DATE: Thursday, May 14, 2020
TIME: 10:00 – 11:30 a.m.

Important notice regarding COVID-19: Based on guidance from the California Department of Public Health and the California Governor’s Office, in order to minimize the spread of the COVID-19 virus, Alliance offices will be closed for this meeting. The following alternatives are available to members of the public to view this meeting and to provide comment to the Advisory Group.

1. Members of the public wishing to join the meeting may do so as follows:
   a. Via computer, tablet or smartphone at: https://global.gotomeeting.com/join/388191189
   c. New to GoToMeeting? Get the app now and be ready when your first meeting starts: https://global.gotomeeting.com/install/759946981

2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the commission or to address an item that is listed on the agenda may do so in one of the following ways.
   a. Email comments by 5:00 p.m. on Wednesday, May 13, 2020 to the Clerk of the Board at mmiddleton@ccah-alliance.org
      i. Indicate in the subject line “Public Comment”. Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
      ii. Comments will be read during the meeting and are limited to five minutes.
   b. Public comment during the meeting, when that item is announced.
      i. State your name and organization prior to providing comment.
      ii. Comments are limited to five minutes.

3. Mute your phone during presentations to eliminate background noise.
   a. State your name prior to speaking during comment periods.
   b. Limit background noise when unmuted (i.e. paper shuffling, cell phone calls, etc.).

*******************************************************************************

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

2. Oral Communications. 10:05 a.m.
A. Members of the public and may address the Advisory Group on items not listed on today’s agenda, up to a maximum of 3 minutes per person, with oral communications time not to exceed 20 minutes in total.
B. If any member of the public wishes to address the Advisory Group on any item that is listed on today’s agenda, they may do so when that item is called.

3. Comments and announcements by Advisory Group members.
   A. Advisory Group members may provide comments and announcements.

4. Comments and Announcements by Plan Staff.
   A. Plan staff may provide comments and announcements.

Consent Agenda Items: 10:10 a.m.

   - Reference materials: Minutes as above.

6. Accept Plan Staff Reports:
   A. Current Enrollment
   B. April 2020 Call Statistics Report
   C. Q1 2020 Member Grievance Report
   - Reference materials: Reports as above.

Regular Agenda Items: 10:15 a.m.

7. COVID-19 Updates and Alliance Response (10:15 – 10:45a.m.)
   Informational and Feedback: Dana Marcos, Member Services Director will provide updates about COVID-19 and discuss Alliance response, including member outreach.

8. Department of Health Care Services (DHCS) Pharmacy Carve Out (10:45 – 11:10a.m.)
   Informational and Feedback: Navneet Sachdeva, Pharm D., Alliance Pharmacy Director will provide a Pharmacy Carve Out update.

9. Member Wellness: Preventive Care (11:10 – 11:25a.m.)
   Informational: Hillary Gillette-Walch RN, Clinical Decision Quality Manager to present.

10. Adjourn

The next meeting of the Member Services Advisory Group, after this May 14, 2020 meeting:

- Santa Cruz – Monterey – Merced
  Thursday, August 13, 2020, 10:00 – 11:30 a.m.
  Locations: Videoconference from Alliance Offices in Scotts Valley, Salinas and Merced

Members of the public interested in attending should call the Alliance at (831) 430-5523 to verify meeting dates and locations prior to the meetings.

The complete agenda packet is available for review at Alliance offices, and on the Alliance website at www.ccah-alliance.org/boardmeeting.html. The Committee complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact Maura Middleton at least 72 hours prior to the meeting at (831) 430-5567. Committee meeting locations in Salinas and Merced are directly accessible by bus.
Meeting Minutes
Thursday, February 13, 2020
10:00 – 11:30 a.m.

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

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

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

**********************************************************************************************

Advisory Group Members Present:
Santa Cruz County:
John Beleutz       Health Projects Center
Michael Molesky     Commissioner

Monterey County:
Humberto Carrillo   Consumer
Maria Lopez       County of Monterey, CH & DP

Merced County:
Rob Smith      Commissioner
Erika Peterson      Merced County Head Start

Members Absent:
Doris Drost       Consumer
Tamara McKee    HICAP – Alliance on Ageing
Martha Rubbo      Consumer
Yona Adams       HSA/CareTEAM
Lupe Chavez      Consumer
Enid Donato    Natividad Medical Center
Ashley Lynne Gregory     Consumer
Alexandra Heidelbach     Consumer
Linda Jenkins      Consumer
Elsa Quezada      CCCIL
Myisha Reed    First 5 Merced County
Rex Resa       Consumer
Linda Villa       Consumer
Silvia Wilson  Monterey County-CalHeers
Vivian Pittman      Consumer
Rebekah Capron  Merced HSA
Call to Order by Chairperson Beleutz.
Mr. John Beleutz, Chairperson, called the meeting to order at 10:00am. Self-introductions were made.

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

No members of the public addressed the committee.

Comments and announcements by Advisory Group members.
Mr. Beleutz opened the floor for Advisory Group members to make comments.

Mr. Beleutz of Health Project Center shared information about a program called Multipurpose Senior Services Program. The program is geared towards helping older adults maintain their independence at home. For more information please go to http://www.hpcn.org/mssp.html

Comments and Announcements by Plan Staff.
No comments from Plan Staff.

Consent Agenda Items:
Chairperson Beleutz opened the floor for approval of the Consent Agenda
Action: All consent items approved.

Regular Agenda Items:

1. Elect Advisory Group Chair
John Beleutz called for nominations for a new chair for 2020. John indicated his willingness to serve for another year. As no other nominations were made, it was unanimous to elect John as the Advisory Group chair for 2020.

2. Transportation Benefit
Edna Torres, Member Services Call Center Manager updated the committee about Alliance transportation services, including Non Emergency Medical Transportation (NEMT) and Non Medical Transportation (NMT). NEMT is prescribed by a provider and often fulfilled by an ambulance or emergency vehicle company. NMT is transportation to medical services which can be fulfilled by private conveyance or public transportation. The NMT benefit grew in 2019. The Alliance received 88,000 calls pertaining to transportation and completed almost 200,000 rides for members.
The group discussed impacts of increased NMT utilization and asked if the transportation benefit has improved quality and access to care for members. Alliance staff affirmed that we hear from members about the benefit making positive impacts; however, we have yet to see statistically significant transportation data trends with direct correlation to overall improved health outcomes. Alliance staff will continue to monitor impacts of the transportation benefit over time.

3. **2019 CCAH Outreach Program**
   Lilia Chagolla, Director Regional Operations presented outcomes from the 2019 Your Health Matters Outreach Program: In 2019 the Alliance expanded a comprehensive member outreach program and recruited and trained 50 Alliance staff to support outreach events. The Alliance attended 111 outreach events and reached over 19,000 members. Outreach events include member educational topics such as the Nurse Advice Line, flu vaccines, and urgent care visits. During outreach events, staff provides information about basic benefits and services and assists members with eligibility questions. A short member survey is completed to identify additional topics members would like to be informed about. In 2019, 1,517 surveys were completed. Survey feedback reflected members would like to know more about transportation, dental coverage, and California Children Services (CCS) and Whole Child Model (WCM) programs.

In 2020, the Alliance’s Your Health Matters Member Outreach Program will focus on reaching members in rural communities, children and families, and members who frequently access services outside of their assigned PCP clinic (high utilizers).

4. **Member Wellness: Opioid Safety**
   - Suzette Reuschel-DiVirgilio, RN, Quality Improvement Nurse presented information about opioid safety. In the United States, opioid sales and opioid related deaths have more than quadrupled in the last 15 years. Overuse of prescription painkillers has contributed to a public health epidemic affecting not just communities across the country, but also our own local regions. In California, opioid prescriptions continue to be written at a rate of about 460 prescriptions for every 1,000 residents. That equates to almost 1 prescription for every 2 residents. Locally, Monterey and Santa Cruz counties are about equal to the rate of California, but opioids in Merced County are prescribed more frequently, at higher rates. A statewide initiative is underway called Smart Care California (SCC). The mission of SCC is to engage and unify physicians, hospitals, health systems, and health plans to research and define four priority areas to address opioid usage, including:
     - Preventing new opioid starts through safer prescribing
     - Managing pain safely using evidence based practices
     - Treating addiction effectively with medication assisted treatment, and
     - Stopping overdose deaths by promoting naloxone and harm reduction

Local community partnerships are also involved to support the SCC, including:
   - Opioid coalitions such as Prescribe Safe Monterey, SafeRx Santa Cruz, and Community Prevention Partners;
   - Harm reduction efforts through the Harm Reduction Coalition;
   - Hub & Spoke System which serves to improve, expand and increase access to services throughout the state;
- California Bridge, which is a program to develop hospital and emergency room primary access points for addiction treatment; and,
- County Departments of Public Health Substance Use Disorder Programs

Meeting adjourned at 11:25 a.m.
Respectfully submitted,
Maura Middleton
Clerk of the Advisory Group/Member Services Administrative Assistant
Membership Totals by County and Program, % Change Month-over-Month and % Change Year-over-Year

<table>
<thead>
<tr>
<th>County</th>
<th>Members</th>
<th>% Change Month-over-Month</th>
<th>% Change Year-over-Year</th>
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</thead>
<tbody>
<tr>
<td>SANTA CRUZ</td>
<td>154,512</td>
<td>0.7%</td>
<td>-0.9%</td>
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<tr>
<td>MONTEREY</td>
<td>121,973</td>
<td>1.4%</td>
<td>0.5%</td>
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<tr>
<td>MERCED</td>
<td>65,889</td>
<td>2.1%</td>
<td>-0.2%</td>
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Program: IHSS & Medi-Cal
Counties: SANTA CRUZ, MONTEREY, MERCED

Enrollment Report
Year: 2017 & 2018  County: All  Program: IHSS & Medi-Cal
Aid Cat Roll Up: All  Data Refresh Date: 5/1/2020

Static Date
5/1/2019 12:00:00 AM to 5/31/2020 11:59:59 PM
**Q1 2020 Appeals and Grievances: 481**

Appeals: 13% [37% in favor of Plan, 49% in favor of Member]
Exempt Grievances: 5%
Grievances: 78%
Other: 4% [inquiries, duplicates, withdrawn, state fair hearing]

**Category Figures**
Referrals: 2%
Access Issues: 7%
Benefits and Coverage: 1%
Quality of Care Issues: 21%
Other: 68%
  - Transportation: 73% of “Other” Category
  - Provider Billing Issues: 18% of “Other” Category
  - Medication Issues: 6% of “Other” Category

**Analysis and Trends**
* A high percentage of “Other” grievances involved transportation issues for late, missed rides to appointments and quality of service issues.
* The Non-Emergency Medical Transportation (NEMT) cases identified a continued phone system error which resulted in scheduling delays. Resolved in Q1 2020.
* No other significant trends noted for grievances in Q1 2020.

**Highest Grievances Filed by County**
1. Merced
2. Monterey
3. Santa Cruz

**Behavioral Health Beacon Grievances: 8**

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**Member Appeals and Grievance Report**
**Q1, 2020**

[Graph showing appeal and grievance rate PKPM]

- In Control
- Not in Control

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

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<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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<td>343,060</td>
<td>342,453</td>
<td>343,500</td>
<td>343,242</td>
<td>341,894</td>
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<td>338,394</td>
<td>338,069</td>
<td>337,411</td>
<td>336,477</td>
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<td>200</td>
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<td>150</td>
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<tr>
<td>Rate PKPM*</td>
<td>0.55</td>
<td>0.58</td>
<td>0.84</td>
<td>0.66</td>
<td>0.62</td>
<td>0.44</td>
<td>0.56</td>
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<td>0.47</td>
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<td>337,045</td>
<td>336,422</td>
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<tr>
<td>A &amp; G Issues</td>
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<td>Rate PKPM*</td>
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*Grievances Per 1,000 Member Month*
Central California Alliance for Health
Member Services Telephone Statistics - 2020/2019

Member Services Call Volume
Per Thousand Members Per Year (PTMY)
April 2020
MS Queue Calls: 10,104

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

April 2020 Score = 94%
Central California Alliance for Health
Member Services Telephone Statistics - 2019/2020

### Transportation Call Volume
Per Thousand Members Per Year (PTMY)
April 2020
Transportation Queue Calls: 2,439

<table>
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<th>Month</th>
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<th>2020 PTMY</th>
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<tbody>
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- **Call Volume:**
  - April 2020: 2,439 calls

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

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<tr>
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- **Score:** 95%

- **April 2020 AQI:** 95%

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<th>2020 Actual</th>
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Alliance Business
Continuity Response to COVID-19

Dana Marcos
Member Services Director

Background

- COVID-19 cases are confirmed in all counties in Alliance Service Area.
- State and local authorities have issued shelter in place orders to slow the transmission of COVID-19 and support the delivery system response to the pandemic.
- The Alliance enacted its Emergency Management Team and business continuity plan to ensure ongoing essential operations for the duration of this crisis.
- Essential operations continue, some health plan work has been suspended, mitigating actions have been taken and will continue to be identified.
Operational Response to COVID-19

- 97% of Alliance staff working from home
- Service levels maintained
- Outreach and engagement is a priority with members, providers, counties, community partners and regulating agencies
- Process modifications made to support remote working and delivery system response

Member Outreach & Experience

- Methods of Outreach
  - Direct call campaign and care coordination calls
  - Automated-call campaign
  - Online resources
  - Mailings
- Key Issues
  - Guidance for accessing care (Nurse Advice Line (NAL), behavioral/metal health, services by telehealth)
  - Transportation - developed escalation process
  - Protective equipment: masks, hand sanitizer
  - Access to food
Provider Outreach & Experience

- Methods of Outreach
  - Call campaign
  - Provider Newsletter, fax blasts, email blasts
  - County COVID-19 community calls

- Key Issues
  - Community Based Adult Services (CBAS) centers not permitted to conduct on site services
  - Access to protective equipment
  - Declines in elective and preventive service visits
    - Telehealth flexibility implemented
  - Adjustments to office hours, locations, some temporary office closures
    - No permanent closures thus far
  - Analyzing funding available to providers and gaps for potential action

Issues for Ongoing Monitoring

- Disease spread/progression and surge planning
- Regulatory landscape
- Enrollment
- California State Budget FY ’20-'21
**Cumulative Cases by County**

Tracking case counts by county to track disease spread/progression.

Indicates when new cases in a county begins to level off.

One indicator for surge which is now projected for late May or June.

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**Key Takeaways**

- Alliance is fully functional and operating at expected levels
- Focus for the next 90 days will be COVID-19
- Factors that influence our priorities for 2021 and beyond are evolving, and, some priorities will remain
Turning Information into Action

Increasing capacity to address rising food insecurity.

COVID-19 Response Fund Background

- Access to food is emerging as a significant risk for low income residents in all three counties.
- Staff continue to engage with grantees, partners and other funders to identify additional immediate member needs that could be addressed through grant funding.
COVID-19 Response Fund Allocation

- The Alliance Board approved COVID-19 Response Funding
- Total budget of $1M
  - $600K to food banks
  - $400K to address identified immediate member needs
    - Grants not to exceed $50K

Questions or Feedback?
Pharmacy Carve Out

Navneet Sachdeva, Pharm.D
Pharmacy Director

Topics

1. Background
2. Internal Pharmacy Carve out Project
3. Member Notification
4. Outstanding concerns
Executive Order N-01-19

January 1, 2021
Transition Pharmacy Services from Medi-Cal Managed Care (the Alliance) to the Medi-Cal Fee-For-Service delivery system (the State)

What is Medi-Cal Rx?

New system of how Medi-Cal pharmacy benefits will be processed through the state delivery system
• Magellan Medicaid Administration, Inc.

Magellan Medicaid will approve and pay pharmacy services, including but not limited to:
• Outpatient drugs (prescription medications and over-the counter)
• Enteral nutrition products
• Medical supplies

*Not including pharmacy services given by doctors in the hospital or long term facilities.
• Example: IV medication during an emergency department visit
How is Medi-Cal Rx Different?

Now

Provider • Writes Rx for a medication

Alliance • Approves Rx

Pharmacy • Provides medication to member

2021

Provider • Writes Rx for a medication

State Vendor: Magellan Medicaid • Approves Rx

Pharmacy • Provides medication to member

Internal Pharmacy Carve out Project

Internal Subject Matter Expert Meetings

• Pharmacy, Provider Services, Member Services, Care Management, Communications, Systems/Reporting, Utilization Management, Finance, and Quality Improvement.

Education/ Notification

• Providers
• Members
• Other departments within Alliance

Data Management

• Data feed from Medi-Cal Rx
• Real-time access into Magellan
Member Notification

- Managed Care Member Handbook (Evidence of Coverage)

Updates

- Pharmacy Transition policy
- Understanding the role of the Magellan’s Clinical liaison (a contact person for the Alliance)
- Magellan Member Portal
Feedback?

- Do you have feedback?
- What concerns do you have with this process shifting to the state vendor?
- What else should the Alliance think about?

Any Questions?

Navneet Sachdeva, Pharm.D, BCGP, BCPS, PAHM
Pharmacy Director
nsachdeva@ccah-alliance.org
RECOMMENDED PREVENTIVE CARE DURING THE COVID PANDEMIC

Hilary Gillette-Walch, RN, MPH | Clinical Decision Quality Manager
Member Services Advisory Group
May 14, 2020

AGENDA

• Current state of health care
• Key Considerations for Clinics and other outpatient facilities
• What do you need to know?
HEALTH CARE PROVIDER CONSIDERATIONS

- What is the appropriate level of necessary medical care
- How to provide care AND protect healthcare personnel and non-COVID-19 patients from infection
- How to prepare for large numbers of acutely sick patients
- Protecting staff from possible COVID exposures and planning for staffing shortages

DELAY

- Delay inpatient and outpatient \textit{elective} surgical and procedural cases
- All other procedures work with your physician to determine the risks of waiting
- Postpone routine dental and eyecare visits
CHANGES

• Phone screening before on-site visits
• Telephone and video visits
• Drive-through laboratories and vaccinations

QUESTIONS?

Hilary Gillette-Walch, RN, MPH
Clinical Decision Quality Manager
GOAL

Through the collection and review of data improve the health outcomes for members. Document that the Alliance is meeting the needs of members by:

1. Evaluating member health risks;
2. Identifying member health needs and health disparities;
3. Prioritizing and evaluating health education and Cultural & Linguistic (C&L) services, and Quality Improvement (QI) programs and resources
4. Implementing targeted strategies for health education, C&L, and QI programs and services
POPULATION
The report emphasizes the findings related to the unique needs of:

- Seniors and Persons with Disabilities (SPDs);
- Children with Special Health Care Needs (CSHCN);
- Members with Limited English proficiency (LEP);
- Other member subgroups from diverse cultural and ethnic backgrounds in the PNA findings.

PLANNED INFORMATION TO USE
- Alliance Data (i.e. CAHPS, HEDIS, Claims)
- External data (i.e. CDC, CPH, CHIS)
- DHCS CAHPS Survey & Healthy Disparity Data
- Member Grievance and Appeals
- Member input
PNA WORKPLAN

PHASE 1: DEVELOPMENT OF PNA FRAMEWORK (Q1)
PHASE 2: IDENTIFICATION OF PNA DATA SOURCES (Q2)
PHASE 3: EVALUATION OF PNA DATA SOURCES (Q2)
PHASE 4: PREPARE PNA REPORT (Q2)
PHASE 5: STAKEHOLDER ENGAGEMENT (Q2 & Q3)
PHASE 6: PNA REPORT SUBMISSION (Q2-June 30th)

NEXT STEPS

- Complete the report
- Develop an action plan on how it will address members needs and improve health outcomes
- Implement findings that will be used to targeted strategies for health education, C&L, and QI programs and services
THANK YOU!