

MEMBER SERVICES ADVISORY GROUP

Meeting Agenda

Thursday, August 11, 2022

10:00 – 11:30 a.m.



Teleconference Meeting

(Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021)

Important notice regarding COVID-19: In the interest of public health and safety due to the state of emergency caused by the spread of COVID-19, this meeting will be conducted via teleconference. The following alternatives are available to members of the public to view this meeting and to provide comment to the Advisory Group.

1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows:

Microsoft Teams meeting

Join on your computer or mobile app: [Click here to join the meeting](#)

Or call in (audio only): [+1 323-705-3950,239920465#](tel:+13237053950239920465) United States, Los Angeles
Phone Conference ID: 239 920 465#

2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the commission 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, August 10, 2022 to MSAG@ccah-alliance.org
 - 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 five 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 five minutes.



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

MEMBER SERVICES ADVISORY GROUP

Meeting Agenda

Thursday, August 11, 2022

10:00 – 11:30 a.m.



- 1. Call to Order by Chairperson Beleutz. 10:00 a.m.**
 - A. Roll call
 - B. Establish quorum
 - C. Supplements and deletions to the agenda

- 2. Oral Communications. 10:05 a.m.**
 - A. Members of the public and may address the Advisory Group on items not listed on today's agenda, up to a maximum of 5 minutes per person, with oral communications time not to exceed 20 minutes in total.
 - 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. Speakers are limited to five 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.

Consent Agenda Items: 10:10 a.m.

- 5. Approve Member Services Advisory Group minutes of August 12, 2021.**
- 6. Approve Member Services Advisory Group minutes of November 4, 2021.**
- 7. Approve Member Services Advisory Group minutes of May 11, 2022.**
- 8. Accept Plan Staff Reports:**
 - A. Current Enrollment
 - B. Current Call Statistics Report
 - C. Member Appeals and Grievance Report

Regular Agenda Items: 10:15 a.m.

- 9. Annual Election of Officers of the Advisory Group 10:15 – 10:20 a.m.**

Action: Board will nominate and elect Chairperson and Vice Chairperson.



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

MEMBER SERVICES ADVISORY GROUP

Meeting Agenda

Thursday, August 11, 2022

10:00 – 11:30 a.m.



10. Medi-Cal Capacity Grant Program

10:20 – 10:45 a.m.

Inform and Feedback: Jessica Finney, Grant Program Manager, will review proposed new Medi-Cal Capacity Grant Program goals and funding priorities and solicit feedback.

11. Population Needs Assessment

10:45 – 11:05 a.m.

Inform and Feedback: Mao Moua, Quality and Health Programs Supervisor, will provide an overview of the annual Population Needs Assessment and solicit feedback.

12. Adjourn

The next meeting of the Member Services Advisory Group, after this August 11, 2022 meeting:

- Santa Cruz – Monterey – Merced
Thursday, November 10, 2022 10 – 11:30 a.m.
Locations: Videoconference from Alliance Offices in Scotts Valley, Salinas, and Merced

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/tag/msag/>. The Committee 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@ccah-alliance.org or 800-700-3874. Committee meeting locations in Salinas and Merced are directly accessible by bus.



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

MEMBER SERVICES ADVISORY GROUP



Meeting Minutes

Thursday, August 12, 2021

Teleconference Meeting (Pursuant to Governor Newsom's Executive Order N-29-20)

Members Present:

Alene Smith	Consumer
Humberto Carrillo	Consumer
John Beleutz	Health Projects Center
Margaret O'Shea	Consumer
Michael Molesky	Commissioner

Members Absent:

Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Candi Walker	Consumer
Celeste Armijo	Monterey Department Social Services
Debby Perez	Consumer
Doris Drost	Consumer
Elsa Quezada	Commissioner
Enid Donato	Natividad Medical Center
Ericka Peterson	Merced County Head Start
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Chavez	Consumer
Martha Rubbo	Consumer
Myisha Reed	First 5 Merced County
Rebekah Capron	Merced HSA
Rex Resa	Consumer
Shebreh Kalantari-Johnson	Commissioner
Sylvia Wilson	Monterey County – CalHeers
Tamara McKee	HICAP – Alliance on Aging
Vivian Pittman	Consumer

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Staff Present:

Jennifer Mockus
Kayla Zolinski
Lee Xiong
Maureen Wolff
Ronita Margain
Sky Collins
Yomayra Gomez

Community Care Coordination Director
Administrative Specialist
Grievance Supervisor
Communications Content Specialist
Regional Operations Director
Web and Digital Media Developer
Member Services Project Specialist

1. Call to Order by Chairperson Beleutz.

Chair Beleutz called the meeting to order at 10:04 a.m.

No changes to the agenda were made.

Self-introductions were made.

2. Oral Communications.

Chair Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

M. O'Shea inquired about the CommonSpirit contract renewal. R. Margain stated an agreement was reached and Provider Services will follow-up for additional questions.

3. Comments and Announcements by Member Services Advisory Group Members.

Chair Beleutz opened the floor for Advisory Group members and Plan Staff to make comments.

M. Molesky proposed mandates for dual eligible members and the SWOT survey presented at the Board meeting as topics for the next Member Services Advisory Group meeting.

R. Margain announced Luis Somoza is the new Alliance Member Services Director.

Consent Agenda Items:**4. Chair Beleutz opened the floor for approval of the Consent Agenda.**

Action: All consent items approved.

Regular Agenda Items:**5. New Website User Feedback**

Sky Collins, Web and Digital Media Developer, shared the Alliance's new website address,

design, and features.

Advisory Group members expressed the new website address and design are more user friendly than before.

6. Enhanced Care Management and In Lieu of Services Overview

Jennifer Mockus, Community Care Coordination Director, provided an overview of Enhanced Care Management.

- Collaboration with local providers and organizations will begin soon and will expand to include more community-based organizations and hospitals by the end of the year.
- The state provided strict eligibility criteria and the Alliance will identify the members.

Jennifer Mockus provided an overview of In Lieu of Services.

- The initial ILOS services to be implemented will be based on services currently being provided through the Whole Person Care pilot: housing transition and navigation services, housing deposits, and housing tenancy and sustaining services. Sobering centers will be available in Monterey County.
- Medically tailored meals will continue to be available for members.
- The Alliance Board approved a recuperative care pilot which will be available to members, although not as an in lieu of services program.

An Advisory Group member inquired about dental coverage for Medi-Cal/Medi-Care members. J. Mockus stated the State of California recognizes this as an issue and is evaluating potential changes.

Adjourn:

Chair Beleutz adjourned the meeting of August 12, 2021 at 10:56 a.m. to November 4, 2021 at 10 a.m. via teleconference unless otherwise noticed.

Respectfully submitted,
Kayla Zolinski
Administrative Specialist

MEMBER SERVICES ADVISORY GROUP



Meeting Minutes

Thursday, November 4, 2021

Teleconference Meeting (Pursuant to Governor Newsom's Executive Order N-29-20)

Members Present:

Humberto Carrillo	Consumer
John Beleutz	Health Projects Center
Margaret O'Shea	Consumer
Rebekah Capron	Merced HSA
Celeste Armijo	Monterey Department Social Services
Enid Donato	Natividad Medical Center
Tamara McKee	HICAP – Alliance on Aging

Members Absent:

Alene Smith	Consumer
Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Candi Walker	Consumer
Debby Perez	Consumer
Doris Drost	Consumer
Elsa Quezada	Commissioner
Ericka Peterson	Merced County Head Start
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Chavez	Consumer
Martha Rubbo	Consumer
Michael Molesky	Commissioner
Myisha Reed	First 5 Merced County
Rex Resa	Consumer
Sylvia Wilson	Monterey County – CalHeers
Vivian Pittman	Consumer

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Staff Present:

Deborah Pineda
Kayla Zoliniak
Jessie Newton
Luis Somoza
Maureen Wolff
Oscar Sanchez
Ronita Margain
Yomayra Gomez

Quality and Health Programs Manager
Administrative Specialist
Care Coordination Manager
Member Services Director
Communications Content Specialist
Quality Improvement Project Specialist
Regional Operations Director
Member Services Project Specialist

1. Call to Order by Chairperson Beleutz.

Chair Beleutz called the meeting to order at 10:05 a.m.

No changes to the agenda were made.

Self-introductions were made.

2. Oral Communications.

Chair Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

Chari Beleutz announced Health Projects Center is relaunching California Community Transitions Program to assist individuals in Santa Cruz, Monterey, and San Benito counties transition from skilled nursing facilities to home.

3. Comments and Announcements by Member Services Advisory Group Members.

Chair Beleutz opened the floor for Advisory Group members and Plan Staff to make comments.

R. Margain announced Van Wong will be the new Alliance Chief Operating Officer.

Consent Agenda Items:**4. Chair Beleutz opened the floor for approval of the Consent Agenda.**

Action: Quorum was not met and no was action taken.

Advisory Group member inquired about a further breakdown of the "Other" category in the Member Appeals and Grievance Report. L. Somoza will look into a further breakdown of the category.

Advisory Group member inquired about Member Appeals and Grievance Report and Call Statistics Report trends and corrective actions taken by the Alliance. L. Somoza will look into this information.

Regular Agenda Items:**5. VIP COVID-19 Vaccine Member Incentive**

O. Sanchez, Quality Improvement Project Specialist, shared information about the Alliance's COVID-19 vaccine member incentive.

Advisory Group members recommended publishing list of participating providers, mailers to members, and partnering with community-based organizations to disseminate flyers.

6. Office Reopening

R. Margain, Regional Operations Director, shared the Alliance offices are scheduled to reopen February 1, 2022. The next Member Services Advisory Group meeting is scheduled to be held in person. Details will be announced when available.

7. Member Engagement Efforts Discussion

L. Somoza, Member Services Director and R. Margain, Regional Operations Director, shared the Alliance is returning to in-person member engagement and inquired what member engagement meant to Advisory Group members.

Advisory Group members recommended the Alliance continue attending in-person outreach events and to meet members where they are such as schools, faith-based organizations, and sport events

8. Proposed Dates for 2022

The proposed dates for 2022 will be submitted to the Santa Cruz-Monterey-Merced Managed Medical Care Commission for approval.

- Thursday, February 10, 2022
- Thursday, May 12, 2022
- Thursday, August 11, 2022
- Thursday, November 10, 2022

Adjourn:

Chair Beleutz adjourned the meeting of November 4, 2021 at 10:47 a.m. to February 10, 2022 at 10 a.m. via videoconference from Alliance Offices in Scotts Valley, Salinas, and Merced unless otherwise noticed.

Respectfully submitted,
Kayla Zolinski
Administrative Specialist

MEMBER SERVICES ADVISORY GROUP



Meeting Minutes

Thursday, May 12, 2022

Members Present:

John Beleutz

Health Projects Center

Members Absent:

Alene Smith

Consumer

Alexandra Heidelbach

Consumer

Ashley Lynne Gregory

Consumer

Candi Walker

Consumer

Debby Perez

Consumer

Doris Drost

Consumer

Ericka Peterson

Merced County Head Start

Humberto Carrillo

Consumer

Leo Demushkane

Consumer

Linda Jenkins

Consumer

Lupe Chavez

Consumer

Margaret O'Shea

Consumer

Martha Rubbo

Consumer

Michael Molesky

Commissioner

Rebekah Capron

Merced HSA

Sylvia Wilson

Monterey County – CalHeers

Tamara McKee

HICAP – Alliance on Aging

Vivian Pittman

Consumer

Staff Present:

Gisela Taboada

Member Services Call Center Manager

Hilary Gillette-Walch, RN

Quality and Population Health Manage

Jessie Newton, RN

Continuum of Health Manager - Adult (RN)

Kayla Zoliniak

Administrative Specialist

Luis Somoza

Member Services Director

Maureen Wolff

Communications Content Specialist

Sarah Sanders

Grievance and Quality Manager

Veronica Martinez

Member Services Operations Supervisor

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1. Call to Order by Chairperson Beleutz.

Chair Beleutz called the meeting to order at 10 a.m.

No changes to the agenda were made.

Self-introductions were made.

2. Oral Communications.

Chair Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

3. Comments and Announcements by Member Services Advisory Group Members.

Chair Beleutz opened the floor for Advisory Group members to make comments.

4. Comments and Announcements by Plan Staff.

Chair Beleutz opened the floor for Plan Staff to make comments.

H. Gillette-Walch announced the Alliance is preparing the 2022 Population Health Needs Assessment. Preliminary findings will be presented at the August 2022 MSAG meeting. The 2020 and 2021 reports are available on the Alliance website under community resources. The Alliance will be working with a wide range of stakeholders to develop the next report which will be published in 2025.

Consent Agenda Items:**5. Chair Beleutz opened the floor for approval of the Consent Agenda.**

Action: Quorum was not met and no was action taken.

Regular Agenda Items:**6. Annual Election of Officers of the Advisory Group**

Action: Quorum was not met and no was action taken.

7. Member Support Updates

Gisela Taboada, Member Services Call Center Manager, provided an overview of and solicited feedback on the types of support provided by Member Services.

Call center staff are sharing benefit information with members who call, regardless of the original purpose of calling the Alliance.

Members receive the call center phone number in their new member packet, on their Alliance ID card, and through materials provided at outreach events.

The Alliance is developing a post-call satisfaction survey. There will be a numerical response

question and a voice memo option. Advisory Group chairperson enquired about how the information will be analyzed and shared. Reports will be developed based on the numerical response question.

Commissioner Edgcomb enquired about the ability to send text messages to members. The Alliance has considered text messaging, however there are limitations including federal laws and detail of information received from the state.

8. Member Grievance Overview

Sarah Sanders, Grievance and Quality Manager, provided an overview of the member grievance system, trends, and issues.

An estimated 20% of appeals and 80% of grievances are overturned in favor of members.

Commissioner Edgcomb enquired about the actions the Alliance takes to address the high number of grievances overturned in favor of members. Many of the grievances are not substantiated. The Alliance provides education to members as needed, for example, a member may be dissatisfied with Call the Car arriving 15 minutes before the appointment time and the Alliance would educate the member that Call the Car may arrive up to 15 minutes early.

The Alliance provides an estimated 12,000 rides per month and fewer than 1% result in a grievance.

9. Redetermination Tactics

Luis Somoza, Member Services Director, provided an overview of and solicited feedback on redetermination tactics. The Alliance is exploring potential agreements with the county to implement a text messaging campaign that would be allowed under federal law to inform members of the redetermination process.

Adjourn:

Chair Beleutz adjourned the meeting of May 12, 2022 at 10:55 a.m. to August 11, 2022 at 10 a.m. via videoconference from all three Alliance offices.

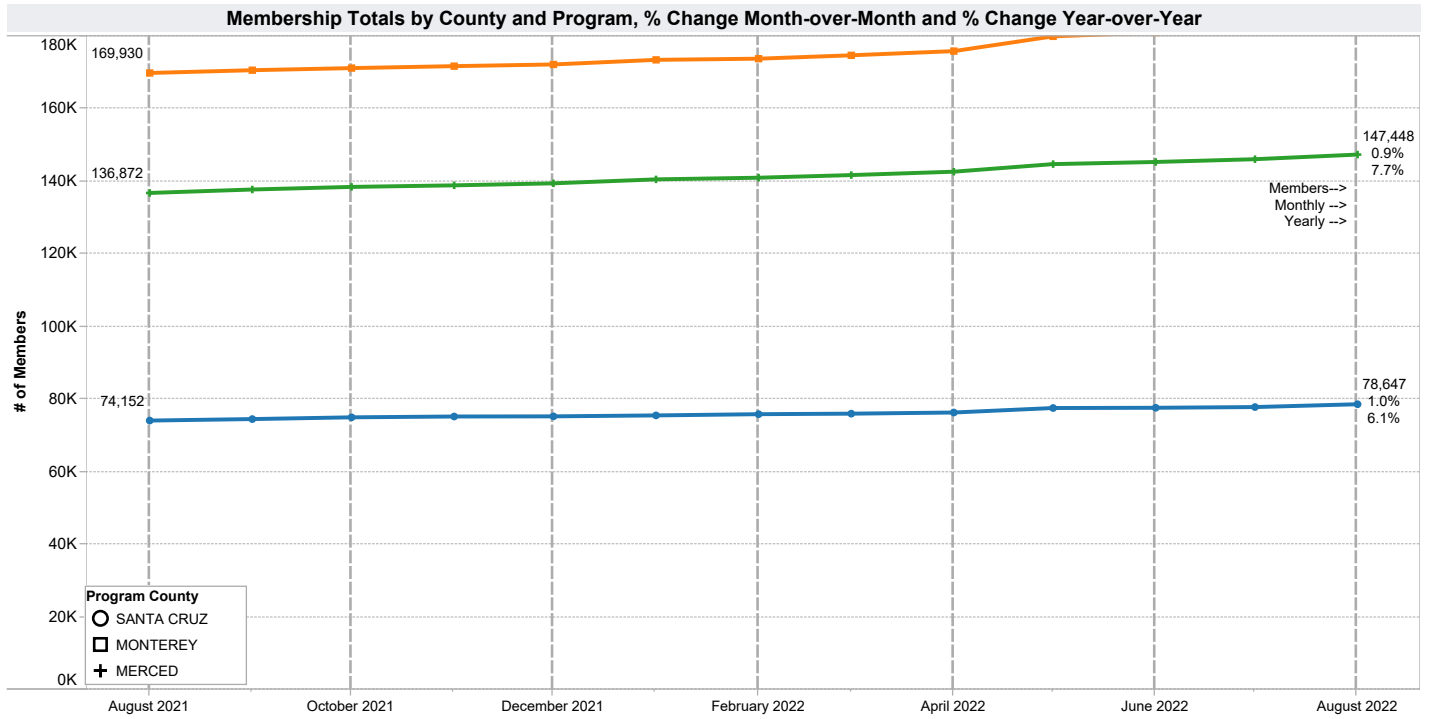
Respectfully submitted,
Kayla Zolinski
Administrative Specialist

Enrollment Report

Year: 2017 & 2018 County: All Program: IHSS & Medi-Cal
Aid Cat Roll Up: All Data Refresh Date: 8/1/2022



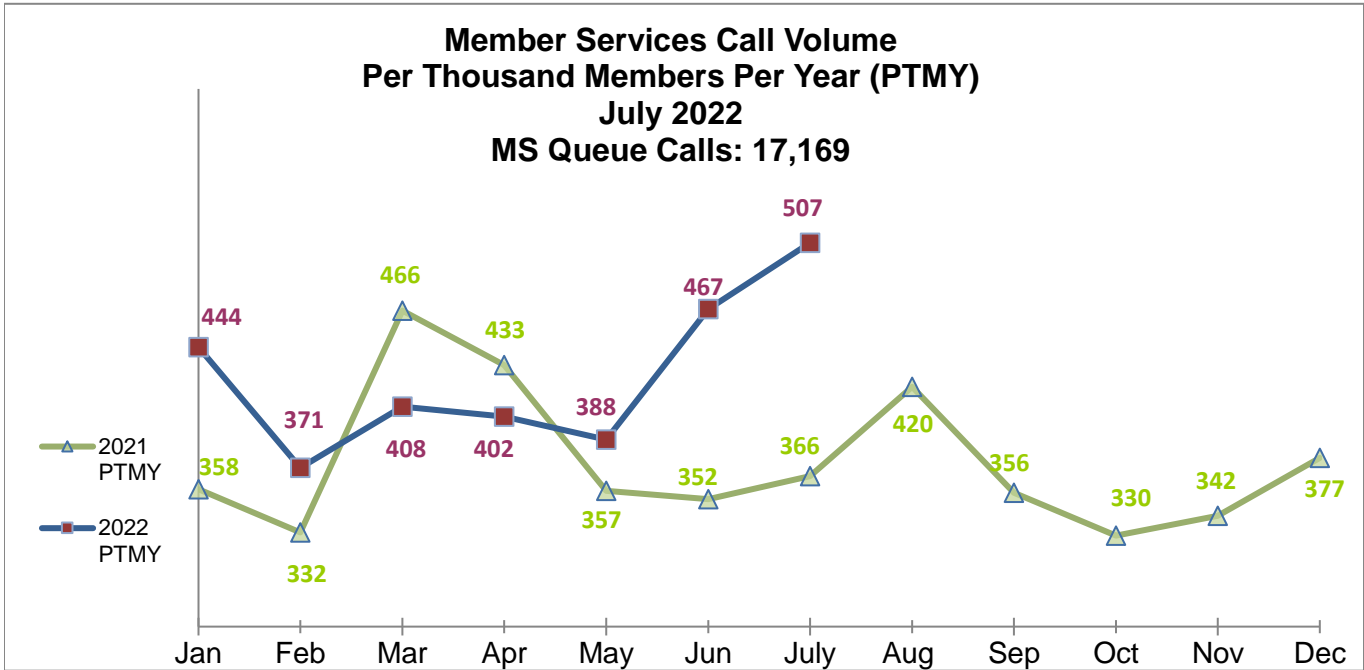
StaticDate
8/1/2021 12:00:00 AM to 8/31/2022 11:59:59 PM



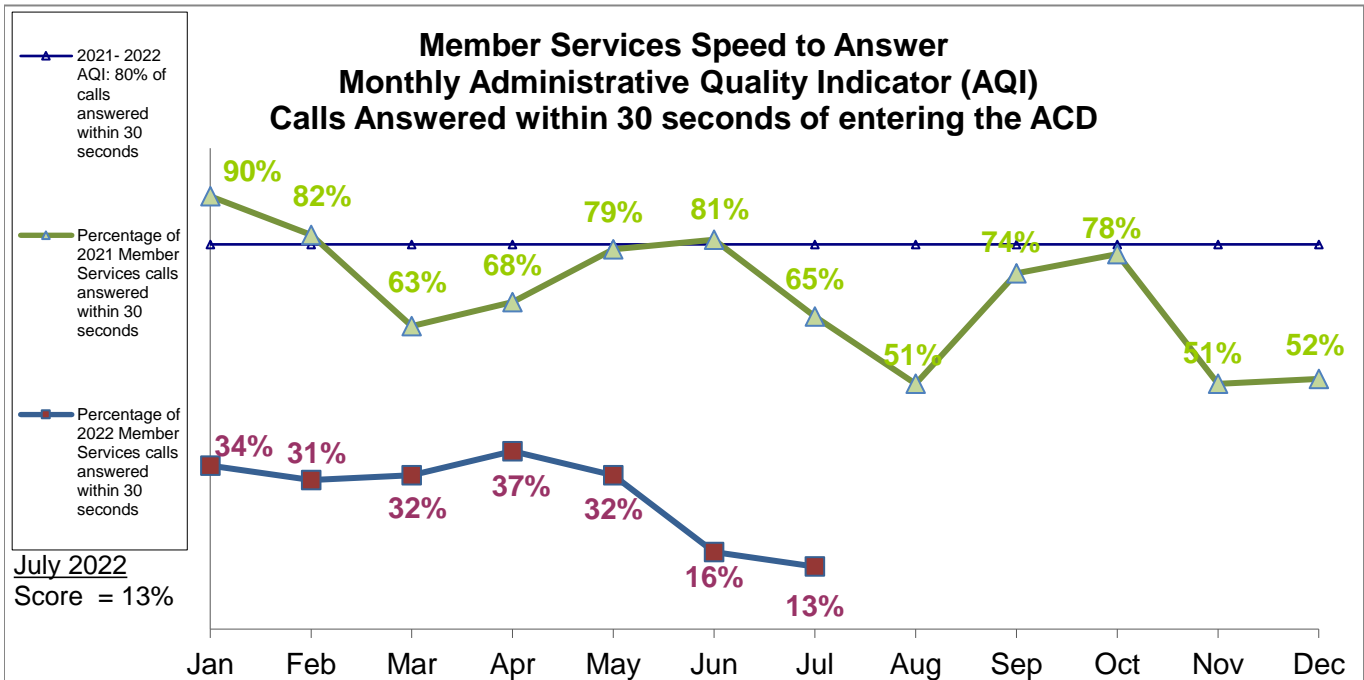
Program..	ProgramCo..	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022
Medi-Cal	SANTA CRUZ	74,152	74,562	75,043	75,271	75,310	75,571	75,908	76,054	76,369	77,608	77,678	77,872	78,647
	MONTEREY	169,421	170,178	170,759	171,297	171,760	173,035	173,357	174,208	175,328	179,370	180,435	181,543	182,714
	MERCED	136,872	137,820	138,536	138,967	139,522	140,614	141,070	141,795	142,727	144,818	145,405	146,170	147,448
IHSS	MONTEREY	509	516	513	515	517	511	511	589	624	650	657	654	661
Total Members		380,954	383,076	384,851	386,050	387,109	389,731	390,846	392,646	395,048	402,446	404,175	406,239	409,470



Central California Alliance for Health Member Services Telephone Statistics - 2022/2021



	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Call Volume	10,921	10,206	14,388	13,459	11,188	11,052	11,546	13,318	11,348	10,547	10,995	12,151
Rate PTMY	358	332	466	433	357	352	366	420	356	330	342	377
Call Volume	14,408	12,066	13,326	13,246	13,029	15,738	17,169					
Rate PTMY	444	371	408	402	388	467	507					



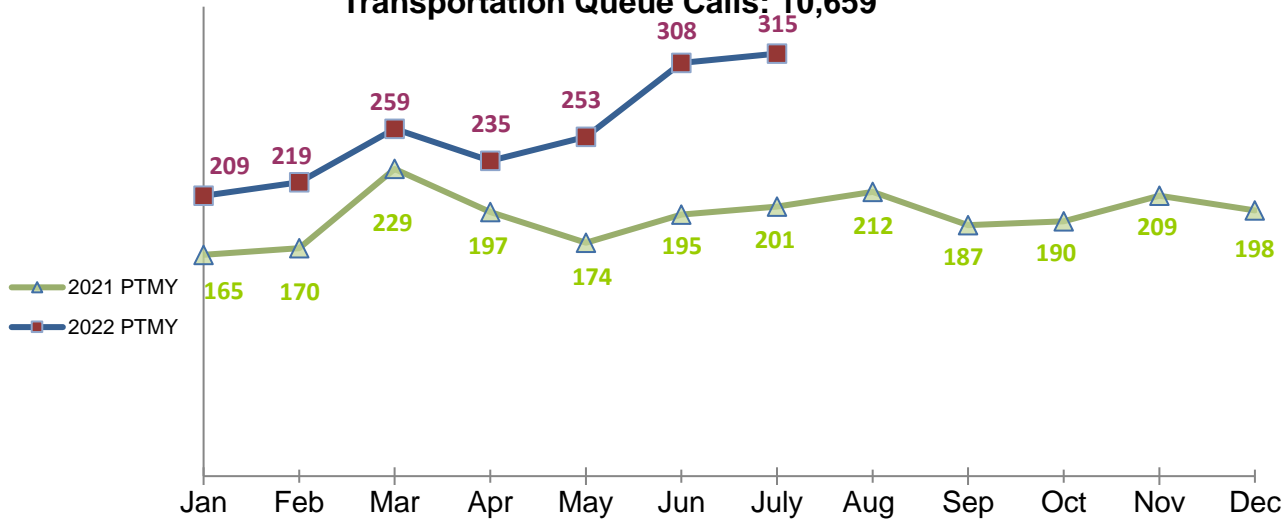
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AQI	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Actual 2021	90%	82%	63%	68%	79%	81%	65%	51%	74%	78%	51%	52%
Actual 2022	34%	31%	32%	37%	32%	16%	13%					



Central California Alliance for Health Member Services Telephone Statistics - 2022/2021

**Transportation Call Volume
Per Thousand Members Per Year (PTMY)
July 2022**

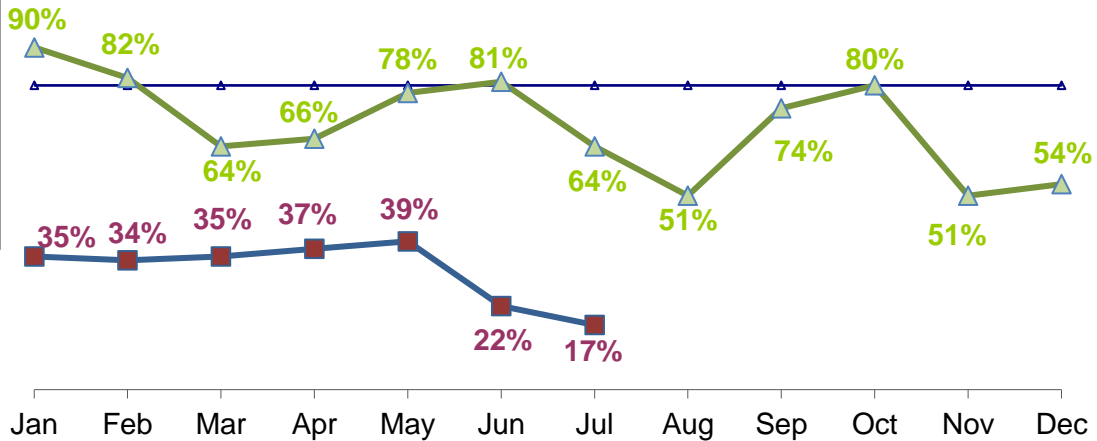
Transportation Queue Calls: 10,659



	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Call Volume	5,029	5,222	7,060	6,117	5,446	6,132	6,335	6,714	5,944	6,095	6,749	6,378
Rate PTMY	165	170	229	197	174	195	201	212	187	190	209	198
Call Volume	6,779	7,152	8,471	7,728	8,483	10,386	10,659					
Rate PTMY	209	219	259	235	253	308	315					

**Member Services Speed to Answer
Monthly Administrative Quality Indicator (AQI)
Calls Answered within 30 seconds of entering the ACD**

- 2021- 2022 AQI: 80% of calls answered within 30 seconds
- Percentage of 2021 Member Services calls answered within 30 seconds
- Percentage of 2022 Member Services calls answered within 30 seconds



July 2022
Score = 17%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AQI	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Actual 2021	90%	82%	64%	66%	78%	81%	64%	51%	74%	80%	51%	54%
Actual 2022	35%	34%	35%	37%	39%	22%	17%					



Q1 2022 Appeals and Grievances: 496

Appeals: 11% [77% in favor of Plan; 23% in favor of Member]
Exempt: 4%
Grievances: 78%
Other: 7% [Inquiries, Duplicates, Withdrawn]

Category Figures
 Transportation: 32%
 Quality of Care: 19%
 Billing: 10%
 Provider/Staff Attitude: 5%
 Provider Availability: 4%
 Authorization: 2%
 Other: 28%

Analysis and Trends

- ❖ A high percentage of grievances involved transportation issues for late, missed rides and quality of service issues.
- ❖ No other significant trends noted for grievances in Q1 2022.

Highest Grievances Filed by County

1. Merced: 40%
2. Monterey: 35%
3. Santa Cruz: 25%

Behavioral Health Beacon Grievances:

- ❖ Member Grievances: 20

IHSS Summary:

- ❖ Member Grievances: 2

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.

Appeal and Grievance Rate PKPM

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
2021 Enrollment	367,138	369,438	371,533	373,656	376,321	377,793	379,441	380,928	383,057	384,843	386,026	387,091
A&G Issues	145	170	269	222	195	206	173	197	167	184	172	173
Rate PKPM*	0.39	0.46	0.72	0.59	0.52	0.55	0.46	0.52	0.44	0.48	0.45	0.44
2022 Enrollment	389,700	390,812	392,592									
A&G Issues	161	137	198									
Rate PKPM*	0.41	0.35	0.51									

*Grievances Per 1,000 Member Month

Medi-Cal Capacity Grant Program: New Funding Goals and Priorities

Member Services Advisory Group
Jessica Finney, Grant Program Manager
August 11, 2022

1

TOPICS

- MCGP Background
- Focus Area Discussion
 - Funding Need, Goals, Priorities
- Next Steps

2



2

MCGP **BACKGROUND**

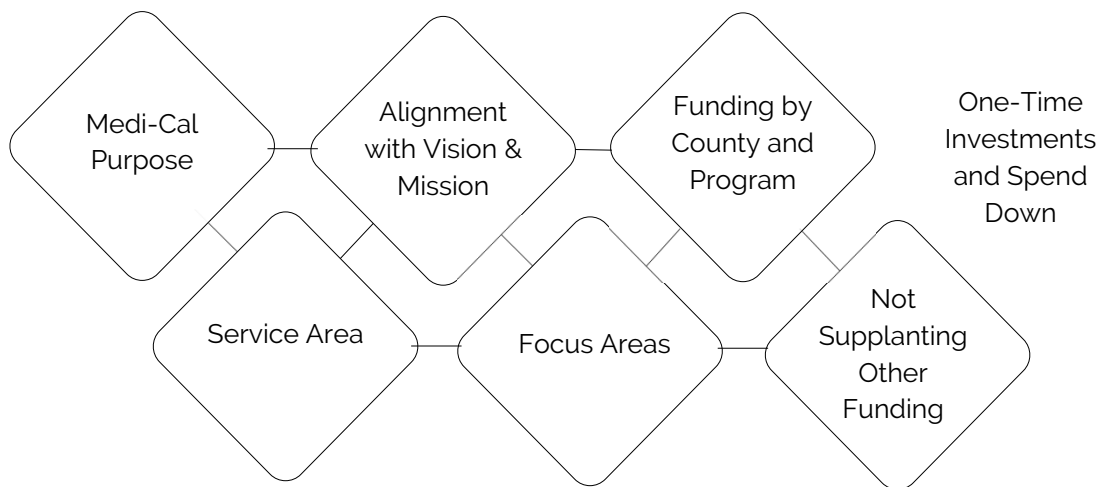
- Launched in July 2015.
- Investments to build Medi-Cal capacity in each county.
- Original focus on addressing post-ACA challenges:
 - 1) *Provider Capacity*; 2) *Behavioral Health/Substance Use Disorder*; and 3) *High Utilizer Support Resources*.
 - In 2018, added *Healthy Eating and Active Living*.
- Since 2015, the Alliance has awarded 565 grants totaling over \$128.6M to 138 organizations.



3

3

GRANT **PROGRAM FRAMEWORK**



4

4

REFINING OUR **GRANTMAKING STRATEGY**

- Environmental change since 2015 and new insights from strategic planning process.
- MCGP evolution to:
 1. Address unmet and emerging Medi-Cal needs & opportunities;
 2. Align with Alliance and State priorities;
 3. Increase investments upstream; and
 4. Direct resources outside of core health plan responsibilities.

5



5

NEW MCGP **FOCUS AREAS**



ACCESS TO CARE

Ensure members have access to high-quality, culturally competent care when, where and how they need it.

- Strengthen and expand provider workforce.
- Address other barriers to care.



HEALTHY BEGINNINGS

Positively impact the health and well-being of our youngest members (0-5) by ensuring families have the resources and support to thrive.

- Early childhood development services.
- Support resources for families.



HEALTHY COMMUNITIES

Ensure all members have access to what is needed to live their healthiest lives.

- Non-medical factors that impact health, including population specific interventions.
- Food, housing, safe places to play and be active.

6



6

CURRENT ACTIVITY: DEVELOP GOALS AND PRIORITIES FOR FUTURE GRANTMAKING

- 1. Ensure grant program is grounded in the Board's vision and identified priorities.
- 2. Increase effectiveness of grantmaking.
- 3. Enable program evaluation of the intended impact.
- 4. Support partnership by clearly articulating what the Alliance aims to achieve.



7

7

<p>Focus Area 1</p> <p>ACCESS TO CARE</p>	
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8

8

ACCESS TO CARE **FUNDING NEEDS**

Health care **workforce shortages** impact Medi-Cal members' access to timely health care services.

New provider types are being integrated in the Medi-Cal health care continuum.

The existing health care **workforce** is challenged to reflect the **diversity** of the Alliance's membership.

Organizations that serve the Medi-Cal population **need expanded capacity and infrastructure** to increase access to services.

9



9

ACCESS TO CARE **GOALS**

- A **robust health care workforce** that can deliver coordinated, person-centered care and the full array of Medi-Cal services.
- **Improved patient-provider communication and trusted relationships**, resulting from an expanded network of Medi-Cal providers who are linguistically and culturally responsive.
- Medi-Cal members are able to **access high-quality care** when, where and how they need it.



10



10

ACCESS TO CARE **PRIORITIES**

FUNDING PRIORITIES	FUNDING STRATEGIES IDEAS
<ul style="list-style-type: none"> • Address workforce shortages, infrastructure, and capacity gaps. • Increase the racial, ethnic, cultural, and linguistic diversity of the provider network to better reflect the Alliance's membership. • Improve the coordination, integration, and capacity of the behavioral health system. 	<p>Health Care Workforce</p> <ul style="list-style-type: none"> • Provider recruitment • Pipeline/career pathway programs • Training/certification programs for health professionals, including cultural humility and trauma informed care. <p>Health Care System Infrastructure</p> <ul style="list-style-type: none"> • Health care technology • BH/SUD treatment facilities • BH integrated within primary care and community settings

11

<p>Focus Area 2</p> <p>HEALTHY BEGINNINGS</p>	<p>12</p>
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12

HEALTHY BEGINNINGS FUNDING NEEDS

The **first five years** of life are critical to health and brain development.

Trauma and adverse childhood experiences can negatively impact health and development and **have effects on health, well-being lasting into adulthood.**

Barriers to preventative health care impact maternal, infant and child health.

Investing in early childhood development has **proven benefits for children, families and society.**

13



13

HEALTHY BEGINNINGS GOALS



- Families with a new child receive **timely prenatal and post-natal care** to ensure optimal physical and mental health for mothers and to promote healthy birth outcomes.
- **Children are healthy and thriving** by age 5.
- Children (prenatal through age 5) and their parents/caregivers have **access to preventative health care services and community resources** to support their families' health and well-being.
- Parents and caregivers have the knowledge, resources and support they need to provide **safe, nurturing environments for their children.**

14



14

HEALTHY BEGINNINGS PRIORITIES

FUNDING PRIORITIES	POTENTIAL FUNDING IDEAS
<ul style="list-style-type: none"> • Increase access and use of preventative health services and early childhood development interventions. • Provide parents with social support and education about child development and parenting. • Assist families in navigating and connecting to health and community resources that support child development and family well-being. • Promote systems change that allow families to fulfill aspirations for children's long-term health and economic opportunities. 	<p>Parent/Child Health & Wellness</p> <ul style="list-style-type: none"> • Home visiting programs • New parent support services • Children's savings accounts <p>Parent Education & Engagement</p> <ul style="list-style-type: none"> • Parenting education, support groups and resources • Parent engagement, leadership and promotora programs <p>System Transformation</p> <ul style="list-style-type: none"> • Collaborative planning efforts to assess early childhood systems and identify gaps and solutions.

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<p>Focus Area 3</p> <p>HEALTHY COMMUNITIES</p>	<p style="text-align: right;">16</p>
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16

HEALTHY COMMUNITIES **FUNDING NEEDS**

Social, economic and environmental factors shape individual health and influence risk for chronic conditions.

Lack of access to healthy food, safe and stable housing, quality schools and safe places to exercise and play create barriers to health.

Differences in environmental factors and distribution of resources by geographic communities contribute to disparities in health risks and quality-of-life outcomes.

Medi-Cal members experience barriers that impede their ability to access services and manage their health.

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17

HEALTHY COMMUNITIES **GOALS**

- Medi-Cal members have access in their communities to what is needed to live their healthiest lives, support healthy options and reduce risk of chronic disease, including access to:
 - Fresh, affordable, healthy food.
 - Safe places to play and be active.
 - Permanent supportive housing for Medi-Cal members experiencing homelessness.
- Medi-Cal members have the knowledge and resources to effectively manage their health.
- Medi-Cal members are empowered to advocate for policy and systems changes that promote good health for themselves and their communities.



18



18

HEALTHY COMMUNITIES PRIORITIES

FUNDING PRIORITIES	POTENTIAL FUNDING IDEAS
<ul style="list-style-type: none"> • Focus on individuals, families and communities experiencing disparities in health. • Invest in drivers of individual and community health and well-being, such as nutritious food, supportive housing, and safe places to be active. • Engage trusted community-based organizations to promote available health care services and resources to reduce disparities. • Support community/youth leadership development and civic engagement efforts that transform infrastructure and promote wellness and health equity. 	<p>Social Drivers of Health</p> <ul style="list-style-type: none"> • School and community-based food and education programs • Food prescription programs • Infrastructure that supports physical activity, recreational and mindfulness activities • Medical-legal partnerships • Permanent supportive housing <p>Community Resources, Engagement & Empowerment</p> <ul style="list-style-type: none"> • CBOs promote health care service/resources and health literacy • School-based and community-based resource/wellness centers • Youth leadership development and civic engagement efforts focused on drivers of health

19

<p>DISCUSSION</p>	<p>20</p>
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20

MOVING FORWARD IN MCGP EVOLUTION

Recommendation to Board with new focus area goals.

Develop new funding opportunities that align with grantmaking strategy.

Explore opportunities for more equitable grantmaking and inclusion of member voice to inform investments.

Implement changes to administrative structure of MCGP.

21



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Thank you!

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22

2022 Population Needs Assessment (PNA) Findings

Hilary Gillette-Walch, RN, MPH | Quality and Population Health Manager
Mao Moua, MPA | Quality and Health Programs Supervisor
Member Services Advisory Group
08/11/2022

1

2022 Population Needs Assessment (PNA) Findings

OBJECTIVES/AGENDA:

1. Overview of Population Health Process
2. Share Key Report Findings
3. Review 2022-26 Strategic Plan and Next Steps

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Key Findings: 2021 Demographics

Total Population

- 2021 population is 346,693
- 4% increase since 2020

Age Groups

- Adults 18-64 (53%)
- Children 0-17 (46%)
- 65+ (1%)

Race/Ethnicity

- 69% Hispanic
- 14% White
- 9% Asian and Pacific Islander
- 2% Black
- 5% All Others

Preferred Spoken Language

- 54% English
- 44% Spanish
- 1% All Others

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COVID-19 Pandemic

- Impact on all aspects of the health care delivery system during 2021
 - 3rd most common Inpatient diagnosis and
 - 8th most common Emergency room diagnosis
- Fewer vaccines given in all counties
- Less well child visits, for example, a 10% drop in well child visits for toddlers

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4

HEDIS 2021 Results

Preventive Care: Pediatrics

- Infant well care rates remain below the minimum expected rate in all counties
- Infant and teen vaccinations continued to decline in 2021
- Well child and teen visits remain below the minimum expected rate in Merced

Preventive Care: Adults

- Breast and Cervical Cancer screening rates remain low in all counties
- Chlamydia Screening remain below the minimum expected rate in Merced

Chronic Conditions

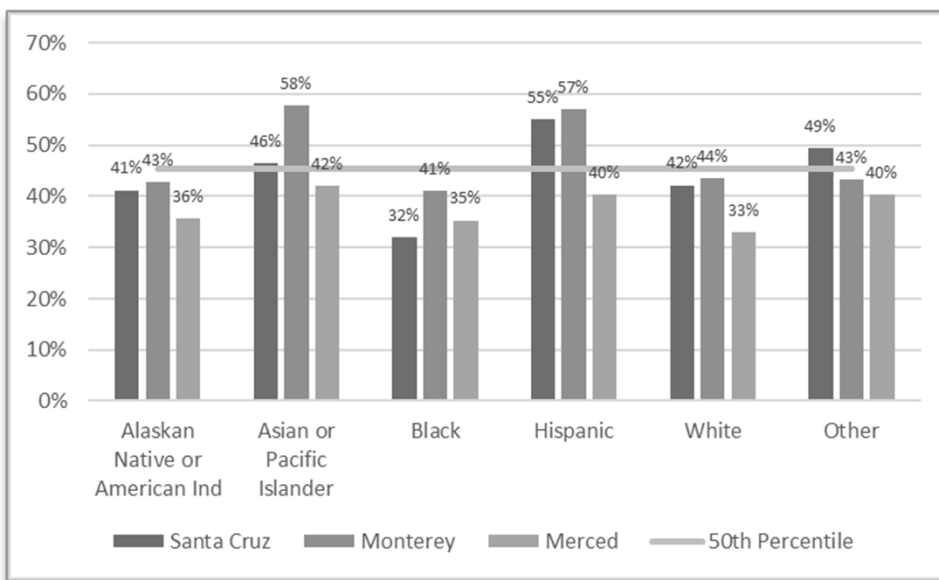
- Observed an increase in members with a healthy range of blood pressure among members with high blood pressure in Merced
- Improved HbA1c rate of members with diabetes in Santa Cruz-Monterey

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Child and Adolescent (3-21 years) Well-Care Visit Rates by Race/Ethnicity and County, 2021



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Prevalent Chronic Conditions

- **Obesity** (adults)
- **Adults needing help for behavioral health or alcohol/drug use**
- **Diabetes** (adults)
- **Asthma** (all ages)
- **Cardiovascular Disease** (adults)

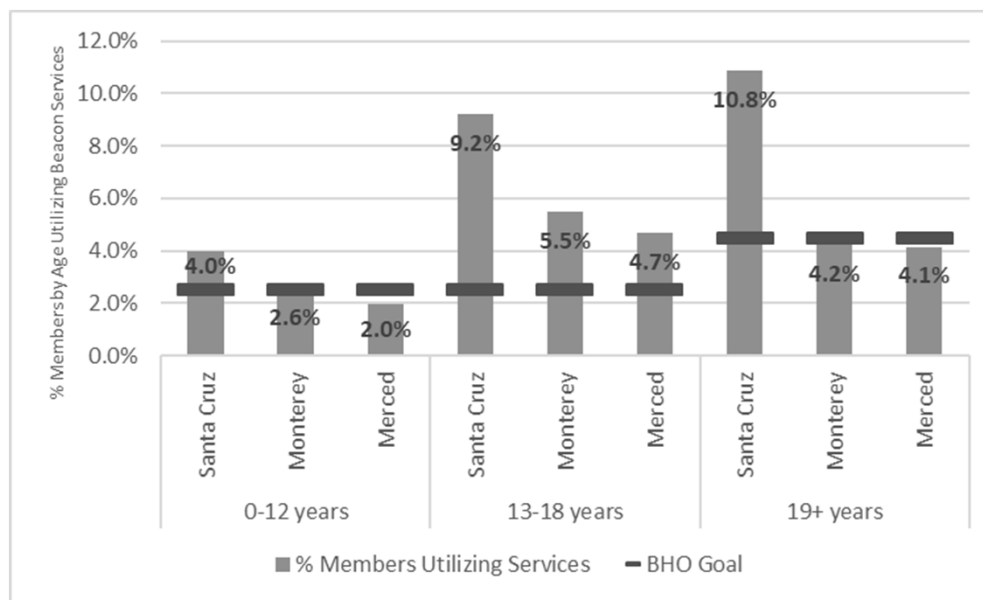
Source: California Health Interview Survey (CHIS) 2016-2020

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Percent of Population Utilizing Beacon Services by Age Group and County, 2021



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Top Ten Most Reported Social Determinants of Health Reported for All Members, 2021

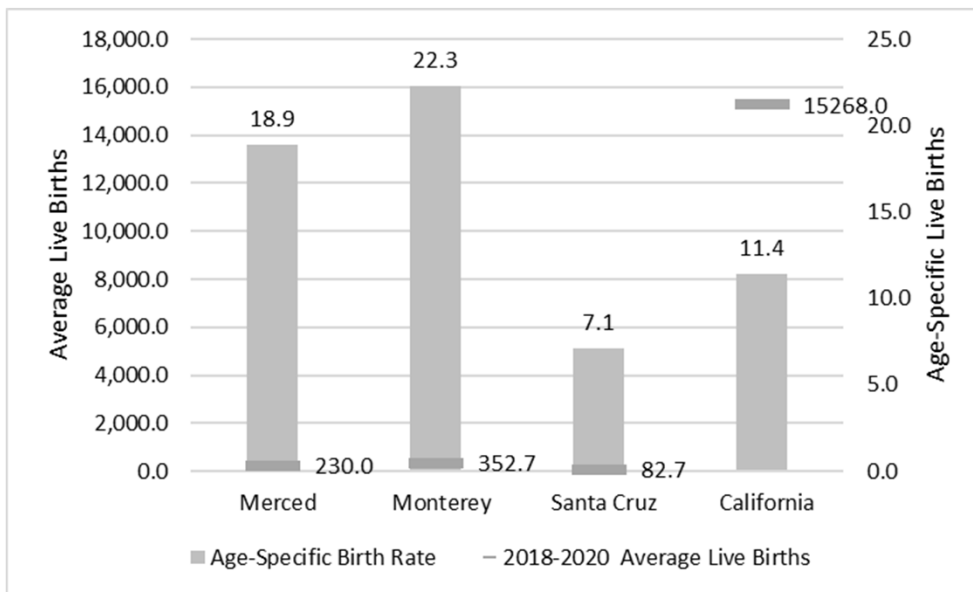
Description	Total
Homelessness unspecified	2,164
Problems related to unwanted pregnancy	1,493
Problems related to living alone	677
Other specified problems related to primary support group	594
Child in welfare custody (non-parental family member, foster care)	510
Unemployment, unspecified	503
Disappearance/death of family member	483
Other specified problems related to psychosocial circumstances	471
Problems related to education and literacy, unspecified	467
Problem related to unspecified psychosocial circumstances	343

9



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Births to Adolescent Mothers, 15-19 Year Old by County, Rate and Average, 2018-2020



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Leading Causes of Death (All Counties)

- All Cancers
- Coronary Heart Disease
- Accidents (Unintentional Injuries)
- Stroke
 - Other conditions that are in the top ten for all counties include: Alzheimer's Disease, Chronic Lower Respiratory Disease, Lung Cancer, and Prostrate Cancer

11



11

Key Findings: Access to Care

- Timely and equitable access to care
- Access to care for children
- Equitable access to mental health services

12



12

Key Findings: Cultural and Linguistic Services (N=158)



Language Assistance

- 29,742 telephonic interpreting services calls in 2021, a 3% (28,825) increase since 2020
- 36 members get an interpreter when needed during their doctor visit (decrease since 2021)
- Monitoring various indigenous languages within our service areas



Health Literacy

- Members continue to express their reading level is below 6th grade
- 718 translations services in 2021 (increase since 2020)
- 110 members shared that the materials they received provide information that is easy to understand (decrease since 2021)



Common Concerns

- 110 members never called the Alliance Nurse Advice Line
- 75 members were not familiar with the Alliance transportation benefit
- 118 members have never heard about the Alliance's Health and Wellness Rewards Program
- Members not aware of the BEACON services

13



13

Key Findings: Health Education & Quality Improvement (N=158)



Social Determinants of Health (SDoH)

- Oral health: had not seen a dentist within seven months to a year and/or a dentist for more than two years
- Transportation: needed more information on transportation to get to doctor visits, pharmacy, and other services



Access to Care

- How to ask a question related to the health plan and how to choose a doctor
- How to ask for transportation to get to doctor visits, pharmacy, and other services
- How to get an appointment with a specialist
- Who to call at night when sick
- How to handle a chronic condition



Common Concerns

- Need assistance with making appointments to specialists and PCPs
- Need a quick reference phone guide with phone numbers to connect with someone
- Lack of dental coverage and needing assistance with finding a dentist

14



14

2022 INITIAL STEPS TO MOVE FORWARD WITH OUR GOALS

Eliminate health disparities and achieve optimal health outcomes for children and youth.

Goal 1:
Understand opportunities to resolve root cause disparities in pediatric health.

Increase member access to culturally and linguistically appropriate health care.

Goal 2:
Enhance member engagement to gain insights aimed at improving programs, policies and practices.

Improve behavioral health services and systems to be person-centered and equitable.

Goal 3:
Understand gaps and opportunities to improve the behavioral health system.

Improve the system of care for members with complex medical and social needs.

Goal 4:
Improve the model of care for members experiencing homelessness, SMI/SUD and/or who are high utilizers.

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Next Steps

- Start the work on Pediatric Health Disparities Initiative
 - Develop work plan for Merced County assessment
- Explore how to improve member messaging about Alliance services and benefits
- Share planned activities through our quarterly member newsletters.

16



16

Questions?

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17