ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Board of Governors

Regular Meeting

Friday, February 11th, 2022
12:00 p.m. – 2:00 p.m.

Video Conference Call Only

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, February 11th, 2022
12:00 p.m. – 2:00 p.m.

Video Conference Call

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 NOT 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 JOIN MEETING OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: 1-408-418-9388 ACCESS CODE 1469807782. 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 COMMENT 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 February 11th, 2022, at 12:00 p.m. in Alameda County, California, by Dr. Evan Seevak, Presiding Officer. This meeting is to take place by video conference call.)

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) **JANUARY 14th, 2022 BOARD OF GOVERNORS MEETING MINUTES**

   b) **FEBRUARY 8th, 2022 FINANCE COMMITTEE MEETING MINUTES**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

   a) **REVIEW AND APPROVE DECEMBER 2021 MONTHLY FINANCIAL STATEMENTS**

   b) **CALAIM PROGRESS REPORT**

   c) **COVID-19 VACCINATION PROGRESS REPORT**

   d) **BOARD OF GOVERNORS EFFECTIVENESS ASSESSMENT**

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

   b) **HEALTH CARE QUALITY 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.

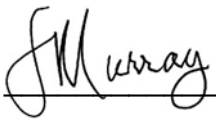
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org. You may also provide comment 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 on February 7th, 2022, 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
January 14th, 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), Nicholas Peraino, Marty Lynch, Natalie Williams, Dr. Rollington Ferguson, Dr. Michael Marchiano, James Jackson, Dr. Noha Aboelata, Aarondeep Basrai, Supervisor Brown, Andrea Schwab-Galindo

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

Guests Present on Conference Call:

Excused: Byron Lopez, Dr. Kelley Meade

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 12:03 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 January 14th, 2022, Consent Calendar. a) December 10th, 2021, Board of Governors Meeting Minutes b) January 11th, 2022, Finance Committee Meeting Minutes Motion to Approve January 14th, 2022, Board of Governors Consent Calendar. A roll call vote was taken, and the motion passed.	Motion to Approve January 14th, 2022, Board of Governors Consent Calendar. Motion: M. Lynch Second: Supervisor Brown Vote: Yes No opposed, one abstained.	None

7. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
Rebecca Gebhart	The Compliance Advisory Committee (CAC) was held telephonically on January 14th, 2022, at 10:30 am. Rebecca Gebhart gave the following Compliance Advisory Committee updates. Rebecca was not at the last Compliance Advisory Committee to meet the new members, Supervisor Brown and Andrea Schwab-Galindo. Rebecca welcomed them and invited them to the CAC Meetings. Kindred Focus audit: • Milestones are being met, and an audit will be conducted in the near future. DHCS Medical Survey findings from 2021: • There were 33 findings, and 4 were repeat findings. There are 96 associated deliverables with these 33 findings. The following completed findings were discussed at today's CAC meeting: • Finding no Provider Ownership is because some providers do not have an owner. We are changing our process for providers who do not have an owner. • The plan did not have P&Ps for applying financial sanctions for non-compliance or failure to respond to a CAP. A new policy has been created. • The complexity of rate changes was discussed. • The plans Memorandum of Understanding with the County did not have specifically required characteristics relating to recording metrics and other needed items. The Alliance staff is meeting with Alameda County Behavior Health and developing an amendment. The plan is to meet regularly with Alameda County Behavior Health.	Informational update to the Board of Governors. Vote not required.	None

	• A grievance from a member requires an acknowledgment within five days and a resolution within 30 days with the member's threshold language. Due to staffing issues, several grievances did not meet the timeframe or language requirement. The Board discussed repeat findings. It was made known that repeat findings are not precisely the same; they are findings that go much deeper. Upcoming Audits: • NCQA Reaccreditation - July • 2022 DHCS Medical Survey - April 4th • DMHC Financial Services Audit in the 4th Quarter of 2022 Informational update to the Board of Governors. Vote not required.		
7. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Rollington Ferguson	The Finance Committee was held telephonically on Tuesday, January 11th, 2022. Dr. Ferguson updated the Board on the Finance Committee Meeting. Highlights: • In October, we experienced a significant loss that was not expected, and the Committee discussed the explanation for this. The loss resulted from increased hospitalization, emergency room utilization, and other catastrophic cases. • Our membership increased, and many of the new members are not vaccinated, so we most probably will not meet the 85% with the State Vaccine Incentive program. • The Financials for November are back on track, and the numbers are better. Gil will give a detailed account.	Informational update to the Board of Governors. Vote not required.	None

	Informational update to the Board of Governors. Vote not required.		
8. CEO UPDATE			
Scott Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: Executive Summary: The budget process for the next year, 2023, begins next month. The preliminary budget will be presented to the Finance Committee and The Board of Governors in June. The final budget will be presented in December 2022. Key Performance Indicators: • Regulatory metrics - our standard Member Grievances turn around time was off by 1%. • Non Regulatory - call center was also off, and we are working on staffing to correct both issues. California State Budget: • Governor Newsom announced the 2022-2023 Governor's Budget on January 10th, 2022. • The healthcare services budget is nearly $8 billion higher than the previous year's revised budget and includes new initiatives and expanded coverage in the Medi-Cal program. • The DHCS has announced incentive programs for Medi-Cal Managed Care Systems. The CalAIM Incentive Program has $14.7M allocated to the Alliance and is a pay-per-performance. The Alliance needs to meet the criteria to receive funding. Earlier this week, we submitted our first report. • Other programs have not been allocated yet, such as; Housing and Homelessness Initiative, Provider Access and Transforming (PATH), School-based Behavior Health, and Justice-Involved Initiative.	Informational update to the Board of Governors. Vote not required.	None

	Single Plan Model: • As of 2021, the Alliance has completed all required deliverables, and we remain in a conditionally approved status. Medi-Cal Rx: • There has been a couple of issues which will be coved later in the meeting. Question: 14.7M from the State is that for community supports? Answer: Yes, This is for CalAIM and is for three different areas, ECM, CS Services, and the development of infrastructure, ECM capacity, and CS capacity. This money is for capacity building and not services. Informational update to the Board of Governors. Vote not required.		

9. a. BOARD BUSINESS – REVIEW AND APPROVE NOVEMBER 2021 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	Gil Riojas gave the following November 2021 Finance updates: Enrollment: • For the month ending November 30th, 2021, the Alliance had an enrollment of 295,151 members, a net income of $1.3M, and the tangible net equity is 543%. • Our enrollment has increased by 1556 members since October 2021. Net Operating Results: • For the month ending November 30th, 2021, the actual net income was $1.3M, and the budgeted net loss was $3.6M. • The unfavorable variance was due to and higher than anticipated medical expense. Revenue: • For the month ending November 30th, 2021, the actual revenue was $98.7M vs. the budgeted revenue of $98.8M. Medical Expense: • For the month ending November 30th, 2021, the actual medical expense was $92.1M, and the budgeted medical expense was $95.6M. Medical Loss Ratio (MLR): • For the month ending November 30th, 2021, the MLR was 93.2%. Administrative Expense: • For the month ending November 30th, 2021, the actual administrative expense was $5.4M vs. the budgeted administrative expense of $6.9M.	Motion to Approve November 30th, 2021, Monthly Financial Statements as presented. Motion: Dr. Ferguson Second: N. Williams Vote: Yes No opposed or abstained.	None

	Other Income / (Expense): • As of November 30th, 2021, our YTD interest income from investments is $143,000, and YTD claims interest expense is $156,000. Tangible Net Equity (TNE): • Tangible net equity results continue to remain healthy, and at the end of November 30th, 2021, the TNE was reported at 525% of the required amount. Cash Position and Assets: • For the month ending November 30th, 2021, the Alliance reported $326.5M in cash; $235.7M in uncommitted cash. Our current ratio is above the minimum required at 1.82 compared to the regulatory minimum of 1.0. Comment: Thank you for all your hard work with the Finances and data presented to the Board. Motion to Approve November 30th, 2021, Monthly Financial Statements as presented. A roll call vote was taken, and the motion passed.		
9. e. BOARD BUSINESS – CALAIM PROGRESS REPORT			
Dr. S. O'Brien and Ruth Watson	Dr. O'Brien and Ruth Watson presented the CalAIM Progress Report Update. Each month there will be an update to the Board of the key activities of CalAIM in preparation for the January 2022 deadline. CalAIM Operational Readiness is divided into two phases and includes all of our community-based organizations & other contracted entities for Enhanced Care Management (ECM), Community Supports (CS), and Major Organ Transplants (MOT). Progress report: • Phase one – Day One	Informational update to the Board of Governors. Vote not required.	None

	○ Operational Readiness Status (ECM, CS, and MOT) - Day One • Phase two – Day Two and beyond ○ Post Go-live Stabilizations – Day Two and Beyond ▪ There will be deliverables 30-days, 60-days, 90-days, and 120-days. ▪ A Dashboard will be created to track the Post Go-live deliverables. Contracting: • Enhanced Care Management – 100% complete (10 providers) • Community Supports – 100% complete (5 providers) Major Organ Transplants (MOT) – Center of Excellence (COE) Network certified with DHCS: • MOT patients in DHCS covered program will continue to be covered under the existing DHCS contract with the current Centers of Excellence Rx Transition: • Successful transition of Medi-Cal Rx benefit to Magellan on 1/1/2022 To view the complete CalAIM Progress Report Update presentation, see Board Packet. Comment: The Alliance team has really stepped up for the CalAIM services Informational update to the Board of Governors. Vote not required.		
9. f. BOARD BUSINESS – COVID-19 VACCINATIONS AND INCENTIVE PROGRESS UPDATE			
Scott Coffin and	Scott Coffin presented the COVID-19 Vaccinations and Incentives Progress Update.		None

Michelle Lewis	The purpose is to update the vaccinations to both Medi-Cal and Group Care lines of business and discuss the new incentive program. The topics discussed were:
	
	COVID-19 Vaccinations Outreach:
	• The Alliance as of January 10th, 2022:
	  ○ 70.1% of Medi-Cal members 12 years and older are vaccinated (fully/partially) based on CAIR, encounter, claim, and HEDIS data; target to reach 85% by the end of February.
	  ○ Averaging 1,108 vaccines a week, or approximately 4,400 per month
	• Medi-Cal managed care enrollment continues to reach record-highs each month, and the majority of the Alliance's newly enrolled Medi-Cal Beneficiaries are not vaccinated.
	• Live after-hours outbound calls started December 14th, 2021:
	  ○ Automated outbound calls continued to unvaccinated members 12+ households on January 7th.
	• Second Postcard Mailing:
	  ○ December 15th, 2021, to 68,343 unvaccinated members 12+.
	• Newsletters:
	  ○ Provider Pulse Newsletter was published in December 2021 and included vaccine incentive information.
	  ○ Member Connect Newsletter will be mailed in January 2022.
	• Future Member and Provider Vaccine Outreach Activities:
	  ○ The Alliance, Alameda County Public Health Department, and Haller's Pharmacy to promote and distribute the vaccine at upcoming events.
	• Continuing partnerships with community providers, physicians, Alameda County Care.
	• Alliance and other faith-based organizations:
	  ○ Support from ACCMA/SMMA Board Members.
	• School partnerships, and Alameda Community Partnerships.
	
	Comment: Positive good work and outreach.
		Informational update to the Board of Governors.
		
		Vote not required.	

	Question: Can we get the statistics of the members that do not want to have the vaccine or decline and also know the reason they do not want to have us contact them. Answer: Yes, we can return with an answer to this. Question: Are we tracking the incentives to the providers? Answer: Yes, we can provide that at an upcoming meeting. To view the complete COVID-19 Vaccinations and Incentives Progress Update presentation, see Board Packet. Informational update to the Board of Governors. Vote not required.		
10. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. Steve O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on December 21, 2021. Dr. Steve O'Brien gave the following Committee updates: • There were twenty-two (22) initial providers approved. Additionally, twenty-one (21) providers were re-credentialed at this meeting. Question: Do we track providers that are leaving or retiring? Answer: Yes, we do, and I can include it in the next report. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None

10. b. STANDING COMMITTEE UPDATES – PHARMACY AND THERAPEUTICS COMMITTEE			
Dr. Steve O'Brien	The Pharmacy and Therapeutics Committee (P&T) was held telephonically on December 21st, 2021. Dr. Steve O'Brien gave the following Committee updates: • The P&T Committee reviewed the efficacy, safety, cost, and utilization profiles of nine therapeutic categories and drug monographs, 17 generics, and 33 PA guidelines. • The Committee discussed Medi-Cal Rx, and I will report the impact at future P&T meetings Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
11. STAFF UPDATES			
Scott Coffin	None	None	None
12. UNFINISHED BUSINESS			
Scott Coffin	None	None	None
13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Scott Coffin	Board Members will receive an email from Dr. Seevak that will look at the scope of the Board. What they need and will help them with their position on the Board. Also, we will be looking at the structure of the Board. Regarding the facility search, we will be reporting back to the Board and also searching for 3 Board Members for the Committee.	None	None

14. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Scott Coffin	None	None	None
15. ADJOURNMENT			
Dr. Evan Seevak	Dr. Evan Seevak adjourned the meeting at 1:47 pm.	None	None

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

ALAMEDA Alliance FOR HEALTH

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Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

February 8th, 2022
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

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

Board of Governor members on Conference Call: James Jackson, Andrea Schwab-Galindo

Alliance Staff on Conference Call: Scott Coffin, Tiffany Cheang, Richard Golfin III, Sasi Karaiyan, Shulin Lin, Dr. Steve O'Brien, Carol van Oosterwijk, Ruth Watson, Matt Woodruff, Sandra Galindo, Christine Corpus

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER, ROLL CALL, and INTRODUCTIONS			
Dr. Rollington Ferguson	Dr. Ferguson called the Finance Committee 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." "Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment." A telephonic Roll Call was then conducted. Carol vanOosterwijk introduced Linda Ly. Linda is the new Senior Manager of Financial Planning & Analysis.		

CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. January 11th, 2022, Finance Committee Minutes were approved at the Board of Governors meeting January 14th, 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: **COVID-19 Vaccinations:** • As of January 31st, approximately 72% of members (12 years and older) in Medi-Cal are partially or fully vaccinated. • The California Immunization Registry (CAIR2) has been unavailable due to maintenance, and we are tracking immunizations using claims and encounter data. The vaccination metrics will be validated after the state immunization registry is available. • Alameda Alliance is seventh-highest managed care health plan in the state for vaccination rates of Medi-Cal beneficiaries. Alameda County is fifth-highest as compared to the county vaccination rates for Medi-Cal beneficiaries behind San Francisco, Santa Clara, Marin, and San Mateo counties. • In September 2021, the California Department of Health Care Services (DHCS) allocated Alameda Alliance up to $8.4 million for incentive funding to increase the vaccination rates for Medi-Cal enrollees, ages 12 and older. During this vaccine program, the DHCS has paid $1.2 million to the Alliance, and based on the performance of the outcome measures, we do not expect to receive additional funding (of the remaining $7.2 million). • Through the end of January, the Alliance has encumbered approximately $1.4 million in expenses related to the community outreach and vaccinations and has increased rates by more than eleven percent since the start of this campaign in October 2021. • The Medi-Cal vaccination outreach campaign is scheduled to complete on February 28th, 2022. • A progress report on the vaccination campaign is being presented to the Board of Governors on Friday, February 11th.	Informational update to the Finance Committee Vote not required	

	<u>Kaiser Permanente:</u> • On February 4th, 2022, the State of California announced their intention to contract with Kaiser Permanente for Medi-Cal services directly in 22 counties. • The initial terms of the contract have been released by the State of California, and the contract begins on January 1st, 2024. • This arrangement is subject to approval by CMS. • Kaiser serves nearly one million Medi-Cal beneficiaries statewide, and 44,000 of the Alliance's members are currently enrolled in Kaiser through a fully delegated arrangement. • In response to this announcement, an analysis will be completed in the month of February to assess the impact of this contract. The analysis will include a preliminary review of impacts to the financials, enrollment, operations, regulatory compliance, and health care services. • An external view of the potential impact will be conducted, focusing on the access to services for members and impact on member assignments to providers. **Question:** Nick Peraino expressed surprise and asked how this came about? Scott Coffin answered that this announcement came without forewarning. There was no time provided for public comment or discussion and added that it will require a change to the California Legislation to approve. Dr. Ferguson asked if it would be prudent to hold off on the single-plan move and questioned the legality of the action regarding Kaiser. He asked that the Alliance's Legal team look into this and report on Friday. Scott Coffin offered that further discussion will be held on Friday at the Board of Governors, and that a full discussion with the Board of Governors will be held in March to review the preliminary impact assessment; adding that the Local Health Plans of California (LHPC) association is looking into a legal position, on a state-wide basis, and to define the authority that the State is operating under as part of this action.		
b.) Review and approve December 2021 Monthly Financial Statements			
Gil Riojas	**<u>December 2021 Financial Statement Summary</u>**		

	Enrollment: Current enrollment is 296,728 and continues to trend upward. Total enrollment has increased by 1577 members from November 2021, and 8,174 members since June 2021. Consistent increases were primarily in the Child, Adult, and Optional Expansion categories of aid, and include slight increases in the Duals category of aid. SPD remains relatively flat, while Group Care took a slight decline. Total Enrollment continues to increase month over month and as previously discussed, the rate of increase has fluctuated since our highest increase of 4,140 members in August 2020. We anticipate a continued increase in enrollment due to the mandatory enrollment in Managed Care that took place in January, and the additional population of adults 26-49 enrollment being added in May 2022. We continue to evaluate the potential implication to our Budget, our Revenue, and our Expenses. We certainly anticipate an increase in Medical Claims. **Net Income:** For the month ending December 31st, 2021, the Alliance reported a Net Loss of $1.5 million (versus budgeted Net Loss of $2.7 million). The favorable variance is attributed to lower than anticipated Administrative Expenses. For the year-to-date, the Alliance recorded a Net Loss of $3.1 million versus a budgeted Net Loss of $9.3 million. **Revenue:** For the month ending December 31st, 2021, actual Revenue was $99.8 million vs. our budgeted amount of $99.6 million. We continue to remain very close to budget on Revenue. **Medical Expense:** Actual Medical Expenses for the month were on budget at $95.3 million. For the year-to-date, actual Medical Expenses were $560.9 million versus budgeted $564.4 million. Drivers leading to the favorable variance can be seen on the tables on page 11. Further explanation of the variances can be seen on pages 11 and 12. **Medical Loss Ratio:** Our MLR ratio for this month was reported at 95.5%. Year-to-date MLR was at 95.1% vs our annual budgeted percentage 91.5%.		

	Administrative Expense: Actual Administrative Expenses for the month ending December 31st, 2021 were $6.0 million vs. our budgeted amount of $7.0 million. Our Administrative Expense represents 6.0% of our Revenue for the month, and 5.4% 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. **Other Income / (Expense):** As of December 31st, 2021, our YTD interest income from investments was $215,000. As mentioned in previous committee meetings, we are looking at extending our timeframe for investments. We continue to explore the sustainable investments possibilities and will be sharing information on that today as well. YTD claims interest expense is $192,000. **Tangible Net Equity (TNE):** We reported a TNE of 532%, with an excess of $164.3 million. This remains a healthy number in terms of our reserves. **Cash and Cash Equivalents:** We reported $326.5 million in cash; $149.4 million is uncommitted. Our current ratio is above the minimum required at 1.59 compared to regulatory minimum of 1.0. **Capital Investments:** We have spent $112,000 in Capital Assets year-to-date. Our annual capital budget is $1.4 million.	Motion to accept **December 2021 Financial Statements** Motion: N. Peraino Seconded: J. Jackson Motion Passed No opposed or abstained	
c.) Sustainable Investing Overview			
Gil Riojas	Gil Riojas shared a PowerPoint presentation regarding Environmental Social Governance (ESG) Investing. Highlights of the Presentation: • Average daily balance of invested funds is $280M. This is divided up as follows:	Informational update to the Finance Committee Vote not required	

	➢ 78% of investments maturing within 90 days ➢ 21% maturing within 180 days ➢ 1% maturing over 180 days. (1% represents $2.5M – In November we agreed to move $50M in longer term strategies. This is taking place strategically as interest rates change.) • Portfolio in compliance with California Government Code 53600 • ESG refers to the three key factors when measuring the sustainability and ethical impact of an investment. These factors include ethical, sustainable, and corporate government issues. • ESG Approaches to Investing: ➢ Negative Screening – Exclusions based on Alliance values. ➢ Positive Screening – Inclusion of companies with better ESG credentials ➢ Active ESG Funds – Invest in ESG labelled funds like green bonds, social and sustainability bonds, ESG exchange traded funds. • ESG Risks: ➢ No clear consensus on definition and scoring metrics for ESG-type investments ➢ Rate of return on investments may be lower than investments allocated to current investment strategy ➢ ESG labelled investments may be diluted by the inclusion of certain companies in a fund		
d.) Claims Interest Analysis			
Matt Woodruff	Matt Woodruff provided an in-depth presentation and led discussion on: 1) Current fiscal year interest payments 2) High interest review by month 3) Accomplishments 2021-22 4) Next Steps	Informational update to the Finance Committee Vote not required	
ADJOURNMENT			
Dr. Rollington Ferguson	Dr. Ferguson motioned to adjourn the meeting. The meeting adjourned at 9:01 am.	Motion to adjourn: Dr. Ferguson Seconded: N. Peraino No opposed or abstained.	

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

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CEO Update

Scott Coffin

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

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

Date: **February 11th, 2022**

Subject: **CEO Report**

- **Financials:**

  - Revenue $99.8 million in December, and $589.7 million Year-to-Date (YTD).

    - Medical expenses for December were $95.3 million and $560.9 million year-to-date, representing a 95.1% average in the six months of the fiscal year and 6.0% in administrative expenses.

  - Tangible Net Equity (TNE): Financial reserves are 532% above the regulatory requirement, representing $164.3 million in excess TNE.

  - Total enrollment exceeded 304,000 in January 2022 and has increased each month over the last quarter by 1,500 members. The growth in Medi-Cal membership is driven by the Governor's Executive Order to defer the redetermination process and, more recently, the mandatory Medi-Cal managed care initiative.

  - Net Operating Performance by Line of Business:

	December	YTD
Medi-Cal	($1.2M)	($2.5M)
Group Care	($344K)	($573K)
Totals	($1.5M)	($3.1M)

- **Key Performance Indicators:**

  - Regulatory Metrics:

    Standard member grievances (turnaround within 30 calendar days) were 3% under the required threshold and represents the second month of non-compliance. A total of eleven(11) expedited grievances were processed in over 3 calendar days, resulting in 8% turnaround

rate (87% below the requirement). Staff training, workflow modifications, technology configurations, and corrective actions have been implemented in the Health Care Services and Member Services to return these operations metrics into a compliant range, and management is tracking & reporting daily/weekly performance.

- Non-Regulatory Metrics:

  The Member Services call center received 18,246 inbound calls in January. The average wait time to speak with a Member Services Representative increased to nearly 11.5 minutes, resulting in 39% abandonment rate, which is 33% over the internal target. Subsequently, inbound calls answered in 30 seconds or less fell to 25%, which is 45% below the internal service goal. A remediation plan has been implemented that adds ten (10) additional call center agents to support member inquiries.

  Vacancy rates (Human Resources) for unfilled staff positions is 3% above the internal target due to the addition of new positions being recruited, and the backfill positions related to turnover.

- **Medi-Cal Rx:**

  - The Medi-Cal Rx project implemented on January 1st, 2022.
  - Medi-Cal beneficiaries and pharmacies are experiencing delays to reach call center agents when accessing the statewide call center (serving 14 million Medi-Cal beneficiaries).
  - The Alliance's member service center has received over 700 complaints from current Medi-Cal beneficiaries experiencing issues related to pharmaceuticals; the Alliance has been continually reporting access issues daily to the California Department of Health Care Services (DHCS) and Magellan.
  - The state recently implemented changes to emergency supplies (3 days to 14 days), modified authorization limits (number of refills), and relaxed authorization protocols to reduce the impact on beneficiaries.
  - Alameda Alliance continues to administer the Physician-Administered Drugs (PAD) for Medi-Cal beneficiaries and fully administers pharmaceutical services for the Group Care product.

- **COVID-19 Vaccinations:**

  - As of January 31st, 171,471 Medi-Cal members (12 years and older) have been vaccinated, and 60,522 vaccinations are needed to reach the 85% threshold by February 28th, 2022.

- An average of 4,000 vaccinations are being administered each month, and the net results are offset by the new Medi-Cal enrollment, as a significant number of new Medi-Cal members are not vaccinated at the time of enrollment.
- The California Immunization Registry (CAIR2) has been unavailable due to maintenance, and we are tracking immunizations using claims and encounter data. The vaccination metrics will be validated after the state immunization registry is available.
- Alameda Alliance is seventh-highest managed care health plan in the state for vaccination rates of Medi-Cal beneficiaries. Alameda County is fifth-highest as compared to the county vaccination rates for Medi-Cal beneficiaries; San Francisco, Santa Clara, Marin, and San Mateo counties.
- In September 2021, the DHCS announced funding of $350 million to increase vaccination rates for Medi-Cal beneficiaries on a statewide basis. Alameda Alliance was awarded up to $8.4 million for incentive funding to increase the vaccination rates for Medi-Cal enrollees, ages 12 and older.
- The California Department of Health Care Services has paid $1.2 million to the Alliance, and based on the performance of the outcome measures through January, the Alliance is not forecasting to receive additional incentive funding.
- Through the end of January, the Alliance has encumbered approximately $1.4 million in expenses related to the community outreach and partnerships.
- The vaccination outreach campaign is scheduled to complete on February 28th, 2022.

- **Medi-Cal Procurement:**

  - The DHCS released the Request for Proposal (RFP) on February 9th, 2022.
  - Alameda County is excluded from the procurement process and is identified as a “Single Plan Model, as of January 1st, 2024”.
  - Selected commercial health plans will contract with the DHCS in October 2022, operational readiness commences in 2023, and Medi-Cal enrollment begins on January 1st, 2024.

- **Single Plan Model:**

  - The DHCS delivered a conditional approval to the Alameda County Health Care Services Agency on August 31st, 2021.
  - Alameda County Board of Supervisors approved the County Ordinance in September 2021, and a copy of the Ordinance was submitted to the California DHCS.

- Alameda Alliance completed the required deliverables in the calendar year 2021, and there are no further submissions at this time.
- Alameda County remains in “conditional approval” status with the DHCS, and the DHCS and CMS are coordinating on terms & conditions to change the Medi-Cal delivery models in over 20 counties statewide.
- Alameda County Health Care Services Agency (HCSA), Alameda Alliance for Health, and the Department of Health Care Services are scheduled to meet next month to discuss the approval status and timeline.

- **Kaiser Permanente:**

  - On February 4th, 2022, the State of California announced their intention to contract with Kaiser Permanente for Medi-Cal managed care services in 22 counties.
  - The initial terms of the contract have been released by the State of California, and the contract begins on January 1st, 2024.
  - The DHCS is seeking approval from CMS and will propose language to the state legislature to authorize this change to the statewide Medi-Cal delivery system.
  - Kaiser serves nearly one million Medi-Cal beneficiaries statewide, and 44,000 of the Alliance’s members are currently enrolled in Kaiser through a fully delegated arrangement.
  - In response to this announcement, the Alliance is launching an impact analysis in the month of February to assess the potential changes in quality and access to health care. The analysis will include a preliminary review of impacts to the financials, enrollment, operations, regulatory compliance, and health care services.
  - An external view of the potential impact will be conducted, focusing on the access to services for members and impact on member assignments to providers.

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Executive Dashboard

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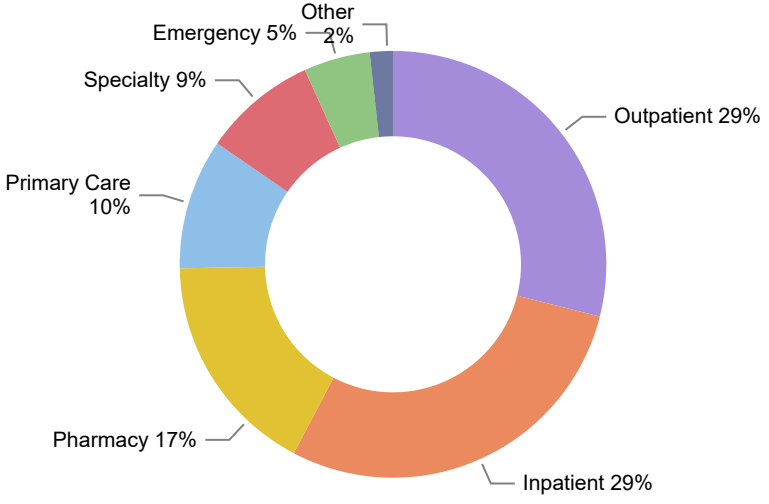
Financials

Income & Expenses

Revenue	Medical Expense
$589.8M	($560.9M)
Other Income/(Exp.)	Admin Expense
($0.2K)	($32.0M)
Net Income	Gross Margin %
($3.1M)	4.9%

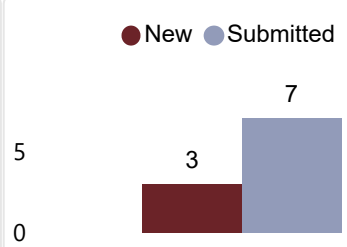
Medical Expenses



Liquid Reserves

MLR Net %	95.1%
TNE %	531.6%
TNE $	$202.3M

Reinsurance Cases



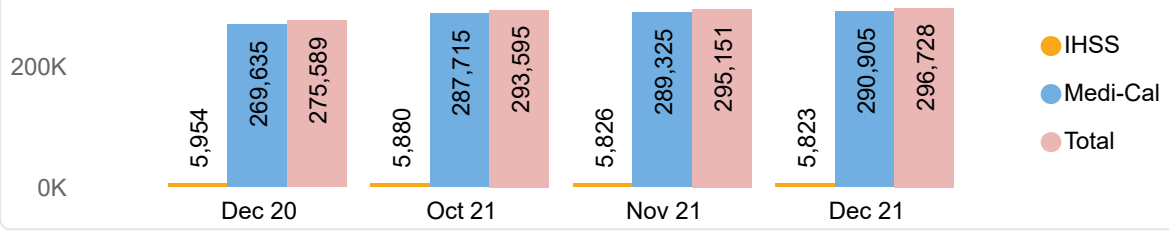
Balance Sheet

Cash Equivalents	$326.5M
Pass-Through Liabilities	$177.1M
Uncommitted Cash	$149.4M
Working Capital	$191.2M

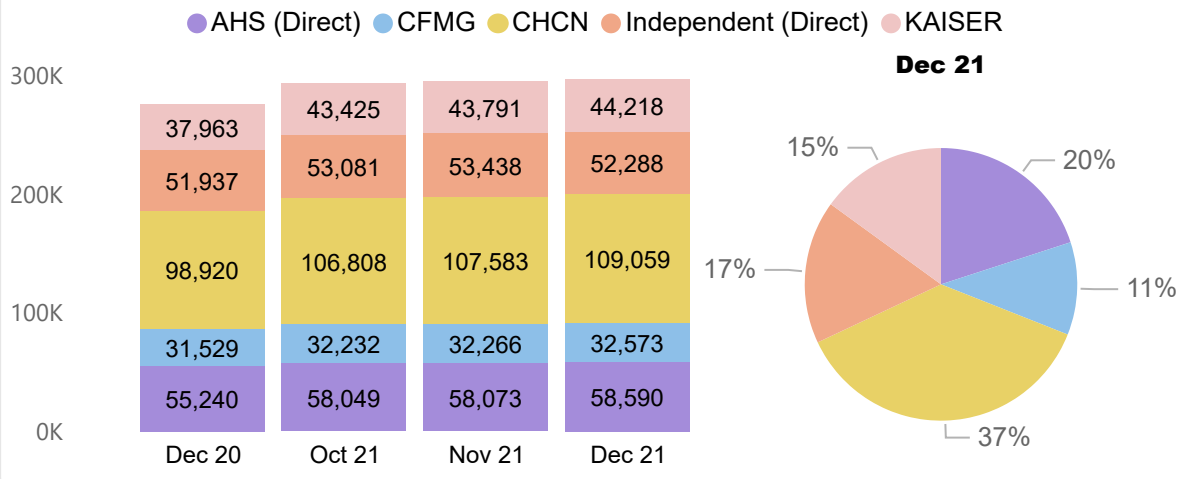
Current Ratio %
159.4%

Membership

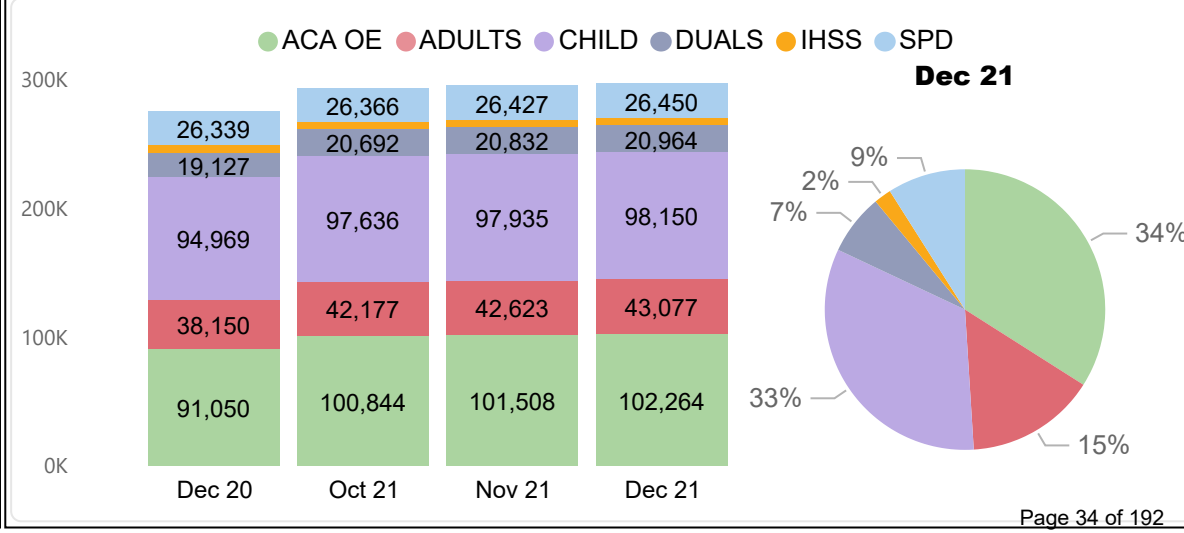
By Plan



By Network



By Category



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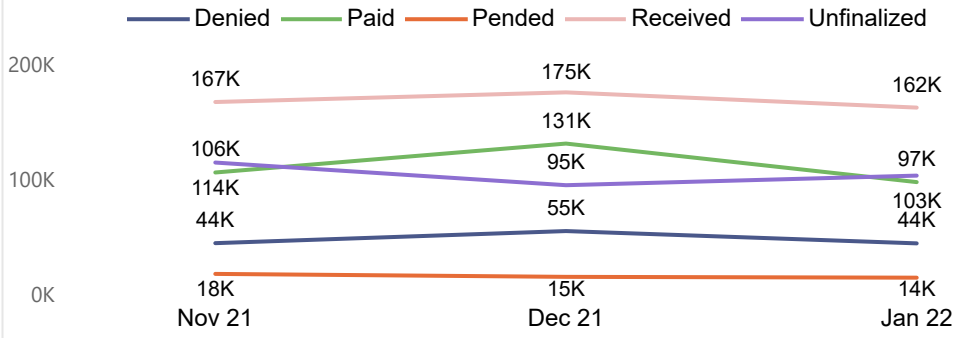
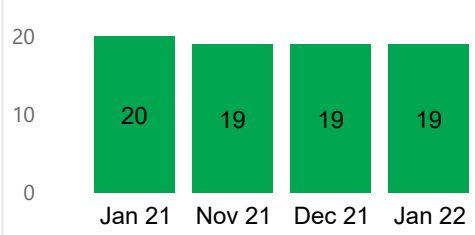
Claims

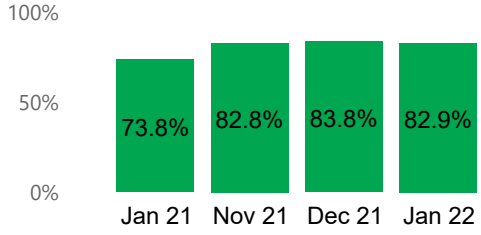
Claims Processing



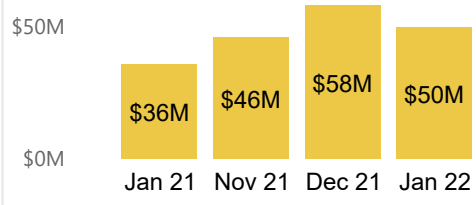
Average Payment TAT (Days)



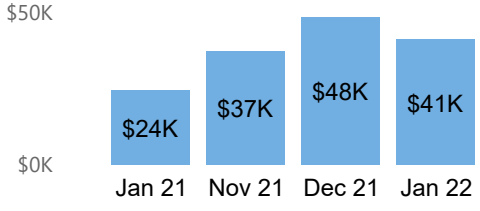
Auto Adjudication Rate (%)



Claims Paid (Dollars)

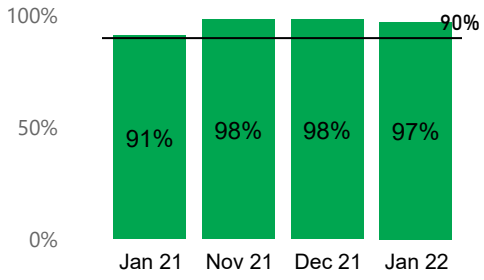


Interest Paid (Dollars)

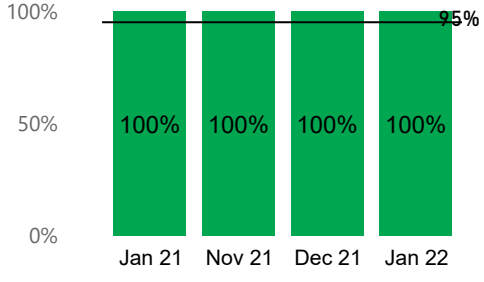


Claims Compliance

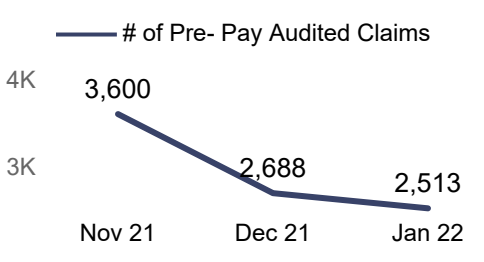
% Processed (30 Cal Days)



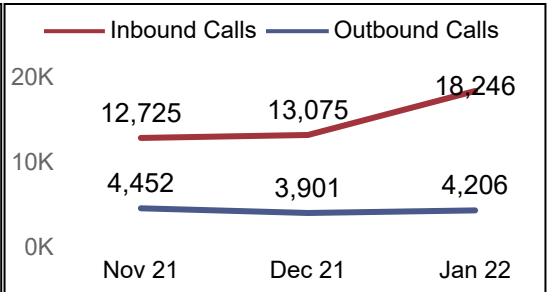
% Processed (45 Work Days)



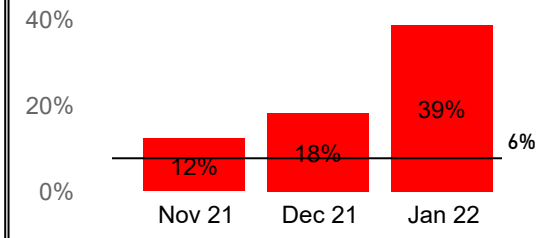
Claims Auditing



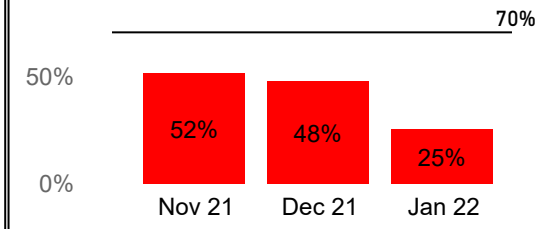
Member Services



Abandoned Call Rate %

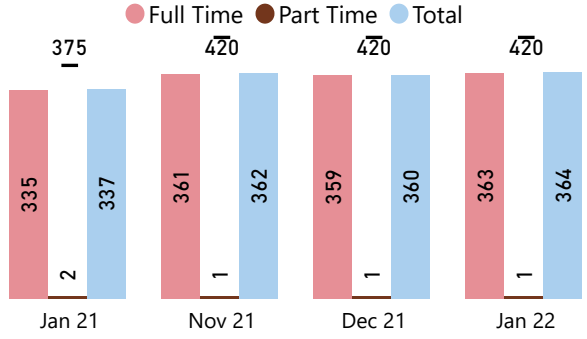


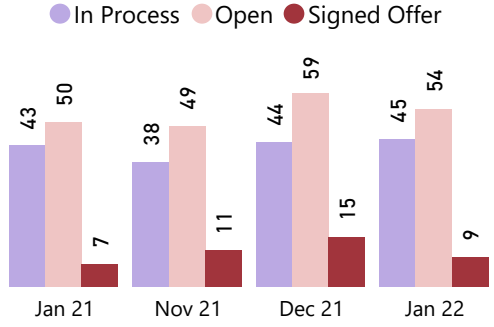
Calls Answered in 60 Seconds %



Average Call Times	Nov 21	Dec 21	Jan 22
Wait Time	02:48	03:45	11:52
Call Duration	07:21	06:38	06:29

Human Resources





Recruiting	Jan 21	Nov 21	Dec 21	Jan 22
New Hires	4	3	5	9
Separations	2	0	9	3
Temps / Seasonal	2	15	28	27

Current Vacancy
13%

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Provider Services

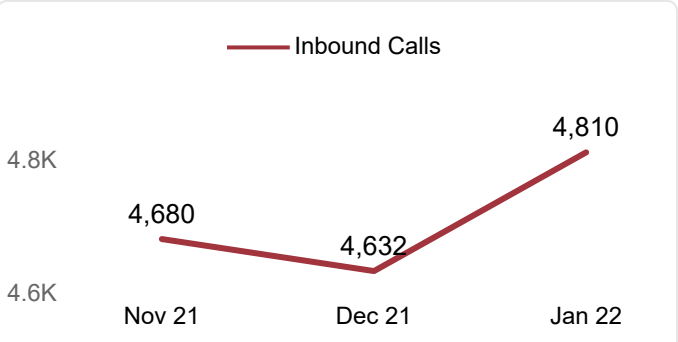
Provider Network

Primary Care Physician	722
Specialist	8,328
Hospital	17
Skilled Nursing Facility	65
Durable Medical Equipment	Capitated
Urgent Care	9
Health Centers (FQHCs and Non-FQHCs)	68
Transportation	380

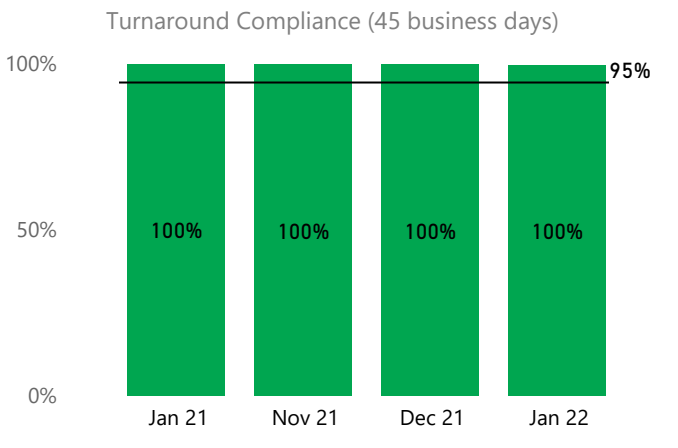
Provider Credentialing

1,389

Provider Call Center

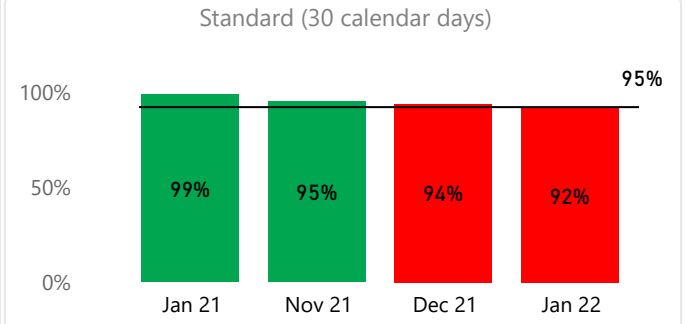


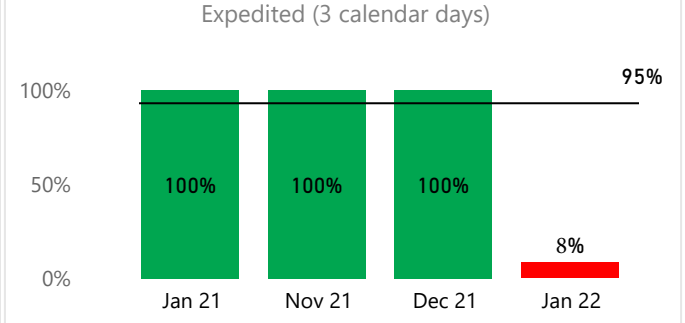
Provider Disputes & Resolutions



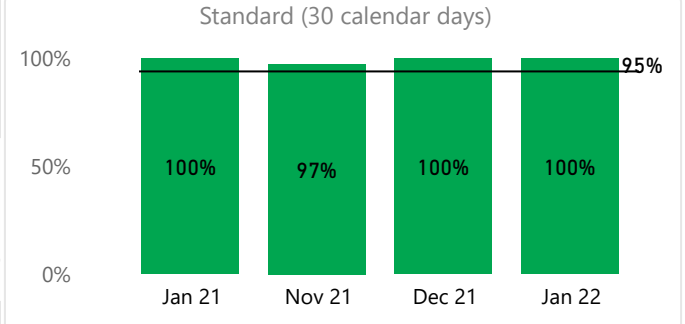
Compliance

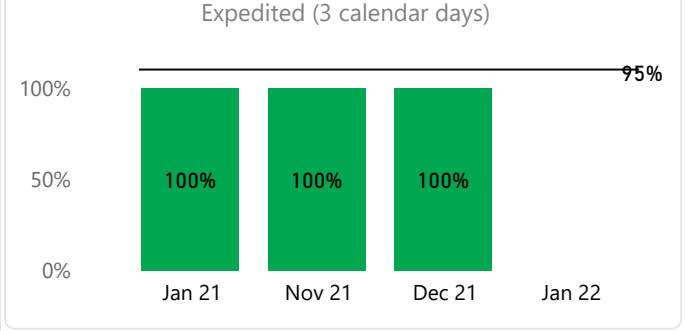
Member Grievances



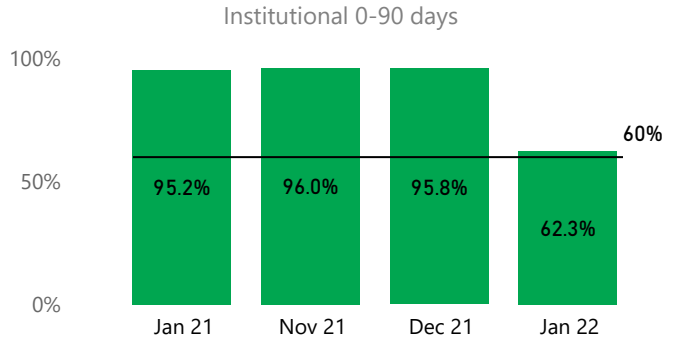


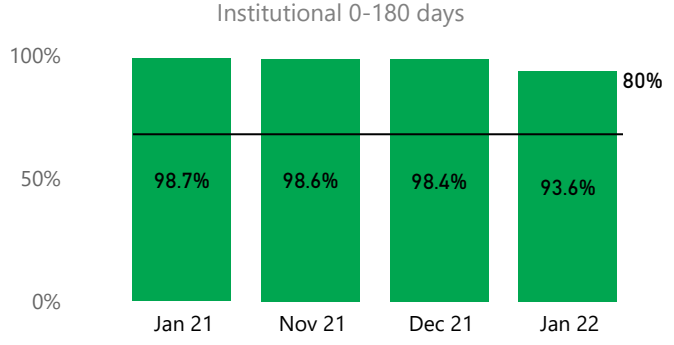
Member Appeals

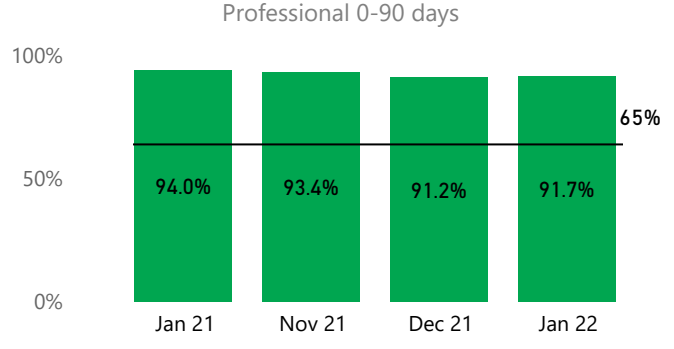


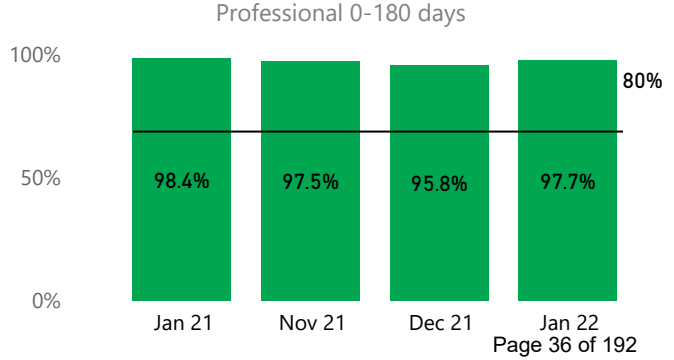


Encounter Data









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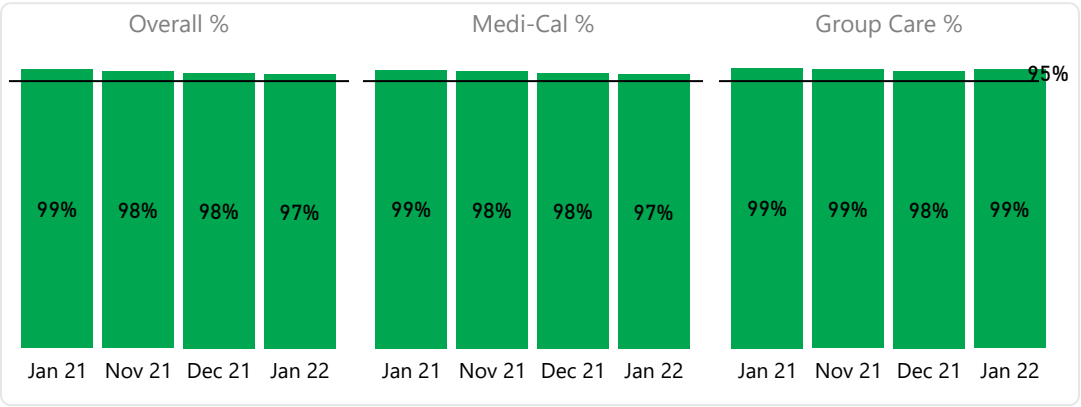
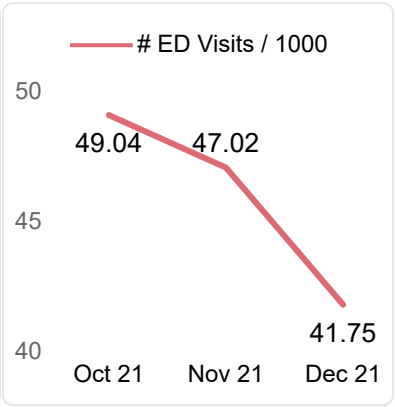
Health Care Services

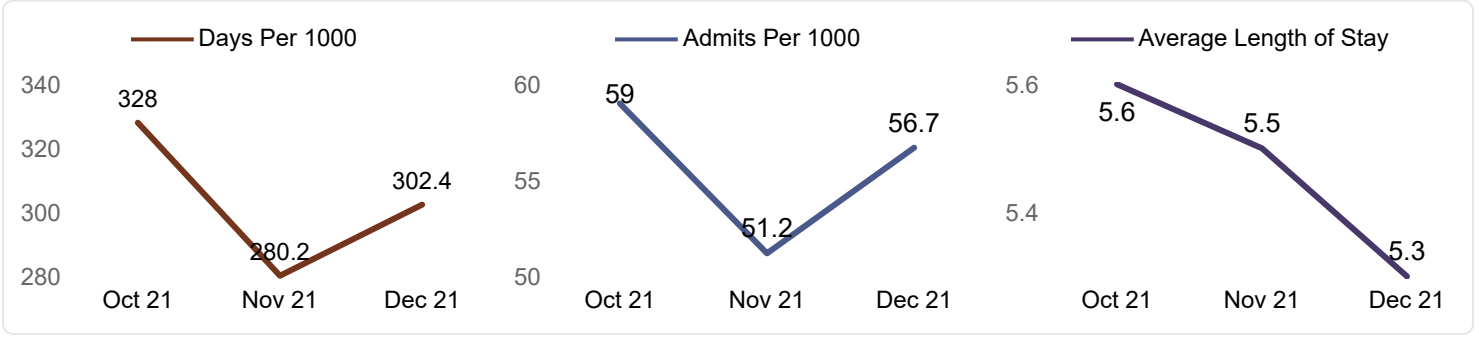
Authorization Turnaround



ED Utilization

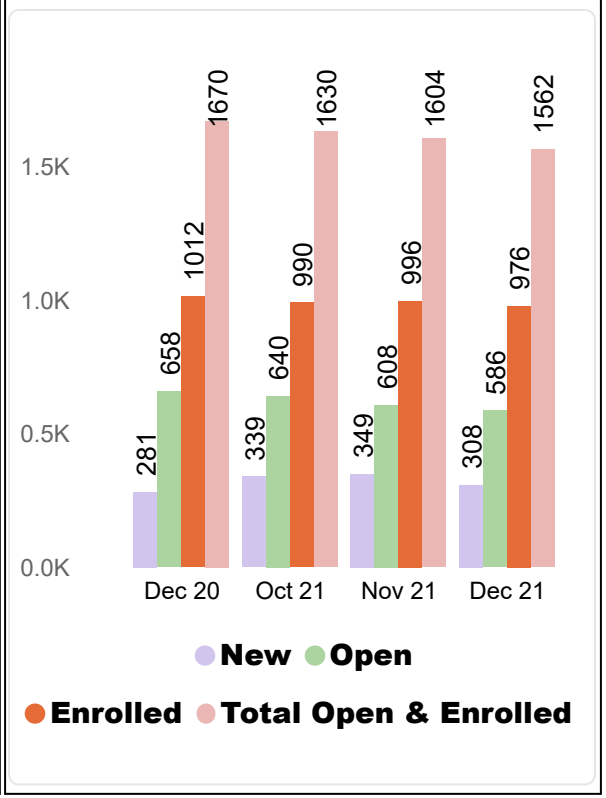


Inpatient Utilization

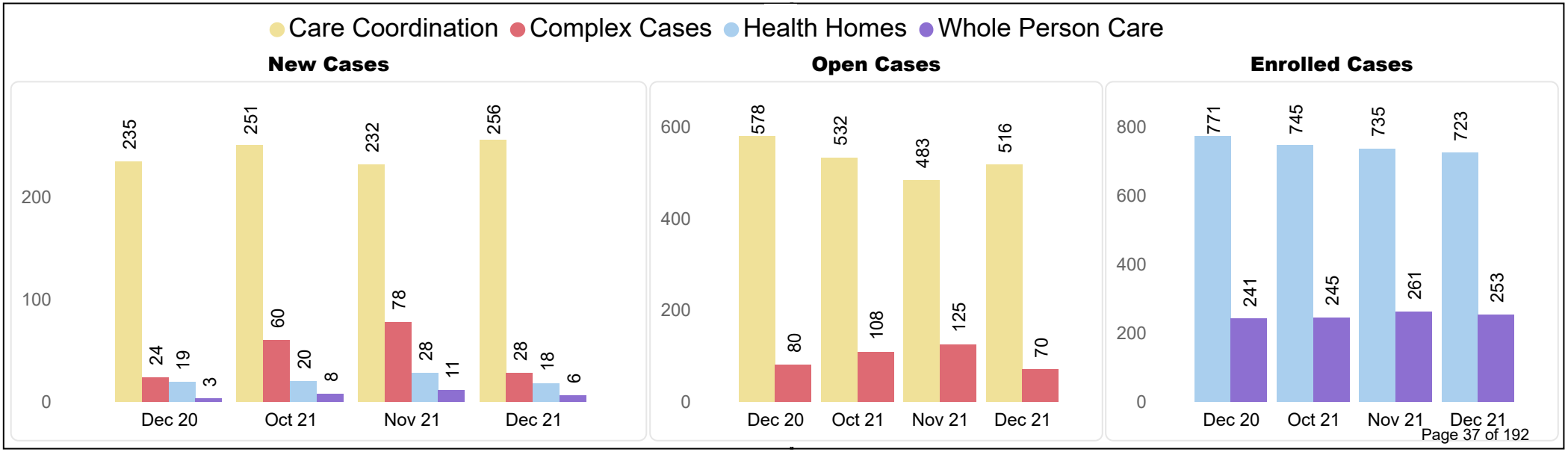


Case Management

Total Cases



Case Management



Technology (Business Availability)

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

Outpatient Authorization Denial Rates

OP Authorization Denial Rates	Jan 21	Nov 21	Dec 21	Jan 22
Denial Rate Excluding Partial Denials (%)	3.5%	4.1%	4.0%	3.4%
Overall Denial Rate (%)	3.7%	4.8%	4.6%	4.1%
Partial Denial Rate (%)	0.2%	0.7%	0.6%	0.7%

Pharmacy Authorizations

Authorizations	Jan 21	Nov 21	Dec 21	Jan 22
Approved Prior Authorizations	698	771	763	18
Closed Prior Authorizations	543	697	705	204
Denied Prior Authorizations	651	545	566	15
Total Prior Authorizations	1,892	2,013	2,034	237

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COVID-19 Dashboard

COVID-19 Vaccination Summary as % of Population (Ages >= 5 Years) v4

Data as of: 2022-02-07

Network: All | **LOB:** All | **City:** All

ALAMEDA Alliance FOR HEALTH

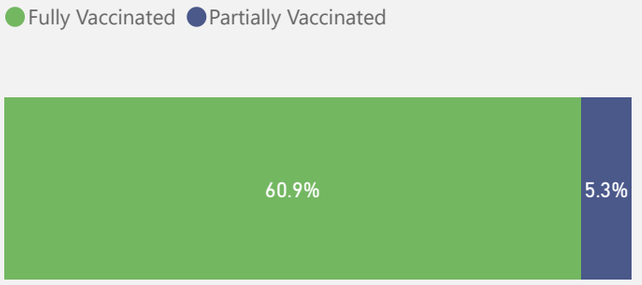
Members Fully Or Partially Vaccinated:

186,666

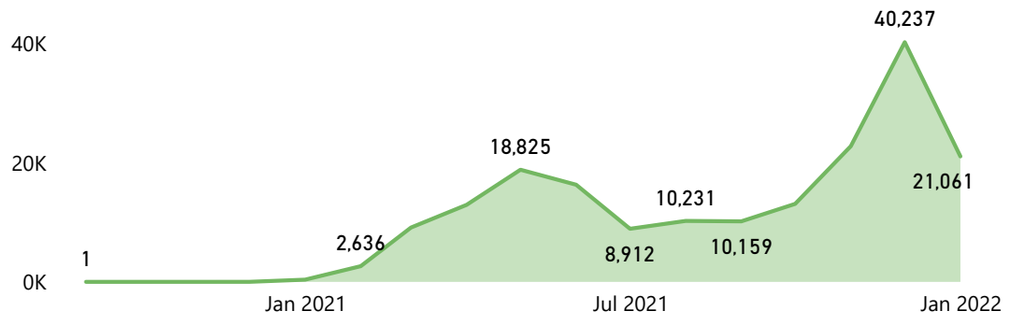
% Fully Or Partially Vaccinated:

66.2%

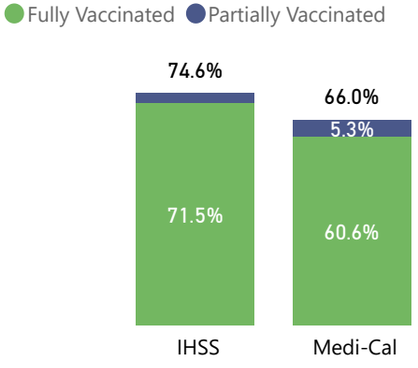
Breakout by Status



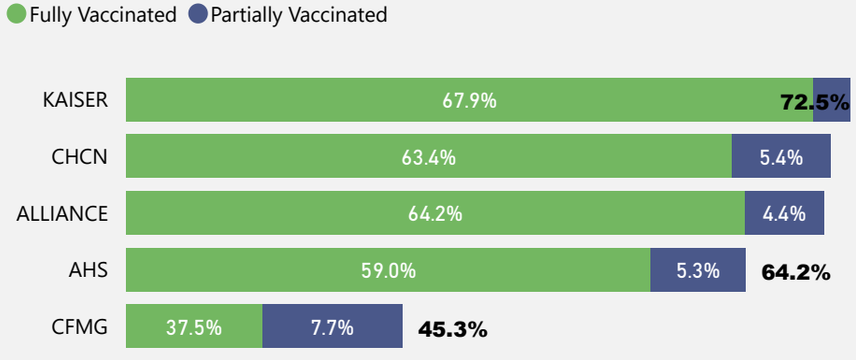
Monthly Trend



Medi-Cal vs IHSS

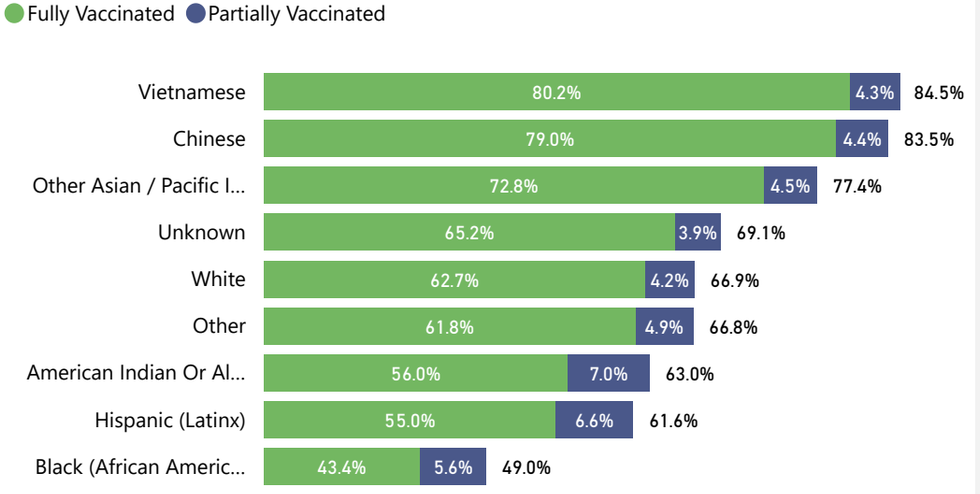


Network

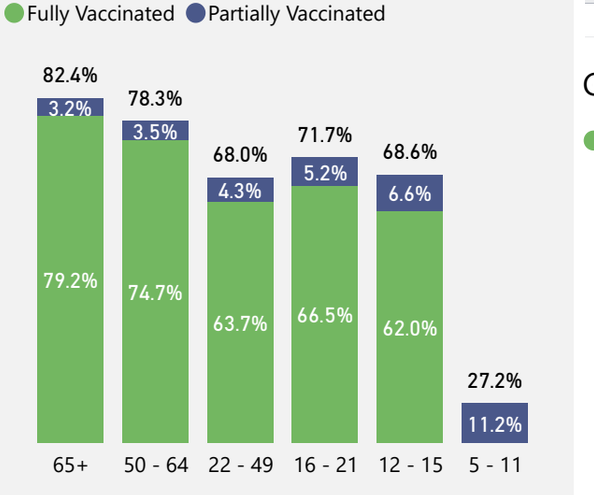


Top 15 Cities	Fully Vaccinated	Partially Vaccinated
ALAMEDA	68.3%	4.5%
ALBANY	71.3%	5.5%
BERKELEY	67.0%	4.4%
CASTRO VALLEY	64.8%	5.2%
DUBLIN	63.0%	4.8%
EMERYVILLE	57.9%	5.9%
FREMONT	65.5%	4.5%
HAYWARD	58.7%	5.2%
LIVERMORE	55.7%	4.4%
NEWARK	62.0%	4.6%
OAKLAND	57.5%	6.0%
PLEASANTON	64.1%	4.9%
SAN LEANDRO	63.3%	5.1%
SAN LORENZO	66.3%	5.4%
UNION CITY	67.0%	4.4%

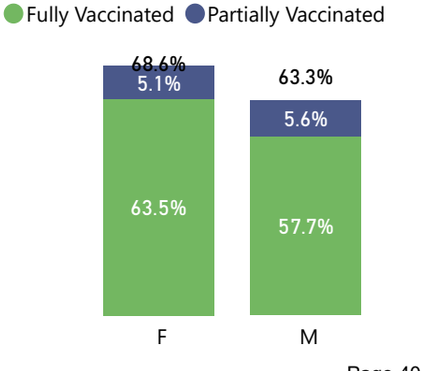
Ethnicity



Age Category



Gender



COVID-19 Vaccinated vs Unvaccinated Comparison (Ages >= 5 Years) v4

Data as of: 2022-02-07

Network: All | **LOB:** All | **City:** All

ALAMEDA Alliance FOR HEALTH

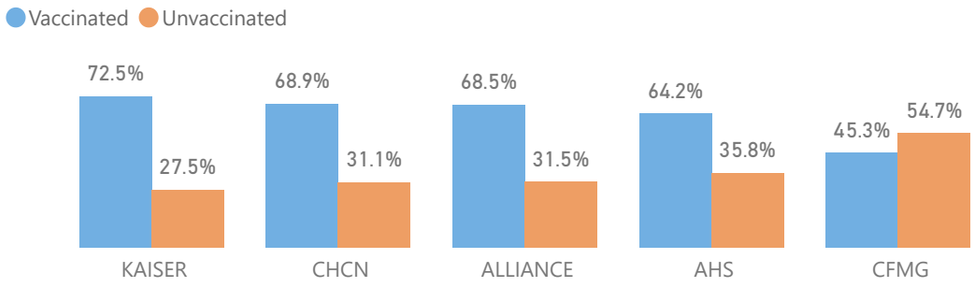
Vaccinated Members
(Full and Partial)

186,666	66.2%
Members	% of Population

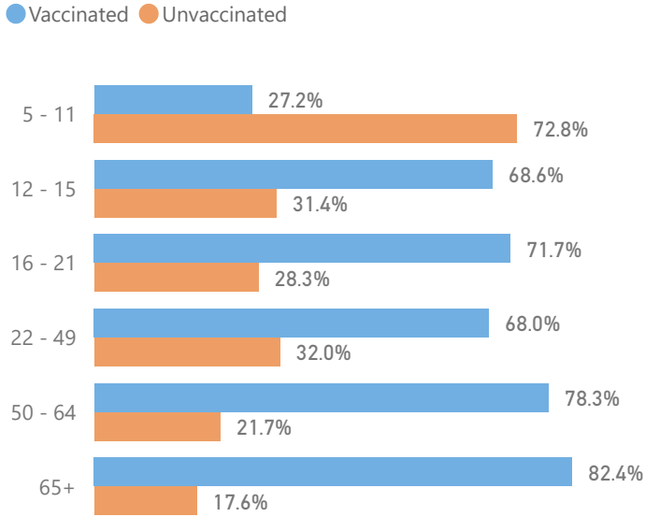
Unvaccinated Members

95,418	33.8%
Members	% of Population

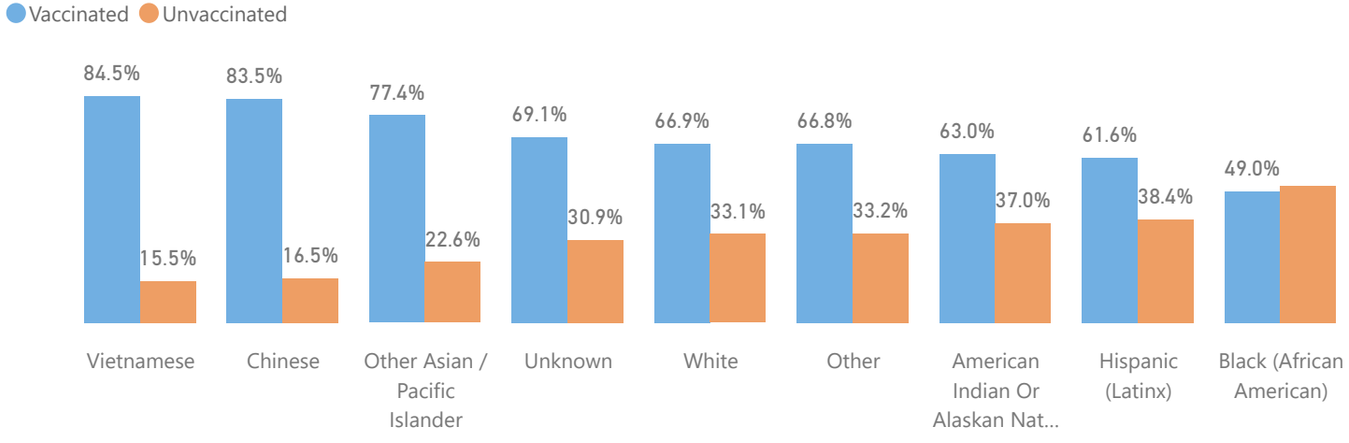
By Network



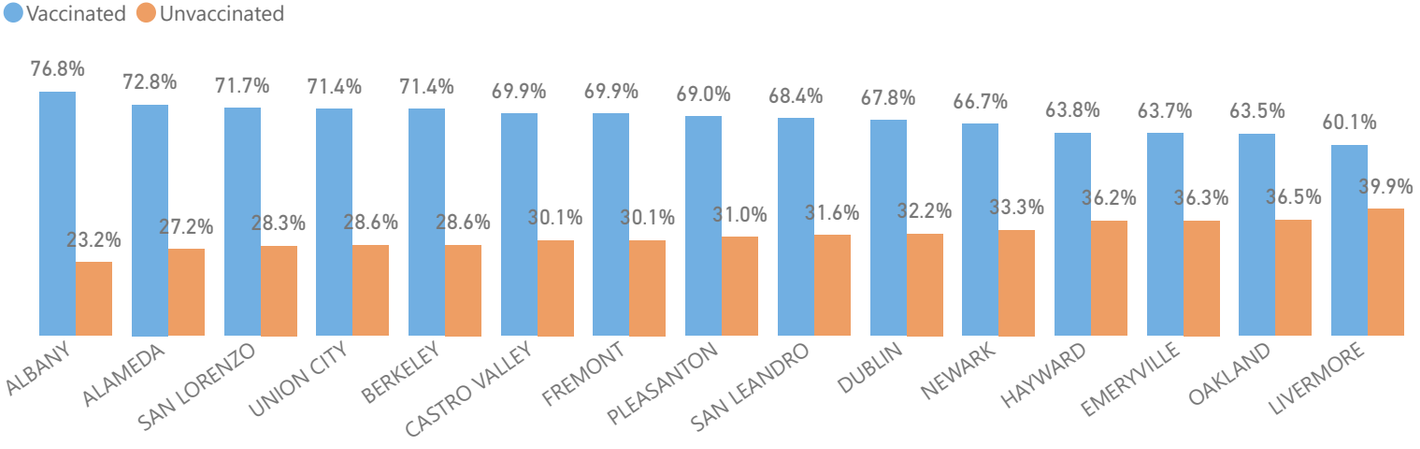
By AgeBand



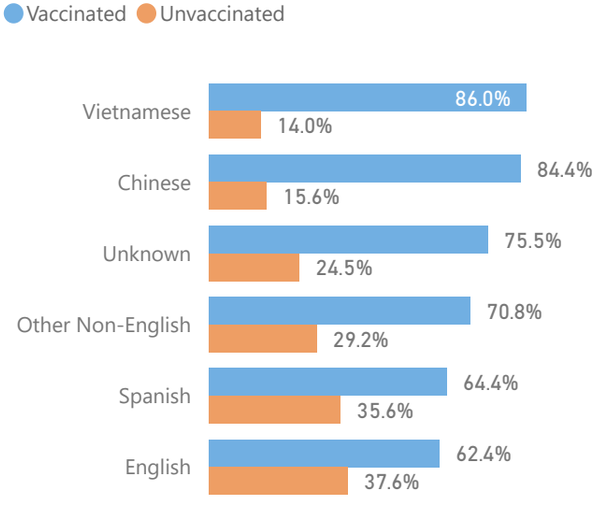
By Ethnicity



By City (Top 15 by Members)



By Language



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Legislative Tracking

2022 Legislative Tracking List

The following is a list of state bills tracked by the Public Affairs Department that were introduced during the 2021 and 2022 Legislative Sessions. This list includes 2-year bills introduced in 2021 that did not make it through the legislature but may be acted on in 2022, as well as bills introduced in 2022. These bills are of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

Medi-Cal (Medicaid)

Bills in process in house of origin (introduced in 2022):

- **SB 853 (Wiener – D)**
  - **Introduced:** 1/19/2022
  - **Status:** 1/26/22 Referred to Com. on HEALTH.
  - **Summary:** Current law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Current law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would expand the above-described prohibitions to prohibit limiting or excluding coverage of a dose of a drug. The bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2023, that covers prescription drug benefits to provide coverage for a drug or dose of a drug prescribed by a health care provider during utilization review and any appeals.

- **SB 858 (Wiener – D)**
  - **Introduced:** 1/19/2022
  - **Status:** 1/26/22 Referred to Coms. on HEALTH and JUD.
  - **Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law authorizes the Director of the Department of Managed Health Care to take disciplinary measures, including the imposition of civil penalties, against a licensee when the director determines that the licensee has committed an act or omission constituting grounds for disciplinary action, as specified. Under existing law, a person who violates the act, or a rule or order adopted or issued under the act, is generally liable for a civil penalty not to exceed $2,500 per violation. Current law also includes various provisions that assess specific civil and administrative penalties for certain violations. Fines and penalties under the act are deposited into the Managed Care Administrative Fines and Penalties Fund, and used, upon appropriation by the Legislature, for designated purposes. This bill would increase the maximum base amount of the civil penalty from $2,500 per violation to $25,000 per violation, which would be adjusted annually commencing January 1st, 2024, as specified.

- **SB 912 (Limon – D)**
  - **Introduced:** 2/3/2022
  - **Status:** 2/3/22 From printer. May be acted upon on or after March 5th.
  - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1st, 2023, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition if the test is supported by medical and scientific evidence, as prescribed. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **SB 923 (Wiener – D) Gender- affirming care**
  - **Introduced:** 1/25/2022
  - **Status:** 1/25/22 From printer. May be acted upon on or after February 24th.
  - **Summary:** Current law establishes the Transgender Wellness and Equity Fund, administered by the Office of Health Equity within the State Department of Public Health, for the purpose of grant funding focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex (TGI).This bill would require a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, as specified, to require its staff and contracted providers to complete evidence-based cultural humility training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as TGI. The will would specify the required components of the training and would make use of any training curricula subject to approval by the respective departments. The bill would require an individual to complete a refresher course if a complaint has been filed against that individual for not providing trans-inclusive health care, or on a more frequent basis if deemed necessary.

- **SB 871 (Pan – D) Public Health: Immunization**
  - **Introduced:** 2/4/2022
  - **Status:** 2/4/22 From printer. May be acted upon on or after March 6th.
  - **Summary:** Current law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless prior to their admission to that institution they have been fully immunized against various diseases, including measles, mumps, pertussis, hepatitis B, and any other disease deemed appropriate by the State Department of Public Health, as specified. Current law authorizes an exemption from those provisions for medical reasons. Under existing law, notwithstanding the above-described prohibition, full immunization against hepatitis B is not a condition by which the governing authority admits or advances a pupil to the 7th grade level of a public or private elementary or secondary school. This bill would remove the above-described exception relating to hepatitis B. The bill would additionally prohibit the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless prior to their admission to that institution they have been fully immunized against COVID-19.

- **SB 245 (Gonzalez – D) Health Care Coverage: Abortion Services: Cost of Sharing**
  - **Introduced:** 1/24/2022
  - **Status:** 1/24/22 Read second time. Ordered to third reading.

- **Summary:** Would prohibit a health care service plan or an individual or group policy of disability insurance that is issued, amended, renewed, or delivered on or after January 1st, 2022, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services, as specified.

2-Year Bills that may be acted upon in 2022

- **AB 4 (Arambula – D) Medi-Cal: Eligibility**
  - **Introduced:** 12/8/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021) (May be acted upon Jan 2022)
  - **Summary:** Would, effective January 1st, 2022, extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health care provider or Medi-Cal managed care health plan, and would require the department to provide monthly updates to the appropriate policy and fiscal committees of the Legislature on the status of the implementation of these provisions.

- **AB 32 (Aguilar-Curry – D) Telehealth**
  - **Introduced:** 12/7/2020
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/9/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1st, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems and their subcontractors that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth.

- **AB 114 (Mainenschein – D) Medi-Cal Benefits: Rapid Whole Genome Sequencing**
  - **Introduced:** 12/17/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/16/2021) (May be acted upon Jan 2022)
  - **Summary:** Would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, as specified, for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. The bill would authorize the State Department of Health Care Services to implement this provision by various means without taking regulatory action.

AB 470 (Carillo – D) Medi-Cal: Eligibility

- **Introduced:** 2/8/2021
- **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/15/2021) (May be acted upon Jan 2022)
- **Summary:** Would prohibit the use of resources, including property or other assets, to determine eligibility under the Medi-Cal program to the extent permitted by federal law, and would require the department to seek federal authority to disregard all resources as authorized by the flexibilities provided pursuant to federal law. The bill would authorize the State Department of Health Care Services to implement this prohibition by various means, including provider bulletins, without taking regulatory authority. By January 1st, 2023, the bill would require the department to adopt, amend, or repeal regulations on the prohibition, and to update its notices and forms to delete any reference to limitations on resources or assets.

- **AB 540 (Petrie-Norris – D) Program of All-Inclusive Care for the Elderly**
  - **Introduced:** 2/10/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/15/2021) (May be acted upon Jan 2022)
  - **Summary:** Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal State Plan, as specified. Current law authorizes the State Department of Health Care Services to enter into contracts with various entities for the purpose of implementing the PACE program and fully implementing the single-state agency responsibilities assumed by the department in those contracts, as specified. This bill would exempt a Medi-Cal beneficiary who is enrolled in a PACE organization with a contract with the department from mandatory or passive enrollment in a Medi-Cal managed care plan, and would require persons enrolled in a PACE plan to receive all Medicare and Medi-Cal services from the PACE program.

- **AB 586 (O'Donnell – D) Pupil Health: Mental Health Services: School Health Demonstration Project**
  - **Introduced:** 2/11/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was ED. on 6/9/2021) (May be acted upon Jan 2022)
  - **Summary:** Would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided.

- **AB 852 (Wood – D) Nurse Practitioners: Scope of Practice: Practice without Standardized Procedures**
  - **Introduced:** 2/17/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was B., P. & E.D. on 6/3/2021) (May be acted upon Jan 2022)
  - **Summary:** This bill would refer to practice protocols, as defined, instead of individual protocols and would delete the requirement to obtain physician consultation in the case of acute decompensation of patient situation. The bill would revise the requirement to establish a referral plan, as described above, by requiring it to address the situation of a patient who is acutely

decompensating in a manner that is not consistent with the progression of the disease and corresponding treatment plan.

- **AB 1132 (Wood – D) Medi-Cal**
  - **Introduced:** 2/18/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/16/2021) (May be acted upon Jan 2022)
  - **Summary:** The Medi-Cal 2020 Demonstration Project Act requires the State Department of Health Care Services to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program and the Whole Person Care pilot program, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. This bill would make specified portions of the CCI operative only through December 31st, 2022, as specified, and would repeal its provisions on January 1st, 2025.

- **AB 1051 (Bennett D) Medi-Cal: specialty mental health services: foster youth.**
  - **Introduced:** 2/18/2021
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was INACTIVE FILE on 9/1/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.

- **AB 1355 (Levine – D) Medi-Cal: Independent Medical Review System**
  - **Introduced:** 2/19/2021
  - **Status:** 1/27/22 Read third time. Passed. Ordered to Senate. In Senate. Read first time. To Com on RLS. For assignment.
  - **Summary:** Would require the State Department of Health Care Services to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1st, 2023, which generally models specified requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary appeal involving a disputed health care service is eligible for review under the IMRS if certain requirements are met, and would define "disputed health care service" as any service covered under the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contractors, including, but not limited to, a Medi-Cal managed care plan, that makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information on the IMRS to be displayed in or on specified material, including the "myMedi-Cal: How to Get the Health Care You Need" publication and the department's internet website.

- **SB 56 (Durazno – D) Medi-Cal: Eligibility**
  - **Introduced:** 12/7/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/22/2021) (May be acted upon Jan 2022)

- **Summary:** Current law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals with full-scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 60 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.

- **SB 250 (Pan – D) Health Care Coverage**
  - **Introduced:** 1/25/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/10/2021) (May be acted upon Jan 2022)
  - **Summary:** Would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1st, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months, as specified.

- **SB 256 (Pan – D) California Advancing and Innovating Medi-Cal**
  - **Introduced:** 1/26/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/10/2021) (May be acted upon Jan 2022)
  - **Summary:** Current federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative and would condition its implementation on receipt of any necessary federal approvals and availability of federal financial participation.

- **SB 281 (Dodd – D) Medi-Cal: California Community Transitions Program**
  - **Introduced:** 2/1/2021
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was HEALTH on 5/20/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires the State Department of Health Care Services to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1st, 2024. Current law repeals these provisions on January 1st, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days and would make conforming changes. The bill would extend the provision of those services to January 1st, 2029 and would extend the repeal date of those provisions to January 1st, 2030.

- **SB 293 (Limon – D) Medi-Cal: Specialty Mental Health Services**
  - **Introduced:** 2/1/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/6/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1st, 2022, this bill would require the department to develop standard forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California.

- **SB 316 (Eggman – D) Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics**
  - **Introduced:** 2/4/2021
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/9/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.

- **SB 523 (Leyva – D) Health Care Coverage: Contraceptives**
  - **Introduced:** 2/10/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/19/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law establishes health care coverage requirements for contraceptives, including, but not limited to, requiring a health care service plan, including a Medi-Cal managed care plan, or a health insurance policy issued, amended, renewed, or delivered on or after January 1st, 2017, to cover up to a 12-month supply of federal Food and Drug Administration approved, self-administered hormonal contraceptives when dispensed at one time for an enrollee or insured by a provider or pharmacist, or at a location licensed or authorized to dispense drugs or supplies. This bill, the Contraceptive Equity Act of 2021, would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on and after January 1st, 2022, including requiring a health care service plan or health insurer to provide point-of-sale coverage for over-the-counter FDA-

approved contraceptive drugs, devices, and products at in-network pharmacies without cost-sharing or medical management restrictions.

Other

2 Year Bills that may be acted upon in 2022

- **AB 97 (Nazarian – D) Health Care Coverage: Insulin affordability**
  - **Introduced:** 12/8/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 8/17/2021) (May be acted upon Jan 2022)
  - **Summary:** Would prohibit a health care service plan contract or a health disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1st, 2022, from imposing a deductible on an insulin prescription drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **AB 240 (Rodriguez – D) Local Health Department Workforce Assessment**
  - **Introduced:** 1/13/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021) (May be acted upon Jan 2022)
  - **Summary:** This bill would require the State Department of Public Health to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1st, 2024. The bill would also require the department to convene an advisory group, composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation.

- **AB 383 (Salas – D) Behavioral Health: Older Adults**
  - **Introduced:** 2/2/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/16/2021) (May be acted upon Jan 2022)
  - **Summary:** Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1st, 2022 and would require the report to be posted on the department's internet website.

- **AB 493 (Wood – D) Health Insurance**
  - **Introduced:** 2/8/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 5/12/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law provides for the regulation of health insurers by the Department of Insurance. Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Current law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to cover essential health benefits as prescribed, and provides that these provisions shall be implemented only to the extent essential health benefits are required pursuant to PPACA. This bill would delete the provision that conditions the implementation of that provision only to the extent essential health benefits are required pursuant to PPACA, and would make technical, non-substantive changes to that provision.

- **AB 1130 (Wood D) California Health Care Quality and Affordability Act**
  - **Introduced:** 2/18/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/16/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law establishes the Office of Statewide Health Planning and Development (OSHPD) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. This bill would establish, within OSHPD, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers.

- **SB 17 (Pan – D) Office of Racial Equity**
  - **Introduced:** 12/7/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/30/2021) (May be acted upon Jan 2022)
  - **Status:** Would, until January 1st, 2029, establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, governed by a Racial Equity Advisory and Accountability Council. The bill would authorize the council to hire an executive director to organize, administer, and manage the operations of the office. The bill would task the office with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor. The bill would require the office to develop a statewide Racial Equity Framework providing guidelines for inclusive policies and practices that reduce racial inequities, promote racial equity, address individual, institutional, and structural racism, and establish goals and strategies to advance racial equity and address structural racism and racial inequities.

- **SB 40 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
  - **Introduced:** 12/7/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/6/2021) (May be acted upon Jan 2022)
  - **Summary:** Would, contingent upon an appropriation by the Legislature, as specified, create the California Medicine Scholars Program, a 5-year pilot program commencing January 1st, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate

the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school, in an effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state.

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Finance

Gil Riojas

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

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

Date: **February 11th, 2022**

Subject: **Finance Report – December 2021**

Executive Summary

- For the month ended December 31st, 2021, the Alliance had enrollment of 296,728 members, a Net Loss of $1.5 million and 532% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$99,771	$589,801
Medical Expense	95,302	560,901
Admin. Expense	5,978	31,960
Other Inc. / (Exp.)	13	(0)
Net Income	**($1,496)**	**($3,061)**

Net Income by Program:

	Month	YTD
Medi-Cal	($1,153)	($2,488)
Group Care	(343)	(573)
	($1,496)	**($3,061)**

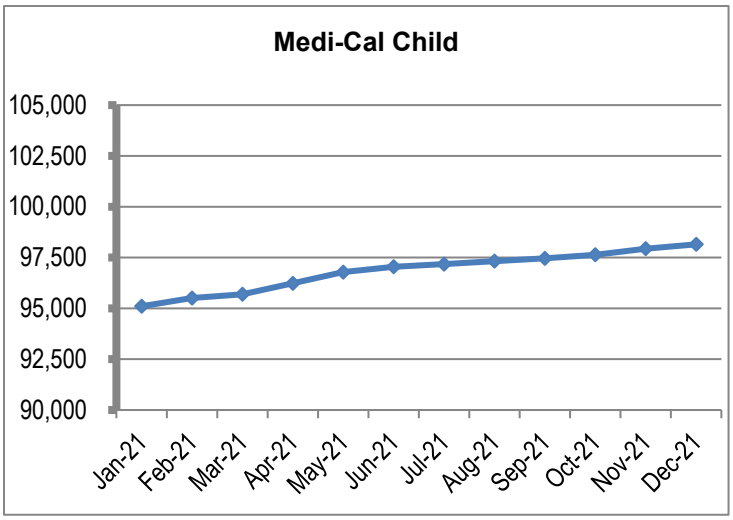
Enrollment

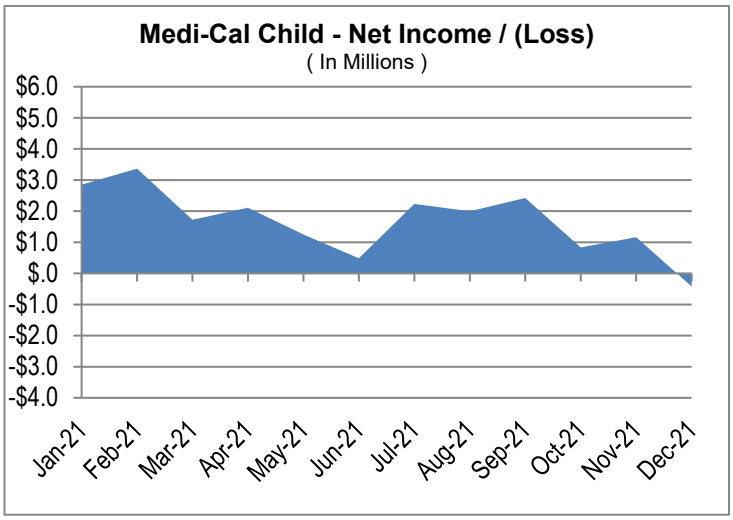
- Total enrollment increased by 1,577 members since November 2021.
- Total enrollment increased by 8,174 members since June 2021.

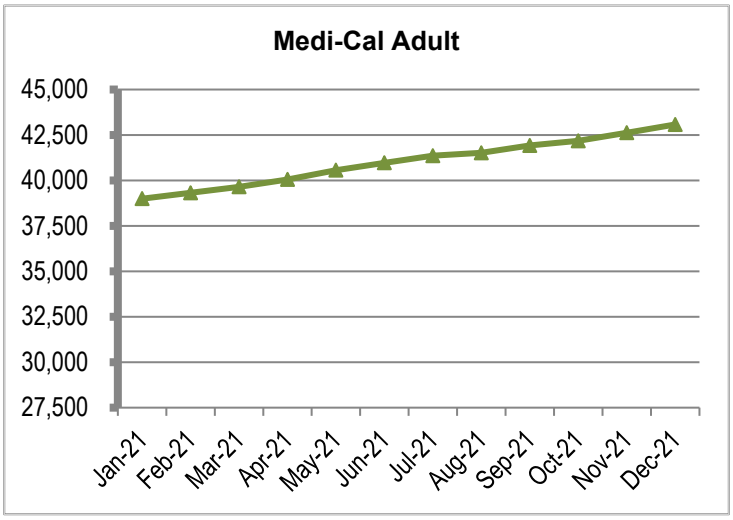
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

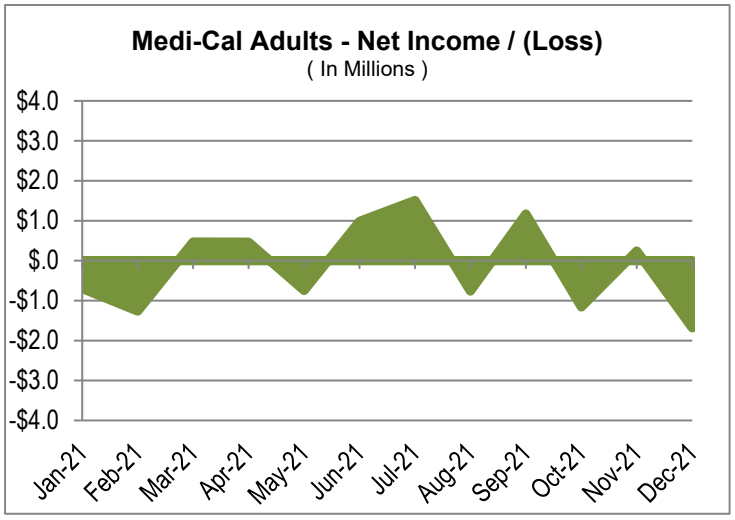
Enrollment					Member Months			
December-2021					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
43,077	42,683	394	0.9%	Adult	252,678	252,091	587	0.2%
98,150	97,988	162	0.2%	Child	585,684	585,399	285	0.0%
26,450	26,438	12	0.0%	SPD	158,209	158,172	37	0.0%
20,964	21,006	(42)	-0.2%	Duals	123,605	123,664	(59)	0.0%
102,264	101,594	670	0.7%	ACA OE	603,973	603,014	959	0.2%
290,905	**289,709**	**1,196**	**0.4%**	**Medi-Cal Total**	**1,724,149**	**1,722,340**	**1,809**	**0.1%**
5,823	5,852	(29)	-0.5%	Group Care	35,255	35,321	(66)	-0.2%
296,728	**295,561**	**1,167**	**0.4%**	**Total**	**1,759,404**	**1,757,661**	**1,743**	**0.1%**

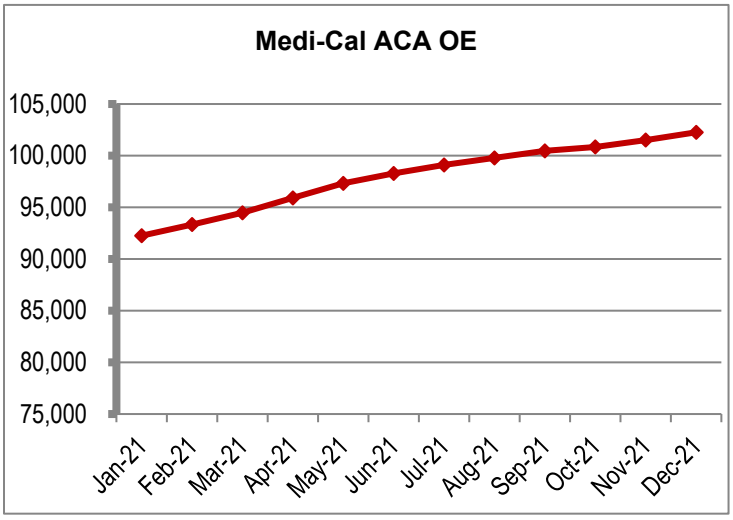
Enrollment and Profitability by Program and Category of Aid

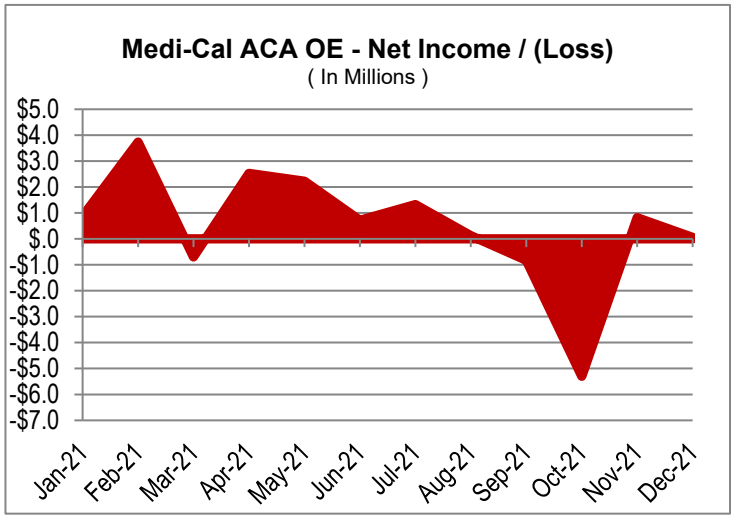




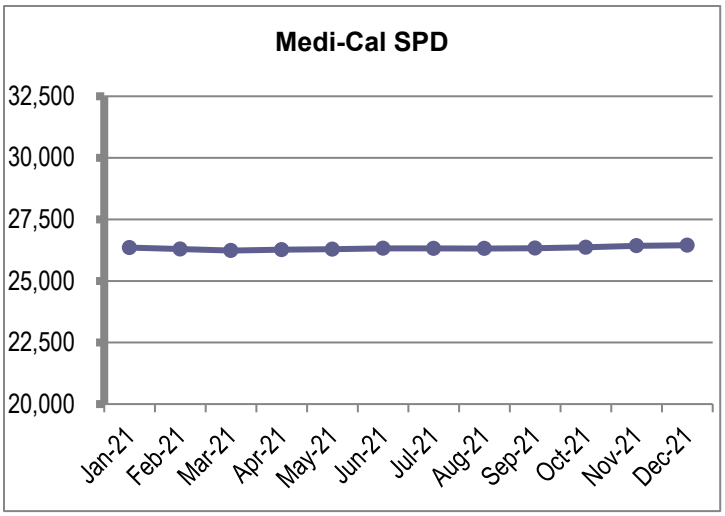


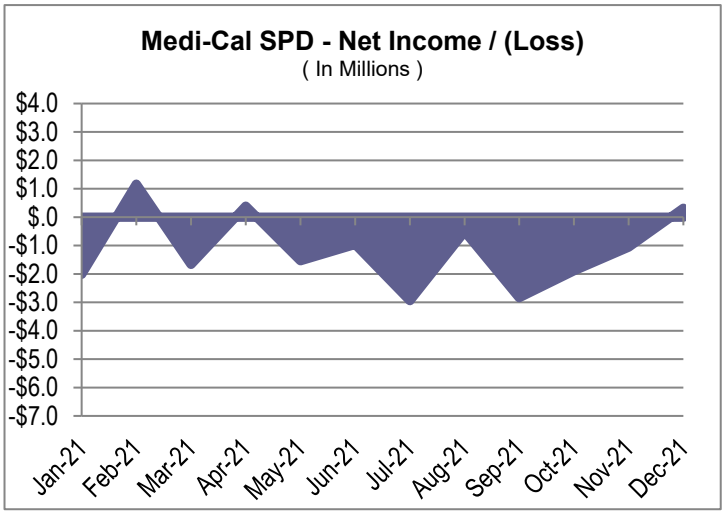


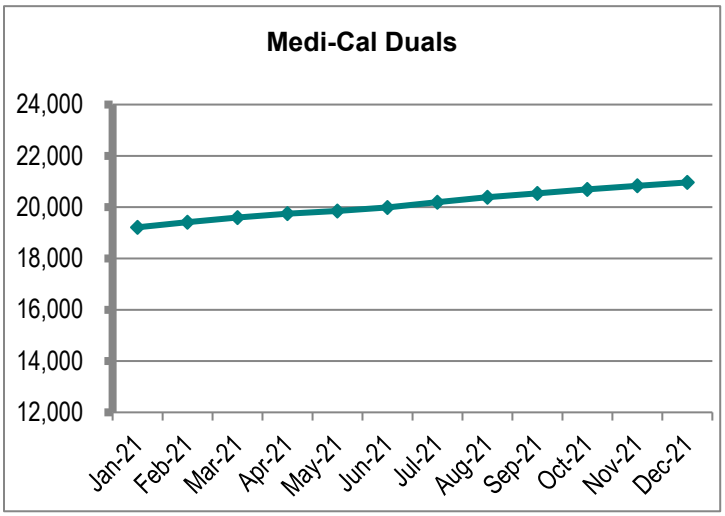


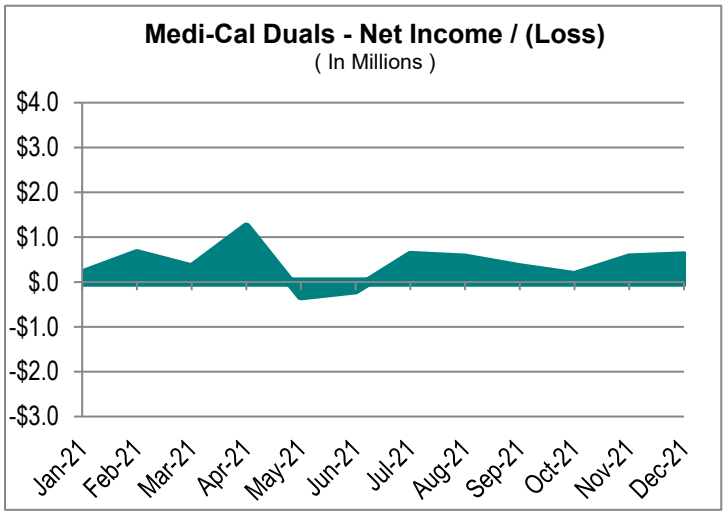


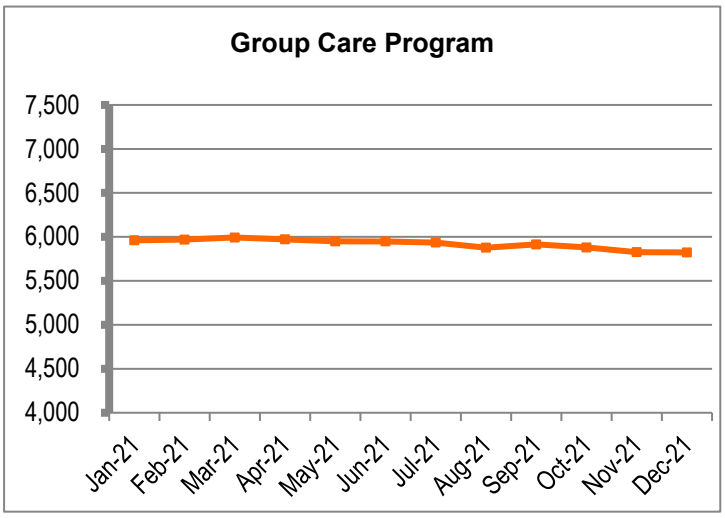
Enrollment and Profitability by Program and Category of Aid

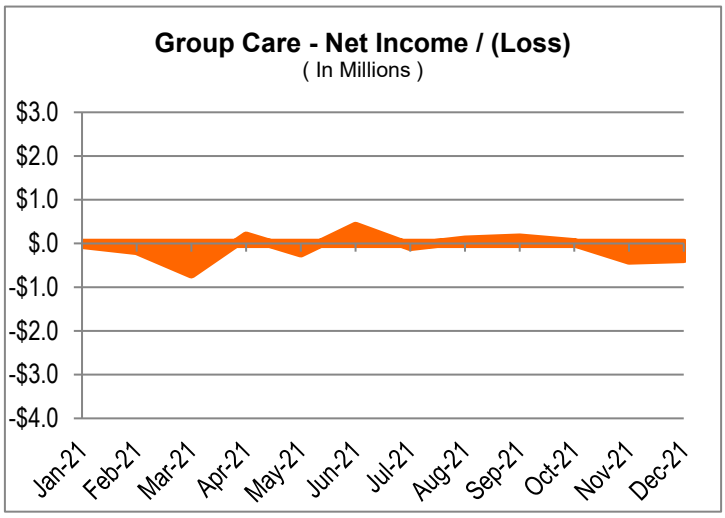




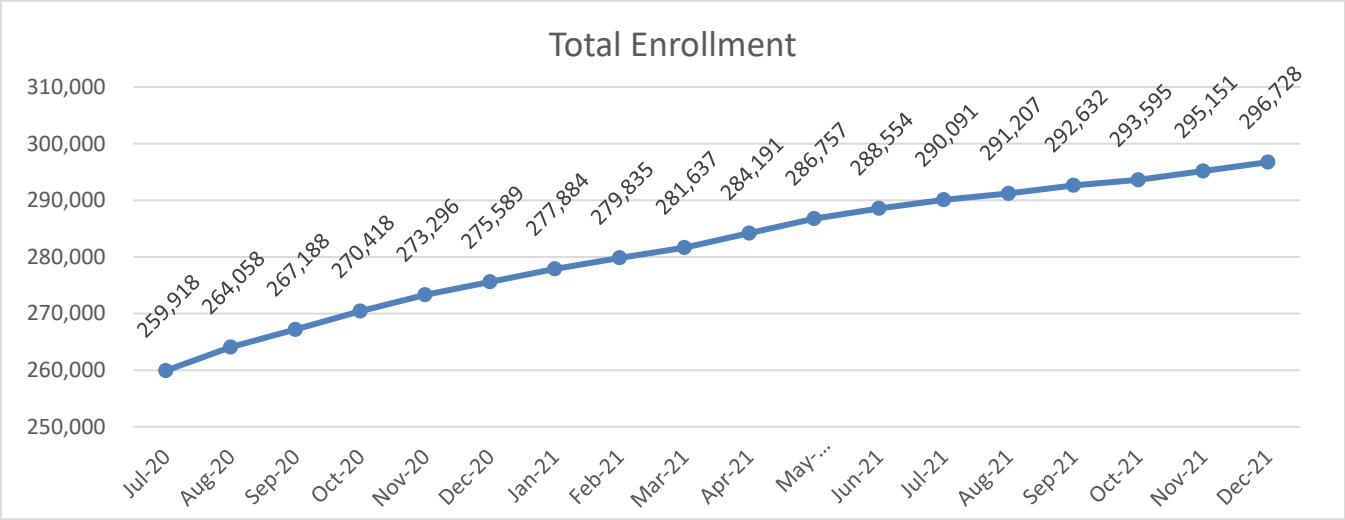


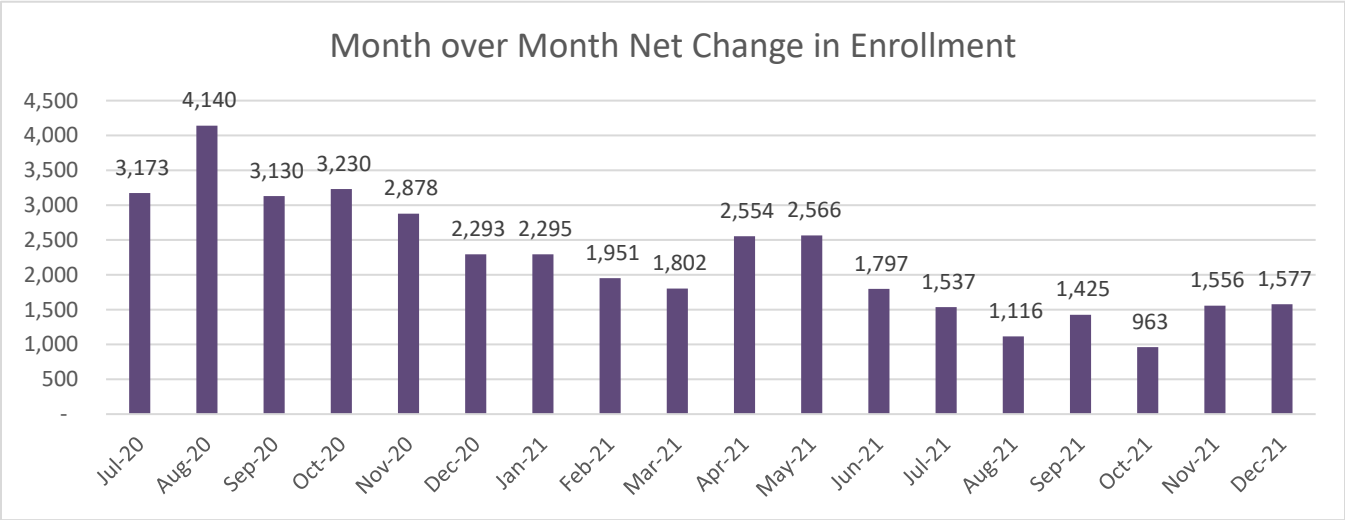






Net Change in Enrollment



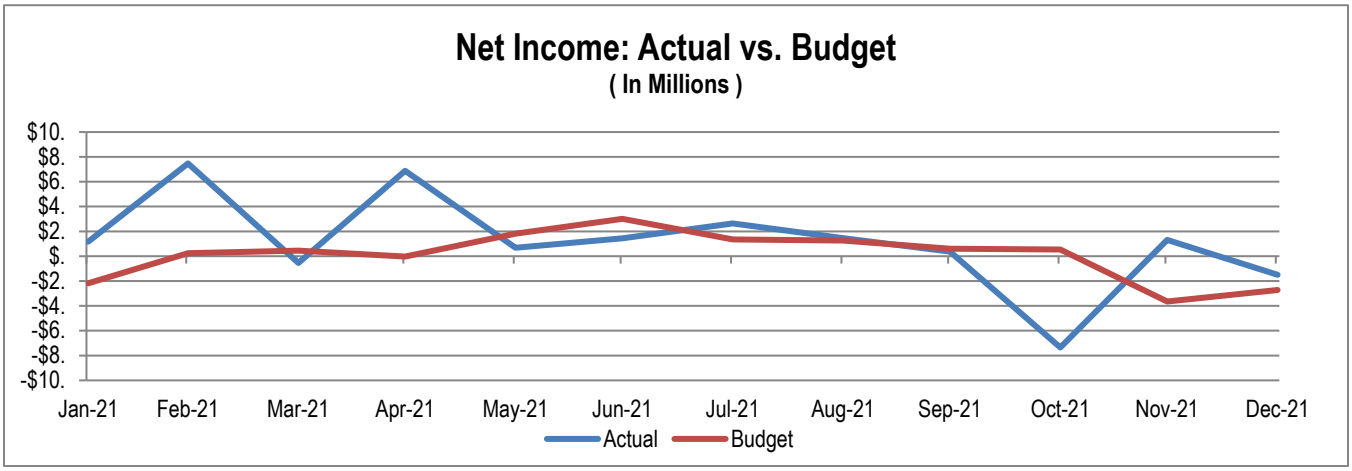


- Total Enrollment continues to increase; however, we will continue to monitor changes in the overall rate of increase for the remainder of the fiscal and calendar year.

Net Income

- For the month ended December 31st, 2021:
  - Actual Net Loss: $1.5 million.
  - Budgeted Net Loss: $2.7 million.

- For the fiscal YTD ended December 31st, 2021:
  - Actual Net Loss: $3.1 million.
  - Budgeted Net Loss: $9.3 million.

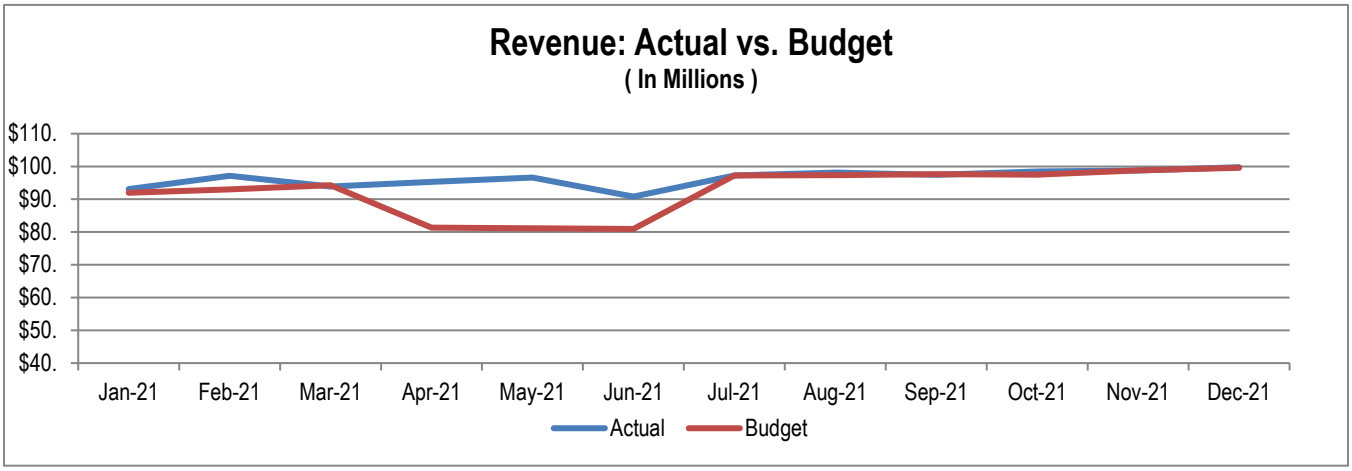


- The favorable variance of $1.2 million in the current month is primarily due to:
  - Favorable $1.0 million lower than anticipated Administrative Expense.

Revenue

- For the month ended December 31st, 2021:
  - Actual Revenue: $99.8 million.
  - Budgeted Revenue: $99.6 million.

- For the fiscal YTD ended December 31st, 2021:
  - Actual Revenue: $589.8 million.
  - Budgeted Revenue: $589.7 million.

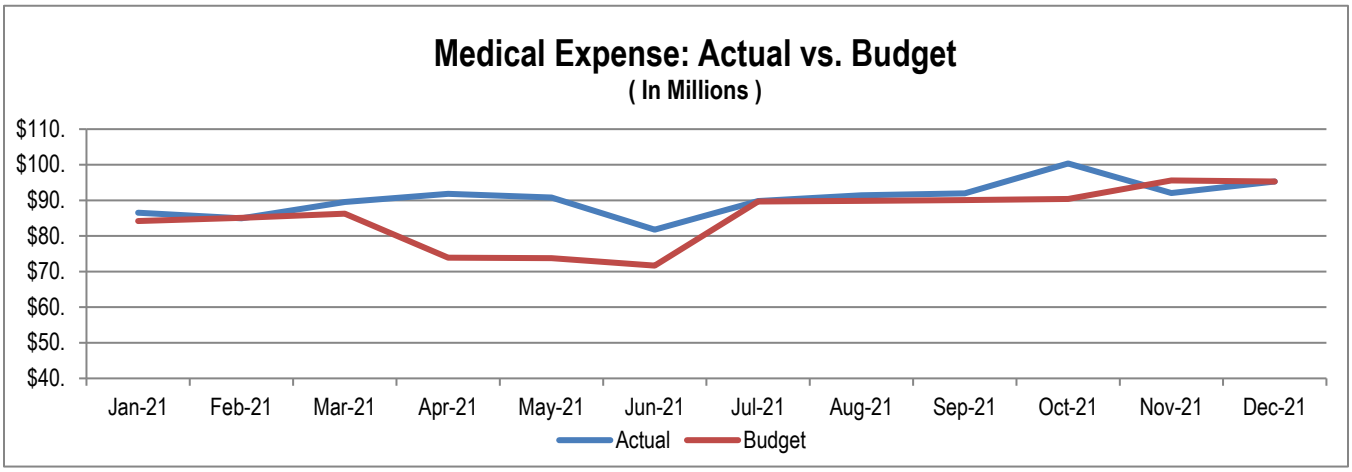


- For the month ended December 31, 2021, the favorable revenue variance of $183,000 is largely due to favorable Medi-Cal Base Capitation revenue, offset by continued delayed submissions for Behavioral Health and Maternity Supplemental revenue.

Medical Expense

- For the month ended December 31st, 2021:
  - Actual Medical Expense: $95.3 million.
  - Budgeted Medical Expense: $95.3 million.

- For the fiscal YTD ended December 31st, 2021:
  - Actual Medical Expense: $560.9 million.
  - Budgeted Medical Expense: $564.4 million.



- Reported financial results include medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance's IBNP reserves are reviewed on a quarterly basis by the company's external actuaries.

- For December, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by $277,000. The estimate for prior years increased by $884,000 vs. Budget (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)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$132,571,612	$0	$132,571,612	$134,178,602	$1,606,990	1.2%
Primary Care FFS	26,341,299	14,315	26,355,614	26,745,824	$404,525	1.5%
Specialty Care FFS	27,969,276	170,908	28,140,184	28,069,665	$100,389	0.4%
Outpatient FFS	50,888,682	312,008	51,200,690	50,710,782	($177,900)	-0.4%
Ancillary FFS	27,715,825	213,130	27,928,955	25,855,845	($1,859,981)	-7.2%
Pharmacy FFS	95,272,705	101,713	95,374,418	94,106,088	($1,166,617)	-1.2%
ER Services FFS	27,978,261	216,315	28,194,576	27,238,150	($740,111)	-2.7%
Inpatient Hospital & SNF FFS	161,459,963	(144,314)	161,315,649	164,918,733	$3,458,770	2.1%
Other Benefits & Services	10,689,694	0	10,689,694	12,375,404	$1,685,710	13.6%
Net Reinsurance	(870,053)	0	(870,053)	229,750	$1,099,803	478.7%
	$560,017,265	**$884,074**	**$560,901,339**	**$564,428,842**	**$4,411,577**	**0.8%**

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

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

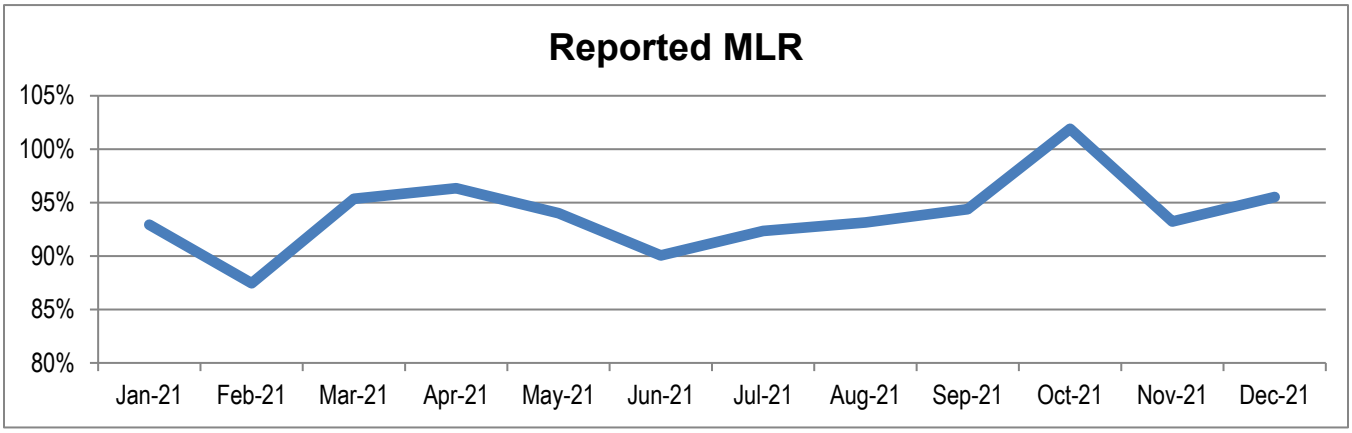
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$75.35	$0.00	$75.35	$76.34	$0.99	1.3%
Primary Care FFS	14.97	0.01	14.98	15.22	0.24	1.6%
Specialty Care FFS	15.90	0.10	15.99	15.97	0.07	0.5%
Outpatient FFS	28.92	0.18	29.10	28.85	(0.07)	-0.3%
Ancillary FFS	15.75	0.12	15.87	14.71	(1.04)	-7.1%
Pharmacy FFS	54.15	0.06	54.21	53.54	(0.61)	-1.1%
ER Services FFS	15.90	0.12	16.03	15.50	(0.41)	-2.6%
Inpatient Hospital & SNF FFS	91.77	(0.08)	91.69	93.83	2.06	2.2%
Other Benefits & Services	6.08	0.00	6.08	7.04	0.97	13.7%
Net Reinsurance	(0.49)	0.00	(0.49)	0.13	0.63	478.3%
	$318.30	**$0.50**	**$318.80**	**$321.12**	**$2.83**	**0.9%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $4.4 million favorable to final budget. On a PMPM basis, medical expense is 0.9% favorable to budget.
    - Capitated Expense is under budget primarily due to delayed submissions for payment for BHT and Maternity Supplemental Expenses from our global subcontractor.

- Primary Care Expense is below budget driven by favorable utilization in the Adult, SPD, ACA OE and Group Care populations.
- Specialty Care is favorable compared to budget due to favorable utilization across all member groups except for the SPD, Dual and Group Care populations.
- Outpatient Expense is over budget, driven by unfavorable unit cost and slightly favorable utilization.
- Ancillary Expense is above budget due to Home Heath, DME, Outpatient Therapy, Laboratory and Radiology, Non-Emergency Transportation, and Ambulance, offset by favorability in the CBAS, Other Medical Professional and hospice service category. Overall utilization is unfavorable offset by favorable unit cost.
- Pharmacy Expense is above budget due to unfavorable non-PBM expense driven by unit cost, offset by favorable PBM expense driven by favorable utilization and offset by unfavorable unit cost.
- Emergency Room Expense is unfavorable, due to unfavorable utilization across all member categories except for Duals.
- Inpatient Expense is under budget driven by favorable utilization and unit cost.
- Other Benefits & Services are favorable to budget, primarily due to open positions in the Clinical Organization and lower than expected costs in licensing, insurance, fees, supplies and purchased services.
- Net Reinsurance is favorable to budget, as we continue to receive recoveries at higher levels than expected.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 95.5% for the month and 95.1% for the fiscal year-to-date.



Administrative Expense

- For the month ended December 31st, 2021:
  - Actual Administrative Expense: $6.0 million.
  - Budgeted Administrative Expense: $7.0 million.
- For the fiscal YTD ended December 31st, 2021:
  - Actual Administrative Expense: $32.0 million.
  - Budgeted Administrative Expense: $34.5 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 %**
$3,028,452	$3,529,461	$501,009	14.2%	Employee Expense	$17,702,786	$18,516,943	$814,157	4.4%
697,585	661,732	(35,853)	-5.4%	Medical Benefits Admin Expense	4,116,900	4,039,566	(77,334)	-1.9%
637,660	1,462,042	824,382	56.4%	Purchased & Professional Services	4,138,242	5,515,228	1,376,986	25.0%
1,614,624	1,371,411	(243,213)	-17.7%	Other Admin Expense	6,002,439	6,457,433	454,994	7.0%
$5,978,321	$7,024,646	$1,046,325	14.9%	Total Administrative Expense	$31,960,367	$34,529,170	$2,568,803	7.4%

The year-to-date variances include:

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

Administrative loss ratio (ALR) represented 6.0% of net revenue for the month and 5.4% of net revenue year-to-date.

Other Income / (Expense)

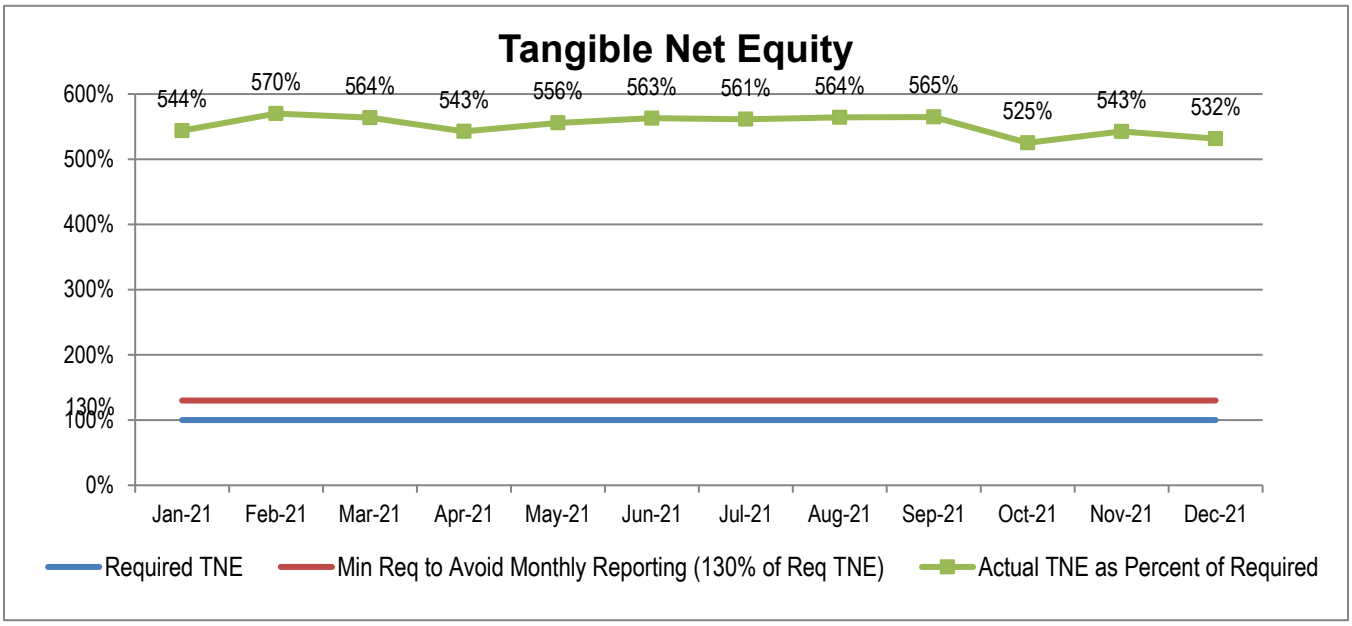
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date interest income from investments is $215,000.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims, is $192,000.

Tangible Net Equity (TNE)

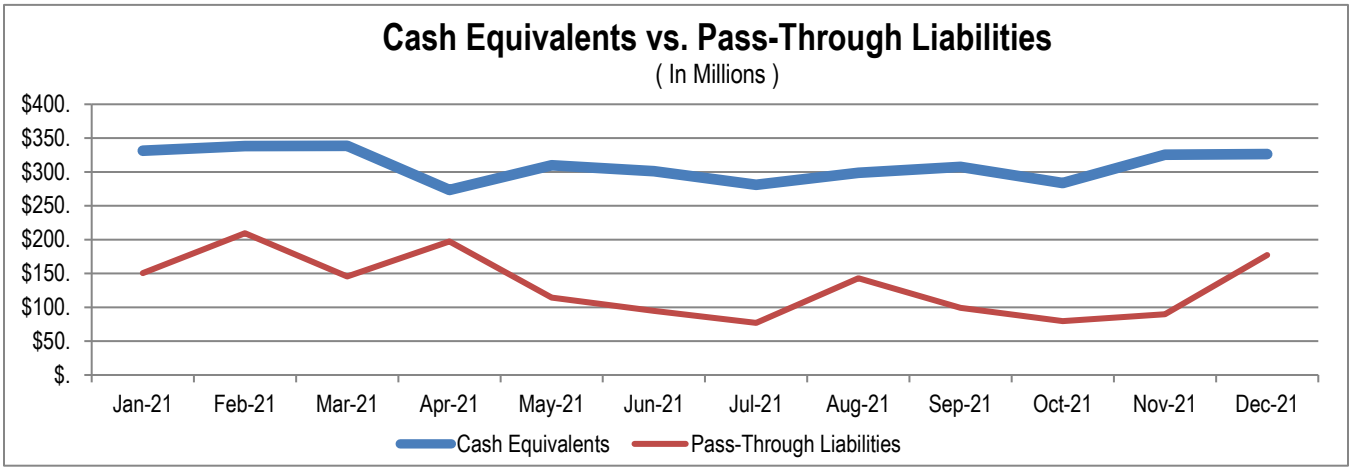
- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required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

- Required TNE $38.1 million
- Actual TNE $202.3 million
- Excess TNE $164.3 million
- TNE as % of Required TNE 532%



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

- Key Metrics
  - Cash & Cash Equivalents $326.5 million
  - Pass-Through Liabilities $177.1 million
  - Uncommitted Cash $149.4 million
  - Working Capital $191.2 million
  - Current Ratio 1.59 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: $112,000.
- Annual capital budget: $1.4 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH

STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED December 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
290,905	289,709	1,196	0.4%	1 - Medi-Cal	1,724,149	1,722,340	1,809	0.1%
5,823	5,852	(29)	(0.5%)	2 - Group Care	35,255	35,321	(66)	(0.2%)
296,728	**295,561**	**1,167**	**0.4%**	**3 - Total Member Months**	**1,759,404**	**1,757,661**	**1,743**	**0.1%**
				REVENUE				
$99,770,875	**$99,587,718**	**$183,157**	**0.2%**	**4 - TOTAL REVENUE**	**$589,800,646**	**$589,690,537**	**$110,109**	**0.0%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
21,689,342	22,834,217	1,144,875	5.0%	5 - Capitated Medical Expense	132,571,613	134,178,612	1,606,999	1.2%
				Fee for Service Medical Expenses:				
27,017,672	27,509,496	491,824	1.8%	6 - Inpatient Hospital & SNF FFS Expense	161,315,646	164,918,737	3,603,091	2.2%
4,512,269	4,533,180	20,911	0.5%	7 - Primary Care Physician FFS Expense	26,355,612	26,745,824	390,212	1.5%
4,856,881	4,676,251	(180,630)	(3.9%)	8 - Specialty Care Physician Expense	28,140,186	28,069,664	(70,522)	(0.3%)
4,945,504	4,066,572	(878,932)	(21.6%)	9 - Ancillary Medical Expense	27,928,953	25,855,845	(2,073,108)	(8.0%)
8,906,654	8,435,785	(470,869)	(5.6%)	10 - Outpatient Medical Expense	51,200,688	50,710,782	(489,906)	(1.0%)
4,984,078	4,318,221	(665,857)	(15.4%)	11 - Emergency Expense	28,194,577	27,238,152	(956,425)	(3.5%)
17,171,457	16,337,128	(834,329)	(5.1%)	12 - Pharmacy Expense	95,374,418	94,106,090	(1,268,328)	(1.3%)
72,394,514	69,876,633	(2,517,881)	(3.6%)	13 - Total Fee for Service Expense	418,510,080	417,645,094	(864,986)	(0.2%)
1,753,969	2,449,289	695,320	28.4%	14 - Other Benefits & Services	10,689,693	12,375,389	1,685,697	13.6%
(536,103)	136,209	672,312	493.6%	15 - Reinsurance Expense	(870,054)	229,750	1,099,804	478.7%
95,301,723	**95,296,348**	**(5,375)**	**0.0%**	**17 - TOTAL MEDICAL EXPENSES**	**560,901,331**	**564,428,845**	**3,527,514**	**0.6%**
4,469,152	**4,291,370**	**177,782**	**4.1%**	**18 - GROSS MARGIN**	**28,899,314**	**25,261,692**	**3,637,623**	**14.4%**
				ADMINISTRATIVE EXPENSES				
3,028,452	3,529,461	501,009	14.2%	19 - Personnel Expense	17,702,786	18,516,943	814,157	4.4%
697,585	661,732	(35,853)	(5.4%)	20 - Benefits Administration Expense	4,116,900	4,039,566	(77,334)	(1.9%)
637,660	1,462,042	824,382	56.4%	21 - Purchased & Professional Services	4,138,242	5,515,228	1,376,986	25.0%
1,614,624	1,371,411	(243,213)	(17.7%)	22 - Other Administrative Expense	6,002,439	6,457,433	454,994	7.0%
5,978,321	**7,024,646**	**1,046,325**	**14.9%**	**23 -Total Administrative Expense**	**31,960,367**	**34,529,170**	**2,568,803**	**7.4%**
(1,509,168)	**(2,733,276)**	**1,224,108**	**44.8%**	**24 - NET OPERATING INCOME / (LOSS)**	**(3,061,052)**	**(9,267,478)**	**6,206,426**	**67.0%**
				OTHER INCOME / EXPENSE				
13,120	**8,751**	**4,369**	**49.9%**	**25 - Total Other Income / (Expense)**	**(161)**	**15,187**	**(15,348)**	**(101.1%)**
($1,496,048)	**($2,724,525)**	**$1,228,477**	**45.1%**	**26 - NET INCOME / (LOSS)**	**($3,061,213)**	**($9,252,291)**	**$6,191,078**	**66.9%**
6.0%	7.1%	1.1%	15.1%	27 - Admin Exp % of Revenue	5.4%	5.9%	0.4%	7.5%

ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2022
CURRENT MONTH VS. PRIOR MONTH
December 31, 2021

	December	November	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$40,307,645	$46,162,373	($5,854,727)	-12.68%
Short-Term Investments	286,231,516	279,364,781	6,866,734	2.46%
Interest Receivable	43,172	19,408	23,763	122.44%
Other Receivables - Net	177,842,261	103,013,106	74,829,155	72.64%
Prepaid Expenses	5,689,155	5,632,503	56,651	1.01%
Prepaid Inventoried Items	12,318	12,343	(25)	-0.20%
CalPERS Net Pension Asset	(1,665,176)	(1,665,176)	0	0.00%
Deferred CalPERS Outflow	4,501,849	4,501,849	0	0.00%
TOTAL CURRENT ASSETS	**512,962,739**	**437,041,188**	**75,921,551**	**17.37%**
OTHER ASSETS:				
Long-Term Investments	4,970,118	0	4,970,118	0.00%
Restricted Assets	350,000	350,000	0	0.00%
TOTAL OTHER ASSETS	**5,320,118**	**350,000**	**4,970,118**	**1,420.03%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,611,531	9,611,531	0	0.00%
Furniture And Equipment	11,540,223	11,540,223	0	0.00%
Leasehold Improvement	902,447	902,447	0	0.00%
Construction in Process	169,640	169,640	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,047,843	37,047,843	0	0.00%
Less: Accumulated Depreciation	(31,195,902)	(31,116,468)	(79,433)	0.26%
NET PROPERTY AND EQUIPMENT	**5,851,942**	**5,931,375**	**(79,433)**	**-1.34%**
TOTAL ASSETS	**$524,134,799**	**$443,322,563**	**$80,812,236**	**18.23%**
CURRENT LIABILITIES:				
Accounts Payable	$3,119,507	$3,645,140	($525,633)	-14.42%
Pass-Through Liabilities	177,136,980	89,788,049	87,348,932	97.28%
Claims Payable	17,839,327	19,674,248	(1,834,920)	-9.33%
IBNP Reserves	109,409,265	111,870,458	(2,461,193)	-2.20%
Payroll Liabilities	5,005,393	5,186,152	(180,759)	-3.49%
CalPERS Deferred Inflow	859,093	859,093	0	0.00%
Risk Sharing	8,124,932	8,124,932	0	0.00%
Provider Grants/ New Health Program	291,474	329,617	(38,142)	-11.57%
TOTAL CURRENT LIABILITIES	**321,785,971**	**239,477,686**	**82,308,284**	**34.37%**
TOTAL LIABILITIES	**321,785,971**	**239,477,686**	**82,308,284**	**34.37%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	204,569,809	204,569,809	0	0.00%
Year-to Date Net Income / (Loss)	(3,061,213)	(1,565,165)	(1,496,048)	95.58%
TOTAL NET WORTH	**202,348,828**	**203,844,876**	**(1,496,048)**	**-0.73%**
TOTAL LIABILITIES AND NET WORTH	**$524,134,799**	**$443,322,563**	**$80,812,236**	**18.23%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$22,901,381	$241,111,382	$526,658,779	$526,658,779
Commercial Premium Revenue	2,171,490	6,527,025	13,215,086	13,215,086
Other Income	397,653	1,033,489	1,750,125	1,750,125
Investment Income	38,245	109,922	168,294	168,294
Cash Paid To:				
Medical Expenses	(100,165,216)	(286,520,078)	(561,423,431)	(561,423,431)
Vendor & Employee Expenses	(6,710,361)	(16,195,113)	(32,087,386)	(32,087,386)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(81,366,808)	(53,933,373)	(51,718,533)	(51,718,533)
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	0	(6,340)	(112,366)	(112,366)
Net Cash Provided By (Used In) Financing Activities	0	(6,340)	(112,366)	(112,366)
Cash Flows from Investing Activities:				
Changes in Investments	(4,970,118)	(4,970,118)	(4,970,118)	(4,970,118)
Restricted Cash	87,348,932	77,857,870	82,304,444	82,304,444
Net Cash Provided By (Used In) Investing Activities	82,378,814	72,887,752	77,334,326	77,334,326
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**1,012,006**	**18,948,039**	**25,503,427**	**25,503,427**
Cash @ Beginning of Period	325,527,154	307,591,123	301,035,734	301,035,734
Subtotal	$326,539,160	$326,539,162	$326,539,161	$326,539,161
Rounding	1	(1)	0	0
Cash @ End of Period	**$326,539,161**	**$326,539,161**	**$326,539,161**	**$326,539,161**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	($1,496,048)	($7,532,045)	($3,061,212)	($3,061,213)
Depreciation	79,433	247,737	532,562	532,562
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(74,852,918)	(47,307,549)	(41,481,208)	(41,481,208)
Prepaid Expenses	(56,626)	(141,872)	472,653	472,653
Trade Payables	(525,633)	679,889	(1,179,632)	(1,179,632)
Claims payable & IBNP	(4,296,114)	296,814	(7,081,152)	(7,081,152)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(218,901)	(176,348)	79,457	79,457
Subtotal	(81,366,807)	(53,933,374)	(51,718,532)	(51,718,533)
Rounding	(1)	1	(1)	0
Cash Flows from Operating Activities	**($81,366,808)**	**($53,933,373)**	**($51,718,533)**	**($51,718,533)**
Rounding Difference	(1)	1	(1)	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,171,490	$6,527,025	$13,215,086	$13,215,086
Total	2,171,490	6,527,025	13,215,086	13,215,086
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	97,201,299	289,426,405	574,825,107	574,825,107
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(74,299,918)	(48,315,023)	(48,166,328)	(48,166,328)
Total	22,901,381	241,111,382	526,658,779	526,658,779
Investment & Other Income Cash Flows				
Other Revenue (Grants)	397,653	1,033,489	1,750,125	1,750,125
Interest Income	62,008	122,232	201,895	201,895
Interest Receivable	(23,763)	(12,310)	(33,601)	(33,601)
Total	435,898	1,143,411	1,918,419	1,918,419
Medical & Hospital Cash Flows				
Total Medical Expenses	(95,301,723)	(287,719,832)	(560,901,331)	(560,901,331)
Other Receivable	(529,237)	1,019,784	6,718,721	6,718,721
Claims Payable	(1,834,920)	(10,403,472)	(15,624,943)	(15,624,943)
IBNP Payable	(2,461,193)	10,700,287	10,768,707	10,768,707
Risk Share Payable	0	0	(2,224,917)	(2,224,917)
Health Program	(38,142)	(116,844)	(159,669)	(159,669)
Other Liabilities	(1)	(1)	1	1
Total	(100,165,216)	(286,520,078)	(561,423,431)	(561,423,431)
Administrative Cash Flows				
Total Administrative Expenses	(6,026,776)	(16,921,363)	(32,152,095)	(32,152,095)
Prepaid Expenses	(56,626)	(141,872)	472,653	472,653
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(525,633)	679,889	(1,179,632)	(1,179,632)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(180,759)	(59,504)	239,126	239,126
Depreciation Expense	79,433	247,737	532,562	532,562
Total	(6,710,361)	(16,195,113)	(32,087,386)	(32,087,386)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**(81,366,808)**	**(53,933,373)**	**(51,718,533)**	**(51,718,533)**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	87,348,932	77,857,870	82,304,444	82,304,444
Restricted Cash	0	0	0	0
	87,348,932	77,857,870	82,304,444	82,304,444
Fixed Asset Cash Flows				
Depreciation expense	79,433	247,737	532,562	532,562
Fixed Asset Acquisitions	0	(6,340)	(112,366)	(112,366)
Change in A/D	(79,433)	(247,737)	(532,562)	(532,562)
	0	(6,340)	(112,366)	(112,366)
Total Cash Flows from Investing Activities	**82,378,814**	**72,881,412**	**77,221,960**	**77,221,960**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**1,012,006**	**18,948,039**	**25,503,427**	**25,503,427**
Rounding	1	(1)	0	0
Cash @ Beginning of Period	325,527,154	307,591,123	301,035,734	301,035,734
Cash @ End of Period	**$326,539,161**	**$326,539,161**	**$326,539,161**	**$326,539,161**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	($1,496,048)	($7,532,045)	($3,061,212)	($3,061,213)
Add back: Depreciation	79,433	247,737	532,562	532,562
Receivables				
Premiums Receivable	(74,299,918)	(48,315,023)	(48,166,328)	(48,166,328)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(23,763)	(12,310)	(33,601)	(33,601)
Other Receivable	(529,237)	1,019,784	6,718,721	6,718,721
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(74,852,918)	(47,307,549)	(41,481,208)	(41,481,208)
Prepaid Expenses	(56,626)	(141,872)	472,653	472,653
Trade Payables	(525,633)	679,889	(1,179,632)	(1,179,632)
Claims Payable, IBNR & Risk Share				
IBNP	(2,461,193)	10,700,287	10,768,707	10,768,707
Claims Payable	(1,834,920)	(10,403,472)	(15,624,943)	(15,624,943)
Risk Share Payable	0	0	(2,224,917)	(2,224,917)
Other Liabilities	(1)	(1)	1	1
Total	(4,296,114)	296,814	(7,081,152)	(7,081,152)
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(180,759)	(59,504)	239,126	239,126
Health Program	(38,142)	(116,844)	(159,669)	(159,669)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(218,901)	(176,348)	79,457	79,457
Cash Flows from Operating Activities	**($81,366,807)**	**($53,933,374)**	**($51,718,532)**	**($51,718,533)**
Difference (rounding)	1	(1)	1	0

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF DECEMBER 2021

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	98,150	43,077	26,450	102,264	20,964	290,905	5,823	296,728
Net Revenue	$11,751,744	$14,165,708	$29,062,003	$38,848,161	$3,771,770	$97,599,385	$2,171,490	$99,770,875
Medical Expense	$11,688,845	$15,032,841	$26,653,482	$36,589,248	$3,000,027	$92,964,442	$2,337,281	$95,301,723
Gross Margin	$62,899	($867,132)	$2,408,521	$2,258,913	$771,743	$4,634,944	($165,791)	$4,469,152
Administrative Expense	$486,073	$814,677	$2,104,644	$2,202,246	$191,673	$5,799,313	$179,008	$5,978,321
Operating Income / (Expense)	($423,174)	($1,681,809)	$303,877	$56,667	$580,070	($1,164,369)	($344,799)	($1,509,168)
Other Income / (Expense)	$2,929	$1,880	$6,859	$179	($64)	$11,784	$1,336	$13,120
Net Income / (Loss)	($420,244)	($1,679,930)	$310,736	$56,846	$580,006	($1,152,585)	($343,463)	($1,496,048)
Revenue PMPM	$119.73	$328.85	$1,098.75	$379.88	$179.92	$335.50	$372.92	$336.24
Medical Expense PMPM	$119.09	$348.98	$1,007.69	$357.79	$143.10	$319.57	$401.39	$321.18
Gross Margin PMPM	$0.64	($20.13)	$91.06	$22.09	$36.81	$15.93	($28.47)	$15.06
Administrative Expense PMPM	$4.95	$18.91	$79.57	$21.53	$9.14	$19.94	$30.74	$20.15
Operating Income / (Expense) PMPM	($4.31)	($39.04)	$11.49	$0.55	$27.67	($4.00)	($59.21)	($5.09)
Other Income / (Expense) PMPM	$0.03	$0.04	$0.26	$0.00	($0.00)	$0.04	$0.23	$0.04
Net Income / (Loss) PMPM	($4.28)	($39.00)	$11.75	$0.56	$27.67	($3.96)	($58.98)	($5.04)
Medical Loss Ratio	99.5%	106.1%	91.7%	94.2%	79.5%	95.3%	107.6%	95.5%
Gross Margin Ratio	0.5%	-6.1%	8.3%	5.8%	20.5%	4.7%	-7.6%	4.5%
Administrative Expense Ratio	4.1%	5.8%	7.2%	5.7%	5.1%	5.9%	8.2%	6.0%
Net Income Ratio	-3.6%	-11.9%	1.1%	0.1%	15.4%	-1.2%	-15.8%	-1.5%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - DECEMBER 2021

	Medi-Cal					Medi-Cal	Group	Grand
	Child	Adult	SPD	ACA OE	Duals	Total	Care	Total
Member Months	585,684	252,678	158,209	603,973	123,605	1,724,149	35,255	1,759,404
Net Revenue	$73,234,329	$83,740,481	$168,822,715	$229,161,239	$21,625,575	$576,584,339	$13,216,307	$589,800,646
Medical Expense	$62,378,156	$80,075,908	$166,589,540	$221,247,478	$17,908,135	$548,199,217	$12,702,114	$560,901,331
Gross Margin	$10,856,173	$3,664,573	$2,233,175	$7,913,762	$3,717,440	$28,385,122	$514,192	$28,899,314
Administrative Expense	$2,626,549	$4,329,246	$11,164,369	$11,722,681	$1,027,292	$30,870,137	$1,090,230	$31,960,367
Operating Income / (Expense)	$8,229,624	($664,673)	($8,931,194)	($3,808,920)	$2,690,148	($2,485,015)	($576,037)	($3,061,052)
Other Income / (Expense)	$2,232	($21,567)	$11,681	$3,776	$531	($3,347)	$3,186	($161)
Net Income / (Loss)	$8,231,856	($686,240)	($8,919,513)	($3,805,143)	$2,690,679	($2,488,362)	($572,852)	($3,061,213)
Revenue PMPM	$125.04	$331.41	$1,067.09	$379.42	$174.96	$334.42	$374.88	$335.23
Medical Expense PMPM	$106.50	$316.91	$1,052.97	$366.32	$144.88	$317.95	$360.29	$318.80
Gross Margin PMPM	$18.54	$14.50	$14.12	$13.10	$30.08	$16.46	$14.58	$16.43
Administrative Expense PMPM	$4.48	$17.13	$70.57	$19.41	$8.31	$17.90	$30.92	$18.17
Operating Income / (Expense) PMPM	$14.05	($2.63)	($56.45)	($6.31)	$21.76	($1.44)	($16.34)	($1.74)
Other Income / (Expense) PMPM	$0.00	($0.09)	$0.07	$0.01	$0.00	($0.00)	$0.09	($0.00)
Net Income / (Loss) PMPM	$14.06	($2.72)	($56.38)	($6.30)	$21.77	($1.44)	($16.25)	($1.74)
Medical Loss Ratio	85.2%	95.6%	98.7%	96.5%	82.8%	95.1%	96.1%	95.1%
Gross Margin Ratio	14.8%	4.4%	1.3%	3.5%	17.2%	4.9%	3.9%	4.9%
Administrative Expense Ratio	3.6%	5.2%	6.6%	5.1%	4.8%	5.4%	8.2%	5.4%
Net Income Ratio	11.2%	-0.8%	-5.3%	-1.7%	12.4%	-0.4%	-4.3%	-0.5%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED December 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$3,028,452	$3,529,461	$501,009	14.2%	Personnel Expenses	$17,702,786	$18,516,943	$814,157	4.4%
697,585	661,732	(35,853)	(5.4%)	Benefits Administration Expense	4,116,900	4,039,566	(77,334)	(1.9%)
637,660	1,462,042	824,382	56.4%	Purchased & Professional Services	4,138,242	5,515,228	1,376,986	25.0%
256,494	305,952	49,458	16.2%	Occupancy	1,568,563	1,629,271	60,708	3.7%
732,801	244,340	(488,461)	(199.9%)	Printing Postage & Promotion	1,320,910	1,040,020	(280,890)	(27.0%)
440,204	564,255	124,051	22.0%	Licenses Insurance & Fees	2,833,335	3,021,487	188,152	6.2%
185,125	256,864	71,739	27.9%	Supplies & Other Expenses	279,631	766,655	487,024	63.5%
2,949,869	3,495,185	545,316	15.6%	Total Other Administrative Expense	14,257,581	16,012,227	1,754,646	11.0%
$5,978,321	**$7,024,646**	**$1,046,325**	**14.9%**	**Total Administrative Expenses**	**$31,960,367**	**$34,529,170**	**$2,568,803**	**7.4%**

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED December 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$2,010,685	$2,086,740	$76,055	3.6%	Salaries & Wages	$11,795,740	$11,842,392	$46,652	0.4%
202,781	225,309	22,528	10.0%	Paid Time Off	1,235,265	1,277,302	42,037	3.3%
7,781	7,563	(218)	(2.9%)	Incentives	11,006	13,865	2,859	20.6%
0	25,000	25,000	100.0%	Severance Pay	0	50,000	50,000	100.0%
33,951	41,505	7,554	18.2%	Payroll Taxes	192,750	209,964	17,214	8.2%
31,194	22,088	(9,106)	(41.2%)	Overtime	198,506	186,311	(12,195)	(6.5%)
135,742	176,664	40,922	23.2%	CalPERS ER Match	876,239	945,783	69,544	7.4%
0	0	0	0.0%	Mandated Covid -19 Supplemental Sick Leave	10,398	10,400	2	0.0%
478,830	576,222	97,392	16.9%	Employee Benefits	2,820,599	2,966,494	145,895	4.9%
2	0	(2)	0.0%	Personal Floating Holiday	1,537	1,581	44	2.8%
17,542	26,700	9,158	34.3%	Employee Relations	40,107	70,120	30,013	42.8%
7,170	9,063	1,893	20.9%	Work from Home Stipend	41,340	44,702	3,362	7.5%
9	350	341	97.4%	Transportation Reimbursement	194	1,457	1,263	86.7%
0	6,932	6,932	100.0%	Travel & Lodging	1,258	19,134	17,876	93.4%
69,615	115,949	46,334	40.0%	Temporary Help Services	395,661	532,737	137,076	25.7%
3,768	73,154	69,386	94.8%	Staff Development/Training	25,385	174,768	149,383	85.5%
29,382	136,222	106,840	78.4%	Staff Recruitment/Advertising	56,800	169,933	113,133	66.6%
3,028,452	**3,529,461**	**501,009**	**14.2%**	**Total Employee Expenses**	**17,702,786**	**18,516,943**	**814,157**	**4.4%**
				Benefit Administration Expense				
423,715	398,735	(24,980)	(6.3%)	RX Administration Expense	2,504,821	2,449,038	(55,783)	(2.3%)
256,206	245,913	(10,293)	(4.2%)	Behavioral Hlth Administration Fees	1,507,114	1,486,652	(20,462)	(1.4%)
17,664	17,084	(580)	(3.4%)	Telemedicine Admin Fees	104,966	103,876	(1,090)	(1.0%)
697,585	**661,732**	**(35,853)**	**(5.4%)**	**Total Employee Expenses**	**4,116,900**	**4,039,566**	**(77,334)**	**(1.9%)**
				Purchased & Professional Services				
228,845	532,271	303,426	57.0%	Consulting Services	1,668,727	2,159,974	491,247	22.7%
279,344	591,405	312,061	52.8%	Computer Support Services	1,662,699	2,138,396	475,696	22.2%
9,916	9,915	(1)	0.0%	Professional Fees-Accounting	59,496	59,490	(6)	0.0%
95	10	(85)	(852.5%)	Professional Fees-Medical	95	20	(75)	(376.2%)
25,588	73,169	47,581	65.0%	Other Purchased Services	225,575	358,818	133,243	37.1%
4,467	5,000	533	10.7%	Maint.& Repair-Office Equipment	30,280	31,809	1,529	4.8%
53,025	106,931	53,906	50.4%	HMS Recovery Fees	227,522	354,737	127,215	35.9%
9,528	90,001	80,473	89.4%	Hardware (Non-Capital)	72,466	149,787	77,321	51.6%
13,979	21,193	7,214	34.0%	Provider Relations-Credentialing	74,048	88,029	13,981	15.9%
12,871	32,147	19,276	60.0%	Legal Fees	117,334	174,168	56,834	32.6%
637,660	**1,462,042**	**824,382**	**56.4%**	**Total Purchased & Professional Services**	**4,138,242**	**5,515,228**	**1,376,986**	**25.0%**
				Occupancy				
79,433	92,994	13,561	14.6%	Depreciation	532,562	546,323	13,761	2.5%
70,286	70,286	0	0.0%	Building Lease	424,089	424,089	0	0.0%
5,293	2,006	(3,287)	(163.8%)	Leased and Rented Office Equipment	15,475	12,134	(3,341)	(27.5%)
10,207	14,429	4,222	29.3%	Utilities	74,511	84,041	9,531	11.3%
74,012	71,401	(2,611)	(3.7%)	Telephone	442,567	432,203	(10,364)	(2.4%)
17,264	54,836	37,572	68.5%	Building Maintenance	79,360	130,481	51,121	39.2%
256,494	**305,952**	**49,458**	**16.2%**	**Total Occupancy**	**1,568,563**	**1,629,271**	**60,708**	**3.7%**

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED December 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Printing Postage & Promotion				
$16,345	$45,167	$28,822	63.8%	Postage	$197,838	$241,514	$43,677	18.1%
(4,250)	7,000	11,250	160.7%	Design & Layout	26,290	28,388	2,098	7.4%
142,454	102,730	(39,724)	(38.7%)	Printing Services	335,113	289,102	(46,011)	(15.9%)
4,816	2,500	(2,316)	(92.6%)	Mailing Services	15,712	15,894	182	1.1%
4,589	3,195	(1,394)	(43.6%)	Courier/Delivery Service	24,056	22,678	(1,378)	(6.1%)
0	634	634	100.0%	Pre-Printed Materials and Publications	34	1,002	968	96.6%
557,030	74,614	(482,416)	(646.5%)	Community Relations	585,260	322,808	(262,452)	(81.3%)
11,817	8,500	(3,317)	(39.0%)	Translation - Non-Clinical	136,609	118,634	(17,975)	(15.2%)
732,801	**244,340**	**(488,461)**	**(199.9%)**	**Total Printing Postage & Promotion**	**1,320,910**	**1,040,020**	**(280,890)**	**(27.0%)**
				Licenses Insurance & Fees				
18,301	20,800	2,499	12.0%	Bank Fees	120,991	123,265	2,274	1.8%
61,920	61,377	(543)	(0.9%)	Insurance	368,802	368,260	(542)	(0.1%)
292,287	403,333	111,046	27.5%	Licenses, Permits and Fees	1,953,090	2,112,385	159,295	7.5%
67,695	78,745	11,050	14.0%	Subscriptions & Dues	390,451	417,577	27,126	6.5%
440,204	**564,255**	**124,051**	**22.0%**	**Total Licenses Insurance & Postage**	**2,833,335**	**3,021,487**	**188,152**	**6.2%**
				Supplies & Other Expenses				
3,015	39,925	36,910	92.4%	Office and Other Supplies	16,430	62,249	45,819	73.6%
0	12,400	12,400	100.0%	Ergonomic Supplies	8,658	20,980	12,322	58.7%
209	1,909	1,700	89.0%	Commissary-Food & Beverage	3,712	6,222	2,510	40.3%
0	3,500	3,500	100.0%	Member Incentive Expense	4,850	15,350	10,500	68.4%
181,305	197,464	16,159	8.2%	Covid-19 Vaccination Incentive Expense	245,385	658,522	413,137	62.7%
0	100	100	100.0%	Covid-19 IT Expenses	0	200	200	100.0%
597	1,566	969	61.9%	Covid-19 Non IT Expenses	597	3,132	2,535	81.0%
185,125	**256,864**	**71,739**	**27.9%**	**Total Supplies & Other Expense**	**279,631**	**766,655**	**487,024**	**63.5%**
$5,978,321	**$7,024,646**	**$1,046,325**	**14.9%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$31,960,367**	**$34,529,170**	**$2,568,803**	**7.4%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED DECEMBER 31, 2021

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Network Hardware	IT-FY22-07	$ -	$ -	**$ -**	$ 150,000	$ 150,000
	Cisco UCS Blade	IT-FY22-08	$ -		**$ -**	$ 100,000	$ 100,000
	Veeam Backup	IT-FY22-10	$ -		**$ -**	$ 60,000	$ 60,000
	Call Center Hardware	IT-FY22-11	$ -		**$ -**	$ 100,000	$ 100,000
	Network / AV Cabling	IT-FY22-13	$ -		**$ -**	$ 150,000	$ 150,000
Hardware Subtotal			**$ -**	**$ -**	**$ -**	**$ 560,000**	**$ 560,000**
2. Software:							
	Patch Management	AC-FY22-01	$ -		**$ -**	$ 20,000	$ 20,000
	Zerto Licenses (DR - Replication Orchestration)	AC-FY22-02	$ -		**$ -**	$ 50,000	$ 50,000
	Monitoring Software	AC-FY22-03	$ -		**$ -**	$ 40,000	$ 40,000
	Identity and Access Management (Security)	AC-FY22-04	$ -		**$ -**	$ 40,000	$ 40,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 150,000**	**$ 150,000**
3. Building Improvement:							
	1240 Emergency Generator (carryover from FY21)	FA-FY22-06	**$ 106,025**		**$ 106,025**	$ 360,800	$ 254,775
	1240 Electrical Requirements for EV Charging Stations (est.)	FA-FY22-07	$ -		**$ -**	$ 20,000	$ 20,000
	1240 EV Charging stations installation, fees (est. only)	FA-FY22-08	$ -		**$ -**	$ 50,000	$ 50,000
	1240 Seismic Improvements (carryover from FY21)	FA-FY22-09	$ -		**$ -**	$ 50,000	$ 50,000
	Contingency	FA-FY22-16	**$ 6,341**		**$ 6,341**	$ 100,000	$ 93,659
Building Improvement Subtotal			**$ 112,366**	**$ -**	**$ 112,366**	**$ 580,800**	**$ 468,434**
4. Furniture & Equipment:							
	Replace, reconfigure, re-design workstations/add barriers or plexiglass	FA-FY22-20	$ -		**$ -**	$ 125,000	$ 125,000
Furniture & Equipment Subtotal			**$ -**	**$ -**	**$ -**	**$ 125,000**	**$ 125,000**
GRAND TOTAL			**$ 112,366**	**$ -**	**$ 112,366**	**$ 1,415,800**	**$ 1,303,434**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 12/31/21	**$ 37,047,843**
Fixed Assets @ Cost - 6/30/21	**$ 36,935,477**
Fixed Assets Acquired YTD	**$ 112,366**

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2022

TANGIBLE NET EQUITY (TNE)

	Jul-21	Aug-21	QTR. END Sep-21	Oct-21	Nov-21	QTR. END Dec-21
Current Month Net Income / (Loss)	$2,645,613	$1,455,041	$370,178	($7,350,897)	$1,314,900	($1,496,048)
YTD Net Income / (Loss)	$2,645,613	$4,100,654	$4,470,832	($2,880,065)	($1,565,165)	($3,061,213)
Actual TNE						
Net Assets	$208,055,654	$209,510,696	$209,880,873	$202,529,977	$203,844,876	$202,348,828
Subordinated Debt & Interest	$0	$0	$0	$0	$0	$0
Total Actual TNE	**$208,055,654**	**$209,510,696**	**$209,880,873**	**$202,529,977**	**$203,844,876**	**$202,348,828**
Increase/(Decrease) in Actual TNE	$3,467,237	$1,455,042	$370,177	($7,350,896)	$1,314,899	($1,496,048)
Required TNE[(1)]	**$37,061,269**	**$37,134,762**	**$37,155,961**	**$38,560,140**	**$37,568,385**	**$38,067,278**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$48,179,650	$48,275,191	$48,302,749	$50,128,181	$48,838,900	$49,487,461
TNE Excess / (Deficiency)	$170,994,385	$172,375,934	$172,724,912	$163,969,837	$166,276,491	$164,281,550
Actual TNE as a Multiple of Required	**5.61**	**5.64**	**5.65**	**5.25**	**5.43**	**5.32**

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	$208,055,654	$209,510,696	$209,880,873	$202,529,977	$203,844,876	$202,348,828
Fixed Assets at Net Book Value	(6,161,088)	(6,073,778)	(6,093,339)	(6,013,994)	(5,931,375)	(5,851,942)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(5,320,118)
Liquid TNE (Liquid Reserves)	**$201,544,566**	**$203,086,918**	**$203,437,534**	**$196,165,983**	**$197,563,501**	**$191,176,768**
Liquid TNE as Multiple of Required	**5.44**	**5.47**	**5.48**	**5.09**	**5.26**	**5.02**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2022

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

	Actual Jul-21	Actual Aug-21	Actual Sep-21	Actual Oct-21	Actual Nov-21	Actual Dec-21	Actual Jan-22	Actual Feb-22	Actual Mar-22	Actual Apr-22	Actual May-22	Actual Jun-22	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,179	97,324	97,460	97,636	97,935	98,150							585,684
Adult	41,358	41,519	41,924	42,177	42,623	43,077							252,678
SPD	26,320	26,316	26,330	26,366	26,427	26,450							158,209
ACA OE	99,105	99,783	100,469	100,844	101,508	102,264							603,973
Duals	20,194	20,388	20,535	20,692	20,832	20,964							123,605
Medi-Cal Program	284,156	285,330	286,718	287,715	289,325	290,905							1,724,149
Group Care Program	5,935	5,877	5,914	5,880	5,826	5,823							35,255
Total	**290,091**	**291,207**	**292,632**	**293,595**	**295,151**	**296,728**							**1,759,404**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	145	136	176	299	215							1,102
Adult	392	161	405	253	446	454							2,111
SPD	(3)	(4)	14	36	61	23							127
ACA OE	824	678	686	375	664	756							3,983
Duals	206	194	147	157	140	132							976
Medi-Cal Program	1,550	1,174	1,388	997	1,610	1,580							8,299
Group Care Program	(13)	(58)	37	(34)	(54)	(3)							(125)
Total	**1,537**	**1,116**	**1,425**	**963**	**1,556**	**1,577**							**8,174**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	34.2%	34.1%	34.0%	33.9%	33.8%	33.7%							34.0%
Adult % of Medi-Cal	14.6%	14.6%	14.6%	14.7%	14.7%	14.8%							14.7%
SPD % of Medi-Cal	9.3%	9.2%	9.2%	9.2%	9.1%	9.1%							9.2%
ACA OE % of Medi-Cal	34.9%	35.0%	35.0%	35.0%	35.1%	35.2%							35.0%
Duals % of Medi-Cal	7.1%	7.1%	7.2%	7.2%	7.2%	7.2%							7.2%
Medi-Cal Program % of Total	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%							98.0%
Group Care Program % of Total	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%							2.0%
Total	**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 2022

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

	Actual Jul-21	Actual Aug-21	Actual Sep-21	Actual Oct-21	Actual Nov-21	Actual Dec-21	Actual Jan-22	Actual Feb-22	Actual Mar-22	Actual Apr-22	Actual May-22	Actual Jun-22	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	53,189	53,441	53,246	53,081	53,438	52,288							318,683
Alameda Health System	58,045	57,812	58,060	58,049	58,073	58,590							348,629
	111,234	111,253	111,306	111,130	111,511	110,878							667,312
Delegated:													
CFMG	32,217	32,167	32,217	32,232	32,266	32,573							193,672
CHCN	104,433	105,113	106,050	106,808	107,583	109,059							639,046
Kaiser	42,207	42,674	43,059	43,425	43,791	44,218							259,374
Delegated Subtotal	178,857	179,954	181,326	182,465	183,640	185,850							1,092,092
Total	**290,091**	**291,207**	**292,632**	**293,595**	**295,151**	**296,728**							**1,759,404**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(24)	19	53	(176)	381	(633)							(380)
Delegated:													
CFMG	20	(50)	50	15	34	307							376
CHCN	1,094	680	937	758	775	1,476							5,720
Kaiser	447	467	385	366	366	427							2,458
Delegated Subtotal	1,561	1,097	1,372	1,139	1,175	2,210							8,554
Total	**1,537**	**1,116**	**1,425**	**963**	**1,556**	**1,577**							**8,174**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.3%	38.2%	38.0%	37.9%	37.8%	37.4%							37.9%
Delegated:													
CFMG	11.1%	11.0%	11.0%	11.0%	10.9%	11.0%							11.0%
CHCN	36.0%	36.1%	36.2%	36.4%	36.5%	36.8%							36.3%
Kaiser	14.5%	14.7%	14.7%	14.8%	14.8%	14.9%							14.7%
Delegated Subtotal	61.7%	61.8%	62.0%	62.1%	62.2%	62.6%							62.1%
Total	**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 2022

	Budget Jul-21	Budget Aug-21	Budget Sep-21	Budget Oct-21	Budget Nov-21	Budget Dec-21	Budget Jan-22	Budget Feb-22	Budget Mar-22	Budget Apr-22	Budget May-22	Budget Jun-22	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,179	97,324	97,460	97,636	97,812	97,988	99,591	98,621	97,661	96,710	95,743	94,811	1,168,536
Adult	41,358	41,519	41,924	42,177	42,430	42,683	43,156	42,733	42,315	41,901	41,482	41,076	504,754
SPD	26,320	26,316	26,330	26,366	26,402	26,438	26,467	26,220	25,976	25,734	26,997	26,745	316,311
ACA OE	99,105	99,783	100,469	100,844	101,219	101,594	101,787	100,845	99,913	98,990	104,404	103,436	1,212,389
Duals	20,194	20,388	20,535	20,692	20,849	21,006	20,796	20,588	20,382	20,178	19,976	19,776	245,360
Medi-Cal Program	284,156	285,330	286,718	287,715	288,712	289,709	291,797	289,007	286,247	283,513	288,602	285,844	3,447,350
Group Care Program	5,935	5,877	5,914	5,880	5,863	5,852	5,852	5,852	5,852	5,852	5,852	5,852	70,433
Total	**290,091**	**291,207**	**292,632**	**293,595**	**294,575**	**295,561**	**297,649**	**294,859**	**292,099**	**289,365**	**294,454**	**291,696**	**3,517,783**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(346)	145	136	176	176	176	1,603	(970)	(960)	(951)	(967)	(932)	(2,714)
Adult	1,053	161	405	253	253	253	473	(423)	(418)	(414)	(419)	(406)	771
SPD	122	(4)	14	36	36	36	29	(247)	(244)	(242)	1,263	(252)	547
ACA OE	3,254	678	686	375	375	375	193	(942)	(932)	(923)	5,414	(968)	7,585
Duals	676	194	147	157	157	157	(210)	(208)	(206)	(204)	(202)	(200)	258
Medi-Cal Program	4,760	1,174	1,388	997	997	997	2,088	(2,790)	(2,760)	(2,734)	5,089	(2,758)	6,448
Group Care Program	(74)	(58)	37	(34)	(17)	(11)	0	0	0	0	0	0	(157)
Total	**4,686**	**1,116**	**1,425**	**963**	**980**	**986**	**2,088**	**(2,790)**	**(2,760)**	**(2,734)**	**5,089**	**(2,758)**	**6,291**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	34.2%	34.1%	34.0%	33.9%	33.9%	33.8%	34.1%	34.1%	34.1%	34.1%	33.2%	33.2%	33.9%
Adult % of Medi-Cal	14.6%	14.6%	14.6%	14.7%	14.7%	14.7%	14.8%	14.8%	14.8%	14.8%	14.4%	14.4%	14.6%
SPD % of Medi-Cal	9.3%	9.2%	9.2%	9.2%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.4%	9.4%	9.2%
ACA OE % of Medi-Cal	34.9%	35.0%	35.0%	35.0%	35.1%	35.1%	34.9%	34.9%	34.9%	34.9%	36.2%	36.2%	35.2%
Duals % of Medi-Cal	7.1%	7.1%	7.2%	7.2%	7.2%	7.3%	7.1%	7.1%	7.1%	7.1%	6.9%	6.9%	7.1%
Medi-Cal Program % of Total	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
Group Care Program % of Total	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
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 2022

	Budget Jul-21	Budget Aug-21	Budget Sep-21	Budget Oct-21	Budget Nov-21	Budget Dec-21	Budget Jan-22	Budget Feb-22	Budget Mar-22	Budget Apr-22	Budget May-22	Budget Jun-22	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	111,234	111,253	111,306	111,130	111,539	111,951	112,449	111,411	110,386	109,370	112,142	111,106	1,335,277
Delegated:													
CFMG	32,217	32,167	32,217	32,232	32,294	32,356	32,848	32,529	32,214	31,902	31,716	31,408	386,100
CHCN	104,433	105,113	106,050	106,808	107,165	107,525	108,250	107,240	106,240	105,250	107,230	106,231	1,277,535
Kaiser	42,207	42,674	43,059	43,425	43,577	43,729	44,102	43,679	43,259	42,843	43,366	42,951	518,871
Delegated Subtotal	178,857	179,954	181,326	182,465	183,036	183,610	185,200	183,448	181,713	179,995	182,312	180,590	2,182,506
Total	**290,091**	**291,207**	**292,632**	**293,595**	**294,575**	**295,561**	**297,649**	**294,859**	**292,099**	**289,365**	**294,454**	**291,696**	**3,517,783**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(81)	19	53	(176)	409	412	498	(1,038)	(1,025)	(1,016)	2,772	(1,036)	(209)
Delegated:													
CFMG	(159)	(50)	50	15	62	62	492	(319)	(315)	(312)	(186)	(308)	(968)
CHCN	1,533	680	937	758	357	360	725	(1,010)	(1,000)	(990)	1,980	(999)	3,331
Kaiser	3,394	467	385	366	152	152	373	(423)	(420)	(416)	523	(415)	4,138
Delegated Subtotal	4,768	1,097	1,372	1,139	571	574	1,590	(1,752)	(1,735)	(1,718)	2,317	(1,722)	6,501
Total	**4,686**	**1,116**	**1,425**	**963**	**980**	**986**	**2,088**	**(2,790)**	**(2,760)**	**(2,734)**	**5,089**	**(2,758)**	**6,291**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.3%	38.2%	38.0%	37.9%	37.9%	37.9%	37.8%	37.8%	37.8%	37.8%	38.1%	38.1%	38.0%
Delegated:													
CFMG	11.1%	11.0%	11.0%	11.0%	11.0%	10.9%	11.0%	11.0%	11.0%	11.0%	10.8%	10.8%	11.0%
CHCN	36.0%	36.1%	36.2%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.3%
Kaiser	14.5%	14.7%	14.7%	14.8%	14.8%	14.8%	14.8%	14.8%	14.8%	14.8%	14.7%	14.7%	14.7%
Delegated Subtotal	61.7%	61.8%	62.0%	62.1%	62.1%	62.1%	62.2%	62.2%	62.2%	62.2%	61.9%	61.9%	62.0%
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 2022

	Variance Jul-21	Variance Aug-21	Variance Sep-21	Variance Oct-21	Variance Nov-21	Variance Dec-21	Variance Jan-22	Variance Feb-22	Variance Mar-22	Variance Apr-22	Variance May-22	Variance Jun-22	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	123	162							285
Adult	0	0	0	0	193	394							587
SPD	0	0	0	0	25	12							37
ACA OE	0	0	0	0	289	670							959
Duals	0	0	0	0	(17)	(42)							(59)
Medi-Cal Program	0	0	0	0	613	1,196							1,809
Group Care Program	0	0	0	0	(37)	(29)							(66)
Total	**0**	**0**	**0**	**0**	**576**	**1,167**							**1,743**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	(28)	(1,073)							(1,101)
Delegated:													
CFMG	0	0	0	0	(28)	217							189
CHCN	0	0	0	0	418	1,534							1,952
Kaiser	0	0	0	0	214	489							703
Delegated Subtotal	0	0	0	0	604	2,240							2,844
Total	**0**	**0**	**0**	**0**	**576**	**1,167**							**1,743**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED December 31, 2021

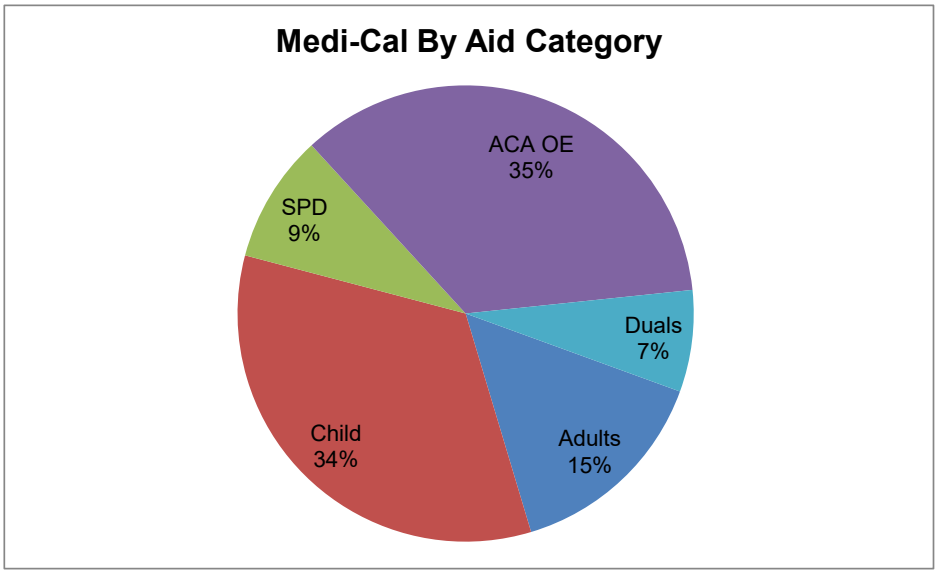
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,874,916	$1,863,305	($11,611)	(0.6%)	PCP-Capitation	$11,172,100	$11,148,065	($24,035)	(0.2%)
3,053,015	3,013,651	(39,364)	(1.3%)	PCP-Capitation - FQHC	17,924,889	17,867,977	(56,912)	(0.3%)
282,515	281,549	(966)	(0.3%)	Specialty-Capitation	1,681,643	1,678,852	(2,791)	(0.2%)
3,163,594	3,143,512	(20,082)	(0.6%)	Specialty-Capitation FQHC	18,624,385	18,597,656	(26,729)	(0.1%)
367,120	366,407	(713)	(0.2%)	Laboratory-Capitation	2,182,389	2,180,644	(1,745)	(0.1%)
889,560	1,034,464	144,904	14.0%	Transportation (Ambulance)-Cap	5,627,252	5,366,791	(260,461)	(4.9%)
216,479	216,157	(322)	(0.1%)	Vision Cap	1,288,625	1,287,993	(632)	0.0%
82,345	82,028	(317)	(0.4%)	CFMG Capitation	490,013	489,182	(831)	(0.2%)
159,611	158,079	(1,532)	(1.0%)	Anc IPA Admin Capitation FQHC	938,388	936,230	(2,158)	(0.2%)
10,602,684	10,875,253	272,569	2.5%	Kaiser Capitation	64,357,921	64,663,257	305,336	0.5%
169	746,070	745,901	100.0%	BHT Supplemental Expense	2,836,512	4,326,284	1,489,772	34.4%
0	11,927	11,927	100.0%	Hep-C Supplemental Expense	102,741	100,877	(1,864)	(1.8%)
452,023	461,811	9,788	2.1%	Maternity Supplemental Expense	2,090,531	2,211,461	120,930	5.5%
545,311	580,004	34,693	6.0%	DME - Cap	3,254,224	3,323,343	69,119	2.1%
21,689,342	**22,834,217**	**1,144,875**	**5.0%**	**5-TOTAL CAPITATED EXPENSES**	**132,571,613**	**134,178,612**	**1,606,999**	**1.2%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
(1,887,126)	0	1,887,126	0.0%	IBNP-Inpatient Services	5,386,706	0	(5,386,706)	0.0%
(56,614)	0	56,614	0.0%	IBNP-Settlement (IP)	161,599	0	(161,599)	0.0%
(150,971)	0	150,971	0.0%	IBNP-Claims Fluctuation (IP)	430,935	0	(430,935)	0.0%
25,290,808	26,199,530	908,722	3.5%	Inpatient Hospitalization-FFS	134,809,517	162,306,289	27,496,772	16.9%
1,324,753	0	(1,324,753)	0.0%	IP OB - Mom & NB	7,271,818	0	(7,271,818)	0.0%
415,207	0	(415,207)	0.0%	IP Behavioral Health	1,400,037	0	(1,400,037)	0.0%
1,434,362	1,309,966	(124,396)	(9.5%)	IP - Long Term Care	7,130,116	2,612,448	(4,517,668)	(172.9%)
647,255	0	(647,255)	0.0%	IP - Facility Rehab FFS	4,724,917	0	(4,724,917)	0.0%
27,017,672	**27,509,496**	**491,824**	**1.8%**	**6-Inpatient Hospital & SNF FFS Expense**	**161,315,646**	**164,918,737**	**3,603,091**	**2.2%**
(217,444)	0	217,444	0.0%	IBNP-PCP	(214,863)	0	214,863	0.0%
(6,523)	0	6,523	0.0%	IBNP-Settlement (PCP)	(6,444)	0	6,444	0.0%
(17,394)	0	17,394	0.0%	IBNP-Claims Fluctuation (PCP)	(17,186)	0	17,186	0.0%
784	0	(784)	0.0%	Telemedicine FFS	4,732	0	(4,732)	0.0%
1,473,882	1,318,404	(155,478)	(11.8%)	Primary Care Non-Contracted FF	7,241,301	20,327,191	13,085,890	64.4%
55,213	81,338	26,125	32.1%	PCP FQHC FFS	307,176	162,281	(144,895)	(89.3%)
1,879,671	3,133,438	1,253,767	40.0%	Prop 56 Direct Payment Expenses	10,877,613	6,256,352	(4,621,261)	(73.9%)
73,857	0	(73,857)	0.0%	Prop 56-Trauma Expense	452,616	0	(452,616)	0.0%
98,317	0	(98,317)	0.0%	Prop 56-Dev. Screening Exp.	600,259	0	(600,259)	0.0%
631,945	0	(631,945)	0.0%	Prop 56-Fam. Planning Exp.	3,829,858	0	(3,829,858)	0.0%
539,961	0	(539,961)	0.0%	Prop 56-Value Based Purchasing	3,280,550	0	(3,280,550)	0.0%
4,512,269	**4,533,180**	**20,911**	**0.5%**	**7-Primary Care Physician FFS Expense**	**26,355,612**	**26,745,824**	**390,212**	**1.5%**
(511,138)	0	511,138	0.0%	IBNP-Specialist	254,468	0	(254,468)	0.0%
2,879,140	4,671,286	1,792,146	38.4%	Specialty Care-FFS	14,426,229	28,059,754	13,633,525	48.6%
123,861	0	(123,861)	0.0%	Anesthesiology - FFS	740,372	0	(740,372)	0.0%
966,273	0	(966,273)	0.0%	Spec Rad Therapy - FFS	4,596,207	0	(4,596,207)	0.0%
122,590	0	(122,590)	0.0%	Obstetrics-FFS	690,565	0	(690,565)	0.0%
283,599	0	(283,599)	0.0%	Spec IP Surgery - FFS	1,620,935	0	(1,620,935)	0.0%
551,048	0	(551,048)	0.0%	Spec OP Surgery - FFS	3,183,080	0	(3,183,080)	0.0%
439,670	0	(439,670)	0.0%	Spec IP Physician	2,340,654	0	(2,340,654)	0.0%
58,064	4,965	(53,099)	(1,069.5%)	SCP FQHC FFS	259,689	9,910	(249,779)	(2,520.5%)
(15,335)	0	15,335	0.0%	IBNP-Settlement (SCP)	7,632	0	(7,632)	0.0%
(40,892)	0	40,892	0.0%	IBNP-Claims Fluctuation (SCP)	20,356	0	(20,356)	0.0%
4,856,881	**4,676,251**	**(180,630)**	**(3.9%)**	**8-Specialty Care Physician Expense**	**28,140,186**	**28,069,664**	**(70,522)**	**(0.3%)**
(162,631)	0	162,631	0.0%	IBNP-Ancillary	914,319	0	(914,319)	0.0%
(4,880)	0	4,880	0.0%	IBNP Settlement (ANC)	27,431	0	(27,431)	0.0%
(13,011)	0	13,011	0.0%	IBNP Claims Fluctuation (ANC)	73,146	0	(73,146)	0.0%
611,724	0	(611,724)	0.0%	Acupuncture/Biofeedback	2,409,685	0	(2,409,685)	0.0%
78,713	0	(78,713)	0.0%	Hearing Devices	475,516	0	(475,516)	0.0%
26,940	0	(26,940)	0.0%	Imaging/MRI/CT Global	212,196	0	(212,196)	0.0%
44,940	0	(44,940)	0.0%	Vision FFS	304,348	0	(304,348)	0.0%
16,928	0	(16,928)	0.0%	Family Planning	135,157	0	(135,157)	0.0%
758,899	0	(758,899)	0.0%	Laboratory-FFS	3,810,729	0	(3,810,729)	0.0%
101,438	0	(101,438)	0.0%	ANC Therapist	565,140	0	(565,140)	0.0%
(166)	0	166	0.0%	ANC Diagnostic Procedures	(166)	0	166	0.0%
310,663	0	(310,663)	0.0%	Transportation (Ambulance)-FFS	1,809,885	0	(1,809,885)	0.0%

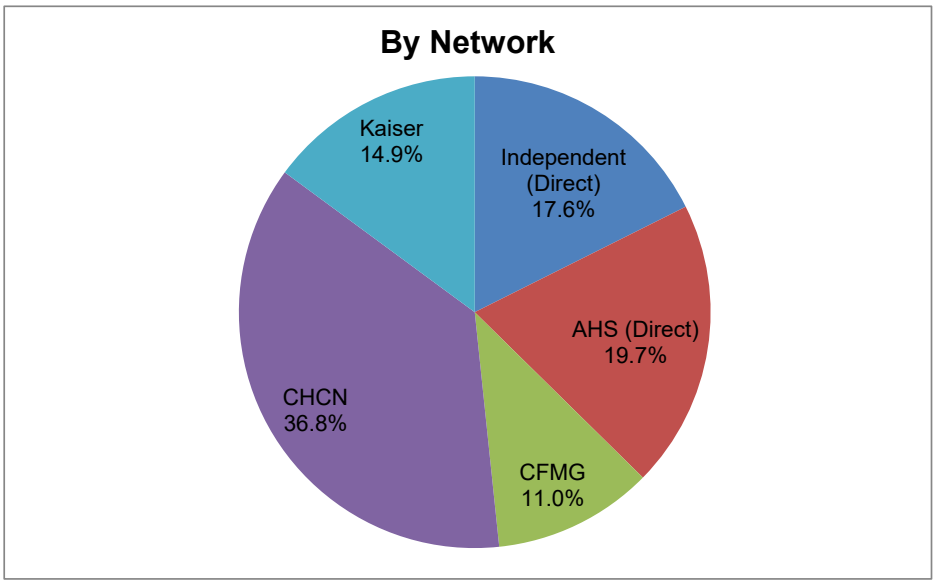
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED December 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$125,497	$0	($125,497)	0.0%	Transportation (Other)-FFS	$773,905	$0	($773,905)	0.0%
465,590	0	(465,590)	0.0%	Hospice	3,176,161	0	(3,176,161)	0.0%
813,553	0	(813,553)	0.0%	Home Health Services	4,368,478	0	(4,368,478)	0.0%
0	3,481,892	3,481,892	100.0%	Other Medical-FFS	0	24,688,207	24,688,207	100.0%
165,728	0	(165,728)	0.0%	HMS Medical Refunds	(54,293)	0	54,293	0.0%
(85)	0	85	0.0%	Refunds-Medical Payments	75	0	(75)	0.0%
499,314	0	(499,314)	0.0%	DME & Medical Supplies	2,817,565	0	(2,817,565)	0.0%
0	0	0	0.0%	Denials	167	0	(167)	0.0%
597,552	584,680	(12,872)	(2.2%)	GEMT Direct Payment Expense	3,503,155	1,167,638	(2,335,517)	(200.0%)
508,799	0	(508,799)	0.0%	Community Based Adult Services (CBAS)	2,606,354	0	(2,606,354)	0.0%
4,945,504	**4,066,572**	**(878,932)**	**(21.6%)**	**9-Ancillary Medical Expense**	**27,928,953**	**25,855,845**	**(2,073,108)**	**(8.0%)**
(255,335)	0	255,335	0.0%	IBNP-Outpatient	1,385,767	0	(1,385,767)	0.0%
(7,661)	0	7,661	0.0%	IBNP Settlement (OP)	41,575	0	(41,575)	0.0%
(20,427)	0	20,427	0.0%	IBNP Claims Fluctuation (OP)	110,862	0	(110,862)	0.0%
1,672,263	8,435,785	6,763,522	80.2%	Out-Patient FFS	7,713,961	50,710,782	42,996,821	84.8%
1,536,711	0	(1,536,711)	0.0%	OP Ambul Surgery - FFS	7,790,017	0	(7,790,017)	0.0%
1,311,835	0	(1,311,835)	0.0%	OP Fac Imaging Services-FFS	6,613,245	0	(6,613,245)	0.0%
2,064,779	0	(2,064,779)	0.0%	Behav Health - FFS	12,900,604	0	(12,900,604)	0.0%
570,749	0	(570,749)	0.0%	OP Facility - Lab FFS	2,851,649	0	(2,851,649)	0.0%
128,607	0	(128,607)	0.0%	OP Facility - Cardio FFS	632,954	0	(632,954)	0.0%
57,389	0	(57,389)	0.0%	OP Facility - PT/OT/ST FFS	290,893	0	(290,893)	0.0%
1,847,745	0	(1,847,745)	0.0%	OP Facility - Dialysis FFS	10,869,161	0	(10,869,161)	0.0%
8,906,654	**8,435,785**	**(470,869)**	**(5.6%)**	**10-Outpatient Medical Expense Medical Expense**	**51,200,688**	**50,710,782**	**(489,906)**	**(1.0%)**
(29,723)	0	29,723	0.0%	IBNP-Emergency	1,453,635	0	(1,453,635)	0.0%
(892)	0	892	0.0%	IBNP Settlement (ER)	43,607	0	(43,607)	0.0%
(2,378)	0	2,378	0.0%	IBNP Claims Fluctuation (ER)	116,291	0	(116,291)	0.0%
687,533	0	(687,533)	0.0%	Special ER Physician-FFS	3,803,863	0	(3,803,863)	0.0%
4,329,537	4,318,221	(11,316)	(0.3%)	ER-Facility	22,777,181	27,238,152	4,460,971	16.4%
4,984,078	**4,318,221**	**(665,857)**	**(15.4%)**	**11-Emergency Expense**	**28,194,577**	**27,238,152**	**(956,425)**	**(3.5%)**
846,109	0	(846,109)	0.0%	IBNP-Pharmacy	521,504	0	(521,504)	0.0%
25,384	0	(25,384)	0.0%	IBNP Settlement (RX)	15,646	0	(15,646)	0.0%
67,689	0	(67,689)	0.0%	IBNP Claims Fluctuation (RX)	41,721	0	(41,721)	0.0%
5,380,284	4,800,840	(579,444)	(12.1%)	RX - Non-PBM FFFS	28,772,384	28,168,115	(604,269)	(2.1%)
11,432,782	12,112,097	679,315	5.6%	Pharmacy-FFS	69,884,589	69,366,131	(518,458)	(0.7%)
(5,519)	0	5,519	0.0%	HMS RX Refunds	(436,297)	0	436,297	0.0%
(575,272)	(575,809)	(537)	0.1%	Pharmacy-Rebate	(3,425,129)	(3,428,156)	(3,027)	0.1%
17,171,457	**16,337,128**	**(834,329)**	**(5.1%)**	**12-Pharmacy Expense**	**95,374,418**	**94,106,090**	**(1,268,328)**	**(1.3%)**
72,394,514	**69,876,633**	**(2,517,881)**	**(3.6%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**418,510,080**	**417,645,094**	**(864,986)**	**(0.2%)**
0	(57,702)	(57,702)	100.0%	Clinical Vacancy	0	(158,424)	(158,424)	100.0%
71,558	72,375	817	1.1%	Quality Analytics	418,680	425,722	7,042	1.7%
425,821	530,755	104,934	19.8%	Health Plan Services Department Total	2,441,740	2,726,688	284,948	10.5%
574,757	662,992	88,235	13.3%	Case & Disease Management Department Total	3,413,544	3,660,661	247,117	6.8%
165,692	240,267	74,575	31.0%	Medical Services Department Total	861,487	873,884	12,397	1.4%
343,396	758,953	415,557	54.8%	Quality Management Department Total	2,541,603	3,700,314	1,158,711	31.3%
25,711	51,616	25,905	50.2%	HCS Behavioral Health Department Total	178,507	234,229	55,722	23.8%
114,503	122,383	7,880	6.4%	Pharmacy Services Department Total	673,719	694,259	20,540	3.0%
32,530	67,650	35,120	51.9%	Regulatory Readiness Total	160,412	218,056	57,644	26.4%
1,753,969	**2,449,289**	**695,320**	**28.4%**	**14-Other Benefits & Services**	**10,689,693**	**12,375,389**	**1,685,697**	**13.6%**
				Reinsurance Expense				
(1,080,894)	(408,631)	672,263	(164.5%)	Reinsurance Recoveries	(4,116,072)	(3,016,986)	1,099,086	(36.4%)
544,792	544,840	48	0.0%	Stop-Loss Expense	3,246,017	3,246,736	719	0.0%
(536,103)	**136,209**	**672,312**	**493.6%**	**15-Reinsurance Expense**	**(870,054)**	**229,750**	**1,099,804**	**478.7%**
				Preventive Health Services				
95,301,723	**95,296,348**	**(5,375)**	**0.0%**	**17-TOTAL MEDICAL EXPENSES**	**560,901,331**	**564,428,845**	**3,527,514**	**0.6%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Dec 2021**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	43,077	15%	9,049	8,992	671	16,519	7,846
Child	98,150	34%	8,232	8,820	29,714	33,435	17,949
SPD	26,450	9%	8,318	4,115	1,058	10,946	2,013
ACA OE	102,264	35%	16,029	33,514	1,130	38,210	13,381
Duals	20,964	7%	8,190	2,255	-	7,490	3,029
Medi-Cal	290,905		49,818	57,696	32,573	106,600	44,218
Group Care	5,823		2,470	894	-	2,459	-
Total	**296,728**	**100%**	**52,288**	**58,590**	**32,573**	**109,059**	**44,218**
Medi-Cal %	98.0%		95.3%	98.5%	100.0%	97.7%	100.0%
Group Care %	2.0%		4.7%	1.5%	0.0%	2.3%	0.0%
	Network Distribution		*17.6%*	*19.7%*	*11.0%*	*36.8%*	*14.9%*
			% Direct:	**37%**		**% Delegated:**	**63%**

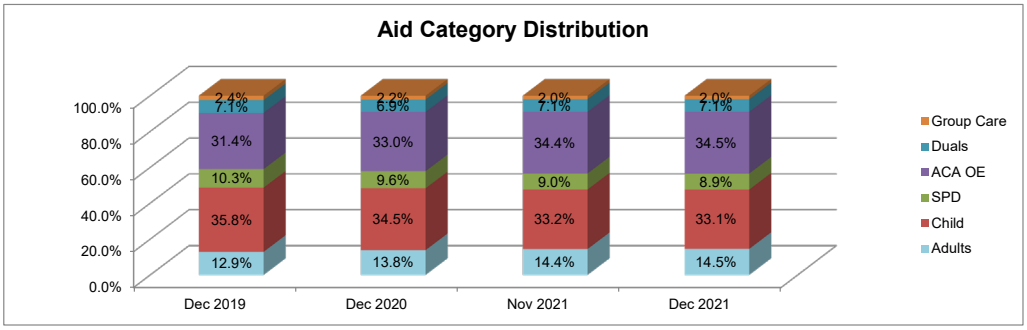




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

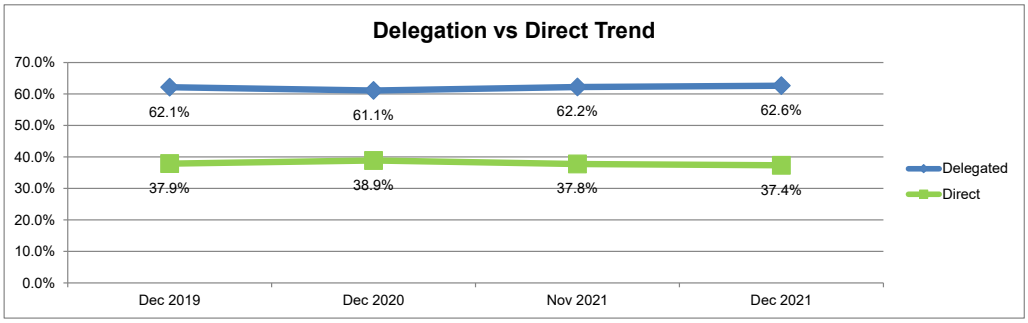
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019 to Dec 2020	Dec 2020 to Dec 2021	Nov 2021 to Dec 2021
Adults	32,066	38,150	42,623	43,077	12.9%	13.8%	14.4%	14.5%	19.0%	12.9%	1.1%
Child	89,056	94,969	97,935	98,150	35.8%	34.5%	33.2%	33.1%	6.6%	3.3%	0.2%
SPD	25,687	26,339	26,427	26,450	10.3%	9.6%	9.0%	8.9%	2.5%	0.4%	0.1%
ACA OE	78,154	91,050	101,508	102,264	31.4%	33.0%	34.4%	34.5%	16.5%	12.3%	0.7%
Duals	17,776	19,127	20,832	20,964	7.1%	6.9%	7.1%	7.1%	7.6%	9.6%	0.6%
Medi-Cal Total	242,739	269,635	289,325	290,905	97.6%	97.8%	98.0%	98.0%	11.1%	7.9%	0.5%
Group Care	6,092	5,954	5,826	5,823	2.4%	2.2%	2.0%	2.0%	-2.3%	-2.2%	-0.1%
Total	**248,831**	**275,589**	**295,151**	**296,728**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**10.8%**	**7.7%**	**0.5%**



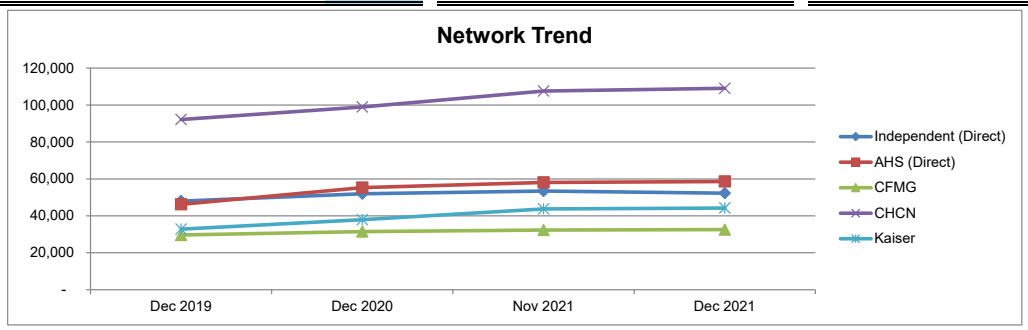
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019 to Dec 2020	Dec 2020 to Dec 2021	Nov 2021 to Dec 2021
Delegated	154,621	168,412	183,640	185,850	62.1%	61.1%	62.2%	62.6%	8.9%	10.4%	1.2%
Direct	94,210	107,177	111,511	110,878	37.9%	38.9%	37.8%	37.4%	13.8%	3.5%	-0.6%
Total	**248,831**	**275,589**	**295,151**	**296,728**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**10.8%**	**7.7%**	**0.5%**



Network Trend

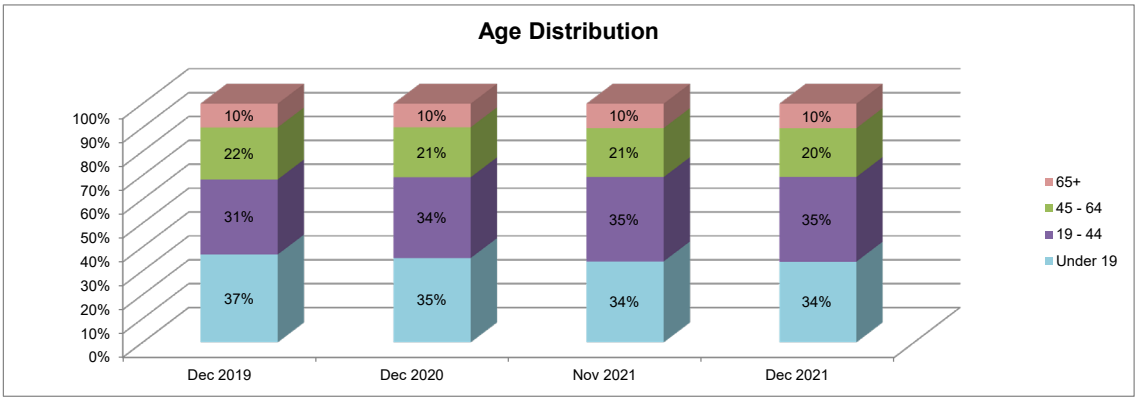
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019 to Dec 2020	Dec 2020 to Dec 2021	Nov 2021 to Dec 2021
Independent (Direct)	47,978	51,937	53,438	52,288	19.3%	18.8%	18.1%	17.6%	8.3%	0.7%	-2.2%
AHS (Direct)	46,232	55,240	58,073	58,590	18.6%	20.0%	19.7%	19.7%	19.5%	6.1%	0.9%
CFMG	29,654	31,529	32,266	32,573	11.9%	11.4%	10.9%	11.0%	6.3%	3.3%	1.0%
CHCN	92,167	98,920	107,583	109,059	37.0%	35.9%	36.5%	36.8%	7.3%	10.2%	1.4%
Kaiser	32,800	37,963	43,791	44,218	13.2%	13.8%	14.8%	14.9%	15.7%	16.5%	1.0%
Total	**248,831**	**275,589**	**295,151**	**296,728**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**10.8%**	**7.7%**	**0.5%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

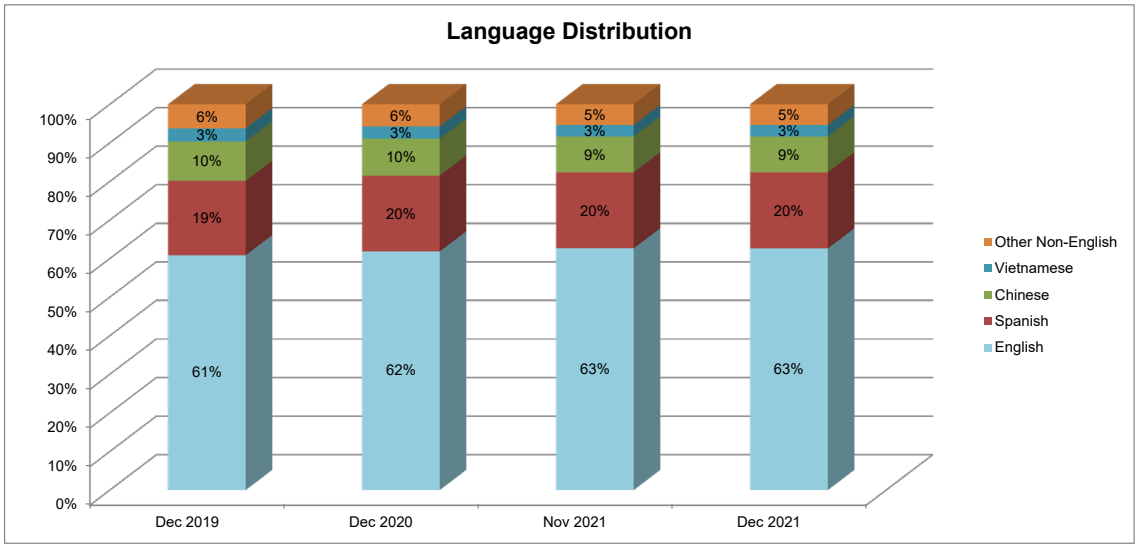
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019 to Dec 2020	Dec 2020 to Dec 2021	Nov 2021 to Dec 2021
Under 19	91,641	97,399	100,206	100,408	37%	35%	34%	34%	6%	3%	0%
19 - 44	78,271	93,280	104,239	105,212	31%	34%	35%	35%	19%	13%	1%
45 - 64	54,210	57,679	60,571	60,685	22%	21%	21%	20%	6%	5%	0%
65+	24,709	27,231	30,135	30,423	10%	10%	10%	10%	10%	12%	1%
Total	**248,831**	**275,589**	**295,151**	**296,728**	**100%**	**100%**	**100%**	**100%**	**11%**	**8%**	**1%**



Language Trend

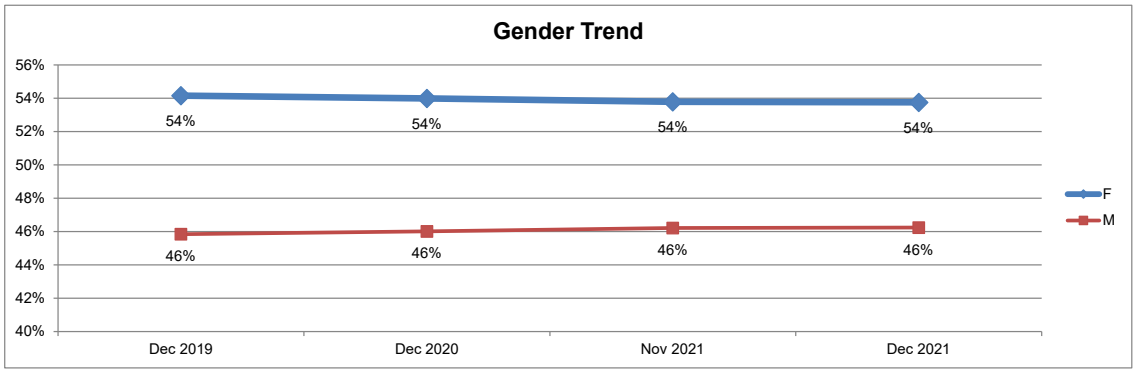
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019 to Dec 2020	Dec 2020 to Dec 2021	Nov 2021 to Dec 2021
English	151,420	170,388	184,858	185,754	61%	62%	63%	63%	13%	9%	0%
Spanish	47,994	54,148	58,130	58,510	19%	20%	20%	20%	13%	8%	1%
Chinese	25,431	26,521	27,553	27,703	10%	10%	9%	9%	4%	4%	1%
Vietnamese	8,446	8,688	8,737	8,807	3%	3%	3%	3%	3%	1%	1%
Other Non-English	15,540	15,844	15,873	15,954	6%	6%	5%	5%	2%	1%	1%
Total	**248,831**	**275,589**	**295,151**	**296,728**	**100%**	**100%**	**100%**	**100%**	**11%**	**8%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

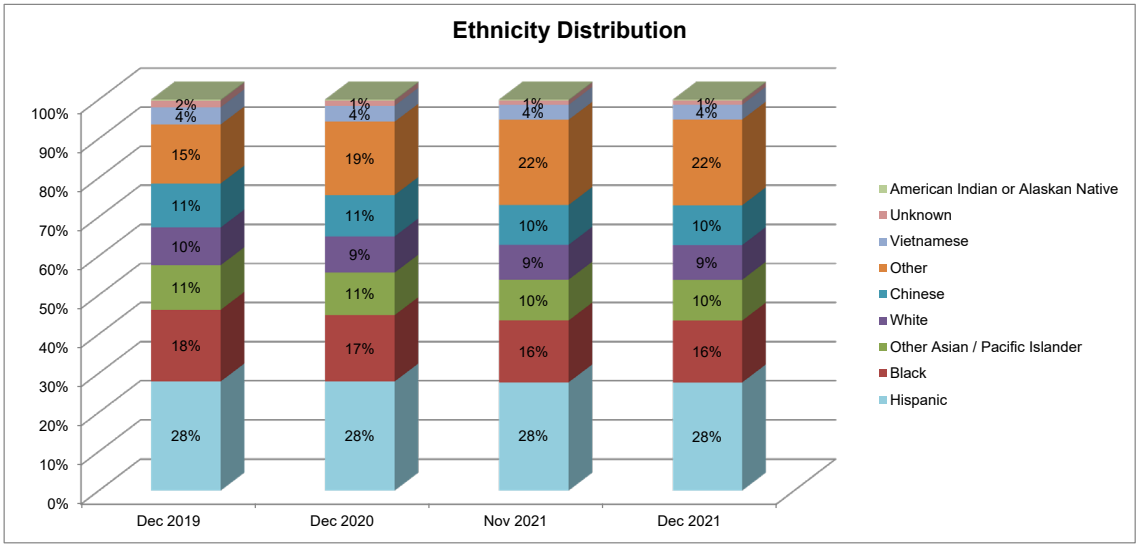
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019 to Dec 2020	Dec 2020 to Dec 2021	Nov 2021 to Dec 2021
F	134,760	148,777	158,755	159,514	54%	54%	54%	54%	10%	7%	0%
M	114,071	126,812	136,396	137,214	46%	46%	46%	46%	11%	8%	1%
Total	**248,831**	**275,589**	**295,151**	**296,728**	**100%**	**100%**	**100%**	**100%**	**11%**	**8%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019	Dec 2020	Nov 2021	Dec 2021	Dec 2019 to Dec 2020	Dec 2020 to Dec 2021	Nov 2021 to Dec 2021
Hispanic	69,362	76,808	81,601	81,963	28%	28%	28%	28%	11%	7%	0%
Black	45,608	46,795	46,720	46,951	18%	17%	16%	16%	3%	0%	0%
Other Asian / Pacific Islander	28,396	29,939	30,820	30,972	11%	11%	10%	10%	5%	3%	0%
White	24,035	25,571	26,352	26,402	10%	9%	9%	9%	6%	3%	0%
Chinese	28,014	29,176	30,070	30,169	11%	11%	10%	10%	4%	3%	0%
Other	37,544	51,707	64,332	65,026	15%	19%	22%	22%	38%	26%	1%
Vietnamese	10,972	11,172	11,226	11,257	4%	4%	4%	4%	2%	1%	0%
Unknown	4,280	3,807	3,399	3,360	2%	1%	1%	1%	-11%	-12%	-1%
American Indian or Alaskan Native	620	614	631	628	0%	0%	0%	0%	-1%	2%	0%
Total	**248,831**	**275,589**	**295,151**	**296,728**	**100%**	**100%**	**100%**	**100%**	**11%**	**8%**	**1%**



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

Medi-Cal By City

City	Dec 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	115,275	40%	12,523	27,591	13,894	48,711	12,556
Hayward	45,425	16%	7,817	9,817	5,238	14,422	8,131
Fremont	26,184	9%	9,661	4,012	866	7,185	4,460
San Leandro	26,236	9%	4,277	4,080	3,394	9,733	4,752
Union City	12,329	4%	4,335	1,892	406	3,329	2,367
Alameda	11,143	4%	2,057	1,753	1,611	3,902	1,820
Berkeley	10,485	4%	1,493	1,654	1,286	4,406	1,646
Livermore	8,901	3%	983	790	1,909	3,578	1,641
Newark	6,699	2%	1,808	2,115	202	1,294	1,280
Castro Valley	7,221	2%	1,321	1,160	1,072	2,169	1,499
San Lorenzo	6,208	2%	891	1,079	731	2,180	1,327
Pleasanton	4,774	2%	894	449	518	2,060	853
Dublin	5,153	2%	944	450	676	2,106	977
Emeryville	1,958	1%	323	372	300	618	345
Albany	1,772	1%	266	219	353	561	373
Piedmont	341	0%	49	85	27	89	91
Sunol	59	0%	9	11	7	20	12
Antioch	34	0%	7	7	3	9	8
Other	708	0%	160	160	80	228	80
Total	**290,905**	**100%**	**49,818**	**57,696**	**32,573**	**106,600**	**44,218**

Group Care By City

City	Dec 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,943	33%	471	372	-	1,100	-
Hayward	656	11%	358	138	-	160	-
Fremont	621	11%	465	51	-	105	-
San Leandro	563	10%	221	90	-	252	-
Union City	316	5%	230	30	-	56	-
Alameda	290	5%	114	22	-	154	-
Berkeley	166	3%	52	8	-	106	-
Livermore	83	1%	28	1	-	54	-
Newark	142	2%	85	38	-	19	-
Castro Valley	181	3%	91	20	-	70	-
San Lorenzo	124	2%	56	18	-	50	-
Pleasanton	55	1%	29	1	-	25	-
Dublin	105	2%	38	10	-	57	-
Emeryville	31	1%	11	4	-	16	-
Albany	16	0%	7	2	-	7	-
Piedmont	13	0%	4	-	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	26	0%	5	8	-	13	-
Other	492	8%	205	81	-	206	-
Total	**5,823**	**100%**	**2,470**	**894**	**-**	**2,459**	**-**

Total By City

City	Dec 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	117,218	40%	12,994	27,963	13,894	49,811	12,556
Hayward	46,081	16%	8,175	9,955	5,238	14,582	8,131
Fremont	26,805	9%	10,126	4,063	866	7,290	4,460
San Leandro	26,799	9%	4,498	4,170	3,394	9,985	4,752
Union City	12,645	4%	4,565	1,922	406	3,385	2,367
Alameda	11,433	4%	2,171	1,775	1,611	4,056	1,820
Berkeley	10,651	4%	1,545	1,662	1,286	4,512	1,646
Livermore	8,984	3%	1,011	791	1,909	3,632	1,641
Newark	6,841	2%	1,893	2,153	202	1,313	1,280
Castro Valley	7,402	2%	1,412	1,180	1,072	2,239	1,499
San Lorenzo	6,332	2%	947	1,097	731	2,230	1,327
Pleasanton	4,829	2%	923	450	518	2,085	853
Dublin	5,258	2%	982	460	676	2,163	977
Emeryville	1,989	1%	334	376	300	634	345
Albany	1,788	1%	273	221	353	568	373
Piedmont	354	0%	53	85	27	98	91
Sunol	59	0%	9	11	7	20	12
Antioch	60	0%	12	15	3	22	8
Other	1,200	0%	365	241	80	434	80
Total	**296,728**	**100%**	**52,288**	**58,590**	**32,573**	**109,059**	**44,218**

ALAMEDA Alliance FOR HEALTH

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

CalAIM Progress Report

Regulatory Programs Implementation

(CalAIM Enhanced Care Management, Community Supports and Major Organ Transplants, Incentive Programs plus Rx Transition)

Status Report

ALAMEDA Alliance FOR HEALTH

Presented to the Alameda Alliance Board of Governors

Ruth Watson, Chief of Projects & Programs Officer

Steve O'Brien, Chief Medical Officer

February 11th, 2022

Status Report

- **CalAIM Operational Readiness was divided into two phases, and included all of our community-based organizations & other contracted entities for Enhanced Care Management (ECM), Community Supports (CS) and Major Organ Transplants (MOT)**
- **Phase One – "Day One"**
  - **ECM & CS** Successfully transitioned Whole Person Care (WPC) and Health Home Pilot Program (HHP) Participants into ECM & CS - **total eligible members 3,330**
  - **Major Organ Transplant (MOT)** readiness completed
    - 30 AAH members currently in transplant pipeline with Stanford and UCSF
    - Center of Excellence (COE) Network certified with DHCS
      - Stanford – contract fully executed
      - UCSF – Letter of Intent fully executed
        - Final rates pending DHCS negotiation with UC System
- **Medi-Cal Rx Transition**
  - Transition of Medi-Cal Rx benefit to Magellan completed on 1/1/2022
  - Large majority of prescriptions going through without difficulty for most members, however, thousands of Medi-Cal members across California have had challenges getting meds and pharmacies and providers have experienced very long wait times accessing Magellan

Status Report Cont'd

- **Medi-Cal Rx Transition – First 30 Days**
  - Multiple challenges have been identified and rapidly addressed, when able:
    - Eligibility issues (resolved)
    - Prior auth issues (partially resolved)
    - Data issues (DHCS is addressing)
  - The state has responded by:
    - Temporarily eliminating many denial types except in the area of safety
    - Working with Magellan to expand call center and pharmacist staffing
    - Rapid re-education of providers and pharmacists
    - Loosening multiple rules like increasing emergency supply from 3 days to 14 days
    - Working with MCPs to assure all pre-launch data has been submitted
      - AAH has effectively submitted all required data by required deadlines
  - Ongoing risks include:
    - Continued long wait times to call Magellan
    - Small group of heavily impacted members at some plans
    - Next phases of Medi-Cal Rx implementation will bring additional potential issues including pharmacy payment, re-institution of temporarily lifted denial reasons & ending of grandfathered prior authorizations at 180 days

Status Report (cont'd)

- **Phase Two – 30/60/90 Days and Beyond**
- **First 30 Days – Key Accomplishments:**
  - Submitted Post-Transition Monitoring daily reports to DHCS with no issues reported (1/1-1/31)
  - Completed "30 days" operational readiness deliverables –
    - Communications - Member Transition letters & Provider Communication Packets regarding transition completed and sent
    - Submitted draft Provider Directory with ECM Providers to DHCS
    - Updated AAH systems for encounter processing, claims processing, Authorizations & Case entry
    - Completed initial drafts of required P&P updates for Authorization Process and Continuity of Care Requirements (COC) for ECM & CS
    - Approved the provider capacity requirements for the DHCS ECM & CS Quarterly Implementation Monitoring Report
    - Completed the provider template changes for ECM and CS Providers to report capacity
    - Submitted Incentive Payment Program Needs Assessment and Gap-Filling Plan to DHCS

Status Report – Next Steps (cont'd)

- **Phase Two – 60/90 Days and Beyond**
- **Incentive Programs:**
  - **CalAIM Incentive Payment Program (IPP) –Potential Allocation of Funds $11.5M**
    - Estimated payments: #1 March 2022, $6M – #2 by Q4 2022 $5.5M
  - Three-year DHCS program to provide funding for the support of ECM and CS in the following areas: Delivery System Infrastructure, ECM Provider Capacity Building, and Community Supports Provider Capacity Building and Community Supports Take-Up
    - Submitted the required Needs Assessment and Gap Filling Plan to DHCS on January 12th
  - **Student Behavioral Health Incentive Program (SBHIP) Potential Allocation of Funds TBD:**
    - Finalized contract for consulting services to assist with implementation of the program:
      - Letter of Intent to Participate in the program submitted to DHCS on January 27th
      - Collaboration with County Office of Education and Alameda County Center for Healthy Schools and Communities
      - Partner form due to DHCS March 15th, 2022
      - Needs Assessment due 12/31/2022
        - Includes Identification of Targeted Interventions (TI) and Project Plan – 4 required
  - **Housing and Homelessness Incentive Program (HHIP) – Potential Allocation of Funds TBD:**
    - Letter of Intent due to DHCS March 2022
    - Local Homelessness Plan (LHP) in collaboration with Anthem and local continuum of care Alameda County Health Care Services Agency (HCSA) due June 30th, 2022

Status Report – Next Steps

- **Phase Two – 60/90 Days and Beyond**
  - **Key Deliverables:**
    - Implement ECM and CS Provider expansion criteria and processes to ensure member access and availability as the program grows including: capacity thresholds, criteria for provider selection, new provider onboarding (contracting, credentialing, training, etc.)
    - Develop Incentive Program Matrix detailing program description, key deliverables, allocated funds and timelines
    - Design and deploy ECM/CS Dashboard
    - AAH Internal Staffing – recruitment continues
    - ECM/CS Incentive Payment Program implementation
    - Initiate planning for CalAIM 2022/2023 requirements – additional Populations of Focus (PoFs), Long Term Care Carve-in, Population Health Management, Coordinated Re-Entry for Justice-Involved members, additional CS offerings
    - Operational Readiness and contract discussions with ACBH as an ECM Provider and with ALL IN as a CS Provider effective 7/1/2022
    - Establish CalAIM Governance Committee

***Mild to Moderate Mental Health Insourcing requirements and planning resumes Feb 2022*

ALAMEDA Alliance FOR HEALTH

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

COVID-19 Vaccination Progress Report

COVID-19 Vaccinations & Incentives

Progress Report

Presented to the Alameda Alliance Board of Governors

Matthew Woodruff, Chief Operations Officer

February 11th, 2022

Vaccination Progress Report

- The Alliance as of February 7th, 2022:
  - 72.2% of Medi-Cal members 12 years and older are vaccinated (fully/partially) based on internal claims and encounter data (please note: CAIR2 data has not been updated since January 3rd, 2022)
    - → Medi-Cal: 171,471 of 237,639 people (denominator increased by 1,347 members)
  - 82.4% of older adults (65 and older) are vaccinated
  - 78.3% of members 50 – 64 are vaccinated
  - 68.2% of members 26 – 49 are vaccinated
  - 69.2% of members 12 – 25 are vaccinated
  - 67.9% American Indian Alaskan Native
  - 54.7% Black/African American Members
- Averaging approximately 1,000+ vaccines a week

Vaccination Progress Report

ALAMEDA Alliance FOR HEALTH

Measure (and weight)	Baseline Rate (Aug. 29, 2021)	Achievement Rate (Oct. 31, 2021)	Achievement Rate (Jan. 2, 2022)	Reported by
Measure 1: Percent of homebound Medi-Cal beneficiaries who received at least one dose of a COVID-19 vaccine (5% weight).	68.9%	70.6%	75.8%	Alliance
Measure 2: Percent of Medi-Cal beneficiaries ages 50-64 years of age with one or more chronic diseases who received at least one dose of a COVID-19 vaccine (5% weight).	79%	82.4%	84.6%	Alliance
Percent of Medi-Cal beneficiaries ages 12 years and older who received at least one dose of a COVID-19 vaccine (35% weight).	62.5%	70.5%	72.2%	DHCS
Percent of Medi-Cal beneficiaries ages 12-25 years who received at least one dose of a COVID-19 vaccine (10% weight).	57.1%	66.8%	69.2%	DHCS
Percent of Medi-Cal beneficiaries ages 26-49 years who received at least one dose of a COVID-19 vaccine (5% weight).	58.4%	65.7%	68.2%	DHCS
Percent of Medi-Cal beneficiaries ages 50-64 years who received at least one dose of a COVID-19 vaccine (5% weight).	70.2%	76.9%	78.3%	DHCS
Percent of Medi-Cal beneficiaries ages 65+ years who received at least one dose of a COVID-19 vaccine (5% weight).	75.9%	81.8%	82.4%	DHCS
Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine (15% weight).	42.4% (Black/African American)	52.3%	54.7%	DHCS
Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the second-lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine (15% weight).	59.3% (American Indian/Alaskan Native)	64.4%	67.9%	DHCS

Vaccination Progress Report

- Remaining Reporting Dates
  - Intermediate outcome measures reporting dates are January 2nd, 2022 (due February 16th), and March 6th, 2022 (due April 30th)

Measure 1: Percent of homebound Medi-Cal beneficiaries who received at least one dose of a COVID-19 vaccine (5% weight).

Baseline Rate (Aug. 29, 2021)	Achievement Rate (Oct. 31, 2021)	Target Rate (Oct. 31, 2021)	Oct. Target Rate Missed by	Achievement Rate (Jan. 2, 2022)	Target Rate (Jan. 2, 2022)	Jan. Target Rate Missed by	Target Rate (Mar. 6, 2022)
68.9%	70.6%	75.8%	5.2%	75.8%	82.7%	6.9%	89.6%

Measure 2: Percent of Medi-Cal beneficiaries ages 50-64 years of age with one or more chronic diseases who received at least one dose of a COVID-19 vaccine (5% weight).

Baseline Rate (Aug. 29, 2021)	Achievement Rate (Oct. 31, 2021)	Target Rate (Oct. 31, 2021)	Oct. Target Rate Missed by	Achievement Rate (Jan. 2, 2022)	Target Rate (Jan. 2, 2022)	Jan. Target Rate Missed by	Target Rate (Mar. 6, 2022)
79%	82.4%	86.9%	4.5%	84.6%	94.9%	10.3%	100.2%

Vaccination Progress Report

Board of Governor Questions and Answers From 1/14/2022

Results from outbound live calls.

- The Alliance continues to work with our vendor to complete live outbound calls. To date over 10,000 calls have been made.

Number of members being vaccinated vs the number of members calling to claim their incentive.

- As of January 14th, close to 166,000 of eligible Alliance members have been fully or partially vaccinated. Only 95 or less than .05% of eligible members have called to claim their gift card.

How are homebound vaccines being administered; how many have been completed and how can physicians refer members who are homebound?

- Homebound outreach and vaccination team – The list of Alliance homebound members has been sent over to the county homebound team and they started calling and setting up in home appointments in January
- Physicians can refer homebound patients to submit requests through the county portal at **bit.ly/AlCoSignUp** or make an appointment directly on the county vaccination line at 1.510.208.4VAX (4829) or tell their patients to call Alliance Member Services at 1.510.747.4567 for assistance.
- The county homebound team will reach out to new homebound members based on updated lists from the Alliance.

Provider incentive program

- The provider incentive is currently tracking at approximately $50,000 by the end of the program

Total Paid Under Vaccine Program

- $1,421,989 paid to date based on billing cycle

Vaccination Progress Report

Ongoing Projects

- Live after-hours outbound calls to unvaccinated members 12+ started on December 14th, 2021, and occur weekdays 4 pm to 7 pm, and Saturdays 10 am to 1 pm
  - More than 8,552 out of 14,140 calls completed (reached intended members)
    - → 60.5% successful answer rate
    - → Top 5 completed call disposition summary (January 31st through February 5th)

Hung-up on Agent	Not Interested	Already Vaccinated	Wrong Number	Will Self-Schedule
11%	7%	4%	2%	2%

    - → 1% scheduled an appointment with agent assistance
  - Texting campaign as a follow-up to live calls began on January 7th, 2022
- Member Connect Newsletter will be mailed in February 2022, to over 150K+ member households and include vaccine incentive information.
- Billboard, Bart, bus, and ethnic radio ads continue to provide weekly impressions, since December 20th, 2021.
- Haller's Pharmacy will provide pop-up clinics started in January 2022.
- As of February 7th, 2022, approximately 171,471 members have received at least one dose of the vaccine. Between September 27th and February 4th, 104 members have claimed their gift cards.

Vaccination Progress Report

Ongoing Projects

- The Alliance, Alameda County Public Health Department Partnership (Scheduled to end about April 2022)
  - As of February 3rd, 2022, 1,543 Santa Rita Jail residents have been at least partially vaccinated
  - Hyperlocal neighborhood outreach, including County door to door outreach mid-January through February 28th, 2022
    - → As of January 2022, the DOOR (Direct Outreach to Our Residents) team has conducted 353 hours of outreach, distributed 8,120 flyers, and made 1,156 encounters with 287 agreeing to get vaccinated.
  - School-based clinic outreach with the Alameda County Office of Education.
    - → Alliance will continue to share clinics through, social media, live calls, print postcards and flyers through February 28th, 2022.
  - Homebased Vaccines
    - → Alliance homebound member information is shared with the County homebound team to conduct live outreach calls.
    - → As of Friday, February 4th, 538 Alliance members were unvaccinated
    - → The county is currently booked through March 5th to complete homebased vaccinations and is working to expand network capacity to complete homebound vaccinations.
    - → The live calls and homebound vaccines started in January 2022
- Dr. Lenoir and the African American Wellness Project (AAWP) launched radio, social media and T.V. public service announcement campaign mid-December 2021 through February 2022.
  - Dr. Lenoir and the AAWP will conduct a physician forum on February 10th to encourage provider engagement with patients

Vaccination Progress Report

Summary

- Program ends February 28th, 2022
- State will extract data as of March 6th, 2022
- Alliance turns in final report on April 20th, 2022
- Alliance will report to the Board in March and May on the vaccine program
- Currently the Alliance is ranked 4th in the State on vaccine efficacy

Vaccination Progress Report

Completed projects

- Automated outbound calls continued to unvaccinated members 12+ households on January 7th
  - 5 – 11 years old member calls completed at the beginning of February
- Third Postcard Mailing:
  - January 14th, 2022, to more than 38,000 parents and guardians of unvaccinated members 5 to 11 years old
  - February 4th, 2022, to more than 163,000 vaccinated 12+ Friends and Family members
- Alliance delivered 500 Back to School Safe backpack kits with vaccine resources, reusable face masks, hand sanitizer, and school supplies to Alameda County Center for Healthy Schools and Communities on January 26th, 2022.
- Provider Pulse Newsletter was published in December 2021 and included vaccine incentive information.
- Alameda County Care Alliance (ACCA) provided with vaccine informational flyers to conduct a “We Care About Your Health” campaign to the congregations and family members of its 42 churches in January and February
- UCSF partnership launched school forums and text messaging campaigns to reach 5,000+ pediatric patients and families through school forums and text messaging campaigns.
- The Alameda County Community Food Back extended a call Friday to its more than 400 members to solicit interest in collaboration with the Alliance vaccine incentive program.
- Alliance distributed more than 1,500 posters and flyers with the County QR code for vaccination sites to provider offices, FQHCs, Community Clinics during first week of January.

Vaccination Progress Report

Completed projects

- The Alliance, Haller's Pharmacy, Alameda County Public Health Department and Alameda Fire Department vaccinated 318 people at a pop-up vaccine clinic at Mastick Senior Center on Saturday, January 29th.
- ACPHD launched hyperlocal media campaign in December. Achieved more than 10 million impressions via digital and social media, streaming audio and TV, cable, billboard and ethnic media.
- UCSF partnership launched school forums and text messaging campaigns to reach 5,000+ pediatric patients and families with children 5 to 11 years old through school forums and text messaging campaigns.
- The Alameda County Community Food Back called more than 400 members to solicit interest in collaboration with the Alliance vaccine incentive program.
- Alliance distributed more than 1,500 posters and flyers with the County QR code for vaccination sites to provider offices, FQHCs, Community Clinics during first week of January.
- The Alliance, Haller's Pharmacy, Alameda County Public Health Department and Alameda Fire Department vaccinated 318 people at a pop-up vaccine clinic at Mastick Senior Center on Saturday, January 29th.
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ALAMEDA Alliance FOR HEALTH

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Board of Governors Effectiveness Assessment

Pacific Health Consulting Group

ALAMEDA ALLIANCE FOR HEALTH

DISCUSSION ON BOARD EFFECTIVENESS

Prepared by Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

GOVERNING WITH INTENT

- **AAH Board Effectiveness Review**
  - Board's Impact on Organizational Performance
  - How Board Operates As a Group
  - Board Structure and Membership
  - Board's Impact on CEO Partnership and Support

NEXT STEPS

- Receive BoardSource Board Effectiveness Survey
- Analyze Survey Results
- Follow-Up Interviews with Board Members based on Survey Results
- Present summary of findings of survey and interviews to AAH Board
- Identify areas for change and improvement of performance

Operations

Matt Woodruff

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

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

Date: **February 11th, 2022**

Subject: **Operations Report**

Member Services

- 12-Month Trend Summary:
    - The Member Services Department received a thirty-one percent (31%) increase in calls in January 2022, totaling 18,246 compared to 12,555 in January 2021. Call volume pre-pandemic in January 2019 was 16,393, which is ten percent (10%) lower than the current call volume.
    - January utilization for the member, automated eligibility IVR system, totaled two hundred ninety-two (292).
    - The abandonment rate for January 2022 was thirty-nine percent (39%), compared to six percent (6%) in January 2021.
    - The Department's service level was twenty-five percent (25%) in January 2022, compared to sixty-two percent (62%) in January 2021. The Department continues to recruit to fill open positions. Service levels continue to be directly impacted due to the increased volume of calls and staffing challenges. Customer service vendor support will go live in February 2022 to help meet the changing needs of our members.
    - The average talk time (ATT) was six minutes and twenty-nine seconds (06:29) for January 2022 compared to six minutes and twenty-two seconds (06:22) for January 2021.
    - The top five call reasons for January 2022 were: 1). Eligibility/Enrollment, 2). Kaiser 3). Change of PCP, 4). Benefits, 5). Pharmacy. The top five call reasons for January 2021 were: 1) Eligibility/Enrollment, 2) Kaiser, 3) Change of PCP 4) Benefits, 5) ID Card Requests.
    - The Department continues to service members via multiple non-contact communication channels (telephonic, email, web-based requests) while honoring the organization's policies. The Department responded to five-hundred sixty-two (562) web-based requests in January 2021 compared to five hundred sixty-five (565) in January 2021. The top three web reason requests for January 2021 were: 1) Change of PCP, 2) ID Card Requests, 3) Update Contact Information.

- Training:

    - Routine and new hire training are conducted via (remote) model by the MS Leadership Team until staff returns to the office.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 162,201 claims in January 2022 compared to 116,784 in January 2021.
    - The Auto Adjudication was 82.9% in January 2022 compared to 73.8% in January 2021.
    - Claims compliance for the 30-day turn-around time was 96.7% in January 2022 compared to 91.6% in January 2021. The 45-day turn-around time was 99.9% in January 2022 compared to 99.9% in January 2021

- Training:

    - Routine and new hire training is being conducted remotely by the Claims Trainer.

- Monthly Analysis:

    - In January, we received a total of 162,201 claims in the HEALTHsuite system. This represents a decrease of 7.55% from December and is higher, by 45,417 claims, then the number of claims received in January 2021; the higher volume of received claims remains attributed to COVID-19, COBA implementation and increased membership.
    - We received 87% of claims via EDI and 13% of claims via paper.
    - During January, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 82.9% for January.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services department's call volume in January 2022 was 4,810 calls compared to 5,343 calls in January 2021.
    - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates.

- The Provider Services department completed 253 calls/visits during January 2022.
- The Provider Services department answered over 4,184 calls for January 2022 and made over 624 outbound calls.

Credentialing

- 12-Month Trend Summary:

  - At the Peer Review and Credentialing (PRCC) meeting held on January 18th, 2022, there were fifteen (15) initial providers approved; two (2) primary care providers, four (4) specialists, two (2) ancillary providers, and seven (7) midlevel providers. Additionally, twenty-nine (29) providers were re-credentialed at this meeting; nine (9) primary care providers, fourteen (14) specialists, one (1) ancillary provider, and five (5) 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 January 2022, the Provider Dispute Resolution (PDR) team received 563 PDRs versus 738 in January 2021.
  - The PDR team resolved 936 cases in January 2022 compared to 848 cases in January 2021.
  - In January 2022, the PDR team upheld 74% of cases versus 76% in January 2021.
  - The PDR team resolved 99.6% of cases within the compliance standard of 95% within 45 working days in January 2022 compared to 99.8% in January 2021.

- Monthly Analysis:

  - AAH received 563 PDRs in January 2022.
  - In January, 936 PDRs were resolved. Out of the 936 PDRs, 695 were upheld, and 241 were overturned.
  - The overturn rate for PDRs was 26% which did not meet our goal of 25% or less.

- 932 out of 936 cases were resolved within 45 working days resulting in a 99.6% compliance rate.
- The average turnaround time for resolving PDRs in January was 37 days.
- There were 976 PDRs pending resolutions as of 1/31/2022, with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:

  - In January 2022, the Alliance completed 242-member orientation outreach calls and 103 member orientations by phone.
  - The C&O Department reached 103 people (100% identified as Alliance members) during outreach activities, compared to 141 individuals (100% self-identified as Alliance members) in January 2021.
  - The C&O Department spent a total of $0 in donations, fees, and/or sponsorships, compared to $0 in January 2021.
  - The C&O Department reached members in 13 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 15 cities in January 2021.

- Monthly Analysis:

  - In January 2022, the C&O Department completed 242-member orientation outreach calls and 103 member orientations by phone, and 92 Alliance website inquiries.
  - Among the 103 people reached, 100% identified as Alliance members.
  - In January 2022, the C&O Department reached members in 13 locations throughout Alameda County, Bay Area, and the U.S.
  - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	January 2022
Incoming Calls (R/V)	18,246
Abandoned Rate (R/V)	39%
Answered Calls (R/V)	11,191
Average Speed to Answer (ASA)	11:52
Calls Answered in 60 Seconds (R/V)	25%
Average Talk Time (ATT)	06:29
Outbound Calls	4,206

Top 5 Call Reasons (Medi-Cal and Group Care) January 2022
Eligibility/Enrollment
Kaiser
Change PCP
Benefits
Pharmacy

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

Claims Department
December 2021 Final and January 2022 Final

METRICS		
Claims Compliance	**Dec-21**	**Jan-22**
90% of clean claims processed within 30 calendar days	97.0%	96.7%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Dec-21**	**Jan-22**
Paper claims	22,608	19,654
EDI claims	152,833	142,547
Claim Volume Total	**175,441**	**162,201**
Percentage of Claims Volume by Submission Method	**Dec-21**	**Jan-22**
% Paper	12.89%	12.12%
% EDI	87.11%	87.88%
Claims Processed	**Dec-21**	**Jan-22**
HEALTHsuite Paid (original claims)	130,934	97,441
HEALTHsuite Denied (original claims)	54,883	44,188
HEALTHsuite Original Claims Sub-Total	**185,817**	**141,629**
HEALTHsuite Adjustments	8,367	24,130
HEALTHsuite Total	**194,184**	**165,759**
Claims Expense	**Dec-21**	**Jan-22**
Medical Claims Paid	$58,149,744	$49,750,868
Interest Paid	$48,455	$41,044
Auto Adjudication	**Dec-21**	**Jan-22**
Claims Auto Adjudicated	155,739	117,375
% Auto Adjudicated	83.8%	82.9%
Average Days from Receipt to Payment	**Dec-21**	**Jan-22**
HEALTHsuite	19	19
Pended Claim Age	**Dec-21**	**Jan-22**
0-29 calendar days		
HEALTHsuite	14,651	14,242
30-59 calendar days		
HEALTHsuite	426	131
Over 60 calendar days		
HEALTHsuite	9	0
Overall Denial Rate	**Dec-21**	**Jan-22**
Claims denied in HEALTHsuite	54,883	44,188
% Denied	28.3%	26.7%

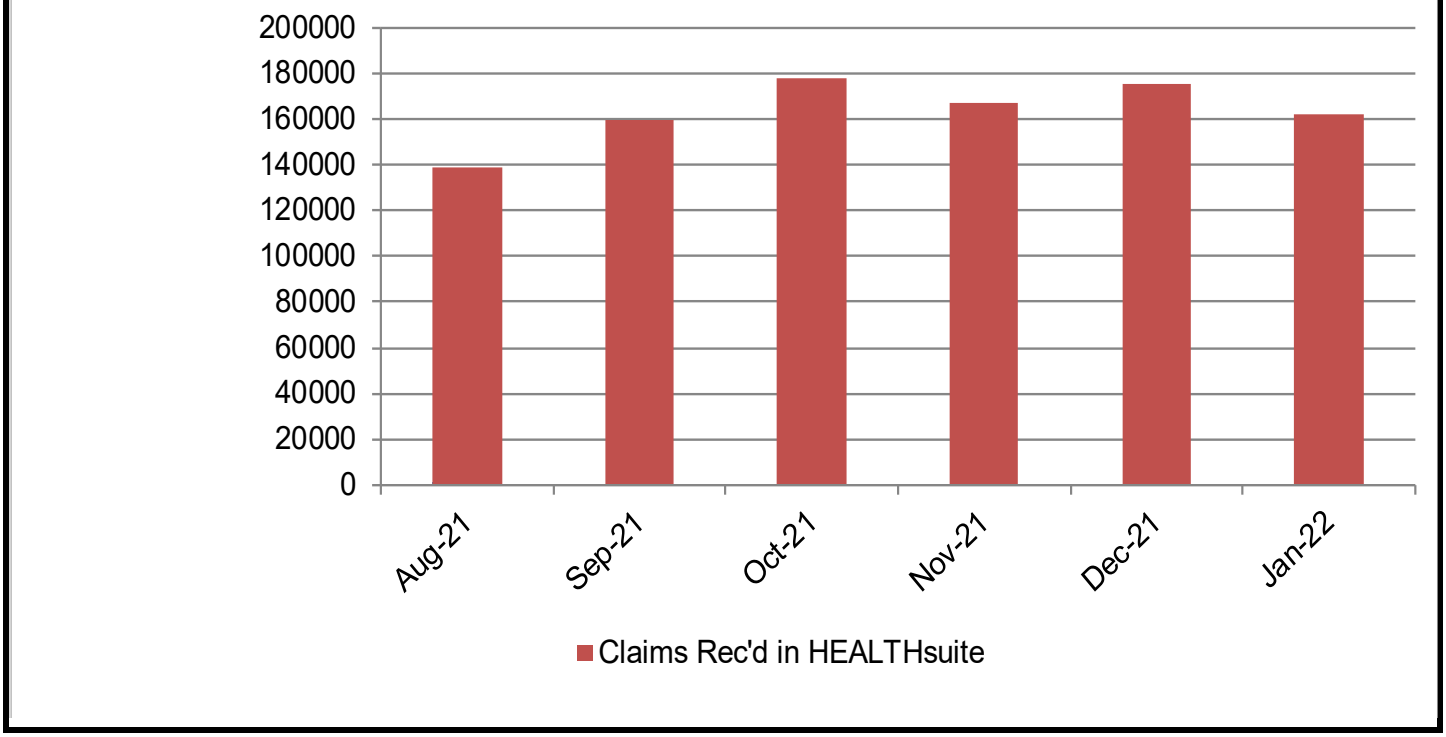
Claims Department
December 2021 Final and January 2022 Final

Jan-22

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	27%
No Benefits Found For Dates of Service	14%
Non-Covered Benefit for this Plan	11%
Duplicate Claim	10%
This is a Capitated Service	5%
% Total of all denials	**67%**

Claims Received By Month

Claims Received Through	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Claims Rec'd in HEALTHsuite	139,079	159,558	177,483	167,057	175,441	162,201



Provider Relations Dashboard January 2022

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	4810											
Abandoned Calls	626											
Answered Calls (PR)	4184											
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	332											
Abandoned Calls (R/V)												
Answered Calls (R/V)	332											
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	624											
N/A												
Outbound Calls	624											
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	5766											
Abandoned Calls	626											
Total Answered Incoming, R/V, Outbound Calls	5140											

Provider Relations Dashboard January 2022

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	3.4%											
Benefits	4.1%											
Claims Inquiry	40.2%											
Change of PCP	2.4%											
Complaint/Grievance (includes PDR's)	4.9%											
Contracts	0.5%											
Correspondence Question/Followup	0.0%											
Demographic Change	0.1%											
Eligibility - Call from Provider	25.3%											
Exempt Grievance/ G&A	0.0%											
General Inquiry/Non member	0.0%											
Health Education	0.0%											
Intrepreter Services Request	0.8%											
Kaiser	0.0%											
Member bill	0.0%											
Mystery Shopper Call	0.0%											
Provider Portal Assistance	4.5%											
Pharmacy	1.2%											
Provider Network Info	0.1%											
Transferred Call	0.0%											
All Other Calls	12.3%											
TOTAL	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	9											
Contracting/Credentialing	8											
Drop-ins	0											
JOM's	1											
New Provider Orientation	22											
Quarterly Visits	211											
UM Issues	2											
Total Field Visits	253	0	0	0	0	0	0	0	0	0	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		AHP 399	PCP 357	SPEC 619	PCP/SPEC 14
AAH/AHS/CHCN Breakdown		AAH 384	AHS 157	CHCN 431	COMBINATION OF GROUPS 417
Facilities	**294**				

VENDOR SUMMARY
Credentialing Verification Organization, Symply CVO

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	49	3	25	Y	Y
Recred Files in Process	50	9	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**99**				

CAQH Applications Processed in January 2022

	Invoice not received
Standard Providers and Allied Health	

January 2022 Peer Review and Credentialing Committee Approvals

Initial Credentialing	Number
PCP	2
SPEC	4
ANCILLARY	2
MIDLEVEL/AHP	7
	15
Recredentialing	
PCP	9
SPEC	14
ANCILLARY	1
MIDLEVEL/AHP	5
	29
TOTAL	**44**

January 2022 Facility Approvals

Initial Credentialing	2
Recredentialing	9
	11
Facility Files in Process	**19**

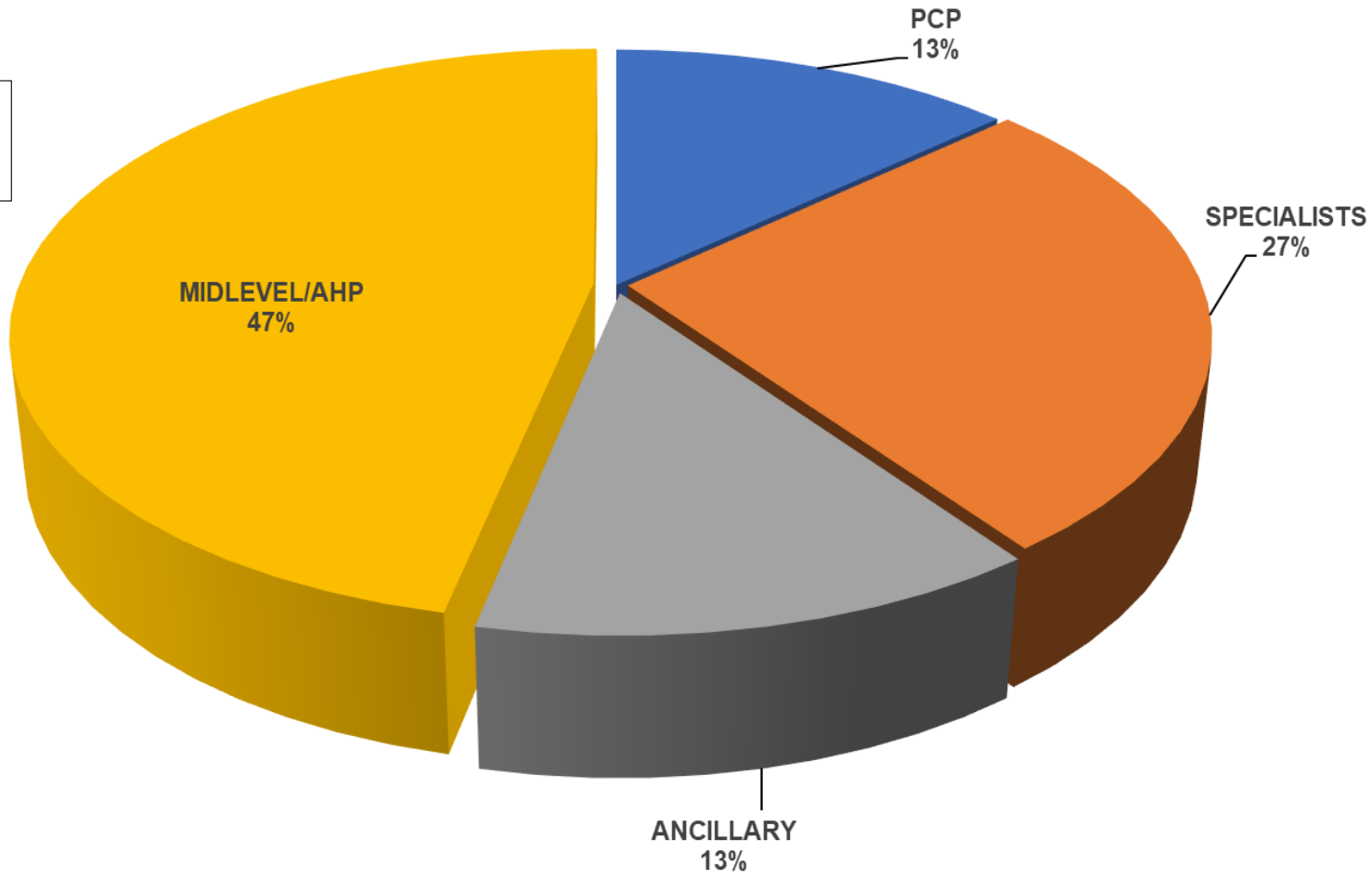
January 2022 Employee Metrics 3

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
Bradley	Alexis	Allied Health	INITIAL	1/18/2022
Caler	Aliya	Allied Health	INITIAL	1/18/2022
Chang	Yu-Ming	Specialist	INITIAL	1/18/2022
Chu	Henning	Allied Health	INITIAL	1/18/2022
Ciccone	Adam	Allied Health	INITIAL	1/18/2022
Close	Liesl	Specialist	INITIAL	1/18/2022
Flores	Lauren	Allied Health	INITIAL	1/18/2022
Fredrickson	Matilde	Primary Care Physician	INITIAL	1/18/2022
Joshi	Pooja	Ancillary	INITIAL	1/18/2022
Kassuba	Sonja	Specialist	INITIAL	1/18/2022
Kour	Hardeep	Primary Care Physician	INITIAL	1/18/2022
Moralde	Nicole	Allied Health	INITIAL	1/18/2022
Reyes	Maria	Specialist	INITIAL	1/18/2022
Sales	Menie	Ancillary	INITIAL	1/18/2022
Tinkelenberg	Judith	Allied Health	INITIAL	1/18/2022
Adegboro	Olatokunbo	Primary Care Physician	RECRED	1/18/2022
Bapat	Manasi	Specialist	RECRED	1/18/2022
Barden	Lawrence	Allied Health	RECRED	1/18/2022
Bhargava	Monica	Specialist	RECRED	1/18/2022
Blaauw	Erica	Allied Health	RECRED	1/18/2022
Brown	Ryan	Specialist	RECRED	1/18/2022
Bulman	Linda	Allied Health	RECRED	1/18/2022
Chen	Tammy	Primary Care Physician	RECRED	1/18/2022
Diaz	Alejandro	Primary Care Physician	RECRED	1/18/2022
Finch	Mark	Specialist	RECRED	1/18/2022
Gollapalle	Mythri	Primary Care Physician	RECRED	1/18/2022
Hays	Erin	Allied Health	RECRED	1/18/2022
Kumar	Pradeep	Primary Care Physician and Specialist	RECRED	1/18/2022
Litman	Vanessa	Primary Care Physician	RECRED	1/18/2022
Mack	Porshia	Primary Care Physician	RECRED	1/18/2022
Maher	Terry	Specialist	RECRED	1/18/2022
Marsh	Mike	Ancillary	RECRED	1/18/2022
Ramirez	Rhonda	Allied Health	RECRED	1/18/2022
Rembert	James	Specialist	RECRED	1/18/2022
Ricker	Denise	Specialist	RECRED	1/18/2022
Rofagha	Soraya	Specialist	RECRED	1/18/2022
Singh	Navdeep	Specialist	RECRED	1/18/2022
Stein	Andrew	Specialist	RECRED	1/18/2022
Stinghen	Donato	Specialist	RECRED	1/18/2022
Suri	Rajesh	Primary Care Physician	RECRED	1/18/2022
Taylor	Jennifer	Specialist	RECRED	1/18/2022
Williams	Andrea	Primary Care Physician	RECRED	1/18/2022
Wright	Dale	Specialist	RECRED	1/18/2022
Yan	Qingwei	Specialist	RECRED	1/18/2022

JANUARY PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY

PCP	2
Specialists	4
Ancillary	2
MIDLEVEL/AHP	7
Total	15



Provider Dispute Resolution
December 2021 and January 2022

METRICS

PDR Compliance	Dec-21	Jan-22
# of PDRs Resolved	978	936
# Resolved Within 45 Working Days	975	932
% of PDRs Resolved Within 45 Working Days	99.7%	99.6%

PDRs Received	Dec-21	Jan-22
# of PDRs Received	656	563
PDR Volume Total	**656**	**563**

PDRs Resolved	Dec-21	Jan-22
# of PDRs Upheld	713	695
% of PDRs Upheld	73%	74%
# of PDRs Overturned	265	241
% of PDRs Overturned	27%	26%
Total # of PDRs Resolved	**978**	**936**

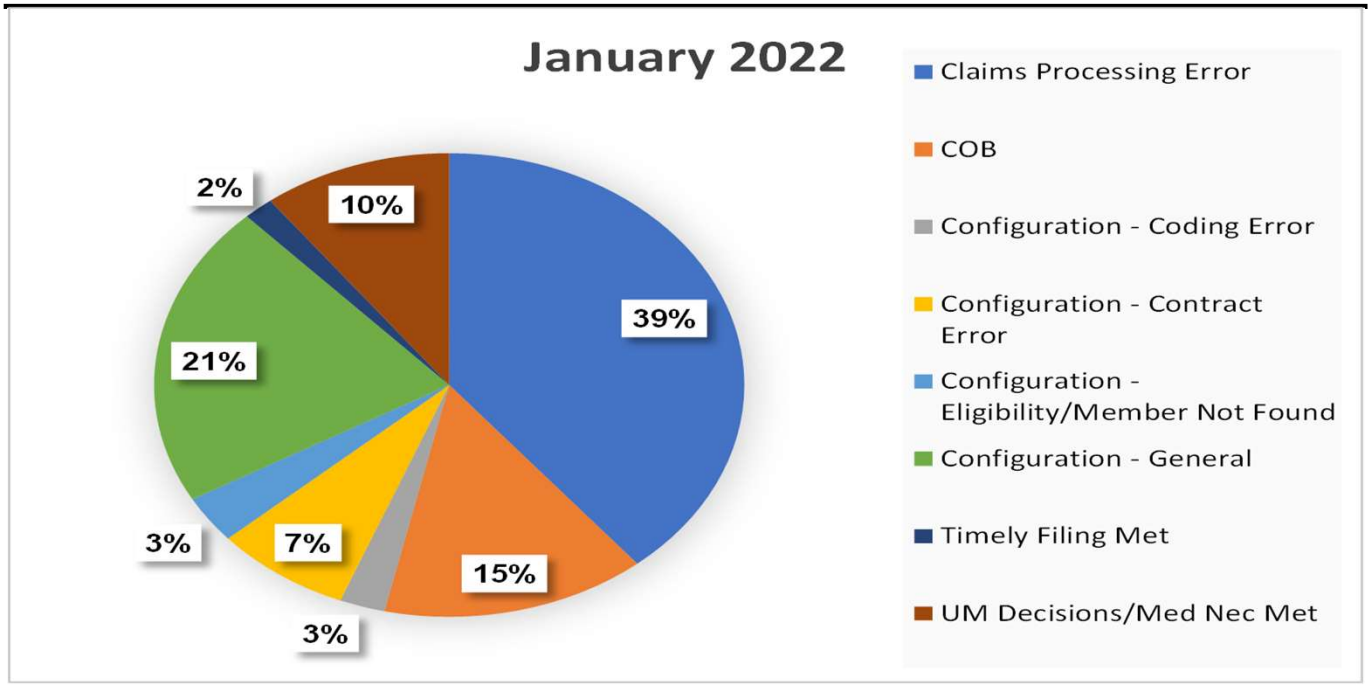
Average Turnaround Time	Dec-21	Jan-22
Average # of Days to Resolve PDRs	39	37
Oldest Unresolved PDR in Days	49	43

Unresolved PDR Age	Dec-21	Jan-22
0-45 Working Days	1,197	976
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**1,197**	**976**

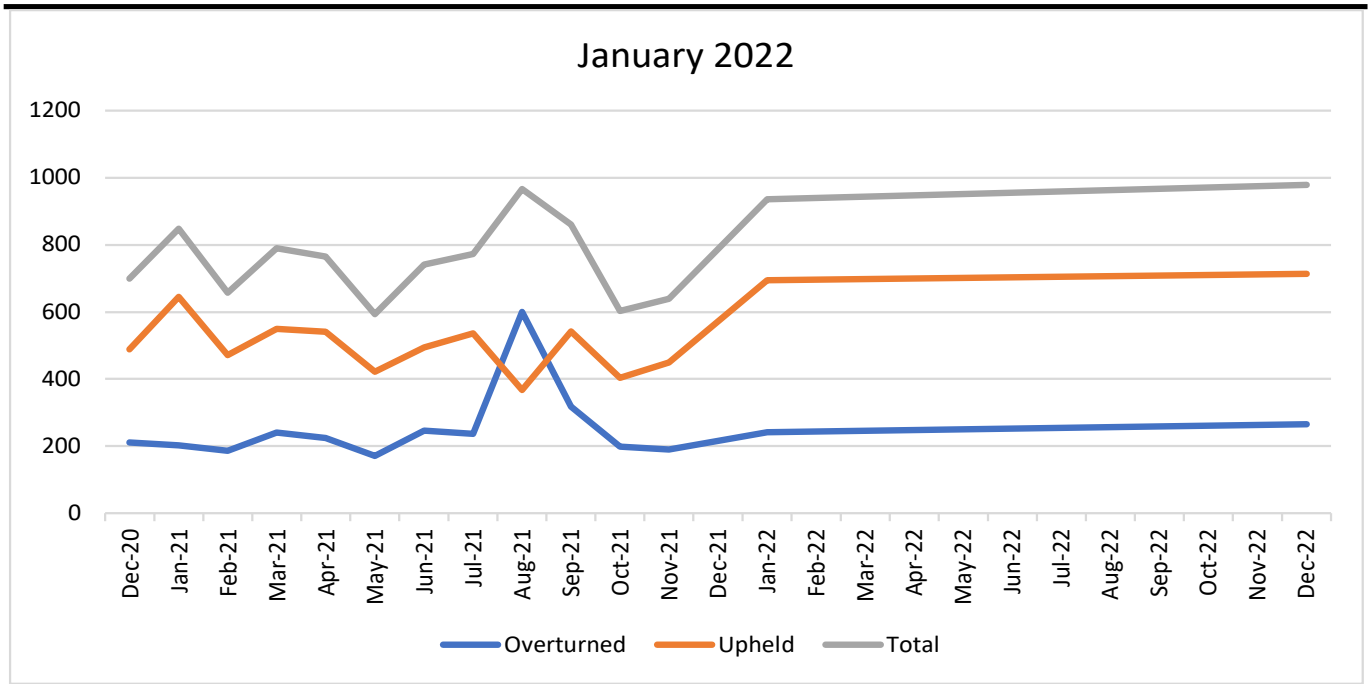
Provider Dispute Resolution
December 2021 and January 2022

Jan-22

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



ALLIANCE IN THE COMMUNITY

FY 2021-2022 | JANUARY 2022 OUTREACH REPORT

During January 2022, the Alliance completed **242**-member orientation outreach calls and conducted **103** member orientations (**43%-member** participation rate). In addition, in January 2022, the Outreach team completed **92** Alliance website inquiries.

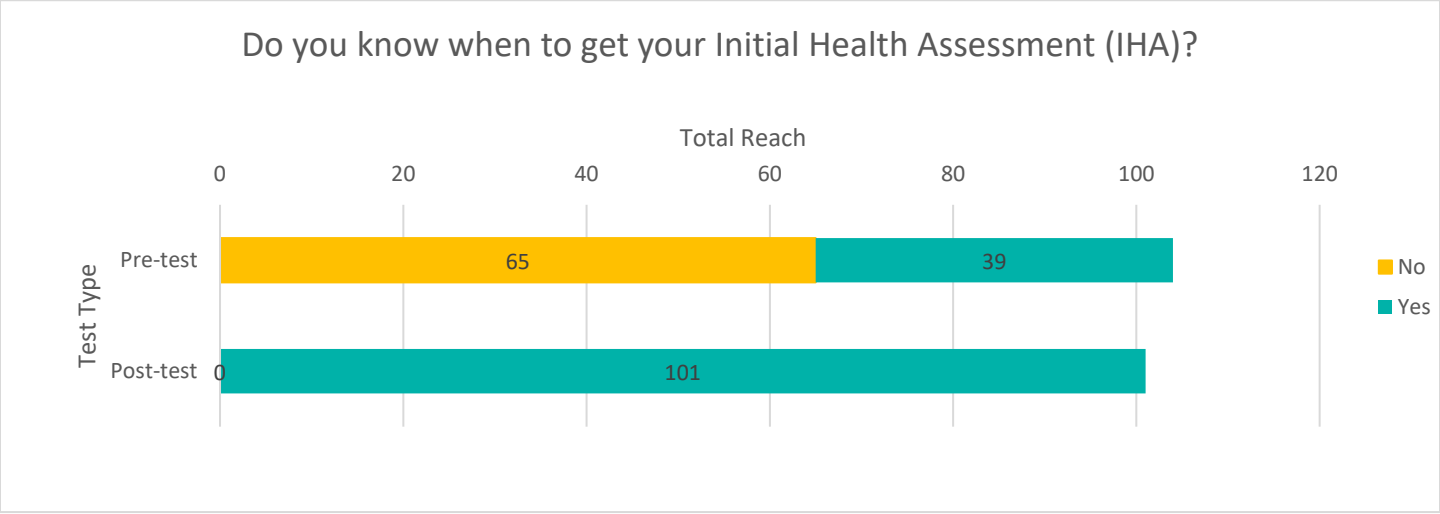
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **24,692** self-identified Alliance members have been reached during outreach activities.

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

On **Wednesday, March 18th, 2020,** the Alliance began conducting member orientations by phone. As of **January 31st, 2022**, the Outreach Team completed **17,199**-member orientation outreach calls and conducted 4,867 member orientations (**28%**-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 **January 1st**, through **January 31st, 2022** (**19** working days) – **103** net new members completed a MO by phone.

After completing a MO **100%** of members who completed the post-test survey in January 2021 reported knowing when to get their IHA, compared to only **38%** 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 21-22\Q3\1. January 2022**

FY 2020-2021 JANUARY 2021 TOTALS

0 COMMUNITY EVENTS
0 MEMBER EDUCATION EVENTS
141 MEMBER ORIENTATIONS
0 MEETINGS/ PRESENTATIONS/
0 COMMUNITY TRAINING
0 TOTAL INITIATED/ INVITED EVENTS
141 TOTAL COMPLETED **EVENTS**

15 CITIES

Alameda
Albany
Berkeley
Castro Valley
Dublin
Emeryville
Fremont
Hayward
Livermore
Oakland
Piedmont
Pleasanton
San Leandro
San Lorenzo
Union City

0 TOTAL REACHED AT COMMUNITY EVENTS
0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
141 TOTAL REACHED AT MEMBER ORIENTATIONS
0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
0 TOTAL REACHED AT COMMUNITY TRAINING
141 MEMBERS REACHED AT ALL EVENTS
141 **TOTAL REACHED AT ALL EVENTS**

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2021-2022 JANUARY 2022 TOTALS

0 COMMUNITY EVENTS
0 MEMBER EDUCATION EVENTS
103 MEMBER ORIENTATIONS
0 MEETINGS/ PRESENTATIONS
0 COMMUNITY TRAINING
0 TOTAL INITIATED/ INVITED EVENTS
103 TOTAL COMPLETED **EVENTS**

13 CITIES*

Alameda
Castro Valley
Elk Grove
Emeryville
Fremont
Hayward
Livermore
Newark
Oakland
Pleasanton
San Francisco
San Leandro
San Lorenzo

0 TOTAL REACHED AT COMMUNITY EVENTS
0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
103 TOTAL REACHED AT MEMBER ORIENTATIONS
0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
0 COMMUNITY TRAINING
103 MEMBERS REACHED AT ALL EVENTS
103 **TOTAL REACHED AT ALL EVENTS**

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

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

Compliance

Richard Golfin III

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

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

Date: **February 11th, 2022**

Subject: **Compliance Division Report**

Compliance Audit Updates

- 2022 DHCS Routine Medical Survey:
  - On January 3rd, 2022, the DHCS sent notice of the 2022 DHCS Routine Medical Survey. The audit will be conducted from April 4th, 2022, through April 15th, 2022. The review period is April 1st, 2021, through March 31st, 2022. The Plan will 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.
  - Prior to submission to the DHCS, the Compliance Department will review internal reports and pre-audit submissions for completeness. Feedback will be provided to internal units, where necessary. All pre-audit documentation will be uploaded to the DHCS-SFTP by February 14th, 2022.

- 2021 DHCS Routine Medical Survey:
  - On January 13th, 2021, the DHCS sent notice of the 2021 DHCS Routine Medical Survey beginning April 12th, 2021. The audit was conducted jointly with the DMHC from April 13th, 2021, through April 23rd, 2021.The review period was June 1st, 2019, through March 31st , 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 continues to work towards satisfying its Corrective Action Plans, even while it is preparing its 2022 pre-audit submissions.

- 2021 DMHC Full Medical Survey:
  - On November 13th, 2020, the DMHC sent notice to the Plan of the 2021 DMHC Routine Medical Survey beginning April 12th, 2021. DMHC conducted virtual audit interviews on April 13th, 2021, through April 16th, 2021, however no audit report has been received to date.

- 2020 DHCS Kindred Focused Audit:
    - On October 23rd, 2020, the DHCS sent notice to the Plan of a focused audit involving the Plan's delegate, CHCN, and Kindred facilities. On March 5th, 2021, the DHCS issued the Final Audit Report and Corrective Action Plan (CAP). The Plan submitted its CAP response and available supporting documents to the DHCS on April 6th, 2021. The Plan is currently tracking towards its stated CAP milestones. Audits of the Plan and its applicable delegate's Concurrent Review Process and Notice of Action letters will continue through Q1 2022.

Delegation Oversight Audit Activity Updates

- During the summer of 2021, Kaiser Foundation Health Plan, in collaboration with Northern California Medi-Cal Health Plans, received a Joint Annual Delegation Oversight Audit. The Audit is complete, and the Preliminary Audit Findings were provided to Kaiser on October 29th, 2021. The Final Audit Report was due to Kaiser on February 4, 2022, however multiple Plan Partners conducting the audit were still working to compile their portions of the findings. No update has been provided regarding when Kaiser can expect to receive the Final Audit Report.

- On September 16th, 2021, the Plan sent notice to March Vision of the Plan's annual delegation oversight audit for the Medi-Cal line of business. The virtual audit took place November 16th through November 17th, 2021. The Final Audit Report was sent to March Vision on January 24th, 2022. There were no findings.

- On November 2nd, 2021, the Plan sent notice to CFMG of the Plan's annual delegation oversight audit for the Medi-Cal line of business. The virtual audit took place December 14th through December 16th, 2021. The Final Audit Report is due to CFMG on February 25th, 2022.

- On December 6th, 2021, the Plan sent notice to Beacon of the Plan's annual delegation oversight audit for the Medi-Cal and IHSS lines of business. The virtual audit took place January 18th through January 20th, 2022. The Final Audit Report is expected April 1st, 2022

- On December 17th, 2021, the Plan sent notice to CHCN of the Plan's annual delegation oversight audit for the Medi-Cal and IHSS lines of business. The virtual audit is scheduled to take place from February 8th through February 11th, 2022.

- On January 18th, 2022, the Plan sent notice to ModivCare of the Plan's annual delegation oversight audit for the Medi-Cal line of business. The audit review period is July 1st, 2021 – December 31 ,2021. The virtual audit is scheduled to take place on March 9th, 2022.

Compliance Activity Updates

- DMHC Measurement Year (MY) 2021 Timely Access Survey:
    - The DMHC requires health plans to measure timely access in an annual assessment, due to the Department by March 31st of each year. The DMHC reviews submitted network reports and analysis for compliance with network adequacy requirements as proscribed by the the Knox Keene Act. The annual submission is a multi-departmental effort that takes more than 8-weeks to complete. On January 14th, 2022, the Plan began its work to prepare the submission. The Plan expects to complete its submission to the DMHC by March 31st, 2022, as is required by statute.

- 2021 Annual Compliance Training:
    - The Annual Compliance Training was assigned to Staff on November 1st, 2021. All staff were required to complete the training by January 28th, 2022. As of January 31st, 2022, the Plan is 94% complete. The Compliance Department will work directly with the remaining individuals and their supervisors to ensure 100% completion of trainings, as assigned.

- Staff received the following trainings in 2021:
    - Health Insurance Portability and Accountability Act (HIPAA)
    - Medicare- Fraud Waste and Abuse
    - Cultural Sensitivity 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	The purpose of this All Plan Letter (APL) is to provide 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	The Department of Managed Health Care is reminding health care service 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 thirdparty corporate telehealth provider are available at in-network cost-sharing and all costsharing 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 athome, 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 Dentla 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 Calfornia), 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.

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: **February 11th, 2022**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- DHCS 2021 audit: Action Plans on UM findings from the DHCS audit are being monitored and are demonstrating sustained compliance with the requirements.

- UM staff have been trained on identifying members under 21 who would benefit from care coordination and are making referrals to Case Management for EPSDT follow up.

- Progress continues on UM/Claims/Configuration alignment. This standardization improves accuracy and timeliness of claims payment through appropriate data integration between the authorization process and the claims processing.

- OP UM has implemented the carve in of Major Organ Transplant/Bone Marrow Transplant (MOT/BMT) as of 1/1/2022 go live. Work had been completed on network certification requirements, workflows, prior authorization, and coding. The ramp up of case referrals is faster than expected, and the systems are working well to support these vulnerable members.

- Enhancements to our process of interacting with CCS are underway to integrate into the larger EPSDT strategy. In collaboration with CCS, reports on shared members and workflows are being developed.

Outpatient Authorization Denial Rates			
Denial Rate Type	**Nov 2021**	**Dec 2021**	**Jan 2022**
Overall Denial Rate	**4.8%**	**4.6%**	**4.1%**
Denial Rate Excluding Partial Denials	**4.1%**	**4.0%**	**3.4%**
Partial Denial Rate	**0.7%**	**0.6%**	**0.7%**

Turn Around Time Compliance			
Line of Business	**Nov 2021**	**Dec 2021**	**Jan 2022**
Overall	**98%**	**98%**	**97%**
Medi-Cal	**98%**	**98%**	**97%**
IHSS	**99%**	**98%**	**99%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- Inpatient department continues to track COVID admissions: COVID admissions due to the Omicron variant had spiked as high as the summer surge, but have begun to slow down, consistent with Alameda County data. Referrals are made to Case Management Transitions of Care for ongoing support as members with COVID leave the hospital.

- Weekly complex/long stay patient rounds continue with partner hospitals with a goal of removing barriers to discharge. Focus is on longer lengths of stay and challenging placement patients. Case Management attends rounds to provide recommendations for post hospital care and identify referrals early in the process.

- Readmission reduction: CM continuing to collaborate with hospital partners and with their community-based TOC programs to focus on readmission reduction, which aligns with their readmission reduction goals.

- Partnerships in TOC continues with Alameda Health System (AHS). The decline in the AHS Readmission rate is continuing since the launch of the TOC program with them.

- AAH is engaging with CHCN to fund the Care Transition RN program to provide TOC and facilitate access to follow up care with the FQHC clinics and referrals for ongoing care.

- Partnership with denial management continues with Alameda Health System to ensure accurate communication about denials, as well as appropriate and timely payment to this safety net partner. Claim case reviews also assists by identifying system problems to resolve them.

Inpatient Med-Surg Utilization to Update Total All Aid Categories Actuals (excludes Maternity)			
Metric	**Oct 2021**	**Nov 2021**	**Dec 2021**
Authorized LOS	**5.6**	**5.5**	**5.3**
Admits/1,000	**59.0**	**51.2**	**56.7**
Days/1,000	**328.0**	**280.2**	**302.4**

Pharmacy

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

Decisions	Number of PAs Processed
Approved	18
Denied	15
Closed	204
Total	**237**

Line of Business	Turn Around Rate compliance (%)
Group Care	100
Wrap	100

- Medications for pain, diabetes, atopic dermatitis, acne, hypertriglyceridemia, and actinic keratoses are top 10 categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	LO LOESTRIN FE 1-10 TABLET	To prevent pregnancy	Criteria for approval not met
2	VICTOZA 2-PAK 18 MG/3 ML PEN	Diabetes	Criteria for approval not met
3	JANUVIA 25 MG TABLET	Diabetes	Criteria for approval not met
4	XELJANZ 10MG TABLETS	Rheumatoid arthritis	Criteria for approval not met
5	ZYPITAMAG 4 MG TABLET	To reduce elevated total cholesterol	Criteria for approval not met
6	MYRBETRIQ ER 25 MG TABLET	Overactive bladder	Criteria for approval not met
7	PROLIA 60 MG/ML SYRINGE	Osteoporosis	Criteria for approval not met
8	N/A	N/A	Criteria for approval not met
9	N/A	N/A	Criteria for approval not met
10	N/A	N/A	Criteria for approval not met

- Medi-Cal RX went to go-live as of 1/1/2022.
    - AAH has been communicating with its Medi-Cal providers to keep them up to date via fax blast, quarterly packets and through its provider portal to help ensure that they have the most updated information regarding MediCal Rx.
    - Additionally, there have been internal communications and trainings executed by the pharmacy department throughout AAH to keep each one of its employees well trained on the latest changes – which ultimately helps keep everyone well equipped when dealing with questions from providers, pharmacies, and members.
    - The AAH Pharmacy department is collaborating with the IT and analytics departments to organize the data we receive from the state in useable report formats that allow us to execute clinical initiatives to help better serve our Medi-Cal members.
    - We are also in close communication with Magellan and DHCS on resolving any recurring or outstanding issues that arise when dealing with this new transition, which are largely on the Pharmacy Benefit Administrator's side thus far (i.e., Magellan) to help echo any concerns that are trending within our provider and member community to resolve things as quickly as possible.

- Pharmacy Services collaborates with other Health Care Services teams on member use of opioids and/or benzodiazepines.
    - > 300 morphine milligram equivalents (MME) and 50 to 89 MME users remain about the same. There was a 4% increase in 200 MME with grandfathered and cancer members remained the same. There was a 28% decrease with 120 MME and 42% decrease with 90 MME both with increase in grandfathered/cancer usage in October.

- Pharmacy Services and Case Management are developing a medication reconciliation component to the TOC program.
    - From 10/18/21 to 12/13/21, there were a total of 16 outreached cases.
        - Gaps in care: 3
        - Duplication of therapy: 4
        - Simplify Drug regimen: 2
        - Therapeutic escalation/de-escalation: 3
        - Medication education and consult: 2

- Pharmacy Services, QI, HealthEd and Case Management work together to improve drug adherence for 200 Black adults with asthma between 21 to 44 years of age with asthma medication possession rate 50% or below.
    - Following 2nd member outreach group for AMR impact trend
    - 3rd member outreach group in progress
      Composing Poster Presentation for 2022 CMS Quality Conference Virtual Gallery Walk

- Pharmacy is leading initiatives on PAD focused internal and external partnership and biosimilar optimization (from July 2021 to November 2021).
    - Biosimilar utilization average was 69.2%
    - Fiscal year savings $759,196
    - Percentage of savings per drug type Oncology ($376), Immunology ($299k) drugs and White Blood Cell Stimulator ($82k)

- Pharmacy Services, Operations and QI have created targeted interventions with Haller's Pharmacy to optimize the vaccination rate among the unvaccinated living in San Leandro, Oakland, and Hayward. Through this targeted intervention so far, we have been able to vaccinate 3 out of 43 identified members (i.e., 7% successful vaccination).

Case and Disease Management

- Population health-driven, disease-specific case management bundles continue development. CM Bundles are standard sets of actions developed to address the specific needs of members with significant diseases. Major Organ Transplant (MOT) CM bundle was deployed on 1/1/2022. MOT ramp up is occurring faster than anticipated, and the processes to support the members is working well. The next disease specific bundle to develop is for members requiring dialysis.

- CalAIM Community Supports (CS): Policy and procedures and workflows have been configurated into TruCare CM software and staff trained on their roles so that the launch is successful. The CM team is staffing the CS initiatives until CS staff is hired into the program.

- Continued collaboration with AAH Health Education to optimize Disease Management and enhance the Diabetes and Asthma Disease Management programs. Collaborative efforts also include incorporating the Asthma CS services into the care continuum.

- Clinical Initiatives: Health disparities have been identified in members with diabetes, and so Project Open Hand has become part of the Community Supports services and launched as of 1/1/2022.

- DHCS audit: Action Plans on CM findings from the DHCS audit is entering the monitoring phase after workflow improvement and staff training had been completed. Monitoring continues to demonstrate consistent compliance with requirements.

Health Homes Program (HHP) & Alameda County Care Connect (AC3)

- Enhanced Case Management (ECM): Members receiving HHP/WPC have been successfully moved to ECM and/or Community Support Services. The close work with former HHP, (now ECM or CS) providers continues to ensure the smooth transition of our members into the new program structure. Final work to close out the HHP/WPC programs is expected to be completed by the end of April, simultaneous to the provision of services in the new program.

- Community Supports, (CS) are services not typically provided by managed health plans, to be provided in lieu of higher cost medical services. The CS selections are focused on services to reduce unnecessary hospitalizations and ED visits. The six initial CS services launched on 1/1/2022 are:
    - Housing Navigation
    - Housing Deposits
    - Tenancy Sustaining Services
    - Medical Respite
    - Medically Tailored/Supportive meals
    - Asthma Remediation

- Work with community providers to operationalize the six services was completed for the initial 1/1/2022 launch, including contracting, workflows, and authorization processes. Members are starting to receive services through the program, and outcomes will be closely tracked and reported to the State.

Case Type	New Cases Opened in Nov 2021	Total Open Cases as of Nov 2021	New Cases Opened in Dec 2021	Total Open Cases as of Dec 2021
Care Coordination	232	483	256	500
Complex Case Management	78	70	28	55
Transitions of Care (TOC)	240	485	258	523

Grievances & Appeals

- Our aim is to resolve all grievances within the goal of 95% within regulatory timeframes; however, standard grievances, expedited grievances, and expedited appeals were not resolved within the goal of 95% below.
    - Standard Grievances: Due to the decrease of cases received in January the G&A Department had to the opportunity to do a system clean up, we closed all out of compliance cases that were still open from 2022 resulting in a low compliance rate of 91.8% for the month of January.
    - Expedited Grievances: Expedited cases were incorrectly logged by the Member Services Department upon intake, they were logged as standard; therefore, not flagged as expedited.
        - 8 out of the 11 out of compliance expedited grievances were originally logged by member services as standard and then identified as expedited by the G&A Department after the 72-hour timeframe for resolution had passed.
            - **Action:** The Member Services Department has provided ad-hoc training to individual representatives as well as department training to all of member services, the training reviewed the process for identifying and logging expedited cases.
        - 3 out of the 11 out of compliance expedited grievances were originally logged by member services as standard and then changed to standard the next day when identified by member services.
            - **Action:** During this time G&A only received an urgent notification from our system when initially logged as expedited, the system has now been updated to send an urgent notification whenever a case is initially logged as expedited or when a standard is changed to expedited.
        - These cases were assigned and initially being processed as standard until reviewed and identified as expedited.
    - Expedited Appeals: The G&A Department missed 2 appeals that were marked as urgent by the submitting providers, these were faxes that had the urgent request in the letter and not on the front page of the fax.
- Total grievances resolved in January were 5.17 complaints per 1,000 members.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of January 2022; we did not meet our goal at 30.0% overturn rate.

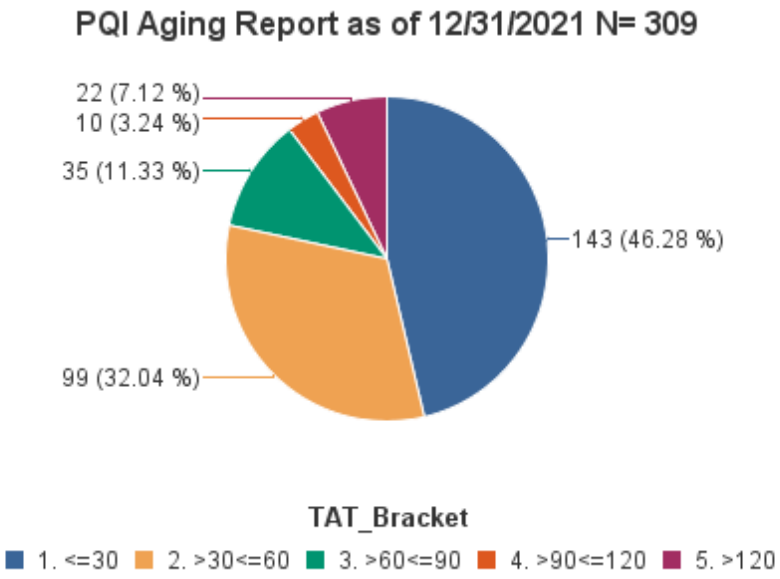
January 2022 Cases		Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance		634	30 Calendar Days	95% compliance within standard	582	91.8%	2.09
Expedited Grievance		12	72 Hours	95% compliance within standard	1	8.3%	0.04
Exempt Grievance		888	Next Business Day	95% compliance within standard	888	100.0%	2.93
Standard Appeal		31	30 Calendar Days	95% compliance within standard	31	100.0%	0.10
Expedited Appeal		2	72 Hours	95% compliance within standard	0	0.0%	0.007
Total Cases:		1,567		95% compliance within standard	1,502	95.9%	5.17

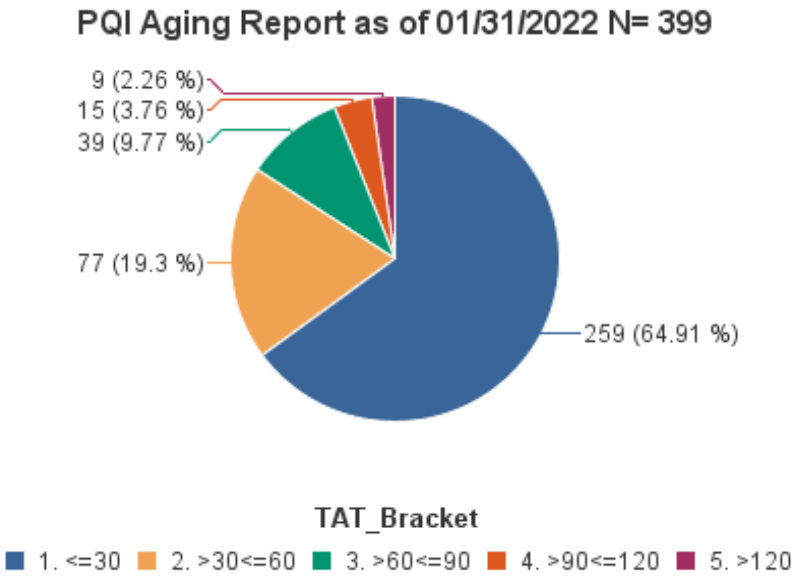
*Calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.

- Medi-Cal Rx Carve Out Update:
  - The Grievance and Appeals Department has experienced a dramatic decrease of cases received after 01/01/2022 as expected due to all grievance and appeals that are related to the Medi-Cal Rx benefit now being processed by Medi-Cal. There was a 47.05% decrease from the cases received in December compared to the cases received in January.
- Compliance Rate:
  - The compliance rate for the month of January was still below our threshold because we were still closing all of our out-of-compliance cases that were still open from 2021. We had the opportunity in January because of the decrease of cases to focus on those cases and to ensure that all the cases that were being received since 01/01/2022 were resolved within our regulatory time frames.
  - The G&A Department is now fully staffed with the budgeted 8 coordinators who are now managing a caseload of 50 cases each compared to the possible caseload of up to 100 cases that they were processing in 2022.

Quality

- Potential Quality Issues: Quality continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our aging report month-to-month goal is closure of PQIs within 120 days from receipt to resolution via nurse investigation and collection of medical records. December 2021 to January 2022 TAT for cases > 120 days decreased by 4.86%. Cases >120 days are primarily related to delay in submission of medical records by specific providers. Quality continues to work with identified providers and identify operation barriers to maintain a TAT goal of < 5% for cases >120 days. TAT for cases at 90 days decreased by 1.56% due to improvements in medical record procurement and Quality of Access PQI referral processing.





P4P Updates:

- P4P Objectives
  - Promote Quality Initiative and Care
  - Promote primary care
  - Cost Containment
    - Readmissions, ED visits
  - Standardize Payment Methodology

- 2022 Changes
    - Increase focus on Primary and Preventative Care
    - New Measures
        - Re-Introduction of Access Measure
        - HbA1C Poor Control for Diabetics
        - WCC (Claims Measure – weight assessment ages 3-17)
    - Equal points and goals for each provider / delegate
    - AAH Benchmark (excludes Kaiser)

- The 2022 P4P program is split into HEDIS and Non-HEDIS Metrics. The program has measures that aim at all populations:
    - Children – Measures aimed at promoting well child visits, immunizations, and appropriate counseling.
    - Women's Health – This includes breast and cervical cancer screening
    - Membership Wide – This includes colorectal cancer screening, flu vaccination rate, blood sugar control in members with Diabetes, primary care and ED utilization, member perception of access to care
    - Behavioral Health – Measures the percentage of members screened for depression

- As of 1/1/22, the 2022 Pay for Performance (P4P) program is underway. The P4P program aims to promote quality initiatives and care, promote primary and preventative care, prioritize cost containment strategies all under a standardized payment methodology.

- Compared to the 2021 P4P program, the 2022 P4P program will continue to have a focus on primary and preventative care. This is particularly true because of the ongoing pandemic and noted drops in screening. There are 3 new measures that focus on member access to care, diabetic control, and counseling for physical activity and nutrition as well as BMI screening in children.

- Similar to previous years, delegates and providers will receive 3 documents.
    - The first is the P4P program packet. This is a comprehensive program that details the measures and how they are scored.
    - The second document is a provider facing quick reference guide that will remind providers about the measure and the required documentation.
    - The third document is aimed at billing staff to ensure that the appropriate claims code is submitted once the service is completed.

- P4P Program Guide

- Clinical Quality Measures
    - Measures are based on NCQA HEDIS® specifications.

- Childhood Immunizations: Combo 10
    - Measures the percentage of children who turned the age of two (2) in 2022 and received the following immunizations by their 2nd birthday:
        - Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis)
        - Three (3) IPV (Polio)
        - One (1) MMR (Measles, Mumps, Rubella)
        - Three (3) HiB (H Influenza Type B)
        - Three (3) HepB (Hepatitis B)
        - One (1) VZV (Varicella) or History of Chicken Pox
        - Four (4) PCV (Pneumococcal Conjugate)
        - One (1) HepA (Hepatitis A)
        - RV (Rotavirus): 2-dose or 3-dose schedule
        - Two (2) Influenza: One of the two can be an LAIV vaccination administered on the 2nd birthday

- Immunizations for Adolescents: Combo 2
    - Measures the percentage of adolescents who turned the age of 13 in 2022 and received the following immunizations by their 13th birthday:
        - One (1) Meningococcal Serogroups A, C, W, Y
        - One (1) Tdap (Tetanus, Diphtheria, Acellular Pertussis)
        - Two (2) HPV at least 146 days apart or Three (3) HPV between the 9th and 13th birthday

- Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits
    - Measures the percentage of children who turned 15 months old during 2022 and had six (6) or more well-child visits with a PCP during their first 15 months of life.

- Well-Child Visits for Age 15 Months to 30 Months: Two (2) or More Visits
    - Measures the percentage of children who turned 30 months old during 2022 and had two (2) or more well-child visits with a PCP between the child's 15-month birthday plus one (1) day and the 30-month birthday.

- Child and Adolescent Well-Care Visits
    - Measures the percentage of members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during 2022.

- Child and Adolescent BMI Percentile Documentation
    - Measures the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during 2022 and had evidence of

BMI percentile documentation.

- Child and Adolescent Counseling for Nutrition
    - Measures the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during 2022 and had evidence of counseling for nutrition.

- Child and Adolescent Counseling for Physical Activity
    - Measures the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during 2022 and had evidence of counseling for physical activity.

- Breast Cancer Screening
    - Measures the percentage of women 50-74 years of age who had a mammogram between October 1, 2020 – December 31, 2022.

- Cervical Cancer Screening
    - Measures the percentage of women 21-64 years of age who were screened for cervical cancer by one (1) of the following criteria:
        - Women 21-64 years of age who had a cervical cytology performed within the last three (3) years (2020-2022).
        - Women 30-64 years of age who had human papillomavirus (HPV) testing or cervical cytology/HPV co-testing performed within the last five (5) years (2018-2022) and who were 30 years or older on the date of the test.

- HbA1c Poor Control for Diabetics
    - Measures the percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c test in 2022 shows poor control (>9%). A lower rate is better.

- Colorectal Cancer Screening
    - Measures the percentage of members 45-75 years of age who had appropriate screening for colorectal cancer. Appropriate screenings are defined by one (1) of the following:
        - Fecal Occult Blood Test (FOBT) during 2022
        - Flexible Sigmoidoscopy between 2018-2022
        - Colonoscopy between 2013-2022
        - CT Colonography between 2018-2022
        - FIT-DNA between 2020-2022

- Other Measures

- Primary Care (PCP) Visits per 1,000 Members
    - Measures primary care (PCP) visits in 2022 for members assigned to the PCP Group.
    - Please be sure to complete the Initial Health Assessment (IHA) for new members within 120 days of enrollment during their PCP visit.

- Emergency Department (ED) Visits per 1,000 Members
    - Measures the utilization of Emergency Department (ED) visits in 2022 for members assigned to the PCP Group. Please review and follow-up with members on the monthly ED Visit Report.

- Flu Vaccination Rate
    - Measures the percentage of members six (6) months old and above assigned to the PCP Group who received the flu vaccination in 2022.

- Member Satisfaction Survey: Non-Urgent Appointment Availability
    - On a quarterly basis, members who have had a visit with a PCP are randomly selected for a satisfaction survey. This measure calculates the percentage of survey responses received in 2022 that indicate the member was able to schedule a non-urgent appointment between 0-10 days.
    - The survey question reads:
        - "In the last six (6) months, when you made an appointment either in person or by telephone for a check-up or routine care with this provider, when was your appointment either in person or by telephone scheduled?"
            - 0-10 days
            - More than 10 days

- Screening for Depression
    - Measures the percentage of members 12 years of age and above assigned to the PCP Group who were screened for depression in 2022.

PAY-FOR-PERFORMANCE (P4P) PROGRAM

FOR CONTRACTED PRIMARY CARE PROVIDERS

2022

ALAMEDA Alliance FOR HEALTH

Measures, Point Values, and Goals

Clinical Quality Measures					
#	MEASURES	FAMILY	INTERNAL	PEDIATRIC	GOAL
1	Childhood Immunizations: Combo 10	N/A	N/A	15	20% of points awarded per measure for each 0.5% above the overall 2022 rate for directly contracted PCP groups, up to 2.5% above. 0.5% above overall rate = 20% of points 1.0% above overall rate = 40% of points 1.5% above overall rate = 60% of points 2.0% above overall rate = 80% of points 2.5% above overall rate = 100% of points If rate is below the overall 2022 rate for directly contracted PCP groups: 3% increase from prior year rate = 20% points 6% increase from prior year rate = 40% points A minimum of 15 members are required in measure eligible population. Members with dual Medi-Cal/Medicare coverage are excluded from HEDIS® measures. *A lower rate is better. Points are earned the same as above but PCP group must be below the overall Alliance rate or decrease from prior year rate.
2	Immunizations for Adolescents: Combo 2	N/A	N/A	15	
3	Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits	N/A	N/A	5	
4	Well-Child Visits for Age 15 Months to 30 Months: Two (2) or More Visits	N/A	N/A	5	
5	Child and Adolescent Well-Care Visits	15	N/A	15	
6	Child and Adolescent BMI Percentile Documentation	N/A	N/A	3	
7	Child and Adolescent Counseling for Nutrition	N/A	N/A	3	
8	Child and Adolescent Counseling for Physical Activity	N/A	N/A	4	
9	Breast Cancer Screening	15	15	N/A	
10	Cervical Cancer Screening	15	15	N/A	
11	HbA1c Poor Control (>9%) for Diabetics*	15	15	N/A	
12	Colorectal Cancer Screening	N/A	10	N/A	
Clinical Quality Measures Total Points:		**60**	**55**	**65**	

Other Measures					
#	MEASURES	FAMILY	INTERNAL	PEDIATRIC	GOAL
13	PCP Visits per 1,000 Members	15	15	15	1/3 of points awarded for each 1% increase from 2021 visits per 1,000 rate. Full points awarded if 2021 90th percentile is met.
14	Emergency Department (ED) Visits per 1,000 Members	15	15	10	20% of points awarded for each 0.5% below the overall 2022 rate for directly contracted PCP groups, up to 2.5% below.
15	Flu Vaccination Rate	5	10	5	20% of points awarded for each 0.5% above prior year rate.
16	Member Satisfaction Survey: Non-Urgent Appointment Availability	5	5	5	Full points awarded if 80% of survey responses indicate member was able to schedule a non-urgent appointment within 10 days. A minimum of 10 survey responses required for the measurement year.
17	Screening for Depression	Monitoring Measure	Monitoring Measure	N/A	Measure will be monitored. No goal is set for this measure.
Other Measures Total Points:		**40**	**45**	**35**	
TOTAL		**100**	**100**	**100**	

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: **February 11th, 2022**

Subject: **Information Technology Report**

Call Center System Availability

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

Office 365 Initiative

- The Alliance continues to enhance and expand the Microsoft Office 365 platform to the maximum potential as part of the cloud migration strategy. One of our goals is to move away from the silo operated platform to a consolidated shared services platform which will allow technology team to manage and maintain efficiently. As part of this implementation, the Alliance will deploy Microsoft TEAMS to enable and offer newly updated capabilities.

- Microsoft Teams training and deployment phase has started and will continue throughout to month of February and expected to complete by the end of March 2022.

    - **A chat function:** The basic chat function is commonly found within most collaboration apps and can take place between teams, groups, and individuals.

    - **Online video calling and screen sharing:** Enjoy seamless and fast video calls to employees within the Alliance.

    - **Online meetings**: This feature can help enhance your communications, company-wide meetings, and even training with an online meetings function that can host up to 10,000 users.

    - **Conversations within channels and teams:** All team members can view and add to different conversations in the General channel and can use an @ function to invite other members to different conversations.

    - **Apps Integration:** The tool shall help directly integrate with applications like Webex, Power Business Intelligence (BI), Smartsheet etc.

- **Full telephony:** Microsoft TEAMS will be integrated with our existing Cisco VOIP to allow for flexible voice communications without the use of physical phones.

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 vendor procurement and implementation support contract execution are in progress and anticipated to start the project by the end of February 2022.

Secure File Transfer Protocol (SFTP) Server Upgrade (Data Exchange)

- Secure File Transfer Protocol (SFTP) is a network protocol that provides file access, file transfer (data exchange), and file management over any reliable data stream.

- The Secure File Transfer Protocol (SFTP) Server Upgrade which is designed to expand its capabilities and provide redundancy for improved availability is now 100% completed. Final cleanup and decommission efforts of the old server has completed.

- Configuring and implementing the Disaster Recovery (DR) environment for the new Secure File Transfer Protocol (SFTP) Server is now in progress and we expect to complete this phase by February 2022.

- The File Transfer Protocol Disaster Recovery (FTP DR) failover testing will be linked to the Disaster Recovery (DR) project which is anticipated to start by the end of February 2022.

IT Security Program

- IT Security 2.0 initiative is one of the Alliance's top priorities for fiscal year 2022. 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. 60% of all high-severity items are in the process of remediation.

- **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.

Encounter Data

- In the month of January 2022, the Alliance submitted 129 encounter files to the Department of Health Care Services (DHCS) with a total of 293,708 encounters.

Enrollment

- The Medi-Cal Enrollment file for the month of January 2022 was received and processed on time.

HealthSuite

- A total of 141,629 claims were processed in the month of January out of which 117,375 claims auto adjudicated. This sets the auto-adjudication rate for this period to 82.9%.
- HealthSuite application continues to operate with an uptime of 99.99%.

TruCare

- A total of 7,778 authorizations were loaded and processed in the TruCare application.
- TruCare application continues to operate with an uptime of 99.99%.
- IT has started the process of upgrade to TruCare 9.1 version. This upgrade is expected to go-live by June 2022. This version has additional features and is also compatible with Milliman Care Guideline v25. However, the plan is also to have the latest version of Milliman Care Guideline v26 by August 2022. Support for this version is being released by the vendor in July 2022.

Consumer and the Alliance Public Portal

- The provider and member consumer portal utilization for the month of November 2021 remains consistent with prior months.

- As a part of the customer channel optimization, the Alliance is enhancing the customer channels. The new features and capabilities include Mobile Application on smartphones and Tagalog as additional threshold Language on Member channel. Tagalog went live on September 28th, 2021. The Mobile version of the member channel is estimated to go-live by April 2022.

Data Warehouse

- The Data Warehouse project is aimed at bringing all critical health care data domains to the Data Warehouse and enabling the Data Warehouse to be the single source of truth for all reporting needs and requirements.

- In the month of January 2022, the scope to add the Case Management data domains to the Data Warehouse was put on hold due to focus on other mandate projects and the project is expected to resume in late February 2022.

California Advancing & Innovating Medi-Cal (CalAIM) – Enhanced Care Management (ECM) & Community Support (CS)

- Goals of this initiative is to Implement a whole-person care approach and address social drivers of health. It also includes improving quality outcomes, reduce health disparities, drive system transformation, creating a consistent, efficient, and seamless Medi-Cal system.

- This went live on January 1st, 2022. This go-live included changes to multiple applications/systems to accept authorizations, Provider Services, Provider Directory, Provider Contracts, and Interactive Voice Response for Member Services.

California Advancing & Innovating Medi-Cal (CalAIM) – Major Organ Transplant (MOT)

- Effective January 1st, 2022, all Medi-Cal managed care health plans (MCPs) are required to cover the Major Organ Transplant (MOT) benefit for adult and pediatric transplant recipients and donors, including related services such as organ procurement and living donor care.

- This went live on January 1st, 2022. Changes were made to multiple applications like TruCare, HealthSuite, Quality Suite, Operational Data Store, Data Warehouse, and Provider Repository.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medi-Cal and Group Care member enrollment in the month of January 2022”.
- Summary of Primary Care Physician (PCP) Auto-assignment in the month of January 2022”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of January 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 January 2022

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
January	297,312	8,515	2,252	5,831	127	120

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 January 2022

Auto-Assignments	Member Count
Auto-assignments MC	1,357
Auto-assignments Expansion	1,072
Auto-assignments GC	41
PCP Changes (PCP Change Tool) Total	2,153

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of January 2022”.
- There were 10,535 authorizations processed into 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 January 2022

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
EDI	3,482	427	3,527
Paper to EDI	2,721	1,774	1,206
Provider Portal	1,903	363	1,817
Manual Entry			1,228
Total			7,778

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

- The following table 3-1 is a supporting document from the Web Portal summary section.

Table 3-1 Web Portal Usage for the Month of December 2021

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	4,291	3,192	145,683	386
MCAL	78,822	2,250	5,031	848
IHSS	2,957	51	109	11
AAH Staff	156	46	736	2
Total	**86,226**	**5,539**	**151,559**	**1,247**

Table 3-2 Top Pages Viewed for the Month of December 2021

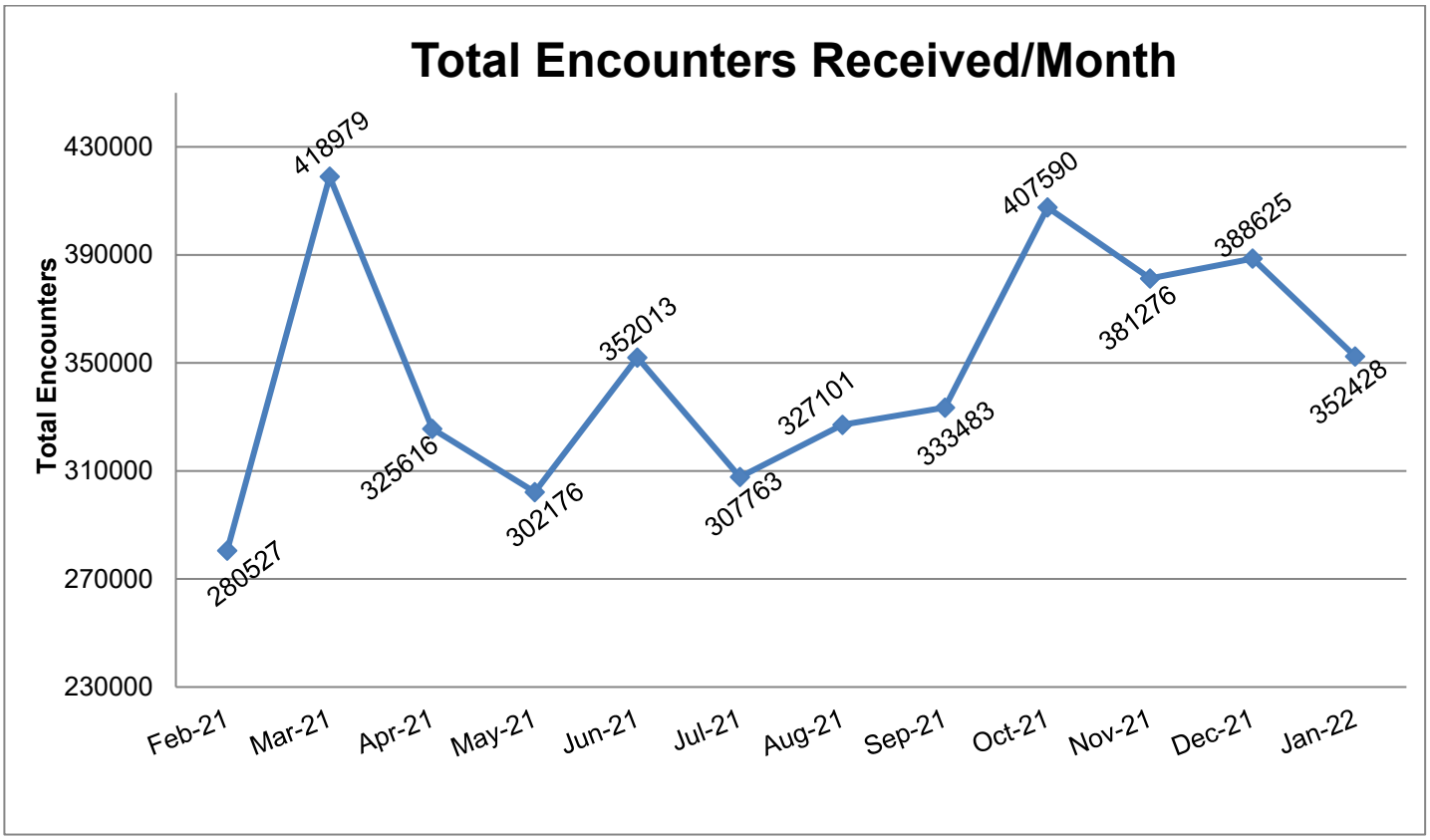
Top 25 Pages Viewed		
Category	**Page Name**	**December - 21**
Provider	Member Eligibility	858,488
Provider	Claim Status	148,850
Provider - Authorizations	Auth Submit	7,131
Provider - Authorizations	Auth Search	3,232
Member My Care	Member Eligibility	3,087
Member Help Resources	ID Card	1,547
Member Help Resources	Find a Doctor or Hospital	1,431
Provider	Member Roster	1,275
Member Help Resources	Select or Change Your PCP	974
Member My Care	MC ID Card	852
Member My Care	My Claims Services	622
Provider - Provider Directory	Provider Directory	597
Member Help Resources	Request Kaiser as my Provider	556
Provider - Home	Forms	339
Member My Care	My Pharmacy Medication Benefits	314
Member My Care	Authorization	344
Provider	Pharmacy	251
Provider - Provider Directory	Instruction Guide	218
Member Help Resources	FAQs	235
Member My Care	Member Benefits Materials	191
Member Help Resources	Authorizations Referrals	162
Member My Care	My Pharmacy Argus	104
Provider - Provider Directory	Manual	137
Member Help Resources	Forms Resources	159
Member Help Resources	Contact Us	129

Encounter Data from Trading Partners 2022

- **AHS**: January weekly files (6,944 records) were received on time.
- **Beacon**: January weekly files (9,796 records) were received on time
- **CHCN**: January weekly files (75,302 records) were received on time.
- **CHME**: January monthly file (9,254 records) were received on time.
- **CFMG**: January weekly files (8,643 records) were received on time.
- **Docustream**: January monthly files (1,703 records) were received on time.
- **PerformRx**: January monthly files (159,330 records) were received on time.
- **Kaiser**: January bi-weekly files (46,458 records) and monthly Kaiser Pharmacy files (24,924 records) were received on time.
- **LogistiCare**: January weekly files (16,536 records) were received on time.
- **March Vision**: January monthly file (2,872 records) were received on time.
- **Quest Diagnostics**: January weekly files (12,696 records) were received on time.
- **Teladoc**: January monthly files (23 records) were received on time.

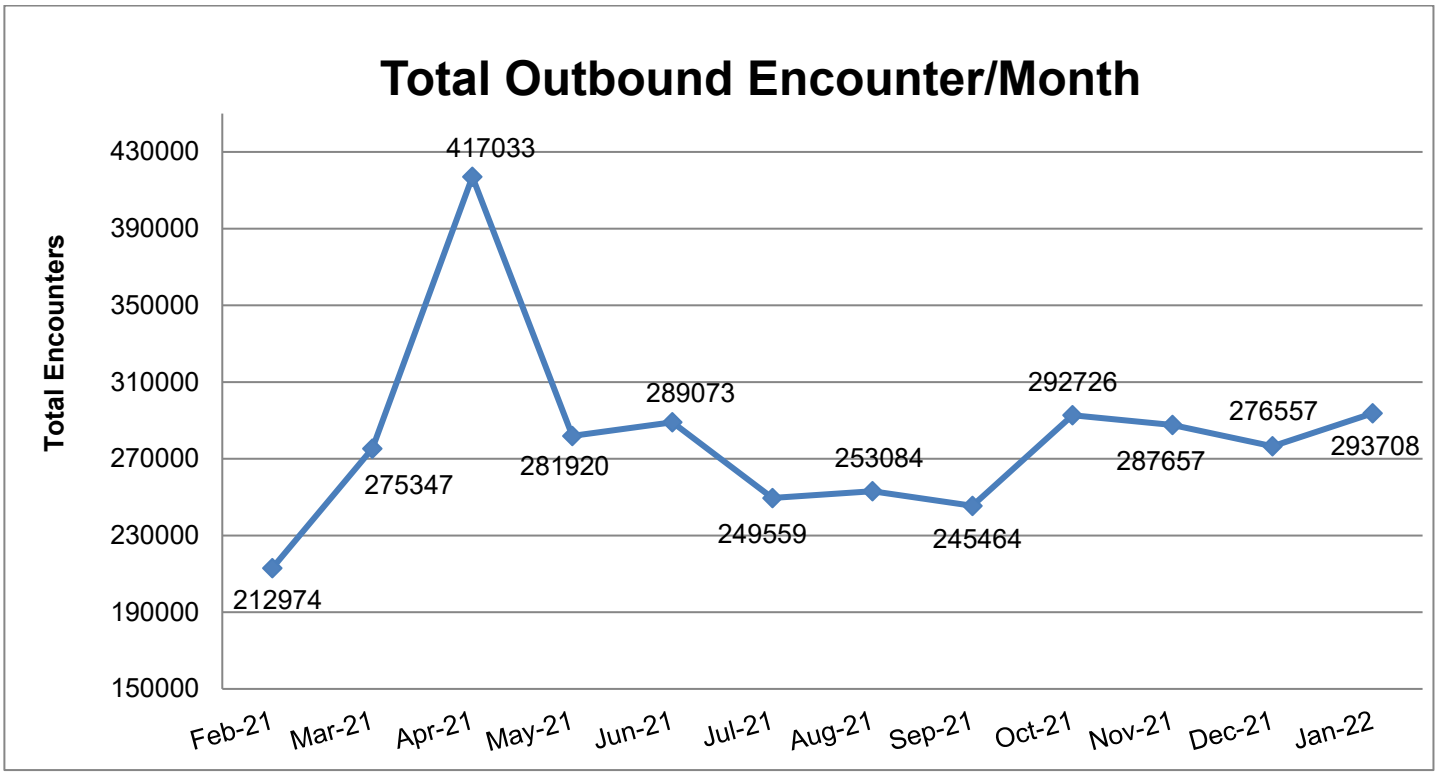
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
HealthSuite	119001	143171	140678	129847	136687	133958	139079	159558	177483	167057	175441	162201
AHS	9702	9326	11166	9074	10138	8913	7869	7640	10625	8791	9314	6944
Beacon	14616	13002	19247	14951	17079	15236	13320	14618	13693	12456	14899	9796
CHCN	62867	89453	69080	66260	82211	63905	80862	60227	71581	99117	73269	75302
CHME	6548	5776	5497	4885	4700	4960	4926	5393	4814	5003	4908	9254
Claimsnet	12059	10905	8835	10834	8129	9774	7712	9880	15598	11032	12410	8643
Docustream	1160	935	1166	1445	1218	1296	1568	1594	1474	1185	1586	1703
Kaiser	25903	112545	39632	30039	60081	39398	35165	44366	75112	38085	63939	46458
Logisticare	14208	16924	12945	14399	15473	14415	17306	13803	16977	22403	17125	16536
March Vision	1917	2230	3156	3708	3306	3303	3531	3297	3377	3584	3220	2872
Quest	12515	14699	14203	16718	12979	12563	15746	13084	16841	12542	12494	12696
Teladoc	31	13	11	16	12	42	17	23	15	21	20	23
Total	280527	418979	325616	302176	352013	307763	327101	333483	407590	381276	388625	352428



Outbound Medical Encounter Submission

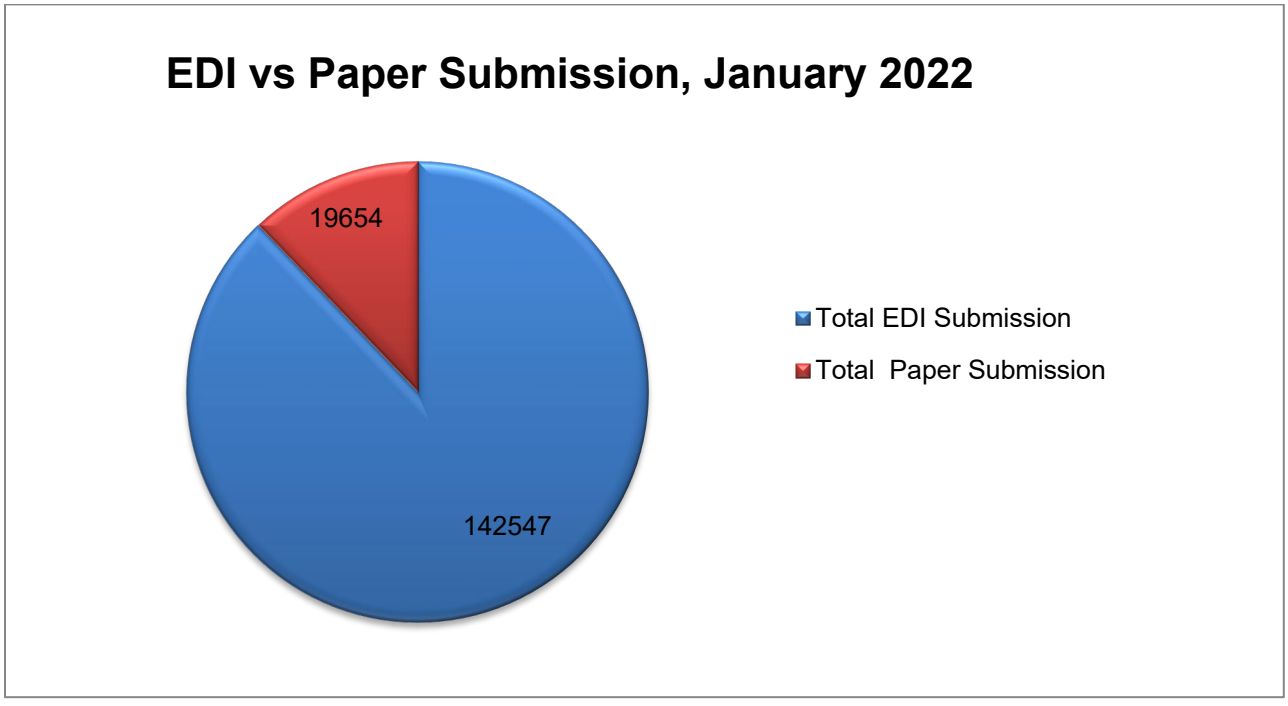
Trading Partners	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
HealthSuite	81305	84220	216640	130885	128980	85346	109070	83690	100925	114507	95489	139452
AHS	9089	8655	8812	10762	9912	7163	9172	7476	10176	8541	7728	7943
Beacon	11631	10171	14881	12347	11746	12684	10959	9355	11423	9969	12659	7566
CHCN	45137	64275	49446	48573	58519	45338	46573	54958	49171	67383	49080	52531
CHME	5508	5283	5136	4767	4586	4753	4820	5280	4587	4849	4691	4496
Claimsnet	8578	7964	6489	8110	5993	5625	7335	7452	10829	7406	8465	6114
Docustream	1071	860	1070	1286	1016	1120	1273	1209	1094	981	1185	1176
Kaiser	23810	59157	89295	29570	38443	59215	33798	43779	73264	37473	63433	44248
Logisticare	13881	16652	9705	17299	15178	14008	12751	17657	16231	19240	19787	16309
March Vision	1686	1930	2455	2850	2624	2596	2665	2483	2608	2831	2490	2175
Quest	11247	16169	13093	15455	12066	11711	14632	12102	12403	14457	11531	11676
Teladoc	31	11	11	16	10	0	36	23	15	20	19	22
Total	212974	275347	417033	281920	289073	249559	253084	245464	292726	287657	276557	293708



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total claims
22-JAN	142547	19654	162201

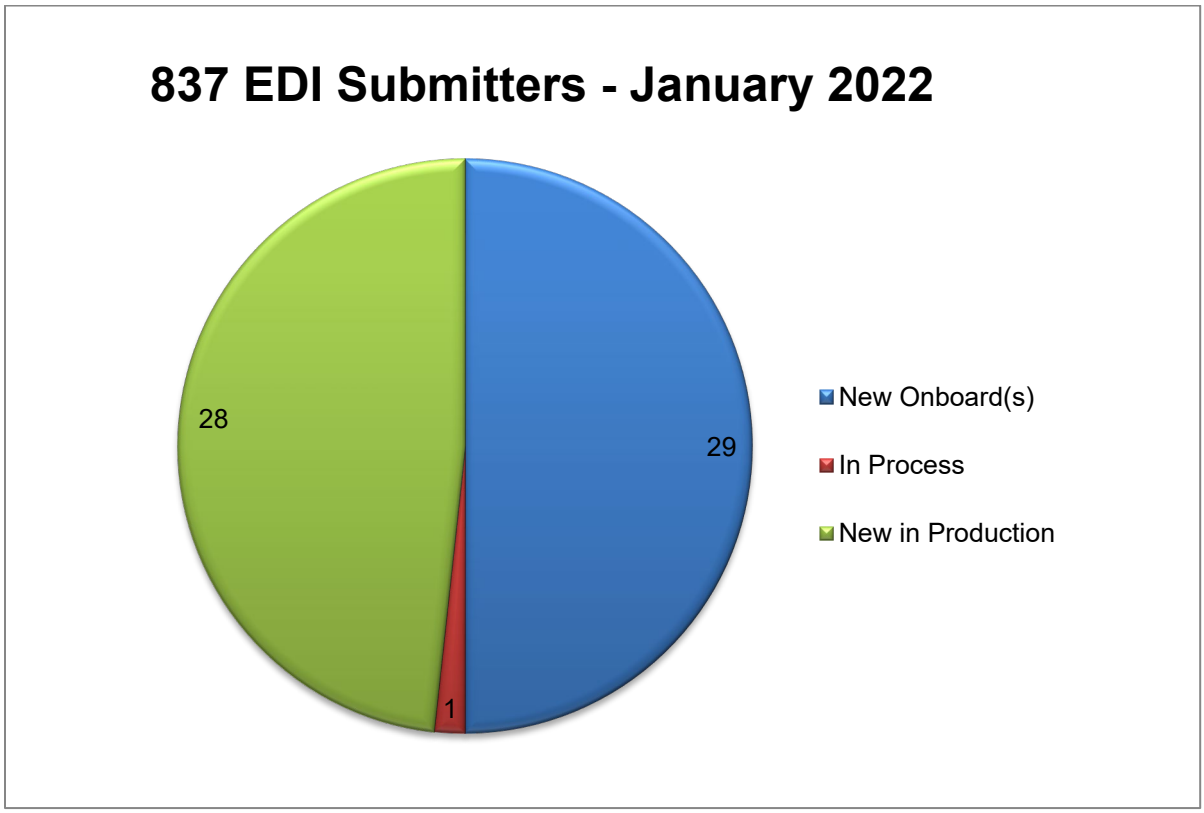
Key: EDI – Electronic Data Interchange

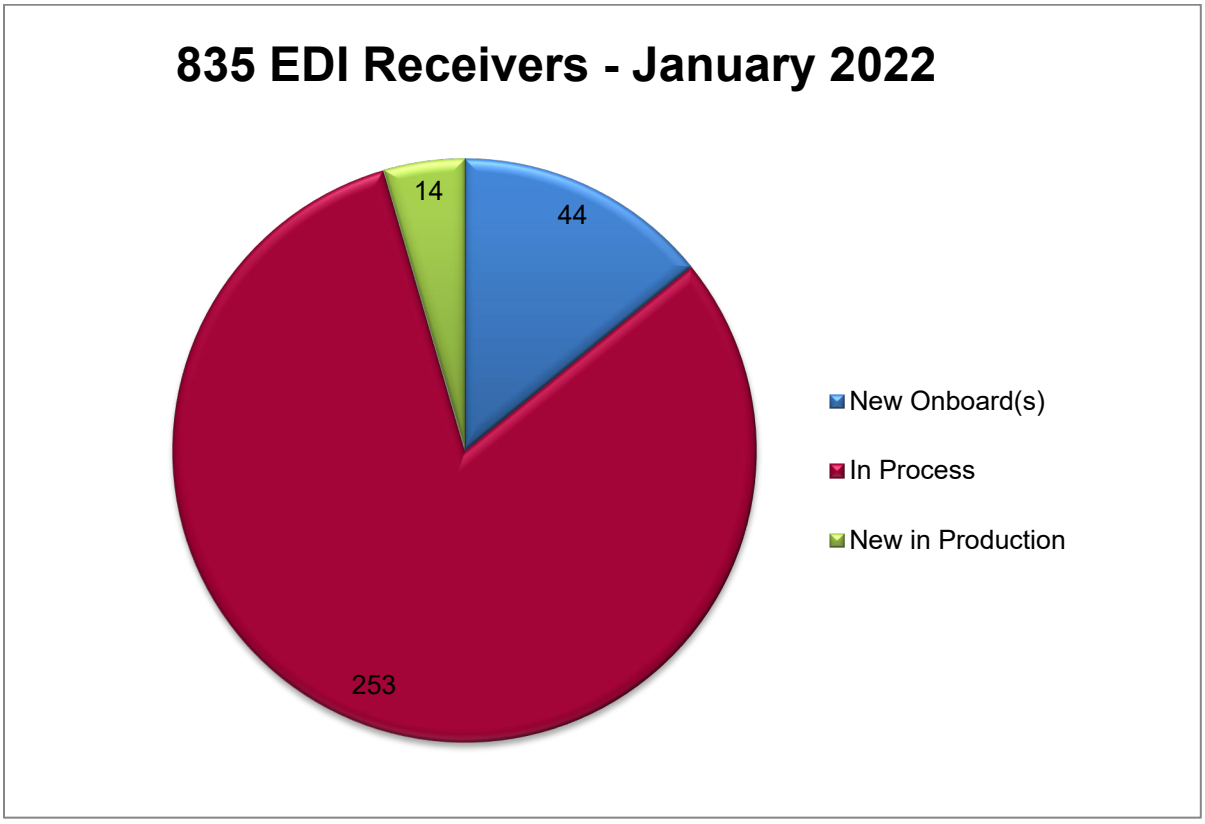


Onboarding EDI Providers – Updates

- January 2022 EDI Claims:
  - A total of 1274 new EDI submitters have been added since October 2015, with 28 added in January 2022.
  - The total number of EDI submitters is 2006 providers.
- January 2022 EDI Remittances (ERA):
  - A total of 387 new ERA receivers have been added since October 2015, with 14 added in January 2022.
  - The total number of ERA receivers is 414 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
Feb-21	22	0	22	1807	14	101	5	299
Mar-21	20	2	18	1825	23	117	7	306
Apr-21	5	0	5	1830	20	126	11	317
May-21	32	0	32	1862	20	134	12	329
Jun-21	13	0	13	1875	17	136	15	344
Jul-21	30	3	27	1902	14	138	12	356
Aug-21	17	0	17	1919	47	178	7	363
Sep-21	21	1	20	1939	15	193	0	363
Oct-21	17	0	17	1956	30	205	18	381
Nov-21	14	0	14	1970	19	210	14	395
Dec-21	8	0	8	1978	18	223	5	400
Jan-22	29	1	28	2006	44	253	14	414


837 EDI Submitters - January 2022
28
29
1
New Onboard(s)
In Process
New in Production


835 EDI Receivers - January 2022
14
44
253
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 January 2022.

File Type	Jan-22
837 I Files	30
837 P Files	99
NCPDP	9
Total Files	138

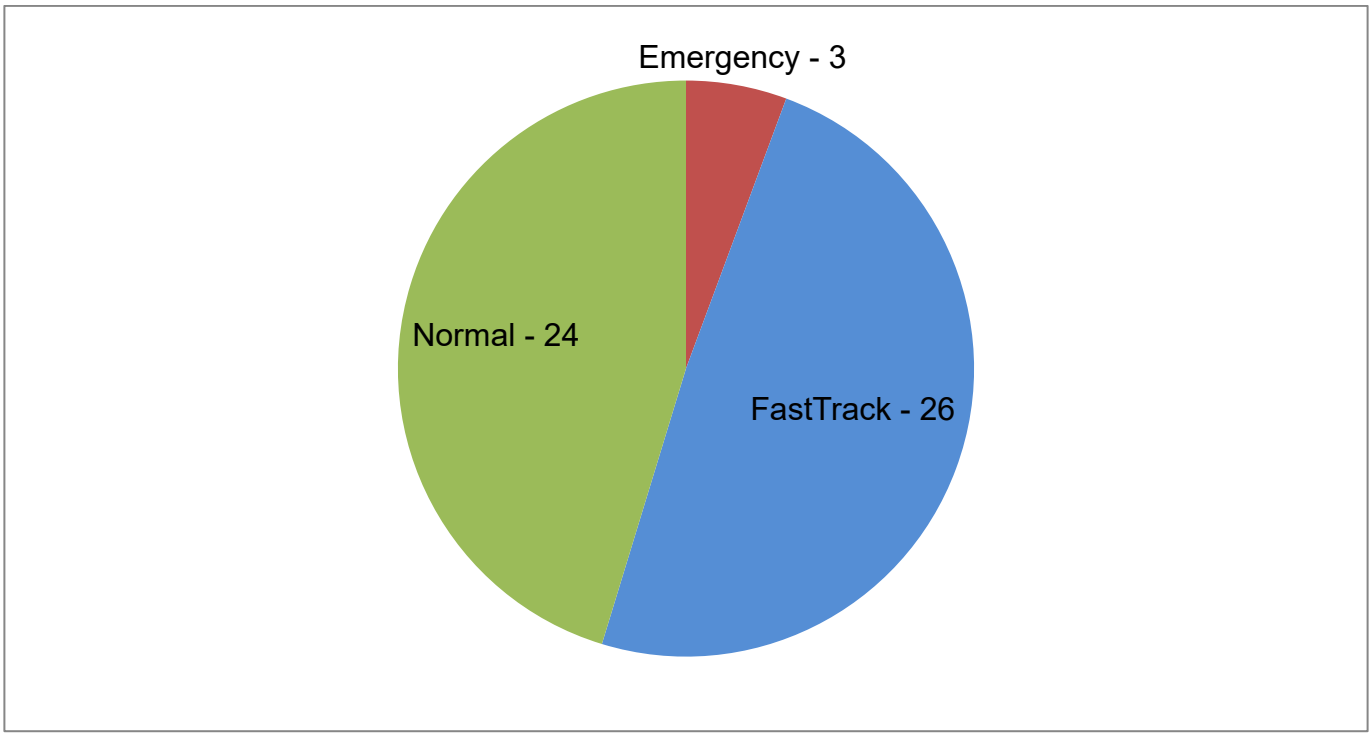
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	Jan-22	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	62%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	94%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	92%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	80%

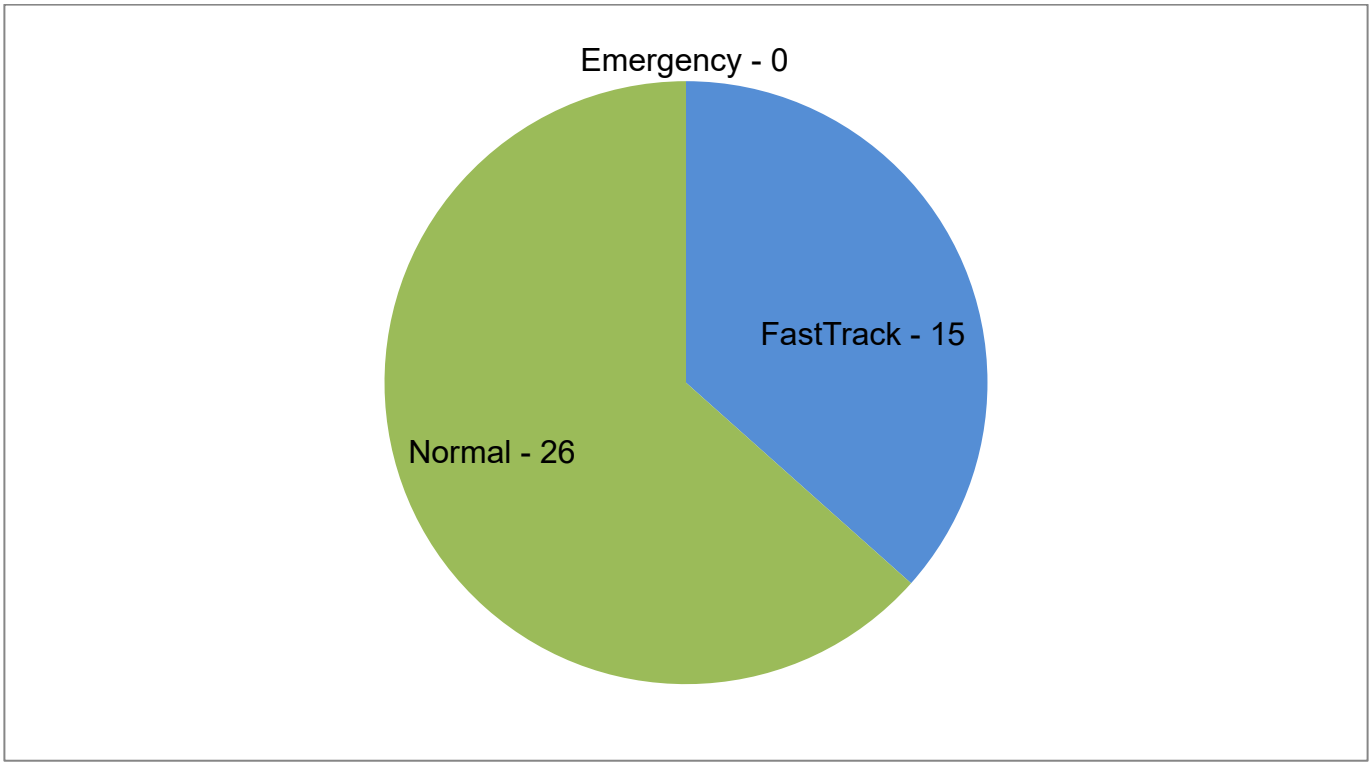
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of January 2022 KPI:
  - 53 Changes Submitted.
  - 41 Changes Completed and Closed.
  - 104 Active Change Requests in our pipeline.
  - 2 Change Requests Cancelled or Rejected.

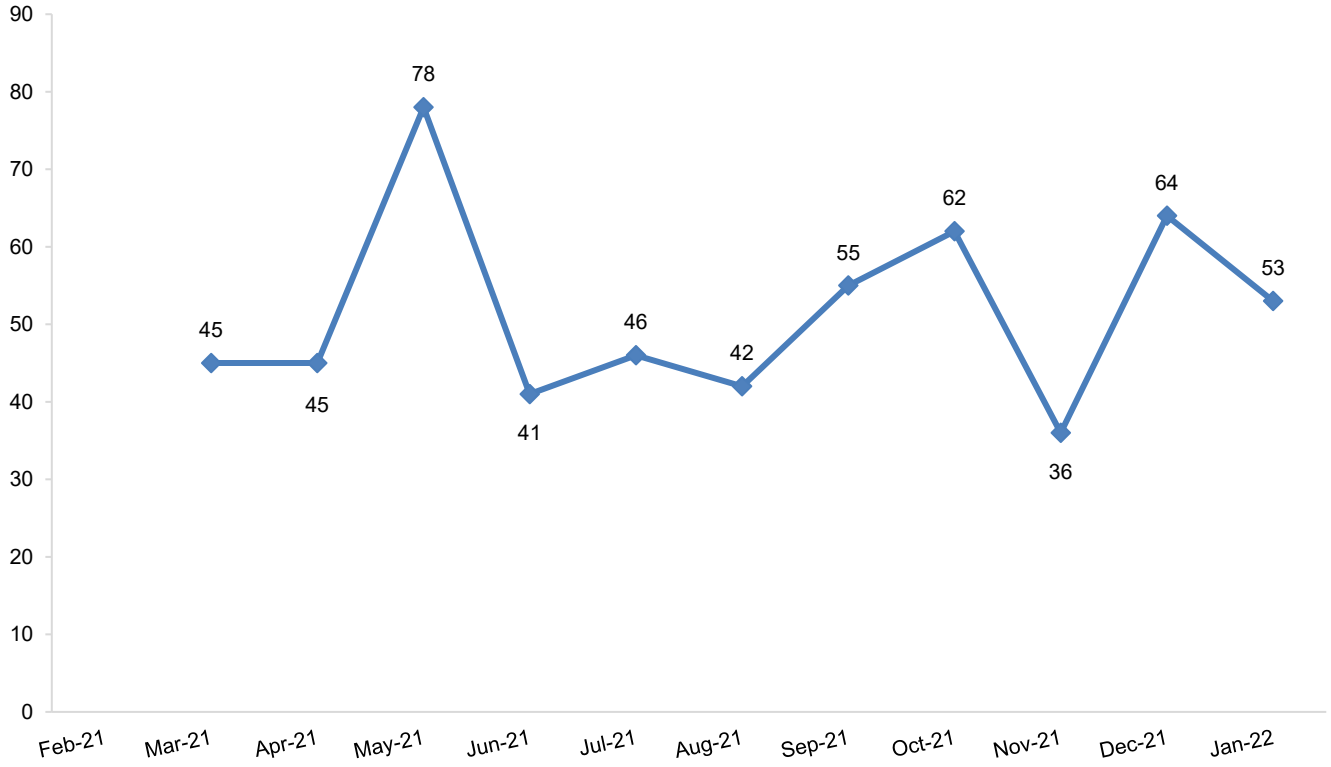
- 53 Change Requests Submitted/Logged in the month of January 2022



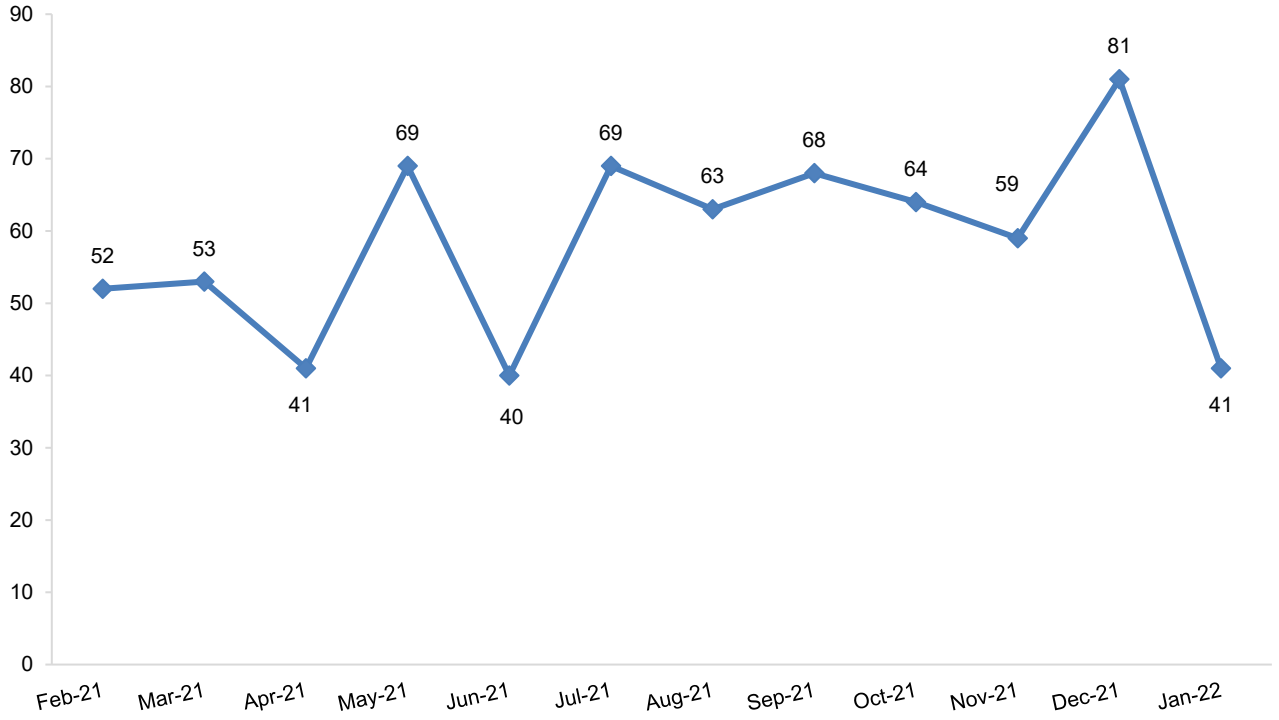
- 81 Change Requests Closed in the month of January 2022



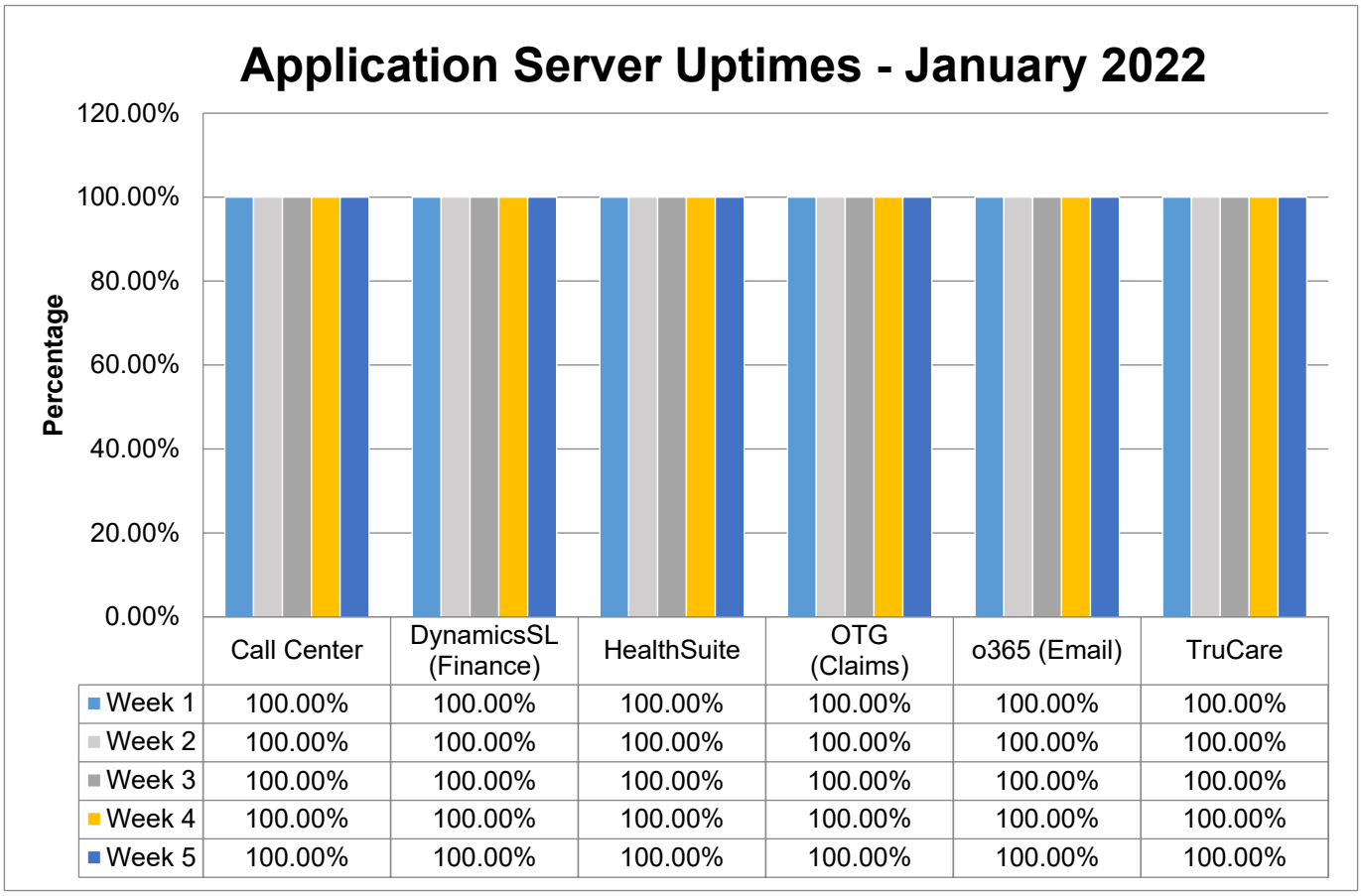
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend

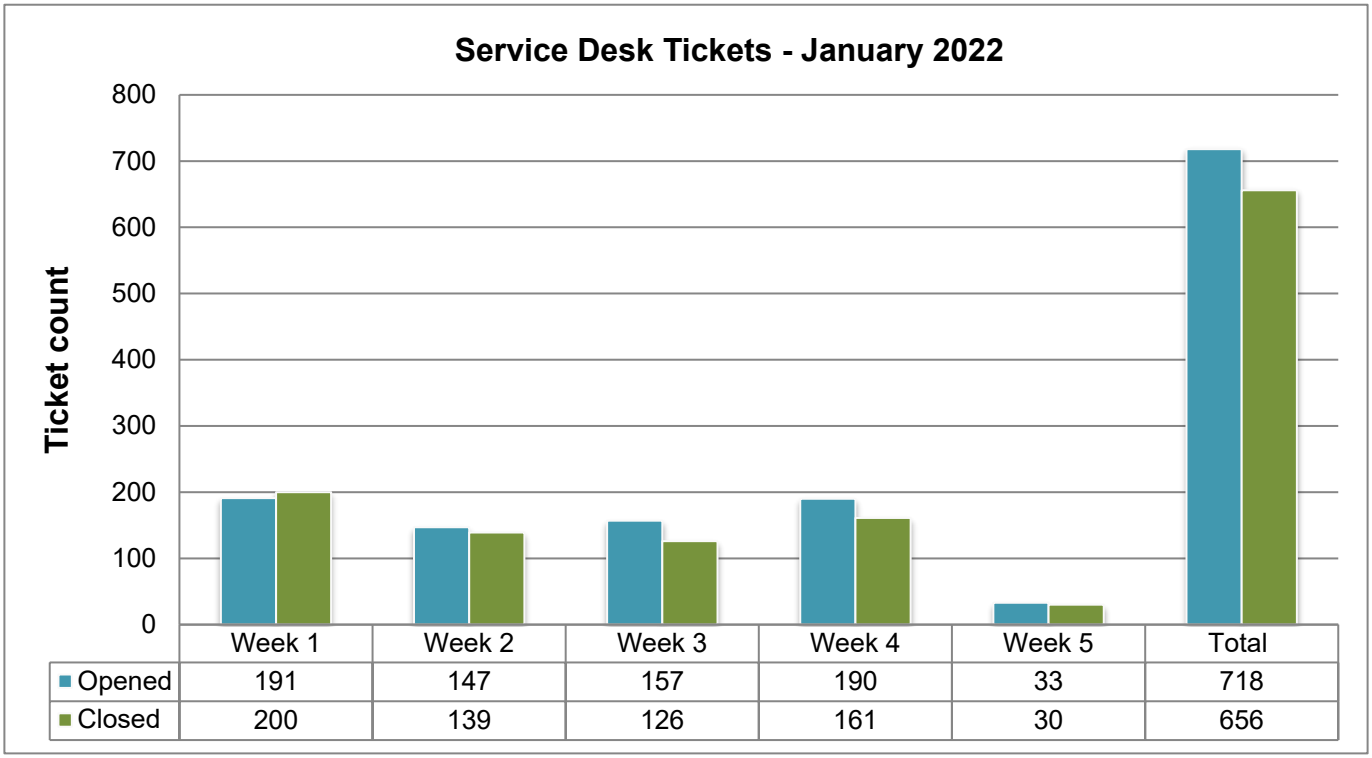


IT Stats: Infrastructure



	Call Center	DynamicsSL (Finance)	HealthSuite	OTG (Claims)	o365 (Email)	TruCare
Week 1	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%
Week 3	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%
Week 5	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

- All mission critical applications are monitored and managed thoroughly.
- There were no major outages experienced in the month of January 2022 despite supporting 97% of staff working remotely.
- Responded to the Log4j Vulnerabilities.
    - Log4j is software is used to record all manner of activities that go on under the hood in a wide range of computer systems.
    - The vulnerability affects any systems and services that use the Java logging library.
    - Our security team has patched 98% of the systems in the enterprise affected by this vulnerability and has been actively monitoring new releases and we expect to complete the remediation efforts by the end of February 2022.

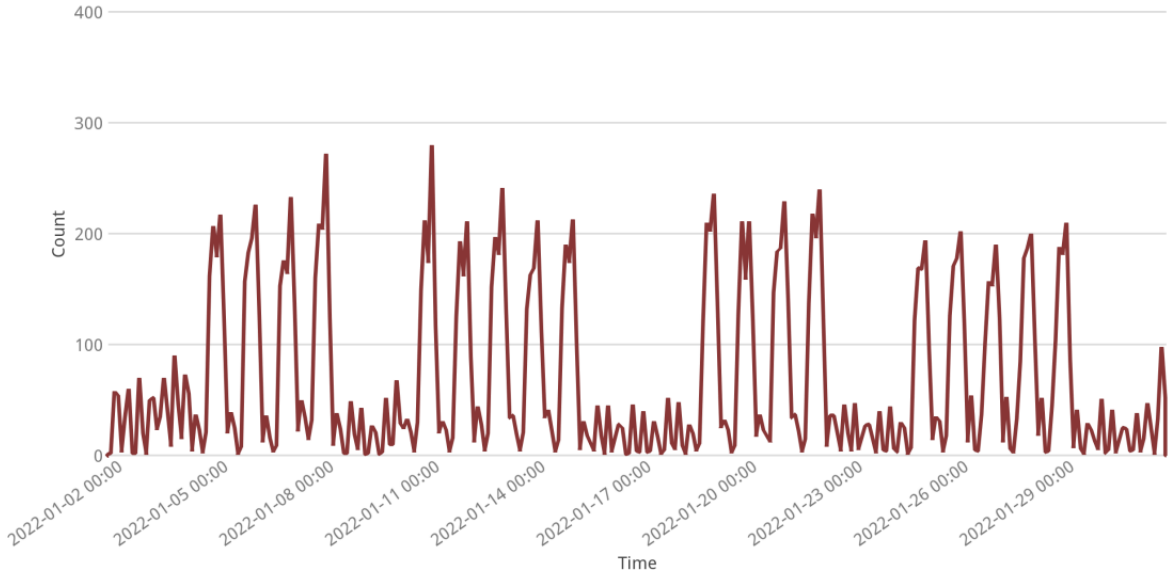


	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	191	147	157	190	33	718
Closed	200	139	126	161	30	656

- 718 Service Desk tickets were opened in the month of January 2022, which is 45.35% lower than the previous month and 656 Service Desk tickets were closed, which is 49.5% lower than the previous month.
    - The open ticket count for the month of January is lower and significantly normalized within the previous 3-month average of 750.
    - The IT Service Desk also experienced resource constraints in the month of January but maintained the ticket closure average.

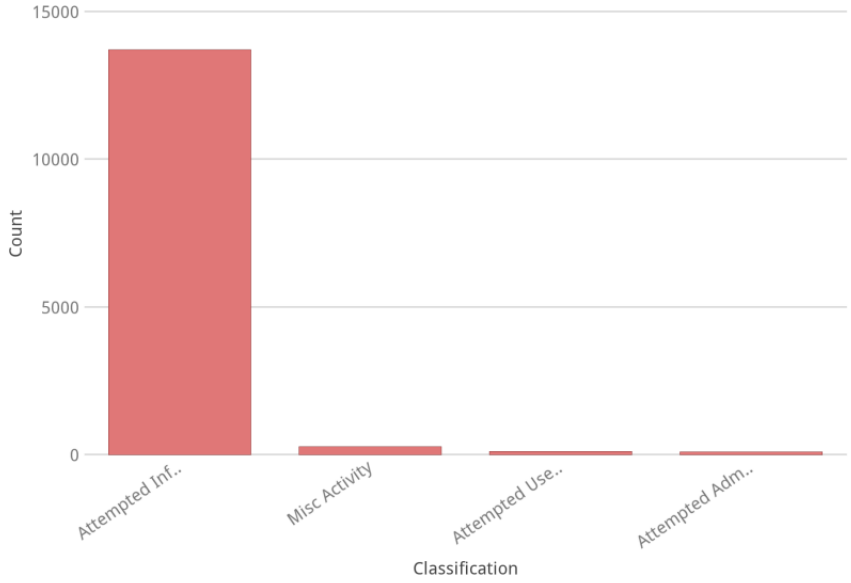
All Intrusion Events

Time Window: *2022-01-01 09:29:00 - 2022-01-31 09:29:00*



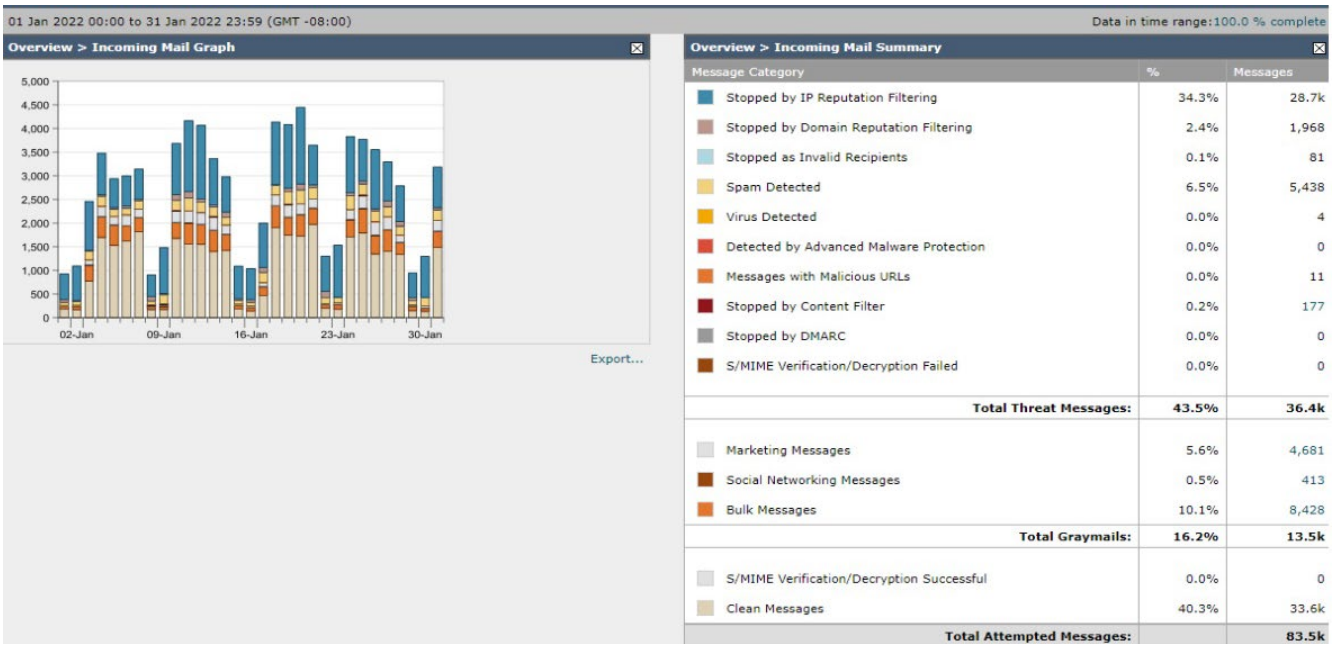
Dropped Intrusion Events

Time Window: *2022-01-01 09:30:00 - 2022-01-31 09:30:00*
Constraints: *Inline Result = dropped*



Classification	Count
Attempted Information Leak	13,716
Misc Activity	275
Attempted User Privilege Gain	117
Attempted Administrator Privilege Gain	103

MX4



Message Category	%	Messages
Stopped by IP Reputation Filtering	34.3%	28.7k
Stopped by Domain Reputation Filtering	2.4%	1,968
Stopped as Invalid Recipients	0.1%	81
Spam Detected	6.5%	5,438
Virus Detected	0.0%	4
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	11
Stopped by Content Filter	0.2%	177
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**43.5%**	**36.4k**
Marketing Messages	5.6%	4,681
Social Networking Messages	0.5%	413
Bulk Messages	10.1%	8,428
Total Graymails:	**16.2%**	**13.5k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	40.3%	33.6k
Total Attempted Messages:		**83.5k**

MX9

Message Category	%	Messages
Stopped by IP Reputation Filtering	21.0%	13.7k
Stopped by Domain Reputation Filtering	3.0%	1,983
Stopped as Invalid Recipients	0.2%	104
Spam Detected	7.5%	4,865
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	5
Stopped by Content Filter	0.3%	194
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**32.0%**	**20.8k**
Marketing Messages	6.4%	4,183
Social Networking Messages	0.6%	405
Bulk Messages	9.4%	6,090
Total Graymails:	**16.4%**	**10.7k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	51.6%	33.6k
Total Attempted Messages:		**65.1k**

Item / Date	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	***Jan-22***
Stopped By Reputation	43.8k	149k	60.7k	79.9k	65.4	78.8k	62.7k	43.1k	41.5k	24.3k	39.3k	69.7k	***42.4k***
Invalid Recipients	62	242	384	1,776	99	1,982	742	185	132	82	92	153	***185***
Spam Detected	8,650	30.2k	19.2k	19.2k	18	17.4k	27	12.8k	10.8k	5.6k	9,684	13.2k	***10.3k***
Virus Detected	0	9	3	5	2	2	9	14	14	0	1	1	***5***
Advanced Malware	10	10	0	6	6	0	1	3	2	0	0	9	***0***
Malicious URLs	3	6	14	0	264	30	12	9	7	6	43	39	***16***
Content Filter	18	189	56	151	264	167	78	58	89	27	27	8	***371***
Marketing Messages	3,203	68	68	6,707	6,366	6,357	6,256	6,710	7,383	4,489	9,221	6,147	***8,864***
Attempted Admin Privilege Gain	42	160	89	96	95	109	101	129	157	128	124	116	***103***
Attempted User Privilege Gain	37	6	64	10	1	0	3	7	6	6	13	49	***117***
Attempted Information Leak	44	11	3	20	18	38	15	32	3,700	7,782	9,376	13.7k	***13.7k***
Potential Corp Policy Violation	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	0	0	24	11	0	3	1	0	0	0	0	0	***0***
Attempted Denial of Service	15,163	2,788	0	1	0	0	0	0	0	0	0	0	***0***
Misc. Attack	2,390	13,836	6,870	4,395	3,851	1,516	975	446	5,733	8,550	76	161	***275***

- 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 increased with a return to a reputation-based block for a total of 42.4k.
- Attempted information leaks detected and blocked at the firewall remained at 13.7k for the month of January 2022.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is higher at 117 from a previous six-month average of 14.

Projects and Programs

Ruth Watson

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

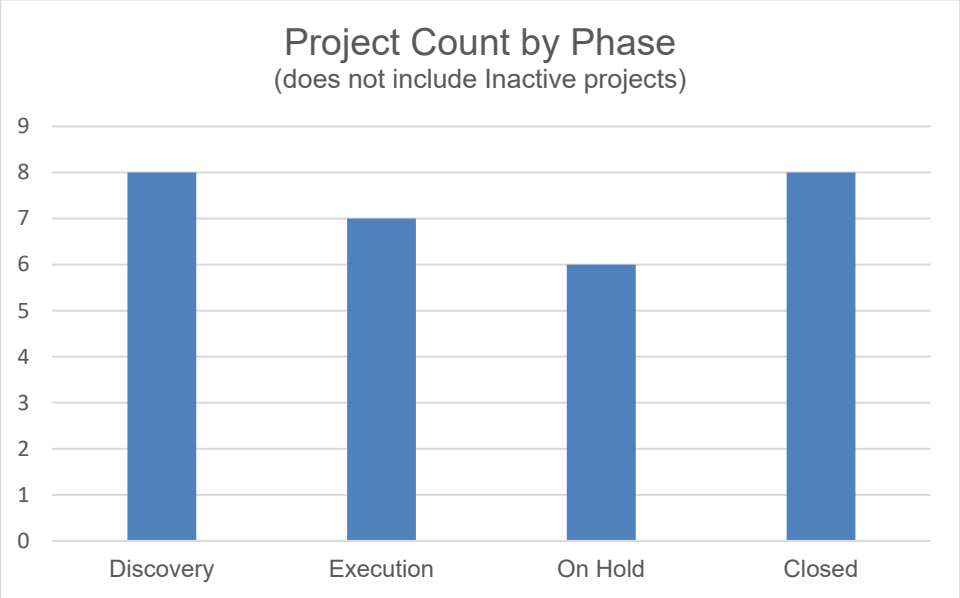
From: **Ruth Watson, Chief Projects and Programs Officer**

Date: **February 11th, 2022**

Subject: **Projects & Programs Report**

Project Management Office

- 37 projects currently on the Alliance enterprise-wide portfolio
  - 15 Active projects (discovery, initiation, planning, execution, warranty)
  - 6 On Hold projects
  - 8 Closed projects
  - 8 Inactive projects (**not included on chart as Inactive is not a phase**)



Integrated Planning

- CalAIM Enhanced Care Management (ECM) and Community Supports (CS):
  - Launched ECM and CS on January 1st
    - Daily reporting of any Member or Provider issues extended from January 4th through January 31st; the Alliance reported no issues during the reporting period.
  - ECM portion of the Model of Care (MOC) fully approved:
    - DHCS is requiring all Managed Care Plans (MCPs) to revise ECM Policies & Procedures (P&Ps) to reflect updated guidance regarding authorization of ECM for members who were receiving ECM with a prior MCP; revisions due to DHCS by February 15th.

- CS portion of the MOC fully approved for Parts 1 and 2 and conditionally approved for Part 3.
    - Requires an update to all CS P&Ps to include service discontinuation language; revisions were submitted to DHCS on January 14th.
    - DHCS is also requiring all MCPs to revise CS P&Ps to reflect updated guidance regarding authorization of CS for members who were receiving CS with a prior MCP; revisions due to DHCS by February 15th.
- Operational Readiness Activities – Day 2 (30/60/90 days)
    - Sprint planning and execution continues in two-week increments to complete identified activities over the next 90 days.
- Long-term planning underway for 2022 Q2 / Q3 / Q4 including:
    - Implementation of additional ECM Populations of Focus effective January 2023 and July 2023.
    - Identification and timing of additional CS services to be offered.
    - Automation of manual processes.

- CalAIM Major Organ Transplants (MOT)
    - Submitted response to DHCS on January 7th regarding the Corrective Action Plan (CAP) received on December 10th for lack of a certified MOT network; awaiting response from DHCS.

- CalAIM Incentive Payment Program – three-year DHCS program to provide funding for the support of ECM and CS in the following areas:
    - Delivery System Infrastructure.
    - ECM Provider Capacity Building.
    - Community Supports Provider Capacity Building and Community Supports Take-Up.
    - Submitted the required Needs Assessment and Gap Filling Plan to DHCS on January 12th.

- Behavioral Health Integration (BHI) Incentive Program – DHCS pilot program commenced January 1st, 2021 and continues through December 31st, 2022.
    - Q42021 Milestone reports received from grantees on January 31st.
    - Q42021 Milestone report due to DHCS on February 28th.

- Student Behavioral Health Incentive Program (SBHIP) – finalized contract for consulting services to assist with implementation of the program.
    - Letter of Intent to participate in the program submitted to DHCS on January 27th.

Recruiting and Staffing

- Project Management Open position(s):
    - New Project Manager started January 4th
    - Recruitment to commence/continue for the following positions:
        - Manager, Project Management Office (PMO)
        - Senior Business Analyst
        - Project Manager
        - Business Analyst, Integrated Planning

Projects and Programs

Supporting Documents

Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs.
    - Enhanced Care Management (ECM) – ECM will target seven (7) 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.
        - Three (3) additional PoFs will become effective on January 1st, 2023.
        - Final PoF will become effective on July 1st, 2023.
    - 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
    - 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 adults; also applicable to children for transplants not covered by California Children's Services.
    - CalAIM Incentive Payment Program – CalAIM's 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 managed care plans (MCPs); will be carved into all MCPs effective January 1st, 2023.
    - Coordinated Re-Entry – adults and children/youth transitioning from incarceration or juvenile facilities will be enrolled into Medi-Cal upon release effective January 1st, 2023.
    - 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 cohesive plan of action for addressing member needs across the continuum of care based on data driven risk stratification, predictive analytics, and standardized assessment processes.

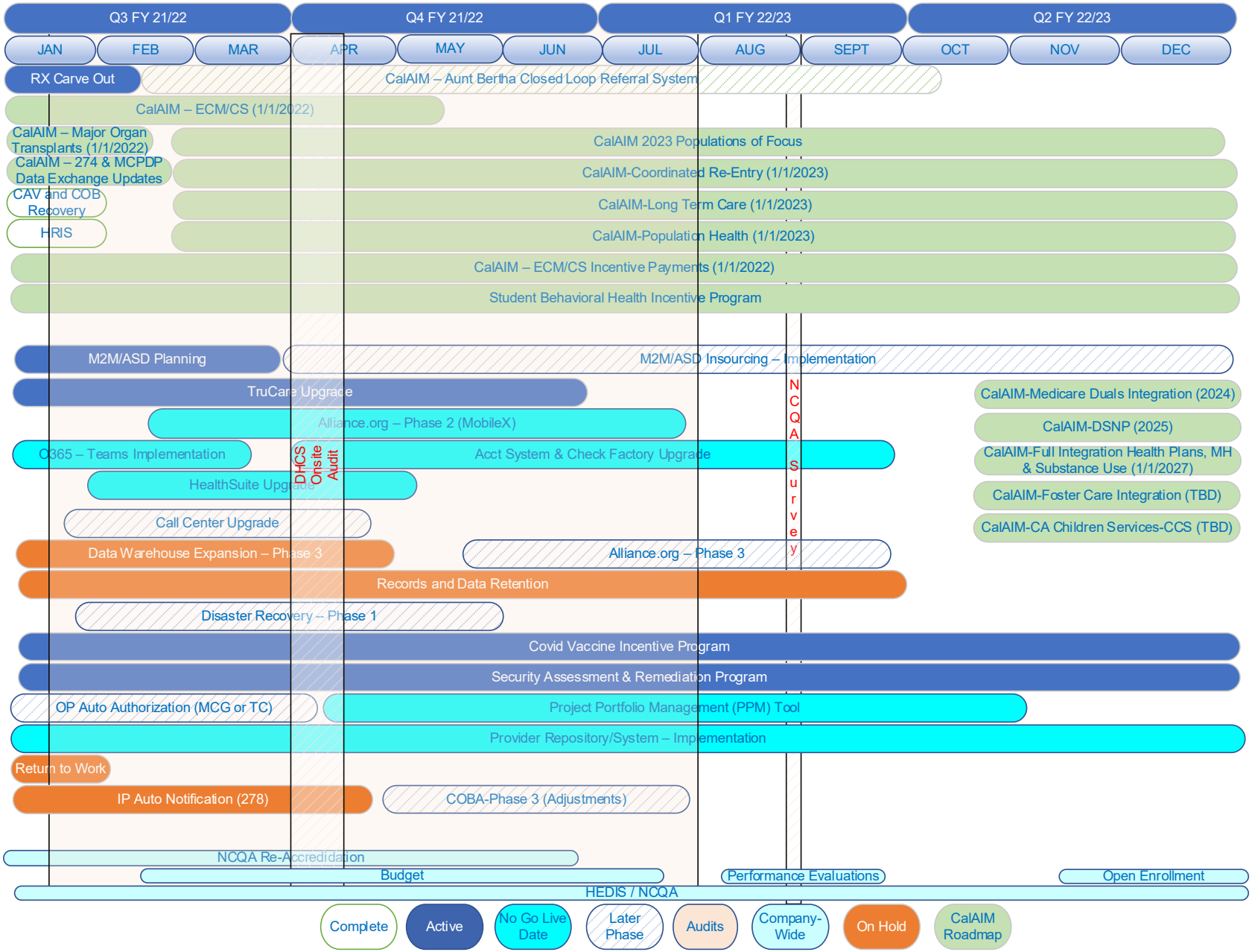
- Return to Work – assessment of current state work environment and recommendations for future configurations (remote/onsite/hybrid).
- Pharmacy Carve-Out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State occurs on January 1st, 2022.
- Project Portfolio Management (PPM) Tool – vendor demonstrations complete.
- APL 20-017 Managed Care Program Data Improvement.
    - DHCS will require Managed Care Plans (MCPs) to report program data using new, standardized reporting formats.
        - Additional requirements for data reporting related to grievances, appeals, monthly Medical Exemption Requests (MER) and other continuity of care requests, out-of-Network requests, and Primary Care Provider (PCP) assignments for all MCPs.
        - MCPs are required to meet all requirements in this APL no later than July 1st, 2021.
- Accounting & Enterprise Resource Planning (ERP) System Upgrade – upgrade current system to supported platform.
- 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.
    - Letter of Intent to participate submitted to DHCS on January 27th.
    - Meetings will be scheduled in February with the Alameda County Office of Education and Center for Healthy Schools and Communities to begin work to identify which of the fourteen (14) targeted interventions are a priority for Alameda County.

Key Projects on Hold:

- In Patient (IP) Auto Notification (278 Data File) – pilot hospitals are not ready to start implementation.
- Records and Data Retention – on hold due to internal resource constraints re-directed to regulatory required projects.

Key Projects Closed:

- All Plan Letter (APL) 21-002 (formerly APL 20-010) Cost Avoidance, Other Health Coverage.
- Navex Global – implementation of a single, centralized repository to manage and store policies and procedures as well as a new hotline and web intake process for FWA/HIPAA case management.
- Member Services Call Center Redesign & Simplification – call center update to minimize member confusion, introduce self-service options and update with Regulatory member instructions.


Q3 FY 21/22
Q4 FY 21/22
Q1 FY 22/23
Q2 FY 22/23
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEPT
OCT
NOV
DEC
RX Carve Out
CalAIM – Aunt Bertha Closed Loop Referral System
CalAIM – ECM/CS (1/1/2022)
CalAIM – Major Organ Transplants (1/1/2022)
CalAIM 2023 Populations of Focus
CalAIM – 274 & MCPDP Data Exchange Updates
CalAIM-Coordinated Re-Entry (1/1/2023)
CAV and COB Recovery
CalAIM-Long Term Care (1/1/2023)
HRIS
CalAIM-Population Health (1/1/2023)
CalAIM – ECM/CS Incentive Payments (1/1/2022)
Student Behavioral Health Incentive Program
M2M/ASD Planning
M2M/ASD Insourcing – Implementation
TruCare Upgrade
CalAIM-Medicare Duals Integration (2024)
Alliance.org – Phase 2 (MobileX)
CalAIM-DSNP (2025)
O365 – Teams Implementation
DHCS Onsite Audit
Acct System & Check Factory Upgrade
CalAIM-Full Integration Health Plans, MH & Substance Use (1/1/2027)
HealthSuite Upgrade
CalAIM-Foster Care Integration (TBD)
Call Center Upgrade
CalAIM-CA Children Services-CCS (TBD)
NCQA Survey
Data Warehouse Expansion – Phase 3
Alliance.org – Phase 3
Records and Data Retention
Disaster Recovery – Phase 1
Covid Vaccine Incentive Program
Security Assessment & Remediation Program
OP Auto Authorization (MCG or TC)
Project Portfolio Management (PPM) Tool
Provider Repository/System – Implementation
Return to Work
IP Auto Notification (278)
COBA-Phase 3 (Adjustments)
NCQA Re-Accreditation
Budget
Performance Evaluations
Open Enrollment
HEDIS / NCQA
Complete
Active
No Go Live Date
Later Phase
Audits
Company-Wide
On Hold
CalAIM Roadmap

Analytics

Tiffany Cheang

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

From: **Tiffany Cheang, Chief Analytics Officer**

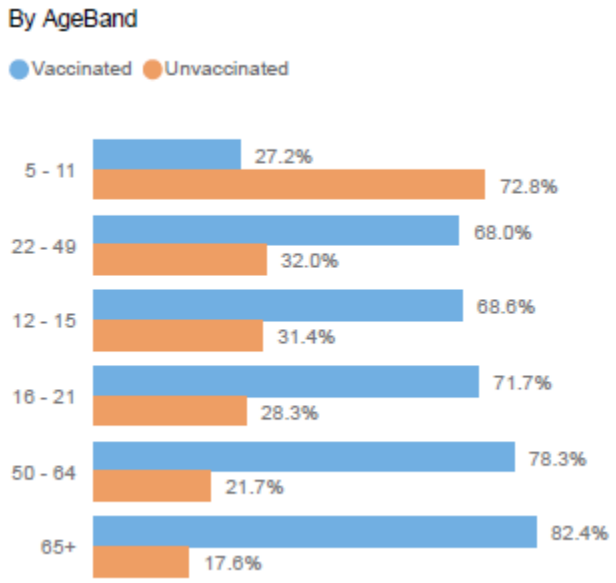
Date: **February 11th, 2022**

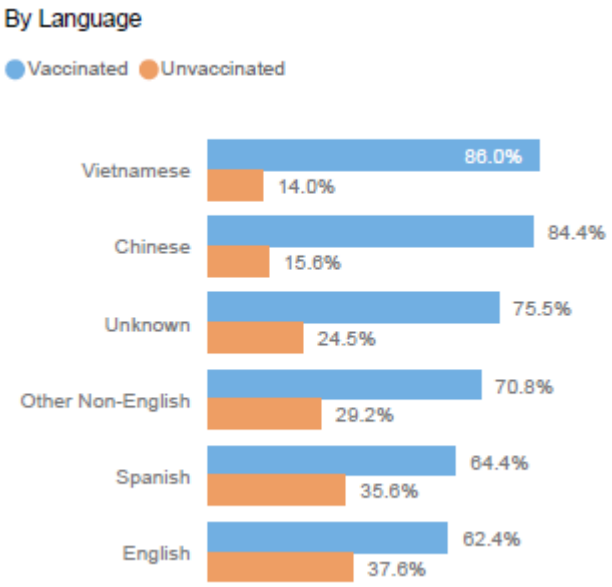
Subject: **Performance & Analytics Report**

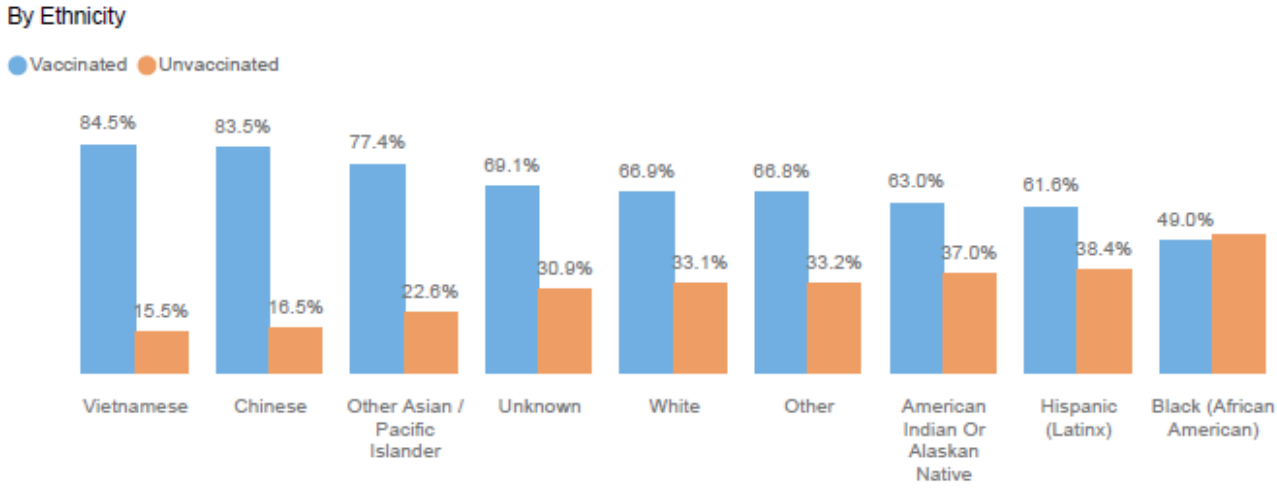
COVID-19 Vaccination Rate

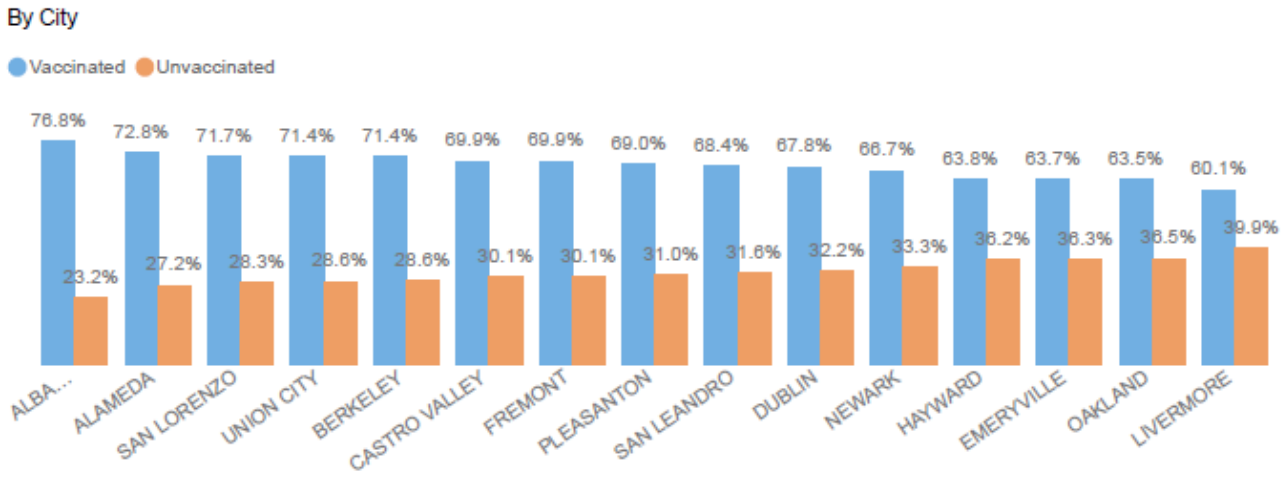
- The Alliance COVID-19 Vaccination rate is 66.2% for fully and partially vaccinated members aged **5** years and older.
  - 60.9% are fully vaccinated
  - 5.3% are partially vaccinated

A comparison of the Alliance's vaccinated vs unvaccinated members (33.8%) shows the following demographic results:









Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
  - Current reporting period: November 2020 – October 2021 dates of service.
  - Prior reporting period: November 2019 – October 2020 dates of service.

  (Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 8.6% of members account for 83.8% of total costs.

- In comparison, the Prior reporting period was lower at 7.7% of members accounting for 83.3% 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 60.3% of the members, with SPDs accounting for 26.9% and ACA OE's at 33.4%.
  - The percent of members with costs >= $30K slightly increased from 1.6% to 1.9%.
  - Of those members with costs >= $100K, the percentage of total members remained consistent at 0.4%.
    - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, increasing to 49.5%.

- 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 8.6% is more concentrated in the 45-66 year old category (40.4%) compared to the overall population (20.5%).

Analytics

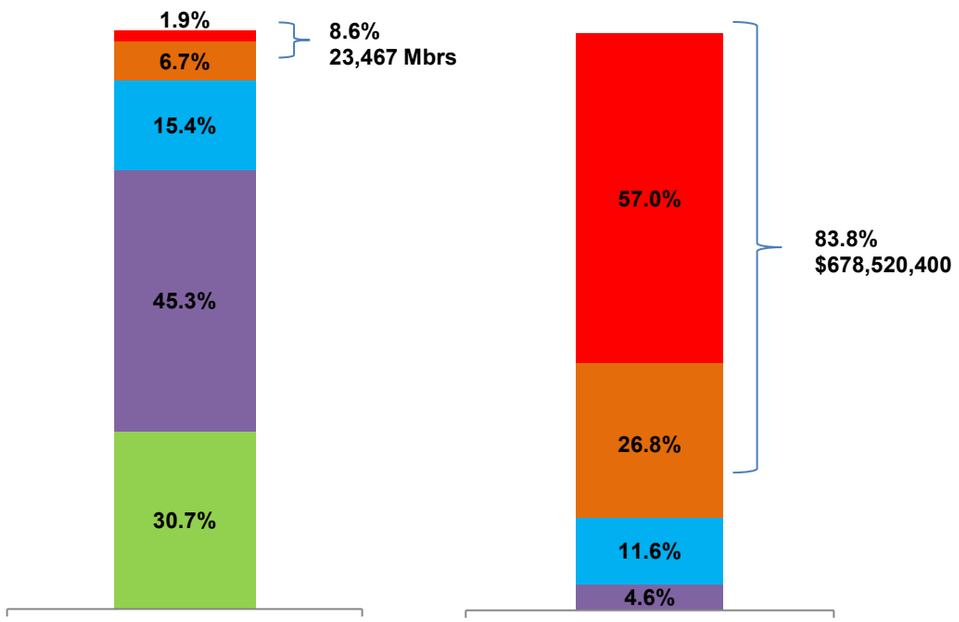
Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Nov 2020 - Oct 2021

Note: Data incomplete due to claims lag

Run Date: 01/27/2022

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	5,139	1.9%	$ 461,635,396	57.0%
$5K - $30K	18,328	6.7%	$ 216,885,004	26.8%
$1K - $5K	41,893	15.4%	$ 93,645,240	11.6%
< $1K	123,047	45.3%	$ 37,092,005	4.6%
$0	83,501	30.7%	$ -	0.0%
Totals	**271,908**	**100.0%**	**$ 809,257,645**	**100.0%**

Top 8.6% of Members = 83.8% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,203	0.4%	$ 251,558,173	31.1%
$75K to $100K	640	0.2%	$ 54,896,798	6.8%
$50K to $75K	1,247	0.5%	$ 76,366,804	9.4%
$40K to $50K	790	0.3%	$ 35,261,093	4.4%
$30K to $40K	1,259	0.5%	$ 43,552,529	5.4%
SubTotal	***5,139***	***1.9%***	***$ 461,635,396***	***57.0%***
$20K to $30K	2,373	0.9%	$ 57,780,829	7.1%
$10K to $20K	6,667	2.5%	$ 92,994,660	11.5%
$5K to $10K	9,288	3.4%	$ 66,109,514	8.2%
SubTotal	***18,328***	***6.7%***	***$ 216,885,004***	***26.8%***
Total	**23,467**	***8.6%***	**$ 678,520,400**	***83.8%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Oct 2021	249,757	$ 713,149,834
Dis-Enrolled During Year	22,151	$ 96,107,811
Totals	**271,908**	**$ 809,257,645**

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
8.6% of Members = 83.8% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Nov 2020 - Oct 2021
Note: Data incomplete due to claims lag
Run Date: 01/27/2022

8.6% of Members = 83.8% of Costs
26.9% of members are SPDs and account for 32.7% of costs.
33.4% of members are ACA OE and account for 31.9% of costs.
6.9% of members disenrolled as of Oct 2021 and account for 13.3% 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	585	723	3.1%
MCAL	MCAL - ADULT	555	3,447	4,002	17.1%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	213	1,466	1,679	7.2%
	MCAL - ACA OE	1,659	6,182	7,841	33.4%
	MCAL - SPD	1,788	4,528	6,316	26.9%
	MCAL - DUALS	124	1,174	1,298	5.5%
Not Eligible	Not Eligible	662	946	1,608	6.9%
Total		**5,139**	**18,328**	**23,467**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 9,225,057	$ 6,541,808	$ 15,766,865	2.3%
MCAL	MCAL - ADULT	$ 42,551,633	$ 40,294,157	$ 82,845,790	12.2%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 10,351,079	$ 17,172,681	$ 27,523,760	4.1%
	MCAL - ACA OE	$ 145,634,715	$ 71,038,879	$ 216,673,594	31.9%
	MCAL - SPD	$ 165,801,439	$ 55,824,296	$ 221,625,735	32.7%
	MCAL - DUALS	$ 9,413,871	$ 14,151,315	$ 23,565,186	3.5%
Not Eligible	Not Eligible	$ 78,657,602	$ 11,861,867	$ 90,519,469	13.3%
Total		**$ 461,635,396**	**$ 216,885,004**	**$ 678,520,400**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
37.7% of members are SPDs and account for 36.4% of costs.
29.8% of members are ACA OE and account for 30.6% of costs.
19.7% of members disenrolled as of Oct 2021 and account for 21.7% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	14	1.2%
MCAL	MCAL - ADULT	109	9.1%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	6	0.5%
	MCAL - ACA OE	359	29.8%
	MCAL - SPD	454	37.7%
	MCAL - DUALS	24	2.0%
Not Eligible	Not Eligible	237	19.7%
Total		**1,203**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 2,851,221	1.1%
MCAL	MCAL - ADULT	$ 19,986,532	7.9%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 1,190,060	0.5%
	MCAL - ACA OE	$ 76,904,508	30.6%
	MCAL - SPD	$ 91,656,958	36.4%
	MCAL - DUALS	$ 4,503,018	1.8%
Not Eligible	Not Eligible	$ 54,465,876	21.7%
Total		**$ 251,558,173**	**100.0%**

% of Total Costs By Service Type

Breakout by Service Type/Location

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	7%	0%	0%	12%	57%	2%	15%	5%	2%	8%
$75K to $100K	8%	0%	1%	17%	46%	3%	7%	5%	8%	13%
$50K to $75K	7%	0%	1%	18%	43%	3%	7%	6%	8%	15%
$40K to $50K	6%	1%	1%	15%	44%	5%	8%	7%	2%	19%
$30K to $40K	13%	0%	1%	15%	38%	13%	8%	7%	1%	18%
$20K to $30K	7%	2%	1%	19%	34%	11%	10%	8%	1%	18%
$10K to $20K	1%	0%	1%	21%	33%	6%	13%	10%	1%	16%
$5K to $10K	0%	0%	0%	24%	19%	9%	14%	15%	0%	20%
Total	**6%**	**0%**	**1%**	**16%**	**44%**	**5%**	**12%**	**7%**	**3%**	**13%**

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: **February 11th, 2022**

Subject: **Human Resources Report**

Staffing

- As of February 1st, 2022, the Alliance had 363 full time employees and 1-part time employees.

- On February 1st, 2022, the Alliance had 54 open positions in which 9 signed offer acceptance letters have been received, with start dates in the near future resulting in a total of 45 positions open to date. The Alliance is actively recruiting for the remaining 45 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions February 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	14	3	11
Operations	26	6	20
Healthcare Analytics	1	0	1
Information Technology	3	0	3
Finance	3	0	3
Regulatory Compliance	2	0	2
Human Resources	4	0	4
Projects & Programs	1	0	1
Total	54	9	45

- Our current recruitment rate is 13%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in January 2022 included:
    - 6 years:
        - Shruti Gupta (Healthcare Analytics)
        - Jennifer Karmelich (Regulatory Readiness)
        - Deborah Ames (Finance)
        - Amy Stevenson (Case & Disease Management)
    - 7 years:
        - John Settle (IT Development)
    - 9 years:
        - Shari Lee (Utilization Management)
        - Lena Lee (Case & Disease Management)
        - Catherine Chang (Finance)
    - 10 years:
        - Raul Cornejo (IT Infrastructure)
    - 12 years:
        - Rob Lustan (Finance)
    - 14 years:
        - Beza Tesfaye (IT Operations & Quality Applications Management)
    - 20 years:
        - Rachel Cooper (Claims)
    - 21 years:
        - Vanitha Henry (IT Development)