ALAMEDA
Alliance
FOR HEALTH

Organization Structure

As of January 2024, the Alliance currently employs about 520 people and is organized into 10 divisions, including Administration, Compliance, Legal, Operations, Finance, Human Resources, Performance & Analytics, Information Technology, Health Care Services, and Health Equity.
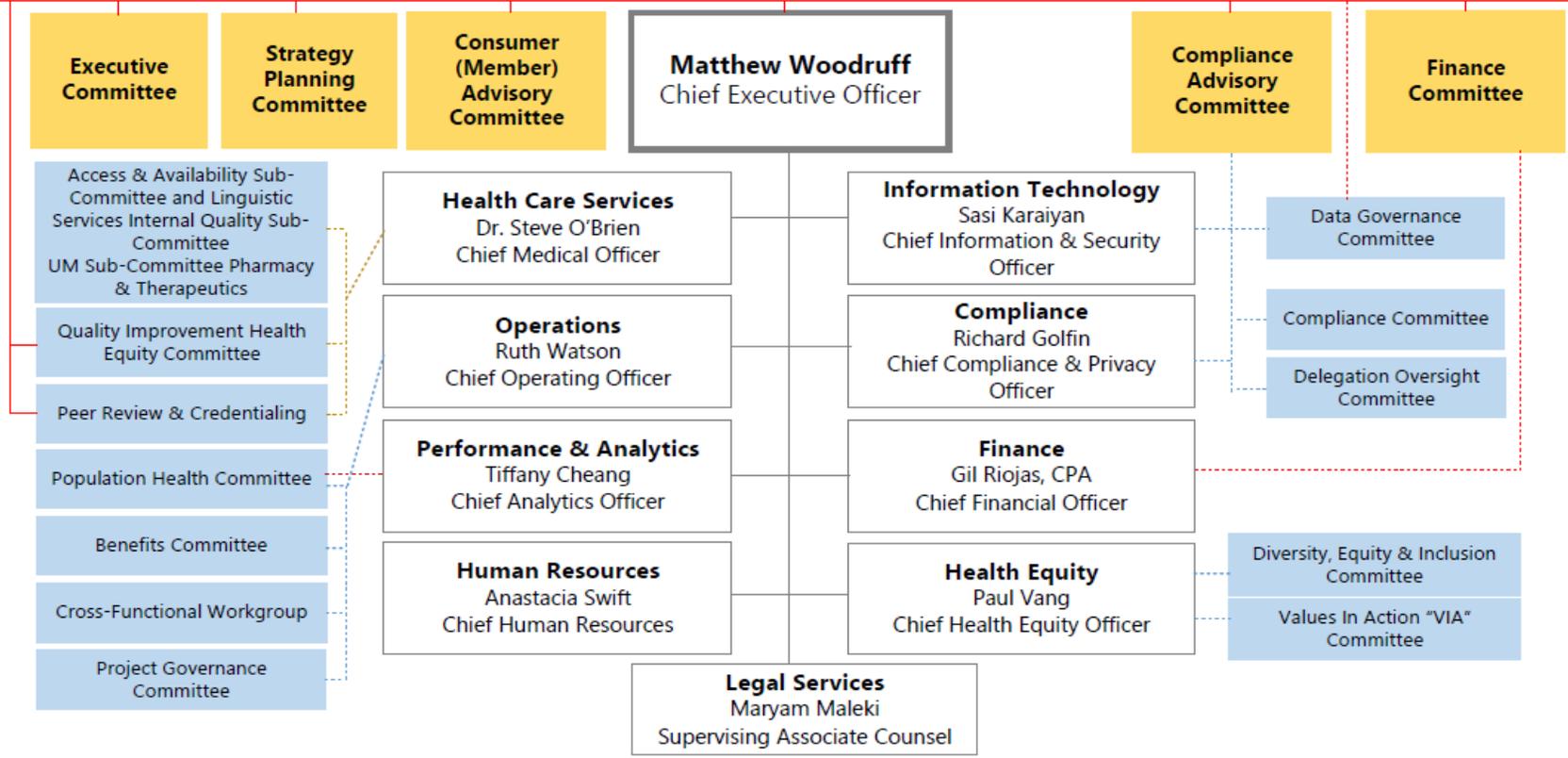
The following is a functional organization chart that illustrates the reporting structure, divisions, and departments.

Alameda Alliance for Health
STANDING COMMITTEES & OPERATIONS COMMITTEES

BOARD OF GOVERNORS

Dr. Noha Aboelata, CEO, Roots Community Clinic (Vice Chair, BOG and Executive Committee)
Aaron Basrai, Pharmacist
Colleen Chawla, Agency Director, Alameda County HCSA
Dr. Rollington Ferguson, Internal Medicine (Chair, Finance Committee)
Andrea Ford, Agency Director, Alameda County HCSA
Rebecca Gebhart, HCSA Finance Director (Chair, BOG and Executive Committee)
James Jackson, CEO, Alameda Health System
Byron Lopez, SEIU (Vice Chair, Compliance advisory Committee)
Marty Lynch, CEO Emeritus, Lifelong Medical (Chair, Strategic Planning Committee)

Dr. Michael Marchiano (Vice Chair, Finance Committee)
Andie Martinez Patterson, CEO Alameda Health Consortium
Dr. Kelley Meade, UCSF Children's Hospital (Chair, Compliance advisory Committee)
Jody Moore, Consumer
Yeon Park, SEIU
Andrea Schwab-Galindo, CEO, Tiburcio Vasquez Health Center (Vice Chair, Strategic Planning Committee)
Dr. Evan Seevak, Alameda Health Systems
Supervisor Lena Tam, Alameda County Board of Supervisors
Natalie Williams, Consumer

Executive Committee

Strategy Planning Committee

Consumer (Member) Advisory Committee

Matthew Woodruff
Chief Executive Officer

Compliance Advisory Committee

Finance Committee

Access & Availability Sub-Committee and Linguistic Services Internal Quality Sub-Committee
UM Sub-Committee Pharmacy & Therapeutics

Quality Improvement Health Equity Committee

Peer Review & Credentialing

Population Health Committee

Benefits Committee

Cross-Functional Workgroup

Project Governance Committee

Health Care Services
Dr. Steve O'Brien
Chief Medical Officer

Operations
Ruth Watson
Chief Operating Officer

Performance & Analytics
Tiffany Cheang
Chief Analytics Officer

Human Resources
Anastacia Swift
Chief Human Resources

Information Technology
Sasi Karaiyan
Chief Information & Security Officer

Compliance
Richard Golfin
Chief Compliance & Privacy Officer

Finance
Gil Riojas, CPA
Chief Financial Officer

Health Equity
Paul Vang
Chief Health Equity Officer

Legal Services
Maryam Maleki
Supervising Associate Counsel

Data Governance Committee

Compliance Committee

Delegation Oversight Committee

Diversity, Equity & Inclusion Committee

Values In Action "VIA" Committee

The following sections provide a brief overview of the executive leader's role and the core functions of their Division.

Finance

The Chief Financial Officer (CFO) is responsible for all financial operations and provides leadership and oversight to the Accounting and Finance Departments.

Accounting Department

The primary goal of the Accounting Department is to provide accounting services and routine financial support to all Departments within the organization. The major responsibilities and duties include all internal and external financial reporting; recording and reconciliation of all Medi-Cal and IHSS revenue and expenditures; disbursement of all payments to providers; and payment and processing of all administrative expenses, including payroll and capital expenditures.

Financial Forecasting & Planning Department

The primary goal of the Financial Planning & Analysis (FP&A) Department is to provide analytical and forecasting projections and support for all routine operational activities. The major responsibilities and duties include regulatory Rate Development (RDT) submissions, completing regulatory required filings, ensuring Finance Division requirements are congruent with claims processing systems, and completing Return on Investment (ROI) and Net Present Value (NPV) calculations as part of the capital expenditure approval process.

Human Resources

The Chief Human Resources Officer of Human Resources (HR) is responsible for the Division and provides leadership and oversight of the organization's human resource needs. The primary goal of the HR Division is to ensure fair, consistent, and equitable treatment for all applicants and employees in accordance with regulatory requirements and organizational policies. The Division provides oversight of Recruiting and Staffing, Compensation and Benefits, Policies and Procedures, Performance Management, Training and Development, and Employee Relations. The HR Division supports organizational efforts to align core values and strategic priorities with employee practices.

The Chief of Performance & Analytics is responsible for enterprise data analytics services and serves the organization through two Departments: 1) Health Analytics and 2) Quality Analytics. Provider surveys, provider incentive programs, HEDIS retrieval & scoring, and hundreds of standard and ad hoc reports are orchestrated by this team. In 2020, the adoption of 'predictive analytics' was incorporated into the population health management efforts led by the Health Care Services team and will be including our community providers with data sharing for purposes of coordinating health care.

Compliance

The Chief Compliance Officer (CCO) is responsible for all compliance operations and provides leadership and oversight to the following Departments: Internal Audits & Privacy, Regulatory Affairs & Reporting, and Delegation Oversight. The Chief Compliance Officer is appointed as the Chief Privacy Officer.

Internal Audits & Privacy

The primary goal of the Internal Audits & Privacy Department is to oversee privacy incidences (internal & external) and to conduct internal audits across the enterprise. The function of internal auditing relates to regulatory deficiencies identified by DHCS and DHCS and the ownership of the department that is accountable to make the necessary changes. Internal auditing is a randomized function to validate that lasting corrections have been made.

Regulatory Affairs & Reporting

The primary goal of the Regulatory Affairs Department is to ensure that the Alliance is operating in compliance with regulatory standards. The Department works to foster and maintain a cohesive relationship with regulatory agencies. The Regulatory Compliance Department works closely with the state Department of Health Care Services (DHCS) and the state Department of Managed Health Care (DMHC) to ensure the timely submission of required regulatory reports, coordinate compliance audits, and lead organizational efforts to resolve any operational compliance issues.

Delegation Oversight

The primary goal of the Delegation Oversight Department is to ensure delegated entities are in compliance with regulatory standards. The Department monitors and works closely with delegated partners to ensure reporting is submitted timely and any compliance and operational issues are addressed and resolved. The Department conducts annual audits on all delegated partners to evaluate their performance and correct any issues found in their processes.

Legal
Legal Services

The primary goal of the Legal Department is to ensure that the best interest of the Alliance is protected and that all legal requirements are followed. The Department leads the organization's efforts to resolve litigation matters and works closely with retained counsel. The Legal Department provides oversight and works with all Departments to facilitate and ensure the proper execution of contracts.

Operations

The Chief Operations Officer (COO) is responsible for all health plan operations and provides leadership and oversight to the following Departments: Claims, Facilities, Contracting, Provider Services, Credentialing, Member Services, Network Data Validation, IPD, and Communications and Outreach.

Claims & Provider Disputes

The primary goal of the Claims Department is to ensure that all claims are paid in accordance with regulatory requirements. The Department provides timely, accurate, and consistent claims processing and payment to providers. The Department works to provide outstanding customer service and works closely with Information and Technology (IT), and the Provider Services and Provider Dispute Resolutions Departments to expeditiously resolve any provider claims payment issues.

The primary goal of the Provider Dispute Resolutions Department is to resolve provider claims payment disputes in accordance with the Department of Managed Health Care (DMHC) regulatory requirements. The Department serves as the platform for our providers to exercise their right to file a dispute with the Health Plan. The Department works closely with the Provider Services and Claims Departments to ensure and facilitate the correct process and payment of any disputed provider claims payments.

Facilities & Support Services

The primary goal of the Facilities & Support Services Department is to provide a compliant, safe, secure, and comfortable facility environment to accommodate all the staff and guests. The Department leads organizational efforts to maintain and continuously improve the building edifice. The Department follows best practices to ensure timely deliveries and processing of incoming/outgoing mail in accordance with regulatory requirements, enhance communication among all Departments, and maintain overall customer satisfaction.

Contracting

The primary goal of the Contracting Department is to ensure that all provider contracts are in alignment with organizational outcomes and executed in accordance with regulatory requirements. The Department reviews all provider contracts and verifies and ensures provider data accuracy. The Department works to help improve access to care by eliminating network deficiencies.

Provider Services

The primary goal of the Provider Services Department is to provide exceptional customer service to the Alliance provider network. The Department works to ensure that providers have consistent, accurate information to work in alignment with the Alliance. The Department provides annual orientations, quarterly visits, regular updates, resources, and a provider service call center to meet provider needs.

Credentialing

The primary goal of the Credentialing Department is to ensure that the Alliance Provider Network is qualified to provide quality health care to Alliance members in accordance with regulatory requirements. The Department serves as the front line for all new providers and assists new providers with joining the Alliance Provider Network. The Department works to ensure that the process of joining the Alliance network is seamless and efficient.

Integrated Planning

The Chief of Integrated Planning Officer (PPO) is responsible for standardizing the way we prioritize and execute projects, and how we deploy & administer health programs in the communities we serve (e.g., pilot programs, Health Homes, Whole Person Care). This Division was formed in June 2020 and is connected with the other Divisions to ensure our communications and actions are being coordinated and that we monitor our financial performance (cost to implement & ongoing costs to sustain). The Alliance has launched major projects over the last six years, and throughout the process, we have been learning about the value of adopting more structure and enterprise standards. In order to advance our performance to the next level and improve our operational efficiencies, we have to standardize the way we operate across the entire company.

Member Services

The primary goal of the Member Services Department is to provide exceptional customer service to our Members, Prospective Members, and community partners in accordance with regulatory requirements. The Department is responsible for having a comprehensive understanding of Alliance products.

Public Relations

Public Relations is responsible for building partnerships with our community partners and non-profit entities that serve our members and providers. Alignment with the Alameda County Board of Supervisors and other safety-net partners is essential to the fulfillment of our mission and vision. Listed below are the key safety-net partners in Alameda County:

- Alameda County Health Care Services Agency
- Alameda County Housing Authority
- Alameda County Public Health
- Alameda County Behavioral Health
- Alameda County Social Services
- Alameda County Sheriff's Office

- Alameda Health System
- Children's Hospital Oakland & Children's First Medical Group
- First 5 Alameda County
- Community Health Center Network (CHCN)
- Community Health Centers
- Senior Services Coalition
- City of Berkeley, City of Fremont, City of Oakland Health Services
- Senior Services Coalition
- Center for Elders Independence

Information Technology

The Chief Information Officer (CIO) is responsible for the Information Technology (IT) Division and provides leadership and oversight to the organization's technology needs. The primary goal of the IT Division is to maintain the call centers, data systems, and other technology platforms that are used to sustain the Alliance's operations. Several hundred applications, databases, infrastructure, and security devices are monitored and maintained 24 hours a day. Another critical role in the IT Division is overseeing the exchange of member and provider data between community providers and the State of California. The Division supports the enterprise through a Service Desk comprised of support staff that assist employees with a variety of technology services. The Chief Information Officer is appointed as the Chief Security Officer.

Health Care Services

The Chief Medical Officer (CMO) is responsible for all medical management operations and provides leadership and oversight to the following Departments: Outpatient Utilization Management (UM), Inpatient UM, Case and Disease Management, Pharmacy, Quality and Improvement, Health Education, and Regulatory Readiness.

Outpatient Utilization Management

The primary goal of the Outpatient Utilization Management (UM) Department is to ensure that all Alliance members receive medically necessary covered

benefits in accordance with regulatory requirements. The Department manages authorizations for outpatient and elective inpatient admission services and monitors service utilization to prevent fraud, waste, and abuse. The Department works collaboratively with the Medical Management team to help ensure that all Alliance members receive effective and efficient coordinated care.

Inpatient Utilization Management

The primary goal of the Inpatient Utilization Management (UM) Department is to ensure that all Alliance members receive quality care in the appropriate care setting. The Department aims to work closely with hospitals, subacute, long-term acute, and skilled nursing facilities to coordinate and manage member care across the continuum. The Department monitors care and services provided in inpatient care settings and works with providers and the Case and Disease Management Department to help facilitate transitions of care needs.

Case and Disease Management

The primary goal of the Case and Disease Management Department (CM/DM) is to provide comprehensive care coordination services for high-risk and at-risk members to improve health and overall health outcomes. The Department provides case management and disease management services to members who are identified through member population utilization and encounter reports, member self-referral, and provider referral. The Department provides assessment, planning, facilitation, care coordination, and patient education, evaluation, and advocacy to help members achieve and maintain optimal health.

Pharmacy

The primary goal of the Pharmacy Department is to ensure that the comprehensive outpatient pharmacy member benefit is implemented in accordance with regulatory requirements. The Department works with the Pharmacy and Therapeutics (P&T) Committee to manage and ensure that the pharmacy drug formulary promotes effective and efficient medication therapy. The Department provides oversight to the Pharmacy Benefit Manager (PBM) and the pharmacy network of more than 180 providers. The Department resolves any pharmacy related issues with contracted providers to assist with member needs.

Quality Improvement

The primary goal of the Quality Improvement Department is to ensure that members have access to quality health care services. The Department works to monitor, evaluate, and improve the quality, appropriateness, and outcome of care and services delivered to members of the Alliance. The Department leads organizational efforts on HEDIS, NCQA Accreditation, Health Plan (Provider/Member) Satisfaction, Facility Site/Medical Record/Physical Accessibility Reviews at Primary Care Sites, and Performance Improvement Projects. The Quality Team works closely with all Alliance Departments to achieve QI Program goals.

Health Education

The primary goal of the Health Education Department is to improve members' health and wellbeing throughout the lifespan through the promotion of appropriate use of health care services, prevention, healthy lifestyles, and disease management. The Department ensures culturally and linguistically appropriate services (CLAS) for all Alliance members and maintains a health education system of programs, services, partnerships, and resources that provide health education, health promotion, and patient education for all Alliance members. The Department collaborates closely with Quality, CM/DM, Member Services, Provider Services, and Communications to support member education and health promotion efforts.

Grievances & Appeals

The primary goal of the Grievance and Appeals Department is to resolve member grievances and appeals in accordance with regulatory and contractual requirements. The Department works closely with the Medical Directors and Medical Management staff, and the Member and Provider Services Departments to ensure that the member is receiving the correct medically necessary care and services that are needed.

Regulatory Readiness

The Regulatory Readiness Department oversees daily workflows inside the Health Care Services (HCS) Division and coordinates with the Compliance Division for internal auditing. Daily activities are monitored and compared to "best practices" to ensure compliance with regulatory standards.

Health Equity

The Chief of Health Equity (CHE) reports directly to the Chief Executive Officer (CEO) and is matrixed to the Chief of Human Resources (CHR). The position partners with leaders across the organization to develop and drive forward the organization's key strategies as they relate to Diversity, Equity, and Inclusion (DEI) for members, providers, and employees. The executive position implements policies that ensure health equity is prioritized and addressed and is responsible for setting and implementing an overarching vision of DEI for the organization, including programmatic and administrative outcomes. The position is responsible for the promotion of internal and external DEI for Alameda Alliance members, providers, and employees. This position will partner with executive leaders cross-divisionally to address member health inequities in directly-contracted and delegated provider networks; in addition, the CHE oversees the tracking and presentation of results of improvement efforts and ongoing measures of clinical processes; develops reports that identify disparities and implements action plans to address, oversees regulatory readiness, establish quality measures and provider incentive programs.