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Board of Governors

PACKET

AUGUST 11th, 2023



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EXECUTIVE SUMMARY APPENDIX

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SUPPORTING MATERIALS APPENDIX

Please click on the hyperlink(s) below to direct you to
corresponding material for each item.

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CEO Update

Matthew Woodruff

To: Alameda Alliance for Health Board of Governors

From: Matthew Woodruff, Chief Executive Officer

Date: August 11th, 2023

Subject: CEO Report

- **Financials:**

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

	<u>May</u>	<u>YTD</u>
Medi-Cal.....	\$1.6M	\$91.0M
Group Care	\$48K	\$2.2M
Totals.....	\$1.7M	\$93.2M

- **Revenue was \$138 million in June 2023 and \$1.4 billion Year-to-Date (YTD).**
 - Medical expenses were \$130 million in June and \$1.3 billion year-to-date; the medical loss ratio is 94.3% for the month and averages 89.5% for the fiscal year.
 - Administrative expenses were \$7.6 million in May and \$72.3 million year-to-date; the administrative loss ratio is 5.5% of revenue for the month and averages 5.0% for the fiscal year.
- **Tangible Net Equity (TNE):** Financial reserves are 758% of the required DMHC minimum, representing \$281.1 million in excess TNE.
- **Total enrollment in June 2023 was 361,685,** increasing by 1,503 Medi-Cal members compared to May.
- **Recruiting Incentives for our Network**
 - I have not received any feedback yet on the draft recruiting incentive program. Please share any comments you may have.
- **Key Performance Indicators:**
 - **Regulatory Metrics:**
 - The Alliance missed one regulatory metric in July. We received two expedited grievances and one was finalized on day seven, instead of day three.
 - **Non-Regulatory Metrics:**
 - The Member Services call center reported an abandonment rate of 14% and 63% for calls answered in under 30 seconds for the month of June.

The results are 9% and 17% below the internal thresholds, respectively. Inbound call volume exceeded 16,000 as membership grew.

- The Information Technology Department fell below an internal up time metric. The Alliance working with our external vendor RAM found that the system has a bug which is being fixed through a patch. The patch should be in place and fully tested by the middle of August.

- **Program Implementations:**

- **Single Plan Model**

- Effective January 1st, 2024, Alameda Alliance will become the “Prime” Medi-Cal option for Alameda County residents enrolled in the Medi-Cal program. The Alliance has five submissions left in our Compliance Readiness timeline from the State.

- **Continuous Coverage**

- The public health emergency has ended, and Medi-Cal redeterminations have started.
- Alameda Alliance for Health is partnering with Alameda County Social Services Agency on an outreach campaign to minimize the disruptions to county residents due to disenrollment from the Medi-Cal program.

- **Cal AIM**

- The Alliance, along with Alameda County Health Care Service Agency and CHCN, will be hosting the DHCS and HHS for a half-day session on August 24th, 2023. DHCS and HHS have asked for a discussion on ECM and CS and for us to showcase the great work that has been done in Alameda County.

- **Medicare DSNP**

- The Alliance DSNP implementation is currently underway. We are working with our consulting vendor on the Alliance systems analysis. Once the analysis is complete, I will report back to the Board about our findings.



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Executive Dashboard

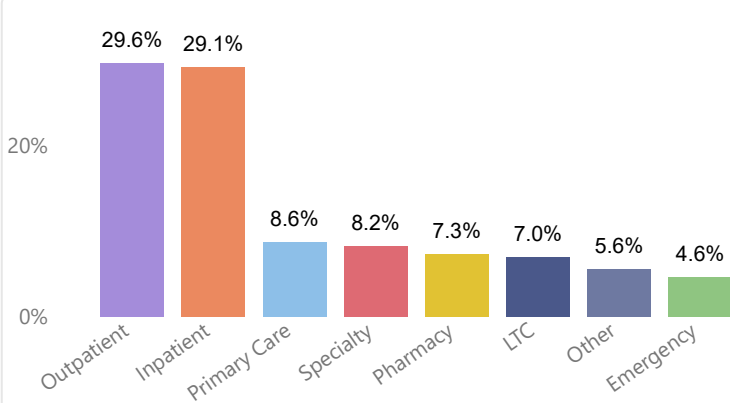
Financials

Income & Expenses

	JUNE 2023	FISCAL YTD
REVENUE	\$ 137.9 M	\$ 1.4 B
MEDICAL EXPENSE	\$ (130.0) M	\$ (1.3) B
ADMIN EXPENSE	\$ (7.6) M	\$ (72.3) M
OTHER	\$ 1.4 M	\$ 14.4 M
NET INCOME	\$ 1.7 M	\$ 93.2 M

Gross Margin %
10.5%

Medical Expenses



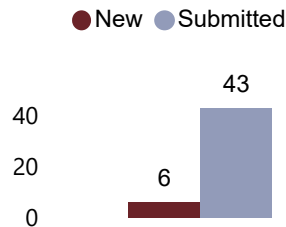
Liquid Reserves

MLR Net %
89.5%

TNE %
758.0%

TNE \$
\$323.8M

Reinsurance Cases



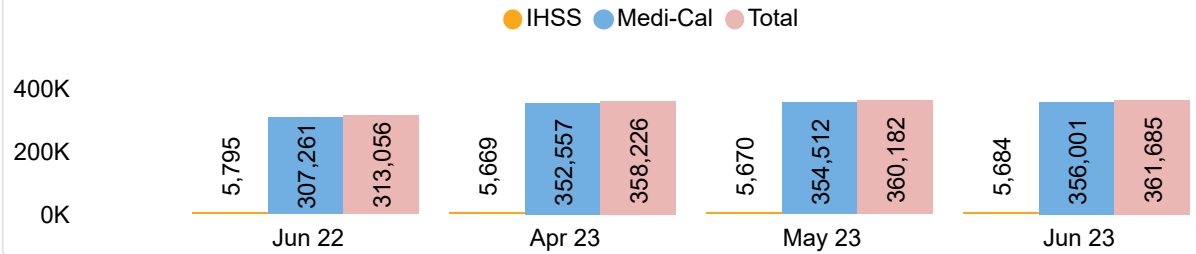
Balance Sheet

Cash Equivalents	\$461.4M
Pass-Through Liabilities	\$163.4M
Uncommitted Cash	\$298.0M
Working Capital	\$302.5M

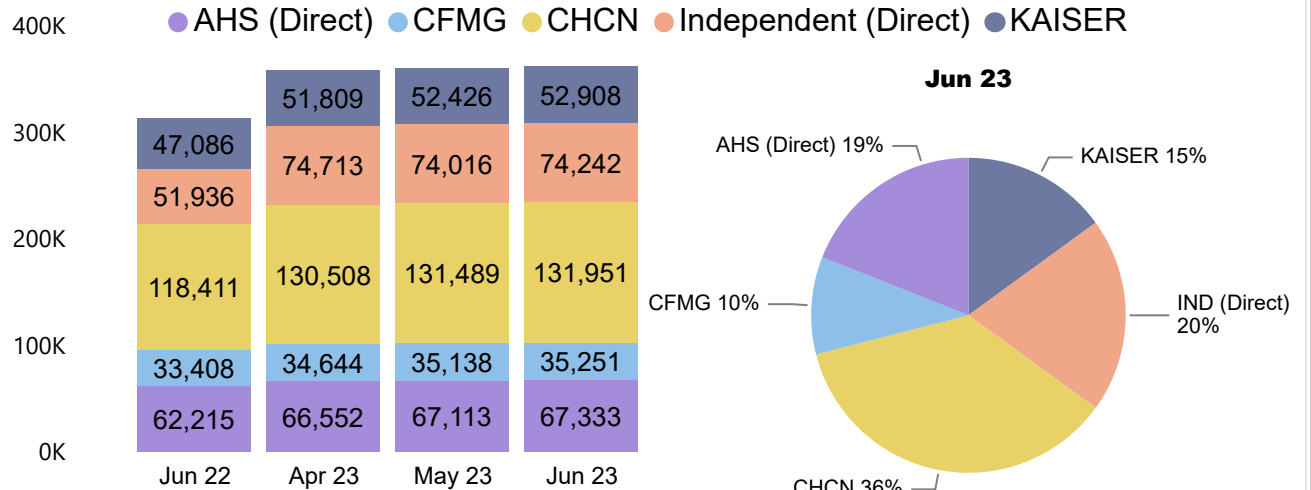
Current Ratio
1.75

Membership

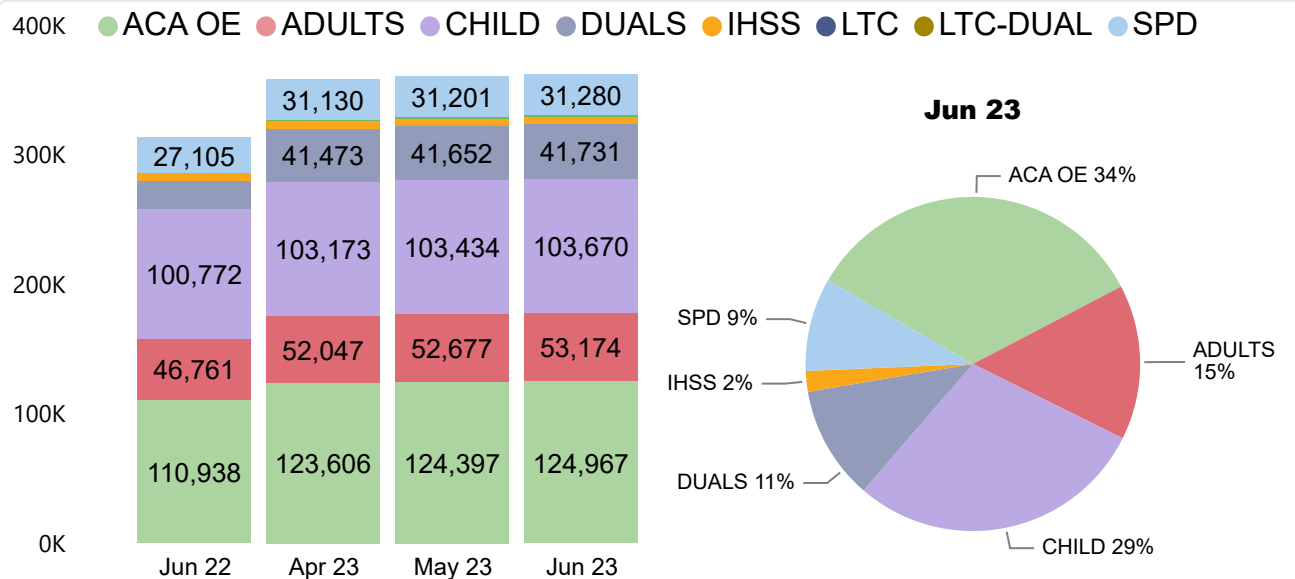
By Plan



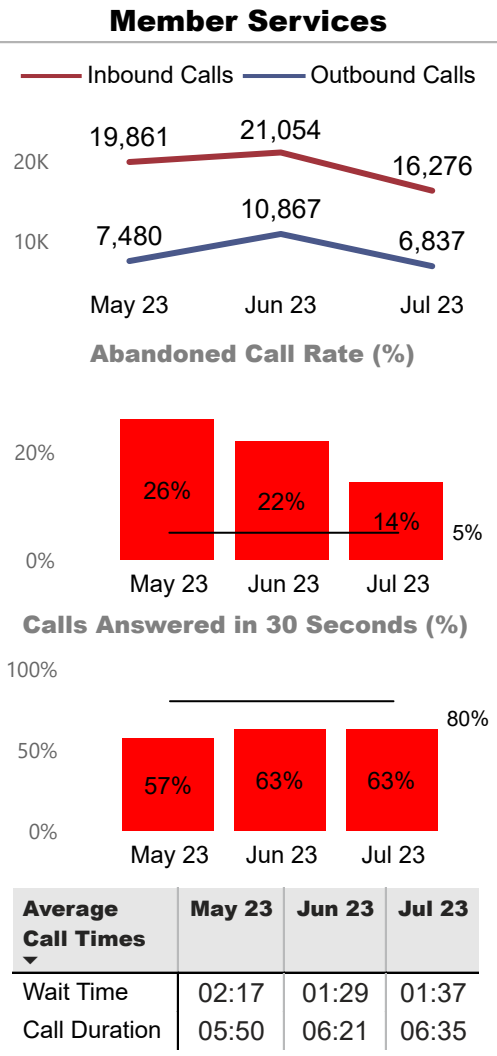
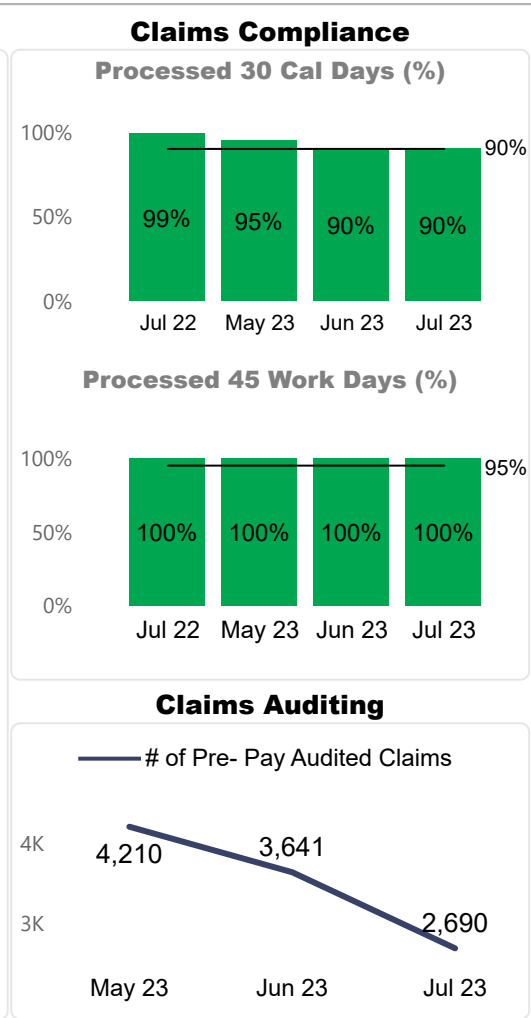
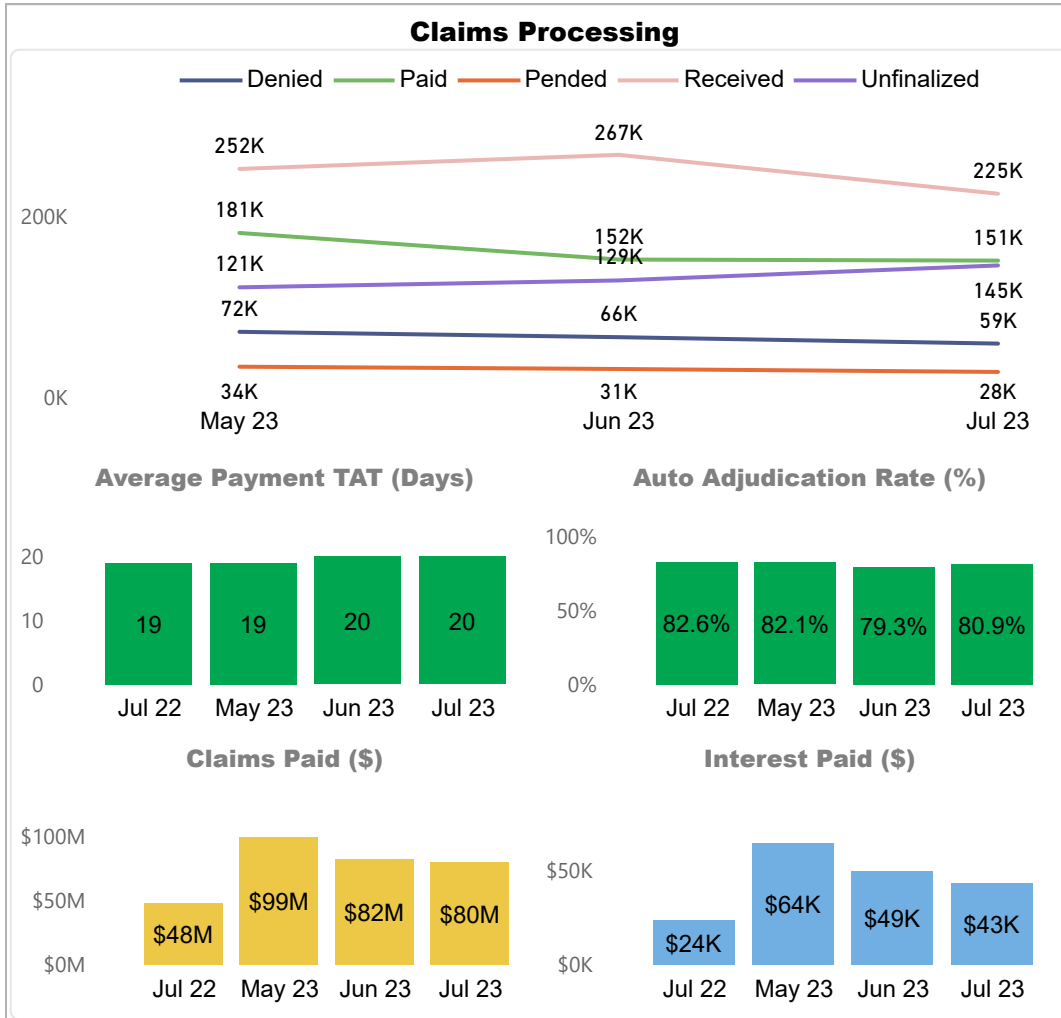
By Network



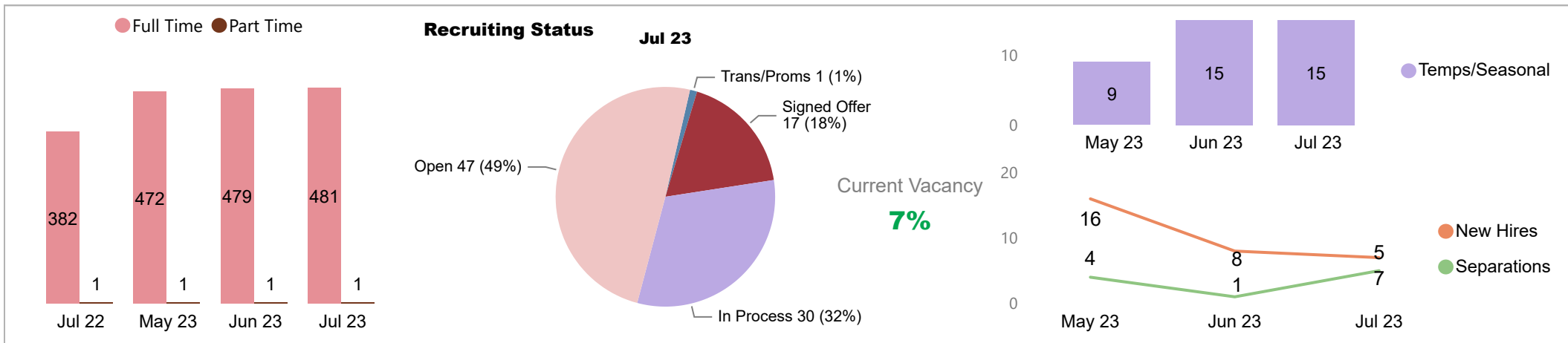
By Category



Claims



Human Resources



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Provider Services

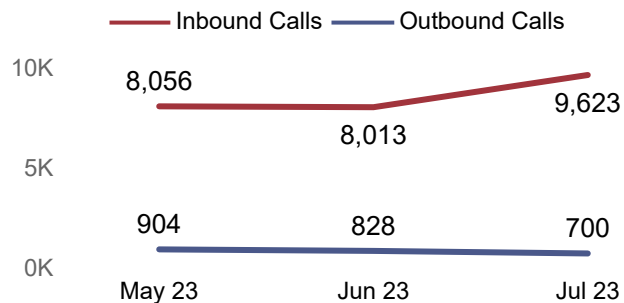
Provider Network

Hospital	17
Specialist	9,198
Primary Care Physician	768
Skilled Nursing Facility	103
Urgent Care	7
Health Centers (FQHCs and Non-FQHCs)	68
Transportation	380
TOTAL	10,541

Provider Credentialing

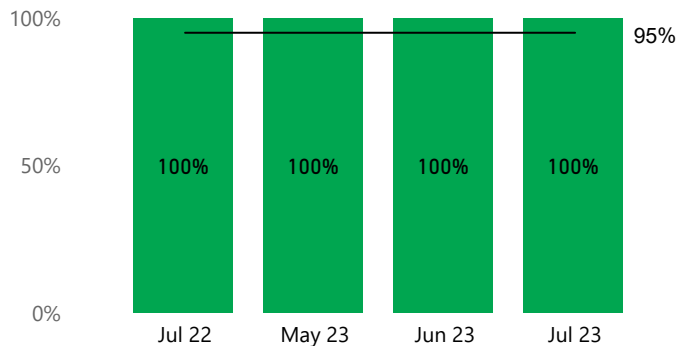
2,543

Provider Call Center



Provider Disputes & Resolutions

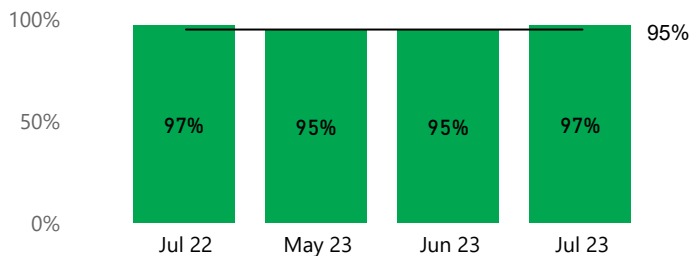
Turnaround Compliance (45 business days)



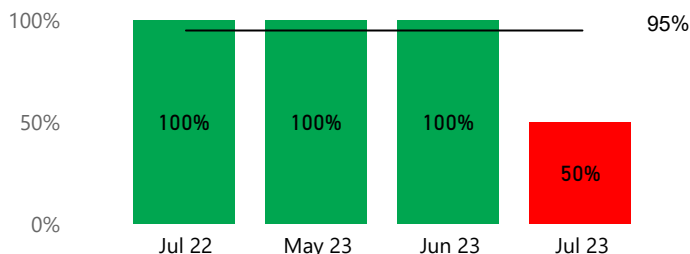
Compliance

Member Grievances

Standard (30 calendar days)

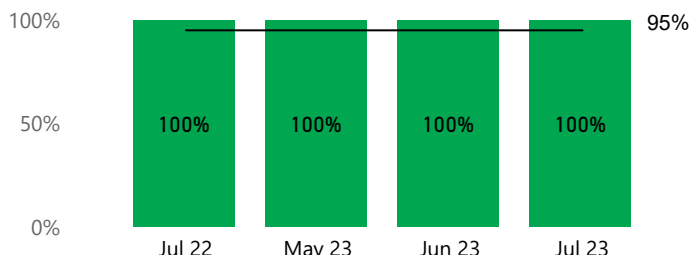


Expedited (3 calendar days)

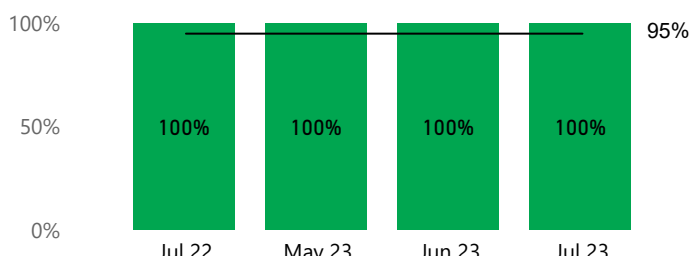


Member Appeals

Standard (30 calendar days)

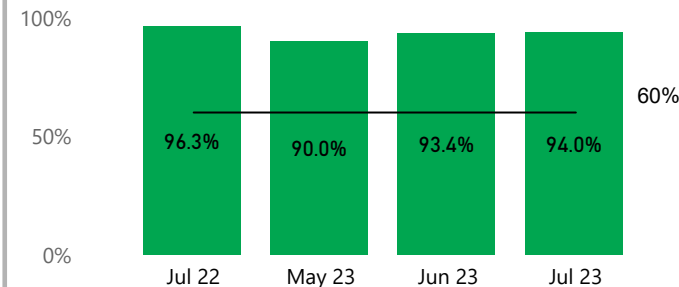


Expedited (3 calendar days)

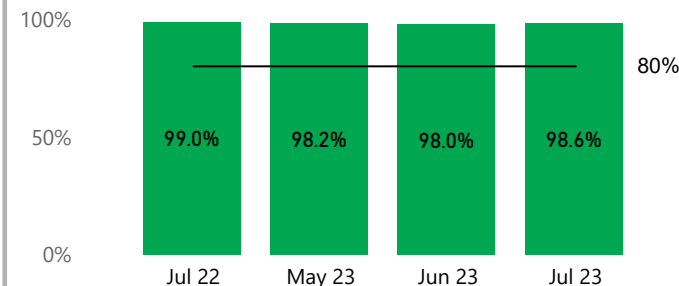


Encounter Data

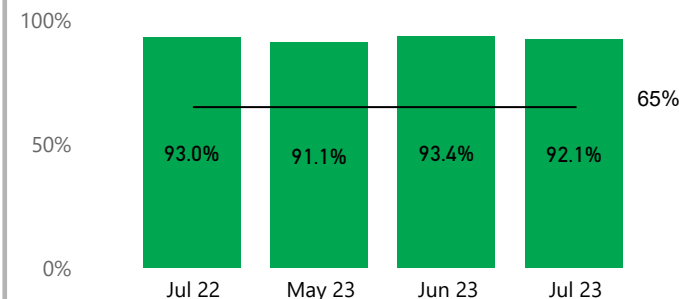
Institutional 0-90 days



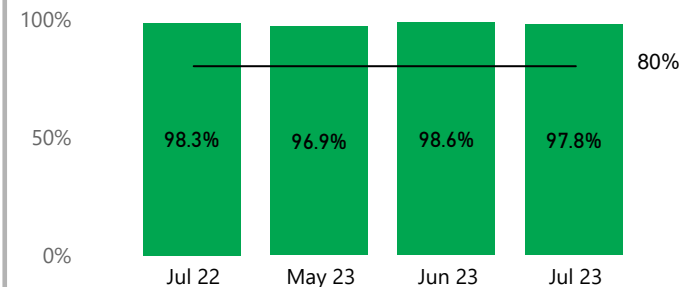
Institutional 0-180 days



Professional 0-90 days

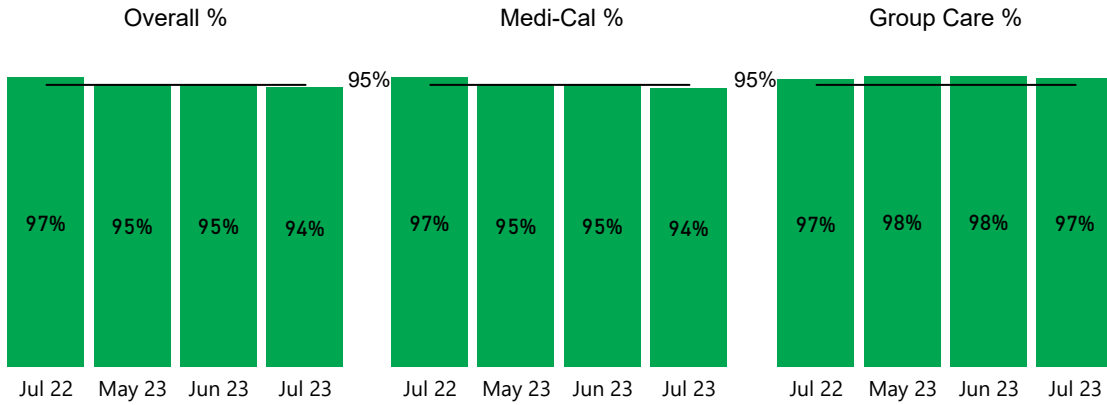


Professional 0-180 days

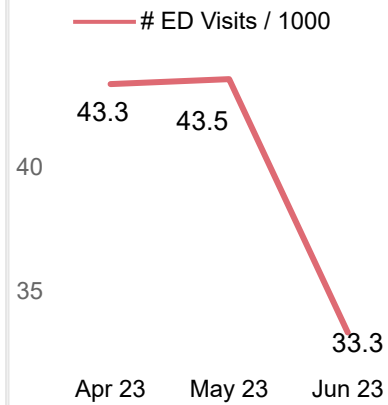


Health Care Services

Authorization Turnaround

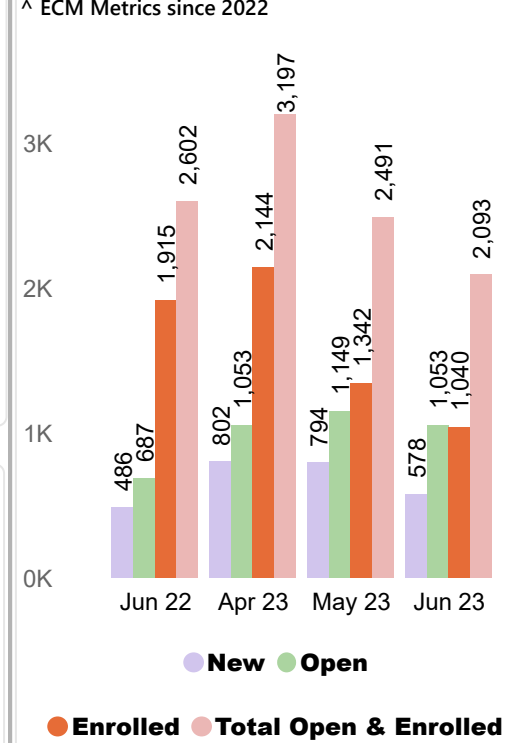


ED Utilization

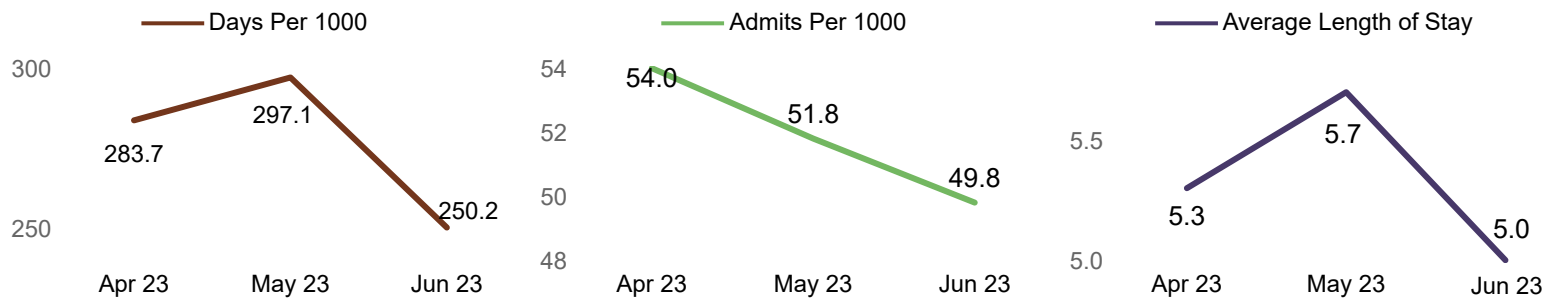


Case Management

Total Cases[^]



Inpatient Utilization

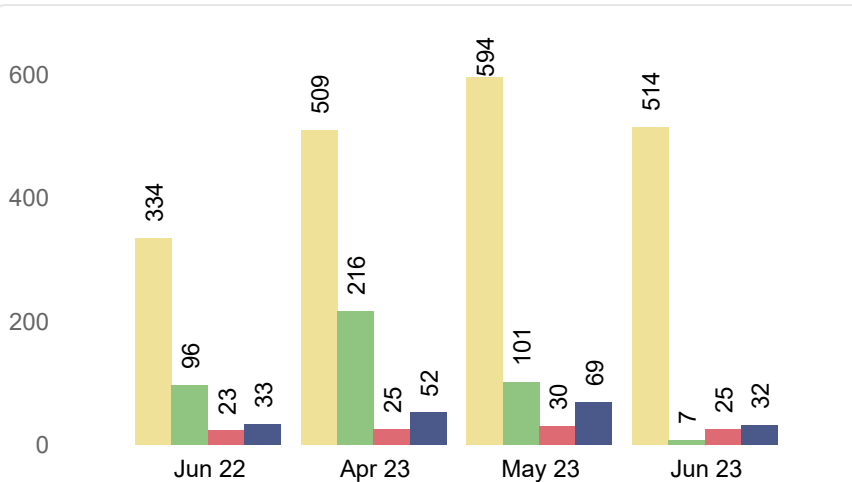


Case Management[^]

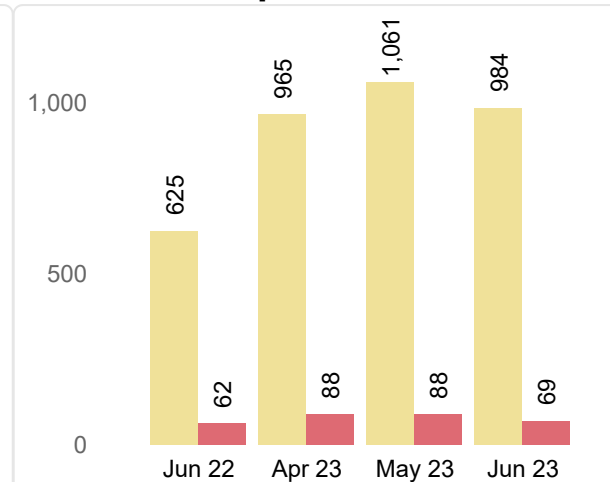
● Care Coordination ● Community Supports ● Complex Cases ● Enhanced Case Management

[^] ECM Metrics since 2022

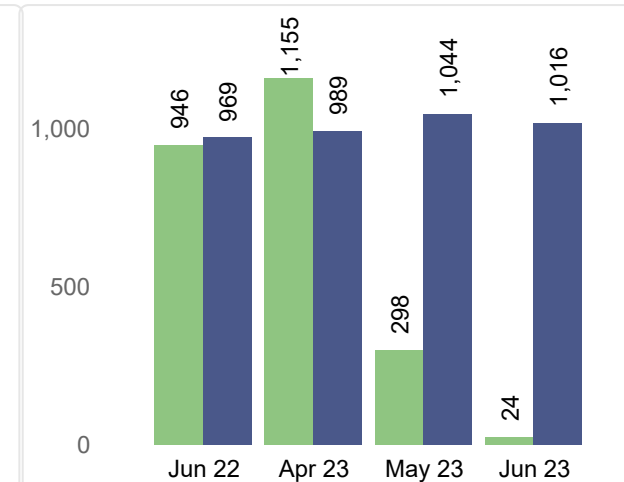
New Cases



Open Cases



Enrolled Cases



Technology (Business Availability)

Applications ▲	Jul 22	May 23	Jun 23	Jul 23
HEALTHsuite System	96.0%	100.0%	98.1%	98.0%
Other Applications	100.0%	98.0%	100.0%	100.0%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	Jul 22	May 23	Jun 23	Jul 23
Denial Rate Excluding Partial Denials (%)	5.0%	3.3%	3.1%	3.0%
Overall Denial Rate (%)	5.4%	3.5%	3.3%	3.3%
Partial Denial Rate (%)	0.4%	0.2%	0.2%	0.3%

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

Pharmacy Authorizations

Authorizations ▲	Jul 22	May 23	Jun 23	Jul 23
Approved Prior Authorizations	19	33	38	22
Closed Prior Authorizations	53	117	95	100
Denied Prior Authorizations	37	50	50	25
Total Prior Authorizations	109	200	183	147



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Finance

Gil Riojas

To: Alameda Alliance for Health, Finance Committee

From: Gil Riojas, Chief Financial Officer

Date: August 8th, 2023

Subject: Finance Report – June 2023 – Pre-Audit Version

Executive Summary

- For the month ended June 30th, 2023, the Alliance had enrollment of 361,685 members, a Net Income of \$1.7 million and 758% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)		
	Month	YTD
Revenue	\$137,899	\$1,442,501
Medical Expense	130,022	1,291,372
Admin. Expense	7,634	72,303
Other Inc. / (Exp.)	1,422	14,390
Net Income	\$1,665	\$93,216

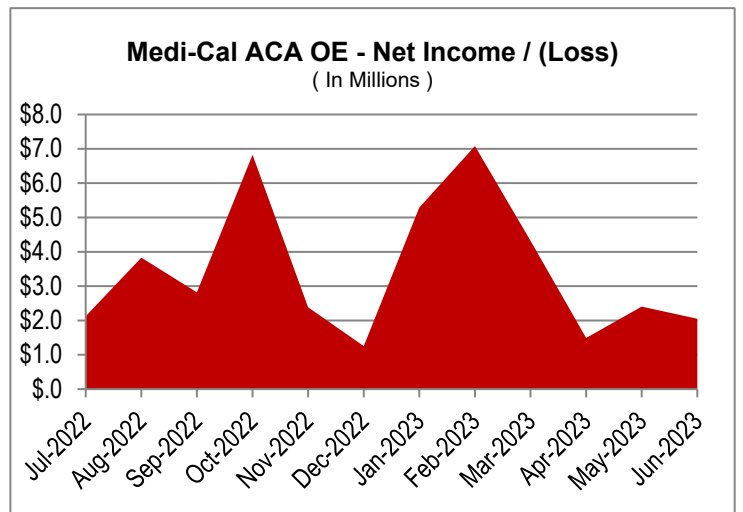
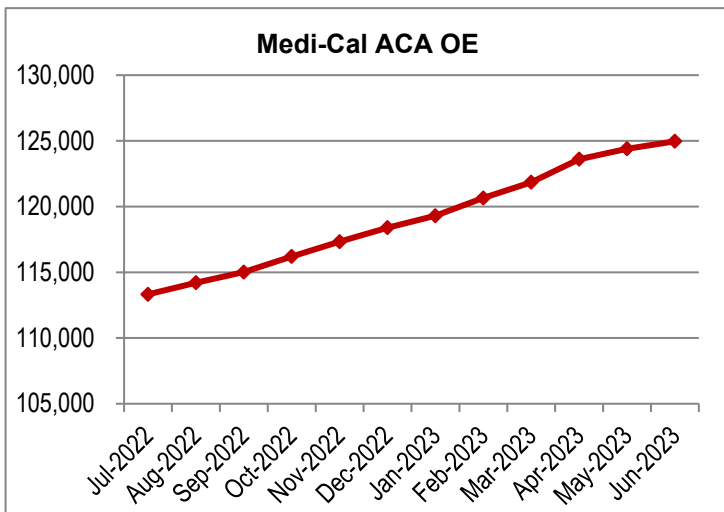
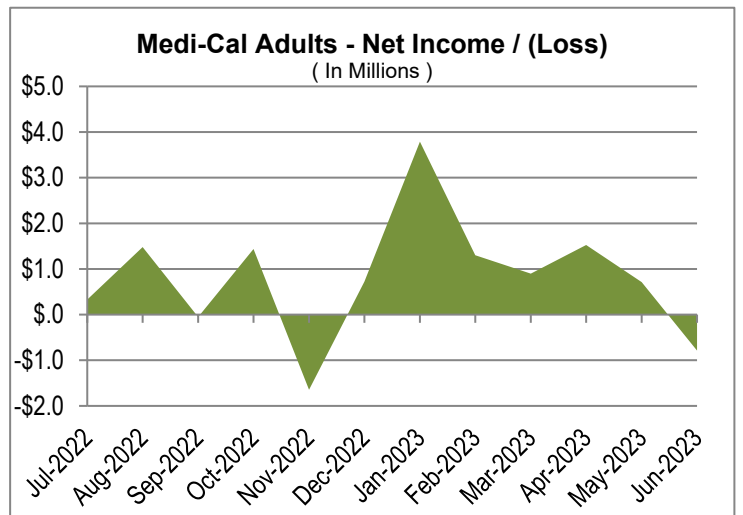
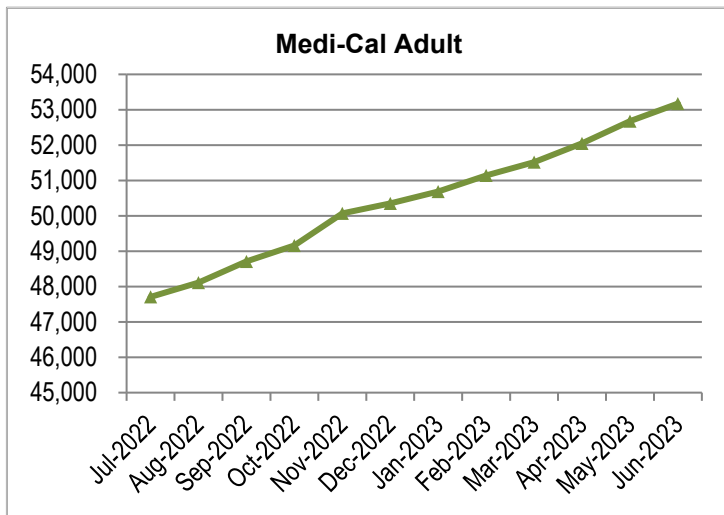
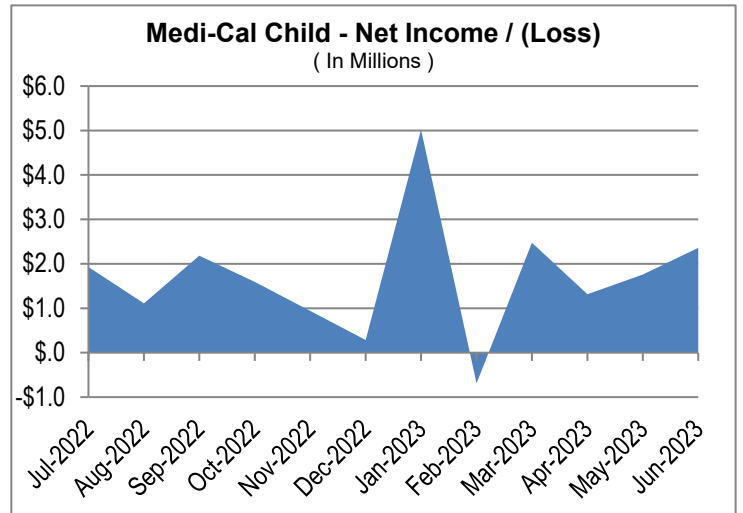
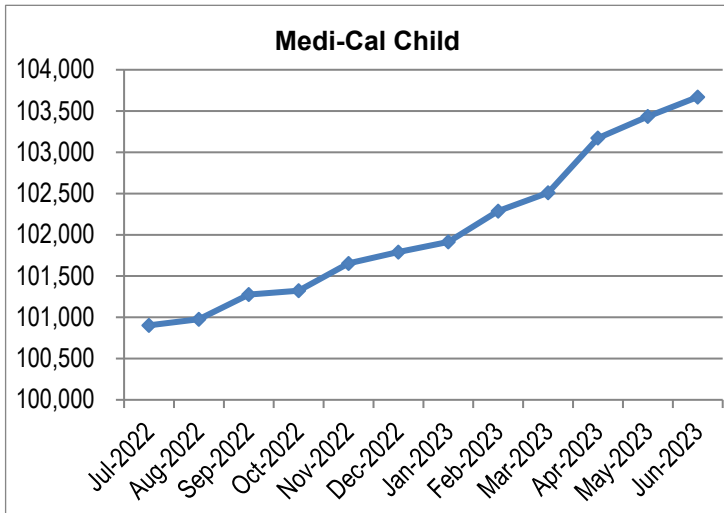
Net Income by Program: (in Thousands)		
	Month	YTD
Medi-Cal	\$1,617	\$90,958
Group Care	48	2,258
	\$1,665	\$93,216

Enrollment

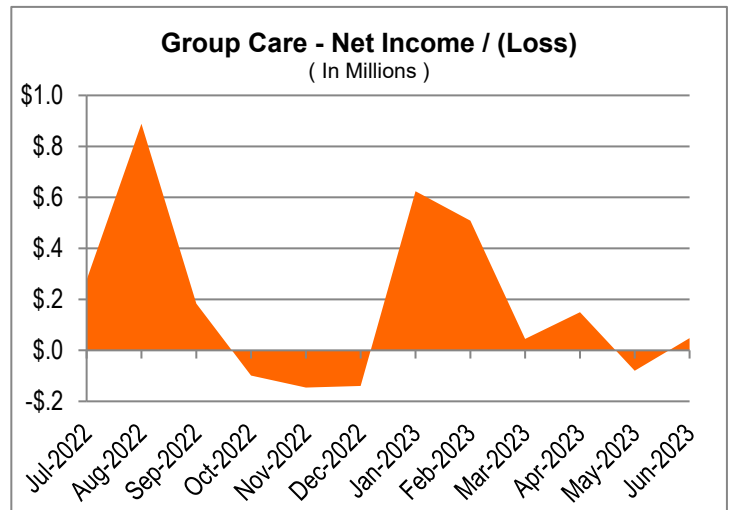
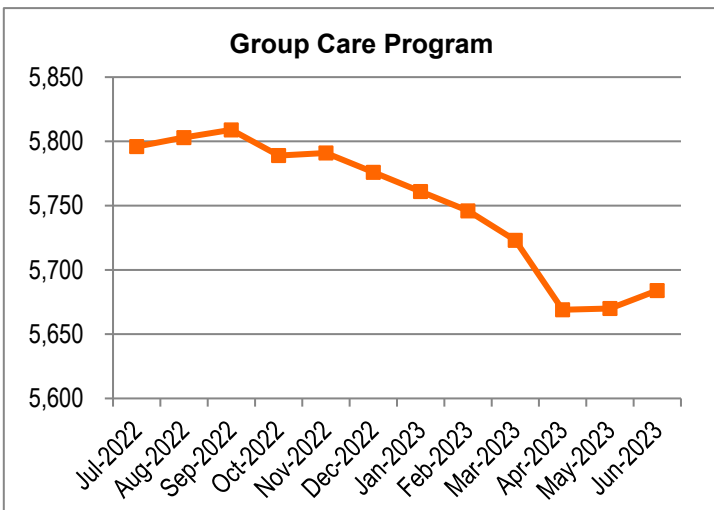
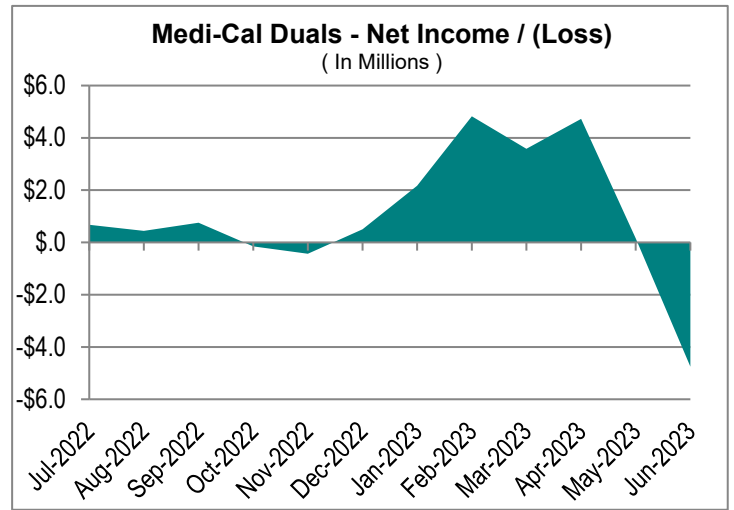
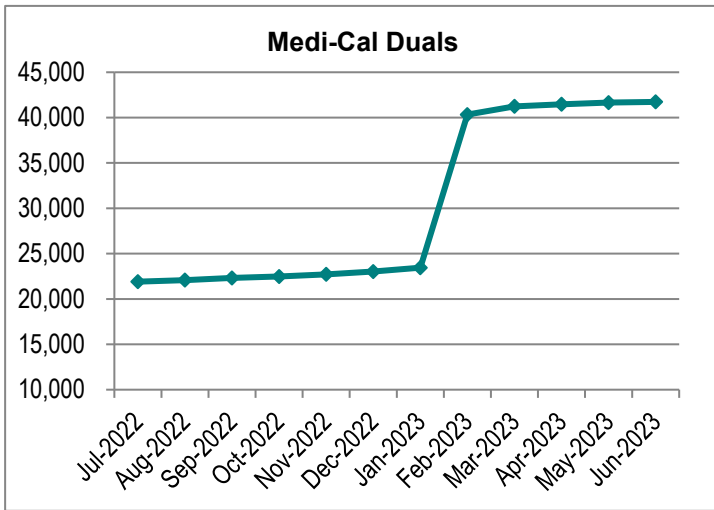
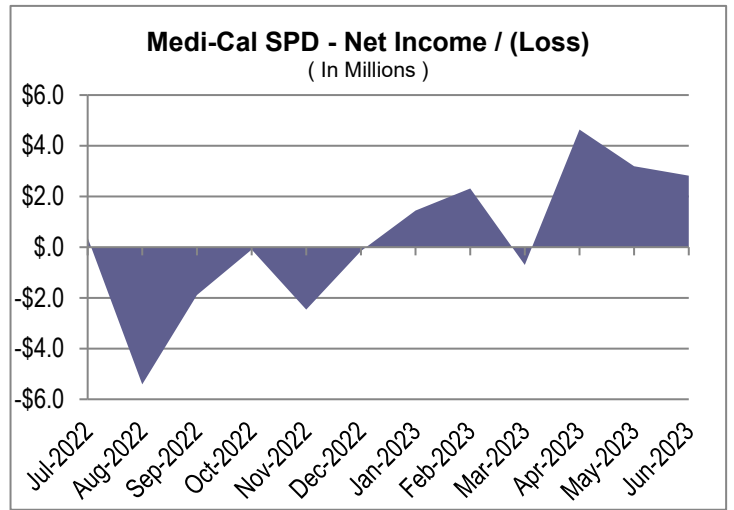
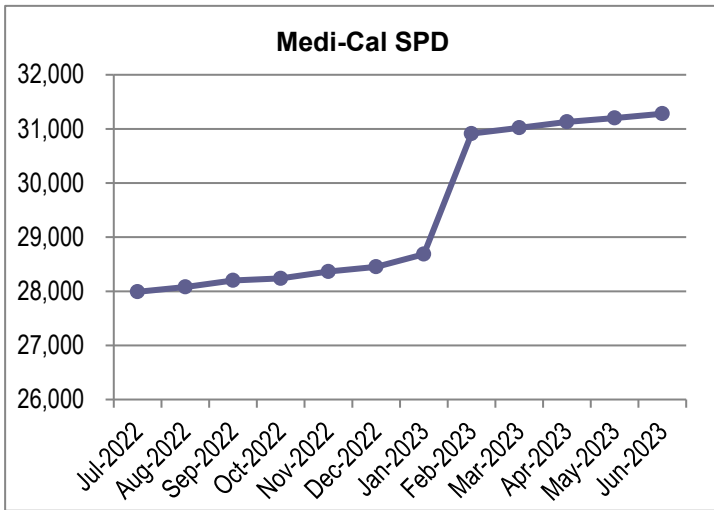
- Total enrollment increased by 1,503 members since May 2023.
- Total enrollment increased by 48,629 members since July 2022.

Monthly Membership and YTD Member Months									
Actual vs. Budget									
For the Month and Fiscal Year-to-Date									
Enrollment					Member Months				
June 2023					Year-to-Date				
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %	
				Medi-Cal:					
53,174	50,320	2,854	5.7%	Adult	605,358	595,426	9,932	1.7%	
103,670	102,209	1,461	1.4%	Child	1,224,912	1,221,723	3,189	0.3%	
31,280	31,911	(631)	-2.0%	SPD	353,553	359,730	(6,177)	-1.7%	
41,731	45,462	(3,731)	-8.2%	Duals	364,408	404,048	(39,640)	-9.8%	
124,967	119,507	5,460	4.6%	ACA OE	1,429,255	1,413,980	15,275	1.1%	
150	153	(3)	-2.0%	LTC	721	918	(197)	-21.5%	
1,029	1,184	(155)	-13.1%	LTC Duals	4,827	7,104	(2,277)	-32.1%	
356,001	350,746	5,255	1.5%	Medi-Cal Total	3,983,034	4,002,929	(19,895)	-0.5%	
5,684	5,789	(105)	-1.8%	Group Care	69,017	69,509	(492)	-0.7%	
361,685	356,535	5,150	1.4%	Total	4,052,051	4,072,438	(20,387)	-0.5%	

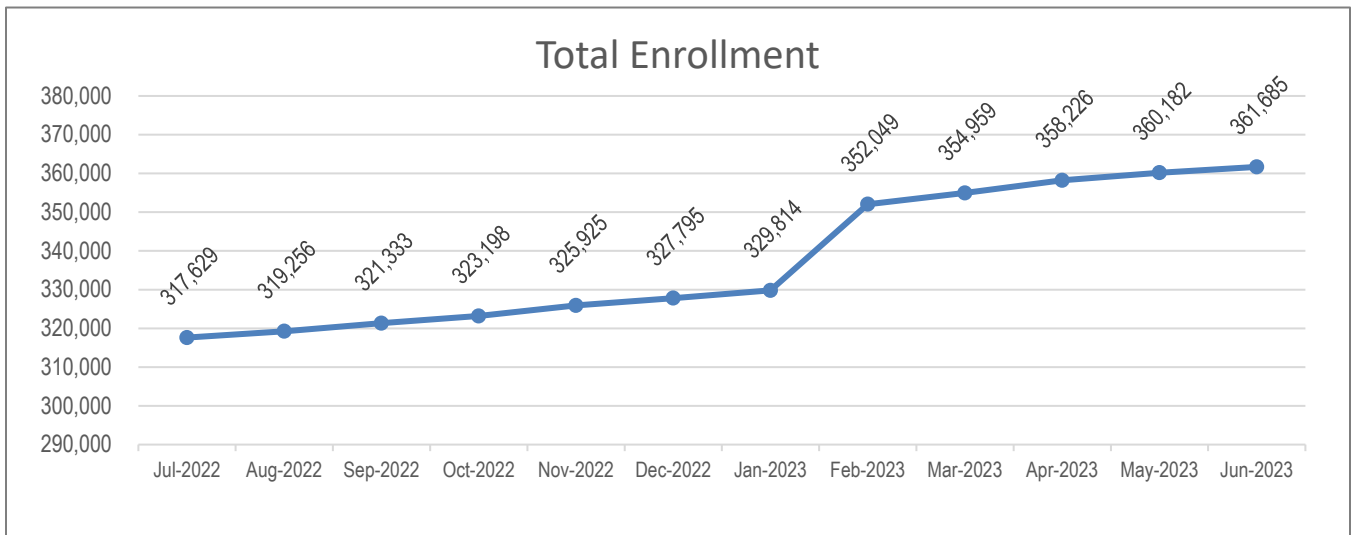
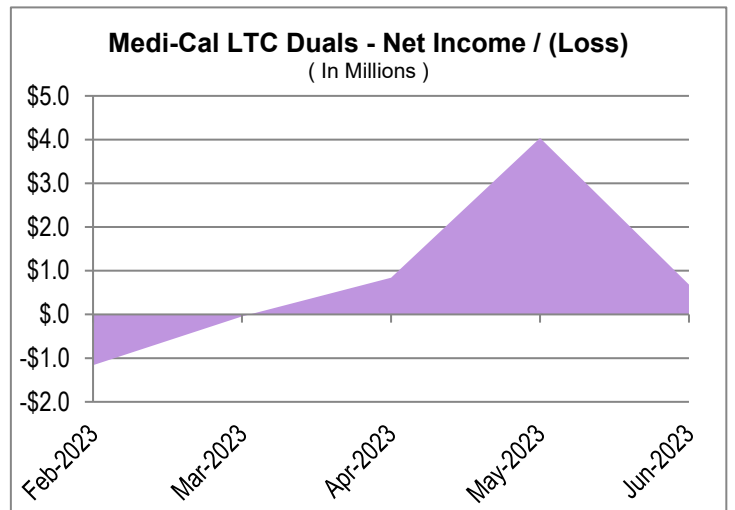
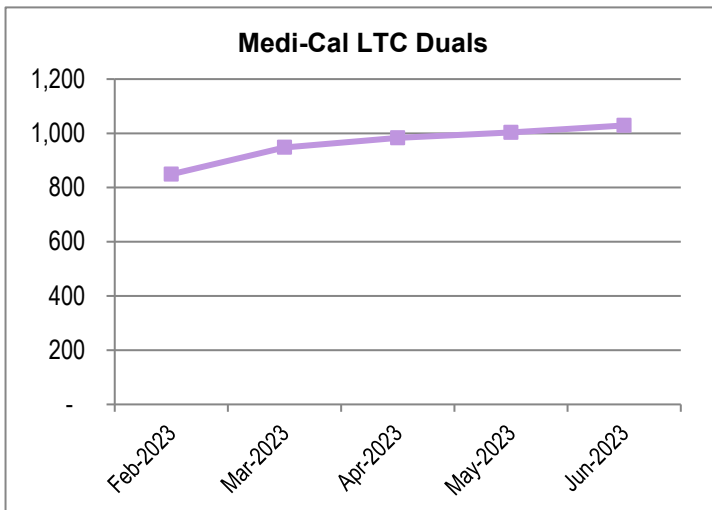
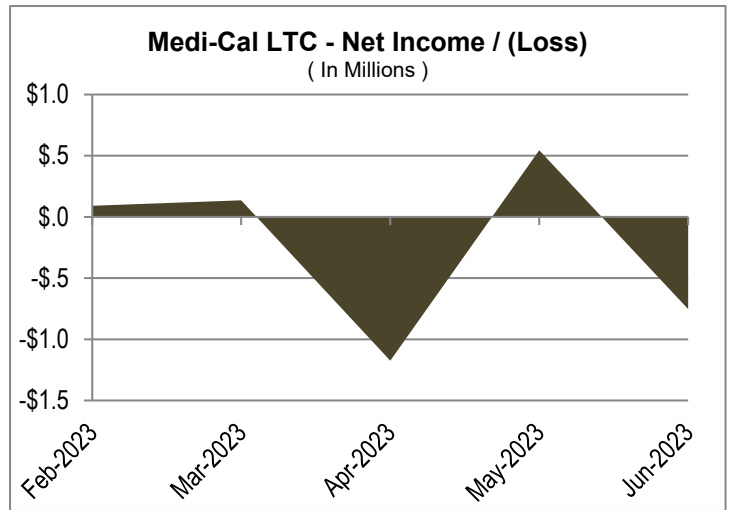
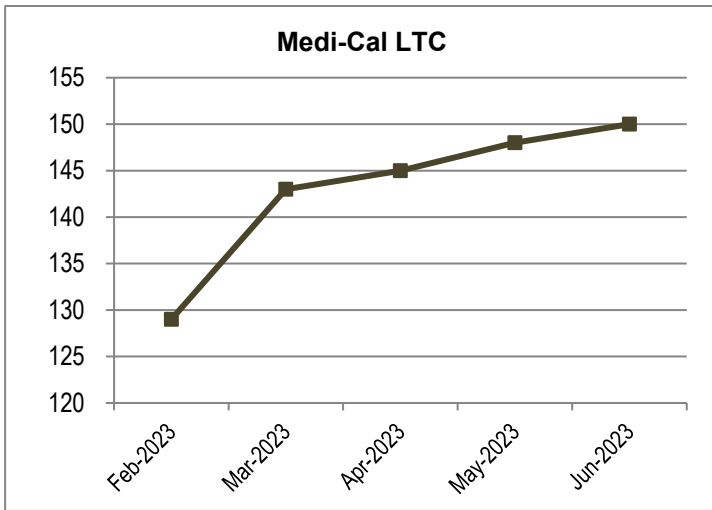
Enrollment and Profitability by Program and Category of Aid

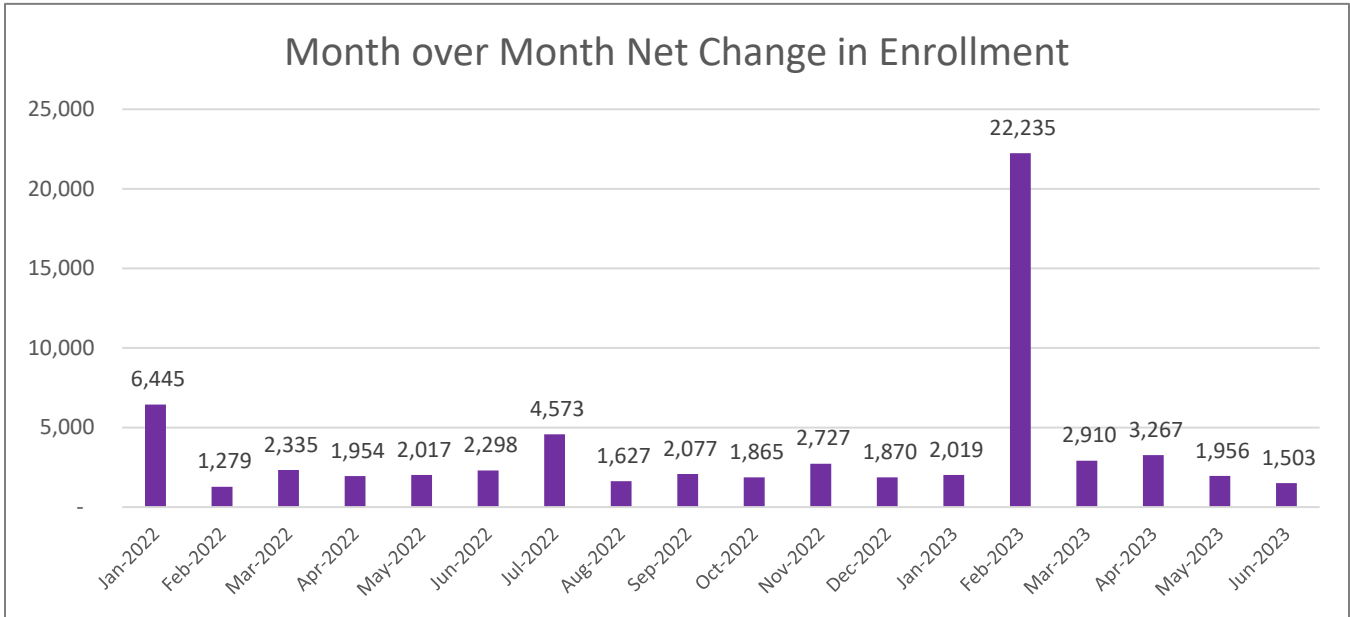


Enrollment and Profitability by Program and Category of Aid



Enrollment and Profitability by Program and Category of Aid

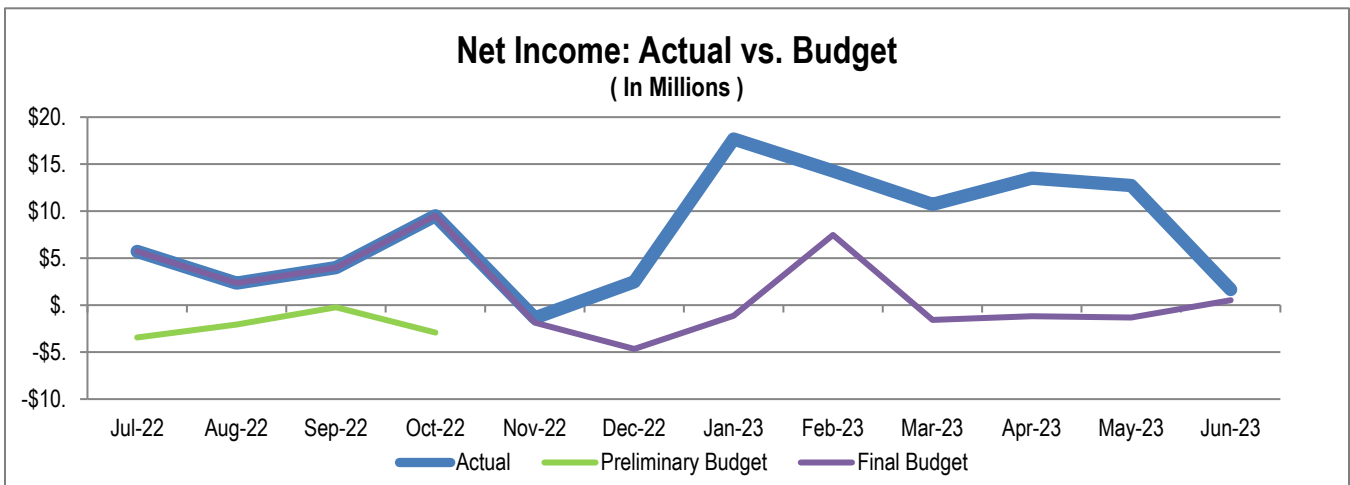




- The Public Health Emergency (PHE) ended May 2023. The Alliance expects disenrollment related to redetermination to restart in July 2023.

Net Income

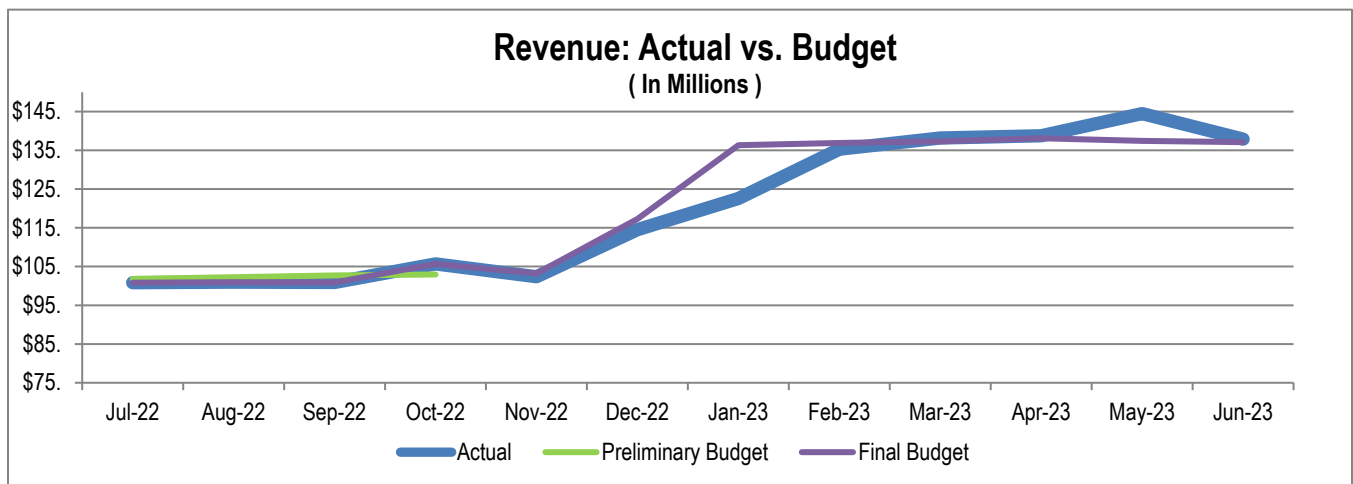
- For the month ended June 30th, 2023
 - Actual Net Income \$1.7 million.
 - Budgeted Net Income \$518,000.
- For the fiscal YTD ended June 30th, 2023
 - Actual Net Income \$93.2 million.
 - Budgeted Net Income \$17.8 million.



- The favorable variance of \$1.1 million in the current month is primarily due to:
 - Favorable \$1.4 million higher than anticipated Total Other Income.
 - Favorable \$770,000 higher than anticipated Revenue.
 - Favorable \$492,000 lower than anticipated Administrative Expense.
 - Unfavorable \$1.5 million higher than anticipated Medical Expense.

Revenue

- For the month ended June 30th, 2023
 - Actual Revenue: \$137.9 million.
 - Budgeted Revenue: \$137.1 million.
- For the fiscal YTD ended June 30th, 2023
 - Actual Revenue: \$1.4 billion.
 - Budgeted Revenue: \$1.5 billion.

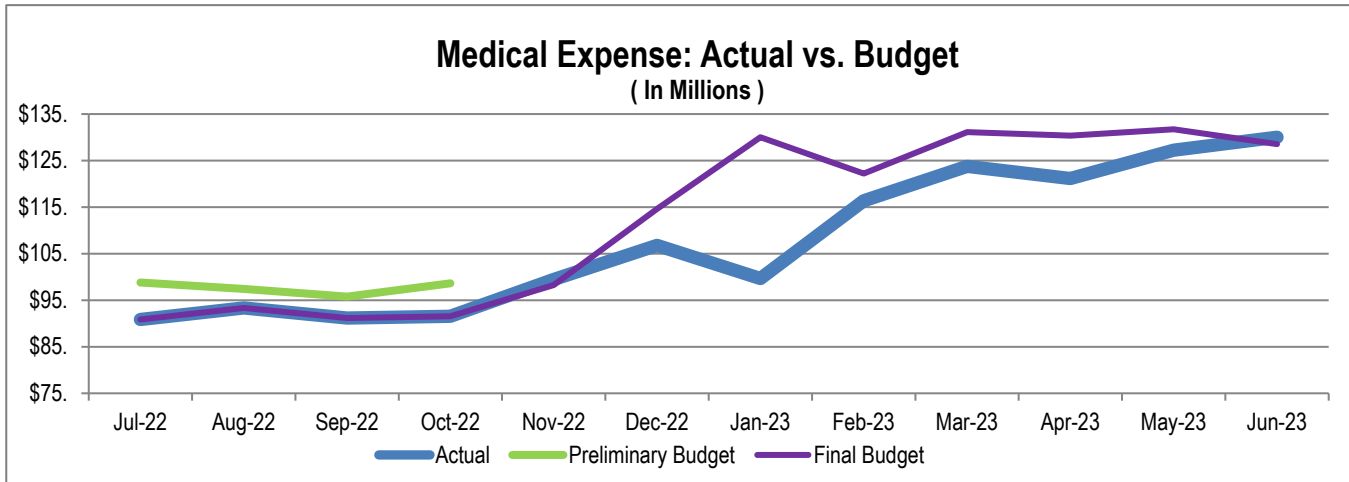


- For the month ended June 30th, 2023, the favorable revenue variance of \$770,000 is primarily due to rates being received from DHCS after the budget was finalized:
 - Favorable \$3.7 million capitation revenue due to higher than budgeted CY 2023 capitation rates for all components of capitation rate except Community Supports.
 - Unfavorable \$1.7 million CalAIM Incentive Program revenue (IPP, HHIP, and SBHIP). The majority of this revenue has corresponding CalAIM Incentive expenses.
 - Unfavorable \$1.4 million Community Supports (CS) rate variance - the CY 2023 rates were received after the Final FY23 Budget was complete; CS rates are much lower than projected.

Medical Expense

- For the month ended June 30th, 2023
 - Actual Medical Expense: \$130.0 million.
 - Budgeted Medical Expense: \$128.5 million.

- For the fiscal YTD ended June 30th, 2023
 - Actual Medical Expense: \$1.3 billion.
 - Budgeted Medical Expense: \$1.4 billion.



- 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 June, updates to Fee-For-Service (FFS) increased the estimate for prior period unpaid Medical Expenses by \$4.3 million. Year to date, the estimate for prior years increased by \$2.9 million (per table below).

Medical Expense - Actual vs. Budget (In Dollars)						
Adjusted to Eliminate the Impact of Prior Period IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		\$	%
Capitated Medical Expense	\$301,174,855	\$0	\$301,174,855	\$312,262,153	\$11,087,297	3.6%
Primary Care FFS	\$46,933,326	\$41,389	\$46,974,714	\$54,492,683	\$7,559,357	13.9%
Specialty Care FFS	\$57,685,070	\$116,415	\$57,801,484	\$63,608,999	\$5,923,930	9.3%
Outpatient FFS	\$94,454,214	\$948,350	\$95,402,564	\$109,245,133	\$14,790,919	13.5%
Ancillary FFS	\$97,638,542	\$821,423	\$98,459,965	\$112,496,990	\$14,858,448	13.2%
Pharmacy FFS	\$93,805,560	\$403,676	\$94,209,236	\$86,677,696	(\$7,127,865)	-8.2%
ER Services FFS	\$59,593,981	\$131,059	\$59,725,040	\$63,515,959	\$3,921,978	6.2%
Long Term Care FFS	\$375,121,038	\$153,439	\$375,274,476	\$391,416,712	\$16,295,674	4.2%
Inpatient Hospital & SNF FFS	\$89,923,383	\$322,688	\$90,246,071	\$100,242,357	\$10,318,974	10.3%
Other Benefits & Services	\$71,867,814	\$0	\$71,867,814	\$58,778,783	(\$13,089,032)	-22.3%
Net Reinsurance	\$235,895	\$0	\$235,895	\$1,014,864	\$778,969	76.8%
	\$1,288,433,677	\$2,938,438	\$1,291,372,115	\$1,353,752,327	\$65,318,650	4.8%

Medical Expense - Actual vs. Budget (Per Member Per Month)						
Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		\$	%
Capitated Medical Expense	\$74.33	\$0.00	\$74.33	\$76.68	\$2.35	3.1%
Primary Care FFS	\$11.58	\$0.01	\$11.59	\$13.38	\$1.80	13.4%
Specialty Care FFS	\$14.24	\$0.03	\$14.26	\$15.62	\$1.38	8.9%
Outpatient FFS	\$23.31	\$0.23	\$23.54	\$26.83	\$3.52	13.1%
Ancillary FFS	\$24.10	\$0.20	\$24.30	\$27.62	\$3.53	12.8%
Pharmacy FFS	\$23.15	\$0.10	\$23.25	\$21.28	(\$1.87)	-8.8%
ER Services FFS	\$14.71	\$0.03	\$14.74	\$15.60	\$0.89	5.7%
Long Term Care FFS	\$92.58	\$0.04	\$92.61	\$96.11	\$3.54	3.7%
Inpatient Hospital & SNF FFS	\$22.19	\$0.08	\$22.27	\$24.61	\$2.42	9.8%
Other Benefits & Services	\$17.74	\$0.00	\$17.74	\$14.43	(\$3.30)	-22.9%
Net Reinsurance	\$0.06	\$0.00	\$0.06	\$0.25	\$0.19	76.6%
	\$317.97	\$0.73	\$318.70	\$332.42	\$14.45	4.3%

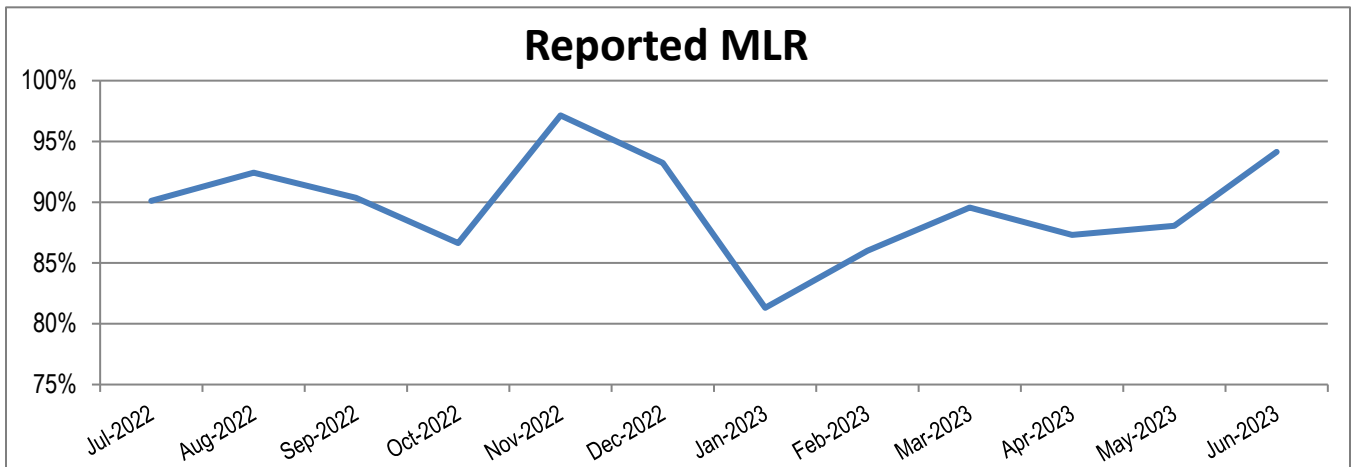
- Excluding the impact of prior year estimates for IBNP, year-to-date medical expense variance is \$65.3 million favorable to budget. On a PMPM basis, medical expense is 4.3% favorable to budget. For per-member-per-month expense:
 - Capitated Expense is slightly under budget, largely because the decision not to assign LTC and LTC Dual members to our global subcontractor was made after the Budget was finalized. This was offset by unfavorable transportation expense, reflecting the delay of that contract's transition to FFS. Also unfavorable were FQHC expense and BHT Supplemental expense.
 - Primary Care Expense is favorable compared to budget across all populations except for Duals, Group Care and LTC, driven generally by favorable unit cost.
 - Specialty Care expenses are below budget, favorable across all populations except for LTC Duals. This is generally driven by utilization except for the SPD and LTC Dual populations which are driven by unit cost.
 - Outpatient Expense is under budget due to the Behavioral Health expense reclass to Ancillary which resulted in favorable utilization across all populations except for LTC, LTC Dual and Group Care which are driven by unfavorable unit cost.
 - Ancillary Expense is under budget across all populations driven by favorable unit cost offset by unfavorable utilization with some of the YTD variance related to non-emergency transportation remaining as a capitated expense in January 2023 instead of moving to fee-for-service.

The Child population is unfavorable due to the reclass of Behavioral Health expense from OP Facility in the actuals.

- Pharmacy Expense is over budget mostly due to unfavorable Non-PBM expense which is mostly 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 Child and Group Care which are driven by unfavorable utilization and the LTC and LTC Dual populations by unfavorable unit cost.
- 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 Child populations which are driven by unfavorable utilization and the LTC and LTC Dual populations which are driven by unfavorable unit cost.
- Other Benefits & Services is over budget, due to unfavorable Cal AIM, Student Behavioral Health Incentive, and Community Relations expense. This is largely offset by favorable revenue.
- 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 94.3% for the month and 89.5% for the fiscal year-to-date.



Administrative Expense

- For the month ended June 30th, 2023
 - Actual Administrative Expense: \$7.6 million.
 - Budgeted Administrative Expense: \$8.1 million.
- For the fiscal YTD ended June 30th, 2023
 - Actual Administrative Expense: \$72.3 million.
 - Budgeted Administrative Expense: \$82.4 million.

Summary of Administrative Expense (In Dollars)								
For the Month and Fiscal Year-to-Date								
Favorable/(Unfavorable)								
Month					Year-to-Date			
Actual	Budget	Variance \$	Variance %		Actual	Budget	Variance \$	Variance %
\$5,040,225	\$5,058,343	\$18,118	0.4%	Employee Expense	\$45,034,041	\$49,407,567	\$4,373,526	8.9%
23,402	54,716	31,313	57.2%	Medical Benefits Admin Expense	3,414,704	3,477,538	62,835	1.8%
875,299	1,357,438	482,139	35.5%	Purchased & Professional Services	10,221,872	13,772,171	3,550,299	25.8%
1,695,430	1,655,939	(39,491)	-2.4%	Other Admin Expense	13,632,602	15,756,571	2,123,968	13.5%
\$7,634,356	\$8,126,436	\$492,079	6.1%	Total Administrative Expense	\$72,303,219	\$82,413,847	\$10,110,628	12.3%

The year-to-date variances include:

- Delayed timing of start dates for Consulting for new projects, Computer Support Services and Purchased Services.
- Delayed hiring of new employees and temporary help.

The Administrative Loss Ratio (ALR) is 5.5% of net revenue for the month and 5.0% of net revenue year-to-date.

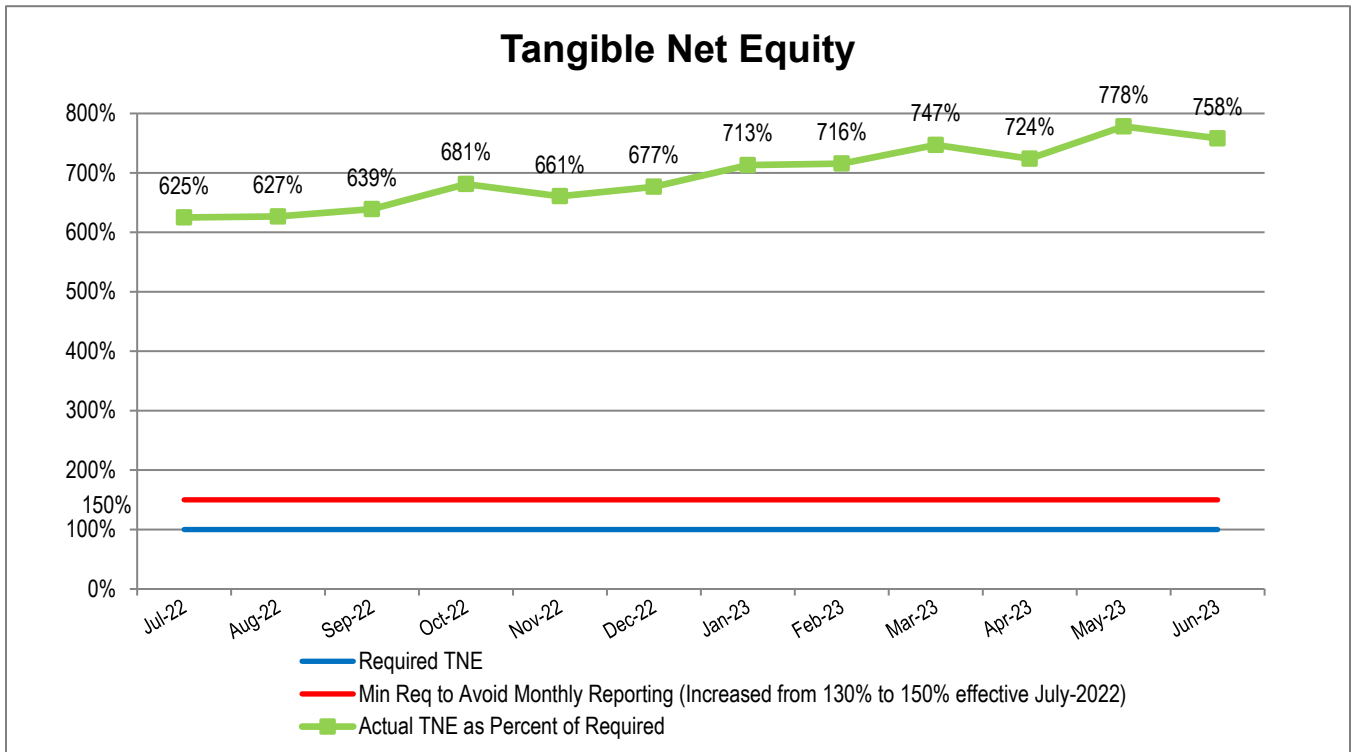
Other Income / (Expense)

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

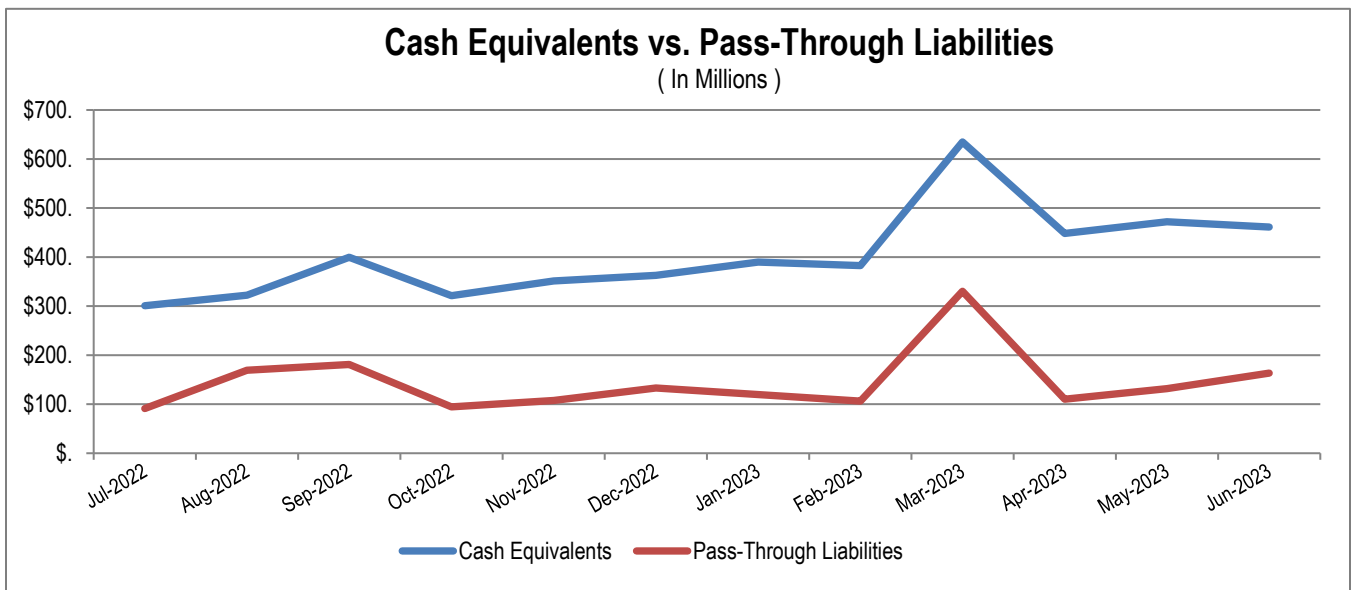
- Fiscal year-to-date net investments show a gain of \$14.8 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is \$405,000.

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 \$42.7 million
 - Actual TNE \$323.8 million
 - Excess TNE \$281.1 million
 - TNE % of Required TNE 758%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments.
- Key Metrics
 - Cash & Cash Equivalents \$461.4 million
 - Pass-Through Liabilities \$163.4 million
 - Uncommitted Cash \$298.0 million
 - Working Capital \$302.5 million
 - Current Ratio 1.75 (regulatory minimum is 1.00)



Capital Investment

- Fiscal year-to-date capital assets acquired: \$339,000
- Annual capital budget: \$1.1 million
- 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.

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED JUNE 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	
MEMBERSHIP									
356,001	350,746	5,255	1.5%	1 - Medi-Cal	3,983,034	4,002,929	(19,895)	(0.5%)	
5,684	5,789	(105)	(1.8%)	2 - GroupCare	69,017	69,509	(492)	(0.7%)	
361,685	356,535	5,150	1.4%	3 - TOTAL MEMBER MONTHS	4,052,051	4,072,438	(20,387)	(0.5%)	
REVENUE									
\$137,899,334	\$137,129,162	\$770,172	0.6%	4 - TOTAL REVENUE	\$1,442,501,304	\$1,452,019,283	(\$9,517,979)	(0.7%)	
MEDICAL EXPENSES									
<u>Capitated Medical Expenses:</u>									
\$27,147,382	\$28,176,410	\$1,029,029	3.7%	5 - Capitated Medical Expense	\$301,174,855	\$312,262,153	\$11,087,297	3.6%	
<u>Fee for Service Medical Expenses:</u>									
\$36,824,236	\$35,180,686	(\$1,643,550)	(4.7%)	6 - Inpatient Hospital FFS Expense	\$375,274,476	\$391,416,712	\$16,142,236	4.1%	
\$5,335,615	\$4,593,726	(\$741,889)	(16.2%)	7 - Primary Care Physician FFS Expense	\$46,974,714	\$54,492,683	\$7,517,968	13.8%	
\$5,348,241	\$5,593,916	\$245,675	4.4%	8 - Specialty Care Physician Expense	\$57,801,484	\$63,608,999	\$5,807,515	9.1%	
\$10,549,538	\$11,237,205	\$687,667	6.1%	9 - Ancillary Medical Expense	\$98,459,965	\$112,496,990	\$14,037,026	12.5%	
\$7,758,654	\$10,002,808	\$2,244,155	22.4%	10 - Outpatient Medical Expense	\$95,402,564	\$109,245,133	\$13,842,569	12.7%	
\$5,042,321	\$5,615,483	\$573,162	10.2%	11 - Emergency Expense	\$59,725,040	\$63,515,959	\$3,790,919	6.0%	
\$10,141,197	\$7,514,427	(\$2,626,770)	(35.0%)	12 - Pharmacy Expense	\$94,209,236	\$86,677,696	(\$7,531,540)	(8.7%)	
\$20,030,889	\$15,659,945	(\$4,370,944)	(27.9%)	13 - Long Term Care FFS Expense	\$90,246,071	\$100,242,357	\$9,996,286	10.0%	
\$101,030,691	\$95,398,196	(\$5,632,494)	(5.9%)	14 - Total Fee for Service Expense	\$918,093,550	\$981,696,528	\$63,602,978	6.5%	
\$2,140,807	\$4,738,364	\$2,597,557	54.8%	15 - Other Benefits & Services	\$71,867,814	\$58,778,783	(\$13,089,032)	(22.3%)	
(\$296,770)	\$220,682	\$517,451	234.5%	16 - Reinsurance Expense	\$235,895	\$1,014,864	\$778,969	76.8%	
\$130,022,110	\$128,533,653	(\$1,488,457)	(1.2%)	17 - TOTAL MEDICAL EXPENSES	\$1,291,372,115	\$1,353,752,328	\$62,380,213	4.6%	
\$7,877,224	\$8,595,509	(\$718,285)	(8.4%)	18 - GROSS MARGIN	\$151,129,189	\$98,266,955	\$52,862,234	53.8%	
ADMINISTRATIVE EXPENSES									
\$5,040,225	\$5,058,343	\$18,118	0.4%	19 - Personnel Expense	\$45,034,041	\$49,407,566	\$4,373,526	8.9%	
\$23,402	\$54,716	\$31,313	57.2%	20 - Benefits Administration Expense	\$3,414,704	\$3,477,538	\$62,834	1.8%	
\$875,299	\$1,357,438	\$482,139	35.5%	21 - Purchased & Professional Services	\$10,221,872	\$13,772,171	\$3,550,299	25.8%	
\$1,695,430	\$1,655,939	(\$39,491)	(2.4%)	22 - Other Administrative Expense	\$13,632,602	\$15,756,571	\$2,123,969	13.5%	
\$7,634,356	\$8,126,436	\$492,079	6.1%	23 - TOTAL ADMINISTRATIVE EXPENSE	\$72,303,219	\$82,413,847	\$10,110,628	12.3%	
\$242,868	\$469,073	(\$226,205)	(48.2%)	24 - NET OPERATING INCOME / (LOSS)	\$78,825,970	\$15,853,109	\$62,972,862	397.2%	
OTHER INCOME / EXPENSE									
\$1,421,835	\$48,750	\$1,373,085	2,816.6%	25 - TOTAL OTHER INCOME / (EXPENSE)	\$14,390,272	\$1,962,630	\$12,427,643	633.2%	
\$1,664,703	\$517,823	\$1,146,880	221.5%	26 - NET INCOME / (LOSS)	\$93,216,243	\$17,815,738	\$75,400,504	423.2%	
5.5%	5.9%	0.4%	6.8%	27 - Admin Exp % of Revenue	5.0%	5.7%	0.7%	12.3%	

**ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED June 30, 2023**

	June	May	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	\$35,220,850	\$78,639,670	(\$43,418,821)	-55.21%
Short-Term Investments	426,164,565	393,346,863	32,817,702	8.34%
Interest Receivable	714,576	646,886	67,690	10.46%
Other Receivables - Net	231,049,006	186,143,827	44,905,178	24.12%
Prepaid Expenses	4,863,539	4,943,321	(79,782)	-1.61%
Prepaid Inventoried Items	37,180	75,960	(38,780)	-51.05%
CalPERS Net Pension Asset	(5,286,448)	6,930,703	(12,217,151)	-176.28%
Deferred CalPERS Outflow	13,762,781	3,802,239	9,960,542	261.97%
TOTAL CURRENT ASSETS	\$706,526,048	\$674,529,469	\$31,996,578	4.74%
OTHER ASSETS:				
Long-Term Investments	11,560,537	18,624,509	(7,063,973)	-37.93%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,440,685	1,503,323	(62,638)	-4.17%
Lease Asset - Office Equipment (Net)	195,212	199,509	(4,296)	-2.15%
SBITA Asset-GASB 96 (Net)	5,324,757	0	5,324,757	0.00%
TOTAL OTHER ASSETS	\$18,871,191	\$20,677,341	(\$1,806,151)	-8.73%
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,113,570	10,113,570	0	0.00%
Furniture And Equipment	11,855,077	11,855,077	0	0.00%
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	37,695,096	37,695,096	0	0.00%
Less: Accumulated Depreciation	(32,477,125)	(32,424,154)	(52,970)	0.16%
NET PROPERTY AND EQUIPMENT	\$5,217,971	\$5,270,942	(\$52,970)	-1.00%
TOTAL ASSETS	\$730,615,210	\$700,477,752	\$30,137,457	4.30%
CURRENT LIABILITIES:				
Accounts Payable	1,148,924	25,520	1,123,404	4,402.05%
Other Accrued Expenses	16,977,105	15,127,657	1,849,448	12.23%
Interest Payable	70,759	8,156	62,603	767.55%
Pass-Through Liabilities	163,381,626	131,868,062	31,513,564	23.90%
Claims Payable	38,554,794	58,205,840	(19,651,046)	-33.76%
IBNP Reserves	164,504,403	151,603,016	12,901,387	8.51%
Payroll Liabilities	5,929,887	7,160,182	(1,230,295)	-17.18%
CalPERS Deferred Inflow	5,004,985	6,781,898	(1,776,913)	-26.20%
Risk Sharing	5,607,183	5,619,919	(12,736)	-0.23%
ST Lease Liability - Office Space	818,032	811,850	6,182	0.76%
ST Lease Liability - Office Equipment	2,003,247	50,568	1,952,679	3,861.49%
TOTAL CURRENT LIABILITIES	\$404,000,944	\$377,262,667	\$26,738,277	7.09%
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	809,804	881,846	(72,041)	-8.17%
LT Lease Liability - Office Equipment	153,090	157,399	(4,309)	-2.74%
SBITA LT Liability -GASB 96	1,810,828	0	1,810,828	0.00%
TOTAL LONG TERM LIABILITIES	\$2,773,722	\$1,039,245	\$1,734,477	166.90%
TOTAL LIABILITIES	\$406,774,666	\$378,301,911	\$28,472,754	7.53%
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)	93,216,243	91,551,539	1,664,703	1.82%
TOTAL NET WORTH	\$323,840,544	\$322,175,841	\$1,664,703	0.52%
TOTAL LIABILITIES AND NET WORTH	\$730,615,210	\$700,477,752	\$30,137,457	4.30%

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 6/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	\$2,598,954	\$7,754,959	\$15,695,424	\$31,593,672
Total	<u>2,598,954</u>	<u>7,754,959</u>	<u>15,695,424</u>	<u>31,593,672</u>
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	135,297,716	413,388,768	801,534,374	1,410,904,438
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(44,929,969)	(60,986,657)	(72,798,332)	(30,534,217)
Total	<u>90,367,747</u>	<u>352,402,111</u>	<u>728,736,042</u>	<u>1,380,370,221</u>
Investment & Other Income Cash Flows				
Other Revenue (Grants)	43,277	59,777	87,613	53,997
Investment Income	1,609,157	5,521,924	10,950,701	15,036,826
Interest Receivable	(67,690)	(221,061)	(401,704)	(436,139)
Total	<u>1,584,744</u>	<u>5,360,640</u>	<u>10,636,610</u>	<u>14,654,684</u>
Medical & Hospital Cash Flows				
Total Medical Expenses	(130,022,109)	(378,402,796)	(718,226,947)	(1,291,372,121)
Other Receivable	24,789	258,785	388,203	(153,279)
Claims Payable	(19,651,045)	(250,430)	7,321,810	18,966,072
IBNP Payable	12,901,387	12,907,598	37,181,632	51,400,029
Risk Share Payable	(12,736)	(12,736)	15,243	(1,767,749)
Health Program	0	(127,540)	(152,718)	(226,672)
Other Liabilities	0	(1)	(1)	0
Total	<u>(136,759,714)</u>	<u>(365,627,120)</u>	<u>(673,472,778)</u>	<u>(1,223,153,720)</u>
Administrative Cash Flows				
Total Administrative Expenses	(7,862,290)	(20,427,318)	(39,489,598)	(73,000,575)
Prepaid Expenses	2,375,171	2,881,426	2,156,057	2,703,085
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	1,479,691	1,893,362	4,138,601	3,719,666
Other Accrued Liabilities	62,603	61,958	61,002	58,242
Payroll Liabilities	(3,007,208)	(2,497,927)	(1,120,773)	(554,461)
Net Lease Assets/Liabilities (Short term & Long term)	(1,564,484)	(1,565,315)	(1,564,164)	(1,559,592)
Depreciation Expense	52,971	184,830	384,125	794,106
Total	<u>(8,463,546)</u>	<u>(19,468,984)</u>	<u>(35,434,750)</u>	<u>(67,839,529)</u>
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	<u>(50,671,815)</u>	<u>(19,578,394)</u>	<u>46,160,548</u>	<u>135,625,328</u>

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

FOR THE MONTH AND FISCAL YTD ENDED **6/30/2023**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	7,063,973	11,698,648	20,705,314	23,508,313
	<u>7,063,973</u>	<u>11,698,648</u>	<u>20,705,314</u>	<u>23,508,313</u>
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	33,006,726	(165,425,487)	31,838,019	(4,819,736)
Restricted Cash	0	0	0	0
	<u>33,006,726</u>	<u>(165,425,487)</u>	<u>31,838,019</u>	<u>(4,819,736)</u>
Fixed Asset Cash Flows				
Depreciation expense	52,971	184,830	384,125	794,106
Fixed Asset Acquisitions	0	(114,070)	(130,991)	(338,846)
Change in A/D	(52,971)	(184,830)	(384,125)	(794,106)
	<u>0</u>	<u>(114,070)</u>	<u>(130,991)</u>	<u>(338,846)</u>
Total Cash Flows from Investing Activities	40,070,699	(153,840,909)	52,412,342	18,349,731
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	(10,601,116)	(173,419,303)	98,572,890	153,975,059
Rounding	(3)	(1)	0	4
Cash @ Beginning of Period	471,986,534	634,804,719	362,812,525	307,410,352
Cash @ End of Period	\$461,385,415	\$461,385,415	\$461,385,415	\$461,385,415
Difference (rounding)	0	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 6/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	\$1,664,703	\$27,895,314	\$70,551,566	\$93,216,242
Add back: Depreciation	52,971	184,830	384,125	794,106
Receivables				
Premiums Receivable	(44,929,969)	(60,986,657)	(72,798,332)	(30,534,217)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(67,690)	(221,061)	(401,704)	(436,139)
Other Receivable	24,789	258,785	388,203	(153,279)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	<u>(44,972,870)</u>	<u>(60,948,933)</u>	<u>(72,811,833)</u>	<u>(31,123,635)</u>
Prepaid Expenses	2,375,171	2,881,426	2,156,057	2,703,085
Trade Payables	1,479,691	1,893,362	4,138,601	3,719,666
Claims Payable, IBNR & Risk Share				
IBNP	12,901,387	12,907,598	37,181,632	51,400,029
Claims Payable	(19,651,045)	(250,430)	7,321,810	18,966,072
Risk Share Payable	(12,736)	(12,736)	15,243	(1,767,749)
Other Liabilities	0	(1)	(1)	0
Total	<u>(6,762,394)</u>	<u>12,644,431</u>	<u>44,518,684</u>	<u>68,598,352</u>
Unearned Revenue				
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Liabilities				
Accrued Expenses	62,603	61,958	61,002	58,242
Payroll Liabilities	(3,007,208)	(2,497,927)	(1,120,773)	(554,461)
Net Lease Assets/Liabilities (Short term & Long term)	(1,564,484)	(1,565,315)	(1,564,164)	(1,559,592)
Health Program	0	(127,540)	(152,718)	(226,672)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	<u>(4,509,089)</u>	<u>(4,128,824)</u>	<u>(2,776,653)</u>	<u>(2,282,483)</u>
Cash Flows from Operating Activities	<u>(\$50,671,817)</u>	<u>(\$19,578,394)</u>	<u>\$46,160,547</u>	<u>\$135,625,333</u>
Difference (rounding)	(2)	0	(1)	5

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED**

6/30/2023

	<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	\$90,367,747	\$352,402,111	\$728,736,042	\$1,380,370,221
Commercial Premium Revenue	2,598,954	7,754,959	15,695,424	31,593,672
Other Income	43,277	59,777	87,613	53,997
Investment Income	1,541,467	5,300,863	10,548,997	14,600,687
Cash Paid To:				
Medical Expenses	(136,759,714)	(365,627,120)	(673,472,778)	(1,223,153,720)
Vendor & Employee Expenses	(8,463,546)	(19,468,984)	(35,434,750)	(67,839,529)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	<u>(50,671,815)</u>	<u>(19,578,394)</u>	<u>46,160,548</u>	<u>135,625,328</u>
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	0	(114,070)	(130,991)	(338,846)
Net Cash Provided By (Used In) Financing Activities	<u>0</u>	<u>(114,070)</u>	<u>(130,991)</u>	<u>(338,846)</u>
Cash Flows from Investing Activities:				
Changes in Investments	7,063,973	11,698,648	20,705,314	23,508,313
Restricted Cash	<u>33,006,726</u>	<u>(165,425,487)</u>	<u>31,838,019</u>	<u>(4,819,736)</u>
Net Cash Provided By (Used In) Investing Activities	<u>40,070,699</u>	<u>(153,726,839)</u>	<u>52,543,333</u>	<u>18,688,577</u>
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	(10,601,116)	(173,419,303)	98,572,890	153,975,059
Cash @ Beginning of Period	471,986,534	634,804,719	362,812,525	307,410,352
Subtotal	<u>\$461,385,418</u>	<u>\$461,385,416</u>	<u>\$461,385,415</u>	<u>\$461,385,411</u>
Rounding	(3)	(1)	0	4
Cash @ End of Period	\$461,385,415	\$461,385,415	\$461,385,415	\$461,385,415
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	\$1,664,703	\$27,895,314	\$70,551,566	\$93,216,242
Depreciation	52,971	184,830	384,125	794,106
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(44,972,870)	(60,948,933)	(72,811,833)	(31,123,635)
Prepaid Expenses	2,375,171	2,881,426	2,156,057	2,703,085
Trade Payables	1,479,691	1,893,362	4,138,601	3,719,666
Claims payable & IBNP	(6,762,394)	12,644,431	44,518,684	68,598,352
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(4,509,089)	(4,128,824)	(2,776,653)	(2,282,483)
Subtotal	<u>(50,671,817)</u>	<u>(19,578,394)</u>	<u>46,160,547</u>	<u>135,625,333</u>
Rounding	2	0	1	(5)
Cash Flows from Operating Activities	<u>(50,671,815)</u>	<u>(19,578,394)</u>	<u>\$46,160,548</u>	<u>\$135,625,328</u>
Rounding Difference	2	0	1	(5)

**ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID**

**GAAP BASIS
FOR THE MONTH OF JUNE 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	103,670	53,174	31,280	124,967	41,731	150	1,029	356,001	5,684	361,685
Net Revenue	\$13,330,818	\$17,380,888	\$35,750,854	\$46,832,572	\$12,117,097	\$1,485,815	\$8,399,775	\$135,297,820	\$2,601,514	\$137,899,334
Medical Expense	\$10,602,947	\$17,450,798	\$31,030,744	\$42,873,925	\$16,225,399	\$2,160,174	\$7,248,100	\$127,592,087	\$2,430,023	\$130,022,110
Gross Margin	\$2,727,872	-\$69,909	\$4,720,110	\$3,958,647	-\$4,108,302	-\$674,359	\$1,151,675	\$7,705,733	\$171,491	\$7,877,224
Administrative Expense	\$447,128	\$881,652	\$2,351,366	\$2,341,832	\$779,436	\$99,057	\$581,140	\$7,481,611	\$152,745	\$7,634,356
Operating Income / (Expense)	\$2,280,744	-\$951,561	\$2,368,744	\$1,616,815	-\$4,887,738	-\$773,415	\$570,534	\$224,122	\$18,745	\$242,868
Other Income / (Expense)	\$79,451	\$164,317	\$448,085	\$433,520	\$135,117	\$19,242	\$113,191	\$1,392,922	\$28,914	\$1,421,835
Net Income / (Loss)	\$2,360,195	-\$787,245	\$2,816,829	\$2,050,335	-\$4,752,621	-\$754,174	\$683,725	\$1,617,044	\$47,659	\$1,664,703
PMPM Metrics:										
Revenue PMPM	\$128.59	\$326.87	\$1,142.93	\$374.76	\$290.36	\$9,905.43	\$8,163.05	\$380.05	\$457.69	\$381.27
Medical Expense PMPM	\$102.28	\$328.18	\$992.03	\$343.08	\$388.81	\$14,401.16	\$7,043.83	\$358.40	\$427.52	\$359.49
Gross Margin PMPM	\$26.31	-\$1.31	\$150.90	\$31.68	-\$98.45	-\$4,495.73	\$1,119.22	\$21.65	\$30.17	\$21.78
Administrative Expense PMPM	\$4.31	\$16.58	\$75.17	\$18.74	\$18.68	\$660.38	\$564.76	\$21.02	\$26.87	\$21.11
Operating Income / (Expense) PMPM	\$22.00	-\$17.90	\$75.73	\$12.94	-\$117.12	-\$5,156.10	\$554.46	\$0.63	\$3.30	\$0.67
Other Income / (Expense) PMPM	\$0.77	\$3.09	\$14.32	\$3.47	\$3.24	\$128.28	\$110.00	\$3.91	\$5.09	\$3.93
Net Income / (Loss) PMPM	\$22.77	-\$14.81	\$90.05	\$16.41	-\$113.89	-\$5,027.82	\$664.46	\$4.54	\$8.38	\$4.60
Ratio:										
Medical Loss Ratio	79.5%	100.4%	86.8%	91.5%	133.9%	145.4%	86.3%	94.3%	93.4%	94.3%
Gross Margin Ratio	20.5%	-0.4%	13.2%	8.5%	-33.9%	-45.4%	13.7%	5.7%	6.6%	5.7%
Administrative Expense Ratio	3.4%	5.1%	6.6%	5.0%	6.4%	6.7%	6.9%	5.5%	5.9%	5.5%
Net Income Ratio	17.7%	-4.5%	7.9%	4.4%	-39.2%	-50.8%	8.1%	1.2%	1.8%	1.2%

**ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID**

**GAAP BASIS
FOR THE FISCAL YEAR TO DATE JUNE 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	1,224,912	605,358	353,553	1,429,255	364,408	721	4,827	3,983,034	69,017	4,052,051
Net Revenue	\$163,188,823	\$192,430,588	\$381,567,175	\$531,682,690	\$94,401,810	\$7,379,107	\$40,254,878	\$1,410,905,072	\$31,596,232	\$1,442,501,304
Medical Expense	\$138,527,812	\$175,387,149	\$359,536,754	\$469,700,937	\$78,016,640	\$8,524,092	\$34,202,579	\$1,263,895,963	\$27,476,151	\$1,291,372,115
Gross Margin	\$24,661,011	\$17,043,440	\$22,030,420	\$61,981,753	\$16,385,170	-\$1,144,985	\$6,052,300	\$147,009,108	\$4,120,081	\$151,129,189
Administrative Expense	\$5,216,819	\$9,080,613	\$22,556,552	\$24,871,039	\$5,054,585	\$486,697	\$2,855,394	\$70,121,700	\$2,181,519	\$72,303,219
Operating Income / (Expense)	\$19,444,192	\$7,962,827	-\$526,132	\$37,110,714	\$11,330,584	-\$1,631,682	\$3,196,905	\$76,887,408	\$1,938,562	\$78,825,970
Other Income / (Expense)	\$834,589	\$1,743,534	\$4,596,207	\$4,762,262	\$1,159,543	\$141,671	\$832,929	\$14,070,734	\$319,538	\$14,390,272
Net Income / (Loss)	\$20,278,780	\$9,706,360	\$4,070,075	\$41,872,975	\$12,490,128	-\$1,490,011	\$4,029,834	\$90,958,143	\$2,258,100	\$93,216,243
PMPM Metrics:										
Revenue PMPM	\$133.22	\$317.88	\$1,079.24	\$372.00	\$259.06	\$10,234.55	\$8,339.52	\$354.23	\$457.80	\$355.99
Medical Expense PMPM	\$113.09	\$289.72	\$1,016.92	\$328.63	\$214.09	\$11,822.60	\$7,085.68	\$317.32	\$398.11	\$318.70
Gross Margin PMPM	\$20.13	\$28.15	\$62.31	\$43.37	\$44.96	-\$1,588.05	\$1,253.84	\$36.91	\$59.70	\$37.30
Administrative Expense PMPM	\$4.26	\$15.00	\$63.80	\$17.40	\$13.87	\$675.03	\$591.55	\$17.61	\$31.61	\$17.84
Operating Income / (Expense) PMPM	\$15.87	\$13.15	-\$1.49	\$25.97	\$31.09	-\$2,263.08	\$662.30	\$19.30	\$28.09	\$19.45
Other Income / (Expense) PMPM	\$0.68	\$2.88	\$13.00	\$3.33	\$3.18	\$196.49	\$172.56	\$3.53	\$4.63	\$3.55
Net Income / (Loss) PMPM	\$16.56	\$16.03	\$11.51	\$29.30	\$34.28	-\$2,066.59	\$834.85	\$22.84	\$32.72	\$23.00
Ratio:										
Medical Loss Ratio	84.9%	91.1%	94.2%	88.3%	82.6%	115.5%	85.0%	89.6%	87.0%	89.5%
Gross Margin Ratio	15.1%	8.9%	5.8%	11.7%	17.4%	-15.5%	15.0%	10.4%	13.0%	10.5%
Administrative Expense Ratio	3.2%	4.7%	5.9%	4.7%	5.4%	6.6%	7.1%	5.0%	6.9%	5.0%
Net Income Ratio	12.4%	5.0%	1.1%	7.9%	13.2%	-20.2%	10.0%	6.4%	7.1%	6.5%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED June 30, 2023

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$5,040,225	\$5,058,343	\$18,118	0.4%	Personnel Expenses	\$45,034,041	\$49,407,566	\$4,373,526	8.9%
23,402	54,716	31,313	57.2%	Benefits Administration Expense	3,414,704	3,477,538	62,834	1.8%
875,299	1,357,438	482,139	35.5%	Purchased & Professional Services	10,221,872	13,772,171	3,550,299	25.8%
2,365,341	290,759	(2,074,582)	(713.5%)	Occupancy	5,184,309	3,318,773	(1,865,536)	(56.2%)
1,198,714	167,156	(1,031,558)	(617.1%)	Printing Postage & Promotion	3,630,213	2,196,098	(1,434,115)	(65.3%)
(1,903,862)	1,162,157	3,066,019	263.8%	Licenses Insurance & Fees	4,639,572	9,890,768	5,251,196	53.1%
35,238	35,867	629	1.8%	Supplies & Other Expenses	178,509	350,932	172,423	49.1%
<u>\$2,594,131</u>	<u>\$3,068,093</u>	<u>\$473,962</u>	<u>15.4%</u>	Total Other Administrative Expense	<u>\$27,269,178</u>	<u>\$33,006,281</u>	<u>\$5,737,102</u>	<u>17.4%</u>
<u>\$7,634,356</u>	<u>\$8,126,436</u>	<u>\$492,079</u>	<u>6.1%</u>	Total Administrative Expenses	<u>\$72,303,219</u>	<u>\$82,413,847</u>	<u>\$10,110,628</u>	<u>12.3%</u>

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED June 30, 2023

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,910,745	2,631,424	(279,321)	(10.6%)	Salaries & Wages	29,777,271	29,393,380	(383,891)	(1.3%)
455,245	302,006	(153,238)	(50.7%)	Paid Time Off	3,040,374	3,376,725	336,351	10.0%
200	504,539	504,339	100.0%	Incentives	19,703	538,691	518,988	96.3%
0	23,077	23,077	100.0%	Severance Pay	0	196,154	196,154	100.0%
50,854	42,572	(8,282)	(19.5%)	Payroll Taxes	566,177	583,174	16,997	2.9%
44,345	20,267	(24,078)	(118.8%)	Overtime	347,825	261,118	(86,707)	(33.2%)
704,491	221,474	(483,017)	(218.1%)	CalPERS ER Match	2,755,553	2,383,334	(372,219)	(15.6%)
702,824	936,365	233,541	24.9%	Employee Benefits	6,974,401	8,781,066	1,806,665	20.6%
(6,107)	0	6,107	0.0%	Personal Floating Holiday	124,890	131,147	6,257	4.8%
32,377	13,768	(18,609)	(135.2%)	Employee Relations	181,049	255,006	73,956	29.0%
14,880	18,550	3,670	19.8%	Work from Home Stipend	153,190	187,660	34,470	18.4%
2,146	3,433	1,287	37.5%	Transportation Reimbursement	9,797	30,097	20,300	67.4%
11,118	18,980	7,862	41.4%	Travel & Lodging	74,235	154,290	80,055	51.9%
41,803	20,320	(21,483)	(105.7%)	Temporary Help Services	447,291	1,085,617	638,326	58.8%
19,141	241,278	222,137	92.1%	Staff Development/Training	177,329	1,083,507	906,178	83.6%
56,164	60,290	4,125	6.8%	Staff Recruitment/Advertising	384,955	966,601	581,646	60.2%
\$5,040,225	\$5,058,343	\$18,118	0.4%	Total Employee Expenses	\$45,034,041	\$49,407,566	\$4,373,526	8.9%
				Benefit Administration Expense				
2,964	15,396	12,432	80.7%	RX Administration Expense	245,699	192,314	(53,385)	(27.8%)
(19,528)	0	19,528	0.0%	Behavioral Hlth Administration Fees	2,795,355	2,880,913	85,558	3.0%
39,967	39,320	(646)	(1.6%)	Telemedicine Admin Fees	373,650	375,612	1,962	0.5%
0	0	0	0.0%	Housing & Homelessness Incentive Program (HHIP) Expense	0	28,700	28,700	100.0%
\$23,402	\$54,716	\$31,313	57.2%	Total Benefit Administration Expenses	\$3,414,704	\$3,477,538	\$62,834	1.8%
				Purchased & Professional Services				
251,264	446,125	194,861	43.7%	Consulting Services	3,650,405	5,072,272	1,421,867	28.0%
226,648	486,349	259,701	53.4%	Computer Support Services	3,598,749	4,554,964	956,215	21.0%
11,152	12,017	865	7.2%	Professional Fees-Accounting	133,189	138,157	4,968	3.6%
0	17	17	100.0%	Professional Fees-Medical	276	409	133	32.6%
177,297	78,562	(98,734)	(125.7%)	Other Purchased Services	908,431	928,378	19,947	2.1%
949	1,400	451	32.2%	Maint.& Repair-Office Equipment	5,695	12,767	7,072	55.4%
160,842	128,792	(32,050)	(24.9%)	HMS Recovery Fees	990,039	1,297,849	307,810	23.7%
9,932	60,693	50,761	83.6%	Hardware (Non-Capital)	395,330	391,011	(4,319)	(1.1%)
15,580	30,150	14,570	48.3%	Provider Relations-Credentialing	361,588	332,805	(28,783)	(8.6%)
21,635	113,333	91,698	80.9%	Legal Fees	178,170	1,043,558	865,388	82.9%
\$875,299	\$1,357,438	\$482,139	35.5%	Total Purchased & Professional Services	\$10,221,872	\$13,772,171	\$3,550,299	25.8%
				Occupancy				
52,970	62,060	9,090	14.6%	Depreciation	794,106	831,378	37,273	4.5%
62,638	74,147	11,509	15.5%	Building Lease	749,089	826,037	76,948	9.3%
30	5,916	5,886	99.5%	Leased and Rented Office Equipment	53,294	64,644	11,351	17.6%
18,419	15,450	(2,969)	(19.2%)	Utilities	157,627	185,530	27,904	15.0%
47,306	79,700	32,394	40.6%	Telephone	922,465	935,838	13,373	1.4%
33,357	53,485	20,128	37.6%	Building Maintenance	357,109	475,345	118,236	24.9%
2,150,620	0	(2,150,620)	0.0%	SBITA Amortization Expense-GASB 96	2,150,620	0	(2,150,620)	0.0%
\$2,365,341	\$290,759	(\$2,074,582)	(713.5%)	Total Occupancy	\$5,184,309	\$3,318,773	(\$1,865,536)	(56.2%)
				Printing Postage & Promotion				
63,863	50,733	(13,130)	(25.9%)	Postage	603,453	695,452	92,000	13.2%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED June 30, 2023

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
9,029	5,500	(3,529)	(64.2%)	Design & Layout	58,919	89,850	30,931	34.4%
122,390	37,856	(84,534)	(223.3%)	Printing Services	1,173,512	944,031	(229,480)	(24.3%)
(10,216)	2,500	12,716	508.6%	Mailing Services	80,605	66,601	(14,003)	(21.0%)
8,214	5,483	(2,731)	(49.8%)	Courier/Delivery Service	70,166	64,414	(5,752)	(8.9%)
0	267	267	100.0%	Pre-Printed Materials and Publications	1,034	4,083	3,049	74.7%
5,185	15,000	9,815	65.4%	Promotional Products	14,276	38,000	23,724	62.4%
(5,950)	150	6,100	4,066.9%	Promotional Services	1,450	1,200	(250)	(20.8%)
993,099	41,500	(951,599)	(2,293.0%)	Community Relations	1,477,040	188,670	(1,288,370)	(682.9%)
12,736	0	(12,736)	0.0%	Health Education-Member	12,736	0	(12,736)	0.0%
363	8,167	7,804	95.6%	Translation - Non-Clinical	137,022	103,796	(33,226)	(32.0%)
\$1,198,714	\$167,156	(\$1,031,558)	(617.1%)	Total Printing Postage & Promotion	\$3,630,213	\$2,196,098	(\$1,434,115)	(65.3%)
				Licenses Insurance & Fees				
0	200,000	200,000	100.0%	Regulatory Penalties	25,000	500,000	475,000	95.0%
27,079	24,700	(2,379)	(9.6%)	Bank Fees	289,602	292,747	3,145	1.1%
80,376	94,481	14,105	14.9%	Insurance	927,566	1,055,004	127,438	12.1%
(1,915,863)	712,503	2,628,366	368.9%	Licenses, Permits and Fees	2,390,155	6,525,850	4,135,695	63.4%
(95,455)	130,473	225,927	173.2%	Subscriptions & Dues	1,007,248	1,517,166	509,918	33.6%
(\$1,903,862)	\$1,162,157	\$3,066,019	263.8%	Total Licenses Insurance & Postage	\$4,639,572	\$9,890,768	\$5,251,196	53.1%
				Supplies & Other Expenses				
9,966	4,103	(5,863)	(142.9%)	Office and Other Supplies	50,013	85,274	35,261	41.3%
6,368	0	(6,368)	0.0%	Furniture and Equipment	6,368	0	(6,368)	0.0%
7,674	6,566	(1,108)	(16.9%)	Ergonomic Supplies	67,639	77,571	9,932	12.8%
6,383	10,500	4,117	39.2%	Commissary-Food & Beverage	31,083	68,501	37,418	54.6%
0	0	0	0.0%	Miscellaneous Expense	34	0	(34)	0.0%
4,850	5,000	150	3.0%	Member Incentive Expense	21,426	40,600	19,174	47.2%
(3)	4,167	4,169	100.1%	Covid-19 Vaccination Incentive Expense	560	33,599	33,039	98.3%
0	100	100	100.0%	Covid-19 IT Expenses	0	800	800	100.0%
0	5,432	5,432	100.0%	Covid-19 Non IT Expenses	1,386	44,587	43,201	96.9%
\$35,238	\$35,867	\$629	1.8%	Total Supplies & Other Expense	\$178,509	\$350,932	\$172,423	49.1%
\$7,634,356	\$8,126,436	\$492,079	6.1%	TOTAL ADMINISTRATIVE EXPENSE	\$72,303,219	\$82,413,847	\$10,110,628	12.3%

ALAMEDA ALLIANCE FOR HEALTH
 CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
 ACTUAL VS. BUDGET
 FOR THE FISCAL YEAR-TO-DATE ENDED JUNE 30, 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	\$ 79,719		\$ 79,719	\$ 60,000	\$ (19,719)
	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
	Cisco Network Hardware (Switches, Routers, Firewalls, Wireless)	IT-FY23-07	\$ -		\$ -	\$ 60,000	\$ 60,000
	Network / AV Cabling	IT-FY23-08	\$ 34,230		\$ 34,230	\$ 60,000	\$ 25,770
	Hardware Subtotal		\$ 286,755	\$ -	\$ 286,755	\$ 560,000	\$ 273,245
2. Software:							
	Zerto	AC-FY23-01	\$ -		\$ -	\$ 80,000	\$ 80,000
	Ahead	AC-FY23-02	\$ 28,099		\$ 28,099	\$ 80,000	\$ 51,901
	Software Subtotal		\$ 28,099	\$ -	\$ 28,099	\$ 160,000	\$ 131,901
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		\$ 338,846	\$ -	\$ 338,846	\$ 1,058,992	\$ 720,146
5. Reconciliation to Balance Sheet:							
	Fixed Assets @ Cost - 6/30/23				\$ 37,695,096		
	Fixed Assets @ Cost - 6/30/22				\$ 37,356,250		
	Fixed Assets Acquired YTD				\$ 338,846		

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2023

TANGIBLE NET EQUITY (TNE)

	QTR. END			QTR. END			QTR. END			QTR. END		
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-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	\$10,713,105	\$13,505,410	\$12,725,200	\$1,664,703
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	\$65,320,930	\$78,826,340	\$91,551,540	\$93,216,243
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	\$295,945,230	\$309,450,640	\$322,175,840	\$323,840,544
Subordinated Debt & Interest	\$0	\$0	\$0	\$0	\$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	\$295,945,230	\$309,450,640	\$322,175,840	\$323,840,544
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	\$10,713,105	\$13,505,410	\$12,725,200	\$1,664,704
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	\$39,614,744	\$42,752,603	\$41,398,426	\$42,723,743
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	\$59,422,115	\$64,128,905	\$62,097,639	\$64,085,614
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	\$256,330,486	\$266,698,037	\$280,777,414	\$281,116,801
Actual TNE as a Multiple of Required	6.25	6.27	6.39	6.81	6.61	6.77	7.13	7.16	7.47	7.24	7.78	7.58

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	\$295,945,230	\$309,450,640	\$322,175,840	\$323,840,544
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)	(5,288,731)	(5,337,110)	(5,270,942)	(5,217,971)
Net Lease Assets/Liabilities/Interest	106,376	204,722	206,107	206,549	207,567	208,268	208,652	208,717	208,462	207,886	206,987	(1,294,894)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(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	\$290,306,499	\$303,763,530	\$316,554,898	\$318,272,573
Liquid TNE as Multiple of Required	6.10	6.12	6.24	6.65	6.45	6.61	6.98	7.01	7.33	7.11	7.65	7.45

**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	102,510	103,173	103,434	103,670	1,224,912
Adult	47,707	48,112	48,711	49,162	50,069	50,351	50,687	51,141	51,517	52,050	52,677	53,174	605,358
SPD	27,990	28,079	28,200	28,237	28,365	28,452	28,685	30,913	31,021	31,130	31,201	31,280	353,553
ACA OE	113,322	114,208	115,018	116,205	117,328	118,397	119,302	120,653	121,852	123,606	124,397	124,967	1,429,255
Duals	21,911	22,077	22,319	22,482	22,719	23,028	23,444	40,330	41,245	41,470	41,652	41,731	364,408
MCAL LTC	0	0	0	0	0	0	6	129	143	145	148	150	721
MCAL LTC Duals	0	0	0	0	0	0	15	849	948	983	1,003	1,029	4,827
Medi-Cal Program	311,833	313,453	315,524	317,409	320,134	322,019	324,053	346,303	349,236	352,557	354,512	356,001	3,983,034
Group Care Program	5,796	5,803	5,809	5,789	5,791	5,776	5,761	5,746	5,723	5,669	5,670	5,684	69,017
Total	317,629	319,256	321,333	323,198	325,925	327,795	329,814	352,049	354,959	358,226	360,182	361,685	4,052,051

Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	74	299	47	330	138	123	374	222	663	261	236	2,898
Adult	946	405	599	451	907	282	336	454	376	533	627	497	6,413
SPD	886	89	121	37	128	87	233	2,228	108	109	71	79	4,176
ACA OE	2,384	886	810	1,187	1,123	1,069	905	1,351	1,199	1,754	791	570	14,029
Duals	225	166	242	163	237	309	416	16,886	915	225	182	79	20,045
MCAL LTC	0	0	0	0	0	0	6	123	14	2	3	2	150
MCAL LTC Duals	0	0	0	0	0	0	15	834	99	35	20	26	1,029
Medi-Cal Program	4,572	1,620	2,071	1,885	2,725	1,885	2,034	22,250	2,933	3,321	1,955	1,489	48,740
Group Care Program	1	7	6	(20)	2	(15)	(15)	(15)	(23)	(54)	1	14	(111)
Total	4,573	1,627	2,077	1,865	2,727	1,870	2,019	22,235	2,910	3,267	1,956	1,503	48,629

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%	29.4%	29.3%	29.2%	29.1%	30.8%
Adult % of Medi-Cal	15.3%	15.3%	15.4%	15.5%	15.6%	15.6%	15.6%	14.8%	14.8%	14.8%	14.9%	14.9%	15.2%
SPD % of Medi-Cal	9.0%	9.0%	8.9%	8.9%	8.9%	8.8%	8.9%	8.9%	8.9%	8.8%	8.8%	8.8%	8.9%
ACA OE % of Medi-Cal	36.3%	36.4%	36.5%	36.6%	36.6%	36.8%	36.8%	34.8%	34.9%	35.1%	35.1%	35.1%	35.9%
Duals % of Medi-Cal	7.0%	7.0%	7.1%	7.1%	7.1%	7.2%	7.2%	11.6%	11.8%	11.8%	11.7%	11.7%	9.1%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.3%	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%	1.7%	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**

	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	73,153	74,713	74,016	74,242	740,969
Alameda Health System	62,784	63,910	64,424	64,799	65,216	65,771	66,052	65,896	66,276	66,552	67,113	67,333	786,126
	<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>139,429</u>	<u>141,265</u>	<u>141,129</u>	<u>141,575</u>	<u>1,527,095</u>
Delegated:													
CFMG	33,466	33,594	33,577	33,617	33,498	33,648	33,741	33,983	34,547	34,644	35,138	35,251	408,704
CHCN	119,514	121,703	122,696	123,666	124,637	126,009	126,433	129,265	129,908	130,508	131,489	131,951	1,517,779
Kaiser	47,525	47,851	48,218	48,545	48,838	49,224	49,718	50,336	51,075	51,809	52,426	52,908	598,473
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>215,530</u>	<u>216,961</u>	<u>219,053</u>	<u>220,110</u>	<u>2,524,956</u>
Total	317,629	319,256	321,333	323,198	325,925	327,795	329,814	352,049	354,959	358,226	360,182	361,685	4,052,051
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted													
	2,973	(1,016)	734	528	1,582	(38)	1,008	18,543	964	1,836	(136)	446	27,424
Delegated:													
CFMG	58	128	(17)	40	(119)	150	93	242	564	97	494	113	1,843
CHCN	1,103	2,189	993	970	971	1,372	424	2,832	643	600	981	462	13,540
Kaiser	439	326	367	327	293	386	494	618	739	734	617	482	5,822
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>1,946</u>	<u>1,431</u>	<u>2,092</u>	<u>1,057</u>	<u>21,205</u>
Total	4,573	1,627	2,077	1,865	2,727	1,870	2,019	22,235	2,910	3,267	1,956	1,503	48,629
Direct/Delegate Enrollment Percentages:													
Directly-Contracted													
	36.9%	36.4%	36.4%	36.3%	36.5%	36.3%	36.4%	39.3%	39.3%	39.4%	39.2%	39.1%	37.7%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%	10.3%	10.3%	10.2%	9.7%	9.7%	9.7%	9.8%	9.7%	10.1%
CHCN	37.6%	38.1%	38.2%	38.3%	38.2%	38.4%	38.3%	36.7%	36.6%	36.4%	36.5%	36.5%	37.5%
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.1%	14.3%	14.4%	14.5%	14.6%	14.6%	14.8%
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>60.7%</u>	<u>60.6%</u>	<u>60.8%</u>	<u>60.9%</u>	<u>62.3%</u>
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		
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												
	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	YTD Member Months
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	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	127	62	(118)	52	70	528	1,007	1,461	3,189
Adult	0	0	0	0	661	696	619	823	947	1,227	2,105	2,854	9,932
SPD	0	0	0	0	43	45	(2,852)	(719)	(706)	(692)	(665)	(631)	(6,177)
ACA OE	0	0	0	0	774	1,493	(654)	337	1,175	2,567	4,123	5,460	15,275
Duals	0	0	0	0	102	275	(20,932)	(4,312)	(3,665)	(3,709)	(3,668)	(3,731)	(39,640)
MCAL LTC	0	0	0	0	0	0	(147)	(24)	(10)	(8)	(5)	(3)	(197)
MCAL LTC Duals	0	0	0	0	0	0	(1,169)	(335)	(236)	(201)	(181)	(155)	(2,277)
Medi-Cal Program	0	0	0	0	1,707	2,571	(25,253)	(4,178)	(2,425)	(288)	2,716	5,255	(19,895)
Group Care Program	0	0	0	0	2	(13)	(28)	(43)	(66)	(120)	(119)	(105)	(492)
Total	0	0	0	0	1,709	2,558	(25,281)	(4,221)	(2,491)	(408)	2,597	5,150	(20,387)
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	1,184	747	(12,905)	5,165	5,654	7,015	7,285	8,137	22,282
Delegated:													
CFMG	0	0	0	0	(191)	(113)	(264)	(94)	398	422	992	1,181	2,331
CHCN	0	0	0	0	578	1,555	(8,637)	(6,256)	(6,066)	(5,922)	(4,535)	(3,666)	(32,949)
Kaiser	0	0	0	0	138	369	(3,475)	(3,036)	(2,477)	(1,923)	(1,145)	(502)	(12,051)
Delegated Subtotal	0	0	0	0	525	1,811	(12,376)	(9,386)	(8,145)	(7,423)	(4,688)	(2,987)	(42,669)
Total	0	0	0	0	1,709	2,558	(25,281)	(4,221)	(2,491)	(408)	2,597	5,150	(20,387)

**ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED June 30, 2023**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
\$1,186,400	\$1,147,904	(\$38,496)	(3.4%)	PCP-Capitation	\$13,799,705	\$13,711,799	(\$87,906)	(0.6%)
4,522,022	4,790,369	268,346	5.8%	PCP-Capitation - FOHC	50,776,519	54,304,072	3,527,553	6.5%
305,606	296,037	(9,569)	(3.2%)	Specialty-Capitation	3,546,619	3,530,074	(16,545)	(0.5%)
3,900,210	4,140,432	240,222	5.8%	Specialty-Capitation FOHC	45,110,222	46,446,387	1,336,165	2.9%
503,759	484,465	(19,294)	(4.0%)	Laboratory-Capitation	5,545,774	5,523,945	(21,829)	(0.4%)
367,317	0	(367,317)	0.0%	Transportation (Ambulance)-Cap	7,578,806	4,820,922	(2,757,884)	(57.2%)
259,684	253,790	(5,893)	(2.3%)	Vision Cap	2,923,674	2,823,918	(99,756)	(3.4%)
89,947	86,214	(3,732)	(4.2%)	CFMG Capitation	1,032,656	1,028,043	(4,613)	(0.4%)
193,564	205,608	12,044	5.9%	Anc IPA Admin Capitation FOHC	3,067,009	2,314,305	(752,704)	(32.5%)
14,203,187	15,389,700	1,184,513	7.7%	Kaiser Capitation	149,366,629	159,277,175	9,910,546	6.2%
964	0	(964)	0.0%	BHT Supplemental Expense	5,812,736	4,099,732	(1,713,004)	(41.8%)
0	0	0	0.0%	Hep-C Supplemental Expense	(15,082)	(15,349)	(267)	1.7%
884,828	605,630	(279,199)	(46.1%)	Maternity Supplemental Expense	4,917,970	6,086,753	1,168,782	19.2%
728,894	776,262	47,368	6.1%	DME - Cap	7,711,620	8,210,379	498,758	6.1%
\$27,147,382	\$28,176,410	\$1,029,029	3.7%	5 - TOTAL CAPITATED EXPENSES	\$301,174,855	\$312,262,153	\$11,087,297	3.6%
				FEE FOR SERVICE MEDICAL EXPENSES:				
4,641,553	0	(4,641,553)	0.0%	IBNP-Inpatient Services	10,547,961	2,799,249	(7,748,712)	(276.8%)
139,247	0	(139,247)	0.0%	IBNP-Settlement (IP)	316,443	83,979	(232,464)	(276.8%)
371,326	0	(371,326)	0.0%	IBNP-Claims Fluctuation (IP)	843,837	223,940	(619,897)	(276.8%)
29,042,395	35,180,686	6,138,291	17.4%	Inpatient Hospitalization-FFS	332,879,099	378,835,605	45,956,506	12.1%
1,174,196	0	(1,174,196)	0.0%	IP OB - Mom & NB	18,523,289	5,348,714	(13,174,575)	(246.3%)
659,008	0	(659,008)	0.0%	IP Behavioral Health	2,935,660	982,572	(1,953,088)	(198.8%)
796,512	0	(796,512)	0.0%	IP - Facility Rehab FFS	9,228,188	3,142,653	(6,085,534)	(193.6%)
\$36,824,236	\$35,180,686	(\$1,643,550)	(4.7%)	6 - Inpatient Hospital & SNF FFS Expense	\$375,274,476	\$391,416,712	\$16,142,236	4.1%
143,977	0	(143,977)	0.0%	IBNP-PCP	1,353,126	628,624	(724,502)	(115.3%)
4,320	0	(4,320)	0.0%	IBNP-Settlement (PCP)	40,597	18,862	(21,735)	(115.2%)
11,519	0	(11,519)	0.0%	IBNP-Claims Fluctuation (PCP)	108,257	50,291	(57,966)	(115.3%)
1,532,089	1,511,985	(20,104)	(1.3%)	Primary Care Non-Contracted FF	19,154,215	17,260,621	(1,893,594)	(11.0%)
342,738	99,769	(242,969)	(243.5%)	PCP FOHC FFS	2,446,846	1,315,779	(1,131,067)	(86.0%)
2,365,077	2,981,971	616,895	20.7%	Prop 56 Direct Payment Expenses	22,170,972	31,677,589	9,506,617	30.0%
14,897	0	(14,897)	0.0%	Prop 56 Hyde Direct Payment Expenses	173,374	57,389	(115,985)	(202.1%)
81,704	0	(81,704)	0.0%	Prop 56-Trauma Expense	581,155	310,921	(270,234)	(86.9%)
98,351	0	(98,351)	0.0%	Prop 56-Dev. Screening Exp.	607,858	396,554	(211,304)	(53.3%)
741,742	0	(741,742)	0.0%	Prop 56-Fam. Planning Exp.	5,765,604	2,777,346	(2,988,258)	(107.6%)
(800)	0	800	0.0%	Prop 56-Value Based Purchasing	(5,427,289)	(1,293)	5,425,996	(419,715.4%)
\$5,335,615	\$4,593,726	(\$741,889)	(16.2%)	7 - Primary Care Physician FFS Expense	\$46,974,714	\$54,492,683	\$7,517,968	13.8%
728,344	0	(728,344)	0.0%	IBNP-Specialist	1,121,290	479,524	(641,766)	(133.8%)
123,848	0	(123,848)	0.0%	Psychiatrist - FFS	300,228	0	(300,228)	0.0%
2,035,425	5,537,166	3,501,731	63.2%	Specialty Care-FFS	26,898,059	53,205,830	26,307,771	49.4%
143,562	0	(143,562)	0.0%	Anesthesiology - FFS	1,740,649	546,925	(1,193,725)	(218.3%)
1,012,376	0	(1,012,376)	0.0%	Spec Rad Therapy - FFS	11,020,739	3,377,385	(7,643,354)	(226.3%)
9,652	0	(9,652)	0.0%	Obstetrics-FFS	383,889	269,748	(114,141)	(42.3%)
242,998	0	(242,998)	0.0%	Spec IP Surgery - FFS	3,875,594	1,351,027	(2,524,567)	(186.9%)
502,560	0	(502,560)	0.0%	Spec OP Surgery - FFS	6,831,408	2,234,372	(4,597,036)	(205.7%)
408,470	0	(408,470)	0.0%	Spec IP Physician	4,806,564	1,438,762	(3,367,803)	(234.1%)
60,891	56,780	(4,111)	(7.3%)	SCP FOHC FFS	699,727	652,885	(47,042)	(7.2%)
21,849	0	(21,849)	0.0%	IBNP-Settlement (SCP)	33,635	14,383	(19,252)	(133.9%)
58,267	0	(58,267)	0.0%	IBNP-Claims Fluctuation (SCP)	89,702	38,359	(51,343)	(133.8%)
\$5,348,241	\$5,593,916	\$245,675	4.4%	8 - Specialty Care Physician Expense	\$57,801,484	\$63,608,999	\$5,807,515	9.1%
622,941	0	(622,941)	0.0%	IBNP-Ancillary	3,729,118	321,732	(3,407,386)	(1,059.1%)
18,689	0	(18,689)	0.0%	IBNP Settlement (ANC)	111,875	9,649	(102,226)	(1,059.4%)
49,836	0	(49,836)	0.0%	IBNP Claims Fluctuation (ANC)	298,332	25,737	(272,595)	(1,059.2%)
3,742	0	(3,742)	0.0%	IBNR Transportation FFS Expense	1,449,696	0	(1,449,696)	0.0%
1,052,903	0	(1,052,903)	0.0%	Behavioral Health Therapy - FFS	11,958,605	4,559,994	(7,398,611)	(162.3%)
700,403	0	(700,403)	0.0%	Psychologist & Other MH Prof.	1,209,932	0	(1,209,932)	0.0%
270,550	0	(270,550)	0.0%	Acupuncture/Biofeedback	3,095,157	1,141,414	(1,953,743)	(171.2%)
107,968	0	(107,968)	0.0%	Hearing Devices	1,276,294	465,938	(810,356)	(173.9%)
26,681	0	(26,681)	0.0%	Imaging/MRI/CT Global	423,601	161,874	(261,728)	(161.7%)
57,864	0	(57,864)	0.0%	Vision FFS	584,419	184,029	(400,390)	(217.6%)
0	0	0	0.0%	Family Planning	47,148	47,111	(37)	(0.1%)
507,510	0	(507,510)	0.0%	Laboratory-FFS	7,125,102	2,694,430	(4,430,672)	(164.4%)
70,154	0	(70,154)	0.0%	ANC Therapist	1,256,550	443,518	(813,031)	(183.3%)
827,451	0	(827,451)	0.0%	Transportation (Ambulance)-FFS	9,007,479	2,305,579	(6,701,900)	(290.7%)
1,594,189	0	(1,594,189)	0.0%	Transportation (Other)-FFS	6,236,616	533,749	(5,702,866)	(1,068.5%)
1,171,986	0	(1,171,986)	0.0%	Hospice	8,066,955	1,554,127	(6,512,827)	(419.1%)
879,422	0	(879,422)	0.0%	Home Health Services	11,158,728	3,120,909	(8,037,818)	(257.5%)
1,544	7,273,822	7,272,278	100.0%	Other Medical-FFS	4,070	53,701,103	53,697,033	100.0%
(100,286)	0	100,286	0.0%	HMS Medical Refunds	(271,780)	84,120	355,900	423.1%
(237)	0	237	0.0%	Refunds-Medical Payments	(1,047,954)	(69)	1,047,885	(1,521,098.4%)
21,708	0	(21,708)	0.0%	DME & Medical Supplies	1,144,275	1,126,912	(17,363)	(1.5%)
0	600,184	600,184	100.0%	GEMT Direct Payment Expense	0	4,938,995	4,938,995	100.0%

**ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED June 30, 2023**

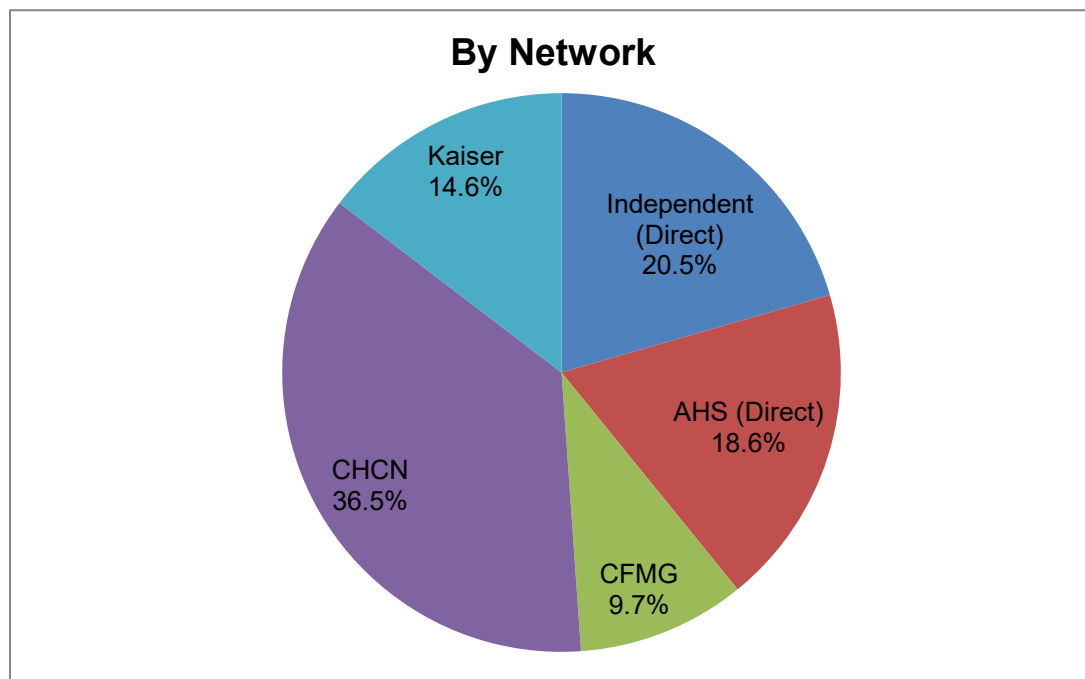
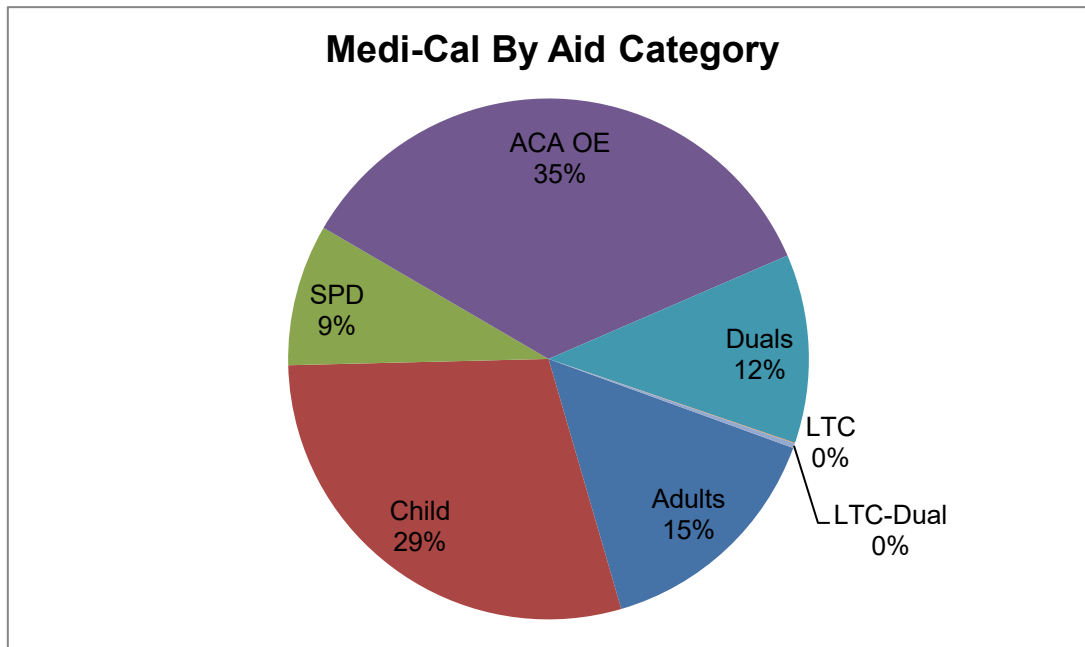
CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
185,390	0	(185,390)	0.0%	COVID Vaccination Incentive	189,850	0	(189,850)	0.0%
1,480,278	1,360,426	(119,851)	(8.8%)	ECM Base/Outreach FFS Anc.	13,987,705	13,424,099	(563,605)	(4.2%)
0	0	0	0.0%	ECM Outreach FFS Ancillary	0	9,825	9,825	100.0%
22,964	165,114	142,150	86.1%	CS - Housing Deposits FFS Ancillary	2,877,455	2,680,760	(196,695)	(7.3%)
214,671	1,182,767	968,097	81.9%	CS - Housing Tenancy FFS Ancillary	3,251,100	9,314,639	6,063,539	65.1%
44,617	265,873	221,256	83.2%	CS - Housing Navigation Services FFS Ancillary	1,933,389	2,626,648	693,259	26.4%
66,164	204,877	138,713	67.7%	CS - Medical Respite FFS Ancillary	2,282,497	2,925,885	643,388	22.0%
15,427	136,018	120,591	88.7%	CS - Medically Tailored Meals FFS Ancillary	1,455,480	1,756,683	301,203	17.1%
3,790	37,159	33,370	89.8%	CS - Asthma Remediation FFS Ancillary	294,794	457,648	162,854	35.6%
0	10,964	10,964	100.0%	MOT - Wrap Around (Non Medical MOT Cost)	8,674	96,384	87,710	91.0%
627,396	0	(627,396)	0.0%	Community Based Adult Services (CBAS)	5,310,882	1,783,368	(3,527,615)	(197.8%)
3,823	0	(3,823)	0.0%	CS - Pilot LTC Transition Expense	3,823	0	(3,823)	0.0%
\$10,549,538	\$11,237,205	\$687,667	6.1%	9 - Ancillary Medical Expense	\$98,459,965	\$112,496,990	\$14,037,026	12.5%
315,007	0	(315,007)	0.0%	IBNP-Outpatient	2,140,916	1,712,767	(428,149)	(25.0%)
9,450	0	(9,450)	0.0%	IBNP Settlement (OP)	64,224	51,384	(12,840)	(25.0%)
25,199	0	(25,199)	0.0%	IBNP Claims Fluctuation (OP)	171,274	137,022	(34,252)	(25.0%)
1,468,370	10,002,808	8,534,438	85.3%	Out-Patient FFS	17,374,277	83,559,581	66,185,304	79.2%
1,613,357	0	(1,613,357)	0.0%	OP Ambul Surgery - FFS	18,909,085	6,320,713	(12,588,372)	(199.2%)
1,575,975	0	(1,575,975)	0.0%	OP Fac Imaging Services-FFS	17,415,705	4,151,392	(13,264,313)	(319.5%)
79,196	0	(79,196)	0.0%	Behav Health - FFS	7,030,394	3,072,756	(3,957,638)	(128.8%)
0	0	0	0.0%	Write-Offs	(15)	0	15	0.0%
446,770	0	(446,770)	0.0%	OP Facility - Lab FFS	6,042,006	1,978,515	(4,063,490)	(205.4%)
118,370	0	(118,370)	0.0%	OP Facility - Cardio FFS	1,457,126	419,692	(1,037,434)	(247.2%)
62,580	0	(62,580)	0.0%	OP Facility - PT/OT/ST FFS	622,325	185,180	(437,145)	(236.1%)
2,044,379	0	(2,044,379)	0.0%	OP Facility - Dialysis FFS	24,175,248	7,656,130	(16,519,118)	(215.8%)
\$7,758,654	\$10,002,808	\$2,244,155	22.4%	10 - Outpatient Medical Expense Medical Expense	\$95,402,564	\$109,245,133	\$13,842,569	12.7%
(38,996)	0	38,996	0.0%	IBNP-Emergency	1,038,156	337,708	(700,448)	(207.4%)
(1,170)	0	1,170	0.0%	IBNP Settlement (ER)	31,144	10,128	(21,016)	(207.5%)
(3,120)	0	3,120	0.0%	IBNP Claims Fluctuation (ER)	83,051	27,018	(56,033)	(207.4%)
750,071	0	(750,071)	0.0%	Special ER Physician-FFS	7,930,014	2,522,209	(5,407,804)	(214.4%)
4,335,535	5,615,483	1,279,948	22.8%	ER-Facility	50,642,675	60,618,896	9,976,221	16.5%
\$5,042,321	\$5,615,483	\$573,162	10.2%	11 - Emergency Expense	\$59,725,040	\$63,515,959	\$3,790,919	6.0%
1,526,741	0	(1,526,741)	0.0%	IBNP-Pharmacy	3,472,333	955,216	(2,517,117)	(263.5%)
45,803	0	(45,803)	0.0%	IBNP Settlement (RX)	104,173	28,657	(75,516)	(263.5%)
122,138	0	(122,138)	0.0%	IBNP Claims Fluctuation (RX)	277,781	76,415	(201,366)	(263.5%)
1,089,403	348,668	(740,735)	(212.4%)	Pharmacy-FFS	4,604,113	4,580,347	(23,766)	(0.5%)
120,442	7,133,361	7,012,919	98.3%	Pharmacy- Non-PBM FFS-Other Anc	14,364,592	69,627,886	55,263,294	79.4%
5,840,622	0	(5,840,622)	0.0%	Pharmacy- Non-PBM FFS-OP FAC	50,049,963	7,474,895	(42,575,068)	(569.6%)
134,496	0	(134,496)	0.0%	Pharmacy- Non-PBM FFS-PCP	1,334,537	222,232	(1,112,305)	(500.5%)
2,208,875	0	(2,208,875)	0.0%	Pharmacy- Non-PBM FFS-SCP	20,773,184	3,401,156	(17,372,027)	(510.8%)
8,112	0	(8,112)	0.0%	Pharmacy- Non-PBM FFS-FQHC	88,258	11,510	(76,748)	(666.8%)
5,344	0	(5,344)	0.0%	Pharmacy- Non-PBM FFS-HH	246,364	100,717	(145,647)	(144.6%)
(2,239)	0	2,239	0.0%	HMS RX Refunds	(68,268)	(59,403)	8,864	(14.9%)
(958,541)	32,398	990,939	3,058.6%	Pharmacy-Rebate	(1,037,795)	258,069	1,295,863	502.1%
\$10,141,197	\$7,514,427	(\$2,626,770)	(35.0%)	12 - Pharmacy Expense	\$94,209,236	\$86,677,696	(\$7,531,540)	(8.7%)
3,683,305	0	(3,683,305)	0.0%	IBNR LTC	22,903,429	0	(22,903,429)	0.0%
110,498	0	(110,498)	0.0%	IBNR Settlement (LTC)	0	687,102	687,102	0.0%
294,664	0	(294,664)	0.0%	IBNR Claims Fluctuation (LTC)	1,832,273	0	(1,832,273)	0.0%
12,613,191	0	(12,613,191)	0.0%	LTC-Custodial Care	44,257,378	0	(44,257,378)	0.0%
3,329,231	15,659,945	12,330,715	78.7%	LTC SNF	20,565,889	100,242,357	79,676,468	79.5%
\$20,030,889	\$15,659,945	(\$4,370,944)	(27.9%)	13 - Long Term Care FFS Expense	\$90,246,071	\$100,242,357	\$9,996,286	10.0%
\$101,030,691	\$95,398,196	(\$5,632,494)	(5.9%)	14 - TOTAL FFS MEDICAL EXPENSES	\$918,093,550	\$981,696,528	\$63,602,978	6.5%
0	27,270	27,270	100.0%	Clinical Vacancy	0	(164,220)	(164,220)	100.0%
111,165	134,754	23,589	17.5%	Quality Analytics	1,003,253	1,347,890	344,637	25.6%
701,200	599,311	(101,889)	(17.0%)	Health Plan Services Department Total	6,528,899	7,008,303	479,404	6.8%
450,260	448,627	(1,633)	(0.4%)	Case & Disease Management Department Total	5,580,415	5,611,055	30,640	0.5%
(274,079)	2,484,758	2,758,838	111.0%	Medical Services Department Total	47,681,740	32,250,926	(15,430,814)	(47.8%)
807,676	637,881	(169,795)	(26.6%)	Quality Management Department Total	7,441,467	8,347,881	906,414	10.9%
172,742	181,380	8,638	4.8%	HCS Behavioral Health Department Total	1,696,595	1,955,340	258,745	13.2%
128,341	148,733	20,391	13.7%	Pharmacy Services Department Total	1,525,510	1,749,287	223,777	12.8%
43,503	75,650	32,147	42.5%	Regulatory Readiness Total	409,936	672,322	262,386	39.0%
\$2,140,807	\$4,738,364	\$2,597,557	54.8%	15 - Other Benefits & Services	\$71,867,814	\$58,778,783	(\$13,089,032)	(22.3%)
(1,188,810)	(662,045)	526,765	(79.6%)	Reinsurance Recoveries	(9,902,650)	(9,164,845)	737,805	(8.1%)
892,040	882,727	(9,313)	(1.1%)	Stop-Loss Expense	10,138,545	10,179,709	41,164	0.4%
(\$296,770)	\$220,682	\$517,451	234.5%	16 - Reinsurance Expense	\$235,895	\$1,014,864	\$778,969	76.8%
\$130,022,110	\$128,533,653	(\$1,488,457)	(1.2%)	17 - TOTAL MEDICAL EXPENSES	\$1,291,372,115	\$1,353,752,328	\$62,380,213	4.6%

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

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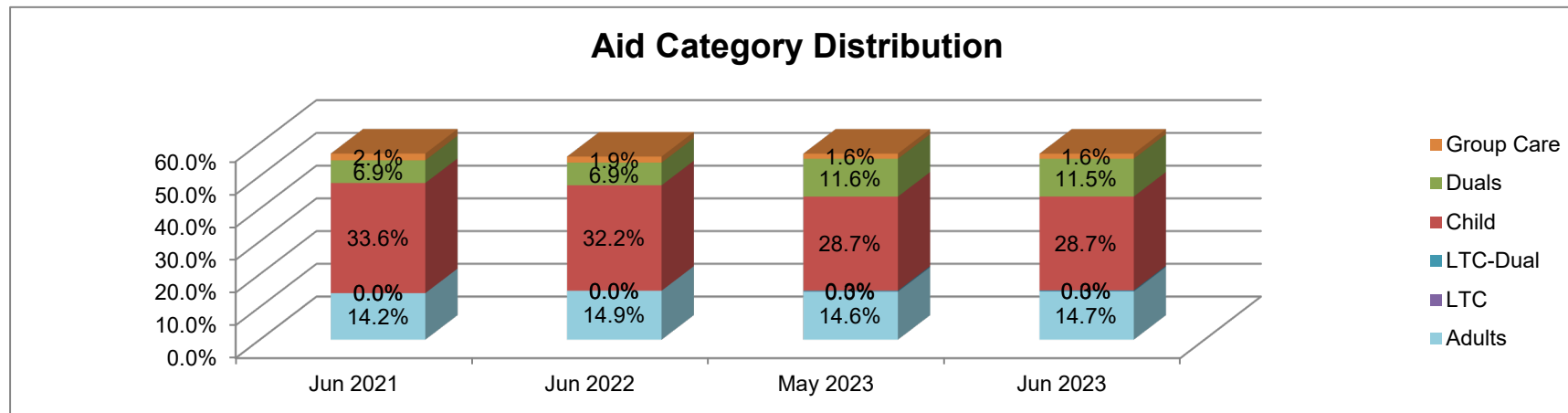
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Category of Aid	Jun 2023	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	53,174	15%	10,047	10,189	856	22,326	9,756
Child	103,670	29%	7,508	9,461	31,930	35,340	19,431
SPD	31,280	9%	10,174	4,574	1,118	13,124	2,290
ACA OE	124,967	35%	18,096	39,672	1,344	48,835	17,020
Duals	41,731	12%	25,017	2,582	3	9,718	4,411
LTC	150	0%	150	-	-	-	-
LTC-Dual	1,029	0%	1,029	-	-	-	-
Medi-Cal	356,001		72,021	66,478	35,251	129,343	52,908
Group Care	5,684		2,221	855	-	2,608	-
Total	361,685	100%	74,242	67,333	35,251	131,951	52,908
Medi-Cal %	98.4%		97.0%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		3.0%	1.3%	0.0%	2.0%	0.0%
<i>Network Distribution</i>			20.5%	18.6%	9.7%	36.5%	14.6%
			% Direct: 39%	% Delegated: 61%			

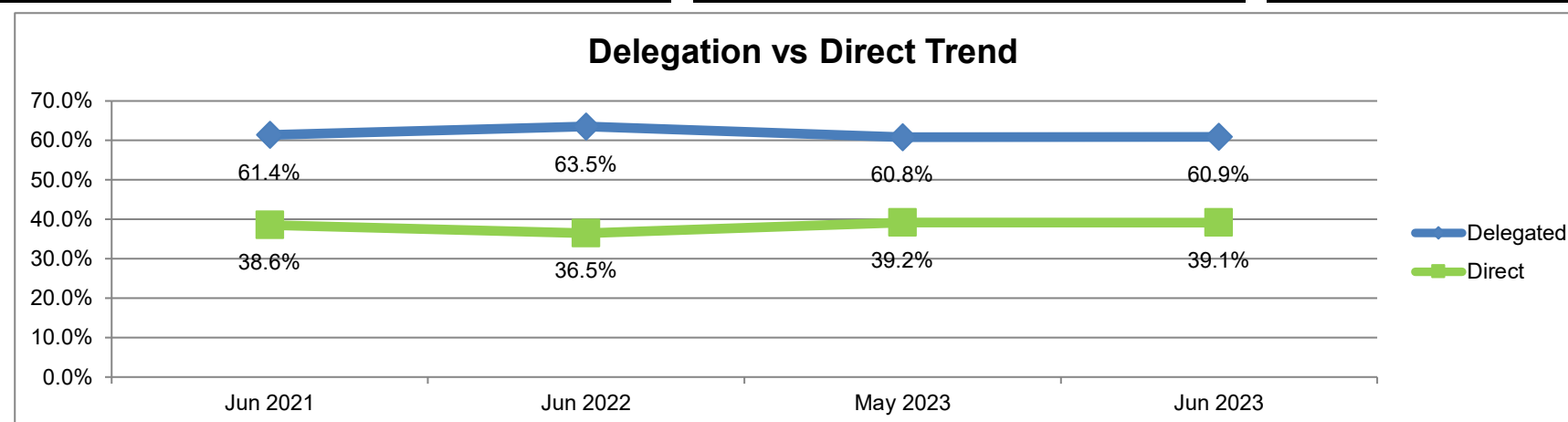


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

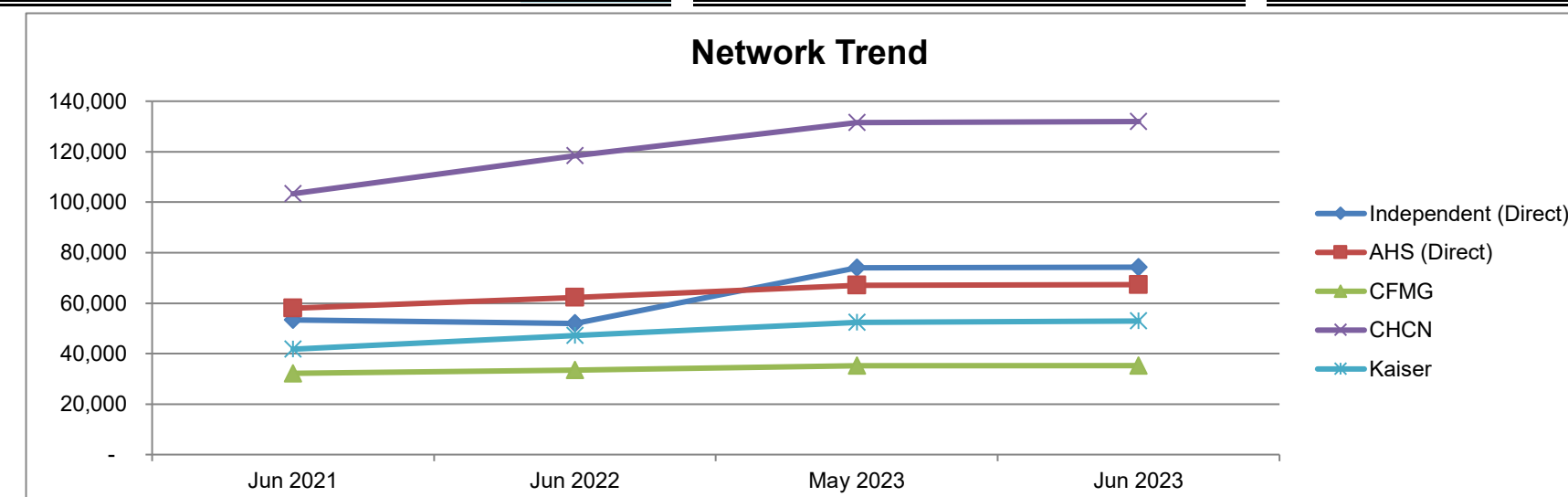
Category of Aid Trend												
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023	
Adults	40,966	46,761	52,677	53,174	14.2%	14.9%	14.6%	14.7%	14.1%	13.7%	0.9%	
Child	97,048	100,772	103,434	103,670	33.6%	32.2%	28.7%	28.7%	3.8%	2.9%	0.2%	
SPD	26,323	27,105	31,201	31,280	9.1%	8.7%	8.7%	8.6%	3.0%	15.4%	0.3%	
ACA OE	98,281	110,938	124,397	124,967	34.1%	35.4%	34.5%	34.6%	12.9%	12.6%	0.5%	
Duals	19,988	21,685	41,652	41,731	6.9%	6.9%	11.6%	11.5%	8.5%	92.4%	0.2%	
LTC	-	-	148	150	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	
LTC-Dual	-	-	1,003	1,029	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	2.6%	
Medi-Cal Total	282,606	307,261	354,512	356,001	97.9%	98.1%	98.4%	98.4%	8.7%	15.9%	0.4%	
Group Care	5,948	5,795	5,670	5,684	2.1%	1.9%	1.6%	1.6%	-2.6%	-1.9%	0.2%	
Total	288,554	313,056	360,182	361,685	100.0%	100.0%	100.0%	100.0%	8.5%	15.5%	0.4%	



Delegation vs Direct Trend												
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023	
Delegated	177,296	198,905	219,053	220,110	61.4%	63.5%	60.8%	60.9%	12.2%	10.7%	0.5%	
Direct	111,258	114,151	141,129	141,575	38.6%	36.5%	39.2%	39.1%	2.6%	24.0%	0.3%	
Total	288,554	313,056	360,182	361,685	100.0%	100.0%	100.0%	100.0%	8.5%	15.5%	0.4%	



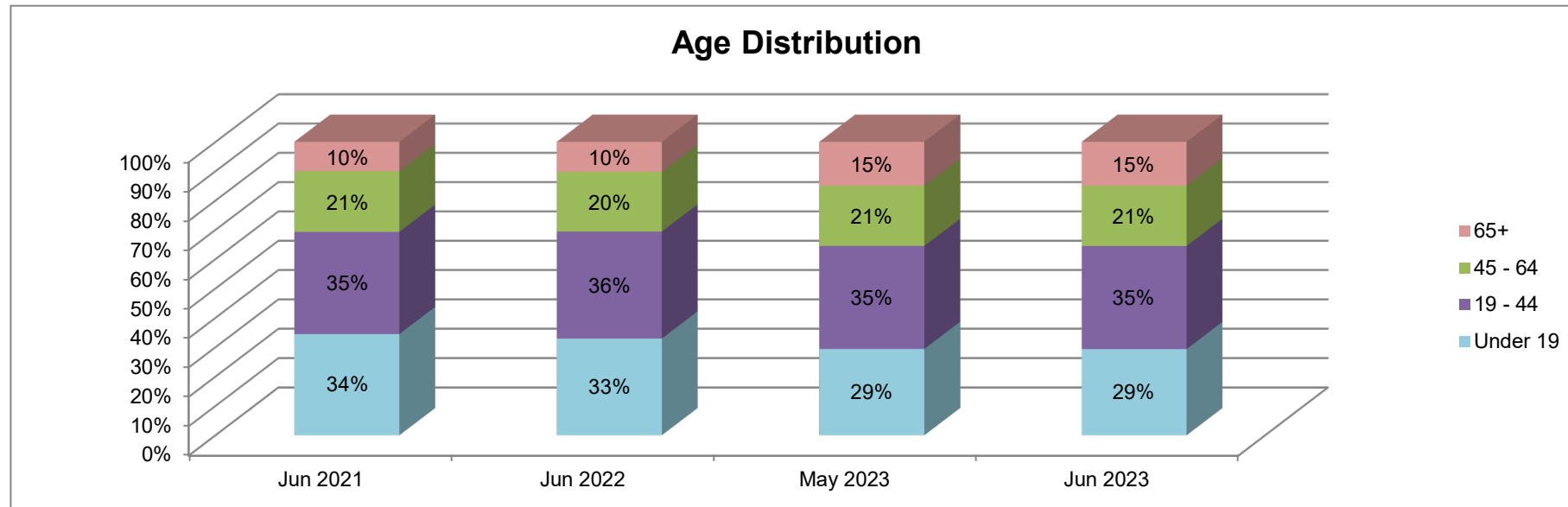
Network Trend												
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023	
Independent (Direct)	53,280	51,936	74,016	74,242	18.5%	16.6%	20.5%	20.5%	-2.5%	42.9%	0.3%	
AHS (Direct)	57,978	62,215	67,113	67,333	20.1%	19.9%	18.6%	18.6%	7.3%	8.2%	0.3%	
CFMG	32,197	33,408	35,138	35,251	11.2%	10.7%	9.8%	9.7%	3.8%	5.5%	0.3%	
CHCN	103,339	118,411	131,489	131,951	35.8%	37.8%	36.5%	36.5%	14.6%	11.4%	0.4%	
Kaiser	41,760	47,086	52,426	52,908	14.5%	15.0%	14.6%	14.6%	12.8%	12.4%	0.9%	
Total	288,554	313,056	360,182	361,685	100.0%	100.0%	100.0%	100.0%	8.5%	15.5%	0.4%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

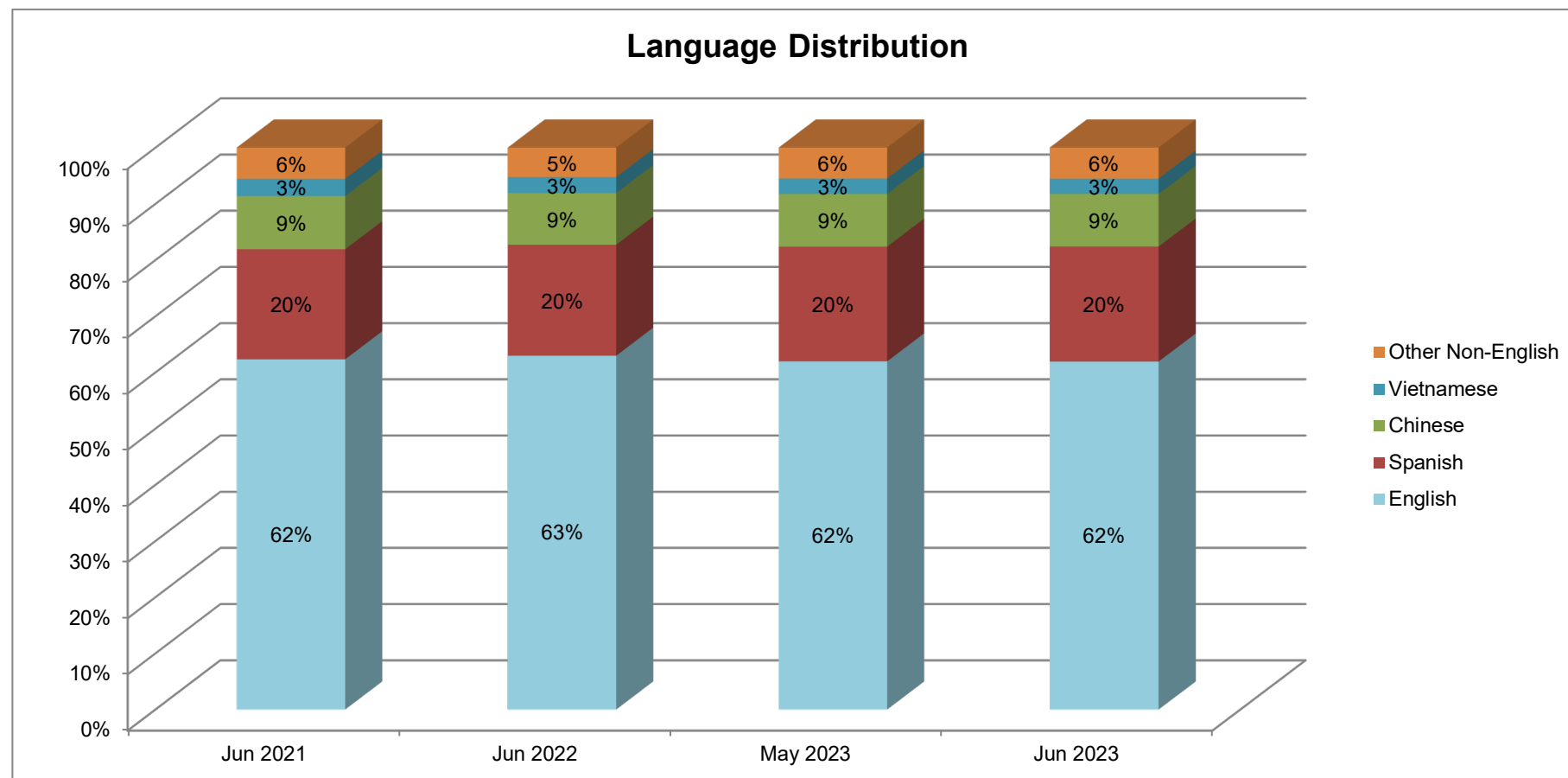
Age Category Trend

Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
Under 19	99,380	103,026	105,787	106,040	34%	33%	29%	29%	4%	3%	0%
19 - 44	100,530	114,184	126,401	127,085	35%	36%	35%	35%	14%	11%	1%
45 - 64	59,806	63,899	74,095	74,391	21%	20%	21%	21%	7%	16%	0%
65+	28,838	31,947	53,899	54,169	10%	10%	15%	15%	11%	70%	1%
Total	288,554	313,056	360,182	361,685	100%	100%	100%	100%	8%	16%	0%



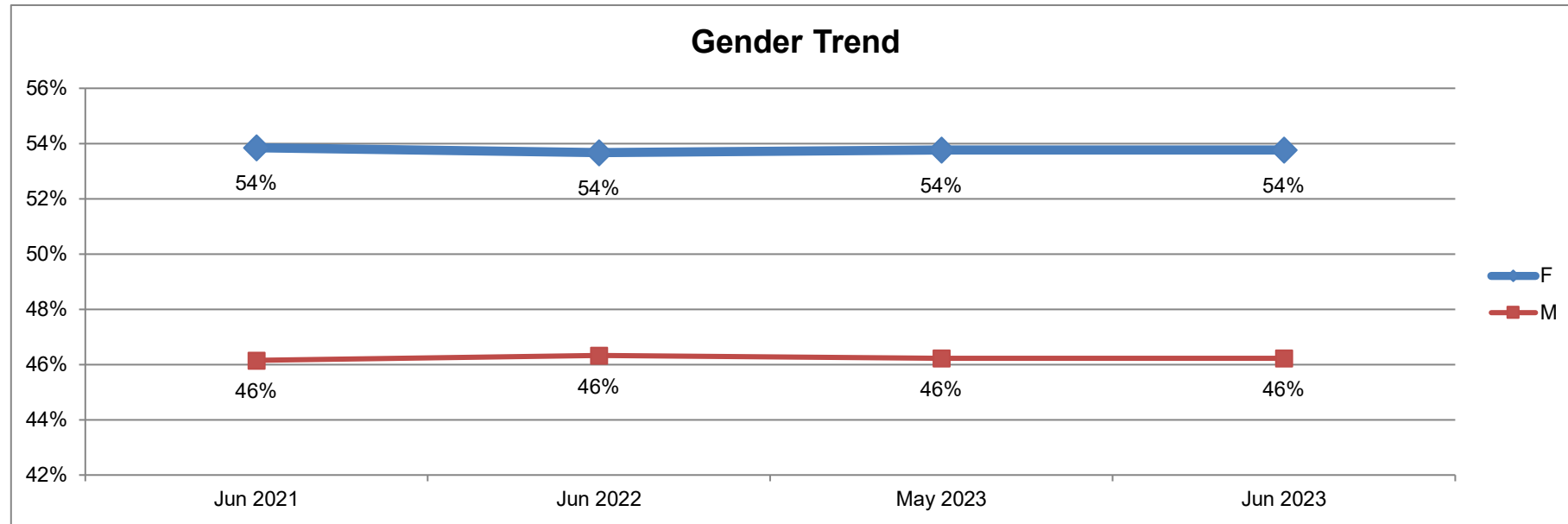
Language Trend

Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
English	179,840	197,106	223,164	223,993	62%	63%	62%	62%	10%	14%	0%
Spanish	56,529	61,849	73,539	74,012	20%	20%	20%	20%	9%	20%	1%
Chinese	27,322	28,802	33,819	33,860	9%	9%	9%	9%	5%	18%	0%
Vietnamese	8,826	8,868	9,828	9,838	3%	3%	3%	3%	0%	11%	0%
Other Non-English	16,037	16,431	19,832	19,982	6%	5%	6%	6%	2%	22%	1%
Total	288,554	313,056	360,182	361,685	100%	100%	100%	100%	8%	16%	0%

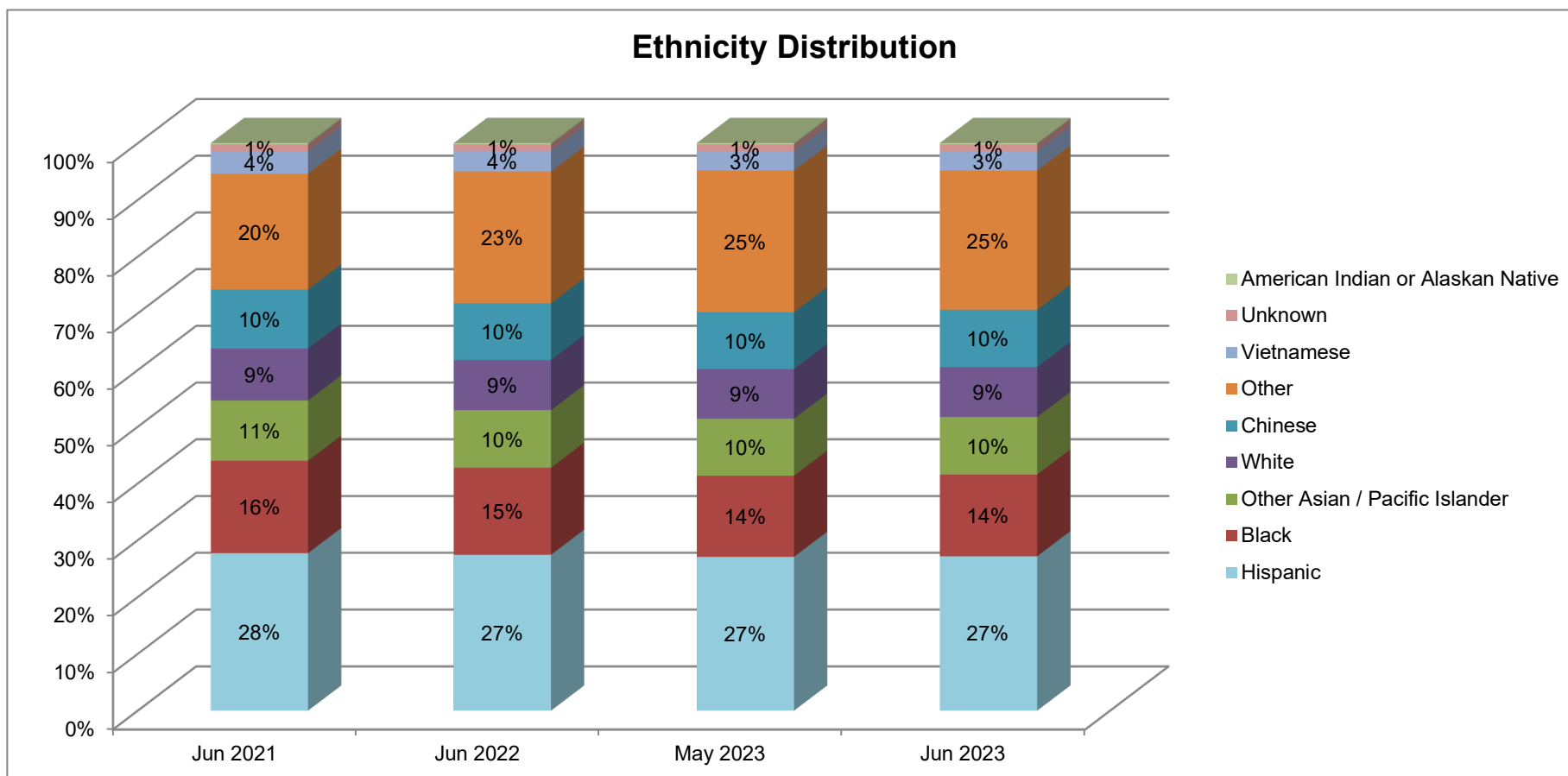


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Gender Trend												
Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023	
F	155,381	168,023	193,677	194,470	54%	54%	54%	54%	8%	16%	0%	
M	133,173	145,033	166,505	167,215	46%	46%	46%	46%	9%	15%	0%	
Total	288,554	313,056	360,182	361,685	100%	100%	100%	100%	8%	16%	0%	



Ethnicity Trend												
Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023	
Hispanic	79,920	85,824	97,427	98,185	28%	27%	27%	27%	7%	14%	1%	
Black	47,000	48,031	51,493	52,097	16%	15%	14%	14%	2%	8%	1%	
Other Asian / Pacific Islander	30,688	31,777	36,245	36,735	11%	10%	10%	10%	4%	16%	1%	
White	26,407	27,666	31,499	31,823	9%	9%	9%	9%	5%	15%	1%	
Chinese	30,015	31,360	36,159	36,522	10%	10%	10%	10%	4%	16%	1%	
Other	59,005	72,720	89,867	88,825	20%	23%	25%	25%	23%	22%	-1%	
Vietnamese	11,343	11,426	12,326	12,366	4%	4%	3%	3%	1%	8%	0%	
Unknown	3,549	3,570	4,425	4,397	1%	1%	1%	1%	1%	23%	-1%	
American Indian or Alaskan Native	627	682	741	735	0%	0%	0%	0%	9%	8%	-1%	
Total	288,554	313,056	360,182	361,685	100%	100%	100%	100%	8%	16%	0%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile By City

Medi-Cal By City							
City	Jun 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	137,164	39%	19,574	30,986	14,533	57,157	14,914
Hayward	56,009	16%	10,675	12,064	5,884	17,905	9,481
Fremont	33,382	9%	12,955	4,953	1,262	8,914	5,298
San Leandro	32,076	9%	6,464	4,480	3,561	11,658	5,913
Union City	15,185	4%	5,328	2,286	637	4,110	2,824
Alameda	13,757	4%	2,953	2,122	1,750	4,692	2,240
Berkeley	13,574	4%	2,582	1,846	1,364	5,738	2,044
Livermore	10,978	3%	1,628	683	1,976	4,749	1,942
Newark	8,465	2%	2,511	2,646	298	1,541	1,469
Castro Valley	9,011	3%	1,911	1,343	1,126	2,703	1,928
San Lorenzo	7,464	2%	1,273	1,269	734	2,688	1,500
Pleasanton	6,221	2%	1,451	398	562	2,746	1,064
Dublin	6,612	2%	1,537	429	691	2,757	1,198
Emeryville	2,466	1%	516	452	314	759	425
Albany	2,205	1%	329	231	415	795	435
Piedmont	461	0%	86	132	28	99	116
Sunol	82	0%	21	10	6	28	17
Antioch	33	0%	9	5	9	8	2
Other	856	0%	218	143	101	296	98
Total	356,001	100%	72,021	66,478	35,251	129,343	52,908

Group Care By City							
City	Jun 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,817	32%	410	339	-	1,068	-
Hayward	643	11%	312	141	-	190	-
Fremont	619	11%	431	52	-	136	-
San Leandro	571	10%	215	84	-	272	-
Union City	300	5%	192	35	-	73	-
Alameda	282	5%	103	19	-	160	-
Berkeley	161	3%	46	12	-	103	-
Livermore	89	2%	27	3	-	59	-
Newark	137	2%	86	32	-	19	-
Castro Valley	196	3%	85	27	-	84	-
San Lorenzo	132	2%	48	16	-	68	-
Pleasanton	63	1%	25	3	-	35	-
Dublin	107	2%	36	6	-	65	-
Emeryville	33	1%	13	5	-	15	-
Albany	19	0%	6	1	-	12	-
Piedmont	13	0%	3	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	23	0%	7	6	-	10	-
Other	479	8%	176	74	-	229	-
Total	5,684	100%	2,221	855	-	2,608	-

Total By City							
City	Jun 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	138,981	38%	19,984	31,325	14,533	58,225	14,914
Hayward	56,652	16%	10,987	12,205	5,884	18,095	9,481
Fremont	34,001	9%	13,386	5,005	1,262	9,050	5,298
San Leandro	32,647	9%	6,679	4,564	3,561	11,930	5,913
Union City	15,485	4%	5,520	2,321	637	4,183	2,824
Alameda	14,039	4%	3,056	2,141	1,750	4,852	2,240
Berkeley	13,735	4%	2,628	1,858	1,364	5,841	2,044
Livermore	11,067	3%	1,655	686	1,976	4,808	1,942
Newark	8,602	2%	2,597	2,678	298	1,560	1,469
Castro Valley	9,207	3%	1,996	1,370	1,126	2,787	1,928
San Lorenzo	7,596	2%	1,321	1,285	734	2,756	1,500
Pleasanton	6,284	2%	1,476	401	562	2,781	1,064
Dublin	6,719	2%	1,573	435	691	2,822	1,198
Emeryville	2,499	1%	529	457	314	774	425
Albany	2,224	1%	335	232	415	807	435
Piedmont	474	0%	89	132	28	109	116
Sunol	82	0%	21	10	6	28	17
Antioch	56	0%	16	11	9	18	2
Other	1,335	0%	394	217	101	525	98
Total	361,685	100%	74,242	67,333	35,251	131,951	52,908



Health care you can count on.
Service you can trust.

Operations

Ruth Watson

To: Alameda Alliance for Health Board of Governors
From: Ruth Watson, Chief Operating Officer
Date: August 11th, 2023
Subject: Operations Report

Member Services

- 12-Month Trend Blended Summary:
 - The Member Services Department received a sixteen percent (16%) increase in calls in July 2023, totaling 16,276 compared to 13,740 in July 2022. Call volume pre-pandemic in July 2019 was 15,245, which is six percent (6%) lower than the current call volume.
 - The abandonment rate for July 2023 was fourteen percent (14%), which was the same fourteen percent (14%) in July 2022.
 - The Department's service level was sixty-three percent (63%) in July 2023, compared to forty-eight percent (48%) in July 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 twenty-one seconds (06:21) for July 2023, compared to six minutes and twenty-six seconds (06:26) for July 2022.
 - Ninety-seven percent (97%) of calls were answered within 10 minutes for July 2023, compared to eighty-three (83%) in July 2022.
 - The top five call reasons for July 2023 were: 1). Change of PCP, 2). Eligibility/Enrollment 3). Benefits, 4). Kaiser, 5). Grievance/Appeals. The top five call reasons for July 2022 were: 1). Change of PCP, 2). Kaiser, 3). Eligibility/Enrollment, 4 Benefits, 5). ID Card Requests.
 - July utilization for the member automated eligibility IVR system totaled thirteen hundred twenty-one (1321) in July 2023 compared to three hundred fifty-four (354) in July 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 seven hundred six (706) web-based requests in July 2023 compared to six hundred ten (610) in July 2022. The top three web reason requests for July 2023 were: 1). Change of PCP 2). ID Card Requests, 3). Update Contact Information. Twenty (20) members were assisted in-person in July 2023.

- Member Services Behavioral Health:
 - The Member Services Behavioral Health Unit received a total of one thousand eighty-five (1085) calls in July 2023.
 - The abandonment rate was fourteen percent (14%).

- The service level was eighty percent (80%).
- Calls answered in 10 minutes were ninety-seven percent (97%).
- The Average Talk Time (ATT) was nine minutes and twenty-five seconds (09:25). ATT is impacted by the DHCS requirements to complete a screening for all members initiating MH services for the first time.
- Twenty-four hundred and two (2402) outreach calls were made in July 2023.
- Two hundred twelve (212) screenings were completed in July 2023.
- Twenty-five (25) referrals were made to the County (ACCESS) in July 2023.
- Eight (8) members were referred to CenterPoint for SUD services in July 2023.

Claims

- 12-Month Trend Summary:
 - The Claims Department received 224,540 claims in July 2023 compared to 176,217 in July 2022.
 - Auto Adjudication was 80.9% in July 2023 compared to 82.6% in July 2022.
 - Claims compliance for the 30-day turn-around time was 90.1% in July 2023 compared to 98.5% in July 2022. The 45-day turn-around time was 99.9% in July 2023 compared to 99.9% in July 2022.

- Monthly Analysis:
 - In July, we received a total of 224,540 claims in the HEALTHsuite system. This represents a decrease of 16.04% from June and is higher, by 48,323 claims, than the number of claims received in July 2022; the higher volume of received claims remains attributed to increased membership.
 - We received 87.38% of claims via EDI and 12.62% of claims via paper.
 - During the month of July, 99.9% of our claims were processed within 45 working days.
 - The Auto Adjudication rate was 80.9% for July.

Provider Services

- 12-Month Trend Summary:
 - The Provider Services department's call volume in July 2023 was 9,623 calls compared to 4,973 calls in July 2022.
 - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.
 - The Provider Services department completed 254 calls/visits during July 2023.

- The Provider Services department answered 3,642 calls for July 2023 and made 700 outbound calls.

Credentialing

- 12-Month Trend Summary:
 - At the Peer Review and Credentialing (PRCC) meeting held on July 18, 2023, there were seventy-two (72) initial network providers approved; two (2) primary care providers, two (2) specialists, one (1) ancillary provider, six (6) midlevel providers, and sixty-one (61) behavioral health providers. Additionally, forty-three (43) providers were re-credentialed at this meeting; seven (7) primary care providers, twenty (20) specialists, six (6) ancillary providers, and ten (10) midlevel 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 July 2023, the Provider Dispute Resolution (PDR) team received 1764 PDRs versus 791 in July 2022.
 - The PDR team resolved 1072 cases in July 2023 compared to 966 cases in July 2022.
 - In July 2023, the PDR team upheld 79% of cases versus 73% in July 2022.
 - The PDR team resolved 99.9% of cases within the compliance standard of 95% within 45 working days in July 2023, compared to 99.7% in July 2022.
- Monthly Analysis:
 - AAH received 1764 PDRs in July 2023.
 - In July 1072 PDRs were resolved. Out of the 1072 PDRs, 846 were upheld and 226 were overturned.
 - The overturn rate for PDRs was 21%, which met our goal of 25% or less.
 - 1072 out of 1701 cases were resolved within 45 working days resulting in a 99.9% compliance rate.
 - The average turn-around time for resolving PDRs in July was 39 days.
 - There were 2771 PDRs pending resolution as of 07/31/2023, with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:
 - In July 2023, the Alliance completed 825 member orientation outreach calls and 100 member orientations by phone.
 - The C&O Department reached 582 people (73% identified as Alliance members) during outreach activities, compared to 200 individuals (100% self-identified as Alliance members) in July 2022.
 - The C&O Department spent a total of \$0 in donations, fees, and/or sponsorships, compared to \$0 in July 2023.
 - The C&O Department reached members in 14 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 13 cities in July 2022.

- Monthly Analysis:
 - In July 2023, the C&O Department completed 825 member orientation outreach calls and 100 member orientations by phone, 44 Alliance website inquiries, 2 member education events and 1 community event.
 - Among the 582 people reached, 73% identified as Alliance members.
 - In July 2023, the C&O Department reached members in 14 locations throughout Alameda County, Bay Area, and the U.S.
 - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	July 2023
Incoming Calls (R/V)	16,276
Abandoned Rate (R/V)	14%
Answered Calls (R/V)	13,935
Average Speed to Answer (ASA)	01:37
Calls Answered in 30 Seconds (R/V)	63%
Average Talk Time (ATT)	06:35
Calls Answered in 10 minutes	97%
Outbound Calls	6,837

Top 5 Call Reasons (Medi-Cal and Group Care) July 2023
Change of PCP
Eligibility/Enrollment
Benefits
Kaiser
Grievances/Appeals

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) July 2023
Change of PCP
ID Card Requests
Update Contact Info

Claims Department
June 2023 Final and July 2023 Final

METRICS		
Claims Compliance	Jun-23	Jul-23
90% of clean claims processed within 30 calendar days	90.0%	90.1%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	Jun-23	Jul-23
Paper claims	31,106	28,339
EDI claims	236,331	196,201
Claim Volume Total	267,437	224,540
Percentage of Claims Volume by Submission Method	Jun-23	Jul-23
% Paper	11.63%	12.62%
% EDI	88.37%	87.38%
Claims Processed	Jun-23	Jul-23
HEALTHsuite Paid (original claims)	151,948	150,770
HEALTHsuite Denied (original claims)	66,302	59,231
HEALTHsuite Original Claims Sub-Total	218,250	210,001
HEALTHsuite Adjustments	3,195	2,765
HEALTHsuite Total	221,445	212,766
Claims Expense	Jun-23	Jul-23
Medical Claims Paid	\$81,756,949	\$79,733,440
Interest Paid	\$48,965	\$42,793
Auto Adjudication	Jun-23	Jul-23
Claims Auto Adjudicated	173,048	169,815
% Auto Adjudicated	79.3%	80.9%
Average Days from Receipt to Payment	Jun-23	Jul-23
HEALTHsuite	20	20
Pended Claim Age	Jun-23	Jul-23
0-29 calendar days	27,955	26,674
HEALTHsuite		
30-59 calendar days	3,259	1,293
HEALTHsuite		
Over 60 calendar days	2	5
HEALTHsuite		
Overall Denial Rate	Jun-23	Jul-23
Claims denied in HEALTHsuite	66,302	59,231
% Denied	29.9%	27.8%

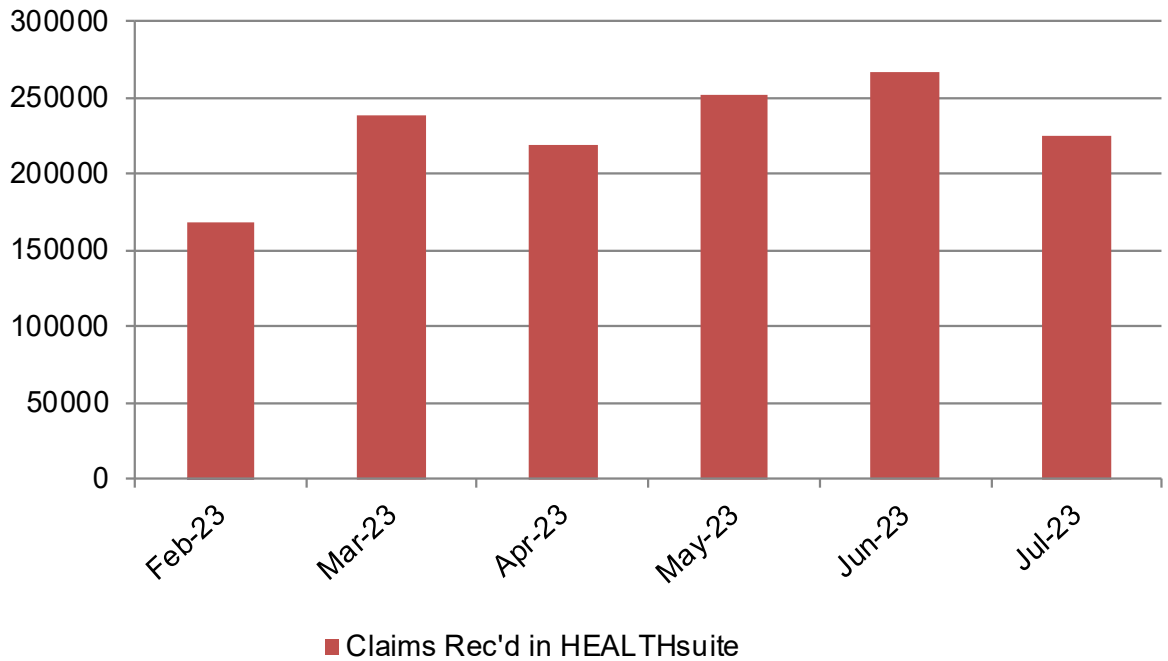
**Claims Department
June 2023 Final and July 2023 Final**

Jul-23

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	23%
Duplicate Claim	12%
No Benefits Found For Dates of Service	11%
Non-Covered Benefit For This Plan	11%
Must Submit Paper Claim With Copy of Primary Payor EOB	7%
% Total of all denials	64%

Claims Received By Month

Run Date	3/1/2023	4/1/2023	5/1/2023	6/1/2023	7/1/2023	8/1/2023
Claims Received Through	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Claims Rec'd in HEALTHsuite	167,475	238,283	218,296	251,858	267,437	224,540



Provider Relations Dashboard July 2023

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5588	5936	6283	6245	8056	8013	9623					
Abandoned Calls	1698	1904	1557	1808	3594	3598	5981					
Answered Calls (PR)	3890	4032	4726	4437	4462	4415	3642					
Recordings/Voicemails	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (R/V)	1231	953	986	849	1611	1883	3601					
Abandoned Calls (R/V)												
Answered Calls (R/V)	1231	953	983	849	1611	1883	3601					
Outbound Calls	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Outbound Calls	741	758	910	855	904	828	700					
N/A												
Outbound Calls	741	758	910	855	904	828	700					
Totals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Incoming, R/V, Outbound Calls	7560	7647	8179	7949	10568	10724	13924					
Abandoned Calls	1698	1904	1557	1808	3594	3598	5981					
Total Answered Incoming, R/V, Outbound Calls	5862	5743	6622	6141	6974	7126	7943					

Provider Relations Dashboard July 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%	5.3%	5.9%	5.8%	4.4%					
Benefits	3.6%	3.4%	3.1%	3.6%	3.4%	5.1%	4.4%					
Claims Inquiry	46.7%	46.0%	48.8%	47.6%	49.0%	49.5%	51.9%					
Change of PCP	4.9%	3.8%	3.4%	3.1%	3.3%	3.1%	2.3%					
Complaint/Grievance (includes PDR's)	2.9%	1.7%	2.9%	3.4%	3.4%	3.6%	2.8%					
Contracts/Credentialing	0.9%	0.7%	0.9%	0.8%	0.7%	0.7%	1.2%					
Demographic Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					
Eligibility - Call from Provider	19.4%	20.6%	17.2%	15.7%	14.3%	13.2%	15.0%					
Exempt Grievance/ G&A	0.0%	0.0%	0.0%	3.5%	3.4%	0.1%	0.0%					
General Inquiry/Non member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					
Health Education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					
Intrepreter Services Request	0.7%	0.9%	0.4%	0.6%	0.4%	0.6%	0.4%					
Kaiser	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					
Member bill	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					
Provider Portal Assistance	2.7%	2.9%	2.5%	3.3%	4.3%	4.2%	3.8%					
Pharmacy	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%					
Prop 56	0.4%	0.5%	0.4%	0.5%	0.6%	0.6%	0.4%					
Provider Network Info	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%					
Transportation Services	0.2%	0.4%	0.1%	0.1%	0.1%	0.2%	0.1%					
Transferred Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					
All Other Calls	12.2%	14.0%	14.7%	12.4%	11.2%	13.3%	13.1%					
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					

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	42	64	17	28					
Contracting/Credentialing	29	18	34	31	28	27	24					
Drop-ins	142	96	100	107	161	90	115					
JOM's	0	2	2	1	4	2	2					
New Provider Orientation	0	20	32	703	89	70	85					
Quarterly Visits	0	0	0	0	0	0	0					
UM Issues	13	18	0	9	3	3	0					
Total Field Visits	214	182	215	893	349	209	254	0	0	0	0	0

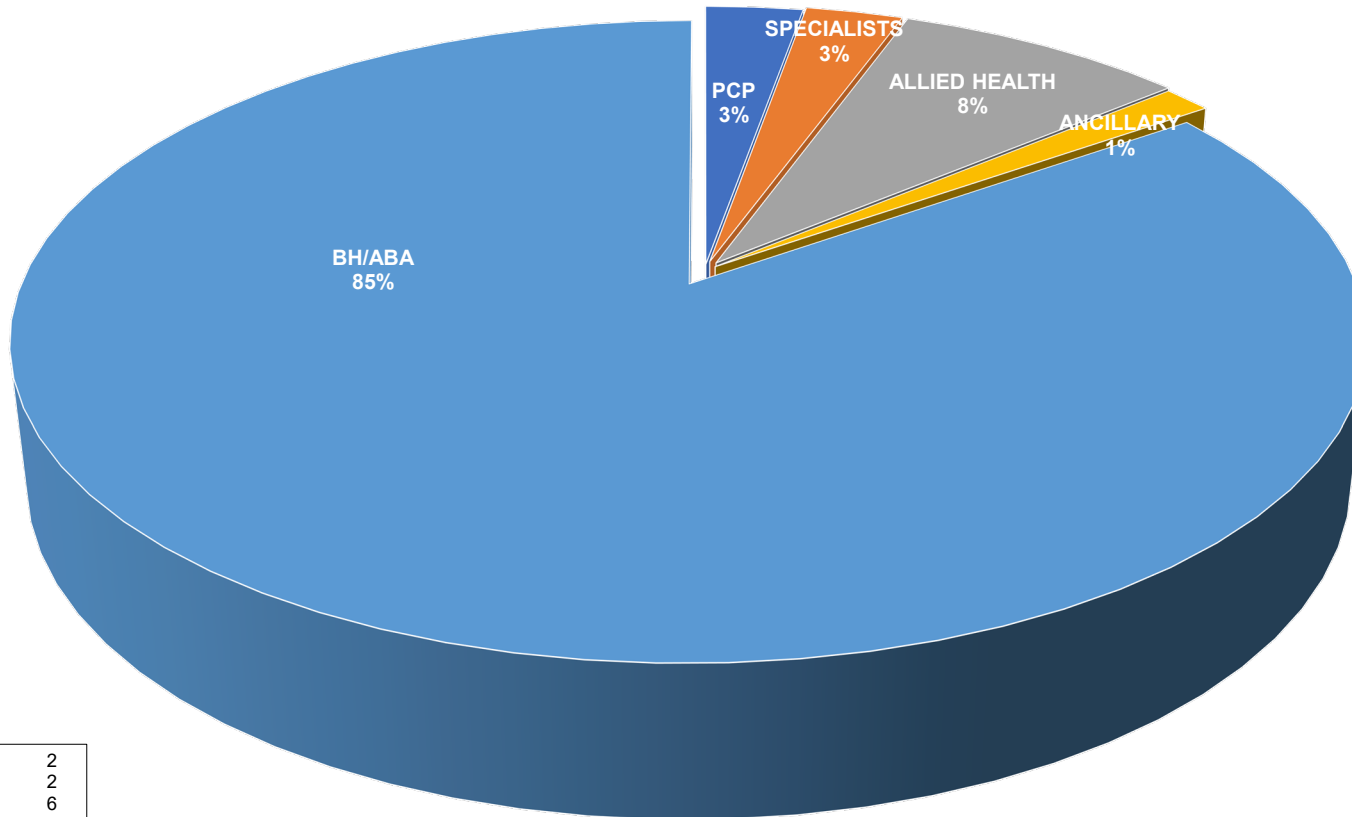
ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALLED PRACTITIONERS					
Practitioners	BH/ABA 1040	AHP 464	PCP 362	SPEC 666	PCP/SPEC 11
AAH/AHS/CHCN Breakdown	AAH 1385 AHS 240 CHCN 548				COMBINATION OF GROUPS 370
Facilities	367				
VENDOR SUMMARY					
Credentialing Verification Organization, Symplr CVO					
	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	126	18	25	Y	Y
Recred Files in Process	32	22	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	158				
CAQH Applications Processed in July 2023					
Standard Providers and Allied Health	Invoice not received				
July 2023 Peer Review and Credentialing Committee Approvals					
Initial Credentialing	Number				
PCP	2				
SPEC	2				
ANCILLARY	1				
MIDLEVEL/AHP	6				
BH/ABA	61				
	72				
Recredentialing					
PCP	6				
SPEC	20				
PCP/SPEC	1				
ANCILLARY	6				
MIDLEVEL/AHP	10				
BH/ABA	0				
	43				
TOTAL	115				
July 2023 Facility Approvals					
Initial Credentialing	5				
Recredentialing	8				
	13				
Facility Files in Process	30				
July 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
Adams	Jordan	ABA	INITIAL	7/18/2023
Akande	Aderonke	BH-Telehealth	INITIAL	7/18/2023
Ambrose	Sasha	BH	INITIAL	7/18/2023
Ani	Michael	ABA	INITIAL	7/18/2023
Booty	Andrew	BH	INITIAL	7/18/2023
Broster	Lucas	BH	INITIAL	7/18/2023
Cabral	Erik	Specialist	INITIAL	7/18/2023
Celebi Bozyel	Hacer	ABA	INITIAL	7/18/2023
Chin	Tammy	BH	INITIAL	7/18/2023
Coaxum	Crystal	ABA	INITIAL	7/18/2023
Cohen	Lawrence	BH	INITIAL	7/18/2023
Compton	Kaila	BH	INITIAL	7/18/2023
Cruz	John	BH	INITIAL	7/18/2023
Cruz	Paige	ABA	INITIAL	7/18/2023
DaCosta	Rachel	BH	INITIAL	7/18/2023
DeGuzman	Conrad	ABA-Telehealth	INITIAL	7/18/2023
Dubon	Karen	ABA-Telehealth	INITIAL	7/18/2023
Duda	Shayla	ABA	INITIAL	7/18/2023
Duran	Pedro	BH	INITIAL	7/18/2023
Dziuba	Adam	Specialist	INITIAL	7/18/2023
Elhaj	Alaa	BH	INITIAL	7/18/2023
Fanaee	Soheila	BH-Telehealth	INITIAL	7/18/2023
Ferraro	Pia	BH-Telehealth	INITIAL	7/18/2023
Gamble	Cierra	Allied Health	INITIAL	7/18/2023
Garcia	Glaizzel	ABA	INITIAL	7/18/2023
Garcia Garcia	Anaiby	ABA	INITIAL	7/18/2023
Ghanbari	Yassi	Primary Care Physician	INITIAL	7/18/2023
Guerrero	Susan	BH	INITIAL	7/18/2023
Hainsel Hernandez	Ronald	BH	INITIAL	7/18/2023
Hong	Jane	BH	INITIAL	7/18/2023
Howell	Joanne	BH-Telehealth	INITIAL	7/18/2023
Jain	Rashi	ABA	INITIAL	7/18/2023
Jones	Lucas	BH	INITIAL	7/18/2023
Kingsada	Scott	ABA	INITIAL	7/18/2023
Kirupananthan	Anujeetha	Allied Health	INITIAL	7/18/2023
Kleiman	Sean	ABA	INITIAL	7/18/2023
Krukov	Monica	ABA	INITIAL	7/18/2023
Kugman	Adriana	ABA	INITIAL	7/18/2023
Lau	Cynthia	Allied Health	INITIAL	7/18/2023
Leuzinger	Brooke	ABA	INITIAL	7/18/2023
Levinson	Michelle	Allied Health	INITIAL	7/18/2023
Lipschultz	Erica	Allied Health	INITIAL	7/18/2023
Lopez-Nandam	Aneesh	BH	INITIAL	7/18/2023
Manaoat	Jonathan	BH	INITIAL	7/18/2023
McElhanev	Sean	ABA	INITIAL	7/18/2023
Navarrete Hernandez	Fabiola	BH	INITIAL	7/18/2023
Neutz	Stephanie	BH	INITIAL	7/18/2023
Nguyen	Hanh	ABA	INITIAL	7/18/2023
Nunn	Lolita	BH-Telehealth	INITIAL	7/18/2023
Oleinick	Cydnie	ABA-Telehealth	INITIAL	7/18/2023
Osburn	Ashley	ABA	INITIAL	7/18/2023
Ouellette	Jamey	ABA-Telehealth	INITIAL	7/18/2023
Paff	Eugenia	ABA	INITIAL	7/18/2023
Parke	John	BH	INITIAL	7/18/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CRED	CRED DATE
Pennybaker	Steven	BH	INITIAL	7/18/2023
Priesman	Corey	BH	INITIAL	7/18/2023
Schumm	Derek	BH	INITIAL	7/18/2023
Shem	Alyssa	ABA	INITIAL	7/18/2023
Singh	Rajinder	Ancillary	INITIAL	7/18/2023
Spencer	Ronald	BH	INITIAL	7/18/2023
Spinale	Michelle	ABA	INITIAL	7/18/2023
Story	Elana	BH	INITIAL	7/18/2023
Swain	Melissa	ABA	INITIAL	7/18/2023
Takahashi	Kenichi	BH	INITIAL	7/18/2023
Tang How	Janique	Allied Health	INITIAL	7/18/2023
Thomas	Arielle	ABA	INITIAL	7/18/2023
Trautner	Rick	BH	INITIAL	7/18/2023
Ugboh	Florence	Primary Care Physician	INITIAL	7/18/2023
Valdez	Jamie	ABA	INITIAL	7/18/2023
Verdun	Matthew	BH	INITIAL	7/18/2023
Woodward	Eleanor	BH	INITIAL	7/18/2023
Yu	Connie	ABA	INITIAL	7/18/2023
Ajuria	Michael	Specialist	RE-CRED	7/18/2023
Ali	Zulfqar	Primary Care Physician and Specialist	RE-CRED	7/18/2023
Asrani	Hiya	Primary Care Physician	RE-CRED	7/18/2023
Barot	Dipti	Primary Care Physician	RE-CRED	7/18/2023
Blaschko	Sarah	Specialist	RE-CRED	7/18/2023
Bradshaw	David	Specialist	RE-CRED	7/18/2023
Busfield	Benjamin	Specialist	RE-CRED	7/18/2023
Chitnis	Amit	Specialist	RE-CRED	7/18/2023
Cohn	Susie	Specialist	RE-CRED	7/18/2023
Cook	Alison	Specialist	RE-CRED	7/18/2023
Delaplane	Kathryn	Allied Health	RE-CRED	7/18/2023
Fogel	Rachel	Primary Care Physician	RE-CRED	7/18/2023
Garmur	Kelly	Allied Health	RE-CRED	7/18/2023
Goodfriend-Reano	Eva	Allied Health	RE-CRED	7/18/2023
Herman	Erin	Allied Health	RE-CRED	7/18/2023
Jamena	Gemmajeon	Primary Care Physician	RE-CRED	7/18/2023
Joseph	Michal	Ancillary	RE-CRED	7/18/2023
Joyallen	Karen	Allied Health	RE-CRED	7/18/2023
Kim	Jamie	Specialist	RE-CRED	7/18/2023
Ma	Daveena	Primary Care Physician	RE-CRED	7/18/2023
Marchiano	Michael	Primary Care Physician	RE-CRED	7/18/2023
Markowski	Meghan	Allied Health	RE-CRED	7/18/2023
Min	Byoung Wook	Ancillary	RE-CRED	7/18/2023
Mogannam	Abid	Specialist	RE-CRED	7/18/2023
Nanavati	Dhiren	Specialist	RE-CRED	7/18/2023
Pearson	Catherine	Specialist	RE-CRED	7/18/2023
Ponnuraju	Girija	Allied Health	RE-CRED	7/18/2023
Roberts	Alison	Allied Health	RE-CRED	7/18/2023
Ruiz	Lauren	Allied Health	RE-CRED	7/18/2023
Shafi	Nabil	Specialist	RE-CRED	7/18/2023
Shah	Neha	Specialist	RE-CRED	7/18/2023
Sharma	Padmaja	Specialist	RE-CRED	7/18/2023
Singh	Haramandeep	Specialist	RE-CRED	7/18/2023
Smith-Heimer	Alana	Allied Health	RE-CRED	7/18/2023
Svec	Ioana	Ancillary	RE-CRED	7/18/2023
Sykes	Susan	Specialist	RE-CRED	7/18/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CRED	CRED DATE
Truong	Amy	Ancillary	RE-CRED	7/18/2023
Van Gompel	Gabriel	Specialist	RE-CRED	7/18/2023
Vora	Samir	Specialist	RE-CRED	7/18/2023
Wong	Kam	Specialist	RE-CRED	7/18/2023
Yan	Min	Specialist	RE-CRED	7/18/2023
Zhang	Zhonghua	Ancillary	RE-CRED	7/18/2023
Zhi	Qi	Ancillary	RE-CRED	7/18/2023

JULY PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALTY



PCP	2
Specialists	2
Allied Health	6
Ancillary	1
BH/ABA	61
Total	72

**Provider Dispute Resolution
June 2023 and July 2023**

METRICS

PDR Compliance

Jun-23

Jul-23

of PDRs Resolved

1,519

1,072

Resolved Within 45 Working Days

1,516

1,071

% of PDRs Resolved Within 45 Working Days

99.8%

99.9%

PDRs Received

Jun-23

Jul-23

of PDRs Received

1,453

1,764

PDR Volume Total

1,453

1,764

PDRs Resolved

Jun-23

Jul-23

of PDRs Upheld

1,183

846

% of PDRs Upheld

78%

79%

of PDRs Overturned

336

226

% of PDRs Overturned

22%

21%

Total # of PDRs Resolved

1,519

1,072

Average Turnaround Time

Jun-23

Jul-23

Average # of Days to Resolve PDRs

42

39

Oldest Unresolved PDR in Days

45

44

Unresolved PDR Age

Jun-23

Jul-23

0-45 Working Days

2,080

2,771

Over 45 Working Days

0

0

Total # of Unresolved PDRs

2,080

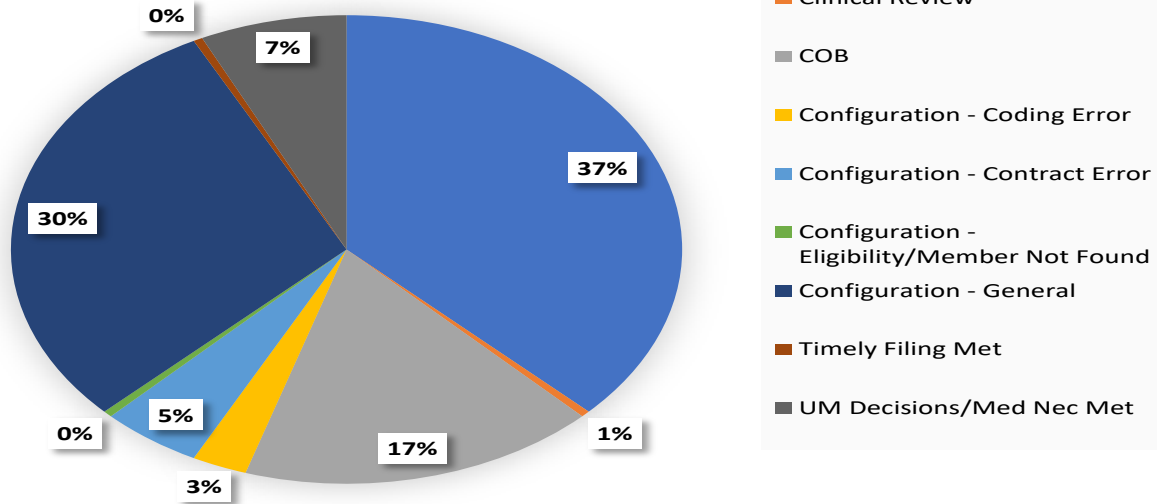
2,771

Provider Dispute Resolution June 2023 and July 2023

Jul-23

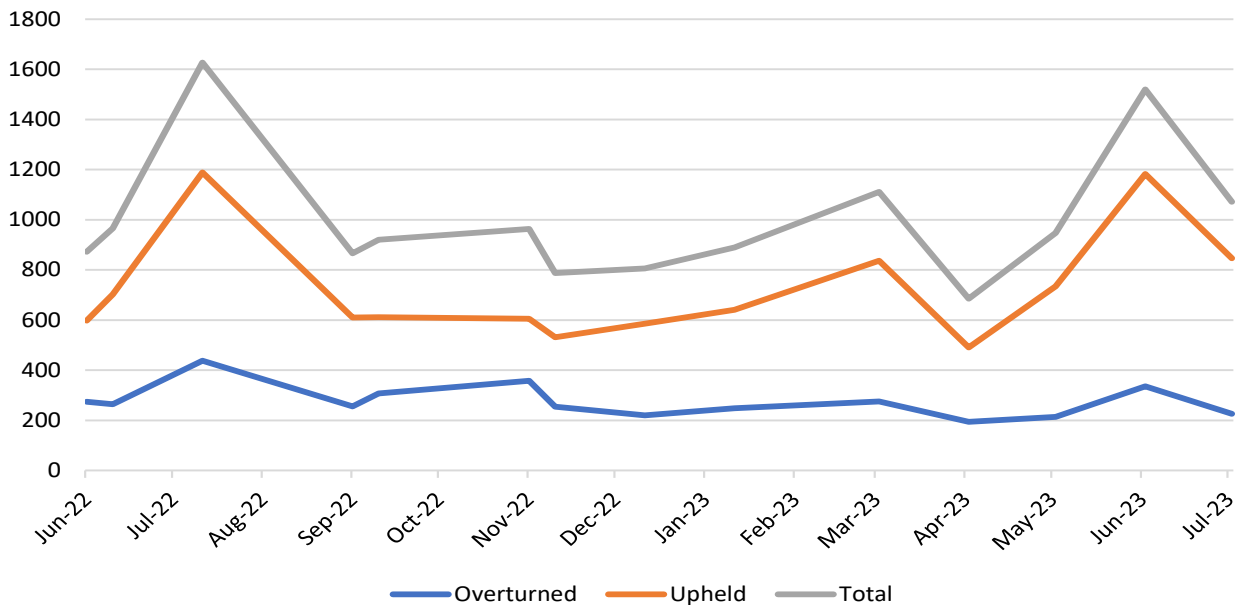
PDR Resolved Case Overturn Reasons

July 2023



Rolling 12-Month PDR Trend Line

July 2023



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2023-2024 | JULY 2023 OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2023-2024 | JULY 2023 OUTREACH REPORT

During July 2023, the Alliance completed **825** member orientation outreach calls among net new members and non-utilizers and conducted **100** member orientations (**12%** member participation rate). In addition, in July 2023, the Outreach team completed **44** Alliance website inquiries, **5** service requests, **2** Member Education Events and 1 Community Event. The Alliance reached a total of **482** people and spent a total of \$0 in donations, fees, and/or sponsorships at the Asian Health Services Community Food Distribution Monthly Event, the Allen Temple Baptist Church 43rd Annual Holistic Health Fair, and the Market Street Seventh Day Adventist Church Event. *

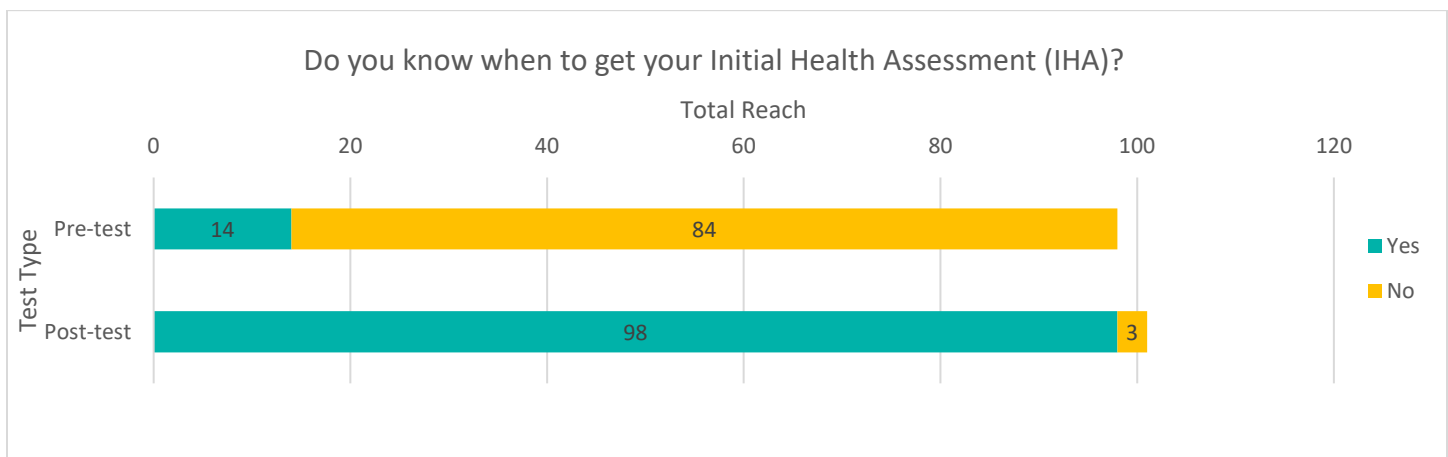
The Communications & Outreach Department started reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **28,068** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began helping members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from Coronavirus Disease (COVID-19). Subsequently, the Alliance proactively postponed all face-to-face member orientations until further notice.

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of **Tuesday, July 31, 2023**, the Outreach Team completed **28,070**-member orientation outreach calls and conducted **7,200** member orientations (26%-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 July 1, through July 31, 2023 (20 working days) – **100** net new members completed a MO by phone.

After completing a MO **97%** of members who completed the post-test survey in July 2023 reported knowing when to get their IHA, compared to only **14.3%** of members knowing when to get their IHA in the pre-test survey.

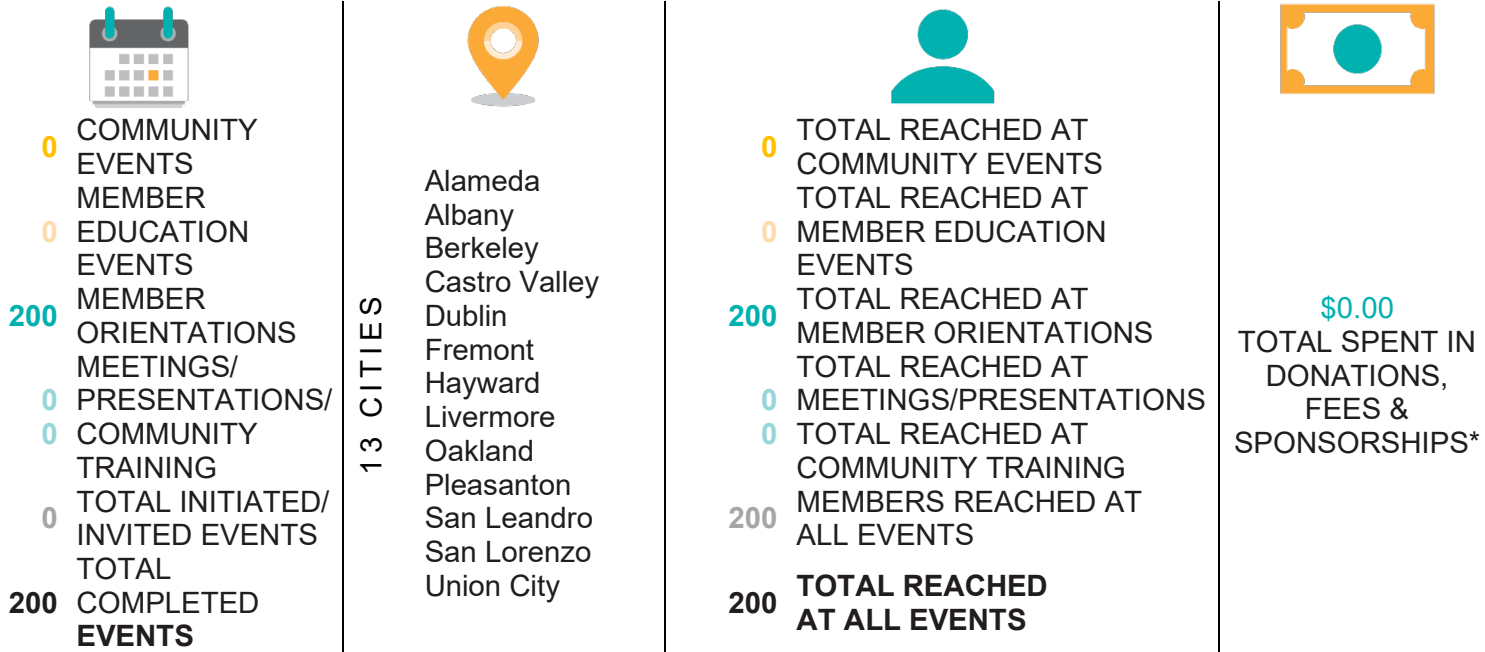


All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 23-24\Q1\1. July 2023**

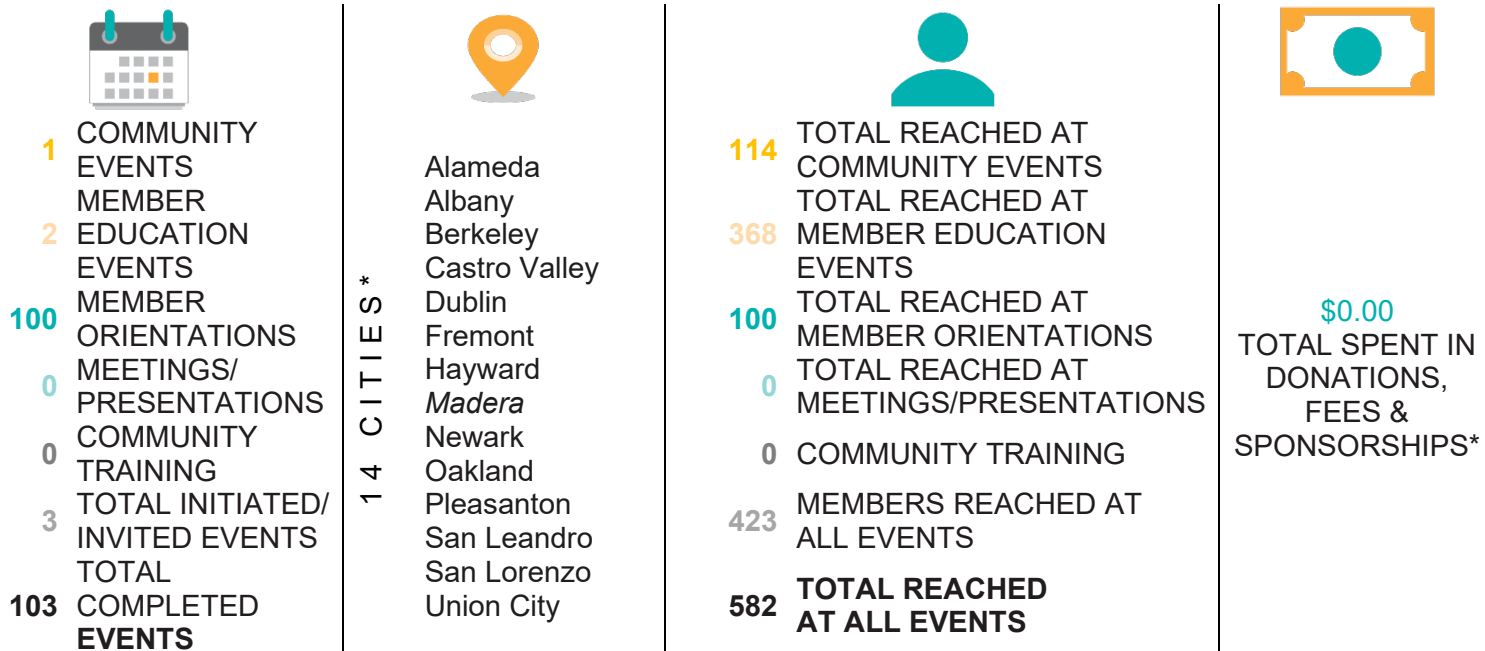
ALLIANCE IN THE COMMUNITY

FY 2023-2024 | JULY 2023 OUTREACH REPORT

FY 2022-2023 JULY 2022 TOTALS



FY 2023-2024 JULY 2023 TOTALS



*Cities represent the mailing address designations for members who completed a member orientation by phone and community event. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the Q3 FY21 Outreach Report.



Health care you can count on.
Service you can trust.

Compliance

Richard Golfin III

To: Alameda Alliance for Health Board of Governors
From: Richard Golfin III, Chief Compliance & Privacy Officer
Date: August 11th, 2023
Subject: Compliance Division Report

Compliance Audit Updates

- 2023 DHCS Routine Medical Survey:
 - The onsite virtual interview took place from April 17th, 2023, through April 28th, 2023. There have been no updates since the exit interview held in April. A preliminary report is expected by the end of August.
- 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 has completed review of 8 out of the 15 findings. The Plan is awaiting further guidance from DHCS.
- 2021 DMHC Follow-up Routine Survey
 - On June 26th, 2023, the Plan received notification from the DMHC that the department will be conducting a Follow-Up Review (Survey) of the outstanding deficiencies identified in the October 23rd, 2022, Final Report of the 2021 DMHC Routine Survey of the Plan. This audit will be conducted via desktop review and telephonic interviews. The department will be evaluating the following:
 - General Plan Operations;
 - Deficiencies associated with Grievance and Appeals; and;
 - Deficiencies associated with Prescription Drug Coverage
 - The review period will cover November 1st, 2022, through May 31st, 2023. All pre-audit materials have been submitted to the Department in July 2023.

- Compliance Risk Assessment:
 - The compliance department has completed risk assessment by its outside consultant, RGP. The assessment provided valuable insights into the organization's current risk landscape and helps inform risk management strategies and decision-making processes. Over the coming months, the Compliance Division will be focused on bolstering key pillars to an effective compliance program, such as:
 - Conducting a Corporate Risk Assessment and Developing a Corporate Risk Strategy.
 - Develop a Compliance Strategy Plan. The strategy plan incorporates the roadmap for a robust Compliance Program and Maturing the Compliance Program.
 - Improve Effectiveness Transparency. Create a dashboard of Compliance Effectiveness to monitor remediation of potential gaps in the Compliance Program.
 - Improve Compliance Monitoring Processes. Facilitate Tracking, Auditing and Monitoring efforts beyond External Audit Performance. Incorporate Quality Assurance monitoring with Compliance.
- 2022 DMHC Risk Bearing Organization (RBO) Audits:
 - In 2022, the DMHC examined the claims settlement practices and the provider dispute resolution mechanism of Children First Medical Group, Inc. (CFMG) and Community Health Center Network, Inc. (CHCN).
 - The Plan's oversight of these RBOs includes quarterly audits of claims settlement practices beginning with Q1 2023 dates of service. Case files for both CHCN and CFMG remain under review.

Compliance Activity Updates

- 2022 RFP Contract Update:
 - The State has noted that the Emergency Preparedness and Response Plan will have an extended implementation date of January 1st, 2025. The Plan has identified an internal target implementation date of October 27th, 2023, for all other requirements. On July 7th, 2023, the State provided the draft of the 2024 Contract for review and solicited feedback from health plans across California. The Plan submitted three (3) comments for clarification and/or revision on the draft contract to the California Association of Health Plans (CAHP) and the Local Health Plans of California (LHPC).. The Plan is in the process of submitting twenty-eight (28) deliverables through August 18th. The State is expected to provide more information on the remaining undisclosed deliverables this summer.

- 2023 Annual Corporate Compliance Training
 - All Alliance Staff will be assigned Annual Corporate Compliance Training on September 11, 2023. Staff will have (90) days to complete assigned training. The Annual training includes:
 - Health Insurance Portability and Accountability Act (HIPAA)
 - Fraud Waste and Abuse
 - Cultural Competence and Sensitivity Training
 - ADA (pending inclusion)

Behavioral Health Insourcing:

- Although the Alliance has received approval from the Departments of Managed Health Care (DMHC) and Health Care Services (DHCS), as expected, DMHC’s approval was subject to and conditioned upon the Alliance’s full performance to the Department’s satisfaction of eight Undertakings. Six of the eight Undertakings require deliverables to the DMHC. Compliance is coordinating with internal stakeholders to gather responses for timely and complete submission of the deliverables. All undertakings deliverables have been filed with DMHC. Undertaking five and six are still pending Department review and approval.

Undertakings Chart:

Undertaking Number	Deliverable	Initial Due Date	Current Status	Progress
No. 1	Report detailing compliance with SB 855 Section 1374.721(e)(1) ¹¹ , when the trainings have been completed. The report must include evidence that training courses 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	First Report sent April 28th, 2023. See Filing No. 20232102	DMHC completed its review & closed the filing on May 25 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.	First Report sent April 24th, 2023 Received close out of 1 st submission on April 27 th , 2023. See Filing No. 20232017.	Compliance submitted 2 nd report on May 24 th , 2023. DMHC completed its review & closed the filing on June 23 rd , 2023 (see Filing No. 20232500).
No. 3	Submit the fully executed Memorandum of Understanding (MOU) between the Plan and Alameda County Behavioral Health Services.	By April 28 th , 2023	Filing No. 20231868 submitted to DMHC on April 13th, 2023.	DMHC completed its review & closed the filing on April 27 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	Filing No. 20232045 submitted to DMHC on April 25th, 2023. Received a comment from DMHC on May 15 th , 2023. Response due June 15 th , 2023	Regulatory Affairs & Compliance submitted response on May 30 th , 2023, as 20232551 Awaiting DMHC response or closure of the filing
No. 5	If applicable, submit Claims policies updated as a result of insourcing and administering mental health, substance abuse disorder, and behavioral health services.	By April 28 th , 2023	Filing No. 20232024 submitted to DMHC on April 24th, 2023. Response to DMHC May 5th, Comment letter due to DMHC by <u>Sunday June 4th, 2023</u>	Received comment table from DMHC. AAH's response due 7/6/2023.

No. 6	<p>Submit electronically an Amendment filing to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act (“MHPAEA”) (42 USC § 300 gg-26) and its regulations (45 CFR § 146.136) and Section 1374.76 of the Act.</p> <p>Before submitting the Amendment, the Plan shall contact the Department’s MHPAEA review team by May 28th, 2023, to obtain detailed filing instructions and DMHC MHPAEA template worksheets for completion as part of the MHPAEA compliance filing.</p>	By July 12 th , 2023	<p>AAH requested detailed filing instructions & templates from DMHC on April 19th, 2023.</p> <p>May 5th, 2023 received filing instructions and worksheets from DMHC.</p> <p>May 9th, 2023 saved documents on teams UT #6 MHPAEA and distributed to BH SMEs & Soli</p>	May 22 nd , 2023 – Met with SMEs. Will leverage the documents from BH Investigation to populate the J-12 NQTL table.
No. 7	Legal template language describing the enforceability.	No Deliverable	N/A	N/A
No. 8	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	N/A	N/A

The Compliance Department will track each of the deliverables related to the Undertakings. The Compliance Department will coordinate with the applicable AAH stakeholders to address each of the Undertakings.

Compliance

Supporting Documents

2023 APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
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.
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.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
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.
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).
18	DHCS	23-007	4/10/2023	Telehealth Services Policy	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care health plans (MCPs) on the Department of Health Care Services' (DHCS) policy on Covered Services offered through Telehealth modalities as outlined in the Medi-Cal Provider Manual. This includes clarification on those Covered Services which can be provided via Telehealth and the expectations related to documentation for Telehealth.
19	DMHC	23-010	4/10/2023	Coverage of Misoprostol-Only Abortion Care	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 23-010 based on potential disruptions to the availability of mifepristone due to the recently issued federal district court decisions.
20	DMHC	23-011	4/10/2023	Annual Segregation Fund Report	N/A	Assembly Bill (AB) 2205 added California Health and Safety Code (HSC) section 1347.8. Effective July 1, 2023 and annually thereafter, a health plan that offers a qualified health plan through the California Health Benefit Exchange (Exchange) shall report to the director the total amount of funds maintained in a segregated account for abortion services pursuant to subdivision (a) of Section 1303 of the federal Patient protection and Affordable Care Act (Public Law 111-148). This APL provides guidance to health plans on the timing and content requirements for submitting annual segregation fund reports.
21	DMHC	23-012	4/17/2023	Health Plan Annual Assessments	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) 23-012 to provide information to health care service plans (health plans) pertaining to the DMHC's fiscal year (FY) 2023- 24 annual assessment. Health plans are required to file the Report of enrollment Plan on the DMHC eFiling web portal by May 15, 2023.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
22	DHCS	20-021	4/19/2023	Acute Hospital Care at Home (REVISED)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with policy guidance regarding hospitals participating in the Centers for Medicare & Medicaid Services' (CMS) Acute Hospital Care at Home program. The APL was revised to indicate that on December 29, 2022, President Biden signed into law the Consolidated Appropriations Act of 2023. This legislation included an extension of the Acute Hospital Care at Home program waiver that was initiated during the federal public health emergency. The Acute Hospital Care at Home program has been extended to December 31, 2024.
23	DMHC	23-013	4/20/2023	Large Group Coverage of Association Health Plans: Extension of Phase Out and Guidance	GROUP CARE	On December 9, 2019, the Department of Managed Health Care (DMHC) issued All Plan Letter (APL) 19-024 reminding health plans, solicitors, brokers and others of the law codified in Senate Bill 1375 (Stats 2018 ch 700 §3). The DMHC recognizes that some health plans and MEWAs continued to renew large group coverage while the DMHC reviewed compliance submissions for SB 255 and SB 718. As such, health plans contracting with MEWAs may continue to renew large group coverage for up to one year until December 31, 2023, if the health plan submits the required information to the DMHC on or before May 19, 2023.
24	DMHC	23-014	4/24/2023	Health Care Service Plans Are Mandatory Signatories to the CalHHS Data Exchange Framework	MEDI-CAL & GROUP CARE	The purpose of this All Plan Letter (APL) is to inform all health care service plans of their requirement to sign the Health and Human Services Data Exchange Framework (DxF) Data Sharing Agreement (DSA). This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies.
25	DHCS	23-008	4/28/2023	Proposition 56 Directed Payments for Family Planning Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed health care plans (MCPs) with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified family planning services.
26	DHCS	23-009	5/3/2023	Authorization for Post-Stabilization Care Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify Medi-Cal managed care health plans (MCPs) contractual obligations for authorizing post-stabilization care services. In accordance with Title 28 CCR section 1300.71.4, when a Member is stabilized, but the health care Provider believes that they require additional Medically Necessary Covered Services and may not be discharged safely, the MCP, "shall approve or disapprove a health care provider's request for authorization to provide necessary post-stabilization medical care within one half hour of the request." To clarify, the "health care provider" as referenced herein refers to both Out-of-Network Providers (i.e., non-contracting Providers) and Network Providers.
27	DHCS	23-010	5/4/2023	Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) about the provision of Medically Necessary Behavioral Health Treatment (BHT) services for Members under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, as outlined in APL 19-010 or any superseding APL, and in accordance with mental health parity requirements. This APL clarifies that the MCP has primary responsibility for ensuring that all of a Member's needs for Medically Necessary BHT services are met across environments, including on-site at school or during virtual school sessions. For example, if educational BHT services provided to a Member by school-based Providers have been discontinued during the COVID-19 Public Health Emergency (PHE), the MCP must ensure that Medically Necessary BHT services are provided. The MCP is responsible for coordinating with other entities and covering any gap in Medically Necessary BHT services for the Member.
28	DHCS	23-011	5/8/2023	Treatment of Recoveries Made by the Managed Care Health Plan of Overpayments to Providers	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) relating to an MCP's recovery of all overpayments to providers.
29	DHCS	23-012	5/12/2023	Enforcement Actions: Administrative and Monetary Sanctions	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care health plans (MCPs) of the Department of Health Care Services' (DHCS) policy regarding the imposition of administrative and monetary sanctions, which are among the enforcement actions DHCS may take to enforce compliance with MCP contractual provisions and applicable state and federal laws. This APL supersedes APL 22-015.
30	DMHCS	23-015	5/16/2023	Supplemental Provider Directory Annual Filing Requirements	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-015, as a supplement to APL 23-007 (OPL) – Provider Directory Annual Filing Requirements (2023), to provide additional guidance and a filing extension to health care service plans (plans) regarding the Section 1367.27 Annual Compliance (2023) filing.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
31	DHCS	23-013	5/18/2023	Mandatory Signatories to the CalHHS Data Exchange Framework	MEDI-CAL	The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care health plans (MCPs) of their requirement to sign the California Health and Human Services Agency (CalHHS) Data Exchange Framework (DxF) Data Sharing Agreement (DSA). This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies.
32	DHCS	21-004	5/24/2023	Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (REVISED)	MEDI-CAL	This All Plan Letter (APL) serves to inform all Medi-Cal managed care health plans (MCPs) of the dataset for threshold and concentration languages and clarifies the threshold and concentration standards specified in state and federal law and MCP contracts. This dataset identifies the threshold and concentration languages in which, at a minimum, MCPs must provide written translated member information.
33	DHCS	23-014	6/9/2023	Proposition 56 Value-Based Payment Program Directed Payments	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (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.
34	DHCS	23-015	6/9/2023	Proposition 56 Directed Payments For Private Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with information on required directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified state-funded medical pregnancy termination services.
35	DHCS	23-016	6/9/2023	Directed Payments for Developmental Screening Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on directed payments, initially funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of standardized developmental screening services for children.
36	DHCS	23-017	6/13/2023	Directed Payments for Adverse Childhood Experiences Screening Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on directed payments, initially funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of standardized Adverse Childhood Experiences (ACE) screening services for adults (through 64 years of age) and children.
37	DHCS	23-018	6/23/2023	Managed Care Health Plan Transition Policy Guide	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to all Medi-Cal managed care health plans (MCPs) regarding the 2024 MCP Transition effective January 1, 2024. The 2024 Managed Care Plan Transition Policy Guide (Policy Guide) establishes and details the requirements for the implementation of the 2024 MCP Transition.
38	DMHC	23-016	6/29/2023	Implementation of SB 1338 (2022) - Community Assistance, Recovery, and Empowerment (CARE)	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-016 to set out the Department's guidance about how health plans shall ensure they identify enrollees who are involved in CARE implemented by SB 1338 (the CARE Act) and how health plans shall process and pay claims arising from their enrollees' CARE agreements or CARE plans.
39	DMHC	23-017	7/21/2023	Impact of the End of the Federal PHE	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 23-017, which addresses the impact of the end of the COVID-19 public health emergency (PHE) on health plan coverage of COVID-19 tests, immunizations, and therapeutics.
40	DHCS	23-019	7/25/2023	Proposition 56 Directed Payments for Physician Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified physician services.
41	DHCS	23-020	7/26/2023	Requirements for Timely Payment of Claims	MEDI-CAL	The purpose of this All Plan Letter (APL) is to remind Medi-Cal managed care plans (MCPs) of their legal and contractual obligation to timely pay claims submitted by Providers for Covered Services to MCP Members.



Health care you can count on.
Service you can trust.

Health Care Services

Steve O'Brien, MD

To: Alameda Alliance for Health Board of Governors

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

Date: August 11th, 2023

Subject: Health Care Services Report

Utilization Management: Outpatient

- Effective 1/1/23 DHCS 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 are in use for all applicable internal departments. Training for delegates was completed in June. Expansion for this first phase included:
 - Out of network (OON) PCPs
 - DME
 - Rehab (speech, occupational and physical therapy)
 - Transportation
 - Behavioral Health
 - Respiratory therapy
 - Honoring all prior authorizations (PA) for associated CoC category services from January through March of 2024 without requiring prior authorization from the Alliance. Continued services would follow the normal Alliance PA processes.
 - Coordination for care management with prior managed care plan (MCP). Physical transferring of supportive information to avoid service interruptions.
 - Coordination of inpatient hospital care
 - Honoring or maintain timeframes for scheduled specialist appointments

- There will be a second phase expansion 1/1/24 as AAH transitions into a Single Plan Model. The expansion includes:
 - a. Expansion of special populations in 23 categories (examples IHSS, foster youth, TB, immunosuppressive meds, biologics, immunomodulators, ESRD, dementia, transplant, MH)
 - b. Transferring supportive information from previous MCP to AAH for case management to ensure continuity and avoid disruption in care.
 - c. For members receiving inpatient hospital care on 1/1/24, AAH will initiate contact with the hospitals and coordinate Transitional Care Services.
 - d. Requirement to complete in-network assessments to transfer members to PAR providers safely prior to the 12-month CoC expiration date
 - e. Gap analysis of the AAH network to initiate provider agreements for identified OON providers currently managing Anthem/HealthPac members.

- Pharmacy referrals through the UM Medical benefit transitioned to the Pharmacy department for full PA management on 7/17/23. This allows for additional specialized focus overview with subject matter experts.
- The new Director of Utilization Management, hired in May, is in the process of evaluating the strengths and opportunities for improvement in the UM department.

Outpatient Authorization Denial Rates			
Denial Rate Type	May 2023	June 2023	July 2023
Overall Denial Rate	3.5	4.5%	2.1%
Denial Rate Excluding Partial Denials	3.5 %	4.1%	2.1%
Partial Denial Rate	0.2%	0.4%	0.0%

Turn Around Time Compliance			
Line of Business	May 2023	June 2023	July 2023
Overall	95%	95%	94%
Medi-Cal	95%	95%	94%
IHSS	98%	98%	97%
<i>Benchmark</i>	95%	95%	95%

Utilization Management: Inpatient

- The inpatient UM team processed 924 inpatient authorizations in the month of July.
- Inpatient UM is managing a 40% volume increase in SNF admissions related to 2023 volume increases from both the Long Term Care carve-in and the dually eligible (MediCare and Medi-Cal) population. Both the dually eligible and the members in long term care have a higher hospitalization rate, which contributed to increases in acute inpatient admissions for these vulnerable members. Management of LTC authorization related requests led to a slight dip in Auth TAT compliance (94%) that is being closely monitored to ensure we continue to meet benchmark TAT of 95%.
- As part of the Transitional Care Services requirement for Population Health Management, the IP UM team continues to identify high risk members admitted to a hospital, conducts discharge assessment, provides the name of Care Manager for inclusion in the discharge summary, and refers to Case Management department for follow up.
- In collaboration with CM, IP UM is working with hospital partners and community based TCS programs to focus on readmission reduction, aligning with their readmission reduction goals.

- IP UM department meets weekly for rounds with contracted hospital providers; Alameda Health System, Sutter, Kindred LTACH, Kentfield LTACH, and Washington, to discuss UM issues, address discharge barriers, and improve throughput and real time communication. These meetings provide a forum for discussing new requirements, such as PCS Forms and new services, such as Community Supports.

Inpatient Med-Surg Utilization			
Total All Aid Categories			
Actuals (excludes Maternity)			
Metric	April 2023	May 2023	June 2023
Authorized LOS	5.3	5.7	5.0
Admits/1,000	54	51.8	49.8
Days/1,000	283.7	297.1	250.2

Inpatient Authorization Denial Rates			
Denial Rate Type	April 2023	May 2023	June 2023
Full Denials Rate	0.7%	0.7%	2.6%
Partial Denials	0.0%	0.7%%	0%
All Types of Denials Rate	0.7%	1.5%	2.6%

Inpatient Turn Around Compliance			
Line of Business	April 2023	May 2023	June 2023
Overall	96%	96%	94%
Medi-Cal	96%	96%	94%
IHSS	94%	100%	94%
<i>Benchmark</i>	95%	95%	95%

Utilization Management: Long Term Care

- As of 8/3/2023, AAH has 1800 active authorizations for members utilizing LTC Room and Board.
- Beyond the members who were in Custodial SNF beds as of January of 2023, the volume of new members placed in LTC custodial beds between 1/1/23-6/30/23 was 207.
- The volume of LTC members who had ER visits between 1/1/23-6/30/23 was 316. The reasons for ER visits for members in LTC will need to be evaluated and acted upon as indicated.
- The planning for the carving in of members in need of Intermediate Care Facilities for persons with Developmental Disabilities (ICF-DD) and Subacute in 2024 is in full swing. The LTC team is working closely with the Integrated Planning Department (IPD) and key stakeholders, such as ICF-DD and Subacute providers, Regional Center of the East Bay, and all AAH departments.
- LTC team is working with IT on the Provider Portal interactive form for ancillary services. Development complete and testing begins this week.
- 2023 Q2 Post Transition Monitoring report to DHCS was submitted on 7/28/23.
- LTC created a survey monkey to better understand our SNF LTC partners. Outreach has commenced and surveys are beginning to be returned. Data from this survey will be very helpful for current processes and future planning.
- LTC Manager collaborating with LTSS Liaison on facility outreach and education on AAH processes as follow up to Townhall sessions.

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	22
Denied	25
Closed	100
Total	147

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

- Medications for diabetes, constipation, migraine, colon ulcers, Crohn's disease, erectile dysfunction, weight management and psoriasis are in the top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	JARDIANCE ORAL TABLET 10 MG	Diabetes	Criteria for approval not met
2	LINZESS ORAL CAPSULE 72 MCG	Constipation	Criteria for approval not met
3	NURTEC ORAL TABLET DISINTEGRATING 75 MG	Migraine	Criteria for approval not met
4	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	Colon Ulcers	Criteria for approval not met
5	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Crohn's Disease	Criteria for approval not met
6	SILDENAFIL CITRATE ORAL TABLET 25 MG	Erectile Dysfunction	Criteria for approval not met
7	WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML	Weight Management	Criteria for approval not met
8	FLUOCINOLONE ACETONIDE EXTERNAL CREAM 0.01%	Psoriasis	Criteria for approval not met
9	WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.5ML	Weight Management	Criteria for approval not met
10	QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 3.75-23 MG	Weight Management	Criteria for approval not met

- Pharmacy is leading initiatives on PAD (physician administered drugs) focused internal and external partnership and reviewed PAD related UM authorizations as follows. Effective July 17, 2023, AAH Pharmacy team is managing end to end process for UM Medication Authorization requests. This is an internal workflow change and does not impact the process for providers needing to submit prior authorization. Note: number of auth was one auth is per drug for January 2023-May 2023. Effective June 2023 number of auth is recognized by authorization request number:

Month	Number of Auth
June 2023	251
July 2023	263

- 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 July 28, 2023, approximately 97.89 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately \$9.63 billion in payments.
 - Processed 331,509 prior authorization requests.
 - Answered 334,623 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
April 2023	50
May 2023	60
June 2023	57
July 2023	72

- Pharmacy is collaborating with multiple healthcare services departments:
 - Pharmacy is collaborating with multiple departments within healthcare services as well as in-network Intermediate Care Facilities (ICF) partners to help support Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF DD) Carve-In implementation.
 - Pharmacy'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. Referred cases from the CMDM daily feed are evaluated to determine if Pharmacy is required for each case. Pharmacy is focusing on lower volume, higher need cases where pharmacy may have the greatest impact on member outcomes.
 - Pharmacy is collaborating with CDPH, QI and HealthEd for additional asthma intervention and smoking cessation strategies (e.g., data sharing, toolkit exchange and community worker training materials/programs).
 - Pharmacy is collaborating with QI on an educational campaign to providers on untreated hepatitis B and C.
 - Pharmacy continues to monitor members on use of opioids:

MME	IHSS	MCAL	Total
March 2023			
50-89	6	279	285
90-119	0	17	17
120-199	1	26	27
200-299	0	10	10
300-399	0	4	4
>400	0	14	14
April 2023			
50-89	7	236	243
90-119	0	14	17
120-199	0	25	29
200-299	0	9	16
300-399	0	7	2
>400	0	11	13
May 2023			
50-89	7	254	261
90-119	2	22	24
120-199	0	28	28
200-299	0	16	16
300-399	0	4	4
>400	0	9	9
June 2023			
50-89	7	247	254
90-119	0	15	15
120-199	1	28	29
200-299	1	16	17
300-399	0	5	5
>400	0	16	16

Case and Disease Management

- Transitional Care Services (TCS) (formerly known as Transitions of Care) went live 1/1/23 for high-risk members. CM collaborated with IP UM, LTC and ECM to incorporate DHCS’s new requirements. The requirements include an assigned care manager, completion of a discharge risk assessment and discharge documentation to ensure the member understands their discharge plan. The Discharge Risk Assessment was refined and submitted to DHCS. CM has also been working closely with CHCN to provide consistent TCS care for high-risk members assigned to CHCN. Preparation for extending TCS to all members in January of 2024 has begun.

- Major Organ Transplant (MOT) CM Bundle continues to be offered to members in need of evaluation and transplantation of major organs and bone marrow. The volume continues to increase, (currently 363 members). All nurses in case management support members throughout the MOT process, and coordinate services with both the AAH UM department and the Centers of Excellence staff.
- CM continues to collaborate with UM and Pharmacy regarding high-risk utilizers, and CM has improved the workflow to increase CM engagement with high utilizers. The workgroup does deep dives into high utilizer cases with UM partners to understand the drivers of high utilization and identify areas for improvement.
- CM has taken responsibility to acquire Physician Certification Statement (PCS) forms before Non-Emergency Medical Transportation (NEMT) trips to better align with DHCS requirements for members who need that higher level of transportation. The transportation coordinators have been able to increase PCS form acquisition from 60% to 85% since implementation in March. CM continues to educate the provider network, including hospital discharge planners, about PCS form requirements.

Case Type	Cases Opened in June 2023	Total Open Cases as of June 2023	Cases Opened in July 2023	Total Open Cases as of July 2023
Care Coordination	514	984	497	878
Complex Case Management	25	69	14	68
Transitions of Care (TCS)	243	399	196	346

CalAIM

Enhanced Case Management

- ECM worked with IPD, Analytics and Provider Services to launch Populations of Focus (Children/Youth) on 07/01/23.
- AAH hosted a successful onsite joint ECM/CS Provider Summit on 07/28/23 with 160 attendees. It was very well attended with positive feedback from the providers for the education and networking opportunity.
- California Children's Services (CCS) contracting as an ECM provider is complete. CCS as an ECM provider will really expand the ability of AAH to reach and provide services to our most vulnerable children. The launch is confirmed for 09/01/23.
- Kick off meeting for the Justice Involved (JI) Pilot with ROOTS held on 07/17/23.
- Meetings with IPD underway for ECM Model of Care, (MOC,) due 09/01/23; Roots JI Pilot, and JI Re-entry projects.

- Meeting regularly with ECM providers to discuss graduation criteria, new populations of focus, communication between ECM and CS service providers to improve members care across the continuum.
- Meetings underway with Anthem to discuss and plan for continuity of care the ECM/CS Anthem conversion on 01/01/24.
- Two ECM/CS Listening Sessions for prospective ECM/CS providers are scheduled for 08/10/23 & 08/15/23. Special attention has been given to outreach to JI providers.

New Providers	Sub-Contractors
California Childrens Services (CCS)	
Full Circle (with sub-contractors)	A Better Way Alameda Family Services Alternative Family Services Fred Finch Youth & Family Services East Bay Agency for Children Lincoln Stars, Inc. West Coast Children’s Clinic
La Familia	
Med Zed*	
Seneca	
Titanium Health Care*	

*Current Anthem providers in the county

Case Type	ECM Outreach in April 2023	Total Open Cases as of April 2023	ECM Outreach in May 2023	Total Open Cases as of May 2023	ECM Outreach in June 2023	Total Open Cases as of June 2023
ECM	544	1047	591	1037	*Pending from providers	1070

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
- CS went live with 3 additional services 7/1/23:
 - (Caregiver) Respite Services
 - Personal Care & Homemaker Services
 - Environmental Accessibility Adaptations (Home Modifications)
- 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
- AAH CS staff team continues to meet regularly with each CS provider to work through logistical issues as they arise, including referral management, claims payment and member throughput.
- The CS team is spearheading the use of FindHelp. This platform will be used to better align with DHCS' requirements to establish a closed loop referral process. CS is working closely with each CS provider to bring them onto the platform.
- The CS Team continues to expand its home health network for the new CS services: (Caregiver) Respite Services and Personal Care & Homemaker Services.

Community Supports	Services Authorized in Mar 2023	Services Authorized in Apr 2023	Services Authorized in May 2023	Services Authorized in June 2023
Housing Navigation	370	395	395	379
Housing Deposits	156	149	136	117
Housing Tenancy	952	976	961	921
Asthma Remediation	52	52	52	38
Meals	733	869	1096	1158
Medical Respite	47	56	77	69

Grievances & Appeals

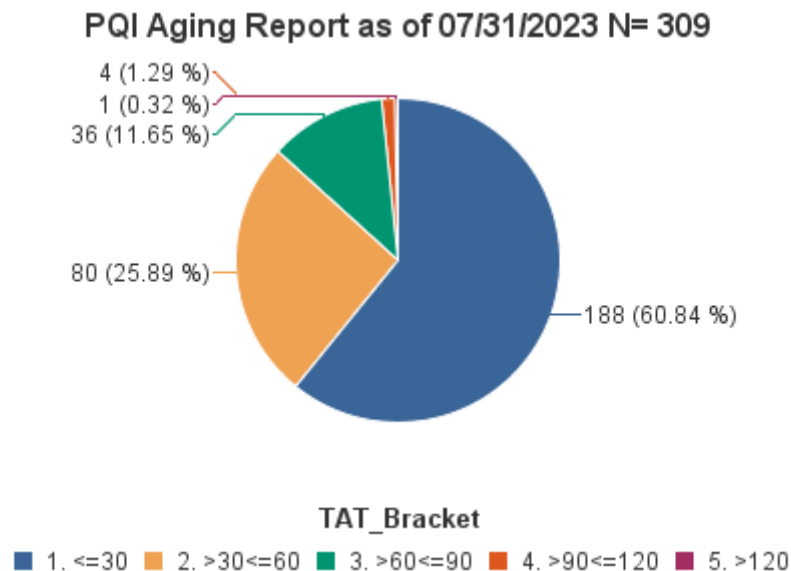
- All cases were resolved within the goal of 95% within regulatory timeframes.
 - Expedited grievance cases fell below our 95% threshold as we only had two cases for the month with one resolved in 7 days, not within the required 72 hours. Because one out of the two cases were not in compliance, we had a 50.0% compliance rate.
- Total grievances resolved in July were 7.83 complaints per 1,000 members.
- The Alliance’s goal is to have an overturn rate of less than 25%, for the reporting period of July 2023; we did not meet our goal at 29.4% overturn rate.

July 2023 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	1030	30 Calendar Days	95% compliance within standard	999	96.7%	2.87
Expedited Grievance	2	72 Hours	95% compliance within standard	1	50.0%	0.006
Exempt Grievance	1,756	Next Business Day	95% compliance within standard	1,756	100.0%	4.9
Standard Appeal	17	30 Calendar Days	95% compliance within standard	17	100.0%	0.05
Expedited Appeal	NA	72 Hours	95% compliance within standard	NA	NA	NA
Total Cases:	2,805		95% compliance within standard	2,773	98.9%	7.83

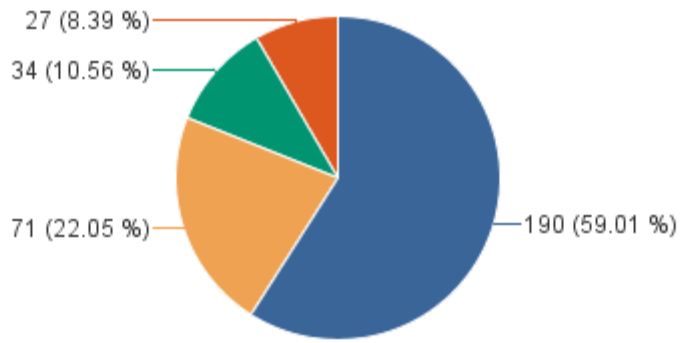
*Calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.

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.
- There were no PQI cases open > 120 days in June and 1 case or 0.32% of cases open >120 days in July. Therefore, turnaround times for case review and closure remain well under the benchmark of 5% per PQI P&P QI-104 in June and July.
- 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 as reflected in the ongoing decrease in cases open greater than 120 days over the past year.



PQI Aging Report as of 06/30/2023 N= 322



TAT_Bracket

- 1. <=30
- 2. >30<=60
- 3. >60<=90
- 4. >90<=120



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Health Equity

Lao Paul Vang

To: Alameda Alliance for Health Board of Governors
From: Lao Paul Vang, Chief Health Equity Officer
Date: August 11th, 2023
Subject: Health Equity Report

Staffing Plan and Selection Processes:

- **Senior Manager of Health Equity** – The selection process for this position remains paused. Therefore, this position is vacant for now.
- **Consultant** – The selection process has been completed, and a vendor has been identified. Vendor management is currently engaging in contract finalization with the selected vendor, with an anticipated starting date in mid-August or late August.

Internal Collaboration:

- **Ongoing meetings and check-ins with Division Chiefs** – Conducted ongoing 1:1 meetings with the CEO and all Chiefs of Divisions to ensure collaboration and alignment of work-related activities.
- **Population Health Management** – Collaborated with the Population Health Management team to finalize the cultural sensitivity training scheduled to be rolled out in September.

External Collaboration:

- **Bi-Weekly Meetings with Local Health Plans' Chief Health Equity Officers (CHEOs)** – Attended bi-weekly meetings with other CHEOs to discuss and exchange ideas, lessons learned, and best practices for Health Equity (HE) and Diversity, Equity, and Inclusion (DEI).
- **California Association of Health Plans (CAHP's) Advancing Health Equity Conference** – Attended the CAHP's Advancing Health Equity Conference in Burbank, CA. There were multiple presentations on social determinants of health and health equity issues. However, there were no lessons learned or best practices that could be shared, as health equity is still very much in its infancy stage for all local health plans. As a result of this conference, the CHEO for DHCS has agreed to have monthly meetings with the CHEOs of local health plans to ensure alignment and coordination of the implementation and management of health equity and DEI activities.

- **Ride-Along with Street Medicine Team** – The CHEO and Sr. Analyst of Health Equity went for a ride-along with the Street Medicine Team to get a firsthand observation of the street medicine activities in various areas in Oakland.

Policy Development:

- **Stipend Policy** – The draft policy for the stipend payments for the Values in Action and Diversity, Equity, Inclusion, and Belong Committees is still being reviewed by legal before sending it back for final reviews by the CEO and CHEO before presenting it to the Compliance Advisory Committee in September for adoption/approval.

Diversity, Equity, Inclusion, and Belonging (DEIB) and Values in Action (VIA) Committees:

- **DEIB Committee** – The CHEO chaired the monthly meeting of the DEIB Committee. The Committee completed reviews and revisions of the DEIB charter.
- **VIA Committee** – The CHEO chaired the monthly meeting of the VIA Committee. Reviews and revisions of the VIA charter are ongoing.



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Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors
From: Sasi Karaiyan, Chief Information & Security Officer
Date: August 11th, 2023
Subject: Information Technology Report

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of July 2023 despite supporting 97% of staff working remotely.
- As part of call center processes efficiency and effectiveness, IT is implementing Calabrio Analytics and Speech to Text features which will accurately and cost-effectively analyze customer interactions and agent activity along with its multichannel, all-in-one solution that captures and transforms data, turning raw interactions into usable data for reporting.

This Calabrio Analytics and Speech to Text feature is planned to be rolled out on October 1st, 2023.

IT Security Program

- IT Security 3.0 initiative is one of the Alliance's top priorities for fiscal year 2023 and 2024. Our goal is to continue 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).
 - Continue to Create, update, and implement policies and procedures to operationalize and maintain security level after remediation.
- 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.

- Immutable backup testing has been completed successfully.
- Initial Veeam and CommVault backup sets are now in progress.
 - This process will take 4-6 weeks based on the amount of data.
- The Azure Cloud Governance Framework centers to improve and strengthen our cloud security policies and procedures. It will also focus on Cost containment for cloud resources, Network and border security, Database security, Data storage security, Identity management, access control, Operational security, and Security monitoring and alerting. Additionally, it aims at Data Loss Prevention in the cloud space.

Fax Services

- The Alliance continues to experience 98% successful transmissions of all incoming/outgoing faxes after all 600 local fax numbers were successfully migrated to EtherFax cloud gateway on June 29th, 2023.
 - 40 Toll-Free fax numbers are still on target for migration to EtherFax by the end of August 2023.

Encounter Data

- In the month of July 2023, the Alliance submitted 214 encounter files to the Department of Health Care Services (DHCS) with a total of 325,057 encounters.
- Percentage of Timely submissions was above 90% for both Institutional and Professional Encounters.

Enrollment

- The Medi-Cal Enrollment file for the month of July 2023 was received and loaded to HEALTHsuite.

HealthSuite

- The Alliance received 224,540 claims in the month of July 2023. A total of 210,001 claims were finalized during the month out of which 169,815 claims auto adjudicated. This sets the auto-adjudication rate for this period to 80.9%
- HEALTHsuite experienced 2 outages in the month of July, resulting in 50 minutes of downtime. The application operated with an uptime of 99%.

TruCare

- A total of 15,402 authorizations were loaded and processed in the TruCare application.
- The TruCare application continues to operate with an uptime of 99.99%.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medi-Cal and Group Care member enrollment in the month of July 2023”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of July 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 July 2023

Month	Total MC ¹	MC ¹ - Add/ Reinstatements	MC ¹ - Terminated	Total GC ²	GC ² - Add/ Reinstatements	GC ² - Terminated
July	352,525	4,630	8,134	5,670	102	122

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 July 2023

Auto-Assignments	Member Count
Auto-assignments MC	1,439
Auto-assignments Expansion	951
Auto-assignments GC	42
PCP Changes (PCP Change Tool) Total	2,915

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of July 2023”.
- There were 15,402 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 July 2023*

Transaction Type	Inbound automated Auths	Errored	Total Auths Loaded in TruCare
Paper Fax to Scan (UM, BH)	2,293	1,742	1,243
Provider Portal Requests (UM, BH)	3,438	798	3,363
EDI (CHCN historical)	3,854	486	3,846
Provider Portal to AAH Online (Long Term Care)	51	22	44
Provider Portal to AAH Online (Behavioral Health)	0*	0	<i>Manual + Fax only</i> 278
Manual Entry (all other not automated or faxed vs portal use)	N/A	N/A	1,829
Total			10,325

Key: EDI – Electronic Data Interchange

*The Behavioral Health Initial Evaluation Continuity of Care form was suspended from use in AAH Online as we needed our vendor Zipari to create roles to restrict access to BH providers only.

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 of June 2023

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	6,478	4,558	193,089	638
MCAL	96,448	2,922	7,130	1,014
IHSS	3,438	94	102	28
Total	106,364	7,574	200,321	1,680

Table 3-2 Top Pages Viewed for the Month of June 2023

Category	Page Name	Page Views
Provider	Member Eligibility	766371
Provider	Claim Status	251085
Provider - Authorizations	Auth Submit	12245
Provider - Authorizations	Auth Search	6620
Member	Provider Directory	9312
Member My Care	Member Eligibility	3883
Provider - Claims	Submit professional claims	3448
Member Help Resources	ID Card	2021
Provider	Member Roster	1754
Member Help Resources	Find a Doctor or Hospital	1611
Member Help Resources	Select or Change Your PCP	1235
Provider - Provider Directory	Provider Directory	1154
Member Home	MC ID Card	1100
Member My Care	My Claims Services	992
Provider - Reports	Reports	803
Member My Care	Authorization	624
Member Help Resources	Request Kaiser as my Provider	520
Provider - Home	Forms	425
Member My Care	My Pharmacy Medication Benefits	342
Member Help Resources	Forms Resources	322
Member Help Resources	Authorizations Referrals	282
Member My Care	Member Benefits Materials	270

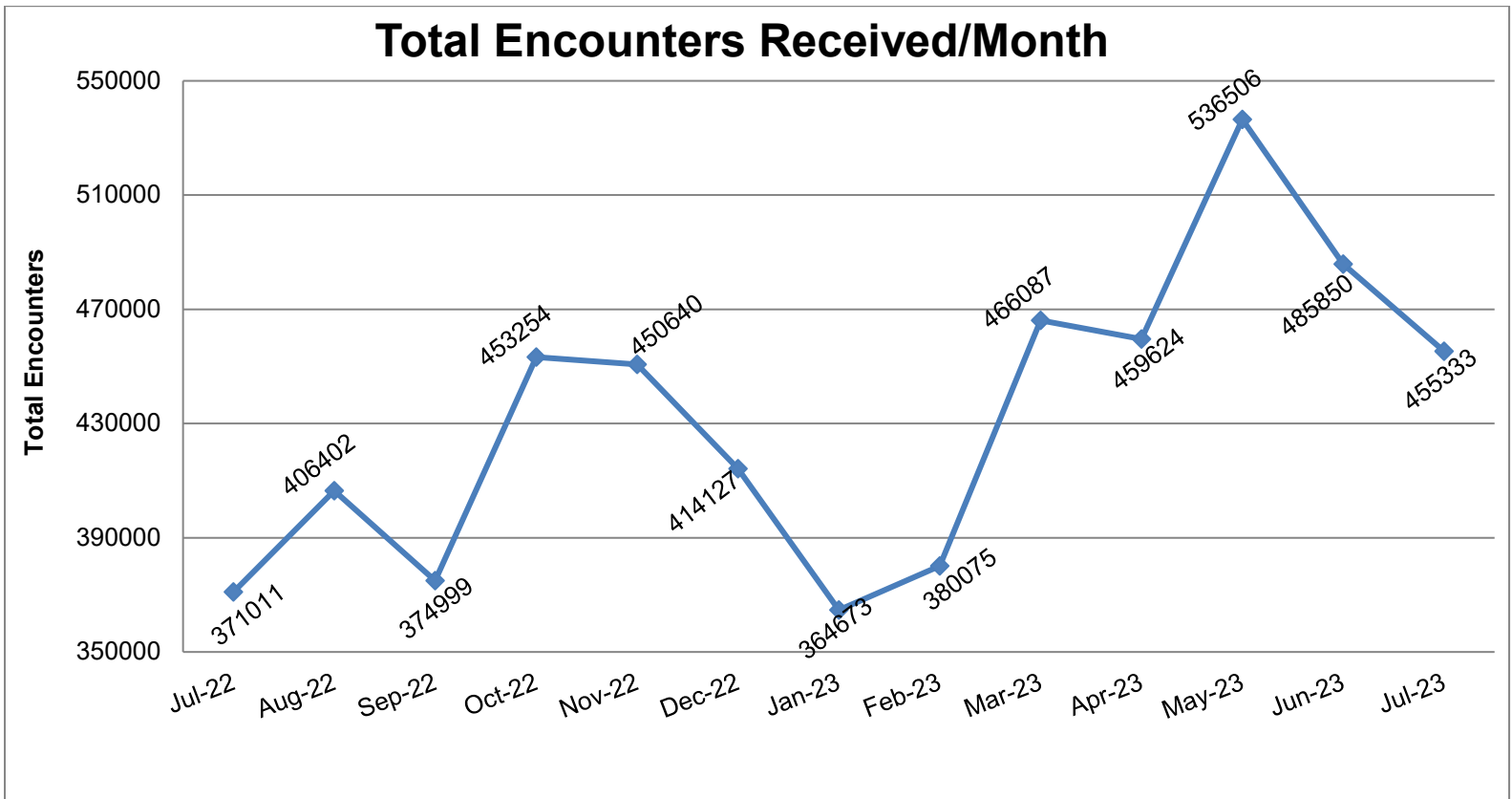
*Provider Portal (Green), Member Portal (Blue)

Encounter Data from Trading Partners 2023

- **ACBH:** July monthly files (0 records).
 - No longer receiving encounter files but through HCSA.
- **AHS:** July weekly files (4,363 records) were received on time.
- **BAC:** July monthly file (39 records) were received on time.
- **Beacon:** July weekly files (620 records) were received on time.
- **CHCN:** July weekly files (102,081 records) were received on time.
- **CHME:** July monthly file (5,706 records) were received on time.
- **CFMG:** July weekly files (12,379 records) were received on time.
- **Docustream:** July monthly files (567 records) were received on time.
- **EBI:** July monthly files (1,664 records) were received on time.
- **HCSA:** July monthly files (3,824 records) were received on time.
- **IOA:** July monthly files (424 records) were received on time.
- **Kaiser:** July bi-weekly files (56,673 records) were received on time.
- **LogistiCare:** July weekly files (22,235 records) were received on time.
- **March Vision:** July monthly file (4,468 records) were received on time.
- **MED:** July monthly file (9 records) were received on time.
- **Quest Diagnostics:** July weekly files (15,741 records) were received on time.
- **Magellan:** July monthly files (335,073 records) were received on time.

Trading Partner Medical Encounter Inbound Submission History

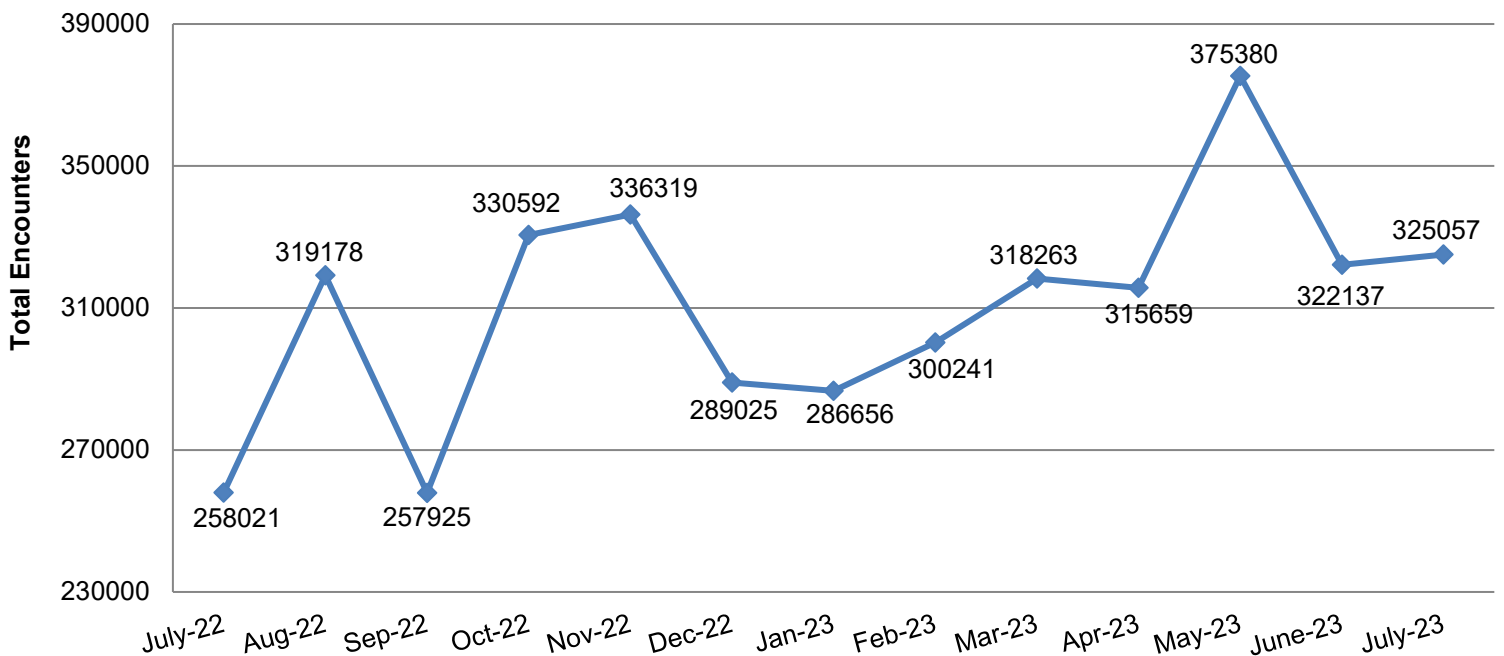
Trading Partners	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	July-23
Health Suite	176217	177945	175955	171386	174429	177828	163764	167475	238283	218296	251858	267437	224540
ACBH				8	51	87	86	39	95				
AHS	5742	5482	5609	5589	6015	6332	4568	5377	5088	6353	5380	6250	4363
BAC	66	53	37	39	38	35	199	34	32	38	40	37	39
Beacon	15678	21310	16040	13490	12883	10437	13824	11036	12159	15799	5822	4559	620
CHCN	69636	84302	75234	136445	108148	83258	87182	83191	82394	84654	117764	90418	102081
CHME	4853	4722	5191	5214	5152	4822	4574	5303	4729	5277	4987	5692	5706
Claimsnet	7744	10631	6940	15668	19173	12790	9679	11694	8851	16155	12526	9986	12379
Docustream	1236	1149	1715	1294	1435	1487	1327	1794	1361	865	575	607	567
EBI										976	15	910	1664
HCSA	3366	1869	4440	2098	3734	1781	1825	1976	590	78	72	5573	3824
IOA								172	156	201	325	974	424
Kaiser	47584	62477	48613	63341	76637	81333	35798	56965	73095	68883	91196	53820	56673
Logisticare	20981	20200	19257	19041	23451	16946	24456	18034	21647	20558	28628	20859	22235
March Vision	3040	2708	3824	3693	3497	4427	3598	3434	3281	4275	3647	5101	4468
Quest													9
Teladoc	14868	13554	12144	15948	15997	12564	13793	13551	14326	17216	13671	13627	15741
Total	371011	406402	374999	453254	450640	414127	364673	380075	466087	459624	536506	485850	455333



Outbound Medical Encounter Submission

Trading Partners	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Health Suite	92682	121957	96495	121299	95516	97435	114224	128102	117672	117823	151866	126674	147199
ACBH				4	36	60	56	21	73				0
AHS	5702	5168	4360	6626	5915	5208	5439	5260	3845	7300	5236	5070	5318
BAC	63	50	37	37	38	33	196	33	32	38	40	37	39
Beacon	14711	17246	12054	10967	10172	8001	11282	8910	9674	11927	2879	2233	318
CHCN	49003	60678	50714	74449	92283	55698	58881	58279	59074	60373	79256	65595	56593
CHME	4714	4618	5069	5016	4843	4729	4470	5181	4606	5159	4864	5577	5595
Claimsnet	7209	7248	4614	10491	11118	8983	8241	8334	6361	9834	10891	7445	8849
Docustream	1070	964	1436	1060	1134	1268	1117	1521	1232	481	411	378	347
EBI										906	15	872	1574
HCSA	1579	1770	2368	2013	2001	1725	1777	1304	287	52	55	1781	3778
IOA								168	152	45	276	751	410
Kaiser	47331	61831	47861	62682	75808	80464	35360	55930	72409	65652	72893	68887	55988
Logisticare	20828	20022	19001	18457	23178	16729	24291	12223	27071	20411	28455	20787	21686
March Vision	2206	1969	2631	2601	2396	2938	2454	2308	2400	3006	2366	3408	2720
Quest													9
Teladoc	10923	15657	11285	14890	11881	5754	18868	12667	13375	12652	15877	12642	14634
Total	258021	319178	257925	330592	336319	289025	286656	300241	318263	315659	375380	322137	325057

Total Outbound Encounter/Month

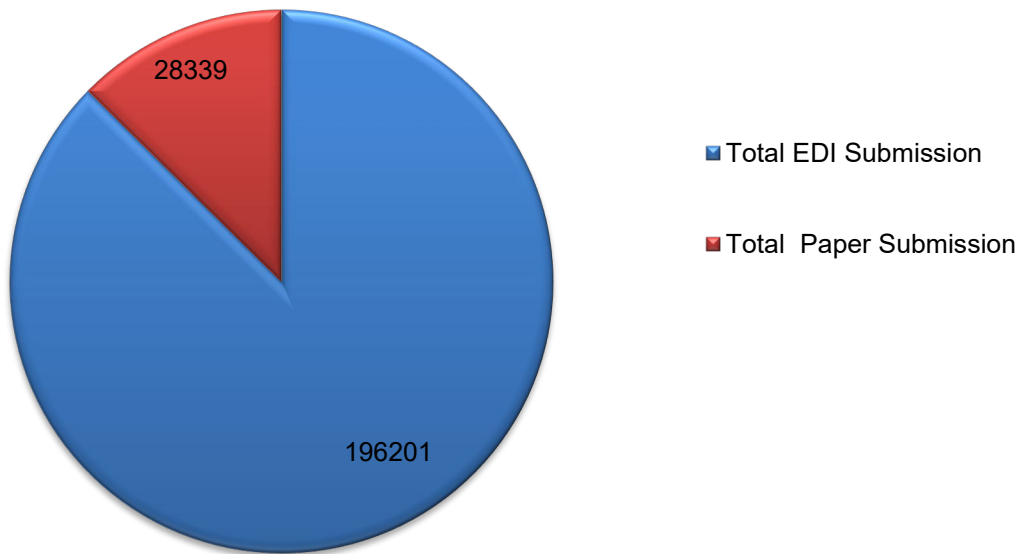


HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
23-July	196201	28339	224540

Key: EDI – Electronic Data Interchange

EDI vs Paper Submission, July 2023



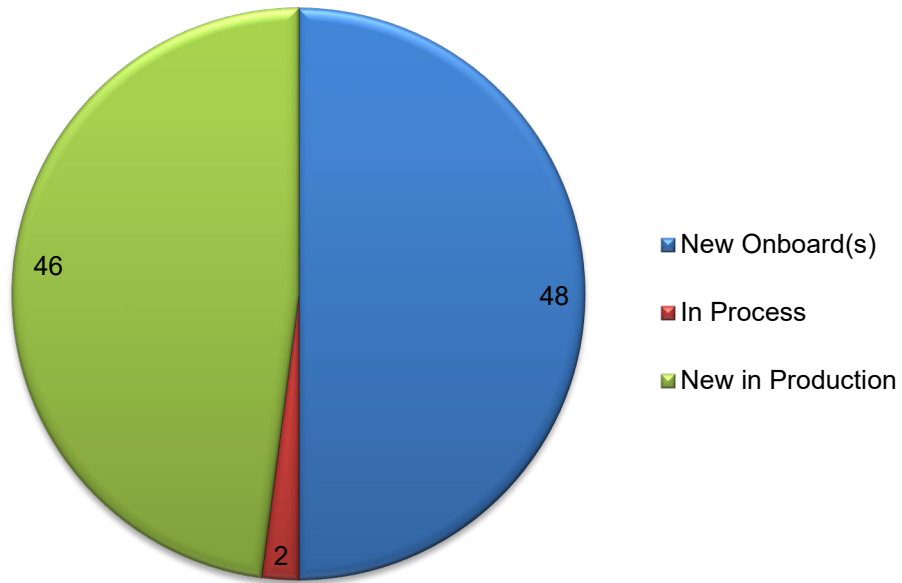
Onboarding EDI Providers - Updates

- July 2023 EDI Claims:
 - A total of 1778 new EDI submitters have been added since October 2015, with 46 added in July 2023.
 - The total number of EDI submitters is 2518 providers.

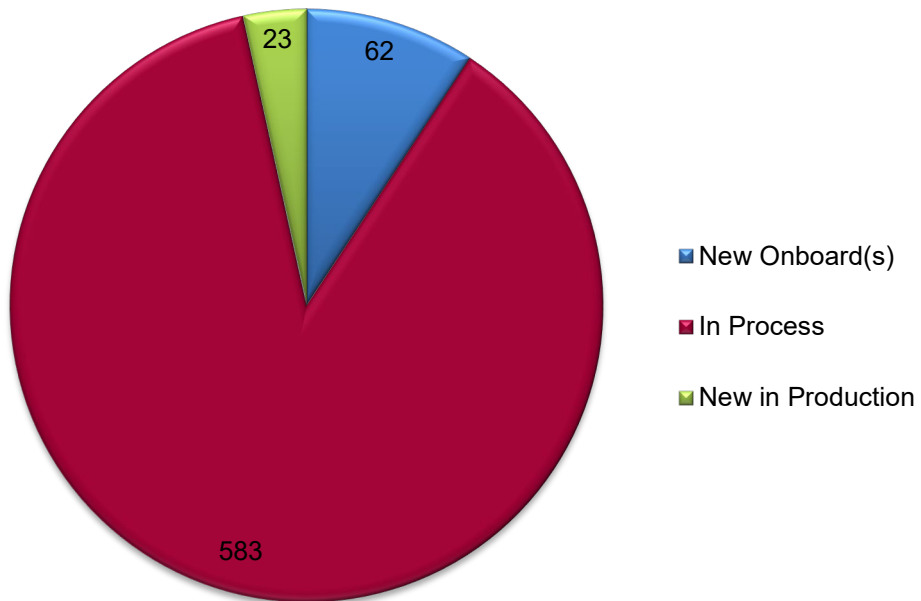
- July 2023 EDI Remittances (ERA):
 - A total of 770 new ERA receivers have been added since October 2015, with 23 added in July 2023.
 - The total number of ERA receivers is 786 providers.

	837				835			
	New On Boards	In Process	New In Production	Total In Production	New On Boards	In Process	New In Production	Total In Production
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
Apr-23	50	3	47	2370	24	491	5	714
May-23	35	5	30	2400	44	527	8	722
Jun-23	79	7	72	2472	58	544	41	763
Jul-23	48	2	46	2518	62	583	23	786

837 EDI Submitters - July 2023



835 EDI Receivers - July 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 July 2023.

File Type	July-23
837 I Files	34
837 P Files	180
Total Files	214

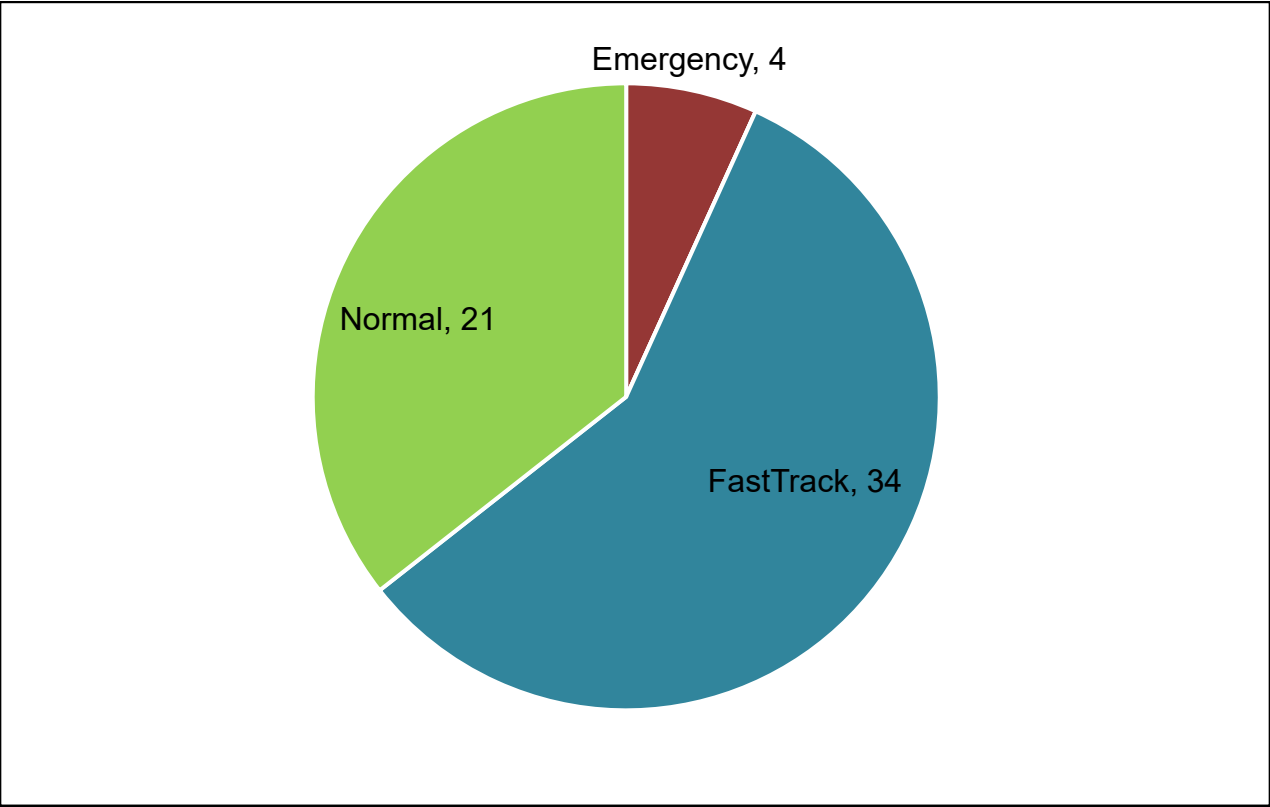
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	July-23	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	94%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	99%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	92%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	80%

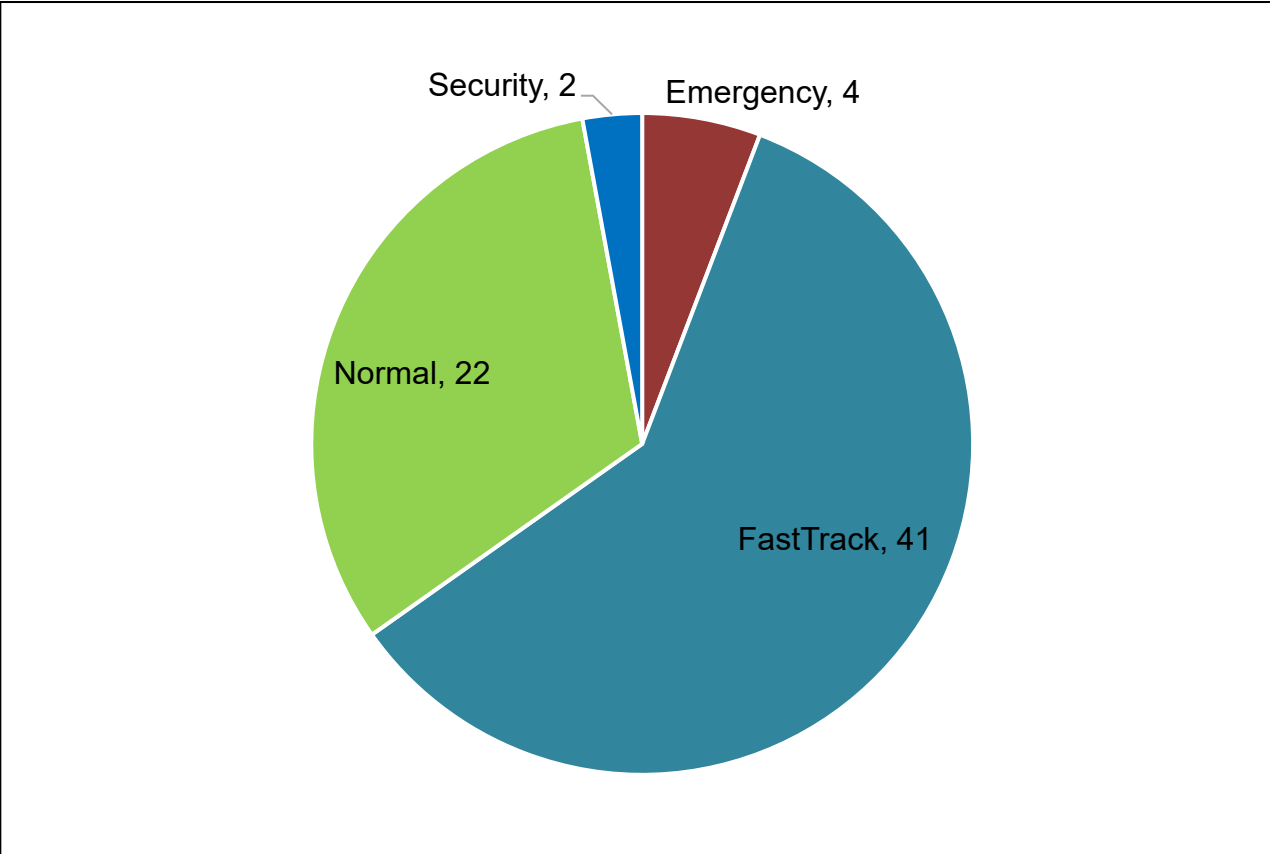
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of July 2023 KPI:
 - 59 Changes Submitted.
 - 69 Changes Completed and Closed.
 - 173 Active Change Requests in pipeline.
 - 1 Change Requests Cancelled or Rejected.

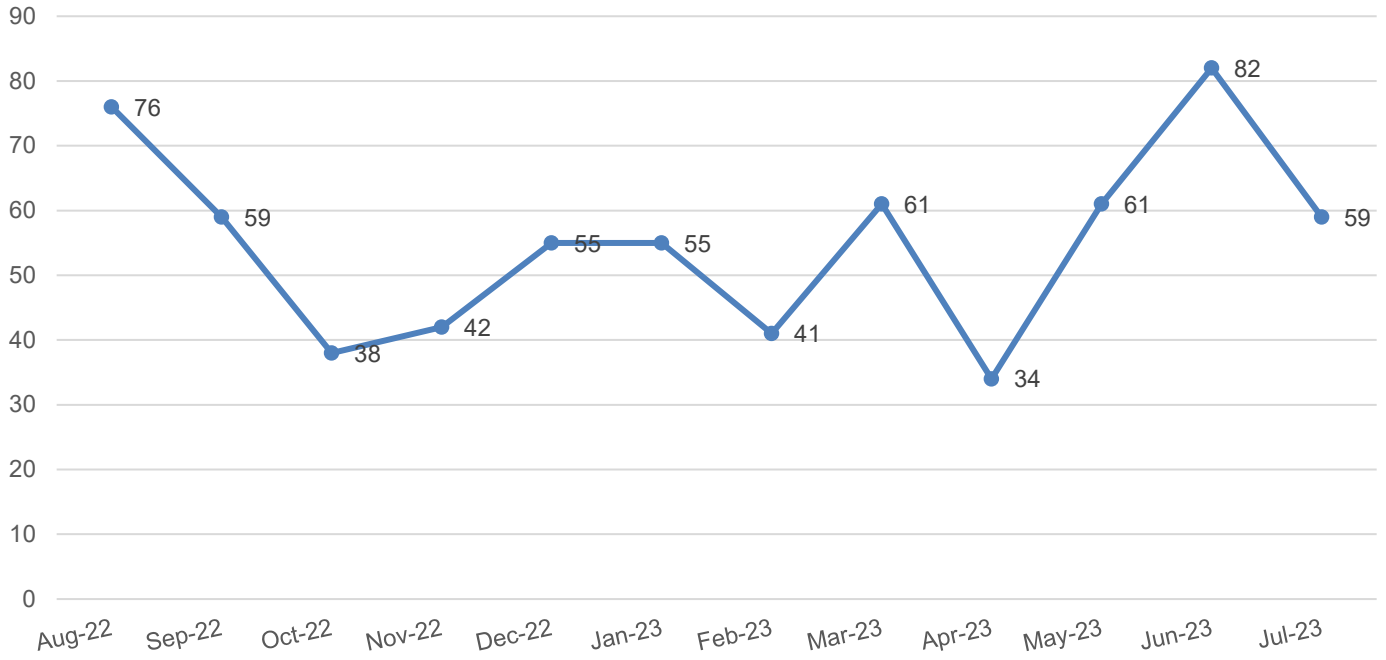
- 59 Change Requests Submitted/Logged in the month of July 2023



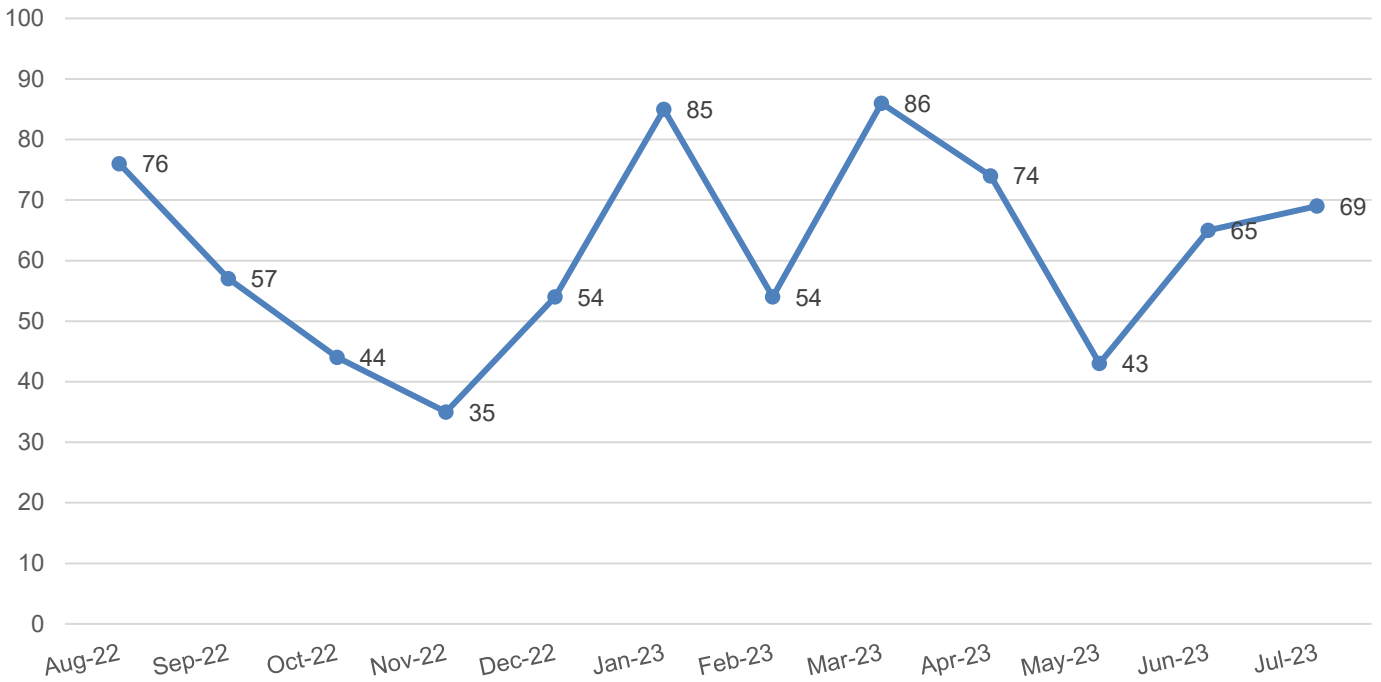
- 69 Change Requests Closed in the month of July 2023



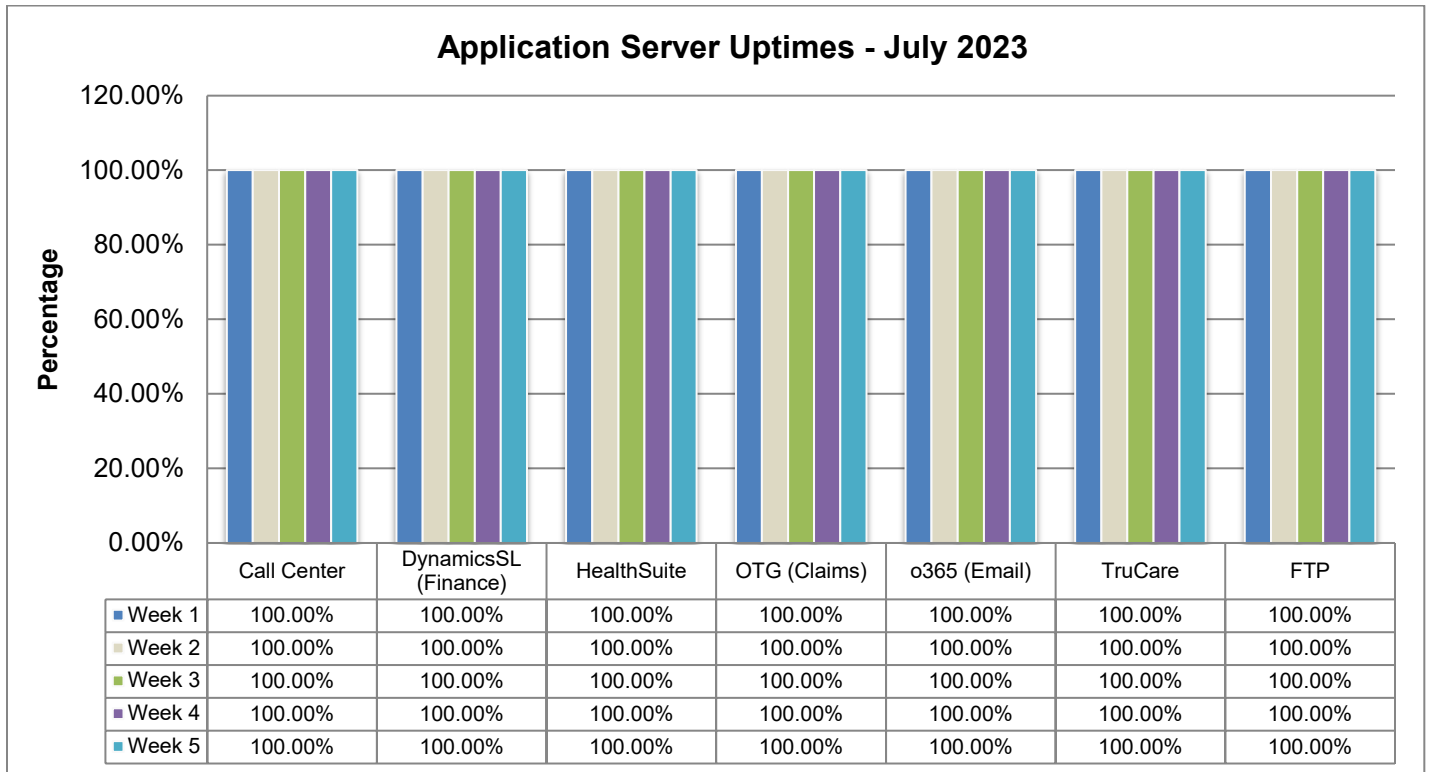
Change Requests Submitted: Monthly Trend



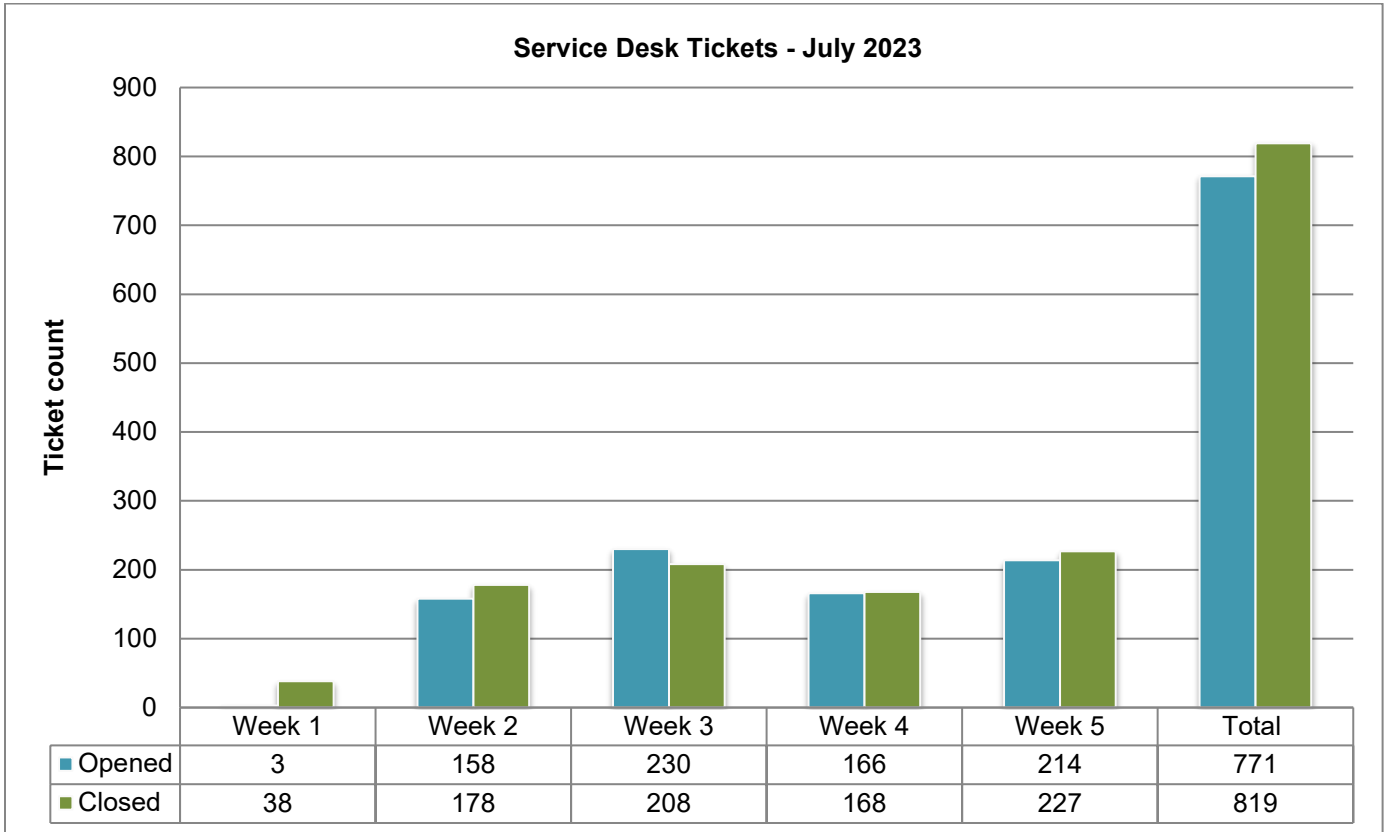
Change Requests Closed: Monthly Trend



IT Stats: Infrastructure



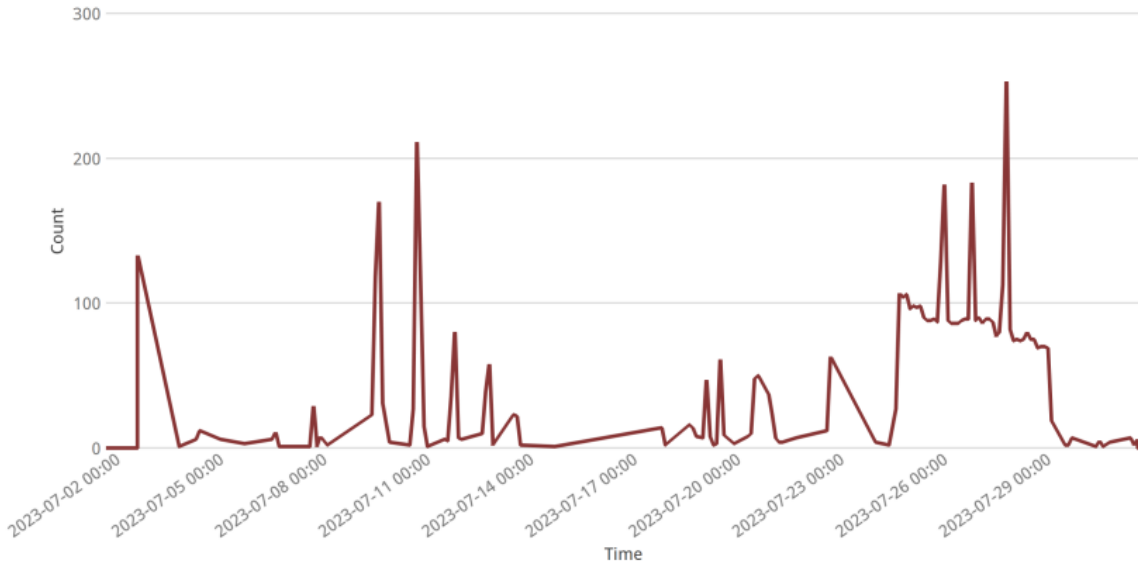
- All mission critical applications are monitored and managed thoroughly.
- HealthSuite application experienced multiple outages that totalled to 50 minutes of downtime for the month of July 2023.
 - *Friday, July 14th, 2023 (30 minutes)*
 - *Wednesday, July 19th, 2023 (20 minutes)*
 - There is a continued joint effort with multiple vendors (including application and hardware) to understand the root cause of the issues which we plan to mitigate by September 2023.
 - Advanced monitoring solution is being evaluated to gain more visibility to the underlying system.



- **771** Service Desk tickets were opened in the month of July 2023, which is **17.9%** lower than the previous month and **819** Service Desk tickets were closed, which is **14.6%** lower than the previous month.
- The opened ticket count for the month of July is **771** which is **8.8%** lower than the previous 3-month average of **839**.
- The closed ticket count for the month of July is **819** which is **2%** lower than the previous 3-month average of **835**.

All Intrusion Events

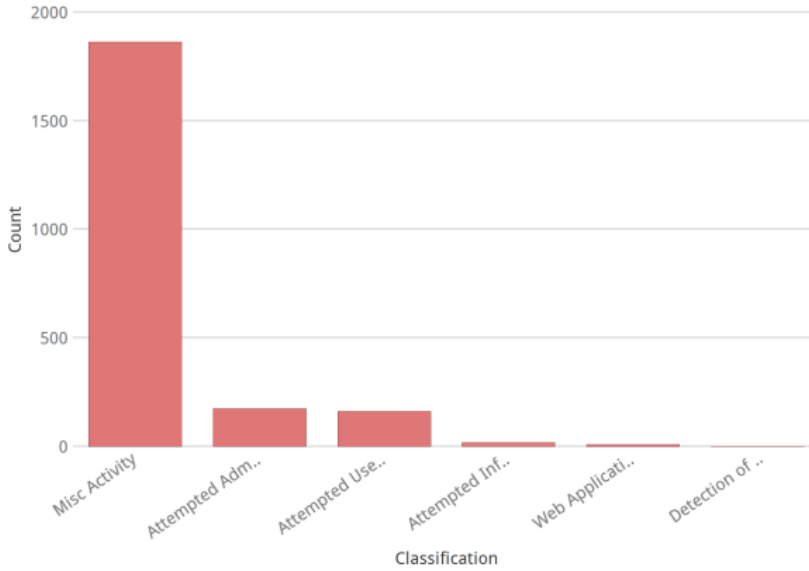
Time Window: 2023-07-01 09:29:00 - 2023-07-31 09:29:00



Dropped Intrusion Events

Time Window: 2023-07-01 09:30:00 - 2023-07-31 09:30:00

Constraints: Inline Result = !Alert,!Would *



Classification	Count
Misc Activity	1,862
Attempted Administrator Privilege Gain	173
Attempted User Privilege Gain	162
Attempted Information Leak	18
Web Application Attack	8
Detection of a Denial of Service Attack	1

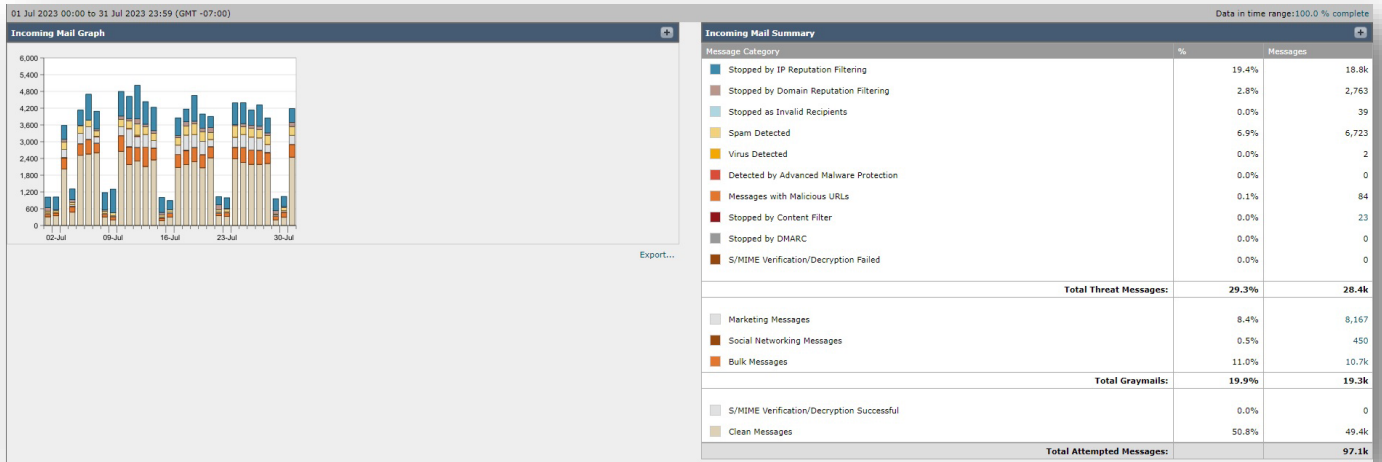
IronPort Email Security Gateways

Email Filters

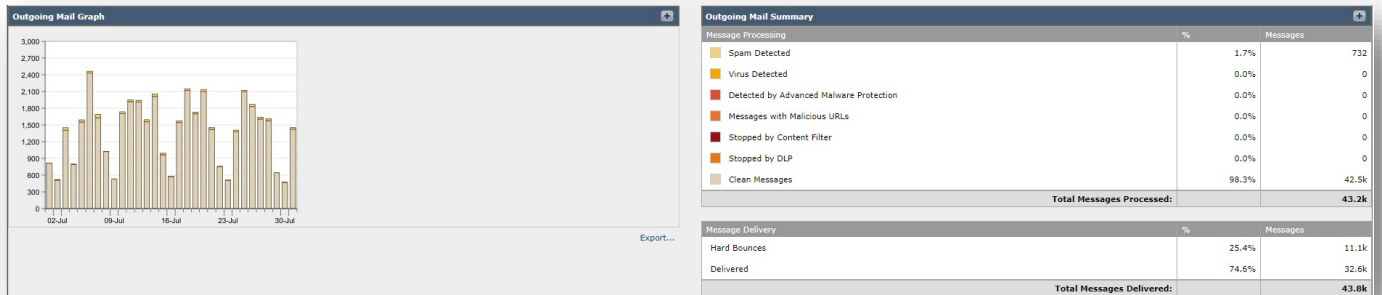
July 2023

MX4

Inbound Mail



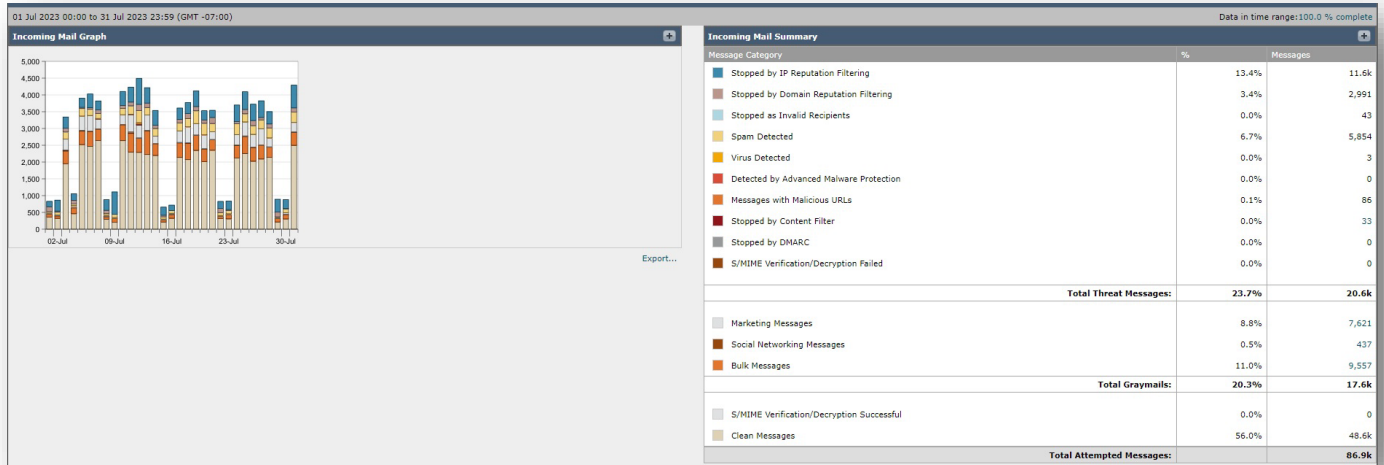
Outbound Mail



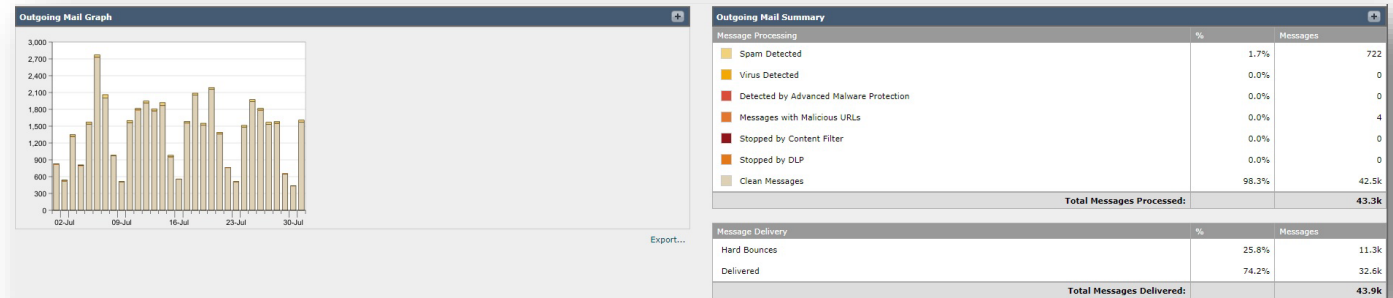
July 2023

MX9

Inbound Mail



Outbound Mail



Item / Date	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Stopped By Reputation	28.2k	27.6k	43.6k	20.9k	23k	53.9k	41.9k	65.3k	60.9k	31.7k	33.2k	27.1k	30.4k
Invalid Recipients	78	117	71	94	87	184	204	68	75	97	113	92	82
Spam Detected	11.6k	13.3k	14.6k	10.9k	10.9k	10.8k	10.1k	12.5k	15.4k	14.5k	13.7k	14.1k	12.5k
Virus Detected	1	0	2	3	3	2	1	3	0	2	9	1	5
Advanced Malware	0	1	2	0	0	0	1	1	0	0	3	1	0
Malicious URLs	93	448	226	102	61	14	35	34	27	6	478	233	170
Content Filter	119	79	111	171	77	23	37	33	40	115	127	162	56
Marketing Messages	12.6k	14.5k	13.7k	13.9k	16.1k	13.4k	13.7k	13.9k	15.5k	15.5k	18.5k	16.1k	15.7k
Attempted Admin Privilege Gain	215	210	151	68	40	112	61	61	115	170	4	50	173
Attempted User Privilege Gain	153	722	395	180	324	797	107	307	87	428	42	66	162
Attempted Information Leak	18,414	12,210	10,748	12,942	12.3k	78.9k	17.8k	17.1k	12.5k	24.4k	5	1	18
Potential Corp Policy Violation	277	0	0	0	0	1	0	0	0	0	4	2	0
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	0
Web Application Attack	0	4	0	0	0	0	19	1	2	2	7	1	8
Attempted Denial of Service	218	215	436	0	214	117	0	0	2.9k	109	0	0	1
Misc. Attack	407	733	3,295	469	87	111	240	1,288	2	521	2	3	1,862

- 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 30.4k.
- Attempted information leaks detected and blocked at the firewall is at 5 for the month of July 2023.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is higher at 162 from a previous six-month average of 182.
- Email based metrics currently monitored have decreased with a return to a reputation-based block for a total of 27.1k.
- Attempted information leaks detected and blocked at the firewall is at 1 for the month of June 2023.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is slightly higher at 66 from a previous six-month average of 172.



Health care you can count on.
Service you can trust.

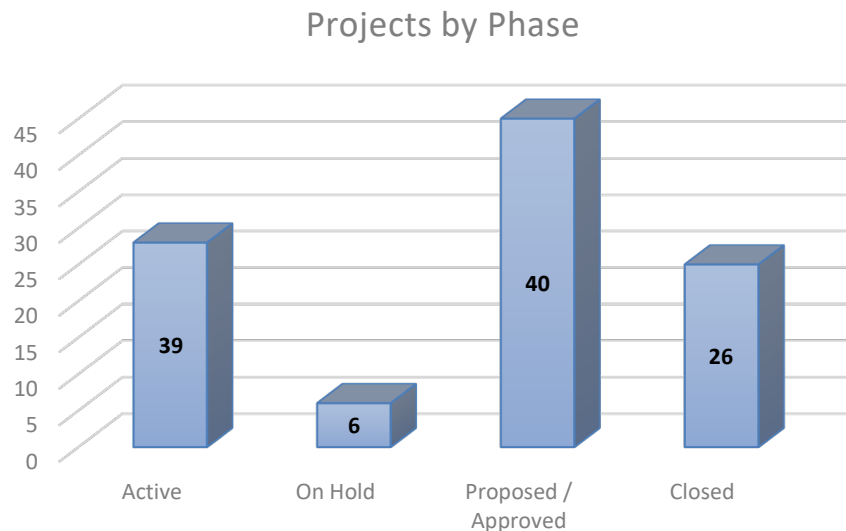
Integrated Planning

Ruth Watson

To: Alameda Alliance for Health Board of Governors
From: Ruth Watson, Chief Operating Officer
Date: August 11th, 2023
Subject: Integrated Planning Division Report – July 2023 Activities

Project Management Office

- 111 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
 - 39 Active projects (discovery, initiation, planning, execution, warranty)
 - 6 On Hold projects
 - 40 Proposed and Approved Projects
 - 26 Closed projects



Integrated Planning

CalAIM Initiatives

- Enhanced Care Management and Community Supports
 - Enhanced Care Management (ECM)
 - July 2023 ECM Populations of Focus (PoF) – Children and Youth
 - ECM Model of Care (MOC) Addendum II was submitted to DHCS on February 15th, 2023, and approved on May 19th
 - January 2024 ECM Populations of Focus
 - Individuals Transitioning from Incarceration

- ECM MOC Addendum III template released by DHCS on June 12th and will be due to DHCS on September 1st, 2023
 - Birth Equity – Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes
 - ECM MOC Addendum template for this PoF has not been released by DHCS
 - Community Supports (CS)
 - CS MOC for July 2023 elections was approved by DHCS on May 31st
 - MOC for January 2024 CS elections submitted to DHCS on July 5th, 2023
 - AAH is adding three (3) additional CS services effective January 1st, 2024
 - Sobering Centers
 - Nursing Facility Transition/Diversion to Assisted Living Facilities
 - Community Transition Services/Nursing Facility to a Home
- Justice-Involved Initiative
 - DHCS received approval from CMS on January 26th to provide up to 90 Days of pre-release services
 - Go-live date for implementation is April 2024
 - Correctional facilities will have the ability to select their go-live date within a 24-month phase-in period (4/1/2024 – 3/31/2026)
 - Managed Care Plans (MCPs) must be prepared to coordinate with correctional facilities as of April 1st, 2024, even if facilities in their county are not going live until a later date
 - AAH is launching a pilot for post-release services in July 2023 in preparation for the 2024 programs related to this population
 - Pilot extends the existing Roots program for 6-12 months
- 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-Developmentally Disabled (ICF-DD), which will go live in January 2024
 - AAH continues to identify attributed members
 - LTC Team continues to outreach to facilities to encourage incorrect Aid Code reporting to the Social Services Agency (SSA)
 - Ongoing monitoring of member conversion with incorrect Aid codes is being done by the LTC team
 - The finance department is compiling a LTC-related medical expense report to calculate net cost
 - Draft All Plan Letter (APL) for ICF-DD and Sub-acute population received in June 2023
 - AAH has identified approximately 150-200 members in ICF-DD homes

- AAH received planning data from DHCS which identifies providers currently rendering service in these settings
 - Volume of members in the Sub-acute facilities is yet to be determined by the state
 - APL Focus:
 - Quality monitoring and oversight
 - Network readiness
 - Close management of transition of members throughout the continuum
 - Foster collaboration with Regional centers, other health plans, and advocacy groups
 - Identification of additional support and interventions through Population Health Management
 - Claims and Billing support for the ICF-DD homes
- Population Health Management (PHM) Program – effective January 1st, 2023
 - 2023 DHCS PHM Strategy deliverable
 - Received updated guidance from DHCS on required PHM Strategy submission documentation for submission by October 31st, 2023
 - Initiated meetings with Alameda County Health Care Services Agency (HCSA) regarding Alliance collaboration with the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)
 - 2023 DHCS PHM Monitoring requirements
 - Development of PHM monitoring processes, including data requested from CHCN and Kaiser, to meet DHCS requirement
 - First quarterly report in process for completion by August 15th, 2023
- Community Health Worker Benefit – Medi-Cal benefit effective July 1st, 2022, designed to promote the MCP's contractual obligations to meet DHCS broader Population Health Management standards and as adjunctive services as part of the interventions to positively impact health outcomes.
 - CHW Integration Plan and updated Policy & Procedure (P&P) were approved by DHCS in July 2023
 - AAH is reviewing potential incentive opportunities to boost provider engagement
 - AAH continues to participate in the HCSA CHW Practice Design Workgroup which includes County staff as well as representatives from organizations throughout the state who utilize CHWs
 - Internal CHW workgroup continues to meet with PHM team to gain alignment on population priority and risk stratification strategy
 - Engagement with Community Partners
 - Meeting with First 5 Alameda County leadership in August to begin discussion on setting up a CHW Benefit program
 - Ongoing communications with Alameda Health System for opportunities to build out their network

- Outreach to La Clinica De La Raza leadership was initiated in July; need to confirm which of their clinic(s) are approved for the APM pilot.
 - Next steps include outreach to the following organizations to understand their participation in the Alternative Payment Model (APM) and therefore their potential participation in the CHW Benefit:
 - Lifelong Medical Care
 - Tiburcio Vasquez Health Center
- 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, 3) Community Supports Provider Capacity Building and Community Supports Take-Up, and 4) Quality and Emerging CalAIM Priorities:
 - For Program Year 1 (1/1/2022 - 12/31/2022):
 - AAH has earned \$14.8M which is 100% of the allocated funds
 - AAH distributed funding to ten (10) providers and organizations to support the ECM and CS programs
 - For Program Year 2 (1/1/2023 - 12/31/2023):
 - AAH has been allocated \$15.1M for potential earnable dollars
 - AAH is in the process of completing the Submission 3 responses due to DHCS on September 1st for activities completed during January – June 2023
 - AAH continues to work with Anthem in preparation for the January transition to a single plan model
- Dual Eligible Special Needs Plan (D-SNP) Implementation – All Medi-Cal MCPs will be required to implement a Medicare Medi-Cal Plan (MMP) as of January 1st, 2026
 - Contracted with Rebellis Group to assist with planning and implementation project work
 - Held Project Kickoff meeting with Leadership Team on July 28th
 - Rebellis has started the evaluation of AAH systems to determine clinical and operational capabilities/readiness
 - Development of the project work plan is underway

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

- Reports for Day 2
 - Regulatory Reports – Eighteen (18) reports identified by Compliance – Complete
 - Management Reports – Twenty-three (23) reports identified
 - Two (2) reports – No longer needed
 - Six (6) reports – Complete
 - Thirteen (13) cross functional reports – Requirements gathering in progress
 - Awaiting sign-off from Leadership to finalize list

- Comprehensive Diagnostic Evaluation (CDE) – member backlog has been rectified and continues to be monitored by the Behavioral Health (BH) Department
 - Status regarding volume addressed by BH Leadership with Senior Leadership at weekly Senior Leadership Team (SLT) meeting
- Mental Health Initial Evaluation Form – forecasting re-implementation mid-August to remediate provider access issue
- Identification of business system process improvements and automations where necessary and feasible
 - TruCare – Automated Notification requirements gathering in progress
 - Provider Portal – Online Forms
 - Initial Evaluation Form (Priority 1)
 - Coordination of Care Update Form (Priority 2)
 - Requirements gathered and approved
 - Development of online form in progress
 - ABA Referral Form (Priority 3)
 - Requirements gathering scheduled to begin week of July 10th
 - MH Referral Form (Priority 4)
- Post go-live project management support will continue for 120 days

Student Behavioral Health Incentive Program (SBHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2024

- The first Bi-Quarterly Report (BQR) for the measurement period of January 1st, 2023 – June 30th, 2023, was submitted June 30th, 2023, and associated funding (up to \$1.1M) is expected in October 2023
- Partner meetings continue with Local Education Agencies (LEAs) to further refine project plan activities for successful completion of the milestones related to the January – June 2023 measurement period
- 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 (LE) which will support targeted interventions and development of sustainability resources for LEAs
- The Alliance has hosted two SBHIP LEs; participants include LEAs and Steering Group Partners, with a focus on program updates, LEA project plan sharing, current school-based behavioral landscape, and goals for future LE sessions
- MOUs outlining Targeted Interventions activities and SBHIP program requirements were signed by all eleven (11) participating LEAs, and payments for the first 50% of the Targeted Interventions Allocation were made to all eleven (11) LEAs totaling \$3.9M

Housing and Homelessness Incentive Program (HHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2023

- The Submission 1 (S1) Report for reporting period May 1st, 2022 – December 31st, 2022, was submitted to DHCS on March 10th, 2023
 - AAH earned \$13.7M or 88.6% of earnable dollars for our S1 Report
 - 92% of HHIP eligible funds have been earned to-date

- Tracking and monitoring the Submission 2 (S2) Report for reporting period January – October 2023 is currently underway
- HCSA continues to complete deliverables and milestones outlined in the December 2022 MOU:
 - HCSA has submitted twelve (12) deliverables to-date:
 - HHIP data reporting (received on February 15th, 2023)
 - Housing Financial Supports Progress Report (received on March 30th and June 30th, 2023)
 - Street Medicine Data and Program Model and Contracting Recommendations (received on January 13th, March 30th, and June 20th, 2023)
 - 2023 Q1 Housing Community Supports Capacity Building progress report (received April 20th and July 25th, 2023)
 - As of July 31st, \$10,808,000 in total payments has been paid to HCSA for HHIP milestone completion; an additional \$420K is expected to be paid in August 2023
- Workgroup meetings continue with HCSA and Anthem Blue Cross, as well as internally, to implement Investment Plan initiatives related to street health, recuperative care coordination, medical respite, medically frail beds, data needs, and a recently approved housing community supports legal services pilot program

2024 Single Plan Model - activities related to the conversion from a two-plan model to a single plan model are included under one comprehensive program.

- Managed Care Contract Operational Readiness
 - Group 2 Deliverables Status
 - Total Deliverables submitted to DHCS – 191
 - Approved by DHCS – 178
 - In Review – 9
 - Additional Information Requests (AIR) – 2
 - On Hold – 2
 - Upcoming Q3 2023 Operational Readiness Deliverable Dates
 - Deliverables due 8/4/2023 – 13 total deliverables
 - Deliverables due 8/11/2023 – 9 total deliverables
 - Deliverables due 8/18/2023 – 4 total deliverables
 - Deliverables due 9/18/2023 – 3 total deliverables
- Anthem Member Transition – members currently assigned to Anthem will transition to AAH effective January 1st, 2024
 - Planning for work related to member notification, provider contracting, data sharing, and Continuity of Care (CoC) has begun
 - No new members will be assigned to Anthem as of October 1st, 2023
- Kaiser Direct Contract – members currently assigned to AAH but delegated to Kaiser will transition to Kaiser effective January 1st, 2024
- Business Continuity Plan – required as part of our 2024 Operational Readiness
- Disaster Recovery Plan – required as part of our 2024 Operational Readiness
- Memorandums of Understanding (MOUs) with Third Parties – required as part of our 2024 Operational Readiness

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

- Implementation Phase
 - Reporting
 - Created procedures for building status and desktop reports
 - Security
 - Deployed Multi-Factor Authentication and Single Sign-on
 - Resource and Capacity Planning
 - Obtained TDX Process Consulting
- Work in Progress
 - Reporting
 - Reviewing sample mock-up options for weekly project status and portfolio reports with management
 - Deploy status and desktop reports for active projects
 - Resource and Capacity Planning
 - Review setup for resource and capacity planning
 - Propose functional roles for groups that have reported resource capacity

Recruiting and Staffing

Project Management Open position(s):

- Recruitment will begin for new position approved in the FY 2023-24 budget based on the position start date

Integrated Planning

Supporting Documents

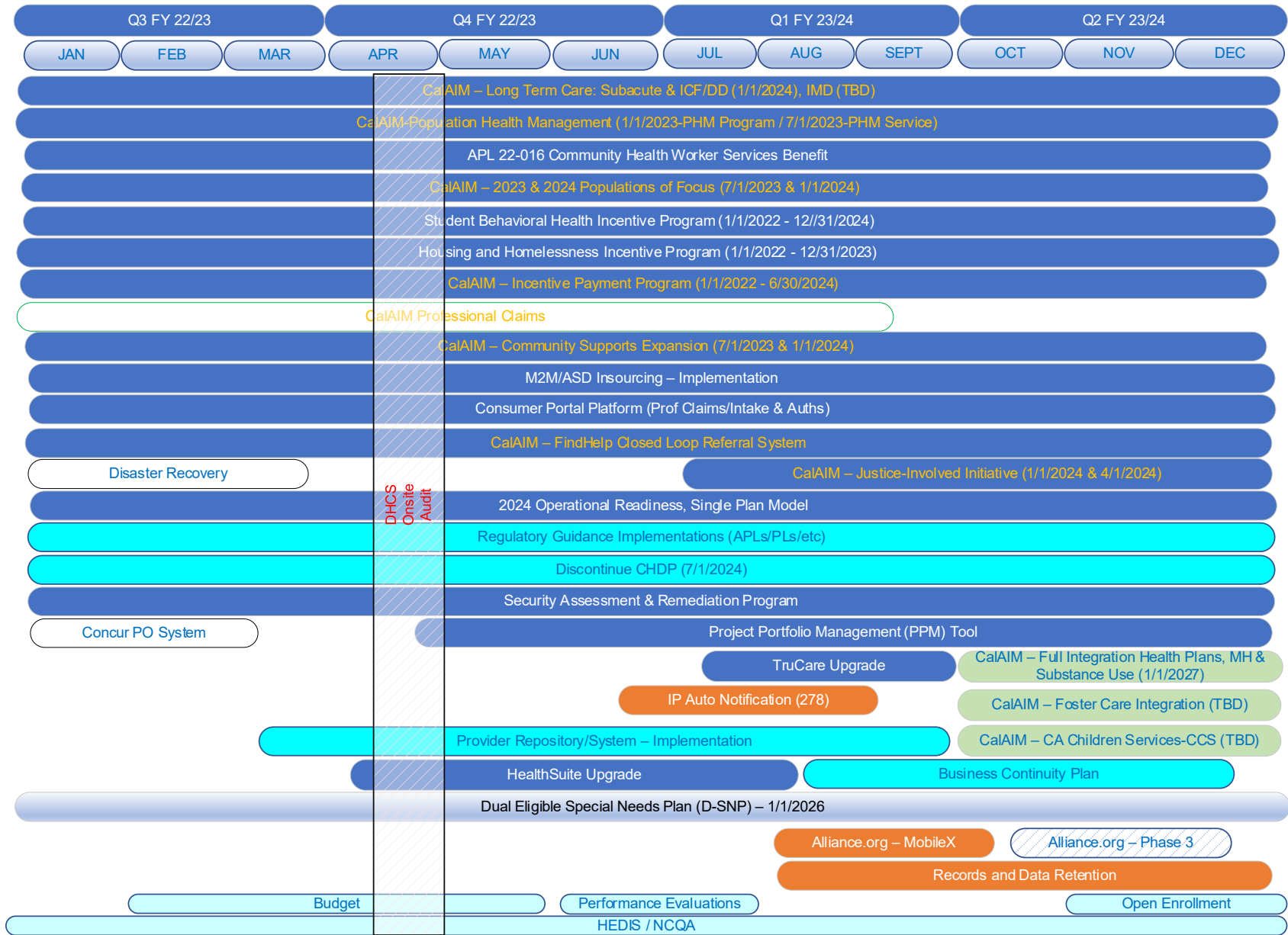
Project Descriptions

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 became 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 were implemented on July 1st, 2023
 - Two (2) CS services that support the two LTC PoF that were effective January 2023 are being piloted in 2023 and scheduled for full implementation on January 1st, 2024
 - One (1) additional CS service is also targeted for implementation on January 1st, 2024
 - 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; IMD facilities implementation date TBD
 - Justice Involved Initiative – adults and children/youth transitioning from incarceration or juvenile facilities will be enrolled into Medi-Cal upon release
 - DHCS is finalizing policy and operational requirements for MCPs to implement the CalAIM Justice-Involved Initiative
 - MCPs must be prepared to go live with ECM for the Individuals Transitioning from Incarceration as of January 1st, 2024
 - MCPs must be prepared to coordinate with correctional facilities to support reentry of members as the return to the community by April 1st, 2024

- Correctional facilities will have two years from 4/1/2024-3/31/2026 to go live based on readiness
 - 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
 - Dual Eligible Special Needs Plan (D-SNP) Implementation – All Medi-Cal MCPs will be required to operate Medicare Medi-Cal Plans (MMPs), the California-specific program name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs) by January 2026 in order to provide better coordination of care and improve care integration and person-centered care. Additionally, this transition will create both program and financial alignment, simplify administration and billing for providers and plans, and provide a more seamless experience for dual eligible beneficiaries by having one plan manage both sets of benefits for the beneficiary.
- 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 1st, 2024
- Project Portfolio Management (PPM) Tool - Implementation of a PPM tool to support portfolio planning, resource capacity and demand planning and project scheduling



- Complete
- Active
- No Go Live Date
- Later Phase
- Audits
- Company-Wide
- On Hold
- CalAIM Roadmap
- CalAIM Active



Health care you can count on.
Service you can trust.

Analytics

Tiffany Cheang

To: Alameda Alliance for Health Board of Governors
From: Tiffany Cheang, Chief Analytics Officer
Date: August 11, 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: May 2022 – April 2023 dates of service

Prior reporting period: May 2021 – April 2022 dates of service

(Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 9.7% of members account for 86.3% of total costs.
- In comparison, the Prior reporting period was lower at 9.1% 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 decreased to account for 58.9% of the members, with SPDs accounting for 25.4% and ACA OE's at 33.5%.
 - 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 remained consistent at 0.5%.
 - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 44.3%.
 - 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 (39.5%) compared to the overall population (20.6%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis

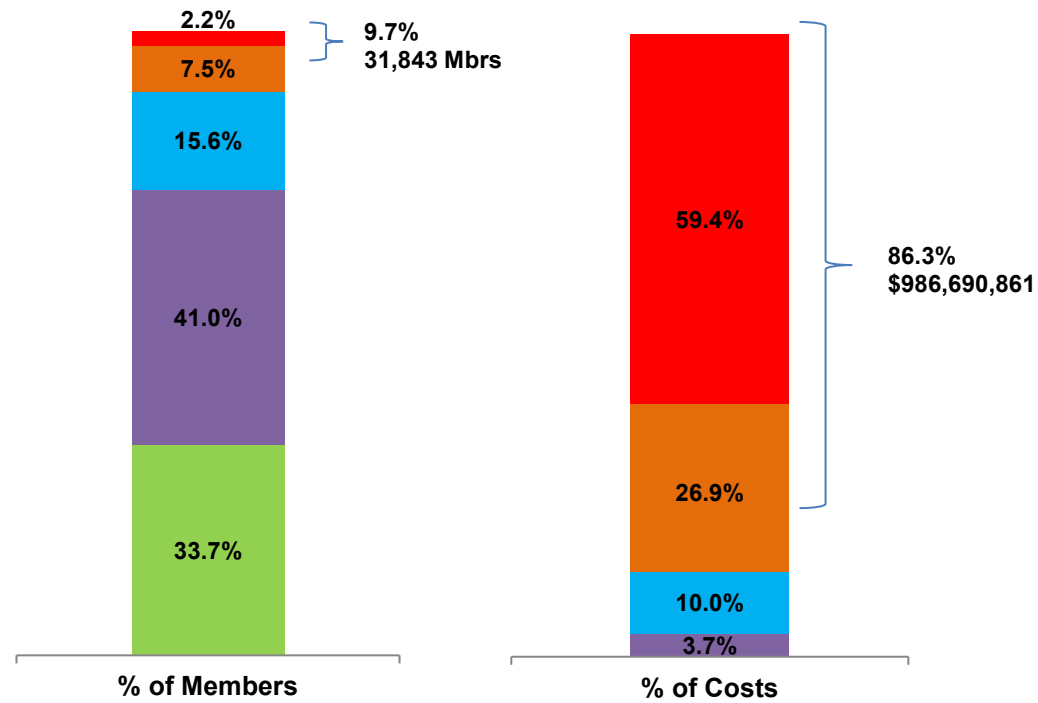
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: May 2022 - Apr 2023

Note: Data incomplete due to claims lag

Run Date: 07/28/2023

Member Cost Distribution



Top 9.7% of Members = 86.3% of Costs

Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	7,325	2.2%	\$ 678,876,044	59.4%
\$5K - \$30K	24,518	7.5%	\$ 307,814,817	26.9%
\$1K - \$5K	51,412	15.6%	\$ 114,657,261	10.0%
< \$1K	134,667	41.0%	\$ 42,252,893	3.7%
\$0	110,827	33.7%	\$ -	0.0%
Totals	328,749	100.0%	\$ 1,143,601,015	100.0%

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	1,753	0.5%	\$ 394,824,272	34.5%
\$75K to \$100K	739	0.2%	\$ 63,379,620	5.5%
\$50K to \$75K	1,568	0.5%	\$ 95,692,327	8.4%
\$40K to \$50K	1,225	0.4%	\$ 54,729,560	4.8%
\$30K to \$40K	2,040	0.6%	\$ 70,250,265	6.1%
SubTotal	7,325	2.2%	\$ 678,876,044	59.4%
\$20K to \$30K	3,952	1.2%	\$ 96,940,728	8.5%
\$10K to \$20K	9,207	2.8%	\$ 129,963,594	11.4%
\$5K to \$10K	11,359	3.5%	\$ 80,910,495	7.1%
SubTotal	24,518	7.5%	\$ 307,814,817	26.9%
Total	31,843	9.7%	\$ 986,690,861	86.3%

Enrollment Status	Members	Total Costs
Still Enrolled as of Apr 2023	305,881	\$ 1,045,668,241
Dis-Enrolled During Year	22,868	\$ 97,932,774
Totals	328,749	\$ 1,143,601,015

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

9.7% of Members = 86.3% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: May 2022 - Apr 2023

Note: Data incomplete due to claims lag

Run Date: 07/28/2023

9.7% of Members = 86.3% of Costs

25.4% of members are SPDs and account for 31.3% of costs.

33.5% of members are ACA OE and account for 34.3% of costs.

5.3% of members disenrolled as of Apr 2023 and account for 9.3% of costs.

Highest Cost Members; Cost Per Member >= \$100K

36.7% of members are SPDs and account for 35.0% of costs.

34.5% of members are ACA OE and account for 36.0% of costs.

14.0% of members disenrolled as of Apr 2023 and account for 14.4% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	142	622	764	2.4%
MCAL	MCAL - ADULT	792	4,429	5,221	16.4%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	365	1,989	2,354	7.4%
	MCAL - ACA OE	2,513	8,156	10,669	33.5%
	MCAL - SPD	2,536	5,545	8,081	25.4%
	MCAL - DUALS	227	1,939	2,166	6.8%
	MCAL - LTC	52	65	117	0.4%
	MCAL - LTC-DUAL	89	686	775	2.4%
Not Eligible	Not Eligible	609	1,087	1,696	5.3%
Total		7,325	24,518	31,843	100.0%

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	26	1.5%
MCAL	MCAL - ADULT	164	9.4%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	41	2.3%
	MCAL - ACA OE	604	34.5%
	MCAL - SPD	643	36.7%
	MCAL - DUALS	29	1.7%
	MCAL - LTC	1	0.1%
	MCAL - LTC-DUAL	-	0.0%
Not Eligible	Not Eligible	245	14.0%
Total		1,753	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 10,831,750	\$ 6,919,939	\$ 17,751,689	1.8%
MCAL	MCAL - ADULT	\$ 69,056,826	\$ 51,333,856	\$ 120,390,682	12.2%
	MCAL - BCCTP	\$ -	\$ -	\$ -	0.0%
	MCAL - CHILD	\$ 24,351,382	\$ 23,312,257	\$ 47,663,638	4.8%
	MCAL - ACA OE	\$ 239,668,687	\$ 98,745,990	\$ 338,414,677	34.3%
	MCAL - SPD	\$ 236,246,276	\$ 72,639,231	\$ 308,885,507	31.3%
	MCAL - DUALS	\$ 14,699,680	\$ 25,750,494	\$ 40,450,174	4.1%
	MCAL - LTC	\$ 2,656,730	\$ 1,557,647	\$ 4,214,377	0.4%
	MCAL - LTC-DUAL	\$ 3,456,443	\$ 14,068,311	\$ 17,524,754	1.8%
Not Eligible	Not Eligible	\$ 77,908,270	\$ 13,487,091	\$ 91,395,362	9.3%
Total		\$ 678,876,044	\$ 307,814,817	\$ 986,690,861	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 4,881,299	1.2%
MCAL	MCAL - ADULT	\$ 38,033,805	9.6%
	MCAL - BCCTP	\$ -	0.0%
	MCAL - CHILD	\$ 9,197,026	2.3%
	MCAL - ACA OE	\$ 141,990,694	36.0%
	MCAL - SPD	\$ 138,012,392	35.0%
	MCAL - DUALS	\$ 5,525,297	1.4%
	MCAL - LTC	\$ 139,906	0.0%
	MCAL - LTC-DUAL	\$ -	0.0%
Not Eligible	Not Eligible	\$ 57,043,853	14.4%
Total		\$ 394,824,272	100.0%

% of Total Costs By Service Type

Cost Range	Breakout by Service Type/Location									
	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	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+	8%	0%	1%	0%	53%	1%	14%	5%	2%	7%
\$75K to \$100K	6%	0%	1%	0%	40%	3%	8%	4%	7%	13%
\$50K to \$75K	4%	0%	2%	1%	35%	3%	8%	7%	6%	15%
\$40K to \$50K	6%	0%	2%	1%	36%	5%	5%	5%	2%	14%
\$30K to \$40K	9%	0%	2%	1%	25%	10%	6%	5%	1%	21%
\$20K to \$30K	3%	1%	3%	0%	22%	5%	6%	5%	1%	30%
\$10K to \$20K	0%	0%	10%	1%	26%	5%	10%	8%	2%	17%
\$5K to \$10K	0%	0%	10%	1%	19%	7%	11%	13%	1%	17%
Total	6%	0%	3%	0%	39%	4%	10%	6%	2%	14%

Notes:

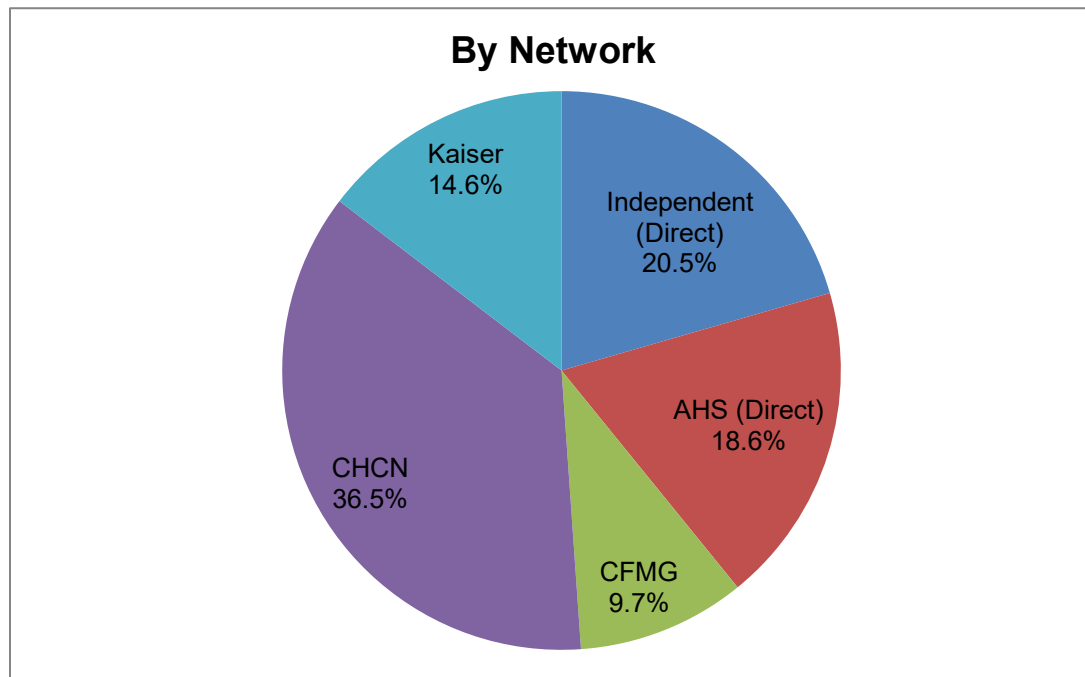
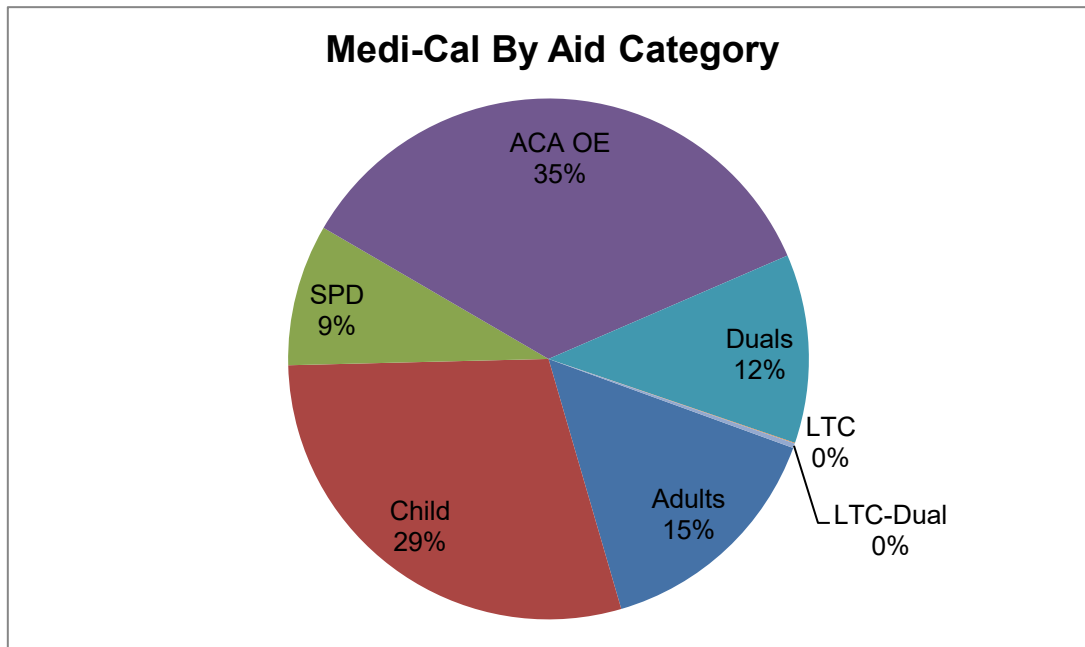
- Report includes medical costs (HS & Diamond Claims, Beacon, Logisticare FFS, CHCN FFS Preventive Services, CHME) and pharmacy costs. IBNP factors are not applied.
- CFMG and CHCN encounter data has been priced out.
- Report excludes Capitation Expense

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

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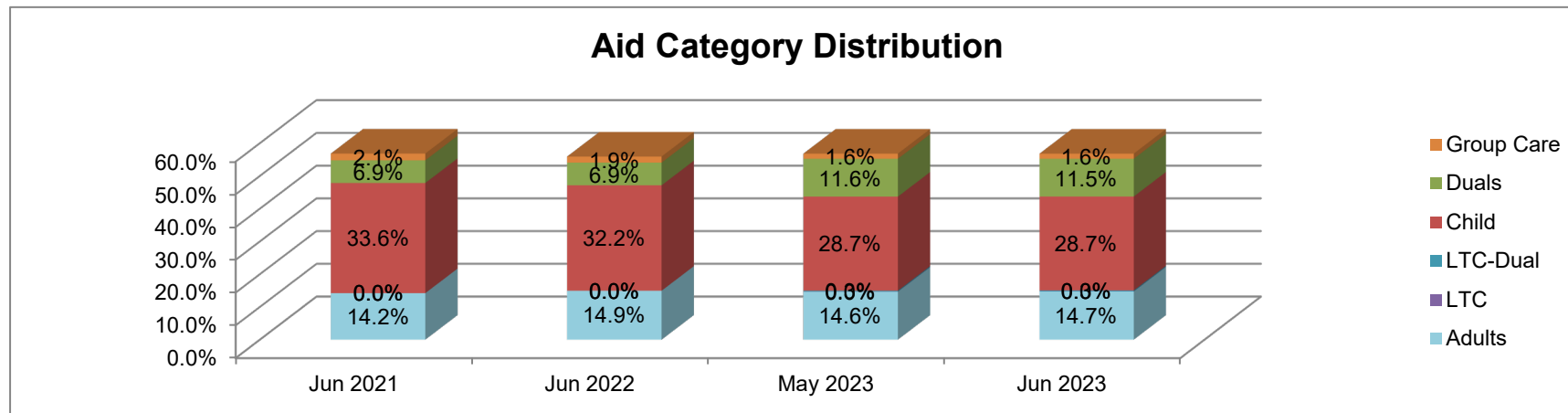
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Category of Aid	Jun 2023	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	53,174	15%	10,047	10,189	856	22,326	9,756
Child	103,670	29%	7,508	9,461	31,930	35,340	19,431
SPD	31,280	9%	10,174	4,574	1,118	13,124	2,290
ACA OE	124,967	35%	18,096	39,672	1,344	48,835	17,020
Duals	41,731	12%	25,017	2,582	3	9,718	4,411
LTC	150	0%	150	-	-	-	-
LTC-Dual	1,029	0%	1,029	-	-	-	-
Medi-Cal	356,001		72,021	66,478	35,251	129,343	52,908
Group Care	5,684		2,221	855	-	2,608	-
Total	361,685	100%	74,242	67,333	35,251	131,951	52,908
Medi-Cal %	98.4%		97.0%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		3.0%	1.3%	0.0%	2.0%	0.0%
<i>Network Distribution</i>			20.5%	18.6%	9.7%	36.5%	14.6%
			% Direct: 39%				% Delegated: 61%

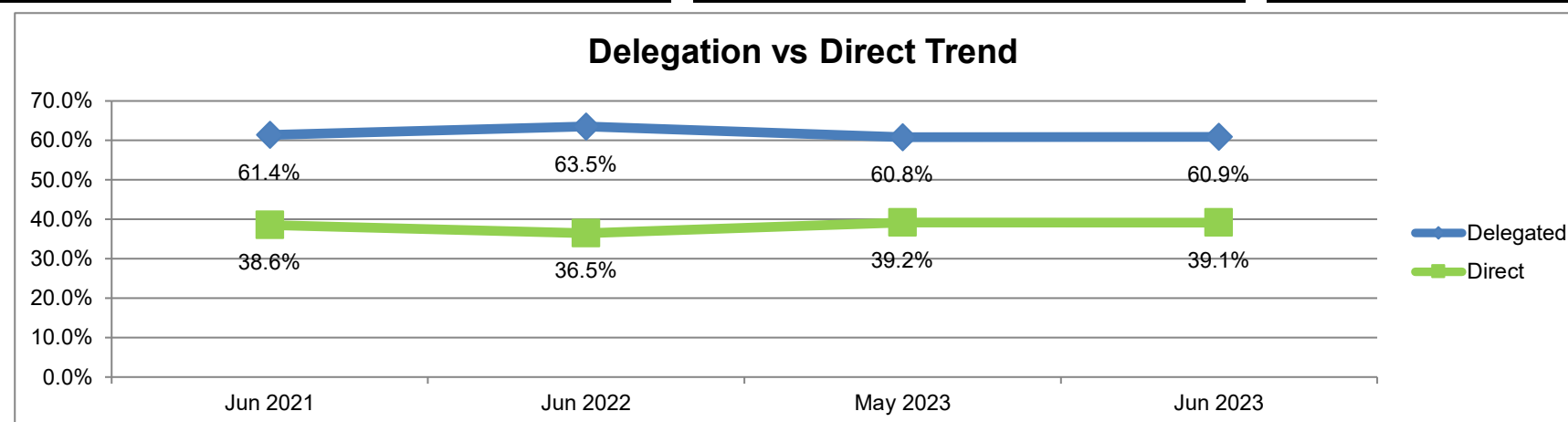


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

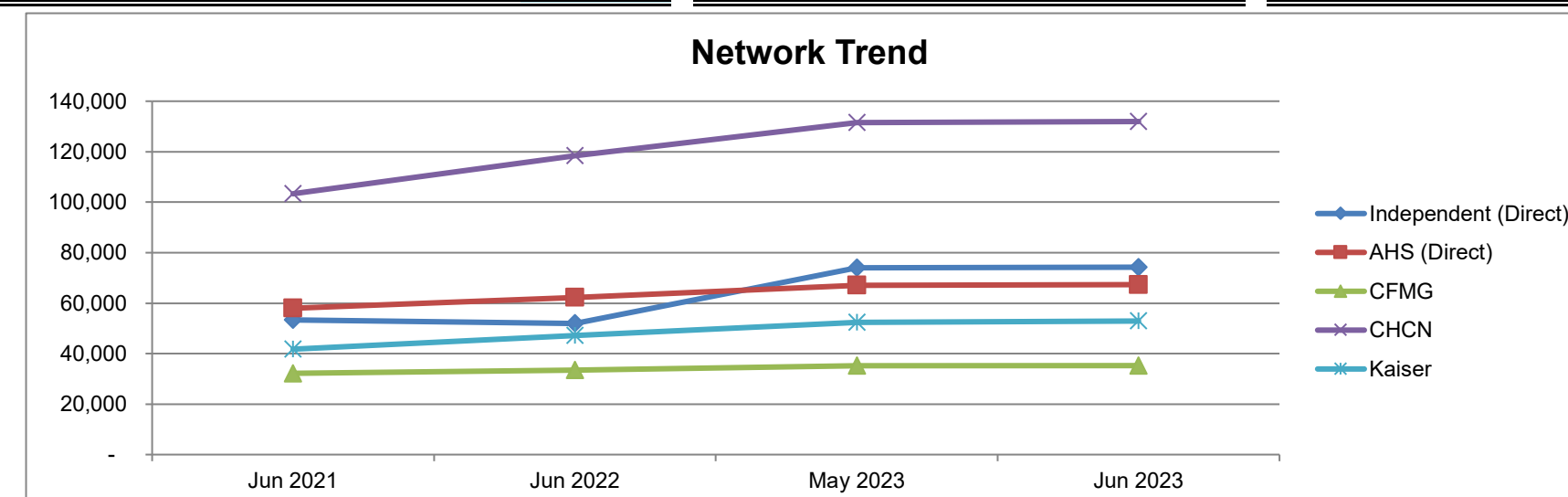
Category of Aid Trend												
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023	
Adults	40,966	46,761	52,677	53,174	14.2%	14.9%	14.6%	14.7%	14.1%	13.7%	0.9%	
Child	97,048	100,772	103,434	103,670	33.6%	32.2%	28.7%	28.7%	3.8%	2.9%	0.2%	
SPD	26,323	27,105	31,201	31,280	9.1%	8.7%	8.7%	8.6%	3.0%	15.4%	0.3%	
ACA OE	98,281	110,938	124,397	124,967	34.1%	35.4%	34.5%	34.6%	12.9%	12.6%	0.5%	
Duals	19,988	21,685	41,652	41,731	6.9%	6.9%	11.6%	11.5%	8.5%	92.4%	0.2%	
LTC	-	-	148	150	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	
LTC-Dual	-	-	1,003	1,029	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	2.6%	
Medi-Cal Total	282,606	307,261	354,512	356,001	97.9%	98.1%	98.4%	98.4%	8.7%	15.9%	0.4%	
Group Care	5,948	5,795	5,670	5,684	2.1%	1.9%	1.6%	1.6%	-2.6%	-1.9%	0.2%	
Total	288,554	313,056	360,182	361,685	100.0%	100.0%	100.0%	100.0%	8.5%	15.5%	0.4%	



Delegation vs Direct Trend												
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023	
Delegated	177,296	198,905	219,053	220,110	61.4%	63.5%	60.8%	60.9%	12.2%	10.7%	0.5%	
Direct	111,258	114,151	141,129	141,575	38.6%	36.5%	39.2%	39.1%	2.6%	24.0%	0.3%	
Total	288,554	313,056	360,182	361,685	100.0%	100.0%	100.0%	100.0%	8.5%	15.5%	0.4%	



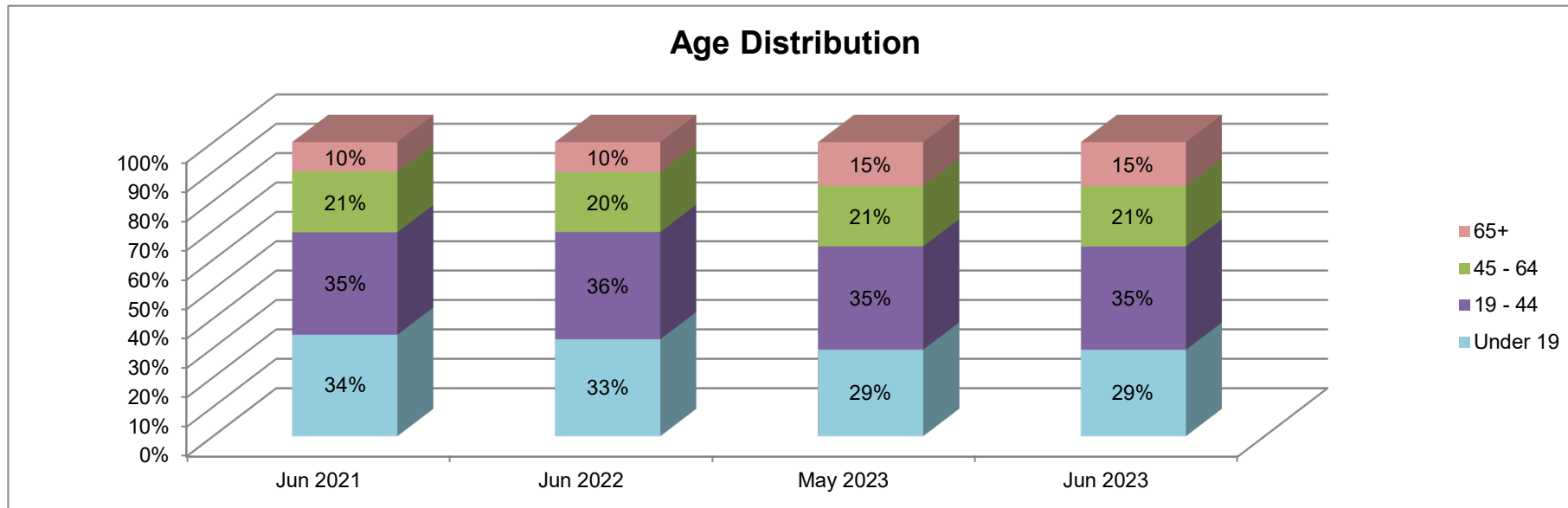
Network Trend												
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023	
Independent (Direct)	53,280	51,936	74,016	74,242	18.5%	16.6%	20.5%	20.5%	-2.5%	42.9%	0.3%	
AHS (Direct)	57,978	62,215	67,113	67,333	20.1%	19.9%	18.6%	18.6%	7.3%	8.2%	0.3%	
CFMG	32,197	33,408	35,138	35,251	11.2%	10.7%	9.8%	9.7%	3.8%	5.5%	0.3%	
CHCN	103,339	118,411	131,489	131,951	35.8%	37.8%	36.5%	36.5%	14.6%	11.4%	0.4%	
Kaiser	41,760	47,086	52,426	52,908	14.5%	15.0%	14.6%	14.6%	12.8%	12.4%	0.9%	
Total	288,554	313,056	360,182	361,685	100.0%	100.0%	100.0%	100.0%	8.5%	15.5%	0.4%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

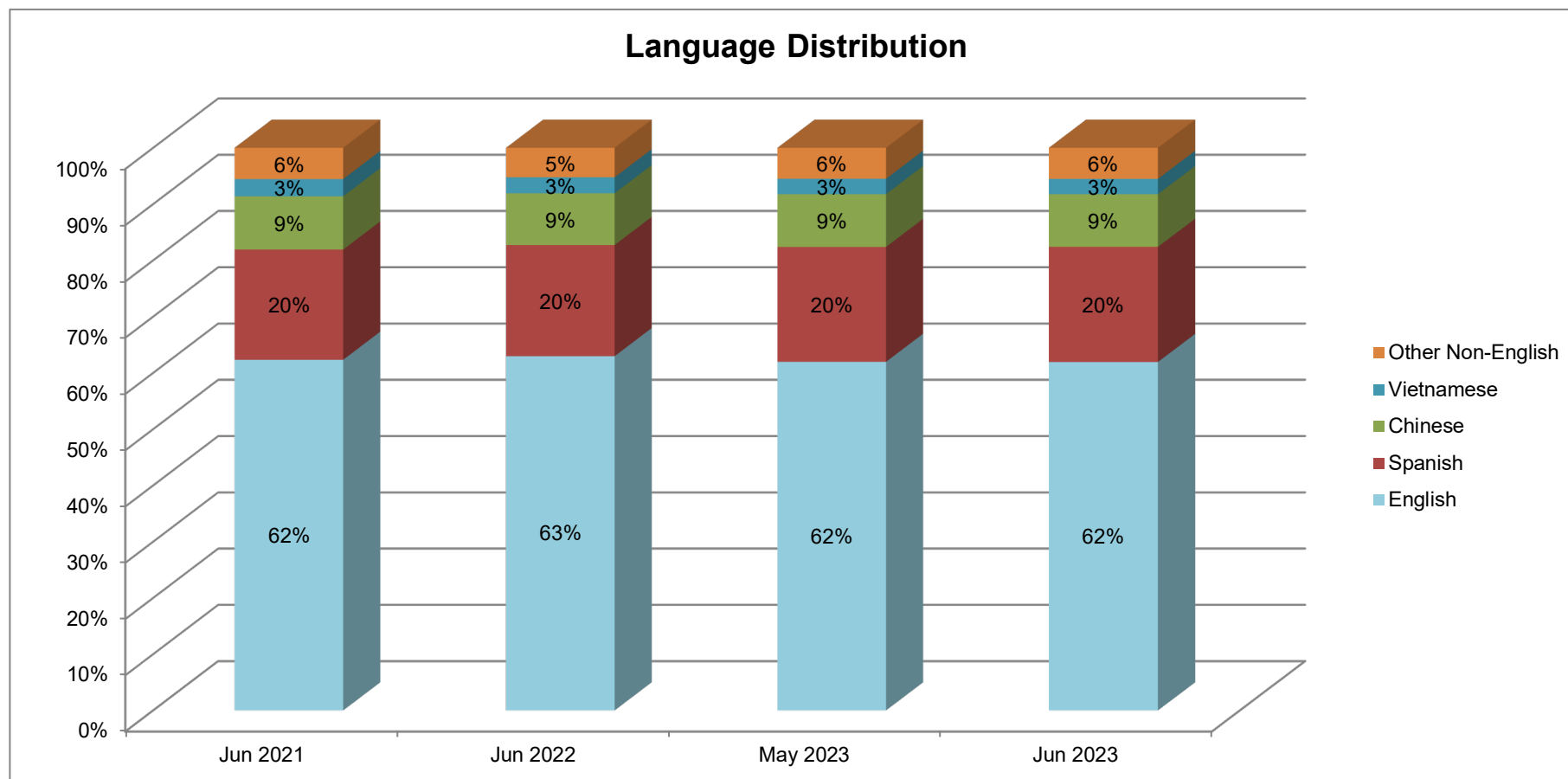
Age Category Trend

Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
Under 19	99,380	103,026	105,787	106,040	34%	33%	29%	29%	4%	3%	0%
19 - 44	100,530	114,184	126,401	127,085	35%	36%	35%	35%	14%	11%	1%
45 - 64	59,806	63,899	74,095	74,391	21%	20%	21%	21%	7%	16%	0%
65+	28,838	31,947	53,899	54,169	10%	10%	15%	15%	11%	70%	1%
Total	288,554	313,056	360,182	361,685	100%	100%	100%	100%	8%	16%	0%



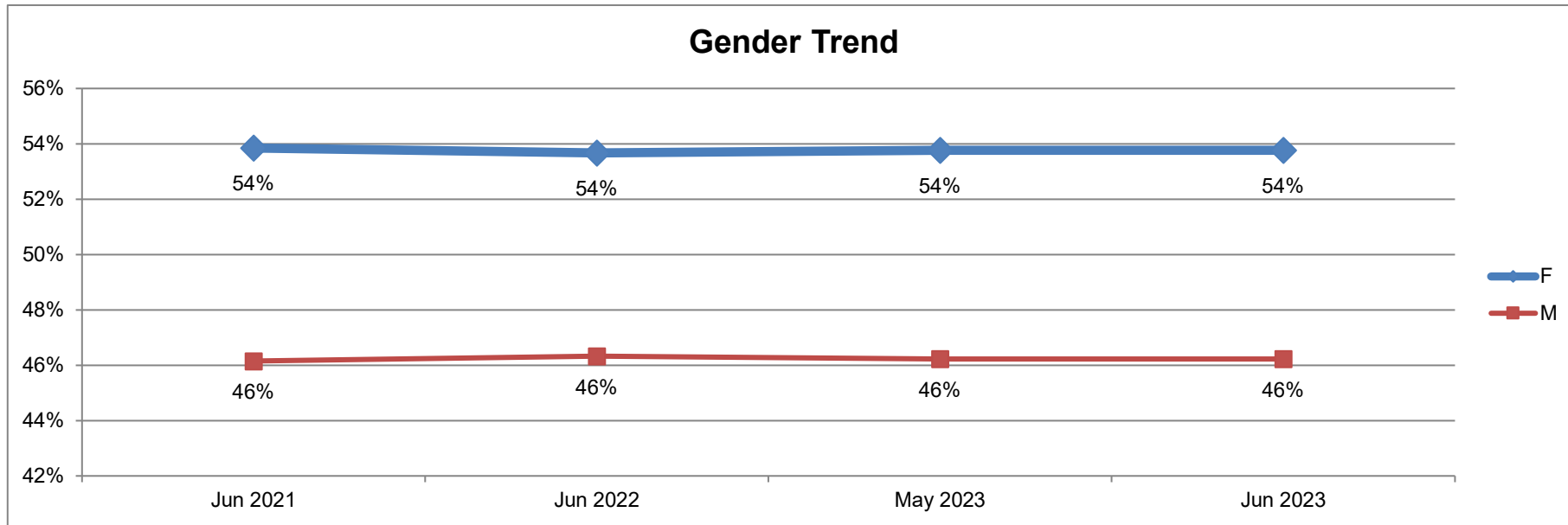
Language Trend

Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
English	179,840	197,106	223,164	223,993	62%	63%	62%	62%	10%	14%	0%
Spanish	56,529	61,849	73,539	74,012	20%	20%	20%	20%	9%	20%	1%
Chinese	27,322	28,802	33,819	33,860	9%	9%	9%	9%	5%	18%	0%
Vietnamese	8,826	8,868	9,828	9,838	3%	3%	3%	3%	0%	11%	0%
Other Non-English	16,037	16,431	19,832	19,982	6%	5%	6%	6%	2%	22%	1%
Total	288,554	313,056	360,182	361,685	100%	100%	100%	100%	8%	16%	0%

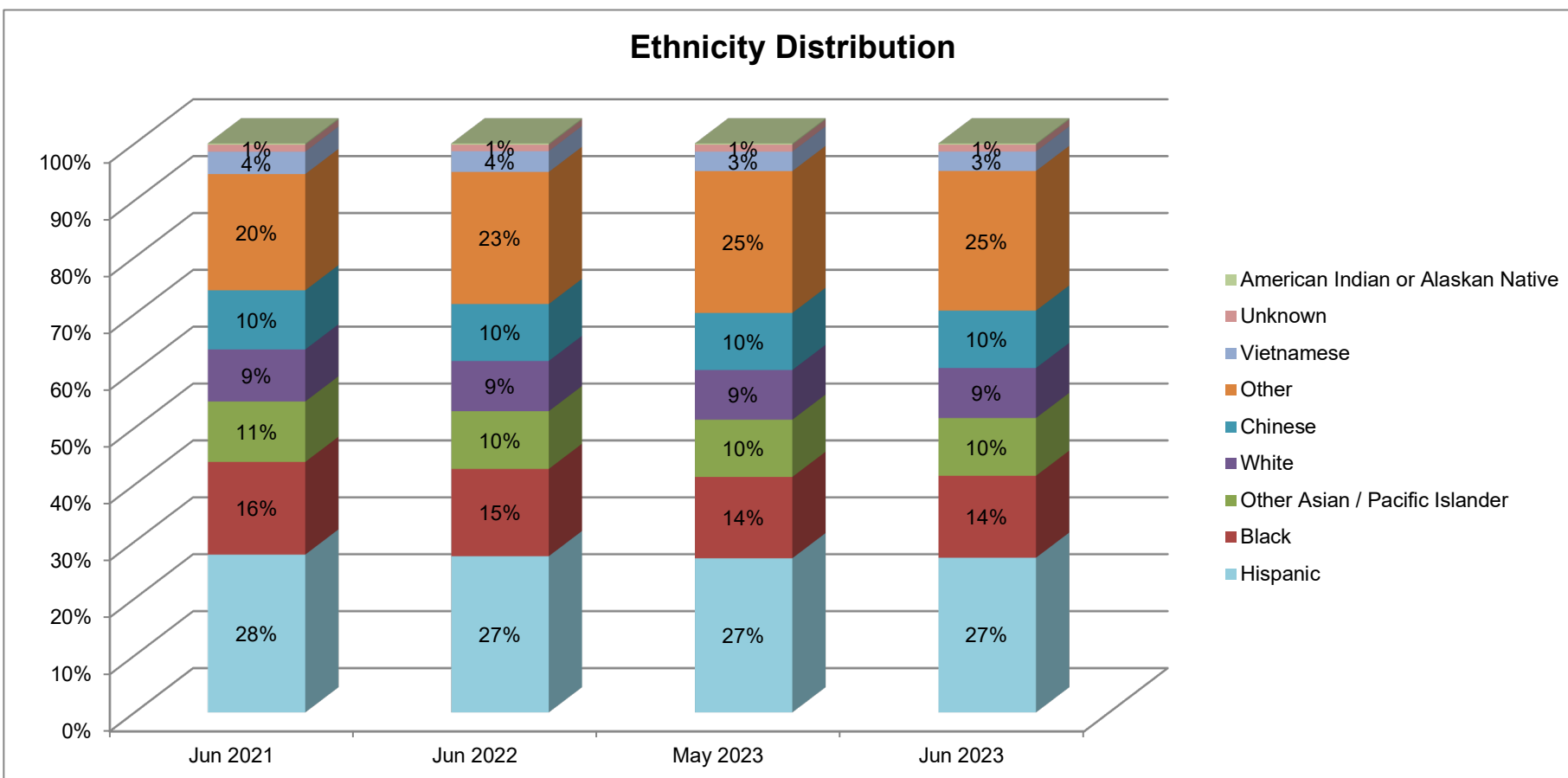


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Gender Trend												
Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023	
F	155,381	168,023	193,677	194,470	54%	54%	54%	54%	8%	16%	0%	
M	133,173	145,033	166,505	167,215	46%	46%	46%	46%	9%	15%	0%	
Total	288,554	313,056	360,182	361,685	100%	100%	100%	100%	8%	16%	0%	



Ethnicity Trend												
Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023	
Hispanic	79,920	85,824	97,427	98,185	28%	27%	27%	27%	7%	14%	1%	
Black	47,000	48,031	51,493	52,097	16%	15%	14%	14%	2%	8%	1%	
Other Asian / Pacific Islander	30,688	31,777	36,245	36,735	11%	10%	10%	10%	4%	16%	1%	
White	26,407	27,666	31,499	31,823	9%	9%	9%	9%	5%	15%	1%	
Chinese	30,015	31,360	36,159	36,522	10%	10%	10%	10%	4%	16%	1%	
Other	59,005	72,720	89,867	88,825	20%	23%	25%	25%	23%	22%	-1%	
Vietnamese	11,343	11,426	12,326	12,366	4%	4%	3%	3%	1%	8%	0%	
Unknown	3,549	3,570	4,425	4,397	1%	1%	1%	1%	1%	23%	-1%	
American Indian or Alaskan Native	627	682	741	735	0%	0%	0%	0%	9%	8%	-1%	
Total	288,554	313,056	360,182	361,685	100%	100%	100%	100%	8%	16%	0%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile By City

Medi-Cal By City							
City	Jun 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	137,164	39%	19,574	30,986	14,533	57,157	14,914
Hayward	56,009	16%	10,675	12,064	5,884	17,905	9,481
Fremont	33,382	9%	12,955	4,953	1,262	8,914	5,298
San Leandro	32,076	9%	6,464	4,480	3,561	11,658	5,913
Union City	15,185	4%	5,328	2,286	637	4,110	2,824
Alameda	13,757	4%	2,953	2,122	1,750	4,692	2,240
Berkeley	13,574	4%	2,582	1,846	1,364	5,738	2,044
Livermore	10,978	3%	1,628	683	1,976	4,749	1,942
Newark	8,465	2%	2,511	2,646	298	1,541	1,469
Castro Valley	9,011	3%	1,911	1,343	1,126	2,703	1,928
San Lorenzo	7,464	2%	1,273	1,269	734	2,688	1,500
Pleasanton	6,221	2%	1,451	398	562	2,746	1,064
Dublin	6,612	2%	1,537	429	691	2,757	1,198
Emeryville	2,466	1%	516	452	314	759	425
Albany	2,205	1%	329	231	415	795	435
Piedmont	461	0%	86	132	28	99	116
Sunol	82	0%	21	10	6	28	17
Antioch	33	0%	9	5	9	8	2
Other	856	0%	218	143	101	296	98
Total	356,001	100%	72,021	66,478	35,251	129,343	52,908

Group Care By City							
City	Jun 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,817	32%	410	339	-	1,068	-
Hayward	643	11%	312	141	-	190	-
Fremont	619	11%	431	52	-	136	-
San Leandro	571	10%	215	84	-	272	-
Union City	300	5%	192	35	-	73	-
Alameda	282	5%	103	19	-	160	-
Berkeley	161	3%	46	12	-	103	-
Livermore	89	2%	27	3	-	59	-
Newark	137	2%	86	32	-	19	-
Castro Valley	196	3%	85	27	-	84	-
San Lorenzo	132	2%	48	16	-	68	-
Pleasanton	63	1%	25	3	-	35	-
Dublin	107	2%	36	6	-	65	-
Emeryville	33	1%	13	5	-	15	-
Albany	19	0%	6	1	-	12	-
Piedmont	13	0%	3	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	23	0%	7	6	-	10	-
Other	479	8%	176	74	-	229	-
Total	5,684	100%	2,221	855	-	2,608	-

Total By City							
City	Jun 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	138,981	38%	19,984	31,325	14,533	58,225	14,914
Hayward	56,652	16%	10,987	12,205	5,884	18,095	9,481
Fremont	34,001	9%	13,386	5,005	1,262	9,050	5,298
San Leandro	32,647	9%	6,679	4,564	3,561	11,930	5,913
Union City	15,485	4%	5,520	2,321	637	4,183	2,824
Alameda	14,039	4%	3,056	2,141	1,750	4,852	2,240
Berkeley	13,735	4%	2,628	1,858	1,364	5,841	2,044
Livermore	11,067	3%	1,655	686	1,976	4,808	1,942
Newark	8,602	2%	2,597	2,678	298	1,560	1,469
Castro Valley	9,207	3%	1,996	1,370	1,126	2,787	1,928
San Lorenzo	7,596	2%	1,321	1,285	734	2,756	1,500
Pleasanton	6,284	2%	1,476	401	562	2,781	1,064
Dublin	6,719	2%	1,573	435	691	2,822	1,198
Emeryville	2,499	1%	529	457	314	774	425
Albany	2,224	1%	335	232	415	807	435
Piedmont	474	0%	89	132	28	109	116
Sunol	82	0%	21	10	6	28	17
Antioch	56	0%	16	11	9	18	2
Other	1,335	0%	394	217	101	525	98
Total	361,685	100%	74,242	67,333	35,251	131,951	52,908



Health care you can count on.
Service you can trust.

Human Resources

Anastacia Swift

To: Alameda Alliance for Health Board of Governors

From: Anastacia Swift, Chief Human Resources Officer

Date: August 11th, 2023

Subject: Human Resources Report

Staffing

- As of August 1st, 2023, the Alliance had 481 full-time employees and 1-part time employee.
- On August 1st, 2023, the Alliance had 47 open positions in which 17 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 30 positions open to date. The Alliance is actively recruiting for the remaining 30 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions August 1 st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	13	6	7
Operations	21	8	13
Healthcare Analytics	3	0	3
Information Technology	4	2	2
Finance	3	1	2
Compliance & Legal	0	0	0
Human Resources	3	0	3
Health Equity	0	0	0
Total	47	17	30

- Our current recruitment rate is 7%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in July 2023 included:
 - 5 years:
 - Trina Chung (Claims)
 - Nancy Tran (Member Services)
 - Cathy Cortez Ledesma (Grievance & Appeals)
 - 6 years:
 - Rubeen Samra (Member Services)
 - Jasmine Cornn (Provider Services)
 - 7 years:
 - Cindy Delos Santos-Dalanon (Credentialing)
 - Alex Alvarez (Marketing & Communications)
 - Roberta Robertson (Privacy & SIU)
 - 8 years:
 - Matthew Woodruff (Executive)
 - Michelle Florian (Privacy & SIU)
 - 9 years:
 - Evelyn Waters-Glover (Case & Disease Management)
 - 10 years:
 - Julia Kim (Healthcare Analytics)
 - Jennifer Reyes (Utilization Management)
 - 12 years:
 - Lorraine Valdivia (Claims)
 - 13 years:
 - Daniel McKay (IT Infrastructure)
 - 16 years:
 - Adrian Mora (IT Data Exchange)
 - 18 years:
 - Felicia Alexander-Samuels (Claims)



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Legislative Tracking

2023 Legislative Tracking List

The California State Legislature is currently in summer recess and will reconvene the 2023-2024 Legislative Session on August 14th. Each house (Senate and Assembly) will have until September 14th to pass bills. The following is a list of state bills tracked by the Public Affairs and Compliance Departments that have been introduced during the current 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: Introduced: 12/5/2022

Status: 7/13/2023-From committee: Amend and do pass as amended and re-refer to Com. on APPR. (Ayes 9. Noes 1.) (July 12). Read second time and amended. Re-referred to Com. on APPR

Location: 7/13/2023-S. APPR.

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

Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. 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 for a federal waiver to allow persons otherwise not able to obtain coverage through the Exchange because of their immigration status to obtain coverage from the Exchange. This bill would delete that requirement and would instead require the Exchange to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible given existing federal law and rules.

[AB 47](#) ([Boerner D](#)) Pelvic floor physical therapy coverage.

Current Text: Introduced: 12/5/2022

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 12/5/2022) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	2 year	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 1, 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 48](#) ([Aguiar-Curry D](#)) Nursing Facility Resident Informed Consent Protection Act of 2023.

Current Text: Amended: 3/16/2023

Status: 7/10/2023-In committee: Referred to APPR. suspense file.

Location: 7/10/2023-S. APPR. SUSPENSE FILE

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

Summary: Current law provides for the licensure and regulation of health facilities, including skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. Current law requires skilled nursing facilities and intermediate care facilities to have written policies regarding the rights of patients. This bill would add to these rights the right of every resident to receive the information that is material to an individual's informed consent decision concerning whether to accept or refuse the administration of psychotherapeutic drugs, as specified. This bill would also add the right to be free from psychotherapeutic drugs used for the purpose of resident discipline, convenience, or chemical restraint, except in an emergency that threatens to cause immediate injury to the resident or others. This bill would make the prescriber responsible for disclosing the material information relating to psychotherapeutic drugs to the resident and obtaining their informed consent, as defined.

AB 55

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

Current Text: Amended: 4/27/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2023) (May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

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

Summary: Current law requires, with exceptions, that Medi-Cal reimbursement to providers of emergency medical transports be increased by application of an add-on to the associated Medi-Cal fee-for-service payment schedule. Under current law, those increased payments are funded solely from a quality assurance fee (QAF), which emergency medical transport providers are required to pay based on a specified formula, and from federal reimbursement and any other related federal funds. 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 1, 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 the point of pickup and whether the service was for an emergency or nonemergency, with the workforce adjustment being equal to 80% of the lowest maximum allowance established by the federal Medicare Program reduced by the fee-for-service payment schedule amount, as specified.

AB 85

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

Current Text: Amended: 7/3/2023

Status: 7/10/2023-In committee: Referred to APPR. suspense file.

Location: 7/10/2023-S. APPR. SUSPENSE FILE

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

Summary: Would, upon specified appropriations by the Legislature, require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include coverage for screenings for social determinants of health, as defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings.

AB 221

(Ting D) Budget Act of 2023.

Current Text: Introduced: 1/10/2023

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

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/19/2023) (May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	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 1, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1, 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 1, 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 365](#)

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

Current Text: Amended: 3/15/2023

Status: 6/22/2023-From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 12. Noes 0.) (June 21). Re-referred to Com. on APPR.

Location: 6/21/2023-S. 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 1, 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

Status: 7/10/2023-In committee: Referred to APPR. suspense file.

Location: 7/10/2023-S. APPR. SUSPENSE FILE

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

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 483

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

Current Text: Amended: 7/13/2023

Status: 7/13/2023-From committee: Amend and do pass as amended and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (July 12). Read second time and amended. Re-referred to Com. on APPR.

Location: 7/13/2023-S. 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 by, and funded pursuant to, federal Medicaid program provisions. Current law establishes the Administrative Claiming process under which the State Department of Health Care Services is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). This bill would require the department to establish a revised audit process for Medi-Cal Billing Option claims submitted for dates of service on or after January 1, 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

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/17/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	2 year	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 1, 2023, and December 31, 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 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 564 (**Villapudua D**) **Medi-Cal: claim or remittance forms: signature.**

Current Text: Amended: 4/5/2023

Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/14/2023) (May be acted upon Jan 2024)

Location: 7/14/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	2 year	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

Status: 7/10/2023-In committee: Referred to APPR. suspense file.

Location: 7/10/2023-S. APPR. SUSPENSE FILE

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 1, 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. The bill would require the department to allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with one or more evidence-based clinical guidelines.

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

Current Text: Amended: 3/30/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023) (May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	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, 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: Amended: 7/12/2023

Status: 7/12/2023-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/11/2023-S. APPR.

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 State Department of Health Care Services 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 27, 2021, during pregnancy and the initial 60-day post pregnancy period in effect on that date. The bill would require the department, in coordination with the State Department of Public Health, to consider input from certain stakeholders, as specified, in determining 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: Amended: 4/19/2023

Status: 7/13/2023-From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 11. Noes 0.) (July 12). Re-referred to Com. on APPR.

Location: 7/13/2023-S. APPR.

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 719](#) (Boerner D) Medi-Cal: nonmedical and nonemergency medical transportation.

Current Text: Amended: 7/10/2023

Status: 7/10/2023-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/6/2023-S. 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 require Medi-Cal managed care plans that are contracted to provide nonmedical transportation or nonemergency medical transportation to contract with public paratransit service operators who are enrolled Medi-Cal providers for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public paratransit service operator. The bill would require the rates reimbursed by the managed care plan to the public paratransit service operator to be based on the department’s fee-for-service rates for nonmedical and nonemergency medical transportation service, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

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

Current Text: Amended: 7/10/2023

Status: 7/10/2023-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/6/2023-S. APPR.

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

Summary: This bill, Sophia’s Act, would extend eligibility for pediatric palliative care services for those individuals who have been determined eligible for those services prior to 21 years of age, until 26 years of age and would extend eligibility for hospice services after 21 years of age. To the extent that these provisions would alter the eligibility of individuals for these services, the bill would create a state-mandated local program. The bill would implement these provisions only to the extent that necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized.

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

Current Text: Amended: 6/15/2023

Status: 6/26/2023-In committee: Referred to APPR. suspense file.

Location: 6/26/2023-S. APPR. SUSPENSE FILE

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 1, 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. The bill would require a physical therapy provider to verify an enrollee’s or an insured’s coverage and disclose their share of the cost of care, as specified. The bill would require a physical therapy provider to disclose if the provider is not in the network of the enrollee’s plan or the insured’s policy, and if so, to obtain the enrollee’s or the insured’s consent in writing to receive services from the noncontracting provider prior to initiating care. 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 1022](#)

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

Current Text: Introduced: 2/15/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/2/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	2 year	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 1085](#)

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

Current Text: Amended: 6/15/2023

Status: 6/26/2023-In committee: Referred to APPR. suspense file.

Location: 6/26/2023-S. APPR. SUSPENSE FILE

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 existing law, 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 State Department of Health Care Services 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 1, 2024. This bill would require the department, if the independent analysis finds that the state has sufficient network capacity to meet state and federal guidelines to create a new housing support services benefit, to seek any necessary federal approvals for a Medi-Cal benefit to cover housing support services within 6 months of the completion of the analysis. The bill would require the department to report the outcomes of the analysis to the Legislature by July 1, 2024. Under the bill, subject to receipt of those federal approvals, a Medi-Cal beneficiary would be eligible for those services if they either experience homelessness or are at risk of homelessness, as specified.

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

Current Text: Introduced: 2/15/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/2/2023)
(May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	2 year	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 1, 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 1202](#) (Lackey R) Medi-Cal: health care services data: children and pregnant or postpartum persons.

Current Text: Amended: 7/13/2023

Status: 7/13/2023-From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (July 12). Read second time and amended. Re-referred to Com. on APPR.

Location: 7/13/2023-S. APPR.

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

Summary: Current law establishes, until January 1, 2026, certain time or distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Current law sets forth various limits on the number of miles or minutes from the enrollee’s place of residence, depending on the type of service or specialty and, in some cases, on the county. This bill would require the State Department of Health Care Services, no later than January 1, 2025, to prepare and submit a report to the Legislature that includes certain information, including an analysis of the adequacy of each Medi-Cal managed care plan’s network for pediatric primary care, including the number and geographic distribution of providers and the plan’s compliance with the above-described time or distance and appointment time standards.

[AB 1316](#) (Irwin D) Emergency services: psychiatric emergency medical conditions.

Current Text: Introduced: 2/16/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/2/2023)
(May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

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

Summary: Would revise the definition of “psychiatric emergency medical condition” to make that definition

applicable regardless of whether the patient is voluntary or is involuntarily detained for evaluation and treatment. The bill would make conforming changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

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

Current Text: Amended: 4/20/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023) (May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	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 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.

AB 1451 **(Jackson D) Urgent and emergency mental health and substance use disorder treatment.**

Current Text: Amended: 7/13/2023

Status: 7/13/2023-From committee: Amend and do pass as amended and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (July 12). Read second time and amended. Re-referred to Com. on APPR.

Location: 7/13/2023-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 or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for treatment of urgent and emergency mental health and substance use disorders. The bill would require the treatment to be provided without preauthorization, and to be reimbursed in a timely manner, pursuant to specified provisions. The bill's provisions would only be implemented upon appropriation by the Legislature for administrative costs of the departments. The bill would clarify that it would not relieve a health plan or insurer of existing obligations, as specified. 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.

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

Current Text: Amended: 7/13/2023

Status: 7/13/2023-From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (July 12). Read second time and amended. Re-referred to Com. on APPR.

Location: 7/13/2023-S. APPR.

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

Summary: Current federal law, as a condition of receiving federal Medicaid funds, requires states to provide health care services to specified individuals. Current 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. 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 also require the department to ensure that a pregnant person receiving coverage under PE4PP who applies for full-scope Medi-Cal benefits within 60 days receives coverage under PE4PP until their full-scope Medi-Cal application is approved or denied, as specified. The bill would require the department to require providers participating in the PE4PP program to provide information to pregnant persons enrolled in PE4PP on how to contact the person’s county to expedite the county’s determination of a Medi-Cal application.

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

Current Text: Amended: 4/27/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/17/2023) (May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

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

Summary: Would make medically supportive food and nutrition interventions, as defined, a covered benefit under the Medi-Cal program, upon issuance of final guidance by the State Department of Health Care Services. The bill would require medically supportive food and nutrition interventions to be covered when determined to be medically necessary by a health care provider or health care plan, as specified. In order to qualify for coverage under the Medi-Cal program, the bill would require a patient to be offered at least 3 of 6 specified medically supportive food and nutrition interventions and for the interventions to be provided for a minimum duration of 12 weeks, as specified. The bill would only provide coverage for nutrition support interventions when paired with the provision of food through one of the 3 offered interventions. The bill would require a health care provider to match the acuity of a patient’s condition to the intensity and duration of the medically supportive food and nutrition intervention and include culturally appropriate foods whenever possible.

AB 1690 **(Kalra D) Universal health care coverage.**

Current Text: Introduced: 2/17/2023

Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/17/2023)(May be acted upon Jan 2024)

Location: 5/5/2023-A. 2 YEAR

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

Summary: Would state the intent of the Legislature to guarantee accessible, affordable, equitable, and high-quality health care for all Californians through a comprehensive universal single-payer health care program that benefits every resident of the state.

AB 1698 **(Wood D) Medi-Cal.**

Current Text: Introduced: 2/17/2023

Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/17/2023) (May be acted upon Jan 2024)

Location: 5/5/2023-A. 2 YEAR

2 year	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.

[SB 43](#)

(Eggman D) Behavioral health.

Current Text: Amended: 7/13/2023

Status: 7/13/2023-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/11/2023-A. APPR.

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

Summary: 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 in which a person, as a result of a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is, in addition to the basic personal needs described above, unable to provide for their personal safety or necessary medical care, as defined. The bill would authorize counties to defer implementation of these provisions to January 1, 2025, as specified.

[SB 70](#)

(Wiener D) Prescription drug coverage.

Current Text: Amended: 6/29/2023

Status: 6/29/2023-Read second time and amended. Re-referred to Com. on APPR. (Amended 6/29/2023)

Location: 6/27/2023-A. APPR.

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, as specified, 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

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 238](#)

(Wiener D) Health care coverage: independent medical review.

Current Text: Amended: 6/19/2023

Status: 6/28/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 3.) (June 27).
Re-referred to Com. on APPR.

Location: 6/27/2023-A. APPR.

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

Summary: Current law provides for the regulation of disability insurers by the Department of Insurance. Current law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing July 1, 2024, would require a health care service plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, 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 at any time before a determination, as specified. The bill would apply specified existing provisions relating to mental health and substance use disorders for purposes of its provisions and would be subject to relevant provisions relating to the Independent Medical Review System that do not otherwise conflict with the express requirements of the bill. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts.

[SB 282](#)

(Eggman D) Medi-Cal: federally qualified health centers and rural health clinics.

Current Text: Amended: 3/13/2023

Status: 7/12/2023-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 15. Noes 0.) (July 11). Re-referred to Com. on APPR.

Location: 7/11/2023-A. APPR.

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

Summary: Current law establishes the 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 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.

[SB 299](#)

(Limón D) Voter registration: California New Motor Voter Program.

Current Text: Amended: 6/13/2023

Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/1/2023) (May be acted upon Jan 2024)

Location: 7/14/2023-A. 2 YEAR

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

Summary: Current law requires, in conformance with federal law, that the Secretary of State and the Department of Motor Vehicles establish and implement the California New Motor Voter Program for the purpose of increasing opportunities for voter registration for qualified voters. Current law requires the department to transmit to the Secretary of State specified information related to a person’s eligibility to vote, which the person provides when applying for a driver’s license or identification card or when the person notifies the department of an address change. Current law requires that if this information transmitted to the Secretary of State constitutes a completed affidavit of registration, the Secretary of State must register or preregister the person to vote, as applicable, unless the person affirmatively declines to register or is ineligible to vote, as specified. This bill would additionally require the Department of Motor Vehicles to transmit specified information to the Secretary of State for a person submitting a driver’s license application who provides documentation demonstrating United States citizenship and that the person is of an eligible age to register or preregister to vote. The bill would deem this information to constitute a completed affidavit of registration for such persons and require the Secretary of State to register or preregister the person to vote, unless the Secretary of State determines they are ineligible. The bill would require, if a person is registered or preregistered to vote in this manner, that the county elections official send a notice to the person advising that they may decline to register or preregister to vote and providing additional information. The bill would also require the county elections official to send a notice to a person who is already registered to vote, but for whom the Secretary of State changes their registration information after receiving updated name or address information from the department.

[SB 311](#)

(Eggman D) Medi-Cal: Part A buy-in.

Current Text: Introduced: 2/6/2023

Status: 6/13/2023-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 15. Noes 0.) (June 13). Re-referred to Com. on APPR.

Location: 6/13/2023-A. APPR.

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

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 1, 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

Status: 6/28/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 2.) (June 27). Re-referred to Com. on APPR.

Location: 6/27/2023-A. APPR.

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 1, 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 496](#)

(Limón D) Biomarker testing.

Current Text: Amended: 7/13/2023

Status: 7/13/2023-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/11/2023-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 contract or health insurance policy issued, amended, or renewed on or after July 1, 2024, to provide coverage for medically necessary biomarker testing, as prescribed, 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, 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 or denied 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. 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 502](#)

(Allen D) Medi-Cal: children: mobile optometric office.

Current Text: Amended: 6/30/2023

Status: 6/30/2023-Read second time and amended. Re-referred to Com. on APPR.

Location: 6/27/2023-A. APPR.

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

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 CHIP provisions require federal payment to a state with an approved child health plan for expenditures for health services initiatives (HSI) under the plan for improving the health of children, as specified. As part of limitations on expenditures not used for Medicaid or health insurance assistance, Current federal law, with exceptions, prohibits the amount of payment that may be made for a fiscal year for HSI expenditures and other certain costs from exceeding 10% of the total amount of CHIP expenditures, as specified. Pursuant to current state law, the State Department of Health Care Services 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. 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 to file all necessary state plan amendments to exercise the HSI option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation. Under the bill, the federal financial participation would be limited to no more than 3% of the total federal dollars available for expenditures not used for Medicaid or health insurance assistance, as specified.

[SB 598](#)

(Skinner D) Health care coverage: prior authorization.

Current Text: Amended: 4/17/2023

Status: 7/13/2023-From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (July 11).

Location: 7/11/2023-A. APPR.

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

Summary: Would, on or after January 1, 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. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. 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 694](#)

(Eggman D) Medi-Cal: self-measured blood pressure devices and services.

Current Text: Amended: 6/12/2023

Status: 6/21/2023-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 14. Noes 0.) (June 20). Re-referred to Com. on APPR.

Location: 6/20/2023-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, including pharmacy benefits (Medi-Cal Rx) and durable medical equipment. The State Department of Health Care Services announced that, effective June 1, 2022, personal home blood pressure monitoring devices, and blood pressure cuffs for use with those devices, are a covered benefit under Medi-Cal Rx as a pharmacy-billed item. This bill would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program subject to utilization controls. The bill would state the intent of the Legislature that those covered devices and services be no less in scope than the 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: Amended: 5/18/2023

Status: 7/13/2023-From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 10. Noes 1.) (July 11).

Location: 7/11/2023-A. APPR.

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

Summary: Would require large group, small group, and individual health care service plan contracts and disability insurance policies issued, amended, or renewed on or after January 1, 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 disability 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 disability 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.