ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
March 12, 2021
12:00 pm - 2:00 pm
(Video Conference Call)
Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice-Chair), Dr. Noha Aboelata, Marty Lynch, Wilma Chan, Natalie Williams, Byron Lopez, Nicholas Peraino, Dr. Rollington Ferguson, Dr. Michael Marchiano

Alliance Staff Present: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Sasi Karaiyan, Anastacia Swift, Ruth Watson, Richard Golfin, Tiffany Cheang, Matt Woodruff, Jeanette Murray

Alliance Staff and Board of Governors Excused: Aarondeep Basrai, David B. Vliet, Dr. Kelley Meade

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP		
1. CALL TO	ORDER				
Dr. Seevak	The regular board meeting was called to order by Dr. Seevak at 12:01 pm.	None	None		
2. ROLL CA	LL				
Dr. Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None		
3. AGENDA	APPROVAL OR MODIFICATIONS				
Dr. Seevak	None	None	None		
4. INTRODU	4. INTRODUCTIONS				
Dr. Seevak	None	None	None		

AGENDA ITEM	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
SPEAKER	DISCUSSION RIGHLIGHTS	ACTION	FOLLOW UP

5. CONSEN	T CALENDAR		
Dr. Seevak	Dr. Seevak presented the Consent Calendar. a) February 12, 2021, Board of Governors Meeting Minutes b) March 9, 2021, Finance Committee Meeting Minutes Motion to Approve March 12, 2021, Board of Governors Consent Calendar. A vote by roll call was taken, and the motion passed.	Motion to Approve March 12, 2021, Board of Governors Consent Calendar. Motion: M. Lynch Second: N. Peraino Vote: Yes No opposed or abstained.	None
		abstanied.	
6. a. BOARD	MEMBER REPORT - COMPLIANCE ADVISORY GROUP	T	
R. Gebhart	The Compliance Advisory Group was held telephonically on February 12, 2021, at 10:30 am. Rebecca Gebhart updated the Board on the current Compliance Advisory workbook.	Informational update to the Board of Governors. Vote not required.	None
	 Compliance Dashboard: No updates to dashboard as no new audits were paused due to COVID. Staff spent time auditing the audits and ensuring the CAPs are working and are documented. We now have four or five new audits underway and will probably have new findings to report on as these audits are completed. Plan Audits and Oversight: A new staff member on the team was introduced, Ron Smothers - Manager, Compliance Audits, and Investigations. 		

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Ques	Kindred Focused Audit: The Plan provided additional documentation on February 19. On March 5, we received the final report of findings; we had requested language changes and were largely not successful in our requests. Two of ten language change requests were approved. April 5 CAP plan is due. Data from the CAP will be in a new dashboard which we will monitor and report to the Board. DHCS and DMHC Medical Services Survey Joint Audit – April: DHCS and submitted on February 12. DHCS due and submitted on February 12. DHCS due and submitted on February 26. April interviews will be held remotely. Audit preparation – Critical: Phase one - review P and Ps. Phase two - review CAPs from prior audits to ensure compliance and documentation, mock interviews internally to practice, and ensure role clarity. Phase three - mock interviews with delegates. 2021 Office of Civil Rights (OCR) Privacy Audit ongoing: The OCR Office is where we report breaches. PHI and breach requirements were discussed today. February filing of a breach of provider/BAA (occurred in April of 2020, we were notified late in 2020). 2,300 Alliance members affected (500 members are also required to report to federal government OCR). In the filing, OCR requested a meeting with the Alliance, and they informed us of a limited review. We will bring more information to the Board as we receive it.	ACTION	

AGENDA ITEM	DISCUSSION HIGH ISLITS	ACTION	5011 0W UD
SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
De	 Annual Network Adequacy (ANC) Audit: Reviewing our submissions, and we are awaiting feedback. elegation Oversight: All seven delegates were audited last year. Four CAPs were issued in 2020, and three of the remaining are in the preliminary audit finding stage. In our process, we allow delegates to respond to our preliminary audit findings. This conversation helps the delegates comply and helps us 		
NC	understand the facts more fully. CQA Plan Accreditations: For both lines of business, we passed on the standards but received a CAP on the NOA letters. In the final review, we passed the CAP with 100%, this was both an internal process and included CHCN's NOA letters, and CHCN was a good partner in the process.		
Me	edi-Cal Program Updates: NOA translations As a result of the draft APL, for three threshold languages (Spanish, Chinese/Cantonese, Vietnamese), we are required to provide the template information in their language and may be under obligation to provide a transition of their clinical specifics in real-time to the members. The Alliance is deciding how to implement this and will keep you informed.		
	ormational update to the Board of Governors. te not required.		
6. b. BOARD ME	MBER REPORT – FINANCE COMMITTEE		

AGENDA ITE	M	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
SPEAKER		Discossion menalemo	- AGIIGN	1 022011 01
Dr. Ferguson		Finance Committee was held telephonically on Tuesday, February 9, 2021. Ferguson updated the Board on the Finance Committee Meeting.	Informational update to the Board of Governors.	None
	Info	 The Committee reviewed January 2021 Finance reports. Enrollment has leveled off. TNE is stable. Administrative expenses are better than projected. The sustainability Fund was discussed and will be revisited later today during Board Business. Claims interest is running higher than usual. The Committee discussed the COVID-19 Utilization. rmational update to the Board of Governors. e not required.	Vote not required.	
7. CEO UPDA	ATE			
S. Coffin	CO	 Att Coffin, Chief Executive Officer, presented the following updates: VID-19 Vaccinations: The Alliance is working with Alameda County to support the communications within the County. 6,000 Group Care members have been notified, through letters, calls, and postcards, of where to obtain their vaccinations. During the week of March 4, high-risk Medi-Cal enrollees (5,100, age 65 and older) in 10 zip codes near the Coliseum have started to receive these communications. Week of March 24, more than 11,000 low- to mid-risk Medi-Cal enrollees, 65 and older, will be contacted. 	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Analysis has started to identify the Medi-Cal members ages 19-64 with health conditions, and we will be coordinating with HCSA on the outreach to these members.		
Ame	on March 11. The COVID stimulus legislation will help individuals and includes \$160 billion for vaccines and testing and additional funding for health care providers.		
Wor	 kplace Assessment: A 20-week engagement started in early March to survey staff, making recommendations on office space planning, the use of remote working in each of the divisions, and allowing time for an informed approach to returning to the office. I have communicated my decision to the staff to continue with our remote working through the end of this calendar year, and I will report to the Board as we advance into this assessment. 		
	seen around other Health Care Plans, due to COVID-19.		

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Fis	 cal Year 2022: The Fiscal Year 2022 budget process has kicked off, and a preliminary budget will be presented to the Finance Committee and Board of Governors in June. The final budget will be presented in December, and a final revision will be delivered in the first quarter 2022 forecast. 		
Me	 di-Cal Rx: In January 2021, Centene Corporation announced its acquisition of Magellan, the vendor selected by the State of California to administer the pharmacy benefits for more than 13 million Medi-Cal enrollees statewide. On February 17, six weeks prior to the April 1 go-live date, DHCS announced that Medi-Cal Rx was delayed indefinitely while Magellan and the State continue to develop their conflict avoidance protocols, firewalls, and other policies. 		
Cal	IAIM Initiatives – 2021 and 2022:		
	 This is an important program, and we are tracking several deliverables, such as, Listening sessions, and major transplants. A California State Assembly, Committee on Health meets next week and will be talking about benefits and standardizations of these services, such as, In Lieu of Services Incentive Payments Enhanced Care Management Population Health Management NCQA Accreditation Statewide LTSS Details are still emerging about the criteria for these services. 		
Reg	gulatory & Accreditation Audits:		
	 The Alliance's audit team did a wonderful job preparing for the NCQA focused audit and achieved outstanding results with a perfect score. 		

AGENDA ITE SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Question: Are we able to track the uptake of our members getting vaccinated? Answer: Yes, eventually, with the CARES registry, we will be able to pull the data. Question: Do we have a way of choosing which vaccine we want to take? Answer: The vaccines are administered as available and currently there is not a choice of vaccine. At present, there is still a shortage, and all should take what is available. Question: Why are we not pushing vaccines in Doctor's offices? Answer: At some point, I think the Johnson and Johnson vaccine will be available in a doctor's office, but at present, we still have a large shortage of vaccines. Informational update to the Board of Governors. Vote not required.		
8. a BOARD	BUSINESS – JANUARY 2021 MONTHLY FINANCIAL STATEMENTS		
G. Riojas	 Gil Riojas gave the following January 2021 Finance updates: Enrollment: For the month ending January 31, 2021, the Alliance had an enrollment of 277,884 members, a net income of \$1.2M, and the tangible net equity is 544%. Our enrollment has increased by 2,295 members since December 2020. Net Operating Results: For the month ending January 31, 2021, the actual net income was \$1.2M, and the budgeted net loss was \$2.2M. The favorable variances were due to lower than anticipated administrative expense and higher than anticipated revenue. 	Motion: Dr. Ferguson Second: M. Lynch Vote: Yes No opposed or abstained.	None

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Re	venue: • For the month ending January 31, 2021, the actual revenue was \$93.1M vs. the budgeted revenue of \$92.0M.		
Me	dical Expense: • For the month ending January 31, 2021, the actual medical expense was \$86.5M vs. the budgeted medical expense of \$84.2M.		
Me	 dical Loss Ratio (MLR): For the month ending January 31, 2021, the MLR was 92.9%, and the fiscal year-to-date of 97.2%. 		
Adı	 For the month ending January 31, 2021, the actual administrative expense was \$5.4M vs. the budgeted administrative expense of \$10.0M. 		
Oth	 er Income / (Expense): As of January 31, 2021, our YTD interest income from investments is \$429,000, and YTD claims interest expense is \$205,000. 		
Tai	 ngible Net Equity (TNE): Tangible net equity results continue to remain healthy, and at the end of January 31, 2021, the TNE was reported at 544% of the required amount. 		
Са	 For the month ending January 31, 2021, the Alliance reported \$331.4M in cash; \$180.8M in uncommitted cash. Our current ratio is above the minimum required at 1.60 compared to the regulatory minimum of 1.0. 		
	tion to approve January 31, 2021, Monthly Financial Statements as sented.		
Av	rote by roll call was taken, and the motion passed.		

AGENDA ITEM	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
SPEAKER	Discossion Highlights	ACTION	I OLLOW OF

8. b. BOARD I	BUSINESS – CLAIMS INTEREST ANALYSIS		
M. Woodruff	Matt Woodruff presented the Claims Interest Analysis Purpose and Outcomes:	Informational update to the Board of Governors.	None
	 Review current fiscal year interest payments. Review primary sources and causes for interest incurred. Review year-end cost comparison to budget. Top Ten Providers Paid Interest. Conclusions and next steps. 	Vote not required.	
	Informational update to the Board of Governors.		
8. c. BOARD I	BUSINESS – COVID-19 COST AND UTILIZATION		
G. Riojas	Gil Riojas presented COVID-19 Cost and Utilization The agenda included and items discussed were:	Informational update to the Board of Governors.	None
	 Projection Assumptions and Challenges Costs by Population and Category of Service Admission Trends 	Vote not required.	
	Informational update to the Board of Governors.		
8. d. BOARD I	BUSINESS – FISCAL YEAR 2021 SECOND QUARTER FORECAST		
G. Riojas	Gil Riojas introduced presented Fiscal Year 2021 Second Quarter Forecast Gil discussed the following items:	Informational update to the Board of Governors.	None
	FY2021 Forecast HighlightsMembershipRevenue	Vote not required.	

AGENDA ITE SPEAKER	M	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP		
8. e. BOARD	Answ	Medical Expense Forecast versus Budget Results Medical Loss Ratio by Population Administrative & Clinical Staffing tion: Will there be a Third Quarter Forecast? ver: Yes, there will be a Third Quarter Forecast. mational update to the Board of Governors.				
T. Cheang	Tiffan	The control of the Heritage of	Informational update to the Board of Governors. Vote not required.	None		
8. f. BOARD E	8. f. BOARD BUSINESS – MEDI-CAL DELIVERY SYSTEM					
S. Coffin		Coffin presented the Medi-Cal Delivery System shared the following information.	Informational update to the Board of Governors. Vote not required.	None		

AGENDA ITE SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	On February 23, a joint presentation was given to the Alameda County Boar Supervisors Health Committee by Colleen Chawla, HCSA, Lori Cox, SSA, a Scott Coffin, Alameda Alliance for Health. The Committee approved to submon-binding letter of intent to DHCS no later than April 30, 2021. The Health Committee is forwarding the letter of intent to the Board of Supervisors in April a vote. In October 2020, DHCS invited county health officials to consider changing their Medi-Cal delivery models. Updates will be shared after the ACBOS vote in April. Question: What are the next steps? Answer: After the letter of intent passes, Alameda County can begin talks with the Department of Health Care Services. There would be about 6 months of discovery work, which is a formal assessment that identifies the risk, benefit costs, etc. Question: Is there a federal process? Answer: Yes, part of the discovery efforts will define the state and federal legislative requirements. Informational update to the Board of Governors.	nd nit a pril	
9. a. STANDII	IG COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COM	MMITTEE	
Dr. O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonic on January 19, 2021.	Informational update to the Board of Governors.	None
	 Dr. O'Brien gave the following updates: There were twelve (12) initial providers approved, including one (1) Primary Care Providers, four (4) specialists, one (1) ancillary provide and six (6) mid-level providers. 	Vote not required.	

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	 Additionally, forty-one (41) providers were re-credentialed at this meeting; eighteen (18) primary care providers, sixteen (16) specialists, three (3) ancillary providers, and four (4) mid-level providers. Informational update to the Board of Governors. Vote not required. 					
9. b. STANDIN	IG COMMITTEE UPDATES – PHARMACY & THERAPEUTICS COMMITTEE					
Dr. O'Brien	 Dr. O'Brien gave an update on the Pharmacy & Therapeutics Committee. Dr. O'Brien announced a new voting member of Alliance Pharmacy & Therapeutics (P&T) Committee has been recruited. Dr. Bao Dao is an oncologist at EpiCare and has expertise in physician administered drugs. The current voting members serving the P & T Committee include: Aaron Basrai Paul J. Bayard Pamela Gumbs Ivan Y. Lee Helen Lee, PharmD, MBA Stephen O'Brien, MD Bao Dao, MD Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None			
10. STAFF UP	10. STAFF UPDATES					
S. Coffin	• None	None	None			
11. UNFINISHED BUSINESS						

AGENDA ITEM SPEAKER		DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP	
S. Coffin	•	None	None	None	
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS					
S. Coffin	•	None	None	None	
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)					
Dr. Seevak	•	None	None	None	
15. ADJOURNMENT					
Dr. Seevak	Dr. S	seevak adjourned the meeting at 2:00 pm.	None	None	

Respectfully Submitted By: Jeanette Murray
Executive Assistant to the Chief Executive Officer and Clerk of the Board