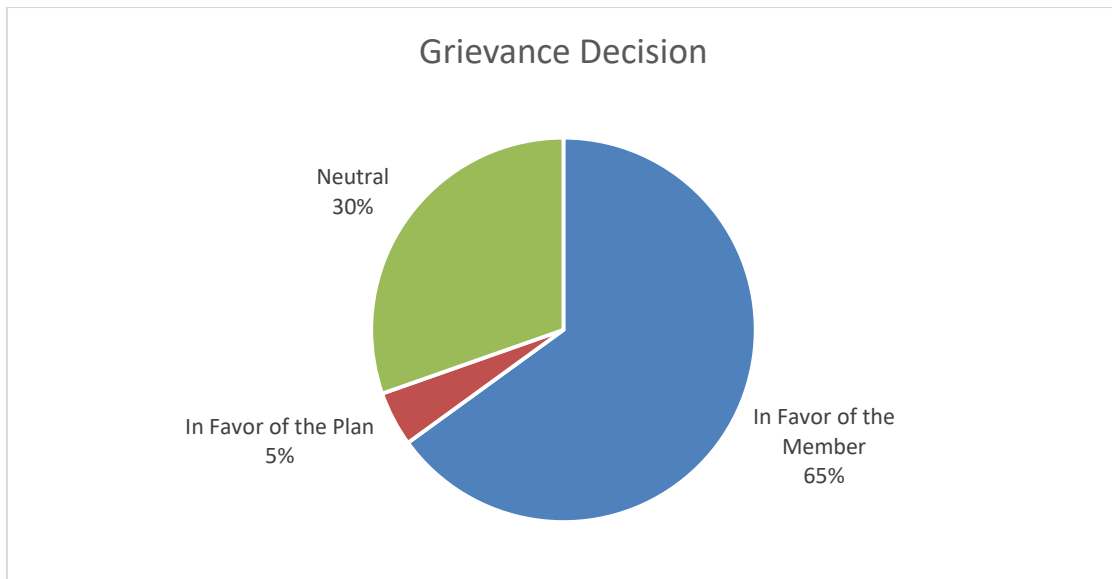
Access Grievances Specialist, Vendor & Beacon:

Filed Against	Accessibility						Grand Total
	1-Excessive long wait time/apt. schedule time	2-Lack of Primary care provider availability	3-Lack of Specialist availability	4-Lack of telephone accessibility	5-Lack of language accessibility	6-Lack of physical access	
Beacon	4		9	4			17
Specialist	16		9	12	4		41
Vendor	25	1	17	9	9		61

- **Beacon:** Complaints consist of difficulty finding ABA providers as well as lack of telephone access complaints against Beacon.
- **Specialist:** Solo providers presented with 2 or fewer grievances in Q4 2019/Q1 2020.
- **Vendor:** Majority of grievances were filed against LogistiCare, with regard to excessive wait times and lack of access to appointments due to transportation issues.

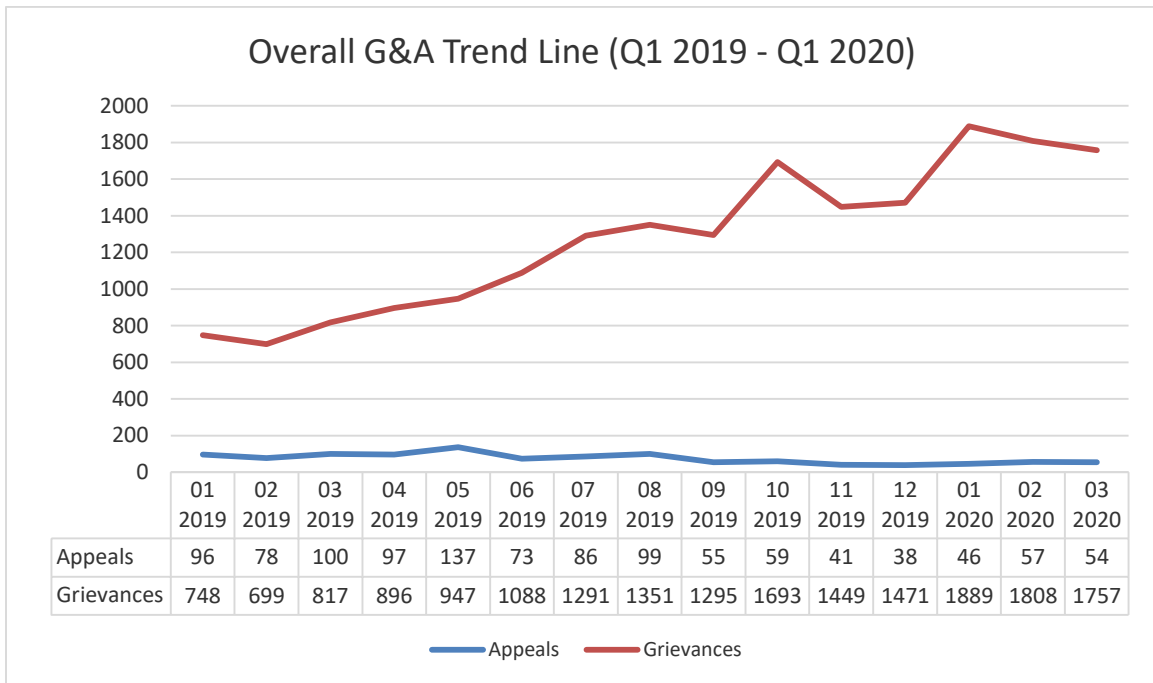


- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meeting.



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

Tracking and Trending:



- All grievances related to quality of care were forwarded as a Potential Quality Issue (PQI), upon further investigation, the PQI nurse and Medical Director assign severity levels, action codes and outcome codes to each case;
- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meetings.
- COVID-19 Update: There were 34 grievances that were filed during Q1 and Q2 2020 where COVID-19 was mentioned as part of the complaint intake. A majority of the complaints were with regard to members requesting that their medication be transferred to another pharmacy to an out of area pharmacy due to the member leaving Alameda County to avoid coming into contact with the virus. Other complaints involve elective services or routine office visits being cancelled due to PCP office and clinics closures and limiting accessibility.

Issues/Recommendations:

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | Q3 OUTREACH REPORT

During the 3rd Quarter (Q3 – January, February, March) of Fiscal Year (FY) 2019-2020, the Alliance initiated and/or was invited to participate in a total of **102** events throughout Alameda County. The Alliance completed **63** out of the **102** events (**62%**). The Alliance reached a total of **2,934** people, and spent a total of **\$1,070.00** in donation, fees, and/or sponsorships during Q3.

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 at community events in late February 2018. Since July 2018, **19,742** self-identified Alliance members were also reached at community events, and member education events.

On Monday, March 16th 2020, the Alliance began assisting members by telephone only, in accordance with the Alameda County Public Health Department (ACPHD) 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 18th the Alliance began conducting member orientations by phone. Between Wednesday, March 18th and Tuesday, March 31st, the Alliance completed **150** net new 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 19-20\Q3\3. March 2020**

FY 2018-2019 Q3 TOTALS



42 COMMUNITY EVENTS
44 MEMBER EDUCATION EVENTS
63 MEMBER ORIENTATIONS
12 MEETINGS/PRESENTATIONS
161 TOTAL INITIATED/INVITED EVENTS
131 TOTAL COMPLETED EVENTS



13 CITIES
 ALAMEDA
 ASHLAND
 BERKELEY
 DUBLIN
 FREMONT
 HAYWARD
 LIVERMORE
 NEWARK
 OAKLAND
 PLEASANTON
 SAN LEANDRO
 SAN LORENZO
 UNION CITY



1104 TOTAL REACHED AT COMMUNITY EVENTS
3660 TOTAL REACHED AT MEMBER EDUCATION EVENTS
168 TOTAL REACHED AT MEMBER ORIENTATIONS
342 TOTAL REACHED AT MEETINGS/PRESENTATIONS
1898 MEMBERS REACHED AT ALL EVENTS
5274 TOTAL REACHED AT ALL EVENTS



\$2,950
 TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

FY 2019-2020 Q3 TOTALS



14 COMMUNITY EVENTS
19 MEMBER EDUCATION EVENTS
61 MEMBER ORIENTATIONS
7 MEETINGS/PRESENTATIONS
1 COMMUNITY TRAINING
102 TOTAL INITIATED/INVITED EVENTS
63 TOTAL COMPLETED EVENTS



11 CITIES
 ALAMEDA
 BERKELEY
 DUBLIN
 FREMONT
 HAYWARD
 NEWARK
 OAKLAND
 PLEASANTON
 SAN LEANDRO
 SAN LORENZO
 UNION CITY



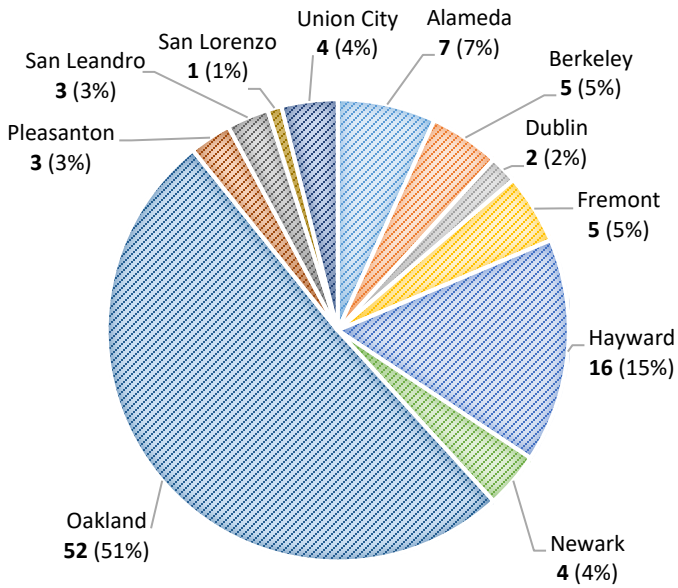
1501 TOTAL REACHED AT COMMUNITY EVENTS
557 TOTAL REACHED AT MEMBER EDUCATION EVENTS
475 TOTAL REACHED AT MEMBER ORIENTATIONS
294 TOTAL REACHED AT MEETINGS/PRESENTATIONS
87 COMMUNITY TRAINING
1658 MEMBERS REACHED AT ALL EVENTS
2934 TOTAL REACHED AT ALL EVENTS



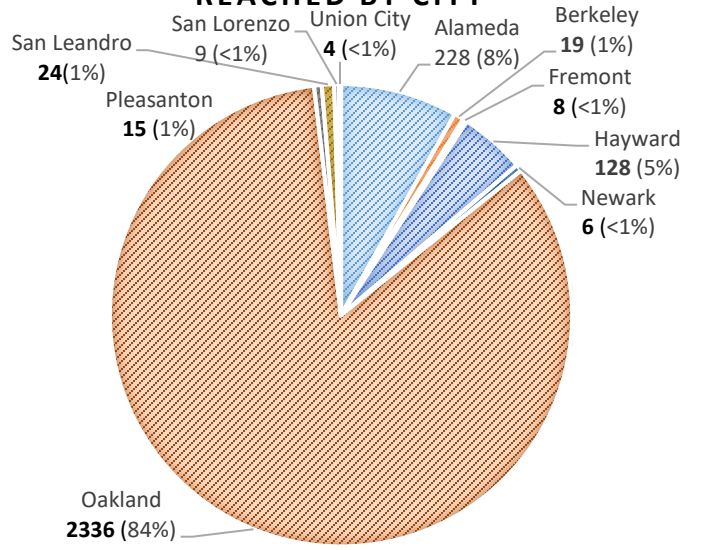
\$1,070
 TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

* Includes refundable deposit.

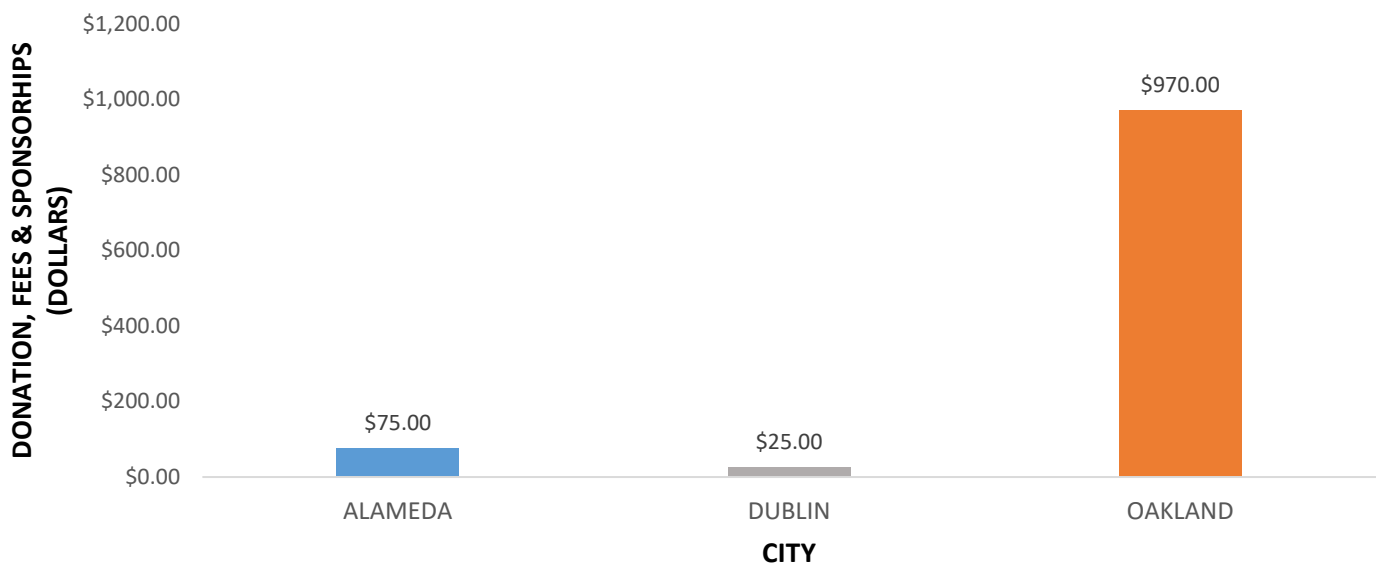
EVENTS BY CITY (%)



APPROXIMATE NUMBERS REACHED BY CITY



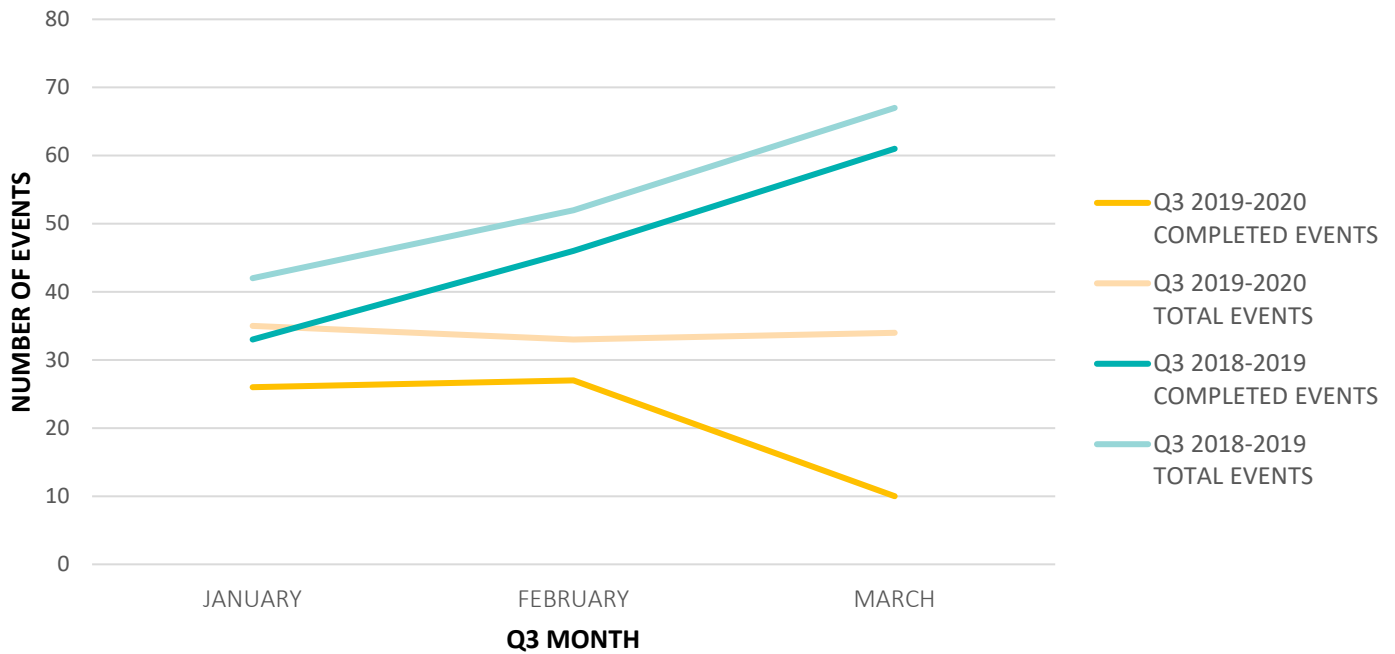
DONATIONS, FEES & SPONSORSHIPS BY CITY*



* Includes refundable deposit.

EVENTS*

BY Q3



	JANUARY	FEBRUARY	MARCH	TOTAL
Q3 2019-2020 – COMPLETED EVENTS	26	27	10	63
Q3 2019-2020 – TOTAL EVENTS	35	33	34	102
Q3 2018-2019 – COMPLETED EVENTS	33	46	52	131
Q3 2018-2019 – TOTAL EVENTS	42	52	67	161

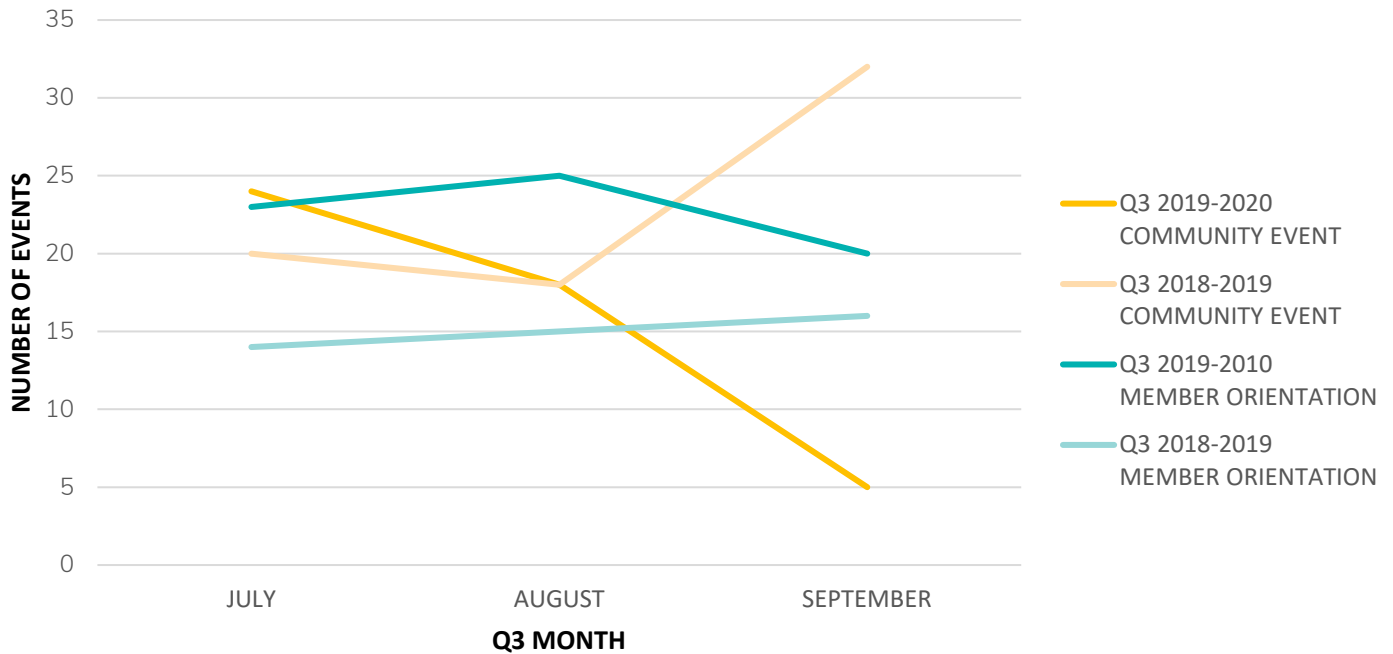
The graph above compares completed events to total events in during Q3 of FY 2018-2019 and FY 2019-2020.

During Q3 of FY 2019-2020, the Alliance completed a total of **63** out of **102** events (62%), compared to 131 out of 161 (81%) during Q3 of FY 2018-2019.

The graph on page 7 compares community events, and member orientations (MOs) in Q3 of FY 2018-2019 and 2019-2020.

*Events include community events, member education events, member orientations, and meetings/presentations.

EVENT TYPE BY Q3



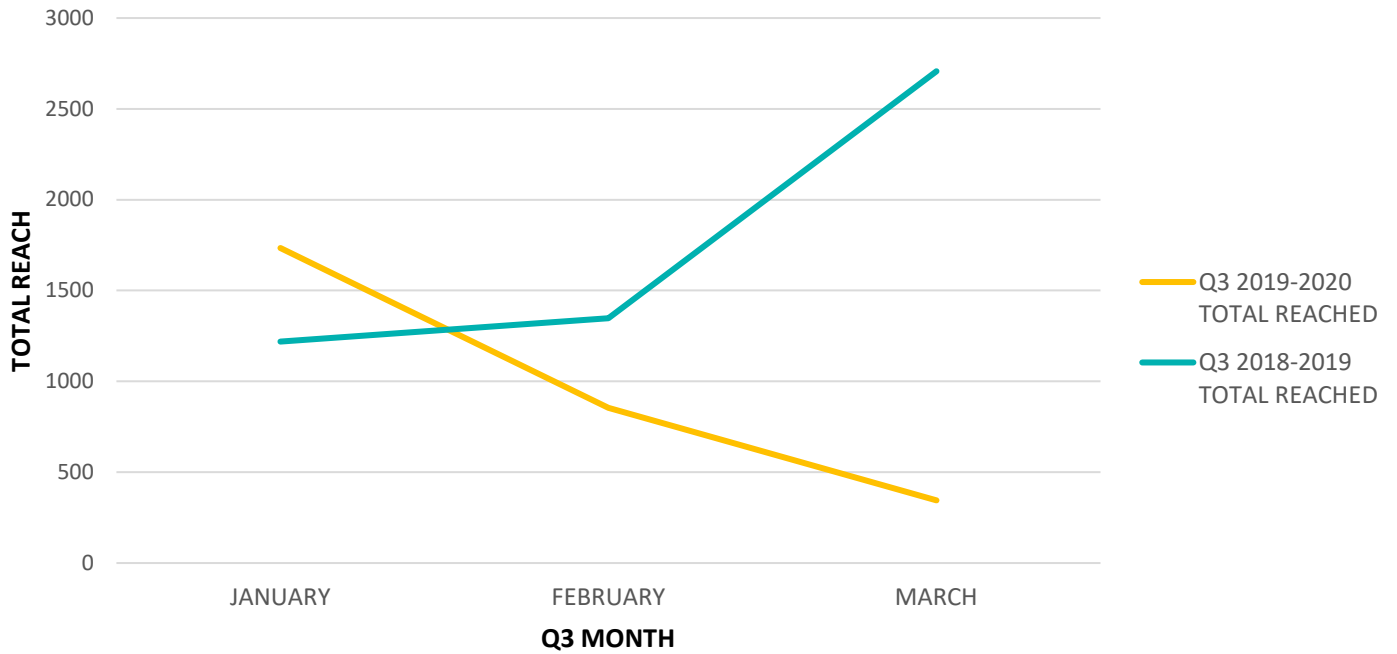
	JANUARY	FEBRUARY	MARCH	TOTAL
Q3 2019-2020 – COMMUNITY EVENT	2	6	6	14
Q3 2018-2019 – COMMUNITY EVENT	15	14	13	42
Q3 2019-2020 – MEMBER ORIENTATION	23	18	20	61
Q3 2018-2019 – MEMBER ORIENTATION	18	20	25	63

In Q3 of FY 2019-2020, the Alliance scheduled a total of 14 community events, compared to the scheduled 42 in Q3 of FY 2018-2019. The Alliance decreased the number of scheduled community events by **66%**.

In Q3 of FY 2019-2020, the number of scheduled MOs decreased by 3%. There was a total of 61 MOs in Q3 of FY 2019-2020, compared to the scheduled 63 in Q3 of FY 2018-2019.

Prior to 2018, the C&O Department measured two (2) event types: community events, and MOs. Since 2018, the C&O Department added three (3) additional categories: member education events, meeting/presentations, and community trainings.

TOTAL REACHED BY Q3




	JANUARY	FEBRUARY	MARCH	TOTAL
Q3 2019-2020 – TOTAL REACHED	1734	855	345	2934
Q3 2018-2019 – TOTAL REACHED	1219	1348	2707	5274

The graph above compares the total reached at **all Alliance outreach events** in Q1 of FY 2018-2019 and FY 2019-2020.

During Q3 of FY 2019-2020, the Alliance decreased the total reach by **47%** from 5,274 to 2,784 at all events in Q3 of FY 2018-2019.

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



Cultural & Linguistic Services Reports and Work Plan

Member Advisory Committee
June 18, 2020



Cultural and Linguistic Program Goal

Ensure that all Alliance members receive **equal access** to high **quality health care** services, that meet the **diverse needs** of our members:

- Language
- Culture
- Gender
- Sexual orientation
- Disability
- Socio-economic status
- Age
- Religion

C & L Program Activities

- ▶ Track language and ethnicity for members
- ▶ Provide interpreters at all points of contact and translations of key member documents
- ▶ Contract with providers who speak member's languages
- ▶ Train Alliance staff and providers on C & L
- ▶ Assess and monitor quality of bilingual services
- ▶ Member Advisory Committee

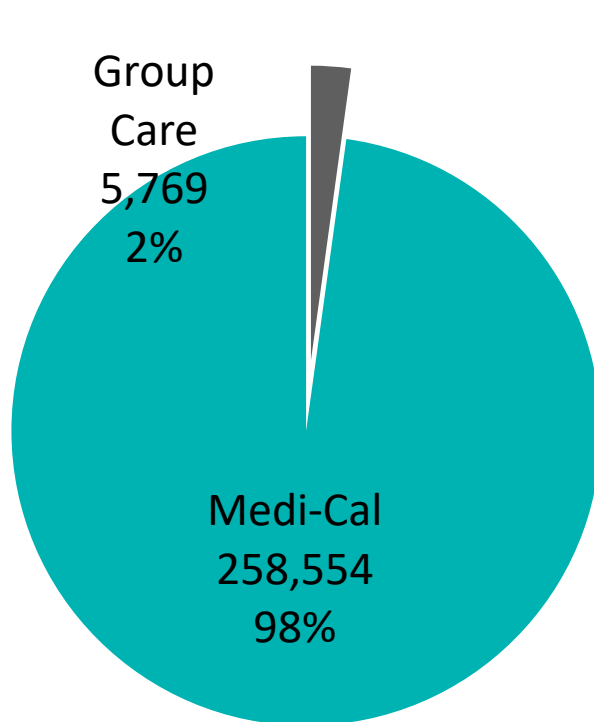


Membership

Language, Ethnicity, Age, Gender

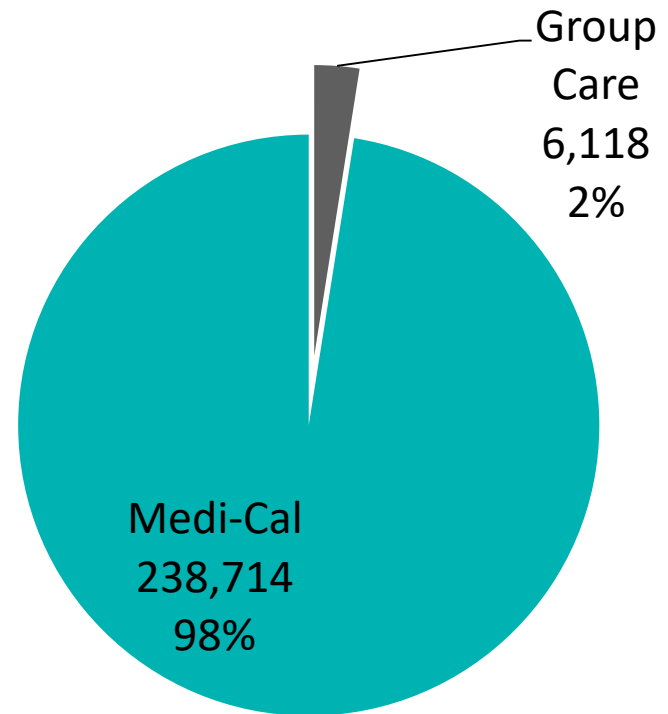


Current Membership



Total: 255,924

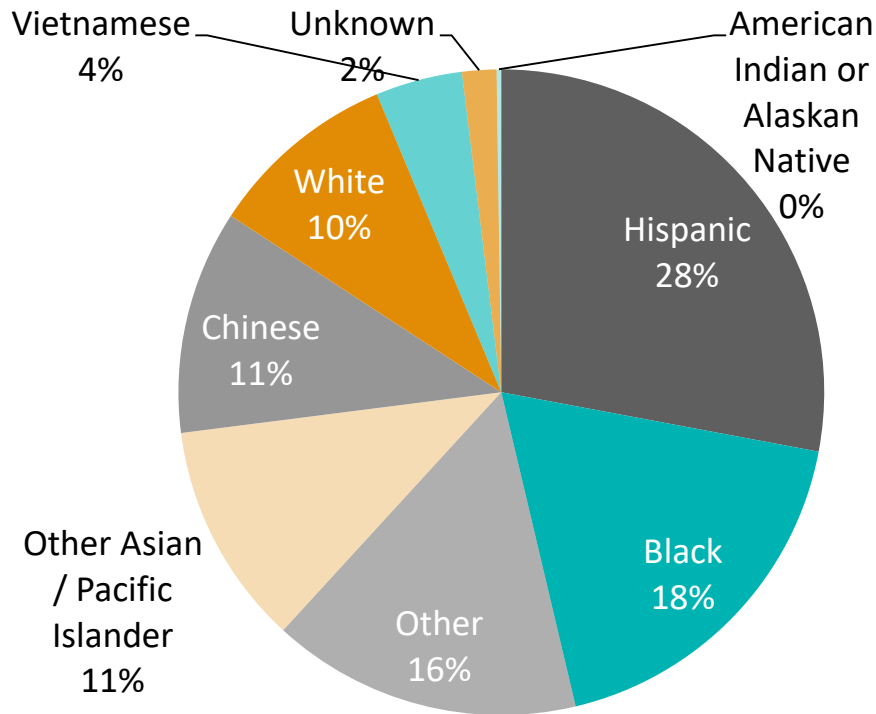
March 2019



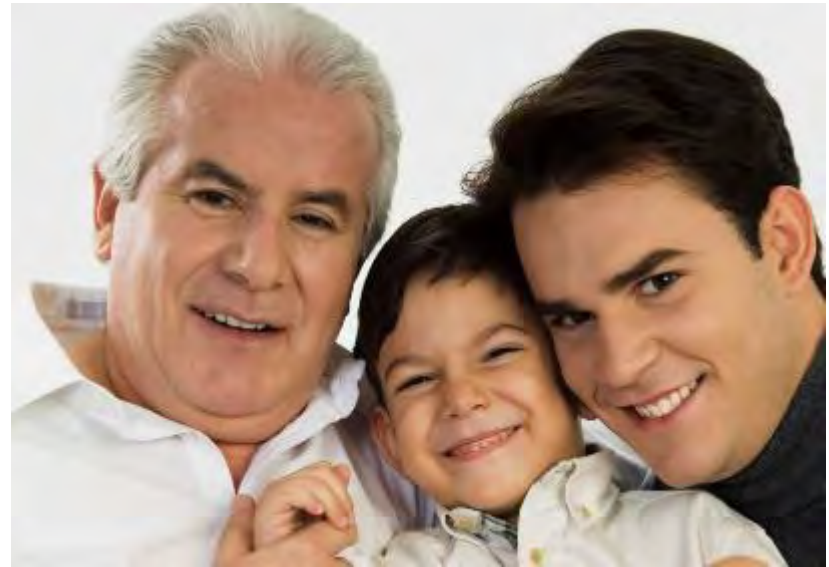
Total: 244,832

March 2020

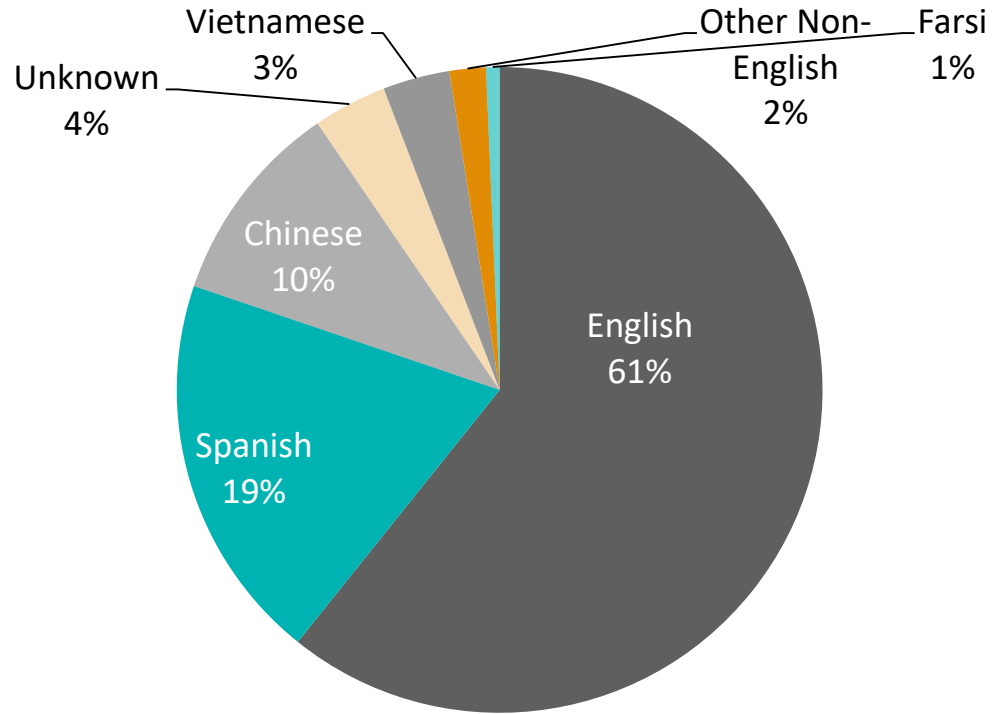
Membership by Ethnicity



March 2020



Membership by Language



March 2020

Threshold Languages

Medi-Cal

- English
- Spanish
- Chinese
- Vietnamese

Group Care

- English
- Chinese
- Spanish

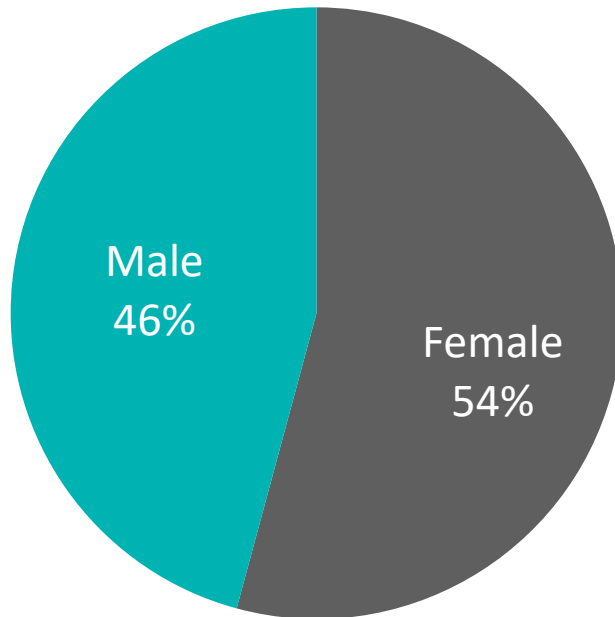
- Threshold language is spoken by 5% of the population or over 3,000 members.
- Alliance must translate key documents and letters into these languages.

Languages with 500+ Members

Language	March 2020
ENGLISH	60.75%
SPANISH	19.46%
CANTONESE	8.13%
UNKNOWN	3.70%
VIETNAMESE	3.35%
MANDARIN CHINESE	2.04%
ARABIC	0.89%
FARSI	0.68%
CENTRAL KHMER	0.30%
KOREAN	0.26%



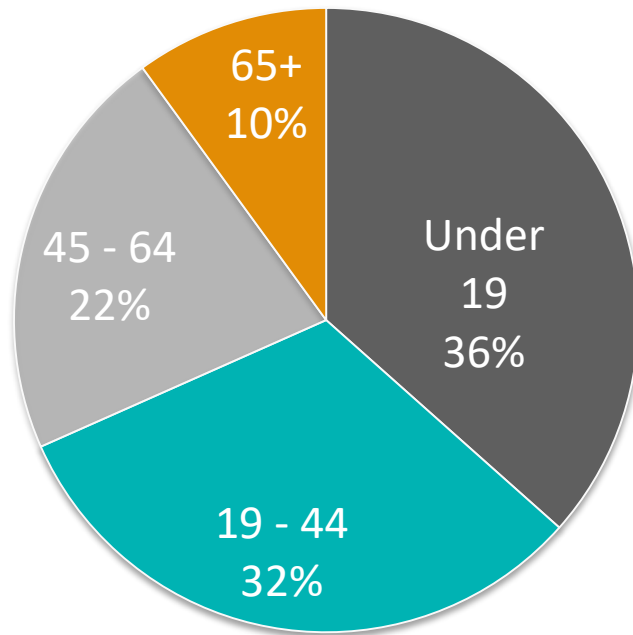
Membership by Gender



March 2020



Membership by Age



March 2020



MAC Input ...

Questions about the data?

Given our membership, do you have
concerns or ideas?

Language Services

Telephonic and in-person interpretation;
Provider language capacity

Telephonic Interpreter Services Provided in 2018/2019

Telephonic Interpreters	2018	2019
Spanish	4,646	3,298
Cantonese	3,791	2,211
All Other Languages	2,281	2,014
Vietnamese	2,054	1,401
Mandarin	1,925	1,204
Farsi/Dari	650	697
Punjabi	704	649
Arabic	691	528
Tagalog	261	279
Hindi*	249	255
Total	17,252	12,536



Other languages: Korean, Cambodian, Tigrigna, Mam, Burmese, Pashto, Russian

- 27% decrease in telephonic interpretations from '18-'19

*secondary vendor did not include detail for Hindi

In Person Interpreter Services Provided in 2018/2019

In-Person Interpreter Services	2018	2019
Cantonese	7,525	7,309
Vietnamese	2,564	2,884
Spanish	1,950	2,671
All Other Languages	1,378	2,120
Mandarin	1,514	1,641
Arabic	571	1,418
Cambodian	553	893
ASL (American Sign Language)	580	743
Korean	332	462
Mongolian*	325	441
Tigrinya*	174	439
Mam*	154	359
Farsi**	377	346
Total	17,997	21,729



Other Languages: Punjabi,
Russian, Tagalog

- 21% increase in face to face interpretations from '18 – '19

*secondary vendor did not include detail for Mongolian, Tigrinya, Mam

**secondary vendor combined Farsi with Dari

Language Services Fill Rates

- ▶ **Goal:** Ninety-five percent (95%) or more of pre-appointment interpreter requests over three months.
- ▶ We have met or exceeded this metric for all of 2019

	3-month average			
	Q1	Q2	Q3	Q4
Average monthly Appointments Scheduled	1,599	1,627	1,594	1,630
Unfilled	3.3	2.7	2.7	3
Percent Available	99.8	99.8	99.8	99.8

Provider Language Capacity

Medi-Cal # Members per provider Q4 2018 and Q4 2019		
Language	4 th Quarter 2018	4 th Quarter 2019
English	258	243
Chinese	301	328
Spanish	394	385
Vietnamese	513	657
Arabic	666	294
Farsi	234	217

Group Care # Members per provider Q4 2018 and Q4 2019		
Language	4 th Quarter 2018	4 th Quarter 2019
English	9	9
Chinese	18	23
Spanish	3	3
Vietnamese	14	22
Arabic	4	2
Farsi	16	18

Notes:

- A number of PCPs do not have a primary language designated.
- Multi-lingual providers are counted for each language they speak.

Observations:

- For Medi-Cal, Arabic decreased and Vietnamese increased the most.
- For Group Care, Chinese and Vietnamese increased slightly.

MAC Input . . .

Questions about the data?

Given this data on our language services and provider capacity, are there concerns or ideas?

C & L Services 2019

Activity Highlights

- ▶ Updated provider **Cultural Sensitivity Training Webinar** for providers.
- ▶ Conducted member outreach to remind about **risks of using family and friends** as interpreters.
- ▶ **Increased communication** with interpreter vendor and providers with high volume use of interpreters.
- ▶ With Compliance, **reviewed C & L offered by Beacon, Kaiser and Perform RX** and asked for corrective action plans when needed.

2020 Work Plan

Cultural and Linguistic (C & L) Program

Assess C & L Needs

- ▶ Hold ***Cultural and Linguistic Subcommittee*** meetings each quarter
 - ▶ Review members' race, ethnicity, language and age
 - ▶ Review reports such as GNA
 - ▶ Look at C & L grievances
 - ▶ Take action as needed



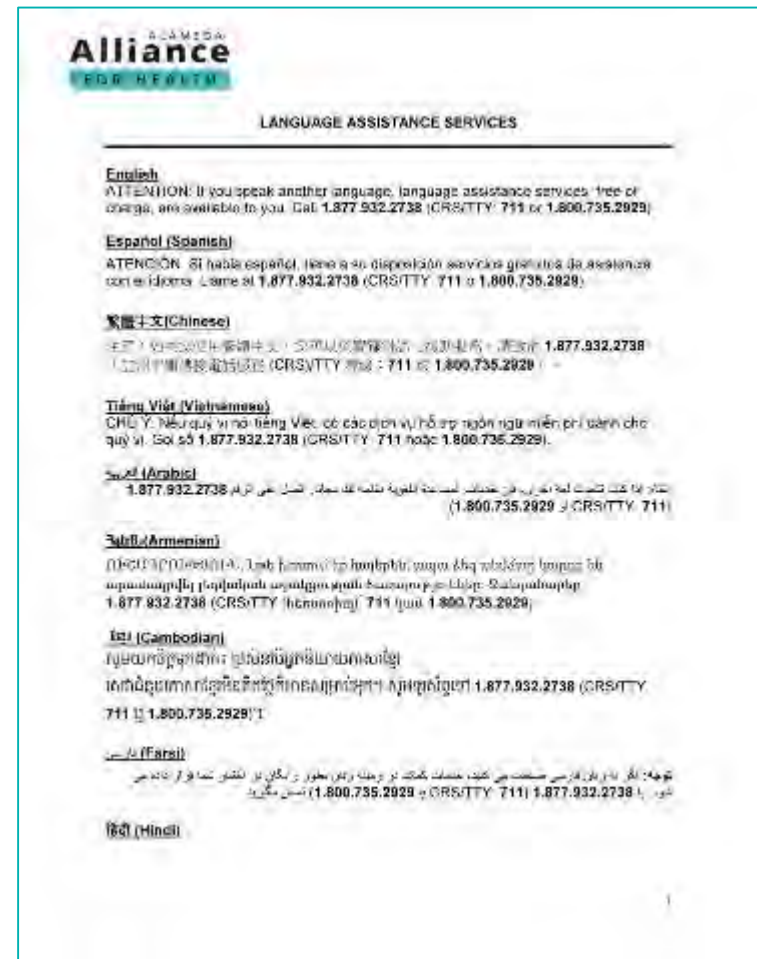
2020 Activities

- ▶ Continue to monitor – no significant changes in 2019

Language Services

Current Activities

- ▶ Inform members of interpreter services
- ▶ Educate providers of role in language access
- ▶ Ensure interpreters and bilingual staff meet quality standards
- ▶ Post and mail non-discrimination notices and **taglines** in multiple languages



Language Services - continued

2020 Activities

- ▶ Move to on-demand telephonic interpreter services focus
- ▶ Promote “I speak” cards to assist members in connecting with interpreters
- ▶ Continue clinic outreach to encourage use of qualified interpreters, not family and friends



Provider Language Capacity

Ongoing Activities

- ▶ Inform providers of member language needs
 - ▶ Online member roster
- ▶ Track provider language capacity
- ▶ Review provider language capacity



Source: Microsoft Office Clip Art

Cultural Sensitivity Training

Ongoing Activities

- ▶ Staff and Provider Cultural Sensitivity training.
- ▶ Inform staff and providers of cultural events, training, health news

2020 Activities

- ▶ Add to training case studies on:
 - ▶ Creating LGBTQ friendly spaces
 - ▶ Health disparities



Source: Microsoft Office Clip Art

Member Advisory Committee

Ongoing Activities

- ▶ Hold quarterly MAC meetings to receive member/community input into Alliance services



Source: Microsoft Office Clip Art

2020 Activities

- ▶ Recruit members:
Traditional provider, male members

Monitor C & L Services

Ongoing Activities

- ▶ Ensure **skill assessment** of bilingual employees
- ▶ Facility Site Review of **medical records**
- ▶ Review **grievances** related to culture and language; take action as needed
- ▶ Monitor:
 - ▶ Member **requests** for interpreters and translations
 - ▶ Quality of language services provided by **bilingual staff**
 - ▶ **Interpreter vendor** contracts
 - ▶ Providers delegated for C&L
- ▶ **Report** to MAC and Alliance Quality Committees

MAC Input . . .

Do you have questions about the
C & L work plan?

What concerns or ideas do you
have about the work plan
activities for 2020?

Thank you!

Linda Ayala, MPH

Manager, Health Education

layala@alamedaalliance.org



Access to care updates

▶ 6/18/20 Gina Battaglia

Agenda

- **Reminder: Timely Access Standards**
- **Highlights of 2019 Survey Results:**
- **Survey Next Steps**
- **Access and MAC Input**

Timely access standards

Primary care physician (PCP) appointment

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Pre-natal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

Timely access standards

Specialty/other appointment

SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment with a Specialist Physician	15 Business Days of Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of Request
Non-Urgent Appointment with an Ancillary Service Provider	15 Business Days of Request
First OB/GYN Pre-natal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

2019 PAAS Highlights

Survey fielded May – Dec 2019

Provider Type	Urgent Appt Compliance	Non-Urgent Appt Compliance	% of Non-Responsive Providers	Total Corrective Action Plans (CAPs) (47)
PCPs	80%	85%	8%	26
Specialists*	56%	58%	41%	14
Psychiatrists	59%	82%	17%	2
Non-Physician Mental Health**	74%	82%	37%	2
Ancillary***	N/A	100%	15%	3

With the exception of Ancillary providers, from 2018 to 2019 all provider types decreased in compliance rates across both appointment types.

* Categories included Cardiologists, Gastroenterologists, and Endocrinologists.

** Subcategories included Child/Adolescent and Adult.

*** Subcategories included Mammography and Physical Therapy.

2019 Oncology Highlights

Survey fielded June-July 2019

Urgent Appt Compliance	Non-Urgent Appt Compliance	% of Non-Responsive Providers	Total CAPs
92%	100%	27%	1

- The 2019 compliance rate for non-urgent appointments is the same as 2018 (100%).
- The 2019 compliance rate for urgent appointments is 8 percentage points lower.

2019 First Prenatal Visit Highlights

Survey fielded June-July 2019

Compliance with Appointment Within 2 Weeks	% of Non-Responsive Providers	Total CAPs
59%	14%	26

The 2019 compliance rate is one percentage point higher than the 2018 compliance rate (58%).

Timely access standards

Wait time, telephone, language practices

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.	

2019 Provider Satisfaction Highlights

Survey fielded Aug-Nov 2019

- Purpose of survey is to measure how well health plans are meeting their providers' expectations and needs.
- Sample size was 815 from database of 5,679 Primary Care Physicians (PCPs), Behavioral Health (BH) providers and Specialists.
- Survey respondents:

	PCPs	BH Providers	Specialists
2019	58.0%	29.0%	27.8%
2018	32.9%	19.3%	56.0%

2019 Provider Satisfaction Highlights

Survey fielded Aug-Nov 2019

Composite/Attribute	2019	2018 SPH Commercial BoB*	2018	Year Over Year Trend
Overall Satisfaction with the Alliance	67.8%	71.8%	81.1%	↓
All Other Plans (Comparative Rating)	43.8%	37.3%	49.8%	↓
Finance Issues	36.2%	31.3%	41.7%	↓
Utilization and Quality Management	48.2%	32.7%	45.2%	↑
Network/Coordination of Care	36.6%	33.0%	40.9%	↓
Pharmacy	34.1%	23.8%	35.6%	↓
Health Plan Call Center Staff	44.5%	38.2%	52.8%	↓
Provider Relations	57.3%	37.4%	53.5%	↑
Recommend to Other Physicians' Practices	87.3%	85.6%	87.7%	↔

* BoB = 2018 SPH Commercial Book of Business

2019 Member Satisfaction Highlights

Survey fielded Jan-May 2019

Medi-Cal Child				
Composite	2019	2018 QCAP*	2018	Year Over Year Trend
Getting Needed Care	83.5%	84.7%	81.9%	↑
Getting Care Quickly	85.4%	89.5%	82.8%	↑
How Well Doctors Communicate	93.7%	93.7%	91.6%	↑
Customer Service	86.1%	88.7%	84.6%	↑
Shared Decision Making	78.4%	78.3%	75.3%	↑
Rating of Health Care (8-10)	89.8%	87.0%	85.9%	↑
Rating of Personal Doctor (8-10)	93.6%	89.5%	89.6%	↑
Rating of Specialist (8-10)	85.5%	87.0%	86.3%	↓
Rating of Health Plan (8-10)	88.9%	86.3%	88.3%	↔

* QCAP = NCQA Quality Compass All Plans

2019 Member Satisfaction Highlights

Survey fielded Jan-May 2019

Medi-Cal Adult				
Composite	2019	2018 QCAP	2018	Year Over Year Trend
Getting Needed Care	76.0%	82.4%	76.1%	↔
Getting Care Quickly	74.5%	82.1%	73.2%	↑
How Well Doctors Communicate	88.4%	91.6%	90.5%	↓
Customer Service	80.7%	88.3%	86.7%	↓
Shared Decision Making	78.7%	79.5%	70.8%	↑
Rating of Health Care (8-10)	73.6%	74.6%	73.5%	↔
Rating of Personal Doctor (8-10)	77.1%	81.4%	80.3%	↓
Rating of Specialist (8-10)	74.5%	82.1%	77.8%	↓
Rating of Health Plan (8-10)	73.4%	77.0%	73.0%	↔

2019 Member Satisfaction Highlights

Survey fielded Jan-May 2019

Commercial Adult				
Composite	2019	2018 QCAP	2018	Year Over Year Trend
Getting Needed Care	72.8%	86.2%	72.3%	↔
Getting Care Quickly	70.9%	84.8%	69.5%	↑
How Well Doctors Communicate	87.6%	95.0%	85.8%	↑
Customer Service	82.8%	88.4%	86.5%	↓
Shared Decision Making	84.3%	81.6%	84.3%	↔
Rating of Health Care (8-10)	68.2%	77.5%	66.8%	↑
Rating of Personal Doctor (8-10)	80.4%	84.9%	73.3%	↑
Rating of Specialist (8-10)	75.5%	84.7%	75.9%	↔
Rating of Health Plan (8-10)	64.5%	63.6%	66.5%	↓

Survey next steps

For Timely Access Surveys:

- **Corrective Action Plans** for non-compliant and non-responsive providers
- **Continue provider education and delegate discussions** about timely access standards
- **Work with Analytics, Provider Services, and delegate networks** to improve accuracy of data
- **Regular and as needed surveys**

For Satisfaction Surveys:

- **Work with other departments** to increase survey scores
- **Conduct Plan, Do, Study, Act** cycles for improvement

Access and MAC input

- Feedback?
- Questions?
- Thank you!