Member Services Advisory Group (MSAG)

Meeting Agenda

Thursday, November 6, 2025

10 – 11:30 a.m.

Alliance Offices

Location:

In San Benito County:
Community Services & Workforce Development – Conference Room
1161 San Felipe Road, Building B, Hollister, CA. 95023

In Santa Cruz County:
Central California Alliance for Health – Board Room
1600 Green Hills Road, Suite 101, Scotts Valley, CA, 95066

In Mariposa County:
Mariposa County Health and Human Services – Mariposa Room
5362 Lemee Lane, Mariposa, CA 95338

In Merced County:
Central California Alliance for Health – Board Room
530 West 16th Street, Suite B, Merced, CA 95340

In Monterey County:
Central California Alliance for Health – Board Room
950 East Blanco Road, Suite 101, Salinas, CA 93901

1. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Advisory Group or to address an item that is listed on the agenda may do so in one of the following ways.
    a. Email comments by 5:00 p.m. on Wednesday, November 5, 2025 to MSAG@thealliance.health.
        i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
        ii. Comments will be read during the meeting and are limited to three minutes.
    b. In person during the meeting when that item is announced.
        i. State your name and organization prior to providing comment.
        ii. Comments are limited to three minutes.

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10 – 11:30 a.m.

Alliance Offices

1. Call to Order by Chairperson Beleutz. **10:00 a.m.**

A. Roll call
B. Establish quorum
C. Supplements and deletions to the agenda
D. Review Member Services Advisory Group purpose statement
The MSAG ensures community and member participation in establishing the Alliance's public policy in quality, health equity, disparities, population health, children services, and other ongoing plan functions.

2. Oral Communications by Members of the Public. **10:05 a.m.**

A. Members of the public may address the Advisory Group on items not listed on today's agenda that are within the jurisdiction of the Advisory Group.
   A. Speakers are limited to three minutes per item.
   B. Any individual may speak only once during Oral Communications.

B. If any member of the public wishes to address the Advisory Group on any item that is listed on today's agenda, they may do so when that item is called.
   A. Speakers are limited to three minutes per item.

3. Comments and Announcements by Advisory Group Members.

A. Advisory Group members may provide comments and announcements.

4. Comments and Announcements by Plan Staff.

A. Plan staff may provide comments and announcements.

<u>Consent Agenda Items</u>: **10:10 a.m.**

5. Approve Member Services Advisory Group minutes of August 14, 2025.

6. Accept Plan Staff Reports:

A. Current Enrollment
B. Member Services Call Statistics
C. Member Appeals and Grievance Report
D. Community Engagement Report
E. Alliance Code of Conduct

Member Services Advisory Group (MSAG)

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10 – 11:30 a.m.

Alliance Offices

Regular Agenda Items: **10:15 a.m.**

7. Community Health Assessment and Community Health Improvement Plan **10:15 – 10:30 a.m.**

Inform and Feedback: Jessica Finney, Community Grants Director, will provide an overview and solicit feedback on Medi-Cal managed care health plan-local health jurisdictions collaborations on Community Health Assessment and Community Health Improvement Plan.

8. Community Reinvestments **10:30 – 10:50 a.m.**

Inform and Feedback: Jessica Finney, Community Grants Director, will provide an overview and solicit feedback on critical needs and emerging priorities for community reinvestments administered through the Medi-Cal Capacity Grant Program.

9. Provider Services **10:50 – 11:10 a.m.**

Inform and Feedback: Jessie Dybdahl, Provider Services Director, will provide an overview and solicit feedback on provider services.

10. Medi-Cal Enrollment & Eligibility Changes **11:10 – 11:25 a.m.**

Inform and Feedback: Ronita Margain, Community Engagement Director, will provide an overview of Medi-Cal enrollment and eligibility changes and solicit feedback on strategies to assist members and eligible individuals.

11. Adjourn

Member Services Advisory Group (MSAG)

Meeting Agenda

Thursday, November 6, 2025

10 – 11:30 a.m.

Alliance Offices

The next meeting of the Member Services Advisory Group, after this November 6, 2025 meeting:

- Member Services Advisory Group
  Thursday, February 12, 2026
  10 – 11:30 a.m.

  Locations for the meeting (linked via videoconference from each location):

  In San Benito County:
  Community Services & Workforce Development – Conference Room
  1161 San Felipe Road, Building B, Hollister, CA. 95023

  In Santa Cruz County:
  Central California Alliance for Health – Board Room
  1600 Green Hills Road, Suite 101, Scotts Valley, CA, 95066

  In Mariposa County:
  Mariposa County Health and Human Services – Mariposa Room
  5362 Lemee Lane, Mariposa, CA 95338

  In Merced County:
  Central California Alliance for Health – Board Room
  530 West 16th Street, Suite B, Merced, CA 95340

  In Monterey County:
  Central California Alliance for Health – Board Room
  950 East Blanco Road, Suite 101, Salinas, CA 93901

Members of the public interested in attending should call the Alliance at 800-700-3874 to verify meeting dates and locations prior to the meetings.

The complete agenda packet is available for review at Alliance offices, and on the Alliance website at https://thealliance.health/about-the-alliance/public-meetings/. The Advisory Group complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Alliance at least 72 hours prior to the meeting at MSAG@thealliance.health or 800-700-3874. As a courtesy to persons affected, please attend the meeting smoke and scent free.

DRAFT – PENDING APPROVAL

Meeting Minutes

Thursday, August 14, 2025
10 – 11:30 a.m.

In Santa Cruz County:
Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California
In Monterey County:
Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California
In Merced County:
Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California
In San Benito County:
Community Services & Workforce Development
1161 San Felipe Road, Building B, Hollister, CA. 95023
In Mariposa County:
Mariposa County Health and Human Services
5362 Lemee Lane, Mariposa, California

Members Present:

Alma Mandujano-Orta	Community Advocate
Aluriel Ceballos	Community Advocate
Carolina Meraz	Consumer
Guadalupe Barajas-Iniguez	Consumer Advocate
Humberto Carrillo	Consumer
Janna Espinoza	Consumer, Commissioner
John Beleutz	Community Advocate
Michael Molesky	Consumer, Commissioner
Moncerat Politron	Community Advocate
Rebekah Capron	Community Advocate
Stephanie Auld	Consumer

Members Absent:

Adriana Zoghlami	Community Advocate
Candi Walker	Consumer
Doris Drost	Consumer
Frances Wong	Consumer
Jamie Berry	Consumer
John Alexander	Community Advocate
Mimi Park	Consumer

Staff Present:

Adourin Malco	Community Engagement Specialist
Clarisa Gutierrez	Community Engagement Coordinator
Desirre Herrera	Quality and Health Programs Manager
Elvia Contreras	Call Center Quality Analyst
Gabriela Chavez	Community Engagement Manager
Jessie Newton	Adult Care Management Manager
Julia Valdez	Temp Community Engagement Coordinator
Kayla Zoliniak	Administrative Specialist
Maria Colomer	Community Engagement Coordinator
Maria Elena Villalobos	Administrative Specialist
Ronita Margain	Community Engagement Director
Sonia Menjivar	Call Center Quality Analyst
Ulises Cisneros-Abrego	Community Engagement Specialist

1. **Call to Order by Chairperson Beleutz.**
   Chairperson Beleutz called the meeting to order at 10 a.m.

   Roll call was taken and a quorum was met.

2. **Oral Communications.**
   Chairperson Beleutz opened the floor for any members of the public to address the Advisory Group on items not listed on the agenda.

   No members of the public addressed the Advisory Group.

3. **Comments and announcements by Member Services Advisory Group (MSAG) members.**
   Chairperson Beleutz opened the floor for Advisory Group members to make comments.

   Advisory Group member commented on a communication gap between Dominican Hospital and Sutter Health.

Advisory Group member commented on the shortage of providers and providers refusing to see patients.

Advisory Group member commented that the clinic they visit is a teaching facility with frequent doctor assignment changes. This impacts continuity of care and also impacts the ability to receive social security.

Advisory Group member commented that each county has a Medicare counseling program, Health Insurance Counseling and Advocacy Program (HICAP). Please see the addendum for additional information.

4. **Comments and announcements by Alliance staff.**
   Chairperson Beleutz opened the floor for Alliance staff to make comments.

   Alliance staff acknowledged the HR1 and the potential impact on families.

   Alliance staff announced that the Alliance received national recognition from National Committee for Quality Assurance (NCQA) earning both NCQA's Health Plan Accreditation and Health Equity Accreditation.

   Alliance staff announced that the Alliance is now managing behavioral health services and working directly with members to coordinate behavioral health services.

Consent Agenda Items (5 – 6):

5. **– 6.** Chairperson Beleutz opened the floor for approval of the consent agenda.

   Action: Consent agenda items were approved.

Regular Agenda Items (7 – 11):

7. **2026 MSAG Schedule**
   K. Zoliniak proposed a 2026 MSAG schedule. There were no comments on the schedule. The schedule will be submitted to the Alliance Board for approval.

8. **Annual Charter Review**
   K. Zoliniak proposed changes to the MSAG charter. The proposed changes included but were not limited to adding the role of MSAG Coordinator, the role of Vice Chairperson, and the responsibility of all MSAG members to follow the Alliance Code of Conduct. There were no comments on the charter.

9. **Member Communication Strategies**
   L. Gorman, Marketing and Communications Director provided an overview of marketing and communication strategies and solicited feedback.

The Alliance is informing members that there are no changes yet due to HR1 and is continuing to encourage all members to access health care including through telehealth and the 24/7 Nurse Advice Line.

Advisory Group member shared the Alliance's branded materials are popular at outreach events.

Advisory Group members asked about radio stations and television, especially within the Latino community. The Alliance currently utilizes radio ads in Merced County and is looking into expanding to other counties next year.

The Alliance shares information about the pharmacy carve out and directs members to call Member Services for individual questions and support. The link to the grievance form is available on each page on the Alliance's website.

Advisory Group member shared positive stories about Alliance staff on the outreach team and in Member Services.

Advisory Group members recommended materials that differentiate between Medi-Cal and the Alliance including who to contact in different situations. Advisory Group member shared this is a significant learning curve for Whole Child Model families.

Advisory Group member recommended redetermination as a communications focus.

The Alliance chooses the communication channel based on a variety of factors including the intent of the messaging. For example, radio campaigns for raising awareness and text campaigns for changing outcomes.

The Alliance participates in committees and conversations around community issues to represent members and provide input, however, the Alliance relies on the community partner to share information with the community.

Advisory Group member recommended several channels including mini housing in Santa Cruz, low-income housing offices and laundry rooms, and buses.

Advisory Group member shared members who do not see materials in their language may feel alienated and disconnected and don't think there are benefits and services available to them.

Advisory Group member shared there are populations where many people, especially the aging population, think doctors are only for extreme circumstances and recommended preventative care education within cultural communities.

Advisory Group member recommended provider education for interacting with patients so patient returns to the doctor.

Advisory Group members shared challenges with Enhanced Care Management (ECM) and recommended standardizing services, evaluating implantation of geographic boundaries for providers, creating informational materials, and balancing quantity and quality of providers. Advisory Group member commented that some providers are receiving double payments and recommended being effective and efficient with funds.

Advisory Group member emphasized the importance of building and keeping trust between providers and members.

10. Website Walk-through

L. Gorman, Marketing and Communications Director, provided a walk-through of the Alliance website.

11. Cultural and Linguistic Services and Annual Evaluation

D. Herrera, Quality and Health Programs Manager, provided an overview of the cultural and linguistic services annual report findings and solicited feedback.

The feedback related to cultural and linguistic services provided earlier in the meeting was acknowledged. The Alliance follows regulatory requirements for translation. Advisory Group member added that members can't ask for what they don't know exists.

Advisory Group member stated reception by doctors is an issue.

Advisory Group member recommended patient empowerment.

Advisory Group member asked about additional data such as income level by county.

Advisory Group member asked about access to computers, including access to libraries to use public computers.

Advisory Group member recommended pharmacy training includes equality and equal access to services and benefits.

Adjourn:

The meeting adjourned at 11:28 a.m.

Respectfully submitted,
Kayla Zoliniak
Administrative Specialist
Member Services Advisory Group Coordinator

Addendum

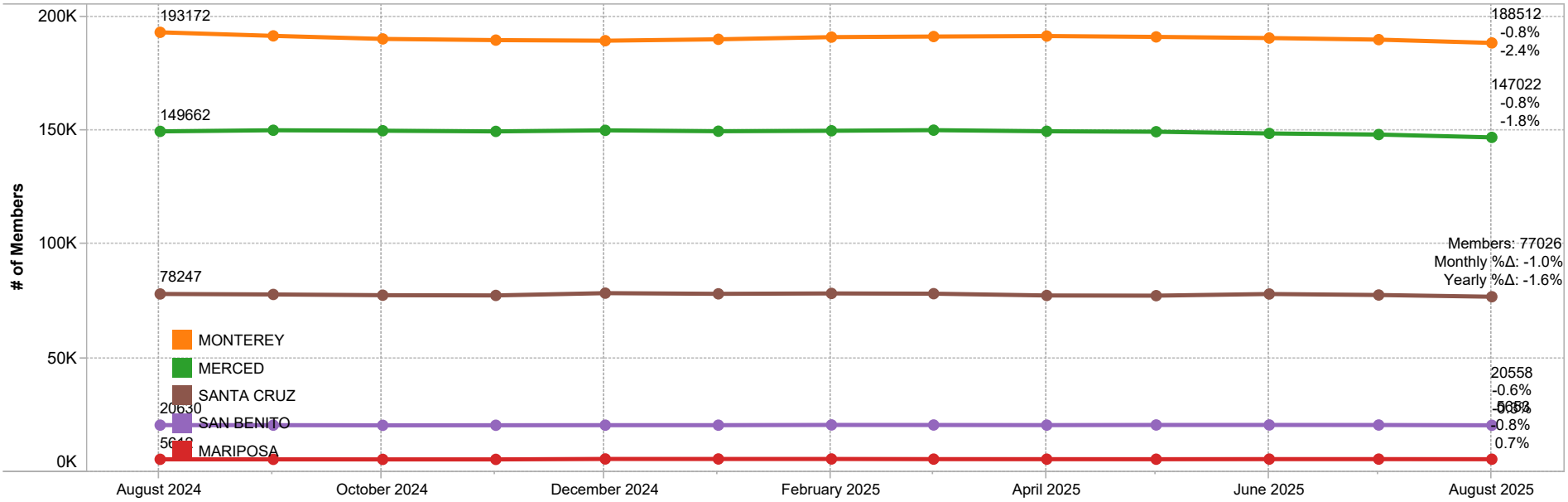
During the meeting, an Advisory Group member commented that each county has a Medicare counseling program, Health Insurance Counseling and Advocacy Program (HICAP). The phone number was provided after the meeting. To locate a HICAP office in your area, call 1-800-434-0222.

Enrollment Report

County: *None* **Program:** *None* **Aid Cat Roll Up:** *None* **Data Refresh Date:** *8/1/2025 6:41:01 AM*

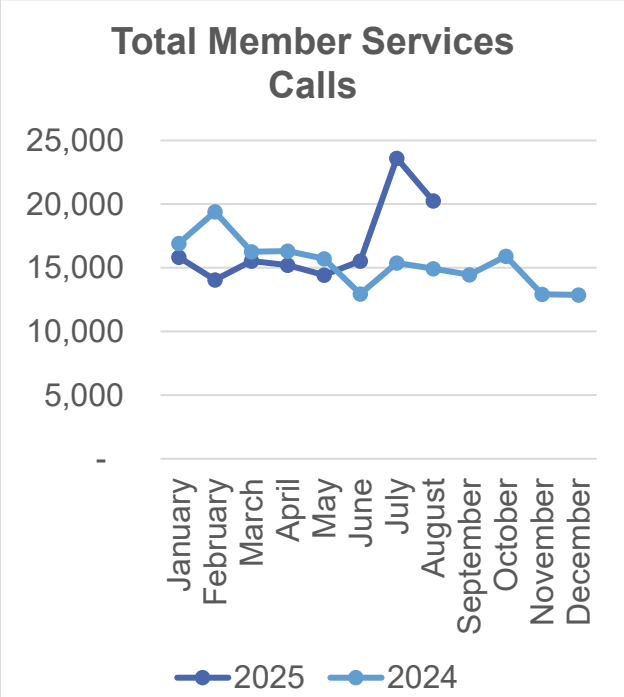
Enrollment Month
8/1/2024 to 8/31/2025

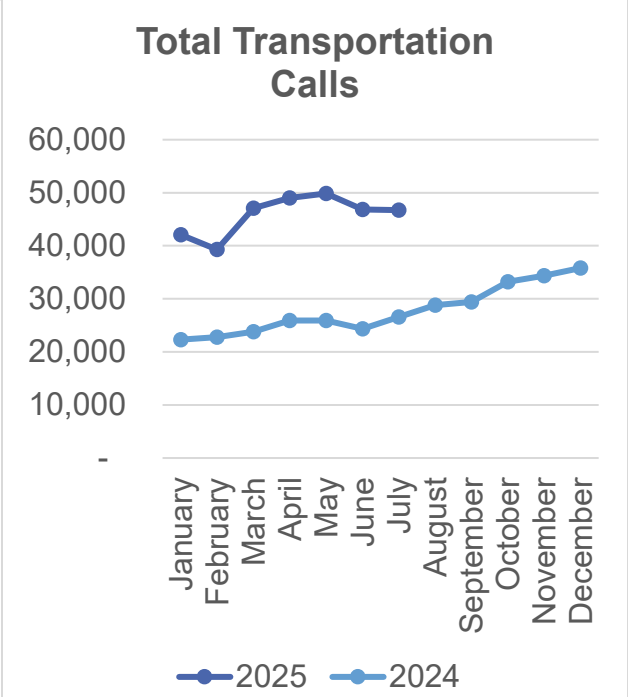
Membership Totals by County and Program, % Change Month-over-Month and % Change Year-over-Year

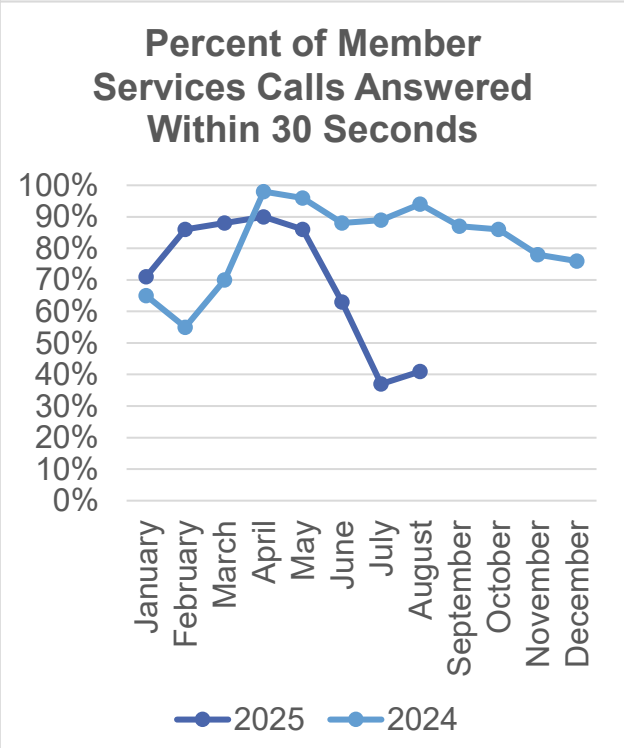


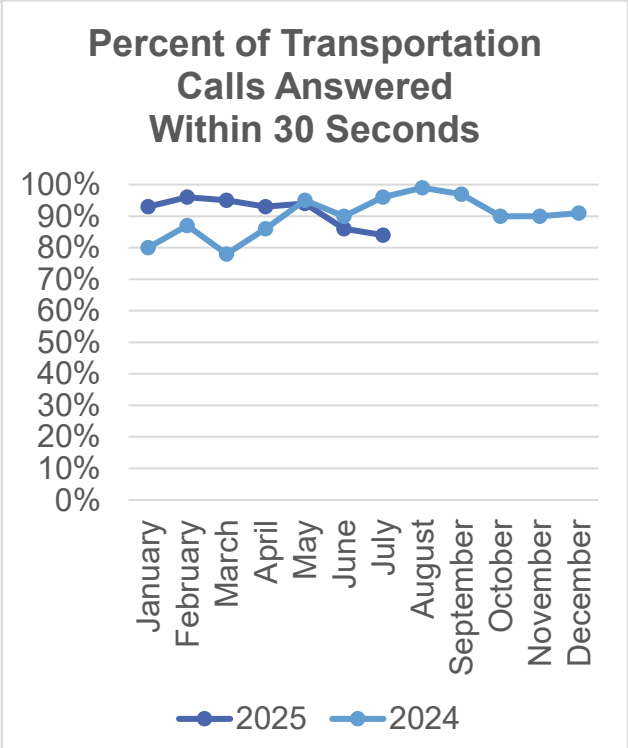
LOB	County	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025
Medi-Cal	SANTA CRUZ	78,247	78,030	77,697	77,602	78,602	78,303	78,477	78,367	77,579	77,501	78,227	77,786	77,026
	MONTEREY	192,449	190,893	189,563	189,043	188,800	189,420	190,384	190,645	190,868	190,504	190,006	189,313	187,832
	MERCED	149,662	150,150	149,945	149,654	150,113	149,728	149,927	150,194	149,701	149,508	148,751	148,266	147,022
	MARIPOSA	5,612	5,598	5,580	5,580	5,768	5,760	5,761	5,693	5,673	5,653	5,697	5,697	5,653
	SAN BENITO	20,630	20,616	20,547	20,574	20,612	20,611	20,718	20,689	20,634	20,701	20,710	20,683	20,558
IHSS	MONTEREY	723	717	709	702	693	684	680	675	663	654	650	648	680
Total Members		**447,323**	**446,004**	**444,041**	**443,155**	**444,588**	**444,506**	**445,947**	**446,263**	**445,118**	**444,521**	**444,041**	**442,393**	**438,771**

Member Services Call Report



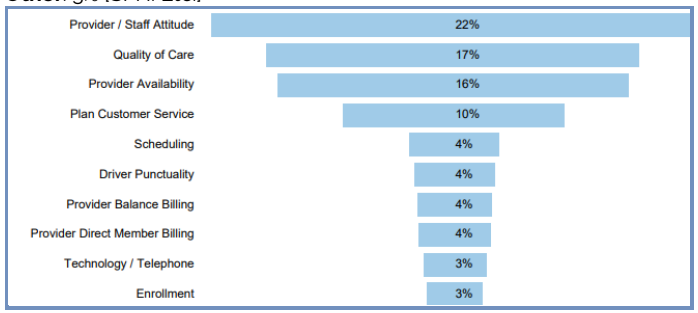






Member Appeals and Grievance Report
Q2 2025

Q2 2025 Appeals and Grievances: 1635
Appeals: 7% ↓ 69% in favor of Plan; 25% in favor of Member]
Exempt: 24% ↓
Grievances: 65% ↑
Other: 3% [SFH. Etc.]



Analysis and Trends

- Increases for Provider Availability, Quality of Care and Driver Scheduling and Technology/Telephone issues from Q125
- Authorization Trends involve Community Support benefits, Medically Tailored Meal (MTM) & Housing Supports (HTSS)

Highest Grievances Filed by County

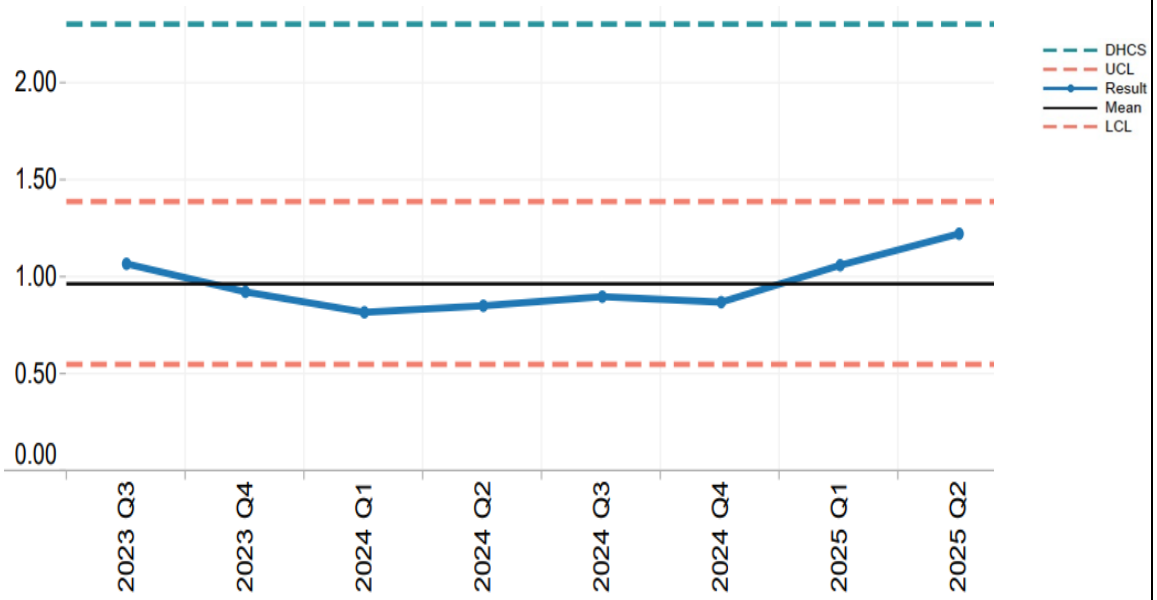
1. **Monterey**: 38%
2. Merced: 35%
3. Santa Cruz: 19%
4. San Benito: 6%
5. Mariposa: 2%

IHSS Summary: 4

- Member Grievances: 4
- Exempt Complaints: 0

☒ **In Control**
☐ **Not in Control**

A lower rate demonstrates a good or positive result when compared to Upper Control Limits (UCL) and Lower Control Limits (LCL). Control limits represent three (3) standard deviations from mean or average performance.



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2024	MemberMonths	458,092	456,831	456,656	455,037	452,105	450,230	448,718	447,326	446,011	444,045	443,162	444,591
	Case Count	394	386	345	399	427	333	416	409	384	421	385	356
	Case Count Per 1000 MM ..	0.86	0.84	0.76	0.88	0.94	0.74	0.93	0.91	0.86	0.95	0.87	0.80
2025	MemberMonths	444,512	445,953	446,296	445,158	444,673	444,390						
	Case Count	404	438	579	626	501	508						
	Case Count Per 1000 MM ..	0.91	0.98	1.30	1.41	1.13	1.14						

*Grievances Per 1,000 Member Months

Community Engagement Department

YOUR HEALTH MATTERS OUTREACH REPORT

August 2025

Your Health Matters (YHM) is the outreach program of Central California Alliance for Health (the Alliance). This volunteer program is made up of Alliance employees who are interested in making a difference in the lives of our members and the communities we serve.

This program informs and educates our members, communities and the public about Alliance services. We also share resources based on member needs and accessibility.

40
events attended during the reporting period

5,184
members reached during the reporting period

Recent Outreach Activities					
	Mariposa	**Merced**	**Monterey**	**San Benito**	**Santa Cruz**
Events Attended	**2**	**5**	**11**	**2**	**3**
Estimated Members Reached	**217**	**1156**	**2642**	**156**	**324**

Outreach Highlights:

- The Outreach Team attended back-to-school events in Merced, Mariposa, and San Benito counties.
- The Outreach Team was able to help a mother in accessing mental health services for her son in a timely manner.

Stop by and say hi when you see the Alliance at events!

Community Engagement Department

YOUR HEALTH MATTERS OUTREACH REPORT

Upcoming Community Events

If you would like to attend an event we will be at or would like us to be present at an event, contact us for more information.

Upcoming community events are on our website.
Homepage https://thealliance.health/
Community Events Page: https://thealliance.health/for-communities/healthy-communities/community-events/

Upcoming Community Events	
Mariposa County	
Merced County	
Monterey County	Senior Socials | Marina November 4th | Salinas November 18th and 20th 4th Annual North Monterey County USD Community Resource Festival | November 16th Superhero Resource Fair | November 22nd
San Benito County	
Santa Cruz County	Peace and Unity March | November 8th

Contact Us:

Email ListOutreachGatekeeper@thealliance.health and a YHM staff member will respond to your request.

Alliance Code of Conduct

The Alliance's values are standards that guide our conduct. These values are represented in the Alliance's Code of Conduct.

Collaboration: Working together toward solutions and results.
Equity: Eliminating disparity through inclusion and justice.
Improvement: Continuous pursuit of quality through learning and growth.
Integrity: Telling the truth and doing what we say we will do.

The Code of Conduct provides guidelines to Board members, employees, and contractors, including subcontractors, downstream subcontractors, and network providers, on appropriate ethical and legal standards. The Code of Conduct is an important component of the Compliance Program and reflects the Alliance's commitment to comply with all applicable Federal and State laws, regulations, and contractual obligations. Compliance is everyone's responsibility, thus it is the Alliance's expectation that all Board members, employees, and contractors be familiar and comply with all requirements of the Code of Conduct, avoid actions and relationships that may violate these standards, and seek guidance from appropriate staff when necessary.

The information contained in the Alliance Code of Conduct is not all inclusive or encompassing. The Alliance reserves the right to evaluate any and all situations pertaining to an actual or perceived ethical or legal conflict or misconduct, and then make a determination as to appropriate disciplinary action, policy and procedures, etc., given the facts and circumstances.

This Code of Conduct must be approved by the Alliance Board annually and is made available to Alliance staff and Board members, and is publicly posted on the Alliance's website.

COMPLIANCE WITH LAW

The Alliance is committed to conducting all activities and operations in compliance with applicable laws.

Fraud Waste & Abuse

With oversight from the Compliance Committee, the Alliance's Program Integrity function prevents, detects, evaluates, investigates, reports and resolves all potential/actual fraud, waste and abuse issues. Board members, employees, and contractors shall obey laws that prohibit direct or indirect payments in exchange for the referral of patients or services, which are paid by Federal and/or State health care programs.

Political Activities

The Alliance's political participation is limited by the Political Reform Act. Alliance funds, property, and resources are not to be used to contribute to political campaigns, political parties, or organizations. Board members, employees, and contractors may participate in the political process on their own time and at their own expense but are not to give the impression that they are speaking on behalf of or representing the Alliance during these activities.

Anti-Trust

All Board members, employees, and contractors must comply with applicable antitrust, unfair competition, and similar laws which regulate competition. The types of activities that involve antitrust laws include agreements to fix prices, bid rigging, and related activities; boycotts, exclusive dealings, and price discrimination agreements; unfair trade practices; sales or purchases conditioned on reciprocal purchases or sales; and discussion of factors that determine prices at trade association meetings.

MEMBER RIGHTS

The Alliance is committed to meeting the health care needs of its members by providing access to quality health care services.

Access

Alliance policies and procedures have been developed to be consistent with applicable laws governing member choice and access to health care services. Employees and contractors shall comply with all requirements for coordination of medical and support services for Alliance members. Employees and contractors shall provide culturally,

linguistically, and culturally appropriate services to plan members to ensure effective communication regarding diagnosis, medical history and treatment, and health education.

Complaint Process

Alliance employees and contractors shall inform members of their grievance and appeal rights through member handbooks and other communications in accordance with Alliance procedures and applicable laws. Alliance member grievances and appeals shall be investigated in a prompt and nondiscriminatory manner in accordance with Alliance policies and applicable laws.

BUSINESS ETHICS

The Alliance is committed to the highest standards of business ethics. Employees and contractors shall accurately and honestly represent the Alliance and not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

Candor and Honesty

Board members, employees, and contractors shall be candid and honest in the performance of their responsibilities and in all communications.

Financial Reporting

All financial reports, accounting records, research reports, expense accounts, timesheets and other documents are to accurately and clearly represent the relevant facts or the true nature of a transaction. The Alliance maintains a system of internal controls to ensure that all transactions are executed in accordance with management's authorization and recorded in a proper manner to maintain accountability of the agency's assets.

Regulatory Agencies and Accrediting Bodies

Alliance employees and contractors shall deal with all regulatory agencies and accrediting bodies in a direct, open, and honest manner.

Alliance Code of Conduct

PUBLIC INTEGRITY

The Alliance and its Board members and employees shall comply with laws and regulations governing public agencies.

Public Records

The Alliance shall provide access to records to any person, corporation, partnership, firm or association requesting to inspect and copy them in accordance with the California Public Records Act, California Government Code Sections 6250 et seq., the Health Insurance Portability and Accountability Act (HIPAA), and Alliance policies.

Public Funds

The Alliance, its Board members, and employees shall not make gifts of public funds or assets or lend credit to private persons without adequate consideration that they serve a purpose within the authority of the Alliance.

Public Meetings

The Alliance, and its Board members and employees, shall comply with requirements relating to the notice and operation of public meetings in accordance with the Ralph M. Brown Act.

CONFIDENTIALITY

Board members, employees, and contractors shall maintain the confidentiality of all confidential information in accordance with applicable laws and shall not disclose confidential information except as specifically authorized by Alliance policies, procedures, and applicable law.

No Personal Benefit

Board members, employees, and contractors shall not use confidential or proprietary Alliance information for their own personal benefit or for the benefit of any other person or entity, while employed at or engaged by the Alliance, or at any time thereafter.

Duty to Safeguard Member and Medical Confidential Information

Board members, employees, and contractors shall safeguard Alliance member protected health information, identity, eligibility, and medical information, peer review, and other confidential information in accordance with HIPAA regulations, California law, and the Alliance's policies and procedures.

Personnel Files

Personal information contained in employee personnel files shall be maintained in a manner designed to ensure confidentiality in accordance with applicable law.

Proprietary Information

Alliance Board members, employees, and contractors shall safeguard confidential proprietary information including, without limitation, contractor information and proprietary computer software, in accordance with, and to the extent required by, contract or law. The Alliance shall safeguard provider identification numbers including: medical licenses, Medicare numbers, social security numbers, and other identifying numbers.

CONFLICTS OF INTEREST

Board members and employees have a duty to be loyal to the Alliance.

Conflict of Interest Code

Designated employees as identified in the Conflict of Interest Code, including Board members, shall comply with the requirements of Alliance Conflict of Interest policies to avoid impropriety or the perception of impropriety, which might arise from their influence on business decisions or disclosure of Alliance business operations.

Outside Services and Interests

Employees shall not perform work or render services for any contractor, association of Contractors, or other organizations with which the Alliance does business or which seek to do business with the Alliance without prior Chief Executive Officer approval (See Outside Employment section in Employee Handbook). Employees shall not permit their names to be used in any fashion that would indicate a business connection with any contractor or association of contractors, including vendors. All employees shall report all Board-level

volunteer activities to the Alliance's Human Resources Department upon consideration and on an annual basis thereafter.

BUSINESS RELATIONSHIPS

Business transactions with vendors, contractors, and other third parties shall be conducted at arm's length in fact and in appearance, transacted free from improper inducements, and in accordance with applicable law and ethical standards.

Business Inducements

Board members, employees, contractors, and providers shall not use their positions to personally profit or assist others in profiting in any way at the expense of Federal and/or State health care programs, the Alliance, or Alliance members.

Gifts to the Alliance

Board members and employees shall not solicit or accept personal gratuities, gifts, favors, services, entertainment or any other things of value from any person or entity that furnishes items or services to the Alliance unless specifically permitted under Alliance Policies. Please see Alliance Policy 105-0015 – Conflict of Interest for specific guidance on acceptance of gifts by Alliance staff members.

Provision of Gifts by the Alliance

Employees may provide gifts, entertainment or meals of nominal value to the Alliance's current and prospective business partners and other persons when these activities have a legitimate business purpose, are reasonable, and are consistent with applicable law and Alliance policy. In addition to complying with statutory and regulatory requirements, it is important to avoid the appearance of impropriety when giving gifts to persons and entities that do business or are seeking to do business with the Alliance.

Third-Party Sponsored Events

The Alliance will not participate in any joint contractor, vendor, or third party sponsored event where the intent of the other participant is to improperly influence, or gain unfair advantage from, the Alliance or its operations. Employees' attendance at contractor, vendor or other third- party sponsored events, educational programs and workshops is generally permitted where there is a legitimate business purpose subject to prior approval by the

Department Manager or Director. To align with California Fair Political Practices Commission requirements, third party sponsorship of events or travel is not permitted, unless the meeting attendee is a speaker or honoree at the event. Additionally, employees will not participate in raffles at third party sponsored events.

Provision of Gifts to Government Agencies

Board members, employees, and contractors shall not offer or provide money, gifts or other things of value to any government entity or its representatives, except campaign contributions to elected officials in accordance with applicable campaign contribution laws.

PROTECTION OF ALLIANCE ASSETS

Board members, employees, and contractors shall strive to preserve and protect Alliance assets by making prudent and effective use of Alliance resources and properly and accurately reporting its financial condition.

Personal Use of Alliance Assets

The assets of the Alliance are not for personal use. Board members, employees, and contractors are prohibited from the unauthorized use or taking of Alliance equipment, supplies, materials or services.

Communications

All communication systems, electronic mail, internet access, or voicemail are the property of the Alliance. Employees should assume that the communications are not private. Board members, employees, and contractors shall adhere to the highest standards of professional conduct and personal courtesy in the type, tone, and content of all written, verbal and electronic communications and messages.

Electronic Mail and Social Media

Employees may not use internal communication channels or access to the internet at work to post, store, transmit, download, or distribute any information or material which is threatening, knowingly, recklessly, or maliciously false, obscene, or which constitutes or encourages criminal offenses, gives rise to civil liability or otherwise violates any laws or Alliance policies. The internal communication channels or access to the internet may not be used to send spam mail, or copyrighted documents that are not authorized for

reproduction. Board members, employees, and contractors must adhere to the Alliance's Code-of-Conduct and policy 640-0005 – Social Media Policy when using social media in reference to the Alliance.

DISCRIMINATION

The Alliance acknowledges that fair and equitable treatment of employees, members, providers, and other persons is fundamental to fulfilling its mission and goals.

No Discrimination

Board members, employees, and contractors shall not unlawfully discriminate on the basis of race, color, national origin, creed, ancestry, religion, language, age or perceived age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, family care leave status, veteran status, marital status, genetic information, pregnancy, political affiliation, or any other legally protected status. The Alliance is committed to providing a work environment free from discrimination and harassment based on any classification noted above.

PARTICIPATION STATUS

The Alliance requires that network providers have valid and current licenses, certificates, and/or registration, as applicable, and that employees, contractors, and members of the Alliance Board of Commissioners are able to participate in Federal and State-funded programs.

Participation Status

The Alliance has policies that ensure network providers, employees, contractors, and members of the Alliance Board of Commissioners are not currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal or State health care program.

Disclosure of Participation Status

Contractors shall disclose to the Alliance whether they are currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal and/or State health care program; if they have ever been excluded from participation in Federal and/or

State health care programs based on a Mandatory Exclusion; and/or have met the Alliance's Felony Conviction status requirements as set forth in Alliance policy, as applicable.

Delegated Third Party Administrator Review

The Alliance requires that its contractors review participating providers and suppliers for licensure and participation status as part of the delegated credentialing and recredentialing processes.

Licensure

The Alliance requires that all employees and contractors who are required to be licensed, credentialed, certified or registered in order to furnish items or services to the Alliance and its Members have valid and current licensure, credentials, certification or registration as applicable.

GOVERNMENT INQUIRIES

Employees shall notify the Alliance upon receipt of government inquiries and shall not destroy or alter documents in response to a government request for documents or information.

Notification of Government Inquiry

Employees are to notify the Government Relations Director immediately upon the receipt of a formal government inquiry for information regarding Alliance business practices.

No Destruction of Documents

Employees shall not conceal, destroy or alter Alliance information or documents in anticipation of, or in response to, a request for documents by any governmental agency or court.

Alliance Code of Conduct

COMPLIANCE PROGRAM REPORTING

Board members, employees, and contractors have a duty to comply with the Alliance Compliance Program. Compliance is a condition of appointment, employment, and/or engagement.

Seeking Guidance

Board members, employees, and contractors may seek additional guidance and clarity on any requirements outlined in this Code of Conduct by contacting the Alliance's Chief Compliance Officer, Compliance Director, or any Compliance Department staff.

Reporting Requirements

All Board members, employees, and contractors must report suspected violations of any statute, regulation, or guideline applicable to Federal and/or State health care programs or Alliance policies. Staff can be assured that they may report suspected and actual compliance or fraud issues or concerns without retaliation or retribution. Such reports may be made to a supervisor or manager, the Chief Compliance Officer, the Chief Administrative Officer, Human Resources Director, Compliance staff, or anonymously to the Confidential Disclosure Hotline.

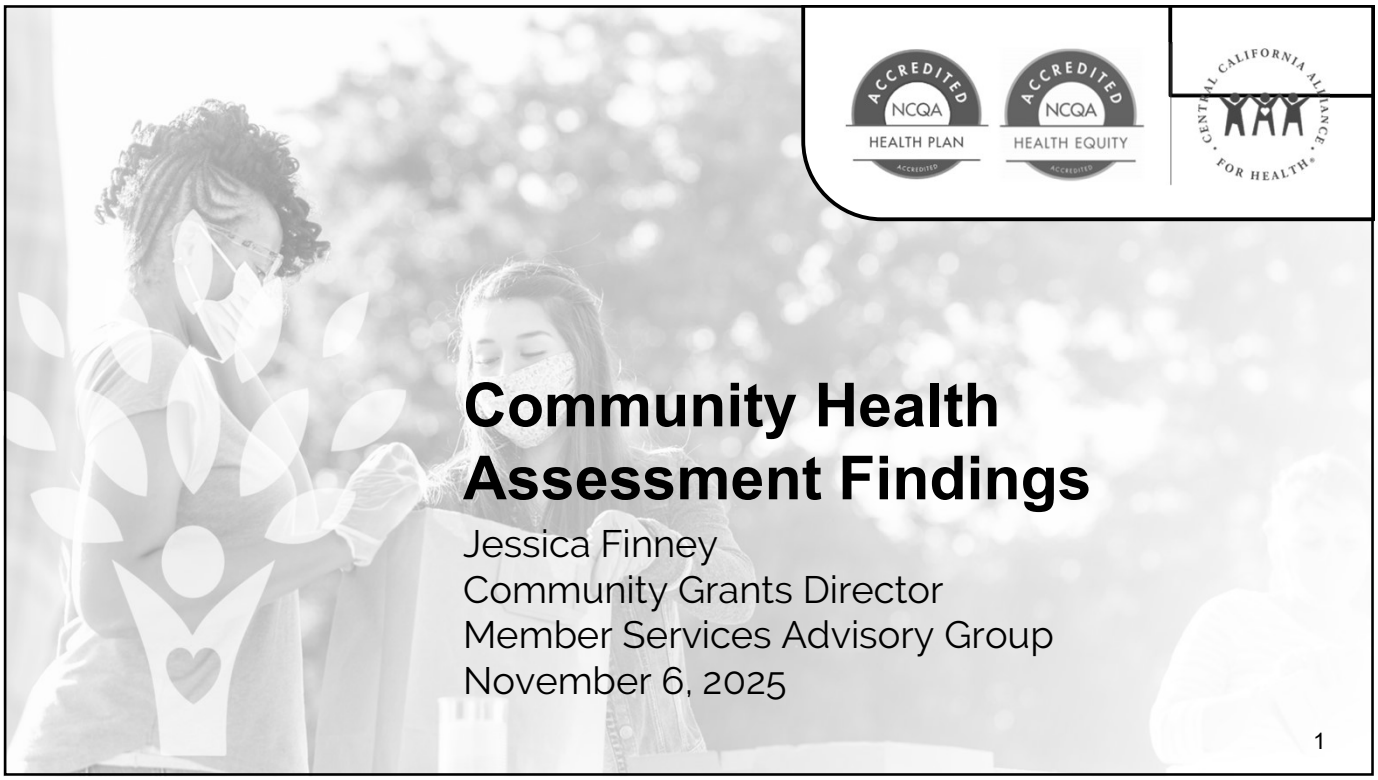
Employees can call the Alliance's toll-free Confidential Disclosure Hotline at **1-844-910-4228**, or use the Alliance Confidential Disclosure website: **https://ccah.ethicspoint.com**. Additional reporting information is located on the Compliance Intranet page.

Contractors may report compliance concerns by contacting their designated Alliance contact person, contacting Compliance Department staff directly, or through the Compliance Concern Report form on the Alliance's website.

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
	3/20/2018	Jenifer Mandella, Compliance Officer	Alliance Board
	12/18/2019		Alliance Board

	1/13/2021	Jenifer Mandella, Compliance Officer	Alliance Board
	3/23/2022	Jenifer Mandella, Compliance Officer	Alliance Board
	9/20/2023	Jenifer Mandella, Compliance Officer	Alliance Board
	8/31/2023, with changes effective 1/1/2024	Jenifer Mandella, Chief Compliance Officer	



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QUESTIONS FOR MSAG

- Do the top health issues identified in the CHAs align with what you observe in your community?
- What do you think are the most significant improvement opportunities in the areas below? Are there specific opportunities for the Alliance?

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BACKGROUND ON COMMUNITY HEALTH ASSESSMENTS

- Population Needs Assessment (PNA) is the mechanism that MCPs use to identify the priority needs of their local communities and members.
- MCPs meet this requirement by participating in CHAs/CHIPs conducted by local health departments.
  - **Community Health Needs Assessments (CHAs):** A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.
  - **Community Health Improvement Plans (CHIPs):** The action plan for how a community will use the data identified in the CHA to improve health outcomes**.**

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ALLIANCE PARTICIPATION IN CHA/CHIPs

Current Activities:

- CHA/CHIP collaborative participation in all five counties
- CHA/CHIP publications every 3 – 5 years
- Funding contributions ($150k per local health jurisdiction)
- Planning for data sharing
- Additional collaborative efforts include:
  - San Benito Family Resource Guide
  - Mariposa CHIP "Access to Health" and "Housing" workgroups

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HEALTH PRIORITIES **BY COUNTY**

Mariposa (2025 CHIP)	Merced (2024 CHIP)	Monterey (2025 CHIP)	San Benito (2024 CHIP)	Santa Cruz (2025 CHIP*)
1. Access to Care and Transportation 2. Housing 3. Child and Adolescent Health	1. Access to Health Care 2. Preventable Chronic Diseases: Heart Disease, Stroke, and Diabetes 3. Substance Use and Mental Health	1. Diabetes 2. Behavioral Health 3. Access to Health Care 4. Nutrition, Physical Activity and Healthy Weight 5. Health Equity Policies	1. Behavioral Health (Mental Health & Substance Use) 2. Support for Families with Young Children	1. Access to Health Care 2. Child and Adolescent Health 3. Housing Security/Burden 4. Mental Health & Mental Disorders

*Priorities identified, development of the plan is in progress

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CHA & CHIP PRIORITIES ACROSS SERVICE AREA

Top Health Issues (CHA)

1. Access to health care
2. Mental health and SUD
3. Housing security/burden
4. Nutrition, physical activity & weight

Top Priorities (CHIP)

1. Access to health care
2. Mental health & SUD
3. Child and adolescent health/family support
4. Chronic disease prevention
5. Housing

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QUESTIONS FOR MSAG

- Do the top health issues identified in the CHAs align with what you observe in your community?
  - Access to health care
  - Mental health and substance use disorder
  - Housing security/burden
  - Nutrition, physical activity, and weight
- What do you think are the most significant improvement opportunities in the areas below? Are there specific opportunities for the Alliance?
  - Access to health care
  - Mental health and substance use disorder
  - Child and adolescent health/family support
  - Chronic disease prevention
  - Housing

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Supplemental Material

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TOP HEALTH ISSUES **BY COUNTY**

Mariposa (2024 CHA)	**Merced (2023 CHA)**	**Monterey (2022 CHA)**	**San Benito (2024 CHA)**	**Santa Cruz (2024 CHA)**
• Access to Healthcare • Mental Health and Substance Use • Housing • Physical Activity/Access to Recreational Opportunities • Local Employment • Education • Connection to Needed Services	• Heart Disease and Stroke • Chronic Lung Disease • Diabetes • Drug and Alcohol Misuse • Sexually Transmitted Disease • Access to Care • Income, Education, and Employment • Healthy Foods and Physical Activity • Injury and Violence • Housing and Unhoused	• Diabetes • Mental Health • Access to Health Care Services • Nutrition, Physical Activity & Weight • Heart Disease & Stroke • Substance Use • Housing • Infant Health & Family Planning • Injury & Violence • Cancer • Potentially Disabling Conditions	• Mental Health Support • Substance Abuse/ Addiction • Housing • Local Employment • Access to Health Care • Education/ Literacy • Nutrition • Safety	• Access to Healthcare • Children/Adolescent Health • Housing Insecurity/Housing Burden • Mental Health & Mental Disorders • Substance Misuse/Drug Overdose • Alcohol Use • Immunizations & Infectious Diseases • Employment

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2026 MCGP Investment Plan

Jessica Finney
Community Grants Director
Member Services Advisory Group
November 6, 2025

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QUESTIONS FOR MSAG

- Looking at these emerging priorities, where do you see the greatest opportunity for the Alliance to make a meaningful difference?
- What investments should the Alliance consider to effectively address these priorities?

MCGP **ANNUAL INVESTMENT PLAN** OVERVIEW

- Annual Investment Plan serves as a roadmap for MCGP funding priorities and decisions.
  - Establishes grantmaking priorities for the year that are responsive to identified community needs.
  - Allocates funding across Board-directed strategies.
  - Incorporates learnings from previous year's investments to optimize impact.
- 2026 Investment Plan will be presented for Board approval in January 2026.
- New Community Reinvestment requirements will be incorporated into the existing MCGP Annual Investment Plan process to ensure alignment and streamlined administration.

2026 INVESTMENT PLAN **INPUTS**

- Environment Scan
  - County Community Needs Assessments and Community Health Improvement Plans
  - Alliance Strategic Priorities
  - DHCS Priorities
- Stakeholder Input
  - Community Leaders (2024 Stakeholder Interviews)
  - Member and Physician Advisory Groups
  - Internal Grants Review Committee
  - Board

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ALIGNMENT OF IDENTIFIED NEEDS WITH PRIORITIES

CRITICAL NEEDS	**CHIP Priority**	**Community Stakeholder Priority**	**MCGP Priority**	**Alliance Strategic Plan Priority**
Access to Care - Health Care Workforce - Culturally and Linguistically Competent Care	X	X	X	X
Mental Health and SUD	X	X	X	X
Child and Adolescent Health/Family Support	X	X	X	X
Community Engagement and Education		X	X	X
Housing Security/Affordable Housing	X	X	X	
Chronic Disease Prevention	X	X	X	

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IDENTIFYING GRANTMAKING PRIORITIES FOR 2026

- Access to Care
  - Workforce Development
  - Health Care System Infrastructure
  - Community Engagement through Community Health Workers
- Behavioral Health
  - Health Care System Infrastructure
  - Community Engagement & Education
- Child and Adolescent Health/Family Support
  - Parent Education and Support

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QUESTIONS FOR MSAG

- Looking at these emerging priorities, where do you see the greatest opportunity for the Alliance to make a meaningful difference?
  - Access to Care
    - Workforce Development
    - Health Care System Infrastructure
    - Community Engagement through Community Health Workers
  - Behavioral Health
    - Health Care System Infrastructure
    - Community Engagement & Education
  - Child and Adolescent Health/Family Support
    - Parent Education and Support
- What investments should the Alliance consider to effectively address these priorities?

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Supplemental Material

NEW **COMMUNITY REINVESTMENT REQUIREMENT**

- DHCS requirement for MCPs to contribute a minimum percentage of annual net income in the communities they serve.
  - Base Community Reinvestment (required minimum)
  - Quality Achievement Community Reinvestment (performance-based)
- First Community Reinvestment Plan due July 2026.
  - The Alliance will apply voluntary 2024 investments toward the CY 2024 obligation.

Provider Services

Network Development and Adequacy

Jessie Dybdahl, Provider Services Director

November 6, 2025

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Provider Services

AGENDA:

1. Feedback Requested
2. Keeping a Strong Network
3. Building a Strong Network
4. Feedback Requested

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FEEDBACK REQUESTED

- Are you able to access the providers you need and in a timely manner?
- What challenges have you had in finding or seeing a provider?
- Are there preventative care practices you would like the Alliance to consider using?
- What ideas do you have for improving communication, education, or the accuracy of the provider directory?

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KEEPING A STRONG NETWORK

- The Alliance's Provider Network team makes sure members can see trusted, qualified providers when needed.
  - Tracks provider availability and access to care across specialties and locations
  - Conducts availability calls quarterly to double-check that members get the access to care they need.
  - Ensures every provider goes through credentialing at least every three years
  - Regularly updates the provider directory

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BUILDING A STRONG NETWORK

- Moved behavioral health to the Alliance
- Work with doctors, credentialing staff, and community partners to fill gaps in high-demand and underserved areas.

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FEEDBACK REQUESTED

- Are you able to access the providers you need and in a timely manner?
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