ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Board of Governors

Regular Meeting

Friday, January 13th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference or

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, January 13th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call or

1240 S. Loop Road

Alameda, CA 94502

IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH BOARD MEETINGS

STATE OR LOCAL OFFICIALS CONTINUE TO IMPOSE OR RECOMMEND MEASURES TO PROMOTE SOCIAL DISTANCING.

AS A RESULT OF THE COVID-19 VIRUS, AND RESULTING ORDERS AND DIRECTION FROM THE PRESIDENT OF THE UNITED STATES, THE GOVERNOR OF THE STATE OF CALIFORNIA, AND THE ALAMEDA COUNTY HEALTH OFFICER, THE PUBLIC WILL NOW BE PERMITTED TO PHYSICALLY ATTEND THE ALAMEDA ALLIANCE FOR HEALTH MEETING TO WHICH THIS AGENDA APPLIES.

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE BOARD," 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT jmurray@alamedaalliance.org. YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE FOLLOWING LINK: Click here to join the meeting OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: 1-510-210-0967 Conference ID 8650745#. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, 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, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENTS DURING THE MEETING AT THE END OF EACH TOPIC.

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, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE BOARD WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

1. **CALL TO ORDER**

   (A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on January 13th, 2023, at 12:00 p.m. in Alameda County, California, by Rebecca Gebhart, Presiding Vice Officer. This meeting is to take place by video conference call or in person.)

2. **ROLL CALL**

3. **AGENDA APPROVAL OR MODIFICATIONS**

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 **DECEMBER 9th, 2022, BOARD OF GOVERNORS MEETING MINUTES**

   JANUARY 10th, 2023, FINANCE COMMITTEE MEETING MINUTES

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

   a) **BOARD CHAIR / VICE CHAIR ELECTIONS**

   b) **REVIEW AND APPROVE NOVEMBER 2022 MONTHLY FINANCIAL STATEMENTS**

   c) **PROGRAM UPDATES ---**

      I. **LONG TERM CARE CARVE-IN**

      II. **POPULATION HEALTH**

      III. **ENHANCED CARE MANAGEMENT**

      IV. **MENTAL HEALTH INSOURCING**

   d) **FORMER SUPERVISOR DAVID BROWN TERM CONCLUSION ANNOUNCEMENT**

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

   b) **PHARMACY & THERAPEUTICS COMMITTEE**

   c) **MEMBER ADVISORY COMMITTEE**

10. STAFF UPDATES

11. UNFINISHED BUSINESS

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

13. PUBLIC COMMENT (NON-AGENDA ITEMS)

14. 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

NOTICE TO THE PUBLIC

At 1:45 p.m., the Board of Governors will determine which of the remaining agenda items can be considered and acted upon prior to 2:00 p.m. and will continue all other items on which additional time is required until a future Board meeting. All meetings are scheduled to terminate at 2:00 p.m.

The Board meets regularly on the second Friday of each month. Due to the pandemic (COVID-19), this meeting is held as a video conference call only. Meetings begin at 12:00 noon unless otherwise noted. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at www.alamedaalliance.org.

An agenda is provided for each Board of Governors meeting, which lists the items submitted for consideration. Prior to the listed agenda items, the Board may hold a study session to receive information or meet with another committee. A study session is open to the public; however, no public testimony is taken, and no decisions are made. Following a study session, the regular meeting will begin at 12:00 noon. At this time, the Board allows oral communications from the public to address the Board on items NOT listed on the agenda. Oral comments to address the Board of Governors are limited to three minutes per person.

Staff Reports are available. To obtain a document, please call the Clerk of the Board at 510-747-6160.

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 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.

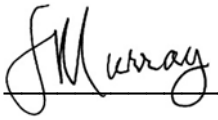
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org. You may also provide comments during the meeting at the end of each topic.

Supplemental Material Received After the Posting of the Agenda: Any supplemental writings 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 to the 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, Jeanette Murray, 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 January 9th, 2023, by 12:00 p.m.



Clerk of the Board – Jeanette Murray

ALAMEDA Alliance FOR HEALTH

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Consent Calendar

ALAMEDA Alliance FOR HEALTH

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Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
December 9th, 2022
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. Kelley Meade, Nicholas Peraino, Dr. Marty Lynch, Dr. Rollington Ferguson, James Jackson, Dr. Noha Aboelata, Dr. Michael Marchiano, Aarondeep Basrai, Supervisor Dave Brown, Byron Lopez

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

Guests Present on Conference Call:

Excused: Natalie Williams, Andrea Schwab-Galindo

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Evan Seevak	The regular board meeting was called to order by Dr. Seevak at 12:02 pm. The following public announcement was read. "The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County levels, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed State of emergency." "Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."	None	None

2. ROLL CALL			
Dr. Evan Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Evan Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Evan Seevak	None	None	None
5. CONSENT CALENDAR			
Dr. Evan Seevak	Dr. Seevak presented the December 9th, 2022, Consent Calendar. a) November 11th, 2022, Board of Governors Meeting Minutes b) December 6th, 2022, Finance Committee Meeting Minutes Motion to Approve December 9th, 2022, Board of Governors Consent Calendar. A roll call vote was taken, and the motion passed.	Motion to Approve December 9th, 2022, Board of Governors Consent Calendar. Motion: Supervisor Dave Brown Second: Dr. Marty Lynch Vote: Yes No opposed or abstained.	None

6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
Rebecca Gebhart	The Compliance Advisory Committee (CAC) was held on December 9th, 2022, at 10:30 am. Rebecca Gebhart gave the following Compliance Advisory Committee updates. 2022 DMHC Full Service Financial Audit: • We have received the final findings of the 2022 DMHC Full-Service Finance Audit, about two (2) months after the exit conference. The lookback period for this was the prior audit as well as the three-year period. We discussed four (4) minor findings today. These minor findings serve to illustrate the extent of detail that the State gets into with our audits and how we are addressing them. • The first finding was timely acknowledgement that provider disputes were reviewed. A few were found to be late; there is a fifteen-day (15) turnaround required, and they were a day (1) or two (2) late. This was due to a training issue which was remediated by training, and not a system-wide issue. In all findings, our primary focus is whether there is a system issue that needs to be addressed, or whether it is an isolated situation. • The second finding concerned claims that were not reimbursed accurately. The specific situation for this finding was this was one contract where one item in a large contract was entered incorrectly into the health suite system with a number transposition. This was corrected during the audit, so there was no corrective action plan needed. • An additional finding was that we did not timely file changes in plan personnel; the Plan is required to provide notice of personnel changes related to executive staff, certain finance staff, and Board members. These filings must be made timely with organizational charts and resumes, and we were a few days late. Since then, a new process has been executed and we have been able to meet those filings in a timely manner. • The next finding is also minor and concerned our fidelity bond, which did not have thirty-day (30) notice prior to cancellation, and this is required for	Informational update to the Board of Governors. Vote not required.	

	Knox Keene. Banks do not always provide this, however, we got our bank to provide the documentation, so this has also been fixed. Medi-Cal Program Updates – RFP Single Plan Model Transition: • We have completed the final deliverables for 2022 and we are working on the next set of deliverables for 2023. Four-hundred-seventy-one (471) deliverables will be submitted over the Operational Readiness period. The submissions have all been timely and on schedule. • For these deliverables, the State has a portal where we upload our submissions. The State keeps track of whether the deliverable is accepted at the initial submission, or whether it requires correction and resubmission. We have a ninety-five (95%) approval rate. Behavioral Health Network Transition: • For the April 1st, 2023, launch date, everything has to be finalized by the end of March. We were looking at our network with the State and noticed that the State did not see some of our providers in the categories that they wanted to see them in due to the naming conventions not being aligned. This misalignment caused them to perceive our network in a less complete manner than it needed to be. • We worked with the State and have changed our naming conventions; we have entered new names into our provider files and changed them in our contracts so that we should be in good shape and aligned with State requirements. Long-Term Care Transition: • From last month's meeting, we followed up on how we were receiving data of people in long-term care from the State and how we were working with that data to ensure that services were not interrupted. • Dr. O'Brien shared that we received an initial data set from the State; however, it had six (6) years of data, and much was expired. The Analytics team did a great job sorting this data and focusing on the most recent members and working to ensure that services are not interrupted for members. The team is aware that there may be changes that arise, so they are setting up a command center to deal with issues in real time as they arise.		

	• In January, we will get the members who picked the Alliance and in February, we will get the members who were assigned to the Alliance. The Team conducted town halls to facilitate outreach with providers to ensure that everyone had sufficient anticipatory guidance concerning this transition. Medi-Cal RX Transition: • Dr. Lee reported in previous meetings that they had made prescriptions not require prior authorizations, and that resulted in the State having to pay a lot of money. They are now bringing authorizations back into place. We will continue to monitor that. • Dr. O'Brien also shared that in the Medi-Cal Rx Transition, certain sensitive services now have been fully shifted to Medi-Cal Rx. The Alliance hung onto certain services due to the sensitivity of the services; these were continuous glucose monitoring for type one diabetic adults, and enteral feed nutritional supplements for fragile members. • The Alliance held onto these services because it concerns some of our most fragile members. In the interim, the Alliance conducted a lot of outreach and provided guidance to members using those services to ensure a smooth transition. Population Health Management 2023 Roadmap: • With Population Health Management, there is a very big focus on transitions of care, which is critical and at times, can create higher risk. In the rollout of Population Health Management, we must implement these transitions of care with a focus on high risk, which we are ready to do. • In 2023, the State has required that we focus on transitions of care for all members, including low risk members. This will be a significant lift for the organization; I wanted to address this because more visibility for the Board is better so we can continue to track this transition and receive updates. Informational update to the Board of Governors. Vote not required.		

6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. R. Ferguson	The Finance Committee was held telephonically on Tuesday, December 6th, 2022. Dr. Ferguson provided the following updates: Highlights: • Our enrollment continues to increase; for the month ending October 31st, our membership increased to over three-hundred-twenty-three-thousand (323,198). Since the pandemic, there has been a constant increase in our membership. • We were projected to have a loss of eight-point-seven million ($8.7M) by the end of October; instead, we have a twenty-one-point-six-million-dollar ($21.6M) net income. • Our Medical Loss Ratio (MLR) was eight-six-point six percent (86.6%) for the month and eighty-nine-point-weight percent ($89.8%) for the fiscal year to-date. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
6. c. BOARD MEMBER REPORT – CEO SEARCH COMMITTEE			
Dr. Evan Seevak	Dr. Evan Seevak provided an update on the CEO Search Committee: • We have engaged with Kiefer, and they are currently sourcing candidates for us to replace Scott when he retires in May. It seems to have been a very popular position; we have had over one-hundred (100) people identified who have shown interest in this nationwide search. • The firm is actively screening a diverse pool of candidates, and we were tracking to review profiles soon. The Search Committee is targeting the review of profiles of approximately ten (10) candidates, so we anticipate that with Kiefer, we will be presenting the ten (10) candidates that they feel have risen to the top of the pool.		

	• We want the full Board to have the opportunity to review the final two (2) candidates and meet them in person. We currently have two (2) dates held and we are looking for a third; January 27th in the afternoon and February 10th after the Board meeting are currently being held. • I will also be stepping down as the Chair of the Board, but I will continue as Chair of the Search Committee until it is completed. • We are currently taking nominations; next month we will elect our new Board Chair. We will also likely be needing a new Board Vice Chair – if any of you are interested in either nominating yourself or nominating someone else. It is a great role, email or call Scott or me if you are interested in nominating or discussing the role. Informational update to the Board of Governors. Vote not required.		
7. CEO UPDATE			
Scott Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: July 2022 Closed Session Public Disclosure: • In accordance with the Brown Act, we are required to provide a public disclosure of all closed session topics. This update is to disclose that the closed session in July 2022 Board of Governors meeting was regarding our NCQA reaccreditation status. • During my CEO update in the October 2022 Board of Governors meeting, I disclosed the outcome, which was that the Alliance has received NCQA reaccreditation for both lines of business, including Medi-Cal and Group Care. Financials: • We are presenting two (2) financial reports today – the first is the October 2022 Financial Report, and the second is the final budget for the fiscal year 2023, which ends on June 30th of next year.	Informational update to the Board of Governors. Vote not required.	None

	• As shared in previous Board meetings, our Medi-Cal enrollment growth continues to set records each month. This is due primarily due to the Public Health Emergency and the suspension of the annual redetermination process. • In addition to the Public Health Emergency, the California Department of Health Care Services is shipping Medi-Cal beneficiaries enrolled in the fee-for-service delivery system into the Medi-Cal Managed Care delivery system. • Alameda County has approximately eighty thousand (80,000) adults and children enrolled in the Medi-Cal fee-for-system currently. Effective January 1st, 2023, approximately twenty-nine thousand (29,000) of these individuals will be transitioned into managed care and will be enrolling in Alameda Alliance. This is a forecast, and more information will be covered today during our financial reports. Final Budget – FY 2023: • The California Department of Health Care Services typically releases the Medi-Cal base rates for our following calendar year in the month of September. The DHCS has extended these in 2022; the target date from the DHCS right now is by the end of this calendar year. Therefore, the final budget being presented today excludes the final base rates for Medi-Cal. Rather, the final budget includes revenue estimates that were developed during the year. • The final rates for calendar year 2023 will be included in our third-quarter forecast, which is scheduled for presentation in February 2023. This is an unusual year and therefore, an unusual financial reporting process. However, the team has done a great job of providing all the details. Revised State Legislature Report: • There is a revised state legislative report, on pages fifty-two (52) through sixty-eight (68) of the Board packet. The State Assembly and Senate bills are organized in a new way to show the active legislation that is related to health care services. This is a product from our Public Affairs department – I encourage Board members to pause and take a look at your convenience.		

	Key Performance Indicators: • The executive dashboard shows our performance in the month of November – one-hundred percent (100%) of the regulatory metrics were met; encounter data reporting, member and provider grievances, health services authorization, turnaround time, claims payment turnaround. • These are all examples of regulatory metrics; overall, the Alliance team did a fantastic job in the month of November again to deliver these results. Kaiser Permanente Contract & Program Implementations: • The direct contract between the State of California and Kaiser Permanente is scheduled to be effective on January 1st, 2024. The contract between Alameda Alliance for Health and Kaiser Permanente will terminate on December 31st, 2023, as this new contract takes effect. • On the dashboards you'll see that approximately forty-nine thousand (49,000) of the Alliance's Medi-Cal enrollees are enrolled in Kaiser and every one of these beneficiaries will have the option to remain with Kaiser or to be reassigned into a different part of Alameda Alliance's provider network. • Next year, a series of outreach campaigns will be conducted to inform our Medi-Cal members of their choice to remain with Alameda Alliance for Health. • Later in the Board meeting, we will be providing separate updates on CalAIM, Long-Term Care, and Population Health. We will go further into the status of these implementations – where we are, some of the issues that we are facing, and lastly, and update on the Public Health Emergency and some of the work that Alameda Alliance is doing with our safety-net partners and health care agencies. Scott paused the update to recognize Board member Dr. Noha Aboelata for her presentation in Washington, DC at the White House. White House Summit on COVID-19 equity. Dr. Aboelata provided the following comments:		

	• Thank you, this was a couple of weeks ago, it was a great event. It was about COVID equity, but also, it was about the broader concept of Health Equity. It was a heartfelt discussion; I was on the third panel, and my panel was about COVID equity to health equity. For many of us, we were doing health equity work before COVID and centering those who are most marginalized. COVID was another example and an opportunity for us to get out into the community and do what we could to try and mitigate or prevent disparities from being as severe. • I also had the opportunity to discuss threats that concern me. For example, I think the pandemic showed where a lot of our weaknesses are on data infrastructure, especially around public health data. I am hopeful that there will be other areas of data infrastructure that will be maintained on public health – not just on the delivery system, but on that whole continuum. • Additionally, the concern of having appropriate tools; I did raise the issue of the pulse oximeter; the darker someone's skin tone, the less accurate the pulse oximeter becomes. It is about the importance of continuing to advocate; that we don't just say the word equity, but that we're looking at our disparities and we're making sure that we're investing towards ending those. It was great to be representing the Bay Area in DC, thank you for the opportunity to share. Scott concluded the CEO Update with the following: • I want to acknowledge that the financial performance that we're going to be running through today is reflective of every employee in Alameda Alliance. Then of course, the support from our Board of Governors to make this all happen. • The team are doing a fantastic job. We are at one of the best operating points in the last eight years, and I'm very proud of the accomplishments that have been derived. It is a team effort to get this done – many thanks to everyone at Alameda Alliance for Health for making this happen. Question: As more duals have to get their Medi-Cal through the Alliance, does that include Kaiser Duals and would we lose them in 2024? Answer: We are having a broader discussion on the twenty-nine thousand (29,000) Medi-Cal members that are coming in, which seventy-five percent (75%) are dual. It is about twenty-two thousand (22,000) on January 1st. For 2024, part of that		

	depends on the direction we have with Medi-Care expansion. The State is going to keep the duals enrolled as they are, and then part of the discussion we are having with the Department of Health Care Services will help to decide on whether we will keep the duals enrolled beyond 2024. Informational update to the Board of Governors. Vote not required.		
8. a. BOARD BUSINESS – REVIEW AND APPROVE OCTOBER 2022 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	Gil Riojas gave the following October 2022 Finance updates: Enrollment: • For the month ending October 31st, 2022, the Alliance had an enrollment of over 323,000 members, a net income of $9.5M, and the Tangible Net Equity (TNE) was 681% of the required amount. • Our enrollment has increased by over 1,800 members since September 2022, and on a fiscal YTD, we gained over 10,000 members since June 2022. By category of aid, consistent with prior results, are child-adult optional expansion enrollment continues to increase. • We also see increases in our Medi-Cal SPDs and Medi-Cal Duals. The only area of slight fluctuation is related to our group care – in-home support services, which is the commercial line of business. It has been trending down but was typically within the 5800–6000-member range over the year. Question: When we see situations like this, does the State expect we pay for these with savings from other lines of business, or do they expect that they will adjust these rates on the go forward if we continue to see losses in a particular population? Answer: The rates should stand on their own, so each rate by category should stan on its own and should be actuarily sound. I think we've continued to see sustained losses in our SPD, but our other rates particularly our optional expansion and our adults and child Medi-Cal, you know that those positive variances are making up for the shortfall with the SPD. The State looks at this every year – they look at	Motion to Approve October 2022 Monthly Financial Statements as presented. Motion: Mr. James Jackson Second: Dr. Kelley Meade Vote: Yes No opposed or abstained.	None

	medical expenses by category of aid and category of service. Historically, we have seen certain categories make up the difference for areas where there are significant net losses. Net Operating Results: • For the fiscal YTD ending October 31st, 2022, the actual net income was $9.5M, versus a budgeted net loss of $2.9M. Revenue: • Positive Revenue Changes: For the month ending October 31st, 2022, the actual revenue was $105.7M vs. the budgeted revenue of $102.9M. • For the fiscal year ending October 31st, 2022, the actual revenue was $408.4M vs. the budgeted revenue of $409.7B. • We have also had some higher than expected interest income from our investment, so that is really the reason for the variance between budget to actuals. • The revenue continues to grow as membership grows. Medical Expense: • For the month ending October 31st, 2022, the actual medical expense was $91.6M, and the budgeted medical expense was $98.6M. • For the fiscal year ending October 31st, 2022, the actual medical expense was $366.9M vs. the budgeted medical expense of $390.6M. • There is some variance in our actual versus budgeted; we also had a decrease in our incurred but not paid claims estimate; so that estimate of expenses has gone down by about $4.0M for the month, which means we have less liability than we anticipated looking at our historical claims payments. • Actual to Budget Variance on a PMPM Basis: On a year-to-date (YTD) basis, looking at our budgeted medical expenses to actual expenses, the largest variance is related to our inpatient expenses. Utilization has been favorable to our budget by about 15%, offset slightly by our unit cost, which has been more. The net effect of that has been about a 5.1% favorable variance, and that variance equates to about $6.8M.		

	• The other area of favorability that is significant is in our ER Services. If you look at our budget to actuals, our unit cost related to fee for service ER Services has been lower than anticipated. This has resulted in about $3.0M in savings. • We also have variances in our other benefits and services, which is related to the clinical administrative expenses, the FTE expense, and our net reinsurance – looking at our premiums to the amount of money we have collected over this prior period and this period. Those are the primary drivers of the favorable variance of about $15.0M. • For the per member per month (PMPM) perspective, it is about a 4.3% variance, which equates to about $13.11 per member per month. It tracks relatively closely to the actual dollar variance 3.9% for the dollars and about a 4.3% on a PMPM level. • All these variances have been favorable for the most part, along with our increased revenue above what we had anticipated for our budget, which impact our medical loss ratio (MLR). Medical Loss Ratio (MLR): • For the month ending October 31st, 2022, the MLR was 86.6% and 89.8% for the fiscal year-to-date. • Ideally, we would like to maintain our MLR between 90.0% and 95.0%. We are in a good spot for the fiscal year to date at about 90%; overall, our medical loss ratio has been relatively stable. • We spend the bulk of our revenue as we should on medical care; about 90% of the revenue we receive goes to medical care. The remaining goes to administrative expenses and is also held as tangible net equity; as you move forward into some period of uncertainty, it will be good for us to continue to build up our TNE and we can do that by managing our medical aspect ratio.		

	Administrative Expense: • For the month ending October 31st, 2022, the actual administrative expense was $5.3M vs. the budgeted administrative expense of $7.3M. • For the fiscal YTD ending October 31st, 2022, the actual administrative expense was $21.5M vs. the budgeted administrative expense $28.0M. • The major reasons for variance: about $3.0M is related to Purchased and Professional Services, which is the need for consultants and computer support services. We have also seen some in our employee expenses – this concerns FTEs and start dates for positions or vacancies. This impacts employee expenses. • Administrative Loss Ratio (ALR) represented 5.0% of net revenue for the month ending October 31st, 2022, and 5.3% of net revenue YTD. Other Income / (Expense): • Our fiscal year-to-date net investment revenue reported a gain of $1.7M; this equates to about $770K in increased interest income from our investments in prior months. We have been able to take advantage of a market where interest rates are increasing rapidly. • Fiscal-year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $104,000. Tangible Net Equity (TNE): • As our net income goes up, our reserves go up. The Department of Managed Health Care (DMHC) requires TNE to be thirty-eight million dollars ($37.0M). • We reported actual TNE of two-hundred-fifty-two-point two million-dollars ($252.2M), and excess TNE of two-hundred-fifteen-point two million dollars ($215.2M). • Of the required TNE, we have six-hundred-eighty one percent (681%). • It is good to maintain healthy reserve, particularly as we move into Long-Term Care next month. As we take on new populations of health, there will		

	be significant changes that may impact the TNE, so we want to ensure we build it up as much as we can. Cash Position and Assets: • For the month ending October 31st, 2022, the Alliance reported nearly $321.2M in cash of which $219.7M was uncommitted cash. The remaining was pass-through liabilities at $101.5M. Our current ratio is above the minimum required at 1.77 compared to the regulatory minimum of 1.0. Capital Investment: • Fiscal year-to-date capital assets acquired: $197,000. • Annual capital budget: $1.0M. Question: What assumptions are made to create the budgeted number for medical expense? Answer: The budget comparison to actual is reflective of our preliminary budget; it's a budget that we put forth back in May and June of this year. So significant variances between now and then – one of them would be enrollment; anticipating when enrollment was going to start to decline, that was one of the variables. The other variable was utilization – looking at the potential trends of what we have seen over the past and how we reflected that in our budget. Utilization has not been as high as we anticipated for the first several months of the fiscal year. We looked at the catastrophic cases over the last several years and thankfully to date we have not had as many as expected. Those are some of the main drivers of that variance between our preliminary budget which you see here on the screen and the results that are actuals. Motion to Approve October 2022 Monthly Financial Statements as presented. A roll call vote was taken, and the motion passed.		

8. b. BOARD BUSINESS – REVIEW & APPROVE FISCAL YEAR 2023 FINAL BUDGET			
Gil Riojas	Budget Process: • We presented our preliminary budget in June 2022 and our budget today represents both our Q1 forecast and our final budget. • It has results from July to October; we are trying to reflect as accurately as we can using the most relevant months of financials that we have. Calendar Year 2023 Rates: • One of the major challenges that we have had with both our preliminary budget and final budget is related to incomplete rates from DHCS. We anticipate an update to the major organ transplant rates. We haven't had that – the last update we got was back in November 2021. We are expecting to receive updates on our MOT rate in December. • We recently received the Enhanced Care Management rates for the next calendar year (CY 2023) and we have been able to incorporate some of that information into our budget. • The big area of variance would be related to our Medi-Cal base rates; although we received some information related to our base rates for calendar year 2023 in September, it did not constitute the complete package. Therefore, it was not enough information for us to fully finalize what the rates would be for calendar year 2023. We are expected to get those rates before the end of this month is over. • The State has also been working on separating members with satisfactory immigration status and unsatisfactory immigration status for months now; this has also delayed the rate process. CalAIM Incentive Programs: • We have also updated the October results. The CalAIM Incentive Program dollars – we are able to know how much more we are going to earn. These have also been reflected in our final budget. FY2023 First Quarter & Final Budget Highlights: • The projected net income is close to eighteen million dollars ($17.8M). The bulk of that will be for Medi-Cal with small net positive results with our Group Care line of business.	Motion to Approve FY 2023 Final Budget as presented. Motion: Dr. Marty Lynch Second: Dr. Rollington Ferguson Vote: Yes No opposed or abstained.	None

	• Our Tangible Net Equity (TNE) is one-hundred-ninety-five point three ($195.3M), 532% of TNE required by DMHC. • Medical Loss Ratio (MLR) is 93.2%, compared to 94.7% in the Preliminary Budget. • We expect our membership to be at about three-hundred-fifty-seven (357,000) members. We have about twenty-nine thousand members (29,000) transitioning from Fee-for-Service to Managed Medi-Cal in January of this year. There will be significant Medi-Cal enrollment increases, which is going to be a driver of some of the impact to our final budget. • Medi-Cal enrollment will make up the bulk of our membership at three-hundred-fifty-one-thousand members (351,000) and Group Care enrollment will be trending at normal levels from fifty-eight hundred to six thousand (5800-6000) members per month. • Revenue on a per member per month (PMPM) basis is higher than our preliminary budget and related to getting some additional insight into Long-Term Care services and how it impacts our SPD and Duals populations as well as the Incentive dollars that we know more information about. • We believe for the fiscal year – July of this year to June of next year – awards for Incentives will add thirty million dollars ($30.3M) in revenue and expenses. • From a medical expense perspective looking at a PMPM basis, we forecast will be $2.23 unfavorable to our preliminary budget, mainly due to Long-Term Care Services and the categories of service in our SPD and Duals populations. • We anticipate our administrative expenses to be about five million ($4.7M) lower than the preliminary budget. As we see month after month, the decrease is driven by delayed hiring and the timing when positions will actually be hired and a delay in projects. • By the end of the fiscal year, we expect our full-time employees (FTEs) to be at four hundred-eighty-nine (489). This reflects an addition of seven and a half (7.5) Administrative FTEs and four (4) Clinical FTEs from the Preliminary Budget.		

	CalAIM Incentives: • From an incentive perspective, we have more clarity on our CalAIM Incentives. We forecast maximum potential CalAIM Incentives from 2021 through 2024 total eight million dollars ($80.4M). To date, we have been awarded fifteen-point three million dollars ($15.3M) and paid out eight-point-five million dollars ($8.5M). • Most of the CalAIM funds will be passed onto our community partners. • CalAIM Incentives of thirty-point-three million ($30.3M) are assumed in the Final Budget from November through June of next year. • We have broken out the Incentive Programs – the bulk of what we are earning is through Housing and Homeless Incentive Program, which will be about twenty-four million dollars ($23.9M). • Six million dollars ($6.0M) will be through the CalAIM Incentive Payment Program, and about half a million ($0.4M) related to Student Behavioral Health Incentive Program. Areas of Uncertainty: • There are some things that are still uncertain and will potentially impact on our final budget that will be reflected in our future forecast. One is enrollment – significant changes in enrollment are estimates based on limited DHCS data. We have several Members that will be transitioning from fever service into managed care by 2024. The State has indicated 99% of beneficiaries that are currently in Fee-for-Service will be transitioned into Medi-Cal Managed Care by the end of 2024. We don't know when that will happen, but it will happen sometime in the next year or two. • The State's delay of Medi-Cal base rates for calendar year 2023 is also an area that remains uncertain, as well as performance metrics and CalAIM Incentives; how much we earn will determine if the metrics are met. There is potential risk if we pay out more than what we earn based on our performance metrics. • The State is dividing members by categories of immigration status; although DHCS is aiming for budget neutrality, there is risk that there may be some adjustments made to the rates as the State looks further into this. • The number and cost of major organ transplants have been conducted, although it is difficult to predict. To date, the number of transplants has been less than anticipated.		

	• Contracted rate negotiations with our providers and hospitals, and there may be some changes to our future contracts that may potentially impact on our final budget. Membership Forecast: • Our Medi-Cal enrollment is forecasted to peak in May and ends the year at three-hundred-fifty-seven thousand (357,000) members. We have about twenty-nine thousand members (28,800) that are anticipated to transition from Medi-Cal Fee for Service. • The largest transitions include about twenty-two thousand Dual members (21,500). Some are related to Long-Term Care, and some are related to system issues DHCS had. The issues have been corrected, and they are transitioning those members into the Managed Care population. We also have some seniors and persons with disabilities that are transitioning along with additional optional expansion members. We have seen and will expect significant increases in the numbers of categories of aid, with the largest being in the duals, which will double the duals population from the current period. • We forecast group care to remain relatively flat with no significant changes. • The Public Health Emergency and the timing of when it ends will be very important; it impacts both revenue and expenses, as well as an impact on our FTE and our administrative expenses. When we think enrollment will peak and when it will start to decrease and the rate it will decrease significantly impacts our financial statements, administrative expenses, as well as medical expenses. • The transition to the Single Plan Model in 2024 will also have a net effect on our membership; there is a lot that we are considering by the end of the fiscal year, but also into the next fiscal year. • We are forecasting a significant increase starting in January and peaking in May, and then a small decline. Right now, we have about a one percent (1%) decline for the last several months. However, this is an area of uncertainty, both when the PHE will end and when disenrollment will begin again, and the rate at which our members will start to decline.		

	Membership Forecast by Population: • Forecasted by category of aid, our populations Optional Expansion and Child will be the largest, with our Adults third, and our Duals increasing. The other populations are relatively stable. • There will additionally be two new categories of aid related to Long-Term Care as well. Revenue: • We are anticipating ending the year at one-point-five billion dollars ($1.5B) a year. We are forecasting significant growth both in revenue and expenses from the prior year. • We have almost doubled our revenue in the last six (6) years, which is significant growth. The bulk of that is related to significant increases in membership along with some changes to programs, with DHCS shifting some of the programs they were responsible for to Managed Care. Medical Expense: • We expect to see an increase in our expenses; hospital contract changes may exceed six million dollars ($6.0M). We are looking at that and continuing to negotiate contracts with our hospital and provider partners. • Long-Term Care revenue and expense we are assuming will be neutral to our bottom line. • Medi-Cal enrollment: The increase in enrollment has an increase in our medical expenses, we assume by about fifty million dollars ($50.0M) compared to our preliminary budget. Comparison to Preliminary Budget: • There are forecasted significant changes to our revenue related to enrollment, so the number of enrollees and how long they have been enrolled has an impact on revenue. • Along with the changes in medical expenses, adding new categories of aid and Long-Term Care, potential changes to Major Organ Transplant rates have impacts on the final budget. Question: I want to know what this means, especially for those duals – our Kaiser members that I assume will join us in January 2023. Are we going to coordinate care?		

	Answer: We don't have a lot of details on the profile of those members, but you are correct – I would assume some of those members already have Kaiser for Medicare, so I would expect there to be some of those members that are rolling into the Alliance. We don't have the numbers of what those will be, but that will be something we will have to work with Kaiser and coordination of care. I also would expect some members that are already enrolled in Kaiser to enroll in the Alliance as well. Dr. O'Brien provided the following comment: • Almost always, the patient comes in with Kaiser, I would assume very strongly that those patients are going to want to be a part of Kaiser. I would assume they would be delegated to Kaiser through us. If we had a member we would be fully prepared to be able to dialogue with, but we have no circumstances in which we have a patient who has Kaiser and us. Question: When we delegate to Kaiser, do we have a mechanism to track quality outcomes? Answer: Absolutely, we look at all of our delegates and look at their quality scores. Kaiser has excellent quality scores, but yes, we have ways of looking by specific populations and tracking these members. Question: I would expect their quality scores to be excellent on the medical side, but I am not sure I have seen what their quality scores would look like when it comes to Long-Term Services and supports and other non-medical measures. I don't know if it exists or not? Answer: That is a good point and they definitely have less experience in that area – it is not traditionally one of their offerings. Matthew Woodruff provided the following comment: • You are correct, Dr. O'Brien, those would be delegated back to Kaiser. Staffing Comparison to Preliminary Budget: • From our preliminary budget to our final budget, we have had an increase of eleven and a half (11.5) FTEs.		

	Motion to Approve FY 2023 Final Budget as presented. A roll call vote was taken, and the motion passed		
8. c. REVIEW & APPROVE RESOLUTION #2022-05 NOMINATING DR. KELLEY MEADE FOR REAPPOINTMENT TO DESIGNATED HOSPITAL SEAT (REGULAR #15).			
Scott Coffin	Recommended Action: • Resolution #2022-05 nominates Dr. Kelley Meade for reappointment to the Designated Hospital Seat, Regular #15. • Dr. Meade's current term at the Alameda Alliance for Health Board Governors Hospital Seat will expire on February 25th, 2023. Dr. Meade has chosen to serve an additional four (4) year term. Discussion: • Resolution #2022-05 provides for the approval of documents for reappointment to the Hospital Seat. If the resolution is passed and adopted by the Board of Governors today, it will be sent to the Alameda County Board of Supervisors, who will vote on Dr. Meade's reappointment. Motion to Approve Resolution #2022-05 as presented. A roll call vote was taken, and the motion passed.	Motion to Approve Resolution #2022-05 Reappointing Dr. Kelley Meade to Designated Hospital Seat (Regular #15) Motion: Dr. Evan Seevak Second: Ms. Rebecca Gebhart Vote: Yes No one opposed or abstained.	None

8.d. PUBLIC HEALTH EMERGENCY UPDATE			
Matthew Woodruff	Public Health Emergency (PHE) Overview: • The Public Health Emergency legislation had two (2) main parts – there was Program Requirements and Redetermination. • Program Requirement Changes: There have been over one hundred (100) program changes – we will touch on a couple of them. • Redetermination: Eligibility for disenrollment was not done during the Public Health Emergency and members are still able to enroll. PHE Impacts on the Alliance: • Telehealth – we connected to telehealth two times during the public health emergency. • 24-hour access code authorizations and payment guideline changes; our guidelines changed for COVID. We had to pay for these ourselves. • Texting for the Public Health Emergency: the Alliance was allowed to text for the public health emergency, and we still are. • Enrollment Growth. Changes after the PHE Ends: • Redetermination will begin, and there will be disenrollment. • The Alliance is working with Alameda County Social Services Agency (SSA) and Community Partners to assist members who are due for renewal and who may have recently lost coverage. We are working with SSA in a way we haven't been allowed to previously. We will also be assisting with Covered California transitions. • SSA will definitely take the lead, but we will be working with them and coordinating with them. We also want to coordinate with our community partners • On December 31st, 2022, we have a draft outreach plan due to the Department of Health Care Services. • Currently, the date of the ending of the Public Health Emergency is not final – the federal end date is January 11th. The Centers for Medicare and Medicaid Services (CMS) will provide sixty (60) day public notice.	Informational update to the Board of Governors. Vote not required.	

	• The official end date remains uncertain; we had heard the PHE would end in the first quarter, but now we are hearing it may end in June. It is currently estimated to end March 31st, 2023. • The State estimates that up to twenty percent (20%) of our members could be disenrolled when the Public Health Emergency ends. • We have a lot of community outreach planned, both through the Social Services Agency and through partnering with Covered California for outreach. We can only outreach to our members who are enrolled or who have been disenrolled. • Outreach Costs: We do not know yet what the cost will be, but it will depend on when the Public Health Emergency will end. We are planning to begin a budget February 2023 through June 2023, and budget for the next fiscal year July 2023 through June 2024. • Marketing Campaigns: We want to explore what to do for marketing campaigns; we have started discussing how we want to have separate outreach strategies for adults and children. We have discussed utilizing local television, radio, social media, texting which we have already been doing, postcards since members generally respond to those, and print ads. • With texting, postcards, and other forms of communication, our primary goal is to have direct outreach to members working with Federally Qualified Health Centers, Community Health Centers, and Community-Based Organizations. • Our next steps include drafting the Implementation Plan for the Department of Health Care Service's approval and coordinating with SSA. Additionally, we have started commencing the DHCS Ambassador Program, so all our outreach team are already Ambassadors. Our goal in these efforts is to reduce the State's estimate of twenty percent (20%) disenrollment. Question: What is the content and message of the outreach? Answer: There's two types of messages we can do – one is telling the member that "next month is redetermination month, did you know you can command redetermination? If you need help, you know where to go." The second type of outreach will be, "you were just disenrolled, let's talk about what we can do to get you re-enrolled again."		

	Question: Could you clarify what you said about peds and adults, and is there anything anticipated to change the cadence y which the children go through redetermination? Answer: We were thinking about how do we target different populations, whether we need to work more with the screening, what the different groups we need to work with are to ensure that we are giving information to the right people at the right time. Upcoming Presentations: • We will also be presenting on Monday, December 12th with SSA at the Health Committee on both our roles throughout the Public Health Emergency and what we will be doing and how we will be doing it. • There is also another presentation on Monday with Alameda Alliance, Contra Costa, and Department of Health Care Services about how we can outreach to our members and providers. Public Comment: What is the stakeholder community engagement specifically around for ending of the public health emergency? Answer: We have not started our plan yet, but we would be happy to receive any feedback. Informational update to the Board of Governors. Vote not required.		
8.e. CalAIM UPDATES			
Dr. Steve O'Brien	CalAIM-Enhanced Care Management: • For Enhanced Care Management, full credit to Dr. Amy Stevenson who is managing that program for us as well as her team in case management, along with Dr. Carey. • New Populations of Focus related to Long-Term Care will be effective January 1st, 2023. We are not launching community supports, however, we will do a pilot of those community supports that relate to those ECM Populations because the real issue is those are primarily housing related		

Ruth Watson	community supports. We have ECM Providers lined up to see them – two of our existing providers, CHCN and EBI will be working with some members at risk for institutionalization. • We also have two new ECM providers working their way through the process of getting credentialed – MedArrive and Institute on Aging, both of which have done ECM work in other counties in the Bay Area. They have a track record and hopefully can add to our capacity to provide mor eservices to our members. CalAIM – Duals Enrollment: • Currently, over seventy percent (70%) which equates to one-point-one million (1.1M) of beneficiaries are dually eligible for Medicare and Medi-Cal Managed Care. This will be twenty-one thousand (21,000) for the Alliance. • On January 1st, 2023, the coverage for Medi-Cal for most remaining dually eligible beneficiaries will change from Fee-for-Service (FFS) Medi-Cal to Medi-Cal Managed Care. Notices were sent out to members on November 1st of this year to notify. • Medi-Cal Managed Care enrollment will not impact a beneficiary's Medi-Cal providers or Medicare Advantage Plan – for now. We are not sure if this will change in the future. • If they have a standard Medicare provider that is not in the Medi-Cal network or they are assigned in a Medicare Advantage Plan, they will not need to be in the Medi-Cal Managed Care network to continue for these providers to provide care to their Medicare beneficiaries. We probably don't know who these providers are that are in the primary care physicians on the Medicare side. On coordinating – we are happy to coordinate, but we may not have the opportunity to do so because we won't always know who these members are assigned to from a Medicare perspective. However, they can reach out to us for some wrap-around Medicare services, and that is ECM in particular and Enhanced Care Management and Community Supports. If they are delegated to Kaiser, Kaiser already participates in ECM and Community Supports; for instance, if they are not with Kaiser, then they can reach out to us and we can provide ECM. Question: Doesn't Medi-Cal pay their part D drug premiums if they are a dual? Answer: Yes, if they are a dual, Part D is included and they do pay it. That would		

	be covered under the Medi-Cal pharmacy benefit. We do not cover it now and we do not cover regular Medi-Cal drugs.		
Dr. Steve O'Brien	CalAIM – Long-Term Care Carve-In: • The final Long-Term Care APL came out at the end of October. The teams have been working hard on deliverables and processes. • We had sixteen (16) deliverables submitted which included policies and procedures as well as program descriptions. Two (2) of these deliverables have already been approved by DHCS.		
Matthew Woodruff	• We have met our contracting requirement that required us to contract with a minimum of sixty percent (60%) of total eligible SNFs in the MCP's HEDIS Reporting Unit. • We are currently at seventy percent (70%) and increasing. We have contracted seventy-three facilities for Custodial Level of Care and fifty-one (51) of the seventy-three (73) are credentialed. • We have had three (3) Long-Term Care Provider Town Halls which went very well, and we learned a lot and received wonderful feedback from the providers. We had over one hundred and fifty people at the town halls; it went very well.		
Dr. Steve O'Brien	• It was a great interaction and primarily, we shared contact information. We wanted them to know who to contact and how to make it simple to contact. • We received the DHCS Member Data; it wasn't particularly clean data – it was complete in certain areas and not in others. We have requirements for continuity of care – a year for the facility and a year for the provider, ninety days (90) for the services like transportation or CPAP services. • There are pre-existing treatment authorizations (TARs) and we are uploading as much as we can from the State file to ensure that people have active TARs and continue through that process. We know that there will be plenty of manual entry and manual processes – we are preparing for that as well in terms of contingency planning with a lot of crossover coverage from all of our departments.		

	• We anticipate that hopefully a lot of the data is accurate, but we know there will be some patients who weren't on the list. We are preparing our provider partners to get a hold of us quickly to ensure we get people on coverage. Our Integrated Planning Division is putting together a command center that will go live on January 1st where we will have representatives from across the organization who will be ready to handle acute issues as they arise. Population Health Management: • The PHM APL was finalized at the end of November, which means we have ninety (90) days to update and submit any relevant policies and procedures to DHCS. We have already submitted some of our deliverables and we received some clarifying questions back from DHCS today. • One thing we want to point out from this APL is the focus on transitions of care – there are new specific requirements. It has not been a called-out case management service, but it is now. In January, it is high-risk members who we have to identify through an algorithm. In July, the State will give us their algorithm and we must ensure transitional care services for all high-risk members. However, by January 2024, we are required to ensure all transitional care services are complete for all members. Informational update to the Board of Governors. Vote not required.		
9. STANDING COMMITTEE UPDATES			
Dr. Steve O'Brien	The Peer Review & Credentialing Committee (PRRC) was held on November 15th, 2022. Dr. Steve O'Brien provided the following Committee updates: • At PRRC, there were one-hundred-sixteen (116) initial providers and one-hundred four (104) of those were behavioral health providers. • Twenty-one (21) providers were re-credentialed. The Health Care & Quality Committee (HCQC) was held on November 18th, 2022.	None	None

	Dr. Steve O'Brien provided the following Committee updates: • We heard the QI Program Evaluation and Workplans by two (2) of our delegates, Kaiser and Beacon. This will be the last QI Program we hear from our delegate Beacon, because we will be absorbing those responsibilities, so it will be part of our QI Program moving forward for the mental health services. • For Kaiser, we will have one (1) more year and after this coming year, they will stop being a delegate. • We also looked at our CAP results from our CAP survey, a PHM update which we just covered, some updates from Health Education Quality Initiatives, our P4P Program for this year, as well as PQI's. Question: The behavioral health providers differentiated by their degree and training? Answer: Yes, we have a new breakdown that we will bring to the next meeting. We have psychologists, psychiatrists, and more. Informational update to the Board of Governors. Vote not required.		
10. STAFF UPDATES			
Scott Coffin	None	None	None
11. UNFINISHED BUSINESS			
Scott Coffin	None	None	None

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Scott Coffin	None	None	None
13. PUBLIC COMMENT (NON-AGENDA ITEMS)			
Dr. Evan Seevak	None	None	None
14. CLOSED SESSION			
Dr. Evan Seevak	PROPOSED ACTION ON MATTERS INVOLVING TRADE SECRETS (WELFARE & INSTITUTIONS CODE SECTION 14087.35). THE PROPOSED ACTION WILL CONCERN A NEW LINE OF BUSINESS; PROTECTION OF ECONOMIC BENEFIT TO THE HEALTH AUTHORITY. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF JANUARY 2025.	None	None
15. ADJOURNMENT			
Dr. Evan Seevak	Dr. Evan Seevak adjourned the meeting at 1:50 pm.	None	None

Respectfully Submitted by: Danube Serri, J.D.
Legal Analyst, Legal Services.

ALAMEDA Alliance FOR HEALTH

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Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

January 10th, 2023
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

Committee Members on Conference Call: Dr. Rollington Ferguson, Dr. Michael Marchiano, Gil Riojas

Board of Governor members on Conference Call: James Jackson

Alliance Staff on Conference Call: Scott Coffin, Tiffany Cheang, Richard Golfin, III, Sasi Karaiyan, Dr. Steve O'Brien, Anastacia Swift, Matthew Woodruff, Carol van Oosterwijk, Shulin Lin, Linda Ly, Renan Ramirez, Danube Serri, Christine Corpus

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER			
Dr. Rollington Ferguson	Dr. Rollington Ferguson called the meeting to order at 8:00 am. The following public announcement was read. *"The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County level, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed state of emergency."* A telephonic Roll Call was then conducted.		
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. December 6th, 2022, Finance Committee Minutes were approved at the Board of Governors meeting December 9th, 2022, and not presented today.	There were no modifications to the Consent Calendar, and no items to approve.	

a.) CEO Update			
Scott Coffin	Scott Coffin provided updates to the Committee on the following: **Public Health Emergency (PHE) Unwinding Initiative** – The Federal PHE has been extended into the month of April 2023. The Medi-Cal program follows the Federal PHE declaration, not the State of California, and so we are in the process of revising our enrollment forecasts that were presented as part of the final budget last month and we're going to be updating in the second quarter forecast that is scheduled for delivery to the Finance Committee and to the Board of Governors in March. **Passage of Omnibus Bill –** Recently, Congress passed an omnibus bill, and this was chaptered on December 31st of 2022. This is a common spending bill that is used to sweep quite a few requirements in at the end of the calendar year. In this case, the spending bill phases out a requirement that mandates states to disenroll Medicaid recipients through the redetermination process and allows for an extension all the way through the end of 2023. We haven't examined the nature of the spending bill yet or all the language that pertains to this redetermination process. We will be working with the Alameda County Social services to get that work done. One thing we do know, is it provides everyone more time to do outreach to individuals that are currently enrolled in Medi-Cal that could potentially lose their eligibility through the redetermination process. The revision to our overall membership Is anticipated increase and therefore the total revenue is also anticipated to increase this fiscal year. Those updates will be included in the third quarter forecast that will be presented. The Alliance is coordinating with health agencies and safety net partners across Alameda County to conduct outreach to the individuals that are enrolled in Medi-Cal and are identified as being redetermined. The outreach program is going to last for about 14 to 16 months, and we're going to tie into the state's strategy on how they will be conducting the outreach and communications through what's called the DHCS ambassador program. This outreach program is being funded by the Alliance, and a budget will be presented to the Finance Committee as more progress is completed on the planning activities.	Informational update to the Finance Committee Vote not required	

	<u>Department of Health Care Services (DHCS) Base</u> Rates – DHCS delivered the Medi-Cal base rates for calendar year 2023 on December 13th and an error was detected in the supporting documentation for the rate calculations. DHCS is in the process of reevaluating these base rates. Resolution is anticipated in the month of January and the results will be incorporated into the third quarter forecast. **Question:** Dr. Ferguson asked if the error had any financial impact. Gil explained that it was more that the supporting documentation that accompanied the rate package was inconsistent, and we requested that DHCS review the supporting documentation and make appropriate corrections if they agree. Gil further explained that he does not believe our rate will end up being any different.		
b.) Review November 2022 Monthly Financial Statements			
Gil Riojas	**<u>November 2022 Financial Statement Summary</u>** **Enrollment:** Current enrollment is 325,925 and continues to trend upward. Total enrollment has increased by 2,727 members from October 2022, and 12,869 members since June 2022. Consistent increases were primarily in the Child, Adult, and Optional Expansion categories of aid, and we continue to see growth in our Duals and SPDs. Group Care has remained relatively flat. Total enrollment continues to increase, but we have a lot of upcoming changes that will affect enrollment. 1. End of the Public Health Emergency (PHE) – We anticipate a decline in enrollment once redeterminations begin. 2. Mandatory transition to Managed Medi-Cal (LTC and Duals affected) – We anticipate an increase once those previously enrolled in Fee-for-Service are moved to Managed Medi-Cal plans. 3. Upcoming move to Single-Plan model – We anticipate an increase in enrollment due to the removal of Anthem as a plan in our county. We see many significant changes happening over the next 12-18 months that will move our enrollment up and down depending on when the change is implemented.		

	Net Income: For the month ending November 30th, 2022, the Alliance reported a Net Loss of $1.4 million (versus budgeted Net Loss of $1.9 million). For the year-to-date, the Alliance recorded a Net Income of $20.2 million versus a budgeted Net Income of $19.7 million. The favorable variance is primarily due to lower than anticipated Administrative Expense, and higher than anticipated Total Other Income. This is further explained on page 9 of the packet. Gil reminded the committee that the results given today are reflective of the Final Budget which was approved at the December Board of Governor's meeting. On the graphs showing Actual vs. Budget data, the Preliminary Budget (July through October results) is represented by a dashed red line. The Final Budget is represented by a solid red line which mirrors the "Actuals" for the months July through October. **Revenue:** For the month ending November 30th, 2022, actual Revenue was $102.4 million vs. our budgeted amount of $103.2 million. The slightly unfavorable Revenue variance is primarily due to an unfavorable retroactive adjustment related to COVID vaccination incentive revenue, along with unfavorable supplemental Maternity Revenue, partially offset by favorable Supplemental Behavioral Health Revenue. **Medical Expense:** Actual Medical Expenses for the month were $99.4 million vs. our budgeted amount of $98.3 million. Medical Expense for the year-to-date were $466.4 versus a budgeted $465.2 million. Drivers leading to the favorable variance can be seen on the tables on page 11, with further explanation on pages 11 and 12. **Medical Loss Ratio:** Our MLR ratio for this month was reported at 97.1%. Year-to-date MLR was at 91.3%.		

	Question: Dr. Ferguson asked for an explanation of how our Pharmacy Fee-for-Service Expense has changed since the State took over managing the benefit. Gil provided a year-over-year comparison sharing that in September 2021, our Pharmacy Expense was about $43 million and in September 2022 that was reduced by more than half to $20 million. Likewise in October 2021 our Pharmacy Expense was $59 million, and October 2022 that was reduced to roughly $27 million. Overall, a significant decrease in Pharmacy Expense. Dr. Ferguson then asked if Specialty Expense includes Transplants. Gil confirmed that Transplants would be included in Specialty Expenses. **Administrative Expense:** Actual Administrative Expenses for the month ending November 30th, 2022 were $5.5 million vs. our budgeted amount of $6.9 million. Our Administrative Expense represents 5.4% of our Revenue for the month, and 5.3% of Net Revenue for year-to-date. Reasons for the favorable month-end variances, as well as the favorable year-to-date variances are outlined on page 13 of the presentation. **Question:** Dr. Marchiano asked what is it that you would look for if MLR fell out of favorability? He asked where you look first and questioned whether it was connected to length of stay. Gil answered that MLR is that percentage of Revenue used for Medical Expenses. He pointed out the charts on page 11 of the packet, and explained that we are always looking for trends and outliers. When we notice an unfavorable trend in MLR, we look and work with our health care services team on ways to potentially manage those expenses properly if there's potential. Specifically looking at options for reducing the length of stay, transitions of care moving people to the right, setting the right care setting if there's the ability to use more generic drugs, those kind of things are what is going to drive our medical expenses up or down. **Other Income / (Expense):** As of November 30th, 2022, our YTD interest income from investments was $2.9 million. YTD claims interest expense is $132,000. **Tangible Net Equity (TNE):** We reported a TNE of 661%, with an excess of $212.9 million. This remains a healthy number in terms of our reserves.	**Provide Investment update at next Finance Committee Meeting.*	

	Cash and Cash Equivalents: We reported $351.4 million in cash; $236.3 million is uncommitted. Our current ratio is above the minimum required at 1.69 compared to regulatory minimum of 1.0. **Capital Investments:** For the month ending November 30th, 2022, we added $208,000 in Capital Assets. Our annual capital budget is $1.0 million. **Question:** James Jackson asked for further clarification regarding the capital budget. He stated that it appears we have spent approximately 20% of the capital budget and asked if that is what was anticipated, and do we intend on spending the full allotted amount. Gil answered that the capital budget is really made-up of two components this fiscal year, about $560,000 are related to IT assets and hardware, and the remaining is building improvements. Based on our historical results, we typically end the year a little under budget with our capital budget. **Question:** Dr. Ferguson asked for an update on our network security. Gil informed Dr. Ferguson that we are currently in process of renewing our cyber security insurance policy and asked Sasi to elaborate on the measures his team oversees for our organization. Sasi answered that we spent 20% of our infrastructure budget on security. In 2022, as part of an ongoing effort to be secure, we updated our physical security framework. We have ongoing training available to staff across the company so that our systems and people and processes are not vulnerable. It is a continuous effort. We initiated a security 2.0 program in the second quarter of this fiscal year and that is going to be a six-month program. He further explained that during the last 12 months we upscaled by adding multi factor authentication. Anybody who gets into our system must come through VPN. Our VPN has been strengthened and we also upgraded our networks across the company to make sure all the switches on the network that we have are protected 100%. We also have a process right now where we want to upgrade and put patches every six months. Sasi confirmed there are a lot of hackers in the market, and they try to penetrate every day. We want to make sure we keep our systems upgraded and all the patches up to date. We also added 24x7 security monitoring through an external vendor called Arctic Wolf. Any penetration that happens they will notify us immediately. We have an incident management		

	program internally that we built that will notify us within 15 minutes either through text messages or through emails or through calls so that we can act on it immediately. We will continue to strengthen our security postures on an ongoing basis. Gil further offered that the training and focus on security is cross-company and involves Vendor Management as well as Compliance. Dr. Ferguson asked if Sasi could provide regular updates regarding any attempted attacks and any precautions we are taking as an organization.	Motion to accept **November 2022 Financial Statements** Motion: James Jackson Seconded: Gil Riojas Motion Carried No opposed or abstained	
ADJOURNMENT			
Dr. Rollington Ferguson	The meeting adjourned at 8:58 am.		

Respectfully Submitted By:
Christine E. Corpus, Executive Assistant to CFO

ALAMEDA Alliance FOR HEALTH

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CEO Update

Scott Coffin

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

From: **Scott Coffin, Chief Executive Officer**

Date: **January 13th, 2023**

Subject: **CEO Report**

- **Financials:**

  - **November 2022:** Net Operating Performance by Line of Business for the month of November 2022 and Year-To-Date (YTD):

	November	YTD
Medi-Cal.....	($1.22M)	$19.1M
Group Care	($150K)	$1.1M
Totals	**($1.4M)**	**$20.2M**

  - **Revenue $102.4 million in November 2022, and $510.7 million Year-to-Date (YTD)**.

    - Medical expenses $99.4 million in November, and $466.4 million year-to-date (four months); medical loss ratio is 97.1% for the month, and averages 91.3% for the first five months of the fiscal year.

    - Administrative expenses $5.5 million in November, and $27 million year-to-date; 5.4% of revenue for the month, and averages 5.3% for the first five months in the fiscal year.

  - **Tangible Net Equity (TNE)**: Financial reserves are 661%, or 6.6 times the minimum regulatory requirement, representing $212.9 million in excess TNE.

  - **Total enrollment in November 2022 reached nearly 326,000**, increasing by more than 2,700 Medi-Cal members as compared to October. Preliminary enrollment in the month of January exceeds 330,000 members, led by Medi-Cal growth due to the public health emergency.

  - The **public health emergency** has been extended by 90 days, and is currently scheduled to end in the month of April 2023. Formal notification

from the U.S. Department of Health and Human Services (HHS). During the public health emergency, the Medi-Cal re-determination process is suspended, and will resume 60 days after the termination of the public health emergency.

- Alameda Alliance for Health is partnering with Alameda County Social Services Agency on an outreach campaign to minimize the disruptions to county residents due to disenrollment from the Medi-Cal program. The campaign is being funded by the Alliance in CY2023-2024 and will include community-based organizations, county agencies, contracted enrollment assisters, and others.

- **Final Budget – Fiscal Year (FY) 2023:**

  - **Fiscal Year 2023 final budget** was approved by the Board of Governors on December 9th, 2022.

  - DHCS delivered the final **Medi-Cal base rates** on December 13th, 2022, to the Alliance. An error was identified and is being researched, and the Alliance is awaiting a response prior to finalizing the CY2023 rates. The final Medi-Cal base rates are being included in the **second-quarter forecast** that is scheduled for presentation to the Finance Committee and Board of Governors in March 2023.

- **Key Performance Indicators:**

  - **Regulatory Metrics:**

    - All regulatory metrics were met in the month of December.

  - **Non-Regulatory Metrics:**

    - The Member Services call center reported an abandonment rate of 26%, and a 44% service level, for the month of December. The results are 20% and 26% below the internal thresholds respectively. Inbound call volume exceeded 13,100 as membership grows.

    - The Human Resources Division is reporting a **14% vacancy rate** in the month of December. The Alliance currently employs 423 full-time employees, and 66 positions remain open and are being recruited.

- **Medi-Cal Enrollment Forecast:**

    - The **DHCS has announced that 99% of Medi-Cal beneficiaries will be transitioning from the Medi-Cal fee-for-service system into the managed care system**. The transition is scheduled to be completed by December 31st, 2023.
    - As of December 2022, approximately 75,000 adults and children are enrolled in Medi-Cal fee-for-service in Alameda County
    - On January 1st, 2023, the DHCS has notified the Alliance that approximately 29,000 adults and children will be transitioned from the fee-for-service system. The new membership is divided into the following Medi-Cal aid categories: 75% Duals, 11% SPDs, 10% OE, 4% LTC. The largest transitions include 21,500 Dual members, 3,100 SPDs, 2,700 ACA Optional Expansion members, 1,200 LTC/LTC Duals, and 300 Other.
    - **As of January 11th, 2023, the Alliance has received 20 of the estimated 1,500 LTC members. The enrollment latency is being reported statewide, and is expected to be resolved by the DHCS in the next 30-45 days.**
    - Medi-Cal enrollment is forecasted to continue increasing by 1,200 to 1,500 new members each month until the public health emergency is terminated. The DHCS is forecasting that over 20% of Medi-Cal enrollment may be disenrolled in 2023-2024 due to ineligibility.

- **CalAIM Incentives Summary:**

    - **$9.9 million paid** to contracted partners as of December 31st, 2022.
    - Two incentive programs completed.
    - **Behavioral Health Integration – BHI (#1):** Final payment to be issued in CY2023.
    - **CalAIM Incentive Payment - IPP (#3):** Third application series issued into the community, inviting participation. $6.1M in payments issued in CY2022.
    - **Student Behavioral Health - SBHIP (#4):** $265K issued to community partners, and four targeted interventions have been agreed upon for CY2023 and CY2024. Up to $4.8M is forecasted for payment by DHCS in April 2023.
    - **Housing & Homelessness - HHIP (#5):** DHCS issued payments in October 2022 ($2.2M) and December 2022 ($4.4M); future payments are pending in May 2023, and March 2024.

- **Summary of the CalAIM Incentive Program funding:**

Incentive Program	Duration	Maximum	Awarded	Paid Out
✔ 1) Behavioral Health Integration	2021-2022	$3.2M	$2.3M	$2.1M
✔ 2) COVID-19 Vaccine	2021-2022	$8.4M	$3.0M	$1.4M
3) CalAIM IPP	2022-2024	$29.9M	$7.4M	$6.1M
4) Student Behavioral Health	2022-2024	$9.7M	$381K	$265K
5) Housing and Homelessness	2022-2023	$44.3M	$2.2M	Pending
Totals		**$95.5M***	**$15.3M**	**$9.9M**

- **Program Implementations [2022-2023]**
  - The following program implementations are currently in the operational readiness phase or have been launched through the CalAIM initiative.

- **Medi-Cal and Group Care**:
  - Insourcing of mental health & autism spectrum services on 3/31/2023

- **Medi-Cal Only**:
  - CalAIM: ECM and Community Supports launched in January 2022; Additional Community Support (Recipe4Health) launched in September 2022
  - CalAIM: Behavioral health in schools launched 12/31/22
  - **CalAIM: Long-Term Care (phase one) launched 1/1/23**
  - **CalAIM: Population Health (phase one) launched 1/1/23**
  - CalAIM: Justice Involved begins 1/1/24; self-funded pilot is being planned to begin Q2-2023
  - CalAIM: Additional ECM Populations of Focus in 2023

- **Single Plan Model**

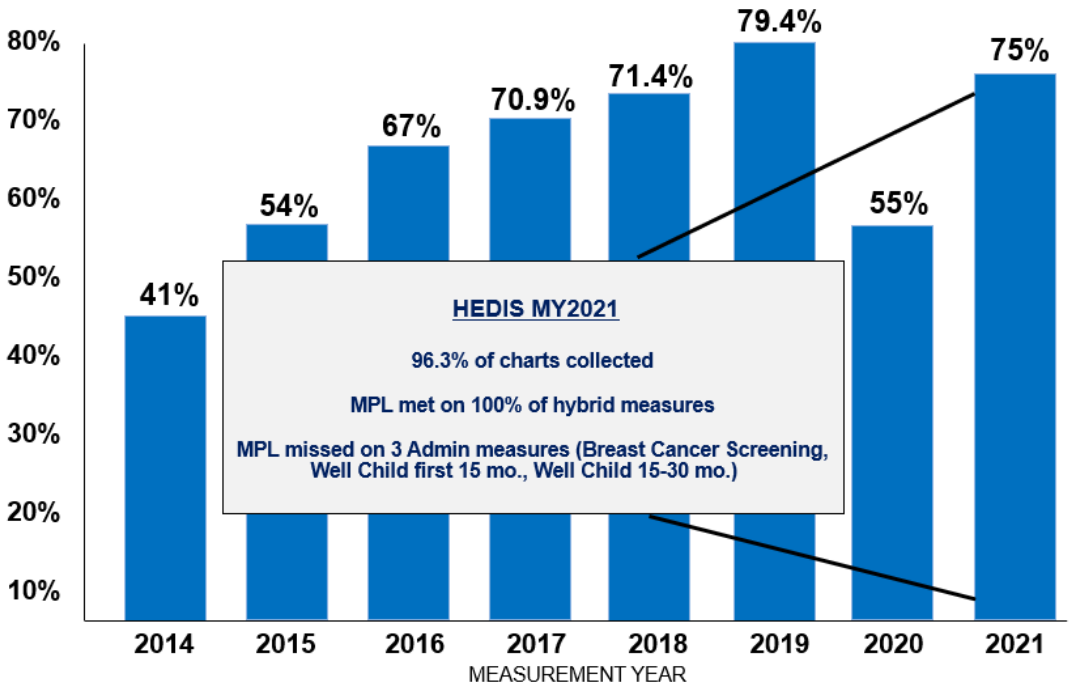
    - The California DHCS has issued a Single Plan County Model Transition Timeline for calendar years 2021, 2022 and 2023.
    - As a part of Operational readiness for January 1st, 2024, the Plan is required to submit multiple packets of deliverables.
    - The first set of deliverables were submitted on August 12th, and on September 12th.
    - Regulatory submissions were completed ahead of schedule in calendar year 2022, and additional submissions are scheduled in calendar year 2023.
    - The Alliance's Integrated Planning & Compliance Divisions are coordinating resources to meet the regulatory timelines.
    - Effective January 1st, 2024, Alameda County will become the "Prime" Medi-Cal option for Alameda County residents enrolled in the Medi-Cal program.

- **Quality Improvement, HEDIS, and Medi-Cal Rate Development**

    - DHCS announced that a Medi-Cal quality component is being added in calendar year 2023 that compares HEDIS scores between Alameda Alliance and Anthem Blue Cross.
    - The quality component is based on a proposed set of 10-15 HEDIS measures and uses actual HEDIS scores from calendar year 2021.
    - Weightings for each measure are applied to the calculation, and includes achievement and improvement as part of the scoring component. This function is referred to as the "risk adjustment" and results in more or less of the dollars being awarded to the Alliance, based on the quality scoring results.
    - **The DHCS has issued a $25,000 sanction to the Alliance for failure to meet the Minimum Performance Level "MPL" on three quality measures. The sanction is in the appeal process with the DHCS and is expected to be resolved by the end of January 2023.** A quality strategy is being developed, following the DHCS sanction process, to improve performance and will be submitted to the DHCS by January 31st, 2023. As reported in prior Board meetings, the following measures were lower than forecasted, including:

        - **(1) Breast Cancer Screening missed MPL by 0.91%**
        - **(2) Well Child (first 15 months) missed MPL by 10.8%**
        - **(3) Well Child (15 to 30 months) missed MPL by 7.0%**

- The DHCS has not issued the final HEDIS rates for calendar year 2021. The following graph illustrates the Alliance's actual HEDIS scores for calendar years 2014 through 2020, and the projected HEDIS score for calendar year 2021:



*MPL is the minimum performance level for a HEDIS measure, defined by NCQA.

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Executive Dashboard

OPERATIONS DASHBOARD

JANUARY 2023

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Financials

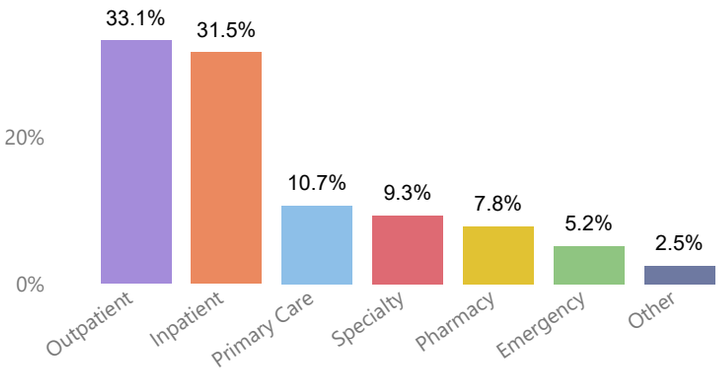
Income & Expenses

	NOVEMBER 2022	FISCAL YTD
REVENUE	$ 102.4 M	$ 510.7 M
MEDICAL EXPENSE	$ (99.4) M	$ (466.4) M
ADMIN EXPENSE	$ (5.5) M	$ (27.0) M
OTHER	$ 1.2 M	$ 2.8 M
NET INCOME	$ (1.4) M	$ 20.2 M

Gross Margin %

8.7%

Medical Expenses



Liquid Reserves

MLR Net %

91.3%

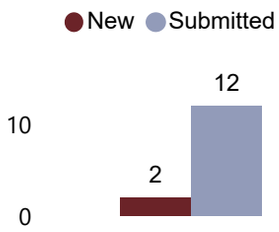
TNE %

660.8%

TNE $

$250.8M

Reinsurance Cases



Balance Sheet

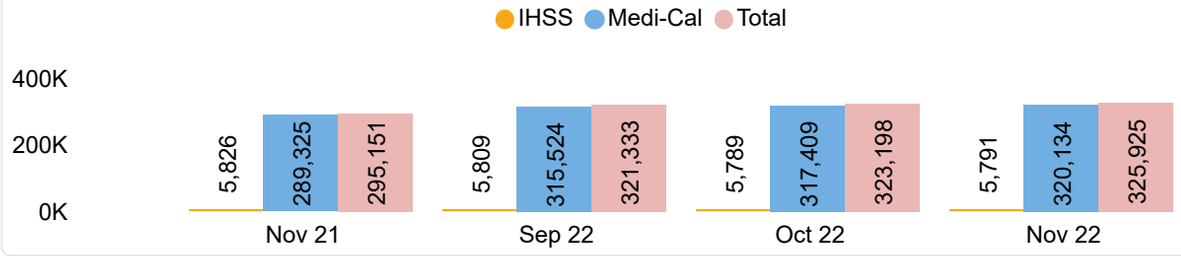
Cash Equivalents	$351.4M
Pass-Through Liabilities	$115.1M
Uncommitted Cash	$236.3M
Working Capital	$209.7M

Current Ratio

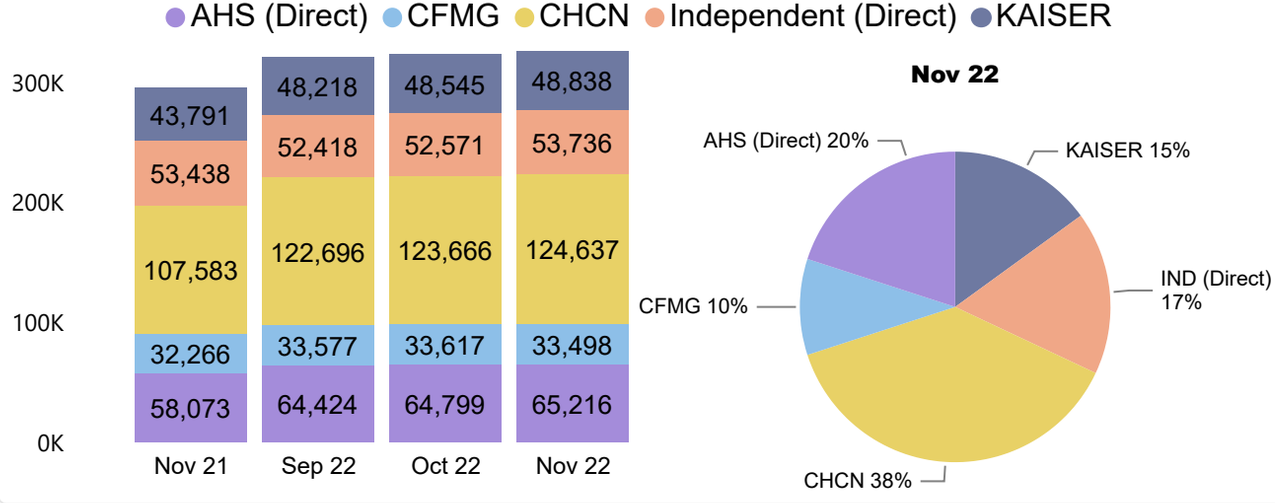
1.69

Membership

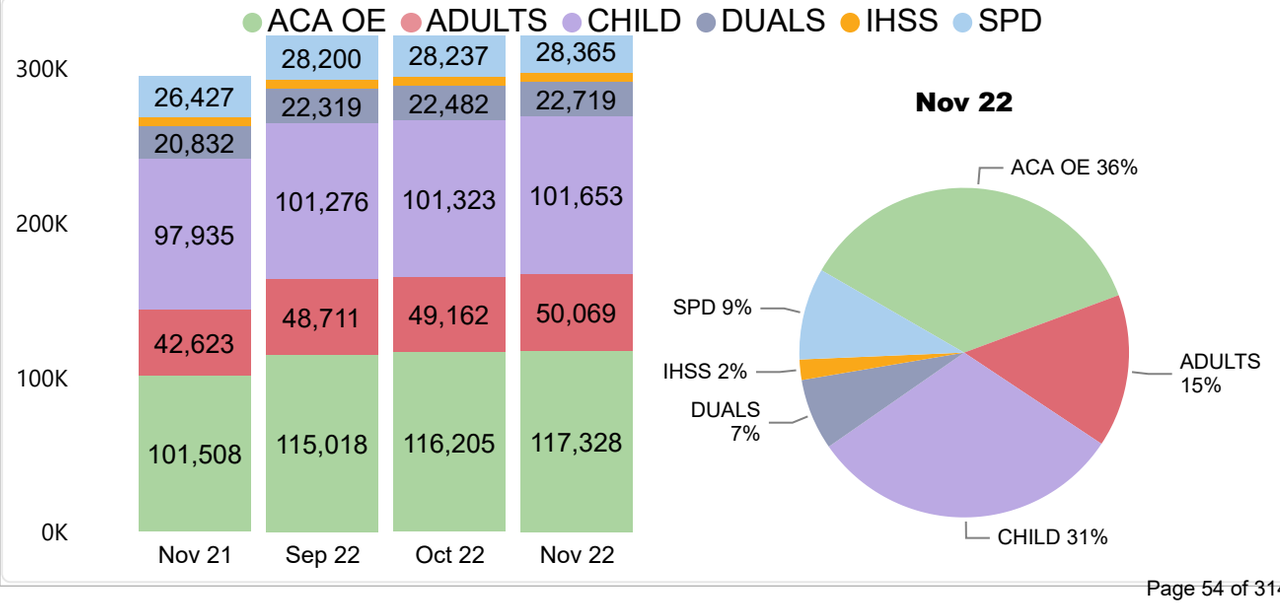
By Plan



By Network



By Category



OPERATIONS DASHBOARD

JANUARY 2023

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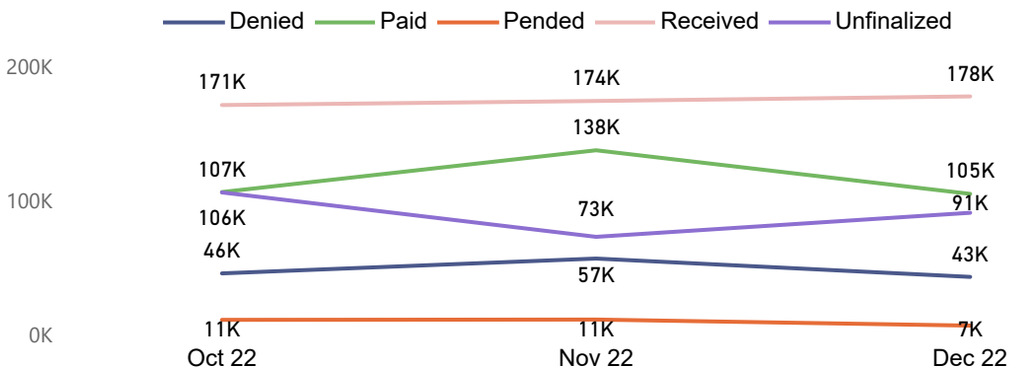
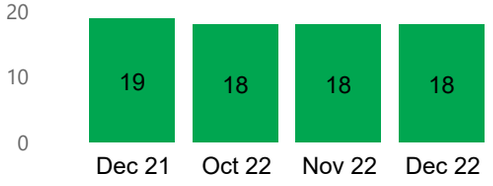
Claims

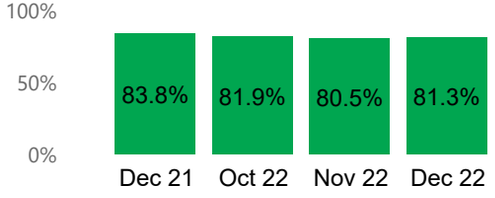
Claims Processing



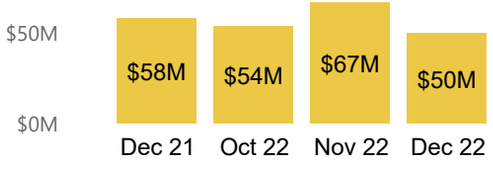
Average Payment TAT (Days)



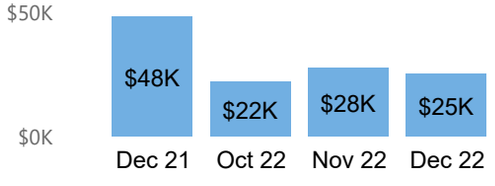
Auto Adjudication Rate (%)



Claims Paid ($)

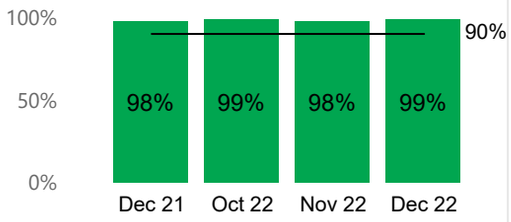


Interest Paid ($)

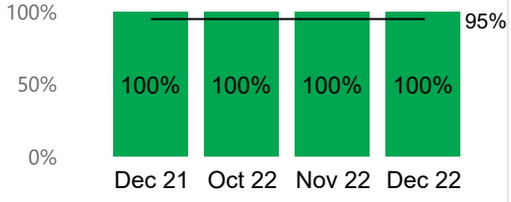


Claims Compliance

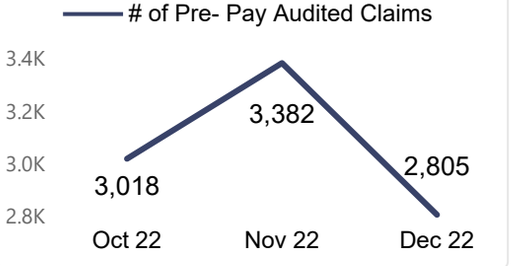
Processed 30 Cal Days (%)



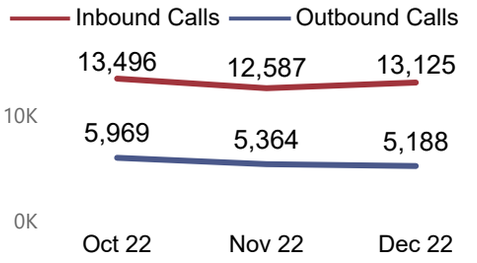
Processed 45 Work Days (%)



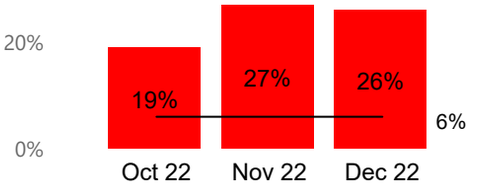
Claims Auditing



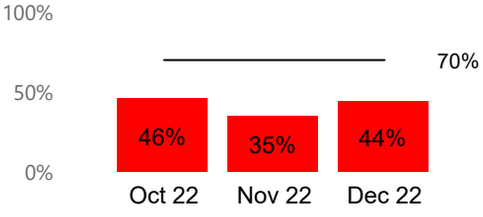
Member Services



Abandoned Call Rate (%)

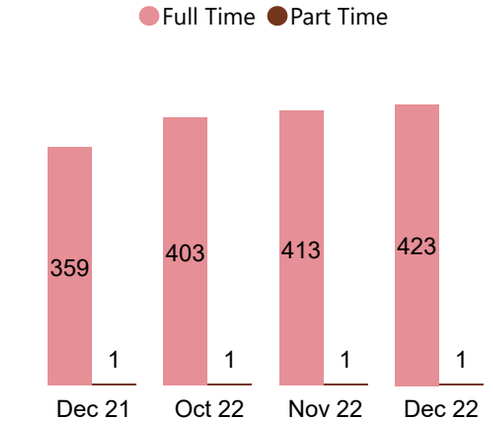


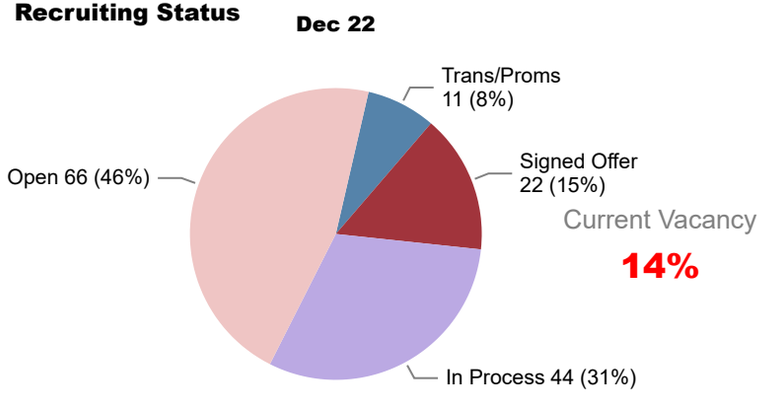
Calls Answered in 60 Seconds (%)

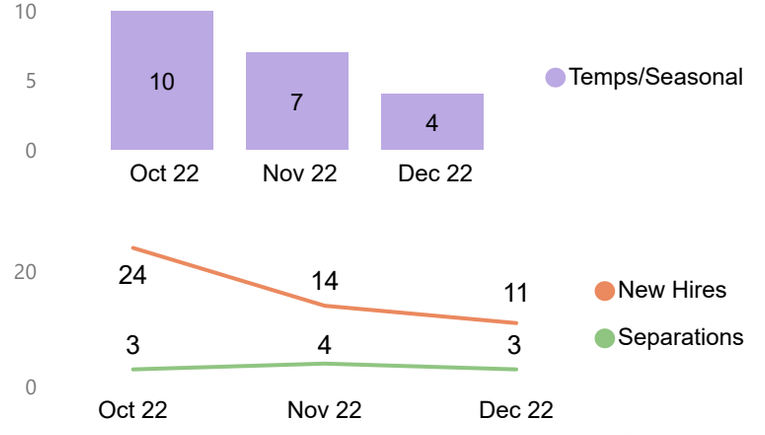


Average Call Times	Oct 22	Nov 22	Dec 22
Wait Time	04:55	07:49	07:44
Call Duration	06:53	07:15	06:55

Human Resources







OPERATIONS DASHBOARD

JANUARY 2023

1/9/2023 2:39:57 PM

Provider Services

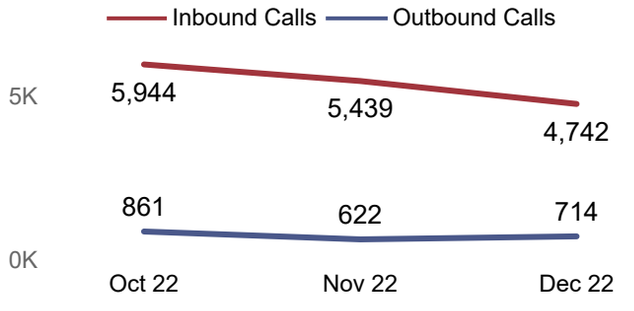
Provider Network

Hospital	17
Specialist	9,469
Primary Care Physician	747
Skilled Nursing Facility	83
Urgent Care	8
Health Centers (FQHCs and Non-FQHCs)	66
Transportation	380
TOTAL	**10,770**

Provider Credentialing

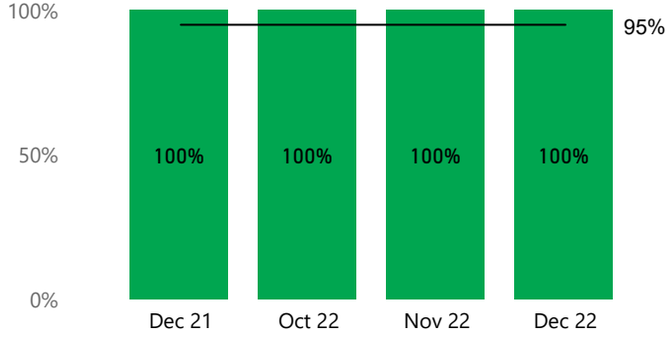
1,781

Provider Call Center



Provider Disputes & Resolutions

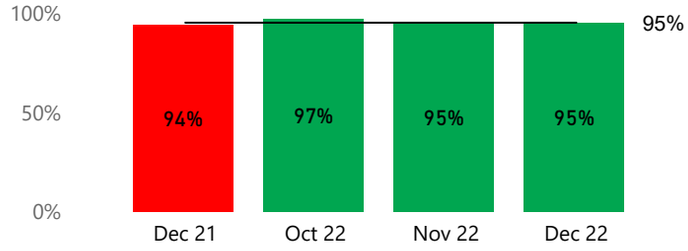
Turnaround Compliance (45 business days)



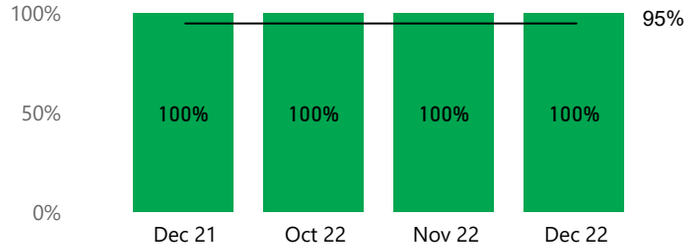
Compliance

Member Grievances

Standard (30 calendar days)

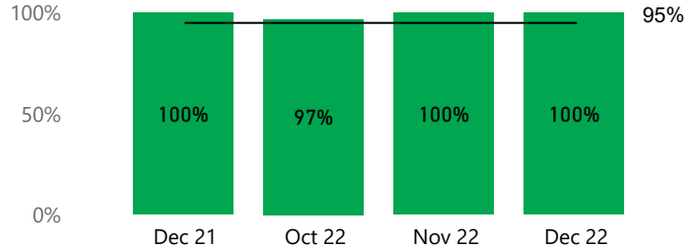


Expedited (3 calendar days)

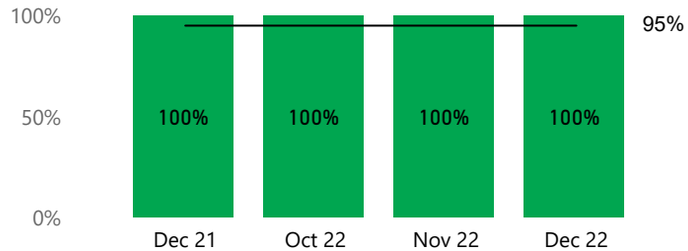


Member Appeals

Standard (30 calendar days)

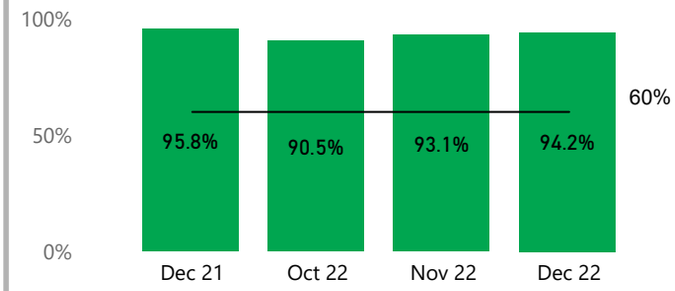


Expedited (3 calendar days)

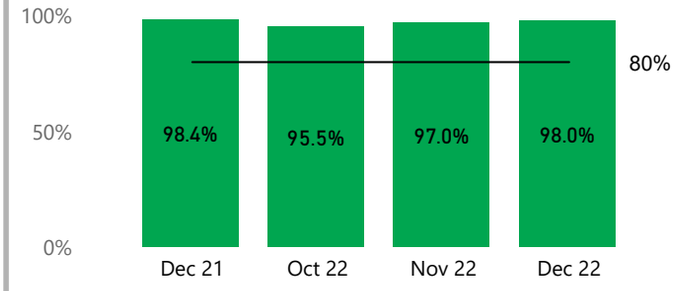


Encounter Data

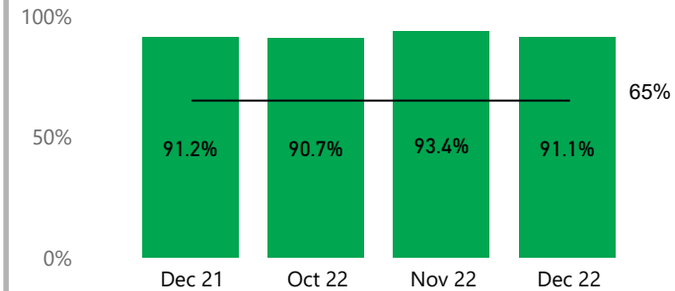
Institutional 0-90 days



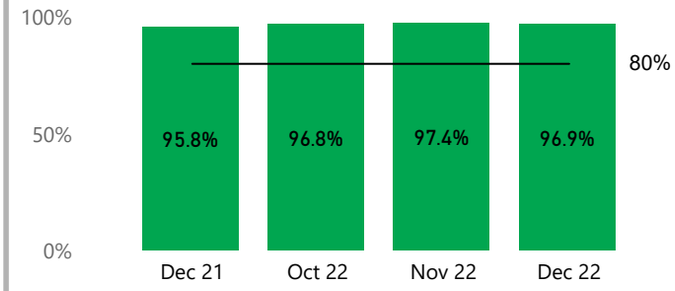
Institutional 0-180 days



Professional 0-90 days

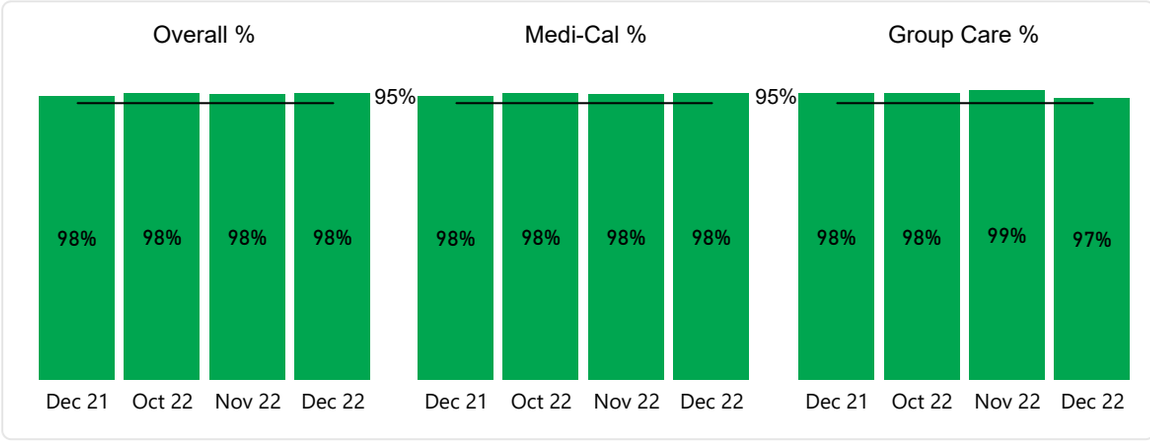


Professional 0-180 days

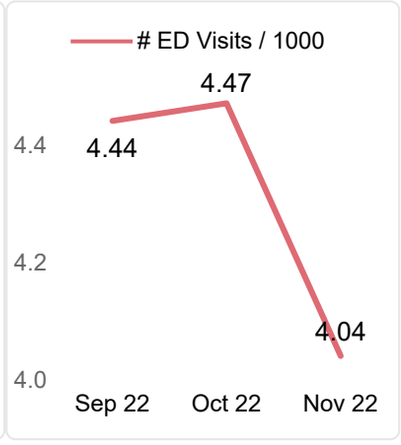


Health Care Services

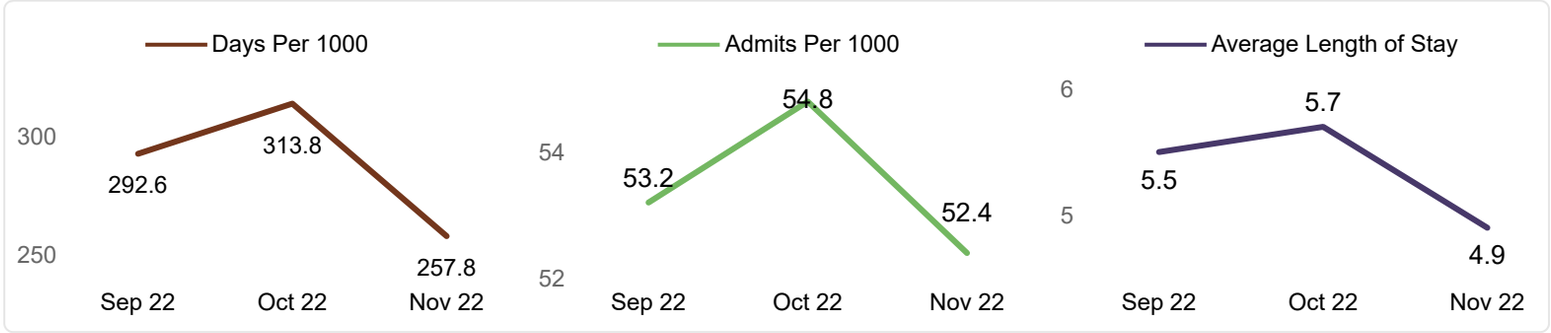
Authorization Turnaround



ED Utilization

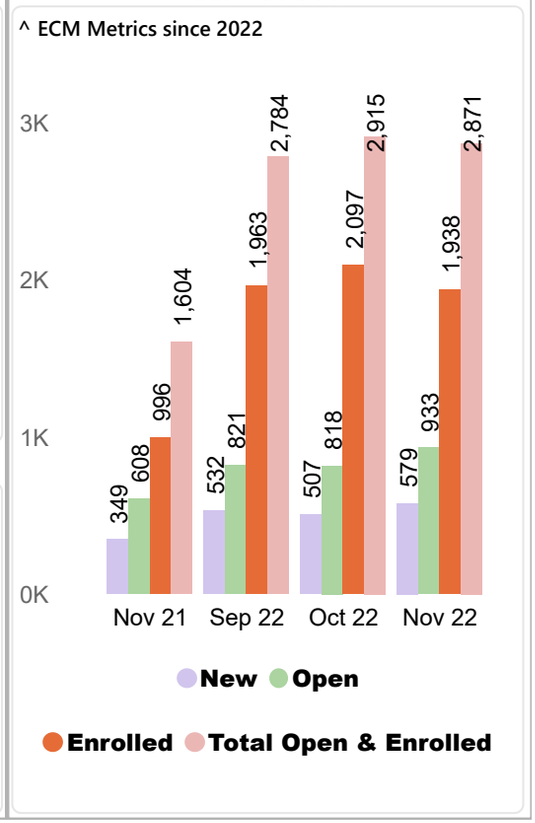


Inpatient Utilization

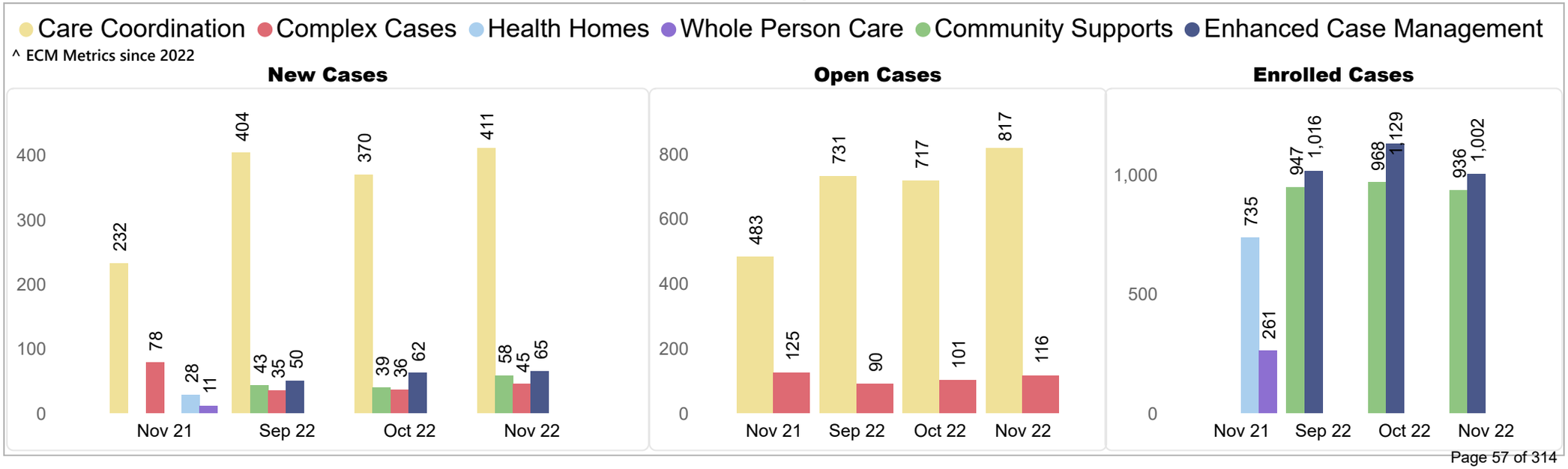


Case Management

Total Cases^



Case Management^



Technology (Business Availability)

Applications	Dec 21	Oct 22	Nov 22	Dec 22
HEALTHsuite System	100.0%	100.0%	100.0%	100.0%
Other Applications	100.0%	100.0%	100.0%	100.0%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	Dec 21	Oct 22	Nov 22	Dec 22
Denial Rate Excluding Partial Denials (%)	4.2%	3.3%	2.9%	2.3%
Overall Denial Rate (%)	4.8%	3.6%	3.3%	2.6%
Partial Denial Rate (%)	0.6%	0.3%	0.5%	0.4%

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

Pharmacy Authorizations

Authorizations	Dec 21	Oct 22	Nov 22	Dec 22
Approved Prior Authorizations	763	25	32	25
Closed Prior Authorizations	705	116	110	77
Denied Prior Authorizations	566	38	39	30
Total Prior Authorizations	2,034	179	181	132

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Legislative Tracking

2023 Legislative Tracking List

The California State Legislature reconvened the first week of January 2023. The following is a list of state bills tracked by the Public Affairs Department that have been introduced during the 2023 Legislative Session. State legislators have until February 17th to introduce bills and September 14th will be the last day for each house to pass bills. These bills are of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

In the first week of 2023, the Senate and Assembly have only introduced a handful of new measures in each house. Over 140 were already submitted in the month of December ahead of the 2023 session although not yet relevant to health plans. With a bill introduction deadline of Feb. 17th, committee hearings and votes will be heard over the next few months.

Medi-Cal (Medicaid)

- **AB 47 (Boerner-Horvath – D) Pelvic Floor Physical Therapy Coverage**
  - **Introduced:** 12/5/2022
  - **Status:** 12/6/22 From printer. May be heard in committee January 5th.
  - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, to provide coverage for pelvic floor physical therapy after pregnancy. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

- **AB 85 (Weber – D) Social Determinants of Health: Screening and Outreach**
  - **Introduced:** 12/16/2022
  - **Status:** 1/4/23 Read first time.
  - **Summary:** This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, to include coverage for screenings for social determinants of health, as defined. The bill would require a health care service plan or health insurer to provide primary care providers with adequate access to community health workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services to provide reimbursement for those screenings.

Other

- **AB 4 (Arambula – D) Covered California: Expansion**
  - **Introduced:** 12/5/2022
  - **Status:** 12/6/22 From printer. May be heard in committee January 5th.
  - **Summary:** Current state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. This bill would declare the intent of the Legislature to enact legislation to expand Covered California access to all Californians regardless of immigration status.

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Board Business

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Board Elections

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Finance

Gil Riojas

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

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

Date: **January 13th, 2023**

Subject: **Finance Report –November 2022**

Executive Summary

- For the month ended November 30th, 2022, the Alliance had enrollment of 325,925 members, a Net Loss of $1.4 million and 661% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$102,370	$510,734
Medical Expense	99,444	466,359
Admin. Expense	5,526	26,994
Other Inc. / (Exp.)	1,239	2,811
Net Income	**($1,362)**	**$20,192**

Net Income by Program:

	Month	YTD
Medi-Cal	($1,216)	$19,088
Group Care	(146)	1,104
	($1,362)	**$20,192**

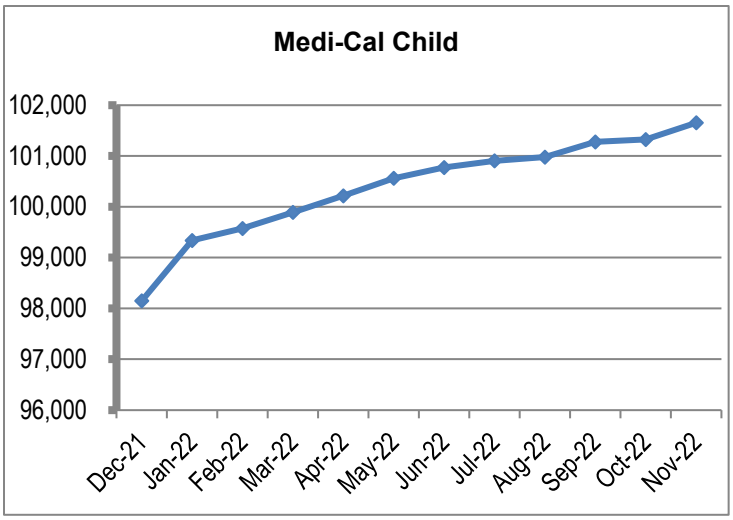
Enrollment

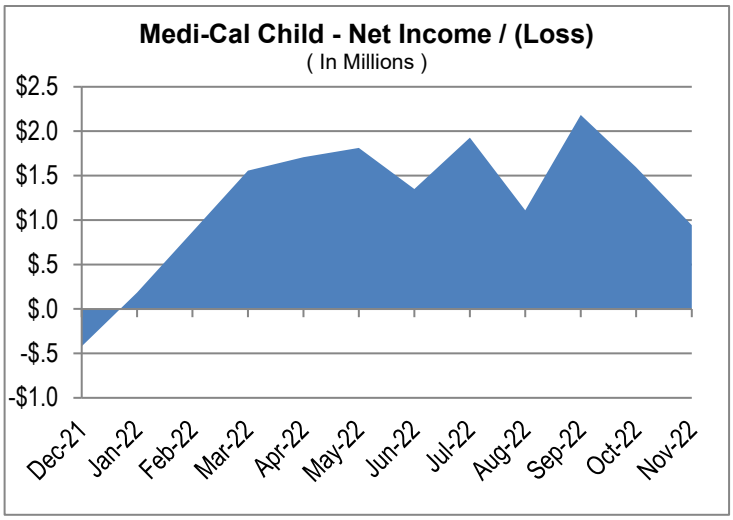
- Total enrollment increased by 2,727 members since October 2022.
- Total enrollment increased by 12,869 members since June 2022.

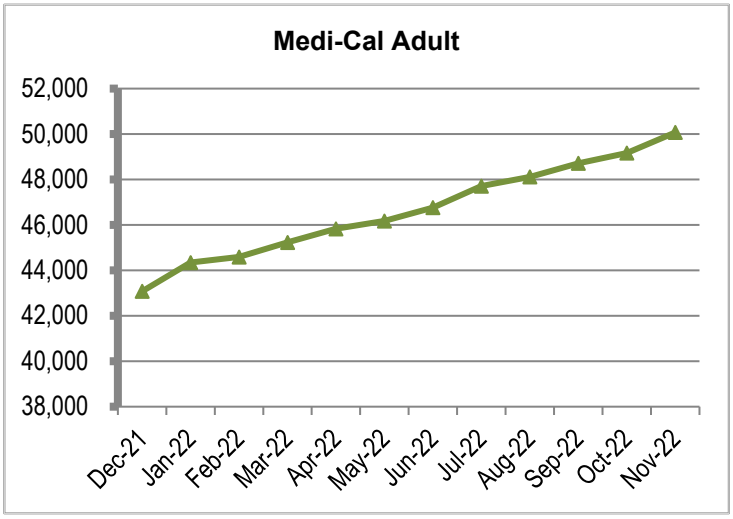
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

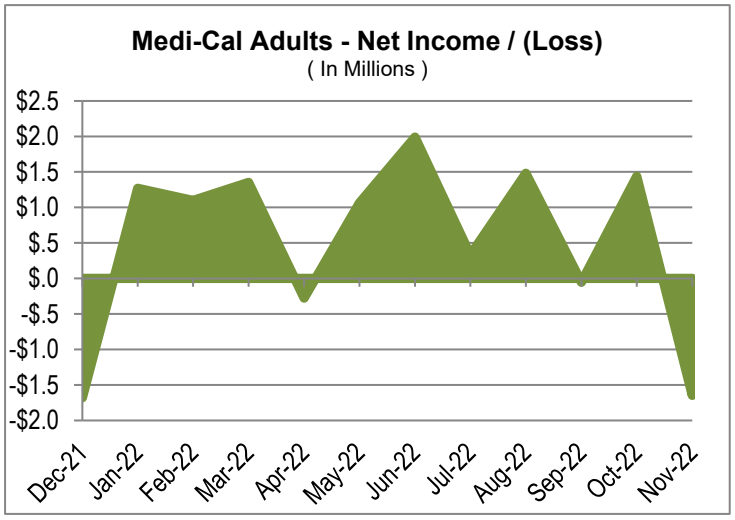
Enrollment					Member Months			
November-2022					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
50,069	49,408	661	1.3%	Adult	243,761	243,100	661	0.3%
101,653	101,526	127	0.1%	Child	506,132	506,005	127	0.0%
28,365	28,322	43	0.2%	SPD	140,872	140,829	43	0.0%
22,719	22,617	102	0.5%	Duals	111,507	111,405	102	0.1%
117,328	116,554	774	0.7%	ACA OE	576,081	575,307	774	0.1%
320,134	**318,427**	**1,707**	**0.5%**	**Medi-Cal Total**	**1,578,353**	**1,576,646**	**1,707**	**0.1%**
5,791	5,789	2	0.0%	Group Care	28,988	28,986	2	0.0%
325,925	**324,216**	**1,709**	**0.5%**	**Total**	**1,607,341**	**1,605,632**	**1,709**	**0.1%**

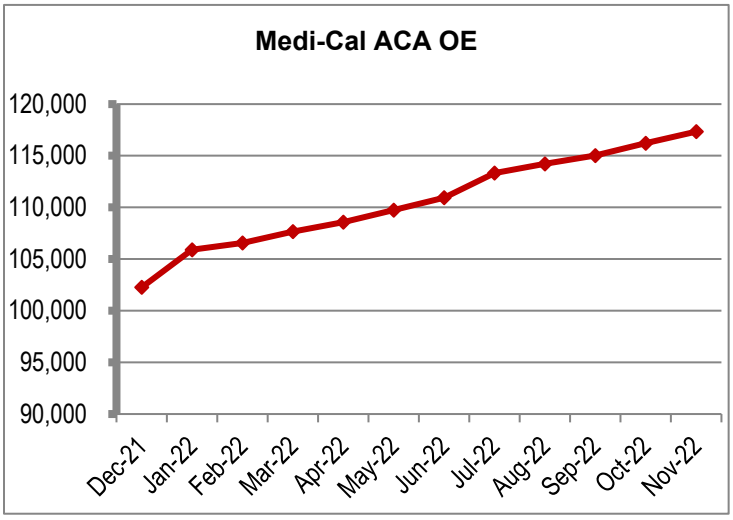
Enrollment and Profitability by Program and Category of Aid

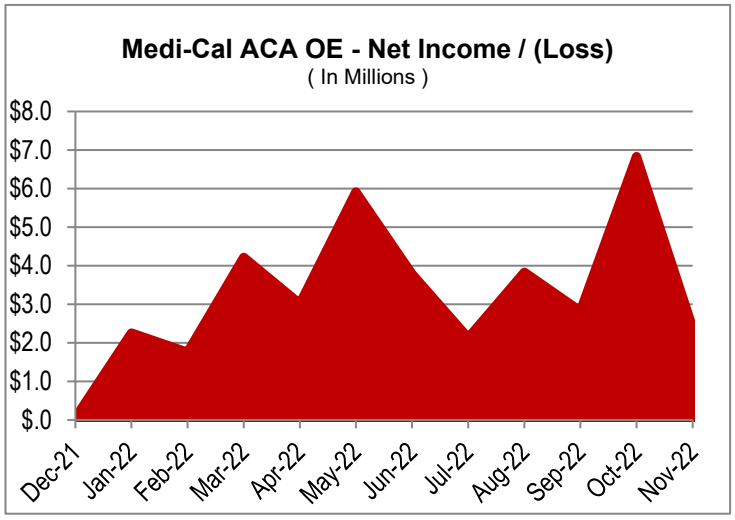




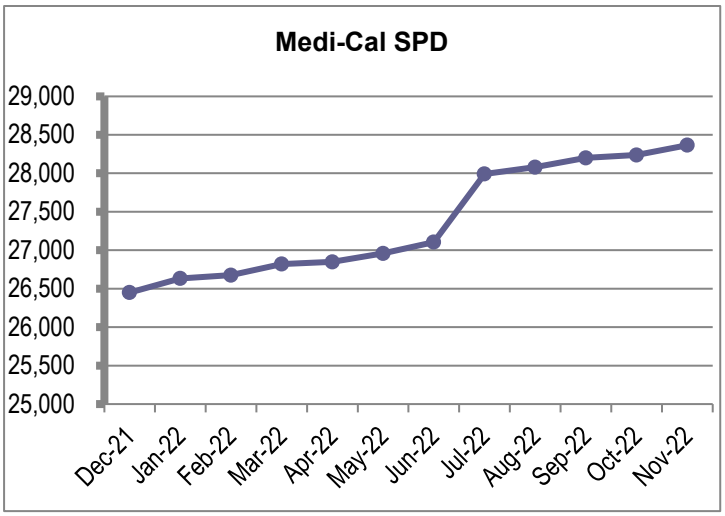


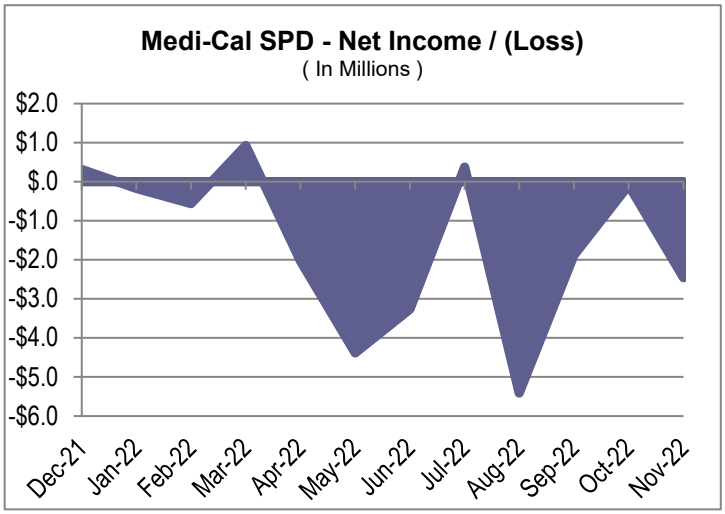


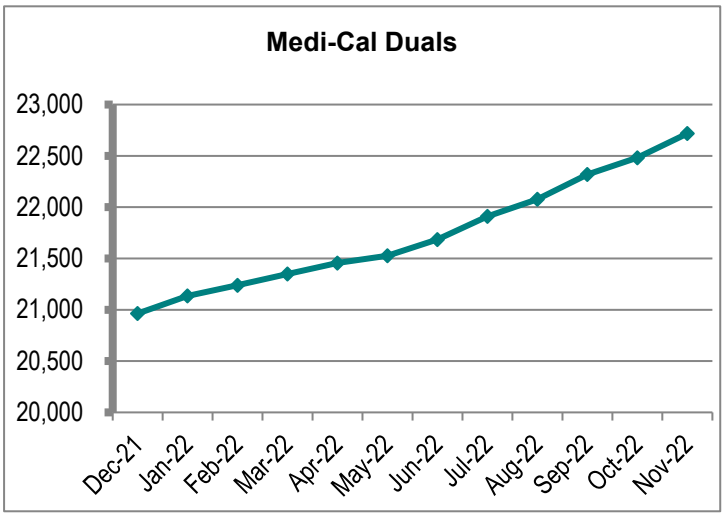


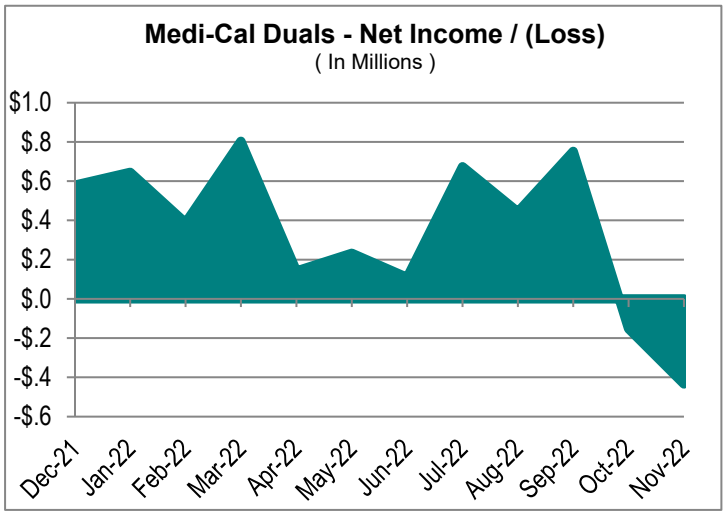


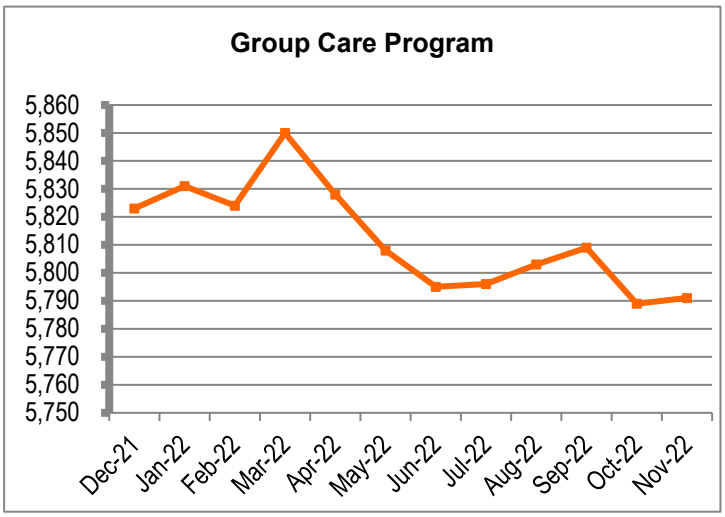
Enrollment and Profitability by Program and Category of Aid

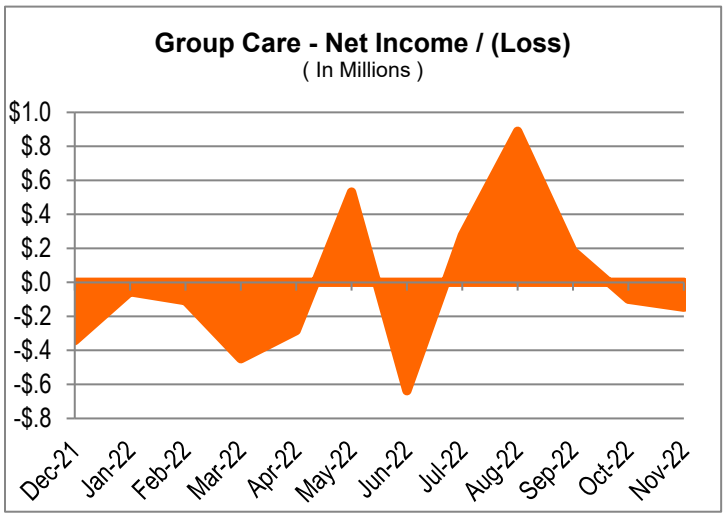




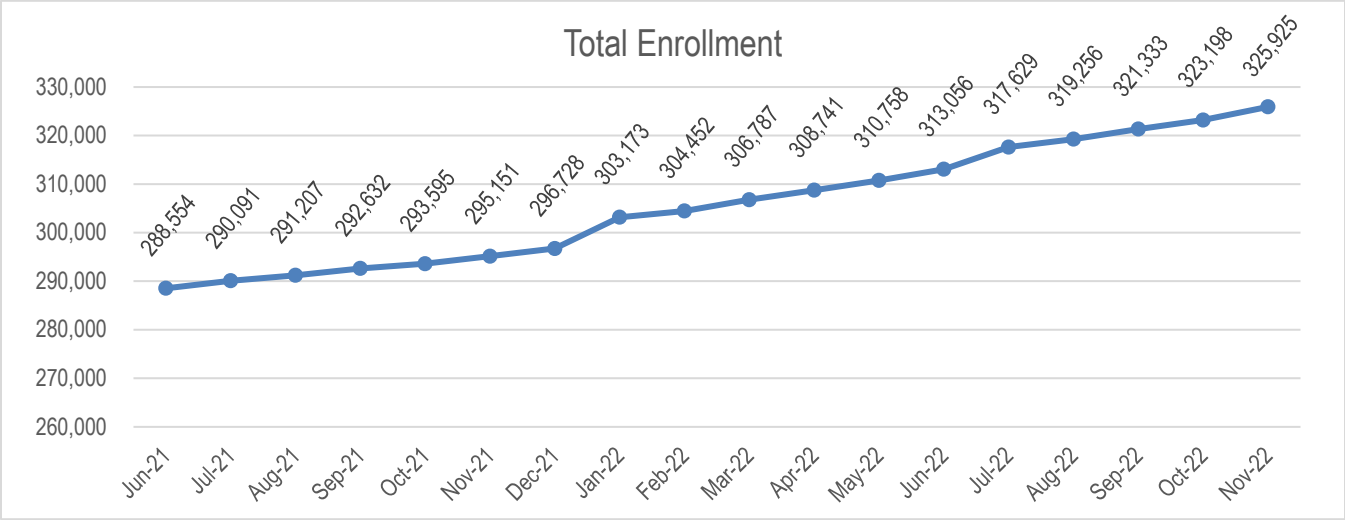


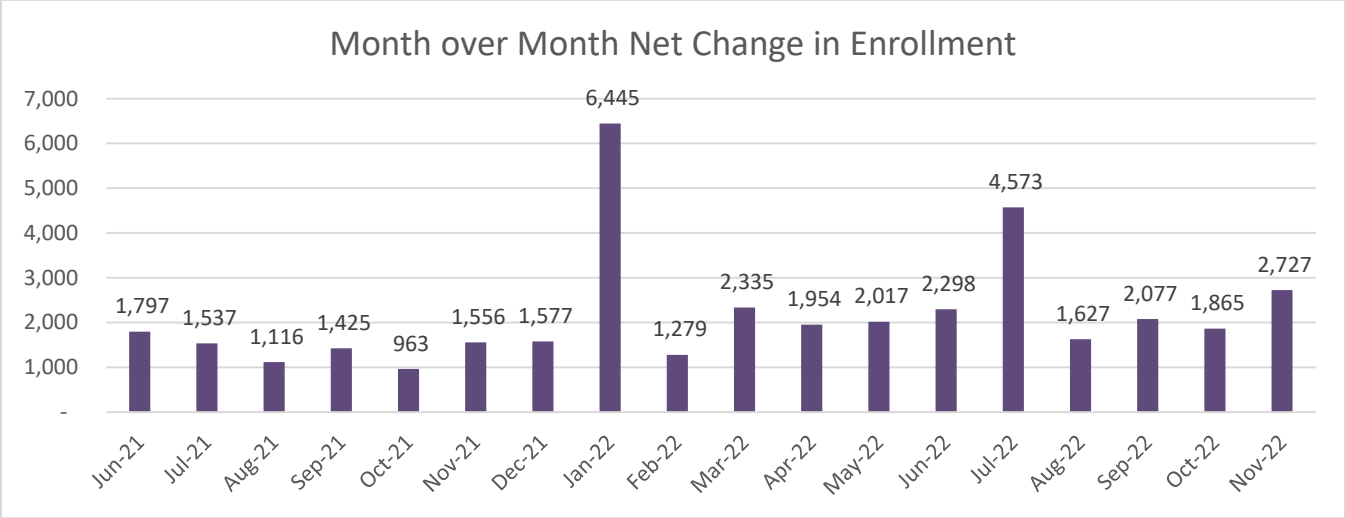






Net Change in Enrollment



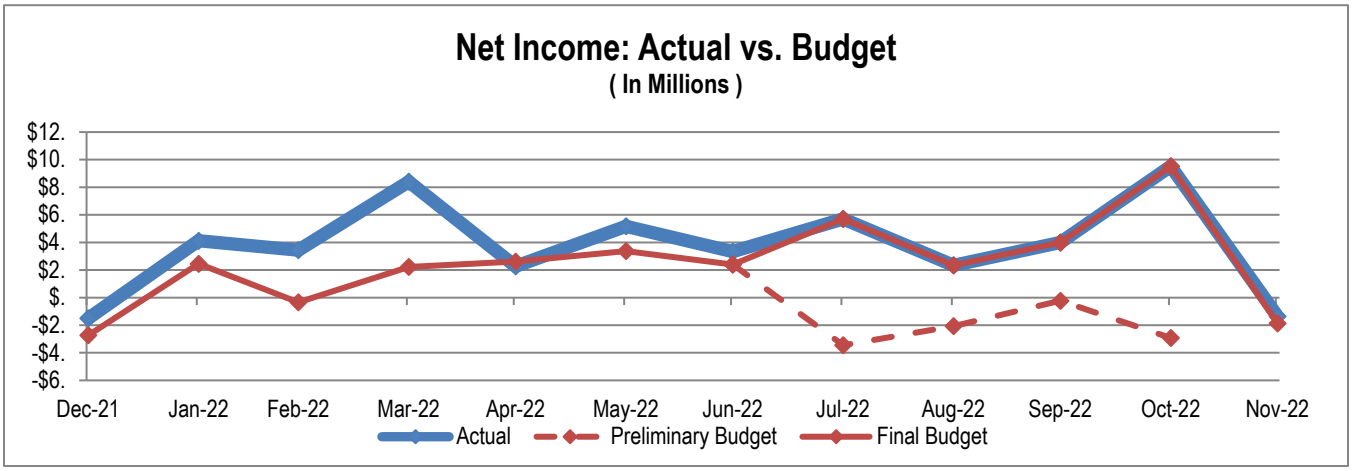


- The disenrollment process associated with the Public Health Emergency (PHE) is projected to restart in May 2023.

Net Income

- For the month ended November 30th, 2022:
  - Actual Net Loss: $1.4 million.
  - Budgeted Net Loss: $1.9 million.

- For the fiscal YTD ended November 30th, 2022:
  - Actual Net Income: $20.2 million.
  - Budgeted Net Income: $19.7 million.



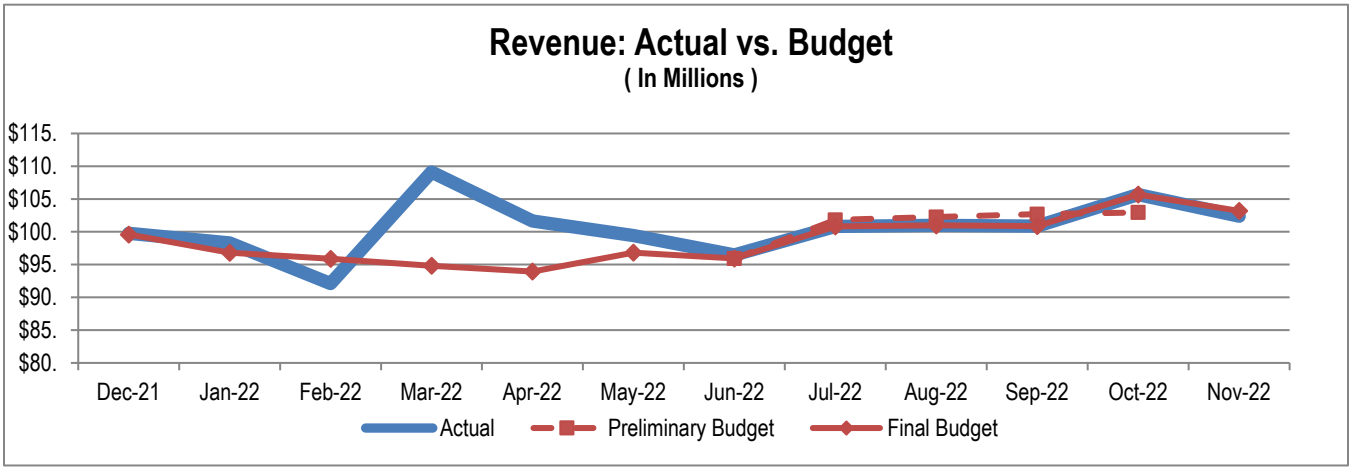
*Note: The Final Budget contains actual results from June – October.

- The favorable variance of $509,000 in the current month is primarily due to:
  - Unfavorable $827,000 lower than anticipated Revenue.
  - Unfavorable $1.2 million higher than anticipated Medical Expense.
  - Favorable $1.3 million lower than anticipated Administrative Expense.
  - Favorable $1.2 million higher than anticipated Total Other Income.

Revenue

- For the month ended November 30th, 2022:
  - Actual Revenue: $102.4 million.
  - Budgeted Revenue: $103.2 million.

- For the fiscal YTD ended November 30th, 2022:
  - Actual Revenue: $510.7 million.
  - Budgeted Revenue: $511.6 million.



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

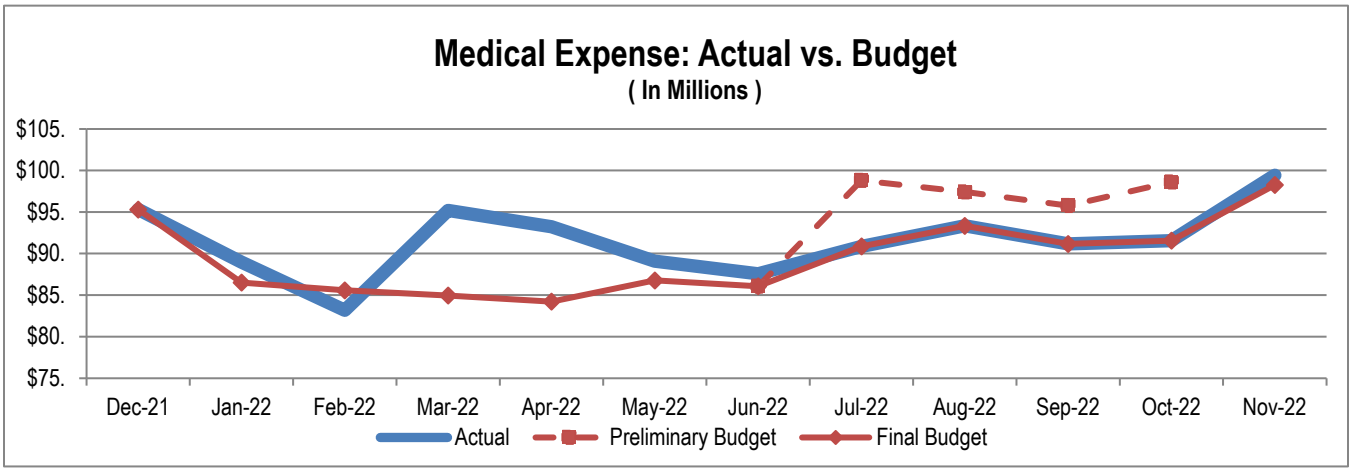
- For the month ended November 30th, 2022, the unfavorable revenue variance of $827,000 is primarily due to an unfavorable retroactive adjustment related to

COVID vaccination incentive revenue, along with unfavorable supplemental Maternity Revenue, partially offset by favorable Supplemental Behavioral Health Revenue. November Medi-Cal base capitation payment from DHCS has been delayed, therefore the November capitation is estimated based on financial enrollment and will be adjusted when payment is received from DHCS.

Medical Expense

- For the month ended November 30th, 2022:
  - Actual Medical Expense: $99.4 million.
  - Budgeted Medical Expense: $98.3 million.

- For the fiscal YTD ended November 30th, 2022:
  - Actual Medical Expense: $466.4 million.
  - Budgeted Medical Expense: $465.2 million.



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

- Reported financial results include medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance's IBNP reserves are reviewed by our Actuarial Consultants.

- For November, updates to Fee-For-Service (FFS) increased the estimate for prior period unpaid Medical Expenses by $4.3 million. The estimate for prior years increased by $1.6 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	$119,652,529	$0	$119,652,529	$119,404,332	($248,197)	-0.2%
Primary Care FFS	22,793,371	$15,352	$22,808,724	22,451,865	($341,506)	-1.5%
Specialty Care FFS	24,108,114	($2,751)	$24,105,362	24,729,364	$621,250	2.5%
Outpatient FFS	46,645,473	$1,600,131	$48,245,605	44,484,762	($2,160,711)	-4.9%
Ancillary FFS	32,575,392	$149,460	$32,724,852	33,325,261	$749,870	2.3%
Pharmacy FFS	36,186,206	$148,147	$36,334,352	34,336,911	($1,849,294)	-5.4%
ER Services FFS	24,010,570	$28,544	$24,039,114	24,019,218	$8,648	0.0%
Inpatient Hospital & SNF FFS	147,254,816	($359,375)	$146,895,440	150,433,337	$3,178,522	2.1%
Other Benefits & Services	12,111,229	$0	$12,111,229	12,499,233	$388,003	3.1%
Net Reinsurance	(558,093)	$0	($558,093)	(515,817)	$42,276	8.2%
	$464,779,606	**$1,579,508**	**$466,359,114**	**$465,168,466**	**$388,861**	**0.1%**

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

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

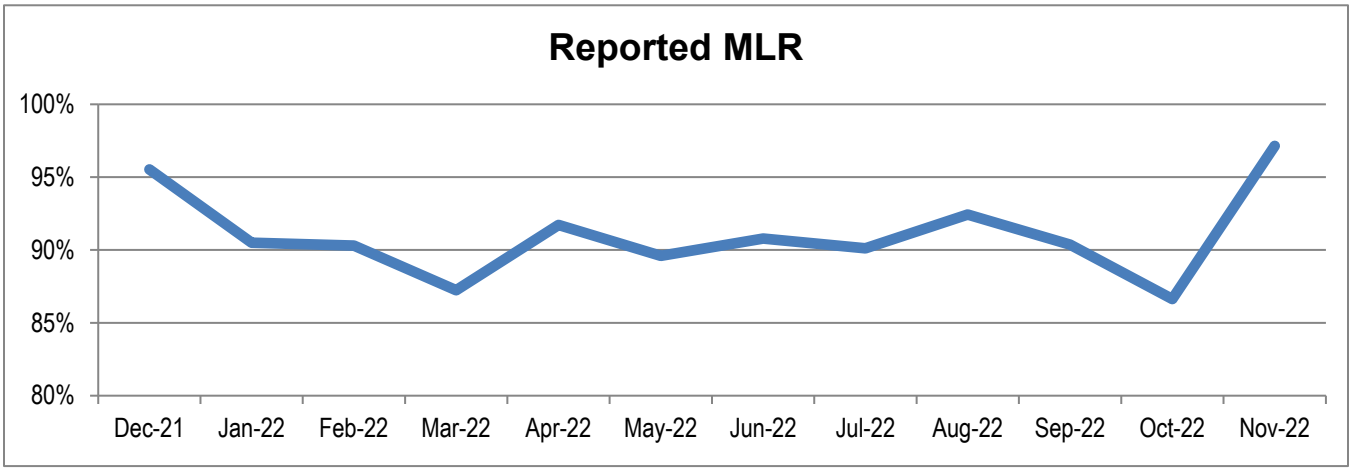
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$74.44	$0.00	$74.44	$74.37	($0.08)	-0.1%
Primary Care FFS	$14.18	$0.01	$14.19	$13.98	($0.20)	-1.4%
Specialty Care FFS	$15.00	($0.00)	$15.00	$15.40	$0.40	2.6%
Outpatient FFS	$29.02	$1.00	$30.02	$27.71	($1.31)	-4.7%
Ancillary FFS	$20.27	$0.09	$20.36	$20.76	$0.49	2.4%
Pharmacy FFS	$22.51	$0.09	$22.61	$21.39	($1.13)	-5.3%
ER Services FFS	$14.94	$0.02	$14.96	$14.96	$0.02	0.1%
Inpatient Hospital & SNF FFS	$91.61	($0.22)	$91.39	$93.69	$2.08	2.2%
Other Benefits & Services	$7.53	$0.00	$7.53	$7.78	$0.25	3.2%
Net Reinsurance	($0.35)	$0.00	($0.35)	($0.32)	$0.03	8.1%
	$289.16	**$0.98**	**$290.14**	**$289.71**	**$0.55**	**0.2%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $389,000 favorable to budget. On a PMPM basis, medical expense is 0.2% favorable to budget. For per-member-per-month expense:
    - Capitated Expense is slightly unfavorable to budget, largely due to timing of Supplemental BHT payments, offset by Supplemental Maternity payments.
    - Primary Care Expense is unfavorable compared to budget, driven mostly by unfavorable utilization in the Adult Category of Aid.

- Specialty Care Expense is below budget, generally driven by favorable utilization across all populations except for the SPD aid code group expense which is driven by favorable unit cost.
- Outpatient Expense is over budget, driven by unfavorable utilization across all service categories.
- Ancillary Expense is under budget mostly due to favorable unit cost in the Other Medical Professional, Lab and Radiology, Hospice and Ambulance service categories.
- Pharmacy Expense is over budget due to unfavorable Non-PBM expense, driven mainly by unfavorable unit cost in the ACA OE, SPD and Adult populations.
- Emergency Room Expense is under budget driven by favorable unit cost across all populations except for the Child population which is driven by unfavorable utilization.
- Inpatient Expense is under budget, mainly driven by favorable utilization in all SPD and ACE OE populations.
- Other Benefits & Services are under budget, primarily due to favorable purchased and professional, printing/postage/promotion offset by unfavorable employee expense.
- Net Reinsurance year-to-date is favorable because more recoveries were received than budgeted.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 97.1% for the month and 91.3% for the fiscal year-to-date.



Administrative Expense

- For the month ended November 30th, 2022:
  - Actual Administrative Expense: $5.5 million.
  - Budgeted Administrative Expense: $6.9 million.

- For the fiscal YTD ended November 30th, 2022:
  - Actual Administrative Expense: $27.0 million.
  - Budgeted Administrative Expense: $28.3 million.

Summary of Administrative Expense (In Dollars)
For the Month and Fiscal Year-to-Date
Favorable/(Unfavorable)

Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$3,442,047	$3,783,723	$341,676	9.0%	Employee Expense	$16,924,210	$17,265,889	$341,679	2.0%
354,879	372,764	17,885	4.8%	Medical Benefits Admin Expense	1,673,532	1,691,417	17,885	1.1%
785,053	1,317,335	532,282	40.4%	Purchased & Professional Services	3,789,356	4,321,638	532,282	12.3%
944,342	1,389,117	444,775	32.0%	Other Admin Expense	4,607,211	5,051,987	444,776	8.8%
$5,526,321	$6,862,939	$1,336,618	19.5%	Total Administrative Expense	$26,994,309	$28,330,931	$1,336,622	4.7%

The year-to-date variances include:

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

The Administrative Loss Ratio (ALR) is 5.4% of net revenue for the month and 5.3% of net revenue year-to-date.

Other Income / (Expense)

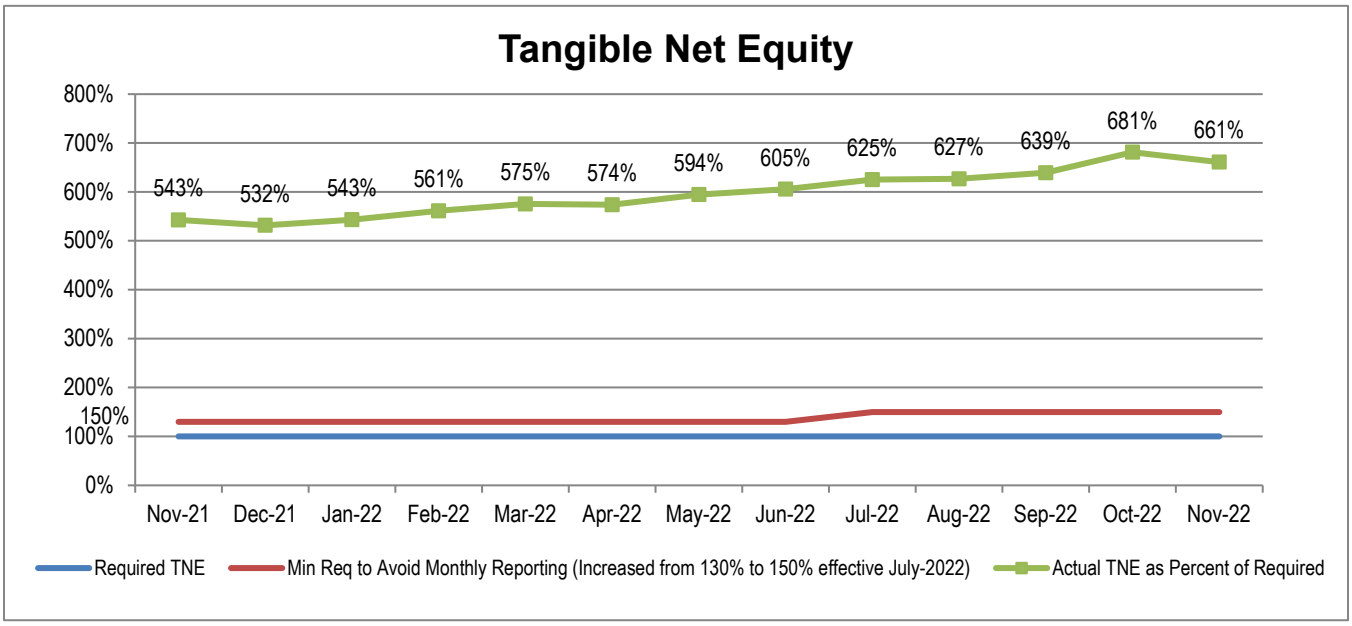
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date net investments show a gain of $2.9 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $132,000.

Tangible Net Equity (TNE)

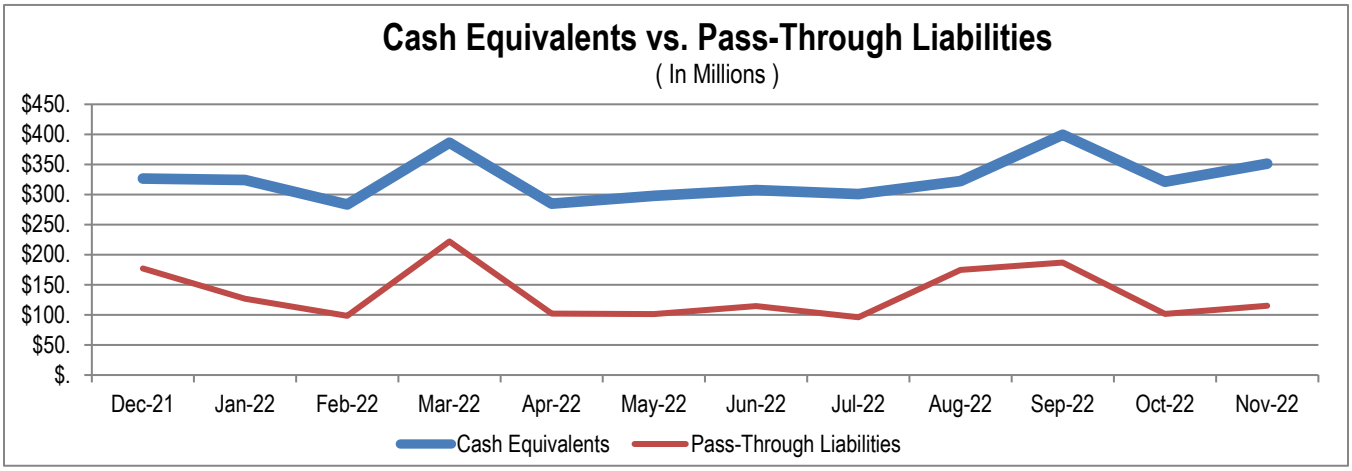
- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.

- Required TNE $38.0 million
- Actual TNE $250.8 million
- Excess TNE $212.9 million
- TNE % of Required TNE 661%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments.

- Key Metrics
  - Cash & Cash Equivalents $351.4 million
  - Pass-Through Liabilities $115.1 million
  - Uncommitted Cash $236.3 million
  - Working Capital $209.7 million
  - Current Ratio 1.69 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: $208,000.
- Annual capital budget: $1.0 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 (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2022

CURRENT MONTH						FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)		Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
					MEMBERSHIP				
320,134	318,427	1,707	0.5%	1 -	Medi-Cal	1,578,353	1,576,646	1,707	0.1%
5,791	5,789	2	0.0%	2 -	Group Care	28,988	28,986	2	0.0%
325,925	**324,216**	**1,709**	**0.5%**	**3 -**	**TOTAL MEMBER MONTHS**	**1,607,341**	**1,605,632**	**1,709**	**0.1%**
					REVENUE				
$102,369,590	**$103,196,192**	**($826,601)**	**(0.8%)**	**4 -**	**TOTAL REVENUE**	**$510,734,134**	**$511,560,735**	**($826,601)**	**(0.2%)**
					MEDICAL EXPENSES				
					Capitated Medical Expenses:				
$24,764,856	$24,516,660	($248,197)	(1.0%)	5 -	Capitated Medical Expense	$119,652,529	$119,404,332	($248,197)	(0.2%)
					Fee for Service Medical Expenses:				
$29,892,531	$33,430,429	$3,537,897	10.6%	6 -	Inpatient Hospital & SNF FFS Expense	$146,895,440	$150,433,337	$3,537,897	2.4%
$4,661,167	$4,304,308	($356,859)	(8.3%)	7 -	Primary Care Physician FFS Expense	$22,808,724	$22,451,866	($356,859)	(1.6%)
$4,353,043	$4,977,045	$624,001	12.5%	8 -	Specialty Care Physician Expense	$24,105,362	$24,729,365	$624,001	2.5%
$6,556,698	$7,157,108	$600,409	8.4%	9 -	Ancillary Medical Expense	$32,724,852	$33,325,262	$600,409	1.8%
$12,665,350	$8,904,508	($3,760,842)	(42.2%)	10 -	Outpatient Medical Expense	$48,245,605	$44,484,762	($3,760,842)	(8.5%)
$5,269,248	$5,249,352	($19,897)	(0.4%)	11 -	Emergency Expense	$24,039,114	$24,019,217	($19,897)	(0.1%)
$8,803,685	$6,806,244	($1,997,441)	(29.3%)	12 -	Pharmacy Expense	$36,334,352	$34,336,912	($1,997,441)	(5.8%)
$72,201,723	**$70,828,994**	**($1,372,731)**	**(1.9%)**	**13 -**	**Total Fee for Service Expense**	**$335,153,449**	**$333,780,721**	**($1,372,730)**	**(0.4%)**
$2,314,315	$2,702,318	$388,003	14.4%	14 -	Other Benefits & Services	$12,111,229	$12,499,233	$388,003	3.1%
$162,787	$205,063	$42,276	20.6%	15 -	Reinsurance Expense	($558,093)	($515,817)	$42,276	(8.2%)
$99,443,680	**$98,253,035**	**($1,190,648)**	**(1.2%)**	**17 -**	**TOTAL MEDICAL EXPENSES**	**$466,359,114**	**$465,168,469**	**($1,190,647)**	**(0.3%)**
2,925,911	**4,943,157**	**(2,017,249)**	**(40.8%)**	**18 -**	**GROSS MARGIN**	**44,375,020**	**46,392,266**	**(2,017,249)**	**(4.3%)**
					ADMINISTRATIVE EXPENSES				
$3,442,047	$3,783,723	$341,677	9.0%	19 -	Personnel Expense	$16,924,210	$17,265,889	$341,678	2.0%
$354,879	$372,764	$17,885	4.8%	20 -	Benefits Administration Expense	$1,673,532	$1,691,417	$17,885	1.1%
$785,053	$1,317,335	$532,282	40.4%	21 -	Purchased & Professional Services	$3,789,356	$4,321,638	$532,282	12.3%
$944,342	$1,389,117	$444,775	32.0%	22 -	Other Administrative Expense	$4,607,211	$5,051,987	$444,775	8.8%
$5,526,321	**$6,862,939**	**$1,336,619**	**19.5%**	**23 -**	**TOTAL ADMINISTRATIVE EXPENSE**	**$26,994,309**	**$28,330,931**	**$1,336,619**	**4.7%**
($2,600,410)	**($1,919,782)**	**($680,630)**	**(35.5%)**	**24 -**	**NET OPERATING INCOME / (LOSS)**	**$17,380,711**	**$18,061,335**	**($680,630)**	**(3.8%)**
					OTHER INCOME / EXPENSE				
$1,238,513	**$48,750**	**$1,189,763**	**2,440.5%**	**25 -**	**TOTAL OTHER INCOME / (EXPENSE)**	**$2,811,143**	**$1,621,380**	**$1,189,763**	**73.4%**
($1,361,897)	**($1,871,032)**	**$509,133**	**27.2%**	**26 -**	**NET INCOME / (LOSS)**	**$20,191,854**	**$19,682,715**	**$509,133**	**2.6%**
5.4%	**6.7%**	**1.3%**	**19.4%**	**27 -**	**Admin Exp % of Revenue**	**5.3%**	**5.5%**	**0.2%**	**3.6%**

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2022

	November	October	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$51,062,310	$32,953,777	$18,108,532	54.95%
Short-Term Investments	300,315,631	288,219,092	12,096,539	4.20%
Interest Receivable	345,296	377,367	(32,071)	-8.50%
Other Receivables - Net	145,895,747	147,588,330	(1,692,583)	-1.15%
Prepaid Expenses	5,259,317	4,542,941	716,376	15.77%
Prepaid Inventoried Items	20,485	25,485	(5,000)	-19.62%
CalPERS Net Pension Asset	6,930,703	6,930,703	0	0.00%
Deferred CalPERS Outflow	3,802,239	3,802,239	0	0.00%
TOTAL CURRENT ASSETS	**$513,631,727**	**$484,439,934**	**$29,191,793**	**6.03%**
OTHER ASSETS:				
Long-Term Investments	34,577,648	34,351,228	226,420	0.66%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,879,154	1,941,793	(62,638)	-3.23%
Lease Asset - Office Equipment (Net)	225,286	229,582	(4,296)	-1.87%
TOTAL OTHER ASSETS	**$37,032,088**	**$36,872,602**	**$159,486**	**0.43%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,113,570	10,113,570	0	0.00%
Furniture And Equipment	11,724,087	11,713,030	11,056	0.09%
Leasehold Improvement	902,447	902,447	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,564,105	37,553,049	11,056	0.03%
Less: Accumulated Depreciation	(32,024,757)	(31,954,703)	(70,054)	0.22%
NET PROPERTY AND EQUIPMENT	**$5,539,348**	**$5,598,346**	**($58,998)**	**-1.05%**
TOTAL ASSETS	**$556,203,162**	**$526,910,882**	**$29,292,281**	**5.56%**
CURRENT LIABILITIES:				
Accounts Payable	1,353,701	1,267,119	86,582	6.83%
Other Accrued Expenses	472,491	1,068,129	(595,637)	-55.76%
Interest Payable	10,073	10,387	(314)	-3.02%
Pass-Through Liabilities	115,088,247	101,482,578	13,605,669	13.41%
Claims Payable	48,639,787	28,579,127	20,060,660	70.19%
IBNP Reserves	118,171,597	121,135,018	(2,963,421)	-2.45%
Payroll Liabilities	6,624,943	5,900,949	723,994	12.27%
CalPERS Deferred Inflow	6,781,898	6,781,898	0	0.00%
Risk Sharing	5,591,939	5,591,939	0	0.00%
Provider Grants/ New Health Program	165,773	178,898	(13,126)	-7.34%
Deferred Revenue	184,626	369,251	(184,626)	-50.00%
ST Lease Liability - Office Space	775,764	769,852	5,913	0.77%
ST Lease Liability - Office Equipment	49,532	49,361	171	0.35%
TOTAL CURRENT LIABILITIES	**$303,910,370**	**$273,184,505**	**$30,725,865**	**11.25%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	1,293,693	1,361,173	(67,480)	-4.96%
LT Lease Liability - Office Equipment	182,945	187,151	(4,206)	-2.25%
TOTAL LONG TERM LIABILITIES	**$1,476,637**	**$1,548,324**	**($71,687)**	**-4.63%**
TOTAL LIABILITIES	**$305,387,007**	**$274,732,829**	**$30,654,178**	**11.16%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	229,784,068	229,784,068	0	0.00%
Year-to Date Net Income / (Loss)	20,191,854	21,553,751	(1,361,897)	-6.32%
TOTAL NET WORTH	**$250,816,155**	**$252,178,052**	**($1,361,897)**	**-0.54%**
TOTAL LIABILITIES AND NET WORTH	**$556,203,162**	**$526,910,882**	**$29,292,281**	**5.56%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 11/30/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$101,738,780	$367,454,513	$579,680,646	$552,026,316
Commercial Premium Revenue	2,632,730	7,928,012	15,399,095	13,230,544
Other Income	(9,917)	(22,718)	(58,602)	(31,119)
Investment Income	1,319,103	2,052,209	2,910,116	2,965,244
Cash Paid To:				
Medical Expenses	(82,853,534)	(276,768,086)	(526,181,630)	(433,961,002)
Vendor & Employee Expenses	(5,990,290)	(14,707,137)	(32,640,065)	(25,732,019)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	16,836,872	85,936,793	39,109,560	108,497,964
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(11,056)	(183,863)	(394,971)	(207,855)
Net Cash Provided By (Used In) Financing Activities	(11,056)	(183,863)	(394,971)	(207,855)
Cash Flows from Investing Activities:				
Changes in Investments	(226,420)	2,728,588	806,250	491,202
Restricted Cash	13,605,671	(59,461,054)	13,921,596	(64,813,720)
Net Cash Provided By (Used In) Investing Activities	13,379,251	(56,732,466)	14,727,846	(64,322,518)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**30,205,067**	**29,020,464**	**53,442,435**	**43,967,591**
Cash @ Beginning of Period	321,172,871	322,357,477	297,935,505	307,410,352
Subtotal	$351,377,938	$351,377,941	$351,377,940	$351,377,943
Rounding	3	0	1	(2)
Cash @ End of Period	**$351,377,941**	**$351,377,941**	**$351,377,941**	**$351,377,941**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	($1,361,901)	$12,149,051	$25,062,696	$20,191,854
Depreciation	70,054	204,927	475,226	341,738
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	1,724,654	64,805,733	(9,421,133)	54,398,904
Prepaid Expenses	(711,376)	547,808	(8,534,090)	67,392
Trade Payables	(509,055)	153,452	3,249	(879,565)
Claims payable & IBNP	17,097,239	6,860,437	26,419,539	32,335,294
Deferred Revenue	(184,626)	184,626	(1,275,374)	184,626
Accrued Interest	0	0	0	0
Other Liabilities	711,886	1,030,759	6,379,448	1,857,719
Subtotal	16,836,875	85,936,793	39,109,561	108,497,962
Rounding	(3)	0	(1)	2
Cash Flows from Operating Activities	**$16,836,872**	**$85,936,793**	**$39,109,560**	**$108,497,964**
Rounding Difference	(3)	0	(1)	2

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 11/30/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,632,730	$7,928,012	$15,399,095	$13,230,544
Total	2,632,730	7,928,012	15,399,095	13,230,544
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	99,736,860	300,992,288	591,690,234	497,499,641
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	(184,626)	184,626	(1,275,374)	184,626
Premium Receivable	2,186,546	66,277,599	(10,734,214)	54,342,049
Total	101,738,780	367,454,513	579,680,646	552,026,316
Investment & Other Income Cash Flows				
Other Revenue (Grants)	(9,917)	(22,718)	(58,602)	(31,119)
Investment Income	1,287,032	2,091,720	2,980,161	3,032,103
Interest Receivable	32,071	(39,511)	(70,045)	(66,859)
Total	1,309,186	2,029,491	2,851,514	2,934,125
Medical & Hospital Cash Flows				
Total Medical Expenses	(99,443,684)	(282,158,560)	(553,912,086)	(466,359,111)
Other Receivable	(493,963)	(1,432,355)	1,383,126	123,714
Claims Payable	20,060,660	8,479,431	26,916,796	29,051,065
IBNP Payable	(2,963,421)	163,998	2,035,735	5,067,223
Risk Share Payable	0	(1,782,993)	(2,532,993)	(1,782,993)
Health Program	(13,126)	(37,608)	(72,209)	(60,899)
Other Liabilities	0	1	1	(1)
Total	(82,853,534)	(276,768,086)	(526,181,630)	(433,961,002)
Administrative Cash Flows				
Total Administrative Expenses	(5,564,925)	(16,681,691)	(31,036,107)	(27,180,202)
Prepaid Expenses	(711,376)	547,808	(8,534,090)	67,392
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(509,055)	153,452	3,249	(879,565)
Other Accrued Liabilities	(314)	(1,798)	10,073	(2,444)
Payroll Liabilities	723,994	1,065,523	6,244,091	1,917,508
Net Lease Assets/Liabilities (Short term & Long term)	1,332	4,642	197,493	3,554
Depreciation Expense	70,054	204,927	475,226	341,738
Total	(5,990,290)	(14,707,137)	(32,640,065)	(25,732,019)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**16,836,872**	**85,936,793**	**39,109,560**	**108,497,964**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 11/30/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	(226,420)	2,728,588	806,250	491,202
	(226,420)	2,728,588	806,250	491,202
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	13,605,671	(59,461,054)	13,921,596	(64,813,720)
Restricted Cash	0	0	0	0
	13,605,671	(59,461,054)	13,921,596	(64,813,720)
Fixed Asset Cash Flows				
Depreciation expense	70,054	204,927	475,226	341,738
Fixed Asset Acquisitions	(11,056)	(183,863)	(394,971)	(207,855)
Change in A/D	(70,054)	(204,927)	(475,226)	(341,738)
	(11,056)	(183,863)	(394,971)	(207,855)
Total Cash Flows from Investing Activities	**13,368,195**	**(56,916,329)**	**14,332,875**	**(64,530,373)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**30,205,067**	**29,020,464**	**53,442,435**	**43,967,591**
Rounding	3	0	1	(2)
Cash @ Beginning of Period	321,172,871	322,357,477	297,935,505	307,410,352
Cash @ End of Period	**$351,377,941**	**$351,377,941**	**$351,377,941**	**$351,377,941**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 11/30/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	($1,361,901)	$12,149,051	$25,062,696	$20,191,854
Add back: Depreciation	70,054	204,927	475,226	341,738
Receivables				
Premiums Receivable	2,186,546	66,277,599	(10,734,214)	54,342,049
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	32,071	(39,511)	(70,045)	(66,859)
Other Receivable	(493,963)	(1,432,355)	1,383,126	123,714
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	1,724,654	64,805,733	(9,421,133)	54,398,904
Prepaid Expenses	(711,376)	547,808	(8,534,090)	67,392
Trade Payables	(509,055)	153,452	3,249	(879,565)
Claims Payable, IBNR & Risk Share				
IBNP	(2,963,421)	163,998	2,035,735	5,067,223
Claims Payable	20,060,660	8,479,431	26,916,796	29,051,065
Risk Share Payable	0	(1,782,993)	(2,532,993)	(1,782,993)
Other Liabilities	0	1	1	(1)
Total	17,097,239	6,860,437	26,419,539	32,335,294
Unearned Revenue				
Total	(184,626)	184,626	(1,275,374)	184,626
Other Liabilities				
Accrued Expenses	(314)	(1,798)	10,073	(2,444)
Payroll Liabilities	723,994	1,065,523	6,244,091	1,917,508
Net Lease Assets/Liabilities (Short term & Long term)	1,332	4,642	197,493	3,554
Health Program	(13,126)	(37,608)	(72,209)	(60,899)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	711,886	1,030,759	6,379,448	1,857,719
Cash Flows from Operating Activities	**$16,836,875**	**$85,936,793**	**$39,109,561**	**$108,497,962**
Difference (rounding)	3	0	1	(2)

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF NOVEMBER 2022

	Medi-Cal							
	Child	Adult	SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	101,653	50,069	28,365	117,328	22,719	320,134	5,791	325,925
Net Revenue	$12,976,210	$15,422,793	$26,079,569	$41,056,686	$4,201,602	$99,736,860	$2,632,730	$102,369,590
Medical Expense	$11,660,476	$16,483,069	$27,169,331	$37,014,609	$4,488,092	$96,815,578	$2,628,102	$99,443,680
Gross Margin	$1,315,734	($1,060,276)	($1,089,762)	$4,042,076	($286,490)	$2,921,282	$4,628	$2,925,911
Administrative Expense	$455,166	$759,802	$1,797,691	$2,146,538	$181,473	$5,340,671	$185,650	$5,526,321
Operating Income / (Expense)	$860,568	($1,820,078)	($2,887,454)	$1,895,538	($467,963)	($2,419,388)	($181,022)	($2,600,410)
Other Income / (Expense)	$80,820	$173,471	$426,891	$487,958	$34,347	$1,203,486	$35,027	$1,238,513
Net Income / (Loss)	$941,388	($1,646,607)	($2,460,563)	$2,383,496	($433,616)	($1,215,902)	($145,995)	($1,361,897)
Revenue PMPM	$127.65	$308.03	$919.43	$349.93	$184.94	$311.55	$454.62	$314.09
Medical Expense PMPM	$114.71	$329.21	$957.85	$315.48	$197.55	$302.42	$453.83	$305.11
Gross Margin PMPM	$12.94	($21.18)	($38.42)	$34.45	($12.61)	$9.13	$0.80	$8.98
Administrative Expense PMPM	$4.48	$15.18	$63.38	$18.30	$7.99	$16.68	$32.06	$16.96
Operating Income / (Expense) PMPM	$8.47	($36.35)	($101.80)	$16.16	($20.60)	($7.56)	($31.26)	($7.98)
Other Income / (Expense) PMPM	$0.80	$3.46	$15.05	$4.16	$1.51	$3.76	$6.05	$3.80
Net Income / (Loss) PMPM	$9.26	($32.89)	($86.75)	$20.31	($19.09)	($3.80)	($25.21)	($4.18)
Medical Loss Ratio	89.9%	106.9%	104.2%	90.2%	106.8%	97.1%	99.8%	97.1%
Gross Margin Ratio	10.1%	-6.9%	-4.2%	9.8%	-6.8%	2.9%	0.2%	2.9%
Administrative Expense Ratio	3.5%	4.9%	6.9%	5.2%	4.3%	5.4%	7.1%	5.4%
Net Income Ratio	7.3%	-10.7%	-9.4%	5.8%	-10.3%	-1.2%	-5.5%	-1.3%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - NOVEMBER 2022

	Medi-Cal					Medi-Cal	Group	Grand
	Child	Adult	SPD	ACA OE	Duals	Total	Care	Total
Member Months	506,132	243,761	140,872	576,081	111,507	1,578,353	28,988	1,607,341
Net Revenue	$63,505,830	$76,542,775	$131,757,070	$204,625,381	$21,072,535	$497,503,591	$13,230,544	$510,734,134
Medical Expense	$53,736,767	$71,674,915	$133,368,318	$177,256,797	$18,987,320	$455,024,118	$11,334,996	$466,359,114
Gross Margin	$9,769,063	$4,867,860	($1,611,249)	$27,368,584	$2,085,215	$42,479,473	$1,895,547	$44,375,020
Administrative Expense	$2,192,623	$3,710,372	$8,843,655	$10,495,532	$880,897	$26,123,079	$871,230	$26,994,309
Operating Income / (Expense)	$7,576,440	$1,157,488	($10,454,904)	$16,873,052	$1,204,318	$16,356,394	$1,024,317	$17,380,711
Other Income / (Expense)	$177,064	$392,207	$973,535	$1,111,443	$77,661	$2,731,909	$79,234	$2,811,143
Net Income / (Loss)	$7,753,504	$1,549,694	($9,481,370)	$17,984,495	$1,281,979	$19,088,303	$1,103,551	$20,191,854
Revenue PMPM	$125.47	$314.01	$935.30	$355.20	$188.98	$315.20	$456.41	$317.75
Medical Expense PMPM	$106.17	$294.04	$946.73	$307.69	$170.28	$288.29	$391.02	$290.14
Gross Margin PMPM	$19.30	$19.97	($11.44)	$47.51	$18.70	$26.91	$65.39	$27.61
Administrative Expense PMPM	$4.33	$15.22	$62.78	$18.22	$7.90	$16.55	$30.05	$16.79
Operating Income / (Expense) PMPM	$14.97	$4.75	($74.22)	$29.29	$10.80	$10.36	$35.34	$10.81
Other Income / (Expense) PMPM	$0.35	$1.61	$6.91	$1.93	$0.70	$1.73	$2.73	$1.75
Net Income / (Loss) PMPM	$15.32	$6.36	($67.30)	$31.22	$11.50	$12.09	$38.07	$12.56
Medical Loss Ratio	84.6%	93.6%	101.2%	86.6%	90.1%	91.5%	85.7%	91.3%
Gross Margin Ratio	15.4%	6.4%	-1.2%	13.4%	9.9%	8.5%	14.3%	8.7%
Administrative Expense Ratio	3.5%	4.8%	6.7%	5.1%	4.2%	5.3%	6.6%	5.3%
Net Income Ratio	12.2%	2.0%	-7.2%	8.8%	6.1%	3.8%	8.3%	4.0%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$3,442,047	$3,783,724	$341,677	9.0%	Personnel Expenses	$16,924,210	$17,265,888	$341,678	2.0%
354,879	372,764	17,885	4.8%	Benefits Administration Expense	1,673,532	1,691,417	17,885	1.1%
785,053	1,317,335	532,282	40.4%	Purchased & Professional Services	3,789,356	4,321,638	532,282	12.3%
245,364	292,886	47,522	16.2%	Occupancy	1,255,002	1,302,525	47,522	3.6%
127,684	310,838	183,154	58.9%	Printing Postage & Promotion	604,869	788,023	183,154	23.2%
559,768	743,696	183,929	24.7%	Licenses Insurance & Fees	2,694,075	2,878,004	183,929	6.4%
11,527	41,697	30,170	72.4%	Supplies & Other Expenses	53,264	83,434	30,170	36.2%
$2,084,274	$3,079,216	$994,942	32.3%	Total Other Administrative Expense	$10,070,099	$11,065,041	$994,942	9.0%
$5,526,321	$6,862,940	$1,336,619	19.5%	Total Administrative Expenses	$26,994,309	$28,330,928	$1,336,619	4.7%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,433,871	2,160,861	(273,010)	(12.6%)	Salaries & Wages	11,336,441	11,063,431	(273,010)	(2.5%)
201,216	239,503	38,286	16.0%	Paid Time Off	1,250,965	1,289,251	38,286	3.0%
1,775	4,025	2,250	55.9%	Incentives	6,537	8,787	2,250	25.6%
0	23,077	23,077	100.0%	Severance Pay	0	23,077	23,077	100.0%
42,742	50,199	7,457	14.9%	Payroll Taxes	185,196	192,653	7,457	3.9%
27,174	18,322	(8,852)	(48.3%)	Overtime	133,891	125,038	(8,852)	(7.1%)
166,476	181,227	14,751	8.1%	CalPERS ER Match	827,067	841,818	14,751	1.8%
327,297	611,085	283,787	46.4%	Employee Benefits	2,483,537	2,767,325	283,787	10.3%
0	0	0	0.0%	Personal Floating Holiday	2,059	2,059	0	0.0%
21,366	49,607	28,241	56.9%	Employee Relations	57,821	86,062	28,241	32.8%
12,670	17,600	4,930	28.0%	Work from Home Stipend	53,580	58,510	4,930	8.4%
812	2,096	1,284	61.3%	Transportation Reimbursement	3,084	4,367	1,284	29.4%
9,063	21,101	12,038	57.0%	Travel & Lodging	25,145	37,184	12,038	32.4%
47,572	151,555	103,983	68.6%	Temporary Help Services	264,604	368,587	103,983	28.2%
7,489	83,694	76,205	91.1%	Staff Development/Training	35,452	111,658	76,205	68.2%
142,522	169,771	27,250	16.1%	Staff Recruitment/Advertising	258,832	286,082	27,250	9.5%
$3,442,047	**$3,783,724**	**$341,677**	**9.0%**	**Total Employee Expenses**	**$16,924,210**	**$17,265,888**	**$341,678**	**2.0%**
				Benefit Administration Expense				
25,436	16,390	(9,045)	(55.2%)	RX Administration Expense	92,621	83,576	(9,045)	(10.8%)
330,529	328,891	(1,638)	(0.5%)	Behavioral Hlth Administration Fees	1,468,921	1,467,283	(1,638)	(0.1%)
27,615	27,483	(131)	(0.5%)	Telemedicine Admin Fees	111,990	111,858	(131)	(0.1%)
(28,700)	0	28,700	0.0%	Housing & Homelessness Incentive Program (HHIP) Expense	0	28,700	28,700	100.0%
$354,879	**$372,764**	**$17,885**	**4.8%**	**Total Employee Expenses**	**$1,673,532**	**$1,691,417**	**$17,885**	**1.1%**
				Purchased & Professional Services				
303,030	496,791	193,761	39.0%	Consulting Services	1,525,096	1,718,857	193,761	11.3%
307,965	374,459	66,494	17.8%	Computer Support Services	1,387,112	1,453,607	66,494	4.6%
11,475	12,017	542	4.5%	Professional Fees-Accounting	52,698	53,240	542	1.0%
0	17	17	100.0%	Professional Fees-Medical	276	292	17	5.7%
40,385	150,381	109,996	73.1%	Other Purchased Services	218,622	328,617	109,996	33.5%
0	1,400	1,400	100.0%	Maint.& Repair-Office Equipment	1,567	2,967	1,400	47.2%
68,403	109,035	40,632	37.3%	HMS Recovery Fees	366,916	407,548	40,632	10.0%
6,098	21,193	15,095	71.2%	Hardware (Non-Capital)	60,553	75,648	15,095	20.0%
35,323	31,709	(3,614)	(11.4%)	Provider Relations-Credentialing	121,251	117,637	(3,614)	(3.1%)
12,375	120,333	107,959	89.7%	Legal Fees	55,266	163,225	107,959	66.1%
$785,053	**$1,317,335**	**$532,282**	**40.4%**	**Total Purchased & Professional Services**	**$3,789,356**	**$4,321,638**	**$532,282**	**12.3%**
				Occupancy				
70,054	67,093	(2,961)	(4.4%)	Depreciation	341,738	338,777	(2,961)	(0.9%)
62,638	71,987	9,349	13.0%	Building Lease	310,619	319,968	9,349	2.9%
4,337	5,917	1,580	26.7%	Leased and Rented Office Equipment	21,649	23,229	1,580	6.8%
14,562	20,235	5,673	28.0%	Utilities	65,067	70,740	5,673	8.0%
72,079	79,700	7,621	9.6%	Telephone	370,317	377,938	7,621	2.0%
21,693	47,954	26,261	54.8%	Building Maintenance	145,612	171,873	26,261	15.3%
$245,364	**$292,886**	**$47,522**	**16.2%**	**Total Occupancy**	**$1,255,002**	**$1,302,525**	**$47,522**	**3.6%**
				Printing Postage & Promotion				
41,260	113,095	71,835	63.5%	Postage	155,895	227,730	71,835	31.5%
6,805	5,500	(1,305)	(23.7%)	Design & Layout	27,655	26,350	(1,305)	(5.0%)

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
39,730	139,051	99,321	71.4%	Printing Services	268,997	368,317	99,321	27.0%
6,523	2,500	(4,023)	(160.9%)	Mailing Services	37,352	33,329	(4,023)	(12.1%)
7,032	5,158	(1,874)	(36.3%)	Courier/Delivery Service	28,505	26,631	(1,874)	(7.0%)
0	717	717	100.0%	Pre-Printed Materials and Publications	0	717	717	100.0%
0	150	150	100.0%	Promotional Services	0	150	150	100.0%
15,000	36,500	21,500	58.9%	Community Relations	36,670	58,170	21,500	37.0%
11,333	8,167	(3,167)	(38.8%)	Translation - Non-Clinical	49,796	46,630	(3,167)	(6.8%)
$127,684	**$310,838**	**$183,154**	**58.9%**	**Total Printing Postage & Promotion**	**$604,869**	**$788,023**	**$183,154**	**23.2%**
				Licenses Insurance & Fees				
21,748	24,700	2,952	12.0%	Bank Fees	116,895	119,847	2,952	2.5%
78,479	93,449	14,970	16.0%	Insurance	379,581	394,552	14,970	3.8%
373,566	498,450	124,884	25.1%	Licenses, Permits and Fees	1,787,938	1,912,822	124,884	6.5%
85,975	127,097	41,122	32.4%	Subscriptions & Dues	409,661	450,783	41,122	9.1%
$559,768	**$743,696**	**$183,929**	**24.7%**	**Total Licenses Insurance & Postage**	**$2,694,075**	**$2,878,004**	**$183,929**	**6.4%**
				Supplies & Other Expenses				
2,303	14,367	12,064	84.0%	Office and Other Supplies	10,411	22,476	12,064	53.7%
4,517	4,100	(417)	(10.2%)	Ergonomic Supplies	27,421	27,005	(417)	(1.5%)
2,767	8,220	5,453	66.3%	Commissary-Food & Beverage	6,989	12,441	5,453	43.8%
1,700	5,150	3,450	67.0%	Member Incentive Expense	6,550	10,000	3,450	34.5%
240	4,167	3,926	94.2%	Covid-19 Vaccination Incentive Expense	506	4,433	3,926	88.6%
0	100	100	100.0%	Covid-19 IT Expenses	0	100	100	100.0%
0	5,593	5,593	100.0%	Covid-19 Non IT Expenses	1,386	6,979	5,593	80.1%
$11,527	**$41,697**	**$30,170**	**72.4%**	**Total Supplies & Other Expense**	**$53,264**	**$83,434**	**$30,170**	**36.2%**
$5,526,321	**$6,862,940**	**$1,336,619**	**19.5%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$26,994,309**	**$28,330,928**	**$1,336,619**	**4.7%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED NOVEMBER 30, 2022

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco UCS Blade	IT-FY23-01	$ 102,807		**$ 102,807**	$ 100,000	$ (2,807)
	Veeam Backup Shelf	IT-FY23-02	$ -		**$ -**	$ 70,000	$ 70,000
	Cisco Nexus 9k	IT-FY23-03	$ -		**$ -**	$ 60,000	$ 60,000
	Pure Storage Shelf	IT-FY23-04	$ 70,000		**$ 70,000**	$ 70,000	$ -
	Call Center Hardware	IT-FY23-05	$ -		**$ -**	$ 60,000	$ 60,000
	FAX DMG	IT-FY23-06	$ -		**$ -**	$ 80,000	$ 80,000
	Wireless)	IT-FY23-07	$ -		**$ -**	$ 60,000	$ 60,000
	Network / AV Cabling	IT-FY23-08	$ -	$ 11,056	**$ 11,056**	$ 60,000	$ 48,944
Hardware Subtotal			**$ 172,807**	**$ 11,056**	**$ 183,863**	**$ 560,000**	**$ 376,137**
2. Software:							
	Zerto	AC-FY23-01	$ -		**$ -**	$ 80,000	$ 80,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 80,000**	**$ 80,000**
3. Building Improvement:							
	ADT (ACME) Security: Readers, HID Boxes, Doors - Planned/Unplanned requirements or repairs	FA-FY23-01	**$ -**	$ -	**$ -**	$ 50,000	$ 50,000
	HVAC (Clinton): Replace VAV boxes, equipment, duct work - Planned/Unplanned requirements or repairs	FA-FY23-02	$ -	$ -	**$ -**	$ 50,000	$ 50,000
	EV Charging Stations: Equipment, Electrical, Design, Engineering, Permits, Construction	FA-FY23-03	$ -	$ -	**$ -**	$ 100,000	$ 100,000
	Seismic Improvements (Carryover from FY22)	FA-FY23-07	$ 23,992	$ -	**$ 23,992**	$ 38,992	$ 15,000
	Contingencies	FA-FY23-16	**$ -**	$ -	**$ -**	$ 100,000	$ 100,000
Building Improvement Subtotal			**$ 23,992**	**$ -**	**$ 23,992**	**$ 338,992**	**$ 315,000**
4. Furniture & Equipment:							
			$ -		**$ -**	$ -	$ -
Furniture & Equipment Subtotal			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL			**$ 196,799**	**$ 11,056**	**$ 207,855**	**$ 978,992**	**$ 771,137**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 11/30/22	**$ 37,564,105**
Fixed Assets @ Cost - 6/30/22	**$ 37,356,250**
Fixed Assets Acquired YTD	**$ 207,855**

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

TANGIBLE NET EQUITY (TNE)

	QTR. END				
	Jul-22	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**
Current Month Net Income / (Loss)	$5,704,828	$2,337,974	$3,995,061	$9,515,888	($1,361,897)
YTD Net Income / (Loss)	$5,704,828	$8,042,802	$12,037,863	$21,553,751	$20,191,854
Actual TNE					
Net Assets	$236,329,129	$238,667,103	$242,662,164	$252,178,052	$250,816,155
Subordinated Debt & Interest	$0	$0	$0	$0	$0
Total Actual TNE	**$236,329,129**	**$238,667,103**	**$242,662,164**	**$252,178,052**	**$250,816,155**
Increase/(Decrease) in Actual TNE	$5,704,827	$2,337,974	$3,995,061	$9,515,888	($1,361,897)
Required TNE[(1)]	**$37,812,719**	**$38,083,218**	**$37,973,977**	**$37,017,602**	**$37,956,874**
Min. Req'd to Avoid Monthly Reporting (Increased from 130% to 150% of Required TNE effective July-2022)	$56,719,078	$57,124,827	$56,960,965	$55,526,403	$56,935,311
TNE Excess / (Deficiency)	$198,516,410	$200,583,885	$204,688,187	$215,160,450	$212,859,281
Actual TNE as a Multiple of Required	**6.25**	**6.27**	**6.39**	**6.81**	**6.61**

Note 1: Required TNE reflects quarterly DMHC calculations for quarter-end months (underlined) and monthly DMHC calculations (not underlined). Quarterly and Monthly Required TNE calculations differ slightly in calculation methodology.

LIQUID TANGIBLE NET EQUITY

Net Assets	$236,329,129	$238,667,103	$242,662,164	$252,178,052	$250,816,155
Fixed Assets at Net Book Value	(5,604,558)	(5,560,412)	(5,492,549)	(5,598,345)	(5,539,348)
Net Lease Assets/Liabilities/Interest	106,376	204,722	206,107	206,549	207,567
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	**$230,480,947**	**$232,961,413**	**$236,819,615**	**$246,229,707**	**$244,926,807**
Liquid TNE as Multiple of Required	**6.10**	**6.12**	**6.24**	**6.65**	**6.45**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2023

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

	Actual Jul-22	Actual Aug-22	Actual Sep-22	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Actual Feb-23	Actual Mar-23	Actual Apr-23	Actual May-23	Actual Jun-23	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	100,903	100,977	101,276	101,323	101,653								506,132
Adult	47,707	48,112	48,711	49,162	50,069								243,761
SPD	27,991	28,079	28,200	28,237	28,365								140,872
ACA OE	113,322	114,208	115,018	116,205	117,328								576,081
Duals	21,910	22,077	22,319	22,482	22,719								111,507
MCAL LTC	0	0	0	0	0								0
MCAL LTC Duals	0	0	0	0	0								0
Medi-Cal Program	311,833	313,453	315,524	317,409	320,134								1,578,353
Group Care Program	5,796	5,803	5,809	5,789	5,791								28,988
Total	**317,629**	**319,256**	**321,333**	**323,198**	**325,925**								**1,607,341**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	74	299	47	330								881
Adult	946	405	599	451	907								3,308
SPD	886	88	121	37	128								1,260
ACA OE	2,384	886	810	1,187	1,123								6,390
Duals	225	167	242	163	237								1,034
MCAL LTC	0	0	0	0	0								0
MCAL LTC Duals	0	0	0	0	0								0
Medi-Cal Program	4,572	1,620	2,071	1,885	2,725								12,873
Group Care Program	1	7	6	(20)	2								(4)
Total	**4,573**	**1,627**	**2,077**	**1,865**	**2,727**								**12,869**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	32.4%	32.2%	32.1%	31.9%	31.8%								32.1%
Adult % of Medi-Cal	15.3%	15.3%	15.4%	15.5%	15.6%								15.4%
SPD % of Medi-Cal	9.0%	9.0%	8.9%	8.9%	8.9%								8.9%
ACA OE % of Medi-Cal	36.3%	36.4%	36.5%	36.6%	36.6%								36.5%
Duals % of Medi-Cal	7.0%	7.0%	7.1%	7.1%	7.1%								7.1%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%								98.2%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%	1.8%								1.8%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**								**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2023

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

	Actual Jul-22	Actual Aug-22	Actual Sep-22	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Actual Feb-23	Actual Mar-23	Actual Apr-23	Actual May-23	Actual Jun-23	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	54,340	52,198	52,418	52,571	53,736								265,263
Alameda Health System	62,784	63,910	64,424	64,799	65,216								321,133
	117,124	116,108	116,842	117,370	118,952								586,396
Delegated:													
CFMG	33,466	33,594	33,577	33,617	33,498								167,752
CHCN	119,514	121,703	122,696	123,666	124,637								612,216
Kaiser	47,525	47,851	48,218	48,545	48,838								240,977
Delegated Subtotal	200,505	203,148	204,491	205,828	206,973								1,020,945
Total	**317,629**	**319,256**	**321,333**	**323,198**	**325,925**								**1,607,341**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	2,973	(1,016)	734	528	1,582								4,801
Delegated:													
CFMG	58	128	(17)	40	(119)								90
CHCN	1,103	2,189	993	970	971								6,226
Kaiser	439	326	367	327	293								1,752
Delegated Subtotal	1,600	2,643	1,343	1,337	1,145								8,068
Total	**4,573**	**1,627**	**2,077**	**1,865**	**2,727**								**12,869**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.4%	36.4%	36.3%	36.5%								36.5%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%	10.3%								10.4%
CHCN	37.6%	38.1%	38.2%	38.3%	38.2%								38.1%
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%								15.0%
Delegated Subtotal	63.1%	63.6%	63.6%	63.7%	63.5%								63.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**								**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 2023	FINAL BUDGET												
	Budget Jul-22	Budget Aug-22	Budget Sep-22	Budget Oct-22	Budget Nov-22	Budget Dec-22	Budget Jan-23	Budget Feb-23	Budget Mar-23	Budget Apr-23	Budget May-23	Budget Jun-23	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program by Category of Aid:													
Child	100,903	100,977	101,276	101,323	101,526	101,729	102,032	102,236	102,440	102,645	102,427	102,209	1,221,723
Adult	47,707	48,112	48,711	49,162	49,408	49,655	50,068	50,318	50,570	50,823	50,572	50,320	595,426
SPD	27,991	28,079	28,200	28,237	28,322	28,407	31,537	31,632	31,727	31,822	31,866	31,911	359,731
ACA OE	113,322	114,208	115,018	116,205	116,554	116,904	119,956	120,316	120,677	121,039	120,274	119,507	1,413,980
Duals	21,910	22,077	22,319	22,482	22,617	22,753	44,376	44,642	44,910	45,179	45,320	45,462	404,047
MCAL LTC							153	153	153	153	153	153	918
MCAL LTC Duals							1,184	1,184	1,184	1,184	1,184	1,184	7,104
Medi-Cal Program	311,833	313,453	315,524	317,409	318,427	319,448	349,306	350,481	351,661	352,845	351,796	350,746	4,002,929
Group Care Program	5,796	5,803	5,809	5,789	5,789	5,789	5,789	5,789	5,789	5,789	5,789	5,789	69,509
Total	**317,629**	**319,256**	**321,333**	**323,198**	**324,216**	**325,237**	**355,095**	**356,270**	**357,450**	**358,634**	**357,585**	**356,535**	**4,072,438**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	6,092	74	299	47	203	203	303	204	204	205	(218)	(218)	7,398
Adult	6,631	405	599	451	246	247	413	250	252	253	(251)	(252)	9,244
SPD	1,246	88	121	37	85	85	3,130	95	95	95	44	45	5,166
ACA OE	9,886	886	810	1,187	349	350	3,052	360	361	362	(765)	(767)	16,071
Duals	2,134	167	242	163	135	136	21,623	266	268	269	141	142	25,686
MCAL LTC	0	0	0	0	0	0	153	0	0	0	0	0	153
MCAL LTC Duals	0	0	0	0	0	0	1,184	(0)	0	0	0	0	1,184
Medi-Cal Program	25,989	1,620	2,071	1,885	1,018	1,021	29,858	1,175	1,180	1,184	(1,049)	(1,050)	64,902
Group Care Program	(56)	7	6	(20)	0	0	0	0	0	0	0	0	(63)
Total	**25,933**	**1,627**	**2,077**	**1,865**	**1,018**	**1,021**	**29,858**	**1,175**	**1,180**	**1,184**	**(1,049)**	**(1,050)**	**64,839**
Enrollment Percentages:													
Medi-Cal Program:													
Child % (Medi-Cal)	32.4%	32.2%	32.1%	31.9%	31.9%	31.8%	29.2%	29.2%	29.1%	29.1%	29.1%	29.1%	30.5%
Adult % (Medi-Cal)	15.3%	15.3%	15.4%	15.5%	15.5%	15.5%	14.3%	14.4%	14.4%	14.4%	14.4%	14.3%	14.9%
SPD % (Medi-Cal)	9.0%	9.0%	8.9%	8.9%	8.9%	8.9%	9.0%	9.0%	9.0%	9.0%	9.1%	9.1%	9.0%
ACA OE % (Medi-Cal)	36.3%	36.4%	36.5%	36.6%	36.6%	36.6%	34.3%	34.3%	34.3%	34.3%	34.2%	34.1%	35.3%
Duals % (Medi-Cal)	7.0%	7.0%	7.1%	7.1%	7.1%	7.1%	12.7%	12.7%	12.8%	12.8%	12.9%	13.0%	10.1%
MCAL LTC % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MCAL LTC Duals % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.4%	98.4%	98.4%	98.4%	98.4%	98.4%	98.3%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.7%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 2023	FINAL BUDGET												
	Budget Jul-22	Budget Aug-22	Budget Sep-22	Budget Oct-22	Budget Nov-22	Budget Dec-22	Budget Jan-23	Budget Feb-23	Budget Mar-23	Budget Apr-23	Budget May-23	Budget Jun-23	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	117,124	116,108	116,842	117,370	117,768	118,167	132,827	133,300	133,775	134,250	133,844	133,438	1,504,813
Delegated:													
CFMG	33,466	33,594	33,577	33,617	33,689	33,761	34,005	34,077	34,149	34,222	34,146	34,070	406,373
CHCN	119,514	121,703	122,696	123,666	124,059	124,454	135,070	135,521	135,974	136,430	136,024	135,617	1,550,728
Kaiser	47,525	47,851	48,218	48,545	48,700	48,855	53,193	53,372	53,552	53,732	53,571	53,410	610,524
Delegated Subtotal	200,505	203,148	204,491	205,828	206,448	207,070	222,268	222,970	223,675	224,384	223,741	223,097	2,567,625
Total	**317,629**	**319,256**	**321,333**	**323,198**	**324,216**	**325,237**	**355,095**	**356,270**	**357,450**	**358,634**	**357,585**	**356,535**	**4,072,438**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	6,018	(1,016)	734	528	398	399	14,660	473	475	475	(406)	(406)	22,332
Delegated:													
CFMG	2,058	128	(17)	40	72	72	244	72	72	73	(76)	(76)	2,662
CHCN	13,283	2,189	993	970	393	395	10,616	451	453	456	(406)	(407)	29,386
Kaiser	4,574	326	367	327	155	155	4,338	179	180	180	(161)	(161)	10,459
Delegated Subtotal	19,915	2,643	1,343	1,337	620	622	15,198	702	705	709	(643)	(644)	42,507
Total	**25,933**	**1,627**	**2,077**	**1,865**	**1,018**	**1,021**	**29,858**	**1,175**	**1,180**	**1,184**	**(1,049)**	**(1,050)**	**64,839**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.4%	36.4%	36.3%	36.3%	36.3%	37.4%	37.4%	37.4%	37.4%	37.4%	37.4%	37.0%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%	10.4%	10.4%	9.6%	9.6%	9.6%	9.5%	9.5%	9.6%	10.0%
CHCN	37.6%	38.1%	38.2%	38.3%	38.3%	38.3%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	38.1%
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
Delegated Subtotal	63.1%	63.6%	63.6%	63.7%	63.7%	63.7%	62.6%	62.6%	62.6%	62.6%	62.6%	62.6%	63.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2023

	Variance Jul-22	Variance Aug-22	Variance Sep-22	Variance Oct-22	Variance Nov-22	Variance Dec-22	Variance Jan-23	Variance Feb-23	Variance Mar-23	Variance Apr-23	Variance May-23	Variance Jun-23	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	127								127
Adult	0	0	0	0	661								661
SPD	0	0	0	0	43								43
ACA OE	0	0	0	0	774								774
Duals	0	0	0	0	102								102
MCAL LTC	0	0	0	0	0								0
MCAL LTC Duals	0	0	0	0	0								0
Medi-Cal Program	0	0	0	0	1,707								1,707
Group Care Program	0	0	0	0	2								2
Total	**0**	**0**	**0**	**0**	**1,709**								**1,709**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	1,184								1,184
Delegated:													
CFMG	0	0	0	0	(191)								(191)
CHCN	0	0	0	0	578								578
Kaiser	0	0	0	0	138								138
Delegated Subtotal	0	0	0	0	525								525
Total	**0**	**0**	**0**	**0**	**1,709**								**1,709**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2022

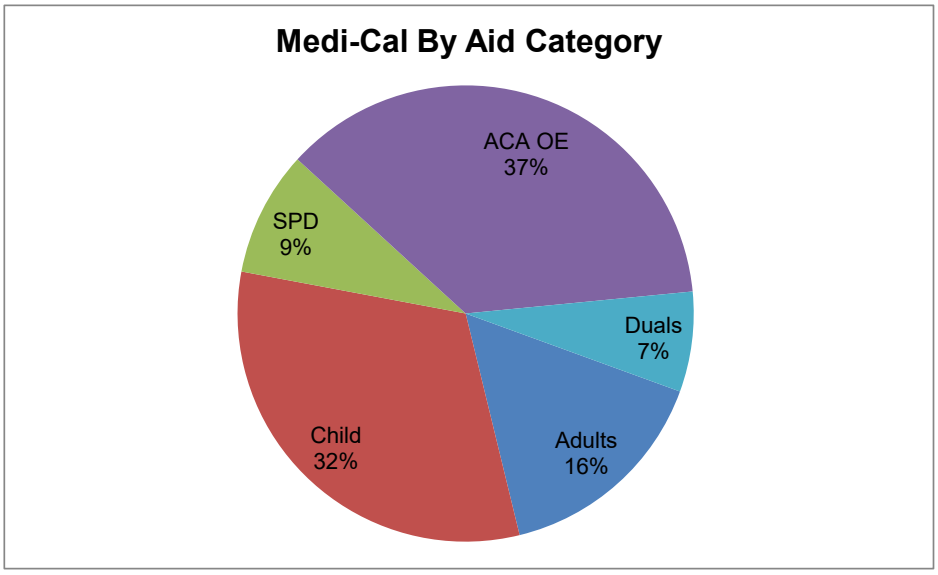
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,138,787	$1,135,520	($3,267)	(0.3%)	PCP-Capitation	$5,681,618	$5,678,351	($3,267)	(0.1%)
4,316,867	4,295,854	(21,013)	(0.5%)	PCP-Capitation - FQHC	21,220,364	21,199,352	(21,013)	(0.1%)
292,593	292,747	154	0.1%	Specialty-Capitation	1,458,162	1,458,315	154	0.0%
3,665,378	3,640,932	(24,446)	(0.7%)	Specialty-Capitation FQHC	17,927,758	17,903,312	(24,446)	(0.1%)
440,917	438,451	(2,466)	(0.6%)	Laboratory-Capitation	2,178,299	2,175,833	(2,466)	(0.1%)
976,878	972,648	(4,230)	(0.4%)	Transportation (Ambulance)-Cap	4,825,152	4,820,922	(4,230)	(0.1%)
235,490	234,604	(885)	(0.4%)	Vision Cap	1,164,943	1,164,057	(885)	(0.1%)
85,221	85,254	33	0.0%	CFMG Capitation	424,657	424,690	33	0.0%
183,043	181,931	(1,112)	(0.6%)	Anc IPA Admin Capitation FQHC	897,097	895,985	(1,112)	(0.1%)
11,267,017	11,250,037	(16,980)	(0.2%)	Kaiser Capitation	55,594,665	55,577,684	(16,980)	0.0%
1,261,768	794,568	(467,200)	(58.8%)	BHT Supplemental Expense	3,770,549	3,303,349	(467,200)	(14.1%)
0	0	0	0.0%	Hep-C Supplemental Expense	(15,349)	(15,349)	0	0.0%
314,032	570,246	256,214	44.9%	Maternity Supplemental Expense	1,612,976	1,869,190	256,214	13.7%
586,866	623,868	37,002	5.9%	DME - Cap	2,911,639	2,948,641	37,002	1.3%
$24,764,856	**$24,516,659**	**($248,197)**	**(1.0%)**	**5-TOTAL CAPITATED EXPENSES**	**$119,652,529**	**$119,404,332**	**($248,197)**	**(0.2%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
(1,295,279)	0	1,295,279	0.0%	IBNP-Inpatient Services	1,503,970	2,799,249	1,295,279	46.3%
(38,857)	0	38,857	0.0%	IBNP-Settlement (IP)	45,122	83,979	38,857	46.3%
(103,623)	0	103,623	0.0%	IBNP-Claims Fluctuation (IP)	120,317	223,940	103,623	46.3%
27,264,907	32,157,948	4,893,041	15.2%	Inpatient Hospitalization-FFS	127,988,935	132,881,976	4,893,041	3.7%
1,316,068	0	(1,316,068)	0.0%	IP OB - Mom & NB	6,664,781	5,348,714	(1,316,068)	(24.6%)
306,675	0	(306,675)	0.0%	IP Behavioral Health	1,289,247	982,572	(306,675)	(31.2%)
1,355,031	1,272,481	(82,550)	(6.5%)	LTC SNF	5,052,805	4,970,254	(82,550)	(1.7%)
1,087,610	0	(1,087,610)	0.0%	IP - Facility Rehab FFS	4,230,263	3,142,653	(1,087,610)	(34.6%)
$29,892,531	**$33,430,428**	**$3,537,897**	**10.6%**	**6-Inpatient Hospital & SNF FFS Expense**	**$146,895,440**	**$150,433,337**	**$3,537,897**	**2.4%**
(284,781)	0	284,781	0.0%	IBNP-PCP	343,843	628,624	284,781	45.3%
(8,543)	0	8,543	0.0%	IBNP-Settlement (PCP)	10,319	18,862	8,543	45.3%
(22,783)	0	22,783	0.0%	IBNP-Claims Fluctuation (PCP)	27,508	50,291	22,783	45.3%
1,810,154	1,323,177	(486,977)	(36.8%)	Primary Care Non-Contracted FF	7,240,608	6,753,631	(486,977)	(7.2%)
243,710	91,324	(152,386)	(166.9%)	PCP FQHC FFS	770,145	617,759	(152,386)	(24.7%)
2,018,709	2,889,807	871,099	30.1%	Prop 56 Direct Payment Expenses	9,970,683	10,841,782	871,099	8.0%
14,722	0	(14,722)	0.0%	Prop 56 Hyde Direct Payment Expenses	72,111	57,389	(14,722)	(25.7%)
78,502	0	(78,502)	0.0%	Prop 56-Trauma Expense	389,423	310,921	(78,502)	(25.2%)
99,654	0	(99,654)	0.0%	Prop 56-Dev. Screening Exp.	496,207	396,554	(99,654)	(25.1%)
711,823	0	(711,823)	0.0%	Prop 56-Fam. Planning Exp.	3,489,168	2,777,346	(711,823)	(25.6%)
0	0	0	0.0%	Prop 56-Value Based Purchasing	(1,293)	(1,293)	0	0.0%
$4,661,167	**$4,304,308**	**($356,859)**	**(8.3%)**	**7-Primary Care Physician FFS Expense**	**$22,808,724**	**$22,451,865**	**($356,859)**	**(1.6%)**
(908,362)	0	908,362	0.0%	IBNP-Specialist	(428,838)	479,524	908,362	189.4%
2,586,051	4,926,195	2,340,143	47.5%	Specialty Care-FFS	12,381,413	14,721,557	2,340,143	15.9%
196,603	0	(196,603)	0.0%	Anesthesiology - FFS	743,528	546,925	(196,603)	(35.9%)
1,000,353	0	(1,000,353)	0.0%	Spec Rad Therapy - FFS	4,377,738	3,377,385	(1,000,353)	(29.6%)
17,188	0	(17,188)	0.0%	Obstetrics-FFS	286,935	269,748	(17,188)	(6.4%)
435,748	0	(435,748)	0.0%	Spec IP Surgery - FFS	1,786,775	1,351,027	(435,748)	(32.3%)
579,297	0	(579,297)	0.0%	Spec OP Surgery - FFS	2,813,670	2,234,372	(579,297)	(25.9%)
469,912	0	(469,912)	0.0%	Spec IP Physician	1,908,673	1,438,762	(469,912)	(32.7%)
76,170	50,850	(25,321)	(49.8%)	SCP FQHC FFS	282,644	257,323	(25,321)	(9.8%)
(27,250)	0	27,250	0.0%	IBNP-Settlement (SCP)	(12,867)	14,383	27,250	189.5%
(72,668)	0	72,668	0.0%	IBNP-Claims Fluctuation (SCP)	(34,309)	38,359	72,668	189.4%
$4,353,043	**$4,977,045**	**$624,001**	**12.5%**	**8-Specialty Care Physician Expense**	**$24,105,362**	**$24,729,364**	**$624,001**	**2.5%**
(633,758)	0	633,758	0.0%	IBNP-Ancillary	(312,026)	321,732	633,758	197.0%
(19,011)	0	19,011	0.0%	IBNP Settlement (ANC)	(9,362)	9,649	19,011	197.0%
(50,700)	0	50,700	0.0%	IBNP Claims Fluctuation (ANC)	(24,963)	25,737	50,700	197.0%
229,411	0	(229,411)	0.0%	Acupuncture/Biofeedback	1,370,825	1,141,414	(229,411)	(20.1%)
124,098	0	(124,098)	0.0%	Hearing Devices	590,035	465,938	(124,098)	(26.6%)
19,168	0	(19,168)	0.0%	Imaging/MRI/CT Global	181,042	161,874	(19,168)	(11.8%)
60,112	0	(60,112)	0.0%	Vision FFS	244,141	184,029	(60,112)	(32.7%)
0	0	0	0.0%	Family Planning	47,111	47,111	0	0.0%
703,634	0	(703,634)	0.0%	Laboratory-FFS	3,398,065	2,694,430	(703,634)	(26.1%)
124,388	0	(124,388)	0.0%	ANC Therapist	567,906	443,518	(124,388)	(28.0%)
797,077	0	(797,077)	0.0%	Transportation (Ambulance)-FFS	3,102,656	2,305,579	(797,077)	(34.6%)
133,582	0	(133,582)	0.0%	Transportation (Other)-FFS	667,332	533,749	(133,582)	(25.0%)
456,370	0	(456,370)	0.0%	Hospice	2,010,497	1,554,127	(456,370)	(29.4%)
1,277,934	0	(1,277,934)	0.0%	Home Health Services	4,398,843	3,120,909	(1,277,934)	(40.9%)
2,153	4,282,443	4,280,289	99.9%	Other Medical-FFS	2,156	4,282,446	4,280,289	99.9%
14,793	0	(14,793)	0.0%	HMS Medical Refunds	98,912	84,120	(14,793)	(17.6%)
668	0	(668)	0.0%	Refunds-Medical Payments	599	(69)	(668)	969.8%
6,798	0	(6,798)	0.0%	DME & Medical Supplies	1,133,710	1,126,912	(6,798)	(0.6%)
0	665,521	665,521	100.0%	GEMT Direct Payment Expense	0	665,521	665,521	100.0%
712,310	0	(712,310)	0.0%	Community Based Adult Services (CBAS)	2,495,678	1,783,368	(712,310)	(39.9%)

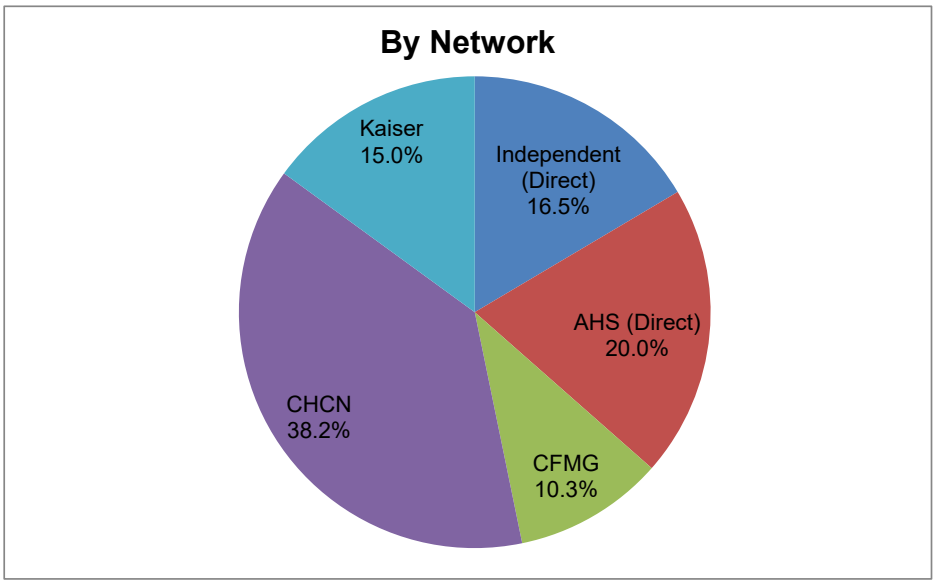
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
911,257	839,404	(71,853)	(8.6%)	ECM Base/Outreach FFS Anc.	4,501,899	4,430,046	(71,853)	(1.6%)
(15,025)	0	15,025	0.0%	ECM Outreach FFS Ancillary	(5,200)	9,825	15,025	152.9%
538,606	135,043	(403,563)	(298.8%)	CS - Housing Deposits FFS Ancillary	2,027,949	1,624,385	(403,563)	(24.8%)
169,174	690,472	521,298	75.5%	CS - Housing Tenancy FFS Ancillary	2,142,355	2,663,653	521,298	19.6%
322,582	155,207	(167,375)	(107.8%)	CS - Housing Navigation Services FFS Ancillary	1,298,957	1,131,583	(167,375)	(14.8%)
315,881	204,877	(111,004)	(54.2%)	CS - Medical Respite FFS Ancillary	1,602,753	1,491,748	(111,004)	(7.4%)
303,550	136,018	(167,532)	(123.2%)	CS - Medically Tailored Meals FFS Ancillary	972,090	804,558	(167,532)	(20.8%)
51,646	37,159	(14,486)	(39.0%)	CS - Asthma Remediation FFS Ancillary	212,218	197,732	(14,486)	(7.3%)
0	10,964	10,964	100.0%	MOT- Wrap Around (Non Medical MOT Cost)	8,674	19,638	10,964	55.8%
$6,556,698	**$7,157,107**	**$600,409**	**8.4%**	**9-Ancillary Medical Expense**	**$32,724,852**	**$33,325,261**	**$600,409**	**1.8%**
1,018,072	0	(1,018,072)	0.0%	IBNP-Outpatient	2,730,839	1,712,767	(1,018,072)	(59.4%)
30,541	0	(30,541)	0.0%	IBNP Settlement (OP)	81,925	51,384	(30,541)	(59.4%)
81,447	0	(81,447)	0.0%	IBNP Claims Fluctuation (OP)	218,469	137,022	(81,447)	(59.4%)
1,457,373	8,904,508	7,447,135	83.6%	Out-Patient FFS	6,792,082	14,239,217	7,447,135	52.3%
1,617,296	0	(1,617,296)	0.0%	OP Ambul Surgery - FFS	7,938,008	6,320,713	(1,617,296)	(25.6%)
1,535,068	0	(1,535,068)	0.0%	OP Fac Imaging Services-FFS	5,686,460	4,151,392	(1,535,068)	(37.0%)
977,339	0	(977,339)	0.0%	Behav Health - FFS	4,050,095	3,072,756	(977,339)	(31.8%)
1,452,484	0	(1,452,484)	0.0%	Behavioral Health Therapy - FFS	6,012,478	4,559,994	(1,452,484)	(31.9%)
592,940	0	(592,940)	0.0%	OP Facility - Lab FFS	2,571,455	1,978,515	(592,940)	(30.0%)
129,211	0	(129,211)	0.0%	OP Facility - Cardio FFS	548,903	419,692	(129,211)	(30.8%)
46,851	0	(46,851)	0.0%	OP Facility - PT/OT/ST FFS	232,031	185,180	(46,851)	(25.3%)
3,726,729	0	(3,726,729)	0.0%	OP Facility - Dialysis FFS	11,382,859	7,656,130	(3,726,729)	(48.7%)
$12,665,350	**$8,904,508**	**($3,760,842)**	**(42.2%)**	**10-Outpatient Medical Expense Medical Expense**	**$48,245,605**	**$44,484,762**	**($3,760,842)**	**(8.5%)**
(341,574)	0	341,574	0.0%	IBNP-Emergency	(3,866)	337,708	341,574	101.1%
(10,246)	0	10,246	0.0%	IBNP Settlement (ER)	(118)	10,128	10,246	101.2%
(27,327)	0	27,327	0.0%	IBNP Claims Fluctuation (ER)	(309)	27,018	27,327	101.1%
751,553	0	(751,553)	0.0%	Special ER Physician-FFS	3,273,762	2,522,209	(751,553)	(29.8%)
4,896,843	5,249,352	352,509	6.7%	ER-Facility	20,769,645	21,122,154	352,509	1.7%
$5,269,248	**$5,249,352**	**($19,897)**	**(0.4%)**	**11-Emergency Expense**	**$24,039,114**	**$24,019,218**	**($19,897)**	**(0.1%)**
(224,070)	0	224,070	0.0%	IBNP-Pharmacy	731,146	955,216	224,070	23.5%
(6,723)	0	6,723	0.0%	IBNP Settlement (RX)	21,934	28,657	6,723	23.5%
(17,926)	0	17,926	0.0%	IBNP Claims Fluctuation (RX)	58,489	76,415	17,926	23.5%
448,727	340,787	(107,940)	(31.7%)	Pharmacy-FFS	2,272,615	2,164,675	(107,940)	(5.0%)
98,472	6,433,651	6,335,180	98.5%	Pharmacy- Non-PBM FFS-Other Anc	13,593,856	19,929,036	6,335,180	31.8%
5,193,460	0	(5,193,460)	0.0%	Pharmacy- Non-PBM FFS-OP FAC	12,668,355	7,474,895	(5,193,460)	(69.5%)
171,659	0	(171,659)	0.0%	Pharmacy- Non-PBM FFS-PCP	393,890	222,232	(171,659)	(77.2%)
3,106,980	0	(3,106,980)	0.0%	Pharmacy- Non-PBM FFS-SCP	6,508,136	3,401,156	(3,106,980)	(91.4%)
15,932	0	(15,932)	0.0%	Pharmacy- Non-PBM FFS-FQHC	27,442	11,510	(15,932)	(138.4%)
23,414	0	(23,414)	0.0%	Pharmacy- Non-PBM FFS-HH	124,130	100,717	(23,414)	(23.2%)
(6,238)	0	6,238	0.0%	HMS RX Refunds	(65,642)	(59,403)	6,238	(10.5%)
0	31,806	31,806	100.0%	Pharmacy-Rebate	0	31,806	31,806	100.0%
$8,803,685	**$6,806,244**	**($1,997,441)**	**(29.3%)**	**12-Pharmacy Expense**	**$36,334,352**	**$34,336,912**	**($1,997,441)**	**(5.8%)**
$72,201,723	**$70,828,992**	**($1,372,731)**	**(1.9%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**$335,153,449**	**$333,780,719**	**($1,372,730)**	**(0.4%)**
0	(144,779)	(144,779)	100.0%	Clinical Vacancy	0	(144,779)	(144,779)	100.0%
67,527	104,655	37,129	35.5%	Quality Analytics	351,345	388,473	37,129	9.6%
439,263	601,520	162,257	27.0%	Health Plan Services Department Total	2,238,173	2,400,430	162,257	6.8%
627,609	419,884	(207,726)	(49.5%)	Case & Disease Management Department Total	2,078,460	1,870,735	(207,726)	(11.1%)
444,420	448,184	3,764	0.8%	Medical Services Department Total	3,463,087	3,466,850	3,764	0.1%
460,761	919,196	458,435	49.9%	Quality Management Department Total	2,668,447	3,126,882	458,435	14.7%
125,585	159,892	34,307	21.5%	HCS Behavioral Health Department Total	592,317	626,625	34,307	5.5%
117,681	121,701	4,020	3.3%	Pharmacy Services Department Total	622,090	626,110	4,020	0.6%
31,468	72,065	40,598	56.3%	Regulatory Readiness Total	97,310	137,907	40,598	29.4%
$2,314,315	**$2,702,318**	**$388,003**	**14.4%**	**14-Other Benefits & Services**	**$12,111,229**	**$12,499,233**	**$388,003**	**3.1%**
				Reinsurance Expense				
(659,000)	(615,191)	43,809	(7.1%)	Reinsurance Recoveries	(4,616,611)	(4,572,802)	43,809	(1.0%)
821,787	820,254	(1,533)	(0.2%)	Stop-Loss Expense	4,058,518	4,056,985	(1,533)	0.0%
$162,787	**$205,064**	**$42,276**	**20.6%**	**15-Reinsurance Expense**	**($558,093)**	**($515,817)**	**$42,276**	**(8.2%)**
$99,443,680	**$98,253,032**	**($1,190,648)**	**(1.2%)**	**17-TOTAL MEDICAL EXPENSES**	**$466,359,114**	**$465,168,467**	**($1,190,647)**	**(0.3%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Nov 2022**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	50,069	16%	9,900	9,818	838	20,414	9,099
Child	101,653	32%	7,728	9,310	30,428	35,458	18,729
SPD	28,365	9%	8,437	4,496	1,011	12,269	2,152
ACA OE	117,328	37%	16,946	38,205	1,218	45,687	15,272
Duals	22,719	7%	8,427	2,521	3	8,182	3,586
Medi-Cal	320,134		51,438	64,350	33,498	122,010	48,838
Group Care	5,791		2,298	866	-	2,627	-
Total	**325,925**	**100%**	**53,736**	**65,216**	**33,498**	**124,637**	**48,838**
Medi-Cal %	98.2%		95.7%	98.7%	100.0%	97.9%	100.0%
Group Care %	1.8%		4.3%	1.3%	0.0%	2.1%	0.0%
	Network Distribution		*16.5%*	*20.0%*	*10.3%*	*38.2%*	*15.0%*
			% Direct:	**36%**		**% Delegated:**	**64%**

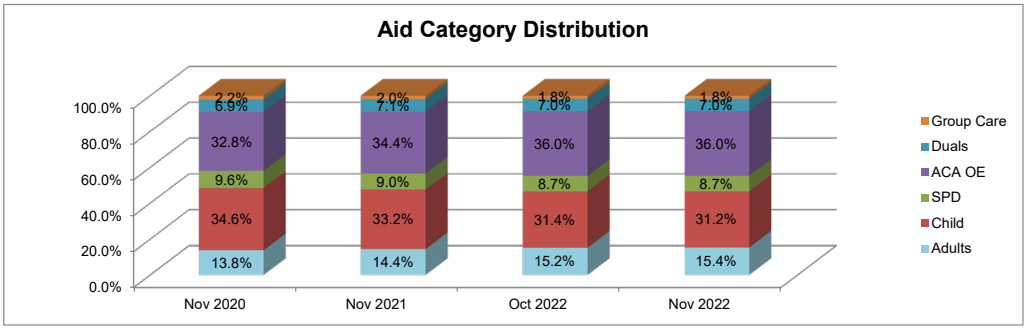




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

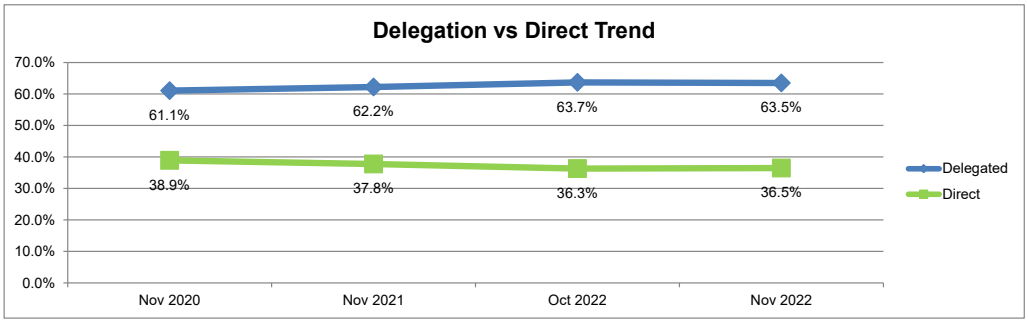
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020 to Nov 2021	Nov 2021 to Nov 2022	Oct 2022 to Nov 2022
Adults	37,638	42,623	49,162	50,069	13.8%	14.4%	15.2%	15.4%	13.2%	17.5%	1.8%
Child	94,620	97,935	101,323	101,653	34.6%	33.2%	31.4%	31.2%	3.5%	3.8%	0.3%
SPD	26,314	26,427	28,237	28,365	9.6%	9.0%	8.7%	8.7%	0.4%	7.3%	0.5%
ACA OE	89,752	101,508	116,205	117,328	32.8%	34.4%	36.0%	36.0%	13.1%	15.6%	1.0%
Duals	18,990	20,832	22,482	22,719	6.9%	7.1%	7.0%	7.0%	9.7%	9.1%	1.1%
Medi-Cal Total	267,314	289,325	317,409	320,134	97.8%	98.0%	98.2%	98.2%	8.2%	10.6%	0.9%
Group Care	5,982	5,826	5,789	5,791	2.2%	2.0%	1.8%	1.8%	-2.6%	-0.6%	0.0%
Total	**273,296**	**295,151**	**323,198**	**325,925**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.0%**	**10.4%**	**0.8%**



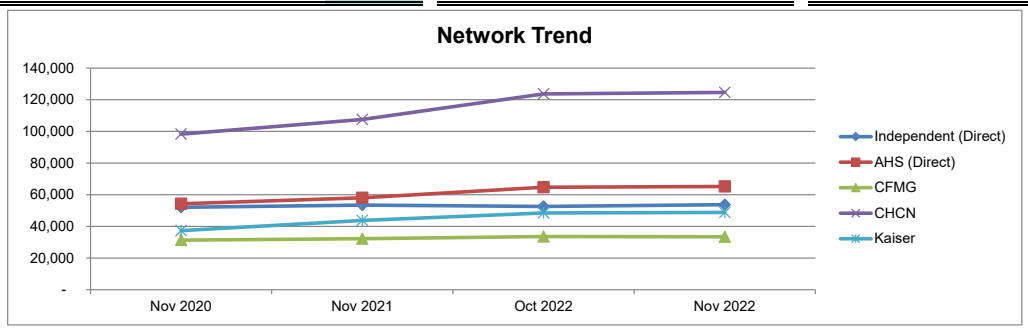
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020 to Nov 2021	Nov 2021 to Nov 2022	Oct 2022 to Nov 2022
Delegated	166,940	183,640	205,828	206,973	61.1%	62.2%	63.7%	63.5%	10.0%	12.7%	0.6%
Direct	106,356	111,511	117,370	118,952	38.9%	37.8%	36.3%	36.5%	4.8%	6.7%	1.3%
Total	**273,296**	**295,151**	**323,198**	**325,925**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.0%**	**10.4%**	**0.8%**



Network Trend

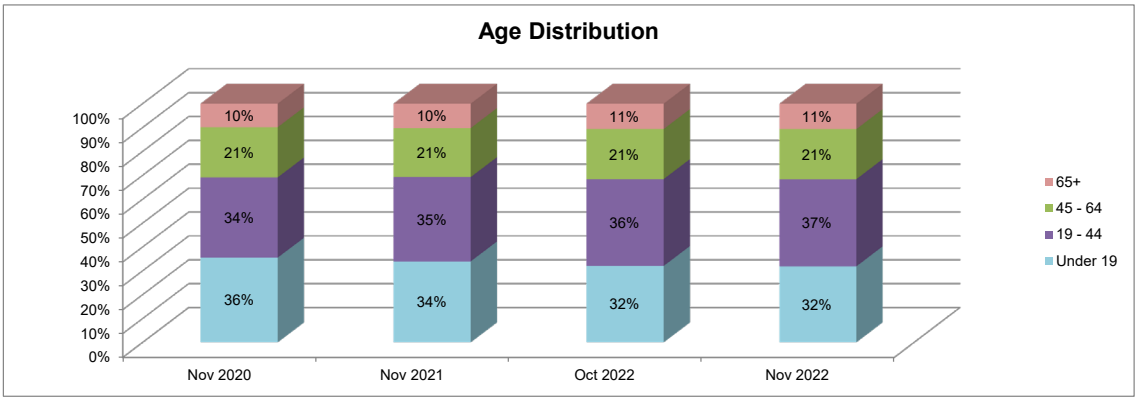
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020 to Nov 2021	Nov 2021 to Nov 2022	Oct 2022 to Nov 2022
Independent (Direct)	52,073	53,438	52,571	53,736	19.1%	18.1%	16.3%	16.5%	2.6%	0.6%	2.2%
AHS (Direct)	54,283	58,073	64,799	65,216	19.9%	19.7%	20.0%	20.0%	7.0%	12.3%	0.6%
CFMG	31,336	32,266	33,617	33,498	11.5%	10.9%	10.4%	10.3%	3.0%	3.8%	-0.4%
CHCN	98,274	107,583	123,666	124,637	36.0%	36.5%	38.3%	38.2%	9.5%	15.9%	0.8%
Kaiser	37,330	43,791	48,545	48,838	13.7%	14.8%	15.0%	15.0%	17.3%	11.5%	0.6%
Total	**273,296**	**295,151**	**323,198**	**325,925**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.0%**	**10.4%**	**0.8%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

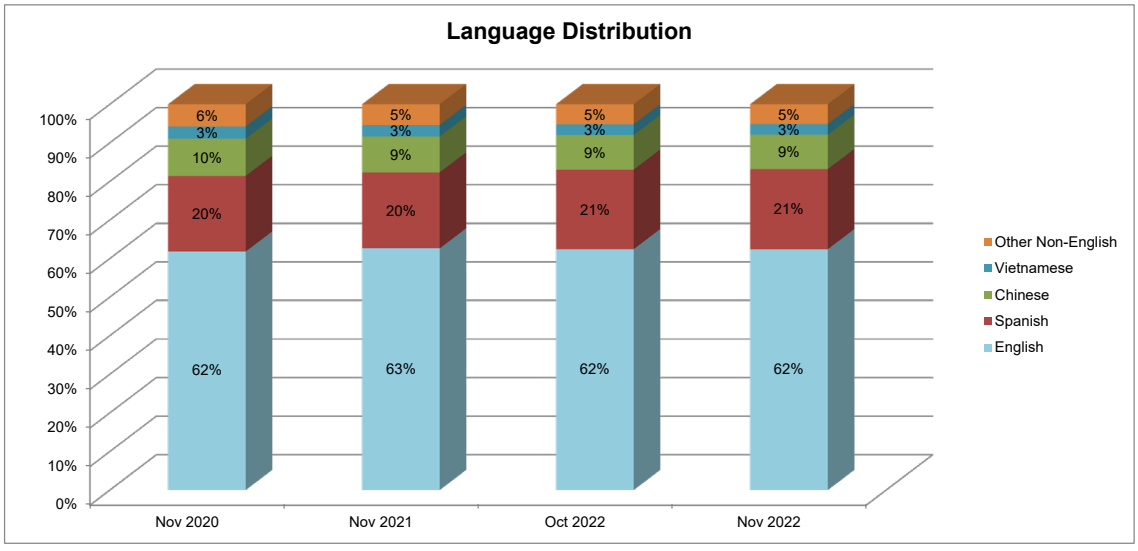
Age Category Trend

Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020 to Nov 2021	Nov 2021 to Nov 2022	Oct 2022 to Nov 2022
Under 19	97,068	100,206	103,541	103,882	36%	34%	32%	32%	3%	4%	0%
19 - 44	91,897	104,239	117,664	119,055	34%	35%	36%	37%	13%	14%	1%
45 - 64	57,413	60,571	67,687	68,281	21%	21%	21%	21%	6%	13%	1%
65+	26,918	30,135	34,306	34,707	10%	10%	11%	11%	12%	15%	1%
Total	**273,296**	**295,151**	**323,198**	**325,925**	**100%**	**100%**	**100%**	**100%**	**8%**	**10%**	**1%**



Language Trend

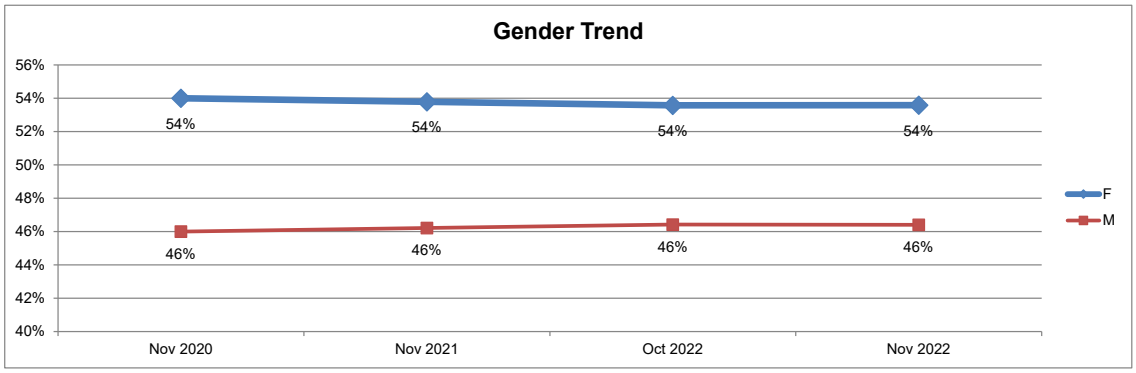
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020 to Nov 2021	Nov 2021 to Nov 2022	Oct 2022 to Nov 2022
English	168,901	184,858	201,780	203,441	62%	63%	62%	62%	9%	10%	1%
Spanish	53,619	58,130	66,629	67,653	20%	20%	21%	21%	8%	16%	2%
Chinese	26,401	27,553	29,052	29,111	10%	9%	9%	9%	4%	6%	0%
Vietnamese	8,632	8,737	8,934	8,906	3%	3%	3%	3%	1%	2%	0%
Other Non-English	15,743	15,873	16,803	16,814	6%	5%	5%	5%	1%	6%	0%
Total	**273,296**	**295,151**	**323,198**	**325,925**	**100%**	**100%**	**100%**	**100%**	**8%**	**10%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

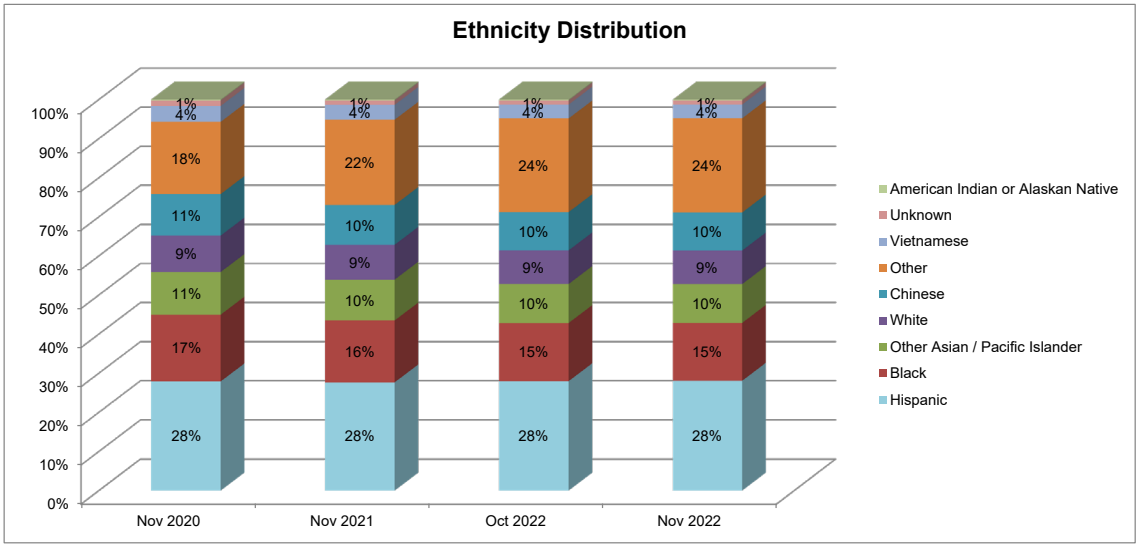
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020 to Nov 2021	Nov 2021 to Nov 2022	Oct 2022 to Nov 2022
F	147,582	158,755	173,160	174,661	54%	54%	54%	54%	8%	10%	1%
M	125,714	136,396	150,038	151,264	46%	46%	46%	46%	8%	11%	1%
Total	**273,296**	**295,151**	**323,198**	**325,925**	**100%**	**100%**	**100%**	**100%**	**8%**	**10%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020	Nov 2021	Oct 2022	Nov 2022	Nov 2020 to Nov 2021	Nov 2021 to Nov 2022	Oct 2022 to Nov 2022
Hispanic	76,210	81,601	90,312	91,418	28%	28%	28%	28%	7%	12%	1%
Black	46,661	46,720	48,088	48,247	17%	16%	15%	15%	0%	3%	0%
Other Asian / Pacific Islander	29,787	30,820	32,221	32,346	11%	10%	10%	10%	3%	5%	0%
White	25,513	26,352	27,881	28,029	9%	9%	9%	9%	3%	6%	1%
Chinese	29,036	30,070	31,624	31,699	11%	10%	10%	10%	4%	5%	0%
Other	50,474	64,332	77,437	78,525	18%	22%	24%	24%	27%	22%	1%
Vietnamese	11,144	11,226	11,427	11,442	4%	4%	4%	4%	1%	2%	0%
Unknown	3,867	3,399	3,514	3,526	1%	1%	1%	1%	-12%	4%	0%
American Indian or Alaskan Native	604	631	694	693	0%	0%	0%	0%	4%	10%	0%
Total	**273,296**	**295,151**	**323,198**	**325,925**	**100%**	**100%**	**100%**	**100%**	**8%**	**10%**	**1%**



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

Medi-Cal By City

City	Nov 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	125,458	39%	13,297	30,564	14,094	53,643	13,860
Hayward	50,380	16%	7,584	11,435	5,484	17,007	8,870
Fremont	29,115	9%	10,223	4,555	985	8,500	4,852
San Leandro	29,008	9%	4,704	4,351	3,493	11,078	5,382
Union City	13,245	4%	3,970	2,173	526	3,993	2,583
Alameda	12,088	4%	2,044	2,032	1,621	4,354	2,037
Berkeley	11,972	4%	1,530	1,801	1,328	5,445	1,868
Livermore	9,887	3%	1,075	711	1,917	4,396	1,788
Newark	7,467	2%	1,892	2,484	236	1,475	1,380
Castro Valley	7,994	2%	1,289	1,273	1,078	2,621	1,733
San Lorenzo	6,726	2%	901	1,184	697	2,535	1,409
Pleasanton	5,389	2%	1,002	406	517	2,512	952
Dublin	5,803	2%	1,039	441	686	2,541	1,096
Emeryville	2,179	1%	333	422	303	733	388
Albany	1,979	1%	262	230	375	708	404
Piedmont	400	0%	60	122	26	94	98
Sunol	65	0%	12	11	4	24	14
Antioch	37	0%	10	7	3	13	4
Other	942	0%	211	148	125	338	120
Total	**320,134**	**100%**	**51,438**	**64,350**	**33,498**	**122,010**	**48,838**

Group Care By City

City	Nov 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,886	33%	432	365	-	1,089	-
Hayward	651	11%	327	133	-	191	-
Fremont	621	11%	450	45	-	126	-
San Leandro	586	10%	217	90	-	279	-
Union City	304	5%	209	31	-	64	-
Alameda	277	5%	95	20	-	162	-
Berkeley	176	3%	51	12	-	113	-
Livermore	87	2%	26	1	-	60	-
Newark	146	3%	86	36	-	24	-
Castro Valley	179	3%	79	18	-	82	-
San Lorenzo	125	2%	47	18	-	60	-
Pleasanton	61	1%	24	3	-	34	-
Dublin	110	2%	38	10	-	62	-
Emeryville	33	1%	14	4	-	15	-
Albany	17	0%	5	1	-	11	-
Piedmont	12	0%	3	-	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	28	0%	6	6	-	16	-
Other	492	8%	189	73	-	230	-
Total	**5,791**	**100%**	**2,298**	**866**	**-**	**2,627**	**-**

Total By City

City	Nov 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	127,344	39%	13,729	30,929	14,094	54,732	13,860
Hayward	51,031	16%	7,911	11,568	5,484	17,198	8,870
Fremont	29,736	9%	10,673	4,600	985	8,626	4,852
San Leandro	29,594	9%	4,921	4,441	3,493	11,357	5,382
Union City	13,549	4%	4,179	2,204	526	4,057	2,583
Alameda	12,365	4%	2,139	2,052	1,621	4,516	2,037
Berkeley	12,148	4%	1,581	1,813	1,328	5,558	1,868
Livermore	9,974	3%	1,101	712	1,917	4,456	1,788
Newark	7,613	2%	1,978	2,520	236	1,499	1,380
Castro Valley	8,173	3%	1,368	1,291	1,078	2,703	1,733
San Lorenzo	6,851	2%	948	1,202	697	2,595	1,409
Pleasanton	5,450	2%	1,026	409	517	2,546	952
Dublin	5,913	2%	1,077	451	686	2,603	1,096
Emeryville	2,212	1%	347	426	303	748	388
Albany	1,996	1%	267	231	375	719	404
Piedmont	412	0%	63	122	26	103	98
Sunol	65	0%	12	11	4	24	14
Antioch	65	0%	16	13	3	29	4
Other	1,434	0%	400	221	125	568	120
Total	**325,925**	**100%**	**53,736**	**65,216**	**33,498**	**124,637**	**48,838**

ALAMEDA Alliance FOR HEALTH

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Program Updates

Program Implementation Updates

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

January 13th, 2023

Agenda

- Long Term Care Carve-In
- Population Health Management
- Enhanced Care Management
- Mental Health Insourcing

CalAIM – Long Term Care Carve-In

- On January 1st, 2023, the Alliance, in compliance with DHCS requirements, successfully transitioned non-dual and dual LTC Members receiving Long Term Care (LTC) benefits from Fee For Service (FFS) Medi-Cal to management by AAH.
  - The January 1st transition **did not** include Pediatric and Adult Subacute Facilities, Intermediate Care Facilities (ICF), or Institutions for Mental Disease (IMD) which will be implemented *no earlier* than July 1st, 2023
- DHCS required MCPs to demonstrate operational readiness prior to the transition
- LTC Readiness Deliverables
  - Skilled Nursing Facility (SNF) Network Readiness Template submitted to DHCS to demonstrate AAH had an adequate network was in place; approved by DHCS in October 2022
  - Additional required Deliverables submitted to DHCS on 11/28/2022
    - Nineteen (19) deliverables were part of this submission including P&Ps and Program Description
      - Thirteen (13) of the deliverables were approved by DHCS prior to go-live

CalAIM – Long Term Care Carve-In

- Contracting and Credentialing
  - Must contract with a minimum of 60% of total eligible SNFs in the MCP's HEDIS Reporting Unit
    - Goal met; AAH currently at 71% and increasing
    - Contracted with 73 facilities – Custodial Level of Care
      - 52 of 73 facilities credentialed
    - 77 PCP Providers identified; 23 contracts signed
    - Out of Area Facilities – 47 facilities
      - Contracting and credentialing activities continue
    - For uncontracted facilities with members, a Letter of Agreement will be executed with the facilities as needed

CalAIM – Long Term Care Carve-In

- Treatment Authorization Requests (TARs)
  - Effective January 1st, 2023, AAH is responsible for TARs approved by DHCS for SNF services ***inclusive*** of the SNF per diem rate for a period of 12 months after enrollment with the AAH or for the duration of the TAR, whichever is shorter
  - Effective January 1st, 2023, AAH is responsible for all other DHCS-approved TARS for services ***exclusive*** of the SNF per diem for a period of 90 days after enrollment with the AAH, or until we are able to reassess the Member and ensure provision of medically necessary services
- Facility Payment
  - AAH must reimburse Network Providers of SNF services for those services at exactly the Medi-Cal FFS per-diem rates for dates of service from January 1st, 2023, through December 31st, 2025

CalAIM – Long Term Care Carve-In

- LTC Provider Town Halls were held on 11/3, 11/10 and 12/1/2022
  - LTC training for all long-term care providers and facilities
- DHCS Member Data
  - Received existing authorizations data from DHCS and continue to work on file loading options in core systems
  - Contingency planning includes entering authorizations manually until automated load is complete
  - January eligibility file from DHCS contained fewer members than expected and higher than expected Aid Code errors
    - Analytics and IT reviewing daily and weekly eligibility file updates from DHCS; anticipate that February eligibility file will contain the majority of our expected members
  - TAR file from DHCS was not received as of 12/30; the issue was escalated to DHCS and AAH is expecting an additional four TAR files this month
    - DHCS acknowledged delays in TAR files
- LTC Staffing Resources
  - LTC team is fully staffed

CalAIM – Long Term Care Carve-In

- Continuity of Care Requirements
  - Effective January 1st, 2023, through June 30th, 2023
    - AAH must automatically provide 12 months of continuity of care for Members residing in a SNF and transitioning from Medi-Cal FFS to AAH
      - Automatic continuity of care means that if the Member is currently residing in a SNF, they do not have to request continuity of care to continue to reside in that SNF
      - Members may request an additional 12 months of Continuity of Care following the initial 12-month period
      - A Member residing in a SNF who enrolls after June 30th, 2023, does not receive automatic Continuity of Care but is still entitled to request it

CalAIM – Long Term Care Carve-In

- Post Transition Monitoring
  - DHCS is requiring daily, weekly, and monthly reporting to monitor any potential access to care or technical issues
    - Daily – 1/2-1/13/2023
    - Weekly – 1/20/2023 and 1/27/2023
    - Monthly – 2/28/2023, 3/31/2023 and 5/1/2023
- Command Center
  - AAH is monitoring the implementation closely through an LTC Command Center, used to promptly identify, research, and resolve LTC issues that may arise
  - AAH will provide consistent feedback and data to DHCS regarding the implementation of the LTC Carve-In benefit
  - LTC Command Center went live on 1/3/2023; team meets daily
  - Reviewing daily faxes from facilities with members attributed to AAH

Population Health Management (PHM)

- Effective January 1st, 2023, all Medi-Cal managed care plans were required to develop and maintain a whole system, person-centered population health management strategy
- PHM is a comprehensive, accountable plan of action for addressing Member needs and preferences, and building on their strengths and resiliencies across the continuum of care that:
  - Builds trust and meaningfully engages with Members;
  - Gathers, shares, and assesses timely and accurate data on Member preferences and needs to identify efficient and effective opportunities for intervention through processes such as data-driven risk stratification, predictive analytics, identification of gaps in care, and standardized assessment processes;
  - Addresses upstream factors that link to public health and social services;
  - Supports all Members staying healthy;
  - Provides care management for Members at higher risk of poor outcomes;
  - Provides transitional care services for Members transferring from one setting or level of care to another; and
  - Identifies and mitigates social drivers of health to reduce disparities.

Population Health Management

- All Plan Letter (APL) 22-024, *Population Health Management Program Guide*, provided final guidance and requirements for the program
- AAH submitted our PHM Readiness Document to DHCS in October; additional information was requested and re-submitted to DHCS on 12/30/2022 and final approval was received on 1/4/2023
- Transitional Care Requirements
  - January 2023
    - MCPs must develop and execute a plan to ramp up transitional care services
    - MCPs must implement timely prior authorizations
    - MCPs must know when all members are admitted/discharged/transferred
    - MCPs must ensure all transitional care services are complete for **high-risk** members
      - All January 2023 requirements have been completed and meet DHCS guidance
  - January 2024 – MCPs are required to ensure all transitional care services are complete for **all** members

Population Health Management

- Risk Stratification (RSS) Methodology
  - DHCS developing RSS Methodology; AAH has developed its own and will use until DHCS rolls out a statewide methodology
- Disease Management
  - AAH has two current Disease Management programs – Asthma and Diabetes
    - Asthma and Diabetes Member letters have been sent to DHCS for approval
  - Adding Depression and Cardiovascular programs
- Reports
  - Transition of Care Report – daily report was created and is in production
  - High-Risk Member Engagement Report – monthly report has been created
- Post Go-Live Activities
  - Work continues to build out project workstreams and story writing
  - System impact meetings continue to identify needs for reconfiguration of HealthSuite (claims), TruCare (care management), etc.
  - AAH has 90 days to update and submit any relevant P&Ps to DHCS; due date is 2/26/2023

CalAIM – Enhanced Care Management (ECM)

- Two (2) new Populations of Focus (POF) became effective January 1st, 2023
  - Members Eligible for Long Term Care and At-Risk of Institutionalization – 906 members identified on the first eligibility file
  - Nursing Home Residents Transitioning to Community – 0 members identified as this will primarily be referral-based
- ECM Providers for new Populations of Focus
  - Two (2) existing ECM Providers, CHCN and EBI
  - Two (2) new ECM Providers, MedArrive and Institute on Aging
  - Contracts with all four (4) providers have been fully executed and credentialing is complete for the two new providers

CalAIM – Enhanced Care Management

- Testing will continue with MedArrive and Institute on Aging as follows:
  - Member Information Eligibility file
  - Member Information Enrollment Return file
  - Encounter data file
- Provider Directory
  - Ensure inclusion of new providers in the Provider Directory (online, printed, and DHCS 274 file)

Mental Health Insourcing

- Services currently performed by Beacon Health Options will be brought in-house effective March 31st, 2023
- Material Modification process with the Department of Managed Health Care (DHMC) continues; three (3) separate submissions have been sent to DMHC
  - Submission #1 – Member and Provider Materials (EOC, Member and Provider Notices, Boilerplate Contract Template)
  - Submission #2 – P&Ps and Financial Assumptions
  - Submission #3 – Network Analysis
- Block Transfer Filing of Provider Network
  - DMHC requested an "Information Only" Block Transfer Filing
    - Narrative will be submitted to DMHC and will address the specified requirements

Mental Health Insourcing

- Contracting and Credentialing
- Peer Review & Credentialing Committee (PRCC) met on December 20th
  - Total Providers Credentialed – 386
    - Behavioral Health providers – 127
    - Applied Behavioral Analysis (ABA) providers – 170
    - Specialists – 62
    - Other – 27
  - Contracts may be signed but not considered executed until credentialing application is approved
  - Credentialing for the Neuropsychologist has been approved
    - Anticipated start date is January 2023

Mental Health Insourcing

- Communications
  - Member Notification
    - Impacted Member Letter – will be mailed 3/1/2023
    - 60 Day Member Notice – will be mailed 2/1/2023
    - 30 Day Member Notice – will be mailed 3/1/2023
  - Provider Notification
    - Provider Notification submitted to DMHC for review
    - Provider FAQs developed and submitted for review
    - Provider Orientation and Trainings – internal planning deferred to January for orientations; training to be held in February/March

Questions?

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Board Announcement

TO: Alameda Alliance for Health Board of Governors

FROM: Scott Coffin, Chief Executive Officer

DATE: January 13th, 2023

SUBJECT: Former Supervisor Dave Brown Term Conclusion

- Former Supervisor Dave Brown's Term ended as Supervisor of District 3 of Alameda County effective January 1st, 2023, and therefore, he has resigned from the Alliance Board of Governors (Regular Seat #1).
- Supervisor Lena Tam has commenced her role as the new District 3 Supervisor. However, the Board of Supervisors may choose to appoint a supervisor from any district to the Alliance Board.
- Supervisor Nate Miley, President of the Alameda County Board of Supervisors, is considering an appointee. Accordingly, the Alameda Alliance Regular Board Seat #1 will be empty until Supervisor Miley confirms. A meeting is being coordinated with the Supervisor to finalize the appointment and an update will be provided to the Board of Governors.

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Operations

Matt Woodruff

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

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

Date: **January 13th, 2023**

Subject: **Operations Report**

Member Services

- 12-Month Trend Summary:

    - The Member Services Department received less than a one percent (.4%) increase in calls in December 2022, totaling 13,125 compared to 13,075 in December 2021. Call volume pre-pandemic in December 2019 was 14,149, which is seven percent (7%) higher than the current call volume.
    - The abandonment rate for December 2022 was twenty-six percent (26%), compared to eighteen percent (18%) in December 2021.
    - The Department's service level was forty-six percent (46%) in December 2022, compared to eighteen percent (18%) in December 2021. Service levels continue to be directly impacted due to staffing challenges (unplanned/unscheduled absences related to COVID-19/Flu), mandatory training, holidays, and meetings. The Department continues to recruit to fill open positions and has made great progress in filling open positions. The Customer Service support service vendor continues to provide overflow call center support.
    - The average talk time (ATT) was six minutes and fifty-five seconds (06:55) for December 2022 compared to six minutes and thirty-eight seconds (06:38) for December 2021.
    - Member utilization of self-service phone options totaled twelve-hundred seventy-two (1272) in December 2022, which includes two hundred eighty-eight (288) for the member automated eligibility IVR system. The Department continues to analyze IVR prompt utilization and employs member feedback to improve the member's experience and meet the ever-changing needs of our members.
    - The top five call reasons for December 2022 were: 1). Change of PCP, 2). Kaiser, 3) Eligibility/Enrollment, 4). Benefits, 5). ID Card/Member Materials request. The top five call reasons for December 2021 were: 1). Eligibility/Enrollment, 2). Kaiser, 3). Change of PCP, 4). Benefits, 5). ID Card/Member Materials Request.

    - The Department continues to service members via multiple non-contact

communication channels (telephonic, email, online, web-based requests, and in-person) while honoring the organization's policies. The Department responded to seven hundred ninety-three (793) web-based requests in December 2022 compared to one thousand-eleven (1,011) in December 2021. The top three web reason requests for December 2022 were: 1). Change of PCP, 2). ID Card Requests, 3). Update Contact Information.

Claims

- 12-Month Trend Summary:
    - The Claims Department received 177,828 claims in December 2022 compared to 175,441 in December 2021.
    - Auto Adjudication was 81.3% in December 2022 compared to 83.8% in December 2021.
    - Claims compliance for the 30-day turn-around time was 98.6% in December 2022 compared to 97.0% in December 2021. The 45-day turn-around time was 99.9% in December 2022 compared to 99.9% in December 2021.
- Monthly Analysis:
    - In December, we received a total of 177,828 claims in the HEALTHsuite system. This represents an increase of 1.95% from November and is higher, by 2,387 claims, than the number of claims received in December 2021; the higher volume of received claims remains attributed to increased membership.
    - We received 88.08% of claims via EDI and 11.92% of claims via paper.
    - During December, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 81.3% for December.

Provider Services

- 12-Month Trend Summary:
    - The Provider Services department's call volume in December 2022 was 4,742 calls compared to 4,632 calls in December 2021.
    - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our priority.

- The Provider Services department completed 199 calls/visits during December 2022.
- The Provider Services department answered 3,549 calls for December 2022 and made 714 outbound calls.

Credentialing

- 12-Month Trend Summary:

  - At the Peer Review and Credentialing (PRCC) meeting held on December 20th, 2022, there were one hundred and seventy-nine (179) initial network providers approved; three (3) primary care providers, seven (7) specialists, zero (0) ancillary providers, six (6) midlevel providers, and one hundred and sixty-three (163) behavioral health providers. Additionally, thirty-three (33) providers were re-credentialed at this meeting; fifteen (15) primary care providers, twelve (12) specialists, zero (0) ancillary providers, and six (6) midlevel providers.
  - Please refer to the Credentialing charts and graphs located in the Operations supporting documentation for more information.

Provider Dispute Resolution

- 12-Month Trend Summary:

  - In December 2022, the Provider Dispute Resolution (PDR) team received 986 PDRs versus 656 in December 2021.
  - The PDR team resolved 787 cases in December 2022 compared to 978 cases in December 2021.
  - In December 2022, the PDR team upheld 68% of cases versus 73% in December 2021.
  - The PDR team resolved 100% of cases within the compliance standard of 95% within 45 working days in December 2022 compared to 99.7% in December 2021.

- Monthly Analysis:

  - AAH received 986 PDRs in December 2022.
  - In December 787 PDRs were resolved. Out of the 787 PDRs, 532 were upheld, and 255 were overturned.

- The overturn rate for PDRs was 32% which did not meet our goal of 25% or less.

Community Relations and Outreach

The 2022 Year in Review Report:

1. **Alliance Member Connect Newsletter:**
   - In 2022, the Alliance published a Fall 2021/Winter 2022 and Summer/Fall 2022 Alliance Member Connect Newsletter in our required threshold languages: English, Spanish, Chinese, Vietnamese, and Tagalog.
   - On average more than 135,000 copies of each publication were and will be disseminated to member households to reach more than 323,000 members, and the publications were made available on the Alliance website.
   - Please see attached **Addendum A**.

2. **Provider Pulse Newsletter:**
   - In 2022, the Alliance published a Fall/Winter 2021-2022 and Spring/Summer 2022 Provider Pulse Newsletter.
   - The newsletters were published on the Alliance website and emailed to more the 300 Alliance providers in January and August 2022.
   - Please see attached **Addendum B**.

3. **Print Ads:**
   - In 2022, the Alliance published six print, billboard, and transit shelter ads for more than 16 million impressions. These efforts support access to care and services in our community.
   - Please see attached **Addendum C**.

4. **Outreach:**

- 12-Month Trend Summary:

  - The C&O Department reached 3,211 people (73% identified as Alliance members) during outreach activities.
  - The C&O Department spent a total of $2,270 in donations, fees, and/or sponsorships.
  - The C&O Department reached members in more than 25 cities/unincorporated areas throughout Alameda County, Bay Area, and the United States.

- Quarterly Analysis:
    - In Q2 2022, the C&O Department completed 396 member orientations by phone, two community outreach events, and 145 website inquiries.
    - Among the 603 people reached, 70% identified as Alliance members.
    - In Q2 2022, the C&O Department reached members in 20 cities / unincorporated areas throughout Alameda County, Bay Area, and the United States.
    - Please see attached **Addendum D**.

5. Social Media and Website Engagement

- In 2022, the Alliance website received 115,341 unique visits and 112,931 new user visits. The top 10 website page visits were as follows:
    i. Homepage
    ii. Providers
    iii. Find a Doctor
    iv. Members
    v. Medi-Cal Benefits and Covered Services
    vi. Members Medi-Cal
    vii. Contact Us
    viii. Careers
    ix. Get a New ID Card
    x. Group Care Benefits and Covered Services
- The Alliance Glassdoor page had a 3.3 out of 5-star overall rating, a 74% CEO Approval, and received fourteen (14) crowdsourced Glassdoor Reviews.
- The Alliance Facebook page had 195 original posts, and increased page likes to 596.
- The Alliance Instagram page debuted in June 2021, had 170 original posts, and increased to 298 followers.
- The Alliance Twitter page had 250 tweets and increased followers to 349.
- The Alliance LinkedIn page had 123 posts, increased to 3.7K followers, and received 8k clicks.
- The Alliance Yelp page appeared in 1,448 Yelp searches and received six (6) crowdsourced reviews.
- Please see attached **Addendum E**.

Member Services

Blended Call Results

Blended Results	Dec 2022
Incoming Calls (R/V)	13,125
Abandoned Rate (R/V)	26%
Answered Calls (R/V)	9,626
Average Speed to Answer (ASA)	07:44
Calls Answered in 60 Seconds (R/V)	44%
Average Talk Time (ATT)	06:55
Outbound Calls	5,469

Top 5 Call Reasons (Medi-Cal and Group Care) Dec 2022
Change of PCP
Kaiser
Eligibility/Enrollment
Benefits
ID Card Requests

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) Dec 2022
Change of PCP
ID Card Requests
Update Contact Info

Claims Department
November 2022 Final and December 2022 Final

METRICS		
Claims Compliance	**Nov-22**	**Dec-22**
90% of clean claims processed within 30 calendar days	98.4%	98.6%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Nov-22**	**Dec-22**
Paper claims	23,408	21,195
EDI claims	151,021	156,633
Claim Volume Total	**174,429**	**177,828**
Percentage of Claims Volume by Submission Method	**Nov-22**	**Dec-22**
% Paper	13.42%	11.92%
% EDI	86.58%	88.08%
Claims Processed	**Nov-22**	**Dec-22**
HEALTHsuite Paid (original claims)	137,663	105,155
HEALTHsuite Denied (original claims)	56,931	43,248
HEALTHsuite Original Claims Sub-Total	**194,594**	**148,403**
HEALTHsuite Adjustments	1,848	870
HEALTHsuite Total	**196,442**	**149,273**
Claims Expense	**Nov-22**	**Dec-22**
Medical Claims Paid	$66,905,656	$50,232,634
Interest Paid	$27,641	$25,498
Auto Adjudication	**Nov-22**	**Dec-22**
Claims Auto Adjudicated	156,674	120,658
% Auto Adjudicated	80.5%	81.3%
Average Days from Receipt to Payment	**Nov-22**	**Dec-22**
HEALTHsuite	18	18
Pended Claim Age	**Nov-22**	**Dec-22**
0-29 calendar days	11391	10805
HEALTHsuite		
30-59 calendar days	50	187
HEALTHsuite		
Over 60 calendar days	0	0
HEALTHsuite		
Overall Denial Rate	**Nov-22**	**Dec-22**
Claims denied in HEALTHsuite	56,931	43,248
% Denied	29.0%	29.0%

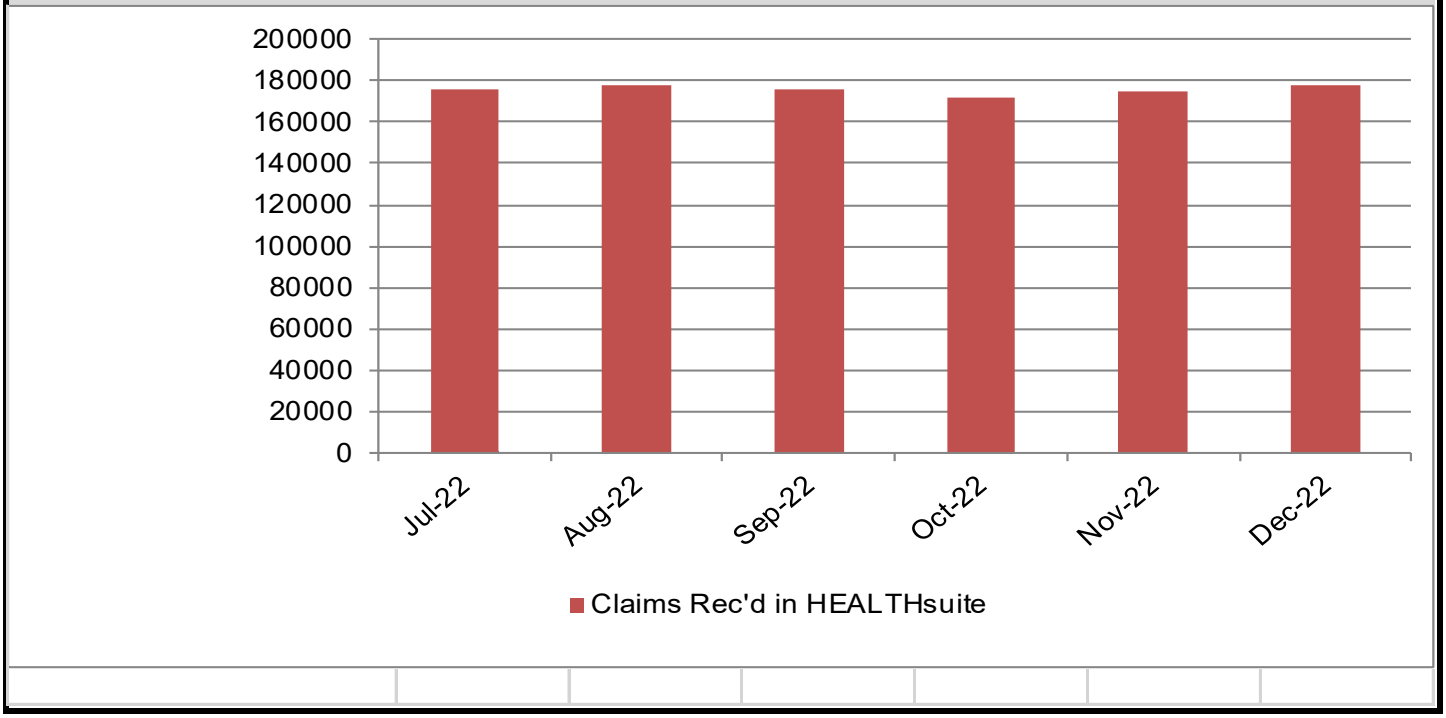
Claims Department
November 2022 Final and December 2022 Final

Dec-22

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	28%
No Benefits Found For Dates of Service	16%
Duplicate Claim	9%
Non-Covered Benefit For This Plan	9%
Member has Multiple Primary Payors	6%
% Total of all denials	**68%**

Claims Received By Month

Run Date	8/1/2022	9/1/2022	10/1/2022	11/1/2022	12/1/2022	1/1/2023
Claims Received Through	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**
Claims Rec'd in HEALTHsuite	176,217	177,945	175,955	171,386	174,429	177,828



Provider Relations Dashboard December 2022

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	4810	4334	6078	5767	5236	5215	4973	6243	5594	5944	5439	4742
Abandoned Calls	626	586	2149	2219	1333	1512	1454	2083	2093	2663	2399	1193
Answered Calls (PR)	4184	3748	3929	3548	3903	3703	3519	4160	3501	3281	3040	3549
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	332	373	1067	1309	677	807	665	756	950	1495	921	793
Abandoned Calls (R/V)												
Answered Calls (R/V)	332	373	1067	1309	677	807	665	756	950	1495	921	793
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	624	680	664	640	677	573	685	722	748	861	622	714
N/A												
Outbound Calls	624	680	664	640	677	573	685	722	748	861	622	714
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	5766	5387	7809	7716	6590	6595	6323	7721	7292	8300	6982	6249
Abandoned Calls	626	586	2149	2219	1333	1512	1454	2083	2093	2663	2399	1193
Total Answered Incoming, R/V, Outbound Calls	5140	4801	5660	5497	5257	5083	4869	5638	5199	5637	4583	5056

Provider Relations Dashboard December 2022

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	3.4%	4.2%	3.4%	3.0%	3.3%	3.4%	3.7%	3.5%	4.3%	3.4%	5.5%	4.9%
Benefits	4.1%	3.4%	3.1%	3.8%	3.9%	3.1%	2.9%	2.9%	1.6%	2.1%	3.4%	2.4%
Claims Inquiry	40.2%	41.5%	40.8%	48.8%	44.8%	47.8%	48.2%	49.5%	50.5%	50.2%	50.5%	51.3%
Change of PCP	2.4%	4.0%	4.8%	4.1%	5.0%	4.2%	3.6%	4.2%	4.2%	4.4%	3.7%	4.1%
Complaint/Grievance (includes PDR's)	4.9%	5.3%	4.8%	4.2%	3.8%	3.5%	3.9%	3.4%	2.3%	1.5%	1.3%	3.0%
Contracts	0.5%	0.7%	0.8%	0.7%	1.1%	1.2%	1.0%	0.9%	1.0%	1.1%	1.1%	0.8%
Correspondence Question/Followup	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Demographic Change	0.1%	0.3%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Eligibility - Call from Provider	25.3%	23.2%	22.6%	21.4%	23.2%	18.8%	19.0%	17.9%	19.8%	18.6%	18.7%	18.1%
Exempt Grievance/ G&A	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	1.3%	0.1%
General Inquiry/Non member	0.0%	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%	0.0%
Intrepreter Services Request	0.8%	0.4%	0.8%	0.7%	1.0%	0.8%	0.1%	0.8%	1.0%	1.1%	0.8%	0.6%
Kaiser	0.0%	0.1%	0.1%	0.7%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Member bill	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Provider Portal Assistance	4.5%	5.4%	4.9%	3.9%	4.2%	4.0%	4.9%	4.9%	3.9%	4.2%	4.5%	3.6%
Pharmacy	1.2%	0.3%	0.3%	0.3%	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%
Provider Network Info	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.0%	0.1%	0.1%
Transferred Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
All Other Calls	12.3%	10.8%	13.4%	8.2%	9.2%	12.8%	12.5%	11.4%	10.8%	13.3%	8.9%	11.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	9	18	17	12	7	15	7	10	47	74	39	24
Contracting/Credentialing	8	10	28	20	12	14	11	9	31	44	32	25
Drop-ins	0	0	0	0	0	0	0	0	104	174	85	131
JOM's	1	2	3	1	4	2	3	4	0	1	5	1
New Provider Orientation	22	15	34	22	22	5	15	10	6	20	4	12
Quarterly Visits	211	274	159	175	201	149	182	240	3	2	0	0
UM Issues	2	4	2	1	2	0	0	2	20	7	9	6
Total Field Visits	253	323	243	231	248	185	218	275	211	322	174	199

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		BH/ABA 385	AHP 405	PCP 340	SPEC 639	PCP/SPEC 12
AAH/AHS/CHCN Breakdown			AAH 748	AHS 209	CHCN 431	COMBINATION OF GROUPS 393
Facilities	**324**					
VENDOR SUMMARY						
Credentialing Verification Organization, Symply CVO						
	Number		**Average Calendar Days in Process**	**Goal - Business Days**	**Goal - 98% Accuracy**	**Compliant**
Initial Files in Process	475		55	25	Y	N
Recred Files in Process	125		69	25	Y	Y
Expirables updated **Insurance, License, DEA, Board Certifications**						Y
Files currently in process	**600**					
CAQH Applications Processed in December 2022						
Standard Providers and Allied Health	**Invoice not received**					
December 2022 Peer Review and Credentialing Committee Approvals						
Initial Credentialing	**Number**					
PCP	3					
SPEC	7					
ANCILLARY	0					
MIDLEVEL/AHP	6					
BH/ABA	163					
	179					
Recredentialing						
PCP	15					
SPEC	12					
ANCILLARY	0					
MIDLEVEL/AHP	6					
BH/ABA	0					
	33					
TOTAL	**212**					
December 2022 Facility Approvals						
Initial Credentialing	5					
Recredentialing	7					
	12					
Facility Files in Process	**41**					
December 2022 Employee Metrics	5					
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			

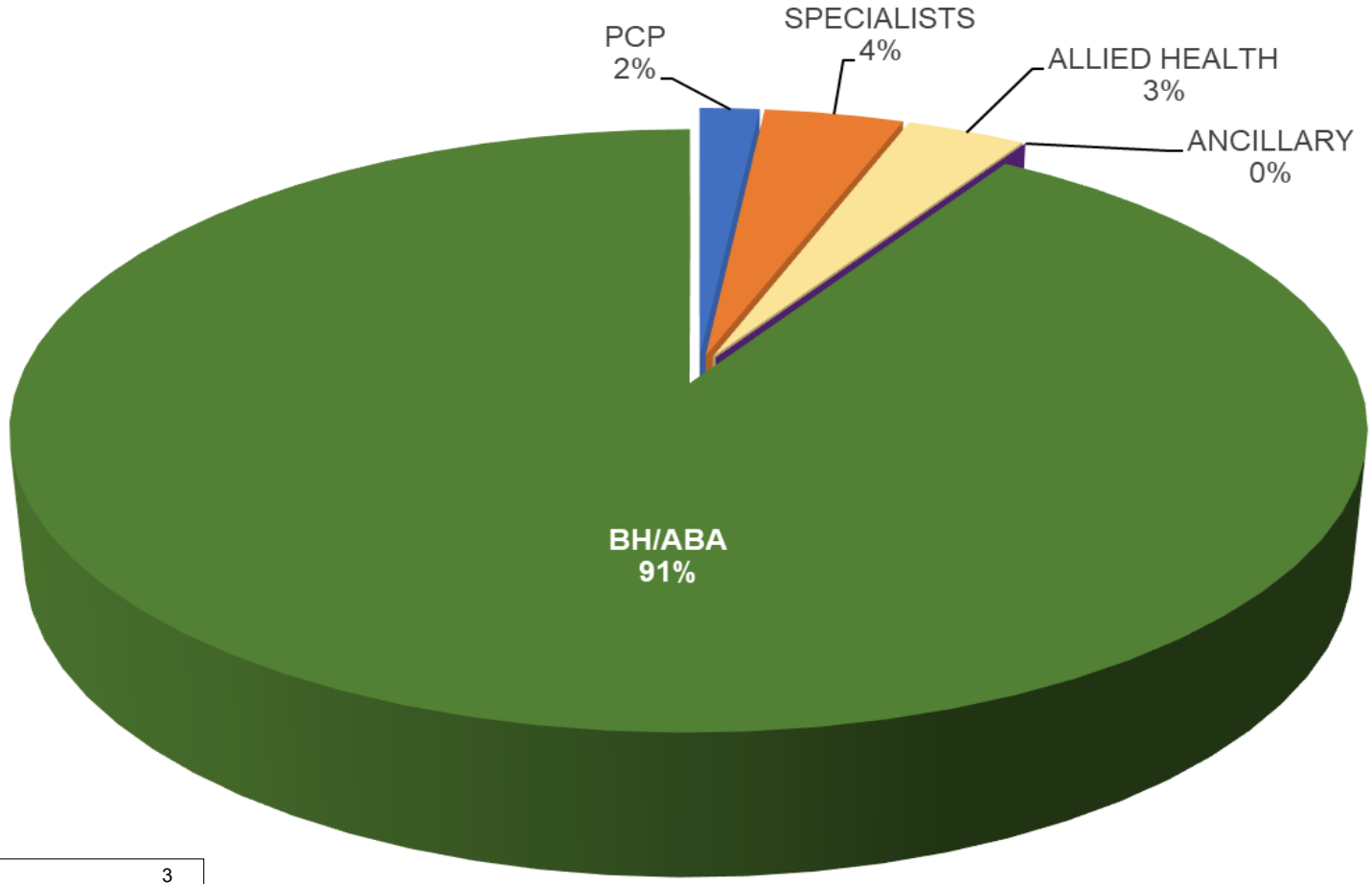
LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Agarwal	Ankit	Specialist	INITIAL	12/20/2022
Aladag	Belis	BH/ABA	INITIAL	12/20/2022
Ambrosius	Michiyo	BH/ABA-Telehealth	INITIAL	12/20/2022
Aneja	Alka	BH/ABA	INITIAL	12/20/2022
Aragon	Amber	BH/ABA-Telehealth	INITIAL	12/20/2022
Ardekani-Pourzand	Mahasti	Allied Health	INITIAL	12/20/2022
Arredondo	William	BH/ABA	INITIAL	12/20/2022
Badoni	Parvati	BH/ABA-Telehealth	INITIAL	12/20/2022
Baisa	Asta	Allied Health	INITIAL	12/20/2022
Baldes	Mindy	BH/ABA	INITIAL	12/20/2022
Baldino	Vincenza	BH/ABA	INITIAL	12/20/2022
Barretto	Maile	BH/ABA-Telehealth	INITIAL	12/20/2022
Bautista	Marina	BH/ABA	INITIAL	12/20/2022
Berg	Travis	BH/ABA-Telehealth	INITIAL	12/20/2022
Bissell	Jennifer	BH/ABA	INITIAL	12/20/2022
Brown	Amy	BH/ABA	INITIAL	12/20/2022
Buhman	Lisa	BH/ABA	INITIAL	12/20/2022
Busher	Jennifer	BH/ABA-Telehealth	INITIAL	12/20/2022
Carlson	William	BH/ABA	INITIAL	12/20/2022
Carrara	Lorrine	BH/ABA-Telehealth	INITIAL	12/20/2022
Carter	Stephanie	BH/ABA	INITIAL	12/20/2022
Castaneda	Jose	BH/ABA	INITIAL	12/20/2022
Catly	Erwin	BH/ABA	INITIAL	12/20/2022
Cheng	Angela	BH/ABA	INITIAL	12/20/2022
Chinchankar	Rutuja	BH/ABA-Telehealth	INITIAL	12/20/2022
Conde	Katheryn	BH/ABA	INITIAL	12/20/2022
Crom	Kiana	BH/ABA	INITIAL	12/20/2022
Cruz	Alyssa	BH/ABA	INITIAL	12/20/2022
Davila	Jose	BH/ABA-Telehealth	INITIAL	12/20/2022
Davis	Jenna	BH/ABA-Telehealth	INITIAL	12/20/2022
De la Torre	Diana	BH/ABA-Telehealth	INITIAL	12/20/2022
Desai	Jeni	BH/ABA-Telehealth	INITIAL	12/20/2022
Dombeck	Mark	BH/ABA	INITIAL	12/20/2022
Dormer	Marina	BH/ABA	INITIAL	12/20/2022
Estell	Sabrina	BH/ABA	INITIAL	12/20/2022
Fair	Gardner	BH/ABA	INITIAL	12/20/2022
Feeney	James	Primary Care Physician	INITIAL	12/20/2022
Fernandez	Martha	BH/ABA	INITIAL	12/20/2022
Franklin	Lesleigh	BH/ABA	INITIAL	12/20/2022
Fuentes	Selene	BH/ABA	INITIAL	12/20/2022
Garcia	Iran	BH/ABA	INITIAL	12/20/2022
Garey	Samantha	Allied Health	INITIAL	12/20/2022
Garnepudi	Neena	BH/ABA-Telehealth	INITIAL	12/20/2022
Gavino	Briseida	BH/ABA	INITIAL	12/20/2022
Gleicher	Shari	BH/ABA	INITIAL	12/20/2022
Goldstine	Daniel	BH/ABA	INITIAL	12/20/2022
Goldstine	Hilary	BH/ABA	INITIAL	12/20/2022
Gomes	Erica	BH/ABA	INITIAL	12/20/2022
Goodkind	Molly	BH/ABA	INITIAL	12/20/2022
Goudeau-Goodall	Sharon	BH/ABA-Telehealth	INITIAL	12/20/2022
Hamill	Alexis	BH/ABA	INITIAL	12/20/2022
Hansen	Callia	BH/ABA	INITIAL	12/20/2022
Hernandez	Kristin	BH/ABA	INITIAL	12/20/2022
Herzmark	Nicholas	BH/ABA-Telehealth	INITIAL	12/20/2022
Hilgert	Jeannette	BH/ABA	INITIAL	12/20/2022

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Hillas-Buck	Summer	BH/ABA-Telehealth	INITIAL	12/20/2022
Hilliard	Aimee	BH/ABA-Telehealth	INITIAL	12/20/2022
Hoang	Solomon	BH/ABA-Telehealth	INITIAL	12/20/2022
Houston	Kimberly	BH/ABA	INITIAL	12/20/2022
Howard	Forrest	BH/ABA	INITIAL	12/20/2022
Isaacs	Ernest	BH/ABA	INITIAL	12/20/2022
Jarmuth-Newman	Senda	BH/ABA	INITIAL	12/20/2022
Johnson	Amy	BH/ABA-Telehealth	INITIAL	12/20/2022
Johnson	Yvonne	BH/ABA	INITIAL	12/20/2022
Jones	Andrea	BH/ABA-Telehealth	INITIAL	12/20/2022
Jones	Kristen	BH/ABA-Telehealth	INITIAL	12/20/2022
Jones	Margaret	BH/ABA	INITIAL	12/20/2022
Jones	Simeon	BH/ABA-Telehealth	INITIAL	12/20/2022
Jones	Thomas	BH/ABA	INITIAL	12/20/2022
Joyce	Bridget	BH/ABA	INITIAL	12/20/2022
Kastner	Mary	BH/ABA	INITIAL	12/20/2022
Ketcham	Adryon	BH/ABA	INITIAL	12/20/2022
Kilmade	Christina	BH/ABA	INITIAL	12/20/2022
Kim	Angela	BH/ABA	INITIAL	12/20/2022
Kim	Jiyoon	BH/ABA	INITIAL	12/20/2022
Kraft	Charles	BH/ABA	INITIAL	12/20/2022
Kumar	Deepak	BH/ABA	INITIAL	12/20/2022
Lachini	Sohi	BH/ABA	INITIAL	12/20/2022
Lam	Leimalyn	BH/ABA	INITIAL	12/20/2022
Lambert-Blum	Dominique	BH/ABA	INITIAL	12/20/2022
Lavalle	Kyla	BH/ABA	INITIAL	12/20/2022
Lee	Joanna	Specialist	INITIAL	12/20/2022
Liang	Mark	Primary Care Physician	INITIAL	12/20/2022
Lilly	Amanda	BH/ABA	INITIAL	12/20/2022
Love	Qiyanna	BH/ABA	INITIAL	12/20/2022
Luevanos	Julianne	BH/ABA	INITIAL	12/20/2022
Luna	Patricia	BH/ABA-Telehealth	INITIAL	12/20/2022
Malenky	Yusef	BH/ABA	INITIAL	12/20/2022
Manjunath	Sudha	BH/ABA	INITIAL	12/20/2022
Mariani	Natalia	BH/ABA	INITIAL	12/20/2022
Marquez	Vanessa	BH/ABA	INITIAL	12/20/2022
Mathews	Priscilla	BH/ABA	INITIAL	12/20/2022
Mayfield-Hom	Alyssa	BH/ABA	INITIAL	12/20/2022
McDevitt	Julie	BH/ABA	INITIAL	12/20/2022
Medina	Celia	BH/ABA	INITIAL	12/20/2022
Mingione	Diana	BH/ABA	INITIAL	12/20/2022
Miranda	Shauna	BH/ABA	INITIAL	12/20/2022
Montano-Gonzalez	Roxana	BH/ABA	INITIAL	12/20/2022
Monterrosa	Pamela	BH/ABA	INITIAL	12/20/2022
Moore	Ellen	BH/ABA	INITIAL	12/20/2022
Moreno	Adrianna	BH/ABA	INITIAL	12/20/2022
Moreno-Koehler	Alaina	BH/ABA	INITIAL	12/20/2022
Morgan	Dustin	BH/ABA	INITIAL	12/20/2022
Mustafa	Nowwar	Specialist	INITIAL	12/20/2022
Myint	Thomas	Specialist	INITIAL	12/20/2022
Ngo	Kim	BH/ABA-Telehealth	INITIAL	12/20/2022
Nichols	Camille	BH/ABA	INITIAL	12/20/2022
Ninkham	Dana	BH/ABA-Telehealth	INITIAL	12/20/2022
Nwosu	Amanda	BH/ABA	INITIAL	12/20/2022
O'Connell	Heather	BH/ABA-Telehealth	INITIAL	12/20/2022

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Ogea	Yevett	BH/ABA	INITIAL	12/20/2022
Ortega	Vanessa	BH/ABA	INITIAL	12/20/2022
Padgitt	Denise	BH/ABA	INITIAL	12/20/2022
Pardee	Christine	BH/ABA	INITIAL	12/20/2022
Paul	Gayle	BH/ABA-Telehealth	INITIAL	12/20/2022
Pedelaborde	Jennifer	BH/ABA	INITIAL	12/20/2022
Penney	Jennifer	BH/ABA	INITIAL	12/20/2022
Perez	Christina	BH/ABA-Telehealth	INITIAL	12/20/2022
Pfeifer-Rosenblum	Rebecca	Allied Health	INITIAL	12/20/2022
Phalen	Shawn	BH/ABA	INITIAL	12/20/2022
Pham	Mylan	BH/ABA	INITIAL	12/20/2022
Pizzi	Danielle	BH/ABA	INITIAL	12/20/2022
Preciado	Daushae	BH/ABA	INITIAL	12/20/2022
Racoma	Patrick Guillien	BH/ABA	INITIAL	12/20/2022
Ramirez	Frederico	BH/ABA	INITIAL	12/20/2022
Randall Walker	Christine	BH/ABA-Telehealth	INITIAL	12/20/2022
Ray	Nicole	BH/ABA	INITIAL	12/20/2022
Reihm	Christina	BH/ABA-Telehealth	INITIAL	12/20/2022
Reinheimer	Emily	BH/ABA-Telehealth	INITIAL	12/20/2022
Repp	Lisa	BH/ABA-Telehealth	INITIAL	12/20/2022
Reyna	Mary	BH/ABA	INITIAL	12/20/2022
Rivas	Daniel	BH/ABA-Telehealth	INITIAL	12/20/2022
Robles	Diana	Specialist	INITIAL	12/20/2022
Rockland-Miller	Kyla	Allied Health	INITIAL	12/20/2022
Rodrigues	Nina	BH/ABA	INITIAL	12/20/2022
Rouhe	Helena	BH/ABA	INITIAL	12/20/2022
Russell	Robyn	BH/ABA	INITIAL	12/20/2022
Rutsch	Victoria	BH/ABA	INITIAL	12/20/2022
Sagewood	Anne	BH/ABA	INITIAL	12/20/2022
San Jose	Michelle	BH/ABA	INITIAL	12/20/2022
Sanchez	Jennifer	BH/ABA	INITIAL	12/20/2022
Schaefer	Emily	BH/ABA	INITIAL	12/20/2022
Schiffrin	Elizabeth	BH/ABA	INITIAL	12/20/2022
Schramm	Emily	BH/ABA	INITIAL	12/20/2022
Schulte	Jesse	BH/ABA-Telehealth	INITIAL	12/20/2022
Scoggins	Amanda	BH/ABA	INITIAL	12/20/2022
Shafovaloff	Anna	BH/ABA	INITIAL	12/20/2022
Siegel	Lea	BH/ABA	INITIAL	12/20/2022
Silka	Ellen	BH/ABA-Telehealth	INITIAL	12/20/2022
Silvey	Christopher	BH/ABA	INITIAL	12/20/2022
Singh	Jaskaran	Specialist	INITIAL	12/20/2022
Singh	Sunpreet	BH/ABA	INITIAL	12/20/2022
Snyder	Robert	BH/ABA	INITIAL	12/20/2022
Souza	Lindsay	BH/ABA	INITIAL	12/20/2022
Sprecher	Nina	BH/ABA	INITIAL	12/20/2022
Springer	Utaka	BH/ABA	INITIAL	12/20/2022
Sudduth	Nicole	BH/ABA	INITIAL	12/20/2022
Swiech	Izabela	BH/ABA	INITIAL	12/20/2022
Takeshima	Philicia	BH/ABA	INITIAL	12/20/2022
Tellefsen	Anna	Allied Health	INITIAL	12/20/2022
Tesfai	Adhanet	BH/ABA-Telehealth	INITIAL	12/20/2022
Thomashow	Michael	Specialist	INITIAL	12/20/2022
Thompson	Melissa	BH/ABA	INITIAL	12/20/2022
Tucker	Bryan	BH/ABA	INITIAL	12/20/2022
Turner	Lauren	BH/ABA	INITIAL	12/20/2022

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Tyree	Nathan	BH/ABA	INITIAL	12/20/2022
Wade	Heloisa	BH/ABA	INITIAL	12/20/2022
Walsh	Stephanie	BH/ABA	INITIAL	12/20/2022
Washington	Charles	BH/ABA-Telehealth	INITIAL	12/20/2022
Weir	Austin	BH/ABA	INITIAL	12/20/2022
Wells	Lynnel	BH/ABA	INITIAL	12/20/2022
Wilkinson	Amanda	BH/ABA	INITIAL	12/20/2022
Willett	Jonathan	BH/ABA	INITIAL	12/20/2022
Wood	Michael	BH/ABA	INITIAL	12/20/2022
Woods	Alisha	BH/ABA-Telehealth	INITIAL	12/20/2022
Yardley	Margaret	BH/ABA	INITIAL	12/20/2022
Yu	Benjamin	BH/ABA-Telehealth	INITIAL	12/20/2022
Zaman	Zakia	Primary Care Physician	INITIAL	12/20/2022
Zucker	Jenna	BH/ABA	INITIAL	12/20/2022
Aggarwal	Archana	Specialist	RE-CRED	12/20/2022
Ahmad	Farhat	Primary Care Physician	RE-CRED	12/20/2022
Beaulieu	Richard	Allied Health	RE-CRED	12/20/2022
Bejinez	Livier	Allied Health	RE-CRED	12/20/2022
Bhandari	Bhupinder	Specialist	RE-CRED	12/20/2022
Casillas	Juan	Allied Health	RE-CRED	12/20/2022
Chang	Anita	Primary Care Physician	RE-CRED	12/20/2022
Chang	Gwendolen	Specialist	RE-CRED	12/20/2022
Chavez	Sara	Allied Health	RE-CRED	12/20/2022
Dhawan	Deepak	Primary Care Physician	RE-CRED	12/20/2022
Dhillon	Jatinder	Specialist	RE-CRED	12/20/2022
Doud	Robert	Specialist	RE-CRED	12/20/2022
Foo	Patricia	Primary Care Physician	RE-CRED	12/20/2022
Gacote	Apolinar	Primary Care Physician	RE-CRED	12/20/2022
Grob	Seanna	Specialist	RE-CRED	12/20/2022
Hong	Judy	Allied Health	RE-CRED	12/20/2022
Kashlinskaya	Olga	Primary Care Physician	RE-CRED	12/20/2022
Lay	Cho Cho	Primary Care Physician	RE-CRED	12/20/2022
Leon Guerrero	Shanti	Primary Care Physician	RE-CRED	12/20/2022
Liang	Sai-Woon	Primary Care Physician	RE-CRED	12/20/2022
Lipson	Brian	Specialist	RE-CRED	12/20/2022
Park	Daniel	Primary Care Physician	RE-CRED	12/20/2022
Parmar	Kalgi	Specialist	RE-CRED	12/20/2022
Prasad	Gautam	Specialist	RE-CRED	12/20/2022
Sadiq	Ahmed	Primary Care Physician	RE-CRED	12/20/2022
Smith	Aarentino	Allied Health	RE-CRED	12/20/2022
Song	Helen	Primary Care Physician	RE-CRED	12/20/2022
Starr	Tara	Specialist	RE-CRED	12/20/2022
Szpakowski	Jean-Luc	Specialist	RE-CRED	12/20/2022
Tauras	Alexander	Primary Care Physician	RE-CRED	12/20/2022
Velek	Rachel	Primary Care Physician	RE-CRED	12/20/2022
Wang	Chang-lin	Primary Care Physician	RE-CRED	12/20/2022
Wu	Robert	Specialist	RE-CRED	12/20/2022

DECEMBER PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY



PCP	3
Specialists	7
Allied Health	6
Ancillary	0
BH/ABA	163
Total	179

Provider Dispute Resolution
November 2022 and December 2022

METRICS

PDR Compliance	Nov-22	Dec-22
# of PDRs Resolved	963	787
# Resolved Within 45 Working Days	960	787
% of PDRs Resolved Within 45 Working Days	99.7%	100.0%

PDRs Received	Nov-22	Dec-22
# of PDRs Received	893	986
PDR Volume Total	**893**	**986**

PDRs Resolved	Nov-22	Dec-22
# of PDRs Upheld	605	532
% of PDRs Upheld	63%	68%
# of PDRs Overturned	358	255
% of PDRs Overturned	37%	32%
Total # of PDRs Resolved	**963**	**787**

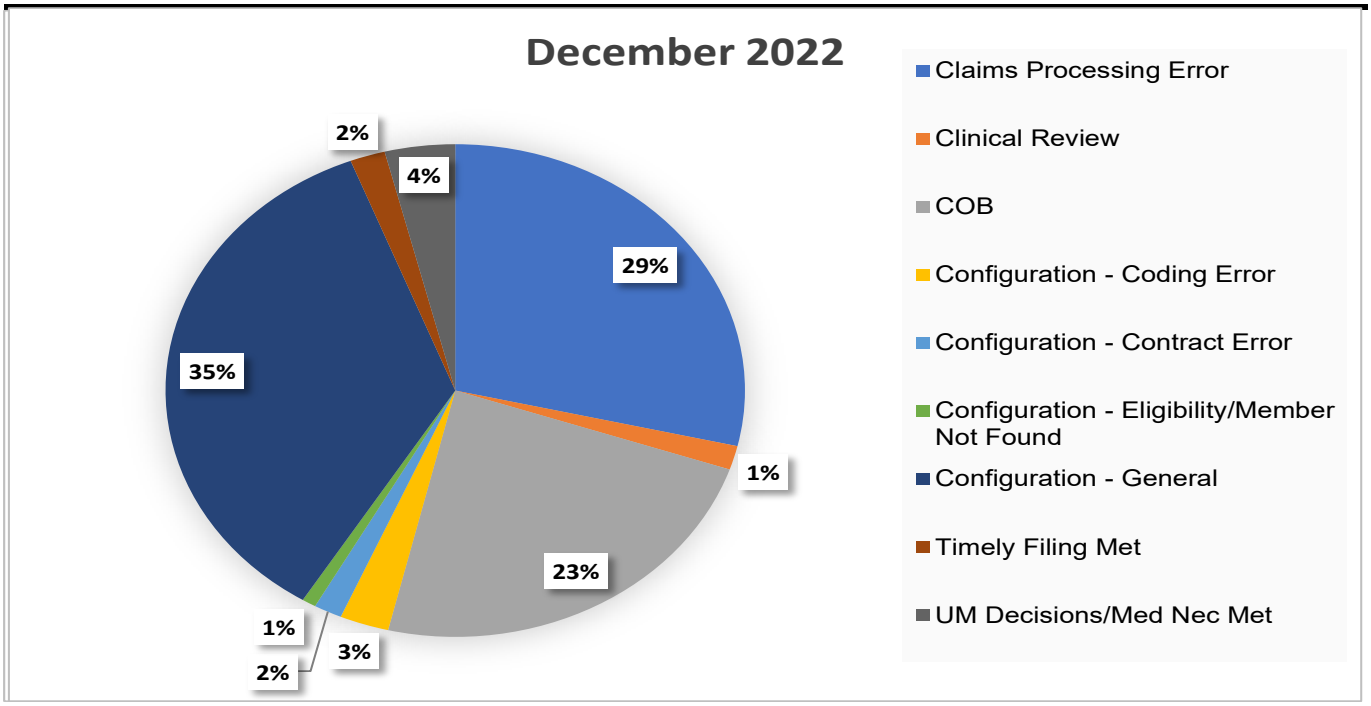
Average Turnaround Time	Nov-22	Dec-22
Average # of Days to Resolve PDRs	24	25
Oldest Unresolved PDR in Days	51	44

Unresolved PDR Age	Nov-22	Dec-22
0-45 Working Days	945	966
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**945**	**966**

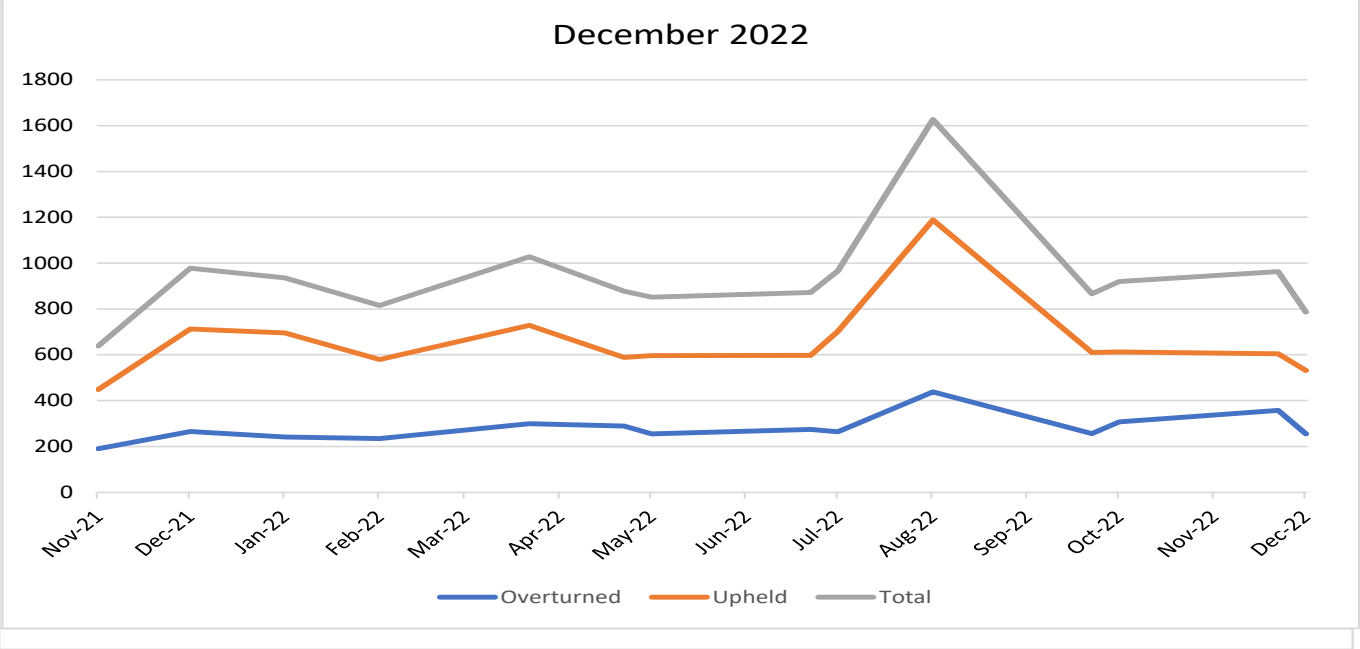
Provider Dispute Resolution
November 2022 and December 2022

Dec-22

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



MEMBER CONNECT

Summer/Fall 2022

ALAMEDA Alliance FOR HEALTH

we are ALAMEDA COUNTY

Helping People in Our Community Since 1996



PROVIDER SPOTLIGHT: DEFINING WHAT IT MEANS TO BE A SERVANT LEADER – *DR. KELLEY MEADE'S STORY*

Dr. Kelley Meade is passionate about helping people access health care and services. As a trained pediatrician, Dr. Meade's special interests include managing asthma and supporting healthy lifestyles for our youngest members.

Dr. Meade earned her medical degree in the Midwest at the Rosalind Franklin University of Medicine and Science, Chicago Medical School. After, she completed a residency in pediatrics on the East Coast at the Boston University School of Medicine, Boston Medical Center.

(Continued on page 2)

PROVIDER SPOTLIGHT: DEFINING WHAT IT MEANS TO BE

(CONTINUED FROM PAGE 1)

In 1995, Dr. Meade came back full circle and home to the Bay Area, working at UCSF Benioff Children's Hospital Oakland (BCH Oakland), the very place where her tonsils got removed as a young girl.

At UCSF BCH Oakland, Dr. Meade has served as the interim Chief Medical Officer, and today, she is the Associate Dean of Academic and Clinical Affairs. Dr. Meade partners with the leadership at the UCSF School of Medicine, supporting faculty members with their work on patient care, research, training, and advocacy. Even with her busy schedule, Dr. Meade visits the Pediatric Primary Care Clinic at least once a week to care for her patients. Dr. Meade and her clinic recently received a grant from the Alliance to coordinate with school districts in enhancing pediatric asthma care.

Raised in Oakland and Berkeley, Dr. Meade is a Bay Area native with deep roots where we live. From her passion for providing care to our youngest members and improving health systems for the greater good, Dr. Meade is the true definition of a "servant leader." She engages with her patients and their families finding the best ways to manage health needs and stay healthy. Her passion and care for the health of children and young adults and giving back to the community is part of her leadership style.

TABLE OF CONTENTS

MENTAL HEALTH, AUTISM SPECTRUM SERVICES, AND THE NEW NO WRONG DOOR (NWD) TO MENTAL HEALTH SERVICES POLICY

The Alliance now offers No Wrong Door (NWD) to all members to make it easy to connect to mental health services. No matter where you first seek care, you can receive services without delay.

The NWD model streamlines access to services and treatment. Before, Medi-Cal members would go to the Alameda County Behavioral Health for specialty mental health services like hospital care and Alameda Alliance for non-specialty services like therapy. Now, you can seek care from either Alameda County Behavioral Health or the Alliance and maintain relationships with trusted providers even when your care needs change.

NWD will improve access to mental health and autism spectrum services, and offer higher-quality care for all our members.

PARTNERING TO IMPROVE THE MENTAL HEALTH OF OUR YOUNGEST MEMBERS

COVID-19 has had a big impact on our lives, and many of us have experienced increased stress. It has also greatly impacted the mental health of young people.

In response, the state invested over $4 billion to improve mental health care for the state's children and youth. These funds will go to public schools so that they can detect mental health concerns among students early and offer them needed services.

The Alliance supports this effort! We will partner with the Alameda County Office of Education and the Alameda County Health Care Services Agency to support this work. Over the next year, we will partner to assess the needs of our youngest members and create a map of current services. The effort will also look for gaps in care and which groups may need more services. Additionally, we will seek input from the community to ensure that we have a broad lens on the needs of the students and families who we serve.

With our partners, we are committed to ensuring the children and families who we serve have access to mental health services, so they can have the best possible health and well-being and reach their greatest potential.

A SERVANT LEADER – DR. KELLEY MEADE'S STORY

In her spare time, Dr. Meade enjoys cooking for her family and being in or near any body of water for recreational activities such as kayaking.

The Alliance is honored that Dr. Meade cares for our youngest members and serves on our Board of Governors and Strategic Planning Committee, helping guide, oversee, and contribute to the administration of our organization. Her knowledge, experience, and profound work are invaluable to the Alliance, our members, provider partners, and our community.

We look forward to the ongoing work with Dr. Meade in finding the best ways to serve all.

Do you want to learn more about Dr. Meade? Please visit our website to watch an up dose and personal message from Dr. Meade at **www.alamedaalliance.org**.

You can also connect with us on Facebook, Instagram, or Twitter to view the video.

www.facebook.com/alamedaallianceforhealth

@alamedaalliance

@alamedaallianceforhealth

KEEP YOUR COVERAGE

The Alliance is here for you. As your partner in health, we want to help you live your best life by staying healthy. Being healthy includes keeping your coverage for your health care benefits.

Don't miss important information about your Medi-Cal health coverage.

Make sure our local Alameda County Social Services Agency office has your current contact information. You can contact them online, by phone, email, fax, or in person. To report any changes in your name, address, phone number, or email address, call the Alameda County Social Services Agency toll-free at **1.888.999.4772** today or visit **www.alamedacountysocialservices.org**.

DID YOU KNOW?

You can complete your annual renewal and report changes to your Medi-Case online.

Create your online account today by going to **www.benefitscal.com** and selecting the "Create An Account" link in the upper right corner, underneath the "Log In" button.

IMPORTANT

During the COVID-19 public health emergency (PHE), our members covered by Medi-Cal have stayed enrolled in the program. If your contact information or household circumstances have changed, please update your information today with our local county office. This may help you keep your Medi-Cal coverage after the end of the COVID-19 PHE. If you get social security income (SSI), report your change in address by calling toll-free at **1.800.772.1213** or contact our local Social Security office.

COVID-19 VACCINE, BOOSTER, TEST REMINDER

We are still all in this together, and we are here for you.

The Alliance is working hard to keep our community healthy, safe, and strong! We want you to have the information you need about COVID-19 and the vaccine – to help you, your family, your friends, and your loved ones make the best decisions for your health.

The COVID-19 vaccine and booster are still your best shot for protection and preventing hospitalization and death from coronavirus disease. It is the best way to help protect yourself and your loved ones!

Right now, the COVID-19 vaccine are available to our youngest members six (6) months and older at no cost. Making an appointment is simple, and walk-up and in-home options are available. Ages five (5) and up can get boosters, and ages 12 and up can get the updated booster.

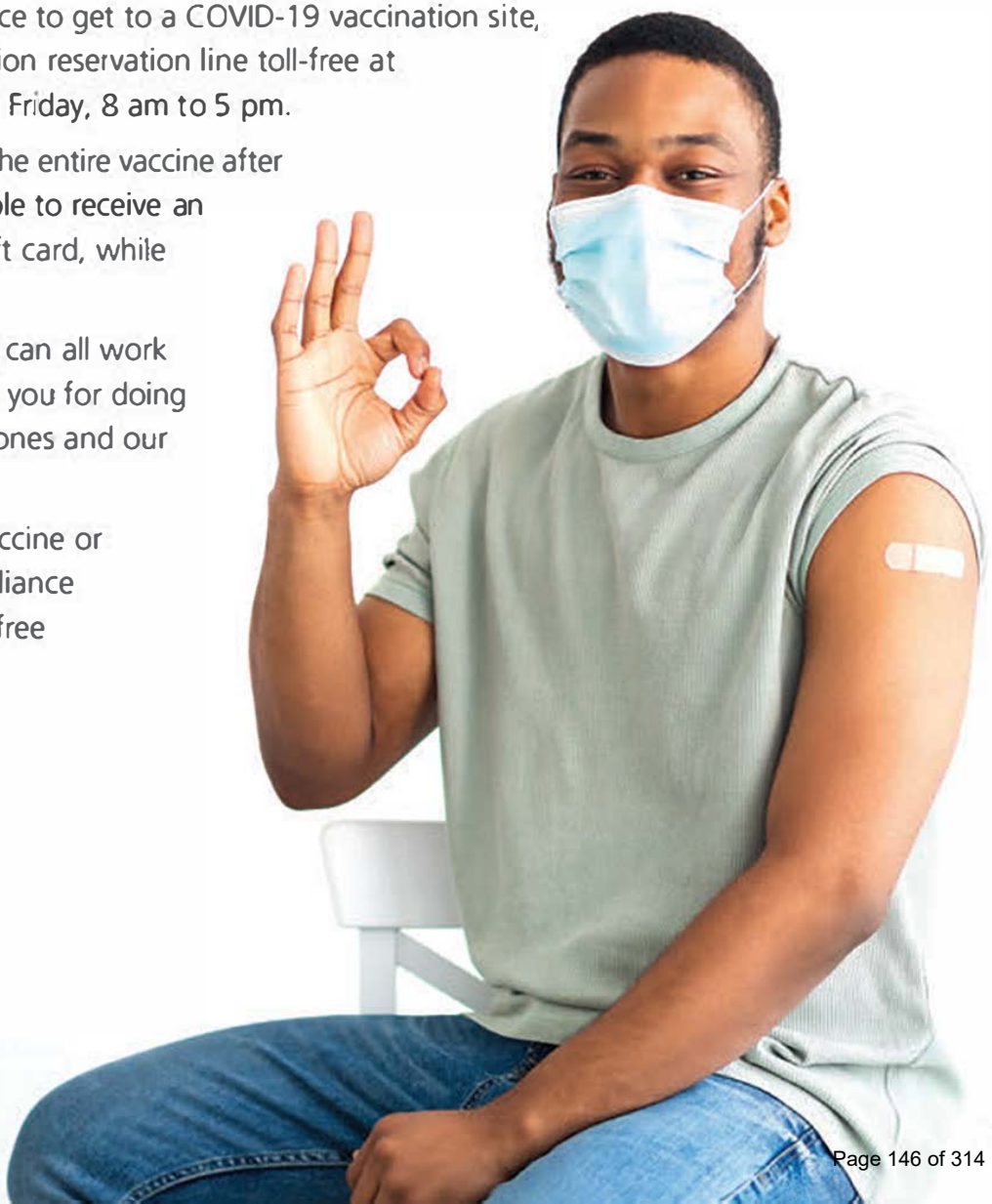
To schedule an appointment, please visit **https://my.primary.health/l/alco-vax-signup** or call **1.510.208.4VAX**. Search on **vaccines.gov** to find other sites to get COVID-19 vaccines.

If you need transportation assistance to get to a COVID-19 vaccination site, please call the Alliance transportation reservation line toll-free at **1.855.891.7171**, Monday through Friday, 8 am to 5 pm.

Alliance members who completed the entire vaccine after **Friday, April 1, 2022,** will be eligible to receive an Alliance-sponsored $10 grocery gift card, while supplies last.

We are all in this together, and we can all work to be a part of the solution. Thank you for doing your part to help keep your loved ones and our community safe.

If you have questions about the vaccine or gift card process, please call the Alliance Member Services Department toll-free at **1.877.932.2738**.



DURING THIS 2022 FLU SEASON, PROTECT YOURSELF AND OUR COMMUNITY FROM THE FLU AND COVID-19.

We are sending you this reminder to get your flu shot today and do your part to stay healthy, safe, and strong. It is important to continue to protect yourself, your family, and others. The flu shot and COVID-19 vaccine and boosters are available to all eligible Alliance members at no cost. Please call your doctor's office to find a location near you to receive your flu shot. You can get a flu vaccine and COVID-19 vaccine or booster during the same visit.* Talk to your doctor to see if the new bivalent COVID-19 vaccine booster is right for you.

**Source: The Centers for Disease Control and Prevention – Frequently Asked Influenza (Flu) Questions: 2021-2022 Season.*

OVER-THE-COUNTER COVID-19 RAPID TESTS ARE AVAILABLE AT NO COST FOR ALLIANCE GROUP CARE AND MEDI-CAL MEMBERS

ALLIANCE GROUP CARE MEMBERS

Since Saturday, January 15, 2022, Alliance members in our Group Care Plan can get up to eight (8) over-the-counter (OTC) COVID-19 rapid antigen tests per month at no cost through the Alliance pharmacy network.

Simply follow the three (3) steps below:

1. Visit your Alliance network pharmacy or any pharmacy in the Alliance network to obtain OTC COVID-19 rapid antigen tests.
2. The COVID-19 rapid antigen tests must be FDA-approved. Please consult with the pharmacist to confirm FDA approval.
3. You must show your Alliance member ID card to verify eligibility.

To find an Alliance network pharmacy near you, please visit our online pharmacy directory at **www.alamedaalliance.org/help/find-a-pharmacy**.

You may also call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

If you choose to purchase an eligible FDA-approved COVID-19 rapid antigen test from a retail store or pharmacy outside of the Alliance network, you will be reimbursed up to $12.00 a test, per federal guidelines.

To request reimbursement for eligible tests, please follow the steps below:

1. Visit the online Alliance Member Portal at **www.alamedaalliance.org**.
2. Complete the online Member Reimbursement Request Form for medical expenses (found in the Alliance Member Portal).
3. Upload and attach a copy of the receipt for proof of purchase to the form.
4. Attest that the eligible tests are for personal use and not for other unauthorized purposes.

Please Note: Online reimbursement request forms and receipts must be submitted through the secure Alliance Member Portal.

Only complete reimbursement forms will be accepted. You can only be reimbursed for up to eight (8) eligible tests per month at $12.00 per test.

OVER-THE-COUNTER COVID-19 RAPID TESTS ARE AVAILABLE AT NO COST FOR ALLIANCE GROUP CARE AND MEDI-CAL MEMBERS

(CONTINUED FROM PAGE 9)

ALLIANCE MEDI-CAL MEMBERS

Since **Saturday, January 15, 2022**, the California Department of Health Care Services (DHCS) Medi-Cal Rx program has covered over-the-counter (OTC) COVID-19 rapid antigen tests for Alliance members in our Medi-Cal plan at no cost. To get eligible OTC COVID-19 rapid antigen tests, please go to any participating Medi-Cal Rx pharmacy, or call Medi-Cal Rx toll-free at **1.800.541.5555** (TTY **1.800.430.7077**) for more information.

To request reimbursement for OTC COVID-19 rapid antigen tests from the DHCS Medi-Cal Rx program, please visit **www.dhcs.ca.gov/services/medi-cal/Pages/Medi Cal_Conlan.aspx**.

Please Note: The Alliance will deny Medi-Cal reimbursement requests for OTC COVID-19 rapid antigen tests and will ask you to send reimbursement requests to Medi-Cal Rx.

For all other questions, please call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

STANDING REFERRALS

A standing referral allows an Alliance member to see a specialist without needing new referrals for each visit. The standing referral can be used for up to 12 months. Your provider might request this for you when you have a condition that requires a longer period of treatment.

Listed below are examples of conditions where a standing referral might be used.

For in-network specialists:

- Chronic wound care
- Burn care
- Podiatry (foot treatment)

For out-of-network specialists:

- Asthma needing specialty management
- Cancer
- Chronic obstructive pulmonary disease (COPD)
- Chronic wound care
- Cystic fibrosis
- Diabetes needing endocrinologist management
- Gastrointestinal (digestive system) conditions such as severe peptic ulcer, chronic pancreatitis
- Hepatitis C
- HIV/AIDS
- Lupus
- Neurological (nervous system) conditions such as multiple sclerosis, uncontrolled seizures
- Rehab for major trauma, extensive surgery
- Renal (kidney) failure
- Significant cardiovascular (heart and blood vessel) disease

IMPORTANT UPDATE ON BEHAVIORAL HEALTH CARE SERVICES
FOR ALLIANCE MEMBERS AND BEACON TRANSITION NOTICE

Starting Saturday, April 1, 2023, the Alliance will be ending its contract with Beacon Health Options (Beacon). As a result, the Alliance will directly manage your behavioral health care needs. This includes mental health services and behavioral health therapy (BHT) for members under the age of 21 with autism. We are changing the way you will access these services. Your benefits will not change.

Starting Saturday, April 1, 2023, to access behavioral health care services please call:

Alliance Member Services Department
Monday through Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments: **711/1.800.735.2929**

If you have concerns about this change, you may contact the California Department of Health Services Ombudsman's Office toll-free at **1.888.452.8609**. You can also contact the Department of Managed Health Care (DMHC) toll-free at **1.888.466.2219** or TDD for the hearing impaired toll-free at **1.877.688.9891**. You may also go online at **www.hmohelp.ca.gov**.

We are here to help you.

If you have any questions about this change, please call the Alliance Member Services Department at the number above. We can assist you in your language. We can also help you learn more about what your health plan offers.

HEALTH CARE FRAUD, WASTE, AND ABUSE (FWA) PREVENTION AND REPORTING

Health care fraud, waste, and abuse cost taxpayers $100 billion every year. You can help stop fraud by reporting it.

What is health care fraud?

Health care fraud includes making false statements or leaving out facts to get unlawful services or payments.

Examples of fraud:

Members:

- Lend or give an Alliance member ID card to someone else.
- Pretend to be someone else to obtain services.
- Alter or forge a prescription.
- Conceal assets or income in order to gain coverage.
- Give false information in order to obtain pain relievers.

Providers:

- Bill for services and supplies not given, or different from what was given to the patient.
- Provide services to patients that are not needed.
- Bill a Medi-Cal member for Medi-Cal-covered services.

Pharmacies:

- Bill for a brand-name drug when giving a generic drug.
- Give a different medication than what was prescribed.
- Change the amount of the prescription without proper documentation.
- Buy back medication for resale.

If you suspect fraud by our health plan, doctors, pharmacies, or members, please report it by doing any of the following:

- Call the Medi-Cal Fraud and Abuse Hotline: **1.800.822.6222**
- Call the Alliance Compliance Department Hotline (NEW): **1.844.587.0810**
- Email the Alliance Compliance Department: **compliance@alamedaalliance.org**
- Visit the website: **www.alamedaalliance.ethicspoint.com**

Thank you for helping us fight fraud, waste, and abuse.

IF YOU DO NOT AGREE WITH THE DECISION YOUR HEALTH PLAN MADE FOR YOUR HEALTH CARE, YOU CAN ASK YOUR HEALTH PLAN FOR AN APPEAL.

HOW DO I ASK FOR AN APPEAL?

You have **60 days** from the date of this Notice of Action (NOA) letter to ask for an appeal. If your health plan decided to reduce, suspend or terminate a service(s) you are getting now, you may be able to keep getting the service(s) until your appeal is decided. This is called Aid Paid Pending. To qualify for Aid Paid Pending, you must ask your health plan for an appeal within **10 days** from the date of this NOA letter, or before the date your health plan says the change to your service(s) will happen. Even though your health plan must give you Aid Paid Pending when you ask for an appeal within these timelines above, you should let your health plan know when you ask for an appeal that you want to get Aid Paid Pending until your appeal is decided.

If you miss the **10-day** period to request an appeal OR do not ask for an appeal before the date the change to your service(s) will happen, you still have **60 days** from the date of this NOA letter to ask for an appeal. However, you will not get Aid Paid Pending while your appeal is being decided.

You can ask for an appeal yourself. Or you can have someone like a relative, friend, advocate, doctor, or attorney to ask for one for you. This person is called an Authorized Representative (AOR). Your health plan can provide a form for you to identify your AOR. You, or your AOR, can send in anything you want your health plan to look at to make a decision on your appeal. A doctor who is different from the doctor who made the first decision will look at your appeal.

You can file an appeal by phone, in writing, or electronically:

- **By phone:**

  Alameda Alliance for Health
  Monday – Friday, 8 am – 5 pm
  Phone Number: **1.510.747.4567**
  Toll-Free: **1.877.371.2222**
  People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

- **In writing:** Fill out an appeal form or write a letter and send it to:

  Alameda Alliance for Health
  1240 South Loop Road
  Alameda, CA 94502
  ATTN: Grievance & Appeals Department

  Your doctor's office will have appeal forms available. Your health plan can also send a form to you.

- **Electronically:** Visit your health plan's website. Go to **www.alamedaalliance.org**.

WHEN WILL MY APPEAL BE DECIDED?

For Standard Appeals, your health plan must respond to your appeal in writing within **30 days**. If you think waiting **30 days** will hurt your health, you may be able to get a decision in **72 hours**. When you ask for an appeal with your health plan, say why waiting will hurt your health. Make sure you ask for an Expedited Appeal.

For Expedited Appeals, your health plan must try to give you an oral notice of its decision on your appeal. For both Standard and Expedited appeals, your health plan will mail you a Notice of Appeal Resolution (NAR) letter. This letter will tell you what your health plan decided on your appeal.

CAN I ASK FOR AN INDEPENDENT MEDICAL REVIEW AND A STATE HEARING?

An Independent Medical Review (IMR) is where a doctor(s) that is not related to the health plan will review your case. A State Hearing is where a judge will review your case.

If you disagree with your health plan's decision regarding your service(s), you can ask your health plan for an appeal. If you still disagree with your health plan's decision on your appeal, or it has been at least **30 days** since you filed your appeal with your health plan, you can request an IMR with the Department of Managed Health Care (DMHC). DMHC staff will determine whether your issue qualifies for an IMR.

In most instances, you are not eligible to request a State Hearing until you have first completed your health plan's internal appeal process. However, there are times when you can directly request a State Hearing. This can happen if your health plan did not notify you correctly or timely about your service(s). This is called Deemed Exhaustion.

(CONTINUED FROM PAGE 15)

Here are some examples of Deemed Exhaustion:

- The health plan did not make this NOA letter available to you in your preferred language.
- The health plan made a mistake that affects any of your rights.
- The health plan did not give you a written NOA letter informing you of its intended action regarding your service(s).
- The health plan made a mistake in its written NAR letter.
- The health plan did not decide your appeal within **30 days** and send you a NAR letter.
- The health plan decided your case was urgent, but did not respond to your appeal within **72 hours** and send you a NAR letter.

Sometimes, you can ask for both an IMR and a State Hearing at the same time. You can also ask for one before the other to see if one will resolve your problem first. For example, if you ask for an IMR first, and you do not agree with what was decided, you can ask for a State Hearing. But, if you ask for a State Hearing first, and your hearing has already taken place, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You will not have to pay for an Independent Medical Review or a State Hearing.

HOW DO I REQUEST AN INDEPENDENT MEDICAL REVIEW?

The paragraph below provides you with information on how to request an IMR with DMHC. Note that the term grievance is talking about both complaints and appeals:

"The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1.510.747.4567** or toll-free at **1.877.932.2738** (people with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms, and instructions online."

HOW DO I REQUEST A STATE HEARING?

As stated above, you may be eligible to request a State Hearing.

You can ask for a State Hearing in the following ways:

- **Online** at **www.cdss.ca.gov**.
- **By phone**: Call toll-free **1.800.743.8525**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call TTY/TDD **1.800.952.8349**.
- **In writing**: Fill out a State Hearing form or write a letter.

  Send it by mail or fax to:

  Mail: California Department of Social Services
  State Hearings Division
  P.O. Box 944243, Mail Station 9-17-37
  Sacramento, CA 94244-2430

  Fax: **1.916.309.3487** or toll-free at **1.833.281.0903**

A State Hearing Form is included with this letter. Be sure to include your name, address, telephone number, social security number and/or CIN number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell the State Hearings Division what language you speak. You will not have to pay for an interpreter. The State Hearings Division will get you one. If you have a disability, the State Hearings Division can get you special accommodations free of charge to help you participate in the hearing. Please include information about your disability and the accommodation you need.

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE
(CONTINUED FROM PAGE 17)

After you ask for a State Hearing, it could take up to **90 days** to decide your case and send you an answer. If you think that waiting **90 days** will hurt your health, you can request an Expedited Hearing. If the State Hearings Division approves your request for an Expedited Hearing, you may be able to get a hearing decision within **three (3) days** from the date it receives your case file from your health plan.

You can ask for an Expedited Hearing by calling the State Hearings Division at the number above. Or you can send the State Hearing form or a letter to the State Hearings Division. You must explain how waiting for up to **90 days** for a decision will harm your life, health or ability to get or keep maximum function. You can also get a letter from your doctor to help show why you need an Expedited Hearing.

You can speak for yourself at the State Hearing. Or you can have someone like a relative, friend, advocate, doctor, or attorney speak for you. If you want someone else to speak for you, then you must sign a form telling the State Hearings Division that the person can speak for you. This person is called an Authorized Representative.

LEGAL HELP

You may be able to get legal help at no cost. Call the Bay Area Legal Aid toll-free at **1.800.551.5554.** You may also call the local Legal Aid Society in your county toll-free at **1.888.804.3536**.

EXPANDING LONG-TERM CARE (LTC) WITH CALAIM

Tens of millions of people across the United States require long-term care (LTC). They are mostly older adults but also include children and adults with disabilities or chronic conditions. Long-term care can include personal care, such as help with eating, dressing, or bathing, and can be provided in the home or at an LTC facility.

Currently, the LTC benefit is "carved out" and any Alliance member who is admitted to an LTC facility is disenrolled from the Alliance after spending more than **60 days** there, and enrolled in fee-for-service (FFS) Medi-Cal. **Beginning January 1, 2023,** long-term care in nursing homes and other facilities will be a benefit through the Alliance. Additionally, people who are living in LTC facilities and have Medi-Cal FFS will be enrolled with the Alliance.

To prepare for these changes, our team has been working to contract with high-quality LTC facilities. We are working with providers and community partners to ensure that people with FFS Medi-Cal in LTC facilities are enrolled with the Alliance without any interruptions.

Some members in LTC facilities may also be able to receive extra support through the Alliance Enhanced Care Management (ECM) and Community Supports (CS) programs. These include nursing facility residents who are likely to move back into the community and people who are eligible for long-term services in their home and have the ability to live safely with wrap-around support.

We are committed to ensuring that our members have access to high-quality, long-term services and support, no matter where they are provided.

WHAT IS MONKEYPOX (MPX)?

WHAT IS MPX?

MPX is a rare viral infection, but there has been a recent increase in the number of cases. MPX can cause flu-like symptoms followed by a distinct rash, lesions, and bumps on the body.

MPX spreads through close skin-to-skin contact, sex, kissing, and prolonged breathing at close range.

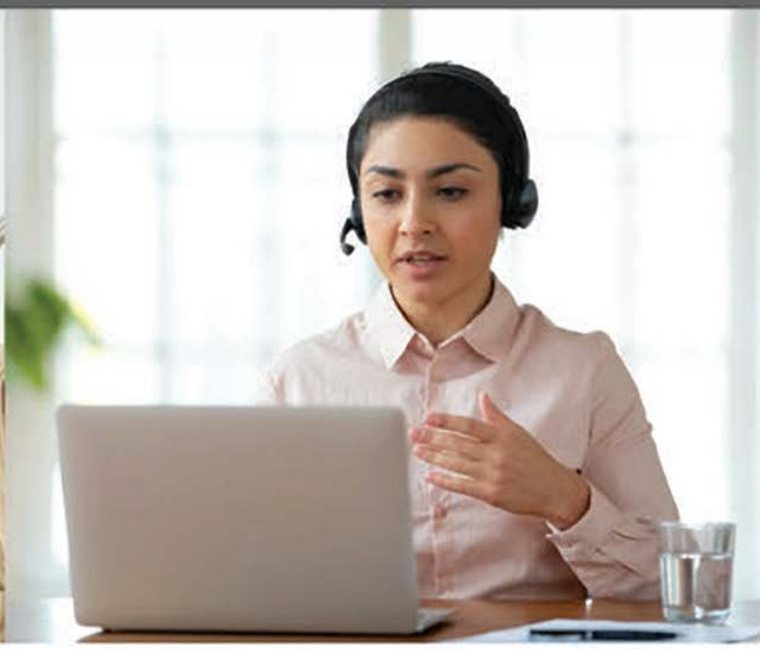
How to protect yourself:

- Do not have close, skin-to-skin contact with people who have a rash that looks like MPX.
- Avoid contact with objects and materials that a person with MPX has used.
- Wash hands often, especially before eating or after using the bathroom.

SEE A HEALTH CARE PROVIDER RIGHT AWAY IF YOU HAVE A RASH, OR IF YOU HAVE BEEN IN CONTACT WITH SOMEONE WHO HAS MPX. STAY HOME IF YOU FEEL SICK.

For more info, visit **https://monkeypox.wpengine.com**.

NEW NATIONAL MATERNAL MENTAL HEALTH HOTLINE



The new National Maternal Mental Health Hotline provides 24/7, no-cost, confidential support, resources, and referrals to any pregnant and postpartum mothers facing mental health challenges and their loved ones. The service is available via phone and text in English or Spanish. Interpreter services are offered in other languages.

Call or text, 1.833.9.HELP4MOMS (1.833.943.5746) to connect with counselors at the National Maternal Mental Health Hotline.

Pregnancy and a new baby can bring a range of emotions. In fact, many women feel overwhelmed, sad, or anxious at different times during their pregnancy and even after the baby is born. For many women, these feelings go away on their own. But for some women, these emotions are more serious and may stay for months.

The National Maternal Mental Health Hotline's counselors provide real-time emotional support, encouragement, information, and referrals. Pregnant and postpartum women can get the help and resources they need, when they need it.

Learn more at **www.MCHB.HRSA.gov/national-maternal-mental-health-hotline**.

To find a behavioral health provider, please call the Alliance Member Services Department at **1.510.747.4567** or visit **www.alamedaalliance.org/help/find-a-behavioral-health-care-provider**.

CANCER SCREENING TESTS FOR WOMEN'S HEALTH

Being a healthy woman is understanding and taking care of your health at each stage of your life. Regular well-woman visits with your doctor can help you get the information, vaccines, and screening tests that you need.

When your provider suggests a cancer screening test, it does not always mean they think you have cancer. Screening can find abnormal changes and cancer early, which can help with successful treatment.

Here are important screening tests to know about:

Pap and HPV Tests

Cervical cancer screening is part of a woman's health exam for those between the ages of 21 and 65. Cervical cancer occurs in the cervix, the lower part of the uterus (womb).

Cervical cancer screenings include:

- The Pap test (or Pap smear) looks for precancers, and cell changes on the cervix that might become cervical cancer if they are not treated.
- The HPV test looks for the virus (human papillomavirus) that can cause these cell changes.

Women ages 21 to 29 should get a Pap test every three (3) years. Women ages 30 to 65 can get a Pap test, an HPV test, or both every three (3) to five (5) years.

Talk to your doctor or nurse about which screenings you need and how often to get them. Take charge of your health and call your provider today to schedule a well-woman visit.

Mammogram

Breast cancer is the most common cancer for women in California. Mammograms are the main way doctors check for breast cancer. It uses low-dose x-rays to create pictures of the inside of your breasts.

Ask your doctor about your personal risk for breast cancer to decide the best screening plan for early detection. Generally, women ages 50 to 74 should get a mammogram every other year.

LET'S PLAY CATCH-UP ON CHECK-UPS AND VACCINES

Many children missed check-ups and vaccines during the past couple of years. As children attend in-person learning and care, it's important for parents to work with their child's doctor or nurse to make sure they get caught up on well-child visits and vaccines.

YOU HAVE THE POWER TO HELP KEEP YOUR CHILD HEALTHY.

Making sure that your child sees their doctor for well-child visits and vaccines is one of the best things you can do to keep your child and family safe. Vaccines protect against diseases like measles or whooping cough that easily spread and are especially harmful to babies and young children.

Well-Child Visits

At your well-child visit, you and your doctor will:

- Track growth and developmental milestones
- Discuss any concerns about your child's health
- Get vaccines to prevent illnesses

How often should you go?

Doctors recommend that children have checkups at these ages:

Well-Baby Visits

- 3 to 5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months

Well-Child Visits

- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Every year after age 3

COVID-19 Vaccines

The Centers for Disease Control and Prevention (CDC) recommends COVID-19 vaccines for everyone six (6) months and older. Children five (5) years and older can get a booster shot.

COVID-19 vaccines protect people from getting very sick if they do get COVID-19. Children can safely receive other vaccines the same day they receive their COVID-19 vaccine. Visit **vaccines.gov** for more information about COVID-19 vaccines and where to get one.

To learn more about well-child visits and vaccines for children, please visit the "Well Care" page at **www.alamedaalliance.org/live-healthy-library**.

WHERE DO I GO FOR HEALTH CARE?

Here is a guide for choosing whether you should go to your doctor's office or clinic, urgent care, or the emergency room for help.

DOCTOR'S OFFICE OR CLINIC

For a common sickness, minor injury, or a routine health exam, the best place to get care is a doctor's office or clinic. Your doctor knows your health history and can help you manage your health over time.

ADVICE NURSE LINE

If you can't reach your doctor, you can call the Advice Nurse Line at no cost. Nurses can give you advice about common health concerns or help you decide where to go for care. The Advice Nurse Line is ready to help 24 hours a day, 7 days a week.

Advice Nurse Line (Toll-Free)
Medi-Cal: **1.888.433.1876**
Group Care: **1.855.383.7873**

URGENT CARE

Urgent care clinics can see you for an urgent health need within 48 hours. Your doctor or the Advice Nurse Line can help you decide whether urgent care is the best option and tell you where to find a clinic.

EMERGENCY

You can get care for almost all health issues at your doctor's office. You need emergency care if your health (or your unborn baby's health) could be in danger, or a body part or organ could be seriously harmed. For emergency care, please go to the nearest hospital ER (emergency room) or call **9-1-1**.

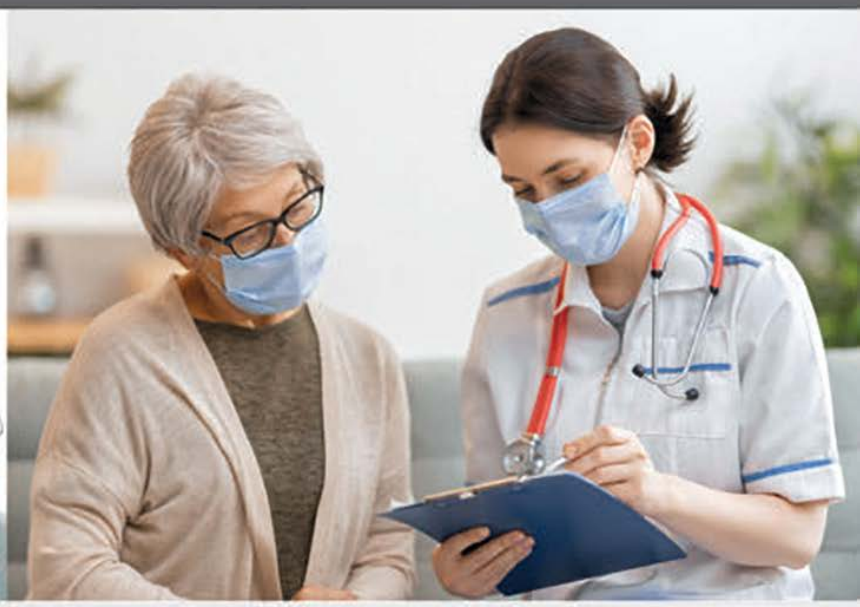
Tips for ER Visits:

1. Bring a list of your medicines and allergies to the ER.
2. After your ER visit, please call your doctor right away to let them know you were in the ER.
3. Go to your local pharmacy for any newly prescribed medicines.

For help with finding a clinic or getting transportation and language services at your health care visit, please call:

Alliance Member Services Department
Monday through Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments: **711/1.800.735.2929**

MEMBER RIGHTS AND RESPONSIBILITIES



As a member of the Alliance, you have certain rights and responsibilities.

YOUR RIGHTS

These are your rights as a member of the Alliance:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain the confidentiality of your medical information.
- To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
- To receive fully translated written member information in your preferred language, including all grievance and appeals notices.
- To make recommendations about the Alliance's member rights and responsibilities policy.
- To be able to choose a primary care provider within the Alliance network.
- To have timely access to network providers.
- To participate in decision-making with providers regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care you got.
- To know the medical reason for the Alliance's decision to deny, delay, terminate, or change a request for medical care.
- To get care coordination.
- To ask for an appeal of decisions to deny, defer, or limit services or benefits.
- To get no-cost interpreting services for your language.
- To get free legal help at your local legal aid office or other groups.
- To formulate advance directives.

MEMBER RIGHTS AND RESPONSIBILITIES
(CONTINUED FROM PAGE 25)

- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with the Alliance and are still not happy with the decision, or if you did not get a decision on your appeal after **30 days**, including information on the circumstances under which an expedited hearing is possible.
- To disenroll from the Alliance and change to another health plan in the county upon request.
- To access minor consent services.
- To get no-cost written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by the Alliance, your providers, or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside the Alliance's network pursuant to the federal law.

YOUR RESPONSIBILITIES

Alliance members have these responsibilities:

- Tell the Alliance and your doctors what we need to know (to the extent possible) so we can provide care.
- Follow care plans and advice for care that you have agreed to with your doctors.
- Learn about your health problems and help to set treatment goals that you agree with, to the degree possible.
- Work with your doctor.
- Always present your Alliance member ID card when getting services.
- Ask questions about any medical condition and make certain you understand your doctor's explanations and instructions.
- Give your doctors and the Alliance correct information.
- Help the Alliance maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.
- Make and keep medical appointments and inform your doctor at least 24 hours in advance when an appointment must be canceled.
- Treat all Alliance staff and health care staff with respect and courtesy.
- Use the emergency room (ER) only in case of an emergency or as directed by your doctor.

NOTICE OF NONDISCRIMINATION

Discrimination is against the law. Alameda Alliance for Health (Alliance) follows State and Federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

The Alliance provides:

- Aids and services to people with disabilities to help them communicate better at no cost, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Language services to people whose primary language is not English at no cost, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact:

Alameda Alliance for Health
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form.

To obtain a copy in one of these alternative formats, please call or write to:

Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

HOW TO FILE A GRIEVANCE

If you believe that the Alliance has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with the Alliance.

You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:**

  Alliance Member Services Department
  Monday – Friday, 8 am – 5 pm
  Phone Number: **1.510.747.4567**
  Toll-Free: **1.877.932.2738**
  People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

- **In writing:** Fill out a complaint form or write a letter and send it to:

  Alameda Alliance for Health
  ATTN: Alliance Grievances and Appeals Department
  1240 South Loop Road
  Alameda, CA 94502

- **In person:** Visit your doctor's office or the Alliance and say you want to file a grievance.
- **Electronically:** Visit the Alliance website at **www.alamedaalliance.org**.

NOTICE OF NONDISCRIMINATION
(CONTINUED FROM PAGE 29)

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:**

  California Department of Health Care Services (DHCS)
  Phone Number: **1.916.440.7370**
  People with hearing and speaking impairments (TRS): **711**

- **In writing:** Fill out a complaint form or send a letter to:

  Deputy Director, Office of Civil Rights
  California Department of Health Care Services
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Complaint forms are available at **www.dhcs.ca.gov/Pages/Language_Access.aspx**.

- **Electronically:** Send an email to **civilrights@dhcs.ca.gov**.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:**

  U.S. Department of Health and Human Services, Office for Civil Rights
  Toll-Free: **1.800.368.1019**
  People with hearing and speaking impairments (TTY/TDD): **1.800.537.7697**

- **In writing:** Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**.

LANGUAGE ASSISTANCE SERVICES

English Tagline
ATTENTION: If you need help in your language call **1.877.932.2738 (TTY: 1.800.735.2929)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.877.932.2738 (TTY: 1.800.735.2929)**. These services are at no cost.

Mensaje en español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al **1.877.932.2738 (TTY: 1.800.735.2929)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.877.932.2738 (TTY: 1.800.735.2929)**. Estos servicios son gratuitos.

简体中文标语 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738 (TTY: 1.800.735.2929)**。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1.877.932.2738 (TTY: 1.800.735.2929)**。这些服务都是免费的。

Khẩu Hiệu Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738 (TTY: 1.800.735.2929)**. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738 (TTY: 1.800.735.2929)**. Các dịch vụ này đều miễn phí.

Tagalog Tagline (Tagalog)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738 (TTY: 1.800.735.2929)**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738 (TTY: 1.800.735.2929)**. Libre ang mga serbisyong ito.

الشعار بالعربية (Arabic)
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1.877.932.2738 (TTY: 1.800.735.2929)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1.877.932.2738 (TTY: 1.800.735.2929)**. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1.877.932.2738 (TTY: 1.800.735.2929)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1.877.932.2738 (TTY: 1.800.735.2929)**: Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)
ប្រយ័ត្ន៖ បើសិនជាអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ **1.877.932.2738 (TTY: 1.800.735.2929)**។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1.877.932.2738 (TTY: 1.800.735.2929)**។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

(Farsi) مطلب به زبان فارسی
توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با **1.877.932.2738 (TTY: 1.800.735.2929)** تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخههای خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1.877.932.2738 (TTY: 1.800.735.2929)** تماس بگیرید. این خدمات رایگان ارائه میشوند.

हिंदी टैगलाइन (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1.877.932.2738 (TTY: 1.800.735.2929)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध है। **1.877.932.2738 (TTY: 1.800.735.2929)** पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)
CEEBTOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1.877.932.2738 (TTY: 1.800.735.2929)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1.877.932.2738 (TTY: 1.800.735.2929). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)
注意日本語での対応が必要な場合は **1.877.932.2738 (TTY: 1.800.735.2929)**へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。**1.877.932.2738 (TTY: 1.800.735.2929)**へお電話ください。これらのサービスは無料で提供しています。

LANGUAGE ASSISTANCE SERVICES

(CONTINUED FROM PAGE 31)

한국어 태그라인 (Korean)
유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1.877.932.2738 (TTY: 1.800.735.2929)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1.877.932.2738 **(TTY: 1.800.735.2929)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1.877.932.2738 (TTY: 1.800.735.2929)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1.877.932.2738 (TTY: 1.800.735.2929)**. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1.877.932.2738 (TTY: 1.800.735.2929)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1.877.932.2738 (TTY: 1.800.735.2929)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1.877.932.2738 (TTY: 1.800.735.2929)**. ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1.877.932.2738 (TTY: 1.800.735.2929)**. ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1.877.932.2738** (линия **TTY**: **1.800.735.2929**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1.877.932.2738** (линия **TTY**: **1.800.735.2929**). Такие услуги предоставляются бесплатно.

แท็กไลน์ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1.877.932.2738 (TTY: 1.800.735.2929)** นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1.877.932.2738 (TTY: 1.800.735.2929)** ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1.877.932.2738 (TTY: 1.800.735.2929)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1.877.932.2738 (TTY: 1.800.735.2929)**. Ці послуги безкоштовні.

LANGUAGE ACCESS

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, o le gustaría tenerlo en un formato diferente, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

如果您需要幫助閱讀此文檔或需要不同的格式，請致電Alliance計畫成員服務處，電話： **1.510.747.4567**。

Nếu quý vị cần giúp đỡ đọc tài liệu này hoặc muốn một định dạng khác, vui lòng gọi cho Ban Dịch Vụ Hội Viên Alliance theo số **1.510.747.4567**.

Kung kailangan mo ng tulong sa pagbasa ng dokumentong ito o kung gusto mo ng ibang format, mangyaring tumawag sa Alliance Member Services Department sa **1.510.747.4567**.

ADDRESS AND PHONE NUMBER CHANGES

If you move or get a new phone number, please let us know by calling the Alliance Member Services Department at **1.510.747.4567**.

PROGRAM AND MATERIALS AT NO COST

Would you like to get more resources or learn more about classes and programs? Just fill out the **Alliance Wellness Program & Materials Request Form** on page **36**, check the programs or materials that you want, and send it to us. Programs and materials are at no cost to you as our Alliance member. To learn more, please call the Alliance Member Services Department at **1.510.747.4567** or visit **www.alamedaalliance.org/live-healthy**.

LANGUAGE SERVICES AT NO COST

We offer our Alliance members interpreters for health care visits and health plan documents in their language or other formats such as braille, audio, or large print. For help with your language needs, please call the Alliance Member Services Department at **1.510.747.4567**.

QUALITY IMPROVEMENT PROGRAM

The Alliance Quality Improvement (QI) program helps improve care for our members. We look to see if you are getting regular exams, screenings, and tests that you need. We also find out if you are happy with the care you get from our providers and the services we provide to you. Each year, we set goals to improve the care our members receive. The goals address care and service. We look yearly to see if we met our goals.

To learn more about our QI program goals, progress, and results, please visit **www.alamedaalliance.org/members.**

If you would like a paper copy of the QI program, please call the Alliance Member Services Department at **1.510.747.4567**.

IMPORTANT PHONE NUMBERS

Service	Contact Number
Emergency	**911**
Poison Control	**1.800.222.1222**
Alameda County Social Services Medi-Cal Center	**1.800.698.1118** or **1.510.777.2300**
Medi-Cal Plan Enrollment/Changes	**1.800.430.4263**

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

Main Line	**1.510.747.4500**
Member Services Department Monday – Friday, 8 am – 5 pm	**1.510.747.4567**
Toll-Free	**1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY)	**711/1.800.735.2929**

CARE SERVICES

Behavioral Health Care Services	
Beacon Health Options	**1.855.856.0577**
Alameda County Behavioral Health Care Services (ACCESS)	**1.800.491.9099**
Dental Care Services	
Medi-Cal Members: Denti-Cal	**1.800.322.6384**
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	**1.510.577.3552**
Vision Care Services	
Medi-Cal Members: MARCH Vision Care	**1.844.336.2724**
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	**1.510.577.3552**
Nurse Advice Line	
Medi-Cal Members	**1.888.433.1876**
Group Care Members	**1.855.383.7873**

CONNECT WITH US!

facebook.com/alamedaallianceforhealth

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@alamedaalliance

Alameda Alliance for Health
Wellness Programs & Materials

Member Request Form – Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please select the topics that you want us to send you. You can also request the handouts in other formats. Many handouts can be found at **www.alamedaalliance.org**.

CLASSES & PROGRAM REFERRALS

- ☐ Asthma
- ☐ Breastfeeding Support
- ☐ CPR/First Aid
- ☐ Diabetes
- ☐ Diabetes Prevention Program *(prediabetes)*
- ☐ Healthy Eating, Exercise, and Weight
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking

For translations for Chinese and Vietnamese translations please have it say: Asian Smokers' Quitline

---→ *(please have Kick It California call me)*

- ☐ WW *(formerly Weight Watchers)*

MEDICAL ID

Choose one: ☐ Bracelet ☐ Necklace

- ☐ Asthma
  - ☐ Child ☐ Adult
- ☐ Diabetes
  - ☐ Child ☐ Adult

WRITTEN MATERIALS

- ☐ Advance Directive *(medical power of attorney)*
- ☐ Alcohol and Other Substance Use
- ☐ Asthma
- ☐ Back Pain
- ☐ Birth Control
- ☐ Car Seat Safety
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Healthy Eating, Exercise, and Weight
  - ☐ Child ☐ Adult
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy
- ☐ Preventive Care
- ☐ Quit Smoking
- ☐ Safety
  - ☐ Child ☐ Adult
- ☐ Sexual Health
- ☐ Stress and Depression
  - ☐ Child ☐ Adult

Name (self): _____

Alliance Member ID Number: _____

Child's Name (if applies): _____

Child's Member ID Number: _____

Age of Child: _____

Address: _____

City: _____ Zip Code: _____

Written Language: _____

Spoken Language: _____

The requested materials will be mailed to you. How may the Alliance contact you?
Please check all that apply:

- ☐ Phone: _____
- ☐ Email: _____
- ☐ Text: _____

ALAMEDA Alliance FOR HEALTH

To order, please complete this form on the member portal at www.alamedaalliance.org or mail this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502
Phone Number: **1.510.747.4577** • **Toll-Free: 1.855.891.9169**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

MEMBER CONNECT

Fall 2021 / Winter 2022

ALAMEDA Alliance FOR HEALTH

we are ALAMEDA COUNTY

Helping People in Our Community Since 1996



PROVIDER SPOTLIGHT: DR. DONNA CAREY

From Families to Communities, the Power of Larger-Scale Work

Dr. Donna Carey, MD, responded to a higher calling as an adolescent growing up in Tulare, CA. The youngest of three (3) siblings, and the only girl, she often found herself pushing boundaries while sparking a little flame in and outside of school, literally and figuratively. With the support and encouragement of her community and family, she pursued a lifelong journey in helping others and encouraging health and wellness. A double Bruin, Dr. Carey attended UCLA for her undergraduate career and graduated from the David Geffen School of Medicine at UCLA. Dr. Carey attended residency at Children's Hospital Oakland and later received a fellowship for adolescent medicine at UCSF.

For 23 years, Dr. Carey enjoyed her work in hospital-based medicine where she delivered our youngest members, worked in the newborn intensive care unit (NICU), and tended to well babies.

(Continued on page 2)

www.alamedaalliance.org

PO Box 3789
San Leandro, California 94578

Alliance FOR HEALTH ALAMEDA

PRSRT STD
US POSTAGE
PAID
Alliance for Health

PROVIDER SPOTLIGHT: DR. DONNA CAREY

(CONTINUED FROM PAGE 1)

Dr. Carey served as the chief of pediatrics for Alameda Health System (AHS). She was also the first chair of the Department of Pediatrics for AHS. AHS is one of the largest public health systems in California, and it is the safety net for Alameda County residents. In addition, Dr. Carey was the president of Sinkler Miller Medical Association, which is an organization of African American physicians in the Bay Area.

Dr. Carey wears multiple hats that complement each other well. As the first lady, and executive pastor at True Vine Ministries in West Oakland, Dr. Carey helps organize community-focused, and community-minded events to promote and encourage health and wellness through health fairs and screenings. True Vine ministries has been crucial to Alameda County residents during the COVID-19 pandemic by providing vaccines at no cost, health care information, and other resources.

Not only does she enjoy her role as a pediatrician where she gets to see families on a one-on-one basis, she also has a passion for working with the Alliance to help create bigger change and implement policies to positively impact the lives of all of our members. Her compassion and empathy for our community aligns with the Alliance mission and vision and we are honored to work with Dr. Carey in caring for our members.

In her spare time, Dr. Carey enjoys the Bay Area outdoors by taking walks around Lake Merritt in Oakland, and the San Leandro Marina. In addition, she enjoys baking and is diligently working to perfect her mother's pound cake recipe. Dr. Carey shares COVID-19 updates and other important health and wellness information, and how to live well, on her YouTube channel "Talking with Dr. Donna."

The Alliance is honored to have Dr. Carey on our team as the Medical Director of Case Management. Her knowledge, experience, and advocacy work are invaluable for the Alliance, our members, provider partners, and our community.

For more information about Dr. Donna Carey, and to connect with her on social media, please visit **www.mydrdonna.com**.

Do you want to learn more about Dr. Carey?

Please visit our website to watch a short video at **www.alamedaalliance.org**. You can also connect with us on Facebook and Twitter to view the video.

www.facebook.com/alamedaallianceforhealth

@alamedaalliance

COMING SOON! NEW AND IMPROVED ALLIANCE MEMBER PORTAL AND MOBILE APP!

At the Alliance, we value our dedicated member community. We have an important announcement that we would like to share with you.

You can now access many of the Alliance member portal features on your smartphone!

On our Alliance member portal and through your smartphone, you can:

- View your Alliance member ID card
- Choose your primary care provider (PCP) or doctor
- Update your contact information
- And much more!

Also, coming soon, we will have a new Alliance member mobile app to help you stay better connected to your health care information.

For more information, updates, and to sign up for the Alliance member portal today, please visit **www.alamedaalliance.org**.

IMPROVE YOUR BALANCE TO PREVENT FALLS

Can you name the four (4) types of exercise? They are endurance (also known as aerobics or cardio), strength, balance, and flexibility. It's important to work on all four (4) because each helps your body in different ways.

Exercises that improve balance and make your legs and hip muscles stronger can lower your chances of falling. They also help you feel better and more confident. Balance exercises can be done every day or as often as you would like. Talk to your doctor if you feel unsure about an exercise.

To improve your balance, you can try exercises such as:

- Marching in place
- Standing from a seated position
- Standing on one (1) foot
- Walking heel-to-toe
- Walking in a straight line
- Tai Chi
- Yoga

Start slowly and have a wall, sturdy chair, or person nearby. Over time, you may be able to do the exercises for longer or with less support.

To learn about programs and services for older adults in Alameda County that can help prevent falls, please call:

Alameda County Senior Information
Toll-free: **1.800.510.2020**

To download their "Fall Prevention Resource Guide for Older Adults," please visit **seniorinfo.acgov.org**.

For more fall prevention tips, please visit **www.alamedaalliance.org/live-healthy-library** and click "**Safety**."

You can also request materials to be mailed to you using the Alliance Wellness Programs & Materials Request Form found on **page 24**.

KICK START YOUR HEALTHY WEIGHT JOURNEY IN THE NEW YEAR

The key to keeping and reaching a healthy weight is making changes that you can keep up during your lifetime. These changes should include healthy eating and regular physical movement.

Tips to help you with your goals:

- **Commit to making a change**. Changing your lifestyle can be a big step. You can start by writing down or recording your goals and your promise to yourself.
- **Look at your current habits**. Make a note of what you are already doing, what you can change, and what things could make it harder for you to reach your goals.
- **Set goals that you can reach**. Make sure to keep your goals specific and realistic. Setting smaller goals and rewarding yourself can motivate you toward your bigger goals.
- **Look for resources and support**. You may find support with your family and friends. The Alliance also offers online or in-person healthy weight programs like WW (formerly Weight Watchers) and the Diabetes Prevention Program that can help you on your healthy weight journey.
- **Keep track of your progress**. Check in with yourself and your goals to see what is working and what needs to be changed.

Remember, every small change makes a difference.

If you would like to join a healthy weight program like WW or the Diabetes Prevention Program, please call Alliance Health Programs at **1.510.747.4577**. For more information, please visit **www.alamedaalliance.org/live-healthy-library** and click on "**Healthy Eating, Exercise, and Weight**."

You can also request materials to be mailed to you using the Alliance Wellness Programs & Materials Request Form found on **page 24**.

Source: CDC.**www.cdc.gov/healthyweight/losing_weight/getting_started.html**

YOU CAN QUIT SMOKING: HERE'S HOW

Quitting smoking is one of the most important steps you can take to improve your health. This is true no matter how old you are or how long you have smoked.

Many people who smoke become addicted to nicotine, a drug that is found naturally in tobacco. This can make it hard to quit smoking. But the good news is there are proven treatments that can help you quit.

COUNSELING PLUS MEDICINES

Using counseling and medicine together gives you the best chance of quitting for good.

Counseling

- Can help you make a plan to quit smoking.
- Can help you prepare to cope with stress, urges to smoke, and other issues you may face when trying to quit.

YOU CAN:

Talk to your doctor or a quit smoking counselor at your clinic.

Get coaching at no cost through a Quitline. Call Kick It California (formerly California Smokers' Helpline) toll-free at **1.800.300.8086** or visit **kickitca.org** (English, Spanish, Chinese, Vietnamese, and interpreters offered).

Use no-cost online resources like **smokefree.gov** (English, Spanish) and **cdc.gov/quit**.

Medicines

- Can help you manage withdrawal symptoms and cravings, so you can stay confident and motivated to quit.

YOU CAN:

Ask your doctor about treatments to help you quit smoking. You might use more than one (1) medicine to further increase your chances of quitting.

These include:
- Nicotine patch, gum, lozenge, inhaler, or nasal spray
- Varenicline
- Bupropion

Remember, even if you've tried before, the key to success is to keep trying and not give up. After all, more than half of U.S. adults who have ever smoked have quit.

For more resources about quitting smoking, please visit **www.alamedaalliance.org/live-healthy-library** and click "**Quit Smoking**." You can also request materials to be mailed to you using the Alliance Wellness Programs & Materials Request Form found on **page 24**.

2021 FLU SEASON

Get your flu shot today, and do your part to keep our community healthy, safe, and strong. This flu season, it is more important than ever to protect yourself, family, and others. All eligible Alliance members can get a flu shot at no cost.

Please call your doctor's office to find out the nearest location to receive your flu shot.

To learn more please visit **www.alamedaalliance.org**.

For more help, you can also call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone: **1.510.747.4567**
Toll-free: **1.877.932.2738**
People with speaking and hearing impairments (CRS/TTY):
711/1.800.735.2929

MEMBER SATISFACTION SURVEY

At the Alliance, we are always looking for ways to improve our member and provider satisfaction.

The Alliance surveys members to learn about your experience with health care. Your answers to these surveys help us to make things better and enhance the quality of care for all of our members.

The survey questions may cover:

- Appointment and office wait times
- How well your doctors communicate with you
- How we meet your language needs
- How satisfied you are with the Alliance as your health plan
- Your experience with the Alliance and the health care you receive

About the surveys:

- The Alliance contacts a random sample of Alliance members.
- The surveys are first mailed. If we do not receive a response, we will follow up with a phone call.
- One (1) survey is offered in English, Spanish, Chinese, Vietnamese, and Tagalog, and the other is in English and Spanish.

We value your feedback on ways we are meeting your needs and how we can improve.

Thank you for taking the surveys if you are contacted!

TIMELY ACCESS STANDARDS*

The Timely Access Standards table below shows how quickly you should be able to schedule an appointment for each type of visit.

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not* require PA	48 Hours of Request

SPECIALTY/OTHER APPOINTMENT	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
Non-Urgent Appointment with a **Specialist** Physician	15 Business Days of Request
Non-Urgent Appointment with a **Behavioral Health** Provider	10 Business Days of Request
Non-Urgent Appointment with an **Ancillary Service** Provider	15 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not* require PA	48 Hours of Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

PA = Prior Authorization

Urgent Care refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Non-Urgent Care refers to routine appointments for non-urgent conditions.

Triage or Screening refers to the assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage and determine the urgency of the member's need for care.

**Per Department of Managed Health (DMHC) and Department of Health Care Services (DHCS) Regulations, and National Committee for Quality Assurance (NCQA) Health Plan (HP) Standards and Guidelines.*

COVID-19 VACCINE AND AT-HOME OVER-THE-COUNTER TESTS

The Alliance is working hard to keep our community healthy, safe, and strong! We want you to have the information you need about COVID-19 and the vaccine – to help you, your family, your friends, and your loved ones make the best decisions for your health.

The COVID-19 vaccine is still your best shot for protection and preventing hospitalization and death from coronavirus disease. It is the best way to help protect yourself and your loved ones! The choice is yours.

Right now, all Alliance members age 5 and older can get the COVID-19 vaccine at no cost. Making an appointment is simple, and walk-up and in-home options are available.

To schedule an appointment, please visit: **bit.ly/AlCoSignUp** or call **1.510.208.4VAX**.

If you need transportation assistance to get to a COVID-19 vaccination site, please call the Alliance transportation reservation line at toll-free at **1.855.891.7171**, Monday through Friday, 8 am to 5 pm.

OVER-THE-COUNTER COVID-19 RAPID TESTS NOW AVAILABLE AT NO COST FOR ALLIANCE GROUP CARE AND MEDI-CAL MEMBERS

Alliance members can order over-the-counter COVID-19 rapid antigen tests from the federal government at **www.COVIDtests.gov** at no cost. Every home in the U.S. is eligible for at-home COVID-19 tests from that website at no cost. If you need help with the Internet or need additional support placing an order, please call their COVID-19 Vaccination Assistance Hotline toll-free at **1.800.232.0233** (TTY **1.888.720.7489**).

ALLIANCE GROUP CARE MEMBERS:

Starting Saturday, January 15, 2022, Alliance members in our Group Care Plan can get up to eight (8) over-the-counter (OTC) COVID-19 rapid antigen tests per month at no cost through the Alliance pharmacy network.

Simply follow the three (3) steps below:

1. Visit your Alliance network pharmacy or any pharmacy in the Alliance network to obtain OTC COVID-19 rapid antigen tests.
2. The COVID-19 rapid antigen tests must be FDA-approved. Please consult with the pharmacist to confirm FDA approval.
3. You must show your Alliance member ID card to verify eligibility.

To find an Alliance network pharmacy near you, please visit our online pharmacy directory at **www.alamedaalliance.org/help/find-a-pharmacy**.

You may also call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

If you choose to purchase an eligible FDA-approved COVID-19 rapid antigen test from a retail store or pharmacy outside of the Alliance network, you will be reimbursed up to $12.00 a test, per federal guidelines.

To request reimbursement for eligible tests, please follow the steps below:

1. Visit the online Alliance Member Portal at **www.alamedaalliance.org**
2. Complete the online Member Reimbursement Request Form for medical expenses (found in the Alliance Member Portal).
3. Upload and attach a copy of the receipt for proof of purchase to the form.
4. Attest that the eligible tests are for personal use and not for other unauthorized purposes.
5. Please Note: Online reimbursement request forms and receipts must be submitted through the secure Alliance Member Portal.
6. Only complete reimbursement forms will be accepted.
7. You can only be reimbursed for up to eight (8) eligible tests per month at $12.00 per test.

ALLIANCE MEDI-CAL MEMBERS:

Starting Saturday, January 15, 2022, the California Department of Health Care Services (DHCS) Medi-Cal Rx program will cover over-the-counter (OTC) COVID-19 rapid antigen tests for Alliance members in our Medi-Cal Plan at no cost. To get eligible OTC COVID-19 rapid antigen tests, please go to any participating Medi-Cal Rx pharmacy, or call Medi-Cal Rx toll-free at **1.800.541.5555** (TTY **1.800.430.7077**) for more information.

Currently, the DCHS Medi-Cal Rx program will reimburse Alliance members in our Medi-Cal Plan for OTC COVID-19 rapid antigen tests that were purchased between Thursday, March 11, 2021, and Monday, January 31, 2022.

To request reimbursement for OTC COVID-19 rapid antigen tests from the DHCS Medi-Cal Rx program, please visit **www.dhcs.ca.gov/services/medi-cal/Pages/Medi Cal_Conlan.aspx**.

Please Note: The Alliance will deny Medi-Cal reimbursement requests for OTC COVID-19 rapid antigen tests and will ask you to send reimbursement requests to Medi-Cal Rx.

For all other questions, please call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

We are all in this together, and we can all work to be a part of the solution. Thank you for doing your part to help keep your loved ones and our community safe.

If you have questions about the vaccine process, please call the Alliance Member Services Department toll-free at **1.877.932.2738**.

CalAIM

The California Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) will start January 2022. The goal of this program is to improve the quality of life and health outcomes for Medi-Cal members. The program helps members navigate complex health care and social supports, like housing, food, and other needs to help all members have the best health outcomes.

Starting in 2022, the Alliance will offer the new Enhanced Care Management (ECM) benefit and Community Supports (CS) options. ECM will focus on people experiencing (or at risk of) homelessness, people who often visit the emergency room, people moving from skilled nursing facilities, and children or youth with complex care needs. ECM will also help people returning to the community after being in jail or prison.

Along with this important benefit, the Alliance will also begin to offer community support services like housing and home-based services, day programs, respite for caregivers, and medically tailored meals.

To learn more about ECM and In Lieu of Services (ILOS), please visit the California DHCS website at **www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx**.

ENHANCED CASE MANAGEMENT (ECM) NEW BENEFIT ALERT

The Alliance is honored to be your partner in health. We want to let you know about a new Medi-Cal benefit called Enhanced Care Management (ECM).

ECM is a benefit that provides extra care coordination services to members with highly complex needs. This new benefit can help you get the care you need to stay healthy and coordinate the care you get from different doctors and others involved in your care.

Starting Saturday, January 1st, 2022, some eligible Medi-Cal members can get ECM services from the Alliance.

What are ECM services?

If you qualify for ECM, you will have your own care team, including a care coordinator. This person will talk to you and your doctors, mental health providers, specialists, pharmacists, case managers, social services providers, and others to make sure everyone works together to get you the care you need. A care coordinator can also help you find and apply for other services in your community.

Your ECM care coordinator can help you:

- Find doctors and get appointments for health-related services you may need;
- Better understand and keep track of your medications;
- Set up a ride to get to your doctor visits;
- Find and apply for community-based services based on your needs, like housing supports or medically nutritious food; and
- Get follow-up care after you leave the hospital.

Getting ECM services will not change the Medi-Cal benefits you already have. It will give you extra help to better coordinate your care at no cost to you.

How do I find out if I can get this new benefit?

ECM will be offered to members at different times starting on Saturday, January 1, 2022. If any of the below apply to you, you may be eligible for ECM.

You can contact the Alliance to find out if ECM is available to you.

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone: **1.510.747.4567**
Toll-free: **1.877.932.2738**
People with speaking and hearing impairments (CRS/TTY): **711/1.800.735.2929**

ENHANCED CASE MANAGEMENT (ECM) NEW BENEFIT ALERT

(CONTINUED FROM PAGE 15)

Starting in January 2022:

a. If you are an adult and do not currently have stable housing;

b. If you are an adult and have difficult health issues, and you have needed to go to the hospital or Emergency Department many times over the last six (6) months;

c. If you are an adult and have a serious mental health condition or struggle with drug or alcohol use;

d. If you are an adult and were recently released from jail or prison and need help returning to living in the community.

Starting in January 2023:

a. If you are an adult and are eligible for long-term care services because of your health condition, but don't want to stay in a nursing home or facility;

b. If you are an adult and are staying in a nursing facility but would rather live at home;

c. If you are an adult and were recently released from jail or prison;

d. If you are under age 21 and were released from a juvenile detention center, jail, or prison.

Starting in July 2023:

a. If a child or youth does not have stable housing;

b. If a child or youth has difficult health issues and needed to go to the Emergency Department or the hospital many times over the last six (6) months or year;

c. If a child or youth has a serious emotional or mental health issue;

d. If a child or youth is already getting services through the California Children's Services (CCS)/CCS Whole Child Model (WCM) but has additional needs beyond their CCS condition;

e. If a child or youth is, or has a history of being, part of a child welfare program or foster care.

If you qualify, you may be contacted about ECM services. You can also call the Alliance to find out if and when you can receive ECM. Or talk to your health care provider to find out if you qualify for ECM and when and how you can receive it.

Questions?

For questions about ECM, please call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone: **1.510.747.4567**
Toll-free: **1.877.932.2738**
People with speaking and hearing impairments (CRS/TTY): **711/1.800.735.2929**

NOTICE OF NON-DISCRIMINATION AND LANGUAGE ACCESS

Discrimination is against the law. The Alliance follows state and federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

English

ATTENTION: If you need help in your language call **1.877.932.2738** (TTY: 1.**800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.877.932.2738** (TTY: **1.800.735.2929**). These services are at no cost.

Mensaje en Español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1.877.932.2738** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.877.932.2738** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

Khẩu Hiệu Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

Tagalog

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Libre ang mga serbisyong ito.

BETTER SERVICES AND SATISFIED PROVIDERS

This past year has impacted our provider partners in unprecedented ways. Many have been on the front lines treating COVID-19 patients. Providers have also been dealing with the stress and financial impact of the pandemic. We know that provider satisfaction is tied to patient wellness, and we want to make sure our providers feel valued and supported. We are pleased to report that our partnerships with our providers remain strong.

Satisfaction among our doctors continues to increase each year. We have improved from 58 percent satisfaction in 2015 to over 85 percent satisfaction rate reported this past year. These numbers reflect the results of a survey conducted between October and December of 2020. The survey includes doctors, specialty care physicians, and behavioral health clinicians within the Alliance network. The survey measured provider satisfaction and how well the Alliance is meeting their needs and expectations.

During one of the toughest years in recent history, the Alliance worked to ensure that the providers in our network had access to the tools they needed to successfully care for their patients and our members. As the local health plan of choice, the Alliance remains mission-driven and committed to building and maintaining a motivated provider network that works to improve health for all.

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

At the Alliance, we are here to help you get the care you need. As your partner in health, we have an important update to share with you.

Effective Saturday, January 1, 2022, the Department of Health Care Services (DHCS) will manage the Medi-Cal pharmacy benefit instead of the Alliance. The new program will be called "Medi-Cal Rx." We have put together frequently asked questions (FAQs) to provide information on the change.

What is changing?

Starting Saturday, January 1, 2022, DHCS is working with a new contractor, Magellan Medicaid Administration, Inc. (Magellan), to provide Medi-Cal Rx services. The Alliance will no longer be the administrator for the pharmacy benefit after Saturday, January 1, 2022.

What do I need to do?

Most Alliance members will not need to do anything. DHCS will automatically transition from the existing administrator to Magellan on Saturday, January 1, 2022. Your doctors and pharmacies know about the change and know what to do. There is no change in your Medi-Cal eligibility or benefits.

What happens now?

Your access to your pharmacy benefits will not change. There will be no change in how you pay for your medications. For most Medi-Cal members there is no cost. Most people will be able to use the same pharmacy they do now on January 1, 2022. If your pharmacy does not work with Medi-Cal Rx, you may need to choose another pharmacy.

Will I need to change my medications?

Most Alliance members will not have any change in their medications. Some medications may need approval from Magellan before you can get them. For these medications, your doctor or pharmacy will have to fill out a form and get approval when you renew your prescription. Your doctor might also talk to you about changing to a similar medication that doesn't need approval. Your doctor and pharmacy will know about this change.

Is the California Children's Services (CCS) program a part of the change?

Yes, the California Children's Services (CCS) program is included in the transition to Medi-Cal Rx. Magellan will manage your authorizations and pharmacy claims payment. Your provider and pharmacy will be trained and knowledgeable about the new program.

What should I do if I need a new medication after Saturday, January 1, 2022, and it requires prior authorization (PA)?

Medications that were covered before may or may not be covered by Medi-Cal Rx going forward. Your doctor can submit a PA request to Magellan if needed. For the first 180 days, no PA request is required for existing prescriptions without previously approved PAs for medications not on the Medi-Cal Contract Drug List. After 180 days, a PA request must be submitted to Magellan. Your doctor has until June 30, 2021 to submit the request.

What should I do if I have a pharmacy-service-related complaint after Saturday, January 1, 2022?

Starting Saturday, January 1, 2022, Magellan will handle all pharmacy service complaints. To submit a complaint, please visit **www.medi-calrx.dhcs.ca.gov** or call Magellan Customer Service toll-free at **1.800.977.2273**, 24 hours a day, 7 days a week, 365 days a year.

Please Note: You can only use the Magellan website and toll-free number to file a complaint on or after Saturday, January 1, 2022. Pharmacy complaints through the Alliance will be discontinued on Saturday, January 1, 2022.

How can I appeal a pharmacy benefit decision?

Appeals will be handled through a State Fair Hearing. If you disagree with a denial or change of Medi-Cal Rx services, you may request a State Fair Hearing. The California Department of Social Services has a State Fair Hearing process if you want to appeal a pharmacy benefit decision. This process is different from the appeals process you may have used with the Alliance. In a State Hearing, a judge reviews your request and makes a decision.

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

(CONTINUED FROM PAGE 19)

If a service is denied or changed, a form to request a State Fair Hearing will automatically be sent to you with the notice of denial or change. You can also get the "State Hearing Request" form at **www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx**. Instructions and additional options can be found on the DHCS website.

After Saturday, January 1, 2022, you can also access the State Fair Hearing form by visiting **www.medi-calrx.dhcs.ca.gov** or by calling Magellan Customer Service toll-free at **1.800.977.2273** (TDD: **711**).

You may also ask for a State Hearing by calling toll-free at **1.800.952.5253** (TTY: **1.800.952.8349**). Please note that the number can be very busy so you may get a message to call back later.

You can get more information about the State Hearing Process by going to **www.dhcs.ca.gov/services/medi-cal/pages/medi-calfairhearing.aspx**.

Where can I get help finding a pharmacy?

Most pharmacies will accept your new coverage. To ask if your pharmacy will accept Medi-Cal Rx you can call the Medi-Cal Member Toll-Free Help Line at **1.800.541.5555** (TTY **1.800.430.7077**).

If you need help finding a pharmacy on or after January 1, 2022, use the Medi-Cal Rx Pharmacy Locator online at **www.medi-calrx.dhcs.ca.gov** or call Customer Service toll-free at **1.800.977.2273**, 24 hours a day, 7 days a week, (TTY **711)**, Monday – Friday, 8 am – 5 pm.

Please Note: The website pharmacy locator will be available in March 2021 and the phone number starting April 1, 2021.

I'm eligible for both Medicare and Medicaid (Medi-Cal). How does this change affect me?

If you are eligible for both Medicare and Medi-Cal, Medi-Cal Rx may cover prescriptions Medicare does not, so you should talk to your doctor or pharmacy if you have any questions.

Who do I contact for help or more information?

IF YOU BELONG TO A MEDI-CAL MANAGED CARE PLAN (MCP)	IF YOU GET YOUR CARE FROM FEE FOR SERVICE (FFS) MEDI-CAL
On or before Wednesday, March 31, 2021 • If you have questions about a medication or other pharmacy services, please call: Alliance Member Services Department Monday – Friday, 8 am – 5 pm Phone Number: **1.510.747.4567** Toll-Free: **1.877.932.2738** People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929** • For Medi-Cal Rx general questions, please call: Medi-Cal Member Help Line Toll-Free: **1.800.541.5555** People with hearing and speaking impairments (TTY): **1.800.430.7077** On or after Saturday, January 1, 2022 • For all questions, please call: Magellan at the Medi-Cal Rx Call Center Toll-Free: **1.800.977.2273** (24 hours a day, 7 days a week, 365 days a year) People with hearing and speaking impairments (TDD): **711**	On or before Wednesday, March 31, 2021 • If you have questions about a medication or other pharmacy services, please call: Medi-Cal Member Help Line Toll-Free: **1.800.541.5555** People with hearing and speaking impairments (TTY): **1.800.430.7077** On or after Saturday, January 1, 2022 • For all questions, please call: Magellan at the Medi-Cal Rx Call Center Toll-Free: **1.800.977.2273** (24 hours a day, 7 days a week, 365 days a year) People with hearing and speaking impairments (TDD): **711**

For questions about this notice, or Medi-Cal Rx general questions, please contact DHCS via email at **rxcarveout@dhcs.ca.gov**. Please make sure to write that you have a question about Medi-Cal Rx. Please do NOT include personal information in your first email. If DHCS staff needs more information to help you, they will reply with a secure email asking for your information.

IMPORTANT PHONE NUMBERS

Service	Contact Number
Emergency	**911**
Poison Control	**1.800.222.1222**
Alameda County Social Services Medi-Cal Center	**1.800.698.1118** or **1.510.777.2300**
Medi-Cal Plan Enrollment/Changes	**1.800.430.4263**

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

Main Line	**1.510.747.4500**
Member Services Department Monday – Friday, 8 am – 5 pm	**1.510.747.4567**
Toll-Free	**1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY)	**711/1.800.735.2929**

CARE SERVICES

Behavioral Health Care Services	
Beacon Health Options	**1.855.856.0577**
Alameda County Behavioral Health Care Services (ACCESS)	**1.800.491.9099**
Dental Care Services	
Medi-Cal Members: Denti-Cal	**1.800.322.6384**
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	**1.510.577.3552**
Vision Care Services	
Medi-Cal Members: MARCH Vision Care	**1.844.336.2724**
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	**1.510.577.3552**
Nurse Advice Line	
Medi-Cal Members	**1.888.433.1876**
Group Care Members	**1.855.383.7873**

Connect with us!

Alameda Alliance for Health
Wellness Programs & Materials

Member Request Form – Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please select the topics that you want us to send you. You can also request the handouts in other formats. Many handouts can be found at **www.alamedaalliance.org**.

CLASSES & PROGRAM REFERRALS

- ☐ Asthma
- ☐ Breastfeeding Support
- ☐ CPR/First Aid
- ☐ Diabetes
- ☐ Diabetes Prevention Program *(prediabetes)*
- ☐ Healthy Eating, Exercise, and Weight
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking

For translators: for Chinese and Vietnamese translations please have it say: Asian Smokers' Quitline →

(please have Kick It California call me)

- ☐ WW *(formerly Weight Watchers)*

MEDICAL ID

Choose one: ☐ Bracelet ☐ Necklace

- ☐ Asthma
  - ☐ Child ☐ Adult
- ☐ Diabetes
  - ☐ Child ☐ Adult

WRITTEN MATERIALS

- ☐ Advance Directive *(medical power of attorney)*
- ☐ Alcohol and Other Substance Use
- ☐ Asthma
- ☐ Back Pain
- ☐ Birth Control
- ☐ Car Seat Safety
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Healthy Eating, Exercise, and Weight
  - ☐ Child ☐ Adult
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy
- ☐ Preventive Care
- ☐ Quit Smoking
- ☐ Safety
  - ☐ Child ☐ Adult
- ☐ Sexual Health
- ☐ Stress and Depression
  - ☐ Child ☐ Adult

Name (self): _____

Alliance Member ID Number: _____

Child's Name (if applies): _____

Child's Member ID Number: _____

Age of Child: _____

Address: _____

City: _____ Zip Code: _____

Written Language: _____

Spoken Language: _____

The requested materials will be mailed to you. How may the Alliance contact you?
Please check all that apply:

- ☐ Phone: _____
- ☐ Email: _____
- ☐ Text: _____

ALAMEDA Alliance FOR HEALTH

To order, please complete this form on the member portal at www.alamedaalliance.org or mail this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Phone Number: **1.510.747.4577** • **Toll-Free: 1.855.891.9169**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

ALAMEDA Alliance FOR HEALTH

PROVIDER PULSE

INSIDE THIS ISSUE

PROVIDER SPOTLIGHT:
DR. DONNA CAREY – FROM FAMILIES TO COMMUNITIES, THE POWER OF LARGER-SCALE WORK

Donna Carey, MD, responded to a higher calling as an adolescent growing up in Tulare, CA. The youngest of three (3) siblings, and the only girl, she often found herself pushing boundaries and sparking a little flame in and outside of school. With the support and encouragement of her community and family, she pursued a lifelong journey in helping others and encouraging health and wellness. A double Bruin, Dr. Carey attended UCLA for her undergraduate career and graduated from the David Geffen School of Medicine at UCLA. Dr. Carey attended residency at Children's Hospital Oakland and later received a fellowship for adolescent medicine at UCSF.

For 23 years, Dr. Carey enjoyed her work in hospital-based medicine where she delivered our youngest members, worked in the newborn intensive care unit (NICU), and tended to well babies. Dr. Carey served as the chief of pediatrics for Alameda Health System (AHS). She was also the first chair of the Department of Pediatrics for AHS. AHS is one of the largest public health systems in California, and it is the safety net for Alameda County residents. In addition, Dr. Carey was the president of Sinkler Miller Medical Association, which is an organization of African American physicians in the Bay Area.

PROVIDER SPOTLIGHT: DR. DONNA CAREY – FROM FAMILIES TO COMMUNITIES, THE POWER OF LARGER-SCALE WORK

(CONTINUED FROM PAGE 1)

Dr. Carey wears multiple hats that complement each other well. As the first lady, and executive pastor at True Vine Ministries in West Oakland, Dr. Carey helps organize community-focused, and community-minded events to promote and encourage health and wellness through health fairs and screenings. True Vine ministries has been crucial to Alameda County residents during the COVID-19 pandemic by providing vaccines at no cost, health care information, and other resources.

Not only does she enjoy her role as a pediatrician where she gets to see families on a one-on-one basis, she also has a passion for working with the Alliance to help create bigger change and implement policies to positively impact the lives of all of our members. Her compassion and empathy for our community aligns with the Alliance mission and vision and we are honored to work with Dr. Carey in caring for our members.

In her spare time, Dr. Carey enjoys the Bay Area outdoors by taking walks around Lake Merritt in Oakland, and the San Leandro Marina. In addition, she enjoys baking and is diligently working to perfect her mother's pound cake recipe. Dr. Carey shares COVID-19 updates and other important health and wellness information, and how to live well, on her YouTube channel "Talking with Dr. Donna."

The Alliance is honored to have Dr. Carey on our team as the Medical Director of Case Management. Her knowledge, experience, and advocacy work are invaluable for the Alliance, our members, provider partners, and our community.

For more information about Dr. Donna Carey, and to connect with her on social media, please visit **www.mydrdonna.com**.

Do you want to learn more about Dr. Carey?
Please visit our website to watch a short video at **www.alamedaalliance.org**. You can also connect with us on Facebook and Twitter to view the video.

COMING SOON! NEW AND IMPROVED ALLIANCE MEMBER PORTAL AND MOBILE APP!

Alliance members can now access many of the Alliance member portal features on their smartphone!

On our Alliance member portal and through a smartphone, members can:

- View their Alliance member ID card
- Choose their primary care provider (PCP) or doctor
- Update their contact information
- And much more!

Also, coming soon, we will have a new Alliance member mobile app to help our members stay better connected to their health care information.

For more information, updates, and to sign up for the Alliance member portal today, please refer Alliance members to **www.alamedaalliance.org**.

2021 FLU SEASON

The flu season is upon us. Now is an important time for everyone to get vaccinated. Please encourage all patients to get their flu shot today.

As your partner in health, the Alliance is pleased to offer coverage of the flu shot. All eligible Alliance Medi-Cal members between the ages of 19 to 64 years old, and Alliance Group Care members of any age, can now get a flu shot if and when supplies are available and offered at your office.

Providers can be reimbursed based on current Medi-Cal reimbursement fees found on the Medi-Cal website at **https://files.medi-cal.ca.gov/Rates/RatesHome.aspx.**

For Medi-Cal members under the age of 19, flu vaccines should be through the Vaccines for Children (VFC) program. If you do not participate in the VFC program, the vaccination will be covered by the Alliance.

For Medi-Cal members ages 65 years and older, flu vaccines should be covered through Medicare Part B. If the Medi-Cal member does not have Part B coverage, the vaccination will be covered by the Alliance.

To view the Alliance Covered Flu Vaccine List 2021, please visit **www.alamedaalliance.org/providerspharmacy-formulary/resources**.

Please Note: High-dose (HD) flu vaccines are not covered by the Alliance. If a patient needs an HD flu vaccine, please refer them to a network retail pharmacy to request an exception. For help with locating a network retail pharmacy, please call the Alliance Provider Services Department at **1.510.747.4510** or visit **www.alamedaalliance.org/help/find-a-pharmacy**.

If you have questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

MEMBER SATISFACTION SURVEY

At the Alliance, we are always looking for ways to improve our member satisfaction.

The Alliance surveys members to learn about their experience with health care. Their answers to these surveys help us to make things better and enhance the quality of care for all of our members.

The survey questions may cover:

- Appointment and office wait times
- How well their doctors communicate
- How we meet their language needs
- How satisfied they are with the Alliance as their health plan
- Their experience with the Alliance and the health care they receive

About the surveys:

- The Alliance contacts a random sample of Alliance members.
- The surveys are first mailed. If we do not receive a response, we will follow up with a phone call.
- One (1) survey is offered in English, Spanish, Chinese, Vietnamese, and Tagalog; and the other is in English and Spanish..

We value all feedback on ways we are meeting the needs of our community and how we can improve.

TIMELY ACCESS STANDARDS*

The Timely Access Standards table below shows how quickly you should be able to schedule an appointment for each type of visit.

PRIMARY CARE PROVIDER (PCP) APPOINTMENT	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not* require PA	48 Hours of Request

SPECIALTY/OTHER APPOINTMENT	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
Non-Urgent Appointment with a **Specialist** Physician	15 Business Days of Request
Non-Urgent Appointment with a **Behavioral Health** Provider	10 Business Days of Request
Non-Urgent Appointment with an **Ancillary Service** Provider	15 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not require* PA	48 Hours of Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

PA = Prior Authorization

Urgent Care refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Non-Urgent Care refers to routine appointments for non-urgent conditions.

Triage or Screening refers to the assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage and determine the urgency of the member's need for care.

**Per Department of Managed Health (DMHC) and Department of Health Care Services (DHCS) Regulations, and National Committee for Quality Assurance (NCQA) Health Plan (HP) Standards and Guidelines.*

NEW ALLIANCE STATE-SPONSORED PROVIDER INCENTIVE FOR COVID-19 VACCINES

We appreciate your commitment to protecting the health and well-being of all.

Together with federal, state, and local public officials and our provider partners, we have made great strides in vaccinating close to 9 out of 10 Alameda County residents. There is still more work to do — specifically, among our Black and Latinx Medi-Cal population, who have the lowest vaccination rates in our county.

Given the importance of the provider-patient relationship, you are a key and critical part of this solution. We recently began sharing monthly COVID-19 vaccination gap-in-care reports with our providers. Effective Tuesday, September 21, 2021, with support from the State of California Department of Health Care Services (DHCS), we are offering a provider incentive to encourage increased COVID-19 vaccination rates by Monday, February 28, 2022.

State-Sponsored Provider Incentive Criteria

- PCP Group is defined as a solo practitioner or multi-provider practice contracted for primary care.

Provider Criteria

- PCP Group must be directly contracted with the Alliance through the date of payment.
- Measures and payments will be calculated at the PCP Group level.

Eligible Population: Alliance members who are covered by Medi-Cal and eligible to receive the vaccine and assigned to a PCP Group.

Pool Dollars: The total payment pool consists of the DHCS-approved budgeted amount. This amount is subject to adjustment depending on the vaccination rate performance.

Measurement Period: October 1, 2021 – February 28, 2022

Payment Date: By April 30, 2022

Payment: $50 for every patient assigned to you who receives the full COVID-19 vaccine

Documentation: The vaccination must be entered into the California Immunization Registry (CAIR2) registry to receive credit for payment.

Potential Bonus: The state has mandated that in order to receive the vaccine bonus Medi-Cal Plans must have 85% of their members vaccinated by February 28, 2022. If the Alliance achieves the 85% vaccination rate, we will share an additional incentive bonus with our provider community.

NEW ALLIANCE STATE-SPONSORED PROVIDER INCENTIVE FOR COVID-19 VACCINES

(CONTINUED FROM PAGE 7)

As you reach out to patients, here are a few helpful things to keep in mind:

1. **Scheduling a COVID-19 vaccine appointment:**
   a. All Alliance members age five (5) and older can get the COVID-19 vaccine at no cost. Making an appointment is simple, and walk-up and in-home options are available.
   b. Alliance members can text their zip code to **438829**, visit **bit.ly/AlCoSignUp**, or call **1.510.208.4VAX** to find locations to schedule a vaccine appointment.
   c. The Alliance will provide transportation to the COVID-19 vaccine appointment at no cost to the member. Members may call the Alliance transportation reservation line toll-free at **1.855.891.7171**.
2. **Gift card for patients:**
   a. While supplies last, all Alliance members who complete at least one (1) dose of COVID-19 vaccine between September 21, 2021, and February 28, 2022, may be eligible to receive a state-sponsored $50 grocery gift card. To receive the Alliance-sponsored gift card, members can call the Alliance Member Services Department at **1.510.747.4567**.
   b. All Alliance members who have completed their COVID-19 vaccine and refer a friend or family member, who is also an Alliance member, to complete their vaccine between September 21, 2021, and February 28, 2022, will be eligible to receive a state-sponsored $25 grocery gift card, while supplies last.

If you have any questions about this new program, please call the Alliance Provider Services Department at **1.510.747.4510**, Monday – Friday, 7:30 am – 5 pm.

We are all in this together, and we can all work to be a part of the solution. Thank you for doing your part to help keep our community safe.

CalAIM

The California Department of Health Care Services (DHCS)'s California Advancing and Innovating Medi-Cal (CalAIM) will start in January 2022. The goal of this program is to improve the quality of life and health outcomes for Medi-Cal members. The program helps members navigate complex health care and social supports, like housing, food, and other needs to help all members have the best health outcomes.

Starting in 2022, the Alliance will offer the new Enhanced Care Management (ECM) benefit and Community Supports (CS) options. ECM will focus on people experiencing (or at risk of) homelessness, people who often visit the emergency room, people moving from skilled nursing facilities, and children or youth with complex care needs. ECM will also help people returning to the community after being in jail or prison.

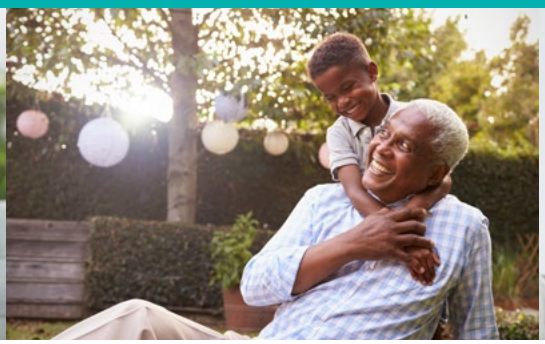
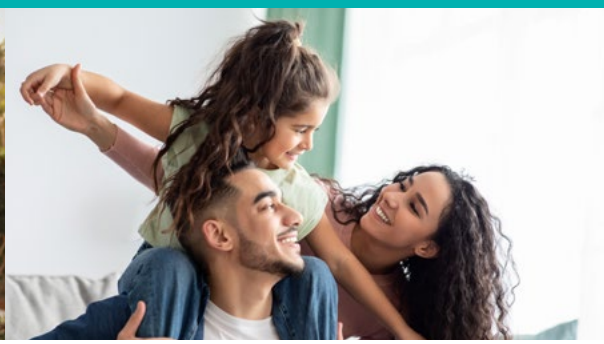
Along with this important benefit, the Alliance will also begin to offer Community Supports, services like housing and home-based services, day programs, respite for caregivers, and medically tailored meals.

To learn more about ECM and CS, please visit the California DHCS website at **www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx**.

1115 WAIVER (THE CALAIM DEMONSTRATION)

1115 waivers, which are approved by the Department of Health and Human Services (HHS) allow for experimental, pilot, or demonstration projects that test and evaluate state-specific policy changes in Medi-Cal programs to improve care, increase efficiency, and reduce costs without increasing federal Medicaid expenditures. As California nears the end of the current 1115 waiver period, the California Department of Health Care Services (DHCS) seeks federal approval to renew and amend key provisions and move forward with a new five-year Section 1115 demonstration that is known as the CalAIM demonstration. The CalAIM initiative aims to move California's whole person care approach to a statewide level, focusing on improving health and reducing health disparities and inequities for Medi-Cal beneficiaries. As required by the Centers for Medicare & Medicaid Services (CMS), DHCS recently went through a 30-day public comment period, and along with other Medi-Cal managed care plans, the Alliance supported the 1115 waiver extension. Beginning January 2022, the Alliance will administer Enhanced Care Management (ECM) and Community Supports (CS) services as well as provide major organ transplant services, all components of the CalAIM initiative. Over the last few months, the Alliance has been hard at work to establish a population health management program that will ensure we are ready to implement critical components of CalAIM. We look forward to our continued partnership with Alameda County and the DHCS on this important initiative that will support our goal of improving the quality of life and health outcomes of our members.

NEXT STEPS FOR CALAIM

As we begin to emerge from the COVID-19 pandemic, the Alliance, along with other Medi-Cal managed care health plans across California, has been preparing for the implementation of the CalAIM initiatives that are scheduled to begin on January 1, 2022. The CalAIM initiative seeks to address many of the complex challenges facing California's most vulnerable residents, such as homelessness, improving behavioral health care access, better supporting children with complex medical conditions, coordinating reentry services for incarcerated persons, and delivering a broader range of services to aging adults. Governor Newsom has authorized three new Medi-Cal services for implementation this January, including Enhanced Care Management (ECM), Community Supports (CS) services, and major organ transplants.

A key feature of CalAIM that the Alliance has been preparing for is the implementation of the ECM benefit which will build on the successes of the Health Homes Program (HHP) and Whole Person Care (WPC) pilots that the Alliance implemented over the last few years. The ECM benefit will provide comprehensive whole person care management to our highest-utilizing members, with the goal of improving their care coordination, integrating services that our members need to stay healthy, connecting them to community resources, and ultimately improving their health outcomes. ECM will include children or youth with complex care needs, individuals experiencing (or at risk of) chronic homelessness, individuals who frequently utilize inpatient and/or emergency services, and other high-risk populations. Over the past few months, the Alliance has been working with our existing Community-Based Care Management Entities (CB-CMEs) who have partnered with the Alliance and the Alameda County Health Care Services Agency (HCSA) to serve Alliance members currently enrolled in WPC and HHP. As we move into the next phase of ECM, those CB-CMEs will move to serve as ECM providers and will continue to provide care to the members who transition into the ECM program. Additionally, the Alliance has been actively engaging with potential ECM providers to determine what services they are able to provide and their capacity to serve our members. Lastly, the Alliance continues to work closely with HCSA and Alameda County Behavioral Health (ACBH) to ensure that we are able to meet the needs of our members with Serious Mental Illness (SMI) and to collectively address Social Determinants of Health (SDOH).

In addition to the planning and coordination efforts for the ECM benefit, the Alliance has been preparing for the launch of CS. CS are medically appropriate and cost-effective alternatives for high-cost care and flexible wraparound supports that are not traditionally covered under Medi-Cal.

Starting in January 2022, the Alliance will administer CS services through community providers and county agencies, including:

NEXT STEPS FOR CALAIM
(CONTINUED FROM PAGE 11)

Housing Transition Navigation Services – To assist our members to obtain housing.

Housing Deposits – To assist with identifying and coordinating funding necessary to enable members to establish basic housing.

Housing Tenancy and Sustaining Services – To provide safe and stable tenancy once housing is secured for our members.

Recuperative Care – To provide short-term residential care for individuals who no longer require hospitalization but need additional time to heal.

Asthma Remediation – To assist with physical modification to a member's home environment to help ensure their health, welfare, and safety and reduce acute asthma episodes.

Medically Tailored Meals/Medically Supportive Food and Nutrition – To assist our members to achieve their nutrition goals of regaining and maintaining their health.

The Alliance has conducted more than 15 community listening sessions with our provider partners over the last three months, and more of these community engagement forums will be hosted. The goal of these forums has been to better understand the needs of our members in relation to ECM and CS to ensure that we create an effective care coordination program.

The last major component of CalAIM that is set to begin in January 2022 is the transition of major organ transplants into Medi-Cal managed care. For the past 25 years, the Alliance has administered this benefit for kidney and corneal transplants. As of January 1, 2022, in addition to kidney and corneal transplants, the Alliance will be administering all major organ transplants, including bone marrow, heart, liver, lung, combined liver and kidney, and combined liver and small bowel. The Alliance is currently working to establish and expand our transplant network and utilization protocols that will be needed to offer this benefit to our members in the upcoming year. While much work is still needed, we look forward to continuing our ongoing partnerships with community provider partners to successfully implement this important program and ultimately improve the quality of life and health outcomes of our members.

SEASON'S GREETINGS AND 2021-2022 HOLIDAY CALENDAR

The Alliance office will be closed in observance of the following holidays:

2021

Thanksgiving Day
Thursday, November 25th

Day After Thanksgiving
Friday, November 26th

Christmas Eve
Friday, December 24th

Christmas Day (Observed)
Monday, December 27th

2022

New Year's Day (Observed)
Monday, January 3rd

Martin Luther King Jr. Day
Monday, January 17th

Presidents' Day
Monday, February 21st

Memorial Day
Monday, May 30th

Juneteenth Holiday (Observed)
Friday, June 17th

Independence Day
Monday, July 4th

Labor Day
Monday, September 5th

Thanksgiving Day
Thursday, November 24th

Day After Thanksgiving
Friday, November 25th

Christmas Eve
Friday, December 23rd

Christmas Day (Observed)
Monday, December 26th

SIGNIFICANT GAINS IN PROVIDER SATISFACTION

This past year has impacted our provider partners in unprecedented ways. Many have been on the front lines treating COVID-19 patients. Providers have also been dealing with the stress and financial impact of the pandemic. We know that provider satisfaction is tied to patient wellness, and we want to make sure our providers feel valued and supported. We are pleased to report that our partnerships with our providers remain strong.

Satisfaction among our doctors continues to increase each year. We have improved from 58 percent satisfaction in 2015 to more than 85 percent satisfaction rate reported this past year. These numbers reflect the results of a survey conducted between October and December of 2020. The survey includes doctors, specialty care physicians, and behavioral health clinicians within the Alliance network. The survey measured provider satisfaction and how well the Alliance is meeting their needs and expectations. Providers were asked to rate their overall satisfaction, compare the Alliance to other health plans, and share other aspects related to their partnership with the Alliance. When asked whether they would recommend the Alliance to other physicians' practices, 91 percent of survey respondents said they would.

During one of the toughest years in recent history, the Alliance worked to ensure that the providers in our network had access to the tools they needed to successfully care for their patients and our members. In the areas of claims payment, utilization and quality management, coordination of care, Call Center staff, and provider relations, providers reported being more satisfied than in 2019 and significantly more satisfied when they compared the Alliance to other health plans. Professional interpreters have also played an essential role in facilitating effective communication between our members and their clinicians, particularly around improving their quality of care and patients' outcomes.

SIGNIFICANT GAINS IN PROVIDER SATISFACTION

The Alliance's ability to ensure that interpretation services were easily available is evident as physicians reported that they were significantly more satisfied this past year with interpreters and their ability to speak the patients' language, as well as with on-demand interpreters through video and telephone appointments. Additionally, when needed, physicians reported a smooth coordination process when scheduling on-site interpreter services, and with the overall quality of the services that Alliance interpreters provided.

The Alliance is committed to continuing to improve the overall satisfaction of our provider community. Over the past year, we have focused on offering information that they need to provide care to their patients with our Gap-in-Care reports. These reports include information that assists providers with closing gaps in care for their patients by indicating discrepancies between the care that they have given patients and evidence-based practices. Additionally, our provider Call Center reduced call time and abandonment rates, and we implemented a 24-hour automated member eligibility verification feature to ensure that our providers had access to information that allowed them to quickly provide care to their patients. In May of last year, the Alliance established an emergency crisis fund for eligible front line safety-net providers who were treating or supporting patients impacted by the COVID-19 pandemic. Through this fund, the Alliance awarded $6.2 million to safety-net hospitals for COVID-19 testing, to direct-contract primary care physicians, health centers, and other safety-net providers. Lastly, our Quality team established new partnerships with providers on incentive programs that encouraged our members to seek preventive care, and gifted dozens of all-purpose built-in vaccine refrigerator-freezers to providers that assisted them with meeting the DHCS 2020 vaccine storage requirements.

We recognize the many challenges that our health care systems have experienced over the past year, and moving forward, the Alliance is dedicated to ensuring that our providers have the support they need to assist our members with getting the appropriate care they need. As the local health plan of choice, the Alliance remains mission-driven and committed to building and maintaining a motivated provider network that works to improve health for all.

WE WANT TO HEAR FROM YOU!

If you would like to be featured in the Alliance newsletters, or have a story idea or a topic that you would like to see covered in the Alliance Provider Pulse newsletter, please contact us.

Provider Services Department
Email: **providerpulse@alamedaalliance.org**
Call Provider Services: **1.510.747.4510**

ALL FEEDBACK IS WELCOME!

ALAMEDA Alliance FOR HEALTH

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect the health and well-being of our community. We have an important update we would like to share with you. We have also shared this notification as a separate mailing.

Effective Saturday, January 1, 2022, the Department of Health Care Services (DHCS) will change how the Medi-Cal pharmacy benefit is administered and a new pharmacy benefit contractor, Magellan Medicaid Administration, Inc. (Magellan), will provide Medi-Cal Rx services and support. **The Alliance will no longer be the administrator for the Medi-Cal pharmacy benefit. All providers will be required to use the Medi-Cal Rx portal beginning Saturday, January 1, 2022, to submit certain authorizations and receive payment for these claims.** The new program will be called "Medi-Cal Rx."

MEDI-CAL RX TRANSITION FAQS

Below are frequently asked questions (FAQs) to provide more information about this change.

As a prescriber, what do I need to do?

Individual prescribers will each need to register on the Medi-Cal Rx portal to be a user:

1. Visit **www.medi-calrx.dhcs.ca.gov**.
2. Click on "Provider Portal."
3. Then click on "Register."

Once registered, providers receive a PIN number in the mail to the address used when they signed up through the Medi-Cal Rx portal. **It could take up to 10 business days to receive a PIN number in the mail**. Once received, the rest of the Medi-Cal Rx registration process may be completed online using the assigned PIN number. **We strongly encourage providers to register as soon as possible.**

What should I do if my patient needs a new medication after Saturday, January 1, 2022, and it requires prior authorization (PA)?

For the first 180 days, no prior authorization (PA) is required for existing prescriptions without a previously approved PA for drugs that are not on the Medi-Cal Contract Drug List. **After 180 days**, a PA must be submitted to Magellan.

Providers may submit a PA to Magellan via the following:

1. Medi-Cal Rx Online Portal
   a. The prior authorization system information and forms will be available on the Medical-Cal Rx site at **www.medi-calrx.dhcs.ca.gov**.
2. Fax: **1.800.869.4325**
3. CoverMyMeds
   a. Providers can create an account and log in to submit a PA on the CoverMyMeds website at **www.covermymeds.com**.

Is this a change in the pharmacy benefits for Medi-Cal members?

There will be no change to how Alliance Medi-Cal members pay for their medications. Alliance Medi-Cal members will continue to access their pharmacy benefits as they previously have. For most Medi-Cal beneficiaries, there is no co-pay.

Is the California Children's Services (CCS) program a part of the change?

Yes, the California Children's Services (CCS) program, including the Genetically Handicapped Persons Program (CGPP), will be part of Medi-Cal Rx.

Is the Senior Care Action Network (SCAN), Cal MediConnect, or Programs of All-Inclusive Care for the Elderly (PACE) part of the change?

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM
(CONTINUED FROM PAGE 16)

No, pharmacy benefits for individuals in these programs will not be part of Medi-Cal Rx. These will be processed the same way as they are now. If you are unsure if your patient is part of the change, please contact DHCS via email at **rxcarveout@dhcs.ca.gov**.

What should I do if I have a pharmacy service-related complaint after Saturday, January 1, 2022?

Effective Saturday, January 1, 2022, Magellan will handle all pharmacy service-related complaints. To submit a complaint, please visit **www.medi-calrx.dhcs.ca.gov** or call Magellan Customer Service toll-free at **1.800.977.2273**.

Please Note: You can only use the Magellan website and phone number to file a complaint on or after Saturday, January 1, 2022. Pharmacy complaints through the Alliance will be discontinued on Saturday, January 1, 2022.

What are my appeal options?

Providers will be able to submit appeals for prior authorization (PA) denials, delays, and modifications through the Medi-Cal RX portal once they have registered or by mail to:

Medi-Cal CSC, Provider Claims Appeals Unit
P.O. Box 610
Rancho Cordova, CA, 95741-0610

Member appeals will be handled through a State Fair Hearing by the California Department of Social Services. This process is different from the appeal process you may have used with the Alliance. In a State Hearing, a judge reviews the request and makes a decision. The State Hearing Request Form is available at **www.dhcs.ca.gov/services/medi-cal/pages/medi-calfairhearing.aspx**. Instructions and additional options can be found on the DHCS website.

Where can I get help finding a pharmacy for my patients?

Your patients may be able to use their current preferred pharmacy after Saturday, January 1, 2022.

If you need help finding a pharmacy after Saturday, January 1, 2022, please use the Medi-Cal Rx Pharmacy Locator online at **www.medi-calrx.dhcs.ca.gov** or call Magellan Customer Service toll-free at **1.800.977.2273**.

Please Note: You can only use this phone number on or after Saturday, January 1, 2022.

What are examples of services that may continue to be covered by the Alliance?

The Alliance Pharmacy Department has put together a helpful grid with examples of who would be responsible for certain claims related to pharmacy services.

The table below includes, but is not limited to, the listed claims.

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM
(CONTINUED FROM PAGE 17)

WHERE TO SUBMIT THE CLAIM:	CLAIM TYPE:
ALLIANCE	70% isopropyl alcohol swab sticks, and povidone-iodine swab sticks
	Alcohol (or alcohol wipes)
	Betadine or pHisoHex solution
	Chlorhexidine containing antiseptic
	Continuous glucose meters
	Enteral nutrition: pumps and tubing
	Gloves (non-sterile or sterile)
	Incontinence supplies
	Infusion pumps
	Infusion tubing
	Ostomy
	Pharmacist services
	Physician Administered Drugs (PADs)
	Sheeting, waterproof (protective underpad, reusable, bed size)
	Syringes and needles (non-insulin)
	Thermometer (oral or rectal)
	Tracheostomy
	Urological
	Wound care
MAGELLAN	Diabetic test strips
	Inhaler assistive devices
	Insulin syringes
	Lancets
	Outpatient prescription drugs
	Peak flow meter
	Pen needles
THE ALLIANCE OR MAGELLAN	Contraceptives
	Diaphragms/cervical caps
	Heparin/saline flush
	Vaccines

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM
(CONTINUED FROM PAGE 18)

Who do I contact for help or more information?

IF YOUR PATIENT BELONGS TO A MEDI-CAL MANAGED CARE PLAN (MCP)	IF YOUR PATIENT GETS CARE FROM MEDI-CAL FEE-FOR-SERVICE (FFS)
On or before Friday, December 31, 2021 • If your patient has questions about a medication or other pharmacy services, they can call: Alliance Member Services Department Monday – Friday, 8 am – 5 pm Phone Number: **1.510.747.4567** Toll-Free: **1.877.932.2738** People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929** • For Medi-Cal Rx general questions, they can call: Medi-Cal Member Help Line Toll-Free: **1.800.541.5555** TTY: **1.800.430.7077**	**On or before Friday, December 31, 2021** • If your patient has questions about a medication or other pharmacy services, they can call: Medi-Cal Member Help Line Toll-Free: 1**.800.541.5555** TTY: **1.800.430.7077**
On or after Saturday, January 1, 2022 • For all questions, they can call: Magellan at the Medi-Cal Rx Call Center Toll-Free: **1.800.977.2273** TDD: **711** **www.medi-calrx.dhcs.ca.gov**	**On or after Saturday, January 1, 2022** • For all questions, they can call: Magellan at the Medi-Cal Rx Call Center Toll-Free: **1.800.977.2273** TDD: **711** **www.medi-calrx.dhcs.ca.gov**

For questions about this notice, or Medi-Cal Rx general questions, please contact DHCS via email at **rxcarveout@dhcs.ca.gov**. Please make sure to write that you have a question about Medi-Cal Rx. Please do NOT include personal information in your first email. If DHCS staff require additional information to assist you, they will reply with a secure email asking for your information.

Thank you for your continued partnership and for providing high-quality care to our members and community. Together, we are creating a safer and healthier community for all.

AN ALLIANCE REMINDER TO PROVIDERS TO COLLABORATE WITH US ON CARE PLANS

As a reminder, the Alliance has a Complex Case Management (CCM) Program to identify and work with at-risk patients who could benefit from case management services.

Complex Case Management can help members:

- Connect to community and social services.
- Coordinate home-based services and durable medical equipment (DME), supplies, and devices.
- Coordinate multiple physical and mental health care appointments.
- Provide disease management and self-management support.
- Reach health-related goals that the provider and member identify.
- Understand medication adherence and safety.

If we have identified your patient for CCM, we will create an individualized care plan and share a draft of this care plan with you for your feedback and input. We value your care and relationship with our members, and we want to include your thoughts and recommendations about their needs in their care plan. By working together, we hope to improve the health and lives of high-risk patients.

You can also refer your Alliance patient for case management by completing the Alliance Case Management Programs Referral Form available on our website at **www.alamedaalliance.org/providers/provider-forms**.

We look forward to your ongoing and continued partnership.

PROVIDER **TRAINING CORNER**

COMMUNITY RESOURCES FOR PROVIDER TRAINING OPPORTUNITIES

To learn more about upcoming training opportunities in our community, please visit the new Provider Resources for Training and Technical Assistance Opportunities section of our website **here**.

Connect with us!

ALAMEDA Alliance FOR HEALTH

PROVIDER PULSE

INSIDE THIS ISSUE

STANDING REFERRALS

Alameda Alliance for Health (Alliance) maintains a referral management process that gives our members the ability to obtain a standing referral to specialists or a Specialty Care Center (SCC). Alliance providers who identify care for a standing referral must submit a prior authorization (PA) request to the Alliance.

What is a standing referral?

A standing referral allows a member to see a specialist without needing new referrals for each visit. The condition typically requires an extended period of treatment. The standing referral may be up to a maximum of 12 months. The primary care provider (PCP) or specialist will decide if they need to submit a PA when a member meets the guidelines.

STANDING REFERRALS
(CONTINUED FROM PAGE 1)

Potential conditions to consider for a standing referral when accessing services by a non-contracted provider include, but are not limited to:

- Asthma requiring specialty management
- Cancer
- Chronic obstructive pulmonary disease
- Chronic wound care
- Cystic fibrosis
- Diabetes requiring endocrinologist management
- Gastrointestinal conditions such as severe peptic ulcer, chronic pancreatitis
- Hepatitis C
- HIV/AIDS
- Lupus
- Neurological conditions such as multiple sclerosis, uncontrolled seizures
- Rehab for major trauma, extensive surgery
- Renal failure
- Significant cardiovascular disease

Potential conditions to consider for a standing referral when accessing in-network services include, but are not limited to:

- Burn care
- Chronic wound care
- Podiatry

What information should be included with your request?

- Anticipated length of treatment
- Diagnosis
- Frequency of visits
- Plan of care
- Specify that you are requesting a standing referral

FRAUD, WASTE, AND ABUSE (FWA) PREVENTION AND REPORTING

At Alameda Alliance for Health, we are committed to building and maintaining our valuable community and provider partnerships. In support of those relationships, the Alliance promotes the prevention, detection, and resolution of fraud, waste, and abuse (FWA), and other unlawful activities in and around health care.

Health care fraud costs taxpayers billions of dollars each year and endangers the health of our communities.

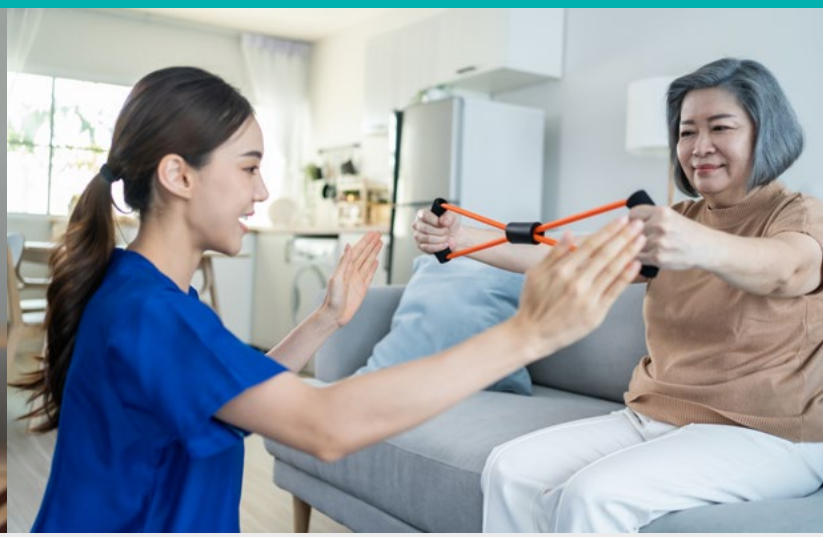
If you are aware of actual or suspected illegal activity, unethical business practices, or other suspicious activity regarding our health plan, our providers, vendors, or members, please report it immediately by using one of the following methods:

1. Call the Alliance Compliance Department Hotline (NEW): **1.844.587.0810**
2. Email the Alliance Compliance Department: **compliance@alamedaalliance.org**
3. Visit the Alliance website: **www.alamedaalliance.ethicspoint.com**
4. Call the Medi-Cal Fraud and Abuse Hotline: **1.800.822.6222**

We appreciate your help in fighting, preventing, and detecting health care fraud, waste, and abuse. The Alliance is committed to complying with all applicable federal and state laws addressing false claims, including the Federal False Claims Act, the California False Claims Act, and the Deficit Reduction Act of 2005 (Section 6032).

Thank you for your continued partnership and for providing high-quality care to our members and the community.

OVERAGE REQUESTS FOR ORTHOTICS, ENTERAL FORMULA, AND DURABLE MEDICAL EQUIPMENT (DME) ITEMS



Attention Alameda Alliance for Health (Alliance) provider partner orthopedists, podiatrists, other subspecialists, nutritionists, primary care providers, and rehabilitation therapists:

Did you know the Medi-Cal program has frequency limits for (DME)?

Medi-Cal limits the frequency of authorization for DME and orthotics. However, Alliance provider partners can submit DME overage authorization requests.

How do I submit DME overage authorization requests?

When submitting requests for medically necessary orthotics, enteral formula, and/or DME that exceed the Medi-Cal Provider Manual frequency limits, please always include the rationale for replacement or overage request in your clinical notes and/or order. This documentation ensures that the Alliance's and delegate's Utilization Management Department can properly review the member's unique medical necessity for that replacement or overage request item(s).

DME may include, but is not limited to:

- Breast pumps
- Home respiratory equipment
- Hospital beds /decubitus care equipment
- Incontinence supplies
- Lymphedema products
- Medical supplies; wound care, ostomy, and urological supplies
- Nutritional supplements and feeding supplies
- Other home medical supply needs
- Wheelchairs, walkers, canes, and other ambulatory aids

For the most up-to-date information and details, please review the Medi-Cal Provider Manual available on our website at **www.alamedaalliance.org/providers/alliance-provider-manual**.

TIMELY ACCESS STANDARDS*

Alameda Alliance for Health (Alliance) is committed to working with our provider network in offering our members the highest quality of health care services.

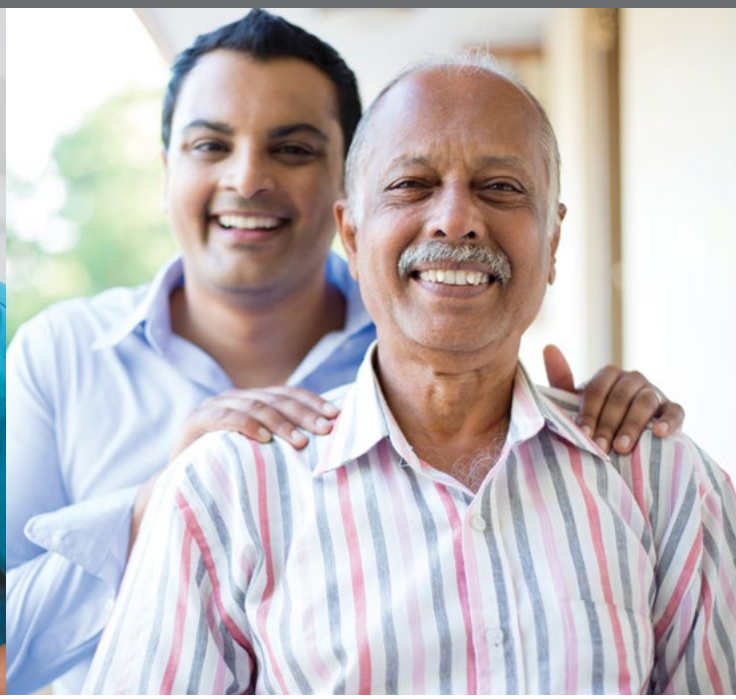
Timely access standards* are state-mandated appointment timeframes for which you are evaluated. All providers contracted with the Alliance are required to offer appointments within the following timeframes:

PRIMARY CARE PROVIDER (PCP) APPOINTMENT	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
Non-Urgent Appointment	10 Business Days of Request
OB/GYN Appointment	10 Business Days of Request
Urgent Appointment that requires PA	96 Hours of Request
Urgent Appointment that does not require PA	48 Hours of Request

SPECIALTY/OTHER APPOINTMENT	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
Non-Urgent Appointment with a Specialist Physician	15 Business Days of Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of Request
Non-Urgent Appointment with an Ancillary Service Provider	15 Business Days of Request
OB/GYN Appointment	15 Business Days of Request
Urgent Appointment that requires PA	96 Hours of Request
Urgent Appointment that does not require PA	48 Hours of Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
APPOINTMENT TYPE:	**APPOINTMENT WITHIN:**
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

TIMELY ACCESS STANDARDS*
(CONTINUED FROM PAGE 5)



PA = Prior Authorization

Urgent Care refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throat, fever, minor lacerations, and some broken bones).

Non-Urgent Care refers to routine appointments for non-urgent conditions.

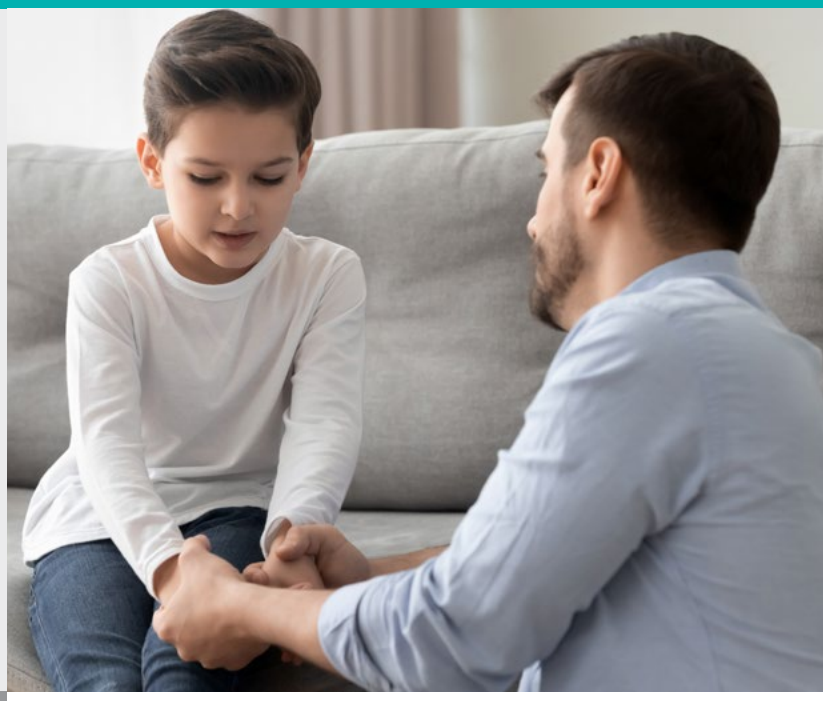
Triage or Screening refers to the assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage, and determine the urgency of the member's need for care.

Shortening or Extending Appointment Timeframes: The applicable wait time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer wait time will not have a detrimental impact on the health of the member.

**Per the California Department of Managed Health Care (DMHC) and the California Department of Health Care Services DHCS Regulations, and the National Committee for Quality Assurance (NCQA) Health Plan (HP) Standards and Guidelines*

PARTNERING TO IMPROVE THE MENTAL HEALTH OF OUR YOUNGEST MEMBERS

Children and youth are experiencing growing mental health challenges, and the ongoing COVID-19 pandemic has contributed to both new and increased stressors that continue to impact young people. According to the World Health Organization (WHO), half of all mental health conditions start by 14 years of age, and most substance use disorders (SUDs) also start in adolescence. The majority of these cases are undetected or untreated and can lead to negative long-term outcomes that can extend into adulthood.



Last year, the state announced that it would invest over $4 billion in the Children and Youth Behavioral Health Initiative. The goal of the initiative is to improve mental health care for the state's children and youth. As part of this multi-pronged initiative, the California Department of Health Care Services (DHCS) created the Student Behavioral Health Incentive Program (SBHIP), which included a statewide budget of $389 million designated over three (3) years (beginning in January 2022) for incentive payments to Medi-Cal managed care plans. The goals for this incentive program include targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for children in public schools.

PARTNERING TO IMPROVE THE MENTAL HEALTH OF OUR YOUNGEST MEMBERS

(CONTINUED FROM PAGE 7)

Alameda Alliance for Health (Alliance) is committed to ensuring that our youngest members have access to early diagnosis and appropriate mental health services and recently executed a letter of intent to partner with the Alameda County Office of Education and the Alameda County Health Care Services Agency that affirms our participation in the incentive program. Over the next year, we will be working with mental health and educational partners to conduct a needs assessment of existing behavioral health services for children and youth in Alameda County. This assessment will include a map of existing behavioral health providers and resources, as well as existing gaps, disparities, and inequities in care that will be used to select targeted interventions for students who we serve. Additionally, we will seek input from community stakeholders to ensure that we have a broad lens on the needs of the students and families who we serve.

We understand that early diagnosis and preventive services as well as effective treatments can make a difference in the lives of children with mental health disorders. We are committed to understanding what mental health supports and services schools are currently providing for students and determining where there are gaps and unmet needs. Ultimately, we hope to address the needs of the children and families who we serve and help create an environment where they can have the best possible health and well-being to reach their greatest potential.

MENTAL HEALTH, AUTISM SPECTRUM SERVICES, AND THE NEW NO WRONG DOOR (NWD) TO MENTAL HEALTH SERVICES POLICY

California's delivery system for Medi-Cal mental health services includes two primary systems of care for beneficiaries with mental health conditions. County Mental Health Plans are responsible for specialty mental health services (SMHS) including inpatient care, post-stabilization services, rehabilitative services, and targeted care management for individuals who meet the statewide medical necessity criteria. While Medi-Cal Managed Care Plans, such as the Alliance, are responsible for non-specialty mental health services (NSMHS) like outpatient mental health services, including psychotherapy and medication management for adults and children with "mild-to-moderate" mental health conditions.

Starting Friday, July 1, 2022, people in our community who are covered by Medi-Cal will be able to access behavioral and mental health services through the new California Advancing and Innovating Medi-Cal (CalAIM) "No Wrong Door (NWD)" model. This new state NWD to Mental Health policy is designed to streamline access to services and treatment by ensuring individuals can receive timely mental health services without delay regardless of where they initially seek care, and maintain treatment relationships with trusted providers without interruption. The NWD approach will be available to everyone covered by Medi-Cal in need of SMHS and NSMHS. The policy designates clinically appropriate and covered NSMHS and SMHS as reimbursable Medi-Cal benefits even before the individual receives a diagnosis, or when the individual has co-occurring mental health and substance use disorder, receives services that are not a part of a treatment plan, or receives concurrent NSMHS and SMHS services that are coordinated and not duplicated.

MENTAL HEALTH, AUTISM SPECTRUM SERVICES, AND THE NEW NO WRONG DOOR (NWD) TO MENTAL HEALTH SERVICES POLICY
(CONTINUED FROM PAGE 9)

The monumental NWD policy aligns with other CalAIM policy changes by building on the access criteria for SMHS and NSMHS. The Alliance and our safety-net partner Alameda County Behavioral Health Care Services (ACBHCS) are working together with the state to implement this groundbreaking program in our county. The state will also be developing standard screening and transition tools that will be implemented in January 2023 to help further streamline NWD.

> To further help improve access to care and services for dedicated provider and loyal member communities, the Alliance will be implementing administrative changes to NSMHS that coordinate for our members.

Over the last six (6) years, the Alliance has delegated mental health services to Beacon Health Options (Beacon). Beacon currently administers mild-to-moderate and autism spectrum services to our Medi-Cal members and administers a full set of mental health services for our Group Care members with mild-to-moderate and severe mental illnesses.

In alignment with our mission to ensure that our members have access to high-quality health care services, the Alliance plans to insource services currently provided by Beacon, and starting in the fourth quarter of 2022, all behavioral health services will be administered internally. Annually, approximately 84,000 mental health visits and nearly 20,000 telehealth visits are provided to our Medi-Cal and Group Care members. Additionally, about 88,000 autism spectrum visits have been provided per year to approximately 1,000 Alliance members. This change will reduce the number of touchpoints for our members and providers and allow us to better assist patients directly and streamline the navigation of services. Additionally, the insourcing of these critical services will help us further the long-term integration of services between the Alliance and our Alameda County safety-net partners.

To successfully implement this change, the Alliance has conducted a dozen listening sessions with Alameda County agencies and community-based organizations. Feedback from our community partners has made it clear that insourcing mental health services will reduce barriers to care while improving our continuum of mental health care services. We are encouraged by the opportunity to improve access to mental health and autism spectrum services and to offer higher-quality care and more equitable health outcomes for our members and the community we serve.

IMPORTANT UPDATE ON NEW BENEFITS AND SERVICES THAT STARTED ON SATURDAY, JANUARY 1, 2022

California Advancing and Innovating Medi-Cal (CalAIM) is a statewide California Department of Health Care Services (DHCS) multiyear initiative that builds upon the Whole Person Care (WPC) Pilot and Health Homes Program (HHP). It is designed to implement a broad delivery system, program, and payment reform across the Medi-Cal program with the ultimate long-term goal of a better quality of life for all Medi-Cal members.

Effective Saturday, January 1, 2022, HHP transitioned to Enhanced Care Management (ECM), and we also began to offer six (6) Community Supports (CS) services.

Enhanced Care Management (ECM)

Enhanced Care Management (ECM) is a benefit that provides extra care coordination services to members with highly complex needs.

Members who qualify for ECM will have their own care team, including care coordinators, doctors, specialists, pharmacists, case managers, social service workers, and others to make sure everyone works together.

ECM also includes:

- Comprehensive assessment and care management
- Comprehensive transitional care
- Coordination and referral to community and social supports
- Enhanced coordination of care
- Health promotion
- Member and family support services
- Outreach and engagement

IMPORTANT UPDATE ON NEW BENEFITS AND SERVICES THAT STARTED ON SATURDAY, JANUARY 1, 2022

(CONTINUED FROM PAGE 11)

Community Supports (CS)

Community Supports (CS) are medically appropriate, cost-effective alternatives to those services covered under the Medi-Cal State Plan. These services are optional and may help members live more independently but do not replace benefits that they already get under Medi-Cal.

Alameda Alliance for Health (Alliance) is currently offering the following CS services:

- Asthma remediation
- Homeless-related CS (housing transition navigation, housing deposits, and housing tenancy and sustaining services)
- Medically tailored/supportive meals
- Recuperative care (medical respite)

Members can be referred for ECM and CS by their provider by contacting:

Alliance Case Management Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4512**
Toll-Free: **1.877.251.9612**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

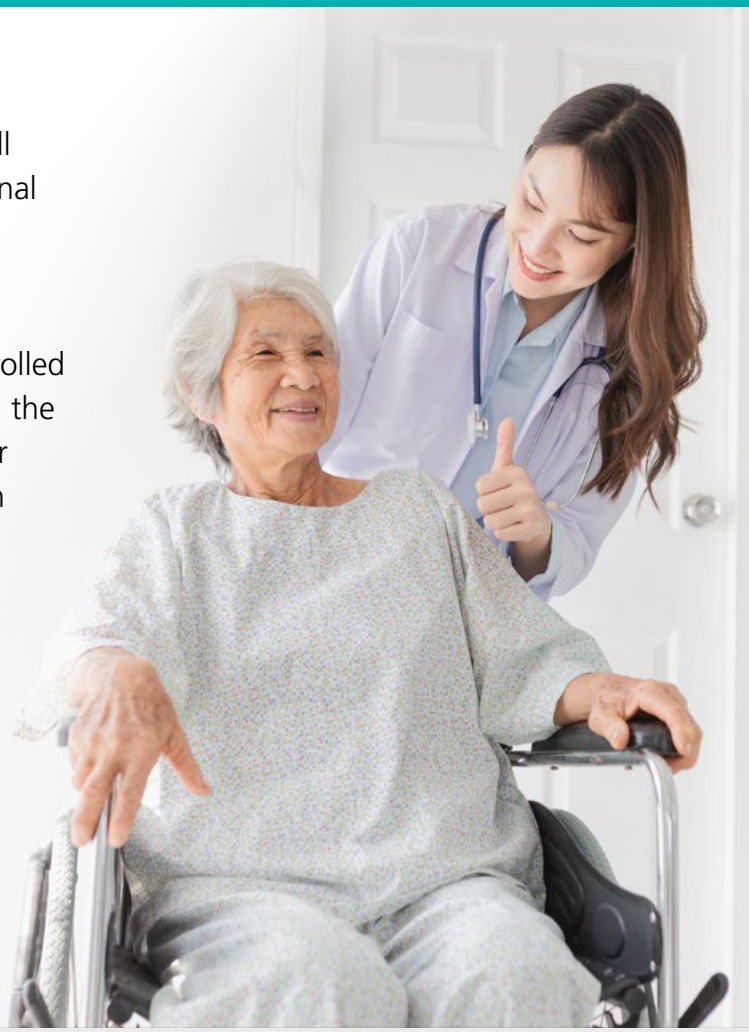
Thank you for the quality care that you provide to your patients and our community.

EXPANDING LONG-TERM CARE (LTC) WITH CALAIM

At the beginning of 2022, Alameda Alliance for Health (Alliance) started implementing specific components of the Department of Health Care Services' (DHCS) CalAIM initiative. This included the launch of Enhanced Care Management (ECM), Community Supports (CS), and the transition of major organ transplants (MOT) into Medi-Cal managed care. These programs, along with other CalAIM reforms, aim to strengthen the Medi-Cal delivery system and are helping managed care health plans to administer a more equitable, coordinated, and person-centered system of care.

On Sunday, January 1, 2023, another major CalAIM reform initiative — the institutional long-term care (LTC) carve in will be launched, and care in nursing homes and other institutional settings will be provided as a benefit through the Alliance. Currently, the LTC benefit is "carved out" and any Alliance member who is admitted to a long-term care institution is disenrolled after spending more than 60 days there, and enrolled in fee-for-service (FFS) Medi-Cal. Beginning January 1, 2023, the Alliance will be responsible for institutional care for all of our members. Additionally, individuals who are currently living in LTC facilities and have Medi-Cal FFS will be enrolled with the Alliance.

Tens of millions of people across the United States require LTC — primarily seniors but also children and adults with intellectual and developmental disabilities, physical disabilities, or disabling chronic conditions. Long-term care can include personal care, such as help with eating, dressing, or bathing over a long period of time and can be provided at an individual's home, or an LTC facility.

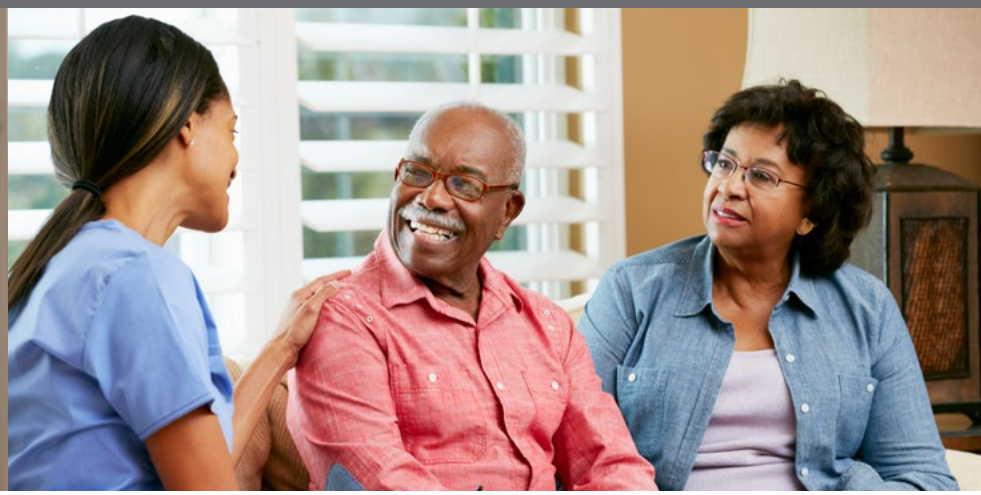


PROVIDER **TRAINING CORNER**

COMMUNITY RESOURCES FOR PROVIDER TRAINING OPPORTUNITIES

TTo learn more about upcoming training opportunities in our community, please visit the new Provider Resources for Training and Technical Assistance Opportunities section of our website **here**.

EXPANDING LONG-TERM CARE (LTC) WITH CALAIM
(CONTINUED FROM PAGE 5)



To adequately provide these services to eligible members starting in the new year, our team has been working to identify and contract with high-quality LTC providers, such as skilled nursing facilities, intermediate care facilities, institutions for mental disease, and subacute and pediatric subacute facilities. In partnership with our local provider partners, we are working to ensure that Medi-Cal beneficiaries residing in LTC facilities are transitioned from FFS Medi-Cal without any interruptions while leveraging our relationships with our community partners to deliver the best customer service to older adults and persons with disabilities.

As part of the CalAIM effort, new Populations of Focus (PoFs) will be eligible for Enhanced Care Management (ECM) and Community Supports (CS). These new PoFs include nursing facility residents who are strong candidates for transitioning back to the community and have a desire to do so, and individuals at risk for institutionalization who are eligible for long-term services in their home and have the ability to live safely with wrap-around support. These services will be crucial in assisting certain members to avoid institutionalization while helping others safely transition into the community.

Over the last year, the Alliance has been participating in DHCS-sponsored stakeholder meetings to better understand best practices and hear from stakeholders about the LTC benefit. We are committed to ensuring that our eligible members have access to high-quality, long-term services and support, whether they are provided in the community or an appropriate long-term care setting.

WE WANT TO HEAR FROM YOU!

If you would like to be featured in the Alliance newsletters, or have a story idea or a topic that you would like to see covered in the Alliance Provider Pulse newsletter, please contact us.

Provider Services Department
Email: **providerpulse@alamedaalliance.org**
Phone Number: **1.510.747.4510**

ALL FEEDBACK IS WELCOME!

ALAMEDA Alliance FOR HEALTH

CONNECT WITH US!

Print ACCMA Ad Example:

Print Billboard Ad Examples:

Between **January 2022** and **December 2022**, the Alliance completed **4** community events, more than **6,715**-member orientation outreach calls, and **1,647** member orientations by phone. The Alliance reached a total of **3,211** people and spent a total of **$2,270*** in donations, fees, and/or sponsorships in 2022. In addition, during 2022, the Outreach team completed **697** Alliance website inquiries and **47** service requests.

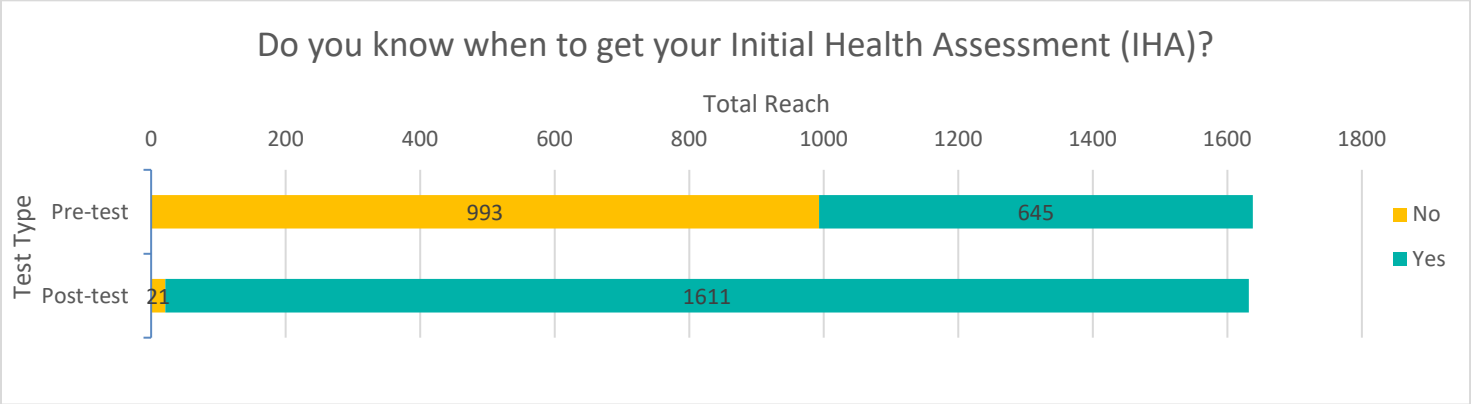
The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the people reached at community events are Medi-Cal Members, of which approximately 82% are Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **26, 261** self-identified Alliance members were reached during outreach activities.

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

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of December 31, 2022, the Outreach Team completed **23,672**-member orientation outreach calls and conducted **6,411** member orientations (**27%** member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between March 18, 2020, through December 31, 2022 – **6,411** net new members completed our MO program by phone.

After completing a MO **98.7%** of members who completed the post-test survey in 2022 reported knowing when to get their IHA, compared to only **39.4%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 22-23\Q2\3. December 2022**

2022 TOTALS

4	COMMUNITY EVENTS	1564	TOTAL REACHED AT COMMUNITY EVENTS
0	MEMBER EDUCATION EVENTS	0	TOTAL REACHED AT MEMBER EDUCATION EVENTS
1647	MEMBER ORIENTATIONS	1647	TOTAL REACHED AT MEMBER ORIENTATIONS
0	MEETINGS/ PRESENTATIONS	0	TOTAL REACHED AT MEETINGS/PRESENTATIONS
7	TOTAL INITIATED / INVITED EVENTS	2358	TOTAL MEMBERS REACHED AT EVENTS
1651	**TOTAL EVENTS**	**3211**	**TOTAL REACHED AT ALL EVENTS**

ALAMEDA
ALBANY
BERKELEY
CASTRO VALLEY
DUBLIN
FREMONT
HAYWARD
LIVERMORE
NEWARK
OAKLAND
PLEASANTON
SAN LEANDRO
SAN LORENZO
UNION CITY

TOTAL REACH 26 CITIES

**Cities not listed represent the mailing addresses for members who completed a Member Orientation by phone and Community Events. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the FY20 Q3 Outreach Report. Please see event details for complete listings of cities.*

$2,270

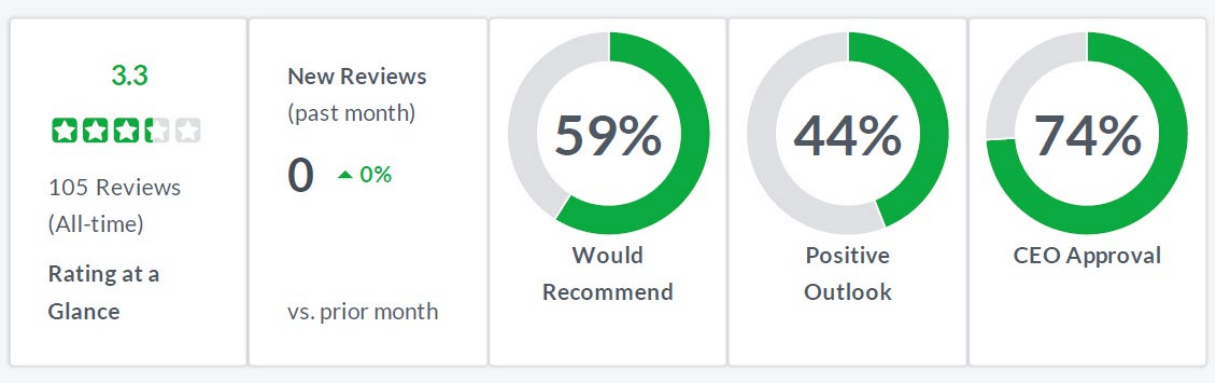
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.*

The Alliance Communication and Outreach (C&O) Department created the Social Media and Website (SM&W) Report to provide a high-level overview of stakeholder engagement through various digital media platforms. Between January 2022 and December 2022, the Alliance:

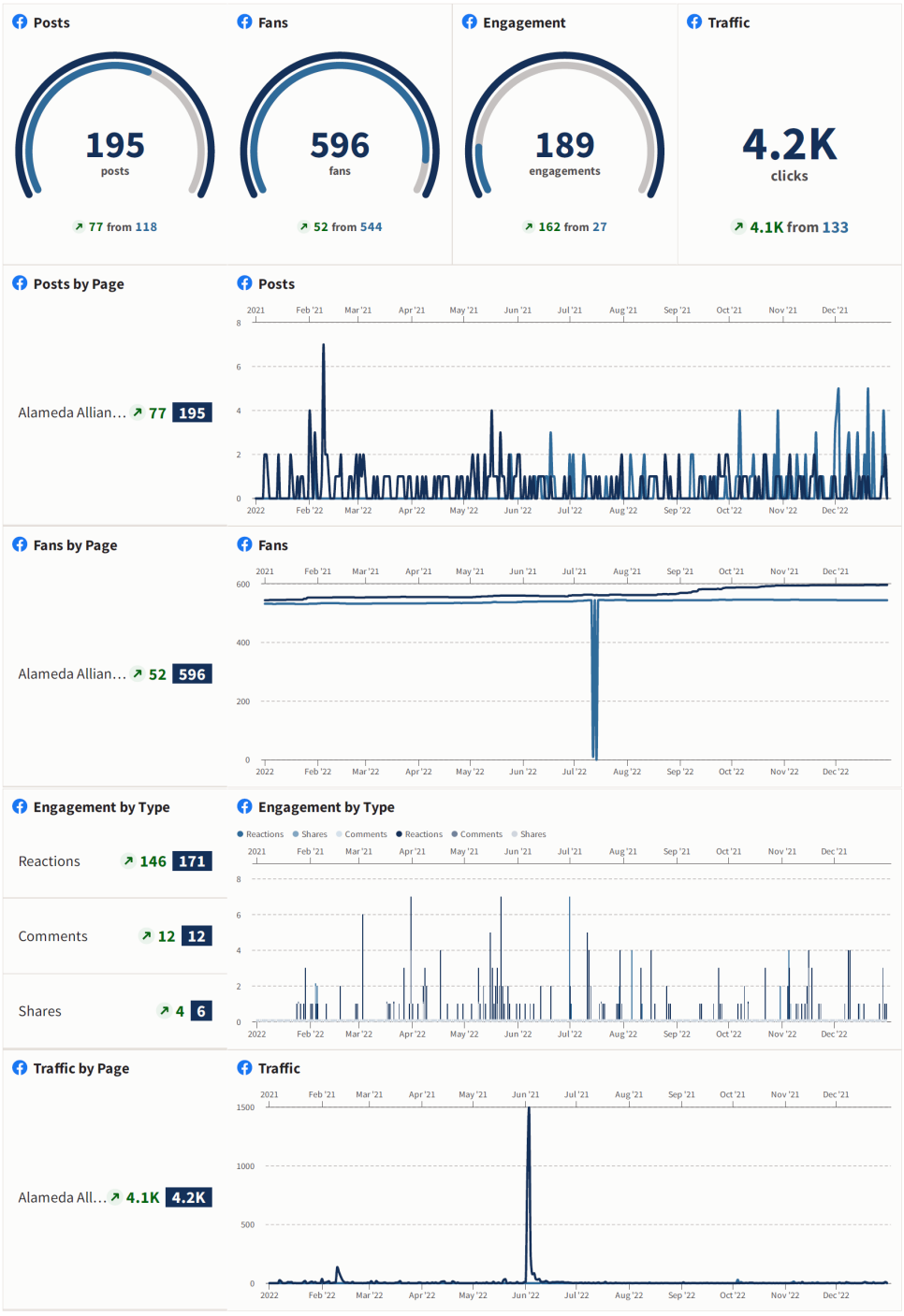
1. Alliance Website:
    - Received 115,341 unique visits
    - Received 112,931 new user visits
    - The top 10 website page visits were as follows:
        i. Homepage
        ii. Providers
        iii. Find a Doctor
        iv. Members
        v. Medi-Cal Benefits and Covered Services
        vi. Members Medi-Cal
        vii. Contact Us
        viii. Careers
        ix. Get a New ID Card
        x. Group Care Benefits and Covered Services
2. Glassdoor Page:
    - Increased from 3.1 to 3.3 out of 5-star overall rating
    - Decreased from 78% to 74% CEO Approval rating
    - Received fourteen (14) crowdsourced Glassdoor Reviews
3. Facebook Page:
    - Completed 195 compared to 118 original posts in 2021
    - Increased page likes to 596 compared to 544 in 2021
4. Instagram Page:
    - Debuted page June 10, 2021
    - Completed 170 compared to 69 original posts in 2021
    - Increased 298 Followers compared to133 in 2021
5. Twitter Page:
    - Completed 250 compared to 103 tweets in 2021
    - Increased followers to 349 compared to 335 in 2021
6. LinkedIn Page:
    - Increased followers 3.7k compared to 3.1k followers in 2021
    - Completed 123 posts
    - Received 8k clicks
7. Yelp Page:
    - Appeared in Yelp searches 1,448
    - Received six (6) crowdsourced reviews

GLASSDOOR OVERVIEW:



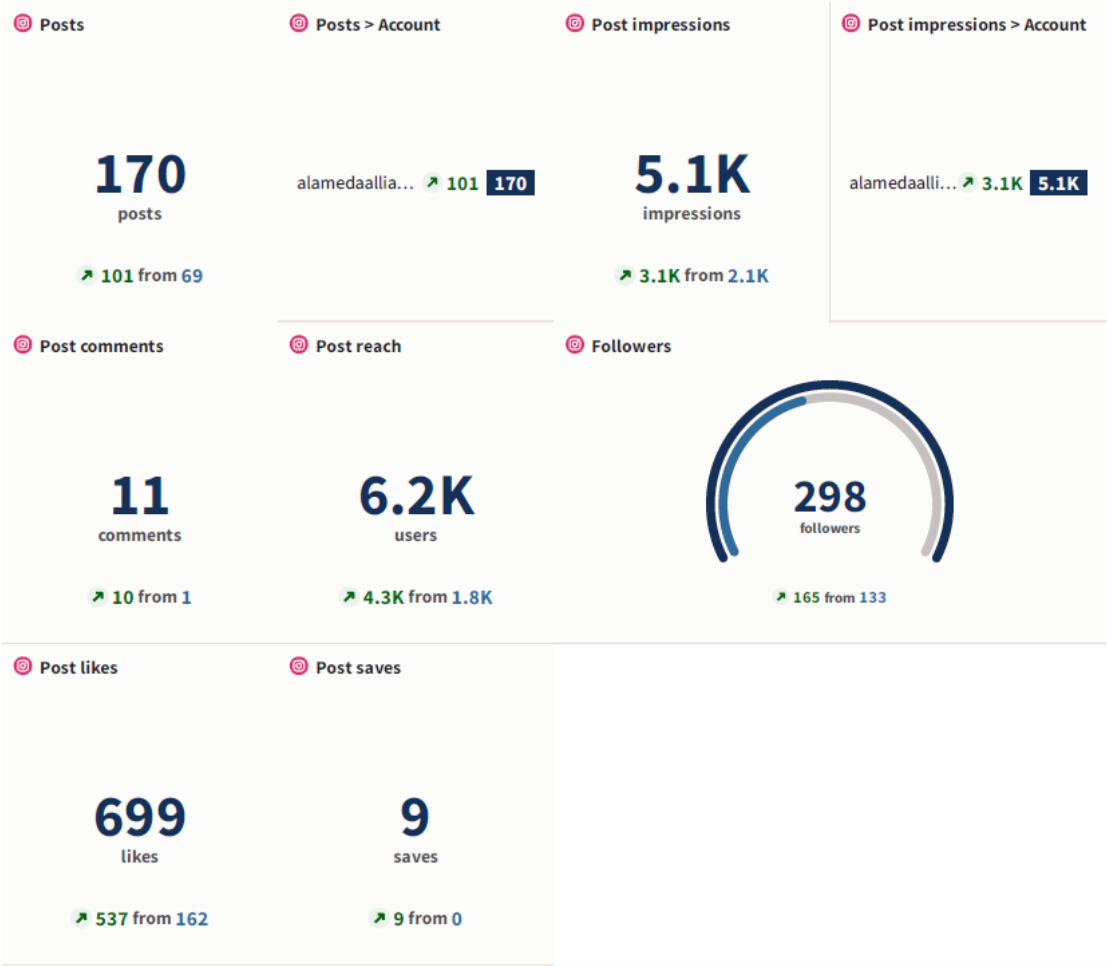
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2022-2023\Q2\4. Annual 2022

FACEBOOK OVERVIEW:



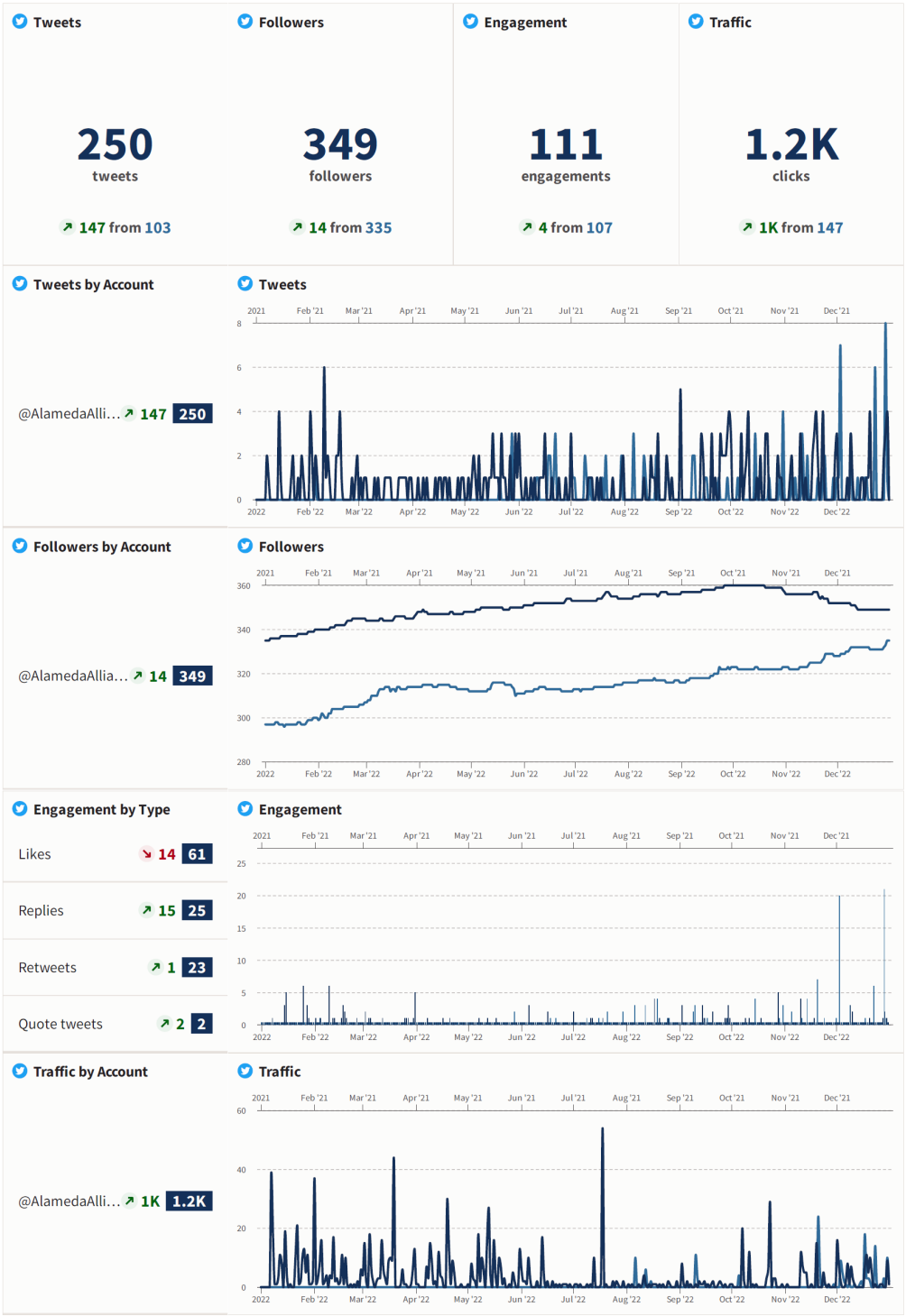
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2022-2023\Q2\4. Annual 2022

INSTAGRAM OVERVIEW:



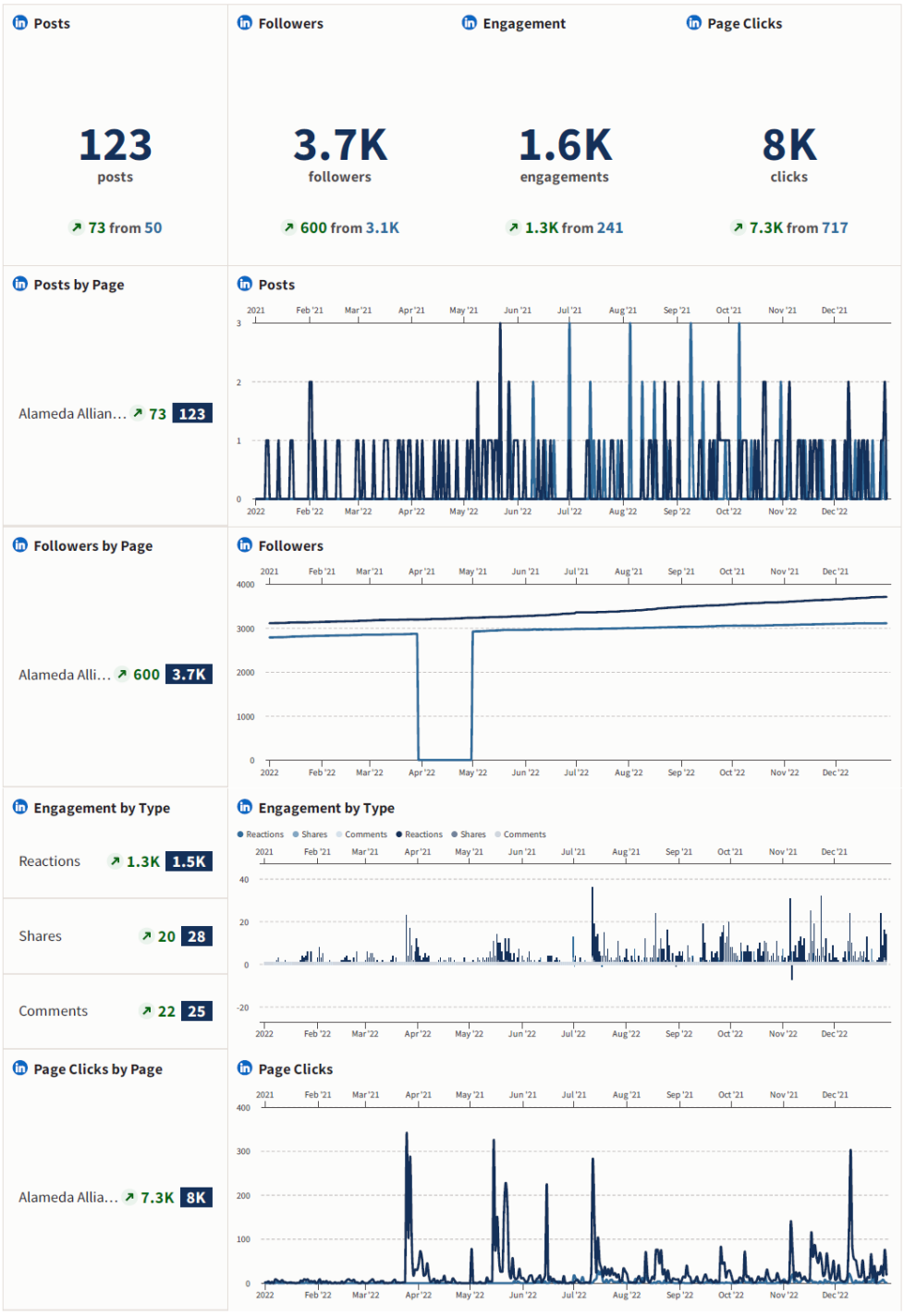
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2022-2023\Q2\4. Annual 2022

TWITTER OVERVIEW:



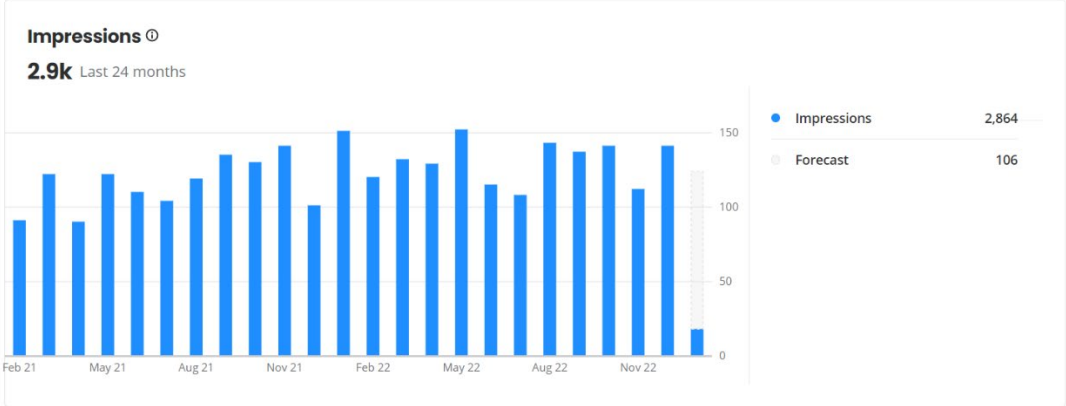
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2022-2023\Q2\4. Annual 2022

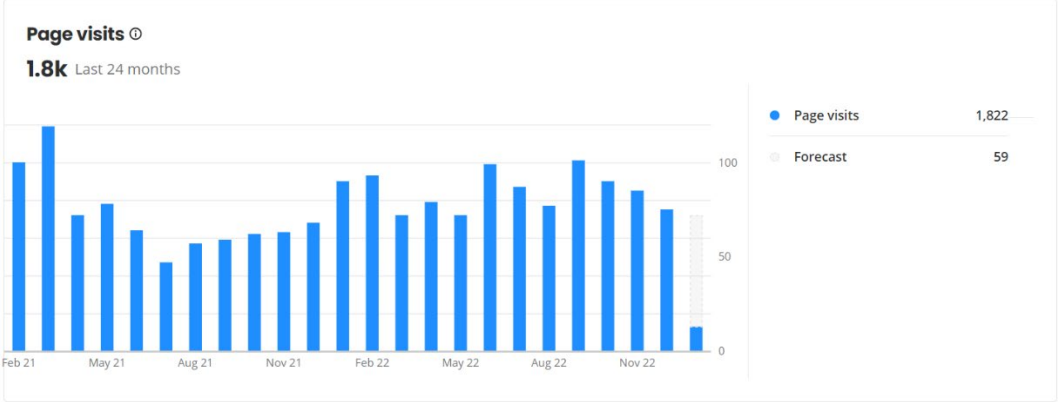
LINKEDIN OVERVIEW:

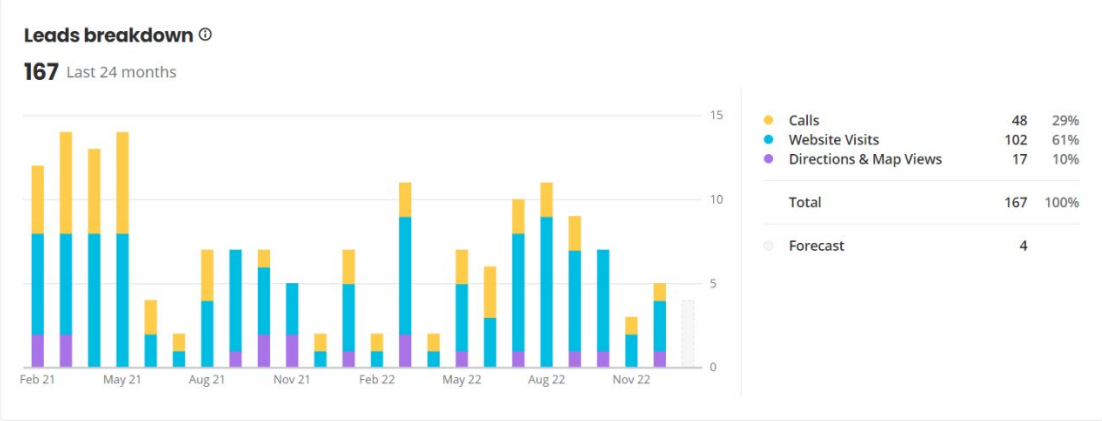


All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2022-2023\Q2\4. Annual 2022

YELP OVERVIEW:







All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2022-2023\Q2\4. Annual 2022

Alliance Website OVERVIEW:

Analytics | Alameda Alliance for Health
Alameda Alliance for Health

Go to report

Alliance Public Website - Year in Review 2022/2021

Jan 1, 2022 - Dec 31, 202
Compare to: Jan 1, 2021 - Dec 31, 202

All Users
+0.00% Sessions

Users

Jan 1, 2022 - Dec 31, 2022
115,341
% of Total: 100.00% (115,341)

Jan 1, 2021 - Dec 31, 2021
115,332
% of Total: 100.00% (115,332)

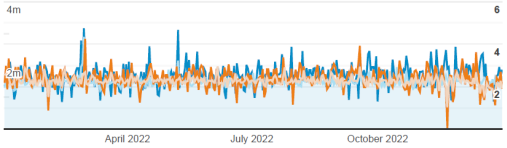
New Users

Jan 1, 2022 - Dec 31, 2022
112,931
% of Total: 100.00% (112,931)

Jan 1, 2021 - Dec 31, 2021
112,473
% of Total: 100.00% (112,473)

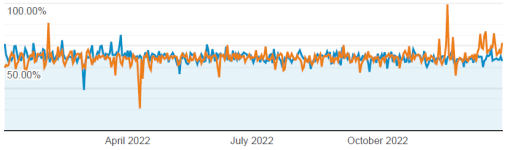
Avg. Session Duration and Pages / Session

Jan 1, 2022 - Dec 31, 2022: Avg. Session Duration, Pages / Session
Jan 1, 2021 - Dec 31, 2021: Avg. Session Duration, Pages / Session



Bounce Rate

Jan 1, 2022 - Dec 31, 2022: Bounce Rate
Jan 1, 2021 - Dec 31, 2021: Bounce Rate



Pageviews by Page

Page	Pageviews
/	
Jan 1, 2022 - Dec 31, 2022	198,855
Jan 1, 2021 - Dec 31, 2021	201,903
% Change	-1.51%
/providers/	
Jan 1, 2022 - Dec 31, 2022	55,693
Jan 1, 2021 - Dec 31, 2021	54,092
% Change	2.96%
/help/find-a-doctor/	
Jan 1, 2022 - Dec 31, 2022	41,552
Jan 1, 2021 - Dec 31, 2021	40,910
% Change	1.57%
/members/	
Jan 1, 2022 - Dec 31, 2022	21,474
Jan 1, 2021 - Dec 31, 2021	43,018
% Change	-50.08%
/members/medi-cal/benefits-and-covered-services/	
Jan 1, 2022 - Dec 31, 2022	20,993
Jan 1, 2021 - Dec 31, 2021	13,919
% Change	50.82%
/members/medi-cal/	
Jan 1, 2022 - Dec 31, 2022	17,405
Jan 1, 2021 - Dec 31, 2021	19,379

Sessions by Browser

Browser	Sessions
Chrome	
Jan 1, 2022 - Dec 31, 2022	128,272
Jan 1, 2021 - Dec 31, 2021	128,840
% Change	-0.44%
Safari	
Jan 1, 2022 - Dec 31, 2022	49,116
Jan 1, 2021 - Dec 31, 2021	43,362
% Change	13.27%
Edge	
Jan 1, 2022 - Dec 31, 2022	33,853
Jan 1, 2021 - Dec 31, 2021	20,795
% Change	62.79%
Internet Explorer	
Jan 1, 2022 - Dec 31, 2022	11,672
Jan 1, 2021 - Dec 31, 2021	35,467
% Change	-67.09%
Firefox	
Jan 1, 2022 - Dec 31, 2022	5,503
Jan 1, 2021 - Dec 31, 2021	5,765
% Change	-4.54%
Samsung Internet	
Jan 1, 2022 - Dec 31, 2022	1,143
Jan 1, 2021 - Dec 31, 2021	1,310
% Change	-12.75%

Users by Device Category

Device Category	Users
desktop	
Jan 1, 2022 - Dec 31, 2022	79,629
Jan 1, 2021 - Dec 31, 2021	81,114
% Change	-1.83%
mobile	
Jan 1, 2022 - Dec 31, 2022	35,271
Jan 1, 2021 - Dec 31, 2021	32,377
% Change	8.94%

% Change	-10.19%
/contact-us/	
Jan 1, 2022 - Dec 31, 2022	17,111
Jan 1, 2021 - Dec 31, 2021	13,083
% Change	**30.79%**
/careers/	
Jan 1, 2022 - Dec 31, 2022	10,474
Jan 1, 2021 - Dec 31, 2021	6,201
% Change	**68.91%**
/help/get-a-new-id-card/	
Jan 1, 2022 - Dec 31, 2022	9,421
Jan 1, 2021 - Dec 31, 2021	9,753
% Change	**-3.40%**
/members/group-care/benefits-and-covered-services/	
Jan 1, 2022 - Dec 31, 2022	6,217
Jan 1, 2021 - Dec 31, 2021	3,546
% Change	**75.32%**

Jan 1, 2022 - Dec 31, 2022	1,379
Jan 1, 2021 - Dec 31, 2021	2,070
% Change	**-33.38%**

Users by Language

Language	Users
en-us	
Jan 1, 2022 - Dec 31, 2022	109,884
Jan 1, 2021 - Dec 31, 2021	109,266
% Change	**0.57%**
zh-cn	
Jan 1, 2022 - Dec 31, 2022	1,282
Jan 1, 2021 - Dec 31, 2021	1,043
% Change	**22.91%**
en	
Jan 1, 2022 - Dec 31, 2022	866
Jan 1, 2021 - Dec 31, 2021	1,750
% Change	**-50.51%**
en-gb	
Jan 1, 2022 - Dec 31, 2022	843
Jan 1, 2021 - Dec 31, 2021	1,063
% Change	**-20.70%**
es-us	
Jan 1, 2022 - Dec 31, 2022	694
Jan 1, 2021 - Dec 31, 2021	462
% Change	**50.22%**
es-419	
Jan 1, 2022 - Dec 31, 2022	284
Jan 1, 2021 - Dec 31, 2021	165
% Change	**72.12%**
zh-tw	
Jan 1, 2022 - Dec 31, 2022	159
Jan 1, 2021 - Dec 31, 2021	130
% Change	**22.31%**
en-au	
Jan 1, 2022 - Dec 31, 2022	120
Jan 1, 2021 - Dec 31, 2021	120
% Change	**0.00%**
en-ca	
Jan 1, 2022 - Dec 31, 2022	115
Jan 1, 2021 - Dec 31, 2021	144
% Change	**-20.14%**
en-in	
Jan 1, 2022 - Dec 31, 2022	91
Jan 1, 2021 - Dec 31, 2021	95
% Change	**-4.21%**

All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2022-2023\Q2\4. Annual 2022

Compliance

Richard Golfin III

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

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

Date: **January 13th, 2023**

Subject: **Compliance Division Report**

Compliance Audit Updates

- 2023 DHCS Routine Medical Survey:
  - On January 3rd, 2023, the DHCS sent notice of the 2023 DHCS Routine Medical Survey. The audit will be conducted from April 17th, 2023, through April 28th, 2023. The Plan has not received the official audit engagement letter which is expected by the end of January 2023. In anticipation of the 2023 official notice, the plan expects to be evaluated in the following areas:
    - Utilization Management;
    - Case Management & Care Coordination;
    - Access & Availability;
    - Member's Rights & Responsibilities;
    - Quality Improvement System, and;
    - Organization and Administration.
      - The Plan will conduct a series of Mock Interviews with staff in March 2023.

- 2022 DHCS Routine Medical Survey:
  - The 2022 DHCS Routine Medical Survey was held on April 4th, 2022, and completed April 13th, 2022. On September 13th, 2022, the Plan received the Final Audit Report which detailed 15 findings, 9 of which were repeat findings from the previous audit year. The Plan is in the process of closing finding 2.5.2. Memorandum of Understanding (MOU) with the County Mental Health Plan. On December 15th, 2022, the Plan submitted its response for finding 2.5.2 to DHCS.

- 2022 DMHC Routine Financial Examination:
  - On February 25th, 2022, the DMHC sent notice to the Plan of the 2022 DMHC Routine Financial Examination beginning August 15th, 2022. On October 31st, 2022, the DMHC held an Exit Conference to share 7-findings in an Index of Exceptions. Findings were noted in Claims Reimbursement & Settlement Practices; PDR Acknowledgement and Determination; Fidelity Bonds Compliance; and Key Plan Personnel Reporting.
  - There are three deficiencies requiring a CAP all of which fall under section:

- Compliance Issues: Provider Dispute Resolution (PDR) Mechanism – Acknowledgment of Provider Disputes: The Department's examination disclosed that the Plan failed to timely acknowledge receipt of 12 out of 71 provider disputes reviewed.

- Changes in Plan Personnel- Repeat Deficiency: The Department's examination disclosed that the Plan did not timely file changes in plan personnel. The Plan's failure to timely file changes in plan personnel is a repeat deficiency, as this issue was previously reported in the Department's final report of examination dated May 22nd, 2020, for the quarter ended September 30th, 2019.

- Fidelity Bond – The Department's examination disclosed that the Plan's fidelity bond did not have a provision for 30 days' notice to the Department prior to cancellation. The DMHC acknowledged that the Plan provided an amended Endorsement that corrected the deficiency and thereby demonstrated compliance with the requirements of Rule 1300.76.3. However, the Plan is required to implement a CAP that would ensure future compliance of the fidelity bond upon renewal.

    - The preliminary audit report was received on December 2nd, 2022 and distributed to SME's on December 5th, 2022. The Plan's CAP response and statement are due January 17th, 2023.

- 2022 DMHC Behavioral Health Investigation [MHPAEA]:
    - In 2021, the DMHC began investigating full-service commercial health plans to evaluate and assess barriers providers experience in providing behavioral health services. Pre-audit submissions concluded in July 2022 with more than 1,100 documents provided to DMHC auditors. The Plan remains on standby and is waiting for preliminary reports.

- 2021 DMHC Routine Full Medical Survey:
    - The 2021 DMHC Routine Medical Survey took place from April 13th, 2021, through April 16th, 2021. On May 25th, 2022, the Plan received its 2021 Preliminary Audit Report and survey results. The preliminary report had a total of six (6) findings: three (3) in Grievances and Appeals; and three (3) in Prescription Drug Coverage. The Plan provided evidence for a corrected deficiency for G&A Deficiency #2, which the State accepted. Staff are working with the Pharmacy Vendor to update member letters and the Plan Formulary. The Plan returned its final CAP responses and supporting documentation to the Department on July 8th, 2022, the remaining additional CAP items were submitted to the Agency on December 30th, 2022.
    - The DMHC will conduct a Follow-up Survey to assess the Plan's implementation efforts in the Summer of 2023.

- 2021 DHCS Routine Full Medical Survey:
    - On January 13th, 2021, the DHCS sent notice of the 2021 DHCS Routine Medical Survey beginning April 12th, 2021. The Plan received the final audit report on August 24th, 2021, which had a total of thirty-three (33) findings and four (4) repeat findings. The Plan's final response to the findings was completed and provided to the State on September 23rd, 2022.

    - On December 15th, 2022, the Plan and CHCN met to discuss Q3 findings. The Plan shared the audit tool and walked CHCN through each finding. CHCN acknowledged the findings. The Plan shared the audit tool with CHCN for comments and response. Monitoring will be conducted on an annual basis.

Compliance Activity Updates

- 2022 RFP Contract Award & Review:
    - On February 9th, 2022, the DHCS released Request for Proposal (RFP) #20-10029 soliciting submissions for the 2024 Contract for the provision of managed health care services to Medi-Cal beneficiaries. The contract award is expected in the coming months following CMS approval of State model transitions, with implementation to take place through December 31st, 2023.

    - On December 12th, 2022, the State provided new due dates for thirty-six (36) deliverables and identified two (2) new deliverables. On December 15th, 2022, the State provided the Plan with updated metrics reflecting acceptance/approval rates across the first three submissions; the Plan had a ninety-five percent (95%) approval rate and a three percent (3%) AIR rate. On December 16th, 2022, the Plan submitted the two (2) AIR items. DHCS confirmed the submission was timely, and the Plan has not had any late submissions to date. The next set of deliverables are due to DHCS on February 21st, 2023.

    - The Plan is on standby to receive additional instruction about the extension of deliverables from (245) to a total of four-hundred-seventy-one (471) for the duration of the Operational Readiness contract. To date, two (2) have been identified. The State is expected to provide more information on the remaining two-hundred-twenty-six (226) requirements in Spring 2023.

- State & Federal PHE Unwinding:
    - California Governor Gavin Newsom has stated the California State of Emergency will end on February 28th, 2023. The potential end-date for the Federal State of Emergency is January 11th, 2023. Official notices have not been issued yet and we are currently evaluating next steps.

- 2022 Corporate Compliance Training – Board of Governors & Staff:
    - The 2022 Annual Corporate Compliance Training period for Board of Governors and Plan Staff has concluded. 33% of Board of Governors and 98% of Plan Staff have completed the Annual Training. – Escalation steps described in Compliance Training and Education Policy, CMP-026 are being followed for those who have not yet completed the training.

Compliance

Supporting Documents

2022 APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
1	DMHC	22-001	1/4/2022	LARGE GROUP RENEWAL NOTICE REQUIREMENTS	MEDI-CAL	California Health and Safety Code (HSC) section 1374.21, subdivision (a)(2) requires all commercial full-service health care service plans ("plans") to comply with disclosure requirements relating to large group renewal notices. Specifically, no change in premium rates or changes in coverage stated in a large group health care service plan contract shall become effective unless the plan has delivered in writing a notice indicating the change or changes at least 120 days prior to the contract renewal effective date.
2	DHCS	22-001	1/11/2022	2022-2023 MEDI-CAL MANAGED CARE HEALTH PLAN MEDS/834 CUTOFF AND PROCESSING SCHEDULE	MEDI-CAL	APL provides Medi-Cal managed care health plans (MCPs) with the 2022-2023 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule.
3	DMHC	22-002	1/19/2022	HOSPITAL BLOCK TRANSFER FILINGS FOR PPO ENROLLEES	MEDI-CAL	DMHC reminds health plans to comply with the Block Transfer filing and notice requirements applicable to hospital contract terminations affecting PPO enrollees. The block transfer statute and regulation is not limited in applicability to a particular product type and therefore applies to PPO products. Accordingly, health plans shall submit a Block Transfer filing for hospital contract terminations that will result in the redirection of 2,000 or more PPO enrollees (or PPO combined with other lines of business).
4	DMHC	22-003	1/21/2022	ASSEMBLY BILL 457 PROTECTION OF PATIENT CHOICE IN TELEHEALTH PROVIDER ACT	GROUP CARE	On October 1, 2021, Governor Gavin Newsom signed AB 457, which amends Section 1374.14 and adds Section 1374.141. Section 1374.141 requires a plan to meet certain conditions if it offers telehealth services to an enrollee through a third-party corporate telehealth provider. AB 457 also requires a plan that provides services to an enrollee through a third-party corporate telehealth provider to (a) notify the enrollee of their right to access their medical records, (b) share the records of any telehealth services provided with the enrollee's PCP, (c) ensure such records are shared with the enrollee's PCP unless the enrollee objects, and (d) notify the enrollee that all services received through the third-party corporate telehealth provider are available at in-network cost-sharing and all cost sharing shall accrue to the out-of-pocket maximum and deductible (if any).
5	DMHC	22-004	1/21/2022	ASSEMBLY BILL 347 STEP THERAPY EXCEPTION COVERAGE GUIDANCE	MEDI-CAL & GROUP CARE	On October 9, 2021, Governor Gavin Newsom signed Assembly Bill (AB) 347. AB 347 requires health care service plans (health plans or plans), effective January 1, 2022, to expeditiously grant step therapy exceptions within specified time periods when use of the prescription drug required under step therapy is inconsistent with good professional practice. AB 347 also permits providers to appeal a health plan's denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request.
6	DMHC	22-005	1/25/2022	FEDERAL REQUIREMENT TO COVER AT-HOME COVID-19 TESTS PURCHASED OVER-THE COUNTER	GROUP CARE	On January 10, 2022, the federal Departments of Labor, Health and Human Services, and the Treasury issued guidance regarding commercial health plan coverage of athame, over-the-counter COVID-19 tests (OTC COVID-19 tests) authorized by the U.S. Food and Drug Administration.
7	DMHC	22-006	2/1/2022	PLAN YEAR 2023 QHP AND QDP FILING REQUIREMENTS	MEDI-CAL & GROUP CARE	The DMHC offers current and prospective Qualified Health and Dental Plans, Covered California for Small Business Issuers, and health plans offering non-grandfathered Individual and Small Group product(s) outside of the California Health Benefit Exchange (Covered California), guidance to assist in the preparation of Plan Year 2023 regulatory submissions, in compliance with Knox-Keene Act at California Health and Safety Code Sections 1340.
8	DMHC	22-007	3/4/2022	DPN MONITORING AND ANNUAL REPORTING CHANGES	MEDI-CAL & GROUP CARE	APL provides an overview of the changes to monitoring and annual reporting of the Timely Access Compliance Report and the Annual Network Report, as required under the Knox-Keene Act.
9	DMHC	22-008	3/9/2022	2022 ANNUAL ASSESSMENTS	MEDI-CAL & GROUP CARE	The Report of Enrollment Plan, as required by HSC section 1356 and the CCR, title 28, section 1300.84.6(a) must be filed with DMHC no later than May 15, 2022.
10	DHCS	22-002	3/14/2022	ALTERNATIVE FORMAT SELECTION FOR MEMBERS WITH VISUAL IMPAIRMENTS	MEDI-CAL & GROUP CARE	APL provides information about 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).

#	Regulatory Agency	APL/PL #	Date Released	2022 APL/PL IMPLEMENTATION TRACKING LIST APL/PL Title	LOB	APL Purpose Summary
11	DMHC	22-009	3/16/2022	PROVIDER DIRECTORY ANNUAL FILING REQUIREMENTS	MEDI-CAL & GROUP CARE	California HSC section 1367.27, subdivision (m), requires health care service plans to annually submit provider directory policies and procedures to the DMHC (Department).
12	DMHC	22-010	3/17/2022	GUIDANCE REGARDING AB 1184 - CONFIDENTIALITY OF MEDICAL INFORMATION	MEDI-CAL & GROUP CARE	On September 22, 2021, Governor Gavin Newsom signed AB 1184, which amends the Confidentiality of Medical Information Act to require plans to take specified steps to protect the confidentiality of a subscriber's or enrollee's medical information.
13	DHCS	22-003	3/17/2022	MEDI-CAL MANAGED CARE HEALTH PLAN RESPONSIBILITY TO PROVIDE SERVICES TO MEMBERS WITH EATING DISORDERS	MEDI-CAL	Provides MCPs with clarification and guidance regarding their responsibility to coordinate and provide medically necessary services for members who are diagnosed with feeding/eating disorders and are currently receiving Specialty Mental Health Services (SMHS) from a county Mental Health Plan (MHP). Corresponding guidance to MHPs is contained in Behavioral Health Information Notice (BHIN) 22-009.
14	DHCS	22-004	3/17/2022	STRATEGIC APPROACHES FOR USE BY MANAGED CARE PLANS TO MAXIMIZE CONTINUTIY OF COVERAGE AS NORMAL ELIGIBILITY AND ENROLLMENT OPERATIONS RESUME	MEDI-CAL	Provides instruction to MCPs about strategies that must be used by MCPs in collaboration with counties to help ensure eligible beneficiaries retain coverage in Medi-Cal and ease transitions for individuals eligible for coverage through Covered California as DHCS prepares for the resumption of normal operations after the end of the COVID-19 Public Health Emergency (PHE).
15	DMHC	22-011	3/21/2022	NO SURPRISES ACT (NSA) GUIDANCE	GROUP CARE	Effective for plan years beginning on or after January 1, 2022, the NSA prohibits surprise balance billing, as specified, and establishes other consumer protections. To date, the federal government has issued four rulemaking packages, issued guidance, and established a dedicated web page, No Surprises to implement the NSA.
16	DMHC	22-012	3/24/2022	SECTION 1357.503 COMPLIANCE AND MEWA REGISTRATION	MEDI-CAL & GROUP CARE	Informs Plans and association of employers defined as multiple employer welfare arrangement (MEWA) of the requirements of SB 255 (Portantino, Ch. 725, Stats. 2021) and SB 718 (Bates, Ch. 736, Stats. 2021), including California Health and Safety Code section 1357.503. This APL discusses the requirements of Section 1357.503, including requirements of Plans, registration of MEWAs, and other requirements.
17	DHCS	22-005	3/30/2022	NO WRONG DOOR FOR MENTAL HEALTH SERVICES POLICY	MEDI-CAL	Provides MCPs with guidance and clarification regarding the No Wrong Door for Mental Health Services policy. This policy ensures that members receive timely mental health services without delay regardless of the delivery system where they seek care and that members are able to maintain treatment relationships with trusted providers without interruption.
18	DMHC	22-013	4/6/2022	COMPLIANCE WITH SENATE BILL 368	GROUP CARE	On October 6, 2021, Governor Gavin Newsom signed Senate Bill (SB) 368. SB 368 requires individual or group health care service plan (health plans or plans) contracts, issued, amended, or renewed on or after July 1, 2022, to provide enrollees with their up-to-date accrual towards their annual deductible and out-of-pocket maximum for every month benefits were used until the accrual balances are met. SB 368 also requires plans to notify enrollees of their rights to such accrual information and the ability to opt in to receiving the accrual information electronically instead of via mail. Delegated entities with claims payment functions must also comply with the provisions of SB 368.
19	DHCS	22-006	4/8/2022	MEDI-CAL MANAGED CARE HEALTH PLAN RESPONSIBILITIES FOR NON-SPECIALTY MENTAL HEALTH SERVICES	MEDI-CAL	The purpose of this All Plan Letter (APL) is to explain the responsibilities of Medi-Cal managed care health plans (MCPs) for the provision or arrangement of clinically appropriate and covered non-specialty mental health services (NSMHS) and the regulatory requirements for the Medicaid Mental Health Parity Final Rule (CMS-2333-F). This APL also delineates MCP responsibilities for referring to, and coordinating with, County Mental Health Plans (MHPs) for the delivery of specialty mental health services (SMHS).
20	DMHC	22-014	4/25/2022	SENATE BILL 510 COVID-19 TESTING AND VACCINATION COVERAGE GUIDANCE	MEDI-CAL & GROUP CARE	SB 510 requires health care service plans (health plans) to cover, among other things, the costs associated with COVID-19 diagnostic and screening testing and immunization against COVID-19 without cost-sharing, prior authorization, utilization management, or in-network requirements.
21	DMHC	22-015	5/31/2022	FINANCIAL REPORTING REGULATION	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) to notify health care service plans (health plans) about the recent amendments to the annual, quarterly, and monthly financial reporting requirements.

#	Regulatory Agency	APL/PL #	Date Released	2022 APL/PL IMPLEMENTATION APL/PL Title	LOB	APL Purpose Summary
22	DHCS	22-007	5/5/2022	CALIFORNIA HOUSING AND HOMELESSNESS INCENTIVE PROGRAM	MEDI-CAL	Provides MCP with guidance on the incentive payments linked to the Housing and Homelessness Incentive Program (HHIP) implemented by the California Department of Health Care Services (DHCS) in accordance with the Medi-Cal Home and Community Based Services (HCBS) Spending Plan.
23	DHCS	22-008	5/18/2022	NON-EMERGENCY MEDICAL AND NON-MEDICAL TRANSPORTATION SERVICES AND RELATED TRAVEL EXPENSES	MEDI-CAL	Provides Medi-Cal managed care health plans (MCPs) with guidance regarding Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. In addition, this APL clarifies MCP responsibilities regarding the coverage of transportation for pharmacy services with the implementation of Medi-Cal Rx, Medi-Cal enrollment requirements for transportation providers, as well as MCP coverage of transportation related travel expenses.
24	DMHC	22-016	6/10/2022	NATIONAL INFANT FORMULA SHORTAGE	GROUP CARE	To the extent a health plan covers enteral or specialty formula for its enrollees, plans must ensure prior authorization or utilization management requirements do not impede a provider's ability to change or modify an enrollee's formula, including when a physician must change the type, size or brand of formula based on availability. The DMHC encourages plans to treat such requests in an expeditious manner.
25	DHCS	22-009	6/13/2022	COVID-19 GUIDANCE FOR MEDI-CAL MANAGED CARE HEALTH PLANS	MEDI-CAL	APL provides information to MCPs on changes to federal and state requirements for COVID-19 testing, treatment, and prevention.
26	DMHC	22-017	6/14/2022	COVERAGE OF COVID-19 THERAPEUTICS	GROUP CARE	This APL concerns commercial health plan coverage of COVID-19 therapeutics, steps plans can take to encourage providers to use therapeutics, when appropriate, and directs plans to submit a description of how the plan is ensuring enrollees who need and are eligible for therapeutics have ready access to such treatment.
27	DHCS	22-010	6/22/2022	CANCER BIOMARKER TESTING	MEDI-CAL	APL provides information to MCPs about coverage requirements for cancer biomarker testing as required by Senate Bill (SB) 535 (Limón, Chapter 605, Statutes of 2021).
28	DHCS	22-011	6/23/2022	PROPOSITION 56 DIRECTED PAYMENTS FOR FAMILY PLANNING SERVICES	MEDI-CAL	APL provides MCPs with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified family planning services with dates of service on or after July 1, 2019.
29	DMHC	22-018	7/11/2022	Fiscal Year 2022-23 Health Plan Annual Assessments		Supplemental information to health care service plans (health plans) pertaining to the increase in the DMHC's fiscal year (FY) 2022-23 annual assessment of health plans.
30	DHCS	22-012	7/11/2022	GOVERNORS EXCUTIVE ORDER N-01-19 REGARDING TRANSITIONING MEDI-CAL PHARMACY BENEFITS FROM MANAGED CARE TO MEDI-CAL RX	MEDI-CAL	APL provides MCPs with guidance on changes to the oversight and administration of the Medi-Cal pharmacy benefit. Governor Gavin Newsom's Executive Order (EO) N-01-19, requires DHCS to transition Medi-Cal pharmacy services from the managed care delivery system to the Fee-For-Service (FFS) delivery system known as Medi-Cal Rx, effective January 1, 2022.
31	DHCS	22-013	7/19/2022	PROVIDER CREDENTIALING/RE-CREDENTIALING AND SCREENING/ENROLLMENT	MEDI-CAL	APL is to inform MCPs of their responsibilities related to the screening and enrollment of all Network Providers pursuant to Title 42 of the CFR Part 438 and Part 455 (Subparts B and E). 1, 2 This APL also outlines MCPs' contractual obligations related to credentialing and re-credentialing as required in Title 42 of the CFR, Section 438.214. The screening and enrollment responsibilities are located in Part 1 of this APL and the credentialing and re-credentialing responsibilities are located in Part 2. Additionally, this APL clarifies an MCP's responsibility to monitor the enrollment status of Network Providers, as well as the notification and approval requirements when the MCP develops and implements its own managed care provider screening and enrollment process. **This APL supersedes APL 19-004**.

32	DHCS	22-014	7/21/2022	ELECTRONIC VISIT VERIFICATION IMPLEMENTATION REQUIREMENTS	MEDI-CAL	Provides MCPs with direction regarding the implementation of the federally mandated Electronic Visit Verification (EVV) requirements. MCPs must implement EVV requirements for HHCS by January 1, 2023. MCPs are required to implement EVV for all Medi-Cal PCS and HHCS that are delivered during in-home visits by a provider.4 This includes, but is not limited to, PCSand HHCS delivered as part of Community-Based Adult Services (CBAS)5, Whole Child Model and Community Supports – personal care and homemaker services, respite services, day habilitation programs – and all other HHCS programs covered under the contract between DHCS and the MCPs. Implementation of EVV is only required for PCS and HHCS delivered in a member's home, including visits that begin in the community and end in the home (or vice versa). There are 6 exclusions. (see APL). All Medi-Cal PCS and HHCS providers must capture and transmit six mandatory data components: 1) The type of service performed; 2) The individual receiving the service; 3) The date of the service; 4) The location of service delivery; 5) The individual providing the service; and 6) The time the service begins and ends. All Network Providers are required to comply with the EVV requirements when rendering PCS and HHCS, subject to federal EVV requirements. MCPs must monitor their Network Providers to ensure compliance with these requirements in accordance with the established guidelines below: • Monitor providers for compliance with the EVV requirements and CalEVV Information Notice(s), and alert DHCS to any compliance issues. • Supply providers with technical assistance and training on EVV compliance. • Require providers to comply with an approved corrective action plan. • Deny payment if the provider is not complying with EVV requirements and arrange for the participants to receive services from a provider who does comply.
33	DHCS	22-015	8/24/2022	Enforcement Actions: Administrative and Monetary Sanctions (Supersedes APL 18-003)	MEDI-CAL	Provides clarification to MCPs of the DHCS' policy regarding the imposition of administrative and monetary sanctions, which are among the enforcement actions DHCS may take to enforce compliance with MCP contractual provisions and applicable state and federal laws. MCPs are responsible for ensuring that they comply with all Contractual Obligations and applicable state and federal laws and regulations. MCPs must also ensure that all Subcontractors comply with all Contract requirements related to the delegated functions undertaken by each Subcontractor. These requirements must be communicated by each MCP to all Subcontractors
34	DHCS	22-016	9/2/2022 revised 9/9/2022	Community Health Worker Services Benefit	MEDI-CAL	Provides MCPs with guidance regarding the qualifications for becoming a Community Health Worker (CHW), the definitions of eligible populations for CHW services, and descriptions of applicable conditions for the CHW benefit. MCPs must ensure that Supervising Providers or their Subcontractors contracting with or employing CHWs to provide covered CHW services to the MCP's Members verify that CHWs have adequate supervision and training
35	DHCS	22-017	9/22/2022	Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review (Supersedes APL 20-006) Facility Site Reviews. Medical Record Review Standards	MEDI-CAL	Provides requirements to all MCPs on the Skilled Nursing Facility (SNF) Long Term Care (LTC) Benefit Standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of beneficiaries to managed care. 1.Effective January 1, 2023, MCPs in all counties must authorize and cover medically necessary services provided in SNFs (both freestanding and hospital based facilities), consistent with definitions in the Medi-Cal Provider Manual and any subsequent updates. 2.MCPs must comply with PHM requirements, as outlined in this APL, which include the coordination of medically necessary drugs or medications on behalf of the Member. 3. MCPs must provide continuity of care for Members that are transferred from a SNF to a general acute care hospital, and then require a return to a SNF level of care due to medical necessity. 12 Requirements regarding leave of absence, bed hold, and continuity of care policies apply.
36	DHCS	22-018	9/28/2022	Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care	MEDI-CAL	APL provides requirements to all MCPs on the Skilled Nursing Facility (SNF) Long Term Care (LTC) Benefit Standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of beneficiaries to managed care. Revised update: MCPs must develop sufficient network capacity to enable Member placement in SNFs within 5 business days, 7 business days, or 14 calendar days of a request, depending on the county of residence, as outlined in Welfare and Institutions Code (WIC) Section 14197.

37	DMHC	22-019	10/6/2022	Health Plan Coverage of Monkeypox Testing, Vaccinations, and Therapeutics	MEDI-CAL & GROUP CARE	As required by Health and Safety Code section 1342.3, for the duration of the California State of Emergency regarding Monkeypox, full-service health plans must cover the following services with no cost sharing and without prior authorization or other utilization management: 1. Evidence-based items, services, or immunizations intended to prevent or mitigate Monkeypox as recommended by the U.S. Preventive Services Task Force that have a rating of "A" or "B" or the Advisory Committee on Immunization Practices of the federal CDC. Health care services and products related to diagnostic and screening testing for Monkeypox that are approved or granted emergency use authorization by the federal Food and Drug Administration or are recommended by the California Department of Public Health or the federal CDC. 3. Therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration. Per Health and Safety Code section 1374.192(c), a health plan retains the financial risk for Monkeypox testing and vaccinations and cannot pass that risk to a delegated provider unless the plan and the provider have "agreed upon a new contract provision pursuant to Section 1375.7.
38	DHCS	22-019	10/10/2022	Proposition 56 Value-Based Payment Program Directed Payments (Supersedes APL 20-014)	MEDI-CAL	APL provides MCPs with guidance on value-based directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), to Network Providers for qualifying services tied to performance on designated health care quality measures in the domains of prenatal and postpartum care, early childhood prevention, chronic disease management, and behavioral health care. This APL supersedes APL 20-014.
39	DHCS	22-020	10/21/2022	Community-Based Adult Services Emergency Remote Services (Supersedes APL 20-007)	MEDI-CAL	APL provides MCPs with policy guidance regarding the end of CBAS Temporary Alternative Services (TAS) effective September 30, 2022, and implementation of Community-Based Adult Services (CBAS) Emergency Remote Services (ERS) authorized under the California Advancing and Innovating Medi-Cal (CalAIM) 1115 Demonstration Waiver (Waiver), effective as of October 1, 2022. The purpose of ERS is to allow for immediate response to address the continuity of care needs of Members participating in CBAS when an emergency restricts or prevents them from receiving services at their center. This policy guidance aligns with the California Department of Aging (CDA) All Center Letter (ACL) 22-04, Launch of New CBAS Emergency Remote Services (ERS).
40	DHCS	22-021	10/26/2022	Proposition 56 Behavioral Health Integration Incentive Program	MEDI-CAL	APL provides MCPs with guidance on the Behavioral Health Integration (BHI) Incentive Program, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for achievement of specified milestones and measures tied to BHI.
41	DHCS	22-022	10/28/2022	Abortion Services (Supersedes APL 15-020)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal Managed Care Health Plans (MCP) with information regarding their responsibility to provide Members with timely access to abortion services.
42	DHCS	22-023	11/7/2022	Street Medicine Provider: Definitions and Participation in Managed Care	MEDI-CAL	APL provides guidance to MCPs on opportunities to utilize street medicine providers to address clinical and non-clinical needs of their Medi-Cal Members experiencing unsheltered homelessness.
43	DMHC	22-020	10/10/2022	Notice of Rate Changes for Independent Medical Reviews	MEDI-CAL & GROUP CARE	Effective January 1, 2023, Maximus will implement a 25% rate increase to complete IMRs assigned by the Department. Attached is a copy of the revised Maximus Rate Review Schedule.
44	DMHC	22-021	10/11/2022	Quarterly Grievance Reports	MEDI-CAL & GROUP CARE	DMHC issues APL to remind plans to comply with the quarterly grievance data reporting requirements as outlined in section 1300.68(f) of title 28 of the CCR. The report shall be prepared for the quarters ending March 31st, June 30th, September 30th and December 31st of each calendar year. The report shall also contain the number of grievances referred to external review processes, such as reconsiderations of Medicare Managed Care determinations pursuant to 42 C.F.R. Part 422, the MediCal fair hearing process, the Department's complaint or Independent Medical Review system, or other external dispute resolution systems, known to the plan as of the last day of each quarter. When a plan submits a quarterly grievance report to the Department through the Quarterly Grievance Report Web Portal
45	DMHC	22-022	10/26/2022	AB 72 Non-Emergency Transportation	GROUP CARE	AB 72 codified at HSC 1371.9. Prohibits a noncontracting individual professional from "surprising balance billing" an enrollee when the enrollee received covered services from a contracting health facility at which they received services.
46	DMHC	22-023	10/27/2022	Summary of Dental Benefits and Coverage Disclosure Matrix	N/A	On September 1, 2022, the Office of Administrative Law (OAL) approved the Department of Managed Health Care's (Department or DMHC) regular rulemaking filing. This adds rule 1300.63.4 to title 28 of the California Code of Regulations (the Rule), which implements Health and Safety Code section 1363.041 Hereinafter "Rule" and "Section" as enacted by Senate Bill (SB) 1008 (Skinner, 2018). The Rule requires health care service plans and specialized health care service plans that offer standalone dental products to file a Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC).

ALAMEDA Alliance FOR HEALTH

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

Health Care Services

Steve O'Brien, MD

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

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

Date: **January 13th, 2023**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- The carve in of Major Organ Transplant/Bone Marrow Transplant (MOT/BMT) went live on 1/1/2022. So far 230 members are in various stages of the Transplant process: 103 in Pre-Transplant, 18 on a Waitlist, 91 are post-Transplant. Most cases are going to UCSF, with a few to Stanford and other Centers of Excellence.

- Progress continues with UM/Claims configuration alignment. Due to competing initiative roll outs, completion for this project will be Q2 2023. At the end of the project a comprehensive coding list for all PA categories will be published on our website with links to the applicable coding for each category as well as a master coding list. The same list will be published for our delegates to ensure adherence to Alliance processes. Providers will continue to be informed of the coding alignment changes so that they can bill and receive payment in a timely manner. Standardization improves accuracy and timeliness of claims payment through appropriate data integration between the authorization process and the claims processing. This project also supports accurate reporting of data to the state for a variety of initiatives.

- Requirements for authorization to Tertiary/Quaternary (T/Q) centers were fully implemented on 1/1/23. Meetings to engage and educate stakeholders had been held, with the most recent one being with UCSF prior to going live, to answer any/all questions related to TQ. An ongoing analysis will be done by UM Medical Director to identify the level of referral appropriateness and trends.

- CCS expanded identification and monitoring program continues. Analytics is currently drafting a CCS dashboard, to include total volume of referrals, volume by delegate, referral outcomes, CCS diagnoses and projected cost savings for accepted referrals. This dashboard will be shared with our local CCS partners and used for discussion to improve services for our pediatric population.

- Community Based Adult Services (CBAS) has been expanded beyond CBAS Center sites to allow services to be provided in alternative settings, the member's home, or telehealth during CBAS participant emergencies. These emergencies can be Public Health Emergencies, (such as the Covid pandemic or natural disasters,) or personal emergencies, such as serious illness/injury, or crises. UM has enacted the required services and will monitor on a monthly/quarterly basis for trending and work with our community based partners to ensure our members are receiving all required services appropriately

Outpatient Authorization Denial Rates			
Denial Rate Type	**Sep 2022**	**Oct 2022**	**Nov 2022**
Overall Denial Rate	**4.6%**	**3.3%**	**3.1%**
Denial Rate Excluding Partial Denials	**4.0%**	**3.1%**	**2.7%**
Partial Denial Rate	**0.6%**	**0.3%**	**0.4%**

Turn Around Time Compliance			
Line of Business	**Sep 2022**	**Oct 2022**	**Nov 2022**
Overall	**99%**	**98%**	**98%**
Medi-Cal	**99%**	**98%**	**98%**
IHSS	**98%**	**98%**	**99%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- On January 1st, 2023, FFS Medi-Cal members currently residing in Long Term Care SNFs began to come into AAH. Preparation for the influx of 1500 to 1800 new members was completed in December 2022, involving all departments in AAH and led by the Integrated Planning Department. The IP UM department supported the training and implementation, modifying workflows and training to align the LTC UM processes with current IP and OP processes for the management of these vulnerable members.

- On January 1st, 2023, Transitional Care Services for High-Risk members was implemented as part of the new Population Health Management program. The inpatient UM department implemented workflows and staff training to align along with Case Management department for the launch of Transitional Care Services. This includes identification of high-risk members admitted to a hospital and transitioning from one level of care to the next, completion of discharge planning assessment and hospital notification of assigned Care Manager.

- The Inpatient UM department continues to track COVID admissions: Covid admissions increased in July, had decreased in October (8), and then increases in both November (22) and December (28). Overall, the rate continues to remain low, consistent with Alameda County data, but the winter surge may be starting now, complicated by the increase of flu and RSV cases in the County. Overall, the Actual and Paid days have steadily decreased from the beginning of 2021 to the end of 2022. We will continue to monitor trends with the winter months, weather and seasonal infections that we anticipate may drive LOS upward.

- Readmission reduction: CM continuing to collaborate with hospital partners and with their community-based TOC programs to focus on readmission reduction, aligning with their readmission reduction goals. TOC is being expanded to include all high-risk members in 2023, and IP UM is working with CM to enact the requirements.

Inpatient Med-Surg Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**Aug 2022**	**Sep 2022**	**Oct 2022**
Authorized LOS	5.2	5.5	5.0
Admits/1,000	55.6	53.1	38.8
Days/1,000	288.6	290.8	195.4

Pharmacy

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

Decisions	**Number of PAs Processed**
Approved	25
Denied	30
Closed	77
Total	**132**

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

- Medications for nerve pain, dry eye disease, high blood pressure, anemia, glaucoma, major depressive disorder, asthma, skin disease, bowel cleanse and menopause are the top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Nerve Pain	Criteria for approval not met
2	XIIDRA 5% EYE DROPS	Dry Eye Disease	Criteria for approval not met
3	CONJUPRI 2.5 MG TABLET	High Blood Pressure	Criteria for approval not met
4	PROMACTA 50 MG TABLET	Anemia	Criteria for approval not met
5	LUMIGAN 0.01 EYE DROPS	Glaucoma	Criteria for approval not met
6	CYCLOSPORINE 0.05% EYE EMULSION	Dry Eye Disease	Criteria for approval not met
7	TRINTELLIX 10 MG TABLET	Major Depressive Disorder	Criteria for approval not met
8	DUPIXENT 300 MG/2 ML PEN	Asthma & Skin Disease	Criteria for approval not met
9	CLENPIQ SOLUTION	Bowel Cleanse	Criteria for approval not met
10	ESTRADIOL 0.05 MG PATCH (1/WK)	Menopause	Criteria for approval not met

- The Alameda Alliance for Health (AAH) Pharmacy Department has successfully carried out Medi-Cal RX go-live as of 1/1/2022 and continues to serve its members with the same high standards of care.
    - As of December 16th, 2022, approximately 122.10 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately $15.34 billion in payments.
    - Processed 279,070 prior authorization requests.
    - Answered 519,165 calls and 100 percent of virtual hold calls and voicemails have been returned.
    - We have closed submitting Medi-Cal PAs and informing doctor offices to submit to Medi-Cal RX:

Month	Number of Total PA Closed
January 2022	169
February 2022	44
March 2022	31
April 2022	25
May 2022	7
June 2022	8
July 2022	27
August 2022	44
September 2022	66
October 2022	68
November 2022	70
December 2022	48

- The AAH Pharmacy Department is collaborating with multiple departments within healthcare services.
    - The AAH Pharmacy Department is working with its Inpatient Department and Case Management Disease Management (CMDM) Department.
    - The AAH Pharmacy Department's TOC (Transition of Care) Program continues collaborating with the AAH Inpatient UM Department and Case

Management Disease Management (CMDM) Department to help reduce the number of re-admissions after members are discharged from hospitals through education to the members as well as filling potential gaps between providers and their patients.

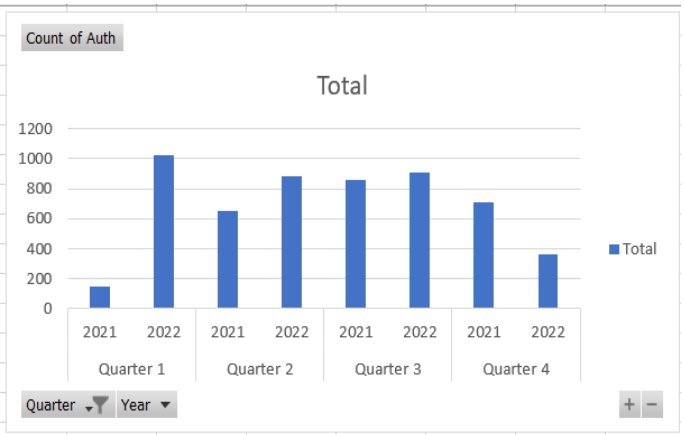
- At the start of 2023, DHCS is requiring all MCPs to perform medication reconciliations for their highest risk TOC members based on new criteria from the state. The AAH Pharmacy Department is building out a new workflow with the other departments to meet these criteria.
- Referred cases from the CMDM daily feed are evaluated to determine if the AAH Pharmacy Dept is required for each case. The pharmacy department is focusing on lower volume, higher need cases where pharmacy may have the greatest impact on member outcomes:

Month	Number of TOC Cases
January 2022	8
February 2022	38
March 2022	21
April 2022	22
May 2022	0
June 2022	1
July 2022	2
August 2022	12
September 2022	6
October 2022	7
November 2022	17
December 2022	8

- Pharmacy is leading initiatives on PAD (physician administered drugs) focused internal and external partnership and reviewed PAD related UM authorizations as follows. Note one auth is per drug:

Month	Number of Auth
January 2022	303
February 2022	303
March 2022	421
April 2022	330
May 2022	294
June 2022	260
July 2022	270
August 2022	289
September 2022	346
October 2022	360

Row Labels	Year	Count of Auth
Quarter 1		
	2021	146
	2022	1027
Quarter 2		
	2021	654
	2022	884
Quarter 3		
	2021	856
	2022	905
Quarter 4		
	2021	706
	2022	360
Grand Total		5538



- Effective 12/1/2022, AAH no longer manages Enteral Nutrition Formula for AAH Medi-Cal Members. The benefit is managed by Medi-Cal Rx as a pharmacy billed item. There will be no change for IHSS group care members and there will be no change to medical supplies related to Enteral Nutrition for both lines of businesses.

- Pharmacy is collaborating with CDPH, QI and HealthEd for additional asthma intervention strategies (e.g., data sharing, toolkit exchange and community worker training materials/programs).

- Pharmacy continues to collaborate with QI for members on use of opioids.

MME	IHSS	MCAL	Total
October			**342**
50	4	265	269
90	1	16	17
120	1	26	27
200	0	17	17
300	0	2	2
400	0	10	10
November			**328**
50	2	243	245
90	2	16	18
120	1	33	34
200	0	16	16
300	0	6	6
400	0	9	9

- Q4 PT Summary

ALAMEDA Alliance FOR HEALTH	Alameda Alliance for Health FORMULARY UPDATE **Effective 02/10/2023, unless indicated below under Committee Actions.**

Alameda Alliance for Health Pharmacy & Therapeutics (P&T) Committee Decisions

The P&T Committee reviewed the efficacy, safety, cost, and utilization profiles of the following therapeutic categories and drug monographs at the December 20th, 2022, meeting:

Therapeutic/Monograph Class Reviews	
• Botulinum toxins comparative review • COVID-19 tests (abbreviated) review • Impetigo agents class review • Methergine monograph • Pneumococcal vaccine comparative review • Prenatal vitamins (abbreviated) review • Urinary antispasmodics class review	• Contraceptives (abbreviated) review • Multiple sclerosis class review • ICS/LABA Combinations class review • Inhaled Corticosteroids (ICS) class review • Topical medications for psoriasis class review

The P&T Committee approved the following modifications to the formulary for the Alliance's Group Care programs.

Case and Disease Management

- CM worked with Population Health, Quality, Health Education, Analytics, UM departments to launch the new Population Health Management (PHM) program on 1/1/2023. PHM is a new program of DHCS a part of the CalAIM initiative to incentive Managed MediCal Health plans to systematically evaluate and provide services to the entire membership, tailored to the risk level of the members and care coordination across the continuum of care.

- CM's collaboration with the Quality Department on the implementation of the new PHM standards includes further expansion of Disease Management to include cardiovascular disease and Depression.

- CM has worked with the Quality and Analytics Departments on updating the current Risk Stratification of AAH members guided by the implementation of the new PHM standards. The new Risk Stratification is used to evaluate and improve AAH's approach to connecting members to appropriate interventions and services.

- Population Health Management standards include Transitional Care Services across settings. CM collaborated with Quality, Analytics, and IP UM to further enhance the current Transitions of Care programming to expand to high risk members in 2023, and to all members in 2024.

- CM has expanded the Transitions of Care program to incorporate DHCS's new requirements for Transitional Care Services for high-risk members. Transitional Care Services (formerly known as Transitions of Care) went live 1/1/23.

- CM worked with UM to prepare for Long-Term Care's Go-Live date of January 1, 2023. This includes creating workflows, internal processes, and data tracking to address members transition(s) through the care continuum.

- Major Organ Transplant (MOT) CM Bundle was deployed, and the volume continues to increase, (260 cases.) Processes to support members throughout the continuum of care, from Pre-Transplant, Transplantation, and Post-Transplant are being reviewed to further improve the collaboration between UM and CM to better serve this population.

- CM is working closely with the Behavioral Health (BH) team to integrate the BH team as Behavioral Health is carved-in to the Alliance.

- CM has established a workflow and process to address high-risk utilizers to be enrolled in case management services.

- CM continues to collaborate with community partners, to discuss referrals, provide case conferences and optimize communication to help AAH members receive appropriate resources.

Case Type	Cases Opened in October 2022	Total Open Cases as of October 2022	Cases Opened in November 2022	Total Open Cases as of November 2022
Care Coordination	311	716	364	836
Complex Case Management	37	102	42	114
Transitions of Care (TOC)	197	395	233	427

CalAIM

- Work with IPD, Analytics and Provider Service teams has started for the next Populations of Focus (Children/Youth) to launch 07/01/23.

ECM Populations of Focus

ECM Population of Focus (POFs)		Adults	Children & Youth (New)
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (*formerly called "High Utilizers"*)	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Individuals with Intellectual or Developmental Disabilities (I/DD)	✓	✓
10	Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes	✓	✓

- The new ECM Populations of Focus launched 1/1/23 (Adults Living in the Community Who are at Risk for LTC Institutionalization and Nursing Facility Residents Transitioning to the Community). Two new providers (Institute on Aging & MedArrive) were added to the network.

- CHCN has expanded to serve Adults Living in the Community Who are at Risk for LTC Institutionalization. East Bay Innovations (EBI) has expanded to serve Adults Living in the Community Who are at Risk for LTC Institutionalization and Nursing Facility Residents Transitioning to the Community.

- Meetings continue with California Children's Services (CCS) to discuss the new ECM Population of Focus, Children and Youth, and CCS's role when this population launches in July 2023.

- Completed in-service with Alameda Probation. Received 1st test case for ECM referral for existing POFs.

- Have begun engagement with Chapman consulting for potential ECM providers in upcoming Listening Sessions (target dates: Jan 22nd – Feb 3rd).

Case Type	ECM Outreach in July 2022	Total Open Cases as of July 2022	ECM Outreach in August 2022	Total Open Cases as of August 2022	ECM Outreach in September 2022	Total Open Cases as of September 2022
ECM	226	799	243	850	195	890

Community Supports

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

- A CS dashboard has been completed to provide real time data review and reporting on the processes and outcomes of the CS program. Early evaluation shows a decrease in Admits/1000, Bed Days/1000, Average Length of Stay, ER Visits/1000.

- Ongoing weekly meetings with each CS provider to work through logistical issues as they arise.

- Recipe for Health (R4H) successfully launched as a Medically Supportive Food CS provider on 9/1/22, which expanded the number of members receiving services.

- CS started a self-funded pilot for 2 additional Community Supports Services to complement the incoming ECM Populations of Focus (January of 2023) and contribute to the success of the members' management:

    - Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities.

    - Community Transition Services/Nursing Facility Transition to a Home.

Community Supports	Services Authorized in Aug 2022	Services Authorized in Sept 2022	Services Authorized in Oct 2022	Services Authorized in Nov 2022
Housing Navigation	359	371	390	396
Housing Deposits	245	235	224	206
Housing Tenancy	972	1004	1023	1030
Asthma Remediation	27	33	31	26
Meals	61	261	317	320
Medical Respite	33	37	33	28

Grievances & Appeals

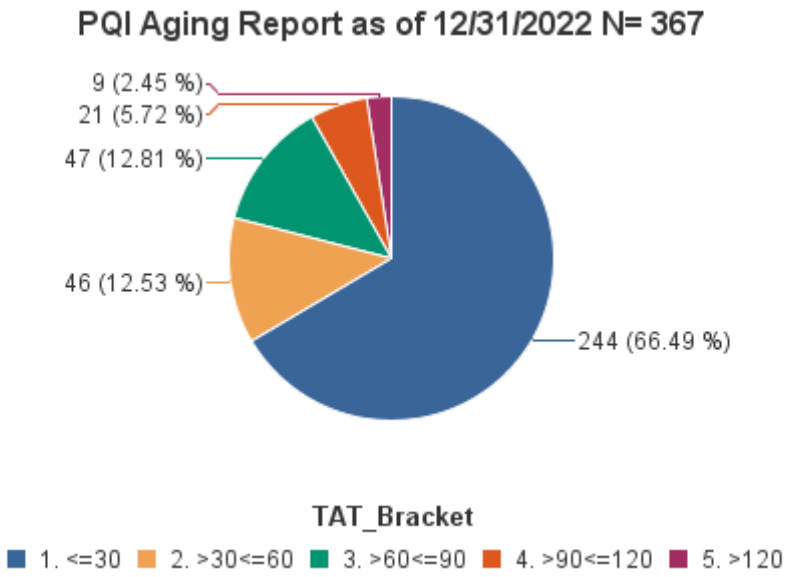
- All cases were resolved within the goal of 95% within regulatory timeframes.
- Total grievances resolved in December were 7.11 complaints per 1,000 members.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of December 2022; we did not meet our goal at 28% overturn rate.

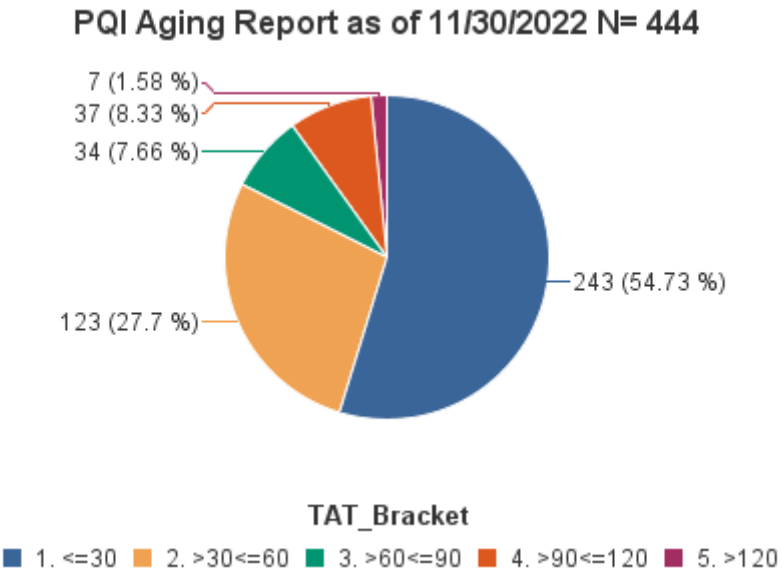
December 2022 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	800	30 Calendar Days	95% compliance within standard	760	95.0%	2.44
Expedited Grievance	0	72 Hours	95% compliance within standard	NA	NA	NA
Exempt Grievance	1,504	Next Business Day	95% compliance within standard	1,504	100.0%	4.59
Standard Appeal	25	30 Calendar Days	95% compliance within standard	25	100.0%	0.08
Expedited Appeal	0	72 Hours	95% compliance within standard	NA	NA	NA
Total Cases:	2,329		95% compliance within standard	2,289	98.3%	7.11

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

Quality

- As part of an effort to streamline the PQI review process, Quality of Access issues are reviewed by the Access & Availability team and Quality of Language issues by the Cultural & Linguistics team after they are triaged by the QI Clinical team.
- PQI cases open > 120 days made up 1.58% of total cases for November and 2.45% in December. Turnaround times remain well within the benchmark of 5% per P&P QI-104.
- Cases open for >120 days continues to be primarily related to delay in submission of medical records by specific providers. Measures to identify barriers and close these gaps continue to be a priority.





- The P4P program is returning to Measurement Year (MY) 2023 and is offered to Alameda Alliance for Health's (AAH) primary care providers (PCPs) and PCP Groups.

- The P4P program's goal is to improve quality, performance, and outcomes, through PCPs and PCP Groups, by providing incentive rewards for superior performance and yearly improvement.

- PCPs and PCP Groups are contracted with AAH for primary care services, through the date of payment, who serve Alliance Medi-Cal and In Home Support Services (IHSS) Group Care Members.

- The Quality Improvement, Analytics, and Provider Services teams have met with the following PCP Group Leaderships on the 2023 P4P:
    - 11/30/2022: CHCN
    - 12/14/2022: CFMG
    - 12/22/2022: AHS

- In January 2023, AAH will host two webinar sessions to discuss the P4P with our PCP Network. Those events will be hosted on 01/18/2023 and 01/25/2023.

- The goal for all Clinical Quality Measures has changed for MY 2023 for both PCPs and PCP Groups, bringing back into alignment with NCQA's performance levels.

- PCP Groups: 60% of points awarded per measure if the NCQA 50th Percentile is met.
    - 75th Percentile = 80% of points
    - 90th Percentile =100% of points

- PCPs: 100% of points awarded per measure if the NCQA 50th Percentile is met.

- AAH has made changes to the list of P4P measures to align with the 2023 DHCS Managed Care Accountability Sets (MCAS).

- 2022 Measures Removed
    - Child and Adolescent:
        - BMI Percentile Documentation
        - Counseling for Nutrition
        - Counseling for Physical Activity
    - Colorectal Cancer Screening (Removed from Direct Providers)
    - Flu Vaccination Rate
    - Screening for Depression

- 2023 Measures Added:
    - Lead Screening in Children
    - Follow-up After ED Visit for Mental Illness – 30 Days
    - Member Satisfaction Survey - Urgent Appointment Availability

- For PCPs and PCP Groups, the total possible points to be earned is 100. Of which, the Clinical Quality Measures are worth a total of 60 points, Other Measures are worth 40 points.

2023 Clinical Quality Measure	AHS Family Category Measure	CHCN Family Category Measure	DIRECTS Family Category Measure	DIRECTS Internal Category Measure	CFMG Pediatric Category Measure	DIRECTS Pediatric Category Measure
Childhood Immunizations: Combo 10 (CIS)	N	N	N	N	Y	Y
Immunizations for Adolescents: Combo 2 (IMA)	N	N	N	N	Y	Y
Well-Child Visits in the First 15 Months of Life: Six or More Visits (W30)	Y	Y	N	N	Y	Y
Well-Child Visits in the First 30 Months of Life: Two or More Visits (W30)	Y	Y	N	N	Y	Y
Child and Adolescent Well-Care Visits (WCV)	Y	Y	Y	N	Y	Y
Breast Cancer Screening (BCS)	Y	Y	Y	Y	N	N
Cervical Cancer Screening (CCS)	Y	Y	Y	Y	N	N
Lead Screening in Children (LSC) ***New Measure***	Y	Y	N	N	Y	N
Hemoglobin A1c Poor Control (> 9%) For Diabetics (HBD) *Lower Rate is Better*	Y	Y	Y	Y	N	N
Follow-up After ED Visit for Mental Illness (FUM) - 30 day **Only applicable to CHCN and AHS* ***New Measure for P4P***	Y	Y	N	N	N	N

2023 Other Measure	AHS Family Category Measure	CHCN Family Category Measure	DIRECTS Family Category Measure	DIRECTS Internal Category Measure	CFMG Pediatric Category Measure	DIRECTS Pediatric Category Measure
PCP Visits Per 1000	Y	Y	Y	Y	Y	Y
ED Visits Per 1000	Y	Y	Y	Y	Y	Y
Readmission Rate **Readmissions Definition: 30-day readmit; Excludes OB admits & planned readmits (eg. IP chemo, IP rehab, planned procedures)*	Y	Y	N	N	N	N
Member Satisfaction Survey: Non-Urgent Appt Availability	Y	Y	Y	Y	Y	Y
Member Satisfaction Survey: Urgent Appt Availability ***New Measure on P4P***	Y	Y	Y	Y	Y	y

47	DMHC	22-024	10/27/2022	New and Amended Annual Network Report Forms for Reporting Year 2023, Resulting from SB 221 and AB 457	MEDI-CAL & GROUP CARE	DMHC issues this APL to inform health plans of the new and amended report forms for the reporting year 2023 Annual Network Report submission, based on recent changes to the law.
48	DMHC	22-025	11/1/2022	Health Plan Requirement to File Annual Antifraud Report	MEDI-CAL & GROUP CARE	DMHC issues this APL to remind health plans of their continuing obligation to comply with the annual antifraud reporting requirements under the Knox-Keene Health Care Service Act of 1975, as amended ("Knox-Keene Act"). The Department has determined that several plans have either failed to file any annual antifraud reports or have inconsistently filed these reports with the Department. Additionally, reports filed with the Department have lacked the required information. For the 2022 calendar year, plans are advised to file their antifraud reports, or in the alternative, submit an attestation confirming compliance with CMS antifraud requirements, no later than December 31, 2022.
49	DMHC	22-026	11/4/2022	Implementation Filing Requirements Related to the Amendments to the Timely Access and Network Reporting Statutes and Regulation	MEDI-CAL & GROUP CARE	APL provides information regarding implementation of the Timely Access and Network Reporting Statutes and Regulation, and the filing requirements for health care service plans, as referenced in APL 22-007. The instructions provided herein are intended to be read in concert with the information and guidance published by the Department in APL 22-007, and are not intended to supersede APL 22-007, unless explicitly stated.
50	DMHC	22-027	11/7/2022	Timely Access to Emergent and Urgent Services When an Enrollee is Outside of California	MEDI-CAL & GROUP CARE	California health plans have a duty to provide timely access to medically necessary basic health care services for the plans' enrollees, even when those enrollees happen to be outside of California when they need the services. Specifically, California Code of Regulations, title 28, section 1300.67(g)(2), requires plans to cover out-of-area emergency care and urgently needed care. If an enrollee is outside of California and needs a service on an emergency or urgent basis, but that service is not available in the area or state where the enrollee is physically located, the enrollee may be unable to access the emergency/urgent care in a timely manner unless the enrollee is transported to an area where the service(s) are available. In such instances, the health plan has an obligation to arrange for the enrollee to obtain the service in a timely manner, consistent with California's timely access standards. This may require the health plan to pay for the enrollee to travel, including travel to another state, to access the care.
51	DHCS	22-024	11/28/2022	Population Health Management Program Guide (Supersedes APLs 17-012 and 17-013)	MEDI-CAL	APL is to provide guidance to all MCPs regarding the implementation of the Population Health Management (PHM) Program and the role of the PHM Program Guide.
52	DHCS	22-025	11/28/2022	Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older	MEDI-CAL	APL provides guidance to MCPs about the provision of the new annual Medi-Cal cognitive health assessment to eligible Members 65 years of age or older. California Senate Bill (SB) 48 (Chapter 484, Statutes of 2021) expands the Medi-Cal schedule of benefits to include an annual cognitive assessment for Medi-Cal Members who are 65 years of age and older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit through the Medicare Program
53	DHCS	22-026	11/29/2022	Interoperability and Patient Access Final Rule	MEDI-CAL	APL notifies all MCPs of the Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access final rule requirements as required by federal law.
54	DHCS	22-027	12/6/2022	Cost Avoidance and Post-Payment Recovery for Other Health Coverage (Supersedes APL 21-002)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification and guidance to Medi-Cal managed care health plans (MCP) for cost avoidance and post-payment recovery requirements when an MCP Member has other health coverage (OHC). The APL also provides instructions on using the Department of Health Care Services' (DHCS) Medi-Cal Eligibility Record for processing claims, as well as reporting requirements. In addition, this APL provides a reference to APL 21-003 which outlines specific notice and submission requirements due to a significant change in the MCP's contracting arrangements with Network Providers and/or Subcontractors.
55	DMHC	22-028	12/21/2022	Health Equity and Quality Measure Set and Reporting Process	MEDI-CAL & GROUP CARE	The purpose of this All Plan Letter (APL) is to inform all full-service and behavioral health plans (health plans) of the Department of Managed Health Care (DMHC) Health Equity and Quality Measure Set (HEQMS) and stratification requirements that will take effect beginning Measurement Year (MY) 2023. In 2023, the DMHC will develop health plan instructions and templates for the HEQMS policy outlined in this APL.
56	DMHC	22-029	12/21/2022	RY 2024 MY 2023 Provider Appointment Availability Survey Manual and Report Form Amendments	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 22-029: RY 2024/MY 2023 Provider Appointment Availability Survey Manual (PAAS) and PAAS Report Form Amendments

57	DMHC	22-030	12/22/2022	Requirement for Plans to Arrange for Covered Services	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 22-030 to provide guidance regarding the obligations of health plans to “arrange for” covered services to be delivered by a noncontracted provider when such services are not available from contracted providers within the Knox-Keene Act’s timely and geographic access standards.
58	DMHC	22-031	12/22/2022	Newly Enacted Statutes Impacting Health Plans - 2022 Legislative Session	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) 22-031 outlines the newly enacted statutory requirements for health care service plans (plans) regulated by the Department of Managed Health Care (DMHC).
59	DHCS	22-028	12/27/2022	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCP) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of adult and youth Members to the appropriate Medi-Cal mental health delivery system, and ensure that Members requiring transition between delivery systems receive timely coordinated care.
60	DHCS	22-029	12/27/2022	Dyadic Care Services and Family Therapy Benefit	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on coverage requirements for the provision of the new Dyadic Care Services and family therapy benefit effective January 1, 2023.
61	DHCS	22-030	12/27/2022	Initial Health Appointment	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the requirements of the Initial Health Appointment (IHA) beginning January 1, 2023. This APL supersedes APL 13-017 and Policy Letters (PL) 13-001 and 08-003.
62	DHCS	22-031	12/27/2022	Doula Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance regarding the qualifications for providing doula services, effective for dates of service on or after January 1, 2023.
63	DHCS	22-032	12/27/2022	Continuity of Care	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on Continuity of Care for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal managed care. In addition, this APL provides guidance on Continuity of Care for Members transitioning from MCPs with contracts expiring or terminating to a new MCP on or after January 1, 2023, due to a contract termination or expiration with the Department of Health Care Services (DHCS). This APL applies to both Medi-Cal only beneficiaries and those dually eligible for Medicare and Medi-Cal, for their Medi-Cal Providers. This APL also describes other types of transitions into Medi-Cal managed care for specific Medi-Cal Member populations for which MCPs must allow Continuity of Care. This APL supersedes APL 18-008.
64	DMHC	22-032	12/27/2022	Compliance with Senate Bill 1473	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 22-032 whic requires health care service plans (health plans) to cover therapeutics for the treatment of COVID-19 without cost sharing, utilization management, or in-network requirements.

ALAMEDA Alliance FOR HEALTH

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

Information Technology

Sasikumar Karaiyan

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

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

Date: **January 13th, 2023**

Subject: **Information Technology Report**

Call Center System Availability

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

Disaster Recovery and Business Continuity

- One of the Alliance primary objectives for the fiscal year 2022 is the implementation of enterprise IT Disaster Recovery and Business Recovery to enable our core business areas to restore and continue when there is any disaster.

- IT Disaster Recovery involves a set of policies, tools, and procedures to enable the recovery or continuation of vital technology infrastructure and systems following a natural or human-induced disaster. IT Disaster Recovery focuses on technology systems supporting critical business functions, which involve keeping all essential aspects of the business functioning, despite significant disruptive events.

- The Business Continuity Plan document has been drafted and completed. This document will serve as a playbook to help ensure the safety of our employees, to keep the organization and members informed through communication designed channels and restore business functions in the event of a disaster.

- The Implementation phase of the project is now at 99% completed and all tier 1 servers are replicating to our backup data center in Roseville. Part of this phase also includes the runbook creation for each application which will incorporate the recovery procedures.

- The project team hit a major milestone in the month of December 2022 as they successfully conducted the tabletop test of the call center to our secondary site. The project team and our vendor are now working to finetune the recovery procedures within the runbook and will be scheduling the final tabletop test in January 2023 for all tier 1 applications.

IT Security Program

- IT Security 2.0 initiative is one of the Alliance's top priorities for fiscal year 2022 and 2023. Our goal is to elevate and further improve our security posture, ensure that our network perimeter is secure from threats and vulnerabilities, and to improve and strengthen our security policies and procedures.

- This program will include multiple phases and remediation efforts are now in progress.

    - **Key initiatives include:**

        - Remediating issues from security assessments. (e.g., Cyber, Microsoft Office 365, & Azure Cloud).

        - Create, update, and implement policies and procedures to operationalize and maintain security level after remediation.

        - Set up extended support for monitoring, alerting and supplementary support in cases of security issues.

        - Implement Security Information and Event Management (SIEM) tool for the enterprise to provide real-time visibility across the organization's information security systems.

- Cyber Security is at 90% and overall, 95% complete for high-severity items.

- Protecting shared cloud applications with Multi-Factor Authentication and Single Sign-On has been included in the overall project. Testing phase is now in-progress and on-going and will ramp-up deployment in the coming weeks and will be scheduled during non-business hours.

Encounter Data

- In the month of December 2022, the Alliance submitted 147 encounter files to the Department of Health Care Services (DHCS) with a total of 289,025 encounters.

- Received encounters were closer to the 12-month average than the previous two months where there were increased submissions by CHCN.

Enrollment

- The Medi-Cal Enrollment file for the month of December 2022 was received and processed on time.

HealthSuite

- A total of 148,403 claims were processed in the month of December 2022 out of which 120,658 claims auto adjudicated. This sets the auto-adjudication rate for this period to 81.3%.

TruCare

- A total of 12,647 authorizations were loaded and processed in the TruCare application.

- The TruCare application continues to operate with an uptime of 99.99%.

Consumer Portal

- In May 2022, the Alliance started the consumer portal enhancement. This consumer portal shall enable the Providers to submit prior authorizations, referrals, claims, and encounters to the Alliance and improve authorization and claim processing metrics.

- In December 2022, we made significant progress in building the portal foundation to support accepting the Behavioural Health provider forms, Long Term Care, and the Professional Services Claim Form.

Long Term Care

- In December 2022, we went live with Long Term Care Carve-In Transition. Under CalAIM, Medi-Cal managed care plans (MCPs) will cover and coordinate Medi-Cal institutional Long-Term Care (LTC) in all counties in 2023.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medi-Cal and Group Care member enrollment in the month of December 2022”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of December 2022”.
- 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 December 2022

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
December	322,014	3,983	2,199	5,777	118	132

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 December 2022

Auto-Assignments	Member Count
Auto-assignments MC	2,195
Auto-assignments Expansion	1,380
Auto-assignments GC	46
PCP Changes (PCP Change Tool) Total	2,087

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of December 2022”.
- There were 12,647 authorizations processed within the TruCare application.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

Table 2-1 Summary of TruCare Authorizations for the Month of December 2022

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
EDI	3,771	440	3,325
Paper to EDI	2,453	1,654	1,452
Provider Portal	2,635	619	2,591
Manual Entry	N/A	N/A	1,527
Total			8,925

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 always one month behind current month)

Table 3-1 Web Portal Usage for the Month November 2022

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	8,967	3,642	166,097	310
MCAL	89,136	2,276	5,648	878
IHSS	3,270	101	305	29
AAH Staff	188	59	1,121	5
Total	**101,561**	**6,078**	**173,171**	**1,222**

Table 3-2 Top Pages Viewed for the Month of November 2022

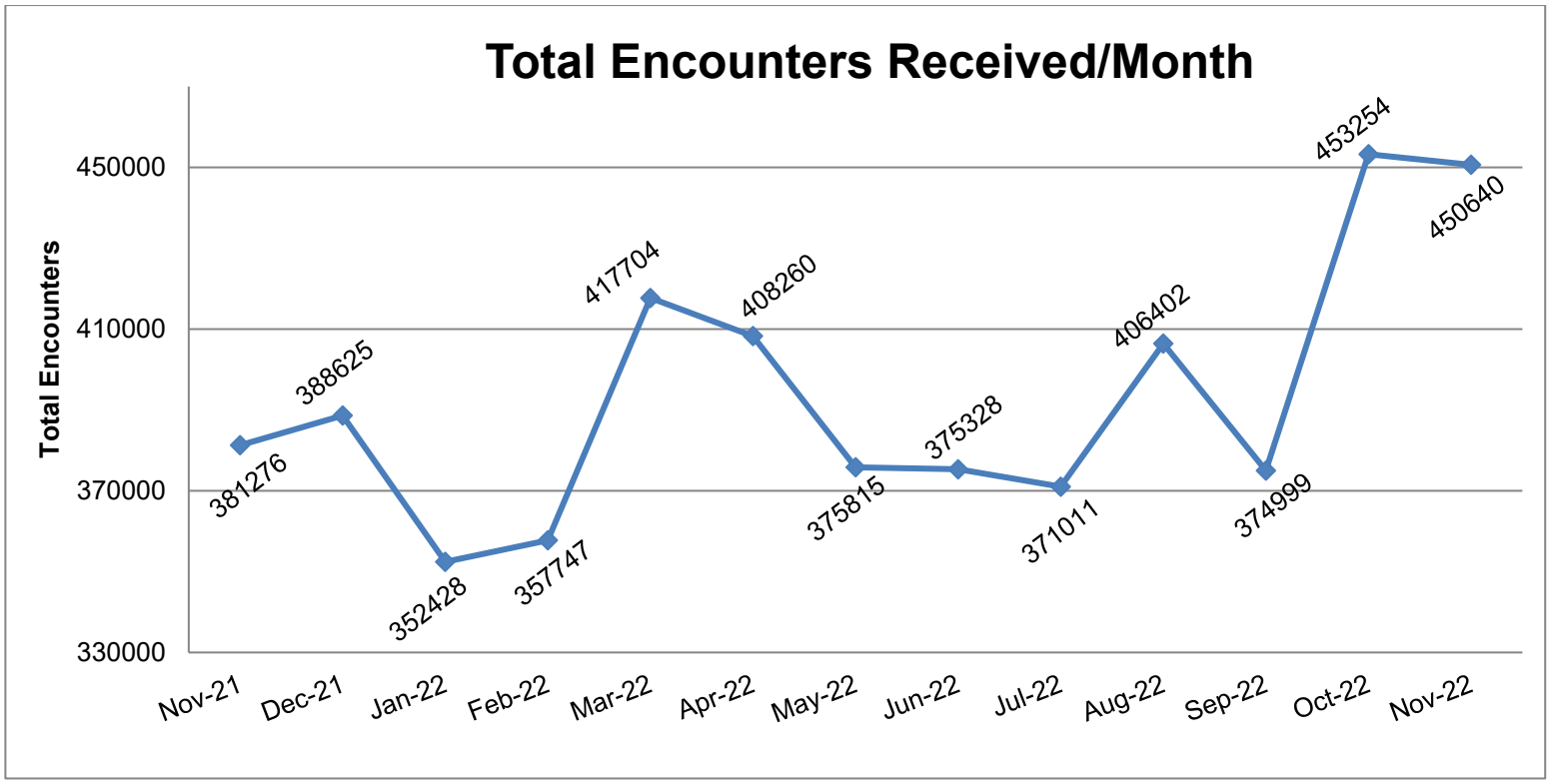
Top 25 Pages Viewed		
Category	**Page Name**	**November- 22**
Provider	Member Eligibility	692,393
Provider	Claim Status	202,513
Provider - Authorizations	Auth Submit	8,897
Provider - Authorizations	Auth Search	5,000
Member My Care	Member Eligibility	2,923
Member Help Resources	Find a Doctor or Hospital	1,753
Provider	Member Roster	1,681
Member Help Resources	ID Card	1,491
Member Help Resources	Select or Change Your PCP	1,143
Member My Care	My Claims Services	853
Provider - Provider Directory	Provider Directory	830
Member My Care	MC ID Card	783
Provider - Reports	Reports	623
Member Help Resources	Request Kaiser as my Provider	614
Member My Care	Authorization	560
Member My Care	My Pharmacy Medication Benefits	288
Provider - Home	Forms	247
Member Help Resources	FAQs	222
Member Help Resources	Forms Resources	212
Member Help Resources	Authorizations Referrals	200
Provider - Provider Directory	Instruction Guide	159
Provider - Provider Directory	Manual	155
Member Help Resources	Contact Us	145
Member My Care	Member Benefits Materials	140
Provider	Pharmacy	133

Encounter Data from Trading Partners 2022

- **ACBH: December monthly files (87 records) were received on time.**
- **AHS: December weekly files (6,332 records) were received on time.**
- **BAC: December monthly file (35 records) were received on time.**
- **Beacon: December weekly files (10,437 records) were received on time**
- **CHCN: December weekly files (83,258 records) were received on time.**
- **CHME: December monthly file (4,822 records) were received on time.**
- **CFMG: December weekly files (12,790 records) were received on time.**
- **Docustream: December monthly files (1,487 records) were received on time.**
- **HCSA: December monthly files (1,781 records) were received on time.**
- **Kaiser: December bi-weekly files (81,333 records) were received on time.**
- **LogistiCare: December weekly files (16,946 records) were received on time.**
- **March Vision: December monthly file (4,427 records) were received on time.**
- **Quest Diagnostics: December weekly files (12,564 records) were received on time.**
- **Teladoc: December monthly files (0 records).**
    - Teladoc has switched to submitting claims as of July 2022.
- **Magellan**: December monthly files (343,218 records) were received on time.

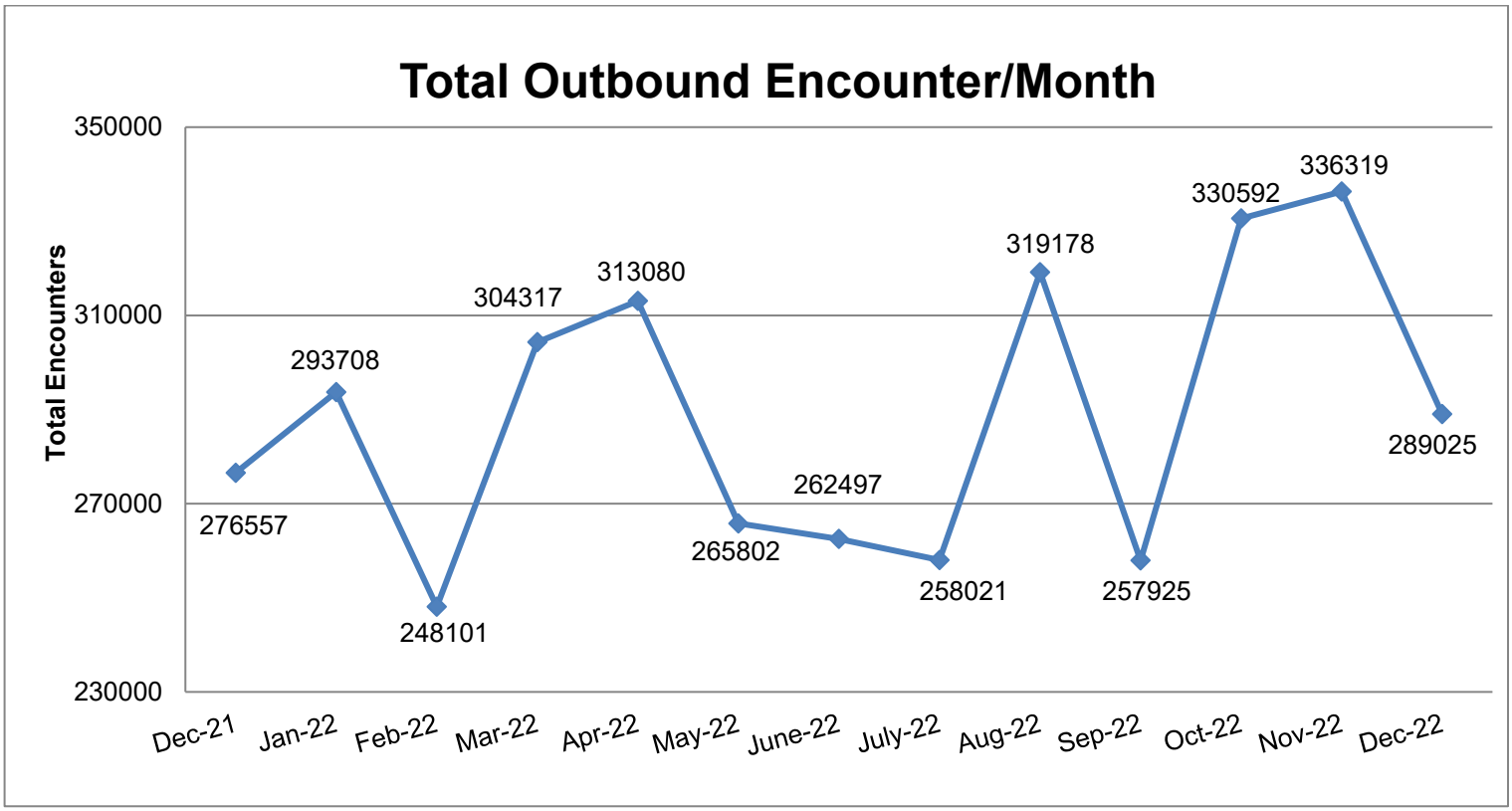
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Health Suite	175441	162201	162433	185738	189172	163272	173269	176217	177945	175955	171386	174429	177828
ACBH											8	51	87
AHS	9314	6944	5630	6215	7717	6105	5486	5742	5482	5609	5589	6015	6332
BAC			34	12	45	63	53	66	53	37	39	38	35
Beacon	14899	9796	10966	16088	14303	13796	18340	15678	21310	16040	13490	12883	10437
CHCN	73269	75302	77276	79363	74683	80340	67339	69636	84302	75234	136445	108148	83258
CHME	4908	9254	4706	4778	4955	4551	4578	4853	4722	5191	5214	5152	4822
Claimsnet	12410	8643	13228	13522	10943	14075	10300	7744	10631	6940	15668	19173	12790
Docustream	1586	1703	1304	2130	2220	1140	1263	1236	1149	1715	1294	1435	1487
HCSA				3630	2029	1824	1880	3366	1869	4440	2098	3734	1781
Kaiser	63939	46458	52179	68530	69174	51214	62952	47584	62477	48613	63341	76637	81333
Logisticare	17125	16536	16393	19841	16232	20299	14590	20981	20200	19257	19041	23451	16946
March Vision	3220	2872	1445	3559	3425	3345	3188	3040	2708	3824	3693	3497	4427
Quest	12494	12696	12121	14268	13330	15757	12058	14868	13554	12144	15948	15997	12564
Teladoc	20	23	32	30	32	34	32	0	0	0	0	0	0
Total	388625	352428	357747	417704	408260	375815	375328	371011	406402	374999	453254	450640	414127



Outbound Medical Encounter Submission

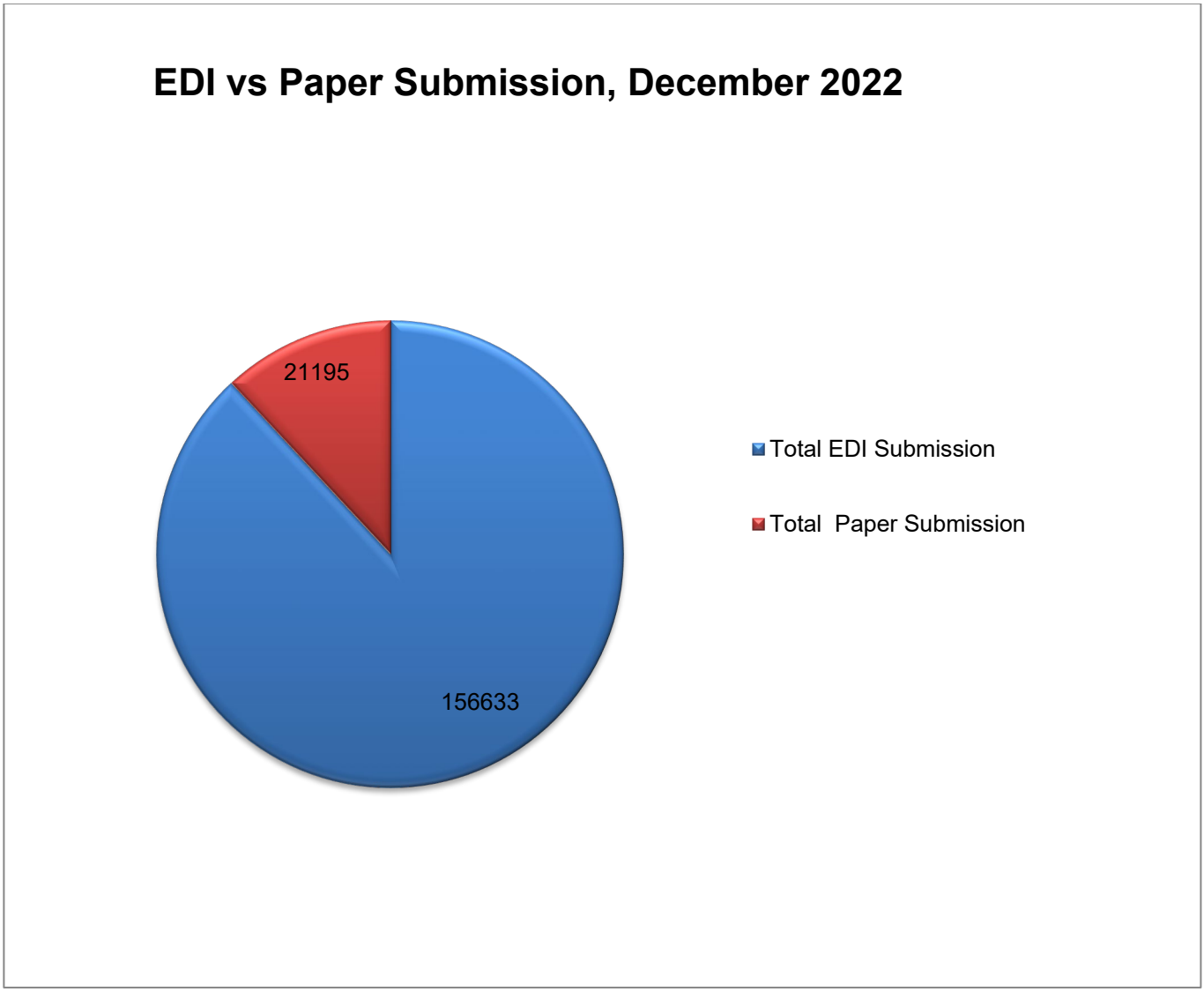
Trading Partners	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Health Suite	95489	139452	97141	103843	133252	93919	90605	92682	121957	96495	121299	95516	97435
ACBH											4	36	60
AHS	7728	7943	5524	6142	6251	7156	5363	5702	5168	4360	6626	5915	5208
BAC			34	12	45	61	52	63	50	37	37	38	33
Beacon	12659	7566	8140	12332	11273	9221	9534	14711	17246	12054	10967	10172	8001
CHCN	49080	52531	44745	58795	49365	49911	51060	49003	60678	50714	74449	92283	55698
CHME	4691	4496	4585	4702	4686	4448	4470	4714	4618	5069	5016	4843	4729
Claimsnet	8465	6114	9917	9677	8100	8410	7985	7209	7248	4614	10491	11118	8983
Docustream	1185	1176	66	72	14	3406	854	1070	964	1436	1060	1134	1268
HCSA					1810	1518	1719	1579	1770	2368	2013	2001	1725
Kaiser	63433	44248	51831	67559	67177	50894	62562	47331	61831	47861	62682	75808	80464
Logisticare	19787	16309	16242	19700	16123	19777	14677	20828	20022	19001	18457	23178	16729
March Vision	2490	2175	1072	2724	2575	2464	2392	2206	1969	2631	2601	2396	2938
Quest	11531	11676	8774	15620	12378	14602	11192	10923	15657	11285	14890	11881	5754
Teladoc	19	22	30	27	31	15	32	0	0	0	0	0	0
Total	276557	293708	248101	304317	313080	265802	262497	258021	319178	257925	330592	336319	289025



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
22-Dec	156633	21195	177828

Key: EDI – Electronic Data Interchange

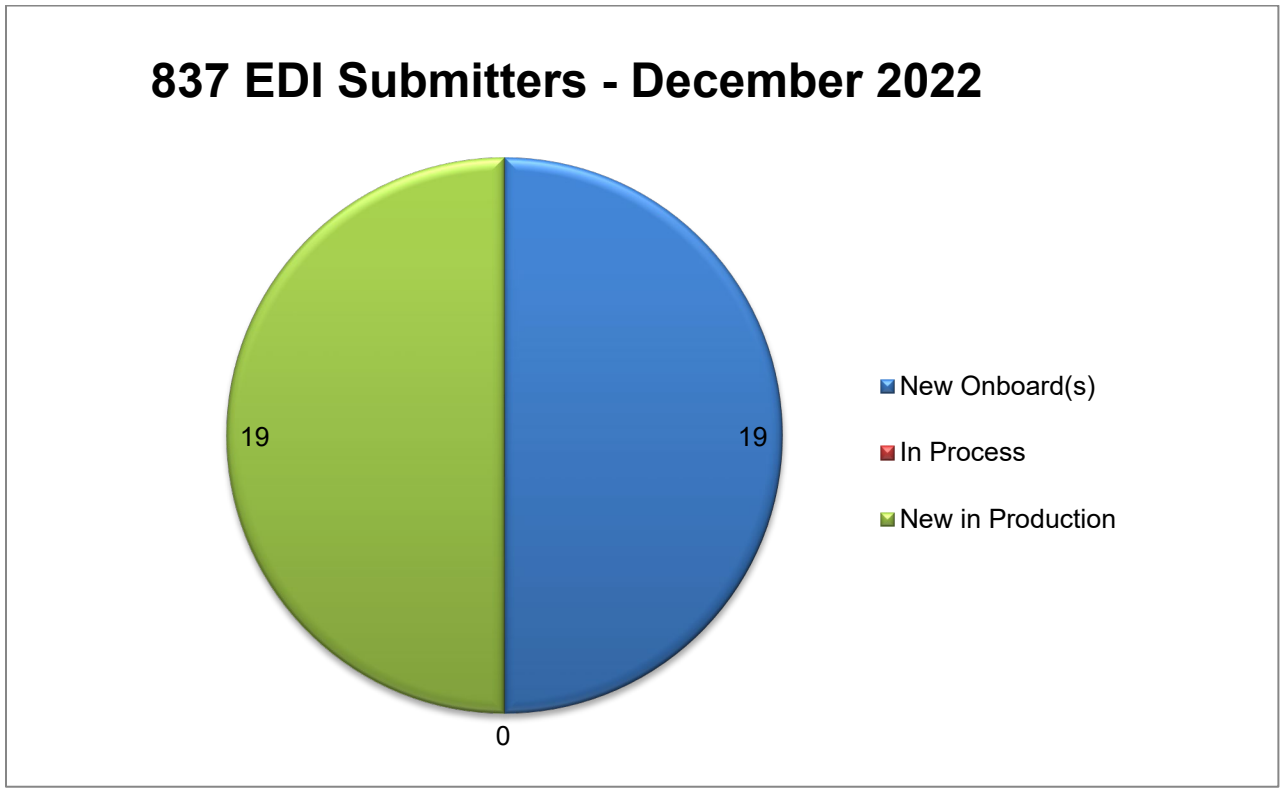


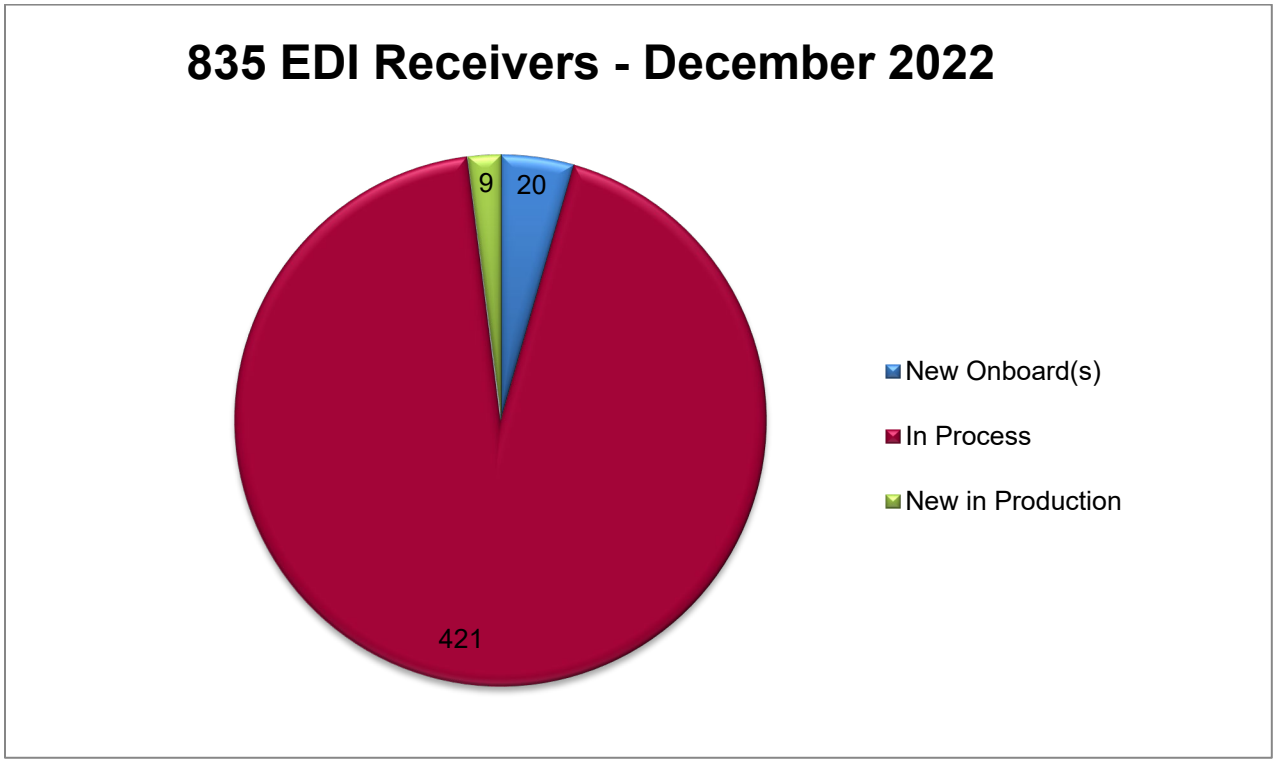
Onboarding EDI Providers - Updates

- December 2022 EDI Claims:
  - A total of 1493 new EDI submitters have been added since October 2015, with 19 added in December 2022.
  - The total number of EDI submitters is 2233 providers.

- December 2022 EDI Remittances (ERA):
  - A total of 608 new ERA receivers have been added since October 2015, with 20 added in December 2022.
  - The total number of ERA receivers is 624 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
Jan-22	29	1	28	2006	44	253	14	414
Feb-22	17	2	15	2021	20	258	15	429
Mar-22	36	0	36	2057	22	268	12	441
Apr-22	11	3	8	2065	19	275	12	453
May-22	17	3	14	2079	13	285	3	456
Jun-22	8	1	7	2086	29	301	13	469
Jul-22	38	1	27	2113	54	339	16	485
Aug-22	26	0	26	2139	46	354	31	516
Sep-22	11	0	11	2150	57	385	26	542
Oct-22	17	0	17	2167	48	407	26	568
Nov-22	49	2	47	2214	50	410	47	615
Dec-22	19	0	19	2233	20	421	9	624


837 EDI Submitters - December 2022
19
19
0
New Onboard(s)
In Process
New in Production


835 EDI Receivers - December 2022
9
20
421
New Onboard(s)
In Process
New in Production

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 December 2022.

File Type	Dec-22
837 I Files	22
837 P Files	125
Total Files	147

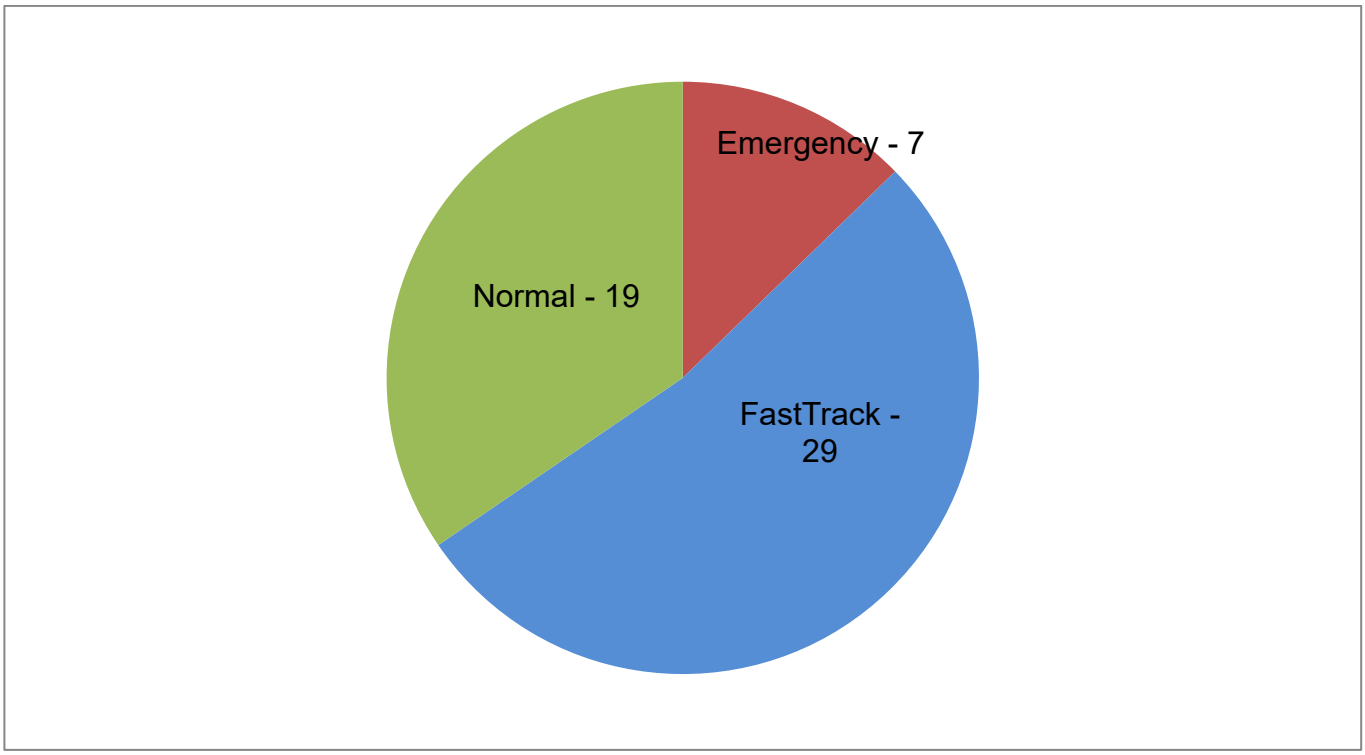
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	Dec-22	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	94%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	91%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

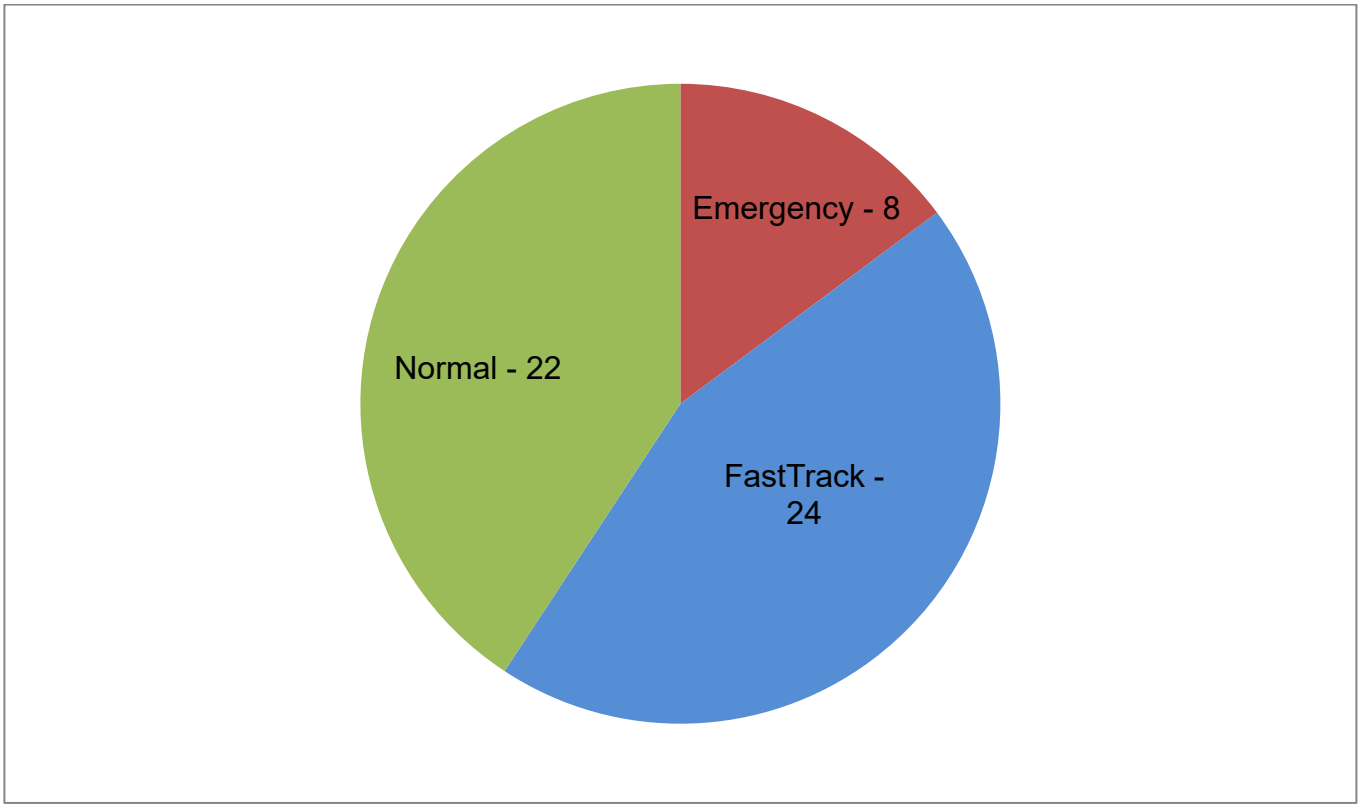
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of December 2022 KPI:
    - 55 Changes Submitted.
    - 54 Changes Completed and Closed.
    - 45 Active Change Requests in pipeline.
    - 0 Change Requests Cancelled or Rejected.

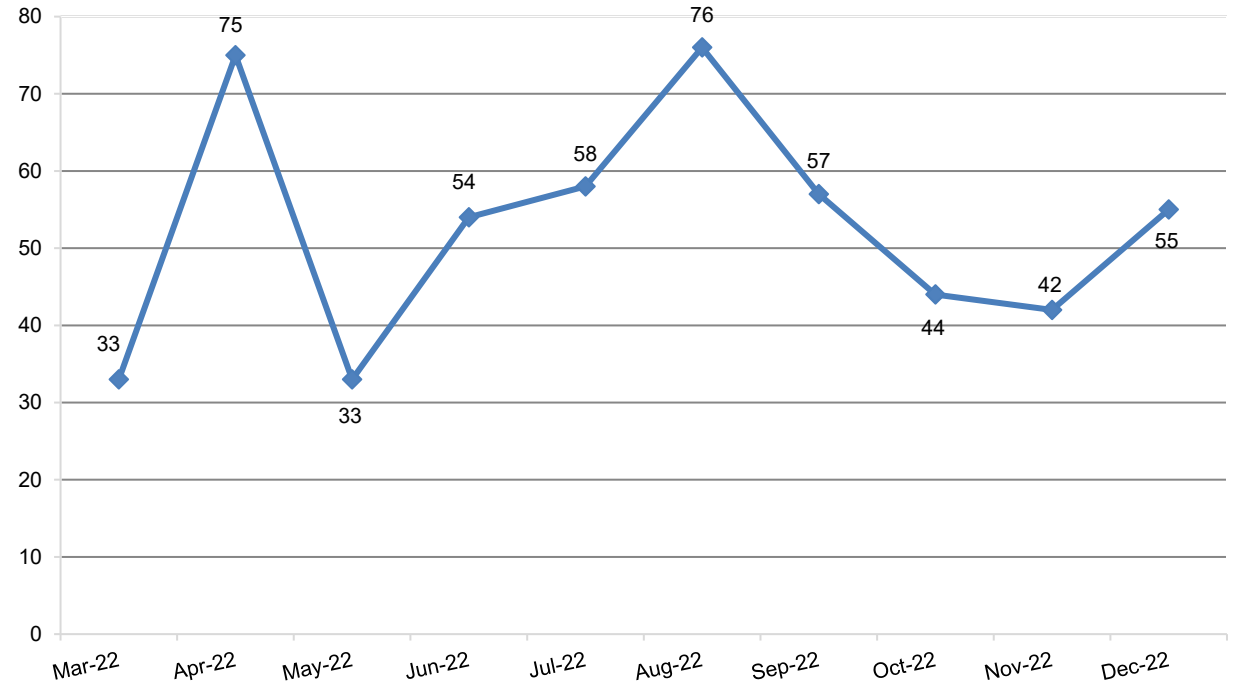
- 55 Change Requests Submitted/Logged in the month of December 2022



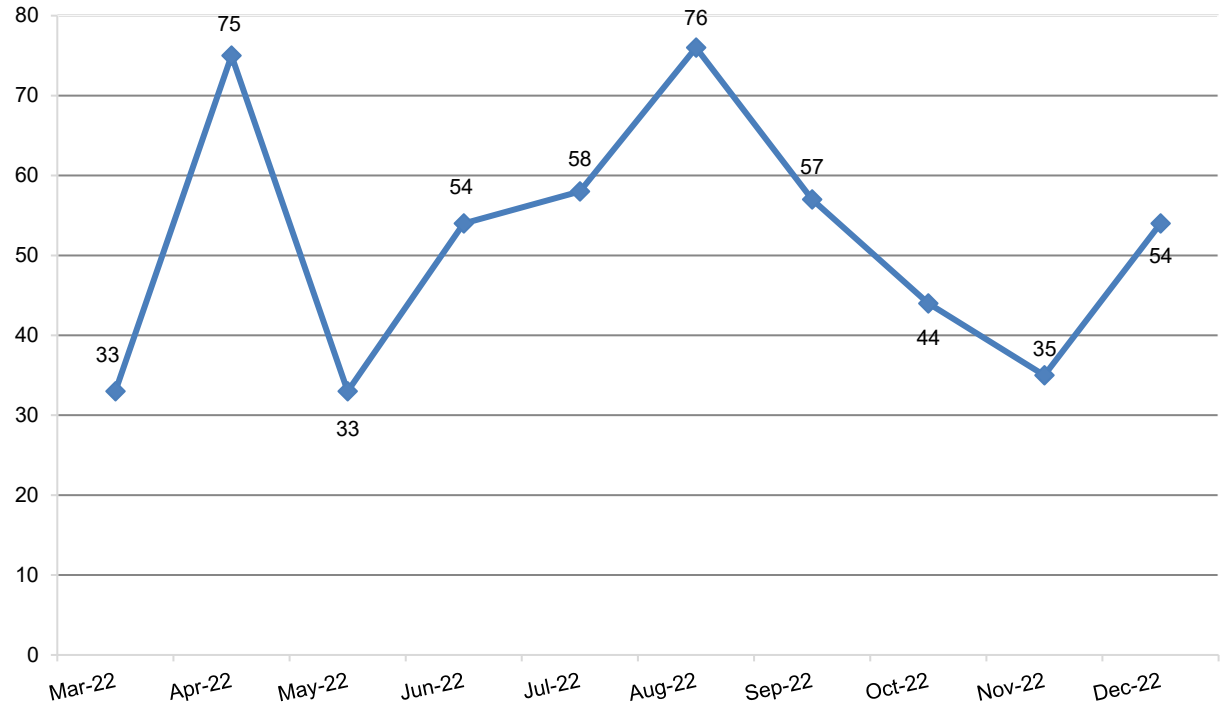
- 54 Change Requests Closed in the month of December 2022



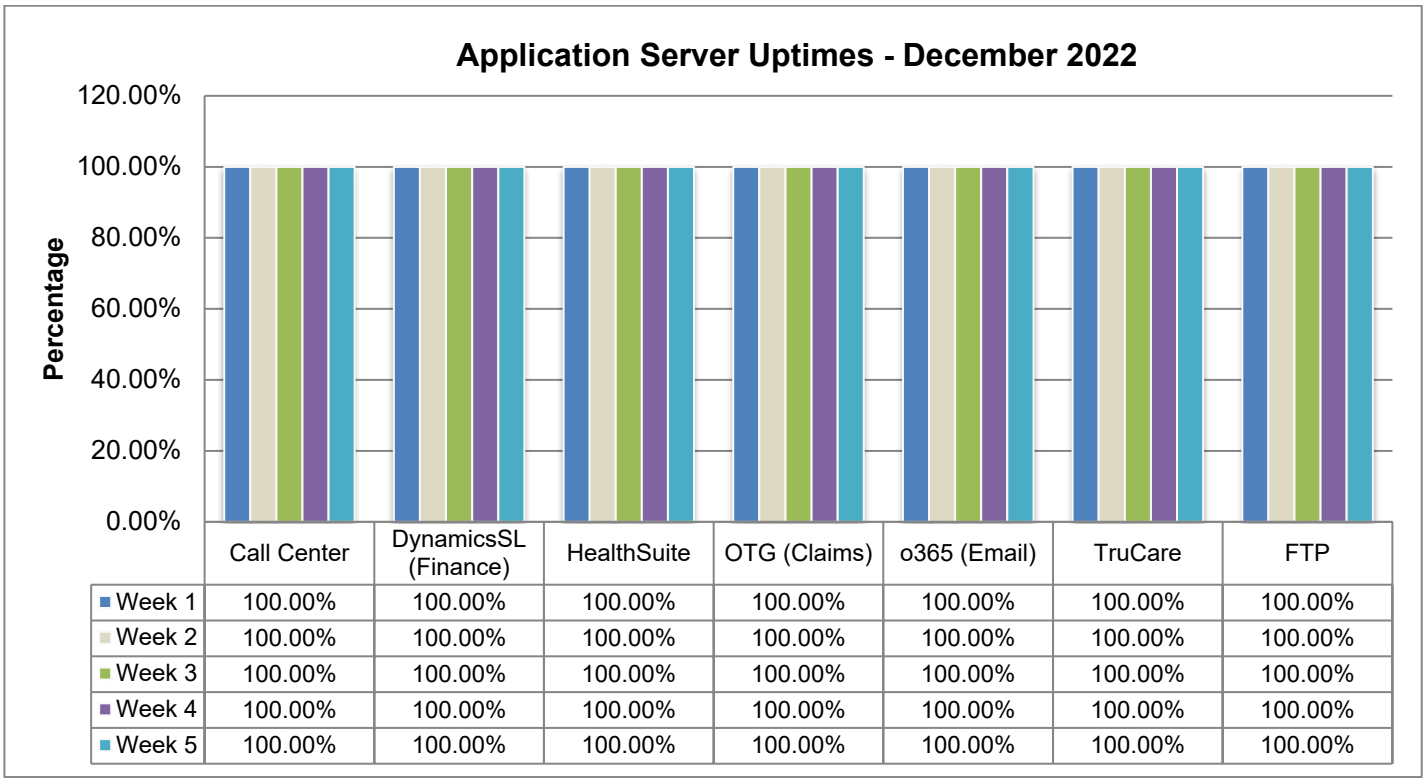
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend



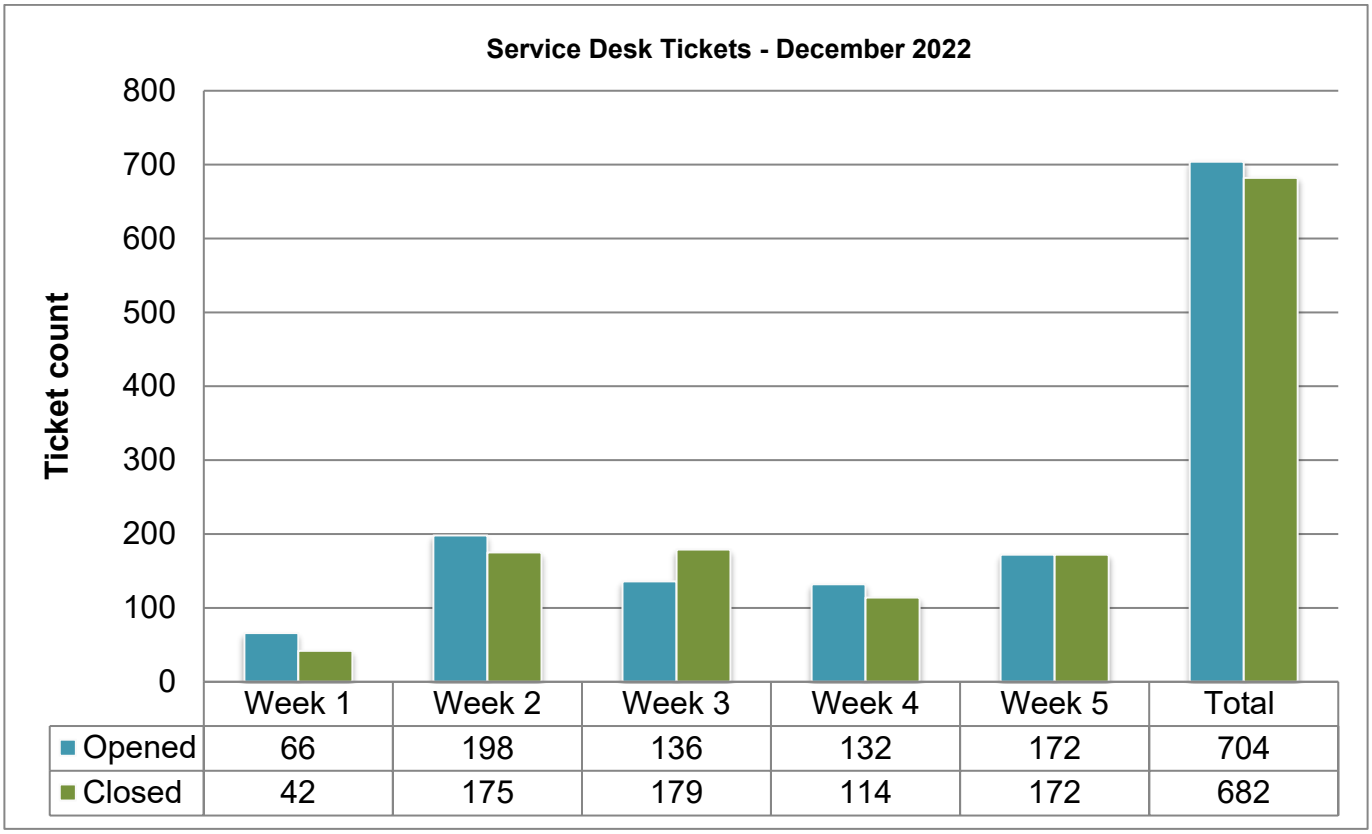
IT Stats: Infrastructure



	Call Center	DynamicsSL (Finance)	HealthSuite	OTG (Claims)	o365 (Email)	TruCare	FTP
Week 1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 2	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 3	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 4	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 5	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

- All mission critical applications are monitored and managed thoroughly.
- There were no services impacted in the month of December 2022.

- 704 Service Desk tickets were opened in the month of December 2022, which is 15% lower than the previous month and 682 Service Desk tickets were closed, which is 14.7% lower than the previous month.



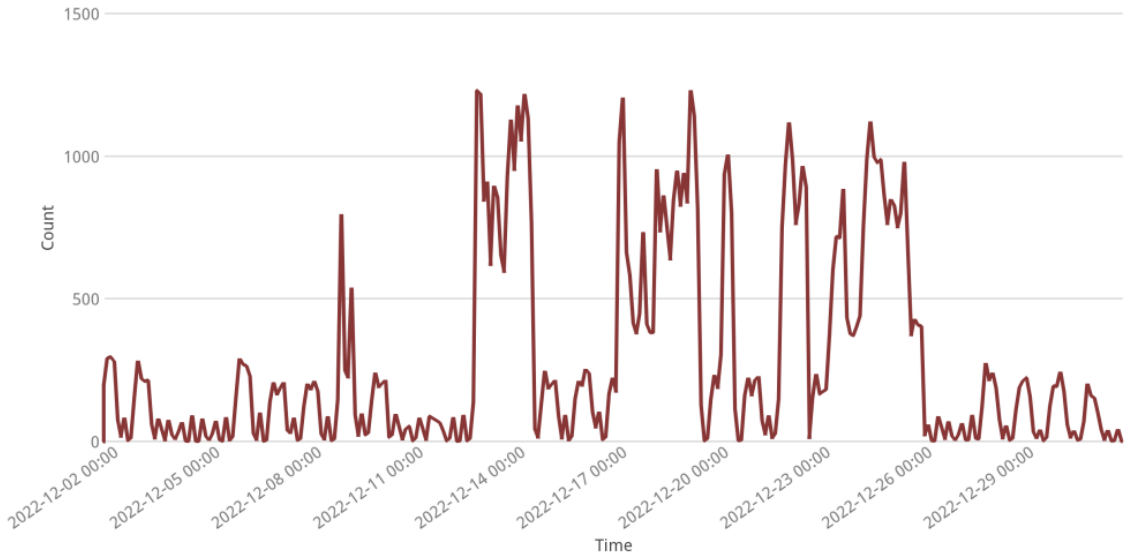
	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	66	198	136	132	172	704
Closed	42	175	179	114	172	682

- The ticket count for the month of December is slightly lower than the previous 3-month average of 720.

December 2022

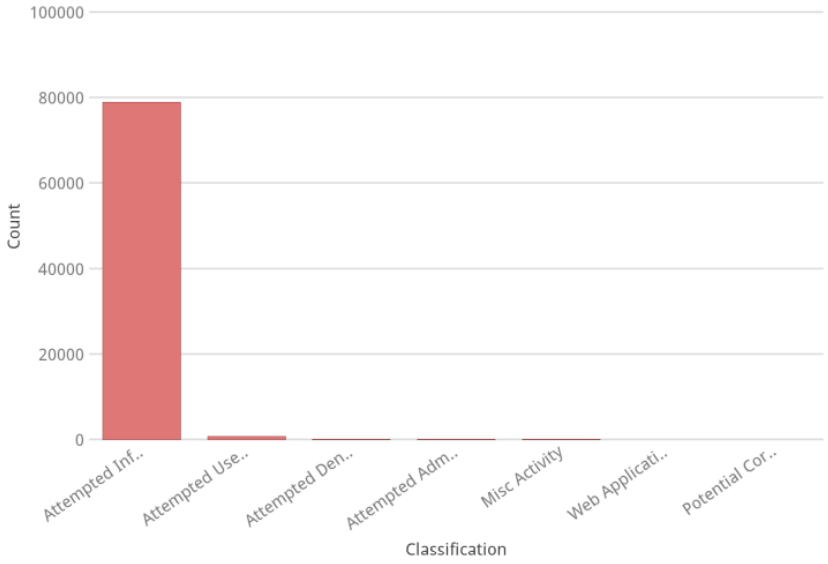
All Intrusion Events

Time Window: *2022-12-01 09:29:00 - 2022-12-31 09:29:00*



Dropped Intrusion Events

Time Window: *2022-12-01 09:30:00 - 2022-12-31 09:30:00*
Constraints: *Inline Result = dropped*



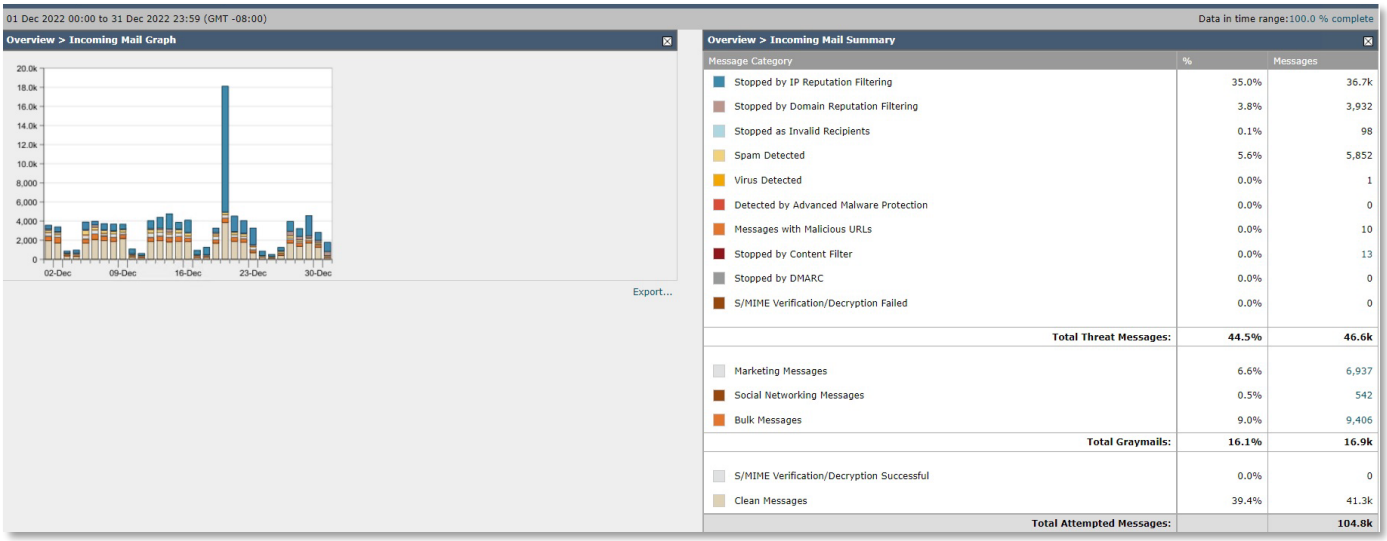
Classification	Count
Attempted Information Leak	78,992
Attempted User Privilege Gain	797
Attempted Denial of Service	117
Attempted Administrator Privilege Gain	112
Misc Activity	111
Web Application Attack	7
Potential Corporate Policy Violation	1

IronPort Email Security Gateways

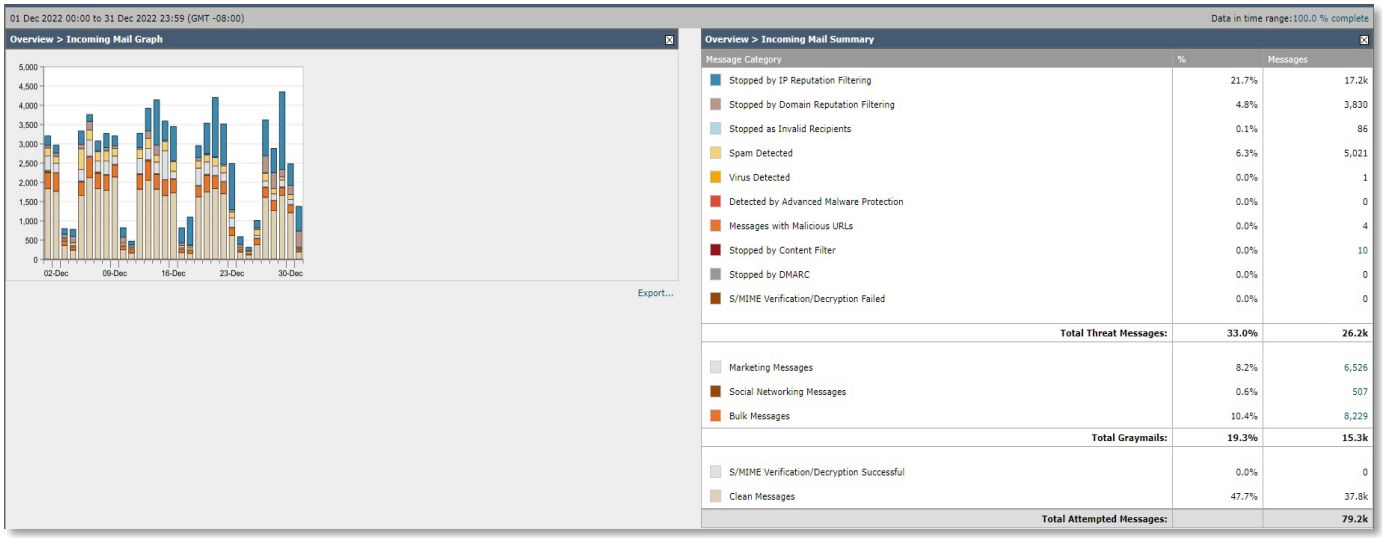
Email Filters

December 2022

MX4



MX9



Item / Date	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	***Dec-22***
Stopped By Reputation	69.7k	42.4k	329.9k	52.8k	36k	36k	34.7k	28.2k	27.6k	43.6k	20.9k	23k	***53.9k***
Invalid Recipients	153	185	69	389	117	100	119	78	117	71	94	87	***184***
Spam Detected	13.2k	10.3k	10.3k	15k	13.7k	13.9k	13.9k	11.6k	13.3k	14.6k	10.9k	10.9k	***10.8k***
Virus Detected	1	5	13	1	4	18	18	1	0	2	3	3	***2***
Advanced Malware	9	0	4	2	1	0	0	0	1	2	0	0	***0***
Malicious URLs	39	16	89	41	159	296	187	93	448	226	102	61	***14***
Content Filter	8	371	54	39	115	39	125	119	79	111	171	77	***23***
Marketing Messages	6,147	8,864	9,588	8,864	11.3k	10.7k	12.5k	12.6k	14.5k	13.7k	13.9k	16.1k	***13.4k***
Attempted Admin Privilege Gain	116	103	116	132	143	113	215	215	210	151	68	40	***112***
Attempted User Privilege Gain	49	117	663	789	401	549	157	153	722	395	180	324	***797***
Attempted Information Leak	13.7k	13.7k	5,813	5,192	5,207	5,924	7,839	18,414	12,210	10,748	12,942	12.3k	***78.9k***
Potential Corp Policy Violation	0	0	0	0	0	0	0	277	0	0	0	0	***1***
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	0	0	1	0	0	0	0	0	4	0	0	0	***0***
Attempted Denial of Service	0	0	0	0	50	0	86	218	215	436	0	214	***117***
Misc. Attack	161	275	626	308	78	874	88	407	733	3,295	469	87	***111***

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have decreased with a return to a reputation-based block for a total of 53.9k.
- Attempted information leaks detected and blocked at the firewall is at 78k for the month of December 2022.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is higher at 797 from a previous six-month average of 428.

Integrated Planning

Ruth Watson

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

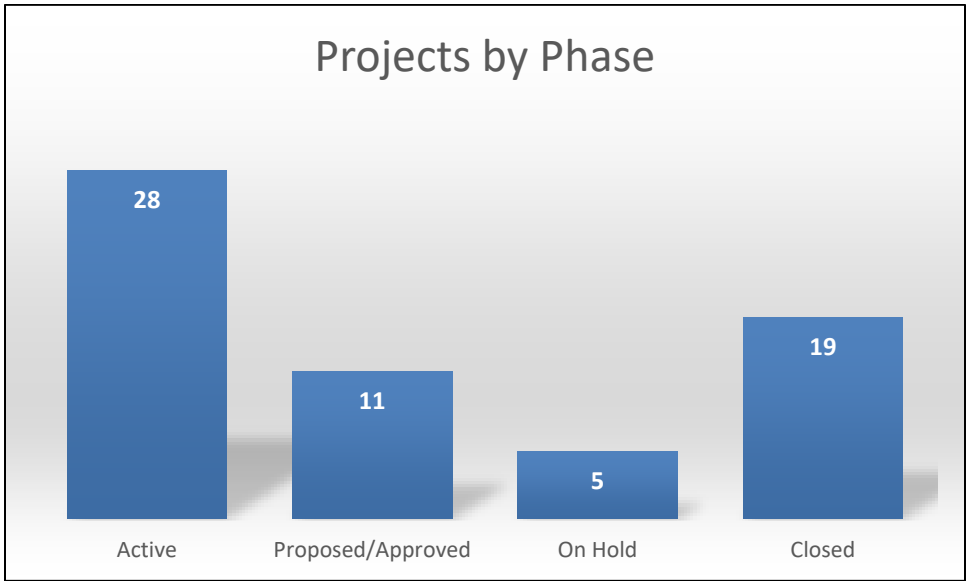
From: **Ruth Watson, Chief of Integrated Planning**

Date: **January 13th, 2023**

Subject: **Integrated Planning Report**

Project Management Office

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



Integrated Planning – CalAIM Initiatives

- Enhanced Care Management (ECM) and Community Supports (CS)
    - Enhanced Care Management – January 2023 ECM Populations of Focus (PoF)
        - Adults Living in the Community Who Are At-Risk for Long Term Care (LTC) Institutionalization
        - Nursing Facility Residents Transitioning to the Community
        - Model of Care (MOC) Addendum for the new PoF
            - Still awaiting approval for the MOC submission sent to DHCS on October 28th

        - ECM Providers for new PoF
    - Contracted with CHCN and EBI (existing ECM Providers) to provide services to the two new PoF being implemented January 2023.
    - Contracted with Institute on Aging and MedArrive (new ECM Providers) to support the new PoF.
    - July 2023 ECM Populations of Focus
        - Children and Youth
            - MOC for this PoF is due to DHCS on February 15th, 2023.
            - On-going meetings established with California Children's Services (CCS) in preparation for implementing CCS as an ECM Provider for this PoF.
    - January 2024 ECM Population of Focus
        - DHCS has added a new PoF for "High Risk Pregnant and Postpartum Individuals" with a scheduled implementation date of January 2024.
    - 2024 (specific date TBD)
        - Individuals Transitioning from Incarceration, originally scheduled for implementation in January 2023 and re-scheduled to July 2023 has been further delayed by DHCS.
- Community Supports:
    - Provided Letter of Intent to Alameda County Community Food Bank (ACCFB) to contract as a Community Supports (CS) Provider for Medically Supportive Food.
    - Identified three (3) additional Community Supports AAH intends to begin offering in July 2023.
        - Respite Services
        - Personal Care and Homemaker Services
        - Environmental Accessibility Adaptation (Home Modifications)
    - MOC for additional CS services is due to DHCS on February 15th, 2023.

- CalAIM Major Organ Transplants (MOT):
    - Submitted response to DHCS on January 7th, 2022, regarding the Corrective Action Plan (CAP) received on December 10th, 2021, for lack of a certified MOT network; CAP will remain in place until AAH has an executed contract with a transplant program that is a Center of Excellence (COE) for adult kidney-pancreas transplants
        - AAH only contracted with UCSF and Stanford for transplants and Stanford is not a COE for kidney-pancreas transplants.
        - Contract with UCSF was fully executed on December 29th, 2022; Compliance will be notified so the CAP response can be updated.

- Long Term Care (LTC) Carve-In – AAH will be responsible for all members residing in LTC facilities as of January 1st, 2023.
    - Does not include Pediatric and Adult Subacute Facilities, Intermediate Care Facilities (ICF), or Institutions for Mental Disease (IMD) which will be implemented no earlier than July 1st, 2023.
    - LTC Readiness Deliverables submitted to DHCS on 11/28/2022

        - 13 of 19 deliverables approved; awaiting response on remaining deliverables
    - LTC Command Center went live on 1/3/2023; daily Post Transition Monitoring Template will be submitted to DHCS as required
    - January 2023 eligibility file received from DHCS on 12/28/2022 with fewer than expected LTC members
        - Monitoring daily eligibility files and working with Analytics to cross-reference eligibility files to authorizations
    - Contracting and Credentialing:
        - DHCS LTC Network Goal of 60% met, currently at 71%.
        - Contracted with 73 facilities on SNF Readiness Template - Custodial Level of Care.
    - 52 of the 73 facilities are credentialed
        - 77 PCP Providers identified; 23 contracts signed; awaiting packet. from Spherical Group which will account for 20 additional providers
        - Out of Area Facilities – 47 facilities.
    - 13 facility contracts fully executed
    - 5 providers pending credentialing
    - 24 facilities in pending status (being outreached)
    - 3 facilities declined by credentialing
    - 2 facilities declined contracting
- Communications:
    - Member notifications:
        - LTC Member Welcome letters, Member FAQs and Member Portal update notices sent by AAH
        - Member notifications approved by DHCS, translated and in production
    - Provider notifications
        - Provider FAQs, LTC Resource Guide and Provider Manual posted on AAH website
        - Three (3) UM Provider forms posted on AAH website
        - Request for Referral Form
        - Admission Request From
        - Discharge Disposition Form

- Population Health Management (PHM) Program – effective January 1st, 2023
    - PHM Readiness Document – DHCS requested additional information from AAH in response to our October submission; AAH responded to DHCS on 12/15/2022 and 12/30/2022.
    - All Plan Letter (APL) 22-024 was finalized by DHCS in November; APL provides final guidance and requirements for the program.
        - Internal working sessions to update relevant Policies and Procedures (P&Ps) for PHM in progress; P&Ps due to DHCS on 2/26/2023.
    - Transitional Care requirements for January 2023 have been completed and meet DHCS guidance.
    - Transition of Care Report (daily) and High-Risk Member Engagement Report (monthly) have been developed and in production.

- Community Health Worker Benefit – new benefit effective July 1st, 2022, to promote the MCP's contractual obligations to meet DHCS broader Population Health Management standards
    - Internal overall CHW strategy meetings are underway.
    - Discovery meeting with HCSA scheduled conducted in December.
    - CHW Benefit intersects with PHM Readiness deliverable that was submitted in October.

- CalAIM Incentive Payment Program (IPP) – three-year DHCS program to provide funding for the support of ECM and CS in 1) Delivery System Infrastructure, 2) ECM Provider Capacity Building, and 3) Community Supports Provider Capacity Building and Community Supports Take-Up
    - DHCS is currently seeking feedback from MCPs on Submission 2B Measure Set, Submission 3-5 Measure Set, and the CalAIM Incentive Payment Program APL
    - Wave 3 of the IPP Application was released on December 27th to currently contracted providers or providers in the process of contracting with the Alliance to support ECM and CS services; applications due back to AAH by 1/27/2023

Other Initiatives

- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services currently performed by Beacon Health Options will be brought in-house as of March 31st, 2023.
- Material Modification is required for submission and approval by the Department of Managed Health Care (DMHC):
    - Submission #1 submitted September 2nd and included:
        - Narrative to DMHC (E-1 Exhibit)
        - Evidence of Coverage (EOC) – Group Care and Medi-Cal
        - Member and Provider Notices
        - Medi-Cal Notifications
        - Group Care Notifications
    - Submission #2 submitted September 30th and included:
        - Narrative to DMHC (E-1 Exhibit)
        - Policies & Procedures
        - Financial Assumptions
        - Comment Table Received 11/15/2022 and plan responded 12/1/2022
    - Submission #3 submitted October 12th and included:
        - Full Network Analysis by Provider Services
        - Comment Table Received 10/25/2022 and plan responded to DMHC 11/23/2022
    - Boilerplate Contract and Cover Letter - Approved by DHCS 11/28/2022
        - DMHC – included with September 2nd submission
        - Contract distribution to providers continues and follow-up with providers who haven’t returned contracts is on-going

        - Contract and Credentialing – Peer Review & Credentialing Committee (PRCC) met on December 20h
            - Credentialed – 386
                - Behavioral Health providers – 127
                - Applied Behavioral Analysis (ABA) providers – 170
                - Specialists – 62
                - Other – 27
            - Contracts may be signed but not considered executed until credentialing application is approved
- Block Transfer Filing (BTF):
    - DMHC requested an Information Only Block Transfer Filing from AAH
        - A narrative will be submitted with the requirements set by DMHC
            - DHCS filing is dependent on DMHC response
            - Compliance anticipates DHCS will approve based on the DMHC filing
- Communications:
    - Member Notification
        - Impacted Member Letter – will be mailed 3/1/2023
        - 60 Day Member Notice – will be mailed 2/1/2023
        - 30 Day Member Notice – will be mailed 3/1/2023
    - Provider Notification
        - Provider Notification submitted to DMHC for review
        - Provider FAQs developed and submitted for review
        - Provider Orientation and Trainings – internal planning deferred to January for orientations and training in February/March
- Work in progress:
    - Behavioral Health Initial Evaluation Web Form – 90% complete in Test
        - Requirements for Form 2 & 3 completed and approved
        - Submitted to IT for feasibility and prioritization - goal is to have all three live by 3/31/2023
    - Development of Business Requirements
        - HealthSuite claims requirements – in progress
        - TruCare authorization requirements – in progress
        - Portal Single Sign-On for providers - completed in Test environment
        - Individual workstream meetings continue
    - Data exchange – Meetings continue with CHCN and ACBH
- Credentialing for the Neuropsychologist has been approved:
    - Anticipated start date is January 2023
- Redlined Provider Directory:
    - Submitted to DMHC on 12/1/2022
- Deliverables, timelines, and risks will continue to be assessed frequently.
- Behavioral Health Integration (BHI) Incentive Program – DHCS pilot program commenced January 1st, 2021, and continues through December 31st, 2022.
- AAH should expect payment for Program Year 2, Q2 Milestone Report in December (payments are generally received 3-4 months after submission of the report to DHCS).

- Student Behavioral Health Incentive Program (SBHIP) – DHCS program commenced January 1st, 2022 and continues through December 31st, 2024.
- Four (4) Targeted Interventions have been selected by all participating Local Education Agencies (LEAs):
    - Behavioral Health Wellness Programs
    - Build Stronger Partnerships to Increase Access to Medi-Cal Services
    - Culturally Appropriate and Target Populations
    - Expand Behavioral Health Workforce
- The required individual project plans for each Targeted Intervention, along with a comprehensive Needs Assessment, were submitted to DHCS on December 30th

- Housing and Homelessness Incentive Program (HHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2023
    - DHCS approved our Investment Plan on December 16th
        - DHCS indicated that the funding of $4.4M tied to approval of the Investment Plan would be released on December 29th
    - MOU between AAH and HCSA to define deliverables and milestones that must be met to receive funding was sent to HCSA approved by all parties and sent for signature on December 29th

- Justice-Involved/Coordinated Re-Entry:
    - January 2023 implementation has been delayed by DHCS; current go-live schedule for 2024 but no specific date announced

- 2024 Managed Care Contract Operational Readiness:
    - Alameda Alliance moved from Group 1 into Group 2 by DHCS so deliverables and deliverable dates have changed
    - A total of 233 deliverables must be completed by August 5th, 2023
    - Deliverables due to DHCS in three (3) waves with multiple packages included in each wave
    - Wave 4 deliverables originally due 8/12/2022 changed to 11/1/2022:
        - Total Deliverables Due – 20
        - Total Approved by DHCS – 20
    - Wave 4 deliverables originally due 9/12/2022 changed to 11/15/2022:
        - Total Deliverables due – 26
        - Total Approved by DHCS – 26
    - Wave 4 deliverables due 11/28/2022:
        - Total Deliverables Due – 15
        - Deliverable Review Status:
            - Approved – 14
            - On Hold – 1
    - Upcoming Q1 2023 Deliverables
        - Wave 5 deliverables due 2/21/2023 – 33
        - Wave 5 deliverables due 3/6/2023 – 21
        - Wave 5 deliverables due 3/30/2023 - 38

- Portfolio Project Management (PPM) Tool – implementation will be a phased approached with initial go-live scheduled for January 2023. Implementation Phase is underway; the following activities were completed in December:
    - Setup Client Portal - Homepage
    - Created Project and Policy Request Form
    - Setup Enterprise and Policy Scorecards
    - Integrated with OneDrive and MS Teams
    - Aligned Portfolio and Project Structure with SAP Concur
    - Added Active Projects
    - Standardized on Department Names and Updated Active Directory
- Work in Progress:
    - People Import
    - Sandbox Refresh
    - Intake Workflow - Setup & Testing

Recruiting and Staffing

- Project Management Open position(s):
    - Recruitment to commence or continues for the following positions:
        - Senior Program Manager, Portfolio Programs
        - Manager, Project Management Office (PMO)
        - Project Manager
        - Technical Business Analyst

Integrated Planning

Supporting Documents

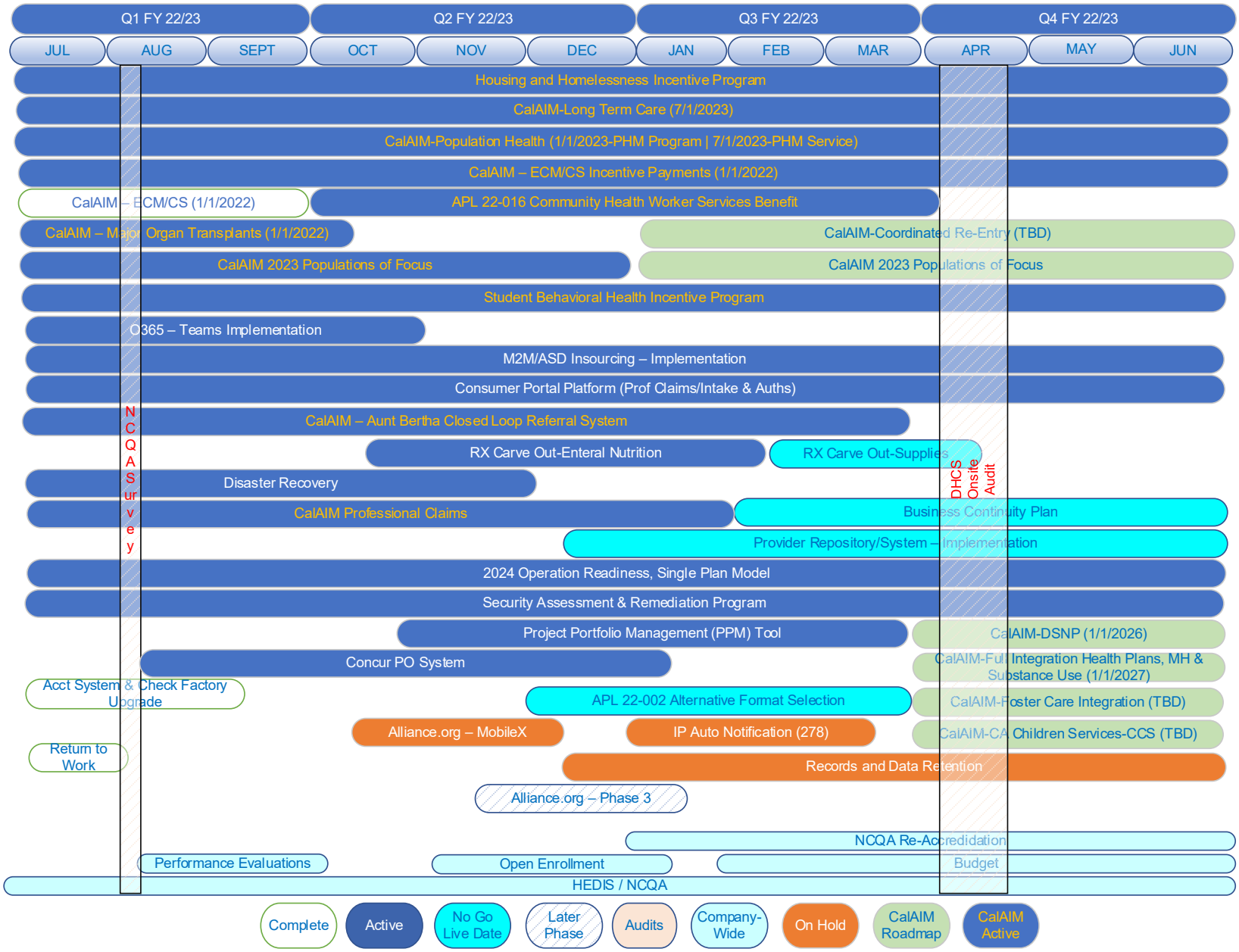
Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
    - Enhanced Care Management (ECM) – ECM will target eight (8) specific populations of vulnerable and high-risk children and adults
        - Three (3) Populations of Focus (PoF) transitioned from HHP and/or WPC on January 1st, 2022.
        - Two (2) additional PoF will become effective on January 1st, 2023.
        - One (1) PoF will become effective on July 1st, 2023.
        - One (1) PoF will become effective on January 1st, 2024.
        - One (1) PoF will become effective in 2024 with no specific go live date announced.
    - Community Supports (CS) effective January 1st, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
        - Six (6) Community Supports were implemented on January 1st, 2022
        - Three (3) additional CS services are targeted for implementation on July 1st, 2023
        - Two (2) additional CS services will be piloted in 2023
            - These services support the two LTC PoF that are effective January 2023
        - One (1) additional CS service is targeted for implementation by January 1st, 2024
    - Major Organ Transplants (MOT) – currently not within the scope of many Medi-Cal managed care plans (MCPs); carved into all MCPs effective January 1st, 2022
        - Applicable to all adults as well as children if the transplant is not covered by California Children's Services
    - CalAIM Incentive Payment Program (IPP) – The CalAIM ECM and CS programs will require significant new investments in care management capabilities, ECM and CS infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers, and other community-based organizations. CalAIM incentive payments are intended to:
        - Build appropriate and sustainable ECM and ILOS capacity.
        - Drive MCP investment in necessary delivery system infrastructure
        - Incentivize MCP take-up of ILOS
        - Bridge current silos across physical and behavioral health care service delivery
        - Reduce health disparities and promote health equity
        - Achieve improvements in quality performance
    - Long Term Care - currently not within the scope of many Medi-Cal MCPs; will be carved into all MCPs effective January 1st, 2023
        - ICF, IMD and Subacute facilities scheduled for implementation July 1st, 2023

    - Justice Involved/Coordinated Re-Entry – adults and children/youth transitioning from incarceration or juvenile facilities will be enrolled into Medi-Cal upon release.
        - Originally scheduled for January 1st, 2023, then moved to July 1st, 2023, has now been further delayed to 2024 with no specific implementation date announced.
    - Population Health Management (PHM) – all Medi-Cal managed care plans will be required to develop and maintain a whole system, person-centered population health management strategy effective January 1st, 2023. PHM is a comprehensive, accountable plan of action for addressing Member needs and preferences, and building on their strengths and resiliencies across the continuum of care that:
        - Builds trust and meaningfully engages with Members;
        - Gathers, shares, and assesses timely and accurate data on Member preferences and needs to identify efficient and effective opportunities for intervention through processes such as data-driven risk stratification, predictive analytics, identification of gaps in care, and standardized assessment processes;
        - Addresses upstream factors that link to public health and social services;
        - Supports all Members staying healthy;
        - Provides care management for Members at higher risk of poor outcomes;
        - Provides transitional care services for Members transferring from one setting or level of care to another; and
        - Identifies and mitigates social drivers of health to reduce disparities.
- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services currently performed by Beacon Health Options will be brought in-house as of March 31st, 2023.
- Community Health Worker Services Benefit – Community Health Worker (CHW) services became a billable Medi-Cal benefit effective July 1st, 2022. CHW services are covered as preventive services on the written recommendation of a physician or other licensed practitioner of the healing arts within their scope of practice under state law for individuals who need such services to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and well-being.
- Student Behavioral Health Incentive Program (SBHIP) – program launched in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships, and capacity, statewide, for school behavioral health services.
- Housing and Homelessness Incentive Program (HHIP) – program launched in January 2022 and is part of the Home and Community-Based (HCBS) Spending Plan
    - Enables MCPs to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health.
    - MCPs must collaborate with local homeless Continuums of Care (CoCs) and submit a Local Homelessness Plan (LHP) to be eligible for HHIP funding.
- 2024 Managed Care Plan Contract Operational Readiness – new MCP contract developed as part of Procurement RFP

    - All MCPs must adhere to new contract effective January 1st, 2024.
- Project Portfolio Management (PPM) Tool - Implementation of a PPM tool to support portfolio planning, resource capacity and demand planning and project scheduling.


Q1 FY 22/23
Q2 FY 22/23
Q3 FY 22/23
Q4 FY 22/23
JUL
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Housing and Homelessness Incentive Program
CalAIM-Long Term Care (7/1/2023)
CalAIM-Population Health (1/1/2023-PHM Program | 7/1/2023-PHM Service)
CalAIM – ECM/CS Incentive Payments (1/1/2022)
CalAIM – ECM/CS (1/1/2022)
APL 22-016 Community Health Worker Services Benefit
CalAIM – Major Organ Transplants (1/1/2022)
CalAIM-Coordinated Re-Entry (TBD)
CalAIM 2023 Populations of Focus
CalAIM 2023 Populations of Focus
Student Behavioral Health Incentive Program
O365 – Teams Implementation
M2M/ASD Insourcing – Implementation
Consumer Portal Platform (Prof Claims/Intake & Auths)
NCQA Survey
CalAIM – Aunt Bertha Closed Loop Referral System
RX Carve Out-Enteral Nutrition
RX Carve Out-Supplies
DHCS Onsite Audit
Disaster Recovery
CalAIM Professional Claims
Business Continuity Plan
Provider Repository/System – Implementation
2024 Operation Readiness, Single Plan Model
Security Assessment & Remediation Program
Project Portfolio Management (PPM) Tool
CalAIM-DSNP (1/1/2026)
Concur PO System
CalAIM-Full Integration Health Plans, MH & Substance Use (1/1/2027)
Acct System & Check Factory Upgrade
APL 22-002 Alternative Format Selection
CalAIM-Foster Care Integration (TBD)
Alliance.org – MobileX
IP Auto Notification (278)
CalAIM-CA Children Services-CCS (TBD)
Return to Work
Records and Data Retention
Alliance.org – Phase 3
NCQA Re-Accreditation
Performance Evaluations
Open Enrollment
Budget
HEDIS / NCQA
Complete
Active
No Go Live Date
Later Phase
Audits
Company-Wide
On Hold
CalAIM Roadmap
CalAIM Active

ALAMEDA Alliance FOR HEALTH

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

Performance & Analytics

Tiffany Cheang

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

From: **Tiffany Cheang, Chief Analytics Officer**

Date: **January 13th, 2023**

Subject: **Performance & Analytics Report**

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
  Current reporting period: Oct 2021 – Sep 2022 dates of service
  Prior reporting period: Oct 2020 – Sep 2021 dates of service
  (Note: Data excludes Kaiser membership data).

- For the Current reporting period, the top 9.4% of members account for 84.9% of total costs.

- In comparison, the Prior reporting period was lower at 8.6% of members accounting for 83.6% of total costs.

- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:

    - The SPD (non-duals) and ACA OE categories of aid increased to account for 61.2% of the members, with SPDs accounting for 26.6% and ACA OEs at 34.6%.
    - The percent of members with costs >= $30K slightly increased from 1.9% to 2.0%.
    - Of those members with costs >= $100K, the percentage of total members has slightly increased to 0.5%.
        - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 47.4%.
        - Demographics for member city and gender for members with costs >= $30K follow the same distribution as the overall Alliance population.
        - However, the age distribution of the top 9.4% is more concentrated in the 45–66-year-old category (40.0%) compared to the overall population (20.9%).

Analytics

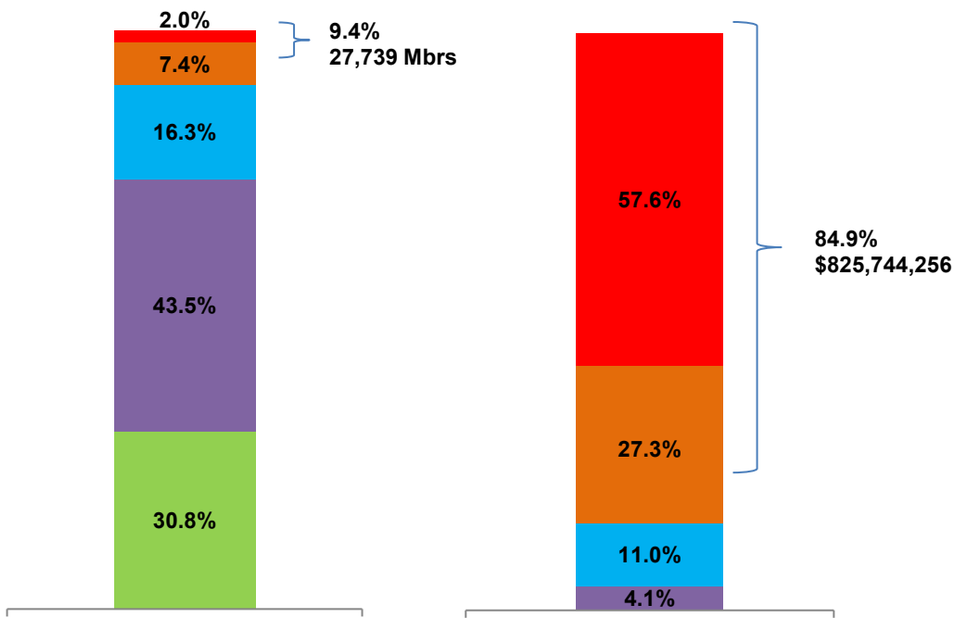
Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Oct 2021 - Sep 2022

Note: Data incomplete due to claims lag

Run Date: 12/29/2022

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	6,042	2.0%	$ 560,330,393	57.6%
$5K - $30K	21,697	7.4%	$ 265,413,864	27.3%
$1K - $5K	48,009	16.3%	$ 106,857,258	11.0%
< $1K	128,468	43.5%	$ 40,047,063	4.1%
$0	90,777	30.8%	$ -	0.0%
Totals	**294,993**	**100.0%**	**$ 972,648,578**	**100.0%**

Top 9.4% of Members = 84.9% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,421	0.5%	$ 320,488,490	33.0%
$75K to $100K	693	0.2%	$ 59,903,202	6.2%
$50K to $75K	1,305	0.4%	$ 79,676,806	8.2%
$40K to $50K	986	0.3%	$ 43,987,465	4.5%
$30K to $40K	1,637	0.6%	$ 56,274,429	5.8%
SubTotal	***6,042***	***2.0%***	***$ 560,330,393***	***57.6%***
$20K to $30K	3,113	1.1%	$ 76,137,100	7.8%
$10K to $20K	8,227	2.8%	$ 115,548,827	11.9%
$5K to $10K	10,357	3.5%	$ 73,727,937	7.6%
SubTotal	***21,697***	***7.4%***	***$ 265,413,864***	***27.3%***
Total	**27,739**	***9.4%***	**$ 825,744,256**	***84.9%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Sep 2022	272,657	$ 880,389,774
Dis-Enrolled During Year	22,336	$ 92,258,803
Totals	**294,993**	**$ 972,648,578**

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

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
9.4% of Members = 84.9% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Oct 2021 - Sep 2022
Note: Data incomplete due to claims lag
Run Date: 12/29/2022

9.4% of Members = 84.9% of Costs
26.6% of members are SPDs and account for 32.5% of costs.
34.6% of members are ACA OE and account for 34.3% of costs.
6.2% of members disenrolled as of Sep 2022 and account for 10.5% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	138	595	733	2.6%
MCAL	MCAL - ADULT	716	3,990	4,706	17.0%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	308	1,808	2,116	7.6%
	MCAL - ACA OE	2,028	7,581	9,609	34.6%
	MCAL - SPD	2,138	5,227	7,365	26.6%
	MCAL - DUALS	114	1,390	1,504	5.4%
Not Eligible	Not Eligible	600	1,106	1,706	6.2%
Total		**6,042**	**21,697**	**27,739**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 10,869,201	$ 6,537,937	$ 17,407,138	2.1%
MCAL	MCAL - ADULT	$ 58,116,394	$ 46,371,095	$ 104,487,489	12.7%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 19,623,374	$ 20,516,002	$ 40,139,376	4.9%
	MCAL - ACA OE	$ 191,154,307	$ 91,895,430	$ 283,049,736	34.3%
	MCAL - SPD	$ 199,640,657	$ 68,917,665	$ 268,558,322	32.5%
	MCAL - DUALS	$ 8,549,921	$ 17,185,210	$ 25,735,130	3.1%
Not Eligible	Not Eligible	$ 72,376,540	$ 13,990,525	$ 86,367,065	10.5%
Total		**$ 560,330,393**	**$ 265,413,864**	**$ 825,744,256**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
35.5% of members are SPDs and account for 35.3% of costs.
34.5% of members are ACA OE and account for 34.9% of costs.
14.7% of members disenrolled as of Sep 2022 and account for 15.7% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	32	2.3%
MCAL	MCAL - ADULT	133	9.4%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	33	2.3%
	MCAL - ACA OE	490	34.5%
	MCAL - SPD	505	35.5%
	MCAL - DUALS	19	1.3%
Not Eligible	Not Eligible	209	14.7%
Total		**1,421**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 5,412,094	1.7%
MCAL	MCAL - ADULT	$ 29,256,199	9.1%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 6,851,524	2.1%
	MCAL - ACA OE	$ 111,787,483	34.9%
	MCAL - SPD	$ 113,225,300	35.3%
	MCAL - DUALS	$ 3,787,115	1.2%
Not Eligible	Not Eligible	$ 50,168,774	15.7%
Total		**$ 320,488,490**	**100.0%**

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs
$100K+	7%	0%	1%
$75K to $100K	8%	0%	2%
$50K to $75K	7%	0%	2%
$40K to $50K	8%	1%	2%
$30K to $40K	11%	1%	3%
$20K to $30K	5%	2%	4%
$10K to $20K	1%	0%	11%
$5K to $10K	0%	0%	9%
Total	**6%**	**0%**	**4%**

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)
4%	56%	1%	12%	6%	2%	6%
6%	43%	3%	9%	5%	8%	12%
5%	42%	4%	7%	6%	7%	13%
6%	42%	6%	6%	6%	2%	14%
4%	30%	13%	7%	5%	2%	15%
6%	28%	8%	8%	6%	1%	16%
6%	27%	6%	11%	9%	2%	14%
7%	18%	8%	12%	15%	1%	18%
5%	**41%**	**5%**	**10%**	**7%**	**3%**	**11%**

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

ALAMEDA Alliance FOR HEALTH

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: **January 13th, 2023**

Subject: **Human Resources Report**

Staffing

- As of January 1st, 2023, the Alliance had 423 full time employees and 1 part time employee.

- On January 1st, 2023, the Alliance had 66 open positions in which 22 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 44 positions open to date. The Alliance is actively recruiting for the remaining 44 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions January 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	17	5	12
Operations	26	11	15
Healthcare Analytics	3	0	3
Information Technology	4	2	2
Finance	3	1	2
Regulatory Compliance	5	1	4
Human Resources	3	1	2
Executive	2	1	1
Integrated Planning	3	0	3
Total	66	22	44

- Our current recruitment rate is 14%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in December 2022 included:
    - 5 years:
        - Alka Puri (Finance)
        - Anish Reddy (Apps Mgmt., IT Quality & Process Improvement)
    - 6 years:
        - Gil Riojas (Finance)
    - 7 years:
        - Beverly Juan (Medical Services)
        - Guneet Wadhwa (IT Ops., & Quality Apps., Management)
    - 8 years:
        - Tammia Jackson (Case & Disease Management)
        - Jenny Jiang (Healthcare Analytics)
        - Alexandria Johnson (Provider Services)
    - 9 years:
        - Ann Chu (Case & Disease Management)
    - 10 years:
        - Elizabeth Nunez (Member Services)
        - Katherine Gordon (Apps Mgmt., IT Quality & Process Improvement)
    - 11 years:
        - Roxanne Eliscu (Apps Mgmt., IT Quality & Process Improvement)
        - Annie Lam (Provider Services)
    - 18 years:
        - Monica Cabral (Claims)
    - 24 years:
        - Famina Perry (Claims)