Santa Cruz – Monterey –Merced – San Benito – Mariposa Managed Medical Care Commission

The meeting and the Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission is held in accordance with the requirements of the Ralph M. Brown Act.

Meeting Agenda

Wednesday, September 23, 2026

3:00 p.m. – 5:00 p.m.

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

1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows.
    a. Computer, tablet or smartphone via Microsoft Teams:
        i. Click here to join the meeting
        ii. Meeting ID: 266 026 928 467 22
        iii. Enter your name if promoted (optional)
        iv. You may join as a guest without a Teams account
    b. Or by telephone at:
    United States: +1 872-242-9041
    Phone Conference ID: 133 133 054#

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 Monday, September 21, 2026, to the Clerk of the Board at clerkoftheboard@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, from an Alliance County office, during the Oral Communications section of the meeting for items not listed on the agenda or during the meeting when that item is announced.
   i. State your name and organization prior to providing comments.
   ii. Comments are limited to three minutes.

c. Via telephone by dialing:
   i. United States: +1 872-242-9041
   ii. Phone Conference ID: 133 133 054#
   iii. Press *5 to raise your hand.
   iv. The Clerk will call on you by using the last four digits of your phone number.
   v. Press *6 to unmute your line.
   vi. Comments are limited to three minutes.
   vii. Press *5 again to lower your hand when you are done speaking.

d. Via Microsoft Teams:
   i. Click here to join the meeting
   ii. Meeting ID: 266 026 928 467 22
   iii. Enter your name if prompted. Please identify yourself however you wish to be addressed as this appears online and is how we notify you when it is your turn to speak.
   iv. When the Board Chair calls for the item on which you wish to speak, select the "raise hand" icon in the meeting controls
   v. The Clerk will activate and unmute speakers in turn. Speakers will be notified shortly before they are called to speak.
   vi. Comments are limited to three minutes.
   vii. Select the "raise hand" icon again to lower your hand when you are done speaking.

1. Call to Order by Chairperson Pedrozo. 3:00 p.m.

A. Roll call; establish quorum
B. Supplements and deletions to the agenda.

2. Oral Communications. 3:05 p.m.

A. Members of the public may address the Commission on items not listed on today's agenda that are within the jurisdiction of the Commission. Presentations must not exceed three minutes in length, and any individuals may speak only once during Oral Communications.
B. If any member of the public wishes to address the Commission on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to three minutes per item.

3. Comments and announcements by Commission members.

A. Board members may provide comments and announcements.

4. Comments and announcements by Chief Executive Officer.

A. The Chief Executive Officer (CEO) may provide comments and announcements.

Consent Agenda Items: (5.– 9A.): 3:15 p.m.

5. Accept Chief Executive Officer (CEO) Report.

- Reference materials: Chief Executive Officer (CEO) Report — Pages 5-1 to 5-13

6. **Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the seventh month ending July 31, 2026.**

- Reference materials:
  - Staff report on above topic
  - Financial statements as above

Pages 6-1 to 6-14

Minutes: (7A. – 7F.):

7A. **Approve Commission regular Meeting Minutes of August 26, 2026.**

- Reference materials: Minutes as above.

Pages 7A-1 to 7A-8

7B. **Accept Compliance Committee Meeting Minutes of August 5, 2026.**

- Reference materials: Minutes as above.

Pages 7B-1 to 7B-3

7C. **Accept Finance Committee Meeting Minutes of June 24, 2026.**

- Reference materials: Minutes as above.

Pages 7C-1 to 7C-3

7D. **Accept Member Services Advisory Group (MSAG) Meeting Minutes of May 14, 2026.**

- Reference materials: Minutes as above.

Pages 7D-1 to 7D-4

7E. **Accept Member Services Advisory Group (MSAG) Selection Meeting Minutes of February 12, 2026.**

- Reference materials: Minutes as above.

Pages 7E-1 to 7E-2

7F. **Accept Whole Child Model Family Advisory Committee (WCMFAC) Meeting Minutes of April 27, 2026.**

- Reference materials: Minutes as above.

Pages 7F-1 to 7F-3

Appointments: (8A. – 8B.)

8A. **Approve the appointment of James Sanders to the Member Services Advisory Group (MSAG).**

- Reference materials: Staff report and recommendation on above topic.

Page 8A-1

8B. **Approve the reappointments of Alu Ceballos, Frances Wong, Jamie Berry, and Stephanie Auld to the Member Services Advisory Group (MSAG).**

- Reference materials: Staff report and recommendation on above topic.

Page 8B-1

Reports: (9A.)

9A. **Approve the proposed 2027 schedule of Alliance Board Meetings, Board Committee and Advisory Group meetings.**

- Reference materials: Staff report and recommendation on above topic.

Pages 9A-1 to 9A-3

Regular Agenda Items: (10. – 13.): 3:20 p.m. – 5:00 p.m.

10. Measure E, the County of Santa Cruz Supplemental Sales and Use Tax. (3:20 – 3:35 p.m.)

A. Mr. Michael Schrader, CEO, will introduce Ms. Nicole Coburn, Campaign Volunteer, Yes on E - Emergency Care for All, who will review and board will consider and take action on the request for a position of support for Measure E, the County of Santa Cruz Supplemental Sales and Use Tax, which is on the November 3, ballot.

- Reference materials:
  - Staff report on above topic
  - Measure E – Frequently Asked Questions
  - Impartial Analysis of Measure E

Pages 10-1 to 10-8

11. Receive the Alliance's Compliance Program Report for Q1-Q2 2026 and consider and approve Revisions to the Alliance Compliance Plan and Code of Conduct. (3:35 p.m. – 3:55 p.m.)

A. Ms. Jenifer Mandella, Chief Compliance Officer, will present and Board will receive the Alliance's Compliance Program Report for Q1-2 2026 and consider and approve revisions to the Alliance Compliance Plan and Code of Conduct.

- Reference materials:
  - Staff report and recommendation on above topic
  - Alliance Policy 105-6767 - Compliance Plan
  - Alliance Policy 105-0101 - Code of Conduct

Pages 11-1 to 11-34

12. Consider and approve the proposed core claims system procurement and implementation investment. (3:55 – 4:15 p.m.)

A. Ms. Shelly Papadopoulos, Director of Operations Management, and Mr. Cecil Newton, Chief Information Officer, will review and Board will consider authorizing the Chief Executive Officer to execute a multi-year contract with the selected vendor for the procurement and implementation of a next-generation core claims administration system, for a total contract amount not to exceed $18M.

- Reference materials: Staff report on above topic.

Pages 12-1 to 12-2

13. 2027–2029 Strategic Plan Update. (4:15 p.m. – 4:35 p.m.)

A. Ms. Van Wong, Chief Operational Officer, will provide the Board with an update on the development of the 2027-2029 Strategic Plan, including the planning process, key strategic priorities, stakeholder engagement activities, and next steps leading to final plan adoption.

- Reference materials: Staff report on above topic.

Page 13-1

Information Items: (14A. – 14E.)

A.	**Alliance in the News**	Pages 14A-1 to 14A-4
B.	**Membership Enrollment Report**	Page 14B-1
C.	**Member Newsletter – September 2026 (English)**	Page 14C-1 to 14C-12
D.	**Member Newsletter – September 2026 (Spanish)**	Page 14D-1 to 14D-8
E.	**Provider Bulletin**	Pages 14E-1 to 14E-12

Announcements:

Meetings of Advisory Groups and Committees of the Commission
The next meetings of the Advisory Groups and Committees of the Commission are:

- Finance Committee
  Wednesday, October 28, 2026; 1:30-2:45 p.m.

- Member Services Advisory Group
  Thursday, November 5, 2026; 10:00 – 11:30 p.m.
- Physicians Advisory Group
  Thursday, December 3, 2026; 12:00 – 1:30 p.m.
- Whole Child Model Clinical Advisory Committee [R*emote teleconference only*]
  Wednesday, October 28, 2026; 12:00 – 1:00 p.m.
- Whole Child Model Family Advisory Committee [R*emote teleconference only*]
  Monday, October 26, 2026; 1:30 – 3:00 p.m.

The above meetings will be held in person unless otherwise notified.

The next regular meeting of the Commission, after this August 26 meeting, unless otherwise notified.

Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
Wednesday, October 28, 2026, 3:00 – 5:00 p.m.

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

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

In Monterey County:
Central California Alliance for Health
950 E. Blanco Road, Suite 101, Salinas, CA

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

In San Benito County:
Community Services & Workforce Development (CSWD)
1161 San Felipe Road, Building B, Hollister, CA

In Mariposa County:
Mariposa County Health and Human Services Agency
5362 Lemee Lane, Mariposa, CA

Members of the public interested in attending should call the Alliance at (831) 430-2568 to verify meeting date and location prior to the meeting.

The complete agenda packet is available for review on the Alliance website at https://thealliance.health/about-the-alliance/public-meetings/. The Commission 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 Clerk of the Board at least 72 hours prior to the meeting at (831) 430-2568. Board meeting locations in Salinas and Merced are directly accessible by bus. As a courtesy to persons affected, please attend the meeting smoke and scent free.

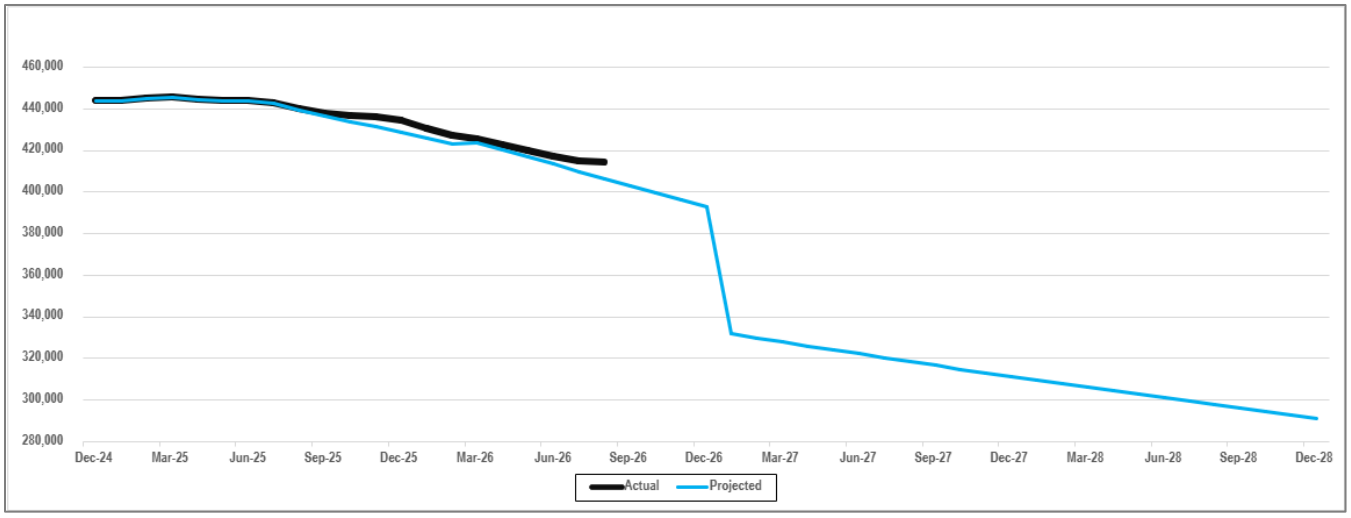
HEALTHY PEOPLE. HEALTHY COMMUNITIES.

DATE September 23, 2026
TO Governing Commission of the Central California Alliance for Health
FROM Michael Schrader, Chief Executive Officer
SUBJECT CEO Report

Alliance Medi-Cal Enrollment Trends. Alliance enrollment is projected to continually decline through December 2028. The causes include the end of COVID-19 unwinding flexibilities, the implementation of federal H.R. 1 requirements, provisions in the FY2025–26 and FY2026-27 state budgets, and the carveout of members with Unsatisfactory Immigration Status (UIS).

Month of Service	Santa Cruz	Monterey	Merced	Mariposa	San Benito	Total MCal Enroll	Actual % Chg	Projected % Chg
Aug-25	77,269	188,191	148,008	5,656	20,606	**439,730**	**-0.66%**	**-0.66%**
Sep-25	76,899	186,924	147,724	5,616	20,658	**437,821**	**-0.43%**	**-0.43%**
Oct-25	76,407	186,563	147,310	5,599	20,675	**436,554**	**-0.29%**	**-0.29%**
Nov-25	76,269	186,231	147,161	5,590	20,656	**435,907**	**-0.15%**	**-0.15%**
Dec-25	75,841	185,611	146,663	5,561	20,584	**434,260**	**-0.38%**	**-0.38%**
Jan-26	74,474	184,901	145,244	5,490	20,454	**430,563**	**-0.85%**	**-0.85%**
Feb-26	73,223	183,855	144,247	5,452	20,370	**427,147**	**-0.79%**	**-0.79%**
Mar-26	72,728	183,432	143,624	5,478	20,333	**425,595**	**-0.36%**	**-0.80%**
Apr-26	72,079	182,234	142,578	5,469	20,252	**422,612**	**-0.70%**	**-0.81%**
May-26	71,420	181,307	141,596	5,397	20,147	**419,867**	**-0.65%**	**-0.82%**
Jun-26	70,534	179,821	141,383	5,373	20,082	**417,193**	**-0.64%**	**-0.82%**
Jul-26	69,809	178,597	140,754	5,344	20,036	**414,540**	**-0.64%**	**-0.83%**
Aug-26	69,478	178,513	140,820	5,347	20,046	**414,204**	**-0.08%**	**-0.84%**
Sep-26	69,001	177,913	140,593	5,324	20,054	**412,884**	**-0.32%**	**-0.84%**

The table illustrates the monthly decline in Alliance Medi-Cal enrollment across each of our five counties and in total. Since August 2025, overall Alliance Medi-Cal enrollment has decreased from 439,730 to 412,884 members, a decline of 6.1%.



The graph shows the projected decline in Alliance Medi-Cal enrollment through the end of 2028 (blue line) alongside the actual enrollment decline to date (black line), which reflects the data presented in the table.

The sharp decline in the projection (blue line) reflects the DHCS carve-out of members with UIS from the Alliance to State Fee-for-Service on January 1, 2027.

Between January 1, 2025, and December 31, 2028, Alliance enrollment is projected to decline by 39%, including a 25% reduction by January 1, 2027.

Alliance Member Outreach and Retention (MOR). Our MOR strategy focuses on supporting Medi-Cal members through their annual renewals, also known as redeterminations, by providing proactive outreach and assistance. Our goal is to ensure members complete their renewals accurately and on time, helping them maintain coverage. We aim to prevent unnecessary loss of Medi-Cal benefits due to avoidable procedural issues

General Member Outreach. Radio and television ads were paused in late August as planned. We resume these ads with a brand-new campaign in early October. Changes to this upcoming flight include a modest increase in physical display (laundromats, convenience stores, gas stations, etc), YouTube and TikTok, and ad presence during the Latin Grammy awards on Univision in November. We finalized our revised communications plan, which focuses on "Complete it, Check it, Return it.", which also includes a strong call to action for members to get help from our renewal partners if they need it, as well as stronger messaging encouraging them to return all

necessary forms and paperwork with their renewal packets. Flyers and an updated website landing page are now available, and other advertising and communication deliverables are currently in production. We will soon be pivoting to support provider events by providing signage and communications support.

Focused Member Outreach. In August, we sent out 5,402 text messages to members who were up for renewal. We are currently evaluating new messaging opportunities to remind members that help is available and to be sure to return all requested materials for renewal.

Grant Funding. The Alliance's Medi-Cal Member Outreach and Retention (MOR) grant program continues implementation, with all 23 funded organizations providing outreach, education and/or renewal support across the service area. Fourteen of the organizations, as Medi-Cal renewal support partners, receive warm transfers from the Alliance's outbound call campaign. Since June, 623 members have been successfully transferred to partners, representing 19% of members engaged through the campaign. Grantees actively return calls when members leave a voicemail.

Grant-funded training efforts are also underway. Monterey County Department of Social Services launched its five-part community partner training series on August 27, with 103 participants attending the first session and the next scheduled for September 22. In partnership with UC Merced, the Alliance is finalizing a self-paced online Medi-Cal renewal assistance training for community partners across all five counties, with English targeted to launch in late September and Spanish to follow.

Planning has advanced for the Medi-Cal Renewal Events Pilot, providing in-person renewal assistance outside traditional business hours at primary care sites. Four providers are confirmed for the grant-funded pilot. The Alliance is working with Careforce on an appointment scheduling platform integrated with the outbound call campaign and a dedicated phone number for members to schedule directly. The first events are planned for October 3, with additional events continuing through December.

TotalCare Medicare D-SNP. We launched our Medicare D-SNP program, TotalCare, on January 1, 2026, with 454 members. Through this program, dual-eligible individuals can now receive both their Medi-Cal and Medicare coverage from a single health plan, the Alliance, ensuring a fully integrated experience. Dual-eligible individuals include seniors with low incomes and those living with disabilities.

Marketing, Sales & Enrollment. We continue to execute our monthly direct mail schedule, where monthly mailers are sent to dual eligibles with an in-network PCP. September's mailer highlights the benefits of "One Card, One Plan. Coordinated Care." Our paid advertising tactics are well underway, which include radio, television, social media, and paid Google search ads. This campaign will be swapped out with new creatives in mid-October, to align with AEP, and will run through December 27.

Member Management & Engagement. TotalCare continues to strengthen member engagement and care management as enrollment grows, with a focus on identifying needs early and coordinating services across the Medicare and Medi-Cal delivery systems. Early performance remains strong, including high rates of Health Risk Assessment completion, timely care management outreach, and development of individualized care plans for enrolled members. The care model increasingly emphasizes proactive management of higher-risk members, including transitions of care, avoidable emergency department utilization, and connections to behavioral health, long-term services and supports, and social services. The Alliance is also strengthening coordination across TotalCare and existing Medi-Cal care management programs to improve continuity for members as their needs and coverage evolve. Together, these efforts are intended to improve the member experience, reduce avoidable utilization, and ensure TotalCare members receive coordinated, person-centered care across the full continuum.

Operational Stabilization. The program and implementation phase of this initiative is winding down, the governance infrastructure has been built, and most of the project workgroups will wind down by September 30th. Any remaining implementation structures will be sunset by or before December 31, 2026, and the TotalCare D-SNP will be fully operational.

Government Relations. The Alliance as a public entity that administers a public benefit program, is impacted by Federal and State legislation, policy, and funding. As such, we closely monitor, inform, and advocate at the local, state, and federal levels.

End of Legislative Session. The 2025–2026 two-year Legislative Session adjourned at midnight on August 31, 2026, marking the deadline for the Legislature to pass bills. Staff monitored 111 bills this year within the Board's areas of legislative focus. Of those, 51 were passed by the Legislature and sent to the Governor for signature or veto. The Governor has 30 days from receipt to act on each bill.

The Alliance will review legislation signed into law to identify any impacts on the organization and any necessary implementation steps. A final legislative bill list will be provided to the Board in the December Board packet.

Budget Trailer Bills. August was a busy month for the Legislature. In addition to acting on pending legislation before adjourning for the year, the Legislature passed the 2026 health budget trailer bill, AB 173. Staff continues to review the bill's provisions and notes several areas of significance to the Medi-Cal program.

Among other things, AB 173 grants DHCS expanded authority to strengthen Medi-Cal provider oversight, including new tools to deny or terminate provider enrollment, temporarily suspend providers under investigation, and establish enrollment moratoriums for certain provider types when necessary to protect program integrity and public funds. The bill also includes eligibility changes for Qualified Non-Citizens, updates to behavioral health and 988 crisis system operations, and expands access to certain dialysis services under restricted-scope Medi-Cal.

Santa Cruz County Indigent Care Discussion. In light of the potential impacts of H.R. 1 on Medi-Cal eligibility, counties have begun exploring options to meet their obligations to provide indigent care under Welfare and Institutions Code Section 17000. Subsequent to the last report to your Board, staff have continued discussions with Connie Morena-Peraza of the Santa Cruz County Health Services Agency and key County leadership regarding potential solutions to assist the County in meeting these obligations.

One option under discussion is a partnership between the Alliance and the County to develop an Administrative Services Agreement under which the Alliance could provide services such as claims payment, provider contracting, and utilization management for eligible individuals enrolled in the County's program. Discussions regarding the potential scope of services and initial cost estimates are ongoing.

Any agreement would be subject to approval by both the Alliance Board and the County Board of Supervisors.

Community Engagement and Marketing. The Alliance is a local managed care plan that is invested in the communities we serve across our five counties.

Outreach. The Alliance continues to maintain a strong and visible outreach presence across all five counties, with a deliberate focus on meeting members where they are

and adapting strategies to respond to emerging community needs. Recent outreach event participation includes:

- Mariposa Certified Farmer's Market, Mariposa County
- Merced County Children's Summit, Merced County
- Touch a Trunk Salinas, Monterey County
- Feeding the Frontline, San Benito County
- Pajaro Middle School Food Distribution, Santa Cruz County

Collaboratives and Coalitions. The Alliance participates in local collaboratives and coalitions to remain responsive to community needs, strengthen coordination with local partners, and support members' access to integrated, community-based services. Recent and on-going participation includes:

- Mariposa Health and Wellness Coalition, Mariposa County
- MCDPH Pediatric Conversations, Merced County
- CHSP Outreach Committee, Monterey County
- Safe Kids Coalition of San Benito County, San Benito County
- Santa Cruz County PATH CPI, Santa Cruz County

Communications and Marketing. Our "Care Can't Wait" yearlong campaign aims to ensure members understand the importance of and prioritize timely care by rotating messaging in alignment with the theme. In September, we swapped out vaccine messaging with reminders on getting a flu vaccine. Future efforts include breast cancer awareness/mammogram screenings and Nurse Advice Line reminders. To support this campaign, we will continue to develop materials for members including flyers, newsletter articles, on-hold messaging, text messaging, social media posts, and website content. In addition, we are currently developing a communications plan to support UIS transition to fee-for-service, leveraging DHCS messaging when possible and as it becomes available. Tactics will include newsletter articles, website content, social media posts, and flyers. We are also supporting the Merced Health Fair next month with flyers, website content, social media posts, and paid radio sponsorship ads.

Salud Para La Gente Board Retreat. On September 12, the Chief Executive Officer presented at the Salud Para La Gente Board Retreat. The presentation, Emerging Coverage Gaps and Safety-Net Challenges, provided an overview of significant federal and state Medi-Cal policy changes expected to affect health care coverage and the safety-net delivery system in Santa Cruz County over the next several years. It focused on two populations of particular importance: Alliance members projected to lose Medi-Cal coverage and become uninsured, and members with unsatisfactory

immigration status (UIS) who will remain eligible for Medi-Cal but transition from Alliance managed care to the State Fee-for-Service program. The presentation reviewed the projected effects of these changes on Alliance enrollment, the elimination of FQHC PPS wraparound payments for the UIS population, and the potential implications for providers, hospitals, counties, and community clinics.

Community Health Symposium – Monterey. On September 16, 2026, the Chief Executive Officer participated in a community health symposium with healthcare leaders from across Monterey County—including health systems, FQHCs, and the County—to discuss the anticipated significant increase in the number of uninsured individuals resulting from H.R. 1 and associated changes to Medi-Cal eligibility and coverage. The discussion will focus on understanding the potential impact on the local healthcare delivery system, including providers and patients, and identifying opportunities for collaboration and potential strategies to address emerging gaps in coverage and access to care.

Health Improvement Partnership (HIP) Council of Santa Cruz County. On September 10, 2026, the Chief Executive Officer presented to the HIP Council of Santa Cruz County (HIPSC) Council sharing information about federal and state changes impacting health care coverage and access in Santa Cruz county including decreasing Alliance enrollment and increasing numbers of uninsured and resulting impacts on the safety net. The purpose of the presentation and discussion was to better understand the implications for the affected populations and the safety-net providers who serve them, and to lay the groundwork for future discussions with hospitals, clinics, and County partners.

Health Services Update. The Health Services Division continues to advance strategic initiatives focused on regulatory readiness, operational efficiency, member access, and the effective delivery of services for members with complex medical, behavioral health, and social needs. Key priorities include preparation for upcoming regulatory audits, modernization of utilization management processes, optimization of CalAIM programs, and ongoing efforts to improve member outcomes while responsibly managing healthcare resources.

Regulatory and Operational Readiness. The Alliance is actively preparing for upcoming Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) oversight activities and audits. Readiness efforts include policy and procedure reviews, staff training, documentation validation, operational assessments, and strengthened monitoring processes designed to support ongoing

compliance and operational excellence while maintaining high-quality member services.

Utilization Management Modernization. Health Services continues to implement enhancements designed to streamline utilization management operations, improve the provider and member experience, and support timely access to medically necessary care. Current efforts include workflow optimization, refinement of authorization review processes, identification of automation opportunities, and standardization of operational procedures. These initiatives are intended to reduce administrative burden while maintaining clinical oversight and regulatory compliance.

Enhanced Care Management and Community Supports Optimization. The Alliance continues to strengthen Enhanced Care Management (ECM) and Community Supports (CS) operations through process improvements focused on member identification, referrals, enrollment management, care coordination, and program oversight. Efforts to improve targeting and enrollment accuracy have supported reductions in inappropriate, duplicative, and non-engaged ECM enrollments, helping ensure services are directed toward members with the greatest clinical and social needs.

The Alliance is also continuing to evaluate ECM and Community Supports performance, provider capacity, member engagement, and program outcomes as CalAIM programs mature. These efforts are intended to improve operational effectiveness, support long-term sustainability, and maximize value for members and the healthcare system.

CalAIM Transition Planning. The Alliance is actively preparing for upcoming DHCS changes affecting housing-related Community Supports benefits. On September 4, the Alliance convened providers, community-based organizations, housing partners, and other stakeholders to review proposed changes to Recuperative Care and the planned integration of Short-Term Post-Hospitalization Housing (STPHH) into the revised benefit model.

Discussions focused on operational readiness, continuity of member services, medical and supportive service delivery expectations, provider impacts, and opportunities to leverage Recuperative Care and other CalAIM benefits to meet member needs during the transition. The Alliance continues to work closely with external partners to support a smooth transition and minimize disruption for members receiving housing-related services.

Personal Care and Homemaker Services (PCHS) Assessment. As part of ongoing Community Supports program evaluation efforts, the Alliance has continued its review of the Personal Care and Homemaker Services (PCHS) benefit. Analysis of utilization, outcomes, and program performance has identified limited evidence of measurable return on investment relative to program expenditures. Consistent with findings previously presented to leadership and DHCS discussions regarding Community Supports sustainability, the Alliance is evaluating opportunities to align resources toward interventions that demonstrate stronger outcomes and greater impact on avoidable utilization, care coordination, member stability, and overall health outcomes. These evaluations support ongoing efforts to ensure Community Supports investments remain effective, sustainable, and aligned with member needs.

Behavioral Health Treatment Process Improvements. The Alliance continues to advance Behavioral Health Treatment (BHT) process improvements designed to improve member access to services, reduce administrative complexity, and strengthen collaboration with providers and families. Current efforts focus on optimizing referral and authorization workflows, enhancing communication processes, improving coordination across programs, and reducing barriers to timely treatment initiation and ongoing service delivery.

Improving Access and Advancing Health Equity. The Alliance remains committed to advancing health equity and improving access to care through culturally and linguistically responsive services, community partnerships, and innovative care delivery models. Recent efforts have included community-based outreach activities, mobile service delivery initiatives, and programs designed to reduce barriers to preventive care and other essential health services. These initiatives help ensure members across the Alliance service area can access high-quality care and support services regardless of geography, language, or socioeconomic circumstances.

Provider Network. The Alliance maintains contracts with thousands of providers across and beyond the five counties we serve. Our network includes hospitals, primary care clinics, specialists, ancillary service providers, and long-term care facilities, ensuring comprehensive access to care for our members.

Network Update. The Alliance continues to strengthen provider network access across its service area through targeted recruitment efforts. The network has continued to expand over the past two months, with Behavioral Health representing

the largest area of growth. Approximately 96 Behavioral Health providers have been added across multiple disciplines, including nurse practitioners, behavioral analysts, psychologists, clinical social workers, marriage and family therapists, psychiatrists, counselors, and other behavioral health professionals.

Merced County also experienced notable network growth across multiple provider types, including Behavioral Health, Family Medicine, Pediatrics, Surgery, Endocrinology/Diabetes Care, Optometry, Physical Therapy, and advanced practice providers.

Additional network growth included Community Health Workers and long-term care organizations, further expanding the range of services and support available to Alliance members.

CommonSpirit Negotiation. Negotiations with CommonSpirit are underway regarding hospital, primary care, specialty, and ambulatory surgery center agreements. CommonSpirit has issued termination notices for the current agreements, effective December 31, 2026. To date, CommonSpirit has submitted an initial proposal, and the Alliance has provided a counterproposal. Alliance and CommonSpirit staff are meeting biweekly to discuss the proposals and work toward mutually acceptable terms. The Alliance remains focused on reaching an agreement well in advance of any required member notification to minimize potential disruption to members and providers.

County Specialty Access Regional Convening. The Alliance is convening local healthcare leaders and stakeholders for two county-specific (Santa Cruz and Monterey/San Benito), in-person discussions focused on improving access to specialty care for our community. Each convening will be approximately three hours in duration and will be held at our local county offices in October and November.

As part of the next phase of the Alliance's specialty access initiative, we are bringing together hospitals, health centers, providers, community partners, and other key stakeholders through a two-part convening series to discuss local specialty care challenges, review county-specific data, and identify practical solutions that can strengthen access for our members. Input from both conversations will help shape county-specific implementation plans and inform future Alliance investments and partnership opportunities. The intent is to continue similar convenings in Merced/Mariposa in the coming months.

Alliance Workforce. The Alliance's strong culture is grounded in its mission to serve members. Our guiding principles are simple: we put members first, we are here to serve, and we work as one team. Most employees live in the communities we serve across our five counties. To support and strengthen this culture, the Alliance offers All-Staff meetings, interactive town halls, coffee talks with executives, annual employee engagement surveys, and biannual performance check-ins.

Workforce Numbers. As of August 24, 2026, the Alliance has 757.9 budgeted positions (regular and contingent), with 617 regular positions currently filled. An additional 72 temporary employees support our workforce needs, bringing overall staffing to 92.7%.

2026 Employee Engagement Survey. The Alliance conducts an annual survey to assess employee engagement and satisfaction. This year's survey was open from August 1–15. Results are currently under review and will be shared with the Executive Team, Directors, and staff in October.

Open Enrollment. Open Enrollment is the annual opportunity for employees to review and update their health and wellness benefits for the upcoming plan year. Initial planning is underway, including reviewing market trends and assessing current benefits package. Employees will receive additional information in the coming months, with new selections taking effect January 1, 2027.

Regulatory Audits and Compliance. The Alliance has structured processes to ensure that we operate in an ethical and compliant manner, so that we protect our members' rights. Like all Managed Care Plans, the Alliance is in a continuous state of preparing routine audits, experiencing them, or following up on regulators' requests. In addition, the Alliance's regulators routinely monitor plan activities to confirm compliance with requirements. Where regulators have found the Alliance to be non-compliant, they may issue warning letters or notices of non-compliance, may implement corrective action plans (CAPs), and may impose sanctions.

2024 DMHC Medical Audit Follow-Up. The Alliance continues to prepare for the DMHC's follow-up review of its 2024 Medical Audit for the Alliance's In-Home Supportive Services (IHSS) line of business. The prior final report identified seven findings requiring follow-up validation by DMHC. Consistent with DMHC's process, those findings remain open until the Department confirms through documentation and/or case review that corrective actions are operating effectively. Plan staff have submitted requested materials and completed preparations for the review. DMHC's formal virtual/live audit is scheduled for September 22, 2026, during which the

Department is expected to validate implementation of the corrective actions and conduct staff interviews as appropriate.

Program Integrity Maturity Project. CMS and DHCS continue to increase scrutiny of managed care plan program integrity performance, particularly in higher-risk service areas such as transportation, behavioral health, hospice, Enhanced Care Management (ECM), and Community Supports. In response to this evolving regulatory environment, a cross-functional Program Integrity Maturity Project is underway to strengthen organizational readiness, controls, and fiscal stewardship. Key areas of focus include performance measurement and recovery reporting; provider screening and payment integrity; enhanced data analytics, anomaly detection, and auditing capabilities; and targeted oversight of higher-risk services and delegated activities.

Alliance Medi-Cal Capacity Grant Program (MCGP). The Alliance makes investments to strengthen health care and community organizations across the five counties we serve. The purpose is to pursue the Alliance's vision of heathy people and healthy communities. These investments focus on increasing the availability, quality and access of health care and supportive resources for Medi-Cal members. They also address that social drivers influence health and wellness. Plan staff have submitted requested materials and completed preparations for the review.

Funding Opportunities. Round 3 applications closed on August 18th for Provider Recruitment, Community Health Worker Recruitment, and Healthcare Technology programs, with 44 eligible applications received from 30 organizations. Award decisions will be distributed on October 30, 2026. Round 3 applications for the Safety Net Critical Access program will be due October 9th. This is a one-time funding opportunity aimed at maintaining timely access to primary, specialty, and hospital services for Medi-Cal members by stabilizing essential safety net providers facing financial challenges.

Trends in the Number of Awards and Total Spend. The MCGP has paid out $25M year to date in 2026 for active grant awards, compared to $28.5M for all of 2025. New MCGP awards year-to-date in the five-county service area total $13M, which is 65% of the 2026 total award amount target of $20M.

Community Reinvestments. DHCS issued the Alliance's final CY 2024 Community Reinvestment obligation determination on July 17, reflecting a lower obligation than the preliminary figures presented to the Board in June. The Alliance updated its

Community Reinvestment Plan accordingly and obtained all required county Behavioral Health and Public Health Director attestations. Prior voluntary investments fully satisfy the obligation in Monterey County, while approximately $1.2M remains to be invested ($682,789 in Merced County and $520,175 in Santa Cruz County) and spent down in 2027–2029. These remaining investments will be aligned with county priorities and Community Reinvestment policy and incorporated into the 2027 MCGP Investment Plan for Board consideration.

Alliance Housing Fund. In 2024, the Alliance launched a one-time Housing Fund to expand interim and permanent housing opportunities for Medi-Cal members experiencing homelessness or housing instability. The program invested $40M to support the development, acquisition, renovation, and furnishing of housing and recuperative care projects across the service area. These projects reflect the Alliance's continued investment in housing as a key driver of health outcomes and the strong partnerships that make these community-based solutions possible. To date, the Housing Fund has reached 16% completion of the expected 494 units to be made available to Medi-Cal members.

Housing Fund Project Celebrations. In September, San Benito County Health and Human Services Agency celebrated the completion of Southside Haven Community in Hollister, providing 16 units for transitional housing (5) and permanent supportive housing (11) for individuals and families who have experienced homelessness. The Alliance invested $295,000 to support fixtures and exterior improvements, including security enhancements, helping transform the site into a safe, stable environment for Medi-Cal members who will call Southside Haven home.

CalAIM Incentive Payment Program (IPP). The Alliance continues to deploy remaining IPP funds to strengthen the provider network. Following $48.4M in IPP investments to support Enhanced Care Management (ECM) and Community Supports providers, remaining funds were prioritized for implementation of Transitional Rent, the newest Community Support, effective January 1, 2026. To date, the Alliance has awarded $1.8M to five Transitional Rent providers serving four counties, with one additional provider/county award pending. As the spend-down of IPP funds winds to a close, remaining funds will be used to further support providers in strengthening operational capacity, helping promote continued success within the delivery system.

DATE: September 23, 2026

TO: Santa Cruz – Monterey - Merced - San Benito - Mariposa Managed Medical Care Commission

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Financial Highlights for the Seventh Month Ending July 31, 2026

Consolidated (All Lines of Business)

For the month ending July 31, 2026, the Alliance reported an Operating Loss of $1.9M. The Year-to-Date (YTD) Operating Loss is $4.6M, with a Medical Loss Ratio (MLR) of 95.1% and an Administrative Loss Ratio (ALR) of 5.2%. The Net Loss is $11.4M after accounting for Non-Operating Income/Expenses.

The budget expected a $0.7M Operating Loss for YTD July. The actual result is unfavorable to the budget by $3.8M, driven by rate variances.

Jul-26 Income Statement
Consolidated ($ In 000s)

Key Indicators	MTD Actual	MTD Budget	MTD Var $	MTD Var %	YTD Actual	YTD Budget	YTD Var $	YTD Var %
Membership	*418,855*	*413,017*	*5,838*	*1.4%*	*2,986,281*	*2,941,448*	*44,833*	*1.5%*
Revenue	$189,029	$186,126	$2,903	1.6%	$1,348,139	$1,325,415	$22,723	1.7%
Medical Expenses	178,909	175,041	(3,868)	-2.2%	1,282,161	1,250,672	(31,489)	-2.5%
Admin Expenses	11,970	10,830	(1,141)	-10.5%	70,533	75,455	4,922	6.5%
Operating Income/(Loss)	**(1,851)**	**255**	**(2,105)**	**-100.0%**	**(4,555)**	**(712)**	**(3,844)**	**-100.0%**
Net Income/(Loss)	($2,303)	$2,354	($4,657)	-100.0%	($11,367)	$13,987	($25,355)	-100.0%
MLR %	94.6%	94.0%	-0.6%		95.1%	94.4%	-0.7%	
ALR %	6.3%	5.8%	-0.5%		5.2%	5.7%	0.5%	
Operating Income %	-1.0%	0.1%	-1.1%		-0.3%	-0.1%	-0.3%	
Net Income %	-1.2%	1.3%	-2.5%		-0.8%	1.1%	-1.9%	

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Medi-Cal Line of Business (Including IHSS)

For the month ending July 31, 2026, the Alliance reported an Operating Loss of $0.8M. The Year-to-Date (YTD) Operating Income is $1.3M, with a Medical Loss Ratio (MLR) of 95.0% and an Administrative Loss Ratio (ALR) of 4.9%. The Net Loss is $5.5M after accounting for Non-Operating Income/Expenses.

The budget expected an Operating Income of $10.2M for YTD July. The actual result is unfavorable to the budget by $8.9M or 87.4%, driven by rate variances.

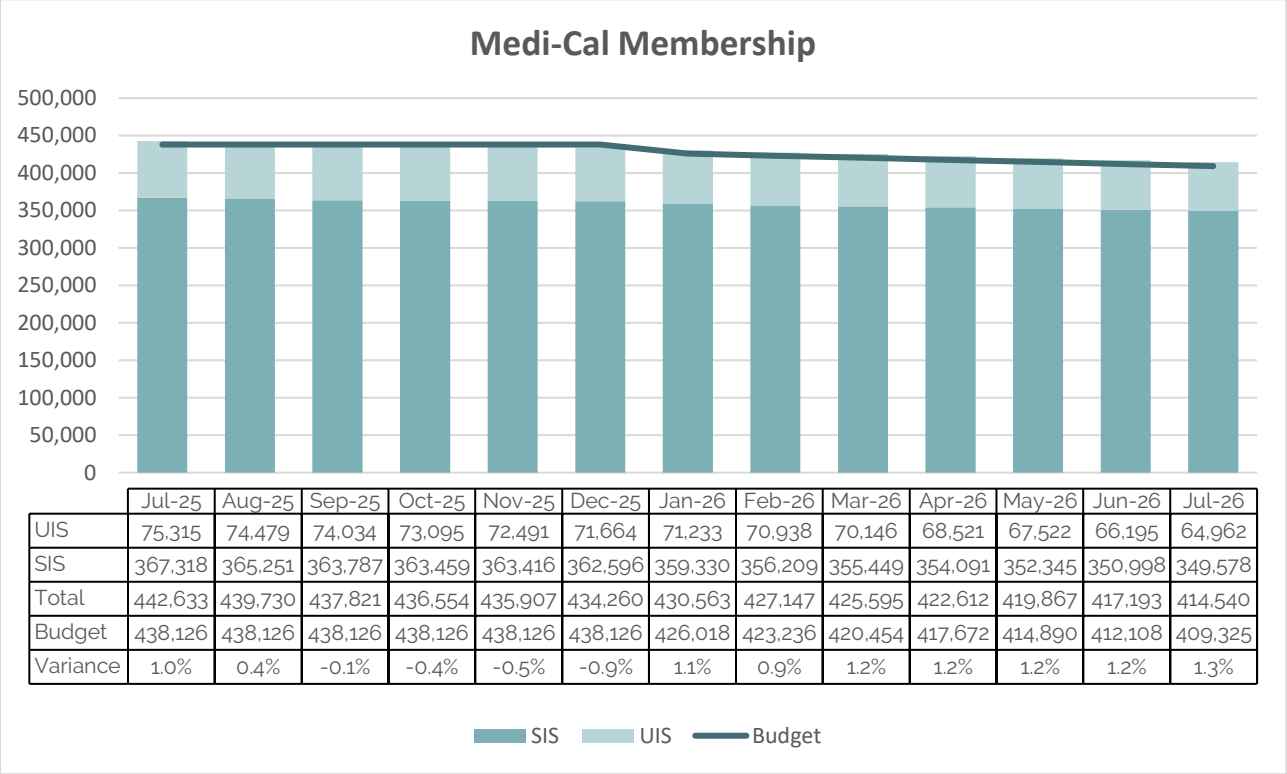
Jul-26 Income Statement
Medi-Cal ($ In 000s)

Key Indicators	MTD Actual	MTD Budget	MTD Var $	MTD Var %	YTD Actual	YTD Budget	YTD Var $	YTD Var %
Membership	*418,013*	*410,052*	*7,961*	*1.9%*	*2,981,423*	*2,928,795*	*52,628*	*1.8%*
Revenue	$187,172	$180,987	$6,186	3.4%	$1,338,830	$1,303,485	$35,345	2.7%
Medical Expenses	176,879	169,190	(7,689)	-4.5%	1,272,159	1,225,155	(47,004)	-3.8%
Admin Expenses	11,124	9,663	(1,461)	-15.1%	65,389	68,147	2,758	4.0%
Operating Income/(Loss)	**(831)**	**2,133**	**(2,964)**	**-100.0%**	**1,282**	**10,183**	**(8,900)**	**-87.4%**
Net Income/(Loss)	($1,283)	$4,233	($5,516)	-100.0%	($5,529)	$24,882	($30,412)	- 100.0%
PMPM								
Revenue	$447.77	$441.38	$6.39	1.4%	$449.06	$445.06	$4.00	0.9%
Medical Expenses	423.14	412.61	(10.54)	-2.6%	426.70	418.31	(8.38)	-2.0%
Admin Expenses	26.61	23.57	(3.05)	-12.9%	21.93	23.27	1.34	5.7%
Operating Income/(Loss)	(1.99)	5.20	(7.19)	-100.0%	0.43	3.48	(3.05)	-87.6%
Net Income/(Loss)	($3.07)	$10.32	($13.39)	-100.0%	($1.85)	$8.50	($10.35)	-100.0%
MLR %	94.5%	93.5%	-1.0%		95.0%	94.0%	-1.0%	
ALR %	5.9%	5.3%	-0.6%		4.9%	5.2%	0.3%	
Operating Income %	-0.4%	1.2%	-1.6%		0.1%	0.8%	-0.7%	
Net Income %	-0.7%	2.3%	-3.0%		-0.4%	1.9%	-2.3%	

Membership: July 2026 Medi-Cal membership is favorable to the budget by 1.3%. The 2026 budgeted Medi-Cal enrollment assumed a 7.8% decline by year-end from projected December 2025 levels, driven by the expiration of federal flexibilities, changes to the state budget, and the implications of federal H.R. 1 legislation.

Starting in January 2026, two new provisions were implemented: an Unsatisfactory Immigrant Status (UIS) enrollment freeze, with no new enrollments among members aged 19 to 64, and the reinstatement of a Medi-Cal asset limit for our SPD population. Those provisions are estimated to lower membership by 6% and 2.4%, respectively, in their aid category. These

items, along with the ongoing redetermination process and the unwinding of COVID-19 flexibilities, are causing both Satisfactory Immigration Status (SIS) and UIS membership to trend downward and are projected to continue the remainder of the year.



	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
UIS	75,315	74,479	74,034	73,095	72,491	71,664	71,233	70,938	70,146	68,521	67,522	66,195	64,962
SIS	367,318	365,251	363,787	363,459	363,416	362,596	359,330	356,209	355,449	354,091	352,345	350,998	349,578
Total	442,633	439,730	437,821	436,554	435,907	434,260	430,563	427,147	425,595	422,612	419,867	417,193	414,540
Budget	438,126	438,126	438,126	438,126	438,126	438,126	426,018	423,236	420,454	417,672	414,890	412,108	409,325
Variance	1.0%	0.4%	-0.1%	-0.4%	-0.5%	-0.9%	1.1%	0.9%	1.2%	1.2%	1.2%	1.2%	1.3%

Revenue: The 2026 revenue budget was based on the Department of Health Care Services (DHCS) 2026 Prospective rate package (dated 11/12/2025). The budget also includes a 1% quality withhold with a 75% performance earn-back assumption. The budget assumes risk corridors will continue for Enhanced Care Management (ECM) and UIS State in CY 2026. In addition, a 1% reserve was included in the budget to account for a potential decrease in the final rate, as the Prospective rates do not incorporate the State Budget changes for 2026.

Jul-26 YTD Medi-Cal Capitation Revenue Summary ($ In 000s)

Region	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
CEC SIS	$1,017,820	$981,425	$36,395	$28,493	$7,902
CEC UIS	246,224	250,510	(4,286)	(9,836)	5,550
SBN SIS	58,595	57,042	1,553	2,451	(898)
SBN UIS	10,588	11,009	(420)	(655)	234
Total*	**$1,333,228**	**$1,299,985**	**$33,243**	**$20,454**	**$12,789**

*Excludes Jul-26 In-Home Supportive Services (IHSS) premiums revenue of $4.0M and State Incentives of $1.6M.

As of July YTD, capitation revenue exceeded the budget by $33.2M, representing a positive 2.6% variance. This variance is primarily driven by higher-than-expected SPD-LTC membership,

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which is 27.2% above budget. Additionally, the budget did not account for the reclassification of SPD members aged 0–20 from the Child category to SPD, implemented in 2026, which further contributes to the positive variance. These favorable enrollment impacts are partially offset by risk corridor rate variance. In May, an updated calculation for the CY 2024 San Benito risk corridor resulted in an incremental $1.2M payable, while the June CY 2026 ECM methodology change to a service unit-based approach also resulted in a payable.

Medical Expenses: The 2026 budget assumed a 2.7% increase in utilization over the 2025 forecast, based on data from 2022 through September 2025, and a 1.4% increase in unit cost driven by changes in case mix and fee schedule adjustments, excluding ECM and Community Supports (CS). The 2026 incentives include $20M for the Hospital Quality Incentive Program (HQIP), $15M for Care-Based Incentive (CBI), $12.5M for the Specialist Care Incentive (SCI), $4M for Data Sharing Incentives, and $3.7M for Behavioral Health Value-Based Program (BH VBP).

Jul-26 YTD Medi-Cal Medical Expense Summary ($ In 000s)

Category	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Inpatient Hospital	$351,413	$324,540	($26,873)	($5,832)	($21,041)
Inpatient LTC	130,515	126,657	(3,858)	(2,276)	(1,582)
Physician Services	258,678	283,044	24,367	(5,086)	29,453
Outpatient Facility	157,168	135,961	(21,207)	(2,443)	(18,764)
ECM	86,180	90,744	4,563	(1,631)	6,194
Community Supports	38,994	35,526	(3,469)	(638)	(2,830)
Behavioral Health	71,628	54,503	(17,125)	(979)	(16,146)
Other Medical*	175,940	174,181	(1,759)	(3,130)	1,371
State Incentives	1,643	-	(1,643)	-	(1,643)
TOTAL COST	**$1,272,159**	**$1,225,155**	**($47,004)**	**($22,015)**	**($24,989)**

*Other Medical actuals include Allied Health, Non-Claims HC Cost, Transportation, and Lab.

July 2026 Medical Expenses of $176.9M are $7.7M or 4.5% unfavorable to the budget.
July 2026 YTD Medical Expenses of $1,272.2M are above budget by $47.0M or 3.8%. Of this amount, $22.0M is due to higher enrollment and $25.0M due to rate variances. The unfavorability is primarily driven by Inpatient Hospital and Outpatient, reflecting high prior-year adjustments made in 2026, followed by Behavioral Health (BH), driven by an increase in BH utilizers as well as higher utilization of Mental Health Outpatient (MHOP) and Behavioral Health Treatment (BHT) services, and lastly by CS due to higher cost trends,

At a PMPM level, YTD Medical Expenses are $426.70, which is $8.38 or 2.0% unfavorable compared to the budget.

Jul-26 YTD Medi-Cal Medical Expense by Category of Service (In PMPM)				
Category	Actual	Budget	Variance	Variance %
Inpatient Services - Hospital	$117.87	$110.81	($7.06)	-6.4%
Inpatient Services - LTC	43.78	43.25	(0.53)	-1.2%
Physician Services	86.76	96.64	9.88	10.2%
Outpatient Facility	52.72	46.42	(6.29)	-13.6%
ECM	28.91	30.98	2.08	6.7%
Community Supports	13.08	12.13	(0.95)	-7.8%
Behavioral Health	24.02	18.61	(5.42)	-29.1%
Other Medical	59.01	59.47	0.46	0.8%
State Incentives	0.55	-	(0.55)	-100.0%
TOTAL MEDICAL COST	**$426.70**	**$418.31**	**($8.38)**	**-2.0%**

Inpatient Services: Inpatient Services are unfavorable to the budget, driven by higher-than expected prior-period adjustments in earlier months and the resulting impact on the expected completed PMPM within IBNR.

Inpatient Services—Long Term Care (LTC): Utilization and unit cost are slightly trending above budget.

Physician Services: Specialty utilization is trending slightly lower, consistent with normal seasonality, with utilization expected to increase in the back half of the year. This is partially offset by primary care and FQHC utilization, which continues to trend slightly higher, resulting in a favorable overall result for physician services. The Specialty Physicians category includes $4.3M per month in Provider Supplemental Payments (PSP), funded by Board-approved strategic use of reserves.

Outpatient Facility: The Outpatient Facility category consists of both Outpatient and Emergency Room (ER) services. This reflects a continued upward trend in both utilization per 1k and unit cost.

ECM: Overall, ECM performance is over budget and should be evaluated holistically, considering both revenue and expenses. The performance is over budget, primarily driven by ECM enrollments experiencing an extended period of low-intensity services, as well as unrecognized costs associated with lower encounter service units that must be absorbed by the plan.

The Alliance is continuing a service unit-based adjustment to the ECM risk corridor to better align with actual service delivery, pending the State's final methodology. Under this approach, costs will only be recognized when supported by documented service units reflecting intensity and dosage. Lower service units will therefore reduce eligible ECM expense recognition and increase exposure to unreimbursed costs. To better align reimbursement with service intensity and dosage requirements, the Board has approved on August 26, 2026, a transition to a fee-for-service (FFS) reimbursement structure effective January 1, 2027. In the interim, the Alliance will deploy targeted initiatives aligned with DHCS ECM program guidance to strengthen sustainability, emphasizing high-touch, community-based care, reducing low-

value utilization, tighter eligibility and utilization management, and a focus on members with the greatest needs.

Community Supports: Community Supports costs remain elevated, primarily due to Personal Care and Homemaker Services (PCHS). In the interim, upcoming policy changes and continued provider education are expected to reduce some PCHS cost volatility. The Alliance is also evaluating the clinical ROI of PCHS and exploring alternative supports to mitigate rising costs. Declining CS enrollments and the implementation of program integrity initiatives, including Medically Tailored Meals (MTM), housing services, and the transition to case-rate reimbursement for housing effective March 2026, continue to drive improved performance.

Behavioral Health: Behavioral Health expenses are unfavorable to the budget, primarily driven by higher-than-expected utilization of Mental Health Outpatient (MHOP) and Behavioral Health Treatment – Applied Behavior Analysis (BHT ABA) services. While the budget anticipated increased utilization following the in-sourcing initiative implemented in July 2025, recent trends have exceeded projections. This is largely due to efforts to transition members from the prior vendor's waitlist, which is anticipated to be completed by August. Recent analysis also indicates a rise in unique users receiving treatment in both MHOP and BHT, further contributing to elevated cost trends. The budget also reflects higher unit costs associated with the inclusion of TRI services, which partially offset the variance but keep overall performance above projected spending.

Other Medical: Other Medical expenses are very close to budget, with a slight unfavorable variance overall. Budget development appropriately accounted for historical utilization growth in Transportation and Hospice services, helping to keep performance largely in line with expectations. To help manage elevated non-medical transportation utilization, we implemented several operational controls in March to promote appropriate use, and we expect a decline in the coming months. Allied Health is seeing a modest unfavorable utilization trend, primarily driven by higher use of home health and physical therapy services, and we will continue to monitor it closely.

Dual Eligible Special Needs Plan (D-SNP) Line of Business

Beginning January 2026, the Alliance launched the TotalCare (HMO D-SNP), a Medicare Advantage Dual Special Needs Plan (D-SNP) for people 65 years old and over, and for some people with certain disabilities who are enrolled in both Medicare and Medi-Cal.
For the month ending July 31, 2026, the Alliance reported an Operating Loss of $1.0M. The Year-to-Date (YTD) Operating Loss is $5.8M, with a Medical Loss Ratio (MLR) of 107.4% and an Administrative Loss Ratio (ALR) of 55.3%.

The budget expected an Operating Loss of $10.9M for July YTD. The actual result is favorable to the budget by $5.1M or 46.4%, due to the lower enrollment.

Jul-26 Income Statement D-SNP ($ In 000s)								
Key Indicators	MTD Actual	MTD Budget	MTD Var $	MTD Var %	YTD Actual	YTD Budget	YTD Var $	YTD Var %
Membership	*842*	*2,965*	*(2,123)*	*-71.6%*	*4,858*	*12,652*	*(7,794)*	*-61.6%*
Revenue	$1,857	$5,139	($3,282)	-63.9%	$9,309	$21,930	($12,622)	-57.6%
Medical Expenses	2,030	5,851	3,821	65.3%	10,002	25,517	15,515	60.8%
Admin Expenses	846	1,166	320	27.4%	5,144	7,308	2,164	29.6%
Operating Income/(Loss)	($1,020)	($1,879)	$859	45.7%	($5,838)	($10,895)	$5,057	46.4%
PMPM								
Revenue	$2,204.90	$1,733.19	$471.71	27.2%	$1,916.13	$1,733.30	$182.84	10.5%
Medical Expenses	2,411.21	1,973.46	(437.76)	-22.2%	2,058.88	2,016.74	(42.14)	-2.1%
Admin Expenses	1,005.22	393.39	(611.83)	-100.0%	1,058.93	577.63	(481.30)	-83.3%
Operating Income/(Loss)	($1,211.53)	($633.65)	($577.88)	-91.2%	($1,201.67)	($861.08)	($340.60)	-39.6%
MLR %	109.4%	113.9%	4.5%		107.4%	116.4%	8.9%	
ALR %	45.6%	22.7%	-22.9%		55.3%	33.3%	-21.9%	
Operating Income %	-54.9%	-36.6%	-18.4%		-62.7%	-49.7%	-13.0%	

Membership: July 2026 D-SNP membership is unfavorable to the budget by 71.6%. D-SNP enrollment was projected to begin the year at approximately 635 members in January, with anticipated growth of about 350 members per month reaching an estimated 4,500 by year-end. However, the most recent revised membership forecast assumes monthly membership growth of approximately 136 per month beginning in June, inclusive of an 8% attrition rate, resulting in a projected membership of 1,681 by year-end.

Actual July membership totaled 963, tracking closely to the revised membership forecast, with a true-up to correct prior-month overcounts from duplicate Medicare Beneficiary Identifiers (MBIs).

Revenue: The 2026 D-SNP revenue budget was based on the bid submitted in June 2025, prepared by our actuarial partners. It uses 2026 county-level benchmarks released by CMS and reflects that the plan is considered a "New Plan" for Star rating purposes for three years. The risk score is derived from the Medicare FFS sample and adjusted using CMS's CY 2026 county-level risk score projections.

Jul-26 YTD D-SNP Revenue Summary ($ In 000s)					
CMS CAP	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Part C	$7,943	$17,773	($9,830)	($10,949)	$1,119
Part D	1,365	4,157	(2,792)	(2,561)	(231)
Total	**$9,309**	**$21,930**	**($12,622)**	**($13,510)**	**$888**

As of July, actual revenue is $3.3M below budget, or 63.9%. As of July YTD, actuals are $12.6M below budget, representing a negative variance of 57.6%. This shortfall is primarily attributable to lower-than-anticipated enrollment, partially offset by a favorable variance in the risk-adjusted rate. The newly launched D-SNP line of business is expected to experience volatility during the first year as enrollment continues to grow.

Medical Expenses: The 2026 budget is based on the bid submitted in June 2025 by our actuarial partners, which covers Medicare Parts A and B services, including Part D pharmacy benefits, as well as supplemental benefits not offered through the traditional Medicare FFS program. Supplemental benefits include fitness, an allowance for over-the-counter (OTC) medications and supplies, routine vision and eyewear, and worldwide emergency coverage. The budget incorporates medical cost management savings converted from traditional FFS, provider reimbursement aligned with in-network rates, and D-SNP-related non-claims medical expenses, including $1M Risk Adjustment Incentives.

Jul-26 YTD D-SNP Medical Expense Summary ($ In 000s)

Category	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Inpatient Hospital	$2,308	$6,124	$3,816	$3,773	$43
Inpatient Services - LTC	455	1,416	962	873	89
Physician Services	1,279	6,553	5,274	4,037	1,237
Outpatient Facility	1,206	4,428	3,223	2,728	495
CMS Pharmacy Part D	1,869	4,218	2,349	2,599	(249)
Other Medical*	2,886	2,776	(110)	1,710	(1,820)
TOTAL COST	**$10,002**	**$25,517**	**$15,515**	**$15,719**	**($205)**

*Including Ambulance, DME, Other Medicare Part B, Supplemental Benefits, and UM/QA/CC

July 2026 Medical Expenses of $2.0M are below budget by $3.8M or 65.3%, primarily due to lower than anticipated enrollment.

July YTD 2026 Medical Expenses of $10.0M are below budget by $15.5M or 60.8%, primarily due to lower than anticipated enrollment.

Jul-26 YTD D-SNP Medical Expense by Category of Service (In PMPM)

Category	Actual	Budget	Variance	Variance %
Inpatient Services - Hospital	$475.08	$484.03	$8.95	1.8%
Inpatient Services - LTC	93.60	111.94	18.34	16.4%
Physician Services	263.22	517.93	254.71	49.2%
Outpatient Facility	248.19	350.01	101.82	29.1%
CMS Pharmacy Part D	384.72	333.40	(51.32)	-15.4%
Other Medical*	594.07	219.43	(374.64)	-100.0%
TOTAL MEDICAL COST	**$2,058.88**	**$2,016.74**	**($42.14)**	**-2.1%**

*Including Ambulance, DME, Other Medicare Part B, Supplemental Benefits, and UM/QA/CC

At the PMPM level, Medical Expenses are $2,058.88, unfavorable by $42.14 or 2.1% compared to the budget. The PMPM variance is unfavorable because costs are spread across a smaller

membership base than projected, resulting in a favorable dollar variance. The actual results are heavily Incurred but Not Reported (IBNR)- driven, using the bid submission as the basis. As claims are fully processed and more complete data becomes available, a clearer picture of the underlying medical expense experience will emerge.

Administrative Expenses: July YTD Consolidated Administrative Expenses are favorable to the budget by $4.9M or 6.5% with 5.2% ALR. Salaries are favorable by $0.6M or 1.2%, driven by savings from vacant positions. Non-salary administrative expenses are favorable at $4.3M, or 18.6%, due to timing differences between actuals and budget.

Non-Operating Revenue/Expenses: July YTD Net Non-Operating Loss totaled $6.8M, unfavorable to budget by $21.5M. Of this amount, $17.6M was attributable to unrealized investment losses due to lower bond prices. Since the investments are expected to be held to maturity, these losses are not anticipated to be realized. In addition, higher grant distributions contributed approximately $3.9M to the unfavorable variance.

Summary of Results: Overall, the Alliance generated a Consolidated Net Loss of $11.4M, with an MLR of 95.1% and an ALR of 5.2%.

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Balance Sheet
For The Seventh Month Ending July 31, 2026
(In $000s)

Assets	
Cash	$141,159
Restricted Cash	309
Short Term Investments	813,251
Receivables	380,128
Prepaid Expenses	(588)
Other Current Assets	5,089
Total Current Assets	**$1,339,348**
Building, Land, Furniture & Equipment	
Capital Assets	$83,656
Accumulated Depreciation	(48,186)
CIP	807
Lease Receivable	2,799
Subscription Asset net Accum Depr	10,673
Total Non-Current Assets	**49,748**
Total Assets	**$1,389,096**
Liabilities	
Accounts Payable	$97,047
IBNR/Claims Payable	319,796
Provider Incentives Payable	29,769
Other Current Liabilities	10,515
Due to State	77,790
Total Current Liabilities	**$534,917**
Subscription Liabilities	7,963
Deferred Inflow of Resources	2,556
Total Long-Term Liabilities	**$10,520**
Fund Balance	
Fund Balance - Prior	$855,027
Retained Earnings - CY	(11,367)
Total Fund Balance	**843,660**
Total Liabilities & Fund Balance	**$1,389,096**
Additional Information	
Total Fund Balance	**$843,660**
Board Designated Reserves Target	565,075
Strategic Reserve (DSNP)	50,862
Medi-Cal Capacity Grant Program (MCGP)*	127,629
Value Based Payments	9,949
Provider Supplemental Payments	76,385
Total Reserves	**829,902**
Total Operating Reserve	**$13,758**

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CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget-LOB Summary
For The Seventh Month Ending July 31, 2026
(In $000s)

	Medi-Cal				D-SNP				Consolidated			
	YTD Actual	YTD Budget	Var $	Var %	YTD Actual	YTD Budget	Var $	Var %	YTD Actual	YTD Budget	Var $	Var %
Member Months	*2,981,423*	*2,928,795*	*52,628*	*1.8%*	*4,858*	*12,652*	*(7,794)*	*-61.6%*	*2,986,281*	*2,941,448*	*44,833*	*1.5%*
Dollars												
Revenue	$1,338,830	$1,303,485	$35,345	2.7%	$9,309	$21,930	($12,622)	-57.6%	$1,348,139	$1,325,415	$22,723	1.7%
Medical Expenses	1,272,159	1,225,155	(47,004)	-3.8%	10,002	25,517	15,515	60.8%	1,282,161	1,250,672	(31,489)	-2.5%
Administrative Expenses	65,389	68,147	2,758	4.0%	5,144	7,308	2,164	29.6%	70,533	75,455	4,922	6.5%
Operating Income/(Loss)	1,282	10,183	(8,900)	-87.4%	(5,838)	(10,895)	5,057	46.4%	(4,555)	(712)	(3,844)	-100.0%
Total Non-Op Income/(Expense)	(6,812)	14,699	(21,511)	-100.0%	-	-	0	0.0%	(6,812)	14,699	(21,511)	-100.0%
Net Income/(Loss)	($5,529)	$24,882	($30,412)	-100.0%	($5,838)	($10,895)	$5,057	46.4%	($11,367)	$13,987	($25,355)	-100.0%
PMPM												
Revenue	$449.06	$445.06	$4.00	0.9%	$1,916.13	$1,733.30	$182.84	10.5%	$451.44	$450.60	$0.84	0.2%
Medical Expenses	426.70	418.31	(8.38)	-2.0%	2,058.88	2,016.74	(42.14)	-2.1%	429.35	425.19	(4.16)	-1.0%
Administrative Expenses	21.93	23.27	1.34	5.7%	1,058.93	577.63	(481.30)	-83.3%	23.62	25.65	2.03	7.9%
Operating Income/(Loss)	0.43	3.48	(3.05)	-87.6%	(1,201.67)	(861.08)	(340.60)	-39.6%	(1.53)	(0.24)	(1.28)	-100.0%
Total Non-Op Income/(Expense)	(2.28)	5.02	(7.30)	-100.0%	-	-	-	0.0%	(2.28)	5.00	(7.28)	-100.0%
Net Income/(Loss)	($1.85)	$8.50	($10.35)	-100.0%	($1,201.67)	($861.08)	($340.60)	-39.6%	($3.81)	$4.76	($8.56)	-100.0%
MLR	*95.0%*	*94.0%*			*107.4%*	*116.4%*			*95.1%*	*94.4%*		
ALR	*4.9%*	*5.2%*			*55.3%*	*33.3%*			*5.2%*	*5.7%*		
Operating Income %	*0.1%*	*0.8%*			*-62.7%*	*-49.7%*			*-0.3%*	*-0.1%*		
Net Income %	*-0.4%*	*1.9%*			*-62.7%*	*-49.7%*			*-0.8%*	*1.1%*		

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CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget-Consolidated
For The Seventh Month Ending July 31, 2026
(In $000s)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*418,855*	*413,017*	*5,838*	*1.4%*	*2,986,281*	*2,941,448*	*44,833*	*1.5%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$186,183	$180,488	$5,695	3.2%	$1,333,228	$1,299,985	$33,243	2.6%
CMS D-SNP	1,857	5,139	(3,282)	-63.9%	9,309	21,930	(12,622)	-57.6%
State Incentive Programs	271	-	271	100.0%	1,643	-	1,643	100.0%
Prior Year Revenue*	-	-	-	0.0%	-	-	-	0.0%
Premiums Commercial	719	499	220	44.0%	3,960	3,500	460	13.1%
Total Operating Revenue	**$189,029**	**$186,126**	**$2,903**	**1.6%**	**$1,348,139**	**$1,325,415**	**$22,724**	**1.7%**
Medical Expenses								
Inpatient Services (Hospital)	$52,684	$46,678	($6,006)	-12.9%	$353,721	$330,664	($23,057)	-7.0%
Inpatient Services (LTC)	18,630	17,986	(643)	-3.6%	130,969	128,073	(2,896)	-2.3%
Physician Services	35,512	41,014	5,502	13.4%	259,957	289,598	29,641	10.2%
Outpatient Facility	23,491	19,990	(3,500)	-17.5%	158,374	140,389	(17,985)	-12.8%
ECM	14,054	11,000	(3,054)	-27.8%	86,180	90,744	4,563	5.0%
Community Supports	1,016	4,958	3,942	79.5%	38,994	35,526	(3,469)	-9.8%
Behavioral Health	10,946	7,598	(3,348)	-44.1%	71,633	54,503	(17,130)	-31.4%
CMS Pharmacy Part D	578	989	410	41.5%	1,869	4,218	2,349	55.7%
Other Medical**	21,728	24,827	3,099	12.5%	178,821	176,957	(1,864)	-1.1%
State Incentive Programs	271	-	(271)	-100.0%	1,643	-	(1,643)	-100.0%
Total Medical Expenses	**$178,909**	**$175,041**	**($3,868)**	**-2.2%**	**$1,282,161**	**$1,250,672**	**($31,489)**	**-2.5%**
Gross Margin	**$10,119**	**$11,084**	**($965)**	**-8.7%**	**$65,978**	**$74,744**	**($8,766)**	**-11.7%**
Administrative Expenses								
Salaries	$9,398	$7,926	($1,472)	-18.6%	$51,737	$52,351	$614	1.2%
Professional Fees	201	424	223	52.5%	2,654	3,231	577	17.8%
Purchased Services	648	614	(34)	-5.5%	4,126	5,569	1,443	25.9%
Supplies & Other	806	884	78	8.8%	5,702	7,381	1,679	22.7%
Occupancy	142	133	(9)	-6.4%	816	988	173	17.5%
Depreciation/Amortization	774	848	74	8.7%	5,499	5,936	437	7.4%
Total Administrative Expenses	**$11,970**	**$10,830**	**($1,141)**	**-10.5%**	**$70,533**	**$75,455**	**$4,922**	**6.5%**
Operating Income/(Loss)	**($1,851)**	**$255**	**($2,105)**	**-100.0%**	**($4,555)**	**($712)**	**($3,844)**	**-100.0%**
Non-Op Income/(Expense)								
Interest	$3,542	$3,330	$212	6.4%	$23,862	$23,310	$551	2.4%
Gain/(Loss) on Investments	(3,047)	833	(3,881)	-100.0%	(12,192)	5,833	(18,026)	-100.0%
Bank & Investment Fees	(63)	(38)	(25)	-65.1%	(431)	(269)	(163)	-60.5%
Other Revenues	290	308	(18)	-5.8%	2,156	2,158	(2)	-0.1%
Grants	(1,174)	(2,333)	1,160	49.7%	(20,206)	(16,333)	(3,873)	-23.7%
Total Non-Op Income/(Expense)	**(452)**	**2,100**	**(2,552)**	**-100.0%**	**(6,812)**	**14,699**	**($21,511)**	**-100.0%**
Net Income/(Loss)	**($2,303)**	**$2,354**	**($4,657)**	**-100.0%**	**($11,367)**	**$13,987**	**($25,355)**	**-100.0%**
MLR	*94.6%*	*94.0%*			*95.1%*	*94.4%*		
ALR	*6.3%*	*5.8%*			*5.2%*	*5.7%*		
Operating Income %	*-1.0%*	*0.1%*			*-0.3%*	*-0.1%*		
Net Income %	*-1.2%*	*1.3%*			*-0.8%*	*1.1%*		

**Other Medical includes Pharmacy and IHSS.

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CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget-Consolidated
For The Seventh Month Ending July 31, 2026
(In PMPM)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*418,855*	*413,017*	*5,838*	*1.4%*	*2,986,281*	*2,941,448*	*44,833*	*1.5%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$444.51	$437.00	$7.51	1.7%	$446.45	$441.95	$4.50	1.0%
CMS D-SNP	4.43	12.44	(8.01)	-64.4%	3.12	7.46	(4.34)	-58.2%
State Incentive Programs	0.65	-	0.65	100.0%	0.55	-	0.55	100.0%
Prior Year Revenue*	-	-	-	0.0%	-	-	-	0.0%
Premiums Commercial	1.72	1.21	0.51	42.0%	1.33	1.19	0.14	11.4%
Total Operating Revenue	**$451.30**	**$450.65**	**$0.65**	**0.1%**	**$451.44**	**$450.60**	**$0.84**	**0.2%**
Medical Expenses								
Inpatient Services (Hospital)	$125.78	$113.02	($12.76)	-11.3%	$118.45	$112.42	($6.03)	-5.4%
Inpatient Services (LTC)	44.48	43.55	(0.93)	-2.1%	43.86	43.54	(0.32)	-0.7%
Physician Services	84.78	99.30	14.52	14.6%	87.05	98.45	11.40	11.6%
Outpatient Facility	56.08	48.40	(7.68)	-15.9%	53.03	47.73	(5.31)	-11.1%
ECM	33.55	26.63	(6.92)	-26.0%	28.86	30.85	1.99	6.5%
Community Supports	2.43	12.00	9.58	79.8%	13.06	12.08	(0.98)	-8.1%
Behavioral Health	26.13	18.40	(7.74)	-42.0%	23.99	18.53	(5.46)	-29.5%
CMS Pharmacy Part D	1.38	2.39	1.01	42.3%	0.63	1.43	0.81	56.4%
Other Medical**	51.88	60.11	8.24	13.7%	59.88	60.16	0.28	0.5%
State Incentive Programs	0.65	-	(0.65)	-100.0%	0.55	-	(0.55)	-100.0%
Total Medical Expenses	**$427.14**	**$423.81**	**($3.33)**	**-0.8%**	**$429.35**	**$425.19**	**($4.16)**	**-1.0%**
Gross Margin	**$24.16**	**$26.84**	**($2.68)**	**-10.0%**	**$22.09**	**$25.41**	**($3.32)**	**-13.1%**
Administrative Expenses								
Salaries	$22.44	$19.19	($3.25)	-16.9%	$17.32	$17.80	$0.47	2.7%
Professional Fees	0.48	1.03	0.55	53.2%	0.89	1.10	0.21	19.1%
Purchased Services	1.55	1.49	(0.06)	-4.0%	1.38	1.89	0.51	27.0%
Supplies & Other	1.93	2.14	0.22	10.1%	1.91	2.51	0.60	23.9%
Occupancy	0.34	0.32	(0.02)	-4.9%	0.27	0.34	0.06	18.7%
Depreciation/Amortization	1.85	2.05	0.20	9.9%	1.84	2.02	0.18	8.8%
Total Administrative Expenses	**$28.58**	**$26.22**	**($2.36)**	**-9.0%**	**$23.62**	**$25.65**	**$2.03**	**7.9%**
Operating Income/(Loss)	**($4.42)**	**$0.62**	**($5.03)**	**-100.0%**	**($1.53)**	**($0.24)**	**($1.28)**	**-100.0%**
Non-Op Income/(Expense)								
Interest	$8.46	$8.06	$0.39	4.9%	$7.99	$7.92	$0.07	0.8%
Gain/(Loss) on Investments	(7.28)	$2.02	(9.29)	-100.0%	(4.08)	1.98	(6.07)	-100.0%
Bank & Investment Fees	(0.15)	(0.09)	(0.06)	-62.8%	(0.14)	(0.09)	(0.05)	-58.1%
Other Revenues	0.69	0.75	(0.05)	-7.2%	0.72	0.73	(0.01)	-1.6%
Grants	(2.80)	(5.65)	2.85	50.4%	(6.77)	(5.55)	(1.21)	-21.9%
Total Non-Op Income/(Expense)	**($1.08)**	**$5.08**	**($6.16)**	**-100.0%**	**($2.28)**	**$5.00**	**($7.28)**	**-100.0%**
Net Income/(Loss)	**($5.50)**	**$5.70**	**($11.20)**	**-100.0%**	**($3.81)**	**$4.76**	**($8.56)**	**-100.0%**
MLR	*94.6%*	*94.0%*			*95.1%*	94.4%		
ALR	*6.3%*	*5.8%*			*5.2%*	5.7%		
Operating Income %	*-1.0%*	*0.1%*			*-0.3%*	-0.1%		
Net Income %	*-1.2%*	*1.3%*			*-0.8%*	1.1%		

*Prior Year Revenue consist of revenue booked in the current calendar year for services rendered in prior years.
**Other Medical includes Pharmacy and IHSS.

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CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Statement of Cash Flow
For The Seventh Month Ending July 31, 2026
(In $000s)

	MTD	YTD
Net Income	($2,303)	($11,367)
Items not requiring the use of cash: Depreciation	328	2,372
Adjustments to reconcile Net Income to Net Cash provided by operating activities:		
Changes to Assets:		
Restricted Cash	0	0
Receivables	7,521	17,267
Prepaid Expenses	620	(1,033)
Current Assets	(1,321)	(60)
Subscription Asset net Accum Depr	0	0
Net Changes to Assets	**6,819**	**16,174**
Changes to Payables:		
Accounts Payable	(124,631)	(110,513)
Other Current Liabilities	3,253	1,182
Incurred But Not Reported Claims/Claims Payable	(19,290)	(141,001)
Provider Incentives Payable	2,440	(11,340)
Due to State	0	(70,377)
Subscription Liabilities	0	0
Net Changes to Payables	**(138,228)**	**(332,048)**
Net Cash Provided by (Used in) Operating Activities	**(133,384)**	**(324,870)**
Change in Investments	169	(5,856)
Other Equipment Acquisitions	0	(626)
Net Cash Provided by (Used in) Investing Activities	**169**	**(6,482)**
Deferred Inflow of Resources	0	0
Net Cash Provided by (Used in) Financing Activities	**0**	**0**
Net Increase (Decrease) in Cash & Cash Equivalents	**(133,215)**	**(331,353)**
Cash & Cash Equivalents at Beginning of Period	**273,867**	**394,722**
Cash & Cash Equivalents at July 31, 2026	**$141,159**	**$141,159**

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SANTA CRUZ – MONTEREY – MERCED – SAN BENITO – MARIPOSA MANAGED MEDICAL CARE COMMISSION

Meeting Minutes

Wednesday, August 26, 2026
3:00 p.m. – 5:00 p.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:
San Benito County Health and Human Services Agency
1111 San Felipe Road, Building B, Hollister, CA
In Mariposa County:
Mariposa County Health and Human Services
5362 Lemee Lane, Mariposa, California

Commissioners Present:

Ms. Anita Aguirre	At Large Health Care Provider Representative
Dr. Ralph Armstrong	At Large Health Care Provider Representative
Supervisor Wendy Root Askew	County Board of Supervisor
Ms. Tracey Belton	County Health and Human Services Agency
Supervisor Kim De Serpa	County Board of Supervisor
Dr. Maximiliano Cuevas	Health Care Provider Representative
Dr. Donaldo Hernandez	Health Care Provider Representative
Ms. Katrina Hodges	Public Representative
Ms. Elsa Jimenez	County Director of Health Service
Mr. Michael Molesky	Public Representative

Ms. Connie Moreno-Peraza	County Health Department Representative
Supervisor Josh Pedrozo	County Board of Supervisor
Dr. James Rabago	Health Care Provider Representative
Dr. Allen Radner	At Large Health Care Provider Representative
Mr. Ye Thao	Public Representative

Commissioners Absent:

Ms. Leslie Abasta-Cummings	At Large Health Care Provider Representative
Dr. Kristina Keheley	County Health Department Representative
Dr. Kristynn Sullivan	County Health Department Representative

Staff Present:

Mr. Michael Schrader	Chief Executive Officer
Ms. Lisa Ba	Chief Financial Officer
Ms. Jenifer Mandella	Chief Compliance Officer
Mr. Cecil Newton	Chief Information Officer
Ms. Van Wong	Chief Operating Officer
Dr. Mike Wang	Chief Medical Officers
Mr. Scott Fortner	Chief Administrative Officer
Ms. Kay Lor	Payment Strategy Director
Dr. Mai Buy-Dui	Medical Director (MD)
Ms. Anne Brereton	Deputy County Counsel, Monterey County
Ms. Jessie Dybdahl	Provider Services Director
Ms. Hayley Tut	Clerk of the Board

1. Call to Order by Chair Pedrozo.

Chairperson Pedrozo called the meeting to order at 3:02 p.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

[Commissioner Cuevas arrived at 3:03pm]

2. Oral Communications.

We invited comments by e-mail and received one comment**.**

Ms. Hayley Tut read a written public comment from Matt Saltzman, Executive Officer of Ready Steady Transportation representing a coalition of non-emergency medical transportation (NEMT) providers serving Medi-Cal members in Santa Cruz, Monterey, and Santa Clara counties, The comment asked commissioners to formally review reimbursement rates because rising fuel, labor, and cost-of-living expenses are threatening provider capacity and Medi-Cal members' access to reliable transportation. The full statement was shared with the board members via email and is available to the public on request.

Chair Pedrozo opened the floor for any members of the public to address the Commission on items not listed on the agenda.

Ramona McCabe, Director of Programs from First 5 Monterey County thanked the Alliance for its longstanding partnership supporting home visiting, care coordination, Enhanced Care Management (ECM), and Community Health Worker services in Monterey County. She noted that First Five Monterey serves as an ECM and CHW hub through a network of community partners.

Kaylie Escobar-Islas, a new field representative for California State Senator Anna Caballero, introduced herself and indicated she was attending to learn more about the Board and explore ways the Senator's office could support the Alliance's work.

3. Comments and announcements by Commission members.

Chair Pedrozo opened the floor for Commissioners to make comments.

There was no comment.

4. Comments and announcements by Chief Executive Officer. 3:12 p.m.

Mr. Schrader described that the Alliance's three-year contract with CommonSpirit/Dignity expires at the end of the year. To begin negotiations, CommonSpirit provided the Alliance with written notice on July 1 of its intent to terminate the agreement effective December 31, unless the parties reach a new agreement before that date. Alliance staff have reviewed CommonSpirit's initial proposal and submitted a counterproposal. If past experience is any indication, this process may take time. Three years ago, negotiations also began with a termination notice, involved multiple rounds of proposals and counterproposals, spanned nine months, and required several contract extensions to avoid disruption to members. Ultimately, the parties reached an agreement that was implemented retroactively. Staff take these negotiations very seriously, and our primary goal is to preserve access to care for our members. CommonSpirit is a longstanding and valued partner that plays a significant role in the Alliance's provider network and in serving our members. We appreciate CommonSpirit's continued engagement and look forward to working together toward a mutually acceptable agreement that maintains this important partnership.

Consent Agenda Items: (5.- 9D.): 3:14 p.m.

MOTION: Commissioner Molesky moved to approve Consent Agenda items 5-9D seconded by Commissioner Aguirre.

ACTION: The motion passed with the following vote:

Ayes: Commissioners, Aguirre, Armstrong, Askew, Belton, Cuevas, Hernandez, Hodges, Jimenez, Molesky, Moreno-Peraza, Pedrozo, Rabago, Radner, and Thao

Noes: None.

Absent: Commissioners, Abasta Cummings, Keheley, and Sullivan

Abstain: Commissioner De Serpa

[Commissioner Askew arrived at 3:15pm]

Regular Agenda Items: (10. – 13.): 3:08 p.m.

10. CY 2027 Enhanced Care Management (ECM) Payment Methodology. 3:17 p.m.

Ms. Kay Lor and Dr. Mike Wang presented a 2027 ECM transition from case-rate payment to fee-for-service, responding to DHCS expectations for higher-touch, person-centered services and addressing the Alliance's projected ECM losses and encounter-based risk-corridor exposure.

DHCS is directing plans to return ECM to a high-touch model. Low-touch care is generally characterized by fewer than two services per month or fewer than five hours, primarily telephonic delivery, and less than 37% licensed-provider involvement. High-touch care involves at least three services per month or more than five hours, primarily in-person delivery, and at least 37% licensed-provider involvement.

The Alliance has more than 6% of Medi-Cal members enrolled in ECM compared with a statewide average of about 1.8% and a DHCS/Mercer target of approximately 1% to 2%. The program averages roughly 2.3 encounters per month, about 75% telehealth delivery, and approximately 94% non-licensed-provider delivery. The Alliance projected losses of $41 million in 2025 and $58 million in 2026 even with risk-corridor protection.

Providers will be required to maintain individualized care plans aligned with member needs and goals, update them as circumstances change, and apply stronger eligibility, utilization-management, graduation, and duration criteria. Low- and medium-risk members require reassessments; high-risk members were not being removed from ECM, and members who no longer qualify may be redirected to the Alliance's internal care-management program.

Effective January 1, 2027, the proposed model replaces the case rate with fee-for-service reimbursement tied to documented services. Rates are higher for in-person services than telehealth and for clinical services than non-clinical services, include indirect-service reimbursement, and require authorization beyond a defined monthly service range. Proposed rates were $204 for clinical in-person services, $163 for clinical telehealth, $102 for non-clinical in-person, and $82 for non-clinical telehealth, with outreach reimbursed at $25 per target up to $150.

The current $625 case rate combined with approximately 1.1 service hours produced an illustrative provider payment of $568 per hour. Under the proposed model, six hours at the $102 non-clinical in-person rate would produce approximately $612 per hour, aligning

reimbursement more closely with DHCS service assumptions and intended to bring the program to break-even in 2027 while improving oversight.

It was confirmed that network-management work had begun, care-plan data collected since May would support provider-level analysis, and the provider list could be shared. Commissioners requested continued engagement with high-performing community providers and clearer definitions of clinical versus non-clinical services.

High-risk members remain in ECM, lower- and medium-risk members can be redirected to internal care management, and DHCS base rates include a 20% administrative component. Staff also said future electronic exchange of care plans and billing could reduce provider burden.

A discussion ensued among Commissioners.

We invited comments by e-mail and received one comment.

Ms. Hayley Tut read a written public comment by Ramona McCabe, Director of Programs from First 5 Monterey County. The comment stated that First Five Monterey supports DHCS and the Alliance's goals of delivering high-quality ECM services and ensuring provider accountability, but cautioned that proposed changes could unintentionally affect providers, service delivery, and families. The organization urged the Alliance to continue raising implementation concerns with DHCS, collaborate with state partners to refine guidance, and pursue solutions that preserve ECM's intent without harming children and families. The full statement was shared with the board members via email and is available to the public on request.

MOTION:	Commissioner Askew moved to approve the staff recommendation to adopt the fee-for-service ECM methodology and the $25-per-target outreach rate with a $150 maximum seconded by Commissioner Rabago. The motion also carried an expressed request for continued network-quality review and transparent engagement with providers.
ACTION:	The motion passed with the following vote:
Ayes:	Commissioners, Armstrong, Askew, Hernandez, Hodges, Molesky, Pedrozo and Thao
Noes:	None.
Absent:	Commissioners, Abasta Cummings, Keheley and Sullivan
Abstain:	Commissioner Aguirre, Cuevas, De Serpa, Jimenez, Moreno-Peraza and Radner

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11. CY 2027 Incentive Programs. 3:55 p.m.

Ms. Kay Lor and Dr. Mai Bui-Duy presented revisions to the 2027 hospital, behavioral-health, specialty-care, and care-based incentive programs to comply with DHCS contracting requirements, remove duplicative or low-volume measures, and add exploratory D-SNP quality measures.

Effective January 2026, DHCS requires provider incentive programs to define the performance period, execute contracts before that period, establish clear performance metrics, and specify payment amounts tied to achievement. Staff classified measures as incentive-based or fee-for-service add-ons to meet these requirements.

The proposed HQIP change reduces the ED clinical data-exchange payment to $25 per electronic record and expands eligibility from high-risk members to all records. Other measures continue to address transitional care, readmissions, post-discharge follow-up, avoidable emergency visits, and hospital connection to the Alliance health-information exchange.

Seven BHIP measures were proposed for removal: provider satisfaction survey, health-equity training, DHCS ACEs training, community-setting access, ED-utilization reduction, provider sign-on and retention bonus, and provider bilingual bonus. The reasons included duplication with other programs, lack of paid volume, better alignment of ED reduction with primary care, completion of network-development goals, and incorporation of bilingual payments into supplemental methodology.

Remaining measures include PCP coordination, member access with tiered payments for above-average engagement, ABA therapy availability after hours and on weekends, and bilingual visit add-ons for mental-health outpatient and behavioral-treatment services.

Staff proposed removing the increased palliative-care-referral measure because utilization had shifted toward affiliated providers, creating compliance and legal risk. Remaining measures address C-section rates, CCS referrals, specialist-PCP coordination, member access, ED follow-up, and OB doula referrals.

The CBI program proposed retiring ambulatory care sensitive admissions, chlamydia screening, and diagnostic-accuracy training because of MCAS or program duplication changes. Five exploratory D-SNP measures were added: breast and colorectal cancer screening, controlling high blood pressure, diabetic poor control above 9%, and plan all-cause readmission.

The ACE screening measure would begin at age zero rather than age one. Dental fluoride-varnish data would incorporate Denti-Cal claims and provider-submitted dental data so PCPs can receive credit when children receive the service through a dental provider. Measures overlapping with D-SNP STARS received increased weighting, and specified member-reassignment reasons would not affect CBI points when a documented care-management referral exists.

Commissioners asked for stronger use of physician and behavioral-health advisory groups, particularly when conflicts of interest limit board discussion. Staff agreed to take back a proposal for earlier stakeholder review and noted that the physician advisory group had

reviewed the CBI measures, including feedback on chlamydia screening and fluoride-varnish data sources.

A discussion ensued among Commissioners.

MOTION:	Commissioner Molesky moved to approve the proposed 2027 changes, including the HQIP ED data-exchange rate, seven BHIP removals, removal of the SCI palliative-care measure, and the CBI retirements and exploratory D-SNP measures seconded by Commissioner Belton.
ACTION:	The motion passed with the following vote:
Ayes:	Commissioners, Askew, Belton, Molesky, Pedrozo, and Thao
Noes:	None.
Absent:	Commissioners, Abasta Cummings, Keheley and Sullivan
Abstain:	Commissioner Aguirre, Armstrong, Cuevas, De Serpa, Hernandez, Hodges, Jimenez, Moreno-Peraza. Rabago, and Radner

12. Compliance Program Report and Compliance Plan and Code of Conduct. 4:35 p.m.

Due to time constraints Mr. Michael Schrader requested that the Compliance item be deferred.

Ms. Jenifer Mandella will bring back this topic at a future meeting.

13. Operational and Workforce Planning. 4:36 p.m.

Ms. Van Wong and Mr. Scott Fortner outlined an operational review, together with a workforce reduction realignment of approximately 25% for the first quarter of 2027 in response to the UIS carve-out and projected membership decline, with operational readiness work intended to preserve service quality, member experience, provider experience, and community commitments.

Management projected a 25% Medi-Cal membership decline by January 1, 2027, compared with the December 2024 baseline, followed by an approximately 39% decline by the end of 2028. DHCS revenue is expected to fall by at least 25%, with workforce costs representing approximately 70% of the 2026 administrative budget.

The Alliance historically budgets an administrative loss ratio nearly 6%. The 2026 projected ALR is approximately 5.4%, 2027 is expected to rise to about 6.9% during the transition year, and the plan is to return to 6% or less in 2028. Existing 2026 administrative savings are expected to absorb workforce-transition costs.

The planned sequence is to eliminate vacancies, reduce contingent workers through year-end 2026, offer a voluntary separation incentive program in the fourth quarter of 2026, and use an involuntary reduction in force if necessary to close the remaining gap. The scope includes member-facing, administrative, and support departments, with ongoing alignment through vacancy management, selective contingent work, and natural attrition.

Regular employees affected through voluntary separation or a reduction in force will receive severance, COBRA continuation, and outplacement services. Management reserved $8 million as a planning ceiling for severance, payroll taxes, and PTO payout; it is not a spending target, and staff estimated actual costs could be less than half that amount.

Additional administrative cost cutting actions include indefinite deferral of the senior-leadership incentive plan, suspension of the employee bonus plan, limiting travel to essential business, reducing executive team staffing by combining the Chief Health Equity Officer responsibilities with the Chief Medical Officer role, and eliminating two vacant director positions.

Management will assess how membership changes affect workload, operational lag, claims and member contacts after the carve-out, future-state operating models, process automation, vendor optimization, work elimination, and capacity planning. Decisions will begin with workload and service demand rather than applying a uniform headcount reduction.

The workforce strategy will be evaluated against non-negotiables: quality and regulatory performance, member access and experience, provider support, continued community grant-making and local partnerships, and transparent and respectful treatment of employees. Implementation specifics will be communicated to employees by management before public disclosure.

Management's governance model uses integrated workforce-planning, financial-modeling, and operational-readiness workstreams, with ongoing CEO updates to the board.

A discussion ensued among Commissioners.

The Commission adjourned its meeting of August 26, 2026, at 4:55 p.m. to the regular meeting of September 23, 2026, at 3:00 p.m. via videoconference from county offices in Scotts Valley, Salinas, Merced, Hollister and Mariposa unless otherwise noticed.

Respectfully submitted,

Ms. Hayley Tut
Clerk of the Board
Minutes were supported by AI-generated content.

Meeting Minutes
Wednesday, August 5, 2026
9:00 – 10:00 a.m.

Via Videoconference

Committee Members Present:

Anita Guevin	Medicare Compliance Program Manager
Cecil Newton	Chief Information Officer
Douglas Press	Legal Services Director
Jenifer Mandella (chair)	Chief Compliance Officer
Lisa Ba	Chief Financial Officer
Michael Schrader	Chief Executive Officer
Michael Wang	Chief Medical Officer
Scott Crawford	Medicare Program Executive Director
Scott Fortner	Chief Administrative Officer
Van Wong	Chief Operating Officer

Committee Members Excused:

Danita Carlson	Government Relations Director
Ryan Markley	Compliance Director
Tammy Brass	Health Services Executive Director

Staff Present:

Amber Schnitzius	Medicare Stars Program Manager
Jessie Dybdahl	Provider Services Director
Lilia Chagolla	Member Services Director
Nicole Krupp	Regulatory Affairs Manager
Rebecca Seligman	Program Integrity Manager
Robin Sihler	Administrative and Data Reporting Assistant
Veronica Olivarria	Member Services Call Center Manager

1. **Call to Order by Chair Markley**

Chairperson Jenifer Mandella called the meeting to order at 9:03 a.m. A quorum was present.

Consent Agenda

2. **Approve Minutes of 07/01/2026 Committee Meeting**
3. **Program Integrity Snapshot**
4. **Regulatory Affairs Snapshot**
5. **Revisions to Compliance Plan**
6. **Revisions to Code of Conduct**

ACTION: Committee reviewed and approved items 2-6 of the Consent Agenda with 10 Ayes and 0 Noes.

7. Follow-up on Action Items

Mandella reviewed outstanding action items from the previous Compliance Committee meetings:

- Delegate Oversight and Provider Services CAP - Credentialing Reviews.
  - UPDATE: Review of backlog is nearly complete. Some process structure development remains, and an update will be provided at the September meeting.
- D-SNP Pre-Service Reconsiderations – Mandella and Sanders to align system fixes for short and long term appeals timeliness.
  - COMPLETE.

Regular Agenda

6. Security Update

Agenda item deferred to September meeting.

7. Department Risk Reporting

D-SNP Call Center Monitoring Performance

Schnitzius, Medicare Stars Program Manager, reported that the Annual CMS test calls, which took place February-March, fell below the compliance threshold of 80%. The test calls evaluated compliance with accessibility and interpreter service requirements for prospective Medicare beneficiaries, including interpreter availability and timely access to customer service representatives. The root cause of this was mainly attributed to a technical issue being that the Spanish phone tree was not updated which prevented appropriate routing and resulted in longer wait times.

Olivarria, Member Services Call Center Manager, sited call volume and ongoing staffing challenges as contributing factors.,

Schnitzius informed the committee that the test call results will be used for 2027 Star Ratings but that the plan will not be eligible for 2027 Star Ratings; therefore the current year provides an opportunity to identify and resolve the issue before scores affect future ratings.

Schnitzius and Olivarria reported that the Spanish phone tree has been updated and that dedicated call center staff have been assigned to prospective D-SNP calls. Additionally, the interpreter vendor has been engaged to address delays related to NCQA-required questions.

ACTION: Operations staff will continue implementing improvements to phone tree management, MSR preparation for interpreter calls, staffing strategy, call-flow efficiency, interpreter vendor coordination, and continued monitoring of call routing.

Grow Therapy

Dybdahl, Provider Services Director, reported operational challenges during the transition of Behavioral Health services from Carelon to the Alliance highlighting Grow Therapy providers, nurse practitioners and members.

Dybdahl explained that during the transition, Grow Therapy providers serving under Carelon were moved to the Alliance to maintain continuity of care. During credentialing review of Grow Therapy it was discovered that supervising physicians for some of the nurse practitioners were not enrolled in Medi-Cal, making them ineligible to operate under the Grow Therapy agreement. The resulting impact was a loss of 143 rendering nurse practitioners which affected 571 members.

Alternative Behavioral Health providers were identified and outreach was provided to affected members offering them multiple provider options.

8. Wrap Up and Assignments

Action items are as follows:

- Delegate Oversight and Provider Services CAP – Credentialing Reviews
  - Markley to provide update at September Compliance Committee meeting.
- Quarterly Security Update
  - McMurray to present Q2 26 Security Update at August meeting.
- D-SNP Call Center Monitoring:
  - Operations staff will continue implementing improvements to phone tree management, MSR preparation for interpreter calls, staffing strategy, call-flow efficiency, interpreter vendor coordination, and continued monitoring of call routing.

The meeting adjourned at 9:56 a.m.

Respectfully submitted,
Robin Sihler
Compliance Administrative and Data Reporting Assistant

FINANCE COMMITTEE
SANTA CRUZ – MONTEREY – MERCED – SAN BENITO – MARIPOSA MANAGED MEDICAL CARE COMMISSION

Meeting Minutes

Wednesday, June 24, 2026

Commissioners Present:

Ms. Elsa Jiménez,	County Director of Health Services
Mr. Michael Molesky,	Public Representative
Allen Radner, MD,	At Large Health Care Provider Representative
Ms. Kristynn Sullivan,	County Health Department Representative

Commissioners Absent:

Ms. Anita Aguirre,	At Large Health Care Provider Representative
Ralph Armstrong, DO,	At Large Health Care Provider Representative
Supervisor Josh Pedrozo,	County Board of Supervisors

Staff Present:

Ms. Lisa Ba,	Chief Financial Officer
Mr. Michael Schrader,	Chief Executive Officer
Ms. Dulcie San Paolo,	Finance Administrative Specialist

1. Call to Order. (1:37 – 1:38 p.m.)

Chairperson Molesky called the meeting to order at 1:37 p.m. Roll call was taken. A quorum was present.

2. Oral Communications. (1:38 – 1:38 p.m.)

Chairperson Molesky opened the floor for any members of the public to address the Committee on items not listed on the agenda.

No members of the public addressed the Committee.

Consent Agenda Items:

3. Approval of the Minutes of the March 25, 2026 Finance Committee Meeting. (1:38 – 1:40 p.m)

FINANCE COMMITTEE ACTION: Chairperson Molesky opened the floor for approval of the minutes of the March 25, 2026, meeting.

MOTION: Commissioner Jimenez moved to approve the minutes, seconded by Commissioner Sullivan

ACTION: The motion passed with the following vote:

Ayes: Commissioners Jimenez, Molesky, Radner, Sullivan

Noes: None

Absent: Commissioners Aguirre, Armstrong, and Pedrozo

Abstain: None

Regular Agenda Items:

4. 2026 Year-to-Date (YTD) April Financial Results. (1:40 – 1:48 p.m.)

Ms. Lisa Ba, Chief Financial Officer (CFO), presented the Alliance's latest financial results for the four months ending April 30, 2026. She reported a consolidated Year-to-Date (YTD) Operating Loss of $14.7M across the combined Medi-Cal and Dual Eligible Special Needs Plan (D-SNP) lines of business. This was compared to a budgeted loss of less than $1M with a per-member-per-month (PMPM) loss of $8.55 versus a budgeted $0.55. The Medical Loss Ratio (MLR) was 97%, exceeding the budgeted 94.6%.

Ms. Ba then shared an overview of the individual lines of business. Medi-Cal performance showed a year-to-date (YTD) operating loss of $10.6M, with a medical loss ratio (MLR) of 96.9% and an Administrative Loss Ratio (ALR) of 4.5%. Medical expenses for April YTD were $430.02 per member per month (PMPM), which is $7.74 PMPM, or 1.8% over the budget. Key factors included high enrollment in Enhanced Care Management (ECM), risk corridor exposure, ongoing Community Supports (CS) losses despite better April results, increased Behavioral Health costs, and inpatient and outpatient expenses exceeding budget due to high-dollar claims from previous years.

D-SNP results reflected a smaller-than-expected loss due to lower enrollment, though administrative expenses were higher than expected because fixed startup costs were spread across a small enrollment base. These ratios are expected to normalize as enrollment grows.

5. 2026 Forecast Based on YTD April Performance. (1:48 – 2:45 p.m.)

Ms. Ba presented the initial forecast for 2026, based on YTD April performance. The forecast indicates an operating loss of $48.8M or 2.1%, slightly worse than the budgeted loss of $40.7M. The Medi-Cal line of business accounts for a $27.4M loss, with a 96.3% MLR, compared to the

budget of 95.6%, with unfavorability attributed to ongoing high utilization in ECM and Behavioral Health. DSNP shows a $21.4M loss, with a 137.6% MLR, compared to the budget of 112.4%.

The forecast projects continued losses in both Medi-Cal and D-SNP, with ECM remaining the primary financial challenge. CS is performing better than expected due to program integrity efforts and payment changes; however, staff have identified emerging cost pressures in certain benefits, especially Personal Care and Homemaker Services (PCHS). ECM enrollment remains well above original projections and continues to drive significant losses through high utilization and encounter-data-related risk corridor adjustments. Efforts are underway to improve provider documentation, encounter submission, member graduation, and program oversight, with a proposed fee-for-service ECM payment model expected to go to the Board in August.

The forecast also reflects continued membership declines due to redeterminations and eligibility changes, with further reductions expected if the proposed UIS carve-out proceeds. Despite these pressures, core Medi-Cal services are performing relatively well, supported by recent revenue increases and disciplined administrative cost management. Without ECM losses, the underlying Medi-Cal program would be in a significantly stronger financial position.

Ms. Ba reminded the commissioners that the D-SNP forecast remains preliminary due to limited operating history, lower-than-projected enrollment, and reliance on incurred-but-not-reported (IBNR) estimates from immature claims experience. Continued startup losses are expected, with long-term sustainability dependent on enrollment growth, care management, provider engagement, and claims maturation. Additional updates will be provided as more data becomes available.

Looking beyond 2026, Ms. Ba shared a preliminary outlook through 2028 that reflects continued financial pressure from Medi-Cal eligibility policy changes resulting in membership declines, along with rising medical costs. The forecast will be refined in future cycles as more data becomes available and program integrity initiatives mature.

Discussion ensued among Commissioners.

The Finance Committee adjourned its meeting of June 24, 2026, at 2:45 p.m.

Respectfully submitted,

Ms. Dulcie San Paolo
Finance Administrative Specialist

Minutes were supported by AI-generated content

MEMBER SERVICES ADVISORY GROUP

Meeting Minutes

Thursday, May 14, 2026
10 – 11:30 a.m.

In San Benito County:
Community Services & Workforce Development
1161 San Felipe Road, Building B, Hollister, CA. 95023
In Santa Cruz County:
Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, CA, 95066
In Mariposa County:
Mariposa County Health and Human Services
5362 Lemee Lane, Mariposa, CA 95338
In Merced County:
Central California Alliance for Health
530 West 16th Street, Suite B, Merced, CA 95340
In Monterey County:
Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, CA 93901

Members Present:	
Aluriel Ceballos	Community Advocate
Carolina Meraz	Consumer
Doris Drost	Consumer
Jamie Berry	Consumer
Janna Espinoza	Consumer
John Beleutz	Community Advocate
Michael Molesky	Consumer, Commissioner
Mimi Park	Consumer
Moncerat Politron	Community Advocate
Rebekah Capron	Community Advocate
Stephanie Auld	Consumer

Members Absent:	
Adriana Zoghlami	Community Advocate

Candi Walker	Consumer
Frances Wong	Consumer
Guadalupe Barajas-Iniguez	Consumer Advocate
John Alexander	Community Advocate

Staff Present:

Adourin Malco	Community Engagement Specialist
Clarisa Gutierrez	Community Engagement Coordinator
Desirre Herrera	Quality and Health Programs Manager
Gabriela Chavez	Community Engagement Manager
Kayla Zoliniak	Administrative Specialist
Ronita Margain	Community Engagement Director
Sonia Menjivar	Call Center Quality Analyst
Ulises Cisneros-Abrego	Community Engagement Specialist
Rebecca McMullen, LPCC	Behavioral Health Manager
Ginger Trujillo	Administrative Specialist - CAO
Perla Bautista	Medicare Sales Agent
Rosa Ana Olmos	Member Services Supervisor
Sky Collins	Digital Experience Manager

1. **Call to Order by Chairperson Beleutz.**
   Chairperson Beleutz called the meeting to order at 10:02 a.m.

   Roll call was taken and a quorum was present.

   There were no supplements or deletions to the agenda.

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. There was no public comment.

3. **Comments and announcements by Member Services Advisory Group members.**
   Advisory Group members expressed interest in learning more about CalAIM, Enhanced Care Management (ECM), the state budget, and providers leaving the area.

   Advisory Group member expressed concerns for communication access for deaf and hard of hearing members including during emergencies, during appointments, and on the website.

   Advisory Group member recommended a TotalCare workshop for the community.

   Advisory Group member expressed concern about the ECM system design.

4. **Comments and Announcements by Plan Staff.**
   R. Margain, Community Engagement Director, announced the Alliance is working with local community partners to support member outreach and retention.

Consent Agenda Items (5. – 7.)

Chairperson Beleutz opened the floor for approval of the consent agenda.

Action: Consent agenda items were approved.

Regular Agenda Items:

8. **Annual Election of Officers**
   Chairperson Beleutz opened the floor for nominations for Chairperson and Vice Chairperson.

   Commissioner Molesky nominated Chairperson Beleutz for Chairperson and G. Barajas-Iniguez for Vice Chairperson. Nominations seconded by Advisory Group Member Auld.

   Action: Nominations were approved. Chairperson Beleutz was elected to serve as Chairperson and G. Barajas-Iniguez was elected to serve as Vice Chairperson.

9. **Behavioral Health Services**
   Rebecca McMullen, LPCC, Behavioral Health Manager, presented and solicited feedback on behavioral health services.

   Advisory Group member recommended flyers, potentially with QR codes, are posted in school wellness centers, school restrooms, doctor office waiting rooms, doctor office exam rooms, and hospitals.

   Advisory Group member expressed concern about Medi-Cal/Medicare members being able to access services.

   Advisory Group members expressed concern for LGBTQ+ individuals, especially youth.

   Advisory Group member asked about funding opportunities for community organizations.

10. **Website Navigation Menu Update**
    Sky Collins, Digital Experience Manager, presented and solicited feedback on the website navigation menu update.

    Advisory Group members recommended providing technology classes.

    Advisory Group members recommended optimizing the website for mobile and testing on a range of mobile phones including less modern smartphones.

    Advisory Group members recommended ensuring accessibility for deaf and hard of hearing members and having interpreters be a part of user testing.

    Advisory Group member recommended online forms for tasks including changing primary care provider and requesting transportation services.

    Advisory Group member recommended audio content or text to audio capabilities.

    Advisory Group members asked about AI to assist with accessibility and Advisory Group member cautioned on AI and HIPAA.

Adjourn:
The meeting adjourned at 11:29 a.m.

The meeting minutes are respectfully submitted by Kayla Zoliniak, Community Engagement Administrative Specialist.

Next Meeting: Thursday, August 13, 2026.

MEMBER SERVICES ADVISORY GROUP SELECTION COMMITTEE

Meeting Minutes

Thursday, February 12, 2026
9:30 – 9:45 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 (CSWD) Building
1161 San Felipe Road, Building B, Hollister, California
In Mariposa County:
Mariposa County Health and Human Services
5362 Lemee Lane, Mariposa, California

Members Present:

Guadalupe Barajas-Iniguez	Consumer Advocate
Janna Espinoza	Consumer, Commissioner
John Beleutz	Community Advocate

Members Absent:

Michael Moleskey	Consumer, Commissioner

Staff Present:

Adourin Malco	Community Engagement Specialist
Clarisa Gutierrez	Community Engagement Coordinator
Kayla Zoliniak	Administrative Specialist
Ronita Margain	Community Engagement Director
Ulises Cisneros-Abrego	Community Engagement Specialist

1. Call to Order by Chairperson Beleutz.

Chairperson Beleutz called the meeting to order at 9:30 a.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

2. Oral Communications.

Chairperson Beleutz opened the floor for any members of the public to address the Selection Committee on items not listed on the agenda.

No members of the public addressed the Selection Committee.

Consent Agenda Item

1. Approve Member Services Advisory Group Selection Committee minutes of March 13, 2025.

Regular Agenda Item

2. Acceptance of Advisory Group Applicant
Selection Committee reviewed Advisory Group applicant.

Motion:	L. Barrajas-Iniguez moved to approve the staff recommendation for the Advisory Group applicant.
Action:	The motion passed with the following vote:
Ayes:	L. Barajas-Iniguez, J. Espinoza, and J. Beleutz
Noes:	None.
Absent:	M. Molesky
Abstain:	None.

Adjourn:
The meeting adjourned at 9:35 a.m.

Respectfully submitted,
Kayla Zoliniak
Member Services Advisory Group Coordinator

Whole Child Model
Family Advisory Committee

Meeting Minutes

Monday, April 27, 2026

Teleconference Meeting

Members Present:

Voting Members

Cristina Vasquez Sanchez	Family Representative
Frances Wong	Family Representative
Ivett Vasquez	Community Partner
Janna Espinoza	Family Representative
Katrina Hodges	Family Representative
Kelley Sandoval	Family Representative
Kevin Smith	Parent Center Representative
Paloma Barraza	Family Representative

Non-voting Members

Anna Rubalcava	Community Partner
Christine Betts	Community Partner
Manuel Lopez Mejia	Family Advocate
Susan Paradise	Community Partner

Members Absent:

Voting Members

Alicia Zambrano	Family Representative
Irma Espinoza	Family Representative
Kazzandra Cunningham	Family Representative
Magdalena Mugica	Parent Center Representative
Marili Hernandez	Family Representative
Megan Atkinson	Parent Center Representative
Michael Molesky	Commissioner

Non-voting Members

Barbara Hurtado	Community Partner
Denise Sanford	Community Partner
Esperanza Compean	Community Partner

Kevin Low	Community Partner
Oscar Flores	Community Partner

Staff Present:

Carissa Grepo, RN	Utilization Management Manager - Prior Authorizations
Jessica Villar, LCSW	Care Management Supervisor
Kayla Zoliniak	Administrative Specialist
Kelsey Riggs, RN	Care Management Director
Ronita Margain	Community Engagement Director
Lisa Moody, RN	Pediatric Care Management and California Childrens Services Manager
Ulises Cisneros-Abrego	Community Engagement Specialist

1. Call to Order by Chairperson Espinoza.

Chairperson Espinoza called the meeting to order at 1:35 p.m.

Roll call was taken and a quorum was not present.

There were no supplements or deletions to the agenda.

2. Oral Communications.

Chairperson Espinoza opened the floor for any members of the public to address the Advisory Committee on items not listed on the agenda. There was no public comment.

Consent Agenda Items: (3. – 5.)

Chairperson Espinoza opened the floor for approval of the meeting minutes of the previous meetings on November 3, 2025 and January 26, 2026. Minutes were not approved due to lack of quorum and will be brought back to the next meeting.

Regular Agenda Items:

6. Whole Child Model (WCM) Member Outreach

Lisa Moody, RN, Pediatric Care Management and California Childrens Services Manager, provided an overview and solicited feedback on the Alliance's Whole Child Model (WCM) member outreach.

Committee members stated barriers to answering calls can include working, caring for child(ren), being wary of unknown numbers, discomfort with speaking on the phone, and not being aware of the value or potential value of the call. Committee members stated a barrier to returning calls can also include not having a direct call back number or extension.

Committee members recommended text messages, a video introduction of the Alliance and value of communication, direct call back number or extension, call or call back recipient speaking member's language, and calling in the evening.

Committee members asked how members are identified as low risk and high risk for member outreach frequency. Alliance staff shared the risk level is based on set criteria or clinical judgement based on review of member information or speaking with the family and determining there is a need for more frequent communication.
Committee members asked why members may be removed from the California Children's Services (CCS) program. Alliance staff shared there are two common reasons. The first

common reason is that the member no longer has the CCS-eligible condition. The second common reason is the member did not meet with the CCS specialist that year. The Alliance can help members and families walk through why a member is no longer in the CCS program and help reopen the case if appropriate.

Community partner recommended the Alliance reach out to the member's Medical Therapy Unit (MTU) for assistance connecting with members if the phone number is outdated.

Alliance CCS and Enhanced Care Management (ECM) care managers will communicate and coordinate as needed although the two programs usually provide different services.

7. DHCS CCS Advisory Group Representative Report

Paloma provided updates from the most recent CCS Advisory Group meeting.

75% of members completed the priority survey for 2026 and beyond.

This is the 100th year anniversary of CCS and celebration is to be determined.

The portal for new CCS providers has been updated and modernized to increase efficiency of screening new providers.

Two new CCS clinics have opened.

Only one CCS clinic, located in San Diego, has hired interns who completed internship at their clinics.

DHCS CCS Advisory Group is scheduled to sunset in December 2026 with a potential extension.

8. Comments and Announcements.

Alliance staff announced upcoming community events and the publication of the updated Whole Child Model Resource Guides. Alliance staff reminded families to submit Medi-Cal renewal paperwork on time and to contact their care manager if they have any questions about their individual situations.

Committee members shared additional upcoming community events.

Adjourn:

The meeting adjourned at 2:41 p.m.

The meeting minutes are respectfully submitted by Kayla Zoliniak, Community Engagement Administrative Specialist.

Next Meeting: Monday, July 27, 2026

DATE: September 23, 2026

TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission

FROM: Ronita Margain, Community Engagement Director

SUBJECT: Member Services Advisory Group: Member Appointment

Recommendation. Staff recommend the Board approve the appointment of the individual listed below to the Member Services Advisory Group (MSAG).

Background. The Board established the MSAG authorized in the Bylaws of the Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission.

Discussion. The following individual has indicated interest in participating on MSAG.

Name	Affiliation	County
James Sanders	Consumer	San Benito

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

DATE: September 23, 2026

TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission

FROM: Ronita Margain, Community Engagement Director

SUBJECT: Member Services Advisory Group: Member Reappointments

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Recommendation. Staff recommend the Board approve the reappointment of the individuals listed below to the Member Services Advisory Group (MSAG).

Background. The Board established the MSAG authorized in the Bylaws of the Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission.

Discussion. The following individuals indicated interest in continuing participation on MSAG.

Name	Affiliation	County
Alu Ceballos	Community Partner	Merced
Frances Wong	Consumer	Monterey
Jamie Berry	Consumer	Mariposa
Stephanie Auld	Consumer	Santa Cruz

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A

DATE: September 23, 2026

TO: Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Schedule of Alliance Board and Advisory Group Meetings CY 2027

Recommendation. Staff recommend the Board approve the proposed 2027 schedule of Alliance Board Meetings, Board Committee and Advisory Group meetings.

Discussion. The schedules for meetings of the Alliance Board, Board Committees and Advisory Group are set by the Board. Meetings are held at the following locations via videoconference unless otherwise noticed and are open to the public.

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

Board Meetings

Regular Alliance Board meetings are held by videoconference from 3:00 to 5:00 p.m. on the fourth Wednesday of each month at the Alliance's offices in Scotts Valley, Salinas, and Merced and at public meeting rooms in San Benito and Mariposa counties with one the April meeting being a half-day meeting held in a singular location. (*Note: Due to the Thanksgiving holiday, the November meeting is held on the second Wednesday in December).* Board members must attend in person at one of the five locations. The public may attend and provide comments at any meeting location, via email or via teleconference or phone.

Schedule of Alliance Board Meetings for 2027

January 27, 2027	In-person Alliance Offices and Meeting Rooms
February 24, 2027	In-person Alliance Offices and Meeting Rooms
March 24, 2027	In-person Alliance Offices and Meeting Rooms
April 28, 2027	*In person TBD; 10:00 a.m. – 3:00 p.m.*

May 26, 2027	In-person Alliance Offices and Meeting Rooms
June 23, 2027	In-person Alliance Offices and Meeting Rooms
July 2027	No meeting scheduled
August 25, 2027	In-person Alliance Offices and Meeting Rooms
September 22, 2027	In-person Alliance Offices and Meeting Rooms
October 27, 2027	In-person Alliance Offices and Meeting Rooms
November 2027	No meeting scheduled
December 8, 2027	In-person Alliance Offices and Meeting Rooms

Finance Committee

Finance Committee meets quarterly in March, June, August and October immediately preceding the Board meeting.

Wednesday, March 24, 2027, 1:30 – 2:45 p.m.
Wednesday, June 23, 2027, 1:30 – 2:45 p.m.
Wednesday, August 25, 2027, 1:30-2:45 p.m.
Wednesday, October 27, 2027, 1:30 – 2:45 p.m.

Member Services Advisory Group (MSAG)

MSAG meets quarterly in February, May, August and November. Meetings will be held in person in Alliance Scotts Valley, Salinas and Merced offices and in public meeting rooms in San Benito and Mariposa counties 10:00 – 11:30 a.m. unless otherwise noticed.

Thursday, February 11, 2027, 10:00 – 11:30 a.m.
Thursday, May 13, 2027. 10:00 – 11:30 a.m.
Thursday August 5, 2027, 10:00 – 11:30 a.m.
Thursday, November 4, 2027, 10:00 – 11:30 a.m.

Member Services Advisory Group Selection Committee (MSAGSC)

MSAGSC meets quarterly in February, May, August and November. Meetings will be held in person in Alliance Scotts Valley, Salinas and Merced offices and in public meeting rooms in San Benito and Mariposa counties 9:30 – 9:45 a.m. unless otherwise noticed.

Thursday, February 11, 2027, 9:30 – 9:45 a.m.
Thursday, May 13, 2027, 9:30 – 9:45 a.m.
Thursday, August 5, 2027, 9:30 – 9:45 a.m.
Thursday, November 4, 2027, 9:30 – 9:45 a.m.

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Physicians Advisory Group (PAG)

PAG meets quarterly in March, June, September and December. Meetings will be held in person in Alliance Scotts Valley, Salinas and Merced offices and in public meeting rooms in San Benito and Mariposa counties from 12:00 – 1:30 p.m. unless otherwise noticed

Thursday, March 4, 2027
Thursday, June 3, 2027
Thursday, September 2, 2027
Thursday, December 2, 2027

Whole Child Model Clinical Advisory Committee (WCMCAC)

WCMCAC meetings will be held by remote videoconference from 12:00 – 1:00 p.m. unless otherwise noticed with a 2027 proposed meeting schedule as follows.

Thursday, April 16, 2027, 12:00 – 1:00 p.m.
Thursday, July 16, 2027, 12:00 – 1:00 p.m.
Thursday, October 15, 2027, 12:00 – 1:00 p.m.
Thursday, December 18, 2025, 12:00 – 1:00 p.m.

Whole Child Model Family Advisory Committee (WCMFAC)

WCMFAC meets quarterly. Meetings will be held by remote videoconference from 1:30 – 3:00 p.m. unless otherwise noticed with a proposed 2027 meeting schedule as follows.

Monday, January 25, 2027; 1:30 – 3:00 p.m.
Monday, April 26, 2027; 1:30 – 3:00 p.m.
Monday, July 26, 2027; 1:30 – 3:00 p.m.
Monday, October 25, 2027; 1:30 – 3:00 p.m.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A

DATE: September 23, 2026

TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Santa Cruz County, Measure E Supplemental Sales and Use Tax

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Recommendation. Staff recommend that the Board review, consider, and take action on the request for a position of support for Measure E, the County of Santa Cruz Supplemental Sales and Use Tax, which is on the November 3, 2026 ballot.

Summary. The Santa Cruz County Board of Supervisors unanimously approved a resolution placing Measure E on the November 3, 2026, ballot. The measure would impose a 0.5% supplemental sales and use tax in Santa Cruz County for a period of five years.

Background. As a public entity, the Alliance may evaluate the merits of a proposed ballot measure and express its views to the public, provided that it does not expend public funds to advocate in support of or opposition to the measure.

Discussion. Ms. Nicole Coburn, Campaign Volunteer, Yes on E – Emergency Care for All will provide a presentation to the Board regarding Measure E, the County of Santa Cruz Supplemental Sales and Use Tax. The presentation will provide an overview of the measure and its intended uses of the funds generated by the supplemental sales and use tax.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments

1. Measure E – Frequently Asked Questions
2. Impartial Analysis of Measure E

PROPOSED SANTA CRUZ COUNTY SALES TAX
Frequently Asked Questions

WHAT IS THE TEMPORARY LOCAL FUNDING MEASURE?

On Aug. 4, the Santa Cruz County Board of Supervisors gave voters the opportunity to decide during the Nov. 3 election whether they want to participate in a local response to extraordinary federal actions affecting healthcare and the human services safety net.

If approved by a majority of voters, Measure E would provide a temporary, locally controlled funding source to help preserve essential services while the County and its community partners continue adapting to these changes.

The measure would generate $27 million annually for five years, to be appropriated by the Board through regular appropriations processes, which will include public hearings and community input.

Measure E would sunset automatically after five years. Food, prescription medicine, utilities and other expenses not subject to sales tax would be exempt. If approved, it would reduce the severity of future cuts, help preserve essential services and provide time for the County and its community partners to adapt responsibly.

WHY NOW?

Santa Cruz County is experiencing significant shifts in federal and state policy that will affect Medi-Cal and healthcare access, homelessness services, disaster recovery, and emergency response.

These changes will increase the number of uninsured residents – 27 percent of local Medi-Cal enrollees are expected to lose coverage in the next few years -- while reducing funding flowing into local healthcare systems. When

coverage drops, emergency rooms absorb more uncompensated care, ambulance providers face rising costs, wait times can increase, and hospitals and clinics operate under greater financial strain.

Those costs don't disappear — they shift onto local hospitals and providers, onto insured patients through higher premiums, and onto emergency systems that are already stretched thin. Protecting the healthcare safety net helps protect the entire community, not just those directly affected by federal policy changes.

The measure is about local control and stability — for residents, families, neighborhoods, and local institutions.

CAN THE COUNTY COVER THE ADDED COSTS?

Santa Cruz County has taken steps to meet these challenges through hiring controls, expenditure reductions, operational efficiencies and careful financial planning. It is not enough.

But due to fiscal constraints, the County cannot mitigate H.R. 1 and related federal actions that threaten safety-net services. While it has made investments to protect those impacted by recent policy changes and the federal shutdown, the reduction in funding for healthcare, nutrition, emergency medical and other essential services, increase administrative responsibilities, and greater costs and service demands to local providers is more than the county and community partners can absorb.

Because Medi-Cal currently supports more than $1 billion annually in healthcare spending across Santa Cruz County, **losses to the local provider network could eventually exceed $200 million each year**. The California Department of Health Care Services estimates approximately **1.1 million Californians will lose Medi-Cal coverage statewide, while some researchers estimate the number could approach 3 million Californians by 2028**.

The California State Association of Counties estimates H.R. 1 could shift between **$6 billion and $9.5 billion annually** in costs and lost revenues to California counties and county-affiliated health systems, including:

- **$2 billion to $5.5 billion** annually in additional indigent healthcare costs;
- **$3.4 billion** in annual public hospital revenue losses;
- Nearly **$500 million annually** in new Medi-Cal administrative costs; and
- An estimated **$211 million annually** in additional county CalFresh administrative costs beginning in October 2026.

The County projects more than $150 million in increased costs and reduced revenues to the County and its community partners over the next five years. Those impacts will be felt throughout the healthcare and human services safety net — from emergency medical services and hospitals to behavioral health, nutrition assistance, housing stability and other essential services that residents rely upon every day.

HOW DOES THIS AFFECT THE COMMUNITY?

These impacts affect hospitals, emergency departments, ambulance providers, community health centers, behavioral health services, reproductive healthcare, food assistance, housing providers and community-based organizations.

These services form an interconnected healthcare and human services safety net. When one part of that system loses capacity, the effects spread throughout the community through longer waits, reduced access and greater pressure on emergency services.

WHAT DO YOU MEAN BY TEMPORARY?

The proposed measure would last just five years. It is intended to help the community manage a period of significant change while the County and its partners adapt to reduced federal partnership in a number of areas, including safety net services.

The measure gives the County and our community additional time and flexibility to make deliberate decisions rather than responding only through immediate service reductions.

WOULD THIS RESTORE ALL CUTS?

No. The County cannot fully replace the scale of federal funding losses - even if voters approve the measure, the Board will likely still need to make budget reductions. Approval would reduce the scale and immediacy of the cuts and give the Board more ability to protect essential services and be strategic regarding reductions.

The measure would not resolve the County's structural budget challenges or fully replace lost federal funding. The County will still need to evaluate programs, improve efficiency, modernize service delivery and align ongoing expenses with available revenues.

WOULD COMMUNITY ORGANIZATIONS BENEFIT?

No single organization can absorb these changes alone.

The County is meeting with healthcare providers, nonprofit organizations, cities, business organizations and other community partners to understand what they are experiencing and where the greatest needs may arise.

The purpose of those conversations is to gather perspective and strengthen a coordinated community response – we anticipate some of these funds will be allocated to key community partners to assist them through this moment as well.

HOW WILL THE MONEY BE SPENT?

The Board has identified broad priorities, including healthcare and emergency medical services, behavioral health, food security, housing stability and other essential services.

As a general tax, the County cannot commit revenues in advance to specific organizations, programs or purposes. Doing so could change the legal requirements for passage. No organization can be promised funding.

IMPARTIAL ANALYSIS OF MEASURE "E"

Under California law, local governments may levy a general transaction and use tax if approved by their legislative body and a majority of qualified voters. Transaction and use taxes, also known as "sales taxes," are taxes imposed for the privilege of selling tangible personal property at retail and for the storage, use, or other consumption of tangible personal property purchased from a retailer. Certain types of items are excluded from local sales taxes, such as many food and grocery items, prescription medicine, certain medical devices, diapers, and hygiene products.

The Santa Cruz County Board of Supervisors ("the Board") placed Measure "E" on the ballot. It did so in connection with a resolution declaring the County to be in a state of fiscal distress due to recent reductions in federal and related state funding and other long-term economic challenges which negatively impact funding for County services. To address this problem, the Board is asking voters to approve an ordinance amending the County Code to temporarily increase the County's transactions and use tax ("sales tax") by one-half percent throughout the County, including cities within the County. The tax would be in place for five years, taking effect on April 1, 2027, and continuing through April 1, 2032.

If Measure "E" is approved, the County estimates that it will receive approximately $6,750,000 in Fiscal Year 2026-27 and approximately $27,000,000 in future fiscal years thereafter. Any revenues raised from Measure "E" will be placed in the County's General Fund and may be used for any lawful government purpose. This may include, but is not limited to, items identified in the ballot question such as keeping local hospitals/emergency rooms open, sustaining access to urgent healthcare, supporting local food/housing assistance, and providing other essential services.

When the Board approved Measure "E" for the ballot, it identified Budget Priorities for the proposed tax increase that include protecting emergency medical services and healthcare, strengthening mental health and substance abuse services, reducing food insecurity, and preserving housing stability and homelessness response, among others.

If approved by a majority of voters, Measure E will change the sales tax rates for local jurisdictions for a period of five years as reflected in the following chart:

Jurisdiction	Current Rate	Proposed Rate
County Unincorporated Area	9.5%	10%
City of Santa Cruz	9.75%	10.25%
City of Watsonville	9.75%	10.25%
City of Capitola	9.25%	9.75%
City of Scotts Valley	9.75%	10.25%

What Does A "Yes" Vote Mean?

A "yes" vote on Measure "E" is a vote to approve a half-cent sales tax increase in the unincorporated area of the County and the incorporated cities for five years.

What Does A “No” Vote Mean?

A “no” vote on Measure “E” is a vote against raising the sales tax and a vote to keep the rate as it currently stands in the unincorporated area of the County and the incorporated cities.

JASON M. HEATH, COUNTY COUNSEL

DATE: September 23, 2026

TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission

FROM: Jenifer Mandella, Chief Compliance Officer

SUBJECT: Q1-2 2026 Compliance Program Reporting

Recommendation. Staff recommend the Board receive the Compliance Program Report for Q1-2 2026 and approve revisions to the Compliance Plan and Code of Conduct.

Summary. This report summarizes the Alliance's Compliance Program activities and key risk areas for Q1-2 2026 and includes a recommendation to receive the Compliance Program Report and approve revised guiding documents.

Background. The Alliance is required to implement an effective Compliance Program that meets the requirements set forth in 42 C.F.R. §§ 438.608. 422.503(b)(4)(vi), and 422.504(b)(4)(vi). Modeled off the United States Federal Sentencing Guidelines' (FSG's) seven elements of an effective compliance program, and articulated in the Compliance Plan, the Alliance's Compliance Program takes a systematic and strategic approach to decreasing risk posed by non-compliance.

The FSG states "The organization's governing authority shall be knowledgeable about the content and operation of the compliance and ethics program and shall exercise reasonable oversight with respect to the implementation and effectiveness of the compliance and ethics program."

The Board retains responsibility for oversight of the Compliance Program and has delegated that oversight authority to the Compliance Committee with periodic reporting to the Board. Updates on the implementation and effectiveness of the Compliance Program occur through the routine submission of Compliance Committee minutes, inclusion of relevant content in the monthly CEO memo, the inclusion of key Compliance Program metrics in the Alliance Dashboard, and the receipt of semi-annual reporting from the Chief Compliance Officer.

Discussion. The following content serves to inform the Board of the Alliance's Compliance Program activities for Q1-2 2026 and affirm that the Alliance's Compliance Program is effective in preventing, identifying, addressing, and mitigating risk.

Legal and Regulatory Updates

Compliance staff continue to monitor, assess, and coordinate implementation of new regulatory requirements, including legislation, contract amendments, state regulations, and

sub-regulatory guidance. Significant regulatory developments which shape the environment in which we operate are summarized below for Board awareness.

- Program Integrity - Federal regulators continue to be focused on Medicaid program integrity, in turn resulting in DHCS' increased scrutiny on areas like adequacy and efficacy of managed care plans in preventing, identifying, and addressing FWA; provider screening, enrollment, and eligibility for participation in federally funded programs, and certain high-risk benefits such as hospice, home health, laboratory, behavioral health therapy, enhanced care management, and community supports. In preparation for potential increased plan scrutiny, staff completed a comprehensive Program Integrity assessment, to identify any gaps in process, controls, or oversight of these risk areas. The assessment confirmed the Alliance has robust processes, and as is to be expected when regulatory expectations change frequently and rapidly, opportunities to enhance reporting and improve operational consistency across programs. As an outcome, staff have developed a prioritized, phased roadmap focused on ensuring the Alliance remains well-positioned as program integrity expectations continue to evolve.
- Enhanced Care Management and Community Supports – At the state level, DHCS continues to evolve programmatic and financial policy related to ECM AND CS. With the newly invigorated federal focus on PI, especially in programs that are not strictly clinical in nature, DHCS has been focused on ensuring that benefits are producing the expected return on investment; that plans are offering the expected intensity of services to the population most at need, and that funding is tied to encounter data and outcomes.
- Privacy, Consent, and Information Sharing - The regulatory environment governing health information exchange continues to expand as California simultaneously advances initiatives intended to improve care coordination and interoperability across the healthcare system while promulgating rules that provide added protections on sensitive health information. Maintaining compliance with federal privacy rules, including HIPAA and 42 CFR Part 2, adds a layer of challenge. In response, the Alliance is advancing a coordinated enterprise approach to privacy, consent management, and information sharing. This work takes a complicated maze of rules that dictate what data must, can, and cannot be shared, with whom, and systematizes this in a way that lets line staff do their work while being confident that they are respecting the member's wishes around disclosure of PHI.
- NCQA Health Equity Accreditation - NCQA recently substantially revised its Health Equity Accreditation (HEA) program, removing a number of requirements and rebranding the accreditation as Health Equity Optimization (HOA). DHCS has indicated that, because the revised HOA standards are no longer aligned with the State's health equity strategy, Medi-Cal managed care plans are no longer required to maintain HEA or pursue HOA. DHCS instead intends to incorporate relevant health equity requirements into managed care plan contracts, potentially as early as 2027. The Alliance's current NCQA HEA accreditation remains in effect through 2028. Based on DHCS' direction, the reduced scope of the HOA standards, the potential for misalignment between HOA and forthcoming DHCS contract requirements, staff have decided not to pursue HOA and will instead align with DHCS' contractual health equity requirements.

Regulatory Audits

The Alliance undergoes routine audits and examinations of its finances and operations by regulatory oversight agencies and independent auditing organizations. External regulatory oversight during the reporting period largely produced favorable results. The Alliance completed four external audits or reviews with minimal findings, closed the remaining findings from the 2025 DHCS Medical Audit, received formal closeout of the 2022 DHCS Targeted Behavioral Health and Transportation Audit, and continued timely preparation for upcoming regulatory reviews. The following summarizes external audit activity and notable audit status updates reported during this reporting period, including the closure of findings from prior audits.

External Audits/Reviews Completed	7
New Findings	2
Findings Closed During Reporting Period	1
Audits In Progress / Upcoming	2

Audits Concluded

- CMS Enrollment Data Validation (EDV) Audit – CMS conducts Enrollment Data Validation to confirm that certain Medicare enrollment and disenrollment transactions are accurate and supported by appropriate documentation. CMS began conducting EDV in January of 2026 and to date, with findings identified in 2 of the 5 reviews. The January EDV audit received findings, which were the result of staff not receiving CMS communications on the audit until the results were provided. Most recently, the audit of May data identified findings related to lacking supporting documentation. The plan has since mitigated these findings and addressed the related documentation issue.
- CMS Triennial Network Adequacy Review – Every three years, CMS evaluates Medicare Advantage (MA) plan networks to confirm adherence to federal network adequacy and geographic access standards. In June 2026, CMS determined that the Alliance TotalCare network met requirements with no need to submit a service area exemption.
- 2025 DHCS Medical Audit – DHCS formally closed out the two findings from the 2025 DHCS Medical Audit, related to the timely and complete resolution of member grievances, indicating that corrective actions implemented were sufficient to resolve any concerns.
- DHCS Targeted Behavioral Health and Transportation Audit – recently, DHCS issued a formal closeout notification indicating that all findings, which we had resolved from an operational standpoint in late 2024, were deemed corrected. The audit was a statewide review conducted in 2022 to assess the adequacy of care coordination for members receiving services from both plans and the county mental health plans, as well as a review of transportation services focused on ensuring broad access.
- NCQA HEDIS / MCAS Audit – The Alliance successfully completed the annual NCQA HEDIS and DHCS Managed Care Accountability Set (MCAS) audit cycle for

Measurement Year (MY) 2025, which validates the accuracy and integrity of the Alliance's quality performance reporting. All audit activities were completed on schedule with no findings, deficiencies, or corrective actions.

- 2025 Network Adequacy Validation Audit – Annually, DHCS engages an External Quality Review Organization (EQRO) to independently validate plan network adequacy, including the methodology used to collect, validate, analyze, and interpret provider network data. The Alliance received a 100% validation score with no findings or corrective actions.
- Annual Independent Financial Audit – The Alliance's independent audit of 2025 financial statements confirmed adherence to generally accepted accounting principles (GAAP). Baker Tilly issued an unmodified ("clean") audit opinion, concluding that the Alliance's financial statements present fairly, in all material respects, the Alliance's financial position, results of operations, and cash flows, providing independent assurance regarding the accuracy and reliability of the Alliance's financial reporting.

Audits In Progress / Upcoming

- DMHC 2024 Medical Survey Follow-Up – This is a routine DMHC follow-up review to verify corrective actions for the 7 out of 12 deficiencies that were deemed uncorrected on the 2024 Medical Survey Final Report. The uncorrected deficiencies spanned Quality Assurance, Grievances and Appeals, Utilization Management, and Prescription Drug Coverage. Compliance is coordinating the review, and the Alliance has completed all required pre-onsite submissions on schedule in preparation for the September 2026 validation.
- DHCS 2026 and 2027 Annual Audit – The Alliance's routine DHCS Annual Audit for 2026 was deferred to 2027 in coordination with DHCS to accommodate the Alliance's D-SNP implementation. The Alliance's next DHCS audit is scheduled for early 2027 and will include a two-year lookback period.

Regulatory Notices of Non-Compliance

Federal and state regulators routinely monitor the Alliance's operations for compliance with contractual and regulatory requirements through audits, ongoing oversight, and enforcement activities. During Q1–Q2 2026, the Alliance's regulatory compliance posture remained satisfactory. Regulatory activity consisted primarily of isolated administrative compliance matters, including one formal CMS Notice of Non-Compliance, two DMHC administrative findings requiring corrective action, and one DHCS quality performance monetary sanction. No operational sanctions affecting the Alliance's participation in federal or state programs were imposed.

Formal Regulatory Notices / Enforcement Actions	5
Corrective Action Plans (CAPs) or Pre-CAPs Required	3
Administrative Penalties	1
Monetary Sanctions	1

Regulatory Activity Details

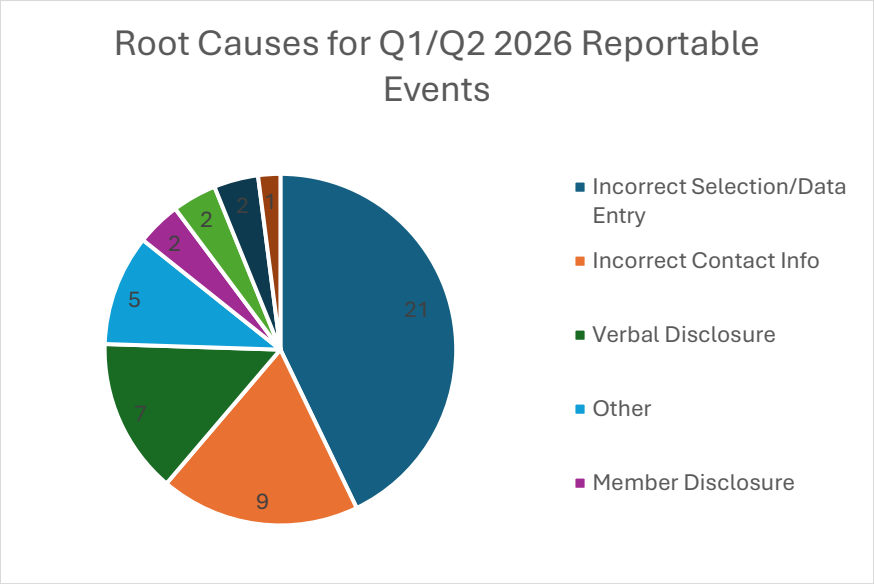
- CMS Notice of Non-Compliance - CMS issued a Notice of Non-Compliance after identifying an impermissible formulary tiering change during the CY 2026 formulary submission process. The issue was corrected promptly by the PBM prior to the formal CMS notice. The finding occurred before enrollment began under the contract, resulting in no member impact. No sanctions or corrective action requirements were imposed and this matter is resolved.
- DHCS Medi-Cal Managed Care Accountability Set (MCAS) Monetary Sanction (Measurement Year 2024) – In late 2025, DHCS imposed a $25,000 monetary sanction, the minimum amount authorized under the applicable enforcement framework, as the Alliance did not achieve the minimum performance level for select MCAS quality measures in Merced. The sanction, paid in November 2025, was based on quality performance outcomes rather than operational or administrative compliance deficiencies. The Alliance has continued implementing quality improvement initiatives to improve measure performance.
- DHCS Pre-CAP for Transitional Rent Implementation – In December 2025, DHCS issued a statewide Pre-CAP to all California managed care plans regarding the slow progress in execution of transitional provider contracts. The Alliance submitted all required responses timely and has executed the required provider agreements across all five service area counties**.** After the Plan provided its final update, DHCS issued a final approval to implement Transitional Rent for the Behavioral Health population of focus.
- DMHC Enforcement Action regarding timely Grievance Report submission – DMHC issued an enforcement action after the Alliance submitted its Q4 2025 grievance report after the regulatory filing deadline. DMHC proposed an administrative penalty of $2,750 and required the Alliance to implement a CAP addressing the root cause of the late submission and strengthening processes to ensure timely regulatory filings. The Alliance has implemented corrective action, submitted its CAP, and intends to accept the settlement.
- DMHC Health Equity Performance Findings CAP – DMHC issued a CAP after finding that the Plan failed to timely report the Health Plan Demographic Data Metric required by the Health Equity and Quality Program for its IHSS line of business. The Alliance is in process of preparing a CAP response.

		Q3 2025	Q4 2025	Q1 2026	Q2 2026	Immediate Trend
Referrals Received		59	56	46	62	Stable; elevated
Investigation Outcome	Breach	0	1	0	0	Stable
	Incident	20	15	17	23	Stable
	Non-Reportable	39	40	27	25	Decrease
	Pending	6	4	6	8	Stable
Members Impacted		21	5,733	301	54	Decrease

Referral volume remained elevated in the first half of 2026, with 46 referrals in Q1 and 62 referrals in Q2, both above the historical three-year average. 45% of referrals received resulted in DHCS notification, compared with 37% in the second half of 2025.

During the reporting period, 355 Alliance members were impacted by reportable privacy incidents; no breaches were identified in 2026. The majority of the impacted members are associated with three events: (1) the disclosure of information to an Alliance vendor with whom a BAA had not yet been signed; (2) multiple faxes to the incorrect provider due to an error in the fax number configuration; and (3) disclosure via email to an incorrect provider. As a routine practice, mitigation and corrective actions are put in place to prevent further disclosure and recurrence. In this instance, Corrective action pursued during the report period included training and education, disciplinary actions, and changes to established processes.

Where a referral is found to be reportable (incident or breach), Compliance staff conduct root cause analyses to determine if upstream intervention can prevent future disclosures. Incorrect selection/entry, lost/stolen wallets, and verbal disclosures are typically the main drivers of HIPAA referrals, and remain so in Q1-2.



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The Alliance also continued its routine HIPAA privacy and security compliance oversight activities, including remediation efforts related to the completed 2025 HIPAA/NIST gap audit, initiation of the routine HIPAA Risk Assessment, and the assessment of the cross functional Privacy Security Collaborative forum, considering roles and responsibilities, function and content, and frequency to ensure the appropriate level of communication and collaboration between the Alliance's privacy and security functions.

New privacy related requirements were or are being implemented through the Alliance's mandates workflow, or parallel to this in multi-departmental workgroups. Q1 and Q2 2026 implementation efforts included behavioral health data sharing requirements, enhanced consumer privacy protections, and CMS electronic claims attachment standards.

FWA Prevention, Detection, Investigation and Reporting

As with privacy and security, the Plan maintains controls to prevent and detect fraud, waste and abuse (FWA), and to investigate, report, and resolve suspected and/or actual FWA. In limited instances. delegates may conduct some FWA prevention or resolution-related activities at the Alliance's direction; those activities are also reflected in this report. The table below summarizes Program Integrity activity for Q1-2 2026.

	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Immediate Trend
Referred	162	135	126	121	Decrease
Opened	86	78	60	57	Decrease
Reported	86	77	59	40	Decrease
Closed	77	44	26	39	Decrease
Founded	N/A	N/A	23	16	N/A
Founded Rate	N/A	N/A	43.3%	68.4%	N/A

identified relative to TotalCare that would require regulatory reporting. Additionally, staff began tracking investigation outcome (i.e., whether the concern was founded) in 2026; as shown in the table above, a substantial percentage of investigations were determined to be founded, demonstrating that a meaningful share of investigated matters resulted in confirmed findings.

When investigations indicate overpayments were made, the Alliance pursues recoupment as expected and required by DHCS and CMS. The table below includes the Program Integrity-related claim recoveries for Q1 and Q2 2026.

Recoupment	**Q1 2026**	**Q2 2026**
Identified Overpayments	$121,978	$124,375
Completed Recoupment	$97,833	$147,424
Recovery Rate	83%	144%

Finally, Program Integrity staff collaborate with regulators and other plans through activities such as attendance at the DOJ quarterly and statewide Managed Care Anti-Fraud Trainings. Discussion at the 2026 meetings have largely focused on plan processes for FWA identification and prevention, as well as specific FWA schemes related to laboratory, hospice, and ECM providers, and information shared through these forums has informed multiple internal investigations.

Compliance Violations

The Plan also investigates reports of potential compliance violations that do not fall within the scope of the HIPAA/Privacy or FWA programs. These investigations address alleged violations of applicable laws, regulations, contractual requirements, and/or Alliance policy, and are intended to ensure concerns are appropriately investigated, resolved, and corrective action implemented where warranted. Each referral is evaluated to determine whether a compliance violation occurred and whether corrective action is warranted. For founded violations, Compliance partners with business owners to implement appropriate remediation, which may include staff education, process improvements, policy revisions, enhanced monitoring, or CAPs. The table below summarizes Compliance Violation activity for Q1–Q2 2026.

	Q1 2026	**Q2 2026**
Referrals Received	6	2
Investigations Opened	6	2
Founded	3	3
Unfounded	0	0
Closed	1	4
Pending	6	4

During the reporting period, Compliance received 8 compliance violation referrals and opened 8 investigations. Staff has determined that 6 of the cases contained founded

compliance violations, all of which related to TotalCare operations, including misclassified materials and inconsistent adherence to approved sales scripts. Program Integrity partnered with key stakeholders to identify appropriate mitigation and corrective actions. Many of those action are implemented, and the remaining open items are tracked via pending case status.

Confidential Reporting

To ensure effective lines of communication from staff to the Compliance Officer, the Alliance contracts with a vendor to provide an externally managed confidential hotline where staff may report concerns anonymously. During the reporting period, 1 report was received through the hotline, related to an employee relations issue. Low utilization is typical; historically, almost all compliance concerns were reported directly to compliance staff and the hotline is used mostly to report human resources issues.

Delegate Oversight

The Compliance department provides oversight of the Alliance's delegated entities to ensure delegated administrative and health care functions are performed in accordance with applicable contractual, regulatory and, where applicable, NCQA accreditation requirements. During the first half of 2026, the Delegate Oversight (DO) program expanded significantly to support the Alliance's inaugural D-SNP line of business, including implementation of Medicare First Tier, Downstream, and Related Entity (FDR) oversight requirements. To align with the concept of integration that is at the heart of D-SNP and to streamline the Alliance's expanded oversight responsibilities, the delegate review process was redesigned to incorporate Medicare FDR and DO requirements into the existing Medi-Cal-centric oversight framework. In addition, staff continued implementation of a new governance platform, configuring audit workflows, delegate inventories, and centralized documentation processes to provide greater consistency in reviews and improve visibility into delegate and FDR performance.

With the launch of D-SNP on January 1, 2026, the Alliance completed its inaugural Medicare FDR oversight cycle. During Q1 and Q2, annual FDR attestations were completed for 32 applicable delegated entities, confirming required CMS compliance attestations were obtained.

During Q1 and Q2, seven (7) annual delegate reviews were initiated, including six (6) Credentialing delegates and MedImpact, our Pharmacy Benefit Manager (PBM). As of June 30, 2 reviews had been completed, with the remaining reviews substantially complete and pending final documentation from delegates or internal subject matter expert review of those materials. This timeline is not atypical for annual delegate reviews.

In addition to annual reviews, the DO program coordinates quarterly oversight reviews across delegated functions. During the reporting period, 21 of 21 scheduled quarterly reviews were completed in Q1, while 20 of 22 reviews were completed in Q2. The remaining two reviews are pending receipt of corrected delegate reporting.

Quarterly Reviews	Opened	Closed
Q1 2026	21	21

Q2 2026	22	20

Pursuant to the Alliance's Medi-Cal contract with DHCS, Compliance staff annually compile and submit the Alliance's Exhibit J: Delegation Reporting and Compliance Plan, documenting delegated functions, oversight responsibilities, and applicable downstream subcontracting arrangements. During the reporting period, Compliance coordinated completion of the filing for both the Alliance and its applicable delegated entities, including 11 Medi-Cal delegates and their downstream subcontractors. The submission was completed timely and approved by DHCS.

CAPs are a routine component of an effective compliance program and are implemented when circumstances are identified to strengthen controls, improve operational performance, or address compliance risks. Compliance monitors CAPs through completion and validates their effectiveness to promote sustained compliance. As such, there were two corrective actions initiated during the reporting period related to the DO program.

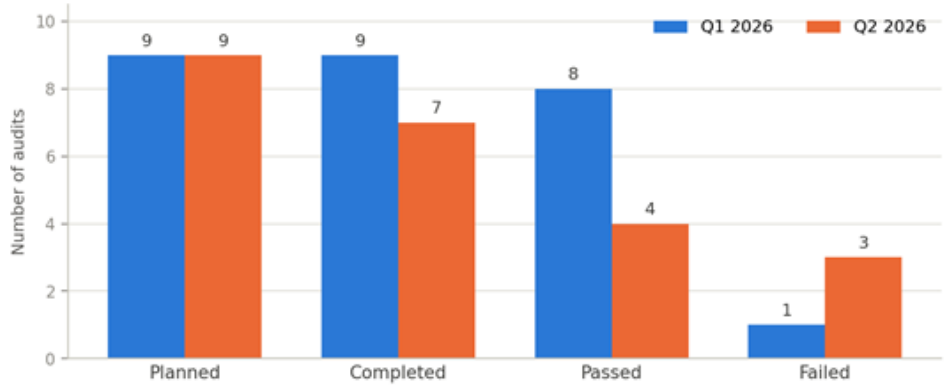
1. A CAP was self-imposed on the Compliance and Provider Services departments after a backlog of quarterly Credentialing oversight reviews was identified. Of the 21 overdue reviews identified across three quarters, 20 have now been completed, as noted above. Based on progress to date, management believes the corrective actions are effective and will continue monitoring review timeliness to confirm sustained compliance.
2. A behavioral health provider to which the Alliance delegated credentialing, notified the Alliance of a provider network adjustment resulting from a subset of its providers not being Medi-Cal enrolled. As member access will be impacted, Compliance is coordinating with the delegate, affected operational departments, and providers to support continuity of care and ensure compliance with applicable contractual and regulatory requirements throughout the member transition.

develops corrective action designed to address the root cause, support durable remediation, and reduce the likelihood of recurrence. The Compliance Committee oversees the development, timeliness, and effectiveness of CAPs.

The 2026 Work Plan includes 18 audit focus areas spanning the Alliance's Medi-Cal, IHSS, and D-SNP lines of business. The Work Plan is risk-based, concentrating oversight activities in areas with the greatest potential regulatory, financial, operational, and member impact. Planned audits address care management, utilization management, member grievances and appeals, claims processing and payment integrity, pharmacy operations, provider network management, delegated entity oversight, privacy, and regulatory governance, with ongoing monitoring performed in lower-risk areas.

This year, the Alliance's Work Plan considers the risk areas identified by CMS and the Office of Inspector General (OIG) in its MA industry-specific compliance program guidance, released in February of 2026. Consistent with this guidance, our Work Plan emphasizes encounter data integrity, risk adjustment and diagnosis validation, sales and enrollment practices, provider directory accuracy and network adequacy, and utilization management and grievance and appeal requirements. Overall, 9 High-Risk, 7 Medium-Risk, and 1 Low-Risk audit areas have been included in the Work Plan, with six of the nine High-Risk areas focused on D-SNP, reflecting both the Alliance's first year of MA operations and heightened federal oversight of Medicare Advantage organizations.

During Q1–Q2 2026, 18 internal audits were planned and 16 were completed (89%); 12 passed and 4 failed. Completion and pass rates both declined in Q2, driven by 1) recurring failures in D-SNP sales agent call monitoring, and 2) two audits deferred or in process at period end.



- Q1: 9 audits planned, 9 completed (100%)
  - Passed (8): Grievances & Appeals; Call Inquiry (Member Dissatisfaction Escalation); Pharmacy Authorizations; Concurrent Review Care Plan Agreements; Utilization Management Authorizations; Non-Medical Transportation; Sales Agent Calls (2 monthly reviews)
  - Failed (1): Behavioral Health Case Management
  - Deferred or outstanding: None
- Q2: 9 audits planned, 7 completed (78%)

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- Passed (4): Claims Denials; Utilization Management Authorizations; Continuity of Care; D-SNP Encounter Data
- Failed (3): Sales Agent Calls (3 monthly reviews)
- Deferred or outstanding (2): ECM Program Audit deferred to Q4 pending the ECM process improvement project; D-SNP Provider Directory review in process

Compliance staff monitor Alliance Dashboard metrics on a monthly basis to assess for performance issues and trends and potential escalation for discussion at Compliance Committee. Two metrics were escalated for discussion at Compliance Committee during the reporting period, related to timely member reimbursement for out of pocket costs and completion of annual policy reviews, neither resulted in the imposition of a CAP.

Eight total CAPs were active during the reporting period; one closed, two deferred, two monitored, and three remaining open at period end. Compliance continues addressing timeliness or responses through more frequent escalation to accountable business owners.

Training and Education

All Alliance staff receive web-based compliance training, which reviews FWA prevention, HIPAA policies and procedures, the Alliance's Compliance Plan and Code of Conduct, the Alliance's DHCS Medi-Cal contract, CMS requirements for MA plans, and mechanisms for reporting non-compliance. New hires must complete training within two weeks for staff-level positions, or four weeks for supervisory-level positions. Existing staff are enrolled in the web-based module annually as a refresher.

Compliance staff partner with Learning & Development (L&D) staff to maintain training materials and ensure timely completion of required trainings, including Compliance training. The teams routinely review training content and delivery method to ensure training materials remain accurate, relevant, and engaging. L&D staff also manage the delivery and tracking of required training, using Compliance as an escalation point when staff fail to timely complete their training. These escalations are rare and completion of training generally occurs quickly after compliance leadership follow-up.. During the reporting period, 607 of 618 (98%) required compliance training modules were completed timely as assigned; of the 11 outstanding trainings that compliance followed up on, only 3 remain in progress.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments.

1. Alliance Policy 105-6767 - Compliance Plan
2. Alliance Policy 105-0101 - Code of Conduct

	POLICIES AND PROCEDURES
Policy #: 105-6767	**Lead Department:** Compliance
Title: Compliance Plan	
Original Date: 2012	**Date Published:** 02/04/2026

Purpose:

The Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission, operating as Central California Alliance for Health (the Alliance) maintains a Compliance Program to ensure that the organization and its staff operate in compliance with contractual, regulatory and statutory requirements. Through its Compliance Program, the Alliance maintains its business operations to ensure alignment with these requirements. The Alliance exercises due diligence to prevent and detect criminal conduct, and when necessary, takes corrective action to ensure that its business operations are compliant with governing requirements. The Alliance promotes an organizational culture that encourages ethical conduct and a commitment to compliance with the law. The Alliance takes appropriate steps to ensure that its staff members are knowledgeable of requirements and that they consistently work towards meeting them. To maintain its independence, the Alliance's Compliance Program acts independently of operational and program areas without fear of repercussions for identifying non-compliance.

Following is a description of how the Alliance aligns with the Effective Compliance and Ethics Program guidance published by the United States Sentencing Commission.

Written Policies, Procedures and Standards of Conduct

Policies and procedures ensure that Board members, employees, and contractors, including Network Providers, Subcontractors and Downstream Subcontractors, understand and perform their responsibilities in compliance with regulatory and contractual obligations and applicable law. The Alliance maintains policies and procedures that demonstrate compliance with relevant requirements and updates are made as needed to reflect alignment with changing operations and requirements. Compliance Department staff regularly reviews proposed changes to policies and procedures and responds to needs identified through program monitoring. Policies and procedures are developed within the applicable departments, are reviewed and approved through the Policy intake process. Compliance staff leverage compliance's management software to ensure that all Alliance policies are reviewed and/or revised at least annually. Policies and Procedures are available to all staff through the Alliance's Policy Library located on its Intranet.
The Compliance Department maintains a suite of policies that implement this Compliance Plan, including, but not limited to the following:

- Policies describing the obligations of plan Board members, employees, and contractors to maintain the confidentiality of protected health information (PHI) in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and HIPAA Program operations;
- Policies describing the Alliance's Program Integrity Program, including procedures in place to prevent, detect, investigate, and resolve fraud, waste, and abuse (FWA);
- Policies related to reporting, investigation, and resolution of non-compliance;
- Policies related to the oversight of delegated entities, including Subcontractors and Downstream Subcontractors, and the operations of the Delegate Oversight Program; and
- Policies regarding regulatory audits and the operations of the Internal Audit and Monitoring Program

A full listing of Compliance Department policies can be found in Appendix A.

In addition, the Compliance Plan includes a Code of Conduct, included in a separate document, which guides Alliance Board members, employees, and contractors in conducting their business activities in a professional, ethical, and legal manner. The Human Resources Department also reflects these expectations in its Employee Handbook. In addition to being made available to Alliance staff, this Compliance Plan and Code of Conduct are publicly posted on the Alliance's Intranet.

Structure and Oversight

Alliance Governing Board – The Alliance Governing Board (Board) is responsible for oversight of the Compliance Program. The Board receives and approves reports from the Compliance Program, including: (1) a verbal update no less frequently than annually; (2) quarterly written reports on compliance trends, risks, activities, and outcomes escalated through the Compliance Committee; and (3) ad hoc escalations of significant non-compliance, as warranted. These reports include a review of activities of the Compliance Program, results of internal and external audits, and reporting of other compliance-related issues. To ensure that the Board is aware of the content and operation of the Alliance's Compliance Program, the Board receives compliance training, including FWA prevention training, on appointment and annually thereafter. The Board is also responsible for review and approval of revisions to the Alliance's Compliance Plan and Code of Conduct, which are made at minimum annually.

Chief Executive Officer – The Chief Executive Officer (CEO) provides executive oversight of the Compliance Program and participates in the Compliance Committee to support cross-functional accountability, prioritization, and risk resolution. The Chief Compliance Officer (CCO) reports directly to the CEO, while also maintaining direct access to the Alliance Governing Board, including the ability to escalate significant compliance matters independent of management when necessary.

Compliance Committee – The Compliance Committee serves as the Alliance's primary governance forum for assessing, prioritizing, and directing resolution of organizational compliance risks, trends, and compliance issues. Committee members possess sufficient oversight and decision-making authority to ensure identified compliance issues are acted upon timely, completely and effectively. The Committee reports to the Board, is comprised of permanent Director and Chief level representatives from across the organization and is chaired by the CCO. In addition to permanent members, ad hoc Director-level members are required to participate when compliance risks, audits, investigations, or regulatory issues implicate their functional areas.
The Compliance Committee oversees and governs the Alliance's Compliance Program and directs and supports the CCO in the development, implementation, and ongoing effectiveness of the Compliance Program. The Compliance Committee typically meets monthly, but no less frequently than quarterly and may convene additional meetings as necessary to address emerging or urgent compliance issues. Additional responsibilities of the Compliance Committee include, but are not limited to:

- Reviewing information regarding new requirements or changes to existing requirements that are brought before it by the CCO, Compliance Department staff, or Government Relations Department staff, and determining necessary steps for implementation;
- Reviewing and acting upon escalated compliance risks and issues, including determining appropriate disposition, required participants, corrective actions, and internal and external reporting pathways;

- Reviewing and approving an annual Compliance and FDR Risk Assessment developed by Compliance staff; overseeing the outcomes of auditing and monitoring activities identified in the Internal Audit and Monitoring Workplan, and re-evaluating risk ratings and workplans as necessary based on monitoring outcomes, audit results, and emerging risk indicators;
- Annually reviewing and, as necessary, updating the Code of Conduct and Compliance Plan;
- Ensuring that Compliance and FWA training and education are effective and appropriately completed;
- Reviewing areas of non-compliance and overseeing the development, implementation, timeliness, and effectiveness of CAPs, whether corrective or preventive to mitigate compliance concerns, or those imposed by regulators;
- Overseeing the performance of delegated entities, including the Alliance's Subcontractors, Downstream Subcontractors, First-Tier, Downstream, and Related Entities (FDRs), to ensure their performance on delegated functions meets contractual, legal, and regulatory obligations, and Alliance standards;
- Overseeing the Alliance's Program Integrity activities to ensure that the organization deters, identifies, investigates and resolves potential and actual FWA, both internally and through delegated entities and providers; and,
- Ensuring the Alliance implements appropriate safeguards, including administrative policies and procedures, to protect the confidentiality of PHI and ensure compliance with HIPAA requirements.

The Compliance Committee provides oversight of the Alliance's Compliance Program as set forth in this Compliance Plan across all lines of Alliance business, including Medi-Cal, Medicare Advantage (TotalCare (HMO D-SNP)), and In-Home Supportive Services (IHSS), ensuring that compliance risks, audits, monitoring activities, and corrective actions are appropriately identified, escalated, and addressed within each line of business.

In addition to the Compliance Committee, the Alliance has other committees that oversee its contractual, legal, and regulatory obligations, including the following:

Quality Improvement and Health Equity Committee
The Quality Improvement and Health Equity Committee (QIHEC) monitors progress on the Quality Improvement work plan, oversees Utilization Management activities, and receives reports from the Pharmacy and Therapeutics Committee. In addition, the Committee oversees various plan activities including: care-based incentives, HEDIS results, analysis and suggested interventions, disease management and educational programs, cultural and linguistic initiatives, grievances and potential quality issues, emergency department utilization projects, and the annual review of Alliance's preventive health guidelines. The QIHEC reports its activities to the Board on a regular basis.

Staff Grievance Review Committee
The Staff Grievance Review Committee (SGRC) monitors and reports on trends in member complaints and provider disputes to assess timeliness, appropriateness of resolution, and opportunities for upstream process improvement. The SGRC focuses on identifying recurring issues and systemic drivers of dissatisfaction and recommending operational improvements

to prevent repeated concerns. SGRC reports its activities to the Interdisciplinary Clinical Quality Improvement Workgroup and the Board on a regular basis.

Chief Compliance Officer – The CCO, under the guidance of the CEO, directs the Compliance Program in support of Alliance goals, provides executive leadership in developing, implementing, and monitoring the Alliance's Compliance Program, serves as the HIPAA Privacy Officer and Fraud Prevention Officer, and chairs the Compliance Committee in accordance with its Charter. The CCO executes the Compliance Program under the governance, oversight, and direction of the Compliance Committee. The CCO maintains a direct reporting relationship to the Board, providing routine reports and updates to the Board on Compliance Program activities, including matters escalated through the Compliance Committee. The CCO is responsible for overseeing the implementation of the Compliance Program, including defining the program structure, educational requirements, reporting and complaint mechanisms, response and correction procedures, and compliance expectations of all staff and contractors. In the event the CCO is unavailable, the Compliance Director serves as the backup Compliance Officer, Privacy Officer, and Fraud Prevention Officer. The CCO, in coordination with the Compliance Committee and staff, ensures the following activities are performed:

- Ensuring that updates from the Compliance Program are presented to the CEO and the Board on a periodic basis;
- Escalating significant compliance risks, investigations, audit findings, and systemic issues to the Compliance Committee and/or Board, as needed;
- Ensuring that the Alliance's Compliance Programs, including the Delegate Oversight Program, HIPAA Program, Internal Audit and Monitoring Program, and Program Integrity Program adhere to relevant state and federal requirements, are responsive to the Alliance's needs, and are effective in identifying and mitigating, and ultimately preventing compliance risk;
- Ensuring processes and reporting mechanisms are in place that encourage staff to report suspected noncompliance, FWA, PHI disclosures, or other misconduct without fear of retaliation;
- Ensuring that effective compliance training is in place and that staff are aware of the Alliance's Compliance Program, Code of Conduct, and all applicable statutory and regulatory requirements as applicable to their roles;
- Ensuring effective processes are in place to allow two-way communication between the Compliance Division and Alliance staff such that staff are aware of new and changing requirements and are knowledgeable about how to report noncompliance, suspected FWA, or other misconduct without fear of retaliation; and
- Ensuring corrective action plans (CAPs) are implemented when non-compliance is identified, consistent with direction and oversight provided by the Compliance Committee, and that the CAPs address the identified root cause for durable remediation.

Compliance Director – The Compliance Director, under the guidance of the CCO, executes and oversees the Compliance Program in support of Alliance goals, directs the Alliance's Compliance function. The Compliance Director is responsible for implementing Compliance Program, including ensuring that the Compliance Plan is implemented, maintaining reporting and complaint mechanisms, directing response and correction procedures, and recommending revisions to the

Compliance Program to meet organizational need. The Compliance Director, in coordination with the Compliance Committee and staff, ensures the following activities are performed:

- Escalating compliance risks, investigations, and systemic issues to the Compliance Committee in accordance with the established risk-based triage and escalation framework;
- Directing and overseeing the Alliance's Compliance Programs, including the Delegate Oversight Program, HIPAA Program, Internal Audit and Monitoring Program, and Program Integrity Program to ensure alignment with the CCO's stated objectives;
- Interacting with the operational units of the company and being involved in and aware of the daily business activities;
- Maintaining processes that encourage staff to report potential compliance concerns without fear of retaliation;
- Ensuring reports of potential instances of FWA, disclosures of PHI, and noncompliance are resolved, including overseeing internal investigations and developing corrective or disciplinary actions, if necessary;
- Maintaining documentation for each report of potential noncompliance or FWA received;
- In partnership with the Alliance's Human Resources Department, developing training programs to ensure that staff are aware of the Alliance's Compliance Program, Code of Conduct, and all applicable statutory and regulatory requirements;
- Maintaining the compliance reporting mechanism and initiating audits through the Internal Audit and Monitoring Program, operational departments, and the Program Integrity function, where applicable;
- Ensuring that the Alliance does not employ or contract with individuals excluded from participation in federal programs. This function has been delegated to the Alliance's Human Resources Department, Provider Services Department, and Administrative Contracts Unit; and,
- Overseeing development and implementation of CAPs.

Compliance Manager – The Compliance Manager reports to the Compliance Director and is responsible for managing the day-to-day activities of the core Compliance Program functions, including the Internal Audit and Monitoring Program Delegate Oversight Program, and regulatory audit coordination.

Compliance Specialists – Compliance Specialists are responsible for conducting day-to-day operational work related to implementation of the Alliance's Delegate Oversight Program and Internal Audit and Monitoring Program. Compliance Specialists are also responsible for managing regulatory audits, including pre-onsite and onsite document requests and logistics, and coordinating any required CAPs. Other duties may be assigned as appropriate.

Program Integrity Manager – The Program Integrity Manager reports to the Compliance Director and is responsible for managing the day-to-day activities of the Alliance's Program Integrity and HIPAA Privacy Programs, including oversight of FWA prevention; investigations and related resolution activities; regulatory reporting; HIPAA privacy incident intake and breach risk assessment; and coordination of corrective actions and mitigation efforts. In coordination with Compliance leadership, this Manager also oversees investigations of Compliance Concerns, as reported and received through the Alliance's reporting channels defined in this Compliance Plan.

Program Integrity Specialists - Program Integrity Specialists are responsible for conducting day-to-day operational work in support of the Alliance's Program Integrity and HIPAA Privacy Programs, including investigation of potential FWA; HIPAA privacy incident investigations and breach risk assessments; review of claims, medical records, and protected health information; documentation of investigative findings; and coordination with internal and external parties. Specialists escalate investigative and privacy-related matters in accordance with the Compliance Department's risk-based triage and escalation framework.

Regulatory Affairs Manager– The Regulatory Affairs Manager reports to the Compliance Director and is responsible for managing the day-to-day activities of the Alliance's regulatory affairs function, which includes analyzing and monitoring state and federal policy, legislation and regulations affecting the Alliance; maintaining systems and procedures to intake, assessing and implementing regulatory policies and legislative information; and ensuring the submission of timely and accurate program reporting to regulators.

Regulatory Affairs Specialists – Regulatory Affairs Specialists are responsible for conducting day-to-day operational work related to implementation of new requirements, policy development and maintenance, regulatory reporting, and regulatory filings. Other duties may be assigned as appropriate.

Medicare Compliance Program Manager - The Medicare Compliance Program Manager reports to the CCO and is responsible for supporting the day-to-day operations of the Alliance's Medicare-integrated compliance program, including Medicare Advantage and D-SNP requirements. Responsibilities include oversight and support of Medicare-specific compliance monitoring, auditing, issue tracking, regulatory reporting, and corrective actions, and ensuring overall alignment with CMS requirements and guidance. The Medicare Compliance Program Manager coordinates with Compliance department staff and operational departments and escalates Medicare-related compliance risks and issues in accordance with the Compliance Department's risk-based triage and escalation framework.

NCQA Compliance Program Manager - The NCQA Compliance Program Manager reports to the Compliance Director and is responsible for managing the day-to-day operations of the Alliance's NCQA compliance and accreditation programs. Responsibilities include oversight of NCQA Survey readiness, NCQA Standards implementation, evidence management, compliance monitoring, corrective actions, and regulatory submissions related to NCQA requirements. The NCQA Compliance Program Manager coordinates with Compliance department staff and operational departments and escalates NCQA-related compliance risks and issues in accordance with the Compliance Department's risk-based triage and escalation framework.

Government Relations Director – The Government Relations Director is the primary health plan contact with external regulatory and government agencies. The Government Relations Director monitors legislative, regulatory, and contractual requirements to identify new or changing, policies, standards, laws and regulations that may impact plan operations and ensures that these are brought to the relevant departments for review and implementation.

Education and Training

As part of their orientation and training, Alliance staff are informed of the Alliance's commitment to compliance with contractual, regulatory and legal standards. New employees receive general compliance training and receive a copy of the Compliance Plan, Code of Conduct, and policies and procedures pertinent to that individual's job responsibilities, where applicable.

General compliance trainings are conducted via the Alliance Learning Center (ALC), a web-based training module, for all employees upon initial hiring. The Learning & Development Unit ensures that all employees are trained on the Alliance's Code of Conduct and Compliance Plan within 90 days of the date of hire and annually thereafter.

Staff are trained on the Alliance's Code of Conduct and Compliance Plan, including but not limited to:

- Policies and procedures relevant to their job functions to ensure compliance with requirements;
- The Alliance's Program Integrity function, including information regarding the False Claims Act and the Anti-kickback Statute;
- HIPAA compliance training, with emphasis on confidentiality of PHI;
- An overview of compliance issues and how to report potential non-compliance or FWA; and
- How to report suspected non-compliance with law or policy to Compliance Department staff.

To gauge the effectiveness of this training, staff are required to take a pre-test prior to the specific training module and a post-test after the completion of the training. The results of these tests indicate enhanced understanding of the Alliance's Compliance Program through effective training. Staff must attain a passing score of 80% in the post-test to complete the training module.
Board members receive a copy of the Compliance Plan, Code of Conduct, and policies and procedures pertinent to their appointment as part of their orientation. In addition, Board members receive general compliance training, including FWA prevention training, as part of their orientation and on an annual basis thereafter.
Compliance staff also monitor reports on an ongoing basis to ensure the following required training is occurring:

- For Member Services staff, training must cover Alliance policies and procedures; contractually required services for all members; how to utilize services in the Medi-Cal program; how to access carved out services; how to obtain referrals to community resources; how to assist members with disabilities and chronic conditions; and diversity, equity and inclusion (DEI) training.
- For staff carrying out obligations under MOUs, training must cover how complaints can be raised and how to resolve disputes between the parties in the MOU.
- For Network Providers, training includes an overview of the Medi-Cal Managed Care program; covered services, policies and procedures for clinical protocols governing prior authorization and utilization management; how to refer to and coordinate care for carved out services; preventive healthcare services including Early Periodic Screening, Diagnosis and Testing (EPSDT); medical record and coding requirements; Population Health Management program requirements; member access, including appointment wait time standards, telephone access, translation and language access services; secure data sharing methods; member rights; DEI training; and advanced health care directives.

	POLICIES AND PROCEDURES
Policy #: 105-6767	**Lead Department:** Compliance
Title: Compliance Plan	
Original Date: 2012	**Date Published:** 02/04/2026

Effective Lines of Communication

The Alliance has formal and routine mechanisms of communication available to staff, contractors, and members. The Alliance promotes communication through a variety of meetings and processes, including Board meetings, Compliance Committee meetings, Operations Committee, the Administrative Contract Review Process, the Policy intake process, all-staff assemblies, regular departmental meetings, internal committee meetings, and ad-hoc provider and member communications. Additionally, information is communicated to Board members, employees, contractors, and members by email distributions, internal and external websites, reports, newsletters, and handbooks.

Policies and procedures ensure that staff members understand and perform their responsibilities in compliance with their positions and applicable law. Staff members are responsible for complying with the policies and procedures relevant to job descriptions and contractors are responsible for complying with their contractual obligations.

The Alliance expects that all Board members, employees, and contractors report compliance issues including noncompliant, unethical and/or illegal behavior. All compliance issues regarding potential FWA or HIPAA concerns are required to be reported immediately to the Compliance Department for investigation by Compliance Department staff. Reports of non-compliance with standards are investigated by supervisors and/or Compliance Department staff and leadership, as appropriate. Additionally, reports of non-compliance or other significant compliance concerns are escalated through the Compliance Department's risk-based triage and escalation framework and referred to the Compliance Committee when escalation thresholds are met. The Compliance Committee reviews these reports and ensures corrective actions are implemented and monitored for effectiveness.

The Alliance encourages staff to discuss issues directly with their supervisor or manager, Compliance Department staff, the Human Resources Director, or the Chief Administrative Officer. Should staff not feel comfortable reporting concerns directly, they may do so anonymously through the Confidential Disclosure Hotline. Staff can be assured that they may report compliance issues or concerns without risk of retaliation. The Alliance has a zero-tolerance policy for retaliation or retribution against any employee who in good faith reports suspected misconduct.

The Alliance's Confidential Disclosure Hotline is accessible 24 hours a day to report violations, or suspected violations of the law and/or the Compliance Program as well as concerns with Alliance personnel practices, such as allegations of discrimination, harassment or poor treatment. Additionally, staff may use the Alliance's Confidential Disclosure website.

TOLL FREE CONFIDENTIAL DISCLOSURE HOTLINE
844-910-4228
CONFIDENTIAL DISCLOSURE WEBSITE
https://ccah.ethicspoint.com

Additional reporting information is located on the Compliance Intranet page. The Alliance takes all reports of violations, or suspected violations, seriously and is committed to investigating all reported concerns promptly and confidentially to the extent possible.

The Alliance also maintains a reporting mechanism on its public website that allows members, Network Providers, Subcontractors, or any other person or entity to submit reports of non-compliance, including anonymous reports if desired.

Monitoring and Auditing to Identify Compliance Risk

The Alliance conducts monitoring and auditing activities to test and confirm the effectiveness of the Compliance Program, to ensure that plan operations align with contractual, legal, and regulatory requirements, and to identify the Alliance's organizational risk areas. This includes the evaluation of delegated entities – Subcontractors and Downstream Subcontractors – for compliance with standards, in alignment with the Delegation Reporting and Compliance Plan.

To comply with regulatory and contractual requirements, the Alliance conducts routine internal auditing in identified risk areas and routinely monitors plan performance through the Alliance Dashboard. The Alliance is also subject to external audits by federal and state agencies in connection with the Medi-Cal Program and its IHSS line of business.

Compliance Department staff conduct the Compliance Risk Assessment and develop the Internal Audit and Monitoring Work Plan identifying areas selected for audit and monitoring. The annual Compliance Risk Assessment and Internal Audit and Monitoring Work Plan, as well as material modifications prompted by escalated compliance issues, emerging risks, audit results, or other triage outcomes identified through the Compliance Department's risk-based escalation framework, are reviewed and approved by the Compliance Committee. The Compliance Manager oversees the Internal Audit and Monitoring Work Plan, ensuring that internal audits are conducted, deficiencies are identified, reports are developed, and corrective action is taken, as needed.

Disciplinary Standards

The Alliance does not condone any conduct that negatively affects the operation, mission, or image of the Alliance. The Alliance ensures that standards and policies and procedures are consistently enforced through disciplinary mechanisms. Any employee or contractor engaging in a violation of laws or regulations (depending on the magnitude of the violation) will be disciplined up to, and including, termination from employment or their contract.

In the event of discovery of such activity, the Alliance will implement prompt action to correct the problem and may institute appropriate disciplinary action given the facts and circumstances.

Response to Compliance Issues

Upon verification of non-compliance of a particular standard or requirement, the Alliance will take appropriate action steps to correct and prevent repeat non-compliance. These steps may include disclosing the incident to applicable regulatory agencies, retraining staff, and amending Alliance

	POLICIES AND PROCEDURES
Policy #: 105-6767	**Lead Department:** Compliance
Title: Compliance Plan	
Original Date: 2012	**Date Published:** 02/04/2026

policies and procedures in an effort to avoid future recurrence. Compliance staff will initiate and document oversight of corrective action to ensure the instance of noncompliance has been effectively mitigated. Matters meeting defined escalation criteria are brought to the Compliance Committee for review, direction, and oversight of corrective action.

Definitions: N/A
Procedures: N/A
References:
Regulatory:
42 C.F.R. §§ 438.608. 422.503(b)(4)(vi), and 422.504(b)(4)(vi)
Legislative:
Medi-Cal Contract:
DSNP:
DHCS All Plan Letter:
DMHC All Plan Letter:
NCQA:
Alliance Policies:
Impacted Departments:
All Departments
Other References:
Attachments:
Policy 105-0100 – Attachment A Compliance Policies and Procedures
Policy 105-0101 – Code of Conduct
Policy 105-4003 – No Retaliation or Waiver

Supersedes:

Lines of Business This Policy Applies To

☒ DSNP
☒ Medi-Cal
☒ Alliance Care IHSS

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
	8/24/2021	Jenifer Mandella, Compliance Officer	Alliance Board
	8/19/2022	Jenifer Mandella, Compliance Officer	Alliance Board
	8/10/2023, with changes	Jenifer Mandella, Chief Compliance Officer	Alliance Board

	effective 1/1/2024		
	8/14/2024	Jenifer Mandella, Chief Compliance Officer	Alliance Board
	4/24/2025	Jenifer Mandella, Chief Compliance Officer	Alliance Board
	02/04/2026	Jenifer Mandella, Chief Compliance Officer	Compliance Committee, pending Alliance Board approval
	8/4/2026	Jenifer Mandella, Chief Compliance Officer	

	POLICIES AND PROCEDURES
Policy #: 105-6767	**Lead Department:** Compliance
Title: Compliance Plan	
Original Date: 2012	**Date Published:** 02/04/2026

ATTACHMENT A – COMPLIANCE POLICIES AND PROCEDURES

Policy Number	Policy Title
105-0001	Policy Development, Maintenance, Review and Submission
105-0004	Delegate Oversight
105-0005	Federal Funding Suspension and Debarment
105-0009	Mandated Reporting of Suspected Abuse and Neglect
105-0011	Internal Audit & Monitoring
105-0014	Subcontractor Sanctions
105-0500	External Audits
105-1000	Certification of Data, Information and Documentation
105-1001	Medicare Part C and Part D Plan Reporting
105-1002	Review of Marketing and Communications Materials
105-1003	Medicare Advantage Regulatory Review, Tracking and Distribution
105-2000	Compliance Violations
105-2001	Self-Reporting to CMS
105-2002	Prohibition of False Claims
105-2003	Investigation of Sales Allegations
105-3001	Program Integrity: Fraud Waste and Abuse Prevention Program
105-3002	Program Integrity: Special Investigations Unit Operations
105-3002	Program Integrity: Special Investigations Unit Operations
105-3003	Suspended, Excluded, and Ineligible Providers
105-3004	Verification of Billed Services by Network Providers
105-4000	HIPAA-HITECH Privacy and Security Glossary
105-4001	Notice of Privacy Practices
105-4002	Accounting of Disclosures
105-4003	No Retaliation or Waiver
105-4004	Privacy Officer Designation and Responsibilities
105-4007	Safeguarding Protected Health Information
105-4009	Minimum Necessary Use and Disclosure
105-4010	Verification of Requester Authority Prior to Release of PHI
105-4011	De-identification and Re-identification of Health Information
105-4012	Use and Disclosure of PHI, including Member Authorizations to Disclose
105-4013	Request to Access Records
105-4014	Requests for Amendment of Protected Health Information

	POLICIES AND PROCEDURES
Policy #: 105-6767	**Lead Department:** Compliance
Title: Compliance Plan	
Original Date: 2012	**Date Published:** 02/04/2026

105-4017	Permission to Leave Messages with PHI
105-4018	Personal, Authorized and Member Representatives
105-4020	Official Statement: Need for Information About Possible Victim of Crime
105-4020	Disclosures to Law Enforcement and Government Officials
105-4026	Communication with Minors
105-4027	Disclosures of Protected Health Information of Members with Mental Incapacities
105-4029	Breach Risk Assessment and Response
105-4030	Internal Reporting: Compliance Concerns
105-4031	Data Sharing with County Mental Health Plans
105-4039	Access to and Confidentiality of ePHI
105-4043	Compliance Training and Education
105-4044	Disclosing Sensitive Personal Health Information
105-4045	Requests for Confidential Communications and Restrictions on Uses and Disclosures
105-4046	Enforcement Sanctions: Administrative & Monetary Sanctions
105-4047	Uses and Disclosures for Protected Health Information

	POLICIES AND PROCEDURES
Policy #: 105-0101	**Lead Department:** Compliance
Title: Alliance Code of Conduct	
Original Date: 2012	**Date Published:**

The Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission's, operating as Central California Alliance for Health's (the Alliance's) values, articulated in this Code of Conduct, are standards that guide our behavior and 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 Alliance's Code of Conduct contained herein applies to its Medi-Cal Program, Medicare Part-C and Part-D lines of business, and to its In-Home Supportive Services (IHSS) line of business. The Code of Conduct provides guidelines to Board members, employees, and Contractors, including sub-Contractors, downstream sub-Contractors, First Tier Entities, Downstream Entities, Related Entities, and network providers (all collectively referred to as "Contractors" in this document), 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, 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, in addition to other compliance concerns and compliance violations. 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 high quality, equitable 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 and linguistically appropriate services to plan members to ensure effective communication regarding diagnosis, medical history and treatment, and health education.

Health Equity
In alignment with its value of equity, the Alliance strives to reduce health inequities and provide all its members a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

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.

	POLICIES AND PROCEDURES
Policy #: 105-0101	**Lead Department:** Compliance
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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.

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 safeguard and 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 confidential provider information including social security 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 Code and associated 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 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.

Generative Artificial Intelligence (AI)
To mitigate risk of generating outputs that are factually untrue, biased, potentially harmful or illegal, and to ensure Alliance's protected data remains secure at all times, Board members, employees, and Contractors may only use AI in accordance with applicable laws and regulations, principles and requirements contained in the Alliance's Code of Conduct, and the Alliance's Generative AI policy 500-2002 – Generative AI Use, Sourcing, and Adoption.

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 and Compliance Directors 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.

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.

	POLICIES AND PROCEDURES
Policy #: 105-0101	**Lead Department:** Compliance
Title: Alliance Code of Conduct	
Original Date: 2012	**Date Published:**

Contractors, network providers Contractors, and members 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

References:
Regulatory:
Legislative:
Medi-Cal Contract:
DSNP:
DHCS All Plan Letter:
DMHC All Plan Letter:
NCQA:
Alliance Policies:
Impacted Departments:
All Departments
Other References:
Attachments:

Supersedes:

Lines of Business This Policy Applies To

☒ DSNP
☒ Medi-Cal
☒ Alliance Care IHSS

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	Alliance Board
	8/14/2024	Jenifer Mandella, Chief Compliance Officer	Alliance Board

	POLICIES AND PROCEDURES
Policy #: 105-0101	**Lead Department:** Compliance
Title: Alliance Code of Conduct	
Original Date: 2012	**Date Published:**

	02/03/2025	Jenifer Mandella, Chief Compliance Officer	Alliance Board
Reviewed Date	Revised Date	Changes Made By	Approved By
	8/24/2021	Jenifer Mandella, Compliance Officer	Alliance Board
	8/19/2022	Jenifer Mandella, Compliance Officer	Alliance Board
	8/10/2023, with changes effective 1/1/2024	Jenifer Mandella, Chief Compliance Officer	Alliance Board
	8/14/2024	Jenifer Mandella, Chief Compliance Officer	Alliance Board
	4/24/2025	Jenifer Mandella, Chief Compliance Officer	Alliance Board
	02/04/2026	Jenifer Mandella, Chief Compliance Officer	Compliance Committee, pending Alliance Board approval
	8/4/2026	Jenifer Mandella, Chief Compliance Officer	

DATE: September 23, 2026

TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission

FROM: Cecil Newton, Chief Information Officer

Van Wong, Chief Operating Officer

SUBJECT: 2027 Claims System Procurement and Implementation Budget

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Recommendation. Staff recommend the Board authorize the Chief Executive Officer to execute a multi-year contract with the selected vendor for the procurement and implementation of a next-generation core claims administration system, for a total contract amount not to exceed $18M.

Summary. The Alliance has completed a competitive procurement process and identified a preferred vendor to replace its current claims administration system. The new system brings extensive experience and will provide a more sustainable foundation for administering complex programs and product lines, improve claims processing efficiency, reduce reliance on manual workarounds, and strengthen the Alliance's ability to respond to regulatory and operational changes.

Background. For over a decade, the Alliance has relied on a legacy core administrative processing system designed for traditional fee-for-service models, which has become increasingly unsustainable amid the rapid expansion of complex specialized programs and new lines of business. To keep pace with these evolving requirements, staff have had to build integrated systems, employ third-party bolt-on modules, and labor-intensive manual workarounds over the aging legacy platform, resulting in suppressed auto-adjudication rates, inefficient configuration requirements, and minimal vendor innovation to address future scalability.

Replacing the system now will reduce operational risk, improve efficiency and flexibility, and provide a sustainable platform for the Alliance's future needs.

Discussion. To identify the optimal vendor partner for this core administrative modernization, staff launched a formal Request for Proposal (RFP) evaluated by a cross-functional committee. Vendors were evaluated through written proposals, scripted demonstrations, technical reviews, and due diligence. The process has resulted in the identification of a preferred vendor for final negotiations. Subject to Board authorization, staff will complete contract negotiations and implementation planning in preparation for a January 2027 project launch and a targeted Q2 2028, go-live.

The new system is expected to:

- Increase automated claims processing, reduce administrative burden, and improve claims turnaround times to support more timely provider payments.
- Improve flexibility and speed in implementing regulatory, program, and payment changes.
- Reduce reliance on supplemental tools and complex manual workarounds.
- Support multiple product lines and future organizational needs.

To reduce execution risk and add specialized expertise, staff will engage an experienced implementation partner to co-lead governance, data migration, milestone delivery, and operational readiness for the targeted 2028 go-live. Additional information about the procurement, evaluation, selected vendor, implementation approach, and anticipated benefits will be presented to the Board.

Fiscal Impact. The total five-year Master Services Agreement (MSA) with the system vendor is planned for the 2027-2032 period and the estimated cost is not to exceed $18M.

Attachments. N/A

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DATE: September 23, 2026

TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission

FROM: Van Wong, Chief Operating Officer

SUBJECT: Draft 2027–2029 Strategic Plan

Recommendation. This report is informational only.

Summary. The draft 2027–2029 Strategic Plan reflects input from the Board, members, community stakeholders, and staff. This agenda item provides the Board with an opportunity to review the draft and offer additional input before it returns for approval in December 2026.

Background. Development of the 2027–2029 Strategic Plan began in late 2025 with support from El Cambio Consulting. The process included an environmental scan; interviews with all 17 Commissioners and seven external stakeholder organizations; focus groups with member advisory committee representatives; Executive Team planning sessions; and director engagement. The Board has received monthly progress updates through the CEO Board Report. During its in-person meeting on April 22, 2026, the Board reviewed the planning environment, stakeholder themes, and emerging strategic directions and provided guidance that informed the draft plan.

Discussion. The draft plan establishes the Alliance's three-year strategic direction in response to a changing policy, financial, and health care delivery environment. It carries forward the Alliance's vision, mission, and values and is organized around three strategic priorities: Member Access, Community Partnership, and Plan Performance. The supporting goals address realized access, safety-net stability, Medi-Cal retention, community engagement, program integrity and performance, and operational efficiency. Staff will present the draft plan, including the planning rationale, stakeholder input, and proposed strategic direction. Board members may provide additional input for consideration as staff finalizes the plan for approval in December 2026. The 2027 focus, including strategic objectives and measures, will be presented to the Board in January 2027.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A

September 2026 Board Report

Mention Analytics

Mentions by Media Type

10
Mentions

Online News

Audience by Media Type

722,639
Audience

Online News

Back to Agenda

Publicity by Media Type

$6,580
Publicity

Online News

10 Total Mentions

Mentions 10 **Audience** 722,639 **Publicity** USD $6,580

Aug 13, 2026 10:42 PM EDT Neu. 1

Santa Cruz County voters to decide half-cent sales tax in November

Source Press Banner **Market** Scotts Valley, CA **Type** Digital News **Category** Local

... in increased costs and reduced revenues for the county and its community partners over the next five years. According to the county, state officials estimate 1.1 million Californians will lose Medi-Cal coverage, while some researchers project that number could approach 3 million by 2028. The **Central California Alliance for**

Aug 12, 2026 7:16 PM EDT Pos. 2

Hazel Hawkins hosts World Breastfeeding Week drive-through

Source BenitoLink (CA) **Market** Hollister, CA **Type** Digital News **Category** Local

Lea este artículo en español aquí. More than 170 people came to Hazel Hawkins Memorial Hospital on July 31 for its fourth annual World Breastfeeding Week drive-through celebration. Jana Tomasini, a Hazel Hawkins registered nurse and lactation consultant, said, "Every year worldwide, World Breastfeeding Week is celebrated

Aug 12, 2026 4:55 AM EDT Neu. 3

Voters to decide on new half-cent sales tax

Source Register Pajaronian **Market** Watsonville, CA **Type** Digital News **Category** Local

... laws, executive actions and related state budget decisions is expected to place a larger financial burden on counties. State estimates indicate about 1.1 million Californians could lose Medi-Cal coverage, while some independent analyses project the total could approach 3 million by 2028. The **Central California Alliance**

Aug 12, 2026 4:09 AM EDT Pos. 4

Hazel Hawkins hosts World Breastfeeding Week drive-through

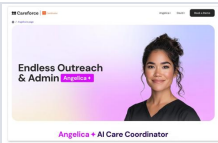
Source Benito Link **Market** Hollister, CA **Type** Digital News **Category** Local

... worldwide, World Breastfeeding Week is celebrated Aug. 1-7, so that's why we always have some form of celebration." This year, the exhibition was held a little earlier to accommodate families whose children return to school in early August. San Benito Blooming, WIC, San Benito County Safe Kids, **Central California**

Aug 12, 2026 3:22 AM EDT Neu. 5

AI is being used to boost Medicaid enrollment, but not without concerns

Source Santa Cruz Sentinel **Market** Santa Cruz, CA **Type** Digital News **Category** Local



... applications are filled out correctly and delivered to county health officials for verification and processing. Careforce CEO Huzaifa Sial said Kern Family is one of a few health insurers using his company's software to help boost its Medi-Cal enrollment, and the company is also working with the **Central California Alliance**

Aug 11, 2026 11:38 PM EDT Pos. 6

JCF Healthcare District Launches New Self-Service Check-In Technology

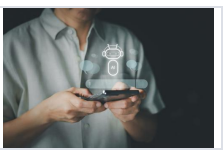
Source Sierra News Online **Market** North Fork, CA **Type** Digital News **Category** Local

... is not simply to introduce new technology, but to use technology thoughtfully to reduce unnecessary paperwork, shorten the registration process, improve accuracy, and create a better overall experience for both our patients and our staff." The self-service check-in project is supported through a **Central California Alliance for**

Aug 10, 2026 8:11 PM EDT Neu. 7

AI Is Being Used to Boost Medicaid Enrollment, but Not Without Concerns

Source Health Industry Archives - KFF Health News **Market** United States **Type** Blog **Category** Other



... applications are filled out correctly and delivered to county health officials for verification and processing. Careforce CEO Huzaifa Sial said Kern Family is one of a few health insurers using his company's software to help boost its Medi-Cal enrollment, and the company is also working with the **Central California Alliance**

Aug 6, 2026 8:10 PM EDT Pos. 8

Hazel Hawkins hosts World Breastfeeding Week drive-through

Source Benito Link **Market** United States **Type** Digital News

... worldwide, World Breastfeeding Week is celebrated Aug. 1-7, so that's why we always have some form of celebration." This year, the exhibition was held a little earlier to accommodate families whose children return to school in early August. San Benito Blooming, WIC, San Benito County Safe Kids, **Central California**

Aug 4, 2026 1:14 AM EDT Pos. 9

John C. Fremont Healthcare District Launches New Self-Service Check-In Technology

Source Sierra Sun Times **Market** United States **Type** Digital News

... shorten the registration process, improve accuracy, and create a better overall experience for both our patients and our staff." The self-service check-in system is part of John C. Fremont Healthcare District's broader commitment to modernizing local healthcare. This project is supported through a **Central California Alliance for**

Aug 4, 2026 1:06 AM EDT Neu. 10

KFF Health News: AI Is Being Used to Boost Medicaid Enrollment, but Not Without Concerns

Source Sierra Sun Times **Market** United States **Type** Digital News

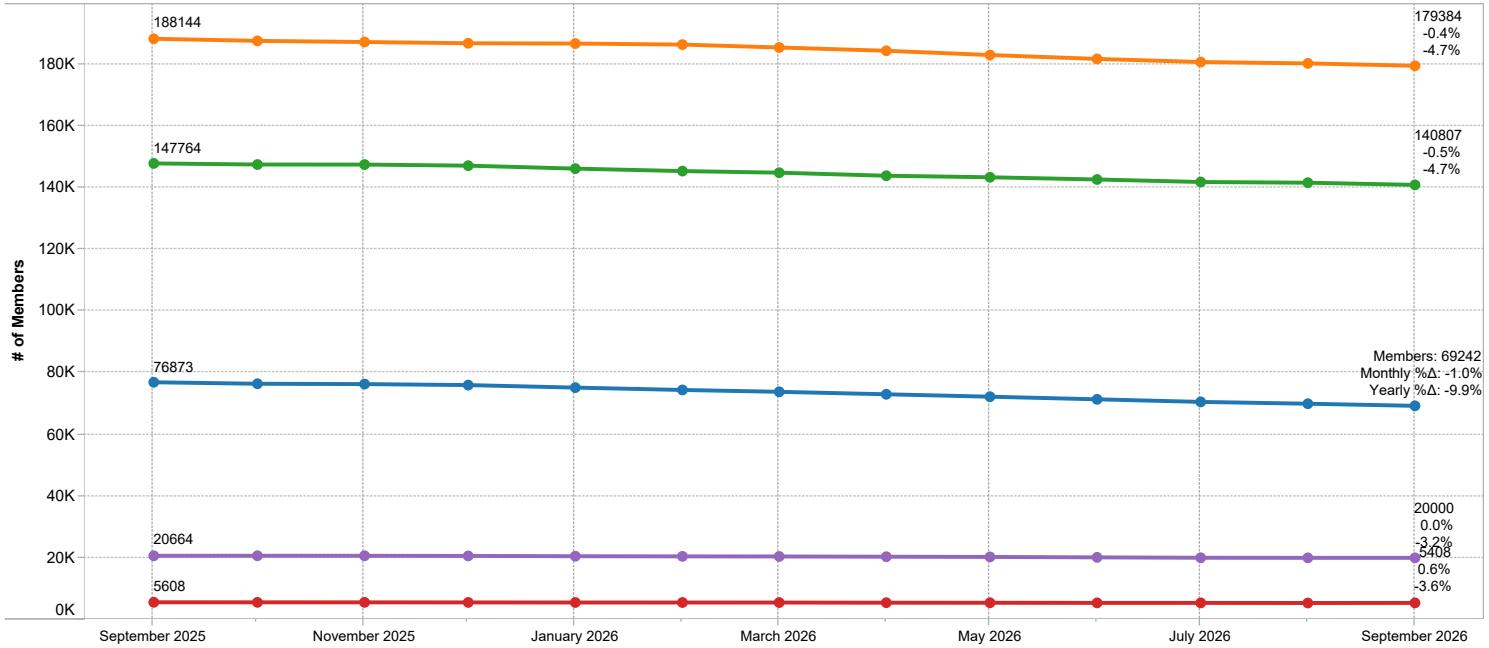
... applications are filled out correctly and delivered to county health officials for verification and processing. Careforce CEO Huzaifa Sial said Kern Family is one of a few health insurers using his company's software to help boost its Medi-Cal enrollment, and the company is also working with the **Central California Alliance**

Enrollment Report

County: *None* **Program:** *None* **Aid Cat Roll Up:** *None* **Data Refresh Date:** *9/2/2026 6:31:33 AM*

Enrollment Month
9/1/2025 12:00:00 AM to 9/30/2026 11:59:59 PM

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



LOB	County	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026
Medi-Cal	SANTA CRUZ	76,873	76,390	76,282	75,959	74,951	74,183	73,528	72,706	71,905	71,036	70,170	69,560	68,859
	MONTEREY	187,417	186,728	186,345	185,960	185,696	185,350	184,391	183,183	181,717	180,419	179,362	178,853	178,044
	MERCED	147,764	147,406	147,386	147,040	146,002	145,197	144,661	143,652	143,150	142,418	141,591	141,348	140,627
	MARIPOSA	5,608	5,593	5,584	5,560	5,520	5,514	5,503	5,450	5,432	5,393	5,389	5,352	5,382
	SAN BENITO	20,664	20,681	20,668	20,623	20,517	20,462	20,431	20,348	20,272	20,132	20,003	19,974	19,972
	Total	**438,326**	**436,798**	**436,265**	**435,142**	**432,686**	**430,706**	**428,514**	**425,339**	**422,476**	**419,398**	**416,515**	**415,087**	**412,884**
IHSS	MONTEREY	727	731	738	731	735	725	721	819	833	824	824	816	813
	Total	**727**	**731**	**738**	**731**	**735**	**725**	**721**	**819**	**833**	**824**	**824**	**816**	**813**
DSNP Total Care	SANTA CRUZ					192	199	254	277	294	316	343	364	383
	MONTEREY					158	182	205	251	323	365	423	490	527
	MERCED					77	86	100	119	126	144	151	168	180
	MARIPOSA					15	17	18	19	18	17	21	24	26
	SAN BENITO					17	18	19	21	22	25	25	27	28
	Total					**459**	**502**	**596**	**687**	**783**	**867**	**963**	**1,073**	**1,144**
Total Members		**439,053**	**437,529**	**437,003**	**435,873**	**433,880**	**431,933**	**429,831**	**426,845**	**424,092**	**421,089**	**418,302**	**416,976**	**414,841**

- MONTEREY
- MERCED
- SANTA CRUZ
- SAN BENITO
- MARIPOSA

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Living **Healthy**

A newsletter for the members of
Central California Alliance for Health

September 2026 | VOLUME 32, ISSUE 3

Protect yourself and your family this flu season

Flu season is September through May. The best way to stay healthy is to get your flu vaccine early, before the flu starts to spread in your community.

The flu vaccine is safe and can help protect you from getting very sick. It's especially important for:

- Young children.
- People who are pregnant.
- People with certain chronic health conditions like asthma, diabetes, and heart or lung disease.
- People who are ages 65 and older.

The flu vaccine is free and easy to get. Everyone ages 6 months and older can get it every year. Children can get their flu vaccine from their doctor. Adults can get it at a pharmacy. No referral is needed.

Alliance members ages 7 to 24 months who get both doses of the flu vaccine between September 2026 and May 2027 will be entered into a monthly raffle for a chance to win a **$100 Target gift card**!

For more information, visit **www.thealliance.health/flu**.

Central California Alliance for Health
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066

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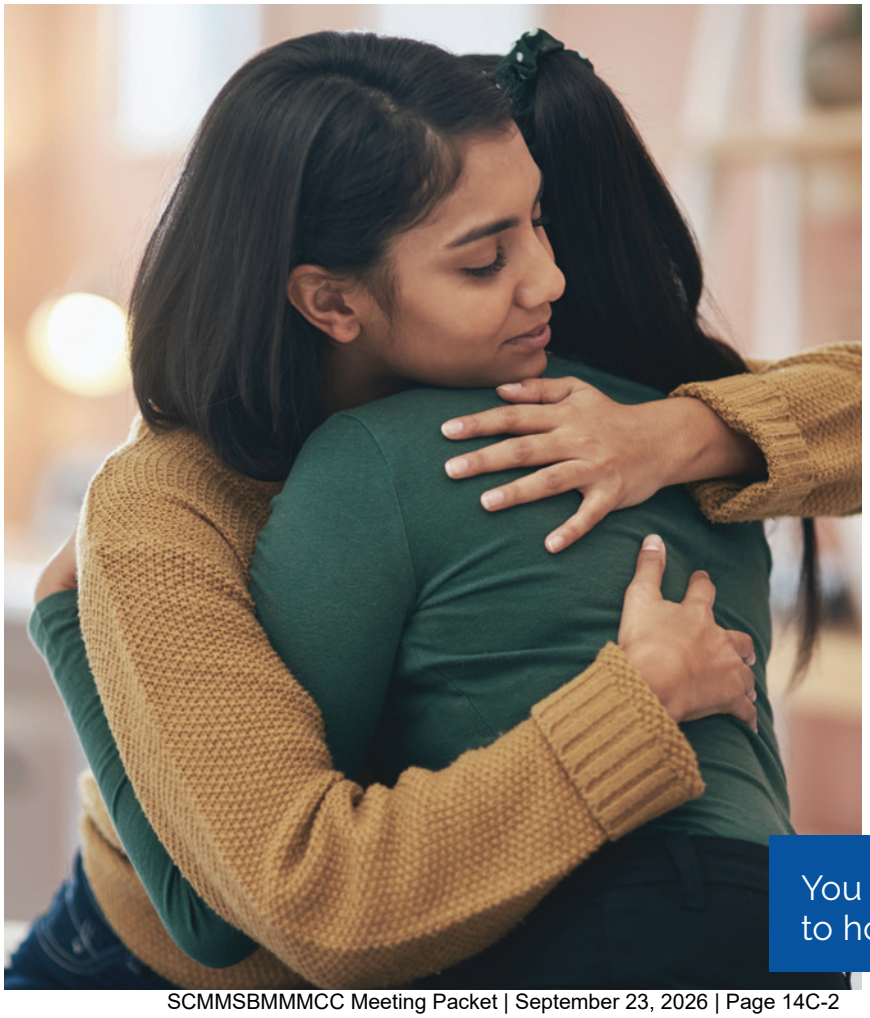
Suicide prevention: You are not alone

Life can feel very hard sometimes. Stress, sadness, worry or big changes can make it hard to cope. If you or someone you care about is struggling, care is available. People can feel better with support. There is hope.

Reaching out is the first step

Getting support can make a real difference in how you feel. Talking with someone who listens can make you feel less alone. Support from a doctor, counselor, therapist or crisis line can lower stress, sadness or anxiety. It can teach you safe ways to handle problems. Mental health care may help you sleep better, feel calmer and enjoy life more. Asking for help is not a weakness. It is a smart and healthy choice.



Why some people may not ask for help

Culture and beliefs can affect how people feel about getting help. Some common reasons are:

- Feeling shame or fear about mental health.
- Thinking you should be strong and handle problems alone.
- Worrying about family honor or bringing shame.
- Religious beliefs that can make it hard to talk about these thoughts.
- Fear of not being understood or judged.
- Language barriers or trouble explaining feelings.
- Mistrust of health systems or fear of authority.

These concerns are common. Reaching out is still important and can save lives.

What you should do if you feel suicidal

If you are thinking about suicide:

- Get help right away.
- Call **911** if you feel you might act on these thoughts.
- Call or text the 988 Suicide & Crisis Lifeline or visit **www.988lifeline.org**.

Also:

- Stay away from weapons or dangerous items.
- Tell a trusted person or provider how you feel.

Family and friends can help

Family and friends can support you by listening without judgment, staying calm, checking in often and helping make calls or appointments.

Alliance resources for members

- Call **911** for immediate danger.
- To find a behavioral health provider, call Member Services at **800-700-3874** (TTY: Dial **711**) or go to **www.thealliance.health/provider-directory**.

You are not alone. Reaching out today can lead to hope and healing tomorrow.

The Alliance wants moms and babies to be healthy

The Alliance's Healthy Moms and Healthy Babies (HMHB) program helps pregnant members get prenatal and postpartum care. HMHB also provides education to support members in having a healthy pregnancy.

An Alliance health educator will reach out to members who enroll in the HMHB program. Health educators provide information on several topics, such as prenatal and postpartum health, breastfeeding, pediatric care and parenting.

For more information about this program, call the Health Education Line at **800-700-3874, ext. 5580** (TTY: Dial **711**) or visit **www.thealliance.health/hmhb**.

Community resources

The Alliance also shares information on community resources with pregnant and postpartum members. This includes information about the Women, Infants and Children program (WIC). WIC is a nutrition education program that helps those who are pregnant or just had a baby and children up to age 5. To learn more about the WIC program, visit **www.myfamily.wic.ca.gov** or call WIC at **800-852-5770**.

Protecting your privacy

Your health information is private, and we want to keep it safe. Sometimes, we might need to share it, and sometimes you choose what you want to share.

When we might share information

We might share your health information to help with your treatments or payments without asking you first. For example, we might tell a doctor you are an Alliance member so they can treat you. There are other times when we might share information and not ask you. These are set by law.

When you decide to share information

If someone asks us for your health information, you need to say if it's OK before we give it to them. You also get to say if it's OK before we share your information with apps on your phone or computer.

We often check how we keep your health information safe. We want to provide you with quality health care and protect your information.

Learn more

To learn more about how we keep your health information private, look at the Notice of Privacy Practices in your Member Handbook. It is also available on our website at **www.thealliance.health/privacy-practices**.

Ask the **doctor**

How can I better manage diabetes?

Dr. Mai Bui-Duy is a Medical Director at Central California Alliance for Health. She practiced internal medicine primary care in Santa Cruz County for seven years and has 15 years of experience in the medical field.

Managing diabetes can feel like a lot at times. Aiming for small, healthy habits each day can make a big difference. Here are some simple ways to help manage diabetes.

What foods should I eat?

Try using the Diabetes Plate method to help plan balanced meals. Use a 9-inch plate and fill:

- Half with non-starchy vegetables like broccoli or spinach.
- One-quarter with lean protein like chicken, fish, eggs or beans.
- One-quarter with healthy carbs like fruit or whole grains.

Eating balanced meals can help you manage blood sugar levels.

How much exercise do I need?

Being active can help lower your blood sugar. Aim for 150 minutes of moderate activity each week.

You do not have to do it all at once. Try:

- Taking the stairs instead of the elevator.
- Going for three 10-minute walks each day.
- Using a fitness tracker or app to help you stay active.

To sign up for the Live Better with Diabetes program, call the Alliance Health Education Line at **800-700-3874, ext. 5580,** Monday through Friday, 8 a.m. to 5 p.m., or visit **www.thealliance.health/health-programs-sign-up**.

Why are checkups important for people with diabetes?

Regular checkups can help prevent serious health problems from diabetes. Talk to your doctor about:

- A1c blood sugar testing.
- Yearly eye exams.
- Kidney health screenings.
- Taking your diabetes medicine as prescribed.

Does mental health matter?

Yes. Managing diabetes takes daily effort and can be stressful. Stress can affect your health.

If you feel stressed, anxious or sad, talk with your doctor about what you can do. You can also call Member Services Monday through Friday, 8 a.m. to 5:30 p.m., at **800-700-3874** (TTY: Dial **711**) for help with finding support.

Are there programs that can help?

Yes. The Alliance offers the Live Better with Diabetes program for adults with diabetes or prediabetes. Classes are offered in person, online and by phone.

You can learn healthy habits to help manage diabetes. Members who complete the six-week program can receive a **Target gift card for up to $50**.

Finding a doctor who speaks your language

It is important that you and your doctor can understand each other. The Alliance has doctors in our network who speak languages other than English. You can find these doctors in your Provider Directory or by calling Member Services. Your doctor can also call a special telephone line to get an interpreter who speaks your language, or they can ask for an in-person interpreter or virtual remote interpreter to be at your appointment. You do not have to use family or friends to interpret for you.

For help finding a doctor who speaks your language, you can call Member Services at **800-700-3874**, Monday through Friday, from 8 a.m. to 5:30 p.m. If you need language assistance, we have a special telephone line to get an interpreter who speaks your language at no cost to you. For the Hearing or Speech Assistance Line, call **800-735-2929** (TTY: Dial **711**).

Feeling sick and have questions? Call the Nurse Advice Line

The Nurse Advice Line is a service available to all Alliance members. You can call if you have questions about your health or your child's health. A registered nurse will help you with what to do next. The service is available **24 hours a day, 7 days a week** at no cost to you. **Call 844-971-8907 (TTY: Dial 711) to talk to a nurse.**

For more information, visit **www.thealliance.health/NAL**.

If you are having a medical emergency, call 911 or go to the nearest emergency room.

September is National Childhood Obesity Awareness Month

Around 1 in 5 children in the United States have obesity. The good news is that there are ways to prevent it:

- **Get active.** Walk around, go on a bike ride or play basketball.
- **Have screen time breaks.** Keep screen time used for fun to two hours a day or less.
- **Make healthy meals.** Serve more vegetables, fruits and whole-grain foods.

The Alliance offers the Healthy Weight for Life (HWL) program. HWL is for parents or guardians of Alliance members ages 2 to 18. The program teaches ways to support children to eat healthy, be more active and make healthy lifestyle changes.

Parents and guardians of Alliance members who attend a six-week workshop can receive up to a **$50 Target gift card**.

For more information, visit **www.thealliance.health/healthy-weight** or call the Alliance Health Education Line at **800-700-3874, ext. 5580** (TTY: Dial **711**).

Checkups for members under age 21

Children, teens and young adults (under age 21) enrolled in Medi-Cal can get checkups, vaccines, health screenings and treatment for physical, mental and dental health. These services are covered under Medi-Cal for Kids and Teens.

The Alliance can help:

- Find a doctor or set up an appointment.
- Get transportation to and from your appointment.
- Ask for language assistance at your appointment.

Call our Member Services department at **800-700-3874** (TTY: Dial **711**) to get help.

Care can't wait: Checkups are for everyone

Taking care of your health now can help prevent issues in the future. Checkups, vaccines and screenings are some of the best ways to help protect your health and your family's health.

To find out more about Medi-Cal for Kids and Teens and what services are covered, visit **www.thealliance.health/medi-cal-for-kids-teens**.

Shop for health and wellness needs—on us!

If you are a TotalCare member, you get a **$100 flex card allowance** per quarter[1] to buy over-the-counter (OTC) products like:

- First aid supplies.
- Pain relievers.
- Cough and cold remedies.
- Vitamins.
- Dental products, like toothpaste.
- Incontinence products.
- Eye and ear care.
- And much more!

You can use your OTC allowance to buy products online, by phone and in stores.

- **Online:** Want items delivered to your door? Shop the online catalog at **www.andmorehealth.com**. Find and click on the link "Shop OTC Online" to order the items you need.
- **By phone:** Look through the catalog you received with your card and call **855-AND-MORE** to place an order (**855-263-6673**; TTY **711**).
- **In-store:** Shop at your favorite local stores, like Safeway, Walgreens, Walmart, CVS[2], Costco and more. For a full list of eligible stores, go to **www.andmorehealth.com**.

If you have questions, visit **www.thealliance.health/totalcare-flexcard** or call **833-530-9015** (TTY: **800-735-2929** (Dial **711**)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

[1]Any remaining balance rolls over to the next quarter. Any remaining balance at the end of the year does not roll over to the next year.

[2]Except CVS Pharmacy® inside Target stores.

&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.

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Medi-Cal changes are coming in 2027

Changes to Medi-Cal are likely to begin in 2027. These changes will affect some adults, but not everyone.

Starting in January 2027, some adults may have new work rules. As of March 1, 2027, some may also need to complete a check-in every six months to keep their coverage.

Starting in July 2027, some adults may also have a monthly premium.

The most important step you can take now is to renew your Medi-Cal on time. This helps you keep your coverage and avoid gaps in care.

Three steps to stay covered

1. **If you have moved, update your contact information.** Make sure your county Medi-Cal office has your correct address and phone number.
2. **Know your renewal date, and watch your mail.** You should get a renewal letter with the steps you may need to take.
3. **If you need to complete paperwork, return it right away.** Send your renewal forms by the deadline listed to keep your coverage.

For the most up-to-date information, visit the California Department of Health Care Services website at **www.thealliance.health/DHCS-changes**. You can also learn more about how to apply for or renew Medi-Cal on the Alliance's Medi-Cal Changes page at **www.thealliance.health/medi-cal-changes**.

We are texting members!
The Alliance texts members to help them keep up to date on Alliance benefits and services. Alliance texts are from the short code **59849**. To learn more, visit our website at **www.thealliance.health/member-texting**.

LIVING HEALTHY is published for the members and community partners of CENTRAL CALIFORNIA ALLIANCE FOR HEALTH, 1600 Green Hills Road, Suite 101, Scotts Valley, CA 95066, telephone 831-430-5500 or 800-700-3874, ext. 5505, website www.thealliance.health.

Information in LIVING HEALTHY comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

Models may be used in photos and illustrations.

Editor — Randi Motson

Quality and Health Programs Supervisor — Ivonne Muñoz

www.thealliance.health

Nondiscrimination Notice and Taglines

Discrimination is against the law. Central California Alliance for Health (the Alliance) follows state and federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

The Alliance provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Alliance between 8 a.m. and 5:30 p.m., Monday through Friday, by calling **800-700-3874**. If you cannot hear or speak well, please call **800-735-2929** (TTY: Dial **711**). Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. TotalCare (HMO D-SNP) members—call **833-530-9015** (TTY: **800-735-2929** (Dial **711**)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from Oct. 1 through March 31, and Monday through Friday (except holidays) from April 1 through Sept. 30. To obtain a copy in one of these alternative formats, please call or write to:

Central California Alliance for Health
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066
800-700-3874
800-735-2929 (TTY: Dial **711**)
TotalCare: 833-530-9015 (TTY: **800-735-2929** (Dial **711**)).

HOW TO FILE A GRIEVANCE

If you believe that the Alliance has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with the Alliance's Civil Rights Coordinator, also known as the Senior Grievance Specialist. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact the Alliance's Senior Grievance Specialist between 8 a.m. and 5:30 p.m., Monday through Friday, by calling **800-700-3874**. Or, if you cannot hear or speak well, please call **800-735-2929** (TTY: Dial **711**). TotalCare (HMO D-SNP) members—call **833-530-9015** (TTY: **800-735-2929** (Dial **711**)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from Oct. 1 through March 31, and Monday through Friday (except holidays) from April 1 through Sept. 30.
- **In writing:** Fill out a complaint form or write a letter and send it to:
  Central California Alliance for Health
  Attn: Senior Grievance Specialist
  1600 Green Hills Road, Suite 101
  Scotts Valley, CA 95066
- **In person:** Visit your doctor's office or the Alliance and say you want to file a grievance.
- **Electronically:** Visit the Alliance's website at **www.thealliance.health** or the TotalCare (HMO D-SNP) site at **https://thealliance.health/totalcare/**.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:
  Deputy Director, Office of Civil Rights
  Department of Health Care Services Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413
  Complaint forms are available at **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.
- **Electronically:** Send an email to **CivilRights@dhcs.ca.gov**.

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OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.
- **Electronically:** Visit the Office for Civil Rights Complaint Portal at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**.

If you have questions, call TotalCare (HMO D-SNP) at **833-530-9015** (TTY: **800-735-2929** (Dial **711**)), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from Oct. 1 through March 31, and Monday through Friday (except holidays) from April 1 through Sept. 30.

TotalCare (HMO D-SNP) is a Medicare Advantage plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in TotalCare depends on contract renewal. TotalCare is the trade name of the Central California Alliance for Health. TotalCare is a registered trademark of the Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission, a California public entity, operating as Central California Alliance for Health.

This newsletter is also available in large print and audio formats at **www.thealliance.health/otherformats**.

Daim ntawv tshaj xo no los kuj muaj ua ntawv luam loj thiab kaw ua suab nyob ntawm **thealliance.health/hmn/tag/alternative-access**.
Este boletín también está disponible en formato de letra grande y audio en **thealliance.health/es/tag/alternative-access**.

English
ATTENTION: If you need help in your language call 1-800-700-3874 (TTY: 1-800-735-2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-700-3874 (TTY: 1-800-735-2929). These services are free of charge. TotalCare (HMO D-SNP) members call 1-833-530-9015 (TTY: 1-800-735-2929 (Dial 711)).

العربية (Arabic)
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-833-530-9015 (TTY: 1-800-735-2929; 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بريل والخط الكبير. اتصل بـ 1-833-530-9015 (TTY: 1-800-735-2929; 711). هذه الخدمات مجانية.
يُرجى من أعضاء TotalCare (HMO D-SNP) الاتصال برقم 1-833-530-9015 (TTY: 1-800-735-2929) (الاتصال برقم 711).

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-700-3874 (TTY: 1-800-735-2929; 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-700-3874 (TTY: 1-800-735-2929; 711): Այդ ծառայություններն անվճար են: TotalCare (HMO D-SNP) անդամները կարող են զանգահարել 1-833-530-9015 հեռախոսահամարով (TTY՝ 1-800-735-2929 (զանգահարեք 711)):

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)
ចំណាំៈ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-700-3874 (TTY: 1-800-735-2929; 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរជុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៍អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-700-3874 (TTY: 1-800-735-2929; 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។ សមាជិក TotalCare (HMO D-SNP) សូមហៅទៅលេខ 1-833-530-9015 (TTY: 1-800-735-2929 (ចុចលេខ 711))។

中文 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 1-800-700-3874 (TTY: 1-800-735-2929; 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-700-3874 (TTY: 1-800-735-2929; 711)。
这些服务都是免费的。TotalCare (HMO D-SNP)會員請致電1-833-530-9015 (TTY: 1-800-735-2929 (撥號711))。

فارسی (Farsi)
توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-700-3874 (TTY: 1-800-735-2929; 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-700-3874 (TTY: 1-800-735-2929; 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.
اعضا با شماره TotalCare (HMO D-SNP) 1-833-530-9015تماس بگیرند(TTY: 1-800-735-2929 (711 را شماره‌گیری کنید)).

हिंदी (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-700-3874 (TTY: 1-800-735-2929; 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-700-3874 (TTY: 1-800-735-2929; 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं। TotalCare (HMO D-SNP) के सदस्य 1-833-530-9015 पर कॉल करें (TTY: 1-800-735-2929 (डायल करें 711))।

Hmoob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-700-3874 (TTY: 1-800-735-2929; 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-700-3874 (TTY: 1-800-735-2929; 711). Cov kev pab cuam no yog pab dawb xwb. TotalCare (HMO D-SNP) tswvcuab hu tus xov tooj 833-530-9015 (TTY: 800-735-2929 (Ntaus 711)).

日本語 (Japanese)
注意日本語での対応が必要な場合は 1-800-700-3874 (TTY: 1-800-735-2929; 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-700-3874 (TTY: 1-800-735-2929; 711)へお電話ください。これらのサービスは無料で提供しています。TotalCare (HMO D-SNP) 会員専用電話番号：1-833-530-9015 (TTY: 1-800-735-2929 (直通711))

한국어 (Korean)
유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-700-3874 (TTY: 1-800-735-2929; 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-700-3874 (TTY: 1-800-735-2929; 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다. TotalCare (HMO D-SNP) 가입자는 1-833-530-9015번으로 전화하십시오. (TTY: 1-800-735-2929 (711을 누르십시오)).

ພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-700-3874 (TTY: 1-800-735-2929; 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-700-3874 (TTY: 1-800-735-2929; 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ສະມາຊິກ TotalCare (HMO D-SNP) ໃຫ້ໂທຫາ 1-833-530-9015 (TTY: 1-800-735-2929 (ກົດ 711)).

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-700-3874 (TTY: 1-800-735-2929; 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-700-3874 (TTY: 1-800-735-2929; 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc. TotalCare (HMO D-SNP) nyei mienh mborqv finx heuc 1-833-530-9015 (TTY: 1-800-735-2929 (Guinh 711)).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-700-3874 (TTY: 1-800-735-2929; 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-700-3874 (TTY: 1-800-735-2929; 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ। TotalCare (HMO D-SNP) ਦੇ ਮੈਂਬਰ 1-833-530-9015 (TTY: 1-800-735-2929 (711 ਡਾਇਲ ਕਰੋ)) 'ਤੇ ਕਾਲ ਕਰਦੇ ਹਨ

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-700-3874 (линия TTY: 1-800-735-2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-700-3874 (линия TTY: 1-800-735-2929; 711). Такие услуги предоставляются бесплатно. Участникам плана TotalCare (HMO D-SNP) звонить 1-833-530-9015 (TTY: 1-800-735-2929 (с номера 711)).

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-700-3874 (TTY: 1-800-855-3000 ; 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-700-3874 (TTY: 1-800-855-3000; 711). Estos servicios son gratuitos. TotalCare (HMO D-SNP) miembro llame al 833-530-9015 (TTY: 800-855-3000 (Marque 711)).

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929; 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929; 711). Libre ang mga serbisyong ito. Mga miyembro ng TotalCare (HMO D-SNP), tumawag sa 1-833-530-9015 (TTY: 1-800-735-2929 (I-dial ang 711)).

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-700-3874 (TTY: 1-800-735-2929; 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-700-3874 (TTY: 1-800-735-2929; 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้ สมาชิก TotalCare (HMO D-SNP) โปรดโทรไปที่ 1-833-530-9015 (TTY: 1-800-735-2929 (กด 711))

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-700-3874 (TTY: 1-800-735-2929; 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-700-3874 (TTY: 1-800-735-2929; 711). Ці послуги безкоштовні. Номер для учасників програми TotalCare (HMO D-SNP) 1-833-530-9015 (TTY: 1-800-735-2929 (наберіть 711)).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-700-3874 (TTY: 1-800-735-2929; 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-700-3874 (TTY: 1-800-735-2929; 711). Các dịch vụ này đều miễn phí. Hội viên của TotalCare (HMO-DSNP) vui lòng gọi số 1-833-530-9015 (TTY: 1-800-735-2929 (Quay số 711)).

La Vida **Saludable**

Un boletín informativo para los miembros de Central California Alliance for Health

SEPTIEMBRE 2026 | VOLUMEN 32, NÚMERO 3

Esta temporada de gripe, protéjase a usted y a su familia

La temporada de gripe es de septiembre a mayo. La mejor manera de mantenerse saludable es vacunarse contra la gripe pronto, antes de que comience a circular en su comunidad.

La vacuna contra la gripe es segura y puede ayudar a protegerlo de enfermarse gravemente. Es especialmente importante para:

- Niños pequeños.
- Personas embarazadas.
- Personas con ciertas condiciones crónicas como asma, diabetes y enfermedad cardíaca o pulmonar.
- Personas de 65 años de edad o más.

La vacuna contra la gripe es gratuita y fácil de obtener. Todas las personas de 6 meses de edad en adelante pueden recibirla cado año. Los niños pueden recibir la vacuna contra la gripe con su doctor. Los adultos pueden obtenerla en una farmacia. No se necesita referencia.

¡Los miembros de la Alianza de 7 a 24 meses de edad que reciban ambas dosis de la vacuna contra la gripe entre septiembre de 2026 y mayo de 2027 participarán en una rifa mensual para tener la oportunidad de ganar una **tarjeta de regalo de Target de $100**!

Para obtener más información, visite **www.thealliance.health/es/flu**.

Prevención de suicidios: No está solo

A veces la vida puede sentirse muy difícil. El estrés, la tristeza, la preocupación o los grandes cambios pueden hacer difícil afrontar las cosas. Si usted o alguien que le importa está pasando por un momento difícil, hay cuidado disponible. Las personas pueden sentirse mejor con apoyo. Hay esperanza.

El primer paso es pedir ayuda

Recibir apoyo puede hacer una verdadera diferencia en cómo se siente. Hablar con alguien que escucha puede hacer que usted se sienta menos solo. El apoyo de un doctor, consejero, terapeuta o una línea de crisis puede reducir el estrés, la tristeza o la ansiedad. Puede enseñarle formas seguras de manejar los problemas. El cuidado de la salud mental puede ayudarle a dormir mejor, sentir más tranquilidad y disfrutar más de la vida. Pedir ayuda no es una debilidad. Es una opción inteligente y saludable.

Por qué algunas personas pueden no pedir ayuda

La cultura y las creencias pueden afectar cómo se sienten las personas acerca de pedir ayuda. Algunas razones comunes son:

- Sentir vergüenza o miedo acerca de la salud mental.
- Pensar que debe ser fuerte y manejar los problemas solo.
- Preocuparse por el honor familiar o causar vergüenza a la familia.
- Creencias religiosas que pueden dificultar que se hable sobre estos pensamientos.
- Miedo a no ser comprendido o a ser juzgado.
- Barreras de idioma o dificultad para explicar los sentimientos.
- Desconfianza en los sistemas de salud o miedo a la autoridad.

Estas preocupaciones son comunes. Pedir ayuda sigue siendo importante y puede salvar vidas.

Qué debe hacer si tiene pensamientos suicidas

Si está pensando en el suicidio:

- Consiga ayuda de inmediato.
- Llame al **911** si cree que podría actuar de acuerdo con estos pensamientos.
- Llame o envíe un mensaje de texto a la Línea 988 de Prevención del Suicidio y Crisis o visite **www.988lifeline.org**.

También:

- Manténgase alejado de armas u objetos peligrosos.
- Dígale a una persona o proveedor de confianza cómo se siente.

La familia y los amigos pueden ayudar

La familia y los amigos pueden apoyarlo escuchándolo sin juzgar, manteniendo la calma, revisando cómo está con frecuencia y ayudándolo a hacer llamadas o programar citas.

Recursos de la Alianza para miembros

- Llame al **911** si hay un peligro inmediato.
- Para encontrar un proveedor de salud de la conducta, llame a Servicios para Miembros al **800-700-3874** (TTY: Marque **711**) o vaya a **www.thealliance.health/es/provider-directory**.

No está solo. Pedir ayuda hoy puede llevar a la esperanza y a la recuperación mañana.

La Alianza quiere que las madres y los bebés estén sanos

El Programa Mamás Saludables y Bebés Sanos (Healthy Moms and Healthy Babies Program; HMHB, por sus siglas en inglés) de la Alianza ayuda a las mujeres embarazadas a recibir cuidado prenatal y postparto. HMHB también ofrece educación para ayudar a sus miembros a tener un embarazo saludable.

Un educador de salud de la Alianza se pondrá en contacto con los miembros que se inscriban en el programa HMHB. Los educadores de salud ofrecen información sobre varios temas, como salud prenatal y postparto, lactancia materna, cuidado pediátrica y crianza de los hijos.

Para obtener más información sobre este programa, llame a la Línea de Educación de Salud al **800-700-3874, ext. 5580** (TTY: Marque **711**) o visite **www.thealliance.health/es/hmhb**.

Recursos comunitarios

La Alianza también comparte información sobre recursos comunitarios con miembros embarazadas y en el período de postparto. Esto incluye información sobre el programa para Mujeres, Bebés y Niños (Women, Infants and Children; WIC, por sus siglas en inglés). WIC es un programa de educación nutricional que ayuda a las mujeres embarazadas o que acaban de tener un bebé y a niños de hasta 5 años. Para obtener más información sobre el programa WIC, visite **www.myfamily.wic.ca.gov** o llame a WIC al **800-852-5770**.

Protección de su privacidad

Su información de salud es privada y queremos mantenerla segura. A veces, es posible que tengamos que compartirla, y a veces usted elige lo que quiere compartir.

Cuándo podríamos compartir información

Podríamos compartir su información de salud sin preguntarle primero para ayudarle con sus tratamientos o pagos. Por ejemplo, podríamos decirle a un doctor que usted es miembro de la Alianza para que pueda tratarle. Hay otras ocasiones en las que podríamos compartir información sin preguntarle. Estas situaciones se establecen por ley.

Cuándo usted decide compartir información

Si alguien nos pide su información de salud, usted debe decir si está bien antes de que se la entreguemos. También puede decir si está bien antes de que compartamos su información con aplicaciones en su teléfono o computadora.

A menudo revisamos cómo mantenemos segura su información de salud. Le queremos dar cuidado de salud de calidad y proteger su información.

Obtenga más información

Para obtener más información sobre cómo mantenemos la privacidad de su información de salud, revise el Aviso de Prácticas de Privacidad en su Manual para Miembros. También está disponible en nuestro sitio web en **www.thealliance.health/es/privacy-practices**.

Pregúntele al **doctor**

¿Cómo puedo controlar mejor la diabetes?

La Dra. Mai Bui-Duy es directora médica de Central California Alliance for Health. Practicó el cuidado primario de la medicina interna en el condado de Santa Cruz durante siete años y tiene 15 años de experiencia en el campo médico.

A veces, manejar la diabetes puede sentirse demasiado. Intentar adquirir hábitos pequeños y saludables cada día puede hacer una gran diferencia. Estas son algunas formas sencillas de ayudar a manejar la diabetes.

¿Qué alimentos debo comer?

Intente usar el método del Plato de Diabetes para ayudar a planear comidas balanceadas. Use un plato de 9 pulgadas y llene:

- La mitad con verduras sin almidón como brócoli o espinacas.
- Un cuarto con proteínas bajas en grasa como pollo, pescado, huevos o frijoles.
- Un cuarto con carbohidratos saludables como frutas o cereales integrales.

Comer comidas balanceadas puede ayudarle a controlar los niveles de azúcar en la sangre.

¿Cuánto ejercicio necesito?

Estar activo puede ayudar a reducir el azúcar en la sangre. Intente hacer 150 minutos de actividad moderada cada semana.

No tiene que hacerlo todo a la vez. Intente:

- Subir las escaleras en vez de usar el elevador.
- Hacer tres caminatas de 10 minutos cada día.
- Usar un monitor de actividad física o una aplicación para ayudarle a mantenerse activo.

Para inscribirse en el programa Viva Mejor con Diabetes, llame a la Línea de Educación de Salud de la Alianza al **800-700-3874, ext. 5580,** de lunes a viernes, de 8 a. m. a 5 p. m., o visite **www.thealliance.health/es/health-programs-sign-up**.

¿Por qué son importantes los chequeos para las personas con diabetes?

Los chequeos regulares pueden ayudar a prevenir problemas de salud serios debidos a la diabetes. Hable con su doctor sobre:

- Análisis A1c de azúcar en la sangre.
- Exámenes de la vista anuales.
- Exámenes de salud renal.
- Tomar los medicamentos para la diabetes según lo recetado.

¿La salud mental importa?

Sí. Manejar la diabetes requiere esfuerzo diario y puede ser estresante. El estrés puede afectar a su salud.

Si se siente con estrés, ansiedad o triste, hable con su doctor sobre lo que puede hacer. También puede llamar a Servicios para Miembros de lunes a viernes, de 8 a.m. a 5:30 p.m., al **800-700-3874** (TTY: Marque **711**) si necesita ayuda para encontrar apoyo.

¿Hay programas que pueden ayudar?

Sí. La Alianza ofrece el programa Viva Mejor con Diabetes (Live Better with Diabetes program) para adultos con diabetes o prediabetes. Las clases se ofrecen en persona, en línea y por teléfono.

Puede aprender hábitos saludables para ayudar a manejar la diabetes. Los miembros que completen el programa de seis semanas pueden recibir una **tarjeta de regalo de Target de hasta $50**.

Encontrar un doctor que hable su idioma

Es importante que usted y su doctor puedan entenderse entre ustedes. La Alianza cuenta con doctores en nuestra red que hablan idiomas además del inglés. Puede encontrar a estos doctores en su Directorio de Proveedores o llamando a Servicios para Miembros. Su doctor también puede llamar a una línea telefónica especial para conseguir un intérprete que hable su idioma, o puede pedir que en su cita esté un intérprete en persona o un intérprete remoto virtual. No tiene que usar a familiares o amigos para que interpreten por usted.

Para obtener ayuda para encontrar un doctor que hable su idioma, puede llamar a Servicios para Miembros al **800-700-3874**, de lunes a viernes de 8 a.m. a las 5:30 p.m. Si necesita asistencia en su idioma, tenemos una línea telefónica especial para conseguir un intérprete que hable su idioma sin costo para usted. Para la Línea de Asistencia de Audición o del Habla, llame al **800-855-3000** (TTY: Marque **711**).

¿Se siente enfermo y tiene preguntas? Llame a la Línea de Consejos de Enfermeras

La Línea de Consejos de Enfermeras (Nurse Advice Line; NAL, por sus siglas en inglés) es un servicio disponible para todos los miembros de la Alianza. Puede llamar si tiene preguntas sobre su salud o de su hijo. Una enfermera registrada le ayudará con lo que debe hacer a continuación. El servicio está disponible 24 horas al día, 7 días a la semana sin costo para usted. Llame al **844-971-8907** (TTY: Marque **711**) para hablar con una enfermera.

Para obtener más información, visite **www.thealliance.health/es/NAL**.

Si tiene una emergencia médica, llame al 911 o vaya a la sala de emergencia más cercana.

Septiembre es el Mes Nacional de Concienciación sobre la Obesidad Infantil

Alrededor de 1 de cada 5 niños en los Estados Unidos tiene obesidad. La buena noticia es que hay formas de evitarlo:

- **Manténgase activo.** Camine, dé un paseo en bicicleta o juegue al baloncesto.
- **Haga pausas en el tiempo de pantalla.** Mantenga el tiempo de pantalla para diversíon en dos horas al día o menos.
- **Prepare comidas sanas.** Sirva más verduras, frutas y alimentos integrales.

La Alianza ofrece el programa Peso Sano de por Vida (Healthy Weight for Life program; HWL, por sus siglas en inglés). HWL es para padres o tutores de miembros de la Alianza de 2 a 18 años. El programa enseña maneras de ayudar a los niños a comer sano, ser más activos y hacer cambios saludables en su estilo de vida.

Los padres y tutores de los miembros de la Alianza que asistan a un taller de seis semanas pueden recibir una **tarjeta de regalo de Target de hasta $50**.

Para obtener más información, visite **www.thealliance.health/es/healthy-weight** o llame a la Línea de Educación de Salud de la Alianza al **800-700-3874, ext. 5580** (TTY: Marque **711**).

Chequeos para miembros menores de 21 años

Los niños, adolescentes y adultos jóvenes (menores de 21 años) inscritos en Medi-Cal pueden hacerse chequeos, recibir vacunas, exámenes de salud y tratamiento para la salud física, mental y dental. Estos servicios están cubiertos por Medi-Cal for Kids and Teens.

La Alianza puede ayudar a:

- Encontrar a un doctor o hacer una cita.
- Conseguir transporte para ir y volver de su cita.
- Pedir ayuda con el idioma en su cita.

Llame a nuestro Departamento de Servicios para Miembros al **800-700-3874** (TTY: Marque **711**) para obtener ayuda.

El cuidado no puede esperar: Los chequeos son para todos

Cuidar de su salud ahora puede ayudar a prevenir problemas en el futuro. Los chequeos, las vacunas y las pruebas de detección son algunas de las mejores formas de ayudar a proteger su salud y la salud de su familia.

Para obtener más información sobre Medi-Cal for Kids and Teens y qué servicios están cubiertos, visite **www.thealliance.health/es/medi-cal-for-kids-teens**.

¡Compre productos para la salud y el bienestar por nuestra cuenta!

Si es miembro de TotalCare, recibe una **asignación de $100 por trimestre**[1] en su tarjeta flexible para comprar productos de venta libre (over-the-counter; OTC, por sus siglas en inglés), como:

- Suministros de primeros auxilios.
- Analgésicos.
- Remedios para la tos y el resfriado.
- Vitaminas.
- Productos dentales, como pasta de dientes.
- Productos para la incontinencia.
- Cuidado de la vista y los oídos.
- Y mucho más!

Puede usar su asignación OTC para comprar productos en línea, por teléfono y en tiendas.

- **En línea:** ¿Quiere que le entreguen los artículos a su puerta? Compre en el catálogo en línea en **www.andmorehealth.com**. Busque y haga clic en el enlace "Shop OTC Online" para pedir los artículos que necesita.
- **Por teléfono:** Revise el catálogo que recibió con su tarjeta y llame al **855-AND-MORE** para hacer un pedido (**855-263-6673**; TTY: Marque **711**).
- **En tiendas:** Compre en sus tiendas locales favoritas, como Safeway, Walgreens, Walmart, CVS[2], Costco y más. Para obtener una lista completa de tiendas elegibles, visite **www.andmorehealth.com**.

Si tiene preguntas, visite **www.thealliance.health/es/totalcare-flexcard** o llame al **833-530-9015** (TTY: **800-855-3000** (Marque **711**)), de 8 a.m. a 8 p.m., los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) del 1.º de octubre al 31 de marzo, y de lunes a viernes (excepto los días festivos) del 1.º de abril al 30 de septiembre.

[1]Cualquier saldo restante se transfiere al siguiente trimestre. Cualquier saldo restante al final del año no se transfiere al año siguiente.

[2]Excepto CVS Pharmacy® dentro de las tiendas Target.

&more Benefits Prepaid Mastercard® es emitida por Avidia Bank, de conformidad con una licencia de Mastercard Incorporated. El uso de esta tarjeta está sujeto a los términos y condiciones del Acuerdo del titular de la tarjeta.

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Vienen cambios de Medi-Cal en 2027

Es probable que en 2027 comiencen cambios en Medi-Cal. Estos cambios afectarán a algunos adultos, pero no a todos.

A partir de enero de 2027, algunos adultos pueden tener nuevas reglas de trabajo. A partir del 1.º de marzo de 2027, es posible que algunos también deban completar una verificación cada seis meses para conservar su cobertura.

A partir de julio del 2027, algunos adultos también pueden tener un pago mensual.

El paso más importante que puede hacer ahora es renovar su Medi-Cal a tiempo. Esto le ayuda a mantener su cobertura y evitar interrupciones en el cuidado.

Tres pasos para mantenerse cubierto

1. **Si se ha mudado, asegúrese de actualizar su información de contacto.** Asegúrese de que la oficina de Medi-Cal de su condado tenga su dirección y número de teléfono correctos.

2. **Conozca su fecha de renovación y esté atento a su correo.** Debería recibir una carta de renovación con los pasos que podría tener que dar.

3. **Si necesita completar alguna documentación, devuélvala de inmediato.** Envíe sus formularios de renovación antes de la fecha límite indicada para mantener su cobertura.

Para tener la información más actualizada, visite la página web del Departamento de Servicios de Cuidado de Salud de California en **www.thealliance.health/DHCS-changes**. También puede obtener más información sobre cómo solicitar o renovar Medi-Cal en la página de Cambios de Medi-Cal de la Alianza en **www.thealliance.health/es/medi-cal-changes**.

¡Enviamos mensajes de texto a los miembros!
La Alianza envía mensajes de texto a los miembros para ayudarles a mantenerse al día sobre los beneficios y servicios de la Alianza. Los textos de la Alianza son del código corto **59849**. Para obtener más información, visite nuestro sitio web en **www.thealliance.health/es/member-texting**.

LA VIDA SALUDABLE se publica para los miembros y socios comunitarios de CENTRAL CALIFORNIA ALLIANCE FOR HEALTH, 1600 Green Hills Road, Suite 101, Scotts Valley, CA 95066, teléfono 831-430-5500 ó 800-700-3874, ext. 5508, sitio web www.thealliance.health/es.

La información de LA VIDA SALUDABLE proviene de una gran variedad de expertos médicos. Si tiene alguna inquietud o pregunta sobre el contenido específico que pueda afectar su salud, sírvase comunicarse con su proveedor de cuidado médico.

Se pueden usar modelos en fotos e ilustraciones.

Editor — Randi Motson
Quality and Health Programs Supervisor — Ivonne Muñoz

www.thealliance.health/es

Provider Bulletin

A **quarterly** publication for providers. | **September** 2026

MEDICAID HMO

Alliance Board Meetings

Wednesday, Sept. 23
3 p.m. to 5 p.m.

Wednesday, Oct. 28
3 p.m. to 5 p.m.

Wednesday, Dec. 2
3 p.m. to 5 p.m.

Whole Child Model Clinical Advisory Committee Meetings

Monday, Oct. 26
1:30 p.m. to 3 p.m.

Physicians Advisory Group Meetings

Thursday, Dec. 3
Noon to 1:30 p.m.

Keeping members covered

With several Medi-Cal changes on the horizon, the Alliance continues to remind members to take concrete steps to keep their health care coverage. It is critical for members to know the deadline for their renewal application and take these three steps:

1. **Complete it:** Fill out the required renewal information.
2. **Check it:** Make sure the full renewal has been completed.
3. **Return it:** Submit the renewal on time.

To further support this effort, we launched a yearlong bilingual paid media campaign, including television commercials, social media posts, billboards and mobile ads.

Members can get renewal help from trusted renewal partners. We have provided presentations to community-based organizations to ensure they have the information needed to support members. Earlier this year, we awarded $3.2 million in grants to 23 community-based partners through our Medi-Cal Member Outreach and Retention Program. This program strengthens outreach, education and hands-on renewal support.

By sharing renewal information with members, you can help them take the necessary steps to keep their coverage and continue getting care. To download our member materials, please visit the Provider Resources page on our website at **www.thealliance.health/provider-toolkit** or contact your Provider Relations Representative.

We will keep you updated on our efforts. Thank you for your continued support, partnership and ongoing dedication to our members.

Michael Schrader

Michael Schrader, CEO

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MY2025 HEDIS results and MY2026 MCAS measures

The Alliance's Quality Improvement and Health Equity team has completed the HEDIS audit for Measurement Year 2025 (MY2025). **Provider-level rates derived from county-level performance are available upon request.** To get a copy of your site's performance, please email **QI@thealliance.health** with the subject line "HEDIS Report."

The Department of Health Care Services (DHCS) has released the Measurement Year 2026 (MY2026) HEDIS measures, referred to as the Medi-Cal Managed Care Accountability Set (MCAS).

Please review these measures closely. Provider engagement in closing care gaps, improving medical record completeness and submitting timely encounter data remains critical to supporting quality outcomes and helping the Alliance meet DHCS-established performance benchmarks.

MY2026 MCAS* measures

Measure required of managed care plan	Measure steward	Measure type methodology
Follow-up after ED visit for mental illness – 30 days	NCQA	Administrative
Follow-up after ED visit for substance abuse – 30 days	NCQA	Administrative
Depression screening and follow-up for adolescents and adults	NCQA	ECDS
Child and adolescent well-care visits	NCQA	Administrative
Childhood immunization status – combination 10	NCQA	ECDS
Developmental screening in the first three years of life	CMS	Hybrid/admin
Immunizations for adolescents – combination 2	NCQA	ECDS
Lead screening in children	NCQA	ECDS
Topical fluoride for children	DQA	Administrative
Well-child visits in the first 30 months of life – 0 to 15 months – six or more well-child visits	NCQA	Administrative
Well-child visits in the first 30 months of life – 15 to 30 months – two or more well-child visits	NCQA	Administrative
Controlling high blood pressure	NCQA	Hybrid/admin
Glycemic status assessment for patients with diabetes (>9%)	NCQA	Hybrid/admin
Prenatal and postpartum care: Postpartum care	NCQA	Hybrid/admin
Prenatal and postpartum care: Timeliness of prenatal care	NCQA	Hybrid/admin
Postpartum depression screening and follow-up screening	NCQA	ECDS
Prenatal depression screening and follow-up screening	NCQA	ECDS
Breast cancer screening	NCQA	ECDS
Cervical cancer screening	NCQA	ECDS
Colorectal cancer screening	NCQA	ECDS
Follow-up after acute and urgent care visits for asthma	NCQA	ECDS

Find more information at **www.thealliance.health/HEDIS**.

*MCAS measures are selected by DHCS and include multiple rate calculation stewards, presently limited to NCQA, DQA and CMS.

Provider-preventable conditions (PPCs)

The Alliance is committed to promoting patient safety, quality improvement and regulatory compliance across all network providers. This article outlines PPC reporting requirements, including expectations for timely identification, accurate documentation, and submission per the Department of Health Care Services (DHCS) and managed care plan protocols.

Legal requirements and definitions

Federal and California law require all Alliance-contracted providers and facilities to report all PPC events to DHCS.

There are two categories of PPCs:

- **Health care-acquired conditions (HCACs):** These must be reported when they occur in an inpatient acute care hospital setting.
- **Other provider-preventable conditions (OPPCs):** These must be reported when they occur in any health care setting.

HCACs are the same conditions as the hospital-acquired conditions (HACs) that are reportable for Medicare, with the exception that Medi-Cal does not require providers to report deep vein thrombosis and pulmonary embolism for pregnant individuals and members under 21 years old.

Payment prohibition

Federal and state regulations prohibit the Alliance from paying for services related to PPCs. Payment may be reduced, denied or recouped for the portion of care attributable to a PPC. Please refer to the DHCS provider-preventable conditions FAQs: **www.thealliance.health/ppc-faq**.

Reporting timeline and requirements

All PPCs affecting Medi-Cal members must be reported to DHCS **no later than five (5) working days** after discovery through the DHCS secure online reporting portal (**www.thealliance.health/reportppc**).

This requirement applies to all PPCs that were not present on admission (POA), regardless of:

- Whether reimbursement from Medi-Cal is sought for treatment.
- Whether Medi-Cal is the member's primary or secondary insurance.

Important: Providers must submit a copy of each PPC report to the Alliance QI Department via secure fax at **831-430-5688** or email to **PQITeam@thealliance.health**. Failure to submit a copy may result in follow-up and compliance monitoring.

CDPH reporting distinction

Reporting a PPC to DHCS is required even if the same event was already reported to the California Department of Public Health (CDPH) as an adverse event or health care-associated infection (HAI), as reporting requirements differ.

For more information on PPCs, please refer to Alliance Policy 401-1305: Provider Preventable Conditions (**www.thealliance.health/ppcpolicy**).

Welcome, new providers!

New ECM/CS providers

- **BeeHold His Blessings.** ECM. Monterey, Santa Cruz, San Benito, Merced counties.
- **County of Monterey Department of Social Services.** ECM. Monterey County.

New providers

Mariposa County

Referral physician/specialist

- **Jasman Atwal, MD,** Internal Medicine
- **Ziba Shirani, MD,** Internal Medicine
- **Harsimran Singh, MD,** Internal Medicine

Merced County

Referral physician/specialist

- **Adel Abdalla, MD,** Diagnostic Radiology
- **John Arriola, MD,** General Surgery
- **Ghazali Chaudry, MD,** Surgery
- **Dmitri De La Cruz, MD,** Pediatrics
- **Jared Harwood, MD,** Orthopaedic Surgery
- **Milton Retamozo, MD,** Surgery
- **Tracy Taggart, MD,** Surgery
- **Paul Wisniewski, MD,** Surgery

Monterey County

Primary care

- **Armando Cervantes, MD,** Family Medicine
- **Joyce Johnson, MD,** Family Medicine
- **Lin Lin, MD,** Internal Medicine
- **Sheridan Major-Moore, MD,** Family Medicine
- **Cherisa Sandrow, DO,** Family Medicine
- **Christina Solomon, MD,** Family Medicine

Referral physician/specialist

- **Kathryn Bergen, DO,** Family Medicine
- **Orn-Usa Boonprakong, MD,** Emergency Medicine
- **Renee Carter Owens, MD,** Surgery
- **Celia Chao, DO,** Ophthalmology
- **Robert Cluff, MD,** Neurology
- **Wade Hendershot, DPM,** Foot and Ankle Surgery
- **Michael Huynh, MD,** Internal Medicine
- **Eric Johnson, DO,** Surgery
- **Martin Kamper, MD,** Internal Medicine
- **Dolores Kent, MD,** Obstetrics and Gynecology
- **Michael McBain, MD,** Preventive and Occupational Medicine
- **Samrat Sanghvi, MD,** Radiation Therapy
- **Sandra Taylor, MD,** Surgery

San Benito County

Referral physician/specialist

- **Scott Benninghoven, MD,** Surgery

Santa Cruz County

Primary care

- **Patricia Clarke, MD,** Pediatrics
- **Kristin Thom, DO,** Family Medicine
- **Elizabeth Varadian, DO,** Family Medicine
- **Elisa Washburn, DO,** Family Medicine

Referral physician/specialist

- **Firas Ajam, MD,** Internal Medicine
- **Robert Allen, MD,** Surgery
- **Elisabeth Day, MD,** Obstetrics and Gynecology
- **Kimberly Moreland, MD,** Obstetrics and Gynecology

New behavioral health providers

Merced County

Behavioral health

- **Nayeli Cruz, LMFT**
- **Shanika Duliepe, FNP-C**
- **Brian Flores, PMHNP**
- **Ciera Holm, BCBA**
- **Leah Kollmeyer, LCSW**
- **Martina Little Cook, LCSW**
- **Jacob MacMaster, PMHNP**
- **Edgar Murillo-Miranda, BCBA**
- **Erica White, LCSW**

Monterey County

Behavioral health

- **Jennifer Angulo, BCBA**
- **Raina Arnaout, BCBA**
- **Veronica Cortez, LCSW**
- **Kara Davis, BCBA**
- **Sheryl Christia DeKleuver, BCBA**
- **Devin Galdieri, BCBA**
- **Elizabeth Gallardo, LCSW**
- **Katelyn Giboney, BCBA**
- **Wanda Jackson, LMFT**
- **Tanner Johnson, BCBA**
- **Philicia Leon-Bustillos, BCBA**
- **Bailey Macey, LMFT**
- **Laura Mitchell, BCBA**
- **Tarin Muir-Davis, LMFT**
- **Taylor Neff, PhD**
- **Troy Newton, PsyD**

– Continued on back page

September is National Childhood Obesity Awareness Month

According to the Centers for Disease Control and Prevention, about 1 in 5 American children have obesity. Compared to children at a healthy weight, children with obesity have a higher risk of asthma, sleep apnea, bone and joint problems, diabetes, and other health issues (**www.thealliance.health/cdc-childhood-obesity**). Here are some ways that health care professionals can help families set up lifelong healthy habits.

Encourage healthy eating patterns

When families adopt healthy eating patterns together, it can be easier to help children maintain a healthy weight. Farmers markets in all five service counties accept SNAP benefits to buy fresh produce. Frozen and canned vegetables are also healthy options! Encourage families to replace sugary drinks with water or plain, low-fat milk (**www.thealliance.health/ryd**).

The Alliance covers Medically Tailored Meals (MTM) for qualifying diet-sensitive conditions, such as pediatric obesity (age-adjusted BMI >95th percentile) and pediatric hyperlipidemia. Learn more on our website: **www.thealliance.health/cs-provider**.

Prescribe physical activity

The American Academy of Pediatrics recommends that infants, children and teens have time for physical activity each day (**www.thealliance.health/aap-physical-activity**). Medical providers can use a basic exercise prescription and direct patients to their local parks and recreation department offerings to help children achieve recommended physical activity time:

- **Infants:** at least 30 minutes of "tummy time" and other interactive play, spread throughout each day.

- **Kids ages 3-5:** at least three hours of physical activity per day, or about 15 minutes every hour they are awake.
- **Kids 6 years and older:** 60 minutes of moderate to vigorous physical activity on most days of the week.

Resources

- Sit Less, Move More
  English: **www.thealliance.health/sitlessmovemore**.
  Spanish: **www.thealliance.health/sitless-sp**.
- **www.thealliance.health/mariposaparkrx**.
- **www.thealliance.health/mercedparkrx**.
- **www.thealliance.health/montereyparkrx**.
- **www.thealliance.health/sanbenitoparkrx**.
- **www.thealliance.health/santacruzparkrx**.

Refer to the Alliance's weight management program

The Alliance's Healthy Weight for Life (HWL) program is available in English and Spanish for parents or guardians of Alliance members ages 2-18. This six-week workshop teaches parents how to help children reach a healthy weight. Members who attend a six-week HWL workshop will receive a Target gift card of up to $50! Learn more at **www.thealliance.health/healthed**.

Healthy Moms and Healthy Babies program

The Alliance's Healthy Moms and Healthy Babies (HMHB) program helps pregnant members get early prenatal and postpartum care. HMHB also provides education to support members in having a healthy pregnancy.

Members enrolled in the HMHB program are contacted by Alliance health educators, who provide information on topics such as prenatal and postpartum health, breastfeeding, pediatric care, parenting, and doula services.

Referrals

Providers can refer members to the Alliance's Health Education and Disease Management programs using the referral form found on our website at **www.thealliance.health/hp-referral**. For more information, providers can call the Health Education Line at **800-700-3874, ext. 5580**.

Community resources

The Alliance also provides pregnant and postpartum members with information about community resources, including the Women, Infants and Children Program (WIC). WIC is a nutrition education program that helps individuals who are pregnant or just had a baby, as well as children up to age 5. For additional information about the WIC program and how their services can help members, visit **www.myfamily.wic.ca.gov** or call WIC at **800-852-5770**.

No-cost interpreter services for members and providers

The Alliance offers interpreter services for Alliance members who have limited English proficiency (LEP) or who are deaf or hard of hearing. All services are offered at no cost to providers or members. Federal and state laws require medical providers to offer qualified interpreters when needed. Using an untrained interpreter may result in miscommunication of medical information, compromising quality of care. For this reason, the Alliance discourages providers from using family members or any unqualified personnel as interpreters.

Here are some tips for working effectively with an interpreter.

Before the visit:

- Request a qualified interpreter who is trained and certified in medical interpreting.
- Allow extra time for the visit. Everything will be communicated at least twice (once by the speaker and once by the interpreter).

During the visit:

- Introduce yourself and have others in the room introduce themselves directly to the patient upon entering the room.
- Face and speak directly to the patient in first person. Even if the patient maintains eye contact with the interpreter, you should maintain eye contact with the patient.
- Use sentence-by-sentence interpretation. Multiple sentences may lead to information being left out.
- Pause when needed to allow the interpreter to ask questions if something is unclear.

At the end of the visit:

- Ask the patient to summarize what they understood from your directions and recommendations.
- Allow time for the patient to ask questions and seek clarification.

If your patient declines language assistance services, document in the patient's chart that the individual has been notified of these rights and is declining these services.

The Alliance can also provide training and resources for office staff when working with LEP members.

To learn more about language assistance services, please visit **www.thealliance.health/cultural-and-linguistic-services** or call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

For training support, contact your Alliance Provider Relations Representative.

Reference: U.S. Department of Health and Human Services' Think Cultural Health (**thinkculturalhealth.hhs.gov**)

Tips for the upcoming flu season

Flu season is September through May. According to the CDC, flu vaccination rates in the United States have declined in children and adults in recent years. The cumulative influenza-associated hospitalization rate in 2024-2025 was the highest since 2010-2011 (**www.thealliance.health/flu-24-25**).

Providers play an important role in encouraging patients to get the flu vaccine to help protect themselves from serious illness. Please review the following recommendations for the 2026-27 flu season, including tips for increasing vaccine uptake.

Flu vaccines for children and adults

The American Academy of Family Physicians (AAFP) recommends that patients 6 months and older get the flu vaccine annually. Children under 9 years old need two doses of the flu vaccine if it's their first time getting it.

The Alliance is encouraging members to get their flu vaccine as part of our Care Can't Wait campaign, which emphasizes keeping up with vaccines, screenings and other preventive care measures to prevent larger health problems in the future.

Practice-wide strategies to improve vaccination rates

AAFP offers some recommendations for practices to increase vaccination rates (**www.thealliance.health/aafp-flu-tips**):

- Designate a flu vaccine "champion" in your office to oversee staff communication and vaccine logistics.
- Use standing orders.

- Optimize documentation to more effectively target flu vaccine outreach to patients.
- Use a variety of flu vaccine reminders. For clinicians and office staff, this could look like a combination of emails, EHR alerts and reminders at staff meetings. For patients, providers can leverage portal messages or text message campaigns.
- Regularly review practice-wide vaccination rates and efforts.

Health Rewards Program

Alliance members ages 7-24 months who get both doses of the flu vaccine between September 2026 and May 2027 will be entered into a monthly raffle for a chance to win a **$100 Target gift card**! Promotional flyers are available to share with Alliance members at **www.thealliance.health/babyfluraffle**.

More resources

- AAFP Child Immunization Schedule: **www.thealliance.health/child-iz**.
- AAFP Adult Immunization Schedule: **www.thealliance.health/adult-iz**.
- Alliance Immunization Resources webpage: **www.thealliance.health/providerIZresources**.
- Communicating the Benefits of Influenza Vaccination: **www.thealliance.health/communicatingflu**.

Thank you for partnering with us to help keep members healthy this flu season!

A provider's role in suicide prevention

September is Suicide Prevention Month. Suicide is one of the leading causes of death in the United States, making prevention and early intervention critical. The American Foundation for Suicide Prevention shares the following data from 2024:

- 48,824 people died by suicide nationwide, and an estimated 2.2 million people attempted suicide (**www.afsp.org/suicide-statistics**).
- 4,022 deaths by suicide were recorded in California (**www.afsp.org/facts/california**).

Health care professionals can play an important role in recognizing warning signs. The American Medical Association (AMA) (**www.thealliance.health/how-to-sp**) encourages providers to watch for:

- Talking/writing about committing suicide.
- Looking for a way to kill oneself.
- Talking about feeling hopeless or having no purpose.
- Talking about feeling trapped or being in unbearable pain.
- Talking about being a burden to others.
- Increasing use of alcohol or drugs.
- Acting anxious, agitated or reckless.
- Extreme mood swings.
- Changes in eating or sleeping habits.
- Withdrawal from family or friends.
- Showing rage or talking about seeking revenge.
- Giving away prized possessions.
- Decline in school or work performance.

Before screening, AMA recommends:

- Establishing an environment of trust by sharing appreciation for the patient being there.
- Discussing your policy of screening all patients for a variety of conditions.
- Assuring the patient that they are welcome to answer, elaborate on or not answer any of the screening questions and expressing gratitude and appreciation for responses.
- Assuring the patient that the confidentiality of their information will be protected in compliance with federal and state laws.

Screening and referral

- Use validated tools such as the PHQ-9 and the Columbia-Suicide Severity Rating Scale (C-SSRS).
- Assess risk level, including ideation, plan, intent, history, lethal means, access and protective factors.
- Create a collaborative safety plan.
- Conduct warm handoffs to behavioral health.
- Counsel on lethal means safety, especially firearms and medications.
- Keep ongoing documentation.

Alliance behavioral health services

The Alliance provides behavioral health services to members and resources for health care professionals. Visit **www.thealliance.health/behavioral-health**.

Resources for members

- Alliance Member Services: **800-700-3874**.
- National Alliance on Mental Illness: Call **800-950-6264** or text **NAMI** to **62640**.
- Suicide & Crisis Lifeline: Call or text **988**.
- Trans Lifeline: Call **877-565-8860** or visit **www.translifeline.org**.
- Veterans Crisis Line: Call **988** and then **press 1**, or text **838255**.

All about Star Ratings: The provider's role in building trusted care

The Alliance will receive our first Centers for Medicare & Medicaid Services (CMS) Health Plan Star Rating in 2028, but the road to five stars starts now! Star Ratings help Medicare members compare the quality of health plans offered in their service area, including our TotalCare Medicare Advantage (HMO D-SNP).

TotalCare providers play an important role in contributing to Star Ratings by providing quality care in key areas. We are grateful for your continuous commitment to excellence and look forward to partnering with you in these efforts.

Learn more about this program and how you can help members have a "five-star" experience!

What is the Star Ratings program?

Plans are scored on a 5-star system, with 1 star being the lowest score and 5 stars being the highest. This score is calculated based on a weighted average of over 40 different quality measures, including:

- Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- Prescription drug measures.
- Operational measures.
- Member surveys like the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and Health Outcomes Survey (HOS).

Note: Medicare's star scoring system differs from Medi-Cal measure benchmarks.

What are the benefits of high Star Ratings?

A high Star Rating indicates to potential members that the Alliance's provider network delivers trusted, quality health care! Additionally, CMS awards plans with a quality bonus payment for achieving high scores, which can be used to:

- Reduce costs for members.
- Help fund supplemental benefits not traditionally covered by Medicare.

What is the provider's role in Star Ratings?

Here are just a few ways providers can impact the overall score:

- Timely, complete documentation of preventive services.
- Closing care gaps through proactive scheduling and follow-ups.
- Medication adherence support, including refill synchronization and counseling on side effects.
- Coordinated care transitions to reduce readmissions.
- Promoting preventive screenings.
- Accurate coding and data capture.
- Encouraging member engagement, including participation in health assessments, care plans and satisfaction surveys.

Go to **www.thealliance.health/star** to learn more about Star Ratings. You can also contact your Provider Relations Representative for more information.

Enroll as a Medi-Cal provider to avoid prescription disruptions

Medi-Cal is implementing an important enrollment requirement that will affect prescription reimbursement. Under state and federal guidelines, prescriptions will only be reimbursed if they are written by prescribers or pharmacists enrolled as Medi-Cal providers using their individual (Type 1) National Provider Identifier (NPI).

To help prevent claim denials and ensure members continue to receive needed medications, providers are required to confirm their enrollment status.

If enrolled: Confirm your enrollment via the Enrolled Providers list by entering your individual NPI. Visit **www.thealliance.health/epl**. If enrolled, no further action is required.

If not yet enrolled: Submit an application using PAVE by creating a profile, selecting "Application" and completing all required fields with supporting documentation. Visit **www.thealliance.health/PAVE**.

Applications may take 90 to 180 days to process, and incomplete or inaccurate submissions may delay processing.

The Alliance is committed to supporting providers through this transition and minimizing any impact to member care. Resources are available through DHCS and Medi-Cal Rx, including the Ordering Referring Prescribing (ORP) Enrollment slide deck and the Alliance Provider Inquiry form. To access these resources, visit **www.thealliance.health/ORP-deck** and **www.thealliance.health/pif**. You can also email the Medi-Cal Rx Outreach team at **MediCalRxEducationOutreach@primetherapeutics.com**.

Medi-Cal Rx DUR articles

Please review the following Medi-Cal Rx Drug Utilization Review (DUR) articles published since May 2026:

- "Treatment of ADHD in Children and Adolescents."
- "2025 Immunization Update: Legislative Changes and Updates to COVID-19, Influenza, RSV, HepB, MMRV and HPV."

These resources are available on the Alliance's Additional Pharmacy Information webpage. Visit **www.thealliance.health/pharmacydur**.

The Alliance's Physician-Administered Drugs List and procedures

The Alliance's Physician-Administered Drugs List, restrictions, prior authorization criteria, policies and their updates are available on the Pharmacy page: **www.thealliance.health/pharmacy-services**. If you would like to request physical copies, please contact the Pharmacy Department at **831-430-5507**.

Important phone numbers

Provider Services	**831-430-5504**
Claims	**831-430-5503**
Authorizations	**831-430-5506**
Status (non-pharmacy)	**831-430-5511**
Member Services	**831-430-5505**
Web and EDI	**831-430-5510**
Cultural & Linguistic Services	**831-430-5580**
Health Education Line	**831-430-5580**

Partnering with local doctors and specialists to ensure that Alliance members get access to the right care, at the right time.

Welcome, new providers!

– Continued from page 4

- **Christine Pardee, BCBA**
- **Caterina Poehner, LCSW**
- **Maria Rua Damian, BCBA**
- **Israel Simms, BCBA**
- **Neil Smith, DO**
- **Anokh Sohal, DO**
- **Florence Katrina Trinos, BCBA**
- **Jacqueline Urenda, BCBA**
- **Tennille White, BCBA**
- **Justin Wolfe, PA-C**

San Benito County Behavioral health

- **Heather Rogers, LCSW**

Santa Cruz County Behavioral health

- **Sandra Allen, LMFT**
- **Jan Patricia Arellano, BCBA**
- **Cynthia Babasa, BCBA**
- **Laura Bloomberg, LMFT**
- **Lorraine Butterworth, PsyD**
- **Jiarong Cui, BCBA**
- **Aimee Evnin-Bingham, LMFT**
- **Elizabeth Grant, BCBA**
- **Christina Huynhlam, BCBA**
- **Claudio Morales, LMFT**
- **Craig Murray, LMFT**
- **Tram Nguyen, BCBA**
- **Jamie Oesterreicher, BCBA**
- **Erick Osorio, BCBA**
- **Molly Pearl, LMFT**
- **Alyssa Price, BCBA**
- **Nancy Ramirez, BCBA**
- **Jennifer Reichling, LMFT**
- **Laura Rochelle, LCSW**
- **Alexandra Marie Santos, BCBA**
- **Shana Sisti, LMFT**
- **Elisabeth Tatum, LMFT**
- **Desree Taylor, BCBA**
- **Scott Thielen, LMFT**
- **Jessica Urrutia, BCBA**
- **Ana Valencia, BCBA**
- **Alexandra Wolff, BCBA**

Holiday office closures

- **Wednesday, Nov. 11** (Veterans Day)
- **Thursday-Friday, Nov. 26-27** (Thanksgiving holiday observed)