ALAMEDA Alliance FOR HEALTH

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Board of Governors

Regular Meeting

Friday, December 12th, 2025
12:00 p.m. – 2:30 p.m.

Video Conference Call and

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, December 12th, 2025
12:00 p.m. – 2:30 p.m.

In-Person and Video Conference Call

1240 S. Loop Road
Alameda, CA 94502

7830 Macarthur Blvd.
Oakland, CA 94605

PUBLIC COMMENTS: Public Comments can be submitted for any agendized item or for any item not listed on the agenda, by mailing your comment to: "Attn: Clerk of the Board," 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at brmartinez@alamedaalliance.org. You may attend meetings in person or by computer by logging in to the following link: Click here to join the meeting. You may also listen to the meeting by calling in to the following telephone number: 1-510-210-0967 conference id 679053221#. If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agendized item, including general public comment. Your request to speak must be received before the item is called on the agenda. If you participate by telephone, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the Board of Governors are limited to three (3) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

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

1. CALL TO ORDER

(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on December 12th, 2025, at 12:00 p.m. in Alameda County, California, by Rebecca Gebhart, Presiding Officer. This meeting is to take place in person and by video conference call)

2. ROLL CALL

3. AGENDA APPROVAL

4. INTRODUCTIONS

5. CONSENT CALENDAR

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

a) OCTOBER 10th, 2025, BOARD OF GOVERNORS MEETING MINUTES

b) OCTOBER 7th, 2025, FINANCE COMMITTEE MEETING MINUTES

c) OCTOBER 10th, 2025, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES

6. CLOSED SESSION

a) PUBLIC EMPLOYEE PERFORMANCE EVALUATION – CONTRACT RENEWAL: CHIEF EXECUTIVE OFFICER (GOV. CODE SECTION 54957(b)(1)).

7. READ OUT FROM CLOSED SESSION

8. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

b) FINANCE COMMITTEE

c) COMMUNITY ADVISORY SELECTION COMMITTEE

9. CEO UPDATE

10. BOARD BUSINESS

a) HEDIS PRESENTATION

b) MEDICARE UPDATE

c) REVIEW AND APPROVE SEPTEMBER AND OCTOBER 2025 MONTHLY FINANCIAL STATEMENTS

d) REVIEW AND APPROVE FISCAL YEAR 2026 FINAL BUDGET

e) STRATEGIC PLAN OVERVIEW

11. STAFF UPDATES

12. UNFINISHED BUSINESS

13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

14. PUBLIC COMMENT (NON-AGENDA ITEMS)

15. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

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

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

Supplemental Material Received After the Posting of the Agenda: Any supplemental materials or documents distributed to a majority of the Board regarding any item on this agenda after the posting of the agenda will be available for public review. To obtain a document, please call the Clerk of the Board at (510) 747-6160.

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

Americans With Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Brenda Martinez, at (510) 747-6160 at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org by December 9th, 2025, by 12:00 p.m.

Brenda Martinez, Clerk of the Board

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EXECUTIVE SUMMARY APPENDIX

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

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PRESENTATIONS APPENDIX

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

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SUPPORTING MATERIALS APPENDIX

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

ALAMEDA Alliance FOR HEALTH

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Consent Calendar

Board of Governors Meeting Minutes

BOARD OF GOVERNORS
Regular Meeting Minutes
Friday, October 10th, 2025
12:00 p.m. – 2:00 p.m.

Video Conference Call and

1240 S. Loop Road
Alameda, CA 94502

1. CALL TO ORDER

Board of Governors Present: Rebecca Gebhart (Chair), Aarondeep Basrai, Dr. Kathleen Clanon, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Kelley Meade, Wendy Peterson, Supervisor Lena Tam, Natalie Williams

Board of Governors Remote (Traditional Brown Act): Dr. Noha Aboelata (Vice-Chair)

Board of Governors Remote (AB 2449 "Just Cause"): Andrea Schwab-Galindo

Board of Governors Excused: Andrea Ford, Jody Moore, Yeon Park, Dr. Evan Seevak

Alliance Staff Present: Matthew Woodruff, Dr. Donna Carey, Gil Riojas, Anastacia Swift, Sasi Karaiyan, Tiffany Cheang, Lao Paul Vang

Chair Gebhart called the regular Board of Governors meeting to order at 12:05 p.m.

2. ROLL CALL

Roll call was taken, and a quorum was established.

3. AGENDA APPROVAL

There were no modifications to the agenda.

4. INTRODUCTIONS

Chair Gebhart and Matt Woodruff introduced the Bakertilly auditors and Dr. Stephanie Brown, the new Medical Director for Quality Improvement. Dr. Brown has extensive experience in leadership roles and recently joined from Sutter Health.

5. CONSENT CALENDAR

a) SEPTEMBER 9th, 2025, FINANCE COMMITTEE MEETING MINUTES

b) SEPTEMBER 12th, 2025, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES

c) SEPTEMBER 12th, 2025, BOARD OF GOVERNORS MEETING MINUTES

d) APPROVE RESOLUTION FOR QIHEC NOMINEES

Motion: A motion was made by Dr. Rollington Ferguson and seconded by Dr. Marty Lynch to approve the Consent Calendar.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Dr. Kathleen Clanon, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Kelley Meade, Wendy Peterson, Andrea Schwab-Galindo, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

6. BOARD MEMBER REPORTS

a) ANNOUNCEMENT: NOMINATIONS TO THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CA HOSPITAL SEAT

Chair Gebhart announced that the Hospital Council is preparing nominations for the Hospital Council of Northern and Central California Hospital Seat vacated by Tosan Boyo. The board will review these nominations once received.

b) COMPLIANCE ADVISORY COMMITTEE

Dr. Kelley Meade reported that the Compliance Advisory Committee had no new audit findings, highlighted successful NCQA accreditation for two lines of business, noted a single corrective action plan from a 2023 audit is being remediated, and shared that compliance metrics such as overall and repeat findings are trending downward.

c) FINANCE COMMITTEE

Dr. Ferguson provided an update on the Finance Committee meeting held October 7th. The August financials, draft rates, and the annual audit were highlighted. He noted improvements in TNE and MLR but expressed concerns about declining enrollment.

7. CEO UPDATE

CEO Woodruff provided an update on state and federal legislative developments, clarifying that certain programs may not be renewed after 2026, but current community support and programs will continue until then. He explained that the state is taking a 'wait and see' approach regarding the renewal of certain programs by the federal government, with no immediate changes expected and more information to be provided once official decisions are made.

8. BOARD BUSINESS

a) REVIEW AND APPROVE BAKERTILLY FINANCIAL AUDIT REVIEW

The Bakertilly auditors presented their findings related to the fiscal year 2025 financial statements, highlighting an unmodified audit opinion: "Financial statements are presented fairly and in accordance with generally accepted accounting principles". This is the highest level of assurance that can be issued from the audit firm.

The audit included verification of cash, investments, receivables, and payables, with all balances confirmed and reconciled; claims payable estimates were reviewed and found reasonable based on third-party actuarial reports and historical lookbacks. Operating expenses remained consistent with prior years, with medical services as the largest category and a notable increase in MCO taxes due to higher membership and rates.

Management and the entire team demonstrated a high level of collaboration and responsiveness in addressing all inquiries essential to substantiating the reported figures. There were no audit adjustments or disagreements with management. Notably, there is no indication of significant instances of fraud or noncompliance with pertinent laws and regulations. From the auditor's perspective, the overall audit process proceeded seamlessly.

Comment: Dr. Ferguson gave thanks to those who worked behind the scenes to prepare the audit numbers and report, expressing happiness with the outcome.

Question: Dr. Clanon asked whether the TNE target of 350% is an accepted standard and for the auditors' opinion on this target.

Response: The auditor explained that 350% is considered a healthy plan by DMHC, but some plans set their own higher targets. The minimum is set by DMHC, and trends are monitored closely.

Question: Dr. Clanon also asked about the implications of being below the 350% TNE threshold for DMHC reporting.

Response: Mr. Riojas clarified that DMHC considers 350% as healthy, and being below this means the plan remains on reporting, with increased regulatory attention as the number trends downward.

Question: Supervisor Tam requested to revisit the graph showing TNE trends and asked about the implications of the downward trend since 2023.

Response: Mr. Riojas explained that trending down toward the required minimum prompts more regulatory activity and scrutiny from DMHC.

Question: Dr. Lynch asked if there was any informal advice from the auditors that could be shared with the team, especially advice that did not rise to the level of a formal audit finding?

Response: The auditors emphasized IT security, particularly access security, segregation of duties, and approval controls, noting the shift to cloud-based operations and the importance of maintaining appropriate system access and controls.

Motion: A motion was made by Dr. Rollington Ferguson and seconded by Dr. Marty Lynch to approve the Bakertilly Financial Audit Review.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Dr. Kathleen Clanon, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Kelley Meade, Wendy Peterson, Andrea Schwab-Galindo, Supervisor Lena Tam, Natalie Williams, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

b) REVIEW AND APPROVE AUGUST 2025 MONTHLY FINANCIAL STATEMENTS

Chief Financial Officer Gil Riojas provided the following updates on the August 2025 Financials:

Enrollment:

Enrollment decreased by 4,058 members since July 2025.

Net Income:

For the month ended August 31st, 2025, the Alliance reported a Net Income of $3.0 million (versus budgeted Net Loss of $540,000). For the year-to-date, the Alliance recorded a Net Income of $4.7 million versus a budgeted Net Income of $6.6 million.

Premium Revenue:

For the month ended August 31st, 2025, actual Revenue was $188.9 million vs. our budgeted amount of $186.8 million.

Medical Expense:

Actual Medical Expenses for the month were $176.5 million, vs. budgeted amount of $179.7 million. For the year-to-date, actual Medical Expenses were $360.9 million vs. budgeted Medical Expense of $350.3 million.

Medical Loss Ratio:

Our MLR ratio for this month was reported as 93.4%. The year-to-date MLR was 94.7%.

Administrative Expense:

Actual YTD Administrative Expenses for the month ending August 31st, 2025, were $11.9 million vs. our budgeted amount of $9.6 million. Our Administrative Loss Ratio (ALR) is 6.3% of our Revenue for the month, and 5.4% of Net Revenue for year-to-date.

Other Income / (Expense):

As of August 31st, 2025, our YTD interest income from investments show a gain of $5.3 million.

Managed Care Organization (MCO) Provider Tax:

For the month ending August 31st, 2025, we reported $173,000 MCO Tax Revenue vs. budgeted MCO Tax Revenue of $64.8 million. Our MCO Tax Expense was $173,000 vs. budgeted MCO Tax Expense of $64.8 million.

Tangible Net Equity (TNE):

For June, the DMHC requires that we have $80.2 million in TNE, and we reported $174.0 million, leaving an excess of $93.7 million. As a percentage we are at 217%, which remains above the minimum required.

Cash and Cash Equivalents:

We reported $599.2 million in cash; $284.0 million is uncommitted. Our current ratio is above the minimum required at 1.13 compared to regulatory minimum of 1.0.

Capital Investments:

We have acquired $0 in Capital Assets year-to-date. Our annual capital budget is $1.4 million.

Motion: A motion was made by Dr. Kelley Meade and seconded by Dr. Kathleen Clanon to approve the August 2025 Monthly Financial Statements.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Dr. Kathleen Clanon, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Kelley Meade, Wendy Peterson, Natalie Williams, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

c) INFORMATION TECHNOLOGY ANNUAL UPDATE

Sasi Karaiyan provided a comprehensive update on cybersecurity operations, including strategy, recent accomplishments, ongoing projects, penetration testing results, and security awareness training, with board members such as Wendy Peterson and Dr. Ferguson engaging in questions about feedback loops, staffing, and board oversight.

Cyber Security Operations Progress Report

Accomplishments

- Automate vulnerability management system using Nessus
- Stood up IT Governance and Security Command Center
- Migrated to new Immutable Cloud Storage
- Disaster Recovery Procedure and Business Continuity Plan for Core processes.
- Completed End to End penetration test and IT Security Risk Assessment
- Total 67 vulnerability patches/upgrades to Alliance IT Ecosystems.
- Phishing Monitoring and Response 98% (Average 460+ inquires)
- Renewed Cybersecurity insurance coverage.
- Continued to support state of the art in resilient networked systems.
- Intune remote management capabilities for workstations.
- Trued up certificate collection effort into IT Glue (internal + external, SSO apps WIP)

Automation and Artificial Intelligence (AI) Approach

Sasi Karaiyan presented the Alliance's automation and AI initiatives, detailing the approach to identifying use cases, governance, implemented solutions such as Copilot and paper-to-electronic document processing, and future plans.

AI Governance Strategy

- AI Policy & Procedure
- AI Methodology & Governance
- Identification of AI Models
- Accountability & Decision Making
- Monitoring and Surveillance
- Regulatory Compliance Requirements
- Annual Risk Assessment and Remediation
- Awareness and Training

Workflow Automation Success Stories

- Roll-out Co-pilot to 140+ staff members
- Inpatient (IP) and Outpatient (OP) authorization paper/fax integration using OpenAI solution
- Regression Testing of Core Systems and Process
- G&A and PDR Letter Generation and Mailing
- Auto Authorization via Provider Portal
- Member Enrollment and Engagement workflow
- HIF/MET & AOR Form Mailing
- Health Education and Interpreter Services Automation
- AI powered real time monitoring of network traffic
- ML algorithm to reduce vulnerability, security threats and notifications
- IT assets management (Pilot)

3-Year Road Map

- Member and Provider Service Call Center AI ecosystem
- Call Center and Member 360 Automation
- IT Service Desk Chat Bot
- Accelerating Code development
- Data Exchange Ecosystem Workflow Processes
- Predictive Modeling
- Predictive Modeling
- Finance Division Workflow Automation
- AI Natural Language Integration within SDLC, Structured and Unstructured Date Process
- Compliance/Regulatory AI Tool
- Claims Refund Check Automation
- Advanced Cyber-AI Dashboard
- Mail Room OCR integration using OpenAI
- AI Chat to Interact with Rational Database (Prototype)

Question: Dr. Clanon asked how do we determine that people are using Copilot efficiently?

Response: Mr. Karaiyan stated that usage is monitored through backend tenant data and direct feedback from staff, who report time savings and improvements in efficiency.

Question: Supervisor Tam asked for examples of how paper-to-electronic AI is used for interpreter services, and how is integration working?

Response: Mr. Madivanan said the AI processes incoming faxes and documents for interpreter requests, digitizes them, and is being developed to automatically request services from vendor websites; it extracts data but does not make clinical decisions.

Question: Dr. Clanon inquired about clinical applications or plans for AI in clinical documentation and member communication.

Response: Mr. Karaiyan stated that AI is not currently used for clinical decisions. While communication applications are being developed, clinical use remains out of scope for at least the next year due to concerns about security and accuracy.

Question: Ms. Peterson inquired whether there is a plan for designing and testing AI communication with members, such as through beta testing or by involving advisory committees.

Response: Mr. Karaiyan stated that prototyping is currently underway, and the Community Advisory Committee may be involved, but no specific plan has been finalized yet.

Comment: Dr. Ferguson noted that due to the fast changes in AI and technology, the board should think about establishing a subcommittee or having more frequent updates—at least quarterly—focused specifically on computer strategy, AI, and internet-related issues. This approach would enhance oversight and ensure alignment with the organization's needs, rather than depending solely on annual updates.

Comment: Dr. Aboelata suggested that, since developments in AI are moving quickly, annual updates may not be sufficient. She also raised the point that the provider network may be grappling with similar AI-related questions and that the Alliance could have a role in offering technical expertise or compliance guardrails for providers as these challenges evolve.

Comment: Dr. Lynch stated he supports the board's role as policy oversight rather than involvement in operational details of AI implementation. He emphasized the need to ensure safety, risk management, and adherence to best practices, but does not see the board's role as digging into specifics like phishing test results.

Informational Item Only.

d) HEDIS UPDATE

Due to time constraints, the HEDIS presentation was rescheduled to the December board meeting.

Motion: A motion was made by Natalie Williams and seconded by James Jackson to move the HEDIS presentation to the December board meeting.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Dr. Kathleen Clanon, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Kelley Meade, Wendy Peterson, Andrea Schwab-Galindo, Supervisor Lena Tam, Natalie Williams, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

9. STAFF UPDATES

There were no staff updates.

10. UNFINISHED BUSINESS

None.

11. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

Mr. Woodruff announced plans for an event in April 2026 to celebrate the Alliance's 30 years of community service.

12. PUBLIC COMMENT (NON-AGENDA ITEMS)

There were no public comments for non-agenda items.

13. ADJOURNMENT

Chair Gebhart adjourned the meeting at 1:57 p.m.

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Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

October 7th, 2025
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting conducted in person and by Teleconference.

Committee Members in-person: Dr. Rollington Ferguson, Rebecca Gebhart, James Jackson, Gil Riojas
Committee Members by Teleconference: None
Committee Members Excused: Yeon Park
Board of Governors members in-person and on Conference Call:

Alliance Staff in-person and on Conference Call: Matt Woodruff, Tiffany Cheang, Sasi Karaiyan, Anastasia Swift, Lao Paul Vang, Ruth Watson, Yen Ang, Christine Corpus, Pritika Dutt, Linda Ly, Brenda Martinez, Tome Meyers, Felix Rodriguez, Danube Serri

CALL TO ORDER

Dr. Ferguson convened the Finance Committee meeting at 8:02 a.m.

ROLL CALL

Roll call was conducted and confirmed.

INTRODUCTIONS

The Baker Tilly audit team, including Chris Pritchard, Rianne Suico, and Gordon Lam, was introduced and presented the annual audit.

CONSENT CALENDAR

Dr. Ferguson presented the Consent Calendar.

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

COMMITTEE BUSINESS

a) REVIEW AND APPROVE FISCAL YEAR 2025 ANNUAL AUDITED FINANCIAL STATEMENTS

The auditors presented their findings related to the fiscal year 2025 financial statements, highlighting an unmodified audit opinion: "Financial statements are presented fairly and in accordance with generally accepted accounting principles". This is the highest level of assurance that can be issued from the audit firm.

Discussion included assets, liabilities, and net position balance (cash balances, investment evaluations, premiums receivable, claims payable, net position, etc.), no significant issues.

Management and the entire team demonstrated a high level of collaboration and responsiveness in addressing all inquiries essential to substantiating the reported figures. There were no audit adjustments or disagreements with management. Notably, there is no indication of significant

instances of fraud or noncompliance with pertinent laws and regulations. From the auditor's perspective, the overall audit process proceeded seamlessly.

Question: Mr. Jackson asked if the MCO tax is at risk binary (either present or not) or partially at risk?

Response: Mr. Riojas explained that the risk is both binary and partial. The federal government is scrutinizing California's MCO tax calculation, which could lead to limiting or eliminating the tax, with significant financial implications.

Question: Dr. Ferguson asked if there were any internal control issues found or areas for improvement.

Response: The auditors stated that management's internal controls are properly implemented, with segregation of duties in place. The main recommendation was to continue monitoring system controls and user access, especially with role changes. No significant deficiencies or material weaknesses were found.

b) CEO UPDATE

Matt thanked the Finance team for their work on the audit and discussed the legislative front, including the state's verbal indication of potential program and benefit cuts if they have to fund Prop 35 without tax revenue. He also mentioned the receipt of draft rates and the need to build up reserves.

Question: Mr. Jackson asked if the draft rate increase, minus the 1% quality withhold, could be contextualized. Do we know what rates other organizations, like the Alliance, received, or are we unaware of that information?

Response: Mr. Riojas noted that within the local plans, the average increase was about 3%. The Alliance is correct about being slightly above the average. Some plans experienced higher increases, while others had reductions. However, the Alliance did not face a reduction.

Question: Dr. Ferguson asked what was the reduction in the 1%?

Response: Mr. Woodruff explained that the 1% is the quality withhold. The state takes back 1% of everyone’s premium to fund the quality withhold, which is returned depending on performance on various measures.

Question: Dr. Ferguson inquired whether the Alliance would be able to provide a loan if Planned Parenthood made such a request.

Response: Mr. Woodruff responded that the Alliance does not give loans but could consider grants. However, grants cannot be used for restricted services; they could be for things like buildings, but the use must be clearly documented.

c) REVIEW AND APPROVE THE AUGUST 2025 MONTHLY FINANCIAL STATEMENTS

AUGUST 2025 Financial Statement Summary

Enrollment:

Enrollment decreased by 4,058 members since July 2025.

Net Income:

For the month ended August 31st, 2025, the Alliance reported a Net Income of $3.0 million (versus budgeted Net Loss of $540,000). For the year-to-date, the Alliance recorded a Net Income of $4.7 million versus a budgeted Net Income of $6.6 million.

Premium Revenue:

For the month ended August 31st, 2025, actual Revenue was $188.9 million vs. our budgeted amount of $186.8 million.

Medical Expense:

Actual Medical Expenses for the month were $176.5 million, vs. budgeted amount of $179.7 million. For the year-to-date, actual Medical Expenses were $360.9 million vs. budgeted Medical Expense of $350.3 million.

Medical Loss Ratio:

Our MLR ratio for this month was reported as 93.4%. The year-to-date MLR was 94.7%.

Administrative Expense:

Actual YTD Administrative Expenses for the month ending August 31st, 2025, were $11.9 million vs. our budgeted amount of $9.6 million. Our Administrative Loss Ratio (ALR) is 6.3% of our Revenue for the month, and 5.4% of Net Revenue for year-to-date.

Other Income / (Expense):

As of August 31st, 2025, our YTD interest income from investments show a gain of $5.3 million.

Managed Care Organization (MCO) Provider Tax:

For the month ending August 31st, 2025, we reported $173,000 MCO Tax Revenue vs. budgeted MCO Tax Revenue of $64.8 million. Our MCO Tax Expense was $173,000 vs. budgeted MCO Tax Expense of $64.8 million.

Tangible Net Equity (TNE):

For June, the DMHC requires that we have $80.2 million in TNE, and we reported $174.0 million, leaving an excess of $93.7 million. As a percentage we are at 217%, which remains above the minimum required.

Cash and Cash Equivalents:

We reported $599.2 million in cash; $284.0 million is uncommitted. Our current ratio is above the minimum required at 1.13 compared to regulatory minimum of 1.0.

Capital Investments:

We have acquired $0 in Capital Assets year-to-date. Our annual capital budget is $1.4 million.

Question: Mr. Jackson asked why the TNE requirement is increasing.

Response: Mr. Riojas explained that the TNE calculation is determined by a percentage of the fee-for-service claims expenses. As enrollment and service claims rise, the TNE requirement also increases. Conversely, if enrollment decreases, the requirement might decrease as well, but this depends on whether the members who disenrolled had any claims experience.

Question: Mr. Jackson asked if there is any way to mitigate adverse selection as riskier members remain enrolled?

Response: Mr. Riojas explained that the best approach is continued innovation in medical management, ensuring members get care at the right setting, and internal efficiencies. Advocacy with the state for rate increases is also important.

Motion: A motion was made by James Jackson, and seconded by Rebecca Gebhart, to accept and approve the August 2025 Financial Statements.

Motion Passed

No opposition or abstentions.

UNFINISHED BUSINESS

There was no unfinished business.

PUBLIC COMMENTS

There were no public comments.

ADJOURNMENT

Dr. Ferguson adjourned the meeting at 8:51 a.m.

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Compliance Advisory Committee Meeting Minutes

Compliance Advisory Committee
Regular Meeting Minutes
Friday, October 10th, 2025
10:30 a.m. – 11:30 a.m.

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

CALL TO ORDER

Committee Members Attendance: Rebecca Gebhart, Byron Lopez, Dr. Kelley Meade.

Remote: Richard Golfin III

Committee Members Excused: None

1. CALL TO ORDER

The regular Compliance Advisory Committee meeting was called to order by Dr. Kelley Meade at 10:31 am.

2. ROLL CALL

A roll Call of Committee Members was taken; quorum was confirmed at 10:32am

3. AGENDA APPROVAL OR MODIFICATIONS

None.

4. PUBLIC COMMENT (NON-AGENDA ITEMS)

None.

5. CONSENT CALENDAR

a) July 11th, 2025, Compliance Advisory Committee Minutes

Motion:
A motion was made by Richard Golfin III to approve Consent Calendar Agenda Items and seconded by Byron Lopez.

Vote:

All voting members in attendance approved.
Motion passed.

6. COMPLIANCE MEMBER REPORTS

a) Compliance Activity Report

i. Plan Audits and State Regulatory Oversight

1. NCQA Accreditation

- The Plan achieved National Committee for Quality Assurance (NCQA) Health Equity Accreditation for both Medi-Cal and Group Care lines of business, effective August 13, 2025 through August 13, 2028.
    - Survey result:
        - 100% compliance; no findings.
- The Plan has also achieved NCQA Health Plan Accreditation for Medi-Cal and Group Care, effective September 23, 2025, through September 23, 2028.
    - Survey results:
        - Group Care – 100%;
        - Medi-Cal – 99.6%.
    - One Corrective Action Plan (CAP) issued for UM9 Element B (Appeals Timeliness).
    - A CAP response is due October 24, 2025. The CAP Survey Tool is due March 24, 2026.
    - The virtual CAP Survey is scheduled for April 20, 2026.

- Question: Dr. Kelly Meade – Are there any pending or denied accreditations?
- Answer: Kisha Gerena – No. All submitted accreditation applications have received approval.

2. 2023 DMHC Health Equity

- On September 2nd, 2025, the Plan received the Department of Managed Health Care (DMHC) Health Equity Performance review findings. The report identified benchmark deficiencies across multiple populations and product lines, requiring submission of a formal CAP.
- Compliance, Health Equity and Quality Teams are engaged in workgroups to address deficiencies and track progress of deliverables.
- The cap is due to DMHC on December 1st of 2025.

ii. Compliance Dashboard

1. Audit Finding Trends

- The dashboard was updated to include table and graph visualizations for audit findings by category and repeat findings year-over-year. Visuals highlight overall reduction in repeat findings and total findings, demonstrating improvement over time. Repeat findings tables showed:
    - 2018: 13
    - 2019: 15
    - 2020: No audit
    - 2021: 10
    - 2022: 10

- 2023: 1 (Focused), 4 (Routine)
- 2024–2025: 0
    - Total (2018–2025): 53

iii. Enterprise Risk Management
1. Internal Audit Outcomes

- Reminder: The Internal Audit team has shifted under the Enterprise Risk Management (ERM) model. The goal is to identify improvement opportunities early to prevent issues and strengthen controls, effectively prioritize resources, and focus on areas requiring the most attention. Strategic shift expands audit scope to:
    - Proactively audit high-risk areas.
    - Review regulatory findings and validate corrective actions.
- A high-level summary of internal audits for 2025 was presented, including the status of audits and their themes:
    - 7 audits in progress – this includes gathering and analyzing information and issuing final audit reports and CAPs.
    - 3 audits provisionally closed – these include audits that have sufficient evidence; however some deliverables will need to additional approvals prior to operationalizing.
    - 6 audits closed;
        - Case Management (CM) – review of auditing and monitoring processes:
            - Department: Case Management (CM).
            - 3 findings regarding monitoring, policies, and supporting desktop level procedures.
            - CM revised their processes and policies and created a Standard Operating Procedure (SOP) to support their auditing and monitoring processes.
        - DMHC Barriers to Care – validation of 2022 DMHC Behavioral health investigation findings:
            - Department: Various.
            - The audit reviewed how members obtain opioid treatment, verified Cultural Competency and Health Equity assessments are conducted, and confirmed there are mechanisms in place to monitor and address disparities.
            - No findings.
        - Privacy & Health Insurance Portability and Accountability Act (HIPAA) Reporting Turn Around Time (TAT) – reviewed for compliance with HIPAA Privacy reporting policy and TAT.
            - Department: Privacy Office.
            - 4 findings related to processes and internal standards.
            - The Privacy Office implemented process improvements, including development of a SOP.
        - Compliance Documentation Audit (CDA) – review of the Plans' website Privacy Statement and Notice of Privacy Practices.
            - Department: Privacy Office.
            - 4 findings related to content.
            - The Privacy Office revised content accordingly and posted it to the Plan's website.
        - Provider Directory – Validation audit conducted in response to

2018 and 2019 Department of Health Care Services (DHCS) findings.
    - Department: Provider Services (PS).
    - 4 findings related to processes.
    - PS updated desktop level procedures to reflect current practices. The department also implemented a retrospective review to ensure that all steps in processes are completed as described in the procedure.
- Compliance Risk Assessment (CRA) – Risk assessment conducted by outside entity to assess Compliance Risks.
    - Department: Compliance.
    - 22 findings identified.
    - The compliance department implemented additional steps to strengthen compliance division beyond the initial recommendations of the CRA.
- The Compliance Department looks to strengthen compliance throughout the Plan under ERM by identifying trends in findings.

- Question: Dr. Kelly Meade – Does the Plan intend to use Regulatory risk trend analysis as the main mitigation strategy?
- Answer: Anne Beech – In addition to risk assessments conducted on internal audits resulting from Regulatory risks, ERM will implement operational risk focused strategies and confer with leadership to prioritize other risks as needed.
- Question: Dr. Kelly Meade – How often will the plan reassess strategy implementation?
- Answer: Anne Beech – The current plan is to annually develop mitigation plans and proactively address when key milestones. There will be a quarterly Governance Risk Committee to reassess mitigation plans and strategies.

b) Medi-Cal & Medicare Program Updates

None.

7. COMPLIANCE ADVISORY COMMITTEE BUSINESS

c) None.

8. STAFF UPDATES

d) None.

9. UNFINISHED BUSINESS

e) None.

10. STAFF ADVISORIES ON COMPLIANCE BUSINESS FOR FUTURE MEETINGS

f) None.

11. ADJOURNMENT

- Meeting adjourned at 11:12 am.

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CEO Update

Matthew Woodruff

To: **Alameda Alliance for Health Board of Governors**

From: **Matthew Woodruff, Chief Executive Officer**

Date: **December 12th, 2025**

Subject: **CEO Report**

- **Financials:**
  - **October 2025:** Net Operating Performance by Line of Business for the month of October 2025 and Year-To-Date (YTD):

	October	YTD
Medi-Cal	$8.4M	$18.5M
Group Care	($615K)	($645K)
Medicare	($1.2M)	($3.5M)
Total	$6.5M	$14.3M

  - **Revenue was $189.4 million in October 2025 and $758.4 million Year-to-Date (YTD)**.
    - Medical expenses were $175.6 million in October and $714.3 million for the fiscal year-to-date; the medical loss ratio is 92.7% for the month and 94.2% for the fiscal year-to-date.
    - Administrative expenses were $9.7 million in October and $39.8 million for the fiscal year-to-date; the administrative loss ratio is 5.1% of net revenue for the month and 5.2% of net revenue year-to-date.
  - **Tangible Net Equity (TNE)**: Financial reserves are 229% of the required DMHC minimum, representing $103.4 million in excess TNE.
  - **Total enrollment in October 2025 was 404,128**, decreased by 1,436 Medi-Cal members compared to September 2025.

- **Key Performance Indicators:**
  - **Regulatory Metrics:**
    - The Claims team missed one processing timeline. The team processed 86% of claims within 30 calendar days. The State regulatory metric should be 90% to be considered compliant.
    - Member grievances scored 89% processing time, which is below the 95% compliance mark.
  - **Non-Regulatory Metrics:**
    - All non-regulatory metrics were met for May.

- **Legislative Updates:**
    - State And Federal Updates
        - Updates/Discussion
    - Legislative update attached.

- **Strategic Planning**
    - At the December Board meeting we will review the current draft of the new strategic plan in preparations for our Board retreat

- **IT Workflow Automation**
    - Alliance is implementing an AI-powered compliance platform that will automate regulatory adherence by connecting internal documents with applicable requirements. This system reviews policies, standard operating procedures (SOPs), and regulations, and is expected to be completed before the end of Q3 in fiscal year 2026.
    - Alliance created a high-accuracy OCR using OpenAI to interpret images and extract text from user prompts. This model now automates and integrates key workflows.
        - All DSNP Enrollment Paper forms by December 31st.
        - Preservice Prior Authorization, Health Home, and Palliative Care forms for DSNP & Medi-Cal by December 31st.
        - HRA Forms by December 31st.
        - Community Support Referral Forms for DSNP & Medi-Cal by June 30th.
    - In November, Alliance implemented Co-Pilot AI solutions to 15 users.
    - Alliance is updating the provider portal as part of our ECM Consumer Channel strategy. Providers will be able to view ECM enrolled members and initiate outreach, with this feature planned for launch by February 28th.
    - Alliance IT held a chairside meeting in the mailing room to review manual processes. In November, we began automating and integrating mailing room tasks with a large language AI model, aiming to automate at least three use cases by March 2026.

- **Alliance in the Community – Quarterly Updates**
    - **Community Engagement:** Participated in 22 of 26 invited events including major countywide activities such as Oakland Pride, United Seniors of Oakland and Alameda County (USOAC) Healthy Living Festival, Dia de Los Muertos, and the Oakland Black Cowboy Association (OBCA) Parade & Festival.

- **Community Relations:** Supported seven (7) provider community events across the Bay Area, including galas for Asian Health Services, La Clinica, Sinkler Miller Medical Association (SMMA), and the Alameda County Contra Costa Medical Association (ACCMA).
- **Looking Ahead:** 80 community engagement events and 27 community relations events are planned through June 2026, with major upcoming events like the Laney's Welcome Back Resource Fair, Oakland Chinatown Chamber of Commerce (OCCC) Lunar New Year Bazaar, 2026 Black Joy Parade, Alameda County Fair, and the 2026 Transition Conference.

- **Medicare Overview**
  - **D-SNP Readiness**
    - Alameda Alliance for Health (AAH) Medicare Advantage (MA) Duals Eligible Special Needs Plan (D-SNP) will begin serving members on January 1st, 2026. Currently, there are 17 different departmental workstreams and a total of 77 projects, of which 69 are active, seven (7) requested, one (1) on hold, and zero (0) complete.
    - The Prior Authorization (PA) code list has been finalized. Medicare 101 training has been completed by 99% of the Alliance staff. Medicare regulatory KPIs have been established and brought to the Administrative Oversite Committee (AOC) for review and approval.
      - Over 300+ policies have been created to support the D-SNP product and brought to AOC for review and approval.
    - For member materials, the Welcome Kit and ID Card mailing materials have been filed with CMS, tested, programmed, and ready for distribution to members beginning mid-December. Health Center/Provider Tool Kit materials are in progress and scheduled to be available on the new, Provider D-SNP public-facing website mid-December.
    - Annual Enrollment Period (AEP) started on October 15th, and the sales team is on track to meet sales goal of 267 by the end of December 31st.
      - Communications & Outreach (C&O) team has received 303 communication requests and over 1,100+ translated documents.
      - Member Services team has received 420+ calls and answered 99% of calls within 30 seconds with abandoned rate of 2%.
      - IT has completed over 40 system enhancements, 480 test case scenarios, and is deploying 150 components to meet D-SNP AEP production targets.

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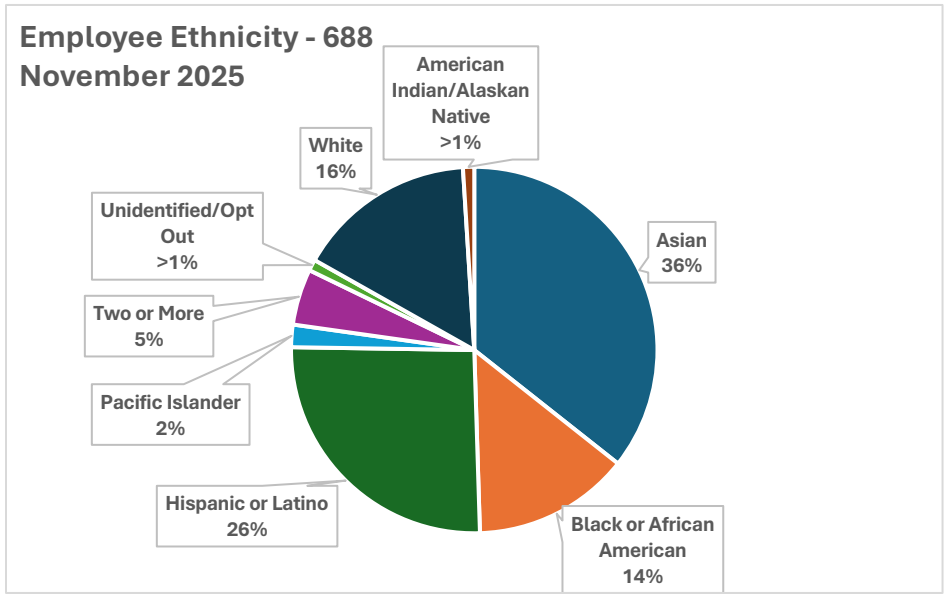
Demographics

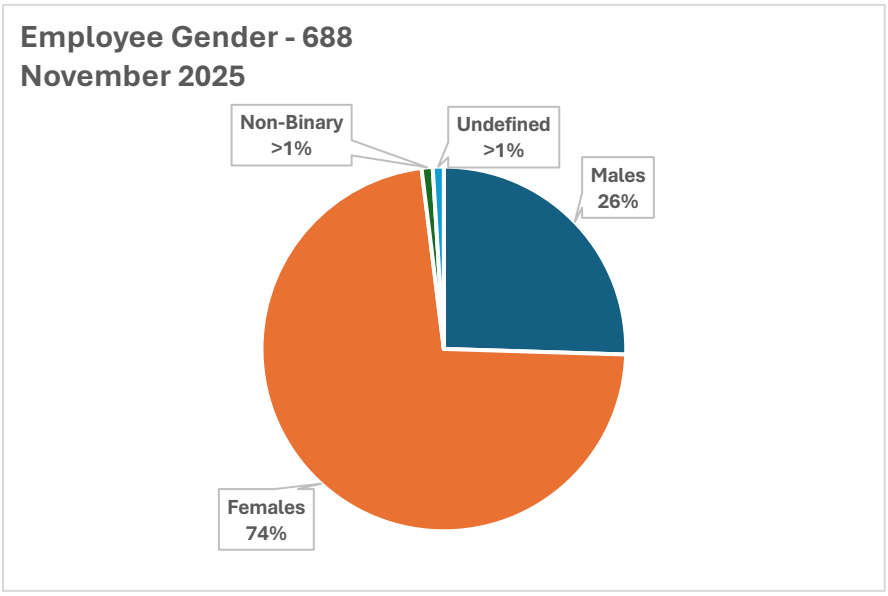
This report provides a comparative analysis of the demographic composition of Alameda Alliance for Health's workforce in relation to the population profile of Alameda County. The evaluation focuses on key demographic indicators, including race/ethnicity, gender, and age distribution. The objective is to assess the extent to which our workforce reflects the diversity of the community we serve and to identify strategic opportunities for strengthening and enhancing diversity, equity, and inclusion across the organization.

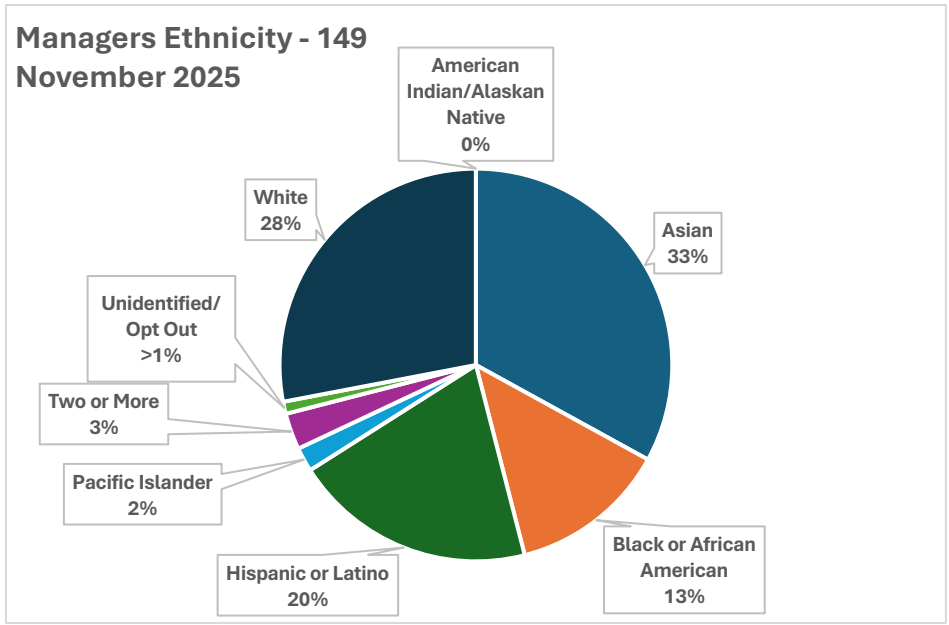
The demographic data for Alameda County, including total population figures and detailed demographic breakdowns, is sourced from Healthy Alameda County, a centralized data repository of information related to Alameda County, sponsored by the Alameda County Public Health Department. This platform provides the most current county-level information, encompassing over 250 indicators of community wellbeing (Healthy Alameda County :: Demographics :: County :: Alameda). The county data referenced in this report reflects updates as of May 2025. Additionally, demographic data for Alameda Alliance for Health was last updated on November 2025 and is collected and maintained internally on a monthly basis by the Human Resources Department.

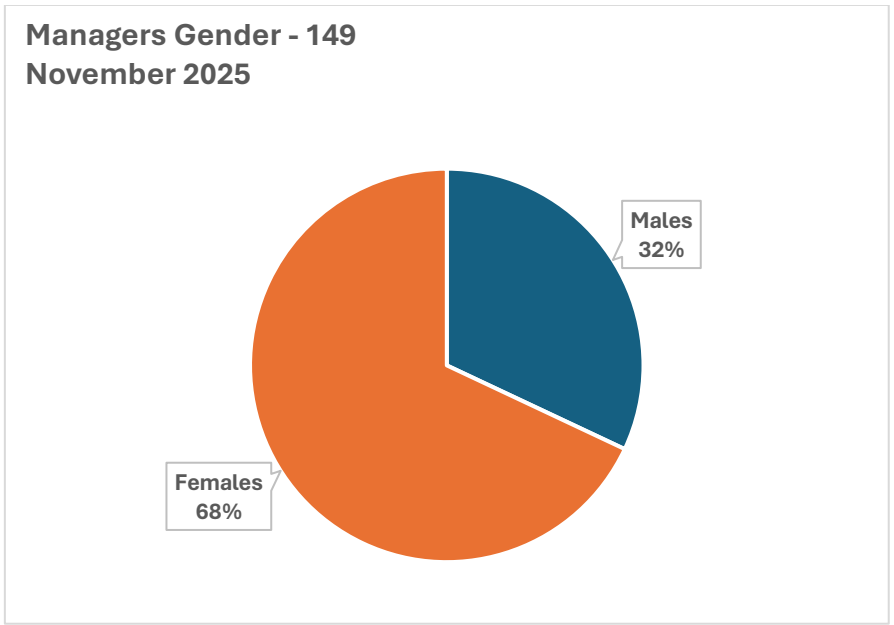
Category	**Alameda Alliance for Health** (Workforce information last updated November 2025)	**Alameda County** (Population Information last updated in May 2025)
Population/Total Employees	688	1,626,575
Race & Ethnicity		
Asian	36%	35.39%
Hispanic	26%	23.94%
White	16%	28.26%
Black/African American	14%	9.15%
Native Hawaiian/Pacific Islander	2%	0.82%
American Indian/Alaskan Native	>1%	1.18%
Two or More Races	5%	11.62%
Unidentified/Opt Out	>1%	-
Gender		
Male	26%	49.67%
Female	74%	50.33%
Non-Binary	>1%	-
Undefined	>1%	-
Age Distribution		
Under 25	>1%	8.33%
25-34	20%	13.92%
35-44	36%	16.13%
45-54	26%	13.59%
55-Older	18%	29.03%

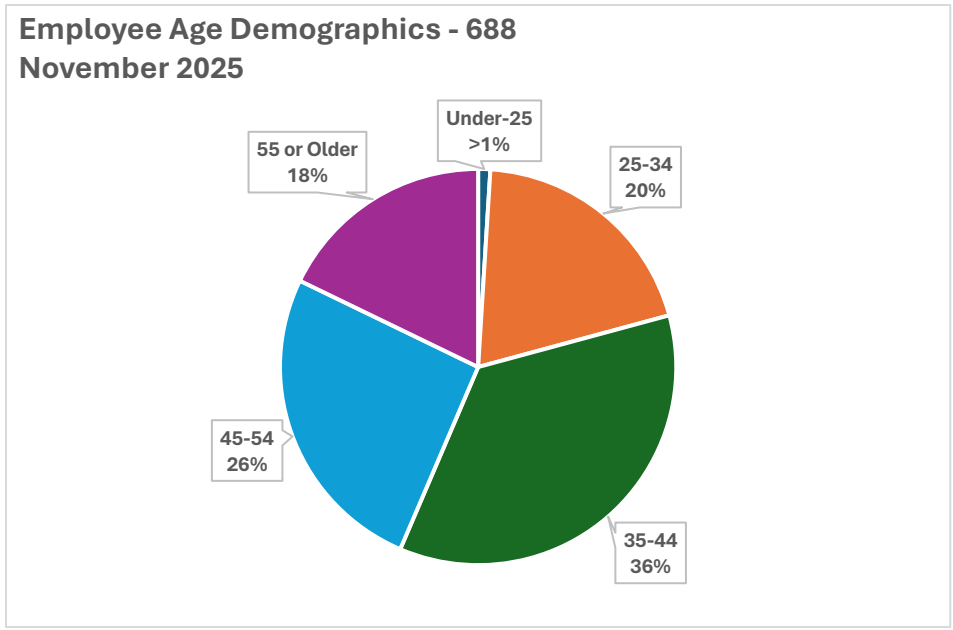
AAH Employee Demographics Data Report November 2025










Employee Age Demographics - 688
November 2025
Under-25
>1%
25-34
20%
35-44
36%
45-54
26%
55 or Older
18%

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Legislative Tracking

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December 2025 Legislative Update

Public Affairs and Media Relations Department

The purpose of this report is to provide an update on state and federal legislative actions that the Alliance's Publics Affairs and Media Relations team is tracking and participating in.

Federal Policy Update

After forty three (43) days, the federal government shutdown ended on November 12th, 2025, after Congress sent the funding bill that was signed into law by the President. The bill included funding for a new stopgap continuing resolution (CR) through January 30th, 2026, which retroactively restored policies that had expired such as the Medicare telehealth flexibilities and funding for community health centers. Back pay for furloughed federal employees and a reversal of reductions in workforce that the administration had realized during the shutdown were also included. The bill did not extend the enhanced Affordable Care Act subsidies that will expire at the end of the year, however there was a commitment included to hold a Senate vote on the extension of the subsidies sometime in December.

On November 19th, the Department of Homeland Security (DHS) published a proposed rule that would rescind the Biden Administration's 2022 public charge ground of inadmissibility regulations. The proposed rule would change the process that DHS uses to determine whether an individual is likely to be a 'public charge' or reliant on federal government benefits, including Medicaid and CHIP. The Alliance is reviewing this proposal and will work with its trade organization to submit a public comment letter.

The Alliance is actively participating in various health coalitions that are discussing and planning for ongoing and upcoming state/federal changes, and coordinating outreach strategies to minimize the number of Alliance members that will be impacted by disruptions and/or changes to services. As part of those efforts, the Alliance's Communications & Outreach team is leading a communications 'Keep Your Coverage' campaign, encouraging members to renew their Medi-Cal.

State Legislative Update

The California State Legislature adjourned the 2025-26 legislative session on September 13th, 2025. On November 14th, 2025, the Senate Budget and Fiscal Review Committee convened an informational hearing on the 2026-27 Medi-Cal caseload outlook and managed care rate-setting, ahead of the Newsom administration's development of the 2026-27 state budget proposal. The Governor's proposal will be released to the public and the Legislature by January 10th, 2026.

During the November hearing, California Health and Human Services (HHS) noted how the 2025 Budget Act included $306.2B ($87.4B GF) for all HHS programs in 2025-26 and of this, approximately $202.7B was allocated for the Department of Health Care Services (DHCS) to oversee and administer the Medi-Cal program.

The Legislative Analyst's Office (LAO) highlighted how state GF costs for Medi-Cal are estimated to continue to grow until 2029-30. Despite federal and state regulation to limit Medi-Cal enrollment, especially for individuals with unsatisfactory immigration status, high state costs will remain due to increased utilization, greater provider rates, and an aging California senior population. According to the LAO, H.R. 1 provisions will increase California's Medi-Cal costs by an estimated $3.2B due to decreased federal matching funds, provider tax restrictions, and the implementation of work requirements as well as more frequent redeterminations.

There is still considerable uncertainty regarding the state's share of Medi-Cal funding. Upcoming federal guidance on specific H.R. 1 provisions will help clarify how California can maintain a balanced budget in 2026-27, avoid future budget deficits in the outyears, and continue providing essential Medi-Cal services and care for the most vulnerable residents.

In late November, health care leaders launched the Future of Medi-Cal Commission – a 29-member advisory group that will develop a state plan to modernize and protect the Medi-Cal program. The commission will be co-chaired by Dr. Mark Ghaly (former secretary of the CA Health and Human Services Agency) and Ann O'Leary, former Chief of Staff to the Governor. Alameda County will be well represented with our own Board Vice-Chair Dr. Noha Aboelata and La Clinica's CEO Jane Garcia as two of the appointed members. The commission will begin meeting in January and will develop a 10-year roadmap for Medi-Cal.

Priority Bill List

The Legislature will reconvene on January 5, 2026, for the 2026-2027 legislative cycle. The Alliance Public Affairs team tracked over 105 health care-related bills throughout the 2025-26 legislative cycle. Of these, over thirty-five measures were enacted into state law. The following section highlights priority health care bills that successfully passed both chambers of the Legislature and were signed into law by the Governor.

Measure	*Author*	*Topic*	*Summary*
AB 55	Bonta	Alternative Birth Centers: Licensing and Medi-Cal Reimbursement	This bill removes the requirement that an alternative birth center (ABC) be a comprehensive perinatal services program (CPSP) provider as a condition of licensure and a condition for Medi-Cal reimbursement. Further, the bill would require the facility to provide perinatal services that are comprehensive in nature, as specified, consistent with certain standards. The bill would require a written policy for hospital transfer. The bill would require the policy to include certain requirements relating to, among other things, arrangements for the referral of a complication, arrangements for the transfer of care, provision of medical records, information about the estimated transfer time, and a clear explanation of the facility's overall emergency transfer plan, as specified.

AB 116	Assembly Committee on Budget	Health Omnibus Trailer Bill	This bill makes technical and clarifying revisions affecting health programs to implement the Budget Act of 2025. For the California Department of Managed Health Care (DMHC), AB 116 requires PBMs to obtain and maintain a license with DMHC, on or after January 1, 2027, authorizes an annual fee to be assessed on PBMs to support the actual and reasonably necessary expenses of the department to implement PBM licensure and oversight, and delays implementation of health care coverage requirements for diagnosis and treatment of infertility and fertility services until January 1, 2026. For DHCS, AB 116 establishes a permanent Medi-Cal Anti-Fraud Special Deposit Fund to deposit Medi-Cal provider payments withheld while a credible allegation of fraud is investigated, imposes utilization management and prior authorization for outpatient hospice services in the Medi-Cal program, and eliminates the Skilled Nursing Facility Workforce and Quality Incentive Program.
AB 260	Aguiar-Curry	Sexual and Reproductive Health Care	AB 260 extends safe harbor from liability provisions in existing law that require businesses to enable technological capabilities to protect the privacy and security of medical information related to abortion, contraception, and gender affirming care, from January 31, 2026, to January 31, 2027. The bill also authorizes a pharmacist to dispense mifepristone or other drug used for medication abortion without the name of the patient on label.
AB 543	González	Medi-Cal: Field Medicine	The bill would authorize a Medi-Cal managed care plan to elect to offer Medi-Cal covered services through a field medicine provider. Under the bill, a managed care plan that elects to do so would be required to allow a Medi-Cal member who is experiencing homelessness to receive those services directly from an in-network, contracted field medicine provider, regardless of the member's in-network assignment. The bill would also require the managed care plan to allow an in-network contracted field medicine provider enrolled in Medi-Cal to directly refer a member who is experiencing homelessness for covered services within the appropriate network. The bill would require a managed care plan to have appropriate mechanisms, procedures, or protocols to ensure timely communication between the in-network, contracted field medicine

			provider, the Medi-Cal member's plan or independent practice association, and the member's primary care provider for purposes of care coordination and to prevent the duplication of services. The bill would require a managed care plan to provide a method for a Medi-Cal member to inform the managed care plan online, in person, or via telephone that the member is experiencing homelessness. The bill would require the department to inform a managed care plan if a member has indicated that they are experiencing homelessness based on information furnished in the Medi-Cal application.
AB 951	Ta	Health Care Coverage: Behavioral Diagnoses	AB 951 prohibits a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder (PDD) or autism to receive a re-diagnosis to maintain coverage for behavioral health treatment (BHT) for their condition. The bill would require a treatment plan to be made available to the plan or insurer upon request.
AB 1041	Bennett	Health care coverage: health care provider credentials	AB 1041 requires a full-service health care plan to subscribe to and use the most recent version of the Council for Affordable Quality Healthcare (CAQH) credentialing form, and to comply with the CAQH credentialing processes on or after January 1, 2028. This bill requires a health plan, health insurer, or its delegate to only request additional information from a provider to clarify and confirm information that is provided on the CAQH credentialing form, including verification of information not specifically disclosed on the provider's application. AB 1041 requires, effective one year from the operative date of this bill, a health plan, health insurer, or its delegate that credentials health care providers for its networks to decide regarding the credentials of a health care provider within 90 days after receiving a completed provider credentialing application, including all required third-party verifications.
SB 27	Umberg	Community Assistance,	This bill allows the court to make a prima facie determination without conducting a hearing. The bill, in the first hearing to determine

		Recovery, and Empowerment (CARE) Court Program	competence to stand trial, would authorize the court to consider the petitioner's eligibility for both diversion and the CARE program. The bill authorizes the court to refer the petitioner to the CARE Act court if the defendant or counsel for the defendant agrees to the referral and the court has reason to believe the petitioner may be eligible for the CARE program. If the petitioner is not accepted into the CARE program or if the CARE Act court refers the petitioner back to criminal court, as specified, the bill would require the criminal court to conduct a hearing to determine whether the petitioner is eligible for a diversion program. The bill authorizes the county behavioral health agency and jail medical providers to share confidential medical records and other relevant information with the court for the purpose of determining likelihood of eligibility for behavioral health services and programs. The bill authorizes the court to call additional progress hearings after 60 days.
SB 40	Wiener	Health Care Coverage: Insulin	This bill would prohibit a large group health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2026, or an individual or small group health care service plan contract or health insurance policy on or after January 1, 2027, from imposing a copayment, coinsurance, deductible, or other cost sharing of more than $35 for a 30-day supply of an insulin prescription drug, except as specified. On and after January 1, 2026, the bill would prohibit a health care service plan or health insurer from imposing step therapy as a prerequisite to authorizing coverage of insulin, and, for a large group health care service plan contract or health insurance policy, would require at least one insulin for a given drug type in all forms and concentrations to be on the prescription drug formulary. The bill would limit the $35 cap for an individual or small group health care service plan contract or health insurance policy to only Tier 1 and Tier 2 insulin if the drug formulary is grouped into tiers.

SB 41	Wiener	Pharmacy Benefits	SB 41 prohibits pharmacy benefit managers (PBMs) from retaining the difference in payment to a pharmacy compared to the amount paid by the health plan or insurer (spread pricing), requires 100% pass through of rebates to health plans and insurers that PBMs negotiate with drug manufacturers, and bans PBM and drug manufacturer contracts that require exclusivity for a manufacturer's drugs, medical devices, or other products unless low premiums and cost-sharing can be demonstrated.
SB 62	Menjivar	Health Care Coverage: Essential Health Benefits	This bill expands California's Essential Health Benefits (EHBs) benchmark coverage for health plans to include services to evaluate, diagnose, and treat infertility; durable medical equipment such as mobility devices and hearing aids. EHB's are benefits that are mandated to be included in health coverage that is sold in California for individuals and small businesses pursuant to the federal Affordable Care Act.
SB 278	Cabaldon	Health Data: HIV Test Results	This bill allows for a health care provider to share HIV test results with an individual's Medi-Cal managed care plan or external quality review organization contracted by DHCS to conduct external quality reviews of Medi-Cal plans without the written authorization of the individual tested for the purpose of administering quality improvement programs designed to improve HIV care for Medi-Cal recipient. Assembly amendments remove provisions allowing the Department of Public Health (CDPH) to share HIV test results with the Department of Health Care Services (DHCS) and the Medi-Cal plan a Medi-Cal recipient is assigned to for purposes of administering quality improvement programs, and provisions requiring DHCS, in consultation with CDPH, to develop an opt out mechanism for Medi-Cal recipients who do not wish to have this information shared by CDPH to DHCS or their plan.

SB 306	Becker	Health Care Coverage: Prior Authorizations	This bill prohibits a health plan, health insurer, or an entity for which a plan or insurer contracts for prior authorization purposes, from imposing prior authorization on a covered health care service when 90% or more of requests for the service were approved, as determined by DMHC and CDI. SB 306 requires a plan to report to DMHC and CDI covered service subject to prior authorization and the percentage rate at which they are approved or modified, data regarding requested or authorized duration, frequency, or level of care of the health care services, and other statistics as determined by DMHC and CDI. This bill requires DMHC and CDI to consult before issuing instructions and the list of covered health care services for which prior authorization is prohibited.
SB 386	Limón	Dental Providers: Fee-Based Payments	SB 386 requires health plans and insurers, for contracts and policies that provide payment directly to a dental provider, or through a contracted vendor, to have a non-fee-based default method of payment. The bill also requires the plan to remit or associate with each payment the claims and claim details associated with the payment. This bill becomes operative on and after April 1, 2026, and applies to contracts, policies issued, amended, or renewed on or after that date.
SB 402	Valladares	Health Care Coverage: Autism	SB 402 moves the existing statutory framework outlining the qualifications for qualified autism service providers (QAS), qualified autism service professionals (QASP), and qualified autism service paraprofessionals (QASPP) from the Health and Safety Code (HSC) and Insurance Code (IC) to the Business & Professions Code (BPC).

SB 439	Weber Pierson	California Health Benefit Review Program: Extension	SB 439 extends the operation of the University of California (UC)-administered California Health Benefit Review Program (CHBRP) and the Health Care Benefits Fund (the fund for CHBRP) through July 1, 2033. This bill expands the continued assessment of the annual charge on health plans and health insurers for the purpose of funding CHBRP for the 2026–27 to 2032–33 fiscal years and increases the maximum allowable total annual assessment on health plans and health insurers from $2.2M to $3.2M.
SB 497	Wiener	Legally Protected Health Care Activity	SB 497 prohibits a provider of health care, a health care service plan, or a contractor from releasing medical information relating to person seeking or obtaining gender-affirming health care or gender-affirming mental health care in response to any subpoena or request, based on another state's law that interferes with an individual's right to seek or obtain gender-affirming health care or gender-affirming mental health care.
SB 530	Richardson	Medi-Cal: Time and Distance Standards	This bill requires Medi-Cal plans to ensure that each subcontractor network complies with the existing appointment time standards and clarifies that the use of telehealth providers to meet time or distance standards does not absolve the Medi-Cal plan of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers. SB 530 also specifies that DHCS's policy on how to consider telehealth services in determining compliance only applies to Medi-Cal plans that cover at least 85% of the population points in the ZIP code. Lastly, this bill requires Medi-Cal plans to inform enrollees of their option to use or not use telehealth, covered transportation services, or out-of-network providers to access covered services if the health care provider is located outside of the time or distance standards in a manner specified by DHCS starting no sooner than January 1, 2026.

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Executive Dashboard

OPERATIONS DASHBOARD

DECEMBER 2025

12/3/2025 3:42:12 PM

Financials

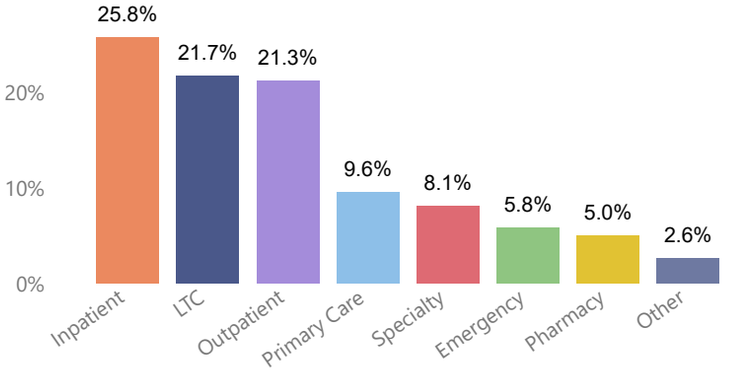
Income & Expenses

	OCTOBER 2025	FISCAL YTD
REVENUE	$ 253.8 M	$ 1.0 B
MEDICAL EXPENSE	$ (175.6) M	$ (714.3) M
ADMIN EXPENSE	$ (9.7) M	$ (39.8) M
OTHER/TAX	$ (62.0) M	$ (249.8) M
NET INCOME	$ 6.5 M	$ 14.3 M

Medical Loss % (Fiscal YTD)

94.2%

Medical Expenses



Liquid Reserves

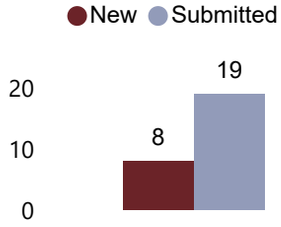
TNE %

229.1%

TNE $

$183.6M

Reinsurance Cases



Balance Sheet

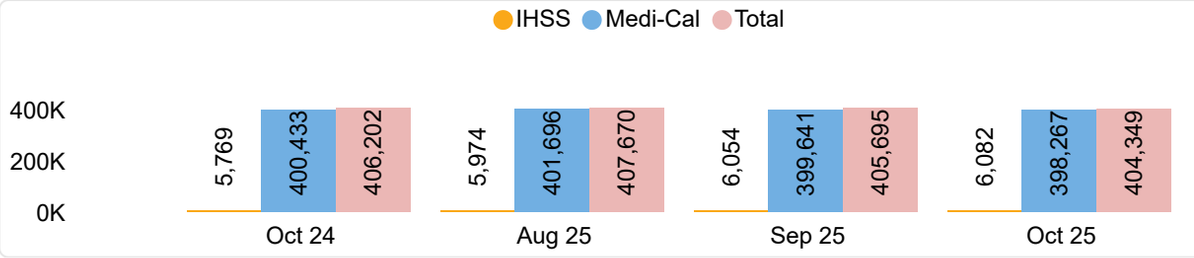
Cash Equivalents	$542.1M
Pass-Through Liabilities	$159.7M
Uncommitted Cash	$382.4M
Working Capital	$129.4M

Current Ratio

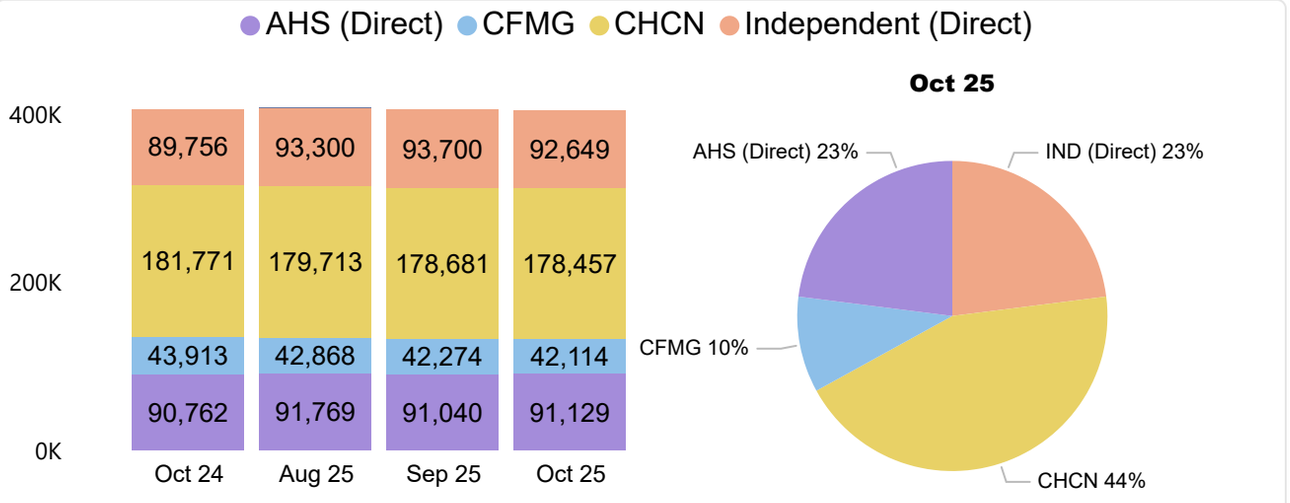
1.14

Membership

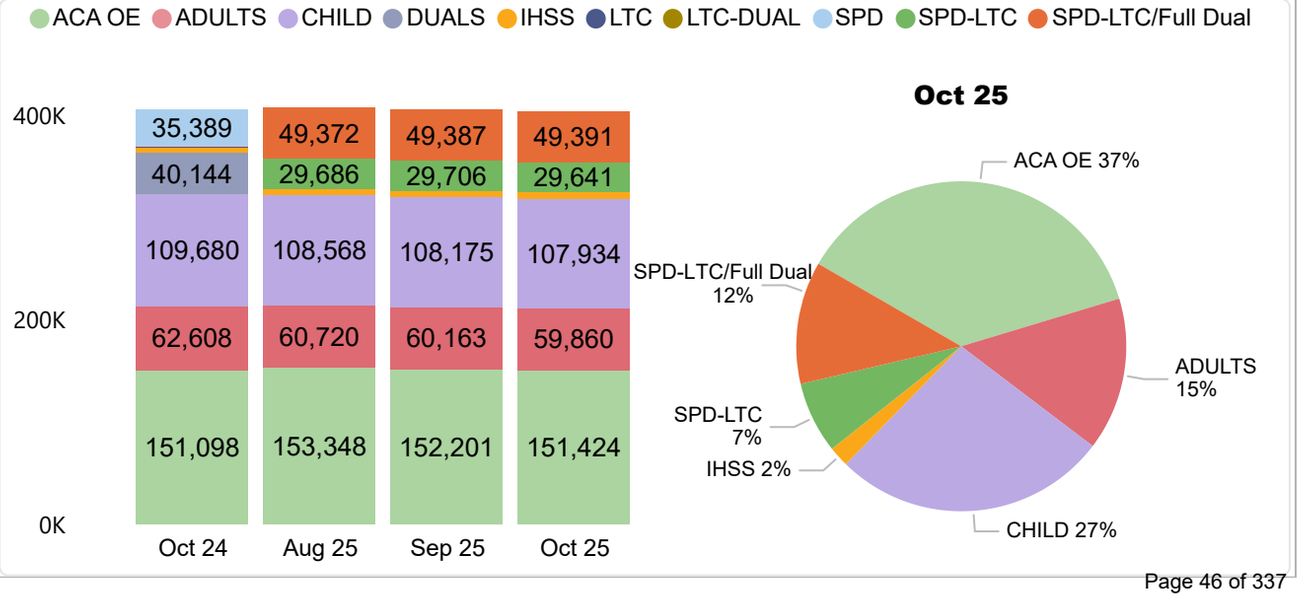
By Plan



By Network



By Category



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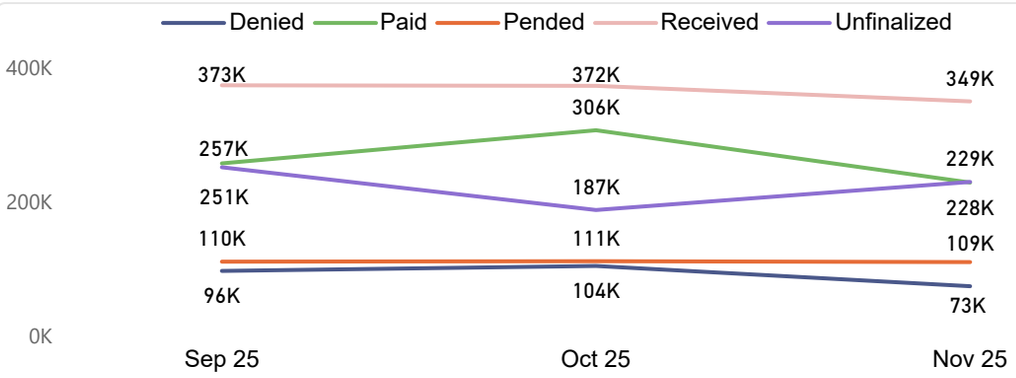
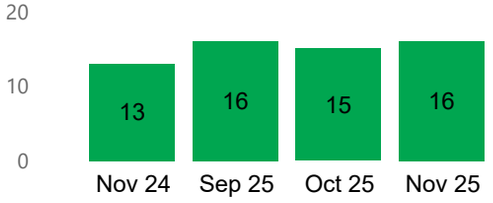
Claims

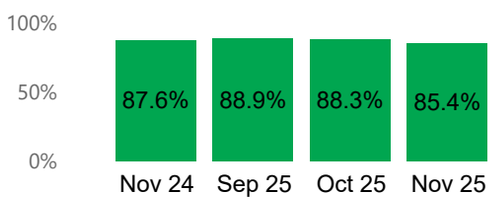
Claims Processing



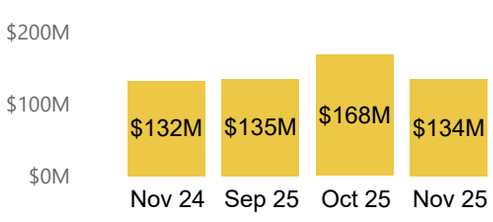
Average Payment TAT (Days)



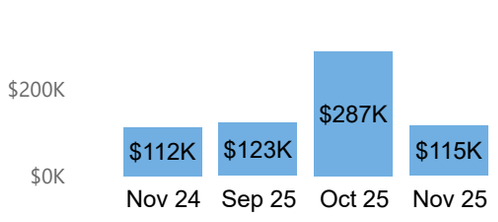
Auto Adjudication Rate (%)



Claims Paid ($)

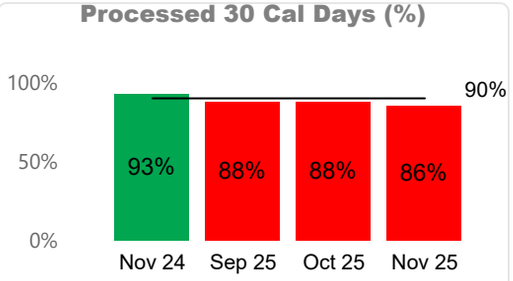


Interest Paid ($)

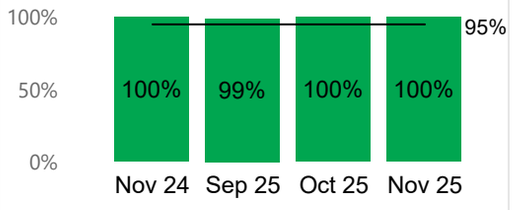


Claims Compliance

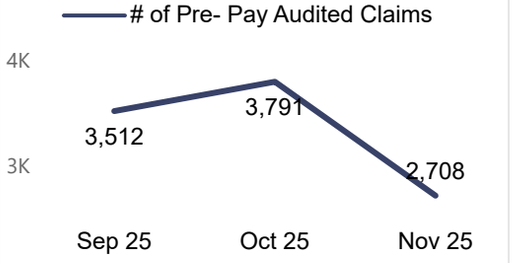
Processed 30 Cal Days (%)



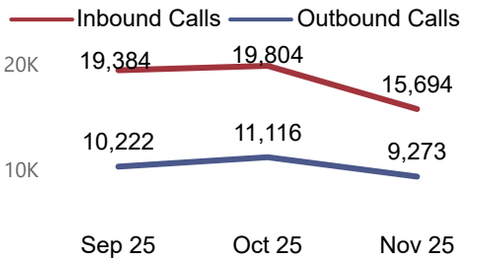
Processed 45 Work Days (%)



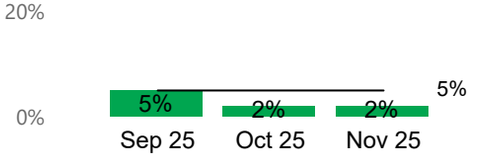
Claims Auditing



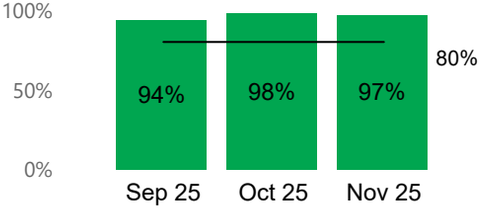
Member Services



Abandoned Call Rate (%)

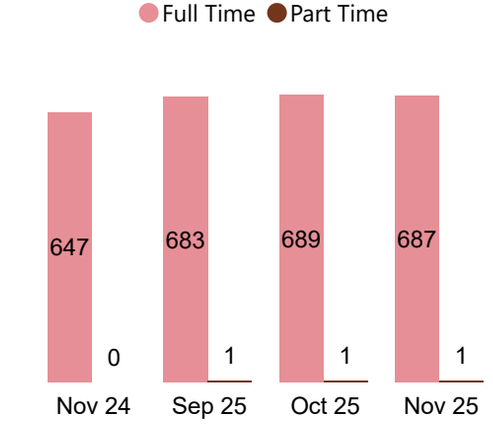


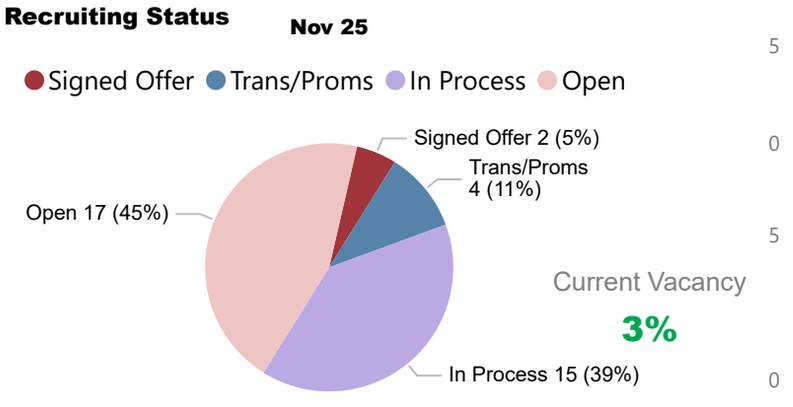
Calls Answered in 30 Seconds (%)

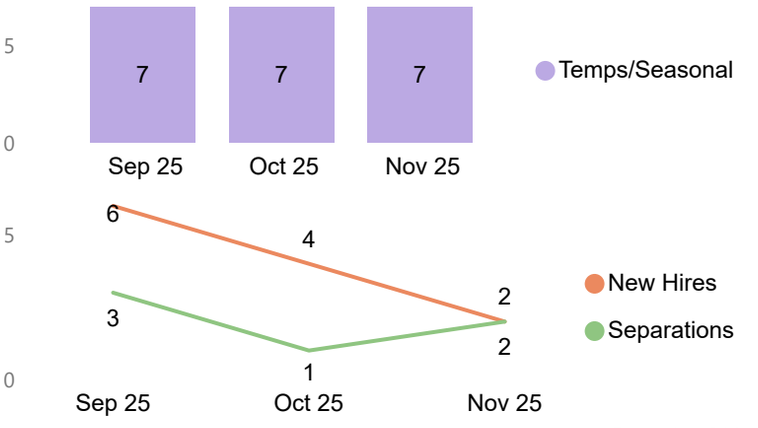


Average Call Times	Sep 25	Oct 25	Nov 25
Wait Time	00:12	00:07	00:07
Call Duration	07:26	07:00	06:47

Human Resources







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Provider Services

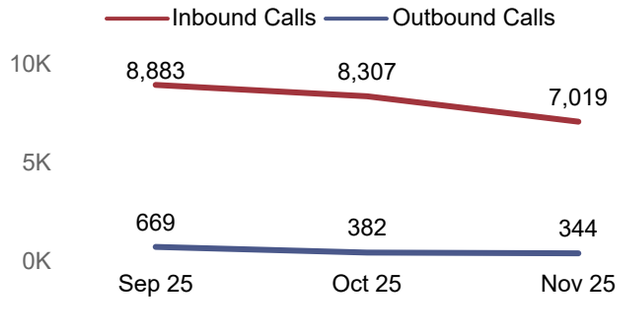
Provider Network

Hospital	17
Specialist	11,858
Primary Care Physician	772
Skilled Nursing Facility	109
Urgent Care	16
Health Centers (FQHCs and Non-FQHCs)	87
TOTAL	**12,859**

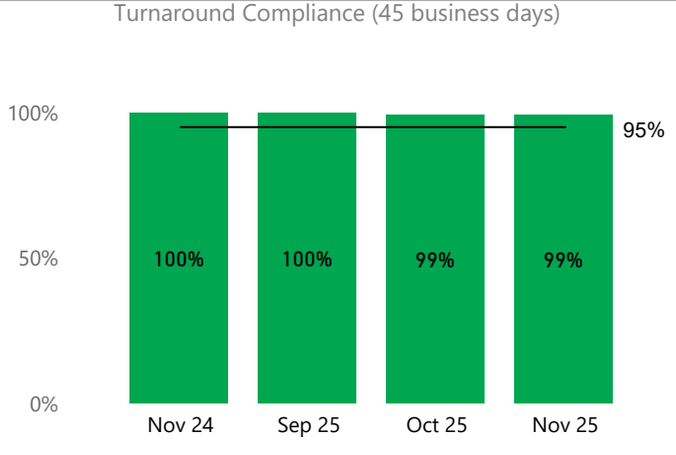
Provider Credentialing

5,376

Provider Call Center

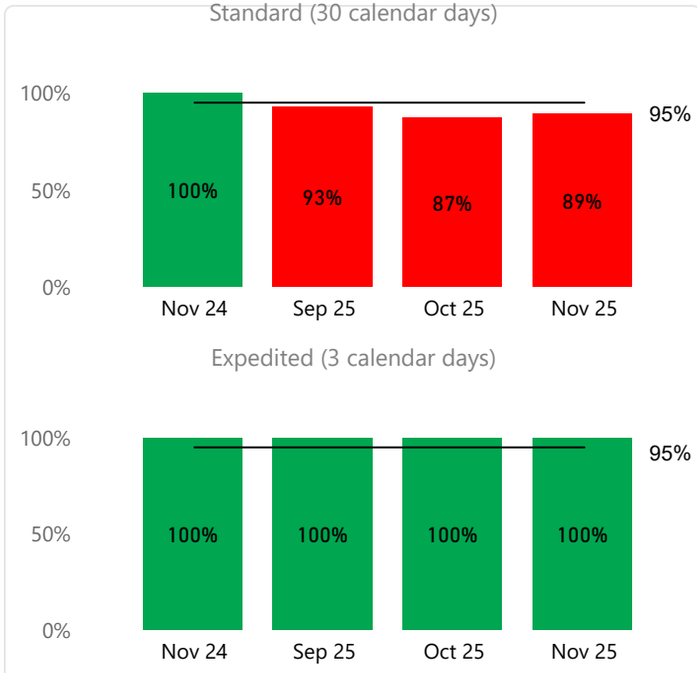


Provider Disputes & Resolutions

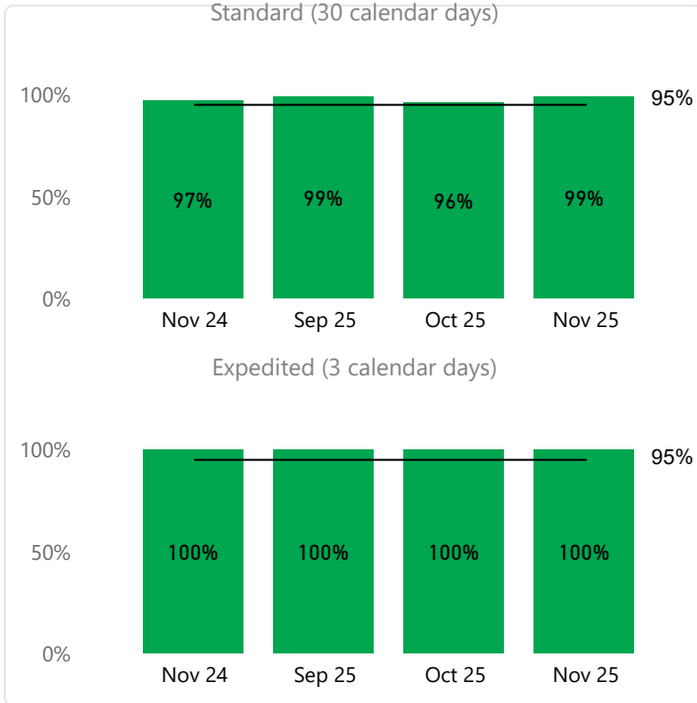


Compliance

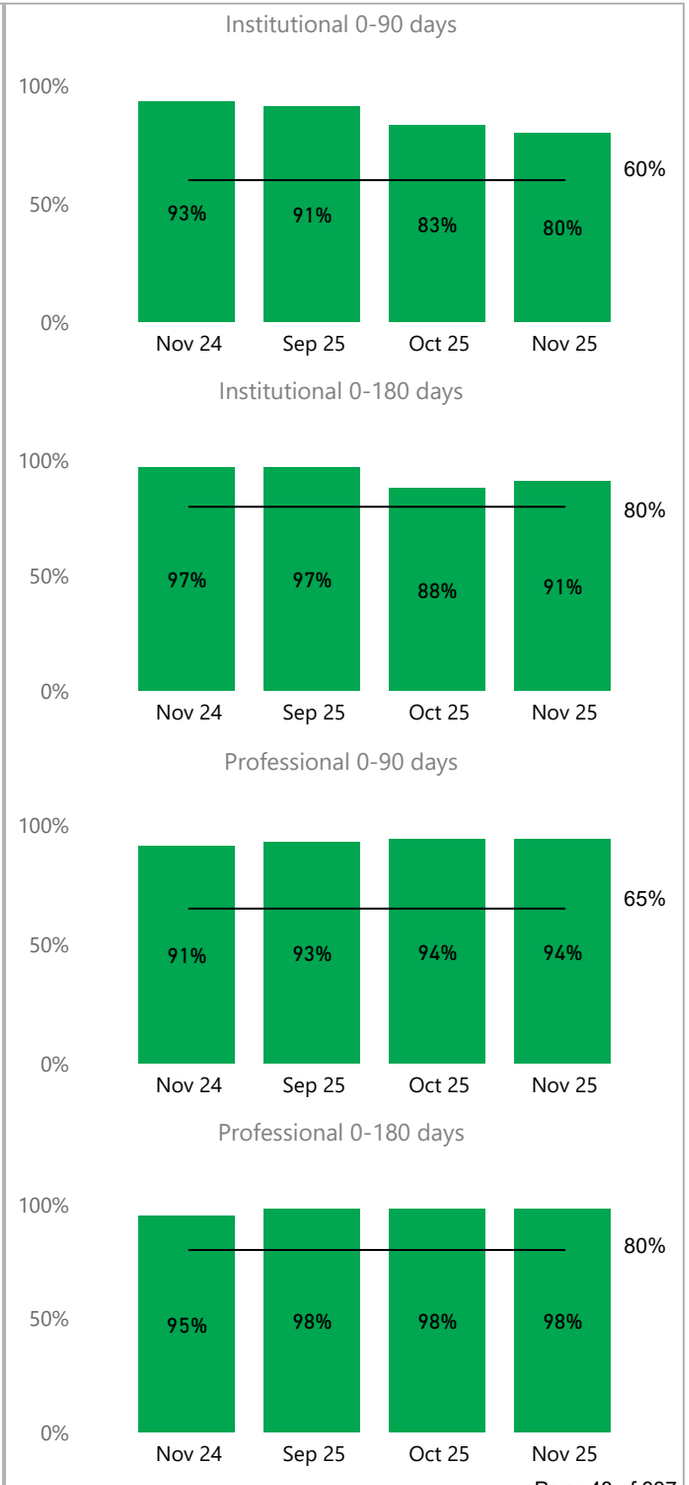
Member Grievances



Member Appeals



Encounter Data



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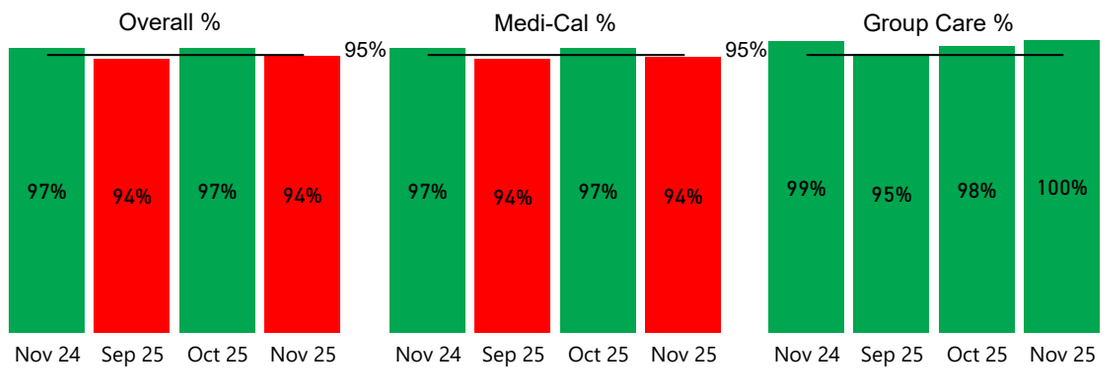
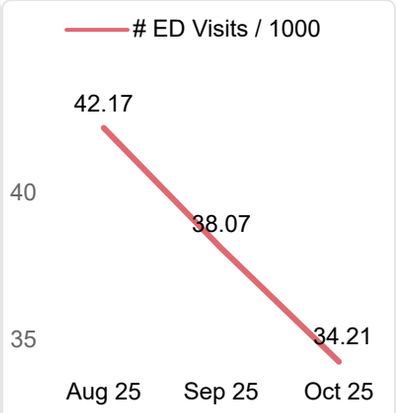
Health Care Services

Authorization Turnaround

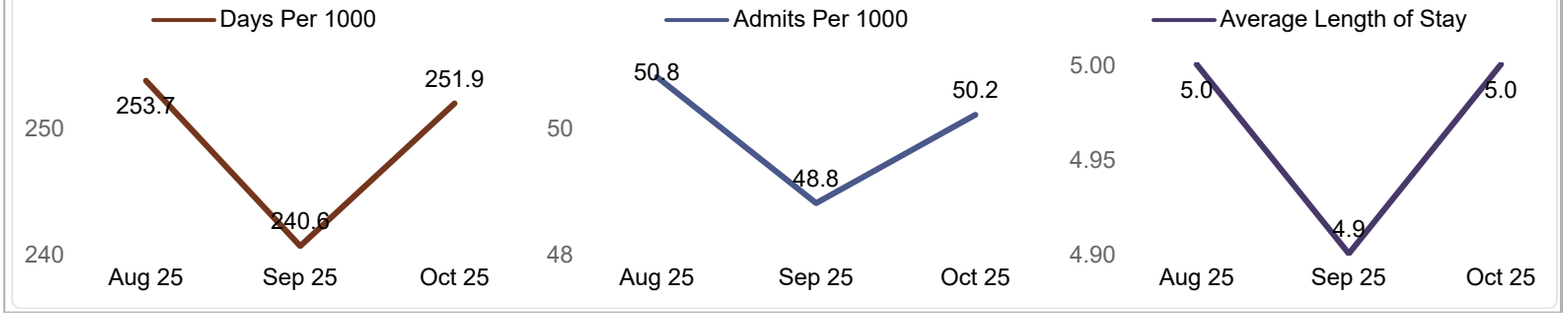
TAT calculations were updated on 11/19/2025 to align with system configuration changes



ED Utilization



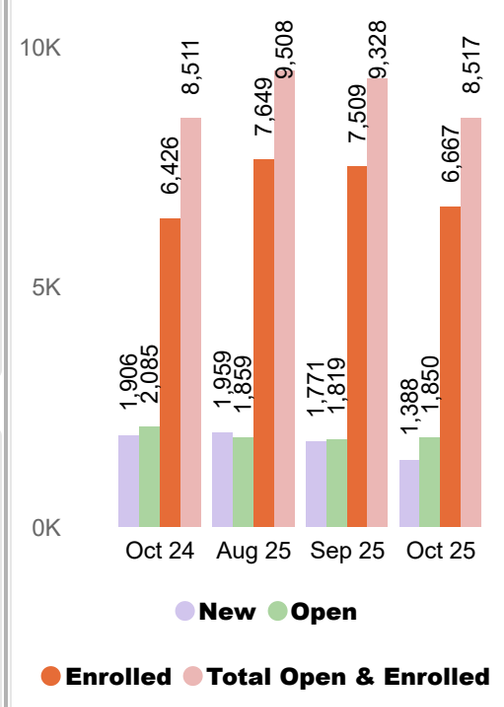
Inpatient Utilization



Case Management

Total Cases^

^ ECM Metrics since 2022

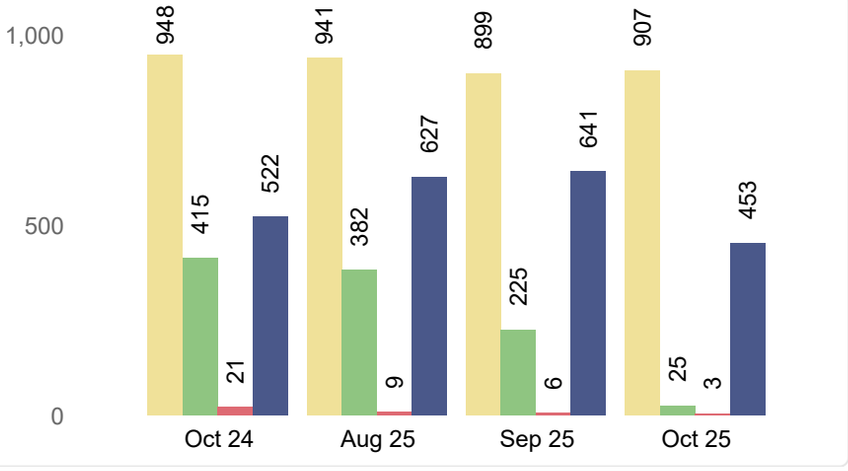


Case Management^

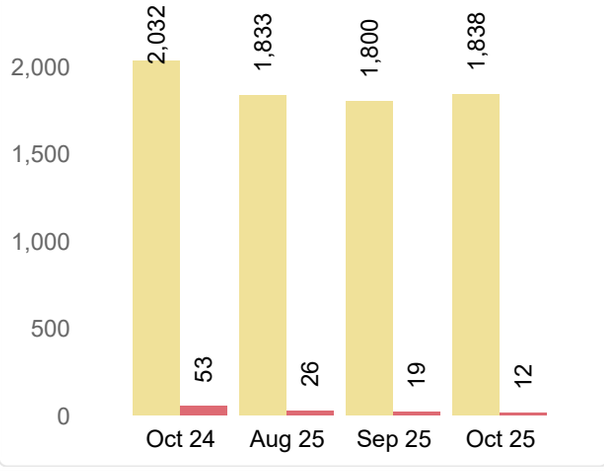
Care Coordination · Community Supports · Complex Cases · Enhanced Case Management

^ ECM Metrics since 2022

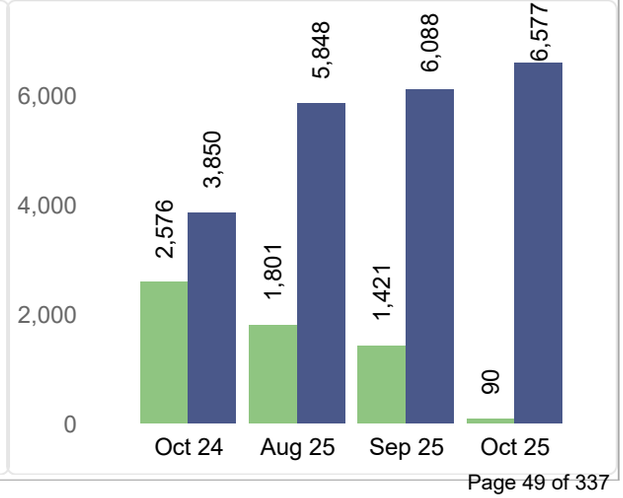
New Cases



Open Cases



Enrolled Cases



Technology (Business Availability)

Applications	Nov 24	Sep 25	Oct 25	Nov 25
HEALTHsuite System	99.8%	100.0%	99.9%	100.0%
Other Applications	100.0%	100.0%	99.9%	99.9%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	Nov 24	Sep 25	Oct 25	Nov 25
Denial Rate Excluding Partial Denials (%)	4.2%	3.2%	3.5%	3.4%
Overall Denial Rate (%)	4.7%	3.6%	3.7%	3.7%
Partial Denial Rate (%)	0.5%	0.3%	0.2%	0.3%

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

Pharmacy Authorizations

Authorizations	Nov 24	Sep 25	Oct 25	Nov 25
Approved Prior Authorizations	34	48	44	31
Closed Prior Authorizations	85	19	33	18
Denied Prior Authorizations	62	82	106	81
Total Prior Authorizations	181	149	183	130

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Board Business

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HEDIS Presentation

HEDIS Update

Board of Governors (BOG) Meeting

December 12, 2025

Tiffany Cheang, Chief Analytics Officer
Dr. Donna Carey, Chief Medical Officer

Oversight & Accountability

- DHCS Medi-Cal Accountability Set (MCAS)
  - Quality Component Withhold & Incentive Program
  - Sanctions
  - Auto-Assignment
- DMHC Health Equity & Quality Measure Set (HEQMS)
- NCQA Accreditation – Health Plan
- Future: CMS and Stars Measures

DHCS Medi-Cal Accountability Set (MCAS)

- Measures held to MPL* fall into 5 domains:
  - Behavioral Health
  - Children's Health
  - Chronic Disease
  - Reproductive Health
  - Cancer Prevention

Measurement Year (MY)	Measures Reported	Measures Held to MPL
MY 2021	36	15
MY 2022	39	15
MY 2023	42	18
MY 2024	41	18
MY 2025	31	18
MY 2026*	22	20

**MY 2026 is DHCS proposed.*

- As of MY2022, DHCS will no longer calculate the Aggregated Quality Factor Score (AQFS).
  - This score was previously used by DHCS to compare all Medi-Cal plans.

**Minimum Performance Level (MPL) is the 50th percentile.*

MCAS MPL Measures by Domain

Domain	Measurement Year							
	2022		2023		2024		2025	2026*
	Total Measures	Measures Met	Total Measures	Measures Met	Total Measures	Measures Met	Total Measures	Total Measures
Behavioral Health	2	1	2	1	2	2	2	3
Children's Health	6	4	8	6	8	7	8	8
Chronic Disease Management	2	1	3	3	3	1	3	2
Reproductive Health	3	3	3	3	3	3	3	4
Cancer Prevention	2	1	2	2	2	2	2	3
All Domains	**15**	**10**	**18**	**15**	**18**	**15**	**18**	**20**
% Met MPL		67%		83%		83%		

* 2026 is DHCS proposed.

AAH MCAS Performance – MY2023

- Three (3) measures did not meet MPL
  - Lead Screening in Children
  - Topical Fluoride in Children
  - 30-day follow-up After ED Visit for Mental Illness
- Medical Record Retrievals (MRR) completed rate was 98%
- NCQA and DHCS HEDIS audits passed successfully
- DHCS Quality Sanction imposed
  - Triggered by 2 measures within a single domain (Children's Health)
  - Original sanction amount $72,000 was reduced to $37,000 as a result of the information provided by AAH in conjunction with the Meet and Confer Conference with DHCS regarding the TFL measure.

AAH MCAS Performance – MY2024

- Three (3) measures did not meet MPL
  - Controlling High Blood Pressure
  - Asthma Medication Ratio
  - Topical Fluoride in Children
- Medical Record Retrievals (MRR) completed rate was 97%
- NCQA and DHCS HEDIS audits passed successfully
- DHCS Quality Sanction Imposed
  - Triggered by 2 measures within a single domain (Chronic Disease Mgmt)
  - Original sanction amount $79,000 was reduced to $46,000 as a result of the information provided by AAH in conjunction with the Meet and Confer Conference with DHCS regarding the TFL measure.

AAH MCAS Performance – MY2025

- As of 12/05/2025, 6 measures are not meeting MPL
  - 1 month of data remaining in the measurement year
  - 3 are hybrid measures
- Year-round Medical Record Retrievals (MRR) in progress
- Rates will be finalized in June 2026

MCAS MY2025 By Measure

Measure Description		MY2024	MY2025 As of 12/5/2025	50th Pctl (MPL)
Behavioral Health	Follow-Up After Emergency Department Visit for Substance Use (30-Day)	44.48%	47.43%	39.10%
	Follow-Up After Emergency Department Visit for Mental Illness (30-Day)	66.38%	59.90%	57.13%
Children's Health	Childhood Immunization Status—Combination 10	43.80%	37.46%	23.89%
	Developmental Screening in the First Three Years of Life	64.63%	66.33%	37.40%
	Immunizations for Adolescents—Combination 2	47.45%	48.56%	34.14%
	Lead Screening in Children	67.88%	70.00%	69.96%
	Topical Fluoride for Children	17.74%	10.06%	21.60%
	Well-Child Visits in the First 15 Months - Six or More Well-Child Visits	66.69%	60.15%	63.38%
	Well-Child Visits for Age 15 Months to 30 Months -Two or More Well-Child Visits	77.73%	76.07%	72.32%
	Child and Adolescent Well-Care Visits	55.88%	52.26%	55.41%
Chronic Disease Management	Asthma Medication Ratio	63.18%	68.67%	63.66%
	Controlling High Blood Pressure	60.10%	53.53%	67.88%
	Hemoglobin A1c Control for Patients with Diabetes—HbA1c Poor Control >9%	28.95%	37.23%	30.41%
Reproductive Health	Chlamydia Screening in Women	70.04%	66.12%	56.30%
	Prenatal and Postpartum Care - Timeliness of Prenatal Care	91.28%	85.76%	86.37%
	Prenatal and Postpartum Care - Postpartum Care	92.44%	87.47%	82.48%
Cancer Prevention	Breast Cancer Screening	59.62%	58.04%	55.87%
	Cervical Cancer Screening	59.37%	52.78%	52.32%

Initiatives/Activities

- Member Mailers -> Birthday cards, Breast Cancer Screening (BCS) flyers
- Member Outreach calls -> CCS, BCS, TFL, CBP
- Member Incentives -> HEDIS Crunch, Well-child, CCS, BCS
- Provider webinars/training -> self-collection for HPV, training with Pharmacy on AMR, CBP and Diabetes
- Provider incentives -> After hours, Office staff, Fluoride Varnish, P4P, grant funded QI projects
- Provider Support -> Practice Facilitation, Coding Support, Workflow Optimization, Enhanced reporting
- Provider collaborations -> Mobile mammography, Pap clinics, CHW navigators for ED follow-up, Lead screening point of care testing
- Campaigns -> Colorectal cancer screening (COL) home kits, Community health fair education on health screenings with focus on African American community
- Expanded year-round record retrievals
- EHR extract improvements
- Inclusion of HIE NCQA DAV certified data
- Actionable care gap reports; pharmacy reports for AMR, CBP and A1c

Questions??

Definitions

- MY = Measurement Year
- HEDIS = Healthcare Effectiveness Data and Information Set
- MCAS = Medi-Cal Accountability Set (DHCS)
- HEQMS = Health Equity and Quality Measure Set (DMHC)
- AQFS = Aggregated Quality Factor Score (DHCS)
- MPL = Minimum Performance Level
- HPL = High Performance Level
- NCQA = National Committee for Quality Assurance
- P4P = Pay for Performance
- MRR = Medical Record Retrieval

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Medicare Presentation

Medicare D-SNP Update

Ruth Watson, Chief Operating Officer

Tome Meyers, Executive Director, Medicare Programs

Agenda

- Thank You
- Competitor Analysis
- Dual Eligibility & Enrollment in Alameda County
- Sales & Enrollment Strategy
- Stats of Annual Enrollment Period (AEP)
- Provider Community Engagement
- Future State

Thank You!

- We are just **20 days away** from a major milestone—the Alliance will officially launch the **D-SNP program on January 1, 2026**!
- This achievement reflects the dedication and collaboration of so many: our Board of Governors, leadership team, subject matter experts, consultants, providers, community partners, State/CMS regulators, and every member of our staff.
  - Thank you for your commitment and hard work in bringing this new endeavor to life.
- Together, we are creating something that will make a meaningful difference for the communities we serve. Let's keep the momentum strong as we approach launch day!

Competitor Analysis

Contract ID	Organization Name	Enrollment*	2026 Comments
H8794	Kaiser Foundation HP, Inc.	10,498	Stay in the County for PY2026 & can grow.
H4982	Aetna Better Health of California Inc.	1,061	Exited the County for PY2026.
H4471	Blue Cross of California Partnership Plan, Inc.	991	Exited the County for PY2026.
H5649	Central Health Plan of California, Inc. (Molina)	251	Stay in the County for PY2026 & unable to grow.
H5496	Imperial Health Plan of California, Inc.	14	Exited the County for PY2026.

*Source: *Medicare Monthly Enrollment Data CMS (November 2025)*

Competitor Analysis Cont.

	HMO D-SNP Plans in Alameda - PY2026		
	Alameda Alliance for Health H2035-001	**Molina Healthcare H5649-024**	**Kaiser Permanente H8794-016**
	Too New	★★★	★★★★
	Alameda Alliance Wellness	**Molina Medicare Complete Care Plus**	**Kaiser Medicare Medi-Cal Plan North** P16
Vision	$150 eyewear allowance every two years Standard lenses covered in full	Eyewear allowance decreased from $300 to $200 per year	$350 eyewear allowance per year
Dental	$0 copay for wrap benefits, plus Medi-Cal coverage*	Not covered	Medi-Cal coverage*
Hearing	$0 exam. $0 device copay $775 hearing aid allowance per ear per year	$0 exam, $49-$1,549 device copay	Medi-Cal coverage*
Fitness	Not covered	$0 copay	$0 copay
Telehealth	Standard Medicare plus Medi-Cal coverage*	$0 copay	$0 copay plus Medi-Cal coverage*
In-Home Support Services (IHSS)	Medi-Cal coverage*	Removed for PY2026 Previously $0 copay for 20 hours per year	Medi-Cal coverage*
Health Education	Medi-Cal coverage*	$0 copay	Medi-Cal coverage*
Over-The-Counter Allowance	$50 allowance per month	Reduced from $150 to $120 allowance per quarter	Reduced from $140 to $75 per quarter
Personal Emergency Response System	Not covered	$0 copay	Not covered
Acupuncture	Standard Medicare plus Medi-Cal coverage*	$0 copay	$0 copay, plus Medi-Cal coverage*
Chiropractic Services	Standard Medicare plus Medi-Cal coverage*	$0 copay	Standard Medicare plus Medi-Cal coverage*
Meals for Short Duration	Not covered	$0 copay (new benefit)	Not covered
Worldwide Emergency	$0 copay (worldwide emergency), $25K allowance per year, plus Medi-Cal coverage*	$0 copay, $10K allowance per year (worldwide emergency and urgent care services combined limit)	$0 copay (worldwide emergency, urgent care, and transportation), plus Medi-Cal coverage*
Massage Therapy	Not covered	Not covered	Not covered
Alternative Therapies	Not covered	Not covered	Not covered
Counseling Services	Standard Medicare plus Medi-Cal coverage*	Not covered	Standard Medicare plus Medi-Cal coverage*
Support for Caregivers of Enrollees	Medi-Cal coverage*	Not covered	Medi-Cal coverage*
Transportation: Any Health-Related Locations	Medi-Cal coverage*	Not covered	Medi-Cal coverage*
Transportation: Plan-Approved Locations	Medi-Cal coverage*	$0 copay	Medi-Cal coverage*
Home and Bathroom Safety Devices	Medi-Cal coverage*	Not covered	Medi-Cal coverage*
Annual Physical Exams	Not covered	$0 copay	$0 copay

*Blue: Changes from PY2025 to PY2026. *Standard Medi-Cal and/or Medicare coverage applies across plans where noted.*

Dual Eligibility & Enrollment in Alameda County

49,437

Count of **CURRENT** AAH Medi-Cal dual members that the Alliance manages *(AAH, Dec. 2025)*

67,826

Count of **ALL** dual eligible individuals in Alameda County *(DHCS, Oct. 2025)*

143,486

Total MA and other health plan enrollment in Alameda County*

274,886

Count of MA and other health plan eligibles in Alameda County*

*Source: *Medicare Monthly Enrollment Data CMS (November 2025)*

Sales & Enrollment Strategy

- 1,500 D-SNP membership for the entire 2026 year (BOG decision 1/31/2025)
  - Limit brand awareness & focus on word of mouth at the health centers
  - No external brokers and hire only internal FTE agents
  - Focus on the basics due to the complexities of implementing an EAE D-SNP
- Pilot with 5 FQHCs within CHCN for year #1
- Focus on current Medi-Medi members that the Alliance serves today
- Concierge-like sales approach
  - Integrated care special enrollment period (SEP) allows selling year round

Stats of Annual Enrollment Period (AEP)*

- **Member Services:**
  - Incoming calls = 1,034
  - Answered Calls = 1,013
  - Abandoned Rate = 2%
  - Calls Answered in 30 seconds = 99%
- **Communications & Outreach (C&O):**
  - 5 public website deployments
  - 313 D-SNP communication requests
    - → 250 completed (80%)
    - → 1,200+ translated documents
- **Appeals & Grievance (A&G) & CTMs**
  - Zero (0)

*AEP: October 15th, 2025 – December 7th, 2025

Stats of Annual Enrollment Period (AEP)* Cont.

Sales & Enrollment:

- 177 successful effectuated enrollments for 1/1/2026 (above projections)
  - → 79 effectuated enrollments with CHCN
- 1015 leads in the sales tool
  - → 834 from CHCN
  - → 181 from external sources
- Outcomes of Leads
  - → 588 open status
  - → 181 called but no contact made
  - → 69 leads closed due to “not interested”
- Averaging 3.5 enrollments daily, each typically taking 90minutes
  - → Mainly through service requests and inbound calls

*AEP: October 15th, 2025 – December 7th, 2025

Provider & Community Engagement

- Provider & community onsite roadshow
- AAH participated in continuing medical education (CME) series
- Onsite/virtual meetings with CHCN for MOC trainings, leadership strategy discussions, workgroup meetings, health center road shows, Medicare Stars meetings, and clinical workflow reviews
- AAH & CHCN jointly presented at CAHP Annual Conference
- Presented with HICAP and will present at the Alameda County Age-Friendly Council on 12/19

Future State Considerations

- Command center for troubleshooting 1/1 go-live activities
- Established initiatives past 1/1 for improved product experience, operational efficiency, and member satisfaction
- Leveraging AI to optimize business processes, workflows, and capitalize on enhancing proactive care solutions
- Targeting to market / scale as early as July 2026 but no later than October 2026 for brand awareness
  - Another focus area is age-in population
- Developing a 3-year strategy for Medicare that will be presented at the BOG retreat on **Friday, January 30th, 2026**

Thank You.

Questions?

You can contact me at:
tmeyers@alamedaalliance.org

ALAMEDA Alliance FOR HEALTH

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

Final Budget Presentation

FY 2026 Final Budget

Presented to the Alameda Alliance Board of Governors

December 12, 2025

ALAMEDA Alliance FOR HEALTH

Budget Process

- Preliminary Budget presented to the Finance Committee on June 10th and to the Board of Governors on June 13th.
- CY2026 Prospective Rates were received on November 12th. The rates were favorable to the Preliminary Budget.
- Final Budget presented to Finance Committee on December 9th and to the Board of Governors on December 12th.

Material Areas of Uncertainty

- The Department of Health Care Services (DHCS) may reduce Calendar Year 2025 (CY25) rates in 2026. Furthermore, DHCS may retroactively adjust Calendar Year 2026 (CY26) rates.
- With CY26 MCO tax liability unclear, CY25 is being used as a placeholder.
- Effective January 1, 2026, the Medi-Cal Asset Limit will be reinstated as part of determination of Medi-Cal eligibility. This will negatively impact enrollment.
- Determining the potential impact of membership decline and immigration status on utilization remains challenging.
- Contract changes for hospitals and delegated providers in projections have not been finalized.

Highlights

- 2026 Projected Net Income of $21.0 million.
- Projected Tangible Net Equity (TNE) is 238% of required TNE.
- Year-end projected enrollment is 370,000 in June 2026, down 41K from the prior year.
- Revenue is $2.2 billion, $10.7 million higher than the Preliminary Budget due to favorable rates.
- Medical Expense totals $2.06 billion in FY 2026, a decrease of $56 million (-2.7%) from the Preliminary Budget.
- Administrative Department Expenses are $8.6 million higher than Preliminary, representing 5.9% of revenue.
- Clinical Department Expenses are $25.3 million higher than Preliminary and comprise 1.8% of revenue.
- AAH's Medicare D-SNP Program is projected to start in January 2026.

Budget Assumptions (cont.)

Revenue:

- 98% of Revenue for Medi-Cal, 1.8% for Group Care, 0.2% for Medicare.
- CY26 Prospective Medi-Cal base rates were received November 12, 2025. The rates were favorable compared to the previous draft rates.
- CY26 Quality Withhold results in a 1% revenue reduction, estimated at $10.6 million.
- CY26 accruals include an unfavorable Acuity adjustment offset by CY23 and CY24 MOT Risk Corridor Release and a CY24 Quality Withhold Reserve Release.
- Group Care premium remains the same as FY25.
- Medicare Revenue is projected to be $5.5 million.
- Community Support rates are 13% lower than CY25.

Budget Assumptions (cont.)

Medical Expense:

- 97.7% of Expense for Medi-Cal, 1.9% for Group Care, 0.4% for Medicare.
- Medical loss ratio is 94.6%, a decrease of 1.9% from Preliminary.
- Lower Medi-Cal enrollment volume contributes to a $43 million reduction in Medical Expenses.
- Community Supports expenditures are projected to be $25.3 million but may increase as DHCS criteria changes.
- FY26 Hospital contracted rates decreased by approximately $1 million from Preliminary.
- The most current information was used to capture changes in Hospital and Provider Rates. However, not all rate changes have been finalized.

Budget Assumptions (cont.)

Staffing:

- Staffing includes 661 full-time equivalent employees by June 30, 2026.
- The Alliance is continuing the soft hiring freeze to appropriately manage staffing as enrollment declines.

Enrollment:

- Medi-Cal enrollment is projected to decrease over FY26. Projected enrollment loss is approximately 41,000 compared to FY25.
- Group Care enrollment will remain relatively flat with only slight increases.
- Medicare enrollment will start January 2026 with gradual ramp up. Enrollment is projected to end at 1,500 members by the end of the calendar year.

FY 2026 Final Budget

Comparison to Preliminary Budget

$ in Thousands	FY 2026 Final Budget				FY 2026 Preliminary Budget				Variance F/(U)			
	Medi-Cal	Group Care	Medicare	Total	Medi-Cal	Group Care	Medicare	Total	Medi-Cal	Group Care	Medicare	Total
Enrollment at Year-End	363,396	6,109	825	370,330	371,349	5,887	826	378,062	(7,953)	222	(1)	(7,732)
Member Months	4,649,177	72,794	3,275	4,725,246	4,688,129	70,644	3,278	4,762,051	(38,952)	2,150	(3)	(36,805)
Premium Revenue	$2,198,856	$39,793	$5,506	$2,244,155	$2,190,393	$38,621	$4,429	$2,233,442	$8,463	$1,172	$1,078	$10,713
MCO Tax Revenue	$751,649	$0	$0	$751,649	$757,414	$0	$0	$757,414	($5,765)	$0	$0	($5,765)
Total Revenue	2,950,505	39,793	5,506	2,995,804	2,947,807	38,621	4,429	2,990,856	2,698	1,172	1,078	4,947
Medical Expense	2,075,395	40,283	7,741	2,123,419	2,106,728	40,342	7,662	2,154,731	31,332	59	(79)	31,312
Gross Margin	875,110	(490)	(2,234)	872,385	841,079	(1,721)	(3,233)	836,125	34,030	1,231	999	36,260
Administrative Expense	117,565	2,377	12,932	132,873	105,392	2,218	16,655	124,265	(12,173)	(159)	3,723	(8,608)
Operating Margin	757,545	(2,867)	(15,167)	739,512	735,687	(3,939)	(19,888)	711,860	21,858	1,072	4,722	27,651
MCO Tax Expense	751,649	0	0	751,649	757,414	0	0	757,414	5,765	0	0	5,765
Other Income / (Expense)	32,492	554	107	33,153	23,364	420	216	24,000	9,128	134	(109)	9,153
Net Income / (Loss)	$38,388	($2,313)	($15,059)	$21,016	$1,637	($3,519)	($19,672)	($21,554)	$36,751	$1,205	$4,613	$42,570
Admin. Expense % of Revenue	5.3%	6.0%	234.9%	5.9%	4.8%	5.7%	376.1%	5.6%	-0.5%	-0.2%		-0.4%
Medical Loss Ratio	94.4%	101.2%	140.6%	94.6%	96.2%	104.5%	173.0%	96.5%	1.8%	3.2%		1.9%
TNE at Year-End				$190,295				$153,583				$36,712
TNE Percent of Required at YE				238%				186%				52%

FY 2026 Final Budget

Department Expenses by Line of Business

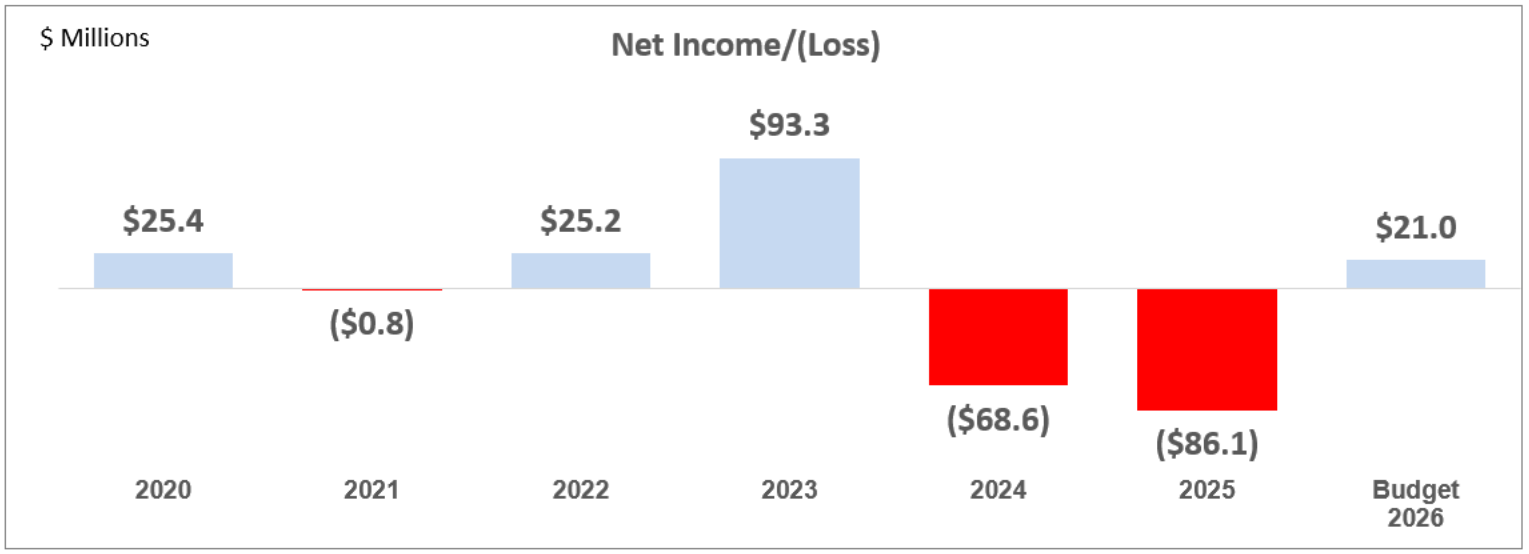
$ In Thousands

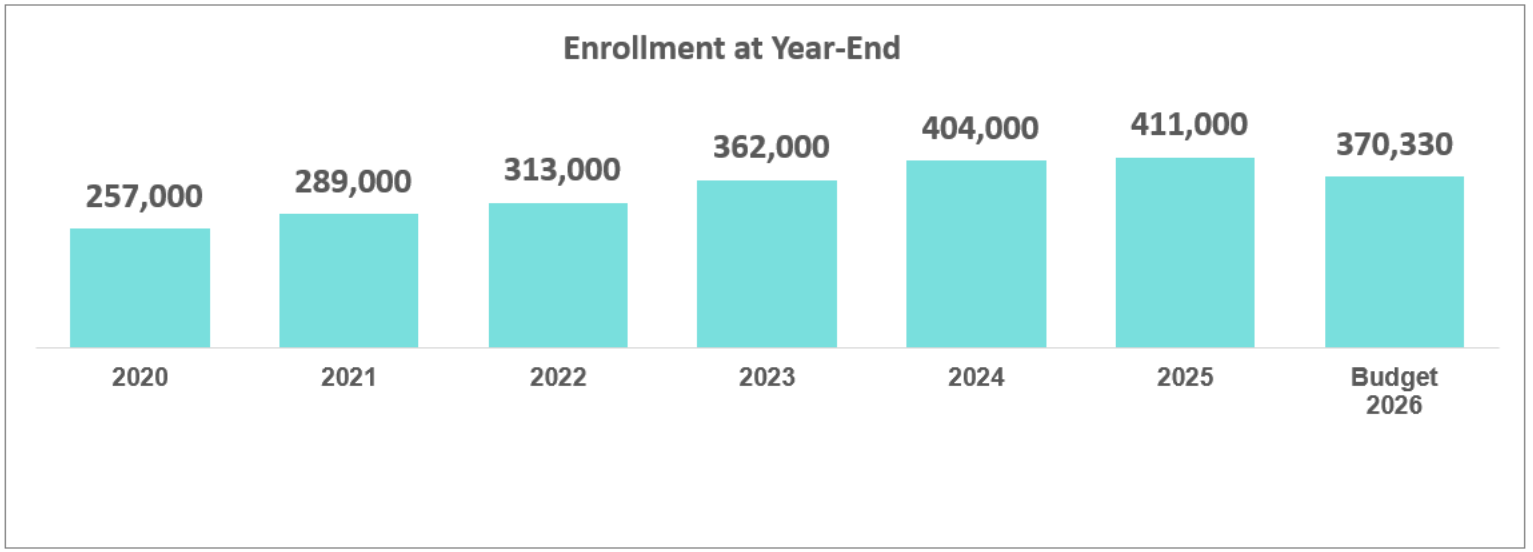
FY 2026 Final	Administrative Departments				Clinical Departments				Total
	Medi-Cal	Group Care	Medicare	Total	Medi-Cal	Group Care	Medicare	Total	
Employee Expense	$74,509	$1,343	$5,464	$81,316	$39,917	$719	$1,235	$41,872	123,188
Member Benefits Admin.	$603	$325	$208	$1,136	($2,237)	$24	$55	($2,157)	(1,021)
Purchased & Prof. Svcs.	$22,626	$371	$6,613	$29,609	$8,504	$906	$187	$9,597	39,207
Other	$19,826	$338	$647	$20,812	$4,550	$81	$25	$4,656	25,468
Total	**$117,565**	**$2,377**	**$12,932**	**$132,873**	**$50,735**	**$1,731**	**$1,502**	**$53,968**	**$186,841**

Variance (Increase/Decrease)	Administrative Departments				Clinical Departments				Total
	Medi-Cal	Group Care	Medicare	Total	Medi-Cal	Group Care	Medicare	Total	
Employee Expense	$11,901	$218	($3,183)	$8,936	$6,524	$119	($1,011)	$5,632	14,569
Member Benefits Admin.	($6)	($33)	($78)	($117)	$19,567	$24	$55	$19,647	19,529
Purchased & Prof. Svcs.	($578)	($10)	($399)	($988)	$191	($222)	($239)	($269)	(1,257)
Other	$856	($16)	($63)	$777	$352	$4	($27)	$329	1,106
Total	**$12,173**	**$159**	**($3,723)**	**$8,608**	**$26,634**	**($74)**	**($1,222)**	**$25,338**	**$33,947**

- The Administrative Department increase is driven by additional staffing, higher than expected employee benefit costs and temp hiring.
- The Clinical department decrease is mainly due to a slower release of reserves from prior year CalAIM and HHIP incentives programs.

Operating Performance: 2020 to 2026





Capital Expenditures

Final Budget is $1.4 million for capitalized purchases.

- Final Budget is unchanged from the Preliminary Budget.
- Total includes $1.3 million for IT hardware and $0.1 million for building improvements.

Staffing: Full-time Employees at Year-end

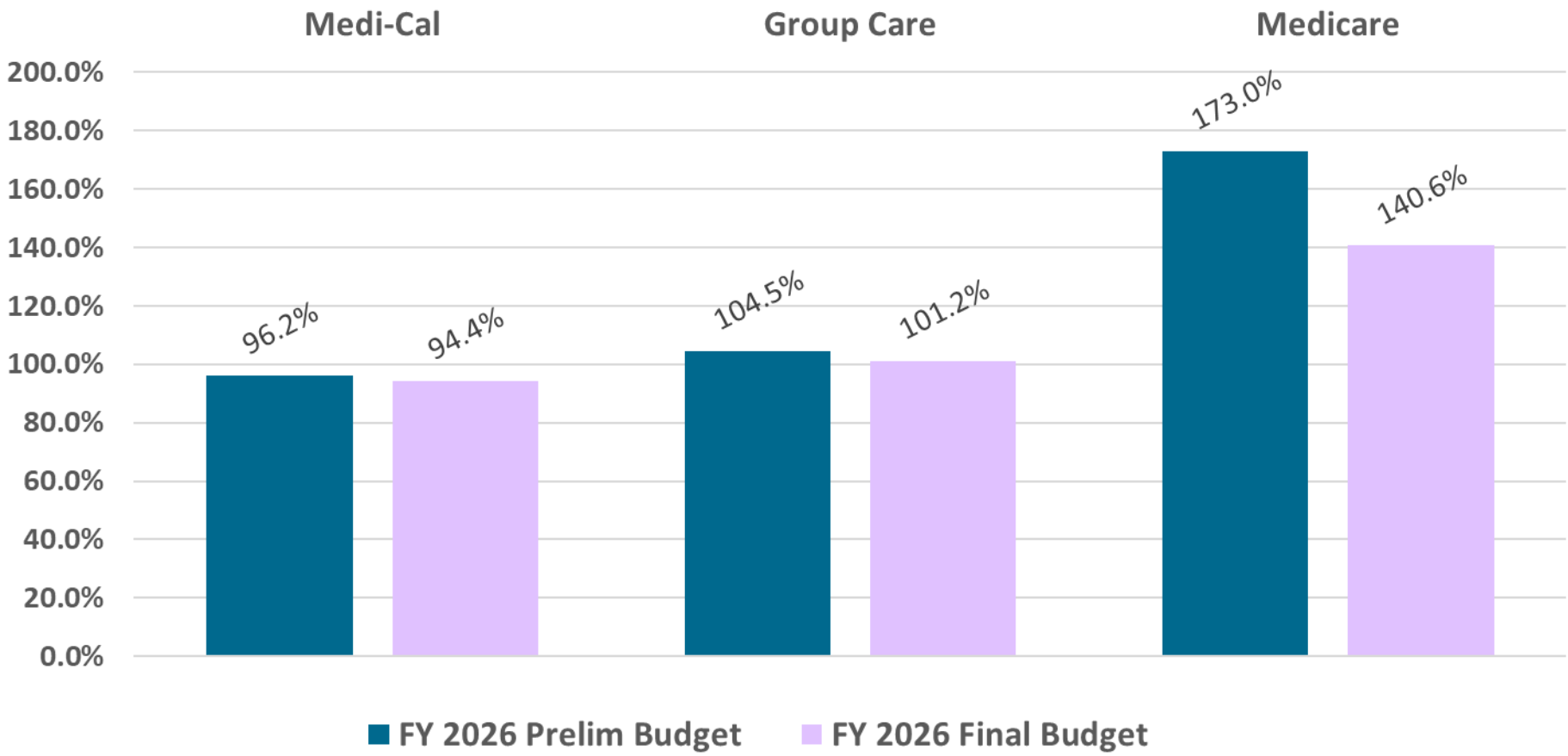
Administrative FTEs and Temps	FY26 Final	FY26 Prelim	Increase/ Decrease
Administrative Vacancy	(105)	(87)	(18)
Operations	5	5	0
Medicare Operations	8	11	(3)
Executive	4	3	1
Accounting & Payroll	16	16	0
Financial Planning & Analysis	19	19	(1)
Healthcare Analytics	23	20	3
Claims	54	54	0
Information Technology	14	15	(1)
IT Infrastructure	7	7	0
Apps Mgmt, IT Quality & Process Impr	23	21	2
IT Development	16	16	0
IT Data Exchange	10	10	0
IT Ops and Quality Apps Mgt	16	16	0
Member Services	121	98	23
Provider Services	43	44	(1)
Credentialing	11	9	2
Health Plan Operations	1	1	0
Human Resources	12	12	0
Vendor Management	9	10	(1)
Legal Services	2	4	(2)
Facilities & Support Services	8	8	0
Marketing & Communication	12	14	(2)
Privacy and SIU	17	18	(1)
Regulatory Affairs & Compliance	13	14	(1)
Risk Mgmt. & Operations Oversite	3	2	1
Grievance and Appeals	37	32	5
Integrated Planning	24	24	0
State Directed & Special Programs	4	5	(1)
Workforce Development	9	9	0
Health Equity	4	3	1
Total Administrative FTEs	**440**	**433**	**7**

Clinical FTEs and Temps	FY26 Final	FY26 Prelim	Increase/ Decrease
Clinical Vacancy	(44)	(47)	3
Quality Analytics	5	6	(1)
Long-Term services and Supports	30	31	(1)
Utilization Management	72	72	0
Case/Disease Management	64	65	(1)
Medical Services	8	8	0
Quality Management	48	49	(1)
HCS Behavioral Health	28	28	0
Pharmacy Services	10	10	0
Total Clinical FTEs	**221**	**222**	**(1)**

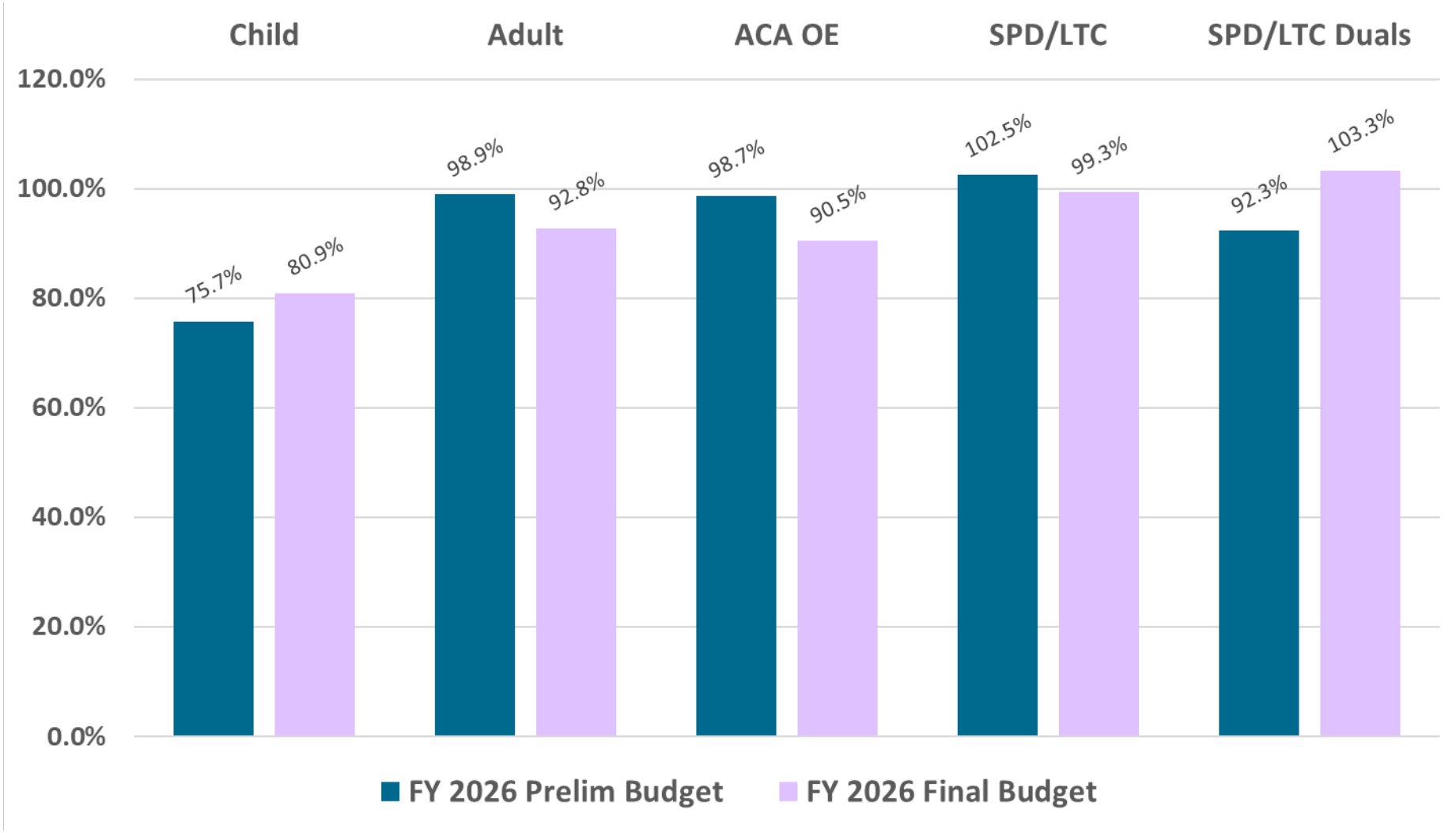
Total FTEs	**661**	**655**	**6**

**FTE = Full-Time Equivalent Personnel working approximately 2,080 hours per year. Includes Temporary Employees.*

Medical Loss Ratio by Line of Business



Medi-Cal Loss Ratio by Category of Aid



ALAMEDA Alliance FOR HEALTH

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Strategic Plan Overview

Strategic Plan Overview

Presented by El Cambio Consulting

Board of Governors, December 2025

Discussion Topics

- Review of planning activities, Board role/impact
- Overview of 2026-28 guiding principles, priorities and 2026 areas of focus
- Board input and guidance on Board updates and monitoring expectations for CEO
- January 2026 Board Retreat topics
  - BOG Report.

2025 Strategic Planning Activities

- Board of Governors' Annual Retreat (January 2025)
- Individual Interviews with Board of Governors (with detailed written summary)
- Two Board Strategic Planning Committee Meetings
- Two Board of Governor Meeting Progress Updates
- 6 Community Stakeholder Interviews (with detailed written summary)
- Community Health Center Network (CHCN) Focus Group Discussion (written summary)
- 4+ Executive Leadership Team Planning Sessions
- Executive Leadership Team Enterprise Metric and 2026 Tactics Development

Next Steps…

- December Board Presentation and Discussion (TODAY)
- January 2026 Plan Presentation for Board Approval AND Deep Dive Discussions on 2026 Approach (Board Retreat)

Alameda Alliance for Health
Organizational Strategic Plan: 2026 – 2028

(updated 10/29/25)

Mission, Vision, Values and Guiding Principles

Overview

Alameda Alliance for Health (Alliance) is a local health plan committed to making high quality health care services accessible and affordable for vulnerable populations throughout Alameda County. Established in January 1996 by the Alameda County Board of Supervisors, the Alliance serves 1 out of every 4 county residents. The Alliance Board of Governors, staff, and provider network are proud to reflect the county's cultural and linguistic diversity. Through its Medi-Cal and Group Care programs, the Alliance provides health care coverage to more than 400,000 children and adults, and in January 2026, will begin serving members through its Medicare Advantage Dual Eligible Special Needs Plan (D-SNP).

Our Mission

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

Our Vision

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

Our Values

Teamwork

Respect

Accountability

Commitment & Compassion

Knowledge & Innovation

Our 2026-28 Strategic Plan Guiding Principles

1. Maintain a first order focus on fulfilling core responsibilities for members and ensuring organizational stability in tumultuous times
2. Prioritize cost effective, efficient and high-performing operations
3. Leverage community and network partner strengths to meet our shared goals
4. Be a visible and engaged Alameda community partner
5. Maintain flexibility and adaptability in uncertain times
6. Use crisis as an opportunity for creativity and innovation

Alameda Alliance for Health
Organizational Strategic Plan: 2026 – 2028

Strategic Plan Definitions

- **Priorities.** Major areas or categories of organizational focus

- **Goals.** *What* the organization seeks to achieve by 2028. Set the direction and purpose for strategic activities and serve as 'north stars' for decision-making, resource allocation and performance measurement.

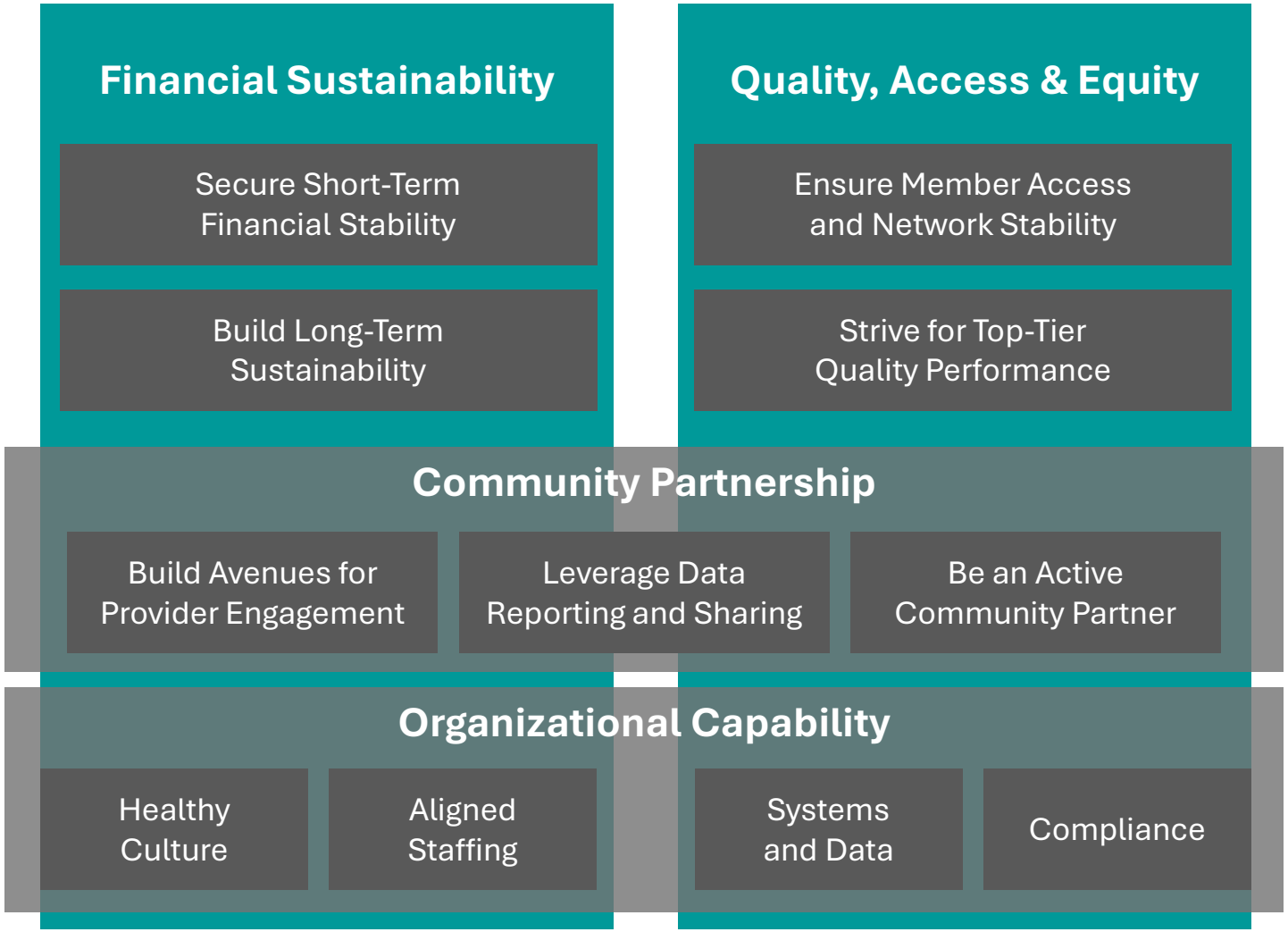
- **Strategies.** *How* the organization will advance/achieve Goals. High level directional (not operational) approaches or methods to advance Goals. Serve as the basis for specific tactics or activities

- **Enterprise Metrics.** Organization-wide outcomes that indicate if the organization has been successful in achieving strategic plan Goals

- **2026 Tactics.** Proposed activities or milestones to be enacted in the first year of the strategic plan. Will be translated into departmental goals and annual operational workplans.

Alameda Alliance for Health
Organizational Strategic Plan: 2026 – 2028

3-Year Priorities and Goals



Alameda Alliance for Health
Organizational Strategic Plan: 2026 – 2028

Priority in Focus

Financial Sustainability

Description

In response to state/federal reductions, the near-term focus will be on ensuring short-term financial stability. This includes optimizing the operational efficiency of internal functions, addressing cost outliers, identifying and preventing fraud, waste and abuse and proactively engaging state agencies. To build toward long-term sustainability, the Alliance will outline a multi-year sustainability roadmap, deepen internal monitoring of line of business and function financial performance, prioritize successful performance and growth of the Dual Special Needs plan, and when appropriate, evaluate potential new lines of business, such as Medicare Advantage.

Enterprise Metrics

- Minimum 350% Tangible Net Equity
- 1% Operating Margin / Net Profit Margin
- Positive Cash Flow from Operations
- Positive Medi-Cal and D-SNP Net Margins

Goals

Secure Short-Term Financial Stability

Build Long-Term Sustainability

Strategies

- Increase **operational efficiency** of core Alliance functions
- Strengthen/Adapt **network management** and contracting
- **Educate/Engage state agencies** to enable health plan success
- Manage **Line of Business sustainability** and evaluate **diversification** options
- Sustainably implement and scale the **Dual Special Needs Plan**
- Implement a multi-year financial **sustainability roadmap**

2026 Tactics

- ✓ Define and meet focused set of internal cost efficiency targets for core Alliance functions
- ✓ Utilize a “priority metric” dashboard tracking key financial, internal cost-effectiveness, enrollment and line of business measures
- ✓ Present a 1-year financial stability plan and 3-year outlook for Board approval
- ✓ Launch DSNP and develop a 3-year consumer channel/sustainability strategy and roadmap
- ✓ Complete a Medicare Advantage proforma

Alameda Alliance for Health
Organizational Strategic Plan: 2026 – 2028

Priority in Focus

Quality, Access and Equity

Description

Adequate member access is a core health plan responsibility and essential foundation for quality. The Alliance will target access strategies to key areas, such as primary care, urgent care, mental health and geographic specialty disparities with activities that support existing network providers, expand the network, and leverage telehealth/technology solutions. To elevate quality outcomes, the Alliance will expand the use of benchmarks and reporting to promote improved health outcomes, explicitly align investments/ incentives with quality metrics advance internal initiatives and medical management functions to optimize health outcomes.

Enterprise Metrics

- All Medi-Cal Accountability Set (MCAS) measures above Minimum Performance Level
- >3.5 Stars in Dual Special Needs Plan
- Member net promoter score > 60
- 60% of assigned Medi-Cal / D-SNP members with annual visit

Goals

Ensure Member Access and Network Stability

Strive for Top-Tier Quality Performance

Strategies

- **Support and expand provider networks** to ensure member access to core benefits
- Leverage **telehealth / technology** solutions to increase access
- Elevate use of **provider quality / access benchmarks, monitoring** and **aligned incentives/grant investments** to support performance
- Target **internal quality** and **health disparity initiatives** to increase MCAS/HEDIS quality outcomes
- Strengthen Alliance **medical management** and **transitions of care** functions

2026 Tactics

- ✓ Establish network provider quality and access dashboards
- ✓ Implement internal disease management program dashboards
- ✓ Make Board recommendations to explicitly align equity, incentives and grant programs with quality/access goals
- ✓ Explore new opportunities to increase Medicare network through contracts with multi-specialty provider partners.
- ✓ Transitions of care - Decrease stays with improved transitions

Alameda Alliance for Health
Organizational Strategic Plan: 2026 – 2028

Priority in Focus

Community Partnership

Description

To deepen alignment and coordination with community and network partners in a time of great change and uncertainty, the Alliance will establish regular and structured meeting forums with network partners, will take ownership of educating network partners and preparing together for upcoming Medi-Cal changes, and wherever possible will leverage the use of Alliance data on membership, access and health outcomes/conditions to inform community health efforts.

Enterprise Metrics

- Board and community partner ratings of plan communication and transparency
- Community Medi-Cal enrollment outcomes
- Quality, Access and Equity metrics

Goals

- Build Avenues for Provider Engagement
- Leverage Data Reporting and Sharing
- Be an Active Community Partner

Strategies

- Establish **structured ongoing forums with network partners** to communicate and coordinate on shared lines of business
- **Convene stakeholders** to understand and plan for **Medi-Cal program changes**
- Build **formalized external communication** mechanisms to providers and stakeholders
- **Share data / reports** to inform community planning and spur improved community access and quality outcomes

2026 Tactics

- ✓ Convene stakeholder meetings to project impact and prepare for Medi-Cal changes
- ✓ Conduct standing quarterly leadership meetings with key network partners
- ✓ Initiate a bi-monthly Provider Roundtable to facilitate provider updates and communication
- ✓ Institute formal newsletter updates for Board and network partners
- ✓ Establish a public facing Medi-Cal and D-SNP dashboard by end of calendar year

Alameda Alliance for Health
Organizational Strategic Plan: 2026 – 2028

Priority in Focus

Organizational Capability

Description

Several foundational element are essential to advancing Alliance goals, including a healthy and motivated organizational culture, staffing and internal expertise that is aligned to Alliance business needs, automated operations and high-performing data exchange/reporting, and sophisticated compliance systems and practices. The Alliance will advance the below goals in support of our broader mission and sustainability goals for the next three years.

Enterprise Metrics

- 80% staff satisfaction ratings
- 85% annual staff retention rates
- 90% audit compliance
- Inventory manual operations and automate 60%
- Functioning central data exchange and governance framework in place

Goals

- Healthy Culture
- Aligned Staffing
- Systems and Data
- Compliance

Strategies

- Reinforce a **staff culture** of respect, integrity, communication and accountability
- Develop a wider pool of **internal staff leaders** to represent the plan internally and externally
- Align staffing and skillsets with **future business needs**
- Implement a multi-year **IT roadmap** to support member/provider experience, data/reporting goals, line of business expansion, and internal efficiency
- Adapt **compliance/risk infrastructure** to meet expanded responsibilities and business needs

2026 Tactics

- ✓ Launch an Alliance values and culture campaign
- ✓ Establish strategic plan-aligned departmental goals with accompanying monitoring
- ✓ Initiate a new leaders mentoring and support program
- ✓ Complete an organization-wide staffing assessment
- ✓ Automate 90% of call center, HCS and IT service desk workflows
- ✓ Complete all required D-SNP/Medicare policies and processes
- ✓ Complete CMS interoperability mandates and provider single source of truth implementation

Alameda Alliance for Health
Organizational Strategic Plan: 2026 – 2028

2026 Strategic Focus	*Related Tactics*
Financial Sustainability • Near-term financial stability and performance with aligned metrics and dashboard tracking • D-SNP launch and management • Multi-year financial outlook and planning	✓ Define and meet focused set of internal cost efficiency targets for core Alliance functions ✓ Utilize a "priority metric" dashboard tracking key financial, internal cost-effectiveness, enrollment and line of business measures ✓ Present a 1-year financial stability plan and 3-year outlook for Board approval ✓ Launch DSNP and develop a 3-year consumer channel/sustainability strategy and roadmap ✓ Complete a Medicare Advantage proforma
Quality, Access and Equity • Provider network and internal quality/access performance focus with aligned tracking and accountability • Medicare network development • Transitions of care performance	✓ Establish network provider quality and access dashboards ✓ Implement internal disease management program dashboards ✓ Make Board recommendations to explicitly align equity, incentives and grant programs with quality/access goals ✓ Explore new opportunities to increase Medicare network through contracts with multi-specialty provider partners ✓ Transitions of care - Decrease stays with improved transitions
Community Partnership • Deliberate network/stakeholder partnership to understand and plan for Medi-Cal changes • New structured mechanisms to engage and update key network and community partners	✓ Convene stakeholder meetings to project impact and prepare for Medi-Cal changes ✓ Conduct standing quarterly leadership meetings with key network partners ✓ Initiate a bi-monthly Provider Roundtable to facilitate provider updates and communication ✓ Institute formal newsletter updates for Board and network partners ✓ Establish a public facing Medi-Cal and D-SNP dashboard by end of calendar year
Organizational Capability • Level up automation, core systems and Medicare readiness • Workforce focus on culture, aligned goals and leadership support • Organization-wide staffing assessment and planning	✓ Launch an Alliance values and culture campaign ✓ Establish strategic plan-aligned departmental goals with accompanying monitoring ✓ Initiate a new leaders mentoring and support program ✓ Complete an organization-wide staffing assessment ✓ Automate 90% of call center, HCS and IT service desk workflows ✓ Complete all required D-SNP/Medicare policies and processes ✓ Complete CMS interoperability mandates and provider single source of truth implementation

January 2026 Board Retreat Topics

- Seek Board Approval of the Plan
- Present a proposed Board reporting/monitoring structure and cadence
- Executive Leaders Describe 2026 Focus and Tactics
- Board Input and Guidance on Implementation
  - **D-SNP Success Drivers** (Stars, Risk Adjustment and Population Health)
  - **Access and Quality 2026 Tactics** (Maximizing Existing Network, Leveraging Technology, Launching Plan and Network Dashboards)
  - **Community Partnership 2026 Approach** (Plan Participation in Cross Agency Forums, Information Sharing and Structured Stakeholder Communication)
  - **Building Financial Strength** (Ensuring Near-Term Stability, Projections and Planning for Future)

ALAMEDA Alliance FOR HEALTH

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

Finance

Gil Riojas

To: **Alameda Alliance for Health, Board of Governors**

From: **Gil Riojas, Chief Financial Officer**

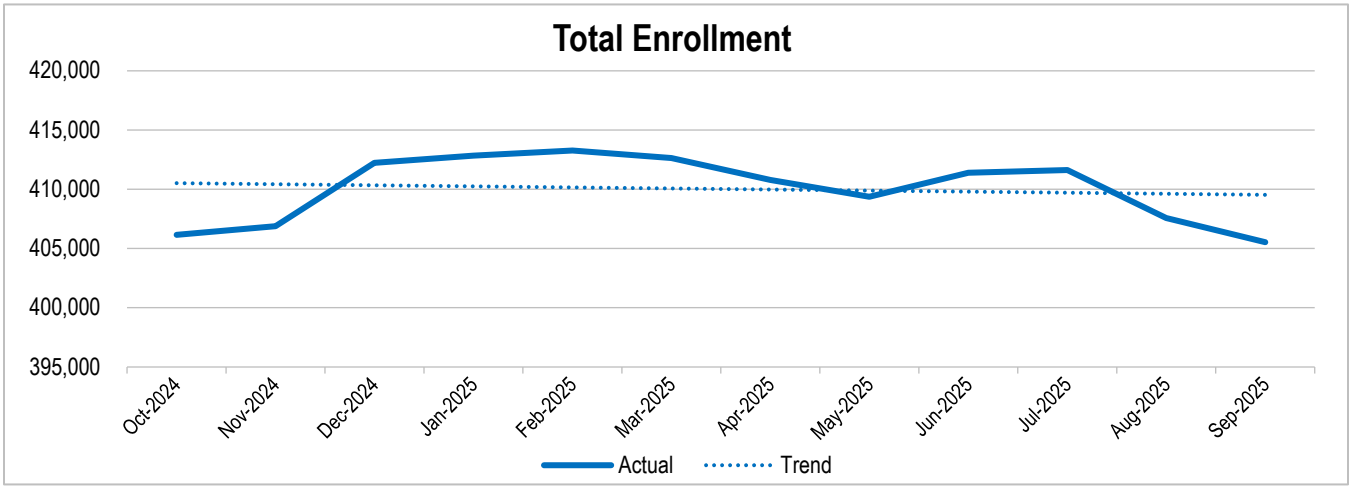
Date: **December 12th, 2025**

Subject: **Finance Report – September 2025 Financials**

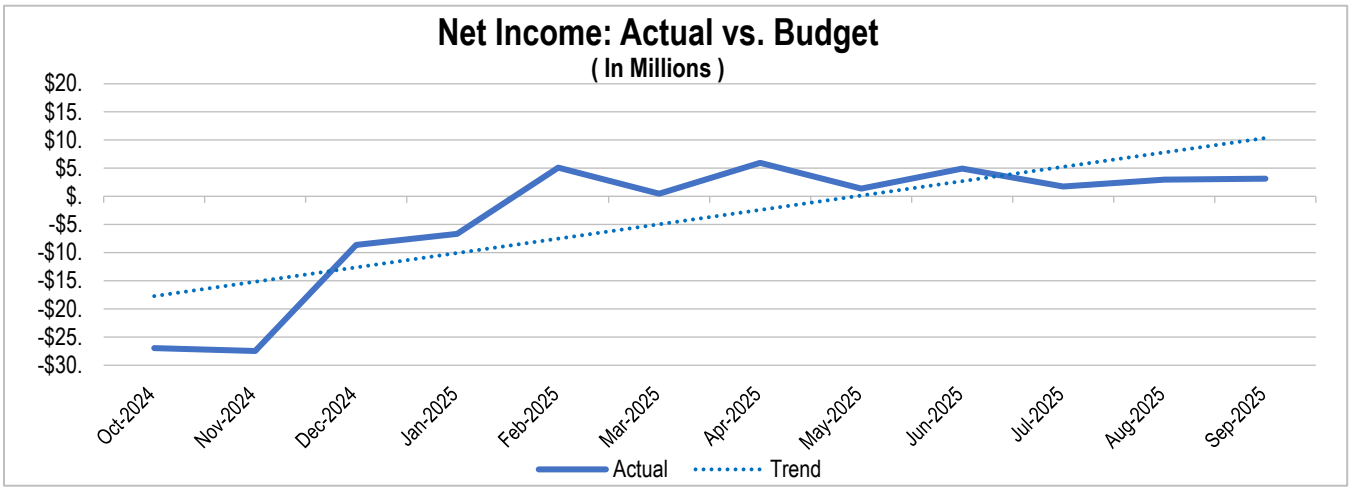
Executive Summary

For the month of September, the Alliance decreased in enrollment, down slightly to 405,537 members. Net Income of $3.1 million was reported, and the Plan's Medical Expenses represented 94.6% of Premium Revenue. Alliance reserves increased slightly to 219% of required and continue to remain above minimum requirements.

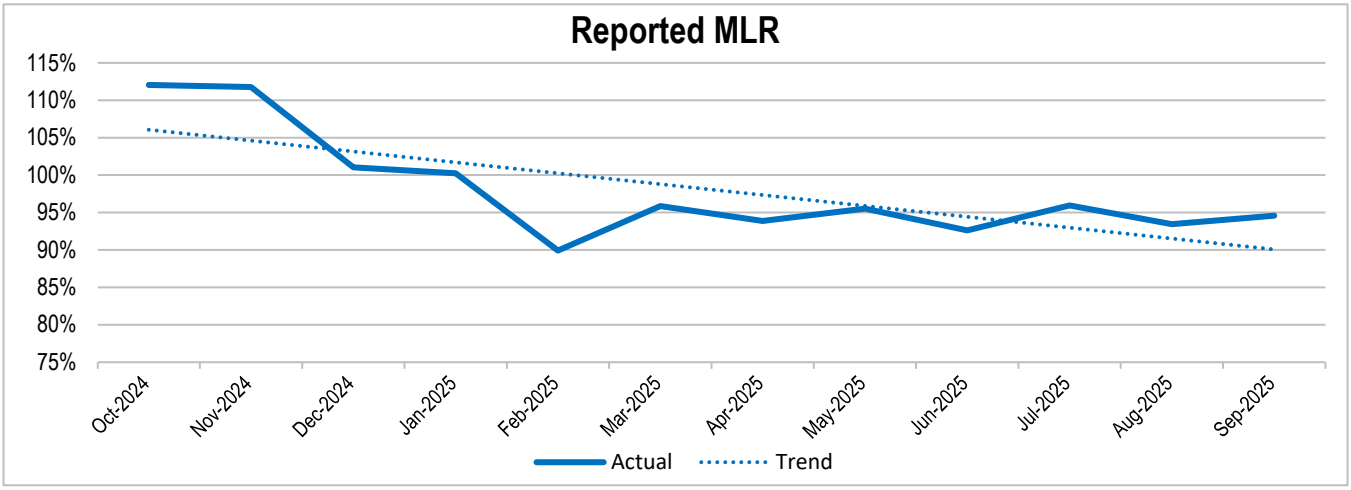
Enrollment – In September, Enrollment decreased by 2,024 members.



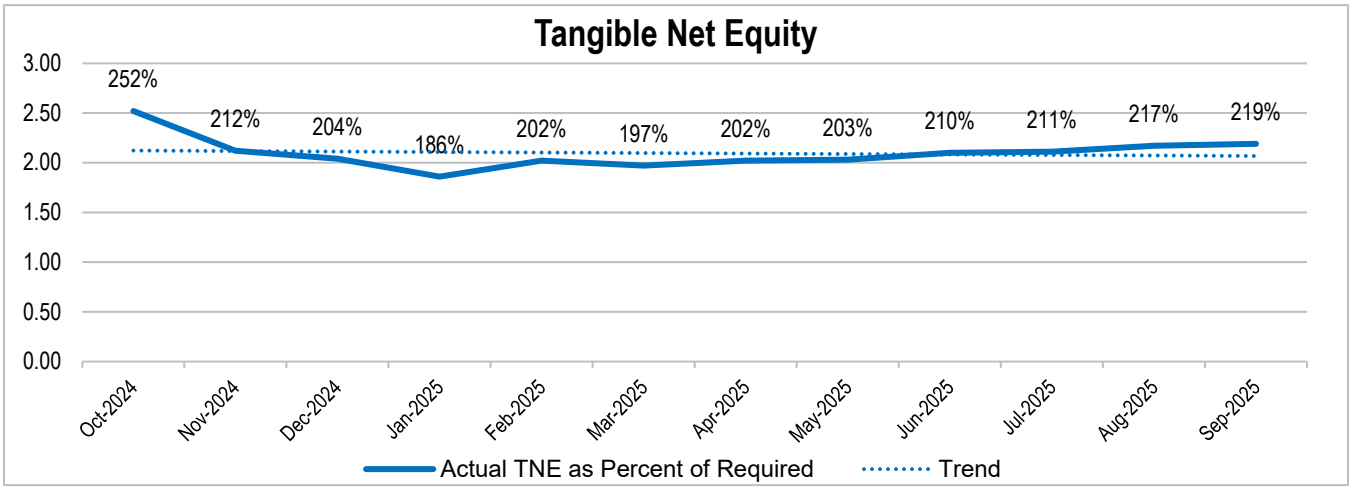
Net Income – For the month ended September, actual Net Income was $3.1 million vs. budgeted Net Income of $3.2 million. For the fiscal YTD, actual Net Income was $7.8 million vs. budgeted Net Income of $9.8 million. For the month, Premium Revenue was favorable to budget, actual Revenue was $188.0 million vs. budgeted Revenue of $186.4 million. Premium Revenue favorable variance of $1.6 million is primarily due to retroactive member months and volume variance for the current month.



Medical Loss Ratio (MLR) – The Medical Loss Ratio was 94.6% for the month, and 94.7% for fiscal YTD. The major unfavorable variances were Other Benefits & Services and Long Term Care Expense. The major favorable variance was Inpatient Hospital Expense.



Tangible Net Equity (TNE) - The Department of Managed Health Care (DMHC) required $80.7 million in reserves, we reported $177.1 million. Our overall TNE remains above DMHC requirements at 219%.



The Alliance continues to benefit from increased non-operating income. For Fiscal year-to-date, investments show a gain of $7.5 million and capital assets acquired are $0.

To: **Alameda Alliance for Health Board of Governors**

From: **Gil Riojas, Chief Financial Officer**

Date: **December 12th, 2025**

Subject: **Finance Report – September 2025**

Executive Summary

- For the month ended September 30th, 2025, the Alliance had enrollment of 405,537 members, a Net Income of $3.1 million and 219% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$317,678	$764,413
Medical Expense	177,809	538,683
Admin. Expense	9,321	30,078
MCO Tax Expense	129,668	195,380
Other Inc. / (Exp.)	2,248	7,534
Net Income	**$3,128**	**$7,806**

Net Income by Program: (in Thousands)

	Month	YTD
Medi-Cal	$4,001	$10,123
Group Care	187	(30)
Medicare	(1,060)	(2,287)
	$3,128	**$7,806**

Enrollment

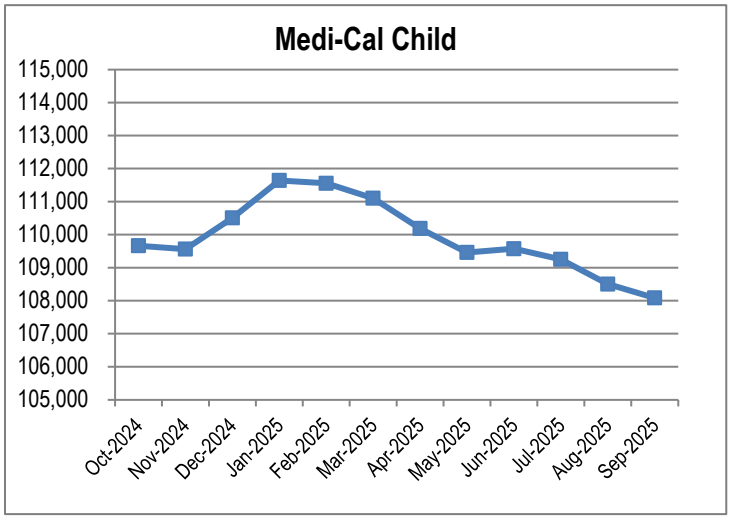
- Total enrollment decreased by 2,024 members since August 2025.
- Total enrollment decreased by 5,846 members since June 2025.

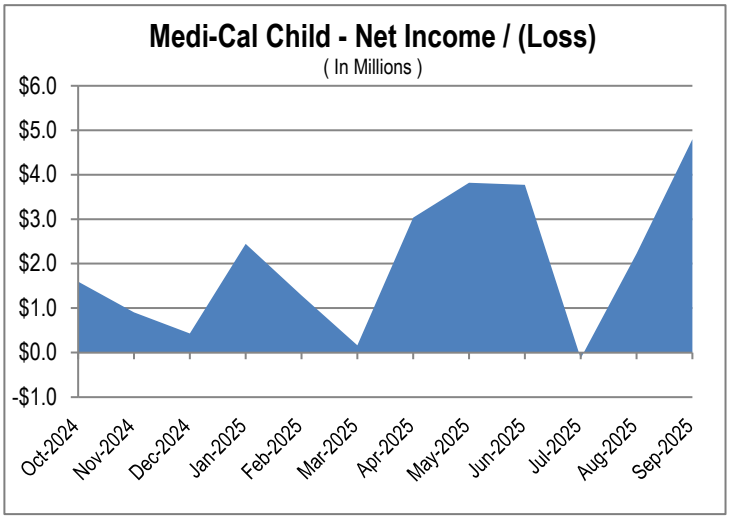
Monthly Membership and YTD Member Months
Actual vs. Budget

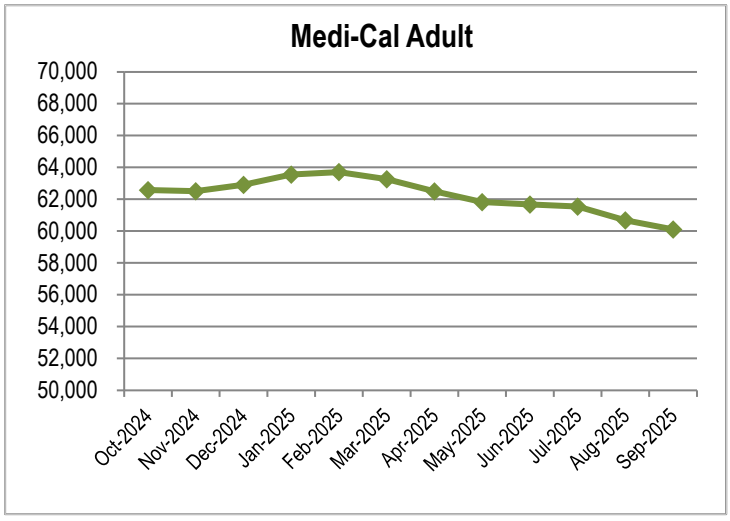
Enrollment					Member Months			
Current Month					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
108,083	108,365	(282)	(0.3%)	Child	325,837	325,807	30	0.0%
60,106	61,240	(1,134)	(1.9%)	Adult	182,321	183,993	(1,672)	(0.9%)
152,196	152,734	(538)	(0.4%)	ACA OE	461,077	459,076	2,001	0.4%
29,708	29,217	491	1.7%	SPD with LTC*	89,227	87,828	1,399	1.6%
49,390	48,445	945	2.0%	Duals with LTC*	148,270	145,698	2,572	1.8%
399,483	**400,001**	**(518)**	**(0.1%)**	**Medi-Cal Total**	**1,206,732**	**1,202,402**	**4,330**	**0.4%**
6,054	5,887	167	2.8%	Group Care	17,985	17,661	324	1.8%
405,537	**405,888**	**(351)**	**(0.1%)**	**Total**	**1,224,717**	**1,220,063**	**4,654**	**0.4%**

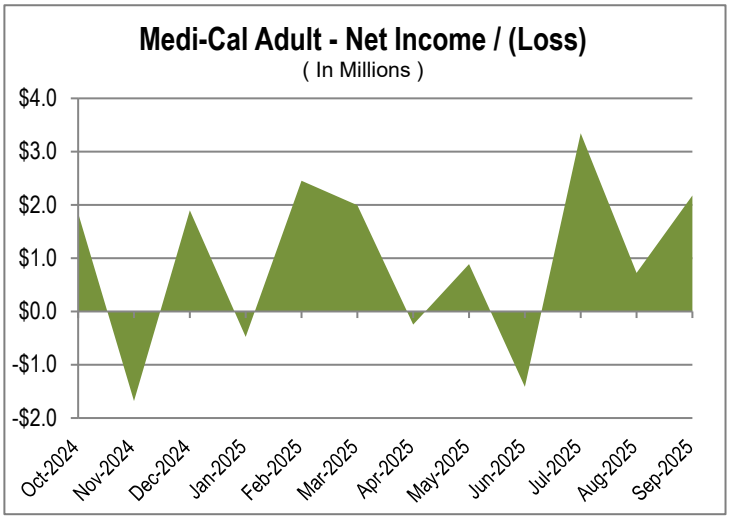
*As of January 2025, service month, "SPD", "Duals", "LTC", and "LTC Duals" have been discontinued. Effective January 2025 service month new consolidated groupings are "SPD with LTC" and "Duals with LTC".

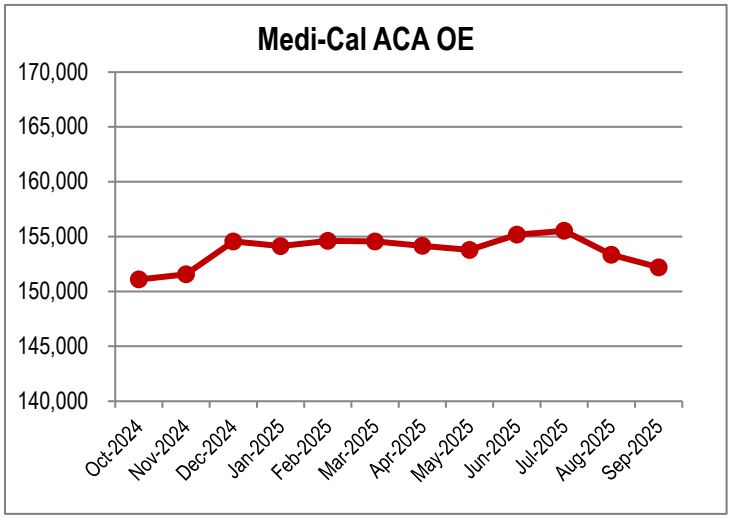
Enrollment and Profitability by Program and Category of Aid

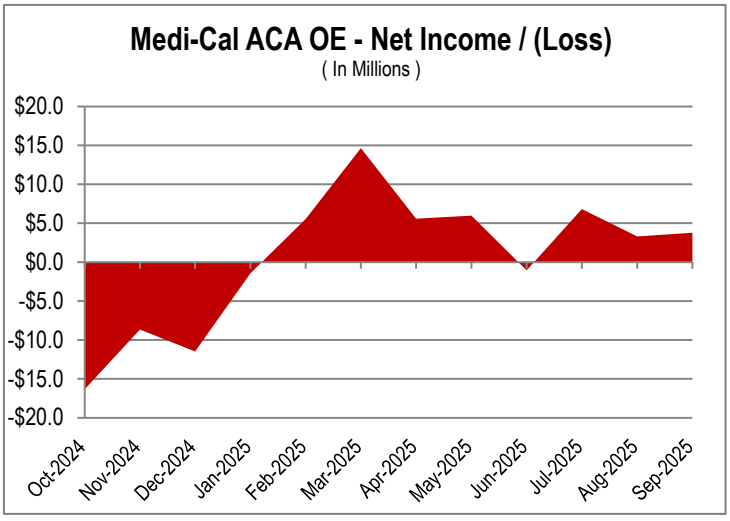




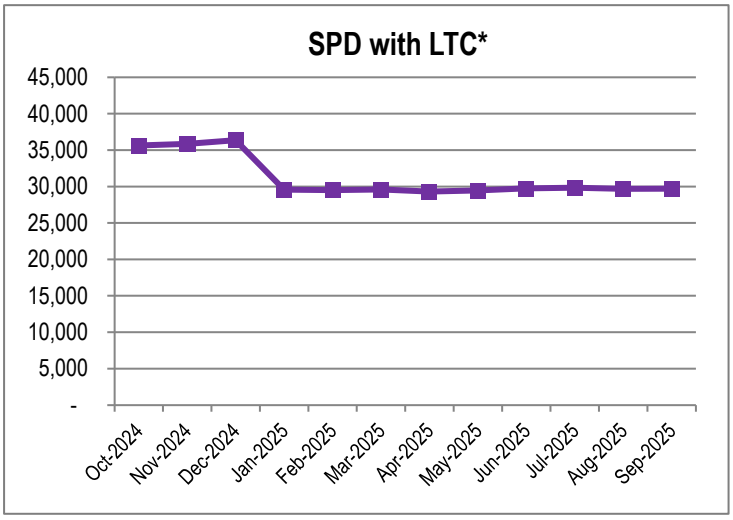


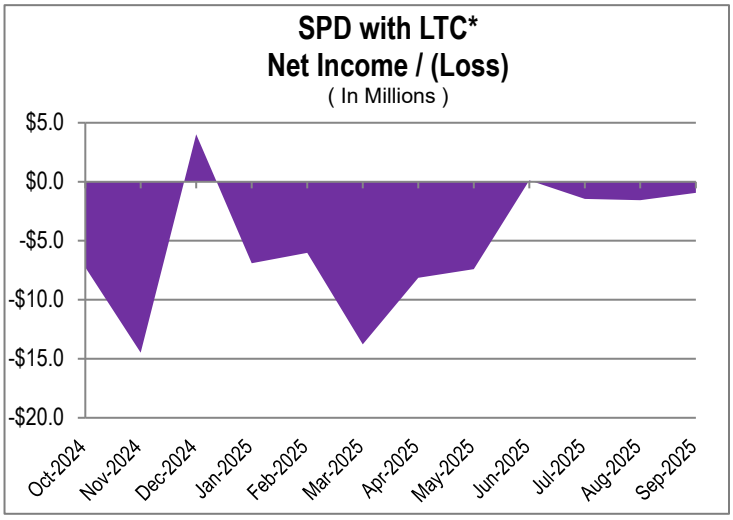


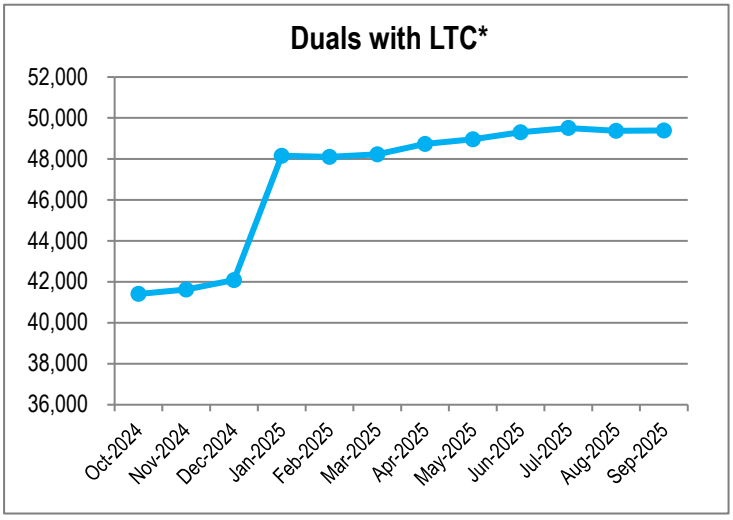


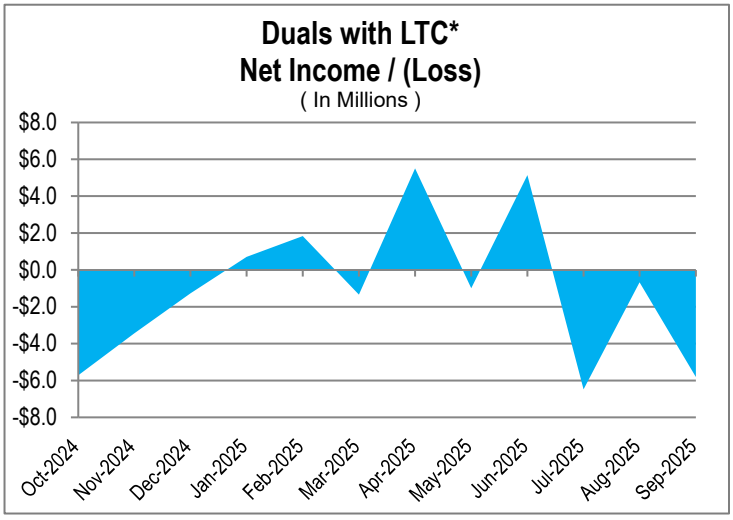


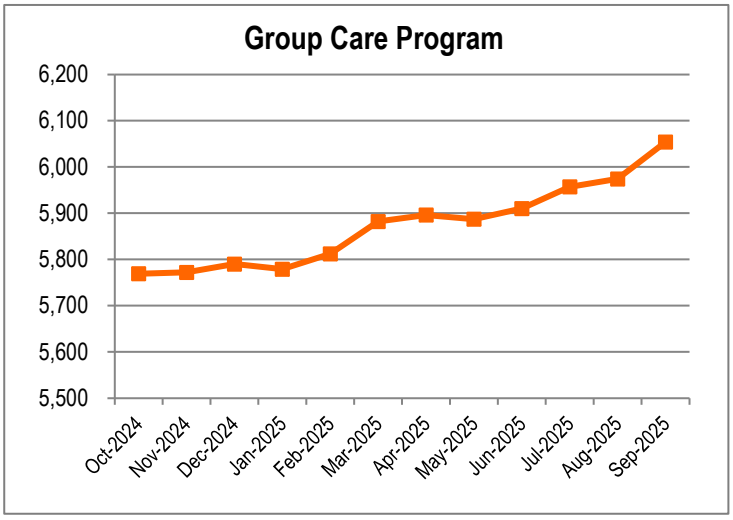
Enrollment and Profitability by Program and Category of Aid

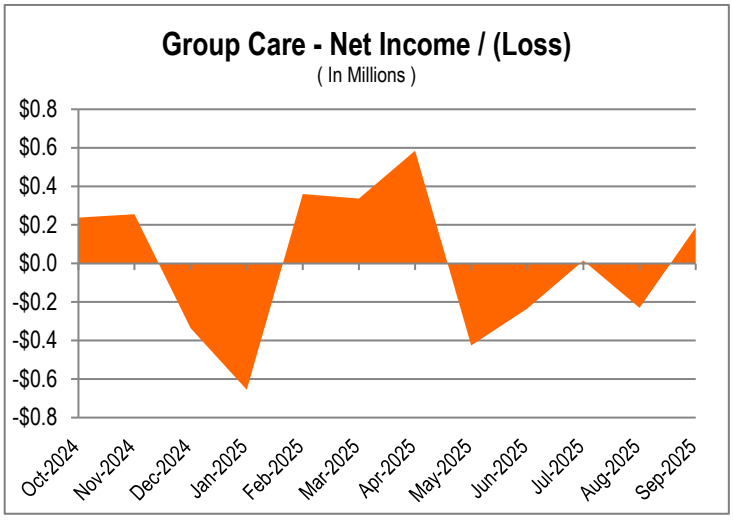




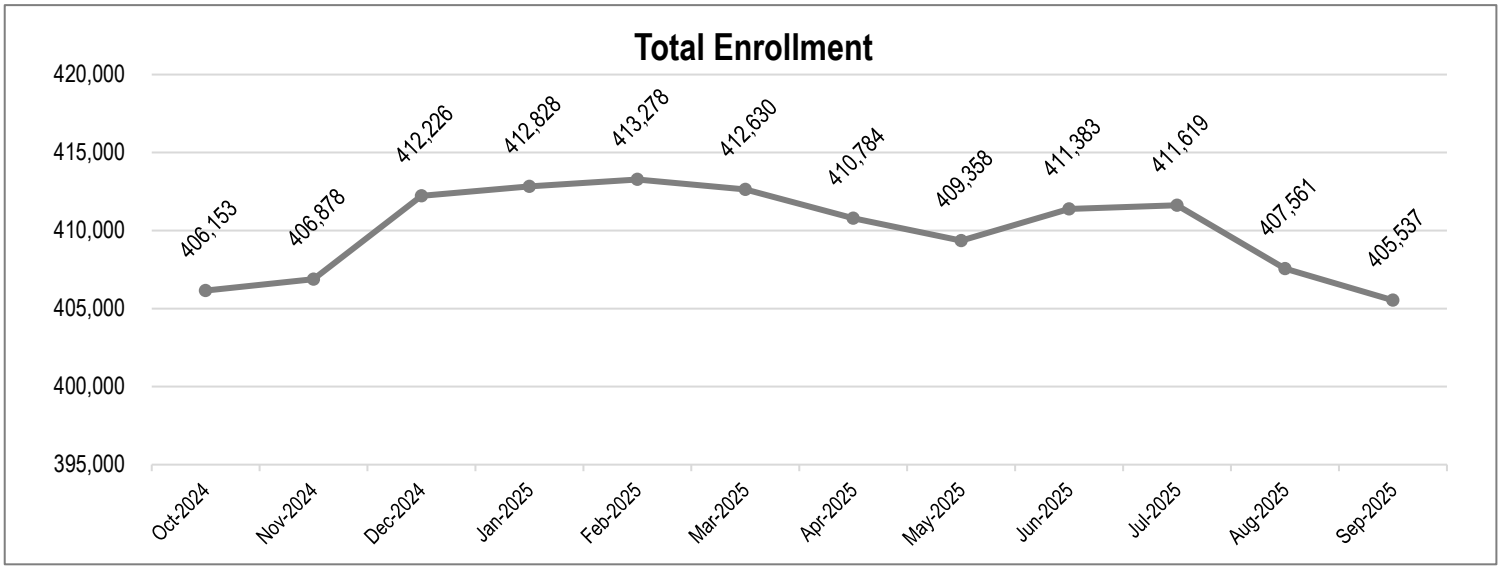


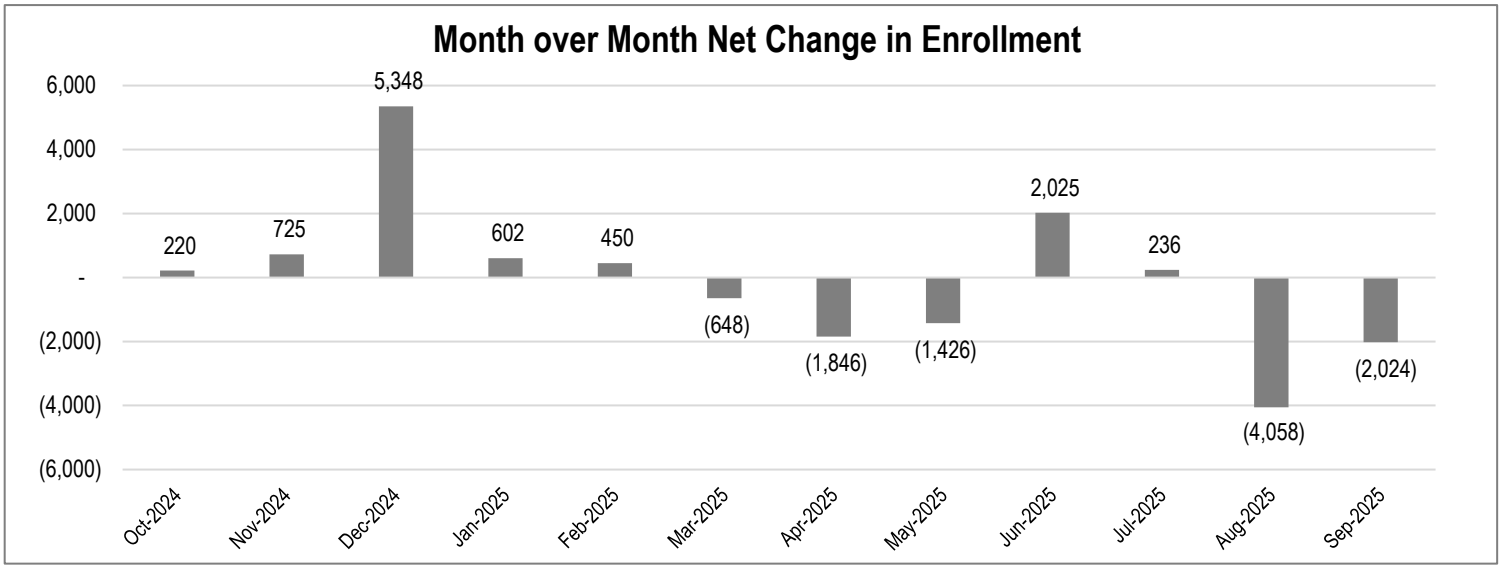






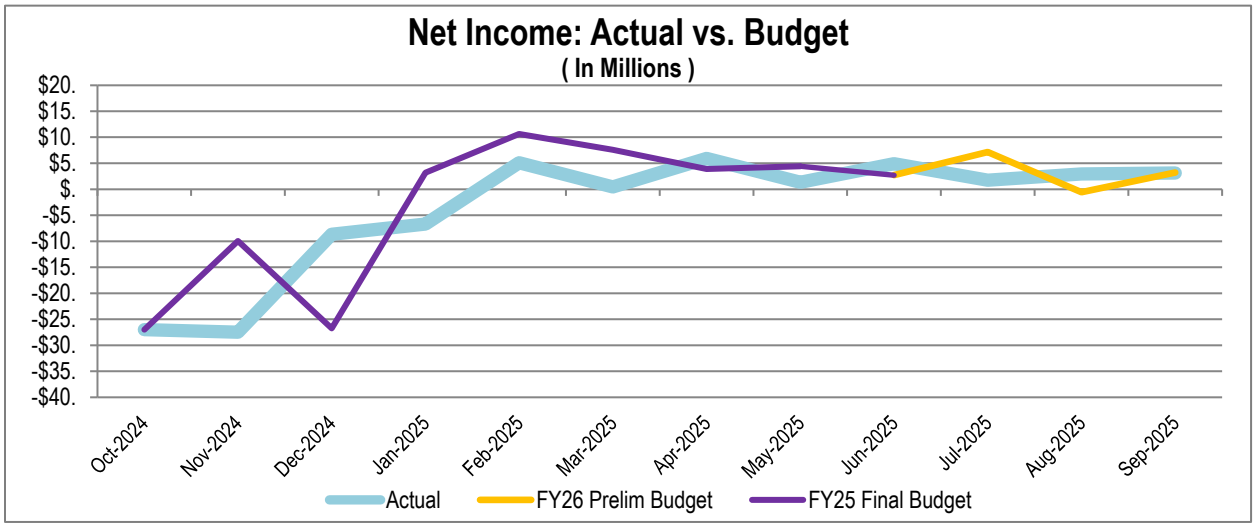
Enrollment and Profitability by Program and Category of Aid





Net Income

- For the month ended September 30th, 2025:
  - Actual Net Income: $3.1 million.
  - Budgeted Net Income: $3.2 million.
- For the fiscal YTD ended September 30th, 2025:
  - Actual Net Income $7.8 million.
  - Budgeted Net Income $9.8 million.

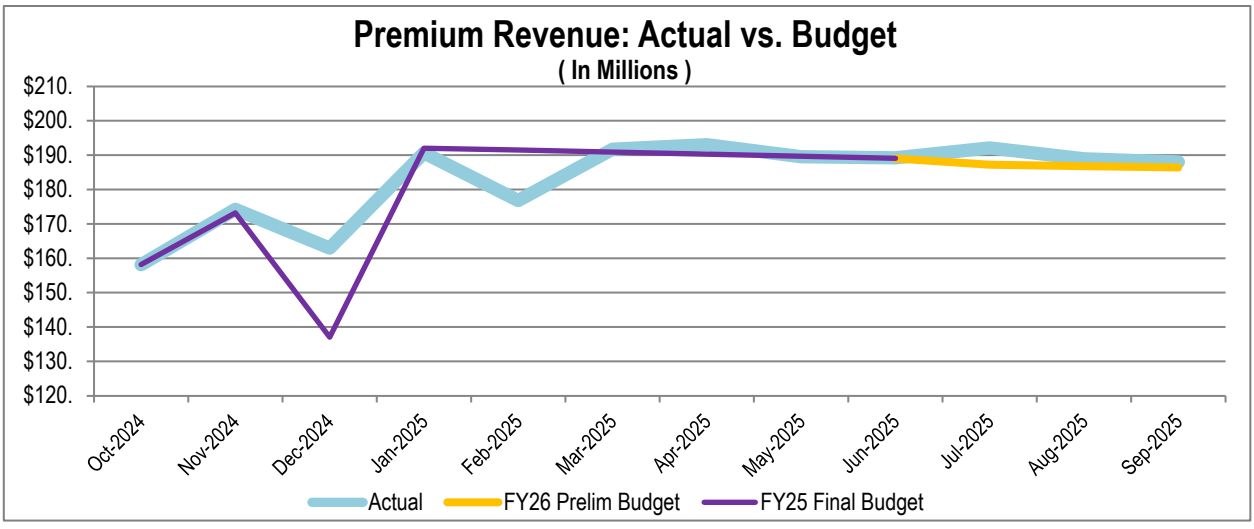


The unfavorable variance of $84,000 in the current month is primarily due to:

- Unfavorable $2.8 million higher than anticipated Medical Expense.
- Favorable $1.6 million higher than anticipated Premium Revenue.
- Favorable $900,000 Administrative Expense.

Premium Revenue

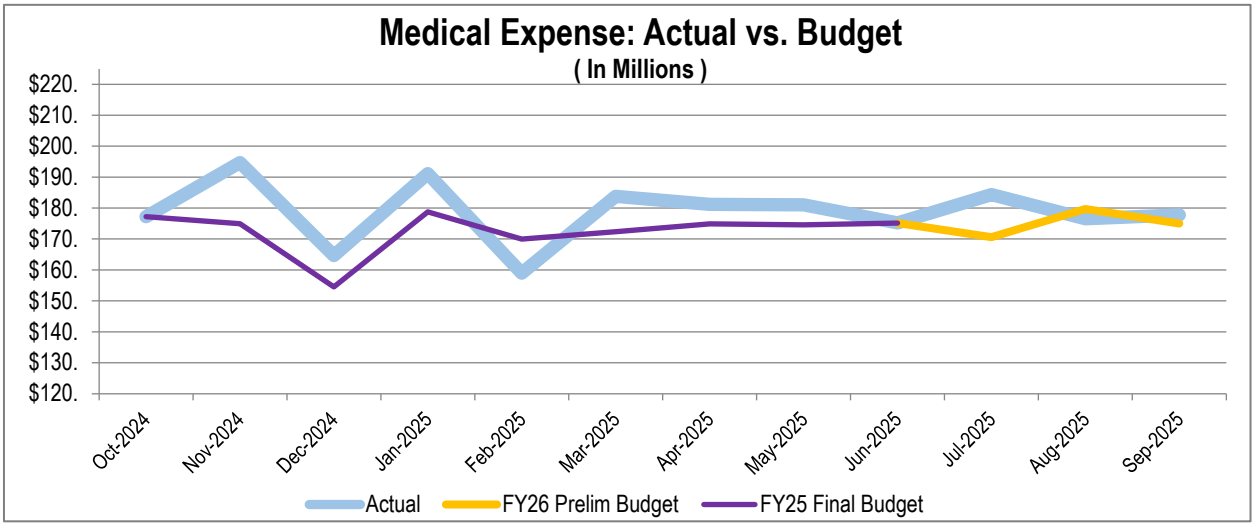
- For the month YTD ended September 30th, 2025:
  - Actual Revenue: $188.0 million.
  - Budgeted Revenue: $186.4 million.
- For the fiscal YTD ended September 30th, 2025:
  - Actual Revenue: $569.0 million.
  - Budgeted Revenue: $560.4 million.



- For the month ended September 30th, 2025, the favorable Premium Revenue variance of $1.6 million is primarily due to favorable volume variance of $1.1 million.

Medical Expense

- For the month ended September 30th, 2025:
  - Actual Medical Expense: $177.8 million.
  - Budgeted Medical Expense: $175.0 million.
- For the fiscal YTD ended September 30th, 2025:
  - Actual Medical Expense: $538.7 million.
  - Budgeted Medical Expense: $525.3 million.



- 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 actuarial consultants.

- For September, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by $11.4 million. Year to date, the estimate for prior years decreased by $19.7 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	$58,330,523	$0	$58,330,523	$51,746,672	($6,583,851)	(12.7%)
Primary Care FFS	$16,450,298	($247,999)	$16,202,299	$13,196,207	($3,254,091)	(24.7%)
Specialty Care FFS	$26,762,019	$526,926	$27,288,945	$24,307,567	($2,454,452)	(10.1%)
Outpatient FFS	$41,748,689	$3,877,503	$45,626,192	$38,044,914	($3,703,774)	(9.7%)
Ancillary FFS	$58,774,196	($403,043)	$58,371,153	$57,858,286	($915,909)	(1.6%)
Pharmacy FFS	$27,468,952	($2,515,704)	$24,953,247	$30,628,978	$3,160,027	10.3%
ER Services FFS	$32,910,766	$246,741	$33,157,507	$32,846,744	($64,021)	(0.2%)
Inpatient Hospital FFS	$166,028,967	($23,900,966)	$142,128,001	$162,533,109	($3,495,858)	(2.2%)
Long Term Care & SNF FFS	$112,345,055	$2,669,846	$115,014,902	$114,546,330	$2,201,275	1.9%
Other Benefits & Services	$10,791,900	$0	$10,791,900	($1,918,510)	($12,710,410)	(662.5%)
Net Reinsurance	$3,158,893	$0	$3,158,893	$1,536,105	($1,622,787)	(105.6%)
Provider Incentive	$3,659,099	$0	$3,659,099	$0	($3,659,099)	-
	$558,429,355	**($19,746,695)**	**$538,682,660**	**$525,326,404**	**($33,102,951)**	**(6.3%)**

Medical Expense - Actual vs. Budget (Per Member Per Month)

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

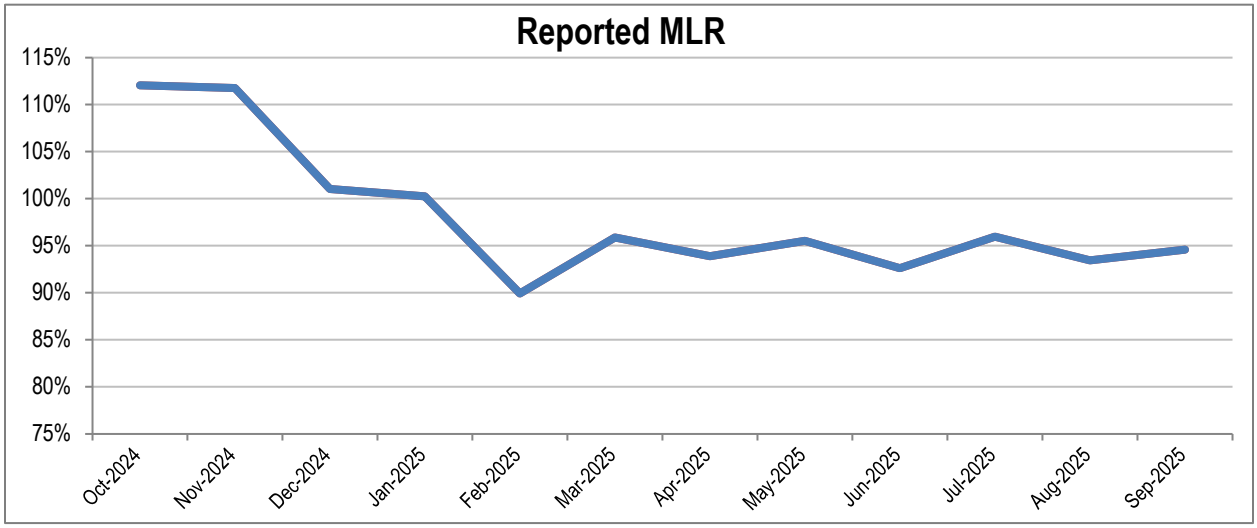
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$47.63	$0.00	$47.63	$42.41	($5.21)	(12.3%)
Primary Care FFS	$13.43	($0.20)	$13.23	$10.82	($2.62)	(24.2%)
Specialty Care FFS	$21.85	$0.43	$22.28	$19.92	($1.93)	(9.7%)
Outpatient FFS	$34.09	$3.17	$37.25	$31.18	($2.91)	(9.3%)
Ancillary FFS	$47.99	($0.33)	$47.66	$47.42	($0.57)	(1.2%)
Pharmacy FFS	$22.43	($2.05)	$20.37	$25.10	$2.68	10.7%
ER Services FFS	$26.87	$0.20	$27.07	$26.92	$0.05	0.2%
Inpatient Hospital & SNF FFS	$135.57	($19.52)	$116.05	$133.22	($2.35)	(1.8%)
Long Term Care & SNF FFS	$91.73	$2.18	$93.91	$93.89	$2.15	2.3%
Other Benefits & Services	$8.81	$0.00	$8.81	($1.57)	($10.38)	(660.4%)
Net Reinsurance	$2.58	$0.00	$2.58	$1.26	($1.32)	(104.9%)
Provider Incentive	$2.99	$0.00	$2.99	$0.00	($2.99)	-
	$455.97	**($16.12)**	**$439.84**	**$430.57**	**($25.39)**	**(5.9%)**

- Excluding the impact of prior year estimates for IBNP, year-to-date medical expense variance is $33.1 million unfavorable to budget. On a PMPM basis, medical expense is 5.9% unfavorable to budget. For per-member-per-month expense:
    - Capitated Expense is over budget due to inclusion of Targeted Rate Increases (TRI) in capitation payments.
    - Primary Care Expense is over budget due to higher than expected FFS Targeted Rate Increases (TRI) expense.

- Specialty Care Expense is above budget, driven by higher utilization in the SPD with LTC aid code category. This is partially offset by lower utilization in the Duals.
- Outpatient Expense is over budget mostly driven by lab and radiology unit cost and facility other and dialysis utilization.
- Ancillary Expense is over budget due to high utilization in the SPD with LTC and Child aid codes categories.
- Pharmacy Expense is under budget due to expected recoveries related to hospital administered drug overpayments made to UCSF.
- Emergency Expense is slightly under budget driven by lower utilization in all populations except for the SPD with LTC aid code category.
- Inpatient Expense is over budget driven by utilization in Adult and SPD with LTC aid code categories and ACA OE unit cost.
- Long Term Care Expense is under budget due to low utilization in the Duals with Duals aid code category.
- Other Benefits & Services is over budget, due to higher than expected CalAIM, HHIP and employee benefit expense.
- Net Reinsurance is over budget because less recoveries were received than expected.

Medical Loss Ratio (MLR)

The Medical Loss Ratio (total reported Medical Expense divided by Premium Revenue) was 94.6% for the month and 94.7% for the fiscal year-to-date.



Administrative Expense

- For the month ended September 30th, 2025:
  - Actual Administrative Expense: $9.3 million.
  - Budgeted Administrative Expense: $10.2 million.
- For the fiscal YTD ended September 30th, 2025:
  - Actual Administrative Expense: $30.1 million.
  - Budgeted Administrative Expense: $31.3 million.

Summary of Administrative Expense (In Dollars) For the Month and Fiscal Year-to-Date Favorable/(Unfavorable)								
Current Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$6,439,067	$5,983,330	($455,737)	(7.6%)	Personnel Expense	$18,824,603	$17,526,623	($1,297,980)	(7.4%)
78,944	81,848	2,903	3.5%	Medical Benefits Admin Expense	235,357	245,855	10,498	4.3%
2,389,675	2,774,065	384,390	13.9%	Purchased & Professional Services	5,980,177	7,156,606	1,176,428	16.4%
413,143	1,379,719	966,575	70.1%	Other Admin Expense	5,037,388	6,337,174	1,299,786	20.5%
$9,320,830	$10,218,961	$898,132	8.8%	Total Administrative Expense	$30,077,526	$31,266,258	$1,188,732	3.8%

The year-to-date variances include:

- Favorable in Purchased & Professional Services, primarily for the timing of Consulting Services and Other Purchased Services.
- Favorable Benefit Administration Expense, primarily for the decreases in Pharmacy Admin Fees and Telemedicine Admin Fees.
- Favorable Licenses, Insurance & Fees primarily due to offsetting Insurance Premiums.
- Favorable Building Occupancy costs.
- Favorable Printing/Postage/Promotions.
- Favorable Supplies and Other expenses due to savings in supplies, member incentives and settlement costs.
- Partially offset by the unfavorable Employee Expense for overtime, sick leave, and benefits, as well as staffing changes including new hires and leaves of absence impacting the overall figures.

The Administrative Loss Ratio (ALR) is 5.0% of net revenue for the month and 5.3% of revenue year-to-date. Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $555,000.

Other Income / (Expense)

Other Income & Expense is comprised primarily of investment income. Fiscal year-to-date net investments show a gain of $7.5 million.

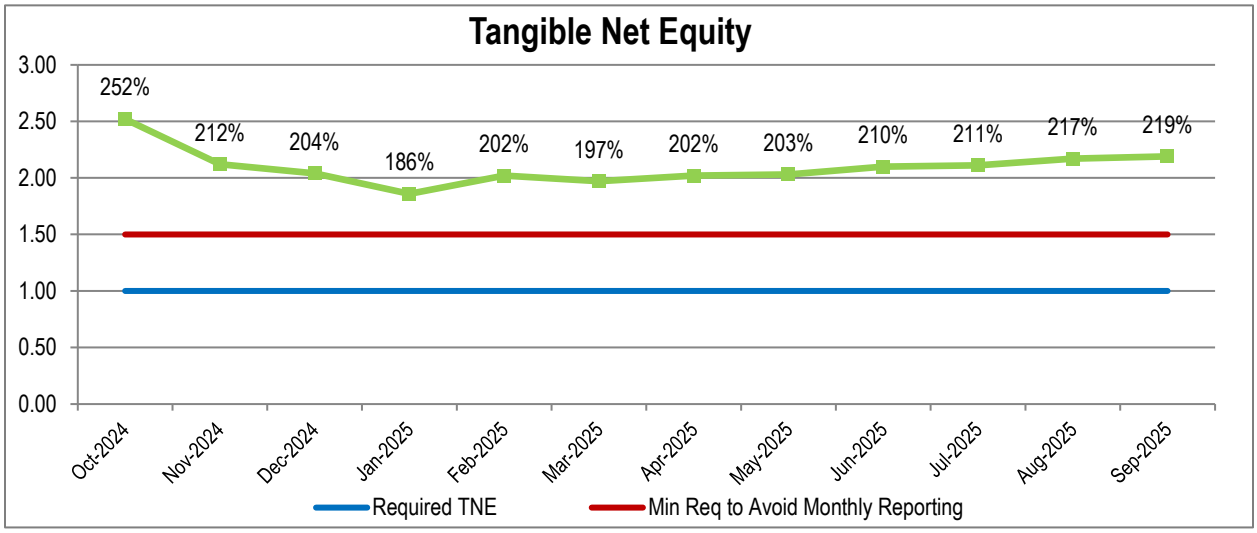
Managed Care Organization (MCO) Provider Tax

- Revenue:
  - For the month ended September 30th, 2025:
    - Actual: $129.7 million.
    - Budgeted: $64.6 million.
  - For the fiscal YTD ended September 30th, 2025:
    - Actual: $195.4 million.
    - Budgeted: $194.3 million.
- Expense:
  - For the month ended September 30th, 2025:
    - Actual: $129.7 million.
    - Budgeted: $64.6 million.

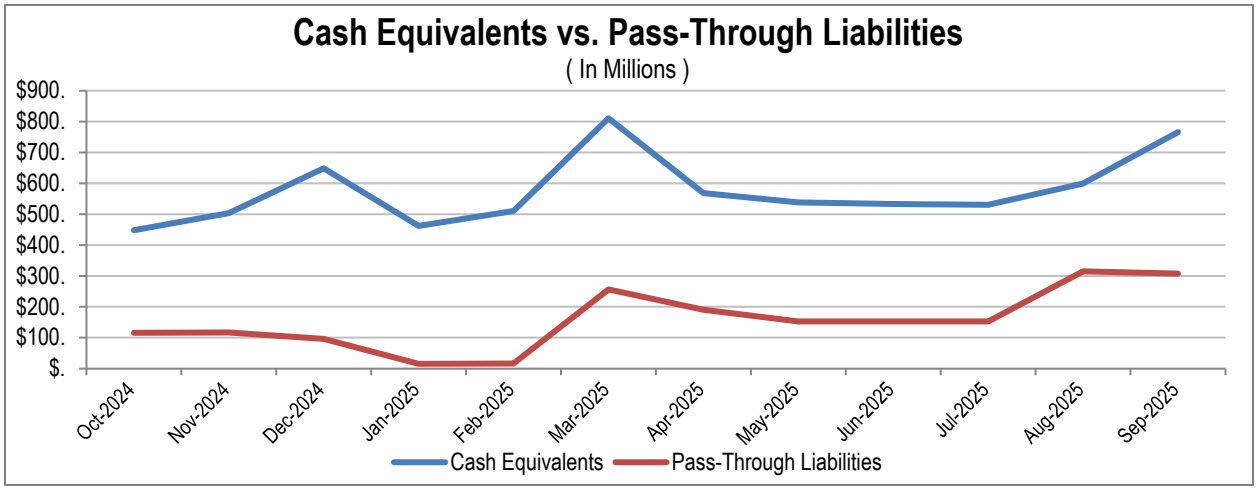
- For the fiscal YTD ended September 30th, 2025:
  - Actual: $195.4 million.
  - Budgeted: $194.3 million.

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 providers. TNE is a calculation of a company's total tangible assets minus total liabilities divided by a percentage of fee-for-service medical expenses. The Alliance exceeds DMHC's required TNE.
  - Required TNE $80.7 million
  - Actual TNE $177.1 million
  - Excess TNE $96.4 million
  - TNE % of Required TNE 219%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments.
- Key Metrics
  - Cash & Cash Equivalents $765.6 million
  - Pass-Through Liabilities $307.6 million



- Uncommitted Cash $458.1 million
- Working Capital $125.6 million
- Current Ratio 1.11 (regulatory minimum is 1.00)

Capital Investment

- Fiscal year-to-date capital assets acquired: $0.
- Annual capital budget: $1.4 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
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED 30 SEPTEMBER, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
		$ Variance	% Variance				$ Variance	% Variance
Actual	Budget	(Unfavorable)	(Unfavorable)	Account Description	Actual	Budget	(Unfavorable)	(Unfavorable)
				MEMBERSHIP				
399,483	400,001	(518)	(0.1%)	1. Medi-Cal	1,206,732	1,202,402	4,330	0.4%
6,054	5,887	167	2.8%	2. GroupCare	17,985	17,661	324	1.8%
405,537	**405,888**	**(351)**	**(0.1%)**	**3. TOTAL MEMBER MONTHS**	**1,224,717**	**1,220,063**	**4,654**	**0.4%**
				REVENUE				
$188,009,797	$186,434,947	$1,574,850	0.8%	4. Premium Revenue	$569,032,426	$560,430,331	$8,602,095	1.5%
$129,668,258	$64,624,162	$65,044,096	100.6%	5. MCO Tax Revenue AB119	$195,380,197	$194,260,067	$1,120,129	0.6%
$317,678,055	**$251,059,108**	**$66,618,946**	**26.5%**	**6. TOTAL REVENUE**	**$764,412,623**	**$754,690,398**	**$9,722,225**	**1.3%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses				
$17,624,330	$17,216,010	($408,320)	(2.4%)	7. Capitated Medical Expense	$58,330,523	$51,746,672	($6,583,851)	(12.7%)
				Fee for Service Medical Expenses				
$42,777,926	$53,173,717	$10,395,791	19.6%	8. Inpatient Hospital Expense	$142,128,001	$162,533,109	$20,405,108	12.6%
$5,172,409	$4,325,602	($846,807)	(19.6%)	9. Primary Care Physician Expense	$16,202,299	$13,196,208	($3,006,092)	(22.8%)
$8,522,678	$7,934,805	($587,873)	(7.4%)	10. Specialty Care Physician Expense	$27,288,945	$24,307,567	($2,981,378)	(12.3%)
$20,241,088	$18,912,453	($1,328,635)	(7.0%)	11. Ancillary Medical Expense	$58,371,153	$57,858,286	($512,867)	(0.9%)
$13,492,397	$12,430,764	($1,061,633)	(8.5%)	12. Outpatient Medical Expense	$45,626,192	$38,044,915	($7,581,277)	(19.9%)
$9,431,042	$10,763,694	$1,332,652	12.4%	13. Emergency Expense	$33,157,507	$32,846,744	($310,763)	(0.9%)
$13,573,650	$12,908,824	($664,825)	(5.2%)	14. Pharmacy Expense	$24,953,247	$30,628,978	$5,675,731	18.5%
$40,424,750	$37,469,309	($2,955,441)	(7.9%)	15. Long Term Care Expense	$115,014,902	$114,546,330	($468,572)	(0.4%)
$153,635,939	$157,919,168	$4,283,229	2.7%	16. Total Fee for Service Expense	$462,742,246	$473,962,137	$11,219,892	2.4%
$3,770,035	($641,606)	($4,411,641)	687.6%	17. Other Benefits & Services	$10,791,900	($1,918,510)	($12,710,410)	662.5%
$1,779,194	$511,043	($1,268,151)	(248.1%)	18. Reinsurance Expense	$3,158,893	$1,536,105	($1,622,787)	(105.6%)
$1,000,000	$0	($1,000,000)	0.0%	19. Risk Pool Distribution	$3,659,099	$0	($3,659,099)	0.0%
$177,809,498	**$175,004,615**	**($2,804,883)**	**(1.6%)**	**20. TOTAL MEDICAL EXPENSES**	**$538,682,660**	**$525,326,404**	**($13,356,256)**	**(2.5%)**
$139,868,557	**$76,054,493**	**$63,814,064**	**83.9%**	**21. GROSS MARGIN**	**$225,729,963**	**$229,363,994**	**($3,634,031)**	**(1.6%)**
				ADMINISTRATIVE EXPENSES				
$6,439,067	$5,983,330	($455,737)	(7.6%)	22. Personnel Expense	$18,824,603	$17,526,623	($1,297,981)	(7.4%)
$78,944	$81,848	$2,903	3.5%	23. Benefits Administration Expense	$235,357	$245,855	$10,498	4.3%
$2,389,675	$2,774,065	$384,390	13.9%	24. Purchased & Professional Services	$5,980,177	$7,156,606	$1,176,428	16.4%
$413,143	$1,379,719	$966,575	70.1%	25. Other Administrative Expense	$5,037,388	$6,337,174	$1,299,786	20.5%
$9,320,830	**$10,218,962**	**$898,132**	**8.8%**	**26. TOTAL ADMINISTRATIVE EXPENSES**	**$30,077,526**	**$31,266,258**	**$1,188,732**	**3.8%**
$129,668,258	**$64,624,162**	**($65,044,096)**	**(100.6%)**	**27. MCO TAX EXPENSES**	**$195,380,197**	**$194,260,067**	**($1,120,129)**	**(0.6%)**
$879,469	**$1,211,370**	**($331,901)**	**(27.4%)**	**28. NET OPERATING INCOME / (LOSS)**	**$272,241**	**$3,837,669**	**($3,565,428)**	**(92.9%)**
				OTHER INCOME / EXPENSES				
$2,248,297	**$2,000,000**	**$248,297**	**12.4%**	**29. TOTAL OTHER INCOME / (EXPENSES)**	**$7,533,825**	**$6,000,000**	**$1,533,825**	**25.6%**
$3,127,766	**$3,211,370**	**($83,604)**	**(2.6%)**	**30. NET SURPLUS (DEFICIT)**	**$7,806,066**	**$9,837,669**	**($2,031,604)**	**(20.7%)**
94.6%	93.9%	(0.7%)	(0.7%)	31. Medical Loss Ratio	94.7%	93.7%	(1.0%)	(1.1%)
5.0%	5.5%	0.5%	9.1%	32. Administrative Expense Ratio	5.3%	5.6%	0.3%	5.4%
1.0%	1.3%	(0.3%)	(23.1%)	33. Net Surplus (Deficit) Ratio	1.0%	1.3%	(0.3%)	(23.1%)

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED 30 SEPTEMBER, 2025

	9/30/2025	8/31/2025	Difference	% Difference
CURRENT ASSETS				
Cash and Cash Equivalent				
Cash	$33,821,392	$20,648,539	$13,172,854	63.8%
CNB Short-Term Investment	731,813,848	578,525,850	153,287,998	26.5%
Interest Receivable	2,702,240	3,913,861	(1,211,620)	(31.0%)
Premium Receivables	428,494,717	455,917,019	(27,422,302)	(6.0%)
Reinsurance Recovery Receivable	7,293,986	10,362,567	(3,068,581)	(29.6%)
Other Receivables	13,686,791	15,759,224	(2,072,433)	(13.2%)
Prepaid Expenses	991,177	690,295	300,882	43.6%
TOTAL CURRENT ASSETS	**1,218,804,151**	**1,085,817,354**	**132,986,797**	**12.2%**
OTHER ASSETS				
CNB Long-Term Investment	37,514,230	37,462,245	51,984	0.1%
CalPERS Net Pension Asset	(6,465,233)	(6,465,233)	0	0.0%
Deferred Outflow	15,271,214	15,271,214	0	0.0%
Restricted Asset-Bank Note	356,859	355,847	1,011	0.3%
GASB 87-Lease Assets (Net)	68,775	72,050	(3,275)	(4.5%)
GASB 96-SBITA Assets (Net)	2,836,108	2,987,837	(151,729)	(5.1%)
TOTAL OTHER ASSETS	**49,581,952**	**49,683,961**	**(102,009)**	**(0.2%)**
PROPERTY AND EQUIPMENT				
Land, Building & Improvements	9,842,648	9,842,648	0	0.0%
Furniture And Equipment	13,400,309	13,400,309	0	0.0%
Leasehold Improvement	902,447	902,447	0	0.0%
Internally Developed Software	14,824,002	14,824,002	0	0.0%
Fixed Assets at Cost	38,969,405	38,969,405	0	0.0%
Less: Accumulated Depreciation	(33,578,147)	(33,516,296)	(61,851)	0.2%
PROPERTY AND EQUIPMENT (NET)	**5,391,258**	**5,453,109**	**(61,851)**	**(1.1%)**
TOTAL ASSETS	**1,273,777,361**	**1,140,954,424**	**132,822,937**	**11.6%**
CURRENT LIABILITIES				
Trade Accounts Payable	12,192,034	11,250,951	941,083	8.4%
Incurred But Not Reported Claims	413,475,960	403,728,967	9,746,994	2.4%
Other Medical Liabilities	116,566,105	119,518,596	(2,952,491)	(2.5%)
Pass-Through Liabilities	307,562,567	315,169,862	(7,607,294)	(2.4%)
MCO Tax Liabilities	232,798,844	103,155,342	129,643,502	125.7%
GASB 87 and 96 ST Liabilities	903,801	1,156,487	(252,685)	(21.8%)
Payroll Liabilities	9,702,716	9,551,305	151,411	1.6%
TOTAL CURRENT LIABILITIES	**1,093,202,029**	**963,531,509**	**129,670,520**	**13.5%**
LONG TERM LIABILITIES				
GASB 87 and 96 LT Liabilities	249,600	224,949	24,651	11.0%
Deferred Inflow	3,240,306	3,240,306	0	0.0%
TOTAL LONG TERM LIABILITIES	**3,489,906**	**3,465,255**	**24,651**	**0.7%**
TOTAL LIABILITIES	**1,096,691,935**	**966,996,764**	**129,695,171**	**13.4%**
NET WORTH				
Contributed Capital	840,233	840,233	0	0.0%
Restricted & Unrestricted Funds	168,439,128	168,439,128	0	0.0%
Year-To-Date Net Surplus (Deficit)	7,806,066	4,678,300	3,127,766	66.9%
TOTAL NET WORTH	**177,085,426**	**173,957,660**	**3,127,766**	**1.8%**
TOTAL LIABILITIES AND NET WORTH	**1,273,777,361**	**1,140,954,424**	**132,822,937**	**11.6%**
Cash Equivalents	765,635,240	599,174,389	166,460,851	27.8%
Pass-Through	307,562,567	315,169,862	(7,607,294)	(2.4%)
Uncommitted Cash	458,072,673	284,004,528	174,068,146	61.3%
Working Capital	125,602,123	122,285,845	3,316,278	2.7%
Current Ratio	111.5%	112.7%	(1.2%)	(1.1%)

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **September 30, 2025**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$3,309,722	$9,828,026	$19,499,696	$9,828,026
GroupCare Receivable	(3,294,249)	(3,296,948)	(103,673)	(3,296,948)
Total	15,473	6,531,078	19,396,023	6,531,078
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	314,368,334	754,584,597	1,514,122,631	754,584,598
Premium Receivable	30,716,551	73,074,903	(170,210,733)	73,074,903
Total	345,084,885	827,659,500	1,343,911,898	827,659,501
Investment & Other Income Cash Flows				
Other Revenues	(209,517)	143,840	345,394	143,840
Interest Income	2,460,264	7,397,760	14,129,840	7,397,760
Interest Receivable	1,211,620	884,718	1,302,040	884,718
Total	3,462,367	8,426,318	15,777,274	8,426,318
Medical & Hospital Cash Flows				
Total Medical Expenses	(177,809,494)	(538,682,660)	(1,076,140,033)	(538,682,663)
Other Health Care Receivables	5,008,258	(10,789,716)	(9,300,278)	(10,789,716)
Capitation Payable	-	-	-	-
IBNP Payable	9,746,994	1,358,665	26,329,049	1,358,665
Other Medical Payable	(6,951,544)	154,675,108	38,754,541	154,675,108
Risk Share Payable	(3,608,243)	(949,144)	(949,144)	(949,144)
New Health Program Payable	-	-	-	-
Total	(173,614,029)	(394,387,747)	(1,021,305,865)	(394,387,750)
Administrative Cash Flows				
Total Administrative Expenses	(9,323,283)	(30,085,301)	(59,107,536)	(30,085,302)
Prepaid Expenses	(300,881)	(273,366)	(167,890)	(273,366)
Other Receivables	132,755	(9,936)	6,026	(9,936)
CalPERS Pension	-	-	(630,580)	-
Trade Accounts Payable	941,084	675,111	3,123,041	675,111
Payroll Liabilities	151,410	338,801	806,281	338,801
GASB Assets and Liabilities	(73,030)	320,669	(85,218)	320,669
Depreciation Expense	61,851	185,554	374,118	185,554
Total	(8,410,094)	(28,848,468)	(55,681,758)	(28,848,469)
MCO Tax AB119 Cash Flows				
MCO Tax Expense AB119	(129,668,258)	(195,380,197)	(392,837,099)	(195,380,197)
MCO Tax Liabilities	129,643,502	6,980,441	16,048,769	6,980,441
Total	(24,756)	(188,399,756)	(376,788,330)	(188,399,756)
Net Cash Flows from Operating Activities	**166,513,846**	**230,980,925**	**(74,690,758)**	**230,980,922**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **September 30, 2025**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	(51,984)	1,641,137	29,216,292	1,641,140
Total	(51,984)	1,641,137	29,216,292	1,641,140
Restricted Cash & Other Asset Cash Flows				
Restricted Assets-Treasury Account	(1,011.00)	(2,993.00)	(5,960.00)	(2,993.00)
Total	(1,011.00)	(2,993.00)	(5,960.00)	(2,993.00)
Fixed Asset Cash Flows				
Fixed Asset Acquisitions	-	-	-	-
Purchases of Property and Equipment	-	-	-	-
Net Cash Flows from Investing Activities	**(52,995)**	**1,638,144**	**29,210,332**	**1,638,147**
Net Change in Cash	**166,460,851**	**232,619,069**	**(45,480,426)**	**232,619,069**
Rounding	-	-	-	-
Cash @ Beginning of Period	599,174,389	533,016,171	811,115,666	533,016,171
Cash @ End of Period	**$765,635,240**	**$765,635,240**	**$765,635,240**	**$765,635,240**
Variance	-	-	-	-

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **September 30, 2025**

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$3,127,768	$7,806,066	$20,012,893	$7,806,062
Add back: Depreciation & Amortization	61,851	185,554	374,118	185,554
Receivables				
Premiums Receivable	30,716,551	73,074,903	(170,210,733)	73,074,903
Interest Receivable	1,211,620	884,718	1,302,040	884,718
Other Health Care Receivables	5,008,258	(10,789,716)	(9,300,278)	(10,789,716)
Other Receivables	132,755	(9,936)	6,026	(9,936)
GroupCare Receivable	(3,294,249)	(3,296,948)	(103,673)	(3,296,948)
Total	33,774,935	59,863,021	(178,306,618)	59,863,021
Prepaid Expenses	(300,881)	(273,366)	(167,890)	(273,366)
Trade Payables	941,084	675,111	3,123,041	675,111
Claims Payable and Shared Risk Pool				
IBNP Payable	9,746,994	1,358,665	26,329,049	1,358,665
Capitation Payable & Other Medical Payable	(6,951,544)	154,675,108	38,754,541	154,675,108
Risk Share Payable	(3,608,243.00)	(949,144.00)	(949,144)	(949,144)
Claims Payable				
Total	(812,793)	155,084,629	64,134,446	155,084,629
Other Liabilities				
CalPERS Pension	-	-	(630,580.00)	-
Payroll Liabilities	151,410	338,800	806,281	338,801
GASB Assets and Liabilities	(73,030)	320,669	(85,218)	320,669
New Health Program	-	-	-	-
MCO Tax Liabilities	129,643,502	6,980,441	16,048,769	6,980,441
Total	129,721,882	7,639,910	16,139,252	7,639,911
Rounding	-	-	-	-
Cash Flows from Operating Activities	**166,513,846**	**230,980,925**	**(74,690,758)**	**230,980,922**
Variance	-	-	-	-

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **September 30, 2025**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received				
Capitation Received from State of CA	$345,084,885	$827,659,500	$1,343,911,898	$827,659,501
Medicare Revenue	$0	$0	$0	$0
GroupCare Premium Revenue	15,473	6,531,078	19,396,023	6,531,078
Other Income	(209,517)	143,840	345,394	143,840
Interest Income	3,671,884	8,282,478	15,431,880	8,282,478
Less Cash Paid				
Medical Expenses	(173,614,029)	(394,387,747)	(1,021,305,865)	(394,387,750)
Vendor & Employee Expenses	(8,410,094)	(28,848,468)	(55,681,758)	(28,848,469)
MCO Tax Expense AB119	(24,756)	(188,399,756)	(376,788,330)	(188,399,756)
Net Cash Flows from Operating Activities	**166,513,846**	**230,980,925**	**(74,690,758)**	**230,980,922**
Cash Flows from Investing Activities:				
Long Term Investments	(51,984)	1,641,137	29,216,292	1,641,140
Restricted Assets-Treasury Account	(1,011)	(2,993)	(5,960)	(2,993)
Purchases of Property and Equipment	0	0	0	0
Net Cash Flows from Investing Activities	**(52,995)**	**1,638,144**	**29,210,332**	**1,638,147**
Net Change in Cash	**166,460,851**	**232,619,069**	**(45,480,426)**	**232,619,069**
Rounding	-	-	-	-
Cash @ Beginning of Period	599,174,389	533,016,171	811,115,666	533,016,171
Cash @ End of Period	**$765,635,240**	**$765,635,240**	**$765,635,240**	**$765,635,240**
Variance	$0	-	-	-
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$3,127,768	$7,806,067	$20,012,892	$7,806,062
Add Back: Depreciation	61,851	185,554	374,118	185,554
Net Change in Operating Assets & Liabilities				
Premium & Other Receivables	33,774,935	59,863,021	(178,306,618)	59,863,021
Prepaid Expenses	(300,881)	(273,368)	(167,891)	(273,366)
Trade Payables	941,084	675,111	3,123,041	675,111
Claims Payable, IBNP and Risk Sharing	(812,793)	155,084,629	64,134,446	155,084,629
Deferred Revenue	0	0	0	0
Other Liabilities	129,721,882	7,639,910	16,139,252	7,639,911
Total	166,513,846	230,980,924	(74,690,760)	230,980,922
Rounding	-	1	2	-
Cash Flows from Operating Activities	**$166,513,846**	**$230,980,925**	**($74,690,758)**	**$230,980,922**
Variance	$0	-	-	-

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF SEPTEMBER 2025

	Medi-Cal Child	Medi-Cal Adult	Medi-Cal ACA OE	Medi-Cal SPD with LTC*	Medi-Cal Duals with LTC*	Medi-Cal Total	Group Care	Medicare	Grand Total
Enrollments/Member Months	108,083	60,106	152,196	29,708	49,390	399,483	6,054	-	405,537
Revenue	$52,716,726	$41,944,374	$115,352,424	$53,550,151	$50,804,657	$314,368,333	$3,309,722	$0	$317,678,055
Medical Expense	$12,513,617	$19,576,839	$60,039,112	$42,939,086	$39,629,299	$174,697,954	$2,980,722	$130,822	$177,809,498
Gross Margin	$40,203,109	$22,367,534	$55,313,312	$10,611,066	$11,175,358	$139,670,379	$329,000	($130,822)	$139,868,557
Administrative Expense	$419,938	$944,515	$2,938,314	$2,556,164	$1,357,246	$8,216,178	$175,653	$928,999	$9,320,830
MCO Tax Expense	$35,093,911	$19,506,534	$49,332,488	$9,686,806	$16,048,518	$129,668,258	$0	$0	$129,668,258
Operating Income / (Expense)	$4,689,259	$1,916,485	$3,042,510	($1,631,905)	($6,230,407)	$1,785,943	$153,347	($1,059,821)	$879,469
Other Income / (Expense)	$109,253	$259,692	$739,772	$684,522	$421,569	$2,214,809	$33,488	$0	$2,248,297
Net Income / (Loss)	$4,798,513	$2,176,178	$3,782,281	($947,382)	($5,808,838)	$4,000,751	$186,836	($1,059,821)	$3,127,766
PMPM Metrics:									
Revenue PMPM	$487.74	$697.84	$757.92	$1,802.55	$1,028.64	$786.94	$546.70	$0.00	$783.35
Medical Expense PMPM	$115.78	$325.71	$394.49	$1,445.37	$802.37	$437.31	$492.36	$0.00	$438.45
Gross Margin PMPM	$371.97	$372.13	$363.43	$357.18	$226.27	$349.63	$54.34	$0.00	$344.90
Administrative Expense PMPM	$3.89	$15.71	$19.31	$86.04	$27.48	$20.57	$29.01	$0.00	$22.98
MCO Tax Expense PMPM	$324.69	$324.54	$324.14	$326.07	$324.93	$324.59	$0.00	$0.00	$319.74
Operating Income / (Expense) PMPM	$43.39	$31.89	$19.99	($54.93)	($126.15)	$4.47	$25.33	$0.00	$2.17
Other Income / (Expense) PMPM	$1.01	$4.32	$4.86	$23.04	$8.54	$5.54	$5.53	$0.00	$5.54
Net Income / (Loss) PMPM	$44.40	$36.21	$24.85	($31.89)	($117.61)	$10.01	$30.86	$0.00	$7.71
Ratio:									
Medical Loss Ratio	71.0%	87.2%	90.9%	97.9%	114.0%	94.6%	90.1%	0.0%	94.6%
Administrative Expense Ratio	2.4%	4.2%	4.5%	5.8%	3.9%	4.4%	5.3%	0.0%	5.0%
Net Income Ratio	9.1%	5.2%	3.3%	-1.8%	-11.4%	1.3%	5.6%	0.0%	1.0%

*As of January 2025 service month, "SPD", "Duals", "LTC", and "LTC Duals" will be discontinued. Effective January 2025, service month new consolidated groupings will be "SPD with LTC" and "Duals with LTC".

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE SEPTEMBER 2025

	Medi-Cal Child	Medi-Cal Adult	Medi-Cal ACA OE	Medi-Cal SPD with LTC*	Medi-Cal Duals with LTC*	Medi-Cal Total	Group Care	Medicare	Grand Total
Enrollments/Member Months	325,837	182,321	461,077	89,227	148,270	1,206,732	17,985	-	1,224,717
Revenue	$103,719,659	$99,237,726	$280,355,693	$144,299,381	$126,972,138	$754,584,597	$9,828,026	$0	$764,412,623
Medical Expense	$43,006,353	$61,255,124	$184,665,245	$127,427,191	$112,580,793	$528,934,706	$9,417,132	$330,822	$538,682,660
Gross Margin	$60,713,306	$37,982,602	$95,690,448	$16,872,190	$14,391,346	$225,649,891	$410,894	($330,822)	$225,729,963
Administrative Expense	$1,409,008	$3,175,813	$9,869,493	$8,546,696	$4,566,986	$27,567,995	$552,935	$1,956,595	$30,077,526
MCO Tax Expense	$52,773,252	$29,433,281	$74,388,788	$14,590,139	$24,194,737	$195,380,197	$0	$0	$195,380,197
Operating Income / (Expense)	$6,531,047	$5,373,508	$11,432,167	($6,264,644)	($14,370,378)	$2,701,700	($142,042)	($2,287,417)	$272,241
Other Income / (Expense)	$366,112	$869,781	$2,479,006	$2,293,855	$1,412,851	$7,421,604	$112,221	$0	$7,533,825
Net Income / (Loss)	$6,897,158	$6,243,289	$13,911,173	($3,970,789)	($12,957,527)	$10,123,303	($29,821)	($2,287,417)	$7,806,066
PMPM Metrics:									
Revenue PMPM	$318.32	$544.30	$608.05	$1,617.22	$856.36	$625.31	$546.46	$0.00	$624.15
Medical Expense PMPM	$131.99	$335.97	$400.51	$1,428.12	$759.30	$438.32	$523.61	$0.00	$439.84
Gross Margin PMPM	$186.33	$208.33	$207.54	$189.09	$97.06	$186.99	$22.85	$0.00	$184.31
Administrative Expense PMPM	$4.32	$17.42	$21.41	$95.79	$30.80	$22.85	$30.74	$0.00	$24.56
MCO Tax Expense PMPM	$161.96	$161.44	$161.34	$163.52	$163.18	$161.91	$0.00	$0.00	$159.53
Operating Income / (Expense) PMPM	$20.04	$29.47	$24.79	($70.21)	($96.92)	$2.24	($7.90)	$0.00	$0.22
Other Income / (Expense) PMPM	$1.12	$4.77	$5.38	$25.71	$9.53	$6.15	$6.24	$0.00	$6.15
Net Income / (Loss) PMPM	$21.17	$34.24	$30.17	($44.50)	($87.39)	$8.39	($1.66)	$0.00	$6.37
Ratio:									
Medical Loss Ratio	84.4%	87.8%	89.7%	98.2%	109.5%	94.6%	95.8%	0.0%	94.7%
Administrative Expense Ratio	2.8%	4.5%	4.8%	6.6%	4.4%	4.9%	5.6%	0.0%	5.3%
Net Income Ratio	6.6%	6.3%	5.0%	-2.8%	-10.2%	1.3%	-0.3%	0.0%	1.0%

*As of January 2025 service month, "SPD", "Duals", "LTC", and "LTC Duals" will be discontinued.Effective January 2025, service month new consolidated groupings will be "SPD with LTC" and "Duals with LTC".

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 30 September, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSES SUMMARY (ADMIN. DEPT. ONLY)				
$6,439,067	$5,983,330	($455,737)	(7.6%)	Personnel Expenses	$18,824,603	$17,526,623	($1,297,981)	(7.4%)
$78,944	$81,848	$2,903	3.5%	Benefits Administration Expense	$235,357	$245,855	$10,498	4.3%
$2,389,675	$2,774,065	$384,390	13.9%	Purchased & Professional Services	$5,980,177	$7,156,606	$1,176,428	16.4%
$475,225	$478,841	$3,616	0.8%	Occupancy	$1,428,846	$1,449,637	$20,791	1.4%
$71,845	$451,619	$379,773	84.1%	Printing Postage & Promotion	$524,820	$1,328,951	$804,131	60.5%
($212,337)	$264,925	$477,263	180.1%	Licenses Insurance & Fees	$2,188,026	$2,941,791	$753,765	25.6%
$78,410	$184,334	$105,923	57.5%	Other Administrative Expense	$895,696	$616,795	($278,901)	(45.2%)
$2,881,763	$4,235,631	$1,353,869	32.0%	Total Other Administrative Expenses (excludes Personnel Expenses)	$11,252,923	$13,739,635	$2,486,712	18.1%
$9,320,830	$10,218,962	$898,132	8.8%	Total Administrative Expenses	$30,077,526	$31,266,258	$1,188,732	3.8%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 30 September, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
4,283,261	4,006,104	(277,157)	(6.9%)	Salaries & Wages	12,527,095	11,828,207	(698,888)	(5.9%)
395,002	385,533	(9,469)	(2.5%)	Paid Time Off	1,321,848	1,139,446	(182,402)	(16.0%)
150	27,417	27,267	99.5%	Compensated Incentives	6,080	80,846	74,766	92.5%
66,545	68,968	2,423	3.5%	Payroll Taxes	208,027	201,042	(6,986)	(3.5%)
46,468	48,845	2,377	4.9%	Overtime	208,878	146,536	(62,342)	(42.5%)
348,480	333,507	(14,973)	(4.5%)	CalPERS ER Match	1,078,203	988,390	(89,813)	(9.1%)
1,114,776	805,273	(309,502)	(38.4%)	Employee Benefits	3,292,786	2,292,160	(1,000,626)	(43.7%)
(799)	0	799	0.0%	Personal Floating Holiday	1,084	0	(1,084)	0.0%
21,953	38,000	16,047	42.2%	Language Pay	65,281	102,500	37,219	36.3%
3,780	0	(3,780)	0.0%	Med Ins Opted Out Stipend	12,680	0	(12,680)	0.0%
100,205	0	(100,205)	0.0%	Sick Leave	(90,735)	0	90,735	0.0%
145	28,160	28,015	99.5%	Compensated Employee Relations	(2,412)	72,380	74,792	103.3%
20,820	28,840	8,020	27.8%	Work from Home Stipend	62,260	82,820	20,560	24.8%
845	5,130	4,285	83.5%	Mileage, Parking & LocalTravel	3,136	12,285	9,148	74.5%
2,337	32,710	30,373	92.9%	Travel & Lodging	11,602	57,457	45,855	79.8%
26,828	115,320	88,492	76.7%	Temporary Help Services	52,462	345,960	293,498	84.8%
2,628	43,573	40,945	94.0%	Staff Development/Training	51,146	129,319	78,173	60.4%
5,645	15,950	10,305	64.6%	Staff Recruitment/Advertisement	15,182	47,276	32,094	67.9%
6,439,067	**5,983,330**	**(455,737)**	**(7.6%)**	**Personnel Expense**	**18,824,603**	**17,526,623**	**(1,297,981)**	**(7.4%)**
26,516	29,082	2,567	8.8%	Pharmacy Administrative Fees	76,955	87,247	10,292	11.8%
52,429	52,765	337	0.6%	Telemedicine Admin. Fees	158,402	158,608	206	0.1%
78,944	**81,848**	**2,903**	**3.5%**	**Benefits Administration Expense**	**235,357**	**245,855**	**10,498**	**4.3%**
962,884	795,953	(166,931)	(21.0%)	Consultant Fees - Non Medical	1,337,624	2,334,370	996,746	42.7%
293,997	735,272	441,275	60.0%	Computer Support Services	1,136,620	1,333,864	197,244	14.8%
13,083	11,750	(1,333)	(11.3%)	Audit Fees	39,249	35,250	(3,999)	(11.3%)
0	8,333	8,333	100.0%	Consultant Fees - Medical	17,593	25,000	7,407	29.6%
305,824	286,619	(19,205)	(6.7%)	Other Purchased Services	523,028	852,862	329,833	38.7%
0	1,879	1,879	100.0%	Maint.&Repair-Office Equipment	0	5,637	5,637	100.0%
82,988	64,767	(18,221)	(28.1%)	Legal Fees	183,365	194,297	10,932	5.6%
(17)	0	17	0.0%	Member Health Education	(17)	0	17	0.0%
50,681	26,000	(24,681)	(94.9%)	Translation Services	143,246	78,000	(65,246)	(83.6%)
170,127	151,900	(18,227)	(12.0%)	Medical Refund Recovery Fees	732,827	455,700	(277,127)	(60.8%)
442,449	594,454	152,005	25.6%	Software - IT Licenses & Subsc	1,658,665	1,551,036	(107,629)	(6.9%)
58,602	36,737	(21,865)	(59.5%)	Hardware (Non-Capital)	194,862	111,539	(83,323)	(74.7%)
9,056	60,400	51,344	85.0%	Provider Credentialing	13,114	179,050	165,936	92.7%
2,389,675	**2,774,065**	**384,390**	**13.9%**	**Purchased & Professional Services**	**5,980,177**	**7,156,606**	**1,176,428**	**16.4%**
61,851	67,460	5,608	8.3%	Depreciation	185,554	194,270	8,717	4.5%
8,092	10,570	2,478	23.4%	Lease Rented Office Equipment	24,275	31,710	7,435	23.4%
24,490	15,965	(8,525)	(53.4%)	Utilities	53,618	50,695	(2,923)	(5.8%)
64,473	108,156	43,683	40.4%	Telephone	290,828	324,468	33,640	10.4%
19,686	26,690	7,004	26.2%	Building Maintenance	32,975	98,494	65,519	66.5%
296,633	250,000	(46,633)	(18.7%)	GASB96 SBITA Amort. Expense	841,597	750,000	(91,597)	(12.2%)
475,225	**478,841**	**3,616**	**0.8%**	**Occupancy**	**1,428,846**	**1,449,637**	**20,791**	**1.4%**
42,299	48,320	6,021	12.5%	Postage	188,076	208,710	20,634	9.9%
0	5,700	5,700	100.0%	Design & Layout	5,797	17,100	11,303	66.1%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 30 September, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
(7,387)	125,343	132,730	105.9%	Printing Services	281,406	388,429	107,023	27.6%
29,208	15,600	(13,608)	(87.2%)	Mailing Services	6,486	46,800	40,314	86.1%
5,402	13,836	8,434	61.0%	Courier/Delivery Service	14,894	41,752	26,859	64.3%
0	853	853	100.0%	Pre-Printed Materials & Public	0	2,560	2,560	100.0%
0	0	0	0.0%	Promotional Products	(187)	15,000	15,187	101.2%
358	150	(208)	(138.5%)	Promotional Services	358	450	92	20.5%
1,967	241,817	239,849	99.2%	Community Relations	27,992	608,150	580,158	95.4%
71,845	**451,619**	**379,773**	**84.1%**	**Printing Postage & Promotion**	**524,820**	**1,328,951**	**804,131**	**60.5%**
0	75,000	75,000	100.0%	Regulatory Penalties	0	75,000	75,000	100.0%
47,169	45,500	(1,669)	(3.7%)	Bank Fees	157,770	136,500	(21,270)	(15.6%)
(376,664)	200	376,864	188,432.0%	Insurance Premium	1,043,881	1,366,600	322,719	23.6%
10,698	107,829	97,131	90.1%	License,Permits, & Fee - NonIT	636,785	1,108,865	472,079	42.6%
106,459	36,396	(70,063)	(192.5%)	Subscriptions and Dues - NonIT	349,589	254,826	(94,763)	(37.2%)
(212,337)	**264,925**	**477,263**	**180.1%**	**License Insurance & Fees**	**2,188,026**	**2,941,791**	**753,765**	**25.6%**
1,196	5,785	4,589	79.3%	Office and Other Supplies	3,664	17,355	13,691	78.9%
0	1,000	1,000	100.0%	Furniture & Equipment	0	3,000	3,000	100.0%
13,749	23,332	9,583	41.1%	Ergonomic Supplies	27,434	125,770	98,336	78.2%
15,788	13,092	(2,696)	(20.6%)	Meals and Entertainment	49,605	47,295	(2,310)	(4.9%)
(245,937)	0	245,937	0.0%	Miscellaneous	(245,248)	0	245,248	0.0%
0	3,125	3,125	100.0%	Member Incentive	0	9,375	9,375	100.0%
121,948	138,000	16,052	11.6%	Provider Interest (All Depts)	555,241	414,000	(141,241)	(34.1%)
171,667	0	(171,667)	0.0%	Community Reinvestment Expense	505,001	0	(505,001)	0.0%
78,410	**184,334**	**105,923**	**57.5%**	**Other Administrative Expense**	**895,696**	**616,795**	**(278,901)**	**(45.2%)**
2,881,763	**4,235,631**	**1,353,869**	**32.0%**	**Total Other Administrative ExpenseS (excludes Personnel Expenses)**	**11,252,923**	**13,739,635**	**2,486,712**	**18.1%**
9,320,830	**10,218,962**	**898,132**	**8.8%**	**TOTAL ADMINISTRATIVE EXPENSES**	**30,077,526**	**31,266,258**	**1,188,732**	**3.8%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED JUNE 30, 2026

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Routers	IT-FY26-01	$ -	$ -	**$ -**	$ 45,000	$ 45,000
	Firewall AAH Location	IT-FY26-02	$ -	$ -	**$ -**	$ 110,000	$ 110,000
	Firewall Roseville Location	IT-FY26-03	$ -	$ -	**$ -**	$ 110,000	$ 110,000
	VPN Device	IT-FY26-04	$ -	$ -	**$ -**	$ 115,000	$ 115,000
	CISCO UCS Blades	IT-FY26-05	$ -	$ -	**$ -**	$ 300,000	$ 300,000
	CISCO UCS Blades	IT-FY26-05	$ -	$ -	**$ -**	$ 275,000	$ 275,000
	Pure Storage	IT-FY26-06	$ -	$ -	**$ -**	$ 150,000	$ 150,000
	Teams Meeting Hardware	IT-FY26-07	$ -	$ -	**$ -**	$ 100,000	$ 100,000
	Network Cabeling and WIFI Access	IT-FY26-08	$ -	$ -	**$ -**	$ 40,000	$ 40,000
Hardware Subtotal			**$ -**	**$ -**	**$ -**	**$ 1,245,000**	**$ 1,245,000**
3. Building Improvement:							
	1240 Exterior lighting update	FA-FY26-01	**$ -**	$ -	**$ -**	$ 30,000	$ 30,000
	1240 Secured Fencing for Warehouse	FA-FY26-02	**$ -**	$ -	**$ -**	$ 30,000	$ 30,000
	1240 Heating/Cooling HVAC Units upgrades	FA-FY26-03	**$ -**	$ -	**$ -**	$ 10,000	$ 10,000
	1240 Heating/Cooling HVAC Units upgrades	FA-FY26-03	**$ -**	$ -	**$ -**	$ 5,000	$ 5,000
	1240 Heating/Cooling HVAC Units upgrades	FA-FY26-03	**$ -**	$ -	**$ -**	$ 10,000	$ 10,000
	1240 Exterior Landscaping	FA-FY26-04	**$ -**	$ -	**$ -**	$ 6,500	$ 6,500
	1240 Exterior Landscaping	FA-FY26-04	**$ -**	$ -	**$ -**	$ 15,000	$ 15,000
	1240 Exterior Landscaping	FA-FY26-04	**$ -**	$ -	**$ -**	$ 15,000	$ 15,000
Building Improvement Subtotal			**$ -**	**$ -**	**$ -**	**$ 121,500**	**$ 121,500**
GRAND TOTAL			**$ -**	**$ -**	**$ -**	**$ 1,366,500**	**$ 1,366,500**

6. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 9/30/25	**$ 38,969,405**
Fixed Assets @ Cost - 6/30/25	**$ 38,969,405**
Fixed Assets Acquired YTD	**$ -**

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2025

TANGIBLE NET EQUITY (TNE)	**QRT. END Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**
Current Month Net Income / (Loss)	$ 4,912,222	$ 1,727,933	$ 2,950,359	$ 3,127,768
YTD Net Income / (Loss)	$ (86,095,783)	$ 1,727,938	$ 4,678,300	$ 7,806,066
Net Assets	$ 169,279,360	$ 171,007,298	$ 173,957,660	$ 177,085,426
Subordinated Debt & Interest	-	-	-	-
Total Actual TNE	**$ 169,279,360**	**$ 171,007,298**	**$ 173,957,660**	**$ 177,085,426**
Increase/(Decrease) in Actual TNE	$ 4,912,222	$ 1,727,933	$ 2,950,359	$ 3,127,768
Required TNE (1)	**$ 80,653,661**	**$ 81,235,858**	**$ 80,224,390**	**$ 80,693,435**
Min. Req'd to Avoid Monthly Reporting at 150% of Required TNE	$ 120,980,491	$ 121,853,786	$ 120,336,585	$ 121,040,152
TNE Excess / (Deficiency)	$ 88,625,699	$ 89,771,440	$ 93,733,270	$ 96,391,991
Actual TNE as a Multiple of Required	**2.10**	**2.11**	**2.17**	**2.19**
LIQUID TANGIBLE NET EQUITY				
Net Assets	$ 169,279,360	$ 171,007,298	$ 173,957,660	$ 177,085,426
Less: Fixed Assets at Net Book Value	(5,576,811)	(5,514,960)	(5,453,108)	(5,391,257)
Net Lease Assets	(2,072,151)	(1,979,137)	(1,678,452)	(1,751,482)
CD Pledged to DMHC	(353,866)	(354,839)	(355,847)	(356,859)
Liquid TNE (Liquid Reserves)	**$ 161,276,532**	**$ 163,158,362**	**$ 166,470,253**	**$ 169,585,828**
Liquid TNE as Multiple of Required	**2.00**	**2.01**	**2.08**	**2.10**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2026

	Actual Jul-25	Actual Aug-25	Actual Sep-25	Actual Oct-25	Actual Nov-25	Actual Dec-25	Actual Jan-26	Actual Feb-26	Actual Mar-26	Actual Apr-26	Actual May-26	Actual Jun-26	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	109,251	108,503	108,083										325,837
Adult	61,536	60,679	60,106										182,321
ACA OE	155,533	153,348	152,196										461,077
SPD with LTC*	29,833	29,686	29,708										89,227
Duals with LTC*	49,509	49,371	49,390										148,270
Medi-Cal Program	405,662	401,587	399,483										1,206,732
Group Care Program	5,957	5,974	6,054										17,985
Total	**411,619**	**407,561**	**405,537**										**1,224,717**

*As of January 2025, service month, "SPD", "Duals", "LTC", and "LTC Duals" will be discontinued. Effective January 2025 service month new consolidated groupings will be "SPD with LTC" and "Duals with LTC".

Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(323)	(748)	(420)										(1,491)
Adult	(133)	(857)	(573)										(1,563)
ACA OE	357	(2,185)	(1,152)										(2,980)
SPD with LTC	83	(147)	22										(42)
Duals with LTC	205	(138)	19										86
Medi-Cal Program	189	(4,075)	(2,104)										(5,990)
Group Care Program	47	17	80										144
Total	**236**	**(4,058)**	**(2,024)**										**(5,846)**

Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	26.9%	27.0%	27.1%										27.0%
Adult % of Medi-Cal	15.2%	15.1%	15.0%										15.1%
ACA OE % of Medi-Cal	38.3%	38.2%	38.1%										38.2%
SPD with LTC % of Medi-Cal	7.4%	7.4%	7.4%										7.4%
Duals with LTC % of Medi-Cal	12.2%	12.3%	12.4%										12.3%
Medi-Cal Program % of Total	98.6%	98.5%	98.5%										98.5%
Group Care Program % of Total	1.4%	1.5%	1.5%										1.5%
Total	**100.0%**	**100.0%**	**100.0%**										**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2026

Page 1	Actual Enrollment by Plan & Category of Aid
Page 2	Actual Delegated Enrollment Detail

	Actual Jul-25	Actual Aug-25	Actual Sep-25	Actual Oct-25	Actual Nov-25	Actual Dec-25	Actual Jan-26	Actual Feb-26	Actual Mar-26	Actual Apr-26	Actual May-26	Actual Jun-26	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	93,933	93,268	93,599										280,800
Alameda Health System	92,861	91,758	91,032										275,651
Directly-Contracted Subtotal	186,794	185,026	184,631										556,451
Delegated:													
CFMG	43,381	42,852	42,253										128,486
CHCN	181,444	179,683	178,653										539,780
Delegated Subtotal	224,825	222,535	220,906										668,266
Total	**411,619**	**407,561**	**405,537**										**1,224,717**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(518)	(1,768)	(395)										(2,681)
Delegated:													
CFMG	(128)	(529)	(599)										(1,256)
CHCN	882	(1,761)	(1,030)										(1,909)
Delegated Subtotal	754	(2,290)	(1,629)										(3,165)
Total	**236**	**(4,058)**	**(2,024)**										**(5,846)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	45.4%	45.4%	45.5%										45.4%
Delegated:													
CFMG	10.5%	10.5%	10.4%										10.5%
CHCN	44.1%	44.1%	44.1%										44.1%
Delegated Subtotal	54.6%	54.6%	54.5%										54.6%
Total	**100.0%**	**100.0%**	**100.0%**										**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 2026	PRELIMINARY BUDGET												
	Budget Jul-25	Budget Aug-25	Budget Sep-25	Budget Oct-25	Budget Nov-25	Budget Dec-25	Budget Jan-26	Budget Feb-26	Budget Mar-26	Budget Apr-26	Budget May-26	Budget Jun-26	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	108,840	108,602	108,365	108,128	107,892	107,656	106,737	105,853	105,000	104,178	103,387	102,624	1,277,262
Adult	61,422	61,331	61,240	61,150	61,060	60,970	59,626	58,346	57,125	55,960	54,849	53,791	706,870
ACA OE	153,317	153,025	152,734	152,443	152,153	151,864	149,741	147,711	145,769	143,909	142,130	140,426	1,785,222
SPD with LTC	29,335	29,276	29,217	29,158	29,099	29,040	28,702	28,378	28,067	27,769	27,483	27,208	342,732
Duals with LTC	48,687	48,566	48,445	48,324	48,203	48,082	47,948	47,817	47,686	47,557	47,428	47,300	576,043
Medi-Cal Program	401,601	400,800	400,001	399,203	398,407	397,612	392,754	388,105	383,647	379,373	375,277	371,349	4,688,129
Group Care Program	5,887	5,887	5,887	5,887	5,887	5,887	5,887	5,887	5,887	5,887	5,887	5,887	70,644
Total	**407,488**	**406,687**	**405,888**	**405,090**	**404,294**	**403,499**	**398,641**	**393,992**	**389,534**	**385,260**	**381,164**	**377,236**	**4,758,773**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,813)	(238)	(237)	(237)	(236)	(236)	(919)	(884)	(853)	(822)	(791)	(763)	(8,029)
Adult	(1,660)	(91)	(91)	(90)	(90)	(90)	(1,344)	(1,280)	(1,221)	(1,165)	(1,111)	(1,058)	(9,291)
ACA OE	1,006	(292)	(291)	(291)	(290)	(289)	(2,123)	(2,030)	(1,942)	(1,860)	(1,779)	(1,704)	(11,885)
SPD with LTC	(595)	(59)	(59)	(59)	(59)	(59)	(338)	(324)	(311)	(298)	(286)	(275)	(2,722)
Duals with LTC	1,270	(121)	(121)	(121)	(121)	(121)	(134)	(131)	(131)	(129)	(129)	(128)	(117)
Medi-Cal Program	(1,792)	(801)	(799)	(798)	(796)	(795)	(4,858)	(4,649)	(4,458)	(4,274)	(4,096)	(3,928)	(32,044)
Group Care Program	118	0	0	0	0	0	0	0	0	0	0	0	118
Total	**(1,674)**	**(801)**	**(799)**	**(798)**	**(796)**	**(795)**	**(4,858)**	**(4,649)**	**(4,458)**	**(4,274)**	**(4,096)**	**(3,928)**	**(31,926)**
													0
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	27.1%	27.1%	27.1%	27.1%	27.1%	27.1%	27.2%	27.3%	27.4%	27.5%	27.5%	27.6%	27.2%
Adult % of Medi-Cal	15.3%	15.3%	15.3%	15.3%	15.3%	15.3%	15.2%	15.0%	14.9%	14.8%	14.6%	14.5%	15.1%
ACA OE % of Medi-Cal	38.2%	38.2%	38.2%	38.2%	38.2%	38.2%	38.1%	38.1%	38.0%	37.9%	37.9%	37.8%	38.1%
SPD with LTC % of Medi-Cal	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%
Duals with LTC % of Medi-Cal	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.2%	12.3%	12.4%	12.5%	12.6%	12.7%	12.3%
Medi-Cal Program % of Total	98.6%	98.6%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.4%	98.5%
Group Care Program % of Total	1.4%	1.4%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.6%	1.5%
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 2026	PRELIMINARY BUDGET												
	Budget Jul-25	Budget Aug-25	Budget Sep-25	Budget Oct-25	Budget Nov-25	Budget Dec-25	Budget Jan-26	Budget Feb-26	Budget Mar-26	Budget Apr-26	Budget May-26	Budget Jun-26	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	93,784	93,589	93,394	93,199	93,004	92,810	92,130	91,379	90,657	89,994	89,331	88,695	1,101,966
Alameda Health System	90,381	90,213	90,046	89,879	89,712	89,545	88,277	87,055	85,885	84,770	83,701	82,677	1,052,141
Directly-Contracted Subtotal	184,165	183,802	183,440	183,078	182,716	182,355	180,407	178,434	176,542	174,764	173,032	171,372	2,154,107
Delegated:													
CFMG	43,578	43,477	43,377	43,277	43,177	43,077	42,797	42,526	42,263	42,008	41,762	41,524	512,843
CHCN	179,745	179,408	179,071	178,735	178,401	178,067	175,703	173,402	171,201	169,108	167,094	165,166	2,095,101
Delegated Subtotal	223,323	222,885	222,448	222,012	221,578	221,144	218,500	215,928	213,464	211,116	208,856	206,690	2,607,944
Total	**407,488**	**406,687**	**405,888**	**405,090**	**404,294**	**403,499**	**398,907**	**394,362**	**390,006**	**385,880**	**381,888**	**378,062**	**4,762,051**
													0
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted													
Directly Contracted (DCP)	1,613	(195)	(195)	(195)	(195)	(194)	(680)	(751)	(722)	(663)	(663)	(636)	(3,476)
Alameda Health System	(611)	(168)	(167)	(167)	(167)	(167)	(1,268)	(1,222)	(1,170)	(1,115)	(1,069)	(1,024)	(8,315)
Directly-Contracted Subtotal	1,002	(363)	(362)	(362)	(362)	(361)	(1,948)	(1,973)	(1,892)	(1,778)	(1,732)	(1,660)	(11,791)
Delegated:													
CFMG	(443)	(101)	(100)	(100)	(100)	(100)	(280)	(271)	(263)	(255)	(246)	(238)	(2,497)
CHCN	(2,233)	(337)	(337)	(336)	(334)	(334)	(2,364)	(2,301)	(2,201)	(2,093)	(2,014)	(1,928)	(16,812)
Delegated Subtotal	(2,676)	(438)	(437)	(436)	(434)	(434)	(2,644)	(2,572)	(2,464)	(2,348)	(2,260)	(2,166)	(19,309)
Total	**(1,674)**	**(801)**	**(799)**	**(798)**	**(796)**	**(795)**	**(4,592)**	**(4,545)**	**(4,356)**	**(4,126)**	**(3,992)**	**(3,826)**	**(31,100)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted													
Directly Contracted (DCP)	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.1%	23.2%	23.2%	23.3%	23.4%	23.5%	23.1%
Alameda Health System	22.2%	22.2%	22.2%	22.2%	22.2%	22.2%	22.1%	22.1%	22.0%	22.0%	21.9%	21.9%	22.1%
Directly-Contracted Subtotal	45.2%	45.2%	45.2%	45.2%	45.2%	45.2%	45.2%	45.2%	45.3%	45.3%	45.3%	45.3%	45.2%
Delegated:													
CFMG	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.8%	10.8%	10.9%	10.9%	11.0%	10.8%
CHCN	44.1%	44.1%	44.1%	44.1%	44.1%	44.1%	44.0%	44.0%	43.9%	43.8%	43.8%	43.7%	44.0%
Delegated Subtotal	54.8%	54.8%	54.8%	54.8%	54.8%	54.8%	54.8%	54.8%	54.7%	54.7%	54.7%	54.7%	54.8%
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 2026

	Variance Jul-25	Variance Aug-25	Variance Sep-25	Variance Oct-25	Variance Nov-25	Variance Dec-25	Variance Jan-26	Variance Feb-26	Variance Mar-26	Variance Apr-26	Variance May-26	Variance Jun-26	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	411	(99)	(282)										30
Adult	114	(652)	(1,134)										(1,672)
ACA OE	2,216	323	(538)										2,001
SPD with LTC	498	410	491										1,399
Duals with LTC	822	805	945										2,572
Medi-Cal Program	4,061	787	(518)										4,330
Group Care Program	70	87	167										324
Total	**4,131**	**874**	**(351)**										**4,654**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted													
Directly Contracted (DCP)	149	(321)	205										33
Alameda Health System	2,480	1,545	986										5,011
Directly-Contracted Subtotal	2,629	1,224	1,191										5,044
Delegated:													
CFMG	(197)	(625)	(1,124)										(1,946)
CHCN	1,699	275	(418)										1,556
Delegated Subtotal	1,502	(350)	(1,542)										(390)
Total	**4,131**	**874**	**(351)**										**4,654**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 30 SEPTEMBER, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES				
$2,482,119	$1,604,960	($877,159)	(54.7%)	PCP Capitation	$12,491,651	$4,825,790	($7,665,862)	(158.9%)
6,153,336	6,410,749	257,413	4.0%	PCP Capitation FQHC	18,647,438	19,267,262	619,824	3.2%
466,098	475,225	9,126	1.9%	Specialty Capitation	1,423,079	1,428,969	5,890	0.4%
5,422,310	5,680,183	257,873	4.5%	Specialty Capitation FQHC	16,413,293	17,071,740	658,447	3.9%
795,365	751,008	(44,357)	(5.9%)	Laboratory Capitation	2,404,456	2,257,521	(146,935)	(6.5%)
338,638	337,784	(854)	(0.3%)	Vision Capitation	1,023,189	1,015,400	(7,790)	(0.8%)
106,016	108,089	2,073	1.9%	CFMG Capitation	323,682	325,016	1,334	0.4%
828,012	870,409	42,397	4.9%	ANC IPA Admin Capitation FQHC	2,507,280	2,615,985	108,705	4.2%
0	0	0	0.0%	Kaiser Capitation	(12,511)	0	12,511	0.0%
1,032,435	977,604	(54,832)	(5.6%)	DME Capitation	3,108,965	2,938,989	(169,976)	(5.8%)
17,624,330	**17,216,010**	**(408,320)**	**(2.4%)**	**7. TOTAL CAPITATED EXPENSES**	**58,330,523**	**51,746,672**	**(6,583,851)**	**(12.7%)**
				FEE FOR SERVICE MEDICAL EXPENSES				
47,198	0	(47,198)	0.0%	IBNR Inpatient Services	(6,232,878)	0	6,232,878	0.0%
1,417	0	(1,417)	0.0%	IBNR Settlement (IP)	(186,985)	0	186,985	0.0%
3,776	0	(3,776)	0.0%	IBNR Claims Fluctuation (IP)	(498,630)	0	498,630	0.0%
38,329,062	48,049,711	9,720,649	20.2%	Inpatient Hospitalization FFS	134,584,461	146,868,612	12,284,151	8.4%
3,363,184	3,578,358	215,174	6.0%	IP OB - Mom & NB	10,243,363	10,936,307	692,944	6.3%
169,270	122,150	(47,120)	(38.6%)	IP Behavioral Health	630,340	373,801	(256,540)	(68.6%)
864,018	1,423,498	559,480	39.3%	Inpatient Facility Rehab FFS	3,588,330	4,354,389	766,060	17.6%
42,777,926	**53,173,717**	**10,395,791**	**19.6%**	**8. Inpatient Hospital Expense**	**142,128,001**	**162,533,109**	**20,405,108**	**12.6%**
251,194	0	(251,194)	0.0%	IBNR PCP	15,643	0	(15,643)	0.0%
7,536	0	(7,536)	0.0%	IBNR Settlement (PCP)	469	0	(469)	0.0%
20,095	0	(20,095)	0.0%	IBNR Claims Fluctuation (PCP)	1,253	0	(1,253)	0.0%
3,701,699	3,108,134	(593,564)	(19.1%)	PCP FFS	12,462,445	9,513,321	(2,949,124)	(31.0%)
0	0	0	0.0%	Special Needs Medical Expense	278	0	(278)	0.0%
365,143	395,964	30,822	7.8%	PCP FQHC FFS	1,212,337	1,213,990	1,652	0.1%
(3,778)	0	3,778	0.0%	Prop 56 Physician Pmt	(3,778)	0	3,778	0.0%
16,032	0	(16,032)	0.0%	Prop 56 Hyde	48,459	0	(48,459)	0.0%
75,791	0	(75,791)	0.0%	Prop 56 Trauma Screening	228,148	0	(228,148)	0.0%
90,575	0	(90,575)	0.0%	Prop 56 Developmentl Screening	271,931	0	(271,931)	0.0%
648,382	821,503	173,122	21.1%	Prop 56 Family Planning	1,965,373	2,468,897	503,524	20.4%
(259)	0	259	0.0%	Prop 56 VBP	(259)	0	259	0.0%
5,172,409	**4,325,602**	**(846,807)**	**(19.6%)**	**9. Primary Care Physician Expense**	**16,202,299**	**13,196,208**	**(3,006,092)**	**(22.8%)**
376,683	0	(376,683)	0.0%	IBNR Specialist	706,169	0	(706,169)	0.0%
11,300	0	(11,300)	0.0%	IBNR Settlement (SCP)	21,185	0	(21,185)	0.0%
30,134	0	(30,134)	0.0%	IBNR Claims Fluctuation (SCP)	56,492	0	(56,492)	0.0%
583,437	0	(583,437)	0.0%	Psychiatrist FFS	1,895,245	0	(1,895,245)	0.0%
3,518,060	7,804,954	4,286,894	54.9%	Specialty Care FFS	11,267,075	23,909,613	12,642,538	52.9%
277,423	0	(277,423)	0.0%	Specialty Anesthesiology	1,029,280	0	(1,029,280)	0.0%
1,602,355	0	(1,602,355)	0.0%	Specialty Imaging FFS	5,011,434	0	(5,011,434)	0.0%
33,473	0	(33,473)	0.0%	Obstetrics FFS	160,526	0	(160,526)	0.0%
364,458	0	(364,458)	0.0%	Specialty IP Surgery FFS	1,351,564	0	(1,351,564)	0.0%
931,928	0	(931,928)	0.0%	Specialty OP Surgery FFS	3,218,536	0	(3,218,536)	0.0%
649,328	0	(649,328)	0.0%	Speciality IP Physician	2,116,692	0	(2,116,692)	0.0%
144,099	129,851	(14,247)	(11.0%)	Specialist FQHC FFS	454,747	397,954	(56,793)	(14.3%)
8,522,678	**7,934,805**	**(587,873)**	**(7.4%)**	**10. Specialty Care Physician Expense**	**27,288,945**	**24,307,567**	**(2,981,378)**	**(12.3%)**
56,716	0	(56,716)	0.0%	IBNR Ancillary (ANC)	(2,035,720)	0	2,035,720	0.0%
1,702	0	(1,702)	0.0%	IBNR Settlement (ANC)	(61,072)	0	61,072	0.0%
4,538	0	(4,538)	0.0%	IBNR Claims Fluctuation (ANC)	(162,857)	0	162,857	0.0%

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 30 SEPTEMBER, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
(97,753)	0	97,753	0.0%	IBNR Transportation FFS	(710,801)	0	710,801	0.0%
2,719,561	2,135,476	(584,086)	(27.4%)	Behavioral Health Therapy FFS	9,174,576	6,527,624	(2,646,952)	(40.6%)
2,385,411	0	(2,385,411)	0.0%	Psychologist & Other MH Prof	7,633,507	0	(7,633,507)	0.0%
452,131	0	(452,131)	0.0%	Other Medical Professional	1,537,316	0	(1,537,316)	0.0%
176,420	0	(176,420)	0.0%	Hearing Devices	514,272	0	(514,272)	0.0%
23,944	0	(23,944)	0.0%	ANC Imaging	113,330	0	(113,330)	0.0%
93,573	0	(93,573)	0.0%	Vision FFS	247,885	0	(247,885)	0.0%
5	0	(5)	0.0%	Family Planning	5	0	(5)	0.0%
739,678	1,274,233	534,555	42.0%	Laboratory FFS	2,129,937	3,897,297	1,767,360	45.3%
150,318	0	(150,318)	0.0%	ANC Therapist	456,282	0	(456,282)	0.0%
1,680,523	1,582,168	(98,355)	(6.2%)	Transp/Ambulance FFS	5,246,488	4,838,793	(407,695)	(8.4%)
3,389,544	2,694,850	(694,694)	(25.8%)	Non-ER Transportation FFS	6,724,240	8,241,055	1,516,815	18.4%
1,268,989	2,606,572	1,337,583	51.3%	Hospice FFS	5,470,509	7,960,846	2,490,337	31.3%
2,289,471	0	(2,289,471)	0.0%	Home Health Services	7,103,186	0	(7,103,186)	0.0%
0	2,581,256	2,581,256	100.0%	Other Medical FFS	0	7,895,265	7,895,265	100.0%
(174,945)	0	174,945	0.0%	Medical Refunds through HMS	(436,336)	0	436,336	0.0%
16,912	2,041,894	2,024,982	99.2%	DME & Medical Supplies FFS	76,837	6,241,249	6,164,412	98.8%
2,591,281	2,063,487	(527,794)	(25.6%)	ECM Base/Outreach FFS ANC	7,799,802	6,286,937	(1,512,865)	(24.1%)
249,762	90,586	(159,176)	(175.7%)	CS Housing Deposits FFS ANC	649,497	277,765	(371,732)	(133.8%)
688,201	434,736	(253,465)	(58.3%)	CS Housing Tenancy FFS ANC	2,356,041	1,342,403	(1,013,638)	(75.5%)
455,882	306,438	(149,445)	(48.8%)	CS Housing Navi Servic FFS ANC	1,523,815	943,306	(580,509)	(61.5%)
381,590	260,042	(121,548)	(46.7%)	CS Medical Respite FFS ANC	1,094,246	818,063	(276,183)	(33.8%)
180,543	121,506	(59,037)	(48.6%)	CS Med. Tailored Meals FFS ANC	541,500	381,213	(160,288)	(42.0%)
21,392	701	(20,691)	(2,952.5%)	CS Asthma Remediation FFS ANC	70,042	2,750	(67,292)	(2,446.9%)
0	2,571	2,571	100.0%	CS Home Modifications FFS ANC	0	7,811	7,811	100.0%
84,927	188,031	103,104	54.8%	CS P.Care & Hmker Svcs FFS ANC	174,430	581,707	407,277	70.0%
0	5,950	5,950	100.0%	CS Cgiver Respite Svcs FFS ANC	0	18,393	18,393	100.0%
0	(13)	(13)	100.0%	CS ST PostHospital Housing FFS	0	24	24	100.0%
170	301	131	43.5%	CS Housing Outreach	1,130	925	(205)	(22.2%)
390,796	505,835	115,039	22.7%	CommunityBased Adult Svc(CBAS)	1,073,467	1,547,358	473,891	30.6%
16,629	10,831	(5,798)	(53.5%)	CS LTC Diversion FFS ANC	47,984	32,494	(15,490)	(47.7%)
3,176	5,003	1,827	36.5%	CS LTC Transition FFS ANC	17,617	15,009	(2,608)	(17.4%)
20,241,088	**18,912,453**	**(1,328,635)**	**(7.0%)**	**11. Ancillary Medical Expense**	**58,371,153**	**57,858,286**	**(512,867)**	**(0.9%)**
758,246	0	(758,246)	0.0%	IBNR Outpatient	4,062,542	0	(4,062,542)	0.0%
22,747	0	(22,747)	0.0%	IBNR Settlement (OP)	121,875	0	(121,875)	0.0%
60,660	0	(60,660)	0.0%	IBNR Claims Fluctuation (OP)	325,005	0	(325,005)	0.0%
2,884,735	5,806,883	2,922,148	50.3%	Outpatient FFS	9,104,296	17,768,312	8,664,016	48.8%
2,934,242	0	(2,934,242)	0.0%	OP Ambul Surgery FFS	9,472,446	0	(9,472,446)	0.0%
2,387,494	0	(2,387,494)	0.0%	Imaging Services FFS	9,282,894	0	(9,282,894)	0.0%
120,875	0	(120,875)	0.0%	Behavioral Health FFS	362,712	0	(362,712)	0.0%
728,994	3,430,952	2,701,958	78.8%	Outpatient Facility Lab FFS	2,462,475	10,498,862	8,036,388	76.5%
220,100	0	(220,100)	0.0%	Outpatient Facility Cardio FFS	749,659	0	(749,659)	0.0%
107,022	0	(107,022)	0.0%	OP Facility PT/OT/ST FFS	345,663	0	(345,663)	0.0%
3,267,281	3,192,930	(74,352)	(2.3%)	OP Facility Dialysis Ctr FFS	9,336,625	9,777,740	441,116	4.5%
13,492,397	**12,430,764**	**(1,061,633)**	**(8.5%)**	**12. Outpatient Medical Expense**	**45,626,192**	**38,044,915**	**(7,581,277)**	**(19.9%)**
228,271	0	(228,271)	0.0%	IBNR Emergency	861,037	0	(861,037)	0.0%
6,848	0	(6,848)	0.0%	IBNR Settlement (ER)	25,833	0	(25,833)	0.0%
18,261	0	(18,261)	0.0%	IBNR Claims Fluctuation (ER)	68,882	0	(68,882)	0.0%
8,129,823	10,763,694	2,633,871	24.5%	ER Facility	28,729,816	32,846,744	4,116,928	12.5%
1,047,839	0	(1,047,839)	0.0%	Specialty ER Physician FFS	3,471,938	0	(3,471,938)	0.0%
9,431,042	**10,763,694**	**1,332,652**	**12.4%**	**13. Emergency Expense**	**33,157,507**	**32,846,744**	**(310,763)**	**(0.9%)**
1,663,404	0	(1,663,404)	0.0%	IBNR Pharmacy (OP)	768,216	0	(768,216)	0.0%
49,902	0	(49,902)	0.0%	IBNR Settlement Rx (OP)	23,048	0	(23,048)	0.0%
133,072	0	(133,072)	0.0%	IBNR Claims Fluctuation Rx(OP)	61,458	0	(61,458)	0.0%

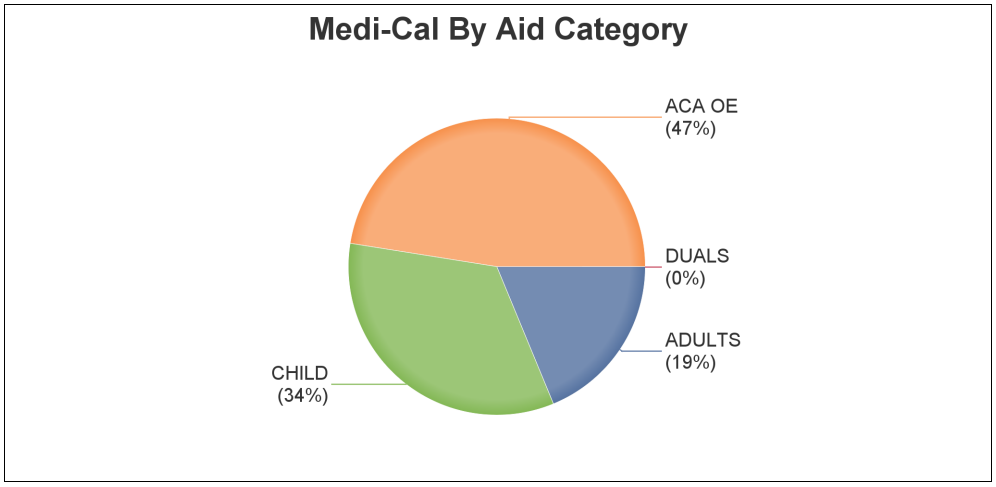
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 30 SEPTEMBER, 2025

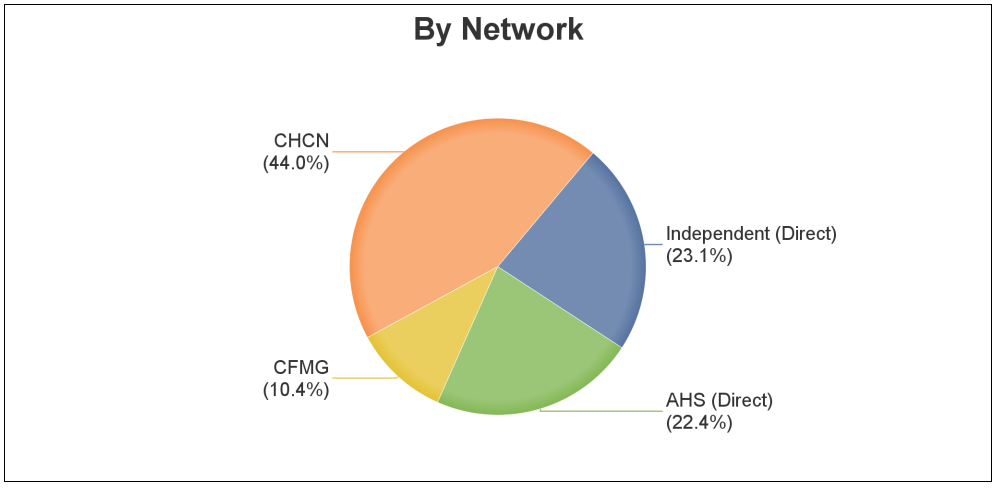
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
787,545	656,227	(131,318)	(20.0%)	Pharmacy FFS (OP)	2,193,434	2,014,382	(179,053)	(8.9%)
111,598	12,203,204	12,091,606	99.1%	Pharmacy Non PBM FFS Other-ANC	363,003	28,462,977	28,099,974	98.7%
8,008,435	0	(8,008,435)	0.0%	Pharmacy Non PBM FFS OP-FAC	12,310,060	0	(12,310,060)	0.0%
201,335	0	(201,335)	0.0%	Pharmacy Non PBM FFS PCP	808,278	0	(808,278)	0.0%
2,627,221	0	(2,627,221)	0.0%	Pharmacy Non PBM FFS SCP	8,451,560	0	(8,451,560)	0.0%
32,762	0	(32,762)	0.0%	Pharmacy Non PBM FFS FQHC	98,463	0	(98,463)	0.0%
8,375	0	(8,375)	0.0%	Pharmacy Non PBM FFS HH	34,312	0	(34,312)	0.0%
(50,000)	49,393	99,393	201.2%	Medical Expenses Pharm Rebate	(158,585)	151,620	310,205	204.6%
13,573,650	**12,908,824**	**(664,825)**	**(5.2%)**	**14. Pharmacy Expense**	**24,953,247**	**30,628,978**	**5,675,731**	**18.5%**
4,699,261	0	(4,699,261)	0.0%	IBNR LTC	(4,096,744)	0	4,096,744	0.0%
140,978	0	(140,978)	0.0%	IBNR Settlement (LTC)	(122,903)	0	122,903	0.0%
375,941	0	(375,941)	0.0%	IBNR Claims Fluctuation (LTC)	(327,740)	0	327,740	0.0%
1,634,477	26,880	(1,607,597)	(5,980.6%)	LTC - ICF/DD	6,012,220	82,233	(5,929,987)	(7,211.2%)
25,900,010	27,288,417	1,388,407	5.1%	LTC Custodial Care	85,320,754	83,428,917	(1,891,837)	(2.3%)
7,674,082	10,154,012	2,479,930	24.4%	LTC SNF	28,229,315	31,035,180	2,805,866	9.0%
40,424,750	**37,469,309**	**(2,955,441)**	**(7.9%)**	**15. Long Term Care Expense**	**115,014,902**	**114,546,330**	**(468,572)**	**(0.4%)**
153,635,939	**157,919,168**	**4,283,229**	**2.7%**	**16. TOTAL FFS MEDICAL EXPENSES**	**462,742,246**	**473,962,137**	**11,219,892**	**2.4%**
0	(511,798)	(511,798)	100.0%	Clinical Vacancy #102	0	(1,302,656)	(1,302,656)	100.0%
333,085	163,403	(169,682)	(103.8%)	Quality Analytics #123	535,292	480,017	(55,275)	(11.5%)
387,743	370,607	(17,136)	(4.6%)	LongTerm Services and Support #139	1,130,946	1,104,949	(25,997)	(2.4%)
991,816	917,875	(73,942)	(8.1%)	Utilization Management #140	2,833,207	2,612,992	(220,215)	(8.4%)
800,689	824,165	23,476	2.8%	Case & Disease Management #185	2,227,983	2,621,251	393,268	15.0%
(617,764)	(4,360,805)	(3,743,041)	85.8%	Medical Management #230	(913,894)	(13,113,841)	(12,199,947)	93.0%
1,319,889	1,300,054	(19,836)	(1.5%)	Quality Improvement #235	3,421,425	3,668,806	247,381	6.7%
425,781	428,084	2,303	0.5%	HCS Behavioral Health #238	1,159,787	1,325,046	165,259	12.5%
138,504	226,810	88,306	38.9%	Pharmacy Services #245	404,318	684,927	280,609	41.0%
(9,708)	0	9,708	0.0%	Regulatory Readiness #268	(7,162)	0	7,162	0.0%
3,770,035	**(641,606)**	**(4,411,641)**	**687.6%**	**17. Other Benefits & Services**	**10,791,900**	**(1,918,510)**	**(12,710,410)**	**662.5%**
(679,445)	(1,533,129)	(853,683)	55.7%	Reinsurance Recoveries	(4,263,332)	(4,608,316)	(344,984)	7.5%
2,458,639	2,044,172	(414,467)	(20.3%)	Reinsurance Premium	7,422,225	6,144,421	(1,277,803)	(20.8%)
1,779,194	**511,043**	**(1,268,151)**	**(248.1%)**	**18. Reinsurance (Net)**	**3,158,893**	**1,536,105**	**(1,622,787)**	**(105.6%)**
1,000,000	0	(1,000,000)	0.0%	P4P Risk Pool Provider Incenti	3,659,099	0	(3,659,099)	0.0%
1,000,000	**0**	**(1,000,000)**	**0.0%**	**19. Risk Pool Distribution**	**3,659,099**	**0**	**(3,659,099)**	**0.0%**
177,809,498	**175,004,615**	**(2,804,883)**	**(1.6%)**	**20. TOTAL MEDICAL EXPENSES**	**538,682,660**	**525,326,404**	**(13,356,256)**	**(2.5%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend

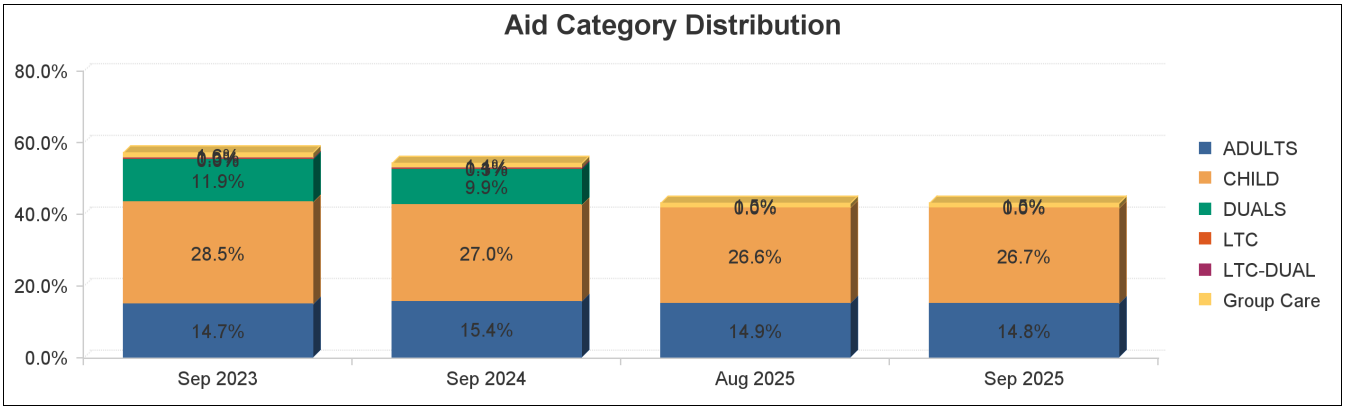
Category of Aid	Sep 2025	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN
ADULTS	60,163	15%	12,444	14,392	1	33,326
CHILD	108,175	27%	10,413	13,670	39,245	44,847
SPD	0	0%	0	0	0	0
ACA OE	152,201	38%	27,846	52,865	1,518	69,972
DUALS	9	0%	7	2	0	0
LTC	0	0%	0	0	0	0
LTC-DUAL	0	0%	0	0	0	0
SPD-LTC	29,706	7%	8,716	5,431	1,509	14,050
SPD-LTC/Full Dual	49,387	12%	32,044	3,581	1	13,761
Medi-Cal	399,641		91,470	89,941	42,274	175,956
Group Care	6,054		2,230	1,099	0	2,725
Total	**405,695**	**100%**	**93,700**	**91,040**	**42,274**	**178,681**
Medi-Cal %	98.5%		97.6%	98.8%	100.0%	98.5%
Group Care %	1.5%		2.4%	1.2%	0.0%	1.5%
	Network Distribution		**23.1%**	**22.4%**	**10.4%**	**44.0%**
			% Direct:	**46%**	**% Delegated:**	**54%**





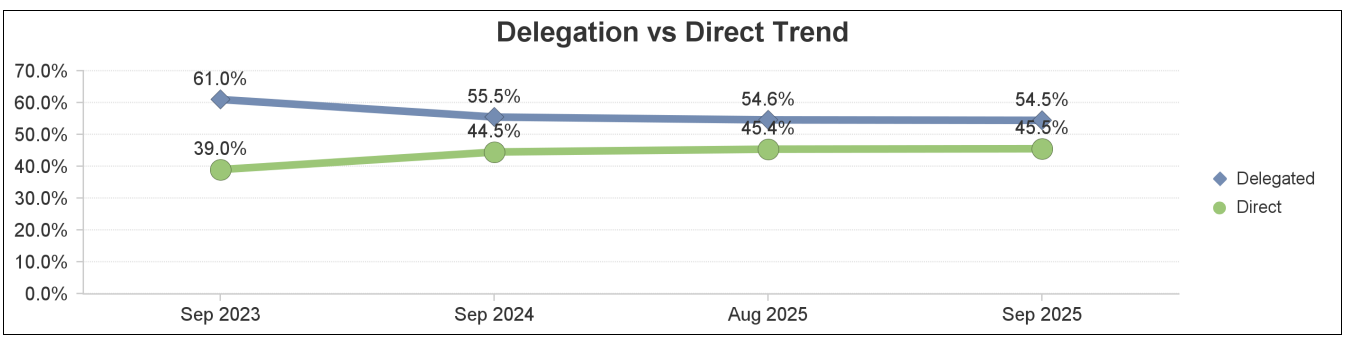
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023 to Sep 2024	Sep 2024 to Sep 2025	Aug 2025 to Sep 2025
ADULTS	51,499	62,572	60,720	**60,163**	14.7%	15.4%	14.9%	14.8%	17.7%	-4.0%	-0.9%
CHILD	100,038	109,739	108,568	**108,175**	28.5%	27.0%	26.6%	26.7%	8.8%	-1.4%	-0.4%
SPD	30,592	35,322	0	**0**	8.7%	8.7%	0.0%	0.0%	13.4%	0.0%	0.0%
ACA OE	120,016	150,999	153,348	**152,201**	34.2%	37.2%	37.6%	37.5%	20.5%	0.8%	-0.8%
DUALS	41,629	40,117	2	**9**	11.9%	9.9%	0.0%	0.0%	-3.8%	-445,644.4%	77.8%
LTC	139	240	0	**0**	0.0%	0.1%	0.0%	0.0%	42.1%	0.0%	0.0%
LTC-DUAL	1,004	1,254	0	**0**	0.3%	0.3%	0.0%	0.0%	19.9%	0.0%	0.0%
SPD-LTC	0	0	29,686	**29,706**	0.0%	0.0%	7.3%	7.3%	0.0%	100.0%	0.1%
SPD-LTC/ Full Dual	0	0	49,372	**49,387**	0.0%	0.0%	12.1%	12.2%	0.0%	100.0%	0.0%
Medi-Cal	344,917	400,243	401,696	**399,641**	98.4%	98.6%	98.5%	98.5%	13.8%	-0.2%	-0.5%
Group Care	5,631	5,710	5,974	**6,054**	1.6%	1.4%	1.5%	1.5%	1.4%	5.7%	1.3%
Total	**350,548**	**405,953**	**407,670**	**405,695**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**13.6%**	**-0.1%**	**-0.5%**



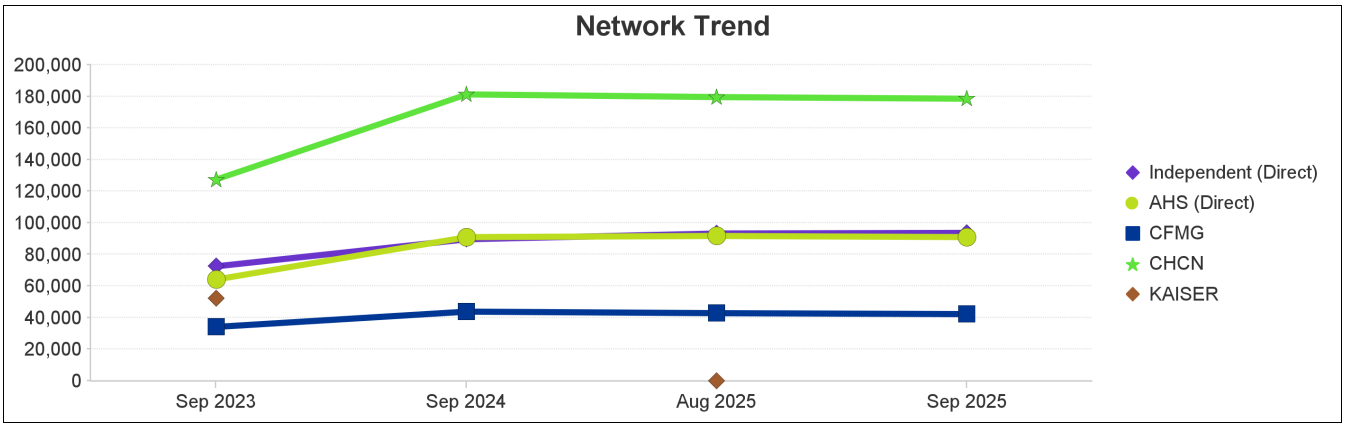
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023 to Sep 2024	Sep 2024 to Sep 2025	Aug 2025 to Sep 2025
Delegated	213,911	225,266	222,601	**220,955**	61.0%	55.5%	54.6%	54.5%	5.0%	-2.0%	-0.7%
Direct	136,637	180,687	185,069	**184,740**	39.0%	44.5%	45.4%	45.5%	24.4%	2.2%	-0.2%
Total	**350,548**	**405,953**	**407,670**	**405,695**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**13.6%**	**-0.1%**	**-0.5%**



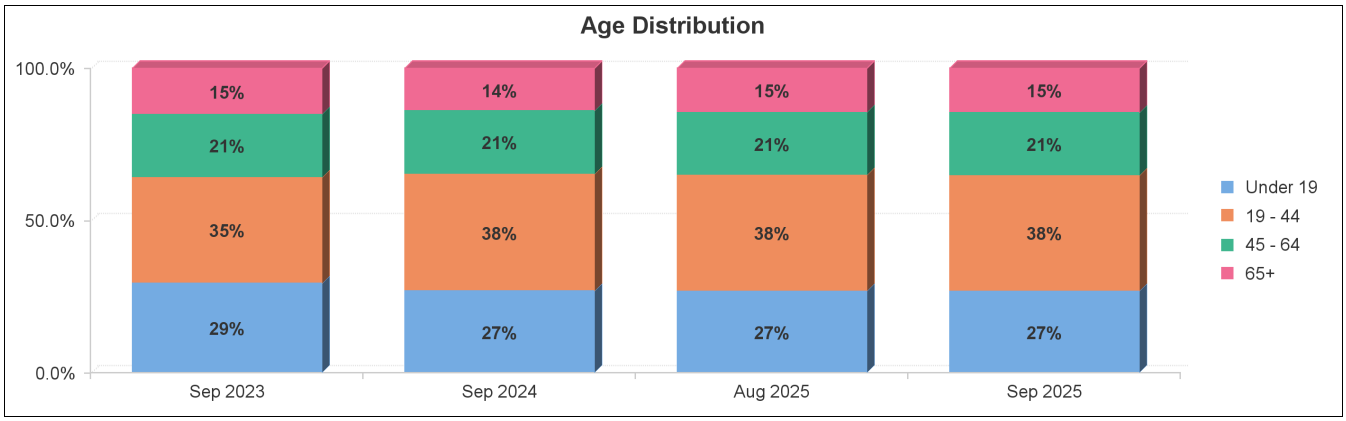
Network Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023 to Sep 2024	Sep 2024 to Sep 2025	Aug 2025 to Sep 2025
Independent (Direct)	72,504	89,659	93,300	**93,700**	20.7%	22.1%	22.9%	23.1%	19.1%	4.3%	0.4%
AHS (Direct)	64,133	91,028	91,769	**91,040**	18.3%	22.4%	22.5%	22.4%	29.5%	0.0%	-0.8%
CFMG	34,144	43,838	42,868	**42,274**	9.7%	10.8%	10.5%	10.4%	22.1%	-3.7%	-1.4%
CHCN	127,430	181,428	179,713	**178,681**	36.4%	44.7%	44.1%	44.0%	29.8%	-1.5%	-0.6%
KAISER	52,337	0	20	**0**	14.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	**350,548**	**405,953**	**407,670**	**405,695**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**13.6%**	**-0.1%**	**-0.5%**



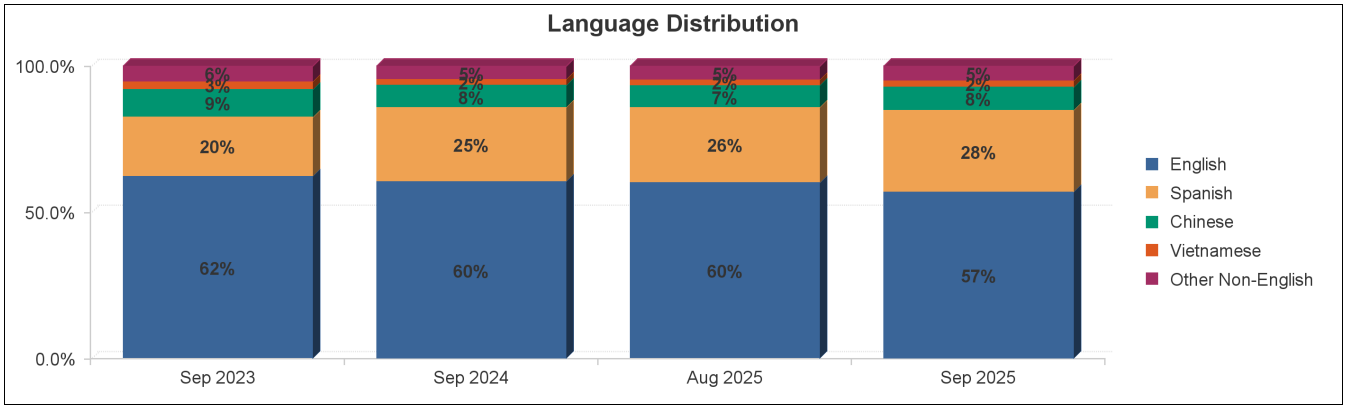
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023 to Sep 2024	Sep 2024 to Sep 2025	Aug 2025 to Sep 2025
Under 19	102,388	108,338	108,381	**107,944**	29%	27%	27%	27%	5%	0%	0%
19 - 44	121,851	155,780	155,276	**154,018**	35%	38%	38%	38%	22%	-1%	-1%
45 - 64	72,445	84,362	84,220	**83,823**	21%	21%	21%	21%	14%	-1%	0%
65+	53,864	57,473	59,793	**59,910**	15%	14%	15%	15%	6%	4%	0%
Total	**350,548**	**405,953**	**407,670**	**405,695**	**100%**	**100%**	**100%**	**100%**	**14%**	**0%**	**0%**



Language Trend

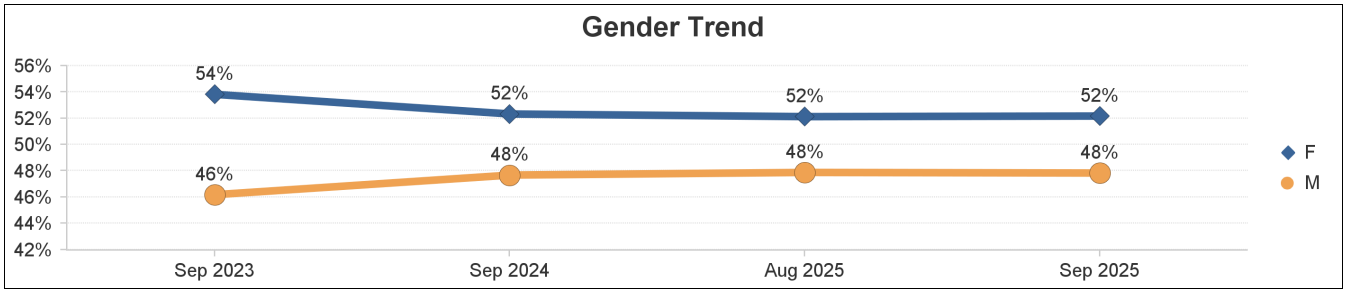
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Sep 2023	Sep 2024	Aug 2025	Sep 2025	ep 2023	ep 2024	Aug 2025	ep 2025	Sep 2023 to Sep 2024	Sep 2024 to Sep 2025	Aug 2025 to Sep 2025
English	217,655	245,070	244,403	**230,515**	62%	60%	60%	57%	11%	-6%	-6%
Spanish	70,947	102,701	104,959	**113,062**	20%	25%	26%	28%	31%	9%	7%
Chinese	33,023	30,727	30,355	**32,134**	9%	8%	7%	8%	-7%	4%	6%
Vietnamese	9,522	8,280	8,083	**8,994**	3%	2%	2%	2%	-15%	8%	10%
Other Non-English	19,401	19,175	19,870	**20,990**	6%	5%	5%	5%	-1%	9%	5%
Total	**350,548**	**405,953**	**407,670**	**405,695**	**100%**	**100%**	**100%**	**100%**	**14%**	**0%**	**0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

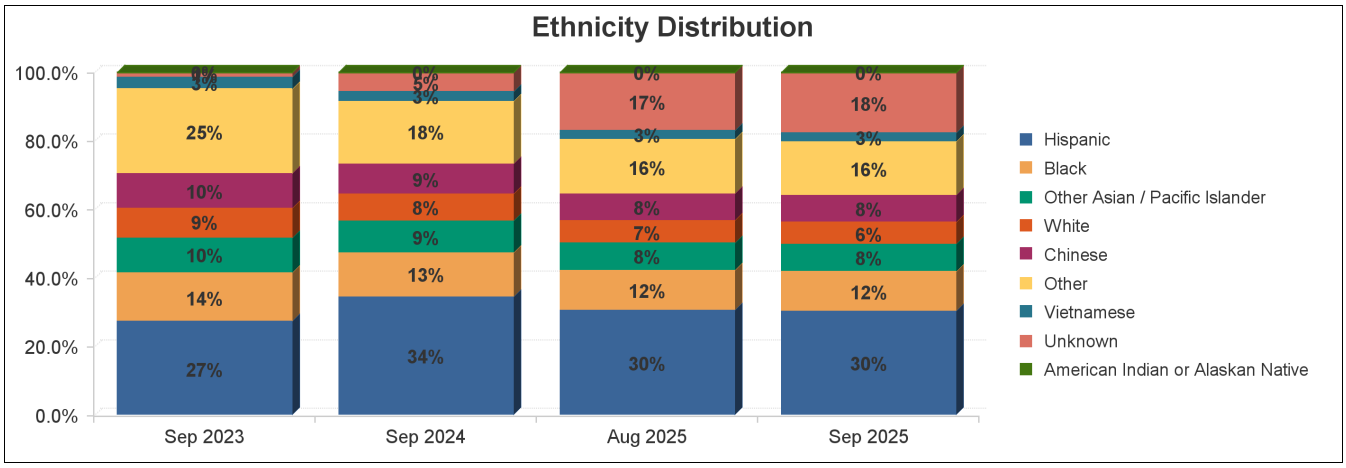
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023 to Sep 2024	Sep 2024 to Sep 2025	Aug 2025 to Sep 2025
F	188,681	212,422	212,501	**211,654**	54%	52%	52%	52%	11%	0%	0%
M	161,867	193,531	195,169	**194,041**	46%	48%	48%	48%	16%	0%	-1%
Total	**350,548**	**405,953**	**407,670**	**405,695**	**100%**	**100%**	**100%**	**100%**	**14%**	**0%**	**0%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023	Sep 2024	Aug 2025	Sep 2025	Sep 2023 to Sep 2024	Sep 2024 to Sep 2025	Aug 2025 to Sep 2025
Hispanic	95,595	139,641	124,198	**122,723**	27%	34%	30%	30%	32%	-14%	-1%
Black	49,809	52,255	47,397	**46,880**	14%	13%	12%	12%	5%	-11%	-1%
Other Asian / Pacific Islander	35,405	37,604	32,594	**32,182**	10%	9%	8%	8%	6%	-17%	-1%
White	30,367	32,080	26,772	**26,253**	9%	8%	7%	6%	5%	-22%	-2%
Chinese	35,649	35,544	31,878	**31,551**	10%	9%	8%	8%	0%	-13%	-1%
Other	86,602	74,071	64,699	**63,750**	25%	18%	16%	16%	-17%	-16%	-1%
Vietnamese	12,022	11,649	10,438	**10,309**	3%	3%	3%	3%	-3%	-13%	-1%
Unknown	4,380	22,311	69,002	**71,362**	1%	5%	17%	18%	80%	69%	3%
American Indian or Alaskan Native	719	798	692	**685**	0%	0%	0%	0%	10%	-16%	-1%
Total	**350,548**	**405,953**	**407,670**	**405,695**	**100%**	**100%**	**100%**	**100%**	**14%**	**0%**	**0%**



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

Medi-Cal By City

City	Sep 2025	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	158,935	40%	24,256	42,632	16,585	75,462
HAYWARD	52,422	13%	12,002	15,007	5,554	19,859
FREMONT	38,325	10%	16,014	6,773	2,194	13,344
SAN LEANDRO	25,230	6%	6,888	4,255	3,040	11,047
UNION CITY	14,369	4%	5,704	2,627	810	5,228
ALAMEDA	13,647	3%	3,396	2,548	2,026	5,677
BERKELEY	16,225	4%	3,927	2,484	1,755	8,059
LIVERMORE	12,997	3%	2,054	461	2,073	8,409
NEWARK	9,257	2%	2,797	3,935	503	2,022
CASTRO VALLEY	11,155	3%	3,265	1,802	1,740	4,348
SAN LORENZO	6,066	2%	1,278	1,433	698	2,657
PLEASANTON	7,994	2%	2,209	336	833	4,616
DUBLIN	7,651	2%	2,402	341	855	4,053
EMERYVILLE	2,990	1%	615	667	479	1,229
ALBANY	2,559	1%	607	288	538	1,126
PIEDMONT	476	0%	100	187	76	113
SUNOL	81	0%	30	9	7	35
ANTIOCH	41	0%	11	12	6	12
Other	19,221	5%	3,915	4,144	2,502	8,660
Total	399,641	100%	**91,470**	**89,941**	**42,274**	**175,956**

Group Care By City

City	Sep 2025	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	1,867	31%	351	422	0	1,094
HAYWARD	689	11%	321	181	0	187
FREMONT	681	11%	441	83	0	157
SAN LEANDRO	649	11%	266	104	0	279
UNION CITY	289	5%	175	45	0	69
ALAMEDA	317	5%	86	38	0	193
BERKELEY	153	3%	46	15	0	92
LIVERMORE	102	2%	31	4	0	67
NEWARK	142	2%	74	39	0	29
CASTRO VALLEY	220	4%	99	30	0	91
SAN LORENZO	155	3%	47	28	0	80
PLEASANTON	73	1%	24	3	0	46
DUBLIN	135	2%	52	8	0	75
EMERYVILLE	41	1%	12	8	0	21
ALBANY	24	0%	13	2	0	9
PIEDMONT	5	0%	1	1	0	3
SUNOL	1	0%	1	0	0	0
ANTIOCH	27	0%	9	7	0	11
Other	484	8%	181	81	0	222
Total	**6,054**	**100%**	**2,230**	**1,099**	**0**	**2,725**

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

Total By City

City	Sep 2025	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	160,802	40%	24,607	43,054	16,585	76,556
HAYWARD	53,111	13%	12,323	15,188	5,554	20,046
FREMONT	39,006	10%	16,455	6,856	2,194	13,501
SAN LEANDRO	25,879	6%	7,154	4,359	3,040	11,326
UNION CITY	14,658	4%	5,879	2,672	810	5,297
ALAMEDA	13,964	3%	3,482	2,586	2,026	5,870
BERKELEY	16,378	4%	3,973	2,499	1,755	8,151
LIVERMORE	13,099	3%	2,085	465	2,073	8,476
NEWARK	9,399	2%	2,871	3,974	503	2,051
CASTRO VALLEY	11,375	3%	3,364	1,832	1,740	4,439
SAN LORENZO	6,221	2%	1,325	1,461	698	2,737
PLEASANTON	8,067	2%	2,233	339	833	4,662
DUBLIN	7,786	2%	2,454	349	855	4,128
EMERYVILLE	3,031	1%	627	675	479	1,250
ALBANY	2,583	1%	620	290	538	1,135
PIEDMONT	481	0%	101	188	76	116
SUNOL	82	0%	31	9	7	35
ANTIOCH	68	0%	20	19	6	23
Other	19,705	5%	4,096	4,225	2,502	8,882
Total	405,695	100%	**93,700**	**91,040**	**42,274**	**178,681**

To: **Alameda Alliance for Health, Board of Governors**

From: **Gil Riojas, Chief Financial Officer**

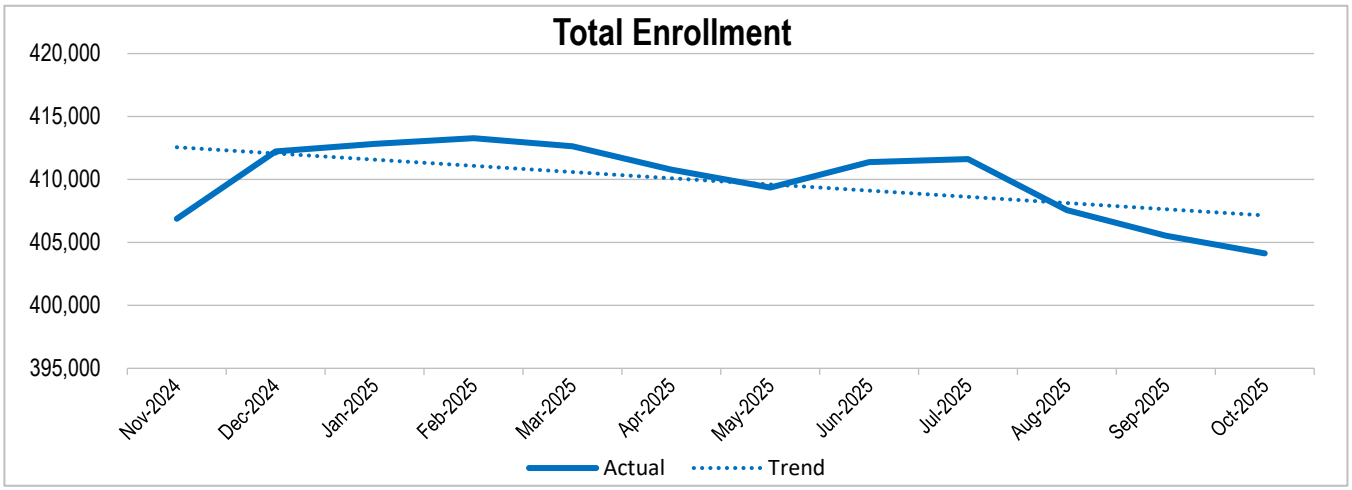
Date: **December 12th, 2025**

Subject: **Finance Report – October 2025 Financials**

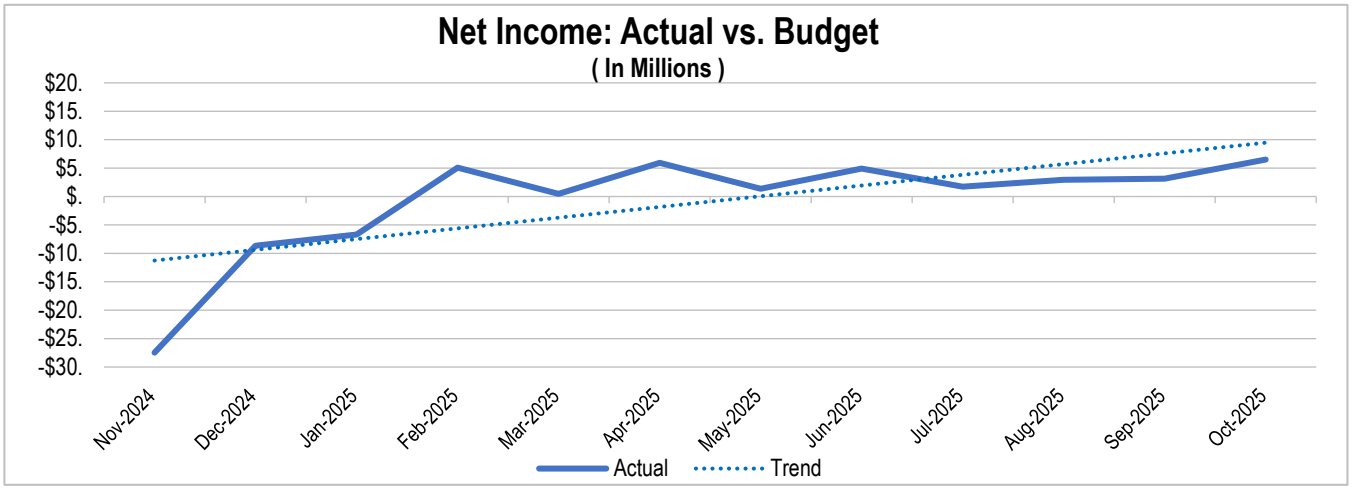
Executive Summary

For the month of October, the Alliance decreased in enrollment, down slightly to 404,128 members. Net Income of $6.5 million was reported, and the Plan's Medical Expenses represented 92.7% of Premium Revenue. Alliance reserves increased slightly to 229% of required and continue to remain above minimum requirements.

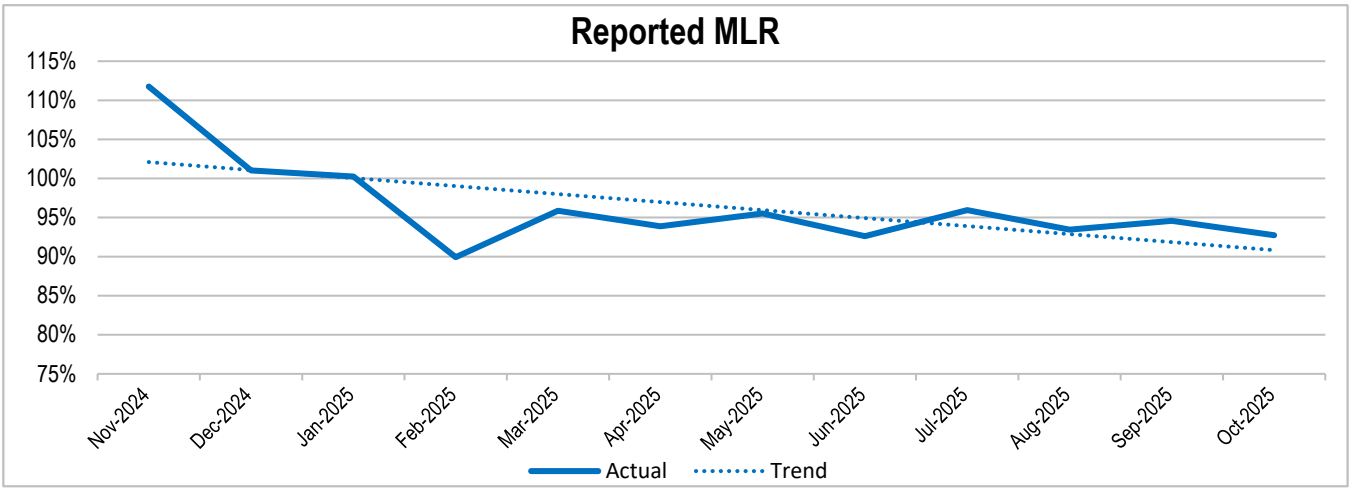
Enrollment – In October, Enrollment decreased by 1,409 members.



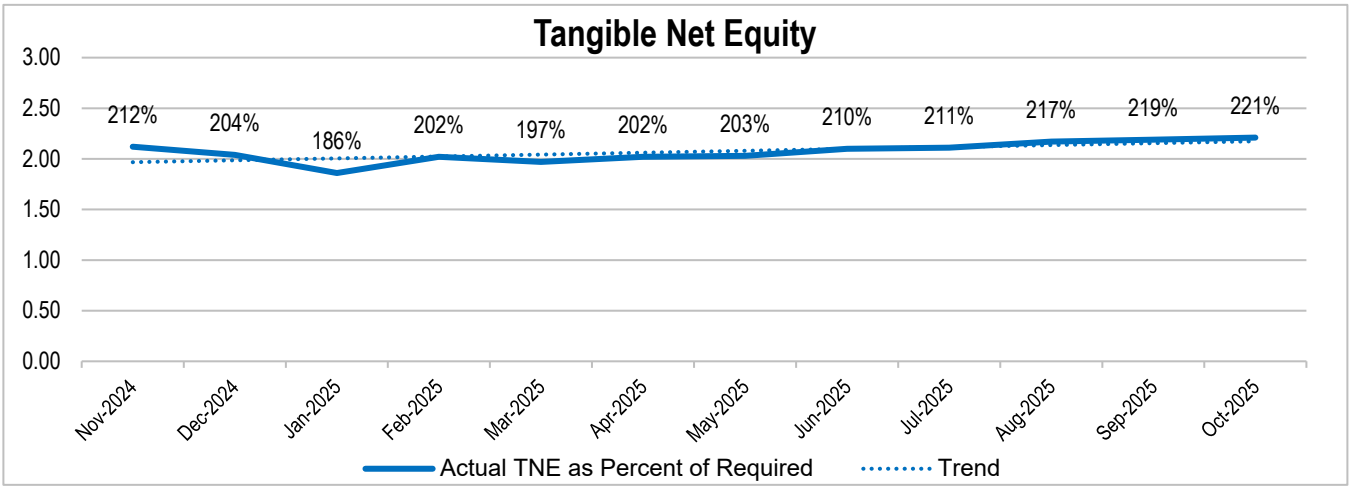
Net Income – For the month ended October, actual Net Income was $6.5 million vs. budgeted Net Loss of $2.7 million. For the fiscal YTD, actual Net Income was $14.3 million vs. budgeted Net Income of $7.1 million. For the month, Premium Revenue was favorable to budget, actual Revenue was $189.4 million vs. budgeted Revenue of $186.1 million. Premium Revenue favorable variance of $3.3 million is primarily due to retroactive member months and volume variance for the current month.



Medical Loss Ratio (MLR) – The Medical Loss Ratio was 92.7% for the month, and 94.2% for fiscal YTD. The major unfavorable variances were Other Benefits & Services and Long Term Care Expense. The major favorable variance was Inpatient Hospital Expense.



Tangible Net Equity (TNE) - The Department of Managed Health Care (DMHC) required $80.1 million in reserves, we reported $183.6 million. Our overall TNE remains above DMHC requirements at 229%.



The Alliance continues to benefit from increased non-operating income. For Fiscal year-to-date, investments show a gain of $10.0 million and capital assets acquired are $0.

To: **Alameda Alliance for Health, Board of Governors**

From: **Gil Riojas, Chief Financial Officer**

Date: **December 12th, 2025**

Subject: **Finance Report – October 2025**

Executive Summary

- For the month ended October 31st, 2025, the Alliance had enrollment of 404,128 members, a Net Income of $6.5 million and 229% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$253,815	$1,018,228
Medical Expense	175,649	714,331
Admin. Expense	9,700	39,777
MCO Tax Expense	64,416	259,796
Other Inc. / (Exp.)	2,451	9,984
Net Income	**$6,501**	**$14,308**

Net Income by Program: (in Thousands)

	Month	YTD
Medi-Cal	$8,365	$18,489
Group Care	(615)	(645)
Medicare	(1,249)	(3,536)
	$6,501	**$14,308**

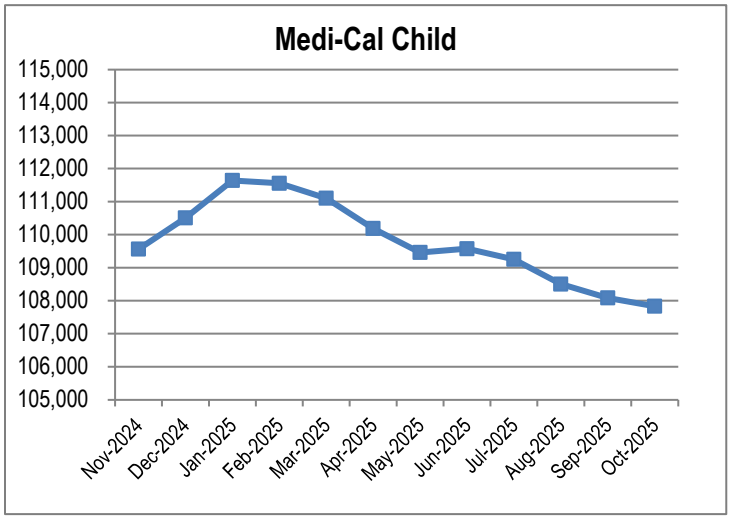
Enrollment

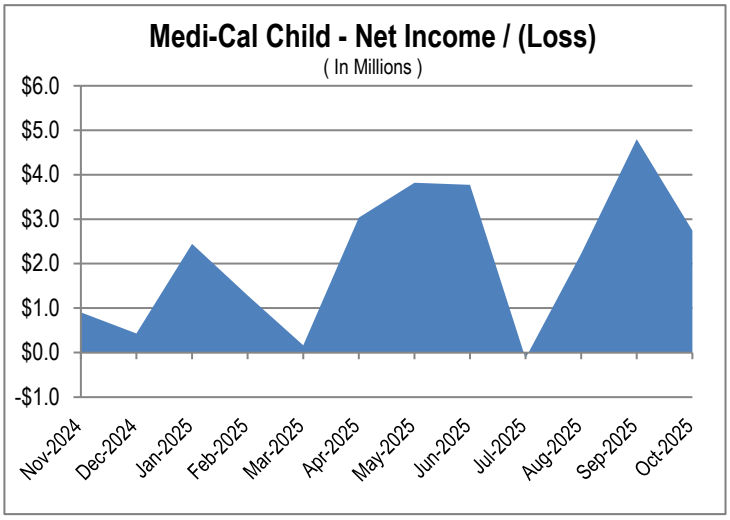
- Total enrollment decreased by 1,409 members since September 2025.
- Total enrollment decreased by 7,255 members since June 2025.

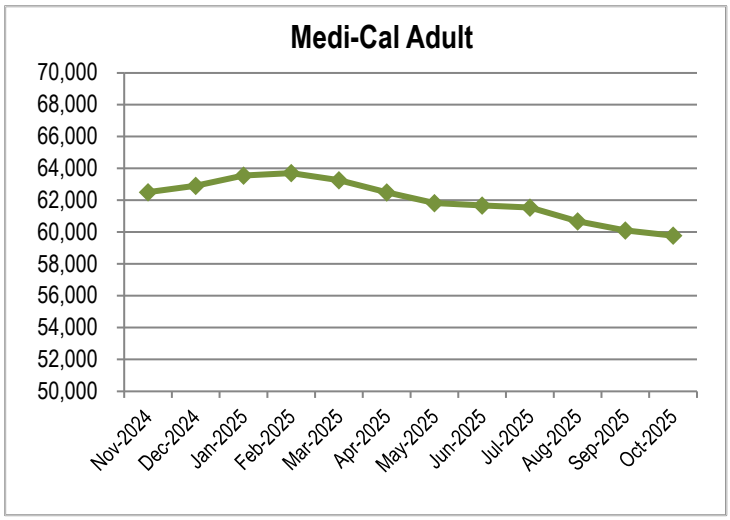
Monthly Membership and YTD Member Months
Actual vs. Budget

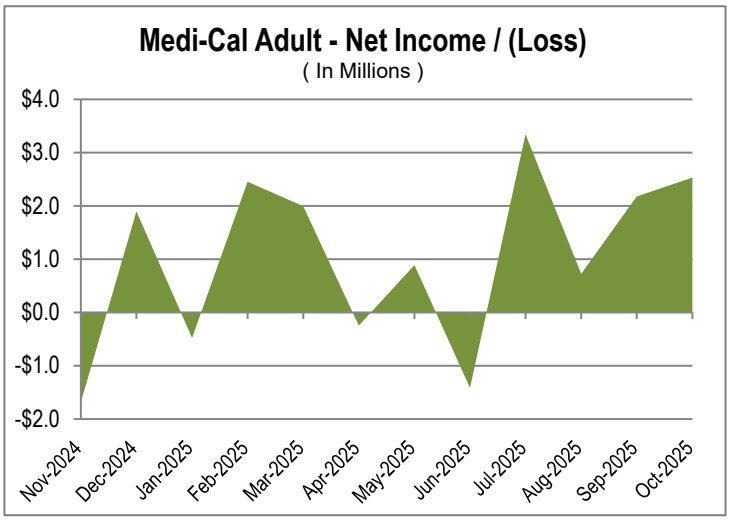
Enrollment					Member Months			
Current Month					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
107,831	108,128	(297)	(0.3%)	Child	433,668	433,935	(267)	(0.1%)
59,780	61,150	(1,370)	(2.2%)	Adult	242,101	245,143	(3,042)	(1.2%)
151,404	152,443	(1,039)	(0.7%)	ACA OE	612,481	611,519	962	0.2%
29,631	29,158	473	1.6%	SPD with LTC	118,858	116,986	1,872	1.6%
49,401	48,324	1,077	2.2%	Duals with LTC	197,671	194,022	3,649	1.9%
398,047	**399,203**	**(1,156)**	**(0.3%)**	**Medi-Cal Total**	**1,604,779**	**1,601,605**	**3,174**	**0.2%**
6,081	5,887	194	3.3%	Group Care	24,066	23,548	518	2.2%
404,128	**405,090**	**(962)**	**(0.2%)**	**Total**	**1,628,845**	**1,625,153**	**3,692**	**0.2%**

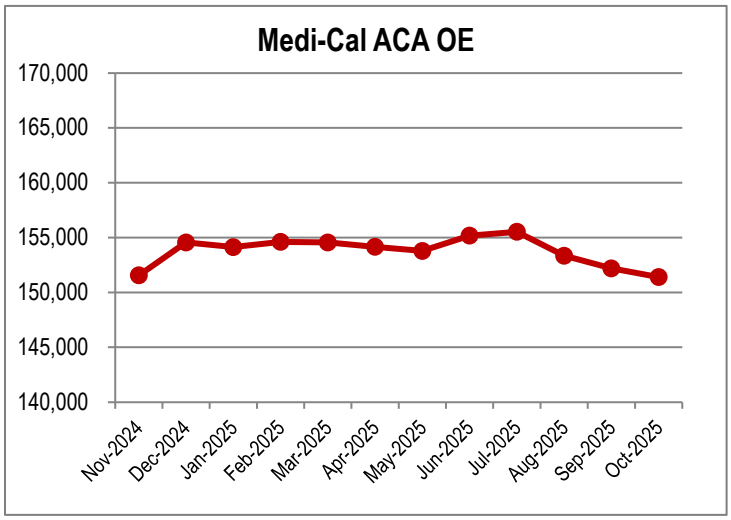
Enrollment and Profitability by Program and Category of Aid

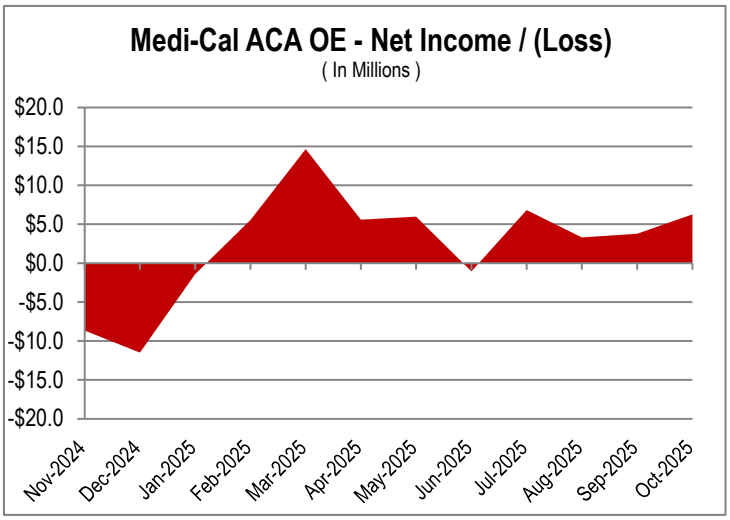




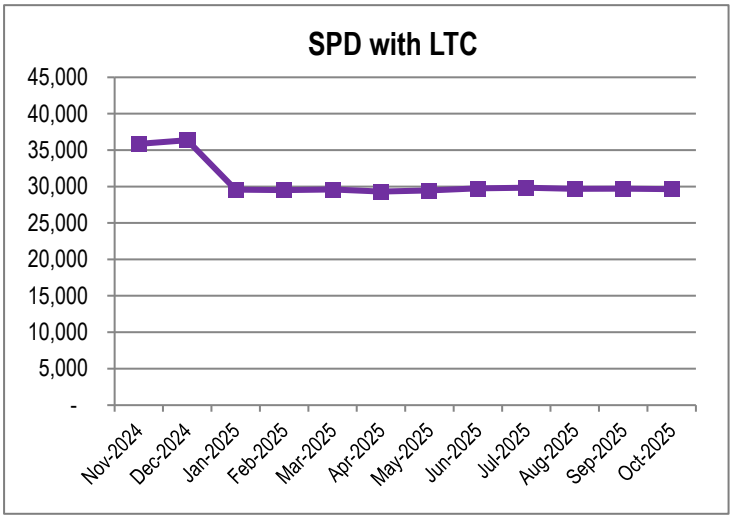


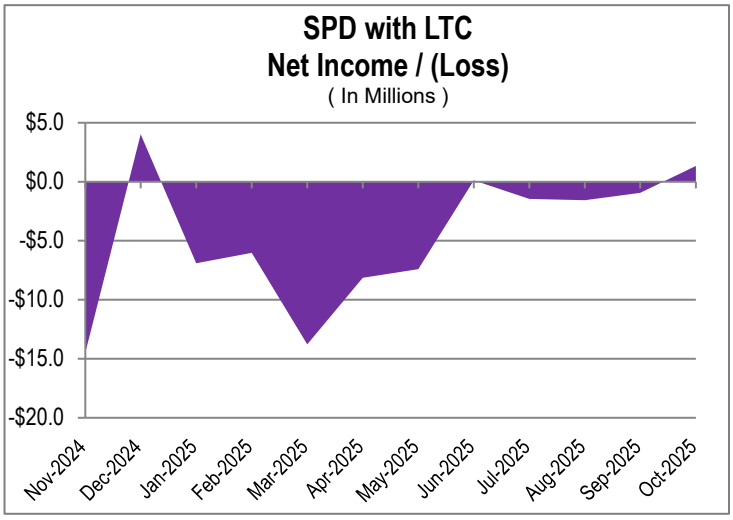


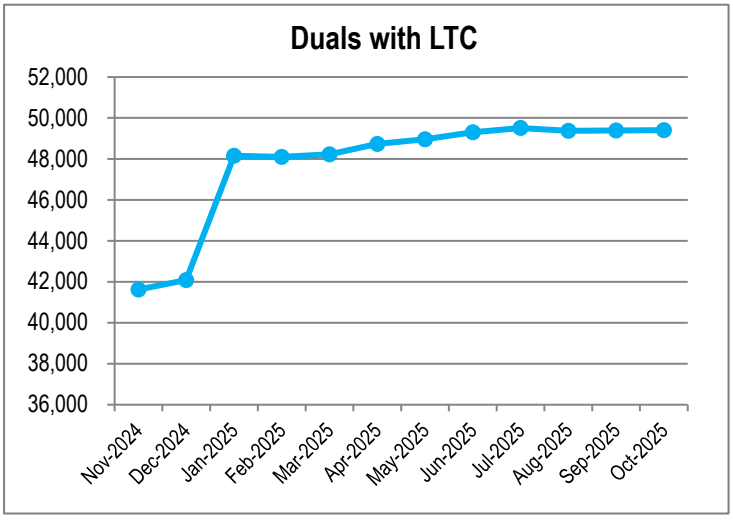


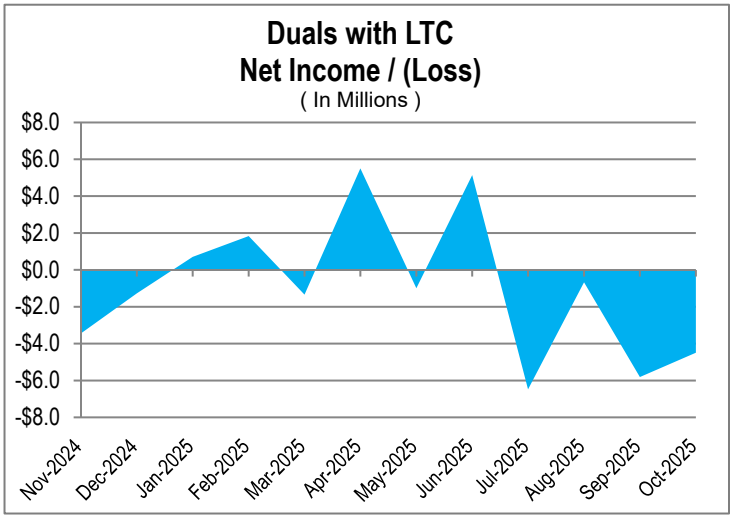


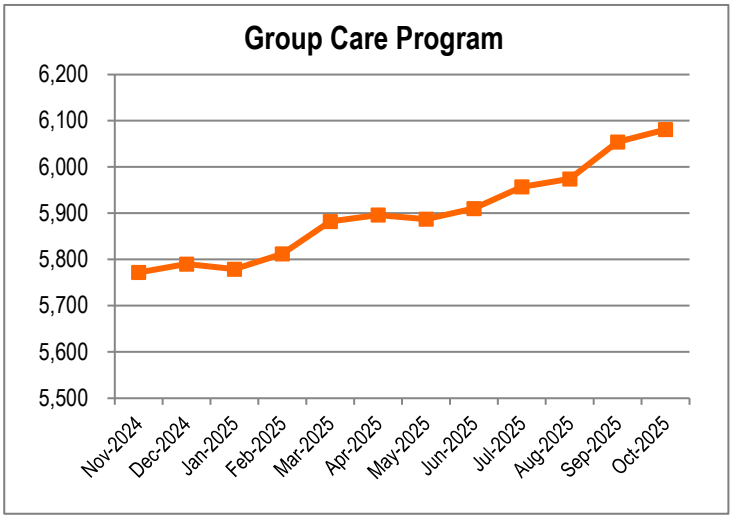
Enrollment and Profitability by Program and Category of Aid

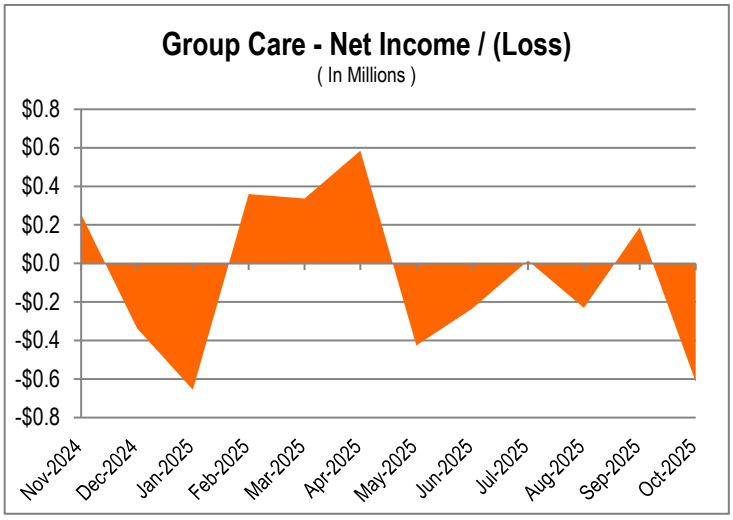




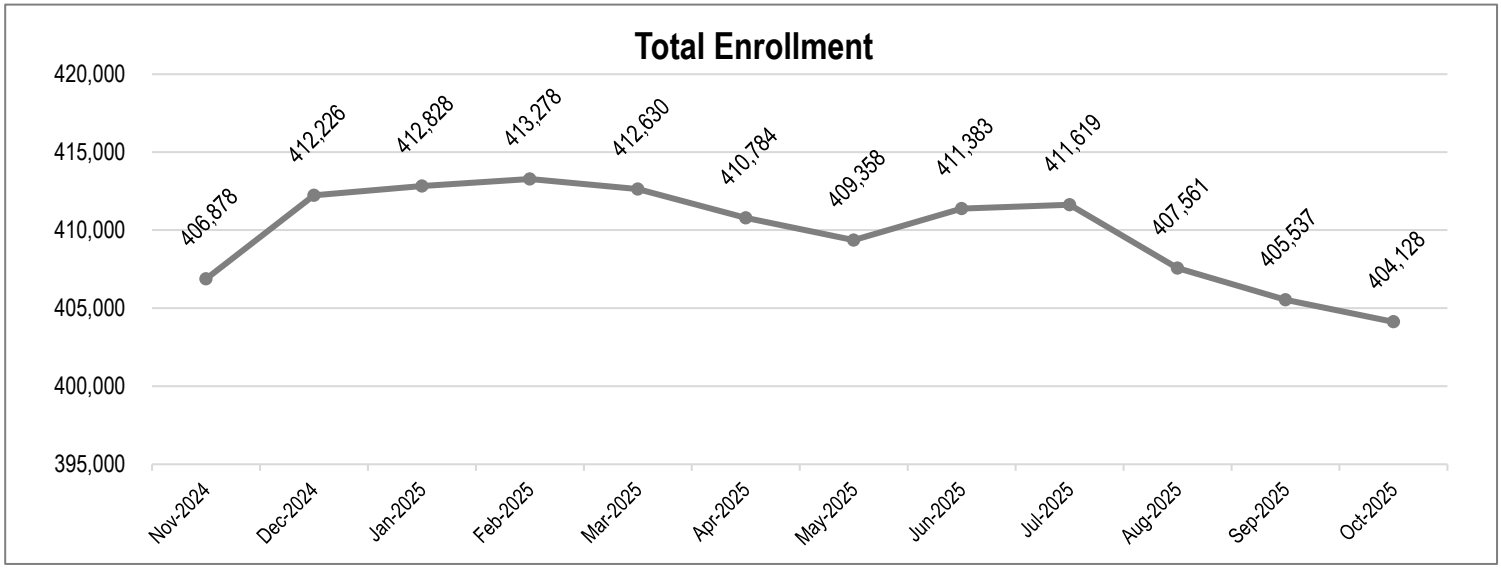


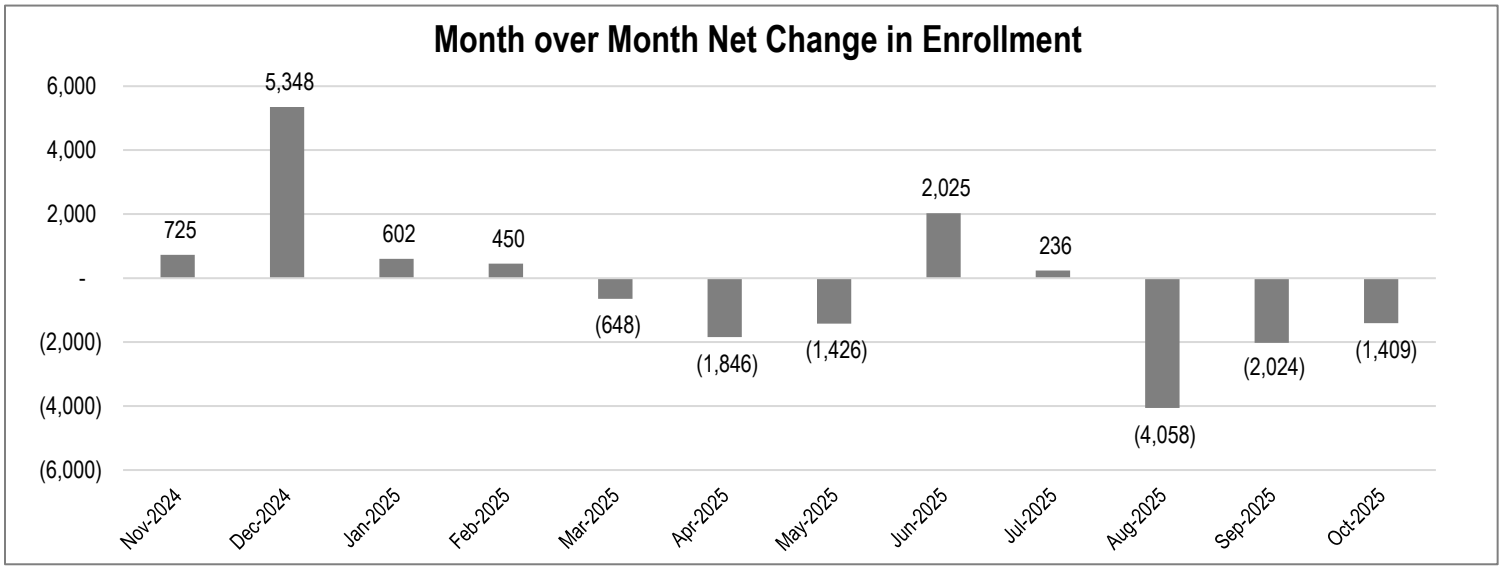






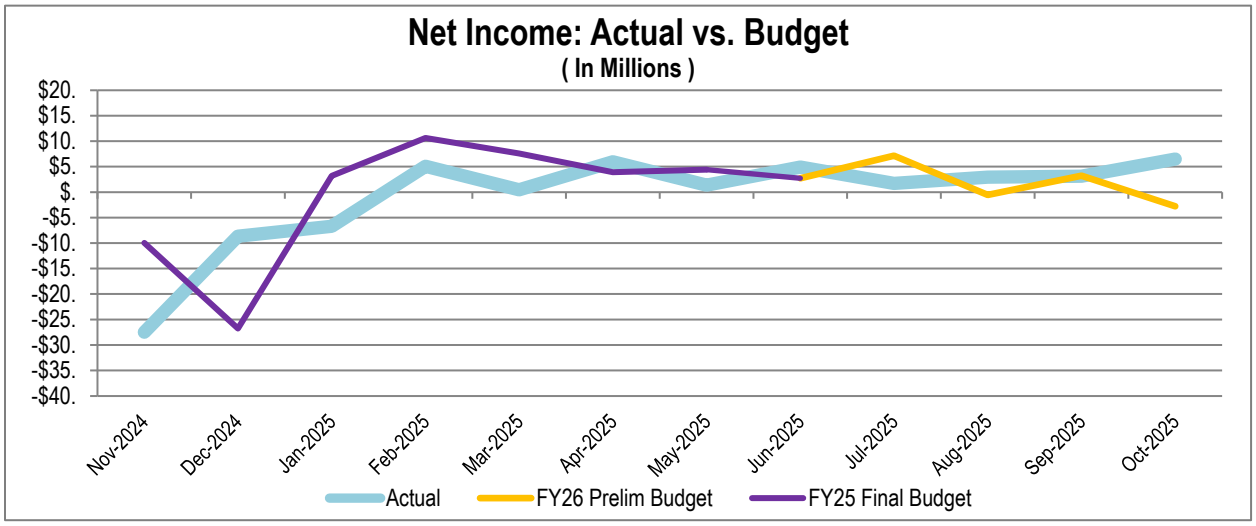
Enrollment and Profitability by Program and Category of Aid





Net Income

- For the month ended October 31st, 2025:
  - Actual Net Income: $6.5 million.
  - Budgeted Net Loss: $2.7 million.
- For the fiscal YTD ended October 31st, 2025:
  - Actual Net Income $14.3 million.
  - Budgeted Net Income $7.1 million.

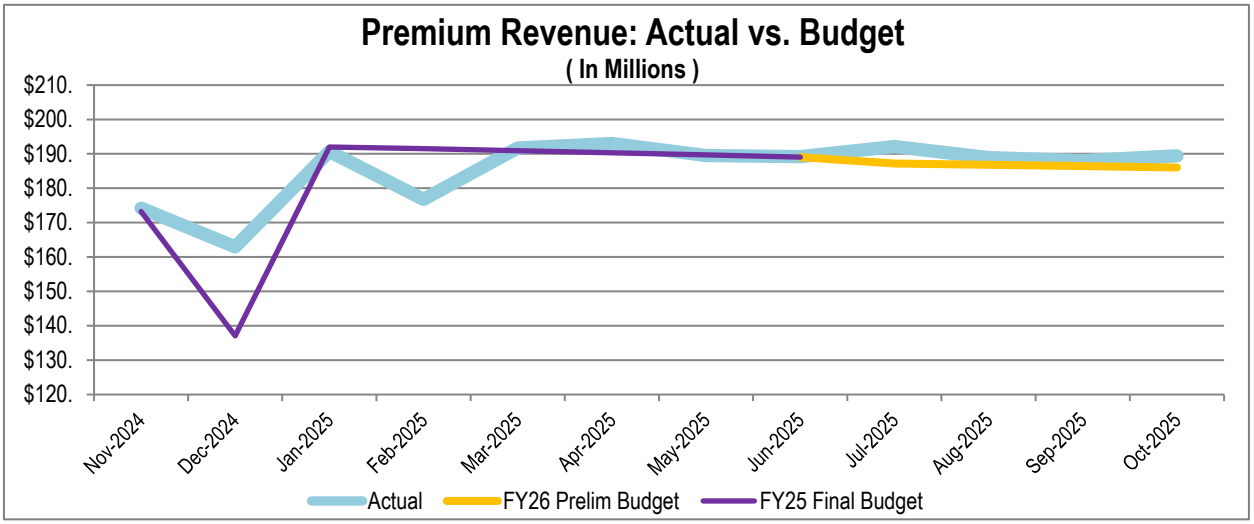


The favorable variance of $9.3 million in the current month is primarily due to:

- Favorable $5.0 million lower than anticipated Medical Expense.
- Favorable $3.4 million higher than anticipated Premium Revenue.

Premium Revenue

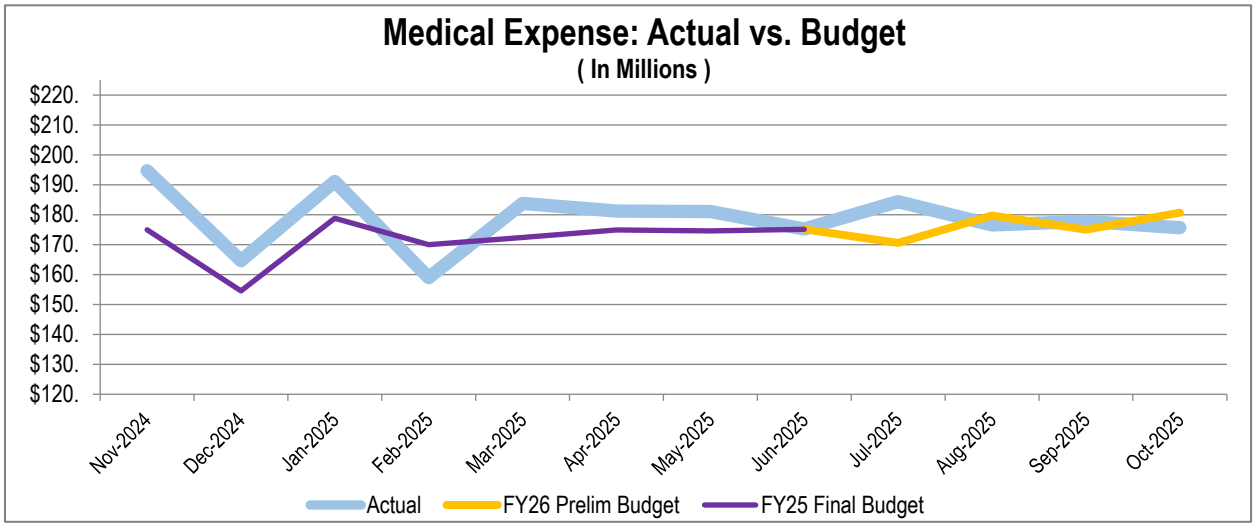
- For the month YTD ended October 31st, 2025:
  - Actual Revenue: $189.4 million.
  - Budgeted Revenue: $186.1 million.
- For the fiscal YTD ended October 31st, 2025:
  - Actual Revenue: $758.4 million.
  - Budgeted Revenue: $746.5 million.



- For the month ended October 31st, 2025, the favorable Premium Revenue variance of $3.3 million is primarily due to favorable blended Medi-Cal capitation rate variance.

Medical Expense

- For the month ended October 31st, 2025:
  - Actual Medical Expense: $175.6 million.
  - Budgeted Medical Expense: $180.7 million.
- For the fiscal YTD ended October 31st, 2025:
  - Actual Medical Expense: $714.3 million.
  - Budgeted Medical Expense: $706.0 million.



- 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 actuarial consultants.

- For October, updates to Fee-For-Service (FFS) increased the estimate for prior period unpaid Medical Expenses by $3.8 million. Year to date, the estimate for prior years decreased by $8.1 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	$80,403,071	$0	$80,403,071	$68,929,914	($11,473,157)	(16.6%)
Primary Care FFS	$14,292,445	$9,018,599	$23,311,044	$17,623,308	$3,330,863	18.9%
Specialty Care FFS	$33,817,753	$2,214,808	$36,032,561	$32,497,579	($1,320,174)	(4.1%)
Outpatient FFS	$54,067,281	$4,600,404	$58,667,685	$50,929,651	($3,137,630)	(6.2%)
Ancillary FFS	$79,966,021	$530,210	$80,496,231	$77,429,065	($2,536,956)	(3.3%)
Pharmacy FFS	$42,768,271	($7,030,231)	$35,738,039	$43,975,666	$1,207,396	2.7%
ER Services FFS	$41,052,407	$382,258	$41,434,665	$44,034,256	$2,981,849	6.8%
Inpatient Hospital FFS	$206,929,819	($22,937,166)	$183,992,653	$217,873,562	$10,943,743	5.0%
Long Term Care & SNF FFS	$150,177,567	$5,148,939	$155,326,506	$153,130,729	$2,953,162	1.9%
Other Benefits & Services	$14,968,771	$0	$14,968,771	($2,463,649)	($17,432,420)	(707.6%)
Net Reinsurance	($698,909)	$0	($698,909)	$2,046,157	$2,745,066	134.2%
Provider Incentive	$4,659,099	$0	$4,659,099	$0	($4,659,099)	-
	$722,403,594	**($8,072,179)**	**$714,331,415**	**$706,006,239**	**($16,397,356)**	**(2.3%)**

Medical Expense - Actual vs. Budget (Per Member Per Month)

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

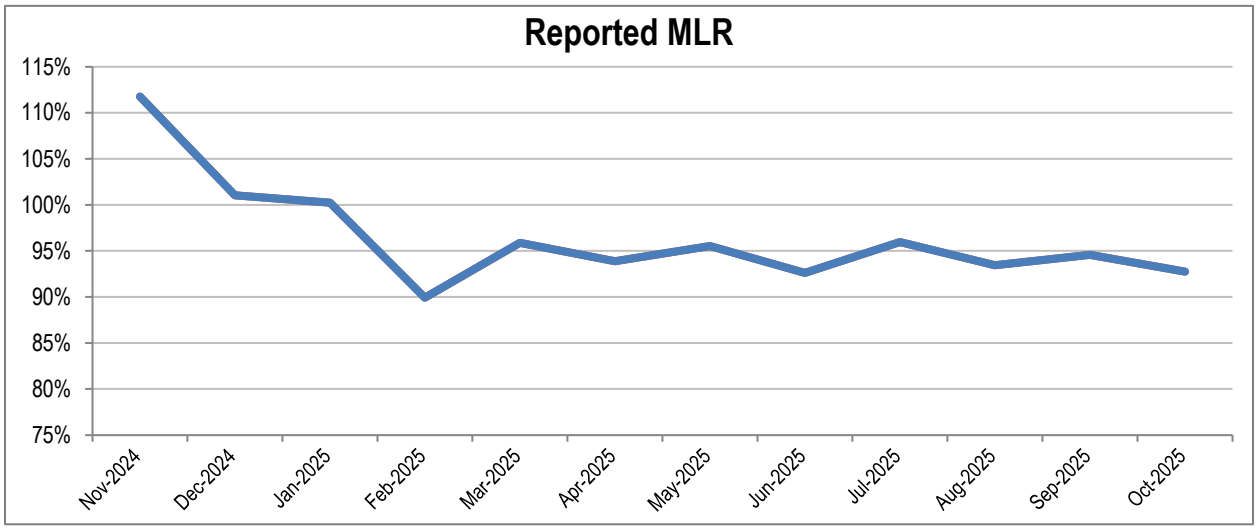
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$49.36	$0.00	$49.36	$42.41	($6.95)	(16.4%)
Primary Care FFS	$8.77	$5.54	$14.31	$10.84	$2.07	19.1%
Specialty Care FFS	$20.76	$1.36	$22.12	$20.00	($0.77)	(3.8%)
Outpatient FFS	$33.19	$2.82	$36.02	$31.34	($1.86)	(5.9%)
Ancillary FFS	$49.09	$0.33	$49.42	$47.64	($1.45)	(3.0%)
Pharmacy FFS	$26.26	($4.32)	$21.94	$27.06	$0.80	3.0%
ER Services FFS	$25.20	$0.23	$25.44	$27.10	$1.89	7.0%
Inpatient Hospital & SNF FFS	$127.04	($14.08)	$112.96	$134.06	$7.02	5.2%
Long Term Care & SNF FFS	$92.20	$3.16	$95.36	$94.23	$2.03	2.2%
Other Benefits & Services	$9.19	$0.00	$9.19	($1.52)	($10.71)	(706.2%)
Net Reinsurance	($0.43)	$0.00	($0.43)	$1.26	$1.69	134.1%
Provider Incentive	$2.86	$0.00	$2.86	$0.00	($2.86)	-
	$443.51	**($4.96)**	**$438.55**	**$434.42**	**($9.08)**	**(2.1%)**

- Excluding the impact of prior year estimates for IBNP, year-to-date medical expense variance is $16.4 million unfavorable to budget. On a PMPM basis, medical expense is 2.1% unfavorable to budget. For per-member-per-month expense:
    - Capitated Expense is over budget due to inclusion of Targeted Rate Increases (TRI) in capitation payments.
    - Primary Care Expense is under budget due to lower than expected FFS unit cost.

- Specialty Care Expense is above budget, driven by higher utilization and unit cost in the SPD with LTC aid code category.
- Outpatient Expense is over budget mostly driven by lab and radiology unit cost and facility other and dialysis utilization.
- Ancillary Expense is over budget due to high utilization in the SPD with LTC and Child aid codes categories.
- Pharmacy Expense is under budget due to expected recoveries related to hospital administered drug overpayments.
- Emergency Expense is under budget driven by lower unit cost in all populations except for the SPD with LTC aid code category.
- Inpatient Expense is under budget driven by unit cost in the Child, Adult, SPD with LTC, and ACA OE aid code categories.
- Long Term Care Expense is under budget due to low utilization in the Duals with LTC Duals aid code category.
- Other Benefits & Services is over budget, due to higher than expected CalAIM, HHIP, employee benefit and community reinvestment expenses.
- Net Reinsurance is under budget because more recoveries were received than expected.

Medical Loss Ratio (MLR)

The Medical Loss Ratio (total reported Medical Expense divided by Premium Revenue) was 92.7% for the month and 94.2% for the fiscal year-to-date.



Administrative Expense

- For the month ended October 31st, 2025:
  - Actual Administrative Expense: $9.7 million.
  - Budgeted Administrative Expense: $10.1 million.
- For the fiscal YTD ended October 31st, 2025:
  - Actual Administrative Expense: $39.8 million.
  - Budgeted Administrative Expense: $41.4 million.

Summary of Administrative Expense (In Dollars) For the Month and Fiscal Year-to-Date Favorable/(Unfavorable)								
Current Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$6,776,438	$5,860,954	($915,484)	(15.6%)	Personnel Expense	$25,601,041	$23,387,577	($2,213,465)	(9.5%)
78,855	81,744	2,889	3.5%	Medical Benefits Admin Expense	314,213	327,600	13,387	4.1%
1,820,796	2,776,639	955,843	34.4%	Purchased & Professional Services	7,800,974	9,933,245	2,132,271	21.5%
1,023,452	1,410,399	386,947	27.4%	Other Admin Expense	6,060,840	7,747,573	1,686,733	21.8%
$9,699,542	$10,129,736	$430,195	4.2%	Total Administrative Expense	$39,777,067	$41,395,994	$1,618,927	3.9%

The year-to-date variances include:

- Favorable in Purchased & Professional Services, primarily due to Consultant and Purchased Services, Legal Fees, IT-Licenses and Subscriptions, and other expenses running favorably to date.
- Favorable Benefit Administration Expense, primarily for the decreases in Pharmacy Admin Fees and Telemedicine Admin Fees.
- Favorable Licenses, Insurance & Fees primarily due to offsetting Insurance Premiums.
- Favorable Building Occupancy costs in equipment and maintenance.
- Favorable Printing/Postage/Promotions due to reduced volume and cost-saving measures.
- Favorable Supplies and Other expenses due to savings in supplies, meals, member incentives and settlement costs.
- Partially offset by the unfavorable Employee Expense for overtime, sick leave, and benefits, as well as staffing changes including new hires and leaves of absence impacting the overall figures.

The Administrative Loss Ratio (ALR) is 5.1% of net revenue for the month and 5.2% of revenue year-to-date. Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $843,000.

Other Income / (Expense)

Other Income & Expense is comprised primarily of investment income. Fiscal year-to-date net investments show a gain of $10.0 million.

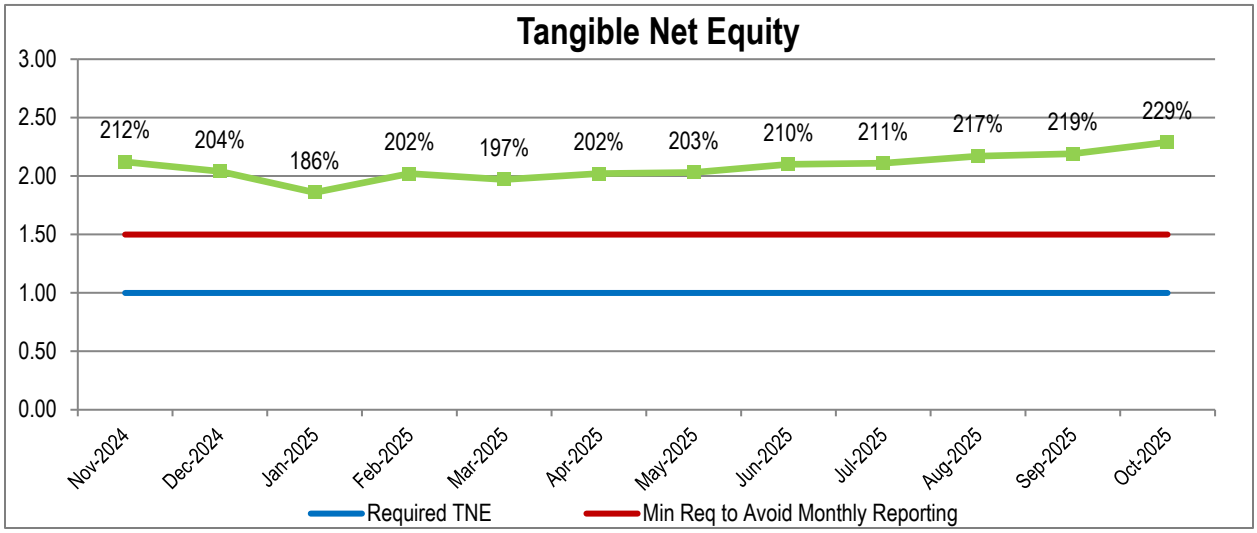
Managed Care Organization (MCO) Provider Tax

- Revenue:
  - For the month ended October 31st, 2025:
    - Actual: $64.4 million.
    - Budgeted: $64.5 million.
  - For the fiscal YTD ended October 31st, 2025:
    - Actual: $259.8 million.
    - Budgeted: $258.8 million.
- Expense:
  - For the month ended October 31, 2025:
    - Actual: $64.4 million.

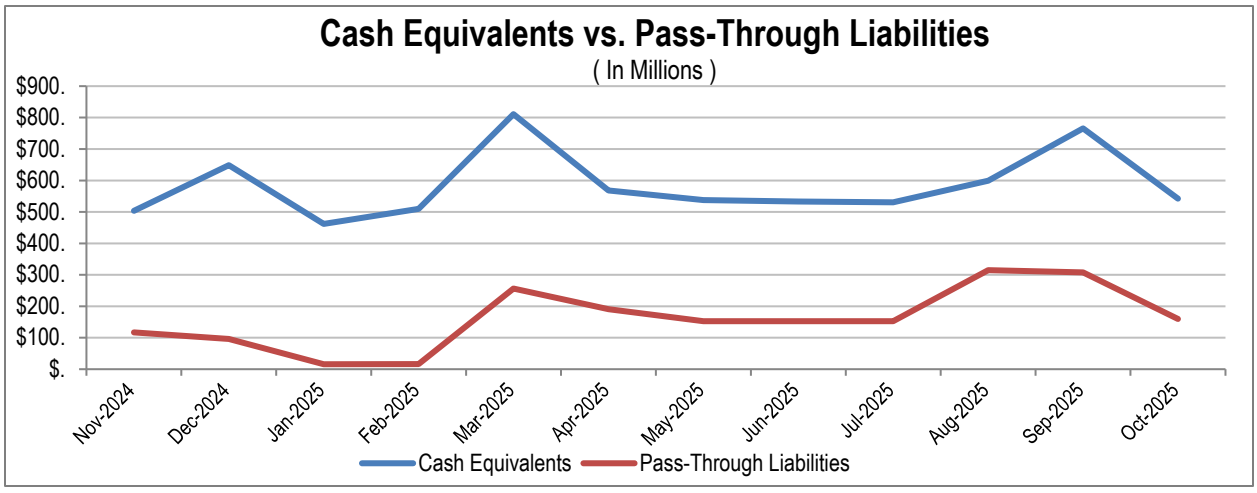
        - Budgeted: $64.5 million.
    - For the fiscal YTD ended October 31, 2025:
        - Actual: $259.8 million.
        - Budgeted: $258.8 million.

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 providers. TNE is a calculation of a company's total tangible assets minus total liabilities divided by a percentage of fee-for-service medical expenses. The Alliance exceeds DMHC's required TNE.
    - Required TNE $80.1 million
    - Actual TNE $183.6 million
    - Excess TNE $103.4 million
    - TNE % of Required TNE 229%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments.
- Key Metrics
    - Cash & Cash Equivalents $542.1 million
    - Pass-Through Liabilities $159.7 million



- Uncommitted Cash $382.4 million
- Working Capital $129.4 million
- Current Ratio 1.14 (regulatory minimum is 1.00)

Capital Investment

- Fiscal year-to-date capital assets acquired: $0.
- Annual capital budget: $1.4 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
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED 31 OCTOBER, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
		$ Variance	% Variance				$ Variance	% Variance
Actual	Budget	(Unfavorable)	(Unfavorable)	Account Description	Actual	Budget	(Unfavorable)	(Unfavorable)
				MEMBERSHIP				
398,047	399,203	(1,156)	(0.3%)	1. Medi-Cal	1,604,779	1,601,605	3,174	0.2%
6,081	5,887	194	3.3%	2. GroupCare	24,066	23,548	518	2.2%
404,128	**405,090**	**(962)**	**(0.2%)**	**3. TOTAL MEMBER MONTHS**	**1,628,845**	**1,625,153**	**3,692**	**0.2%**
				REVENUE				
$189,399,199	$186,060,365	$3,338,834	1.8%	4. Premium Revenue	$758,431,625	$746,490,695	$11,940,929	1.6%
$64,415,705	$64,495,237	($79,531)	(0.1%)	5. MCO Tax Revenue AB119	$259,795,902	$258,755,304	$1,040,598	0.4%
$253,814,904	**$250,555,601**	**$3,259,303**	**1.3%**	**6. TOTAL REVENUE**	**$1,018,227,527**	**$1,005,245,999**	**$12,981,527**	**1.3%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses				
$22,072,548	$17,183,243	($4,889,306)	(28.5%)	7. Capitated Medical Expense	$80,403,071	$68,929,914	($11,473,157)	(16.6%)
				Fee for Service Medical Expenses				
$41,864,652	$55,340,453	$13,475,801	24.4%	8. Inpatient Hospital Expense	$183,992,653	$217,873,562	$33,880,909	15.6%
$7,108,744	$4,427,100	($2,681,644)	(60.6%)	9. Primary Care Physician Expense	$23,311,044	$17,623,308	($5,687,736)	(32.3%)
$8,743,616	$8,190,012	($553,605)	(6.8%)	10. Specialty Care Physician Expense	$36,032,561	$32,497,579	($3,534,982)	(10.9%)
$22,125,078	$19,570,779	($2,554,299)	(13.1%)	11. Ancillary Medical Expense	$80,496,231	$77,429,065	($3,067,166)	(4.0%)
$13,041,493	$12,884,736	($156,757)	(1.2%)	12. Outpatient Medical Expense	$58,667,685	$50,929,651	($7,738,034)	(15.2%)
$8,277,159	$11,187,512	$2,910,353	26.0%	13. Emergency Expense	$41,434,665	$44,034,256	$2,599,591	5.9%
$10,784,792	$13,346,688	$2,561,896	19.2%	14. Pharmacy Expense	$35,738,039	$43,975,666	$8,237,627	18.7%
$40,311,604	$38,584,399	($1,727,205)	(4.5%)	15. Long Term Care Expense	$155,326,506	$153,130,729	($2,195,777)	(1.4%)
$152,257,138	$163,531,679	$11,274,541	6.9%	16. Total Fee for Service Expense	$614,999,383	$637,493,816	$22,494,433	3.5%
$4,176,871	($545,139)	($4,722,010)	866.2%	17. Other Benefits & Services	$14,968,771	($2,463,649)	($17,432,420)	707.6%
($3,857,801)	$510,052	$4,367,853	856.4%	18. Reinsurance Expense	($698,909)	$2,046,157	$2,745,066	134.2%
$1,000,000	$0	($1,000,000)	0.0%	19. Risk Pool Distribution	$4,659,099	$0	($4,659,099)	0.0%
$175,648,756	**$180,679,835**	**$5,031,079**	**2.8%**	**20. TOTAL MEDICAL EXPENSES**	**$714,331,415**	**$706,006,239**	**($8,325,177)**	**(1.2%)**
$78,166,148	**$69,875,766**	**$8,290,382**	**11.9%**	**21. GROSS MARGIN**	**$303,896,111**	**$299,239,760**	**$4,656,351**	**1.6%**
				ADMINISTRATIVE EXPENSES				
$6,776,438	$5,860,954	($915,484)	(15.6%)	22. Personnel Expense	$25,601,041	$23,387,577	($2,213,465)	(9.5%)
$78,855	$81,744	$2,889	3.5%	23. Benefits Administration Expense	$314,213	$327,600	$13,387	4.1%
$1,820,796	$2,776,639	$955,843	34.4%	24. Purchased & Professional Services	$7,800,974	$9,933,245	$2,132,271	21.5%
$1,023,452	$1,410,399	$386,947	27.4%	25. Other Administrative Expense	$6,060,840	$7,747,573	$1,686,733	21.8%
$9,699,542	**$10,129,736**	**$430,195**	**4.2%**	**26. TOTAL ADMINISTRATIVE EXPENSES**	**$39,777,067**	**$41,395,994**	**$1,618,927**	**3.9%**
$64,415,705	**$64,495,237**	**$79,531**	**0.1%**	**27. MCO TAX EXPENSES**	**$259,795,902**	**$258,755,304**	**($1,040,598)**	**(0.4%)**
$4,050,901	**($4,749,207)**	**$8,800,108**	**185.3%**	**28. NET OPERATING INCOME / (LOSS)**	**$4,323,142**	**($911,537)**	**$5,234,679**	**574.3%**
				OTHER INCOME / EXPENSES				
$2,450,547	**$2,000,000**	**$450,547**	**22.5%**	**29. TOTAL OTHER INCOME / (EXPENSES)**	**$9,984,372**	**$8,000,000**	**$1,984,372**	**24.8%**
$6,501,448	**($2,749,207)**	**$9,250,655**	**336.5%**	**30. NET SURPLUS (DEFICIT)**	**$14,307,514**	**$7,088,463**	**$7,219,051**	**101.8%**
92.7%	97.1%	4.4%	4.5%	31. Medical Loss Ratio	94.2%	94.6%	0.4%	0.4%
5.1%	5.4%	0.3%	5.6%	32. Administrative Expense Ratio	5.2%	5.5%	0.3%	5.5%
2.6%	(1.1%)	3.7%	336.4%	33. Net Surplus (Deficit) Ratio	1.4%	0.7%	0.7%	100.0%

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED 31 OCTOBER, 2025

	10/31/2025	9/30/2025	Difference	% Difference
CURRENT ASSETS				
Cash and Cash Equivalent				
Cash	$26,501,375	$33,821,392	($7,320,017)	(21.6%)
CNB Short-Term Investment	515,608,723	731,813,848	(216,205,125)	(29.5%)
Interest Receivable	3,161,948	2,702,240	459,708	17.0%
Premium Receivables	488,393,147	428,494,717	59,898,431	14.0%
Reinsurance Recovery Receivable	9,339,992	7,293,986	2,046,005	28.1%
Other Receivables	8,986,780	13,686,791	(4,700,011)	(34.3%)
Prepaid Expenses	1,005,028	991,177	13,852	1.4%
TOTAL CURRENT ASSETS	**1,052,996,995**	**1,218,804,151**	**(165,807,157)**	**(13.6%)**
OTHER ASSETS				
CNB Long-Term Investment	40,544,475	37,514,230	3,030,245	8.1%
CalPERS Net Pension Asset	(6,465,233)	(6,465,233)	0	0.0%
Deferred Outflow	15,271,214	15,271,214	0	0.0%
Restricted Asset-Bank Note	357,840	356,859	981	0.3%
GASB 87-Lease Assets (Net)	65,500	68,775	(3,275)	(4.8%)
GASB 96-SBITA Assets (Net)	2,551,550	2,836,108	(284,558)	(10.0%)
TOTAL OTHER ASSETS	**52,325,345**	**49,581,952**	**2,743,393**	**5.5%**
PROPERTY AND EQUIPMENT				
Land, Building & Improvements	9,842,648	9,842,648	0	0.0%
Furniture And Equipment	13,400,309	13,400,309	0	0.0%
Leasehold Improvement	902,447	902,447	0	0.0%
Internally Developed Software	14,824,002	14,824,002	0	0.0%
Fixed Assets at Cost	38,969,405	38,969,405	0	0.0%
Less: Accumulated Depreciation	(33,639,999)	(33,578,147)	(61,851)	0.2%
PROPERTY AND EQUIPMENT (NET)	**5,329,406**	**5,391,258**	**(61,851)**	**(1.1%)**
TOTAL ASSETS	**1,110,651,746**	**1,273,777,361**	**(163,125,615)**	**(12.8%)**
CURRENT LIABILITIES				
Trade Accounts Payable	10,629,367	12,192,034	(1,562,668)	(12.8%)
Provider/Vendor Capitation Payable	6,403,056	0	6,403,056	0.0%
Incurred But Not Reported Claims	383,562,554	413,475,960	(29,913,406)	(7.2%)
Other Medical Liabilities	120,203,824	116,566,105	3,637,719	3.1%
Pass-Through Liabilities	159,736,829	307,562,567	(147,825,739)	(48.1%)
MCO Tax Liabilities	234,422,883	232,798,844	1,624,039	0.7%
GASB 87 and 96 ST Liabilities	438,139	903,801	(465,663)	(51.5%)
Payroll Liabilities	8,181,590	9,702,716	(1,521,126)	(15.7%)
TOTAL CURRENT LIABILITIES	**923,578,241**	**1,093,202,029**	**(169,623,787)**	**(15.5%)**
LONG TERM LIABILITIES				
GASB 87 and 96 LT Liabilities	246,325	249,600	(3,275)	(1.3%)
Deferred Inflow	3,240,306	3,240,306	0	0.0%
TOTAL LONG TERM LIABILITIES	**3,486,631**	**3,489,906**	**(3,275)**	**(0.1%)**
TOTAL LIABILITIES	**927,064,872**	**1,096,691,935**	**(169,627,062)**	**(15.5%)**
NET WORTH				
Contributed Capital	840,233	840,233	0	0.0%
Restricted & Unrestricted Funds	168,439,128	168,439,128	0	0.0%
Year-To-Date Net Surplus (Deficit)	14,307,514	7,806,066	6,501,448	83.3%
TOTAL NET WORTH	**183,586,874**	**177,085,426**	**6,501,448**	**3.7%**
TOTAL LIABILITIES AND NET WORTH	**1,110,651,746**	**1,273,777,361**	**(163,125,615)**	**(12.8%)**
Cash Equivalents	542,110,099	765,635,240	(223,525,142)	(29.2%)
Pass-Through	159,736,829	307,562,567	(147,825,739)	(48.1%)
Uncommitted Cash	382,373,270	458,072,673	(75,699,403)	(16.5%)
Working Capital	129,418,754	125,602,123	3,816,631	3.0%
Current Ratio	114.0%	111.5%	2.5%	2.2%

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED 31 OCTOBER, 2025

10/31/2025	9/30/2025	Difference	% Difference

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **October 31, 2025**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$3,325,030	$9,906,751	$19,600,288	$13,153,055
GroupCare Receivable	3,297,054	(987)	3,209,783	107
Total	6,622,084	9,905,764	22,810,071	13,153,162
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	250,489,874	750,676,739	1,509,387,797	1,005,074,472
Premium Receivable	(63,195,484)	(124,865,879)	(126,556,675)	9,879,417
Total	187,294,390	625,810,860	1,382,831,122	1,014,953,889
Investment & Other Income Cash Flows				
Other Revenues	(345,569)	(386,249)	527,201	(201,728)
Interest Income	2,798,573	7,540,540	13,617,213	10,196,333
Interest Receivable	(459,708)	1,259,494	(32,827)	425,010
Total	1,993,296	8,413,785	14,111,587	10,419,615
Medical & Hospital Cash Flows				
Total Medical Expenses	(175,648,753)	(529,989,739)	(1,070,568,604)	(714,331,417)
Other Health Care Receivables	2,657,585	126,186	(8,944,812)	(8,132,130)
Capitation Payable	6,403,056	6,403,056	6,403,056	6,403,056
IBNP Payable	(29,913,407)	(22,505,432)	(3,031,419)	(28,554,741)
Other Medical Payable	(145,188,021)	10,515,696	(61,527,289)	9,487,089
Risk Share Payable	1,000,000	(949,144)	50,856	50,856
New Health Program Payable	-	-	-	-
Total	(340,689,540)	(536,399,377)	(1,137,618,212)	(735,077,287)
Administrative Cash Flows				
Total Administrative Expenses	(9,702,002)	(30,911,317)	(60,149,327)	(39,787,301)
Prepaid Expenses	(13,852)	429,861	(216,900)	(287,217)
Other Receivables	(3,580)	(12,852)	2,702	(13,516)
CalPERS Pension	-	-	(630,580)	-
Trade Accounts Payable	(1,562,667)	(372,278)	1,113,205	(887,557)
Payroll Liabilities	(1,521,125)	(1,036,811)	(678,259)	(1,182,324)
GASB Assets and Liabilities	(181,104)	46,552	(539,422)	139,564
Depreciation Expense	61,851	185,554	371,108	247,405
Total	(12,922,479)	(31,671,291)	(60,727,473)	(41,770,946)
MCO Tax AB119 Cash Flows				
MCO Tax Expense AB119	(64,415,705)	(194,257,149)	(391,839,099)	(259,795,902)
MCO Tax Liabilities	1,624,039	131,440,727	140,634,102	8,604,480
Total	(62,791,666)	(62,816,422)	(251,204,997)	(251,191,422)
Net Cash Flows from Operating Activities	**(220,493,915)**	**13,243,319**	**(29,797,902)**	**10,487,011**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **October 31, 2025**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	(3,030,246)	(1,461,507)	3,474,142	(1,389,110)
Total	(3,030,246)	(1,461,507)	3,474,142	(1,389,110)
Restricted Cash & Other Asset Cash Flows				
Restricted Assets-Treasury Account	(981.00)	(3,001.00)	(5,944.00)	(3,974.00)
Total	(981.00)	(3,001.00)	(5,944.00)	(3,974.00)
Fixed Asset Cash Flows				
Fixed Asset Acquisitions	-	-	-	-
Purchases of Property and Equipment	-	-	-	-
Net Cash Flows from Investing Activities	**(3,031,227)**	**(1,464,508)**	**3,468,198**	**(1,393,084)**
Net Change in Cash	**(223,525,142)**	**11,778,811**	**(26,329,704)**	**9,093,927**
Rounding	-	-	-	-
Cash @ Beginning of Period	765,635,240	530,331,287	568,439,802	533,016,171
Cash @ End of Period	**$542,110,098**	**$542,110,098**	**$542,110,098**	**$542,110,098**
Variance	-	-	-	-

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **October 31, 2025**

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$6,501,448	$12,579,576	$20,575,470	$14,307,512
Add back: Depreciation & Amortization	61,851	185,554	371,108	247,405
Receivables				
Premiums Receivable	(63,195,484)	(124,865,879)	(126,556,675)	9,879,417
Interest Receivable	(459,708)	1,259,494	(32,827)	425,010
Other Health Care Receivables	2,657,585	126,186	(8,944,812)	(8,132,130)
Other Receivables	(3,580)	(12,852)	2,702	(13,516)
GroupCare Receivable	3,297,054	(987)	3,209,783	107
Total	(57,704,133)	(123,494,038)	(132,321,829)	2,158,888
Prepaid Expenses	(13,852)	429,861	(216,900)	(287,217)
Trade Payables	(1,562,667)	(372,278)	1,113,205	(887,557)
Claims Payable and Shared Risk Pool				
IBNP Payable	(29,913,407)	(22,505,432)	(3,031,419)	(28,554,741)
Capitation Payable & Other Medical Payable	(138,784,965)	16,918,752	(55,124,233)	15,890,145
Risk Share Payable	1,000,000.00	(949,144.00)	50,856	50,856
Claims Payable				
Total	(167,698,372)	(6,535,824)	(58,104,796)	(12,613,740)
Other Liabilities				
CalPERS Pension	-	-	(630,580.00)	-
Payroll Liabilities	(1,521,125)	(1,036,811)	(678,260)	(1,182,324)
GASB Assets and Liabilities	(181,104)	46,552	(539,422)	139,564
New Health Program	-	-	-	-
MCO Tax Liabilities	1,624,039	131,440,727	140,634,102	8,604,480
Total	(78,190)	130,450,468	138,785,840	7,561,720
Rounding	-	-	-	-
Cash Flows from Operating Activities	**(220,493,915)**	**13,243,319**	**(29,797,902)**	**10,487,011**
Variance	-	-	-	-

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **October 31, 2025**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received				
Capitation Received from State of CA	$187,294,390	$625,810,860	$1,382,831,122	$1,014,953,889
Medicare Revenue	$0	$0	$0	$0
GroupCare Premium Revenue	6,622,084	9,905,764	22,810,071	13,153,162
Other Income	(345,569)	(386,249)	527,201	(201,728)
Interest Income	2,338,865	8,800,034	13,584,386	10,621,343
Less Cash Paid				
Medical Expenses	(340,689,540)	(536,399,377)	(1,137,618,212)	(735,077,287)
Vendor & Employee Expenses	(12,922,479)	(31,671,291)	(60,727,473)	(41,770,946)
MCO Tax Expense AB119	(62,791,666)	(62,816,422)	(251,204,997)	(251,191,422)
Net Cash Flows from Operating Activities	**(220,493,915)**	**13,243,319**	**(29,797,902)**	**10,487,011**
Cash Flows from Investing Activities:				
Long Term Investments	(3,030,246)	(1,461,507)	3,474,142	(1,389,110)
Restricted Assets-Treasury Account	(981)	(3,001)	(5,944)	(3,974)
Purchases of Property and Equipment	0	0	0	0
Net Cash Flows from Investing Activities	**(3,031,227)**	**(1,464,508)**	**3,468,198**	**(1,393,084)**
Net Change in Cash	**(223,525,142)**	**11,778,811**	**(26,329,704)**	**9,093,927**
Rounding	-	-	-	-
Cash @ Beginning of Period	765,635,240	530,331,287	568,439,802	533,016,171
Cash @ End of Period	**$542,110,098**	**$542,110,098**	**$542,110,098**	**$542,110,098**
Variance	$0	-	-	-
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$6,501,448	$12,579,577	$20,575,469	$14,307,512
Add Back: Depreciation	61,851	185,554	371,108	247,405
Net Change in Operating Assets & Liabilities				
Premium & Other Receivables	(57,704,133)	(123,494,038)	(132,321,829)	2,158,888
Prepaid Expenses	(13,852)	429,860	(216,899)	(287,217)
Trade Payables	(1,562,667)	(372,278)	1,113,205	(887,557)
Claims Payable, IBNP and Risk Sharing	(167,698,372)	(6,535,824)	(58,104,796)	(12,613,740)
Deferred Revenue	0	0	0	0
Other Liabilities	(78,190)	130,450,468	138,785,840	7,561,720
Total	(220,493,915)	13,243,319	(29,797,902)	10,487,011
Rounding	-	-	-	-
Cash Flows from Operating Activities	**($220,493,915)**	**$13,243,319**	**($29,797,902)**	**$10,487,011**
Variance	$0	-	-	-

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF OCTOBER 2025

	Medi-Cal Child	Medi-Cal Adult	Medi-Cal ACA OE	Medi-Cal SPD with LTC*	Medi-Cal Duals with LTC*	Medi-Cal Total	Group Care	Medicare	Grand Total
Enrollments/Member Months	107,831	59,780	151,404	29,631	49,401	398,047	6,081	-	404,128
Revenue	$35,649,862	$32,039,225	$91,358,996	$48,063,472	$43,378,319	$250,489,874	$3,325,029	$0	$253,814,904
Medical Expense	$15,216,316	$19,218,020	$58,538,277	$40,116,285	$38,754,053	$171,842,952	$3,796,057	$9,747	$175,648,756
Gross Margin	$20,433,545	$12,821,205	$32,820,719	$7,947,186	$4,624,266	$78,646,922	($471,027)	($9,747)	$78,166,148
Administrative Expense	$435,538	$932,798	$2,913,133	$2,532,727	$1,465,844	$8,280,040	$180,651	$1,238,851	$9,699,542
MCO Tax Expense	$17,375,433	$9,640,469	$24,460,203	$4,829,039	$8,110,561	$64,415,705	$0	$0	$64,415,705
Operating Income / (Expense)	$2,622,574	$2,247,938	$5,447,383	$585,421	($4,952,139)	$5,951,177	($651,678)	($1,248,598)	$4,050,901
Other Income / (Expense)	$119,082	$283,229	$806,329	$746,101	$459,308	$2,414,048	$36,499	$0	$2,450,547
Net Income / (Loss)	$2,741,656	$2,531,167	$6,253,712	$1,331,521	($4,492,831)	$8,365,225	($615,179)	($1,248,598)	$6,501,448
PMPM Metrics:									
Revenue PMPM	$330.61	$535.95	$603.41	$1,622.07	$878.09	$629.30	$546.79	$0.00	$628.06
Medical Expense PMPM	$141.11	$321.48	$386.64	$1,353.86	$784.48	$431.72	$624.25	$0.00	$434.64
Gross Margin PMPM	$189.50	$214.47	$216.78	$268.21	$93.61	$197.58	($77.46)	$0.00	$193.42
Administrative Expense PMPM	$4.04	$15.60	$19.24	$85.48	$29.67	$20.80	$29.71	$0.00	$24.00
MCO Tax Expense PMPM	$161.14	$161.27	$161.56	$162.97	$164.18	$161.83	$0.00	$0.00	$159.39
Operating Income / (Expense) PMPM	$24.32	$37.60	$35.98	$19.76	($100.24)	$14.95	($107.17)	$0.00	$10.02
Other Income / (Expense) PMPM	$1.10	$4.74	$5.33	$25.18	$9.30	$6.06	$6.00	$0.00	$6.06
Net Income / (Loss) PMPM	$25.43	$42.34	$41.30	$44.94	($90.95)	$21.02	($101.16)	$0.00	$16.09
Ratio:									
Medical Loss Ratio	83.3%	85.8%	87.5%	92.8%	109.9%	92.4%	114.2%	0.0%	92.7%
Administrative Expense Ratio	2.4%	4.2%	4.4%	5.9%	4.2%	4.4%	5.4%	0.0%	5.1%
Net Income Ratio	7.7%	7.9%	6.8%	2.8%	-10.4%	3.3%	-18.5%	0.0%	2.6%

*As of January 2025 service month, "SPD", "Duals", "LTC", and "LTC Duals" will be discontinued. Effective January 2025, service month new consolidated groupings will be "SPD with LTC" and "Duals with LTC".

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE OCTOBER 2025

	Medi-Cal Child	Medi-Cal Adult	Medi-Cal ACA OE	Medi-Cal SPD with LTC*	Medi-Cal Duals with LTC*	Medi-Cal Total	Group Care	Medicare	Grand Total
Enrollments/Member Months	433,668	242,101	612,481	118,858	197,671	1,604,779	24,066	-	1,628,845
Revenue	$139,369,521	$131,276,951	$371,714,690	$192,362,852	$170,350,458	$1,005,074,471	$13,153,055	$0	$1,018,227,527
Medical Expense	$58,222,669	$80,473,144	$243,203,523	$167,543,476	$151,334,846	$700,777,658	$13,213,189	$340,569	$714,331,415
Gross Margin	$81,146,852	$50,803,807	$128,511,167	$24,819,376	$19,015,612	$304,296,813	($60,134)	($340,569)	$303,896,111
Administrative Expense	$1,844,546	$4,108,612	$12,782,626	$11,079,422	$6,032,830	$35,848,035	$733,586	$3,195,446	$39,777,067
MCO Tax Expense	$70,148,685	$39,073,750	$98,848,991	$19,419,177	$32,305,299	$259,795,902	$0	$0	$259,795,902
Operating Income / (Expense)	$9,153,621	$7,621,446	$16,879,550	($5,679,224)	($19,322,517)	$8,652,876	($793,720)	($3,536,015)	$4,323,142
Other Income / (Expense)	$485,193	$1,153,010	$3,285,335	$3,039,956	$1,872,159	$9,835,652	$148,719	$0	$9,984,372
Net Income / (Loss)	$9,638,814	$8,774,456	$20,164,884	($2,639,268)	($17,450,358)	$18,488,528	($645,000)	($3,536,015)	$14,307,514
PMPM Metrics:									
Revenue PMPM	$321.37	$542.24	$606.90	$1,618.43	$861.79	$626.30	$546.54	$0.00	$625.12
Medical Expense PMPM	$134.26	$332.39	$397.08	$1,409.61	$765.59	$436.68	$549.04	$0.00	$438.55
Gross Margin PMPM	$187.12	$209.85	$209.82	$208.82	$96.20	$189.62	($2.50)	$0.00	$186.57
Administrative Expense PMPM	$4.25	$16.97	$20.87	$93.22	$30.52	$22.34	$30.48	$0.00	$24.42
MCO Tax Expense PMPM	$161.76	$161.39	$161.39	$163.38	$163.43	$161.89	$0.00	$0.00	$159.50
Operating Income / (Expense) PMPM	$21.11	$31.48	$27.56	($47.78)	($97.75)	$5.39	($32.98)	$0.00	$2.65
Other Income / (Expense) PMPM	$1.12	$4.76	$5.36	$25.58	$9.47	$6.13	$6.18	$0.00	$6.13
Net Income / (Loss) PMPM	$22.23	$36.24	$32.92	($22.21)	($88.28)	$11.52	($26.80)	$0.00	$8.78
Ratio:									
Medical Loss Ratio	84.1%	87.3%	89.1%	96.9%	109.6%	94.0%	100.5%	0.0%	94.2%
Administrative Expense Ratio	2.7%	4.5%	4.7%	6.4%	4.4%	4.8%	5.6%	0.0%	5.2%
Net Income Ratio	6.9%	6.7%	5.4%	-1.4%	-10.2%	1.8%	-4.9%	0.0%	1.4%

*As of January 2025 service month, "SPD", "Duals", "LTC", and "LTC Duals" will be discontinued.Effective January 2025, service month new consolidated groupings will be "SPD with LTC" and "Duals with LTC".

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 October, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSES SUMMARY (ADMIN. DEPT. ONLY)				
$6,776,438	$5,860,954	($915,484)	(15.6%)	Personnel Expenses	$25,601,041	$23,387,577	($2,213,465)	(9.5%)
$78,855	$81,744	$2,889	3.5%	Benefits Administration Expense	$314,213	$327,600	$13,387	4.1%
$1,820,796	$2,776,639	$955,843	34.4%	Purchased & Professional Services	$7,800,974	$9,933,245	$2,132,271	21.5%
$474,108	$498,276	$24,168	4.9%	Occupancy	$1,902,954	$1,947,913	$44,959	2.3%
($3,425,501)	$511,998	$3,937,498	769.0%	Printing Postage & Promotion	($2,900,680)	$1,840,949	$4,741,629	257.6%
($278,801)	$193,145	$471,946	244.3%	Licenses Insurance & Fees	$1,909,225	$3,134,936	$1,225,711	39.1%
$4,253,645	$206,980	($4,046,665)	(1,955.1%)	Other Administrative Expense	$5,149,341	$823,775	($4,325,566)	(525.1%)
$2,923,103	$4,268,782	$1,345,679	31.5%	Total Other Administrative Expenses (excludes Personnel Expenses)	$14,176,026	$18,008,417	$3,832,391	21.3%
$9,699,542	$10,129,736	$430,195	4.2%	Total Administrative Expenses	$39,777,067	$41,395,994	$1,618,927	3.9%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 October, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
4,381,505	4,011,099	(370,407)	(9.2%)	Salaries & Wages	16,908,600	15,839,306	(1,069,294)	(6.8%)
439,781	385,070	(54,711)	(14.2%)	Paid Time Off	1,761,629	1,524,516	(237,113)	(15.6%)
125	40,317	40,192	99.7%	Compensated Incentives	6,205	121,163	114,958	94.9%
73,154	65,188	(7,966)	(12.2%)	Payroll Taxes	281,182	266,230	(14,952)	(5.6%)
81,427	48,845	(32,581)	(66.7%)	Overtime	290,304	195,381	(94,923)	(48.6%)
357,001	326,539	(30,462)	(9.3%)	CalPERS ER Match	1,435,204	1,314,930	(120,274)	(9.1%)
1,176,365	681,840	(494,526)	(72.5%)	Employee Benefits	4,469,151	2,973,999	(1,495,152)	(50.3%)
(264)	0	264	0.0%	Personal Floating Holiday	819	0	(819)	0.0%
25,991	38,000	12,009	31.6%	Language Pay	91,272	140,500	49,228	35.0%
(580)	0	580	0.0%	Med Ins Opted Out Stipend	12,100	0	(12,100)	0.0%
168,630	0	(168,630)	0.0%	Sick Leave	77,895	0	(77,895)	0.0%
0	22,860	22,860	100.0%	Compensated Employee Relations	(2,412)	95,240	97,652	102.5%
20,820	29,140	8,320	28.6%	Work from Home Stipend	83,080	111,960	28,880	25.8%
943	3,372	2,429	72.0%	Mileage, Parking & LocalTravel	4,080	15,657	11,577	73.9%
4,114	39,260	35,147	89.5%	Travel & Lodging	15,715	96,717	81,002	83.8%
27,505	115,320	87,815	76.1%	Temporary Help Services	79,967	461,280	381,313	82.7%
16,549	43,648	27,099	62.1%	Staff Development/Training	67,695	172,967	105,272	60.9%
3,373	10,455	7,082	67.7%	Staff Recruitment/Advertisement	18,555	57,731	39,176	67.9%
6,776,438	**5,860,954**	**(915,484)**	**(15.6%)**	**Personnel Expense**	**25,601,041**	**23,387,577**	**(2,213,465)**	**(9.5%)**
26,587	29,082	2,495	8.6%	Pharmacy Administrative Fees	103,543	116,330	12,787	11.0%
52,268	52,662	394	0.7%	Telemedicine Admin. Fees	210,670	211,270	600	0.3%
78,855	**81,744**	**2,889**	**3.5%**	**Benefits Administration Expense**	**314,213**	**327,600**	**13,387**	**4.1%**
673,309	800,950	127,641	15.9%	Consultant Fees - Non Medical	2,010,933	3,135,320	1,124,387	35.9%
416,263	512,041	95,778	18.7%	Computer Support Services	1,552,883	1,845,905	293,022	15.9%
27,206	11,750	(15,456)	(131.5%)	Audit Fees	66,455	47,000	(19,455)	(41.4%)
0	108,333	108,333	100.0%	Consultant Fees - Medical	17,593	133,333	115,740	86.8%
232,509	318,476	85,967	27.0%	Other Purchased Services	755,538	1,171,338	415,800	35.5%
0	1,879	1,879	100.0%	Maint.&Repair-Office Equipment	0	7,516	7,516	100.0%
5,607	64,767	59,161	91.3%	Legal Fees	188,971	259,064	70,093	27.1%
0	0	0	0.0%	Member Health Education	(17)	0	17	0.0%
100,276	26,000	(74,276)	(285.7%)	Translation Services	243,523	104,000	(139,523)	(134.2%)
93,323	151,900	58,577	38.6%	Medical Refund Recovery Fees	826,150	607,600	(218,550)	(36.0%)
267,496	683,406	415,911	60.9%	Software - IT Licenses & Subsc	1,926,160	2,234,442	308,282	13.8%
989	36,737	35,748	97.3%	Hardware (Non-Capital)	195,851	148,276	(47,575)	(32.1%)
3,818	60,400	56,582	93.7%	Provider Credentialing	16,933	239,450	222,517	92.9%
1,820,796	**2,776,639**	**955,843**	**34.4%**	**Purchased & Professional Services**	**7,800,974**	**9,933,245**	**2,132,271**	**21.5%**
61,851	68,710	6,858	10.0%	Depreciation	247,405	262,980	15,575	5.9%
(4,065)	10,570	14,635	138.5%	Lease Rented Office Equipment	20,210	42,280	22,070	52.2%
17,475	18,765	1,290	6.9%	Utilities	71,093	69,460	(1,633)	(2.4%)
85,188	108,156	22,968	21.2%	Telephone	376,016	432,624	56,608	13.1%
29,102	42,075	12,973	30.8%	Building Maintenance	62,076	140,569	78,493	55.8%
284,557	250,000	(34,557)	(13.8%)	GASB96 SBITA Amort. Expense	1,126,154	1,000,000	(126,154)	(12.6%)
474,108	**498,276**	**24,168**	**4.9%**	**Occupancy**	**1,902,954**	**1,947,913**	**44,959**	**2.3%**
101,215	96,035	(5,180)	(5.4%)	Postage	289,291	304,745	15,454	5.1%
13,745	5,700	(8,045)	(141.1%)	Design & Layout	19,542	22,800	3,259	14.3%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 October, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
187,655	44,293	(143,362)	(323.7%)	Printing Services	469,061	432,722	(36,339)	(8.4%)
6,979	15,600	8,621	55.3%	Mailing Services	13,465	62,400	48,936	78.4%
7,579	13,600	6,021	44.3%	Courier/Delivery Service	22,473	55,352	32,879	59.4%
0	953	953	100.0%	Pre-Printed Materials & Public	0	3,513	3,513	100.0%
0	2,500	2,500	100.0%	Promotional Products	(187)	17,500	17,687	101.1%
0	150	150	100.0%	Promotional Services	358	600	242	40.4%
(3,742,674)	333,167	4,075,840	1,223.4%	Community Relations	(3,714,682)	941,317	4,655,999	494.6%
(3,425,501)	**511,998**	**3,937,498**	**769.0%**	**Printing Postage & Promotion**	**(2,900,680)**	**1,840,949**	**4,741,629**	**257.6%**
0	0	0	0.0%	Regulatory Penalties	0	75,000	75,000	100.0%
10,869	45,500	34,631	76.1%	Bank Fees	168,638	182,000	13,362	7.3%
0	200	200	100.0%	Insurance Premium	1,043,881	1,366,800	322,919	23.6%
(309,410)	115,086	424,495	368.9%	License,Permits, & Fee - NonIT	327,376	1,223,950	896,575	73.3%
19,740	32,360	12,619	39.0%	Subscriptions and Dues - NonIT	369,330	287,186	(82,144)	(28.6%)
(278,801)	**193,145**	**471,946**	**244.3%**	**License Insurance & Fees**	**1,909,225**	**3,134,936**	**1,225,711**	**39.1%**
7,287	6,235	(1,052)	(16.9%)	Office and Other Supplies	10,951	23,590	12,639	53.6%
0	1,000	1,000	100.0%	Furniture & Equipment	0	4,000	4,000	100.0%
13,423	24,664	11,241	45.6%	Ergonomic Supplies	40,857	150,433	109,577	72.8%
13,837	33,957	20,120	59.3%	Meals and Entertainment	63,442	81,252	17,810	21.9%
0	0	0	0.0%	Miscellaneous	(245,248)	0	245,248	0.0%
0	3,125	3,125	100.0%	Member Incentive	0	12,500	12,500	100.0%
287,507	138,000	(149,507)	(108.3%)	Provider Interest (All Depts)	842,747	552,000	(290,747)	(52.7%)
3,931,592	0	(3,931,592)	0.0%	Community Reinvestment Expense	4,436,593	0	(4,436,593)	0.0%
4,253,645	**206,980**	**(4,046,665)**	**(1,955.1%)**	**Other Administrative Expense**	**5,149,341**	**823,775**	**(4,325,566)**	**(525.1%)**
2,923,103	**4,268,782**	**1,345,679**	**31.5%**	**Total Other Administrative ExpenseS (excludes Personnel Expenses)**	**14,176,026**	**18,008,417**	**3,832,391**	**21.3%**
9,699,542	**10,129,736**	**430,195**	**4.2%**	**TOTAL ADMINISTRATIVE EXPENSES**	**39,777,067**	**41,395,994**	**1,618,927**	**3.9%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED JUNE 30, 2026

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Routers	IT-FY26-01	$ -	$ -	**$ -**	$ 45,000	$ 45,000
	Firewall AAH Location	IT-FY26-02	$ -	$ -	**$ -**	$ 110,000	$ 110,000
	Firewall Roseville Location	IT-FY26-03	$ -	$ -	**$ -**	$ 110,000	$ 110,000
	VPN Device	IT-FY26-04	$ -	$ -	**$ -**	$ 115,000	$ 115,000
	CISCO UCS Blades	IT-FY26-05	$ -	$ -	**$ -**	$ 300,000	$ 300,000
	CISCO UCS Blades	IT-FY26-05	$ -	$ -	**$ -**	$ 275,000	$ 275,000
	Pure Storage	IT-FY26-06	$ -	$ -	**$ -**	$ 150,000	$ 150,000
	Teams Meeting Hardware	IT-FY26-07	$ -	$ -	**$ -**	$ 100,000	$ 100,000
	Network Cabeling and WIFI Access	IT-FY26-08	$ -	$ -	**$ -**	$ 40,000	$ 40,000
Hardware Subtotal			**$ -**	**$ -**	**$ -**	**$ 1,245,000**	**$ 1,245,000**
3. Building Improvement:							
	1240 Exterior lighting update	FA-FY26-01	**$ -**	$ -	**$ -**	$ 30,000	$ 30,000
	1240 Secured Fencing for Warehouse	FA-FY26-02	**$ -**	$ -	**$ -**	$ 30,000	$ 30,000
	1240 Heating/Cooling HVAC Units upgrades	FA-FY26-03	**$ -**	$ -	**$ -**	$ 10,000	$ 10,000
	1240 Heating/Cooling HVAC Units upgrades	FA-FY26-03	**$ -**	$ -	**$ -**	$ 5,000	$ 5,000
	1240 Heating/Cooling HVAC Units upgrades	FA-FY26-03	**$ -**	$ -	**$ -**	$ 10,000	$ 10,000
	1240 Exterior Landscaping	FA-FY26-04	**$ -**	$ -	**$ -**	$ 6,500	$ 6,500
	1240 Exterior Landscaping	FA-FY26-04	**$ -**	$ -	**$ -**	$ 15,000	$ 15,000
	1240 Exterior Landscaping	FA-FY26-04	**$ -**	$ -	**$ -**	$ 15,000	$ 15,000
Building Improvement Subtotal			**$ -**	**$ -**	**$ -**	**$ 121,500**	**$ 121,500**
GRAND TOTAL			**$ -**	**$ -**	**$ -**	**$ 1,366,500**	**$ 1,366,500**

6. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 10/31/25	**$ 38,969,405**
Fixed Assets @ Cost - 6/30/25	**$ 38,969,405**
Fixed Assets Acquired YTD	**$ -**

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
FOR THE MONTH AND FISCAL YTD ENDED OCTOBER 31, 2025

TANGIBLE NET EQUITY (TNE)	**QRT. END Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**
Current Month Net Income / (Loss)	$ 4,912,222	$ 1,727,933	$ 2,950,359	$ 3,127,768	$ 6,501,450
YTD Net Income / (Loss)	$ (86,095,783)	$ 1,727,938	$ 4,678,300	$ 7,806,066	$ 14,307,514
Net Assets	$ 169,279,360	$ 171,007,298	$ 173,957,660	$ 177,085,426	$ 183,586,874
Subordinated Debt & Interest	-	-	-	-	-
Total Actual TNE	**$ 169,279,360**	**$ 171,007,298**	**$ 173,957,660**	**$ 177,085,426**	**$ 183,586,874**
Increase/(Decrease) in Actual TNE	$ 4,912,222	$ 1,727,933	$ 2,950,359	$ 3,127,768	$ 6,501,450
Required TNE (1)	**$ 80,653,661**	**$ 81,235,858**	**$ 80,224,390**	**$ 80,693,435**	**$ 80,147,121**
Min. Req'd to Avoid Monthly Reporting at 150% of Required TNE	$ 120,980,491	$ 121,853,786	$ 120,336,585	$ 121,040,152	$ 120,220,681
TNE Excess / (Deficiency)	$ 88,625,699	$ 89,771,440	$ 93,733,270	$ 96,391,991	$ 103,439,753
Actual TNE as a Multiple of Required	**2.10**	**2.11**	**2.17**	**2.19**	**2.29**
LIQUID TANGIBLE NET EQUITY					
Net Assets	$ 169,279,360	$ 171,007,298	$ 173,957,660	$ 177,085,426	$ 183,586,874
Less: Fixed Assets at Net Book Value	(5,576,811)	(5,514,960)	(5,453,108)	(5,391,257)	(5,329,406)
Net Lease Assets	(2,072,151)	(1,979,137)	(1,678,452)	(1,751,482)	(1,932,587)
CD Pledged to DMHC	(353,866)	(354,839)	(355,847)	(356,859)	(357,840)
Liquid TNE (Liquid Reserves)	**$ 161,276,532**	**$ 163,158,362**	**$ 166,470,253**	**$ 169,585,828**	**$ 175,967,041**
Liquid TNE as Multiple of Required	**2.00**	**2.01**	**2.08**	**2.10**	**2.20**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2026

	Actual Jul-25	Actual Aug-25	Actual Sep-25	Actual Oct-25	Actual Nov-25	Actual Dec-25	Actual Jan-26	Actual Feb-26	Actual Mar-26	Actual Apr-26	Actual May-26	Actual Jun-26	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	109,251	108,503	108,083	107,831									433,668
Adult	61,536	60,679	60,106	59,780									242,101
ACA OE	155,533	153,348	152,196	151,404									612,481
SPD with LTC*	29,833	29,686	29,708	29,631									118,858
Duals with LTC*	49,509	49,371	49,390	49,401									197,671
Medi-Cal Program	405,662	401,587	399,483	398,047									1,604,779
Group Care Program	5,957	5,974	6,054	6,081									24,066
Total	**411,619**	**407,561**	**405,537**	**404,128**									**1,628,845**

*As of January 2025, service month, "SPD", "Duals", "LTC", and "LTC Duals" will be discontinued. Effective January 2025 service month new consolidated groupings will be "SPD with LTC" and "Duals with LTC".

Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(323)	(748)	(420)	(252)									(1,743)
Adult	(133)	(857)	(573)	(326)									(1,889)
ACA OE	357	(2,185)	(1,152)	(792)									(3,772)
SPD with LTC	83	(147)	22	(77)									(119)
Duals with LTC	205	(138)	19	11									97
Medi-Cal Program	189	(4,075)	(2,104)	(1,436)									(7,426)
Group Care Program	47	17	80	27									171
Total	**236**	**(4,058)**	**(2,024)**	**(1,409)**									**(7,255)**

Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	26.9%	27.0%	27.1%	27.1%									27.0%
Adult % of Medi-Cal	15.2%	15.1%	15.0%	15.0%									15.1%
ACA OE % of Medi-Cal	38.3%	38.2%	38.1%	38.0%									38.2%
SPD with LTC % of Medi-Cal	7.4%	7.4%	7.4%	7.4%									7.4%
Duals with LTC % of Medi-Cal	12.2%	12.3%	12.4%	12.4%									12.3%
Medi-Cal Program % of Total	98.6%	98.5%	98.5%	98.5%									98.5%
Group Care Program % of Total	1.4%	1.5%	1.5%	1.5%									1.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2026

	Actual Jul-25	Actual Aug-25	Actual Sep-25	Actual Oct-25	Actual Nov-25	Actual Dec-25	Actual Jan-26	Actual Feb-26	Actual Mar-26	Actual Apr-26	Actual May-26	Actual Jun-26	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	93,933	93,268	93,599	92,670									373,470
Alameda Health System	92,861	91,758	91,032	91,084									366,735
Directly-Contracted Subtotal	186,794	185,026	184,631	183,754									740,205
Delegated:													
CFMG	43,381	42,852	42,253	42,053									170,539
CHCN	181,444	179,683	178,653	178,321									718,101
Delegated Subtotal	224,825	222,535	220,906	220,374									888,640
Total	**411,619**	**407,561**	**405,537**	**404,128**									**1,628,845**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(518)	(1,768)	(395)	(877)									(3,558)
Delegated:													
CFMG	(128)	(529)	(599)	(200)									(1,456)
CHCN	882	(1,761)	(1,030)	(332)									(2,241)
Delegated Subtotal	754	(2,290)	(1,629)	(532)									(3,697)
Total	**236**	**(4,058)**	**(2,024)**	**(1,409)**									**(7,255)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	45.4%	45.4%	45.5%	45.5%									45.4%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%									10.5%
CHCN	44.1%	44.1%	44.1%	44.1%									44.1%
Delegated Subtotal	54.6%	54.6%	54.5%	54.5%									54.6%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 2026	PRELIMINARY BUDGET												
	Budget Jul-25	Budget Aug-25	Budget Sep-25	Budget Oct-25	Budget Nov-25	Budget Dec-25	Budget Jan-26	Budget Feb-26	Budget Mar-26	Budget Apr-26	Budget May-26	Budget Jun-26	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	108,840	108,602	108,365	108,128	107,892	107,656	106,737	105,853	105,000	104,178	103,387	102,624	1,277,262
Adult	61,422	61,331	61,240	61,150	61,060	60,970	59,626	58,346	57,125	55,960	54,849	53,791	706,870
ACA OE	153,317	153,025	152,734	152,443	152,153	151,864	149,741	147,711	145,769	143,909	142,130	140,426	1,785,222
SPD with LTC	29,335	29,276	29,217	29,158	29,099	29,040	28,702	28,378	28,067	27,769	27,483	27,208	342,732
Duals with LTC	48,687	48,566	48,445	48,324	48,203	48,082	47,948	47,817	47,686	47,557	47,428	47,300	576,043
Medi-Cal Program	401,601	400,800	400,001	399,203	398,407	397,612	392,754	388,105	383,647	379,373	375,277	371,349	4,688,129
Group Care Program	5,887	5,887	5,887	5,887	5,887	5,887	5,887	5,887	5,887	5,887	5,887	5,887	70,644
Total	**407,488**	**406,687**	**405,888**	**405,090**	**404,294**	**403,499**	**398,641**	**393,992**	**389,534**	**385,260**	**381,164**	**377,236**	**4,758,773**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,813)	(238)	(237)	(237)	(236)	(236)	(919)	(884)	(853)	(822)	(791)	(763)	(8,029)
Adult	(1,660)	(91)	(91)	(90)	(90)	(90)	(1,344)	(1,280)	(1,221)	(1,165)	(1,111)	(1,058)	(9,291)
ACA OE	1,006	(292)	(291)	(291)	(290)	(289)	(2,123)	(2,030)	(1,942)	(1,860)	(1,779)	(1,704)	(11,885)
SPD with LTC	(595)	(59)	(59)	(59)	(59)	(59)	(338)	(324)	(311)	(298)	(286)	(275)	(2,722)
Duals with LTC	1,270	(121)	(121)	(121)	(121)	(121)	(134)	(131)	(131)	(129)	(129)	(128)	(117)
Medi-Cal Program	(1,792)	(801)	(799)	(798)	(796)	(795)	(4,858)	(4,649)	(4,458)	(4,274)	(4,096)	(3,928)	(32,044)
Group Care Program	118	0	0	0	0	0	0	0	0	0	0	0	118
Total	**(1,674)**	**(801)**	**(799)**	**(798)**	**(796)**	**(795)**	**(4,858)**	**(4,649)**	**(4,458)**	**(4,274)**	**(4,096)**	**(3,928)**	**(31,926)**
													0
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	27.1%	27.1%	27.1%	27.1%	27.1%	27.1%	27.2%	27.3%	27.4%	27.5%	27.5%	27.6%	27.2%
Adult % of Medi-Cal	15.3%	15.3%	15.3%	15.3%	15.3%	15.3%	15.2%	15.0%	14.9%	14.8%	14.6%	14.5%	15.1%
ACA OE % of Medi-Cal	38.2%	38.2%	38.2%	38.2%	38.2%	38.2%	38.1%	38.1%	38.0%	37.9%	37.9%	37.8%	38.1%
SPD with LTC % of Medi-Cal	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%
Duals with LTC % of Medi-Cal	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.2%	12.3%	12.4%	12.5%	12.6%	12.7%	12.3%
Medi-Cal Program % of Total	98.6%	98.6%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.4%	98.5%
Group Care Program % of Total	1.4%	1.4%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.6%	1.5%
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 2026	PRELIMINARY BUDGET												
	Budget Jul-25	Budget Aug-25	Budget Sep-25	Budget Oct-25	Budget Nov-25	Budget Dec-25	Budget Jan-26	Budget Feb-26	Budget Mar-26	Budget Apr-26	Budget May-26	Budget Jun-26	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	93,784	93,589	93,394	93,199	93,004	92,810	92,130	91,379	90,657	89,994	89,331	88,695	1,101,966
Alameda Health System	90,381	90,213	90,046	89,879	89,712	89,545	88,277	87,055	85,885	84,770	83,701	82,677	1,052,141
Directly-Contracted Subtotal	184,165	183,802	183,440	183,078	182,716	182,355	180,407	178,434	176,542	174,764	173,032	171,372	2,154,107
Delegated:													
CFMG	43,578	43,477	43,377	43,277	43,177	43,077	42,797	42,526	42,263	42,008	41,762	41,524	512,843
CHCN	179,745	179,408	179,071	178,735	178,401	178,067	175,703	173,402	171,201	169,108	167,094	165,166	2,095,101
Delegated Subtotal	223,323	222,885	222,448	222,012	221,578	221,144	218,500	215,928	213,464	211,116	208,856	206,690	2,607,944
Total	**407,488**	**406,687**	**405,888**	**405,090**	**404,294**	**403,499**	**398,907**	**394,362**	**390,006**	**385,880**	**381,888**	**378,062**	**4,762,051**
													0
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted													
Directly Contracted (DCP)	1,613	(195)	(195)	(195)	(195)	(194)	(680)	(751)	(722)	(663)	(663)	(636)	(3,476)
Alameda Health System	(611)	(168)	(167)	(167)	(167)	(167)	(1,268)	(1,222)	(1,170)	(1,115)	(1,069)	(1,024)	(8,315)
Directly-Contracted Subtotal	1,002	(363)	(362)	(362)	(362)	(361)	(1,948)	(1,973)	(1,892)	(1,778)	(1,732)	(1,660)	(11,791)
Delegated:													
CFMG	(443)	(101)	(100)	(100)	(100)	(100)	(280)	(271)	(263)	(255)	(246)	(238)	(2,497)
CHCN	(2,233)	(337)	(337)	(336)	(334)	(334)	(2,364)	(2,301)	(2,201)	(2,093)	(2,014)	(1,928)	(16,812)
Delegated Subtotal	(2,676)	(438)	(437)	(436)	(434)	(434)	(2,644)	(2,572)	(2,464)	(2,348)	(2,260)	(2,166)	(19,309)
Total	**(1,674)**	**(801)**	**(799)**	**(798)**	**(796)**	**(795)**	**(4,592)**	**(4,545)**	**(4,356)**	**(4,126)**	**(3,992)**	**(3,826)**	**(31,100)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted													
Directly Contracted (DCP)	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.1%	23.2%	23.2%	23.3%	23.4%	23.5%	23.1%
Alameda Health System	22.2%	22.2%	22.2%	22.2%	22.2%	22.2%	22.1%	22.1%	22.0%	22.0%	21.9%	21.9%	22.1%
Directly-Contracted Subtotal	45.2%	45.2%	45.2%	45.2%	45.2%	45.2%	45.2%	45.2%	45.3%	45.3%	45.3%	45.3%	45.2%
Delegated:													
CFMG	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	10.8%	10.8%	10.9%	10.9%	11.0%	10.8%
CHCN	44.1%	44.1%	44.1%	44.1%	44.1%	44.1%	44.0%	44.0%	43.9%	43.8%	43.8%	43.7%	44.0%
Delegated Subtotal	54.8%	54.8%	54.8%	54.8%	54.8%	54.8%	54.8%	54.8%	54.7%	54.7%	54.7%	54.7%	54.8%
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 2026

	Variance Jul-25	Variance Aug-25	Variance Sep-25	Variance Oct-25	Variance Nov-25	Variance Dec-25	Variance Jan-26	Variance Feb-26	Variance Mar-26	Variance Apr-26	Variance May-26	Variance Jun-26	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	411	(99)	(282)	(297)									(267)
Adult	114	(652)	(1,134)	(1,370)									(3,042)
ACA OE	2,216	323	(538)	(1,039)									962
SPD with LTC	498	410	491	473									1,872
Duals with LTC	822	805	945	1,077									3,649
Medi-Cal Program	4,061	787	(518)	(1,156)									3,174
Group Care Program	70	87	167	194									518
Total	**4,131**	**874**	**(351)**	**(962)**									**3,692**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted													
Directly Contracted (DCP)	149	(321)	205	(529)									(496)
Alameda Health System	2,480	1,545	986	1,205									6,216
Directly-Contracted Subtotal	2,629	1,224	1,191	676									5,720
Delegated:													
CFMG	(197)	(625)	(1,124)	(1,224)									(3,170)
CHCN	1,699	275	(418)	(414)									1,142
Delegated Subtotal	1,502	(350)	(1,542)	(1,638)									(2,028)
Total	**4,131**	**874**	**(351)**	**(962)**									**3,692**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 OCTOBER, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES				
$539,772	$1,601,335	$1,061,563	66.3%	PCP Capitation	$13,031,423	$6,427,124	($6,604,299)	(102.8%)
13,606,686	6,399,125	(7,207,560)	(112.6%)	PCP Capitation FQHC	32,254,124	25,666,388	(6,587,736)	(25.7%)
465,925	474,130	8,205	1.7%	Specialty Capitation	1,889,004	1,903,099	14,095	0.7%
3,833,482	5,669,821	1,836,339	32.4%	Specialty Capitation FQHC	20,246,775	22,741,561	2,494,786	11.0%
793,633	749,513	(44,121)	(5.9%)	Laboratory Capitation	3,198,089	3,007,034	(191,056)	(6.4%)
337,786	337,102	(684)	(0.2%)	Vision Capitation	1,360,976	1,352,502	(8,474)	(0.6%)
105,975	107,840	1,865	1.7%	CFMG Capitation	429,657	432,856	3,199	0.7%
1,357,370	868,831	(488,539)	(56.2%)	ANC IPA Admin Capitation FQHC	3,864,650	3,484,816	(379,834)	(10.9%)
0	0	0	0.0%	Kaiser Capitation	(12,511)	0	12,511	0.0%
1,031,919	975,546	(56,373)	(5.8%)	DME Capitation	4,140,884	3,914,536	(226,348)	(5.8%)
22,072,548	**17,183,243**	**(4,889,306)**	**(28.5%)**	**7. TOTAL CAPITATED EXPENSES**	**80,403,071**	**68,929,914**	**(11,473,157)**	**(16.6%)**
				FEE FOR SERVICE MEDICAL EXPENSES				
(14,008,681)	0	14,008,681	0.0%	IBNR Inpatient Services	(20,241,559)	0	20,241,559	0.0%
(420,260)	0	420,260	0.0%	IBNR Settlement (IP)	(607,245)	0	607,245	0.0%
(1,120,695)	0	1,120,695	0.0%	IBNR Claims Fluctuation (IP)	(1,619,325)	0	1,619,325	0.0%
51,849,159	50,046,663	(1,802,495)	(3.6%)	Inpatient Hospitalization FFS	186,433,619	196,915,275	10,481,656	5.3%
3,550,209	3,696,589	146,380	4.0%	IP OB - Mom & NB	13,793,572	14,632,896	839,324	5.7%
267,405	126,190	(141,215)	(111.9%)	IP Behavioral Health	897,746	499,991	(397,755)	(79.6%)
1,747,515	1,471,011	(276,504)	(18.8%)	Inpatient Facility Rehab FFS	5,335,845	5,825,400	489,555	8.4%
41,864,652	**55,340,453**	**13,475,801**	**24.4%**	**8. Inpatient Hospital Expense**	**183,992,653**	**217,873,562**	**33,880,909**	**15.6%**
3,417,688	0	(3,417,688)	0.0%	IBNR PCP	3,433,331	0	(3,433,331)	0.0%
102,531	0	(102,531)	0.0%	IBNR Settlement (PCP)	103,000	0	(103,000)	0.0%
273,416	0	(273,416)	0.0%	IBNR Claims Fluctuation (PCP)	274,669	0	(274,669)	0.0%
1,877,506	3,198,353	1,320,847	41.3%	PCP FFS	14,339,951	12,711,674	(1,628,277)	(12.8%)
0	0	0	0.0%	Special Needs Medical Expense	278	0	(278)	0.0%
611,291	408,699	(202,592)	(49.6%)	PCP FQHC FFS	1,823,628	1,622,689	(200,940)	(12.4%)
0	0	0	0.0%	Prop 56 Physician Pmt	(3,778)	0	3,778	0.0%
15,958	0	(15,958)	0.0%	Prop 56 Hyde	64,417	0	(64,417)	0.0%
75,320	0	(75,320)	0.0%	Prop 56 Trauma Screening	303,469	0	(303,469)	0.0%
89,913	0	(89,913)	0.0%	Prop 56 Developmentl Screening	361,844	0	(361,844)	0.0%
645,121	820,049	174,928	21.3%	Prop 56 Family Planning	2,610,493	3,288,945	678,452	20.6%
0	0	0	0.0%	Prop 56 VBP	(259)	0	259	0.0%
7,108,744	**4,427,100**	**(2,681,644)**	**(60.6%)**	**9. Primary Care Physician Expense**	**23,311,044**	**17,623,308**	**(5,687,736)**	**(32.3%)**
(1,040,418)	0	1,040,418	0.0%	IBNR Specialist	(334,249)	0	334,249	0.0%
(31,211)	0	31,211	0.0%	IBNR Settlement (SCP)	(10,026)	0	10,026	0.0%
(83,235)	0	83,235	0.0%	IBNR Claims Fluctuation (SCP)	(26,743)	0	26,743	0.0%
844,388	0	(844,388)	0.0%	Psychiatrist FFS	2,739,633	0	(2,739,633)	0.0%
3,816,771	8,055,953	4,239,182	52.6%	Specialty Care FFS	15,083,846	31,965,566	16,881,720	52.8%
320,386	0	(320,386)	0.0%	Specialty Anesthesiology	1,349,666	0	(1,349,666)	0.0%
1,987,850	0	(1,987,850)	0.0%	Specialty Imaging FFS	6,999,284	0	(6,999,284)	0.0%
76,297	0	(76,297)	0.0%	Obstetrics FFS	236,824	0	(236,824)	0.0%
602,679	0	(602,679)	0.0%	Specialty IP Surgery FFS	1,954,243	0	(1,954,243)	0.0%
1,238,358	0	(1,238,358)	0.0%	Specialty OP Surgery FFS	4,456,894	0	(4,456,894)	0.0%
813,788	0	(813,788)	0.0%	Speciality IP Physician	2,930,480	0	(2,930,480)	0.0%
197,962	134,059	(63,903)	(47.7%)	Specialist FQHC FFS	652,709	532,012	(120,697)	(22.7%)
8,743,616	**8,190,012**	**(553,605)**	**(6.8%)**	**10. Specialty Care Physician Expense**	**36,032,561**	**32,497,579**	**(3,534,982)**	**(10.9%)**
(1,170,240)	0	1,170,240	0.0%	IBNR Ancillary (ANC)	(3,205,959)	0	3,205,959	0.0%
(35,109)	0	35,109	0.0%	IBNR Settlement (ANC)	(96,181)	0	96,181	0.0%
(93,622)	0	93,622	0.0%	IBNR Claims Fluctuation (ANC)	(256,479)	0	256,479	0.0%

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 OCTOBER, 2025

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
390,694	0	(390,694)	0.0%	IBNR Transportation FFS	(320,108)	0	320,108	0.0%
3,624,612	2,208,393	(1,416,219)	(64.1%)	Behavioral Health Therapy FFS	12,799,188	8,736,017	(4,063,171)	(46.5%)
2,928,873	0	(2,928,873)	0.0%	Psychologist & Other MH Prof	10,562,380	0	(10,562,380)	0.0%
789,057	0	(789,057)	0.0%	Other Medical Professional	2,326,374	0	(2,326,374)	0.0%
169,005	0	(169,005)	0.0%	Hearing Devices	683,277	0	(683,277)	0.0%
24,957	0	(24,957)	0.0%	ANC Imaging	138,286	0	(138,286)	0.0%
82,143	0	(82,143)	0.0%	Vision FFS	330,028	0	(330,028)	0.0%
0	0	0	0.0%	Family Planning	5	0	(5)	0.0%
780,860	1,319,182	538,322	40.8%	Laboratory FFS	2,910,798	5,216,479	2,305,682	44.2%
211,502	0	(211,502)	0.0%	ANC Therapist	667,783	0	(667,783)	0.0%
1,944,884	1,638,488	(306,396)	(18.7%)	Transp/Ambulance FFS	7,191,372	6,477,281	(714,091)	(11.0%)
0	20,000	20,000	100.0%	Medication Therapy Mgmt	0	20,000	20,000	100.0%
2,735,717	2,787,021	51,303	1.8%	Non-ER Transportation FFS	9,459,957	11,028,075	1,568,118	14.2%
1,464,756	2,685,037	1,220,281	45.4%	Hospice FFS	6,935,265	10,645,884	3,710,618	34.9%
2,788,398	0	(2,788,398)	0.0%	Home Health Services	9,891,584	0	(9,891,584)	0.0%
2,450	2,672,429	2,669,979	99.9%	Other Medical FFS	2,450	10,567,694	10,565,244	100.0%
(447,633)	0	447,633	0.0%	Medical Refunds through HMS	(883,969)	0	883,969	0.0%
27,602	2,112,001	2,084,399	98.7%	DME & Medical Supplies FFS	104,439	8,353,250	8,248,811	98.7%
2,574,294	2,103,088	(471,206)	(22.4%)	ECM Base/Outreach FFS ANC	10,374,095	8,390,025	(1,984,070)	(23.6%)
25,062	93,789	68,727	73.3%	CS Housing Deposits FFS ANC	674,560	371,555	(303,005)	(81.6%)
1,303,711	455,031	(848,680)	(186.5%)	CS Housing Tenancy FFS ANC	3,659,752	1,797,434	(1,862,318)	(103.6%)
821,129	319,232	(501,897)	(157.2%)	CS Housing Navi Servic FFS ANC	2,344,945	1,262,538	(1,082,406)	(85.7%)
246,256	280,384	34,128	12.2%	CS Medical Respite FFS ANC	1,340,502	1,098,447	(242,055)	(22.0%)
335,117	130,374	(204,743)	(157.0%)	CS Med. Tailored Meals FFS ANC	876,618	511,587	(365,031)	(71.4%)
29,439	1,030	(28,409)	(2,757.9%)	CS Asthma Remediation FFS ANC	99,482	3,780	(95,701)	(2,531.6%)
6,868	0	(6,868)	0.0%	MOT Wrap Around (Non Med MOT)	6,868	0	(6,868)	0.0%
0	2,624	2,624	100.0%	CS Home Modifications FFS ANC	0	10,435	10,435	100.0%
94,793	197,278	102,485	51.9%	CS P.Care & Hmker Svcs FFS ANC	269,223	778,985	509,762	65.4%
7,296	6,223	(1,073)	(17.2%)	CS Cgiver Respite Svcs FFS ANC	7,296	24,616	17,320	70.4%
0	19	19	100.0%	CS ST PostHospital Housing FFS	0	42	42	100.0%
30	311	281	90.4%	CS Housing Outreach	1,160	1,236	76	6.2%
446,073	523,009	76,936	14.7%	CommunityBased Adult Svc(CBAS)	1,519,540	2,070,368	550,828	26.6%
15,865	10,831	(5,033)	(46.5%)	CS LTC Diversion FFS ANC	63,848	43,325	(20,523)	(47.4%)
237	5,003	4,766	95.3%	CS LTC Transition FFS ANC	17,853	20,012	2,159	10.8%
22,125,078	**19,570,779**	**(2,554,299)**	**(13.1%)**	**11. Ancillary Medical Expense**	**80,496,231**	**77,429,065**	**(3,067,166)**	**(4.0%)**
(2,609,547)	0	2,609,547	0.0%	IBNR Outpatient	1,452,995	0	(1,452,995)	0.0%
(78,287)	0	78,287	0.0%	IBNR Settlement (OP)	43,588	0	(43,588)	0.0%
(208,764)	0	208,764	0.0%	IBNR Claims Fluctuation (OP)	116,241	0	(116,241)	0.0%
3,373,311	6,048,970	2,675,659	44.2%	Outpatient FFS	12,477,607	23,817,282	11,339,675	47.6%
4,119,385	0	(4,119,385)	0.0%	OP Ambul Surgery FFS	13,591,832	0	(13,591,832)	0.0%
3,042,687	0	(3,042,687)	0.0%	Imaging Services FFS	12,325,582	0	(12,325,582)	0.0%
130,827	0	(130,827)	0.0%	Behavioral Health FFS	493,539	0	(493,539)	0.0%
985,874	3,539,516	2,553,642	72.1%	Outpatient Facility Lab FFS	3,448,349	14,038,378	10,590,030	75.4%
278,928	0	(278,928)	0.0%	Outpatient Facility Cardio FFS	1,028,586	0	(1,028,586)	0.0%
115,509	0	(115,509)	0.0%	OP Facility PT/OT/ST FFS	461,172	0	(461,172)	0.0%
3,891,570	3,296,250	(595,319)	(18.1%)	OP Facility Dialysis Ctr FFS	13,228,194	13,073,991	(154,204)	(1.2%)
13,041,493	**12,884,736**	**(156,757)**	**(1.2%)**	**12. Outpatient Medical Expense**	**58,667,685**	**50,929,651**	**(7,738,034)**	**(15.2%)**
(3,374,706)	0	3,374,706	0.0%	IBNR Emergency	(2,513,669)	0	2,513,669	0.0%
(101,241)	0	101,241	0.0%	IBNR Settlement (ER)	(75,408)	0	75,408	0.0%
(269,976)	0	269,976	0.0%	IBNR Claims Fluctuation (ER)	(201,094)	0	201,094	0.0%
10,543,242	11,187,512	644,270	5.8%	ER Facility	39,273,058	44,034,256	4,761,198	10.8%
1,479,840	0	(1,479,840)	0.0%	Specialty ER Physician FFS	4,951,779	0	(4,951,779)	0.0%
8,277,159	**11,187,512**	**2,910,353**	**26.0%**	**13. Emergency Expense**	**41,434,665**	**44,034,256**	**2,599,591**	**5.9%**
(3,026,127)	0	3,026,127	0.0%	IBNR Pharmacy (OP)	(2,257,911)	0	2,257,911	0.0%

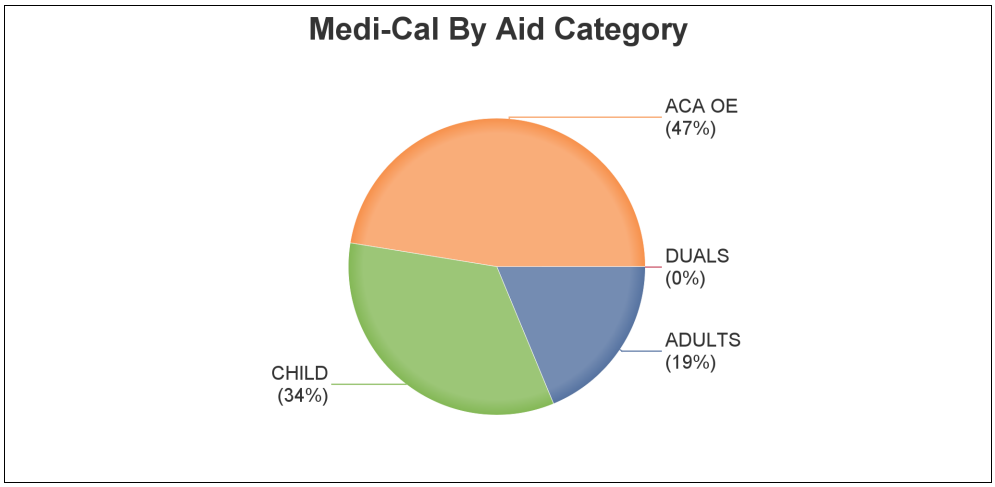
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 OCTOBER, 2025

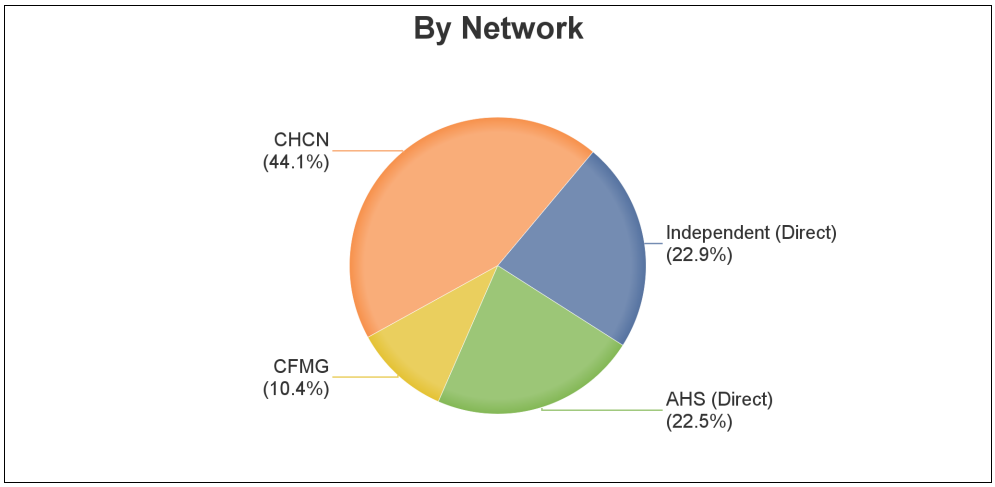
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
(90,782)	0	90,782	0.0%	IBNR Settlement Rx (OP)	(67,734)	0	67,734	0.0%
(242,091)	0	242,091	0.0%	IBNR Claims Fluctuation Rx(OP)	(180,633)	0	180,633	0.0%
775,474	679,077	(96,396)	(14.2%)	Pharmacy FFS (OP)	2,968,908	2,693,459	(275,449)	(10.2%)
116,024	12,616,497	12,500,473	99.1%	Pharmacy Non PBM FFS Other-ANC	479,027	41,079,474	40,600,447	98.8%
9,645,495	0	(9,645,495)	0.0%	Pharmacy Non PBM FFS OP-FAC	21,955,555	0	(21,955,555)	0.0%
332,605	0	(332,605)	0.0%	Pharmacy Non PBM FFS PCP	1,140,883	0	(1,140,883)	0.0%
3,328,166	0	(3,328,166)	0.0%	Pharmacy Non PBM FFS SCP	11,779,726	0	(11,779,726)	0.0%
66,874	0	(66,874)	0.0%	Pharmacy Non PBM FFS FQHC	165,336	0	(165,336)	0.0%
44,114	0	(44,114)	0.0%	Pharmacy Non PBM FFS HH	78,426	0	(78,426)	0.0%
(164,960)	51,113	216,073	422.7%	Medical Expenses Pharm Rebate	(323,544)	202,733	526,278	259.6%
10,784,792	**13,346,688**	**2,561,896**	**19.2%**	**14. Pharmacy Expense**	**35,738,039**	**43,975,666**	**8,237,627**	**18.7%**
(1,433,319)	0	1,433,319	0.0%	IBNR LTC	(5,530,063)	0	5,530,063	0.0%
(42,999)	0	42,999	0.0%	IBNR Settlement (LTC)	(165,902)	0	165,902	0.0%
(114,667)	0	114,667	0.0%	IBNR Claims Fluctuation (LTC)	(442,407)	0	442,407	0.0%
1,934,056	27,736	(1,906,320)	(6,873.0%)	LTC - ICF/DD	7,946,276	109,969	(7,836,307)	(7,125.9%)
31,440,592	28,095,930	(3,344,662)	(11.9%)	LTC Custodial Care	116,761,346	111,524,847	(5,236,499)	(4.7%)
8,527,941	10,460,733	1,932,792	18.5%	LTC SNF	36,757,256	41,495,913	4,738,657	11.4%
40,311,604	**38,584,399**	**(1,727,205)**	**(4.5%)**	**15. Long Term Care Expense**	**155,326,506**	**153,130,729**	**(2,195,777)**	**(1.4%)**
152,257,138	**163,531,679**	**11,274,541**	**6.9%**	**16. TOTAL FFS MEDICAL EXPENSES**	**614,999,383**	**637,493,816**	**22,494,433**	**3.5%**
0	(543,876)	(543,876)	100.0%	Clinical Vacancy #102	0	(1,846,532)	(1,846,532)	100.0%
117,770	314,910	197,141	62.6%	Quality Analytics #123	653,061	794,927	141,866	17.8%
422,056	369,499	(52,557)	(14.2%)	LongTerm Services and Support #139	1,553,002	1,474,448	(78,555)	(5.3%)
984,400	927,179	(57,221)	(6.2%)	Utilization Management #140	3,817,607	3,540,171	(277,436)	(7.8%)
834,856	822,029	(12,827)	(1.6%)	Case & Disease Management #185	3,062,838	3,443,280	380,441	11.0%
(74,139)	(4,367,976)	(4,293,837)	98.3%	Medical Management #230	(988,033)	(17,481,817)	(16,493,784)	94.3%
1,288,143	1,239,193	(48,951)	(4.0%)	Quality Improvement #235	4,709,568	4,907,999	198,431	4.0%
425,593	450,836	25,243	5.6%	HCS Behavioral Health #238	1,585,380	1,775,882	190,502	10.7%
176,319	243,067	66,749	27.5%	Pharmacy Services #245	580,637	927,994	347,357	37.4%
1,873	0	(1,873)	0.0%	Regulatory Readiness #268	(5,289)	0	5,289	0.0%
4,176,871	**(545,139)**	**(4,722,010)**	**866.2%**	**17. Other Benefits & Services**	**14,968,771**	**(2,463,649)**	**(17,432,420)**	**707.6%**
(6,307,120)	(1,530,156)	4,776,964	(312.2%)	Reinsurance Recoveries	(10,570,453)	(6,138,472)	4,431,981	(72.2%)
2,449,319	2,040,208	(409,111)	(20.1%)	Reinsurance Premium	9,871,544	8,184,630	(1,686,914)	(20.6%)
(3,857,801)	**510,052**	**4,367,853**	**856.4%**	**18. Reinsurance (Net)**	**(698,909)**	**2,046,157**	**2,745,066**	**134.2%**
1,000,000	0	(1,000,000)	0.0%	P4P Risk Pool Provider Incenti	4,659,099	0	(4,659,099)	0.0%
1,000,000	**0**	**(1,000,000)**	**0.0%**	**19. Risk Pool Distribution**	**4,659,099**	**0**	**(4,659,099)**	**0.0%**
175,648,756	**180,679,835**	**5,031,079**	**2.8%**	**20. TOTAL MEDICAL EXPENSES**	**714,331,415**	**706,006,239**	**(8,325,177)**	**(1.2%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend

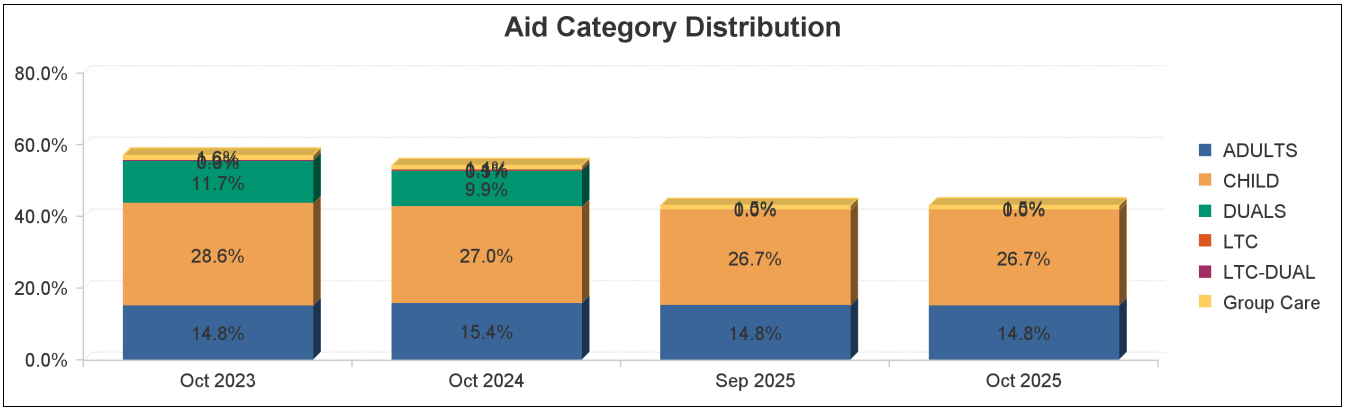
Category of Aid	Oct 2025	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN
ADULTS	59,861	15%	12,243	14,512	3	33,103
CHILD	107,934	27%	10,109	13,700	39,054	45,071
SPD	0	0%	0	0	0	0
ACA OE	151,424	38%	27,425	52,689	1,547	69,763
DUALS	17	0%	13	3	0	1
LTC	0	0%	0	0	0	0
LTC-DUAL	0	0%	0	0	0	0
SPD-LTC	29,641	7%	8,655	5,502	1,509	13,975
SPD-LTC/Full Dual	49,391	12%	32,005	3,584	1	13,801
Other	0		0	0	0	0
Medi-Cal	398,267		90,449	89,990	42,114	175,714
Group Care	6,082		2,200	1,139	0	2,743
Total	**404,349**	**100%**	**92,649**	**91,129**	**42,114**	**178,457**
Other %	0.0%		0.0%	0.0%	0.0%	0.0%
Medi-Cal %	98.5%		97.6%	98.8%	100.0%	98.5%
Group Care %	1.5%		2.4%	1.2%	0.0%	1.5%
	Network Distribution		**22.9%**	**22.5%**	**10.4%**	**44.1%**
			% Direct:	**45%**	**% Delegated:**	**55%**




By Network
CHCN
(44.1%)
Independent (Direct)
(22.9%)
CFMG
(10.4%)
AHS (Direct)
(22.5%)

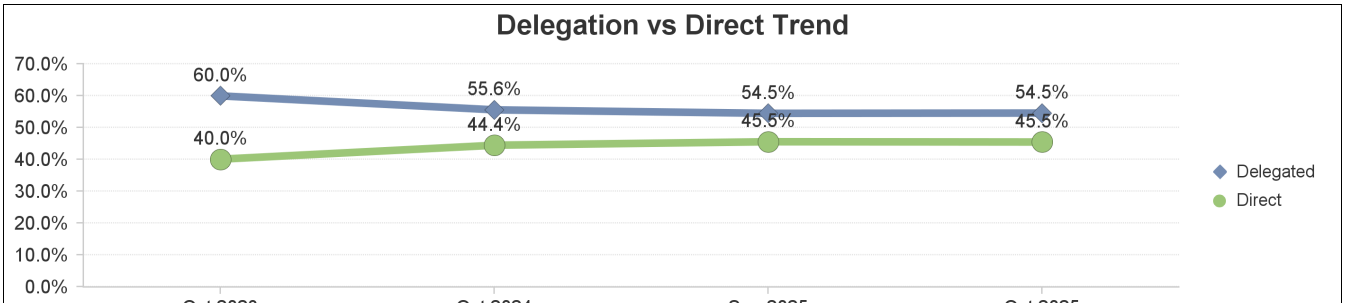
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
ADULTS	52,396	62,608	60,163	**59,861**	14.8%	15.4%	14.8%	14.8%	16.3%	-4.6%	-0.5%
CHILD	101,120	109,680	108,175	**107,934**	28.6%	27.0%	26.7%	26.7%	7.8%	-1.6%	-0.2%
SPD	30,888	35,389	0	**0**	8.7%	8.7%	0.0%	0.0%	12.7%	0.0%	0.0%
ACA OE	121,430	151,098	152,201	**151,424**	34.3%	37.2%	37.5%	37.4%	19.6%	0.2%	-0.5%
DUALS	41,496	40,144	9	**17**	11.7%	9.9%	0.0%	0.0%	-3.4%	-236,041.2%	47.1%
LTC	135	249	0	**0**	0.0%	0.1%	0.0%	0.0%	45.8%	0.0%	0.0%
LTC-DUAL	997	1,265	0	**0**	0.3%	0.3%	0.0%	0.0%	21.2%	0.0%	0.0%
SPD-LTC	0	0	29,706	**29,641**	0.0%	0.0%	7.3%	7.3%	0.0%	100.0%	-0.2%
SPD-LTC/ Full Dual	0	0	49,387	**49,391**	0.0%	0.0%	12.2%	12.2%	0.0%	100.0%	0.0%
Other	0	0	0	**0**	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Medi-Cal	348,462	400,433	399,641	**398,267**	98.4%	98.6%	98.5%	98.5%	13.0%	-0.5%	-0.3%
Group Care	5,605	5,769	6,054	**6,082**	1.6%	1.4%	1.5%	1.5%	2.8%	5.1%	0.5%
Total	**354,067**	**406,202**	**405,695**	**404,349**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**12.8%**	**-0.5%**	**-0.3%**



Delegation vs Direct Trend

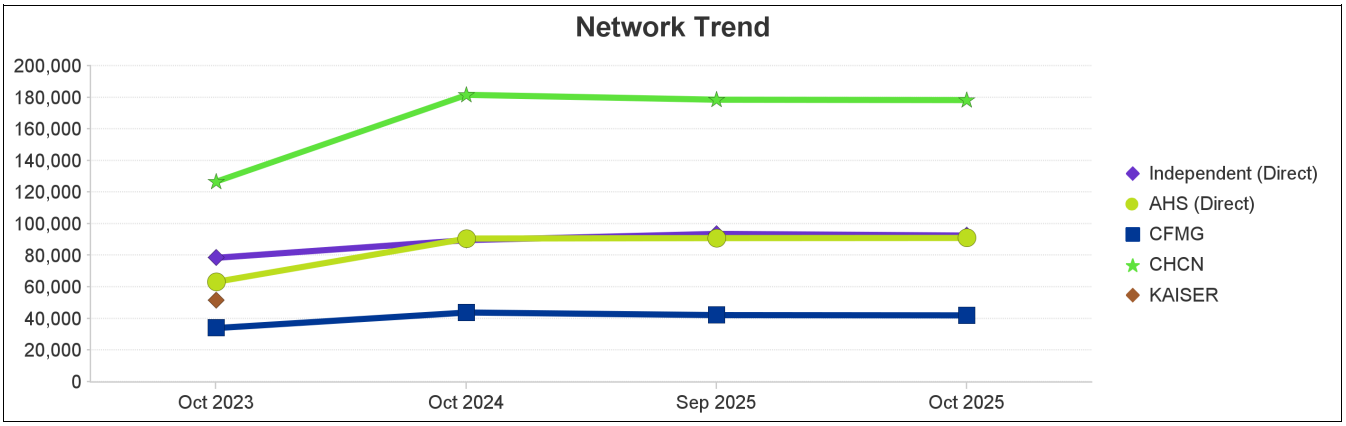
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
Delegated	212,266	225,684	220,955	**220,571**	60.0%	55.6%	54.5%	54.5%	5.9%	-2.3%	-0.2%
Direct	141,801	180,518	184,740	**183,778**	40.0%	44.4%	45.5%	45.5%	21.4%	1.8%	-0.5%
Total	**354,067**	**406,202**	**405,695**	**404,349**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**12.8%**	**-0.5%**	**-0.3%**



Oct 2023 Oct 2024 Sep 2025 Oct 2025

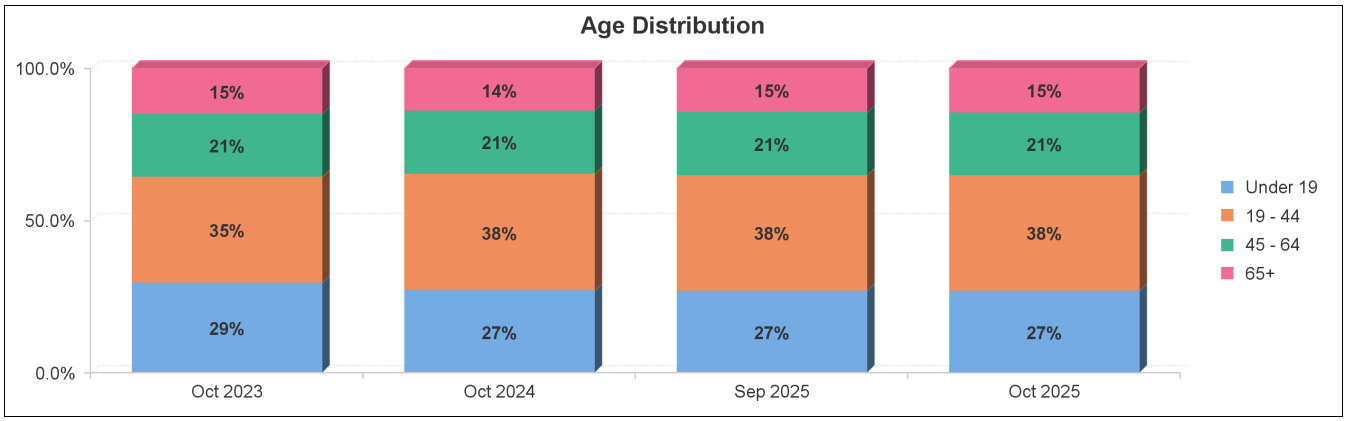
Network Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
Independent (Direct)	78,530	89,756	93,700	**92,649**	22.2%	22.1%	23.1%	22.9%	12.5%	3.1%	-1.1%
AHS (Direct)	63,271	90,762	91,040	**91,129**	17.9%	22.3%	22.4%	22.5%	30.3%	0.4%	0.1%
CFMG	34,035	43,913	42,274	**42,114**	9.6%	10.8%	10.4%	10.4%	22.5%	-4.3%	-0.4%
CHCN	126,705	181,771	178,681	**178,457**	35.8%	44.7%	44.0%	44.1%	30.3%	-1.9%	-0.1%
KAISER	51,526	0	0	**0**	14.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	**354,067**	**406,202**	**405,695**	**404,349**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**12.8%**	**-0.5%**	**-0.3%**



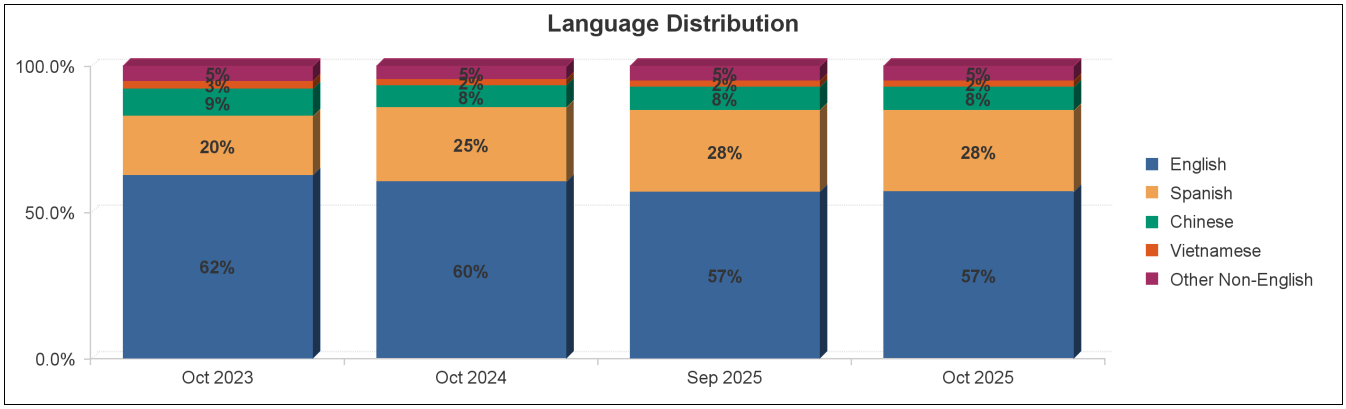
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
Under 19	103,512	108,379	107,944	**107,763**	29%	27%	27%	27%	4%	-1%	0%
19 - 44	123,390	155,783	154,018	**153,189**	35%	38%	38%	38%	21%	-2%	-1%
45 - 64	73,229	84,315	83,823	**83,403**	21%	21%	21%	21%	13%	-1%	-1%
65+	53,936	57,725	59,910	**59,995**	15%	14%	15%	15%	7%	4%	0%
Total	**354,067**	**406,202**	**405,695**	**404,350**	**100%**	**100%**	**100%**	**100%**	**13%**	**0%**	**0%**



Language Trend

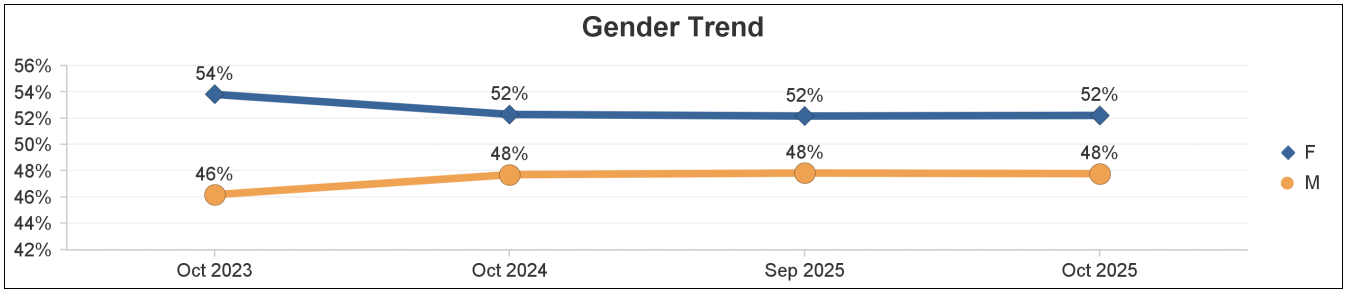
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
English	221,283	244,693	230,515	**229,798**	62%	60%	57%	57%	10%	-6%	0%
Spanish	71,409	103,228	113,062	**112,430**	20%	25%	28%	28%	31%	8%	-1%
Chinese	32,770	30,669	32,134	**32,053**	9%	8%	8%	8%	-7%	4%	0%
Vietnamese	9,405	8,243	8,994	**8,977**	3%	2%	2%	2%	-14%	8%	0%
Other Non-English	19,200	19,369	20,990	**21,092**	5%	5%	5%	5%	1%	8%	0%
Total	**354,067**	**406,202**	**405,695**	**404,350**	**100%**	**100%**	**100%**	**100%**	**13%**	**0%**	**0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

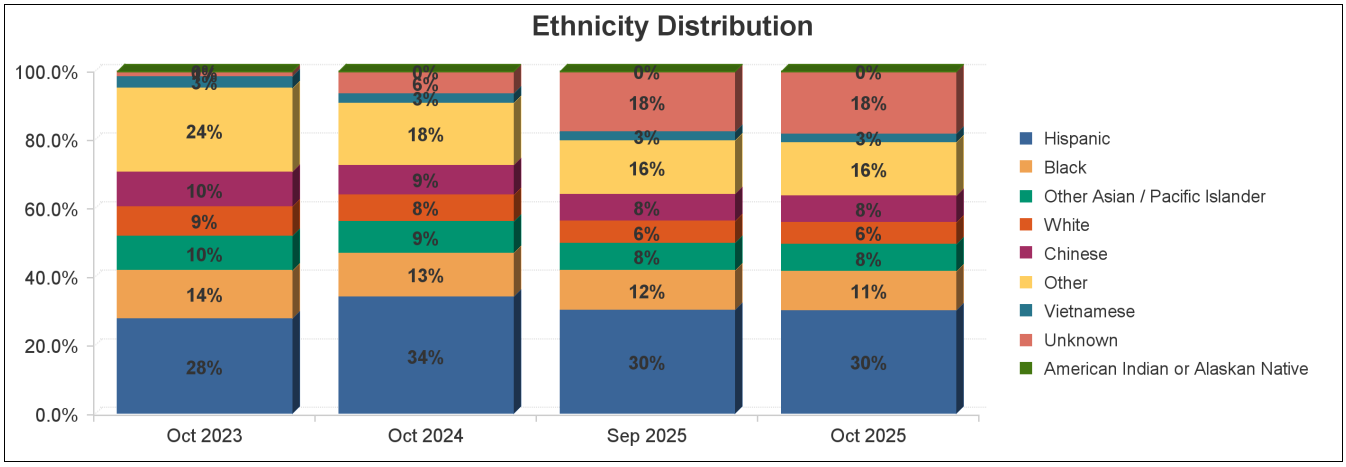
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
F	190,566	212,415	211,654	**211,148**	54%	52%	52%	52%	10%	-1%	0%
M	163,501	193,787	194,041	**193,201**	46%	48%	48%	48%	16%	0%	0%
Total	**354,067**	**406,202**	**405,695**	**404,349**	**100%**	**100%**	**100%**	**100%**	**13%**	**0%**	**0%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
Hispanic	98,158	138,637	122,723	**121,473**	28%	34%	30%	30%	29%	-14%	-1%
Black	49,717	51,748	46,880	**46,427**	14%	13%	12%	11%	4%	-11%	-1%
Other Asian / Pacific Islander	35,487	37,202	32,182	**31,796**	10%	9%	8%	8%	5%	-17%	-1%
White	30,637	31,678	26,253	**25,853**	9%	8%	6%	6%	3%	-23%	-2%
Chinese	35,807	35,243	31,551	**31,241**	10%	9%	8%	8%	-2%	-13%	-1%
Other	86,487	73,399	63,750	**63,066**	24%	18%	16%	16%	-18%	-16%	-1%
Vietnamese	12,050	11,527	10,309	**10,228**	3%	3%	3%	3%	-5%	-13%	-1%
Unknown	4,980	25,982	71,362	**73,596**	1%	6%	18%	18%	81%	65%	3%
American Indian or Alaskan Native	744	786	685	**669**	0%	0%	0%	0%	5%	-17%	-2%
Total	**354,067**	**406,202**	**405,695**	**404,349**	**100%**	**100%**	**100%**	**100%**	**13%**	**0%**	**0%**



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

Medi-Cal By City

City	Oct 2025	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	158,373	40%	23,923	42,688	16,559	75,203
HAYWARD	52,005	13%	11,754	14,945	5,511	19,795
FREMONT	38,309	10%	15,932	6,783	2,167	13,427
SAN LEANDRO	25,163	6%	6,822	4,279	3,049	11,013
UNION CITY	14,336	4%	5,671	2,619	803	5,243
ALAMEDA	13,622	3%	3,383	2,558	2,034	5,647
BERKELEY	16,272	4%	3,906	2,539	1,739	8,088
LIVERMORE	12,958	3%	2,054	448	2,049	8,407
NEWARK	9,215	2%	2,753	3,922	494	2,046
CASTRO VALLEY	11,153	3%	3,265	1,792	1,737	4,359
SAN LORENZO	6,028	2%	1,211	1,428	700	2,689
PLEASANTON	7,992	2%	2,250	327	823	4,592
DUBLIN	7,656	2%	2,425	336	857	4,038
EMERYVILLE	3,026	1%	610	699	487	1,230
ALBANY	2,550	1%	577	295	534	1,144
PIEDMONT	467	0%	103	181	71	112
SUNOL	82	0%	29	9	6	38
ANTIOCH	26	0%	11	9	0	6
Other	19,035	5%	3,771	4,133	2,494	8,637
Total	398,268	100%	**90,450**	**89,990**	**42,114**	**175,714**

Group Care By City

City	Oct 2025	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	1,866	31%	335	435	0	1,096
HAYWARD	698	11%	321	190	0	187
FREMONT	673	11%	430	85	0	158
SAN LEANDRO	659	11%	267	113	0	279
UNION CITY	293	5%	177	47	0	69
ALAMEDA	322	5%	93	38	0	191
BERKELEY	158	3%	43	15	0	100
LIVERMORE	100	2%	31	2	0	67
NEWARK	142	2%	77	38	0	27
CASTRO VALLEY	218	4%	96	32	0	90
SAN LORENZO	153	3%	46	28	0	79
PLEASANTON	72	1%	24	3	0	45
DUBLIN	137	2%	51	8	0	78
EMERYVILLE	43	1%	13	8	0	22
ALBANY	23	0%	12	1	0	10
PIEDMONT	7	0%	2	1	0	4
SUNOL	1	0%	1	0	0	0
ANTIOCH	28	0%	10	6	0	12
Other	489	8%	171	89	0	229
Total	**6,082**	**100%**	**2,200**	**1,139**	**0**	**2,743**

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

Total By City

City	Oct 2025	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	160,239	40%	24,258	43,123	16,559	76,299
HAYWARD	52,703	13%	12,075	15,135	5,511	19,982
FREMONT	38,982	10%	16,362	6,868	2,167	13,585
SAN LEANDRO	25,822	6%	7,089	4,392	3,049	11,292
UNION CITY	14,629	4%	5,848	2,666	803	5,312
ALAMEDA	13,944	3%	3,476	2,596	2,034	5,838
BERKELEY	16,430	4%	3,949	2,554	1,739	8,188
LIVERMORE	13,058	3%	2,085	450	2,049	8,474
NEWARK	9,357	2%	2,830	3,960	494	2,073
CASTRO VALLEY	11,371	3%	3,361	1,824	1,737	4,449
SAN LORENZO	6,181	2%	1,257	1,456	700	2,768
PLEASANTON	8,064	2%	2,274	330	823	4,637
DUBLIN	7,793	2%	2,476	344	857	4,116
EMERYVILLE	3,069	1%	623	707	487	1,252
ALBANY	2,573	1%	589	296	534	1,154
PIEDMONT	474	0%	105	182	71	116
SUNOL	83	0%	30	9	6	38
ANTIOCH	54	0%	21	15	0	18
Other	19,524	5%	3,942	4,222	2,494	8,866
Total	404,350	100%	**92,650**	**91,129**	**42,114**	**178,457**

Operations

Ruth Watson

To: **Alameda Alliance for Health Board of Governors**

From: **Ruth Watson, Chief Operating Officer**

Date: **December 12th, 2025**

Subject: **Operations Report**

Member Services

- 12-Month Trend Blended Summary:
    - The Member Services Department received 15,694 calls in November 2025 compared to 14,806 in November 2024 and represents a 6% increase in calls.
    - The abandonment rate for November 2025 was 2% compared to 4% in November 2024.
    - The Department's service level was 97% in November 2025, compared to 95% in November 2024. The average speed to answer (ASA) was seven seconds (00:07) compared to twelve seconds (00:12) in November 2024. The Department continues to recruit to fill open positions. Customer Service support service vendor continues to provide overflow call center support.
    - The average talk time (ATT) was six minutes and forty-seven seconds (06:47) for November 2025 compared to seven minutes and thirteen seconds (07:13) for November 2024.
    - 100% of calls were answered within 10 minutes for November 2025 and 100% of calls were answered within 10 minutes for November 2024.
    - Outbound calls totaled 9,273 in November 2025 compared to 7,443 in November 2024.
    - The top five (5) call reasons for November 2025 were 1) Eligibility/Enrollment, 2) Change of PCP, 3) Grievances/Appeals, 4) Benefits, and 5) Provider Network Information. The top five (5) call reasons for November 2024 were: 1) Change of PCP, 2) Eligibility/Enrollment, 3) Benefits, 4) Grievances/Appeals, and 5) Provider Network Information.
    - November utilization for the member automated eligibility IVR system totaled 1,480 in November 2025 compared to 1,058 in November 2024.
    - The Department continues to service members via multiple communication channels (telephonic, email, online, web-based requests, and in-person). The Department responded to 1,1073 web-based requests in November 2025 compared to 1,054 in November 2024. The top three (3) web reason requests for November 2025 were: 1). Change of PCP, 2) ID Card Requests, and 3) Update Contact Information. 49 members were assisted in-person in November 2025 compared to 43 in November 2024.

- MS Behavioral Health:

    - The Member Services Behavioral Health (MS BH) Unit received a total of 827 calls in November 2025 compared to 932 in November 2024.
    - The abandonment rate was 3% in November 2025 compared to 8% in November 2024.
    - The service level was 94% in November 2025 and 78% in November 2024.
    - The average speed to answer (ASA) was fifteen seconds (00:15) compared to one minute and one second (01:01) in November 2024.
    - Calls answered in 10 minutes were 100% in November 2025 compared to 99% in November 2024.
    - The Average Talk Time (ATT) was nine minutes and thirty-five seconds (09:35) compared to nine minutes and eight seconds (09:08) in November 2024. The MS BH Team utilizes the DHCS age-appropriate screening tools for Medi-Cal Mental Health Services to determine the appropriate delivery system for members who are not currently receiving mental health services when they contact the plan.
    - 1,164 outbound calls were completed in November 2025 compared to 668 in November 2024.
    - 73 screenings were completed in November 2025 compared to 119 in November 2024.
    - 17 referrals were made to the County (ACCESS) in November 2025 compared to 23 November 2024.
    - 11 members were referred to Center Point for SUD services in November 2025 compared to 22 in November 2024.

- D-SNP Member Services:

    - The Member Services D-SNP Unit received a total of 422 calls.
    - The abandonment rate was 1%.
    - The Average Speed to Answer (ASA) was six seconds (00:06).
    - The service level was 100%.
    - The Average Talk Time (ATT) was seven minutes and twenty-two seconds (07:22).
    - The top five (5) call reasons were: 1) Eligibility/Enrollment, 2) Benefits/Org Determinations, 3) Change PCP, 4) Grievances/Appeals, and 5) ID Card Request.

Claims

- 12-Month Trend Summary:
    - The Claims Department received 349,052 claims in November 2025 compared to 364,130 in November 2024.
    - The Auto Adjudication rate was 85% in November 2025 compared to 88% in November 2024.

- Claims compliance for the 30-day turn-around time was 85.5% in November 2025 compared to 93.2% in November 2024. The 45-day turn-around time was 99.7% in November 2025 compared to 99.8% in November 2024.

- Monthly Analysis:
  - In November, we received a total of 349,052 claims in the HEALTHsuite system which represents a 6.6% decrease from October 2025. It is also 4.3% lower than the number of claims received in November 2024 (364,130 vs 349,052).
  - 90% of claims were received via EDI and 10% of claims via paper during November.
  - 99.7% of our claims were processed within 45 working days during the month.
  - The Auto Adjudication rate was 85% for November.

Provider Dispute Resolution

- 12-Month Trend Summary:
  - In November 2025, the Provider Dispute Resolution (PDR) team received 2,543 PDRs versus 2,568 in November 2024.
  - The PDR team resolved 2,677 cases in November 2025 compared to 1,935 cases in November 2024.
    - In November 2025, the PDR team upheld 73% of cases versus 68% in November 2024.
    - The PDR team resolved 99.6% of cases within the compliance standard of 95% within 45 working days in November 2025, compared to 99.8% in November 2024.
- Monthly Analysis
  - The Alliance received 2,543 PDRs in November 2025. This represents a significant decrease of 36% from October 2025 but reflects a minimal change from the number of PDRs received in November 2024.
  - In the month of November, 2,677 PDRs were resolved, with 1,956 being upheld and 721 being overturned.
  - 2,666 of 2,677 cases were resolved within 45 working days, resulting in a 99.6% compliance rate.
  - The average turnaround time for resolving PDRs in November was 40 days.
  - There were 5,676 PDRs pending resolution as of 11/30/2025, with no cases older than 45 working days.
  - The overturn rate for PDRs was 27%, which did not meet our goal of 25% or less.
  - Primary reasons for the missed goal include:
    - Member OHC corrections – 109 cases with incorrect claim denials.
    - Authorization issues – 326 cases with incorrect claim denial (claim denied in error; authorization was on file).

- Incorrect Rate Configuration – 118 cases were underpaid due to the contract not being loaded in the system correctly.

- The full breakdown of all **721** overturned PDRs is captured in the chart below:

Category	# of Cases	% of Cases	Comments
System Related Issues	**87**	**12%**	
General configuration issues	10	1%	Non-covered code, modifier, etc.
Financial responsibility	64	9%	Member Not Found
Claims Editing System (CES)	7	1%	
National Drug Code (NDC)	6	1%	NDC was not configured in the system
Authorization Issues	**326**	**46%**	
Processor error	130	18%	Claim denied in error; authorization was on file
UM/retro auth review	119	17%	Retro medical necessity review
Auth System error	77	11%	
OHC Issues	**109**	**15%**	Inaccurate OHC Member TPL data
Incorrect Rates	**118**	**17%**	
Incorrect rate – System	41	6%	Contract not updated in the system at the time of claim processing
Letter of Agreement (LOA)	3	0%	Underpaid; LOA on file
COB calculation	19	3%	Incorrectly calculated
Incorrect rate – Processor	55	8%	The processor did not calculate the rate correctly according to the contract or rate sheet
Claim Processing Error	**55**	**8%**	
Duplicate claim	37	5%	The claim was not a duplicate; the processor denied it in error
Incorrect Manual Denial	11	2%	The claim was manually denied incorrectly
Overpayment	7	1%	Provider requests recoupment due to overpayment
Additional Documentation	**26**	**3%**	
Timely filing	10	1%	The documentation received confirmed that the claim was submitted on time
Provider billing	16	2%	Corrected claim due to provider error
PDR Overturn Totals		**100%**	

Grievances & Appeals

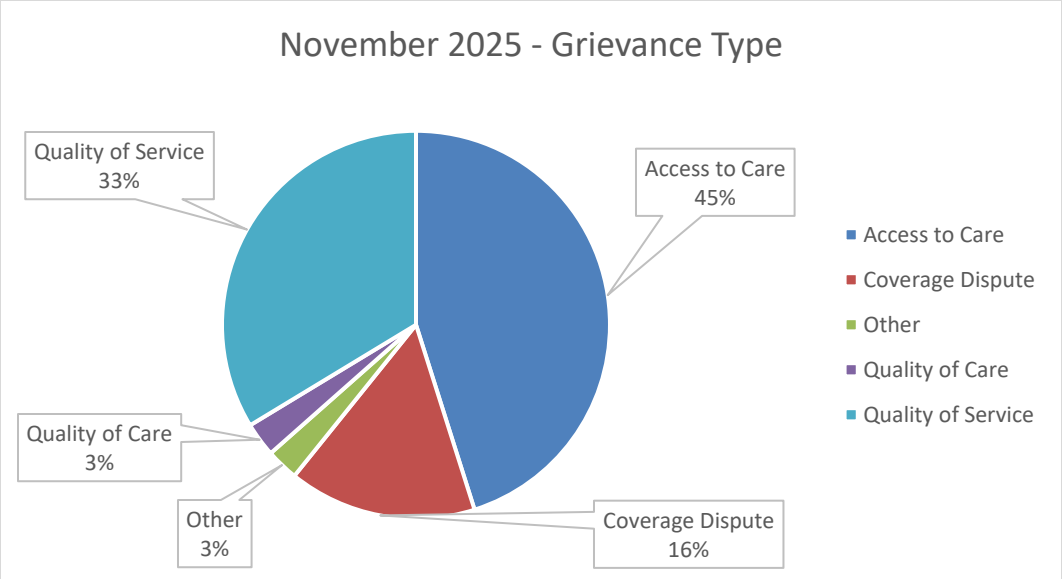
- Standard Grievance cases were not resolved within the goal of 95% of regulatory timeframes.
- Expedited Grievance cases were resolved within the goal of 95% of regulatory timeframes.
- Exempt Grievance cases were resolved within the goal of 95% of regulatory timeframes.
- Standard Appeal cases were resolved within the goal of 95% of regulatory timeframes.
- Expedited Appeal cases were resolved within the goal of 95% of regulatory timeframes.
- Total Unique grievances resolved in November were 7.72 complaints per 1,000 members.

November 2025 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	2,483	30 Calendar Days	95% compliance within standard	2,200	88.6%	4.82
Expedited Grievance	6	72 Hours	95% compliance within standard	6	100.0%	0.01
Exempt Grievance	1,340	Next Business Day	95% compliance within standard	1,338	99.8%	2.90
Standard Appeal	73	30 Calendar Days	95% compliance within standard	72	98.6%	0.17
Expedited Appeal	2	72 Hours	95% compliance within standard	2	100.0%	0.00
Total Cases:	3,904		95% compliance within standard	3,618	92.6%	7.72

*Calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1,000.

Standard Grievances:

There were 1,956 unique grievance cases resolved during the reporting period, with a total of 2,483 grievances including 527 shadow cases.



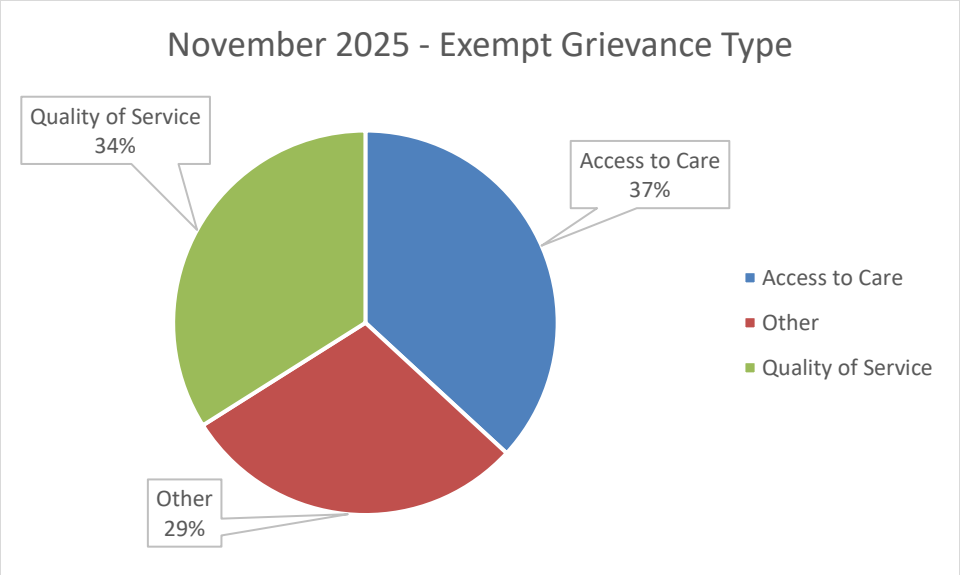
- **1,123** of 2,489 (45%) cases were related to Access to Care; the following are the top four (4) categories:
  - Technology/Telephone – 330
  - Timely Access – 310
  - Provider Availability – 163
  - Authorization – 153

- **838** of 2,489 (34%) cases were related to Quality of Service; the following are the top four (4) categories:
  - Referral – 204
  - Plan Customer Service – 162
  - Provider/Staff Attitude – 139
  - Authorization – 127

- **390** of 2,489 (16%) cases were related to Coverage Dispute; the following are the top two (2) categories:
  - Provider Direct Member Billing – 225
  - Provider Balance Billing – 89

Exempt Grievances:

There were 1,179 unique exempt grievance cases resolved during the reporting period, with a total of 1,340 exempt grievances including 161 shadow cases.



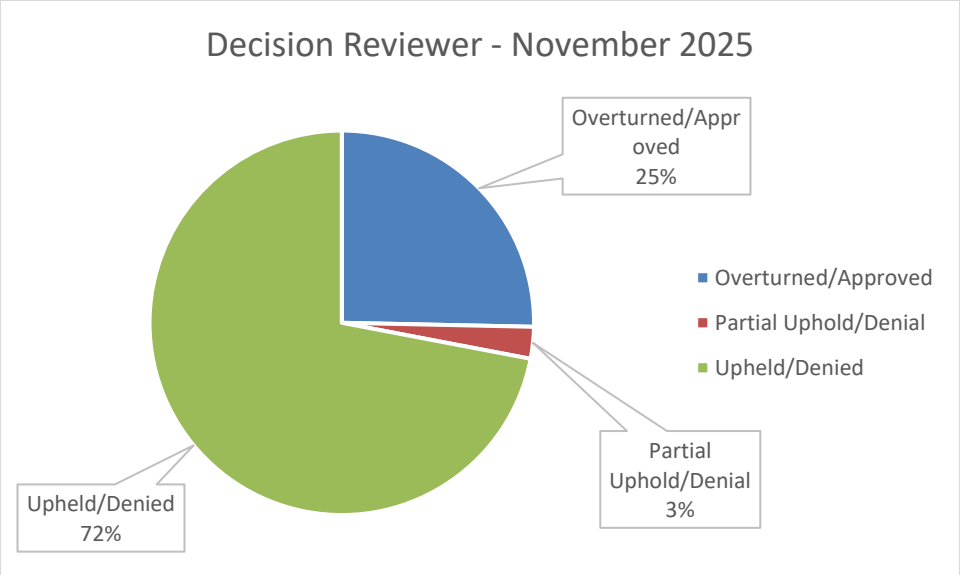
- **494** of 1,340 (37%) cases were related to Access to Care; the following are the top three (3) categories:
  - Telephone/Technology – 282
  - Provider Availability – 91
  - Geographic Access – 74

- **455** of 1,340 (34%) cases were related to Quality of Service; the following are the top two (2) categories:
  - Plan Customer Service – 311
  - Provider/Staff Attitude – 120

- **391** of 1,340 (29%) cases were related to Other; the following are the top two (2) categories:
  - Enrollment – 345
  - Eligibility – 46

Appeals:

The Alliance's goal is to have an overturn rate of less than 25%; for the reporting period of November 2025, we met our goal with a 25% overturn rate.



- **54** out of 75 (72%) cases were upheld/denied for the month of November 2025:
  - Disputes Involving Medical Necessity – 49
  - Out of Network – 5

- **19** out of 75 (25%) cases were overturned for the month of November 2025:
  - Disputes Involving Medical Necessity – 17
  - Out of Network – 2

- **2** out of 75 (3%) cases were partially upheld/denied for the month of November 2025:
  - Disputes Involving Medical Necessity – 2

Provider Services

- 12-Month Trend Summary:

  - The Provider Services department's call volume in November 2025 was 7,019 calls compared to 7,022 calls in November 2024.

- Monthly Analysis:
  - The Provider Services department completed 317 calls/visits during November 2025.
  - The Provider Services department answered 5,331 calls for November 2025 and made 344 outbound calls.
  - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.

Credentialing

- Monthly Analysis:

    - At the Peer Review and Credentialing (PRCC) meeting held on November 18th, 2025, there were 162 initial network providers approved; 8 primary care providers, 6 specialists, 19 ancillary providers, 4 midlevel providers, and 125 behavioral health providers. Additionally, 81 providers were re-credentialed at this meeting; 7 primary care providers, 9 specialists, 0 ancillary providers, 7 midlevel providers and 58 behavioral health providers.

    - Please refer to the Credentialing charts and graphs located in the Operations supporting documentation for more information.

Community Relations and Outreach

- 12-Month Trend Summary:

    - In November 2025, the Alliance completed 404 live member orientation outreach calls and 48 member orientations by phone.
    - The C&O Department reached 1,034 people (43% identified as Alliance members) during outreach activities, compared to 263 individuals (73% identified as Alliance members) in November 2024.
    - The Alliance spent a total of $5,000 on donations, fees, and/or sponsorships, compared to $45 in November 2024.
    - The C&O Department reached members in 11 cities/unincorporated areas throughout Alameda County, the Bay Area, and the U.S., compared to 16 cities in November 2024.

- Monthly Analysis:

    - In November 2025, the C&O Department completed 404 member orientation outreach calls and 48 member orientations by phone, 35 Alliance website inquiries, two community events and three member education events.
    - Among the 1,034 people reached, 43% identified as Alliance members.
    - In November 2025, the C&O Department reached members in 11 locations throughout Alameda County.
    - Please see attached **Addendum A**.

Incentives & Reporting

Current Incentive and Grant Programs

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

- The Alliance earned a total of $9.7M (100% of eligible funds) based on submission of DHCS deliverables and achievement of milestones
    - A total of $9.1M has been paid to date to Local Education Agencies (LEAs) and SBHIP partners
    - SBHIP program dollars have been reviewed, and additional payments in the amount of $265,328 were distributed to the LEAs; these funds were not included in our initial payment methodology, which was intentionally conservative to avoid overspending in case full funding was not secured

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

- The Alliance earned $38M out of $44M available under this program based on submission of deliverables and achievement of DHCS-defined metrics
    - $25.2M has been awarded to our HHIP partners to date
- A HHIP funding opportunity was released in June 2024 to SBHIP LEAs to address the challenges of students experiencing homelessness and associated behavioral health needs (i.e., anxiety, depression, etc.)
    - The Alliance received applications from 10 LEAs totaling $1.3M in requests; all submitted applications were approved and work on the funded programs continues
    - Two partners shared stories about the impact of receiving HHIP SBHIP funds:
        - A school district helped a parent move from a hotel/car into a stable apartment, walking distance to the school, by assisting with move-in costs; the mother expressed deep gratitude for the support provided
        - A preteen student faced challenges with school attendance due to teasing about their appearance as the family lacked access to water and hygiene products; through the Community Closet program, the school provided hygiene items, clothing, and provided emergency funds to cover a utility bill to restore water for the family and help the student gain confidence to overcome barriers to attendance
- In a separate HHIP-funded initiative, the Alliance awarded $11.2M in funding to 10 community partners through a program that supports the HHIP goals of reducing and preventing homelessness
    - Projects continue with activities taking place through 2028 related to capacity building, innovation, diversity and health equity, and housing stability
- The Alliance continues to review partner project deliverables prior to payment and meet with partners to discuss program activities and barriers

Provider Recruitment Initiative (PRI) – internal Alliance program with funding up to $2M in both FY 2024-25 and FY 2025-26

- 2024-25 Program highlights:
  - Launched on June 1st, 2024
  - 15 applications received totaling $6M in funding requests
  - $2M in funding awarded to 13 provider partners for the following:
    - Nineteen providers in total, six (6) of which are bi-lingual
  - $299,900 has been awarded to our PRI partners to date
  - Grants were provided to five (5) practices to support Community Health Worker (CHW) training certificate costs for 33 CHWs
  - PRI deliverable trackers, to assist with program requirements, were created and distributed to all awardees with signed MOUs
  - Approximately $108,900 in unused funds for FY 2024-25 will not be rolled over to the FY 2025-26 program

- 2025-26 Program status:
  - PRI program was renewed for FY 2025-26 and launched July 1st, 2025
  - $2M in funding was allocated for FY 2025-26
    - Reimbursement for Certified Medical Assistant training was added to the program
    - 16 organizations expressed initial interest in the program
    - The application period closed September 29th, 2025
    - Received $2,135,375 in requests
      - 13 Applications received (only those eligible)
      - $1,975,375 eligible for funding
  - The I&R team met with the PRI Evaluation Work Group to coordinate the evaluation process of applications received and presented the recommendations to applicable Senior Leadership which approved $1,890,375 in requests
  - Applicants were notified of funding decisions, and the MOU process initiated

- FY 24-25 and FY 25-26 overview of funding:

Awards Funded	FY 24-25	FY 25-26
MD/DO	3	8
OB/GYN	3	0
NP/PA	8	2
BH	5	4
Community Health Workers	34	127
Medical Assistants	Not applicable	4
Bilingual Positions	6	4
Housing Relocation	0	1
Total Awarded*	**$1,905,750**	**$1,890,375**

**Total Awarded has been updated to reflect hiring changes that may have been made due to staffing challenges, or practices not hiring positions as originally intended*

Equity and Practice Transformation (EPT) Payments Program – DHCS launched a one-time primary care provider practice transformation program in 2024 called the Equity and Practice Transformation (EPT) Payments Program; the program is designed to advance health equity, reduce COVID-19-driven care disparities, and prepare practices to participate in alternative payment models

- The original funding was $700 million over five (5) years; however, due to state budget constraints, the funding was reduced to $140 million over three (3) years
- Alameda Health System (AHS) was the only Alliance-associated applicant selected by DHCS to participate
    - The Population Health Learning Center (PHLC) requested MCPs sign a Data Sharing Agreement (DSA) so they can work with a third-party vendor to help calculate Healthcare Effectiveness Data and Information Set (HEDIS) rates; the DSA was fully executed on September 11th and the Analytics team submitted the required data to the secure site on September 18th and continues to support analytic requests from the EPT team
- At a September All MCP webinar, PHLC notified MCPs that beginning in January 2026, they will be paying MCPs via the monthly capitation to facilitate more timely payment to practices

Doula Scholarship Program – the Alliance Health Care Services team launched this program in December 2024 with a goal to grow the Doula provider network aimed at increasing access to these services for members; I&R is providing administrative support.

- Scholarships are intended to offset costs related to the following:
    - Medi-Cal Provider Application and Validation for Enrollment (PAVE)
    - Contracting and credentialing with the Alliance
    - Continued education, training, and administrative and operational support required to be a Doula
- FY 2024-25 Program highlights:
    - Scholarships of up to $1,000 per person were available for Doulas both intending to contract with the Alliance and Doulas already contracted with the Alliance
    - MOUs for the 20 scholarship awardees were signed, including seven (7) awards to support currently contracted Doulas and 13 awards for Doulas that intend to contract with the Alliance
    - $15,000 of the available $20,000 in scholarships has been paid to program participants for completion of scholarship deliverables
        - One (1) awardee withdrew from the program and one (1) awardee indicated they will not complete the deliverables required for their final payment
- FY 2025-26 Program status:
    - I&R and Health Care Services launched a new funding cycle on October 31st, 2025
        - $40,000 is available for Doulas that intend to contract with the Alliance with $8,500 earmarked for outstanding deliverables from the FY 2024-25 program

        - 12 applications have been selected for funding to-date, and the MOU process initiated

Grant Program Updates

- The Incentives and Reporting (I&R) team implemented a grant management software system, Submittable, to support the various grant and incentive programs in which the Alliance participates
    - Submittable creates an online application process for community partners, an electronic evaluation process, reporting for fund management, and awardee deliverable tracking
    - The Alliance is working with Submittable to create a dashboard to manage and track program related deliverables, including fund distribution
        - Project activities kicked off on September 24th, 2025, and the final mockup of the dashboard is under review
- California Improvement Network – the Alliance was selected, along with 24 other partners, to participate in an opportunity through the California Improvement Network (CIN), which is a learning and action community that advances equitable health care experiences and outcomes for Californians through cross-sector connections, spreading good ideas, and implementing improvements
    - CIN participation provides the Alliance with an opportunity to partner and connect with other organizations that are also working to improve health equity
    - The Director, Health Equity is participating in the equity focused learning network and leading project initiatives; I&R provides program management support
        - The Alliance received a $4,500 grant to cover costs related to travel for participating in program activities; the grant award was received on September 22nd
    - Participants of the CIN project were invited to apply for an Action Project award to support implementation efforts for partners
        - An application for a $20,000 CIN Action Project grant was submitted on behalf of the Health Equity team on August 21st and the Alliance was notified that the application was accepted on October 1st, 2025
            - The grant agreement with the California Health Care Foundation (CHCF) was fully executed on October 30th, 2025; the project's goal is to support efforts to improve Well Child-Care visits and immunization rates and decrease maternal depression for Black members through group classes with integrated pediatric visits
            - This project will be led by Dr. Simms-Mackey at Alameda Health System (AHS) with support from Health Equity
                - An MOU that outlines expectations and program requirements for the partnership was signed November 19th; the Alliance has initiated payment to AHS Foundation to support this work

- The Alliance met with East Bay Innovations to further discuss and plan for future grant opportunities
- I&R continued to coordinate with internal stakeholders and First 5 Alameda County regarding an Alliance funded grant for $1.1M, and the MOU related to the work is under review by First 5 Alameda County

Recruiting and Staffing

- Incentives & Reporting Open position(s): There are no open positions at this time

Incentive and Grant Program Descriptions

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. The program ended December 31st, 2024.

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
- The program ended December 31st, 2023

Equity and Practice Transformation (EPT) Payments Program – program released by DHCS in August 2023 as a one-time primary care provider practice transformation program designed to advance health equity, reduce COVID-19-driven care disparities, and prepare practices to participate in alternative payment models. EPT is for primary care practices, including Family Medicine, Internal Medicine, Pediatrics, Primary Care OB/GYN, and/or Behavioral Health in an integrated primary care setting. The original program was a $700 million, five (5) year program; however, due to state budget constraints, the program was revised to a $140 million, three (3) year program.

The Provider Recruitment Initiative (PRI) – program launched on June 1st, 2024, and is designed to provide grants to support the Alameda County Safety Net and community-based organizations to hire and retain healthcare professionals who serve the Alameda County Medi-Cal population. The PRI aims to grow the Alliance provider network and support our community partners' ability to supply culturally and linguistically competent care to increase accessibility and to reflect the diversity of Alliance members. Program goals include:

- Expanding the Alameda Alliance Provider network

ALAMEDA Alliance FOR HEALTH

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

Integrated Planning

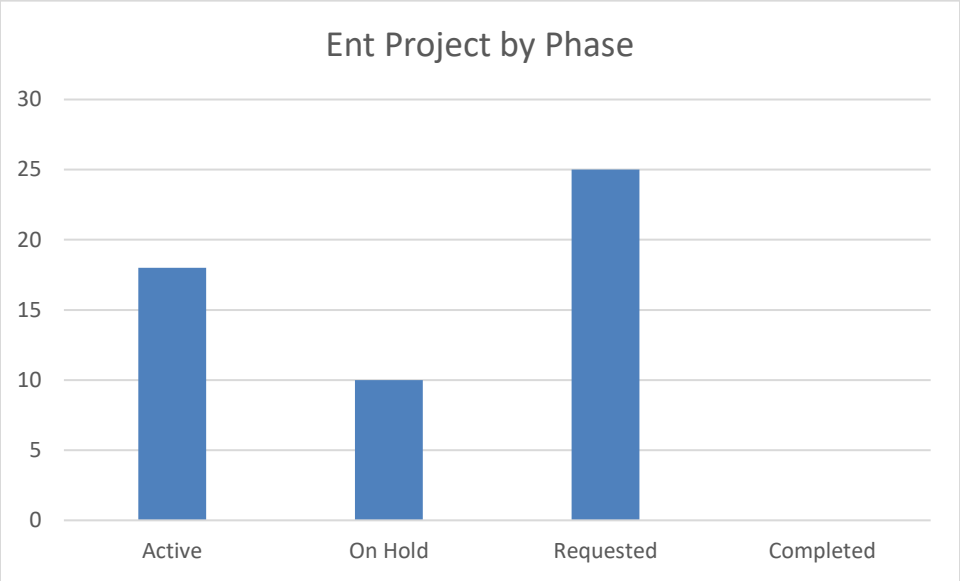
Ruth Watson

- Improving member access to Primary Care Providers, Specialists, and Behavioral Health professionals
- Promoting diverse and culturally inclusive care reflective of Alliance members

Doula Scholarship Program – program launched in December 2024 to grow the Doula provider network to increase access to these services for members.

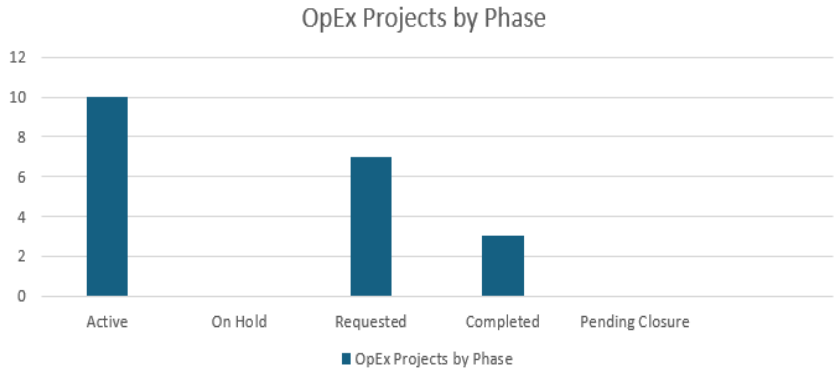
Integrated Planning

- Enterprise Portfolio
  - 53 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
    - 18 Active projects (discovery, initiation, planning, execution, warranty)
    - 10 On Hold projects
    - 25 Requested and Approved Projects
    - 0 Completed Projects (Last month)



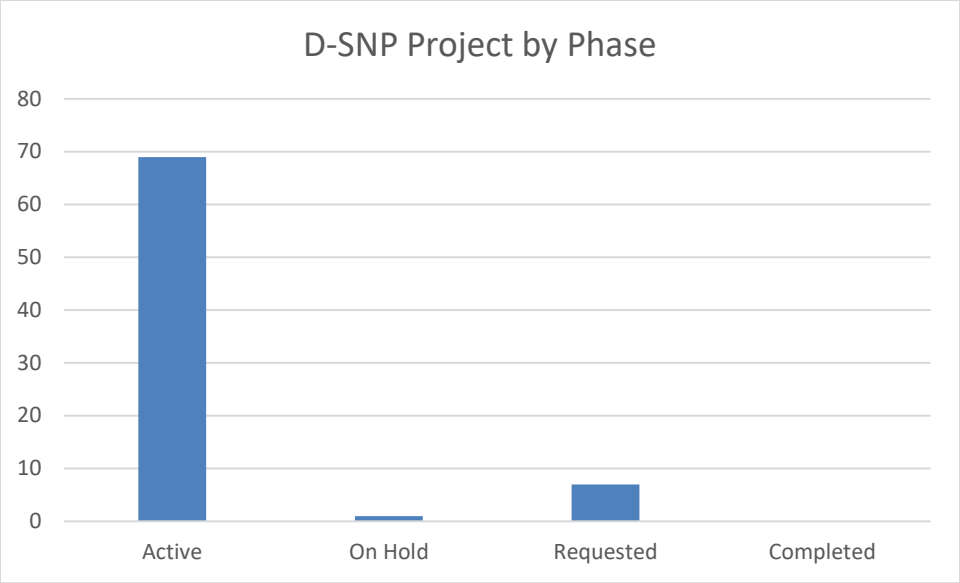
- Operational Excellence (OpEx) Portfolio

OpEx Portfolio Stats



- 17 projects currently on the Alameda Alliance for Health (AAH) OpEx portfolio
  - 10 Active projects (discovery, initiation, planning, execution, warranty)
  - 0 On Hold projects
  - 7 in Request Stage
  - 10 Approved Projects
  - 3 Completed Projects
  - 0 Pending closure

- D-SNP Portfolio
  - 77 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
    - 69 Active projects (discovery, initiation, planning, execution, warranty)
    - 7 Requested Projects
    - 1 On Hold
    - 0 Complete



- <u>D-SNP Key Initiatives and Dates:</u>
  - DMHC Material Modification Submission – MA Service Area Expansion – March 2024 - COMPLETE
  - DMHC Material Modification Submission – D-SNP Product – August 2024
  - CMS Notice of Intent to Apply – November 2024 - COMPLETE
  - CMS Application Submission including MOC, Provider Network Adequacy & DMHC Approval – February 2025 - COMPLETE
  - CMS Formulary & Bid Submission (Benefit Determination) – June 2nd, 2025 - COMPLETE
  - Medication Therapy Management (MTM) program submission – June 4th, 2025 - COMPLETE
  - CMS SMAC Submission – July 7th, 2025 - COMPLETE
  - Rebate Allocation with CMS and Health Plan – July / August 2025 – COMPLETE
  - Annual Enrollment Period (AEP) – October thru December 2025 – IN PROCESS
  - IT System Readiness – December 15th, 2025
  - Open Enrollment Period (OEP) Begins – January 1st, 2026

- D-SNP Activities – November 2025
  - <u>01 – Provider Services & Contracting:</u>
    - Provider Contracting
      - Continued outreach to AAH provider network to complete the execution of the D-SNP Provider Amendment.
        - As of November 24th, 301 contracts are fully executed, which equates to 86% completion.
      - The following D-SNP amendments were executed
        - Central Valley Specialty Hospital
        - Kentfield Hospital

        - Sonoma Specialty Hospital
        - Valley Care (Tri Valley Stanford) Hospital
    - Continued Provider Repository updates for the executed D-SNP Provider Amendments supporting D-SNP Provider Network Adequacy
- Provider Services
  - Provider Directory
    - Printed
      - Continued refinement of pharmacy data and generation of new iterations of the printed directory.
  - Health Center Toolkit is in development to train providers on aspects of the DSNP program such as Clinical and Quality, Medicare Stars, Care Management, Supplemental Benefits, and more.
  - D-SNP Provider Portal updates in process. Currently submitting updates for D-SNP updates and QA'ing changes.
- Provider Rates and Reimbursement
  - Continued development of the Pay4Performance (P4P) program

- <u>02 – Quality:</u>
  - Model of Care
    - MOC has been approved by both DHCS and CMS.
      - 96.25% earning three (3) year approval.
      - MOC Provider Training – Deck is completed and in Articulate – Content converted to Azure and URL developed for website. Communication and Outreach to upload to website by 12/5/2025.
      - MOC Internal Training – Has been launched to staff with completion due date of 12/19/2025.
      - Process created to incorporate changes into annual MOC updates.
  - Quality Program
    - Quality Improvement Health Equity P&Ps Are completed and updates incorporated.
    - 52 policies – In committee review, final AOC in December.
    - Quality Workplan
      - Core Metrics Dashboard for reporting created to align across multiple Quality, HCS, and Stars initiatives. Final stages of review and edits.
      - Developing BRDs for reporting requirements related to QI Workplan to align with above.
    - Establishing new committees:
      - New D-SNP Utilization Management committee will align with QIHEC committee members and cadence.

- D-SNP Community Advisory Committee will be combined as a joint Medi-Cal and DSNP committee.
- Charter redlines have been completed (Seven Quality Committees) and are in various stages of committee approval.

- 03 - Health Care Services (HCS) and 04 - Behavioral Health (BH):
  - All policies are complete and under committee review (130 policies).
    - CM policies have been revised and drafted and under committee review.
    - UM policies are moving through committee reviews.
  - UM Committee Charter presented at UMC on 09/24/2025. Revised to include D-SNP as a new service line.
  - Finalizing reporting requirements for UM, CM, and BH. Creating analytics requests and workflows. This is part of the Core Metrics Dashboard for Reporting Project.
  - UM and CM letter inventory complete and under final review by C&O.
  - Program Descriptions for UM and CM have been rolled out to Q1 2026. MOC will act as PD until revisions are made. Prior authorization code list has been finalized. The combined PA Code List + Benefit Criteria grid includes all 3 lines of business.
  - HRA Implementation Workgroup ongoing with Cotiviti. Identifying and defining data feeds/elements and assessment administration.
    - Defining key components of how data will be exported from AAH to Cotiviti and how data will be ingested into TruCare from Cotiviti.
    - Work to begin configuring HRA assessment in Cotiviti.
    - HRA Cotiviti scripts continuing to be finalized.
  - Future State D-SNP CM Global Workflow complete – Continuing to define structure and new net processes for California Integrated Care Management (CICM) to include new requirements outlined in the CY2026 Program Guide.
  - D-SNP CM Assessment/HRA mapping to care plan for rules generation.
  - All CM assessments are completed and mapped in Trucare. Business rules for authorizations have been configured and tested. Finalizing Tru-Care Core Feeds SRD.
  - UM customer set up requirements for configuration have been finalized.
  - BH CM – D-SNP CM program structure has been finalized and will mirror PH CM
  - BH workflows for UM and CM are complete.
  - Workflow was established to coordinate Medicare non-covered services with Alameda County Behavioral Health (ACBH).
  - BH programs policy and procedure development and revisions complete and awaiting committee approvals.
  - Completing BH call flow and intersections with Member Services.

- Completed edits for D-SNP Member and Provider letters; additional letters created to support CMS and DHCS requirements.
- Risk Stratification model alignment with Medi-Cal model.
- Working to establish a framework for identification of populations of focus for CICM, Palliative Care, and Most Vulnerable Populations.
- BH UM – establishing additional levels of care for D-SNP population and documenting design requirements for TruCare.
- Developing content for UM, CM and BH staff departmental training.
- Developing SOPs.

- 05 – Finance:
  - 5C – Financial Reconciliation and Reporting
    - Initial Development of required D-SNP reporting for CMS and internal reporting.
  - 5D – Policies, SOPs, & KPIs
    - Completed development of KPI requirements supporting both regulatory and business reporting.
- 06 – Product:
  - 6A – Bid and Benefit Design
    - Benefit Overview supplemental benefit enterprise documentation is in development in preparation for deployment in mid-December.
    - Training sessions are being scheduled with supplemental benefit vendors to enhance organizational knowledge and deepen expertise. Medicare Product Development P&Ps were completed and were presented at AOC in November.
    - Documentation is being created to support the launch of the D-SNP provider toolkit.
    - Member portal updates are in progress to support member awareness of the D-SNP health plan and the benefits offered.
  - 6C – Enrollment and Eligibility
    - Continued monitoring of the enrollment confirmation files (DTRR) from CMS; escalation to CSM is in progress.
    - Enrollment letter fulfillment monitoring planned, pending CMS's enrollment file confirmation (DTRR).
  - 6J – Liberty Dental
    - Liberty Dental requested a production-like data file to complete enrollment and encounter testing. AAH, IT completed delivery of these files for enrollment and encounter testing.
    - Medicare Reporting package sign-off provided by AAH Medicare Operations Team (Stacey).
    - SSO integration scope identified for D-SNP AAH members to transition from AAH member portal to Liberty Dental portal to view claims. Completed SSO testing by engaging Liberty Dental and mPulse in Non-Production Environment.

- Member Communication Letter templates shared with Utilization Management (UM) Team and Claims Business Team to review and sign-off.
- Communication and Outreach (C&O) Team reviewed member communication templates and submitted them for CMS approval after Compliance review.
- Training materials are in development for internal staff.
- Gap analysis underway to identify potential additions to Liberty network.

- 07 – Compliance:
  - DMHC Contract Filing – VSP (Filing # 20253841)
    - DHCS confirmed they will not officially approve the transition from March Vision to VSP; instead we will inform DHCS of the transitional and all activities the first week of January.
    - DHCS approved March Vision to VSP Transition Member Communication.
  - D-SNP Compliance Policies
    - Policy Review Updates – November 2025
      - Two (2) policies (new)
      - Two (2) policies reviewed for changes
      - Policy submissions by 11/12/25
      - December 2025 AOC – Confirmed 12/17
      - Remainder of policies to be reviewed

- 08 - Operations (Claims / Member Services / Mailroom / IVR):
  - 8A – Claims
    - IDN Translations completed
    - Preclusion List Ownership
    - Development Letter 1 and 2 completed
    - Interest Rate Configuration
    - Claims UAT initiated
    - PDR letters completed
  - 8B – Member Services / Call Center / IVR
    - 1/1 IVR Scripts completed
    - Training Framework completed
    - Training Details will be added through 12/5
    - DSNP Member Portal Updates in process
  - 8H – Policies, SOPs, and KPIs
    - Claims Policies Submitted for AOR approval
    - Claims SOPs in process
    - Member Service Policies completed and submitted for AOR or Legal review
    - Member Service SOPs completed

- 09 – Sales:
  - 9A – Sales Implementation

- JD approved for second sales agent, targeting hire early mid-January.
- Interview process started for Medicare Field Sales Agent (bilingual).
- Target enrollments set for each partnered FQHC (20 member enrollments per site by 1/1/2026).
- Continued development of Standard Operating Procedures, completion date set to 1/1/2026.
- Continued development of Cirrus reporting dashboards for enrollment and retention data.
- Translation of all sale scripts in threshold languages 9D – Medicare Marketing & Brand Strategy
- CMS 1/1 Required Materials: All content is on track and scheduled to be published on the Alliance D-SNP public website for the 1/1 launch.
- CMS 10/15 Required Directory: Provider and Pharmacy Directory was successfully published on the Alliance D-SNP public website on 10/30.
- Member Materials: Welcome Kit and ID Card mailing materials have been filed with CMS, tested, programmed, and ready for distribution to members beginning mid-December.
- Provider Resources: Provider Tool Kit materials are in progress and scheduled to be available on the new Provider D-SNP public-facing website mid-December.

  - 9E – Retention
    - Continued development of retention reporting dashboard.

- <u>10 – Pharmacy:</u>
  - PBM Technical and Operational workgroup meetings are in progress. Topics covered in the month of November include Part B Medical Directors scope with denial determinations, UM processes, letters, various report ingestions for the health plans and CMS reporting processes.
  - M3P program in AAH will be managed by PerformRx; contract will be amended to reflect this decision. M3P Program scope is in review and project plan development has initiated.
  - CMS Part D Model materials and letters are under review with Pharmacy and C&O teams. English versions have been delivered and translations into threshold languages are complete.
  - MTM program will be implemented during the first quarter or when complete billing report is in receipt by the health plan.
  - Eligibility test files shared with both PerformRx and Outcomes to support vendor configuration activities. Revisions to test files for both vendors have been shared to correct errors in the initial test files. Currently in review with PerformRx and Outcomes.
  - AAH will delegate Part D appeals to the PBM and AAH will own Part D grievances; contract will be amended to reflect this decision.

- D-SNP Policies and Procedures are all in review with internal pharmacy team or at various levels of committee approval; targeting to complete and approve all policies and procedures by 01/01/2026.
- Development of standard operating procedures for D-SNP is in progress.
- D-SNP KPIs and reporting decisions have been completed by the pharmacy team.
- Warm transfer process for pharmacy call from member services and pharmacy team is in discussion.
- Development and documentation of Other Health Insurance (OHI) process in progress when checking eligibility and processing determinations.
- Development and documentation of Best Available Evidence (BAE) processes are in progress as it pertains to completing a Medical Necessity process and final determinations.

- 12 - Vendor Management:
  - Continued engagement with the following vendors:
    - Behavioral Health After Hours contracting complete
    - Health Risk Assessment (HRA) pre-delegation/contracting in process.
    - UM Guidelines (Clinical Policy Methodology) contracting complete

- 13 – Health Equity:
  - Policies edited for D-SNP and in various stages of committee approval.
  - Multiple SOPs are under development.
  - Phase 2 of plan to develop monitoring processes and procedures that HE team will oversee.
    - Gaps analysis completed and reviewed with workgroup. Interventions provided for D-SNP Health Equity Launch 01/01/2026. Working with business owners to establish responsibly.
    - Health Equity Workplan for quality improvement interventions drafted and approved.
    - Oversight policy and procedure 1st draft and workgroup review complete.

- 15 - Grievance and Appeals:
  - Development of Standard operating procedures and KPI reporting for D-SNP in process.
  - CMS five (5) levels of appeal are configured in QualitySuite.
  - No CTMs received during the Annual Enrollment Period (AEP).
  - The G&A team in collaboration with Analytics are currently developing reporting requirements.

- 16 – IT:
  - TruCare: Program is 82% complete. Core feeds (Member, Provider and Network) development complete.
    - An issue was identified that “in-network” indicator is changing based on the service start date. Authorizations are being processed incorrectly based on this factor AAH IT and Zyter (TruCare) teams are collaborating to confirm solution to this issue. There is a possibility that there is a discrepancy between Provider Repository and TruCare platform/ D-SNP go-live on 1/1/26 is a priority. Post-fix audit to be planned (after January 2026) to assess impact of incorrect data (for example, wrong approvals/denials of authorizations)
  - HEALTHsuite: HEALTHsuite platform is live and processing enrollments effective 10/15/25.
    - PCP contracts (shells) are being loaded for providers to be effective 1/1/26.
    - Updates to Pre-processor to enhance the flow of authorization data from the authorization system (TrueCare) to the Claim System (HEALTHsuite). The focus is on resolving current issues with D-SNP Medicare authorizations, particularly those for noncovered services that should be processed under Medi-Cal contracts.
  - QualitySuite: Grievance module and CTM module development nearing completion; awaiting configuration of letters in all threshold languages. Appeals Module user stories are ready for sprint planning and Provider Dispute Resolution (PDR) user stories are actively in the grooming process in partnership with the Claims business team and QS technical team.
  - 16B – Enrollment Process & Nations Benefits / D-SNP Member Incentives Implementation
    - Cirrus production deployment for D-SNP enrollment was completed on 9/19/25.
    - Identification of D-SNP Member Incentives scope and requirements development.
    - Mitigation decision confirmed to use KP Corp to support Farsi translation of member letters.
    - Confirmed Decision: Sales OCR will be deferred until after AEP (10/15/2025).

- 17 – Stars and Risk Adjustment:
  - Optum and Episource implementation is underway to support Risk Adjustment CMS submissions and analytics.
    - Encounter Data Submissions to CMS begin February 2026.
    - Episource Analyst go live scheduled March 2026.
  - 3 Risk Adjustment Policy & Procedures approved by AOC and 2 are in progress.

- Phase 1 of Star strategy:
    - Identified initiatives for the HEDIS measures supported in the Medi-Cal line of business and Operational measures that will impact Star ratings on Day 1.
    - Aligning interventions to Quality Workplan.
    - Process flow documentation for the measures is underway with Quality, Health Care Services, and Analytics. We will plan to implement foundational initiatives to support Star gap closure.
    - TruCare Star gap integration in process to track Admission, Discharge, and Transfer Star measures.
    - Pay-for-Performance and Pay-for-Reporting program – Measure scope has been finalized. Confirmed with CHCN that they will not have their own P4P Program.
    - Data feeds – This is already in production and will be slightly modified to ensure support for D-SNP measures.
    - Prospective Chart Review – This is already in production and will be slightly modified to ensure support for D-SNP measures. .
    - Stars Education – Internal and external training to provide a clear understanding of how Star measures impact quality ratings. Internal training with key departments has been completed. Organizational training has been drafted and is with the appropriate teams to prepare for launch External training and quality discovery sessions with CHCN Clinic SMES have been completed.
    - Provider facing Stars and Risk tips and best practices documentation development is in progress.
    - We plan to implement operational initiatives to support Star gap closure.
        - Concierge Care Gap Closure Program – Beginning development of a member/provider outreach program for members with 2+ care gaps. Currently documenting the internal member touchpoints, we have as an organization to reduce member abrasion.
        - Awareness Campaign – Development of the Welcome Postcard with a checklist of preventative screenings is in final stages. Preventive Physical Exam (IPPE) & Annual Wellness Visit (AWV) – Discussions continued to ensure providers are engaged in the development of the IPPE & AWV program to ensure members are seen for gap closure and accurate diagnosis capture.
        - Individual sessions with each clinic have been completed Clinics were introduced to new Star measures, discovery into clinical workflows, and HEDIS measures interventions that align with Star measures.
        - Star measure tip sheets and best practice documents are being developed to support providers at the point of care

- Member incentive program in development with Nations to promote gap closure for Star measures. This program is to be launched on January 1st, 2026.

- **CalAIM Initiatives:**
  - Community Supports (CS)
    - Due to Budget Constraints, all CS enhancements and/or expansions are on hold.
  - Justice-Involved (JI) Initiative:
  - CalAIM Re-entry (TDX: 1539): Project on hold pending direction from the State.
    - Correctional facilities go-live date for pre-release services is determined based on DHCS readiness assessment and will go-live with pre-release services within a 24-month phase in period (10/1/2024 – 9/30/2026).
    - Santa Rita Jail is targeting to go-live on 7/1/2026 with pre-release services; Juvenile Justice Center's go-live is TBD.
    - Managed Care Plans (MCPs) must be prepared to coordinate with correctional facilities as of October 1st, 2024, even if facilities in their county will go-live later.
    - JI project team is developing a contact list for the counties going live with pre-release to support coordination of referrals for any AAH members being released from these counties.
    - DHCS has indicated they intend to release a revised JI Policy Guide; impacts to project scope and schedule will be assessed once this is released.
    - DHCS JI Learning Collaboratives initiated in August 2024 and continues through January 2025. These collaborative sessions include correctional facilities, county behavioral health agencies, probation, managed care plans, and ECM providers.
    - On 10/28/24, AAH SLT approved to place CalAIM JI Re-Entry project on hold until July 2025 to await final policy guide from DHCS and give Alameda County partners time to develop their internal processes and readiness.
  - CYBHI Fee Schedule (TDX: 4186): Project on hold pending direction from the State.
    - Effective January 1st, 2024, the Alliance is partnering with Carelon (formerly known as Beacon) to implement the CYBHI Fee Schedule.
    - Cohort 1 is intended to be a "learning" cohort.
    - The Alliance was not selected to participate in the permanent ASO Model and will participate in an interim solution until further notice from Carelon and DHCS.
  - MOU
    - Interim Model MOU has been executed by AAH CEO 4/29/2025 and returned to Carelon.
    - AAH Finance Team shall receive Invoice File from Carelon for billing purposes via secured file transfer process and process payments manually.

        - This includes checking member eligibility internally to deliver payments when services have been rendered.
        - SFTP File Exchange template executed and resubmitted to Carelon 6/2/2025.
    - Banking information with Carelon has been established and ready for invoice payments.
    - Final stages of testing data with Carelon and DHCS.
        - Test file from Carelon via SFTP picked up successfully.
    - Project Close Activities
        - Upon completion of file transfer validation, the AAH business stakeholders propose closing this project.
        - Anticipate project close in June 2025.
        - Warranty period through end of July to monitor stabilization of potential incoming invoices.

- **<u>Recruiting and Staffing</u>**
    - Integrated Planning Open position(s):
        - Sr. Business Analyst, Integrated Planning – Posting request in process
        - Backfill Business Process Analyst, Integrated Planning – on hold

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 became effective on January 1st, 2024
    - Restarting in July 2025 – 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 October 1st, 2024.
            - Correctional facilities will have two years from 10/1/2024-9/30/2026 to go live based on readiness.

- 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 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.
- CYBHI Statewide Fee Schedule – The Department of Health Care Services (DHCS), in collaboration with the Department of Managed Health Care (DMHC), has developed and a multi-payer, school-linked statewide fee schedule for outpatient mental health or substance use disorder services provided to a student 25 years of age or younger at or near a school site. CYBHI requires commercial health plans and the Medi-Cal delivery system, as applicable, to reimburse, at or above the published rates, these school-linked providers, regardless of network provider status, for services furnished to students pursuant to the fee schedule. Effective January 1st, 2024, the Alliance is partnering with the Alameda County Office of Education (ACOE) and several Local Education Agencies (LEAs) who were selected to participate in the CYBHI Fee Schedule Cohort 1.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	November 2025
Incoming Calls (R/V)	15,694
Abandoned Rate (R/V)	2%
Answered Calls (R/V)	15,371
Average Speed to Answer (ASA)	00:07
Calls Answered in 30 Seconds (R/V)	97%
Average Talk Time (ATT)	06:47
Calls Answered in 10 minutes	100%
Outbound Calls	9273

Top 5 Call Reasons (Medi-Cal and Group Care) November 2025
Eligibility/Enrollment
Change PCP
Grievances/Appeals
Benefits
Provider Network Information

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) November 2025
Change PCP
ID Card Requests
Update Contact Information

Member Services Behavioral Health	November 2025
Incoming Calls (R/V)	1,070
Abandoned Rate (R/V)	1%
Answered Calls (R/V)	1,173
Average Speed to Answer (ASA)	00:11
Calls Answered in 30 Seconds (R/V)	94%
Average Talk Time (ATT)	09:35
Calls Answered in 10 minutes	100%
Outbound Calls	1,480
Screenings Completed	101
ACBH Referrals	39
SUD referrals to Center Point	11

Blended Call Results

DSNP Blended Results	November 2025
Incoming Calls (R/V)	443
Abandoned Rate (R/V)	430
Answered Calls (R/V)	3%
Average Speed to Answer (ASA)	00:06
Calls Answered in 30 Seconds (R/V)	100%
Average Talk Time (ATT)	07:10
Calls Answered in 10 minutes	100%

Top 5 Call Reasons (D-SNP) November 2025
Eligibility/Enrollment
Benefits/Org Determinations
Change PCP
Grievances/Appeals
ID Card Request

Claims Department
October 2025 Final and November 2025 Final

METRICS

Claims Compliance	Oct-25	Nov-25
90% of clean claims processed within 30 calendar days	88.2%	85.5%
95% of all claims processed within 45 working days	99.8%	99.7%

Claims Volume (Received)	Oct-25	Nov-25
Paper claims	42,900	33,837
EDI claims	329,346	315,215
Claim Volume Total	**372,246**	**349,052**

Percentage of Claims Volume by Submission Method	Oct-25	Nov-25
% Paper	11.52%	9.69%
% EDI	88.48%	90.31%

Claims Processed	Oct-25	Nov-25
HEALTHsuite Paid (original claims)	306,000	227,993
HEALTHsuite Denied (original claims)	103,613	73,395
HEALTHsuite Original Claims Sub-Total	**409,613**	**301,388**
HEALTHsuite Adjustments	17,781	4,635
HEALTHsuite Total	**427,394**	**306,023**

Claims Expense	Oct-25	Nov-25
Medical Claims Paid	$168,251,733	$134,421,366
Interest Paid	$287,472	$115,290

Auto Adjudication	Oct-25	Nov-25
Claims Auto Adjudicated	361,700	257,501
% Auto Adjudicated	88.3%	85.4%

Average Days from Receipt to Payment	Oct-25	Nov-25
HEALTHsuite	15	16

Pended Claim Age	Oct-25	Nov-25
0-30 calendar days	36,265	35,561
HEALTHsuite		
31-61 calendar days	26,622	25,920
HEALTHsuite		
Over 62 calendar days	47,830	47,909
HEALTHsuite		

*Pended claims over 62 days are high due to investigation of 3 providers for FWA

Overall Denial Rate	Oct-25	Nov-25
Claims denied in HEALTHsuite	103,613	73,395
% Denied	24.2%	24.0%

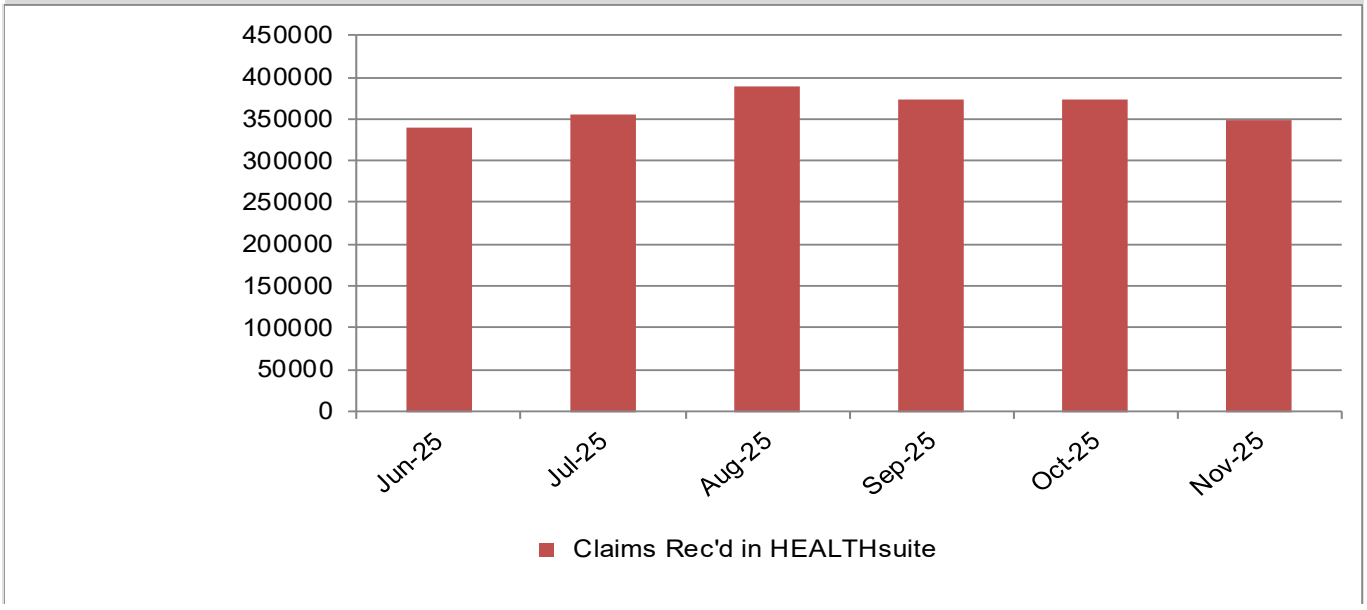
Claims Department
October 2025 Final and November 2025 Final

Nov-25

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	20%
Must Submit Paper Claim With Copy of Primary Payor EOB	15%
Non-Covered Benefit For This Plan	15%
No Benefits Found For Dates Of Service	13%
Duplicate Claim	7%
% Total of all denials	**70%**

Claims Received By Month

	7/1/2025	8/1/2025	9/1/2025	10/1/2025	11/1/2025	12/1/2025
Claims Received Through	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**
Claims Rec'd in HEALTHsuite	340,224	355,255	389,082	373,025	372,246	349,052



Claims Year Over Year Summary

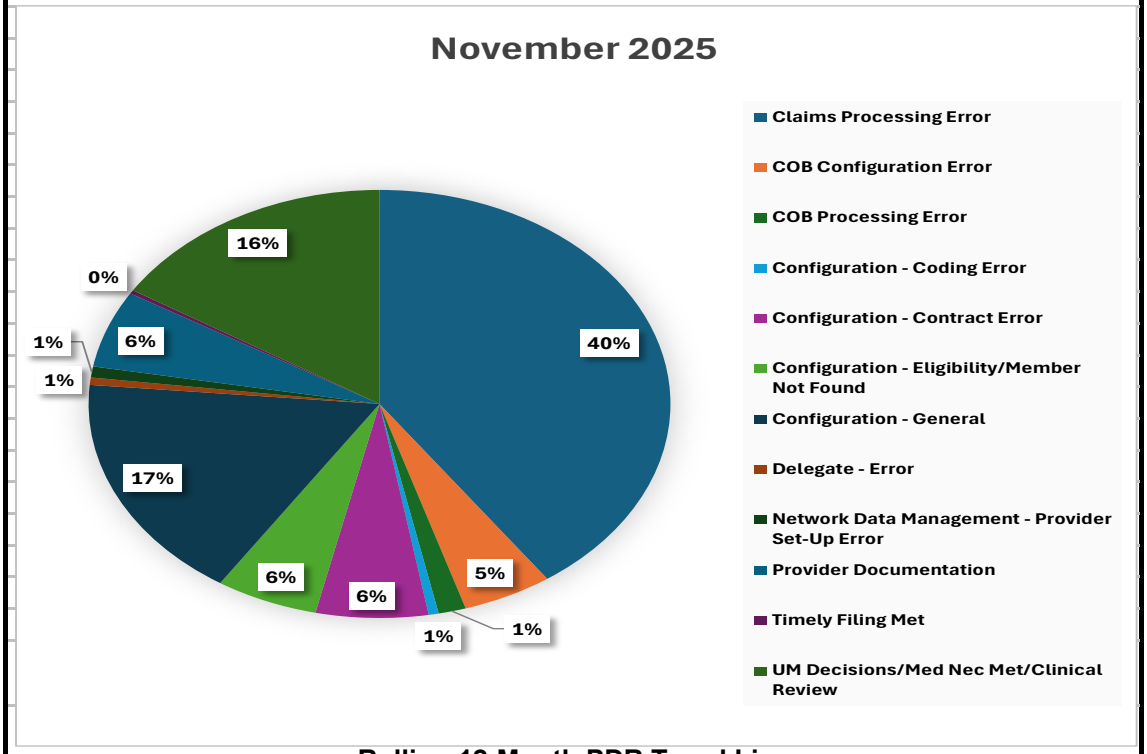
Monthly Results	Regulatory Requirement	AAH Goal
Claims Compliance - comparing November 2025 to November 2024 as follows: 30 Days - 85.5% (2025) vs 93.2% (2024) 45 Days - 99.7% (2025) vs 99.8% (2024) 90 Days - 99.9% (2025) vs 99.9% (2024)	90% of clean claims in 30 calendar days 95% of all claims in 45 working days 99% of all claims in 90 calendar days	90% of clean claims in 30 calendar days 95% of all claims in 45 working days 99% of all claims in 90 calendar days
Claims Received - AAH received 349,052 claims in November 2025 vs 364,130 in November 2024	N/A	N/A
EDI - the volume of EDI submissions was 90% which exceeds the normal month to month range of ~77% - 87%	N/A	N/A
Original Claims Processed - AAH processed 301,388 in November 2025 (17 working days) vs 300,562 in November 2024 (18 working days)	N/A	N/A
Medical Claims Expense - the amount of paid claims in November 2025 was $134,421,366 (4 check runs) vs $132,414,360 in November 2024 (4 check runs)	N/A	N/A
Interest Expense - the amount of interest paid in November 2025 was $115,290 vs $112,351 in November 2024	N/A	.05% - .075% of the monthly medical expense
Auto Adjudication - the AAH rate in November 2025 was 85.4% vs 87.6% in November 2024	N/A	85% or higher
Average Days from Receipt to Payment - the average # of days from receipt to payment in November 2025 was 16 days vs 13 days in November 2024	N/A	<= 25 days
Pended Claim Age - comparing November 2025 to November 2024 as follows: 0-30 calendar days - 35,561 (2025) vs 44,280 (2024) 31-61 calendar days - 25,920 (2025) vs 15,812 (2024) Over 62 calendar days - 47,909 (2025) vs 7 (2024) *Pended claims over 62 days are high due to the investigation of 3 providers for FWA	N/A	N/A
Top 5 Denial Reasons - the claim denial reasons remain consistent from month to month so there is no significant changes to report from November 2025 to November 2024	N/A	N/A

Provider Dispute Resolution		
October 2025 and November 2025		
METRICS		
PDR Compliance	**Oct-25**	**Nov-25**
# of PDRs Resolved	2,825	2,677
# Resolved Within 45 Working Days	2,803	2,666
% of PDRs Resolved Within 45 Working Days	99.2%	99.6%
PDRs Received	**Oct-25**	**Nov-25**
# of PDRs Received	3,467	2,543
PDR Volume Total	**3,467**	**2,543**
PDRs Resolved	**Oct-25**	**Nov-25**
# of PDRs Upheld	2,103	1,956
% of PDRs Upheld	74%	73%
# of PDRs Overturned	722	721
% of PDRs Overturned	26%	27%
Total # of PDRs Resolved	**2,825**	**2,677**
Average Turnaround Time	**Oct-25**	**Nov-25**
Average # of Days to Resolve PDRs	42	40
Oldest Resolved PDR in Days	175	240
Unresolved PDR Age	**Oct-25**	**Nov-25**
0-45 Working Days	5,518	5,676
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**5,518**	**5,676**

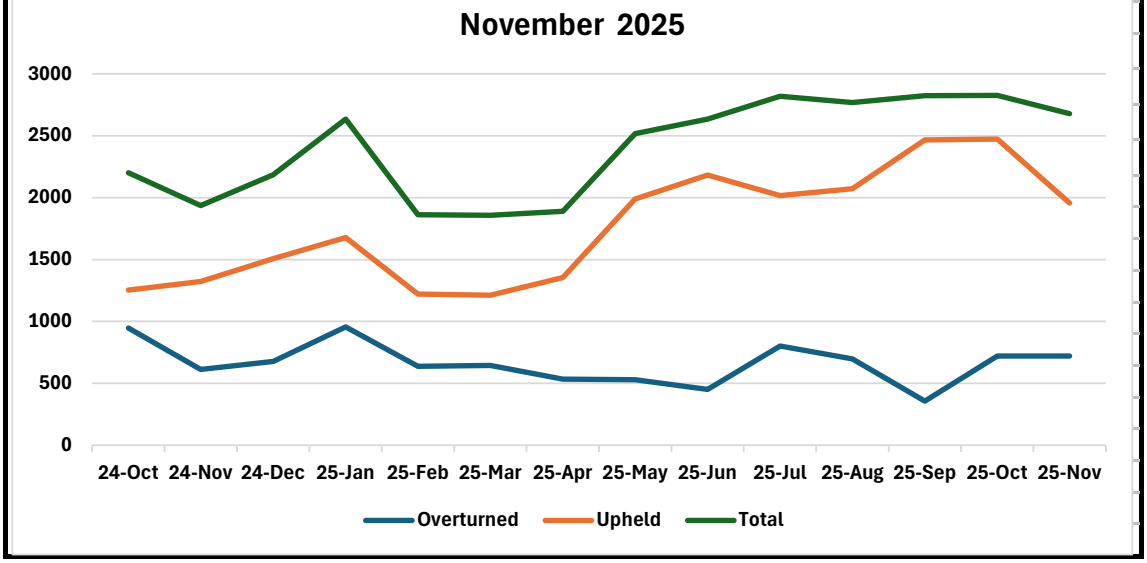
Provider Dispute Resolution
October 2025 and November 2025

Nov-25

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



Provider Dispute Resolution Year Over Year Summary

Monthly Results	Regulatory Requirements	AAH Goal
# of PDRs Resolved - 2,677 in November 2025 vs 1,935 in November 2024	N/A	N/A
# of PDRs Received - 2,543 in November 2025 vs 2,568 in November 2024	N/A	N/A
# of PDRs Resolved within 45 working days - 2,666 in November 2025 vs 1,932 in November 2024	N/A	N/A
% of PDRs Resolved within 45 working days - 99.6% in November 2025 vs 99.8% in November 2024	95%	95%
Average # of Days to Resolve PDRs - 40 days in November 2025 vs 42 days in November 2024	N/A	30
Oldest Resolved PDR in Days - 240 days in November 2025 vs 118 days in November 2024	N/A	N/A
# of PDRs Upheld - 1,956 in November 2025 vs 1,323 in November 2024	N/A	N/A
% of PDRs Upheld - 73% in November 2025 vs 68% in November 2024	N/A	> 75%
# of PDRs Overturned - 721 in November 2025 vs 612 in November 2024	N/A	N/A
% of PDRs Overturned - 27% in November 2025 vs 32% in November 2024	N/A	< 25%
PDR Overturn Reasons: Claims processing errors - 40% (2025) vs 36% (2024) Configuration errors - 37% (2025) vs 30% (2024) COB - 7% (2025) vs 22% (2024) Clinical Review/UM Decisions/Medical Necessity Met - 16% (2025) vs 12% (2024)	N/A	N/A

Provider Relations Call Center Dashboard November 2025

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	10,977	8,885	8,303	8,709	7,861	9,214	9,330	8,838	8,883	8,307	7,019	
Abandoned Calls	3,600	1,133	1,434	1,685	1,254	2,245	1,545	1,857	2,089	1,504	1,688	
Answered Calls (PR)	7,377	7,752	6,869	7,024	6,607	6,969	7,785	6,981	6,794	6,803	5,331	
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	2,910	2,140	13	15	12	6	14	9	5	5	10	
Abandoned Calls (R/V)												
Answered Calls (R/V)	2,910	2,140	13	15	12	6	14	9	5	5	10	
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	868	1,162	434	602	570	520	693	650	669	382	344	
N/A												
Outbound Calls	868	1,162	434	602	570	520	693	650	669	382	344	
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	14,755	12,187	8,750	9,326	8,443	9,740	10,037	9,497	9,557	8,694	7,373	
Abandoned Calls	3,600	1,133	1,434	1,685	1,254	2,245	1,545	1,857	2,089	1,504	1,688	
Total Answered Incoming, R/V, Outbound Calls	11,155	11,054	7,316	7,641	7,189	7,495	8,492	7,640	7,468	7,190	5,685	

Provider Relations Dashboard November 2025

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	5.1%	5.8%	5.4%	5.0%	5.2%	5.4%	5.7%	5.3%	6.3%	5.0%	4.9%	
Benefits	5.1%	3.7%	3.4%	3.9%	6.4%	3.4%	3.2%	3.3%	2.9%	3.6%	4.4%	
Claims Inquiry	39.4%	43.9%	43.7%	46.3%	47.7%	48.5%	46.8%	45.2%	42.1%	41.2%	39.7%	
Change of PCP	2.5%	2.7%	2.4%	2.9%	2.8%	2.0%	2.2%	1.9%	2.5%	2.6%	2.4%	
Check Tracer	0.7%	0.6%	1.0%	0.9%	0.7%	1.0%	0.6%	0.6%	0.6%	0.8%	0.5%	
Complaint/Grievance (includes PDRs)	5.8%	6.7%	6.8%	6.5%	7.6%	7.1%	8.6%	9.1%	9.8%	11.3%	10.2%	
Contracts/Credentialing	0.8%	0.8%	0.7%	0.8%	0.8%	0.8%	0.8%	0.8%	0.9%	1.0%	0.7%	
Demographic Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Eligibility - Call from Provider	21.0%	17.4%	17.0%	17.9%	16.5%	17.2%	16.3%	17.7%	18.8%	17.0%	21.0%	
Exempt Grievance/ G&A	0.0%	0.1%	6.8%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	11.2%	0.2%	
General Inquiries	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	
Intrepreter Services Request	0.5%	0.5%	0.6%	0.4%	0.4%	0.4%	0.4%	0.5%	0.5%	0.5%	0.3%	
Provider Portal Assistance	3.4%	3.2%	3.9%	3.4%	3.4%	3.4%	3.6%	3.9%	3.9%	3.2%	3.7%	
Pharmacy	0.1%	0.2%	0.1%	0.0%	0.1%	0.1%	0.0%	0.2%	0.2%	0.1%	0.1%	
Prop 56	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	
Provider Information Updates/ W9	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.1%	0.1%	
Transportation Services	0.0%	0.2%	0.2%	0.2%	0.3%	0.1%	0.1%	0.2%	0.1%	0.2%	0.1%	
Transferred Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	
All Other Calls	15.5%	14.4%	7.9%	11.4%	7.9%	10.4%	11.2%	11.1%	11.2%	2.1%	11.6%	
TOTAL	100.0%	100.0%	100.0%	100.0%	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	28	72	89	54	60	41	48	25	77	64	30	
Contracting/Credentialing	29	41	50	59	150	66	53	51	88	61	45	
Drop-ins	127	83	141	146	149	96	220	189	227	189	74	
JOM's	2	2	3	2	3	1	3	1	2	4	2	
New Provider Orientation	100	134	118	173	143	182	154	102	132	148	142	
Quarterly Visits	0	0	0	82	0	0	0	0	0	0	24	
UM Issues	0	0	3	1	1	5	3	0	6	3	0	
Total Field Visits	286	332	404	517	506	391	481	368	532	469	317	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS - November 2025						
Practitioners		PCP 398	SPEC 772	AHP 765	BH/ABA 3,429	PCP/SPEC 12
Direct Network vs Delegated Network Breakdown			AAH 4,096	AHS 305	CHCN 613	COMBINATION OF GROUPS 362
Facilities	452					

VENDOR SUMMARY **Credentialing Verification Organization, Symplyr CVO**					
	Number	**Average Calendar Days in Process**	**Goal - 25 Business Days***	**Goal - 98% Accuracy**	**Compliant**
Initial Files in Process	157	5	Y	Y	Y
Recred Files in Process	454	0	Y	Y	Y
Expirables updated **Insurance, License, DEA, Board Certifications**					Y
Files currently in process	**611**				
		*** 25 business days = 35 calendar days**			

November 2025 Peer Review and Credentialing Committee Approvals	
Initial Credentialing	**Number**
PCP	8
SPEC	6
ANCILLARY	19
MIDLEVEL/AHP	4
BH/ABA	125
Sub-total	**162**
Recredentialing	
PCP	7
SPEC	9
ANCILLARY	0
MIDLEVEL/AHP	7
BH/ABA	58
Sub-total	**81**
TOTAL	**243**

November 2025 Facility Approvals	
Initial Credentialing	2
Recredentialing	8
Sub-total	**10**
Facility Files in Process	**37**

November 2025 Employee Metrics (6 FTEs)	**Goal**		**Met (Y/N)**
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
Adeina	Dalia	BH/ABA-Telehealth	INITIAL	11/18/2025
Allen	Amy	BH/ABA	INITIAL	11/18/2025
Aluri	Susmitha	Primary Care Physicia	INITIAL	11/18/2025
Arghavani Jackson	Bahar	BH/ABA-Telehealth	INITIAL	11/18/2025
Argueta	David	BH/ABA-Telehealth	INITIAL	11/18/2025
Azevedo	Lea	Doula	INITIAL	11/18/2025
Azuma	Jill	BH/ABA-Telehealth	INITIAL	11/18/2025
Barbatsis	Heather	BH/ABA-Telehealth	INITIAL	11/18/2025
Barboza	Christie	BH/ABA-Telehealth	INITIAL	11/18/2025
Barkawi-Buck	Kazaran	BH/ABA-Telehealth	INITIAL	11/18/2025
Bartlett	Maria	BH/ABA-Telehealth	INITIAL	11/18/2025
Beas	Virginia	BH/ABA-Telehealth	INITIAL	11/18/2025
Bellotti-Gaechter	Christine	BH/ABA-Telehealth	INITIAL	11/18/2025
Bogoje	Kasey	BH/ABA-Telehealth	INITIAL	11/18/2025
Bonfanti	David	BH/ABA-Telehealth	INITIAL	11/18/2025
Bowman	Brianna	BH/ABA-Telehealth	INITIAL	11/18/2025
Brar	Simran	BH/ABA-Telehealth	INITIAL	11/18/2025
Brocatto-Keck	Mireya	BH/ABA	INITIAL	11/18/2025
Bruce-Washington	Ashley	BH/ABA-Telehealth	INITIAL	11/18/2025
Bull	Julianne	BH/ABA-Telehealth	INITIAL	11/18/2025
Calderon	Emely Christin	BH/ABA-Telehealth	INITIAL	11/18/2025
Carr-Mendez	Jaclyn	BH/ABA-Telehealth	INITIAL	11/18/2025
Corbie	Heather	BH/ABA-Telehealth	INITIAL	11/18/2025
Cortes	Rachel	BH/ABA-Telehealth	INITIAL	11/18/2025
Crawford	Blake	BH/ABA-Telehealth	INITIAL	11/18/2025
Cuevas Aguayo	Stacey	BH/ABA-Telehealth	INITIAL	11/18/2025
Curry	Trevor	BH/ABA-Telehealth	INITIAL	11/18/2025
Davis	Robert	Primary Care Physicia	INITIAL	11/18/2025
Dees	Natoya	BH/ABA-Telehealth	INITIAL	11/18/2025
Del Valle	Nikolas	BH/ABA-Telehealth	INITIAL	11/18/2025
Deloney	Micaela	BH/ABA-Telehealth	INITIAL	11/18/2025
Delpino	Darionne	BH/ABA-Telehealth	INITIAL	11/18/2025
Dempsey	Leslie	BH/ABA-Telehealth	INITIAL	11/18/2025
Dillon	Timothy	Allied Health	INITIAL	11/18/2025
Drozd	Amanda	BH/ABA	INITIAL	11/18/2025
Dunn	Jennifer	BH/ABA-Telehealth	INITIAL	11/18/2025
Dutta	Shilpa	Doula	INITIAL	11/18/2025
Esmaeily	Leona	BH/ABA-Telehealth	INITIAL	11/18/2025
Farley	Shawana	BH/ABA-Telehealth	INITIAL	11/18/2025
Flores	Amy	Doula	INITIAL	11/18/2025
Foy	Michelle	BH/ABA-Telehealth	INITIAL	11/18/2025
Freeman	Elkie	BH/ABA-Telehealth	INITIAL	11/18/2025
Fryman	Marshall	BH/ABA-Telehealth	INITIAL	11/18/2025
Fuentes	LaViza	BH/ABA	INITIAL	11/18/2025
Fuller	Kaitlin	BH/ABA-Telehealth	INITIAL	11/18/2025
Funk	Sterling	BH/ABA-Telehealth	INITIAL	11/18/2025
Galaif	Elisha	BH/ABA-Telehealth	INITIAL	11/18/2025
Gallegos	Kenny	BH/ABA-Telehealth	INITIAL	11/18/2025
Garbaccio	Gina	BH/ABA-Telehealth	INITIAL	11/18/2025

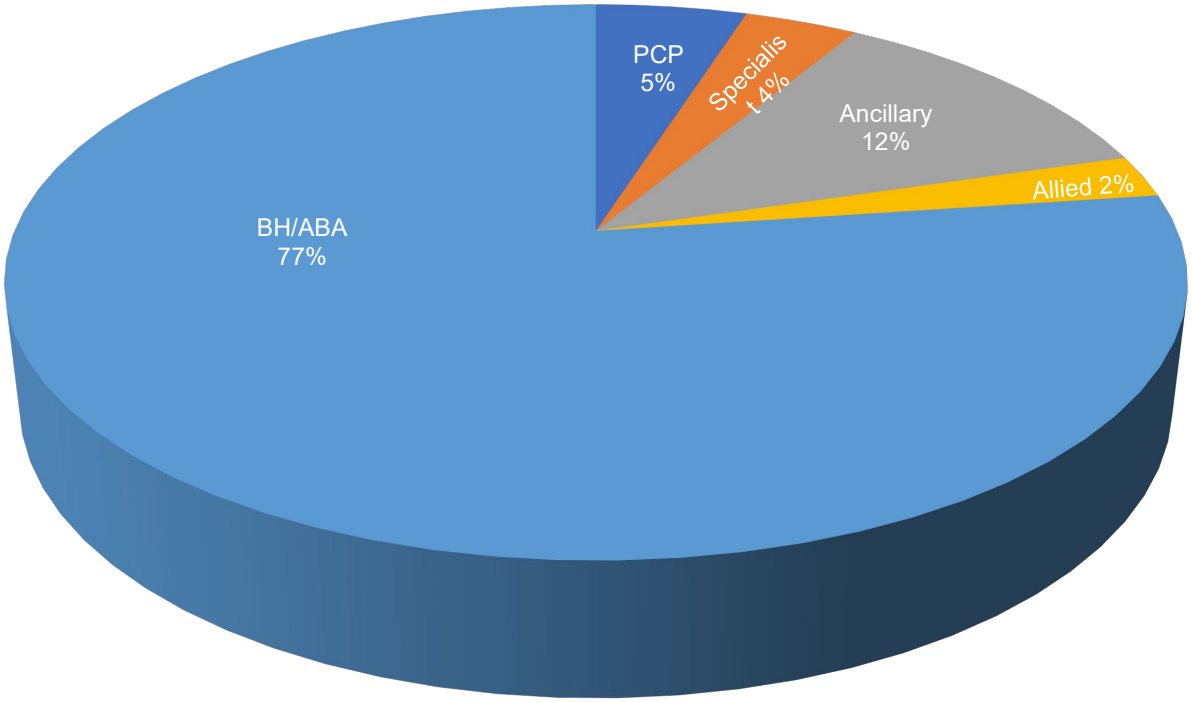
LAST NAME	FIRST NAME	CATEGORY	INITIAL / RE-CRED	CRED DATE
Garcia	Mary Ann	BH/ABA-Telehealth	INITIAL	11/18/2025
Garcia	Samantha	Primary Care Physicia	INITIAL	11/18/2025
Garibaldi	Gladys	BH/ABA-Telehealth	INITIAL	11/18/2025
Gill	Japsharan	BH/ABA	INITIAL	11/18/2025
Ginwala	Caitlin	BH/ABA-Telehealth	INITIAL	11/18/2025
Goette	Alex	BH/ABA-Telehealth	INITIAL	11/18/2025
Goh	Melody	BH/ABA	INITIAL	11/18/2025
Granados	Jillsbury	BH/ABA	INITIAL	11/18/2025
Griffith	Amy	Doula	INITIAL	11/18/2025
Groak	Teresa	BH/ABA-Telehealth	INITIAL	11/18/2025
Guinto	Joyce Marie	BH/ABA-Telehealth	INITIAL	11/18/2025
Hakim	Tiffany	BH/ABA-Telehealth	INITIAL	11/18/2025
Haws	Rebekah	BH/ABA-Telehealth	INITIAL	11/18/2025
Hazzard	Jordan	BH/ABA-Telehealth	INITIAL	11/18/2025
Heaps	Amy	BH/ABA-Telehealth	INITIAL	11/18/2025
Heeney	Megan	BH/ABA	INITIAL	11/18/2025
Herrera	Brandee	BH/ABA-Telehealth	INITIAL	11/18/2025
Hoang	Tammy	Primary Care Physicia	INITIAL	11/18/2025
Ho	Joshua	BH/ABA	INITIAL	11/18/2025
Holden	Patricia	BH/ABA	INITIAL	11/18/2025
Holguin	Kathryn	BH/ABA-Telehealth	INITIAL	11/18/2025
Holiday	Gracie	Doula	INITIAL	11/18/2025
Howell	Eric	BH/ABA-Telehealth	INITIAL	11/18/2025
Htut	Phyu	BH/ABA-Telehealth	INITIAL	11/18/2025
Huber	Michelle	BH/ABA-Telehealth	INITIAL	11/18/2025
Huo	Samantha	BH/ABA	INITIAL	11/18/2025
Ichiyasu-Lau	Lorriane	BH/ABA-Telehealth	INITIAL	11/18/2025
Ishizuka	Toby	Specialist	INITIAL	11/18/2025
Jacob	Tanna	BH/ABA-Telehealth	INITIAL	11/18/2025
Jibril	Ahmed	BH/ABA	INITIAL	11/18/2025
Jimenez	Kelly	BH/ABA-Telehealth	INITIAL	11/18/2025
Jin	Daniel	BH/ABA-Telehealth	INITIAL	11/18/2025
Kaichian	Alberta	BH/ABA-Telehealth	INITIAL	11/18/2025
Kangleon	Karl Michael	BH/ABA-Telehealth	INITIAL	11/18/2025
Keehr	Barbara	BH/ABA-Telehealth	INITIAL	11/18/2025
Kim	Nanci	BH/ABA	INITIAL	11/18/2025
Knight Ortiz	Kimberly	BH/ABA-Telehealth	INITIAL	11/18/2025
Kubulan-Simmons	Gabrielle	BH/ABA-Telehealth	INITIAL	11/18/2025
Kuruma	Pavani	Primary Care Physicia	INITIAL	11/18/2025
Kyte	Erika	BH/ABA-Telehealth	INITIAL	11/18/2025
Lancaster	Luisa	BH/ABA-Telehealth	INITIAL	11/18/2025
Larson	Kathryn	BH/ABA-Telehealth	INITIAL	11/18/2025
Lenander	Karie	BH/ABA-Telehealth	INITIAL	11/18/2025
Lin	Shan	BH/ABA-Telehealth	INITIAL	11/18/2025
Long	Tavy	BH/ABA-Telehealth	INITIAL	11/18/2025
Lopez	Jannet	BH/ABA-Telehealth	INITIAL	11/18/2025
Love	Shayanna	Doula	INITIAL	11/18/2025
Macias	Cynthia	BH/ABA	INITIAL	11/18/2025
Macias	Karina	BH/ABA-Telehealth	INITIAL	11/18/2025
Magonigal	Naida	BH/ABA-Telehealth	INITIAL	11/18/2025

LAST NAME	FIRST NAME	CATEGORY	INITIAL / RE-CRED	CRED DATE
Mansour	Sally	BH/ABA-Telehealth	INITIAL	11/18/2025
Mao	Alice	Primary Care Physicia	INITIAL	11/18/2025
McCollum	Sharon	BH/ABA	INITIAL	11/18/2025
McCoy	Shene	Doula	INITIAL	11/18/2025
Mendoza	Rehanna	BH/ABA-Telehealth	INITIAL	11/18/2025
Milanes	Tara	BH/ABA-Telehealth	INITIAL	11/18/2025
Miller	Anquinette	Doula	INITIAL	11/18/2025
Millinor	Katelyn	BH/ABA-Telehealth	INITIAL	11/18/2025
Ng	Tracy	BH/ABA	INITIAL	11/18/2025
Nuss	Natalie	BH/ABA-Telehealth	INITIAL	11/18/2025
Nygaard	Sydney	Ancillary	INITIAL	11/18/2025
Orfino	Debbie	BH/ABA-Telehealth	INITIAL	11/18/2025
Patregnani	Michelle	BH/ABA	INITIAL	11/18/2025
Perez	Jessica	BH/ABA-Telehealth	INITIAL	11/18/2025
Poole	Daishea	BH/ABA-Telehealth	INITIAL	11/18/2025
Popaj	Christine	BH/ABA-Telehealth	INITIAL	11/18/2025
Poyser	Samantha	BH/ABA-Telehealth	INITIAL	11/18/2025
Quave	Ross	BH/ABA-Telehealth	INITIAL	11/18/2025
Rasiah	Andrew	Specialist	INITIAL	11/18/2025
Reyes	Hannah	BH/ABA-Telehealth	INITIAL	11/18/2025
Rhymes	Ki'era	BH/ABA-Telehealth	INITIAL	11/18/2025
Richardson	Eva	Ancillary	INITIAL	11/18/2025
Rodriguez	Coral	Ancillary	INITIAL	11/18/2025
Rodriguez	Maria	BH/ABA-Telehealth	INITIAL	11/18/2025
Rose-Levy	Shira	BH/ABA-Telehealth	INITIAL	11/18/2025
Rowley	Robert	Primary Care Physicia	INITIAL	11/18/2025
Saechao	CJ	BH/ABA-Telehealth	INITIAL	11/18/2025
Schrogin	Julia	Allied Health	INITIAL	11/18/2025
Schultz	Hayden	Specialist	INITIAL	11/18/2025
Scott	Alina	BH/ABA-Telehealth	INITIAL	11/18/2025
Seden-Hansen	Julie	BH/ABA-Telehealth	INITIAL	11/18/2025
Sharma	Nitasha	Allied Health	INITIAL	11/18/2025
Sharma	Rajeev	Specialist	INITIAL	11/18/2025
Shaw-Ojigbih	Dominique	Doula	INITIAL	11/18/2025
Silva	Evelyn	BH/ABA-Telehealth	INITIAL	11/18/2025
Silverman	Chelsea	BH/ABA-Telehealth	INITIAL	11/18/2025
Singh	Sandeep	Allied Health	INITIAL	11/18/2025
Spurlock	Blake	Ancillary	INITIAL	11/18/2025
Stalians	Kimberly	Doula	INITIAL	11/18/2025
Staton	Melody	BH/ABA-Telehealth	INITIAL	11/18/2025
Stephens	Gwendolyn	BH/ABA	INITIAL	11/18/2025
Sterling	Hazel	Doula	INITIAL	11/18/2025
Stewart	Allura	BH/ABA-Telehealth	INITIAL	11/18/2025
Streitfeld	Samantha	Doula	INITIAL	11/18/2025
Taroian	Christopher	BH/ABA-Telehealth	INITIAL	11/18/2025
Taylor	Erica	BH/ABA-Telehealth	INITIAL	11/18/2025
Thomas	Rene	BH/ABA	INITIAL	11/18/2025
Tinjaca	Violeta	BH/ABA-Telehealth	INITIAL	11/18/2025
Tran	Toan	BH/ABA-Telehealth	INITIAL	11/18/2025

LAST NAME	FIRST NAME	CATEGORY	INITIAL / RE-CRED	CRED DATE
Tupper	Lacie	Doula	INITIAL	11/18/2025
Udengwu	Krystle	BH/ABA-Telehealth	INITIAL	11/18/2025
Van Loy	Jennifer	BH/ABA-Telehealth	INITIAL	11/18/2025
Wallace	Melanie	BH/ABA-Telehealth	INITIAL	11/18/2025
Washington	Tiffany	Doula	RE-CRED	11/18/2025
Watkins	Myesha	BH/ABA	RE-CRED	11/18/2025
Weber	Richard	BH/ABA-Telehealth	RE-CRED	11/18/2025
Woldeyesus	Temesgen	Primary Care Physicia	RE-CRED	11/18/2025
Wolfman-Robichauc	Sarah	Doula	RE-CRED	11/18/2025
Yadav	Deepesh	Specialist	RE-CRED	11/18/2025
Young	Julie	BH/ABA-Telehealth	RE-CRED	11/18/2025
Yuan	Xiaoshuai	BH/ABA-Telehealth	RE-CRED	11/18/2025
Yue	John	Specialist	RE-CRED	11/18/2025
Zike	Metasebya	BH/ABA-Telehealth	RE-CRED	11/18/2025
Aggarwal	Archana	Specialist	RE-CRED	11/18/2025
Ahmad	Farhat	Primary Care Physicia	RE-CRED	11/18/2025
Aladag	Belis	BH/ABA	RE-CRED	11/18/2025
Aragon	Amber	BH/ABA-Telehealth	RE-CRED	11/18/2025
Ardekani-Pourzand	Mahasti	Allied Health	RE-CRED	11/18/2025
Bautista	Marina	BH/ABA	RE-CRED	11/18/2025
Bejinez	Livier	Allied Health	RE-CRED	11/18/2025
Bissell	Jennifer	BH/ABA	RE-CRED	11/18/2025
Carrara	Lorrine	BH/ABA-Telehealth	RE-CRED	11/18/2025
Carter	Stephanie	BH/ABA	RE-CRED	11/18/2025
Casillas	Juan	Allied Health	RE-CRED	11/18/2025
Castaneda	Jose	BH/ABA	RE-CRED	11/18/2025
Catly	Erwin	BH/ABA	RE-CRED	11/18/2025
Chang	Anita	Primary Care Physicia	RE-CRED	11/18/2025
Chang	Gwendolen	Specialist	RE-CRED	11/18/2025
Chavez	Sara	Allied Health	RE-CRED	11/18/2025
Chen	Douglas	BH/ABA-Telehealth	RE-CRED	11/18/2025
Chen	Song	Allied Health	RE-CRED	11/18/2025
Chen	Tze-Ming	Specialist	RE-CRED	11/18/2025
Chin	Cheryl	BH/ABA	RE-CRED	11/18/2025
Crom	Kiana	BH/ABA	RE-CRED	11/18/2025
Crowley-Scott	Crystal	BH/ABA	RE-CRED	11/18/2025
DelMonte	Dawn	BH/ABA	RE-CRED	11/18/2025
Dhawan	Deepak	Primary Care Physicia	RE-CRED	11/18/2025
Dhillon	Jatinder	Specialist	RE-CRED	11/18/2025
Dimas	Juanita	BH/ABA	RE-CRED	11/18/2025
Dombeck	Mark	BH/ABA	RE-CRED	11/18/2025
Eaton	Scott	Specialist	RE-CRED	11/18/2025
Edwards	Allie	BH/ABA	RE-CRED	11/18/2025
Foo	Patricia	Primary Care Physicia	RE-CRED	11/18/2025
Fuentes	Selene	BH/ABA	RE-CRED	11/18/2025
Gacote	Apolinar	Primary Care Physicia	RE-CRED	11/18/2025
Garey	Samantha	Allied Health	RE-CRED	11/18/2025
Gentry	Emily	Allied Health	RE-CRED	11/18/2025

LAST NAME	FIRST NAME	CATEGORY	INITIAL / RE-CRED	CRED DATE
Gershony	Gary	Primary Care Physicia	RE-CRED	11/18/2025
Gomes	Erica	BH/ABA	RE-CRED	11/18/2025
Gonzalez-Lloyd	Ilse	BH/ABA	RE-CRED	11/18/2025
Groves-Rehwaldt	Katrina	BH/ABA	RE-CRED	11/18/2025
Hamill	Alexis	BH/ABA	RE-CRED	11/18/2025
Hernandez	Kristin	BH/ABA	RE-CRED	11/18/2025
Hernandez	Luis	BH/ABA	RE-CRED	11/18/2025
Hilgert	Jeannette	BH/ABA	RE-CRED	11/18/2025
Hilliard	Aimee	BH/ABA-Telehealth	RE-CRED	11/18/2025
Hoang	Solomon	BH/ABA-Telehealth	RE-CRED	11/18/2025
Holloway	Loletta	BH/ABA-Telehealth	RE-CRED	11/18/2025
Hurtubise	Brigitte	Specialist	RE-CRED	11/18/2025
Ing	Kendra	BH/ABA	RE-CRED	11/18/2025
Johnson	Yvonne	BH/ABA	RE-CRED	11/18/2025
Jones	Andrea	BH/ABA-Telehealth	RE-CRED	11/18/2025
Jones	Simeon	BH/ABA-Telehealth	RE-CRED	11/18/2025
Kendall	Judith	BH/ABA	RE-CRED	11/18/2025
Kraft	Charles	BH/ABA	RE-CRED	11/18/2025
Kumar	Deepak	BH/ABA	RE-CRED	11/18/2025
Lam	Leimalyn	BH/ABA	RE-CRED	11/18/2025
Liang	Sai-Woon	Primary Care Physicia	RE-CRED	11/18/2025
Malenky	Yusef	BH/ABA	RE-CRED	11/18/2025
Marquez	Vanessa	BH/ABA	RE-CRED	11/18/2025
Mathews	Priscilla	BH/ABA	RE-CRED	11/18/2025
Medina	Celia	BH/ABA	RE-CRED	11/18/2025
Miranda	Shauna	BH/ABA	RE-CRED	11/18/2025
Moore	Ellen	BH/ABA	RE-CRED	11/18/2025
Moreno-Koehler	Alaina	BH/ABA	RE-CRED	11/18/2025
Mustafa	Nowwar	Specialist	RE-CRED	11/18/2025
Myint	Thomas	Specialist	RE-CRED	11/18/2025
Nichols	Camille	BH/ABA	RE-CRED	11/18/2025
O'Connell	Heather	BH/ABA-Telehealth	RE-CRED	11/18/2025
Ogea	Yevett	BH/ABA	RE-CRED	11/18/2025
Paul	Gayle	BH/ABA-Telehealth	RE-CRED	11/18/2025
Pedelaborde	Jennifer	BH/ABA	RE-CRED	11/18/2025
Penney	Jennifer	BH/ABA	RE-CRED	11/18/2025
Phalen	Shawn	BH/ABA	RE-CRED	11/18/2025
Prasad	Gautam	Specialist	RE-CRED	11/18/2025
Racoma	Patrick Guillien	BH/ABA	RE-CRED	11/18/2025
Ramirez	Frederico	BH/ABA	RE-CRED	11/18/2025
Ray	Nicole	BH/ABA	RE-CRED	11/18/2025
Reinheimer	Emily	BH/ABA-Telehealth	RE-CRED	11/18/2025
Reyna	Mary	BH/ABA	RE-CRED	11/18/2025
Rodrigues	Nina	BH/ABA	RE-CRED	11/18/2025
Rouhe	Helena	BH/ABA	RE-CRED	11/18/2025
Russell	Robyn	BH/ABA	RE-CRED	11/18/2025
Sprecher	Nina	BH/ABA	RE-CRED	11/18/2025

NOVEMBER PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY



PCP	8
SPECIALIST	6
ANCILLARY	19
ALLIED	4
BH/ABA	125
TOTAL	162

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2025-2026 | **NOVEMBER 2025 OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY
FY 2025-2026 | NOVEMBER 2025 OUTREACH REPORT

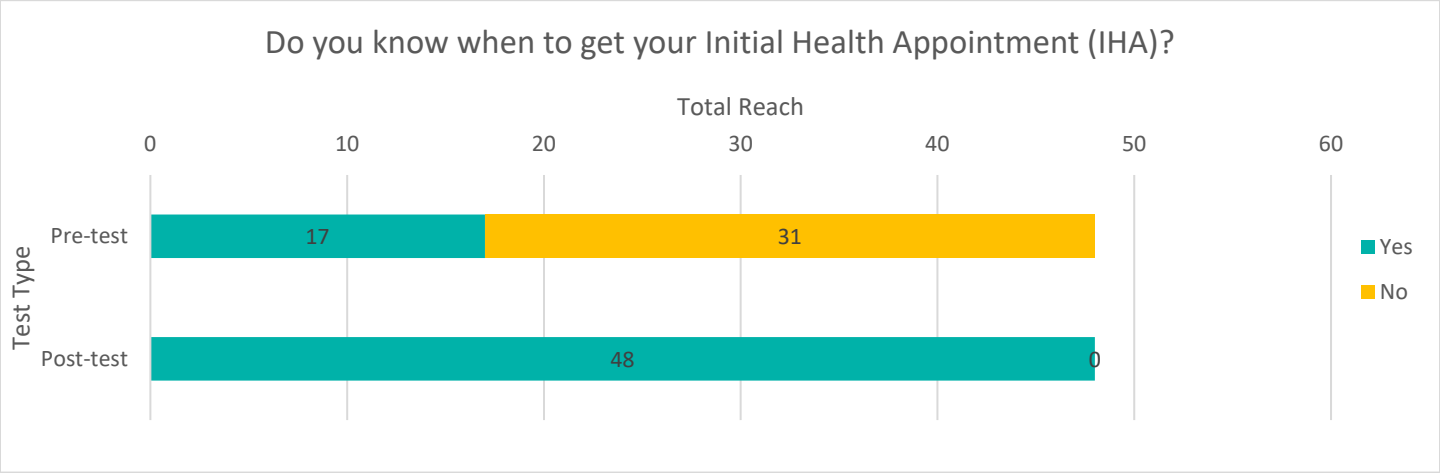
Alliance in the Community Events and Activities:
In November 2025, the Alliance completed **404** member orientation outreach calls among net new and non-utilizer members and conducted **45** net new member orientations and **3** non-utilizer member orientations (**12%** member participation rate). In addition, the Outreach team completed **35** Alliance website inquiries, **4** service requests, **2** community events, and **3** member education events. The Alliance reached a total of **986** people and spent a total of **$5000.00** on donations, fees, and/or sponsorships at the following events and activities*: 30th Annual Dia De Los Muertos, Community Food Distribution Event, Alameda County Social Services Agency Event, Piedmont Apartment Health Fair, and the Turkey Give Away Event.

Since July 2018, **42,870** self-identified Alliance members have been reached during outreach activities.

Alliance Member Orientation Program:
The Alliance Member Orientation (MO) program, launched in 2016, is recognized as a promising practice by Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD) to increase member knowledge and awareness about the Initial Health Appointment (IHA).

On Wednesday, March 18, 2020**,** the Alliance began conducting member orientations by phone. As of November 30th, 2025, the Outreach Team has completed **54,179** member orientation outreach calls and conducted **10,169** member orientations (**18.8%** member participation rate).

Between November 1, through November 30, 2025 (17 working days) – **48** members completed an MO by phone. After completing the MO, **100%** of members who completed the post-test survey in November 2025 reported knowing when to get their IHA, compared to only **35.4%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 25-26\Q2\November 2025**

ALLIANCE IN THE COMMUNITY

FY 2025-2026 | NOVEMBER 2025 OUTREACH REPORT

FY 2024-2025 NOVEMBER 2024 TOTALS

- **0** COMMUNITY EVENTS
- **3** MEMBER EDUCATION EVENTS
- **120** MEMBER ORIENTATIONS
- **0** MEETINGS/ PRESENTATIONS/
- **0** COMMUNITY TRAINING
- **10** TOTAL INITIATED/ INVITED EVENTS
- **123** TOTAL COMPLETED **EVENTS**

16 CITIES**

Alameda
Albany
Berkeley
Castro Valley
Dublin
Fremont
Hayward
Livermore
Newark
North Chesterfield
Oakland
Pleasanton
San Francisco
San Leandro
San Lorenzo
Union City

- **0** TOTAL REACHED AT COMMUNITY EVENTS
- **143** TOTAL REACHED AT MEMBER EDUCATION EVENTS
- **120** TOTAL REACHED AT MEMBER ORIENTATIONS
- **0** TOTAL REACHED AT MEETINGS/PRESENTATIONS
- **0** TOTAL REACHED AT COMMUNITY TRAINING
- **191** MEMBERS REACHED AT ALL EVENTS
- **263** **TOTAL REACHED AT ALL EVENTS**

$45.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2025-2026 NOVEMBER 2025 TOTALS

- **2** COMMUNITY EVENTS
- **3** MEMBER EDUCATION EVENTS
- **48** MEMBER ORIENTATIONS
- **0** MEETINGS/ PRESENTATIONS
- **0** COMMUNITY TRAINING
- **7** TOTAL INITIATED/ INVITED EVENTS
- **53** TOTAL COMPLETED **EVENTS**

11 CITIES**

Alameda
Albany
Berkeley
Castro Valley
Fremont
Hayward
Oakland
Pleasanton
San Leandro
San Lorenzo
Union City

- **533** TOTAL REACHED AT COMMUNITY EVENTS
- **453** TOTAL REACHED AT MEMBER EDUCATION EVENTS
- **48** TOTAL REACHED AT MEMBER ORIENTATIONS
- **0** TOTAL REACHED AT MEETINGS/PRESENTATIONS
- **0** COMMUNITY TRAINING
- **441** MEMBERS REACHED AT ALL EVENTS
- **1034** **TOTAL REACHED AT ALL EVENTS**

$5000.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

***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.*

COMMUNICATIONS & OUTREACH DEPARTMENT

SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT

FY 2025-2026 | **November 2025**

The Alliance Communications and Outreach (C&O) Department created the social media and website activity (SM&WA) Report to provide a high-level overview of stakeholder engagement through various digital media platforms. Between **November 1, 2025**, and **November 30, 2025**:

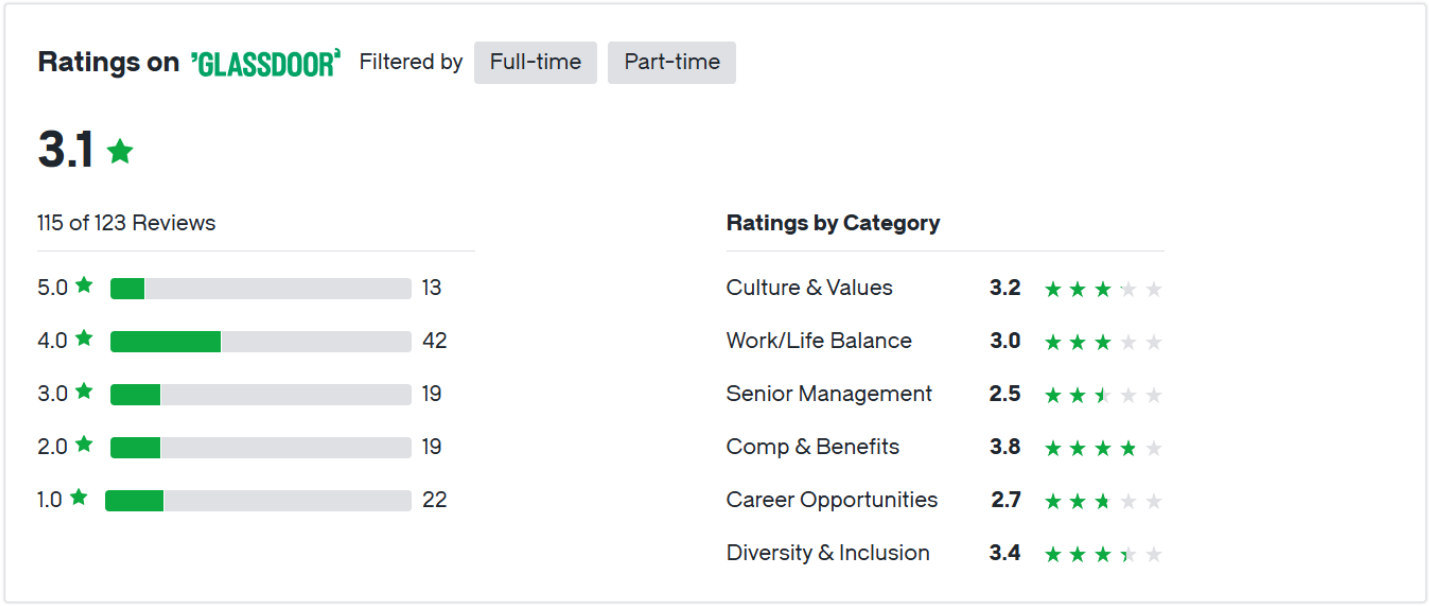
1. Alliance Website:
    - Received **151,155** unique visits
    - Served more than **530,500** page visits
2. Facebook Page:
    - The number of followers increased from **8,897** to **8,971** throughout this period.
    - Did not receive any reviews in **November 2025**
3. Glassdoor Page:
    - Maintained **3.1** out of a **5-star** overall rating
    - Did not receive any reviews in **November 2025**
4. Google Page:
    - **1,567** website clicks were made from the business profile
    - **1,414** calls were made from the business profile
    - Received 3 reviews in **November 2025**
5. Instagram Page:
    - Increased in followers from **692** to **701**
6. LinkedIn Page:
    - Maintained followers at **7.1k**
    - Received **11-**page clicks
7. X (previously Twitter) Page:
    - Slight decrease in followers from **355 to 354**
8. Yelp Page:
    - Page visits **59**
    - Appeared in Yelp searches **165** times
    - Did not receive any reviews in **November 2025**

COMMUNICATIONS & OUTREACH DEPARTMENT

SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT

FY 2025-2026 | **November 2025**

GLASSDOOR OVERVIEW

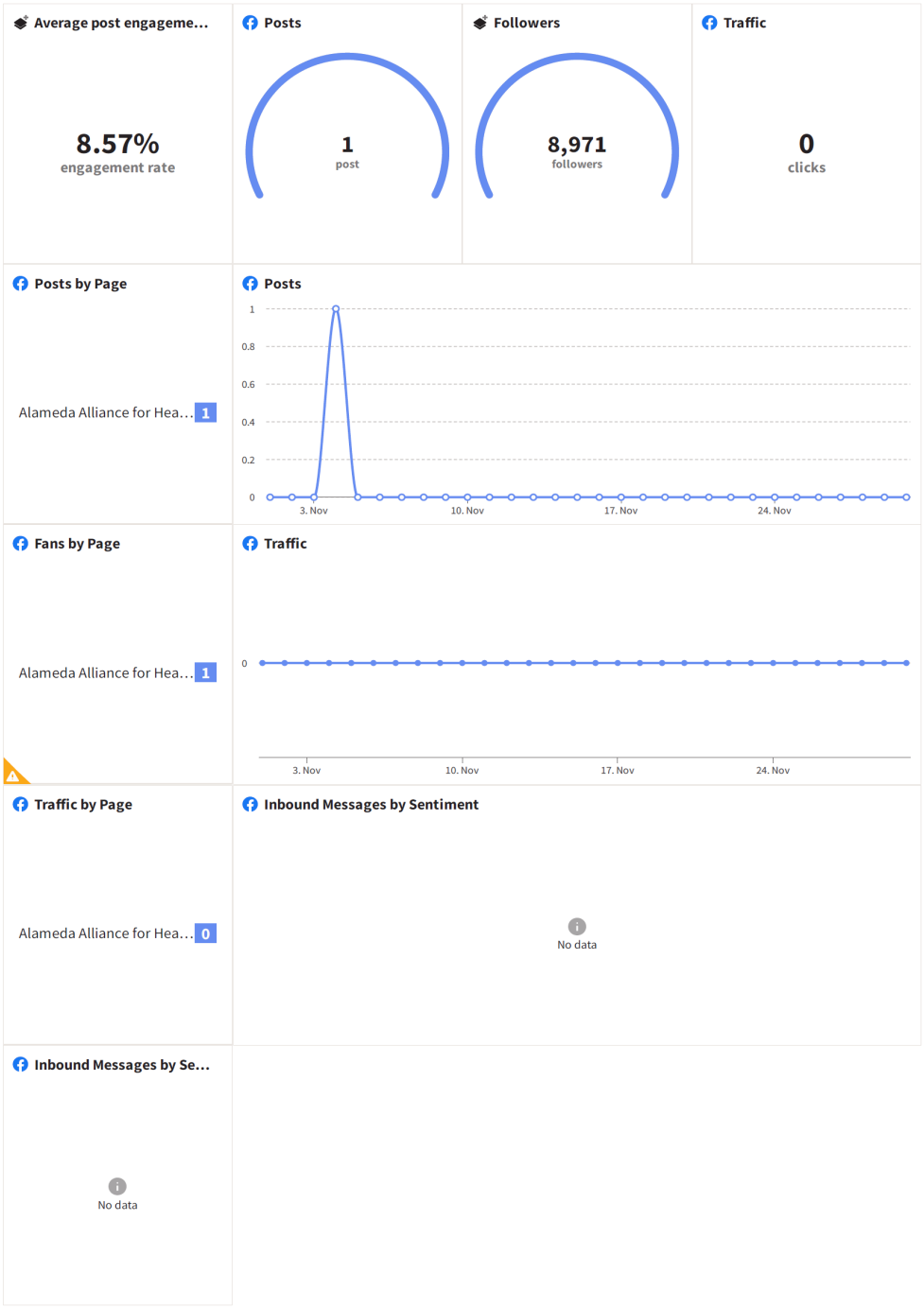


All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2025-2026\Q2\2. November 2025

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT

FY 2025-2026 | November 2025

FACEBOOK OVERVIEW

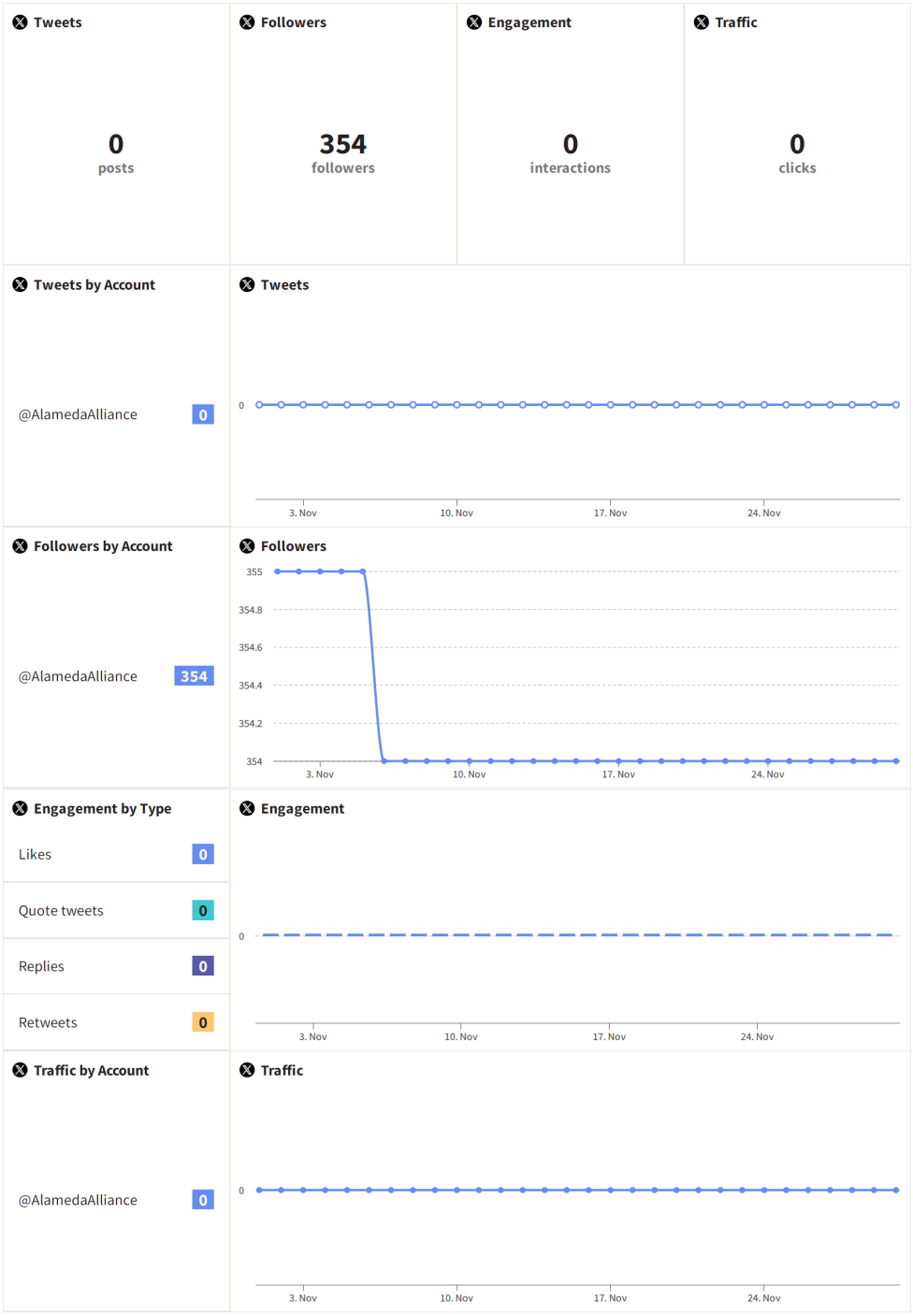


All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2025-2026\Q2\2. November 2025

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT

FY 2025-2026 | November 2025

X (previously TWITTER) OVERVIEW



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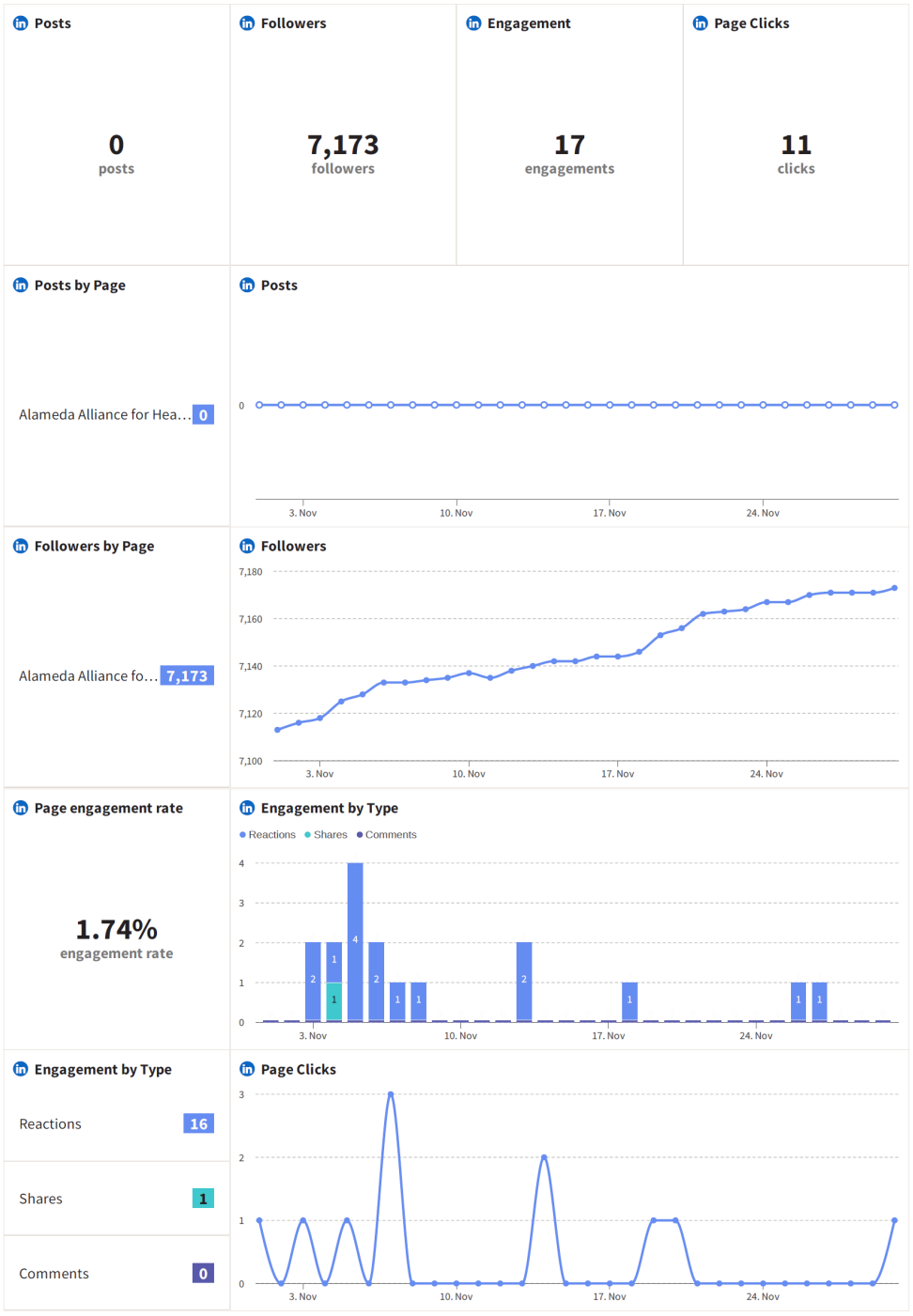
ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT

FY 2025-2026 | November 2025

LINKEDIN OVERVIEW

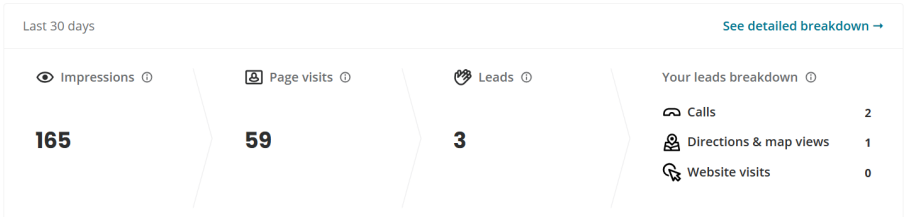


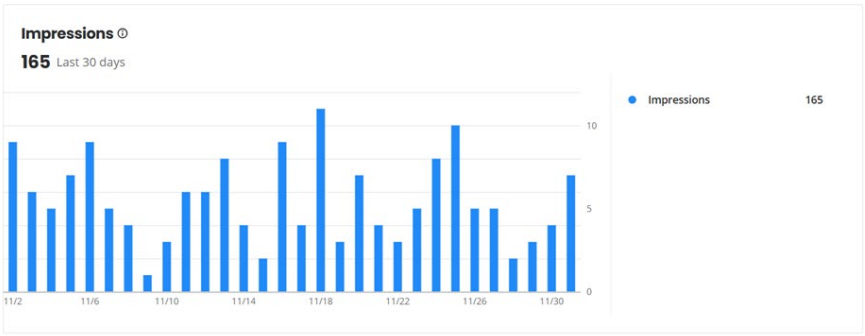
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2025-2026\Q2\2. November 2025

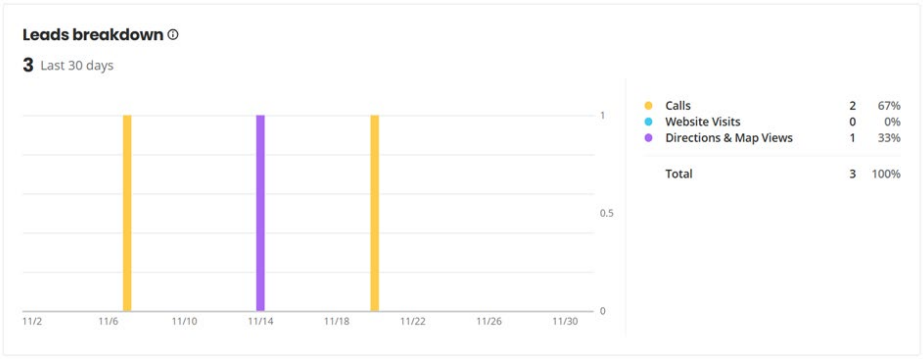
ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT

FY 2025-2026 | **November 2025**

YELP OVERVIEW





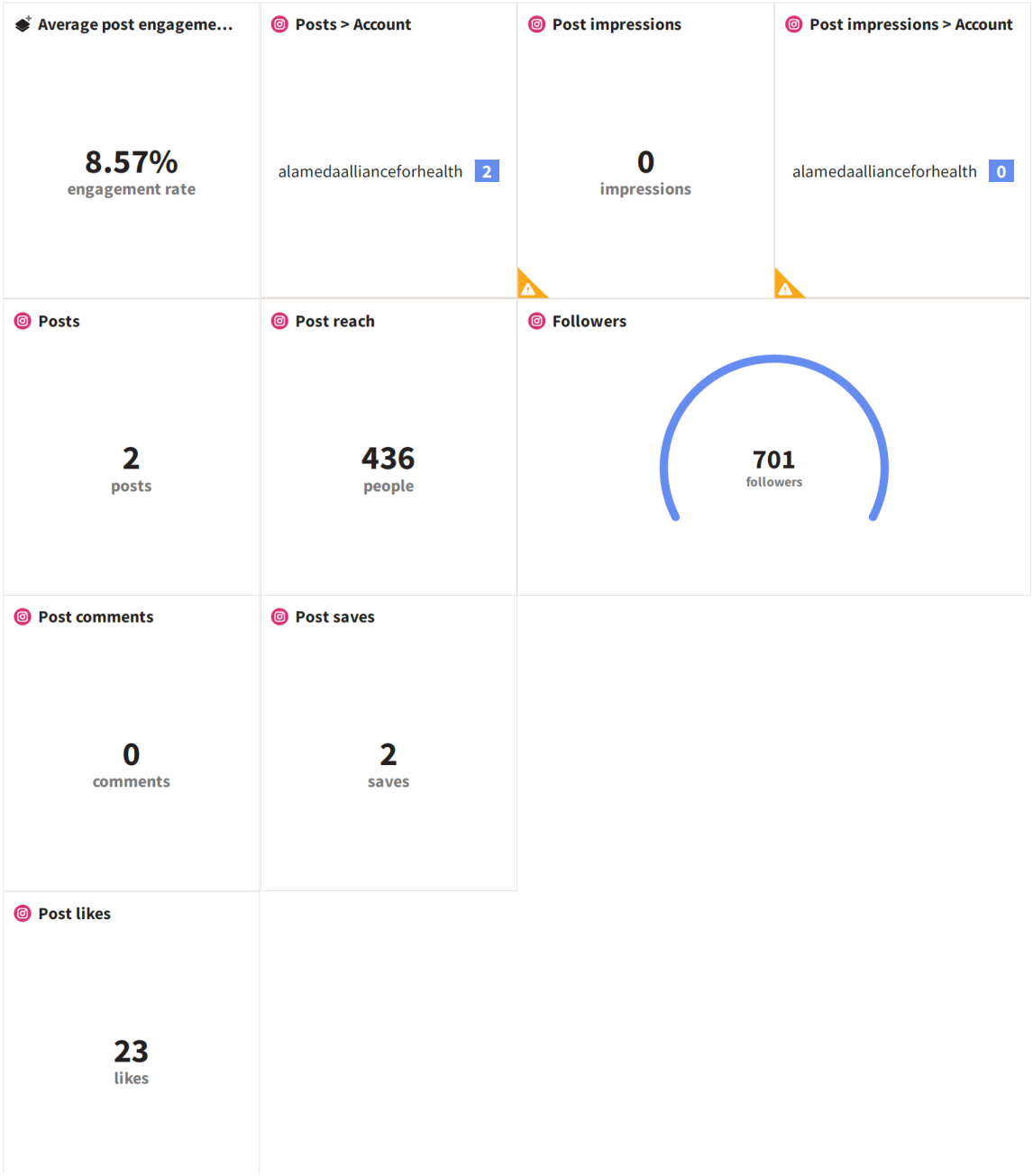


All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2025-2026\Q2\2. November 2025

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT

FY 2025-2026 | **November 2025**

INSTAGRAM OVERVIEW:



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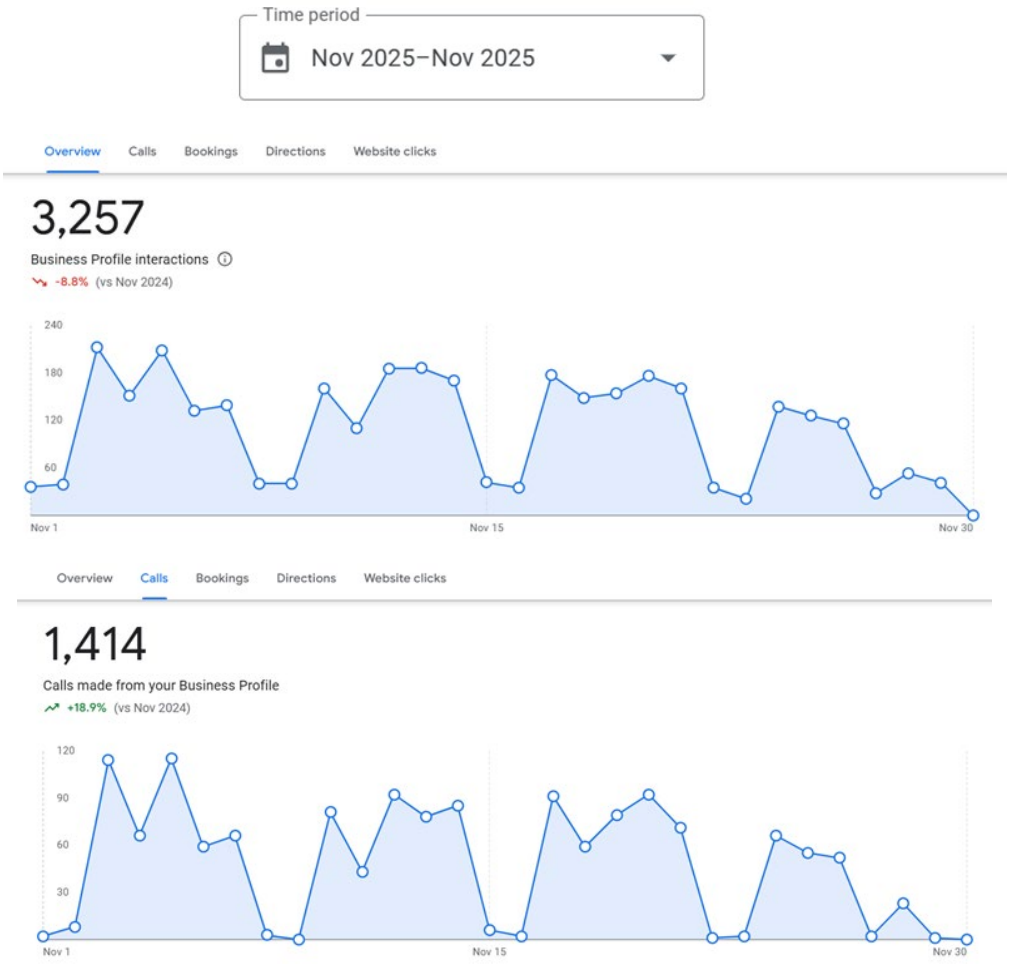
ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT

FY 2025-2026 | **November 2025**

GOOGLE OVERVIEW:



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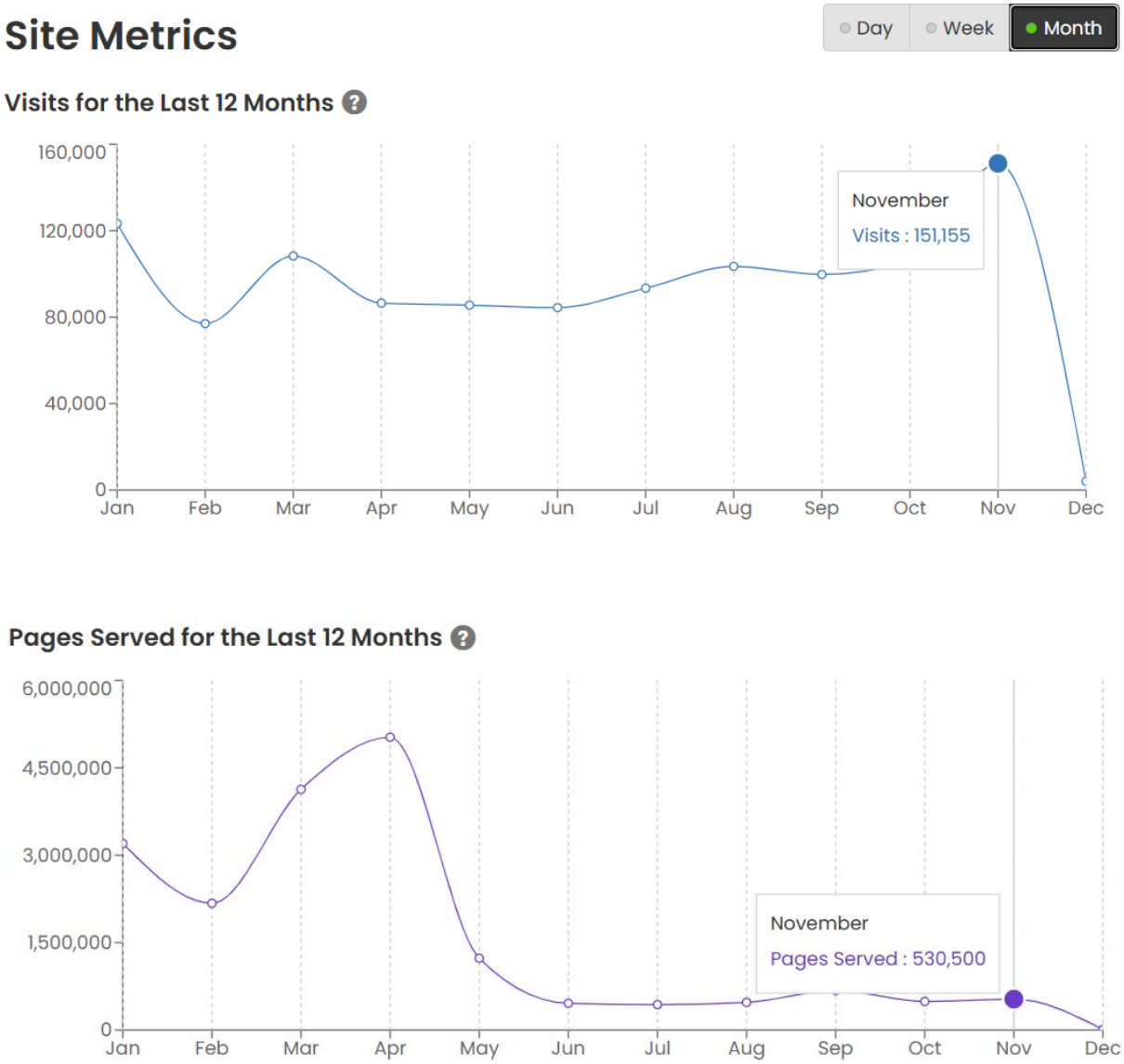
ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT

FY 2025-2026 | **November 2025**

ALLIANCE WEBSITE OVERVIEW:



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Compliance

Richard Golfin III

To: **Alameda Alliance for Health Board of Governors**

From: **Richard Golfin III, Chief Compliance & Privacy Officer**

Date: **December 12th, 2025**

Subject: **Compliance Division Report**

Enterprise Audit Updates

- 2023 Department of Health Care Services (DHCS) Focused Medical Survey
    - The DHCS identified nine (9) Corrective Action Plans (CAP) related to Behavioral Health Care Services and Transportation Services (NEMT & NMT). To date, six (6) CAPs have been accepted by the agency. There are three (3) CAPs that have been partially accepted; the Plan continues to collaborate with Alameda County Behavioral Health (ACBH) for care coordination. The Plan awaits further guidance from the DHCS.
- 2023 Department of Managed Health Care (DMHC) Health Equity and Quality Performance CAP
    - The Plan received the 2023 Health Equity and Quality Performance Findings Report from the Department of Managed Health Care (DMHC) on September 2nd, 2025. The report identified benchmark deficiencies across multiple populations and product lines, requiring submission of a formal CAP.
    - The Plan's CAP response was submitted timely on December 1st, 2025.
- 2025 Department of Managed Health Care (DMHC) Routine Full Medical Survey
    - The DMHC lookback period spanned October 1st, 2022, through September 30th, 2024, and the onsite interview sessions occurred from March 3rd to March 7th, 2025.
    - The Plan is still waiting to receive DMHC's preliminary report.

- 2025 Department of Managed Health Care (DMHC) Financial Examination

    - The DMHC conducted its fiscal survey of the Plan on August 4th, 2025. The Plan received the Department's preliminary report on October 14th, 2025, which included two (2) findings:

        - Accuracy of Interest related to Late Claim Payments (Targeted Rate Increase (TRI)).
        - Oversight of Forwarded Claims.

    - The Plan submitted its CAP timely to DMHC on December 1st, 2025.

- 2025 Health Services Advisory Group, Inc. (HSAG) Network Adequacy Validation Audit (NAV)

    - The Plan received the HSAG formal audit close letter on November 14th, 2025. There were no observations or findings.

    - The HSAG will be working with DHCS to finalize the plan-specific validation rating determinations, which will be shared in January 2026.

Compliance Program Activity – All LOBs

- Alameda Alliance Wellness (HMO D-SNP)

    - On November 5th, 2025, CMS published its 2026 Readiness Checklist. The Checklist marks the formal launch of the next application year. CMS 2026 Annual Readiness Checklist has been deconstructed. The Plan has reviewed and acknowledged all requirements attributed to it. The team remains available to provide regulatory guidance and support to the organization. This structured approach supports audit preparedness and mitigates risk across FWA, SIU, RAC, ERM, and Privacy.

    - The Alliance selected Vision Service Plan (VSP) as its vision services provider for D-SNP. This required both the Alliance and VSP to file Material Modifications. Both filings are currently under regulatory review. The Alliance is collaborating with outside counsel and VSP to address the most recent comments. Responses are due December 19th, 2025.

    - Through interdepartmental coordination, the Plan continues to refine its formal process for operationalizing HPMS memos, ensuring timely review, assignment of ownership, and integration into workflows to maintain regulatory alignment. To maximize efficiency, this process seeks to leverage existing APL implementation processes.

- Legislative & Regulatory Implementation

    - On March 21st, 2025, the Plan provided its initial submission in response to the Department's 2024 Annual Newly Enacted Statutes All Plan Letter (APL 24-023) filing. This APL includes seventeen (17) newly enacted laws that impact the Plan's Medi-Cal and/or Group Care lines of business. As of December 3rd, 2025, the Plan has received and responded to four (4) rounds of comments.

    - On April 1st, 2025, the Department published APL 25-007 which provides guidance and outlines compliance requirements related to AB 3275 - Timely Payment of Claims. This bill, effective January 1st, 2026, adjusts the claims reimbursement timeframe from 45 working days to 30 calendar days. As of November 14th, 2025, the Plan received and responded to two (2) rounds of comments from the Department.

Alameda Alliance Privacy Office: Operational Updates

- The Q3 2025 Privacy Rounds Report
    - The Q3 2025 Privacy Rounds Report was prepared by the Privacy Office and provided to Richard Golfin III, Chief Compliance & Privacy Officer, to deliver a concise, data-driven overview of all privacy rounds conducted at Alameda Alliance for Health during the quarter.

        - Monthly Privacy Rounds are physical walk-throughs of departments that include audits of storage practices, screen visibility, PHI handling, and other operational controls, enabling early identification and mitigation of physical security risks. These targeted risk assessments of PHI/PII controls and related safeguards inform corrective actions, such as agreed-upon key audit updates and new workflows for managing PHI or PII found on the floors. No incidents required state or federal breach reporting.

        - The report highlights that 100% compliance was achieved for unattended workstation and laptop locking across all monthly Privacy Rounds, with significant improvements in clean-desk practices and no PHI/PII exposure in August or September.

        - The report also highlighted the launch of the Facilities Key Audit & Replacement Initiative, which targeted mismatched or missing keys at bookable workstations. This project resulted in more than 95% of all missing or mismatched desk and cabinet keys being replaced; thus, maximizing secure storage for PHI and enhancing physical security standards across the departments.

- AAH PO Policy Improvements and Adjustments
    - CMP 035/216 – Confidential Communication Requests (CCR).
        - CMP 035/216 governs how the Alliance processes member requests for confidential or alternative communication methods. It requires written requests with identity verification and mandates use of secure, HIPAA-compliant channels only. The Privacy Office reviews all requests and ensures implementation within required timelines (seven days for electronic submissions; fourteen days for mailed submissions).
        - The policy was updated to ensure full D-SNP compliance and is now standardized across all lines of business.
    - CMP 217 – Data Sharing Agreement Types
        - CMP 217 establishes the required contractual safeguards, such as BAAs, DPAs, DSAs, DUAs, and TPAs, when sharing PHI, PII, or other sensitive data with external entities. It aligns with the Alliance with HIPAA, DHCS, DMHC, NCQA, and California privacy requirements, and clearly defines the roles of Privacy, Vendor Management, and Procurement to ensure proper oversight of all data-sharing activities.
        - The policy was updated to ensure full D-SNP compliance and to clearly outline when each agreement type is required across all lines of business.
- Annual Compliance Training Rollout
    - On September 8th, 2025, the Alliance launched the Annual Compliance Training for all staff, contractors, and temporary employees.
    - This year's program includes three required Corporate Compliance training courses covering:
        - HIPAA,
        - Fraud, Waste & Abuse (FWA), and;
        - Cultural Sensitivity
    - The Compliance Division partnered with IT to add six Security Awareness modules, all designed to equip staff with the knowledge to identify, prevent, and respond to compliance and security risks.
    - All employees have a 90-day window (September 8th, 2025, to December 8th, 2025) to complete the courses.

- The annual training cycle is a key pillar of the compliance program, ensuring that all staff, including new hires and contractors, remain current with evolving requirements and best practices. Policy CMP–026 Compliance Training and Education governs this process. This annual effort is essential to maintaining regulatory compliance and protecting the Alliance, members, and the community. Thus, completion rates and participation are closely tracked. As of this report, approximately 735 individuals were assigned to participate in the annual training, and the following completion rates are recorded:

    - 84% of assignees have completed the Compliance Division Trainings.
    - 78% of assignees have completed the Cultural Sensitivity Courses.
    - 95% of assignees have completed the Security Awareness Courses.

Alameda Alliance Special Investigations Unit: Operational Updates

- Fraud, Waste, and Abuse Identification and Recoupment Efforts

    - The Special Investigations Unit (SIU) implemented new reporting tools to identify potential FWA cases as the Plan receives them through the various points of entry across the enterprise. This proactive approach enables the SIU to identify potential cases and meet reporting timeframes without waiting for formal case referrals, The enhancements will improve compliance and reduce case turnaround time by enabling faster identification and prioritization of high-risk cases.

- Enterprise Stakeholders Cross-Functional Meetings

    - The monthly enterprise cross-functional meetings foster collaboration between the SIU and various departments across the enterprise including Claims, Finance, Provider Services, Analytics and Health Care Services. The December meeting focused on eight (8) high profile cases and resulted in the identification of areas for improvement within claims payment systems to reduce the potential for fraud. Additionally, the Cross-Functional team worked on capturing claims timeliness metrics to strengthen compliance and operational efficiency. This collaborative approach enhances investigative processes and supports early intervention in potential areas of fraud.

Compliance

Supporting Documents

2025 APL IMPLEMENTATION TRACKING LIST						
#	Date Released	Regulatory Agency	APL #	APL Title	LOB	APL Purpose Summary
1	1/9/2025	DMHC	25-001	Southern California Fires and Enrollees' Continued Access to Health Care Services	GROUP CARE & MEDI-CAL	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) 25-001, which provides information regarding Health and Safety Code section 1368.7.
2	1/17/2025	DHCS	25-001	2024-2025 Medi-Cal Managed Care Health Plan Meds/834 Cutoff and Processing Scheduling	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the 2024-2025 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule.
3	1/13/2025	DHCS	25-002	Skilled Nursing Facility Workforce Quality Incentive Program	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with instructions on the payment and data sharing process required for the Skilled Nursing Facility (SNF) Workforce and Quality Incentive Program (WQIP) for Rating Periods between January 1, 2023, and December 31, 2026. The Calendar Year (CY) 2023 Rating Period is referred to as Program Year (PY) 1, CY 2024 Rating Period as PY 2, and so forth.
4	1/15/2025	DHCS	25-003	Establishing D-SNPs by 2026	DSNP	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with information regarding the Department of Health Care Services' (DHCS) enforcement of California Welfare and Institutions Code (W&I) section 14184.208, related to the requirement for MCPs to operate or be affiliated with a Dual Eligible Special Needs Plan (D-SNP) by 2026, to provide integrated care through affiliated MCPs and D-SNPs for dually eligible Medicare and Medi-Cal Members.
5	1/28/2025	DMHC	25-002	Plan Year 2026 QHP, QDP, and Off-Exchange Filing Requirements	N/A	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 25-002 to assist in the preparation of Plan Year 2026 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).
6	2/5/2025	DMHC	25-003	Large Group Renewal Notice Requirements	GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 25-003 to provide 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.
7	2/7/2025	DHCS	25-004	Community Reinvestments Requirements	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance regarding the MCP Contract's requirement that MCPs reinvest a minimum level of their net income into their local communities.
8	2/12/2025	DHCS	25-005	Standards For Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, And Alternative Formats	MEDI-CAL	This All Plan Letter (APL) serves to inform all Medi-Cal managed care plans (MCPs) of the dataset for threshold and concentration languages and clarifies the threshold and concentration standards specified in state and federal law and the MCP Contract. This dataset identifies the threshold and concentration languages in which, at a minimum, MCPs must provide written translated Member information. This APL also provides guidance on federal and state requirements regarding nondiscrimination, discrimination grievance procedures, language assistance, and communications with individuals with disabilities as set forth in the federal regulations implementing Section 1557 of the Patient Protection and Affordable Care Act (ACA), Title 42 of the Code of Federal Regulations (CFR) Part 438, Senate Bill (SB) 223 (Atkins, Chapter 771, Statutes of 2017), and SB 1423 (Hernandez, Chapter 568, Statutes of 2018)
9	3/12/2025	DMHC	25-004	AB 118: Part 1 - Compliance with Large Group Standardized Evidence of Coverage/Disclosure Form	GROUP CARE	Assembly Bill (AB) 118 (Ting, Chapter 42, Statutes of 2023) added Health and Safety Code section 1363.3 and revised Sections 1352.1, 1363, 1367.041, and 1367.24, effective January 1, 2025. These statutory changes apply to all commercial full-service health care service plans (plans), and require the Department of Managed Health Care (DMHC) to develop standardized templates for various documents describing health plan member benefits, such as the Evidence of Coverage (EOC), Disclosure Form (DF), Schedule of Benefits (SOB), Explanation of Benefits (EOB), and Cost-Share Summary (CSS). The DMHC's work to implement AB 118's requirement to develop standardized templates will be an iterative process. The first part of the standardized EOC/DF will be the following template components: (1) Exclusions and Limitations, (2) Members' Rights and Responsibilities, and (3) Definitions, for use in large group health care service plan contracts issued, amended, or renewed on or after January 1, 2026. This All Plan Letter (APL) and its accompanying attachments set out the filing requirements needed to demonstrate compliance with each template component.
10	3/19/2025	DMHC	25-005	Southern California Fires and Flexibilities to Impacted Providers	GROUP CARE & MEDI-CAL	On January 7, 2025, California Governor Gavin Newsom declared a State of Emergency in Los Angeles and Ventura Counties due to wildfires. The fires destroyed homes and businesses and displaced enrollees and health care providers. After the Governor declares a state of emergency, Health and Safety Code section 1368.7 allows the DMHC to take actions to help mitigate the impact to enrollees and providers.
11	3/21/2025	DMHC	25-006	Health Plan Coverage of Mobile Crisis Services	GROUP CARE	This APL provides guidance regarding the obligations of health plans related to behavioral health crisis services provided to an enrollee by a 988 center or mobile crisis team.
12	4/1/2025	DMHC	25-007	Assembly Bill 3275 Guidance (Claim Reimbursement)	GROUP CARE & MEDI-CAL	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) under the Knox-Keene Health Care Service Plan Act of 1975, as amended, to provide guidance to health care service plans (plans) on requirements for the processing and reimbursement of claims for health care services with a date of receipt on or after January 1, 2026. Assembly Bill 3275 (Soria, 2024) amended Health and Safety Code sections 1371 and 1371.35 relating to reimbursement of claims for health care services, and enacted Health and Safety Code section 1371.34 enhancing consumer protections relating to grievances about claims for health care services.
13	4/9/2025	DMHC	25-008	Provider Directory Annual Filing Requirements	GROUP CARE & MEDI-CAL	The Department of Managed Health Care (the Department) issues this All Plan Letter (APL) to remind health care service plans (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. In addition, the Department reminds plans to submit the changes to their provider directory policies and procedures as instructed in APL 24-018 – Compliance with Senate Bill 923.

#	Date Released	Regulatory Agency	APL #	APL Title	LOB	APL Purpose Summary
14	4/15/2025	DMHC	25-009	2025 Health Plan Annual Assessments	GROUP CARE & MEDI-CAL	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) to provide information to health care service plans (health plans) pertaining to the DMHC's fiscal year (FY) 2025-26 annual assessment.
15	4/25/2025	DHCS	25-006	Timely Access Requirements	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance regarding the ongoing requirement to meet timely access standards as outlined in Health and Safety Code (H&S) section 1367.03, as set forth by Senate Bill (SB) 221 (Chapter 724, Statutes of 2021) and SB 225 (Chapter 601, Statutes of 2022). MCPs are required to comply with these requirements pursuant to Welfare and Institutions Code (W&I) section 14197(d)(1)(a).1 Additionally, this APL outlines the required minimum performance levels (MPLs) as set by the Department of Health Care Services (DHCS) which go into effect Measurement Year (MY) 2025 for the Timely Access Survey.
16	4/25/2025	DHCS	25-007	Enforcement Actions: Corrective Action Plans, Administrative and Monetary Sanctions	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care plans (MCPs) of the Department of Health Care Services' (DHCS) policy regarding the imposition of enforcement actions, including corrective action plans, and 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.
17	5/5/2025	DHCS	25-008	Hospice Services and Medi-Cal Managed Care	MEDI-CAL	The purpose of this All Plan Letter (APL) is to highlight contractual, regulatory, and statutory requirements applicable to Medi-Cal managed care plans (MCPs) with respect to their responsibilities to provide Medically Necessary hospice services to their MCP Members.
18	5/12/2025	DHCS	25-009	Commyunity Advisory Committee	MEDI-CAL	The purpose of this All Plan Letter (APL) is to summarize the Community Advisory Committee (CAC) requirements and provide Medi-Cal managed care plans (MCP) with information and guidance regarding their responsibility to implement, maintain, and maximize Member, family, and community engagement through the CAC.
19	5/20/2025	DMHC	25-010	Sections 1357.503 and 1357.505 MEWA Registration and Annual Compliance Requirements	N/A	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) to inform health care service plans (Plans) and association of employers defined as multiple employer welfare arrangements (MEWAs) of the requirements of AB 2072 (Weber, Ch. 374, Stats. 2024) and AB 2434 (Grayson, Ch. 398, Stats. 2024). This APL discusses the requirements on Plans and MEWAs for the initial MEWA registration pursuant to Section 1357.505. This APL also discusses the ongoing compliance requirements for Plans and registered MEWAs pursuant to Section 1357.503. Plans are asked to disseminate this information to their contracted MEWAs.
20	5/23/2025	DMHC	25-011	Health Plan Coverage of HIV Preexposure Prophylaxis (PrEP)	GROUP CARE & MEDI-CAL	On July 8, 2020 and July 6, 2021, the Department of Managed Health Care (DMHC) issued All Plan Letter (APL) 20-026 and 21-018 regarding health plans' obligations to cover Human Immunodeficiency Virus (HIV) antiretroviral drugs and preexposure prophylaxis (PrEP). This APL supplements the two prior APLs and gives further guidance to ensure health plans meet their obligations to cover PrEP with no prior authorization or cost-sharing.
21	6/3/2025	DHCS	25-010	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services	MEDI-CAL	This All Plan Letter (APL) provides guidance to Medi-Cal managed care plans (MCP) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of adult and youth Members to the appropriate Medi-Cal mental health delivery system and guide timely care coordination for Members requiring transition between delivery systems.
22	6/9/2025	DMHC	25-012	Closure of Rite Aid Pharmacies	GROUP CARE	In May 2025, Rite Aid announced it would be closing numerous pharmacies across multiple states as it moves through bankruptcy proceedings. This APL reminds health plans that they have an ongoing obligation to ensure their enrollees have timely access to prescription drugs. The APL also requires health plans to file with the DMHC a description of how the plans will ensure on-going access to prescription drugs within the access standards required by the Knox-Keene Health Care Service Plan Act (KnoxKeene Act).
21	7/3/2025	DHCS	25-011	H.R.1 -- Federal Payments to Prohibited Entities	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care plans (MCPs) on handling of payments to Medi-Cal and Family Planning, Access, Care, and Treatment Program (Family PACT) Providers who may be impacted by H.R. 1 that was enacted on July 4, 2025 (Public Law No: 119-21). This APL also provides guidance pertaining to a recent Temporary Restraining Order (TRO) blocking immediate implementation of Section 71113 in H.R. 1, which will expire in 14 days of issuance, unless modified, extended, or stayed.
22	8/19/2025	DHCS	25-012	Targeted Provider Rate Increases	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance on eligible Network Provider1,2 payment requirements applicable to Medi-Cal Targeted Rate Increases (TRI), as defined herein, effective for dates of service on or after January 1, 2024. Provisions of this APL regarding augmented reimbursement rates for comprehensive family planning services enacted through Senate Bill (SB) 94 (Chapter 636, Statutes of 2007) supersede APLs 10-003 and 10- 014 with retroactive effect for dates of service not included in TRI. Furthermore, provisions of this APL apply to out-of-Network providers outlined in Exhibit A, Attachment III, Subsection 3.3 (Provider Compensation Agreements) of the MCP Contract (including, but not limited to, family planning services, sexually transmitted diseases services, human immunodeficiency virus testing and counseling, and Minor Consent Services).
23	9/3/2025	DMHC	25-013	Amendments to Rules 1300.51, 1300.52, 1300.52.4, 1300.67.2.2 and the Incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for Reporting Year 2026 and Continuing Thereafter	GROUP CARE & MEDI-CAL	The Department of Managed Health Care (DMHC) issues this All-Plan Letter (APL) to notice new amendments to 28 CCR §§ 1300.51, 1300.52, 1300.52.4, 1300.67.2.2, and the incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for the reporting year (RY) 2026 Annual Network Report submission and continuing thereafter.

#	Date Released	Regulatory Agency	APL #	APL Title	LOB	APL Purpose Summary
24	9/4/2025	DMHC	25-014	Provider Appointment Availability Survey Manual and Report Form Amendments Beginning RY 2027/MY 2026 and Continuing Thereafter	GROUP CARE & MEDI-CAL	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) to provide notice to health care service plans (health plans) of amendments to Rule 1300.67.2.2 and the following Timely Access Compliance Report documents: Provider Appointment Availability Survey (PAAS) Manual, PAAS Report Forms and the Timely Access Submission Instruction Manual (TA Instruction Manual).
25	9/18/2025	DHCS	25-013	Medi-Cal Rx Pharmacy Benefits, and Cell and Gene Therapy Coverage	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance on the oversight and administration of the Medi-Cal pharmacy benefit. Effective January 1, 2022, Governor Gavin Newsom's Executive Order N-01-19, required the Department of Health Care Services (DHCS) to transition Medi-Cal pharmacy services from the managed care delivery system to the Fee-For-Service (FFS) delivery system, which is collectively known as "Medi-Cal Rx".
26	9/18/2025	DMHC	25-015	Assembly Bill 144 and Coverage of Preventive Care Services	GROUP CARE & MEDI-CAL	This APL outlines the obligations of health plans to cover preventive care items and services prior to enactment of AB 144 and summarizes AB 144's new requirements regarding coverage of preventive care items and services. The APL also highlights recent recommendations by CDPH regarding immunizations to protect against COVID19, RSV, and influenza.
27	9/26/2025	DHCS	25-014	Update to Provider Directory Requirements	MEDI-CAL	This All Plan Letter (APL) provides Medi-Cal managed care plans (MCPs) with guidance on updated Provider Directory requirements pursuant to the Consolidated Appropriations Act, 2023 (Pub.L. No. 117-328, section 5123 (Dec. 29, 2022) 136 Stat. 4459, 5944) (CAA, 2023); State Health Official Letter (SHO) 24-003, pages 4-5; and 42 Code of Federal Regulations (CFR) section 438.10(h)(1).
28	10/2/2025	DHCS	25-015	Data Sharing and Quality Rate Production for Directed Payment Initiatives and Alternative Payment Methodology Programs	MEDI-CAL	The purpose of this All-Plan Letter (APL) is to provide details on Medi-Cal managed care plans' (MCPs') obligations surrounding data sharing and quality measures in Department of Health Care Services' (DHCS) Directed Payment Initiatives or DHCS administered Alternative Payment Methodology (APM) programs as described in the following sections of the MCP Contract 2: Exhibit A, Attachment III, Subsection 3.3.19; Exhibit B Subsection 1.1.14.B; and Exhibit B, Subsection 1.1.14.B.16. In these programs, payment to and/or participation of Providers are tied to specific quality measures.
29	10/31/2025	DMHC	25-016	Request for Health Plan Information Revisions	GROUP CARE & MEDI-CAL	The Department of Managed Health Care (Department) issues this All-Plan Letter (APL) to notify health care service plans the Department has revised the Request for Health Plan Information (RHPI) form.
30	11/13/2025	DHCS	25-016	Alternative Format Selection For Members With Visual Impairments	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide information about the Department of Health Care Services' (DHCS) processes to ensure effective communication with Members with visual impairments or other disabilities requiring the provision of written materials in alternative formats, by tracking Members' Alternative Format Selections (AFS).
31	12/5/2025	DMHC	25-017	Introduction of a New Independent Medical Review Organization	GROUP CARE & MEDI-CAL	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) to inform licensed health plans under the Department's jurisdiction and subject to independent medical reviews (IMR) set forth in Health and Safety Code section 1370.4 and 1374.29 et seq., and Title 28 of the California Code of Regulations section 1300.74.30, of the addition of Managed Medical Review Organization, Inc. (MMRO) to perform contracted IMRs for the Department.
32	12/5/2025	DMHC	25-018	Notice of Rate Changes for Independent Medical Reviews	GROUP CARE & MEDI-CAL	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) to inform licensed health plans under the Department's jurisdiction and subject to independent medical reviews (IMR) set forth in Health and Safety Code section 1370.4 and 1374.29 et seq., and Title 28 of the California Code of Regulations section 1300.74.30 of an upcoming rate increase by MAXIMUS Federal Services, Inc. (Maximus) to complete IMRs for the Department.

Health Care Services

Donna Carey, MD

To: **Alameda Alliance for Health Board of Governors**

From: **Dr. Donna White Carey, Chief Medical Officer**

Date: **December 12th, 2025**

Subject: **Health Care Services (HCS) Report**

Credentialing Committee

- At the Peer Review and Credentialing (PRCC) meetings held on November 18, 2025, there were one hundred and sixty-two (162) initial network providers approved; Eight (8) primary care providers, six (6) specialists, nineteen (19) ancillary providers, four (4) midlevel providers, and one hundred and twenty-five (125) behavioral health providers.

- Additionally, eighty-one (81) providers were re-credentialed at this meeting; seven (7) primary care providers, nine (9) specialists, zero (0) ancillary providers, seven (7) midlevel providers, and fifty-eight (58) behavioral health providers.

Quality Improvement Health Equity Committee (QIHEC) activities

- Background: The Alliance is contractually required to maintain a Quality and Health Equity (QIHE) Program to monitor, evaluate, and improve upon the Health Equity and health care delivered to all members. The Board is accountable for the QIHE Program and delegated the Quality Improvement Health Equity Committee (QIHEC) the authority to oversee the performance activities of the program.

- Summary: The following are QIHEC activities of findings, actions, and recommendations from the November 14, 2025 meeting:

- Update from the Chief Health Equity Officer: An update was provided on the Health Equity Roadmap, focusing on milestones for social determinants of health and community engagement, resource allocation, and collaboration with quality and DSNP teams.

- Policies & Procedures: a total of 75 Policies were reviewed.
    - Community Supports (CS): 6 Policies
    - Quality improvement (QI): 11 Policies
    - Case & Disease Management (CMDM): 22 Policies
    - Community Based Adult Services (CBAS): 5 Policies
    - Behavioral Health (BH): 4 Policies
    - Enhanced Care Management (ECM): 2 Policies
    - Community Health Strategy (CHS): 2 Policies
    - Long-Term Care (LTC): 4 Policies
    - Utilization Management (UM): 19 Policies

- Approved Voting Items
    - Meeting Minutes
    - QI Trilogy Documents

- D-SNP Overview:
    - The Alliance is launching an exclusively aligned DSNP in Alameda County for full duals, offering a $0 HMO plan with comprehensive supplemental benefits.
    - The plan will start with a small, basic-focused sales strategy, then scale in years two and three after refining operations and member experience.
    - Sales will be handled solely by internal agents to strengthen member tracking and engagement.

- CHCN clinics and provider champions will play a key role in supporting enrollment and care coordination.
    - Success will rely on strong data management and performance on Medicare star measures, which drive funding and member choice.

- Recommendations:
    - Focus on operational excellence, member education, and provider partnerships in year one, then expand marketing and scale in subsequent years.
    - Monitor and improve star measures, member experience, and data collection to maximize plan performance and benefits.
    - Continue internal sales and concierge-like onboarding to build trust and support among new members.

- Survey Results: Member Experience CAHP Survey/Access to Care Analysis/Language & Interpreter Services Survey
    - CAHP Survey Results & Access to Care Analysis
        - Response rates for the CAHP survey are declining for Medi-Cal, but remain above the vendor average.
        - "Getting Needed Care" scores slightly increased, while "Getting Care Quickly" scores dropped. Asian members consistently rate access below plan average; Hispanic and older members rate above average.
        - Provider shortages and reduced urgent appointment availability are contributing factors.

    - Language Access and Interpreter Services Survey
        - 47% of surveyed members reported needing an interpreter; satisfaction with interpreter services remains high (88–89%), but there was a slight decrease in satisfaction compared to the previous year.
        - Spanish-speaking members had lower response rates despite high demand for interpreters.
        - Increased membership and new members may be unfamiliar with interpreter services.
        - Recommendation: Increase outreach and survey engagement for Spanish-speaking members, possibly by oversampling or targeted communication.

    - Recommendations

        - Continue provider education, encourage open access scheduling, and offer provider incentives to improve urgent and follow-up appointment access.
        - Implement targeted mail campaigns and alternative access documents to educate members, especially Asian populations, about urgent care, telehealth, and after-hours options.
        - Strengthen provider education and engagement on language access and interpreter use.
        - Review interpreter-related grievances and vendor training to ensure quality and consistency.
        - Consider alternative survey methods (e.g., WhatsApp, WeChat, face-to-face outreach) to reach anxious or hard-to-reach populations. (chat)

- Utilization Management, Case Management, and Long-Term Care Updates

    - Utilization Management
        - Admits per thousand increased slightly in 2025, with the highest rates among SPD LTC full duals; CFMG had the lowest rates.
        - Average length of stay is stable, but some months showed spikes; Alliance and UCSF have the highest lengths of stay.
        - Readmission rates remain above the 18% goal (21.4% in 2025), with SPD LTC and duals having the highest rates. CFMG consistently performs below the readmission benchmark.
        - Out-of-network ED visits are high, especially at non-AHN facilities and Washington Hospital.

    - Case Management
        - Physician Certification Statement (PCS) form compliance with transportation remains high; delays are usually due to late submissions.
        - Referral volume to case management spiked in Q3 2024 and remains elevated.
        - Connection rates are highest for complex cases; transitions of care and care coordination have higher rates of unsuccessful outreach, often due to lack of member awareness.
        - ECM membership is steadily increasing, with ongoing efforts to improve data accuracy for program completion and transitions to lower levels of care.

    - Long-Term Care
        - LTC membership was stable in 2025, with a drop early in the year and a rise in June.
        - Admissions and average length of stay decreased compared to 2024, but admits increased in 2025.
        - Discharges to lower levels of care are occurring, supported by community supports and waiver services.
        - Community support utilization is rising, especially in Q3 and Q4, except for assisted living transitions, which are limited by member financial eligibility.

- Recommendations
    - Analyze interventions during periods of lower readmissions (e.g., April) and assess if shorter lengths of stay are contributing to higher readmissions.
    - Focus on follow-up within seven days post-discharge, especially for high-risk diagnoses (e.g., CHF), to reduce readmissions.
    - Continue outreach and education to improve member engagement and connection rates, especially for care coordination and transitions of care.
    - Refine data tracking for ECM program completion and transitions to ensure accurate reporting and support for members.
    - Continue promoting community supports and waiver services to facilitate transitions out of LTC.
    - Monitor trends in admissions, length of stay, and readmissions to identify areas for further intervention.

<u>Utilization Management (UM)</u>

(Summary of 2024 UM Program Evaluation)

- Denial Rates
    - Overall, 2.31% *(0.04% decrease from 2023)*

- Authorization Turn-Around Times (goal = 95%)
    - Inpatient/outpatient: overall 99%, above goal
    - LTC: overall 96%, above goal
    - BH: overall 96%, above goal

- Pharmacy:
    - Outpatient RX: overall 99.8%, above goal
    - Physician Administered Medications/Injections: overall 99.4%, above goal

- Over/Under Utilization Measures
    - ER visits: average 491.6 visits/K *(-33.4 visits/K compared to 2023)*
    - Acute Inpatient Hospitalization Readmission Rate: 21.1% *(+1.1% compared to 2023)*

- Opportunities incorporated into 2025 Program/Workplan:
    - Explore Community Health Workers and Bridge Programs embedded in Emergency Departments to decrease Emergency Department Utilization
    - Continue referral processes for Enhanced Care Management, Complex Case Management and Community Supports to link members to appropriate resources for next level of care
    - Streamline and improve accessibility of prior authorization information to providers, including increase visibility of authorization details online
    - Provide regular training and share best practices with delegated entities, particularly around Enhanced Care Management, Community Supports, Transitional Care Services

Overall Authorization Volumes *(inpatient, outpatient, and long-term care):*

- Total authorization volume increased month-over-month from September to October (+567 auths) but then decreased in November 2025 (appx 1,000 less authorizations).

Total Authorization Volume (Medical Services)			
Authorization Type	**September 2025**	**October 2025**	**November 2025**
Inpatient	3,014	3,311	2,849
Outpatient	3,479	3,673	3,237
Long-Term Care	684	760	708
Total	**7,177**	**7,744**	**6,794**

***Source**: #02569_AuthTAT_Summary*

***Data correction noted for September 2025, previous month's data suggested an increase to 6,055, however this was a data entry error and the true volume was 4,186 which showed a smaller ~500 auth increase rather than a 2,000+ auth increase.*

Utilization Management: Outpatient

- Foster care CoC cases continue to average 3-5/day. We are reviewing pended claims each week to identify CoC services and ensure there are no delays in the care for this population. With each case, we are reviewing for any potential care coordination or case management needs and referring to CM as needed.

- Revision of prior authorization and benefits grid is in progress, to create a more provider-friendly reference document to delineate code-specific authorization rules. Development of an online searchable code database is also under development, with anticipated release in Q4 2025.

- OP processed a total of 3,237 for the month of November. We also processed 362 CCS referrals, of which 69 cases were submitted to our regional CCS office for review - 30 cases were approved; 24 denied, 15 pending.

- OP Turnaround times exceeded the threshold of 95% for the month of November 2025, despite staffing challenges and higher auth volumes. The OP UM team, in collaboration with the MDs, continue to explore process improvements to streamline efficiency and reduce missed TATs.

- The top 5 categories remain unchanged Radiology, OP Rehab, TQ, Home Health and Outpatient facility. Radiology and Rehab represent >70% of this volume.

- The Home Health pilot launched in July continues to be effective, reducing the number of manual reviews for selected HH services and diagnoses. There has been a slow increase in providers now using the portal (now up to 5 providers from 2). The pilot is being monitored and will be expanded in the future.

- DSNP staff training has begun and will continue weekly until go-live on 1/1/2026.

Total Outpatient Authorization Volume			
Authorization Status	**September 2025**	**October 2025**	**November 2025**
Approvals	3,119	3,351	2,941
Partial Approvals	0	0	0
Denials	360	322	296
Total	**3,479**	**3,673**	**3,237**

***Source**: #02569_AuthTAT_Summary*

Outpatient Authorization Denial Rates			
Denial Rate Type	**September 2025**	**October 2025**	**November 2025**
Overall Denial Rate	3.6%	3.7%	3.7%
Denial Rate Excluding Partial Denials	3.2%	3.5%	3.4%
Partial Denial Rate	0.3%	0.2%	0.2%

***Source**: #03690_Executive_Dashboard*

Outpatient Turn Around Time Compliance *(benchmark: 95%)*			
Line of Business	**September 2025**	**October 2025**	**November 2025**
Overall	87.4%	97.9%	98.9%
Medi-Cal	87.2%	97.9%	98.9%
IHSS	92.1%	97.4%	100%

***Source**: #02569_AuthTAT_Summary*

Utilization Management: Inpatient

- Total inpatient auth volume (including all IP authorization types processed by department: Acute, LTACH, Skilled SNF, and OP auths related to discharge) decreased from 3,311 in October to 2,849 authorizations processed in November.

- Inpatient overall average LOS increased in November by 0.1 as compared to October. Admits per thousand increased from 48.8 in October to 50.2 in November. Days per thousand increased from 240.6 in October to 251.9 in November. The trend is consistent among Child, Adult, ACA and SPD categories.

- IP overall denial rate is trending down from 3.6% in September, 3.4% in October and 3.0% in November

- IP Auth TAT compliance surpassed 95% benchmark across the lines of business in November.

- IP Concurrent clinical review standard process of validating appropriate acute level of care being provided to members in: including ICU, Telemetry/Intermediate/ICU step-down, Med/Surg and Administrative stay levels in Acute care and Long-Term Acute Care hospitals. Recent implementation of process change involved matching appropriate authorized level of care in Auth system TruCare with Claims system HealthSuite. This change resulted in improved payment integrity, however has created some additional collaborative work efforts between the IP UM and Claims teams to ensure the stay levels are aligned.

- External hospital rounds are ongoing with UCSF, Stanford, Alameda Health System, Kindred LTACH, Kentfield LTACH, Washington, Eden, Alta Bates, and Summit, to review members' current active admissions discuss UM issues, address discharge barriers, offer other opportunities for supporting throughput and appropriate discharge.

- Kaiser interdisciplinary rounds began in January and continue monthly, with the goal of supporting AAH members at Kaiser facilities who have complex discharge needs and high ER utilization. Members delegated to CHCN are also reviewed in this forum.

- IP UM RN onsite nurse at Washington Hospital is waiting on clearance to go onsite; anticipate implementation in the coming months.

Total Inpatient Authorization Volume			
Authorization Status	**September 2025**	**October 2025**	**November 2025**
Approvals	2,957	3,244	2,795
Partial Approvals	0	0	0
Denials	57	67	54
Total	**3,014**	**3,311**	**2,849**

Source: #02569_AuthTAT_Summary

Inpatient Med-Surg Utilization			
Total All Aid Categories			
Actuals (excludes Maternity)			
Metric	**August 2025**	**September 2025**	**October 2025***
Authorized LOS	5.0	4.9	5.0
Admits/1,000	50.8	48.8	50.2
Days/1,000	253.7	240.6	251.9

Source: #01034_AuthUtilizationStatistics – *data only available through October 2025

Inpatient Authorization Denial Rates			
Denial Rate Type	**September 2025**	**October 2025**	**November 2025**
Full Denials Rate	1.3%	1.4%	1.5%
Partial Denials	2.3%	2.0%	1.5%
All Types of Denials	3.6%	3.4%	3.0%

Source: #01292_AllAuthDenialsRates

Inpatient Turn Around Time Compliance *(benchmark: 95%)*			
Line of Business	**September 2025**	**October 2025**	**November 2025**
Overall	97.3%	98.7%	98.7%
Medi-Cal	97.2%	98.7%	98.6%
IHSS	100%	100%	100%

Source: #02569_AuthTAT_Summary

Utilization Management: Long-Term Care

- LTC census during November 2025 was 2,309 members. This is a decrease of 1.58% (37 members) from October 2025.

- Month to Month, the admissions, days and readmissions are decreasing. From August to October the admissions decreased by 57.24%, the days decreased by 64.96% and the readmissions also decreased by 75%. Some of this could be due to a lag in claims data being available

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Totals	**August 2025**	**September 2025**	**October 2025**
Admissions	145	94	62
Days	802	520	281
Readmissions	36	19	9

***Source: #14236_LTC_Dashboard – data only available through October 2025**

- LTC Staff continue to participate in SNF collaboratives around the county to ensure that our facility partners are updated with processes and program enhancements.

- Having virtual rounds with AHS, San Leandro, Kyakameena, Elmwood, Jones Convalescent and Eden LTC facilities to coordinate on complex cases

- LTC Team continues to meet individually with multiple facilities to discuss collaboration with discharge planning and submitting proper documentation for requests.

- Quarterly rounds with Regional Center of Easy Bay to discuss any ICF/DD members.

- Continued internal Long Term Care rounds to discuss members coming into and leaving a long-term care setting.

- Social Workers continue visiting LTC facilities in person, on a monthly and quarterly basis depending on census, to assist with discharge planning and access to other resources. The team continues referrals to TCS and other internal/external programs to provide wraparound support to members preparing to discharge from an LTC custodial facility.

- LTSS Liaison is visiting and meeting with facilities to discuss any claims issues and educating on processes.

- Dedicated RN continue to assist with TCS for members coming back from an acute stay or transitioning from acute into long-term care. Currently, the Health Navigator position is vacant, awaiting approval to backfill the position.

- Authorization processing turn-around time (TAT) has remained between 98%- 99%, which is exceeding the threshold of 95%.

Total LTC Authorization Volume			
Authorization Status	**September 2025**	**October 2025**	**November 2025**
Approvals	684	760	708
Partial Approvals	0	0	0
Denials	46	39	40
Total	**730**	**799**	**748**

Source: #02569_AuthTAT_Summary

****Numbers change month over month based on the void and copy process to adjust authorizations for bed holds***

LTC Turn Around Time Compliance *(benchmark: 95%)*			
Line of Business	**September 2025**	**October 2025**	**November 2025**
Medi-Cal	98%	99%	99%

Source: #02569_AuthTAT_Summary

Behavioral Health

- In November, the Behavioral Health Department processed 507 authorizations, 402 Care Coordination referrals, and 281 mental health screenings and transition of care tools.

Total BH Authorization Volume			
	25-Sep	**25-Oct**	**25-Nov**
Approvals	477	536	504
Partial Approval	0	0	0
Denials	13	14	3
Total	490	550	507

Source: 14939_BH_AuthTAT

Mental Health Turnaround Times

MH TAT			
*Goal ≥95%	25-Sep	25-Oct	25-Nov
Determination TAT%	99%	98%	98%
Notification TAT%	99%	97%	91%

The decrease in TAT was primarily due to delays in sending notifications. The Mental Health Team is currently developing and implementing a corrective process to address this issue and prevent future occurrences.

Behavioral Health Therapies (BHT/ABA) Turnaround Times

BHT TAT			
*Goal ≥95%	25-Sep	25-Oct	25-Nov
Determination TAT%	99%	99%	99%
Notification TAT%	100%	99%	98%

Behavioral Health Denial Rates

*Goal ≤ 5%	BH Denial Rates	
25-Sep	25-Oct	25-Nov
<1%	<1%	<1%

Source: 14939_BH_AuthTAT

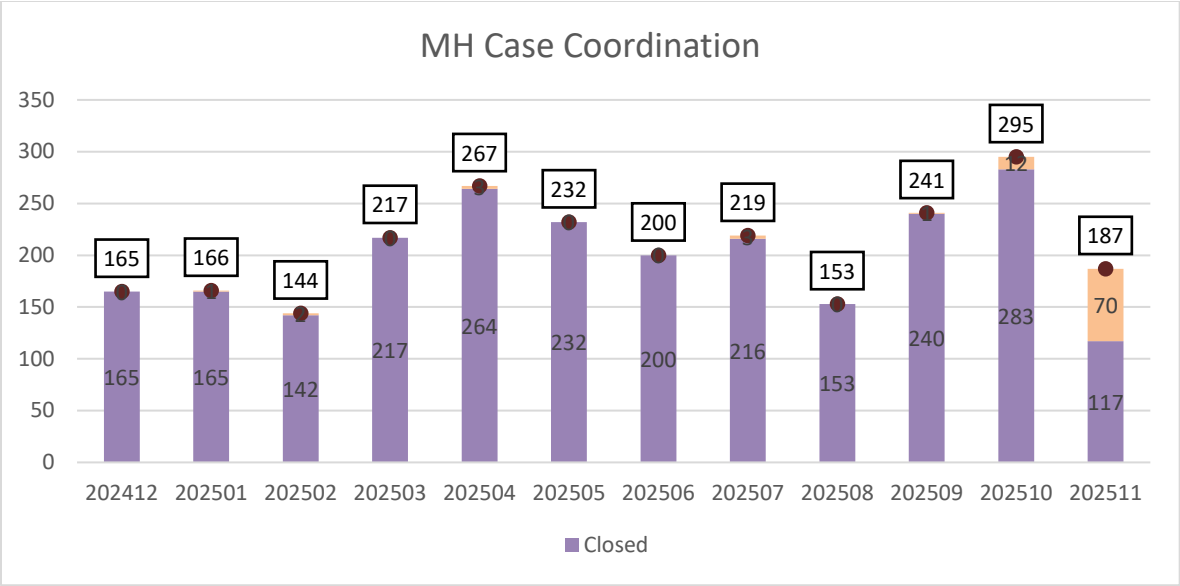
Mental Health Care Coordination

- In compliance with the No Wrong Door policy, the Alliance completes the DHCS-required screening tools when members are seeking to start new mental health services. The screening tools determine if members meet the criteria to be referred to ACBHD for Specialty Mental Health Services.

Total # Medi-Cal Screenings & TOC Tools			
	25-Sep	25-Oct	25-Nov
Youth Screenings	66	63	39
Adult Screenings	115	116	77
Incoming ACBH Referrals	103	110	138
Outgoing Referrals to ACBH	29	47	25
Transition of Care Tools to ACBH	3	6	2

Source:16015_MH_Assessments, 16093_BH Referral Report

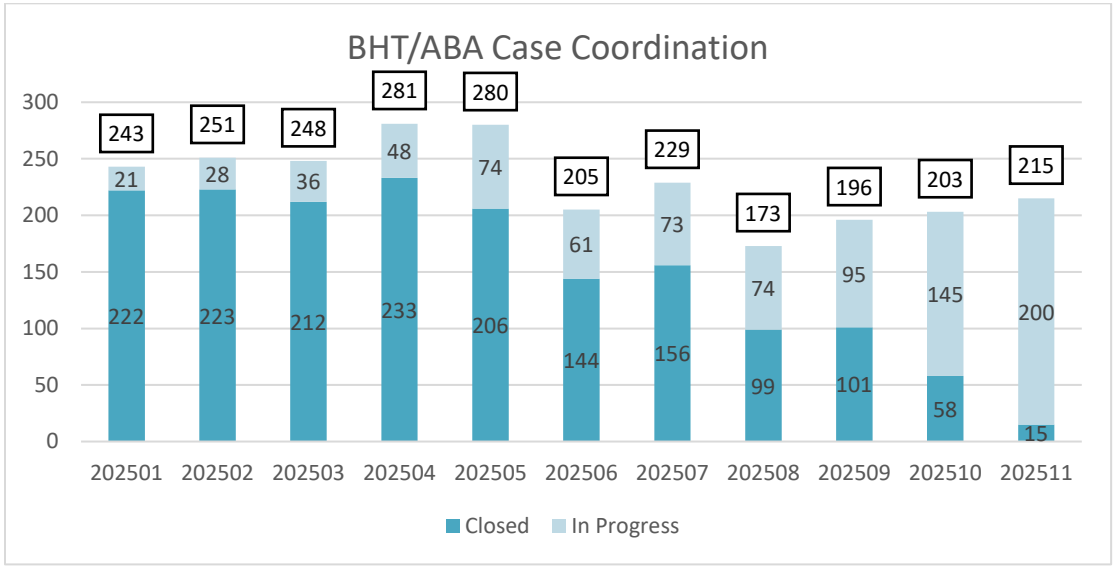
- Alliance licensed mental health clinicians, psychiatric nurses, and behavioral health navigators provide care coordination for members who need assistance accessing the mental health treatment services they need.



Source: 14665_BH_Cases

Behavioral Health Therapies (BHT/ABA)

- Children and youth referred for BHT/ABA services, including Applied Behavioral Analysis (ABA) and Comprehensive Diagnostic Evaluations (CDE), require Care Coordination to access the services needed. The Alliance manages each child's unique needs and follows up with parents and caregivers to resolve barriers to care.

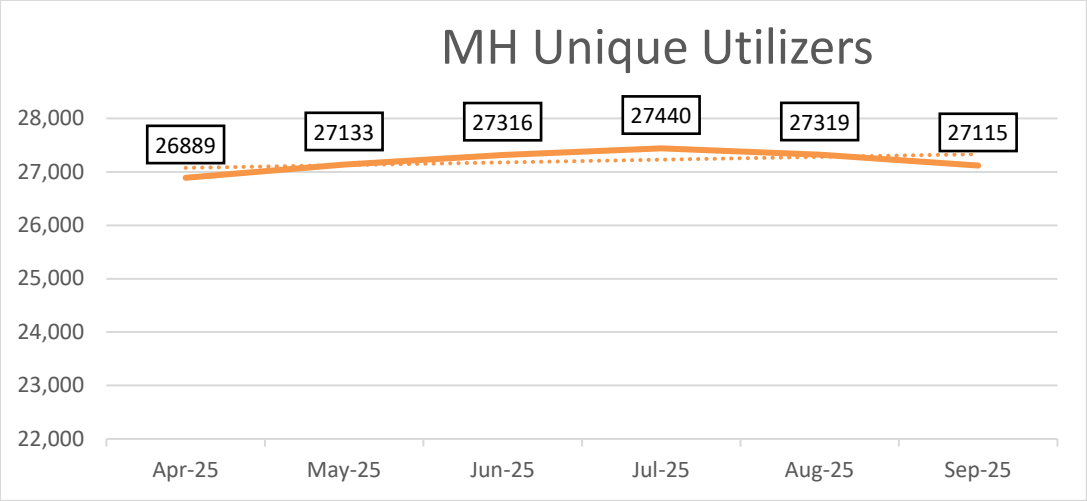


Source: 14665_BH_Cases

Behavioral Health Unique Utilizers

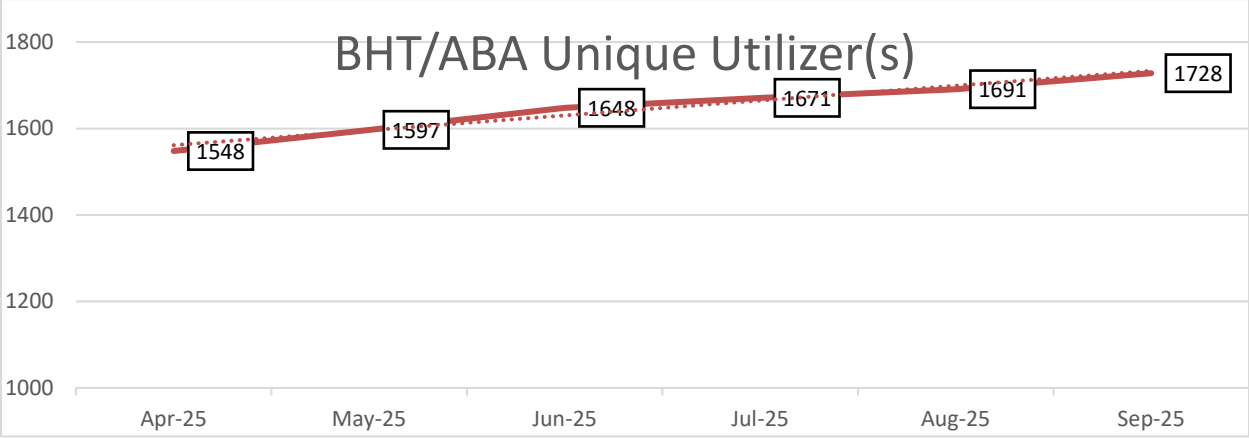
- Removing barriers to accessing BHT/ABA services remains a primary goal for the Alliance Behavioral Health team. One way to measure that is to monitor unique utilizers who are accessing care when interventions are implemented.

- The number of unique utilizers of mental health services has decreased by 0.75% compared to the previous month.



Source: PBI 14637 BH12M Report

- We observed a continuing rise in unique utilizers of BHT/ABA services, reflecting a 2.1% increase compared to the previous month.



Source: PBI 14621 BHT Utilization Report

Pharmacy

- Pharmacy Services process outpatient pharmacy claims, and pharmacy prior authorization (PA) has met turn-around time compliance for Group Care line of business (LOB) for November 2025:

LOB	Number of Outpatient PAs Processed	Turn Around Rate Compliance (%)
GroupCare	130	100%

Decisions	Number of PAs Processed in November, 2025
Approved	31
Denied	81
Closed	18
Total	**130**

- Medications for weight management, nerve pain, diabetes, uterine bleeding, Chronic Obstructive Pulmonary Disease (COPD) and acne are in the top 10 categories for denials.

November Ranking	Drug Name	Common Use	Common Denial Reason
1	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Weight Management	Criteria for approval not met
2	LIDOCAINE PATCH 5%	Nerve Pain	Criteria for approval not met
3	JARDIANCE Tablet 10MG	Diabetes	Criteria for approval not met
4	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Weight Management	Criteria for approval not met
5	WEGOVY Soln Auto-inj 2.4MG/0.75ML	Weight Management	Criteria for approval not met
6	TRANEXAMIC ACID Tablet 650MG	Uterine bleeding	Criteria for approval not met
7	CONTRAVE Tablet ER 12HR 8;90MG	Weight Management	Criteria for approval not met
8	ZORYVE Cream 0.15%	COPD	Criteria for approval not met
9	ZORYVE Foam 0.3%	COPD	Criteria for approval not met
10	TRETINOIN Cream 0.05%	Acne	Criteria for approval not met

- The Pharmacy Transitional Care Services (TCS) program has screened 21 Heart Failure cases, 39 Sepsis cases, and received 1 direct referral for the month of November 2025.

Case and Disease Management

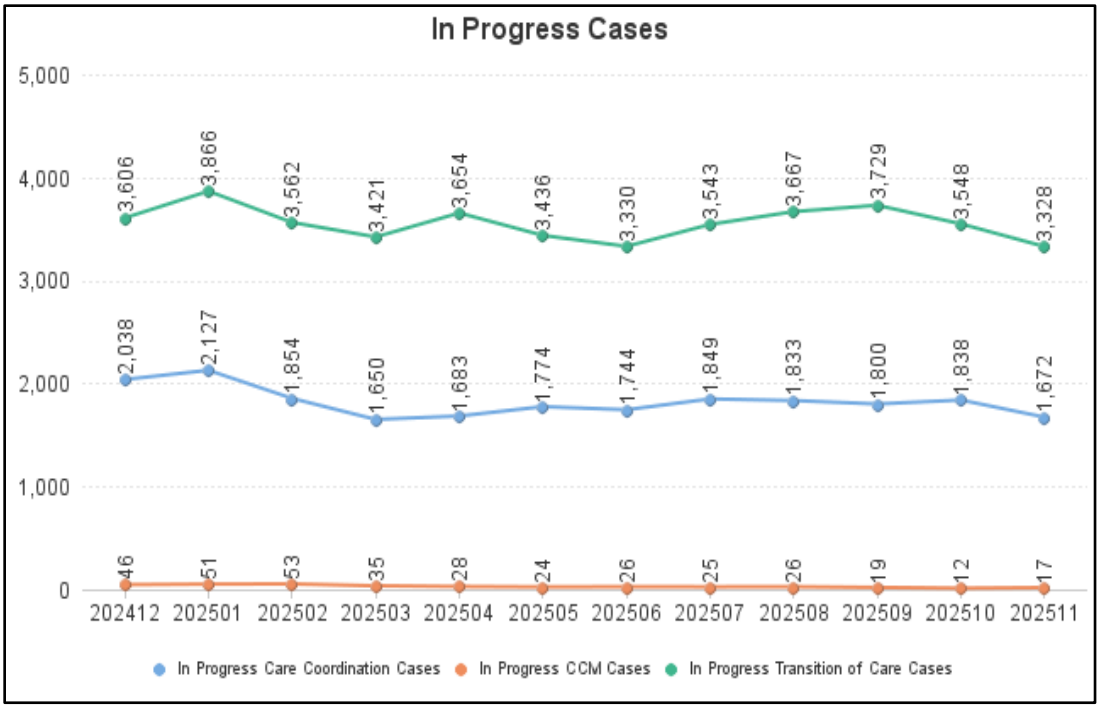
- The CM team is working hard to assist the high volume of members needing Transitional Care Services (TCS) as they transition from one level of care to another. This includes outreaching to members who are still hospitalized and following up post-discharge to help meet the member's needs.

- The CM team continues to collaborate with clinic partners to ensure the TCS requirements are met, including but not limited to scheduling and ensuring follow-up appointments for members, informing members of CM services, notifying appropriate individuals of TCS services (hospital discharge planners, members, caregivers, support teams, etc.).

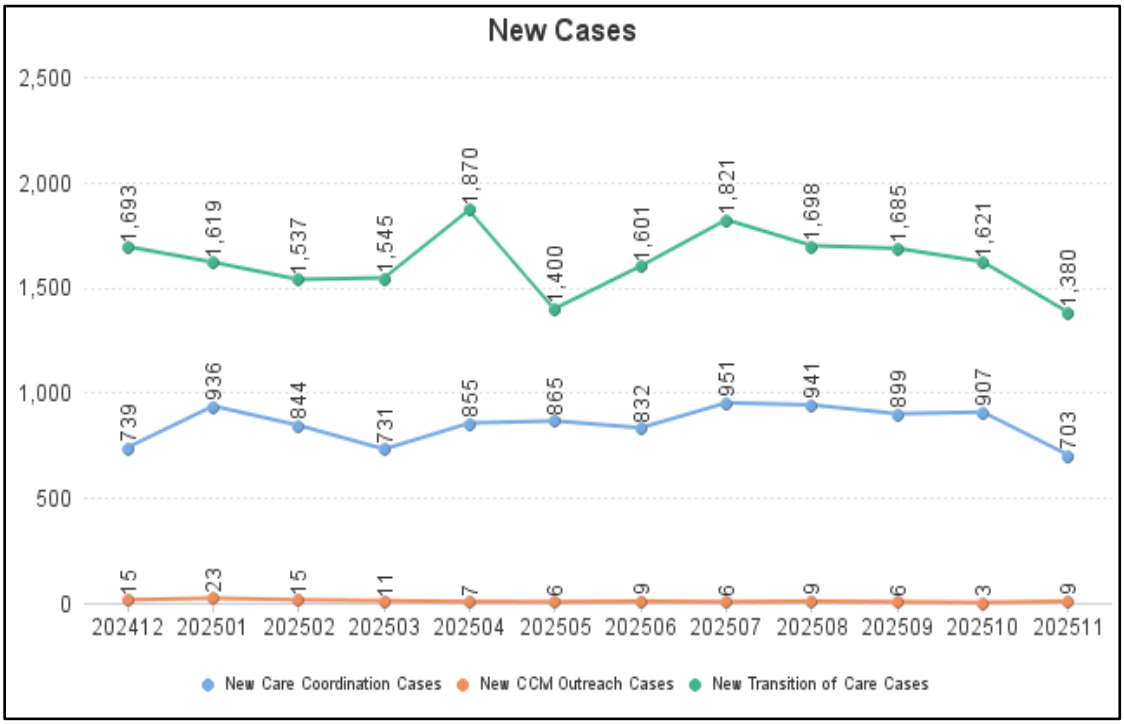
- CM is collaborating with UM and LTC to support members at hospitals with long-length stays and complex discharge barriers, including facilitating referrals to Community Supports, ECM and other community resources, as needed.

- CM is responsible for acquiring 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 (former completed by Transportation broker, Modivcare). CM continues to educate the provider network, including hospital discharge planners, and dialysis centers about PCS form requirements. The transportation liaison has also increased oversight of ModivCare's facility transportation services, including making onsite visits with hospitals to address transportation concerns.

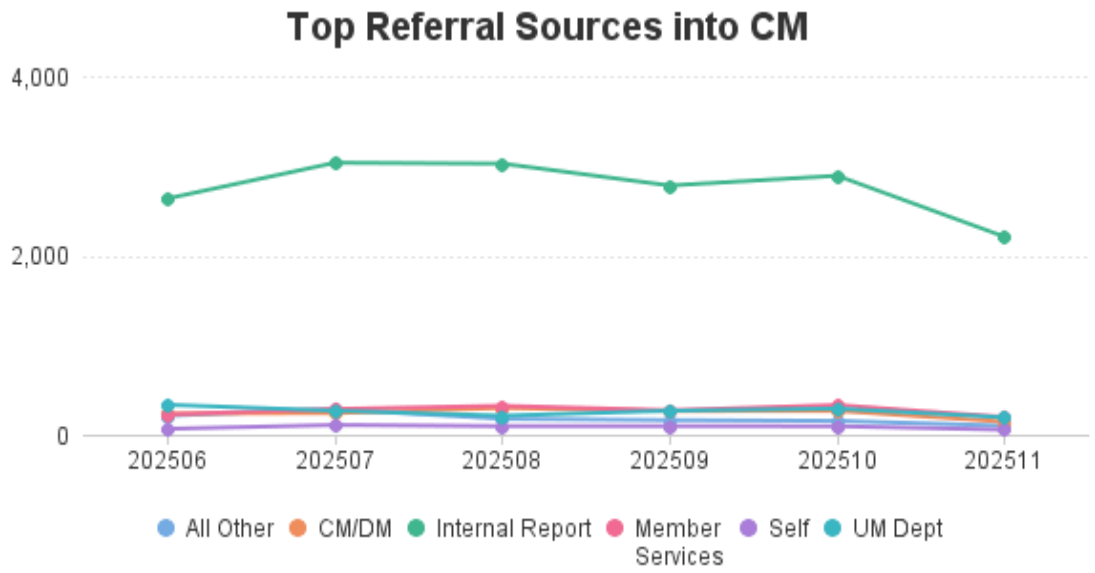
- Preparation continues for DSNP case management. The Case Management (CM) leadership team has developed training for the internal CM team as well as informative overviews of CM for other teams and entities.



Source: #03342 TruCare Caseload



Source: #03342 TruCare Caseload



*Internal Report represents Transitional Care Services (TCS) data for recently admitted patients via Admissions Discharges Transfers (ADT) feed from hospital / skilled nursing facility partners

***Source*: #03881 Case and Disease Management Dashboard - *data available through November 2025**

CalAIM

Enhanced Case Management

- All Populations of Focus are live:
    - Homeless children/youth and adults
    - High Utilizer children/youth and adults
    - SMI/SUD children/youth and adults
    - Children/Youth Transitioning from a Youth Correction Facility
    - Adults Transitioning from Incarceration
    - Adults Living in the Community and At Risk for Long-Term Care Institutionalization
    - Children/Youth Enrolled in CCS with Additional Needs Beyond the CCS Condition
    - Children/Youth Involved in Child Welfare
    - Children/Youth and Adults Who are Pregnant or Postpartum

- The ECM team is working closely with IT and IPD to automate creation of authorization shells, provide auto authorizations where possible and centralize ECM referrals. This will improve referral processing and authorization determination decisions with improved turnaround times. Additionally, this will free up ECM staff to work on other areas of ECM (i.e.: graduating or assisting with stepping members down to a lower level of care, clinical audits, additional support to Provider frontline staff to improve effectiveness of care plan outcomes and, further advance the growth of ECM especially in key POF areas that are under developed like Birth Equity)

- Efforts to expand the ECM provider network have resumed. The screening panel reviews provider applications based on capacity to serve targeted Populations of Focus, demonstrated operational excellence in programming, and quality benchmarks.

- The Standardized ECM referral form and ECM eligibility information is now visible to providers on the provider portal. Network-wide provider training started in July. All ECM providers have been trained in how to use the portal for referral submissions, checking member AAH eligibility, checking authorization status and checking ECM eligibility, however, there have been reported inconsistencies and AAH is working to resolve.

- The ECM team continues to build rapport with the ECM providers, meeting to discuss specific cases and work with the ECM providers to assist with moving members through the ECM program by addressing care plan barriers and offer support and services ECM providers may not be aware of. This has led to more collaboration and community referrals to additional resources. Additional meetings are scheduled with ECM providers for individual case conferences as needed.

- ECM and CS teams have begun a collaborative meeting to confirm communication is occurring between Community Supports providers and ECM lead care managers. The collaboration further enhances coordination of care, ensuring non-duplicative services and members receive appropriate services to meet their needs. One new area where collaboration is happening is in preparing for Transitional Rent, ensuring smooth transitions into ECM as necessary.

- As a result of the 2024 fall's audit of ECM providers, the ECM team continues to develop training for the ECM providers to re-educate the ECM provider network on various topics applicable to ECM. The ECM team was successful in providing monthly training sessions for all ECM providers' frontline staff to reinforce ECM requirements and expectations. There will be more training for the ECM provider network starting in November.

- AAH continues to collaborate with Alameda County (AC) Health to discuss Street Medicine alignment. The ECM team works closely with the Street Team providers to make sure encounters are submitted and billed appropriately.

- Closed-Loop Referral (CLR) requirements went live on July 1, 2025. The closed-loop referral framework is designed to ensure that members, healthcare providers, and ECM/CS providers are aware of the status of referrals from beginning to end.

	August 2025		September 2025		October 2025	
ECM Providers	**Outreach**	**Enrolled**	**Outreach**	**Enrolled**	**Outreach**	**Enrolled**
ACBH	-	13	-	13	-	13
Alameda Health System (AHS)	41	231	35	248	27	248
Bay Area Community Services (BACS)	5	138	6	141	10	146
California Cardiovascular Consultants	-	150	-	147	-	147
California Children's Services (CCS)	9	46	4	44	7	44
CHCN	119	1,115	126	1,162	90	1,181
East Bay Innovations (EBI)	4	142	13	138	24	140
Full Circle	205	178	110	175	-	172
Institute on Aging	175	206	167	215	-	222
La Familia	35	40	51	38	55	38
MedZed	24	820	49	941	30	996
Roots Community Health Center	-	699	1	703	-	676
Seneca Family Services	-	51	-	49	-	47
Pair Team	81	2,196	375	2,2263	349	2,129
Titanium Health Care	189	1,217	191	1,335	82	1,384
Tiburcio Vasquez Health Center (Street Medicine)	-	121	-	118	-	118
BACH (Street Medicine)	-	73	-	71	-	74
Lifelong (Street Medicine)	1	411	1	411	-	411
Roots Community Health Center (Street Medicine)	Combined with Roots 'traditional' ECM program					

Source: #13360 ECM Dashboard

Community Supports (CS)

- Housing-related Community Supports guidance was shared 10/31/2025 with AC Health, with an effective date of 01/01/26, per DHCS regulations.
- CS services are focused on offering services or settings that are medically appropriate and cost-effective alternatives. The Alliance offers the following Community Supports:
    - Housing Navigation
    - Housing Deposits
    - Tenancy Sustaining Services
    - Medical Respite
    - Medically Tailored/Supportive Meals
    - Asthma Remediation
    - (Caregiver) Respite Services
    - Personal Care & Homemaker Services
    - Environmental Accessibility Adaptations (Home Modifications)
    - Assisted Living Facility Transition
    - Community or Home Transition Services
    - Transitional Rent (coming 01/01/26)
- The Alliance is working to identify gaps in current service capacity and member access to Community Supports; this will inform future targeted efforts for CS network expansion.
- AAH CS staff continue to meet with CS providers to work through logistical issues as they arise, including referral management, claims payment and member throughput. Provider training has also started to review the new auditing and oversight requirements. AAH is also working with CS providers, in coordination with DHCS, to clarify any policy or operational questions, that may inform potential refinement of processes.
- Oversight of Community Supports providers has started to align with requirements in the new DHCS policy guides. The oversight will be through audits of providers and the services they provide. These audits started in October 2025.

Community Supports	Services Authorized in August 2025	Services Authorized in September 2025	Services Authorized in October 2025
Housing Navigation	973	985	960
Housing Deposits	460	474	467
Housing Tenancy	957	974	1,001
Asthma Remediation	145	139	131
Meals	654	738	791
Medical Respite	63	59	56
Transition to Home	10	9	11
Nursing Facility	6	5	5
Home Modifications	4	4	6
Homemaker Services	46	41	38
Caregiver Respite	2	2	2
Total	**3,320**	**3,430**	**3,468**

Source: #13581 Community Supports Auth Dashboard

- Subject: Community Health Strategy (CHS) – October
    - The Community Health Worker (CHW) Benefit aims to mitigate health disparities and improve outcomes for Alliance members by bridging health and housing systems of care. CHWs support overall wellness through preventative services that positively impact members' social determinants of health.

- Staffing Updates:
    - Manager, Community Health Initiatives – Pending Human Resources

November Program Summary:

- Building on the momentum from prior months, efforts centered on advancing the contracting and readiness process for the seventeen (17) Community Health Worker (CHW) provider organizations currently in the recruitment pipeline. This work required detailed evaluation of each organization's program model, staffing structure, and operational capacity to ensure alignment with Alameda Alliance's quality, compliance, and equity standards. While the process has been intensive, particularly given limited staffing capacity, it reflects our continued commitment to building a strong, sustainable CHW network capable of delivering consistent, high-quality interventions to Alliance members.

- Four (4) of these seventeen organizations are advancing to the contracting phase with Alameda Alliance. These providers will bring specialized expertise in behavioral health, home-based community services, integrated clinical and non-clinical outreach, and intimate partner violence (IPV) health education. Their addition will not only expand the reach of CHW services but also strengthen our system's ability to address complex member needs through a more holistic and equity-driven approach to care.

Project Status Updates:

CHW 12+ Unit SR Module Development Project	In Progress
CHW Billing Mitigation Reports	Ongoing
CHW Program Integration Strategy – Revisions	In Review
CHW Hiring Process	Pending
CHW Eden I&R Design Workgroup	Ongoing
Member Facing Materials Design	In Progress
CHW & Behavioral Health Project	In Progress
Phase 2 A1C Pilot Project	Ongoing
Phase 1 Perinatal Depression Pilot Project	In Progress

CHW Program – Recruitment Efforts:

- As of this reporting month, Alameda Alliance has seventeen (17) organizations actively delivering Community Health Worker (CHW) interventions to our members. Of these, eight (8) are directly contracted with Alameda Alliance, while nine (9) operate as subcontracted providers through Journey Health. An additional seventeen (17) providers are currently in various stages of recruitment with the Community Health Strategy (CHS) team. Year-to-date, seven (7) providers have either declined to contract or been deemed ineligible.

- Importantly, our Provider Services team successfully executed two key contracts to launch the Alliance's initial pilot projects, with zero agreements remaining in the queue as of the end of October, marking a significant milestone in operational readiness and cross-departmental coordination.

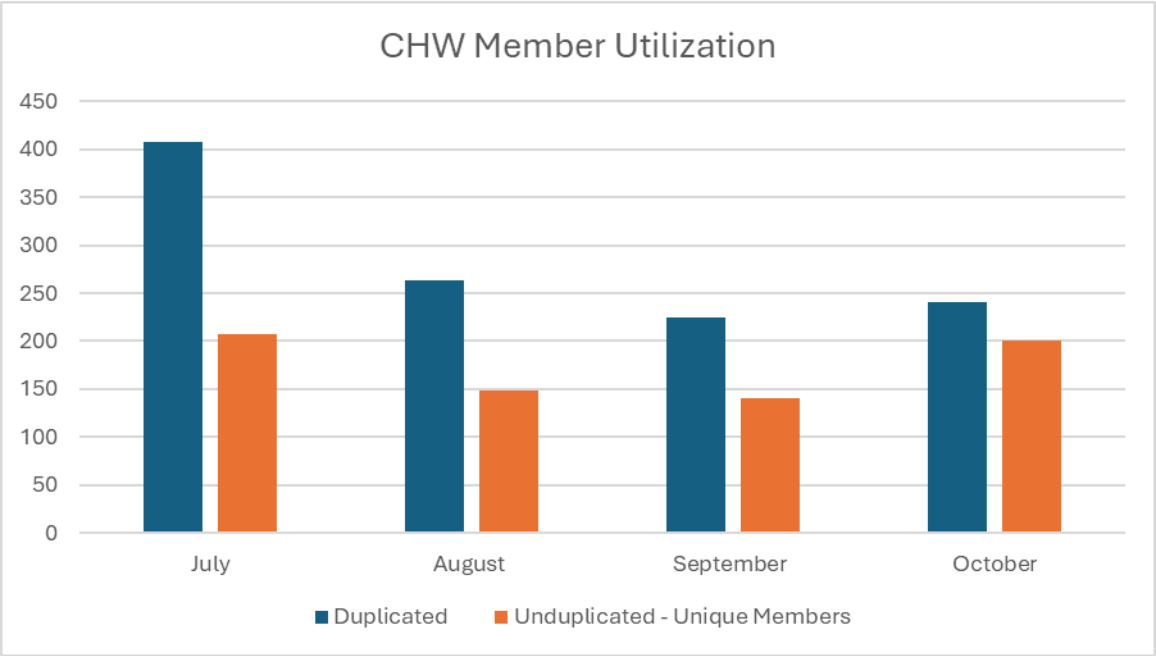
- In preparation for the upcoming Dual Special Needs Plan (D-SNP) launch, the CHS team has proactively engaged Wendy Peterson, Executive Director of the Senior Services Coalition of Alameda County, to initiate exploratory discussions on opportunities for coalition network providers to become certified CHW providers.

CHW Program – Member Utilization Snapshot

Working Definitions:

Duplicated: Refers to instances where a member received CHW services more than once within the reporting period.

Unduplicated: Represents the count of unique individuals who accessed CHW services, ensuring each member is counted only once, regardless of the number of visits.



Note: data available through October only

- Overall, Community Health Worker (CHW) utilization remained steady from July through October, reflecting consistent engagement of Alliance members in CHW services. While duplicated encounters decreased following a July peak, indicating more efficient and targeted member support, the number of unique members served (unduplicated) has held stable, demonstrating sustained reach across months.

- A few factors influenced October's data, including provider staffing transitions, member benefit exhaustion, and two providers experiencing claim submission issues, whose data are not reflected in this chart. Despite these temporary fluctuations, utilization patterns continue to show strong member engagement and growing program maturity as providers refine workflows and data capture processes.

CHW Program – Program Highlights:

- Community Health Strategy & Population continue to partner on targeted interventions and solutions to support member health and wellness

Project 1: Addressing Fatty Liver – CHW Health Education Pilot

Status: Executed Agreement

Summary:

- Alameda Alliance, in collaboration with MacArthur Gastroenterology (GI) and Journey Health, is advancing an innovative pilot to address non-alcoholic fatty liver disease (NAFLD) among members through a combination of clinical screening and Community Health Worker (CHW)-driven health education. The program focuses on early identification and lifestyle coaching to prevent escalation to costly specialty care and improve long-term health outcomes.

- With support from the Provider Services team, MacArthur GI's contract has been fully executed, allowing the partnership to move forward with refining the pilot's scope and implementation plan. This marks a meaningful step toward integrating CHW engagement into specialty care settings, bridging preventive education, chronic disease management, and member empowerment under an equity-focused framework.

Project 2: Perinatal Depression – CHW Health Education Pilot

Status: Executed Agreement

Summary:

- In partnership with Our Roots Organization, Alameda Alliance for Health is advancing a perinatal depression pilot designed to address maternal mental health disparities through Community Health Worker (CHW)-led engagement. The program delivers culturally responsive outreach, peer navigation, and psychosocial support to build trust, reduce stigma, and strengthen care coordination for birthing individuals.

- With the Provider Services team's successful execution of the agreement, the pilot is now operational. The first round of referrals has already been distributed, and the Behavioral Health team has collaborated with CHWs to provide targeted education on navigating behavioral health resources and referral pathways. These coordinated efforts reflect a strong alignment across departments and mark a promising start to improving maternal mental health outcomes through integrated, community-based support.

Quality

- The clinical team in QI is responsible for triaging all PQI types as they are received. This process involves assignment to an appropriate clinical reviewer for assessment, planning, intervention and evaluation. Upon initial assessment, the RN case owner makes necessary referrals when appropriate to CMDM and/or alerts QI leadership concerning issues or trends that need to be addressed prior to final MD review to prevent delays in necessary interventions and/or to prevent future similar incidents to ensure patient safety.

- Quality of Access issues are reviewed by the Access & Availability team and Quality of Language issues by the Cultural & Linguistics Services team. Quality of Care and Service issues are reviewed by the RN Clinical Reviewers. Final leveling for Quality-of-Care cases is determined by the Medical Director.

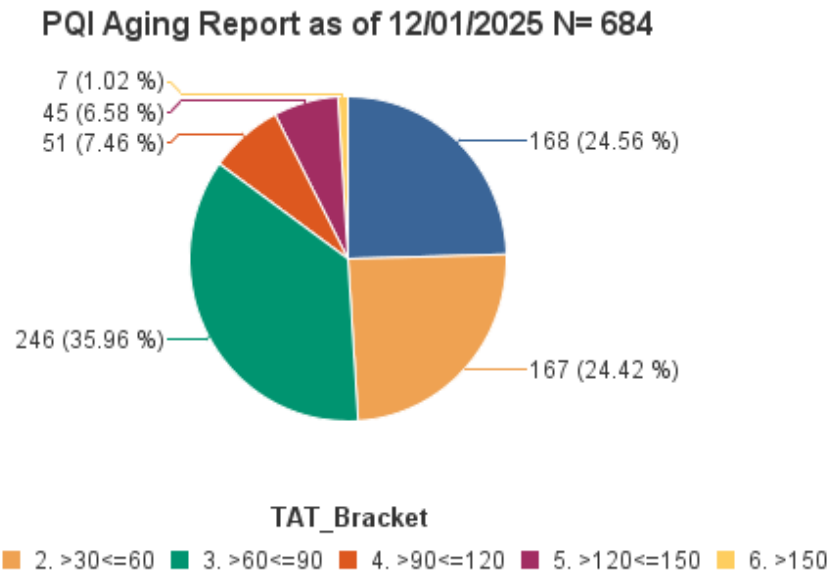
- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Per the recommendation of the CMO, the TAT goal for all PQIs was approved in August for change from 120 to 150 days from receipt to resolution. QOC cases involve nurse investigation and procurement of medical records and/or provider responses followed by final MD review when applicable. Corrective Action Plans are issued after the case is closed and where applicable.

- When cases are open past TAT, the reason is typically due to delay in receipt of medical records and/or provider responses. As part of the escalation process of obtaining medical records and/or responses, efforts are made to identify barriers with specific providers to find ways to better collaborate to achieve resolution.

- Since November 2025, there has been a slower rate of MD case closure of Quality of Care (QOC) cases due to the vacancy of the QI Medical Director role. With the arrival of the new QI Medical Director in October 2025, the pace at which PQI cases are being leveled and closed with final MD recommendations increased.

- As of December 1, 2025, the turnaround time improved to 98.9% closed within 150 days which met the standard of 95% case closure rate.

- As always, the PQI process aims to support best practices in providing the highest level of care to Alliance members.



Quality Improvement

Health Education

- Health Education continues to offer educational handouts and programs to members covering a wide variety of prevention, healthy lifestyle, and condition self-management topics.

- Distribution of health education materials and community referrals through member mailings from
    - Health Education
        - 305 Mailings
        - 297 Unique Members
    - Case Management
        - 2,070 mailings
        - 1,971 Unique Members
    - Health Education Class Letter Mailings
        - 46 Asthma
        - 16 Breastfeeding
        - 98 Diabetes
        - 44 CPR/First Aid
        - 17 Parenting
        - 21 Pregnancy and Childbirth
        - 16 Tobacco Cessation
        - 123 Healthy Eating, Exercise, and Weight
        - 58 Heart health

- This totaled 2,375 mailings YTD 2025 and included topics such as asthma care nutrition and exercise, heart health, diabetes and fall prevention and health care tools like advance directives, medication lists, and health care visit checklist. The health education library is continuously reviewed for updates and maintained in all threshold languages.

- Core health education programs in 2025 included:
    - Asthma Start pediatric case management
    - Alta Bates Summit Medical Center lactation services
    - Doula services to perinatal members
    - Family Paths parenting classes
    - Diabetes Prevention Program (DPP)
    - Diabetes Self-Management Education and Supports (DSMES)
    - La Clinica nutrition counseling

- Health Education conducted targeted outreach and referrals for members living with asthma and diabetes and our birthing members in 2025.

    - Asthma: There were 1339 Asthma Start pediatric asthma post emergency department visit referrals and member outreach. Asthma Start provided asthma education and remediation services to 143 members.
    - Diabetes: Alliance providers offered DSMES to 677 unique members at hospital and clinic locations.
    - Diabetes Prevention Program (DPP): In 2025, there were 433 active members in DPP, of which 183 members completed at least 9 sessions and 70 members reported at least 5% weight loss.
    - Doulas: The Alliance currently contracts with 73 doula providers. There were 67 unique members that utilized doula services; nine of those members identify as Black.
    - Pregnancy, Baby Care, and Lactation: Continued prenatal (4,326) and postpartum (3,112) mailing campaigns and referrals to Alameda County and Black Infant Health (461) for culturally responsive care.

- Health Education success in 2025 include:
    - Collaborated with the Community Health Strategy Department to implement Community Health Worker programs to address chronic conditions and include health education interventions.
    - Completed program audits for both DPP providers (HabitNu and Yumlish).
    - Completed program evaluations for all contracted Health Programs including Family Paths, Alta Bates, and Disease Management Health Coaching.
    - Significant increase in contracted doulas in the Alliance provider network (73 as of 9/20, up from 17 in January 2025).
    - Developed and implemented member experience surveys regarding doula services.
    - Developed frequently asked questions (FAQs) and trainings about Alliance Health Programs, including Health coaching, and presented them to internal staff, community partners, and providers.
    - Increased referral rate to Kick It CA (a program for tobacco cessation). In 2024 there were a total of 6 web referrals; in 2025, this number increased to 50.

- Health Education areas for Improvement in 2025 include:
    - Continued development of education for members and providers about availability and benefits of doula services.
    - Low engagement with the HabitNu DPP.
    - Process for providers and other Alliance staff to refer to the Yumlish DPP directly.
    - Low participation in prenatal classes among perinatal members.

- Health education will address these areas through the following activities in 2026:
    - Create training videos and job aids for doulas.
    - Explore member motivation for participation in DPP to increase engagement with HabitNu.
    - Implement a FindHelp Program Card for Yumlish to streamline DPP referrals from different departments across the organization.
    - Explore online options for pregnancy and childbirth classes.

ALAMEDA Alliance FOR HEALTH

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

Health Equity

Lao Paul Vang

To: **Alameda Alliance for Health Board of Governors**

From: **Lao Paul Vang, Chief Health Equity Officer**

Date: **December 12th, 2025**

Subject: **Health Equity Report**

Internal Collaboration

- **Ongoing 1x1 meetings and check-ins with Division Chiefs Update**
  - The CHEO meets with the Alliance division chiefs on a 1x1 basis monthly to update on Health Equity (HE) and Diversity, Equity, and Inclusion (DEI) activities.

- **NCQA Health Equity Related Issues**
  - As of August 2025, the Alliance is officially NCQA-accredited for Health Equity (HE) across both Medi-Cal and Group Care lines of business for a period of three years.

- **PHM Workgroup**
  - The Health Equity team continues to collaborate with the PHM team and participates in the weekly PHM workgroup, including reviewing new PHM strategies for the upcoming year.

- **Over/Under Utilization Workgroup**
  - The Health Equity team continues to meet with the Healthcare Service workgroup to discuss and share best practices for overcoming over- and underutilization.

External Collaboration

- **Bi-weekly meetings with Local Health Plans' Chief Health Equity Officers (CHEOs) Update**
  - Ongoing discussions regarding health equity-related issues and DEI training curriculum.

- **Monthly Meetings with DHCS' Chief Health Equity Officer (DHCS CHEO) Update**
  - The DHCS CHEO and MCPs CHEOs meet to collaborate on Health Equity and DEI initiatives.
  - The meeting included updates from DHCS and CHEO.

- **Local Initiatives DEI Training Monthly Collaborative Meeting**
  - Local MCPs continue to meet to update, share, and collaborate on the DEI Training Program. The monthly risks and activities allow MCPs to ask questions, update each other on curriculum information, discuss

potential risks, and assist with moving the DEI Training forward**.** Many HQHC agencies expressed concerns about complying with the DEI training requirement, which may impact their federal funding.

Alliance Health Equity Strategic Roadmap Update

- The Health Equity Team identified two milestone priorities for FY25-26, namely, Community Engagement and SDOH Mitigation Measures. As milestones are implemented, updates will be available to show all activities and achievements accordingly.

- **NEW Health Equity Initiatives:**

  - **CHCF (California Healthcare Foundation) grant-funded program to address HEDIS measures through the lens of Health Equity**
    - As a member of CIN (California Improvement Network), the Health Equity division successfully applied for a grant of $20k on August 11, 2025.
    - The goal of the grant is to advance health equity and close health disparity gaps among targeted vulnerable Medi-Cal members
    - The Health Equity Division partnered with Dr Simms-Mackey, the chair of Pediatrics at Alameda Health System, to kick-start an innovative health equity-focused intervention specifically for post-natal Black mothers. The grant spans 10 months, from October 2025 to August 2026.

  - Rationale of the grant:
    - The Well-Child Care (WCC) visits and child immunization have been persistently lower among the Black population compared to other ethnic groups in Alameda County.
    - One of the barriers or SDOH (Social Determinants of Health) is the lack of culturally appropriate postnatal care that is customized for Black families. Unfortunately, this has been an unmet need among our Medi-Cal members.

  - Goals:
    - To implement the **Beloved Black Babies (BBB) Initiative** to meet the unmet SDOH, which is a culturally appropriate and racially concordant post-natal group provided by Black medical providers for Black mothers and babies to improve the WCC and other social-emotional well-being among the Black mothers.

    The CIN grant, therefore, addresses two major health disparity gaps:
    - WCC among the Black members of the Alliance has consistently not met MPL. WCC is an HEDIS measure and part of the DHCS Bold Goals.
    - Lack of culturally appropriate care is a major SDOH among the Black community.

- **Food-is-Medicine as the SDOH Mitigation Measure**
  - The Brown and Black communities suffer 2 to 3 times more food insecurity than the White community in Alameda County.
  - Food insecurity is significantly associated with chronic diseases, and statistically, our membership data indicates that the chronic diseases, such as diabetes and hypertension, disproportionately affect our Brown and Black members.
  - Access to healthy food is an established major SDOH faced by many vulnerable populations.
  - Food-is-Medicine or providing access to healthy food to our patients is identified as our priority SDOH Mitigation Measure for FY 2026-2027.

- **Grant-funded California Improvement Network (CIN) Membership**
  - AAH became one of the 25 lead agency partners to CIN in the 2025-2027 grant cycle.
  - The $4500 grant provides the Health Equity team with networking opportunities, education, and resource-sharing with other MCPs and CBOs, with the goal of stimulating health equity innovation to help close health disparities.
  - The Health Equity director presented at the CIN affinity group meeting our vision and initiatives on 7-9-2025.

- **SDOH Mitigation exploration with Direct Engagement with Providers**
  - Beginning Sept 2025, Health Equity, in partnership with the QI team, began direct engagement with providers in the bimonthly quality meeting series, with the goal to explore potential partnerships for SDOH Mitigation Measures (Milestone #6), specifically food-is-medicine.

    a) Tiburcio Vasquez: 9-11-2025
    b) La-Clinica St Antonia Health Center: 9-12-2025
    c) Axis: 9-24-2025
    d) La-Clinica St Antonia Health Center: 10-21-2025 (in-person visit)
    e) Baywell Health: 1-25-2025

Health Equity Roadmap Milestone Trackers: Below are the up-to-date achievements for the six milestones.

Health Equity Milestone	Goals
1. Organization Transformation	a) CHEO collaborates with SLT to facilitate a system-wide organizational transformation that supports the long-term vision of health equity for the Alliance.
2. Data-Driven	a) Collaboration with UM, PHM, QI, and Analytics. b) Utilize grant-funded health equity projects to gather data that will augment the Alliance's claim data depository to formulate a comprehensive understanding of the SDOHs that perpetuate the health disparities faced by our Medicaid members.
3. Education	a) Lead in the development of DEI Training APL 24-016 (APL 23-025) and APL 24-017 (SB 923) TGI training. b) Collaboration with Culture and Linguistics, PHM, QI, and other stakeholders to ensure all our policies, services, and programs are rooted in the core foundation of health equity. c) Participation in various Functional Area Delegate (FAD) workgroups to ensure the Alliance work supports the health equity vision and mission.
4. Communication	a) Collaboration with the Community and Outreach to develop effective communications for all aspects of health equity activities to ensure that staff and members are fully informed.
5. Community Engagement	a) The Faith-Based Community Engagement workgroup was established in December 2024 and was recently renamed the Community Engagement Workgroup to reflect more accurately our broader mission. b) Direct Engagement with Provider’s meetings, in partnership with QI team. c) Initiated potential providers' partnership in food-is-medicine initiatives. d) CIN membership (2025-2027).

6. SDOH Mitigation Measures	a) Initiated a partnership with AHS to implement the Beloved Black Babies pilot program to address HEDIS measures. b) Exploration of potential collaboration with selected providers to initiate Food-is-Medicine services. c) Collaborate with QI and PHM to identify high-value clinical partners who would co-develop a relevant intervention to address specific SDOH. d) Collaborate with CMO and HCS team to assess and analyze non-utilization data aimed at identifying health disparities.

DHCS-DMCS APL Update

- **DEI Training APL 23-025 Update**
  - We received DHCS approval for the DEI training curriculum.
  - Updated Timeline:
    - May 2025: DEI Provider's Pilot with California Cardiovascular Consultants (CCC)
    - May – June 2025: pilot training completed.
    - July to Dec 2025: training given to subcontractors, downstream subcontractors, and network providers.

- **APL 24-018: TGI-SB 923 Update**
  - The Transgender, Gender Diverse, and Intersex (TGI) Cultural Competency Training was provided to all the Alliance staff.

  - Timeline and completion rate:
    - Dec 2024: confirmation of vendor.
      - ✓ Jan-Feb 2025: Implementation of training for all Alliance staff.
      - ✓ Feb 14: 97% of the Alliance staff completed the mandatory training. The 3% of non-completion represents staff who were on vacation or medical leave. Upon returning to the office, they will have up to 30 days to complete the training.
      - ✓ Feb 14, 2025: submission of documents per APL to the State, including evidence-based TGI training curriculum, updated online Providers Directory for gender-confirming services, G&A, and Policy and Procedures.
      - ✓ Feb 28, 2025: Attestation was submitted to DHCS.
      - ✓ June 2025 to date: HE Team is working with the TGI work group to implement phase 2 and phase 3 of the training, which is member-facing vendors, contractors, and downstream subcontractors.
      - ✓ October 7, 2025: Based on the current situation involving TGI and DEI, SLT decided to pause phase 3 of the TGI training. However, the TGI working group will continue to discuss and

work on specific issues that may impact DSNP's launch in January 2026.

Diversity, Equity, Inclusion, and Belonging Committee (DEIBC) and Values in Action Committee (VIAC)

- **DEIB Committee Update**
  - The DEIB Committee's November 7th meeting was canceled due to a lack of agenda items, and the committee is still awaiting the VIA Committee's vote on integrating the two committees.

- **VIA Committee Update**
  - At the November 12th VIA committee meeting, the committee discussed integrating VIA and DEIB into one committee.
  - The committee discussed the 26th Annual Joy of Giving sponsorship, the Food Bank, and the Holiday Drives.

Calendar of Community Engagements

CBO/FBO/Providers		Services	Status
1.	Alameda Health System	One of the pediatricians works predominantly with Black mothers and children.	➢ 10-21-2025: BBB grant-funded Partnership project kicked off. ➢ Successful grant application of $20K to implement a 10-month Beloved Black Babies Initiative (BBB): a culturally appropriate program designed to improve Well-Child measures and post-partum depression.
2.	La-Clinica St Antonia Health Center	Alliance contracted FQHC to serve our members.	➢ 10-21-2025: Visited the on-site food pantry and reviewed the food-is-medicine services. ➢ 9-12-2025: Initiated partnership meeting. ➢ Potential collaboration: data-driven food-is-medicine targeting chronic diseases.
3.	Glad Tidings International Church of God	Established in 1978, the church is well known in the Hayward community.	➢ 12-3-2025: visited with the church bishop and the executive director of the community outreach

			➢ 10-21-2025: Visited the church food distribution. ➢ 7-24-2025: Initiated meeting. ➢ *Potential collaboration:* Promoting resources in health education, e.g., Doula services, diabetes, and other chronic diseases.
4.	California Improvement Network	A learning and action community that advances equitable health care experiences and outcomes for Californians through cross-sector connections, spreading good ideas, and implementing improvements.	➢ Oct 9 & May 8, 2025: in-person meetings to learn health equity best practices. ➢ 7-9-2025: Presented health equity best practices at the Affinity group virtual meeting.
5..	School-based Health Center in Madison Park Academy, Oakland	One of the eight school-based health centers operated by Native Americans.	➢ July 8th, 2025: Visited the school clinic. ➢ *Potential collaboration:* promote child health. ➢ Collaborator: QI
6.	Allen Temple Baptist Church	A predominantly African American church established in 1919. They serve approximately 3,000 members and the broader community.	➢ June 2025: Initiated collaborative meetings. ➢ *Potential collaboration:* Co-design community survey with the church to identify needs and SDOHs; support health education outreach to the congregation and community at large.
7.	Native American Health Center	Native Americans and other PCP services, WIC, and dental.	➢ July 6th, 2025: Table at the annual Indigenous Red Market event. ➢ December 2024: Visited the health center.
8.	Oakland Unified School District (OUSD)	The largest school district in Alameda County, serving about	➢ April 2025: Collaborative meetings initiated.

		33,000 students in about 75 schools, K-12.	➢ *Potential collaboration*: Co-design Parent Survey with OUSD to study food insecurity and SDOHs.
9.	Black Women's Health Forum	Annual event to raise awareness about healthy living resources available to Black women in the Bay Area.	➢ April 8th, 2025: Table event to support and build relationships. ➢ Collaborator: C&O
10.	Oakland Catholic Workers	Provides transitional housing and resettlement resources to Central American refugees and immigrants.	➢ March 2025: initiated collaborative meetings. ➢ Resource sharing. ➢ Collaborator: PHM
11.	True Vine Ministries Church	Serves predominantly African Americans in the West Oakland area.	➢ RWJF Grant application of $250K submitted in June 2025 for a one-year grant-funded intervention to advance mental health healing through the arts. The grant application was unsuccessful.
12.	Oakland Black Cowboy Assoc., City of Oakland, Black Cowboy Parade & Heritage Festival	Local organization is celebrating its 51st annual parade & festival in the community.	➢ 10-4-2025: Hosted an information booth from 10-6 PM. ➢ Bring visibility to the Alliance within the community. ➢ Collaborator: C&O
13.	Youth ALIVE, “Free Your Mind: An Imaginative Evening Benefiting Youth ALIVE!”	Youth Alive is a community-based violence prevention, intervention, and healing organization based in Oakland since 1991, whose mission is to break the cycle of violence.	➢ Attended their benefit and informational on 11/13/2025, in collaboration with our Community Health Strategy Department. ➢ Will continue building a relationship with one of our CHWs to help address one of Alameda County’s CHIP Priorities: “Promoting Peaceful Families and Communities.”

ALAMEDA Alliance FOR HEALTH

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Service you can trust.

Information Technology

Sasikumar Karaiyan

To: **Alameda Alliance for Health Board of Governors**

From: **Sasi Karaiyan, Chief Information & Security Officer**

Date: **December 12th, 2025**

Subject: **Information Technology Report**

Encounter Data

- In the month of November 2025, the Alliance submitted 136 encounter files to the Department of Health Care Services (DHCS) with a total of 406,018.

Enrollment

- The Medi-Cal Enrollment file for the month of November 2025 was received and loaded to HEALTHsuite.

HEALTHsuite

- The Alliance received 336,162 claims in the month of November 2025.

- A total of 301,368 claims were finalized during the month, out of which 257,501 claims auto adjudicated. This sets the auto-adjudication rate for this period to 85.4%.

TruCare

- A total of 19,199 authorizations were loaded and processed in the TruCare application.

- TruCare Application Uptime – 99.9%.

Data Integration Project Updates

- Track-It Upgrade to 25.1.0.66

- Call Center Upgrade for D-SNP readiness

- On going D-SNP related Performance tuning for ODS Jobs in co-ordination with ETL team

- Monthly OS patching during 2nd, 3rd and 4th week of the month

- On-going Data Masking Refresh to provide masked data for Offshore team

- Completion of D-SNP code development for ETL and QA, UAT in progress
- Completion of ODS Viewer changes to AEP
- Completion of creation of link in AAH Public Website for the MOC External Training

IT Security Program

- The IT Security 3.0 initiative ranks among the Alliance's foremost objectives for fiscal year 2025. Our aim is to consistently enhance and advance our security measures, secure our network perimeter against threats and vulnerabilities, and bolster our security policies and procedures.
- Continued hardening of IT Security controls following industry standards (Remote Desktop Protocol timeout rolled out to production environment, revised security controls for OKTA Single-Sign-On to balance security and usability, nearing operationalization of Cisco Umbrella Data-Loss-Prevention events).
- Annual penetration test remediation effort is tracking completion before EoY.
- *Vulnerability Management* and *Acceptable Use* draft policies are ready for adoption.

Intune Mobile Migration

- Intune mobile migration for company owned devices initiative currently in progress.
- Purpose: Standardize mobile device management under Microsoft Intune for improved security.
- Scope: Includes corporate mobile devices across all departments.
- Progress: Enrollment phase underway with 98% of devices migrated.
- Planned completion date: December 31, 2025.

Conference Room Upgrade

- Livermore, Dublin, Alameda, San Leandro) range from 6–22 seats.
- Reserve via Outlook Calendar by adding the conference room as a required attendee.

Deployed Copilot to 135 users

- These results show that Copilot is not just enabled—it's actively transforming how teams work.

- High adoption and tangible time savings indicate strong ROI and successful change management.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medi-Cal and Group Care member enrollment in the month of November 2025”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of November 2025”.
- 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 November 2025

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
October	405,569	3,787	4,565	6,090	113	107

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 November 2025

Auto-Assignments	Member Count
Auto-assignments MC	2,106
Auto-assignments Expansion	2,151
Auto-assignments GC	72
PCP Changes (PCP Change Tool) Total	4,329

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of November 2025”.
- There were 19,199 authorizations processed within the TruCare application.
- TruCare Application Uptime – 99.9%.
- 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 November 2025

Transaction Type	Total Auths Received
Paper Fax to Scan (DocuStream)	2,436
Provider Portal Requests (Zipari)	5,356
EDI (CHCN)	5,743
Provider Portal to AAH Online (Long Term Care)	4
ADT	1,164
Behavioral Health COC Update - Online	20
Behavioral initial evaluation - Online	59
Manual Entry	2,649
OCR Face sheets	1,768
Total	19,199

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

- The following table 3-1 is a supporting document from the Web Portal summary section. (Portal reports are always one month behind current month)

Table 3-1 Web Portal Usage for the Month of October 2025

Group	Individual User Accounts	Individual User Accounts Accessed		Total Logins	New Users
Provider	9,201	6,475		550,496	753
MCAL	134,283	3,953		9,503	1,237
IHSS	4,185	75		809	26
Total	147,669	10,503		560,808	2,016

Table 3-2 Top Pages Viewed for the Month of October 2025

Category	Page Name	Page Views
Provider - eligibility/claim	Member Eligibility	1,856,262
Provider - Claims	Claim Status	279,789
Provider - authorizations	Auth Search	11,381
Directory Config	Provider Directory	10,588
Provider - authorizations	Auth Submit	9,874
Provider - Claims	Submit professional claims	6,444
Member My Care	Member Eligibility	4,903
Member Help Resources	Find a Doctor or Hospital	3,229
Provider - eligibility/claim	Member Roster	3,054
Member Help Resources	ID Card	2,880
Member Config	Provider Directory	2,812
Provider - Home	Long Term Care Forms SSO	2,061
Member Help Resources	Select or Change Your PCP	1,990
Provider - Home	Behavior Health Forms SSO	1,975
Member Home	MC ID Card	1,853
Member My Care	My Claims Services	1,606
Provider - Provider Directory	Provider Directory 2019	1,206
Member My Care	Authorization	1,101
Provider - Home	Forms	763
Provider - reports	Reports	493
Member My Care	My Pharmacy Medication Benefits	476
Member My Care	Member Benefits Materials	322
Member Help Resources	Contact Us	269
Member Help Resources	Forms Resources	262

Call Center – Call Volume Overview:

Members - Call Center Statistics			
Month	Calls Presented	Calls Handled	Calls Abandoned
June	12594	9969	969
July	14228	10876	1389
August	13903	10487	1291
September	14280	11457	1253
October	14628	12104	705
November	11827	9662	515

Providers - Call Center Statistics			
Month	Calls Presented	Calls Handled	Calls Abandoned
June	11255	8140	2323
July	11601	9503	1629
August	11243	8692	1926
September	11421	8473	2182
October	10884	8763	1592
November	8821	6474	1750

- Calls Presented: Total number of calls received.
- Calls Handled: Total number of calls answered.
- Calls Abandoned: Calls abandoned before being completely answered.

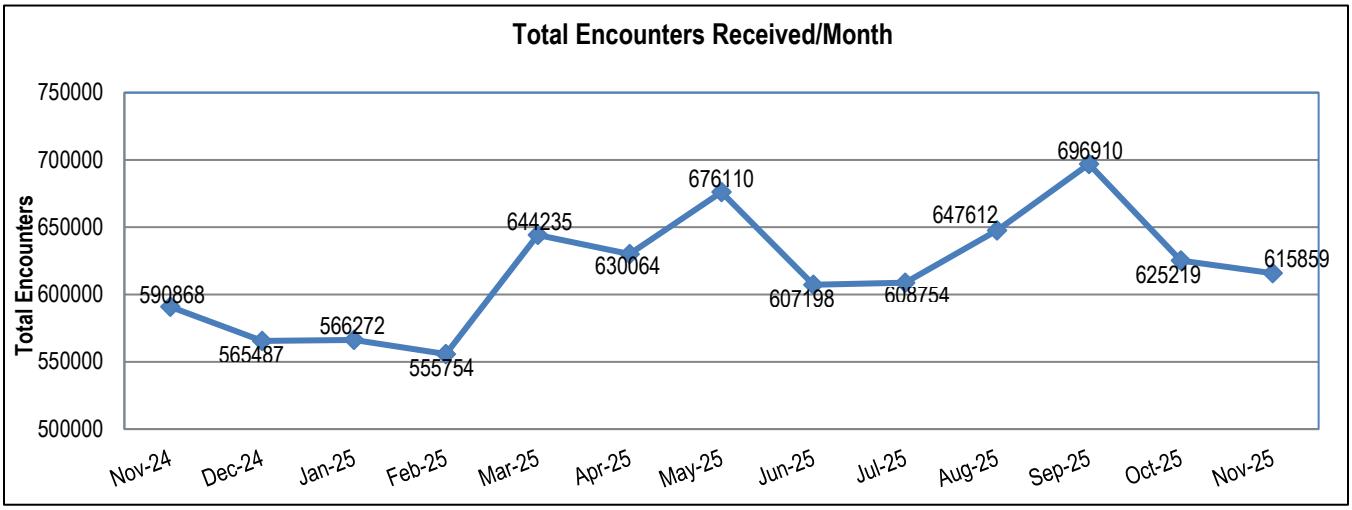
Note: It is important to note that there is a slight discrepancy between the number of calls presented, handled, and abandoned. This discrepancy is due to calls being rerouted to the XAQT vendor, which are not included in the calls handled or abandoned statistics. This rerouting can account for some of the differences observed in the totals.

Encounter Data from Trading Partners 2025

- **AHS**: November weekly files (11,333 records) were received on time.
- **BACH**: November monthly files (0 records) were received on time.
- **BACS**: November monthly files (114 records) were received on time.
- **CHCN**: November weekly files (138,524 records) were received on time.
- **CHME**: November monthly files (9,119 records) were received on time.
- **CFMG**: November weekly files (20,083 records) were received on time.
- **Docustream**: November monthly files (322 records) were received on time.
- **EBI**: November monthly files (1,922 records) were received on time.
- **FULLCIR**: November monthly files (168 records) were received on time.
- **HCSA**: November monthly files (2,481 records) were received on time.
- **IOA**: November monthly files (0 records) were received on time.
- **LAFAM**: November monthly files (247 records) were received on time.
- **LIFE**: November monthly files (330 records) were received on time
- **LogistiCare**: November weekly files (36,206 records) were received on time.
- **March Vision**: November monthly files (9,338 records) were received on time.
- **MED**: November monthly files (1,299 records) were received on time.
- **PAIRTEAM**: November monthly files (7,871 records) were received on time.
- **Quest Diagnostics**: November weekly files (22,500 records) were received on time.
- **SENECA**: November monthly files (0 records) were received on time.
- **SERENE**: November monthly files (0 records) were received on time.
- **TITANIUM**: November monthly files (4,950 records) were received on time.
- **TVHC**: November monthly files (0 records) were received on time.
- **Magellan**: November monthly files (684,360 records) were received on time.

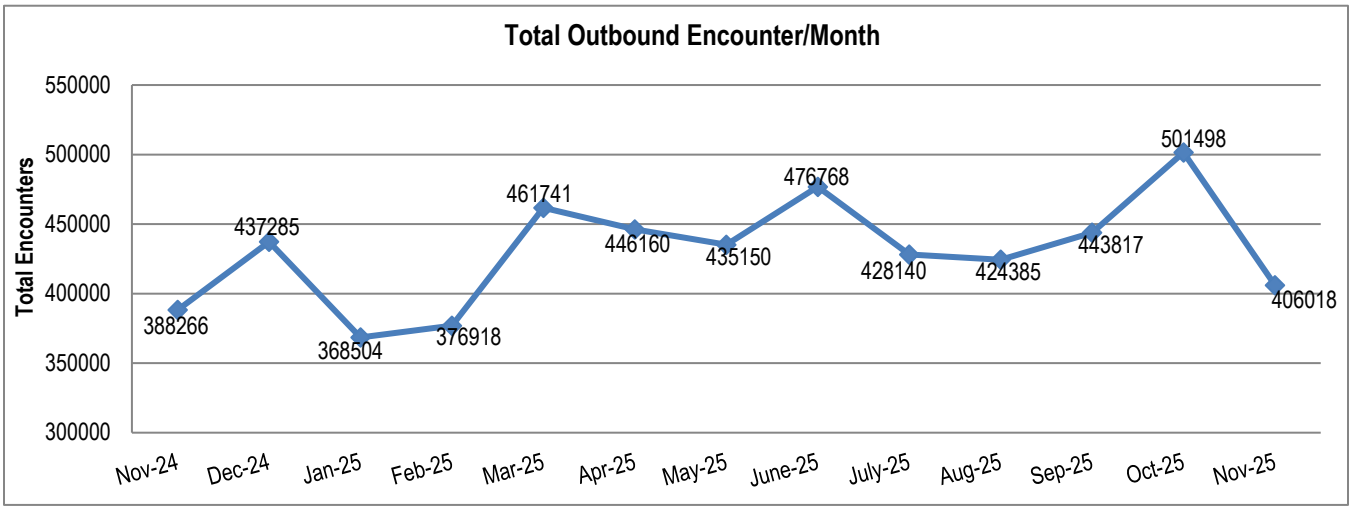
Trading Partner Encounter Inbound Submission History

Trading Partners	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Health Suite	364130	332108	339760	339840	347469	372126	387564	340224	355255	389082	372025	372246	349052
AHS	10535	7261	9709	8654	9273	8211	15875	7712	7880	10257	8455	9267	11333
BACH	795		426		291	131		296	172	172	180	181	
BACS	98	104	93	113	81	72	88	128	81	82	100	102	114
CHCN	127223	127327	117483	118972	181049	117350	151416	170810	125697	132885	170744	152102	138524
CHME	7589	7458	7781	7553	6794	8293	9045	8638	8115	8368	8228	7938	9119
CFMG	21352	16696	13536	17329	21767	15856	21443	15710	13266	13336	20280	17075	20083
Docustream	678	828	694	808	770	891	1068	1052	1216	707	423	830	322
EBI	1725	1476	1440	1597	1390	2926	1457	1381	2946	1940	1800	1823	1922
FULLCIR	2038	1085	806	1534	2099	2025	1479	1441	3266	3972	5006	2176	168
HCSA	3423	2335	2432	2725	2118	2384	2628	2467	2671	2453	2930	172	2481
IOA	1064		3008	933	736		2068	3083	1851	635	1377	1683	
LAFAM	76	83	112	96	85	93	101	81	85	83	74	87	247
LIFE	335	997	228	267	431	317	1274	412	388	541	245	290	330
LogistiCare	16183	34122	28671	32550	33754	55059	35875	15025	38834	34040	62760	15649	36206
March Vision	6016	6285	15146		6985	6704	7929	8100	6914	7877	8374	9295	9338
MED	656	619	758	1182	775		1581	958	2722	1246	1172	1468	1299
PAIRTEAM	2204	5816	3436		2055	16360	9244	7724	15956	14426	9446	9972	7871
Quest	22501	18003	18002	18001	22502	18003	22501	18000	18000	22500	18001	18001	22500
SENECA	117	131	1	69	129	108	109	160	76		188	66	
SERENE		654	107		209				581				
TITANIUM	1537	2099	2487	3531	2855	3039	2970	3792	2782	3010	4102	4796	4950
TVHC	593		156		618	116	395						
Total	590868	565487	566272	555754	644235	630064	676110	607194	608754	647612	696910	625219	615859



Outbound Encounter Submission

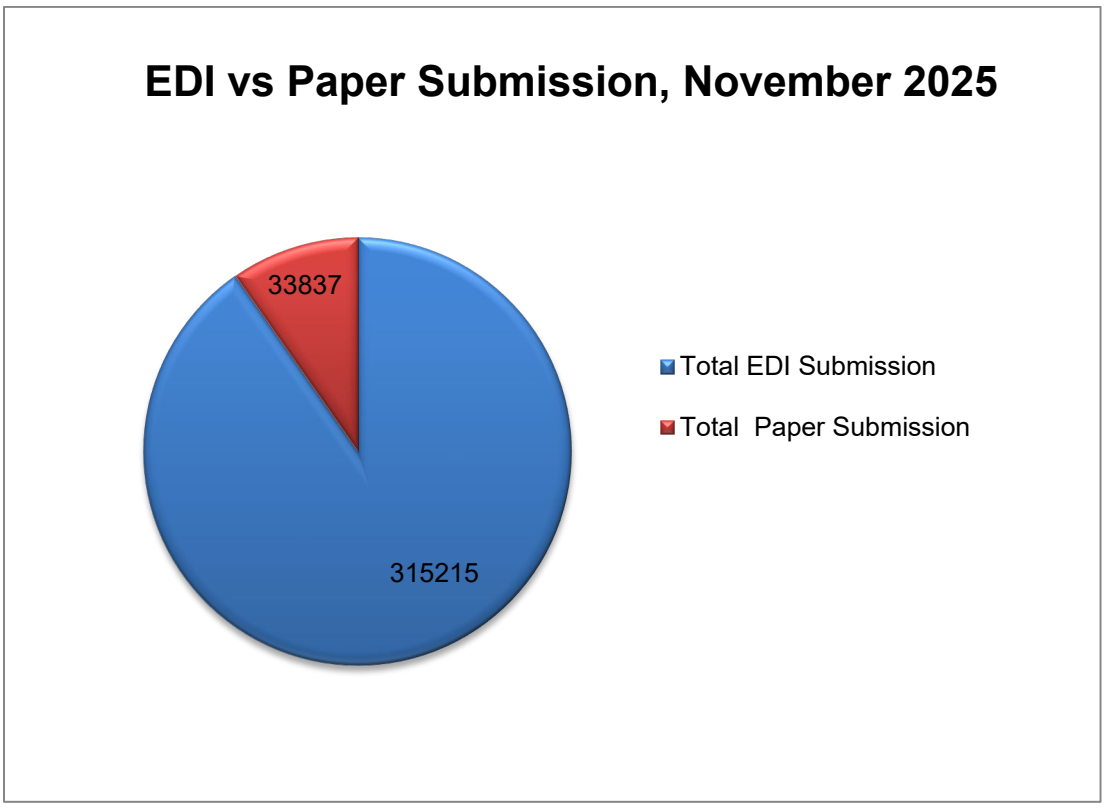
Trading Partners	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Health Suite	218194	263242	182192	205804	264948	210745	226401	284779	212832	228707	246133	243105	207026
AHS	10403	6850	7710	8135	7952	4510	9326	14010	7038	10166	8358	9125	11095
BACH	739	6	407		272	110		270	138		147	139	
BACS	79	41	128	87	59	23	51	59	60	52	82	77	86
CHCN	88573	84649	85439	82973	95918	115571	106733	98329	106648	92163	89837	133350	93935
CHME	7474	7342	7426	7167	6682	8156	8914	8471	7991	8232	8090	7822	8407
CFMG	13882	11342	9362	11960	15008	11394	12430	13853	9238	9252	10764	11978	11518
Docustream	482	239	634	559	478	551	540	385	381	192	131	247	99
EBI	1641	494	2208	1475	1308	1493	1346	1328	1885	1745	1634	1718	1834
FULLCIR	1470	79	1298	1251	1823	1658	1155	1236	2889	3407	2713	1748	89
HCSA	3394	2255	2497	2693	2103	2332	2603	2448	2637	2430	2871	149	2462
IOA	949		2783	781	626		48	1836	1732	551	1176	1304	
Kaiser		23											
LAFAM	62	3	178	89	80	84	90	67	80	76	69	84	93
LIFE	76	202	508	63	65	116	93	202	122	142	152	111	222
LogistiCare	15235	34035	28502	32441	33656	54971	35829	15010	38763	33974	36968	41267	36150
March Vision	3980	4156	9586	371	4354	3870	4591	4657	3888	4183	4724	5103	4847
MED	568	55	546	1083	731		595	553	2471	1124	974	1103	1160
PAIRTEAM	1960	994	6334		1489	10873	4670	4549	9364	8386	8229	7901	5824
Quest	16909	21044	16828	16855	21048	16795	16853	21031	16774	16903	16855	20951	16810
SENECA	100	6	112	60	116	101	98	139	63		164	19	
SERENE			82		20				569				
TITANIUM	1278	228	3600	3071	2551	2764	2714	3556	2577	2700	3746	4227	4361
TVHC	818		144		454	43	70						
Total	388266	437285	368504	376918	461741	446160	435150	476768	428140	424385	443817	501498	406018



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total claims
25-Nov	315,215	33,837	349,052

Key: EDI – Electronic Data Interchange

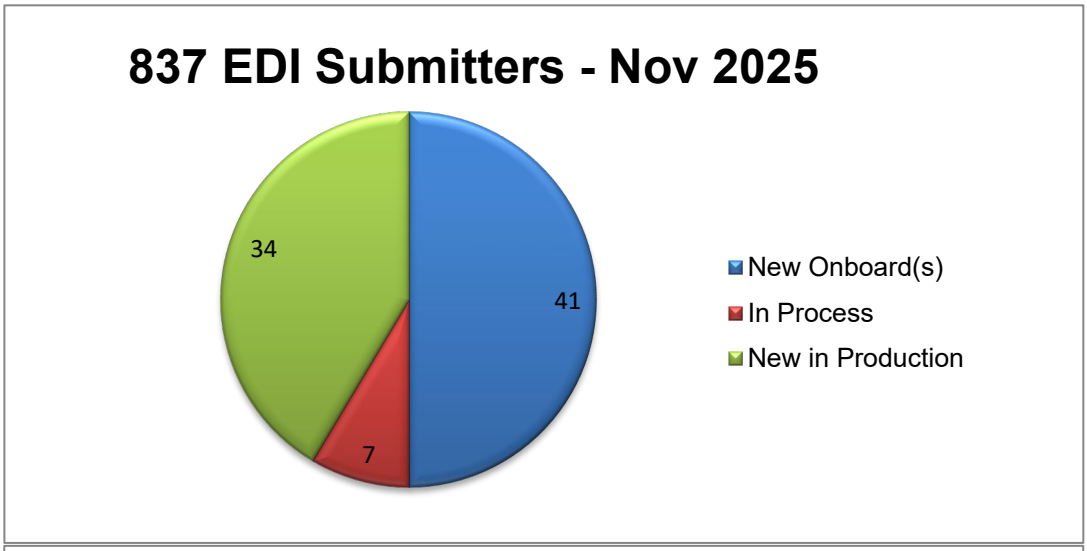


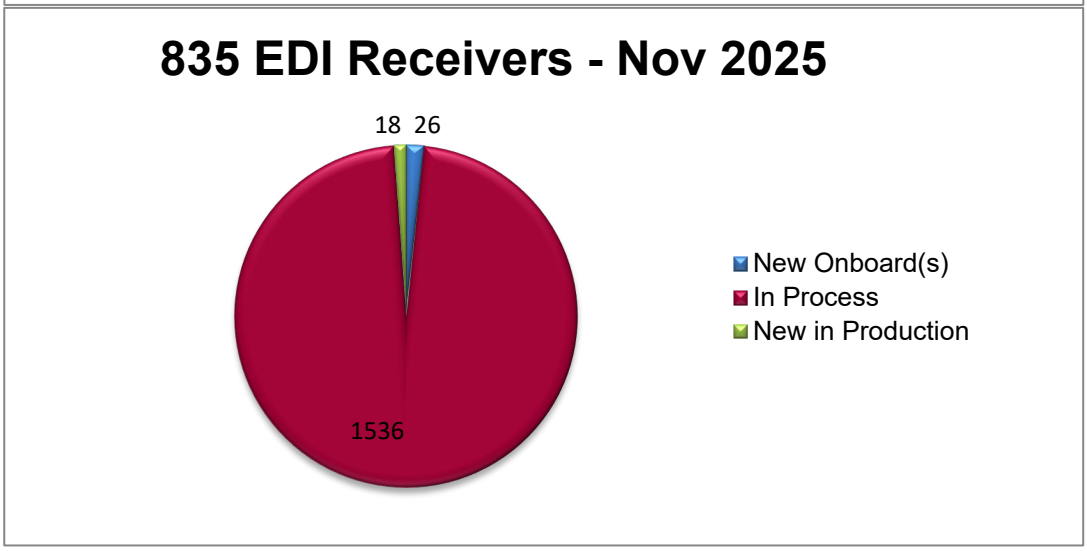
Onboarding EDI Providers – Updates

- November 2025 EDI Claims:
  - A total of 3305 new EDI submitters has been added since October 2015, with 34 added in November 2025.
  - The total number of EDI submitters is 4045 providers.

- November 2025 EDI Remittances (ERA):
  - A total of 1552 new ERA receivers has been added since October 2015, with18 added in November 2025.
  - The total number of ERA receivers is 1568 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
Dec-24	61	22	39	3559	97	1177	51	1254
Jan-25	61	8	53	3612	79	1234	22	1276
Feb-25	58	16	42	3654	83	1286	31	1307
Mar-25	46	3	43	3697	74	1328	32	1339
Apr-25	38	14	24	3721	63	1370	26	1365
May-25	47	3	44	3765	77	1402	45	1410
Jun-25	52	25	27	3792	62	1445	19	1429
Jul-25	52	0	52	3844	60	1487	18	1447
Aug-25	35	19	16	3860	37	1502	22	1469
Sep-25	92	6	86	3946	65	1516	51	1520
Oct-25	76	11	65	4011	42	1528	30	1550
Nov-25	41	7	34	4045	26	1536	18	1568





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 **November** 2025.

File Type	Nov-25
837 I Files	30
837 P Files	106
Total Files	136

Lag-time Metrics/Key Performance Indicators (KPI)

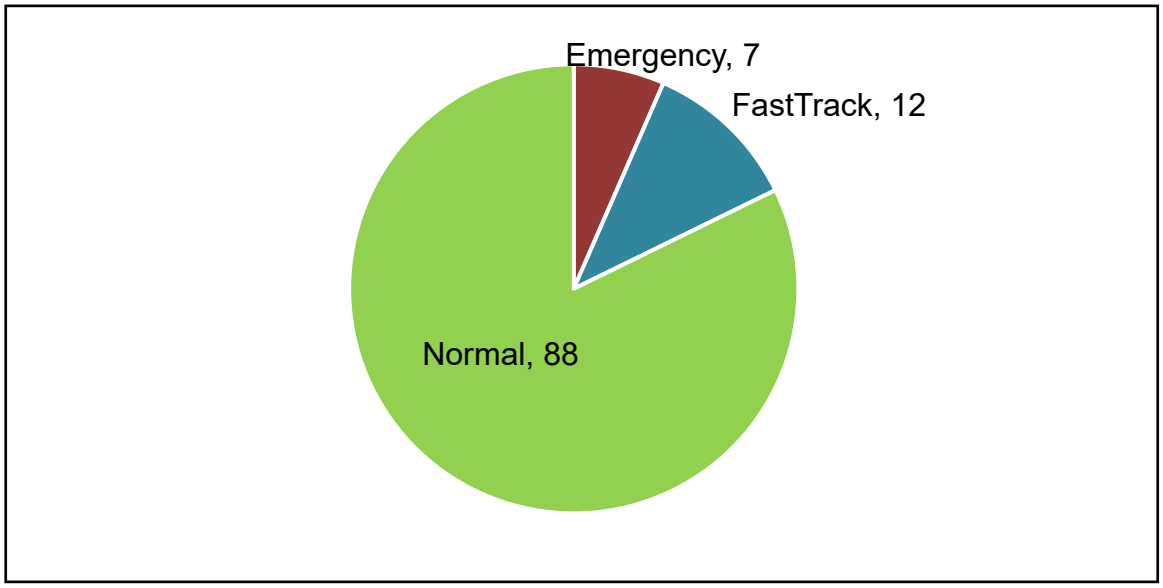
AAH Encounters: Outbound 837	Nov-25	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	80%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	91%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	94%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	80%

*Note, the Number of Encounters comes from: Total at bottom of this chart: **Outbound Encounter Submission**

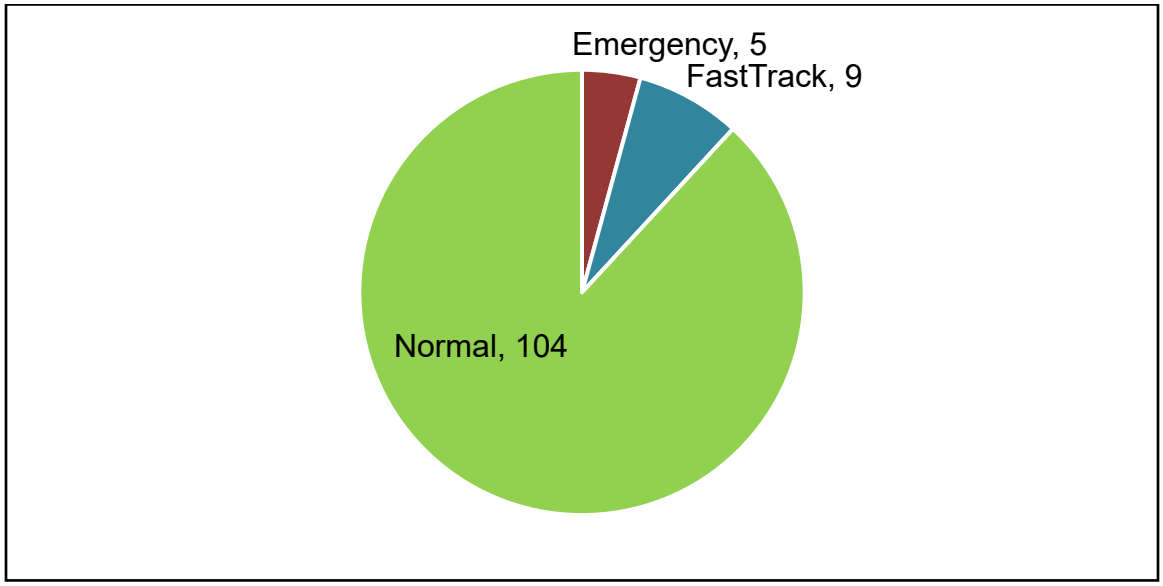
Change Management Key Performance Indicator (KPI)

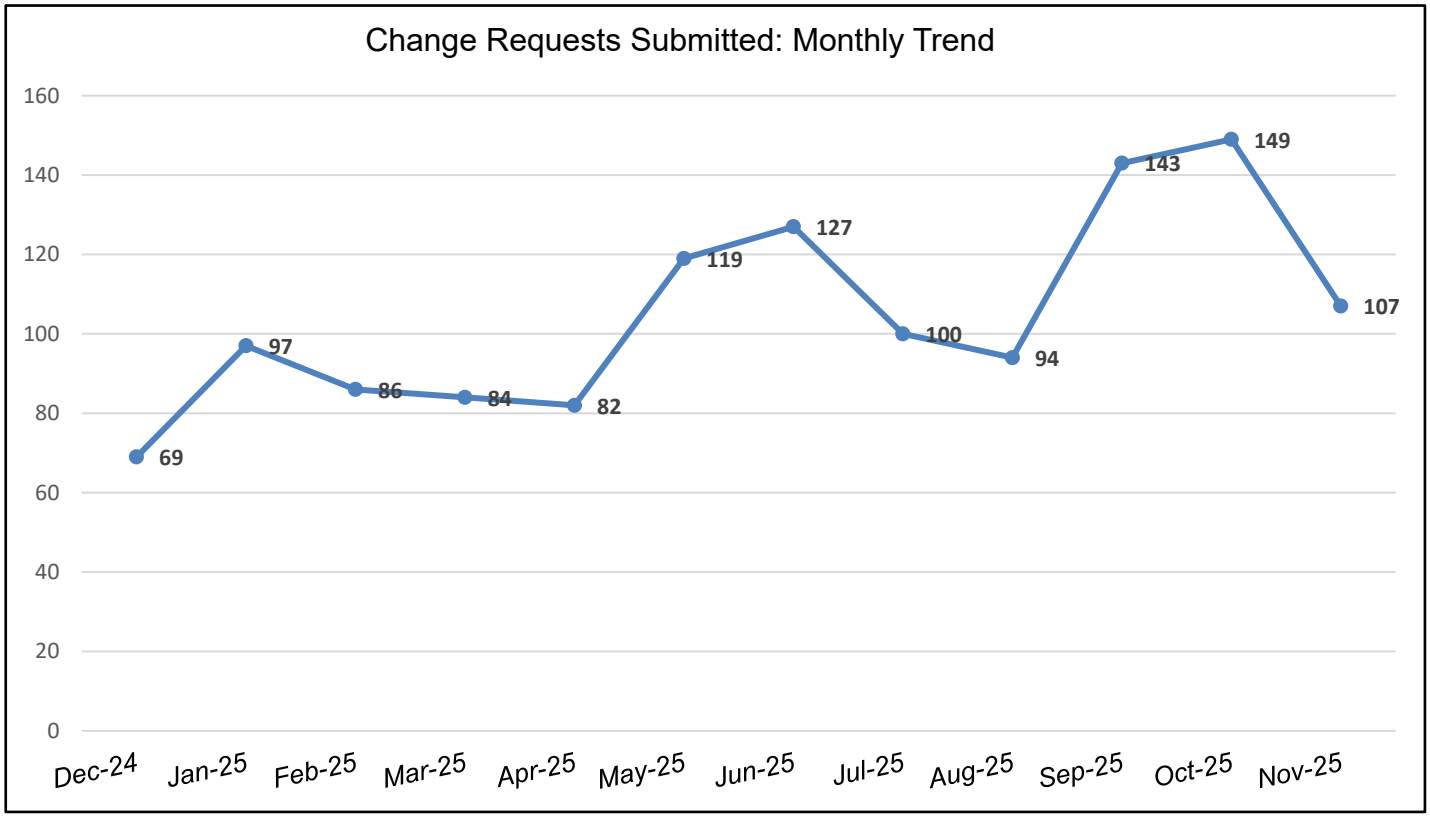
- Change Request Overall Summary in the month of November 2025 KPI:
  - 107 Changes Submitted.
  - 118 Changes Completed and Closed.
  - 183 Active Change Requests in pipeline.
  - 4 Change Requests Cancelled or Rejected.

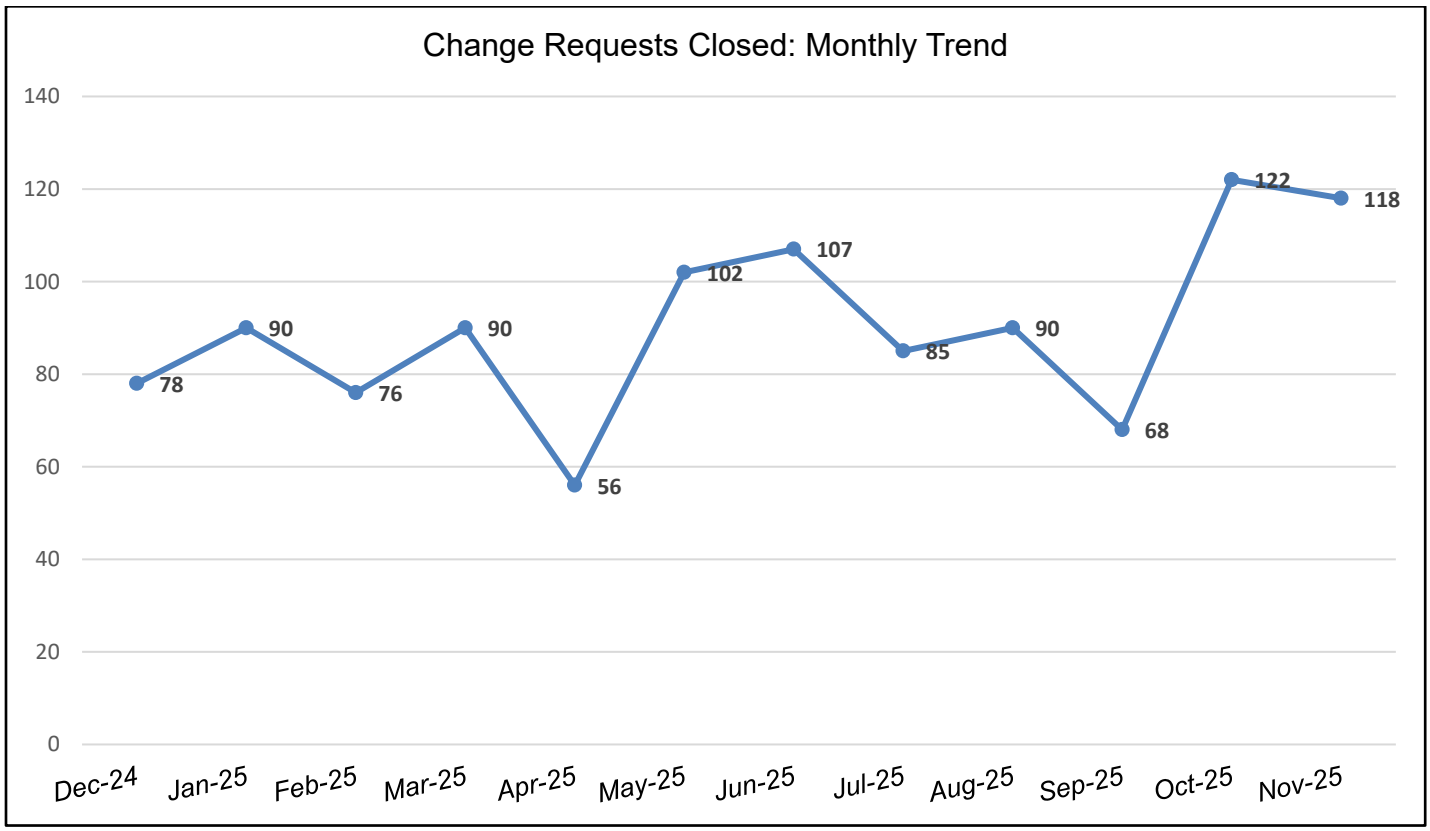
- 107 Change Requests Submitted/Logged in the month of November 2025



- 118 Change Requests Closed in the month of November 2025

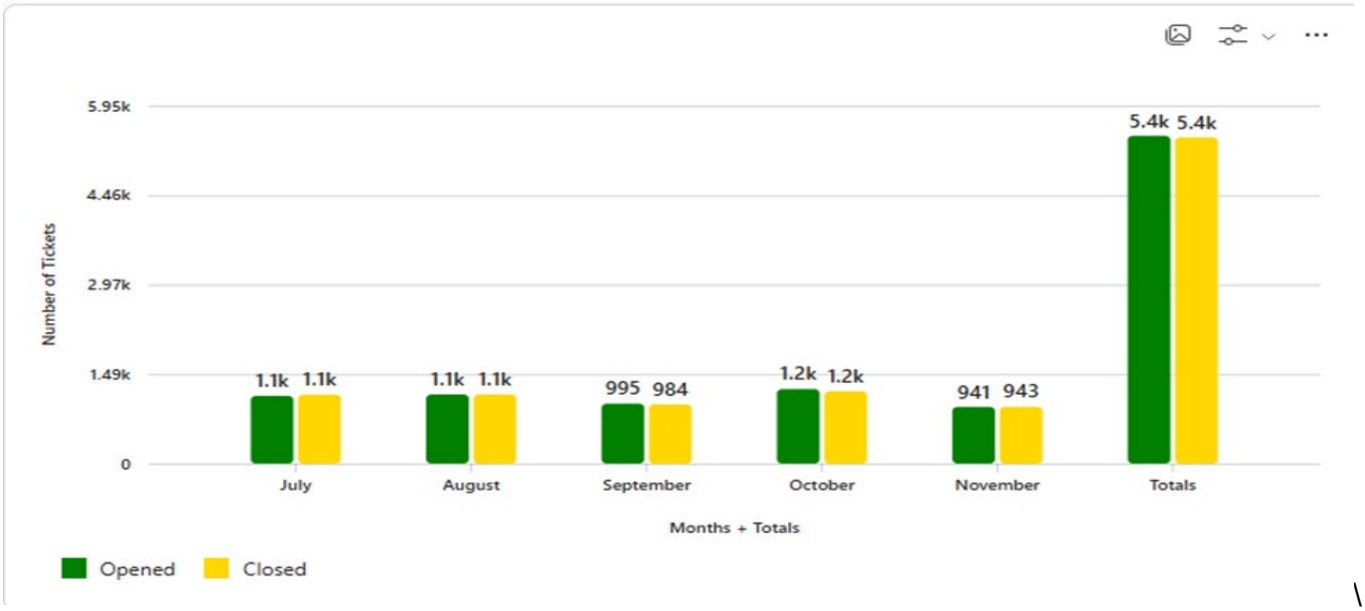



Change Requests Submitted: Monthly Trend
160
140
120
100
80
60
40
20
0
69
97
86
84
82
119
127
100
94
143
149
107
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25


Change Requests Closed: Monthly Trend
140
120
100
80
60
40
20
0
78
90
76
90
56
102
107
85
90
68
122
118
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25

IT Stats: Service Desk

Month	Open Tickets	Closed Tickets
July	1124	1145
August	1148	1147
September	995	984
October	1238	1201
November	941	943



- 941 Service Desk tickets were opened in the month of November 2025, which is 24% lower than the previous month (1238) and 16.42% lower than the previous 4-month average of 1126.

- 943 Service Desk tickets were closed in the month of November 2025, which is 21.48% lower than the previous month (1201) and 15.72% lower than the previous 4-month average of 1119.

IT Stats: Security

Security Updates

Completed			
Removed email quarantine control on ClearLink emails.			
Applied RDP timeout exception for ETL Dev. members			
Delivered current mobile app security assessment and future InTune BYOD one.			
Underway / Work-In-Progress	**% Complete**	**ETC**	**Status**
Remediating penetration test findings	75%	1.1.26	On-track
Network Micro Segmentation – vendor selection pared down from four to two	20%	1.1.26	On-track
OKTA true-up (framework meeting is scheduled)	25%	1.1.26	On-track
Security Risk Assessment (SRA)	60%	1.1.26	On-track
Cisco Umbrella – readying use of DLP module	80%	12.1.25	Delayed to 1/1/26
			-
Resources			
•JIRA workloads (Project: IT Security and Compliance)			
TrackIT workloads (WIP)			

ALAMEDA Alliance FOR HEALTH

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: **December 12th, 2025**

Subject: **Performance & Analytics Report**

Member Cost Analysis

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

Current reporting period: Sept 2024 – Aug 2025 dates of service
Prior reporting period: Sept 2023 – Aug 2024 dates of service

(Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 12.2% of members account for 89.5% of total costs.
- In comparison, the Prior reporting period was lower at 9.4% of members accounting for 83.6% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
    - The SPD/LTC (non duals) and ACA OE categories of aid decreased to account for 54.0% of the members, with SPD/LTCs accounting for 18.2% and ACA OE's at 35.8%.
    - The percent of members with costs >= $30K increased from 2.5% to 3.1%.
    - Of those members with costs >= $100K, the percentage of total members has slightly increased to 1.0%.
        - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 30.3%.
    - 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 12.2% is more concentrated in the 45-66 year old category (34.2%) compared to the overall population (20.6%).

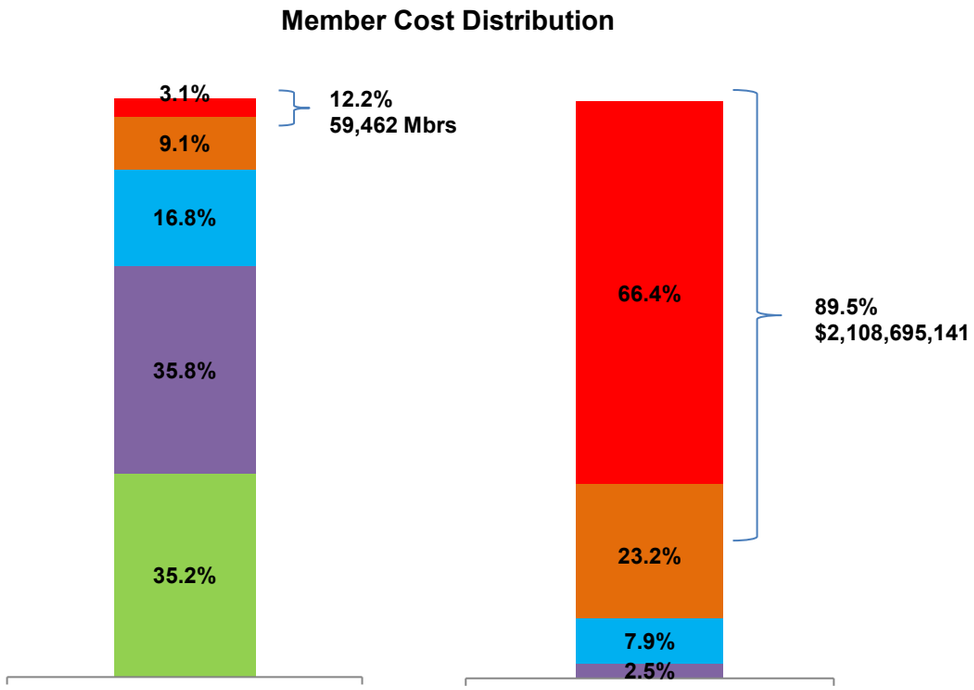
Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Sep 2024 - Aug 2025

Note: Data incomplete due to claims lag

Run Date: 12/04/2025



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	15,175	3.1%	$ 1,562,961,613	66.4%
$5K - $30K	44,287	9.1%	$ 545,733,528	23.2%
$1K - $5K	82,320	16.8%	$ 186,901,801	7.9%
< $1K	174,942	35.8%	$ 59,329,599	2.5%
$0	172,027	35.2%	$ -	0.0%
Totals	**488,751**	**100.0%**	**$ 2,354,926,540**	**100.0%**

Top 12.2% of Members = 89.5% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	5,040	1.0%	$ 1,021,914,138	43.4%
$75K to $100K	1,740	0.4%	$ 151,741,461	6.4%
$50K to $75K	2,914	0.6%	$ 177,605,905	7.5%
$40K to $50K	2,192	0.4%	$ 98,033,723	4.2%
$30K to $40K	3,289	0.7%	$ 113,666,386	4.8%
SubTotal	***15,175***	***3.1%***	***$ 1,562,961,613***	***66.4%***
$20K to $30K	6,297	1.3%	$ 152,914,018	6.5%
$10K to $20K	17,255	3.5%	$ 245,412,357	10.4%
$5K to $10K	20,735	4.2%	$ 147,407,153	6.3%
SubTotal	***44,287***	***9.1%***	***$ 545,733,528***	***23.2%***
Total	**59,462**	***12.2%***	**$ 2,108,695,141**	***89.5%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Aug 2025	408,832	$ 2,129,325,395
Dis-Enrolled During Year	79,919	$ 225,601,145
Totals	**488,751**	**$ 2,354,926,540**

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
12.2% of Members = 89.5% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Sep 2024 - Aug 2025
Note: Data incomplete due to claims lag
Run Date: 12/04/2025

12.2% of Members = 89.5% of Costs
18.2% of members are SPD/LTCs and account for 24.9% of costs.
35.8% of members are ACA OE and account for 32.8% of costs.
8.0% of members disenrolled as of Aug 2025 and account for 9.8% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	214	977	1,191	2.0%
MCAL	MCAL - ADULT	1,336	8,177	9,513	16.0%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	729	4,024	4,753	8.0%
	MCAL - ACA OE	4,970	16,347	21,317	35.8%
	MCAL - DUALS	-	-	-	0.0%
	MCAL - SPD-LTC	3,810	7,006	10,816	18.2%
	MCAL - SPD-LTC/Full Dual	2,620	4,502	7,122	12.0%
Not Eligible	Not Eligible	1,496	3,254	4,750	8.0%
Total		**15,175**	**44,287**	**59,462**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 17,330,888	$ 11,519,578	$ 28,850,466	1.4%
MCAL	MCAL - ADULT	$ 127,622,560	$ 100,587,605	$ 228,210,165	10.8%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 55,112,874	$ 45,676,621	$ 100,789,495	4.8%
	MCAL - ACA OE	$ 489,725,271	$ 201,123,545	$ 690,848,816	32.8%
	MCAL - DUALS	$ -	$ -	$ -	0.0%
	MCAL - SPD-LTC	$ 433,680,052	$ 91,617,386	$ 525,297,439	24.9%
	MCAL - SPD-LTC/Full Dual	$ 273,852,837	$ 54,907,923	$ 328,760,760	15.6%
Not Eligible	Not Eligible	$ 165,637,130	$ 40,300,869	$ 205,938,000	9.8%
Total		**$ 1,562,961,613**	**$ 545,733,528**	**$ 2,108,695,141**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
26.7% of members are SPD/LTCs and account for 29.5% of costs.
26.9% of members are ACA OE and account for 29.7% of costs.
9.1% of members disenrolled as of Aug 2025 and account for 10.5% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	53	1.1%
MCAL	MCAL - ADULT	298	5.9%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	93	1.8%
	MCAL - ACA OE	1,354	26.9%
	MCAL - DUALS	-	0.0%
	MCAL - SPD-LTC	1,346	26.7%
	MCAL - SPD-LTC/Full Dual	1,437	28.5%
Not Eligible	Not Eligible	459	9.1%
Total		**5,040**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 9,238,012	0.9%
MCAL	MCAL - ADULT	$ 76,059,446	7.4%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 24,706,038	2.4%
	MCAL - ACA OE	$ 303,142,703	29.7%
	MCAL - DUALS	$ -	0.0%
	MCAL - SPD-LTC	$ 301,108,297	29.5%
	MCAL - SPD-LTC/Full Dual	$ 200,190,404	19.6%
Not Eligible	Not Eligible	$ 107,469,238	10.5%
Total		**$ 1,021,914,138**	**100.0%**

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs
$100K+	4%	0%	1%
$75K to $100K	3%	0%	1%
$50K to $75K	5%	0%	2%
$40K to $50K	6%	0%	2%
$30K to $40K	9%	0%	3%
$20K to $30K	2%	1%	6%
$10K to $20K	0%	0%	11%
$5K to $10K	1%	0%	4%
Total	**4%**	**0%**	**3%**

Breakout by Service Type/Location

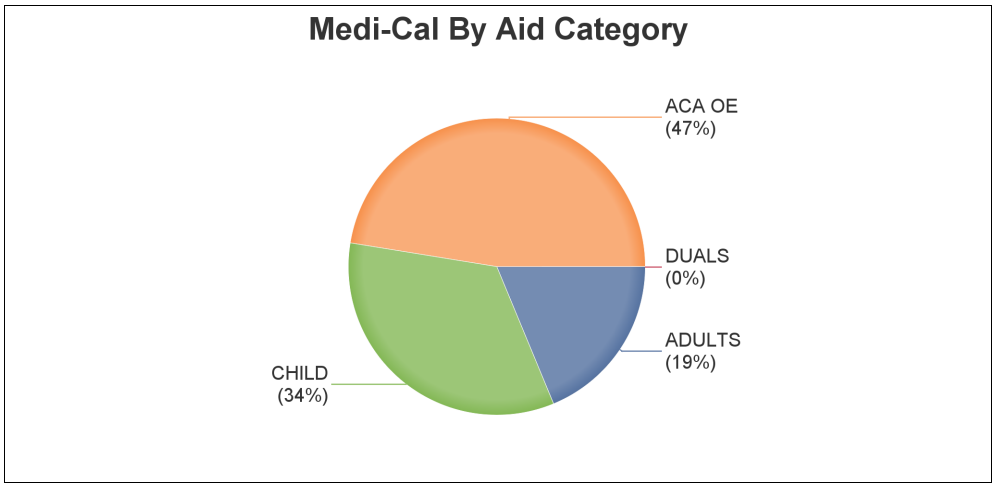
Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
15%	35%	1%	10%	3%	2%	34%
20%	25%	3%	5%	4%	4%	38%
28%	28%	5%	6%	6%	4%	23%
33%	25%	8%	6%	7%	1%	20%
33%	22%	13%	6%	7%	1%	18%
37%	22%	7%	8%	8%	1%	17%
37%	22%	6%	9%	10%	1%	15%
32%	11%	11%	13%	14%	1%	19%
23%	**28%**	**4%**	**9%**	**6%**	**2%**	**28%**

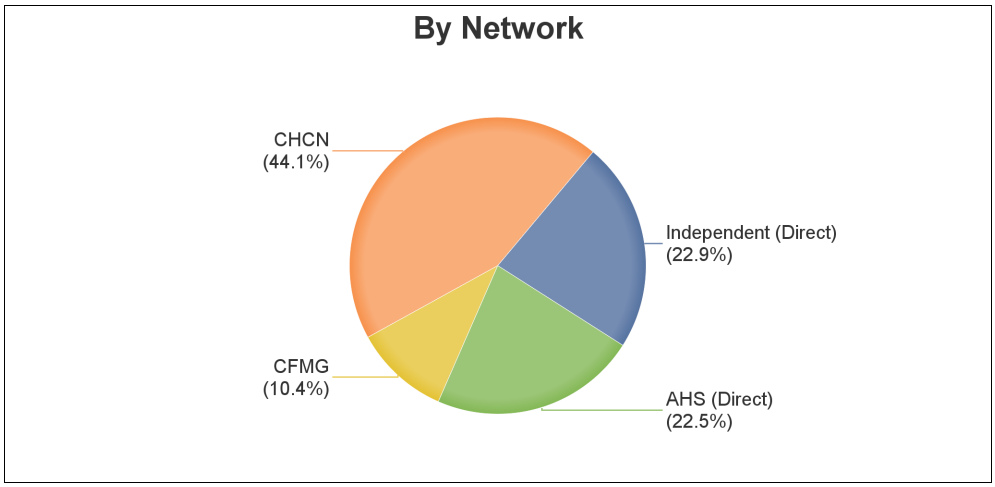
Notes:
- Report includes medical costs (HS & Diamond Claims, Beacon, Logisticare FFS, CHCN FFS Preventive Services, CHME) and pharmacy costs. IBNP factors are not applied.
- CFMG and CHCN encounter data has been priced out.
- Report excludes Capitation Expense

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend

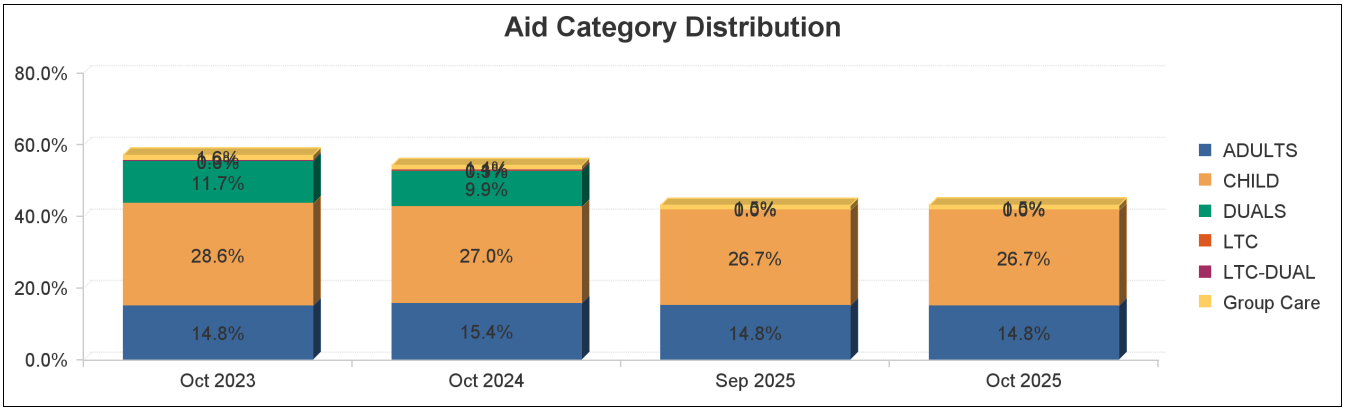
Category of Aid	Oct 2025	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN
ADULTS	59,861	15%	12,243	14,512	3	33,103
CHILD	107,934	27%	10,109	13,700	39,054	45,071
SPD	0	0%	0	0	0	0
ACA OE	151,424	38%	27,425	52,689	1,547	69,763
DUALS	17	0%	13	3	0	1
LTC	0	0%	0	0	0	0
LTC-DUAL	0	0%	0	0	0	0
SPD-LTC	29,641	7%	8,655	5,502	1,509	13,975
SPD-LTC/Full Dual	49,391	12%	32,005	3,584	1	13,801
Other	0		0	0	0	0
Medi-Cal	398,267		90,449	89,990	42,114	175,714
Group Care	6,082		2,200	1,139	0	2,743
Total	**404,349**	**100%**	**92,649**	**91,129**	**42,114**	**178,457**
Other %	0.0%		0.0%	0.0%	0.0%	0.0%
Medi-Cal %	98.5%		97.6%	98.8%	100.0%	98.5%
Group Care %	1.5%		2.4%	1.2%	0.0%	1.5%
	Network Distribution		**22.9%**	**22.5%**	**10.4%**	**44.1%**
			% Direct:	**45%**	**% Delegated:**	**55%**




By Network
CHCN
(44.1%)
Independent (Direct)
(22.9%)
CFMG
(10.4%)
AHS (Direct)
(22.5%)

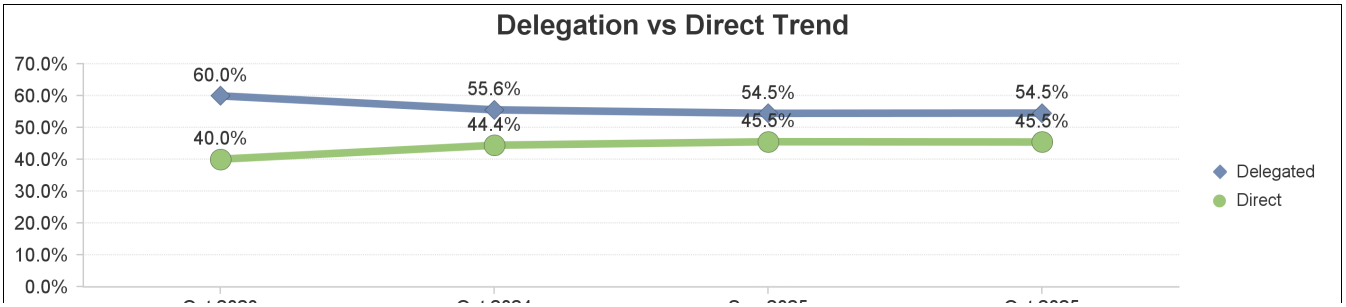
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
ADULTS	52,396	62,608	60,163	**59,861**	14.8%	15.4%	14.8%	14.8%	16.3%	-4.6%	-0.5%
CHILD	101,120	109,680	108,175	**107,934**	28.6%	27.0%	26.7%	26.7%	7.8%	-1.6%	-0.2%
SPD	30,888	35,389	0	**0**	8.7%	8.7%	0.0%	0.0%	12.7%	0.0%	0.0%
ACA OE	121,430	151,098	152,201	**151,424**	34.3%	37.2%	37.5%	37.4%	19.6%	0.2%	-0.5%
DUALS	41,496	40,144	9	**17**	11.7%	9.9%	0.0%	0.0%	-3.4%	-236,041.2%	47.1%
LTC	135	249	0	**0**	0.0%	0.1%	0.0%	0.0%	45.8%	0.0%	0.0%
LTC-DUAL	997	1,265	0	**0**	0.3%	0.3%	0.0%	0.0%	21.2%	0.0%	0.0%
SPD-LTC	0	0	29,706	**29,641**	0.0%	0.0%	7.3%	7.3%	0.0%	100.0%	-0.2%
SPD-LTC/ Full Dual	0	0	49,387	**49,391**	0.0%	0.0%	12.2%	12.2%	0.0%	100.0%	0.0%
Other	0	0	0	**0**	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Medi-Cal	348,462	400,433	399,641	**398,267**	98.4%	98.6%	98.5%	98.5%	13.0%	-0.5%	-0.3%
Group Care	5,605	5,769	6,054	**6,082**	1.6%	1.4%	1.5%	1.5%	2.8%	5.1%	0.5%
Total	**354,067**	**406,202**	**405,695**	**404,349**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**12.8%**	**-0.5%**	**-0.3%**



Delegation vs Direct Trend

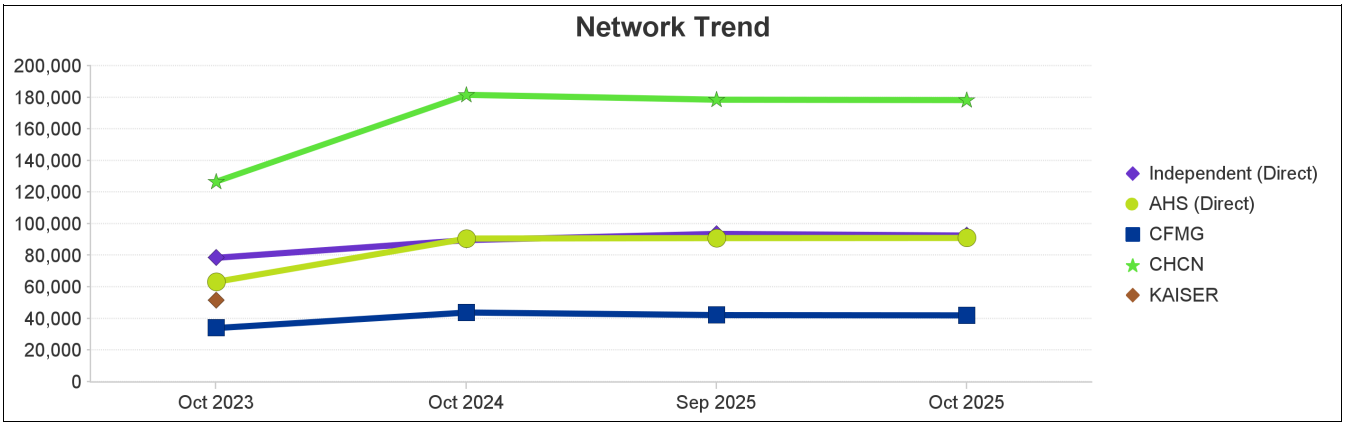
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
Delegated	212,266	225,684	220,955	**220,571**	60.0%	55.6%	54.5%	54.5%	5.9%	-2.3%	-0.2%
Direct	141,801	180,518	184,740	**183,778**	40.0%	44.4%	45.5%	45.5%	21.4%	1.8%	-0.5%
Total	**354,067**	**406,202**	**405,695**	**404,349**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**12.8%**	**-0.5%**	**-0.3%**



Oct 2023 Oct 2024 Sep 2025 Oct 2025

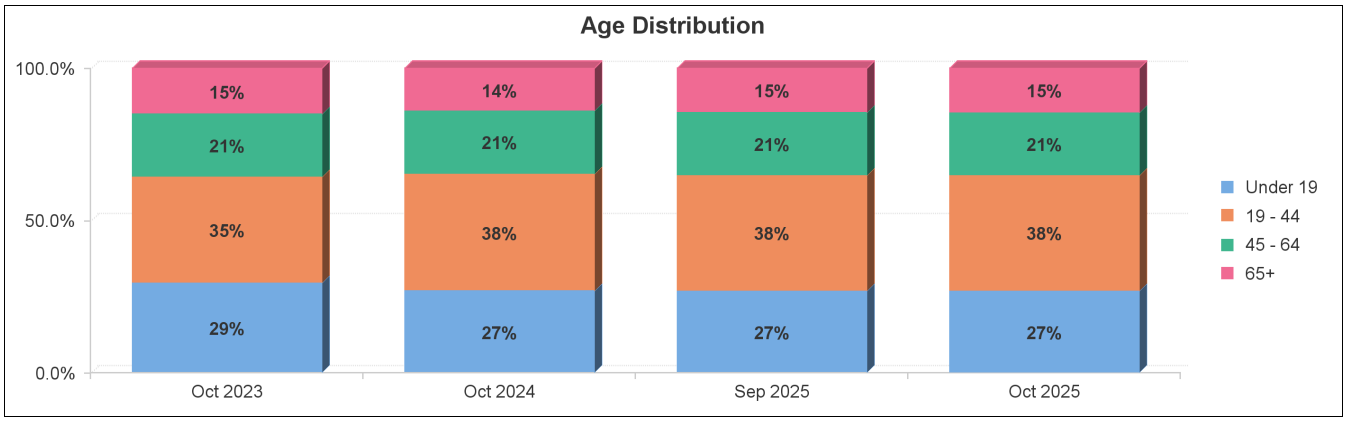
Network Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
Independent (Direct)	78,530	89,756	93,700	**92,649**	22.2%	22.1%	23.1%	22.9%	12.5%	3.1%	-1.1%
AHS (Direct)	63,271	90,762	91,040	**91,129**	17.9%	22.3%	22.4%	22.5%	30.3%	0.4%	0.1%
CFMG	34,035	43,913	42,274	**42,114**	9.6%	10.8%	10.4%	10.4%	22.5%	-4.3%	-0.4%
CHCN	126,705	181,771	178,681	**178,457**	35.8%	44.7%	44.0%	44.1%	30.3%	-1.9%	-0.1%
KAISER	51,526	0	0	**0**	14.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	**354,067**	**406,202**	**405,695**	**404,349**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**12.8%**	**-0.5%**	**-0.3%**



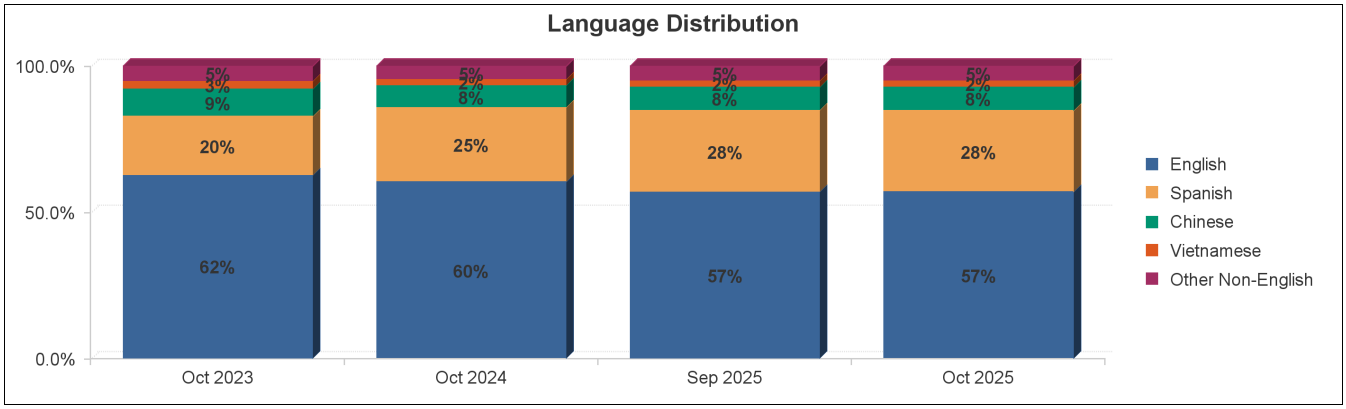
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
Under 19	103,512	108,379	107,944	**107,763**	29%	27%	27%	27%	4%	-1%	0%
19 - 44	123,390	155,783	154,018	**153,189**	35%	38%	38%	38%	21%	-2%	-1%
45 - 64	73,229	84,315	83,823	**83,403**	21%	21%	21%	21%	13%	-1%	-1%
65+	53,936	57,725	59,910	**59,995**	15%	14%	15%	15%	7%	4%	0%
Total	**354,067**	**406,202**	**405,695**	**404,350**	**100%**	**100%**	**100%**	**100%**	**13%**	**0%**	**0%**



Language Trend

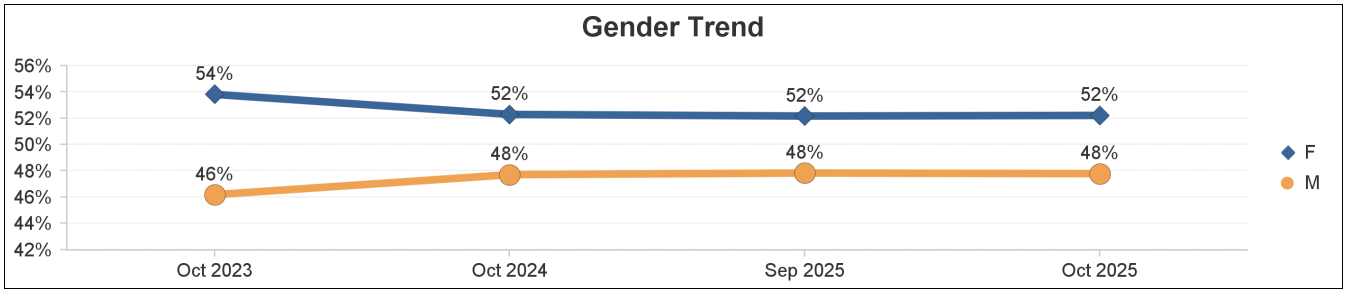
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
English	221,283	244,693	230,515	**229,798**	62%	60%	57%	57%	10%	-6%	0%
Spanish	71,409	103,228	113,062	**112,430**	20%	25%	28%	28%	31%	8%	-1%
Chinese	32,770	30,669	32,134	**32,053**	9%	8%	8%	8%	-7%	4%	0%
Vietnamese	9,405	8,243	8,994	**8,977**	3%	2%	2%	2%	-14%	8%	0%
Other Non-English	19,200	19,369	20,990	**21,092**	5%	5%	5%	5%	1%	8%	0%
Total	**354,067**	**406,202**	**405,695**	**404,350**	**100%**	**100%**	**100%**	**100%**	**13%**	**0%**	**0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

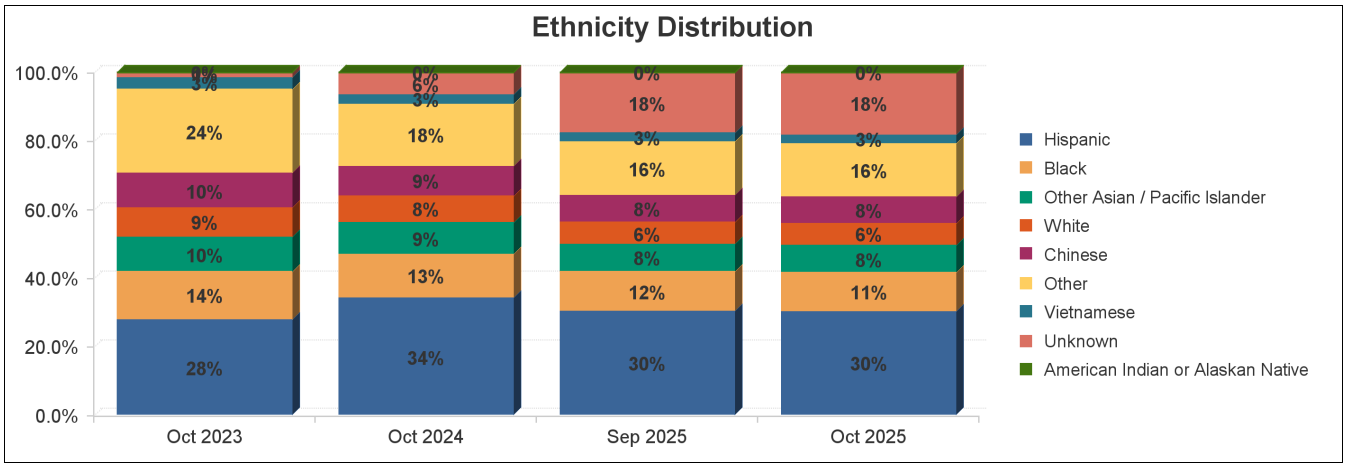
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
F	190,566	212,415	211,654	**211,148**	54%	52%	52%	52%	10%	-1%	0%
M	163,501	193,787	194,041	**193,201**	46%	48%	48%	48%	16%	0%	0%
Total	**354,067**	**406,202**	**405,695**	**404,349**	**100%**	**100%**	**100%**	**100%**	**13%**	**0%**	**0%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023	Oct 2024	Sep 2025	Oct 2025	Oct 2023 to Oct 2024	Oct 2024 to Oct 2025	Sep 2025 to Oct 2025
Hispanic	98,158	138,637	122,723	**121,473**	28%	34%	30%	30%	29%	-14%	-1%
Black	49,717	51,748	46,880	**46,427**	14%	13%	12%	11%	4%	-11%	-1%
Other Asian / Pacific Islander	35,487	37,202	32,182	**31,796**	10%	9%	8%	8%	5%	-17%	-1%
White	30,637	31,678	26,253	**25,853**	9%	8%	6%	6%	3%	-23%	-2%
Chinese	35,807	35,243	31,551	**31,241**	10%	9%	8%	8%	-2%	-13%	-1%
Other	86,487	73,399	63,750	**63,066**	24%	18%	16%	16%	-18%	-16%	-1%
Vietnamese	12,050	11,527	10,309	**10,228**	3%	3%	3%	3%	-5%	-13%	-1%
Unknown	4,980	25,982	71,362	**73,596**	1%	6%	18%	18%	81%	65%	3%
American Indian or Alaskan Native	744	786	685	**669**	0%	0%	0%	0%	5%	-17%	-2%
Total	**354,067**	**406,202**	**405,695**	**404,349**	**100%**	**100%**	**100%**	**100%**	**13%**	**0%**	**0%**



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

Medi-Cal By City

City	Oct 2025	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	158,373	40%	23,923	42,688	16,559	75,203
HAYWARD	52,005	13%	11,754	14,945	5,511	19,795
FREMONT	38,309	10%	15,932	6,783	2,167	13,427
SAN LEANDRO	25,163	6%	6,822	4,279	3,049	11,013
UNION CITY	14,336	4%	5,671	2,619	803	5,243
ALAMEDA	13,622	3%	3,383	2,558	2,034	5,647
BERKELEY	16,272	4%	3,906	2,539	1,739	8,088
LIVERMORE	12,958	3%	2,054	448	2,049	8,407
NEWARK	9,215	2%	2,753	3,922	494	2,046
CASTRO VALLEY	11,153	3%	3,265	1,792	1,737	4,359
SAN LORENZO	6,028	2%	1,211	1,428	700	2,689
PLEASANTON	7,992	2%	2,250	327	823	4,592
DUBLIN	7,656	2%	2,425	336	857	4,038
EMERYVILLE	3,026	1%	610	699	487	1,230
ALBANY	2,550	1%	577	295	534	1,144
PIEDMONT	467	0%	103	181	71	112
SUNOL	82	0%	29	9	6	38
ANTIOCH	26	0%	11	9	0	6
Other	19,035	5%	3,771	4,133	2,494	8,637
Total	398,268	100%	**90,450**	**89,990**	**42,114**	**175,714**

Group Care By City

City	Oct 2025	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	1,866	31%	335	435	0	1,096
HAYWARD	698	11%	321	190	0	187
FREMONT	673	11%	430	85	0	158
SAN LEANDRO	659	11%	267	113	0	279
UNION CITY	293	5%	177	47	0	69
ALAMEDA	322	5%	93	38	0	191
BERKELEY	158	3%	43	15	0	100
LIVERMORE	100	2%	31	2	0	67
NEWARK	142	2%	77	38	0	27
CASTRO VALLEY	218	4%	96	32	0	90
SAN LORENZO	153	3%	46	28	0	79
PLEASANTON	72	1%	24	3	0	45
DUBLIN	137	2%	51	8	0	78
EMERYVILLE	43	1%	13	8	0	22
ALBANY	23	0%	12	1	0	10
PIEDMONT	7	0%	2	1	0	4
SUNOL	1	0%	1	0	0	0
ANTIOCH	28	0%	10	6	0	12
Other	489	8%	171	89	0	229
Total	**6,082**	**100%**	**2,200**	**1,139**	**0**	**2,743**

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

Total By City

City	Oct 2025	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	160,239	40%	24,258	43,123	16,559	76,299
HAYWARD	52,703	13%	12,075	15,135	5,511	19,982
FREMONT	38,982	10%	16,362	6,868	2,167	13,585
SAN LEANDRO	25,822	6%	7,089	4,392	3,049	11,292
UNION CITY	14,629	4%	5,848	2,666	803	5,312
ALAMEDA	13,944	3%	3,476	2,596	2,034	5,838
BERKELEY	16,430	4%	3,949	2,554	1,739	8,188
LIVERMORE	13,058	3%	2,085	450	2,049	8,474
NEWARK	9,357	2%	2,830	3,960	494	2,073
CASTRO VALLEY	11,371	3%	3,361	1,824	1,737	4,449
SAN LORENZO	6,181	2%	1,257	1,456	700	2,768
PLEASANTON	8,064	2%	2,274	330	823	4,637
DUBLIN	7,793	2%	2,476	344	857	4,116
EMERYVILLE	3,069	1%	623	707	487	1,252
ALBANY	2,573	1%	589	296	534	1,154
PIEDMONT	474	0%	105	182	71	116
SUNOL	83	0%	30	9	6	38
ANTIOCH	54	0%	21	15	0	18
Other	19,524	5%	3,942	4,222	2,494	8,866
Total	404,350	100%	**92,650**	**91,129**	**42,114**	**178,457**

ALAMEDA Alliance FOR HEALTH

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: **December 12th, 2025**

Subject: **Human Resources Report**

Staffing

- As of December 1st, 2025, the Alliance had 687 full time employees and 1 part time employee.

- On December 1st, 2025, the Alliance had 17 open positions in which 2 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 15 positions open to date. The Alliance is actively recruiting for the remaining 15 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by division:

Division	Open Position December 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	4	1	3
Operations	6	0	6
Healthcare Analytics	1	0	1
Information Technology	3	1	2
Finance	0	0	0
Compliance	0	0	0
Human Resources	3	0	3
Health Equity	0	0	0
Executive	0	0	0
Total	17	2	15

- Our current recruitment rate is 3%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in November 2025 included:

  5 years:
  - Corry K (Integrated Planning)
  - Cindy Z (Case/Disease Management)
  - Vanessa S (Vendor Management)

  6 years:
  - Derrick B (Grievance and Appeals)
  - Rachel M (Utilization Management)
  - Jeff L (IT Development)
  - Carlissa K (Pharmacy Services)

  7 years:
  - Monica V (Member Services)

  8 years:
  - Yemaya T (Health Equity)

  9 years:
  - Gurpreet S (Apps Management, IT Quality & Process Improvement)
  - Donnie V (Facilities & Support Services)
  - Ginnie R (Credentialing)

  10 years:
  - Michelle V (Facilities & Support Services)

  11 years:
  - John A (Facilities & Support Services)

  12 years:
  - Nancy P (Healthcare Analytics)

  15 years:
  - Fanita B (Utilization Management)

  19 years:
  - Rex N (Utilization Management)

  27 years:
  - Li T (Accounting & Payroll)