AGENDA

MEMBER SERVICES ADVISORY GROUP

DATE: Thursday, May 9, 2019
TIME: 10:00 – 11:30 a.m.
PLACE: 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

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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.

5. **Approve Member Services Advisory Group minutes of February 14, 2019.**
   - Reference materials: Minutes as above.

6. **Accept Plan Staff Reports:**
   A. Current Enrollment
   B. April 2019 Call Statistics Report
   C. Q1 2019 Member Grievance Report
   - Reference materials: Reports as above.
Regular Agenda Items: 10:15 a.m.

7. Emergency Department Navigator (10:15 – 10:35 a.m.)
   A. Dr. Guez, Medical Director, Health Services will present

8. Transportation Benefit Update (10:35 – 10:55 a.m.)
   A. Dana Marcos to present

9. Member Services Advisory Group Charter (10:55 – 11:05 a.m.)
   A. Dana Marcos to present the MSAG Charter
   ACTION: Committee to vote to accept MSAG Charter

10. Improving the Alliance Feedback Process (11:05 – 11:15 a.m.)
    A. Brandon Harrison, Process Improvement Advisor to present

11. Member Wellness: Welcome to Your Medical Home (11:15 – 11:25 a.m.)
    A. Hillary Gillette-Walch, Clinical Decision Quality Manager to present

12. Adjourn

The next meeting of the Member Services Advisory Group, after this May 9, 2019 meeting:

- Santa Cruz – Monterey – Merced
  Thursday, August 8, 2019, 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.

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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 14, 2019  
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

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Advisory Group Members Present:
Santa Cruz County:  
John Beleutz       Health Projects Center  
Ashley Lynne Gregory     Consumer  
Michael Molesky     Commissioner  
Martha Rubbo     Consumer  

Monterey County:  
Humberto Carrillo  
Enid Donato     Natividad Medical Center  
Doris Drost     Consumer  
Maria Lopez     County of Monterey, Child Health & Disability Prevention Program  
Silvia Wilson     Monterey County-CalHeers  
Elsa Quezada     CCCIL  
Tamara McKee     HICAP – Alliance on Ageing  

Merced County:  
Tracy Clark for Rebekah Capron     Merced HSA  
Stephen Hitchings     Consumer  
Erika Peterson     Merced County Head Start  
Vivian Pittman     Consumer  
Rob Smith     Commissioner  
Rebekah Capron     HSA  

Members Absent:  
Yona Adams     HSA/CareTEAM  
Lupe Chavez     Consumer  
Ashley Lynne Gregory     Consumer  
Alexandra Heidelbach     Consumer  
Linda Jenkins     Consumer  
Myisha Reed     First 5 Merced County  
Rex Resa     Consumer  
Linda Villa     Consumer
Support Staff Present:
Stephanie Sonnenshine    Chief Executive Officer
Dana Marcos     Member Services Director
Maura Middleton    Member Services Administrative Assistant
Andrew Hansen     Process Improvement Director
Brandon Harrison     Process Improvement Advisor
Hilary Gillette-Walch     Clinical Decision Quality Manager
Lilia Chagolla     Regional Operations Director – Salinas
Jennifer Mockus     Regional Operations Director – Merced
Gabina Villanueva     Member Services Supervisor
Joana Castaneda     Communication Engagement Coordinator

1. Call to Order by Chairperson Beleutz.
   Mr. John Beleutz, Chairperson, called the meeting to order at 10:00am. Self-introductions were made.

2. 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.

3. Comments and announcements by Advisory Group members.
   Mr. Beleutz opened the floor for Advisory Group members to make comments.
   John Beleutz announced the annual Caregiver University conference. Flyer is attached.

4. Comments and Announcements by Plan Staff.
   No comments were made.

Consent Agenda Items:
Chairperson Beleutz opened the floor for approval of the Consent Agenda
Action: Commissioner Rob Smith moved to approve the Consent Agenda, seconded by Michael Molesky.

Regular Agenda Items:
5. Elect Advisory Group Chair
   • John Beleutz called for nominations for a new chair for 2019. 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 2019.

6. California’s Health Home Program
   • Stephanie Sonnenshine (CEO) presented on this topic. Section 2703 of the Affordable Care Act (ACA) authorized states to create a Health Homes Program (HHP) to coordinate access to medical and behavioral health services, long-term services and supports and linkages to community social supports needed by Medi-Cal members with eligible chronic conditions. After thorough review the Alliance does not feel it is prudent to take on the financial risk of this program. However, they will continue to monitor and implement Care Management programs that fit the needs of members in each country. Discussion and feedback followed.

7. Member Engagement & Outreach
   • Andrew Hansen, Process Improvement Manager, presented on the Alliances’ Member Engagement & Outreach program. The Alliance recognized a need to better listen, understand and respond to the needs of our members. Focus groups were held in 2017
to get feedback from our members. The attached presentation outlines much of the feedback that we received and what we are doing with it.

- Lilia Chagolla, Regional Operations Director presented on the Alliance’s outreach program for 2019. The Alliance is focusing on attending more outreach events by recruiting and training more staff to attend these events and get information out to our members. Please see the attached presentation for more details of the program. There was feedback from the committee that the Alliance’s newsletter is extremely important and helpful to our members and that the Alliance’s willingness to listen to their members is admirable and appreciated.

8. **Introduction of a Charter**
   - Dana Marcos presented on the development of a Charter for the Member Services Advisory Group. It was requested that the committee review the charter and vote to implement at the May, 2019 meeting.

9. **Member Immunization Incentives**
   - Hillary Gillette-Walch, RN, Clinical Decision Quality Manager reported on the topic of member immunizations. Please see the attached presentation for more details of the Alliance’s plan of action to increase access to vaccinations for our members. A committee member updated the committee on how the Head Start program has a turnout of vaccinations because it is part of their program.

**Meeting adjourned at 11:33 a.m.**

Respectfully submitted,

Maura Middleton
Clerk of the Advisory Group/Member Services Administrative Assistant
Enrollment Report
Year: 2017 & 2018  County: All  Program: IHSS & Medi-Cal
Aid Cat Roll Up: All  Data Refresh Date: 5/1/2019

StaticDate
5/1/2018 12:00:00 AM to 5/31/2019 11:59:59 PM

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

Program County
- SANTA CRUZ
- MONTEREY
- MERCEDE

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<td>341,819</td>
<td>340,853</td>
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Central California Alliance for Health
Member Services Telephone Statistics - 2018/2019

### Member Services Call Volume
Per Thousand Members Per Year (PTMY)
April 2019
MS Queue Calls: 14,737

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<tr>
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<th>Jan</th>
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<td><strong>Call Volume</strong></td>
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<td>459</td>
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<td><strong>2019 Members</strong></td>
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<td><strong>Rate PTMY</strong></td>
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### Member Services Speed to Answer
Monthly Administrative Quality Indicator (AQL)
Calls Answered within 30 seconds of entering the ACD

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<tr>
<td>2018 - 2019</td>
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<td><strong>Actual 2018</strong></td>
<td>81%</td>
<td>93%</td>
<td>95%</td>
<td>92%</td>
<td>94%</td>
<td>82%</td>
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<td><strong>Actual 2019</strong></td>
<td>82%</td>
<td>87%</td>
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The Alliance Grievance System

The Alliance operates a Grievance system in accordance with contractual and regulatory requirements identified by the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC). Under direction of the Member Services Department, the Grievance Unit resolves member Grievance and Appeal cases.

Regulatory Grievance Trend Reporting: The purpose of this report is to share demographic and geographic information about members filing Grievance cases, as required by Alliance policy.

Q1 2019 Grievance Summary: Medi-Cal: 567 member Grievances were filed by Medi-Cal members in Q1 2019. The average time to resolve these cases was 16 days. 9 State Fair Hearings were requested. IHSS: 8 member Grievances were filed by IHSS members in Q1 2019. The average time to resolve these cases was 4 days

Demographic Trending: The following graphs report Grievance case categories and outcomes, member ethnicity, biological sex, and language.

Medi-Cal Case Categories and Outcomes: 434 Grievance cases were resolved in favor of the member and 77 resolved in favor of the Alliance. 56 cases are still pending.

Medi-Cal Biological Sex, Ethnicity, and Language: Biological Sex: 334 Grievance cases were submitted by females and 233 submitted by males.
Language:

<table>
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<tr>
<th>Language</th>
<th>Count</th>
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<tr>
<td>English</td>
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<td>Spanish</td>
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<tr>
<td>Other Non-English</td>
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<tr>
<td>Not Reported</td>
<td>5</td>
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**Medi-Cal Geographic Trending:** The following graph demonstrates Medi-Cal Grievances submitted by county and zip-code. The darker colored regions depict a higher number of cases submitted within that zip-code. The lighter colors depict fewer cases submitted.

**Medi-Cal Grievances by County and Zip-Code:**

<table>
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<tr>
<th>County</th>
<th>Zip Code</th>
<th>Count</th>
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<tbody>
<tr>
<td>MERCED</td>
<td>ATWATER</td>
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<td>MERCED</td>
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<td>MERCED</td>
<td>WINTON</td>
<td>95388</td>
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Central California Alliance for Health
Quarterly Grievance System Activity Report
April 11, 2019
Page 3 of 3

IHSS Case Categories and Outcomes: 8 IHSS Grievance case were resolved in favor of the member and categorized as follows: 3 benefits/coverage, 1 accessibility, 1 referral, and 3 other.

Biological Sex: 2 cases were submitted by females, 2 cases submitted by males, and 5 cases were submitted with no biological sex reported.

Ethnicity: 1 case was submitted with a reported ethnicity of Hispanic, 1 case submitted with reported ethnicity as White, and 5 cases submitted by members with no ethnicity reported.

Language: 1 case was submitted by a Spanish speaking member, 2 English, and 5 cases were submitted by members with no language reported.

Geographic Trending: 1 IHSS case was submitted in Castroville zip code 95012, 1 case from Salinas 93901, and 1 case from Salinas 93905. 5 cases were submitted with no zip code reported.
ED NAVIGATOR PILOT

Ghislaine Guez, MD, MBA
May 9, 2019

BACKGROUND

• In March 2017, Alliance Board approved an Emergency Department (ED) Navigator pilot program, developed in collaboration with Dignity Health, to operate at Mercy Medical Center Merced and at Dominican Hospital Santa Cruz

• Board asked that the Alliance offer a pilot program in Monterey County

REVIEW OF APPROVED PILOT

• Alliance sponsored on-site ED Navigators
• Target members who present with preventable ED visits, and/or who have more than 4 ED visits in 12 months (high utilizers).
• ED Navigators will offer assistance to:
  − Connect with PCP, specialists, Alliance Care Management and/or community resources
  − Educate members about the Alliance Nurse Advice Line (NAL)
  − Identify and address immediate barriers to care (e.g. transportation issues)
  − Advocate for unique needs (e.g. housing)
  − Support self-management
Based on current Alliance member ED utilization, two navigators at Mercy Medical Center Merced (90 visits/day), and one navigator at Dominican Hospital Santa Cruz (35 visits/day) were approved.

- Ratio based on estimate visits/8 hour period of peak ED utilization
- Ratio of one navigator/8-15 visits during peak hours
- Two navigators for ≥ 16 visits during peak hours

ED Navigators to be available during peak hours that Alliance members use the ED, which is 2:00-10:00 p.m. Monday-Friday at Dignity facilities.

ED NAVIGATOR PROGRAM (CONTINUED)

- Minimal qualifications for ED Navigator:
  - HS diploma
  - Two years of health care or social services experience conducting community outreach, case management, or patient focused communication

GOALS AND METRICS

- Process Goals: Track interventions for each member receiving ED Navigator assistance:
  - Barriers to care identified
  - Follow-up appointments made
  - NAL education given
  - Referrals made (Care Management, housing, etc.)
  - Transportation arranged

- Outcome Goals:
  - Overall ED visits post intervention reduced by 40%
  - Avoidable ED visits post intervention reduced by 40%
  - Cost post intervention reduced by 40%
  - High patient satisfaction (survey)
TRANSPORTATION SERVICES

Dana Marcos, Member Services Director
05/09/19

GOAL

• Inform MSAG about Alliance transportation services.
• Obtain MSAG feedback about member experience with transportation services.

TRANSPORTATION BASICS

The Alliance covers two types or levels of transportation services.
• Non-Emergency Medical Transportation (NEMT)
• Non-Medical Transportation (NMT)
NEMT
NEMT is available when prescribed by a provider and when the member’s medical condition requires:
- Ambulance/gurney van
- Litter van
- Wheelchair van
- Air transport

NMT
NMT is transportation to medical services by passenger cars, taxicabs, or other forms of public or private transport, such as:
- Using a vendor to arrange private vehicle transport.
- Providing bus passes.
- Paying mileage reimbursement.

APPROVED TRANSPORTATION LEVEL
The Alliance determines the transportation level that best meets the member’s needs, based on:
- NEMT physician requests using a Physician Certified Statement (PCS) Form.
- NEMT Alliance clinical review.
- Member requests for NMT services.
OPPORTUNITIES

The Alliance is working with Call the Car to:
- Improve arrival and pick-up times.
- Allow additional attendants for members with complex transport needs.
- Inform drivers about medical equipment.
- Explore preferred provider options for members.

MSAG FEEDBACK

- Have you used the Alliance transportation benefit?
- What is your experience?
- What transportation needs should we pay attention to for members and families with disabilities?
COMMITTEE CHARTER

Committee: Member Services Advisory Group (MSAG)

Original Date: February 2019  Last Revision Date: [Blank]
Approved by: Alliance Board

<table>
<thead>
<tr>
<th>Purpose:</th>
<th>The mission of the Member Services Advisory Group is to provide two-way communication between Alliance members and Central California Alliance for Health (the Alliance). In conjunction with the Alliance, the Advisory Group’s goal is to facilitate effective, efficient, patient-friendly, high-quality medical care for members of the Alliance. In the course of our service, Advisory Group members will:</th>
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<tbody>
<tr>
<td>• Advise the Alliance on issues and concerns of members and the community as they relate to the Alliance</td>
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<td>• Make policy recommendations to the Alliance, based on member and community input and feedback</td>
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<td>• Advocate on behalf of Alliance members and bring their concerns and ideas to the Advisory Group meetings for discussion and possible action</td>
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<td>• Be a place to hear and collect the voices of those Alliance members who, otherwise, might not be heard</td>
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<td>• Work to ensure that the Alliance is customer focused and attentive to members' needs</td>
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<tr>
<td>• Educate members and the community about the Alliance by disseminating information from the meetings to members and to the community</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authority and Responsibility</th>
<th>MSAG is an advisory group to the Alliance and may make recommendations based on member and community input and feedback.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Membership</th>
<th>• Members are appointed by the Alliance Board.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>• Members serve one-year terms, subject to renewal</td>
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<td></td>
<td>• Quorum requires one more than half of the total voting membership</td>
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<td></td>
<td>• To stay active, members must attend at least 50% of meetings per calendar year</td>
</tr>
<tr>
<td><strong>Committee Charter</strong></td>
<td></td>
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<tr>
<td>-----------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Committee:</strong> Member Services Advisory Group (MSAG)</td>
<td></td>
</tr>
<tr>
<td><strong>Original Date:</strong> February 2019</td>
<td><strong>Last Revision Date:</strong></td>
</tr>
<tr>
<td><strong>Approved by:</strong> Alliance Board</td>
<td></td>
</tr>
</tbody>
</table>

### Support Staff to MSAG includes:
- **Alliance Staff** – Member Services Director, Member Services Administrative Assistant
- **Ad Hoc Staff** from the Alliance as needed.

### Committee Staff:
- Alliance staff will serve as staff to MSAG

### Terms
Members will be appointed to a one-year term. At the end of the term the member may be reappointed to a subsequent one-year term or terms.

### MSAG Chair
- Works with staff on meeting agendas
- Calls meetings to order and moves through agenda items
- Recognizes public comment speakers in order
- Recognizes Advisory Group members who wish to speak
- When a motion has been made, acknowledges motion and requests a second
- When a motion has been seconded, calls for discussion and then a vote
- Keeps watch on time limits for agenda items and meeting
- Adjourns meetings

### MSAG Liaison to the Alliance
- Takes Advisory Group issues and/or recommendations back to the Alliance
- Brings information from the Alliance to the Advisory Group
- Focal point for two-way communication between the Alliance and Advisory Group

### Meetings
MSAG shall meet at least quarterly with a minimum of three (3) meetings per year.
<table>
<thead>
<tr>
<th>Committee</th>
<th>Member Services Advisory Group (MSAG)</th>
</tr>
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<tr>
<td>Original Date</td>
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<tr>
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<td>Alliance Board</td>
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</tbody>
</table>

The meeting calendar shall be established annually at the November meeting.

**Meeting Compensation**  
MSAG appointed Members may receive a stipend to cover travel expenses and other costs associated with in-person meeting attendance.

**Agenda, Minutes, Reports**  
Alliance staff will work in collaboration with the Chair to develop the agenda for each meeting.  
Alliance staff are responsible for agenda and meeting material production and distribution.  
Agendas and meeting materials will be published and distributed to MSAG members and posted publicly at least seventy-two (72) hours prior to each meeting.  
Alliance staff will record minutes of meetings which will be approved by MSAG members at each subsequent meeting.

**Open and Public meetings**  
Meetings are subject to the Brown Act, thus are open to the public.

**Meeting Location**  
Meetings will take place in the Alliance offices listed below and joined together via videoconferencing.

- **In Merced County:** Board Room  
  530 West 16th Street, Suite B, Merced, CA
- **In Monterey County:** Board Room  
  950 East Blanco Road, Suite 101, Salinas, CA
- **In Santa Cruz County:** Board Room  
  1600 Green Hills Road, Suite 101, Scotts Valley, CA
<table>
<thead>
<tr>
<th>Translation and Interpreter Services/ Assistive Devices</th>
<th>Requests for translation and interpreter services, including sign-language interpretation or other assistive devices such as real-time captioning, note takers, reading or writing assistance and conversion of meeting materials into Braille, large print or computer flash drive can be made available if requested at least ten (10) business days prior to the meeting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Charter</td>
<td>MSAG shall review this charter at least annually. Any proposed changes shall be submitted to the Board for approval.</td>
</tr>
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</table>

### Revision History:

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Revised Date</th>
<th>Changes Made By</th>
<th>Approved By</th>
</tr>
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</table>
MEMBER VOICE

Brandon Harrison
May 9th, 2019

WHAT IS MEMBER VOICE?

- The member voice is what you, the member, have to say
  - It comes from your experience, opinion, and feedback
- The Alliance wants to include member voice more often in our decision making process

MEMBER VOICE WORKGROUP

- Workgroup has team members from different departments at the Alliance
- The workgroup is identifying how we use your feedback to make decisions
MEMBER FEEDBACK
- Solicited vs. unsolicited feedback
  - Solicited Feedback – Feedback that comes from members about the topics we discuss here
  - Unsolicited Feedback – Feedback that comes from members not related to the topics at the meetings

MEMBER VOICE GOALS
- Improve the percentage of MSAG & WCMFAC topic items that solicit member voice by X% 
  - Current state: 19% of topics solicit member feedback
  - X% of MSAG & WCMFAC topic items that solicited member voice are communicated back to MSAG & WCMFAC with how member voice is being used to make decisions

QUESTIONS?
Welcome to Your Medical Home

Hilary Gillette-Walch, RN, MPH, CPH
Clinical Decision Quality Manager
Member Services Advisory Group
May 9, 2019

What is the Medical Home?

- While we use the word “home” we are not talking about a place but a relationship
- A primary care setting that knows you, what your health concerns include, and how to reach you
- It is their job to help you achieve optimal health

Medical Home
“I’m fine – Why should I go to the doctor?”

- Initial Health Assessment
  - More than just a State requirement
  - Create a working relationship with your doctor
  - Teach your doctor about you
  - Be honest about your health behaviors, food choices, exercise, routine screenings (such as colonoscopy).

What to Expect

- Questions about your personal and family health history
- Height and weight
- Physical Exam
  - Listen to heart and lungs
  - Check ears, eyes, nose
  - Check abdomen, thyroid glands and lymph nodes
- Blood pressure
- Check in about any chronic conditions
- Make sure your vaccinations are up to date
- Mental Health and Substance Use screening

What to Ask of Your (New) Doctor?

- After Hours Care
  - What number do I call if I become sick after hours but don’t need emergency care?
- Medications
  - Why do I need this medicine?
  - Are there any alternatives? Something else I can do or take?
  - Am I taking them correctly?
  - What are the expected side effects?
- Tests
  - What is this test for?
  - When will I get the results?
- Resources
  - Are there any free, local classes that you think would be helpful to me?
  - Where do you go for more information?
Recommendation

- Find a doctor that works with you and for you. Find a doctor that you can trust.
- Talk to people you know, where do they go? Why do they like their doctor?
- You are worth it!