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Board of Governors

Regular Meeting

Friday, April 14th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call
and
1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, April 14th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call or
1240 S. Loop Road
Alameda, CA 94502

PUBLIC COMMENTS: Public Comments can be submitted for any agenda item or for any item not listed on the agenda, by mailing your comment to: “Attn: Clerk of the Board,” 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at: brmartinez@alamedaalliance.org. You may attend meetings in person or by computer by logging in to the following link: [CLICK HERE TO JOIN THE MEETING](#). You may also listen to the meeting by calling in to the following telephone number: [1-510-210-0967](tel:1-510-210-0967) [conference id 8650745#](#). If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agenda item, including general public comment. Your request to speak must be received before the item is called on the agenda. If you participate by telephone, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the board of governors are limited to three (3) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

PLEASE NOTE: The Alameda Alliance for Health is making every effort to follow the spirit and intent of the Brown Act and other applicable laws regulating the conduct of public meetings.

CALL TO ORDER

(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on April 14th, 2023, at 12:00 p.m. in Alameda County, California, by Rebecca Gebhart, Presiding Officer. This meeting is to take place in person and by video conference call)

1. ROLL CALL

2. AGENDA APPROVAL OR MODIFICATIONS

3. INTRODUCTIONS

4. CONSENT CALENDAR

(All matters listed on the Consent Calendar are to be approved with one motion unless a member of the Board of Governors removes an item for separate action. Any consent calendar item for which separate action is requested shall be heard as the next agenda item.)

a) MARCH 10th, 2023, BOARD OF GOVERNORS MEETING MINUTES

b) APRIL 11th, 2023, FINANCE COMMITTEE MEETING MINUTES

5. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

b) FINANCE COMMITTEE

6. CEO UPDATE

7. BOARD BUSINESS

a) APPROVE RESCHEDULED BOARD OF GOVERNORS BOARD MEETING DATE FOR NOVEMBER 2023

b) REVIEW AND APPROVE FEBRUARY 2023 MONTHLY FINANCIAL STATEMENTS

c) BEHAVIORAL HEALTH INSOURCING UPDATE

d) MEDI-CAL CONTINUOUS COVERAGE UPDATE

e) CEO TRANSITION UPDATE

8. STANDING COMMITTEE UPDATES

a) HEALTH CARE QUALITY COMMITTEE – MARCH 31, 2023

b) PEER REVIEW AND CREDENTIALING COMMITTEE – MARCH 21, 2023

c) PHARMACY & THERAPEUTICS COMMITTEE – MARCH 21, 2023

d) MEMBER ADVISORY COMMITTEE – MARCH 16, 2023

9. STAFF UPDATES

10. UNFINISHED BUSINESS

11. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

12. PUBLIC COMMENT (NON-AGENDA ITEMS)

13. ADJOURNMENT

NOTICE TO THE PUBLIC

The foregoing does not constitute the final agenda. The final agenda will be posted no later than 24 hours prior to the meeting date.

The agenda may also be accessed through the Alameda Alliance for Health's Web page at: www.alamedaalliance.org

Board of Governors meetings are regularly held on the second Friday of each month at 12:00 p.m., unless otherwise noted. This meeting is held both in person and as a video conference call. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at www.alamedaalliance.org.

Additions and Deletions to the Agenda: Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the agenda and must be acted upon prior to the next Board meeting. For special meeting agendas, only those items listed on the published agenda may be discussed. The items on the agenda are arranged in three categories. **Consent Calendar:** These items are relatively minor in nature, do not have any outstanding issues or concerns, and do not require a public hearing. All consent calendar items are considered by the Board as one item and a single vote is taken for their approval, unless an item is pulled from the consent calendar for individual discussion. There is no public discussion of consent calendar items unless requested by the Board of Governors. **Public Hearings:** This category is for matters that require, by law, a hearing open to public comment because of the particular nature of the request. Public hearings are formally conducted, and public input/testimony is requested at a specific time. This is your opportunity to speak on the item(s) that concern you. If in the future, you wish to challenge in court any of the matters on this agenda for which a public hearing is to be conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Board at or before the hearing. **Board Business:** Items in this category are general in nature and may require Board action. Public input will be received on each item of Board Business.

Supplemental Material Received After the Posting of the Agenda: Any supplemental materials or documents distributed to a majority of the Board regarding any item on this agenda after the posting of the agenda will be available for public review. To obtain a document, please call the Clerk of the Board at (510) 995-1207.

Submittal of Information by Members of the Public for Dissemination or Presentation at Public Meetings (Written Materials/handouts): Any member of the public who desires to submit documentation in hard copy form may do so prior to the meeting by sending it to "Attn: Clerk of the Board", 1240 S. Loop Road, Alameda, CA 94502. This information will be disseminated to the Committee at the time testimony is given.

Americans With Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Brenda Martinez, at (510) 995-1207 at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org by April 10th, 2023, by 12:00 p.m.



Clerk of the Board – Brenda Martinez

BOARD OF GOVERNORS
Regular Meeting Minutes
Friday, March 10th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call and

1240 S. Loop Road
Alameda, CA 94502

1. CALL TO ORDER

Board of Governors Present: Rebecca Gebhart (Chair), Dr. Noha Aboelata (Vice-Chair), Aarondeep Basrai, Dr. Rollington Ferguson, Byron Lopez, Dr. Marty Lynch (virtual), Dr. Michael Marchiano, Supervisor Lena Tam, Jody Moore, Dr. Kelley Meade, Dr. Evan Seevak (virtual), Natalie Williams (virtual)

Board of Governors Excused: Andrea Schwab-Galindo, Yeon Park, James Jackson

Alliance Staff Present: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Anastacia Swift, Ruth Watson, Richard Golfin III, Matthew Woodruff, Sasi Karaiyan, Tiffany Cheang, Michelle Lewis, Paul Vang

Guests: None

Chair Gebhart called the regular Board of Governors meeting to order at 12:03 p.m.

2. ROLL CALL

Roll call was taken by the Clerk of the Board, and a quorum was confirmed.

3. AGENDA APPROVAL OR MODIFICATIONS

There were no modifications to the agenda.

4. INTRODUCTIONS

Scott introduced and welcomed Paul Vang, Chief Health Equity Officer. Mr. Vang shared a short statement.

5. CONSENT CALENDAR

- a) FEBRUARY 10th, 2023, BOARD OF GOVERNORS MEETING MINUTES
- b) FEBRUARY 22nd, 2023, SPECIAL MEETING OF THE BOARD OF GOVERNORS
- c) MARCH 7th, 2023, FINANCE COMMITTEE MEETING MINUTES
- d) MARCH 2023 SALARY SCHEDULE

Motion: A motion was made by Dr. Rollington Ferguson and seconded by Dr. Kelley Meade to approve Consent Calendar Agenda Items a through d.

Vote: Motion unanimously passed.

Ayes: Aarondeep Basrai, Dr. Rollington Ferguson, Byron Lopez, Dr. Michael Marchiano, Dr. Kelley Meade, Jody Moore, Dr. Evan Seevak, Supervisor Lena Tam, Natalie Williams, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No oppositions or abstentions.

6. RECOMMENDATION AND APPROVAL OF RESOLUTION #2023-01: ANNOUNCEMENT OF NEW CHIEF EXECUTIVE OFFICER AND PROPOSED EMPLOYMENT TERMS

Chair Gebhart introduced the item and read a statement applauding and honoring CEO Scott Coffin for his service. She announced a Save the Date of June 2nd, 2023, from 5:30 pm – 8:00 pm to honor and thank Scott for his tenure. A Save the Date with details is forthcoming.

Dr. Seevak provided a brief update from the CEO Search Committee. The proposed employment terms and Resolution #2023-01 for the new Chief Executive Officer (CEO) were read into the record.

Chief Operating Officer Matthew Woodruff was announced as the new Chief Executive Officer (CEO) and congratulated. He assumes full responsibility as CEO on June 1st, 2023. Mr. Woodruff provided a brief statement and thanked the Board.

Chief Compliance & Privacy Officer Richard Golfin III announced into the record that the public disclosure has been satisfied for the closed session items of the February 10th, 2023, regular Board meeting and the February 22nd, 2023, Special Board meeting.

Motion: A motion was made by Dr. Rollington Ferguson and seconded by Supervisor Lena Tam to approve Resolution #2023-01 and the proposed employment terms for the new Chief Executive Officer.

Vote: Motion unanimously passed.

Ayes: Aarondeep Basrai, Dr. Rollington Ferguson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Dr. Kelley Meade, Jody Moore, Dr. Evan Seevak, Supervisor Lena Tam, Natalie Williams, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No oppositions or abstentions.

7. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

Chair Gebhart provided an update on the Compliance Advisory Committee meeting held on March 10th, 2023.

b) FINANCE COMMITTEE

Dr. Rollington Ferguson provided an update on the Finance Committee meeting held on March 7th, 2023. He is pleased to hear that the state of the Alliance is solid and that all numbers are looking upward and pleased to see that enrollment is continuing.

8. CEO UPDATE

Scott Coffin, Chief Executive Officer, presented the following updates:

- Revenue in January 2023 was \$122.6 million. Medical expenses were \$99.6 million and administrative expenses were \$6.8 million in January.
- Total enrollment in January 2023 reached 329,814.
- Second Quarter Forecast highlights.
- Program Implementation updates for Mental Health, Medi-Cal, and Single Plan Model.
- Executive Dashboard highlights.
- On March 31st, we are terminating our agreement with Beacon Health and the administration of these services will be the responsibility of the Alameda Alliance staff.
- As part of the readiness process reached a point with the Department of Managed Health Care (DMHC), some questions related to mental health parity compliance were brought up. The questions will be addressed and resolved in March, but it does have a potential impact in terms of the go-live. We are going live, but we may go-live with conditional approval, which means we would have a task list and make commitments on completion dates for outstanding tasks.

Scott congratulated Matthew Woodruff on his appointment as the new CEO.

Question: *Are there any outstanding items that should cause concern?*

Answer: *There are twelve issues but nothing in there that is proprietary. For example, they asked if we have contracted with the agencies that you need to have the review criteria that they had not seen in the documentation, but we are well on our way. They went down their list concern by concern, and we feel like we easily had answers. They are all material issues that relate to readiness. We have everything close to being done, and we are double-checking now.*

9. BOARD BUSINESS

a) ASSEMBLY BILL 2449 – BROWN ACT UPDATES

Chief Compliance and Privacy Officer Richard Golfin III thanked Scott for his service, welcomed the new Chief Health Equity Officer, and congratulated Matt Woodruff on his appointment.

Richard shared a high-level overview of the recent Brown Act updates which include:

- The public health emergency officially ended in California on February 28th, which affects meetings in this setting, including standing committees.
- As of January 1st, 2023 – allows some remote participation.
- A Quorum of Members is required in person at meetings.
- Members can be remote only if:

- “Just Cause” or “Emergency Circumstances”
- Member must notify the board/committee at the earliest opportunity and provide a general description of the reason.
- Members must use audio and visual technology and disclose whether any individual over age 18 is present.

Comment: Dr. Marty Lynch would like the Alliance to advocate that change in the Brown Act to allow these meetings to be hybrid to maximize participation in these meetings and in standing committees.

Question: Does the statement that members may not participate remotely for more than three consecutive months mean to participate and be able to vote? If I am participating, but I am not voting, would it count toward my two meetings per year?

Answer: Absolutely, that is also our interpretation.

Question: There has been a discussion in the past about frequency. Is there a stipulation that we must meet every month or meet every other month? Has there been any discussion on having a more robust meeting every other month rather than a meeting every month?

Answer: We can advocate our association bodies for the plan and the board’s position and bump this up on their agenda as something to advocate for. This is the plan’s choice. Right now, we meet 11 months out of the year, and we recess (in alignment with the Alameda County Board of Supervisors) in the month of August. We could look at the option of staggering the meetings to different intervals and still maintain some of the committee meetings on a monthly basis.

Question: Clarification is needed on the quorum issue, and meetings you can miss only if you’re voting versus you’re just there observing. If there isn’t a vote, are we running into a quorum issue with the committees?

Answer: It was proposed that this be added as an agenda item at the next Compliance Committee meeting so that we could talk about it from a compliance perspective and understand where the flexibilities are and maybe bring a fuller report to the board next time.

b) FORM 700 DISCUSSION

Due to the tight timeline, Chair Gebhart reminded board members to submit their Form 700 to Jeanette by March 23rd. Jeanette sent an email with all the information and forms. If you have no interests to report, you can go straight to Page 5 and sign it.

c) REVIEW AND APPROVE JANUARY 2023 MONTHLY FINANCIAL STATEMENTS

Chief Financial Officer Gil Riojas gave the following January 2023 Finance updates:

Executive Summary

- For the month ended January 31st, 2023, the Alliance had an enrollment of 329,814 members, a Net Income of \$17.7 million, and 713% of the required Tangible Net Equity (TNE).

Enrollment

- Enrollment continues to increase. It increased by 2,000 members. Initially, we had expected to see a higher number of members join in January because of the Long Term Care transition. Also, there are some categories currently that were fee-for-service beneficiaries that were moving to managed care, which was supposed to happen in January. It did not so we expect to see that in February.
- The only area of a potential drop in enrollment is related to our group care program.
- Two new enrollment categories are being added this month: Medi-Cal Long Term Care and Medi-Cal Long Term Care Duals enrollees.

Net Income:

- For the month ended January 31st, 2023:
 - Actual Net Income: \$17.7 million.
 - Budgeted Net Loss: \$1.1 million.
- One factor that impacts our net income and our revenue is related to the final rates that we receive from DHCS. Prior to the completion of the budget, we had final rate estimates, but we didn't have the actual rates. Those were received in mid-December, and ultimately positively influenced our revenue and net income for January and will continue to for the rest of this fiscal year.

Revenue:

- For the month ended January 31st, 2023:
 - Actual Revenue: \$122.6 million.
 - Budget Revenue: \$136.3 million.
- The final rates of our revenue going forward will be positive. The rates were a bit better than we anticipated and that has an impact not only in January but for the rest of this year until next fiscal year because the rates that we receive from DHCS are on a calendar year basis and we have calendar year rates.

Medical Expense:

- For the month ended January 31st, 2023:
 - Actual Medical Expense: \$99.7 million.
 - Budgeted Medical Expense: \$130 million.
- The anticipation is that our medical expenses will go up commensurate with our increase in enrollment related to long term care.

Question: In January or December, when we didn't have the names, some of us wondered whether we would be charged for their care anyway. The movement started in January, and we did not have the names, but members were receiving in long term care. Is there a possibility that those costs will eventually come back and be charged to us?

Answer: From what we understand, because of the delay, we won't necessarily be responsible for those Long Term care costs for members not assigned to us in January. The bulk of them were assigned in February. February and forward, we'll see those costs from Members that were in our enrollment, but we won't experience increased costs retroactively for those members. There is a small number that was moved over in January, and for those, we are responsible for.

Administrative Expense:

- For the month ended January 31st, 2023:
 - Actual Administrative Expense: \$6.8 million.
 - Budgeted Administrative Expense: \$7.5 million.

Other Income/ (Expense):

- Other Income & Expense is comprised of investment income and claims interest.

Tangible Net Equity (TNE):

- The Alliance exceeds DMHC's required TNE.
 - Required TNE - \$38 million
 - Actual TNE - \$271 million
 - Excess TNE - \$233 million
 - TNE % of Required TNE – 713%

Question: *With regards to our reserves vs. risks, what are our reserves compared to the risk corridor, DSNP & CalAIM in the future?*

Answer: An example is, if you look at the risk corridor, the risk corridor is our way for the State to support us and if our expenses are more than what the State anticipates and puts in our rate, then there is the ability for us to pass along some of those expenses and costs to the State to supplement. We have risk corridors for our enhanced care management and major organ transplant that may require us to pay the money back, but we have already set aside funding for that, so it is not captured under our Tangible Net Equity. We don't want to report more positive than needed revenue numbers because,, again, there is the potential risk that some of that revenue that we may receive may have to be passed back to the State.

Motion: A motion was made by Dr. Michael Marchiano and seconded by Aaron Basrai to approve the January 2023 monthly financial statements as presented.

Vote: Motion unanimously passed.

Ayes: Aarondeep Basrai, Dr. Rollington Ferguson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Dr. Kelley Meade, Jody Moore, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No oppositions or abstentions.

d) FISCAL YEAR 2023 SECOND QUARTER FORECAST

Gil Riojas presented the Fiscal Year 2023 Second Quarter Forecast.

Some of the highlights include:

- Anticipated net income at the end of the year to be about \$61 million which is significantly favorable to our budget. Big drivers of that are related to our rates, the timing of when we received our enrollment and medical expense trends.
- Anticipated Tangible Equity to be at 629% of the required, which represents \$273 million.
- Medical Loss Ratio for the organization is 90.4%
- Administrative Expenses represent 5.7% of the revenue received.

- Membership continues to grow, anticipating it to end the fiscal year at 359,000 members. FTE continues to grow as well. At year-end, it is at 495, an addition of 6 from the Final Budget.
- Revenue continues to grow, anticipated at \$1.4 billion for the rest of the year versus the expense of \$1.3 billion for medical expenses and then administrative expenses to be about \$83 million for the entirety of the year.
- Net income is significantly favorable to what was anticipated from our final budget.
- Significant changes potentially to happen over the next 12 to 18 months include moving to a single plan model, Kaiser Permanente's direct contract with DHCS, and the addition of LTC populations of focus and undocumented adults, which are all to occur in January 2024.
- Medi-Cal re-determinations begin in July and will go through June.
- Group Care is anticipated to remain relatively steady at approximately 5,700 members.
- Significant changes to the Medi-Cal contract include increased regulations and reporting, focus on alternative Payment Methodologies, enhancement on Quality Requirements, and additional Health Equity Requirements.
- Changes to Medi-Cal Benefits and Services include new ECM Populations of Focus, additional Community Supports planned for deployment, and the impact of a potential budget deficit at the state level and how that could affect our rates for future years.

Motion: A motion was made by Dr. Rollington Ferguson and seconded by Dr. Michael Marchiano to approve the Fiscal Year 2023 Second Quarter Forecast as presented.

Vote: Motion unanimously passed.

Ayes: Aaron Basrai, Dr. Rollington Ferguson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Dr. Kelley Meade, Jody Moore, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart

No oppositions or abstentions.

e) MENTAL HEALTH INSOURCING GO-LIVE APRIL 1st

Chief Projects Officer shared updates on Mental Health Insourcing.

Some of the highlights include:

- Insourcing of mental health and autism spectrum services is tracked to complete on March 31st.
- Full compliance with SB855 will go-live on April 1st.
- Staffing teams in Behavioral Health and Member Services are fully staffed. The only positions that have not been hired so far are some administrative positions in Analytics and Finance.
- Impacted Member Letters and Notices have been mailed.
- A vendor has been engaged to do after-hours customer support.

Question: *How are we doing with the transition with ABA services? Do we anticipate that there will be gaps or interruptions in service?*

Answer: *Overall, the contracting is going well. We have contracted with most of Beacon's network. We are still in conversations with everybody. There was a number that declined; most of them declined because they were closing their doors or merged with another group. Also, for people with ABA services who have received prior authorization from*

Beacon, we will honor it and will not need to get a reauthorization.

Question: *What is the difference between Insourcing and contracting?*

Answer: *Beacon itself does not provide any mental health care. They are a broker who contracts with providers in our community. We have contracted with all the same providers. Essentially, almost all of those same providers who contracted with Beacon are now contracting directly with The Alliance. As a result, the vast majority of members will be able to continue with their same provider.*

Comment: *It might be helpful to have a list (hard copy) of the behavioral specialists from the primaries.*

Beacon De-Implementation Activities

- ABA Authorization Report and Referring Provider Report will now come to us.
- The Pending/Open Member Cases Report was delivered to us on 2/23 so we can identify what, who's out there, and who's being seen by whom before we take it over. These are the things that we received in February.
- A provider notification letter was sent on February 20th.

Work in Progress

- We are working hard to make sure all our systems are in place.
- We are working so that our Behavioral Health team has a queue and when somebody calls in or the team has to work on a referral, they have a way to do it electronically.
- Worked on end-to-end process workflows.
- Provider Portal online forms are in test.
- Phase 2 Initiative – Once we go-live in March and April 1st, we will begin to look at what we are doing, and how things are working and identify those things we might want to do to make these services better.

Question: *How are we going to market this? How are we going to go to the public? We should be marketing this and getting ready for 2024.*

Answer: *We have sent out provider letters to members a couple of times and updated websites. We are also working with our provider partners because one of our goals for this Insourcing is to increase the percentage of members who are utilizing mental health services.*

10. **STANDING COMMITTEE UPDATES**

c) PEER REVIEW AND CREDENTIALING COMMITTEE

11. The Peer Review and Credentialing Committee met on February 21st. The same discussions we are having internally now on the Brown Act are having the same impact on PRCC and the other committees because all of these committees have practicing physicians and the impact or the need to have an on-site quorum is a major issue for these committees. These committees are all critical in the functioning regulatory functioning of the organization. If we don't have credentialing, we can't credential providers.
12. 242 initial applicants were approved, of which 210 were behavioral health providers. We credentialed 34 providers.

d) HEALTH CARE QUALITY COMMITTEE

- The Health Care Quality Committee met on February 17th. We were glad to see Chair Gebhart and our CEO Scott Coffin attend the meeting. This is an open committee, and we encourage everybody to attend.
- We also reviewed a schedule and shared some audit updates including going over some new benefits of the Doulas, CHW, and dyadic services and what that means to the membership.
- Updates on Health and Long Term Care on the Insourcing processes and the quality program update with Public Health.

11. STAFF UPDATES

None.

12. UNFINISHED BUSINESS

None.

13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

None.

14. PUBLIC COMMENT (NON-AGENDA ITEMS)

There were no public comments for non-agenda items.

15. ADJOURNMENT

Chair Gebhart adjourned the meeting at 1:48 p.m.

**ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING**

**April 11th, 2023
8:00 am – 9:00 am**

SUMMARY OF PROCEEDINGS

Meeting Conducted in-person and by Teleconference.

Committee Members in-person: Dr. Rollington Ferguson, Dr. Michael Marchiano, Gil Riojas

Board of Governor members on Conference Call: James Jackson, Yeon Park

Alliance Staff in-person and on Conference Call: Scott Coffin, Tiffany Cheang, Richard Golfin III, Sasi Karaiyan, Dr. Steve O'Brien, Anastacia Swift, Lao Paul Vang, Ruth Watson, Matt Woodruff, Shulin Lin, Carol van Oosterwijk, Linda Ly, Brenda Martinez, Renan Ramirez, Danube Serri, James Zhong Xu, Christine Corpus

Chair Gebhart called the regular Board of Governors meeting to order at 12:03 p.m.

CALL TO ORDER, ROLL CALL, AND INTRODUCTIONS

Dr. Ferguson called the Finance Committee meeting to order at 8:00 am. A Roll Call was then conducted.

Dr. Ferguson welcomed Matt Woodruff as the new incoming CEO.

CONSENT CALENDAR

Dr. Ferguson presented the Consent Calendar.

The March 7th, 2023, Finance Committee Minutes were approved at the Board of Governors meeting on March 10th, 2023, and not presented today.

There were no modifications to the Consent Calendar, and no items to approve.

a.) CEO UPDATE

Scott Coffin provided updates to the committee on the following:

Operating Metrics – It will be reported on Friday at the Board of Governors meeting that our operating metrics and regulatory metrics are tracking very favorable. We do not have any metrics that are outside of regulatory compliance. I would like to highlight that we have not only set enrollment records each month over the last three years, but most recently we set a record in our call Center for Member Services. They handled over 20,000 phone calls in the month of March. It seems reflective of the changes in the Medi-Cal program, the questions that people have, and the movement of individuals from Medi-Cal fee-for-service into medical managed care. A presentation is going to be made by Matt Woodruff on Friday at the board meeting on the efforts we're taking to minimize this impact and how we're coordinating with the state of California and the Alameda County agencies to get the word out and make sure that people have answers to their questions about continuous coverage and what redetermination means.

Justice-Involved Pilot – We are exploring right now the launch of this new pilot. This is targeted to launch by July 1st, and it spans from July all the way through March 31st of 2024. This pilot is intended to prepare the local justice system for integration into the Medi-Cal Managed Care program, which takes effect on April 1st of 2024. This is a partial year pilot that is being proposed through the fiscal year 2024 budget. The pilot will target post-release services for formerly incarcerated adults coming out of the Santa Rita jail and coordinate the physical health, the mental health, any substance use treatments, housing, workforce development, and other social services. It is an especially important part of what will be rolled out in April 2024 statewide. As we look at connecting prerelease services and post release services together. We do not have final totals for the cost for the program but anticipate that it could be as high as \$1,000,000 for the investment in these services and it would be a partnership between Alameda Alliance, Roots, and Alameda County, which includes Probation, the Sheriff's Office, and other Health Care service and Social Services agencies, to coordinate these post release services.

Fiscal Year 2024 Preliminary Budget – Budget planning is underway and we are tracking on schedule to deliver in the month of June.

Mental Health and Autism Spectrum Services – The contract with Beacon health options terminated on March 31st, 2023, and on April 1st, 2023, Alameda Alliance assumed full responsibility for the administration of mental health and autism spectrum services. We are now accepting and managing all requests, administering the provider networks, and supporting all the Members that need treatment in both the mild and moderate services as well as autism spectrum services. We are in the first phase of this initiative. It's going to take about four months for the first phase to complete. The focus on this initial phase was to ensure continuity of coverage for all members receiving services. We are currently two weeks in, and we are tracking the progress. We will have a report to the full board on Friday.

Kaiser – The direct contract between the State and Kaiser Permanente takes effect on January 1st of 2024. This has a potential impact on our membership of approximately 50,000 of our adults and children that are currently enrolled with Kaiser through Alameda Alliance. As we proceed forward in the operational readiness work with the state of California and also with Kaiser, we will be sharing the potential financial impact to the Finance Committee and the Board. One thing to keep in mind is also effective on January 1st, 2024, is the single plan model implementation and that is where in Alameda County we go from two Medi-Cal Managed Care health plan options to one. Alameda Alliance will be the prime and then those who qualify for Kaiser will be enrolled with Kaiser if they so choose.

Medicare – This is a follow up to the results that the Board of Governors and Finance Committee reviewed earlier in the year. This was pertaining to the expansion into the dual eligible special needs plan. The Vendor Management team, through a selection committee, has identified a vendor and we are going to be proceeding forward with operational readiness planning. The intention of this assessment is to identify the expected costs for the organization to transition into the Medicare product line. It has all the details associated with the startup costs and the recurring monthly costs, as well as any investments in technology or replacement of technology that we may need to make, this is being combined with the original actuary forecast, which showed a 5-year profit and loss pro forma. This assessment reflects the startup costs, which we didn't cover in our first initial phase of the evaluation work.

Question: Dr. Ferguson asked for clarification on the potential cost for the Justice Pilot, specifically if that would be the total overall cost, or the Alliance's share. Scott answered that there is not any cost splitting, and that would reflect the total cost to the Alliance.

b.) REVIEW AND APPROVE FEBRUARY 2023 MONTHLY FINANCIAL STATEMENTS

February 2023 Financial Statement Summary

Enrollment:

Enrollment has increased by 22,235 members since January 2023, and 38,993 members since June 2022 bringing our Total Enrollment to 352,049. This is a significant increase that includes the transition of beneficiaries from Medi-Cal Fee-For-Service (FFS) into Managed Care which included a significant portion of Duals and Long-Term Care (LTC) members that we anticipated to in January.

We see consistent increases in the Child, Adult, and Optional Expansion categories of aid, however for the month of February, our largest increases were in our SPDs, due to the Long-Term Care transition, and as stated above, in the Duals, due to the FFS transition to Managed Care. Our Group Care line of business continues to decline, and while not significant, it is a steady decline. Last month we added two new categories of aid pertaining to Long-Term Care: Medi-Cal LTC, and Medi-Cal LTC Duals, and we saw increases in both of those new categories.

We will continue to see the enrollment increase until the County starts the disenrollment process beginning in July of this year, when we will start to see a decrease in enrollment. With us switching to a Single Plan Model there are some shifts that will happen over the next 12-18 months.

Net Income:

For the month ending February 28th, 2023, the Alliance reported a Net Income of \$14.3 million (versus budgeted Net Income of \$7.5 million). The favorable variance is attributed to slightly lower than anticipated Administrative Expenses, lower than anticipated Medical Expense, and higher than anticipated Total Other Income, minimally offset by lower than anticipated Revenue. For the year-to-date, the Alliance recorded a Net Income of \$54.6 million versus a budgeted Net Income of \$21.4 million.

Revenue:

For the month ending February 28th, 2023, actual Revenue was \$135.3 million vs. our budgeted amount of \$136.9 million. Historically, our typical Revenue was averaging around \$110 million, however, due to the increase in enrollment, we expect our average Revenue to be around \$135 million or higher until the disenrollment process starts. Our actual year-to-date Revenue is currently at \$832.0 million and we anticipate going over the \$1 billion mark by April.

Medical Expense:

Actual Medical Expenses for the month were \$116.4 million, vs. our budgeted amount of \$122.2 million. For the year-to-date, actual Medical Expenses were \$789.2 million versus budgeted \$832.0 million. Drivers leading to the favorable variance can be seen on the tables on pages 11 and 12, with further explanation on pages 12 and 13.

Question: Dr. Ferguson asked if we have the breakdown for the increase in hospitalizations, and are they due to SNFs or other hospitalizations? Gil answered that the breakdown is not illustrated in the table, however, the chart does now show Long Term Care FFS and that includes some SNF data. Dr. O'Brien added that we have seen an increase in our SNF population, as people in Long-Term Care end up in SNF and then back to LTC, but also the rate of hospitalization for those in LTC is quite high as indicated by the higher than anticipated bed-hold that we have for those people.

Medical Loss Ratio:

Our MLR ratio for this month was reported at 86.0%. Year-to-date MLR was at 89.4%.

Administrative Expense:

Actual Administrative Expenses for the month ending February 28th, 2023 were \$6.3 million vs. our budgeted amount of \$7.3 million. Our Administrative Loss Ratio (ALR) is 4.6% of our Revenue for the month, and 5.2% of Net Revenue for year-to-date. Gil called out the variance in Employee Expenses for the month of February. The variance is usually favorable, however, due to the acceleration of hiring of new employees we show a small negative variance for the month. The year-to-date favorable variances include 1) Delayed timing of new project start dates for Consultants, Computer Support Services, and Purchased Services, and 2) Overall delayed hiring of new employees.

Other Income / (Expense):

As of February 28th, 2023, our YTD interest income from investments show a gain of \$7.2 million. This is an increase of about \$1.8 million over previous months and is attributed to our ability to take advantage of short term interest rates. This has boosted our gain over previous years and is a contributor to our YTD Net Income.

YTD claims interest expense is \$210,000.

TangibleNet Equity (TNE):

We reported a TNE of 716%, with an excess of \$245.4 million. We continue to see a relatively consistent growth in our reserves, which will be important with the many changes coming in the coming months.

Cash and Cash Equivalents:

We reported \$382.6 million in cash; \$266.0 million is uncommitted. Our current ratio is above the minimum required at 1.78 compared to regulatory minimum of 1.0.

Capital Investments:

We have spent \$214,000 in Capital Assets year-to-date. Our annual capital budget is \$979,000. We do not anticipate spending the entirety of our capital investment budget this year, but we do anticipate spending more before the end of June.

Question: Dr. Ferguson asked if we might be overbudgeting in our Capital Investments category. Gil answered during the budget development process, we sit with each department that has capital assets and plan with them where their expenses are anticipated to be for the next year, however there may be things happen throughout the year that either require us to spend the money differently, or we just don't spend what we thought we would need. He further added that historically we have been under budget for capital assets. He reminded the committee that because the funds are budgeted for assets, it all ends up favorable to our bottom line even if we don't spend it all, however it is our goal to budget as close as possible to our actual needs.

Question: Dr. Ferguson asked if there is a process in place for giving our current members a choice to remain with the Alliance as a member or to keep their existing plan with Kaiser. Matt Woodruff answered that members will have the ability to stay with the Alliance, or to choose Kaiser if they are eligible (*to be eligible for Kaiser through Medi-Cal, the member would have to have had Kaiser coverage within the previous six months). This decision for the members typically comes down to access to their preferred doctor.

Motion: A motion was made by James Jackson and seconded by Dr. Michael Marchiano to accept the February 2023 Financial Statements.

Motion Passed

No opposed or abstained.

UNFINISHED BUSINESS

Dr. Ferguson asked with the PHE now ended, what the plan is for physical office space. Is there an anticipated return to office for all staff and would we have enough physical space to accommodate them. Confirming that the lease for 1320 S. Loop ends sometime in 2025, do we have a plan in place, or are we actively reviewing what our needs will be? Scott offered that the lease for 1320 does end in 2025, and that we own the headquarter building without debt. Our intent is to remain in the 1320 S. Loop building until the end of the lease. Scott then offered that Matt Woodruff would have more to contribute to the conversation as the incoming CEO. Matt answered that the lease for the other building ends on May 31st, 2025, and as his plan is to allow most employees to remain remote as long as we continue to meet our performance metrics, we have more than enough space with the two buildings. He also suggested that we may want to look at possibly moving off of the island altogether due to certain technological limitations presented by only having one internet cable that feeds the island and the potential of that being severed again. He added that if we wanted to reduce to one building when the lease expires, we would need to have discussions regarding space and booking policies within the office for coming onsite as we add more employees.

ADJOURNMENT

Dr. Ferguson adjourned the meeting at 8:41 a.m.

Respectfully Submitted by:
Christine Corpus, Executive Assistant to CFO

To: Alameda Alliance for Health Board of Governors
From: Scott Coffin, Chief Executive Officer
Date: April 14th, 2023
Subject: CEO Report

- **Financials:**

- **February 2023: Net Operating Performance by Line of Business for the month of February 2023 and Year-To-Date (YTD):**

	<u>February</u>	<u>YTD</u>
Medi-Cal	\$13.8M	\$52.5M
Group Care	\$508K	\$2.1M
<hr/>		
Totals	\$14.3M	\$54.6M

- **Revenue \$135.3 million in February 2023, and nearly \$883.2 million Year-to-Date (YTD).**
 - Medical expenses \$116.4 million in February, and \$789.2 million year-to-date (seven months); medical loss ratio is 86% for the month, and averages 89.4% year-to-date.
 - Administrative expenses \$6.3 million in February, and \$46.4 million year-to-date; 4.6% of revenue for the month, and averages 5.2% for the first seven months in the fiscal year.
- **Tangible Net Equity (TNE):** Financial reserves are 716%, and represent \$245.4 million in excess TNE.
- **Total enrollment in February 2023 reached 352,049.** Medi-Cal enrollment represents 98.3% of the total enrollment, and Group Care is 1.7%.
- **Preliminary enrollment in the month of April reached a new record high of 358,725 members;** increasing membership is driven in the Medi-Cal line of business, and is a combination the public health emergency and the transition

of beneficiaries from regular Medi-Cal to managed care (i.e. long-term care).

- **Continuous Coverage Initiative (related to the public health emergency and resumption of the Medi-Cal Redeterminations).** Alameda Alliance for Health is partnering with Alameda County agencies and community-based organizations, and other safety-net partners to form an outreach campaign for the resumption of Medi-Cal redeterminations, and to promote continuous coverage; the outreach campaign will be co-funded and co-branded, and begins in the current fiscal year, and extends into next fiscal year. Expenses for this outreach campaign will be encumbered in the current fiscal year, and a majority of expense will be proposed in the fiscal year 2024 preliminary budget.
- **Preliminary fiscal year 2024 budget** is on schedule for presentation at the June 2023 Board of Governors and Finance Committee meetings.

- **Key Performance Indicators:**

- **Regulatory Metrics:**

Approximately 100% of regulatory metrics met compliance in the month of March.

- **Non-Regulatory Metrics:**

The Member Services call center reported a record-setting inbound call volume that exceeded 20,000 calls from members. Call abandonment rates reduced to 19% while service levels improved in the month of March. The average talk time is under 7 minutes per call, and is attributed to the enrollment of 20,000 long-term care members.

- **Chief Executive Officer Retirement Update**

- Scott Coffin, Chief Executive Officer, is retiring on May 31st, 2023, after eight years of service as CEO of the Alameda Alliance.

- Matt Woodruff, Chief Operating Officer, has been appointed by the Board of Governors as the next Chief Executive Officer, effective June 1st, 2023.
- A CEO transition was initiated in the month of April and continues through the end of May.
- The transition spans across the enterprise, including organizational, financial, operational, regulatory, policy & compliance, and qualitative aspects within the organization. The transition is divided into two parts: 1) internal (organizational) and 2) external (community, state, federal).

- **Medi-Cal Enrollment 2023-2024:**

- The DHCS has announced that 99% of Medi-Cal beneficiaries will be transitioning from the “regular Medi-Cal” fee-for-service system into the managed care system by 12/31/2023.
- The DHCS is forecasting that over 20% of Medi-Cal enrollment may be disenrolled in 2023-2024 due to ineligibility. See Continuous Coverage initiative section for more details.
- Undocumented adults, ages 26 to 49, will be enrolled in Medi-Cal managed care by 1/1/2024.

- **Program Implementations [2023]:**

The following program implementations are currently in the operational readiness phase or have been launched through the CalAIM initiative.

- **Mental Health & Autism Spectrum Services (Go-Live 3/31/2023):**

- Insourcing of mental health & autism spectrum services completed on 3/31/2023.
- The Alliance received conditional approval from the DMHC, and approval from the DHCS, prior to go-live on 4/1/23.
- A full presentation to the Board of Governors is scheduled for April 14th, and will continue at the May 12th Board of Governors meeting.

Medi-Cal Only:

- CalAIM: First phase of the Long-Term Care (skilled nursing facilities) launched January 1st, 2023; second phase begins January 2024 with the intermediate care facilities serving people with developmental disabilities.
- CalAIM Populations of Focus: Youth in July 2023.

• Justice Involved Pilot

- The coordinated re-entry services officially start April 1st, 2024; pre-release and post-release services will be combined into Medi-Cal managed care that will link together county agencies, correctional facilities, and managed care health plans & providers into a single system of care.
- Alameda Alliance is funding a pilot that concentrates on the post-release navigation and coordinated re-entry services in the Santa Rita Jail (Dublin, CA).
- The pilot is targeted to start in July 2023 and terminate at the beginning of the state-funded benefit in 2024 (approximately 9 months).
- Partnerships with the Alameda County Sheriff's Office, Alameda County Probation Department, Roots Community Health, Alameda County Social Services Agency, Alameda County Health Care Services Agency, and other community-based organizations will be formed through this pilot program.

• Single Plan Model

- The California DHCS has approved the Medi-Cal delivery model change in Alameda County, and is scheduled to begin on January 1st, 2024.
- The Alliance's Integrated Planning, Compliance, Health Care Services, and Operations Divisions are coordinating resources to meet the regulatory readiness requirements.
- Effective January 1st, 2024, Alameda County will become the "Prime" Medi-Cal option for Alameda County residents enrolled in the Medi-Cal program.

- **Kaiser Permanente:**

- The California DHCS has contracted with Kaiser Permanente to directly contract for Medi-Cal managed care services, beginning January 1st, 2024.
- Alameda Alliance and Kaiser Permanente have contracted for over a decade to serve Medi-Cal managed care beneficiaries. The contract will expire on December 31st, 2023.
- Approximately 50,000 adults and children are currently enrolled with the Alliance, and have chosen Kaiser Permanente as their primary provider.
- Prior to January 1st, 2024, beneficiaries currently assigned into the Kaiser network will be provided with a choice to continue the assignment, or transfer to a different provider; currently there are 10,000 access points in the Alliance's provider network.

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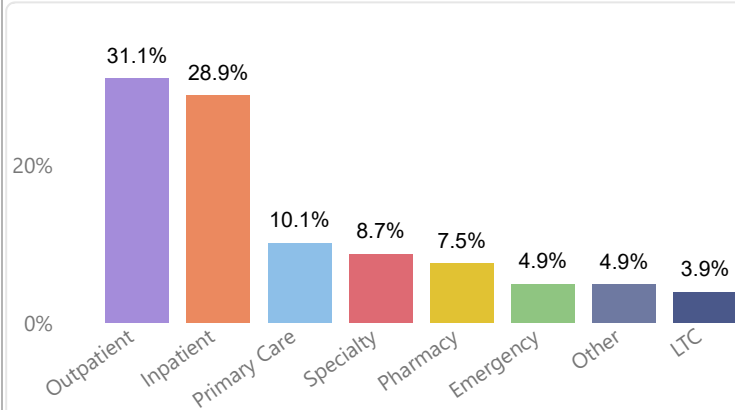
Financials

Income & Expenses

	FEBRUARY 2023	FISCAL YTD
REVENUE	\$ 135.3 M	\$ 883.2 M
MEDICAL EXPENSE	\$ (116.4) M	\$ (789.2) M
ADMIN EXPENSE	\$ (6.3) M	\$ (46.4) M
OTHER	\$ 1.6 M	\$ 7.0 M
NET INCOME	\$ 14.3 M	\$ 54.6 M

Gross Margin %
10.6%

Medical Expenses



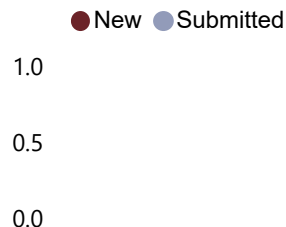
Liquid Reserves

MLR Net %
89.4%

TNE %
715.6%

TNE \$
\$285.2M

Reinsurance Cases



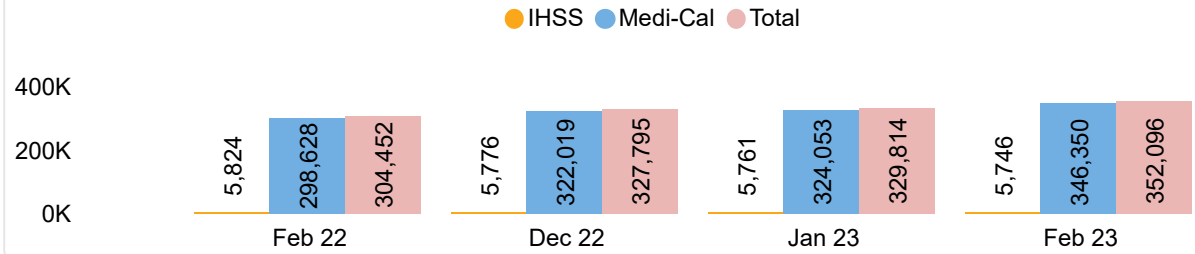
Balance Sheet

Cash Equivalents	\$382.6M
Pass-Through Liabilities	\$116.6M
Uncommitted Cash	\$266.0M
Working Capital	\$253.6M

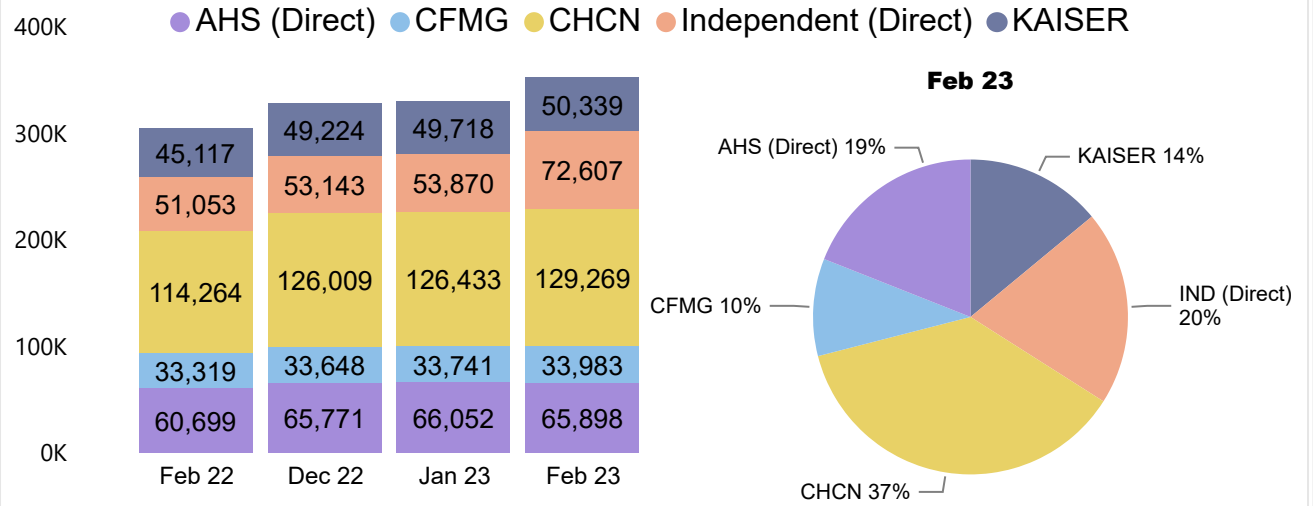
Current Ratio
1.78

Membership

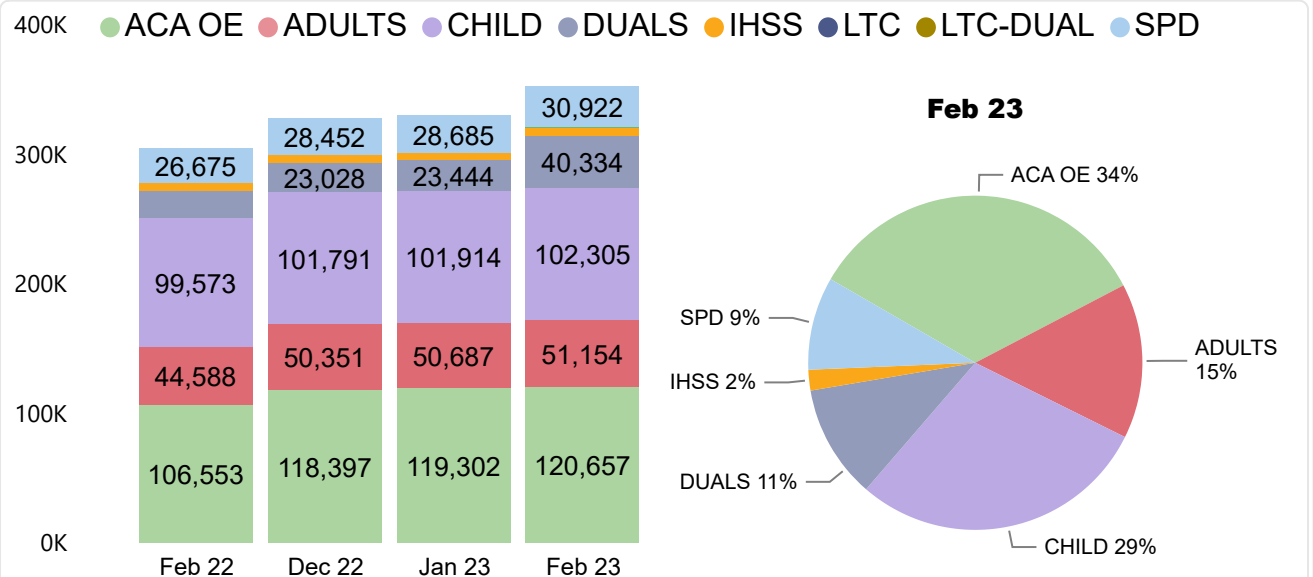
By Plan



By Network

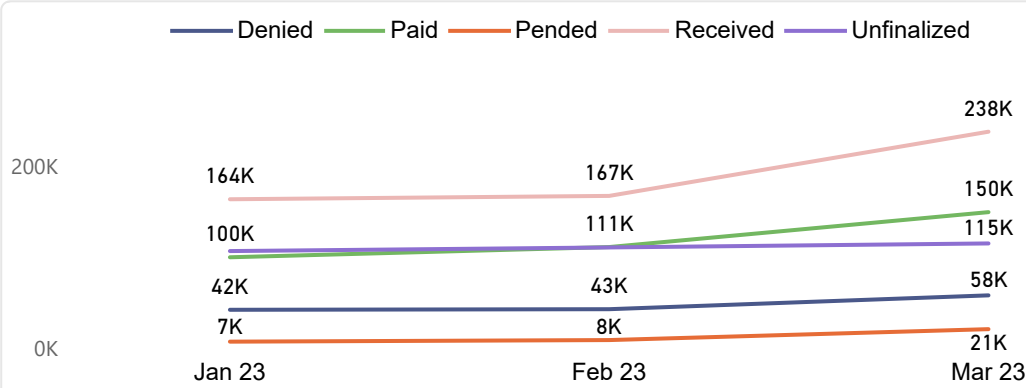


By Category

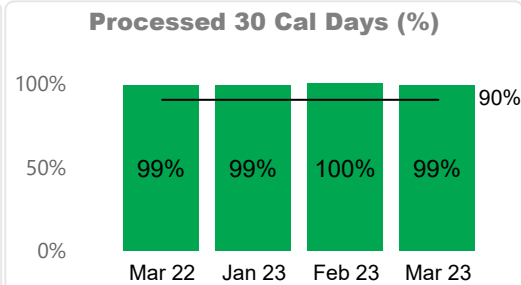


Claims

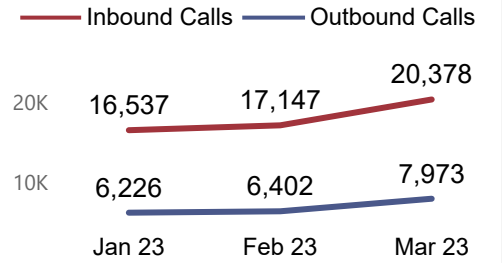
Claims Processing



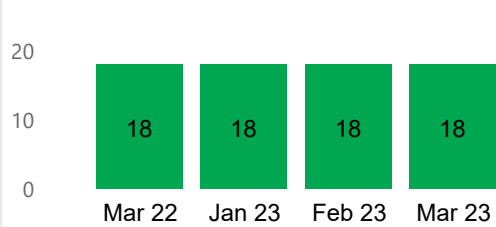
Claims Compliance



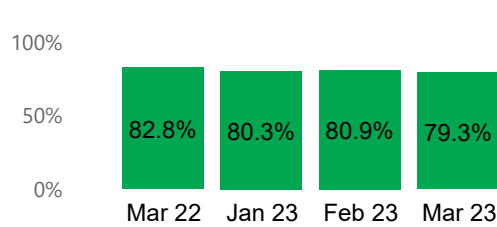
Member Services



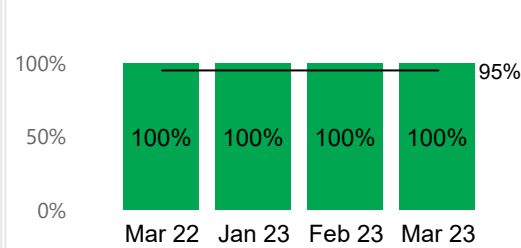
Average Payment TAT (Days)



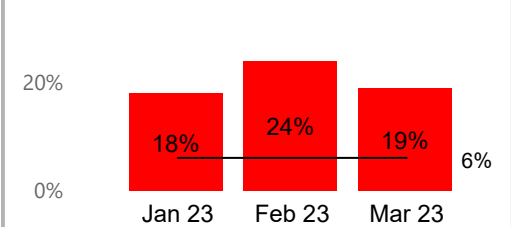
Auto Adjudication Rate (%)



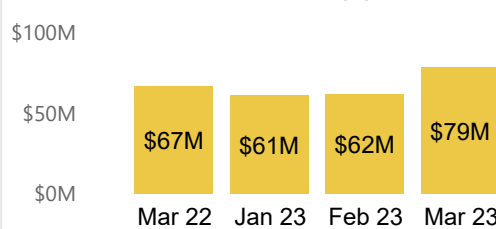
Processed 45 Work Days (%)



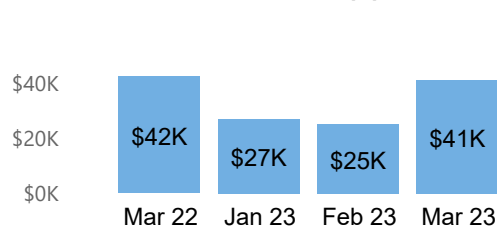
Abandoned Call Rate (%)



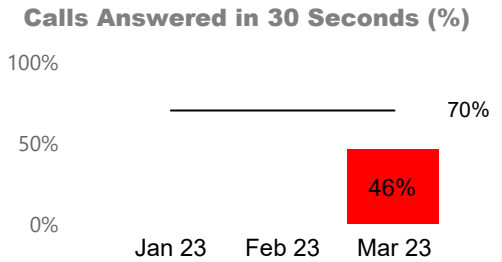
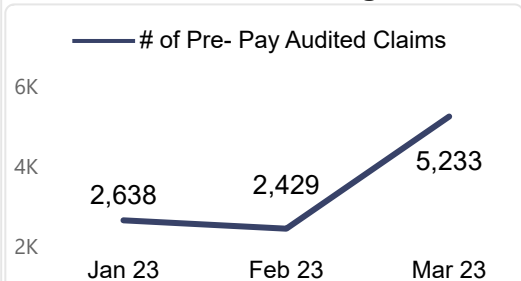
Claims Paid (\$)



Interest Paid (\$)



Claims Auditing

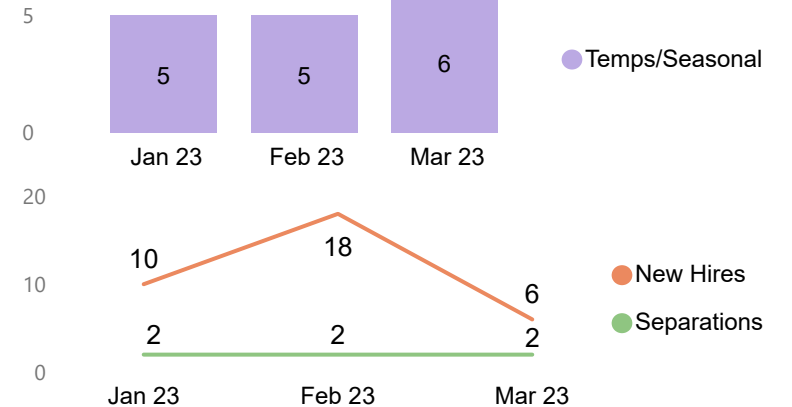
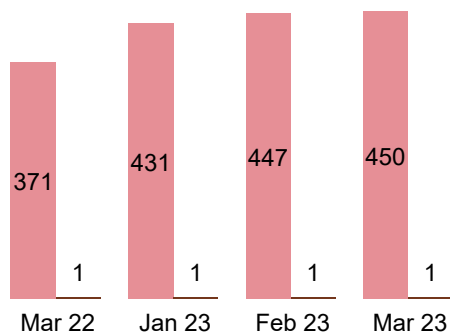
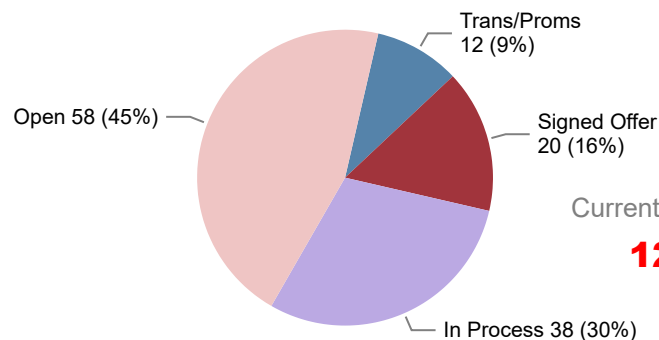


Average Call Times	Jan 23	Feb 23	Mar 23
Wait Time	04:32	06:07	04:16
Call Duration	06:59	07:09	06:52

Human Resources

● Full Time ● Part Time

Recruiting Status Mar 23



Current Vacancy **12%**

Provider Services

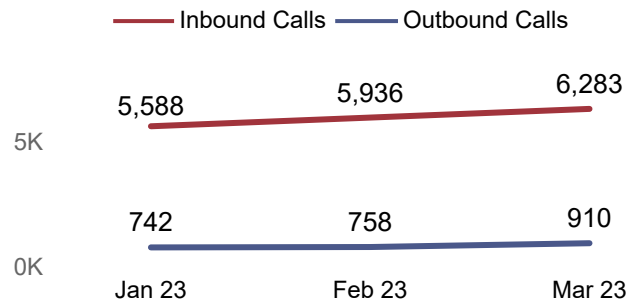
Provider Network

Hospital	17
Specialist	9,653
Primary Care Physician	762
Skilled Nursing Facility	94
Urgent Care	8
Health Centers (FQHCs and Non-FQHCs)	67
Transportation	380
TOTAL	10,981

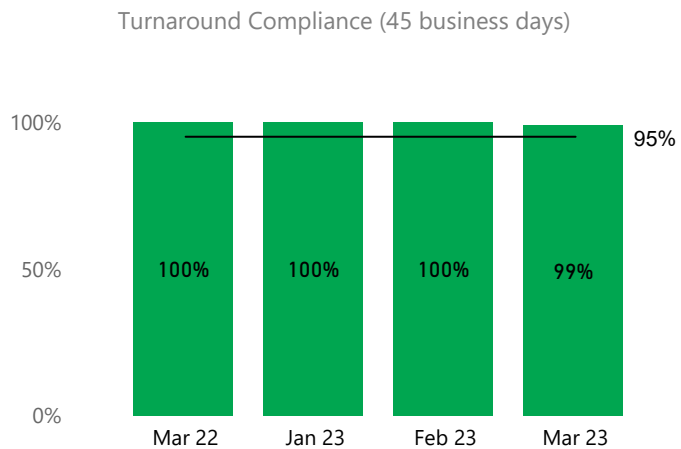
Provider Credentialing

2,335

Provider Call Center

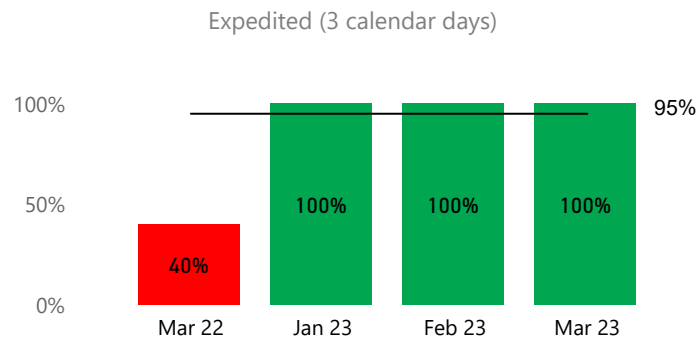
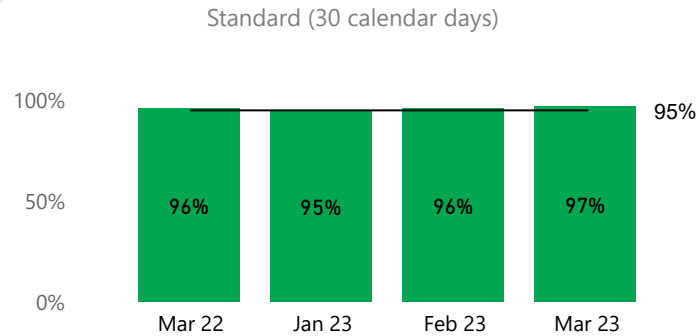


Provider Disputes & Resolutions

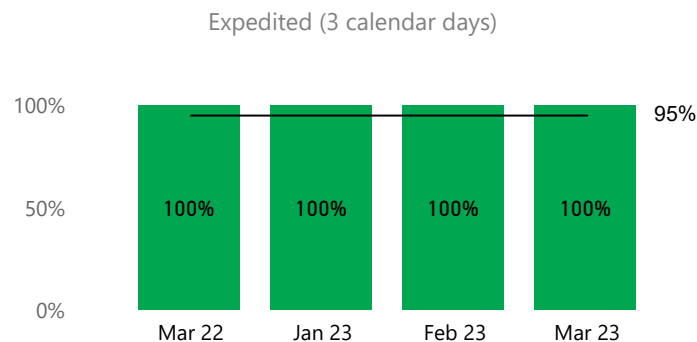
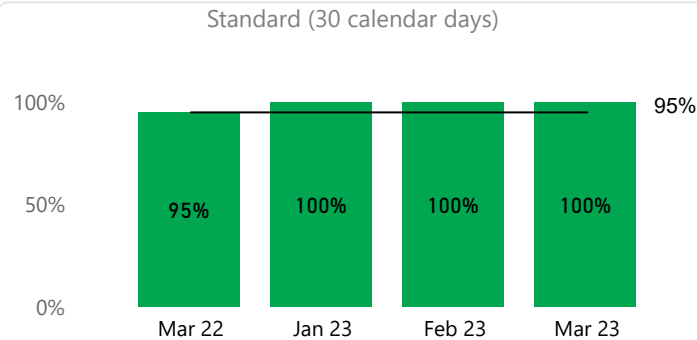


Compliance

Member Grievances

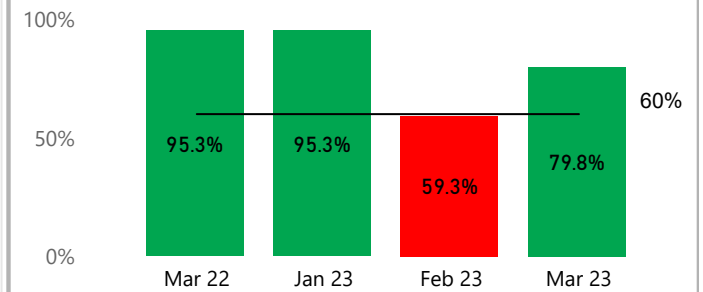


Member Appeals

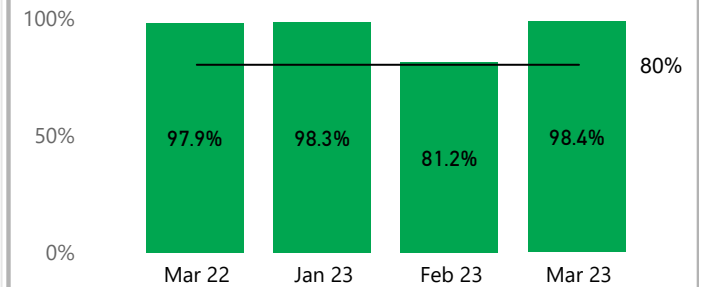


Encounter Data

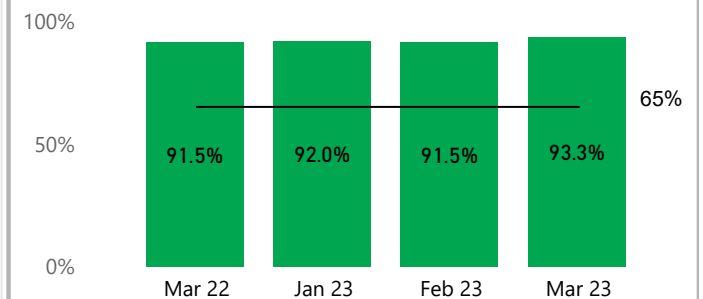
Institutional 0-90 days



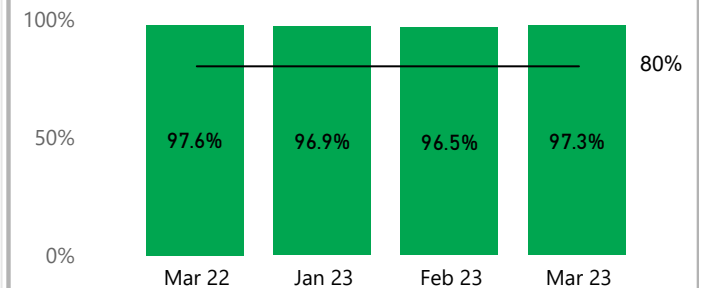
Institutional 0-180 days



Professional 0-90 days

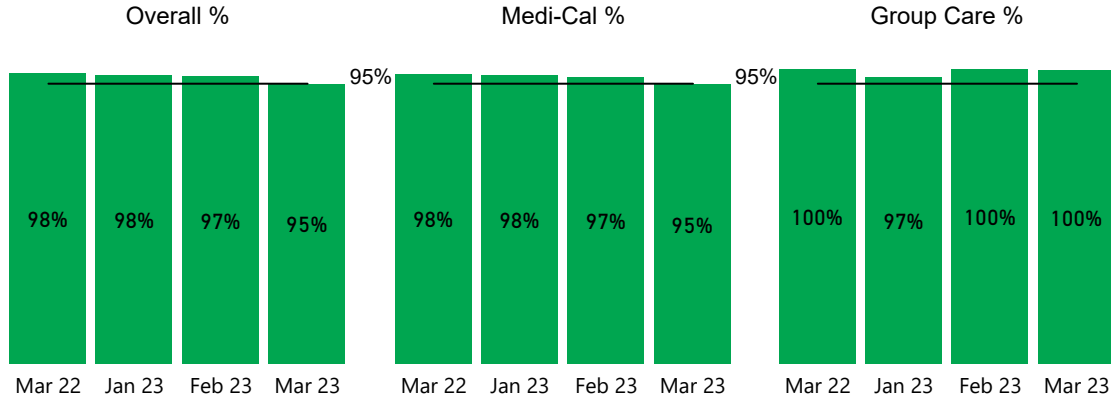


Professional 0-180 days

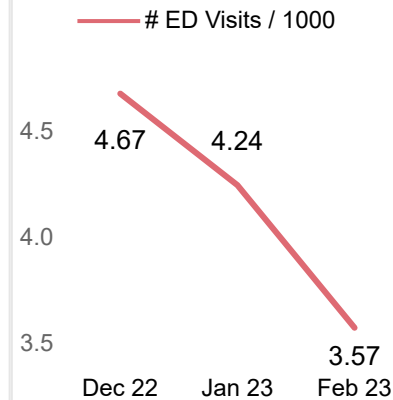


Health Care Services

Authorization Turnaround

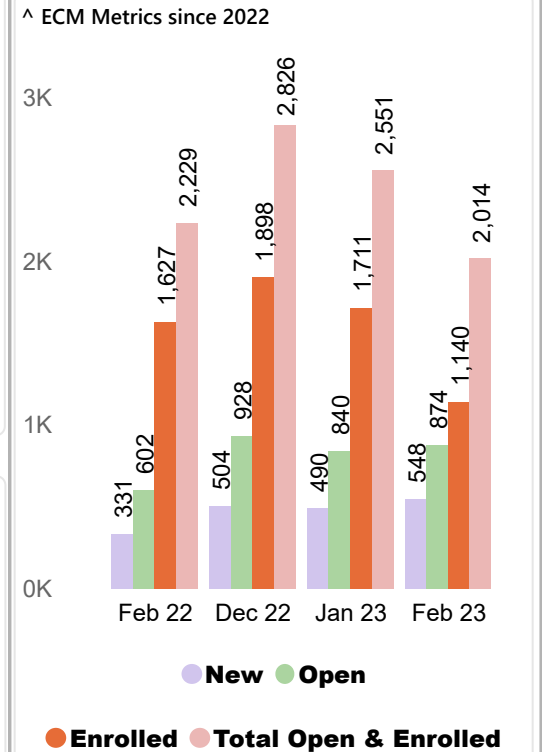


ED Utilization

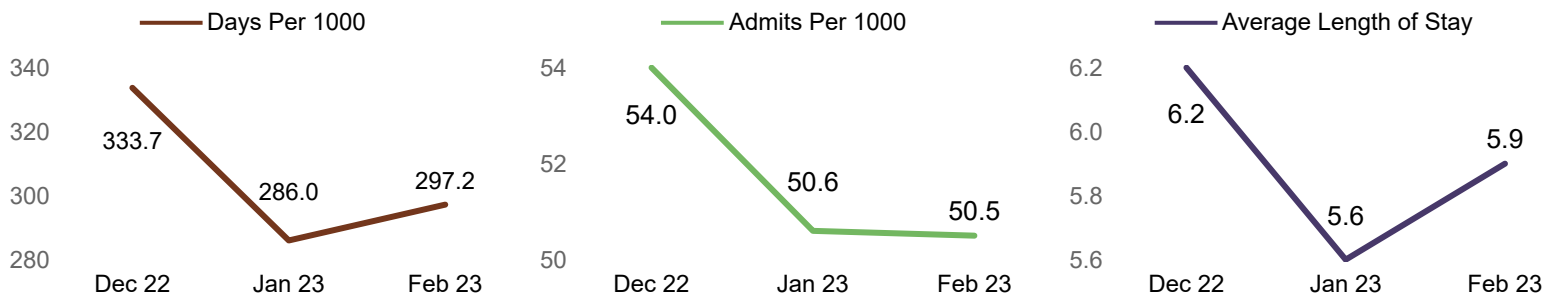


Case Management

Total Cases^



Inpatient Utilization

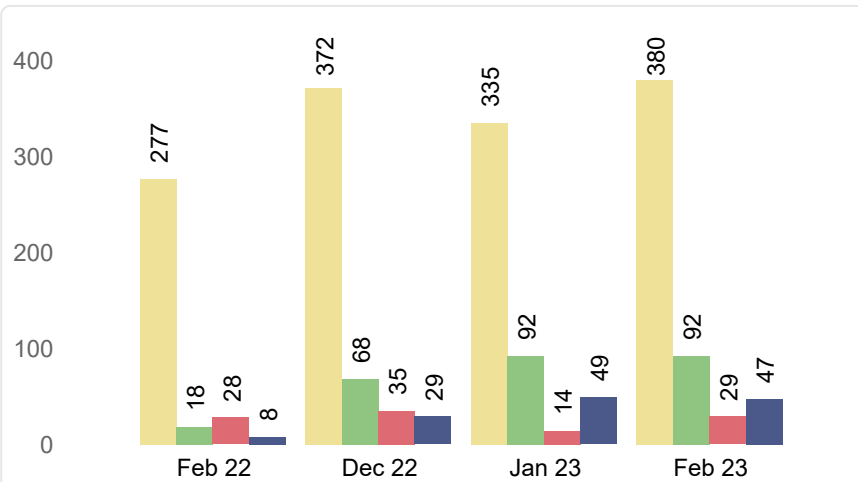


Case Management^

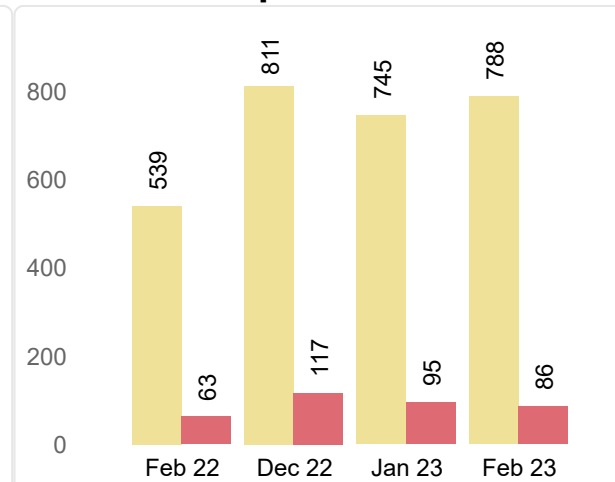
● Care Coordination ● Community Supports ● Complex Cases ● Enhanced Case Management

^ ECM Metrics since 2022

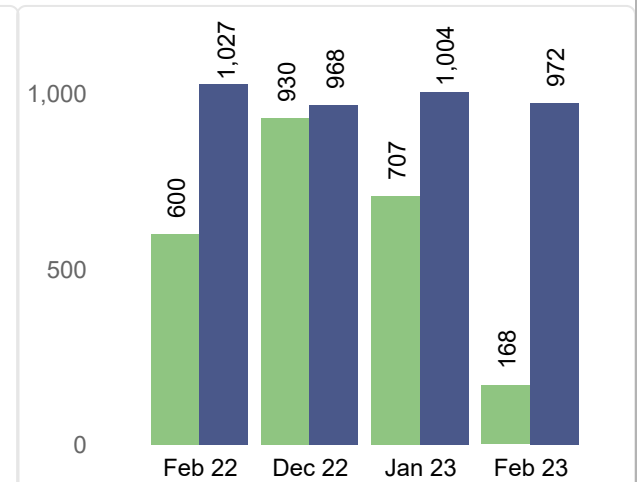
New Cases



Open Cases



Enrolled Cases



Technology (Business Availability)

Applications	Mar 22	Jan 23	Feb 23	Mar 23
HEALTHsuite System	100.0%	100.0%	100.0%	100.0%
Other Applications	100.0%	100.0%	100.0%	100.0%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	Mar 22	Jan 23	Feb 23	Mar 23
Denial Rate Excluding Partial Denials (%)	4.0%	3.0%	3.2%	3.0%
Overall Denial Rate (%)	4.6%	3.3%	3.5%	3.5%
Partial Denial Rate (%)	0.6%	0.3%	0.3%	0.4%

*** IHSS and Medi-Cal Line Of Business**

Pharmacy Authorizations

Authorizations	Mar 22	Jan 23	Feb 23	Mar 23
Approved Prior Authorizations	17	28	36	32
Closed Prior Authorizations	59	66	75	99
Denied Prior Authorizations	31	23	18	37
Total Prior Authorizations	107	117	129	168

TO: Alameda Alliance for Health Board of Governors

FROM: Richard Golfin III, Chief Compliance Office/Chief Privacy Officer

DATE: April 14th, 2023

SUBJECT: Reschedule Board of Governors Board Meeting Date for November 2023

RECOMMENDED ACTION

Approve Rescheduled Board of Governors Board Meeting Date to November 17th, 2023.

DISCUSSION

Section 5.B.1 of the Alliance *Bylaws* states that regular meetings of the Board of Governors are established by resolution. Further, any change to the established date, time, and place for holding regular meetings shall be approved by a majority of the Board Members either before or after the meeting.

This year, the November 10th, 2023 Board of Governors regular meeting falls on a federal holiday (Veterans Day Observed). As a result, it is recommended that the Board of Governors meeting be rescheduled to the third Friday of the month, November 17th, 2023, from 12:00 p.m. to 2:00 p.m.

The Board was polled on their availability, and it was determined that a majority of the Board is available to attend the meeting on the proposed date.

FISCAL IMPACT

This action will not have a fiscal impact.

To: Alameda Alliance for Health, Finance Committee

From: Gil Riojas, Chief Financial Officer

Date: April 14th, 2023

Subject: Finance Report – February 2023

Executive Summary

- For the month ended February 28th, 2023, the Alliance had enrollment of 352,049 members, a Net Income of \$14.3 million and 716% of required Tangible Net Equity (TNE).

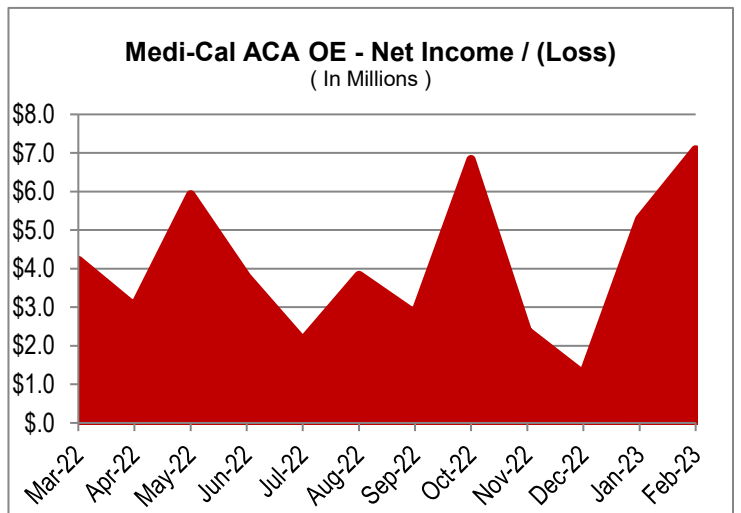
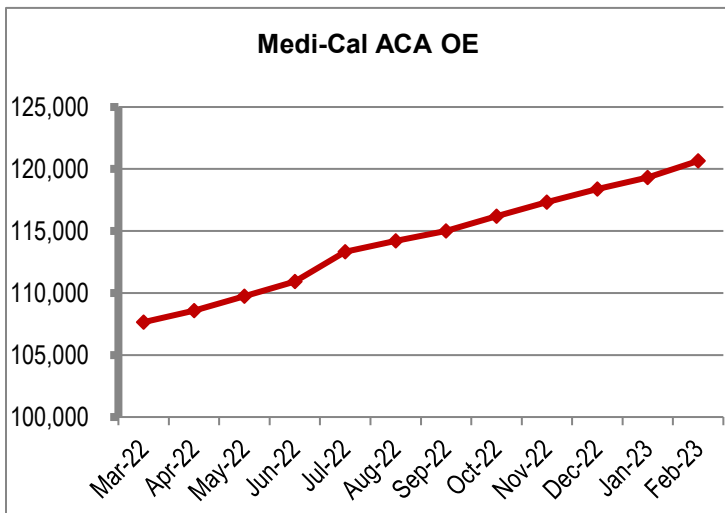
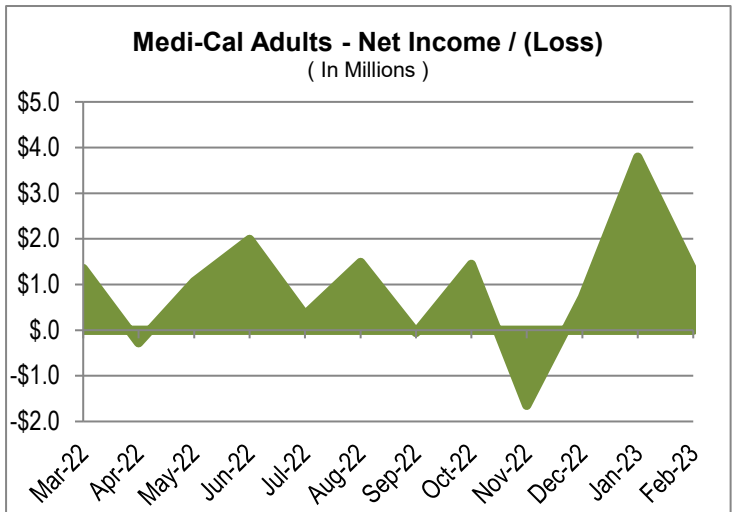
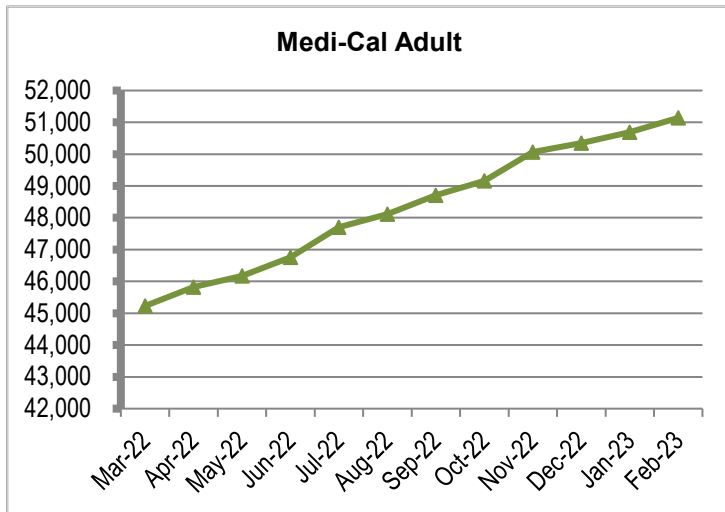
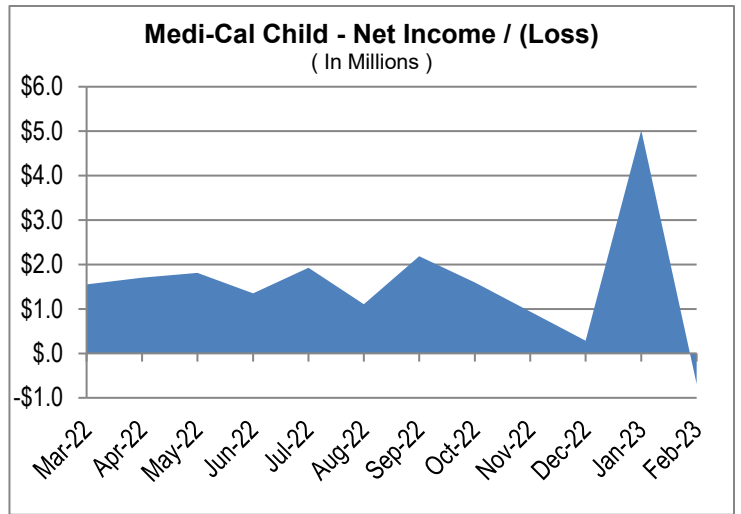
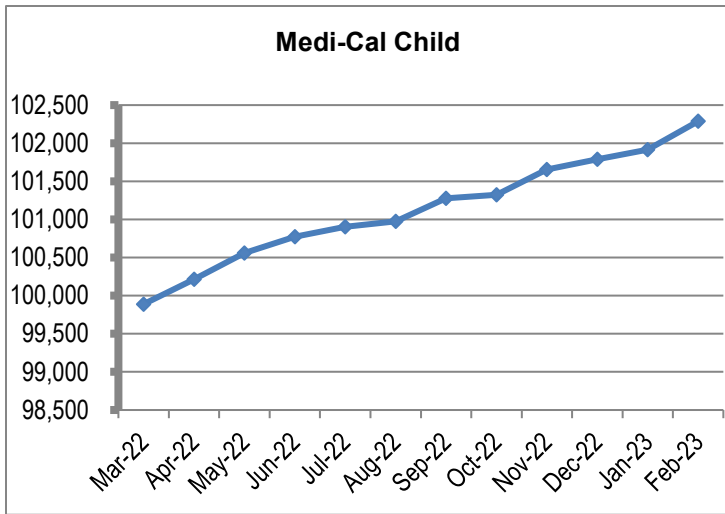
Overall Results: (in Thousands)			Net Income by Program: (in Thousands)		
	Month	YTD		Month	YTD
Revenue	\$135,304	\$883,154	Medi-Cal	\$13,761	\$52,512
Medical Expense	116,373	789,191	Group Care	508	2,096
Admin. Expense	6,256	46,351		\$14,269	\$54,608
Other Inc. / (Exp.)	1,594	6,996			
Net Income	\$14,269	\$54,608			

Enrollment

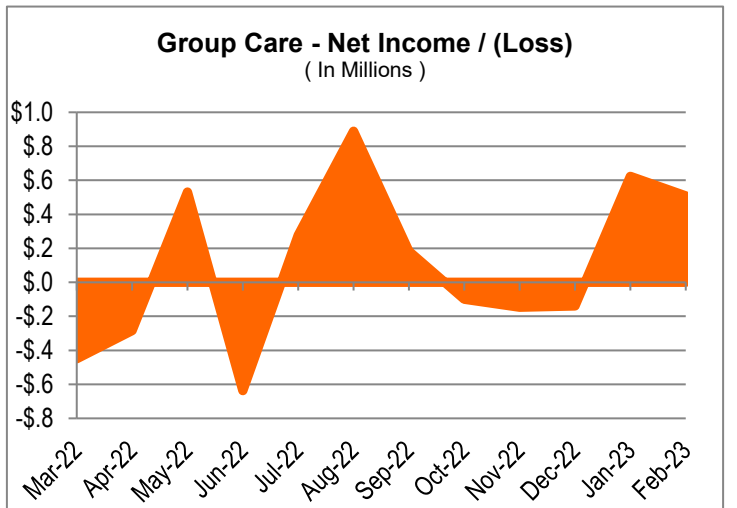
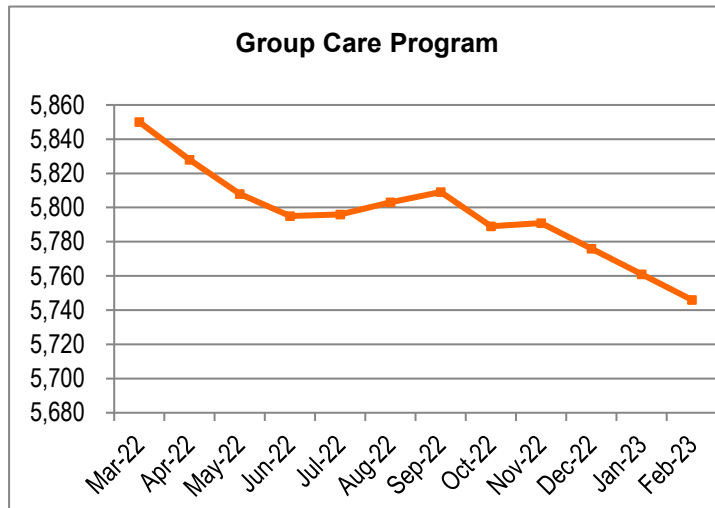
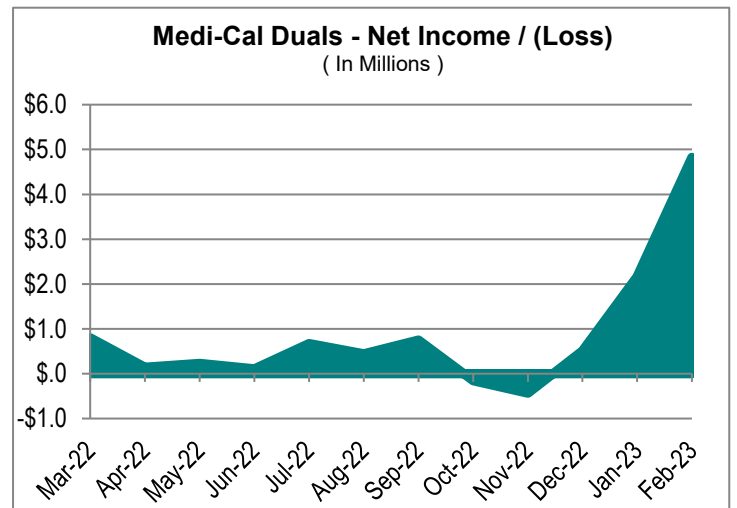
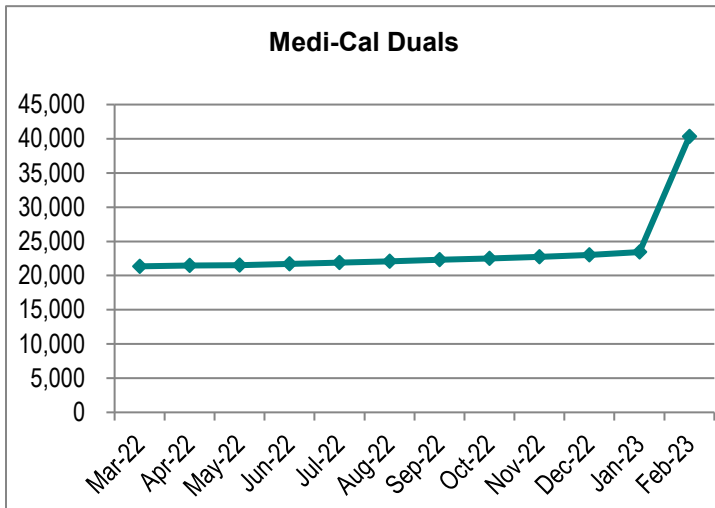
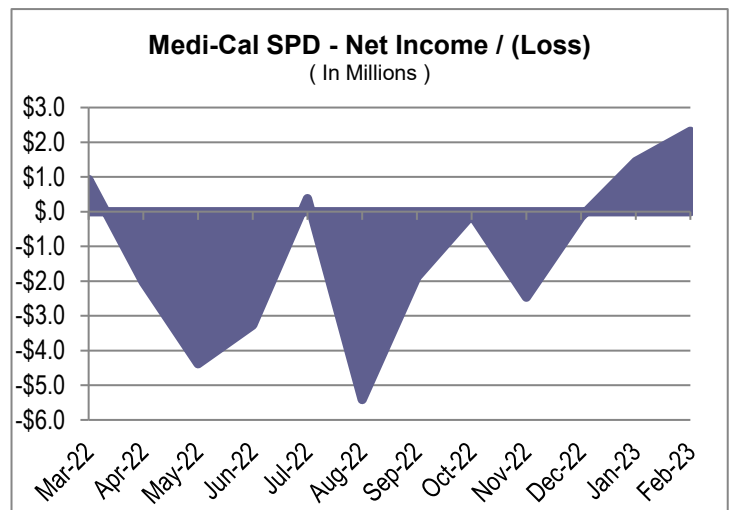
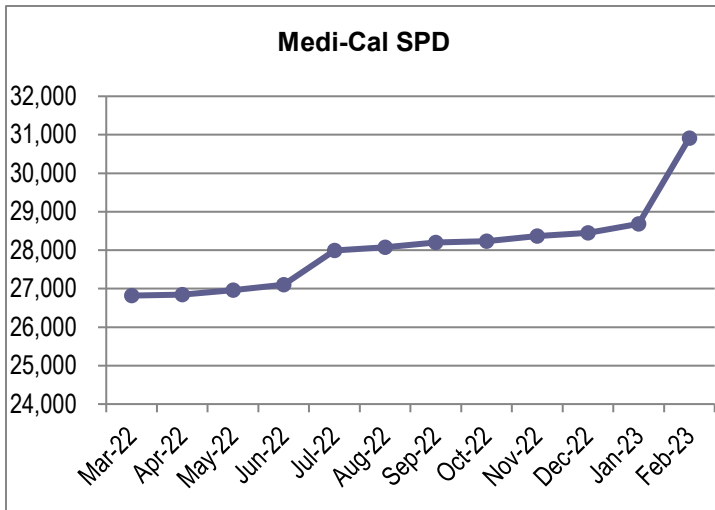
- Total enrollment increased by 22,235 members since January 2023.
- Total enrollment increased by 38,993 members since June 2022.

Monthly Membership and YTD Member Months									
Actual vs. Budget									
For the Month and Fiscal Year-to-Date									
Enrollment					Member Months				
February-2023					Year-to-Date				
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %	
				Medi-Cal:					
51,141	50,318	823	1.6%	Adult	395,940	393,141	2,799	0.7%	
102,288	102,236	52	0.1%	Child	812,125	812,002	123	0.0%	
30,913	31,632	(719)	-2.3%	SPD	228,921	232,404	(3,483)	-1.5%	
40,330	44,642	(4,312)	-9.7%	Duals	198,310	223,177	(24,867)	-11.1%	
120,653	120,316	337	0.3%	ACA OE	934,433	932,483	1,950	0.2%	
129	153	(24)	-15.7%	LTC	135	306	(171)	-55.9%	
849	1,184	(335)	-28.3%	LTC/Duals	864	2,368	(1,504)	-63.5%	
346,303	350,481	(4,178)	-1.2%	Medi-Cal Total	2,570,728	2,595,881	(25,153)	-1.0%	
5,746	5,789	(43)	-0.7%	Group Care	46,271	46,353	(82)	-0.2%	
352,049	356,270	(4,221)	-1.2%	Total	2,616,999	2,642,234	(25,235)	-1.0%	

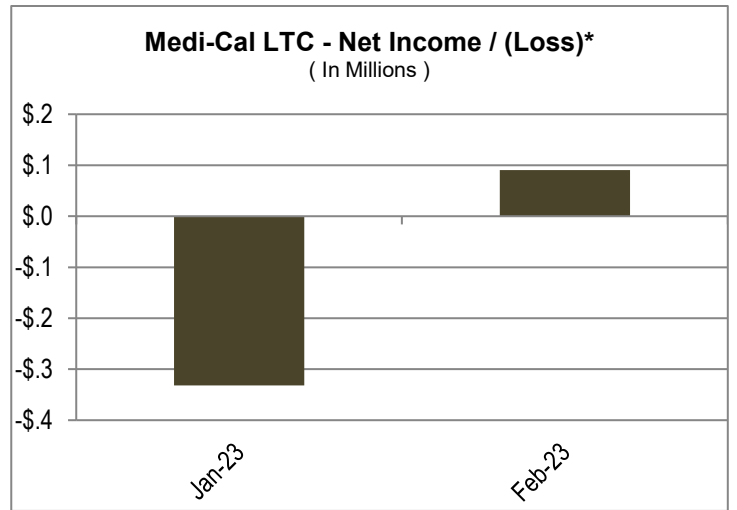
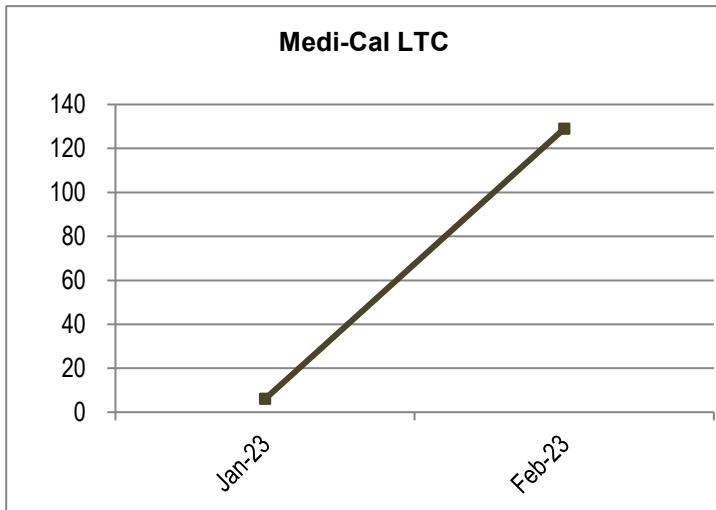
Enrollment and Profitability by Program and Category of Aid



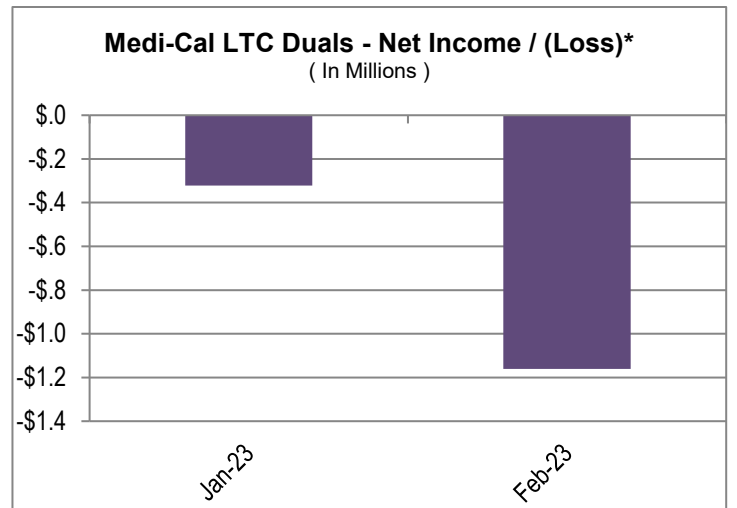
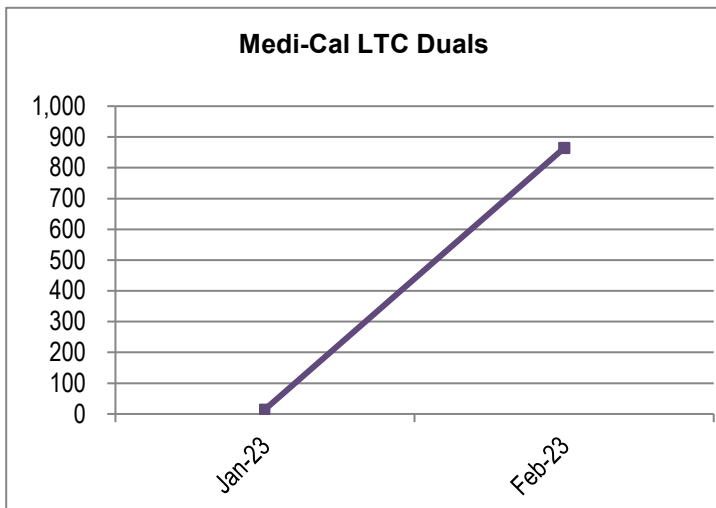
Enrollment and Profitability by Program and Category of Aid



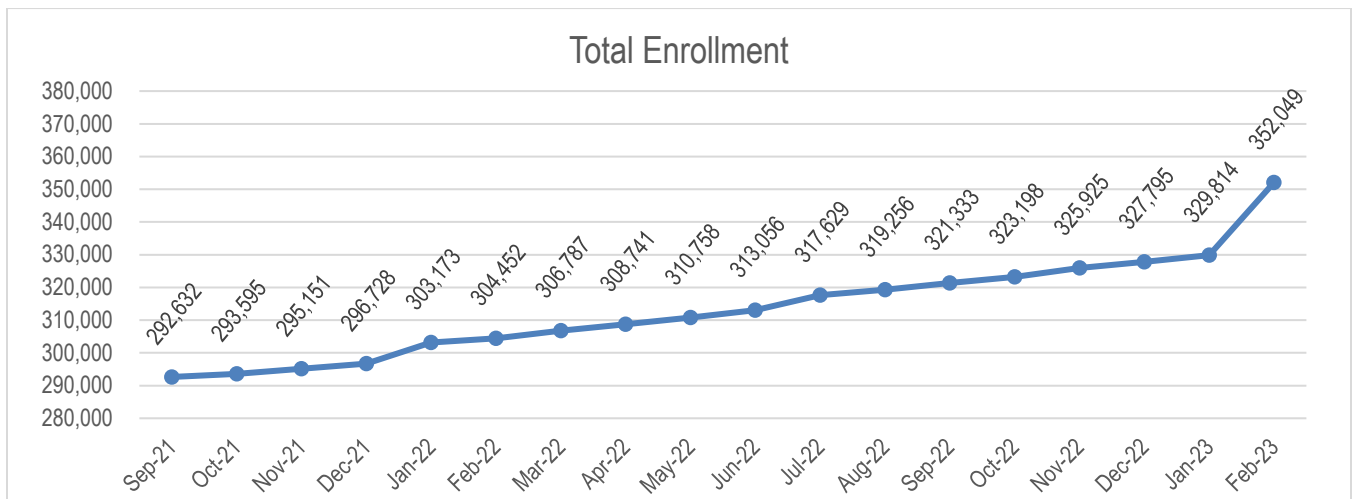
Enrollment and Profitability by Program and Category of Aid

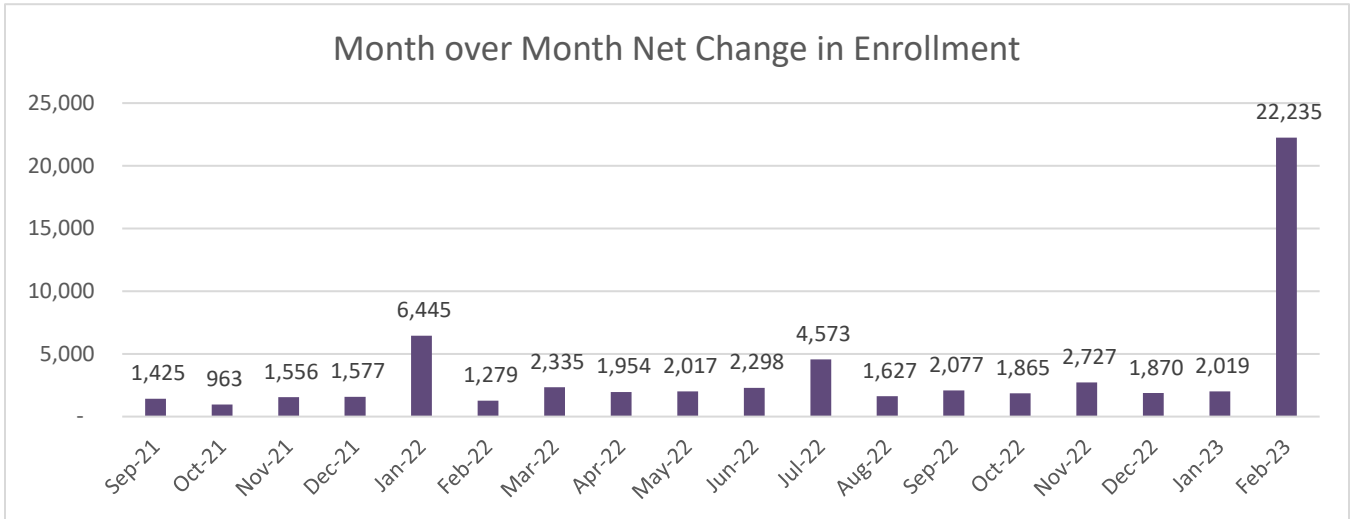


*LTC Members began to transfer from Fee-For-Service in January 2023.



Net Change in Enrollment

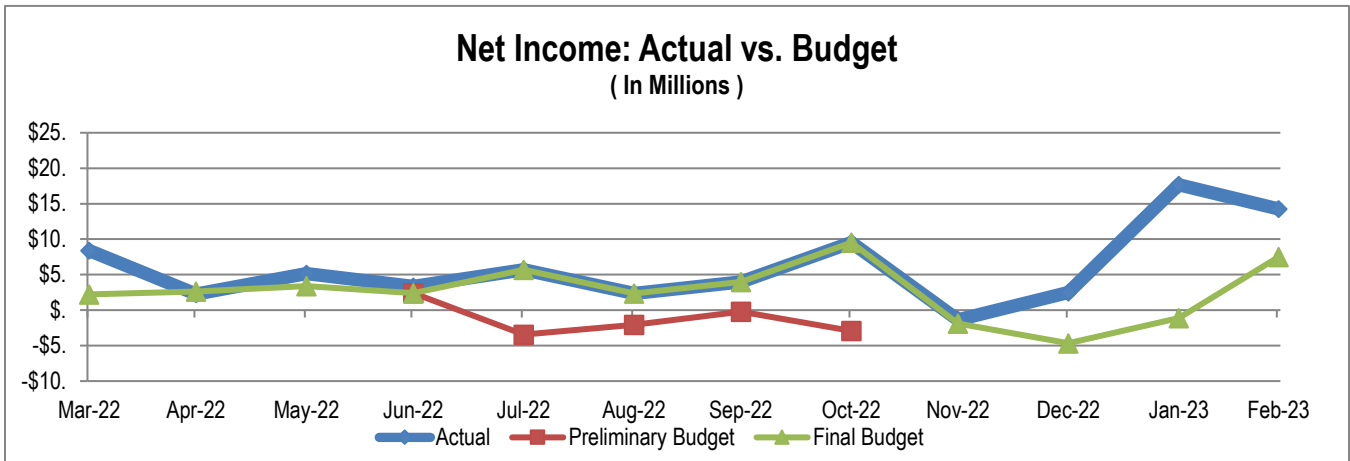




- The disenrollment process associated with the Public Health Emergency (PHE) is projected to restart in May 2023.
- Increase of 22,235 members in February 2023 includes 17,000 Medi-Cal Dual members, 2,000 SPD members, and 900 LTC and LTC Duals transitioning from Fee-For-Service (FFS).

Net Income

- For the month ended February 28th, 2023:
 - Actual Net Income: \$14.3 million.
 - Budgeted Net Income: \$7.5 million.
- For the fiscal YTD ended February 28th, 2023:
 - Actual Net Income: \$54.6 million.
 - Budgeted Net Income: \$21.4 million.

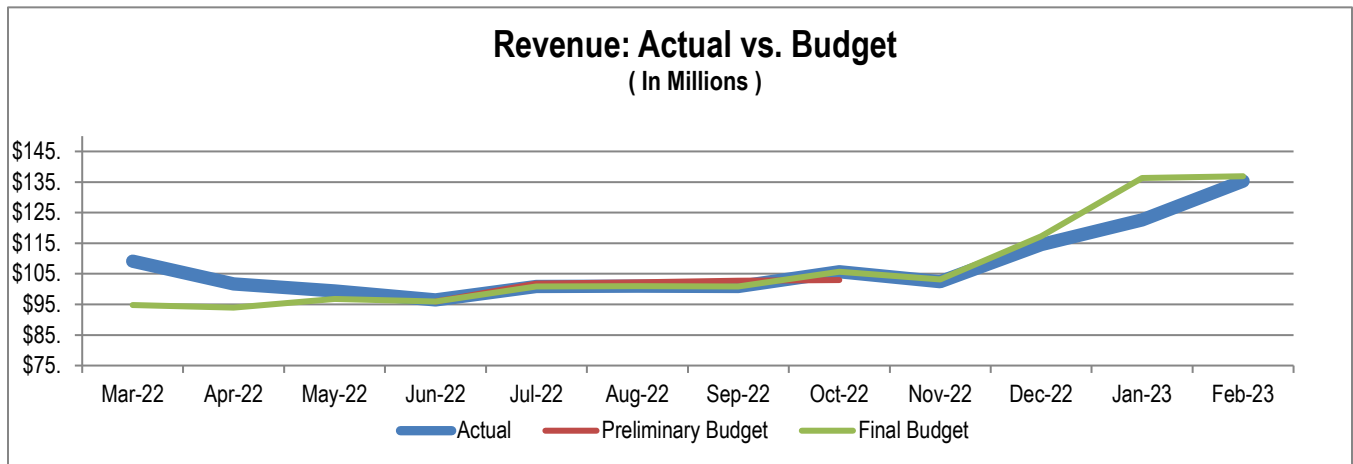


*Note: The Final Budget contains actual results from June – October.

- The favorable variance of \$6.8 million in the current month is primarily due to:
 - Unfavorable \$1.6 million lower than anticipated Revenue.
 - Favorable \$5.8 million lower than anticipated Medical Expense.
 - Favorable \$1.5 million higher than anticipated Total Other Income.
 - Favorable \$1.0 million lower than anticipated Administrative Expense.

Revenue

- For the month ended February 28th, 2023:
 - Actual Revenue: \$135.3 million.
 - Budgeted Revenue: \$136.9 million.
- For the fiscal YTD ended February 28th, 2023:
 - Actual Revenue: \$883.2 million.
 - Budgeted Revenue: \$902.0 million.

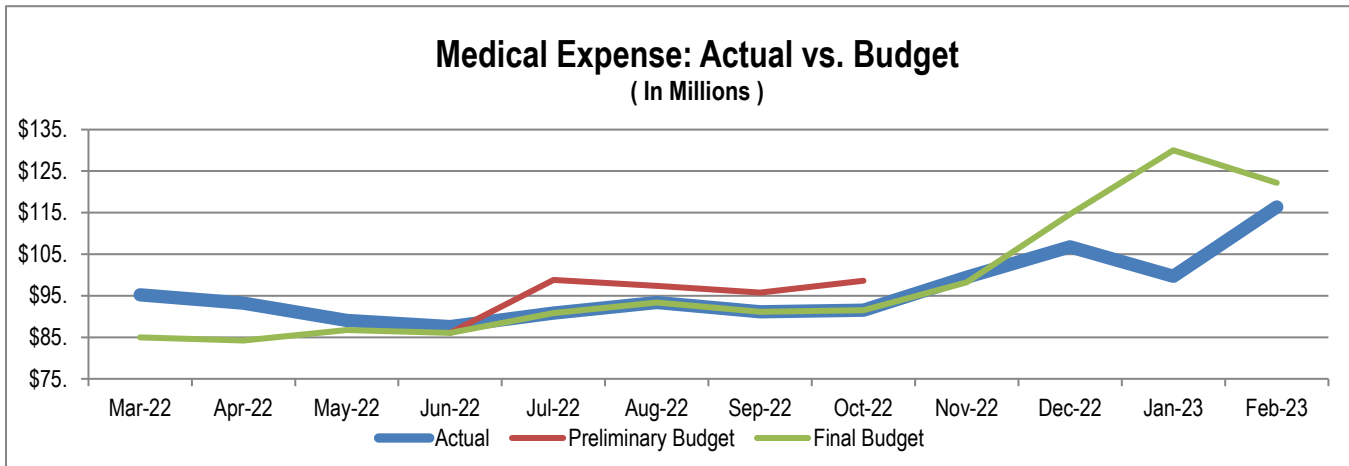


*Note: The Final Budget contains actual results from June – October.

- For the month ended February 28th, 2023, the unfavorable revenue variance of \$1.6 million is primarily due to:
 - Unfavorable \$4.4 million Medi-Cal Base Capitation. This is driven by the difference between estimated and actual enrollment and corresponding DHCS payments.
 - Favorable \$2.9 million Capitation Rate Variance due to higher than projected rates received after completion of the Final FY23 Budget.

Medical Expense

- For the month ended February 28th, 2023:
 - Actual Medical Expense: \$116.4 million.
 - Budgeted Medical Expense: \$122.2 million.
- For the fiscal YTD ended February 28th, 2023:
 - Actual Medical Expense: \$789.2 million.
 - Budgeted Medical Expense: \$832.0 million.



*Note: The Final Budget contains actual results from June – October.

- Reported financial results include medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance’s IBNP reserves are reviewed by our Actuarial Consultants.
- For February, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by \$840,000. The estimate for prior years increased by \$2.0 million (per table below) versus Budget.

Medical Expense - Actual vs. Budget (In Dollars) Excluding the Impact of Prior Year IBNP Estimates Favorable/(Unfavorable)						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%
				-		
Capitated Medical Expense	\$196,592,007	\$0	\$196,592,007	\$199,252,118	\$2,660,111	1.3%
Primary Care FFS	37,894,294	28,640	37,922,935	35,944,100	(1,950,194)	-5.4%
Specialty Care FFS	37,060,559	(6,048)	37,054,511	40,822,009	3,761,450	9.2%
Outpatient FFS	72,338,006	1,141,553	73,479,559	73,085,724	747,718	1.0%
Ancillary FFS	48,698,681	420,281	49,118,962	63,106,369	14,407,688	22.8%
Pharmacy FFS	59,109,070	171,096	59,280,166	56,082,910	(3,026,160)	-5.4%
ER Services FFS	38,854,094	63,093	38,917,187	40,562,381	1,708,288	4.2%
Long Term Care FFS	30,469,662	75,212	30,544,874	37,126,997	6,657,336	17.9%
Inpatient Hospital & SNF FFS	227,740,062	137,177	227,877,239	247,883,561	20,143,499	8.1%
Other Benefits & Services	38,763,994	0	38,763,994	38,035,854	(728,140)	-1.9%
Net Reinsurance	(360,123)	0	(360,123)	130,105	490,228	376.8%
	\$787,160,306	\$2,031,005	\$789,191,310	\$832,032,129	\$44,871,824	5.4%

Medical Expense - Actual vs. Budget (Per Member Per Month)
Excluding the Impact of Prior Year IBNP Estimates
Favorable/(Unfavorable)

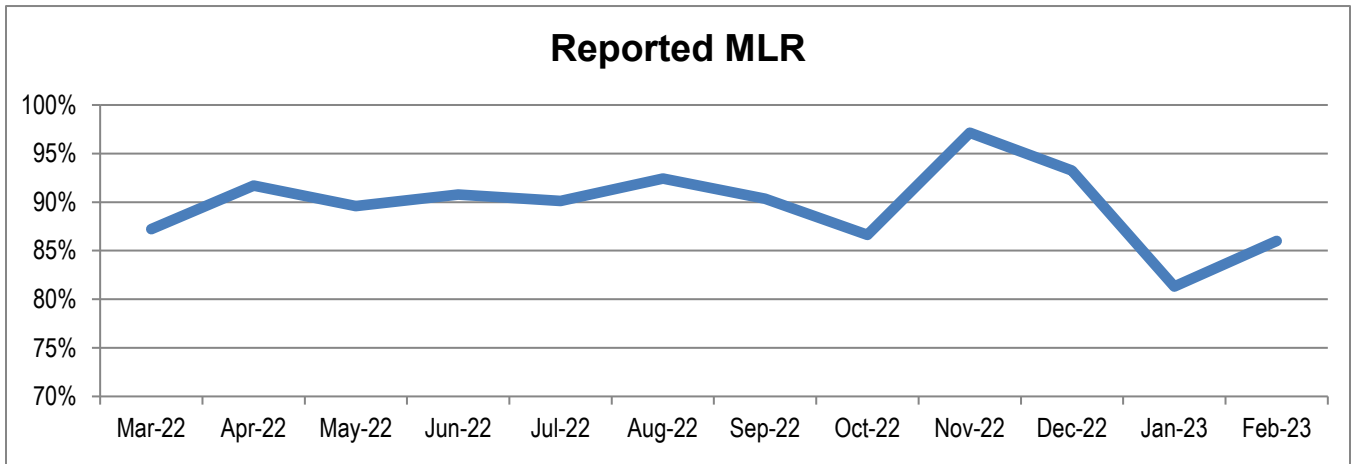
	Actual			Budget	Variance - Adjusted Actual vs. Budget	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%
-						
Capitated Medical Expense	\$75.12	0.00	\$75.12	\$75.41	\$0.29	0.4%
Primary Care FFS	14.48	0.01	\$14.49	\$13.60	(0.88)	-6.4%
Specialty Care FFS	14.16	(0.00)	\$14.16	\$15.45	1.29	8.3%
Outpatient FFS	27.64	0.44	\$28.08	\$27.66	0.02	0.1%
Ancillary FFS	18.61	0.16	\$18.77	\$23.88	5.28	22.1%
Pharmacy FFS	22.59	0.07	\$22.65	\$21.23	(1.36)	-6.4%
ER Services FFS	14.85	0.02	\$14.87	\$15.35	0.50	3.3%
Long Term Care FFS	11.64	0.03	\$11.67	\$14.05	2.41	17.1%
Inpatient Hospital & SNF FFS	87.02	0.05	\$87.08	\$93.82	6.79	7.2%
Other Benefits & Services	14.81	0.00	\$14.81	\$14.40	(0.42)	-2.9%
Net Reinsurance	(0.14)	0.00	(\$0.14)	\$0.05	0.19	379.5%
	\$300.79	\$0.78	\$301.56	\$314.90	\$14.11	4.5%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$44.9 million favorable to budget. On a PMPM basis, medical expense is 4.5% favorable to budget. For per-member-per-month expense:
 - Capitated Expense is slightly under budget, driven by favorable Global Subcontract and FQHC expense, partially offset by unfavorable transportation expense due to delay in conversion of contract from capitation to Fee For Service, along with unfavorable retroactive 2022 BHT Supplemental expense.
 - Primary Care Expense is unfavorable compared to budget across all populations except for LTC Duals, driven generally by unfavorable utilization except for Duals.
 - Specialty Care Expense is below budget, favorable across all populations except for LTC and generally driven by utilization except for the SPD category of aid which is driven by unit cost.
 - Outpatient Expense is slightly over budget, driven by unfavorable unit cost in the SPD population offset by favorable utilization in most all of the other populations.
 - Ancillary Expense is under budget across all populations driven by favorable utilization some of the YTD variance related to non-emergency transportation remaining as a capitated expense in Jan-23 instead of moving to fee-for-service.
 - Pharmacy Expense is over budget mostly due to unfavorable Non-PBM expense which is solely driven by unfavorable unit cost in the ACA OE population.

- Emergency Room Expense is under budget driven by favorable unit cost across all populations except for the Child and Group Care populations which are driven by unfavorable utilization.
- Long Term Care Expense is under budget, driven by favorable utilization across all populations, largely because the transition of LTC members from FFS was delayed.
- Inpatient Expense is under budget driven by favorable utilization, and lower than expected catastrophic case and major organ transplant expense across all populations except for the Group Care and LTC populations which are driven by unfavorable unit cost.
- Other Benefits & Services expense is over budget, partially offset by favorable interpreter services, consultant fees, medical professional services, community relations, other purchased services, and employee expense. These underruns are offset by accruals for potential grants to community partners, which were not budgeted.
- Net Reinsurance year-to-date is favorable because more recoveries were received than budgeted.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 86.0% for the month and 89.4% for the fiscal year-to-date.



Administrative Expense

- For the month ended February 28th, 2023:
 - Actual Administrative Expense: \$6.3 million.
 - Budgeted Administrative Expense: \$7.3 million.

- For the fiscal YTD ended February 28th, 2023:
 - Actual Administrative Expense: \$46.4 million.
 - Budgeted Administrative Expense: \$50.4 million.

Summary of Administrative Expense (In Dollars)								
For the Month and Fiscal Year-to-Date								
Month				Year-to-Date				
Actual	Budget	Variance \$	Variance %		Actual	Budget	Variance \$	Variance %
\$4,177,368	\$4,123,595	(\$53,773)	-1.3%	Employee Expense	\$28,717,691	\$29,633,849	\$916,158	3.1%
418,443	415,919	(2,524)	-0.6%	Medical Benefits Admin Expense	2,829,230	2,895,822	66,592	2.3%
746,649	1,223,079	476,430	39.0%	Purchased & Professional Services	6,275,248	8,422,242	2,146,994	25.5%
913,168	1,494,354	581,186	38.9%	Other Admin Expense	8,528,760	9,457,851	929,091	9.8%
\$6,255,628	\$7,256,947	\$1,001,319	13.8%	Total Administrative Expense	\$46,350,929	\$50,409,764	\$4,058,835	8.1%

The year-to-date variances include:

- Delayed timing of new project start dates for Consultants, Computer Support Services and Purchased Services.
- Delayed hiring of new employees.

The Administrative Loss Ratio (ALR) is 4.6% of net revenue for the month and 5.2% of net revenue year-to-date.

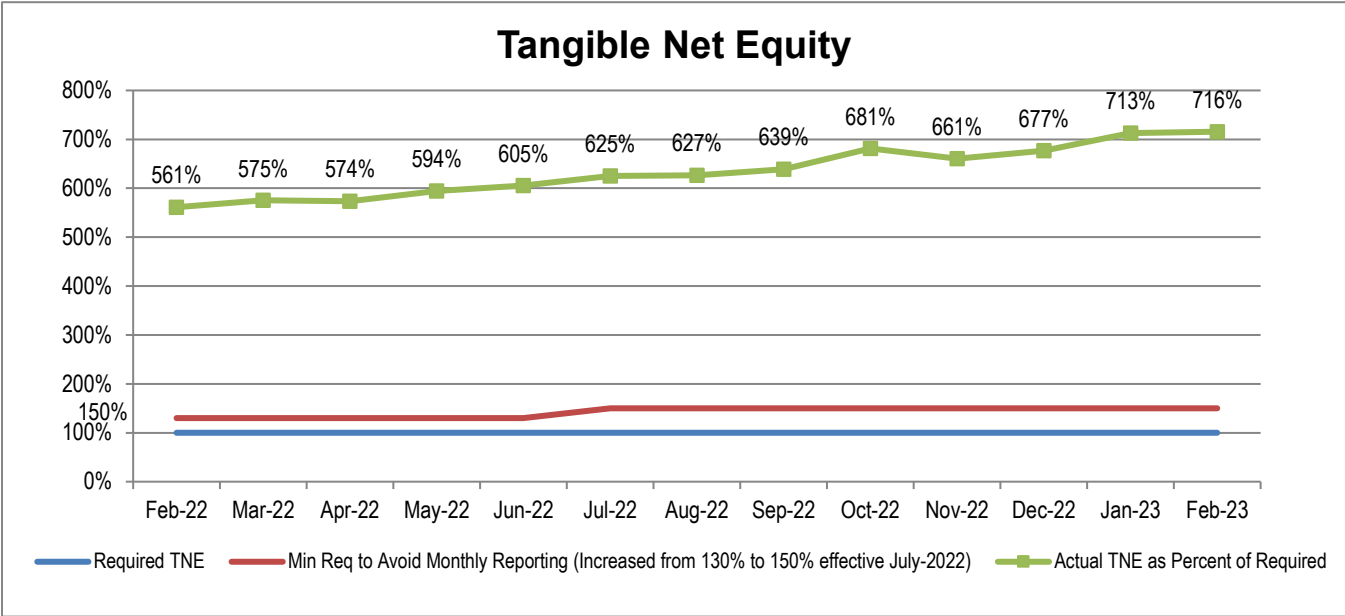
Other Income / (Expense)

Other Income & Expense is comprised of investment income and claims interest.

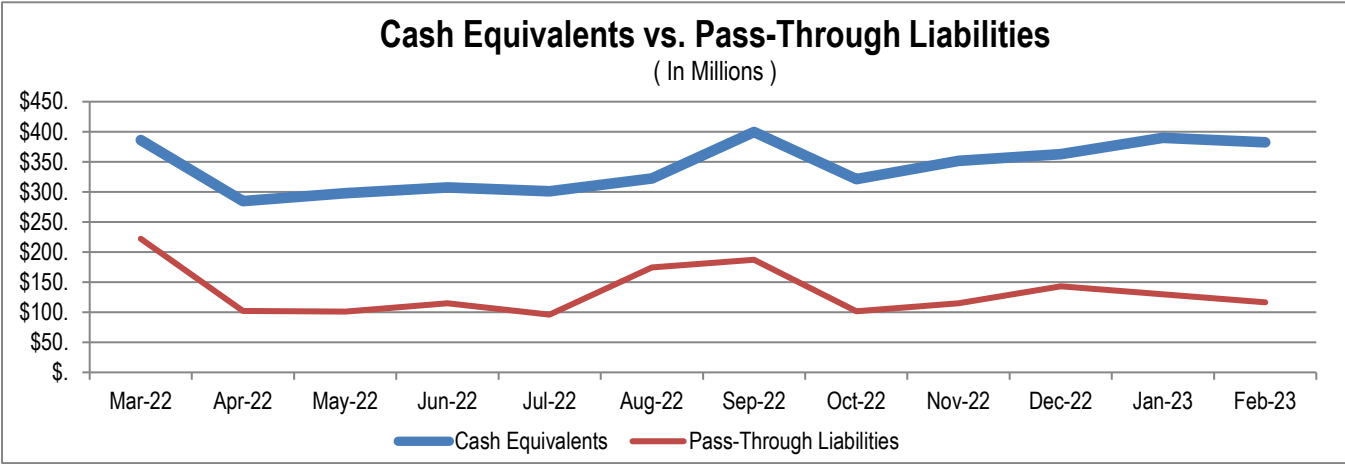
- Fiscal year-to-date net investments show a gain of \$7.2 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is \$210,000.

Tangible Net Equity (TNE)

- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.
 - Required TNE \$39.9 million
 - Actual TNE \$285.2 million
 - Excess TNE \$245.4 million
 - TNE % of Required TNE 716%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments.
- Key Metrics
 - Cash & Cash Equivalents \$382.6 million
 - Pass-Through Liabilities \$116.6 million
 - Uncommitted Cash \$266.0 million
 - Working Capital \$253.6 million
 - Current Ratio 1.78 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: \$214,000.
- Annual capital budget: \$979,000
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

- We continue to caveat these financial statements that, due to challenges of projecting medical expense and liabilities based on incomplete claims experience, financial results are subject to revision.
- The full set of financial statements and reports are included in the Board of Governors Report. This is a high-level summary of key components of those statements, which are unaudited.

Mental Health Insourcing Launch April 1st, 2023

Presented to the Alameda Alliance Board of Governors
Ruth Watson, Chief, Integrated Planning

April 14th, 2023

➤ **Member**

- Website, 60 Day / 30 Day Letters
- Beacon 800 number moved to AAH (no change for member)
- After Hours Vendor – Crisis Support Services

➤ **Provider**

- Network Status
 - Up-to-date Provider Directory with 500+ Behavioral Health (BH) providers
 - Credentialed 871 providers
 - 517 Behavioral Health and 354 ABA
 - Includes all large Clinical Development Education (CDE) providers
 - Blanket Letters of Agreement (LOAs)
 - For non-contracted providers seeing AAH members in the past six (6) months
- Informational Updates
 - Provider Communication: Five (5) Provider Townhalls, six (6) Fax Blasts, Website
 - FAQs

Pre-Launch Activities

- Operational Processes
 - Claims, Finance, Grievance & Appeals, Analytics, Communications & Outreach, IT, Compliance, Legal, Human Resources, Facilities
- Training – provided to Member Services, Provider Services, Behavioral Health Staff (SB855 / ASAM / LOCUS / CAL-LOCUS / ESCII / IRR)
- User Acceptance Testing, End-to-End Testing, and Business Production Testing
- IT Builds and Deployments
 - Provider Portal
 - Internal Systems / Fax / Phone / Email

Provider Portal

➤ Encouraging communication between PCP / BH providers

WE ARE HERE TO HELP YOU

Helping our provider network improve efficiency, quality, and the patient experience.

As a provider and medical professional, the Alameda Alliance for Health provider site will give you the ability to check patient's eligibility, coverage, check claim status, update credentialing information, submit and view authorizations and referrals, collaborate on care plans, and more.

Provider Portal Instruction Guide

This guide will provide instructions on how to sign up for a provider portal account, what features are available, and how to navigate once you are logged into the provider portal. [Click here](#) to view the Provider Portal Instruction Guide.

Sign into your account

Username
Password

Sign In

[Forgot your username or password?](#)

Behavioral Health Initial Evaluation Form

1 Member Information

Select Behavioral Health Provider: *

Member Name: * Member ID: *

NOTE: Click on the search icon to see

Date of Birth: * Age: *

Sex: * Address: *

City: * State: *

Zip Code: * County:

Phone Number: Line of Business:

Notes:

NOTE: Please validate the member information including phone number and update as needed in this Notes section.

Behavioral Health Provider Findings and Recommendations

Message to PCP

None
 Message to PCP
 Consider initiating psychotropic medication
 Consider adjusting existing psychotropic medication

Please explain message:

Behavioral Health Provider to provide follow-up Treatment: *

Select Behavioral Health Provider

Recommendation for Behavioral Health Treatment

Behavioral Health Treatment:
Select Behavioral Health Treatment

CPT Code - Description: *

Select CPT Code - Description

Units: *

Units

Add CPT Codes

Treatment	Code Description/Notes	Units	Group Therapy	Action
Age Appropriate Assessment:				Screening Tool for Medi-Cal Mental Health Services Transition of Care Tool for Medi-Cal Mental Health Services

Back **Next**

Next

Staffing to Support Behavioral Health Insourcing

- Total of 32 positions company-wide to support the initial “lift and shift” Behavioral Health functions
- Nine (9) dedicated Behavioral Health positions in Health Care Services; allows for support by Utilization Management / Case Management
 - Senior Director of Behavioral Health
 - Licensed Clinical Social Workers (3)
 - Board Certified Behavior Analyst
 - Navigators (3) – one (1) position currently open
 - Case Management Nurse
- Four (4) dedicated positions in Member Services
 - First point of contact
 - Initial assessment and basic care coordination
- 19 additional staff positions supporting Behavioral Health as part of overall job duties

- **Member Services ↔ Behavioral Health**
 - Members with Emergent / Urgent / Routine requests
 - Adult and Youth Screening Tools
 - Escalation of Care Coordination to Difficult to Place Members / Case Management
- **Provider Services ↔ Behavioral Health**
 - Provider Inquiries – clinical vs non-clinical
- **Case Management ↔ Behavioral Health**
 - Behavioral Health Case Management (CM) Nurse Resource integrating into Case Management, bringing forward Behavioral Health knowledge
 - Care Coordination for challenging members
 - Transitional Care Services
 - Outstanding CM Cases (from Beacon)
- **ACBH ↔ Behavioral Health**
 - Adult and Youth Screening Tools
 - No Wrong Door

Utilization Management

➤ **Medi-Cal Line of Business**

➤ **Mental Health Services**

- Limited Medical Necessity Review
 - Three (3) services require Prior Authorization (Electroconvulsive Therapy, Psychotherapy, Psychological Testing) – reviewed using Milliman Care Guidelines (MCG)
- No limitations on care
 - Claims code triggers 12 follow-up visits
- Continuity of Care (CoC) for 12 months

➤ **Behavioral Health Treatment**

- Requires Prior Authorization
- Comply with All Plan Letter (APL) 19-014

➤ **Group Care (IHSS) Line of Business**

➤ **Mental Health Services**

- Similar to Medi-Cal
- Serious Mental Illness (SMI)

➤ **Behavioral Health Treatment**

- No members currently (benefit for <21 years old)

Regulatory Compliance

- Conditional Approval for our Material Modification received from DMHC prior to go-live.
- Included seven (7) conditions, referred to as Undertakings, required to be met
- Undertakings include five (5) that must be satisfied by 4/28/2023
 - Report detailing when trainings have been completed
 - Reports detailing efforts to recruit and fill positions that support Mental Health / Substance Use Disorder (by 4/28 and monthly thereafter)
 - Fully executed Memorandum of Understanding between AAH and ACBH
 - Updated Grievance & Appeals Policies & Procedures, as applicable, if they were updated as a result of insourcing
 - Updated Claims P&Ps, as applicable, if they were updated as a result of insourcing

Additional Day 1 Readiness

- Multiple reports to support go-live in production
- Internal bridge line open during business hours to report and address issues
- Daily Touchpoint meetings with Business and IT
- Beacon supplied required reports with some to be refreshed during second week
- Post go-live support by Beacon will continue for 90 days

Key Issues and Risks

- Member Services and Behavioral Health Team Call Metrics
- Open Cases
- Autism Case Report – received 4/3/2023; higher than expected volume
- Work around in process to enhance search functionality to allow for provider subspecialty search

Phase 2 – Post Go-Live

- Stabilize and monitor first 90-120 days following “lift and shift”
- Office Hours for Behavioral Health providers – schedule being finalized and will be held on designated days from 12:00-1:00pm
- Identification of Day 2 reports
- System automation
- Review and explore post go live enhancements and changes
- Develop roadmap
- Implement Behavioral Health Stakeholder Group – anticipated start July 2023

Questions?

Appendix

Day 1 Reports

- ABA Supplemental File
- Clinical Development Education (CDE) Triage
- Authorizations
- Open Case Management – 59 cases on the pre-go live report
- Daily Aging Authorizations
- CSS Daily Member Call Report
- ABA Authorization Report
- Error Report
- Census Report



Important Reminders

Mental Health and Behavioral Health Therapy Providers

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are providing you with important reminders and information as we insource behavioral health and mental health services.

On Sunday, **April 1, 2023**, the Alliance will be overseeing all Behavioral Health Treatment / Mental Health Services. Beginning on page 2, please find the slide deck presentation and a list of FAQs. In addition, please note the below key points:

- All existing treatments initiated prior to 4/01/2023 do NOT need to be reauthorized by the Alliance. Please do not enter them into the provider portal.
- For MH and BHT Services, the Alliance will ensure Continuity of Care (CoC) and honor all Behavioral Health / Mental Health treatment for up to 12 months.
- For dates of service on or after April 1, 2023, providers should submit claims directly to the Alliance. Instructions can be found in the training materials on our website [insert link].
- PCP referral or Prior Authorization (PA) is NOT required for a contracted Mental Health provider to see an Alliance member for a mental health evaluation. Members may be referred from the Alliance Member Services [Team](#) or they may directly schedule their initial mental health evaluation with you.
- The Initial Behavioral Health Evaluation Form and Coordination Form submission described in the attached training materials is only to be submitted for Alliance members initiating mental health treatment for the first time after April 1, 2023. The Initial Behavioral Health Evaluation Form and Coordination Forms are not required for members that you had been seeing prior to April 1, 2023.

Public Health Emergency - and the end of the Continuous Coverage Requirement

Presented to the Alameda Alliance Board of Governors

Matthew Woodruff, Chief Operating Officer

April 14th, 2023

Public Health Emergency

- In December 2022, the Consolidated Appropriations Act of 2023 separated the continuous coverage requirement from the public health emergency.
- In January 2023, DHCS updated the Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Operational Plan to reflect the separation of the continuous coverage requirement.
- On Thursday, March 31st, 2023, the continuous coverage requirement ended.
- Effective April 1st, 2023, redetermination started for enrollees with a June 2023 renewal date.
- The Alliance is working with Alameda County Social Services Agency, Anthem, Kaiser, and community partners to support members through the redetermination renewal process and assist with Covered CA transitions.

Continuous Medi-Cal Coverage Plan

- In December 2022, the Consolidated Appropriations Act of 2023 separated the continuous coverage requirement from the public health emergency.
- Continuous coverage requirement ended on April 1st, 2023.
 - ▶ 14-month renewal period April 2023 through June 2024
 - ▶ State requires individuals to keep coverage until their renewal
 - ▶ Estimates
 - Up to 30% may be disenrolled, per the Department of Health Care Services
 - Up to 36% auto renewal rate, per Alameda County Social Services Agency
 - Up to 35% of 834 member data may be inaccurate, per the Department of Health Care Services
 - ▶ The Alliance is working with Alameda County Social Services Agency on finalizing the Department of Health Services draft Data Sharing Agreement.

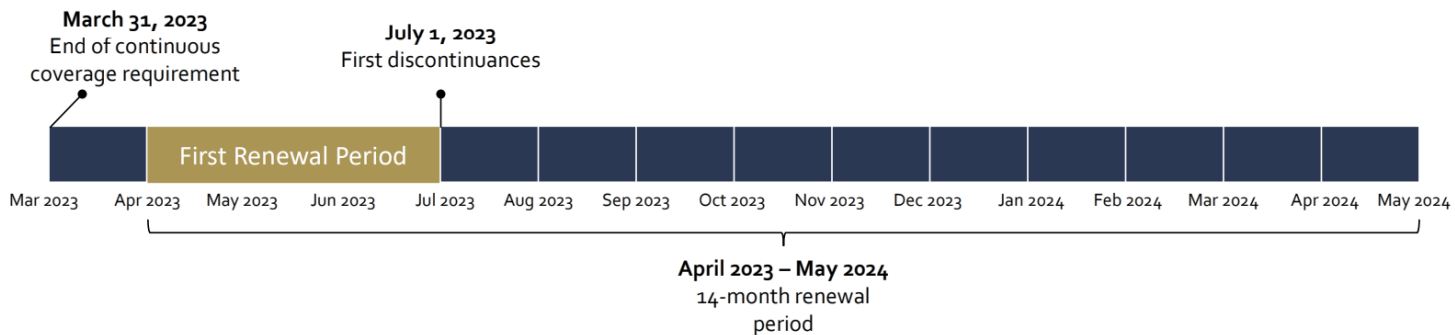
Continuous Medi-Cal Coverage Plan

- The Alliance is a lead partner with Alameda County Social Services Agency.
 - ▶ Community Outreach
 - Awareness around the end of continuous coverage requirements and ensuring contact information is up-to-date
 - Meetings with community partners
 - Multi-Media Outreach: Billboards, T.V., Ethnic Radio, Social Media
- Social Services Agency estimates 22,300 renewals due per month over the next 14 months.
 - ▶ Direct Outreach
 - Alliance can only outreach to our members enrolled or who have been disenrolled
 - Social Services Agency will share redetermination date files for Alliance direct member outreach as soon as data sharing agreement is approved by County Counsel
 - Alliance will provide direct outreach to members in partnership with providers, and collaboration with the Social Services Agency, and 18 local enrollment assistor site locations throughout Alameda County

Continuous Medi-Cal Coverage Plan

- Medi-Cal redetermination 60-day notices started on April 1st, 2023, for individuals with a June 2023 renewal month.
- June 2023 is “Month One” of the redetermination process, and the first batch of disenrollments will occur on July 1st, 2023.

Continuous Coverage Unwinding Period

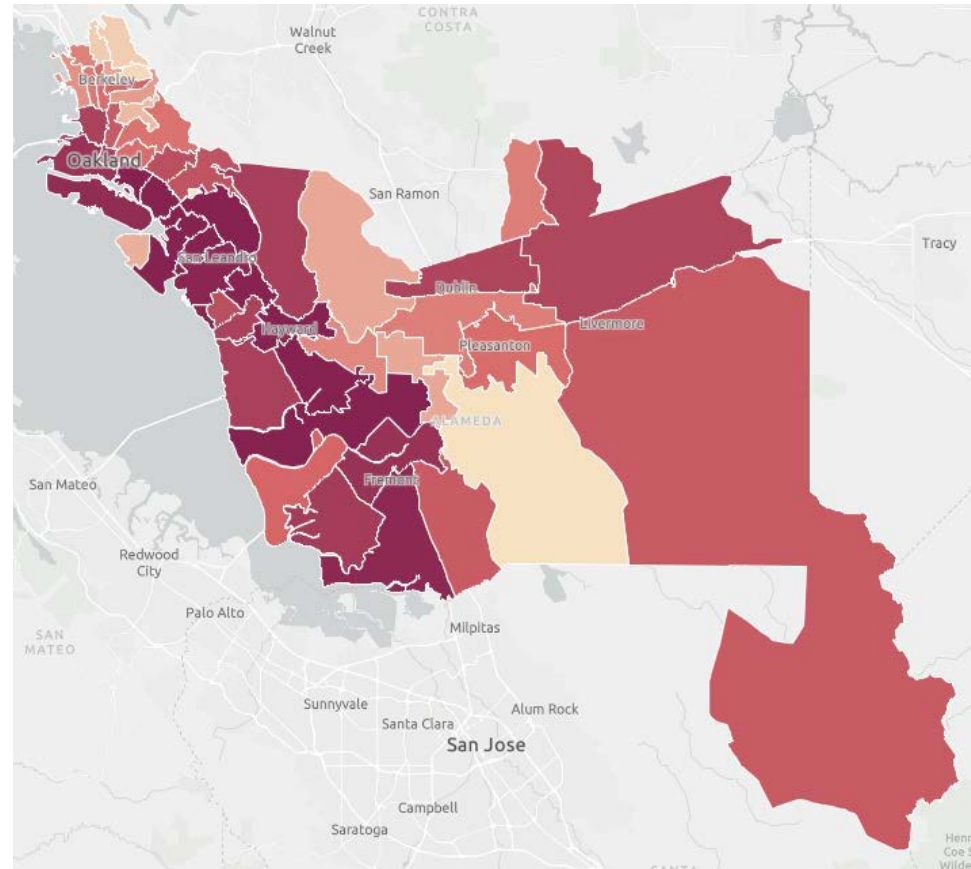


*Source Alameda County Social Services Administration estimates as of January 2023

Continuous Medi-Cal Coverage Plan

Top 10 Alameda County Areas*

Oakland	177k
Hayward	63k
Fremont	43k
Unincorporated Areas**	42k
San Leandro	33k
Union City	19k
Berkeley	19k
Alameda	17k
Livermore	16k
Newark	11k



*Source Alameda County Social Services Administration estimates as of January 2023

** Includes Ashland, Castro Valley, Cherryland, Fairview, San Lorenzo, and Sunol

To: Alameda Alliance for Health Board of Governors

From: Matthew Woodruff, Chief Operating Officer

Date: April 14th, 2023

Subject: Operations Report

Member Services

- 12-Month Trend Blended Summary:
 - The Member Services Department received a record twenty-one percent (21%) increase in calls in March 2023, totaling 20,378 compared to 16,177 in March 2022. Call volume pre-pandemic in March 2019 was 16,393, which is twenty percent (20%) lower than the current call volume.
 - The abandonment rate for March 2023 was nineteen percent (19%), compared to twenty-four percent (24%) in March 2022.
 - The Department's service level was forty-six percent (46%) in March 2023, compared to thirty-two percent (32%) in March 2022. The Department continues to recruit to fill open positions. The customer service support service vendor continues to provide overflow call center support.
 - The average talk time (ATT) was six minutes and fifty-two seconds (06:52) for March 2023 compared to five minutes and fifty-six seconds (05:56) for March 2022.
 - Eighty percent (80%) of calls were answered within 10 minutes (DHCS Compliance Metric).
 - The top five call reasons for March 2023 were: 1). Change of PCP, 2). Eligibility/Enrollment 3). Benefits, 4). Kaiser, 5). ID Card Request. The top five call reasons for March 2022 were: 1). Kaiser, 2). Change of PCP, 3). Eligibility/Enrollment, 4). Benefits, 5). ID Card Requests.
 - March utilization for the member automated eligibility IVR system totaled one thousand and seventy-two (1072) in March 2023 compared to two hundred-ten (210) in March 2022.
 - The Department continues to service members via multiple communication channels (telephonic, email, online, web-based requests, and in-person) while honoring the organization's policies. The Department responded to eleven hundred thirty-four (1134) web-based requests in March 2023 compared to nine hundred seventy-four (974) in March 2022. The top three web reason requests for March 2023 were: 1). ID Card Requests, 2). Change of PCP, 3). Update Contact Information. Fifteen (15) members were assisted in-person in March 2023.

Claims

- 12-Month Trend Summary:
 - The Claims Department received 238,283 claims in March 2023 compared to 185,738 in March 2022.
 - Auto Adjudication was 79.3% in March 2023 compared to 82.8% in March 2022.
 - Claims compliance for the 30-day turn-around time was 99.3% in March 2023 compared to 98.8% in March 2022. The 45-day turn-around time was 99.9% in March 2023 compared to 99.9% in March 2022.

- Monthly Analysis:
 - In March, we received a total of 238,283 claims in the HEALTHsuite system. This represents an increase of 42.28% from February and is higher, by 52,545 claims, than the number of claims received in March 2022; the higher volume of received claims remains attributed to increased membership.
 - We received 87.84% of claims via EDI and 12.16% of claims via paper.
 - During March, 99.9% of our claims were processed within 45 working days.
 - The Auto Adjudication rate was 79.3% for March.

Provider Services

- 12-Month Trend Summary:
 - The Provider Services department's call volume in March 2023 was 6,283 calls compared to 6,078 calls in March 2022.
 - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our priority.
 - The Provider Services department completed 215 calls/visits during March 2023.
 - The Provider Services department answered 4,726 calls for March 2023 and made 910 outbound calls.

Credentialing

- 12-Month Trend Summary:
 - At the Peer Review and Credentialing (PRCC) meeting held on March 21st, 2023, there were two hundred and ninety (290) initial network providers approved; eleven (11) primary care providers, twenty-three (23) specialists, four (4) ancillary providers, eighteen (18) midlevel providers, and two hundred and thirty-four (234) behavioral health providers. Additionally, thirty-four (34) providers were re-credentialed at this meeting; nine (9) primary care providers, fourteen (14) specialists, three (3) ancillary providers, and eight (8) mid level providers.
 - Please refer to the Credentialing charts and graphs located in the Operations supporting documentation for more information.

Provider Dispute Resolution

- 12-Month Trend Summary:
 - In March 2023, the Provider Dispute Resolution (PDR) team received 1475 PDRs versus 788 in March 2022.
 - The PDR team resolved 1111 cases in March 2023 compared to 1028 cases in March 2022.
 - In March 2023, the PDR team upheld 75% of cases versus 71% in March 2022.
 - The PDR team resolved 99.3% of cases within the compliance standard of 95% within 45 working days in March 2023 compared to 99.7% in March 2022.

- Monthly Analysis:
 - AAH received 1475 PDRs in March 2023.
 - In March, 1111 PDRs were resolved. Out of the 1111 PDRs, 836 were upheld, and 275 were overturned.
 - The overturn rate for PDRs was 25%, and we met our goal of 25% or less.
 - 1103 out of 1111 cases were resolved within 45 working days resulting in a 99.3% compliance rate.
 - The average turnaround time for resolving PDRs in March was 29 days.
 - There were 1294 PDRs pending resolution as of 03/31/2023, with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:
 - In Q3 2023, the Alliance completed 1,083-member orientation outreach calls and 299 member orientations by phone.
 - The C&O Department reached 1,618 people (39% identified as Alliance members) during outreach activities, compared to 309 individuals (100% identified as Alliance members) in Q3 2022.
 - The C&O Department spent \$800 in donations, fees, and/or sponsorships, compared to \$0 in Q3 2022.
 - The C&O Department reached members in 17 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 19 cities in Q3 2022.
- Quarterly Analysis:
 - In Q3 2023, the C&O Department completed 1,083-member orientation outreach calls and 299 member orientations by phone.
 - Among the 1,618 people reached, 39% identified as Alliance members.
 - The C&O Department reached members in 17 locations throughout Alameda County, Bay Area, and the U.S.
- Monthly Analysis:
 - In March 2023, the C&O Department completed 588-member orientation outreach calls and 139 member orientations by phone, and 74 Alliance website inquiries.
 - Among the 901 people reached, 20% identified as Alliance members.
 - The C&O Department reached members in 13 locations throughout Alameda County, Bay Area, and the U.S.
 - Please see attached **Addendum A**.

To: Alameda Alliance for Health Board of Governors
From: Richard Golfin III, Chief Compliance & Privacy Officer
Date: April 14th, 2023
Subject: Compliance Division Report

Compliance Audit Updates

- 2023 DHCS Routine Medical Survey:
 - On January 17th, 2023, The Plan received the audit notification from DHCS. The onsite virtual interview is scheduled to be conducted from April 17th, 2023, through April 28th, 2023. A focus will be conducted concurrently during the Routine Survey. The review period will cover April 1st, 2022, through March 31st, 2023, and include the following areas:
 - Routine Survey:
 - Utilization Management
 - Case Management & Care Coordination
 - Access & Availability
 - Member's Rights & Responsibilities
 - Quality Improvement System, and
 - Organization and Administration
 - Focused Audit:
 - Transportation
 - Behavioral Health
- On April 4th, 2023, a sister Plan informed AAH that the DHCS will publish the Focused Audit results of all MCPs in a separate aggregated report in 2024. That report will not identify individual MCPs, but instead include summary information of the DHCS' findings. Staff are working to confirm this information from regulators as we head into our final week before the audit.
- The entities for the Routine Survey include CHCN, Modivcare, Beacon, and County MHP. The entities for the Focused Audit include Beacon, Modivcare, and County MHP.
- The DHCS confirmed there will be a separate report for the Routine Survey which would include the findings for NEMT/NMT (Transportation), and Mental Health and Substance Abuse categories.

- 2022 DHCS Routine Medical Survey:
 - The 2022 DHCS Routine Medical Survey was held on April 4th, 2022, and completed April 13th, 2022. On September 13th, 2022, the Plan received the Final Audit Report which detailed 15 findings, 9 of which were repeat findings from the previous audit year. The DHCS requires the Plan to provide a monthly update of the CAP progress. The updates are due to the DHCS every 15th of the month.
 - The Plan submitted the February updates on February 15th, 2023. On February 22nd, 2023, the Plan submitted the final update on March 15th, 2023. On March 24th, 2023, the DHCS informed the Plan that it is considered past due in closing out its CAP within the 180-day/6-month period. 7 of 15 Findings remain open.
 - DHCS is providing AAH an additional 45 days to provide all of the necessary supplementary responses/supporting documentation to fully close out its 2022 CAP no later than May 1st, 2023, as the final submission date.

- 2022 DMHC Behavioral Health Investigation [MHPAEA]:
 - In 2021, the DMHC began investigating full-service commercial health plans to evaluate and assess barriers providers experience in providing behavioral health services. Pre-audit submissions concluded in July 2022 with more than 1,100 documents provided to DMHC auditors. The Plan received additional document requests during February 2023. The documents and responses were submitted promptly. The Plan remains on standby for additional information or preliminary reports.

- 2022 DMHC RBO Audits:
 - In 2022, the DMHC examined the claims settlement practices and the provider dispute resolution mechanism of Children First Medical Group, Inc. (RBO) and Community Health Center Network, Inc. (RBO). During the examination, the Department reviewed files, data, and other information related to claims and provider disputes that were processed and/or paid during a three-month period, specifically from January 1st, 2022, through March 31st, 2022. The Plan received the audit report from DMHC for CFMG and CHCN on December 20th, 2022, and December 28th, 2022, respectively. Deficiencies were found in the following areas:
 - CFMG
 - Claims Payment Accuracy: 1 deficiency.
 - Misdirected Claims: 1 deficiency
 - Reimbursement of Claim Overpayments: 1 deficiency
 - CHCN
 - Claims Payment Accuracy: 2 deficiencies.
 - Incorrect Claim Denials: 1 deficiency
 - The DMHC required both RBOs to submit a CAP to the Plan and for the Plan to provide the CAP and a plan of oversight to the DMHC by January 31st, 2023. The Plan has completed this request. The Plan's oversight includes quarterly audits of the RBOs claims payment practices beginning with Q1 2023 dates of service.

Compliance Activity Updates

- 2022 RFP Contract Award & Review:
 - On February 9th, 2022, the DHCS released Request for Proposal (RFP) #20-10029 soliciting submissions for the 2024 Contract for the provision of managed health care services to Medi-Cal beneficiaries. Implementation is to take place through December 31st, 2023, for the majority of the contract's requirements. The Emergency Preparedness and Response Plan will have an extended implementation date of January 1st, 2025.
 - The Plan submitted a total of twenty-eight (28) deliverables on March 30th, 2023. The Plan is preparing for its next submission of fourteen (14) deliverables due to DHCS on May 22nd, 2023, and continuing its efforts in implementing new requirements and monitoring potential Business Process Impacts as a result of the changes. The State is expected to provide more information on the remaining, undisclosed requirements in Spring 2023.
- Behavioral Health Insourcing:
 - On September 2nd, 2023, Alameda Alliance for Health filed a Notice of Material Modification (Notice) requesting the Department of Managed Health Care's approval to terminate the administrative services agreement with Beacon Health Strategies, LLC and insource and administer mental health, substance abuse disorder, and behavioral health services.
 - On March 29th, 2023, DMHC issued an Order of Approval and final Undertakings issued. As expected, the Order was issued subject to and conditioned upon the Alliance's full performance to the Department's satisfaction of seven Undertakings.

Undertaking Number	Deliverable	Due Date
No. 1	A report detailing compliance with SB 855 Section 1374.721(e)(1). When the training has been completed. The report must include evidence that trainings by contracted Non-Profit Associations have been completed. If by the due date, the plan has not completed the trainings, AAH must provide a detailed explanation of the efforts and include a detailed timeline for completing the trainings.	By April 28 th , 2023
No. 2	Submit regular reports detailing the Plan's efforts to recruit and fill positions identified to support the insourcing of MH/SUD services. The initial report is due no later than 30 days following the date of the Order of Approval. Each subsequent report must be submitted within 30 days of the prior report, until all positions have been filled.	By April 28 th , 2023, and every 30 days thereafter.
No. 3	Submit the fully executed Memorandum of Understanding (MOU) between the Plan and Alameda County Behavioral Health Services.	By April 28 th , 2023

No. 4	If applicable, submit Grievance and Appeals policies updated as a result of insourcing and administering mental health, substance abuse disorder, and behavioral health services.	By April 28 th , 2023
No. 5	If applicable, submit Claim's policies updated as a result of insourcing and administering mental health, substance abuse disorder, and behavioral health services.	By April 28 th , 2023
No. 6	Legal template language describing the enforceability.	No Deliverable
No. 7	Legal template language describing the terms & conditions under which the Undertakings are subject, including that the undertakings will be effective even if the plan changes hands and the date the undertakings are set to expire.	No Deliverable

- The Compliance Department will track each of the deliverables related to the Undertakings. The Compliance Department will coordinate with AAH stakeholders to address each of the Undertakings.
- Proposed Modifications to the HIPAA Privacy Rule:
 - In December 2020, the Office for Civil Rights (OCR) proposed modifications to the HIPAA Privacy Rule to Empower Individuals, Improve Coordinated Care and Reduce Regulatory Burdens. On June 22nd, 2022, the OCR announced the new rules will be implemented in March 2023. As of April 3rd, 2023, the new rules have not been implemented.
- 2022 Corporate Compliance Training – Board of Governors & Staff:
 - On August 15th, 2022, the Board of Governors began their Corporate Compliance Training. Due to technical issues with the training platform the Board of Governors Corporate Compliance Training was reassigned on March 21st, 2023. Board members will have ninety (90) days to complete the assigned training.
 - All Plan Staff have completed the 2022 Annual Corporate Compliance Training.

To: Alameda Alliance for Health Board of Governors

From: Dr. Steve O'Brien, Chief Medical Officer

Date: April 14th, 2023

Subject: Health Care Services Report

Utilization Management: Outpatient

- Effective 1/1/23 DHCS has expanded the Continuity of Care (CoC) program for all members. CoC ensures new members with the Alliance to have access to services consistent with the access they previously were receiving. Workflows have been designed and socialized for all applicable internal departments. Training for delegates to be scheduled in the near future.
 - The expanded program now includes PCP services, DME, OP rehab (speech, occupational and physical therapy,) Behavioral Health and respiratory therapy.
 - OP UM has assessed current CoC processes across all applicable departments. A framework is developed to execute all new APL requirements.
- Referrals to Tertiary/Quaternary (T/Q) centers were fully implemented on 1/1/23. UM Medical Director is beginning to analyze trends to identify the level of referral appropriateness.
- OP UM is consulting for the new Long Term Care UM team in outpatient referral management to ensure standard UM practices across the Alliance.
- Pharmacy referrals through the UM Medical benefit will be transitioning to the Pharmacy department for full PA management at the end of Q2 2023. This allows for additional specialized focus overview with subject matter experts.

Outpatient Authorization Denial Rates			
Denial Rate Type	Jan 2023	Feb 2023	March2023
Overall Denial Rate	3.4%	2.0%	1.9%
Denial Rate Excluding Partial Denials	2.9%	1.6%	1.5%
Partial Denial Rate	0.5%	1.1%	0.4%

Turn Around Time Compliance			
Line of Business	Jan 2023	Feb 2023	March 2023
Overall	98%	99%	96%
Medi-Cal	99%	99%	96%
IHSS	97%	100%	100%
<i>Benchmark</i>	95%	95%	95%

Utilization Management: Inpatient

- The IP UM department is experiencing an increase in Skilled SNF admissions due to carve in of 1500 new members in LTC custodial nursing facilities, as well as acute hospital admissions of these vulnerable members, and actively managing the increase in authorization volume.
- As of January 1, 2023, the Plan assumed responsibility for providing Transitional Care Services for high-risk members discharging from one level of care to the next lower level of care: such as hospital to SNF or home. IP UM team conducts discharge assessment, provides name of Care Manager for inclusion in the discharge summary, and refers to Case Management department for follow-up. This includes identification of high-risk members admitted to a hospital and transitioning from one level of care to the next, completion of discharge risk assessment, hospital notification of assigned Care Manager and completion of a discharge document for the member.
- Readmission reduction: IP UM and CM are collaborating with hospital partners and with their community-based TCS programs to focus on readmission reduction, aligning with their readmission reduction goals. TCS is being expanded to include all high-risk members in 2023, and IP UM is working with CM to engage hospital and community partners in this effort.
- IP UM department continues to meet weekly with contracted hospital providers including Alameda Health System, Sutter, Kindred LTACH, Kentfield LTACH, Washington, for rounds on mutual patients to discuss UM issues, address discharge barriers, and improve throughput and real time communication.

Inpatient Med-Surg Utilization Total All Aid Categories Actuals (excludes Maternity)			
Metric	Nov 2022	Dec 2022	Jan 2023
Authorized LOS	5.4	6.1	5.3
Admits/1,000	53.7	53.5	50.6
Days/1,000	288.3	325.9	270.5

Turn Around Time Compliance			
Line of Business	Nov 2022	Dec 2022	Jan 2023
Overall	98%	98%	97%

Medi-Cal	98%	98%	98%
IHSS	100%	97%	97%
<i>Benchmark</i>	95%	95%	95%

Utilization Management: Long Term Care

- On January 1, 2023, FFS Medi-Cal members currently residing in Long Term Care SNFs began to come into AAH. Preparations for the influx of these new members was completed in December 2022, involving all departments in AAH, led by the Integrated Planning Department.
- As of April 1, 2023, there are 1478 Long Term Care AAH members. All members coming into LTC SNFs are automatically given 12-month authorizations, to ensure that there is no disruption in their care.
- Interactive Provider portal forms are available for per diem LTC services. The form for non-per diem (ancillary and professional) services is currently in development for LTC.
- Claims team, in conjunction with LTC, is holding open office hours for LTC providers in order for them to have an opportunity to learn our processes and ask questions related to authorizations and claims. This has been well received by the providers that have attended.
- The LTC team is collaborating with the IP UM Team and the Case Management team to integrate processes across the teams so that the member receives seamless care transitions across the continuum within AAH and out to community settings.
- Work has started on planning for the ICF-DD/Subacute carve-in to ensure preparedness on 1/1/2024. Collaborative meetings with the Regional Center of East Bay have commenced to ensure a seamless transition from FFS Medi-Cal to AAH.

Pharmacy

- Pharmacy Services process outpatient pharmacy claims, and pharmacy prior authorization (PA) has met turn-around time compliance for all lines of business.

Decisions	Number of PAs Processed
Approved	32
Denied	37
Closed	99
Total	168

Line of Business	Turn Around Rate compliance (%)
GroupCare	100%

- Medications for acne, anal fissures, weight management, fungal infections, constipation, eczema, cold sores, and skin irritation are the top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
2	RECTIV 0.4% OINTMENT	Anal fissures	Criteria for approval not met
3	WEGOVY 0.25 MG/0.5 ML PEN	Weight management	Criteria for approval not met
4	CICLOPIROX 0.77% GEL	Fungal infections	Criteria for approval not met
5	SEYSARA 150 MG TABLET	Acne	Criteria for approval not met
6	CONTRACE ER 8-90 MG TABLET	Weight management	Criteria for approval not met
7	TRULANCE 3 MG TABLET	Constipation	Criteria for approval not met
8	DESONIDE 0.05% CREAM	Eczema	Criteria for approval not met
9	ACYCLOVIR 5% CREAM	Cold sores	Criteria for approval not met
10	DICLOFENAC SODIUM 3% GEL	Skin irritation	Criteria for approval not met

- The Alameda Alliance for Health (AAH) Pharmacy Department has successfully carried out Medi-Cal RX go-live as of 1/1/2022 and continues to serve its members with the same high standards of care.
 - As of March 31, 2023, approximately 42.36 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately \$4.18 billion in payments.
 - Processed 94,130 prior authorization requests.
 - Answered 142,603 calls and 100 percent of virtual hold calls and voicemails have been returned
 - We have closed submitting Medi-Cal PAs and informing doctor offices to submit to Medi-Cal RX:

Month	Number of Total PA Closed
January 2023	30
February 2023	39
March 2023	60

- The AAH Pharmacy Department is collaborating with multiple departments within healthcare services.
 - The AAH Pharmacy Department is working with its Inpatient UM Department and Case Management Disease Management (CMDM) Department.
 - The AAH Pharmacy Department's TOC (Transition of Care) Program continues collaborating with the AAH Inpatient UM Department and Case Management Disease Management (CMDM) Department to help reduce the number of re-admissions after members are discharged from hospitals through education to

the members as well as filling potential gaps between providers and their patients.

- At the start of 2023, DHCS is requiring all MCPs to perform medication reconciliations for their highest risk TOC members based on new criteria from the state. The AAH Pharmacy Department is building out a new workflow with the other departments to meet these criteria.
 - Referred cases from the CMDM daily feed are evaluated to determine if the AAH Pharmacy Dept is required for each case. The pharmacy department is focusing on lower volume, higher need cases where pharmacy may have the greatest impact on member outcomes:
- Pharmacy is leading initiatives on PAD (physician administered drugs) focused internal and external partnership and reviewed PAD related UM authorizations as follows. Note one auth is per drug:

Month	Number of Auth
January 2023	309
February 2023	291

- Pharmacy is collaborating with CDPH, QI and HealthEd for additional asthma intervention strategies (e.g., data sharing, toolkit exchange and community worker training materials/programs).
- Pharmacy is collaborating with QI for continued support in asthma and we're working to partner with local pharmacies for smoking cessation initiatives.
- Pharmacy is collaborating with QI on an educational campaign to providers on untreated hepatitis B and C and recent elimination of the X-waiver to prescribe buprenorphine.
- Pharmacy continues to collaborate with QI for members on use of opioids:

MME	IHSS	MCAL	Total
December 2022			331
50-89	9	242	251
90-119	0	13	13
120-199	1	35	36
200-299	0	16	16
300-399	0	5	5
>400	0	10	10
January 2023			320
50-89	9	234	243
90-119	0	17	17
120-199	0	29	29
200-299	0	16	16

300-399	0	2	2
>400	0	13	13
February 2023			330
50-89	7	249	256
90-119	1	16	17
120-199	0	24	24
200-299	0	16	16
300-399	0	4	4
>400	0	13	13

Case and Disease Management

- CM worked with Population Health, Quality, Health Education, Analytics, UM departments to launch the new Population Health Management (PHM) program on 1/1/2023. PHM is intended to provide services to all members of the Alliance that consider health risk factors and tailor interventions to meet those risk factors.
- Transitions of Care program incorporates DHCS's new requirements for Transitional Care Services for high-risk members. Transitional Care Services (formerly known as Transitions of Care) went live 1/1/23. Requirements include an assigned care manager, discharge risk assessment and discharge documentation to ensure the member understands their discharge plan. CM is working closely with IP UM and ECM to provide TCS services for high-risk members.
- CM is collaborating with the Long-Term Care team in providing transitional care services.
- Major Organ Transplant (MOT) CM Bundle was deployed, and the volume continues to increase, (294 members.) The case management nurses have been trained to support members throughout the MOT process.
- CM continues to consult for the Behavioral Health (BH) team on case management to assist the BH team as they stand up BH insourcing.
- CM is enrolling high-risk utilizers in case management services. The department has improved the workflow to increase engagement with high utilizers.
- CM is collaborating with community partners to discuss referrals, provide case conferences and optimize communication to help AAH members receive appropriate resources.

Case Type	Cases Opened in February 2023	Total Open Cases as of February 2023	Cases Opened in March 2023	Total Open Cases as of March 2023
Care Coordination	380	788	556	965
Complex Case Management	29	86	35	93
Transitions of Care (TCS)	234	494	297	580

CalAIM

Enhanced Case Management

- Work with IPD, Analytics and Provider Service teams continues for the next Populations of Focus (Children/Youth) to launch 07/01/23.
- Meetings continue with California Children’s Services (CCS) to discuss the new ECM Population of Focus, Children and Youth
- ECM Model of Care (MOC) supplemental information requested by DHCS (for all plans) submitted 04/03/23.
- Completed new ECM Provider selection process for the July ‘23 launch. Final recommendations were presented to SLT 3/8/23. Outreach to start onboarding new providers is underway. Providers who were not selected will receive a letter from Provider Services.
- Two existing Anthem ECM providers have submitted Entity Interest forms to provide ECM for AAH. Both were selected to become ECM Providers starting 7/01/23 for new & existing Populations of Focus.

Case Type	ECM Outreach in December 2022	Total Open Cases as of December 2022	ECM Outreach in January 2023	Total Open Cases as of January 2023	ECM Outreach in February 2023	Total Open Cases as of February 2023
ECM	270	940	408	959	455	978

Community Supports (CS)

- CS services are focused on reducing unnecessary hospitalizations and ED visits. The six initial CS services launched on 1/1/2022 were:
 - Housing Navigation
 - Housing Deposits
 - Tenancy Sustaining Services
 - Medical Respite
 - Medically Tailored/Supportive Meals
 - Asthma Remediation

- A CS dashboard has been developed. Early evaluation shows a decrease in Admits/1000, Bed Days/1000, Average Length of Stay, ER Visits/1000. CS is refining the dashboard in collaboration with Analytics.

- CS meets weekly with each CS provider to work through logistical issues as they arise, including referral management, claims payment and member throughput.

- East Bay Innovations (EBI) is the CS Provider engaged in the Self-Funded Pilot for 2 additional Community Supports-like Services. The Self-Funded Pilot complements the incoming ECM Populations of Focus (January of 2023) and contributes to the success of the members' management:
 - Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities
 - Community Transition Services/Nursing Facility Transition to a Home

Community Supports	Services Authorized in Dec 2022	Services Authorized in Jan 2023	Services Authorized in Feb 2023	Services Authorized in March 2023
Housing Navigation	424	309	313	296
Housing Deposits	235	205	155	114
Housing Tenancy	1120	720	709	689
Asthma Remediation	29	34	42	39
Meals	395	474	583	593
Medical Respite	38	38	42	37

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes.

- Total grievances resolved in March were 8.99 complaints per 1,000 members.

- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of March 2023; we met our goal at 17.4% overturn rate.

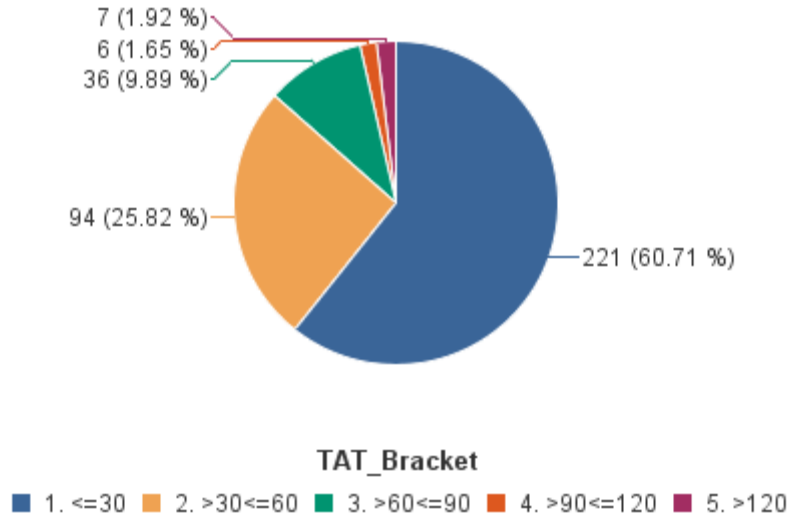
March 2023 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	1,014	30 Calendar Days	95% compliance within standard	984	97.1%	2.86
Expedited Grievance	1	72 Hours	95% compliance within standard	1	100.0%	0.002
Exempt Grievance	2,155	Next Business Day	95% compliance within standard	2,155	100.0%	6.07
Standard Appeal	23	30 Calendar Days	95% compliance within standard	23	100.0%	0.06
Expedited Appeal	0	72 Hours	95% compliance within standard	NA	NA	NA
Total Cases:	3,193		95% compliance within standard	3,163	99.1%	8.99

*Calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.

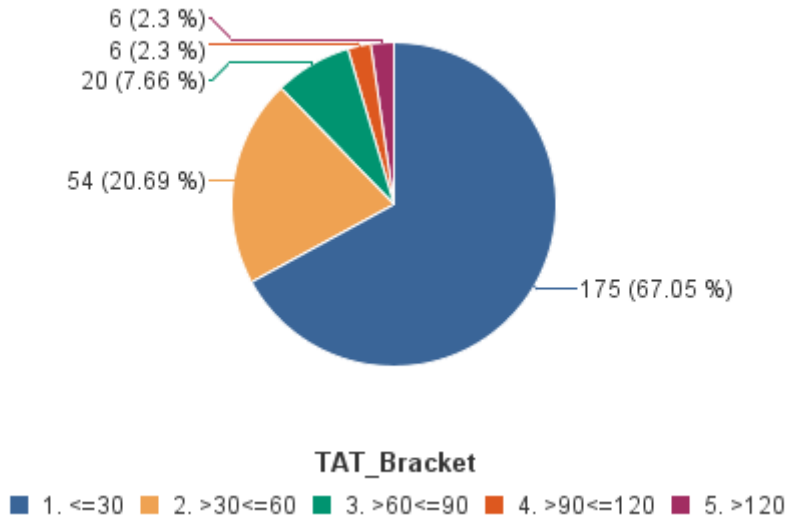
Quality

- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records and/or provider responses followed by final MD review when applicable.
- As part of an effort to streamline the PQI review process, Quality of Access issues are reviewed by the Access & Availability team and Quality of Language issues by the Cultural & Linguistics team after they are triaged by the QI Clinical team. Quality of Care and Service issues continue to be reviewed by the QI Clinical staff.
- PQI cases open > 120 days made up 2.3% of total cases for February and 1.92% in March. Therefore, turnaround times for case review and closure remain well under the benchmark of 5% per PQI P&P QI-104.
- Cases open for >120 days continues to be primarily related to delay in submission of medical records or provider responses by specific providers. Measures to identify barriers and close these gaps continue to be a priority.

PQI Aging Report as of 03/31/2023 N= 364



PQI Aging Report as of 02/28/2023 N= 261



Potential Quality Issues

- Potential Quality Issues (PQIs) are defined as: An individual occurrence or occurrences with a potential or suspected deviation from accepted standards of care, including diagnostic or therapeutic actions or behaviors that are considered the most favorable in affecting the patient's health outcome, which cannot be affirmed without additional review and investigation to determine whether a quality issue exists. PQI cases are classified as Quality of Care (QOC), Quality of Service (QOS), Quality of Access (QOA) or Quality of Language (QOL). The Alliance QI Department investigates all PQIs referred to as outlined in policy QI-104, Potential Quality Issues. PQIs may be submitted via a wide variety of sources including but not limited to members, practitioners, internal staff, and external sources. PQIs are referred to the Quality Improvement (QI) Department through a secure electronic feed or entered manually into the PQI application, for evaluation, investigation, resolution, and tracking.
- Quality Review Nurses investigate PQIs and summarize their findings. QOS cases that do not contain a clinical component are investigated and closed by the review nurse. QOA cases are referred to the Access and Availability Team while QOL cases referred to the Cultural and Linguistic Team for review and investigation. The Senior Director and/or the QI RN Supervisor oversees and audits a random sample of all QOS cases. The QI Medical Director reviews all QOC cases, in addition to any QOS cases where the Quality Review Nurse and RN Supervisor/Director requests Medical Director case review. The QI Medical Director will refer cases to the Peer Review and Credentialing Committee (PRC) for resolution on clinical discretion or if a case is found to be a significant Quality of Care Issue (Clinical Severity 3, 4)

Quality of Care Issue (QOC) Severity Levels

SEVERITY LEVEL	DESCRIPTION
C0	No QOC Issue
C1	Appropriate QOC May include medical / surgical complication in the <i>absence of negligence</i> Examples: Medication or procedure side effect
C2	Borderline QOC With potential for adverse effect or outcome Examples: Delay in test with <i>potential</i> for adverse outcome
C3	Moderate QOC Actual adverse effect or outcome (non-life or limb threatening) Examples: Delay in / unnecessary test <i>resulting in</i> poor outcome
C4	Serious QOC With significant adverse effect or outcome (life or limb threatening) Examples: Life or limb threatening

2022 Potential Quality Issues Analysis for Medi-Cal and IHSS Line of Business

- Alameda Alliance for Health’s Quality Department received 6458 Potential Quality Issues (PQIs) during measurement year 2022, which is a 112% increase from 2021. The total volume of PQIs increased by 3407 which is largely reflected in the number of QOS and QOA issues identified during this measurement year. Of the 6458 PQIs received in 2022, 8%, or 509, of the PQIs were classified as a QOC issue. PQI monthly and quarterly totals are listed below:

2022 All PQI Type Monthly Totals

PQI Type	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL	%
All Types of PQIs	328	321	589	563	489	483	570	687	727	412	593	696	6458	
QOA	100	123	229	183	146	164	189	246	259	123	150	215	2127	33%
QOC	58	20	32	47	38	41	57	68	43	55	34	16	509	8%
QOS	145	162	306	304	270	254	295	335	388	213	384	428	3484	54%
QOL*	14	7	14	21	23	17	24	26	23	14	15	30	228	3%
Other**	11	9	8	8	12	7	5	12	14	7	10	7	110	2%

**Referred to Beacon or Kaiser

- QI clinical management investigated reviewed and triaged all referrals both internal and external to the organization to ensure that access, clinical, language, service related PQIs were addressed through RN investigation and oversight support from Compliance and Vendor Management as applicable.

2022 QOC PQI Quarterly Totals

QI Audit of Exempt Grievances

- QI RN management continues to conduct Exempt Grievances case audits via random sampling to ensure that clinical PQIs are not missed and are forwarded to the Quality Department for investigation. QI Department clinical management provides oversight of exempt grievances via review of randomly selected exempt grievances. In 2022, 100 exempt grievance case file reviews was performed per quarter with an overall performance rate of 98.5 which exceeds the established performance metric of 90%.

	Q4 2021	Q1 2022	Q2 2022	Q3 2022
Numerator	98	98	98	100
Denominator	100	100	100	100
Performance Rate	98%	98%	98%	100%
Gap to Goal	NA	NA	NA	NA
Universe (n)	3126	3068	3684	4828

- The Alliance IT department continues to provide support with workflow enhancements to the PQI application as needed. The PQI application remains a robust and responsive system allowing for timely and accurate reporting, documentation, tracking, and adjudication of PQIs.

***A full description of the PQI process is documented in policy QI-104.

Consistency in Application of Criteria for Inter-rater Reliability (IRR)

- The Alliance QI Department assesses the consistency with which physicians, pharmacists, UM nurses, Retrospective Review nurses and non-physician reviewers apply criteria to evaluate inter-rater reliability (IRR). A full description of the testing methodology is available in policy QI-133. The QI Department has set the IRR passing threshold as noted.

Inter-rater Reliability (IRR) Thresholds

SCORE	ACTION
High – 90%-100%	IRR Pass Rate/No action required.
Medium – 61%-89%	Increased training and focus by supervisors/managers.
Low – Below 60%	<ul style="list-style-type: none">• Additional training provided on clinical decision-making.• If staff fails the IRR test for the second time, a Corrective Action Plan is required with reports to the Director of Health Services and the Chief Medical Officer.• If staff fails to pass the IRR test a third time, the case will be escalated to Human Resources which may result in possible further disciplinary action.

- The IRR process for PQIs uses actual PQI cases. IRRs include a combination of acute and/or behavioral health IRRs. Results will be tallied as they complete the process and corrective actions implemented as needed. When opportunities for improving the consistency in applying criteria, QI staff addresses corrective actions through requirement of global or individualized training or completing additional IRR case reviews.
- For the 2022 measurement year, IRR testing was performed with QI clinical staff to evaluate consistency in classification, investigation and leveling of PQIs. All QI Review Nurse and Medical Director Reviewers passed the IRR testing with scores of 100%.

To: Alameda Alliance for Health Board of Governors
From: Lao Paul Vang, Chief Health Equity Officer
Date: April 14th, 2023
Subject: Health Equity Report

Internal Meetings with Leadership, Committees, and Staff

- Completed a series of individual and group meetings with the Chief Executive Officer, Senior Leadership Team, and the committee members from the Diversity, Equity, and Inclusion and Values in Action Committees.
 - **Senior Leadership Team:** Strong supportive voices from the Executive Team regarding the work of Healthcare Equity and Diversity, Equity, Inclusion, and Belonging.
 - **Diversity, Equity, and Inclusion Committee (DEIC):** The DEIC members overwhelmingly voiced their support for the work of the committee and renewed their commitment to continuing their involvement. They were extremely excited to have a Chief Health Equity Officer to lead this important work and plan to expand the DEIC membership across the organization.
 - **Values in Action Committee (VIAC):** The VIAC members also voiced strong support for the work of the committee. Some members feel that we should revisit the previous discussions about creating an Activity Coordinator to coordinate and manage the various activities for the Alliance.
- **Revision of Diversity, Equity, and Inclusion Committee’s Purpose Statement:** Provided a draft revision of the purpose statement to the committee during the March meeting for consideration of fine-tuning the purpose statement to be more specific on the work of the committee. The committee members also voted to add “Belonging” to the committee’s name, and it is now referred to as the “Diversity, Equity, Inclusion, and Belonging” Committee.

Office of Health Equity: Staff Recruitment

- New positions posted for the Office of Health Equity
 - **Senior Manager and Senior Analyst positions are posted and being recruited:** Two positions budgeted in Fiscal Year 2023 by the Chief Executive Officer. Collaborated with Human Resources on the development of the job descriptions and obtained grade levels for

both positions.

Office of Health Equity: Goals & Objectives 2023 – 2024

- **Highest Priority - Tier 1**

- **Diversity, Equity, Inclusion, and Belonging:** Enhance the Alliance's diverse and inclusive workforce and openly discuss racial and gender equity, social justice, and inclusion topics. Design programs to meet staff where they are while ensuring staff feels a sense of belonging in the workplace.
- **Healthcare Equity:** Collaborating with population health management and providers on equal access to timely and culturally responsive healthcare services for all members. The Alliance is defining the measures and working towards health equity.
- **Healthcare Equity and Diversity, Equity, Inclusion, and Belonging (DEIB) Data Collection and Analysis:** Develop a system-based approach to conduct data collections and analyses on HCE and DEIB, including identifying lessons learned and best practices to advance DEIB and HCE for the Alliance.
- **Community Engagement and Outreach:** Partner with the Alliance's Community Outreach team on engagement activities focusing on communication strategies to connect with historically marginalized and underserved populations to eliminate health disparities and improve access to timely and culturally responsive healthcare services.
- **Technical Advisory Support and Partnership:** Provide technical advisory support, collaboration, and partnership to all divisions within the Alliance, as well as external partners, to ensure that DEIB and healthcare equity are mainstreamed into all administrative and operational activities.

- **Tier 2 Priorities**

- **Value Contracting Services:** Collaborate with the Alliance's Vendor Management Team and Division Chiefs to develop a contracting system where community-based organizations, especially women and minority-owned businesses, could be engaged by the Alliance for contractual services.
- **Community Engagement and Social Activities:** Develop and implement community engagement and social activities to connect staff with each other, as well as connect staff with our members.

To: Alameda Alliance for Health Board of Governors

From: Sasi Karaiyan, Chief Information & Security Officer

Date: April 14th, 2023

Subject: Information Technology Report

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of March 2023 despite supporting 97% of staff working remotely.

Disaster Recovery (DR) and Business Continuity Plan (BCP)

- One of the Alliance primary objectives for fiscal year 2022/2023 is the implementation of an enterprise IT Disaster Recovery program to enable our core business areas the ability to restore and continue operations when there is a disaster.
- IT Disaster Recovery involves a set of policies, tools, and procedures to enable the recovery or continuation of vital technology infrastructure and systems following a natural or human-induced disaster. IT Disaster Recovery focuses on technology systems supporting critical business functions, which involve keeping all essential aspects of the business functioning, despite significant disruptive events.
- The Business Continuity Plan document has been drafted and completed. This document will serve as a playbook to help ensure the safety of our employees, to keep the organization and members informed through communication designed channels and to restore business functions in the event of a disaster.
- In the month of March 2023, the project team focused on reviewing the published DR runbook. The review and revision process took longer than anticipated and expect executive sign-off by mid-April 2023.
- Project close-out meeting with the vendor has been scheduled for April 10th.

IT Security Program

- IT Security 2.0 initiative is one of the Alliance's top priorities for fiscal year 2022 and 2023. Our goal is to elevate and further improve our security posture, ensure that our network perimeter is secure from threats and vulnerabilities, and to improve and strengthen our security policies and procedures.
- This program will include multiple phases and remediation efforts are now in progress.
 - **Key initiatives include:**
 - Remediating issues from security assessments. (e.g., Cyber, Microsoft Office 365, & Azure Cloud).
 - Create, update, and implement policies and procedures to operationalize and maintain security level after remediation.
 - Set up extended support for monitoring, alerting and supplementary support in cases of security issues.
 - Implement Security Information and Event Management (SIEM) tool for the enterprise to provide real-time visibility across the organization's information security systems.
- Cyber Security remains at 90% and overall, 95% complete for high-severity items as the remaining tasks requires comprehensive testing, scheduling, and coordination. A new phase will begin once the remaining tasks are completed.
- Immutable Backup Implementation project has kicked-off. This project has disaster recovery and IT security impacts to ensure the protection and isolation of the Alliance's data backup from ransomware attacks.
 - Data seeding amendment has been completed at the end of March 2023.
 - Data migration is expected to begin by mid-April 2023.
- Implementation of Single Sign-On and Multi-Factor Authentication for Shared Service Applications. This program focuses on protecting shared cloud applications with Multi-Factor Authentication and Single Sign-On.
 - As of end of March 2023, we completed 95% of the deployment.
 - The project will be extended as we have added shared applications for Single Sign-On and Multi-Factor Authentication policy deployments.
 - This brings the total number of shared application deployments to 13, with 11 completed, and 2 remaining.

Encounter Data

- In the month of March 2023, the Alliance submitted 172 encounter files to the Department of Health Care Services (DHCS) with a total of 318,263 encounters.
- HealthSuite encounter variance for inbound volume versus outbound volume is due to over 55,000 denied claims that will not be submitted to DHCS as encounters.

Enrollment

- The Medi-Cal Enrollment file for the month of March 2023 was received and processed on time.

HealthSuite

- A total of 207,347 claims were processed in the month of March 2023, out of which 164,436 claims auto adjudicated. This sets the auto-adjudication rate for this period to 79.3%.

TruCare

- A total of 18,015 authorizations were loaded and processed in the TruCare application.
- The TruCare application continues to operate with an uptime of 99.99%.

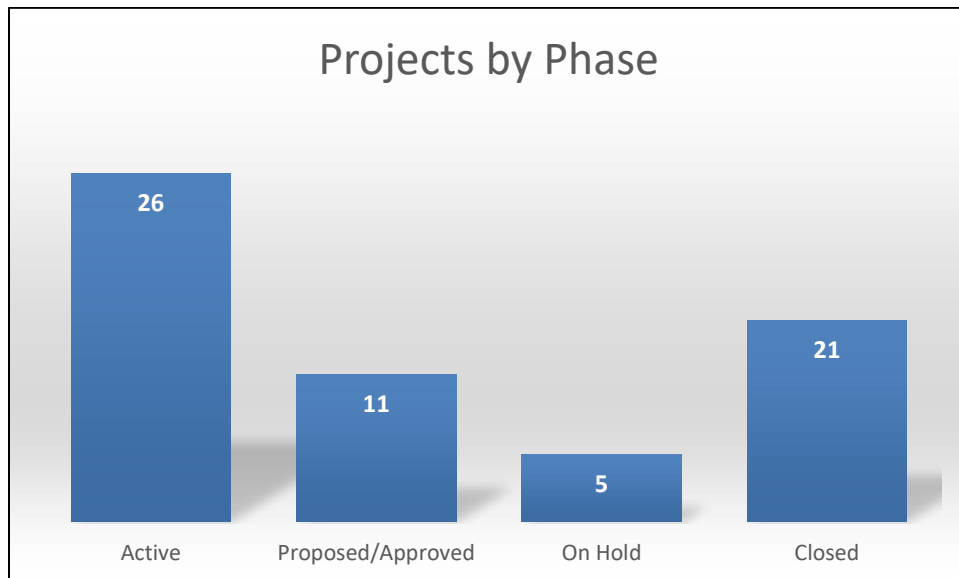
Consumer Portal

- In May 2022, the Alliance started the consumer portal enhancement. This consumer portal shall enable the Providers to submit prior authorizations, referrals, claims, and encounters to the Alliance and improve authorization and claim processing metrics.
- In March 2023, we launched the initial screening form for Behavioural Health (BH) on the portal enabling the providers to directly submit BH authorizations to the Alliance. Furthermore, we made significant progress in developing the forms to directly accept the Long-Term Care Authorization and Referral forms and Behavioural Health provider forms from our providers.

To: Alameda Alliance for Health Board of Governors
From: Ruth Watson, Chief of Integrated Planning
Date: April 14th, 2023
Subject: Integrated Planning Division Report – March 2023 Activities

Project Management Office

- 42 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
 - 26 Active projects (discovery, initiation, planning, execution, warranty)
 - 5 On Hold projects
 - 11 Proposed and Approved Projects
 - 21 Closed projects



Integrated Planning - CalAIM Initiatives

- Enhanced Care Management (ECM) and Community Supports (CS)
 - Enhanced Care Management
 - July 2023 ECM Populations of Focus – Children and Youth
 - Submitted ECM MOC Addendum II to DHCS on February 15th, 2023
 - Additional Information Requests (AIRs) received from DHCS on March 23rd and submitted to DHCS on March 31st (due on April 3rd)
 - January 2024 ECM Populations of Focus
 - Individuals Transitioning from Incarceration

- High Risk Pregnant and Postpartum Individuals
 - Community Supports
 - Submitted CS MOC to DHCS on February 15th, 2023, and still awaiting feedback
 - AAH is piloting two (2) other CS services that align with the new January 2023 PoF
- Long Term Care (LTC) Carve-In – AAH became responsible for all members residing in LTC facilities as of January 1st, 2023, with the exception of Pediatric and Adult Subacute Facilities and Intermediate Care Facilities, which will go live in January 2024.
 - 1,426 LTC Members have now transitioned to AAH through March
 - 605 Members with incorrect Aid Codes
 - LTC Team continues to outreach to facilities to encourage incorrect Aid Code reporting to the Social Services Agency (SSA)
 - DHCS has reported SSA backlog which impacts timeliness of updating of incorrect Aid Codes
 - April 2023 eligibility file received from DHCS on March 29th, 2023
 - AAH identified 58 new LTC members with the correct LTC Aid Codes effective as of April
 - Cross-reference activities identified an additional two (2) LTC members without the appropriate LTC Aid Codes
 - AAH staff continues to work with facilities regarding eligibility issues
 - LTC Command Center continues to meet regularly.
 - Monthly reporting to DHCS occurred in March; quarterly reporting commences in April.
- Population Health Management (PHM) Program – effective January 1st, 2023
 - PHM Evaluation – evaluation to determine impact of the 2022 PHM Strategy continues
 - 2023 Population Assessment
 - NCQA requirement
 - Data development required for evaluating member population, review of PHM Programs offered by AAH, and identification of future program needs was completed in March
 - 2023 PHM Strategy
 - NCQA requirement
 - Development of 2023 population health goals and activities in process with expected completion in May
- Community Health Worker Benefit – new Medi-Cal benefit that was effective July 1st, 2022, to promote the MCP's contractual obligations to meet DHCS broader Population Health Management standards
 - Internal CHW strategy meetings continue
 - Options to impact AAH population added to Strategy document.
 - Benefits to adding CHW to achieve wraparound care and its impact to AAH population identified

- AAH continues to participate in the CHW Practice Design Workgroup which includes County staff as well as representatives from organizations throughout the state who utilize CHWs
- CalAIM Incentive Payment Program (IPP) – three-year DHCS program to provide funding for the support of ECM and CS in 1) Delivery System Infrastructure, 2) ECM Provider Capacity Building, and 3) Community Supports Provider Capacity Building and Community Supports Take-Up
 - Submitted Submission 2B narrative and quantitative responses to DHCS on March 15th
 - DHCS finalized the Submissions 3, 4, and 5 templates on March 30th and sent to all MCPs
 - Finalizing the review of applications and providing award notification to the 11 applicants that submitted a request for IPP funding during Wave 3

Other Initiatives

- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services previously performed by Beacon Health Options were brought in-house on April 1st, 2023
- The Alliance received Conditional Approval for our Material Modification from DMHC on 3/15/2023
 - Included seven (7) conditions, referred to as Undertakings, which must be met with response due back to DHCS by 4/28/2023
- Contracting – 168 fully executed contracts representing 871 total mental health and autism providers
- Letters of Agreement (LOAs) will be negotiated with non-contracted providers until contracts can be negotiated
- Staffing
 - Behavioral Health and Customer Services teams are staffed
- Day One Readiness
 - Beacon 800 number released to AAH on 3/23/2023
 - User Acceptance Testing, End-to-End Testing, and Business Production Testing completed on 3/31/2023 with no showstoppers
 - Technical Deployments completed 3/31/2023
 - Crisis Support Services (after hours vendor) – fully tested cutover for non-business hours telephone calls; call forwarding began at 5 pm on 3/31/2023
- Reports
 - ABA Supplemental file, Clinical Development Educator (CDE) Triage, and Authorization reports delivered on 3/31/23. Refreshed files to be delivered 4/10/2023
 - Open Case Management (CM) Report delivered 3/27/2023; refreshed file to be delivered week of 4/3/2023
 - Daily Aging Authorization Report
 - CSS Daily Member Calls Report
 - Open CM Cases Report – 59 cases on the 3/27/2023 report
 - ABA Authorization Report – refreshed report 4/10/2023

- Error Report – manually worked to fix errors
 - Census Report – assists BH Team to understand open cases requiring Notice of Actions (NOA)
- Daily Touchpoint meetings with Business and IT
- Post go-live support by Beacon will continue for 90 days

- Behavioral Health Integration (BHI) Incentive Program – Program ended on December 31st, 2022.
 - Program wrap-up included submission of final report to DHCS
 - Submitted Program Year 2 Annual Performance Measure Report to DHCS on March 24th.
 - Program Year 2, Q3 milestone payment of \$289,150 received from DHCS on March 30th; payments to grantees targeted for April 6th.

- Student Behavioral Health Incentive Program (SBHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2024
 - AAH submitted the SBHIP Needs Assessment and four Targeted Interventions Project Plans to DHCS on December 30th, 2022, for review and approval
 - Approval for the Targeted Interventions Project Plans was received on February 24th, 2023, resulting in successful achievement of 50% of the Targeted Interventions allocation (\$4.4M)
 - Approval for the comprehensive Needs Assessment was received on March 8th, 2023, resulting in successful achievement of the remaining 50% of the Needs Assessment allocation (\$381K)
 - Funding for these two deliverables (\$4.8M) is scheduled for release by DHCS in late April 2023
 - Partner meetings continue with Local Education Agencies (LEAs) to further refine project plan activities for successful completion of the current measurement period (January 1, 2023 – June 30, 2023) milestones
 - An Alameda County SBHIP Steering Group has been formed, which includes Alameda Alliance, Anthem, Alameda County Office of Education (ACOE), and Alameda County Center for Healthy Schools and Communities (CHSC) to provide strategic program direction
 - The Steering Group will advise in the development of an Alameda County Learning Exchange which will support targeted interventions and development of sustainability resources for LEAs

- Housing and Homelessness Incentive Program (HHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2023
- MOU between AAH and HCSA to define deliverables and milestones that must be met to receive funding was fully executed on December 30th, 2022.
 - HCSA has submitted the following deliverables:
 - HHIP data reporting deliverable (received on February 15th, 2023)
 - Housing Financial Supports Progress Report (received on March 30th, 2023)
 - Street Medicine Encounter file (received on March 30th, 2023)

- As of March 31st, \$908,000 in total payments has been delivered to HCSA for HHIP milestone completion
 - \$4.8M for the March 2023 deliverables will be paid in April
- Workgroup meetings continue with HCSA and Anthem Blue Cross, as well as internally, to implement Investment Plan initiatives
- The Submission 1 Report for reporting period May 1st, 2022 – December 31st, 2022, was submitted to DHCS on March 10th, 2023
 - DHCS review is expected to be completed in April or Early May 2023
 - Associated funding (up to \$15.5M) for the successful completion of Submission 1 measures is anticipated for release by DHCS in May 2023

Justice-Involved/Coordinated Re-Entry:

- DHCS received approval from CMS on January 26th regarding the ability to provide up to 90 Days of pre-release services
- Go-live date for implementation is scheduled for April 2024
- Correctional facilities will have the ability to select their go-live date within a 24-month phase-in period
- AAH will be launching a pilot for post-release services in July 2023 in preparation for the 2024 programs related to this population

2024 Managed Care Contract Operational Readiness:

- Group 2 Deliverables Status
 - Total Deliverables submitted to DHCS – 137
 - Approved by DHCS – 112
 - On Hold by DHCS – 15
 - Additional Information Requests – 9
 - Denied – 1
 - Upcoming Q2 2023 Operational Readiness Deliverable Dates
 - Wave 5 deliverables due 5/22/2023 – 14 total deliverables
 - Wave 5 deliverables due 6/5/2023 – 18 total deliverables
 - Wave 5 deliverables due 6/14/2023 – 2 total deliverables

Portfolio Project Management (PPM) Tool – Team Dynamix (TDX) is the selected tool and is being implemented in a phased approach, starting January 2023:

- Implementation Phase
 - Integrated Microsoft Teams with TDX
 - Setup Resource Pools
 - Configured Project Plan settings
 - Reporting
 - Setup custom fields for Project Driver and Program Manager
 - Refined Business Case
 - Configured Benefits
 - Modified Scorecard to Include number of departments
 - Published Lists for Systems and Processes Affected
 - Permissions & Access

- Configured Single Sign-on for all employees
 - From the portal, business case is viewable for both requests and projects
- Published Project Plan training diagrams
- Work in Progress
 - Confirm interim plan to capture schedule from TFS in TDX
 - Test Waterfall and Card Wall Plans
 - Design Status Report
 - Multi-function Authentication and Single Sign-on testing and deployment

Recruiting and Staffing

Project Management Open position(s):

- Recruitment continues for the following positions:
 - Technical Business Analyst – hired with a start date of 4/3/2023
 - Senior Project Manager – hired with start date of 5/1/2023
 - Business Analyst, Incentives & Reporting – hired with start date of 5/1/2023
 - Senior Technical Project Manager – hired with start date of 5/8/2023
 - Business Analyst, Integrated Planning
 - Business Analyst, Project Management Office (PMO)

To: Alameda Alliance for Health Board of Governors
From: Tiffany Cheang, Chief Analytics Officer
Date: April 14th, 2023
Subject: Performance & Analytics Report

Member Cost Analysis

The Member Cost Analysis below is based on the following 12-month rolling periods:

Current reporting period: Jan 2022 – Dec 2022 dates of service

Prior reporting period: Jan 2021 – Dec 2021 dates of service

(Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 9.6% of members account for 85.3% of total costs.
- In comparison, the Prior reporting period was lower at 8.6% of members accounting for 83.6% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
 - The SPD (non duals) and ACA OE categories of aid increased to account for 61.4% of the members, with SPDs accounting for 26.4% and ACA OE's at 35.0%.
 - The percent of members with costs >= \$30K slightly increased from 1.9% to 2.2%.
 - Of those members with costs >= \$100K, the percentage of total members has slightly increased to 0.5%.
 - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 45.2%.
 - Demographics for member city and gender for members with costs >= \$30K follow the same distribution as the overall Alliance population.
 - However, the age distribution of the top 9.6% is more concentrated in the 45-66 year old category (40.0%) compared to the overall population (20.6%).

To: Alameda Alliance for Health Board of Governors

From: Anastacia Swift, Chief Human Resources Officer

Date: April 14th, 2023

Subject: Human Resources Report

Staffing

- As of April 1st, 2023, the Alliance had 450 full time employees and 1-part time employee.
- On April 1st, 2023, the Alliance had 58 open positions in which 20 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 38 positions open to date. The Alliance is actively recruiting for the remaining 38 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions April 1 st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	12	5	7
Operations	20	4	16
Healthcare Analytics	4	0	4
Information Technology	5	2	3
Finance	2	2	0
Compliance & Legal	4	2	2
Human Resources	2	1	1
Executive	2	0	2
Integrated Planning	7	4	3
Total	58	20	38

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in March 2023 included:
 - 5 years:
 - Carlos Lopez (Member Services)
 - Simin Li (Finance)
 - Homaira Yusufi (Case & Disease Management)
 - Jayme Miles (Claims)
 - Anthony Pascua (IT Infrastructure)
 - 6 years:
 - Angelica Glasco-Olivares (Behavioral Health)
 - Rita Ng (Quality Management)
 - Sivilay Sisombat (Provider Services)
 - 7 years:
 - Jamisha Jefferson (Quality Management)
 - Sylvia Marquez (Member Services)
 - Darryl Crowder (Provider Services)
 - 8 years:
 - Ed Fugaban (IT Development)
 - Daniel Primus (IT Development)
 - Shiuwen Fu (IT Development)
 - 9 years:
 - Lisa Calvo (Utilization Management)
 - 11 years:
 - Jeffrey McKenzie (IT Development)
 - 18 years:
 - Crista Tran (Apps Management, IT Quality & Process Improvement)
 - 22 years:
 - Anet Quiambao (Claims)
 - 27 years:
 - Donna Ceccanti (Credentialing)



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APPENDIX

The appendix contains all supporting materials.

Legislative Tracking	Page 100
Finance Supporting Documents	Page 157
Operations Supporting Documents	Page 183
Compliance Supporting Documents	Page 202
Information Technology Supporting Documents	Page 208
Integrated Planning Supporting Documents	Page 227
Analytics Supporting Documents	Page 231



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LEGISLATIVE TRACKING

2023 Legislative Tracking List

The California State Legislature reconvened the 2023-2024 Legislative Session the first week of January 2023. The following is a list of state bills tracked by the Public Affairs and Compliance Departments that have been introduced during the 2023 Legislative Session. These bills are of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

AB 4 (**Arambula D**) **Covered California: expansion.**

Current Text: Amended: 3/9/2023 [html](#) [pdf](#)

Last Amend: 3/9/2023

Status: 3/13/2023-Re-referred to Com. on HEALTH.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Current law requires the Exchange to apply to the United States Department of Health and Human Services for a waiver to allow individuals who are not eligible to obtain health coverage through the Exchange because of their immigration status to obtain coverage from the Exchange, by waiving the requirement that the Exchange offer only qualified health plans solely for the purpose of offering coverage to persons otherwise not able to obtain coverage by reason of immigration status. Current law limits the waiver of that requirement to requiring the Exchange to offer only “California qualified health plans,” as specified, to those individuals. Current law requires an issuer that offers a qualified health plan in the individual market through the Exchange to concurrently offer a California qualified health plan that meets prescribed criteria. This bill would revise those provisions by deleting the requirement that limits coverage for the described individuals to the California qualified health plans. Contingent upon federal approval of the waiver, specified requirements for applicants eligible for the coverage described in the bill would become operative on January 1, 2025, for coverage effective for qualified health plans beginning January 1, 2026.

AB 47 (**Boerner Horvath D**) **Pelvic floor physical therapy coverage.**

Current Text: Introduced: 12/5/2022 [html](#) [pdf](#)

Status: 3/20/2023-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 1/26/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan contract or health insurance policy issued,

amended, or renewed on or after January 1st, 2024, to provide coverage for pelvic floor physical therapy after pregnancy. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

AB 55 **(Rodriguez D) Medi-Cal: workforce adjustment for ground ambulance transports.**

Current Text: Amended: 3/30/2023 [html](#) [pdf](#)

Last Amend: 3/30/2023

Status: 4/3/2023-Re-referred to Com. on HEALTH.

Location: 1/26/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law sets forth separate provisions for increased Medi-Cal reimbursement to providers of ground emergency medical transportation services that are owned or operated by certain types of public entities. This bill would establish, for dates of service on or after July 1st, 2024, a workforce adjustment, serving as an additional payment, for each ground ambulance transport performed by a provider of medical transportation services, excluding the above-described public entity providers. The bill would vary the rate of adjustment depending on federal maximum allowances based on the point of pickup and whether the service was for an emergency or nonemergency. The bill would require that the workforce adjustment meet a certain workforce standard, as determined by the department, which would apply to specified classes of employees, including emergency medical dispatchers, emergency medical technicians, paramedics, and registered nurses. The bill would set forth criteria for a provider to meet the workforce standard, with formulas taking into account the fiscal year and base hourly wage rates within a class of employees, and whether the provider is a new provider of ground ambulance services.

AB 85 **(Weber D) Social determinants of health: screening and outreach.**

Current Text: Introduced: 12/16/2022 [html](#) [pdf](#)

Status: 1/26/2023-Referred to Com. on HEALTH.

Location: 1/26/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires health care service plans and health insurers to include coverage for screening for various conditions and circumstances, including adverse childhood experiences. Current law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, to include coverage for screenings for social determinants of health, as defined. The bill would require a health care service plan or health insurer to provide primary care providers with adequate access to community health workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would

authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill’s requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services to provide reimbursement for those screenings.

AB 90 (**Petrie-Norris D**) **Family PACT Program: contraceptive device coverage.**

Current Text: Introduced: 1/5/2023 [html](#) [pdf](#)

Status: 3/22/2023-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (March 21). Re-referred to Com. on APPR.

Location: 1/5/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the State Department of Health Care Services, under which comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level, and who is eligible to receive these services. Under current law, those comprehensive clinical family planning services include coverage for contraceptive devices approved by the federal Food and Drug Administration. This bill would clarify that Family PACT comprehensive clinical family planning services include inpatient services relating to the placement or insertion of a contraceptive device.

AB 221 (**Ting D**) **Budget Act of 2023.**

Current Text: Introduced: 1/10/2023 [html](#) [pdf](#)

Status: 1/26/2023-Referred to Com. on BUDGET.

Location: 1/26/2023-A. BUDGET

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would make appropriations for the support of state government for the 2023–24 fiscal year.

AB 236 (**Holden D**) **Health care coverage: provider directories.**

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Last Amend: 3/20/2023

Status: 3/21/2023-Re-referred to Com. on APPR.

Location: 3/14/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. This bill would require a plan or insurer to annually audit and delete inaccurate listings from its provider directories and would require a provider directory to be 60% accurate on January 1st, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1st, 2027. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks and for each inaccurate listing in its directories. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1st, 2024, unless specified criteria applies. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.

AB 254 (Bauer-Kahan D) Confidentiality of Medical Information Act: reproductive or sexual health application information.

Current Text: Introduced: 1/19/2023 [html](#) [pdf](#)

Status: 3/15/2023-Coauthors revised. From committee: Do pass and re-refer to Com. on P. & C.P. (Ayes 13. Noes 0.) (March 14). Re-referred to Com. on P. & C.P.

Location: 3/15/2023-A. P. & C.P.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Confidentiality of Medical Information Act (CMIA) makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care for purposes of allowing the individual to manage the individual’s information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Current law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would revise the definition of “medical information” to include reproductive or sexual health application information, which the bill would define to mean information related to a consumer’s reproductive or sexual health collected by a reproductive or sexual health digital service. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual’s information, or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA.

AB 289 (Holden D) Mental health services: representation.

Current Text: Amended: 3/7/2023 [html](#) [pdf](#)

Last Amend: 3/7/2023

Status: 3/30/2023-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To

Com. on RLS. for assignment.

Location: 3/30/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Bronzan-McCorquodale Act may be amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. Current law establishes the Mental Health Services Oversight and Accountability Commission and requires counties to prepare and submit a 3-year program and expenditure plan, and annual updates, as specified, to the commission and the State Department of Health Care Services. Current law requires the plan to be developed with specified local stakeholders, along with other important interests. This bill would require stakeholders to include sufficient participation of individuals representing diverse viewpoints, including representatives from youth from historically marginalized communities, representatives from organizations specializing in working with underserved racially and ethnically diverse communities, and representatives from LGBTQ+ communities.

AB 317 (Weber D) Pharmacist service coverage.

Current Text: Introduced: 1/26/2023 [html](#) [pdf](#)

Status: 3/22/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (March 21). Re-referred to Com. on APPR.

Location: 3/21/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law authorizes health care service plans and certain disability insurers, that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist, to pay or reimburse the cost of the service performed by a pharmacist for the plan or insurer if the pharmacist otherwise provides services for the plan or insurer. This bill would instead require a health care service plan and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

AB 352 (Bauer-Kahan D) Health information.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on HEALTH.

Location: 3/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1st, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to sensitive services, as specified. The bill would additionally prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless the request for medical information is authorized in accordance with specified existing provisions of law. Because the bill would expand the scope of an existing crime, it would impose a state-mandated local program.

AB 365 (Aguiar-Curry D) Medi-Cal: diabetes management.

Current Text: Amended: 3/15/2023 [html](#) [pdf](#)

Last Amend: 3/15/2023

Status: 3/22/2023-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 14. Noes 0.) (March 21). Re-referred to Com. on APPR.

Location: 3/21/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law sets forth a schedule of benefits under the Medi-Cal program. This bill would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program, subject to utilization controls. The bill would require the department, by July 1st, 2024, to review and update, as appropriate, coverage policies for continuous glucose monitors, as specified. The bill would authorize the department to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would limit its implementation to the extent that any necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized.

AB 425 (Alvarez D) Medi-Cal: pharmacogenomic testing.

Current Text: Amended: 3/30/2023 [html](#) [pdf](#)

Last Amend: 3/30/2023

Status: 4/3/2023-Re-referred to Com. on APPR.

Location: 3/29/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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1st House	2nd House				
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Summary: Would add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing that includes, but is not limited to, a panel test, to identify how a person’s genetics may impact the efficacy, toxicity, and safety of medications, including medications prescribed for behavioral or mental health, oncology, hematology, pain management, infectious disease, urology, reproductive or sexual health, neurology, gastroenterology, or cardiovascular diseases.

AB 428 (Waldron R) California Department of Reentry.

Current Text: Amended: 3/29/2023 [html](#) [pdf](#)

Last Amend: 3/29/2023

Status: 3/30/2023-Re-referred to Com. on PUB. S.

Location: 3/23/2023-A. PUB. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the California Department of Reentry, independent from the Department of Corrections and Rehabilitation (CDCR), to provide statewide leadership, coordination, and technical assistance to promote effective state and local efforts to ensure successful reentry services are provided to incarcerated individuals. The bill would require the department to focus on programming through the period of incarceration that supports successful reentry to society, facilitate the smooth transition of individuals from prison to release by developing individualized reentry plans for each individual, and would recommend and design facilities within existing state prisons to create a better environment for overall mental and physical health, among other things.

AB 459 (Haney D) California Behavioral Health Outcomes and Accountability Review.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on HEALTH.

Location: 3/16/2023-A. HEALTH

Des k	Policy	Fiscal	Floor	Des k	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the California Health and Human Services Agency, by July 1st, 2026, to establish the California Behavioral Health Outcomes and Accountability Review (CBH-OAR), consisting of performance indicators, county self-assessments, and county and health plan improvement plans, to facilitate an accountability system that fosters continuous quality improvement in county and commercial behavioral health services and in the collection and dissemination of best practices in service delivery by the agency. The bill would require the agency to convene a work group, as specified, to establish a workplan by which the CBH-OAR shall be conducted. The bill would require the agency to establish specific process measures and uniform elements for the county and health plan improvement plan updates. The bill would require the

agency to report to the Legislature, as specified.

AB 482 (**Wilson D**) **Air ambulance services.**

Current Text: Amended: 3/9/2023 [html](#) [pdf](#)

Last Amend: 3/9/2023

Status: 4/4/2023-In committee: Hearing postponed by committee.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Emergency Medical Air Transportation Act imposed a penalty of \$4 until December 31st, 2022, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children’s Coverage Fund. Current law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31st, 2023, whichever occurs first. Current law establishes the Aeronautics Account in the State Transportation Fund, and continuously appropriates the moneys in the account for expenditure for airport purposes by the Division of Aeronautics within the Department of Transportation and the California Transportation Commission. This bill would annually transfer \$8,000,000 from the Aeronautics Account to the Emergency Medical Air Transportation and Children’s Coverage Fund and continuously appropriate those moneys to augment Medi-Cal reimbursement for emergency medical air transportation and related costs.

AB 483 (**Muratsuchi D**) **Local educational agency: Medi-Cal billing option.**

Current Text: Introduced: 2/7/2023 [html](#) [pdf](#)

Status: 3/22/2023-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 14. Noes 0.) (March 21st). Re-referred to Com. on APPR.

Location: 2/7/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services to revise the state plan to establish a revised audit process for Medi-Cal Billing Option claims submitted for dates of service on or after January 1st, 2025, pursuant to specified requirements and limitations. The bill would require the department to report to the relevant policy committees and post on its internet website any changes made to the state plan pursuant to the requirement to revise the state plan. The bill would require the department to provide technical assistance to the LEA or to complete appeals by the LEA within 180 days if an audit requires a specified percentage of an LEA’s total value of claims to be paid back. The bill would prohibit an auditor from determining that an LEA is required to pay back reimbursement for certain claims, except as specified. The bill would require the department’s summary of activities in the above-described report to also include training for LEAs and a summary

of the number of audits conducted of Medi-Cal Billing Option claims, as specified. The bill would require the department to ensure, for those claims, that “medical necessity” for a beneficiary under 21 years of age has a specified meaning.

AB 488 (**Nguyen, Stephanie D**) **Medi-Cal: skilled nursing facilities: vision loss.**

Current Text: Introduced: 2/7/2023 [html](#) [pdf](#)

Status: 3/27/2023-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 2/17/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the State Department of Health Care Services, subject to any necessary federal approvals, for managed care rating periods that begin between January 1st, 2023, and December 31st, 2026, inclusive, to establish and implement the Workforce and Quality Incentive Program under which a network provider furnishing skilled nursing facility services to a Medi-Cal managed care enrollee may earn performance-based directed payments from the Medi-Cal managed care plan with which they contract, as specified. Current law, subject to an appropriation, requires the department to set the amounts of those directed payments under a specified formula. Current law requires the department to establish the methodology or methodologies, parameters, and eligibility criteria for the directed payments, including the milestones and metrics that network providers of skilled nursing facility services must meet in order to receive a directed payment from a Medi-Cal managed care plan, with at least 2 of these milestones and metrics tied to workforce measures. This bill would require that the measures and milestones include program access, staff training, and capital improvement measures aimed at addressing the needs of skilled nursing facility residents with vision loss.

AB 492 (**Pellerin D**) **Medi-Cal: reproductive and behavioral health integration pilot programs.**

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on HEALTH.

Location: 3/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program pursuant to a federal waiver, as part of the schedule of Medi-Cal benefits. Under current law, the Family PACT Program provides comprehensive clinical family planning services to a person who has a family income at or below 200% of the federal poverty level and who is eligible to receive those services pursuant to the waiver. Under the Family PACT Program, comprehensive clinical family planning services include, among other things, contraception and general reproductive health care, and exclude abortion. Abortion services are covered under the Medi-Cal program. This bill would, on or before July 1st, 2024, subject to an appropriation, require the State Department of Health Care Services to make grants, incentive payments, or other financial support available to

Medi-Cal managed care plans to develop and implement reproductive and behavioral health integration pilot programs in partnership with identified qualified providers, in order to improve access to behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions.

AB 503 (Carrillo, Juan D) Health care: organ donation enrollment.

Current Text: Amended: 3/28/2023 [html](#) [pdf](#)

Last Amend: 3/28/2023

Status: 3/29/2023-Re-referred to Com. on HEALTH.

Location: 2/17/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Uniform Anatomical Gift Act authorizes the creation of a not-for-profit entity to be designated as the California Organ and Tissue Donor Registrar and requires that entity to establish and maintain the Donate Life California Organ and Tissue Donor Registry for persons who have identified themselves as organ and tissue donors upon their death. This bill would require the single written or electronic application for insurance affordability programs to include a space for the applicant to enroll in the Donate Life California Organ and Tissue Donor Registry and would require the application to include specified check boxes for an applicant to indicate whether to add the applicant's name to the registry. The bill would also require the application to include a specified disclosure related to organ and tissue donations.

AB 524 (Wicks D) Discrimination: family caregiver status.

Current Text: Amended: 3/15/2023 [html](#) [pdf](#)

Last Amend: 3/15/2023

Status: 3/21/2023-From committee: Do pass and re-refer to Com. on L. & E. (Ayes 8. Noes 0.) (March 21). Re-referred to Com. on L. & E.

Location: 3/21/2023-A. L. & E.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The California Fair Employment and Housing Act (FEHA), which is enforced by the Civil Rights Department, prohibits various forms of employment discrimination and recognizes the opportunity to seek, obtain, and hold employment without specified forms of discrimination as a civil right. The act also makes it an unlawful employment practice for an employer, among other things, to refuse to hire or employ a person because of various personal characteristics, conditions, or traits. This bill would prohibit employment discrimination on account of family caregiver status, as defined, and would recognize the opportunity to seek, obtain, and hold employment without discrimination because of family caregiver status as a civil right, as specified.

AB 551 (Bennett D) Medi-Cal: specialty mental health services: foster children.

Current Text: Amended: 4/6/2023 [html](#) [pdf](#)

Last Amend: 4/6/2023

Status: 4/6/2023-From committee chair, with author's amendments: Amend, and re-refer to Com. on HUM. S. Read second time and amended.

Location: 2/17/2023-A. HUM. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described. Current law requires the State Department of Health Care Services to issue policy guidance on the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. On a case-by-case basis, and when consistent with the medical rights of children in foster care, current law authorizes the waiver of presumptive transfer, with the responsibility for the provision of specialty mental health services remaining with the county of original jurisdiction if certain exceptions exist. Under current law, the county probation agency or the child welfare services agency is responsible for determining whether waiver of the presumptive transfer is appropriate, with notice provided to the person requesting the exception. Under current law, commencing July 1st, 2023, in the case of placement of foster children in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children's crisis residential programs, the county of original jurisdiction is required to retain responsibility and presumptive transfer provisions apply only if certain circumstances exist. This bill, for purposes of foster children placed or admitted in those specific settings, would delay, until July 1st, 2024, the requirement on the county of original jurisdiction to retain responsibility and the limitation on the presumptive transfer provisions. By extending the period during which a county agency is responsible for making determinations about presumptive transfer waivers and making certain notifications, the bill would impose a state-mandated local program.

AB 557 (Hart D) Open meetings: local agencies: teleconferences.

Current Text: Introduced: 2/8/2023 [html](#) [pdf](#)

Status: 2/17/2023-Referred to Com. on L. GOV.

Location: 2/17/2023-A. L. GOV.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, until January 1st, 2024, authorizes a local agency to use teleconferencing without complying with specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health, as specified. If there is a continuing state of emergency, or if state or local officials have imposed or recommended measures to promote social distancing, existing law requires a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures. Current law requires a legislative body that holds a teleconferenced meeting under

these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option. Current law prohibits a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures from requiring public comments to be submitted in advance of the meeting and would specify that the legislative body must provide an opportunity for the public to address the legislative body and offer comment in real time. This bill would extend the above-described abbreviated teleconferencing provisions when a declared state of emergency is in effect, or in other situations related to public health, as specified, indefinitely.

AB 564 (Villapudua D) Medi-Cal: claim or remittance forms: signature.

Current Text: Amended: 4/5/2023 [html](#) [pdf](#)

Last Amend: 4/5/2023

Status: 4/6/2023-Re-referred to Com. on HEALTH.

Location: 2/17/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. Current law requires the Director of Health Care Services to develop and implement standards for the timely processing and payment of each claim type. Current law requires that the standards be sufficient to meet minimal federal requirements for the timely processing of claims. Current law states the intent of the Legislature that claim forms for use by physicians and hospitals be the same as claim forms in general use by other payors, as specified. This bill would require the department to allow a provider to submit an electronic signature for a claim or remittance form under the Medi-Cal program, to the extent not in conflict with federal law.

AB 576 (Weber D) Medi-Cal: reimbursement for abortion.

Current Text: Amended: 3/30/2023 [html](#) [pdf](#)

Last Amend: 3/30/2023

Status: 4/3/2023-Re-referred to Com. on HEALTH.

Location: 2/17/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, by March 1st, 2024, to review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. After the initial review, the bill would require the department to update its Medi-Cal coverage policies for medication abortion as needed to align with evidence-based clinical guidelines.

AB 583 (Wicks D) Birthing Justice for California Families Pilot Project.

Current Text: Amended: 3/9/2023 [html](#) [pdf](#)

Last Amend: 3/9/2023

Status: 3/13/2023-Re-referred to Com. on HEALTH.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the Birthing Justice for California Families Pilot Project, which would include a 3-year grant program administered by the State Department of Public Health to provide grants to specified entities, including community-based doula groups, to provide full-spectrum doula care to pregnant and birthing people who are low income and do not qualify for Medi-Cal or who are from communities that experience high rates of negative birth outcomes, among others. The bill would require the department to take specified actions with regard to awarding grants, including awarding grants to selected entities on or before January 1st, 2025. The bill would require a grant recipient to use grants funds to pay for the costs associated with providing full-spectrum doula care to eligible individuals and establishing and managing doula services. The bill would require a grant recipient, in setting the payment rate for a doula being paid with grant funds, to comply with specified parameters, including that the payment rate not be less than the Medi-Cal reimbursement rate for doulas or the median rate paid for doula care in existing local pilot projects providing doula care in California, whichever is higher. The bill would require the department, on or before January 1st, 2028, to submit a report to the appropriate policy and fiscal committees of the Legislature on the expenditure of funds and relevant outcome data for the pilot project.

AB 586 (Calderon D) Medi-Cal: community supports: climate change or environmental remediation devices.

Current Text: Amended: 3/30/2023 [html](#) [pdf](#)

Last Amend: 3/30/2023

Status: 4/3/2023-Re-referred to Com. on HEALTH.

Location: 2/17/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, the community supports that the State Department of Health Care Services is authorized to approve include, among other things, housing deposits, environmental accessibility adaptations or home modifications, and asthma remediation. This bill would add climate change or environmental remediation devices to the above-described list of community supports. For purposes of these provisions, the bill would define “climate change or environmental remediation devices” as coverage of devices and installation of those devices, as necessary, to address health-related complications,

barriers, or other factors linked to extreme weather, poor air quality, or climate events, including air conditioners, electric heaters, air filters, or backup power sources, among other specified devices for certain purposes.

AB 608 (**Schiavo D**) **Medi-Cal: comprehensive perinatal services.**

Current Text: Introduced: 2/9/2023 [html](#) [pdf](#)

Status: 2/17/2023-Referred to Com. on HEALTH.

Location: 2/17/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under current law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual’s pregnancy. This bill, during the one-year post pregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27th, 2021, during pregnancy and the initial 60-day post pregnancy period in effect on that date. The bill would require the department to collaborate with the State Department of Public Health and a broad stakeholder group to determine the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.

AB 614 (**Wood D**) **Medi-Cal.**

Current Text: Introduced: 2/9/2023 [html](#) [pdf](#)

Status: 2/17/2023-Referred to Com. on HEALTH.

Location: 2/17/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would make a change to an obsolete reference to the former Healthy Families Program, whose health services for children have been transitioned to the Medi-Cal program. The bill would make a change to an obsolete reference to the former Access for Infants and Mothers Program and would revise a related provision to instead refer to the successor Medi-Cal Access Program. The bill would delete, within certain Medi-Cal provisions, obsolete references to a repealed provision relating to nonprofit hospital service plans.

AB 616 (**Rodriguez D**) **Medical Group Financial Transparency Act.**

Current Text: Amended: 3/28/2023 [html](#) [pdf](#)

Last Amend: 3/28/2023

Status: 3/29/2023-Re-referred to Com. on HEALTH.

Location: 2/17/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Office of Health Care Affordability within the Department of Health Care Access and Information to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, and create a state strategy for controlling the cost of health care. Current law requires the office to collect data and other information it deems necessary from health care entities to carry out the functions of the office, and requires the office to require providers and physician organizations to submit audited financial reports or comprehensive financial statements, as specified. Current law requires those reports and statements to be kept confidential, and specifies that they are not required to be disclosed under the California Public Records Act. Current law requires the office to obtain information about health care service plans from the Department of Managed Health Care. This bill, the Medical Group Financial Transparency Act, would authorize the disclosure of audited financial reports and comprehensive financial statements of providers and physician organizations collected by the Office of Health Care Affordability and financial and other records of risk-bearing organizations made available to the Department of Managed Health Care. This bill would authorize the board, members of the board, the office, the department, and the employees, contractors, and advisors of the office and the department to use confidential audited financial reports and comprehensive financial statements only as necessary to carry out functions of the office. The bill would also require certain physician organizations, as specified, to produce or disclose audited financial reports and comprehensive financial statements to the office, subject to these provisions. The bill would require the audited financial reports and comprehensive financial statements produced or disclosed to the office to be made available to the public, by the office, as specified. The bill would also make related findings and declarations.

AB 620 (Connolly D) Health care coverage for metabolic disorders.

Current Text: Introduced: 2/9/2023 [html](#) [pdf](#)

Status: 2/17/2023-Referred to Com. on HEALTH.

Location: 2/17/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after January 1st, 2024, to provide coverage for the testing and treatment of other digestive and inherited metabolic disorders.

AB 632 (Gipson D) Health care coverage: prostate cancer screening.

Current Text: Introduced: 2/9/2023 [html](#) [pdf](#)

Status: 3/22/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (March 21). Re-referred to Com. on APPR.

Location: 3/21/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires an individual and group health care service plan contract or health insurance policy to provide coverage for the screening and diagnosis of prostate cancer when medically necessary and consistent with good professional practice. Under existing law, the application of a deductible or copayment for those services is not prohibited. This bill would prohibit a health care service plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1st, 2024, from applying a deductible, copayment, or coinsurance to coverage for prostate cancer screening services for an enrollee or insured who is 55 years of age or older or who is 40 years of age or older and is high risk, as determined by the attending or treating health care provider.

AB 649 (Wilson D) Developmental services.

Current Text: Introduced: 2/9/2023 [html](#) [pdf](#)

Status: 2/17/2023-Referred to Com. on HUM. S.

Location: 2/17/2023-A. HUM. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Lanterman Developmental Disabilities Services Act makes the State Department of Developmental Services responsible for providing various services and supports to individuals with developmental disabilities. Pursuant to that law, the department contracts with regional centers to provide services and supports to persons with developmental disabilities. Current law prohibits regional centers from purchasing any service that would otherwise be available from Medi-Cal, Medicare, and private insurance, among other sources, when a consumer or a consumer’s family meets the criteria of this coverage, but chooses not to pursue that coverage. Current law also prohibits regional centers from purchasing medical or dental services for a consumer 3 years of age or older unless the regional center is provided with documentation of a Medi-Cal, a private insurance, or a health care service plan denial, and the regional center determines that an appeal by the consumer or the consumer’s family of the denial does not have merit. This bill would delete both of those prohibitions on regional center purchases.

AB 659 (Aguiar-Curry D) Cancer Prevention Act.

Current Text: Amended: 3/21/2023 [html](#) [pdf](#)

Last Amend: 3/21/2023

Status: 3/23/2023-In committee: Hearing postponed by committee.

Location: 2/17/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, childcare center, day nursery, nursery school, family daycare home, or development center, unless prior to their admission to that institution they have been fully immunized. Current law requires

the documentation of immunizations for certain diseases, including, among others, measles, mumps, pertussis, and any other disease deemed appropriate by the State Department of Public Health, as specified. Current law authorizes certain exemptions from these provisions subject to specified conditions. This bill, the Cancer Prevention Act, would declare the public policy of the state that pupils are expected to be fully immunized against human papillomavirus (HPV) before admission or advancement to the 8th grade level of any private or public elementary or secondary school.

AB 666 (Arambula D) Health systems: community benefits plans.

Current Text: Amended: 4/6/2023 [html](#) [pdf](#)

Last Amend: 4/6/2023

Status: 4/6/2023-From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.

Location: 3/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires a private, not-for-profit hospital to adopt and update a community benefits plan that describes the activities the hospital has undertaken to address identified community needs within its mission and financial capacity, including health care services rendered to vulnerable populations. Current law defines the term “community” as the service areas or patient populations for which the hospital provides health care services, defines “vulnerable populations” for these purposes to include a population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs, and defines “community benefit” to mean the hospital’s activities that are intended to address community needs, such as support to local health departments, among other things. Current law requires a hospital to conduct a community needs assessment to evaluate the health needs of the community and to update that assessment at least once every 3 years. Current law requires a hospital to annually submit a community benefits plan to the department not later than 150 days after the hospital’s fiscal year ends. Current law authorizes the department to impose a fine not to exceed \$5,000 against a hospital that fails to adopt, update, or submit a community benefits plan, and requires the department to annually report on its internet website the amount of community benefit spending and list those that failed to report community benefit spending, among other things. This bill would require the department to define the term “community” by regulation within certain parameters, would redefine the term “community benefit” to mean services rendered to those eligible for, but not enrolled in the above-described programs, the unreimbursed costs as reported in specified tax filings, and the support to local health departments as documented by those local health departments, among other things, and would redefine the term “vulnerable populations” to include those eligible for, but not enrolled in the above-described programs, those below median income experiencing economic disparities, and certain socially disadvantaged groups, such as those who are incarcerated.

AB 677 (Addis D) Confidentiality of Medical Information Act.

Current Text: Introduced: 2/13/2023 [html](#) [pdf](#)

Status: 2/14/2023-From printer. May be heard in committee March 16.

Location: 2/13/2023-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Confidentiality of Medical Information Act, among other things, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, regarding a patient of the provider or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as specified. This bill would make nonsubstantive changes to the title provision of the act.

AB 719 (Boerner Horvath D) Medi-Cal benefits.

Current Text: Introduced: 2/13/2023 [html](#) [pdf](#)

Status: 2/23/2023-Referred to Com. on HEALTH.

Location: 2/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes a schedule of benefits under the Medi-Cal program, including nonmedical transportation for a beneficiary to obtain covered Medi-Cal services. Current law requires nonmedical transportation to be provided by the beneficiary's managed care plan or by the department for a Medi-Cal fee-for-service beneficiary. This bill would require the State Department of Health Care Services to require managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public transit operator. The bill would require the rates reimbursed by the managed care plan to the public transit operator to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation service.

AB 722 (Bonta D) Alameda Health System Hospital Authority.

Current Text: Introduced: 2/13/2023 [html](#) [pdf](#)

Status: 3/30/2023-Read second time. Ordered to third reading.

Location: 3/30/2023-A. THIRD READING

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law prohibits the Alameda Health System Hospital Authority, before January 1st, 2024, from entering into a contract with any other person or entity to replace services being provided by physicians and surgeons who are employed by the hospital authority and in a recognized collective bargaining unit, with services provided by that other person or entity without clear and convincing evidence that the needed medical care can only be delivered cost effectively by that other person or entity. This bill would prohibit indefinitely the authority's ability to enter into those contracts.

AB 815 (Wood D) Health care coverage: provider credentials.

Current Text: Amended: 3/13/2023 [html](#) [pdf](#)

Last Amend: 3/13/2023

Status: 3/14/2023-Re-referred to Com. on HEALTH.

Location: 2/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the California Health and Human Services Agency to create and maintain a provider credentialing board, with specified membership, to certify private and public entities for purposes of credentialing physicians and surgeons and other health care providers in lieu of a health care service plan's or health insurer's credentialing process. The bill would require the board to convene by July 1st, 2024, develop criteria for the certification of public and private credentialing entities by January 1st, 2025, and develop an application process for certification by July 1st, 2025. This bill would require a health care service plan or health insurer, or its delegated entity, to accept a valid credential from a board-certified entity without imposing additional criteria requirements and to pay a fee to a board-certified entity based on the number of contracted providers credentialed through the board-certified entity.

AB 845 (Alvarez D) Behavioral health: older adults.

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 2/23/2023-Referred to Coms. on AGING & L.T.C. and HEALTH.

Location: 2/23/2023-A. AGING & L.T.C.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and their responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1st, 2022, and would require the report to be posted on the department's internet website.

AB 847 (Rivas, Luz D) Medi-Cal: pediatric palliative care services.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on HEALTH.

Location: 3/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered

1st House	2nd House	Conc.			
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Summary: Current law requires the State Department of Health Care Services to develop a pediatric palliative care benefit as a pilot program to Medi-Cal beneficiaries under 21 years of age, to be implemented only to the extent that any necessary federal approvals are obtained, and federal financial participation is available. Current law requires that program to include, among other things, hospice services to individuals whose conditions may result in death, regardless of the estimated length of the individual’s remaining period of life. Pursuant to the above-described provisions, the department established the Pediatric Palliative Care (PPC) Waiver in 2009, upon receiving federal approval in December 2008. After the waiver ended on December 31st, 2018, the department implemented a plan in 2019 to transition some pediatric palliative care services to the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) benefit, which is available to Medi-Cal beneficiaries under 21 years of age, as specified. Current federal law makes individuals less than 21 years of age eligible for both hospice care and treatment for their underlying illness for which a physician has made a terminal diagnosis. This bill would extend eligibility for pediatric palliative care services and concurrent treatment for an underlying illness for those individuals who have been determined eligible for those services prior to 21 years of age, after 21 years of age.

AB 874 (Weber D) Health care coverage: out-of-pocket expenses.

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)
Status: 2/23/2023-Referred to Com. on HEALTH.
Location: 2/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan, health insurance policy, other health coverage carrier, or pharmacy benefit manager that administers pharmacy benefits to apply any amounts paid by the enrollee, insured, or another source pursuant to a discount, repayment, product voucher, or other reduction to the enrollee’s or insured’s out-of-pocket expenses toward the enrollee’s or insured’s overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or applicable cost-sharing requirement under the enrollee’s or insured’s health care service plan, health insurance policy, or other health care coverage. The bill would make a willful violation of that requirement by a health care service plan a crime. The bill would limit the application of the section to health care service plans and health insurance policies issued, amended, delivered, or renewed on or after January 1st, 2024. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.

AB 904 (Calderon D) Health care coverage: doulas.

Current Text: Amended: 3/29/2023 [html](#) [pdf](#)
Last Amend: 3/29/2023
Status: 3/30/2023-Re-referred to Com. on HEALTH.
Location: 2/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
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1st House	2nd House	Conc.			
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Summary: Would require a health care service plan or health insurer, on or before January 1st, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. The bill would authorize the departments to jointly convene a workgroup to examine the implementation of these programs. The bill would specify workgroup membership and duties. The bill would require the Department of Managed Health Care, in consultation with the Department of insurance, to collect data and submit a report on doula coverage and the above-described programs to the Legislature by January 1st, 2027. Because a willful violation of the provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

AB 907 (Lowenthal D) Coverage for PANDAS and PANS.

Current Text: Amended: 3/16/2023 [html](#) [pdf](#)

Last Amend: 3/16/2023

Status: 3/20/2023-Re-referred to Com. on HEALTH.

Location: 2/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by a provider. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name.

AB 931 (Irwin D) Prior authorization: physical therapy.

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 2/23/2023-Referred to Com. on HEALTH.

Location: 2/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 948 (Berman D) Prescription drugs.

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 3/22/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (March 21). Re-referred to Com. on APPR.

Location: 3/21/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Current law also provides for the regulation of health insurers by the Department of Insurance. This bill would delete the January 1st, 2024, repeal date of those provisions, thus making them operative indefinitely. Because extension of the bill's requirements relative to health care service plans would extend the existence of crime, the bill would impose a state-mandated local program.

AB 952 (Wood D) Dental coverage disclosures.

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 3/22/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (March 21). Re-referred to Com. on APPR.

Location: 3/21/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan or health insurer that issues, sells, renews, or offers a contract covering dental services, or a specialized health care service plan or specialized health insurer covering dental services, to disclose whether or not an enrollee's or insured's dental coverage is subject to regulation by the appropriate department at the time a treatment plan is communicated to the plan or insurer. The bill would also require that plan or insurer to include whether or not an enrollee's or insured's dental coverage is subject to regulation by the appropriate department on an identification card, membership card, coverage card, or other documentation of coverage. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 1001 (Haney D) Health facilities: behavioral health emergency services.

Current Text: Introduced: 2/15/2023 [html](#) [pdf](#)

Status: 3/2/2023-Referred to Com. on HEALTH.

Location: 3/2/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a general acute care hospital to adopt policies to respond to a patient requiring behavioral health emergency services, as defined. The bill would require that these protocols meet standards established by the department and consist of various parameters such as minimum staffing requirements for behavioral health emergency services, procedures for response by behavioral health emergency services personnel in a timely manner, and annual training, as specified. The bill would require the department to adopt regulations on standards for general acute care hospitals related to behavioral health emergency services. The bill would require all hospitals to maintain records related to certain data on behavioral health emergency services provided for a period of 3 years and to report that data to the department on a quarterly basis. The bill would require the department to post quarterly reports on that data on its internet website.

AB 1006 (McKinnor D) Aging and Disability Resource Connection program: No Wrong Door System.

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Last Amend: 3/20/2023

Status: 3/21/2023-Re-referred to Com. on AGING & L.T.C.

Location: 3/16/2023-A. AGING & L.T.C.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the California Department of Aging to administer the Aging and Disability Resource Connection (ADRC) Infrastructure Grants Program for the purpose of implementing a No Wrong Door System, a system that enables consumers to access all long-term services and supports (LTSS) through one agency, organization, coordinated network, or portal. Current law makes related legislative intent statements regarding the No Wrong Door System, including that it is the intent to provide consumers and their caregivers access to information and services, regardless of income or benefit level. Current law also establishes the Aging and Disability Resource Connection Advisory Committee, within the California Department of Aging, as the primary adviser in the implementation of the No Wrong Door System. Current law authorizes the committee to use the staff of the California Department of Aging to accomplish its purposes. This bill would instead require the committee to use the staff of the California Department of Aging. This bill would make additional legislative intent statements regarding the No Wrong Door System, including the intent to establish a statewide respite referral registry, as specified.

AB 1022 (Mathis R) Medi-Cal: Program of All-Inclusive Care for the Elderly.

Current Text: Introduced: 2/15/2023 [html](#) [pdf](#)

Status: 3/2/2023-Referred to Com. on HEALTH.

Location: 3/2/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law establishes the Program of All-Inclusive Care for the Elderly (PACE), which provides specified services for older individuals at a PACE center so that they may continue living in the community. Federal law authorizes states to implement PACE as a Medicaid state

option. Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state’s Medi-Cal state plan. Current law requires the department to develop and pay capitation rates to entities contracted through the PACE program using actuarial methods and that reflect the level of care associated with the specific populations served pursuant to the contract. Current law authorizes a PACE organization approved by the department to use video telehealth to conduct initial assessments and annual reassessments for eligibility for enrollment in the PACE program. This bill, among other things relating to the PACE program, would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization’s authority to use video telehealth to conduct all assessments, as specified.

AB 1036 (Bryan D) Health care coverage: emergency medical transport.

Current Text: Introduced: 2/15/2023 [html](#) [pdf](#)

Status: 4/4/2023-In committee: Hearing postponed by committee.

Location: 3/2/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chapters
1st House				2nd House							

Summary: Current law requires a policy of disability insurance issued, amended, delivered, or renewed in this state on or after January 1st, 1999, that provides hospital, medical, or surgical coverage with coverage for emergency health care services to include coverage for emergency medical transportation services without regard to whether or not the emergency provider contracts with the insurer or to prior authorization. Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law establishes a schedule of benefits under the Medi-Cal program, including various emergency medical services. This bill would require a physician, upon an individual’s arrival to an emergency department of a hospital, to certify in the treatment record whether an emergency medical condition existed, or was reasonably believed to have existed, and required emergency medical transportation services, as specified. This bill would, if a physician has certified that emergency medical transportation services according to these provisions, require a health care service plan, disability insurance policy, and Medi-Cal managed care plan, to provide coverage for emergency medical transport, consistent with an individual’s plan or policy. The bill would specify that the indication by a physician pursuant to these provisions is limited to an assessment of the medical necessity of the emergency medical transport services and does not apply or otherwise impact provisions regarding coverage for care provided following completion of the emergency medical transport. The bill would specify for Medi-Cal benefits, these provisions do not apply to various specified provisions relating to nonemergency transport services or any other law or regulation related to reimbursement or authorization requirements for services provided for emergency services and care.

AB 1085 (Maienschein D) Medi-Cal: housing support services.

Current Text: Amended: 3/27/2023 [html](#) [pdf](#)

Last Amend: 3/27/2023

Status: 3/28/2023-Re-referred to Com. on APPR.

Location: 3/21/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the State Department of Health Care Services as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under current law, the community supports that the department is authorized to approve include, among other things, housing transition navigation services, housing deposits, and housing tenancy and sustaining services. Current law, subject to an appropriation, requires the department to complete an independent analysis to determine whether network adequacy exists to obtain federal approval for a covered Medi-Cal benefit that provides housing support services. Current law requires that the analysis take into consideration specified information, including the number of providers in relation to each region’s or county’s number of people experiencing homelessness. Current law requires the department to report the outcomes of the analysis to the Legislature by January 1st, 2024. This bill would require the department to seek any necessary federal approvals for a Medi-Cal benefit to cover housing support services within 6 months of the completion of the above-described analysis.

AB 1091 (Wood D) Health Care Consolidation and Contracting Fairness Act of 2023.

Current Text: Introduced: 2/15/2023 [html](#) [pdf](#)

Status: 3/2/2023-Referred to Coms. on HEALTH and JUD.

Location: 3/2/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill, the Health Care Consolidation and Contracting Fairness Act of 2023, would prohibit a contract issued, amended, or renewed on or after January 1st, 2024, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan’s or insurer’s contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner’s or health facility’s entrance into a contract that contains specified terms. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 1092 (Wood D) Health care service plans: consolidation.

Current Text: Amended: 3/30/2023 [html](#) [pdf](#)

Last Amend: 3/30/2023

Status: 4/3/2023-Re-referred to Com. on APPR.

Location: 3/28/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Current law requires a health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity, to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Current law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. Current law authorizes the director to conditionally approve the transaction or agreement, contingent upon the health care service plan’s agreement to fulfill one or more conditions to benefit subscribers and enrollees of the health care service plan, provide for a stable health care delivery system, and impose other conditions specific to the transaction or agreement, as specified. This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program.

AB 1122 (Bains D) Medi-Cal provider applications.

Current Text: Amended: 3/9/2023 [html](#) [pdf](#)

Last Amend: 3/9/2023

Status: 3/13/2023-Re-referred to Com. on HEALTH.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law generally requires an applicant that currently is not enrolled in the Medi-Cal program, a provider applying for continued enrollment, or a provider not currently enrolled at a location where the provider intends to provide services, goods, supplies, or merchandise to a Medi-Cal beneficiary, to submit a complete application package for enrollment, continuing enrollment, or enrollment at a new location or a change in location, as specified. Current law requires an applicant or provider, for new or continued enrollment in the Medi-Cal program, to disclose all information as required in federal Medicaid regulations and any other information required by the department, as specified. This bill would authorize an applicant or provider to submit any primary authoritative source documentation as proof of the above-described information and would require the Director of Health Care Services to reasonably accept alternative formats and sources of that documentation so long as it is verified as authentic and comes from a primary source.

AB 1130 (Berman D) Substance use disorder.

Current Text: Introduced: 2/15/2023 [html](#) [pdf](#)

Status: 3/2/2023-Referred to Com. on B. & P.

Location: 3/2/2023-A. B.&P.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, the California Uniform Controlled Substances Act, regulates the distribution and use of controlled substances, as defined. Under the act, the State Department of Health Care Services is responsible for the administration of prevention, treatment, and recovery services for alcohol and drug abuse. Existing law, the Medical Practice Act, provides for the licensing and regulation of physicians and surgeons by the Medical Board of California. Current law authorizes a physician and surgeon to prescribe, dispense, or administer prescription drugs, including prescription-controlled substances, to an addict under their treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances and under specified conditions to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances. This bill would revise and recast these provisions, among others, to delete the reference to an “addict” and instead replace it with the term “a person with substance use disorder,” among other technical non substantive changes.

AB 1157 (Ortega D) Rehabilitative and habilitative services: durable medical equipment and services.

Current Text: Introduced: 2/16/2023 [html](#) [pdf](#)

Status: 3/2/2023-Referred to Com. on HEALTH.

Location: 3/2/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define “durable medical equipment” to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified. Because a violation of the bill’s provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 1163 (Rivas, Luz D) State forms: gender identity.

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Last Amend: 3/20/2023

Status: 3/21/2023-Re-referred to Com. on A. & A.R.

Location: 3/16/2023-A. A. & A.R.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require specified state agencies and departments to revise their public-use forms, by January 1st, 2025, to be more inclusive of individuals who identify as transgender, gender nonconforming, or intersex. This bill would require the agencies to revise their forms to allow individuals to provide their accurate gender identification. This bill would also require the impacted agencies and departments to collect data pertaining to the specific needs of the transgender, gender nonconforming, or intersex community, including, but not limited to, information relating to medical care, mental health disparities, and population size.

AB 1194 (Carrillo, Wendy D) California Privacy Rights Act of 2020: exemptions: abortion services.

Current Text: Introduced: 2/16/2023 [html](#) [pdf](#)

Status: 3/8/2023-In committee: Hearing postponed by committee.

Location: 3/2/2023-A. P. & C.P.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The California Privacy Rights Act of 2020 (CPRA), approved by the voters as Proposition 24 at the November 3rd, 2020, statewide general election, grants a consumer various rights with respect to personal information, as defined, that is collected or sold by a business, as defined, including the right to require the business to delete personal information about the consumer, as specified, unless those obligations restrict a business' ability to, among other things, comply with federal, state, or local laws or comply with a court order or subpoena to provide information, or cooperate with a government agency request for emergency access to a consumer's personal information if a natural person is at risk or danger of death or serious physical injury, as provided. This bill would, if the consumer's personal information contains information related to accessing, procuring, or searching for services regarding contraception, pregnancy care, and perinatal care, including, but not limited to, abortion services, require a business to comply with the obligations imposed by the CPRA. The bill would specify that a consumer accessing, procuring, or searching for those services does not constitute a natural person being at risk or danger of death or serious physical injury.

AB 1202 (Lackey R) Medi-Cal: time or distance standards: children's health care services.

Current Text: Amended: 3/29/2023 [html](#) [pdf](#)

Last Amend: 3/29/2023

Status: 3/30/2023-Re-referred to Com. on APPR.

Location: 3/21/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, no later than January 1, 2025, require each Medi-Cal managed care plan to

conduct, and report to the State Department of Health Care Services the results of, an analysis to identify the number and, as appropriate, the geographic distribution of Medi-Cal providers needed to ensure the Medi-Cal managed care plan’s compliance with the above-described time or distance and appointment time standards for pediatric primary care, across all service areas of the plan. The bill would, no later than January 1st, 2026, require the department to prepare and submit a report to the Legislature that includes certain information, including a summary of the results reported by Medi-Cal managed care plans, specific steps for Medi-Cal managed care plan accountability, evidence of progress and compliance, and level of accuracy of provider directories, as specified.

AB 1233 (Waldron R) Substance abuse: Naloxone Distribution Project: tribal governments.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/29/2023-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 14. Noes 0.) (March 28). Re-referred to Com. on APPR.

Location: 3/29/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services to conduct outreach to each of the tribal governments in California for the purpose of advising them of the availability of naloxone hydrochloride or another opioid antagonist through the NDP. The bill would require the department to provide technical assistance to the tribal entities applying for naloxone kits through the NDP if requested to do so by the tribal government. The bill would require the department to report to the Legislature and to the Assembly and Senate Health Committees, the results of the outreach program, as specified, annually on or before March 31 of each year, beginning on March 31st, 2025. The bill would repeal these provisions on March 31, 2027.

AB 1239 (Calderon D) Incarcerated persons: Family Planning, Access, Care, and Treatment Program.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on HEALTH.

Location: 3/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, no later than September 1st, 2025, to issue a list of Family PACT Program providers and clinics to an entity designated by the Department of Corrections and Rehabilitation for voluntary partnership with the department to assist a prison inmate with continuing and receiving specified health care services upon their release. The bill would impose a similar requirement on the State Department of Health Care Services for purposes of a list of Family PACT Program providers and clinics to assist county jail inmates, with the list being issued to an entity designated by county jails. Under the bill, any assistance provided to inmates would be provided only to the extent that the inmate elects to apply

for the program and receive assistance, as specified.

AB 1241 (Weber D) Medi-Cal: telehealth.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/29/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (March 28). Re-referred to Com. on APPR.

Location: 3/29/2023-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, in-person, face-to-face contact is not required when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Current law requires a provider furnishing services through video synchronous interaction or audio-only synchronous interaction, by a date set by the department, no sooner than January 1st, 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified. This bill would instead require, under the above-described circumstance, a provider to maintain the ability to either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.

AB 1288 (Reyes D) Health care coverage: Medication-assisted treatment.

Current Text: Introduced: 2/16/2023 [html](#) [pdf](#)

Status: 3/2/2023-Referred to Com. on HEALTH.

Location: 3/2/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a medical service plan and a health insurer from subjecting a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder to prior authorization. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1300 (Flora R) Health care service plans.

Current Text: Introduced: 2/16/2023 [html](#) [pdf](#)

Status: 2/17/2023-From printer. May be heard in committee March 19.

Location: 2/16/2023-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law charges the department with the execution of the laws of this state relating to health care service plans to ensure that health care service plans provide enrollees with access to quality health care services. This bill would make technical, non substantive changes to those provisions.

AB 1338 (Petrie-Norris D) Medi-Cal: community supports.

Current Text: Introduced: 2/16/2023 [html](#) [pdf](#)

Status: 4/6/2023-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 3/2/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under current law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, recuperative care, respite, day habilitation programs, and medically supportive food and nutrition services. This bill would add fitness, physical activity, recreational sports, and mental wellness memberships to the above-described list of community supports.

AB 1369 (Bauer-Kahan D) Out-of-state physicians and surgeons: telehealth: license exemption.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on B. & P.

Location: 3/23/2023-A. B.&P.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law defines “telehealth ” as the delivery of health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care, and that telehealth includes synchronous interactions and asynchronous store and forward transfers. Under this bill, a person licensed as a physician and surgeon in another state, as specified, who does not possess a certificate issued by the Medical Board of California would be authorized to deliver health care via

telehealth to a patient who, among other requirements, has a disease or condition that is immediately life-threatening.

AB 1379 (Papan D) Open meetings: local agencies: teleconferences.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on L. GOV.

Location: 3/23/2023-A. L. GOV.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body be open and public, and that all persons be permitted to attend unless a closed session is authorized. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Current law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. This bill, with respect to those general provisions on teleconferencing, would require a legislative body electing to use teleconferencing to instead post agendas at a singular designated physical meeting location, as defined, rather than at all teleconference locations. The bill would remove the requirements for the legislative body of the local agency to identify each teleconference location in the notice and agenda, that each teleconference location be accessible to the public, and that at least a quorum of the members participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction.

AB 1387 (Ting D) In-Home Supportive Services Program: provider shortage: grant-based outreach program.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 3/9/2023-Referred to Com. on HUM. S.

Location: 3/9/2023-A. HUM. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, by March 1st, 2024, to issue a request for proposals for a 3-year, grant-based program to support outreach and education to encourage immigrants to become in-home supportive services (IHSS) providers, contingent upon an appropriation by the Legislature for that purpose. The bill would require eligible grantees for the program to include nonprofit, community-based agencies that engage with immigrant populations, counties administering the IHSS program, and county public authorities. The bill would set forth eligible outreach activities, including developing educational and outreach materials, and providing community outreach workers. The bill would require grantees to report to the department, at least

semiannually, on the outcomes achieved by the outreach campaign, including, but not limited to, activities and methods utilized to reach and recruit providers. If the grantee reporting requirements result in additional workload for counties, those provisions would be implemented only if funding for that purpose is provided in the State Budget. The bill would require the department to report to the Legislature, within 6 months after the conclusion of the program, on the effectiveness of the program, including the extent to which the outreach campaign resulted in an increase in the IHSS provider workforce. The provisions of the bill would be repealed on January 1st, 2028.

AB 1432 (Carrillo, Wendy D) Health care coverage.

Current Text: Amended: 4/3/2023 [html](#) [pdf](#)

Last Amend: 4/3/2023

Status: 4/4/2023-Re-referred to Com. on HEALTH.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would subject a group health care service plan contract, policy, or certificate of group health insurance that is marketed, issued, or delivered to a California resident to all provisions of the Health and Safety Code and Insurance Code requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the situs of the contract, subscriber, or master group policyholder. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 1437 (Irwin D) Medi-Cal: serious mental illness.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 3/9/2023-Referred to Com. on HEALTH.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law sets forth a schedule of benefits under the Medi-Cal program, including specialty and non-specialty mental health services through different delivery systems, in certain cases subject to utilization controls, such as prior authorization. Under current law, prior authorization is approval of a specified service in advance of the rendering of that service based upon a determination of medical necessity. Current law sets forth various provisions relating to processing, or appealing the decision of, treatment authorization requests, and provisions relating to certain services requiring or not requiring a treatment authorization request. After a determination of cost benefit, current law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than \$100, except for prescribed drugs, as specified. Under this bill, a treatment authorization request would not be required for the provision of a prescription drug prescribed to prevent, assess, or treat a serious mental illness, as defined.

AB 1450 (Jackson D) Pupil health: universal screenings: adverse childhood experiences and dyslexia.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 3/9/2023-Referred to Com. on ED.

Location: 3/9/2023-A. ED.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill would require a school district, county office of education, or charter school to employ or contract with at least one mental health clinician, as defined, and at least one case manager, as defined, for each school site of the local educational agency, and to conduct universal screenings for adverse childhood experiences, as defined, and dyslexia, pursuant to a graduated schedule by grade span, as specified. The bill would require a mental health clinician who conducts a screening to develop and provide to the pupil and their parent or guardian, an action plan based upon findings from the screening, as appropriate, and would require case managers to help implement approved action plans. By imposing additional requirements on local educational agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1451 (Jackson D) Behavioral health crisis treatment.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 3/9/2023-Referred to Com. on HEALTH.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1st, 2024, to provide coverage for treatment of a behavioral health crisis that is identified during an appointment at a contracted facility where an enrollee or insured is receiving treatment from a contracted provider for a medical condition, as specified. The bill would authorize treatment for behavioral health crisis to be provided at the contracted facility, if the facility has the appropriate staff to provide that care. The bill would require the treatment to be provided without preauthorization and would authorize the provider or facility to use same-day billing to obtain reimbursement for both the medical and behavioral health services provided to the enrollee or insured. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1470 (Quirk-Silva D) Medi-Cal: behavioral health services: documentation standards.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on HEALTH.

Location: 3/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services, including behavioral health services. The bill would authorize the department to develop and maintain a list of department-approved nonstandard forms. The bill would require the department to conduct, on or before July 1st, 2025, regional trainings for personnel and provider networks of applicable entities, including county mental health plans, Medi-Cal managed care plans, and entities within the fee-for-service delivery system, on proper completion of the standard forms. The bill would require each applicable entity to distribute the training material and standard forms to its provider networks, and to commence, no later than July 1st, 2025, exclusively using the standard forms, unless it uses department-approved nonstandard forms. The bill would require providers of applicable entities to use those forms, as specified. The bill would require the department to conduct an analysis on the status of utilization of the standard forms by applicable entities, and on the status of the trainings and training material, in order to determine the effectiveness of implementation of the above-described provisions. The bill would require the department to prepare annual reports containing findings from the analysis, and, commencing on July 1st, 2026, and each year thereafter, to submit the most recent report to the Legislature and to post it on the department’s internet website.

AB 1481 (Boerner Horvath D) Medi-Cal: presumptive eligibility.

Current Text: Amended: 3/16/2023 [html](#) [pdf](#)

Last Amend: 3/16/2023

Status: 3/20/2023-Re-referred to Com. on HEALTH.

Location: 3/16/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law, as a condition of receiving federal Medicaid funds, requires states to provide health care services to specified individuals. Existing federal law authorizes states to provide presumptive eligibility to pregnant women or children, and existing state law requires the department to provide presumptive eligibility to pregnant women and children, as specified. Under existing law, a minor may consent to pregnancy prevention or treatment services without parental consent. Under existing law, an individual under 21 years of age who qualifies for presumptive eligibility is required to go to a county welfare department office to obtain approval for presumptive eligibility. This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program “Presumptive Eligibility for Pregnant People” (PE4PP). The bill would make a presumptively eligible pregnant person eligible for coverage of all medical care, services, prescriptions, and supplies available under the Medi-Cal program, except for inpatient services and institutional long-term care.

AB 1502 (Schiavo D) Health care coverage: discrimination.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 3/9/2023-Referred to Coms. on HEALTH and JUD.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill would prohibit a health care service plan or health insurer from discriminating on the basis of race, color, national origin, sex, age, or disability through the use of clinical algorithms in its decision making. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1537 (Wood D) Skilled nursing facilities: direct care spending requirement.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 3/9/2023-Referred to Com. on HEALTH.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law provides for the licensure and regulation of health facilities, including skilled nursing facilities, by the State Department of Public Health. A violation of those provisions is a crime. Existing law requires health facilities to submit specified financial reports to the Department of Health Care Access and Information. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. This bill would require, no later than July 1st, 2024, the establishment of a direct patient-related services spending, reporting, and rebate requirement for skilled nursing facilities, with exceptions. Under the direct patient-related services spending requirement, the bill would require that a minimum of 85% of a facility's total non-Medicare health revenues from all payer sources in each fiscal year be expended on residents' direct patient-related services, as defined. This bill contains other related provisions and other existing laws.

AB 1549 (Carrillo, Wendy D) Medi-Cal: federally qualified health centers and rural health clinics.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on HEALTH.

Location: 3/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Medi-Cal program, which is administered by the State

Department of Health Care Services, and under which qualified low-income individuals receive health care services, including federally qualified health center services and rural health clinic services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. This bill would, among other things, require that per-visit rate to account for the costs of the FQHC or RHC that are reasonable and related to the provision of covered services, including the specific methods and processes used by the FQHC and RHC to deliver those services.

AB 1601 (Alvarez D) Involuntary commitment.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 3/9/2023-Referred to Coms. on HEALTH and JUD.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, by peace officers and designated members of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. This bill would additionally authorize a person to be taken into custody pursuant to those provisions by a paramedic or emergency medical technician.

AB 1608 (Patterson, Joe R) Medi-Cal: managed care plans.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on HEALTH.

Location: 3/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Lanterman Developmental Disabilities Services Act makes the State Department of Developmental Services responsible for providing various services and supports to individuals with developmental disabilities, and for ensuring the appropriateness and quality of those services and supports. Pursuant to that law, the department contracts with regional centers to provide services and supports to persons with developmental disabilities. The act requires regional centers to pursue all possible sources of funding for consumers receiving regional center services, including, among others, Medi-Cal. This bill contains other existing laws.

AB 1644 (Bonta D) Medi-Cal: medically supportive food and nutrition services.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on HEALTH.

Location: 3/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would make medically supportive food and nutrition intervention plans, as defined, a covered benefit under the Medi-Cal program, upon issuance of final guidance by the department. The bill would require medically supportive food and nutrition intervention plans be covered when determined to be medically necessary by a health care provider or health care plan. In order to qualify for coverage under the Medi-Cal program, the bill would require medically supportive food and nutrition intervention plans to include at least 3 of 6 specified medically supportive food and nutrition interventions. The bill would only provide coverage for nutrition support interventions when combined with the minimum 3 interventions. The bill would require health care providers or health care plans to match the acuity of a patient’s condition to the intensity and duration of the medically supportive food and nutrition intervention plan and include culturally appropriate foods whenever possible.

AB 1645 (Zbur D) Health care coverage: cost sharing.

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Last Amend: 3/20/2023

Status: 3/21/2023-Re-referred to Com. on HEALTH.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires a group or individual non grandfathered health care service plan contract or health insurance policy to provide coverage for and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings. This bill would prohibit a group or individual non grandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit non grandfathered and grandfathered contracts and policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections screening, and from imposing a cost-sharing requirement for any items and services integral to a sexually transmitted infections screening, as specified. The bill would require a plan or insurer to directly reimburse a nonparticipating provider or facility of sexually transmitted infections screening that meets specified criteria its median contracted rate in the general geographic region for screening tests and integral items and services rendered and would prohibit a nonparticipating provider from billing or collecting a cost-sharing amount for a sexually transmitted infections screening from an enrollee or insured.

AB 1670 (Gipson D) Medical referral services: treatment referrals.

Current Text: Amended: 3/23/2023 [html](#) [pdf](#)

Last Amend: 3/23/2023

Status: 3/27/2023-Re-referred to Com. on HEALTH.

Location: 3/23/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law prohibits a person or business from referring or recommending a person for any form of medical care or treatment for profit and creates a presumption that the referral or recommendation is for profit if a fee or charge is imposed. Current law makes a violation of this provision a misdemeanor, punishable by imprisonment in county jail for not longer than one year, or of a fine not exceeding \$5,000, or by both that fine and imprisonment. This bill would reduce the maximum fine from \$5,000 to \$2,500.

AB 1697 (Schiavo D) Uniform Electronic Transactions Act.

Current Text: Amended: 4/6/2023 [html](#) [pdf](#)

Last Amend: 4/6/2023

Status: 4/6/2023-From committee chair, with author's amendments: Amend, and re-refer to Com. on P. & C.P. Read second time and amended.

Location: 3/9/2023-A. P. & C.P.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Uniform Electronic Transactions Act provides that a record or signature may not be denied legal effect or enforceability solely because it is in electronic form. The act exempts from its provisions, among other things, specific transactions, including an authorization for the release of medical information by a provider of health care, health care service plan, pharmaceutical company, or contractor and an authorization for the release of genetic test results by a health care service plan under the Confidentiality of Medical Information Act. This bill would delete the exemption for the above-described authorizations under the Confidentiality of Medical Information Act and would make conforming changes.

AB 1698 (Wood D) Medi-Cal.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Medi-Cal program, which is administered by the State

Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would make specified findings and would express the intent of the Legislature to enact future legislation relating to Medi-Cal.

AB 1712 (Irwin D) Personal information: data breaches.

Current Text: Amended: 3/13/2023 [html](#) [pdf](#)

Last Amend: 3/13/2023

Status: 3/14/2023-Re-referred to Com. on P. & C.P.

Location: 3/9/2023-A. P. & C.P.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Information Practices Act of 1977 requires any agency that maintains computerized data that includes personal information that the agency does not own to notify the owner or licensee of the information of any breach of the security of the data, in accordance with certain procedures. Current law requires the security breach notification to include specified information, including, among other things, the names and addresses of the major credit reporting agencies. Current law authorizes the security breach notification to include, at the discretion of the agency, among other things, advice on steps that people whose information has been breached may take to protect themselves. This bill would additionally require the security breach notification to include the internet websites of the major credit reporting agencies and would authorize the security breach notification to include how to place a credit or security freeze by visiting the internet website of the major credit reporting agencies.

AB 1751 (Gipson D) Opioid prescriptions: information: nonpharmacological treatments for pain.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 3/9/2023-Referred to Coms. on HEALTH and B. & P.

Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor’s parent or guardian, or another adult authorized to consent to the minor’s medical treatment. This bill would extend that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances.

SB 35 (Umberg D) Community Assistance, Recovery, and Empowerment (CARE) Court Program.

Current Text: Amended: 3/21/2023 [html](#) [pdf](#)

Last Amend: 3/21/2023

Status: 4/3/2023-Set for hearing April 19.

Location: 3/29/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Community Assistance, Recovery, and Empowerment (CARE) Act, authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Current law authorizes CARE Act proceedings to commence in the county where the respondent resides, is found, or is facing criminal or civil proceedings. Current law requires the act to be implemented with technical assistance and continuous quality improvement, as specified, including expected start dates for specified counties. Current law also requires the State Department of Health Care Services to implement guidelines under which counties can apply for and be provided additional time to implement the above-described provisions. Current law authorizes the department to grant an extension once, and no later than December 1st, 2025. This bill would instead authorize the department to grant an extension no later than December 15th, 2025.

SB 43

(Eggman D) Behavioral health.

Current Text: Amended: 3/30/2023 [html](#) [pdf](#)

Last Amend: 3/30/2023

Status: 3/30/2023-Read second time and amended. Re-referred to Com. on JUD.

Location: 3/29/2023-S. JUD.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law, for purposes of involuntary commitment, defines “gravely disabled” as either a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter or has been found mentally incompetent, as specified. This bill expands the definition of “gravely disabled” to also include a condition that will result in substantial risk of serious harm to the physical or mental health of a person due to a mental health disorder or a substance use disorder or both. The bill defines “serious harm” for purposes of these provisions to mean significant deterioration, debilitation, or illness due to a person’s failure to meet certain conditions, including, among other things, attend to needed personal or medical care and attend to self-protection or personal safety. The bill specifies circumstances under which substantial risk of serious harm may be evidenced, as specified. The bill would make conforming changes. To the extent that this change increases the level of service required of county mental health departments, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

SB 70 **(Wiener D) Prescription drug coverage.**

Current Text: Amended: 3/8/2023 [html](#) [pdf](#)

Last Amend: 3/8/2023

Status: 3/28/2023-Set for hearing April 12.

Location: 1/18/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Current law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would additionally prohibit limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. The bill would prohibit a health care service plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage.

SB 72 **(Skinner D) Budget Act of 2023.**

Current Text: Introduced: 1/10/2023 [html](#) [pdf](#)

Status: 1/11/2023-From printer.

Location: 1/10/2023-S. BUDGET & F.R.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would make appropriations for the support of state government for the 2023–24 fiscal year.

SB 90 **(Wiener D) Health care coverage: insulin affordability.**

Current Text: Amended: 3/21/2023 [html](#) [pdf](#)

Last Amend: 3/21/2023

Status: 4/3/2023-Set for hearing April 12.

Location: 1/25/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a health care service plan contract or a disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1st, 2024, from imposing a copayment of more than \$35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or other cost sharing on an insulin prescription drug, and would prohibit a high deductible health plan from imposing a deductible, coinsurance, or other cost sharing on an insulin prescription drug, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

SB 238 (Wiener D) Health care coverage: independent medical review.

Current Text: Amended: 3/29/2023 [html](#) [pdf](#)

Last Amend: 3/29/2023

Status: 4/3/2023-Set for hearing April 12.

Location: 2/1/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan or a disability insurer that modifies, delays, or denies a health care service that is a covered benefit based in whole or in part on medical necessity, to automatically submit a decision regarding a disputed health care service to the Independent Medical Review System, without requiring an enrollee or insured to submit a grievance, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review within 5 days, as specified.

SB 257 (Portantino D) Health care coverage: diagnostic imaging.

Current Text: Introduced: 1/30/2023 [html](#) [pdf](#)

Status: 4/3/2023-Set for hearing April 10.

Location: 3/29/2023-S. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan contract, a policy of disability insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1st, 2025, to provide coverage without imposing cost sharing for, among other things, screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified.

SB 282 (Eggman D) Medi-Cal: federally qualified health centers and rural health clinics.

Current Text: Amended: 3/13/2023 [html](#) [pdf](#)

Last Amend: 3/13/2023

Status: 4/3/2023-Set for hearing April 10.

Location: 3/29/2023-S. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and a physician or other specified health care professionals. Under current law, “visit” also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified. This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1st, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.

SB 299 (Eggman D) Medi-Cal eligibility: redetermination.

Current Text: Amended: 3/27/2023 [html](#) [pdf](#)

Last Amend: 3/27/2023

Status: 3/28/2023-Set for hearing April 10.

Location: 3/22/2023-S. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law generally requires a county to redetermine a Medi-Cal beneficiary’s eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary’s circumstances that may affect their eligibility for Medi-Cal benefits. In response to a change in circumstances, if a county cannot obtain sufficient information to redetermine eligibility, current law requires the county to send to the beneficiary a form that is prepopulated with the information that the county has obtained and that states the information needed to renew eligibility. Under current law, if the purpose for a redetermination is loss of contact with the beneficiary, as evidenced by the return of mail, as specified, a return of the prepopulated form requires the county to immediately send a notice of action terminating Medi-Cal eligibility. This bill would remove loss of contact with a beneficiary, as evidenced by the return of mail, as a circumstance requiring prompt redetermination and would delete the above-described requirement

for a county to send a notice of action terminating eligibility if the prepopulated form is returned and the purpose for the redetermination is loss of contact with the beneficiary.

SB 311 (**Eggman** D) **Medi-Cal: Part A buy-in.**

Current Text: Introduced: 2/6/2023 [html](#) [pdf](#)

Status: 3/28/2023-Set for hearing April 10.

Location: 3/22/2023-S. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the State Department of Health Care Services, to the extent required by federal law, for Medi-Cal recipients who are qualified Medicare beneficiaries, to pay the Medicare premiums, deductibles, and coinsurance for certain elderly and disabled persons. Current federal law authorizes states to pay for Medicare benefits for specified enrollees pursuant to either a buy-in agreement to directly enroll and pay premiums or a group payer arrangement to pay premiums. This bill would require the department to submit a state plan amendment no later than January 1st, 2024, to enter into a Medicare Part A buy-in agreement with the federal Centers for Medicare and Medicaid Services. To the extent that the bill would increase duties for a county, the bill would create a state-mandated local program.

SB 324 (**Limón** D) **Health care coverage: endometriosis.**

Current Text: Amended: 3/30/2023 [html](#) [pdf](#)

Last Amend: 3/30/2023

Status: 3/30/2023-From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

Location: 2/15/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1st, 2024, from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

SB 326 (**Eggman** D) **Mental Health Services Act.**

Current Text: Amended: 3/21/2023 [html](#) [pdf](#)

Last Amend: 3/21/2023

Status: 3/29/2023-Re-referred to Com. on HEALTH.

Location: 3/29/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act may be amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. This bill would require a county, for a behavioral health service eligible for reimbursement pursuant to the federal Social Security Act, to submit the claims for reimbursement to the State Department of Health Care Services under specific circumstances. By imposing a new duty on local officials, this bill would create a state-mandated local program. The bill would make findings that it clarifies procedures and terms of the Mental Health Services Act.

SB 338 (Nguyen R) Health care service plans: health equity and quality.

Current Text: Amended: 3/16/2023 [html](#) [pdf](#)

Last Amend: 3/16/2023

Status: 3/29/2023-Re-referred to Com. on HEALTH.

Location: 3/29/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the Department of Managed Health Care to convene a Health Equity and Quality Committee to recommend quality and benchmark standards for reviewing the equity and quality in health care delivery. Current law permits the department to contract with consultants who will assist the committee with the implementation and administration of its duties. Current law exempts these contracts from review and approval, as specified, until January 1st, 2024. Existing law requires the director, as part of the committee appointment process, to consider the relevant experience or expertise of appointees, including, but not limited to, racial, ethnic, or sexual orientation. Current law required the department, on or before September 30th, 2022, to make quality and benchmark recommendations. This bill would require the director to appoint to the committee at least one individual with an intellectual or developmental disability, or the parent or guardian of such an individual. This bill would also require the department to reconvene the committee at least once annually to review and revisit quality and benchmark standards. This bill would also exempt contracts entered into pursuant to these provisions from the review and approval processes, as specified, until January 1st, 2026.

SB 340 (Eggman D) Medi-Cal: eyeglasses: Prison Industry Authority.

Current Text: Introduced: 2/7/2023 [html](#) [pdf](#)

Status: 3/30/2023-From committee: Do pass and re-refer to Com. on PUB S. (Ayes 12. Noes 0.) (March 29). Re-referred to Com. on PUB S.

Location: 3/29/2023-S. PUB. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity, as an alternative to a purchase of eyeglasses from the Prison Industry Authority. The bill would condition implementation of this provision on the availability of federal financial participation.

SB 408 (Ashby D) Foster youth with complex needs: regional health teams: short-term assessment, treatment, and transition programs.

Current Text: Amended: 3/14/2023 [html](#) [pdf](#)

Last Amend: 3/14/2023

Status: 3/27/2023-Set for hearing April 24.

Location: 3/22/2023-S. HUM. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, in consultation with the State Department of Social Services, to establish up to 10 regional health teams throughout the state, to serve foster youth and youth who may be at risk of entering foster care. The bill would require the department to submit a state plan amendment to the Centers for Medicare and Medicaid Services no later than July 1st, 2024, to implement the Medicaid Health Home State Plan Option, as specified, in establishing the regional health teams. The bill would require the department to coordinate with the State Department of Social Services and the State Department of Developmental Services, and to convene and engage specified stakeholders, to develop the regional health teams. The bill would make regional health teams available to children and youth and any adult caregiver or other adult connected with the child or youth under 26 years of age, who are experiencing severe mental illness, emotional disturbance, substance use, intellectual or developmental disability, or special health care needs or chronic health issues, or any combination of those conditions. The bill would specify the required membership of the regional health teams, including, but not limited to, a primary care physician, a licensed clinical social worker, and a public health nurse. The duties of the regional health team would include, but not be limited to, receiving and responding to referrals received from staff from county child welfare agencies, county probation departments, regional centers, and others, and coordinating and providing access to various categories of care and services. The bill would require the department to fund up to 10 health teams that are geographically situated to support access to services equitably throughout the state. The bill would require the regional health teams to be funded by the department pursuant to a competitive procurement process. The bill would declare the intent of the Legislature that the health home state plan option begin no later than December 1st, 2024, subject to the receipt of any required federal approvals or waivers.

SB 421 (Limón D) Health care coverage: cancer treatment.

Current Text: Introduced: 2/13/2023 [html](#) [pdf](#)

Status: 4/3/2023-Set for hearing April 10.

Location: 3/29/2023-S. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits, until January 1st, 2024, an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2015, that provides coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells from requiring an enrollee or insured to pay a total amount of copayments and coinsurance that exceeds \$250 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication, as specified. This bill would extend the duration of that prohibition indefinitely. By indefinitely extending the operation of the prohibition, and thus indefinitely extending the applicability of a crime for a willful violation by a health care service plan, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

SB 424 (Durazo D) California Children’s Services Program.

Current Text: Amended: 3/29/2023 [html](#) [pdf](#)

Last Amend: 3/29/2023

Status: 3/29/2023-From committee with author’s amendments. Read second time and amended. Re-referred to Com. on HEALTH.

Location: 2/22/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the California Children’s Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have any of specified medical conditions and who meet certain financial eligibility requirements. Under current law, CCS-eligible medical conditions include, among others, cystic fibrosis and hemophilia, and other conditions set forth by the Director of Health Care Services. This bill would statutorily expand the list of CCS-eligible medical conditions to include those conditions that are specified in existing CCS-related regulations. The bill would, commencing no later than January 1st, 2026, and every 5 years thereafter, require the department to consult with, at a minimum, CCS medical directors and experts from the department’s CCS technical advisory committees, to consider the addition of other medical conditions to the list, by regulation.

SB 427 (Portantino D) Health care coverage: antiretroviral drugs, devices, and products.

Current Text: Amended: 3/21/2023 [html](#) [pdf](#)

Last Amend: 3/21/2023

Status: 3/29/2023-Re-referred to Com. on HEALTH.

Location: 3/29/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a health care service plan or health insurer from subjecting antiretroviral drugs, devices, or products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of AIDS/HIV to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. The bill would prohibit a non grandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products that are either approved by the FDA or recommended by the CDC for the prevention of AIDS/HIV. The bill would require a grandfathered health care service plan contract or health insurance policy to provide coverage for those drugs, devices, or products, and would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, devices, or products, including by supplying participating providers directly with a drug, device, or product, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.

SB 487 (Atkins D) Abortion: provider protections.

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Last Amend: 3/20/2023

Status: 3/29/2023-From committee: Do pass and re-refer to Com. on RLS. (Ayes 8. Noes 2.) (March 28). Re-referred to Com. on RLS.

Location: 3/29/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law declares another state’s law authorizing a civil action against a person or entity that receives or seeks, performs or induces, or aids or abets the performance of an abortion, or who attempts or intends to engage in those actions, to be contrary to the public policy of this state, and prohibits the application of that law to a controversy in state court and the enforcement or satisfaction of a civil judgment received under that law. This bill would specifically include within these provisions, in addition to abortion performers, abortion providers.

SB 496 (Limón D) Biomarker testing.

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 3/28/2023-Set for hearing April 12.

Location: 2/22/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1st, 2024, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee’s or insured’s disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified.

SB 502 (Allen D) Medi-Cal: children: mobile optometric office.

Current Text: Amended: 3/27/2023 [html](#) [pdf](#)

Last Amend: 3/27/2023

Status: 3/28/2023-Set for hearing April 12.

Location: 2/22/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions, with specified coverage for eligible children and pregnant persons funded by the federal Children’s Health Insurance Program (CHIP). Current federal law authorizes a state to provide services under CHIP through a Medicaid expansion program, a separate program, or a combination program. Pursuant to existing law, the department established a 3-year pilot program, from 2015 through 2017, in the County of Los Angeles that enabled school districts to allow students enrolled in Medi-Cal managed care plans to receive vision care services at the school site through the use of a mobile vision service provider, limited to vision examinations and providing eyeglasses. Current law authorizes an applicant or provider that meets the requirements to qualify as a mobile optometric office to be enrolled in the Medi-Cal program as either a mobile optometric office or within any other provider category for which the applicant or provider qualifies. Current law defines “mobile optometric office” as a trailer, van, or other means of transportation in which the practice of optometry is performed, and which is not affiliated with an approved optometry school in the state. Under current law, the ownership and operation of a mobile optometric office is limited to a nonprofit or charitable organization, as specified, with the owner and operator registering with the State Board of Optometry. This bill would require the department, subject to an appropriation, to file all necessary state plan amendments to exercise the option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified.

SB 524 (Caballero D) Pharmacists: testing and treatment.

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Last Amend: 3/20/2023

Status: 4/3/2023-Set for hearing April 17.

Location: 3/29/2023-S. B., P. & E.D.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill, with respect to the conditional performance of tests approved or authorized by the FDA and classified as waived pursuant to the CLIA, would instead authorize a pharmacist to order, perform, and report those tests. The bill would authorize a pharmacist to furnish prescription medications that are furnished pursuant to the result from a test performed by the pharmacist that is used to guide diagnosis or clinical decision making, as specified. The bill would require a pharmacist, in providing these patient care services, to utilize specified evidence-based clinical guidelines or other clinically recognized recommendations. The bill would require the pharmacist to document, to the extent possible, the testing services provided, as well as the prescription medications furnished, to the patient pursuant to the test result, in the patient's record in the record system maintained by the pharmacy. Because a violation of these requirements would be a crime, the bill would impose a state-mandated local program.(2)Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits, including pharmacist services, which are subject to approval by the federal Centers for Medicare and Medicaid Services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

SB 535 (Nguyen R) Knox-Keene Health Care Service Plan Act of 1975.

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 2/22/2023-Referred to Com. on RLS.

Location: 2/14/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Among other provisions, current law requires a health care service plan to meet specified requirements, including, but not limited to, furnishing services in a manner providing continuity of care, ready referral of patients to other providers at appropriate times, and making services readily accessible to all enrollees, as specified. This bill would make technical, non substantive changes to those provisions.

SB 537 (Becker D) Open meetings: local agencies: teleconferences.

Current Text: Amended: 3/22/2023 [html](#) [pdf](#)

Last Amend: 3/22/2023

Status: 3/29/2023-Re-referred to Coms. on GOV. & F. and JUD.

Location: 3/29/2023-S. GOV. & F.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, until January 1st, 2024, authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency or in other situations related to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment. Current law, until January 1st, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency’s jurisdiction and other requirements are met, including restrictions on remote participation by a member of the legislative body. These circumstances include if a member shows “just cause,” including for a childcare or caregiving need of a relative that requires the member to participate remotely. This bill would authorize certain legislative bodies to use alternate teleconferencing provisions similar to the emergency provisions indefinitely and without regard to a state of emergency. The bill would also require a legislative body to provide a record of attendance on its internet website within 7 days after a teleconference meeting, as specified. The bill would define “legislative body” for this purpose to mean a board, commission, or advisory body of a multijurisdictional cross county agency, the membership of which board, commission, or advisory body is appointed and which board, commission, or advisory body is otherwise subject to the act. The bill would also define “multijurisdictional” to mean a legislative body that includes representatives from more than one county, city, city and county, special district, or a joint powers entity.

SB 598 (Skinner D) Health care coverage: prior authorization.

Current Text: Amended: 3/22/2023 [html](#) [pdf](#)

Last Amend: 3/22/2023

Status: 3/28/2023-Set for hearing April 12.

Location: 2/22/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, on or after January 1st, 2025, prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

SB 621 (Caballero D) Health care coverage: biosimilar drugs.

Current Text: Introduced: 2/15/2023 [html](#) [pdf](#)

Status: 2/22/2023-Referred to Com. on HEALTH.

Location: 2/22/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law authorizes a health care service plan or health insurer that provides coverage for prescription drugs to require step therapy if there is more than one drug that is clinically appropriate for the treatment of a medical condition. Current law does not prohibit a plan, insurer, or utilization review organization from requiring an enrollee or insured to try an AB-rated generic equivalent or interchangeable biological product before providing coverage for the equivalent branded prescription drug. This bill would specify that a plan, insurer, or utilization review organization is also not prohibited from requiring an enrollee or insured to try a biosimilar before providing coverage for the equivalent branded prescription drug.

SB 694 (Eggman D) Medi-Cal: self-measured blood pressure devices and services.

Current Text: Introduced: 2/16/2023 [html](#) [pdf](#)

Status: 4/3/2023-Set for hearing April 19.

Location: 3/1/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program for the treatment of high blood pressure. The bill would state the intent of the Legislature that those covered devices and services be consistent in scope with devices and services that are recognized under specified existing billing codes or their successors. The bill would condition implementation of that coverage on receipt of any necessary federal approvals and the availability of federal financial participation.

SB 729 (Menjivar D) Health care coverage: treatment for infertility and fertility services.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 3/1/2023-Referred to Com. on HEALTH.

Location: 3/1/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1st, 2024, to provide coverage for the diagnosis and treatment of infertility and fertility services. The bill would revise the definition of infertility, and

would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and health insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contract holders and policyholders. The bill would prohibit a health care service plan or health insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. With respect to a health care service plan, the bill would not apply to Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to specified provisions.

SB 805 (Portantino D) Health care coverage: pervasive developmental disorders or autism.

Current Text: Amended: 3/22/2023 [html](#) [pdf](#)

Last Amend: 3/22/2023

Status: 3/29/2023-Re-referred to Coms. on HEALTH and HUMAN S.

Location: 3/29/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines “behavioral health treatment” to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Current law defines a “qualified autism service professional” to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Current law defines a “qualified autism service paraprofessional” to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional and is employed by the qualified autism service provider. This bill would expand the criteria for a qualified autism service professional to include a behavioral health professional and a registered, certified, or licensed health care associate or assistant, as specified. The bill would expand the criteria for a qualified autism service paraprofessional to include a behavioral health paraprofessional, as specified.

SB 819 (Eggman D) Medi-Cal: certification.

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Last Amend: 3/20/2023

Status: 3/29/2023-Re-referred to Com. on HEALTH.

Location: 3/29/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the State Department of Public Health to license and regulate clinics. Current law exempts from those licensing provisions certain clinics that are directly conducted, maintained, or operated by federal, state, or local governmental entities, as specified. Current law also exempts from those licensing provisions a clinic that is operated by a primary care community or free clinic, that is operated on separate premises from the licensed clinic, and that is only open for limited services of no more than 40 hours per week. Current law sets forth various procedures, including the submission of an application package, for providers to enroll in the Medi-Cal program. Under existing law, an applicant or provider that is a government-run license-exempt clinic as described above is required to comply with those Medi-Cal enrollment procedures. Under current law, an applicant or provider that is operated on separate premises and is license exempt, including an intermittent site or mobile health care unit that is operated by a licensed primary care clinic that provides all staffing, protocols, equipment, supplies, and billing services, is not required to enroll in the Medi-Cal program as a separate provider or comply with the above-described enrollment procedures, if the licensed primary care clinic has notified the department of its separate locations, premises, intermittent sites, or mobile health care units. This bill would additionally exempt from the Medi-Cal enrollment procedures an intermittent site or mobile health care unit that is operated by the above-described government-run license-exempt clinic if that clinic has notified the department of its separate locations, premises, sites, or units.

SB 839 (Bradford D) Obesity Treatment Parity Act.

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Last Amend: 3/20/2023

Status: 3/29/2023-Re-referred to Com. on HEALTH.

Location: 3/29/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2025, to include comprehensive coverage for the treatment of obesity in the same manner as any other illness, condition, or disorder for purposes of determining deductibles, lifetime dollar limits, copayment and coinsurance factors, and benefit year maximums for deductibles and copayment and coinsurance factors. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

SB 870 (Caballero D) Medi-Cal: managed care organization provider tax.

Current Text: Amended: 3/20/2023 [html](#) [pdf](#)

Last Amend: 3/20/2023

Status: 3/29/2023-Re-referred to Com. on HEALTH.

Location: 3/29/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, inoperative on January 1st, 2023, and to be repealed on January 1st, 2024, imposed a managed care organization (MCO) provider tax, administered and assessed by the State Department of Health Care Services, on licensed health care service plans and managed care plans contracted with the department to provide full-scope Medi-Cal services. Those provisions set forth taxing tiers and corresponding per enrollee tax amounts for the 2019–20, 2020–21, and 2021–22, fiscal years, and the first 6 months of the 2022–23 fiscal year. Under those provisions, all revenues, less refunds, derived from the tax were deposited into the State Treasury to the credit of the Health Care Services Special Fund, and continuously appropriated to the department for purposes of funding the nonfederal share of Medi-Cal managed care rates, as specified. Those inoperative provisions authorized the department, subject to certain conditions, to modify or make adjustments to any methodology, tax amount, taxing tier, or other provision relating to the MCO provider tax to the extent the department deemed necessary to meet federal requirements, to obtain or maintain federal approval, or to ensure federal financial participation was available or was not otherwise jeopardized. Those provisions required the department to request approval from the federal Centers for Medicare and Medicaid Services (CMS) as was necessary to implement those provisions. In April 2020, CMS approved a modified tax structure that the department had submitted as part of a waiver request, involving taxing tiers that were based on cumulative Medi-Cal or other member months for certain fiscal years. This bill would extend the above-described MCO provider tax to an unspecified date and would make conforming changes to the timeline of related provisions by incorporating other unspecified dates.

SB 873 (Bradford D) Prescription drugs: cost sharing.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 4/3/2023-Set for hearing April 19.

Location: 3/1/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill, commencing no later than January 1st, 2025, would require an enrollee’s or insured’s defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee’s or insured’s decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee’s or insured’s defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1st, 2027. This bill contains other related provisions and other existing laws.

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2023

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
MEMBERSHIP								
346,303	350,481	(4,178)	(1.2%)	1 - Medi-Cal	2,570,728	2,595,881	(25,153)	(1.0%)
5,746	5,789	(43)	(0.7%)	2 - Group Care	46,271	46,353	(82)	(0.2%)
352,049	356,270	(4,221)	(1.2%)	3 - TOTAL MEMBER MONTHS	2,616,999	2,642,234	(25,235)	(1.0%)
REVENUE								
\$135,304,473	\$136,890,204	(\$1,585,731)	(1.2%)	4 - TOTAL REVENUE	\$883,154,394	\$902,033,850	(\$18,879,456)	(2.1%)
MEDICAL EXPENSES								
Capitated Medical Expenses:								
\$25,458,142	\$28,154,350	\$2,696,206	9.6%	5 - Capitated Medical Expense	\$196,592,007	\$199,252,118	\$2,660,111	1.3%
Fee for Service Medical Expenses:								
\$28,047,478	\$32,705,593	\$4,658,115	14.2%	6 - Inpatient Hospital FFS Expense	\$227,877,239	\$247,883,561	\$20,006,322	8.1%
\$5,041,849	\$4,484,702	(\$557,147)	(12.4%)	7 - Primary Care Physician FFS Expense	\$37,922,935	\$35,944,101	(\$1,978,834)	(5.5%)
\$4,228,822	\$5,174,035	\$945,213	18.3%	8 - Specialty Care Physician Expense	\$37,054,511	\$40,822,011	\$3,767,498	9.2%
\$6,580,447	\$10,255,875	\$3,675,427	35.8%	9 - Ancillary Medical Expense	\$49,118,962	\$63,106,368	\$13,987,407	22.2%
\$9,044,169	\$9,147,602	\$103,434	1.1%	10 - Outpatient Medical Expense	\$73,479,559	\$73,085,724	(\$393,835)	(0.5%)
\$5,177,820	\$5,276,381	\$98,562	1.9%	11 - Emergency Expense	\$38,917,187	\$40,562,381	\$1,645,195	4.1%
\$9,169,988	\$6,967,793	(\$2,202,195)	(31.6%)	12 - Pharmacy Expense	\$59,280,166	\$56,082,911	(\$3,197,256)	(5.7%)
\$16,505,476	\$15,028,048	(\$1,477,428)	(9.8%)	13 - Long Term Care FFS Expense	\$30,544,874	\$37,126,997	\$6,582,124	17.7%
\$83,796,049	\$89,040,029	\$5,243,981	5.9%	14 - Total Fee for Service Expense	\$554,195,432	\$594,614,054	\$40,418,620	6.8%
\$7,013,960	\$4,793,393	(\$2,220,565)	(46.3%)	15 - Other Benefits & Services	\$38,763,994	\$38,035,856	(\$728,140)	(1.9%)
\$104,853	\$220,457	\$115,604	52.4%	16 - Reinsurance Expense	(\$360,123)	\$130,104	\$490,228	376.8%
\$116,373,004	\$122,208,229	\$5,835,225	4.8%	17 - TOTAL MEDICAL EXPENSES	\$789,191,310	\$832,032,132	\$42,840,819	5.1%
\$18,931,470	\$14,681,975	\$4,249,493	28.9%	18 - GROSS MARGIN	\$93,963,084	\$70,001,718	\$23,961,364	34.2%
ADMINISTRATIVE EXPENSES								
\$4,177,368	\$4,123,595	(\$53,774)	(1.3%)	19 - Personnel Expense	\$28,717,691	\$29,633,849	\$916,157	3.1%
\$418,443	\$415,919	(\$2,524)	(0.6%)	20 - Benefits Administration Expense	\$2,829,230	\$2,895,822	\$66,591	2.3%
\$746,649	\$1,223,079	\$476,429	39.0%	21 - Purchased & Professional Services	\$6,275,248	\$8,422,242	\$2,146,995	25.5%
\$913,168	\$1,494,354	\$581,186	38.9%	22 - Other Administrative Expense	\$8,528,760	\$9,457,851	\$929,091	9.8%
\$6,255,628	\$7,256,947	\$1,001,317	13.8%	23 - TOTAL ADMINISTRATIVE EXPENSE	\$46,350,929	\$50,409,764	\$4,058,833	8.1%
\$12,675,841	\$7,425,028	\$5,250,810	70.7%	24 - NET OPERATING INCOME / (LOSS)	\$47,612,155	\$19,591,954	\$28,020,197	143.0%
OTHER INCOME / EXPENSE								
\$1,593,540	\$48,750	\$1,544,790	3,168.8%	25 - TOTAL OTHER INCOME / (EXPENSE)	\$6,995,669	\$1,767,630	\$5,228,039	295.8%
\$14,269,382	\$7,473,778	\$6,795,600	90.9%	26 - NET INCOME / (LOSS)	\$54,607,824	\$21,359,584	\$33,248,236	155.7%
4.6%	5.3%	0.7%	13.2%	27 - Admin Exp % of Revenue	5.2%	5.6%	0.4%	7.1%

**ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2023**

	February	January	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	\$38,617,543	\$62,069,719	(\$23,452,177)	-37.78%
Short-Term Investments	343,971,030	327,699,774	16,271,257	4.97%
Interest Receivable	419,823	429,283	(9,460)	-2.20%
Other Receivables - Net	179,933,251	147,729,007	32,204,244	21.80%
Prepaid Expenses	4,171,856	5,376,937	(1,205,081)	-22.41%
Prepaid Inventoried Items	37,912	37,287	625	1.68%
CalPERS Net Pension Asset	6,930,703	6,930,703	0	0.00%
Deferred CalPERS Outflow	3,802,239	3,802,239	0	0.00%
TOTAL CURRENT ASSETS	\$577,884,356	\$554,074,949	\$23,809,407	4.30%
OTHER ASSETS:				
Long-Term Investments	25,251,770	27,695,423	(2,443,654)	-8.82%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,691,239	1,753,877	(62,638)	-3.57%
Lease Asset - Office Equipment (Net)	212,397	216,693	(4,296)	-1.98%
TOTAL OTHER ASSETS	\$27,505,405	\$30,015,994	(\$2,510,588)	-8.36%
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,113,570	10,113,570	0	0.00%
Furniture And Equipment	11,741,007	11,724,087	16,921	0.14%
Leasehold Improvement	902,447	902,447	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,581,026	37,564,105	16,921	0.05%
Less: Accumulated Depreciation	(32,227,047)	(32,160,787)	(66,261)	0.21%
NET PROPERTY AND EQUIPMENT	\$5,353,978	\$5,403,318	(\$49,340)	-0.91%
TOTAL ASSETS	\$610,743,740	\$589,494,261	\$21,249,479	3.60%
CURRENT LIABILITIES:				
Accounts Payable	41,798	42,848	(1,050)	-2.45%
Other Accrued Expenses	5,176,963	3,571,392	1,605,572	44.96%
Interest Payable	9,121	9,440	(319)	-3.38%
Pass-Through Liabilities	116,604,247	129,757,535	(13,153,288)	-10.14%
Claims Payable	37,783,027	33,846,576	3,936,452	11.63%
IBNP Reserves	145,418,492	130,640,318	14,778,174	11.31%
Payroll Liabilities	5,873,357	5,979,383	(106,026)	-1.77%
CalPERS Deferred Inflow	6,781,898	6,781,898	0	0.00%
Risk Sharing	5,591,939	5,591,939	0	0.00%
Provider Grants/ New Health Program	127,540	140,406	(12,866)	-9.16%
ST Lease Liability - Office Space	793,676	787,676	6,000	0.76%
ST Lease Liability - Office Equipment	50,047	49,875	172	0.35%
TOTAL CURRENT LIABILITIES	\$324,252,105	\$317,199,285	\$7,052,820	2.22%
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	1,089,271	1,157,743	(68,472)	-5.91%
LT Lease Liability - Office Equipment	170,238	174,488	(4,250)	-2.44%
TOTAL LONG TERM LIABILITIES	\$1,259,509	\$1,332,232	(\$72,722)	-5.46%
TOTAL LIABILITIES	\$325,511,615	\$318,531,517	\$6,980,098	2.19%
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	229,784,068	229,784,068	0	0.00%
Year-to Date Net Income / (Loss)	54,607,824	40,338,442	14,269,382	35.37%
TOTAL NET WORTH	\$285,232,125	\$270,962,744	\$14,269,382	5.27%
TOTAL LIABILITIES AND NET WORTH	\$610,743,740	\$589,494,261	\$21,249,479	3.60%

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 2/28/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	\$2,634,474	\$7,932,908	\$15,860,920	\$21,163,452
Total	2,634,474	7,932,908	15,860,920	21,163,452
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	132,669,955	364,490,858	665,483,146	861,990,501
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	(184,626)	0	0
Premium Receivable	(31,857,062)	(33,761,796)	32,515,803	20,580,252
Total	100,812,893	330,544,436	697,998,949	882,570,753
Investment & Other Income Cash Flows				
Other Revenue (Grants)	(6,736)	(2,699)	(25,416)	(33,817)
Investment Income	1,635,452	4,292,411	6,384,131	7,324,515
Interest Receivable	9,460	(74,527)	(114,038)	(141,386)
Total	1,638,176	4,215,185	6,244,677	7,149,312
Medical & Hospital Cash Flows				
Total Medical Expenses	(116,373,005)	(322,832,196)	(604,990,756)	(789,191,316)
Other Receivable	(347,181)	(275,708)	(1,708,063)	(151,994)
Claims Payable	3,936,450	(10,856,760)	(2,377,328)	18,194,305
IBNP Payable	14,778,174	27,246,895	27,410,893	32,314,118
Risk Share Payable	0	0	(1,782,993)	(1,782,993)
Health Program	(12,866)	(38,233)	(75,841)	(99,132)
Other Liabilities	0	0	(1)	1
Total	(98,018,428)	(306,756,002)	(583,524,089)	(740,717,011)
Administrative Cash Flows				
Total Administrative Expenses	(6,290,763)	(19,465,312)	(36,147,003)	(46,645,516)
Prepaid Expenses	1,204,456	1,070,035	1,617,842	1,137,427
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	1,604,521	3,392,569	3,546,020	2,513,004
Other Accrued Liabilities	(319)	(951)	(2,749)	(3,396)
Payroll Liabilities	(106,026)	(751,586)	313,937	1,165,922
Net Lease Assets/Liabilities (Short term & Long term)	384	2,103	6,745	5,656
Depreciation Expense	66,261	202,290	407,217	544,028
Total	(3,521,486)	(15,550,852)	(30,257,991)	(41,282,875)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	3,545,629	20,385,675	106,322,466	128,883,631

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

FOR THE MONTH AND FISCAL YTD ENDED 2/28/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	2,443,654	9,325,878	12,054,466	9,817,080
	<u>2,443,654</u>	<u>9,325,878</u>	<u>12,054,466</u>	<u>9,817,080</u>
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(13,153,289)	1,516,001	(57,945,053)	(63,297,719)
Restricted Cash	0	0	0	0
	<u>(13,153,289)</u>	<u>1,516,001</u>	<u>(57,945,053)</u>	<u>(63,297,719)</u>
Fixed Asset Cash Flows				
Depreciation expense	66,261	202,290	407,217	544,028
Fixed Asset Acquisitions	(16,921)	(16,921)	(200,784)	(224,776)
Change in A/D	(66,261)	(202,290)	(407,217)	(544,028)
	<u>(16,921)</u>	<u>(16,921)</u>	<u>(200,784)</u>	<u>(224,776)</u>
Total Cash Flows from Investing Activities	<u>(10,726,556)</u>	<u>10,824,958</u>	<u>(46,091,371)</u>	<u>(53,705,415)</u>
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Cash Flows	<u>(7,180,927)</u>	<u>31,210,633</u>	<u>60,231,095</u>	<u>75,178,216</u>
Rounding	8	0	2	6
Cash @ Beginning of Period	389,769,492	351,377,940	322,357,476	307,410,351
Cash @ End of Period	<u>\$382,588,573</u>	<u>\$382,588,573</u>	<u>\$382,588,573</u>	<u>\$382,588,573</u>
Difference (rounding)	0	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 2/28/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	\$14,269,385	\$34,415,969	\$46,565,023	\$54,607,823
Add back: Depreciation	66,261	202,290	407,217	544,028
Receivables				
Premiums Receivable	(31,857,062)	(33,761,796)	32,515,803	20,580,252
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	9,460	(74,527)	(114,038)	(141,386)
Other Receivable	(347,181)	(275,708)	(1,708,063)	(151,994)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	<u>(32,194,783)</u>	<u>(34,112,031)</u>	<u>30,693,702</u>	<u>20,286,872</u>
Prepaid Expenses	1,204,456	1,070,035	1,617,842	1,137,427
Trade Payables	1,604,521	3,392,569	3,546,020	2,513,004
Claims Payable, IBNR & Risk Share				
IBNP	14,778,174	27,246,895	27,410,893	32,314,118
Claims Payable	3,936,450	(10,856,760)	(2,377,328)	18,194,305
Risk Share Payable	0	0	(1,782,993)	(1,782,993)
Other Liabilities	0	0	(1)	1
Total	<u>18,714,624</u>	<u>16,390,135</u>	<u>23,250,571</u>	<u>48,725,431</u>
Unearned Revenue				
Total	<u>0</u>	<u>(184,626)</u>	<u>0</u>	<u>0</u>
Other Liabilities				
Accrued Expenses	(319)	(951)	(2,749)	(3,396)
Payroll Liabilities	(106,026)	(751,586)	313,937	1,165,922
Net Lease Assets/Liabilities (Short term & Long term)	384	2,103	6,745	5,656
Health Program	(12,866)	(38,233)	(75,841)	(99,132)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	<u>(118,827)</u>	<u>(788,667)</u>	<u>242,092</u>	<u>1,069,050</u>
Cash Flows from Operating Activities	<u>\$3,545,637</u>	<u>\$20,385,674</u>	<u>\$106,322,467</u>	<u>\$128,883,635</u>
Difference (rounding)	8	(1)	1	4

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 2/28/2023

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	\$100,812,893	\$330,544,436	\$697,998,949	\$882,570,753
Commercial Premium Revenue	2,634,474	7,932,908	15,860,920	21,163,452
Other Income	(6,736)	(2,699)	(25,416)	(33,817)
Investment Income	1,644,912	4,217,884	6,270,093	7,183,129
Cash Paid To:				
Medical Expenses	(98,018,428)	(306,756,002)	(583,524,089)	(740,717,011)
Vendor & Employee Expenses	(3,521,486)	(15,550,852)	(30,257,991)	(41,282,875)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	<u>3,545,629</u>	<u>20,385,675</u>	<u>106,322,466</u>	<u>128,883,631</u>
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(16,921)	(16,921)	(200,784)	(224,776)
Net Cash Provided By (Used In) Financing Activities	<u>(16,921)</u>	<u>(16,921)</u>	<u>(200,784)</u>	<u>(224,776)</u>
Cash Flows from Investing Activities:				
Changes in Investments	2,443,654	9,325,878	12,054,466	9,817,080
Restricted Cash	(13,153,289)	1,516,001	(57,945,053)	(63,297,719)
Net Cash Provided By (Used In) Investing Activities	<u>(10,709,635)</u>	<u>10,841,879</u>	<u>(45,890,587)</u>	<u>(53,480,639)</u>
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	(7,180,927)	31,210,633	60,231,095	75,178,216
Cash @ Beginning of Period	389,769,492	351,377,940	322,357,476	307,410,351
Subtotal	\$382,588,565	\$382,588,573	\$382,588,571	\$382,588,567
Rounding	8	0	2	6
Cash @ End of Period	\$382,588,573	\$382,588,573	\$382,588,573	\$382,588,573

RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:

Net Income / (Loss)	\$14,269,385	\$34,415,969	\$46,565,023	\$54,607,823
Depreciation	66,261	202,290	407,217	544,028
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(32,194,783)	(34,112,031)	30,693,702	20,286,872
Prepaid Expenses	1,204,456	1,070,035	1,617,842	1,137,427
Trade Payables	1,604,521	3,392,569	3,546,020	2,513,004
Claims payable & IBNP	18,714,624	16,390,135	23,250,571	48,725,431
Deferred Revenue	0	(184,626)	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(118,827)	(788,667)	242,092	1,069,050
Subtotal	<u>3,545,637</u>	<u>20,385,674</u>	<u>106,322,467</u>	<u>128,883,635</u>
Rounding	(8)	1	(1)	(4)
Cash Flows from Operating Activities	\$3,545,629	\$20,385,675	\$106,322,466	\$128,883,631
Rounding Difference	(8)	1	(1)	(4)

**ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID**

**GAAP BASIS
FOR THE MONTH OF FEBRUARY 2023**

	Medi-Cal Child	Medi-Cal Adults	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Grand Total
Enrollments	102,288	51,141	30,913	120,653	40,330	129	849	346,303	5,746	352,049
Net Revenue	\$14,515,049	\$15,119,128	\$36,748,125	\$46,558,560	\$11,680,908	\$1,311,570	\$6,736,660	\$132,670,000	\$2,634,474	\$135,304,473
Medical Expense	\$14,845,117	\$13,273,165	\$33,089,692	\$38,043,054	\$6,365,478	\$1,166,468	\$7,577,588	\$114,360,563	\$2,012,441	\$116,373,004
Gross Margin	-\$330,068	\$1,845,963	\$3,658,433	\$8,515,505	\$5,315,430	\$145,101	-\$840,928	\$18,309,437	\$622,033	\$18,931,470
Administrative Expense	\$448,687	\$729,676	\$1,836,574	\$1,926,975	\$646,864	\$75,863	\$445,081	\$6,109,719	\$145,909	\$6,255,628
Operating Income / (Expense)	-\$778,755	\$1,116,287	\$1,821,859	\$6,588,531	\$4,668,566	\$69,239	-\$1,286,009	\$12,199,717	\$476,124	\$12,675,841
Other Income / (Expense)	\$88,998	\$183,641	\$495,135	\$491,918	\$155,481	\$21,285	\$124,864	\$1,561,321	\$32,219	\$1,593,540
Net Income / (Loss)	-\$689,757	\$1,299,928	\$2,316,994	\$7,080,449	\$4,824,047	\$90,524	-\$1,161,146	\$13,761,039	\$508,343	\$14,269,382
PMPM Metrics:										
Revenue PMPM	\$141.90	\$295.64	\$1,188.76	\$385.89	\$289.63	\$10,167.21	\$7,934.82	\$383.10	\$458.49	\$384.33
Medical Expense PMPM	\$145.13	\$259.54	\$1,070.41	\$315.31	\$157.83	\$9,042.39	\$8,925.31	\$330.23	\$350.23	\$330.56
Gross Margin PMPM	-\$3.23	\$36.10	\$118.35	\$70.58	\$131.80	\$1,124.82	-\$990.49	\$52.87	\$108.25	\$53.78
Administrative Expense PMPM	\$4.39	\$14.27	\$59.41	\$15.97	\$16.04	\$588.08	\$524.24	\$17.64	\$25.39	\$17.77
Operating Income / (Expense) PMPM	-\$7.61	\$21.83	\$58.94	\$54.61	\$115.76	\$536.73	-\$1,514.73	\$35.23	\$82.86	\$36.01
Other Income / (Expense) PMPM	\$0.87	\$3.59	\$16.02	\$4.08	\$3.86	\$165.00	\$147.07	\$4.51	\$5.61	\$4.53
Net Income / (Loss) PMPM	-\$6.74	\$25.42	\$74.95	\$58.68	\$119.61	\$701.74	-\$1,367.66	\$39.74	\$88.47	\$40.53
Ratio:										
Medical Loss Ratio	102.3%	87.8%	90.0%	81.7%	54.5%	88.9%	112.5%	86.2%	76.4%	86.0%
Gross Margin Ratio	-2.3%	12.2%	10.0%	18.3%	45.5%	11.1%	-12.5%	13.8%	23.6%	14.0%
Administrative Expense Ratio	3.1%	4.8%	5.0%	4.1%	5.5%	5.8%	6.6%	4.6%	5.5%	4.6%
Net Income Ratio	-4.8%	8.6%	6.3%	15.2%	41.3%	6.9%	-17.2%	10.4%	19.3%	10.5%

**ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID**

**GAAP BASIS
FOR THE FISCAL YEAR TO DATE FEBRUARY 2023**

	Medi-Cal Child	Medi-Cal Adults	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	812,125	395,940	228,921	934,433	198,310	135	864	2,570,728	46,271	2,616,999
Net Revenue	\$106,468,062	\$125,650,425	\$233,791,737	\$343,567,158	\$44,280,186	\$1,375,549	\$6,857,824	\$861,990,942	\$21,163,452	\$883,154,394
Medical Expense	\$90,901,964	\$113,085,135	\$227,212,925	\$297,470,275	\$33,509,381	\$1,499,776	\$7,652,992	\$771,332,448	\$17,858,862	\$789,191,310
Gross Margin	\$15,566,098	\$12,565,290	\$6,578,812	\$46,096,883	\$10,770,806	-\$124,227	-\$795,168	\$90,658,494	\$3,304,590	\$93,963,084
Administrative Expense	\$3,616,636	\$6,101,939	\$14,764,551	\$16,978,032	\$2,414,672	\$159,485	\$935,683	\$44,970,997	\$1,379,932	\$46,350,929
Operating Income / (Expense)	\$11,949,462	\$6,463,352	-\$8,185,739	\$29,118,851	\$8,356,134	-\$283,712	-\$1,730,850	\$45,687,497	\$1,924,658	\$47,612,155
Other Income / (Expense)	\$421,014	\$896,869	\$2,309,181	\$2,486,142	\$420,361	\$42,314	\$248,220	\$6,824,101	\$171,568	\$6,995,669
Net Income / (Loss)	\$12,370,477	\$7,360,221	-\$5,876,558	\$31,604,993	\$8,776,495	-\$241,398	-\$1,482,630	\$52,511,598	\$2,096,226	\$54,607,824
PMPM Metrics:										
Revenue PMPM	\$131.10	\$317.35	\$1,021.28	\$367.67	\$223.29	\$10,189.25	\$7,937.30	\$335.31	\$457.38	\$337.47
Medical Expense PMPM	\$111.93	\$285.61	\$992.54	\$318.34	\$168.97	\$11,109.45	\$8,857.63	\$300.04	\$385.96	\$301.56
Gross Margin PMPM	\$19.17	\$31.74	\$28.74	\$49.33	\$54.31	-\$920.20	-\$920.33	\$35.27	\$71.42	\$35.90
Administrative Expense PMPM	\$4.45	\$15.41	\$64.50	\$18.17	\$12.18	\$1,181.37	\$1,082.97	\$17.49	\$29.82	\$17.71
Operating Income / (Expense) PMPM	\$14.71	\$16.32	-\$35.76	\$31.16	\$42.14	-\$2,101.57	-\$2,003.30	\$17.77	\$41.60	\$18.19
Other Income / (Expense) PMPM	\$0.52	\$2.27	\$10.09	\$2.66	\$2.12	\$313.44	\$287.29	\$2.65	\$3.71	\$2.67
Net Income / (Loss) PMPM	\$15.23	\$18.59	-\$25.67	\$33.82	\$44.26	-\$1,788.14	-\$1,716.01	\$20.43	\$45.30	\$20.87
Ratio:										
Medical Loss Ratio	85.4%	90.0%	97.2%	86.6%	75.7%	109.0%	111.6%	89.5%	84.4%	89.4%
Gross Margin Ratio	14.6%	10.0%	2.8%	13.4%	24.3%	-9.0%	-11.6%	10.5%	15.6%	10.6%
Administrative Expense Ratio	3.4%	4.9%	6.3%	4.9%	5.5%	11.6%	13.6%	5.2%	6.5%	5.2%
Net Income Ratio	11.6%	5.9%	-2.5%	9.2%	19.8%	-17.5%	-21.6%	6.1%	9.9%	6.2%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2023

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
<u>\$4,177,368</u>	<u>\$4,123,594</u>	<u>(\$53,774)</u>	<u>(1.3%)</u>	Personnel Expenses	<u>\$28,717,691</u>	<u>\$29,633,848</u>	<u>\$916,157</u>	<u>3.1%</u>
418,443	415,919	(2,524)	(0.6%)	Benefits Administration Expense	2,829,230	2,895,821	66,591	2.3%
746,649	1,223,078	476,429	39.0%	Purchased & Professional Services	6,275,248	8,422,242	2,146,995	25.5%
223,004	285,961	62,957	22.0%	Occupancy	1,960,373	2,162,216	201,842	9.3%
71,791	210,816	139,024	65.9%	Printing Postage & Promotion	1,878,385	1,405,220	(473,165)	(33.7%)
587,887	950,172	362,285	38.1%	Licenses Insurance & Fees	4,592,069	5,684,787	1,092,718	19.2%
30,485	47,405	16,920	35.7%	Supplies & Other Expenses	97,932	205,627	107,696	52.4%
<u>\$2,078,260</u>	<u>\$3,133,351</u>	<u>\$1,055,091</u>	<u>33.7%</u>	Total Other Administrative Expense	<u>\$17,633,238</u>	<u>\$20,775,914</u>	<u>\$3,142,676</u>	<u>15.1%</u>
<u>\$6,255,628</u>	<u>\$7,256,945</u>	<u>\$1,001,317</u>	<u>13.8%</u>	Total Administrative Expenses	<u>\$46,350,929</u>	<u>\$50,409,762</u>	<u>\$4,058,833</u>	<u>8.1%</u>

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2023

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,343,132	2,392,561	49,429	2.1%	Salaries & Wages	18,684,202	17,976,303	(707,899)	(3.9%)
231,215	272,107	40,892	15.0%	Paid Time Off	1,972,815	2,070,891	98,076	4.7%
350	4,015	3,665	91.3%	Incentives	13,757	21,757	8,000	36.8%
0	23,077	23,077	100.0%	Severance Pay	0	98,077	98,077	100.0%
34,588	51,392	16,804	32.7%	Payroll Taxes	393,921	397,884	3,963	1.0%
34,600	19,467	(15,134)	(77.7%)	Overtime	187,541	182,772	(4,769)	(2.6%)
186,191	201,182	14,992	7.5%	CalPERS ER Match	1,386,491	1,422,754	36,262	2.5%
1,275,208	853,703	(421,504)	(49.4%)	Employee Benefits	4,961,949	5,078,148	116,199	2.3%
(11)	0	11	0.0%	Personal Floating Holiday	123,005	131,147	8,143	6.2%
1,345	4,377	3,032	69.3%	Employee Relations	102,279	163,786	61,507	37.6%
13,730	18,550	4,820	26.0%	Work from Home Stipend	94,320	113,460	19,140	16.9%
430	2,386	1,956	82.0%	Transportation Reimbursement	4,903	13,305	8,403	63.2%
4,100	3,701	(399)	(10.8%)	Travel & Lodging	40,748	84,021	43,273	51.5%
35,232	131,242	96,010	73.2%	Temporary Help Services	350,561	820,552	469,991	57.3%
11,328	67,545	56,218	83.2%	Staff Development/Training	66,171	331,050	264,879	80.0%
5,932	78,290	72,357	92.4%	Staff Recruitment/Advertising	335,030	727,942	392,913	54.0%
\$4,177,368	\$4,123,594	(\$53,774)	(1.3%)	Total Employee Expenses	\$28,717,691	\$29,633,848	\$916,157	3.1%
				Benefit Administration Expense				
21,571	15,389	(6,182)	(40.2%)	RX Administration Expense	160,984	130,742	(30,243)	(23.1%)
357,940	361,238	3,298	0.9%	Behavioral Hlth Administration Fees	2,453,159	2,518,497	65,338	2.6%
38,932	39,292	360	0.9%	Telemedicine Admin Fees	215,087	217,883	2,796	1.3%
0	0	0	0.0%	Housing & Homelessness Incentive Program (HHIP) Expense	0	28,700	28,700	100.0%
\$418,443	\$415,919	(\$2,524)	(0.6%)	Total Benefit Administration Expenses	\$2,829,230	\$2,895,821	\$66,591	2.3%
				Purchased & Professional Services				
181,119	434,631	253,513	58.3%	Consulting Services	2,396,882	3,250,015	853,132	26.3%
192,609	404,324	211,715	52.4%	Computer Support Services	2,199,257	2,665,060	465,803	17.5%
11,475	12,017	542	4.5%	Professional Fees-Accounting	87,212	89,290	2,078	2.3%
0	17	17	100.0%	Professional Fees-Medical	276	342	67	19.5%
76,687	53,921	(22,766)	(42.2%)	Other Purchased Services	433,080	607,941	174,861	28.8%
773	1,400	627	44.8%	Maint.& Repair-Office Equipment	2,340	7,167	4,827	67.4%
151,252	131,093	(20,159)	(15.4%)	HMS Recovery Fees	632,329	779,258	146,930	18.9%
44,706	41,193	(3,513)	(8.5%)	Hardware (Non-Capital)	157,282	227,739	70,457	30.9%
77,922	31,150	(46,772)	(150.2%)	Provider Relations-Credentialing	267,576	212,205	(55,371)	(26.1%)
10,107	113,333	103,227	91.1%	Legal Fees	99,014	583,225	484,210	83.0%
\$746,649	\$1,223,078	\$476,429	39.0%	Total Purchased & Professional Services	\$6,275,248	\$8,422,242	\$2,146,995	25.5%
				Occupancy				
66,261	72,096	5,835	8.1%	Depreciation	544,028	550,824	6,795	1.2%
62,638	71,987	9,349	13.0%	Building Lease	498,535	535,929	37,394	7.0%
5,708	5,917	208	3.5%	Leased and Rented Office Equipment	34,991	40,978	5,987	14.6%
6,051	17,235	11,184	64.9%	Utilities	98,441	121,945	23,504	19.3%
59,701	79,700	19,999	25.1%	Telephone	581,006	617,038	36,032	5.8%
22,645	39,026	16,381	42.0%	Building Maintenance	203,372	295,502	92,130	31.2%
\$223,004	\$285,961	\$62,957	22.0%	Total Occupancy	\$1,960,373	\$2,162,216	\$201,842	9.3%
				Printing Postage & Promotion				
10,944	64,933	53,989	83.1%	Postage	352,824	486,104	133,280	27.4%
13,640	5,500	(8,140)	(148.0%)	Design & Layout	45,215	42,850	(2,365)	(5.5%)

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2023

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
18,096	114,241	96,145	84.2%	Printing Services	719,774	590,090	(129,684)	(22.0%)
3,262	8,700	5,438	62.5%	Mailing Services	49,099	47,029	(2,070)	(4.4%)
9,565	5,358	(4,207)	(78.5%)	Courier/Delivery Service	42,810	42,731	(79)	(0.2%)
444	267	(178)	(66.6%)	Pre-Printed Materials and Publications	1,034	3,017	1,982	65.7%
0	2,000	2,000	100.0%	Promotional Products	0	19,000	19,000	100.0%
0	150	150	100.0%	Promotional Services	0	600	600	100.0%
2,550	1,500	(1,050)	(70.0%)	Community Relations	553,895	102,670	(451,225)	(439.5%)
13,290	8,167	(5,124)	(62.7%)	Translation - Non-Clinical	113,734	71,130	(42,604)	(59.9%)
\$71,791	\$210,816	\$139,024	65.9%	Total Printing Postage & Promotion	\$1,878,385	\$1,405,220	(\$473,165)	(33.7%)
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	25,000	100,000	75,000	75.0%
23,791	24,700	909	3.7%	Bank Fees	182,801	193,947	11,147	5.7%
66	0	(66)	0.0%	Payroll Fees	66	0	(66)	0.0%
77,935	94,481	16,547	17.5%	Insurance	613,386	677,079	63,693	9.4%
363,293	686,673	323,380	47.1%	Licenses, Permits and Fees	3,071,017	3,784,459	713,442	18.9%
122,803	144,318	21,515	14.9%	Subscriptions & Dues	699,800	929,302	229,502	24.7%
\$587,887	\$950,172	\$362,285	38.1%	Total Licenses Insurance & Postage	\$4,592,069	\$5,684,787	\$1,092,718	19.2%
				Supplies & Other Expenses				
5,592	13,667	8,076	59.1%	Office and Other Supplies	20,394	58,698	38,305	65.3%
17,996	14,000	(3,996)	(28.5%)	Ergonomic Supplies	51,235	49,005	(2,230)	(4.6%)
2,036	5,115	3,079	60.2%	Commissary-Food & Beverage	12,572	32,306	19,735	61.1%
11	0	(11)	0.0%	Miscellaneous Expense	11	0	(11)	0.0%
4,850	5,150	300	5.8%	Member Incentive Expense	11,775	25,300	13,525	53.5%
0	4,167	4,167	100.0%	Covid-19 Vaccination Incentive Expense	558	16,933	16,374	96.7%
0	100	100	100.0%	Covid-19 IT Expenses	0	400	400	100.0%
0	5,206	5,206	100.0%	Covid-19 Non IT Expenses	1,386	22,985	21,599	94.0%
\$30,485	\$47,405	\$16,920	35.7%	Total Supplies & Other Expense	\$97,932	\$205,627	\$107,696	52.4%
\$6,255,628	\$7,256,945	\$1,001,317	13.8%	TOTAL ADMINISTRATIVE EXPENSE	\$46,350,929	\$50,409,762	\$4,058,833	8.1%

ALAMEDA ALLIANCE FOR HEALTH
 CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
 ACTUAL VS. BUDGET
 FOR THE FISCAL YEAR-TO-DATE ENDED FEBRUARY 28, 2023

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	\$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco UCS Blade	IT-FY23-01	\$ 102,807		\$ 102,807	\$ 100,000	\$ (2,807)
	Veeam Backup Shelf	IT-FY23-02	\$ -		\$ -	\$ 70,000	\$ 70,000
	Cisco Nexus 9k	IT-FY23-03	\$ -		\$ -	\$ 60,000	\$ 60,000
	Pure Storage Shelf	IT-FY23-04	\$ 70,000		\$ 70,000	\$ 70,000	\$ -
	Call Center Hardware	IT-FY23-05	\$ -		\$ -	\$ 60,000	\$ 60,000
	FAX DMG	IT-FY23-06	\$ -		\$ -	\$ 80,000	\$ 80,000
	Wireless)	IT-FY23-07	\$ -		\$ -	\$ 60,000	\$ 60,000
	Network / AV Cabling	IT-FY23-08	\$ -	\$ 16,921	\$ 16,921	\$ 60,000	\$ 43,079
	Hardware Subtotal		\$ 172,807	\$ 16,921	\$ 189,728	\$ 560,000	\$ 370,272
2. Software:							
	Zerto	AC-FY23-01	\$ -		\$ -	\$ 80,000	\$ 80,000
	Software Subtotal		\$ -	\$ -	\$ -	\$ 80,000	\$ 80,000
3. Building Improvement:							
	ADT (ACME) Security: Readers, HID Boxes, Doors - Planned/Unplanned requirements or replairs	FA-FY23-01	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000
	HVAC (Clinton): Replace VAV boxes, equipment, duct work - Planned/Unplanned requirements or repairs	FA-FY23-02	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000
	EV Charging Stations: Equipment, Electrical, Design, Engineering, Permits, Construction	FA-FY23-03	\$ -	\$ -	\$ -	\$ 100,000	\$ 100,000
	Seismic Improvements (Carryover from FY22)	FA-FY23-07	\$ 23,992	\$ -	\$ 23,992	\$ 38,992	\$ 15,000
	Contingencies	FA-FY23-16	\$ -	\$ -	\$ -	\$ 100,000	\$ 100,000
	Building Improvement Subtotal		\$ 23,992	\$ -	\$ 23,992	\$ 338,992	\$ 315,000
4. Furniture & Equipment:							
			\$ -		\$ -	\$ -	\$ -
	Furniture & Equipment Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -
	GRAND TOTAL		\$ 196,799	\$ 16,921	\$ 213,720	\$ 978,992	\$ 765,272
5. Reconciliation to Balance Sheet:							
	Fixed Assets @ Cost - 2/28/23				\$ 37,581,026		
	Fixed Assets @ Cost - 6/30/22				\$ 37,356,250		
	Fixed Assets Acquired YTD				\$ 224,776		

**ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2023**

TANGIBLE NET EQUITY (TNE)

	Jul-22	Aug-22	QTR. END Sep-22	Oct-22	Nov-22	QTR. END Dec-22	Jan-23	Feb-23
Current Month Net Income / (Loss)	\$5,704,828	\$2,337,974	\$3,995,061	\$9,515,888	(\$1,361,897)	\$2,472,823	\$17,673,766	\$14,269,382
YTD Net Income / (Loss)	\$5,704,828	\$8,042,802	\$12,037,863	\$21,553,751	\$20,191,854	\$22,664,677	\$40,338,443	\$54,607,825
Actual TNE								
Net Assets	\$236,329,129	\$238,667,103	\$242,662,164	\$252,178,052	\$250,816,155	\$253,288,978	\$270,962,743	\$285,232,125
Subordinated Debt & Interest	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Actual TNE	\$236,329,129	\$238,667,103	\$242,662,164	\$252,178,052	\$250,816,155	\$253,288,978	\$270,962,743	\$285,232,125
Increase/(Decrease) in Actual TNE	\$5,704,827	\$2,337,974	\$3,995,061	\$9,515,888	(\$1,361,897)	\$2,472,823	\$17,673,765	\$14,269,382
Required TNE⁽¹⁾	\$37,812,719	\$38,083,218	\$37,973,977	\$37,017,602	\$37,956,874	\$37,433,625	\$37,998,057	\$39,857,802
Min. Req'd to Avoid Monthly Reporting (Increased from 130% to 150% of Required TNE effective July-2022)	\$56,719,078	\$57,124,827	\$56,960,965	\$55,526,403	\$56,935,311	\$56,150,437	\$56,997,086	\$59,786,703
TNE Excess / (Deficiency)	\$198,516,410	\$200,583,885	\$204,688,187	\$215,160,450	\$212,859,281	\$215,855,353	\$232,964,686	\$245,374,323
Actual TNE as a Multiple of Required	6.25	6.27	6.39	6.81	6.61	6.77	7.13	7.16

Note 1: Required TNE reflects quarterly DMHC calculations for quarter-end months (underlined) and monthly DMHC calculations (not underlined). Quarterly and Monthly Required TNE calculations differ slightly in calculation methodology.

LIQUID TANGIBLE NET EQUITY

Net Assets	\$236,329,129	\$238,667,103	\$242,662,164	\$252,178,052	\$250,816,155	\$253,288,978	\$270,962,743	\$285,232,125
Fixed Assets at Net Book Value	(5,604,558)	(5,560,412)	(5,492,549)	(5,598,345)	(5,539,348)	(5,471,106)	(5,403,318)	(5,353,979)
Net Lease Assets/Liabilities/Interest	106,376	204,722	206,107	206,549	207,567	208,268	208,652	208,717
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	\$230,480,947	\$232,961,413	\$236,819,615	\$246,229,707	\$244,926,807	\$247,467,872	\$265,209,425	\$279,528,146
Liquid TNE as Multiple of Required	6.10	6.12	6.24	6.65	6.45	6.61	6.98	7.01

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2023**

	Actual Jul-22	Actual Aug-22	Actual Sep-22	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Actual Feb-23	Actual Mar-23	Actual Apr-23	Actual May-23	Actual Jun-23	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	100,903	100,977	101,276	101,323	101,653	101,791	101,914	102,288					812,125
Adult	47,707	48,112	48,711	49,162	50,069	50,351	50,687	51,141					395,940
SPD	27,990	28,079	28,200	28,237	28,365	28,452	28,685	30,913					228,921
ACA OE	113,322	114,208	115,018	116,205	117,328	118,397	119,302	120,653					934,433
Duals	21,911	22,077	22,319	22,482	22,719	23,028	23,444	40,330					198,310
MCAL LTC	0	0	0	0	0	0	6	129					135
MCAL LTC Duals	0	0	0	0	0	0	15	849					864
Medi-Cal Program	311,833	313,453	315,524	317,409	320,134	322,019	324,053	346,303					2,570,728
Group Care Program	5,796	5,803	5,809	5,789	5,791	5,776	5,761	5,746					46,271
Total	317,629	319,256	321,333	323,198	325,925	327,795	329,814	352,049					2,616,999

Month Over Month Enrollment Change:

Medi-Cal Monthly Change													
Child	131	74	299	47	330	138	123	374					1,516
Adult	946	405	599	451	907	282	336	454					4,380
SPD	886	89	121	37	128	87	233	2,228					3,809
ACA OE	2,384	886	810	1,187	1,123	1,069	905	1,351					9,715
Duals	225	166	242	163	237	309	416	16,886					18,644
MCAL LTC	0	0	0	0	0	0	6	123					129
MCAL LTC Duals	0	0	0	0	0	0	15	834					849
Medi-Cal Program	4,572	1,620	2,071	1,885	2,725	1,885	2,034	22,250					39,042
Group Care Program	1	7	6	(20)	2	(15)	(15)	(15)					(49)
Total	4,573	1,627	2,077	1,865	2,727	1,870	2,019	22,235					38,993

Enrollment Percentages:

Medi-Cal Program:													
Child % of Medi-Cal	32.4%	32.2%	32.1%	31.9%	31.8%	31.6%	31.4%	29.5%					31.6%
Adult % of Medi-Cal	15.3%	15.3%	15.4%	15.5%	15.6%	15.6%	15.6%	14.8%					15.4%
SPD % of Medi-Cal	9.0%	9.0%	8.9%	8.9%	8.9%	8.8%	8.9%	8.9%					8.9%
ACA OE % of Medi-Cal	36.3%	36.4%	36.5%	36.6%	36.6%	36.8%	36.8%	34.8%					36.3%
Duals % of Medi-Cal	7.0%	7.0%	7.1%	7.1%	7.1%	7.2%	7.2%	11.6%					7.7%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.3%	98.4%					98.2%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.7%	1.6%					1.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2023**

	Actual Jul-22	Actual Aug-22	Actual Sep-22	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Actual Feb-23	Actual Mar-23	Actual Apr-23	Actual May-23	Actual Jun-23	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	54,340	52,198	52,418	52,571	53,736	53,143	53,870	72,569					444,845
Alameda Health System	62,784	63,910	64,424	64,799	65,216	65,771	66,052	65,896					518,852
	<u>117,124</u>	<u>116,108</u>	<u>116,842</u>	<u>117,370</u>	<u>118,952</u>	<u>118,914</u>	<u>119,922</u>	<u>138,465</u>					<u>963,697</u>
Delegated:													
CFMG	33,466	33,594	33,577	33,617	33,498	33,648	33,741	33,983					269,124
CHCN	119,514	121,703	122,696	123,666	124,637	126,009	126,433	129,265					993,923
Kaiser	47,525	47,851	48,218	48,545	48,838	49,224	49,718	50,336					390,255
Delegated Subtotal	<u>200,505</u>	<u>203,148</u>	<u>204,491</u>	<u>205,828</u>	<u>206,973</u>	<u>208,881</u>	<u>209,892</u>	<u>213,584</u>					<u>1,653,302</u>
Total	<u>317,629</u>	<u>319,256</u>	<u>321,333</u>	<u>323,198</u>	<u>325,925</u>	<u>327,795</u>	<u>329,814</u>	<u>352,049</u>					<u>2,616,999</u>
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	2,973	(1,016)	734	528	1,582	(38)	1,008	18,543					24,314
Delegated:													
CFMG	58	128	(17)	40	(119)	150	93	242					575
CHCN	1,103	2,189	993	970	971	1,372	424	2,832					10,854
Kaiser	439	326	367	327	293	386	494	618					3,250
Delegated Subtotal	<u>1,600</u>	<u>2,643</u>	<u>1,343</u>	<u>1,337</u>	<u>1,145</u>	<u>1,908</u>	<u>1,011</u>	<u>3,692</u>					<u>14,679</u>
Total	<u>4,573</u>	<u>1,627</u>	<u>2,077</u>	<u>1,865</u>	<u>2,727</u>	<u>1,870</u>	<u>2,019</u>	<u>22,235</u>					<u>38,993</u>
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.4%	36.4%	36.3%	36.5%	36.3%	36.4%	39.3%					36.8%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%	10.3%	10.3%	10.2%	9.7%					10.3%
CHCN	37.6%	38.1%	38.2%	38.3%	38.2%	38.4%	38.3%	36.7%					38.0%
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.1%	14.3%					14.9%
Delegated Subtotal	<u>63.1%</u>	<u>63.6%</u>	<u>63.6%</u>	<u>63.7%</u>	<u>63.5%</u>	<u>63.7%</u>	<u>63.6%</u>	<u>60.7%</u>					<u>63.2%</u>
Total	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>					<u>100.0%</u>

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2023**

	FINAL BUDGET												YTD Member Months
	Budget Jul-22	Budget Aug-22	Budget Sep-22	Budget Oct-22	Budget Nov-22	Budget Dec-22	Budget Jan-23	Budget Feb-23	Budget Mar-23	Budget Apr-23	Budget May-23	Budget Jun-23	
Enrollment by Plan & Aid Category:													
Medi-Cal Program by Category of Aid:													
Child	100,903	100,977	101,276	101,323	101,526	101,729	102,032	102,236	102,440	102,645	102,427	102,209	1,221,723
Adult	47,707	48,112	48,711	49,162	49,408	49,655	50,068	50,318	50,570	50,823	50,572	50,320	595,426
SPD	27,990	28,079	28,200	28,237	28,322	28,407	31,537	31,632	31,727	31,822	31,866	31,911	359,730
ACA OE	113,322	114,208	115,018	116,205	116,554	116,904	119,956	120,316	120,677	121,039	120,274	119,507	1,413,980
Duals	21,911	22,077	22,319	22,482	22,617	22,753	44,376	44,642	44,910	45,179	45,320	45,462	404,048
MCAL LTC	0	0	0	0	0	0	153	153	153	153	153	153	918
MCAL LTC Duals	0	0	0	0	0	0	1,184	1,184	1,184	1,184	1,184	1,184	7,104
Medi-Cal Program	311,833	313,453	315,524	317,409	318,427	319,448	349,306	350,481	351,661	352,845	351,796	350,746	4,002,929
Group Care Program	5,796	5,803	5,809	5,789	5,789	5,789	5,789	5,789	5,789	5,789	5,789	5,789	69,509
Total	317,629	319,256	321,333	323,198	324,216	325,237	355,095	356,270	357,450	358,634	357,585	356,535	4,072,438

Month Over Month Enrollment Change:

Medi-Cal Monthly Change													
Child	6,092	74	299	47	203	203	303	204	204	205	(218)	(218)	7,398
Adult	6,631	405	599	451	246	247	413	250	252	253	(251)	(252)	9,244
SPD	1,245	89	121	37	85	85	3,130	95	95	95	44	45	5,166
ACA OE	9,886	886	810	1,187	349	350	3,052	360	361	362	(765)	(767)	16,071
Duals	2,135	166	242	163	135	136	21,623	266	268	269	141	142	25,686
MCAL LTC	0	0	0	0	0	0	153	0	0	0	0	0	153
MCAL LTC Duals	0	0	0	0	0	0	1,184	0	0	0	0	0	1,184
Medi-Cal Program	25,989	1,620	2,071	1,885	1,018	1,021	29,858	1,175	1,180	1,184	(1,049)	(1,050)	64,902
Group Care Program	(56)	7	6	(20)	0	0	0	0	0	0	0	0	(63)
Total	25,933	1,627	2,077	1,865	1,018	1,021	29,858	1,175	1,180	1,184	(1,049)	(1,050)	64,839

Enrollment Percentages:

Medi-Cal Program:													
Child % (Medi-Cal)	32.4%	32.2%	32.1%	31.9%	31.9%	31.8%	29.2%	29.2%	29.1%	29.1%	29.1%	29.1%	30.5%
Adult % (Medi-Cal)	15.3%	15.3%	15.4%	15.5%	15.5%	15.5%	14.3%	14.4%	14.4%	14.4%	14.4%	14.3%	14.9%
SPD % (Medi-Cal)	9.0%	9.0%	8.9%	8.9%	8.9%	8.9%	9.0%	9.0%	9.0%	9.0%	9.1%	9.1%	9.0%
ACA OE % (Medi-Cal)	36.3%	36.4%	36.5%	36.6%	36.6%	36.6%	34.3%	34.3%	34.3%	34.3%	34.2%	34.1%	35.3%
Duals % (Medi-Cal)	7.0%	7.0%	7.1%	7.1%	7.1%	7.1%	12.7%	12.7%	12.8%	12.8%	12.9%	13.0%	10.1%
MCAL LTC % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MCAL LTC Duals % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.4%	98.4%	98.4%	98.4%	98.4%	98.4%	98.3%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2023**

	FINAL BUDGET													YTD Member Months
	Budget Jul-22	Budget Aug-22	Budget Sep-22	Budget Oct-22	Budget Nov-22	Budget Dec-22	Budget Jan-23	Budget Feb-23	Budget Mar-23	Budget Apr-23	Budget May-23	Budget Jun-23		
Current Direct/Delegate Enrollment:														
Directly-Contracted	117,124	116,108	116,842	117,370	117,768	118,167	132,827	133,300	133,775	134,250	133,844	133,438	1,504,813	
Delegated:														
CFMG	33,466	33,594	33,577	33,617	33,689	33,761	34,005	34,077	34,149	34,222	34,146	34,070	406,373	
CHCN	119,514	121,703	122,696	123,666	124,059	124,454	135,070	135,521	135,974	136,430	136,024	135,617	1,550,728	
Kaiser	47,525	47,851	48,218	48,545	48,700	48,855	53,193	53,372	53,552	53,732	53,571	53,410	610,524	
Delegated Subtotal	200,505	203,148	204,491	205,828	206,448	207,070	222,268	222,970	223,675	224,384	223,741	223,097	2,567,625	
Total	317,629	319,256	321,333	323,198	324,216	325,237	355,095	356,270	357,450	358,634	357,585	356,535	4,072,438	
Direct/Delegate Month Over Month Enrollment Change:														
Directly-Contracted	6,018	(1,016)	734	528	398	399	14,660	473	475	475	(406)	(406)	22,332	
Delegated:														
CFMG	2,058	128	(17)	40	72	72	244	72	72	73	(76)	(76)	2,662	
CHCN	13,283	2,189	993	970	393	395	10,616	451	453	456	(406)	(407)	29,386	
Kaiser	4,574	326	367	327	155	155	4,338	179	180	180	(161)	(161)	10,459	
Delegated Subtotal	19,915	2,643	1,343	1,337	620	622	15,198	702	705	709	(643)	(644)	42,507	
Total	25,933	1,627	2,077	1,865	1,018	1,021	29,858	1,175	1,180	1,184	(1,049)	(1,050)	64,839	
Direct/Delegate Enrollment Percentages:														
Directly-Contracted	36.9%	36.4%	36.4%	36.3%	36.3%	36.3%	37.4%	37.4%	37.4%	37.4%	37.4%	37.4%	37.0%	
Delegated:														
CFMG	10.5%	10.5%	10.4%	10.4%	10.4%	10.4%	9.6%	9.6%	9.6%	9.5%	9.5%	9.6%	10.0%	
CHCN	37.6%	38.1%	38.2%	38.3%	38.3%	38.3%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	38.1%	
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	
Delegated Subtotal	63.1%	63.6%	63.6%	63.7%	63.7%	63.7%	62.6%	62.6%	62.6%	62.6%	62.6%	62.6%	63.0%	
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

ALAMEDA ALLIANCE FOR HEALTH
 TRENDED ENROLLMENT REPORTING
 FOR THE FISCAL YEAR 2023

	Variance Jul-22	Variance Aug-22	Variance Sep-22	Variance Oct-22	Variance Nov-22	Variance Dec-22	Variance Jan-23	Variance Feb-23	Variance Mar-23	Variance Apr-23	Variance May-23	Variance Jun-23	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	127	62	(118)	52					123
Adult	0	0	0	0	661	696	619	823					2,799
SPD	0	0	0	0	43	45	(2,852)	(719)					(3,483)
ACA OE	0	0	0	0	774	1,493	(654)	337					1,950
Duals	0	0	0	0	102	275	(20,932)	(4,312)					(24,867)
MCAL LTC	0	0	0	0	0	0	(147)	(24)					(171)
MCAL LTC Duals	0	0	0	0	0	0	(1,169)	(335)					(1,504)
Medi-Cal Program	0	0	0	0	1,707	2,571	(25,253)	(4,178)					(25,153)
Group Care Program	0	0	0	0	2	(13)	(28)	(43)					(82)
Total	0	0	0	0	1,709	2,558	(25,281)	(4,221)					(25,235)
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	1,184	747	(12,905)	5,165					(5,809)
Delegated:													
CFMG	0	0	0	0	(191)	(113)	(264)	(94)					(662)
CHCN	0	0	0	0	578	1,555	(8,637)	(6,256)					(12,760)
Kaiser	0	0	0	0	138	369	(3,475)	(3,036)					(6,004)
Delegated Subtotal	0	0	0	0	525	1,811	(12,376)	(9,386)					(19,426)
Total	0	0	0	0	1,709	2,558	(25,281)	(4,221)					(25,235)

**ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2023**

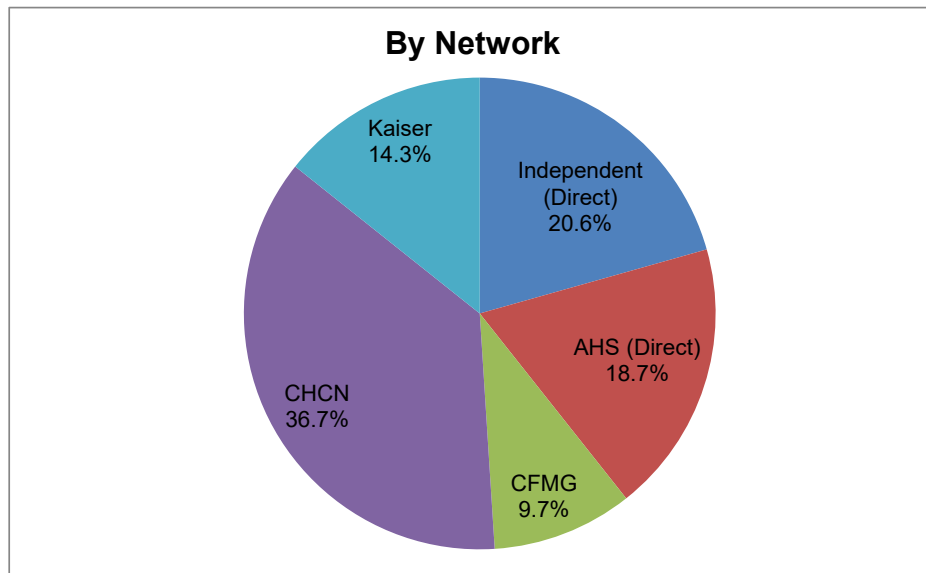
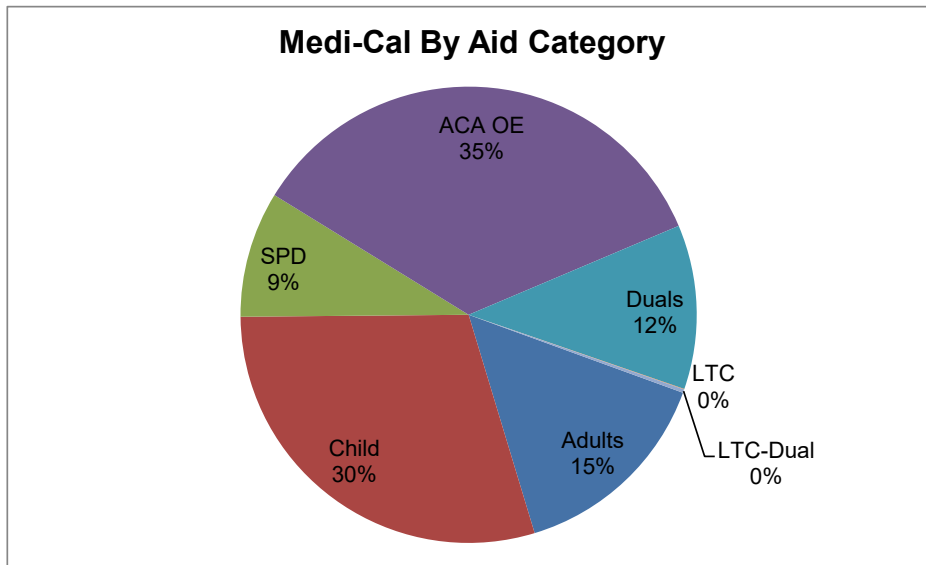
CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
\$1,142,613	\$1,148,127	\$5,513	0.5%	CAPITATED MEDICAL EXPENSES:	\$9,100,579	\$9,110,124	\$9,545	0.1%
4,398,787	4,792,389	393,602	8.2%	PCP-Capitation	33,018,401	35,078,210	2,059,809	5.9%
293,799	296,096	2,297	0.8%	PCP-Capitation - FQHC	2,336,872	2,343,254	6,382	0.3%
3,760,928	4,141,983	381,055	9.2%	Specialty-Capitation	29,623,362	29,826,349	202,987	0.7%
490,498	483,729	(6,769)	(1.4%)	Specialty-Capitation FQHC	3,558,255	3,581,515	23,260	0.6%
0	0	0	0.0%	Laboratory-Capitation	7,211,489	4,820,922	(2,390,567)	(49.6%)
253,136	253,652	516	0.2%	Transportation (Ambulance)-Cap	1,893,254	1,905,874	12,620	0.7%
85,542	86,232	689	0.8%	Vision Cap	680,524	682,407	1,883	0.3%
187,403	205,653	18,250	8.9%	CFMG Capitation	2,297,863	1,489,135	(808,727)	(54.3%)
13,464,990	15,370,882	1,905,892	12.4%	Anc IPA Admin Capitation FQHC	93,446,360	97,567,680	4,121,320	4.2%
245,973	0	(245,973)	0.0%	Kaiser Capitation	5,769,571	4,099,732	(1,669,839)	(40.7%)
0	0	0	0.0%	BHT Supplemental Expense	(15,082)	(15,349)	(267)	1.7%
419,998	606,146	186,148	30.7%	Hep-C Supplemental Expense	2,858,980	3,651,553	792,573	21.7%
714,475	769,461	54,987	7.1%	Maternity Supplemental Expense	4,811,580	5,110,712	299,131	5.9%
\$25,458,142	\$28,154,348	\$2,696,206	9.6%	5 - TOTAL CAPITATED EXPENSES	\$196,592,007	\$199,252,118	\$2,660,111	1.3%
				FEE FOR SERVICE MEDICAL EXPENSES:				
(2,845,982)	0	2,845,982	0.0%	IBNP-Inpatient Services	804,533	2,799,249	1,994,716	71.3%
(85,378)	0	85,378	0.0%	IBNP-Settlement (IP)	24,139	83,979	59,840	71.3%
(227,679)	0	227,679	0.0%	IBNP-Claims Fluctuation (IP)	64,360	223,940	159,580	71.3%
28,230,092	32,705,593	4,475,501	13.7%	Inpatient Hospitalization-FFS	207,557,203	235,302,454	27,745,251	11.8%
2,011,192	0	(2,011,192)	0.0%	IP OB - Mom & NB	11,422,355	5,348,714	(6,073,642)	(113.6%)
112,572	0	(112,572)	0.0%	IP Behavioral Health	1,772,440	982,572	(789,868)	(80.4%)
852,661	0	(852,661)	0.0%	IP - Facility Rehab FFS	6,232,209	3,142,653	(3,089,556)	(98.3%)
\$28,047,478	\$32,705,593	\$4,658,115	14.2%	6 - Inpatient Hospital & SNF FFS Expense	\$227,877,239	\$247,883,561	\$20,006,322	8.1%
103,088	0	(103,088)	0.0%	IBNP-PCP	1,097,134	628,624	(468,510)	(74.5%)
3,091	0	(3,091)	0.0%	IBNP-Settlement (PCP)	32,917	18,862	(14,055)	(74.5%)
8,250	0	(8,250)	0.0%	IBNP-Claims Fluctuation (PCP)	87,776	50,291	(37,485)	(74.5%)
1,575,204	1,406,599	(168,606)	(12.0%)	Primary Care Non-Contracted FF	11,715,540	11,094,758	(620,781)	(5.6%)
177,708	92,624	(85,084)	(91.9%)	PCP FQHC FFS	1,288,285	908,379	(379,906)	(41.8%)
2,301,949	2,985,479	683,530	22.9%	Prop 56 Direct Payment Expenses	16,569,659	19,702,270	3,132,611	15.9%
12,948	0	(12,948)	0.0%	Prop 56 Hyde Direct Payment Expenses	114,244	57,389	(56,855)	(99.1%)
82,344	0	(82,344)	0.0%	Prop 56-Trauma Expense	629,897	310,921	(318,976)	(102.6%)
101,799	0	(101,799)	0.0%	Prop 56-Dev. Screening Exp.	794,095	396,554	(397,542)	(100.2%)
678,531	0	(678,531)	0.0%	Prop 56-Fam. Planning Exp.	5,597,542	2,777,346	(2,820,196)	(101.5%)
(3,064)	0	3,064	0.0%	Prop 56-Value Based Purchasing	(4,154)	(1,293)	(2,861)	(221.4%)
\$5,041,849	\$4,484,702	(\$557,147)	(12.4%)	7 - Primary Care Physician FFS Expense	\$37,922,935	\$35,944,100	(\$1,978,834)	(5.5%)
249,414	0	(249,414)	0.0%	IBNP-Specialist	1,038,361	479,524	(558,837)	(116.5%)
1,914,459	5,121,497	3,207,038	62.5%	Specialty Care-FFS	17,644,588	30,650,369	13,005,801	42.4%
114,020	0	(114,020)	0.0%	Anesthesiology - FFS	1,111,721	546,925	(564,797)	(103.3%)
789,418	0	(789,418)	0.0%	Spec Rad Therapy - FFS	6,702,517	3,377,385	(3,325,132)	(98.5%)
10,636	0	(10,636)	0.0%	Obstetrics-FFS	331,364	269,748	(61,616)	(22.8%)
205,865	0	(205,865)	0.0%	Spec IP Surgery - FFS	2,560,808	1,351,027	(1,209,782)	(89.5%)
517,484	0	(517,484)	0.0%	Spec OP Surgery - FFS	4,190,752	2,294,372	(1,896,380)	(87.6%)
331,133	0	(331,133)	0.0%	Spec IP Physician	2,901,278	1,438,762	(1,462,516)	(101.7%)
68,960	52,538	(16,422)	(31.3%)	SCP FQHC FFS	458,929	421,157	(37,772)	(9.0%)
7,481	0	(7,481)	0.0%	IBNP-Settlement (SCP)	31,148	14,383	(16,765)	(116.6%)
19,952	0	(19,952)	0.0%	IBNP-Claims Fluctuation (SCP)	83,066	38,359	(44,707)	(116.5%)
\$4,228,822	\$5,174,035	\$945,213	18.3%	8 - Specialty Care Physician Expense	\$37,054,511	\$40,822,009	\$3,767,498	9.2%
590,200	0	(590,200)	0.0%	IBNP-Ancillary	1,064,863	321,732	(743,131)	(231.0%)
17,705	0	(17,705)	0.0%	IBNP Settlement (ANC)	31,945	9,649	(22,296)	(231.1%)
47,216	0	(47,216)	0.0%	IBNP Claims Fluctuation (ANC)	85,191	25,737	(59,454)	(231.0%)
176,854	0	(176,854)	0.0%	Acupuncture/Biofeedback	1,948,952	1,141,414	(807,538)	(70.7%)
69,818	0	(69,818)	0.0%	Hearing Devices	794,692	465,938	(328,754)	(70.6%)
28,178	0	(28,178)	0.0%	Imaging/MRI/CT Global	292,487	161,874	(130,613)	(80.7%)
44,852	0	(44,852)	0.0%	Vision FFS	374,336	184,029	(190,307)	(103.4%)
0	0	0	0.0%	Family Planning	47,118	47,111	(7)	0.0%
497,649	0	(497,649)	0.0%	Laboratory-FFS	4,821,012	2,694,430	(2,126,582)	(78.9%)
91,590	0	(91,590)	0.0%	ANC Therapist	852,331	443,518	(408,812)	(92.2%)
774,210	0	(774,210)	0.0%	Transportation (Ambulance)-FFS	5,189,403	2,305,579	(2,883,824)	(125.1%)
1,109,771	0	(1,109,771)	0.0%	Transportation (Other)-FFS	1,995,748	533,749	(1,461,999)	(273.9%)
805,192	0	(805,192)	0.0%	Hospice	3,757,352	1,554,127	(2,203,224)	(141.8%)
909,041	0	(909,041)	0.0%	Home Health Services	7,065,578	3,120,909	(3,944,669)	(126.4%)
0	6,701,340	6,701,340	100.0%	Other Medical-FFS	2,425	24,093,213	24,090,789	100.0%
(24,760)	0	(24,760)	0.0%	HMS Medical Refunds	(378,467)	84,120	462,586	549.9%
(662,901)	0	(662,901)	0.0%	Refunds-Medical Payments	(2,140,287)	(69)	2,140,218	(3,106,717.9%)
(24,789)	0	(24,789)	0.0%	DME & Medical Supplies	1,115,630	1,126,912	11,282	1.0%
0	599,968	599,968	100.0%	GEMT Direct Payment Expense	0	2,531,196	2,531,196	100.0%
375,816	0	(375,816)	0.0%	Community Based Adult Services (CBAS)	3,446,797	1,783,368	(1,663,429)	(93.3%)
1,422,113	1,354,763	(67,350)	(5.0%)	ECM Base/Outreach FFS Anc.	8,117,302	7,977,148	(140,154)	(1.8%)
0	0	0	0.0%	ECM Outreach FFS Ancillary	(5,200)	9,825	15,025	152.9%

**ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2023**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
116,075	145,984	29,909	20.5%	CS - Housing Deposits FFS Ancillary	2,882,357	2,050,836	(831,522)	(40.5%)
9,680	869,376	859,696	98.9%	CS - Housing Tenancy FFS Ancillary	2,157,302	5,083,713	2,926,411	57.6%
65,507	195,426	129,920	66.5%	CS - Housing Navigation Services FFS Ancillary	1,772,230	1,675,582	(96,648)	(5.8%)
65,924	204,877	138,953	67.8%	CS - Medical Respite FFS Ancillary	2,079,285	2,106,378	27,093	1.3%
65,624	136,018	70,394	51.8%	CS - Medically Tailored Meals FFS Ancillary	1,458,274	1,212,611	(245,662)	(20.3%)
9,885	37,159	27,275	73.4%	CS - Asthma Remediation FFS Ancillary	281,622	309,210	27,588	8.9%
0	10,964	10,964	100.0%	MOT-Wrap Around (Non Medical MOT Cost)	8,674	52,529	43,855	83.5%
\$6,580,447	\$10,255,875	\$3,675,427	35.8%	9 - Ancillary Medical Expense	\$49,118,962	\$63,106,369	\$13,987,407	22.2%
(252,887)	0	252,887	0.0%	IBNP-Outpatient	2,872,685	1,712,767	(1,159,918)	(67.7%)
(7,587)	0	7,587	0.0%	IBNP Settlement (OP)	86,179	51,384	(34,795)	(67.7%)
(20,231)	0	20,231	0.0%	IBNP Claims Fluctuation (OP)	229,816	137,022	(92,794)	(67.7%)
1,765,713	9,147,602	7,381,889	80.7%	Out-Patient FFS	10,873,675	42,840,179	31,966,504	74.6%
1,566,108	0	(1,566,108)	0.0%	OP Ambul Surgery - FFS	12,320,453	6,320,713	(5,999,740)	(94.9%)
1,865,722	0	(1,865,722)	0.0%	OP Fac Imaging Services-FFS	9,834,169	4,151,392	(5,682,777)	(136.9%)
694,343	0	(694,343)	0.0%	Behav Health - FFS	6,378,865	3,072,756	(3,306,109)	(107.6%)
930,759	0	(930,759)	0.0%	Behavioral Health Therapy - FFS	9,208,080	4,559,994	(4,648,086)	(101.9%)
549,353	0	(549,353)	0.0%	OP Facility - Lab FFS	3,994,633	1,978,515	(2,016,117)	(101.9%)
122,162	0	(122,162)	0.0%	OP Facility - Cardio FFS	871,504	419,692	(451,812)	(107.7%)
54,440	0	(54,440)	0.0%	OP Facility - PT/OT/ST FFS	373,680	185,180	(188,500)	(101.8%)
1,776,273	0	(1,776,273)	0.0%	OP Facility - Dialysis FFS	16,436,821	7,656,130	(8,779,691)	(114.7%)
\$9,044,169	\$9,147,602	\$103,434	1.1%	10 - Outpatient Medical Expense Medical Expense	\$73,479,559	\$73,085,724	(\$393,835)	(0.5%)
274,886	0	(274,886)	0.0%	IBNP-Emergency	1,001,108	337,708	(663,400)	(196.4%)
8,246	0	(8,246)	0.0%	IBNP Settlement (ER)	30,030	10,128	(19,902)	(196.5%)
21,991	0	(21,991)	0.0%	IBNP Claims Fluctuation (ER)	80,089	27,018	(53,071)	(196.4%)
595,876	0	(595,876)	0.0%	Special ER Physician-FFS	5,047,604	2,522,209	(2,525,395)	(100.1%)
4,276,821	5,276,381	999,561	18.9%	ER-Facility	32,758,356	37,665,318	4,906,962	13.0%
\$5,177,820	\$5,276,381	\$98,562	1.9%	11 - Emergency Expense	\$38,917,187	\$40,562,382	\$1,645,195	4.1%
1,463,955	0	(1,463,955)	0.0%	IBNP-Pharmacy	2,402,449	955,216	(1,447,233)	(151.5%)
43,919	0	(43,919)	0.0%	IBNP Settlement (RX)	72,073	28,657	(43,416)	(151.5%)
117,116	0	(117,116)	0.0%	IBNP Claims Fluctuation (RX)	192,193	76,415	(115,778)	(151.5%)
419,565	345,048	(74,517)	(21.8%)	Pharmacy-FFS	2,239,174	3,193,564	954,390	29.9%
65,454	6,591,592	6,526,138	99.0%	Pharmacy- Non-PBM FFS-Other Anc	13,780,693	40,550,047	26,769,354	66.0%
5,020,050	0	(5,020,050)	0.0%	Pharmacy- Non-PBM FFS-OP FAC	27,769,199	7,474,895	(20,294,304)	(271.5%)
151,624	0	(151,624)	0.0%	Pharmacy- Non-PBM FFS-PCP	764,061	222,232	(541,829)	(243.8%)
1,867,348	0	(1,867,348)	0.0%	Pharmacy- Non-PBM FFS-SCP	11,906,980	3,401,156	(8,505,823)	(250.1%)
9,816	0	(9,816)	0.0%	Pharmacy- Non-PBM FFS-FQHC	52,119	11,510	(40,609)	(352.8%)
11,151	0	(11,151)	0.0%	Pharmacy- Non-PBM FFS-HH	166,975	100,717	(66,258)	(65.8%)
(10)	0	10	0.0%	HMS RX Refunds	(65,749)	(59,403)	6,345	(10.7%)
0	31,153	31,153	100.0%	Pharmacy-Rebate	0	127,905	127,905	100.0%
\$9,169,988	\$6,967,793	(\$2,202,195)	(31.8%)	12 - Pharmacy Expense	\$59,280,166	\$56,082,910	(\$3,197,256)	(5.7%)
13,730,997	0	(13,730,997)	0.0%	IBNR LTC	18,830,687	0	(18,830,687)	0.0%
411,931	0	(411,931)	0.0%	IBNR Settlement (LTC)	564,921	0	(564,921)	0.0%
1,098,480	0	(1,098,480)	0.0%	IBNR Claims Fluctuation (LTC)	1,506,455	0	(1,506,455)	0.0%
61,259	0	(61,259)	0.0%	LTC-Custodial Care	61,259	0	(61,259)	0.0%
1,202,809	15,028,048	13,825,239	92.0%	LTC SNF	9,581,552	37,126,997	27,545,446	74.2%
\$16,505,476	\$15,028,048	(\$1,477,428)	(9.8%)	13 - Long Term Care FFS Expense	\$30,544,874	\$37,126,997	\$6,582,124	17.7%
\$83,796,049	\$89,040,029	\$5,243,981	5.9%	14 - TOTAL FFS MEDICAL EXPENSES	\$554,195,432	\$594,614,053	\$40,418,620	6.8%
0	(10,697)	(10,697)	100.0%	Clinical Vacancy	0	(285,367)	(285,367)	100.0%
75,818	134,218	58,400	43.5%	Quality Analytics	577,374	768,748	191,374	24.9%
563,467	630,921	67,455	10.7%	Health Plan Services Department Total	3,932,033	4,316,177	384,143	8.9%
379,051	449,534	70,483	15.7%	Case & Disease Management Department Total	3,279,100	3,648,821	369,721	10.1%
2,370,737	2,509,307	138,570	5.5%	Medical Services Department Total	21,559,207	21,874,909	315,702	1.4%
349,303	684,174	334,871	48.9%	Quality Management Department Total	4,146,354	5,125,523	979,169	19.1%
164,304	180,692	16,388	9.1%	HCS Behavioral Health Department Total	1,081,714	1,162,804	81,090	7.0%
90,792	144,588	53,796	37.2%	Pharmacy Services Department Total	989,230	1,070,529	81,299	7.8%
29,859	70,656	40,797	57.7%	Regulatory Readiness Total	208,354	353,712	145,358	41.1%
2,990,629	0	(2,990,629)	0.0%	Clinical Grants	2,990,629	0	(2,990,629)	0.0%
\$7,013,960	\$4,793,395	(\$2,220,565)	(46.3%)	15 - Other Benefits & Services	\$38,763,994	\$38,035,854	(\$728,140)	(1.9%)
(769,789)	(661,370)	108,419	(16.4%)	Reinsurance Recoveries	(6,951,181)	(6,510,567)	440,614	(6.8%)
874,642	881,827	7,185	0.8%	Stop-Loss Expense	6,591,058	6,640,671	49,614	0.7%
\$104,853	\$220,457	\$115,604	52.4%	16 - Reinsurance Expense	(\$360,123)	\$130,105	\$490,228	376.8%
\$116,373,004	\$122,208,228	\$5,835,225	4.8%	17 - TOTAL MEDICAL EXPENSES	\$789,191,310	\$832,032,130	\$42,840,819	5.1%

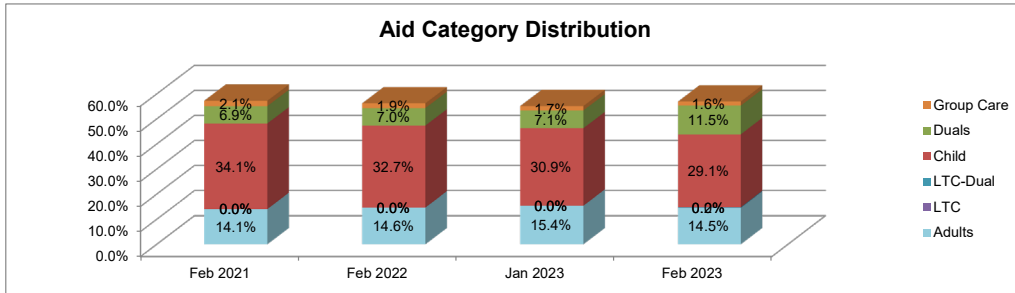
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	Feb 2023	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	51,154	15%	9,689	9,944	866	21,349	9,306
Child	102,305	30%	7,495	9,426	30,817	35,645	18,922
SPD	30,922	9%	10,424	4,483	1,024	12,786	2,205
ACA OE	120,657	35%	17,372	38,694	1,273	47,368	15,950
Duals	40,334	12%	24,399	2,488	3	9,489	3,955
LTC	129	0%	129	-	-	-	-
LTC-Dual	849	0%	848	-	-	-	1
Medi-Cal	346,350		70,356	65,035	33,983	126,637	50,339
Group Care	5,746		2,251	863	-	2,632	-
Total	352,096	100%	72,607	65,898	33,983	129,269	50,339
Medi-Cal %	98.4%		96.9%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		3.1%	1.3%	0.0%	2.0%	0.0%
<i>Network Distribution</i>			20.6%	18.7%	9.7%	36.7%	14.3%
			% Direct: 39%	% Delegated: 61%			

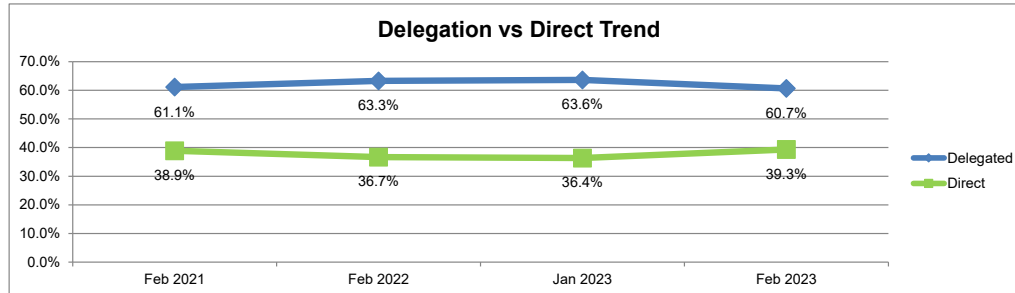


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

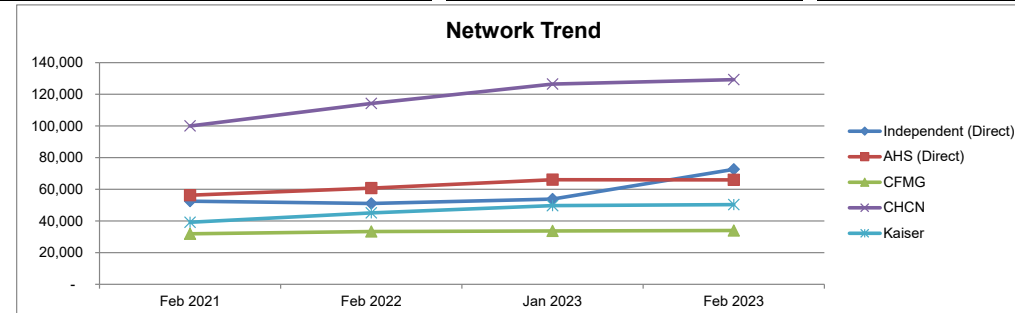
Category of Aid Trend												
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
Adults	39,318	44,588	50,687	51,154	14.1%	14.6%	15.4%	14.5%	13.4%	14.7%	0.9%	
Child	95,514	99,573	101,914	102,305	34.1%	32.7%	30.9%	29.1%	4.2%	2.7%	0.4%	
SPD	26,290	26,675	28,685	30,922	9.4%	8.8%	8.7%	8.8%	1.5%	15.9%	7.8%	
ACA OE	93,322	106,553	119,302	120,657	33.3%	35.0%	36.2%	34.3%	14.2%	13.2%	1.1%	
Duals	19,429	21,239	23,444	40,334	6.9%	7.0%	7.1%	11.5%	9.3%	89.9%	72.0%	
LTC	-	-	6	129	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2050.0%	
LTC-Dual	-	-	15	849	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	5560.0%	
Medi-Cal Total	273,873	298,628	324,053	346,350	97.9%	98.1%	98.3%	98.4%	9.0%	16.0%	6.9%	
Group Care	5,969	5,824	5,761	5,746	2.1%	1.9%	1.7%	1.6%	-2.4%	-1.3%	-0.3%	
Total	279,842	304,452	329,814	352,096	100.0%	100.0%	100.0%	100.0%	8.8%	15.6%	6.8%	



Delegation vs Direct Trend												
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
Delegated	171,098	192,700	209,892	213,591	61.1%	63.3%	63.6%	60.7%	12.6%	10.8%	1.8%	
Direct	108,744	111,752	119,922	138,505	38.9%	36.7%	36.4%	39.3%	2.8%	23.9%	15.5%	
Total	279,842	304,452	329,814	352,096	100.0%	100.0%	100.0%	100.0%	8.8%	15.6%	6.8%	

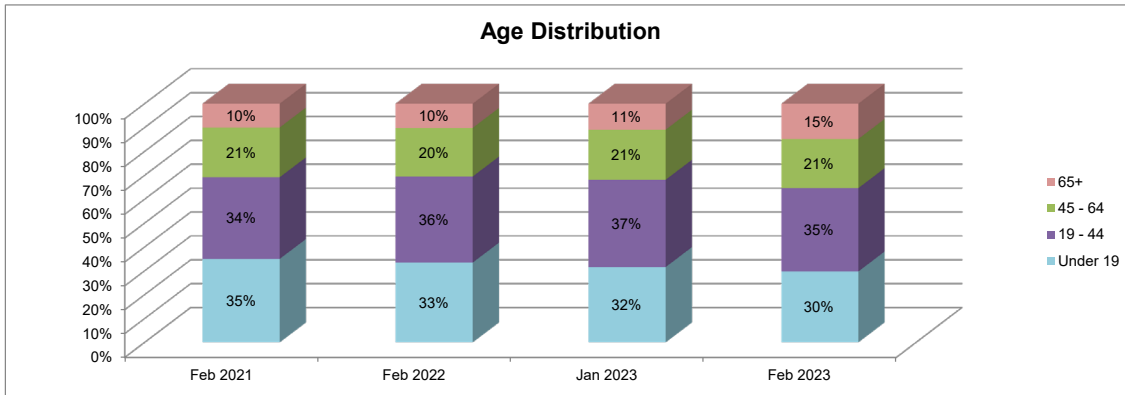


Network Trend												
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
Independent (Direct)	52,462	51,053	53,870	72,607	18.7%	16.8%	16.3%	20.6%	-2.7%	42.2%	34.8%	
AHS (Direct)	56,282	60,699	66,052	65,898	20.1%	19.9%	20.0%	18.7%	7.8%	8.6%	-0.2%	
CFMG	31,907	33,319	33,741	33,983	11.4%	10.9%	10.2%	9.7%	4.4%	2.0%	0.7%	
CHCN	100,003	114,264	126,433	129,269	35.7%	37.5%	38.3%	36.7%	14.3%	13.1%	2.2%	
Kaiser	39,188	45,117	49,718	50,339	14.0%	14.8%	15.1%	14.3%	15.1%	11.6%	1.2%	
Total	279,842	304,452	329,814	352,096	100.0%	100.0%	100.0%	100.0%	8.8%	15.6%	6.8%	

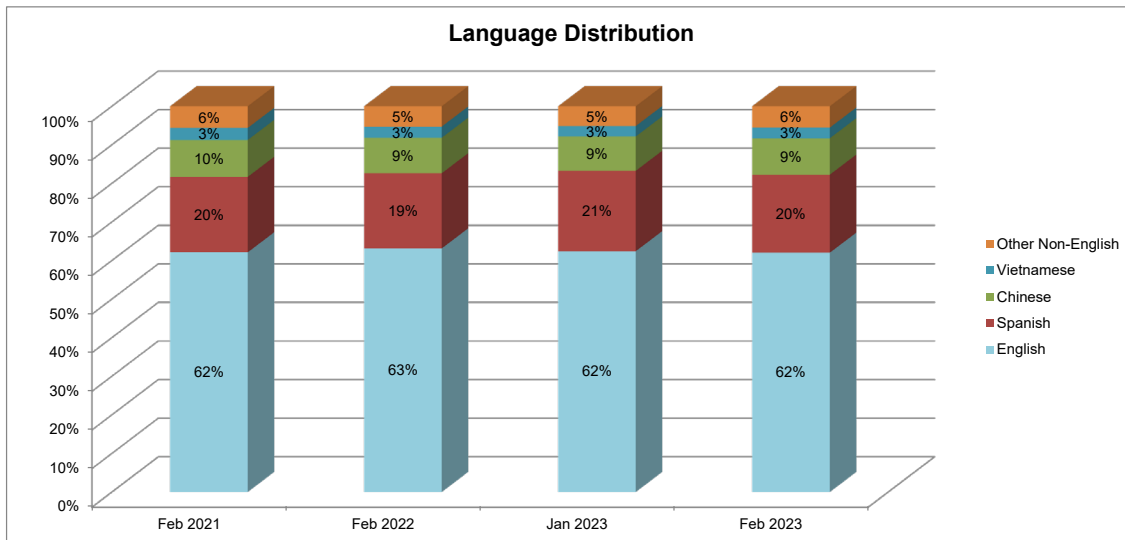


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend												
Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
Under 19	97,915	101,831	104,152	104,659	35%	33%	32%	30%	4%	3%	0%	
19 - 44	95,719	109,790	120,648	122,990	34%	36%	37%	35%	15%	12%	2%	
45 - 64	58,334	61,957	69,127	72,480	21%	20%	21%	21%	6%	17%	5%	
65+	27,874	30,874	35,887	51,967	10%	10%	11%	15%	11%	68%	45%	
Total	279,842	304,452	329,814	352,096	100%	100%	100%	100%	9%	16%	7%	



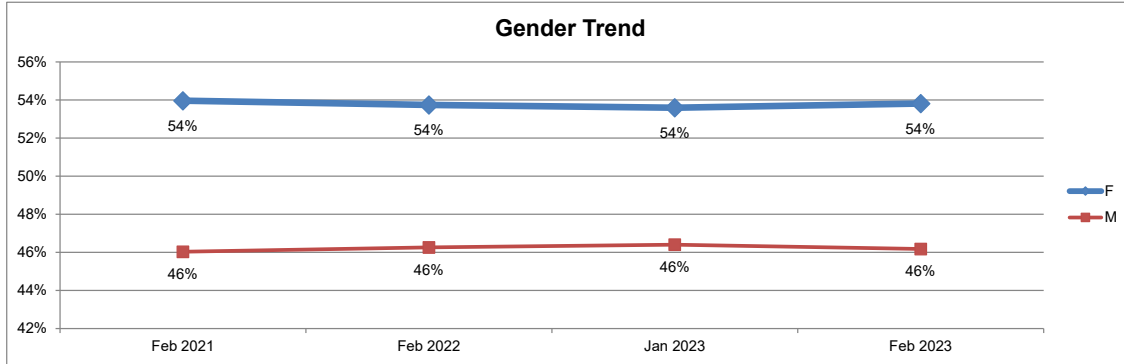
Language Trend												
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
English	173,798	192,183	205,802	218,360	62%	63%	62%	62%	11%	14%	6%	
Spanish	54,775	59,339	68,746	71,247	20%	19%	21%	20%	8%	20%	4%	
Chinese	26,772	28,043	29,364	33,248	10%	9%	9%	9%	5%	19%	13%	
Vietnamese	8,730	8,819	8,924	9,714	3%	3%	3%	3%	1%	10%	9%	
Other Non-English	15,767	16,068	16,978	19,527	6%	5%	5%	6%	2%	22%	15%	
Total	279,842	304,452	329,814	352,096	100%	100%	100%	100%	9%	16%	7%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

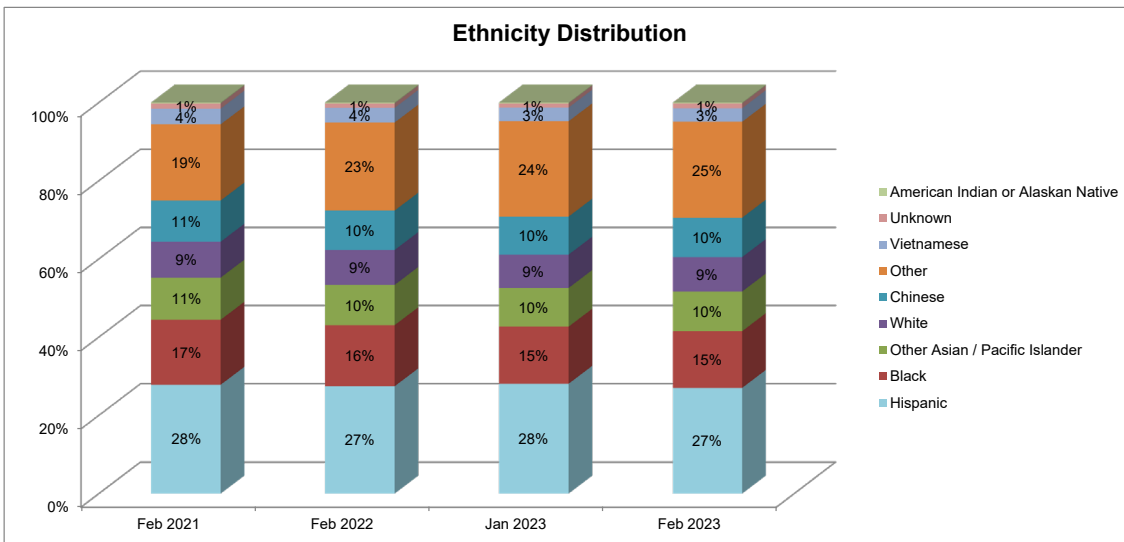
Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023
F	151,018	163,606	176,768	189,484	54%	54%	54%	54%	8%	16%	7%
M	128,824	140,846	153,046	162,612	46%	46%	46%	46%	9%	15%	6%
Total	279,842	304,452	329,814	352,096	100%	100%	100%	100%	9%	16%	7%



Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023
Hispanic	77,793	83,453	92,528	95,061	28%	27%	28%	27%	7%	14%	3%
Black	46,546	47,596	48,188	51,086	17%	16%	15%	15%	2%	7%	6%
Other Asian / Pacific Islander	30,152	31,340	32,634	35,706	11%	10%	10%	10%	4%	14%	9%
White	25,716	27,221	28,155	31,044	9%	9%	9%	9%	6%	14%	10%
Chinese	29,512	30,703	32,069	35,508	11%	10%	10%	10%	4%	16%	11%
Other	54,528	68,575	80,433	86,361	19%	23%	24%	25%	26%	26%	7%
Vietnamese	11,249	11,400	11,535	12,164	4%	4%	3%	3%	1%	7%	5%
Unknown	3,738	3,520	3,582	4,437	1%	1%	1%	1%	-6%	26%	24%
American Indian or Alaskan Native	608	644	690	729	0%	0%	0%	0%	6%	13%	6%
Total	279,842	304,452	329,814	352,096	100%	100%	100%	100%	9%	16%	7%



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile By City

Medi-Cal By City								
City	Feb 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser	
Oakland	134,122	39%	19,018	30,533	14,252	56,085	14,234	
Hayward	54,375	16%	10,416	11,760	5,602	17,540	9,057	
Fremont	32,124	9%	12,657	4,679	1,058	8,705	5,025	
San Leandro	31,233	9%	6,273	4,340	3,506	11,482	5,632	
Union City	14,773	4%	5,272	2,199	558	4,073	2,671	
Alameda	13,274	4%	2,850	2,100	1,662	4,569	2,093	
Berkeley	13,263	4%	2,572	1,845	1,338	5,579	1,929	
Livermore	10,641	3%	1,662	697	1,930	4,518	1,834	
Newark	8,200	2%	2,468	2,547	257	1,511	1,417	
Castro Valley	8,685	3%	1,814	1,282	1,099	2,693	1,797	
San Lorenzo	7,247	2%	1,257	1,222	689	2,633	1,446	
Pleasanton	5,977	2%	1,446	400	509	2,622	1,000	
Dublin	6,403	2%	1,504	435	681	2,639	1,144	
Emeryville	2,405	1%	502	414	318	770	401	
Albany	2,114	1%	317	239	384	757	417	
Piedmont	447	0%	89	125	28	101	104	
Sunol	72	0%	16	10	5	24	17	
Antioch	31	0%	2	10	5	14	-	
Other	964	0%	221	198	102	322	121	
Total	346,350	100%	70,356	65,035	33,983	126,637	50,339	

Group Care By City								
City	Feb 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser	
Oakland	1,870	33%	422	352	-	1,096	-	
Hayward	643	11%	312	139	-	192	-	
Fremont	611	11%	436	43	-	132	-	
San Leandro	584	10%	214	92	-	278	-	
Union City	299	5%	201	32	-	66	-	
Alameda	283	5%	96	22	-	165	-	
Berkeley	171	3%	50	12	-	109	-	
Livermore	92	2%	30	3	-	59	-	
Newark	142	2%	86	35	-	21	-	
Castro Valley	182	3%	80	21	-	81	-	
San Lorenzo	127	2%	51	15	-	61	-	
Pleasanton	64	1%	26	3	-	35	-	
Dublin	107	2%	40	10	-	57	-	
Emeryville	30	1%	13	3	-	14	-	
Albany	18	0%	5	1	-	12	-	
Piedmont	13	0%	3	-	-	10	-	
Sunol	-	0%	-	-	-	-	-	
Antioch	26	0%	6	6	-	14	-	
Other	484	8%	180	74	-	230	-	
Total	5,746	100%	2,251	863	-	2,632	-	

Total By City								
City	Feb 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser	
Oakland	135,992	39%	19,440	30,885	14,252	57,181	14,234	
Hayward	55,018	16%	10,728	11,899	5,602	17,732	9,057	
Fremont	32,735	9%	13,093	4,722	1,058	8,837	5,025	
San Leandro	31,817	9%	6,487	4,432	3,506	11,760	5,632	
Union City	15,072	4%	5,473	2,231	558	4,139	2,671	
Alameda	13,557	4%	2,946	2,122	1,662	4,734	2,093	
Berkeley	13,434	4%	2,622	1,857	1,338	5,688	1,929	
Livermore	10,733	3%	1,692	700	1,930	4,577	1,834	
Newark	8,342	2%	2,554	2,582	257	1,532	1,417	
Castro Valley	8,867	3%	1,894	1,303	1,099	2,774	1,797	
San Lorenzo	7,374	2%	1,308	1,237	689	2,694	1,446	
Pleasanton	6,041	2%	1,472	403	509	2,657	1,000	
Dublin	6,510	2%	1,544	445	681	2,696	1,144	
Emeryville	2,435	1%	515	417	318	784	401	
Albany	2,132	1%	322	240	384	769	417	
Piedmont	460	0%	92	125	28	111	104	
Sunol	72	0%	16	10	5	24	17	
Antioch	57	0%	8	16	5	28	-	
Other	1,448	0%	401	272	102	552	121	
Total	352,096	100%	72,607	65,898	33,983	129,269	50,339	

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	March 2023
Incoming Calls (R/V)	20,378
Abandoned Rate (R/V)	19%
Answered Calls (R/V)	16,417
Average Speed to Answer (ASA)	4:16
Calls Answered in 60 Seconds (R/V)	46%
Average Talk Time (ATT)	06:52
Outbound Calls	7,973

Top 5 Call Reasons (Medi-Cal and Group Care) March 2023
Change of PCP
Eligibility/Enrollment
Benefits
Kaiser
ID Card Requests

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) March 2023
Change of PCP
ID Card Requests
Update Contact Info

**Claims Department
February 2023 Final and March 2023 Final**

METRICS

Claims Compliance	Feb-23	Mar-23
90% of clean claims processed within 30 calendar days	99.4%	99.3%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	Feb-23	Mar-23
Paper claims	21,885	28,986
EDI claims	145,590	209,297
Claim Volume Total	167,475	238,283
Percentage of Claims Volume by Submission Method	Feb-23	Mar-23
% Paper	13.07%	12.16%
% EDI	86.93%	87.84%
Claims Processed	Feb-23	Mar-23
HEALTHsuite Paid (original claims)	111,043	149,563
HEALTHsuite Denied (original claims)	42,512	57,784
HEALTHsuite Original Claims Sub-Total	153,555	207,347
HEALTHsuite Adjustments	27,326	21,040
HEALTHsuite Total	180,881	228,387
Claims Expense	Feb-23	Mar-23
Medical Claims Paid	\$61,837,573	\$78,512,420
Interest Paid	\$25,121	\$41,054
Auto Adjudication	Feb-23	Mar-23
Claims Auto Adjudicated	124,194	164,436
% Auto Adjudicated	80.9%	79.3%
Average Days from Receipt to Payment	Feb-23	Mar-23
HEALTHsuite	18	18
Pended Claim Age	Feb-23	Mar-23
0-29 calendar days	8,418	19,753
HEALTHsuite		
30-59 calendar days	44	741
HEALTHsuite		
Over 60 calendar days	0	8
HEALTHsuite		
Overall Denial Rate	Feb-23	Mar-23
Claims denied in HEALTHsuite	42,512	57,784
% Denied	23.5%	25.3%

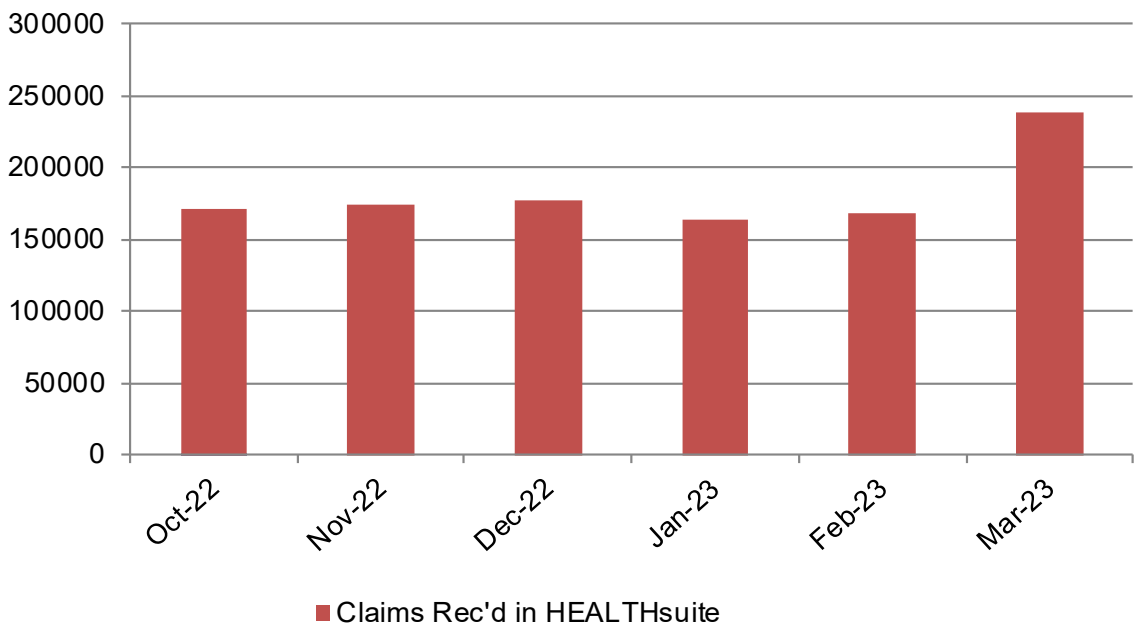
**Claims Department
February 2023 Final and March 2023 Final**

Mar-23

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	28%
No Benefits Found For Dates of Service	14%
Duplicate Claim	10%
Non-Covered Benefit For This Plan	9%
Must Submit Paper Claim With Copy of Primary Payor EOB	6%
% Total of all denials	67%

Claims Received By Month

Run Date	11/1/2022	12/1/2022	1/1/2023	2/1/2023	3/1/2023	4/1/2023
Claims Received Through	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Claims Rec'd in HEALTHsuite	171,386	174,429	177,828	163,764	167,475	238,283



Provider Relations Dashboard March 2023

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5588	5936	6283									
Abandoned Calls	1698	1904	1557									
Answered Calls (PR)	3890	4032	4726									
Recordings/Voicemails	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (R/V)	1231	953	986									
Abandoned Calls (R/V)												
Answered Calls (R/V)	1231	953	983									
Outbound Calls	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Outbound Calls	741	758	910									
N/A												
Outbound Calls	741	758	910									
Totals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Incoming, R/V, Outbound Calls	7560	7647	8179									
Abandoned Calls	1698	1904	1557									
Total Answered Incoming, R/V, Outbound Calls	5862	5743	6622									

Provider Relations Dashboard March 2023

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	5.3%	4.8%	5.3%									
Benefits	3.6%	3.4%	3.1%									
Claims Inquiry	46.7%	46.0%	48.8%									
Change of PCP	4.9%	3.8%	3.4%									
Complaint/Grievance (includes PDR's)	2.9%	1.7%	2.9%									
Contracts	0.9%	0.7%	0.9%									
Demographic Change	0.0%	0.0%	0.0%									
Eligibility - Call from Provider	19.4%	20.6%	17.2%									
Exempt Grievance/ G&A	0.0%	0.0%	0.0%									
General Inquiry/Non member	0.0%	0.0%	0.0%									
Health Education	0.0%	0.0%	0.0%									
Intrepreter Services Request	0.7%	0.9%	0.4%									
Kaiser	0.0%	0.0%	0.0%									
Member bill	0.0%	0.0%	0.0%									
Provider Portal Assistance	2.7%	2.9%	2.5%									
Pharmacy	0.2%	0.1%	0.2%									
Prop 56	0.4%	0.5%	0.4%									
Provider Network Info	0.0%	0.1%	0.0%									
Transportation Services	0.2%	0.4%	0.1%									
Transferred Call	0.0%	0.0%	0.0%									
All Other Calls	12.2%	14.0%	14.7%									
TOTAL	100.0%	100.0%	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	30	28	47									
Contracting/Credentialing	29	18	34									
Drop-ins	142	96	100									
JOM's	0	2	2									
New Provider Orientation	0	20	32									
Quarterly Visits	0	0	0									
UM Issues	13	18	0									
Total Field Visits	214	182	215	0	0	0	0	0	0	0	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALLED PRACTITIONERS					
Practitioners	BH/ABA 871	AHP 435	PCP 356	SPEC 662	PCP/SPEC 11
AAH/AHS/CHCN Breakdown		AAH 1189	AHS 227	CHCN 530	COMBINATION OF GROUPS 389
Facilities	342				
VENDOR SUMMARY					
Credentiaing Verification Organization, Symply CVO					
	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	183	52	25	Y	N
Recred Files in Process	93	18	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	276				
CAQH Applications Processed in March 2023					
Standard Providers and Allied Health	Invoice not received				
March 2023 Peer Review and Credentialing Committee Approvals					
Initial Credentialing	Number				
PCP	11				
SPEC	23				
ANCILLARY	4				
MIDLEVEL/AHP	18				
BH/ABA	234				
	290				
Recredentialing					
PCP	9				
SPEC	14				
ANCILLARY	3				
MIDLEVEL/AHP	8				
BH/ABA	0				
	34				
TOTAL	324				
March 2023 Facility Approvals					
Initial Credentialing	3				
Recredentialing	4				
	7				
Facility Files in Process	31				
March 2023 Employee Metrics					
File Processing	Timely processing within 3 days of receipt		Y		
Credentialing Accuracy	<3% error rate		Y		
DHCS, DMHC, CMS, NCQA Compliant	98%		Y		
MBC Monitoring	Timely processing within 3 days of receipt		Y		

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CRED	CRED DATE
Aguilar	Krystal	BH-Telehealth	INITIAL	3/21/2023
Ahn	Peter	ABA-Telehealth	INITIAL	3/21/2023
Akram	Faisal	BH	INITIAL	3/21/2023
Al-Dhaher	Zainab	BH	INITIAL	3/21/2023
Aloisio	Megan	ABA	INITIAL	3/21/2023
Altenau	Myra	BH	INITIAL	3/21/2023
Alter	Gregory	BH	INITIAL	3/21/2023
Alvarez	Karina	ABA	INITIAL	3/21/2023
Anderson	Carol	BH	INITIAL	3/21/2023
Bailey	Ettie	BH	INITIAL	3/21/2023
Baksi-Banerjee	Maitrayee	BH	INITIAL	3/21/2023
Baldor	Denine	BH	INITIAL	3/21/2023
Ball	Ankhesenamun	BH-Telehealth	INITIAL	3/21/2023
Baratz	Ashley	BH	INITIAL	3/21/2023
Barney	Joanna	ABA-Telehealth	INITIAL	3/21/2023
Barrios	Tiana	ABA-Telehealth	INITIAL	3/21/2023
Bautista-Santana	Yubitza	BH-Telehealth	INITIAL	3/21/2023
Beckman	Katherine	ABA	INITIAL	3/21/2023
Betancourt	Roxanne	ABA-Telehealth	INITIAL	3/21/2023
Bhandari	Stuti	BH	INITIAL	3/21/2023
Bianchi Wojick	Joann	BH	INITIAL	3/21/2023
Billings	Asia	BH	INITIAL	3/21/2023
Borboa	Jessica	BH-Telehealth	INITIAL	3/21/2023
Branum	Faye	BH-Telehealth	INITIAL	3/21/2023
Brar	Kanwarjeet	BH	INITIAL	3/21/2023
Brassea	Joel	ABA	INITIAL	3/21/2023
Brown	Anissa	BH	INITIAL	3/21/2023
Campbell	Lindsay	ABA-Telehealth	INITIAL	3/21/2023
Candelaria	Nicholas	BH	INITIAL	3/21/2023
Carpentieri	Anthony	BH	INITIAL	3/21/2023
Catalina	Ellen	BH	INITIAL	3/21/2023
Catano	Nadja	BH-Telehealth	INITIAL	3/21/2023
Chau	Trisha	ABA-Telehealth	INITIAL	3/21/2023
Chen	Barbara	BH-Telehealth	INITIAL	3/21/2023
Chen	Tammie	BH	INITIAL	3/21/2023
Chen	Yenan	BH	INITIAL	3/21/2023
Cho	Ann	ABA-Telehealth	INITIAL	3/21/2023
Choi	Joanne	ABA-Telehealth	INITIAL	3/21/2023
Chon	Jennifer	ABA-Telehealth	INITIAL	3/21/2023
Chong	William	ABA-Telehealth	INITIAL	3/21/2023
Chu-Takyi	Yani	BH	INITIAL	3/21/2023
Coggins	Mariah	ABA-Telehealth	INITIAL	3/21/2023
Compton	Laura	BH	INITIAL	3/21/2023
Cook	Tristan	BH	INITIAL	3/21/2023
Cottone-Wilson	Melissa	BH-Telehealth	INITIAL	3/21/2023
Cuevas	Francisca	BH	INITIAL	3/21/2023
Culcasi	Maria	BH	INITIAL	3/21/2023
Dandekar	Jessica	ABA-Telehealth	INITIAL	3/21/2023
Daniel	Carolyn	BH	INITIAL	3/21/2023
D'Avanzo	Devon	BH	INITIAL	3/21/2023
Davidow	Talia	BH	INITIAL	3/21/2023
De Hoyos	Juan	BH	INITIAL	3/21/2023
DeJesus	Anne	BH	INITIAL	3/21/2023
Delgadillo	Jennifer	ABA-Telehealth	INITIAL	3/21/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CRED	CRED DATE
Desai	Asha	ABA-Telehealth	INITIAL	3/21/2023
Deshmukh	Poonam	BH	INITIAL	3/21/2023
Doyle	Valerie	BH	INITIAL	3/21/2023
Duru	Vincent	ABA-Telehealth	INITIAL	3/21/2023
Emerson	Sherilyn	ABA-Telehealth	INITIAL	3/21/2023
Engber	Natalie	BH	INITIAL	3/21/2023
Ettelson	Richard	BH	INITIAL	3/21/2023
Evans	Elisabeth	ABA-Telehealth	INITIAL	3/21/2023
Fardghassemi	Marjan	BH-Telehealth	INITIAL	3/21/2023
Felch	Stacy	BH-Telehealth	INITIAL	3/21/2023
Finkelstein	David	BH	INITIAL	3/21/2023
Fisher	Robyn	ABA-Telehealth	INITIAL	3/21/2023
Floyd	Heather	BH	INITIAL	3/21/2023
Fox	Kaitlin	ABA-Telehealth	INITIAL	3/21/2023
France	Shadavia	BH-Telehealth	INITIAL	3/21/2023
Fuentes	Maria	ABA	INITIAL	3/21/2023
Galvan Lopez	Thalia	ABA-Telehealth	INITIAL	3/21/2023
Gamboa	Allen	ABA-Telehealth	INITIAL	3/21/2023
Gantt	Haley	ABA-Telehealth	INITIAL	3/21/2023
Gayle	Gregory	BH	INITIAL	3/21/2023
Geering	Michelle	ABA-Telehealth	INITIAL	3/21/2023
Gill	Amarpreet	BH	INITIAL	3/21/2023
Gillespie	Kirstie	ABA-Telehealth	INITIAL	3/21/2023
Gonzalez	Micael	BH	INITIAL	3/21/2023
Grayzel	Rebecca	BH	INITIAL	3/21/2023
Gregorio	Alvin	BH	INITIAL	3/21/2023
Grubbs	Kristina	ABA	INITIAL	3/21/2023
Guerra	Elizabeth	BH	INITIAL	3/21/2023
Gutierrez	Kimberly	ABA	INITIAL	3/21/2023
Hall	Kimberly	BH-Telehealth	INITIAL	3/21/2023
Hernandez	Jessica	ABA-Telehealth	INITIAL	3/21/2023
Hernandez	Lesley	ABA-Telehealth	INITIAL	3/21/2023
Herrlin	Jessica	ABA-Telehealth	INITIAL	3/21/2023
Hickman	Norval	BH	INITIAL	3/21/2023
Higgins	Kevin	BH	INITIAL	3/21/2023
Himelstein	Samuel	BH	INITIAL	3/21/2023
Hines	Rebecca	BH	INITIAL	3/21/2023
Hodge	Marcie	BH-Telehealth	INITIAL	3/21/2023
Hoffman	Holli	BH	INITIAL	3/21/2023
Holland	Amy	BH-Telehealth	INITIAL	3/21/2023
Holliday	Tina	BH	INITIAL	3/21/2023
Horn	Haley	BH	INITIAL	3/21/2023
Howell	Danielle	BH	INITIAL	3/21/2023
Ilagan	Stephanie	ABA	INITIAL	3/21/2023
Johnson	Alicia	BH	INITIAL	3/21/2023
Johnson	Graham	BH	INITIAL	3/21/2023
Kahn	Melissa	ABA	INITIAL	3/21/2023
Kallen	Heidi	BH	INITIAL	3/21/2023
Karwacki	Andrzej	BH	INITIAL	3/21/2023
Kawai	Mari	ABA-Telehealth	INITIAL	3/21/2023
Khan	Ghazala	BH	INITIAL	3/21/2023
Kiehn	Donald	BH	INITIAL	3/21/2023
Kiff	Natalie	BH	INITIAL	3/21/2023
Kim	Paul	BH-Telehealth	INITIAL	3/21/2023

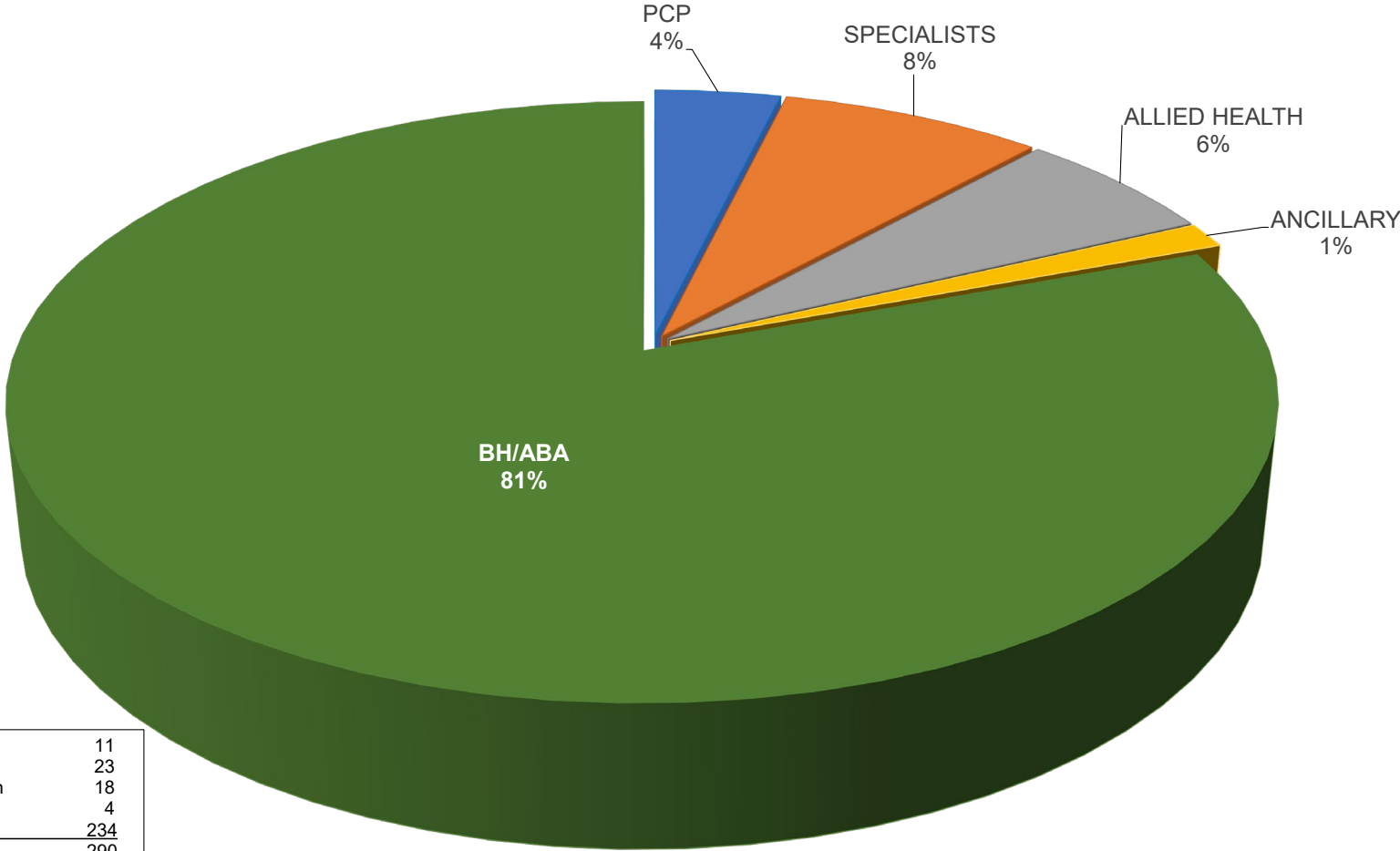
LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CRED	CRED DATE
Kim-Tran	Suzy	BH	INITIAL	3/21/2023
Kindlespire	Kandyce	ABA-Telehealth	INITIAL	3/21/2023
Kinney	Benton	BH	INITIAL	3/21/2023
Klara	Erika	BH	INITIAL	3/21/2023
Kollar	Carlotta	ABA-Telehealth	INITIAL	3/21/2023
Kotarek	Stephen	BH	INITIAL	3/21/2023
Krueger	Bonnie	BH-Telehealth	INITIAL	3/21/2023
Lagoy	Julian	BH	INITIAL	3/21/2023
Lane	Michelle	BH	INITIAL	3/21/2023
Lane	Victoria	BH	INITIAL	3/21/2023
Larson	Gregory	BH	INITIAL	3/21/2023
Lask Knizek	Mauricio	BH	INITIAL	3/21/2023
Lau	Cindy-Heung	BH	INITIAL	3/21/2023
Lawler	Raina	BH	INITIAL	3/21/2023
Lee	Helen	ABA-Telehealth	INITIAL	3/21/2023
Lee	Vincent	ABA-Telehealth	INITIAL	3/21/2023
Lee	Yujin	BH	INITIAL	3/21/2023
LeMaster	Shannon	BH	INITIAL	3/21/2023
Leong	Linda	ABA-Telehealth	INITIAL	3/21/2023
Levine	Joanne	BH-Telehealth	INITIAL	3/21/2023
Licurse	Deborah	BH	INITIAL	3/21/2023
Liles	James	BH	INITIAL	3/21/2023
Lin	Minda	BH	INITIAL	3/21/2023
Lohrey	Sarah	ABA-Telehealth	INITIAL	3/21/2023
Lum-Levine	Rosemary	BH	INITIAL	3/21/2023
MacPhee	Ryan	BH	INITIAL	3/21/2023
Mangan	Sandra	BH	INITIAL	3/21/2023
Martinez	Breanne	ABA-Telehealth	INITIAL	3/21/2023
Martinez	Melissa	BH	INITIAL	3/21/2023
McCrary	Karen	ABA-Telehealth	INITIAL	3/21/2023
Meastas	Rebecca	ABA-Telehealth	INITIAL	3/21/2023
Mehta	Surbhee	BH	INITIAL	3/21/2023
Messerschmidt	Margaret	BH	INITIAL	3/21/2023
Middleton	Elise	BH	INITIAL	3/21/2023
Miyamoto	Satoko	BH	INITIAL	3/21/2023
Mody	Sitar	BH-Telehealth	INITIAL	3/21/2023
Morales	Ingrid	ABA-Telehealth	INITIAL	3/21/2023
Morales Garcia	Teresa	ABA-Telehealth	INITIAL	3/21/2023
Moulds	Jacob	BH	INITIAL	3/21/2023
Mueck	Tucker	ABA-Telehealth	INITIAL	3/21/2023
Mueller	Lauren	BH	INITIAL	3/21/2023
Munoz	Cindia	BH	INITIAL	3/21/2023
Naranjo	Jaime	BH	INITIAL	3/21/2023
Needens	Brandon	ABA-Telehealth	INITIAL	3/21/2023
Neri	Stephanie	ABA-Telehealth	INITIAL	3/21/2023
Newman	Zoe	BH-Telehealth	INITIAL	3/21/2023
Nguyen	Christine	BH	INITIAL	3/21/2023
Nguyen	Michelle	ABA-Telehealth	INITIAL	3/21/2023
Nguyen	Thanh	BH	INITIAL	3/21/2023
Nielsen	Welby	BH	INITIAL	3/21/2023
Ochoa	Candice	ABA-Telehealth	INITIAL	3/21/2023
Ortiz Martinez	Maribel	ABA	INITIAL	3/21/2023
Outlaw	Jaseon	BH	INITIAL	3/21/2023
Parmar	Rashmi	BH	INITIAL	3/21/2023
Pawlowski	Yvette	ABA-Telehealth	INITIAL	3/21/2023
Perez	Genesis	BH	INITIAL	3/21/2023
Pieschel	Lindsey	ABA-Telehealth	INITIAL	3/21/2023
Pizarro	Erika Paula	BH	INITIAL	3/21/2023
Polcar	Taylor	ABA-Telehealth	INITIAL	3/21/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CRED	CRED DATE
Pritchard	Elaine	BH	INITIAL	3/21/2023
Priyanka	Priyanka	BH	INITIAL	3/21/2023
Provencher	Kallie	ABA-Telehealth	INITIAL	3/21/2023
Rajmohan	Shruti	ABA	INITIAL	3/21/2023
Reboja-Dirige	Frances	ABA-Telehealth	INITIAL	3/21/2023
Rector	Lea	ABA-Telehealth	INITIAL	3/21/2023
Reddy	Narendra	BH	INITIAL	3/21/2023
Rios	Nayelle	ABA-Telehealth	INITIAL	3/21/2023
Robbins	Richard	ABA-Telehealth	INITIAL	3/21/2023
Rodriguez Ventura	Suzuki	BH-Telehealth	INITIAL	3/21/2023
Romero	Irma	BH	INITIAL	3/21/2023
Romero	Mitzy	ABA-Telehealth	INITIAL	3/21/2023
Rosenberg	Shoshana	BH	INITIAL	3/21/2023
Rubin	Joan	BH	INITIAL	3/21/2023
Rubino	Miriam	BH-Telehealth	INITIAL	3/21/2023
Ruiz	Jennifer	BH	INITIAL	3/21/2023
Saleem	Hala	BH-Telehealth	INITIAL	3/21/2023
Samplawski	Olga	BH	INITIAL	3/21/2023
Sampson	Charnay	ABA	INITIAL	3/21/2023
Sanchez	Christina	BH	INITIAL	3/21/2023
Sanchez	Nicole	ABA-Telehealth	INITIAL	3/21/2023
Sanchez-Martinez	Jessica	BH	INITIAL	3/21/2023
Sarkar	Anumita	ABA-Telehealth	INITIAL	3/21/2023
Schoppe	Hayley	ABA-Telehealth	INITIAL	3/21/2023
Scott	Cristina	BH	INITIAL	3/21/2023
Sharp	Meghan	ABA-Telehealth	INITIAL	3/21/2023
Shue	Allison	BH	INITIAL	3/21/2023
Silbernagel	Tisha	ABA-Telehealth	INITIAL	3/21/2023
Singh	Anoopinder	BH	INITIAL	3/21/2023
Singh	Simrita	BH	INITIAL	3/21/2023
Sinnappan	Christopher	BH	INITIAL	3/21/2023
Smith	Laura	ABA-Telehealth	INITIAL	3/21/2023
Sohrabi	Heidi	BH	INITIAL	3/21/2023
Solomon	Shalini	ABA-Telehealth	INITIAL	3/21/2023
Soto	Steven	ABA-Telehealth	INITIAL	3/21/2023
Southwell	Rickey	BH	INITIAL	3/21/2023
Stiles	Hayley	ABA-Telehealth	INITIAL	3/21/2023
Sztainer	Maya	BH	INITIAL	3/21/2023
Tayyab	Hamna	ABA	INITIAL	3/21/2023
Terry	Benelia	BH	INITIAL	3/21/2023
Testard	Aaron	BH	INITIAL	3/21/2023
Thiessen	Bruce	BH-Telehealth	INITIAL	3/21/2023
Tilden	Gregory	BH-Telehealth	INITIAL	3/21/2023
Tobdzic	Annelies	ABA	INITIAL	3/21/2023
Troia	Stephanie	ABA-Telehealth	INITIAL	3/21/2023
Tsurui	Jacqueline	BH	INITIAL	3/21/2023
Turrini	Corinne	ABA	INITIAL	3/21/2023
Valensi	Roza	ABA-Telehealth	INITIAL	3/21/2023
Vang	Mai	ABA-Telehealth	INITIAL	3/21/2023
Varner	Kinsey	ABA-Telehealth	INITIAL	3/21/2023
Velazquez-Hernandez	Marlen	ABA-Telehealth	INITIAL	3/21/2023
Vick	Rebecca	BH	INITIAL	3/21/2023
Victor	Jessica	ABA-Telehealth	INITIAL	3/21/2023
Viluan	Prystan	ABA-Telehealth	INITIAL	3/21/2023
Voegele	Paul	ABA-Telehealth	INITIAL	3/21/2023
Washington	Tiana	BH	INITIAL	3/21/2023
Washington	Victor	BH	INITIAL	3/21/2023
White	Reba	BH-Telehealth	INITIAL	3/21/2023
Williams	Juliana	BH	INITIAL	3/21/2023
Wilson	Alexandra	ABA-Telehealth	INITIAL	3/21/2023
Xie	Yuhuan	BH	INITIAL	3/21/2023
Yaar	Atzimba	ABA-Telehealth	INITIAL	3/21/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CRED	CRED DATE
Young	Diana	BH	INITIAL	3/21/2023
Zakharova	Anastasiya	BH	INITIAL	3/21/2023
Zanolini	Shanna	BH-Telehealth	INITIAL	3/21/2023
Zarriello	Richard	BH	INITIAL	3/21/2023
Zuberi	Maria	BH	INITIAL	3/21/2023
Atme-Bahrani	Nicole	Allied Health	INITIAL	3/21/2023
Bhela	Serena	Specialist	INITIAL	3/21/2023
Boesch	Brandon	Primary Care Physician	INITIAL	3/21/2023
Chang	LeeAnn	Specialist	INITIAL	3/21/2023
Chang	Warren	Specialist	INITIAL	3/21/2023
Chavez	Melissa	Allied Health	INITIAL	3/21/2023
Chiu	Jiaqun	Allied Health	INITIAL	3/21/2023
Chiu	May	Specialist	INITIAL	3/21/2023
Chong	Michelle	Primary Care Physician	INITIAL	3/21/2023
Cisneros	Luciana	Ancillary	INITIAL	3/21/2023
Clark	Melissa	Allied Health	INITIAL	3/21/2023
Cobbey	Margaret	Allied Health	INITIAL	3/21/2023
Craig	Tanay	Allied Health	INITIAL	3/21/2023
Cruz	Christian	Specialist	INITIAL	3/21/2023
Curzi	Mario	Specialist	INITIAL	3/21/2023
Dolkar	Sonam	Allied Health	INITIAL	3/21/2023
Ehrlich	Abigail	Allied Health	INITIAL	3/21/2023
Galina Quintero	Doris	Specialist	INITIAL	3/21/2023
Gonzalez	Elizabeth	Ancillary	INITIAL	3/21/2023
Gregori	Jeffery	Specialist	INITIAL	3/21/2023
He	Chenyin	Specialist	INITIAL	3/21/2023
Heart	Anita	Primary Care Physician	INITIAL	3/21/2023
Huang	Grace	Ancillary	INITIAL	3/21/2023
Iqbal	Zarah	Primary Care Physician	INITIAL	3/21/2023
Jones	Khyrie	Specialist	INITIAL	3/21/2023
Kao	Albert	Specialist	INITIAL	3/21/2023
Kaur	Pardeep	Allied Health	INITIAL	3/21/2023
Kim	Edward	Specialist	INITIAL	3/21/2023
Law	Jason	Specialist	INITIAL	3/21/2023
Macaraeg	Lauren	Specialist	INITIAL	3/21/2023
Marino	Julia	Primary Care Physician	INITIAL	3/21/2023
Murphy	Michael	Specialist	INITIAL	3/21/2023
Murtinty	Padmaja	Allied Health	INITIAL	3/21/2023
Nainani	Neha	Specialist	INITIAL	3/21/2023
Nelson	Britta	Allied Health	INITIAL	3/21/2023
Nguyen	Myngoc	Specialist	INITIAL	3/21/2023
Passey	Natalie	Allied Health	INITIAL	3/21/2023
Petrovich	Rashida	Allied Health	INITIAL	3/21/2023
Piernot	Ellen	Primary Care Physician	INITIAL	3/21/2023
Ramos	Ruth	Allied Health	INITIAL	3/21/2023
Revilla	Ana	Primary Care Physician	INITIAL	3/21/2023
Rivera	Grant	Ancillary	INITIAL	3/21/2023
Rouche	Lynde	Allied Health	INITIAL	3/21/2023
Rozo	Santiago	Allied Health	INITIAL	3/21/2023
Runyon	Theresa	Allied Health	INITIAL	3/21/2023
Sebastian	Thresia	Primary Care Physician	INITIAL	3/21/2023
Shey	Jason	Specialist	INITIAL	3/21/2023
Shiue	Zita	Specialist	INITIAL	3/21/2023
Silva	Manel	Primary Care Physician	INITIAL	3/21/2023
Solt	Stacie	Specialist	INITIAL	3/21/2023
Steinberg	Gabrielle	Primary Care Physician	INITIAL	3/21/2023
Sugimoto	Brent	Primary Care Physician	INITIAL	3/21/2023
Tseng	Robert	Specialist	INITIAL	3/21/2023
Villegas	Natalia	Allied Health	INITIAL	3/21/2023
Woo	Garmen	Specialist	INITIAL	3/21/2023
Wrone	Elizabeth	Specialist	INITIAL	3/21/2023
Butt	Olivia	Specialist	RE-CRED	3/21/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CRED	CRED DATE
Chang	Shurong	Specialist	RE-CRED	3/21/2023
Chen	Xiaochuan	Primary Care Physician	RE-CRED	3/21/2023
Curran	Steven	Primary Care Physician	RE-CRED	3/21/2023
Dela Cruz	Rhodora	Primary Care Physician	RE-CRED	3/21/2023
DeSouza	Neha	Specialist	RE-CRED	3/21/2023
Fraino	Joan	Allied Health	RE-CRED	3/21/2023
Franks	Ariel	Primary Care Physician	RE-CRED	3/21/2023
Gray	Alexandra	Allied Health	RE-CRED	3/21/2023
Grewal	Suneet	Specialist	RE-CRED	3/21/2023
He	Bo	Specialist	RE-CRED	3/21/2023
Hewett	Lauren	Allied Health	RE-CRED	3/21/2023
Kalami	Maryam	Ancillary	RE-CRED	3/21/2023
Kaplan	Jerold	Specialist	RE-CRED	3/21/2023
Khan	Muhammad	Allied Health	RE-CRED	3/21/2023
Khine	Khin	Primary Care Physician	RE-CRED	3/21/2023
Khuu	Duke	Specialist	RE-CRED	3/21/2023
Kline	Karen	Allied Health	RE-CRED	3/21/2023
Kochenburger	Richard	Specialist	RE-CRED	3/21/2023
Laine	Ritva	Ancillary	RE-CRED	3/21/2023
Lauf	Meaghan	Allied Health	RE-CRED	3/21/2023
Li	Ben	Specialist	RE-CRED	3/21/2023
Lo	Ernest	Specialist	RE-CRED	3/21/2023
Maxwell	Andrew	Specialist	RE-CRED	3/21/2023
Myint	San-San	Primary Care Physician	RE-CRED	3/21/2023
Netherland	Lisa	Primary Care Physician	RE-CRED	3/21/2023
Nguyen	Anh	Ancillary	RE-CRED	3/21/2023
Ochieng	Rose	Primary Care Physician	RE-CRED	3/21/2023
Post	Stephen	Specialist	RE-CRED	3/21/2023
Robinson-Osder	Gina	Allied Health	RE-CRED	3/21/2023
Rosen	Lynne	Primary Care Physician	RE-CRED	3/21/2023
Stephens	Duane	Specialist	RE-CRED	3/21/2023
Ton	Amanda	Allied Health	RE-CRED	3/21/2023
Tuan	Ke	Specialist	RE-CRED	3/21/2023

MARCH PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALTY



PCP	11
Specialists	23
Allied Health	18
Ancillary	4
BH/ABA	234
Total	290

**Provider Dispute Resolution
February 2023 and March 2023**

METRICS

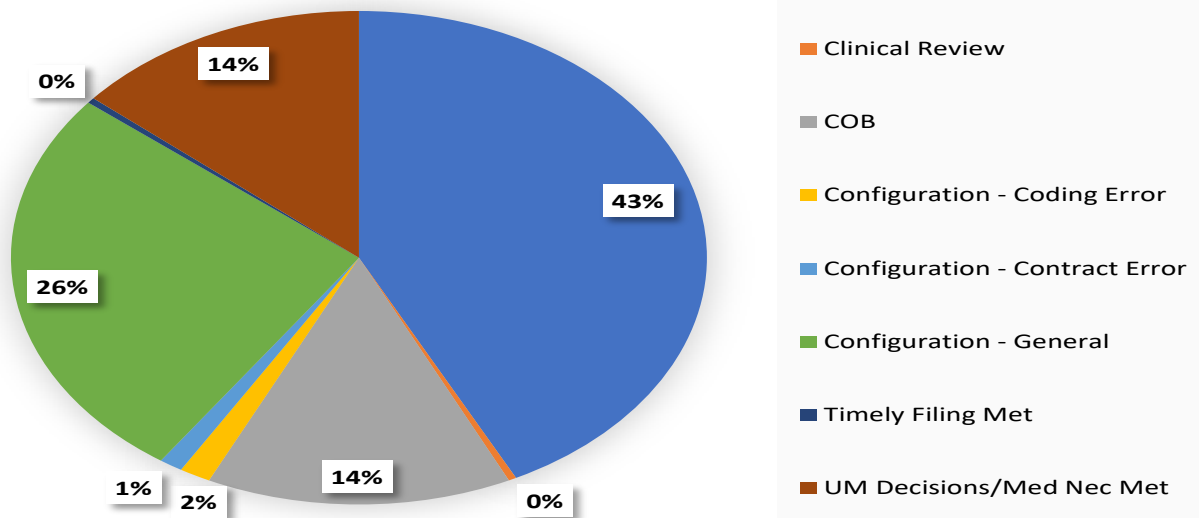
PDR Compliance	Feb-23	Mar-23
# of PDRs Resolved	889	1,111
# Resolved Within 45 Working Days	889	1,103
% of PDRs Resolved Within 45 Working Days	100.0%	99.3%
PDRs Received	Feb-23	Mar-23
# of PDRs Received	996	1,475
PDR Volume Total	996	1,475
PDRs Resolved	Feb-23	Mar-23
# of PDRs Upheld	641	836
% of PDRs Upheld	72%	75%
# of PDRs Overturned	248	275
% of PDRs Overturned	28%	25%
Total # of PDRs Resolved	889	1,111
Average Turnaround Time	Feb-23	Mar-23
Average # of Days to Resolve PDRs	30	29
Oldest Unresolved PDR in Days	44	39
Unresolved PDR Age	Feb-23	Mar-23
0-45 Working Days	1,254	1,294
Over 45 Working Days	0	0
Total # of Unresolved PDRs	1,254	1,294

Provider Dispute Resolution February 2023 and March 2023

Mar-23

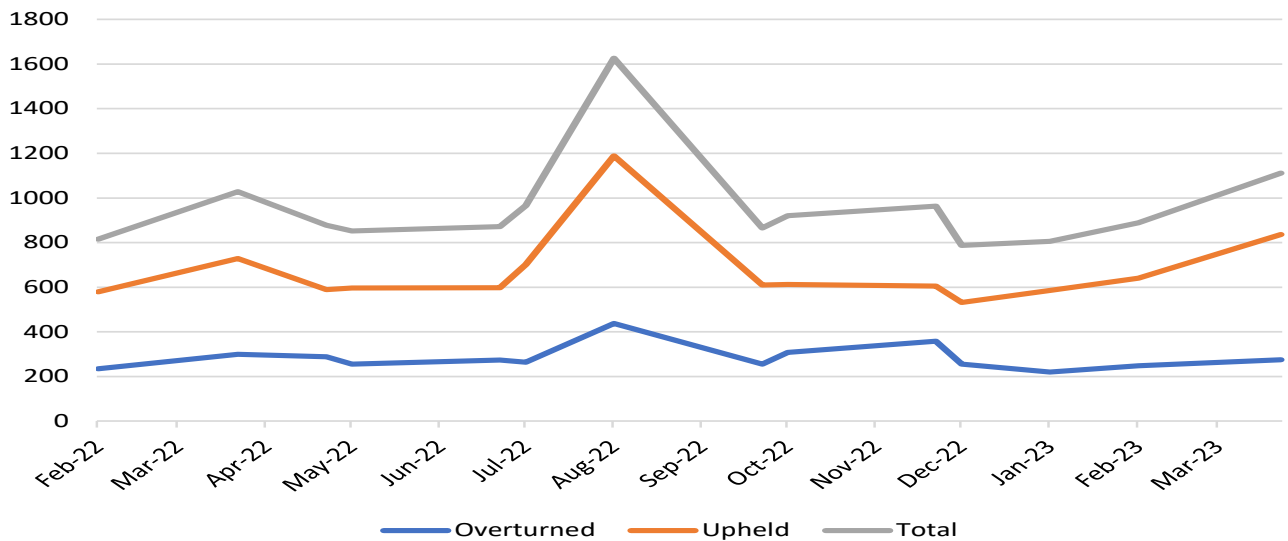
PDR Resolved Case Overturn Reasons

March 2023



Rolling 12-Month PDR Trend Line

March 2023



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2022 - 2023 | 3RD QUARTER (Q3) OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2022 - 2023 | 3RD QUARTER (Q3) OUTREACH REPORT

Between January 2023 and March 2023, the Alliance completed **1,083-member** orientation outreach calls and conducted **299** member orientations (**28%**-member participation rate). The Alliance also completed **24** Service Requests, and **201** Website Inquires in Q3. The Alliance reached a total of **1,319** people and spent a total of \$800 in donations, fees, and/or sponsorships at the 2023 Chinatown Lunar New Year Bazaar, Black Joy Parade 2023, and the 39th City of Dublin St. Patrick's Day Celebration community events.**

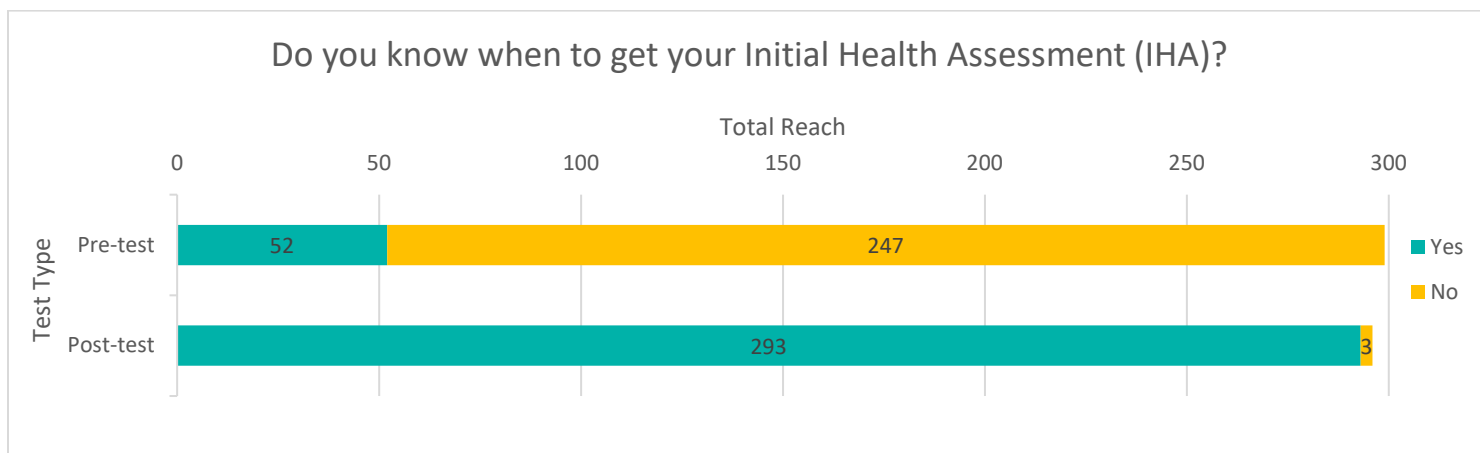
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **26,891** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16th, 2020**, the Alliance began assisting members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from the Coronavirus Disease (COVID-19). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice.

On **Wednesday, March 18th, 2020**, the Alliance began conducting member orientations by phone. As of March 31st, 2023, the Outreach Team completed **24,755-member** orientation outreach calls and conducted 6,710 member orientations (27.1%-member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between March 18th, 2020, through March 31st, 2023 – **6,710** members completed our MO program by phone.

After completing a MO **99%** of members who completed the post-test survey in Q3 FY 22-23 reported knowing when to get their IHA, compared to only **17.4%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 22-23\Q3\3. March 2023**

ALLIANCE IN THE COMMUNITY
 FY 2022 - 2023 | 3RD QUARTER (Q3) OUTREACH REPORT

Q3 FY 2022-2023 TOTALS



3 COMMUNITY EVENTS

0 MEMBER EDUCATION EVENTS

299 MEMBER ORIENTATIONS

0 MEETINGS/ PRESENTATIONS

10 TOTAL INITIATED/INVITED EVENTS

302 TOTAL EVENTS



1319 TOTAL REACHED AT COMMUNITY EVENTS

0 TOTAL REACHED AT MEMBER EDUCATION EVENTS

299 TOTAL REACHED AT MEMBER ORIENTATIONS

0 TOTAL REACHED AT MEETINGS/PRESENTATIONS

630 TOTAL MEMBERS REACHED AT EVENTS

1618 TOTAL REACHED AT ALL EVENTS



ALAMEDA
 ALBANY
 BERKELEY

CASTRO VALLEY
 DUBLIN

FREMONT
 HAYWARD
 LIVERMORE

NEWARK
 OAKLAND
 PLEASANTON

SAN LEANDRO
 SAN LORENZO
 UNION CITY

TOTAL REACH 17 CITIES

*Cities represent the mailing addresses for members who completed a Member Orientation by phone and Community Events. The italicized cities are outside of Alameda County. The following cities had <1% reach during Q3 2023: San Francisco and El Monte. The C&O Department started including these cities in the Q3 FY20 Outreach Report.



\$800

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.

Compliance

Supporting Documents

Q4 2022-Q2 2023 APL/PL IMPLEMENTATION TRACKING LIST

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
37	DMHC	22-019	10/6/2022	Health Plan Coverage of Monkeypox Testing, Vaccinations, and Therapeutics	MEDI-CAL & GROUP CARE	As required by Health and Safety Code section 1342.3, for the duration of the California State of Emergency regarding Monkeypox, full-service health plans must cover the following services with no cost sharing and without prior authorization or other utilization management: 1. Evidence-based items, services, or immunizations intended to prevent or mitigate Monkeypox as recommended by the U.S. Preventive Services Task Force that have a rating of "A" or "B" or the Advisory Committee on Immunization Practices of the federal CDC. Health care services and products related to diagnostic and screening testing for Monkeypox that are approved or granted emergency use authorization by the federal Food and Drug Administration or are recommended by the California Department of Public Health or the federal CDC. 3. Therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration. Per Health and Safety Code section 1374.192(c), a health plan retains the financial risk for Monkeypox testing and vaccinations and cannot pass that risk to a delegated provider unless the plan and the provider have "agreed upon a new contract provision pursuant to Section 1375.7.
38	DHCS	22-019	10/10/2022	Proposition 56 Value-Based Payment Program Directed Payments (Supersedes APL 20-014)	MEDI-CAL	APL provides MCPs with guidance on value-based directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), to Network Providers for qualifying services tied to performance on designated health care quality measures in the domains of prenatal and postpartum care, early childhood prevention, chronic disease management, and behavioral health care. This APL supersedes APL 20-014.
39	DHCS	22-020	10/21/2022	Community-Based Adult Services Emergency Remote Services (Supersedes APL 20-007)	MEDI-CAL	APL provides MCPs with policy guidance regarding the end of CBAS Temporary Alternative Services (TAS) effective September 30, 2022, and implementation of Community-Based Adult Services (CBAS) Emergency Remote Services (ERS) authorized under the California Advancing and Innovating Medi-Cal (CalAIM) 1115 Demonstration Waiver (Waiver), effective as of October 1, 2022. The purpose of ERS is to allow for immediate response to address the continuity of care needs of Members participating in CBAS when an emergency restricts or prevents them from receiving services at their center. This policy guidance aligns with the California Department of Aging (CDA) All Center Letter (ACL) 22-04, Launch of New CBAS Emergency Remote Services (ERS).
40	DHCS	22-021	10/26/2022	Proposition 56 Behavioral Health Integration Incentive Program	MEDI-CAL	APL provides MCPs with guidance on the Behavioral Health Integration (BHI) Incentive Program, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for achievement of specified milestones and measures tied to BHI.
41	DHCS	22-022	10/28/2022	Abortion Services (Supersedes APL 15-020)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal Managed Care Health Plans (MCP) with information regarding their responsibility to provide Members with timely access to abortion services.
42	DHCS	22-023	11/7/2022	Street Medicine Provider: Definitions and Participation in Managed Care	MEDI-CAL	APL provides guidance to MCPs on opportunities to utilize street medicine providers to address clinical and non-clinical needs of their Medi-Cal Members experiencing unsheltered homelessness.
43	DMHC	22-020	10/10/2022	Notice of Rate Changes for Independent Medical Reviews	MEDI-CAL & GROUP CARE	Effective January 1, 2023, Maximus will implement a 25% rate increase to complete IMRs assigned by the Department. Attached is a copy of the revised Maximus Rate Review Schedule.
44	DMHC	22-021	10/11/2022	Quarterly Grievance Reports	MEDI-CAL & GROUP CARE	DMHC issues APL to remind plans to comply with the quarterly grievance data reporting requirements as outlined in section 1300.68(f) of title 28 of the CCR. The report shall be prepared for the quarters ending March 31st, June 30th, September 30th and December 31st of each calendar year. The report shall also contain the number of grievances referred to external review processes, such as reconsiderations of Medicare Managed Care determinations pursuant to 42 C.F.R. Part 422, the MediCal fair hearing process, the Department's complaint or Independent Medical Review system, or other external dispute resolution systems, known to the plan as of the last day of each quarter. When a plan submits a quarterly grievance report to the Department through the Quarterly Grievance Report Web Portal.
45	DMHC	22-022	10/26/2022	AB 72 Non-Emergency Transportation	GROUP CARE	AB 72 codified at HSC 1371.9. Prohibits a noncontracting individual professional from "surprising balance billing" an enrollee when the enrollee received covered services from a contracting health facility at which they received services.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
46	DMHC	22-023	10/27/2022	Summary of Dental Benefits and Coverage Disclosure Matrix	N/A	On September 1, 2022, the Office of Administrative Law (OAL) approved the Department of Managed Health Care's (Department or DMHC) regular rulemaking filing. This adds rule 1300.63.4 to title 28 of the California Code of Regulations (the Rule), which implements Health and Safety Code section 1363.041 Hereinafter "Rule" and "Section" as enacted by Senate Bill (SB) 1008 (Skinner, 2018). The Rule requires health care service plans and specialized health care service plans that offer standalone dental products to file a Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC).
47	DMHC	22-024	10/27/2022	New and Amended Annual Network Report Forms for Reporting Year 2023, Resulting from SB 221 and AB 457	MEDI-CAL & GROUP CARE	DMHC issues this APL to inform health plans of the new and amended report forms for the reporting year 2023 Annual Network Report submission, based on recent changes to the law.
48	DMHC	22-025	11/1/2022	Health Plan Requirement to File Annual Antifraud Report	MEDI-CAL & GROUP CARE	DMHC issues this APL to remind health plans of their continuing obligation to comply with the annual antifraud reporting requirements under the Knox-Keene Health Care Service Act of 1975, as amended ("Knox-Keene Act"). The Department has determined that several plans have either failed to file any annual antifraud reports or have inconsistently filed these reports with the Department. Additionally, reports filed with the Department have lacked the required information. For the 2022 calendar year, plans are advised to file their antifraud reports, or in the alternative, submit an attestation confirming compliance with CMS antifraud requirements, no later than December 31, 2022.
49	DMHC	22-026	11/4/2022	Implementation Filing Requirements Related to the Amendments to the Timely Access and Network Reporting Statutes and Regulation	MEDI-CAL & GROUP CARE	APL provides information regarding implementation of the Timely Access and Network Reporting Statutes and Regulation, and the filing requirements for health care service plans, as referenced in APL 22-007. The instructions provided herein are intended to be read in concert with the information and guidance published by the Department in APL 22-007, and are not intended to supersede APL 22-007, unless explicitly stated.
50	DMHC	22-027	11/7/2022	Timely Access to Emergent and Urgent Services When an Enrollee is Outside of California	MEDI-CAL & GROUP CARE	California health plans have a duty to provide timely access to medically necessary basic health care services for the plans' enrollees, even when those enrollees happen to be outside of California when they need the services. Specifically, California Code of Regulations, title 28, section 1300.67(g)(2), requires plans to cover out-of-area emergency care and urgently needed care. If an enrollee is outside of California and needs a service on an emergency or urgent basis, but that service is not available in the area or state where the enrollee is physically located, the enrollee may be unable to access the emergency/urgent care in a timely manner unless the enrollee is transported to an area where the service(s) are available. In such instances, the health plan has an obligation to arrange for the enrollee to obtain the service in a timely manner, consistent with California's timely access standards. This may require the health plan to pay for the enrollee to travel, including travel to another state, to access the care.
51	DHCS	22-024	11/28/2022	Population Health Management Program Guide (Supersedes APLs 17-012 and 17-013)	MEDI-CAL	APL is to provide guidance to all MCPs regarding the implementation of the Population Health Management (PHM) Program and the role of the PHM Program Guide.
52	DHCS	22-025	11/28/2022	Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older	MEDI-CAL	APL provides guidance to MCPs about the provision of the new annual Medi-Cal cognitive health assessment to eligible Members 65 years of age or older. California Senate Bill (SB) 48 (Chapter 484, Statutes of 2021) expands the Medi-Cal schedule of benefits to include an annual cognitive assessment for Medi-Cal Members who are 65 years of age and older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit through the Medicare Program.
53	DHCS	22-026	11/29/2022	Interoperability and Patient Access Final Rule	MEDI-CAL	APL notifies all MCPs of the Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access final rule requirements as required by federal law.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
54	DHCS	22-027	12/6/2022	Cost Avoidance and Post-Payment Recovery for Other Health Coverage (Supersedes APL 21-002)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification and guidance to Medi-Cal managed care health plans (MCP) for cost avoidance and post-payment recovery requirements when an MCP Member has other health coverage (OHC). The APL also provides instructions on using the Department of Health Care Services' (DHCS) Medi-Cal Eligibility Record for processing claims, as well as reporting requirements. In addition, this APL provides a reference to APL 21-003 which outlines specific notice and submission requirements due to a significant change in the MCP's contracting arrangements with Network Providers and/or Subcontractors.
55	DMHC	22-028	12/21/2022	Health Equity and Quality Measure Set and Reporting Process	MEDI-CAL & GROUP CARE	The purpose of this All Plan Letter (APL) is to inform all full-service and behavioral health plans (health plans) of the Department of Managed Health Care (DMHC) Health Equity and Quality Measure Set (HEQMS) and stratification requirements that will take effect beginning Measurement Year (MY) 2023. In 2023, the DMHC will develop health plan instructions and templates for the HEQMS policy outlined in this APL.
56	DMHC	22-029	12/21/2022	RY 2024 MY 2023 Provider Appointment Availability Survey Manual and Report Form Amendments	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 22-029: RY 2024/MY 2023 Provider Appointment Availability Survey Manual (PAAS) and PAAS Report Form Amendments
57	DMHC	22-030	12/22/2022	Requirement for Plans to Arrange for Covered Services	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 22-030 to provide guidance regarding the obligations of health plans to "arrange for" covered services to be delivered by a noncontracted provider when such services are not available from contracted providers within the Knox-Keene Act's timely and geographic access standards.
58	DMHC	22-031	12/22/2022	Newly Enacted Statutes Impacting Health Plans - 2022 Legislative Session	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) 22-031 outlines the newly enacted statutory requirements for health care service plans (plans) regulated by the Department of Managed Health Care (DMHC).
59	DHCS	22-028	12/27/2022	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCP) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of adult and youth Members to the appropriate Medi-Cal mental health delivery system, and ensure that Members requiring transition between delivery systems receive timely coordinated care.
60	DHCS	22-029	12/27/2022	Dyadic Care Services and Family Therapy Benefit	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on coverage requirements for the provision of the new Dyadic Care Services and family therapy benefit effective January 1, 2023.
61	DHCS	22-030	12/27/2022	Initial Health Appointment	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the requirements of the Initial Health Appointment (IHA) beginning January 1, 2023. This APL supersedes APL 13-017 and Policy Letters (PL) 13-001 and 08-003.
62	DHCS	22-031	12/27/2022	Doula Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance regarding the qualifications for providing doula services, effective for dates of service on or after January 1, 2023.
63	DHCS	22-032	12/27/2022	Continuity of Care	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on Continuity of Care for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal managed care. In addition, this APL provides guidance on Continuity of Care for Members transitioning from MCPs with contracts expiring or terminating to a new MCP on or after January 1, 2023, due to a contract termination or expiration with the Department of Health Care Services (DHCS). This APL applies to both Medi-Cal only beneficiaries and those dually eligible for Medicare and Medi-Cal, for their Medi-Cal Providers. This APL also describes other types of transitions into Medi-Cal managed care for specific Medi-Cal Member populations for which MCPs must allow Continuity of Care. This APL supersedes APL 18-008.
64	DMHC	22-032	12/27/2022	Compliance with Senate Bill 1473	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 22-032 which requires health care service plans (health plans) to cover therapeutics for the treatment of COVID-19 without cost sharing, utilization management, or in-network requirements.
1	DMHC	23-001	01/05/23	Large Group Renewal Notice Requirements	GROUP CARE	This letter provides guidance to plans on the timing and content requirements for renewal notices to large group contractholders under HSC section 1374.21 and HSC section 1385.046. For purposes of this section, large group plans include In Home Supportive Services (IHSS) products.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
2	DHCS	23-001	01/06/23	Network Certification Requirements	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on the Annual Network certification (ANC) requirements pursuant to Title 42 of the Code of Federal Regulations (CFR) sections 438.68, 438.206, and 438.207, and Welfare and Institutions Code (WIC) section 14197. This APL also advises MCPs of the new requirements pertaining to good faith contracting requirements with certain cancer centers and referral requirements pursuant to WIC section 14197.45, as set forth by Senate Bill (SB) 987 (Portantino, Chapter 608, Statutes of 2022).
3	DMHC	23-002	01/12/23	Senate Bill 979 – Health Emergencies Guidance	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) sets forth the Department's guidance regarding how plans shall demonstrate compliance with SB 979. The department expects plans to comply with SB 979 effective January 1, 2023. On September 18, 2022, Governor Gavin Newsom signed Senate Bill (SB) 979. SB 979 requires health care service plans (health plans or plans) to provide an enrollee who has been displaced or whose health may otherwise be affected by a state of emergency, as declared by the Governor, or a health emergency, as declared by the State Public Health Officer, access to medically necessary health care services. SB 979 also authorizes the Department of Managed Health Care (Department) to issue guidance to plans regarding compliance with the bill's requirements during the first three years following the declaration of emergency, or until the emergency is terminated, whichever occurs first.
4	DHCS	23-002	01/17/23	2023-2024 Medi-Cal MCP MEDS/834 Cutoff and Processing Schedule	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the 2023-2024 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule.
5	DMHC	23-003	01/24/23	AB 1982 Telehealth Dental Care	N/A	Assembly Bill (AB) 1982 (Santiago, Ch. 525, Stats. 2022) adds Health and Safety Code section 1374.142 to the Knox-Keene Health Care Service Plan Act of 1975, effective January 1, 2023. Requires a plan offering a product covering dental services that offers a service via telehealth through a third-party corporate telehealth provider to report certain information to the Department for each product offering the service. This All Plan Letter (APL) sets forth the Department of Managed Health Care's (DMHC or Department) guidance regarding how health care service plans (plans) shall comply with AB 1982.
6	DMHC	23-004	2/7/2023	Plan Year 2024 QHP, QDP, and Off-Exchange Filing Requirements	N/A	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-004 to assist in the preparation of Plan Year 2024 regulatory submissions, in compliance with the Knox-Keene Act at California Health and Safety Code sections 1340 et seq. (Act) and regulations promulgated by the Department at California Code of Regulations, title 28 (Rules). The Department offers current and prospective Qualified Health and Dental Plans, Covered California for Small Business Issuers, and health plans offering non-grandfathered Individual and Small Group product(s) outside of the California Health Benefit Exchange (Covered California), guidance to assist in the preparation of Plan Year 2024 regulatory submissions, in compliance with the Knox-Keene Act at California Health and Safety Code sections 1340 et seq. (Act) and regulations promulgated by the Department at California Code of Regulations, title 28 (Rules).
7	DMHC	23-005	2/13/2023	Network Service Area Confirmation Process	MEDI-CAL	DMHC is establishing the NSACP to ensure that all network service areas on file as part of the Plan's license are consistent with network service areas submitted for Timely Access Compliance and Annual Network Reporting. DMHC will transmit NSACP Workbook to all Reporting Plans (June 2023), including a summary of all reported network service areas in the RY 2023 Annual Network Report submission. The transmittal will include a specific due date for the health plan's response.
8	DMHC	23-006	2/24/2023	Independent Medical Review (IMR) Application/Complaint Form (DMHC 20-224)	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All-Plan Letter (APL) to inform all licensed health care service plans that the Department has revised the Independent Medical Review Application/Complaint Form (DMHC 20-224).
9	DHCS	23-003	3/8/2023	California Advancing and Innovating Medi-Cal Incentive Payment Program	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the Incentive Payment Program implemented by the California Advancing and Innovating Medi-Cal (CalAIM) initiative.
10	DHCS	23-004	3/14/2023	Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 22-018)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide requirements to all Medi-Cal managed care health plans (MCPs) on Skilled Nursing Facility (SNF) Long Term Care (LTC) benefit standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of beneficiaries to managed care.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
11	DHCS	23-005	3/16/2023	Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify the responsibilities of Medi-Cal managed care health plans (MCPs) to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to eligible Members under the age of 21. This policy applies to all Members under the age of 21 who are enrolled in MCPs. This guidance is intended to reinforce existing state and federal laws and regulations regarding the provisions of Medi-Cal services, including EPSDT. This guidance is also intended to outline requirements for MCPs to ensure Members have access to information on EPSDT and Network Providers receive standardized training on EPSDT utilizing the newly developed DHCS Medi-Cal for Kids and Teens Outreach and Education Toolkit.
12	DMHC	23-007	3/23/2023	Provider Directory Annual Filing Requirements (2023)	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) reminds health care service plans of California Health and Safety Code section 1367.27, subdivision (m)'s requirement to annually submit provider directory policies and procedures to the Department of Managed Health Care.
13	DMHC	23-008	3/24/2023	Health Plan Requirements to Timely Pay Claims	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-008 to highlight and remind plans of timely payment and utilization management obligations with respect to hospitals.
14	DHCS	23-006	3/28/2023	Delegation and Subcontractor Network Certification	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance on the requirements for delegation and monitoring of Subcontractors. This APL also details the Subcontractor Network Certification (SNC) process wherein MCPs must provide assurances that each Subcontractor's and Downstream Subcontractor's Provider Network meets state and federal Network adequacy and access requirements.
15	DMHC	23-009	3/30/2023	Health Plan Coverage of Preventive Services	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-009 reminding California health plans of their obligation to cover preventive services as required by the Knox-Keene Health Care Service Plan Act.
16	DHCS	20-004	4/4/2023	Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19 (REVISED)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide information to Medi-Cal managed care health plans (MCPs) on temporary changes to federal requirements as a result of the ongoing global COVID-19 pandemic. As the Department of Health Care Services (DHCS) continues to respond to concerns and changing circumstances resulting from the pandemic, DHCS will provide updated guidance to MCPs.
17	DHCS	21-011	4/4/2023	(Supplement to APL 21-011) Emergency State Fair Hearing Timeframe Changes	MEDI-CAL	The purpose of this supplement to All Plan Letter (APL) 21-011 is to provide Medi-Cal managed care health plans (MCPs) with information regarding the Centers for Medicare and Medicaid Services' (CMS) approval of portions of the Department of Health Care Services' (DHCS) Section 1135 Waiver request as related to the Novel Coronavirus Disease (COVID-19) public health emergency (PHE).

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medi-Cal and Group Care member enrollment in the month of March 2023”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of March 2023”.
- The following tables 1-1 and 1-2 are supporting documents from the enrollment summary section.

Table 1-1 Summary of Medi-Cal and Group Care Member enrollment in the month of March 2023

Month	Total MC ¹	MC ¹ - Add/ Reinstatements	MC ¹ - Terminated	Total GC ²	GC ² - Add/ Reinstatements	GC ² - Terminated
March	349,227	5,550	2,728	5,724	107	128

1. MC – Medi-Cal Member 2. GC – Group Care Member

Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment For the Month of March 2023

Auto-Assignments	Member Count
Auto-assignments MC	5,357
Auto-assignments Expansion	1,370
Auto-assignments GC	47
PCP Changes (PCP Change Tool) Total	3,489

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of March 2023”.
- There were 18,015 authorizations processed within the TruCare application.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

Table 2-1 Summary of TruCare Authorizations for the Month of March 2023*

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
Paper to EDI	4,434	3,571	1,794
Provider Portal	3,624	740	3,553
EDI	4,830	512	4,574
Manual Entry	N/A	N/A	2,352
Total			12,273

Key: EDI – Electronic Data Interchange

*The report for April will begin to include Long Term Care (1/1/2023) and Behavioral Health (4/1/2023) authorization counts separately. These auths are currently included in the above numbers.

Web Portal Consumer Platform

- The following table 3-1 is a supporting document from the Web Portal summary section. (Portal reports always one month behind current month)

Table 3-1 Web Portal Usage for the Month February 2023

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	10,515	3,979	194,255	1,334
MCAL	92,036	2,710	6,535	2,768
IHSS	3,345	102	269	58
AAH Staff	202	72	1,092	11
Total	106,098	6,863	202,151	4,171

Table 3-2 Top Pages Viewed for the Month of February 2023

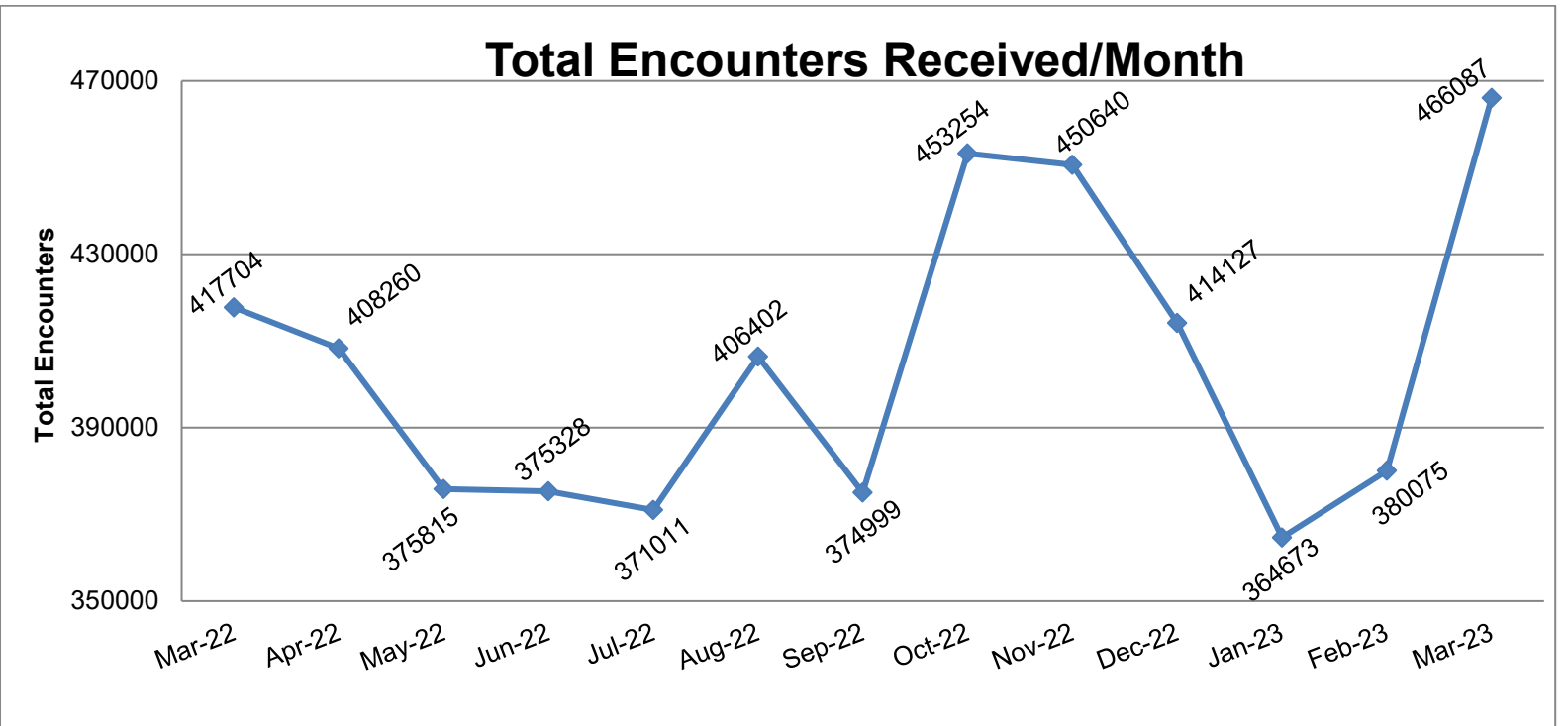
Top 25 Pages Viewed		
Category	Page Name	February-23
Provider	Member Eligibility	778013
Provider	Claim Status	133657
Provider - Authorizations	Auth Submit	9577
Provider - Authorizations	Auth Search	5954
Member	Member Eligibility	3424
Member	Member ID Card	1153
Member	Find a Doctor or Facility	1766
Provider	Member Roster	1906
Member	Select or Change Your PCP	1377
Provider - Provider Directory	Provider Directory	4067
Member - Help & Resources	Member ID Card	1153
Member	My Claims Services	806
Provider - Reports	Reports	645
Member	Request Kaiser as my Provider	622
Member	Authorizations & Referrals	500
Member	My Pharmacy Medication Benefits	322
Provider - Home	Forms	276
Provider - Provider Directory	Provider Manual	4067
Member - Help & Resources	Authorizations & Referrals	216
Member - EXR	Contact Us	60

Encounter Data from Trading Partners 2023

- **ACBH:** March monthly files (95 records) were received on time.
- **AHS:** March weekly files (5,088 records) were received on time.
- **BAC:** March monthly file (32 records) were received on time.
- **Beacon:** March weekly files (12,159 records) were received on time.
- **CHCN:** March weekly files (82,394 records) were received on time.
- **CHME:** March monthly file (4,729 records) were received on time.
- **CFMG:** March weekly files (8,851 records) were received on time.
- **Docustream:** March monthly files (1,361 records) were received on time.
- **HCSA:** March monthly files (590 records) were received on time.
- **IOA:** March monthly files (156 records) were received on time.
- **Kaiser:** March bi-weekly files (73,095 records) were received on time.
- **LogistiCare:** March weekly files (21,647 records) were received on time.
- **March Vision:** March monthly file (3,281 records) were received on time.
- **Quest Diagnostics:** March weekly files (14,326 records) were received on time.
- **Teladoc:** March monthly files (0 records).
 - Teladoc has switched to submitting claims as of July 2022
- **Magellan:** March monthly files (370,024 records) were received on time.

Trading Partner Medical Encounter Inbound Submission History

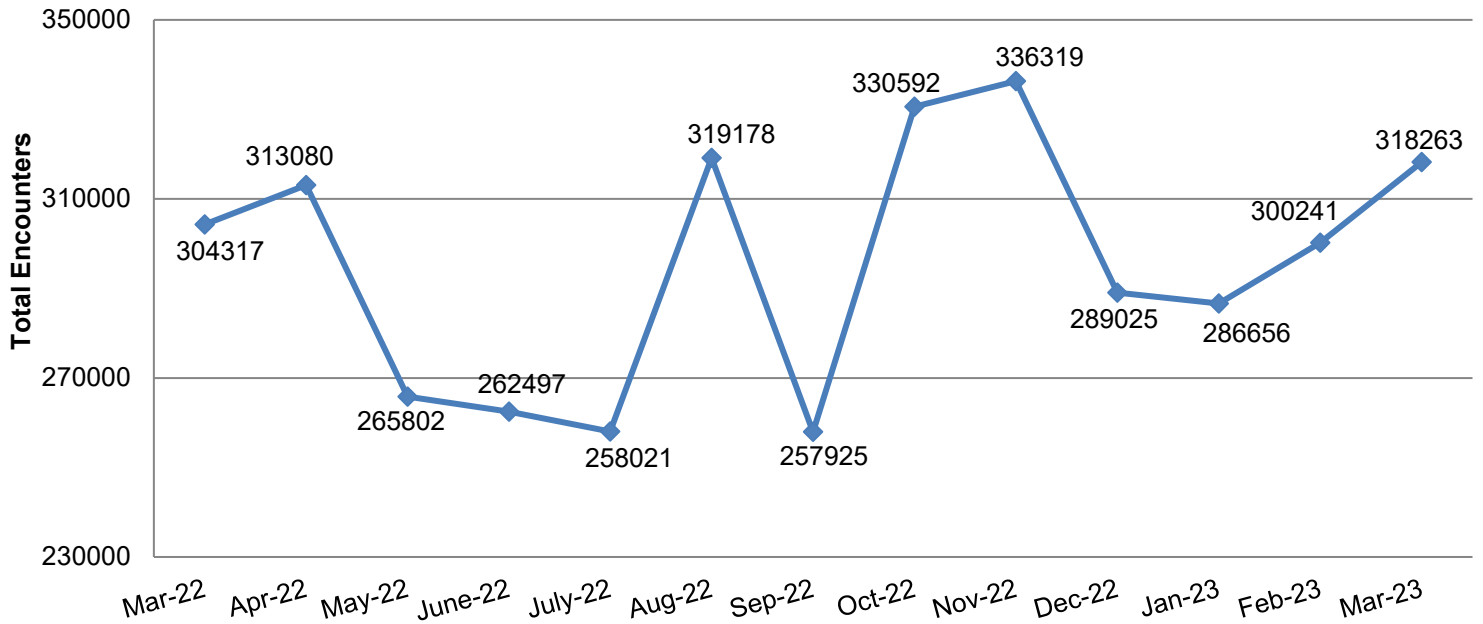
Trading Partners	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Health Suite	185738	189172	163272	173269	176217	177945	175955	171386	174429	177828	163764	167475	238283
ACBH								8	51	87	86	39	95
AHS	6215	7717	6105	5486	5742	5482	5609	5589	6015	6332	4568	5377	5088
BAC	12	45	63	53	66	53	37	39	38	35	199	34	32
Beacon	16088	14303	13796	18340	15678	21310	16040	13490	12883	10437	13824	11036	12159
CHCN	79363	74683	80340	67339	69636	84302	75234	136445	108148	83258	87182	83191	82394
CHME	4778	4955	4551	4578	4853	4722	5191	5214	5152	4822	4574	5303	4729
Claimsnet	13522	10943	14075	10300	7744	10631	6940	15668	19173	12790	9679	11694	8851
Docustream	2130	2220	1140	1263	1236	1149	1715	1294	1435	1487	1327	1794	1361
HCSA	3630	2029	1824	1880	3366	1869	4440	2098	3734	1781	1825	1976	590
IOA												172	156
Kaiser	68530	69174	51214	62952	47584	62477	48613	63341	76637	81333	35798	56965	73095
Logisticare	19841	16232	20299	14590	20981	20200	19257	19041	23451	16946	24456	18034	21647
March Vision	3559	3425	3345	3188	3040	2708	3824	3693	3497	4427	3598	3434	3281
Quest	14268	13330	15757	12058	14868	13554	12144	15948	15997	12564	13793	13551	14326
Teladoc	30	32	34	32	0	0	0	0	0	0	0	0	0
Total	417704	408260	375815	375328	371011	406402	374999	453254	450640	414127	364673	380075	466087



Outbound Medical Encounter Submission

Trading Partners	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Health Suite	103843	133252	93919	90605	92682	121957	96495	121299	95516	97435	114224	128102	117672
ACBH								4	36	60	56	21	73
AHS	6142	6251	7156	5363	5702	5168	4360	6626	5915	5208	5439	5260	3845
BAC	12	45	61	52	63	50	37	37	38	33	196	33	32
Beacon	12332	11273	9221	9534	14711	17246	12054	10967	10172	8001	11282	8910	9674
CHCN	58795	49365	49911	51060	49003	60678	50714	74449	92283	55698	58881	58279	59074
CHME	4702	4686	4448	4470	4714	4618	5069	5016	4843	4729	4470	5181	4606
Claimsnet	9677	8100	8410	7985	7209	7248	4614	10491	11118	8983	8241	8334	6361
Docustream	72	14	3406	854	1070	964	1436	1060	1134	1268	1117	1521	1232
HCSA	3112	1810	1518		1579	1770	2368	2013	2001	1725	1777	1304	287
IOA												168	152
Kaiser	67559	67177	50894	62562	47331	61831	47861	62682	75808	80464	35360	55930	72409
Logisticare	19700	16123	19777	14677	20828	20022	19001	18457	23178	16729	24291	12223	27071
March Vision	2724	2575	2464	2392	2206	1969	2631	2601	2396	2938	2454	2308	2400
Quest	15620	12378	14602	11192	10923	15657	11285	14890	11881	5754	18868	12667	13375
Teladoc	27	31	15	32	0	0	0	0	0	0	0	0	0
Total	304317	313080	265802	262497	258021	319178	257925	330592	336319	289025	286656	300241	318263

Total Outbound Encounter/Month

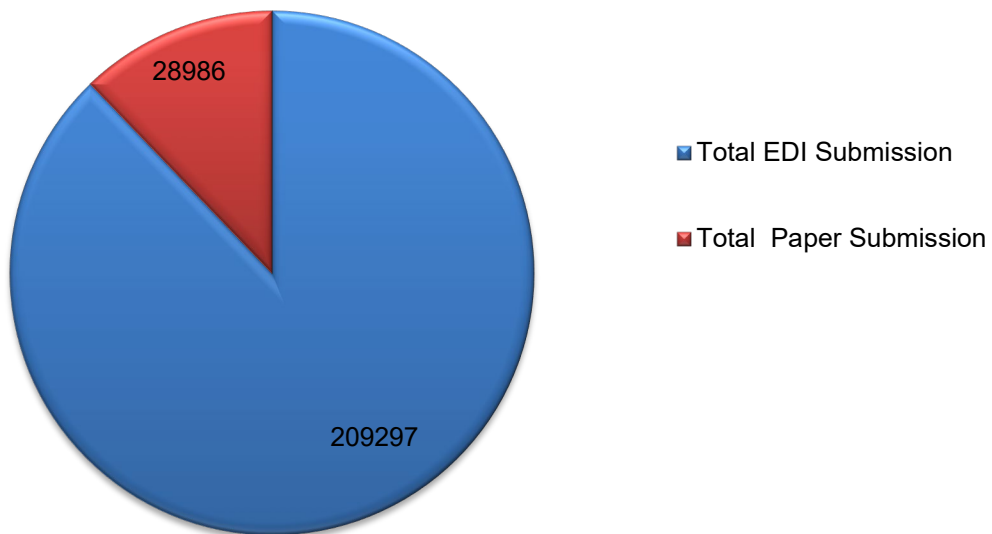


HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
23-Mar	209297	28986	238283

Key: EDI – Electronic Data Interchange

EDI vs Paper Submission, March 2023



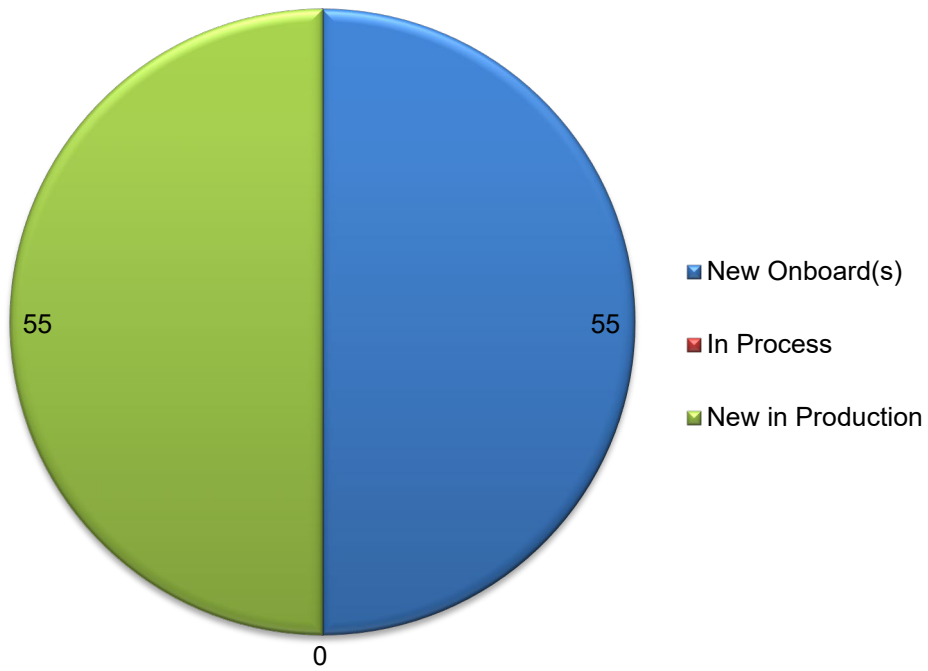
Onboarding EDI Providers - Updates

- March 2023 EDI Claims:
 - A total of 1583 new EDI submitters have been added since October 2015, with 55 added in March 2023.
 - The total number of EDI submitters is 2323 providers.

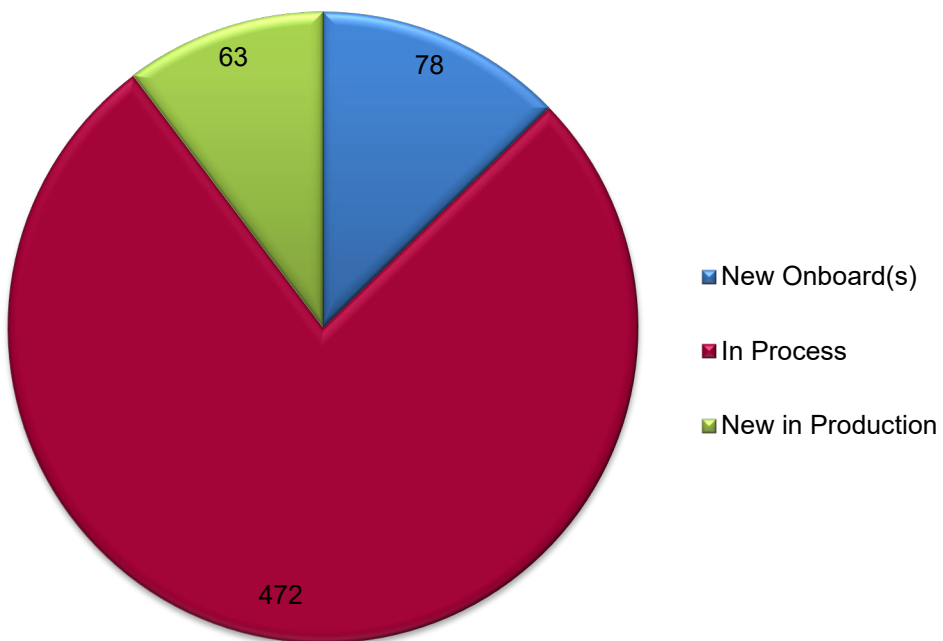
- March 2023 EDI Remittances (ERA):
 - A total of 690 new ERA receivers have been added since October 2015, with 63 added in March 2023.
 - The total number of ERA receivers is 709 providers.

	837				835			
	New On Boards	In Process	New In Production	Total In Production	New On Boards	In Process	New In Production	Total In Production
Apr-22	11	3	8	2065	19	275	12	453
May-22	17	3	14	2079	13	285	3	456
Jun-22	8	1	7	2086	29	301	13	469
Jul-22	38	1	27	2113	54	339	16	485
Aug-22	26	0	26	2139	46	354	31	516
Sep-22	11	0	11	2150	57	385	26	542
Oct-22	17	0	17	2167	48	407	26	568
Nov-22	49	2	47	2214	50	410	47	615
Dec-22	19	0	19	2233	20	421	9	624
Jan-23	13	2	11	2244	21	423	19	643
Feb-23	24	0	24	2268	37	457	3	646
Mar-23	55	0	55	2323	78	472	63	709

837 EDI Submitters - March 2023



835 EDI Receivers - March 2023



Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

- EDSRF Submission: Below is the total number of encounter files that AAH submitted in the month of March 2023.

File Type	Mar-23
837 I Files	38
837 P Files	134
Total Files	172

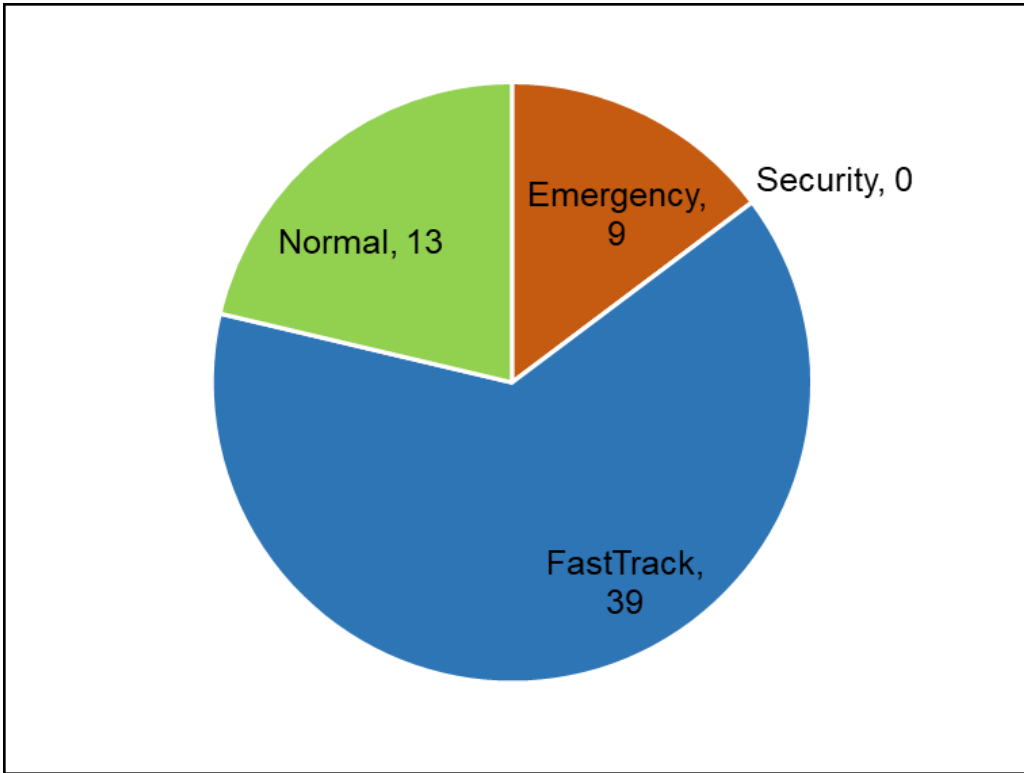
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	Mar-23	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	80%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	93%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

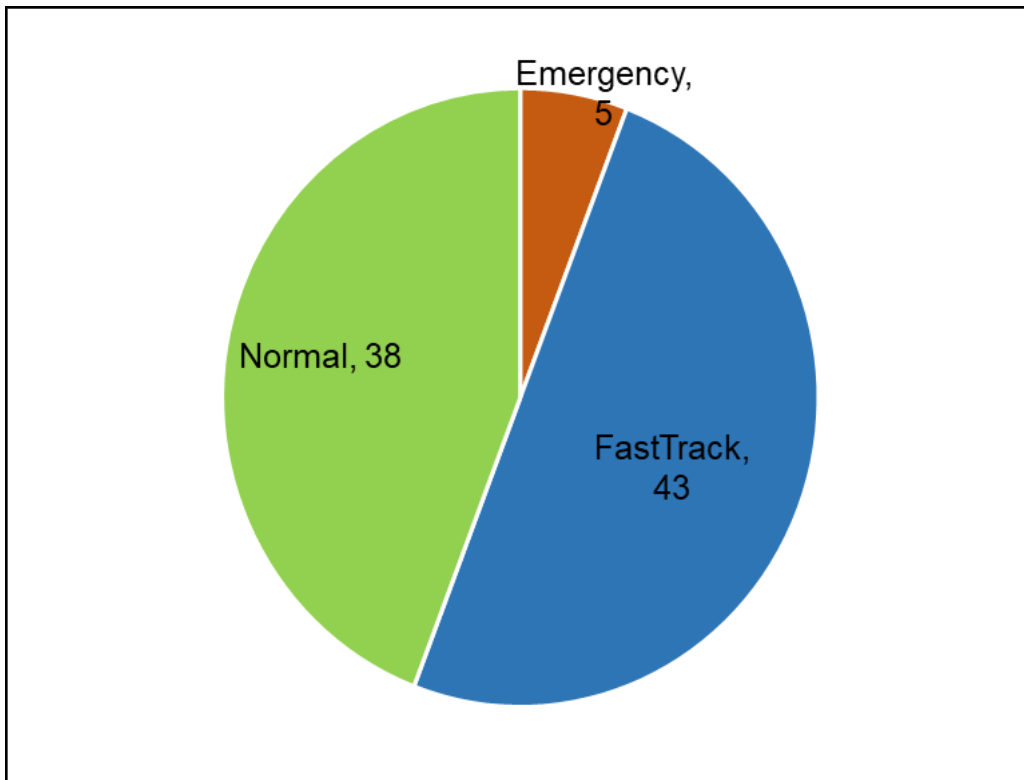
Change Management Key Performance Indicator (KPI)

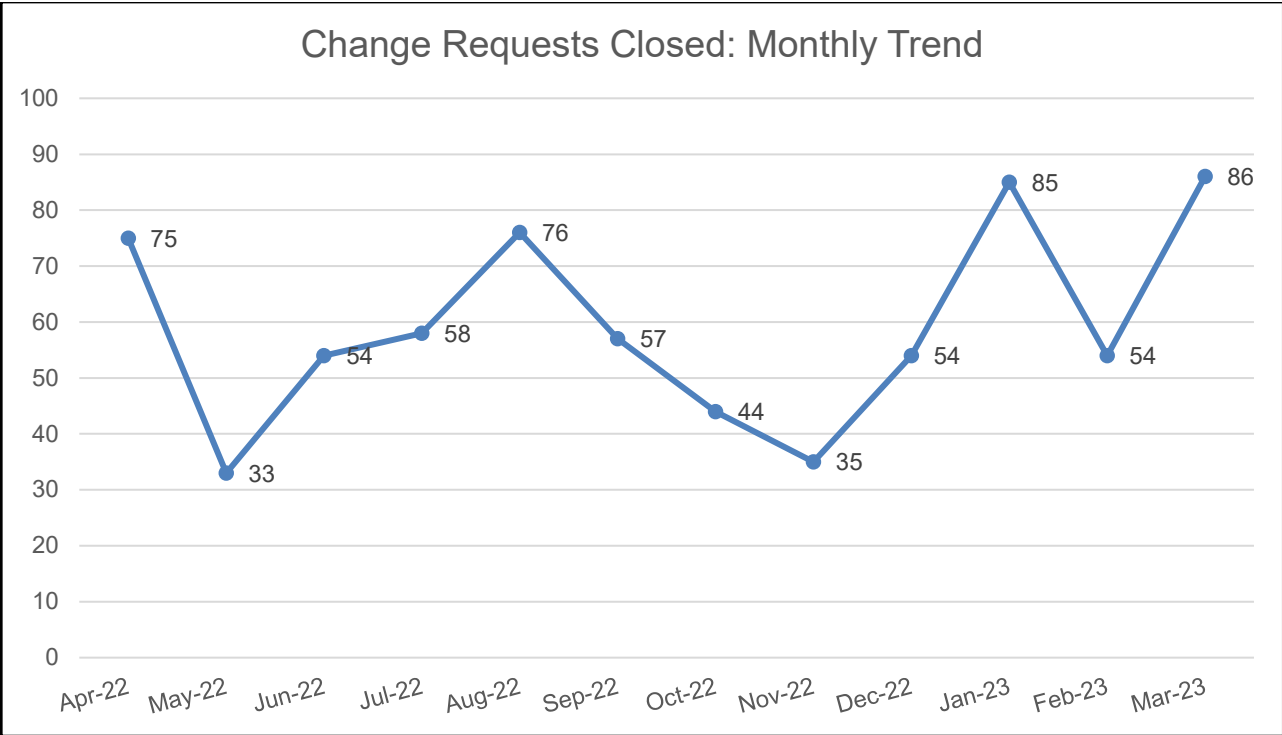
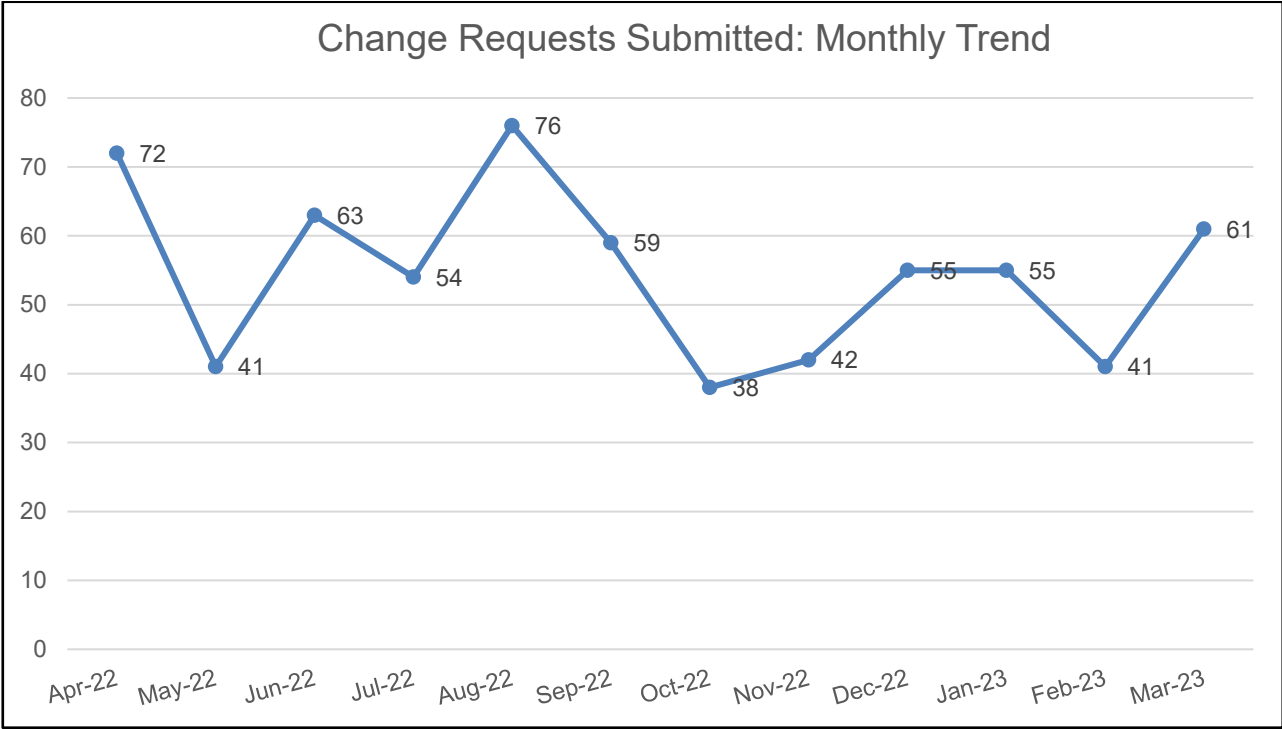
- Change Request Overall Summary in the month of March 2023 KPI:
 - 61 Changes Submitted.
 - 86 Changes Completed and Closed.
 - 128 Active Change Requests in pipeline.
 - 8 Change Requests Cancelled or Rejected.

- 61 Change Requests Submitted/Logged in the month of March 2023

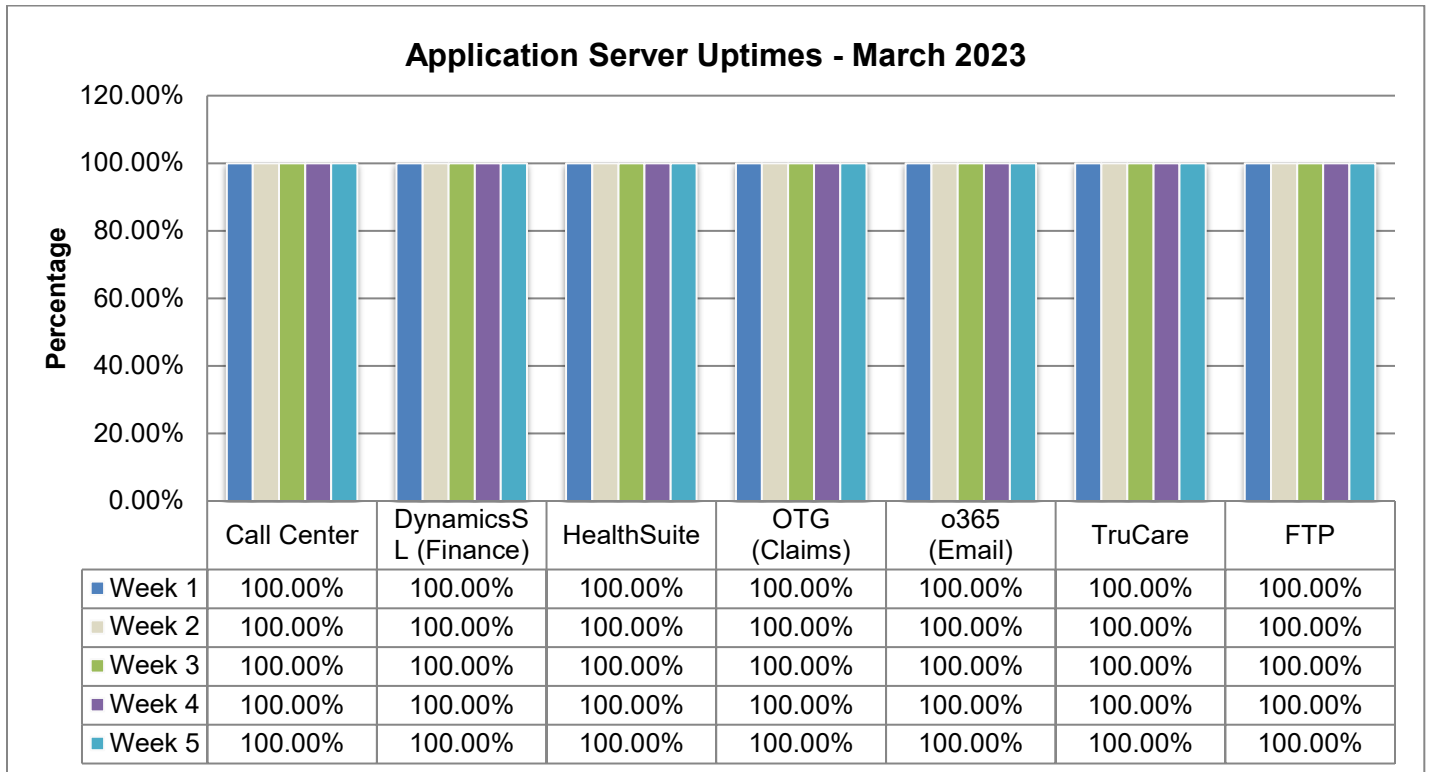


- 86 Change Requests Closed in the month of March 2023

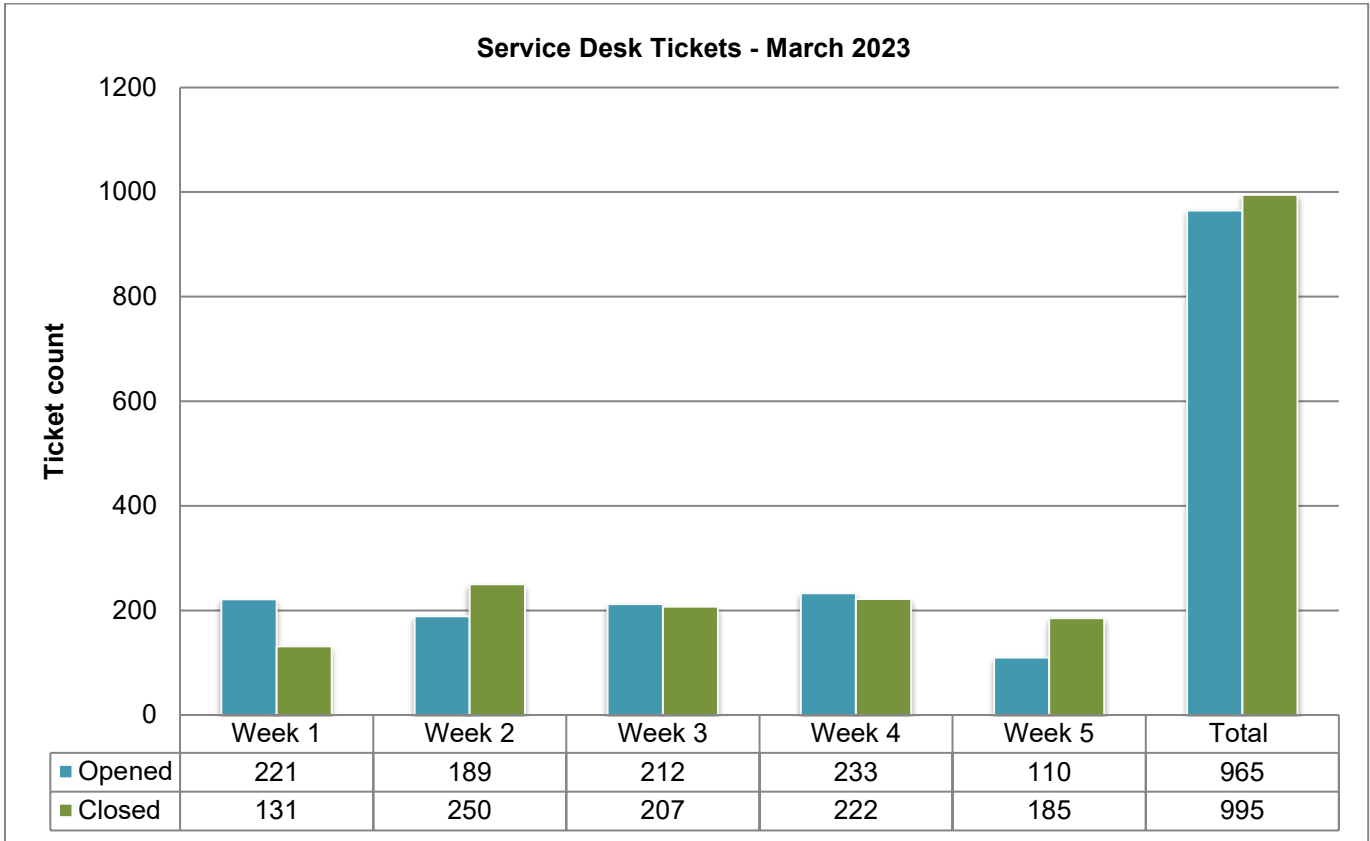




IT Stats: Infrastructure



- All mission critical applications are monitored and managed thoroughly.
- No outages were experienced in the month of March 2023.

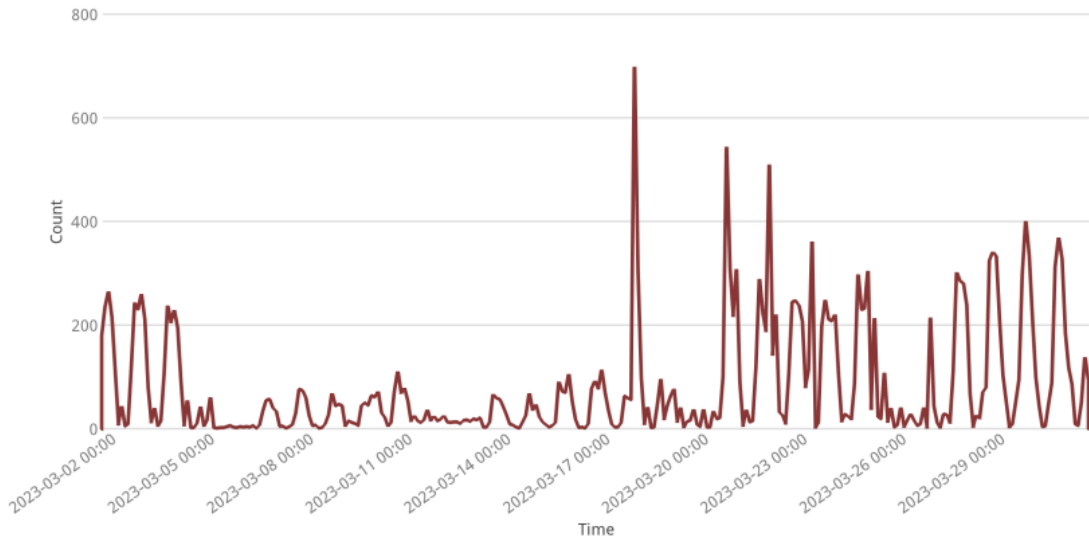


- 965 Service Desk tickets were opened in the month of March 2023, which is 37.1% higher than the previous month and 995 Service Desk tickets were closed, which is 41% higher than the previous month.
- The open ticket count for the month of March is higher than the previous 3-month average of 744.

March 2023

All Intrusion Events

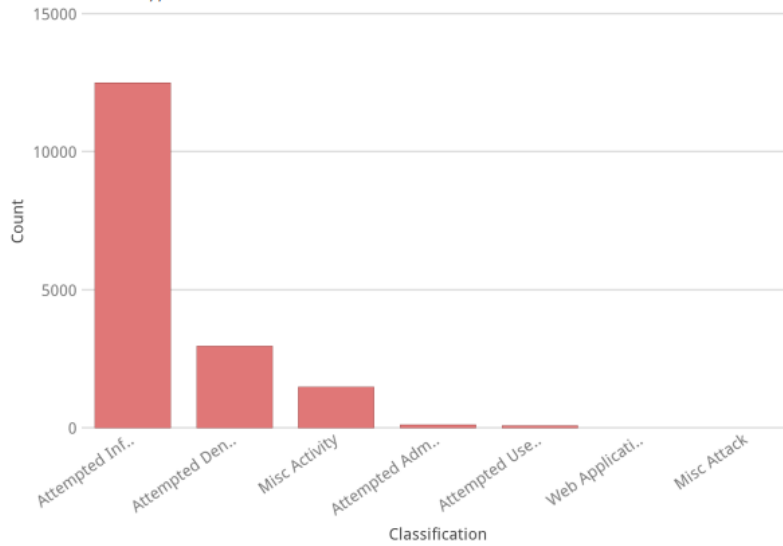
Time Window: 2023-03-01 09:29:00 - 2023-03-31 09:29:00



Dropped Intrusion Events

Time Window: 2023-03-01 09:30:00 - 2023-03-31 09:30:00

Constraints: Inline Result = dropped



Classification	Count
Attempted Information Leak	12,507
Attempted Denial of Service	2,958
Misc Activity	1,488
Attempted Administrator Privilege Gain	115
Attempted User Privilege Gain	87
Web Application Attack	2
Misc Attack	2

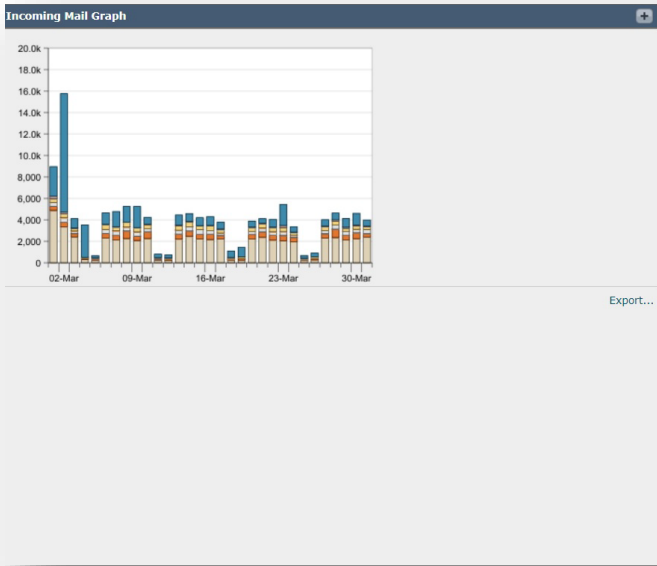
IronPort Email Security Gateways

Email Filters

March 2023

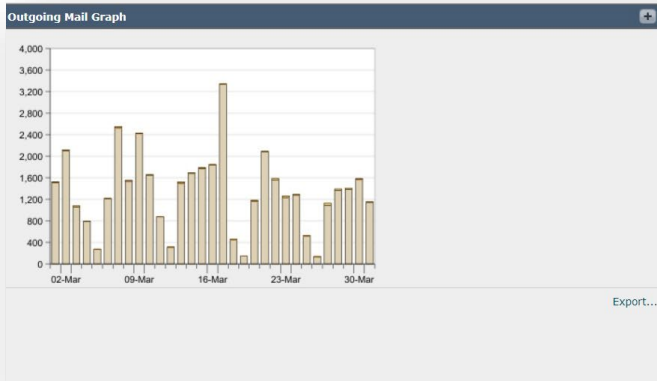
MX4

Inbound Mail



Message Category	%	Messages
Stopped by IP Reputation Filtering	30.5%	38.5k
Stopped by Domain Reputation Filtering	1.9%	2,406
Stopped as Invalid Recipients	0.0%	38
Spam Detected	6.6%	8,385
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	12
Stopped by Content Filter	0.0%	18
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	39.1%	49.4k
Marketing Messages	6.4%	8,131
Social Networking Messages	0.3%	397
Bulk Messages	8.8%	11.1k
Total Graymails:	15.6%	19.7k
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	45.3%	57.2k
Total Attempted Messages:		126.3k

Outbound Mail

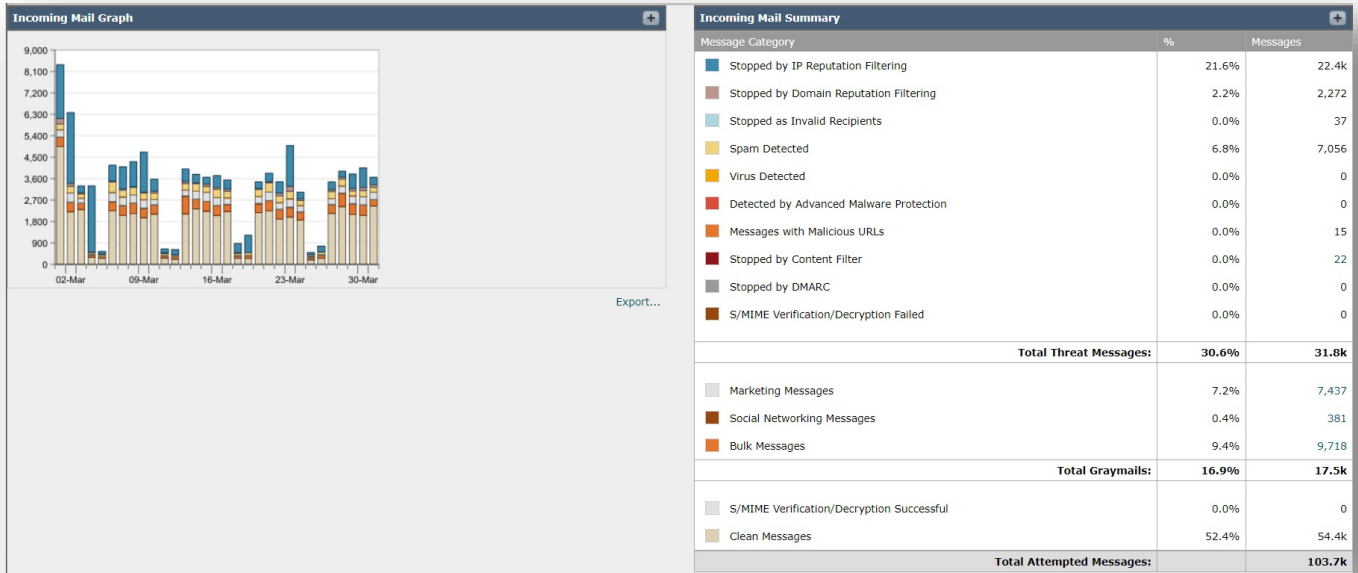


Message Processing	%	Messages
Spam Detected	0.9%	367
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	0
Stopped by Content Filter	0.0%	4
Stopped by DLP	0.0%	0
Clean Messages	99.1%	41.5k
Total Messages Processed:		41.9k
Message Delivery	%	Messages
Hard Bounces	44.3%	18.3k
Delivered	55.7%	23.0k
Total Messages Delivered:		41.3k

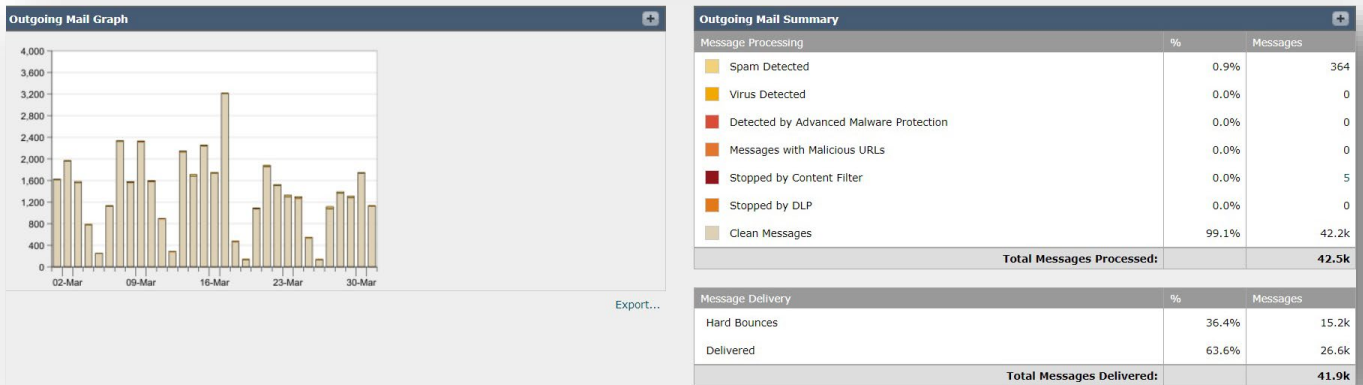
March 2023

MX9

Inbound Mail



Outbound Mail



Item / Date	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Stopped By Reputation	52.8k	36k	36k	34.7k	28.2k	27.6k	43.6k	20.9k	23k	53.9k	41.9k	65.3k	60.9k
Invalid Recipients	389	117	100	119	78	117	71	94	87	184	204	68	75
Spam Detected	15k	13.7k	13.9k	13.9k	11.6k	13.3k	14.6k	10.9k	10.9k	10.8k	10.1k	12.5k	15.4k
Virus Detected	1	4	18	18	1	0	2	3	3	2	1	3	0
Advanced Malware	2	1	0	0	0	1	2	0	0	0	1	1	0
Malicious URLs	41	159	296	187	93	448	226	102	61	14	35	34	27
Content Filter	39	115	39	125	119	79	111	171	77	23	37	33	40
Marketing Messages	8,864	11.3k	10.7k	12.5k	12.6k	14.5k	13.7k	13.9k	16.1k	13.4k	13.7k	13.9k	15.5k
Attempted Admin Privilege Gain	132	143	113	215	215	210	151	68	40	112	61	61	115
Attempted User Privilege Gain	789	401	549	157	153	722	395	180	324	797	107	307	87
Attempted Information Leak	5,192	5,207	5,924	7,839	18,414	12,210	10,748	12,942	12.3k	78.9k	17.8k	17.1k	12.5k
Potential Corp Policy Violation	0	0	0	0	277	0	0	0	0	1	0	0	0
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	0
Web Application Attack	0	0	0	0	0	4	0	0	0	0	19	1	2
Attempted Denial of Service	0	50	0	86	218	215	436	0	214	117	0	0	2.9k
Misc. Attack	308	78	874	88	407	733	3,295	469	87	111	240	1,288	2

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have decreased with a return to a reputation-based block for a total of 60.9k.
- Attempted information leaks detected and blocked at the firewall is at 12.5k for the month of March 2023.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 87 from a previous six-month average of 300.

Projects and Programs

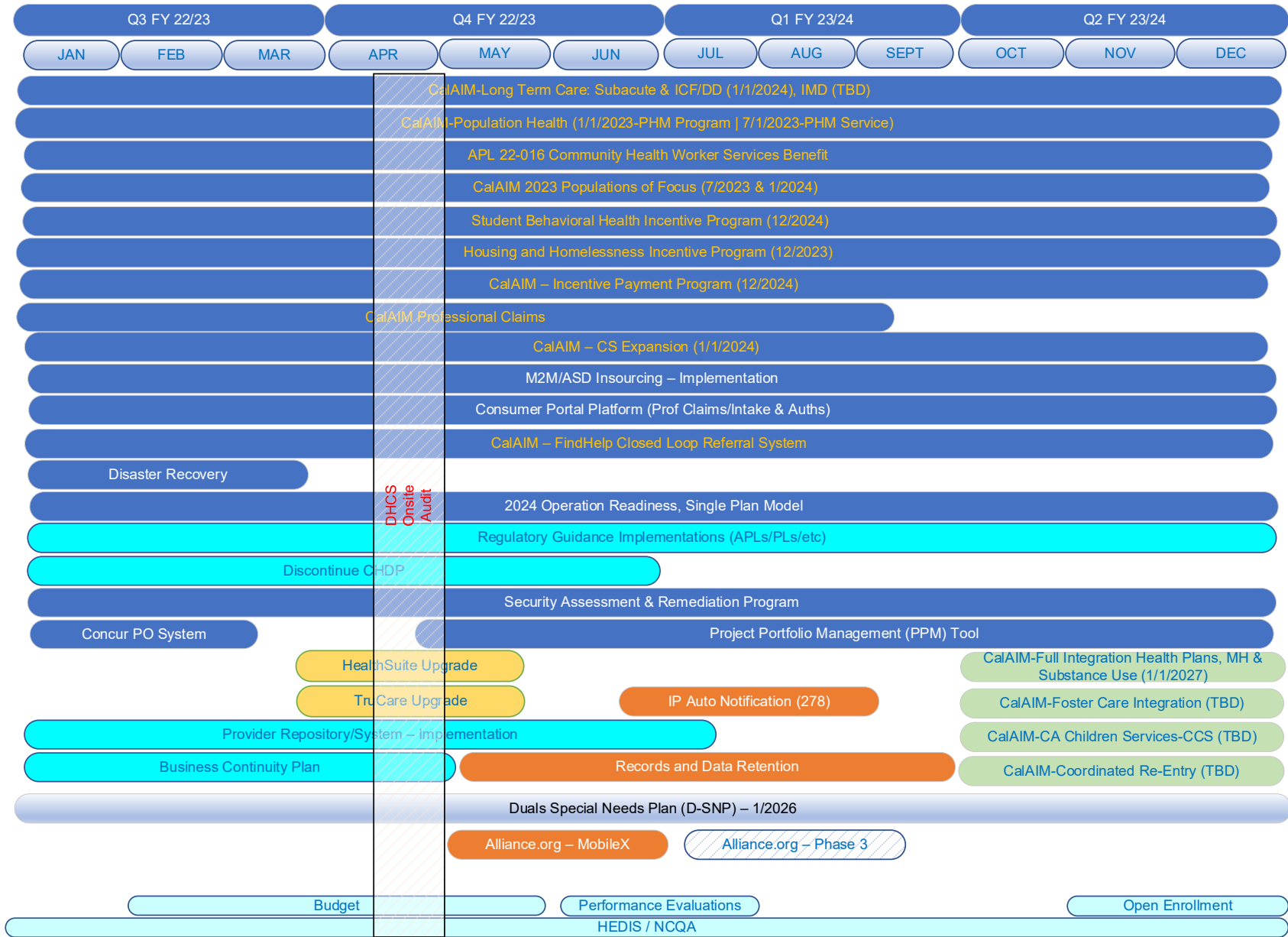
Supporting Documents

Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
 - Enhanced Care Management (ECM) – ECM will target eight (8) specific populations of vulnerable and high-risk children and adults
 - Three (3) Populations of Focus (PoF) transitioned from HHP and/or WPC on January 1st, 2022
 - Two (2) additional PoF became effective on January 1st, 2023
 - One (1) PoF will become effective on July 1st, 2023
 - Two (2) PoF will become effective on January 1st, 2024
 - Community Supports (CS) effective January 1st, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
 - Six (6) Community Supports were implemented on January 1st, 2022
 - Three (3) additional CS services are targeted for implementation on July 1st, 2023
 - Two (2) additional CS services will be piloted in 2023
 - These services support the two LTC PoF that are effective January 2023
 - One (1) additional CS service is targeted for implementation by January 1st, 2024
 - Major Organ Transplants (MOT) – currently not within the scope of many Medi-Cal managed care plans (MCPs); carved into all MCPs effective January 1st, 2022
 - Applicable to all adults as well as children if the transplant is not covered by California Children’s Services
 - CalAIM Incentive Payment Program (IPP) – The CalAIM ECM and CS programs will require significant new investments in care management capabilities, ECM and CS infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers, and other community-based organizations. CalAIM incentive payments are intended to:
 - Build appropriate and sustainable ECM and ILOS capacity
 - Drive MCP investment in necessary delivery system infrastructure
 - Incentivize MCP take-up of ILOS
 - Bridge current silos across physical and behavioral health care service delivery
 - Reduce health disparities and promote health equity
 - Achieve improvements in quality performance
 - Long Term Care - benefit was carved into all MCPs effective January 1st, 2023, with the exception of Subacute and ICF/DD facilities which are scheduled for implementation January 1st, 2024
 - Justice Involved/Coordinated Re-Entry – adults and children/youth transitioning from incarceration or juvenile facilities will be enrolled into Medi-Cal upon release
 - Originally scheduled for January 1st, 2023, then moved to July 1st, 2023, will now go live January 1st, 2024

- Population Health Management (PHM) – all Medi-Cal managed care plans were required to develop and maintain a whole system, person-centered population health management strategy effective January 1st, 2023. PHM is a comprehensive, accountable plan of action for addressing Member needs and preferences, and building on their strengths and resiliencies across the continuum of care that:
 - Builds trust and meaningfully engages with Members;
 - Gathers, shares, and assesses timely and accurate data on Member preferences and needs to identify efficient and effective opportunities for intervention through processes such as data-driven risk stratification, predictive analytics, identification of gaps in care, and standardized assessment processes;
 - Addresses upstream factors that link to public health and social services;
 - Supports all Members staying healthy;
 - Provides care management for Members at higher risk of poor outcomes;
 - Provides transitional care services for Members transferring from one setting or level of care to another; and
 - Identifies and mitigates social drivers of health to reduce disparities.
- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services currently performed by Beacon Health Options were brought in-house effective April 1st, 2023.
- Community Health Worker Services Benefit – Community Health Worker (CHW) services became a billable Medi-Cal benefit effective July 1st, 2022. CHW services are covered as preventive services on the written recommendation of a physician or other licensed practitioner of the healing arts within their scope of practice under state law for individuals who need such services to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and well-being.
- Student Behavioral Health Incentive Program (SBHIP) – program launched in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships, and capacity, statewide, for school behavioral health services.
- Housing and Homelessness Incentive Program (HHIP) – program launched in January 2022 and is part of the Home and Community-Based (HCBS) Spending Plan
 - Enables MCPs to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health
 - MCPs must collaborate with local homeless Continuums of Care (CoCs) and submit a Local Homelessness Plan (LHP) to be eligible for HHIP funding
- 2024 Managed Care Plan Contract Operational Readiness – new MCP contract developed as part of Procurement RFP
 - All MCPs must adhere to new contract effective January 1, 2024
- Project Portfolio Management (PPM) Tool - Implementation of a PPM tool to support portfolio planning, resource capacity and demand planning and project scheduling.



Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis

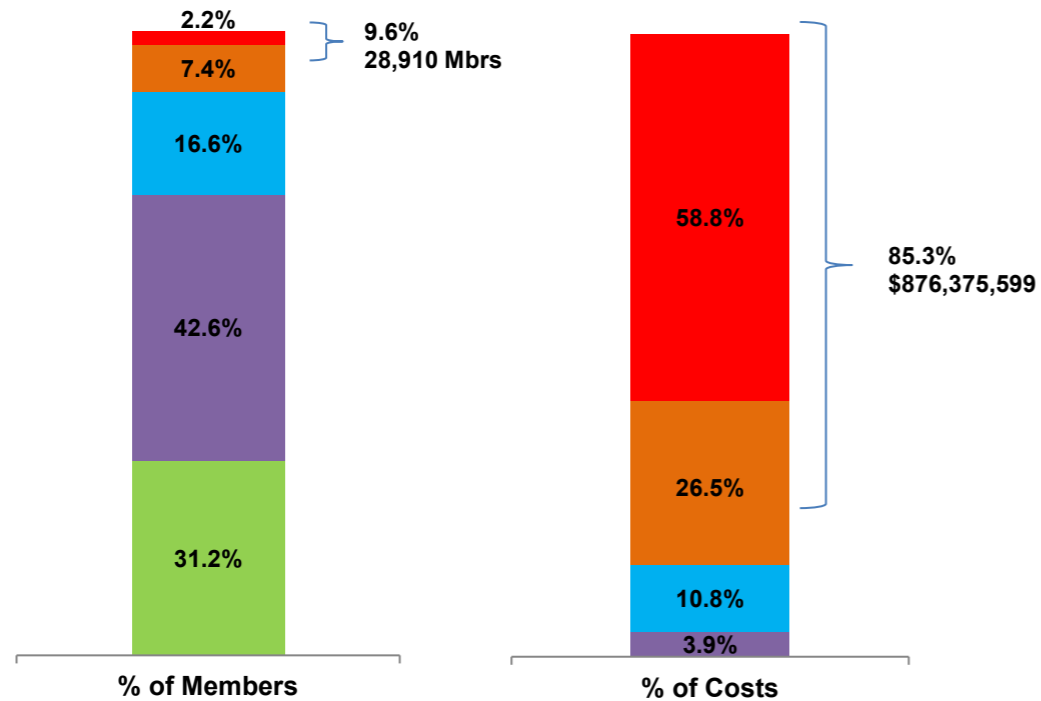
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Jan 2022 - Dec 2022

Note: Data incomplete due to claims lag

Run Date: 03/29/2023

Member Cost Distribution



Top 9.6% of Members = 85.3% of Costs

Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	6,636	2.2%	\$ 604,349,834	58.8%
\$5K - \$30K	22,274	7.4%	\$ 272,025,765	26.5%
\$1K - \$5K	49,962	16.6%	\$ 110,561,973	10.8%
< \$1K	128,159	42.6%	\$ 40,532,442	3.9%
\$0	93,819	31.2%	\$ -	0.0%
Totals	300,850	100.0%	\$ 1,027,470,014	100.0%

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	1,565	0.5%	\$ 343,756,632	33.5%
\$75K to \$100K	713	0.2%	\$ 61,504,778	6.0%
\$50K to \$75K	1,371	0.5%	\$ 83,560,645	8.1%
\$40K to \$50K	1,222	0.4%	\$ 54,623,991	5.3%
\$30K to \$40K	1,765	0.6%	\$ 60,903,789	5.9%
SubTotal	6,636	2.2%	\$ 604,349,834	58.8%
\$20K to \$30K	3,154	1.0%	\$ 76,989,406	7.5%
\$10K to \$20K	8,461	2.8%	\$ 118,912,114	11.6%
\$5K to \$10K	10,659	3.5%	\$ 76,124,245	7.4%
SubTotal	22,274	7.4%	\$ 272,025,765	26.5%
Total	28,910	9.6%	\$ 876,375,599	85.3%

Enrollment Status	Members	Total Costs
Still Enrolled as of Dec 2022	278,093	\$ 930,143,739
Dis-Enrolled During Year	22,757	\$ 97,326,275
Totals	300,850	\$ 1,027,470,014

Notes:

- Report includes medical costs (HS & Diamond Claims, Beacon, Logisticare FFS, CHCN FFS Preventive Services, CHME) and pharmacy costs. IBNP factors are not applied.
- CFMG and CHCN encounter data has been priced out.

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis

9.6% of Members = 85.3% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Jan 2022 - Dec 2022

Note: Data incomplete due to claims lag

Run Date: 03/29/2023

9.6% of Members = 85.3% of Costs

26.4% of members are SPDs and account for 31.8% of costs.

35.0% of members are ACA OE and account for 34.8% of costs.

5.9% of members disenrolled as of Dec 2022 and account for 10.4% of costs.

Highest Cost Members; Cost Per Member >= \$100K

34.9% of members are SPDs and account for 34.0% of costs.

34.2% of members are ACA OE and account for 34.8% of costs.

14.9% of members disenrolled as of Dec 2022 and account for 16.0% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	138	618	756	2.6%
MCAL	MCAL - ADULT	743	4,167	4,910	17.0%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	338	1,913	2,251	7.8%
	MCAL - ACA OE	2,278	7,842	10,120	35.0%
	MCAL - SPD	2,365	5,265	7,630	26.4%
	MCAL - DUALS	138	1,401	1,539	5.3%
Not Eligible	Not Eligible	636	1,068	1,704	5.9%
Total		6,636	22,274	28,910	100.0%

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	30	1.9%
MCAL	MCAL - ADULT	154	9.8%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	41	2.6%
	MCAL - ACA OE	535	34.2%
	MCAL - SPD	546	34.9%
	MCAL - DUALS	26	1.7%
Not Eligible	Not Eligible	233	14.9%
Total		1,565	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 11,567,780	\$ 6,888,498	\$ 18,456,278	2.1%
MCAL	MCAL - ADULT	\$ 62,410,178	\$ 48,664,672	\$ 111,074,850	12.7%
	MCAL - BCCTP	\$ -	\$ -	\$ -	0.0%
	MCAL - CHILD	\$ 22,901,181	\$ 22,028,923	\$ 44,930,104	5.1%
	MCAL - ACA OE	\$ 209,256,859	\$ 95,908,702	\$ 305,165,560	34.8%
	MCAL - SPD	\$ 210,629,352	\$ 68,167,720	\$ 278,797,071	31.8%
	MCAL - DUALS	\$ 10,040,776	\$ 16,939,338	\$ 26,980,114	3.1%
Not Eligible	Not Eligible	\$ 77,543,708	\$ 13,427,913	\$ 90,971,621	10.4%
Total		\$ 604,349,834	\$ 272,025,765	\$ 876,375,599	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 5,899,955	1.7%
MCAL	MCAL - ADULT	\$ 33,139,484	9.6%
	MCAL - BCCTP	\$ -	0.0%
	MCAL - CHILD	\$ 9,107,851	2.6%
	MCAL - ACA OE	\$ 119,694,186	34.8%
	MCAL - SPD	\$ 116,721,946	34.0%
	MCAL - DUALS	\$ 4,336,147	1.3%
Not Eligible	Not Eligible	\$ 54,857,064	16.0%
Total		\$ 343,756,632	100.0%

% of Total Costs By Service Type

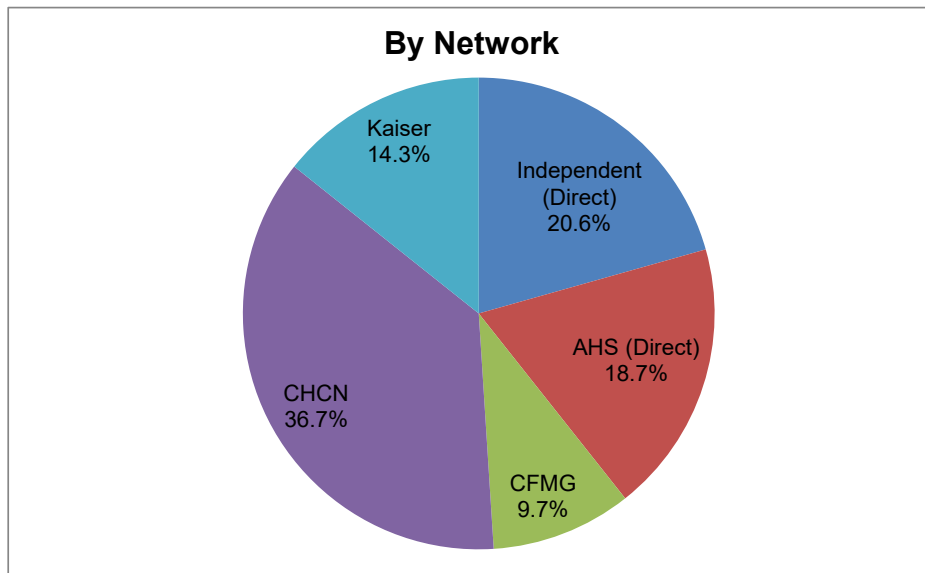
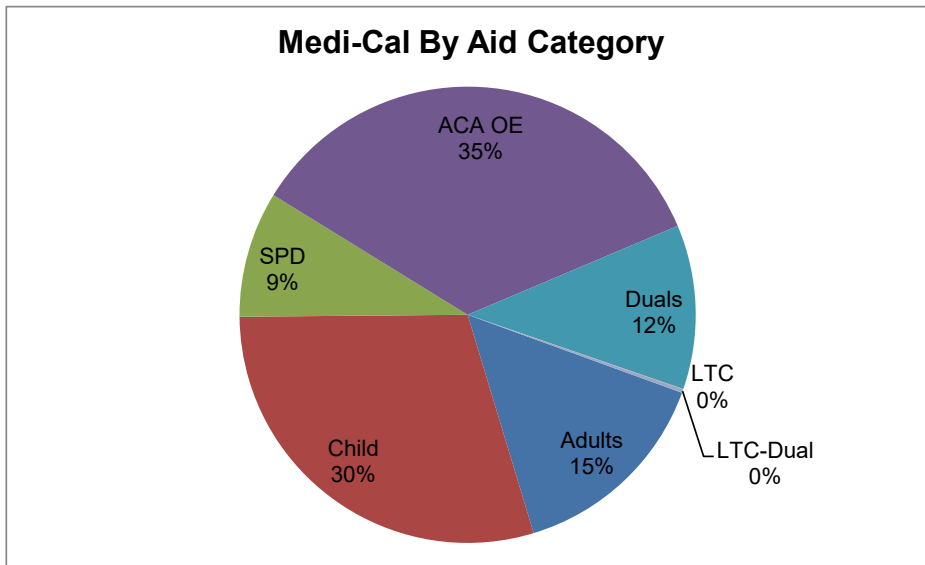
Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Breakout by Service Type/Location						
				Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
\$100K+	7%	0%	1%	0%	53%	1%	14%	5%	2%	6%
\$75K to \$100K	8%	0%	1%	0%	41%	3%	7%	5%	7%	12%
\$50K to \$75K	6%	0%	2%	0%	38%	3%	7%	6%	7%	12%
\$40K to \$50K	6%	0%	2%	1%	37%	5%	6%	5%	1%	12%
\$30K to \$40K	10%	1%	3%	0%	28%	11%	6%	5%	1%	14%
\$20K to \$30K	4%	2%	4%	1%	27%	7%	8%	6%	1%	15%
\$10K to \$20K	1%	0%	11%	1%	26%	6%	11%	9%	2%	13%
\$5K to \$10K	0%	0%	9%	1%	18%	8%	12%	14%	1%	17%
Total	5%	0%	4%	1%	39%	4%	11%	7%	2%	11%

Notes:

- Report includes medical costs (HS & Diamond Claims, Beacon, Logisticare FFS, CHCN FFS Preventive Services, CHME) and pharmacy costs. IBNP factors are not applied.
- CFMG and CHCN encounter data has been priced out.
- Report excludes Capitation Expense

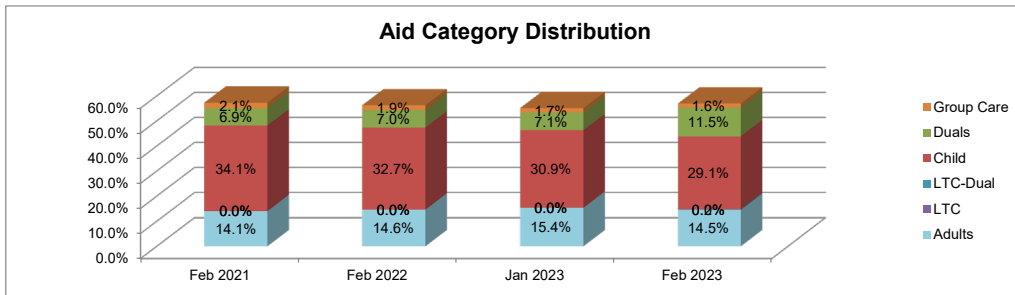
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	Feb 2023	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	51,154	15%	9,689	9,944	866	21,349	9,306
Child	102,305	30%	7,495	9,426	30,817	35,645	18,922
SPD	30,922	9%	10,424	4,483	1,024	12,786	2,205
ACA OE	120,657	35%	17,372	38,694	1,273	47,368	15,950
Duals	40,334	12%	24,399	2,488	3	9,489	3,955
LTC	129	0%	129	-	-	-	-
LTC-Dual	849	0%	848	-	-	-	1
Medi-Cal	346,350		70,356	65,035	33,983	126,637	50,339
Group Care	5,746		2,251	863	-	2,632	-
Total	352,096	100%	72,607	65,898	33,983	129,269	50,339
Medi-Cal %	98.4%		96.9%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		3.1%	1.3%	0.0%	2.0%	0.0%
<i>Network Distribution</i>			20.6%	18.7%	9.7%	36.7%	14.3%
			% Direct: 39%	% Delegated: 61%			

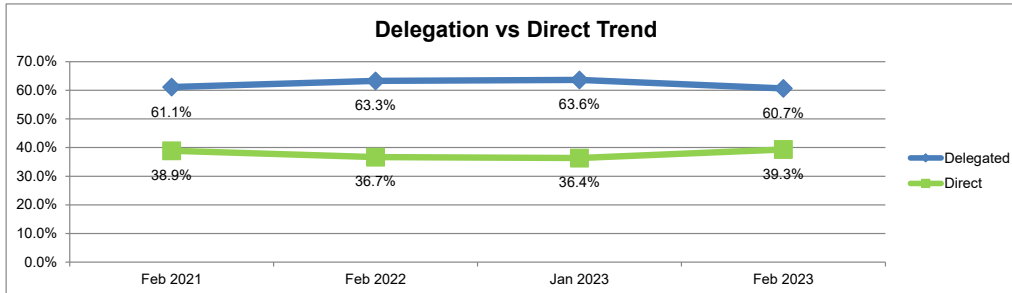


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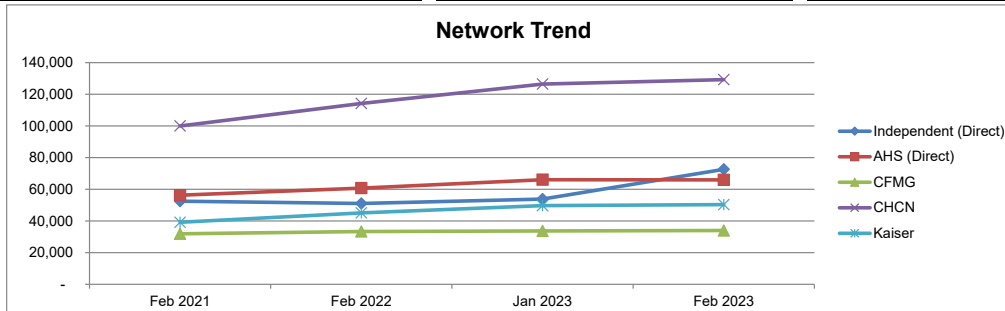
Category of Aid Trend												
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
Adults	39,318	44,588	50,687	51,154	14.1%	14.6%	15.4%	14.5%	13.4%	14.7%	0.9%	
Child	95,514	99,573	101,914	102,305	34.1%	32.7%	30.9%	29.1%	4.2%	2.7%	0.4%	
SPD	26,290	26,675	28,685	30,922	9.4%	8.8%	8.7%	8.8%	1.5%	15.9%	7.8%	
ACA OE	93,322	106,553	119,302	120,657	33.3%	35.0%	36.2%	34.3%	14.2%	13.2%	1.1%	
Duals	19,429	21,239	23,444	40,334	6.9%	7.0%	7.1%	11.5%	9.3%	89.9%	72.0%	
LTC	-	-	6	129	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2050.0%	
LTC-Dual	-	-	15	849	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	5560.0%	
Medi-Cal Total	273,873	298,628	324,053	346,350	97.9%	98.1%	98.3%	98.4%	9.0%	16.0%	6.9%	
Group Care	5,969	5,824	5,761	5,746	2.1%	1.9%	1.7%	1.6%	-2.4%	-1.3%	-0.3%	
Total	279,842	304,452	329,814	352,096	100.0%	100.0%	100.0%	100.0%	8.8%	15.6%	6.8%	



Delegation vs Direct Trend												
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
Delegated	171,098	192,700	209,892	213,591	61.1%	63.3%	63.6%	60.7%	12.6%	10.8%	1.8%	
Direct	108,744	111,752	119,922	138,505	38.9%	36.7%	36.4%	39.3%	2.8%	23.9%	15.5%	
Total	279,842	304,452	329,814	352,096	100.0%	100.0%	100.0%	100.0%	8.8%	15.6%	6.8%	

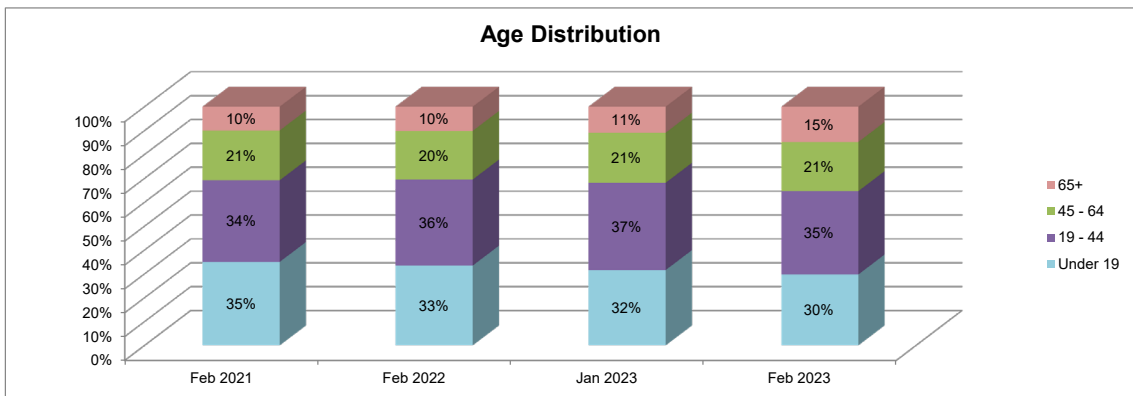


Network Trend												
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
Independent (Direct)	52,462	51,053	53,870	72,607	18.7%	16.8%	16.3%	20.6%	-2.7%	42.2%	34.8%	
AHS (Direct)	56,282	60,699	66,052	65,898	20.1%	19.9%	20.0%	18.7%	7.8%	8.6%	-0.2%	
CFMG	31,907	33,319	33,741	33,983	11.4%	10.9%	10.2%	9.7%	4.4%	2.0%	0.7%	
CHCN	100,003	114,264	126,433	129,269	35.7%	37.5%	38.3%	36.7%	14.3%	13.1%	2.2%	
Kaiser	39,188	45,117	49,718	50,339	14.0%	14.8%	15.1%	14.3%	15.1%	11.6%	1.2%	
Total	279,842	304,452	329,814	352,096	100.0%	100.0%	100.0%	100.0%	8.8%	15.6%	6.8%	

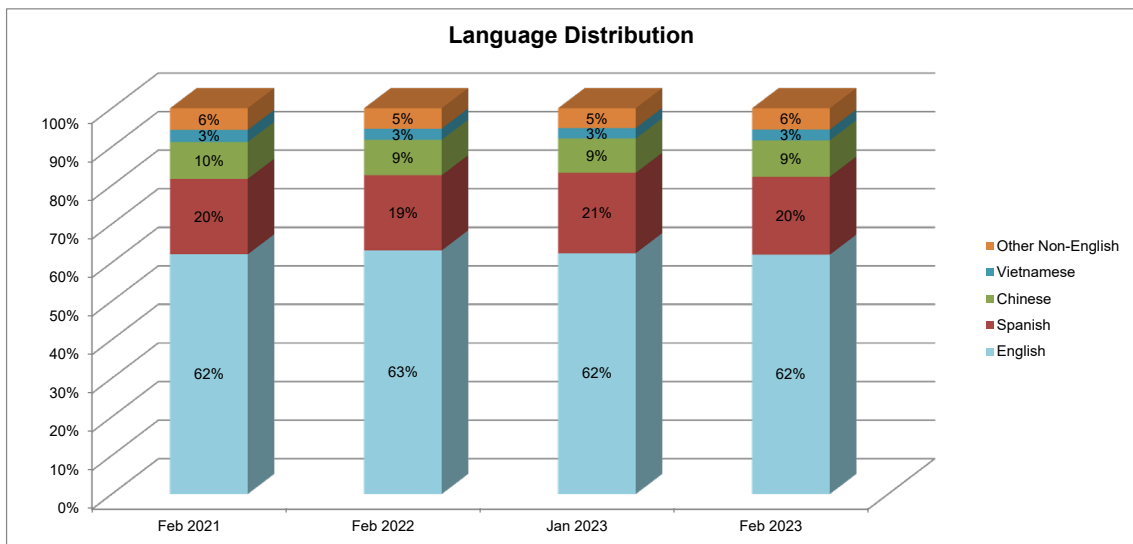


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Age Category Trend												
Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
Under 19	97,915	101,831	104,152	104,659	35%	33%	32%	30%	4%	3%	0%	
19 - 44	95,719	109,790	120,648	122,990	34%	36%	37%	35%	15%	12%	2%	
45 - 64	58,334	61,957	69,127	72,480	21%	20%	21%	21%	6%	17%	5%	
65+	27,874	30,874	35,887	51,967	10%	10%	11%	15%	11%	68%	45%	
Total	279,842	304,452	329,814	352,096	100%	100%	100%	100%	9%	16%	7%	

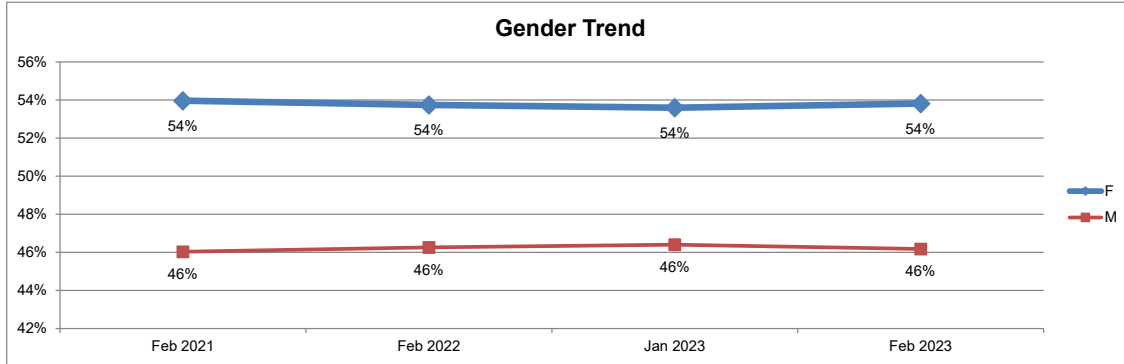


Language Trend												
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
English	173,798	192,183	205,802	218,360	62%	63%	62%	62%	11%	14%	6%	
Spanish	54,775	59,339	68,746	71,247	20%	19%	21%	20%	8%	20%	4%	
Chinese	26,772	28,043	29,364	33,248	10%	9%	9%	9%	5%	19%	13%	
Vietnamese	8,730	8,819	8,924	9,714	3%	3%	3%	3%	1%	10%	9%	
Other Non-English	15,767	16,068	16,978	19,527	6%	5%	5%	6%	2%	22%	15%	
Total	279,842	304,452	329,814	352,096	100%	100%	100%	100%	9%	16%	7%	

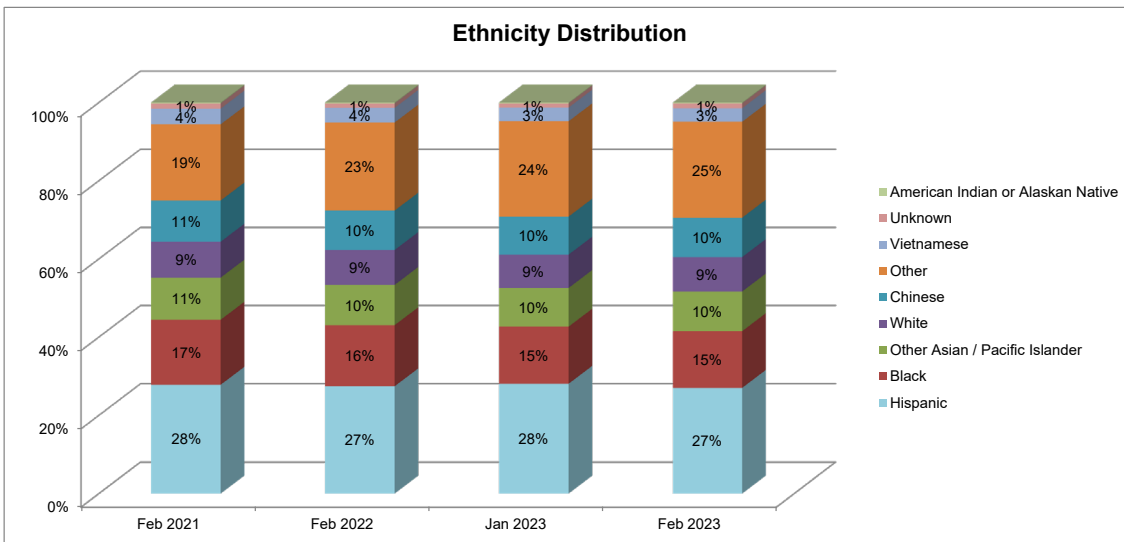


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Gender Trend												
Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
F	151,018	163,606	176,768	189,484	54%	54%	54%	54%	8%	16%	7%	
M	128,824	140,846	153,046	162,612	46%	46%	46%	46%	9%	15%	6%	
Total	279,842	304,452	329,814	352,096	100%	100%	100%	100%	9%	16%	7%	



Ethnicity Trend												
Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021	Feb 2022	Jan 2023	Feb 2023	Feb 2021 to Feb 2022	Feb 2022 to Feb 2023	Jan 2023 to Feb 2023	
Hispanic	77,793	83,453	92,528	95,061	28%	27%	28%	27%	7%	14%	3%	
Black	46,546	47,596	48,188	51,086	17%	16%	15%	15%	2%	7%	6%	
Other Asian / Pacific Islander	30,152	31,340	32,634	35,706	11%	10%	10%	10%	4%	14%	9%	
White	25,716	27,221	28,155	31,044	9%	9%	9%	9%	6%	14%	10%	
Chinese	29,512	30,703	32,069	35,508	11%	10%	10%	10%	4%	16%	11%	
Other	54,528	68,575	80,433	86,361	19%	23%	24%	25%	26%	26%	7%	
Vietnamese	11,249	11,400	11,535	12,164	4%	4%	3%	3%	1%	7%	5%	
Unknown	3,738	3,520	3,582	4,437	1%	1%	1%	1%	-6%	26%	24%	
American Indian or Alaskan Native	608	644	690	729	0%	0%	0%	0%	6%	13%	6%	
Total	279,842	304,452	329,814	352,096	100%	100%	100%	100%	9%	16%	7%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile By City

Medi-Cal By City								
City	Feb 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser	
Oakland	134,122	39%	19,018	30,533	14,252	56,085	14,234	
Hayward	54,375	16%	10,416	11,760	5,602	17,540	9,057	
Fremont	32,124	9%	12,657	4,679	1,058	8,705	5,025	
San Leandro	31,233	9%	6,273	4,340	3,506	11,482	5,632	
Union City	14,773	4%	5,272	2,199	558	4,073	2,671	
Alameda	13,274	4%	2,850	2,100	1,662	4,569	2,093	
Berkeley	13,263	4%	2,572	1,845	1,338	5,579	1,929	
Livermore	10,641	3%	1,662	697	1,930	4,518	1,834	
Newark	8,200	2%	2,468	2,547	257	1,511	1,417	
Castro Valley	8,685	3%	1,814	1,282	1,099	2,693	1,797	
San Lorenzo	7,247	2%	1,257	1,222	689	2,633	1,446	
Pleasanton	5,977	2%	1,446	400	509	2,622	1,000	
Dublin	6,403	2%	1,504	435	681	2,639	1,144	
Emeryville	2,405	1%	502	414	318	770	401	
Albany	2,114	1%	317	239	384	757	417	
Piedmont	447	0%	89	125	28	101	104	
Sunol	72	0%	16	10	5	24	17	
Antioch	31	0%	2	10	5	14	-	
Other	964	0%	221	198	102	322	121	
Total	346,350	100%	70,356	65,035	33,983	126,637	50,339	

Group Care By City								
City	Feb 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser	
Oakland	1,870	33%	422	352	-	1,096	-	
Hayward	643	11%	312	139	-	192	-	
Fremont	611	11%	436	43	-	132	-	
San Leandro	584	10%	214	92	-	278	-	
Union City	299	5%	201	32	-	66	-	
Alameda	283	5%	96	22	-	165	-	
Berkeley	171	3%	50	12	-	109	-	
Livermore	92	2%	30	3	-	59	-	
Newark	142	2%	86	35	-	21	-	
Castro Valley	182	3%	80	21	-	81	-	
San Lorenzo	127	2%	51	15	-	61	-	
Pleasanton	64	1%	26	3	-	35	-	
Dublin	107	2%	40	10	-	57	-	
Emeryville	30	1%	13	3	-	14	-	
Albany	18	0%	5	1	-	12	-	
Piedmont	13	0%	3	-	-	10	-	
Sunol	-	0%	-	-	-	-	-	
Antioch	26	0%	6	6	-	14	-	
Other	484	8%	180	74	-	230	-	
Total	5,746	100%	2,251	863	-	2,632	-	

Total By City								
City	Feb 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser	
Oakland	135,992	39%	19,440	30,885	14,252	57,181	14,234	
Hayward	55,018	16%	10,728	11,899	5,602	17,732	9,057	
Fremont	32,735	9%	13,093	4,722	1,058	8,837	5,025	
San Leandro	31,817	9%	6,487	4,432	3,506	11,760	5,632	
Union City	15,072	4%	5,473	2,231	558	4,139	2,671	
Alameda	13,557	4%	2,946	2,122	1,662	4,734	2,093	
Berkeley	13,434	4%	2,622	1,857	1,338	5,688	1,929	
Livermore	10,733	3%	1,692	700	1,930	4,577	1,834	
Newark	8,342	2%	2,554	2,582	257	1,532	1,417	
Castro Valley	8,867	3%	1,894	1,303	1,099	2,774	1,797	
San Lorenzo	7,374	2%	1,308	1,237	689	2,694	1,446	
Pleasanton	6,041	2%	1,472	403	509	2,657	1,000	
Dublin	6,510	2%	1,544	445	681	2,696	1,144	
Emeryville	2,435	1%	515	417	318	784	401	
Albany	2,132	1%	322	240	384	769	417	
Piedmont	460	0%	92	125	28	111	104	
Sunol	72	0%	16	10	5	24	17	
Antioch	57	0%	8	16	5	28	-	
Other	1,448	0%	401	272	102	552	121	
Total	352,096	100%	72,607	65,898	33,983	129,269	50,339	