Board of Governors

PACKET

SEPTEMBER 11th, 2026

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, September 11th, 2026
12:00 p.m. – 2:00 p.m.

In-Person and Video Conference Call

1240 S. Loop Road
Alameda, CA 94502

PUBLIC COMMENTS: Public Comments can be submitted for any agendized item or for any item not listed on the agenda, by mailing your comment to: "Attn: Clerk of the Board," 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at bgonzalez@alamedaalliance.org. You may attend meetings in person or by computer by logging in to the following link: Click here to join the meeting. You may also listen to the meeting by calling in to the following telephone number: 1-510-210-0967 conference id 88758315#. If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agendized item, including general public comment. Your request to speak must be received before the item is called on the agenda. If you participate by telephone, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the Board of Governors are limited to two (2) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

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

1. CALL TO ORDER

(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on September 11th, 2026, at 12:00 p.m. in Alameda County, California, by Andrea Schwab-Galindo, Presiding Officer. This meeting is to take place in person and by video conference call)

2. ROLL CALL

3. AGENDA APPROVAL

4. INTRODUCTIONS

5. CONSENT CALENDAR

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

a) AUGUST 11th, 2026, FINANCE COMMITTEE MEETING MINUTES

b) **AUGUST 14th, 2026, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES**

c) **AUGUST 14th, 2026, BOARD OF GOVERNORS MEETING MINUTES**

d) **APPROVE RESOLUTION APPOINTING MARCUS WATKINS TO THE FINANCE COMMITTEE**

e) **APPROVE RESOLUTION APPOINTING MEMBER(S) TO QUALITY IMPROVEMENT HEALTH EQUITY – UTILIZATION MANAGEMENT COMMITTEE**

f) **2026 SALARY SCHEDULE REVIEW**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

   a) **REVIEW AND APPROVE JULY 2026 FINANCIAL STATEMENTS**

   b) **HEALTH CARE SERVICES: PROGRAM DATA UPDATE**

   c) **ANALYTICS: HEDIS/STARS UPDATE**

9. **STAFF UPDATES**

10. **UNFINISHED BUSINESS**

11. **STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS**

12. **PUBLIC COMMENT (NON-AGENDA ITEMS)**

13. **ADJOURNMENT**

NOTICE TO THE PUBLIC

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

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

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

Supplemental Material Received After the Posting of the Agenda: Any supplemental materials or documents distributed to a majority of the Board regarding any item on this agenda after the posting of the agenda will be available for public review. To obtain a document, please call the Clerk of the Board at (510) 995-1207.

Submittal of Information by Members of the Public for Dissemination or Presentation at Public Meetings (Written Materials/handouts): Any member of the public who desires to submit documentation in hard copy form may do so prior to the meeting by sending it to "Attn: Clerk of the Board", 1240 S. Loop Road, Alameda, CA 94502. This information will be disseminated to the Board 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 participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Brenda Gonzalez, at (510) 995-1207 at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org by September 8th, 2026, by 12:00 p.m.

Brenda Gonzalez, Clerk of the Board

EXECUTIVE SUMMARY APPENDIX

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

SUPPORTING MATERIALS APPENDIX

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

PRESENTATIONS APPENDIX

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

Consent Calendar

Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

August 11th, 2026
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting conducted in person and by Teleconference.

Committee Members in-person: Dr. Rollington Ferguson, Gil Riojas
Committee Members by Teleconference: James Jackson
Committee Members Excused: Rebecca Gebhart, Yeon Park
Board of Governors members in-person and on Conference Call:

Alliance Staff in-person and on Conference Call: Matt Woodruff, Dr. Donna Carey, Tiffany Cheang, Beau Hennemann, Pritika Dutt, Brenda Gonzalez, Tome Meyers, Felix Rodriguez, Danube Serri, Anastasia Swift, Sasi Karaiyan, Christine Corpus

CALL TO ORDER

Dr. Ferguson convened the Finance Committee meeting at 8:00 a.m.

ROLL CALL

Roll call was conducted and confirmed.

INTRODUCTIONS

Beau Hennemann was introduced as the new COO.

CONSENT CALENDAR

Dr. Ferguson presented the Consent Calendar.

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

COMMITTEE BUSINESS

a) CEO UPDATE

b) REVIEW AND APPROVE THE MAY AND JUNE 2026 MONTHLY FINANCIAL STATEMENTS

MAY 2026 Financial Statement Summary

Enrollment:

Enrollment decreased by 5,467 members since April 2026. Total enrollment decreased by 36,497 members since June 2025.

Net Income:

For the month ended May 31st, 2026, the Alliance reported a Net Income of $1.5 million (versus budgeted Net Loss of $1.0 million). For the year-to-date, the Alliance recorded a Net Income of $68.5 million versus a budgeted Net Income of $20.1 million.

Premium Revenue:

For the month ended May 31st, 2026, actual Revenue was $184.5 million vs. our budgeted amount of $181.0 million.

Medical Expense:

Actual Medical Expenses for the month were $173.0 million, vs. budgeted amount of $174.9 million. For the year-to-date, actual Medical Expenses were $1.9 billion vs. budgeted Medical Expense of $2.0 billion.

Medical Loss Ratio:

Our MLR ratio for this month was reported as 93.7%. The year-to-date MLR was 92.4%.

Administrative Expense:

Actual YTD Administrative Expenses for the month ending May 31st, 2026, were $12.4 million vs. our budgeted amount of $10.1 million. Our Administrative Loss Ratio (ALR) is 6.7% of our Revenue for the month, and 5.6% of Net Revenue for year-to-date.

Other Income / (Expense):

As of May 31st, 2026, our YTD interest income from investments show a gain of $27.2 million.

Managed Care Organization (MCO) Provider Tax:

For the month ending May 31st, 2026, we reported $62.2 million MCO Tax Revenue vs. budgeted MCO Tax Revenue of $59.5 million. Our MCO Tax Expense was $62.2 million vs. budgeted MCO Tax Expense of $59.5 million.

Tangible Net Equity (TNE):

For May, the DMHC requires that we have $78.9 million in TNE, and we reported $237.8 million, leaving an excess of $158.8 million. As a percentage we are at 301%, which remains above the minimum required.

Cash and Cash Equivalents:

We reported $635.1 million in cash; $470.2 million is uncommitted. Our current ratio is above the minimum required at 1.22 compared to regulatory minimum of 1.0.

Capital Investments:

We have acquired $51,000 in Capital Assets year-to-date. Our annual capital budget is $1.4 million.

JUNE 2026 Financial Statement Summary

Enrollment:

Enrollment decreased by 4,813 members since May 2026. Total enrollment decreased by 41,310 members since June 2025.

Net Income:

For the month ended June 30th, 2026, the Alliance reported a Net Loss of $6.1 million (versus budgeted Net Income of $913,000). For the year-to-date, the Alliance recorded a Net Income of $62.4 million versus a budgeted Net Income of $21.0 million.

Premium Revenue:

For the month ended June 30th, 2026, actual Revenue was $190.6 million vs. our budgeted amount of $179.0 million.

Medical Expense:

Actual Medical Expenses for the month were $185.4 million, vs. budgeted amount of $169.8 million. For the year-to-date, actual Medical Expenses were $2.1 billion vs. budgeted Medical Expense of $2.1 billion.

Medical Loss Ratio:

Our MLR ratio for this month was reported as 97.2%. The year-to-date MLR was 92.8%.

Administrative Expense:

Actual YTD Administrative Expenses for the month ending June 30th, 2026, were $13.6 million vs. our budgeted amount of $11.2 million. Our Administrative Loss Ratio (ALR) is 7.1% of our Revenue for the month, and 5.7% of Net Revenue for year-to-date.

Other Income / (Expense):

As of June 30th, 2026, our YTD interest income from investments show a gain of $29.5 million.

Managed Care Organization (MCO) Provider Tax:

For the month ending June 30th, 2026, we reported $62.0 million MCO Tax Revenue vs. budgeted MCO Tax Revenue of $58.7 million. Our MCO Tax Expense was $62.0 million vs. budgeted MCO Tax Expense of $58.7 million.

Tangible Net Equity (TNE):

For June, the DMHC requires that we have $79.7 million in TNE, and we reported $231.7 million, leaving an excess of $152.0 million. As a percentage we are at 291%, which remains above the minimum required.

Cash and Cash Equivalents:

We reported $704.6 million in cash; $142.6 million is uncommitted. Our current ratio is above the minimum required at 1.14 compared to regulatory minimum of 1.0.

Capital Investments:

We have acquired $51,000 in Capital Assets year-to-date. Our annual capital budget is $1.4 million.

Motion: A motion was made by James Jackson, and seconded by Dr. Rollington Ferguson, to accept and approve the May and June 2026 Financial Statements.

Motion Passed

No opposition or abstentions.

Question: Dr. Ferguson asked whether ALR (Administrative Loss Ratio) and MLR (Medical Loss Ratio) are additive and what the difference represents. Mr. Riojas said yes, they are additive. The difference between their sum and total revenue represents reserves, which build tangible net equity. If MLR is 92% and admin costs are 6%, the remaining 2% is for reserves.

Question: Dr. Ferguson inquired about how the layoff affected monthly and projected annual finances. Mr. Riojas explained that the layoff led to increased administrative costs in May,

primarily due to severance and PTO cash outs, exceeding the budget. However, he also noted that it is expected to save approximately 5–6 million over the course of a year.

UNFINISHED BUSINESS

There was no unfinished business.

PUBLIC COMMENTS

There were no public comments.

ADJOURNMENT

Dr. Ferguson adjourned the meeting at 9:06 a.m.

Compliance Advisory Committee Meeting Minutes

COMPLIANCE ADVISORY COMMITTEE
Regular Meeting Minutes

June 12, 2026
10:30 a.m. – 11:30 a.m.

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

***Committee Members Attendance**:* Dr. Kelley Meade (Chair), Rebecca Gephardt, Byron Lopez, Stephen Smythe

Remote: None

Committee Members Excused: None

1. **CALL TO ORDER**
   The regular meeting of the Compliance Advisory Committee was officially called to order by Dr. Kelley Meade at approximately 10:31 a.m.

2. **ROLL CALL**
   A roll call was conducted by the Clerk, and quorum was confirmed.

3. **AGENDA APPROVAL OR MODIFICATIONS**
   No modifications were requested; the agenda was approved as presented.

4. **PUBLIC COMMENT (NON-AGENDA ITEMS)**
   No public comments were received.

5. **CONSENT CALENDAR**
   a) May 8, 2026 Compliance Advisory Committee Meeting Minutes.

Motion: A motion to approve the minutes was made by Byron Lopez.

Second: Stephen Smythe.

Vote: All voting members present approved the motion.

6. **COMPLIANCE MEMBER REPORTS**

a) Compliance Activity Report:
    i. Plan Audits and Regulatory Oversight:
        1. 2025 DMHC Routine Full Medical Survey
            - Final findings received with two (2) responses due in July.
            - Working to remediate findings with DMHC.
        2. 2026 DHCS Annual Routine Medical Survey
            - Waiting for the second exit interview, which was expected at the start of June; continuing to follow up with DHCS to get the exit interview scheduled.
            - No official preliminary audit findings until that interview is scheduled.
        3. 2026 CMS NAV Audit
            - Federal Network Adequacy Audit.
                - This is the first CMS Network Validation for the Alliance.
                - This is a pass/fail audit; the Plan submits network to CMS.
            - Joint effort between the Analytics and Provider Contracting teams to gather data and prepare for the audit.
            - Required data was prepared and submitted at the opening of the submission window.
            - Initial formatting issue was corrected, and the upload was successfully completed.
            - We have a complete network thanks to the efforts of Provider Contracting to ensure 100% network accuracy.
            - Results are expected in Q3 2026.
        4. 2026 HSAG NAV Audit
            - Annual audit coordinated by a third party for the State, Health Services Advisory Group (HSAG); same auditor as prior years.
            - This is a DHCS network adequacy audit.
            - On track for June 18th submission with 90% completion of period deliverables to date.
        5. Encounter Validation Audit
            - Also performed by HSAG.

- Prior encounter validation audits have focused on medical records related to encounters, however this iteration is focusing on what makes an encounter/claim.
- Deep look into claims, including claims with our delegates.
- Currently we have requested materials from the delegates, and reviewing polices and procedures.
- Materials are due June 29th; currently on track to meet the deadline.

ii. Compliance Dashboard

- Dashboard totals
  - 250 total findings with 226 completed and 24 in progress.
  - Overall completion rate of 90.4%.
  - 214 are state audit findings, 198 are completed.
  - 36 are self-identified findings, 28 are completed.
- 2024 DHCS Annual Routine Medical Survey
  - All findings are fully closed.
  - Continuing to monitor findings that need oversight.
  - An internal audit validation was completed on findings related to the termination of suspended providers and consistent reporting to DHCS.
    a. The corrective action plan (CAP) was closed on May 29th showing full remediation of this finding.
    b. This CAP closure will be reported at the internal Administrative Oversight Committee (AOC).
  - 2026 DHCS Annual Routine Medical Survey
    a. Waiting for preliminary report.
    b. Tracking two self-identified findings:
       i. ECM Provider Directory did not show ECM providers for the

months of January – February and July – December.

ii. The Plan does not have an oversight mechanism in place for CPSP providers.

c. Self-identified findings are not necessarily indicative of future DHCS audit findings. Instead, they reflect areas that have been identified as potentially out of compliance or at risk of noncompliance, allowing corrective actions to be implemented proactively.

d. After each audit the Health Plan Audits team compiles a list of potential gaps to include as self-identified finings on the Compliance Dashboard. Once audit findings from the regulators come in, those findings are compared against the self-identified findings and reconciled so we can correct both the self-identified findings and the regulator identified findings.

- 2025 DMHC Routine Fiscal Examination
  a. One finding undergoing validation related to follow up with capitated providers on claims forwarded to the Plan.
- 2025 DMHC Routine Medical Audit
  a. The final report was received May 19th
  b. Four (4) of the sixteen (16) findings were corrected.
  c. There are also six (6) self-identified findings.
  d. The corrected items include:
     i. updates to expedited grievance notice language,
     ii. provider network capacity standards,
     iii. behavioral health inter-rater reliability testing, and

iv. use of approved medical necessity criteria.

e. There are two repeat findings:

i. Grievance and Appeals – Immediate notification to complainants of their right to contact the Department regarding an expedited grievance

1. These notifications are done verbally, however the issue is the verbal notification is not always documented in the case file.

ii. Pharmacy – Published formulary did not meet regulatory requirements.

1. The template has been updated and approved by DMHC, however there were missing items that need to be cross walked for DMHC to locate. The work is ongoing.

iii. Anti-Fraud Activity

- Fraud, Waste, and Abuse Program
  - Fraud, Waste, and Abuse (FWA) remains a key compliance program integrity priority in 2026.
  - Approximately 130 potential FWA referrals have been received year-to-date through a combination of Compliance Hotline reports, member grievances, direct referrals, and vendor-generated referrals
  - Twenty six (26) referrals were determined to be potentially credible and were reported to DHCS for further investigation.
  - The Special Investigations Unit (SIU) continues to investigate credible allegations through claim reviews, medical record requests, and

collaboration with subject matter experts across operational departments.
    - Monthly cross-functional FWA meetings support investigations, help identify emerging risk patterns, promote timely interventions, and facilitate process improvements related to FWA across the organization.
    - Overall, the SIU is continuing to focus on investigative efforts to substantiate inappropriate billing and other FWA concerns, implement corrective actions when needed to ensure provider education, recovery of overpayments, and provider terminations or referral to outside agencies where appropriate,
    - The SIU also continues to collaborate with external partners, including the Department of Justice (DOJ), to address emerging FWA trends and support investigations as warranted.
- Case Management Framework Enhancements
    - Efforts are ongoing to strengthen the SIU case management framework to support sustained investigation volume and maintain operational effectiveness.
    - Enhancements include continued refinement of risk-based case prioritization practices to focus resources on matters presenting the greatest financial exposure, compliance risk, and potential member impact,
- Process Improvements and DHCS Audit Alignment
    - Ongoing process enhancements were identified through the recent DHCS audit and internal continuous improvement efforts.
    - Efforts to strengthen verification of service (VOS) procedures, including the development of clearer documentation standards, greater consistency in application, and alignment with regulatory expectations.
    - SIU is partnering with Analytics to develop a periodic reporting and random claim sampling

process to proactively verify that billed services were received by members.
    - Enhancements are intended to strengthen program integrity, improve oversight activities, and support ongoing audit readiness.

iv. Compliance Committee Overview
- Compliance Committee meets quarterly and serves as a key oversight forum for the Alliance Compliance Program. These meetings are now getting reported up through the Compliance Advisory Committee.
- Compliance Committee met on May 19, 2026 and continued its quarterly oversight of the Compliance Program, including regulatory reporting, policy implementation, regulatory audits, privacy, FWA, delegation oversight, and operational committee activities.
- There were no sanctions during the reporting period.
- Updates were reviewed on active compliance risks and issues, including grievance turnaround time requirements, Board Certified Behavior Analyst PAVE enrollment requirements, and claims processing timeliness.
- The annual Compliance Program, which included enhanced integration of Compliance, Enterprise Risk Management (ERM), and Internal Audit was reviewed and approved.
- Ongoing efforts to strengthen delegated entity oversight, audit monitoring processes, and training effectiveness were also discussed.
- ERM and operation al oversight activities were presented and the foundation ERM governance components were approved.
- Results of the annual Compliance Program survey, which assessed program effectiveness across employee knowledge, communication, training, and organizational culture was presented.
    - Survey results reflected strong performance in compliance knowledge and leadership commitment.

- Opportunities for improvement were identified in communication, reporting, and training resources. These areas will be incorporated into future program enhancement efforts.

b) Medi-Cal and Medicare Program Updates

i. D-SNP Updates

- The D-SNP bid was completed timely and successfully.
- The MTM attestation was completed.
- The next big deadline is the State Medicaid Agency Contract (SMAC).
  - Due the first Monday in July.

7. COMPLIANCE ADVISORY COMMITTEE BUSINESS

a) Compliance Advisory Committee Charter Update

- Compliance has created an official charter for the Compliance Advisory Committee.
- The charter was reviewed with the committee and updates were made including emphasis and the Subcontractor and Delegation Oversight Committee reporting, FWA reporting, and sanctions and penalties.

b) Aligning Compliance Advisory Committee meetings with Board of Governors meetings

- Meeting cadence will match with Board of Governors, regarding in person verses remote meetings.

Motion: A motion to approve the Charter with the noted updates was made by Rebecca Gebhart.

Second: Byron Lopez**.**

Vote: All voting members present approved the motion.

8. STAFF UPDATES

a) Staff members in the Compliance Audit team and Regulatory Affairs team have left the Alliance.

b) Staffing evaluations and repositing of these vacant positions are being coordinated with Human Resources and Executive Leadership.

9. UNFINISHED BUSINESS

a) None

10. STAFF ADVISORIES ON COMPLIANCE BUSINESS FOR FUTURE MEETINGS

a) **Compliant Tracking Module (CTM)**
    - This is the federal version of grievances.
    - Will be discussed at a future meeting.

11. ADJOURNMENT

a) With no further business, the meeting was adjourned by Dr. Kelley Meade at 11:29 a.m.

Board of Governors Meeting Minutes

BOARD OF GOVERNORS
Regular Meeting Minutes
Friday, August 14th, 2026
12:00 p.m. – 2:00 p.m.

Video Conference Call and

1240 S. Loop Road
Alameda, CA 94502

1. CALL TO ORDER

Board of Governors Present: Andrea Schwab-Galindo (Chair), Dr. Noha Aboelata (Vice Chair), Aaron Basrai, James Jackson, Byron Lopez, Dr. Marty Lynch, Yeon Park, Wendy Peterson, Supervisor Lena Tam, Natalie Williams

Board of Governors Remote: Dr. Rollington Ferguson, Andrea Ford, Jody Moore, Marcus Watkins

Board of Governors Excused: Dr. Kathleen Clanon, Rebecca Gebhart, Dr. Kelley Meade, Dr. Evan Seevak

Alliance Staff Present: Matthew Woodruff, Dr. Donna Carey, Gil Riojas, Stephen Smythe, Sasi Karaiyan, Tiffany Cheang, Beau Hennemann

Chair Andrea Schwab-Galindo called the regular Board of Governors meeting to order at 12:02 p.m.

2. ROLL CALL

Roll call was taken, and a quorum was established.

3. AGENDA APPROVAL

There were no modifications to the agenda.

4. INTRODUCTIONS

There were no introductions.

5. CONSENT CALENDAR

a) JUNE 9th, 2026, FINANCE COMMTTEE MEETING MINUTES

b) JUNE 12th, 2026, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES

c) JUNE 12th, 2026, BOARD OF GOVERNORS MEETING MINUTES

d) APPROVE RESOLUTION APPOINTING QIHE-UMC MEMBERS

Motion: A motion was made by Natalie Williams and seconded by James Jackson to approve the Consent Calendar.

Vote: The motion was passed unanimously.

Ayes: Aaron Basrai, Dr. Rollington Ferguson, Andrea Ford, James Jackson, Byron Lopez, Dr. Marty Lynch, Yeon Park, Wendy Peterson, Supervisor Lena Tam, Marcus Watkins, Natalie Williams, Vice Chair Dr. Noha Aboelata, Chair Andrea Schwab-Galindo.

No opposition or abstentions.

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

The Compliance Advisory Committee discussed the DMHC deficiency related to approximately $9.5 million in claims, reviewed the internal remediation process, and plans for future prevention in collaboration with DMHC. The committee also covered the DHCS audit, HSHAG and NAB audits, and the counter data verification audit. Updates were provided on privacy, noting a reduction in incidents and ongoing improvements in documentation and accuracy. Board of Governors training compliance was reviewed, with three members having completed all required CMS trainings and several others in progress; options for online and hybrid training were discussed. Medicare and Medi-Cal pharmacy benefit management updates were shared, highlighting smoother contract submissions to CMS compared to the previous year, with anticipated approval by the end of September. The committee previewed the upcoming enterprise risk management presentation and confirmed ongoing reminders for board training dates.

b) FINANCE COMMITTEE

Dr. Ferguson reported on the Finance Committee meeting held August 11th, covering May and June financials. Key points included a continued decline in enrollment, with a loss of 41,310 members for the fiscal year. Tangible Net Equity (TNE) increased to 301 in May but decreased to 291 in June due to compliance issues. Medical Loss Ratio (MLR) was stable at 93.7% in May and rose to 97.2% in June, reflecting higher medical expenses. Administrative expenses were over budget by approximately $2 million in both May and June. Medical expenses increased from $173 million in May to $185 million in June. Despite stabilization after a rocky start to the fiscal year, enrollment remains a concern, and the plan continues to lose money across all lines of business.

7. CEO UPDATE

The CEO report highlighted that most health plan–related priorities in the recent state budget did not materialize, including requested changes around care management and efforts to keep certain members in managed care, which will result in continued membership shifts to Medi-Cal fee-for-service. A significant driver of enrollment change is the scheduled transition of approximately 62,000 members, with additional membership losses expected, although leadership noted that these impacts were already built into the approved budget and that enrollment is expected to stabilize in the coming year. The report also emphasized ongoing efforts to manage membership decline through new initiatives, including the evaluation of a platform to improve electronic outreach, track Medi-Cal redeterminations, support gaps-in-care management, and connect members to additional social services such as CalFresh. In addition,

the organization is exploring potential product expansion such as a chronic care SNP (C-SNP) alongside existing D-SNP growth strategies, with the broader goal of mitigating enrollment loss while strengthening member engagement and coordination efforts.

The Board reviewed and evaluated the written Grievance and Appeals Report and Summary Log for July 2026, for Medi-Cal, IHSS, and D-SNP. Management presented detailed written records of grievance and appeal volumes, categories, resolution outcomes, and regulatory timeliness metrics. The Board thoroughly discussed the trends, formally accepted the written record, and acknowledged receipt and review of the report and management's ongoing monitoring of grievance and appeal performance.

8. BOARD BUSINESS

a) REVIEW AND APPROVE MAY AND JUNE 2026 MONTHLY FINANCIAL STATEMENTS

MAY 2026 Financial Statement Summary

Enrollment:

Enrollment decreased by 5,467 members since April 2026. Total enrollment decreased by 36,497 members since June 2025.

Net Income:

For the month ended May 31st, 2026, the Alliance reported a Net Income of $1.5 million (versus budgeted Net Loss of $1.0 million). For the year-to-date, the Alliance recorded a Net Income of $68.5 million versus a budgeted Net Income of $20.1 million.

Premium Revenue:

For the month ended May 31st, 2026, actual Revenue was $184.5 million vs. our budgeted amount of $181.0 million.

Medical Expense:

Actual Medical Expenses for the month were $173.0 million, vs. budgeted amount of $174.9 million. For the year-to-date, actual Medical Expenses were $1.9 billion vs. budgeted Medical Expense of $2.0 billion.

Medical Loss Ratio:

Our MLR ratio for this month was reported as 93.7%. The year-to-date MLR was 92.4%.

Administrative Expense:

Actual YTD Administrative Expenses for the month ending May 31st, 2026, were $12.4 million vs. our budgeted amount of $10.1 million. Our Administrative Loss Ratio (ALR) is 6.7% of our Revenue for the month, and 5.6% of Net Revenue for year-to-date.

Other Income / (Expense):

As of May 31st, 2026, our YTD interest income from investments show a gain of $27.2 million.

Managed Care Organization (MCO) Provider Tax:

For the month ending May 31st, 2026, we reported $62.2 million MCO Tax Revenue vs. budgeted MCO Tax Revenue of $59.5 million. Our MCO Tax Expense was $62.2 million vs. budgeted MCO Tax Expense of $59.5 million.

Tangible Net Equity (TNE):

For May, the DMHC requires that we have $78.9 million in TNE, and we reported $237.8 million, leaving an excess of $158.8 million. As a percentage we are at 301%, which remains above the minimum required.

Cash and Cash Equivalents:

We reported $635.1 million in cash; $470.2 million is uncommitted. Our current ratio is above the minimum required at 1.22 compared to regulatory minimum of 1.0.

Capital Investments:

We have acquired $51,000 in Capital Assets year-to-date. Our annual capital budget is $1.4 million.

JUNE 2026 Financial Statement Summary

Enrollment:

Enrollment decreased by 4,813 members since May 2026. Total enrollment decreased by 41,310 members since June 2025.

Net Income:

For the month ended June 30th, 2026, the Alliance reported a Net Loss of $6.1 million (versus budgeted Net Income of $913,000). For the year-to-date, the Alliance recorded a Net Income of $62.4 million versus a budgeted Net Income of $21.0 million.

Premium Revenue:

For the month ended June 30th, 2026, actual Revenue was $190.6 million vs. our budgeted amount of $179.0 million.

Medical Expense:

Actual Medical Expenses for the month were $185.4 million, vs. budgeted amount of $169.8 million. For the year-to-date, actual Medical Expenses were $2.1 billion vs. budgeted Medical Expense of $2.1 billion.

Medical Loss Ratio:

Our MLR ratio for this month was reported as 97.2%. The year-to-date MLR was 92.8%.

Administrative Expense:

Actual YTD Administrative Expenses for the month ending June 30th, 2026, were $13.6 million vs. our budgeted amount of $11.2 million. Our Administrative Loss Ratio (ALR) is 7.1% of our Revenue for the month, and 5.7% of Net Revenue for year-to-date.

Other Income / (Expense):

As of June 30th, 2026, our YTD interest income from investments show a gain of $29.5 million.

Managed Care Organization (MCO) Provider Tax:

For the month ending June 30th, 2026, we reported $62.0 million MCO Tax Revenue vs. budgeted MCO Tax Revenue of $58.7 million. Our MCO Tax Expense was $62.0 million vs. budgeted MCO Tax Expense of $58.7 million.

Tangible Net Equity (TNE):

For June, the DMHC requires that we have $79.7 million in TNE, and we reported $231.7 million, leaving an excess of $152.0 million. As a percentage we are at 291%, which remains above the minimum required.

Cash and Cash Equivalents:

We reported $704.6 million in cash; $142.6 million is uncommitted. Our current ratio is above the minimum required at 1.14 compared to regulatory minimum of 1.0.

Capital Investments:

We have acquired $51,000 in Capital Assets year-to-date. Our annual capital budget is $1.4 million.

Motion: A motion was made by Natalie Williams and seconded by James Jackson to approve the May and June 2026 Monthly Financial Statements.

Vote: The motion was passed unanimously.

Ayes: Aaron Basrai, Dr. Rollington Ferguson, Andrea Ford, James Jackson, Byron Lopez, Dr. Marty Lynch, Jody Moore, Yeon Park, Wendy Peterson, Supervisor Lena Tam, Marcus Watkins, Natalie Williams, Vice Chair Dr. Noha Aboelata, Chair Andrea Schwab-Galindo.

No opposition or abstentions.

b) MEDICAL MANAGEMENT UPDATES & PROGRAMS

Summary:

- Dr. Carey outlined the Healthcare Services philosophy focused on improving daily member outcomes through coordinated clinical and social care and better engagement across services.
- The department structure includes key areas such as utilization management, case management, pharmacy, quality & health equity, behavioral health, and long-term support services.
- A department vision was introduced emphasizing cross-functional collaboration, trust, member-centered care, and alignment with the Alliance mission.
- Core operating values were expanded to include trust, efficiency, adaptability, member focus, wellness, operations, resilience, communication, and kindness.
- Quality strategy focuses on health equity, access, safety, performance improvement, closing care gaps, and continuous improvement across populations.
- Population health model uses analytics, risk stratification, and community/member assessments to tailor interventions from low-touch outreach to intensive case management.
- Key 2026 priorities include improving chronic disease outcomes, advancing women's health equity, strengthening behavioral health access, and increasing pediatric well-care engagement.
- Birth equity initiatives were highlighted, including doula programs, maternal mental health support, and improved prenatal/postnatal data coordination tools.
- The doula program expanded significantly, growing network capacity and supporting provider onboarding through scholarships and financial assistance.
- Community health worker programs expanded substantially and are now actively supporting chronic disease, behavioral health, pharmacy outreach, and care coordination.

- Performance data showed strong results in most quality measures, with multiple metrics exceeding high-performance thresholds and overall improvement in member experience.
- ECM programs were emphasized through member case examples showing coordinated medical, behavioral, housing, and social support improving outcomes and transitions in care.
- Transitional rent and housing supports were highlighted, with dozens of members housed and a goal of scaling to hundreds of households annually.
- Behavioral health utilization increased significantly after insourcing, alongside major growth in ABA services and improved network access.
- Pharmacy and care transition programs focused on reducing readmissions, including ADT feeds, medication reconciliation, and hospital-based nursing support, contributing to reduced readmission rates.

Question: Dr. Lynch inquired whether the Alliance tracks effectiveness of interventions in reducing high-cost utilization (e.g., hospital stays, ED visits, readmissions) and how outcomes are evaluated. Dr. Carey and Tiffany confirmed they analyze data and use PDSA cycles to evaluate interventions; example given where placing an inpatient nurse at Washington Hospital was associated with reduced readmissions. Tiffany added that analysis of specific high-cost utilizer subsets within programs should be strengthened further.

Question: Dr. Lynch asked how many members are served through ECM compared to internal case management programs. The team said approximately 9,000 members are enrolled in ECM, and about 2,500 members are served through internal complex and basic case management programs.

Question: Dr. Lynch asked what the elder wellness/community health worker initiative involves. The team responded that the program focuses on reducing social isolation among seniors through partnerships with community organizations, with plans to enroll members into a pilot program and expand to D-SNP populations; additional housing-related pilots are also being explored.

Comment: Mr. Watkins requested additional outcome data demonstrating the measurable impact of programs such as doula services, prenatal and postpartum supports, and mental health initiatives.

Comment: Dr. Lynch requested a focused briefing on Long-Term Services and Supports (LTSS), including an overview of the services provided, program data, and the Alliance's work in this area. Dr. Carey confirmed that staff would coordinate a focused LTSS presentation, potentially led by Dr. Lo, who has extensive knowledge of the program. Dr. Carey also noted that the LTSS Director position is currently vacant and recruitment is underway.

Informational Item only.

c) ENTERPRISE RISK MANAGEMENT – ONBOARDING PRESENTATION

Summary:

- ERM framework defined as a structured, common language approach to identify, assess, prioritize, and manage organizational risks to support leadership decision-making.
- Purpose is proactive risk identification before issues occur, enabling early logging, monitoring, and mitigation planning to reduce operational, financial, and member impact.
- Risk evaluation is based on likelihood (probability of occurrence) and consequence (impact severity), including member harm, regulatory exposure, and organizational risk.

- Likelihood scoring is categorized from low to critical based on probability thresholds, supporting consistent risk prioritization across the organization.
- Consequence assessment considers severity of member impact (including safety and access), as well as regulatory, financial, and reputational exposure.
- Governance model follows the Three Lines of Defense framework, separating operational ownership, oversight/compliance functions, and independent internal audit review.
- COSO framework is used as the underlying structure to strengthen internal controls, risk visibility, and monitoring of control effectiveness across the organization.
- Risks are organized into a three-level taxonomy: strategic (high-level enterprise risks), tactical (subcategories), and operational (individual issues/events).
- Future-state process includes logging risks, calibrating and prioritizing them with leadership, and escalating critical risks for SLT decision on mitigation vs. monitoring.
- Mitigation process includes root cause analysis, control enhancements, ongoing monitoring, and internal audit validation of design and operating effectiveness.
- ERM implementation is aligned with regulatory expectations (including CMS) and supports maintaining an effective compliance program and audit readiness.
- Board will receive periodic updates on risk management progress and evolving risk profiles as part of ongoing governance cadence.

Question: Dr. Ferguson inquired about how the risks are prioritized or sized within the ERM framework? Ms. Beech explained that the risks are calibrated and ranked through discussion with leadership, aligning different perspectives and standardizing evaluation across functions to ensure consistent prioritization.

Question: Dr. Ferguson asked what top organizational risks have been identified to date. Ms. Beech stated that the primary internal risks are execution and resource planning, driven by competing priorities, evolving regulatory requirements, and capacity constraints.

Question: Dr. Ferguson asked which external risks are considered high priority. Ms. Beech identified AI-related exposure as a key external risk, particularly regarding third-party and delegated entity use, governance gaps, and the potential handling of sensitive data outside the organization's control.

Informational Item only.

9. STAFF UPDATES

There were no staff updates.

10. UNFINISHED BUSINESS

None.

11. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

None.

12. PUBLIC COMMENT (NON-AGENDA ITEMS)

Public comment was provided by Zouberou Sayibou from Humane Health, who shared observations gathered from social workers and discharge planners in skilled nursing facilities across the Bay Area. He noted that older adult patients who are medically ready for discharge often experience delays in returning to the community due to challenges in determining eligibility for enhanced care management (ECM) and community supports. He also highlighted that referral processes for these services can depend on personal relationships rather than clear, standardized documentation pathways, which can contribute to inconsistencies and slower transitions from facility care to community-based settings.

13. ADJOURNMENT

Chair Schwab-Galindo adjourned the meeting at 2:02 p.m.

Resolution Appointing Marcus Watkins to the Finance Committee

RESOLUTION NO. 2026-XX

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH APPOINTING MR. MARCUS WATKINS TO THE FINANCE COMMITTEE

WHEREAS, pursuant to Section 7.A.1. of the Alameda Alliance for Health ("Alliance") *Bylaws*, the frequency, composition, number, terms, and nominations of members of standing committees shall be as set forth by resolution; and

WHEREAS, Resolution 94-04 established the Finance Committee as a standing committee of the Board; and

WHEREAS, appointments to the Finance Committee shall be for two (2) year terms, and members may be reappointed to additional terms by Board approval; and

WHEREAS, the Finance Committee shall have in its membership no less than three (3) and no more than five (5) Board members; and

WHEREAS, the Finance Committee currently has space for additions to the membership; and

WHEREAS, Finance Committee Chair Dr. Ferguson extended invitation to Mr. Marcus Watkins to serve on the Finance Committee and Mr. Watkins accepted;

NOW, THEREFORE, THE BOARD OF GOVERNORS OF THE ALAMEDA ALLIANCE FOR HEALTH DOES HEREBY RESOLVE, DECLARE, DETERMINE, ORDER, AND RECOMMEND AS FOLLOWS:

SECTION 1. That the Alliance Board appoints Marcus Watkins to serve as a member of the Finance Committee for a two-year term.

PASSED AND ADOPTED by the Board at a meeting held on the 11th day of September 2026.

_____
CHAIR, BOARD OF GOVERNORS

ATTEST:

_____
Secretary

Resolution Appointing Member(s) to Quality Improvement Health Equity - Utilization Management Committee

RESOLUTION NO. 2026-XX

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH APPOINTING DR. JOSHUA KAYMAN TO QUALITY IMPROVEMENT HEALTH EQUITY & UTILIZATION MANAGEMENT COMMITTEE

WHEREAS, pursuant to Section 7.A.1. of the Alameda Alliance for Health ("Alliance") *Bylaws*, the frequency, composition, number, terms, and nominations of members of standing committees shall be as set forth by resolution; and

WHEREAS, the Alliance Board of Governors (the "Board") on September 8, 2023, passed Resolution 2023-07, creating the Quality Improvement and Health Equity Committee (the "QIHEC") as a standing committee of the Board; and

WHEREAS, the QIHEC added Utilization Management to its name and oversight during a meeting in April 2026 to align with the Alliance's D-SNP line of business requirements to become QIHE-UMC;

WHEREAS, pursuant to Resolution 2023-07 appointments to the committee shall be for two (2) year terms, and members may be reappointed to additional terms by Board approval;

WHEREAS, pursuant to the QIHE-UMC charter, a voting member of the QIHE-UMC must have qualifications necessary for enhancing the health and welfare of Alliance members;

NOW, THEREFORE, THE BOARD OF GOVERNORS OF THE ALAMEDA ALLIANCE FOR HEALTH DOES HEREBY RESOLVE, DECLARE, DETERMINE, ORDER, AND RECOMMEND AS FOLLOWS:

SECTION 1. That the Alliance Board appoints the following individual(s) to serve as voting member(s) of the QIHE-UMC for two (2) year terms:

Dr. Joshua Kayman, Medical Director Substance Use Program – Alameda County Behavioral Health

PASSED AND ADOPTED by the Board at a meeting held on the 11th day of September 2026.

_____
CHAIR, BOARD OF GOVERNORS

ATTEST:

_____
Secretary

2026 Salary Schedule

Alameda Alliance for Health
Salary Schedule
Effective: 09/13/2026 (first day of pay period after 09/11/2026 BOG meeting)

Pay Grade	Job	Job Title Creation Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 1			**21.67**	**27.09**	**32.50**	**45,073.60**	**56,347.20**	**67,600.00**
	Administrative Assistant	1/4/2005						
	Claims Customer Service Representative	9/24/2004						
	Claims Processor	10/13/2000						
	Facilities Clerk	4/12/2012						
	Information Support Clerk	9/7/2011						
	Member Services Representative	3/2/2007						
	Member Services Support Services Specialist	6/27/2016						
	MS Support Services Specialist	6/27/2016						
	Provider Data Clerk	4/28/2016						
	Provider Data Entry Clerk	9/16/2014						
	Provider Data Entry Clerk Lead	9/16/2014						
	Provider Network Data Clerk	4/28/2016						
	Receptionist / MS Support Specialist	4/2/2019						
	Receptionist Office Support	6/11/2012						
Grade 2			**24.78**	**30.98**	**37.18**	**51,542.40**	**64,438.40**	**77,334.40**
	Authorization Unit Specialist	1/15/2002						
	CM Coordinator	12/22/2024						
	Community Health Worker HHWP	9/1/2017						
	Facilities Coordinator	2/14/2006						
	Facilities Coordinator I	8/11/2020						
	Grievance & Appeals Clerk	11/28/2016						
	Member Services Rep I	6/14/2016						
	Member Services Representative I	6/14/2016						
	Member Services Representative I - Bilingual Arabic	6/1/2017						
	Member Services Representative I - Bilingual Cantonese	6/1/2017						
	Member Services Representative I - Bilingual Cantonese/Manda	6/1/2017						
	Member Services Representative I - Bilingual Farsi	6/1/2017						
	Member Services Representative I - Bilingual Mandarin	6/1/2017						
	Member Services Representative I - Bilingual Spanish	6/1/2017						
	Member Services Representative I - Bilingual Tagalog	6/1/2017						
	Member Services Representative I - Bilingual Vietnamese	6/1/2017						
	Member Services Representative I Bilingual	6/1/2017						
	MS Rep I Bilingual	6/1/2017						
	Provider Data Coordinator I	4/28/2016						
	Provider Dispute Resolution Clerk	6/7/2017						
	Provider Dispute Resolution Coordinator	3/12/2019						
	Provider Dispute Rsltn Clerk	12/22/2024						
	Provider Relations Rep I	6/11/2015						
	Provider Relations Representative	8/3/2000						
	Provider Relations Representative I	6/11/2015						
	Receptionist / MS Support Specialist (Bilingual)	4/2/2019						
	Senior Claims Processor	7/1/2003						
	Support Services Clerk	3/17/2016						
	Third Party Liability/Other Health Coverage Coordinator	9/30/2021						
Grade 3			**29.36**	**36.70**	**44.03**	**61,068.80**	**76,336.00**	**91,582.40**
	Accounts Receivable Clerk	7/17/2001						

	Claims Coordinator	4/7/1997						
	Claims Processor I	10/28/2016						
	Claims Recovery Specialist	4/1/2015						
	Credentialing Coordinator	5/1/2014						
	Data Specialist	9/17/2015						
	Facilities Coordinator II	3/17/2023						
	Grievance and Appeals Coord	8/2/2006						
	Grievance and Appeals Coordinator	8/2/2006						
	Grievance and Appeals Coordinator I	11/28/2016						
	Health Assessment Coordinator	7/12/2013						
	Lead Facilities Coordinator	4/12/2012						
	Lead Member Services Representative	1/21/2011						
	Member Care Advisor	8/9/2007						
	Member Services Rep II	10/1/2007						
	Member Services Rep II – Bilingual Cantonese/Vietnamese	10/1/2007						
	Member Services Representative II	6/1/2017						
	Member Services Representative II - Bilingual Cantonese	6/14/2016						
	Member Services Representative II - Bilingual Cantonese/Mandarin	6/14/2016						
	Member Services Representative II – Bilingual Cantonese/Vietnamese	6/14/2016						
	Member Services Representative II - Bilingual Vietnamese	6/14/2016						
	Member Services Representative II Bilingual Spanish	6/14/2016						
	Member Services Representative II Bilingual Tagalog	6/1/2017						
	MSR II	10/1/2007						
	MSR Rep II Bilingual	10/1/2007						
	Pharmacy Services Specialist	10/17/2001						
	Provider Data Coordinator II	1/11/2016						
	Provider Relations Coordinator	7/29/2013						
	Provider Relations Rep II	5/27/2015						
	Provider Relations Representative II	5/27/2015						
	Provider Relations Representative Lead Call Center	9/4/2018						
	Staff Accountant	1/20/2004						
	Support Services Coordinator I	10/21/2022						
	Utilization Management Data Entry Specialist	11/10/2014						
Grade 4			**32.77**	**40.97**	**49.17**	**68,161.60**	**85,217.60**	**102,273.60**
	Accountant-Payroll	5/29/2020						
	C&L Services Specialist	12/22/2024						
	Claims Analyst	11/15/2004						
	Claims Auditor	3/30/2005						
	Claims Lead	9/23/2002						
	Claims Processor II	10/28/2016						
	CompleteCare Specialist	8/4/2008						
	Compliance Analyst	9/10/2014						
	Compliance Coordinator	9/10/2014						
	Compliance Delegation Oversight Specialist	4/16/2021						
	Contract Analyst	3/1/2002						
	Coordination of Benefits Coordinator	2/15/2006						
	Education Specialist	12/22/2024						
	Facilities Maintenance Spclst	12/22/2024						
	Facilities Maintenance Specialist	1/1/2017						
	Facility Site Rev QI Coordinat	3/16/2015						
	Facility Site Review Quality Improvement Coordinator	3/16/2015						
	GL Accountant	1/31/2005						
	Grievance and Appeals Coordinator II	8/31/2023						

	Health Education Coordinator	7/1/2016						
	Health Programs Coordinator	12/22/2024						
	Inpatient Util Mgmt Coord	12/22/2024						
	Intake Coordinator	1/27/2012						
	Lead Authorization Unit Specialist	1/15/2002						
	Lead Claims Processor	4/1/2015						
	Lead Data Coordinator	3/29/2018						
	Lead Grievance and Appeals Coo	12/22/2024						
	Lead Staff Accountant	6/1/2010						
	Member Services Navigator III - DSNP - Bilingual Spanish	7/24/2025						
	Member Services Rep III	6/14/2016						
	Member Services Rep III - Bilingual Cantonese/Mandarin	6/14/2016						
	Member Services Representative III	6/14/2016						
	Member Services Representative III - Bilingual Cantonese	6/14/2016						
	Member Services Representative III - Bilingual Spanish	6/14/2016						
	Member Services Representative III - Bilingual Tagalog	6/14/2016						
	Member Services Representative III - Bilingual Vietnamese	6/14/2016						
	Member Services Representative III Bilingual Cantonese Vietn	6/14/2016						
	Member Services Representative III Bilingual Cantonese Vietnamese	6/14/2016						
	Member Services Representative III - Bilingual Cantonese/Mandarin	6/14/2016						
	Peer Review Credentialing Coordinator	1/14/2013						
	Pharmacy Technician	2/28/2017						
	Provider Data Coordinator III	4/28/2016						
	Provider Data QA Specialist	10/4/2017						
	Provider Data Quality Assurance Specialist	10/4/2017						
	Provider Relations Rep III	6/11/2015						
	Provider Relations Representative III	6/11/2015						
	Quality Assurance and Training Specialist	10/1/2007						
	Quality Programs Coordinator	8/10/2017						
	Regulatory/Legal Assistant	10/1/2018						
	Senior Provider Data Analyst	9/30/2014						
	Service Desk Coordinator	12/5/2012						
	Transition of Care Utilization Management Coordinator	9/1/2013						
	Utilization Management Coordinator	7/7/2016						
	Utilization Mgmnt Coordinator	7/7/2016						
	Vendor Analyst I	2/20/2020						
	Vendor Management Analyst	12/29/2016						
	Vendor Management Analyst I	12/22/2024						
Grade 5			**37.69**	**47.12**	**56.54**	**78,395.20**	**98,009.60**	**117,603.20**
	Accreditation and Regulatory Compliance Specialist	5/21/2015						
	Application Software QA Spcst	11/7/2011						
	Assistant to the CEO and Board of Governors	12/22/2024						
	Behavioral Health Case Management Navigator	3/1/2022						
	Behavioral Health Navigator	3/1/2022						
	Behavioral Health Navigator - Bilingual	3/1/2022						
	Behavioral Health Navigator - Bilingual Spanish	3/1/2022						
	Behavioral Health Quality Improvement Navigator	3/1/2022						
	Behavioral Health Quality Improvement Navigator - Bilingual	3/1/2022						
	Behavioral Health Quality Improvement Navigator - Bilingual Spanish	3/1/2022						
	Benefits Specialist, Member Services	6/23/2014						
	BH Quality Improvement Navigator – Bilingual Spanish	3/1/2022						
	Business Operations Support Specialist	2/1/2012						
	Case Management Coordinator	6/13/2022						

Claims Auditor Trainer	6/8/2011
Claims Outreach Specialist	6/8/2011
Claims Oversight Specialist	6/20/2013
Claims Processor III	10/28/2016
Claims Quality Auditor Specialist	10/27/2023
Claims Specialist	10/28/2016
Claims Specialist - Provider Services	3/30/2018
Claims Specialist Lead	9/18/2018
Clinical Quality Programs Coordinator	10/1/2022
Communications & Content Specialist	7/1/2016
Communications & Content Splst	12/22/2024
Community Support Coordinator	9/1/2021
Compliance Specialist	2/15/2006
Contract Specialist	12/22/2011
Credentialing Quality Assurance Specialist	6/11/2024
D-SNP Grievance & Appeals Coordinator III	11/19/2025
Disease Management Health Educator	8/28/2019
Disease Management Health Educator – Bilingual Spanish	8/28/2019
Executive Administrator	12/22/2024
Executive Assist Chief Medical Officer/Credentialing Auditor	7/1/2011
Grievance and Appeals Coordinator III	8/31/2023
Health Educator	4/2/1999
Health Navigator	11/7/2011
Health Navigator (Bilingual Preferred)	1/27/2012
Health Navigator, ECM	2/28/2017
Health Navigator, Enhanced Care Management	2/28/2017
HEDIS Retriever - Seasonal	2/8/2019
Hospital Access Coordinator	5/7/2007
Housing Navigator Health Homes	2/28/2017
Interpreter Services Coordinator	4/14/2022
IT Service Desk Coordinator	7/9/2014
IT Service Desk Technician	1/1/2007
Lead Claims Analyst	9/23/2002
Lead Credentialing Coordinator	8/8/2022
Lead Grievance & Appeals Coordinator	1/24/2017
Lead Pharmacy Technician	9/25/2018
Lead Provider Dispute Resolution Analyst	1/24/2017
Marketing Outreach Coordinator	6/3/1998
Member Services Quality Assurance Specialist	1/31/2017
Operations Support Specialist	7/1/2011
Outreach Coordinator	6/3/1998
Outreach Coordinator - Bilingual Cantonese/Mandarin	3/15/2016
Outreach Coordinator - Bilingual Spanish	6/3/1998
Outreach Coordinator - Bilingual Vietnamese	6/3/1998
Outreach Coordinator I - Bilingual Arabic	7/1/2017
Outreach Coordinator I - Bilingual Spanish	3/15/2016
Outreach Coordinator – Bilingual Tagalog	7/1/2017
Outreach Coordinator II	7/1/2017
Outreach Coordinator II - Bilingual Cantonese/Mandarin	7/1/2017
Outreach Coordinator II - Bilingual Spanish	7/1/2017
Outreach Coordinator II - Bilingual Vietnamese	7/1/2017
Oversight Specialist	4/2/2015
Production and Traffic Manager	6/9/2010

	Provider Billing Prcss Spclst	12/22/2024						
	Provider Billing Process Specialist	12/15/2016						
	Provider Dispute Resolution Analyst	11/28/2016						
	Provider Relations Quality Assurance Specialist	7/20/2023						
	Quality Assurance Specialist	10/1/2013						
	Quality Assurance Specialist - Bilingual Spanish	1/31/2017						
	Quality Assurance Specialist - Bilingual Tagalog	1/31/2017						
	Quality Engagement Coordinator	12/21/2023						
	Quality Improvement Analyst	10/27/2006						
	Quality Improvement Project Specialist	8/1/2023						
	Quality Specialist	4/2/2015						
	Recruiter	4/20/2018						
	Respite Specialist	7/20/2023						
	Senior California Children's Services Specialist	10/12/2012						
	Senior Human Resources Specialist Training	1/1/2020						
	Senior Payroll Accountant	12/23/2015						
	Senior Utilization Management Project Specialist	6/25/2012						
	Service Coordinator Commercial Product	9/12/2013						
	Service Desk Support Technician	9/17/2014						
	Service Desk Support Technician	12/22/2024						
	Sr Service Desk Technician	12/22/2024						
	Supervisor Data Entry Unit	8/31/2015						
	Supervisor Facilities	9/8/2016						
	Supervisor Grievance & Appeals and Care Advisor Unit	6/1/2010						
	Supervisor Health Assessment Unit	9/3/2013						
	Support Services Spvsr	12/22/2024						
	Support Services Supervisor	11/23/2015						
	Talent & Quality Development Specialist	1/31/2017						
	Talent & Quality Dvlpmnt Spcls	12/22/2024						
	Technical Analyst I	6/16/2015						
	TOC Health Navigator	12/22/2024						
	Training Specialist	10/1/2013						
	Transition of Care Health Navigator	9/5/2017						
	Utilization Management Specialist	1/9/2017						
	Utilization Mgmt Specialist	12/22/2024						
	Vendor Analyst II	2/21/2020						
Grade 6			**43.34**	**54.18**	**65.01**	**90,147.20**	**112,694.40**	**135,220.80**
	Accounting Analyst II	7/20/2023						
	Administrative Coordinator	4/8/1999						
	Analyst Healthcare	4/17/2019						
	Authorization Process Manager	12/15/2014						
	Business Operations Support Analyst	4/26/2012						
	California Children’s Services (CCS) Coordinator	7/1/2022						
	Care Management Coordinator	5/25/2010						
	Claims Operations Trainer	4/2/2015						
	Communications & Media Spec	12/22/2024						
	Communications & Media Specialist	10/1/2015						
	Communications Copywriter Editor	9/1/2023						
	Community Base Adult Services Utilization Management Coordinator	11/23/2022						
	Community Base Adult Services Utilization Mgmt. Coordinator	11/23/2022						
	Community Outreach Supervisor - Bilingual Spanish	7/1/2021						
	Community Supports Supervisor	9/1/2021						
	Compliance Auditor	11/21/2012						

Compliance Auditor - Delegation Oversight	4/16/2021
Compliance Auditor – Internal Audit	4/16/2021
Compliance Auditor - Internal Audit, SIU and FWA	12/22/2024
Compliance Auditor - Internal Audit, Special Investigations Unit and Fraud, Waste & Abuse	4/16/2021
Compliance Special Investigator	8/15/2021
Configuration Analyst	2/25/2015
Contract Management Administrator	2/20/2020
Coordinator, Long Term Care	7/26/2022
Executive & Credentialing Assistant	3/28/2013
Executive Assistant	10/22/2001
Executive Assistant to Chief Operating Officer	12/16/2016
Financial Analyst	10/22/2001
Government Relations Coordinator	10/13/2011
Health Education Specialist	12/29/2017
Health Policy and Planning Specialist	7/19/2011
HealthCare Analyst	4/1/2010
Housing Community Supports Specialist	6/24/2024
Housing and Community Services Program Coordinator	6/24/2024
Inpatient Util Mgmt LVN	9/14/2014
Inpatient Utilization Management LVN	9/17/2014
Interim Manager, Claims Recovery and Resolution	7/1/2019
Internal Auditor – Risk, Compliance, & Controls	10/10/2025
Interpreter Services Lead	7/21/2022
IT Service Desk Support Technician	6/21/2013
Lead Interpreter Services Coordinator	7/15/2022
Learning Development and Quality Supervisor	12/11/2020
Licensed Clinical Social Worker	3/29/2019
Long Term Care Health Navigator	6/1/2024
Manager Claims Operations	4/1/2015
Manager Claims Recovery and Resolution	4/2/2015
Medical Coder	9/9/2014
Medicare Field Sales & Community Agent	7/19/2025
Medicare Field Sales Agent - Bilingual Cantonese	7/9/2025
Member Liaison Specialist, Beh Health Bilingual Vietnamese	4/22/2022
Member Liaison Specialist, Behavioral Health	4/22/2022
Member Liaison Specialist, Behavioral Health – Bilingual Cantonese/Mandarin	4/22/2022
Member Liaison Specialist, Behavioral Health – Bilingual Spanish	4/22/2022
Member Liaison Specialist, Behavioral Health Bilingual Vietnamese	4/22/2022
Member Liaison Specialist, BH – Bilingual Cantonese/Mandarin	4/22/2022
Member Liaison Specialist, BH – Bilingual Spanish	4/22/2022
Mgr Claims Recvry and Resln	12/22/2024
Policy Analyst	2/13/2025
Privacy Compliance Specialist	10/14/2020
Provider Dispute Resolution Supervisor	11/13/2019
Provider Relations Call Center Supervisor	9/2/2015
Provider Relations Rep IV	6/11/2015
Provider Relations Representative IV	6/11/2015
Provider Reln Call Ctr Spv	12/22/2024
Quality Improvement Project Specialist I	8/1/2023
Recruiting Supervisor	6/22/2020
Regulatory Compliance Specialist	6/4/2015
Regulatory Compliance Specialist, Legislative Policy & Analy	1/15/2021
Regulatory Compliance Specialist, Legislative Policy and Ana	1/15/2021

	Senior Communications and Content Specialist	3/24/2023						
	Senior GL Accountant	3/14/2006						
	Senior HR Specialist	2/16/2016						
	Senior Human Resources Specialist	2/16/2016						
	Senior Member Care Advisor	5/9/2013						
	Senior Payroll Analyst	3/11/2022						
	Senior Utilization Management Specialist	9/25/2014						
	Sr GL Accountant	3/14/2006						
	Strategic Communications Coordinator	1/1/2020						
	Sup UM Operations	7/19/2016						
	Supervisor Claims	2/15/2006						
	Supervisor Claims Processing	10/18/2016						
	Supervisor Claims Resolution	7/8/2008						
	Supervisor Claims Support Services	10/18/2016						
	Supervisor Intake Unit	5/31/2013						
	Supervisor Network Data Management	3/9/2016						
	Supervisor Network Data Mgt	12/22/2024						
	Supervisor Prior Authorization Unit	3/5/2013						
	Supervisor Utilization Management Operations	7/19/2016						
	Supervisor, Community Supports	9/1/2021						
	Supervisor, D-SNP Claims Processing	3/24/2025						
	Supervisor, Grievance and Appeals	8/31/2023						
	Supervisor, Network Data Validation	6/2/2020						
	Supervisor, Provider Relations Call Center	8/2/2018						
	Transition of Care Program Specialist	9/1/2013						
	Transportation Coordinator	12/27/2022						
Grade 7			**49.85**	**62.32**	**74.77**	**103,688.00**	**129,625.60**	**155,521.60**
	Behavioral Health Quality Improvement Specialist	6/29/2023						
	Business System Analyst	12/2/2024						
	Care Management Operations Support Analyst	5/30/2013						
	Case Manager	3/11/2004						
	Claims Specialist Supervisor	10/18/2016						
	Clinical RN Specialist	2/20/2014						
	Communications Initiative Specialist	7/1/2022						
	Comp Benefits Manager	12/22/2024						
	Compensation Benefits Manager	11/18/2015						
	Compliance Project Specialist	5/7/2021						
	Contract Drafter and Negotiator	10/31/2022						
	Copywriter Content Manager	6/6/2010						
	Facilities Manager	7/1/2018						
	Grievance & Appeals Manager	5/1/2012						
	Healthcare Services Specialist	3/22/2023						
	HR Generalist	12/22/2024						
	HRIS Analyst	12/22/2024						
	Human Resources Generalist	2/15/2006						
	Human Resources Information System (HRIS) Analyst	5/28/2021						
	Inpatient Utilization Management Coordinator	9/17/2014						
	Interim Case Manager	7/1/2019						
	Interim Compliance Manager	7/1/2019						
	Interim Facilities Manager	7/1/2019						
	Interim Manager, Communications & Outreach	7/1/2019						
	Interim Manager, Grievance and Appeals	7/1/2019						
	Interim Manager, Peer Review and Credentialing	7/1/2019						

Interim Public Affairs Manager	4/10/2019
IT Service Desk Tech Network	6/1/2010
Jr. Business Analyst	12/30/2016
Jr. Systems Administrator	1/22/2016
Jr. Systems Administrator Telecom	7/6/2016
Jr. Systems Adminstrtr Telecom	12/22/2024
Lead Accountant	8/25/2019
Lead Inpatient Utilization Management Coordinator	6/25/2024
Lead Outpatient Utilization Management Coordinator	6/10/2020
Lead Quality Specialist	2/28/2023
Lead Service Desk Technician	6/1/2010
Legal Analyst	7/1/2017
Legal Analyst I	9/23/2019
Long Term Services & Supports (LTSS) Nurse Care Coordinator	11/1/2012
Manager Care Advisor Unit	5/24/2007
Manager Care Coordination	1/18/2011
Manager Care Management Applications	11/10/2011
Manager Community Relations	5/2/2016
Manager Customer Service	9/30/2014
Manager Grievance & Appeals Care Advisor Unit	5/24/2007
Manager Medicare Compliance	10/27/2011
Manager Medicare Initiatives	2/19/2013
Manager Peer Review Credentialing	5/25/2012
Manager, Public Relations	4/12/2018
Marketing Communications Specialist	11/13/2024
Medical Social Worker	3/15/2018
Member Services Outbound Supervisor	8/8/2023
Member Services Outbound Supervisor - Bilingual Spanish	8/8/2023
Member Services Supervisor	7/1/2013
Member Services Supervisor Behavioral Health	5/4/2022
Member Services Supervisor – Bilingual Spanish	7/22/2025
Member Services Supervisor, BH - Bilingual Spanish	7/22/2025
Member Services Training and Development Supervisor	9/19/2023
Mgr Peer Review Credentialing	12/22/2024
Non Clinical Supervisor, Case Management	8/1/2023
Non-Clinical Supervisor, Case Management	8/1/2023
Nurse Liaison for Community Care Management	10/11/2017
OB Case Manager	8/8/2016
Operations Support Analyst	6/1/2010
Operations Technical Analyst	11/17/2011
Outpatient Utilization Management Coordinator	7/7/2016
Population Health and Equity Specialist	6/22/2022
Program Manager	12/1/1994
Provider Relations Education and Claims Advisor	3/4/2015
Public Affairs Manager	4/10/2019
Quality and Health Equity Specialist	4/3/2026
Quality Improvement Project Specialist II	8/1/2023
Qualty Improv Nurse Specialist	12/22/2024
Qualty Improvement Nurse Specialist	6/1/2002
Retrospective UM Nurse	12/22/2024
Retrospective Utilization Management Nurse	7/20/2016
Senior Accountant	4/4/1997
Senior Analyst Operations	12/22/2024

	Senior Analyst, Healthcare	9/12/2014						
	Senior Communications & Media Specialist	6/1/2023						
	Senior Contract Specialist	2/1/2021						
	Senior Data Analyst Healthcare	1/17/2018						
	Senior Financial Analyst	12/1/2004						
	Senior Financial Analyst HealthCare	11/28/2011						
	Senior Financial Analyst Planning	3/8/2012						
	Senior Government Relations Specialist	10/21/2010						
	Senior HealthCare Analyst	3/16/2015						
	Senior Provider Relations Representative	12/15/2012						
	Senior Quality Assurance and Reporting Analyst	8/13/2021						
	Senior Regulatory Compliance Specialist	8/11/2025						
	Senior Service Desk Technician	5/15/2015						
	Social Worker, Long Term Care	9/29/2022						
	Sr Financial Analyst HealthCare	12/22/2024						
	Sr Financial Analyst Planning	12/22/2024						
	Sr Financl Analyst HealthCare	12/22/2024						
	Sr. Quality Assurance and Reporting Analyst	12/22/2024						
	Sr. Quality Specialist	8/25/2025						
	Strategic Account Representative	2/20/2020						
	Supervisor, Claims Specialist	10/18/2016						
	Supervisor, Health Plan Audits	8/9/2022						
	Supervisor, Health Plan Investigations	4/16/2021						
	Supervisor, Peer Review and Credentialing	8/14/2025						
	Supervisor, Provider Relations	8/2/2023						
	Supervisor, Provider Services Call Center	8/2/2018						
	Supervisor, Regulatory Affairs and Compliance	11/11/2022						
	Technical Writer	7/25/2017						
	TOC Case Manager	12/22/2024						
	TOC Social Worker	12/22/2024						
	TOC UM Nurse Care Coordinator	12/22/2024						
	Training and Development Supervisor, MS –Bilingual Spanish	7/22/2025						
	Transition of Care Case Manager	12/1/2016						
	Transition of Care Coach RN	6/26/2013						
	Transition of Care Social Worker	7/17/2017						
	Transition of Care Utilization Management Nurse Care Coordinator	2/8/2013						
	Utilization Management Nurse Care Coordinator	8/7/2003						
	Utilization Nurse Care Coordinator	3/24/2003						
	Whole Person Care Data Analyst	4/7/2017						
	Workforce Development Trainer	7/21/2024						
Grade 8			**57.32**	**71.65**	**85.98**	**119,232.24**	**149,034.66**	**178,837.09**
	Accreditation Manager	12/27/2022						
	Applications Systems Analyst	8/10/2008						
	Behavioral Health Triage Specialist	3/1/2022						
	Business Analyst	10/27/2010						
	Business Analyst - Enrollment	8/24/2020						
	Business Analyst, Incentives & Reporting	1/4/2023						
	Business Analyst, Integrated Planning	9/14/2021						
	Business Analyst, Project Management Office (PMO)	2/14/2023						
	Business Intelligence Analyst	7/1/2006						
	Business Process Analyst	4/25/2024						
	Clerk of the Board	4/1/2021						
	Clinical Nurse Specialist	12/22/2024						

Clinical Nurse Specialist, G&A Unit	12/22/2024
Clinical Nurse Specialist, Grievance & Appeals Unit	7/20/2016
Clinical Nurse Specialist, PDR Unit	12/22/2024
Clinical Nurse Specialist, Provider Disputer Resolution Unit	7/1/2016
Clinical Review Nurse	8/15/2018
Clinical Supervisor Utilization Management	6/12/2020
CM RN Supervisor	12/22/2024
Community Supports, Nurse	7/20/2023
Complex Case Manager, Nurse	6/6/2018
Compliance Manager	6/29/2005
Cultural and Linguistic Services Specialist	4/8/2025
Diversity, Equity and Inclusion Program Trainer	12/13/2023
EDI (Electronic Data Interchange) Analyst	2/26/2015
EDI (Electronic Data Interchange) Data Analyst	4/29/2020
EDI (Electronic Data Interchange) Report Developer	5/12/2020
EDI (Electronic Data Interchange) Support Analyst	6/29/2023
EDI Analyst	12/22/2024
EDI Data Analyst	12/22/2024
EDI Report Developer	12/22/2024
ETL Developer	6/23/2013
Inpatient Util Mgmt Reviewer	12/22/2024
Inpatient Utiliz Mgmt RN	12/22/2024
Inpatient Utilization Management Reviewer	3/20/2015
Inpatient Utilization Management RN	9/17/2014
Interim Complex Case Manager, Nurse	7/1/2019
Interim Manager, Claims Production	7/1/2019
Interim Manager, Compliance Audits and Investigations	12/1/2020
Interim Manager, Health Education	9/28/2017
Interim Manager, Member Services	7/1/2019
Interim Manager, Regulatory Affairs & Compliance	7/15/2021
IT Service Desk Supervisor	7/21/2022
Jr. Application Developer	12/22/2024
Jr. ETL Developer	12/22/2024
Lead Financial Analyst Payroll	7/1/2024
Lead Financial Analyst, Revenue	12/22/2024
Lead HealthCare Analyst	9/12/2014
Lead Quality Improvement Project Specialist	8/12/2022
Lead Technical Analyst	2/16/2022
Learning and Development Program Manager	3/25/2026
Long Term Services and Supports (LTSS) Liaison	2/21/2024
Manager Applications and Configuration	5/29/2013
Manager Claims Operations Support	11/5/2019
Manager Contract Operations	11/29/2005
Manager Quality Perf Improvement	5/20/2016
Manager Quality Perf Improvement	12/22/2024
Manager, Claims Production	10/18/2016
Manager, Community Supports	12/11/2023
Manager, Compliance Audits and Investigations	12/22/2024
Manager, Compliance Audits, and Investigations	7/8/2016
Manager, Health Education	4/2/1999
Manager, Member Experience & Program Management	10/30/2024
Manager, Networks and Contracting	8/3/2021
Manager, Provider Services	2/15/2006

	Manager, Provider Services Call Center	6/23/2022						
	Manager, Regulatory Affairs & Compliance	1/15/2021						
	Manager, Vendor Account Management	7/22/2024						
	Member Services Manager	4/6/2005						
	Member Services Supervisor (D-SNP) Bilingual Spanish	5/7/2025						
	Out of Plan Nurse Specialist	12/22/2024						
	Out of Plan Services Nurse Specialist	10/17/2018						
	Outpatient Non-Clinical Utilization Management Supervisor	6/12/2020						
	Outpatient Utilization Management Organ Transplant Nurse	9/22/2021						
	Project Manager Business	3/20/2015						
	Quality Assurance Analyst	8/14/2023						
	Quality Improvement Review Nurse	5/16/2006						
	Quality Review Nurse	1/20/2017						
	Senior Analyst, Healthcare Finance	7/20/2023						
	Senior Configuration Analyst (IT)	12/22/2024						
	Senior ETL Analyst	8/26/2016						
	Senior Financial Analyst, Healthcare Finance	4/27/2022						
	Senior Financial Planning Analyst	4/27/2023						
	Senior HR Generalist	12/22/2024						
	Senior Human Resources Generalist	9/26/2014						
	Senior Human Resources Generalist Trainer	2/6/2020						
	Senior Internal Auditor – Risk, Compliance & Controls	8/14/2025						
	Senior Legal Analyst	7/10/2023						
	Senior Technical QA Engineer	4/27/2023						
	Sr. ETL Analyst	12/22/2024						
	Sr. Technical QA Engineer	12/22/2024						
	Supervisor Applications and Configuration	8/31/2016						
	Supervisor Outpatient Utilization Management	9/19/2014						
	Supervisor, Autism	5/13/2024						
	Supervisor, Behavioral Health	5/13/2024						
	Supervisor, Health Plan Privacy	7/10/2023						
	Supervisor, Quality Performance	9/10/2024						
	System Administrator	3/12/2015						
	System Administrator Communications	7/21/2016						
	Systems Administrator	2/28/2014						
	Technical Analyst II	6/12/2015						
	Technical Business Analyst	8/23/2012						
	Technical PMO Business Analyst	12/22/2024						
	Technical Project Management (PMO) Business Analyst	4/7/2017						
	Technical QA Analyst	3/16/2015						
	TOC Coach RN	6/26/2013						
	Trainer, Medicare Programs	9/10/2024						
Grade 9			**66.02**	**82.52**	**99.02**	**137,320.93**	**171,639.90**	**205,958.88**
	Applied Behavioral Analysis Analyst	3/1/2022						
	Applied Behavioral Analysis Analyst, Behavioral Health	3/1/2022						
	Applied Behavioral Analysis Analyst, BH – Bilingual Spanish	3/1/2022						
	Applied Behavioral Analysis Supervisor	6/5/2024						
	Behavioral Health Case Management Nurse	3/1/2022						
	Behavioral Health Quality Improvement Nurse	3/1/2022						
	Behavioral Health Supervisor	5/13/2024						
	Business Process Automation Developer	3/19/2025						
	California Children's Services Outpatient Utilization Management Nurse	7/20/2022						
	CCS Outpatient Utilization Management Nurse	12/22/2024						

Clinical Manager of Enhanced Care Management (ECM)	4/20/2019
Clinical Manager, Health Homes	4/20/2019
Clinical Quality Manager	6/1/2018
Clinical Supervisor, Long Term Care	6/1/2024
Clinical Supervisor, Outpatient Utilization Management	6/12/2020
Data Quality Analyst	9/25/2014
Data Steward Lead	8/23/2012
EDI (Electronic Data Interchange) Lead	9/1/2020
EDI (Electronic Data Interchange) Lead Role	9/1/2020
EDI (Electronic Data Interchange) Software Developer	1/16/2020
EDI Lead	12/22/2024
EDI Software Developer	12/22/2024
Enhanced Care Management, Nurse	6/23/2022
Grants and Incentives Program Manager	6/4/2024
Housing Program Manager	5/31/2023
Human Resources Manager	2/27/2008
Interim Clinical Manager, Health Homes	7/1/2019
Interim Clinical Quality Manager	7/1/2019
Interim Human Resources Manager	6/1/2020
Interim Lead Complex Case Manager	7/1/2019
Interim Manager, Healthcare Analytics	7/1/2019
Interim Manager, Service Desk	4/4/2017
Interim Manager, Transition of Care	7/1/2019
Interim Manager, Vendor Management	7/1/2019
Interim Program Manager / Senior Project Manager - Managed Care	12/22/2024
Interim Program Manager / Senior Project Manager Managed Care	2/15/2018
IT Project Manager	12/16/2011
IT Security Analyst	7/19/2023
Lead Complex Case Manager	11/9/2016
Lead Data Analyst, Healthcare Finance	4/26/2021
Lead Financial Analyst Healthcare	8/15/2019
Lead Financial Analyst Planning	10/2/2019
Lead Financial Analyst, Reporting	10/3/2022
Lead Financial Analyst, Treasury	7/1/2024
Lead Financial Planning Analyst, Healthcare	4/27/2023
Lead Long Term Care Nurse Specialist	7/25/2023
Lead System Administrator	2/20/2019
Lead System Administrators	12/22/2024
Liaison, Clinical Initiatives and Leadership Development	11/2/2020
Long Term Supportive Services Nurse	3/11/2025
Manager Clinical Review Utilization Management Operations	12/9/2016
Manager eHealth Business Operations	5/23/2011
Manager Financial Analysis	3/17/2008
Manager HealthCare Analytics	9/1/2009
Manager Healthcare Analytics Network Performance	3/16/2015
Manager IT Operations	1/21/2011
Manager Technical Support	3/12/2015
Manager Transition of Care	2/8/2013
Manager Utilization and Care Coordination	6/8/2011
Manager Vendor Management	8/24/2016
Manager, Applications	2/23/2015
Manager, Community Health Initiatives	6/5/2024
Manager, Community Health Worker Program	6/4/2024

	Manager, Cultural and Linguistic Services	7/15/2022						
	Manager, Health Plan Privacy & Privacy Operations	10/24/2024						
	Manager, IT Service Desk	4/4/2017						
	Manager, Population Health and Equity	12/2/2024						
	Mgr Clinical Review UM Ops	12/22/2024						
	Mgr eHealth Business Ops	12/22/2024						
	Nurse Specialist, Long Term Care	7/26/2022						
	Outpatient Utilization Management Nurse	9/20/2016						
	Program Manager/Senior Project Manager, Managed Care	3/15/2017						
	Program Mgr/Sr. PM, Mngd Care	12/22/2024						
	Project Manager	5/18/2000						
	Quality Improvement Manager	6/1/2018						
	Senior Analyst of Health Equity	3/23/2023						
	Senior Application Analyst Release Management & Shared Services	7/18/2022						
	Senior Business Intelligence Analyst	9/1/2008						
	Senior Business Intelligence Engineer	10/31/2008						
	Senior Data Quality Analyst	12/7/2016						
	Senior EDI (Electronic Data Interchange) Analyst	7/24/2023						
	Senior EDI Analyst	12/22/2024						
	Senior ETL Developer	9/10/2014						
	Senior Healthcare Business Analyst	7/31/2012						
	Senior IT Project Manager	3/20/2015						
	Senior Manager HealthCare Analytics	3/16/2015						
	Senior Manager Quality Oversight	3/16/2015						
	Senior Quality Improvement Nurse Specialist	2/15/2006						
	Sharepoint Developer	2/18/2015						
	Software Development Engineer in Test	1/2/2024						
	Software Development Engineer in Test	12/22/2024						
	Sr Qlty Improv Nurse Spclst	12/22/2024						
	Sr. Application Analyst Release Management & Shared Services	12/22/2024						
	Supervisor Case Management	11/1/2015						
	Supervisor Data Integration	2/25/2015						
	Supervisor QA and Analysis	2/25/2015						
	Supervisor, IT Applications	11/11/2020						
	Technical Business Data Analyst Data Integration	12/23/2012						
	Technical Quality Assurance Analyst	3/16/2015						
Grade 10			**73.96**	**92.45**	**110.94**	**153,832.79**	**192,296.61**	**230,760.44**
	AI Engineer	6/24/2026						
	Application Architect	3/12/2015						
	Applications Development Supervisor	12/22/2024						
	Behavioral Health Manager	6/14/2023						
	Business Intelligence Administrator/Developer	10/7/2022						
	Business Objects Adm Developer	12/22/2024						
	Business Objects Administrative Developer	1/24/2017						
	Change Control Process Improvement Manager	9/13/2016						
	Clinical Pharmacist	4/23/2007						
	Compensation Manager	12/12/2023						
	Data Architect	1/9/2012						
	Data Platform Specialist	3/18/2026						
	Database & Applications Architect	12/15/2021						
	Database Administrator	6/1/2010						
	Director Accreditation	7/1/2016						
	Director Accreditation Reports Audit and Training	3/10/2015						

Director Administration	5/30/2014
Director Case Management	9/11/2013
Director Clinical Services	1/14/2014
Director Complaints and Reslns	12/22/2024
Director Complaints and Resolutions	11/9/2015
Director Delegated Oversight	2/1/2014
Director Human Resources	5/30/2014
Director Member Services	3/12/2007
Director Network Management	3/20/2015
Director Qtly Msr Prg Impv	12/22/2024
Director Quality Measurement Program Improvement	3/13/2016
Director, Compliance Privacy & Special Investigations	8/28/2020
Director, Health Care Services	7/10/2018
Director, Incentives & Reporting	7/29/2022
Director, Quality Analytics	12/21/2017
Finance Program Manager	12/31/2021
Interim Change Control & Process Improvement Manager	7/1/2019
Interim Director of Accreditation	7/1/2019
Interim Director, Clinical Services	7/1/2019
Interim Director, Complaints and Resolutions	7/1/2019
Interim Director, Health Care Services	7/1/2019
Interim Director, Member Services	7/1/2019
Interim Director, Quality Analytics	7/1/2019
Interim Manager Financial Planning & Analysis - Healthcare	12/22/2024
Interim Manager Financial Planning & Analysis Healthcare	7/1/2017
Interim Manager, Access to Care	7/1/2019
Interim Manager, Accounting	7/1/2019
Interim Manager, Analytics	12/22/2024
Interim Manager, Applications	7/1/2019
Interim Manager, Case Management	7/1/2019
Interim Manager, Corporate Planning	1/24/2017
Interim Manager, Data Integration	7/19/2022
Interim Manager, Inpatient Utilization Management	7/1/2019
Interim Manager, Legal Services	12/22/2024
Interim Manager, Outpatient Utilization Management	12/22/2024
Interim Manager, Quality Analytics	12/22/2024
Interim Program Reimbursement Manager	4/23/2019
Interim Senior Project Manager	12/22/2024
IT Solution Designer	1/10/2024
Lead Applied Behavioral Analysis Analyst	7/14/2023
Manager Accounting	2/14/2006
Manager Analytics	4/2/2019
Manager Applications	2/23/2015
Manager Case Management	3/17/2015
Manager Corporate Planning	9/16/2013
Manager Data Integration	12/22/2024
Manager Financial Planning and Analysis Healthcare	11/26/2012
Manager Financial Planning and Analysis Planning	7/14/2013
Manager HealthCare Business Analytics	9/23/2013
Manager Healthcare Business Analytics Network Performance	7/25/2013
Manager Inpatient Utilization Management	9/19/2014
Manager IT Infrastructure	7/26/2016
Manager Outpatient Utilization Management	9/19/2014

Manager, Access to Care	10/10/2018
Manager, Accounting	7/1/2019
Manager, Analytics	12/22/2024
Manager, Financial Planning and Analysis - Healthcare	12/22/2024
Manager, HEDIS Strategy & Program Management	10/28/2024
Manager, IT Applications	1/24/2017
Manager, Legal Services	7/29/2021
Manager, Long Term Care	7/26/2022
Manager, Medicare Marketing, Communications and Branding	7/12/2024
Manager, Medicare Sales and Retention	11/5/2024
Manager, Payroll	4/17/2013
Manager, Risk Adjustment	10/28/2024
Manager, Quality Analytics	9/2/2021
Manager, Quality Assurance Release Management Shared Services	3/11/2022
Manager, Quality Assurance Release Mgmt Shared Services	12/22/2024
Medicare Pharmacist	9/11/2025
Mgr Fin Pln and Analys HlthCar	12/22/2024
Mgr Fn Pln and Analys Planning	12/22/2024
Mgr Inpatient Utilization Mgmt	12/22/2024
Mgr Outpatient Utiliz Mgmt	12/22/2024
Network Architect	8/17/2021
Pharmacy Program Manager	12/23/2012
Product Lead	10/19/2023
Program Reimbursement Manager	4/23/2019
Quality Assurance and Regulatory Reporting Manager	8/14/2023
Quality Improvement Supervisor	8/11/2017
Senior Cloud System Administrator	4/1/2025
Senior .Net Developer	1/24/2017
Senior BPMS Developer	1/15/2008
Senior Business Analyst	12/30/2016
Senior Business Analyst/Integrated Planning	8/8/2022
Senior Database Administrator	9/17/2014
Senior EEO and Employee Relations Liaison	8/30/2024
Senior Facilities Manager	9/20/2023
Senior Infrastructure Engineer	1/8/2018
Senior Lead Business Analyst	12/8/2021
Senior Manager, Case Management	5/6/2026
Senior Manager Healthcare Business Analytics	9/10/2014
Senior Manager, Applications	2/20/2020
Senior Manager, Claims Operations Support	11/5/2019
Senior Manager, Grievance and Appeals	4/7/2023
Senior Manager, Provider Services	5/24/2022
Senior Net Developer	4/6/2012
Senior Network Analyst	5/1/2015
Senior Project Manager	10/17/2008
Senior System Administrator	11/30/2020
Senior Technical Project Manager	1/15/2021
Sr Database Administrator	12/22/2024
Sr Project Manager	12/22/2024
Sr. Business Analyst/Integrated Planning	12/22/2024
Sr. Lead Business Analyst	12/22/2024
Sr. Manager, Provider Services	12/22/2024
Sr. Technical Project Manager	12/22/2024

	Supervisor, Accounting	6/1/2022						
	Supervisor, Business Analyst (PMO)	10/3/2024						
	Systems & Security Engineer	2/27/2020						
	Systems Engineer	7/20/2007						
	Transitions of Care Pharmacist	2/10/2017						
	Voice Engineer	6/14/2019						
Grade 11			**87.18**	**108.98**	**130.77**	**181,337.52**	**226,671.90**	**272,006.28**
	Assistant Controller	10/15/2014						
	Associate Counsel	6/14/2022						
	Associate Director, Applications	12/11/2020						
	Associate Director, Infrastructure	10/8/2018						
	Associate Director, IT Infrastructure & Service Desk	10/8/2018						
	Associate Director, IT Operations & Quality Applications Management	10/28/2021						
	Associate Director, Regulatory Compliance – Medicare & State	5/22/2025						
	Data Architect and Delivery Manager	7/22/2019						
	Data Integration Manager	7/22/2019						
	Development and Data Integration Director	12/22/2024						
	Director Claims	5/10/2013						
	Director Clinical Initiatives and Clinical Leadership Development	4/16/2019						
	Director Compliance	4/12/2010						
	Director Compliance, Privacy & Special Investigations	8/28/2020						
	Director of Population Health and Equity	8/8/2022						
	Director of Portfolio Management & Service Excellence	7/16/2020						
	Director of Vendor Management	2/21/2020						
	Director Pharmacy Services	2/5/2010						
	Director PMO	12/22/2024						
	Director Project Management Office	9/10/2014						
	Director Provider Contracting	5/18/2015						
	Director, Long Term Services and Supports	7/20/2023						
	Director, Operational Excellence	1/23/2025						
	Director, Quality Assurance	7/10/2018						
	Director, Quality Performance	4/8/2025						
	Director, Social Determinants of Health	10/8/2021						
	Director, Utilization Management	9/13/2022						
	EDI Manager	3/30/2017						
	Enterprise Architect	1/22/2008						
	ETL Lead	4/12/2022						
	Executive Director Duals Programs	5/1/2012						
	Information Security Director	4/17/2017						
	Interim Assistant Controller	7/1/2019						
	Interim Associate Director, Applications	12/11/2020						
	Interim Associate Director, Infrastructure	7/1/2019						
	Interim Associate Director, IT Infrastructure & Service Desk	10/8/2018						
	Interim Data Architect and Delivery Manager	7/22/2019						
	Interim Director of Portfolio Management & Service Excellence	7/16/2020						
	Interim Director of Vendor Management	2/21/2020						
	Interim Director, Claims	7/1/2019						
	Interim Director, Clinical Initiatives and Clinical Leadership Development	7/1/2019						
	Interim Director, Compliance	7/1/2019						
	Interim Director, Financial Planning & Analysis	1/24/2017						
	Interim Director, Pharmacy Services	7/1/2019						
	Interim Director, Provider Services	7/1/2019						
	Interim Director, Quality Assurance	7/10/2019						

	Interim Director, Social Determinants of Health	10/8/2021						
	Interim EDI Manager	7/1/2019						
	Interim Senior Manager, Communications & Outreach	12/8/2021						
	Interim Sr. Manager, Peer Review and Credentialing	12/1/2021						
	IT Security Manager	7/19/2023						
	IT Server Core Manager, IT Infrastructure	9/1/2023						
	Lead Clinical Pharmacist	9/20/2018						
	Lead Clinical Pharmacist, Medical Drug Management	6/30/2023						
	Manager Development and Data Integration	4/30/2015						
	Manager Financial Forecasting and Modeling	3/1/2023						
	Manager, IT Governance and Incident Management	4/5/2024						
	Medicare Product Manager	10/9/2024						
	Pharmacist Manager	9/11/2025						
	Pharmacy Supervisor	8/8/2022						
	Quality Improvement Clinical Manager	5/6/2025						
	Senior Database Administrator Lead	4/22/2022						
	Senior Director HealthCare Analytics	3/16/2015						
	Senior Director Healthcare Business Analytics	12/17/2012						
	Senior Director IT	4/27/2007						
	Senior Director Medical Services	10/20/2006						
	Senior Director Quality Improvement and Compliance Officer	1/15/2013						
	Senior Finance Program Manager	7/29/2024						
	Senior Manager – Project Management Office (PMO)	1/30/2023						
	Senior Manager Analytics	7/1/2016						
	Senior Manager Financial Planning & Analysis	2/13/2019						
	Senior Manager of Health Equity	3/23/2023						
	Senior Manager, Communications & Outreach	12/8/2021						
	Senior Manager, Financial Planning and Analysis - Healthcare	2/13/2019						
	Senior Manager, IT Applications	2/20/2020						
	Senior Manager, Member Services	10/21/2022						
	Senior Manager, Outpatient Utilization Management	7/21/2022						
	Senior Manager, Payroll	7/1/2024						
	Senior Manager, Peer Review and Credentialing	12/1/2021						
	Senior Manager, Public Affairs and Media Relations	11/2/2022						
	Senior Manager, Quality Analytics	9/2/2021						
	Senior Program Manager - Portfolio Programs	7/5/2022						
	Senior Program Manager – State Directed and Special Programs	7/5/2022						
	Sr. Manager, Member Services	12/22/2024						
	Sr. Manager, Peer Review and Credentialing	12/22/2024						
	Staff Attorney	7/29/2021						
Grade 12			**101.00**	**126.25**	**151.50**	**210,081.21**	**262,601.51**	**315,121.81**
	Director Applications Development	7/14/2016						
	Director Applications Management	7/14/2016						
	Director Applications Management and Configuration	12/19/2017						
	Director Data Integration & Application Development	3/6/2020						
	Director Fin Plan and Analysis	12/22/2024						
	Director Financial Planning and Analysis	12/23/2012						
	Director Health Equity	3/23/2023						
	Director Healthcare Analytics	12/7/2016						
	Director Infrastructure	3/20/2017						
	Director IT Applications Management	12/11/2020						
	Director Provider Services	6/29/2004						
	Director, Analytics	8/29/2025						

	Director, Application Management	7/14/2016						
	Director, Applications Management, Quality & Process Improve	12/22/2024						
	Director, Applications Management, Quality & Process Improvement	12/19/2017						
	Director, Community Health Strategy	1/18/2023						
	Director, Compliance & Special Investigations	8/28/2020						
	Director, Data Exchange and Interoperability	12/1/2020						
	Director, Diversity, Equity, Inclusion	4/19/2023						
	Director, Financial Planning and Analysis - Healthcare	7/29/2024						
	Director, Grievance & Appeals	7/1/2016						
	Director, Housing & Community Services Program	1/18/2023						
	Director, Human Resources	5/30/2014						
	Director, IT Infrastructure	1/7/2017						
	Director, Legislative Affairs and Media Relations	2/13/2025						
	Director, Medicare Compliance	3/11/2025						
	Director, Program Compliance & Privacy Operations	8/28/2020						
	Director, Public Affairs and Media Relations	2/13/2025						
	Director, Stars Strategy and Program Management	4/15/2024						
	Executive Director Government Relations and Program Oversight	11/11/2015						
	Executive Director HR	12/22/2024						
	Executive Director Human Resources	3/24/2017						
	Interim Director, Application Management	7/1/2019						
	Interim Director, Application Management & Configuration	7/1/2019						
	Interim Director, Applications Management, Quality & Process Improve	12/19/2017						
	Interim Director, Compliance & Special Investigations	8/28/2020						
	Interim Director, Data Exchange and Interoperability	12/1/2020						
	Interim Director, Healthcare Analytics	12/7/2016						
	Interim Director, Infrastructure	7/1/2019						
	Interim Executive Director, Human Resources	7/1/2019						
	Interim Senior Director Facilities	7/1/2019						
	Interim Senior Director of Quality	7/1/2019						
	Interim Senior Director, Behavioral Health	3/1/2021						
	Interim Senior Director, Member Services	11/30/2021						
	Interim Senior Director/Pharmacy Services	7/1/2019						
	Senior Director Facilities	9/15/2015						
	Senior Director Integrated Planning	4/9/2020						
	Senior Director of Behavioral Health Services & Long Term Care Operations	3/1/2021						
	Senior Director of Behavioral Health Services & LTC Ops	12/22/2024						
	Senior Director of Vendor Management	2/4/2025						
	Senior Director Pharmacy Services	7/28/2018						
	Senior Director Quality	7/1/2018						
	Senior Director, Behavioral Health	3/1/2021						
	Senior Director, Enterprise Risk Management & Operational Oversight	7/15/2024						
	Senior Director, Member Services	11/30/2021						
	Senior Director, Portfolio Management & Service Excellence	7/1/2022						
	Senior Manager, Financial Reporting	3/9/2022						
	Senior Program Director	12/22/2024						
	Supervisor, Legal Services	12/4/2024						
	Supervising Associate Counsel	6/14/2022						
	Utilization Management Physician Reviewer	4/29/2019						
Grade 13			**136.61**	**170.76**	**204.91**	**284,148.01**	**355,185.01**	**426,222.01**
	Associate Medical Director	6/17/2004						
	Controller	8/19/2003						
	Director, Provider Services and Provider Contracting	7/1/2016						

	Executive Director Information Technology	9/6/2018						
	Interim Controller	1/24/2017						
	Interim Executive Director, IT	7/1/2019						
	Interim Senior Director of Financial Planning and Analysis	2/13/2019						
	Interim Senior Director of Health Care Services	4/23/2020						
	Senior Director Analytics	7/14/2013						
	Senior Director of Health Care Services	4/23/2020						
	Senior Director of Workforce Development	2/14/2023						
	Senior Director, Financial Planning & Analysis	12/7/2020						
	Senior Director, Health Care Services	7/1/2016						
	Sr. Director of Workforce Development	2/14/2023						
Grade 14			**141.03**	**176.31**	**211.59**	**293,338.78**	**366,718.53**	**440,098.28**
	Executive Director, (ED) Network Operations	11/13/2025						
Grade 15			**145.46**	**181.82**	**218.19**	**302,552.08**	**378,195.73**	**453,839.38**
	CCO/General Counsel	7/1/2014						
	Executive Director Healthcare Analytics	7/1/2016						
	Executive Director, Health Care Services	7/17/2025						
	Executive Director, Medicare Programs	9/8/2023						
	Executive Director, Operations	5/20/2014						
	Executive Director, Program Compliance & Privacy Operations	8/26/2025						
	Executive Director, Service Operations	8/22/2023						
	Interim Medical Director	7/1/2019						
	Interim Quality Improvement Medical Director	7/1/2019						
	Medical Director	11/29/2000						
	Medical Director Long Term Supportive Services	10/22/2023						
	Medical Director Utilization Management	3/22/2024						
	Medical Director, Case Management & Community Health	7/17/2025						
	Medical Director, Quality Improvement	8/14/2017						
	Quality Improvement Medical Director	8/14/2017						
Grade 16			**159.17**	**198.96**	**238.76**	**331,070.50**	**413,843.76**	**496,617.01**
	Chief Administrative Officer	4/1/2012						
	Chief Analytics Officer	3/1/2018						
	Chief Compliance Officer	5/18/2015						
	Chief Compliance Officer & Chief Privacy Officer	8/2/2020						
	Chief Financial Officer	10/22/2001						
	Chief Human Resources Officer	7/1/2020						
	Chief Information Officer	10/23/2001						
	Chief Information Officer & Chief Security Officer	8/26/2020						
	Chief of Health Equity	6/24/2022						
	Chief Performance Officer	6/1/2013						
	Chief Projects Officer	4/9/2020						
	Chief Strategy Officer	4/1/2012						
	Interim Chief Analytics Officer	7/1/2019						
	Interim Chief Compliance Officer	8/2/2020						
	Interim Chief Compliance Officer & Chief Privacy Officer	8/2/2020						
	Interim Chief Financial Officer	6/1/2016						
	Interim Chief Human Resources Officer	7/1/2020						
	Interim Chief Information Officer	8/26/2020						
	Interim Chief Information Officer & Chief Security Officer	8/26/2020						
	Interim Chief Projects Officer	4/9/2020						
	Interim Senior Medical Director	11/9/2021						
	Senior Medical Director	11/9/2021						
Grade 17			**186.01**	**232.50**	**279.00**	**386,890.92**	**483,608.02**	**580,325.12**

	Chief Medical Officer	3/31/2017						
	Chief Operating Officer	7/9/2003						
	General Counsel	7/17/2013						
	Interim Chief Medical Officer	3/31/2017						
	Interim Chief Operating Officer (COO)	7/1/2019						
	Interim General Counsel	12/22/2024						
Grade 18			**223.14**	**278.93**	**334.72**	**464,133.95**	**580,178.70**	**696,223.44**
Grade 19			**248.03**	**334.21**	**420.39**	**515,899.61**	**695,154.20**	**874,408.79**
	Chief Executive Officer	7/9/2001						
	Interim Chief Executive Officer	7/1/2019						

CEO Update

Matthew Woodruff

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

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

Date: **September 11th, 2026**

Subject: **CEO Report**

- **Financials:**
  - **July 2026:** Net Operating Performance by Line of Business for the month of July and Year-To-Date (YTD):

	July	YTD
Medi-Cal	($1.4M)	($1.4M)
Group Care	($2.9K)	($2.9M)
Medicare	($898K)	($898K)
Total	($5.2M)	($5.2M)

  - **Revenue was $180.0 million in July and Year-to-Date (YTD)**.
    - Medical expenses were $176.4 million in July and for the fiscal year-to-date; the medical loss ratio is 98.0% for the month and for the fiscal year-to-date.
    - Administrative expenses were $11.1 million in July and for the fiscal year-to-date; the administrative loss ratio is 6.2% for the month and for the fiscal year-to-date.
  - **Tangible Net Equity (TNE)**: Financial reserves are 284% of the required DMHC minimum, representing $146.6 million in excess TNE.
  - **Total enrollment in July was 367,074**, decreased by 3,066 Medi-Cal members compared to June 2026.

- **Alliance Compliance Update**
  - Enforcement Matter 22-888
  - The enforcement matter originates from Alameda Alliance's Measurement Year 2021 Timely Access and Annual Network Review submission, which was filed with DMHC on March 31, 2022.
  - DMHC Provider Networks Team determined that the information provided did not adequately address two specific findings:
    - Plan failed to include in its Timely Access Compliance Report all required information regarding incidents of non-compliance resulting in substantial harm to an enrollee, in violation of California Code of Regulations, title 28, section 1300.67.2.2, subdivision (g)(2)(C) and the Timely Access Compliance Report Form Instructions.

- **Key Performance Indicators – Grievances – MCAL & IHSS:**
    - **Regulatory Metrics:**
        - Standard grievances were resolved within the goal of 96% of regulatory timeframes.
        - Expedited grievance cases were not resolved within the 95% of regulatory timeframes (at 78%). Exempt grievances were resolved within the goal of 95% of regulatory timeframes at 100%.
        - Standard appeal cases were resolved within 95% of regulatory timeframes, and expedited appeal cases were resolved at 100% of regulatory timeframes.
        - There was a total of 1,638 unique grievance cases resolved during the reporting period, with a total of 2,059 grievances including 411 shadow cases. Out of 2,059 cases, 38% were related to Access to Care, 35% were related to Quality of Service, 17% were related to Coverage Dispute, 5% were related to “other” (enrollment and eligibility) and 5% were related to Quality of Care.
        - For the month of August 2026, 75% of standard grievances were resolved in favor of members, 21% in favor of the Plan, and 4% were withdrawn by members; 78% of exempt grievance cases were resolved in favor of the members, and 15% were resolved in favor of the Plan.
- **Grievances – D-SNP:**
    - For the D-SNP line of business, there were 96 standard grievances resolved within the regulatory timeframe goal of 95% with a 100% compliance rate. First Call Resolution cases were not resolved within the goal of 95%. There was 1 standard appeal case resolved within the regulatory timeframe. There were no expedited grievance cases or expedited appeal cases filed for D-SNP in the month of August 2026.
- **Legislative Updates:**
    - See Attachment
- **IT Workflow Automation**
    - **AI-Powered Compliance Platform**: Alliance has completed the development of its AI-powered compliance platform, designed to automate regulatory adherence by intelligently linking internal policies with external regulatory requirements. Currently, 90% of compliance workflows are fully configured and operating in production, ensuring continuous alignment with evolving regulatory standards.

- **AI-Driven Software Development Transformation**: Alliance is pursuing a 12-month enterprise transformation to integrate AI across the full Software Development Life Cycle (SDLC). The initiative targets enhanced developer productivity, improved code quality, and accelerated delivery through:

  - Automated code generation and intelligent code review
  - DevOps and CI/CD pipeline automation
  - AI-assisted quality assurance and testing

  Approximately 20% of IT professionals are currently leveraging AI tools for development and testing activities

- **OCR & Intelligent Document Processing**: In the past three months, IT deployed a high-accuracy Optical Character Recognition (OCR) solution built on OpenAI, automating image interpretation and text extraction from faxes and user prompts. This capability is now integrated into critical clinical authorization workflows:

  - Post Acute Authorization request workflow — completed June 2026
  - Inpatient Authorization request workflow — completed July 2026
    - Decommissioned the legacy Docustream vendor process
    - Projected annual savings: $150,000

  These deployments have contributed directly to the ~15,000 staff hours saved year to date.

- **Speech-to-Text Enterprise Enablement**: Enterprise-wide deployment of Speech-to-Text capabilities has been completed. The platform is now actively installed for 10 staff members, with a phased rollout planned to expand to all staff members who have submitted requests. This initiative reduces manual documentation burden and improves operational throughput.

- **Claims Adjudication Automation (AI Pilot - Completed)**: To improve Claims processing Turn Around Time (TAT), IT has identified three key process improvement areas with the potential to increase Alliance's claims auto-adjudication rate from 85% to 92%. To achieve this, Alliance engaged Optum AI for a pilot program targeting manual claims processing workflows. Key achievements to date:

  - Optum AI pilot program completed and successfully tested for Hospice Rate Standard Operating Procedure (SOP)
  - Solution design underway for Coordination of Benefits (COB) claim workflow automation

  Next Steps:

  - Roll out Hospice Rate SOP to production — target: end of September 2026

- Identify and automate 10+ additional manual SOPs — target: end of December 2026

- **AI Self-Service Chatbot — IT Service Desk, Facilities & HR**: Alliance is designing an AI-influenced self-service chatbot to support three internal service functions: IT Service Desk, Human Resources, and IT Facilities. The solution will enable automated ticketing, knowledge inquiry, and process self-service to reduce staff dependency on manual triage:

  Next Steps:

  - IT Service Desk — ticketing process and knowledge inquiry: October 2026
  - IT Facilities and Human Resources process onboarding: January 2026

- **Additional Automation Initiatives**

  - Provider Resolution Dispute quality assurance and validation workflow: planned go-live November 2026
  - End-to-end Call Center ecosystem testing automation: planned go-live October 2026
  - Enrollment end to end process automation that includes member matching, member classification, coverage/eligibility decision, COB/PCP/Enrollment logic

- **Alliance in the Community**

  - **Community Engagement:** As of September 2026, Alliance staff have participated in 21 out of 29 invited community events, including major Bay Area and countywide gatherings. These include but are not limited to:

    - 2026 LifeSTEPS Spring Health Fair
    - 2026 Alameda County Fair
    - Oakland Unified School District (OUSD) Resource Fair
    - The Eunice Law Annual Backpack Distribution, Resource Fair, and Car Show
    - True Vine Ministries Back to School Event
    - Piedmont Apartment National Night Out
    - 4Cs Monthly Food Distribution
    - Alameda County WIC World Breast Feeding Celebration
    - Davis Street Annual Community Outreach and Resource Fair
    - Hayward Unified School District (HUSD) Back to School Backpack Giveaway
    - Allen Temple Baptist Church 46th Annual Holistic Health Fair
    - Alameda County Behavioral Health's Office of Family Empowerment, Family Network Launch Event
    - Alameda County Child Support Services Family Resource Fair
    - 2026 Oakland Pride Festival
    - 2026 Acts Full Gospel Church Health Fair

- 2026 Oakland Chinatown Chamber of Commerce (OCCC) 37th Oakland Chinatown StreetFest
- Laney College Welcome Back Week Resource Fair
- Tiburcio Vasquez Health Center Family Health Fiesta
- 2026 Building Opportunities for Self-Sufficiency (BOSS) Black August

- **Community Relations Reinvestment Sponsorships**: The Alliance continues its community reinvestment sponsorships. These efforts through September include but are not limited to:

  - East Bay Innovations Crafts Fair Celebration
  - Alameda Contra Costa Medical Association (ACCMA) Transition-to-Practice Summit
  - Project Open Hand – Hand to Hand Gala
  - La Clinica's 55th Anniversary Gala

- **Looking Ahead**: Through October 2026, Alliance aims to participate in approximately 18 additional community engagement events and 4 community relations events. Notable upcoming activities include but are not limited to:

  - Asian Health Services (AHS) Wilma Chan Park Food Distribution
  - 2026 Regional Center of the East Bay (RCEB) Community Based Organization Fair
  - 2026 54th Annual Castro Valley Fall Festival
  - Union City 5th Annual Polly's Heart Health Fair
  - 2026 Kingdom Builders Christian Fellowship Community Health & Wellness Fair
  - Alliance Community Advisory Committee Coffee & Conversation at St. Jarlath Catholic Church
  - Glad Tidings International Church South Hayward Community Love Thy Neighbor Celebrations
  - 2026 United Seniors of Oakland and Alameda County (USOAC) Healthy Living Festival
  - 2026 Union City Family Center (UCFC) Toddler to Career Resource Fair
  - Elder Justice Symposium
  - Family Resource Center UTSAV South Asian Family Conference
  - Friends of Children with Special Needs (FCFN) 5th Annual Disability Resource Fair
  - City of Berkely Senior Wellness Fair
  - 2026 Sinkler Miller Medical Association (SMMA) 43rd Annual Scholarship Gala
  - 52nd Asian Health Services (AHS) Gala
  - Culinary Angels 10 Year Anniversary Fundraising Dinner
  - Latino Coalition for Healthy California (LCHC)

The September BOG updates continue to highlight the Alliance's ongoing commitment, with new partnerships and expanded community engagement efforts scheduled for the coming months

- **Medicare Overview**
  - Alameda Alliance Wellness (HMO D-SNP) received full CMS approval of its Calendar Year 2027 bid on August 20th, 2026.
    - Approval reflects successful completion of the bid development and submission process, including benefit design, actuarial pricing validation, and regulatory compliance requirements.
    - Cross-functional operational readiness efforts are underway to support a successful Annual Enrollment Period (AEP) and Open Enrollment Period (OEP).
  - CMS approved the State Medicaid Agency Contract (SMAC) on August 25th, 2026.
    - This milestone further strengthens regulatory alignment and supports the ongoing growth and stability of the D-SNP program.
  - Continued investment in Medicare growth infrastructure and operational capabilities.
    - Medicare.gov enrollment functionality and the Alliance's online shopping and enrollment experience are now live, enhancing member acquisition and enrollment capabilities.
    - Recruitment efforts are progressing to expand Medicare field sales capacity with additional sales and community agent hires expected in the coming weeks.
    - Nine (9) system enhancements have been identified to support the Medicare sales Customer Relationship Management (CRM) platform that will further strengthen lead management, sales effectiveness, and member acquisition efforts.
  - The new Pharmacy Benefit Manager (PBM), MedImpact, implementation remains on track for Calendar Year 2027 deployment.
  - Medicare marketing and growth initiatives continue to advance.
    - In partnership with Anderson, the Alliance launched the first Medicare acquisition campaign targeting Alameda Alliance Medi-Cal members age 65+ with e-mail and landing page launch on 8/27/2026 and direct mail deployment beginning 9/25/2026.
    - Anderson partnership continues to drive a phased Medicare acquisition campaign with October and November outreach planned to support year-end growth.

- Completed contracting (MSA/SOW) for the Age-In marketing campaign and launched work with Anderson with outreach planned from October through year-end.

- Recruitment is underway for a Learning & Development Program Manager to build and sustain D-SNP training capabilities across the organization, which supports long-term operational excellence and growth.

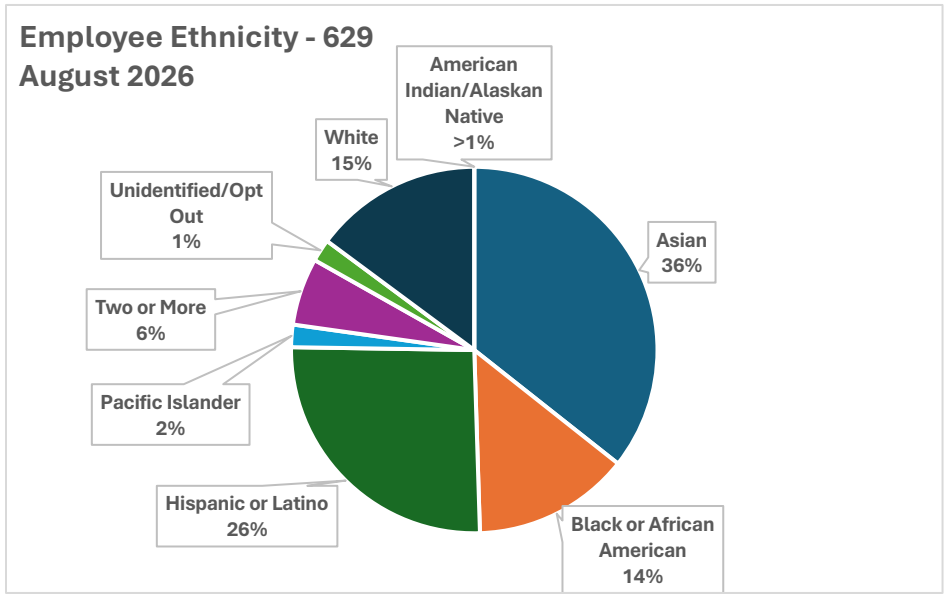
Demographics

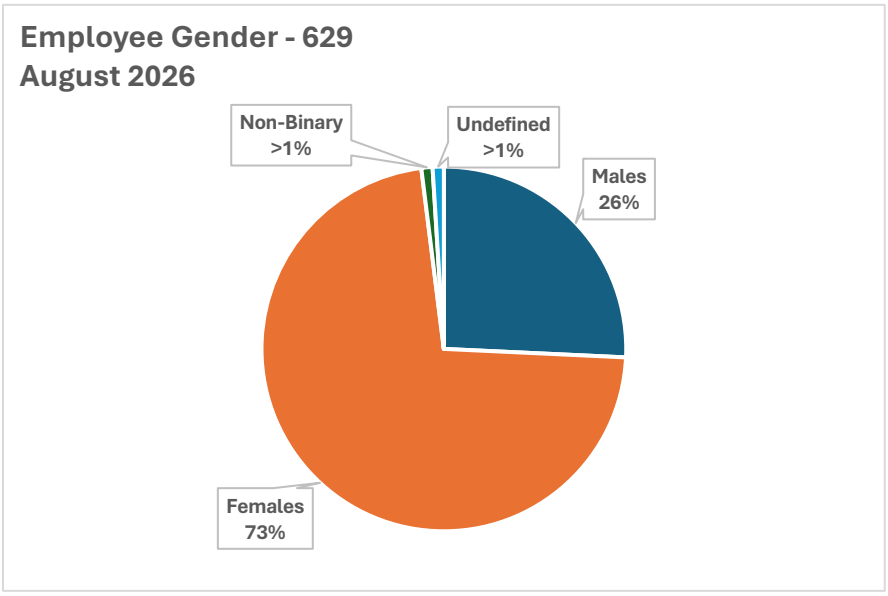
This report provides a comparative analysis of the demographic composition of Alameda Alliance for Health's workforce in relation to the population profile of Alameda County. The evaluation focuses on key demographic indicators, including race/ethnicity, gender, and age distribution. The objective is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

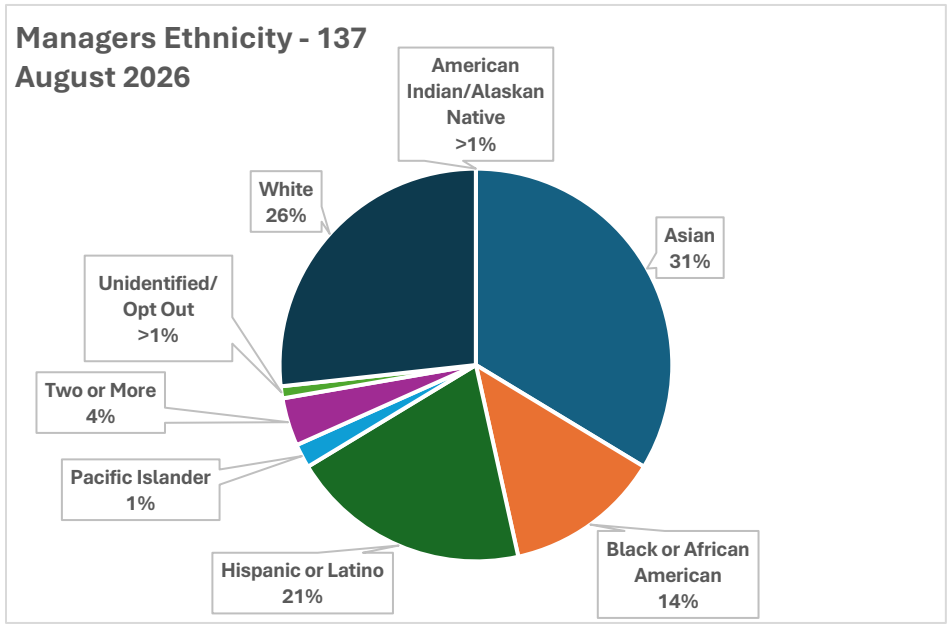
The demographic data for Alameda County, including total population figures and detailed demographic breakdowns, is sourced from Healthy Alameda County, a centralized data repository of information related to Alameda County, sponsored by the Alameda County Public Health Department. This platform provides the most current county-level information, encompassing over 250 indicators of community wellbeing (Healthy Alameda County :: Demographics :: County :: Alameda). The county data referenced in this report reflects updates as of May 2026. Additionally, demographic data for Alameda Alliance for Health was last updated August 2026 and is collected and maintained internally, monthly, by the Human Resources Department.

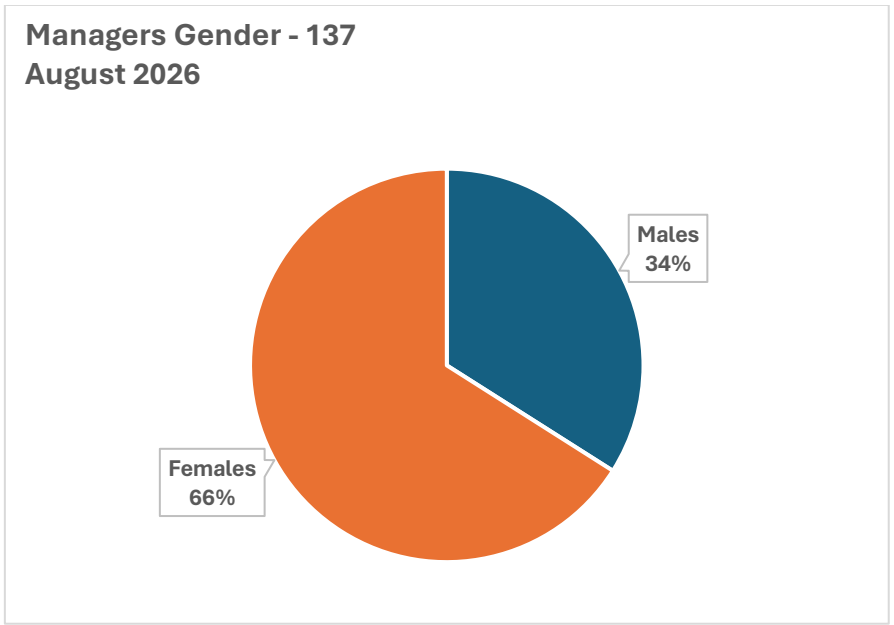
Category	**Alameda Alliance for Health** (Workforce information last updated August 2026)	**Alameda County** (Population information last updated in May 2026)
Population/Total Employees	629	1,647,132
Race & Ethnicity		
Asian	36%	35.62%
Hispanic	26%	23.53%
White	15%	24.90%
Black/African American	14%	8.82%
Native Hawaiian/Pacific Islander	2%	0.77%
American Indian/Alaskan Native	>1%	0.24%
Two or More Races	6%	5.51%
Unidentified/Opt Out	>1%	-
Gender		
Male	26%	49.57%
Female	73%	50.43%
Non-Binary	>1%	-
Undefined	>1%	-
Age Distribution		
Under 25	>1%	8.29%
25-34	17%	13.55%
35-44	38%	16.25%
45-54	29%	13.64%
55-Older	16%	29.35%

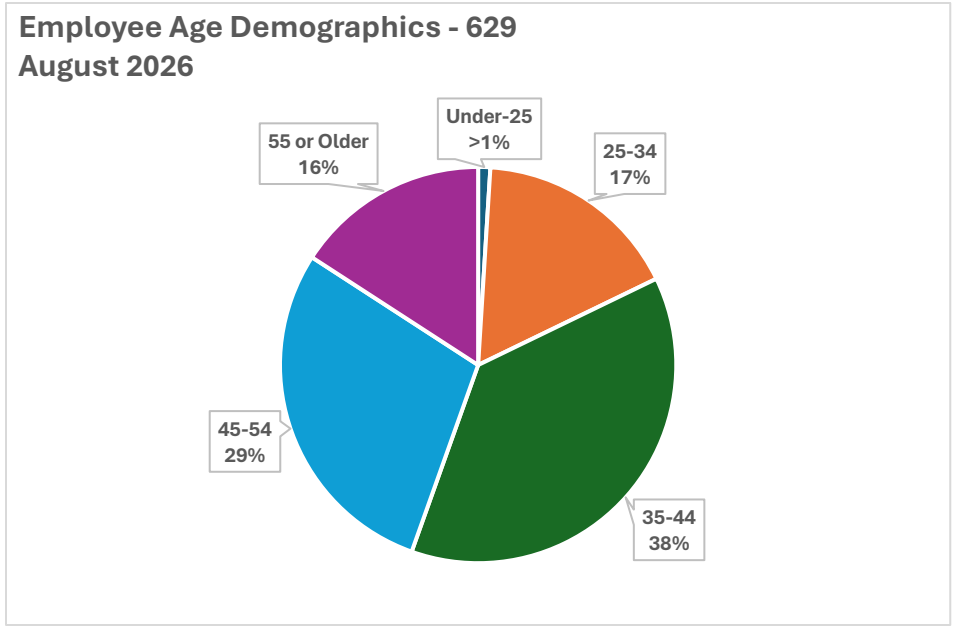
AAH Employee Demographics Data Report August 2026










Employee Age Demographics - 629
August 2026
Under-25
>1%
25-34
17%
35-44
38%
45-54
29%
55 or Older
16%

Legislative Tracking

September 2026 Legislative Update

Legislative Affairs and Media Relations Department

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

Federal Policy Update

On August 11, 2026, CMS released a final rule barring federal Medicaid and Children's Health Insurance Program (CHIP) funding for medically necessary gender-affirming care for transgender youth which will go into effect on October 13th. CMS also announced that it requested that California and eight other states provide implementation plans by October 1.

In response, Cal HSS leaders issued a joint statement where they shared that California is investing $30 million over the next three years to pay for uncompensated care (health care that is not covered by other sources) for gender-affirming care and abortion, as well as $26 million over three years to stabilize and expand the state's gender-affirming care provider network.

On August 7, 2026, U.S. Senators Ron Wyden (D-Ore.), Catherine Cortez Masto (D-Nev.), Chuck Grassley (R-Iowa), and Mike Crapo (R-Idaho) introduced the bipartisan Health Care Fraud Prevention and Enforcement Act. This legislation would provide $5 billion in additional funding to the Health Care Fraud and Abuse Control (HCFAC) Program, would give CMS new tools to strengthen oversight of the Children's Health Insurance Program (CHIP), would require timely reporting to track the HCFAC program's effectiveness, and asks the Government Accountability Office to report on HCFAC's performance.

Ahead of the upcoming Medi-Cal eligibility change that will take effect in 2027, the Department of Health Care Services (DHCS) began issuing a federally required outreach letter in all Medi-Cal threshold languages to potentially impacted members. The letter provides an overview of the two new federal H.R. 1 requirements – the Work and Community Engagement Rule and the 6-Month Renewal Rule. It was sent to approximately 4.8 million Medi-Cal members enrolled in the ACA Adult Expansion Group and shares information on who will be subject to the new rules, outlines exemptions and exceptions and how members can remain covered.

The Alliance continues to participate in coordinated multi-agency efforts to address Medi-Cal changes due to H.R. 1 and the state budget. Our work is focused on preserving coverage for Medi-Cal beneficiaries and coordinating efforts around the transition of UIS members from Medi-Cal managed care to the Fee-For-Service delivery system. The Alliance continues to send out approximately 45,000 'Keep Your Coverage' postcards every month to Alliance members and maintains a comprehensive media campaign throughout Alameda County.

State Legislative Update

California's 2026-27 legislative cycle is drawing to a close. The deadline for each house to pass bills passed on August 31, 2026. Since the start of the legislative season, our team has tracked over 90 proposed bills and of those, only 29 bills have passed out of the state Assembly and Senate. Once the bills reach the Governor's office, Governor Newsom has 30 days to sign them into law or veto.

There is a pending budget bill junior (AB 113/SB 113) related to healthcare and specifically, the transition of members with unsatisfactory immigration status (UIS) from the managed care delivery system into fee-for-service. AB 113 outlines how the $31 million funds appropriated in the finalized 2026-27 state budget will support care coordination and specifies how these funds may be utilized. The funding will be used to provide navigation services, including language access capabilities, integrated care planning, member outreach, and coordination with fee-for-service providers, with a focus on special populations and members with complex care needs.

Of the $31 million, $8 million is available for contracts with clinics and community-based organizations to provide culturally and linguistically appropriate care navigation services to UIS Medi-Cal members who are transitioning. Additionally, $1.5 million will support DHCS staffing and contract authority to clear the Medi-Cal Home and Community Based Alternatives (HCBA) Waiver waitlist and serve eligible individuals seeking enrollment in the HCBA program.

AB 113 also allocates $30 million to support the repayment of federal funds associated with payments that were provided to prohibited entities from July 4, 2025, to September 10, 2025. DHCS will not make overpayment-related recoveries from Medi-Cal managed care plans, and Medi-Cal managed care plans cannot make overpayment retrievals from providers that meet the definition of a "prohibited entity," in relation to such payments.

Lastly, AB 113 provides $9 million to support gender-affirming care for children and youth and to promote collaboration between DHCS and the Department of Health Care Access and Information (HCAI) to support Medi-Cal providers offering gender-affirming care. AB 113 was sent to Engrossing and Enrolling on September 1, 2026, where legislation is prepared to be printed and finalized.

Our team will continue to track proposed bills as well as attend relevant stakeholder meetings to ensure alignment with legislative and/or regulatory changes.

Priority Bill List

Below are the bills that we have been tracking this legislative year, and which have passed out of the state Assembly and Senate. Governor Newsom has until September 30, 2026 to sign them into law or veto.

Measure	Author	Topic	Summary
AB 280	Aguiar-Curry	Health Care Coverage: Provider Directories	This bill would require the Department of Managed Health Care to select a central utility and develop uniform provider directory standards requiring a health care service plan to use the designated central utility to collect, manage, and verify the consistency and completeness of their provider directories. The bill would also require health insurers to use the designated central utility and follow the uniform provider directory standards. The bill would require plans and health insurers to submit their provider directories to the central utility for analysis, and would require the central utility to create a consistency report for each directory.
AB 539	Schiavo	Health Care Coverage: Prior Authorizations	This bill would require an approved prior authorization for a health care service requested by an in-network provider to remain valid for at least one year from the date of approval, or the period requested by the treating provider if less than one year. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program.
AB 1126	Patterson	Medi-Cal Managed Care Plans: Enrollees with Other Health Care Coverage	This bill would require the department, in the case of a Medi-Cal managed care plan enrollee who also has other health care coverage and for whom the Medi-Cal program is a payer of last resort, to ensure that a provider that is not contracted with the plan and that is billing the plan for Medi-Cal allowable costs not paid by the other health care coverage does not face administrative requirements significantly in excess of the administrative requirements for billing those same costs to the Medi-Cal fee-for-service delivery system. Under the bill, in the case of an enrollee who meets those coverage criteria, except as specified, a Medi-Cal fee-for-service provider would not be required to contract as an in-network provider with the Medi-Cal managed care plan in order to bill the

			plan for Medi-Cal allowable costs for covered health care services. The bill would authorize a Medi-Cal managed care plan to require a letter of agreement, or a similar agreement, under specified circumstances, including if a covered service requires prior authorization, or if a service is not covered by the other health care coverage but is a covered service under the plan, as specified. The bill would require the department to take the actions that it deems necessary to provide clarification regarding the conditions for billing plans to providers that render services to enrollees who also have other health care coverage. The bill would specify the intent of the Legislature that the department offer educational resources to an enrollee who needs assistance with understanding continuity of care and coordinating Medi-Cal and their other health care coverage when requested by the enrollee.
AB 1682	Hart	Health care Coverage: Scalp Cooling	Existing law, 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, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires coverage by health care service plans and health insurers for various screening and treatment services with respect to cancer. This bill would require a health care service plan contract or health insurance policy, except as specified, that is issued, amended, delivered, or renewed on or after January 1, 2027, to provide coverage for scalp cooling, as defined, as prescribed by a health care provider in connection with chemotherapy for people with cancer. Because a violation of these provisions with respect to a health

			care service plan would be a crime, this bill would impose a state-mandated local program.
AB 1629	Haney	Dental Coverage	This bill would require a plan or insurer, including a specialized plan or insurer, covering dental services, upon written and dated consent of the enrollee or insured, to pay a noncontracting dental provider directly for covered services rendered to the enrollee or insured in accordance with the benefit provided in the contract or policy. The bill would prohibit a noncontracting dental provider accepting assignment of benefits from charging an enrollee or insured, prior to the plan payment, more than an estimate of the enrollee's or the insured's cost sharing for the treatment or a deposit that approximates that cost share. The bill would require a noncontracting dental provider to make specified disclosures to an enrollee or insured before accepting an assignment of benefits. Because a willful violation of these provisions related to health care service plans would be a crime, this bill would impose a state-mandated local program.
AB 1887	Zbur	Prescription Drug Coverage for Rare Diseases	This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to require a health care service plan or health insurer to complete prior authorization or other utilization review within 30 days upon initial request, as specified, for a drug approved for the treatment of a rare disease if the drug is prescribed by a specialist with expertise in the condition or disease being treated and the specialist has determined the drug is medically necessary, unless a biosimilar, interchangeable biologic, or generic version of the drug is available. The bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, from imposing step therapy for these drugs.

AB 1949	Lee	Medi-Cal: Acupuncture Treatments	This bill would state the intent of the Legislature to enact legislation that allows more flexibility in Medi-Cal coverage for acupuncture treatments. require the Medi-Cal program to cover up to 24 acupuncture visits per beneficiary per calendar year and would state that additional visits per calendar year may be authorized based on medical necessity and the extent of federal funding.
AB 1979	Bonta	Health Care Services: Artificial Intelligence	This bill would require a health facility, clinic, physician's office, or office or a group practice to ensure that no clinical decision, as specified, is based solely on the output of a clinical decision support system, as defined, and that a licensed health care professional exercises independent professional judgment when reviewing and approving a clinical decision that is based on the output of a clinical decision support system. The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not prohibit the use of artificial intelligence for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program
AB 2081	Stefani	Medi-Cal: Home and Community-Based Alternatives Waiver	This bill would recast the waiver provisions to refer to the HCBA Waiver and would delete the provision relating to the 5,000 slots. The bill would require the department, beginning in 2027, and for the HCBA Waiver period, to increase the total number of waiver slots by 10,000, in addition to any planned

			expansion of waiver slots federally approved as of January 1, 2026, as specified. The bill would require the department, by March 1, 2027, to seek any necessary amendments to the HCBA Waiver to ensure that there is sufficient capacity to enroll all individuals who are eligible for, and express an interest in, participating in the HCBA Waiver who are currently on a waiting list. The bill would require the department to continue to monitor the capacity of the HCBA Waiver and to expand capacity, as specified.
AB 2160	Celeste Rodriguez	Medi-Cal: Lactation Services	This bill would require the department to, by July 1, 2027, issue updated Medi-Cal guidance that clarifies Medi-Cal coverage for lactation services. The bill would also require guidance to, among other things, clarify Medi-Cal coverage policies for a continuum of lactation services, including health education related to lactation, basic lactation support, and clinical lactation consultation. The bill would require the department to seek stakeholder input on draft guidance prior to issuing the guidance. The bill would make the implementation of these provisions contingent to the extent that federal financial participation is available and any necessary federal approvals are obtained.
AB 2161	Bonta	Medi-Cal: Work or Community Engagement	This bill would state the intent of the Legislature that the department implement work or community engagement requirements under the above-described federal law to ensure that all eligible Medi-Cal applicants and beneficiaries obtain and maintain coverage in ways that are least administratively burdensome to those individuals. The bill would set forth provisions to conform to the above-described federal provisions, including work or community engagement requirements, exemptions, and notices of noncompliance if applicable.

			The bill would require the department, before verifying an individual's compliance, to ensure and confirm that systems are programmed to maintain coverage with minimal data request requests to an applicant or beneficiary, as specified. For beneficiaries who cannot be deemed compliant following ex parte review, the bill would require the county to request a Medi-Cal managed care plan to provide any data that will verify that a beneficiary is exempted or meets the requirements before requesting information directly from the beneficiary.
AB 2278	Ávila Farías	In-home Supportive Services: Community First Choice Option Program: Noncompliance Penalties	Existing federal law, the Community First Choice Option (CFCO) program, authorizes states to provide home- and community-based attendant services and supports to eligible Medicaid enrollees, as specified. Existing federal law provides federal financial participation for a state that provides services under the CFCO program. Existing state law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes. Existing law requires the state and counties to share the annual cost of providing IHSS pursuant to a specified cost ratio. Existing law requires all counties to have a rebased County IHSS Maintenance of Effort (MOE) and requires the rebased MOE to be adjusted for the annualized cost of increases in provider wages, health benefits, or other benefits, as prescribed. Existing law commencing July 1, 2026, requires a county to pay, separate from the rebased County IHSS MOE payment, a 100% share of the enhanced federal financial participation that would have been received if the state ceases to receive that funding for the provision of services due to noncompliance

			of timely case reassessment for the federal CFCO program. This bill would require the department to, on or before July 1, 2029, prepare and submit to the Legislature a report on the amount of the above-described payments made by counties due to noncompliance of timely case reassessment for the federal CFCO program.
AB 2348	Bonta	Medi-Cal: Community Supports	This bill would require the department, by July 1, 2027, to produce model managed care coverage standards and policy, reflecting best practices, for each community support provided for plan years beginning on January 1, 2028. If a managed care plan deviates from the standards and policy, the bill would require the plan to provide the department a specific explanation and justification for that deviation. The bill would require the department to provide ongoing technical assistance to managed care plans and to require the plans to continue to provide technical assistance to providers of community supports. The bill would require the department to publicly post any policy changes for stakeholder input, and to publicly release written updates to the department's policy guidance, as specified. The bill would require a managed care plan to track and report to the department certain quantitative data regarding nonprofit community providers, as defined, and would require the department to publish a report on this data not less than annually. The bill would modify a requirement for the department to publish a public report on ECM and community supports utilization data, populations served, and demographic data, from annual to quarterly publications instead. The bill would require the department, by March 31, 2029, to provide the legislative committee's information necessary to inform legislative consideration of transitioning

			community supports to benefits that are required to be covered under the Medi-Cal program. The bill would require the department, until January 1, 2032, to continue to convene the CalAIM Implementation Advisory Group that is in effect on January 1, 2026, and as most recently updated. For purposes of the above-described provisions on ECM and community supports coverage, the bill would remove references to their implementation in accordance with CalAIM Terms and Conditions.
AB 2448	Bauer-Kahan	Medical Information: Confidentiality	Existing law, the Confidentiality of Medical Information Act (CMIA), generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization, unless a specified exception applies. Existing law makes a violation of the CMIA that results in economic loss or personal injury to a patient punishable as a misdemeanor. Existing law requires specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to gender affirming care, abortion and abortion-related services, and contraception, as specified. This bill would also require those specified businesses to enable the above-specified capabilities, policies, and procedures for those security features, as specified. Because the bill would expand the scope of an existing crime, it would impose a state-mandated local program
AB 2565	Wallis	Medi-Cal: Pharmacist	This bill would require the department to issue guidance clarifying Medi-Cal managed care plan

		Services: Reporting	obligations to cover pharmacist services, as specified. The bill would require the department to update its model evidence of coverage to explicitly include coverage of pharmacist services. The bill would also require the department to take appropriate corrective action for failure to comply with existing provisions of law relating to Medi-Cal coverage of pharmacist services or the issued guidance. The bill would authorize the department to implement, interpret, or make specific provisions by means of all-plan letters, plan letters, or other similar instructions, without taking any further regulatory action.
AB 2571	Flora	Reimbursement for Pharmacist Services	This bill would require the rate of reimbursement for advanced practice pharmacist services to be no less than 85% of the fee schedule for physician services, including MTM pharmacist services. The bill would require the department to implement an MTM reimbursement methodology relating to the use of drugs to ensure that Medi-Cal payments are only made to eligible advanced practice pharmacists or pharmacies including those operating at federally qualified health centers or rural health clinics, for MTM pharmacist services provided in conjunction with certain specialty drug therapy categories. This bill would require those health care service plans and disability insurers to pay or reimburse the cost of the service performed by a pharmacist enrolled as a provider with the plan or insurer. The bill would specify for these purposes that a pharmacist includes pharmacists who provide services at a federally qualified health center or a rural health clinic.

AB 2575	Ortega	Health Care Services: Artificial Intelligence	This bill would require a health facility, clinic, physician's office, or office of a group practice that uses or deploys a clinical decision support system, as defined, for patient care, on or before July 1, 2027, to make available, upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system, an inventory of all clinical decision support systems currently in use or deployed for patient care. The bill would require a health facility, clinic, physician's office, or office of a group practice that uses a clinical decision support system for patient care to make specified information about the clinical decision support system upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs form a clinic decision support system, including, among other things, a summary of how the clinical decision support system generates outputs. The bill would also require a health facility, clinic, physician's office, or office of a group practice subject to these provisions to notify a licensed health care professional or other person whose duties include using a clinical decision support system or viewing outputs from a clinical decision support system upon being hired and annually of their right to request the above-described information.

AB 2613	Sharp-Collins	Health Care Service Plans: Notice	This bill would additionally require a health care service plan to notify an enrollee by email or text message, as specified, at least 60 days before the termination date of a contract between a health care service plan and a provider group or a general acute care hospital to which the enrollee is assigned. If the plan reaches an agreement with a terminated provider after sending the notice of termination, the bill will require the health care service plan to send written notice by United States mail and by email or text message, as specified, to affected enrollees within 60 days of reaching the agreement. Because a willful violation of these provisions would be a crime, this bill would impose a state-mandated local program.
SB 490	Umberg	Alcohol and Drug Programs	This bill would require the department, if it determines whether it has jurisdiction over the allegation, to initiate that investigation within 10 days of receiving the allegation and, except as specified, complete the investigation within 60 days of initiating the investigation. The bill would require the department, if it receives a complaint that does not fall under its jurisdiction, to notify the complainant that it does not investigate that type of complaint. The bill would require the employee or agent to provide the notice described above within 10 days of the employee or agency submitting their findings to the department and to conduct a follow-up site visit to determine whether the facility has ceased providing services as required. The bill would authorize, in counties that elect to administer the Drug Medi-Cal organized delivery system and provide optional recovery housing services, the county behavioral health agency to request approval from the department to conduct a site visit of a recovery residence that is alleged to be operating without a license. The bill would permit the department to approve that request in certain

			circumstances, including that the department has sufficient evidence to substantiate the allegation. This bill would require the department, if it acts against a recovery residence pursuant to that provision, to conduct a site visit of a certified program or licensed facility that has disclosed the specified interest in the recovery residence. The bill would also require, no later than July 15, 2026, and by July 15 each year thereafter, that all programs certified or facilities licensed by the department submit to the department a report of all money transfers between the program or facility and a recovery residence during the previous fiscal year, in order to detect patient brokering, illicit kickbacks, or unethical inducements that harm patients. The bill would require the department to analyze that data and develop guidelines for permissible and impermissible transfers.
SB 874	Weber Pierson	Medi-Cal: Behavioral Health Treatment Workgroup	This bill would require the department, on or before July 1, 2027, to ensure that certain individuals providing BHT services under Medi-Cal undergo background checks. The bill would require the department to convene a stakeholder workgroup made up of BHT providers, managed care plans, and consumers with autism, among others, to review the implementation of BHT services in Medi-Cal and to advise the department on, among other topics, clinical guidelines for the provision of BHT services, treatment plan requirements, requirements for the provision of center-based services compared to services provided elsewhere, and supervision of unlicensed and uncertified professionals, as specified. The bill would require the department, on or before January 1, 2028, to release and maintain clear clinical guidance for the provision of the BHT benefit, as specified. The bill would require the department, on or before January 1, 2029, to report to the

			legislature on the utilization of the BHT benefit, a synopsis of changes made as a result of the stakeholder workgroup, and recommendations for actions necessary to ensure Medi-Cal reimbursement practices align with federal Medicaid program integrity requirements.
SB 944	Wiener	Medi-Cal: Acupuncture	Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is in part governed by, and funded pursuant to, federal Medicaid program provisions. Existing law sets forth a schedule of benefits covered under the Medi-Cal program, including acupuncture, but only to the extent federal matching funds are provided for acupuncture. This bill would remove the limitation requiring federal matching funds for acupuncture to be a covered benefit, thereby making acupuncture a covered benefit under Medi-Cal.
SB 950	Weber Pierson	Health Care Coverage: Dementia	This bill would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2027, to include coverage for all medically necessary treatments or medications, as determined by a health care provider, approved by the United States Food and Drug Administration (FDA) for the treatment of Alzheimer's disease or other related dementia. Under the bill, contracts and policies would not be required to cover drugs or treatments that are pharmaceutically equivalent drug products if the FDA approves more than one. On and after January 1, 2027, the bill would prohibit a health care service plan or health insurer from imposing step therapy protocols as a prerequisite to authorizing that coverage, except as provided.

SB 964	Smallwood-Cuevas	Prescription Drug Coverage: Dose Adjustments	This bill would authorize an enrollee's or insured's treating provider to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured without prior authorization if specified conditions are met.
SB 1023	Laird	Health Care Coverage: Antiretroviral Drugs, Drug Devices, and Drug Products	This bill would prohibit a health care service plan, excluding a Medi-Cal managed care plan, or health insurer from subjecting antiretroviral drugs, drug devices, or drug products that are medically necessary for the prevention of HIV/AIDS to prior authorization or step therapy. The bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, that covers non-self-administered antiretroviral drugs, drug devices, or drug products that are approved by the United States Food and Drug Administration (FDA) for the prevention of HIV/AIDS as a medical benefit to also include those non-self-administered antiretroviral drugs, drug devices, or drug products as an outpatient prescription drug benefit. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.

SB 1089	Richardson	Preventive Treatment Health Care Act	Existing law requires the California Health and Human Services Agency (CHHSA) to enter into partnerships resulting in the production of generic prescription drugs, including at least one form of insulin made available at production and dispensing costs, if one does not already exist in the market. Existing law additionally authorizes CHHSA to enter into partnerships to increase competition, lower prices, and address supply shortages for generic or brand name drugs to address emerging health concerns. This bill would specify that the above-described authorized partnerships include those for at least one glucagon-like peptide-1 (GLP-1) approved by the United States Food and Drug Administration (FDA).
SB 1037	Weber Pierson	Health Care Coverage: Rate Review	This bill would instead define "unreasonable rate increase," for the above-described purposes, to mean a rate increase that the Director of the Department of Managed Health Care or the Insurance Commissioner, as applicable, determines is excessive, unjustified, unfairly discriminatory, or otherwise unreasonable. This bill would instead require a health care service plan or health insurer to demonstrate the impact of health care cost targets on rate development, including medical trends, medical inflation, and medical administrative costs. If a plan or insurer asserts that aging, high-cost drugs, or other cost drivers explain a rate increase, the bill would require the plan or insurer to explain how it reconciles this information with analysis published by the Office of Health Care Affordability. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill would require, in determining whether a rate increase is unreasonable, the director to consider whether the plan, and the commissioner to consider

			whether the insurer has sufficient or excessive financial capacity for the past 3 years using specified measures. The bill would require the Department of Managed Health Care and the Department of Insurance, in collaboration with the Office of Health Care Affordability, as part of the existing rate review process, to each conduct an enhanced rate review to determine if health care premiums are affordable, as defined, for individual and group purchasers. The bill would require the review to include the annual change in premiums and cost sharing for the prior 5 years, including deductibles, copayments, coinsurance, and any other cost sharing that impact actuarial value.
SB 1242	Choi	Community Assistance, Recovery, and Empowerment (CARE) Court Program	This bill would authorize the original petitioner to provide specified information regarding the respondent, including the respondent's condition, treatment history, and housing status. The bill would require the CARE team to review specified parts of the provided information, including that relevant to the respondent's care and treatment, and would authorize the court to consider that information in evaluating the respondent's progress and compliance, among other things. The bill would specify that the respondent's consent is not required to receive this information from the original petitioner and that submission of this information does not confer party status on the original petitioner or create a right to direct treatment decisions, obtain discovery, access confidential records, receive protected health information, attend confidential proceedings, or otherwise participate in the proceedings without the respondent's consent, except as expressly provided by law.
SB 1244	Allen	Public Agency Benefits Intermediary	This bill, the Public Agency Benefits Intermediary Compensation Disclosure Act, would require a covered service provider, defined to mean a broker,

		Compensation Disclosure Act	agent, consultant, or advisor that meets specified criteria, to disclose to a public agency or its group health plan the direct and indirect compensation it expects to receive for providing brokerage or consulting services, among other information, before it enters into, extends, renews, or materially amends a contract or arrangement for brokerage services or consulting services with the public agency or its plan. The bill would also require a covered service provider to disclose compensation and material financial interests related to a covered health care benefits arrangement that the covered service provider recommends, places, renews, services, or materially influences for the public agency or its group health plan. Disclosure would be required under these provisions if the covered service provider reasonably expected it would receive $1,000 or more in compensation during the term of the contract or arrangement. The bill would require these disclosures at specified times. This bill would prohibit a covered service provider from requesting, accepting, or receiving direct or indirect compensation in connection with brokerage services or consulting services provided to a public agency or its plan unless the compensation is disclosed, and would prohibit evasion of disclosure requirements.
SB 1261	Laird	Aging and Disability Resource Connection Program	Existing law establishes an Aging and Disability Resource Connection (ADRC) program, administered by the California Department of Aging, to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. This bill would prohibit the California Department of Aging from revoking the designation of an ADRC

	program solely due to the revocation or voluntary termination of a designation, suspension, or temporary inability of either the area agency on aging or the independent living center partner to serve in its operator role, and would authorize the remaining partner to continue to operate the ADRC independently during a transition period, as specified.

Executive Dashboard

OPERATIONS DASHBOARD

SEPTEMBER 2026

9/3/2026 1:35:42 PM

Financials

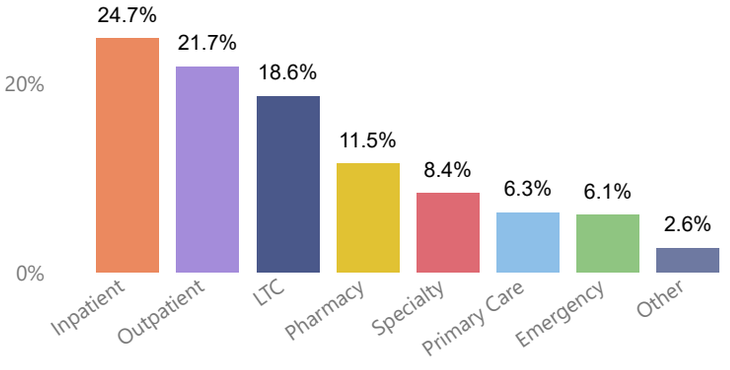
Income & Expenses

	JULY 2026	FISCAL YTD
REVENUE	$ 240.6 M	$ 240.6 M
MEDICAL EXPENSE	$ (176.4) M	$ (176.4) M
ADMIN EXPENSE	$ (11.1) M	$ (11.1) M
OTHER/TAX	$ (58.3) M	$ (58.3) M
NET INCOME	$ (5.2) M	$ (5.2) M

Medical Loss % (Fiscal YTD)

98.0%

Medical Expenses



Liquid Reserves

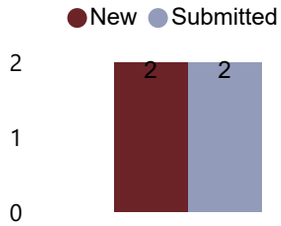
TNE %

284.0%

TNE $

$226.5M

Reinsurance Cases



Balance Sheet

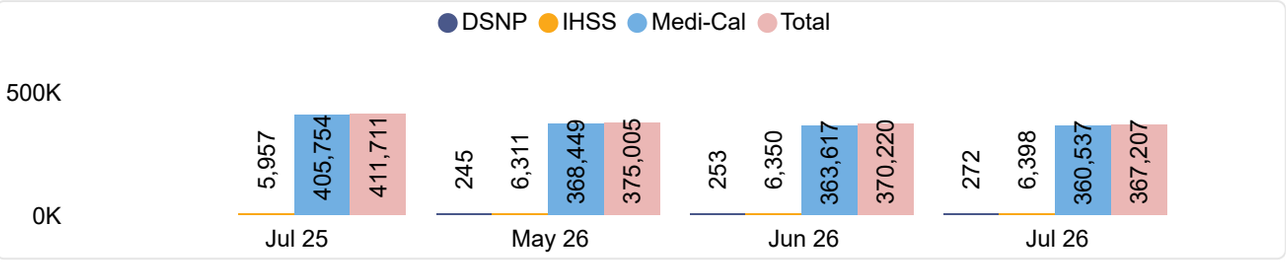
Cash Equivalents	$540.9M
Pass-Through Liabilities	$558.5M
Uncommitted Cash	($17.6M)
Working Capital	$179.0M

Current Ratio

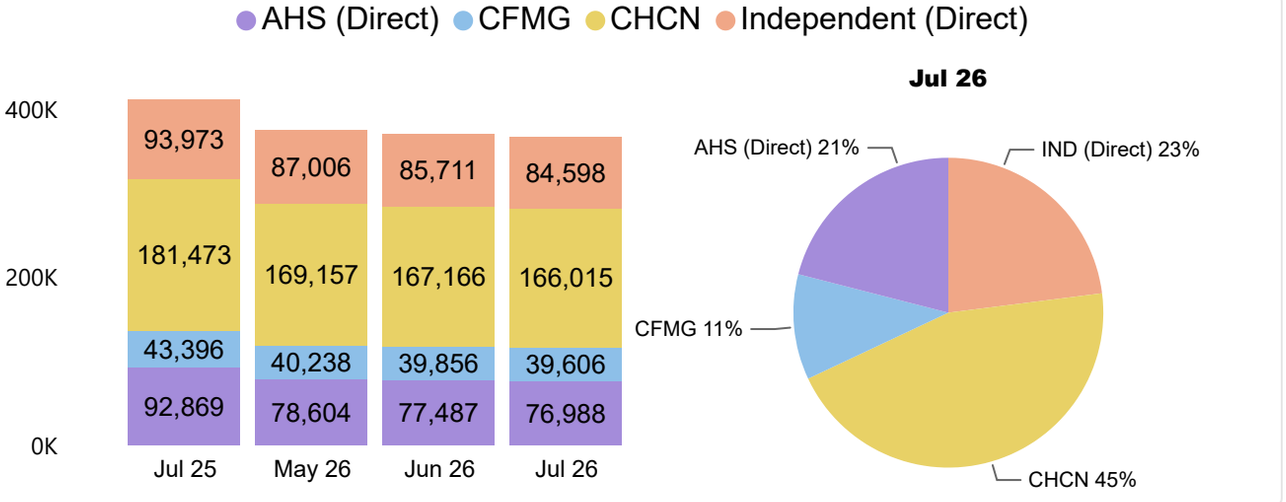
1.16

Membership

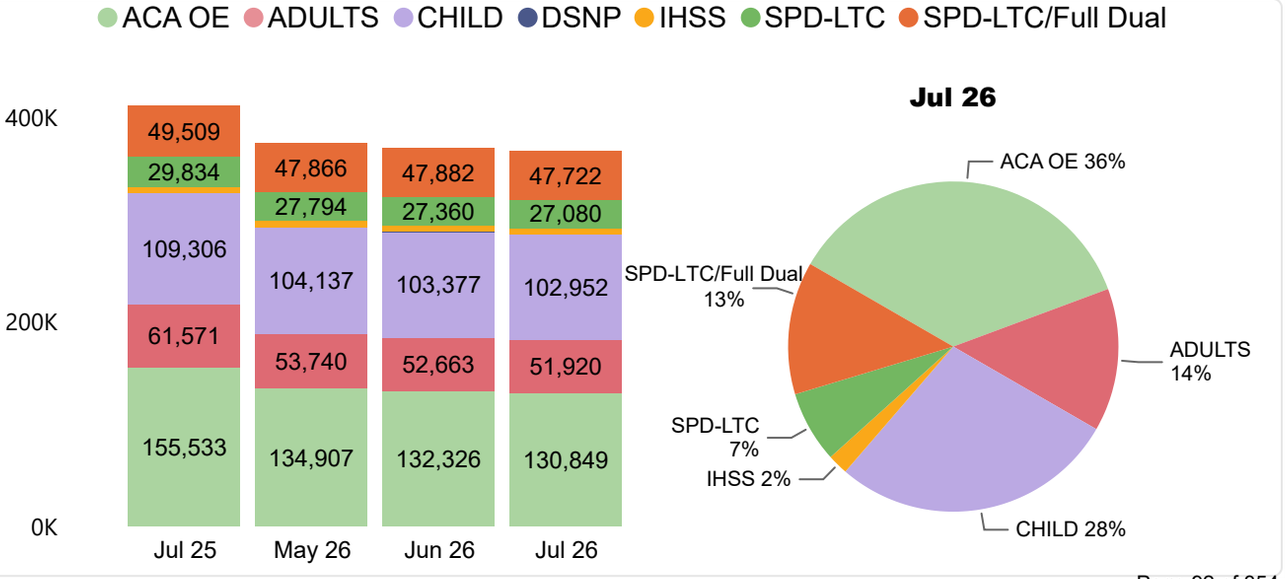
By Plan



By Network



By Category



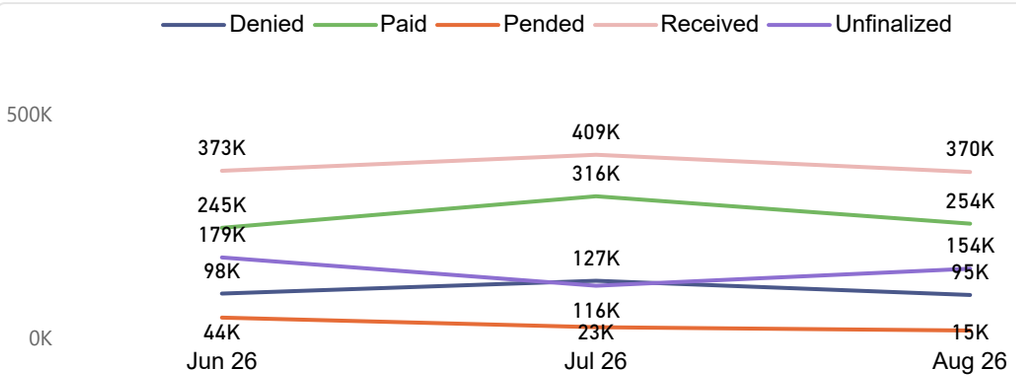
OPERATIONS DASHBOARD

SEPTEMBER 2026

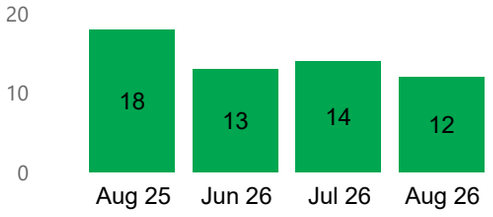
9/3/2026 1:35:42 PM

Claims

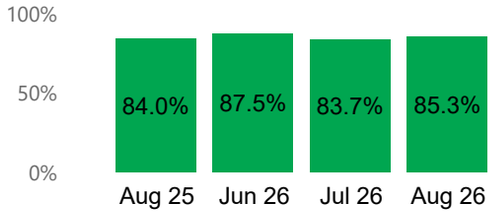
Claims Processing



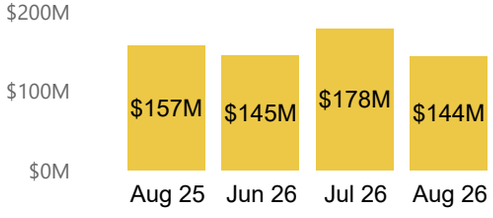
Average Payment TAT (Days)



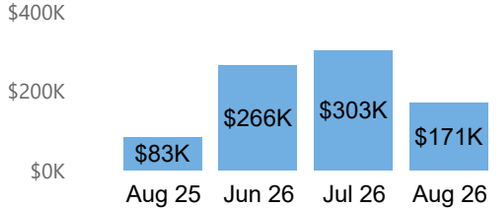
Auto Adjudication Rate (%)



Claims Paid ($)

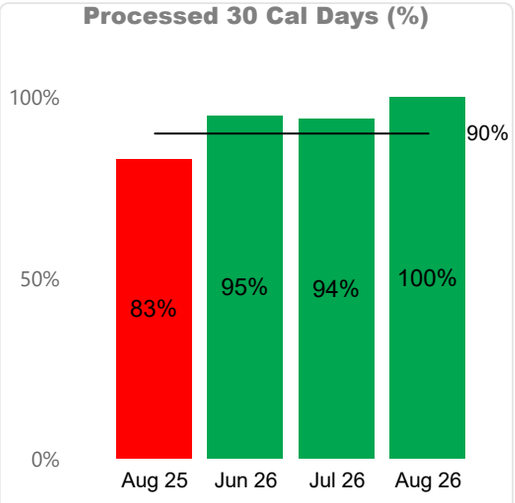


Interest Paid ($)

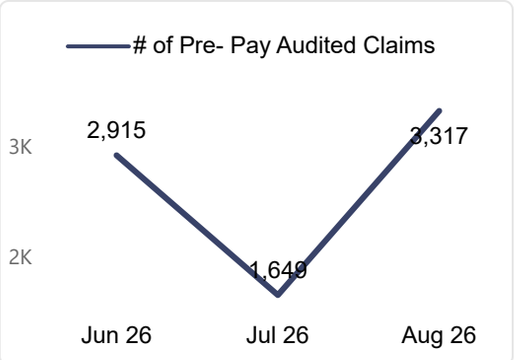


Claims Compliance

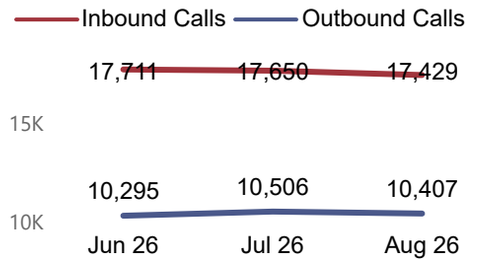
Processed 30 Cal Days (%)



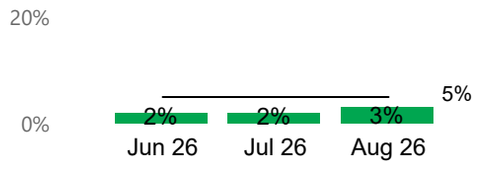
Claims Auditing



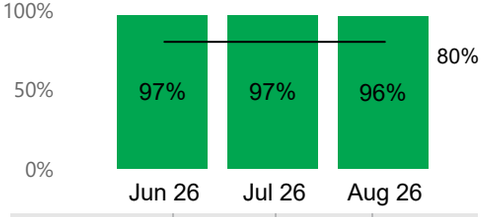
Member Services



Abandoned Call Rate (%)

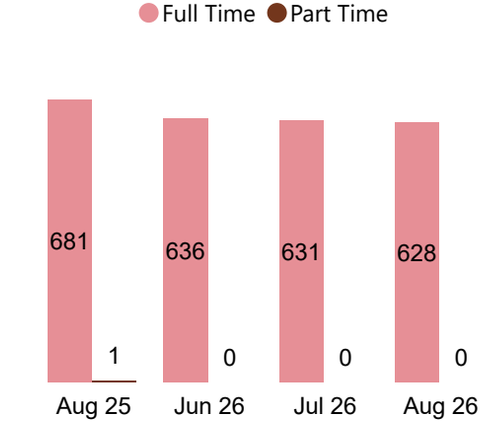


Calls Answered in 30 Seconds (%)

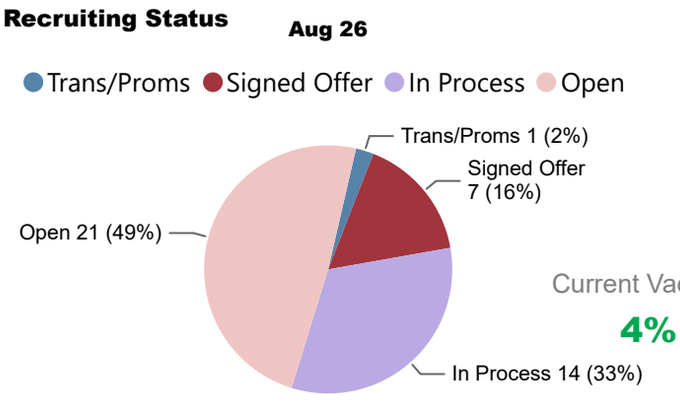


Average Call Times	Jun 26	Jul 26	Aug 26
Wait Time	00:08	00:07	00:09
Call Duration	07:34	07:31	07:26

Human Resources

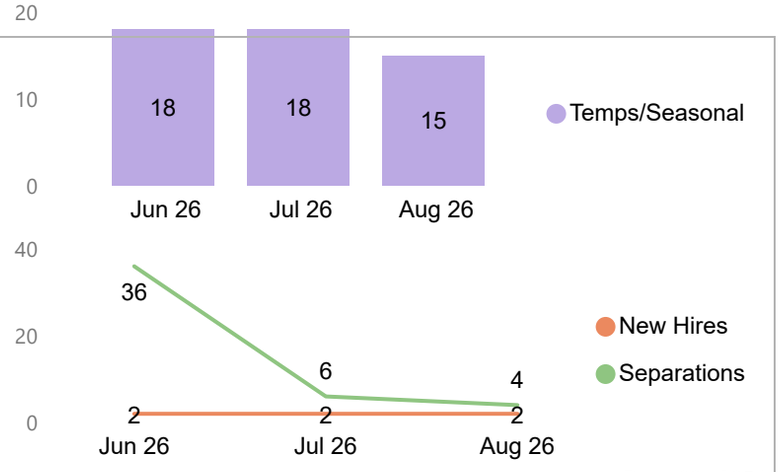


Recruiting Status Aug 26



Current Vacancy

4%



OPERATIONS DASHBOARD

SEPTEMBER 2026

9/3/2026 1:35:42 PM

Provider Services

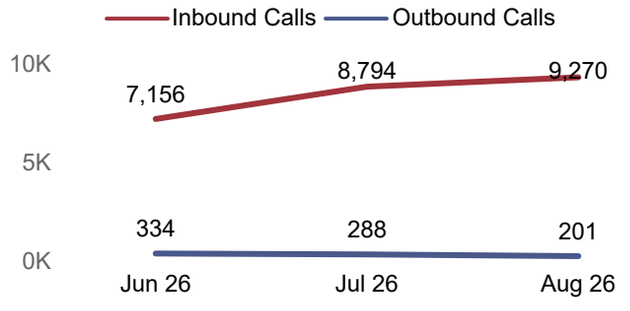
Provider Network

Hospital	17
Specialist	12,513
Primary Care Physician	710
Skilled Nursing Facility	107
Urgent Care	12
Health Centers (FQHCs and Non-FQHCs)	86
TOTAL	**13,445**

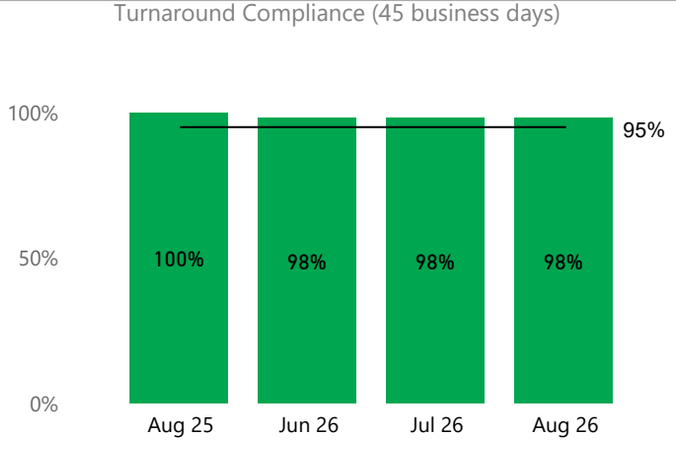
Provider Credentialing

6,115

Provider Call Center

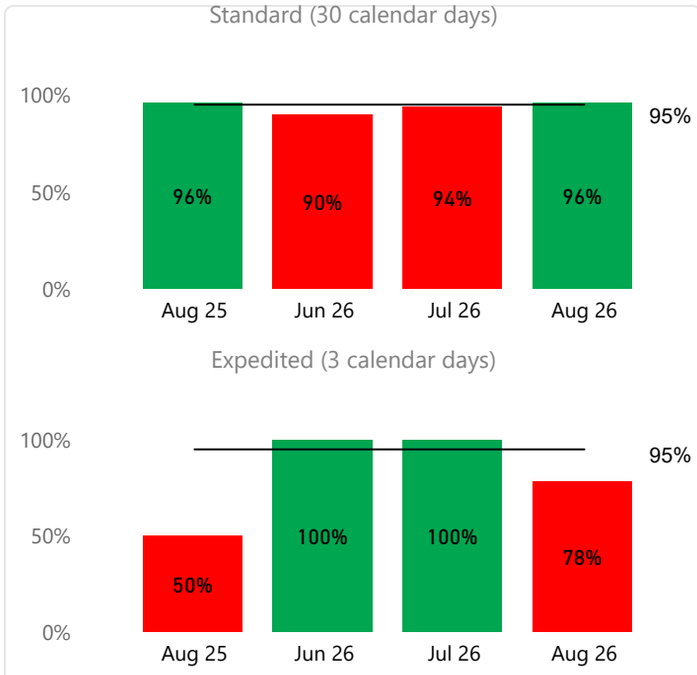


Provider Disputes & Resolutions

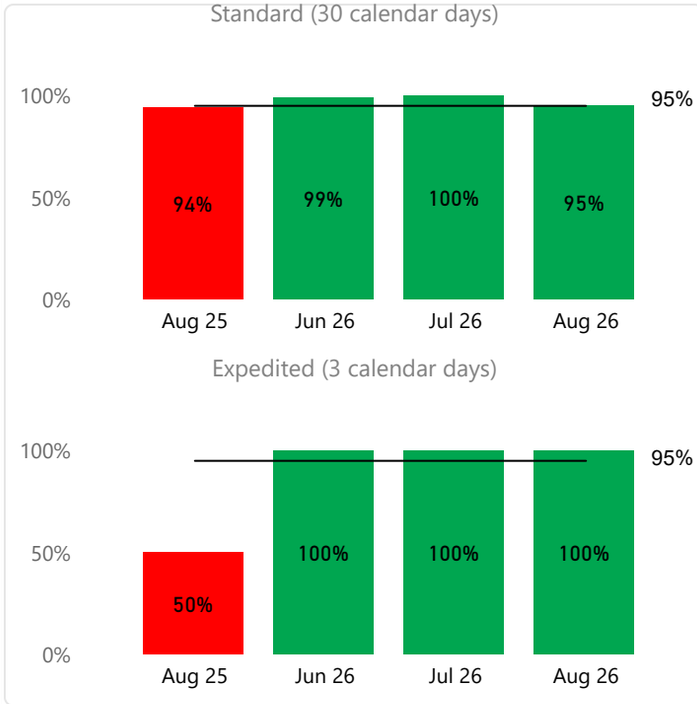


Compliance

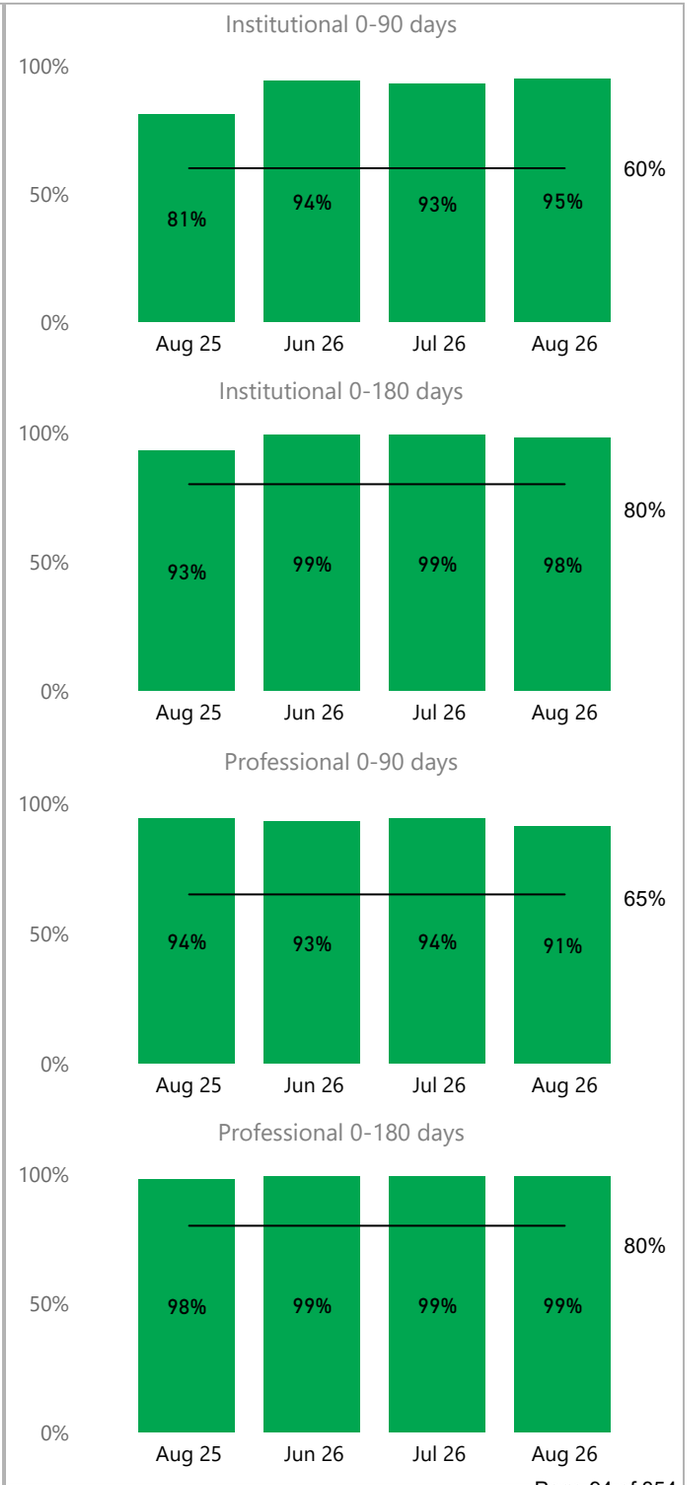
Member Grievances



Member Appeals



Encounter Data



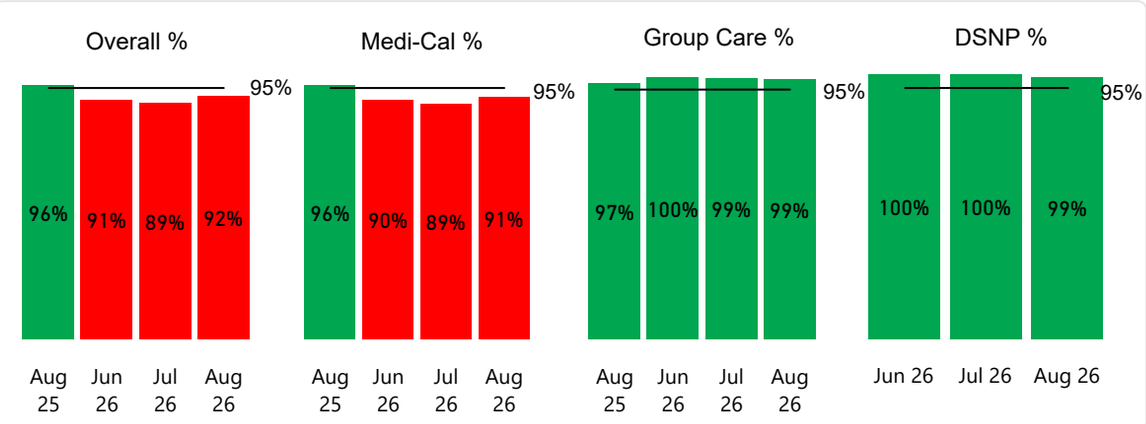
OPERATIONS DASHBOARD

SEPTEMBER 2026

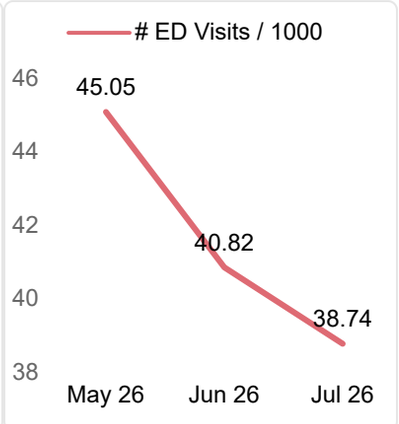
9/3/2026 1:35:42 PM

Health Care Services

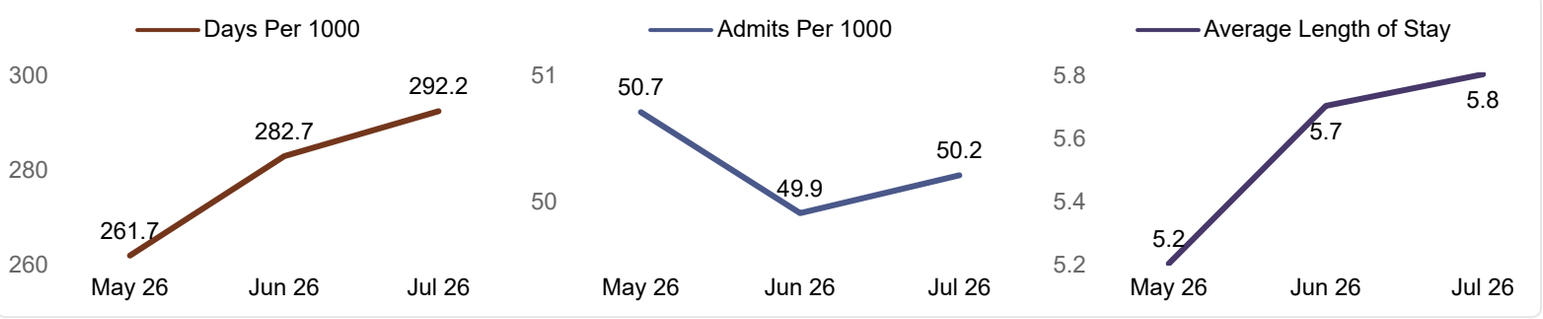
Authorization Turnaround



ED Utilization

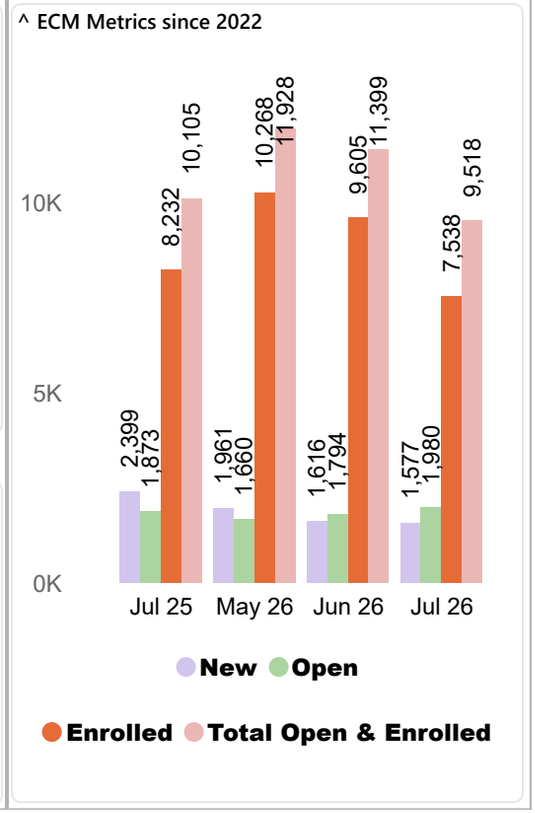


Inpatient Utilization

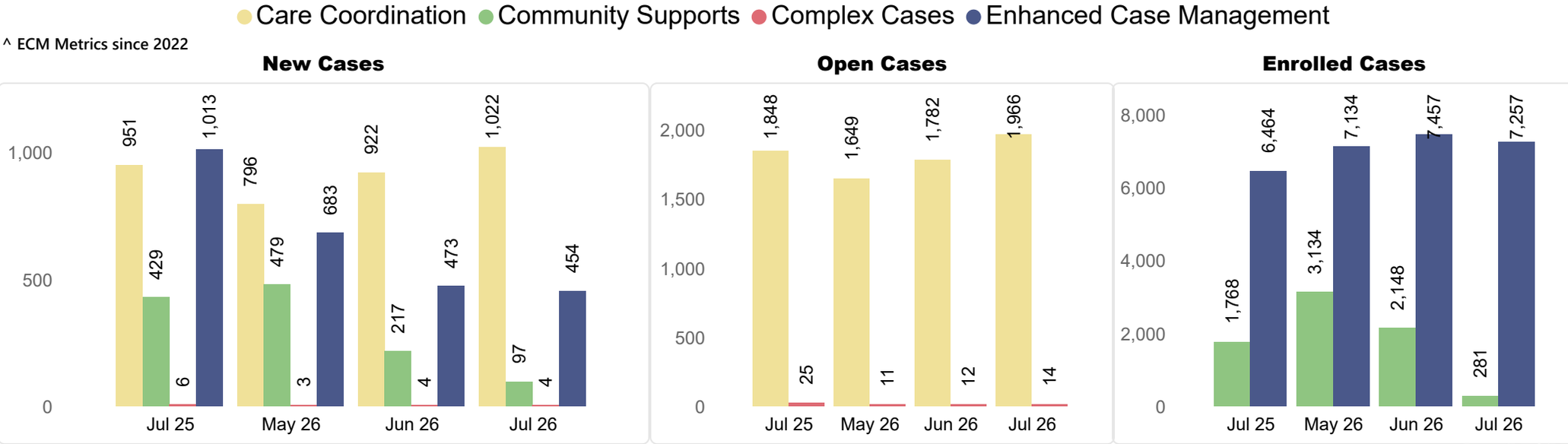


Case Management

Total Cases^



Case Management^



Technology (Business Availability)

Applications	Aug 25	Jun 26	Jul 26	Aug 26
HEALTHsuite System	99.9%	100.0%	99.9%	99.5%
Other Applications	99.9%	99.5%	99.9%	99.5%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	Aug 25	Jun 26	Jul 26	Aug 26
Denial Rate Excluding Partial Denials (%)	4.4%	5.9%	5.5%	4.2%
Overall Denial Rate (%)	4.7%	6.2%	5.9%	4.6%
Partial Denial Rate (%)	0.4%	0.4%	0.4%	0.5%

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

Pharmacy Authorizations

Authorizations	Aug 25	Jun 26	Jul 26	Aug 26
Approved Prior Authorizations	31	59	43	69
Closed Prior Authorizations	21	24	24	21
Denied Prior Authorizations	107	91	100	96
Total Prior Authorizations	159	174	167	186

Board Business

Health Care Services: Program Data Update

Healthcare Services – Initiative Outcomes BOG Presentation

Donna Carey, MD,MS
Chief Medical Officer
9.11.26

Case Management

Alameda Alliance Case Management Programs

Care Coordination (aka Basic Case Management)

- Coordination with multiple health care providers
  - Referrals
  - Appointments
  - Prior Authorization Support
- Finding providers in the Alliance network
- Assistance with durable medical equipment
- Assistance coordinating transportation

Transitional Care Services (TCS)

- Assist with any transition (from one level of care to another – such as from hospital back home
- Coordinate post-discharge/transition needs:
  - Post-discharge follow up appointment (which includes medication reconciliation)
  - Home Health
  - Durable medical equipment
  - Transportation

Complex Case Management

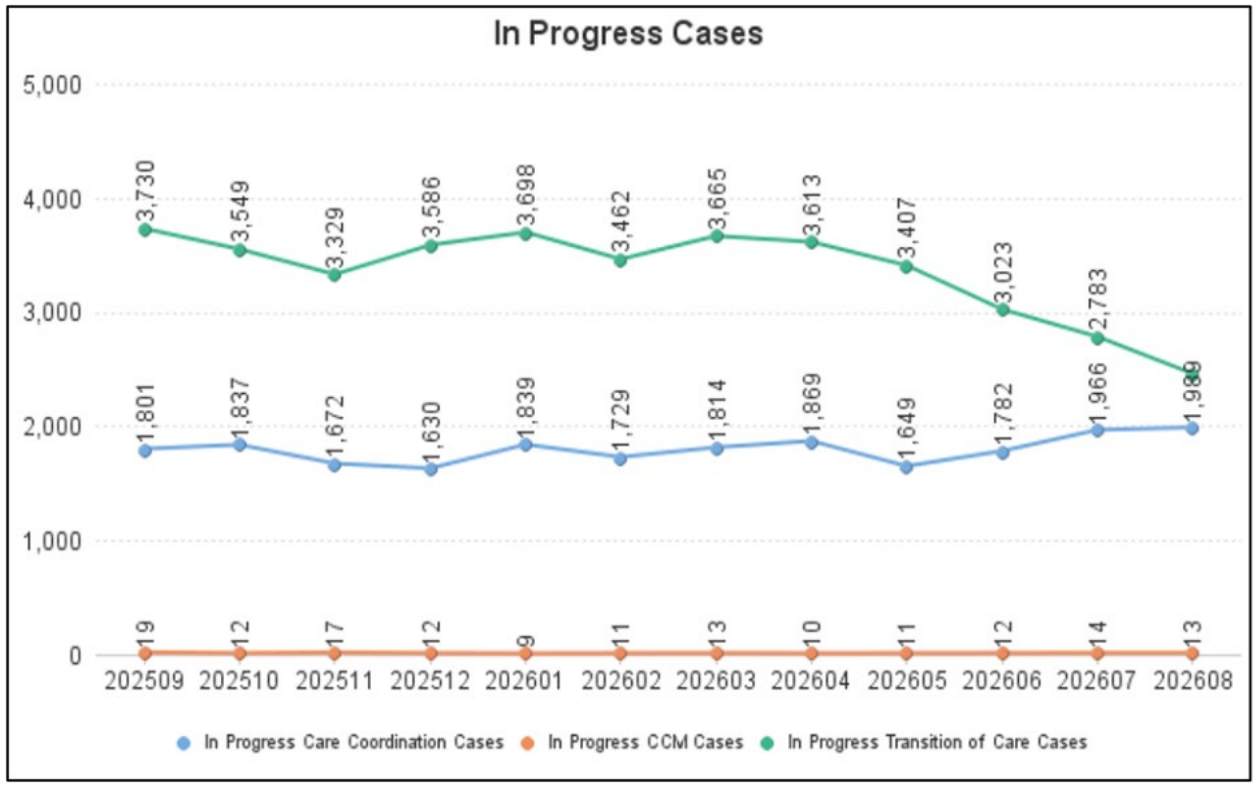
- NCQA accredited
- Member consent is required
  - **All D-SNP members assigned individual RN CCM**
- For members with complex chronic medical conditions, high utilization, or high health risk
- Goal driven via formal interdisciplinary care plan
- Intensive care coordination to meet goals.

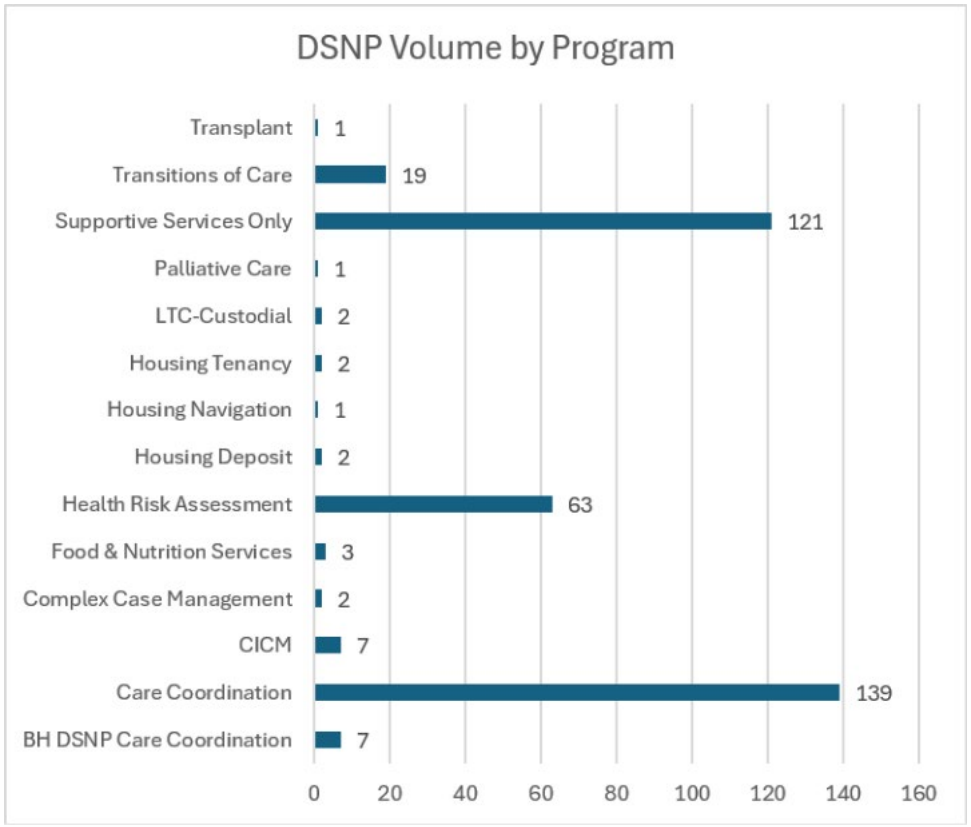
Enhanced Care Management (ECM)

- Highest level of case management
- Leverages care via external ECM providers with in-person support for members
- Goal driven via formal interdisciplinary care plan
- Member qualifies for specific population of focus including:
  - Individuals experiencing homelessness
  - Individuals with serious mental health and/or SUD needs
  - High Utilizers
  - Justice Involved
  - Foster Youth
  - Pregnant Members
- **ECM for D-SNP** member known as California Integrated Care Management **(CICM)**

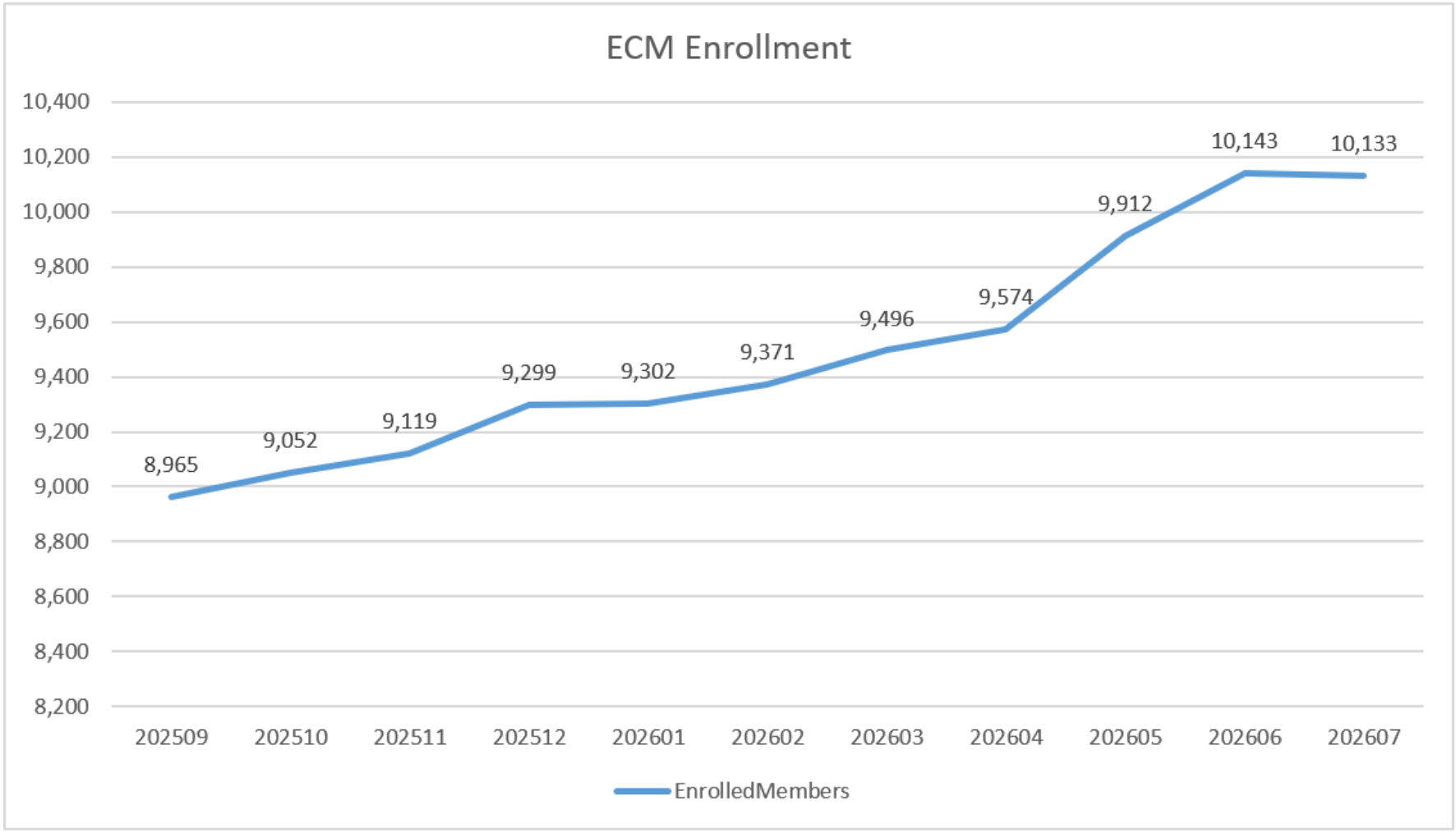
Alameda Alliance Case Management Programs

Medi-Cal

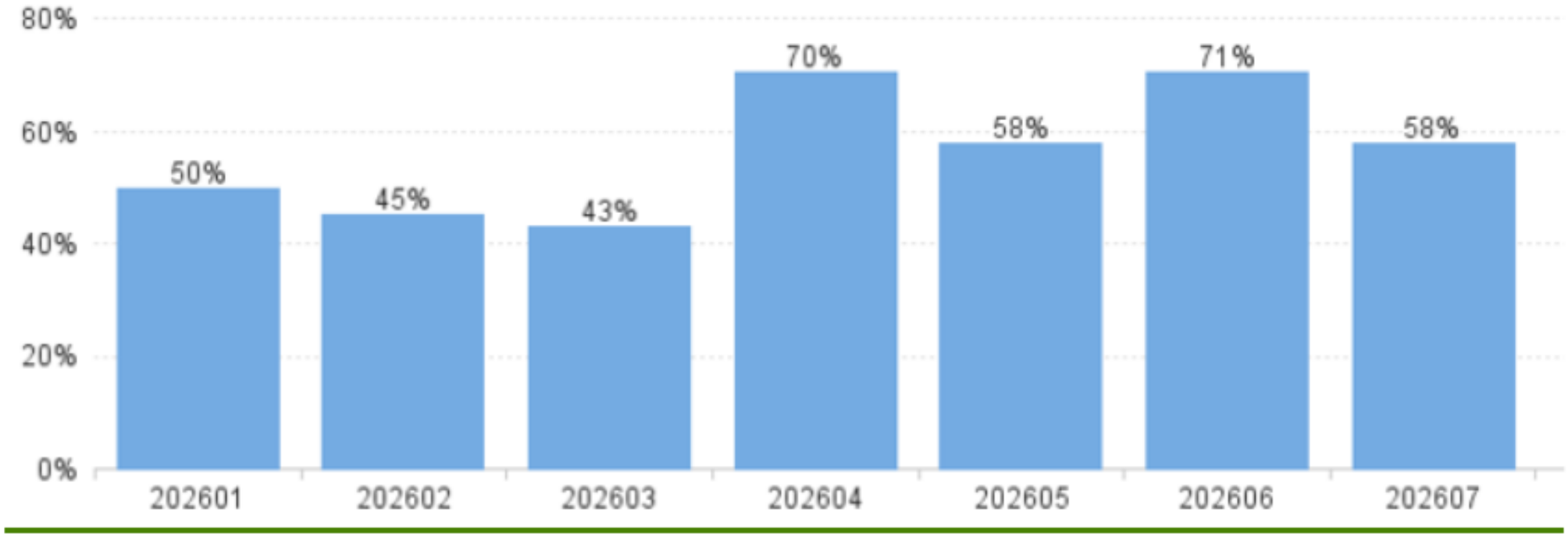




Alameda Alliance
Case Management Programs



DSNP HRA Completion Rates



*Note: HRA's due 90 days from enrollment, so members who enrolled 76/1/26 or later still be outreached

Source: #00835 HRA Dashboard

Case Management Initiatives 2026-2027

D-SNP Case Management

- **All D-SNP Members** have individual RN case manager
- Maintain and increase **HRA** completion rate.
- Increase engagement from PCPs in care plan input and interdisciplinary care team rounds (**ICT**)
- Development of Chronic Conditions Improvement Program (**CCIP**) for D-SNP Members – Diabetes, Hypertension, Chronic Kidney Disease

Transitional Care Services (TCS)

- Continue strategic partnership with in-person TCS provider, **Upward Health** for high-risk members
- Further develop **TCS program for pregnant and postpartum members,** beginning outreach at beginning of pregnancy
- Increase oversight of delegate, **CHCN's**, TCS program.

Enhanced Care Management (ECM)

- Further **automation** of prior auth process.
- Develop **billing and claims training** for ECM providers.
- Increased oversight of ECM providers.
- Strategic expansion of ECM network, **including expansion of CICM providers for D-SNP**
- Training for ECM providers on updates to TCS and CICM requirements

Population Health Management (PHM)

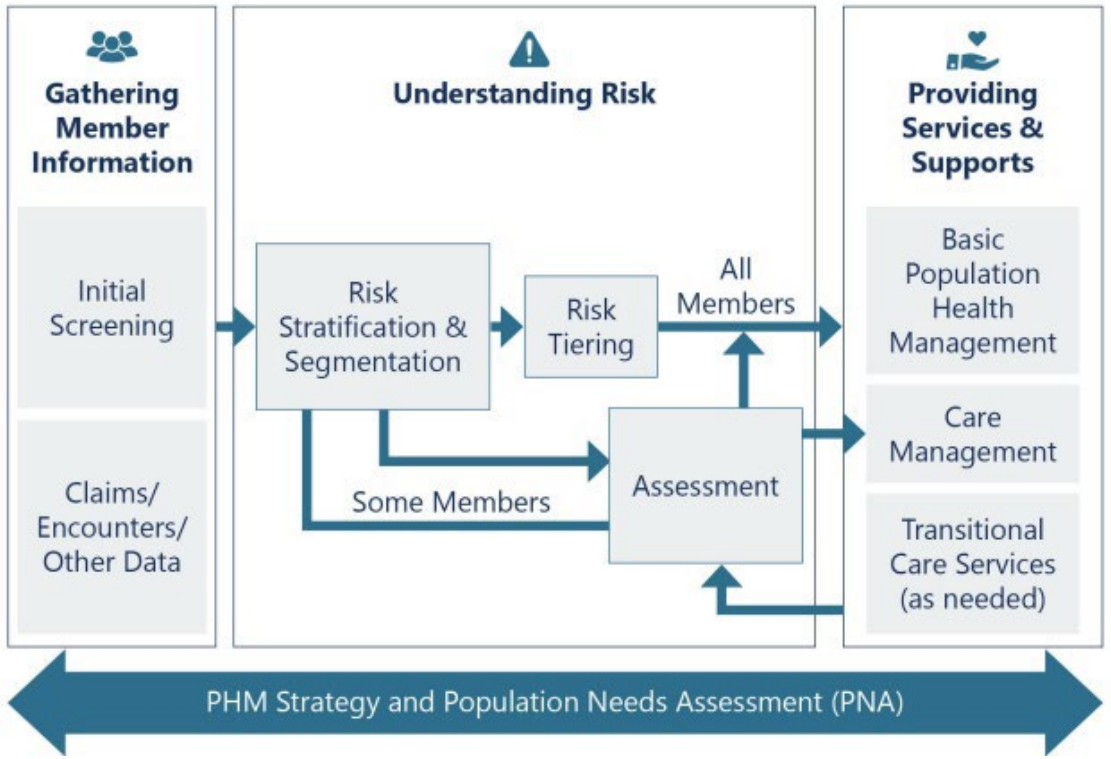
Alliance Population Health Management Framework

Addressing social determinants of health to promote health equity.

PHM KPIs

- DHCS defined six high-priority KPIs for frequent, active, and real-time monitoring of program operations and effectiveness.
- Required quarterly submissions with expectation for monthly monitoring.
- Tech specifications were updated for the April 2026 submission.

DHCS PHM Framework



PHM KPIs – April vs. July 2026

KPI	Measure	April 2026 1/1/25-12/31/25			July 2026 4/1/25-3/31/26			Difference (% points)
		%	Num	Den	%	Num	Den	
EDPC	Members Utilizing Emergency Department Care More than Primary Care	7.3	22,835	310,959	7.4	22,637	307,027	+0.1
ENPC	Members Engaged in Primary Care	44.0	136,675	310,959	44.5	136,569	307,027	+0.5
ENPC-A	Members Engaged in Primary Care at Assigned Primary Care Site	36.0	92,265	256,332	36.7	89,577	244,360	+0.7
CCME Rate A	Complex Care Management Enrollment	5.9	38	649	5.0	32	644	-0.9
CCME Rate B	*Note: Rate B looks at the subset of members from Rate A who were not enrolled in CCM in the last measurement period and thus identifies new enrollment into CCM.*	0.8	5	610	0.8	5	617	0
CMHRD	Care Management for High-Risk Members after Discharge (7 days)	20.4	3,267	15,976	30.9	4,033	13,046	+10.5
FUAH	Follow-Up Ambulatory Visit after Hospital Discharge (7 days)	32.8	4,472	13,635	33.3	4,587	13,758	+0.5

- Rates were mostly consistent except for an increase in CMHRD from April to May (2/1/25-1/31/26)

Health Equity Focus

The Alliance is committed to closing perinatal health care disparities. In 2025, the Alliance identified 4,395 pregnant and postpartum Black/African American, Hispanic/Latino, or American Indian or Alaskan Native members who might benefit from Doula Services.

2025 PHM Strategy Goal

Goal

2% (approximately 75 Members)

of Black (African American), Hispanic (Latino), or American Indian or Alaskan Native members

Results

3% (120 Members)

of Black (African American), Hispanic (Latino), or American Indian or Alaskan Native members

Hispanic (Latino)	Black (African American)	American Indian or Alaska Native
76 Members	41 Members	3 Members

Of the 216 Members that utilized doula services in 2025, **more than half** identify as American Indian or Alaskan Native, Black/African American, or Hispanic/Latino.

Member Satisfaction

Between 1/2025 to 8/2026, 18 surveys were collected by members who had received doula services.

- **100%** of members would recommend doula services to their family/friends.
- **100%** of members felt that doulas respected their culture and language needs.
- **100%** of members felt that doulas explained things in a way they could understand.
- **100%** of members felt that the information they received was helpful.
- **83%** of members felt doula services were helpful in in achieving their pregnancy and birth goals.

> *"My doula provided strong advocacy; asked important questions on my behalf and improved my overall experience."*

Visit and Delivery Types

Visit Type	2025	2026 (as of 8/1)
Initial	135	140
Prenatal	136	115
Postpartum	214	240
Total Visits	**485**	**495**

Delivery Type	2025	2026 (as of 8/1)
Vaginal delivery	73 (70%)	**82 (80%)**
Cesarean delivery	35 (30%)	**21 (20%)**
Total Deliveries	**108**	**103**

So far this year, we see an **increase** in member utilization of doula services for **initial** and **postpartum** visits.

For context, the overall percentage of Medi-Cal cesarean deliveries in Alameda County was **26.8%** (2022-2024).

Source: California Department of Public Health

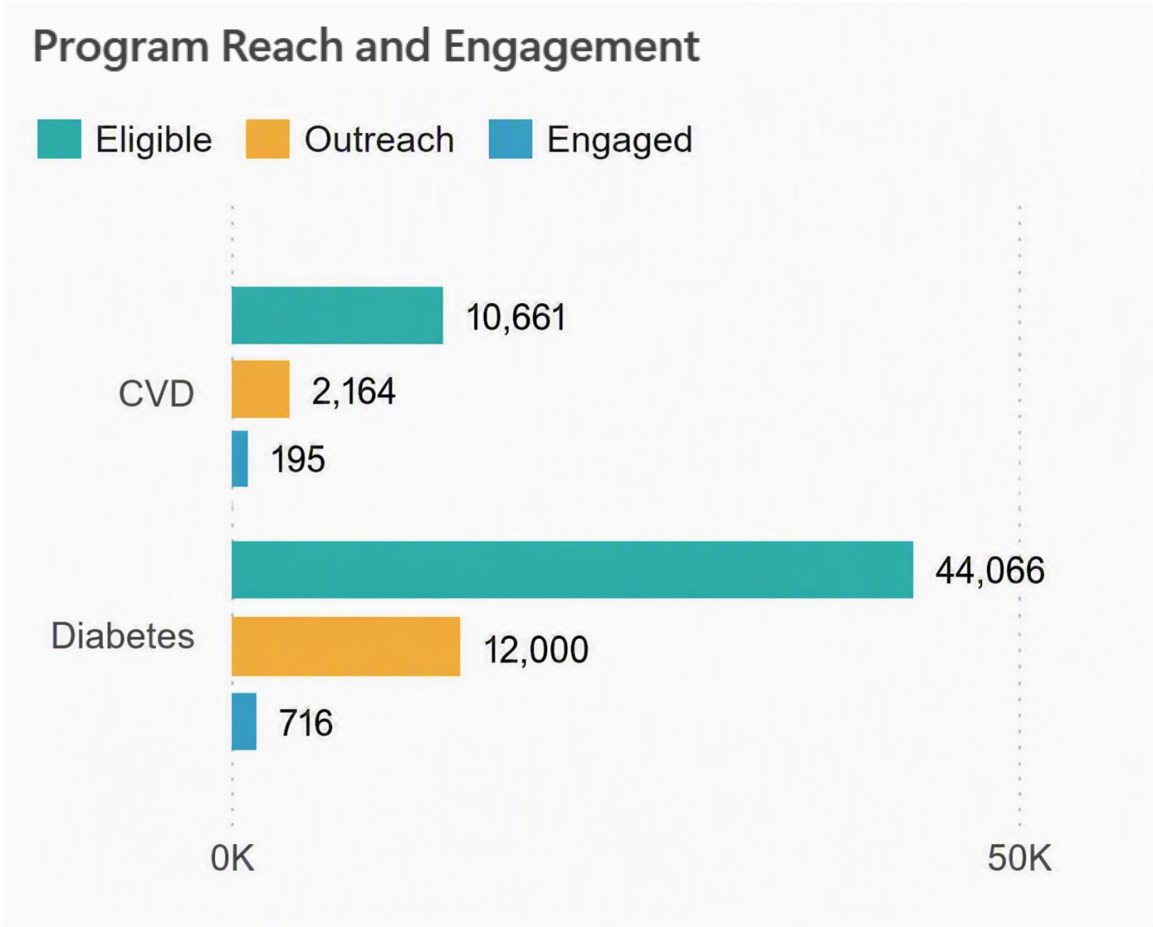
Living Your Best Life with Diabetes/Hypertension

In 2025, a total of 14,164 members with diabetes and/or hypertension received an educational mailing.

911 members received an educational mailing and one or more of the following services:

- **Case Management**
- **Health Coaching**
- **Diabetes Prevention Program (DPP)**
- **Community Health Worker (CHW)**

Member Success
48-year-old male member received case management and completed four health coaching sessions. Their A1c of 12.2 went down to 6.1



Diabetes Prevention Program (DPP)

The Yumlish DPP demonstrated positive clinical and participant-reported outcomes in 2025.

2025 Program Goal	
Goal	25% of participants reach & maintain 5% weight loss
Results	68 of 267 members (25%)
	✅ Objective Met

HbA1c Outcomes	
Measure	**Result**
Participants with pre/post HbA1c data	**273**
Improved or maintained HbA1c	**69%**
Moved below HbA1c 6.5%	**50%**

Participant Satisfaction (n=43)

- **86% of members would recommend the Yumlish DPP to their family/friends.**
- **95% of members felt that Yumlish staff respected their culture and language needs.**
- **93% of members felt that Yumlish staff explained things in a way they could understand.**
- **93% of members felt that the information they received was helpful.**

What Participants Changed:

- 🥗 Improved nutrition and eating habits
- 🚶 Increased exercise and physical activity
- 🏷️ Used food labels and made healthier grocery choices
- 💡 Increased health awareness and lifestyle changes

> “I learned to eat in moderation in small portions to care for my health.”

CHW – Journey Health

Goal: Support members with uncontrolled diabetes and hypertension by closing care gaps, increasing primary care access, addressing SDOH, and delivering community-based health education.

Focus Areas
Health system navigation
Increase PCP Access
Health Education
Assess and address health-related social needs via referral

Partner: To achieve this, Alameda Alliance partnered with Journey Health Medical Group, a Community Health Worker (CHW) provider, to implement a targeted intervention strategy.

Journey/Good Life Nutrition for Diabetes Management & Prevention –A 12-Week Holistic Program integrating food, movement, and community rooted in culturally relevant, plant-based nutrition, and shared healing practices tailored for Black and Latino communities.

CHW – Measured Impact

- CHW outreach and health navigation
- PCP Appointment & Scheduling Support
- Pre and Post Health Coaching Assessment
- Enrollment in nutrition and wellness classes
- SDOH screening and referral to services

1 MEMBER OUTREACH

TOTAL IDENTIFIED FOR OUTREACH	TOTAL NUMBER RECEIVED OUTREACH	UNREACHABLE (number disconnected / did not answer)	TOTAL DECLINED	TOTAL ACCEPTED SERVICES
917	100%	578 (63.0%)	220 (24.0%)	112 (12.2%)

2 MEMBER ENGAGEMENT

PCP APPOINTMENTS SCHEDULED	PCP VISITS COMPLETED	SDOH SCREENINGS COMPLETED	SDOH REFERRAL RESULTING IN LINKAGE	HEALTH EDUCATION ENROLLMENT	HEALTH EDUCATION COMPLETED
81%	40%	95%	72%	99	6

3 HEALTH ED ASSESSMENT & CARE GAP CLOSURE

PRE HEALTH COACHING ASSESSMENTS COMPLETED	POST HEALTH COACHING ASSESSMENTS COMPLETED	A1c DECREASE	BP DECREASE
105	82	Q4 2025: 1 | Q1 2026: 0	Q4 2025: 4 | Q1 2026: 1
54% confidence	84% confidence		

Beloved Black Babies

An Alliance-supported QI project in partnership with Alameda Health System Dept of Pediatrics

The Program

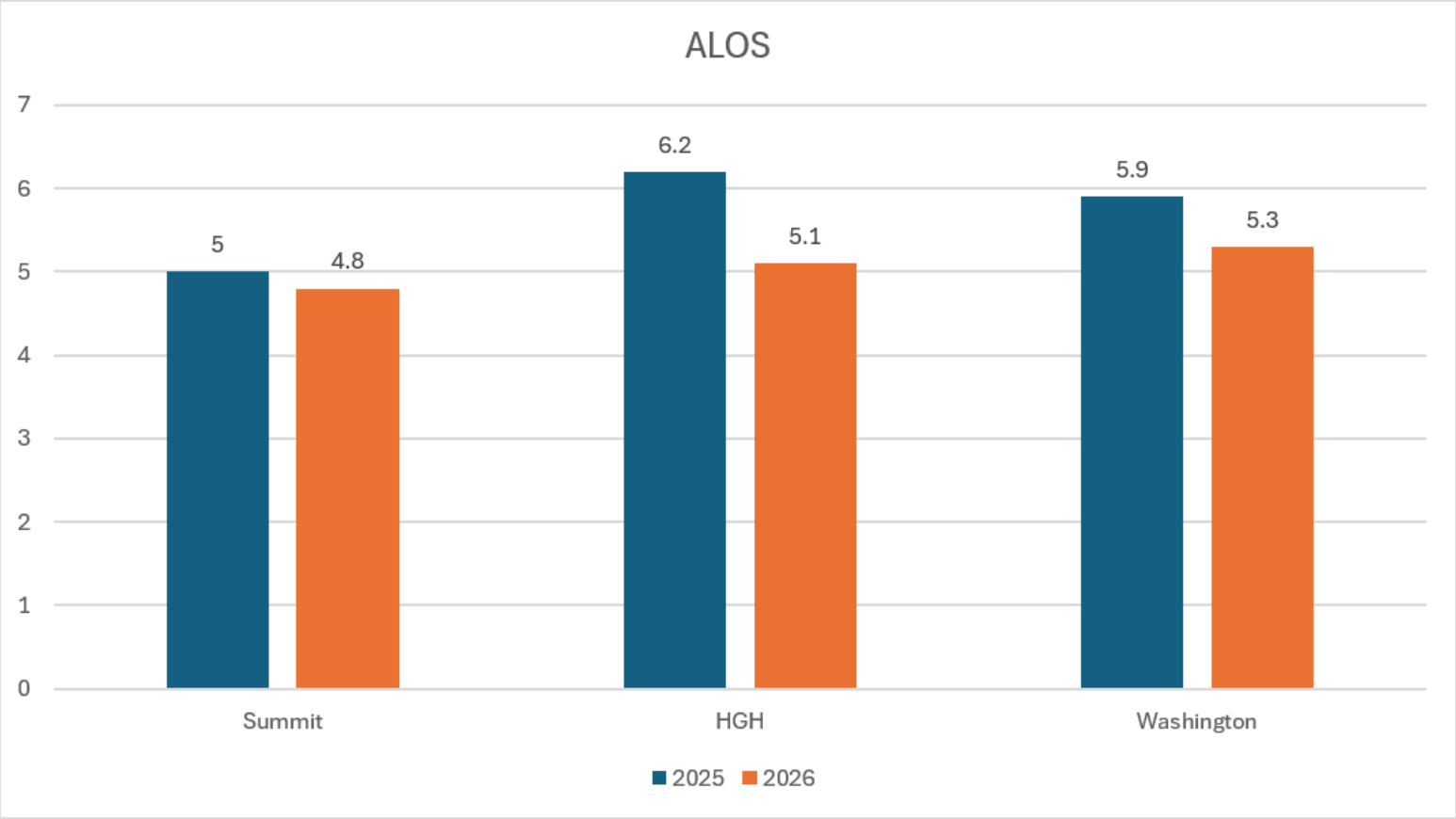
- Dr. Pamela Simms-Mackey, co-founder, DIO & Chief of Graduate Medical Education, Chair of Pediatrics
- Cohort model – Cohort 10 had 7 babies
  - 2 Fathers attended each session
  - Other support: family members, friends, siblings
- Provided other supports
  - Social support
  - Books
  - Diapers
  - Nutrition counseling

Program Results

- Cohort 10 – 100% compliance at all WCVs
  - Vaccines, screenings, development assessment
- Recheck at 30 months
  - All cohorts 86% compliance at all WCVs (compared to non-cohort babies at 24%)
  - BBB cohorts outperformed all other ethnic groups in the AHS system (90%tile)
- No positive maternal depression screens

Inpatient Utilization Management

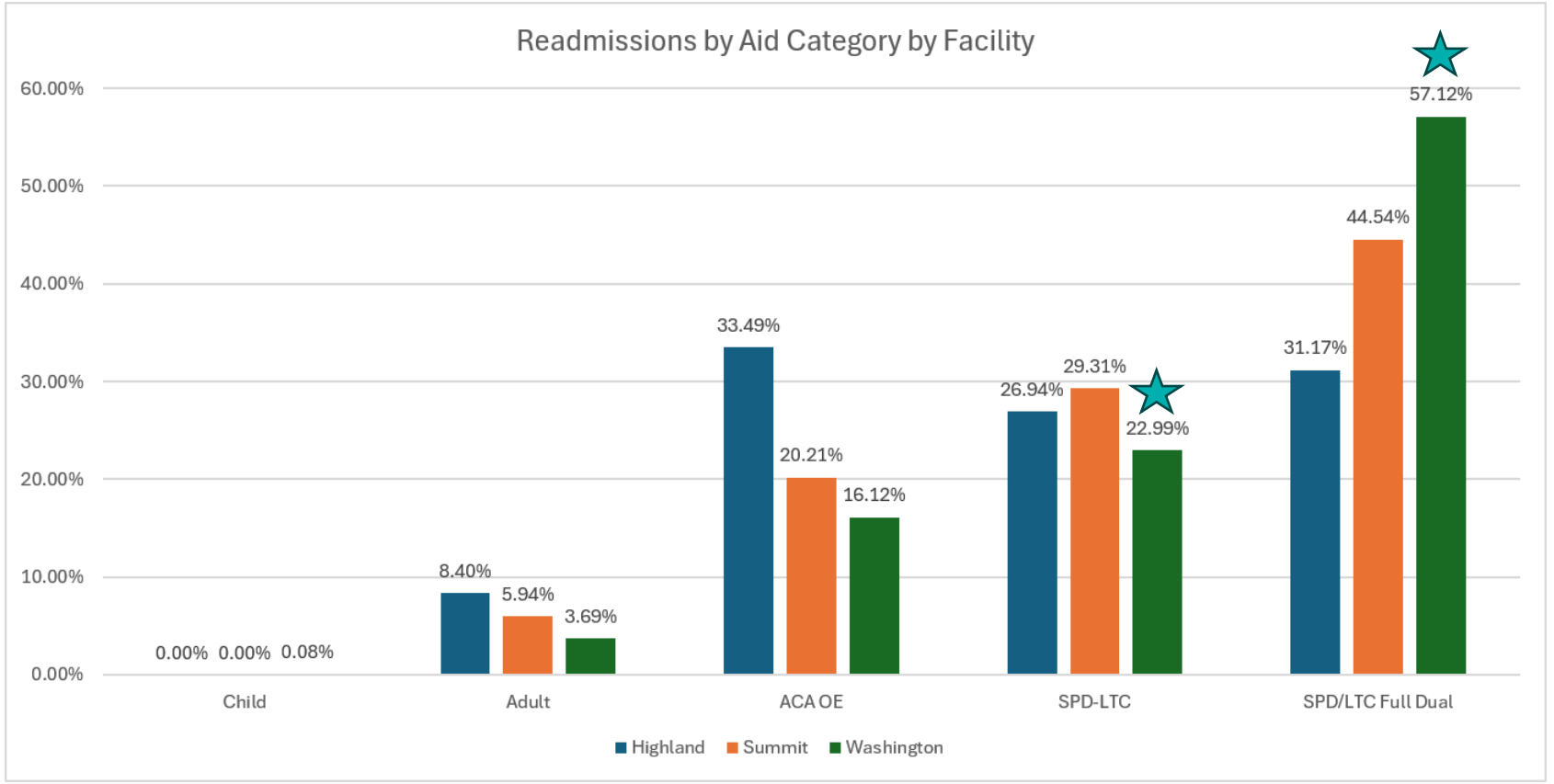
Average Length of Stay



- Comparing Quarters 1&2 of 2025 to Quarters 1&2 of 2026
  - Washington Hospital saw a 0.6 day reduction in Average Length of Stay
  - Summit saw a 0.2 Reduction
  - Highland saw a 1.1 Reduction

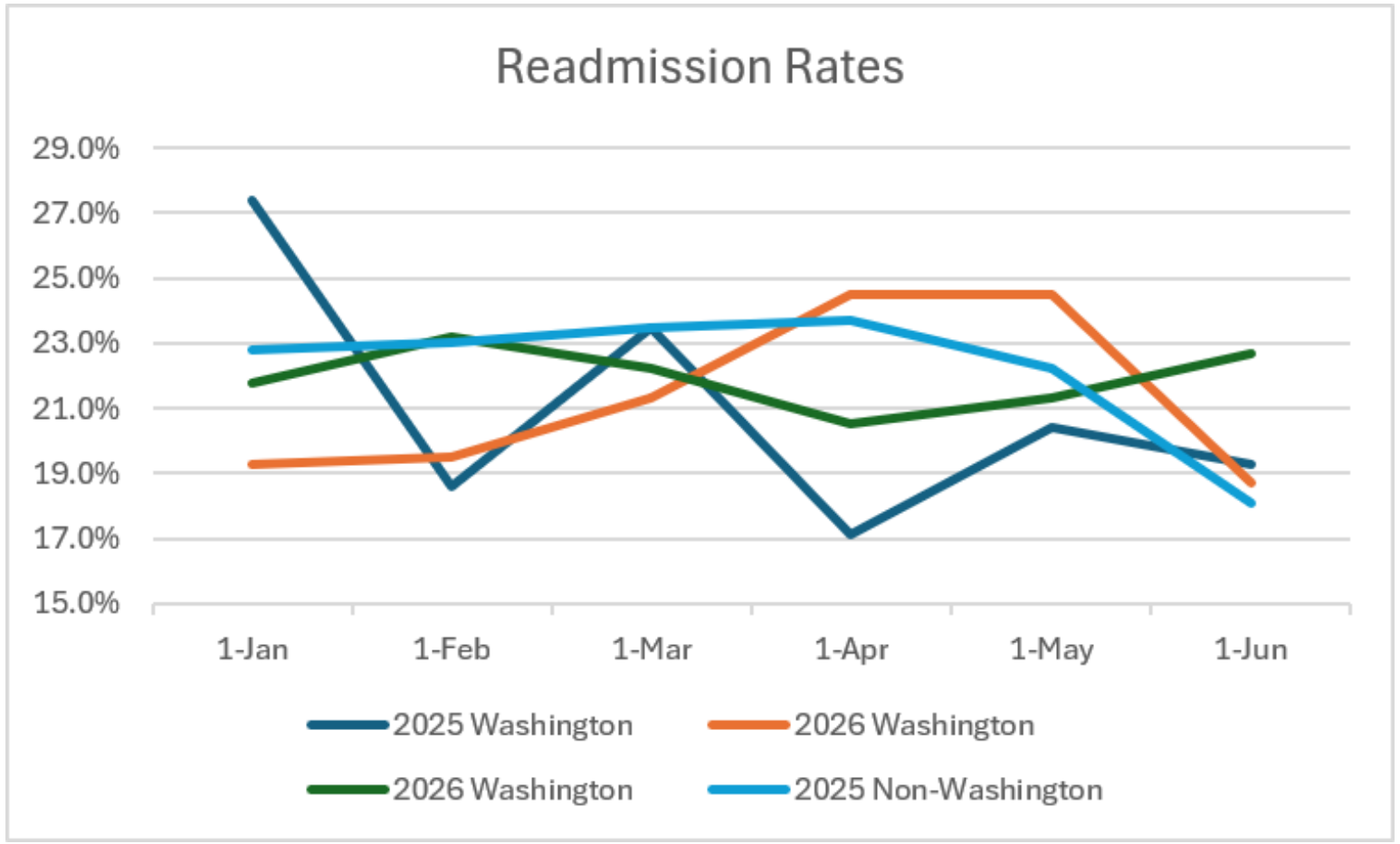
Readmissions by Aide Category by Facility

- Washington Hospital's readmissions are directly correlated to the SPD/LTC and SPD/LTC Full Dual Populations. >80% of all their readmissions are from these 2 aid category groups which are notoriously more medically complex.
- Summit is similar with ~74% of all of their readmissions linked to those 2 aid categories
- Highland's population is different and those 2 aid categories only account for ~58% of their readmissions, they see higher Adult and Adult Expansion readmissions

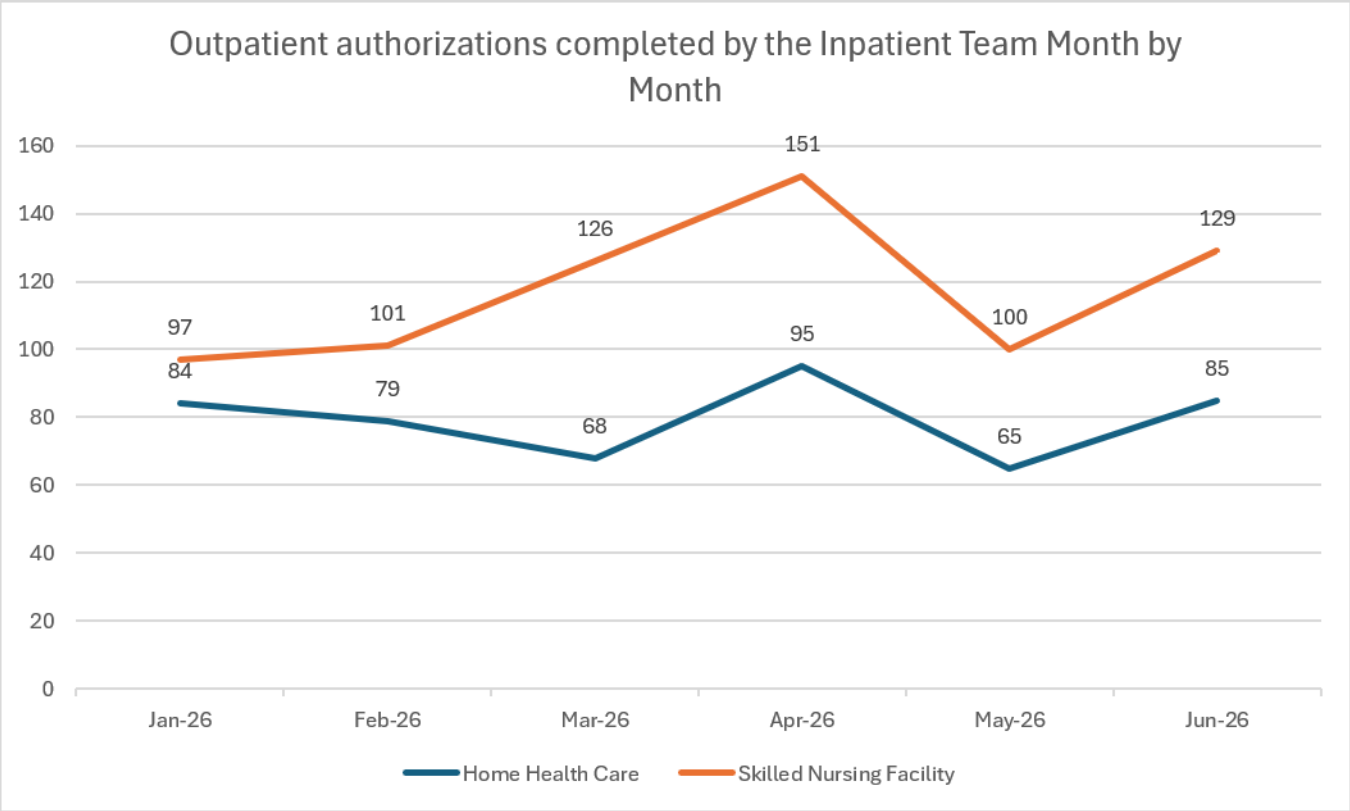


Readmission Rates

- Washington Readmissions:
  - 2025- 21.1%
  - 2026- 21.3%
- Non-Washington Readmissions:
  - 2025- 22.0%
  - 2026- 22.2%
- Both Washington and the Non-Washington facilities have an increase in readmissions over the Q1 & Q2 2025 to 2026.
  - The Alliance continues to aim at reducing the readmission rates across the board
- Washinton appears have has some successes earlier in the year, but we have seen some increases in April 2026.



Discharge Authorization Volumes



- One of the primary roles of the IP Onsite Nurse is to complete Authorizations that help expedite discharges to lower levels of care. On average, the IP UM team completed ~80 Home Health authorizations and ~115 Skilled Nursing Facility Admission Authorizations
- In addition to this work, the IP UM Team authorizes Dialysis, DME, Consults, Home Health Infusions, Radiology, Orthotics, Transplant Evaluations and Facility Infusions

Long Term Care

Long-Term Care – Evaluation of Facility Visits

Outcome: No difference in average inpatient admissions between facilities that engaged with Alliance's Social Workers onsite vs. facilities who did not engage with Alliance's Social Workers onsite

Top 10 Facilities – Highest Inpatient Admissions

LTC Facility	SW visit	Average Members	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Average Admissions
Fremont Healthcare Center	monthly	71	8	8	3	3	4	4	4	8	3	4	8	8	9	3	4	5
Alameda Healthcare & Wellness Center	monthly	81	7	3	6	3	8	2	5	13	10	7	9	8	10	6	8	7
Fairmont Rehabilitation and Wellness Center	unable to engage	92	6	8	6	5	6	3	8	5	6	7	3	7	5	4	10	6
Fruitvale Healthcare Center	monthly	75	6	2	2	3	4	4	4	6	5	1	2	2	3	8	5	4
We Care SNF - Fremont	monthly	42	5	4	3	2	8	1	3	6	6	3	3	3	5	3	1	4
Niles Canyon Post Acute	unable to engage	35	5	2	5	2	4	0	5	4	1	2	2	1	8	1	2	3
Bayview Nursing and Rehabilitation	unable to engage	97	5	7	3	8	5	4	2	12	7	4	5	11	6	13	5	6
Crestwood Manor Fremont	quarterly	47	4	6	11	5	5	3	4	0	6	3	6	6	5	2	2	5
Park Bridge Rehabilitation and Wellness Center	monthly	74	4	2	3	1	3	3	7	0	0	4	3	4	4	3	2	3
Windsor Country Drive Care Center	unable to engage	44	4	4	4	1	2	7	3	2	2	7	6	8	3	2	2	4

Long-Term Care – Evaluation of Facility Visits

Outcome: Facilities that engaged with Alliance's Social Workers onsite had slightly lower average readmissions (0.83) than facilities who did not engage with Alliance's Social Workers onsite (1.22)

Readmissions for Top 10 Facilities with Highest Inpatient Admissions

LTC Facility	SW visit	LTC Members	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Average Readmissions
Fremont Healthcare Center	monthly	71	2	3	2	0	0	0	0	3	1	0	1	0	3	1	2	1.20
Alameda Healthcare & Wellness Center	monthly	81	1	0	0	1	1	0	0	2	2	2	1	4	2	0	2	1.20
Fairmont Rehabilitation and Wellness Center	unable to engage	92	0	4	0	1	2	2	2	3	1	2	0	1	1	1	2	1.47
Fruitvale Healthcare Center	monthly	75	0	0	0	1	0	1	0	1	0	0	0	0	0	0	3	0.40
We Care SNF - Fremont	monthly	42	2	1	0	0	2	0	0	0	2	0	0	0	1	1	1	0.67
Niles Canyon Post Acute	unable to engage	35	1	0	1	1	2	0	0	4	1	0	1	0	3	0	0	0.93
Bayview Nursing and Rehabilitation	unable to engage	97	2	2	2	1	2	1	0	2	2	2	2	3	0	2	2	1.67
Crestwood Manor Fremont	quarterly	47	0	1	3	1	1	0	1	0	0	0	2	1	0	2	0	0.80
Park Bridge Rehabilitation and Wellness Center	monthly	74	0	0	0	0	1	2	3	0	0	0	1	2	1	0	1	0.73
Windsor Country Drive Care Center	unable to engage	44	1	0	1	0	0	1	0	0	0	1	4	2	2	0	0	0.80

Long-Term Care

- Re-evaluating process for identifying members who would benefit most from LTC Social Worker onsite visits (based on facility feedback and using data-driven approach)
  - Frequent inpatient admissions and/or readmissions, frequent ER visits, members who have longer lengths of stay when admitted, members who are ready to transition to home/community-based setting
- Rounds between inpatient SNF and LTC teams to support early identification of transitional care needs, while members are still receiving skilled level of care

Full Presentation on Long Term Support Services(LTSS) Coming Soon!!

Thank you!

Questions?

dcarey@alamedaalliance.org

Analytics: HEDIS/STARS Update

HEDIS & Stars Update

Board of Governors (BOG) Meeting

September 11, 2026

Tiffany Cheang, Chief Analytics Officer

Accountability & Impact

DHCS Managed Care Accountability Set (MCAS)	• Quality Component Withhold & Incentive Program • Quality Sanctions • Auto-Assignment
DMHC Health Equity & Quality Measure Set (HEQMS)	• Corrective Action Plan (CAP) enforcement in place • Administrative penalties in effect no sooner than 1/1/2027
NCQA Accreditation - Health Plan	• DHCS requirement • DMHC requirement
CMS Stars Measures	• Revenue impact/Quality Bonus payments • Published Stars ratings impact consumer choice and retention

DHCS Managed Care Accountability Set (MCAS)

- Annual quality and performance measures used by DHCS to monitor, evaluate, and hold Medi-Cal managed care health plans accountable.

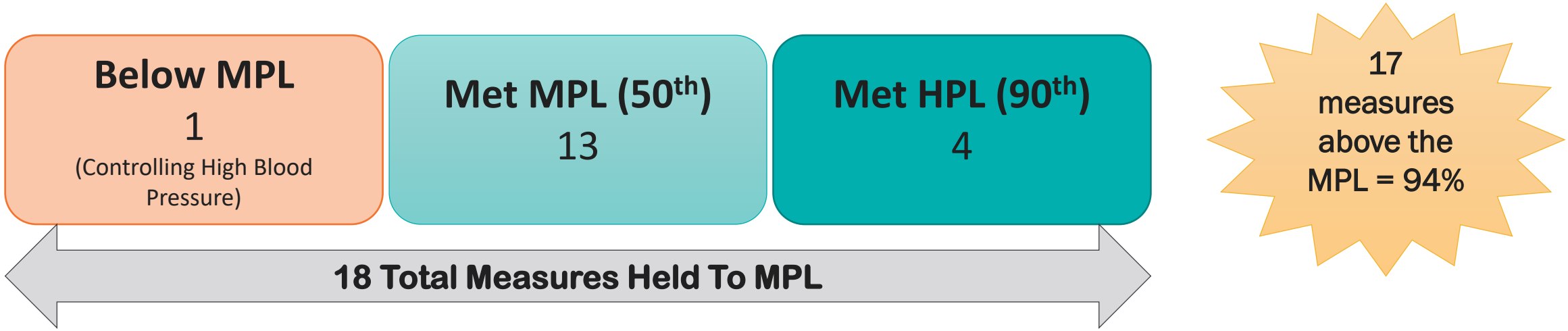
- Metrics are primarily NCQA HEDIS measures, but also include measures from Centers for Medicare & Medicaid Services (CMS), Dental Quality Alliance (DQA) and the Office of Population Affairs (OPA).

- Managed care health plans are held to a Minimum Performance Level (MPL) which is currently set at the NCQA 50th percentile. The High Performance Level (HPL) is set at the 90th percentile.

DHCS MCAS By Domain

Domain	Measurement Year								
	2022		2023		2024		2025		2026
	Total Measures	*Measures Met*	Total Measures	*Measures Met*	Total Measures	*Measures Met*	Total Measures	*Measures Met*	Total Measures
Behavioral Health	2	*1*	2	*1*	2	*2*	2	*2*	3 ▲
Children's Health	6	*4*	8	*6*	8	*7*	8	*8*	8 ▬
Chronic Disease Management	2	*1*	3	*3*	3	*1*	3	*2*	2 ▼
Reproductive Health	3	*3*	3	*3*	3	*3*	3	*3*	4 ▲
Cancer Prevention	2	*1*	2	*2*	2	*2*	2	*2*	3 ▲
All Domains	**15**	***10***	**18**	***15***	**18**	***15***	**18**	***17***	**20** ▲
% Met MPL		***67%***		***83%***		***83%***		***94%***	
Reporting Only Measures	*24*		*24*		*23*		*13*		*1*

AAH MCAS Performance – MY 2025



- Medical Record Retrievals (MRR) completed rate was 99%
- Both NCQA and DHCS HEDIS audits passed with no findings/issues
- **No** Quality Sanction will be imposed by DHCS

DMHC Health Equity & Quality Measure Set (HEQMS)

- Effective for MY 2023+ and applies to both Medi-Cal and Group Care
- Includes 18 HEDIS and CAHPS* measures
- 13 of the HEDIS measures are stratified for Race (9 categories) and Ethnicity (4 categories) => Potential for 187 different metrics reported per line of business

Race	
White	Some other race
Black or African American	Two or more races
American Indian or Alaska Native	Asked but no answer
Asian	Unknown
Native Hawaiian or Other Pacific Islander	

Ethnicity
Hispanic or Latino
Not Hispanic or Latino
Asked but no answer
Unknown

- HEQMS HEDIS measures substantially overlap with the MCAS measures
- Managed care health plans are held to the NCQA 50th percentile.

**CAHPS = Consumer Assessment of Healthcare Providers and Systems which is a member satisfaction survey*

DMHC HEQMS – MY 2024 & MY 2025

MY 2024

- In July 2026, DMHC issued a Corrective Action Plan (CAP) to AAH regarding MY 2024 HEQMS performance.
- For Medi-Cal: 31 out of 121 valid* metrics did not meet the 50th percentile threshold.
- For Group Care: 8 out of 41 valid* metrics did not meet the 50th percentile threshold.
- Teams are meeting routinely to prepare AAH's CAP response due to DMHC September 28, 2026

MY 2025

- All required reporting was submitted to DMHC for review.
- For Medi-Cal: Projected 29 out of 122 valid* metrics did not meet the 50th percentile threshold.
- For Group Care: N/A Received a new exemption since enrollment is <15,000 members

**Valid metrics exclude any items with too small denominators and/or were not required for reporting.*

CMS Stars: Overview & Industry Outlook

What Is Medicare Stars

- CMS rates MA plans 1-5 Stars across quality performance, clinical outcomes, member experience and access
- Star Ratings influence plan competitiveness and financial performance
- 4+ Stars is the key threshold for Quality Bonus Payment eligibility

Alliance Position

- Alliance will be in the New Plan/Low Enrollment status for Star Years 2027 and 2028
  - The plan will be financially treated as a 3.5 Star plan during this time
- MY2026 establishes Alliance's first performance baseline

Industry Outlook

- CMS is shifting the Stars program toward clinical outcomes and member experience
  - 11 administrative/process measures were removed from the program
  - Depression Screening & Follow-Up has been added to the program
- Only ~40% of MA-PD contracts achieved 4+ Stars nationally for Star Year 2026*

*2026 Star Ratings Fact Sheet

Current Year Status

Current Status MY2026 – MCAS

Measure Description		MY2025	MY2026 As of 8/5/2026	MPL 50th Pctl (Proxy*)
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness (30-Day) (FUA)	52.11%	49.08%	39.10%
	Follow-Up After Emergency Department Visit for Substance Use (30-Day) (FUM)	67.29%	57.90%	57.13%
	Depression Screening and Follow-Up for Adolescents and Adults-Screening (DSF-E-DS)	27.79%	22.90%	3.59%
Children's Health	Childhood Immunization Status—Combination 10 (CIS-10-E)	37.73%	36.08%	23.89%
	Developmental Screening in the First Three Years of Life (DEV-CH)	67.16%	63.31%	37.40%
	Immunizations for Adolescents—Combination 2 (IMA-2-E)	48.77%	47.67%	34.14%
	Lead Screening in Children (LSC-E)	71.04%	69.40%	69.96%
	Topical Fluoride for Children (TFL-CH)	26.17%	3.56%	21.60%
	Well-Child Visits in the First 15 Months - Six or More Well-Child Visits (W30-6+)	65.81%	56.96%	63.38%
	Well-Child Visits for Age 15 Months to 30 Months -Two or More Well-Child Visits (W30-2+)	76.27%	76.67%	72.32%
	Child and Adolescent Well-Care Visits (WCV)	58.73%	36.33%	55.41%
Chronic Disease Management	Controlling High Blood Pressure (CBP)	65.69%	51.41%	67.88%
	Glycemic Status Assessment for Patients With Diabetes (>9%) (GSD)	28.95%	41.72%	30.41%
Reproductive Health	Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC-Pre)	87.76%	86.34%	86.37%
	Prenatal and Postpartum Care - Postpartum Care (PPC-Post)	93.20%	81.31%	82.48%
	Prenatal Depression Screening and Follow-Up—Screening (PDS-E-DS)	39.15%	41.17%	9.54%
	Postpartum Depression Screening and Follow-Up—Screening (PND-E-DS)	27.01%	25.79%	5.46%
Cancer Prevention	Breast Cancer Screening (BSD-E)	59.04%	53.73%	55.87%
	Cervical Cancer Screening (CCS-E)	55.02%	51.30%	52.32%
	Colorectal Cancer Screening (COL-E)	45.17%	44.05%	41.39%

** Proxy used is the MY2024 Percentiles pending the MY2025 Percentiles which are used for MY2026 results*

Current Status MY2026 –HEQMS

- The following changes have been made to the HEQMS criteria:
  - Removal of Asthma Medication Ratio (AMR) - NCQA retired this measure
  - NCQA has updated the HEDIS race stratification:

Race
White
Black or African American
American Indian or Alaska Native
Asian
Middle Eastern or North African - New for MY2026
Native Hawaiian or Other Pacific Islander
Some other race
Two or more races
Asked but no answer
Unknown

- For Medi-Cal: Projected 48 out of 133 valid* metrics have met the 50th percentile threshold. (As of 8/5/2026)
- For Group Care: AAH will again submit for an exemption since enrollment is <15,000 members

Current Initiatives MY2026 – MCAS & HEQMS

Member Engagement

- **Mailers** -> Birthday cards, Breast Cancer Screening (BCS) flyers
- **Outreach calls** -> 8 different HEDIS measures
- **Incentives** -> HEDIS Crunch, Well-child, CCS, BCS

Data Improvements

- Expanded **year-round record retrievals** and provision of insights/analysis
- Strengthen **EHR extracts,** data exchanges and data capture
- Inclusion of **HIE NCQA DAV** certified data
- Recruitment efforts for **HIE provider participation**
- **Medical record research** using HIE data
- **Enhanced provider reporting**, Actionable care gap reports; TFL reporting; Pharmacy reports for CBP and A1c, CGM
- **Improved Dashboards** - Trending and breakout analyses

Provider Engagement

- **Provider Webinars/Training** -> Self-collection for HPV, Pharmacy training on CBP and Diabetes, Pharmacy partnership for auto refill, Educational video for Asthma control, TFL tool kits, 1:1 meetings and trainings
- **Provider Incentives** -> After hours, Office staff, Fluoride Varnish kits, P4P, grant funded QI projects
- **Provider Support** -> Practice Facilitation, Coding Support, Workflow Optimization, Remote Monitoring for disease management, device and program support
- **Provider Collaborations** -> Mobile mammography, Pap clinics, CHW navigators for well child and disease management, Lead screening point of care testing

Other

- **Campaigns** -> Colorectal cancer screening home kits, Community health fair education on health screenings
- **State Mandated Quality Projects** – Performance Improvement Plan (PIP) – Health Equity Improvement for W15 African American, Non-Clinical – BH. DHCS/IHI Child Health Equity Collaborative, CMS Improving outcomes for pregnant members with SUD Dx

Current Status MY2026 – Stars

- Alliance remains in New Plan/Low Enrollment status for Star Years 2027-2028
- MY2026 is the Alliance's first Stars measurement year, establishing our initial performance baseline
- Current enrollment results in measure denominator variability month-to-month
- Part C, Part D and overall Stars performance are monitored with business-owner accountability

**Valid metrics exclude any items with too small denominators and/or were not required for reporting.*

Current Initiatives MY2026 – Stars

MEMBER ENGAGEMENT

- D-SNP Member Incentive Program
- Preventive Care Checklist embedded in the *New Member Welcome Kit*
- Enterprise Member Outreach Dashboard to promote outreach coordination
- D-SNP birthday card engagement *("Happy Birthday from your partner In health")*
- Enhancing member website & portal

PROVIDER ENGAGEMENT

- Delivering Provider specific Stars performance dashboards
- Piloting 2026 P4P + Designing 2027 P4P
- Providing 1:1 AWV onboarding & workflow support
- Developed comprehensive Stars Guide, Tipsheets, & Best Practices
- Stars/AWV webinars & In-person engagements

STARS + RISK INTEGRATION

- Aligning Stars, AWV, and Risk Adjustment strategies through a single provider touchpoint
- Targeted support for accurate, specific, and compliant clinical documentation
- Providing integrated reporting with Star measure care gaps & Risk capture opportunities
- Operational workflow reviews to optimize member and provider experiences

PERFORMANCE & GOVERNANCE

- Promoting cross-functional accountability through the Stars Workgroup
- Launched the Grievances Workgroup to translate member feedback into enterprise action
- Stars BI performance reporting development
- Measuring initiative effectiveness through impact scoring & analysis

Thank you.

Questions?

Finance

Gil Riojas

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

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

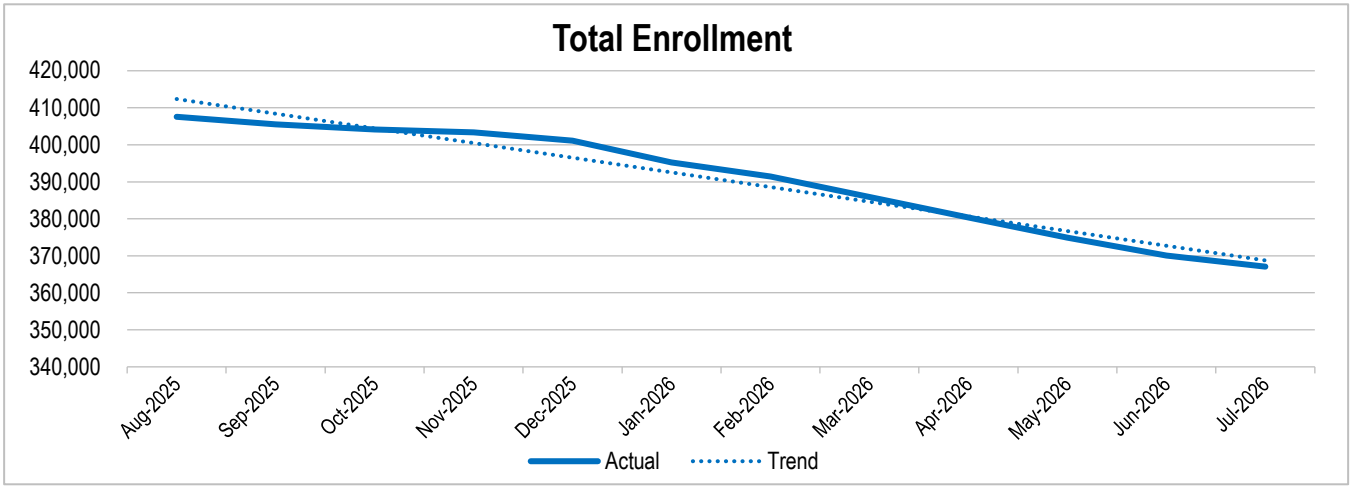
Date: **September 11th, 2026**

Subject: **Finance Report – July 2026 Financials**

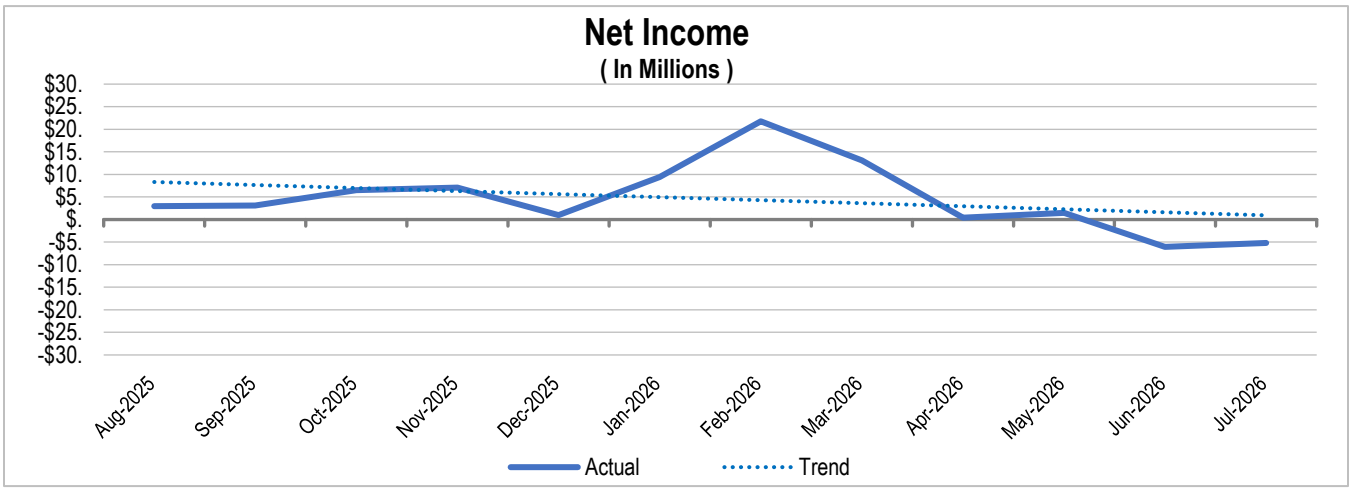
Executive Summary

For the month of July, the Alliance decreased in enrollment, down to 367,074 members. Net Loss of $5.2 million was reported, and the Plan's Medical Expenses represented 98.0% of Premium Revenue. Alliance reserves decreased to 284% of required and continue to remain above minimum requirements.

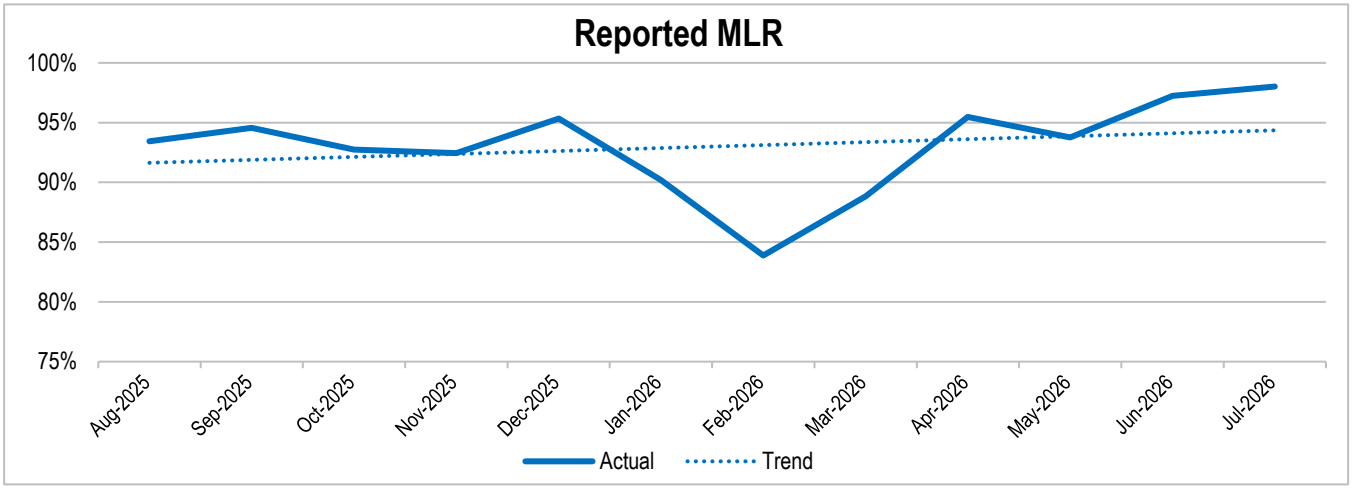
Enrollment – In July, Enrollment decreased by 2,999 members.



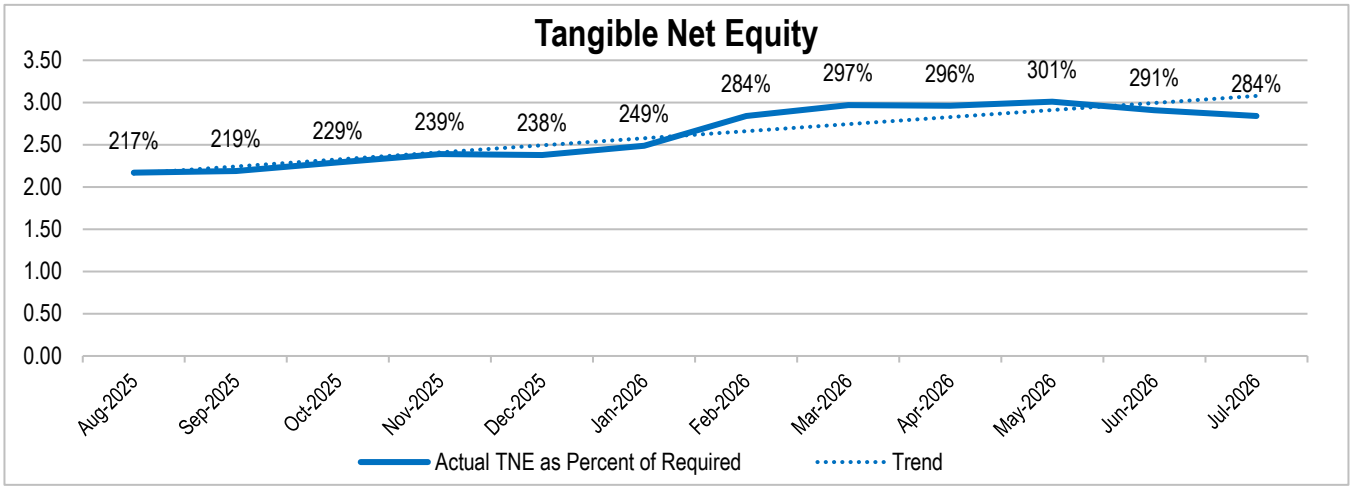
Net Income – For the month and YTD ended July, actual Net Loss was $5.2 million vs. budgeted Net Loss of $5.2 million. For the month, Premium Revenue was favorable to budget, actual Revenue was $180.0 million vs. budgeted Revenue of $179.5 million. Premium Revenue favorable variance of $501,000 is primarily due to current month Medi-Cal and IHSS volume variance.



Medical Loss Ratio (MLR) – The Medical Loss Ratio was 98.0% for the month and fiscal YTD.



Tangible Net Equity (TNE) - The Department of Managed Health Care (DMHC) required $79.9 million in reserves, we reported $226.5 million. Our overall TNE remains above DMHC requirements at 284%.



The Alliance continues to benefit from increased non-operating income. For Fiscal year-to-date, investments show a gain of $2.3 million and capital assets acquired are $135,000.

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

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

Date: **September 11th, 2026**

Subject: **Finance Report – July 2026**

Executive Summary

- For the month ended July 31st, 2026, the Alliance had enrollment of 367,074 members, a Net Loss of $5.2 million and 284% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$240,570	$240,570
Medical Expense	176,391	176,391
Admin. Expense	11,084	11,084
MCO Tax Expense	60,616	60,616
Other Inc. / (Exp.)	2,320	2,320
Net Income	**($5,201)**	**($5,201)**

Net Income by Program: (in Thousands)

	Month	YTD
Medi-Cal	($1,386)	($1,386)
Group Care	(2,916)	(2,916)
Medicare	(898)	(898)
	($5,201)	**($5,201)**

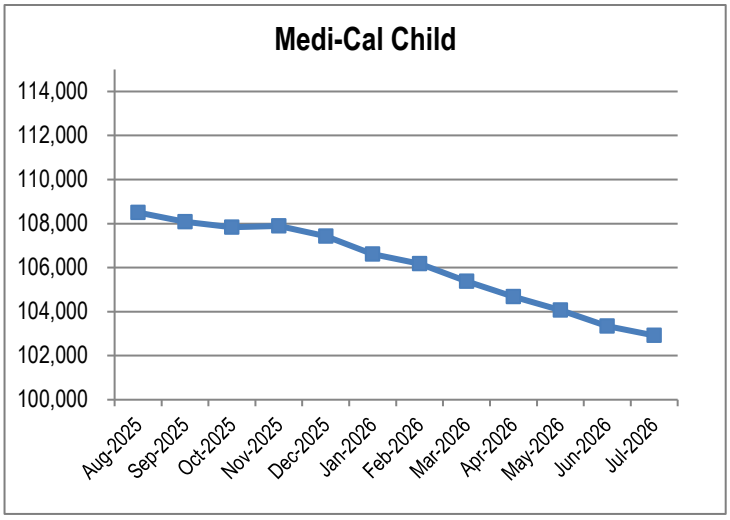
Enrollment

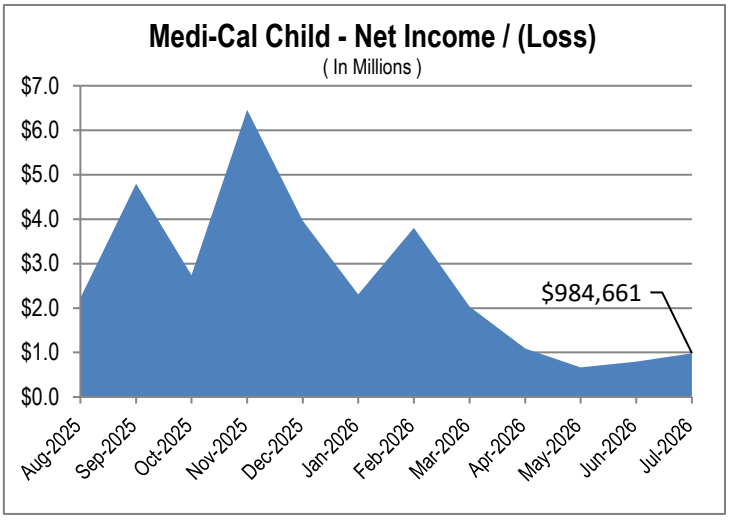
- Total enrollment decreased by 2,999 members since June 2026.

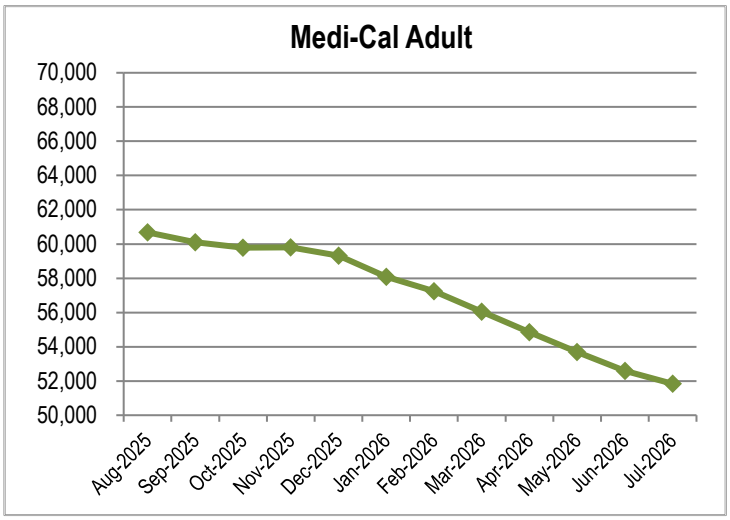
Monthly Membership and YTD Member Months
Actual vs. Budget

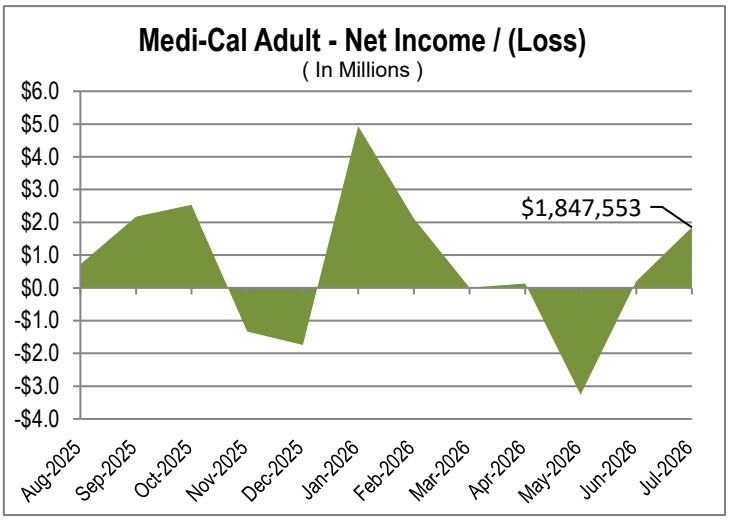
Enrollment					Member Months			
Current Month					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
102,919	102,792	127	0.1%	Child	102,919	102,792	127	0.1%
51,834	52,088	(254)	(0.5%)	Adult	51,834	52,088	(254)	(0.5%)
130,849	127,875	2,974	2.3%	ACA OE	130,849	127,875	2,974	2.3%
27,080	27,262	(182)	(0.7%)	SPD with LTC	27,080	27,262	(182)	(0.7%)
47,722	47,507	215	0.5%	Duals with LTC	47,722	47,507	215	0.5%
360,404	**357,524**	**2,880**	**0.8%**	**Medi-Cal Total**	**360,404**	**357,524**	**2,880**	**0.8%**
6,398	6,325	73	1.2%	Group Care	6,398	6,325	73	1.2%
272	366	(94)	(25.7%)	Medicare	272	366	(94)	(25.7%)
367,074	**364,215**	**2,859**	**0.8%**	**Total**	**367,074**	**364,215**	**2,859**	**0.8%**

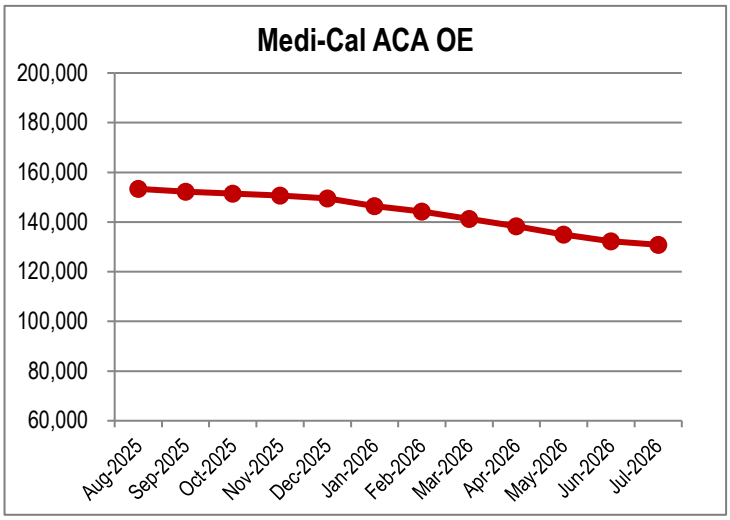
Enrollment and Profitability by Program and Category of Aid

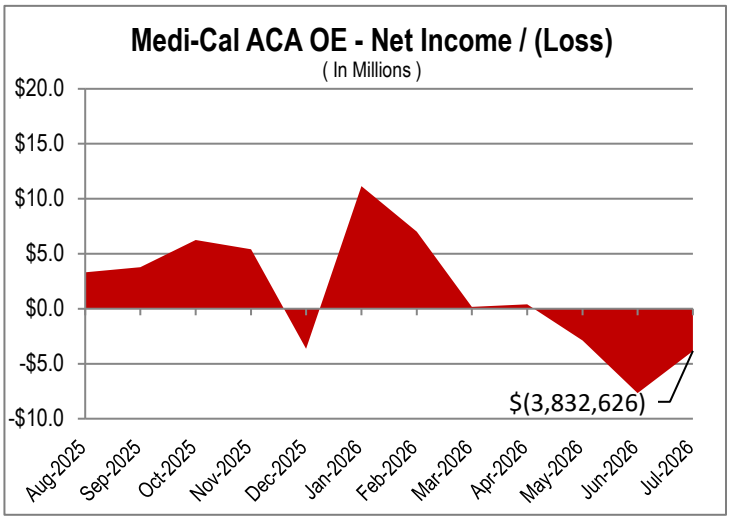




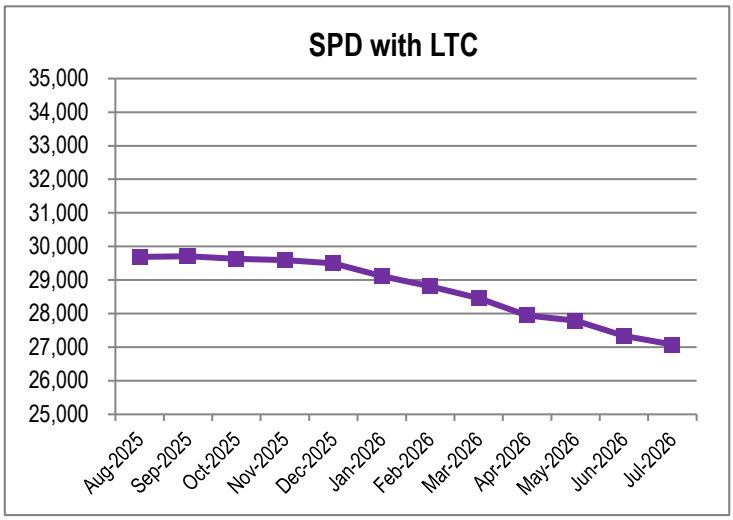


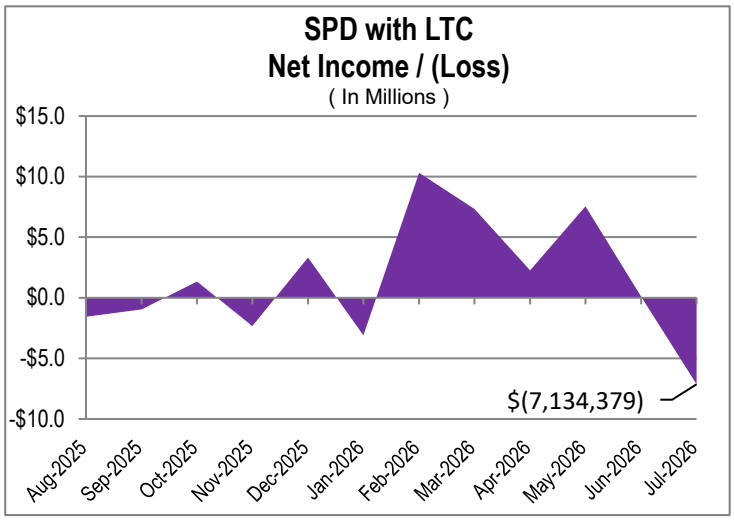


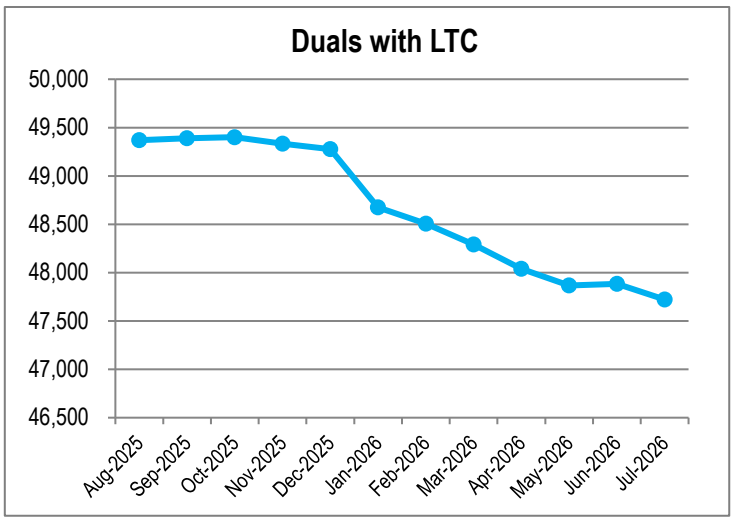


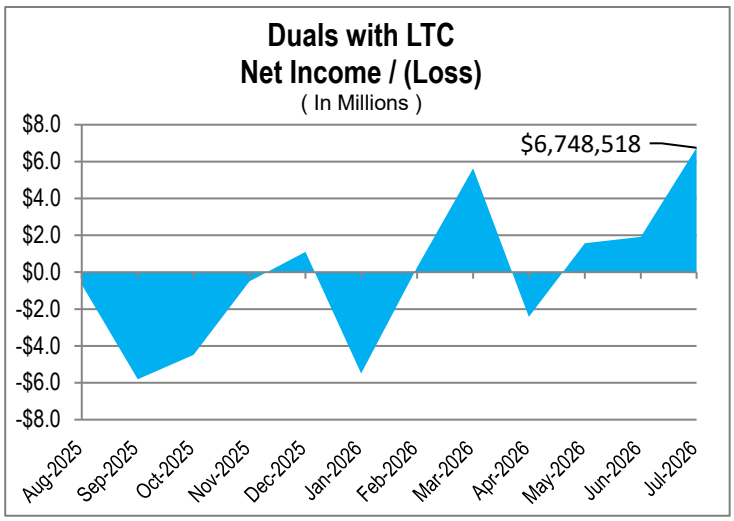


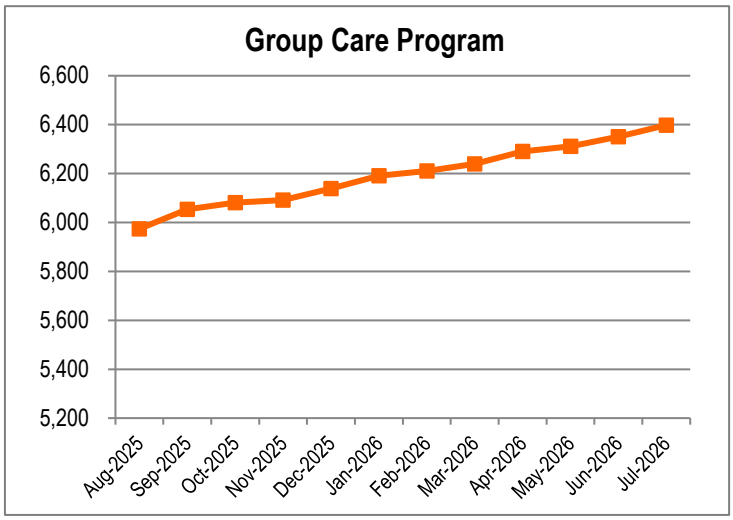
Enrollment and Profitability by Program and Category of Aid

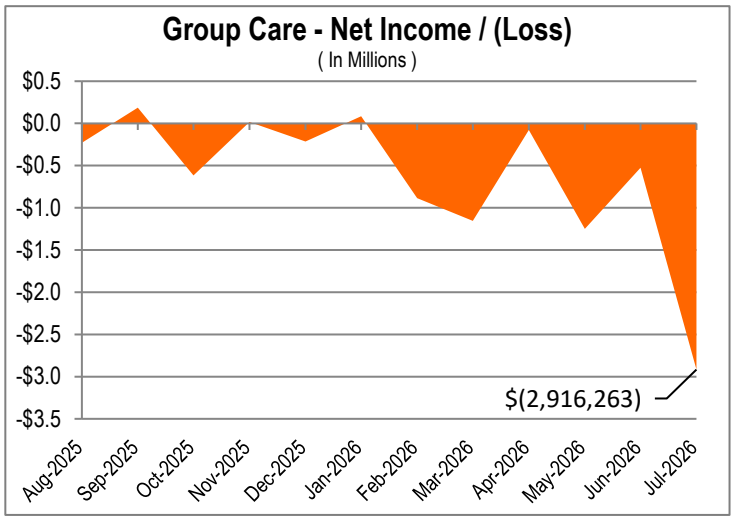




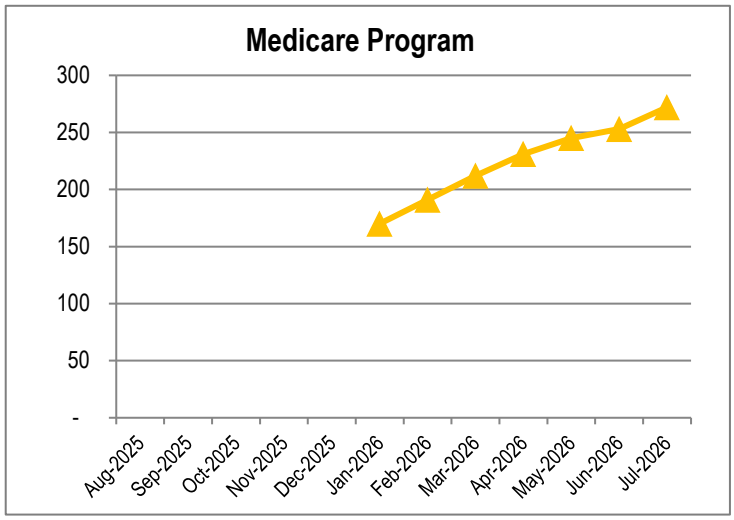


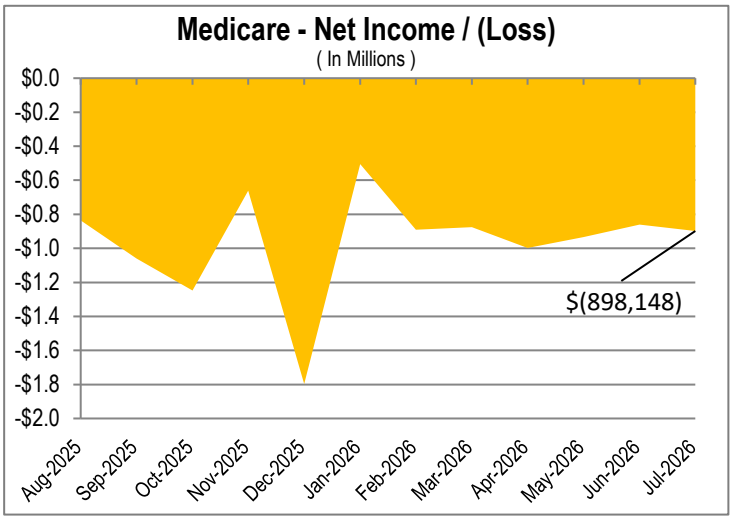


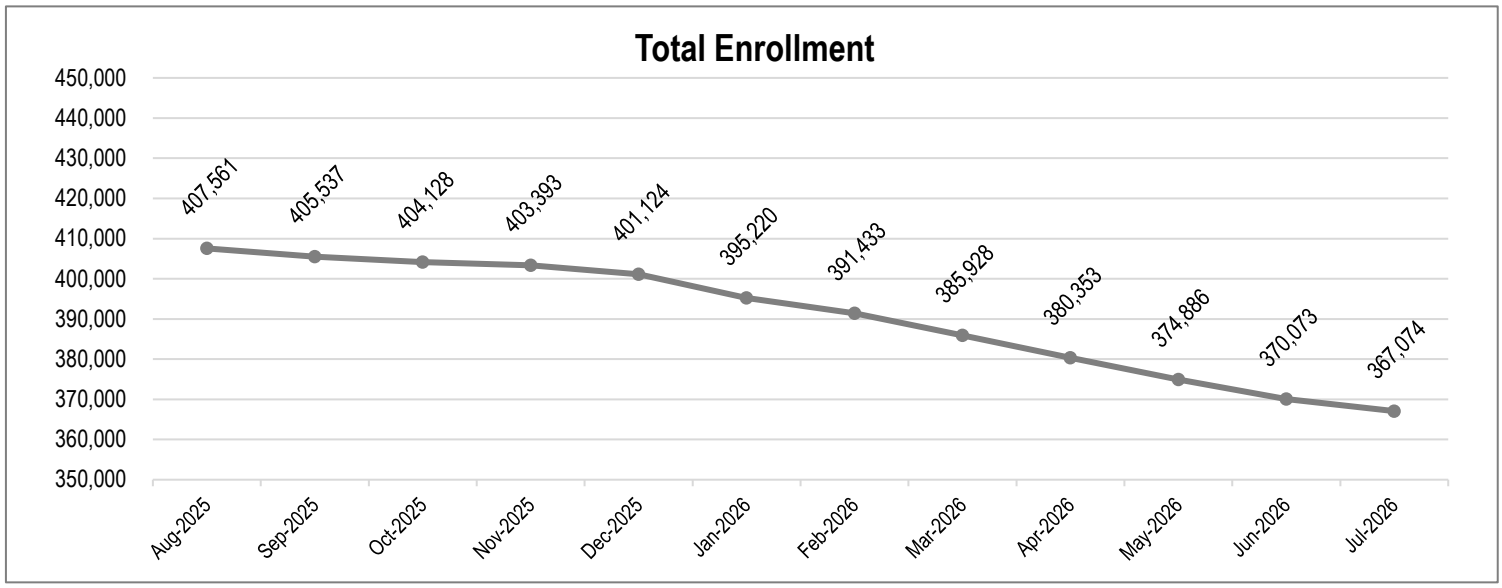


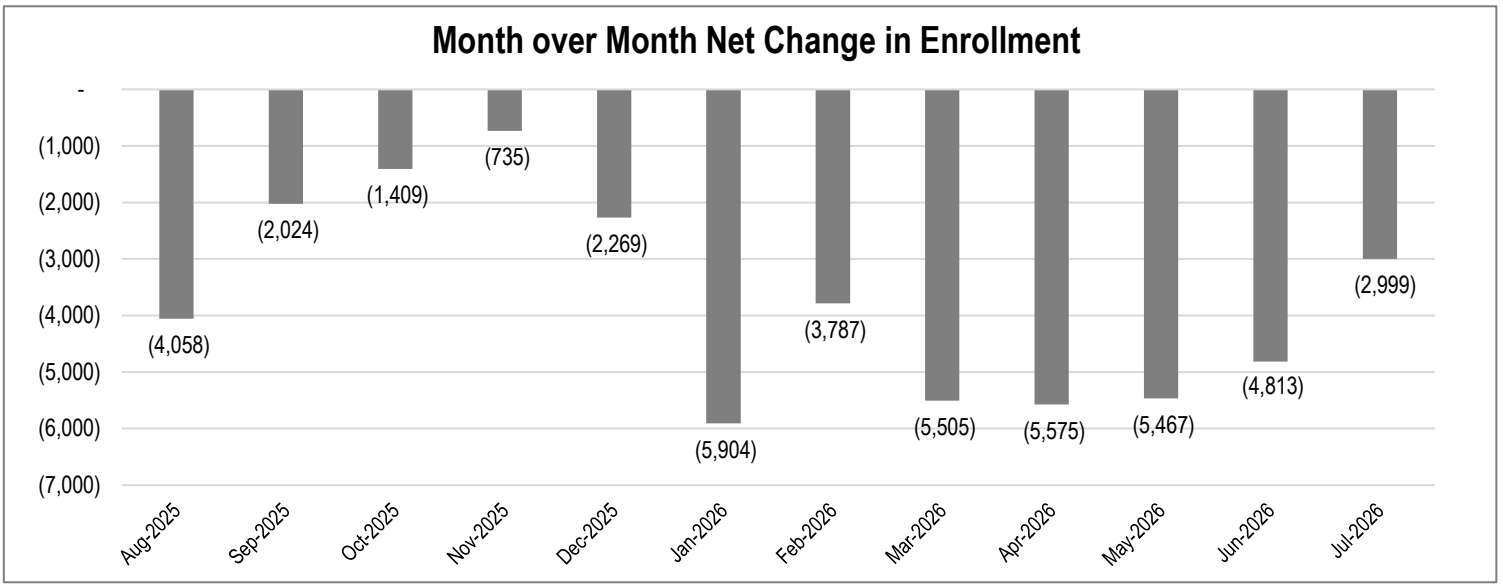


Enrollment and Profitability by Program and Category of Aid



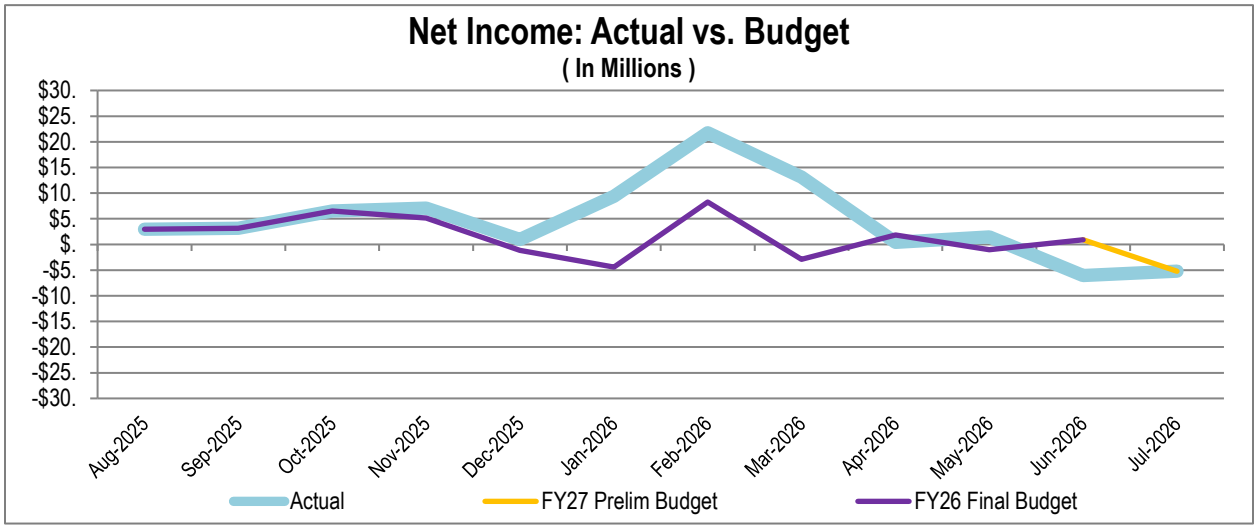






Net Income

- For the month and fiscal YTD ended July 31st, 2026:
  - Actual Net Loss: $5.2 million.
  - Budgeted Net Loss: $5.2 million.

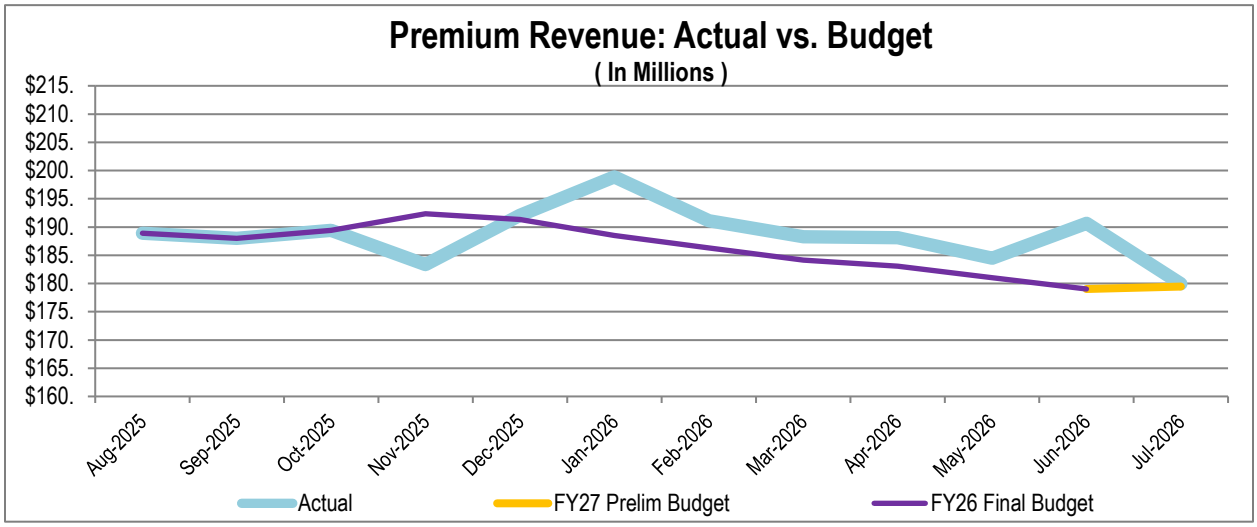


The favorable variance of $21,000 in the current month is primarily due to:

- Favorable $700,000 lower than anticipated Administrative Expense.
- Favorable $500,000 higher than anticipated Premium Revenue.
- Unfavorable $1.1 million higher than anticipated Medical Expense.

Premium Revenue

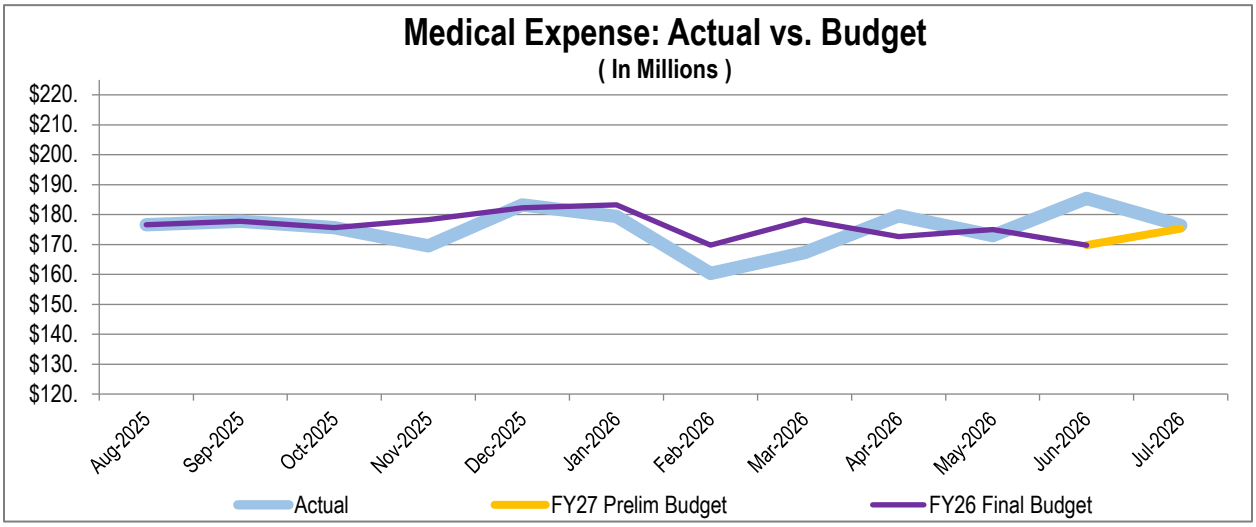
- For the month and fiscal YTD ended July 31st, 2026:
  - Actual Revenue: $180.0 million.
  - Budgeted Revenue: $179.5 million.



- For the month ended July 31st, 2026, the favorable Premium Revenue variance of $501,000 is primarily due to favorable $1.2 million Medi-Cal and IHSS volume variance for July 2026. This was partially offset by several unfavorable variances totaling $695,000.

Medical Expense

- For the month and fiscal YTD ended July 31st, 2026:
  - Actual Medical Expense: $176.4 million.
  - Budgeted Medical Expense: $175.3 million.



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

- For July and YTD, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by $2.0 million (per table below).

Medical Expense - Actual vs. Budget (In Dollars)

Adjusted to Eliminate the Impact of Prior Period IBNP Estimates

	Actual			Budget	Variance: Actual Adjusted vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$16,151,747	$0	$16,151,747	$15,829,068	($322,679)	(2.0%)
Primary Care FFS	$3,767,196	$74,446	$3,841,642	$4,606,174	$838,978	18.2%
Specialty Care FFS	$7,976,662	$929,861	$8,906,524	$7,760,430	($216,233)	(2.8%)
Outpatient FFS	$12,042,956	$1,784,104	$13,827,059	$12,335,494	$292,539	2.4%
Ancillary FFS	$21,949,974	($341,903)	$21,608,071	$22,985,198	$1,035,224	4.5%
Pharmacy FFS	$16,553,627	$3,736,129	$20,289,755	$12,419,791	($4,133,836)	(33.3%)
ER Services FFS	$10,479,585	$221,560	$10,701,145	$9,805,859	($673,726)	(6.9%)
Inpatient Hospital FFS	$50,630,913	($7,009,751)	$43,621,162	$48,904,804	($1,726,109)	(3.5%)
Long Term Care & SNF FFS	$34,226,664	($1,370,170)	$32,856,495	$35,360,178	$1,133,514	3.2%
Other Benefits & Services	$3,428,908	$0	$3,428,908	$3,990,500	$561,592	14.1%
Net Reinsurance	$574,977	$0	$574,977	$711,965	$136,987	19.2%
Provider Incentive	$583,333	$0	$583,333	$583,333	$0	0.0%
	$178,366,544	**($1,975,724)**	**$176,390,820**	**$175,292,794**	**($3,073,750)**	**-1.80%**

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

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

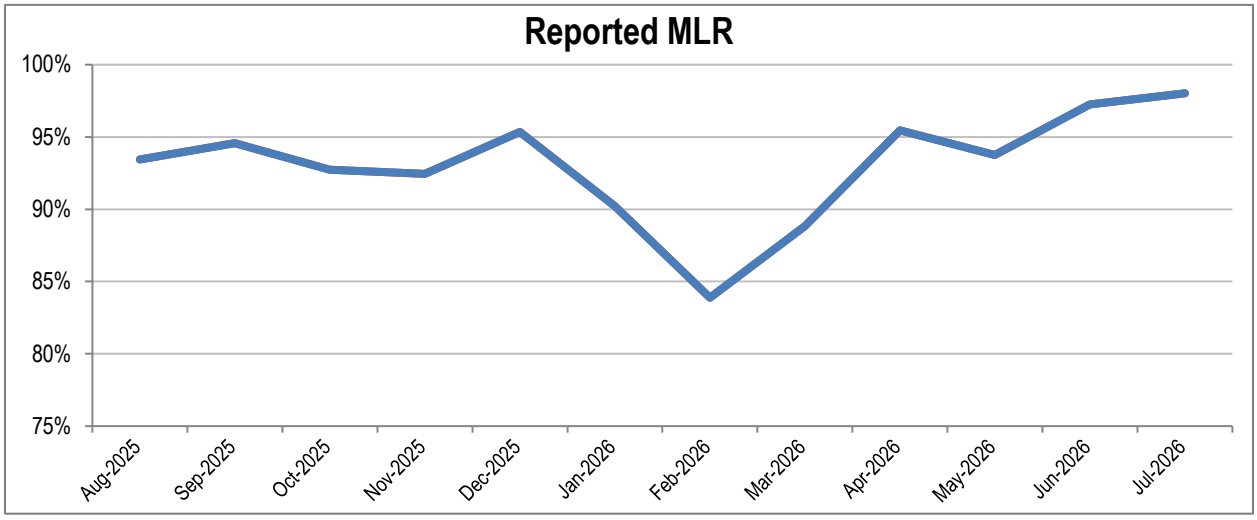
	Actual			Budget	Variance: Actual Adjusted vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$44.00	$0.00	$44.00	$43.46	($0.54)	(1.2%)
Primary Care FFS	$10.26	$0.20	$10.47	$12.65	$2.38	18.9%
Specialty Care FFS	$21.73	$2.53	$24.26	$21.31	($0.42)	(2.0%)
Outpatient FFS	$32.81	$4.86	$37.67	$33.87	$1.06	3.1%
Ancillary FFS	$59.80	($0.93)	$58.87	$63.11	$3.31	5.2%
Pharmacy FFS	$45.10	$10.18	$55.27	$34.10	($11.00)	(32.2%)
ER Services FFS	$28.55	$0.60	$29.15	$26.92	($1.63)	(6.0%)
Inpatient Hospital & SNF FFS	$137.93	($19.10)	$118.83	$134.27	($3.66)	(2.7%)
Long Term Care & SNF FFS	$93.24	($3.73)	$89.51	$97.09	$3.84	4.0%
Other Benefits & Services	$9.34	$0.00	$9.34	$10.96	$1.62	14.7%
Net Reinsurance	$1.57	$0.00	$1.57	$1.95	$0.39	19.9%
Provider Incentive	$1.59	$0.00	$1.59	$1.60	$0.01	0.8%
	$485.91	**($5.38)**	**$480.53**	**$481.29**	**($4.63)**	**(1.0%)**

- Excluding the impact of prior year estimates for IBNP, year-to-date medical expense variance is $3.1 million unfavorable to budget. On a PMPM basis, medical expense is 1.0% unfavorable to budget. For per-member-per-month expense:
    - Capitated Expense is over budget, primarily driven by unfavorable Specialty Capitation FQHC expense.

- Primary Care Expense is under budget due to accruals related to TRI reclassifications across all populations except for Group Care and Medicare.
- Specialty Care Expense is over budget, driven by unit cost offset by lower utilization.
- Outpatient Expense is under budget due to low dialysis unit cost and utilization.
- Ancillary Expense is under budget driven by lower unit cost in the Duals with LTC Duals aid code category.
- Pharmacy Expense is over budget driven by higher unit cost.
- Emergency Expense is over budget, driven by higher utilization in the ACA OE and Duals with LTC Duals aid code categories.
- Inpatient Expense is over budget driven by high utilization in the Adult, ACA OE and Group Care populations.
- Long Term Care Expense is under budget driven by lower utilization and unit cost in the Duals with LTC Duals aid code category.
- Other Benefits & Services is under budget, due to lower-than-expected salary and wages, paid time off, temporary help services, professional medical services and interpreter expense.
- Net Reinsurance is under budget because more recoveries were received than expected.
- Provider Incentive is budget neutral.

Medical Loss Ratio (MLR)

The Medical Loss Ratio (total reported Medical Expense divided by Premium Revenue) was 98.0% for the month and fiscal year-to-date.



Administrative Expense

- For the month and fiscal YTD ended July 31st, 2026:
  - Actual Administrative Expense: $11.1 million.
  - Budgeted Administrative Expense: $11.8 million.

Summary of Administrative Expense (In Dollars) For the Month and Fiscal Year-to-Date Favorable/(Unfavorable)								
Current Month					**Year-to-Date**			
Actual	**Budget**	**Variance $**	**Variance %**		**Actual**	**Budget**	**Variance $**	**Variance %**
$6,485,393	$6,292,739	($192,653)	(3.1%)	Personnel Expense	$6,485,393	$6,292,739	($192,653)	(3.1%)
88,442	87,920	(521)	(0.6%)	Medical Benefits Admin Expense	88,442	87,920	(521)	(0.6%)
1,204,752	2,385,417	1,180,666	49.5%	Purchased & Professional Services	1,204,752	2,385,417	1,180,666	49.5%
3,305,505	3,016,249	(289,256)	(9.6%)	Other Admin Expense	3,305,505	3,016,249	(289,256)	(9.6%)
$11,084,091	$11,782,326	$698,235	5.9%	Total Administrative Expense	$11,084,091	$11,782,326	$698,235	5.9%

The year-to-date variances include:

- Favorable in Purchased & Professional Services, primarily due to Consultant Fees and Purchased Services, Interpreter Services, Provider Credentialing, Legal Fees, Hardware Purchases, and Other Expenses.
- Partially offset by unfavorable Employee Expense for timing for the workforce adjustment.
- Partially offset by unfavorable Printing Postage & Promotions, the result of the timing of Postage, Printing and Mailing services.
- Partially offset by unfavorable Supplies and Other expenses primarily due to increases in Provider Interest, Meals and Entertainment, Community Reinvestment Expense, and Other Purchases and Fees.
- Partially offset by unfavorable Building Occupancy costs due to SBITA Amortization and timing in other areas.
- Partially offset by Licenses and Subscriptions, a result of unfavorable Licenses, Subscriptions, and Other Fees.
- Partially offset by unfavorable Benefit Administration Expense, primarily for the increase in Pharmacy Admin Fees.

The Administrative Loss Ratio (ALR) is 6.2% of net revenue for the month and fiscal year-to-date. Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $303,000.

Other Income / (Expense)

Other Income & Expense is comprised primarily of investment income. Fiscal year-to-date net investments show a gain of $2.3 million.

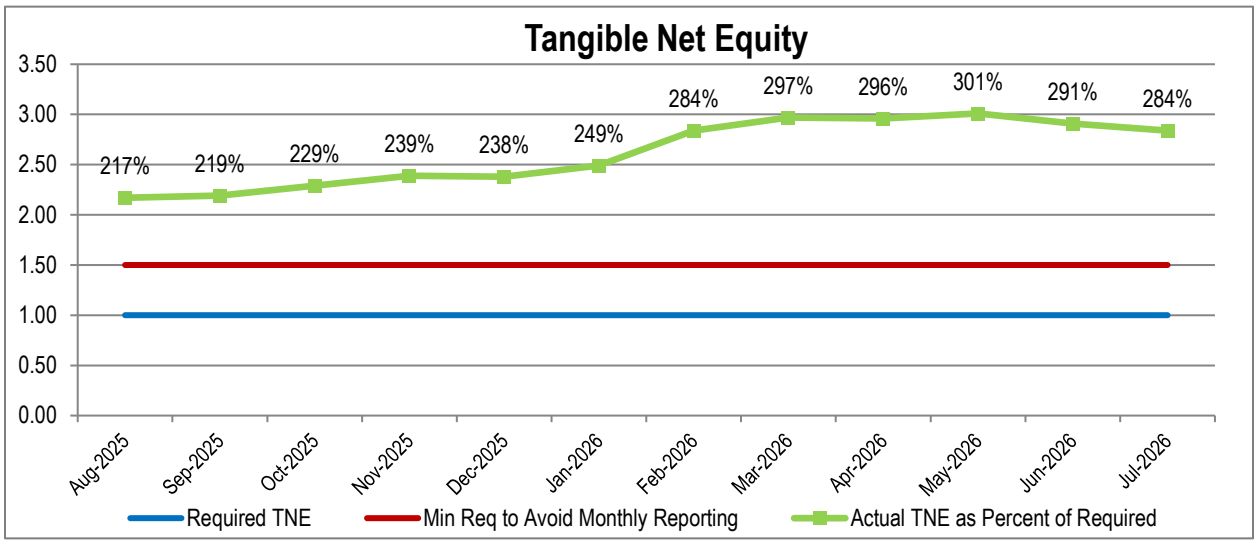
Managed Care Organization (MCO) Provider Tax

- Revenue:
  - For the month and fiscal YTD ended July 31st, 2026:
    - Actual: $60.6 million.
    - Budgeted: $60.1 million.
- Expense:
  - For the month and fiscal YTD ended July 31st, 2026:

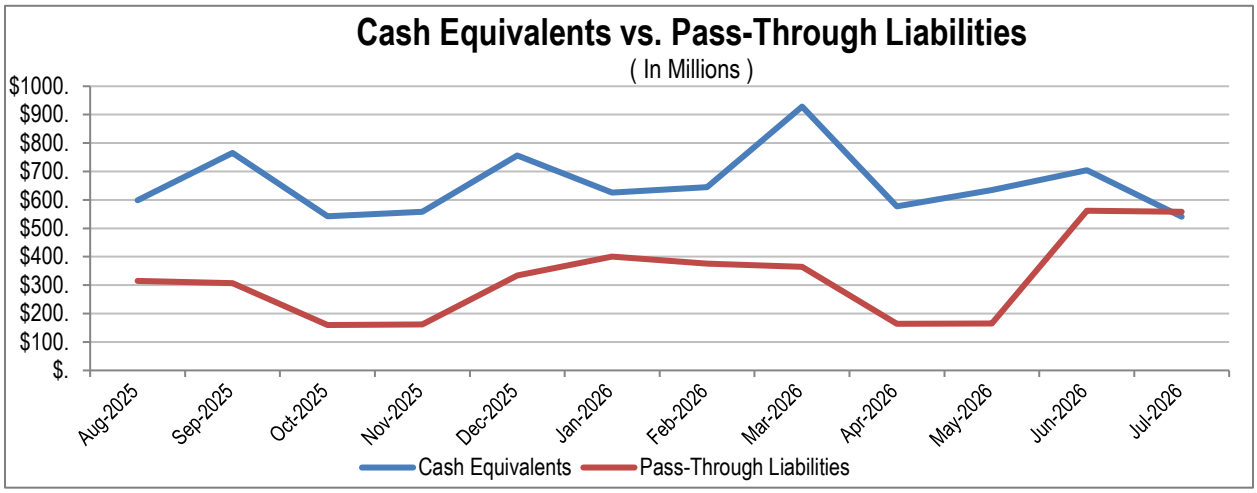
- Actual: $60.6 million.
- Budgeted: $60.1 million.

Tangible Net Equity (TNE)

- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to providers. TNE is a calculation of a company's total tangible assets minus total liabilities divided by a percentage of fee-for-service medical expenses. The Alliance exceeds DMHC's required TNE.
    - Required TNE $79.9 million
    - Actual TNE $226.5 million
    - Excess TNE $146.6 million
    - TNE % of Required TNE 284%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments.
- Key Metrics:
    - Cash & Cash Equivalents $540.9 million
    - Pass-Through Liabilities $558.5 million



- Uncommitted Cash $17.6 million
- Working Capital $179.0 million
- Current Ratio 1.16 (regulatory minimum is 1.00)

Capital Investment

- Fiscal year-to-date capital assets acquired: $135,000.
- Annual capital budget: $1.3 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED 31 JULY, 2026

CURRENT MONTH					FISCAL YEAR TO DATE			
		$ Variance	% Variance				$ Variance	% Variance
Actual	Budget	(Unfavorable)	(Unfavorable)	Account Description	Actual	Budget	(Unfavorable)	(Unfavorable)
				MEMBERSHIP				
360,404	357,524	2,880	0.8%	1. Medi-Cal	360,404	357,524	2,880	0.8%
6,398	6,325	73	1.2%	2. GroupCare	6,398	6,325	73	1.2%
272	366	(94)	(25.7%)	3. Medicare SNP	272	366	(94)	(25.7%)
367,074	**364,215**	**2,859**	**0.8%**	**3. TOTAL MEMBER MONTHS**	**367,074**	**364,215**	**2,859**	**0.8%**
				REVENUE				
$179,953,862	$179,453,135	$500,727	0.3%	4. Premium Revenue	$179,953,862	$179,453,135	$500,727	0.3%
$60,616,349	$60,131,962	$484,387	0.8%	5. MCO Tax Revenue AB119	$60,616,349	$60,131,962	$484,387	0.8%
$240,570,211	**$239,585,097**	**$985,114**	**0.4%**	**6. TOTAL REVENUE**	**$240,570,211**	**$239,585,097**	**$985,114**	**0.4%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses				
$16,151,747	$15,829,068	($322,679)	(2.0%)	7. Capitated Medical Expense	$16,151,747	$15,829,068	($322,679)	(2.0%)
				Fee for Service Medical Expenses				
$43,621,162	$48,904,804	$5,283,641	10.8%	8. Inpatient Hospital Expense	$43,621,162	$48,904,804	$5,283,641	10.8%
$3,841,642	$4,606,174	$764,532	16.6%	9. Primary Care Physician Expense	$3,841,642	$4,606,174	$764,532	16.6%
$8,906,524	$7,760,430	($1,146,094)	(14.8%)	10. Specialty Care Physician Expense	$8,906,524	$7,760,430	($1,146,094)	(14.8%)
$21,608,071	$22,985,198	$1,377,127	6.0%	11. Ancillary Medical Expense	$21,608,071	$22,985,198	$1,377,127	6.0%
$13,827,059	$12,335,494	($1,491,565)	(12.1%)	12. Outpatient Medical Expense	$13,827,059	$12,335,494	($1,491,565)	(12.1%)
$10,701,145	$9,805,859	($895,286)	(9.1%)	13. Emergency Expense	$10,701,145	$9,805,859	($895,286)	(9.1%)
$20,289,755	$12,419,791	($7,869,964)	(63.4%)	14. Pharmacy Expense	$20,289,755	$12,419,791	($7,869,964)	(63.4%)
$32,856,495	$35,360,178	$2,503,684	7.1%	15. Long Term Care Expense	$32,856,495	$35,360,178	$2,503,684	7.1%
$155,651,853	$154,177,927	($1,473,926)	(1.0%)	16. Total Fee for Service Expense	$155,651,853	$154,177,927	($1,473,926)	(1.0%)
$3,428,908	$3,990,500	$561,592	14.1%	17. Other Benefits & Services	$3,428,908	$3,990,500	$561,592	14.1%
$574,977	$711,965	$136,987	19.2%	18. Reinsurance Expense	$574,977	$711,965	$136,987	19.2%
$583,333	$583,333	$0	0.0%	19. Risk Pool Distribution	$583,333	$583,333	$0	0.0%
$176,390,820	**$175,292,794**	**($1,098,026)**	**(0.6%)**	**20. TOTAL MEDICAL EXPENSES**	**$176,390,820**	**$175,292,794**	**($1,098,026)**	**(0.6%)**
$64,179,391	**$64,292,303**	**$112,912**	**0.2%**	**21. GROSS MARGIN**	**$64,179,391**	**$64,292,303**	**$112,912**	**0.2%**
				ADMINISTRATIVE EXPENSES				
$6,485,393	$6,292,739	($192,653)	(3.1%)	22. Personnel Expense	$6,485,393	$6,292,739	($192,653)	(3.1%)
$88,442	$87,920	($521)	(0.6%)	23. Benefits Administration Expense	$88,442	$87,920	($521)	(0.6%)
$1,204,752	$2,385,417	$1,180,666	49.5%	24. Purchased & Professional Services	$1,204,752	$2,385,417	$1,180,666	49.5%
$3,305,505	$3,016,249	($289,256)	(9.6%)	25. Other Administrative Expense	$3,305,505	$3,016,249	($289,256)	(9.6%)
$11,084,091	**$11,782,326**	**$698,235**	**5.9%**	**26. TOTAL ADMINISTRATIVE EXPENSES**	**$11,084,091**	**$11,782,326**	**$698,235**	**5.9%**
$60,616,349	**$60,131,962**	**($484,387)**	**(0.8%)**	**27. MCO TAX EXPENSES**	**$60,616,349**	**$60,131,962**	**($484,387)**	**(0.8%)**
($7,521,049)	**($7,621,984)**	**$100,936**	**1.3%**	**28. NET OPERATING INCOME / (LOSS)**	**($7,521,049)**	**($7,621,984)**	**$100,936**	**1.3%**
				OTHER INCOME / EXPENSES				
$2,320,364	**$2,400,579**	**($80,215)**	**(3.3%)**	**29. TOTAL OTHER INCOME / (EXPENSES)**	**$2,320,364**	**$2,400,579**	**($80,215)**	**(3.3%)**
($5,200,684)	**($5,221,405)**	**$20,721**	**0.4%**	**30. NET SURPLUS (DEFICIT)**	**($5,200,684)**	**($5,221,405)**	**$20,721**	**0.4%**
98.0%	97.7%	(0.3%)	(0.3%)	31. Medical Loss Ratio	98.0%	97.7%	(0.3%)	(0.3%)
6.2%	6.6%	0.4%	6.1%	32. Administrative Expense Ratio	6.2%	6.6%	0.4%	6.1%
(2.2%)	(2.2%)	0.0%	0.0%	33. Net Surplus (Deficit) Ratio	(2.2%)	(2.2%)	0.0%	0.0%

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED 31 JULY, 2026

	7/31/2026	6/30/2026	Difference	% Difference
CURRENT ASSETS				
Cash and Cash Equivalent				
Cash	$36,266,469	$27,127,394	$9,139,075	33.7%
Short-Term Investment	504,647,375	677,479,552	(172,832,177)	(25.5%)
Interest Receivable	3,780,754	3,605,608	175,146	4.9%
Premium Receivables	760,435,033	762,206,941	(1,771,908)	(0.2%)
Reinsurance Recovery Receivable	11,802,202	14,712,236	(2,910,033)	(19.8%)
Other Receivables	1,822,532	2,007,267	(184,735)	(9.2%)
Prepaid Expenses	1,016,123	594,892	421,230	70.8%
TOTAL CURRENT ASSETS	**1,319,770,488**	**1,487,733,890**	**(167,963,402)**	**(11.3%)**
OTHER ASSETS				
CNB Long-Term Investment	31,640,674	31,751,939	(111,265)	(0.4%)
CalPERS Net Pension Asset	(4,224,236)	(4,224,236)	0	0.0%
Deferred Outflow	15,559,551	15,559,551	0	0.0%
Restricted Asset-Bank Note	366,895	365,889	1,006	0.3%
GASB 87-Lease Assets (Net)	36,025	39,300	(3,275)	(8.3%)
GASB 96-SBITA Assets (Net)	6,724,607	7,002,940	(278,332)	(4.0%)
TOTAL OTHER ASSETS	**50,103,516**	**50,495,382**	**(391,866)**	**(0.8%)**
PROPERTY AND EQUIPMENT				
Land, Building & Improvements	10,028,605	9,893,508	135,097	1.4%
Furniture And Equipment	13,400,309	13,400,309	0	0.0%
Leasehold Improvement	902,447	902,447	0	0.0%
Internally Developed Software	14,824,002	14,824,002	0	0.0%
Fixed Assets at Cost	39,155,362	39,020,265	135,097	0.3%
Less: Accumulated Depreciation	(34,189,471)	(34,133,653)	(55,817)	0.2%
PROPERTY AND EQUIPMENT (NET)	**4,965,891**	**4,886,612**	**79,280**	**1.6%**
TOTAL ASSETS	**1,374,839,895**	**1,543,115,883**	**(168,275,988)**	**(10.9%)**
CURRENT LIABILITIES				
Trade Accounts Payable	11,759,530	13,363,668	(1,604,138)	(12.0%)
Incurred But Not Reported Claims	284,133,963	315,239,857	(31,105,894)	(9.9%)
Other Medical Liabilities	156,181,595	155,925,936	255,658	0.2%
Pass-Through Liabilities	558,475,544	561,960,069	(3,484,525)	(0.6%)
MCO Tax Liabilities	115,283,261	243,041,912	(127,758,651)	(52.6%)
GASB 87 and 96 ST Liabilities	2,756,903	2,741,659	15,244	0.6%
Payroll Liabilities	11,526,281	11,558,808	(32,527)	(0.3%)
Deferred Revenues	639,530	0	639,530	0.0%
TOTAL CURRENT LIABILITIES	**1,140,756,606**	**1,303,831,910**	**(163,075,304)**	**(12.5%)**
LONG TERM LIABILITIES				
GASB 87 and 96 LT Liabilities	2,399,806	2,399,806	0	0.0%
Deferred Inflow	5,183,734	5,183,734	0	0.0%
TOTAL LONG TERM LIABILITIES	**7,583,539**	**7,583,539**	**0**	**0.0%**
TOTAL LIABILITIES	**1,148,340,145**	**1,311,415,449**	**(163,075,304)**	**(12.4%)**
NET WORTH				
Contributed Capital	840,233	840,233	0	0.0%
Restricted & Unrestricted Funds	230,860,201	168,439,128	62,421,073	37.1%
Year-To-Date Net Surplus (Deficit)	(5,200,684)	62,421,073	(67,621,758)	(108.3%)
TOTAL NET WORTH	**226,499,750**	**231,700,434**	**(5,200,684)**	**(2.2%)**
TOTAL LIABILITIES AND NET WORTH	**1,374,839,895**	**1,543,115,884**	**(168,275,988)**	**(10.9%)**
Cash Equivalents	540,913,844	704,606,946	(163,693,102)	(23.2%)
Pass-Through	558,475,544	561,960,069	(3,484,525)	(0.6%)
Uncommitted Cash	(17,561,700)	142,646,877	(160,208,576)	(112.3%)
Working Capital	179,013,882	183,901,980	(4,888,098)	(2.7%)
Current Ratio	115.7%	114.1%	1.6%	1.4%

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **July 31, 2026**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$4,032,190	$10,944,664	$21,164,521	$4,032,190
GroupCare Receivable	(2,353)	3,431,600	8,528	(2,353)
Total	4,029,837	14,376,264	21,173,049	4,029,837
Medicare Premiums				
Medicare Premiums	418,196	1,211,332	2,577,637	418,196
Deferred Premium Revenue	639,530	639,530	280,531	639,530
Medicare Receivable	16,686	36	-	16,686
Total	1,074,412	1,850,898	2,858,168	1,074,412
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	236,119,826	727,774,271	1,475,972,657	236,119,826
Premium Receivable	1,757,575	(394,037,786)	(168,980,860)	1,757,575
Total	237,877,401	333,736,485	1,306,991,797	237,877,401
Investment & Other Income Cash Flows				
Other Revenues	186,562	601,302	558,587	186,562
Interest Income	2,149,046	6,328,176	14,674,519	2,149,046
Interest Receivable	(175,146)	(1,213,065)	(367,662)	(175,146)
Total	2,160,462	5,716,413	14,865,444	2,160,462
Medical & Hospital Cash Flows				
Total Medical Expenses	(176,390,819)	(534,743,511)	(1,041,832,297)	(176,390,819)
Other Health Care Receivables	3,100,716	3,625,601	2,796,826	3,100,716
Capitation Payable	-	-	-	-
IBNP Payable	(31,105,894)	(40,330,857)	(126,782,007)	(31,105,894)
Other Medical Payable	(3,812,199)	398,706,331	171,297,041	(3,812,200)
Risk Share Payable	583,333	1,163,333	3,783,333	583,333
New Health Program Payable	-	-	-	-
Total	(207,624,863)	(171,579,103)	(990,737,104)	(207,624,864)
Administrative Cash Flows				
Total Administrative Expenses	(11,099,334)	(37,055,824)	(70,443,541)	(11,099,334)
Prepaid Expenses	(421,231)	(231,322)	(17,705)	(421,230)
Other Receivables	(5,947)	(3,141)	7,857	(5,948)
CalPERS Pension	-	(2,529,334)	(2,529,334)	-
Trade Accounts Payable	(1,604,138)	(214,249)	(180,959)	(1,604,138)
Payroll Liabilities	(32,527)	1,456,958	4,149,774	(32,527)
GASB Assets and Liabilities	296,850	646,355	1,427,929	296,851
Depreciation Expense	55,817	174,334	362,430	55,817
Total	(12,810,510)	(37,756,223)	(67,223,549)	(12,810,509)
MCO Tax AB119 Cash Flows				
MCO Tax Expense AB119	(60,616,349)	(184,843,029)	(377,173,975)	(60,616,349)
MCO Tax Liabilities	(127,758,651)	(3,531,971)	423,975	(127,758,651)
Total	(188,375,000)	(188,375,000)	(376,750,000)	(188,375,000)
Net Cash Flows from Operating Activities	**(163,668,261)**	**(42,030,266)**	**(88,822,195)**	**(163,668,261)**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **July 31, 2026**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	111,262	5,817,719	4,384,334	111,262
Total	111,262	5,817,719	4,384,334	111,262
Restricted Cash & Other Asset Cash Flows				
Restricted Assets-Treasury Account	(1,006)	(3,044)	(6,029)	(1,006)
Total	(1,006)	(3,044)	(6,029)	(1,006)
Fixed Asset Cash Flows				
Fixed Asset Acquisitions	(135,097)	(135,097)	(161,504)	(135,097)
Depreciation expense				
Change in A/D				
Purchases of Property and Equipment	(135,097)	(135,097)	(161,504)	(135,097)
Net Cash Flows from Investing Activities	**(24,841)**	**5,679,578**	**4,216,801**	**(24,841)**
Financing Cash Flows				
Subordinated Debt Proceeds	-	-	-	-
Net Change in Cash	**(163,693,102)**	**(36,350,688)**	**(84,605,394)**	**(163,693,102)**
Rounding	-	-	-	-
Cash @ Beginning of Period	704,606,947	577,264,533	625,519,239	704,606,947
Cash @ End of Period	**$540,913,845**	**$540,913,845**	**$540,913,845**	**$540,913,845**
Variance	-	-	-	-

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **July 31, 2026**

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	($5,200,682)	($9,782,619)	$25,498,108	($5,200,682)
Add back: Depreciation & Amortization	55,817	174,334	362,430	55,817
Receivables				
Premiums Receivable	1,774,261	(394,037,750)	(168,980,860)	1,774,261
Interest Receivable	(175,146)	(1,213,065)	(367,662)	(175,146)
Other Health Care Receivables	3,100,716	3,625,601	2,796,826	3,100,716
Other Receivables	(5,947)	(3,141)	7,857	(5,948)
GroupCare Receivable	(2,353)	3,431,600	8,528	(2,353)
Total	4,691,531	(388,196,755)	(166,535,311)	4,691,530
Prepaid Expenses	(421,231)	(231,322)	(17,705)	(421,230)
Trade Payables	(1,604,138)	(214,249)	(180,959)	(1,604,138)
Claims Payable and Shared Risk Pool				
IBNP Payable	(31,105,894)	(40,330,857)	(126,782,007)	(31,105,894)
Capitation Payable & Other Medical Payable	(3,812,199)	398,706,331	171,297,041	(3,812,200)
Risk Share Payable	583,333.00	1,163,333.00	3,783,333	583,333
Claims Payable				
Total	(34,334,760)	359,538,807	48,298,367	(34,334,761)
Unearned Revenue				
Deferred Premium Revenue				
Deferred Revenue - IHSS				
Deferred Revenue - Medicare (DSNP)	639,530	639,530	280,531	639,530
Total	639,530.00	639,530.00	280,531.00	639,530.00
Other Liabilities				
CalPERS Pension	-	(2,529,334.00)	(2,529,334.00)	-
Payroll Liabilities	(32,527)	1,456,958	4,149,774	(32,527)
GASB Assets and Liabilities	296,850	646,355	1,427,929	296,851
New Health Program	-	-	-	-
MCO Tax Liabilities	(127,758,651)	(3,531,971)	423,975	(127,758,651)
Total	(127,494,328)	(3,957,992)	3,472,344	(127,494,327)
Rounding	-	-	-	-
Cash Flows from Operating Activities	**(163,668,261)**	**(42,030,266)**	**(88,822,195)**	**(163,668,261)**
Variance	-	-	-	-

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED **July 31, 2026**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received				
Capitation Received from State of CA	$237,877,401	$333,736,485	$1,306,991,797	$237,877,401
Medicare Revenue	$1,074,412	$1,850,898	$2,858,168	$1,074,412
GroupCare Premium Revenue	4,029,837	14,376,264	21,173,049	4,029,837
Other Income	186,562	601,302	558,587	186,562
Interest Income	1,973,900	5,115,111	14,306,857	1,973,900
Less Cash Paid				
Medical Expenses	(207,624,863)	(171,579,103)	(990,737,104)	(207,624,864)
Vendor & Employee Expenses	(12,810,510)	(37,756,223)	(67,223,549)	(12,810,509)
MCO Tax Expense AB119	(188,375,000)	(188,375,000)	(376,750,000)	(188,375,000)
Net Cash Flows from Operating Activities	**(163,668,261)**	**(42,030,266)**	**(88,822,195)**	**(163,668,261)**
Cash Flows from Investing Activities:				
Long Term Investments	111,262	5,817,719	4,384,334	111,262
Restricted Assets-Treasury Account	(1,006)	(3,044)	(6,029)	(1,006)
Purchases of Property and Equipment	(135,097)	(135,097)	(161,504)	(135,097)
Net Cash Flows from Investing Activities	**(24,841)**	**5,679,578**	**4,216,801**	**(24,841)**
Net Change in Cash	**(163,693,102)**	**(36,350,688)**	**(84,605,394)**	**(163,693,102)**
Rounding	-	-	-	-
Cash @ Beginning of Period	704,606,947	577,264,533	625,519,239	704,606,947
Cash @ End of Period	**$540,913,845**	**$540,913,845**	**$540,913,845**	**$540,913,845**
Variance	$0	-	-	-
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	($5,200,682)	($9,782,618)	$25,498,107	($5,200,682)
Add Back: Depreciation	55,817	174,334	362,430	55,817
Net Change in Operating Assets & Liabilities				
Premium & Other Receivables	4,691,531	(388,196,755)	(166,535,311)	4,691,530
Prepaid Expenses	(421,231)	(231,323)	(17,704)	(421,230)
Trade Payables	(1,604,138)	(214,249)	(180,959)	(1,604,138)
Claims Payable, IBNP and Risk Sharing	(34,334,760)	359,538,807	48,298,367	(34,334,761)
Deferred Revenue- Medicare (DSNP)	639,530	639,530	280,531	639,530
Other Liabilities	(127,494,328)	(3,957,992)	3,472,344	(127,494,327)
Total	(163,668,261)	(42,030,266)	(88,822,195)	(163,668,261)
Rounding	-	-	-	-
Cash Flows from Operating Activities	**($163,668,261)**	**($42,030,266)**	**($88,822,195)**	**($163,668,261)**
Variance	$0	-	-	-

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR MONTH AND THE FISCAL YEAR TO DATE JULY 2025

	Medi-Cal Child	Medi-Cal Adult	Medi-Cal ACA OE	Medi-Cal SPD with LTC	Medi-Cal Duals with LTC	Medi-Cal Total	Group Care	Medicare	Grand Total
Enrollments/Member Months	102,919	51,834	130,849	27,080	47,722	360,404	6,398	272	367,074
Revenue	$33,772,293	$28,931,228	$83,574,589	$47,086,679	$42,755,037	$236,119,826	$4,032,189	$418,196	$240,570,211
Medical Expense	$14,944,792	$17,486,798	$62,546,245	$47,830,077	$26,127,810	$168,935,723	$6,697,100	$757,997	$176,390,820
Gross Margin	$18,827,501	$11,444,430	$21,028,344	($743,399)	$16,627,227	$67,184,103	($2,664,911)	($339,801)	$64,179,391
Administrative Expense	$645,218	$1,146,209	$3,614,950	$2,542,054	$2,285,812	$10,234,244	$285,790	$564,058	$11,084,091
MCO Tax Expense	$17,309,947	$8,717,960	$22,007,493	$4,554,585	$8,026,363	$60,616,349	$0	$0	$60,616,349
Operating Income / (Expense)	$872,337	$1,580,260	($4,594,100)	($7,840,038)	$6,315,052	($3,666,489)	($2,950,701)	($903,858)	($7,521,049)
Other Income / (Expense)	$112,324	$267,294	$761,474	$705,659	$433,466	$2,280,217	$34,438	$5,710	$2,320,364
Net Income / (Loss)	$984,661	$1,847,553	($3,832,626)	($7,134,379)	$6,748,518	($1,386,273)	($2,916,263)	($898,148)	($5,200,684)
PMPM Metrics:									
Revenue PMPM	$328.14	$558.15	$638.71	$1,738.80	$895.92	$655.15	$630.23	$1,537.49	$655.37
Medical Expense PMPM	$145.21	$337.36	$478.00	$1,766.25	$547.50	$468.74	$1,046.75	$2,786.75	$480.53
Gross Margin PMPM	$182.94	$220.79	$160.71	($27.45)	$348.42	$186.41	($416.52)	($1,249.27)	$174.84
Administrative Expense PMPM	$6.27	$22.11	$27.63	$93.87	$47.90	$28.40	$44.67	$2,073.74	$30.20
MCO Tax Expense PMPM	$168.19	$168.19	$168.19	$168.19	$168.19	$168.19	$0.00	$0.00	$165.13
Operating Income / (Expense) PMPM	$8.48	$30.49	($35.11)	($289.51)	$132.33	($10.17)	($461.19)	($3,323.01)	($20.49)
Other Income / (Expense) PMPM	$1.09	$5.16	$5.82	$26.06	$9.08	$6.33	$5.38	$20.99	$6.32
Net Income / (Loss) PMPM	$9.57	$35.64	($29.29)	($263.46)	$141.41	($3.85)	($455.81)	($3,302.02)	($14.17)
Ratio:									
Medical Loss Ratio	90.8%	86.5%	101.6%	112.5%	75.2%	96.3%	166.1%	181.3%	98.0%
Administrative Expense Ratio	3.9%	5.7%	5.9%	6.0%	6.6%	5.8%	7.1%	134.9%	6.2%
Net Income Ratio	2.9%	6.4%	-4.6%	-15.2%	15.8%	-0.6%	-72.3%	-214.8%	-2.2%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 July, 2026

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSES SUMMARY (ADMIN. DEPT. ONLY)				
$6,485,393	$6,292,739	($192,653)	(3.1%)	Personnel Expenses	$6,485,393	$6,292,739	($192,653)	(3.1%)
$88,442	$87,920	($521)	(0.6%)	Benefits Administration Expense	$88,442	$87,920	($521)	(0.6%)
$1,204,752	$2,385,417	$1,180,666	49.5%	Purchased & Professional Services	$1,204,752	$2,385,417	$1,180,666	49.5%
$520,158	$474,823	($45,335)	(9.5%)	Occupancy	$520,158	$474,823	($45,335)	(9.5%)
$353,544	$227,751	($125,793)	(55.2%)	Printing Postage & Promotion	$353,544	$227,751	($125,793)	(55.2%)
$1,924,235	$1,913,595	($10,639)	(0.6%)	Licenses Insurance & Fees	$1,924,235	$1,913,595	($10,639)	(0.6%)
$507,568	$400,079	($107,489)	(26.9%)	Other Administrative Expense	$507,568	$400,079	($107,489)	(26.9%)
$4,598,698	$5,489,586	$890,888	16.2%	Total Other Administrative Expenses (excludes Personnel Expenses)	$4,598,698	$5,489,586	$890,888	16.2%
$11,084,091	$11,782,326	$698,235	5.9%	Total Administrative Expenses	$11,084,091	$11,782,326	$698,235	5.9%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 July, 2026

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
3,720,817	4,043,802	322,985	8.0%	Salaries & Wages	3,720,817	4,043,802	322,985	8.0%
339,032	353,449	14,417	4.1%	Paid Time Off	339,032	353,449	14,417	4.1%
87	1,000	913	91.3%	Compensated Incentives	87	1,000	913	91.3%
701,582	33,333	(668,249)	(2,004.7%)	Severence	701,582	33,333	(668,249)	(2,004.7%)
74,246	59,653	(14,593)	(24.5%)	Payroll Taxes	74,246	59,653	(14,593)	(24.5%)
80,475	58,712	(21,763)	(37.1%)	Overtime	80,475	58,712	(21,763)	(37.1%)
2,512	12,500	9,988	79.9%	Commission Pay	2,512	12,500	9,988	79.9%
354,615	300,445	(54,170)	(18.0%)	CalPERS ER Match	354,615	300,445	(54,170)	(18.0%)
1,165,255	1,168,205	2,950	0.3%	Employee Benefits	1,165,255	1,168,205	2,950	0.3%
2,031	0	(2,031)	0.0%	Personal Floating Holiday	2,031	0	(2,031)	0.0%
22,650	30,500	7,850	25.7%	Language Pay	22,650	30,500	7,850	25.7%
3,630	0	(3,630)	0.0%	Med Ins Opted Out Stipend	3,630	0	(3,630)	0.0%
(26,213)	0	26,213	0.0%	Sick Leave	(26,213)	0	26,213	0.0%
(917)	8,857	9,775	110.4%	Compensated Employee Relations	(917)	8,857	9,775	110.4%
19,960	23,690	3,730	15.7%	Work from Home Stipend	19,960	23,690	3,730	15.7%
635	3,693	3,058	82.8%	Mileage, Parking & LocalTravel	635	3,693	3,058	82.8%
3,477	11,081	7,604	68.6%	Travel & Lodging	3,477	11,081	7,604	68.6%
0	118,514	118,514	100.0%	Temporary Help Services	0	118,514	118,514	100.0%
20,772	44,477	23,705	53.3%	Staff Development/Training	20,772	44,477	23,705	53.3%
750	20,829	20,079	96.4%	Staff Recruitment/Advertisement	750	20,829	20,079	96.4%
6,485,393	**6,292,739**	**(192,653)**	**(3.1%)**	**Personnel Expense**	**6,485,393**	**6,292,739**	**(192,653)**	**(3.1%)**
40,707	30,400	(10,307)	(33.9%)	Pharmacy Administrative Fees	40,707	30,400	(10,307)	(33.9%)
0	10,000	10,000	100.0%	M3P Admin Fees	0	10,000	10,000	100.0%
0	220	220	100.0%	OTC Administrative	0	220	220	100.0%
304	0	(304)	0.0%	Capitation Admin Fees	304	0	(304)	0.0%
47,431	47,300	(130)	(0.3%)	Telemedicine Admin. Fees	47,431	47,300	(130)	(0.3%)
88,442	**87,920**	**(521)**	**(0.6%)**	**Benefits Administration Expense**	**88,442**	**87,920**	**(521)**	**(0.6%)**
90,842	709,785	618,943	87.2%	Consultant Fees - Non Medical	90,842	709,785	618,943	87.2%
604,335	263,320	(341,015)	(129.5%)	Computer Support Services	604,335	263,320	(341,015)	(129.5%)
33,023	15,000	(18,023)	(120.2%)	Audit Fees	33,023	15,000	(18,023)	(120.2%)
26,900	0	(26,900)	0.0%	Consultant Fees - Medical	26,900	0	(26,900)	0.0%
2,668	246,593	243,925	98.9%	Other Purchased Services	2,668	246,593	243,925	98.9%
1,480	1,879	399	21.3%	Maint.&Repair-Office Equipment	1,480	1,879	399	21.3%
25,000	63,833	38,833	60.8%	Legal Fees	25,000	63,833	38,833	60.8%
0	33,000	33,000	100.0%	Translation Services	0	33,000	33,000	100.0%
(101,808)	0	101,808	0.0%	Interpretive Services	(101,808)	0	101,808	0.0%
(118,843)	360,785	479,628	132.9%	Medical Refund Recovery Fees	(118,843)	360,785	479,628	132.9%
620,560	574,673	(45,887)	(8.0%)	Software - IT Licenses & Subsc	620,560	574,673	(45,887)	(8.0%)
20,296	50,644	30,348	59.9%	Hardware (Non-Capital)	20,296	50,644	30,348	59.9%
300	65,904	65,604	99.5%	Provider Credentialing	300	65,904	65,604	99.5%
1,204,752	**2,385,417**	**1,180,666**	**49.5%**	**Purchased & Professional Services**	**1,204,752**	**2,385,417**	**1,180,666**	**49.5%**
55,817	78,172	22,354	28.6%	Depreciation	55,817	78,172	22,354	28.6%
6,902	6,807	(95)	(1.4%)	Lease Rented Office Equipment	6,902	6,807	(95)	(1.4%)
34,980	15,950	(19,030)	(119.3%)	Utilities	34,980	15,950	(19,030)	(119.3%)
143,325	110,657	(32,668)	(29.5%)	Telephone	143,325	110,657	(32,668)	(29.5%)
800	36,408	35,608	97.8%	Building Maintenance	800	36,408	35,608	97.8%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 July, 2026

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
278,332	226,829	(51,504)	(22.7%)	GASB96 SBITA Amort. Expense	278,332	226,829	(51,504)	(22.7%)
520,158	**474,823**	**(45,335)**	**(9.5%)**	**Occupancy**	**520,158**	**474,823**	**(45,335)**	**(9.5%)**
126,880	66,400	(60,480)	(91.1%)	Postage	126,880	66,400	(60,480)	(91.1%)
0	7,167	7,167	100.0%	Design & Layout	0	7,167	7,167	100.0%
200,578	115,461	(85,117)	(73.7%)	Printing Services	200,578	115,461	(85,117)	(73.7%)
21,215	11,350	(9,865)	(86.9%)	Mailing Services	21,215	11,350	(9,865)	(86.9%)
2,649	6,944	4,295	61.8%	Courier/Delivery Service	2,649	6,944	4,295	61.8%
80	842	762	90.5%	Pre-Printed Materials & Public	80	842	762	90.5%
0	2,500	2,500	100.0%	Promotional Products	0	2,500	2,500	100.0%
0	150	150	100.0%	Promotional Services	0	150	150	100.0%
2,142	16,938	14,796	87.4%	Community Relations	2,142	16,938	14,796	87.4%
353,544	**227,751**	**(125,793)**	**(55.2%)**	**Printing Postage & Promotion**	**353,544**	**227,751**	**(125,793)**	**(55.2%)**
0	18,750	18,750	100.0%	Regulatory Penalties	0	18,750	18,750	100.0%
38,096	29,367	(8,730)	(29.7%)	Bank Fees	38,096	29,367	(8,730)	(29.7%)
1,066,737	1,221,240	154,503	12.7%	Insurance Premium	1,066,737	1,221,240	154,503	12.7%
771,792	608,547	(163,245)	(26.8%)	License,Permits, & Fee - NonIT	771,792	608,547	(163,245)	(26.8%)
47,609	35,692	(11,917)	(33.4%)	Subscriptions and Dues - NonIT	47,609	35,692	(11,917)	(33.4%)
1,924,235	**1,913,595**	**(10,639)**	**(0.6%)**	**License Insurance & Fees**	**1,924,235**	**1,913,595**	**(10,639)**	**(0.6%)**
68	3,049	2,981	97.8%	Office and Other Supplies	68	3,049	2,981	97.8%
0	500	500	100.0%	Furniture & Equipment	0	500	500	100.0%
1,375	3,989	2,614	65.5%	Ergonomic Supplies	1,375	3,989	2,614	65.5%
20,408	9,577	(10,831)	(113.1%)	Meals and Entertainment	20,408	9,577	(10,831)	(113.1%)
(2)	0	2	0.0%	Miscellaneous	(2)	0	2	0.0%
1,475	3,125	1,650	52.8%	Member Incentive	1,475	3,125	1,650	52.8%
302,582	208,173	(94,409)	(45.4%)	Provider Interest (All Depts)	302,582	208,173	(94,409)	(45.4%)
181,663	171,667	(9,996)	(5.8%)	Community Reinvestment Expense	181,663	171,667	(9,996)	(5.8%)
507,568	**400,079**	**(107,489)**	**(26.9%)**	**Other Administrative Expense**	**507,568**	**400,079**	**(107,489)**	**(26.9%)**
4,598,698	**5,489,586**	**890,888**	**16.2%**	**Total Other Administrative ExpenseS (excludes Personnel Expenses)**	**4,598,698**	**5,489,586**	**890,888**	**16.2%**
11,084,091	**11,782,326**	**698,235**	**5.9%**	**TOTAL ADMINISTRATIVE EXPENSES**	**11,084,091**	**11,782,326**	**698,235**	**5.9%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED JUNE 30, 2027

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Routers	IT-FY27-01	$ -	$ -	**$ -**	$ 100,000	$ 100,000
	Firewall, AAH Location	IT-FY27-02	$ -	$ -	**$ -**	$ 40,000	$ 40,000
	Cisco UCS Blades (x2)	IT-FY27-03	$ -	$ -	**$ -**	$ 548,000	$ 548,000
	Pure Storage	IT-FY27-04	$ -	$ -	**$ -**	$ 150,000	$ 150,000
Hardware Subtotal			**$ -**	**$ -**	**$ -**	**$ 838,000**	**$ 838,000**
3. Building Improvement:							
	1240 Heating/Cooling HVAC Units upgrades	FA-FY26-03	**$ -**	$ 23,597	**$ 23,597**	$ 25,000	$ 1,403
	Roof Overlay Warehouse	FA-FY26-05	**$ -**	$ 111,500	**$ 111,500**	$ 25,000	$ (86,500)
	Roof Replacement	FA-FY27-01	**$ -**	$ -	**$ -**	$ 338,500	$ 338,500
	Exterior Landscaping Conversion	FA-FY27-02	**$ -**	$ -	**$ -**	$ 60,000	$ 60,000
Building Improvement Subtotal			**$ -**	**$ 135,097**	**$ 135,097**	**$ 448,500**	**$ 313,403**
GRAND TOTAL			**$ -**	**$ 135,097**	**$ 135,097**	**$ 1,286,500**	**$ 1,151,403**

6. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 7/31/26	**$ 39,155,362**
Fixed Assets @ Cost - 6/30/26	**$ 39,020,265**
Fixed Assets Acquired YTD	**$ 135,097**

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
FOR THE MONTH AND FISCAL YTD ENDED JULY 31, 2026

TANGIBLE NET EQUITY (TNE)	**QRT. END Jun-26**	**Jul-26**
Current Month Net Income / (Loss)	$ (6,055,490)	$ (5,200,685)
YTD Net Income / (Loss)	$ 62,421,073	$ (5,200,684)
Net Assets	$ 231,700,433	$ 226,499,750
Subordinated Debt & Interest	-	-
Total Actual TNE	**$ 231,700,433**	**$ 226,499,750**
Increase/(Decrease) in Actual TNE	$ (6,055,490)	$ (5,200,685)
Required TNE (1)	**$ 79,704,419**	**$ 79,872,951**
Min. Req'd to Avoid Monthly Reporting at 150% of Required TNE	$ 119,556,628	$ 119,809,427
TNE Excess / (Deficiency)	$ 151,996,014	$ 146,626,799
Actual TNE as a Multiple of Required	**2.91**	**2.84**
LIQUID TANGIBLE NET EQUITY		
Net Assets	$ 231,700,433	$ 226,499,750
Less: Fixed Assets at Net Book Value	(4,886,612)	(4,965,891)
Net Lease Assets	(1,900,774)	(1,603,925)
CD Pledged to DMHC	(365,889)	(366,895)
Liquid TNE (Liquid Reserves)	**$ 224,547,158**	**$ 219,563,039**
Liquid TNE as Multiple of Required	**2.82**	**2.75**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2027

	Actual Jul-26	Actual Aug-26	Actual Sep-26	Actual Oct-26	Actual Nov-26	Actual Dec-26	Actual Jan-27	Actual Feb-27	Actual Mar-27	Actual Apr-27	Actual May-27	Actual Jun-27	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	102,919												102,919
Adult	51,834												51,834
ACA OE	130,849												130,849
SPD with LTC	27,080												27,080
Duals with LTC	47,722												47,722
Medi-Cal Program	360,404												360,404
Group Care Program	6,398												6,398
Medicare Program	272												272
Total	**367,074**												**367,074**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change:													
Child	(424)												(424)
Adult	(758)												(758)
ACA OE	(1,466)												(1,466)
SPD with LTC	(257)												(257)
Duals with LTC	(161)												(161)
Medi-Cal Program	(3,066)												(3,066)
Group Care Program	48												48
Medicare Program	19												19
Total	**(2,999)**												**(2,999)**
Enrollment Percentages:													
Medi-Cal Program % of Total:													
Child % of Medi-Cal	28.6%												28.6%
Adult % of Medi-Cal	14.4%												14.4%
ACA OE % of Medi-Cal	36.3%												36.3%
SPD with LTC % of Medi-Cal	7.5%												7.5%
Duals with LTC % of Medi-Cal	13.2%												13.2%
Medi-Cal Program % of Total	98.2%												98.2%
Group Care Program % of Total	1.7%												1.7%
Medicare Program % of Total	0.1%												0.1%
Total	**100.0%**												**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2027

	Actual Jul-26	Actual Aug-26	Actual Sep-26	Actual Oct-26	Actual Nov-26	Actual Dec-26	Actual Jan-27	Actual Feb-27	Actual Mar-27	Actual Apr-27	Actual May-27	Actual Jun-27	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted:													
Directly Contracted (DCP)	84,538												84,538
Alameda Health System	76,965												76,965
Directly-Contracted Subtotal	161,503												161,503
Delegated:													
CFMG	39,596												39,596
CHCN	165,975												165,975
Delegated Subtotal	205,571												205,571
Total	**367,074**												**367,074**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(1,585)												(1,585)
Delegated:													
CFMG	(251)												(251)
CHCN	(1,163)												(1,163)
Delegated Subtotal	(1,414)												(1,414)
Total	**(2,999)**												**(2,999)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	44.0%												44.0%
Delegated:													
CFMG	10.8%												10.8%
CHCN	45.2%												45.2%
Delegated Subtotal	56.0%												56.0%
Total	**100.0%**												**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 2027	PRELIMINARY BUDGET												
	Budget Jul-26	Budget Aug-26	Budget Sep-26	Budget Oct-26	Budget Nov-26	Budget Dec-26	Budget Jan-27	Budget Feb-27	Budget Mar-27	Budget Apr-27	Budget May-27	Budget Jun-27	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	102,792	102,322	101,855	101,389	100,927	100,468	90,854	90,491	90,129	89,769	89,410	89,052	1,149,458
Adult	52,088	51,378	50,677	49,986	49,306	48,637	28,605	28,147	27,696	27,253	26,817	26,387	466,977
ACA OE	127,875	124,672	121,559	118,535	115,597	112,742	82,003	79,544	77,158	74,843	72,597	70,418	1,177,543
SPD with LTC	27,262	27,085	26,910	26,735	26,560	26,388	20,972	20,889	20,806	20,723	20,640	20,557	285,527
Duals with LTC*	47,507	47,409	47,311	47,213	47,116	47,019	46,570	46,430	46,290	46,151	46,013	45,875	560,904
Medi-Cal Program	357,524	352,866	348,312	343,858	339,506	335,254	269,004	265,501	262,079	258,739	255,477	252,289	3,640,409
Group Care Program	6,325	6,331	6,337	6,343	6,349	6,355	6,349	6,355	6,361	6,367	6,373	6,379	76,224
Medicare Program	366	586	879	1,099	1,319	1,504	1,805	2,166	2,600	3,095	3,653	4,250	23,322
Total	**364,215**	**359,783**	**355,528**	**351,300**	**347,174**	**343,113**	**277,158**	**274,022**	**271,040**	**268,201**	**265,503**	**262,918**	**3,739,955**
Month Over Month Enrollment Change:													
Medi-Cal Program:													
Child	(647)	(470)	(467)	(466)	(462)	(459)	(9,614)	(363)	(362)	(360)	(359)	(358)	(14,387)
Adult	(2,079)	(710)	(701)	(691)	(680)	(669)	(20,032)	(458)	(451)	(443)	(436)	(430)	(27,780)
ACA OE	(965)	(3,203)	(3,113)	(3,024)	(2,938)	(2,855)	(30,739)	(2,459)	(2,386)	(2,315)	(2,246)	(2,179)	(58,422)
SPD with LTC	6,162	(177)	(175)	(175)	(175)	(172)	(5,416)	(83)	(83)	(83)	(83)	(83)	(543)
Duals with LTC	(8,343)	(98)	(98)	(98)	(97)	(97)	(449)	(140)	(140)	(139)	(138)	(138)	(9,975)
Medi-Cal Program	(5,872)	(4,658)	(4,554)	(4,454)	(4,352)	(4,252)	(66,250)	(3,503)	(3,422)	(3,340)	(3,262)	(3,188)	(111,107)
Group Care Program	216	6	6	6	6	6	(6)	6	6	6	6	6	270
Medicare Program	(459)	220	293	220	220	185	301	361	434	495	558	597	3,425
Total	**(6,115)**	**(4,432)**	**(4,255)**	**(4,228)**	**(4,126)**	**(4,061)**	**(65,955)**	**(3,136)**	**(2,982)**	**(2,839)**	**(2,698)**	**(2,585)**	**(107,412)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	28.8%	29.0%	29.2%	29.5%	29.7%	30.0%	33.8%	34.1%	34.4%	34.7%	35.0%	35.3%	31.6%
Adult % of Medi-Cal	14.6%	14.6%	14.5%	14.5%	14.5%	14.5%	10.6%	10.6%	10.6%	10.5%	10.5%	10.5%	12.8%
ACA OE % of Medi-Cal	35.8%	35.3%	34.9%	34.5%	34.0%	33.6%	30.5%	30.0%	29.4%	28.9%	28.4%	27.9%	32.3%
SPD with LTC % of Medi-Cal	7.6%	7.7%	7.7%	7.8%	7.8%	7.9%	7.8%	7.9%	7.9%	8.0%	8.1%	8.1%	7.8%
Duals with LTC % of Medi-Cal	13.3%	13.4%	13.6%	13.7%	13.9%	14.0%	17.3%	17.5%	17.7%	17.8%	18.0%	18.2%	15.4%
Medi-Cal Program % of Total	98.2%	98.1%	98.0%	97.9%	97.8%	97.7%	97.1%	96.9%	96.7%	96.5%	96.2%	96.0%	97.3%
Group Care Program % of Total	1.7%	1.8%	1.8%	1.8%	1.8%	1.9%	2.3%	2.3%	2.3%	2.4%	2.4%	2.4%	2.0%
Medicare Program	0.1%	0.2%	0.2%	0.3%	0.4%	0.4%	0.7%	0.8%	1.0%	1.2%	1.4%	1.6%	0.6%
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 2027	PRELIMINARY BUDGET												
	Budget Jul-26	Budget Aug-26	Budget Sep-26	Budget Oct-26	Budget Nov-26	Budget Dec-26	Budget Jan-27	Budget Feb-27	Budget Mar-27	Budget Apr-27	Budget May-27	Budget Jun-27	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	84,404	83,549	82,737	81,921	81,126	80,341	70,022	69,397	68,810	68,259	67,744	67,255	905,565
Alameda Health System	75,718	74,467	73,254	72,066	70,907	69,774	52,485	51,573	50,694	49,845	49,025	48,232	738,040
Directly-Contracted Subtotal	160,122	158,016	155,991	153,987	152,033	150,115	122,507	120,970	119,504	118,104	116,769	115,487	1,643,605
Delegated:													
CFMG	39,818	39,610	39,404	39,199	38,997	38,796	36,620	36,446	36,273	36,102	35,931	35,762	452,958
CHCN	164,275	162,157	160,133	158,114	156,144	154,202	118,031	116,606	115,263	113,995	112,803	111,669	1,643,392
Delegated Subtotal	204,093	201,767	199,537	197,313	195,141	192,998	154,651	153,052	151,536	150,097	148,734	147,431	2,096,350
Total	**364,215**	**359,783**	**355,528**	**351,300**	**347,174**	**343,113**	**277,158**	**274,022**	**271,040**	**268,201**	**265,503**	**262,918**	**3,739,955**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted													
Directly Contracted (DCP)	(5,773)	(855)	(812)	(816)	(795)	(785)	(10,319)	(625)	(587)	(551)	(515)	(489)	(22,922)
Alameda Health System	(4,463)	(1,251)	(1,213)	(1,188)	(1,159)	(1,133)	(17,289)	(912)	(879)	(849)	(820)	(793)	(31,949)
Directly-Contracted Subtotal	(10,236)	(2,106)	(2,025)	(2,004)	(1,954)	(1,918)	(27,608)	(1,537)	(1,466)	(1,400)	(1,335)	(1,282)	(54,871)
Delegated:													
CFMG	364	(208)	(206)	(205)	(202)	(201)	(2,176)	(174)	(173)	(171)	(171)	(169)	(3,692)
CHCN	3,757	(2,118)	(2,024)	(2,019)	(1,970)	(1,942)	(36,171)	(1,425)	(1,343)	(1,268)	(1,192)	(1,134)	(48,849)
Delegated Subtotal	4,121	(2,326)	(2,230)	(2,224)	(2,172)	(2,143)	(38,347)	(1,599)	(1,516)	(1,439)	(1,363)	(1,303)	(52,541)
Total	**(6,115)**	**(4,432)**	**(4,255)**	**(4,228)**	**(4,126)**	**(4,061)**	**(65,955)**	**(3,136)**	**(2,982)**	**(2,839)**	**(2,698)**	**(2,585)**	**(107,412)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted													
Directly Contracted (DCP)	23.2%	23.2%	23.3%	23.3%	23.4%	23.4%	25.3%	25.3%	25.4%	25.5%	25.5%	25.6%	24.2%
Alameda Health System	20.8%	20.7%	20.6%	20.5%	20.4%	20.3%	18.9%	18.8%	18.7%	18.6%	18.5%	18.3%	19.7%
Directly-Contracted Subtotal	44.0%	43.9%	43.9%	43.8%	43.8%	43.8%	44.2%	44.1%	44.1%	44.0%	44.0%	43.9%	43.9%
Delegated:													
CFMG	10.9%	11.0%	11.1%	11.2%	11.2%	11.3%	13.2%	13.3%	13.4%	13.5%	13.5%	13.6%	12.1%
CHCN	45.1%	45.1%	45.0%	45.0%	45.0%	44.9%	42.6%	42.6%	42.5%	42.5%	42.5%	42.5%	43.9%
Delegated Subtotal	56.0%	56.1%	56.1%	56.2%	56.2%	56.2%	55.8%	55.9%	55.9%	56.0%	56.0%	56.1%	56.1%
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 2027

	Variance Jul-26	Variance Aug-26	Variance Sep-26	Variance Oct-26	Variance Nov-26	Variance Dec-26	Variance Jan-27	Variance Feb-27	Variance Mar-27	Variance Apr-27	Variance May-27	Variance Jun-27	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	127												127
Adult	(254)												(254)
ACA OE	2,974												2,974
Total	(182)												(182)
Duals with LTC*	215												215
Medi-Cal Program	2,880												2,880
Group Care Program	73												73
Medicare Program	(94)												(94)
Total	**2,859**												**2,859**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted													
Directly Contracted (DCP)	134												134
Alameda Health System	1,247												1,247
Directly-Contracted Subtotal	1,381												1,381
Delegated:													
CFMG	(222)												(222)
CHCN	1,700												1,700
Delegated Subtotal	1,478												1,478
Total	**2,859**												**2,859**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2027

D-SNP

	Actual Jul-26	Actual Aug-26	Actual Sep-26	Actual Oct-26	Actual Nov-26	Actual Dec-26	Actual Jan-27	Actual Feb-27	Actual Mar-27	Actual Apr-27	Actual May-27	Actual Jun-27	YTD Member Months
Current Direct/Provider Network Enrollment:													
Directly-Contracted:													
Directly Contracted (DCP)	90	0	0	0	0	0	0	0	0	0	0	0	90
Alameda Health System	24	0	0	0	0	0	0	0	0	0	0	0	24
Directly-Contracted Subtotal	114	0	0	0	0	0	0	0	0	0	0	0	114
Provider Network:													
CFMG	0	0	0	0	0	0	0	0	0	0	0	0	0
CHCN	158	0	0	0	0	0	0	0	0	0	0	0	158
Provider Network Subtotal	158	0	0	0	0	0	0	0	0	0	0	0	158
Total	**272**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**272**
Direct/Provider Network Month Over Month Enrollment Change:													
Directly-Contracted	8	0	0	0	0	0	0	0	0	0	0	0	8
Provider Network:													
CFMG	0	0	0	0	0	0	0	0	0	0	0	0	0
CHCN	11	0	0	0	0	0	0	0	0	0	0	0	11
Provider Network Subtotal	11	0	0	0	0	0	0	0	0	0	0	0	11
Total	**19**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**19**
Direct/Provider Network Enrollment Percentages:													
Directly-Contracted	41.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	41.9%
Provider Network:													
CFMG	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CHCN	58.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	58.1%
Provider Network Subtotal	58.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	58.1%
Total	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**

	Budget Jul-26	Budget Aug-26	Budget Sep-26	Budget Oct-26	Budget Nov-26	Budget Dec-26	Budget Jan-27	Budget Feb-27	Budget Mar-27	Budget Apr-27	Budget May-27	Budget Jun-27	YTD Member Months
Current Direct/Provider Network Enrollment:													
Directly-Contracted:													
Directly Contracted (DCP)	115	184	276	345	414	472	566	679	815	970	1,145	1,332	7,313
Alameda Health System	35	56	84	105	126	144	173	208	250	298	352	410	2,241
Directly-Contracted Subtotal	150	240	360	450	540	616	739	887	1,065	1,268	1,497	1,742	9,554
Provider Network:													
CFMG	0	0	0	0	0	0	0	0	0	0	0	0	0
CHCN	216	346	519	649	779	888	1,066	1,279	1,535	1,827	2,156	2,508	13,768
Provider Network Subtotal	216	346	519	649	779	888	1,066	1,279	1,535	1,827	2,156	2,508	13,768
Total	**366**	**586**	**879**	**1,099**	**1,319**	**1,504**	**1,805**	**2,166**	**2,600**	**3,095**	**3,653**	**4,250**	**23,322**
Direct/Provider Network Month Over Month Enrollment Change:													
Directly-Contracted	39	90	120	90	90	76	123	148	178	203	229	245	1,631
Provider Network:													
CFMG	0	0	0	0	0	0	0	0	0	0	0	0	0
CHCN	56	130	173	130	130	109	178	213	256	292	329	352	2,348
Provider Network Subtotal	56	130	173	130	130	109	178	213	256	292	329	352	2,348
Total	**95**	**220**	**293**	**220**	**220**	**185**	**301**	**361**	**434**	**495**	**558**	**597**	**3,979**
Direct/Provider Network Enrollment Percentages:													
Directly-Contracted	41.0%	41.0%	41.0%	40.9%	40.9%	41.0%	40.9%	41.0%	41.0%	41.0%	41.0%	41.0%	41.0%
Provider Network:													
CFMG	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CHCN	59.0%	59.0%	59.0%	59.1%	59.1%	59.0%	59.1%	59.0%	59.0%	59.0%	59.0%	59.0%	59.0%
Provider Network Subtotal	59.0%	59.0%	59.0%	59.1%	59.1%	59.0%	59.1%	59.0%	59.0%	59.0%	59.0%	59.0%	59.0%
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%**

	Variance Jul-25	Variance Aug-25	Variance Sep-25	Variance Oct-25	Variance Nov-25	Variance Dec-25	Variance Jan-26	Variance Feb-26	Variance Mar-26	Variance Apr-26	Variance May-26	Variance Jun-26	YTD Member Variance
Current Direct/Provider Network Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted													
Directly Contracted (DCP)	(25)	0	0	0	0	0	0	0	0	0	0	0	(25)
Alameda Health System	(11)	0	0	0	0	0	0	0	0	0	0	0	(11)
Directly-Contracted Subtotal	(36)	0	0	0	0	0	0	0	0	0	0	0	(36)
Provider Network:													
CFMG	0	0	0	0	0	0	0	0	0	0	0	0	0
CHCN	(58)	0	0	0	0	0	0	0	0	0	0	0	(58)
Provider Network Subtotal	(58)	0	0	0	0	0	0	0	0	0	0	0	(58)
Total	**(94)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(94)**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 JULY, 2026

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES				
$1,523,548	$1,483,408	($40,141)	(2.7%)	PCP Capitation	$1,523,548	$1,483,408	($40,141)	(2.7%)
5,832,927	6,008,250	175,323	2.9%	PCP Capitation FQHC	5,832,927	6,008,250	175,323	2.9%
448,718	437,088	(11,630)	(2.7%)	Specialty Capitation	448,718	437,088	(11,630)	(2.7%)
5,440,980	5,015,660	(425,320)	(8.5%)	Specialty Capitation FQHC	5,440,980	5,015,660	(425,320)	(8.5%)
759,186	725,565	(33,621)	(4.6%)	Laboratory Capitation	759,186	725,565	(33,621)	(4.6%)
317,409	310,455	(6,954)	(2.2%)	Vision Capitation	317,409	310,455	(6,954)	(2.2%)
102,058	99,415	(2,642)	(2.7%)	CFMG Capitation	102,058	99,415	(2,642)	(2.7%)
769,052	795,193	26,141	3.3%	ANC IPA Admin Capitation FQHC	769,052	795,193	26,141	3.3%
957,110	952,484	(4,625)	(0.5%)	DME Capitation	957,110	952,484	(4,625)	(0.5%)
759	1,550	790	51.0%	Dental Capitation	759	1,550	790	51.0%
16,151,747	**15,829,068**	**(322,679)**	**(2.0%)**	**7. TOTAL CAPITATED EXPENSES**	**16,151,747**	**15,829,068**	**(322,679)**	**(2.0%)**
				FEE FOR SERVICE MEDICAL EXPENSES				
(10,014,595)	0	10,014,595	0.0%	IBNR Inpatient Services	(10,014,595)	0	10,014,595	0.0%
(300,436)	0	300,436	0.0%	IBNR Settlement (IP)	(300,436)	0	300,436	0.0%
(801,167)	0	801,167	0.0%	IBNR Claims Fluctuation (IP)	(801,167)	0	801,167	0.0%
48,978,030	44,442,226	(4,535,804)	(10.2%)	Inpatient Hospitalization FFS	48,978,030	44,442,226	(4,535,804)	(10.2%)
3,677,770	3,126,814	(550,955)	(17.6%)	IP OB - Mom & NB	3,677,770	3,126,814	(550,955)	(17.6%)
572,449	145,693	(426,756)	(292.9%)	IP Behavioral Health	572,449	145,693	(426,756)	(292.9%)
1,509,112	1,190,070	(319,042)	(26.8%)	Inpatient Facility Rehab FFS	1,509,112	1,190,070	(319,042)	(26.8%)
43,621,162	**48,904,804**	**5,283,641**	**10.8%**	**8. Inpatient Hospital Expense**	**43,621,162**	**48,904,804**	**5,283,641**	**10.8%**
(501,810)	0	501,810	0.0%	IBNR PCP	(501,810)	0	501,810	0.0%
(15,055)	0	15,055	0.0%	IBNR Settlement (PCP)	(15,055)	0	15,055	0.0%
(40,145)	0	40,145	0.0%	IBNR Claims Fluctuation (PCP)	(40,145)	0	40,145	0.0%
2,901,507	3,332,221	430,715	12.9%	PCP FFS	2,901,507	3,332,221	430,715	12.9%
680,104	437,785	(242,319)	(55.4%)	PCP FQHC FFS	680,104	437,785	(242,319)	(55.4%)
19,991	0	(19,991)	0.0%	Prop 56 Hyde	19,991	0	(19,991)	0.0%
99,325	0	(99,325)	0.0%	Prop 56 Trauma Screening	99,325	0	(99,325)	0.0%
105,684	0	(105,684)	0.0%	Prop 56 Developmentl Screening	105,684	0	(105,684)	0.0%
592,041	836,168	244,127	29.2%	Prop 56 Family Planning	592,041	836,168	244,127	29.2%
3,841,642	**4,606,174**	**764,532**	**16.6%**	**9. Primary Care Physician Expense**	**3,841,642**	**4,606,174**	**764,532**	**16.6%**
(771,171)	0	771,171	0.0%	IBNR Specialist	(771,171)	0	771,171	0.0%
(23,135)	0	23,135	0.0%	IBNR Settlement (SCP)	(23,135)	0	23,135	0.0%
(61,693)	0	61,693	0.0%	IBNR Claims Fluctuation (SCP)	(61,693)	0	61,693	0.0%
977,242	6,510	(970,732)	(14,912.2%)	Psychiatrist FFS	977,242	6,510	(970,732)	(14,912.2%)
4,034,250	7,619,859	3,585,609	47.1%	Specialty Care FFS	4,034,250	7,619,859	3,585,609	47.1%
357,041	0	(357,041)	0.0%	Specialty Anesthesiology	357,041	0	(357,041)	0.0%
1,868,759	0	(1,868,759)	0.0%	Specialty Imaging FFS	1,868,759	0	(1,868,759)	0.0%
57,452	0	(57,452)	0.0%	Obstetrics FFS	57,452	0	(57,452)	0.0%
464,204	0	(464,204)	0.0%	Specialty IP Surgery FFS	464,204	0	(464,204)	0.0%
1,049,432	0	(1,049,432)	0.0%	Specialty OP Surgery FFS	1,049,432	0	(1,049,432)	0.0%
707,456	0	(707,456)	0.0%	Speciality IP Physician	707,456	0	(707,456)	0.0%
246,687	134,061	(112,626)	(84.0%)	Specialist FQHC FFS	246,687	134,061	(112,626)	(84.0%)
8,906,524	**7,760,430**	**(1,146,094)**	**(14.8%)**	**10. Specialty Care Physician Expense**	**8,906,524**	**7,760,430**	**(1,146,094)**	**(14.8%)**
(4,617,896)	0	4,617,896	0.0%	IBNR Ancillary (ANC)	(4,617,896)	0	4,617,896	0.0%
(138,536)	0	138,536	0.0%	IBNR Settlement (ANC)	(138,536)	0	138,536	0.0%
(369,433)	0	369,433	0.0%	IBNR Claims Fluctuation (ANC)	(369,433)	0	369,433	0.0%
(359,728)	0	359,728	0.0%	IBNR Transportation FFS	(359,728)	0	359,728	0.0%
4,095,713	2,971,764	(1,123,948)	(37.8%)	Behavioral Health Therapy FFS	4,095,713	2,971,764	(1,123,948)	(37.8%)
3,930,109	0	(3,930,109)	0.0%	Psychologist & Other MH Prof	3,930,109	0	(3,930,109)	0.0%

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 JULY, 2026

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
1,056,452	0	(1,056,452)	0.0%	Other Medical Professional	1,056,452	0	(1,056,452)	0.0%
235,785	1,645	(234,140)	(14,231.9%)	Hearing Devices	235,785	1,645	(234,140)	(14,231.9%)
28,583	0	(28,583)	0.0%	ANC Imaging	28,583	0	(28,583)	0.0%
986	0	(986)	0.0%	Vision FFS	986	0	(986)	0.0%
988,999	711,358	(277,641)	(39.0%)	Laboratory FFS	988,999	711,358	(277,641)	(39.0%)
290,314	0	(290,314)	0.0%	ANC Therapist	290,314	0	(290,314)	0.0%
0	15,921	15,921	100.0%	OTC Card	0	15,921	15,921	100.0%
2,263,148	1,827,663	(435,485)	(23.8%)	Transp/Ambulance FFS	2,263,148	1,827,663	(435,485)	(23.8%)
0	66	66	100.0%	Worldwide Emergency Benefit	0	66	66	100.0%
3,091,110	2,834,841	(256,269)	(9.0%)	Non-ER Transportation FFS	3,091,110	2,834,841	(256,269)	(9.0%)
1,980,848	1,817,133	(163,715)	(9.0%)	Hospice FFS	1,980,848	1,817,133	(163,715)	(9.0%)
3,369,236	3,218,418	(150,818)	(4.7%)	Home Health Services	3,369,236	3,218,418	(150,818)	(4.7%)
0	65,937	65,937	100.0%	Other Medical FFS	0	65,937	65,937	100.0%
(358,981)	0	358,981	0.0%	Medical Refunds through HMS	(358,981)	0	358,981	0.0%
51,674	2,598,071	2,546,398	98.0%	DME & Medical Supplies FFS	51,674	2,598,071	2,546,398	98.0%
0	338,500	338,500	100.0%	Transitional Care FFS	0	338,500	338,500	100.0%
3,288,229	3,212,253	(75,976)	(2.4%)	ECM Base/Outreach FFS ANC	3,288,229	3,212,253	(75,976)	(2.4%)
286,153	291,499	5,346	1.8%	CS Housing Deposits FFS ANC	286,153	291,499	5,346	1.8%
900,576	1,187,776	287,200	24.2%	CS Housing Tenancy FFS ANC	900,576	1,187,776	287,200	24.2%
555,998	493,345	(62,653)	(12.7%)	CS Housing Navi Servic FFS ANC	555,998	493,345	(62,653)	(12.7%)
225,029	364,749	139,720	38.3%	CS Medical Respite FFS ANC	225,029	364,749	139,720	38.3%
323,673	271,983	(51,690)	(19.0%)	CS Med. Tailored Meals FFS ANC	323,673	271,983	(51,690)	(19.0%)
1,625	24,345	22,720	93.3%	CS Asthma Remediation FFS ANC	1,625	24,345	22,720	93.3%
0	10,000	10,000	100.0%	MOT Wrap Around (Non Med MOT)	0	10,000	10,000	100.0%
419	2,589	2,170	83.8%	CS Home Modifications FFS ANC	419	2,589	2,170	83.8%
54,633	88,209	33,576	38.1%	CS P.Care & Hmker Svcs FFS ANC	54,633	88,209	33,576	38.1%
0	6,550	6,550	100.0%	CS Cgiver Respite Svcs FFS ANC	0	6,550	6,550	100.0%
200	1,630	1,430	87.7%	CS Housing Outreach	200	1,630	1,430	87.7%
18,997	121,000	102,003	84.3%	CS Transitional Rent FFS ANC	18,997	121,000	102,003	84.3%
5,078	24,475	19,397	79.3%	CS Transitional Rent Admin ANC Expense	5,078	24,475	19,397	79.3%
406,785	457,054	50,269	11.0%	CommunityBased Adult Svc(CBAS)	406,785	457,054	50,269	11.0%
2,294	18,923	16,629	87.9%	CS LTC to ALF Transition FFS ANC	2,294	18,923	16,629	87.9%
0	7,500	7,500	100.0%	CS LTC to Home Transition FFS ANC	0	7,500	7,500	100.0%
21,608,071	**22,985,198**	**1,377,127**	**6.0%**	**11. Ancillary Medical Expense**	**21,608,071**	**22,985,198**	**1,377,127**	**6.0%**
(2,200,292)	0	2,200,292	0.0%	IBNR Outpatient	(2,200,292)	0	2,200,292	0.0%
(66,009)	0	66,009	0.0%	IBNR Settlement (OP)	(66,009)	0	66,009	0.0%
(176,025)	0	176,025	0.0%	IBNR Claims Fluctuation (OP)	(176,025)	0	176,025	0.0%
3,983,083	5,989,053	2,005,970	33.5%	Outpatient FFS	3,983,083	5,989,053	2,005,970	33.5%
4,685,433	110,370	(4,575,063)	(4,145.2%)	OP Ambul Surgery FFS	4,685,433	110,370	(4,575,063)	(4,145.2%)
2,493,771	3,427,201	933,430	27.2%	Imaging Services FFS	2,493,771	3,427,201	933,430	27.2%
100,041	0	(100,041)	0.0%	Behavioral Health FFS	100,041	0	(100,041)	0.0%
1,015,136	0	(1,015,136)	0.0%	Outpatient Facility Lab FFS	1,015,136	0	(1,015,136)	0.0%
437,322	0	(437,322)	0.0%	Outpatient Facility Cardio FFS	437,322	0	(437,322)	0.0%
130,317	0	(130,317)	0.0%	OP Facility PT/OT/ST FFS	130,317	0	(130,317)	0.0%
3,424,282	2,808,871	(615,411)	(21.9%)	OP Facility Dialysis Ctr FFS	3,424,282	2,808,871	(615,411)	(21.9%)
13,827,059	**12,335,494**	**(1,491,565)**	**(12.1%)**	**12. Outpatient Medical Expense**	**13,827,059**	**12,335,494**	**(1,491,565)**	**(12.1%)**
(1,968,925)	0	1,968,925	0.0%	IBNR Emergency	(1,968,925)	0	1,968,925	0.0%
(59,067)	0	59,067	0.0%	IBNR Settlement (ER)	(59,067)	0	59,067	0.0%
(157,514)	0	157,514	0.0%	IBNR Claims Fluctuation (ER)	(157,514)	0	157,514	0.0%
11,523,452	9,805,859	(1,717,594)	(17.5%)	ER Facility	11,523,452	9,805,859	(1,717,594)	(17.5%)
1,363,198	0	(1,363,198)	0.0%	Specialty ER Physician FFS	1,363,198	0	(1,363,198)	0.0%
10,701,145	**9,805,859**	**(895,286)**	**(9.1%)**	**13. Emergency Expense**	**10,701,145**	**9,805,859**	**(895,286)**	**(9.1%)**
(367,763)	0	367,763	0.0%	IBNR Pharmacy (OP)	(367,763)	0	367,763	0.0%
(11,033)	0	11,033	0.0%	IBNR Settlement Rx (OP)	(11,033)	0	11,033	0.0%

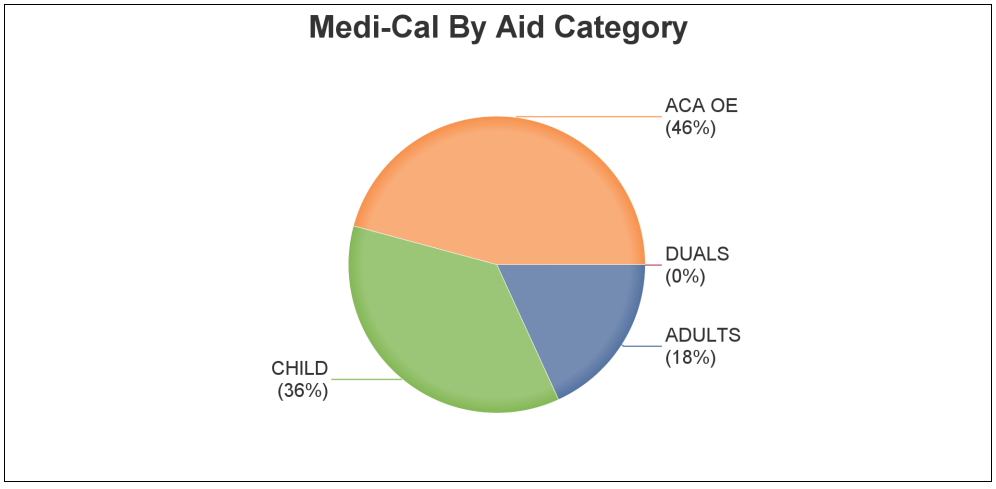
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED 31 JULY, 2026

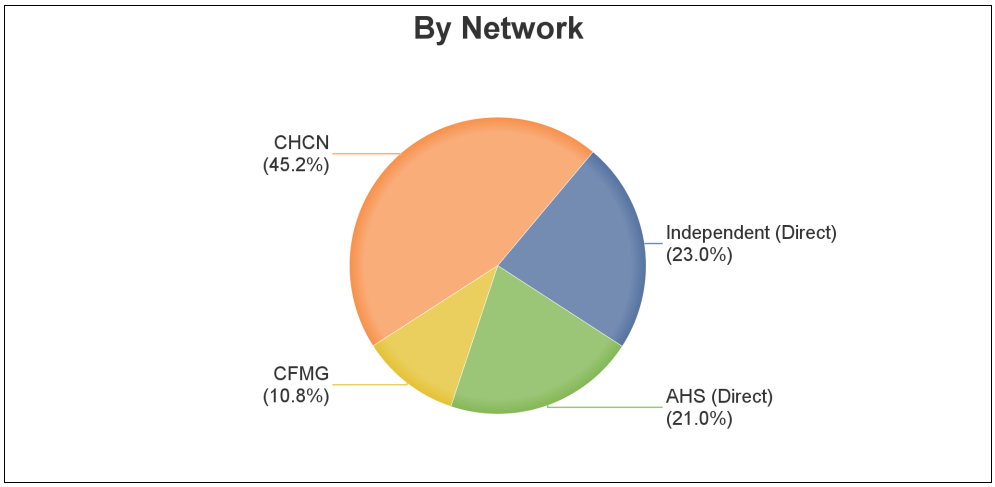
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
(29,421)	0	29,421	0.0%	IBNR Claims Fluctuation Rx(OP)	(29,421)	0	29,421	0.0%
884,391	932,888	48,497	5.2%	Pharmacy FFS (OP)	884,391	932,888	48,497	5.2%
289,249	0	(289,249)	0.0%	Pharmacy Non PBM FFS Other-ANC	289,249	0	(289,249)	0.0%
14,065,722	11,566,220	(2,499,501)	(21.6%)	Pharmacy Non PBM FFS OP-FAC	14,065,722	11,566,220	(2,499,501)	(21.6%)
701,572	0	(701,572)	0.0%	Pharmacy Non PBM FFS PCP	701,572	0	(701,572)	0.0%
4,915,881	0	(4,915,881)	0.0%	Pharmacy Non PBM FFS SCP	4,915,881	0	(4,915,881)	0.0%
94,956	0	(94,956)	0.0%	Pharmacy Non PBM FFS FQHC	94,956	0	(94,956)	0.0%
12,076	0	(12,076)	0.0%	Pharmacy Non PBM FFS HH	12,076	0	(12,076)	0.0%
(265,875)	(79,317)	186,557	(235.2%)	Medical Expenses Pharm Rebate	(265,875)	(79,317)	186,557	(235.2%)
20,289,755	**12,419,791**	**(7,869,964)**	**(63.4%)**	**14. Pharmacy Expense**	**20,289,755**	**12,419,791**	**(7,869,964)**	**(63.4%)**
(6,346,468)	0	6,346,468	0.0%	IBNR LTC	(6,346,468)	0	6,346,468	0.0%
(190,395)	0	190,395	0.0%	IBNR Settlement (LTC)	(190,395)	0	190,395	0.0%
(507,716)	0	507,716	0.0%	IBNR Claims Fluctuation (LTC)	(507,716)	0	507,716	0.0%
2,196,928	1,813,334	(383,594)	(21.2%)	LTC - ICF/DD	2,196,928	1,813,334	(383,594)	(21.2%)
27,872,280	25,560,768	(2,311,511)	(9.0%)	LTC Custodial Care	27,872,280	25,560,768	(2,311,511)	(9.0%)
9,831,866	7,986,076	(1,845,790)	(23.1%)	LTC SNF	9,831,866	7,986,076	(1,845,790)	(23.1%)
32,856,495	**35,360,178**	**2,503,684**	**7.1%**	**15. Long Term Care Expense**	**32,856,495**	**35,360,178**	**2,503,684**	**7.1%**
155,651,853	**154,177,927**	**(1,473,926)**	**(1.0%)**	**16. TOTAL FFS MEDICAL EXPENSES**	**155,651,853**	**154,177,927**	**(1,473,926)**	**(1.0%)**
0	(179,434)	(179,434)	100.0%	Clinical Vacancy #102	0	(179,434)	(179,434)	100.0%
138,675	110,173	(28,502)	(25.9%)	Quality Analytics #123	138,675	110,173	(28,502)	(25.9%)
346,784	387,045	40,261	10.4%	LongTerm Services and Support #139	346,784	387,045	40,261	10.4%
878,392	888,792	10,400	1.2%	Utilization Management #140	878,392	888,792	10,400	1.2%
581,759	667,125	85,365	12.8%	Case & Disease Management #185	581,759	667,125	85,365	12.8%
205,511	308,994	103,484	33.5%	Medical Management #230	205,511	308,994	103,484	33.5%
814,698	1,190,751	376,053	31.6%	Quality Improvement #235	814,698	1,190,751	376,053	31.6%
345,888	443,724	97,836	22.0%	HCS Behavioral Health #238	345,888	443,724	97,836	22.0%
117,201	173,329	56,129	32.4%	Pharmacy Services #245	117,201	173,329	56,129	32.4%
3,428,908	**3,990,500**	**561,592**	**14.1%**	**17. Other Benefits & Services**	**3,428,908**	**3,990,500**	**561,592**	**14.1%**
(2,280,000)	(2,135,895)	144,105	(6.7%)	Reinsurance Recoveries	(2,280,000)	(2,135,895)	144,105	(6.7%)
2,854,977	2,847,860	(7,118)	(0.2%)	Reinsurance Premium	2,854,977	2,847,860	(7,118)	(0.2%)
574,977	**711,965**	**136,987**	**19.2%**	**18. Reinsurance (Net)**	**574,977**	**711,965**	**136,987**	**19.2%**
583,333	583,333	0	0.0%	P4P Risk Pool Provider Incenti	583,333	583,333	0	0.0%
583,333	**583,333**	**0**	**0.0%**	**19. Risk Pool Distribution**	**583,333**	**583,333**	**0**	**0.0%**
176,390,820	**175,292,794**	**(1,098,026)**	**(0.6%)**	**20. TOTAL MEDICAL EXPENSES**	**176,390,820**	**175,292,794**	**(1,098,026)**	**(0.6%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend

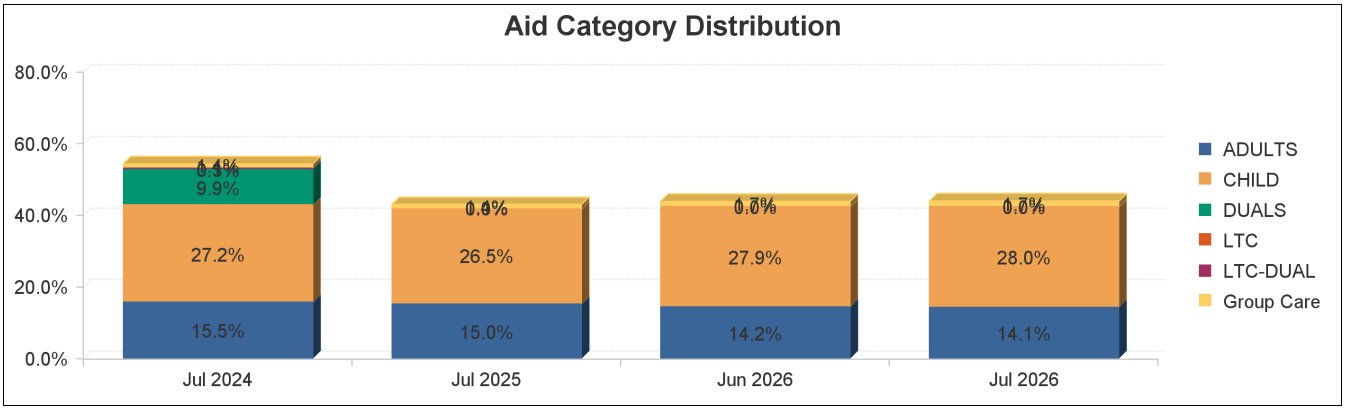
Category of Aid	Jul 2026	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN
ADULTS	51,920	14%	10,437	12,494	1	28,988
CHILD	102,952	29%	9,191	13,618	36,700	43,443
SPD	0	0%	0	0	0	0
ACA OE	130,849	36%	24,107	41,369	1,390	63,983
DUALS	14	0%	14	0	0	0
LTC	0	0%	0	0	0	0
LTC-DUAL	0	0%	0	0	0	0
SPD-LTC	27,080	8%	7,746	4,933	1,514	12,887
SPD-LTC/Full Dual	47,722	13%	30,706	3,368	1	13,647
Other	0		0	0	0	0
Medi-Cal	360,537		82,201	75,782	39,606	162,948
Group Care	6,398		2,307	1,182	0	2,909
D-SNP	272		90	24	0	158
Total	**367,207**	**100%**	**84,598**	**76,988**	**39,606**	**166,015**
Other %	0.0%		0.0%	0.0%	0.0%	0.0%
Medi-Cal %	98.2%		97.2%	98.4%	100.0%	98.2%
Group Care %	1.7%		2.7%	1.5%	0.0%	1.8%
D-SNP %	0.1%		0.1%	0.0%	0.0%	0.1%
	Network Distribution		**23.0%**	**21.0%**	**10.8%**	**45.2%**
			% Direct:	**44%**	**% Delegated:**	**56%**




By Network
CHCN
(45.2%)
Independent (Direct)
(23.0%)
CFMG
(10.8%)
AHS (Direct)
(21.0%)

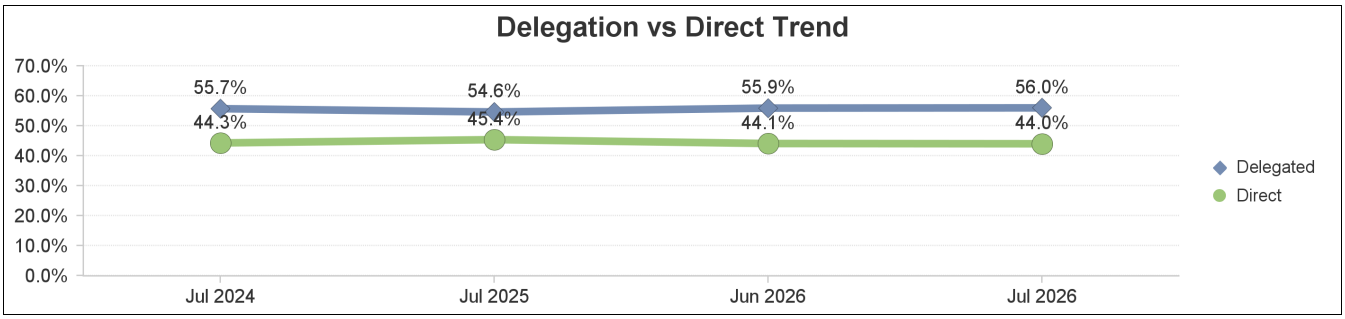
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
ADULTS	62,739	61,571	52,663	**51,920**	15.5%	15.0%	14.2%	14.1%	-1.9%	-18.6%	-1.4%
CHILD	109,962	109,306	103,377	**102,952**	27.2%	26.5%	27.9%	28.0%	-0.6%	-6.2%	-0.4%
SPD	35,018	0	0	**0**	8.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ACA OE	149,801	155,533	132,326	**130,849**	37.0%	37.8%	35.7%	35.6%	3.7%	-18.9%	-1.1%
DUALS	39,896	1	9	**14**	9.9%	0.0%	0.0%	0.0%	##########	92.9%	35.7%
LTC	222	0	0	**0**	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
LTC-DUAL	1,241	0	0	**0**	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SPD-LTC	0	29,834	27,360	**27,080**	0.0%	7.2%	7.4%	7.4%	100.0%	-10.2%	-1.0%
SPD-LTC/ Full Dual	0	49,509	47,882	**47,722**	0.0%	12.0%	12.9%	13.0%	100.0%	-3.7%	-0.3%
Other	0	0	0	**0**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medi-Cal	398,879	405,754	363,617	**360,537**	98.6%	98.6%	98.2%	98.2%	1.7%	-12.5%	-0.9%
Group Care	5,675	5,957	6,350	**6,398**	1.4%	1.4%	1.7%	1.7%	4.7%	6.9%	0.8%
D-SNP	0	0	253	**272**	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%
Total	**404,554**	**411,711**	**370,220**	**367,207**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**1.7%**	**-12.2%**	**-0.8%**



Delegation vs Direct Trend

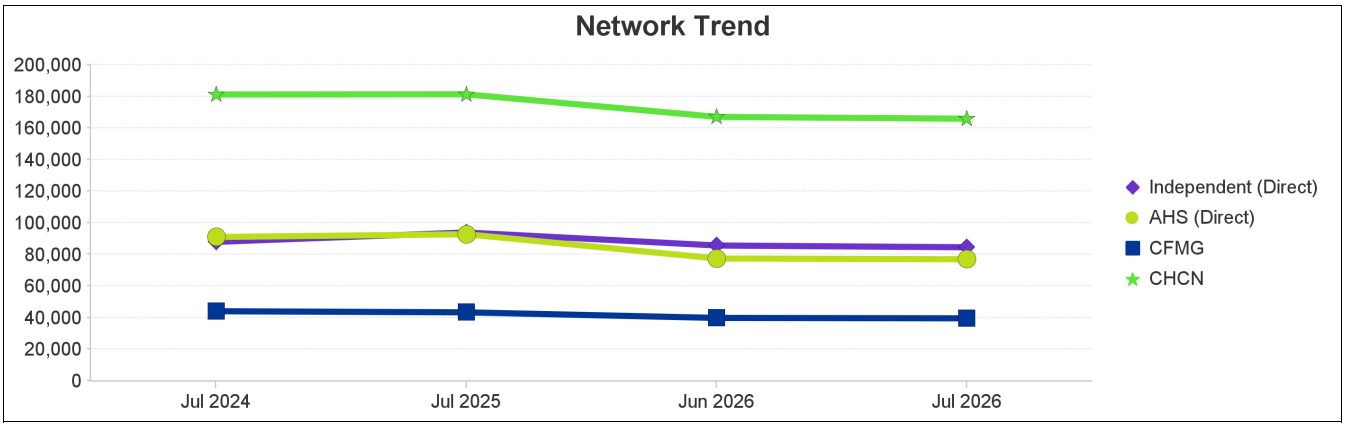
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
Delegated	225,445	224,869	207,022	**205,621**	55.7%	54.6%	55.9%	56.0%	-0.3%	-9.4%	-0.7%
Direct	179,109	186,842	163,198	**161,586**	44.3%	45.4%	44.1%	44.0%	4.1%	-15.7%	-1.0%
Total	**404,554**	**411,711**	**370,220**	**367,207**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**1.7%**	**-12.2%**	**-0.8%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

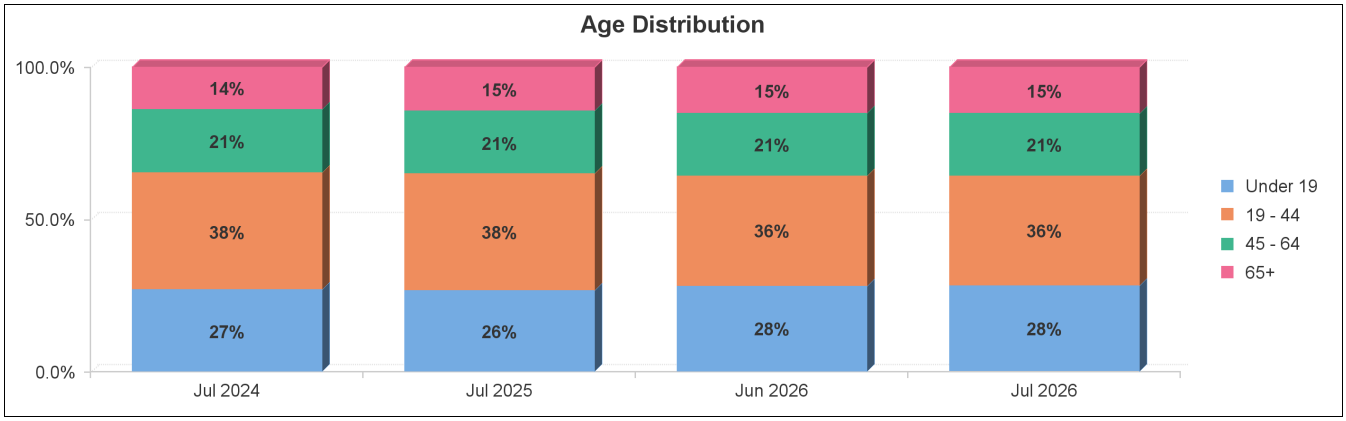
Network Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
Independent (Direct)	88,010	93,973	85,711	**84,598**	21.8%	22.8%	23.2%	23.0%	6.3%	-11.2%	-1.3%
AHS (Direct)	91,099	92,869	77,487	**76,988**	22.5%	22.6%	20.9%	21.0%	1.9%	-20.7%	-0.6%
CFMG	44,090	43,396	39,856	**39,606**	10.9%	10.5%	10.8%	10.8%	-1.6%	-9.6%	-0.6%
CHCN	181,355	181,473	167,166	**166,015**	44.8%	44.1%	45.2%	45.2%	0.1%	-9.4%	-0.7%
KAISER	0	0	0	**0**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	**404,554**	**411,711**	**370,220**	**367,207**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**1.7%**	**-12.2%**	**-0.8%**



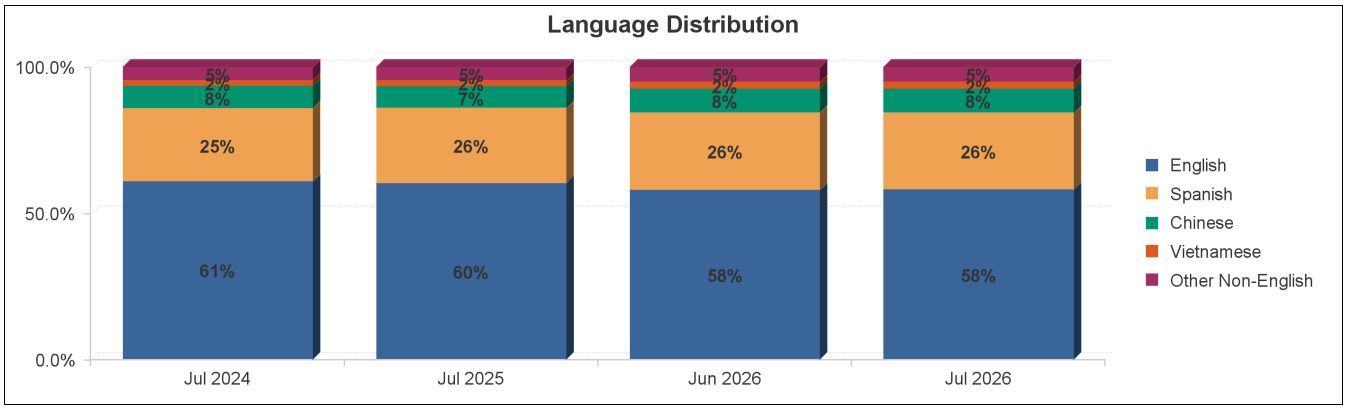
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
Under 19	108,451	109,080	103,159	**102,657**	27%	26%	28%	28%	1%	-6%	0%
19 - 44	155,339	157,765	133,894	**132,299**	38%	38%	36%	36%	2%	-19%	-1%
45 - 64	84,037	84,946	76,166	**75,549**	21%	21%	21%	21%	1%	-12%	-1%
65+	56,727	59,920	56,748	**56,430**	14%	15%	15%	15%	5%	-6%	-1%
Total	**404,554**	**411,711**	**369,967**	**366,935**	**100%**	**100%**	**100%**	**100%**	**2%**	**-12%**	**-1%**



Language Trend

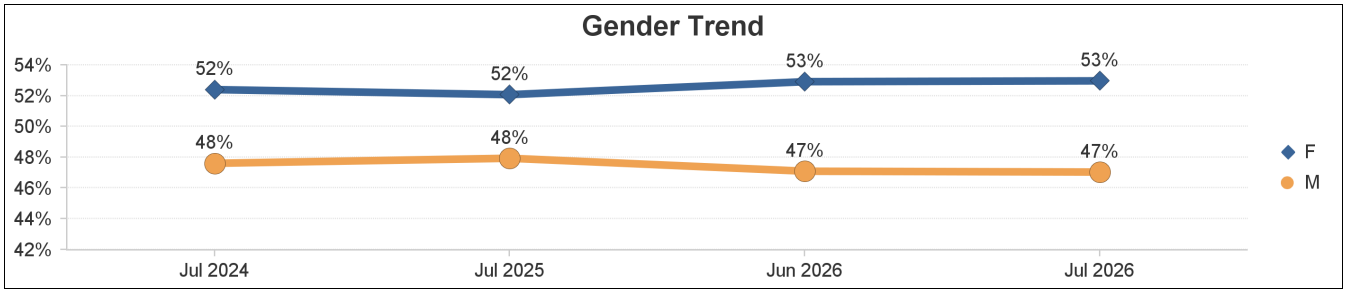
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
English	245,137	247,005	213,402	**212,220**	61%	60%	58%	58%	1%	-16%	-1%
Spanish	101,314	106,160	98,042	**96,620**	25%	26%	26%	26%	5%	-10%	-1%
Chinese	30,651	30,487	30,269	**30,064**	8%	7%	8%	8%	-1%	-1%	-1%
Vietnamese	8,353	8,135	8,647	**8,582**	2%	2%	2%	2%	-3%	5%	-1%
Other Non-English	19,099	19,924	19,607	**19,449**	5%	5%	5%	5%	4%	-2%	-1%
Total	**404,554**	**411,711**	**369,967**	**366,935**	**100%**	**100%**	**100%**	**100%**	**2%**	**-12%**	**-1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

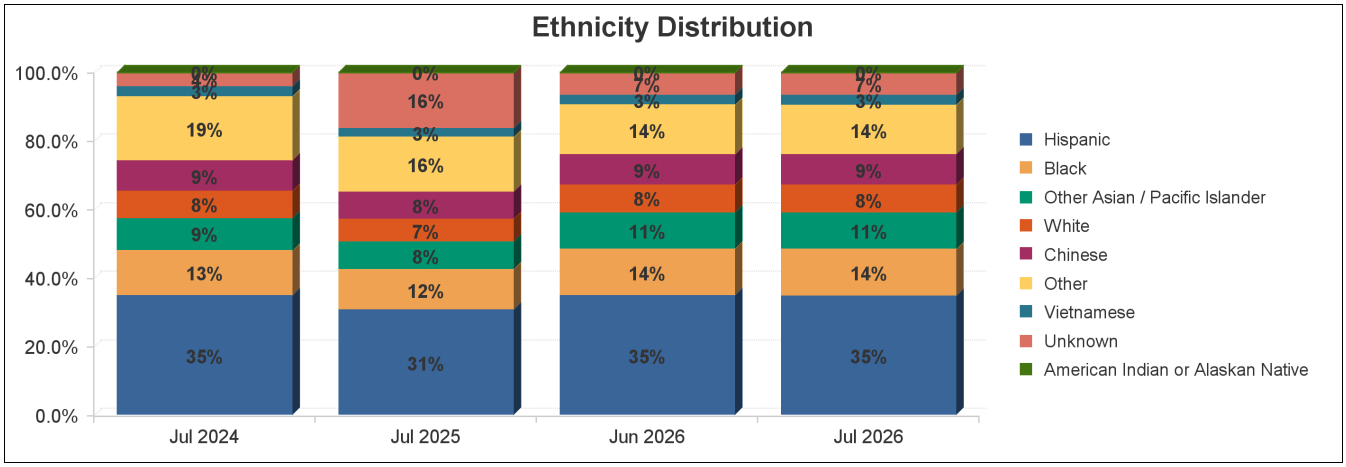
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
F	211,979	214,374	195,898	**194,501**	52%	52%	53%	53%	1%	-10%	-1%
M	192,575	197,337	174,322	**172,706**	48%	48%	47%	47%	2%	-14%	-1%
Total	**404,554**	**411,711**	**370,220**	**367,207**	**100%**	**100%**	**100%**	**100%**	**2%**	**-12%**	**-1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
Hispanic	140,570	126,223	128,769	**127,298**	35%	31%	35%	35%	-11%	1%	-1%
Black	53,042	48,250	50,123	**49,949**	13%	12%	14%	14%	-10%	3%	0%
Other Asian / Pacific Islander	37,878	33,175	39,082	**38,924**	9%	8%	11%	11%	-14%	15%	0%
White	32,713	27,523	30,171	**30,068**	8%	7%	8%	8%	-19%	8%	0%
Chinese	35,841	32,254	32,764	**32,573**	9%	8%	9%	9%	-11%	1%	-1%
Other	75,541	65,984	53,712	**52,928**	19%	16%	15%	14%	-14%	-25%	-1%
Vietnamese	11,830	10,544	10,679	**10,634**	3%	3%	3%	3%	-12%	1%	0%
Unknown	16,341	67,042	24,199	**24,116**	4%	16%	7%	7%	76%	-178%	0%
American Indian or Alaskan Native	798	716	721	**717**	0%	0%	0%	0%	-11%	0%	-1%
Total	**404,554**	**411,711**	**370,220**	**367,207**	**100%**	**100%**	**100%**	**100%**	**2%**	**-12%**	**-1%**



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

Medi-Cal By City

City	Jul 2026	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	143,213	40%	21,296	36,290	15,658	69,969
HAYWARD	46,124	13%	10,799	12,245	5,195	17,885
FREMONT	34,556	10%	14,620	5,479	1,841	12,616
SAN LEANDRO	22,723	6%	6,082	3,582	2,840	10,219
UNION CITY	13,113	4%	5,308	2,231	734	4,840
ALAMEDA	12,620	4%	3,128	2,314	1,962	5,216
BERKELEY	14,594	4%	3,102	2,354	1,647	7,491
LIVERMORE	11,896	3%	1,932	317	1,945	7,702
NEWARK	8,204	2%	2,617	3,159	406	2,022
CASTRO VALLEY	10,158	3%	2,929	1,543	1,632	4,054
SAN LORENZO	5,507	2%	1,125	1,221	645	2,516
PLEASANTON	7,391	2%	2,259	260	780	4,092
DUBLIN	7,240	2%	2,501	262	839	3,638
EMERYVILLE	2,844	1%	511	637	503	1,193
ALBANY	2,241	1%	397	263	514	1,067
PIEDMONT	408	0%	92	151	57	108
SUNOL	84	0%	30	8	6	40
ANTIOCH	30	0%	6	12	2	10
Other	17,591	5%	3,467	3,454	2,400	8,270
Total	360,537	100%	**82,201**	**75,782**	**39,606**	**162,948**

Group Care By City

City	Jul 2026	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	1,897	30%	349	424	0	1,124
HAYWARD	734	11%	339	196	0	199
FREMONT	728	11%	456	91	0	181
SAN LEANDRO	705	11%	280	109	0	316
UNION CITY	299	5%	177	53	0	69
ALAMEDA	333	5%	105	39	0	189
BERKELEY	165	3%	44	19	0	102
LIVERMORE	102	2%	28	1	0	73
NEWARK	158	2%	88	41	0	29
CASTRO VALLEY	235	4%	103	38	0	94
SAN LORENZO	180	3%	49	49	0	82
PLEASANTON	76	1%	27	3	0	46
DUBLIN	139	2%	54	4	0	81
EMERYVILLE	46	1%	9	10	0	27
ALBANY	25	0%	7	4	0	14
PIEDMONT	4	0%	0	1	0	3
SUNOL	1	0%	1	0	0	0
ANTIOCH	24	0%	7	5	0	12
Other	547	9%	184	95	0	268
Total	**6,398**	**100%**	**2,307**	**1,182**	**0**	**2,909**

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

D-SNP By City

City	Jul 2026	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	102	38%	22	8	0	72
HAYWARD	31	11%	11	3	0	17
FREMONT	19	7%	13	0	0	6
SAN LEANDRO	18	7%	8	4	0	6
UNION CITY	4	1%	3	0	0	1
ALAMEDA	19	7%	5	5	0	9
BERKELEY	18	7%	3	0	0	15
LIVERMORE	13	5%	2	1	0	10
NEWARK	8	3%	7	1	0	0
CASTRO VALLEY	4	1%	1	2	0	1
SAN LORENZO	6	2%	3	0	0	3
PLEASANTON	5	2%	3	0	0	2
DUBLIN	8	3%	1	0	0	7
EMERYVILLE	3	1%	1	0	0	2
ALBANY	0	0%	0	0	0	0
PIEDMONT	0	0%	0	0	0	0
SUNOL	0	0%	0	0	0	0
ANTIOCH	0	0%	0	0	0	0
Other	14	5%	7	0	0	7
Sum:			**2,307**	**1,182**	**0**	**2,909**

Total By City

City	Jul 2026	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	145,110	40%	21,645	36,714	15,658	71,093
HAYWARD	46,858	13%	11,138	12,441	5,195	18,084
FREMONT	35,284	10%	15,076	5,570	1,841	12,797
SAN LEANDRO	23,428	6%	6,362	3,691	2,840	10,535
UNION CITY	13,412	4%	5,485	2,284	734	4,909
ALAMEDA	12,953	4%	3,233	2,353	1,962	5,405
BERKELEY	14,759	4%	3,146	2,373	1,647	7,593
LIVERMORE	11,998	3%	1,960	318	1,945	7,775
NEWARK	8,362	2%	2,705	3,200	406	2,051
CASTRO VALLEY	10,393	3%	3,032	1,581	1,632	4,148
SAN LORENZO	5,687	2%	1,174	1,270	645	2,598
PLEASANTON	7,467	2%	2,286	263	780	4,138
DUBLIN	7,379	2%	2,555	266	839	3,719
EMERYVILLE	2,890	1%	520	647	503	1,220
ALBANY	2,266	1%	404	267	514	1,081
PIEDMONT	412	0%	92	152	57	111
SUNOL	85	0%	31	8	6	40

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

ANTIOCH	54	0%	13	17	2	22
Other	18,138	5%	3,651	3,549	2,400	8,538
Total	366,935	100%	**84,508**	**76,964**	**39,606**	**165,857**

Finance

Supporting Documents

Operations

Beau Hennemann

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

From: **Operations Division**

Date: **September 11th, 2026**

Subject: **Operations Report**

Member Services

- 12-Month Trend Blended Summary:
  - The Member Services Department received 17,429 calls in August 2026 compared to 18,859 in August 2025 which represents an 8% decrease in calls.
  - The abandonment rate for August 2026 was 3% compared to 5% in August 2025.
  - The Department's service level was 96% in August 2026, compared to 94% in August 2025. The average speed to answer (ASA) was nine seconds (00:09) in August 2026, compared to thirteen seconds (00:13) in August 2025. The Department continues to recruit to fill open positions, when approved. Customer Service support service vendor continues to provide overflow call center support.
  - The average talk time (ATT) was seven minutes and twenty-six seconds (7:26) for August 2026 compared to seven minutes and forty-seven seconds (7:47) for August 2025.
  - 100% of calls were answered within 10 minutes for August 2026 and 100% of calls were answered within 10 minutes for August 2025.
  - Outbound calls totaled 10,407 in August 2026 compared to 9,544 in August 2025.
  - The top five (5) call reasons for August 2026 were 1) Grievances/Appeals, 2) Change of PCP, 3) Eligibility/Enrollment, 4) Benefits, and 5) Provider Network Information. The top five (5) call reasons for August 2025 were: 1) Eligibility/Enrollment, 2) Change of PCP, 3) Grievances/Appeals, 4) Benefits, and 5) Provider Network Information.
  - August 2026 utilization of the member automated eligibility IVR system totaled 1,270 compared to 1,398 in August 2025.
  - The Department continues to service members via multiple communication channels (telephonic, email, online, web-based requests, and in-person). The Department responded to 949 web-based requests in August 2026 compared to 1,496 in August 2025. The top three (3) web request reasons for August 2026 were: 1) Change of PCP, 2) ID Card Requests, and 3) Update Contact Information. 50 members were assisted in-person in August 2026 compared to 45 in August 2025.

- MS Behavioral Health:
    - The Member Services Behavioral Health (MS BH) Unit received a total of 1,027 calls in August 2026 compared to 1,161 in August 2025.
    - The abandonment rate was 2% in August 2026 compared to 7% in August 2025.
    - The service level was 92% in August 2026 and 77% in August 2025.
    - The average speed to answer (ASA) was twenty-one seconds (00:21) compared to fifty-five seconds (00:55) in August 2025.
    - 100% of calls were answered within 10 minutes in August 2026 compared to 99% of calls answered within 10 minutes in August 2025.
    - The Average Talk Time (ATT) was nine minutes and fifty-four seconds (09:54) compared to nine minutes and forty-four seconds (09:44) in August 2025. The MS BH Team utilizes the DHCS age-appropriate screening tools for Medi-Cal Mental Health Services to determine the appropriate delivery system for members who are not currently receiving mental health services when they contact the plan.
    - 1,947 outbound calls were completed in August 2026 compared to 1,266 in August 2025.
    - 123 screenings were completed in August 2026 compared to 138 in August 2025.
    - 27 referrals were made to the County (ACCESS) in August 2026 compared to 39 August 2025.
    - 18 members were referred to Center Point for SUD services in August 2026 compared to 21 in August 2025.

- D-SNP Member Services blended:
    - The Member Services D-SNP Unit received a total of 564 calls in August 2026.
    - The abandonment rate was 3%.
    - The Average Speed to Answer (ASA) was seven seconds (00:07).
    - The service level was 100%.
    - The Average Talk Time (ATT) was six minutes and fifty-one seconds (6:51).
    - The top five (5) call reasons were: 1) Appeals/Grievances, 2) Benefits/Organizational Determinations, 3) Eligibility/Enrollment, 4) Change of PCP, and 5). Correspondence Question/Follow-up.

- Training:
    - The MS Leadership Team primarily conducts routine and new-hire training via remote methods to promote consistency and scalability across the organization. In-person training sessions are facilitated by MS Supervisors and Trainers, as necessary, to address diverse learning preferences, deliver targeted refresher courses, and support personnel on-site. Ongoing updates and education ensures preparedness for D-SNP AEP/OEP readiness, aligning with CMS standards and enhancing the overall member experience.

Claims – Claims Processing

- 12-Month Trend Summary:
  - The Claims Department received 370,067 claims for all lines of business in August 2026 compared to 389,082 in August 2025.
  - The Auto Adjudication rate was 85% in August 2026 compared to 84% in August 2025.
  - Claims compliance for the 30-day turn-around time was 99.6% in August 2026 compared to 83.5% in August 2025.

- Medi-Cal/Group Care Monthly Analysis:
  - In August we received a total of 368,691 claims in the HEALTHsuite system, which represents an increase of 10.4% from July 2026. It is also 5.5% lower than the number of claims received in August 2025 (389,082).
  - 90% of claims were received via EDI and 10% of claims via paper during July.
  - The Auto Adjudication rate was 85% for August.

- D-SNP Monthly Analysis:
  - In August, we received a total of 1,376 claims in the HEALTHsuite system, which represents a 20.8% increase from July 2026, when 1,139 claims were received.
  - 963 claims (70%) were received via EDI, and 413 claims (30%) were received via paper in August.
  - Out of 1,376 claims, 414 claims have been finalized.
  - The Auto Adjudication rate was 30.1% for August

- D-SNP YTD Analysis
  - A total of 7,175 D-SNP claims have been received since the January 1st, 2026, go-live, and 6,186 claims have been finalized.

Claims – Provider Dispute Resolution

- 12-Month Trend Summary:
  - In August 2026, the Provider Dispute Resolution (PDR) team received 3,632 PDRs versus 2,762 in August 2025.
  - The PDR team resolved 2,388 cases in August 2026 compared to 2,769 cases in August 2025.
  - In August 2026, the PDR team upheld 70% of cases versus 75% in August 2025.
  - The PDR team resolved 98% of cases within the compliance standard of 95% within 45 working days in August 2026, compared to 99.7% in August 2025.

- Monthly Analysis:
  - In August 2026, the Provider Dispute Resolution (PDR) team received 3,632 PDRs versus 3,239 in July 2026. This represents a 12.1% increase from July 2026.
  - In August 2026, 2,388 PDRs were resolved, with 1,660 upheld and 728 overturned.
  - 2,340 of 2,388 cases were resolved within 45 working days, resulting in a 98% compliance rate.
  - The average turnaround time for resolving PDRs in July was 38 days.
  - There were 4,388 PDRs pending resolution as of 8/31/2026, with no cases older than 45 working days.
  - The overturn rate for PDRs was 30%, which did not meet our goal of 25% or less.
  - Primary reasons for the missed goal include:
    - System-related issues – 155 cases with incorrect claim denials. (Member Not Found, Eligibility, Non-covered code, modifier, NDC)
    - Authorization issues – 152 cases with incorrect claim denials (Retro medical necessity review; authorization was on file).
    - Incorrect Rate Configuration – 185 cases were underpaid due to the contract not being loaded in the system correctly.

Full breakdown of all 728 overturned PDRs

Category	# of Cases	% of Cases	Comments
System Related Issues	**155**	**22%**	
General configuration issues	28	4%	Non-covered code, modifier, NDC etc.
Financial responsibility	106	15%	Member Not Found, Eligibility
Claims Editing System (CES)	21	3%	
Authorization Issues	**152**	**21%**	
Processor error	12	2%	Authorization was on file
UM/retro auth review	140	12%	Retro medical necessity review
OHC Issues	**129**	**17%**	Inaccurate OHC Member TPL data
Incorrect Rates	**185**	**2%**	
Incorrect rate - System	83	11%	Contract not updated in the system at the time of claim processing
Letter of Agreement (LOA)	9	1%	Underpaid; LOA on file
COB calculation	59	8%	Incorrectly calculated
Incorrect rate – Processor	34	5%	The processor did not calculate the rate correctly according to the contract or rate sheet
Claim Processing Error	**75**	**11%**	
Duplicate claim	57	8%	The claim was not a duplicate; the processor denied it in error
Incorrect Manual Denial	13	2%	The claim was manually denied incorrectly
Overpayment	5	2%	Provider requests recoupment due to overpayment
Additional Documentation	**32**	**4%**	
Provider duplicate documentation provided	6	1%	The documentation received confirmed that the claim was not a duplicate
Timely filing	26	3%	The documentation received confirmed that the claim was submitted on time
PDR Overturn Totals	**639**	**100%**	

Grievances & Appeals

- Grievances & Appeals (MCAL & IHSS)
  - Standard Grievance and Exempt Grievance cases were resolved within the goal of 95% of regulatory timeframes.
  - Expedited Grievance cases were not resolved within the goal of 95% of regulatory timeframes.
  - Standard Appeal and Expedited Appeal cases were resolved within the goal of 95% of regulatory timeframes.
  - Total Unique grievances resolved in August were 8.32 complaints per 1,000 members.

August 2026 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	2,049	30 Calendar Days	95% compliance within standard	1,963	95.80%	4.47
Expedited Grievance	10	72 Hours	95% compliance within compliance standard	7	70.00%	0.02
Exempt Grievance	1,620	Next Business Day	95% within standard	1,620	100.00%	3.81
Standard Appeal	82	30 Calendar Days	95% compliance within standard	78	95.10%	0.22
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.00%	0.00
Total Cases:	3,762		95% compliance within standard	3,669	97.5%	8.32

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

- Standard/Expedited Grievances:
  - There were 1,638 unique grievance cases resolved during the reporting period, with a total of 2,059 grievances including 411 shadow cases.
    - **792** of 2,059 (38/%) cases were related to Access to Care; the following are the top four (4) categories:
      - Timely Access – 254

        - Technology/Telephone – 218
        - Authorization – 124
        - Provider Availability – 91
    - **716** of 2,059 (35%) cases were related to Quality of Service; the following are the top four (4) categories:
        - Plan Customer Service – 145
        - Provider/Staff Attitude – 176
        - Authorization – 90
        - Transportation – 81
    - **354** of 2,059 (17%) cases were related to Coverage Dispute; the following are the top two (2) categories:
        - Provider Balance Billing – 192
        - Provider Direct Member Biling – 92
    - **103** of 2,059 (5%) cases were related to Other; the following are the top two (2) categories:
        - Enrollment – 30
        - Eligibility – 30
    - **94** of 2,059 (5%) cases were related to Quality of Care; the top category was:
        - Quality of Care – 85
- Resolution Determination:
    - **1,551** of 2,059 (75%) cases were resolved In Favor of Enrollee
    - **439** of 2,059 (21%) cases were resolved In Favor of the Plan
    - **69** of 2,059 (4%) cases were Withdrawn by Member

- Exempt Grievances:
    - There were 1,396 unique exempt grievance cases resolved during the reporting period, with a total of 1,620 exempt grievances including 224 shadow cases.
        - **652** of 1,620 (40%) cases were related to Other; the top category was:
            - Enrollment – 607
        - **610** of 1,620 (38%) cases were related to Quality of Service; the following are the top two (2) categories:
            - Plan Customer Service – 383
            - Provider/Staff Attitude – 183
        - **355** of 1,620 (22%) cases were related to Access to Care; the following are the top two (2) categories:
            - Technology / Telephone – 107
            - Provider Availability – 98
        - **3** of 1,620 (0%) cases were related to Coverage Dispute; the top category was:
            - Benefit – 3
    - Resolution Determination:
        - **1,379** of 1,620 (85%) cases were resolved In Favor of Enrollee

        - **240** of 1,620 (15%) cases were resolved In Favor of the Plan
        - **1** of 1,620 (0%) cases were Withdrawn by Member
- Appeals:
    - The Alliance's goal is to have an overturn rate of less than 25%; for the reporting period of August 2026, we met our goal with a 17% overturn/approved rate.
        - **67** out of 83 (81%) cases had an upheld/denied decision for the month of August 2026:
            - Out of Network – 40
            - Disputes Involving Medical Necessity – 26
            - Coverage Dispute – 1
        - **14** out of 83 (17%) cases had an overturn/approved decision for the month of August 2026:
            - Out of Network – 8
            - Disputes Involving Medical Necessity – 6
        - **2** out of 83 (2%) cases had a partial uphold/denial decision for the month of August 2026:
            - Disputes Involving Medical Necessity – 2

- D-SNP Grievances & Appeals (Resolved)
    - Standard Grievance cases were resolved within the goal of 95% of regulatory timeframes.
    - First Call Resolution cases were not resolved within the goal of 95% of regulatory timeframes.
    - Standard Appeal cases were resolved within the goal of 95% of regulatory timeframes.
    - There were no Expedited Grievance cases filed in August 2026.

August 2026 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate
Standard Grievance	96	30 Calendar Days	95% compliance within standard	96	100.0%
Expedited Grievance	0	72 Hours	95% compliance within standard	0	N/A
First Call Resolution	20	Next Business Day	95% compliance within standard	17	85.0%
Standard Appeal	1	30 Calendar Days	95% compliance within standard	1	100.0%
Expedited Appeal	0	72 Hours	95% compliance within standard	0	N/A
Total Cases:	117		95% compliance within standard	114	97.4%

*Per 1,000 not calculated for DSNP because enrollment is below 10,00.

- Standard Grievances:

- There were 51 unique grievance cases resolved during the reporting period, with a total of 96 grievances including 45 shadow cases.
  - **51** of 96 (53%) cases were related to Quality of Service; the categories are:
    - Plan Customer Service – 17
      - Member Services – 10
      - CM Department – 3
      - Grievance & Appeals – 2
      - Communications & Outreach – 1
      - Sales – 1
    - Referral – 15
    - Member Informing Materials – 5
    - Provider / Staff Attitude – 5
    - Transportation – 4
    - Authorization – 3
    - Case Management / Care Coordination – 2
  - **26** of 96 (27%) cases were related to Access to Care; the categories are:
    - Technology / Telephone – 12
    - Authorization – 7
    - Timely Access – 2
    - Out-of-Network – 2
    - Geographic Access – 1
    - Physical Access – 1
    - Provider Availability – 1
  - **16** of 96 (17%) cases were related to Coverage Dispute; the categories are:
    - Provider Balance Billing – 9
    - Provider Direct Member Billing – 5
    - Benefit – 1
    - Reimbursement – 1
  - **3** of 96 (3%) cases were related to Other; the category:
    - Enrollment – 3

- <u>First Call Resolution (FCR) Grievances:</u>
  - There were 20 total unique exempt grievance cases resolved during the reporting period.
    - **11** of 20 (55%) cases were related to Quality of Service; the categories were:
      - Plan Customer Service – 8
        - Member Services – 4
        - BH Mental Health Team – 2
        - Nations – 1
        - UM Department – 1
      - Authorization – 2
      - Discrimination – 1

        - **5** of 20 (25%) cases were related to Other; the category was:
            - Enrollment – 1
        - **3** of 20 (15%) of cases were related to Coverage Dispute; the categories were:
            - Benefit – 2
            - Provider Direct Member Billing – 1
        - **1** of 20 (5%) cases were related to Access to Care; the category was:
            - Technology / Telephone – 1
- <u>Appeals:</u>
    - The Alliance's goal is to have an overturn rate of less than 25%; for the reporting period of August 2026, we met our goal since there were no overturns in the month of August 2026.
        - 1 case had an adverse decision (upheld/denied) for the month of August 2026:
            - Coverage Disputes – 1
- <u>CTM Information for July 2026:</u>
    - Closed CTM – 4:
        - 2 complaints filed under Benefits, Access, Quality of Care; the sub-categories were:
            - 2.40: Beneficiary has difficulty securing Part D prescriptions
            - 2.49: Other
        - 1 complaint filed under Marketing; the sub-category was:
            - Allegation of inappropriate marketing by plan, plan representative, or agent/broker
        - 1 complaint filed Enrollment / Disenrollment, the sub-category was:
            - 2.10: Beneficiary is experiencing an enrollment issue that may require reinstatement or enrollment change

Provider Services

- 12-Month Trend Summary:
  - The Provider Services department's call volume in August 2026 was 9,270 calls (7,736 Medi-Cal/Group Care and 1,534 D-SNP) compared to 8,838 calls (Medi-Cal/Group Care only) in August 2025.

- Monthly Analysis:
  - The Provider Services department completed 468 calls/visits during August 2026.
  - The Provider Services department answered 6,580 calls (5,484 Medi-Cal/Group Care and 1,096 D-SNP) for August 2026 and made 201 outbound calls (180 Medi-Cal/IHSS and 21 D-SNP).

Credentialing

- Monthly Analysis:
  - At the Peer Review and Credentialing (PRCC) meeting held on August 18th, 2026, there were one hundred and thirty-three (133) initial network providers approved.
    - Seven (7) primary care provider
    - Six (6) specialists
    - Eighteen (18) ancillary providers
    - Nine (9) mid-level providers
    - Ninety-three (93) behavioral health providers
  - 64 providers were re-credentialed at this meeting
    - Eleven (11) primary care providers
    - Fourteen (14) specialists
    - One (1) ancillary providers
    - Seven (7) mid-level providers
    - Thirty-one (31) behavioral health providers
  - 440 facilities are currently credentialed.

Community Relations and Outreach

- 12-Month Trend Summary:
  - In August 2026, the Alliance completed 280 member orientation outreach calls and 34 member orientations by phone compared to 866 member orientation outreach calls and 58 member orientations by phone in August 2025.
  - The C&O Department reached 3,226 people (38% identified as Alliance members) during outreach activities, compared to 1,805 individuals (58% self-identified as Alliance members) in August 2025.
  - The C&O Department spent a total of $750.00 on donations, fees, and/or sponsorships, compared to $685.00 in August 2025.
  - The C&O Department reached members in 10 cities/unincorporated areas throughout Alameda County and the Bay Area, compared to 10 cities in August 2025.

- Monthly Analysis:
  - In August 2026, the C&O Department completed 280 member orientation outreach calls, 29 new member orientations by phone, 5 non-utilizer member orientations by phone, 6 Alliance website inquiries, 8 community events, and 9 member education events.
  - Among the 3,222 people reached during outreach activities, 38% identified as Alliance members.
  - In August 2026, the C&O Department reached members in 10 locations throughout Alameda County, the Bay Area, and the U.S.

Medicare Operations

- **D-SNP Upcoming Key Initiatives and Dates:**
  - Rebate Allocation with CMS and Health Plan – July 28th - August 6th, 2026.
  - Bid Approval – August 20, 2026.
  - SMAC Approval – August 25, 2026.
  - Drug Pricing and Plan Benefit Data previews – August and September 2026.
  - Annual Enrollment Period (AEP) – October 15th through December 7th, 2026.
  - Open Enrollment Period (OEP) Begins – January 1st, 2027.

- **D-SNP Activities – August 2026**
  - Medicare Product Updates:
    - Dental – Liberty Dental - In August, the primary focus of the Liberty Dental partnership was preparing for the October 1st CMS provider directory and Medicare Plan Finder (MPF) requirements. Significant effort was dedicated to obtaining, reviewing, and validating Liberty Dental provider files, evaluating file layouts, and determining how dental provider data would be incorporated into CMS submissions and member directory updates. In addition, a First Amendment to the Dental Services Agreement was finalized, and ongoing discussions continued regarding Liberty Dental network and provider file requirements to support directory and operational compliance activities.
    - Vision – Vision Service Plan (VSP) - In August, VSP support activities were largely focused on preparing for the October 1st CMS provider directory and Medicare Plan Finder (MPF) requirements, including discussions regarding supplemental benefit provider file submissions and data needed for CMS reporting. The team continued regular bi-weekly vendor oversight meetings to monitor vision benefit operations, implementation activities, open issues, and overall readiness for Medi-Cal and D-SNP members. Additional efforts included reviewing and developing 2027 member-facing vision benefit FAQs and communications to support AEP/OEP readiness and member education.
    - Over the Counter (OTC) and Hearing – Nations Benefits - In August, a significant focus of the Nations Benefits partnership was preparing for 2027 readiness. Extensive reviews were conducted to validate and align benefit language, FAQs, Evidence of Coverage (EOC) content, Summary of Benefits materials, and member communications to ensure consistency across all member-facing documents. The team also completed review and approval of 2027 OTC-related materials, including card inserts, card carrier communications, supplemental benefit content, and member FAQs in preparation for AEP. Ongoing coordination with Nations Benefits

leadership addressed OTC operations, hearing benefits, flex card administration, rewards programs, and operational readiness activities, while additional documentation was requested and reviewed to support 2027 implementation, regulatory filings, and member communication needs.

- Medicare Online Enrollment Center (OEC) - In August, the primary focus of OEC activities was investigating and documenting the OEC Plus file process, including how Medicare.gov applications are transferred, reported, reconciled, and processed downstream. The team also advanced planning for OEC automation and system integration initiatives, including HPMS OEC API discussions, Cirrus integration requirements, and future-state enrollment processing workflows aimed at reducing manual effort.
- 2027 Medicare Bid Submission - In August, coordination with Milliman was centered on completing the CY2027 bid resubmission process following the CMS benchmark update. Key activities included evaluating benefit changes, validating actuarial pricing assumptions, updating and submitting revised Plan Benefit Package (PBP) and Bid Pricing Tool (BPT) files, and ensuring all supporting documentation was uploaded to HPMS. Close collaboration among Product, Finance, IPD, and Milliman ensured the organization met CMS resubmission requirements and regulatory deadlines. The effort concluded with final actuarial certification and submission of supporting documentation, successfully completing the CY2027 bid resubmission and compliance process ahead of the August 12 CMS deadline.
- Medicare Projects:
    - Work to implement new Pharmacy Benefit Manager (PBM), MedImpact, is in progress.
    - CHCN delegation project charter has been approved by AAH leadership and is currently under CHCN review. Currently working on delegation agreement and Delegation of Financial Responsibility DOFR).
    - Formal kick off of TeamDynamix (TDX) project 14695: PY2027-D-SNP CMS Marketing and Sales Readiness – Annual Enrollment Period (AEP) / Open Enrollment Period (OEP) occurred.
    - Formal kick off of TeamDynamix (TDX) project 14696: PY2027-D-SNP Operational Readiness Annual Enrollment Period (AEP) / Open Enrollment Period (OEP) occurred.

- <u>Medicare Sales & Retention Updates:</u>
    - Staffing Updates:
        - Offers extended for two (2) Medicare Field Sales and Community Agents pending HR background checks.
        - Three (3) additional Medicare Field Sales and Community Agent positions approved and posted.

- Sales/IT Enhancements and Projects:
    - Onboarding Document for new hires completed and implemented.
    - Ongoing discussion with IT/Enrollment for CISCO and Cirrus API.
    - Integration of pre-enrollment sales script initiated with Nations.
    - Outbound dialer function requested with Nations.
    - Phone tree enhancement in process and targeting early September for implementation.
    - Sales IVR verbiage finalized and targeting early September for implementation.
    - Four (4) new CHCN lead list files successfully uploaded into Cirrus.
    - Continued development of Cirrus CRM Sales Tool reporting dashboards for enrollment and retention data.

- <u>Medicare Marketing, Communications, & Branding Updates:</u>
    - Anderson Medicare Marketing Vendor:
        - Launched the first Medicare acquisition campaign targeting Alameda Alliance Medi-Cal members age 65+, with e-mail and landing page launch on 8/27/2026 and direct mail deployment beginning 9/25/2026.
            - Anderson partnership continues to drive a phased Medicare acquisition campaign, with October and November outreach planned to support year-end growth.
        - Completed contracting (MSA/SOW) for the Age-In marketing campaign and launched work with Anderson, with outreach planned from October through year-end.
    - Enrollment and Onboarding Experience Improvement:
        - Enhancing enrollment kits and welcome materials to improve member experience and align with CY2027 plan year requirements.
    - Materials on track for AEP launch (10/1/2026), supporting compliance, clarity, and improved onboarding.
    - D-SNP Centralized Website:
        - Upcoming milestones include building and deploying to the test environment, followed by Marketing QC in preparation for phased launches:
            - 8/17/2026: Shopping/Enrollment page. Completed Marketing QC and successfully launched the page on 8/17/2026.
            - 10/1/2026: Member Resource pages and AEP cycle content. Marketing QC in progress.
            - 1/1/2027: Removal of CY2026 plan year content.
    - FQHC Clinic Branding:

        - Co-branding work underway with Alameda Health Consortium (AHC) and clinic leadership to establish visual co-branding identity, messaging, and patient-facing experience.
            - Co-branded marketing campaign targeted for Q1 2027 launch; Anderson developing creative concepts for presentation to clinic leadership in October.
        - Implemented an Alameda Alliance Wellness D-SNP Health Center Guide to provide clinic staff with standardized, compliant talking points that support patient education and referrals to Alameda Alliance Wellness Sales.
- D-SNP Organizational Training:
    - Assessing enterprise-wide training needs to inform the 2026 learning strategy.
    - HR approved the Learning & Development Program Manager role; interviews are underway with top candidates.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	August 2026
Incoming Calls (R/V)	17,429
Abandoned Rate (R/V)	3%
Answered Calls (R/V)	16,893
Average Speed to Answer (ASA)	00:09
Calls Answered in 30 Seconds (R/V)	96%
Average Talk Time (ATT)	07:26
Calls Answered in 10 minutes	100%
Outbound Calls	10,407

Top 5 Call Reasons (Medi-Cal and Group Care) August 2026
Grievances and Appeals
Change of PCP
Eligibility/Enrollment
Benefits
Provider Network Information

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) August 2026
Change of PCP
ID Card Requests
Update Contact Information

Member Services Behavioral Health	August 2026
Incoming Calls (R/V)	1,027
Abandoned Rate (R/V)	2%
Answered Calls (R/V)	1,003
Average Speed to Answer (ASA)	00:21
Calls Answered in 30 Seconds (R/V)	92%
Average Talk Time (ATT)	09:54
Calls Answered in 10 Minutes	100%
Outbound Calls	1,947

Screenings Completed	125
ACBH Referrals	23
SUD Referrals to Center Point	27

Blended Call Results

D-SNP Blended Results	August 2026
Incoming Calls (R/V)	564
Abandoned Rate (R/V)	3%
Answered Calls (R/V)	546
Average Speed to Answer (ASA)	00:07
Calls Answered in 30 Seconds (R/V)	100%
Average Talk Time (ATT)	06:51
Calls Answered in 2 minutes	100%

Top 5 Call Reasons (D-SNP) August 2026
Appeals/Grievances
Benefits/Organizational Determinations
Eligibility/Enrollment
Change of PCP
Correspondence Question/Follow-up

Claims Department – Claims Processing
July 2026 and August 2026

METRICS

Claims Compliance	**Jul-26**	**Aug-26**
90% of clean claims processed within 30 calendar days	94.4%	99.6%
Claims Volume (Received)	**Jul-26**	**Aug-26**
Paper claims	43,714	36,114
EDI claims	364,889	333,953
Claim Volume Total	**408,603**	**370,067**
	(includes D-SNP)	(includes D-SNP)
Percentage of Claims Volume by Submission Method	**Jul-26**	**Aug-26**
% Paper	10.7%	9.8%
% EDI	89.3%	90.2%
Claims Processed	**Jul-26**	**Aug-26**
HEALTHsuite Paid (original claims)	315,792	254,493
HEALTHsuite Denied (original claims)	126,756	94,971
HEALTHsuite Original Claims Sub-Total	**442,548**	**349,464**
HEALTHsuite Adjustments	6,648	5,731
HEALTHsuite Total	**449,196**	**355,195**
Claims Expense	**Jul-26**	**Aug-26**
Medical Claims Paid	$178,476,848	$143,864,821
Interest Paid	$302,745	$171,068
Auto Adjudication	**Jul-26**	**Aug-26**
Claims Auto Adjudicated	370,485	228,886
% Auto Adjudicated	83.7%	85.3%
Average Days from Receipt to Payment	**Jul-26**	**Jul-26**
HEALTHsuite	14	12

Pended Claim Age	Jul-26	Aug-26
0-30 calendar days	22,881	15,419
HEALTHsuite		
31-62 calendar days	29	33
HEALTHsuite		
Over 63 calendar days	6	20
HEALTHsuite		

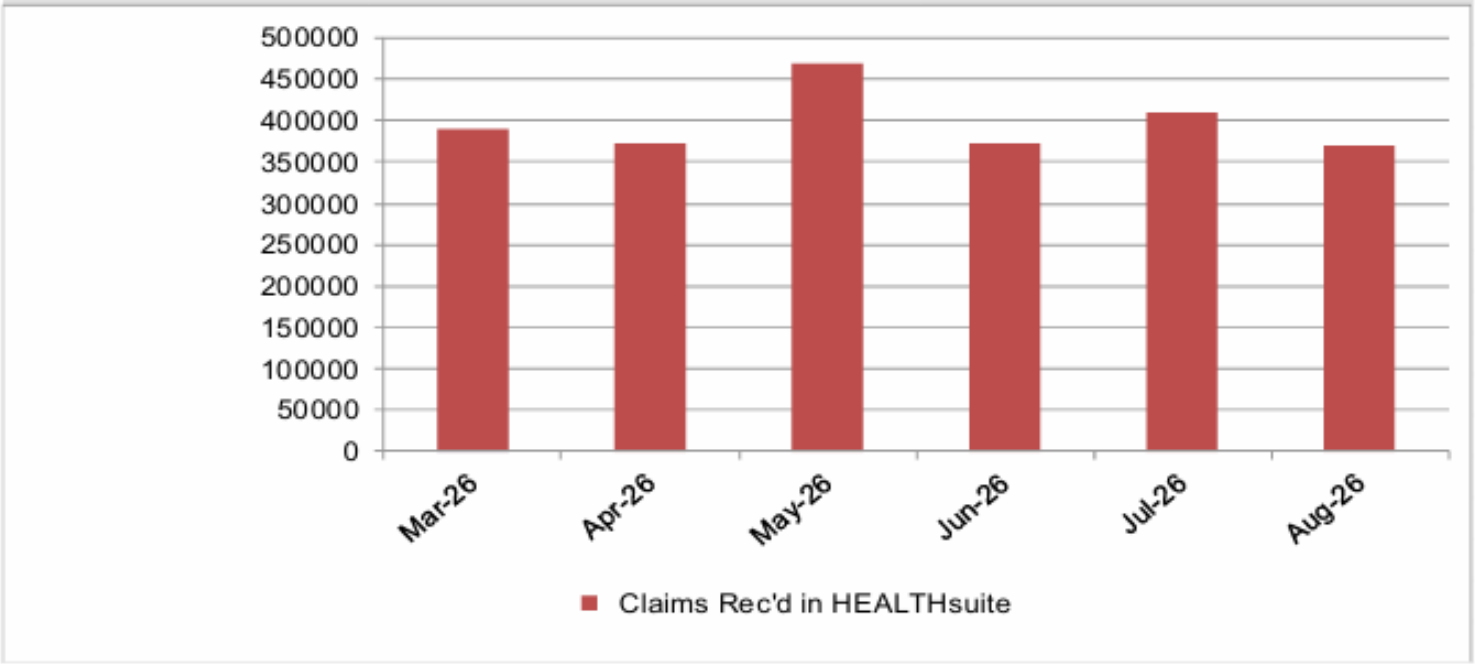
Overall Denial Rate	Jul-26	Aug-26
Claims denied in HEALTHsuite	98,102	94,971
% Denied	28.3%	26.7%

Claims Department - Claims Processing
July 2026 and August 2026

Aug-26	
Top 5 HEALTHsuite Denial Reasons	**% of all denials**
Responsibility of Provider	18%
No Benefits Found For Dates Of Service	14%
Non-Covered Benefit For This Plan	13%
Must Submit Paper Claim With Copy of Primary Payor EOB	10%
Duplicate Claim	8%
% Total of all denials	**63%**

Claims Received By Month

	4/1/2026	5/1/2026	6/1/2026	7/1/2026	8/1/2026	9/1/2026
Claims Received Through	**Mar-26**	**Apr-26**	**May-26**	**Jun-26**	**Jul-26**	**Aug-26**
Claims Rec'd in HEALTHsuite	389,550	373,472	468,360	372,767	408,603	370,067



Claims Year Over Year Summary		
Monthly Results	**Regulatory Requirement**	**AAH Goal**
Claims Compliance - comparing August 2026 to August 2025 as follows: 30 Days – 99.6% (2026) vs 83.5% (2025)	* 95% of clean claims in 30 calendar days (effective 1/1/2026) * 99% of all claims in 90 calendar days *(interest is required on any claim paid after 30 calendar days)*	* 95% of clean claims in 30 calendar days (effective 1/1/2026) * 99% of all claims in 90 calendar days *(interest is required on any claim paid after 30 calendar days)*
Claims Received - AAH received 370,067claims for all lines of business in August 2026 vs 389,082 in August 2025	N/A	N/A
EDI - the volume of EDI submissions was 90% which is slightly above the normal month to month range of ~77% - 87%	N/A	N/A
Original Claims Processed - AAH processed 349,464in August 2026 (21 working days) vs 331,937 in August 2025 (21 working days)	N/A	N/A
Medical Claims Expense - the amount of paid claims in August 2026 was $143,864,821 (4 check runs) vs $156,801,791 in August 2025 (4 check runs)	N/A	N/A
Interest Expense - the amount of interest paid in August 2026 was $171,068 vs $83,462 in August 2025	N/A	.05% - .075% of the monthly medical expense
Auto Adjudication - the AAH rate in August 2026 was 85.3% vs 84% in August 2025	N/A	85% or higher
Average Days from Receipt to Payment - the average # of days from receipt to payment in August 2026 was 12 days vs 18 days in August 2025	N/A	<= 25 days
Pended Claim Age - comparing August 2026 to August 2025 as follows: 0-30 calendar days - 15,419 (2026) vs 37,073 (2025) 31-62 calendar days - 33 (2026) vs 19,922 (2025) Over 63 calendar days - 20 (2026) vs 47,872 (2025)	N/A	N/A
Top 5 Denial Reasons - the claim denial reasons remain consistent from month to month so there is no significant changes to report from August 2026 to August 2025	N/A	N/A

Claims Department - Provider Dispute Resolution

July 2026 and August 2026

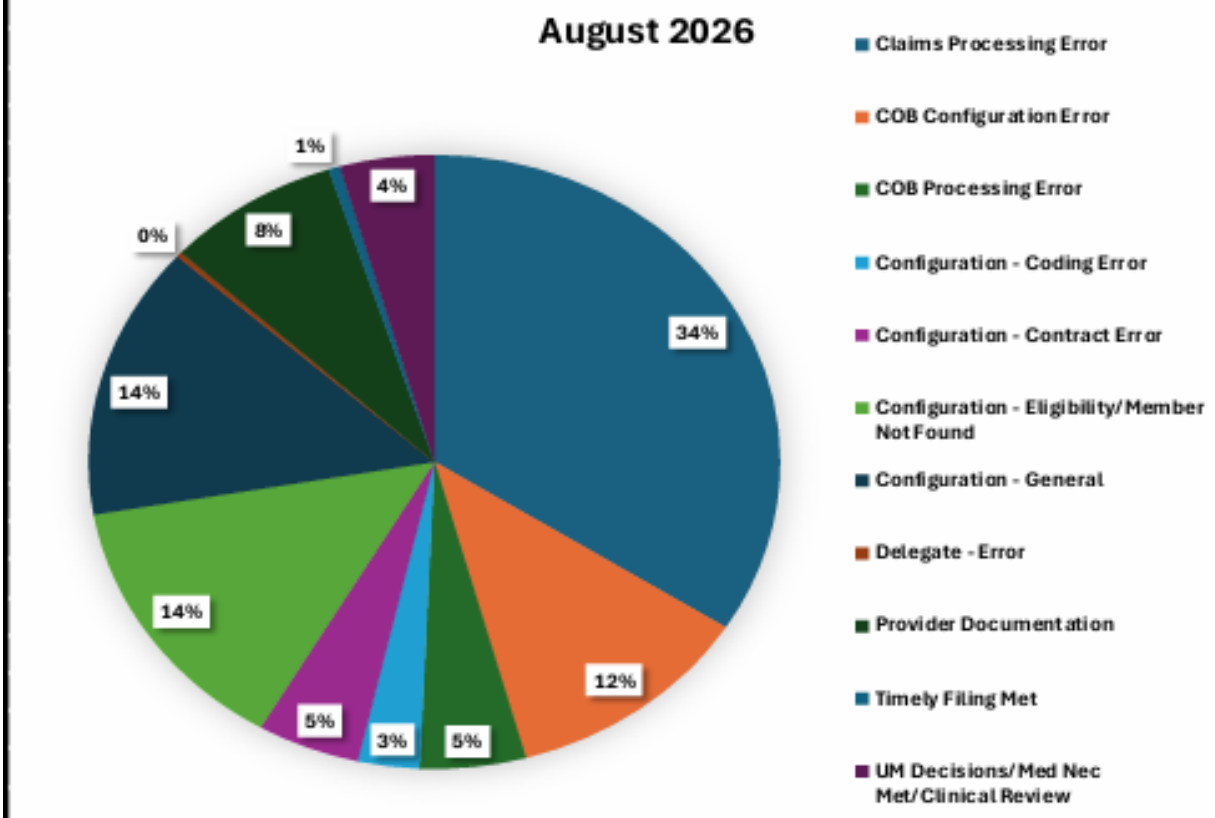
METRICS

PDR Compliance	**Jul-26**	**Aug-26**
# of PDRs Resolved	2,212	2,388
# Resolved Within 45 Working Days	2,168	2,340
% of PDRs Resolved Within 45 Working Days	98.0%	97.9%
PDRs Received	**Jul-26**	**Aug-26**
# of PDRs Received	3,239	3,632
PDR Volume Total	**3,239**	**3,632**
PDRs Resolved	**Jul-26**	**Aug-26**
# of PDRs Upheld	1,573	1,660
% of PDRs Upheld	71%	70%
# of PDRs Overturned	639	728
% of PDRs Overturned	29%	30%
Total # of PDRs Resolved	**2,212**	**2,388**
Average Turnaround Time	**Jul-26**	**Aug-26**
Average # of Days to Resolve PDRs	41	38
Oldest Resolved PDR in Days	678	194
Unresolved PDR Age	**Jul-26**	**Aug-26**
0-45 Working Days	4,465	4,388
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**4,465**	**4,388**

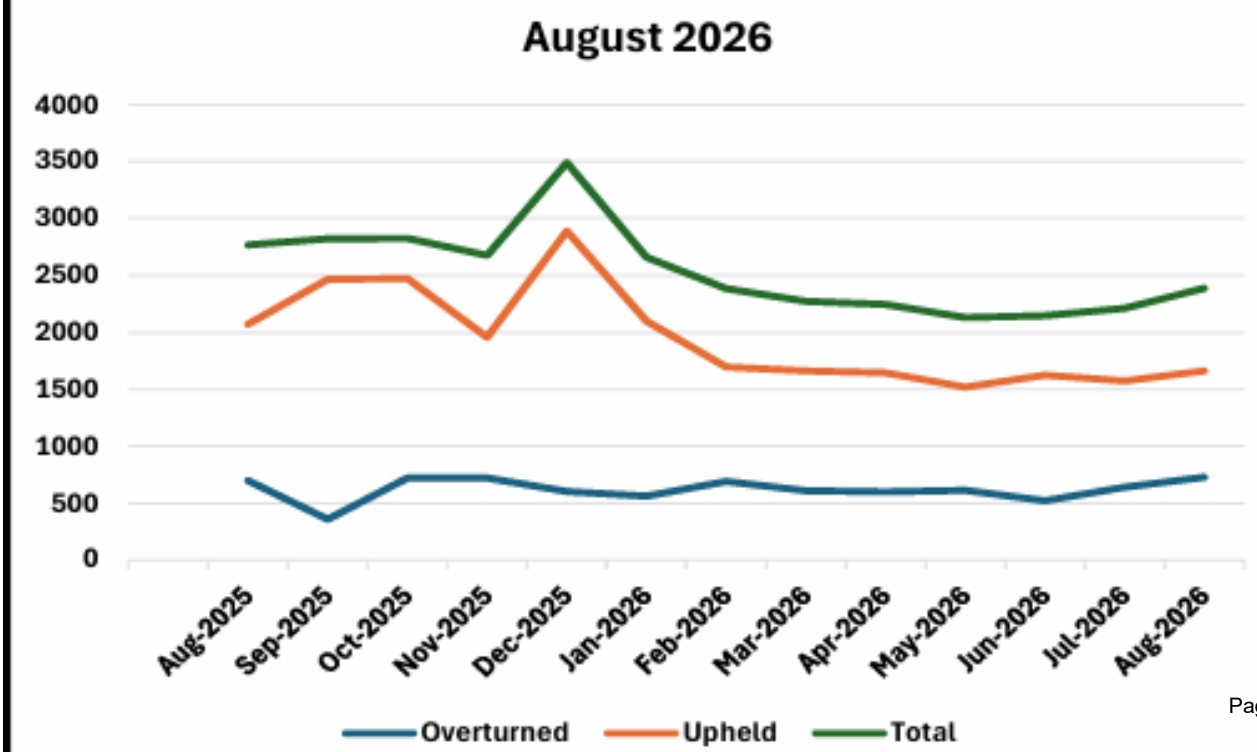
Provider Dispute Resolution
July 2026 and August 2026

Aug-26

PDR Resolved Case Overturn Reasons



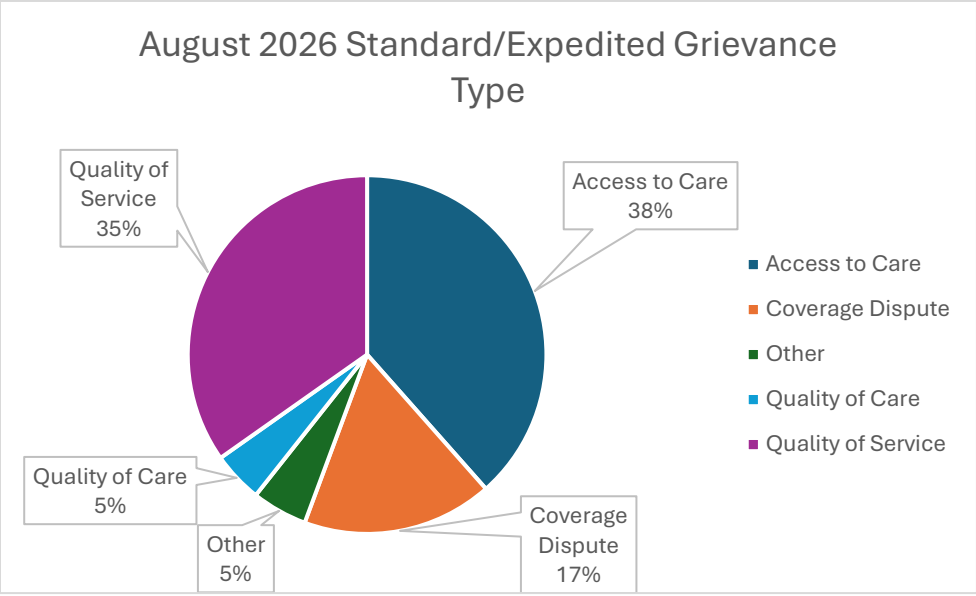
Rolling 12-Month PDR Trend Line

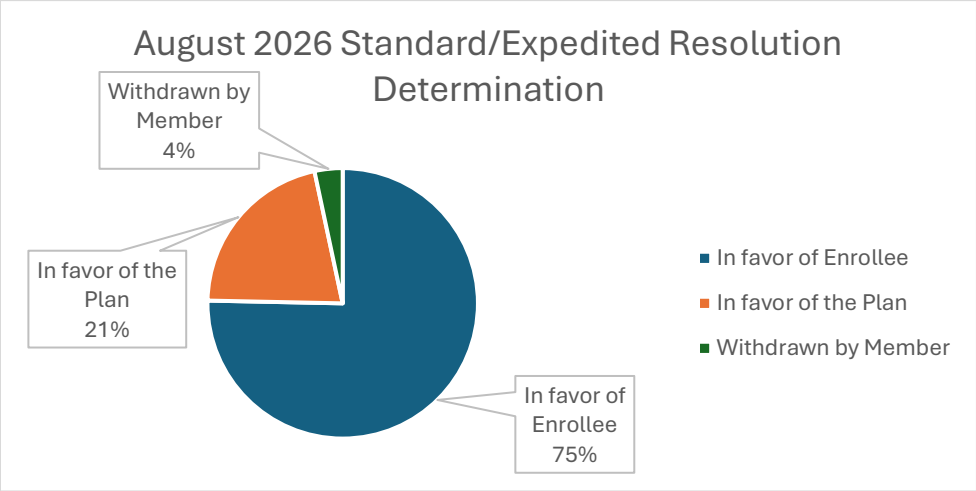


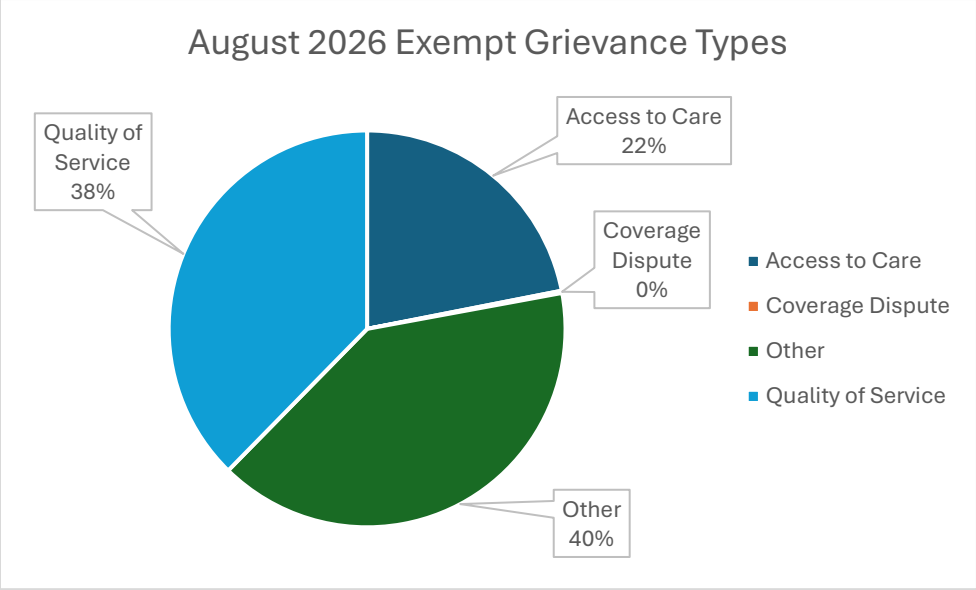
Provider Dispute Resolution Year Over Year Summary		
Monthly Results	**Regulatory Requirements**	**AAH Goal**
# of PDRs Resolved - 2,388 in August 2026 vs 2,769 in August 2025	N/A	N/A
# of PDRs Received - 3,632 in August 2026 vs 2,762 in August 2025	N/A	N/A
# of PDRs Resolved within 45 working days - 2,340 in August 2026 vs 2,761 in August 2025	N/A	N/A
% of PDRs Resolved within 45 working days - 97.9% in August 2026 vs 99.7% in August 2025	95%	95%
Average # of Days to Resolve PDRs - 38 days in Aug.2026 vs 37 days in Aug. 2025	N/A	30
Oldest Resolved PDR in Days - 194 days in Aug.2026 vs 124 days in Aug.2025	N/A	N/A
# of PDRs Upheld - 1,660 in August 2026 vs 2,071 in August 2025	N/A	N/A
% of PDRs Upheld - 70% in August 2026 vs 75% in August 2025	N/A	> 75%
# of PDRs Overturned - 728 in August 2026 vs 698 in August 2025	N/A	N/A
% of PDRs Overturned - 30% in August 2026 vs 25% in August 2025	N/A	< 25%
PDR Overturn Reasons: Claims processing errors - 34% (2026) vs 33% (2025) Configuration errors - 36% (2026) vs 43% (2025) COB - 17% (2026) vs 12% (2025) Clinical Review/UM Decisions/Medical Necessity Met - 13% (2026) vs 12% (2025)	N/A	N/A

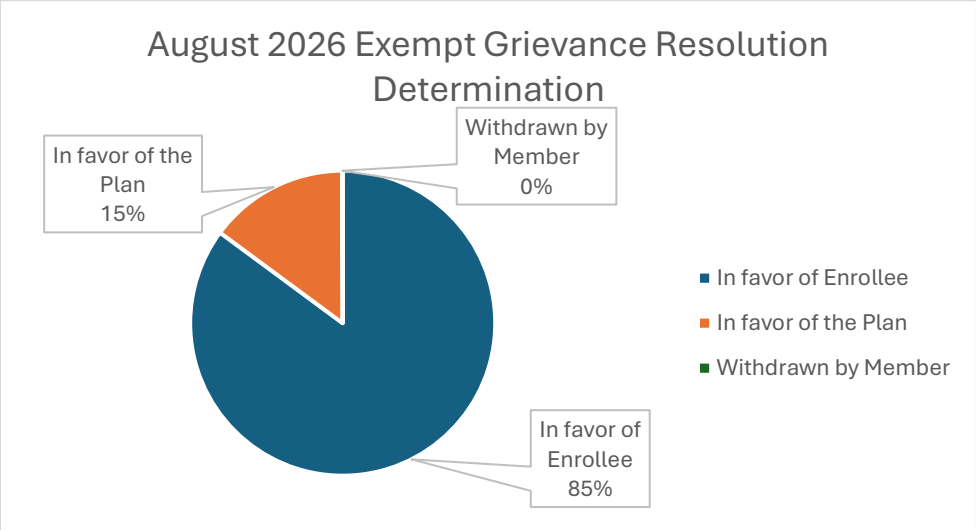
Grievance & Appeals

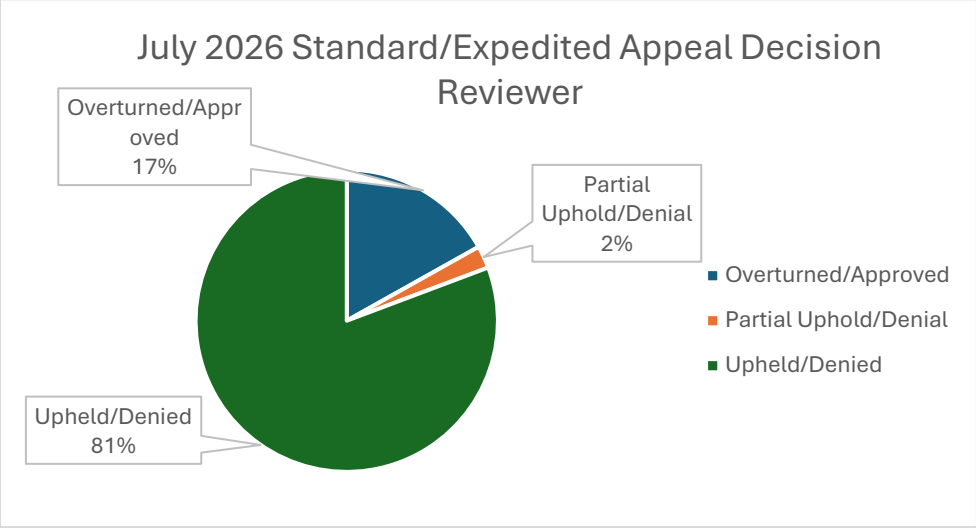
MCAL & IHSS



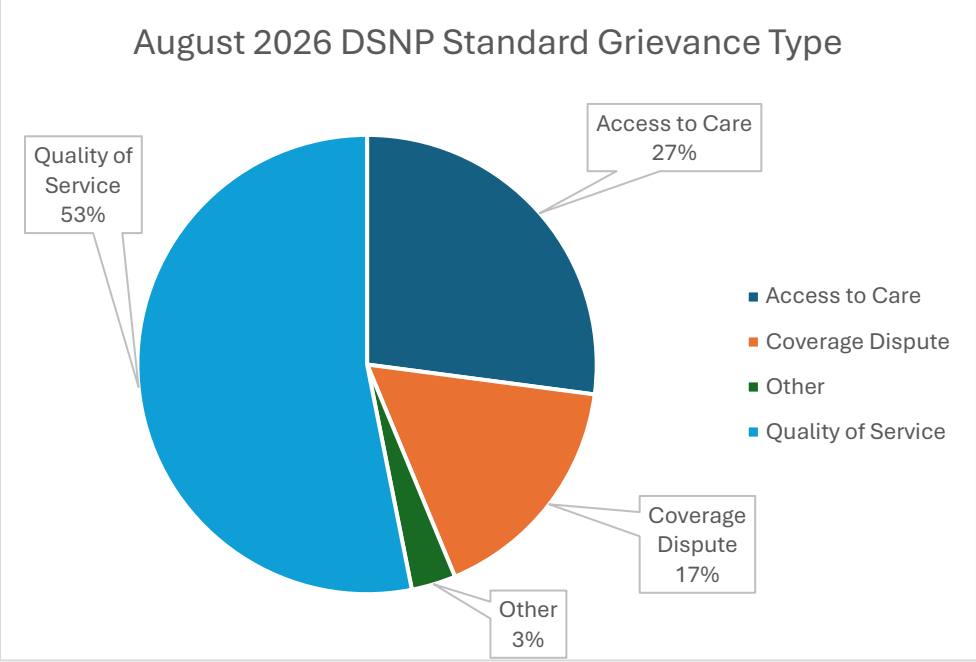


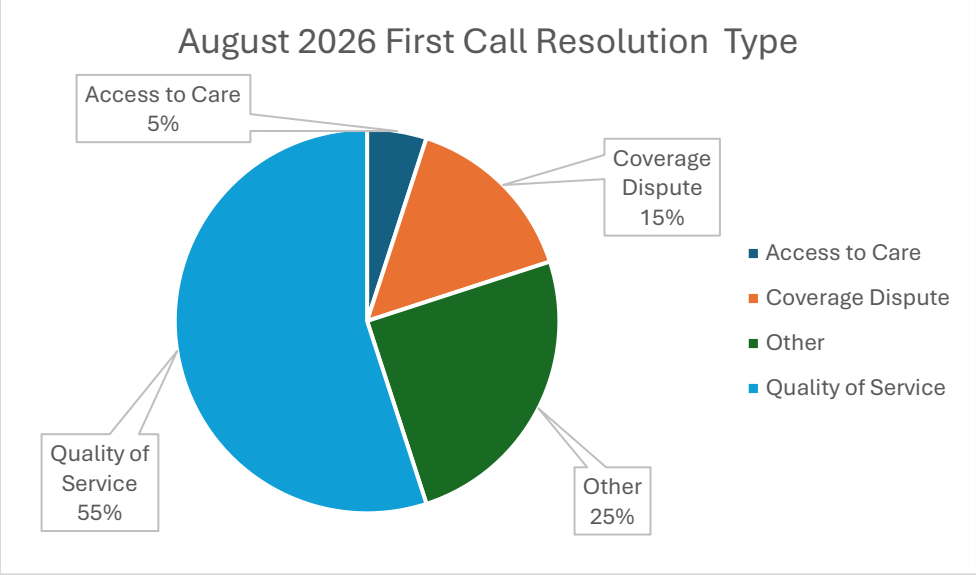

August 2026 Exempt Grievance Types
Quality of Service 38%
Access to Care 22%
Coverage Dispute 0%
Other 40%
Access to Care
Coverage Dispute
Other
Quality of Service

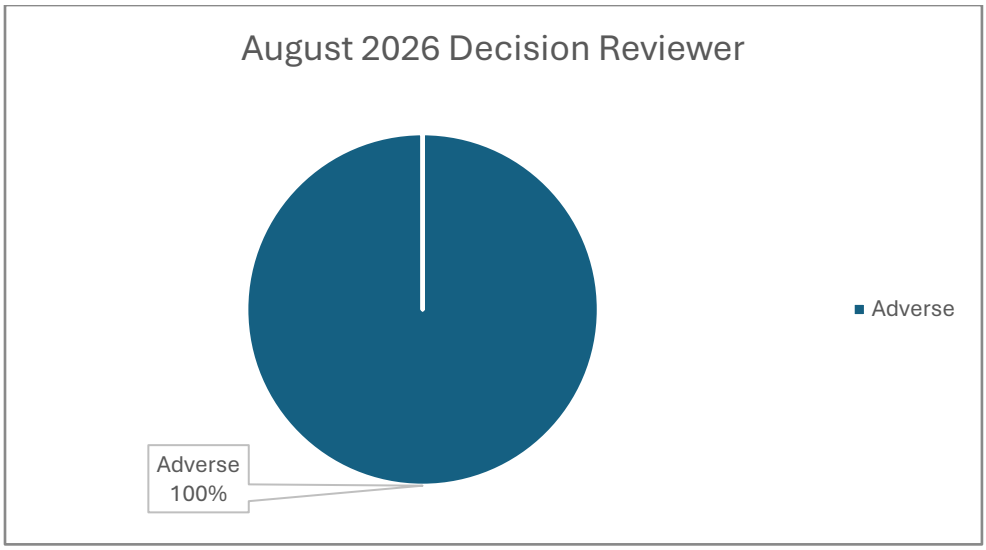

August 2026 Exempt Grievance Resolution Determination
In favor of the Plan 15%
Withdrawn by Member 0%
In favor of Enrollee 85%
In favor of Enrollee
In favor of the Plan
Withdrawn by Member


July 2026 Standard/Expedited Appeal Decision Reviewer
Overturned/Approved 17%
Partial Uphold/Denial 2%
Upheld/Denied 81%
Overturned/Approved
Partial Uphold/Denial
Upheld/Denied

D-SNP


August 2026 DSNP Standard Grievance Type
Access to Care 27%
Quality of Service 53%
Coverage Dispute 17%
Other 3%
Access to Care
Coverage Dispute
Other
Quality of Service


August 2026 First Call Resolution Type
Access to Care 5%
Coverage Dispute 15%
Other 25%
Quality of Service 55%
Access to Care
Coverage Dispute
Other
Quality of Service


August 2026 Decision Reviewer
Adverse
Adverse
100%

Provider Relations Call Center Dashboard

Medi-Cal and Group Care									
Alliance Provider Relations Staff	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls	7,416	5,195	5,918	7,383	7.736				
Answered Calls	5,410	4,375	4,843	4,848	5,484				
Abandoned Calls	2,006	820	1,075	2,535	2,252				
Outbound Calls	507	395	285	259	180				
Voicemails Received	21	3	22	17	16				
Agent Answered Rate ≥ 85% or above	96%	96%	97%	98%	98%				
Average Speed of Answer ≤ 30 seconds	207 seconds	133 seconds	162 seconds	264 seconds	410 seconds				
Call Abandonment Rate ≤ 15% or less	27%	13%	18%	34%	29%				
Totals	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	7,944	6,313	6,225	7,659	7,932				
Total Abandoned Calls	2,006	820	1,075	2,535	2,252				
Total Answered Incoming, R/V, Outbound Calls	5,938	4,773	5,150	5,124	5,680				

Alliance Wellness D-SNP									
Alliance Provider Relations Staff	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls	1,295	1,152	1,238	1,411	1,534				
Answered Calls	950	962	1,024	983	1,096				
Abandoned Calls	345	190	214	428	438				
Outbound Calls	56	43	49	29	21				
Voicemails Received	0	0	0	2	0				
Agent Answered Rate ≥ 85% or above	96%	96%	97%	98%	98%				
Average Speed of Answer ≤ 30 seconds	215 seconds	119 seconds	144 seconds	136 seconds	311 seconds				
Call Abandonment Rate ≤ 15% or less	26%	16%	17%	30%	29%				
Totals	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	1,351	1,195	1,287	1,442	1,555				
Total Abandoned Calls	345	190	214	428	438				
Total Answered Incoming, R/V, Outbound Calls	1,006	1,005	1,073	1,014	1,117				

Total All Lines of Business	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming Calls	8,711	6,347	7,156	8,794	9,270				
Total Answered Calls	6,360	5,337	5,867	5,831	6,580				
Total Abandoned Calls	2,351	1,010	1,289	2,963	2,690				
Total Outbound Calls	563	438	334	288	201				
Total Voicemails Received	21	3	22	19	16				
Total Incoming, R/V, Outbound Calls	9,295	6788	7,512	9,101	9,487				
Total Answered Incoming, R/V, Outbound Calls	6,944	5778	6,223	6,138	6,797				

Provider Relations Call Reasons & Field Visits Dashboard

Medi-Cal and Group Care Call Reasons

Category	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	6%	6.1%	5.2%	5.1%	6%				
Benefits	5%	4.1%	3.7%	3.5%	4%				
Claims Inquiry	39%	41.9%	42.3%	40.5%	29%				
Change of PCP	3%	2.2%	2.4%	1.6%	0%				
Check Tracer	1%	0.9%	0.7%	0.7%	1%				
Complaint/Grievance (includes PDRs)	10%	12.2%	12.0%	12.9%	9%				
Contracts/Credentialing	0.7%	0.6%	1.1%	0.6%	1%				
Demographic Change	0.1%	0.0%	0.0%	0.0%	0%				
Disconnected Calls	4.7%	4.9%	4.6%	5.8%	3%				
Eligibility	19.6%	17.7%	18.3%	20.3%	23%				
Exempt Grievance/ G&A	2.3%	0.0%	0.0%	0.0%	0%				
Interpreter Services Request	0.5%	0.4%	0.4%	0.6%	0%				
Provider Portal Assistance	1.0%	3.1%	2.4%	1.8%	2%				
Pharmacy	0.3%	0.1%	0.1%	0.0%	0%				
Prop 56	0.0%	0.1%	0.1%	0.0%	0%				
Provider Information Updates/ W9	1.0%	0.5%	0.5%	0.2%	1%				
Transportation Services	0.1%	0.1%	0.3%	0.2%	0%				
All Other Calls	5.1%	5.0%	6.1%	6.1%	16%				
TOTAL	100%	100%	100%	100%	100%				

D-SNP Call Reasons

Category	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
D-SNP Authorizations	3%	1%	2%	6%	3%				
D-SNP Benefits	4%	3%	5%	8%	18%				
D-SNP Claims	59%	53%	55%	38%	70%				
D-SNP Eligibility	18%	27%	20%	46%	8%				
D-SNP Enrollment	1%	0%	0%	0%	0%				
D-SNP PCP Assignment	4%	8%	9%	0%	0%				
D-SNP PDR/Reconsideration	8%	3%	2%	2%	2%				
D-SNP Check Tracer	1%	0%	0%	0%	0%				
D-SNP Provider Portal	1%	2%	2%	0%	0%				
D-SNP Contracts / Credentialing	1%	1%	4%	0%	0%				
D-SNP Interpreter Request	0%	0%	0%	0%	0%				
D-SNP Member Call	1%	0%	0%	0%	0%				
D-SNP Transportation Services	1%	0%	0%	0%	0%				
D-SNP Provider Information Updates / W9	0%	0%	2%	0%	0%				
D-SNP Pharmacy	0%	0%	0%	0%	0%				
TOTAL	100%	100%	100%	100%	100%				

Field Activity Visits

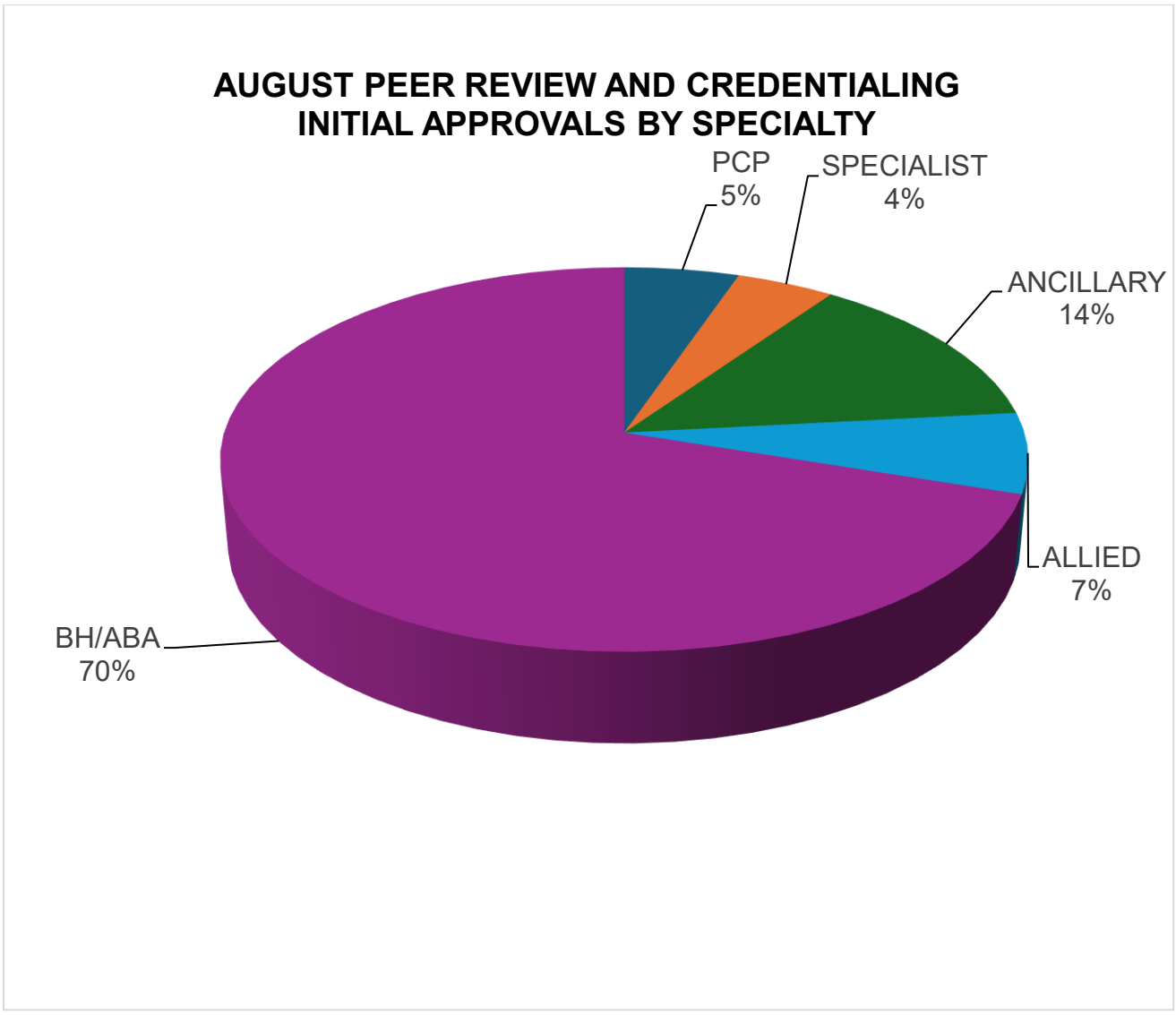
Alliance Provider Relations Staff	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	47	33	43	33	35				
Contracting/Credentialing	87	70	99	76	61				
Drop-ins	72	142	43	73	174				
JOMs	1	2	1	3	3				
New Provider Orientation	172	246	168	177	155				
Quarterly Visits	0	40	40	40	40				
UM Issues	0	1	3	2	0				

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS - August 2026						
Practitioners		PCP 412	SPEC 804	AHP 931	BH/ABA 3,956	PCP/SPEC 12
Direct Network vs Delegated Network Breakdown			AAH 4,780	AHS 293	CHCN 674	COMBINATION OF GROUPS 368
Facilities	440					

VENDOR SUMMARY **Credentialing Verification Organization, Symplyr CVO**						
	Number		**Average Calendar Days in Process**	**Goal - 25 Business Days***	**Goal - 98% Accuracy**	**Compliant**
Initial Files in Process	112		16	Y	Y	Y
Recred Files in Process	282		10	Y	Y	Y
Expirables updated **Insurance, License, DEA, Board Certifications**						Y
Files currently in process	**394**					
					*** 25 business days = 35 calendar days**	

August 2026 Peer Review and Credentialing Committee Approvals	
Initial Credentialing	**Number**
PCP	7
SPEC	6
ANCILLARY	18
MIDLEVEL/AHP	9
BH/ABA	93
Sub-total	**133**
Recredentialing	
PCP	11
SPEC	14
ANCILLARY	1
MIDLEVEL/AHP	7
BH/ABA	31
Sub-total	**64**
TOTAL	**197**
August 2026 Facility Approvals	
Initial Credentialing	4
Recredentialing	4
Sub-total	**8**
Facility Files in Process	**39**

August 2026 Employee Metrics (6 FTEs)	**Goal**		**Met (Y/N)**
File Processing	Timely processing within 3 days of receipt		Y
Credentialing Accuracy	<3% error rate		Y
DHCS, DMHC, CMS, NCQA Compliant	98%		Y
MBC Monitoring	Timely processing within 3 days of receipt		Y


AUGUST PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY
PCP
5%
SPECIALIST
4%
ANCILLARY
14%
ALLIED
7%
BH/ABA
70%

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2026-2027 | **August 2026 OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY
FY 2026-2027 | **August 2026 OUTREACH REPORT**

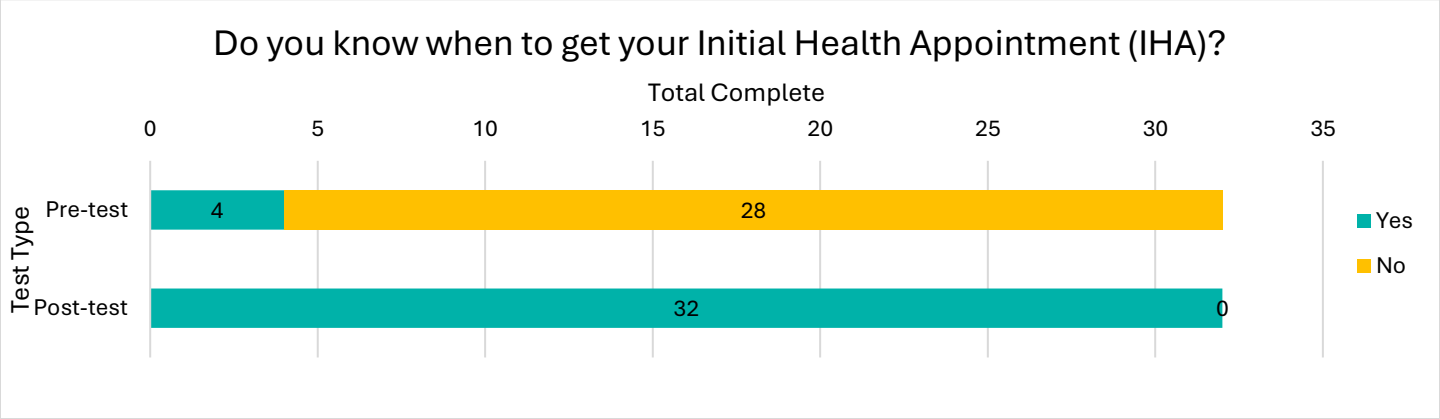
Alliance in the Community Events and Activities:
In August 2026, the Alliance completed **280** member orientation outreach calls among net new and non-utilizer members and conducted **29** net new member orientations and **5** non-utilizer member orientations (**12.5%** member participation rate). In addition, the Outreach team completed **2** service requests, **6** website inquiries, **8** community events, and **9** member education events. The Alliance reached a total of **3,222** people and spent a total of **$750.00** on donations, fees, and/or sponsorships at the following events and activities: Annual Backpack Distribution and Resource Fair, True Vine Back to School, Piedmont Apartment National Night Out event, 4Cs Monthly Food Distribution, World Breast Feeding Celebration, Annual Community Outreach and Resource Fair, Back to School Giveaway, 46th Annual Holistic Health Fair, Family Network Launch Event, Family Resource Fair, Oakland Pride Festival 2026, Acts Health Fair 2026, 2026 Oakland Chinatown Chamber of Commerce (OCCC) 37th Annual StreetFest, Laney's Welcome Back Week Fair, Family Health Fiesta, and Black August 2026.

Since July 2018, **48,762** self-identified Alliance members have been reached during outreach activities.

Alliance Member Orientation Program: 6
The Alliance Member Orientation (MO) program, launched in 2016, is recognized as a promising practice by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD) to increase member knowledge and awareness about the Initial Health Appointment (IHA).

On Wednesday, March 18, 2020**,** the Alliance began conducting member orientations by phone. As of July 31, 2026, the Outreach Team has completed **58,972** member orientation outreach calls and conducted **10,679** member orientations (**18.1%** member participation rate).

Between August 1, through August 31, 2026 (21 working days), **34** members completed an MO by phone. After completing the MO, **100%** of members who completed the post-test survey in July 2026 reported knowing when to get their IHA, compared to only **12.5%** 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 26-27\Q1\July 2026**

ALLIANCE IN THE COMMUNITY
FY 2026-2027 | **August 2026 OUTREACH REPORT**

FY 2026-2027 August 2026 TOTALS

8 COMMUNITY EVENTS

9 MEMBER EDUCATION EVENTS

34 MEMBER ORIENTATIONS

0 MEETINGS/ PRESENTATIONS

0 COMMUNITY TRAINING

19 TOTAL INITIATED/ INVITED EVENTS

51 TOTAL COMPLETED **EVENTS**

10 CITIES**

Alameda
Ashland
Berkeley
Castro Valley
Dublin
Emeryville
Fremont
Hayward
Newark
Oakland
San Francisco
San Jose
San Leandro
San Lorenzo
Union City

1,936 TOTAL REACHED AT COMMUNITY EVENTS

1,286 TOTAL REACHED AT MEMBER EDUCATION EVENTS

34 TOTAL REACHED AT MEMBER ORIENTATIONS

0 TOTAL REACHED AT MEETINGS/PRESENTATIONS

0 COMMUNITY TRAINING

1,224 MEMBERS REACHED AT ALL EVENTS

3,256 **TOTAL REACHED AT ALL EVENTS**

$750.00 TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2025-2026 August 2025 TOTALS

6 COMMUNITY EVENTS

2 MEMBER EDUCATION EVENTS

58 MEMBER ORIENTATIONS

0 MEETINGS/ PRESENTATIONS/ COMMUNITY TRAINING

11 TOTAL INITIATED/ INVITED EVENTS

56 TOTAL COMPLETED **EVENTS**

10 CITIES**

Alameda
Ashland
Berkeley
Castro Valley
Fremont
Hayward
Livermore
Newark
Oakland
San Jose
San Leandro
San Lorenzo
Union City
Winchester

1,421 TOTAL REACHED AT COMMUNITY EVENTS

336 TOTAL REACHED AT MEMBER EDUCATION EVENTS

58 TOTAL REACHED AT MEMBER ORIENTATIONS

0 TOTAL REACHED AT MEETINGS/PRESENTATIONS

TOTAL REACHED AT COMMUNITY TRAINING

1,048 MEMBERS REACHED AT ALL EVENTS

1,815 **TOTAL REACHED AT ALL EVENTS**

$685.00 TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

***Cities represent the mailing address designations for members who completed a member orientation by phone and community event. The italicized cities are outside of Alameda County.*

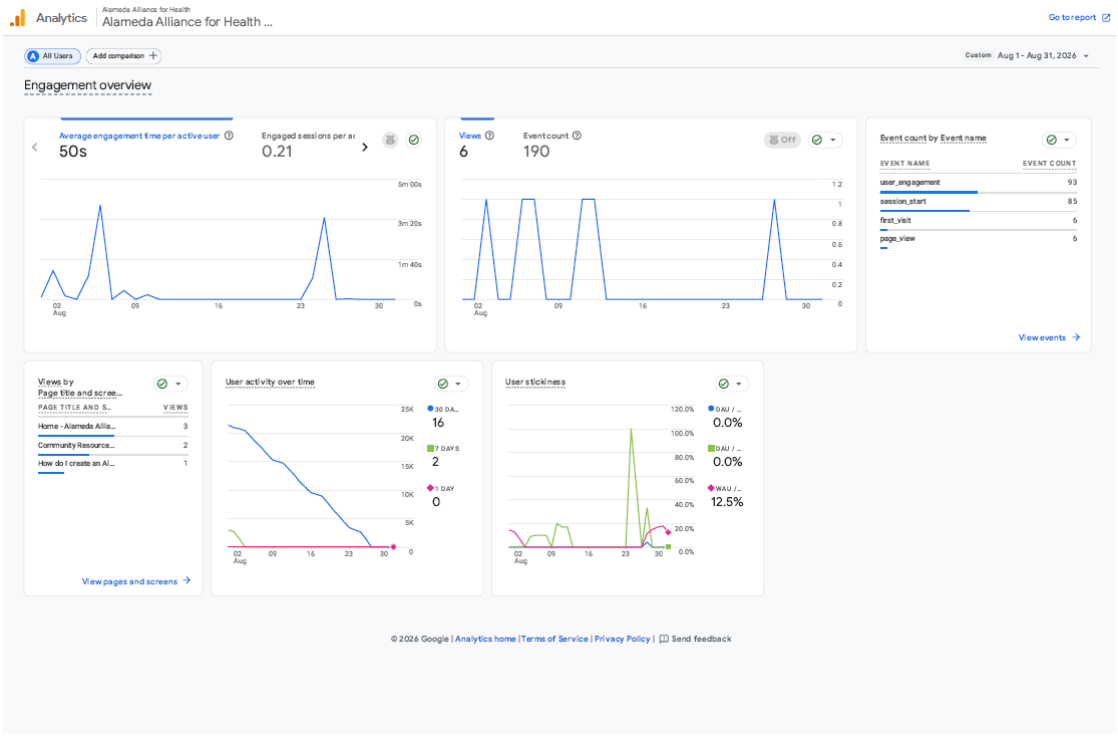
ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT FY 2026-2027 | August 2026

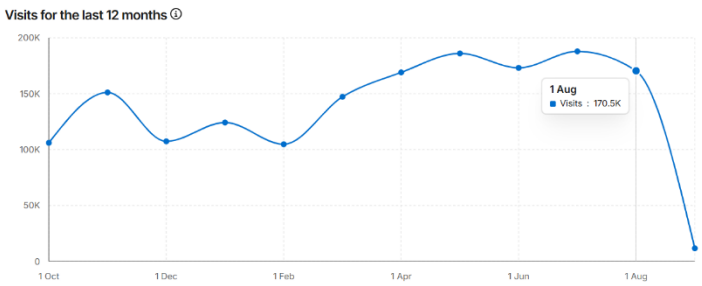
The Alliance Communications and Outreach (C&O) Department created the social media and website activity (SM&WA) Report to provide a high-level overview of stakeholder engagement through various digital media platforms. Between **August 1, 2026**, and **August 31, 2026**:

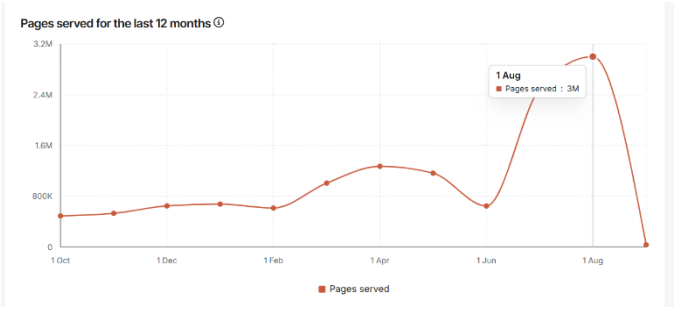
1. Alliance Website:
    - Received **170,500** unique visits
    - Served more than **3** million page visits
    - The top **10** website page visits were:
        i. Homepage
        ii. Community Resources
        iii. How Do I Create a Member Portal Account
        iv. Group Care
        v. Medi-Cal
        vi. Alliance Provider Orientation & Quarterly Visits
        vii. Benefits and Covered Services
        viii. Careers
        ix. Changing Doctors
        x. Claims
2. Facebook Page:
    - Increased followers from **706** to **708**
    - Did not receive any reviews in **August 2026**
3. Glassdoor Page:
    - Maintained **3.1** out of a **5-star** overall rating
    - Did not receive any reviews in **August 2026**
4. Google Page:
    - **1,691** website clicks were made from the business profile
    - **1,898** calls were made from the business profile
    - Did not receive any reviews in **August 2026**
5. Instagram Page:
    - Increased in followers from **766** to **777**
6. LinkedIn Page:
    - Maintained followers from at **7.8k**
    - Received **14** page clicks
7. X (previously Twitter) Page:
    - Maintained followers at **349**
8. Yelp Page:
    - Page visits **52**
    - Appeared in Yelp searches **113** times
    - Did not receive any reviews in **August 2026**

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT FY 2026-2027 | **August 2026**

ALLIANCE WEBSITE OVERVIEW:



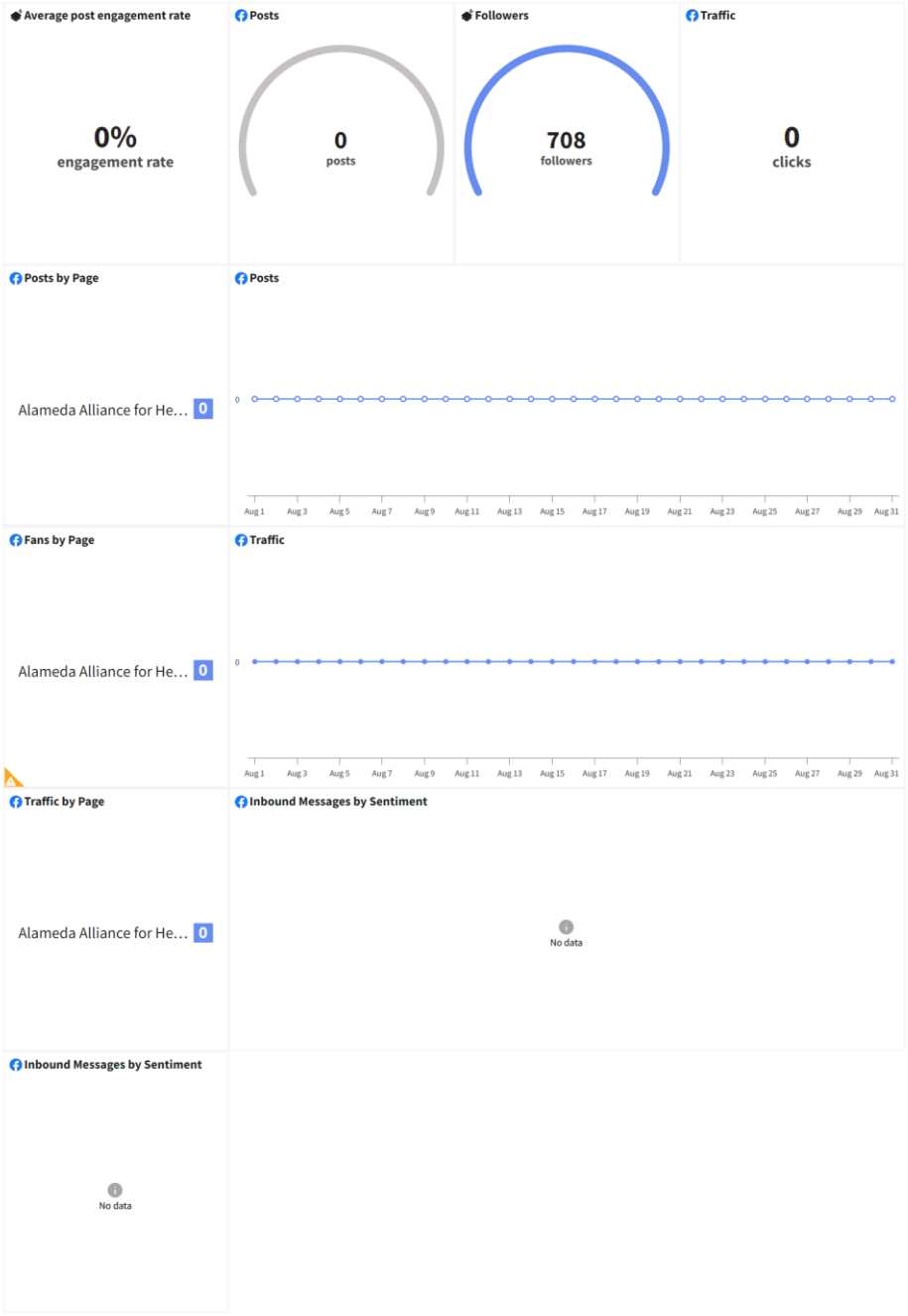




All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2026-2027\Q1\2. August 2026

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT FY 2026-2027 | **August 2026**

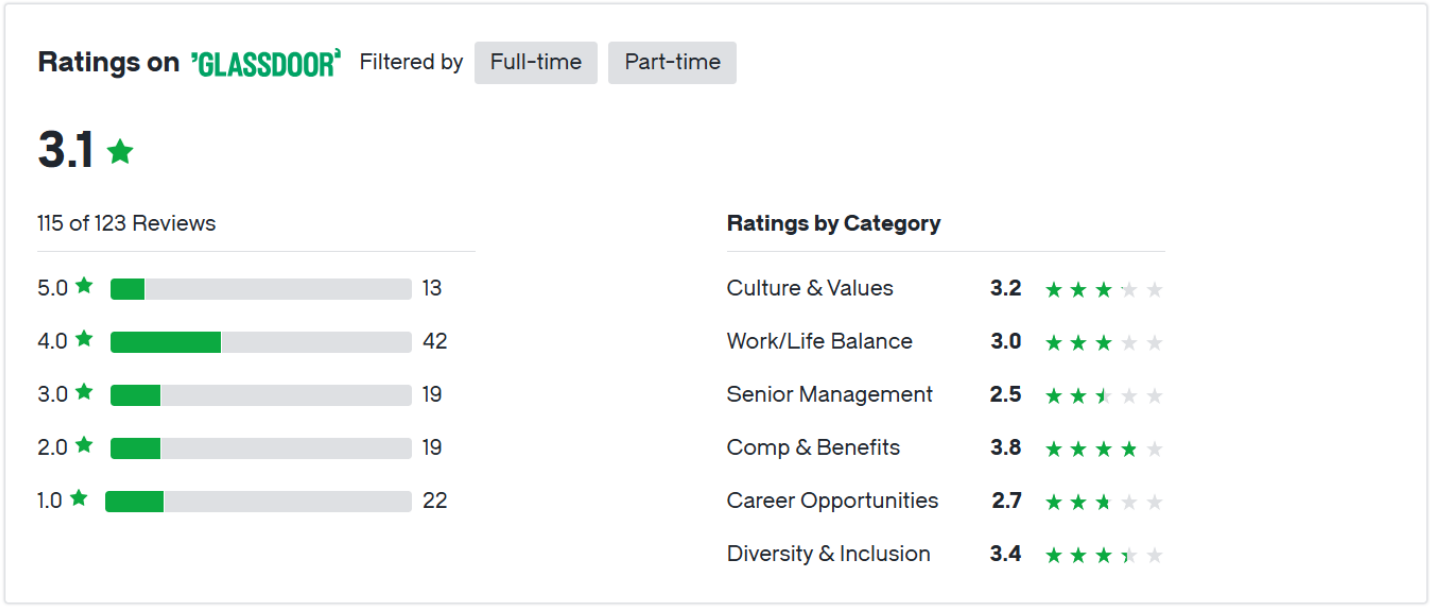
FACEBOOK OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2026-2027\Q1\2.August 2026

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT FY 2026-2027 | **August 2026**

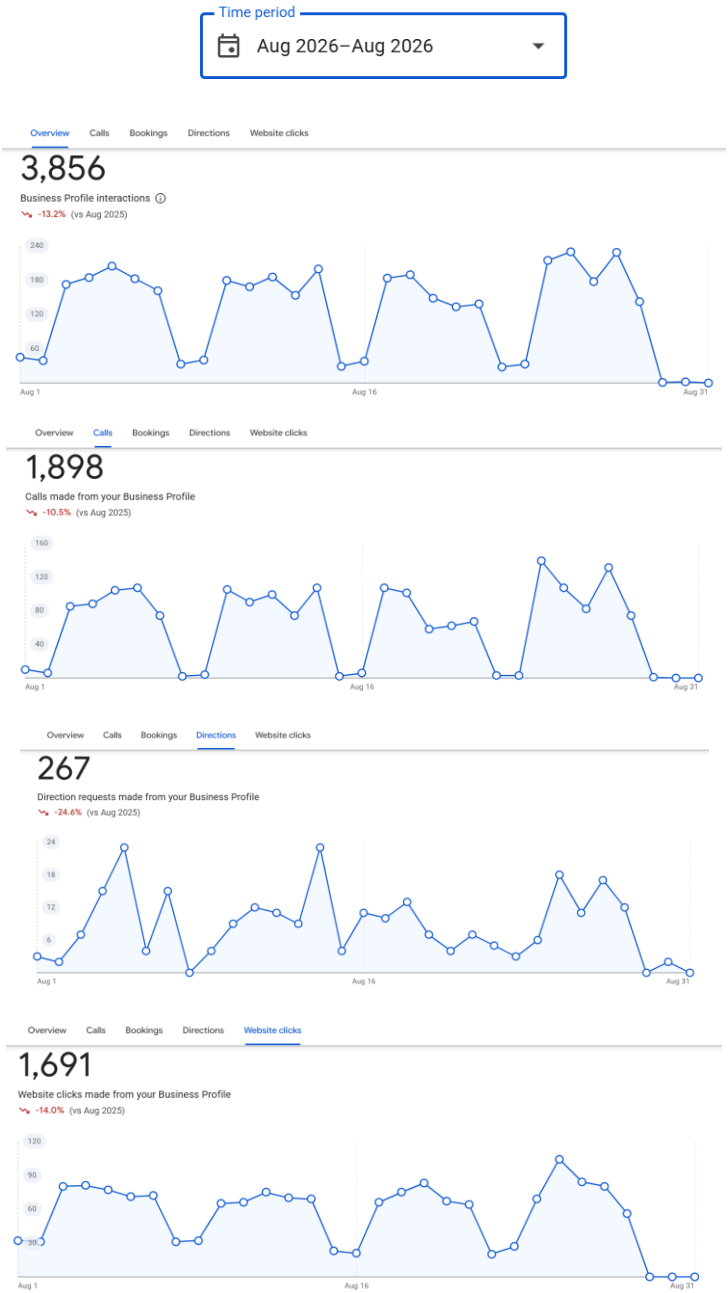
GLASSDOOR OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2026-2027\Q1\2. August 2026

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT FY 2026-2027 | **August 2026**

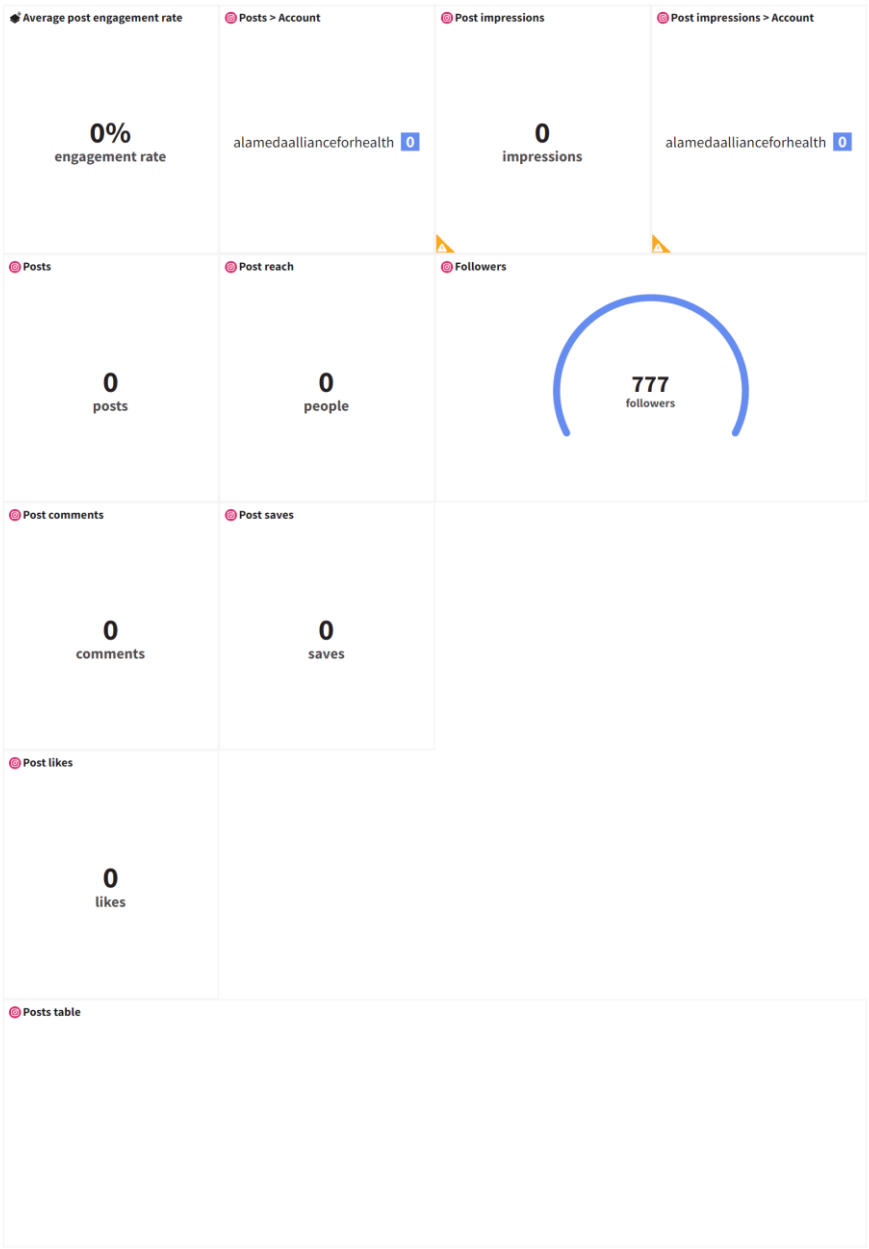
GOOGLE OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2026-2027\Q1\2. August 2026

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT FY 2026-2027 | **August 2026**

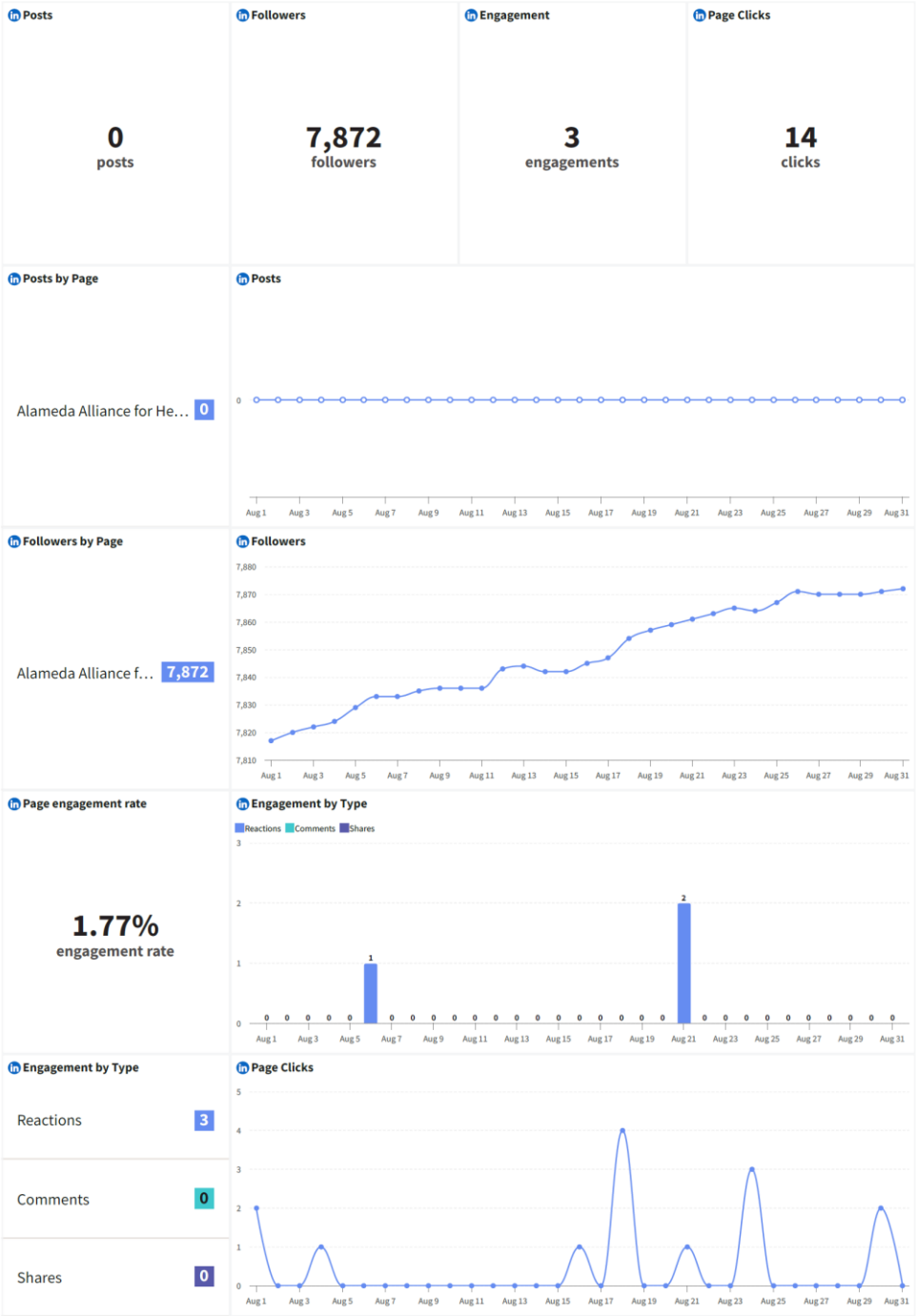
INSTAGRAM OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2026-2027\Q1\2. August 2026

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT FY 2026-2027 | **August 2026**

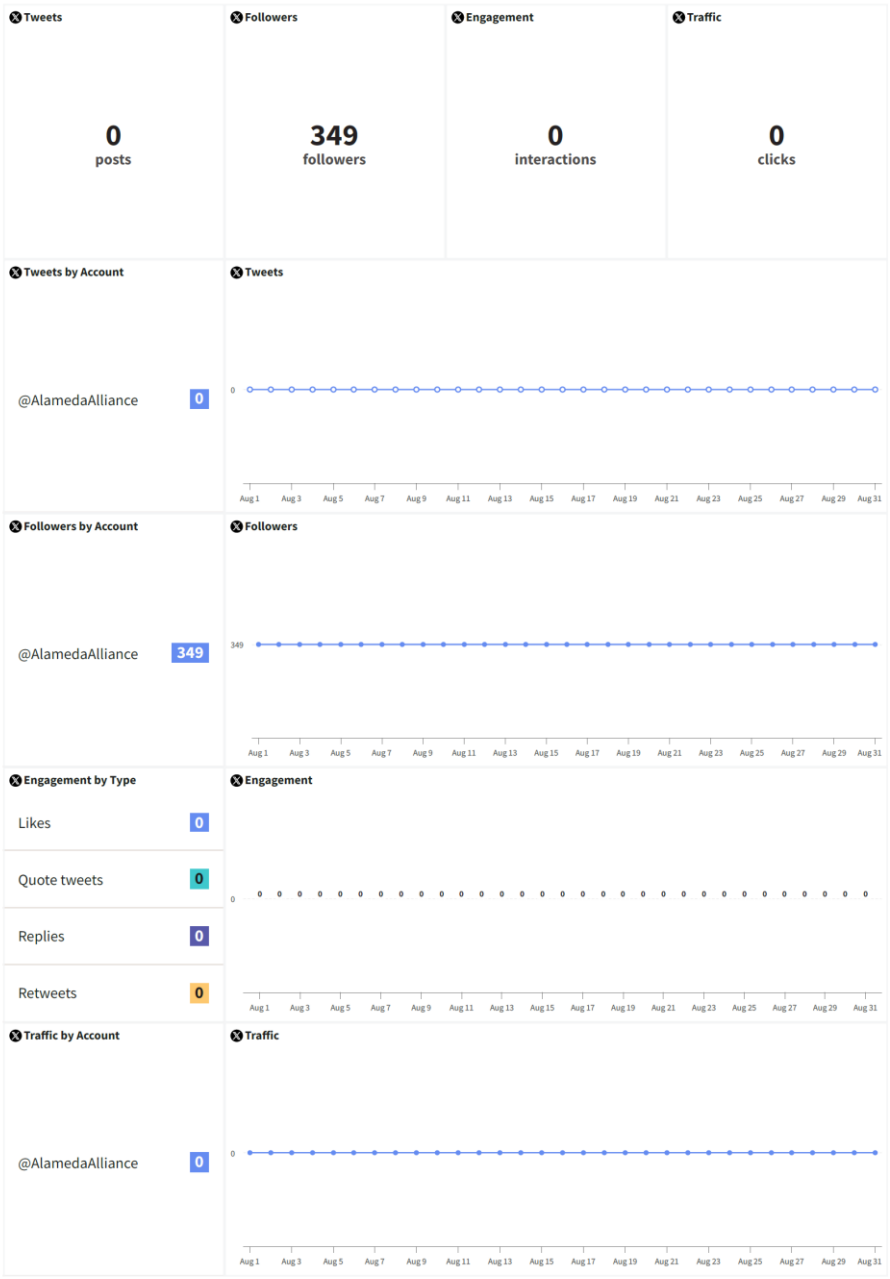
LINKEDIN OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2026-2027\Q1\2. August 2026

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT FY 2026-2027 | **August 2026**

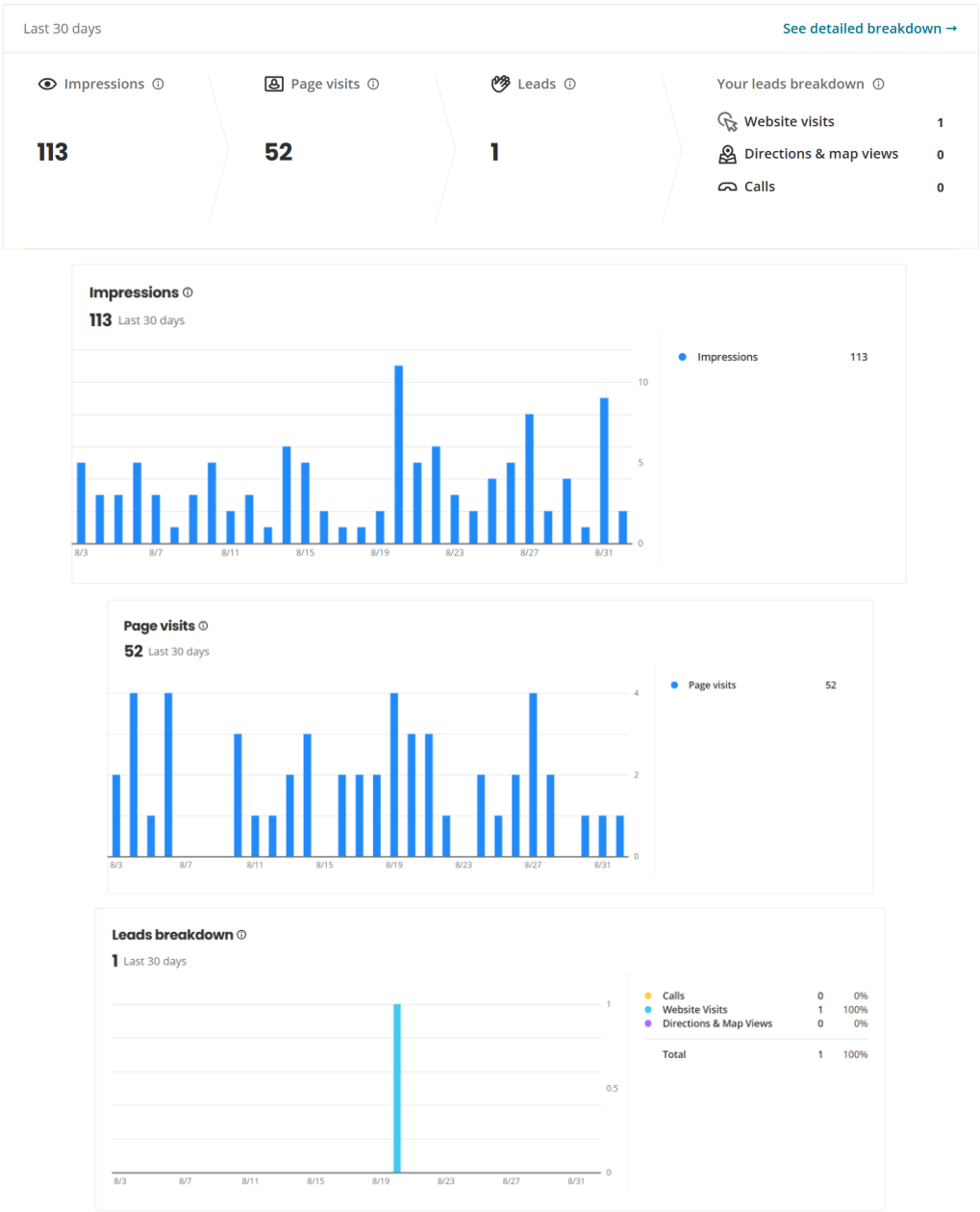
X (previously TWITTER) OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2026-2027\Q1\2. August 2026

ALLIANCE SOCIAL MEDIA AND WEBSITE ACTIVITY REPORT FY 2026-2027 | **August 2026**

YELP OVERVIEW



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2026-2027\Q1\2. August 2026

Integrated Planning

Sasikumar Karaiyan

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

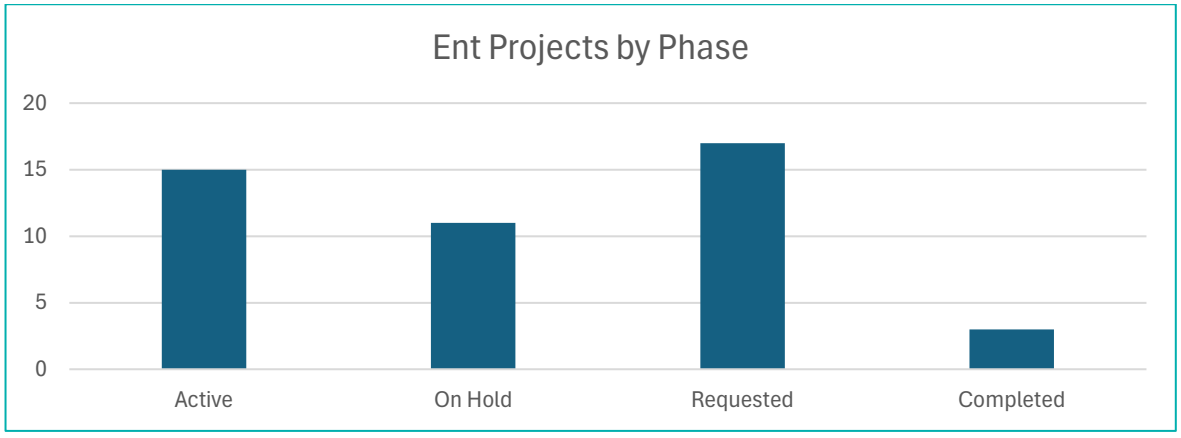
From: **Sasikumar Karaiyan, Chief Information Officer & Chief Security Officer**

Date: **September 11, 2026**

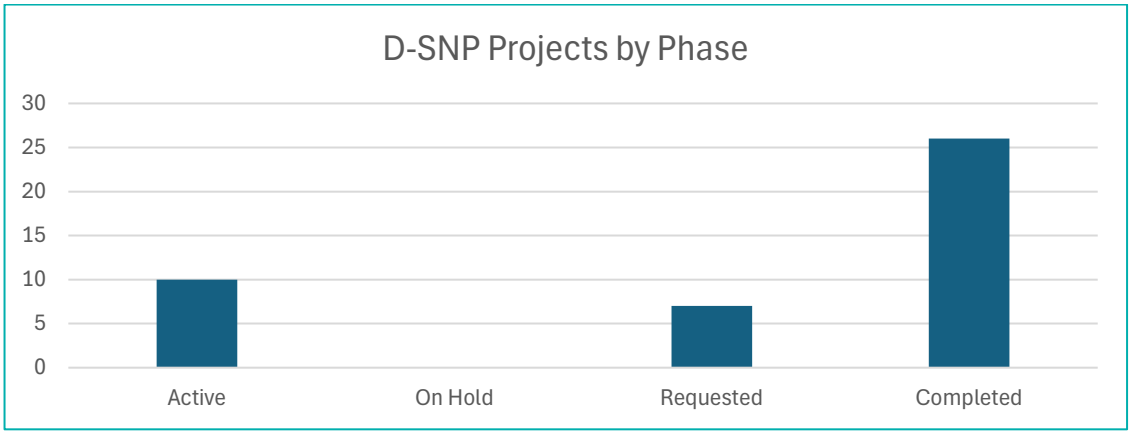
Subject: **Integrated Planning Division Report – August 2026 Activities**

Integrated Planning Division

- Enterprise Portfolio
  - 43 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
    - 15 Active projects (discovery, initiation, planning, execution, warranty)
    - 11 On Hold projects
    - 17 Requested and Approved Projects
    - 3 Completed Projects (Fiscal YTD)



- D-SNP Portfolio
  - 17 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
    - 10 Active projects (discovery, initiation, planning, execution, warranty)
    - 0 On Hold
    - 7 Requested Projects
    - 26 Completed Projects (Fiscal YTD)



- **<u>Enterprise Portfolio (Active Projects) for all Lines of Business (includes projects in Initiation, Planning, and Execution)</u>**
  - <u>(CMS-0057-F) Interoperability and Prior Authorization Final Rule (TDX ID 5816</u>**)**
    - Project Phase: *Execution Phase
    - Project Health: **Yellow
      - Risk: We don't yet have a provider to partner with for electronic Prior Auth
      - Risk: If we don't decide on our P2P Member Consent Opt-In process this week, we will be negatively impacting our schedule.
      - Risk: If test system connectivity issues continued this week, our critical path to completion will be adversely impacted.
    - High Level Milestones (Completed in August):
      - Fitgaps for each of the 4 APIs are complete and approved
    - High Level Milestones (In Flight in August):
      - Technical Design Documents – Complete
      - Workflow Diagrams – Complete
      - Educational Materials for Patient Acc API for Mbrs: Plan Complete
      - Prior Auth API Testing
  - <u>2026 PBM Transition – PerformRx to MedImpact (TDX 14906)</u>
    - Project Phase: *Execution
    - Project Health: **Green
    - High Level Milestones (Completed in August):
      - Approval of the project charter.
      - Completion and submission of 3 key MedImpact implementation Information Questionnaires (IQs).
      - Validation of Operational Workflows for Pharmacy with MedImpact.
    - High Level Milestones (In Flight in August):
      - Initiated and advanced GroupCare member ID card redesign efforts to add MedImpact pharmacy information and support transition communications.
      - Initiate development of eligibility files in preparation for testing with MedImpact; ETC September 7.
      - Initiated development of Member Services and MedImpact Customer Care workflows, including warm hand-off process.

- Initiated PerformRx transition planning, specifically transfer of historical claims data and prior authorization data to MedImpact.
- Coordination with MedImpact technical teams to establish a pharmacy directory file solution that supports Alameda Alliance provider directory requirements.
- Advanced MedImpact SFTP and file transmission design efforts.
- Advancement of contracting with MedImpact and exit agreement with PerformRx by Vendor Management and Pharmacy leadership.

- AOR Workflow Optimization and Systems Integration (TDX 11260)
  - Project Phase: *Executing
  - Project Health: **Green
  - High Level Milestones (Completed in August):
    - UAT Test Plan
    - UAT Test Case Development
  - High Level Milestones (In Flight in August):
    - UAT Test Case Approval
    - Vendor engagement to align on AOR data file testing
- Community Supports (CS) Policy Guide 04.30.25 Changes (TDX ID 13085)
  - Project Phase: *Execution
  - Project Health: **Green
  - High Level Milestones (Completed in August):
    - AC Health Requirements Approval from the Business
    - Updated BRD Approved
    - Omatochi Contract Signed
  - High Level Milestones (In Flight in August):
    - AC Health Contract
    - EBI Contract
    - HealthSuite Update: CR-07194
    - New PEPM Rate Changes: CR-07209
    - QA Testing
- CYBHI Statewide Multi-Payer School-Linked Fee Schedule (TDX ID 4186)
  - Project Phase: * Executing
  - Project Health: **Yellow
    - Issue 5148 - Invalid Phone Numbers on DHCS Member Elig File
      - Mitigation:
        - Short term: AAH IT will override the 4 members impacted with invalid zip codes which is only a fix for 6 months
        - Long-term: AAH IT will request member to update to their addresses with SSA.
  - High Level Milestones (Completed in August):
    - Identification of errors within Eligibility file remediated
  - High Level Milestones (In Flight in August):
    - Refreshed eligibility file delivered to Carelon
    - Carelon is currently adjusting encounters BRD and delivery to AAH in early September for review and approval.

- D-SNP: 1A Contracting & Credentialing (TDX ID 6924)
  - Project Phase: *Execution
  - Project Health: **Green
  - High Level Milestones (Completed in August):
    - 8/20 IVR updates Implemented
    - 8/21 Successful Business Checkout of the IVR
  - High Level Milestones (In Flight in August):
    - Finalization of Provider Contract Termination UM Utilization Report
      - Validation of report by Health Care Services (HCS)
      - Report by Analytics upon completion of validation by HCS
- D-SNP: 2D Chronic Care Improvement Program (CCIP) (TDX ID 6936)
  - Project Phase: *Execution
  - Project Health: **Green
  - High Level Milestones (Completed in August):
    - Chronic Care Improvement Program Plan presented at the Internal Quality Improvement Committee
    - Development of the CCIP Care Plan elements completed
  - High Level Milestones (In Flight in August):
    - Completion of the CCIP Assessments drafts
      - CCIP Member Welcome letter (and all translations) completed
- D-SNP: 6G Organizational Training (TDX ID 6908)
  - Project Phase: *Execution
  - Project Health: **Green
  - High Level Milestones (Completed in August):
    - All remaining modules were completed
    - Transitioned work from consultants to internal resources
  - High Level Milestones (In Flight in August):
    - All remaining modules were completed
- D-SNP: CHCN Delegation (TDX 14333)
  - Project Phase: *Initiation
  - Project Health: **Yellow
    - Issue 5161: Missed milestone - The 8/31/26 Medi-Cal Delegation Business Issues milestone was missed due to pending CHCN approvals from Alvaro Fuentes and Dr. Davda. Alvaro provided feedback to Beau expressing concerns about the inclusion of MOU language and the use of DocuSign for the approval process.
      - Mitigation: The approval request narrative will be revised to remove the MOU reference. Beau sent an email to Alvaro requesting approval, approval received 9/1/26, issue has been resolved
  - High Level Milestones (Completed in August):
    - CHCN Delegation Amendment 2nd level reviews completed
  - High Level Milestones (In Flight in August):
    - Delegation Oversight team is finalizing the pre-delegation assessment tool before sharing with the AAH SMEs

        - Request for approval sent to AAH and CHCN leadership of the agreed-upon resolutions and implementation timelines for CHCN business issues
- D-SNP: Provider Exclusions Project (TDX 15452)
    - Project Phase: *Executing
    - Project Health: **Green
    - High Level Milestones (Completed in August):
        - Decision to transition ownership of Preclusion/Exclusion letter to Healthcare Services and Pharmacy
        - Healthcare services team agreed to develop one member letter covering both preclusion and exclusion, using the CMS-approved preclusion template as the starting point and routing the draft through CNO and TruCare governance.
    - High Level Milestones (In Flight in August):
        - End to End Process Flows in progress
        - Project Charter in progress – focus needed around defining post implementation KPIs
        - Determination must be made which letter template to use for Preclusion/Exclusion Provider Letter
        - Begin discussions around IVR scripting and requirements – will model similarly to the DSNP Contract Termination Project
- DHCS APL 26-004 Medi-Cal MCP Responsibilities for BH (TDX 15101)
    - Project Phase: *Planning
    - Project Health: **Yellow
        - Risk: It is challenging to get a clear, detailed view of what must be done for APL 26-004. Without a clear view, the project scope and project plan may be insufficient to ensure compliance with APL 26-004.
    - High Level Milestones (Completed in August):
        - None
    - High Level Milestones (In Flight in August):
        - Create plan of tasks to deliver proposed ASCMI Form process
        - Get approval from Sam & Andrea on proposed flow for ASCMI form
- DMHC APL 25-021 Infertility and Fertility Services [SB 729] (TDX ID 14637)
    - Project Phase: *Execution
    - Project Health: **Red
        - Issue 5155: Delays to tasks on the critical path of the schedule have shifted IT work into January 2027. Ongoing delays in providing this benefit put us further at risk for non-compliance with DMHC and potential for regulatory consequences (i.e. CAP, fines, etc.). There is also a risk of resource constraints, as there are typically many initiatives across the organization with a 1/1 go-live requirement that could impact capacity of the team.
        - Issue 4820: Without DMHC billing guidance, AAH needs to create our own approach to billing for APL required services, including rates and codes. AAH has no historical data to pull from or billing/procedure codes associated with these services as they are

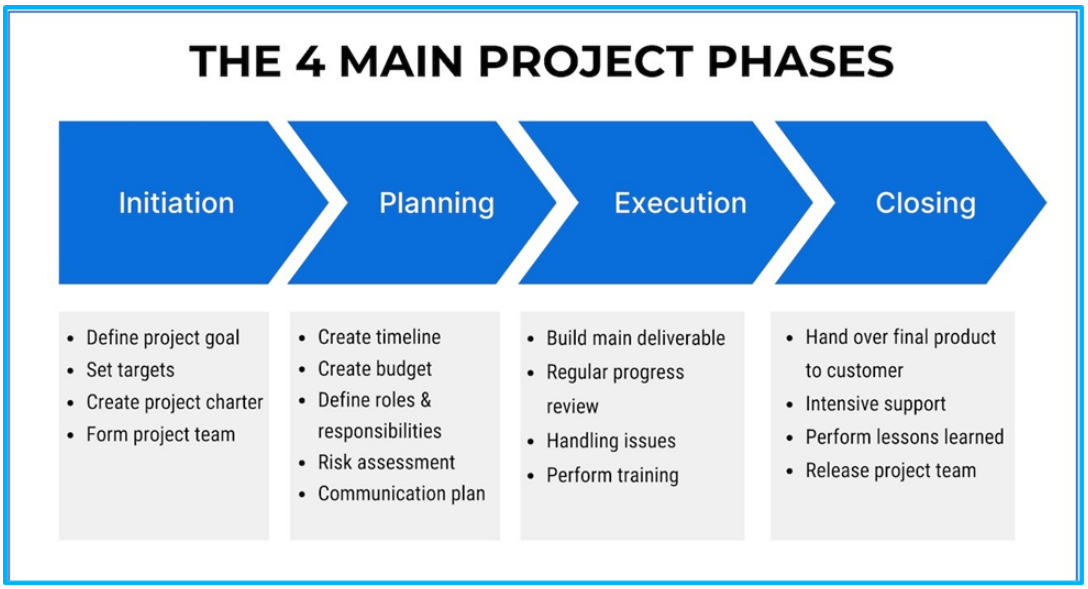
not covered by Medi-Cal or Medicare. Outreach to sister plans for collaboration has not yet provided fruitful guidance
        - Issue 4941: Lack of Billing Structure/Reimbursement Methodology for providers is creating an impediment for contracting efforts with UCSF and increasing financial risk to the plan. Without a rate established, the potential cost to the health plan for this type of service is very high as AAH may have to resort to a percentage of billed charges
    - High Level Milestones (Completed in August):
        - The UM and Claims teams completed refinement of procedure code list to include only those relating specifically to infertility/fertility services, including cryopreservation.
        - Drafted enrollee notification letters required by APL 25-021.
    - High Level Milestones (In Flight in August):
        - The Finance team-initiated rate development with consultant firm, Wakely, based on refined procedure code list from UM and Claims.
        - Defined a reporting-based approach for identifying members receiving cryopreservation services who will need to receive the APL required notification letters.
        - Refined implementation requirements for Claims, UM, Contracting, Member Services, Analytics, and IT.
- <u>ECM Enhancement (TDX 15268)</u>
    - Project Phase: *Execution
    - Project Health: **Yellow
        - Risk 4947: Resource constraints to complete the deliverables according to projected timelines.
            - Mitigation: Confirm availability before scheduling meetings with critical stakeholders, follow up individually on decisions that are blockers to moving the work forward
        - Issue 5156: MIF/RTF Auto Authorizations development work put on hold due to two newly identified dependencies (50% complete).
            - Mitigation: Work with the dependency owners to complete the work and expedite completion.
    - High Level Milestones (Completed in August):
        - The automation of ECM authorizations for referrals received on the Provider Portal went live.
    - High Level Milestones (In Flight in August):
        - Automation of ECM Authorizations for bulk referrals received on the RTF (Return Transfer File) or via the provider portal
        - Finalization of the future state ECM Authorization business rules
        - Finalized and Approved ECM Claims workflow
- <u>Member Correspondence (TDX ID 12697)</u>
    - Project Phase: *Planning
    - Project Health: **Green
    - High Level Milestones (Completed in August):
        - Agreed upon file format from KP
    - High Level Milestones (In Flight in August):

        - Proof of Concept Completion
        - Begin Sprint Planning
        - Test File Received from KP
- PY2027 D-SNP: Centralized Medicare Website Enhancement (TDX ID 14617)
    - Project Phase: *Execution
    - Project Health: **Green
    - High Level Milestones (Completed in August):
        - C&O Completed Test Environment Configuration
    - High Level Milestones (In Flight in August):
        - Med Ops Started QC Member Resources
        - Continued Working on QC Enhancements for Shop and Enrollment Page
        - Started Outreach to Business Areas That Submitted C&S Tickets for 10/1/26 Deployment
        - Started Requirements for Appointment Form Development
- PY2027 D-SNP Bid Strategy, Submission & Approval (TDX ID 14636)
    - Project Phase: *Closing
    - Project Health: **Green
    - High Level Milestones (Completed in August):
        - CMS approved the CY2027 D-SNP Bid for Contract H2035.
        - CMS conditionally approved the CY2027 State Medicaid Agency Contract (SMAC).
    - High Level Milestones (In Flight in August):
        - Complete project closeout and transition remaining implementation dependencies to the applicable readiness projects.
- PY2027 D-SNP CMS Marketing & Sales Readiness–AEP/OEP (TDX ID 14695)
    - Project Phase: *Initiation
    - Project Health: **Yellow
        - October AEP readiness remains on track; however, time-sensitive translation, production, directory, enrollment, and Cirrus dependencies require active management to protect September 30 and October 1 milestones.
    - High Level Milestones (Completed in August):
        - Project charter finalized and project governance established.
        - Regulatory approvals received for core AEP materials, including the ANOC, EOC, Summary of Benefits, Provider Directory front matter, Formulary front matter, and ID Card content.
        - Production coordination initiated for the ANOC, Provider and Pharmacy Directory, and Pre-Enrollment Kit.
    - High Level Milestones (In Flight in August):
        - Complete ANOC translation, alternative-format, proofing, production, and mailing activities supporting September 30 member receipt.
        - Complete Provider and Pharmacy Directory translation, data handoffs, KP programming, QA and publication readiness.
        - Complete Enrollment Form, Pre-Enrollment Kit, website, sales enablement, and Cirrus readiness activities supporting October AEP milestones.

- PY2027 D-SNP Operational Readiness – AEP/OEP (TDX ID 14696)
  - Project Phase: *Initiation
  - Project Health: **Yellow
    - D-SNP operational readiness supporting AEP and 1/1 cutover continues to progress, with Medicare Plan Finder and related provider directory dependencies representing the primary near-term risk.
  - High Level Milestones (Completed in August):
    - Project charter finalized and cross-functional readiness governance established.
    - Key operational risks, dependencies and potential implementation paths identified for active risk management.
  - High Level Milestones (In Flight in August):
    - Validate vendor files, mappings, and downstream format compatibility.
    - Close remaining operational dependencies, including Member Services, PBM, vendor, and downstream dependencies, ahead of AEP/OEP execution.
- Receiving, Storing, and Retrieving SOGI Data (TDX ID 6623)
  - Project Phase: *Execution
  - Project Health: **Green
  - High Level Milestones (Completed in August):
    - Present to QIHE/UMC: Race & Ethnicity, Language, Sexual Orientation, Disability Status, Geographic Classification
    - EXR Form Approved
  - High Level Milestones (In Flight in August):
    - Present to AOC: Race & Ethnicity, Language, Sexual Orientation, Disability Status, Geographic Classification
    - Approve IT Forms & Data
- sPayer Contracting Repository (TDX 1283)
  - Project Phase: *Planning
  - Project Health: **Yellow
    - Risk: 5109 AAH IT Work Tied to Data Importer Tool
    - Risk: 3313 eSearch Function
    - Risk: 5134 Resource Constraint – EDI Developer Limited Availability 6 weeks
    - Risk: 5152 Scope Document Review and Sign Off
    - Issue: 5149 eSearch Functionality/Contingency Plan
  - High Level Milestones (Completed in August):
    - Data Conversion Validation Completed 8/26/26 – Signed Off by AAH
    - Discovery – Business Process Review Meetings – Signed Off (In progress)
    - Remaining Project Scope Review with impacted Stakeholders
    - Data Importer Demo Scheduled by symplr for AAH
  - High Level Milestones (In Flight in August):
    - Remaining Project Scope Approval by SLT and Stakeholders

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

- ***Project Phases**
  - PMO



- ****Project Health**

ALAMEDA Alliance FOR HEALTH

Project Health Legend

Health	Schedule	Budget	Resources	Scope	Overall
	Ahead or on target for all Milestones and less than 5% delay to estimated time of completion (ETC).	Actual total expense is on or below budget.	Required resources & skills are available as planned.	The project scope has not changed this period.	If one of the key indicators is temporarily yellow, the project may retain the green indicator score.
	A milestone is missed or between 5 – 15% increase in ETC.	Actual total expense is within 10% of budget.	Planned resources and skills are not available but a mitigation strategy is in place.	Minor scope change(s).	The project is experiencing problems with one or more key indicators. Or the project requires management attention to prevent major issues from negatively impacting the project.
	A **KEY** milestone is missed that will impact the project or greater than 15% increase in ETC.	Actual total expense is greater than 10%.	Project resource levels and skills are not adequate to complete the project.	Major scope change(s).	The project is experiencing problems with more than 2 key indicators. Or the project is at risk and requires immediate management attention to help resolve.

Compliance

Stephen A. Smythe

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

From: **Stephen A. Smythe, Interim Chief Compliance & Privacy Officer**

Date: **September 11th, 2026**

Subject: **Compliance Division Report**

Oversight Agency Audit Updates

- 2025 Department of Managed Health Care (DMHC) Routine Full Medical Survey
    - The Plan received the Department's final report on May 19th, 2026. On July 17th, 2026, as instructed in the Final Survey Report, the Plan submitted the supplemental responses for deficiencies related to the Pharmacy Formulary and the UM Concurrent Review Process to the Department. Efforts remain ongoing with the Plan stakeholders to address the twelve (12) open deficiencies identified in the Final Report. One finding related to the concurrent review process involves ongoing prior authorization review and claims re-adjudication. Claims remediation activities are underway, with claim reviews and adjustments in progress. Authorization updates continue, with a portion of impacted authorizations completed and remaining records under review. Courtesy notifications have been issued to affected providers.
- 2026 Department of Health Care Services (DHCS) Routine Audit
    - The Plan has completed its annual audit with DHCS. The Department conducted its exit conference on August 25th, 2026. The Plan received the Preliminary Report on August 19th, 2026, which includes ten (10) preliminary findings: two (2) related to Utilization Management, two (2) related to Enhanced Care Management, and six (6) related to Grievances and Appeals. The Plan's response to the Preliminary Report is due September 9th, 2026.
- 2026 Health Services Advisory Group (HSAG) Network Adequacy Validation (NAV) Audit
    - HSAG completed its virtual review and system demonstration on August 20th, 2026. The Plan submitted two (2) follow-up items on

September 2nd, 2026. To date, there were no concerns identified during the review process.

- 2026 Health Services Advisory Group (HSAG) Encounter Data Validation (EDV) Audit
    - HSAG conducted the EDV Technical Assistance Webinar on June 1st, 2026, and distributed the EDV questionnaire and supporting materials on June 2nd, 2026. The Plan completed its pre-audit submission and the online questionnaire on July 2nd, 2026. HSAG submitted follow-up questions on August 18th, 2026, and the Plan responded timely on August 27th, 2026.
- 2026 Health Equity Quality Performance CAP MY 2024
    - On July 1st, 2026, the Plan received DMHC's notification of deficiencies identified in the Measurement Year 2024 Health Equity and Quality Performance review. Twenty (20) benchmarks were evaluated and twelve (12) were found deficient, including repeat deficiencies in Breast Cancer Screening, Glycemic Status (2 measures), Controlling High Blood Pressure, Asthma Medication Ratio, Well-Child Visits (First 15 Months and 15-30 Months), Child and Adolescent Well-Care Visits, Plan All-Cause Readmissions, and the CAHPS Child Survey.
    - The Compliance Auditing Team offers ongoing Office hours to address CAP response questions and root cause analysis (RCA) clarifications. The final RCA and CAP are due to DMHC on September 28th, 2026. The Plan is on track for this submission.

Compliance Program Activity

- Compliance Support of Pharmacy Benefit Manager Transition
    - The Alliance continues to advance regulatory activities associated with the transition from PerformRx to MedImpact as its PBM effective January 1st, 2027. Following DMHC's July 2026 Order of Postponement, the Alliance submitted responses to regulatory comments and continues to support implementation readiness, stakeholder coordination, and ongoing communications with DMHC, DHCS, and CMS.

- Unsatisfactory Immigration Status (UIS) Population Transition to Fee-for-Service (FFS)
    - The Alliance continues to make significant progress in preparation for the January 1st, 2027, UIS transition. Initial provider outreach has been completed; cross-functional implementation activities are underway. RAC and the organization are coordinating readiness efforts across multiple departments while working closely with DHCS, provider partners, county organizations, and community stakeholders. Current efforts are focused on upcoming DHCS data sharing deliverables, member and provider outreach, operational readiness, and ensuring a seamless transition for affected members and providers.
- Legislative and Regulatory Implementation
    - DMHC published APL 25-020 Newly Enacted Statutes for the 2025 Legislative session on December 19th, 2025. This APL 25-020 provides guidance and outlines compliance requirements related to eleven (11) newly enacted statutes that are applicable to the Alliance. A DMHC review remains ongoing. The Alliance received a comment letter on August 20th; the Plan will submit responses to the DMHC by September 19th. Compliance is also monitoring pending guidance on two remaining statutes.
    - DMHC published APL 25-021 on December 30th, 2025. The APL provides guidance and outlines the Senate Bill (SB) 729 - Treatment for Infertility and Fertility Services compliance requirements. Although SB 729 is only applicable to Group Care, implementation of SB 729 is operationally complex. The Alliance continues enterprise-wide implementation activities in preparation for the January 1st, 2027-effective date. DMHC approved all submitted policies and procedures during the initial review, and the workgroup remains focused on operational readiness, provider contracting, benefit development, and member material updates while awaiting additional DMHC feedback or filing closure. Plans are expected to receive a revised APL and FAQ document from DMHC within the next week.
- CY 2027 Integrated Materials – Regulatory Approval

- For Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plans (DSNPs), integrated materials are a set of unified, single source documents that combine Medicare and Medicaid benefit information into one clear presentation for enrollees. These documents are referred to as “integrated materials.” All integrated materials must be submitted to CMS, DHCS and DMHC and approved well in advance of Annual and Open Enrollment, which begins on October 1st, 2026.

  Across three regulatory portals, the Alliance submitted 50 transmittals for five integrated materials, including resubmissions prompted by template errors and CMS directed changes to the models. Regulators nevertheless praised the documents’ completeness and accuracy. Early planning, SME engagement, cross-functional coordination, and clear ownership helped the Alliance move ahead of last year’s timeline. All integrated materials are now approved by CMS, DHCS, and DMHC.

Integrated Material	DMHC Status/ Approval Date	DHCS Approval Date	CMS Approval Date
Member ID Card	08/22/26	08/20/26	08/27/26
ANOC, Annual Notice of Change	08/22/26	08/24/26	08/26/26
Summary of Benefits	08/22/26	08/14/26	08/26/26
Formulary	Submission not required	08/12/26	08/13/26
Member Handbook / Evidence of Coverage	8/25/26	08/26/26	08/26/26
Provider Directory	Submission not required	08/13/26	08/14/26

Privacy Office (The Privacy Office): Operational Updates

- Q3 2026 Annual Alameda Alliance for Health Compliance Training.
  - On August 3rd, 2026, the Alliance launched its annual compliance and security awareness training program for workforce members. The program supports the Alliance's commitment to protecting member

information, promoting a culture of integrity and accountability, and ensuring workforce members are equipped to identify, prevent, and respond to compliance, privacy, and security risks. The 2026 training curriculum includes Cultural Sensitivity Training; Health Insurance Portability and Accountability Act (HIPAA) Training, including review and attestation of the Code of Conduct; Medicare Fraud, Waste & Abuse (FWA) Training; and Security Awareness courses covering cybersecurity awareness, common threats, phishing, artificial intelligence, data privacy, core security principles, and security incident reporting.
        - The Cultural Sensitivity Training transitioned from Power Point and SurveyMonkey in 2025 to Percipio in 2026 through the efforts of the Cultural & Linguistics Services and Human Resources teams.
        - Compliance training is delivered through the EverFi platform.
        - Security Awareness training is delivered through the KnowBe4 platform.
    - Workforce members were provided with a 90-day period to complete assigned training. The 2026 training period began on August 3, 2026, and runs through November 6th, 2026.
    - Workforce members who completed all required courses after July 1st, 2026, are not required to retake those courses during the annual training period. Staff who completed all required courses after July 1st, 2026, are not required to retake those courses during the annual training period.
    - As of this report, 293 of the 644 workforce members assigned the compliance training have completed their assignments for a 46% completion rate and 285 workforce members have completed the Cultural sensitivity training for a 44% completion rate.
    - This annual training program remains a key component of the Alliance's compliance program and supports ongoing workforce education, regulatory compliance, and the protection of member information.
- Q3 2026 Board of Governors Annual Training Program.
    - On August 3rd, 2026, the Alliance launched the 2026 Board of Governors (BOG) Annual Training Program. The annual training program supports effective governance, regulatory compliance,

protection of member information, and Board oversight of the health plan's operations.

- The 2026 BOG training curriculum includes:
  - HIPAA Privacy and Security Training, addressing the appropriate use, disclosure, and protection of Protected Health Information (PHI) and other confidential information;
  - Compliance Program and Code of Conduct Training, including standards of conduct, reporting obligations, regulatory requirements, and Board oversight responsibilities;
  - Fraud, Waste, and Abuse (FWA) Training, addressing federal and state requirements related to the prevention, detection, and reporting of fraud, waste, and abuse in government-sponsored health care programs; and
  - Model of Care (MOC) Training and Attestation, addressing the Alliance's coordinated, member-centered care model, care coordination activities, interdisciplinary collaboration, individualized care planning, and Board oversight responsibilities for member outcomes and services.
- To provide flexibility and promote timely completion, Board members were offered the option of completing training through self-paced online modules or participating in live instructor-led training sessions. Three live training opportunities were offered on August 24th, August 28th, and August 31st, 2026.
- To support completion of outstanding training requirements, the Alliance has scheduled additional instructor-led Board of Governors virtual and in person training sessions on September 21st, 2026, October 2nd, 2026, and October 26th, 2026, providing Board members with additional opportunities to satisfy annual training obligations.
- As of the most recent reporting period, eight (8) of eighteen (18) Board of Governors members have completed the required annual training requirements, representing a 44% completion rate. The Alliance continues to provide multiple training options and conduct outreach to support completion of outstanding training requirements. Completion

status and supporting documentation continue to be monitored to ensure compliance with applicable regulatory and contractual training obligations.

- Q3 2026 Privacy Policy and Procedure Updates
    - CMP-211 – HIPAA Privacy Rounds
        - The Privacy Office completed a substantive revision of CMP-211, HIPAA Privacy Rounds, to strengthen the Alliance's privacy monitoring and compliance oversight activities. The policy establishes Privacy Rounds as a formal internal monitoring program designed to assess compliance with HIPAA privacy and security requirements and identify risks related to Protected Health Information (PHI) and electronic Protected Health Information (ePHI) across Alliance facilities.
        - The revised policy expands the scope of Privacy Rounds to include review of physical and electronic safeguards, workstations, printers, fax machines, conference rooms, common areas, and other locations where PHI or ePHI may be created, accessed, maintained, transmitted, or disclosed. Revisions also formalize documentation, reporting, risk evaluation, remediation tracking, and corrective action requirements to strengthen accountability and support consistent follow-up of identified findings. Additional enhancements include expanded definitions, increased focus on electronic PHI risks, clarification of departmental responsibilities for remediation, and strengthened oversight and reporting requirements. Privacy Rounds results continue to be reported to leadership and compliance oversight bodies to support ongoing monitoring, risk reduction, and continuous improvement of the Alliance's privacy program. The update also incorporates the revised Privacy Rounds assessment tool and references the associated operational procedure to improve consistency, audit readiness, and alignment with current Alliance privacy practices.
    - CMP-213 – HIPAA Remote Access Requirements

- The Privacy Office completed a substantive revision of CMP-213, HIPAA Remote Access Requirements, to strengthen privacy, security, and compliance safeguards applicable to workforce members and delegated entities who access, use, or handle Protected Health Information (PHI) or electronic Protected Health Information (ePHI) outside Alliance-controlled facilities.
- The revised policy expands and clarifies remote access requirements by establishing enhanced safeguards for remote work environments, including workspace privacy protections, screen-locking requirements, device and media security, secure handling of paper and electronic records, and disposal controls for electronic media. The policy also reinforces requirements for the use of Alliance-approved systems, secure networks, encrypted communications, and approved remote access methods to protect sensitive information from unauthorized access, use, or disclosure. Additional enhancements strengthen workforce accountability by requiring completion of applicable privacy, security, and HIPAA training prior to remote access authorization, expanding applicability to workforce members, delegates, vendors, and First Tier, Downstream, and Related Entities (FDRs), and aligning requirements with current Alliance privacy, security, remote work, and email governance standards. Incident reporting, monitoring, and corrective action provisions were streamlined and aligned with existing Alliance policies to improve consistency and operational efficiency. The revision also expands regulatory and policy references to further support compliance with HIPAA, CMS, DHCS, CMIA, and related regulatory requirements. Collectively, these updates enhance the Alliance's remote access security framework, strengthen protection of member information, and improve audit readiness while supporting operational flexibility for authorized remote work activities.

- CMP-206– Accounting of Individual Disclosures

- The Privacy Office completed a substantive revision of CMP-206, Accounting of Individual Disclosures, to strengthen the Alliance's processes for responding to member and personal representative requests for an Accounting of Disclosures of Protected Health Information (PHI). The policy establishes the operational framework for handling requests, verifying identity, tracking disclosures, meeting required response timeframes, and fulfilling member privacy rights under HIPAA.
- The revised policy enhances oversight and accountability by adding detailed requirements for identity verification, management of incomplete requests, Privacy Office review and oversight, documentation standards, and processing responsibilities for delegated entities, First Tier, Downstream, and Related Entities (FDRs), and Business Associates that support the Alliance's accounting obligations. Additional enhancements include replacing basic HIPAA terminology with more detailed operational definitions to improve consistency in processing, tracking, and responding to Accounting of Disclosures requests. The policy also expands applicability beyond Alliance workforce members to include delegated entities and downstream partners, ensuring a more comprehensive and standardized approach across the organization. Related policy references and regulatory citations were updated and expanded to align with current HIPAA requirements and the Alliance's policy framework. Record retention requirements were also aligned with the Alliance's centralized records retention policy to promote consistency across compliance and privacy operations. Collectively, these revisions strengthen regulatory compliance, improve operational clarity, enhance oversight of disclosure tracking activities, and support the Alliance's commitment to protecting member privacy rights and ensuring appropriate management of PHI disclosure information.

- CMP-207-Notice of Privacy Practices (NPP)

- The Privacy Office completed a substantive revision of CMP-207, Notice of Privacy Practices (NPP), to strengthen governance, oversight, and administration of the Alliance's Notice of Privacy Practices and ensure continued alignment with evolving federal and California privacy requirements. The policy establishes the Alliance's requirements for creation, maintenance, distribution, accessibility, regulatory review, updating, and retention of the NPP. It outlines how the Alliance communicates member privacy rights, privacy protections, permitted uses and disclosures of Protected Health Information (PHI), complaint rights, confidentiality protections, and other required privacy notices to members.
- The revised policy enhances governance by formalizing NPP review, approval, distribution, accessibility, update, and retention requirements. It also expands oversight responsibilities to support compliance with HIPAA, CMS, DHCS, DMHC, and California privacy requirements, while promoting consistent administration of the NPP across all lines of business. Additional enhancements incorporate current regulatory and operational requirements, including AB 1184 confidential communications protections, sensitive services requirements, Section 1557 nondiscrimination requirements, interoperability requirements, Health Information Exchanges (HIEs), and the California Data Exchange Framework. The policy also broadens applicability to delegates, First Tier, Downstream, and Related Entities (FDRs), business associates, subcontractors, and other downstream entities that support Alliance operations and may handle PHI. The definitions section was streamlined and updated to focus on terms directly relevant to NPP administration while incorporating current regulatory and operational concepts, including CMS, DHCS, DMHC, OCR, HIEs, Sensitive Services, and substance use disorder records. Related policy references, regulatory citations, and monitoring requirements were also updated to align with current Alliance policy standards and regulatory expectations. Collectively, these revisions strengthen oversight and accountability, improve alignment with current privacy

regulations, enhance member access to privacy information and protections, and support the Alliance's ongoing commitment to transparency, member rights, and regulatory compliance.

Alameda Alliance Special Investigations Unit: Operational Updates

- Fraud, Waste, and Abuse Program Overview and Performance
    - In August 2026, the Special Investigations Unit (SIU) continued advancing program integrity activities through the assessment of referrals, management of active investigations, and collaboration with internal business partners to identify and address potential fraud, waste, and abuse (FWA) risks across Alliance operations.
    - A total of twenty-one (21) referrals were received and evaluated during the reporting period. Following preliminary review, nine (9) referrals met criteria for further FWA investigation and were opened as cases. The remaining twelve (12) referrals did not identify potential FWA concerns, and were documented for tracking and trending purposes; therefore, no investigations were initiated.
    - The SIU completed reviews and closed ten (10) investigations in August. These cases did not identify substantiated FWA concerns and were formally closed, allowing investigative resources to remain focused on matters presenting the highest potential financial, operational, or regulatory risks.
    - Efforts during the reporting period included continued implementation of a structured case-management approach designed to improve visibility into investigative workload, support accountability for case assignments, and facilitate timely progression of investigations. Regular case-review discussions and enhanced tracking tools have been established to support prioritization and resolution of open cases.
    - The SIU also continued to emphasize a risk-based investigative strategy focused on identifying opportunities for recovery when inappropriate payments are identified. Ongoing collaboration with operational departments supports evaluation of payment integrity initiatives, recoupment opportunities, and other corrective actions intended to reduce organizational risk and protected healthcare resources.

- In support of organizational compliance and governance efforts the SIU contributed to FWA awareness and education activities, including Board-level training addressing emerging fraud risks, vendor oversight considerations, and the potential program integrity implications associated with evolving technologies.

Enterprise Risk Management (ERM) and Operational Oversight Updates

- The Enterprise Risk Management (ERM) team continues to partner with leaders across the organization to assess and calibrate risks using the Alliance's developing risk taxonomy, risk assessment methodology, and COSO-based framework.
- Internal Audit continues to execute the approved risk-based audit plan and advance the transition to risk-focused approach.
    - Three audits are in progress: Policies and Procedures, DSNP Claims, and the Medi-Cal Quality Program Validation.
    - One audit, the Business Continuity audit, was completed.
    - Two DSNP-related audits, Risk Adjustment and Quality Improvement, were deferred at management's request to allow additional time for DSNP-related processes to become operational.
    - Compliance Program Effectiveness audit has also been deferred since key DSNP areas and related processes are still being stood up and implemented.
    - The Internal Audit Plan (IAP) was updated to reflect the changes and approved by the Compliance Committee in August 2026.
- ERM and Internal Audit (ERM-IA) published their first edition of *The Risk & Assurance Digest* to strengthen risk management and internal control awareness across the organization. The newsletter shared practical guidance on risks, controls, evidence, and upcoming educational sessions. Since the publication, the newsletter has received more than 1,000 views, demonstrating strong employee interest in understanding and applying ERM and Internal Audit practices.

Compliance

Supporting Documents

All Regulatory All Plan Letters & Memos

September 2026

DHCS & DMHC All Plan Letters Received in 2026

Since the last Board of Directors meeting, the Alliance received and began implementing three APLs*. Compliance reviews each APL for applicability, effective dates, required actions, and operational impacts, then distributes it to the appropriate Functional Area Delegates and stakeholders. The requirements are presented for cross-functional impact assessment, ownership, prioritization, and assignment. Designated leads coordinate implementation activities, which may include updates to policies, procedures, systems, contracts, training, and communications. Compliance tracks progress, escalates risks as needed, and validates completion to support compliance and audit readiness.

Date Released	Agency	APL #	APL Title
01/01/2026	DHCS	26-001	Initial Health Appointment
01/02/2026	DMHC	26-001	National Committee for Quality Assurance Accreditation Compliance Filing
01/15/2026	DMHC	26-002	Delegation of Risk for COVID-19 Testing or Immunizations
01/29/2026	DMHC	26-003	Large Group Renewal Notice Requirements
01/30/2026	DMHC	26-004	Plan Year 2027 QHP, QDP, and Off-Exchange Filing Requirements
02/02/2026	DHCS	26-002	Medi-Cal Managed Care Plan Responsibilities for Non-Specialty Mental Health Services
03/13/2026	DHCS	26-003	Quality Measures for Encounter Data Update: Quality Measures for Encounter Data 2.0
03/16/2026	DHCS	26-004	Medi-Cal Managed Care Plan Responsibilities for Behavioral Health Data-Sharing
03/20/2026	DMHC	26-005	Compliance with Assembly Bill 904, Maternal and Infant Health Equity Program
03/25/2026	DHCS	26-005	Maternity Services for Pregnant and Postpartum Medi-Cal Members
03/30/2026	DHCS	26-006	Skilled Nursing Facility Workforce Quality Incentive Program
04/08/2026	DMHC	26-006	AB 118: Part 2—Compliance with Individual and Small Group Standardized Evidence of Coverage/Disclosure Form
04/15/2026	DMHC	26-007	2026 Health Plan Annual Assessments
04/24/2026	DHCS	26-007	Medi-Cal Managed Care Plan Guidance on Network Provider Agreements
05/12/2026	DHCS	26-008	Interoperability Final Rules, Including Prior Authorization Requirements

Date Released	Agency	APL #	APL Title
05/12/2026	DMHC	26-008	Premium Rate Filing Review: Small Group Geographic Rating Practice
05/26/2026	DMHC	26-009	State of Emergency Due to Orange County Chemical Incident
05/26/2026	DMHC	26-010	Pharmacy Benefit Manager Licensure
06/01/2026	DMHC	26-011	Compliance with Senate Bill 306 (2025)—First Data Call
06/01/2026	DHCS	26-009	Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age of 21
06/10/2026	DHCS	26-010	Skilled Nursing Facilities—Long-Term Care Benefit Under Managed Care
06/10/2026	DHCS	26-011	Subacute Care Facilities—Long-Term Care Benefit Under Managed Care
06/10/2026	DHCS	26-012	Intermediate Care Facilities for Individuals with Developmental Disabilities—Long-Term Care Benefit Under Managed Care
06/23/2026	DHCS	26-013	H.R. 1—Federal Payment to Prohibited Entities—Important Update: End of One-Year Restriction on Federal Payments
07/01/2026	DHCS	26-014	Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older
07/14/2026	DHCS	26-015	Immunization Requirements
08/12/2026*	DMHC	26-012	Additional Guidance Regarding Billing and Payment Requirements for COVID-19 Testing
08/21/2026*	DMHC	26-013	Provisional Licenses of Substance Use Disorder Facilities
09/01/2026*	DHCS	26-016	California Children's Services Members with Unsatisfactory Immigration Status: Requirements Pertaining to the Adult Expansion Population and Requirements Pertaining to the UIS Transition to Medi-Cal Fee-for-Service

CMS HPMS Memoranda Received August 1-31, 2026

Compliance reviewed and distributed HPMS communications received during August 2026 and routed applicable items to impacted functional areas for assessment and follow-up.

Date Received	HPMS Memo
08/03/2026	Updated Rebate Reallocation Tool Now Available
08/03/2026	Update on Contract and Plan Data for MPF Provider Directory Testing
08/03/2026	Plan H2035 - HPMS Sandbox API Key Request - TPOC Not Available in Dropdown
08/04/2026	First Plan Preview of 2027 Medicare Parts C and D Star Ratings Data
08/05/2026	Medicare GLP-1 Bridge Monthly Utilization Reports
08/05/2026	DEA Registration Number Surrendered by Victoria Sepesky, NPI 1184620148
08/07/2026	Manufacturer Discount Program Payment Reconciliation System Report Layouts
08/07/2026	Invitation to Provide Feedback on Contract Year 2027 Bid Pricing (Actuarial) Requirements
08/07/2026	August 2026 Medicare Part C Utilization Trend Analysis
08/10/2026	Model Notice Corrections Announcement, CY 2027 Model Materials
08/10/2026	2025 Attestations of PDE Data, DIR Data, P2P Reconciliation Payments, and Detailed DIR Report
08/10/2026	Technical Implementation Guide for Supplying MA Provider Directory Data for Medicare Plan Finder
08/12/2026	2027 Full Risk Option Election for Part A-Only Enrollees
08/12/2026	2027 Full Risk Option Continuance for Part A-Only Enrollees
08/20/2026	Updates to HPMS Electronic Contracting Module - Release of CY 2027 Contracts and Addenda
08/24/2026	Medicare Part D Manufacturer Discount Program: September 2026 Labeler Codes and NDC Lists
08/25/2026	Medicare Advantage and Part D Enrollment and Disenrollment Guidance for CY 2027
08/25/2026	Medicare Advantage and Part D Enrollment and Disenrollment Guidance
08/25/2026	Updated Medicare Advantage Appeals and Grievance Data Disclosure Requirements

Date Received	HPMS Memo
08/26/2026	Medicare Advantage Encounter Data Submission Performance Report for Q2 2026
08/27/2026	CY 2027 September Formulary Enhancement Submission Window
08/27/2026	Update to Contract Year 2027 Medicare Advantage Provider Directory Attestation Deadline
08/28/2026	End-of-Year 2026 Enrollment and Payment Systems Processing Information
08/28/2026	Release of the Contract Year 2027 Plan Correction Module
08/28/2026	2026Q1 Drug Trend Analysis
08/31/2026	Medicare Advantage/Prescription Drug System (MARx) September 2026 Payment - Information
08/31/2026	New SSA State/County Codes for Connecticut Planning Regions Effective CY 2028

Health Care Services

Donna Carey, MD

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

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

Date: **September 11th, 2026**

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

Credentialing Committee

- At the Peer Review and Credentialing (PRCC) meeting held on August 18th, 2026, there were one hundred and thirty-three (133) initial network providers approved.
  - Seven (7) primary care provider
  - Six (6) specialists
  - Eighteen (18) ancillary providers
  - Nine (9) mid-level providers

Ninety-three (93) behavioral health providers

- At the Peer Review and Credentialing (PRCC) meeting held on August 18th, 2026, there were one hundred and thirty-three (133) initial network providers approved.
  - Seven (7) primary care provider
  - Six (6) specialists
  - Eighteen (18) ancillary providers
  - Nine (9) mid-level providers

- The report shows 440 facilities that are currently credentialed.

Utilization Management: Outpatient

- OP processed a total of 4,150 authorizations for the month of August. We also processed 452 CCS referrals, of which 112 cases were submitted to our regional CCS office for review (41 approved, 24 denied, 47 pending). CBAS 10 New CEDT, 8 Discharge, 1 ERS, 51 renewals.
- Overall OP Turnaround times exceeded the threshold of 99.5% for the month of August 2026. The OP UM team, in collaboration with the MDs, continue to explore process improvements to streamline efficiency and reduce missed TATs.
- The top 5 categories remain unchanged TQ, Radiology, Home Health, Outpatient Rehab and Outpatient Facility. These 5 categories represent ~75% of this volume. The highest overall category for Denials is Out of Network Genetic testing.
- The Home Health pilot launched in July 2025 continues to be effective, reducing the number of manual reviews for selected HH services and diagnoses. Currently, 9

providers are utilizing the process for their initial home health requests. The pilot is being monitored and will be expanded in the future.

- The number of D-SNP authorizations created stabilized as April was the first month that the 90-day Continuity of Care provisions were lifted for the original D-SNP members. There were 37 Outpatient D-SNP Authorizations created in August 2026.

Total Outpatient Authorization Volumes						
	June 2026 Approvals	June 2026 Denials	July 2026 Approvals	July 2026 Denials	August 2026 Approvals	August 2026 Denials
Medi-Cal	N/A	N/A	3,401	526	3,501	452
IHSS	N/A	N/A	132	22	140	20
D-SNP	N/A	N/A	36	4	37	5
Overall	**3,141**	**396**	**3,569**	**550**	**3,673**	**447**

***Source**: #02569_AuthTAT_Summary- Authorization volume breakdown per LOB began in June 2026*

Outpatient Authorization Denial Rates			
Denial Rate Type	**June 2026**	**July 2026**	**August 2026**
Denial Rate Excluding Partial Denials	3.0%	4.9%	4.2%
Partial Denial Rate	0.2%	0.3%	0.4%
Overall Denial Rate	3.2%	5.7%	4.6%

***Source**: #01292 All Auth Denial Rate – data only available through March 2026*

Outpatient Turn Around Time Compliance *(benchmark: 95%)*			
Line of Business	**June 2026**	**July 2026**	**August 2026**
Overall	99.7%	99.8%	99.2%
Medi-Cal	99.3%	99.5%	99.0%
IHSS	100%	100%	98.8
D-SNP	100%	100%	100%

***Source**: #02569_AuthTAT_Summary*

Utilization Management: Inpatient

- Total inpatient auth volume (including all IP authorization types processed by department: Acute, LTACH, Skilled SNF, and OP auths related to discharge) decreased slightly from 3,565 in July 2026, to 3,466 in August.
- 66 D-SNP Authorizations were processed by the Inpatient Department in August, a slight increase from 49 in July.
- Inpatient overall average LOS has trended upward from 5.2 in May to 5.7 in June and 6.0 in July. Admits per thousand are trending down from 50.7 in May to 49.9 in June, to 38.2 in July. Days per thousand increased from 261.7in May to 282.7 in June, followed by decrease to 230.5 in July.

- IP overall denial rate decreased from 3.7% in July to 1.8% in August.
- IP Auth TAT –99.9%% overall continues to surpass 95% benchmark across all lines of business in August 2026.
- External hospital rounds are ongoing with UCSF, Stanford, Alameda Health System, Kindred LTACH, Kentfield LTACH, Washington, Eden, Alta Bates, and Summit, to review members' current active admissions discuss UM issues, address discharge barriers, refer to Case Management including ECM and Upward Health to coordinate for best possible outcomes post discharge.
- Alameda Alliance IP UM RN onsite nurse pilot program completed its 7th month at Washington Hospital. Data comparing Jan-July 2025 –21.4%-to Jan-July of 2026 – 20.1% showing decrease in readmission rates for Washington Hospital by 1.3%. Preliminary data also suggests significant decrease in length of stay: 5.8 in the first 2 quarters of 2025 vs 5.0 in the first two quarters of 2026. Report outs in the coming next months, with confirmed data after 3-month claims lag. The IP UM Onsite RN meets with members in the ED and on the inpatient floors, interacting with hospital care management staff and providers to ensure appropriate care coordination, follow ups, and discharge authorizations are in place.

Total Inpatient Authorization Volumes						
	June 2026 Approvals	June 2026 Denials	July 2026 Approvals	July 2026 Denials	August 2026 Approvals	August 2026 Denials
Medi-Cal	3,403	57	3,424	62	3,310	35
IHSS	39	0	30	0	55	0
D-SNP	25	1	48	1	65	1
Overall	**3,467**	**58**	**3,502**	**63**	**3,430**	**36**

Source: #02569_AuthTAT_Summary
Authorization breakdown per LOB began in June 2026.

Inpatient Med-Surg Utilization			
Total All Aid Categories			
Actuals (excludes Maternity)			
Metric	**May 2026**	**June 2026**	**July 2026**
Authorized LOS	5.2	5.7	6.0
Admits/1,000	50.7	49.9	38.2
Days/1,000	261.7	282.7	230.5

Source: #01034_AuthUtilizationStatistics – *data only available through April 2026

Inpatient Authorization Denial Rates			
Denial Rate Type	**June 2026**	**July 2026**	**August 2026**
Full Denials Rate	1.3%	1.2%	0.5%

Partial Denials	2.3%	2.5%	1.3%
All Types of Denials	3.5%	3.7%	1.8%

Source: #01292_AllAuthDenialsRate

Inpatient Turn Around Time Compliance *(benchmark: 95%)*			
Line of Business	**June 2026**	**July 2026**	**August 2026**
Overall	100%	100%	99.9%
Medi-Cal	100%	100%	99.7%
IHSS	100%	100%	100%
D-SNP	100%	100%	100%

Source: #02569_AuthTAT_Summary

Utilization Management: Long-Term Care

- LTC census during August 2026 was 2,228 members.

Totals	**June 2026**	**July 2026**	**August 2026**
Medi-Cal	2487	2,384	2,228
D-SNP	2	2	2

- Average length of stay for June 2026 increased – this trend is driven by a few members at ICF-DD facilities with multiple admits. Numbers in July 2026 are potentially lower due to lag in claims data.

  NOTE: there were no admissions for D-SNP members in LTC

Medi-Cal Totals	**May 2026**	**June 2026**	**July 2026**
Admissions	147	138	46
Days	815	1549	191
Readmissions	44	40	13

Source: #14236_LTC_Dashboard

- LTC Staff continue to participate in SNF collaboratives around the county to ensure that our facility partners are updated with processes and program enhancements.
- LTC Provider Office Hours were completed for SNF and ICF/DD facilities in July 2026 – this is a quarterly forum for providers to ask questions related to operational processes (including claims, authorizations, and appeals)
- Having virtual rounds with AHS, San Leandro, Kyakameena, Elmwood, Jones Convalescent and Eden LTC facilities to coordinate on complex cases
- LTC Team continues to meet individually with multiple facilities to discuss collaboration with discharge planning and submitting proper documentation for requests.

- Quarterly rounds with Regional Center of Easy Bay to discuss any ICF/DD members.
- Continued internal Long Term Care rounds to discuss members coming into and leaving a long-term care setting.
- Social Workers continue visiting LTC facilities in person, as needed, to assist with discharge planning and access to other resources. The team continues referrals to TCS and other internal/external programs to provide wraparound support to members preparing to discharge from an LTC custodial facility. Team is revisiting referral criteria for Social Worker onsite visits to maximize impact on member outcomes – reviewing data related to readmissions and frequent IP/ER utilization to tailor interventions.
- LTSS Liaison is visiting and meeting with facilities to discuss any claims issues and educating on processes.
- The LTC Manager position is vacant effective 03/29/26.
- The LTC Director position is vacant effective 05/01/26.
- Authorization processing turn-around time (TAT) has remained at 99%, which is exceeding the threshold of 95%.

Total Medi-Cal LTC Authorization Volume			
Authorization Status	**May 2026**	**June 2026**	**July 2026**
Approvals	758	844	783
Partial Approvals	0	0	0
Denials	41	59	41
Total	**799**	**903**	**824**

Source: #02569_AuthTAT_Summary
****Numbers change month-over-month based on the void and copy process to adjust authorizations for bed holds; data for August not yet available***

Total D-SNP LTC Authorization Volume			
Authorization Status	**May 2026**	**June 2026**	**July 2026**
Approvals	1	0	0
Partial Approvals	0	0	0
Denials	0	0	1
Total	**1**	**0**	**1**

Source: #02569_AuthTAT_Summary
****Numbers change month-over-month based on the void and copy process to adjust authorizations for bed holds; data for August not yet available***

LTC Turn Around Time Compliance *(benchmark: 95%)*			
Line of Business	**May 2026**	**June 2026**	**July 2026**
Medi-Cal	99%	99%	99%
D-SNP	100%	N/A	100%

Source: #02569_AuthTAT_Summary; data for August not yet available

Behavioral Health

- In July, the Behavioral Health Department processed 780 authorizations within TAT requirements. Denials remain low across service types.

Behavioral Health Authorizations by Determination Status				
	26-May	**26-June**	**26-July**	**26-Aug**
Approvals	712	626	619	771
Partial Approval	0	0	0	0
Denials	7	7	7	9
Total	719	633	626	780

MH TAT					
Goal ≥95%	**26-Apr**	**26-May**	**26-Jun**	**26-Jul**	**26-Aug**
Determination TAT%	100%	98%	98%	98%	96%
Notification TAT%	98%	98%	97%	99%	96%

BHT/ABA TAT					
Goal ≥95%	**26-Apr**	**26-May**	**26-Jun**	**26-Jul**	**26-Aug**
Determination TAT%	100%	98%	98%	94%	99%
Notification TAT%	100%	95%	98%	99%	99%

TOTAL % TAT MET BY LOB					
Goal ≥95%	**26-Apr**	**26-May**	**26-Jun**	**26-Jul**	**26-Aug**
Medi-Cal	100%	97%	97%	97%	98%
DSNP	NA	100%	NA	100%	50%
Group Care	86%	88%	100%	100%	100%

BH Denial Rates					
	Goal ≤ 5%				
Year/Month	**26-Apr**	**26-May**	**26-Jun**	**26-Jul**	**26-Aug**
	1.50%*	<1%	<1%	1.10%	1.80%

Corrected data from <1% to 1.5%

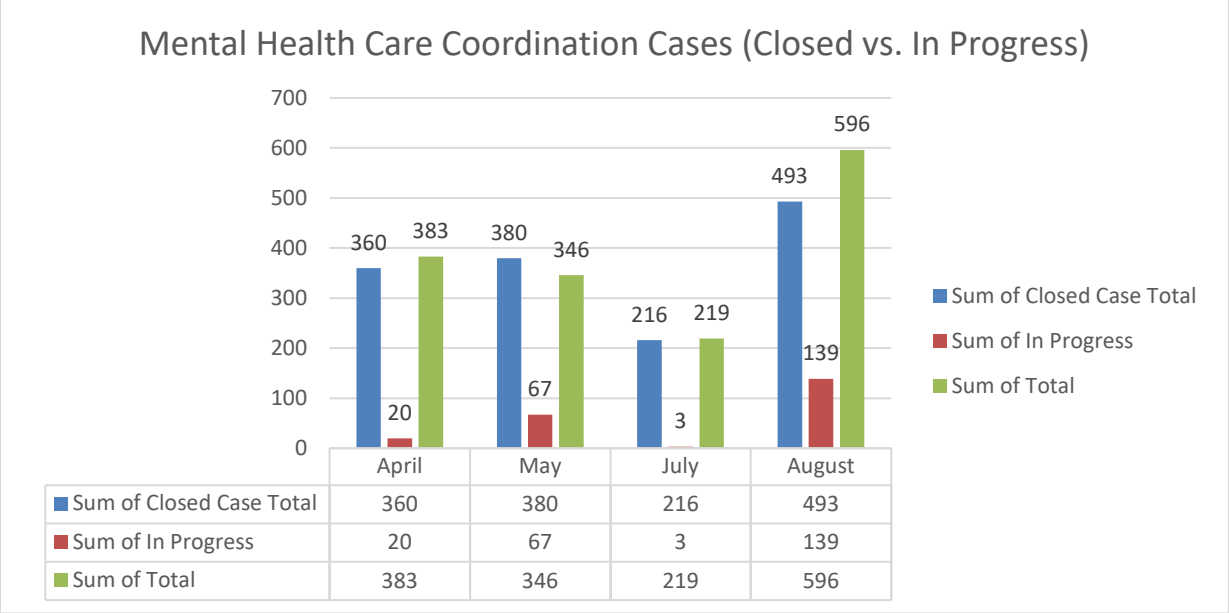
Mental Health Care Coordination

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

	26-Apr	26-May	26-June	26-July	26-Aug
Youth Screenings	62	75	70	48	13
Adult Screenings	122	149	118	117	132
Incoming ACBH Referrals	159	91	164	154	216
Outgoing Referrals to ACBH	32	43	6	43	58
Transition of Care Tools to ACBH	1	1	2	1	1

Source:16015_MH_Assessments, 16093_BH Referral Report

- Alliance licensed mental health clinicians, psychiatric nurses, and behavioral health navigators provide care coordination for members who need assistance accessing the mental health treatment services they need. The MH Care Coordination team continues to close a high number of cases per month.

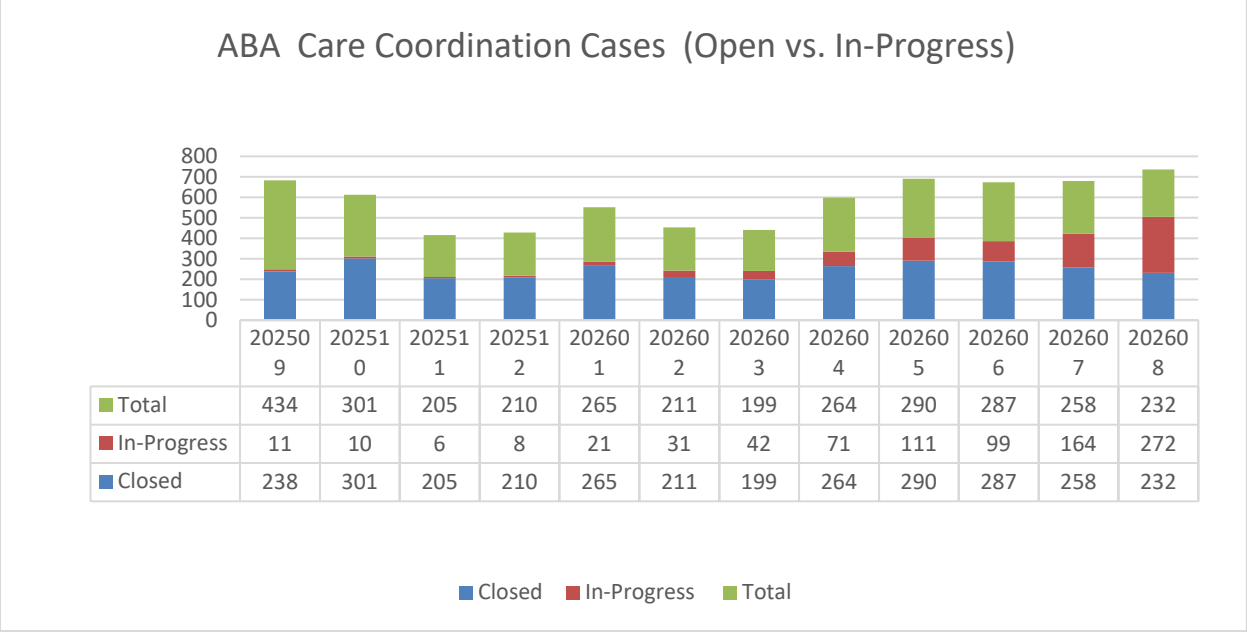


Source: 14665_BH_Cases

Referrals dropped in July resulting in less care coordination cases but rose in August reflecting a higher number of referrals.

Behavioral Health Therapies (BHT/ABA)

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



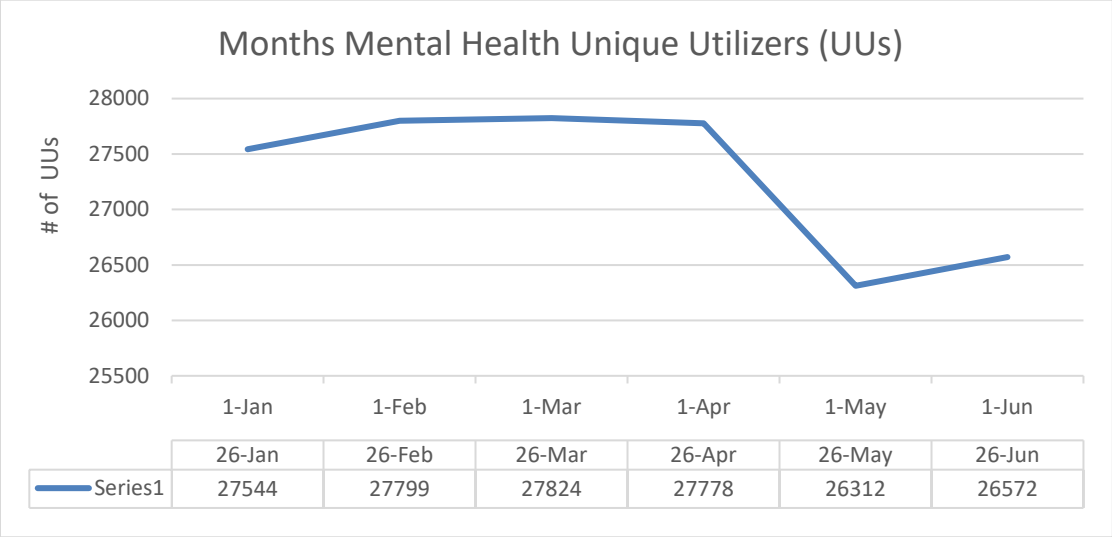
**** Data corrected as last report combined both ABA and MH Cases.*

Source: 14665_BH_Cases

Behavioral Health Unique Utilizers

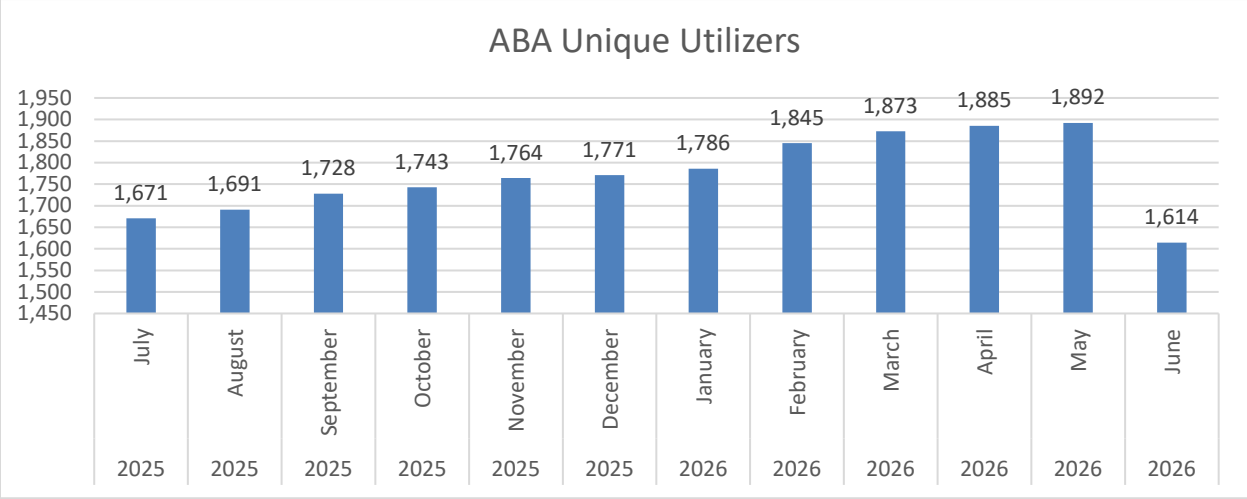
- Removing barriers to accessing BHT/ABA and MH services remains a primary goal for the Alliance Behavioral Health team. One way to measure that is to monitor unique utilizers who are accessing care when interventions are implemented.

Mental Health Unique Utilizers:



- Data is based on claims and reflects rolling 12 months with a 2-month claim lag.
- June saw a slight increase in UUs over May. However, May and June UUs remain significantly lower than prior months. The drop in unique utilizers in May and June may represent a claims lag beyond 2 months or be tied to changes in membership volume. Plan: Continue to monitor trends.

BHT/ABA Unique Utilizers:



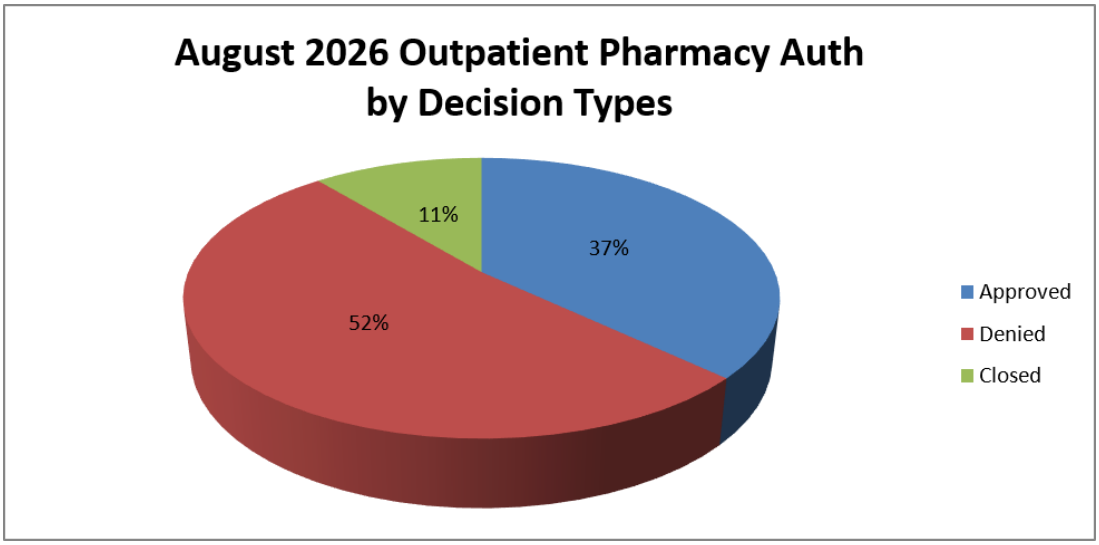
Source: PBI 14621 BHT Utilization Report

- June shows a drop from prior months. This may be a claims lag beyond two months or be tied to changes in membership volume. Plan: Continue to monitor.

Pharmacy

IHSS Prior Authorization August 2026

Decisions	Number of PAs Processed
Approved	69
Denied	96
Closed	21
Total	**186**



24 Hour TAT Compliance

	Number of PA Request	Percentage of PA Requests
Compliant	186	100%
Non-Compliant	0	0%
Total	**186**	**100%**

Top 10 Drug Categories by Number of Denials

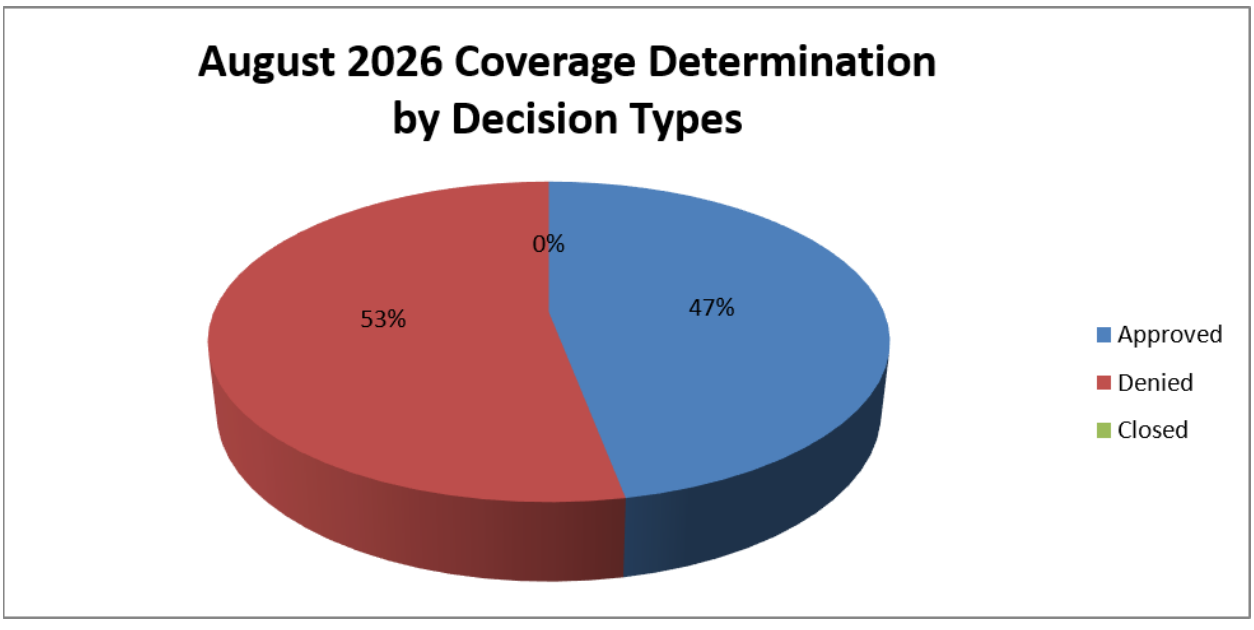
Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE Patch 5%	Nerve Pain	Criteria for approval not met
2	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Weight Management	Criteria for approval not met

3	JARDIANCE Tablet 10MG	Diabetes	Criteria for approval not met
4	VEMLIDY Tablet 25MG	Hepatitis B	Criteria for approval not met
5	WEGOVY Tablet 4MG	Weight Management	Criteria for approval not met
6	WEGOVY Soln Auto-inj 2.4MG/0.75ML	Weight Management	Criteria for approval not met
7	VOQUEZNA DUAL PAK Therapy Pack 500/20/MG	Stomach Upset	Criteria for approval not met
8	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Weight Management	Criteria for approval not met
9	ZEPBOUND Soln Auto-inj 5MG/0.5ML	Weight Management	Criteria for approval not met
10	UBRELVY Tablet 100MG	Migraine	Criteria for approval not met

DSNP Prior Authorization August 2026

Summary Table

Decisions	Number of PAs Processed
Approved	8
Denied	9
Closed	0
Total	**17**



24/72 Hour TAT Compliance

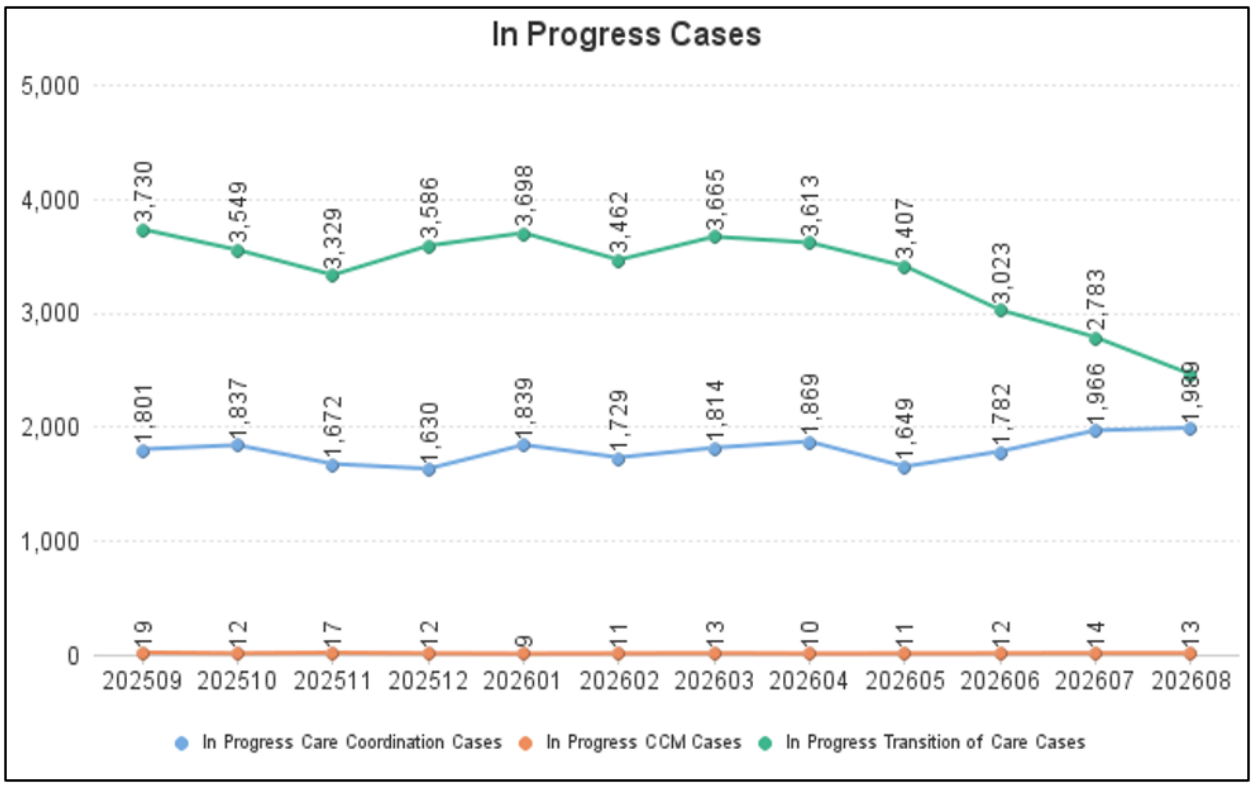
	Number of Coverage Determinations	Percentage of Coverage Determinations
Compliant	17	100%
Non-Compliant	0	0%
Total	**17**	**100%**

Top 5 Drug Categories by Number of Denials

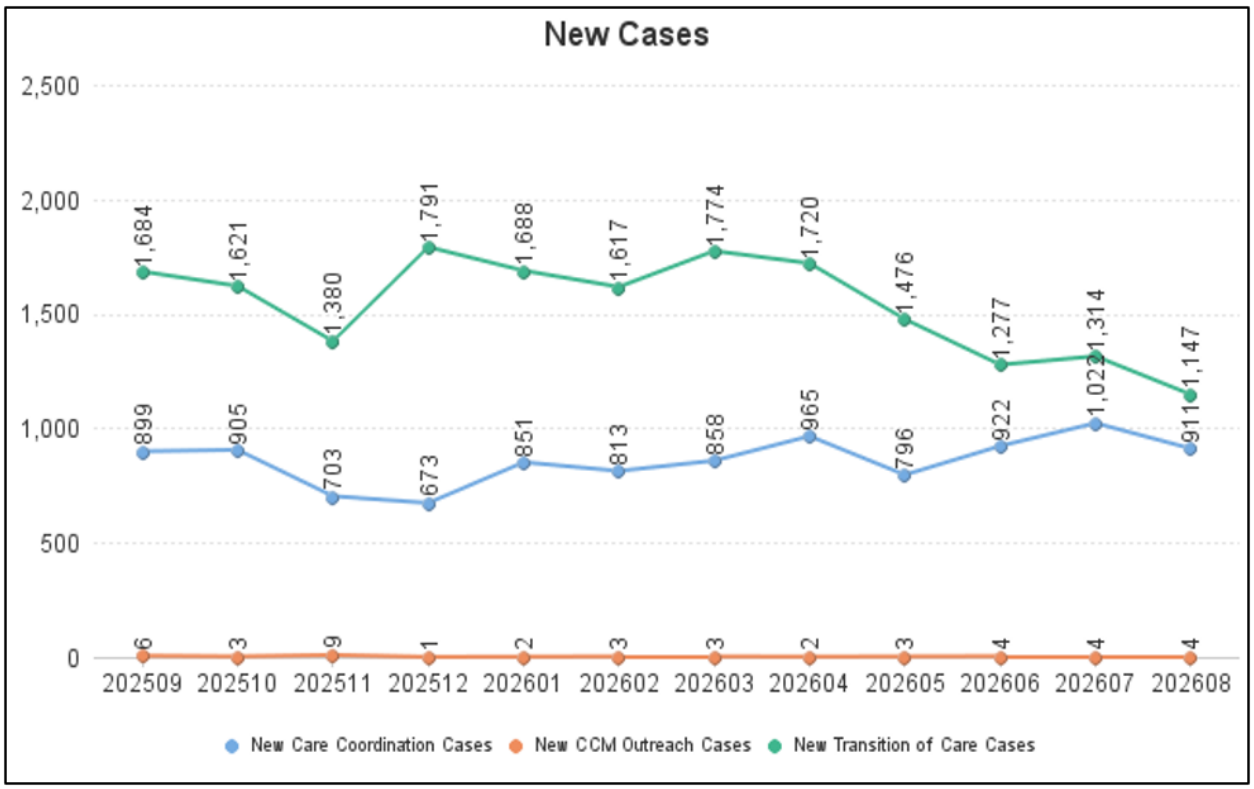
Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE Patch 5%	Nerve Pain	Criteria for approval not met
2	WEGOVY Soln Auto-inj 1.7MG/0.75ML	Weight Management	Criteria for approval not met
3	WEGOVY Tablet 1.5MG	Weight Management	Criteria for approval not met
4	OZEMPIC Tablet 4MG	Diabetes	Criteria for approval not met
5	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Weight Management	Criteria for approval not met

Case and Disease Management

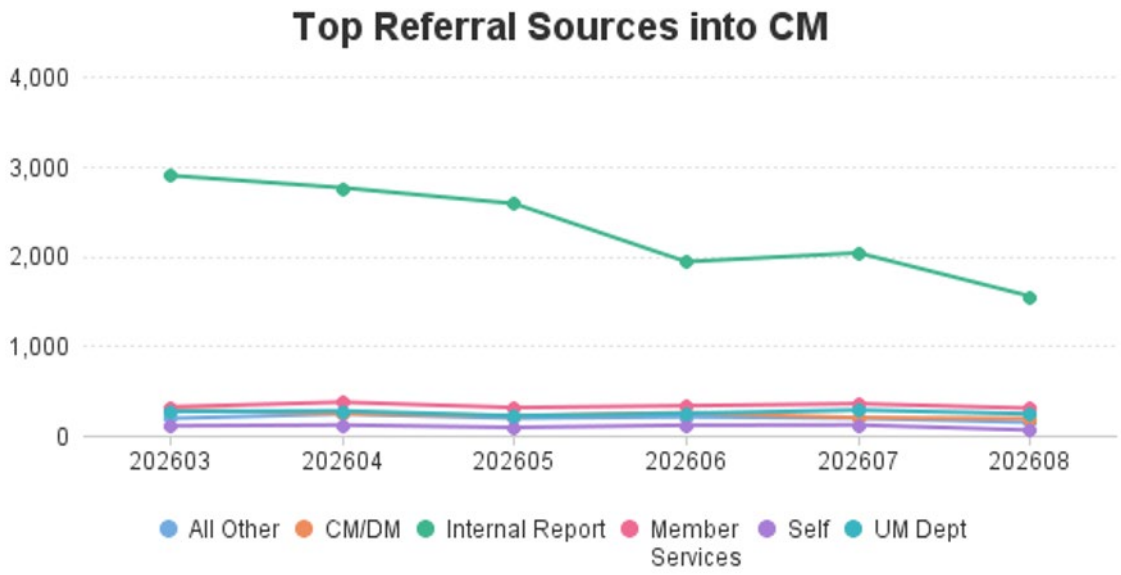
- D-SNP case management is live. The Case Management (CM) team is engaging D-SNP members in completing HRA assessments, building care plans, and supporting members to help meet their needs.
- The CM team continues to assist the high volume of members needing Transitional Care Services (TCS) as they transition from one level of care to another. This includes outreaching members who are still hospitalized and following up post-discharge to help meet the members' needs.
- The CM team has partnered with an in-person provider, Upward Health for the adult high-risk TCS population that went live 6/1/26. This will result in a decrease of "in progress cases" as those cases are now with Upward Health.
- The CM team is in the process of rolling out TCS for pregnant and postpartum members, beginning outreach at the beginning of pregnancy to ensure access to care including doula's, behavioral health, and transportation.
- CM is working closely with UM and LTC teams to support members at hospitals with long-length stays and complex discharge barriers, including facilitating referrals to Community Supports, ECM and other community resources, as needed.
- CM is responsible for acquiring Physician Certification Statement (PCS) forms before Non-Emergency Medical Transportation (NEMT) trips to better align with DHCS requirements for members who need that higher level of transportation (former completed by Transportation broker, Modivcare). CM continues to educate the provider network, including hospital discharge planners, and dialysis centers about PCS form requirements. The transportation liaison has also increased oversight of ModivCare's facility transportation services, including making onsite visits with hospitals to address transportation concerns.



Source: #03342 TruCare Caseload

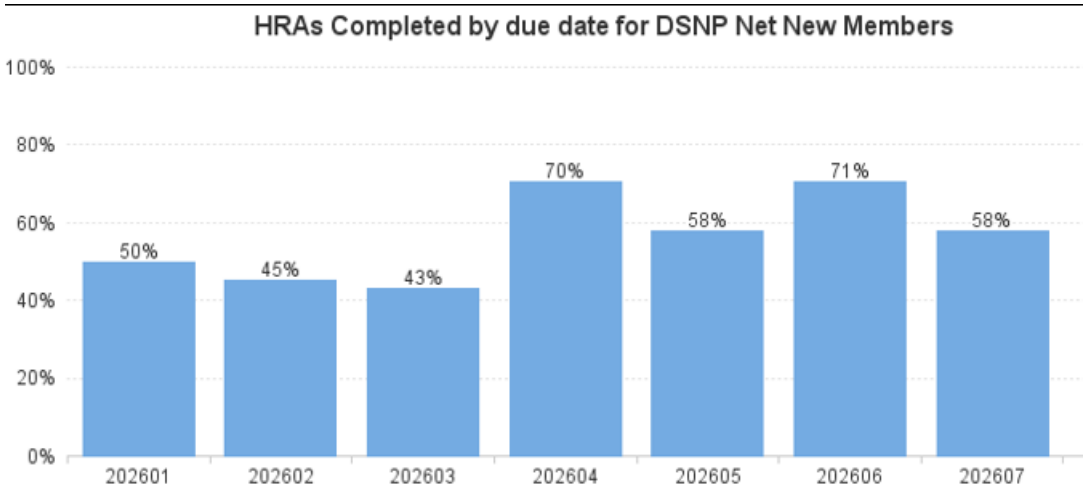


Source: #03342 TruCare Caseload



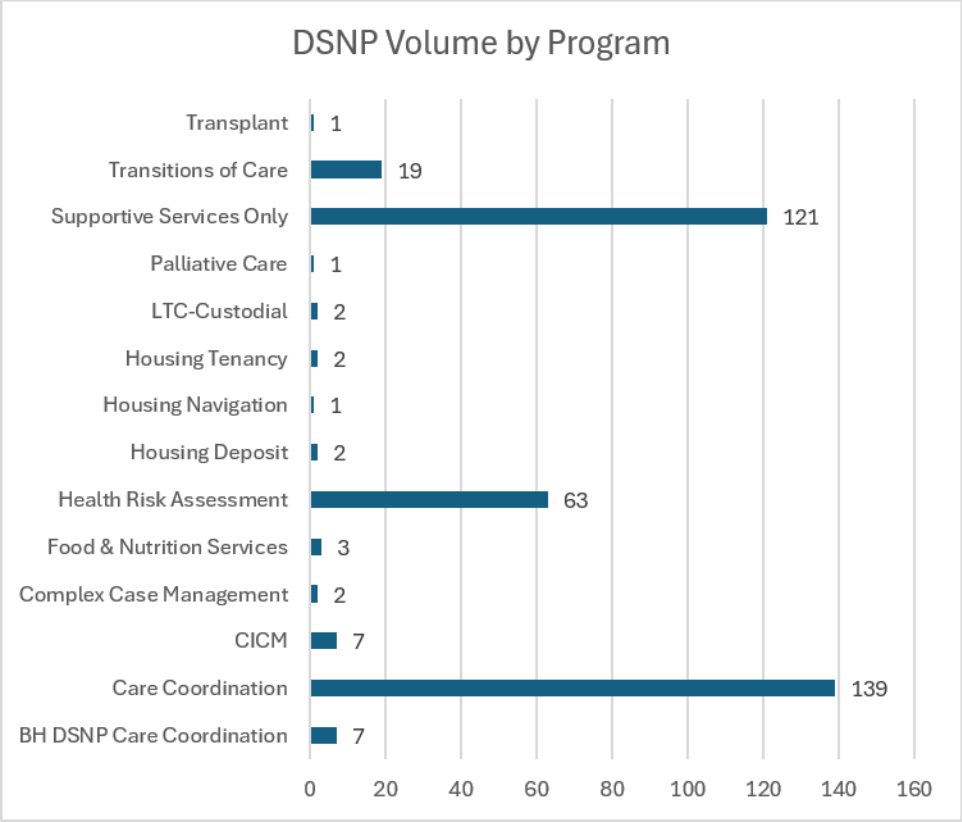
*Internal Report represents Transitional Care Services (TCS) data for recently admitted patients via Admissions Discharges Transfers (ADT) feed from hospital / skilled nursing facility partners

***Source*: #03881 Case and Disease Management Dashboard -**



Note: HRA's due 90 days from enrollment, so members who enrolled 7/1/26 or later are still outreached
***Source*: #00835 HRA Dashboard**

DSNP CM Volume by Program Type



Source: #17175 CM DSNP Aging

Definitions:

- Care Coordination Program - Engaged members, custom care plan
- Health Risk Assessment Program – Still being outreached to complete HRA
- Supportive Services Only – Unengaged members receiving generic care plan
- BH DSNP (supplemental program) – Member engaged with both Physical Health and Behavioral Health CM teams
- Complex Case Management – Member with Complex CM needs, higher level of CM
- Palliative Care (supplemental program) - Member enrolled in palliative care
- Transitions of Care (supplemental program) - Member who experienced a transition of care such as hospital discharge

CalAIM

Enhanced Case Management

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

- With DSNP live, the ECM team is working closely with the ECM providers to assist with Continuity of Care for these members and confirm the Alliance is meeting the new requirements associated with DSNP requirements for California Integrated Care Management (CICM).
- The ECM team is collaborating with IT and IPD to automate creation of authorization shells, provide auto authorizations where possible, and centralize ECM referrals. This will improve referral processing and authorization determination decisions with improved turnaround times. Additionally, this will free up ECM staff to work on other areas of ECM (i.e. graduating or assisting with stepping members down to a lower level of care, clinical audits, additional support to Provider frontline staff to improve effectiveness of care plan outcomes and, further advance the growth of ECM especially in key POF areas that are underdeveloped like Birth Equity).
- Efforts to expand the ECM provider network will be revisited in 2027. Work on system and billing enhancements are in progress; the team is also anticipating revised DHCS ECM policy guide before the end of 2027, which will inform future program revisions.
- The ECM team continues to build rapport with the ECM providers, meeting to discuss specific cases and work with the ECM providers to assist with moving members through the ECM program by addressing care plan barriers and offering support and services ECM providers may not be aware of. This has led to more collaboration and community referrals to additional resources. Additional meetings are scheduled with ECM providers for individual case conferences as needed. Clinical Operations meetings that support ECM provider leadership and processes continue. These meetings further support the relationship between the ECM provider and AAH, to

better understand the barriers ECM providers experience to moving members through the ECM care continuum appropriately and with a higher level of quality of care.

- ECM and CS teams have begun a collaborative meeting to confirm communication is occurring between Community Supports providers and ECM lead care managers. The collaboration further enhances coordination of care, ensuring non-duplicative services and members receive appropriate services to meet their needs. One new area where collaboration is happening is in preparing for Transitional Rent, ensuring smooth transitions into ECM, as necessary.
- The ECM team continues the ECM Training Academy. The trainings began in April and occur monthly throughout the year. Topics include ECM referrals and documentation for reauthorizations, nonjudgemental language and care, and more. July focused on Dementia Care.

	May 2026		June 2026		July 2026	
ECM Providers	**Outreach**	**Enrolled**	**Outreach**	**Enrolled**	**Outreach**	**Enrolled**
ACBH	-	13	-	13	-	13
Alameda Health System (AHS)	11	258	11	261	11	223
Bay Area Community Services (BACS)	40	264	29	273	23	270
California Cardiovascular Consultants	-	130	-	131	-	129
California Children's Services (CCS)	6	59	7	61	10	59
CHCN	107	1,401	58	1,379	81	1469
East Bay Innovations (EBI)	9	174	6	182	3	180
Full Circle	-	221	-	227	-	228
Institute on Aging (IOA)	195	282	182	291	14	294
La Familia	35	33	-	32	35	43
MedZed	1,780	288	139	1,880	394	1977
Pair Team	-	1952	8	1,879	31	1870
Roots Community Health Center (includes Street Medicine)	1	578	1	593	-	572
Seneca Family Services	48	57	9	54	72	58
Star Nursing	-	-	-	-	-	30
Titanium Health Care	821	2,038	625	2,124	428	2186
Tiburcio Vasquez Health Center (Street Medicine)	-	121	-	123	-	
BACH (Street Medicine)	-	66	-	67	-	
Lifelong (Street Medicine)	-	388	-	383	-	

Source: #13360 ECM Dashboard – data available through July 2026

Community Supports (CS)

- CS services are focused on offering services or settings that are medically appropriate and cost-effective alternatives. The Alliance offers the following Community Supports:
    - Housing Navigation
    - Housing Deposits
    - Tenancy Sustaining Services
    - Medical Respite
    - Medically Tailored/Supportive Meals
    - Asthma Remediation
    - (Caregiver) Respite Services
    - Personal Care & Homemaker Services
    - Environmental Accessibility Adaptations (Home Modifications)
    - Assisted Living Facility Transition
    - Community or Home Transition Services
    - Transitional Rent
- The Alliance is working to identify gaps in current service capacity and member access to Community Supports; this will inform future targeted efforts for CS network expansion.
- AAH CS staff continue to meet with CS providers to work through logistical issues as they arise, including referral management, claims payment and member throughput. AAH is also working with CS providers, in coordination with DHCS, to clarify any policy or operational questions that may inform potential refinement of processes.
- LTSS Director position vacant as of 5/1/26.
- Oversight of Community Supports providers continues through the provider audit process.
- Draft DHCS Community Support Policy Guides Volume 1 and 2 released for public comment on July 20th, 2026. Expected finalized DHCS Community Support Policy Guides in Fall of 2026.

Community Supports	Services Authorized in June 2026	Services Authorized in July 2026	Services Authorized in August 2026
Housing Navigation	1084	1045	989
Housing Deposits	452	393	359
Housing Tenancy	2038	2002	1346
Asthma Remediation	161	158	149
Medically Tailored/Supportive Foods	1415	1255	1005
Medical Respite	45	53	56
Transition to Home	2	1	1

Nursing Facility Diversion	3	3	3
Home Modifications	13	10	9
Personal Care and Homemaker Services	29	19	20
Caregiver Respite	1	1	1
Transitional Rent	45	51	53
Total	**5,288**	**4,991**	**3,991**

Source: #13581 Community Supports Auth Dashboard – data only available through July 2026

- There was a decrease in the amount of authorization requests by 6% from June 2026 to July 2026. There was a 20% decrease from July 2026 to August 2026. Total decrease in the number of authorizations from June 2026 to August 2026 is 25%.

Total Medi-Cal CS Authorization Volume			
Authorization Status	**June 2026**	**July 2026**	**August 2026**
Approvals	1006	757	898
Partial Approvals	0	0	0
Denials	83	82	87
Total	**1089**	**839**	**985**

Total D-SNP CS Authorization Volume			
Authorization Status	**June 2026**	**July 2026**	**August 2026**
Approvals	1	1	2
Partial Approvals	0	0	0
Denials	0	0	0
Total	**1**	**1**	**2**

Source: #02569_AuthTAT_Summary

- Authorization processing turn-around time (TAT) for Medi-Cal has remained at 99%, which is exceeding the threshold of 95%. D-SNP TAT remains at 100%.

CS Turn Around Time Compliance *(benchmark: 95%)*			
Line of Business	**June 2026**	**July 2026**	**August 2026**
Medi-Cal	99%	99%	99%
D-SNP	100%	100%	100%

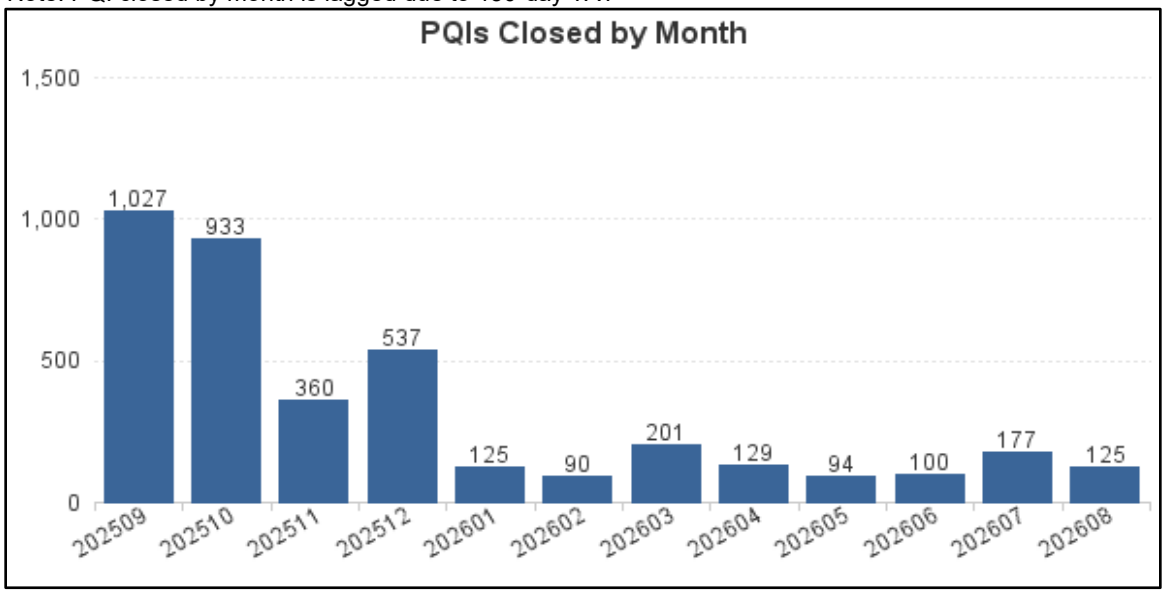
Source: #02569_AuthTAT_Summary

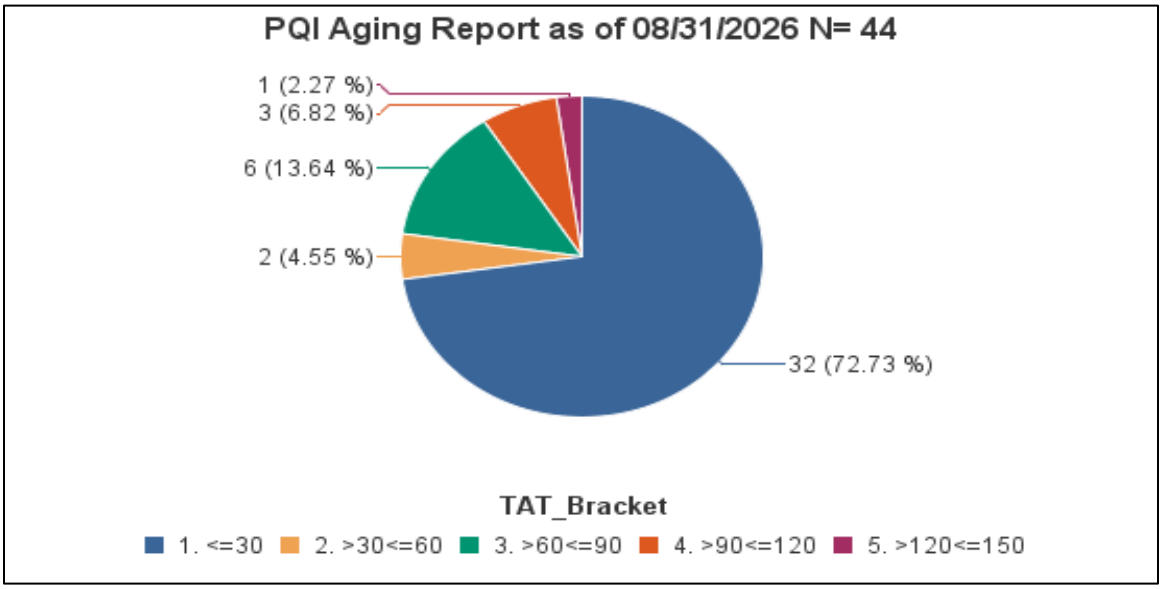
Quality

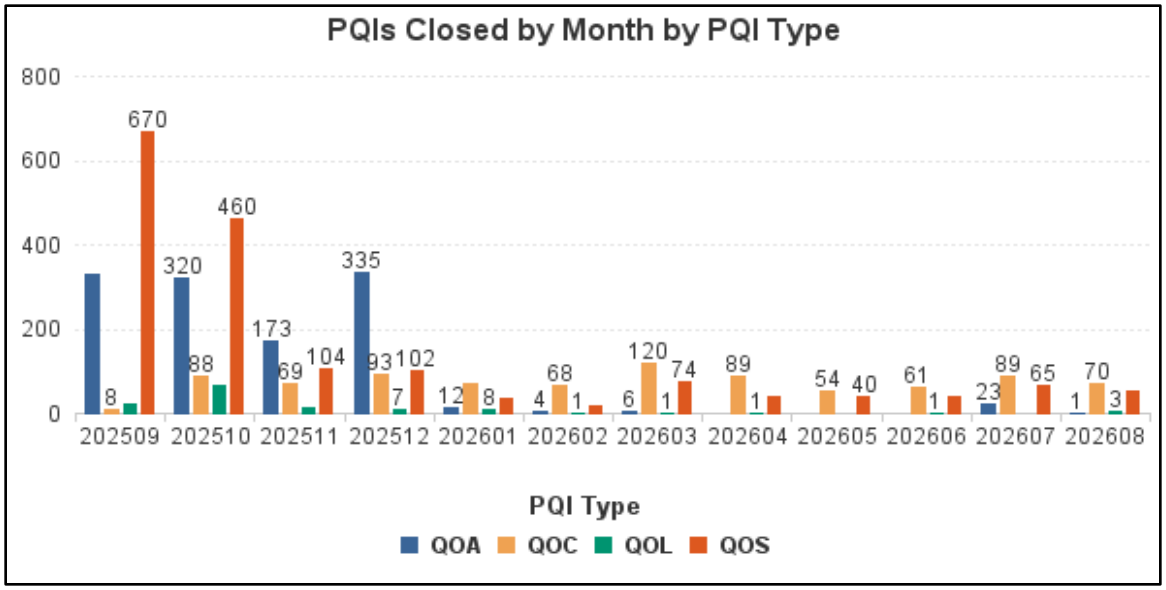
- There was a slight decrease in the number of PQIs closed compared to last month by 29% (from 177to 125 cases). As of August 31, 2026, the turnaround time (TAT) for Potential Quality Issues (PQI) is 100% closed within 150 days which exceeded the standard of 95% case closure rate. The majority of the cases were closed within 90 days (91%). The majority of cases closed were quality of care (QOC)

types signifying appropriate referrals of PQIs for clinical quality issues. The TAT at which PQI cases are being leveled and closed with final MD recommendations was met for the last 3 consecutive months.

Note: PQI closed by month is lagged due to 150-day TAT







Provider Satisfaction Survey:

- Survey Objective: The Provider Satisfaction Survey targets providers to measure their satisfaction with Alameda Alliance for Health. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs. The Provider Satisfaction Survey typically fields from September to November of each year.

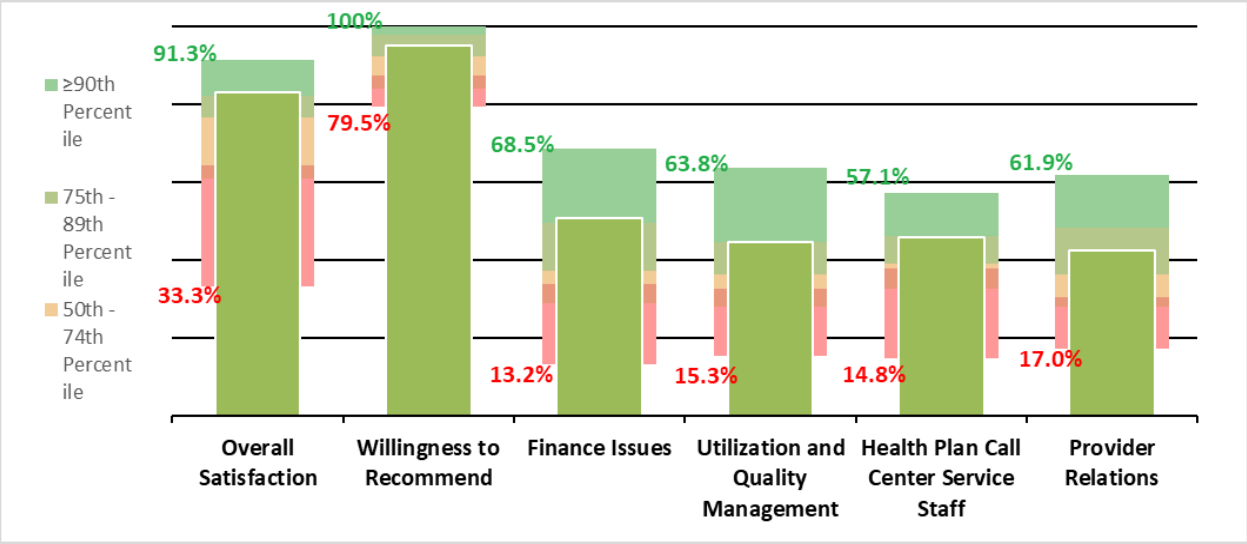
Provider Satisfaction Composite Scores

Composite	MY 2025 Result	Variance Compared to Previous Year	Variance Compared to PG Commercial Benchmark BoB	MY 2024 Result	MY 2023 Result
Overall Satisfaction	**83.1%**	Higher	Significantly Higher	80.7%	78.4%
All Other Plans (Comparative Rating)	**62.9%**	Lower	Significantly Higher	64.1%	55.3%
Finance Issues (Claims)	**50.6%**	Lower	Significantly Higher	56.3%	49.0%
Utilization and Quality Management	**44.7%**	Lower	Significantly Higher	50.4%	47.5%
Network/Coordination of Care	**33.5%**	Higher	N/A	27.0%	41.7%
Pharmacy	**33.7%**	Lower	N/A	35.6%	38.1%

Health Plan Call Center Service Staff	**45.7%**	Lower	Significantly Higher	50.9%	49.2%
Provider Relations	**42.3%**	Lower	Significantly Higher	52.6%	61.8%

- The Alliance identified higher composite scores in 2 of 8 measures compared to MY 2024 scores.
- Six (6) of the 8 composites scores are significantly higher than the vendor (PG) commercial BoB scores.

Comparison Relative to PG Book of Business



Green bar = AAH performing at or above the 75th percentile

Red bar = AAH performing below the 25th percentile

- The graph above shows how Alameda Alliance for Health scores compared to the distribution of scores in the 2024 PG Commercial BoB. All measures are performed above the 75th percentile.

Key Drivers of Overall Satisfaction with Health Plan

Power: Promote and leverage Strengths (Top 5 Listed)

- The health plan's facilitation/support of appropriate clinical care for patients
- Timeliness of plan decisions on urgent prior authorization requests
- Timeliness of obtaining pre-certification/referral/authorization information
- Procedures for obtaining pre-certification/referral/authorization information
- Accuracy of claims processing

Opportunities: Focus resources on improving processes

- Ability to speak with plan medical director about prior authorization decisions

Community Health Strategy (CHS) – August 2026

Community Health Strategy advances health equity by strengthening the connection between healthcare and community. Through trusted partnerships, Community Health Workers and community-based organizations improve access, address social drivers of health, and create coordinated, person-centered care that improves health outcomes for Alameda Alliance members**.**

Staffing Updates:

- No updates at this time.

August Program Summary:
August marked a meaningful period of progress and purpose for Community Health Strategy (CHS)—an opportunity to celebrate the continued evolution of our Community Health Worker (CHW) strategy while strengthening the community partnerships, operational infrastructure, and organizational practices that make health equity tangible for our members.

At the center of this work is a simple but important question: How do we make it easier for members to receive the right support, from the right people, in ways that reflect the realities of their lives?

Throughout August, CHS continued advancing a health equity framework that connects community voice, data, care delivery, and policy to create a more connected, responsive, and equitable system of care for Alliance members. Our work included deepening partnerships with community-based organizations, elevating policy and implementation barriers through statewide advocacy, strengthening our understanding of member experience and outcomes, and continuing to operationalize CHW integration across the Alliance’s broader care delivery and Quality infrastructure.

Together, these efforts reflect an important evolution in our strategy. We are moving beyond the development of individual programs toward the sustainable, enterprise-level integration of community health and health equity. This means ensuring that community voice, lived experience, trusted relationships, and community-based care are woven into how the Alliance identifies needs, designs and delivers care, evaluates outcomes, and improves the member experience.

The goal is not simply to increase access to CHW services. It is to create a more connected system around the member—one in which clinical care, community-based support, data, policy, and trusted relationships work together rather than requiring members to navigate disconnected systems on their own.

CHS Bringing - Quality in the Community:

August marked a special achievement for Community Health and Alameda Alliance as a whole.

The CHS team had the opportunity to lead profound dialogue at the CHW Benefit Community of Practice for Medi-Cal Managed Care Plans, alongside sister health plans, DHCS, the California Health Care Foundation, and other statewide partners. The convening provided an opportunity to share how the Alliance is approaching CHW integration not simply as implementation of a benefit, but as a part of a broader health equity and care transformation framework centered on the member.

CHS highlighted our CHW integration and culture-building approach, recognizing that sustainable integration requires more than introducing a new workforce into the health care system. It requires creating shared understanding across teams about the role and value of CHWs, strengthening the connection between clinical and community-based care, and developing workflows and organizational practices that allow trusted community support to become part of the member's overall care experience.

CHS also shared our CHW intervention model, highlighting our CHW-led fatty liver pilot as a tangible example of this framework in action. The pilot intentionally braids clinical and non-clinical support into one coordinated member journey, bringing together clinical care, health education, navigation, community resources, and trusted CHW support.

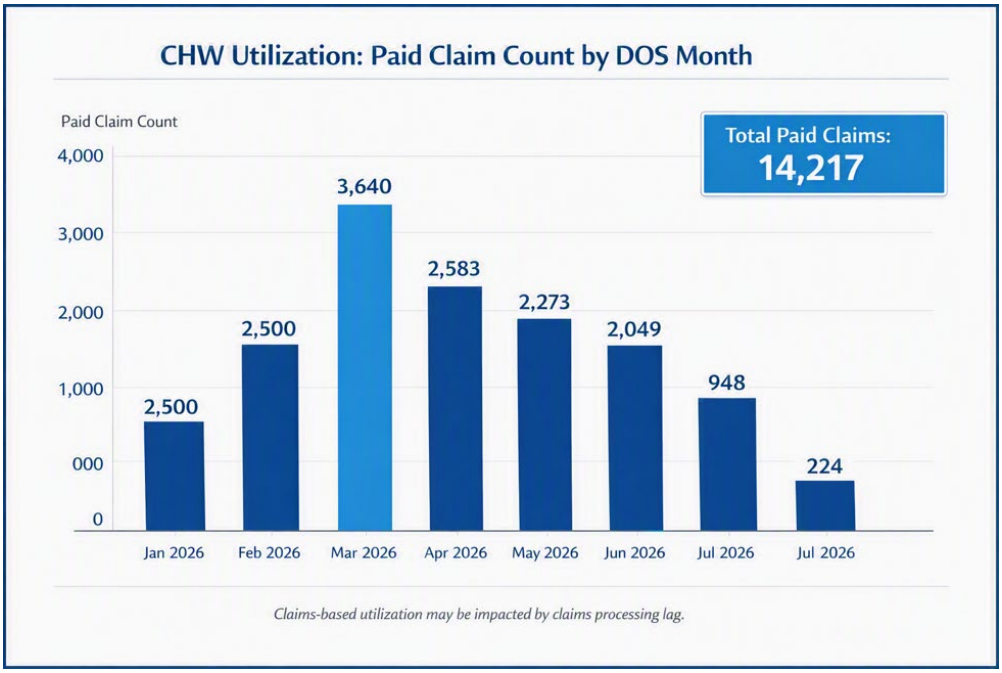
At the center of that journey is the member. Rather than expecting members to understand where one program, department, provider, or benefit ends and another begins, our aim is to organize support around their needs, meeting members where they are, reducing unnecessary handoffs and fragmentation, and helping ensure that they remain at the center of decisions about their health and care.

Importantly, we learned Alliance is pushing the CHS benefit into advancements in the CHW profession by building the measurement infrastructure alongside the intervention. CHS tracks referrals, connections across the member journey, CHW engagement and integration, access to needed services, and defined pilot outcome objectives. This allows us to move beyond measuring activity alone and better understand whether integration is meaningful to those it intends to serve.

CHS illustrated the broader CHS operating framework and mission for the Community Health Strategy to serve as one of the Alliance health equity engine connecting data, care, community, and policy to advance equitable outcomes for members.

The response from participating in managed care plans and statewide partners affirmed the importance of this direction. Partners described Chief Medical Officer, Dr. Donna Careys integration of Community Health Strategy within the Alliance's Quality infrastructure as profound and innovative, and several health plans expressed interest in learning from or adapting elements of the Alliance's approach within their own organizations. **Recorded Webinar:* CHW Benefit Community of Practice for Medi-Cal Managed Care Plans Recorded Webinar

Community Health Worker – Program Utilization Report



The most significant driver of reduced CHW utilization is due to DHCS updated billing guidance for the CHW 98960–98962 (Tel: 98960-98962) series, including a 16-minute threshold that no longer allows shorter member interactions to be accumulated across encounters. Because CHW engagement is often relationship-based and develops through multiple touchpoints, this change may result in lower claims-based utilization even when meaningful member engagement continues.

Since July, the Alliance has joined other MCPs in evaluating the impact of this guidance and, in August, advanced advocacy to DHCS and LHPC regarding its unintended consequences. The Alliance is also collaborating with providers to adapt engagement strategies and maximize DHCS's flexibility in how and where CHW services are delivered, so members can continue to be met where they are.

CHS Provider Recruitment and Community Partnership Development

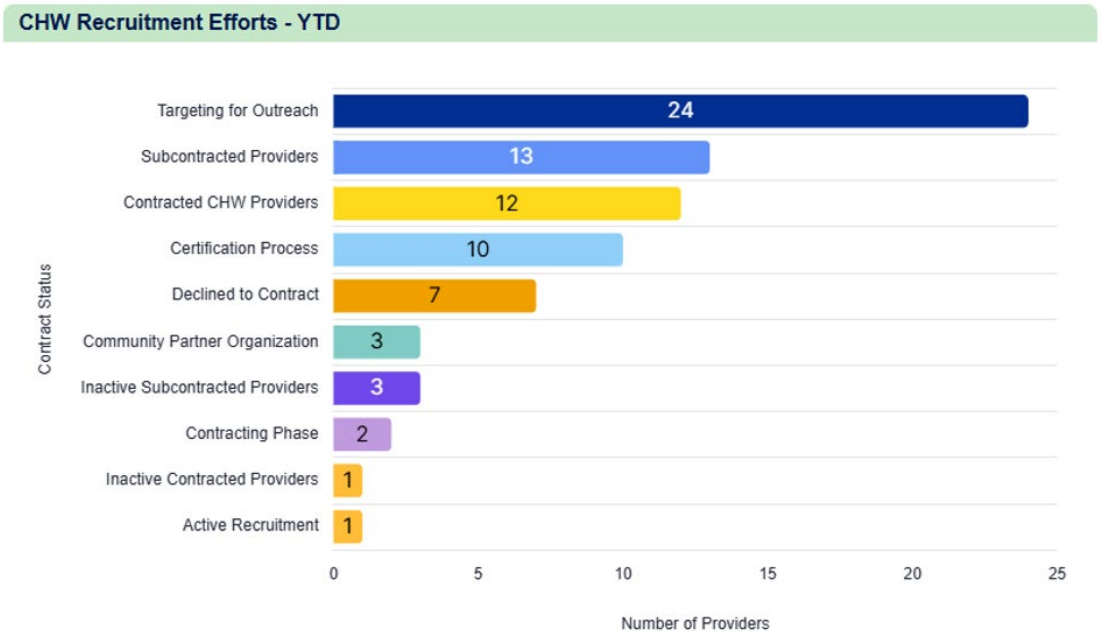
Provider partnerships remain central to Alameda Alliance's ability to translate strategy into measurable member impact. CHS continues to prioritize strategic network expansion by cultivating partnerships with organizations that can deliver culturally responsive, community-based interventions for members with complex health and social needs, including older adults and other populations experiencing barriers to care.

In August, CHS advanced CHW provider network development through targeted outreach, onboarding, and readiness activities with Haller's Pharmacy, Vietnamese American Community Center of the East Bay (VACCEB), Alameda County Public Health Department, ThriveLink, MARU, the City of Fremont Aging and Adult Services, and the City of Berkeley. The Alliance also recognizes Board Member Wendy Peterson for her instrumental role in identifying and elevating referral opportunities that support the Alliance's community health expansion strategy, particularly partnerships focused on strengthening services and supports for seniors. As a result of this engagement, the

Alliance has advanced relationships with VACCEB and the City of Fremont Aging and Adult Services, further expanding opportunities to connect older adults and other members to trusted, community-based support.

These efforts have also produced concrete progress in provider readiness and network growth. Three organizations, City of Berkeley, Haller's Pharmacy, and VACCEB advanced into the CHW certification phase and are progressing through certification and Medi-Cal readiness activities to support future participation in the CHW benefit. In addition, Ascension Health completed the contracting process and became a contracted CHW provider effective August 2026. Following contract execution, CHS provided CHW refresher training to support Ascension Health's understanding of program expectations, billing processes, documentation requirements, and operational workflows. Collectively, these activities advance Alameda Alliance's strategic priorities to expand provider capacity, strengthen access to care, improve member engagement, and increase the availability of community-based services for populations experiencing disproportionate inequities in health and healthcare access.

CHS Provider Recruitment Snapshot:



As of August 2026, the CHS provider network includes twenty-five (25) contracted providers, consisting of:

- Twelve (12) directly contracted organizations.
- Thirteen (13) subcontracted entities.
- One (1) organization actively assessing readiness to pursue certification and contracting.
- Ten (10) organizations are currently engaged in the CHW certification process.
- Two (2) organizations are currently onboarding.
- Eight (8) organizations deemed inactive or electing not to proceed year-to-date.
- Three new (3) organizations requested CHW Capacity Building

- Twenty-four (24) organizations targeted for recruitment/outreach

These efforts reflect a continued focus on sustainable network growth while maintaining alignment with program standards, quality expectations, and member needs.

Interpreter Services

Interpreter Services Annual Overview

- In 2025, over 124,000 interpreter services (in-person, telephonic, and video) were provided across 127 languages.
- Top ten languages requested in 2025 included threshold languages, American Sign Language, Mam, and other languages. See table 1 below.

Table 1. Top 10 Languages Requested by Modality, 2025

Alliance Wellness/ D-SNP	Medi-Cal and Group Care
Spanish	Spanish
Chinese Cantonese	Chinese Cantonese
Chinese Mandarin	Vietnamese
Vietnamese	Chinese Mandarin
Tagalog	Mam
Arabic	Arabic
Hindi	Dari
Punjabi	Farsi
French	Punjabi
Turkish	Hindi

- 2026 Q1, we saw an 18% increase over 2025 Q1, with a 99% fulfillment rate for Medi-Cal and Group Care and 100% fulfillment rate for Alliance Wellness/D-SNP, exceeding our 95% target.
- 78% of interpreter services utilized in 2026 Q1 were on-demand (Phone 96%, Video 4%); 22% were prescheduled (In-person 88%, Video 10%, and Phone 2%).
- See table 2 below for the top 10 languages requested in 2026 Q1 by line of business (LOB).

Table 2. Top 10 Languages Requests, 2026 Q1

2025 Top 10 Languages		
In-Person	**Telephonic**	**Video**
Spanish	Spanish	Spanish
Cantonese	Cantonese	Vietnamese
Vietnamese	Vietnamese	Cantonese
Mandarin	Mandarin	Mandarin
Mam	Mam	Khmer
Arabic	Arabic	Korean
Dari	Dari	Arabic
American Sign Language	Farsi	American Sign Language
Farsi	Punjabi	Amharic
Hindi	Khmer	Mam

- The Alliance is currently working on implementing efficiency/enhancement interpreter services projects aimed at the following focus areas:
    - Addressing rising costs
    - Improving efficiency
    - Reducing non-attendance

<u>Member Satisfaction with Language Services- Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)</u>

- Adult scores improved throughout 2025, while child scores remained strong for favorable responses to the Member Satisfaction Survey, CG-CAHPS question: *"Were you able to communicate with your doctor and clinic staff in your preferred language?"*
- There is an opportunity to further increase awareness and use of qualified interpreter services, while recognizing member cultural and personal preferences.
- Overall, we met or exceeded our workplan goal: 81% of Adult members and 92% of Child members who needed interpreter services reported receiving a qualified non-family interpreter.

Table 3. Favorable Responses, CG-CAHPS, 2025
2025 Workplan Goal: 81% of Adult members and 92% of Child members who needed interpreter services reported receiving a qualified non-family interpreter.

Favorable Response Rate	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Total Avg.
Adult	83.7%	85.8%	88.1%	88.2%	**86.5%**
Child	91.9%	92.3%	93.4%	91.1%	**92.2%%**

Quality Improvement: Population Health Management (PHM)

- Continued meetings with Alameda County Public Health Department (ACPHD), City of Berkeley, and Kaiser to discuss Community Health Assessment and Improvement Plan (CHA/CHIP) collaborations.
    - Submitted the DHCS PHM Deliverable in February 2026 reporting on local planning collaboration as well as current efforts and collaborations around statewide behavioral health goals.
    - Shared HEDIS immunization data with ACPHD to inform outreach and education strategies.
    - Participated in Alliance-funded ACPHD and City of Berkeley community forum events to provide input into the CHA/CHIP.
    - ACPHD presented at the December 2025 and June 2026 Alliance Community Advisory Committee (CAC) meetings and invited feedback on CHA/CHIP results.
    - Provided FY27 funding to support local CHA/CHIP implementation efforts, including a $20,000 investment for the City of Berkeley, and proposed an $80,000 allocation to ACPHD.

- DHCS requires quarterly submission of six PHM KPIs for monitoring program operations and effectiveness. The KPIs are listed in the table below with the most recent submitted rates from July 2026 (lookback period 4/1/2025-3/31/2026):

	Acronym	Measure	July 2026 submission
1	EDPC	Members Utilizing Emergency Department Care More than Primary Care	7.4%
2	ENPC	Members Engaged in Primary Care	44.5%
3	ENPC-A	Members Engaged in Primary Care at Assigned Primary Care Site	36.7%
4a	CCME Rate A	Complex Care Management Enrollment	5.0%
4b	CCME Rate B	Note: Rate B looks at the subset of members from Rate A who were not enrolled in CCM in the last measurement period and thus identifies new enrollment into CCM.	0.8%
5	CMHRD	Care Management for High-Risk Members after Discharge	30.9%
6	FUAH	Follow-Up Ambulatory Visit after Hospital Discharge	33.3%

Information Technology

Sasikumar Karaiyan

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

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

Date: **September 11th, 2026**

Subject: **Information Technology Report**

Enrollment

- August membership decreased by 524 members, representing a 0.14% month-over-month change. PCP assignment patterns remained balanced at 55.5% auto-assigned and 44.5% member-selected. All 48 DHCS, CMS, and Public Authority files were processed successfully with no issues or downtime.

Provider & Member Portals

- In July 2026, Provider Portal's top five most-used pages recorded 2.77 million pages viewed, while Member Portal's top five most-used pages recorded 13,950 page views. Providers submitted 6,686 authorizations through the portal, members submitted 10 grievances, and active portal account totaled 6,960 providers and 3,551 members.

Call Center Metrics

- Call center systems remained stable in August, with one system issue impacting operations for 20 minutes during the month. The Alliance received 13,684 member calls and 9,775 provider calls, while Alliance Wellness extended-hours support handled 50 calls during evening, weekend, and holiday hours.

Encounter Data

- In the month of August 2026, the Alliance submitted 146 encounter files to the Department of Health Care Services (DHCS) with a total of 519,182 encounters.

- In the month of August 2026, the Alliance submitted 1,263 encounters to the Centers for Medicare Services (CMS) for D-SNP members.

Workflow Automation

- **AI-Powered Compliance Platform:** Alliance has completed the development of its AI-powered compliance platform, designed to automate regulatory adherence by intelligently linking internal policies with external regulatory requirements. Currently, 90% of compliance workflows are fully configured and operating in production, ensuring continuous alignment with evolving regulatory standards.

- **AI-Driven Software Development Transformation**: Alliance is pursuing a 12-month enterprise transformation to integrate AI across the full Software Development Life Cycle (SDLC). The initiative targets enhanced developer productivity, improved code quality, and accelerated delivery through:
  - Automated code generation and intelligent code review
  - DevOps and CI/CD pipeline automation
  - AI-assisted quality assurance and testing

  Approximately 20% of IT professionals are currently leveraging AI tools for development and testing activities.

- **OCR & Intelligent Document Processing**: In the past three months, IT deployed a high-accuracy Optical Character Recognition (OCR) solution built on OpenAI, automating image interpretation and text extraction from faxes and user prompts. This capability is now integrated into critical clinical authorization workflows:
  - Post Acute Authorization request workflow — completed June 2026
  - Inpatient Authorization request workflow — completed July 2026
    - Decommissioned the legacy Docustream vendor process
    - Projected annual savings: $150,000

  These deployments have contributed directly to the ~15,000 staff hours saved year to date.

- **Speech-to-Text Enterprise Enablement:** Enterprise-wide deployment of Speech-to-Text capabilities has been completed. The platform is now actively installed for 10 staff members, with a phased rollout planned to expand to all staff members who have submitted requests. This initiative reduces manual documentation burden and improves operational throughput.

- **Claims Adjudication Automation (AI Pilot - Completed):** To improve Claims processing Turn Around Time (TAT), IT has identified three key process improvement areas with the potential to increase Alliance's claims auto-adjudication rate from 85% to 92%. To achieve this, Alliance engaged Optum AI for a pilot program targeting manual claims processing workflows. Key achievements to date:

- Optum AI pilot program completed and successfully tested for Hospice Rate Standard Operating Procedure (SOP)
- Solution design underway for Coordination of Benefits (COB) claim workflow automation

Next Steps:

- Roll out Hospice Rate SOP to production — target: end of September 2026
- Identify and automate 10+ additional manual SOPs — target: end of December 2026

- **AI Self-Service Chatbot —** IT Service Desk, Facilities & HR: Alliance is designing an AI-influenced self-service chatbot to support three internal service functions: IT Service Desk, Human Resources, and IT Facilities. The solution will enable automated ticketing, knowledge inquiry, and process self-service to reduce staff dependency on manual triage.

  Next Steps:

  - IT Service Desk — ticketing process and knowledge inquiry: October 2026
  - IT Facilities and Human Resources process onboarding: January 2027

- **Additional Automation Initiatives**
  - Provider Resolution Dispute quality assurance and validation workflow: planned go-live November 2026
  - End-to-end Call Center ecosystem testing automation: planned go-live October 2026
  - Enrollment end to end process automation that includes member matching, member classification, coverage/eligibility decision, COB/PCP/Enrollment logic

Claims – HEALTHsuite Application

- The Alliance received 370,067 claims in the month of August 2026.

- For the MediCal and Group Care lines of business, a total of 267,152 claims were finalized, out of which 228,088 claims auto adjudicated, setting the auto-adjudication rate at 85.4%.

- The D-SNP line handled 926 finalized claims during the period, out of which 485 were auto adjudicated, resulting in a 52.4% auto-adjudication rate.

- HEALTHsuite Upgrade is scheduled for the weekend of September 18th, 2026.

- Actively exploring AI-led solutions to boost claims auto-adjudication

percentages and improve processing accuracy. The first use-case to process Hospice claims has been successfully validated as part of ‘Proof-of-Concept’.

Quality Suite Application

- High level dashboard of cases for the month of August 2026:
    - G&A cases received in the month - 2410
    - Exempt Grievances received in the month - 1866
    - PQI cases received in the month - 85
    - PDR cases received in the month - 3211

- QS Automation Roadmap - This initiative aims to enhance the application for faster turnaround times and improved quality metrics. The following high impact automation is in progress.
    - Automating the QA Process - High impact project focused on automating the QA Process. This process will support the coordinator score card for performance as well.
    - Estimating to move this automation solution to Production by End of October 2026.

.

TruCare

- The TruCare application, running version 25.2.1.2 alongside CareWebQI version 17.3 and MCG Health content version 29.1, maintained 99.9% uptime while receiving and processing 22,724 intake authorizations in August 2026, supporting timely care coordination and authorization management.

Electronic File Exchange and System Performance

- File transfer and integration applications—AppXTender, Automate, Docunect, and ECS—maintained 99.9% uptime while processing approximately 801,233 total files in August, including 792,869 inbound and 8,364 outbound transactions that supported critical business, clinical, and partner integration processes.

Change Management

- Change Management activity remained strong in August 2026, with 99 Change Requests (CRs) submitted and 95 CRs closed. While submissions slightly exceeded closures, the volume of completed changes remained high, indicating continued focus on managing change demand and maintaining delivery momentum.

- Normal CRs accounted for the highest volume of activity, with 47 submissions and 50 closures. FastTrack CRs followed with 41 submissions and 44 closures, while Emergency CRs remained limited, with 5 submissions and 7 closures. Closure volumes exceeded submissions across all three change types, contributing to overall backlog reduction efforts.

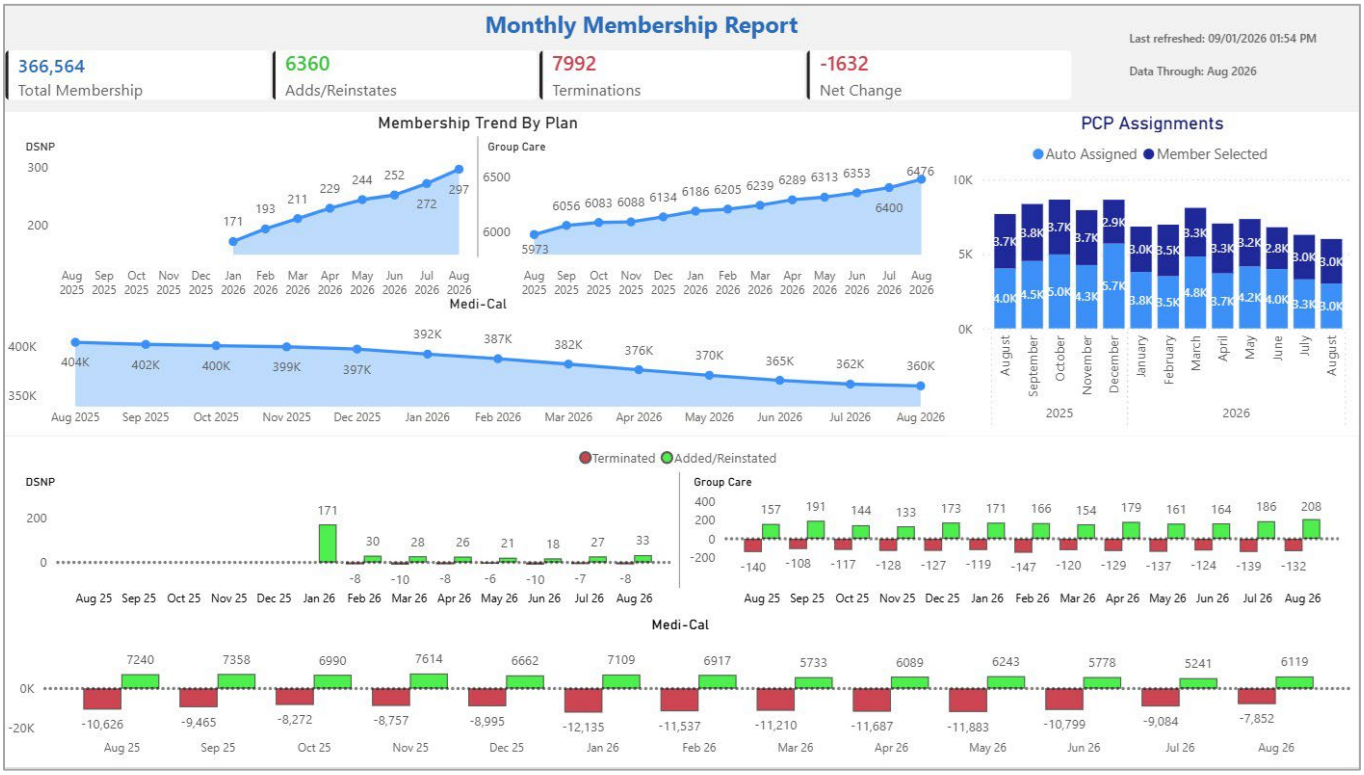
Information Technology

Supporting Documents

Enrollment

Membership Trend & PCP Assignments

August 2026 membership totaled 366,564, a decrease of 524 members (0.14%) from July. During the month, 6,360 members were added and 7,992 members were disenrolled. Of PCP assignments completed in August, 55.5% were auto-assigned and 44.5% were member-selected.



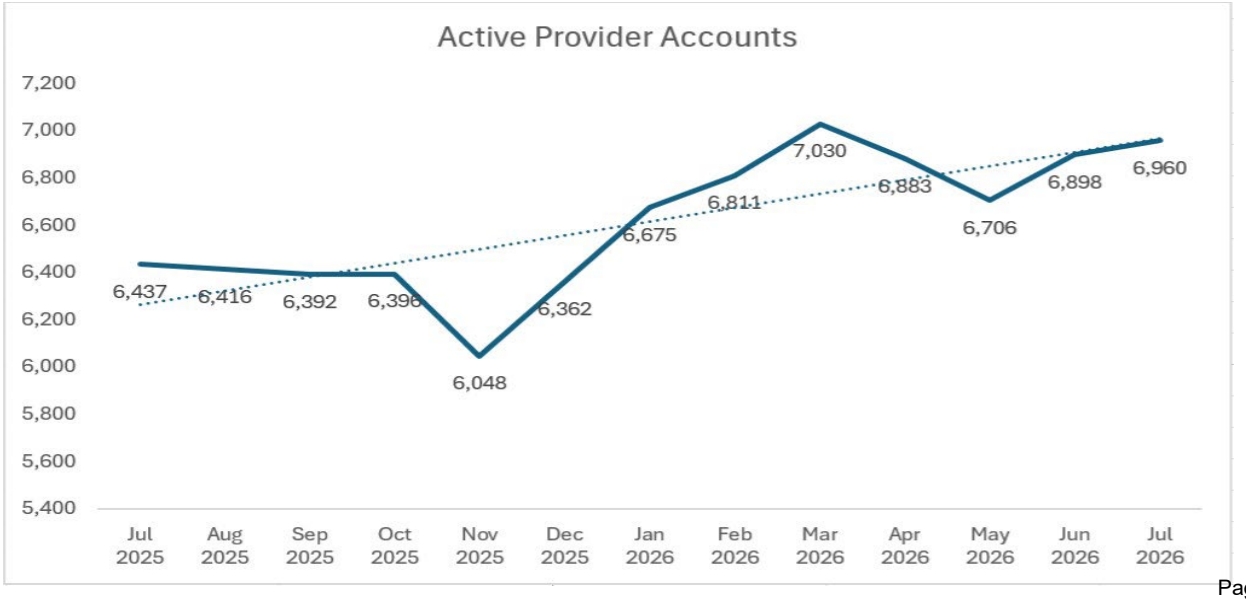
Alliance Wellness Enrollment Activity

August 2026 Alliance Wellness membership totaled 297 active members. During the month, 31 new enrollments, 6 disenrollments, and 4 deeming members were recorded.

Provider & Member Portals

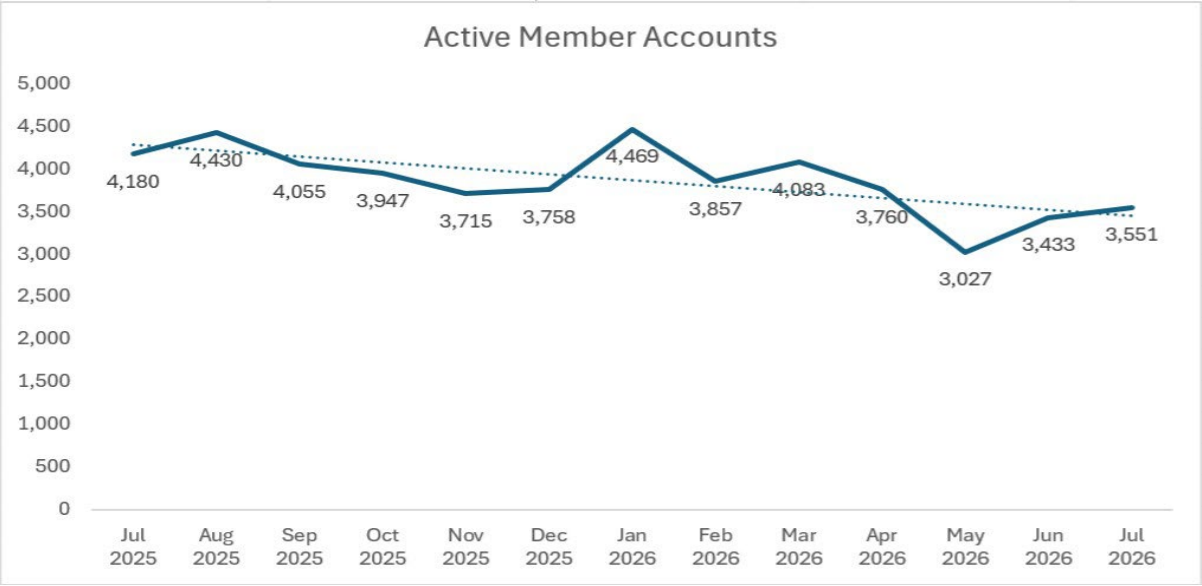
*Portal metrics are reported in arrears and reflect the period from July 2025 - July 2026. **Provider Portal Users**

Active provider accounts increased by 62 accounts (.9%), from 6,898 to 6,960 over the reporting period.



Member Portal Users

Active member accounts increased by 118 accounts (3.4%) from 3,433 to 3,551 over the reporting period.



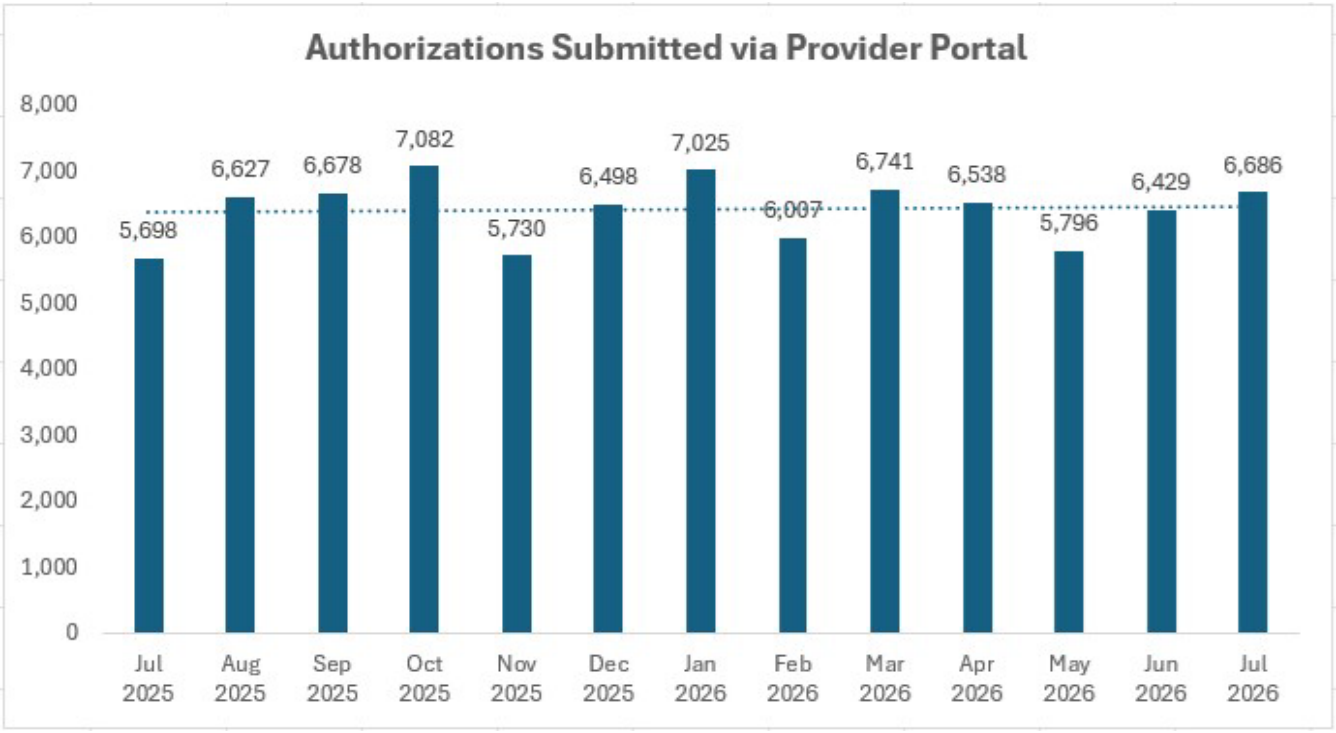
Provider & Member Portal top 5 pages viewed

The most-viewed provider portal page, Member Eligibility, recorded 2,446,105 page views in July, an increase of 300,333 views (14.0%) from June. The most-viewed member portal page, ID Card, recorded 4,911 page views, an increase of 593 views (13.7%) from June.

Portal	Page	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
Provider	Member eligibility	1,585,727	1,690,469	1,755,600	1,856,262	1,842,582	2,080,703	2,170,351	1,664,301	1,886,751	2,006,389	2,080,398	2,145,772	2,446,105
	Claim status	296,663	262,537	270,631	279,789	233,977	267,656	254,452	247,939	255,575	241,762	314,492	327,081	297,519
	Authorization status	9,556	10,237	10,574	11,381	9,103	10,845	11,322	10,422	11,741	11,140	10,051	11,365	11,880
	Submit authorizations	8,638	7,676	7,965	9,874	6,653	8,109	8,561	7,433	8,257	7,981	7,308	8,810	8,741
	Submit professional claims	6,175	7,035	6,304	6,444	5,246	6,025	6,198	6,357	7,379	6,621	6,557	6,622	7,016
	Total	1,906,759	1,977,954	2,051,074	2,163,750	2,097,561	2,373,338	2,450,884	1,936,452	2,169,703	2,273,893	2,418,806	2,499,650	2,771,261
Member	ID Card	5,781	6,175	5,082	4,824	4,436	4,082	4,771	3,953	4,046	3,960	3,385	4,318	4,911
	Member Eligibility	5,620	5,781	5,555	4,903	4,775	4,312	4,421	3,377	3,643	3,173	2,810	3,011	3,355
	Provider Directory	3,533	3,905	3,650	3,229	3,152	2,862	4,051	2,691	3,092	2,667	2,153	2,544	2,764
	Select/Change PCP	2,100	2,390	2,363	1,990	1,830	1,887	2,337	1,568	1,882	1,569	1,370	1,374	1,576
	My Claims Services	1,592	1,571	1,623	1,606	1,355	1,451	1,589	1,418	1,524	1,371	1,329	1,274	1,344
	Total	18,626	19,822	18,273	16,552	15,548	14,594	17,169	13,007	14,187	12,740	11,047	12,521	13,950

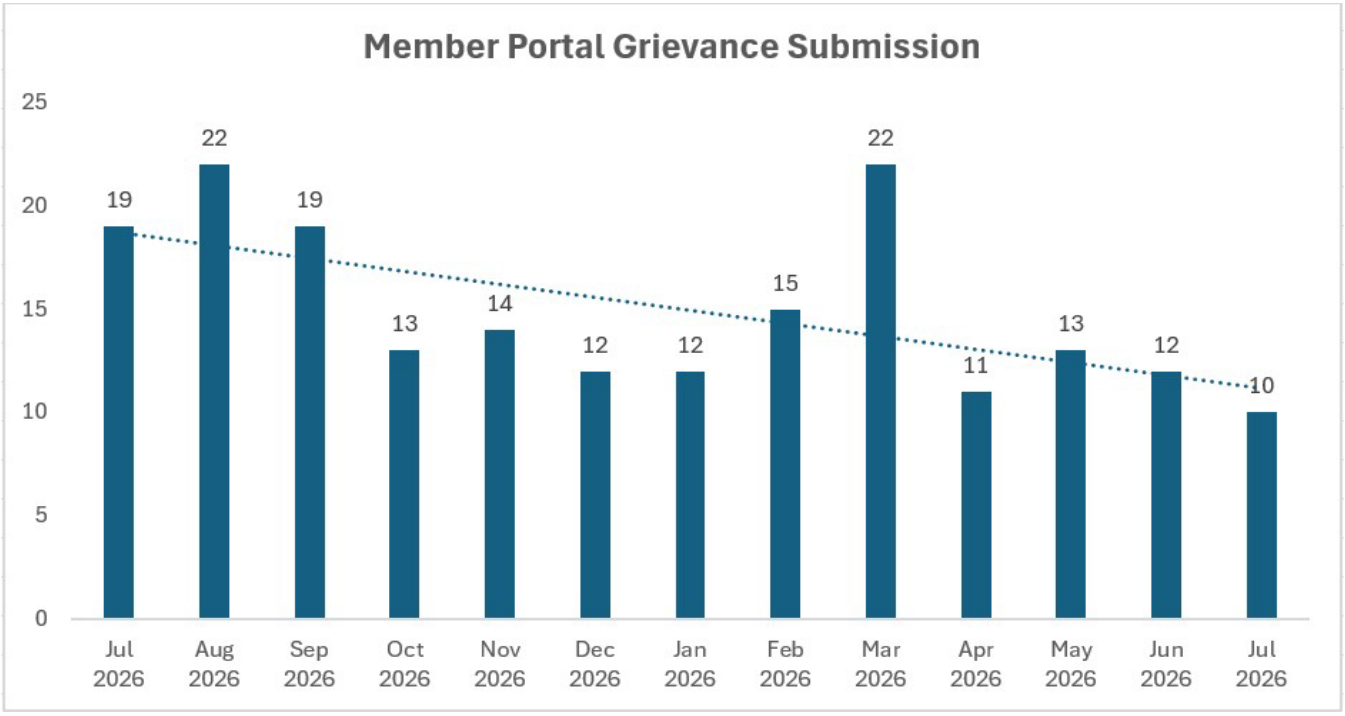
Provider Authorizations (Portal Submissions)

Provider Portal authorization submissions increased from 5,698 in July 2025 to 6,686 in July 2026, an increase of 988 submissions (17.3%) over the reporting period.



Member Grievances (Portal Submissions)

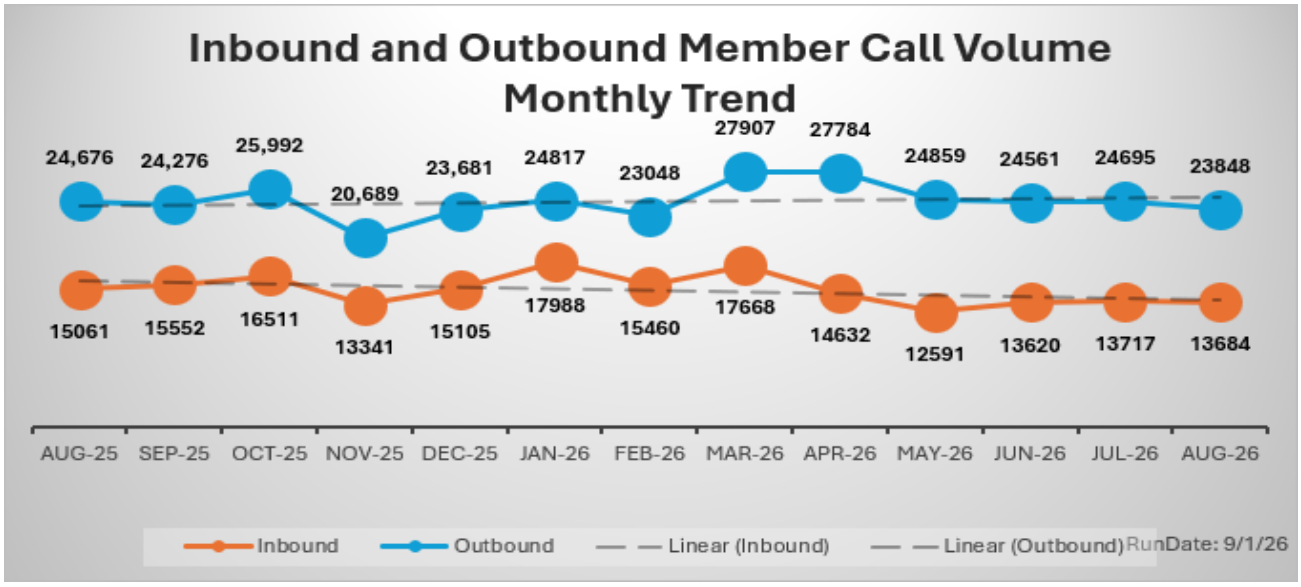
Member Portal grievance submission decreased from 19 in July 2025 to 10 in July 2026, a decrease of 9 submissions (47.4%) over the reporting period.



Call Center Metrics

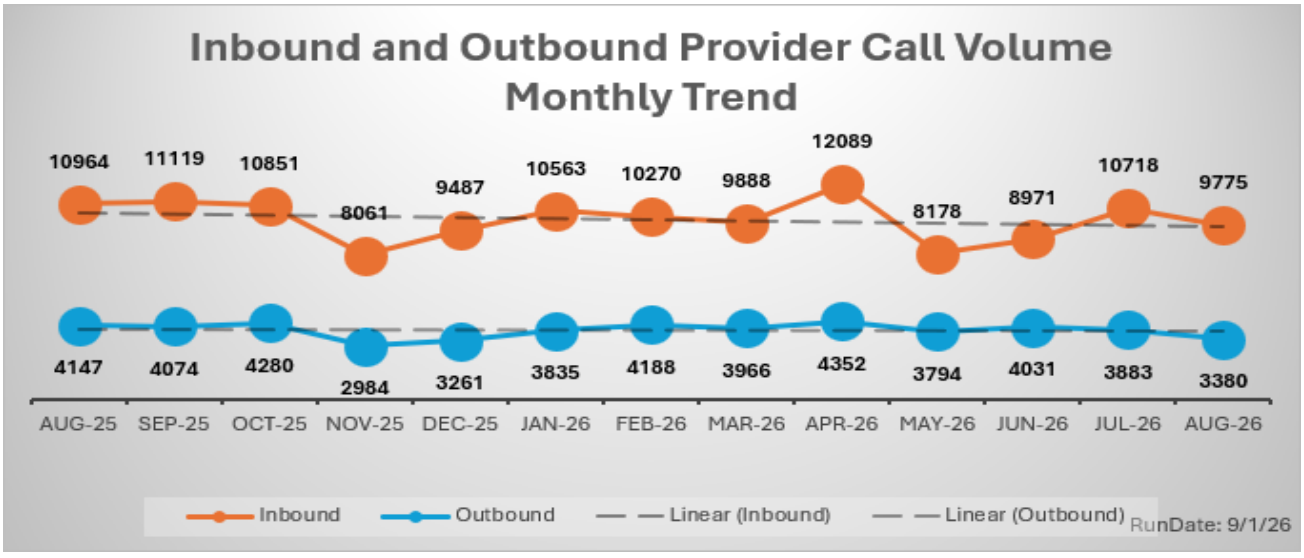
Member Call Utilization

Member call utilization remained stable during August 2026. A System issue impacted call center operations for 20 minutes during the month, with no additional application outages or downtime reported. During August 2026, member-facing call center applications supported 13,684 inbound and 23,848 outbound calls. Compared with July 2026, inbound calls decreased by 0.2% and outbound calls decreased by 3.4%.



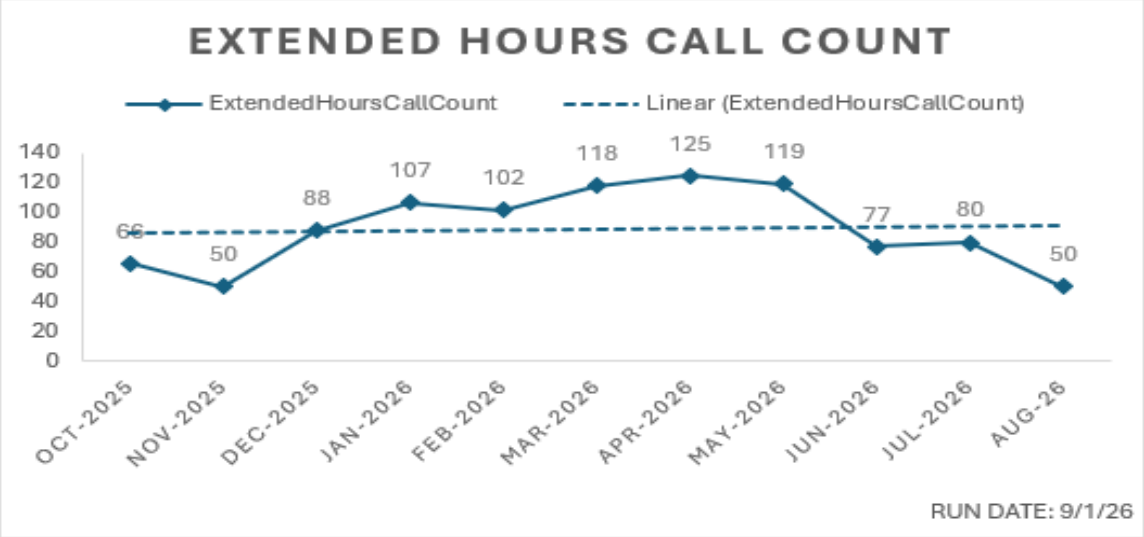
Provider Call Utilization

Provider call utilization remained stable during August 2026. A System issue impacted call center operations for 20 minutes during the month, with no additional application outages or downtime reported. During August 2026, provider-facing call center applications supported **9,775** inbound and **3,380** outbound calls. Compared with July 2026, inbound calls decreased by **8.8%** and outbound calls decreased by **13.0%.**



Alliance Wellness Extended Hours Utilization

Alliance Wellness extended hours utilization reflects member calls on weekdays from 5–8 p.m., weekends from 8 a.m.–8 p.m., and holidays, excluding Thanksgiving and Christmas. A total of 50 extended-hours calls were received in August 2026, compared with 80 in July 2026.

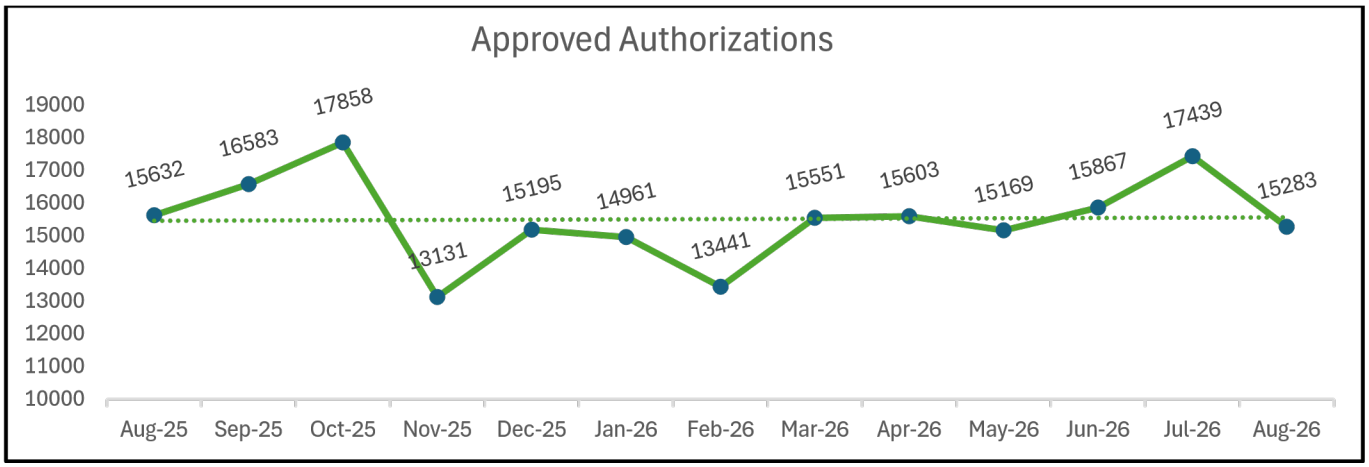


Authorizations

Over a 13-month period, approved authorizations averaged 15,516 monthly cases, peaking at 17,858 in October 2025 before stabilizing between 13,131 and 17,439. Auto-approved authorizations averaged 8,193 cases monthly, representing a 52.8% average automation rate that peaked 59.1% in July 2026. Denied authorizations averaged 759 cases monthly, peaking at 1,097 in June 2026 following an upward climb that began in early spring.

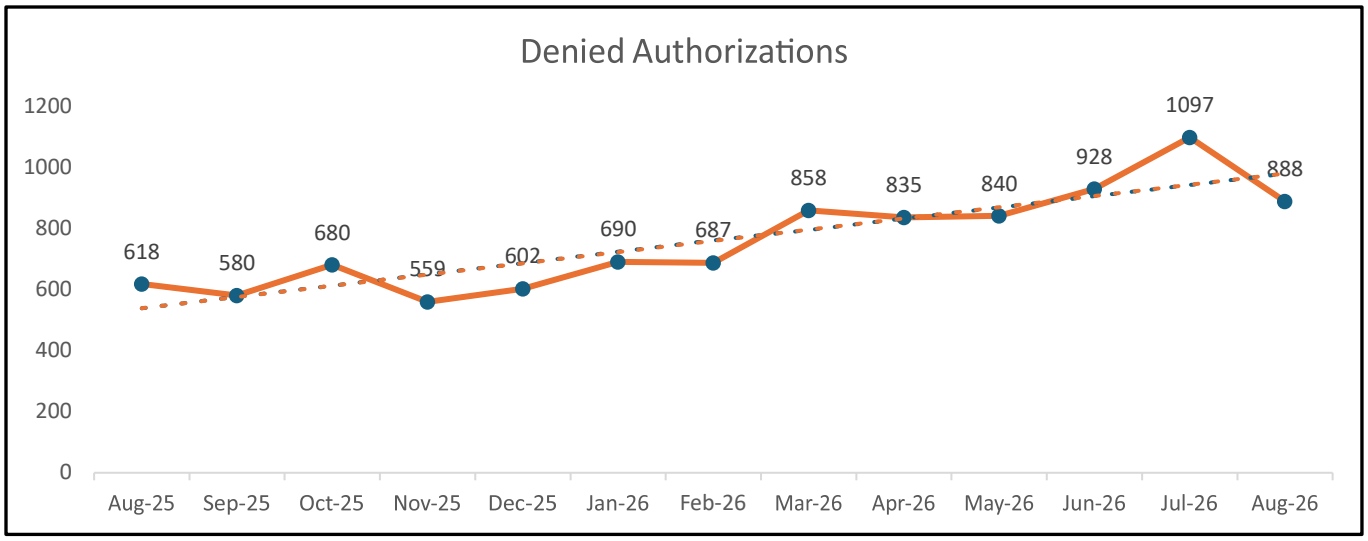
Approved Authorizations:

Authorizations averaged 15,516 monthly over the 13-month period. Volumes peaked significantly in October 2025 at 17,858 approvals before dropping the following month. Since then, demand has normalized into a predictable operational baseline ranging between 13,131 and 17,439 monthly cases.



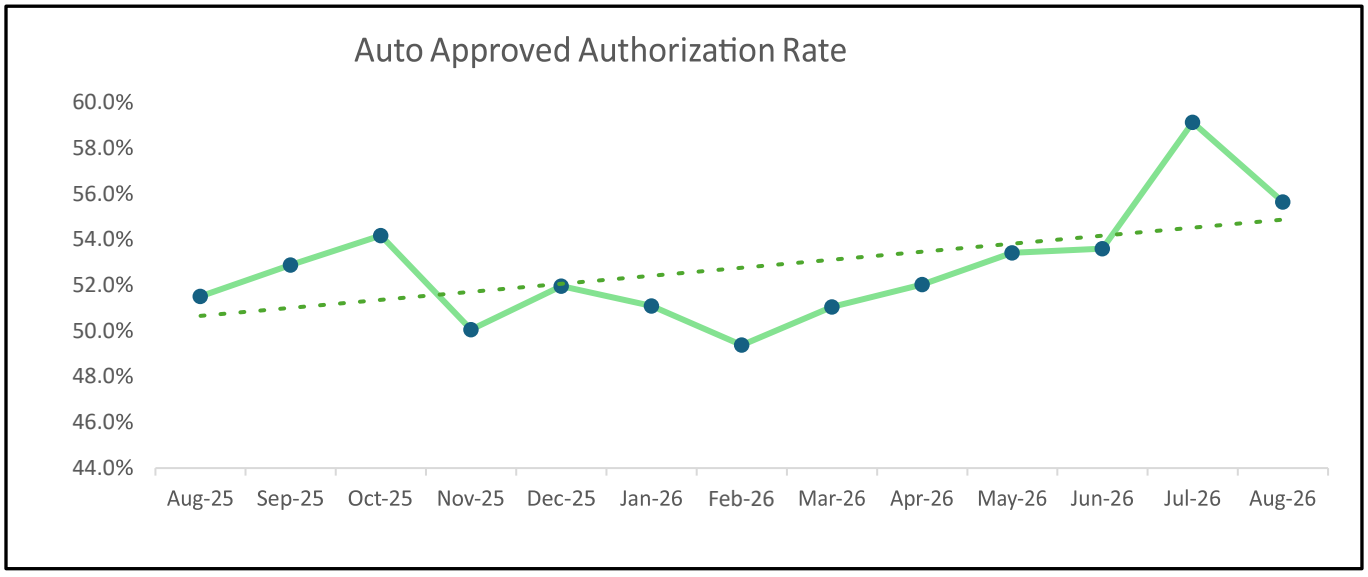
Denied Authorizations:

Denied authorizations averaged 759 cases monthly over the 13-month period. Volumes hit a peak in June 2026, reaching 1,097 denials, following an upward trend that began in early spring. Prior to this upward climb, denial metrics fluctuated within a lower baseline range between 559 and 690 monthly cases.



Auto Approved Authorization Rate:

The auto-approval rate remained highly stable over the 13-month period, processing an average of 52.8% of all approved authorizations. System automation peaked at 59.1% in July 2026, while consistently streamlining at least half of the total case volume month-over-month.



OCR-Based Form Processing and Automation

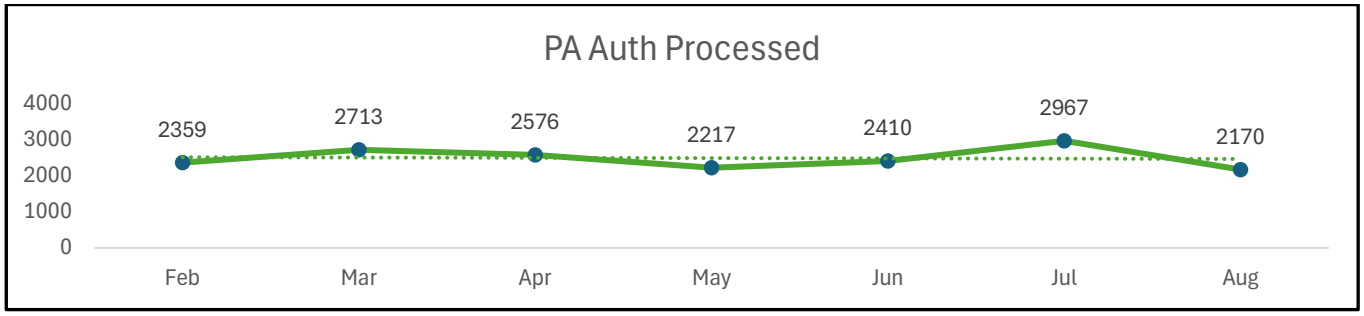
To improve operational efficiency, reduce manual effort, and minimize data-entry errors, the Alliance has implemented Optical Character Recognition (OCR) technology for the automated processing of key authorization and enrollment forms. OCR enables faster document intake, data extraction, and workflow routing, resulting in shorter processing times and improved accuracy.

Forms currently processed using OCR technology include:

- Pre-Service Authorization (D-SNP and Medi-Cal)
- PA Authorization (alternative to DocuStream)
- Home Health Authorization
- FaceSheets
- Interpreter Service Requests
- Palliative Care Authorization
- Community Support Authorization Request
- Post-Acute Authorization Request

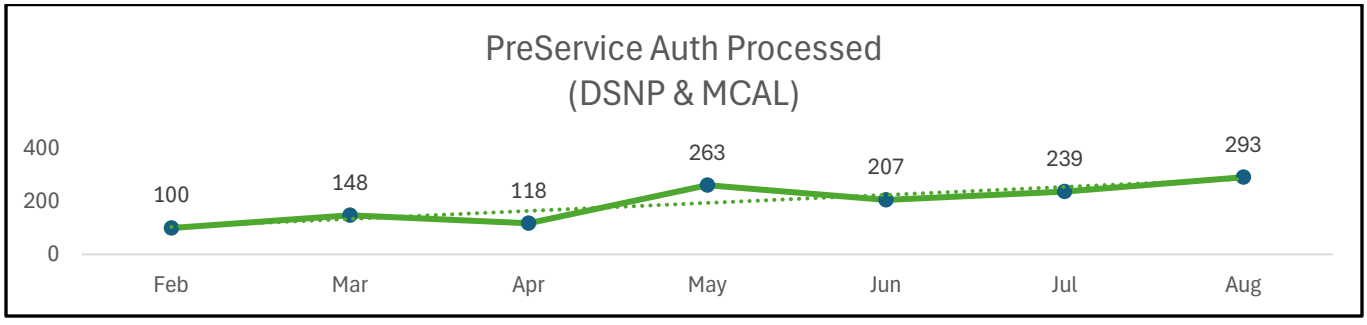
PA Authorization (alternative to DocuStream):

PA Auth processing transitioned from DocuStream to OCR beginning in February, supporting the broader objective of improving processing efficiency, reducing manual touchpoints, and minimizing errors. From February through August, monthly PA Auth volumes ranged between 2170 and 2,967, reflecting ongoing operational processing through the new OCR workflow.



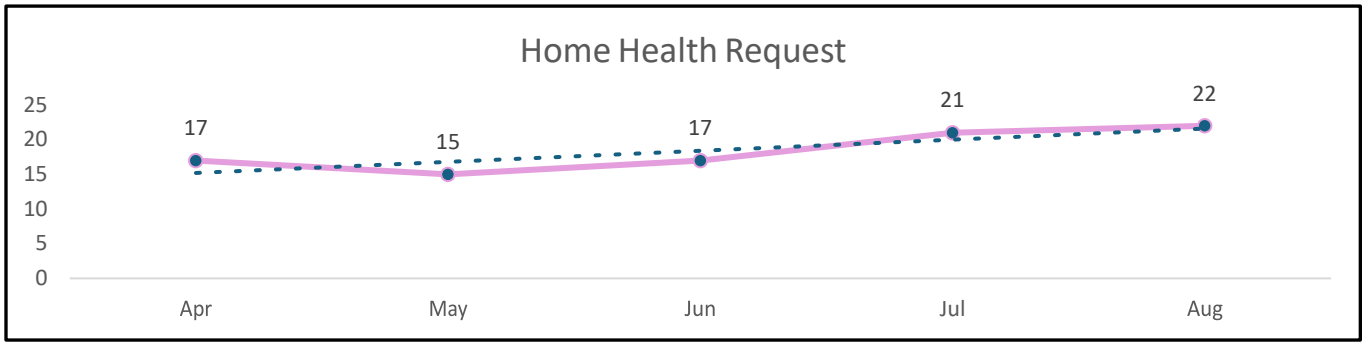
Pre-Service Auth:

Pre-Service Auth processing for DSNP and MCAL maintained consistent activity from February through August. During this seven-month period, monthly volumes reached a low of 100 in February and peaked at 293 in August.



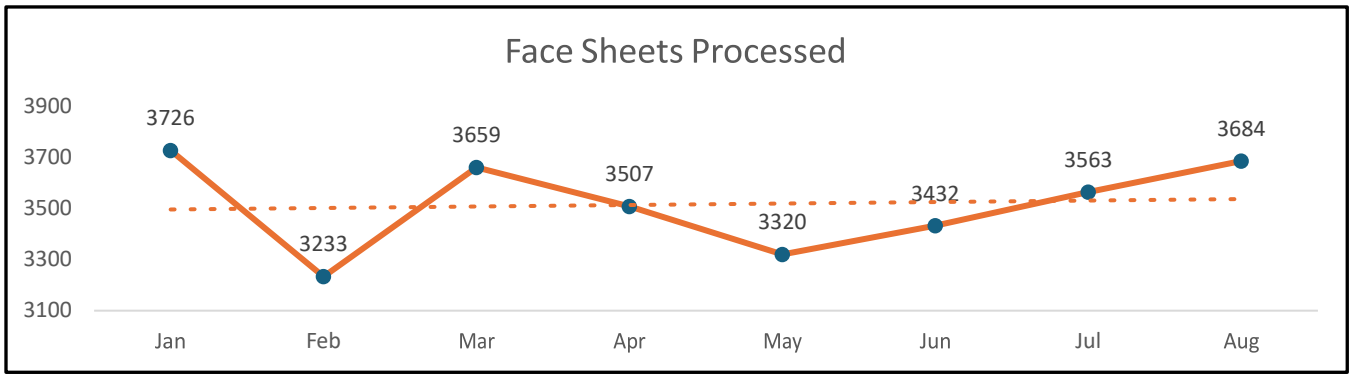
Home Health Request:

Home health request processing transitioned to OCR in April 2026, maintaining stable volume levels through August with monthly requests ranging between 15 and 22.



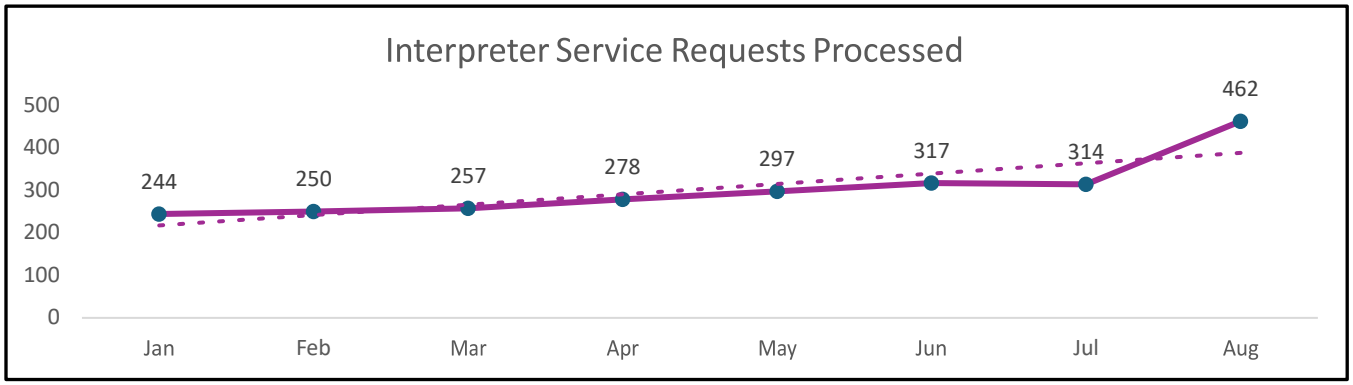
Face Sheet:

Monthly face sheet processing volumes remained stable from January through August, ranging between 3,233 and 3,726 with an average of 3,516 per month.



Interpreter Service Requests:

Monthly interpreter service requests grew steadily from January through August, rising from 244 to 462 requests with an average of 302 per month, totaling 2,419 overall.

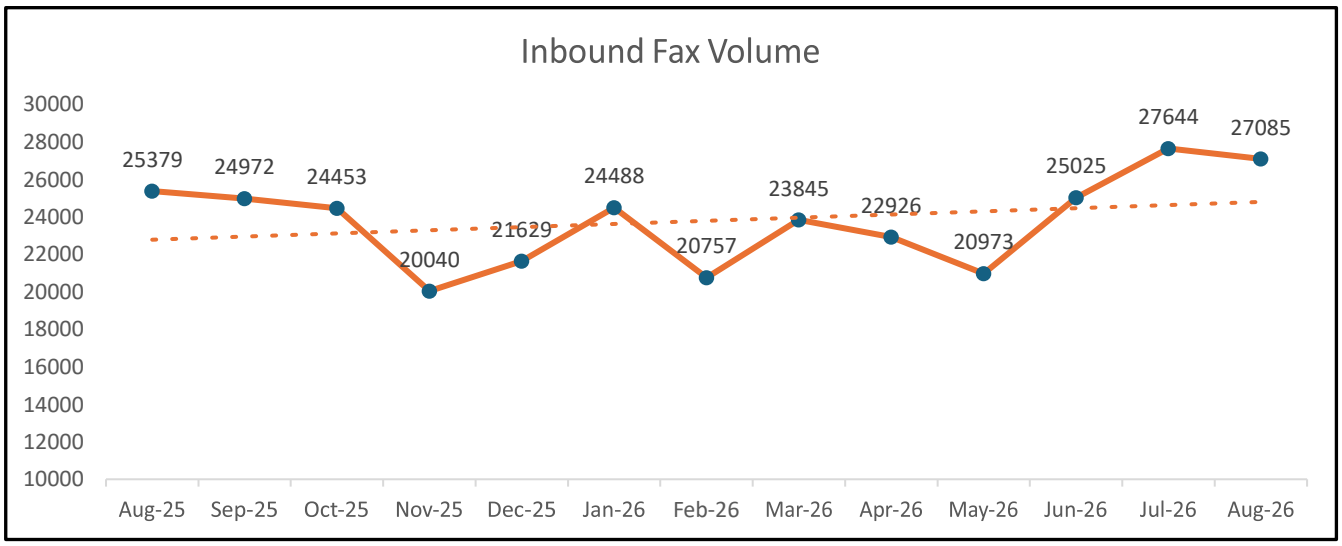


Fax-Based Authorization and Provider Communication

Fax services remain a critical communication channel supporting authorization processing, provider engagement, clinical documentation intake, and regulatory compliance across the organization.

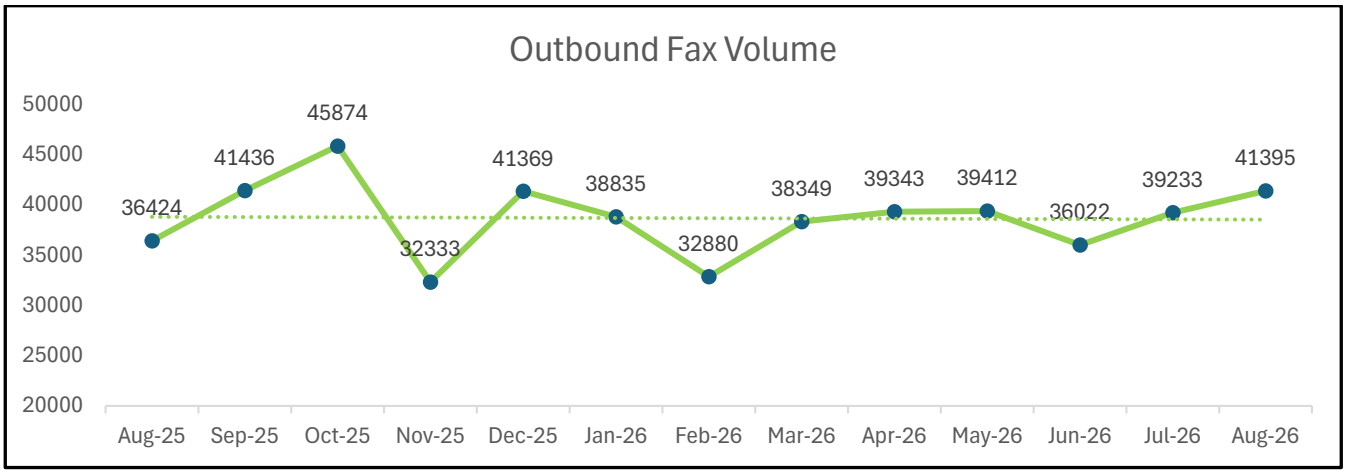
Inbound Fax Processing for Prior Authorization Support:

Inbound faxes averaged 23,786 monthly over the 13-month period. Volume peaked significantly in July 2026 at 27,644 transmissions before settling into a consistent operational pattern. Since then, the communication channel has maintained a highly stable baseline, with volume tracking between 20,040 and 27,644 faxes each month.



Outbound Fax Delivery for Authorization Decisions:

Outbound faxes averaged 38,631 monthly over the 13-month period. Volume climbed steadily through the summer and fall, reaching a maximum throughput of 45,874 transmissions in October 2025. Following this high-demand period, outbound traffic maintained a highly consistent and reliable operational range, generally tracking between 32,333 and 41,436 faxes per month.

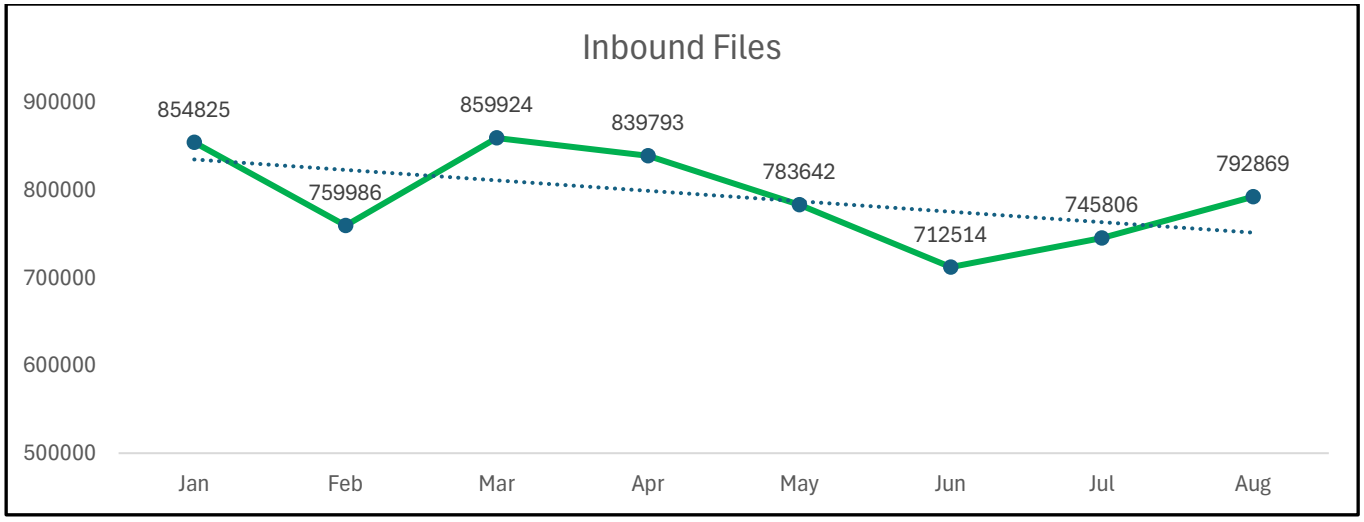


Monthly Inbound and Outbound file processing

From January through July, file processing averaged approximately 803,919 total files per month, with inbound files representing most of the activity each month. Overall volume remained strong across the period, reaching its highest level in March with 870,262 total files, supported by consistent inbound processing and elevated outbound file activity.

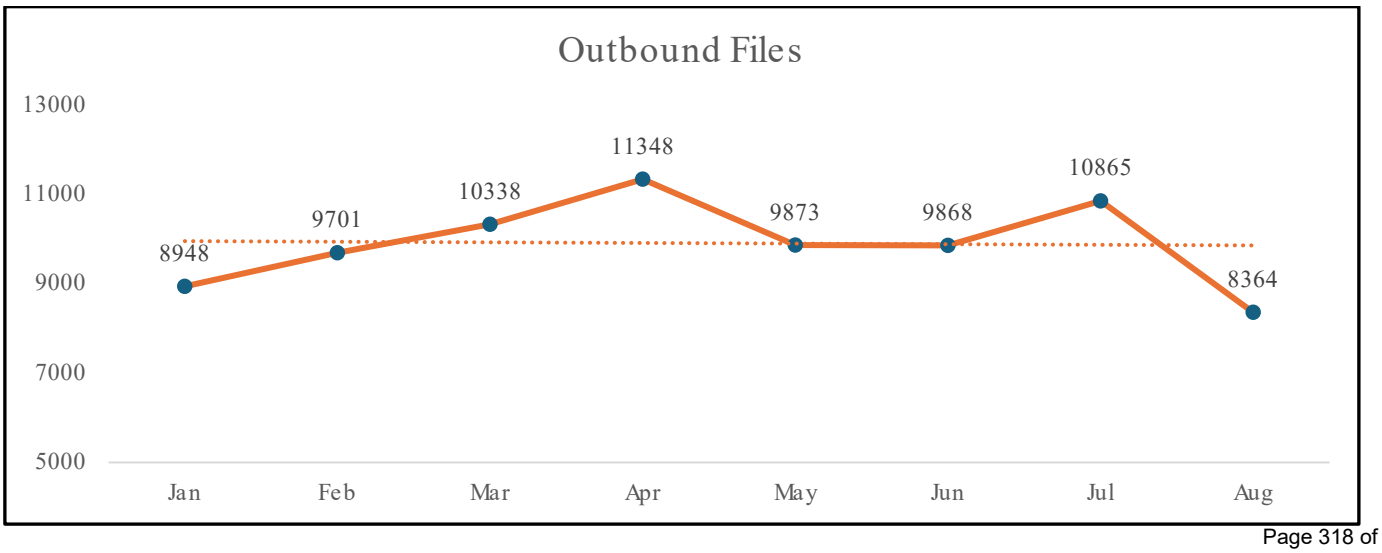
Inbound files processing:

Inbound file processing averaged approximately 796,170 files per month from January through August, with steady activity across the period and the highest volume recorded in March at 859,924 files, while June marked the lowest operational volume at 712,514,



Outbound file processing:

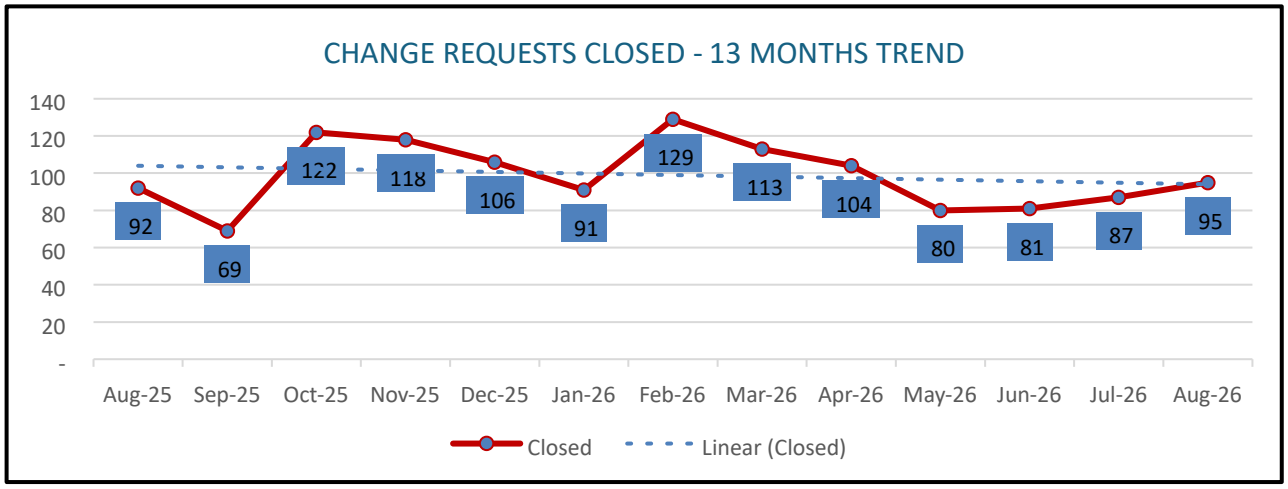
Outbound file processing averaged approximately 9,913 files per month from January through August, consistently representing the smaller share of total file activity. Volume grew progressively early in the year, reaching its highest throughput in April at 11,348 files, while August marked the lowest operational volume at 8,364.



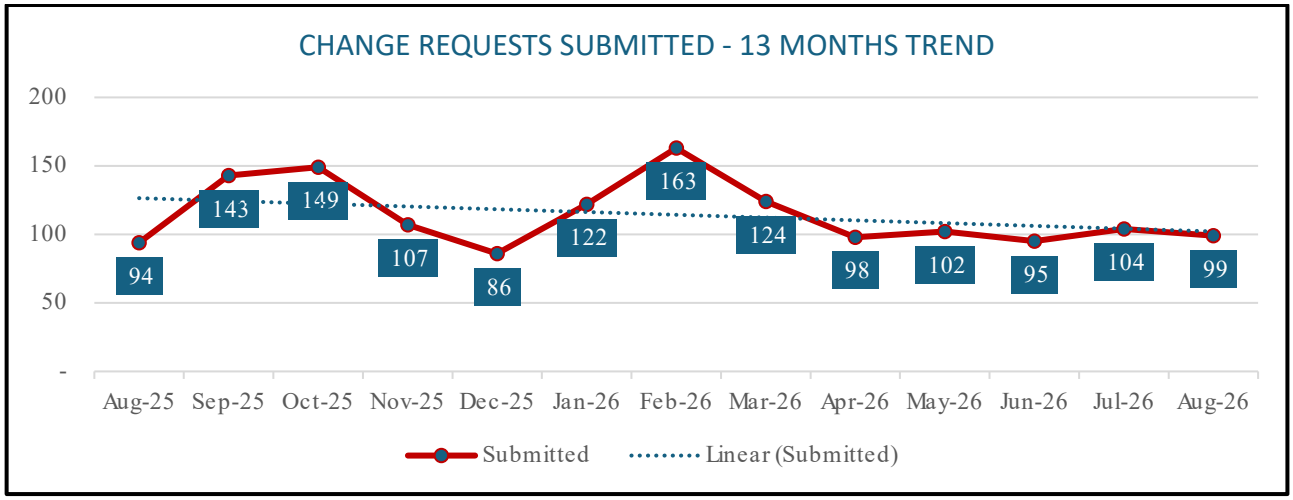
Change Management Key Performance Indicator (KPI)

- Change Management activity remained strong in August 2026, with 99 Change Requests (CRs) submitted and 95 CRs closed, reflecting continued business demand and steady operational performance. As a result, 144 CRs remained active at month-end, with aging requests continuing to be an area of focus, including 88 open for more than 30 days, 68 over 60 days, 48 over 90 days, and 8 open for more than one year.

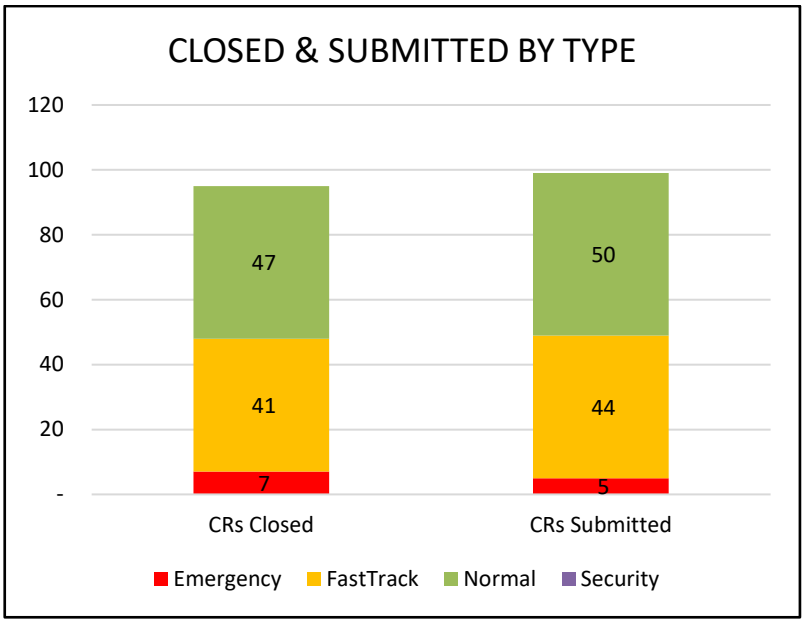
- Over the past 13 months, 1,287 Change Requests (CRs) were closed, averaging approximately 99 closures per month, demonstrating consistent Change Management throughput and support for ongoing business initiatives. Closure volumes fluctuated throughout the period, reaching a low of 69 closures in September 2025 before rebounding strongly to a peak of 129 closures in February 2026, with 95 CRs closed in August 2026.



- Over the past 13 months, 1,486 Change Requests (CRs) have been submitted, averaging approximately 114 submissions per month, reflecting sustained demand for change management services across the organization. Submission volumes fluctuated during the period, reaching a peak of 163 submissions in February 2026 and a low of 86 submissions in December 2025, with 99 CRs submitted in August 2026.



- In August 2026, a total of 99 Change Requests (CRs) were submitted and 95 were closed, reflecting continued demand for change management services. Normal CRs accounted for the largest share of activity, with 47 submitted and 50 closed, followed by FastTrack CRs with 41 submitted and 44 closed. Emergency CRs remained low and well managed, with 5 submissions and 7 closures.



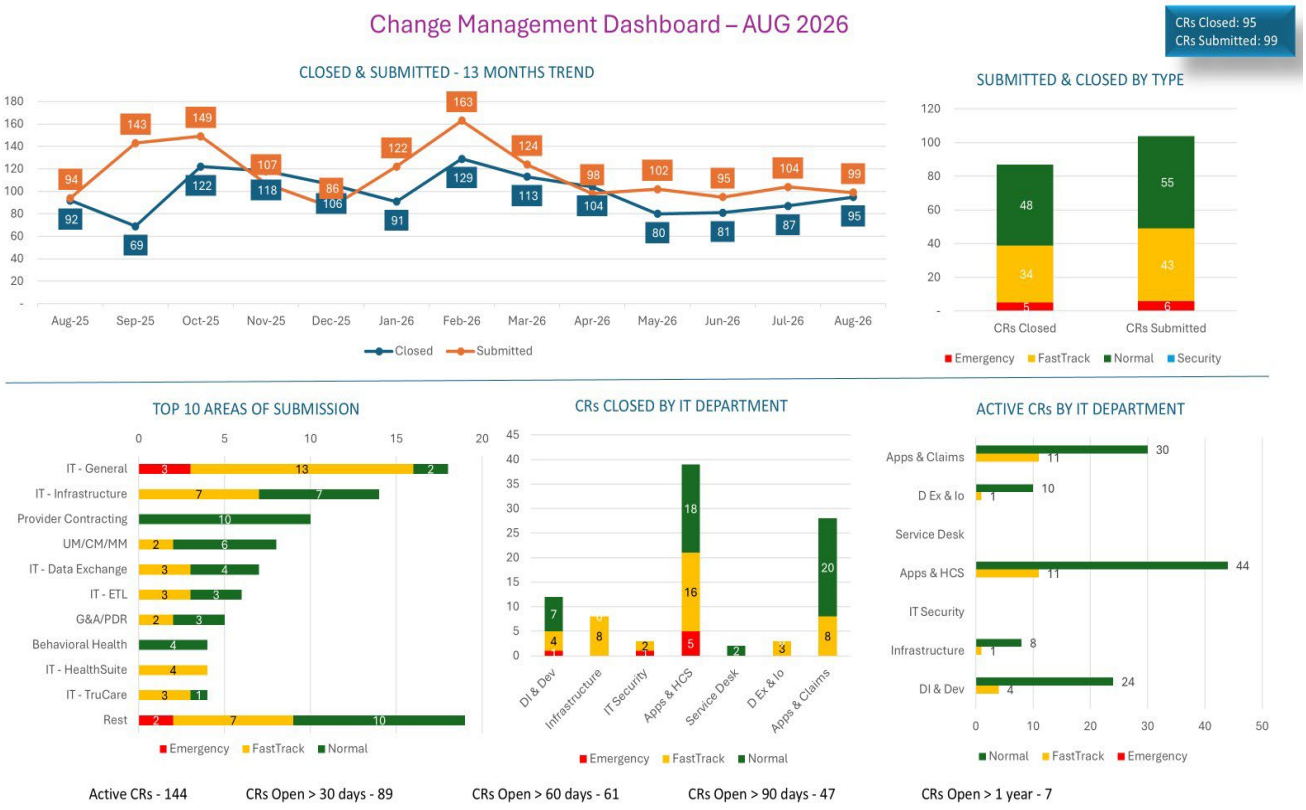
- A total of 95 CRs were closed in August 2026, consisting of 47 Normal (49%), 41 FastTrack (43%), and 7 Emergency (7%) changes. Closure activity was led by Apps & HCS with 42 CRs (48% of total closures), followed by Data Integration (14) and Data Exchange (12), demonstrating strong delivery across key business and technology teams.

- Emergency changes were limited and primarily handled by Apps & HCS (5), with additional support from IT Security (1) and Data Integration (1). Most departments focused on delivering Normal and FastTrack changes, reflecting a continued emphasis on planned and expedited change execution.

Change Requests Closed in August 2026
Percentage of Emergency CRs closed by IT Department

	CRs Closed			TOTAL	% of Emergency CRs
	Emergency	**Fast Track**	**Normal**		%
Data Integration	1	4	7	12	8%
Infrastructure	-	8	-	8	0%
IT Security	1	2	-	3	33%
Apps & HCS	5	16	18	39	13%
Service Desk	-	-	2	2	0%
Data Exchange	-	3	-	3	0%
Apps & Claims	-	8	20	28	0%
TOTAL	7	41	47	95	7%

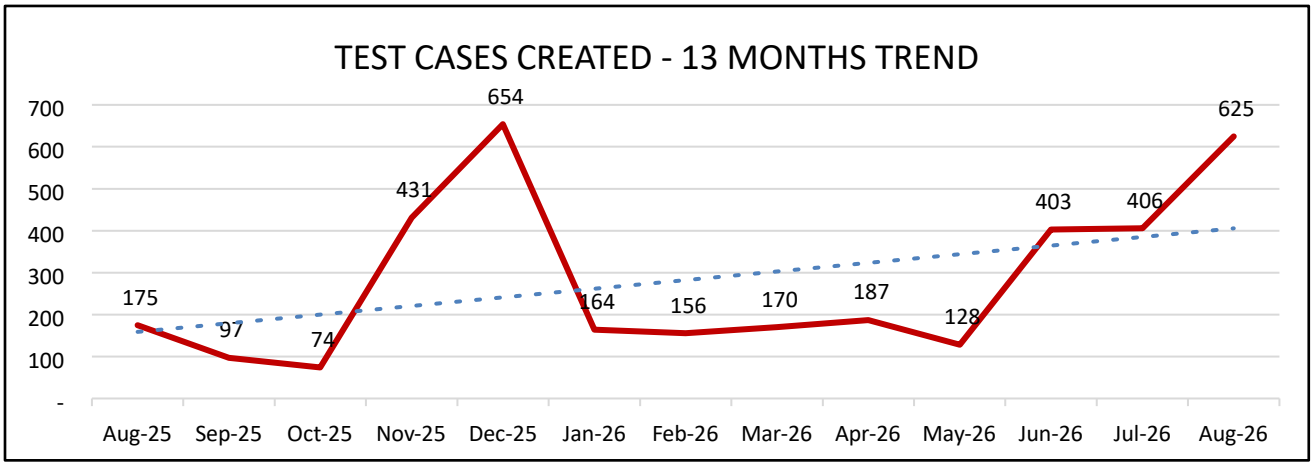
- **August 2026 Change Management Dashboard**



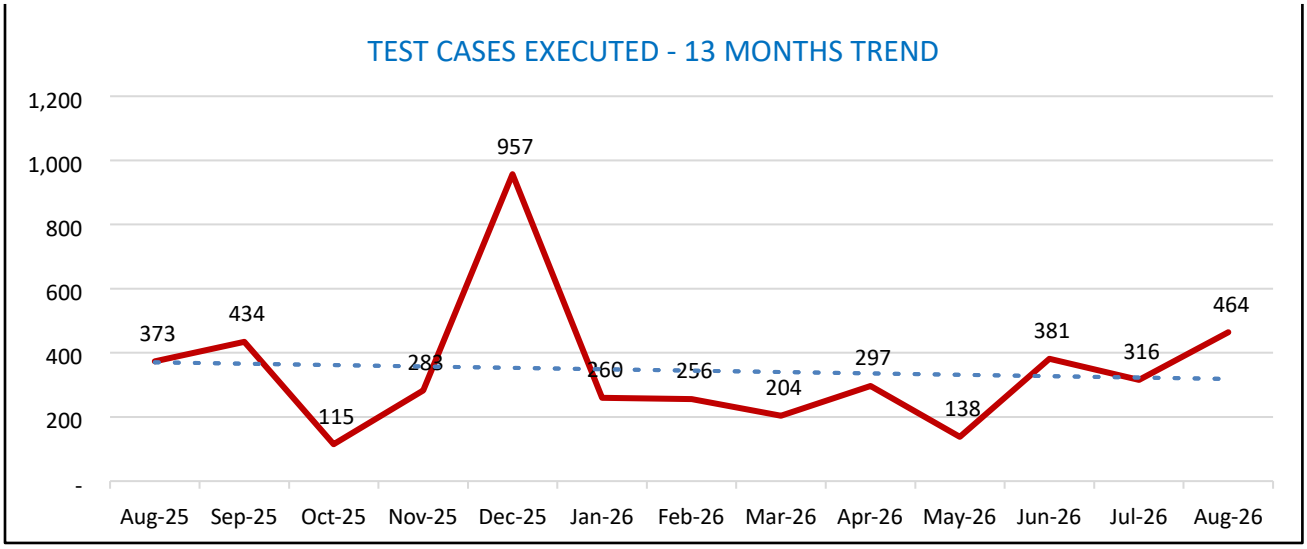
IT Quality Assurance

- Test case creation: Over the past 13 months, the QA team created 3,670 test cases, averaging approximately 282 test cases per month, demonstrating a strong commitment to expanding test coverage and supporting project delivery. Test case creation peaked in December 2025 (654) and August 2026 (625), driven by the D-SNP project, which required significant test design and validation efforts and further automation efforts. The August increase was due to large number of test cases for QA process automation project.

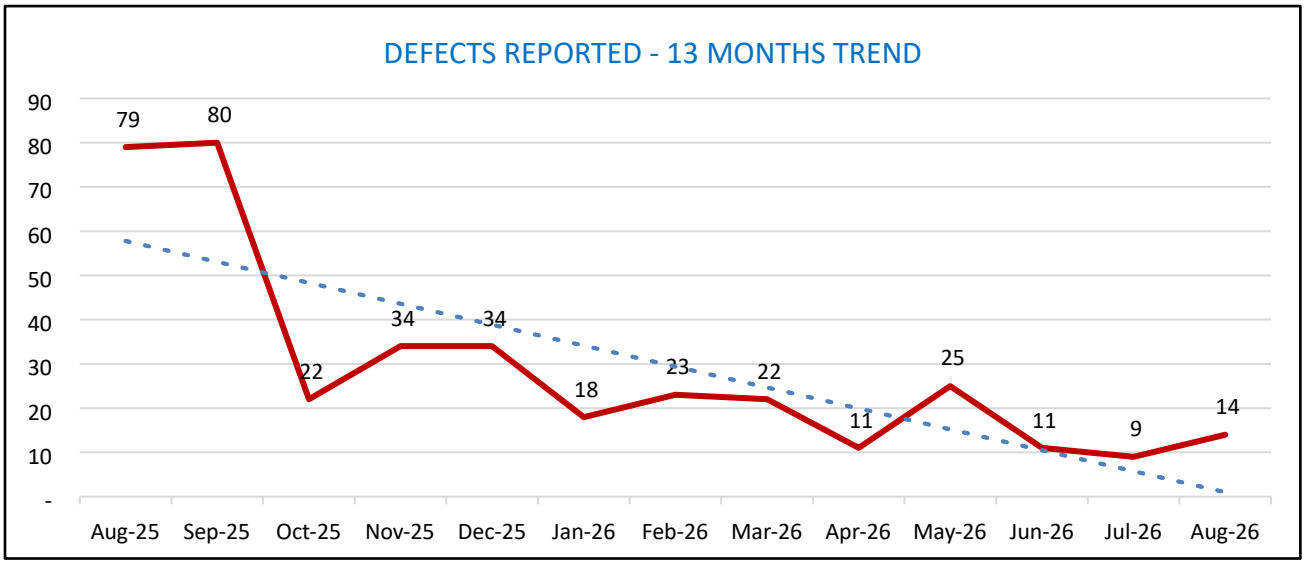
- Following a period of moderate activity during early 2026, test case creation increased substantially in June (403), July 2026 (406) and August 2026 (625), reflecting renewed testing efforts in support of ongoing initiatives and release activities.



- Test case Execution: Over the past 13 months, the QA team executed 4,478 test cases, averaging approximately 344 test executions per month. Test execution activity peaked in December 2025 (957 executions), driven by extensive testing efforts supporting the D-SNP project. Following lower execution volumes during the first half of 2026, testing activity increased to 381 executions in June 2026 and remained strong with 316 executions in July 2026 and 464 executions in August 2026.



- Defects Reported: Over the past 13 months, 382 defects were identified, averaging approximately 29 defects per month. Defect volumes peaked in August 2025 (79) and September 2025 (80), primarily driven by testing activities associated with D-SNP project. Since then, defect counts have generally trended downward, reaching the lowest level in July 2026 with 9 defects.



- **Key Initiatives for the Next Two Quarters**: The following section outlines the team's priority initiatives planned for the next two quarters, highlighting key focus areas that will support operational efficiency, quality improvement, and continued process maturity.

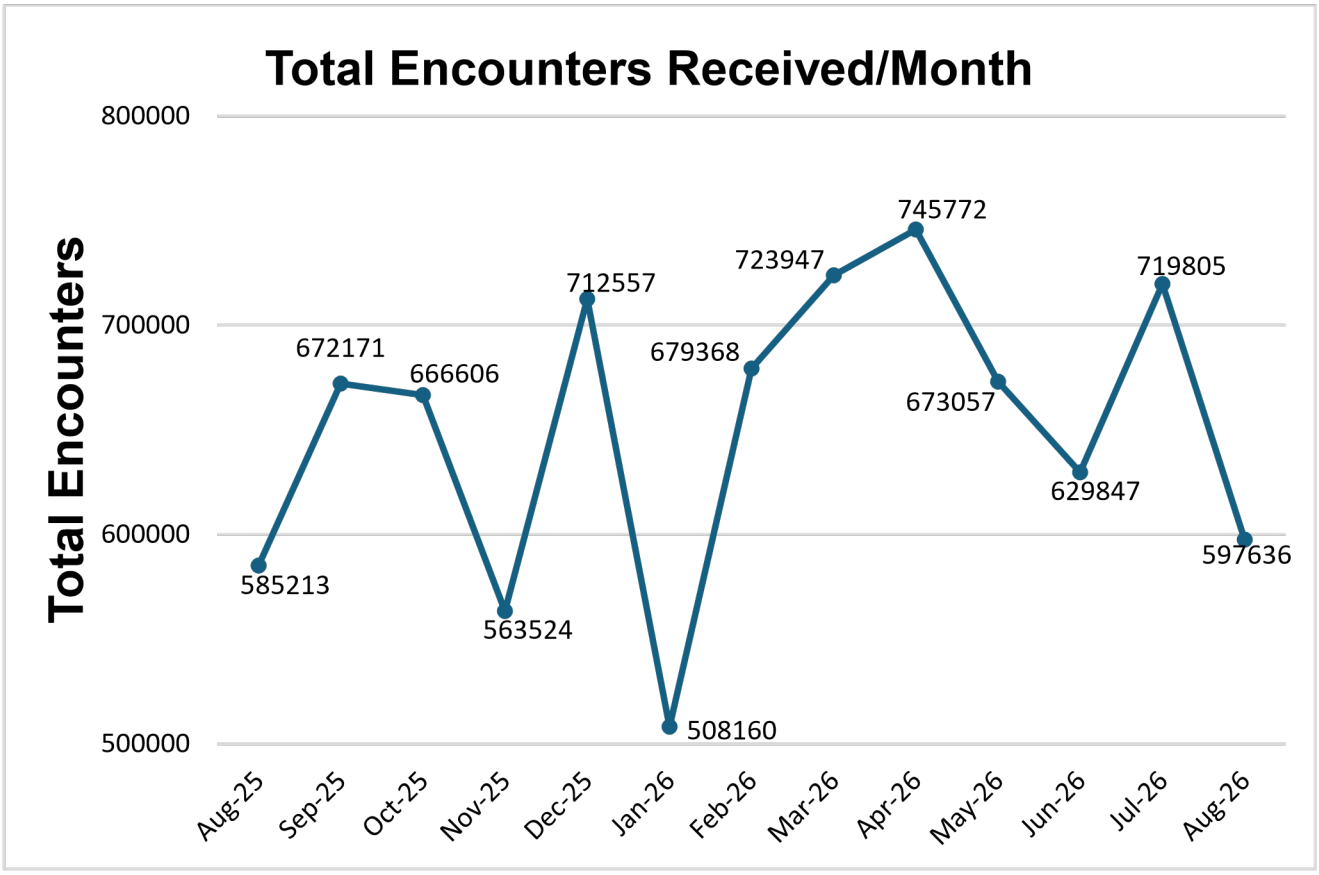
Initiative	Status	Estimated Completion	Notes
Modernize Change Management (Process Improvement)	On Track	12/31/2026	Redesign the Change Management framework to streamline processes, improve stakeholder adoption, and establish a sustainable, selfgoverning operating model with shared accountability between Delivery and Change Management teams. New process is anticipated to be published in a couple of weeks.
AppEnhancer (ApplicationXTender) Upgrade	Completed	7/31/2026	100% of Configuration completed.
TruCare Correspondence in AppXTender	On Track	10/31/2026	Initial development and discovery phase. KP dependency.
TruCare Environment Sync up	On Track	9/30/2026	60% Completed
Letters Enclosure Automation	On Track	8/30/2026	100% Completed
Call Center Test Automation	On Track	12/31/2026	Complete Production smoke test suite and regression test suite for Call Center
Katalon - Procurement and standardize	On Track	9/30/2026	Tool procurement is done. Training is in progress, onboarding demo is pending, current framework is migrated. The plan is to implement Katalon for TruCare/EREx application
QA/Testing Dashboard	On Track	9/30/2026	Automated QA / Testing Dashboard to be published. It's work in progress.
Delphix – Upgrade to version 27.0.0.0	Not Started	12/31/2026	Upgrade Delphix from version 2026.2 to version 27.0.0.0
SFTP Archiving Strategy	On Track	9/30/2026	75% completed
Letters – Correspondence Metatag	On Track	10/31/2026	60% Completed
Enrollment - End to End test automation	On Track	3/31/2027	Activity to start in August 2026. End to End regression test scripts to be delivered as part of this initiative
CM Dashboard automation	Not Started	12/31/2026	This will be initiated in Q2 2026-27
OKTA Single sign on (check all the applications)	Not Started	12/31/2026	This will be initiated in Q2 2026-27
Member Correspondence	On Track	12/31/2026	Initial development and discovery phase. KP, AppEnhancer, ODS Viewer integration
Liaison ECS/Delta Upgrade	Not Started	2/28/2027	This initiative will be started in Q2 2026-27
ABA Form (Referrals)	On Track	10/29/2026	Offshore WIP, JSON needs update
BH Form (Referrals)	On Track	11/19/2026	Offshore WIP, JSON Shared
Community Support Referral (CalAIM)	On Track	1/7/2027	Offshore WIP, JSON Pending
Health Ed & Wellness Form	On Track	3/31/2027	Offshore Done, JSON Pending
CFMG	On Track	5/20/2027	In Progress
Metrics and Dashboards	On Track	12/31/2026	Refining and enhancing reporting sections
Inbound 834 Eligibility Process Improvement	On Track	1/31/2027	The 834-enhacement project is advancing through detailed review of member- matching logic, exception scenarios, and business rules to reduce manual review efforts and improve enrollment accuracy.
Call Center Modernization	On Track	4/30/2027	The Call Center vendor selection process is progressing as planned, with the top three vendors identified and moving forward in the final evaluation phase.
Claims End to End test automation	Not Started	6/30/2027	This initiative will be started in Q2 2026-27
Provider Data End to End test automation	Not Started	6/30/2027	End to end test automation is planned to start after the application is stabilized
Automate Upgrade	Not Started	6/30/2027	This initiative will be started in Q3 2026-27

Encounter Data from Trading Partners 2026

- **AHS:** August weekly files (4,943 records) were received on time.
- **BACH:** August monthly files (851 records) were received on time.
- **BACS:** August monthly files (226 records) were received on time.
- **CFMG:** August weekly files (7,193 records) were received on time.
- **CHCN:** August weekly files (137,197 records) were received on time.
- **CHME:** August monthly files (9,223 records) were received on time.
- **Docustream:** August monthly files (337 records) were received on time.
- **EBI:** August monthly files (4,874 records) were received on time.
- **FULLCIR:** August monthly files (3,101 records) were received on time.
- **HCSA:** August monthly files (4,806 records) were received on time.
- **IOA:** August monthly files (1,336 records) were received on time.
- **LAFAM:** August monthly files (98 records) were received on time.
- **LIFE:** August monthly files (357 records) were received on time.
- **Logisticare:** August weekly files (40,773 records) were received on time.
- **Magellan:** August monthly files (550,847 records) were received on time.
- **March Vision:** August monthly files (347 records) were received on time.
- **MED:** August monthly files (2,527 records) were received on time.
- **PAIRTEAM:** August monthly files (6,330 records) were received on time.
- **Quest:** August weekly files (18,000 records) were received on time.
- **SENECA:** August monthly files (424 records) were received on time.
- **SERENE:** August monthly files (0 records) were received on time.
- **STAR:** August monthly files (536 records) were received on time.
- **TITANIUM:** August monthly files (6,098 records) were received on time.
- **TVHC:** August: monthly files (0 records) were received on time.
- **UCSF:** August monthly files (11 records) were received on time.
- **VSP:** August monthly files (4,930 records) were received on time.

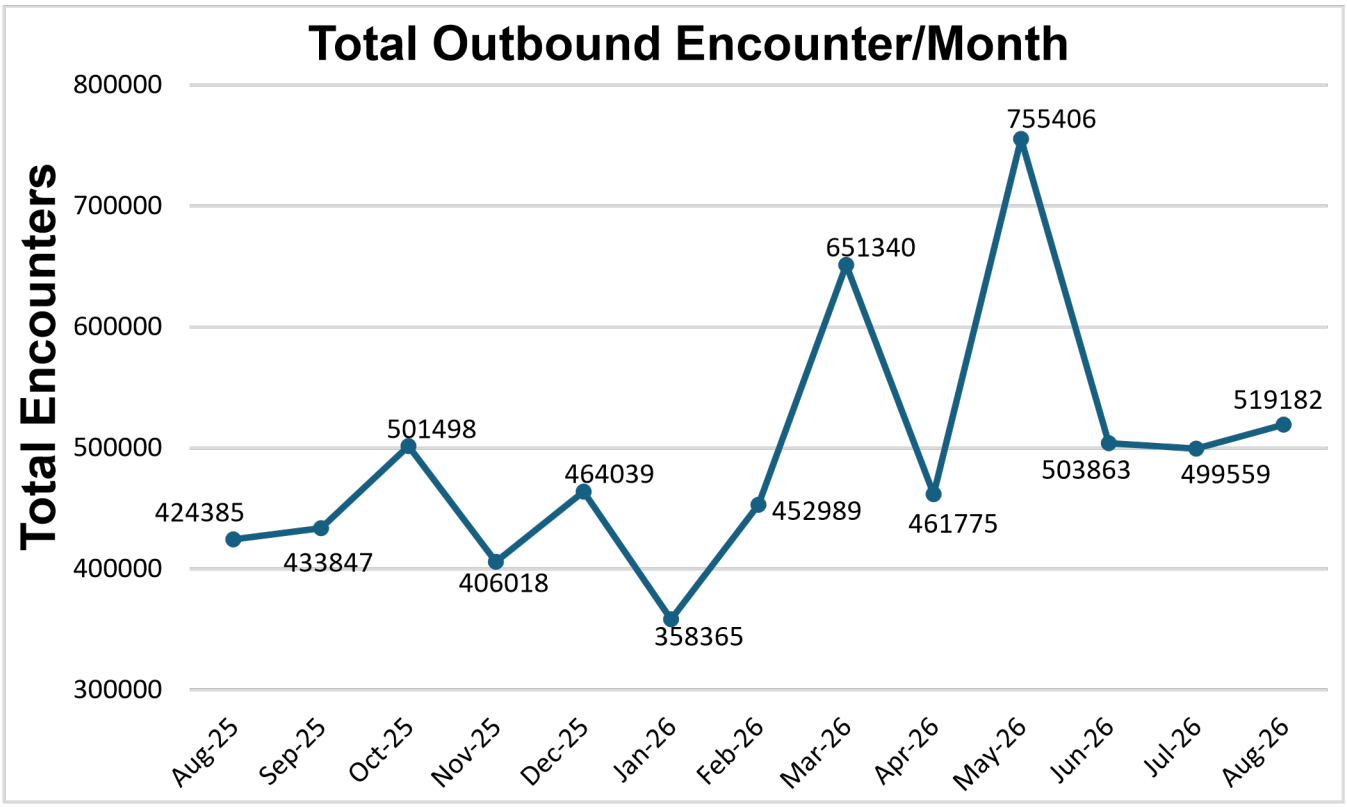
Trading Partner Encounter Inbound Submission History

TradingPartnerName	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
AHS	10257	8455	9267	11333	8671	8345	10599	9835	8399	9261	11371	9529	4943
BACH	172	180	181	0	0	0	0	0	0	0	0	0	851
BACS	82	100	102	114	109	196	140	359	409	248	278	255	226
CFMG	13336	20280	15705	20083	16647	10692	22313	17563	13461	18591	11152	17465	7193
CHCN	132885	170744	152102	138524	153899	104101	193474	177607	178392	147494	187040	133429	137197
CHME	8368	8228	7938	9119	7579	8492	8597	7129	6348	7571	8785	8795	9223
Docustream	704	423	829	322	0	1568	852	1292	420	164	276	467	337
EBI	1940	1800	1823	1922	1683	1856	1690	1910	1825	1881	1627	1619	4874
FULLCIR	3972	5006	2176	168	1358	462	3150	2698	1077	1641	1718	1096	3101
HCSA	2453	2930	172	2481	2876	2532	3008	3496	4888	5710	6705	5876	4806
Health Suite	326686	348286	415004	296717	413349	291556	381023	396919	452452	381440	338080	435503	343118
IOA	635	1377	1683	0	3095	1697	1672	1660	1485	1570	1717	1433	1336
LAFAM	83	74	87	247	84	87	85	72	78	86	77	82	98
LIFE	541	245	290	330	361	250	229	255	281	293	258	278	357
Logisticare	34040	62760	15649	36206	59563	34215	16237	62637	38508	40646	16373	63205	40773
March Vision	7877	8374	9295	9338	7336	10116	2845	2702	2040	1197	983	392	347
MED	1246	1172	1468	1299	2894	1443	1434	912	5462	5381	7430	2018	2527
PAIRTEAM	14426	9446	9972	7871	10633	7419	5779	14368	8550	6195	5637	8028	6330
Quest	22500	18001	18001	22500	18004	18001	22499	18000	18002	22501	17998	17997	18000
SENECA	0	188	66	0	123	360	206	932	395	407	632	747	424
SERENE	0	0	0	0	0	0	0	0	0	0	0	0	0
STAR	0	0	0	0	0	0	0	0	0	0	127	297	536
TITANIUM	3010	4102	4796	4950	4244	4746	3536	3558	3300	4824	6119	5035	6098
TVHC	0	0	0	0	49	26	0	43	0	0	52	87	0
UCSF	0	0	0	0	0	0	0	0	0	0	0	0	11
VSP	0	0	0	0	0	0	0	0	0	15956	5412	6172	4930
TOTAL	**585213**	**672171**	**666606**	**563524**	**712557**	**508160**	**679368**	**723947**	**745772**	**673057**	**629847**	**719805**	**597636**


Total Encounters Received/Month
Total Encounters
800000
700000
600000
500000
585213
672171
666606
563524
712557
508160
679368
723947
745772
673057
629847
719805
597636
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
Mar-26
Apr-26
May-26
Jun-26
Jul-26
Aug-26

Trading Partner Encounter Outbound Submission History

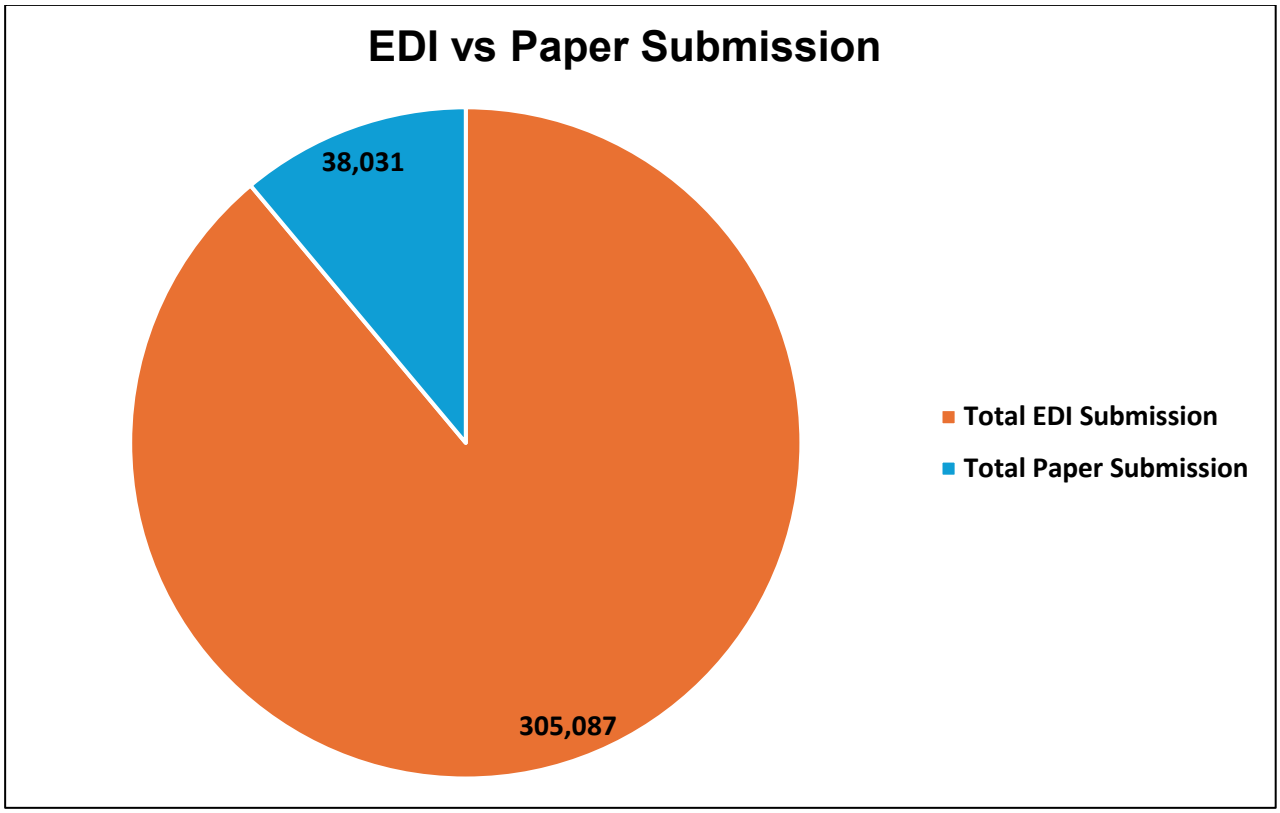
TradingPartnerName	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
AHS	10166	8358	9125	11095	8218	8090	10555	9316	8363	9211	10082	7347	6303
BACH	0	147	139	0	0	0	0	0	0	0	0	0	651
BACS	52	82	77	86	79	96	112	178	332	186	247	241	209
CFMG	9252	10764	11978	11518	13611	7425	13874	17300	10228	12177	9867	9782	7976
CHCN	92163	89837	133350	93935	101887	69962	121092	119747	127177	98429	102319	117420	96052
CHME	8232	8090	7822	8407	7470	7697	8191	6682	6170	7386	8386	8596	9015
Docustream	192	131	247	99	0	338	307	496	148	69	92	89	71
EBI	1745	1634	1718	1834	1600	1770	1610	1869	1777	1827	1553	1552	761
FULLCIR	3407	2713	1748	89	1081	165	2479	2226	634	1121	923	837	2591
HCSA	2430	2871	149	2462	2840	2505	2979	3451	4832	5661	6637	5819	4750
Health Suite	228707	236163	253075	207026	228028	188845	245896	390092	230072	534368	306039	250117	315706
IOA	551	1176	1304	0	2911	1617	1474	1108	1338	1178	1360	1134	88
LAFAM	76	69	84	93	83	87	82	64	73	75	64	59	84
LIFE	142	152	111	222	175	140	119	144	157	188	144	142	212
Logisticare	33974	36968	41267	36150	59480	34166	16213	62539	38458	40564	16326	63128	40756
March Vision	4183	4724	5103	4847	3696	6051	1272	518	312	119	292	73	35
MED	1124	974	1103	1160	1547	1360	1344	65	5010	1482	4756	1804	2348
PAIRTEAM	8386	8229	7901	5824	6500	6777	5157	11205	6835	4360	3413	3802	4125
Quest	16903	16855	20951	16810	20937	16905	16777	20859	16724	16798	20753	16565	16554
SENECA	0	164	19	0	109	319	190	174	168	92	106	564	403
SERENE	0	0	0	0	0	0	0	0	0	0	0	0	0
STAR	0	0	0	0	0	0	0	0	0	0	94	44	230
TITANIUM	2700	3746	4227	4361	3772	4039	3266	3293	2967	4242	5014	4497	5428
TVHC	0	0	0	0	15	11	0	14	0	0	36	45	0
UCSF	0	0	0	0	0	0	0	0	0	0	0	0	10
VSP	0	0	0	0	0	0	0	0	0	15873	5360	5902	4824
TOTAL	**424385**	**433847**	**501498**	**406018**	**464039**	**358365**	**452989**	**651340**	**461775**	**755406**	**503863**	**499559**	**519182**


Total Outbound Encounter/Month
Total Encounters
800000
700000
600000
500000
400000
300000
424385
433847
501498
406018
464039
358365
452989
651340
461775
755406
503863
499559
519182
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
Mar-26
Apr-26
May-26
Jun-26
Jul-26
Aug-26

HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
26-AUG	305,087	38,031	343,118

Key: EDI – Electronic Data Interchange



Onboarding EDI Providers – Updates

August 2026 EDI Claims:

A total of 3737 new EDI submitters has been added since October 2015, with 72 added in August 2026.

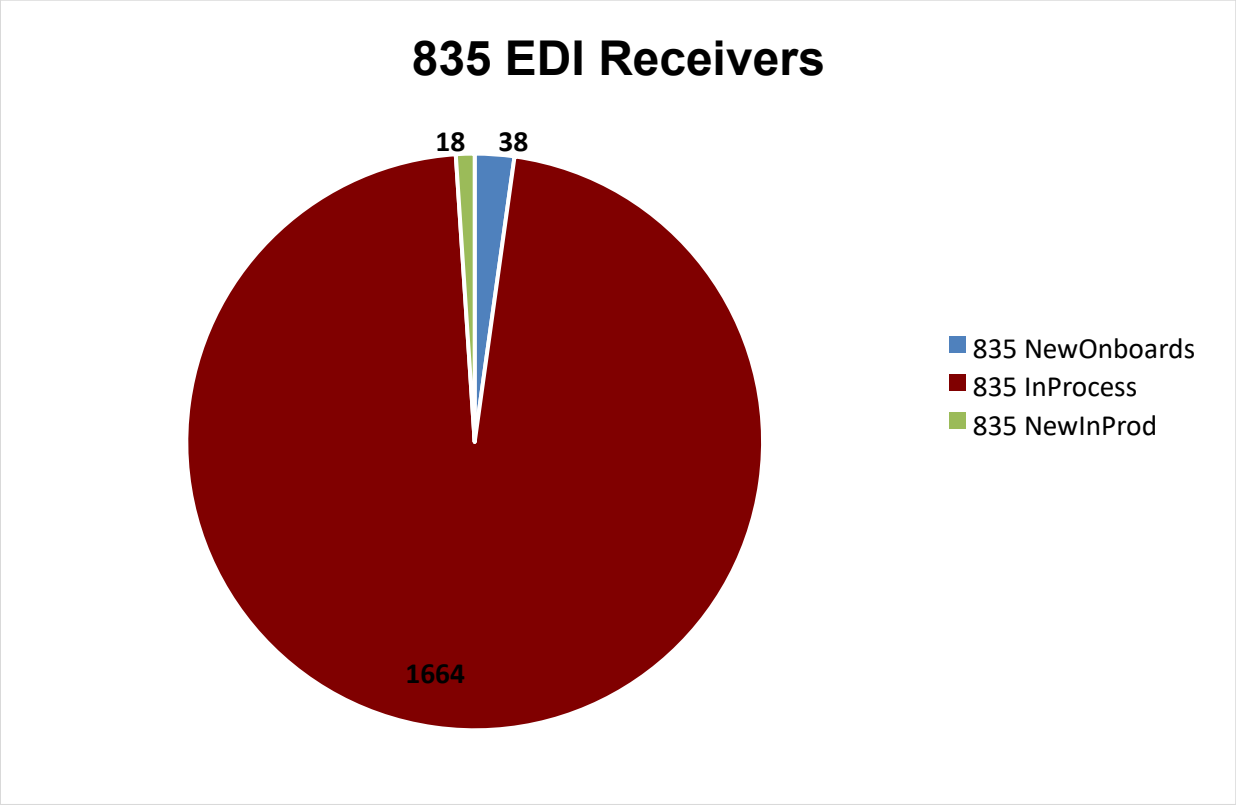
The total number of EDI submitters is 4477 providers.

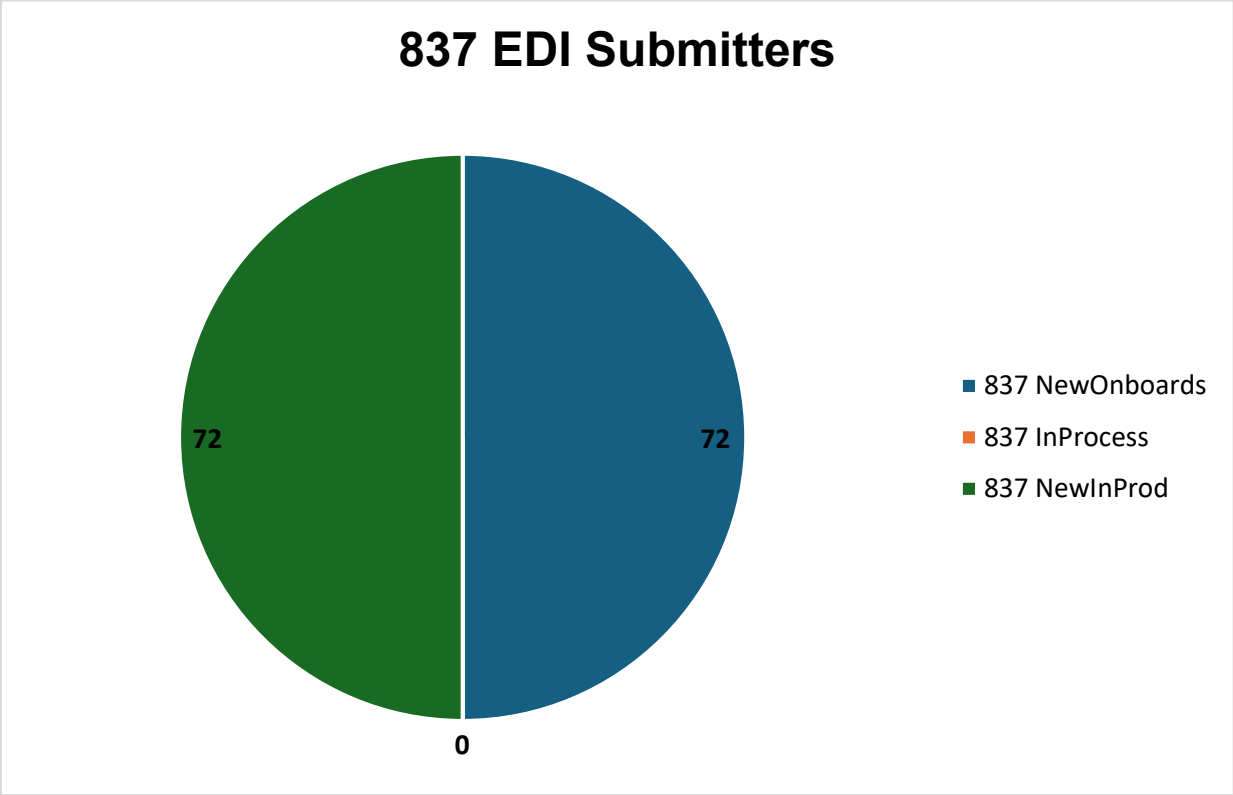
August 2026 EDI Remittances (ERA):

A total of 1744 new ERA receivers have been added since October 2015, with 18 added in August 2026.

The total number of ERA receivers is 1760 providers.

Month-Year	837 NewOnboards	837 InProcess	837 NewInProd	837 TotalInProd	835 NewOnboards	835 InProcess	835 NewInProd	835 TotalInProd
Jun-25	52	25	27	3792	62	1445	19	1429
Jul-25	52	0	52	3844	60	1487	18	1447
Aug-25	35	19	16	3860	37	1502	22	1469
Sep-25	92	6	86	3946	65	1516	51	1520
Oct-25	76	11	65	4011	42	1528	30	1550
Nov-25	41	7	34	4045	26	1536	18	1568
Dec-25	50	0	50	4045	32	1549	19	1587
Jan-26	48	0	48	4143	32	1555	26	1613
Feb-26	35	8	27	4170	18	1563	10	1623
Mar-26	53	0	53	4223	18	1581	5	1628
Apr-26	67	1	66	4289	50	1602	29	1657
May-26	41	0	41	4330	50	1622	30	1687
Jun-26	36	7	29	4359	42	1638	26	1713
Jul-26	53	7	46	4405	35	1644	29	1742
Aug-26	72	0	72	4477	38	1664	18	1760


835 EDI Receivers
18
38
1664
835 NewOnboards
835 InProcess
835 NewInProd


837 EDI Submitters
72
72
0
837 NewOnboards
837 InProcess
837 NewInProd

Encounter Medi-Cal DHCS Rejection and Acceptance

Summary	Total Encounter Submissions	Percentages
Submitted Encounters	519182	100.00%
Denied Encounters	182	0.04%
Accepted Encounters	519000	99.96%
Pending DHCS Update	0	0.00%

Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

EDSRF Submission: Below is the total number of encounter files that AAH submitted in August 2026.

FILE TYPE	TOTAL COUNT	MONTH YEAR
837 I Files	31	Aug-26
837 P Files	115	Aug-26
Total Files	**146**	

Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	LagPercent	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	95%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	91%	65%
Timeliness-% Within Lag Time - Professional 0-180 days	99%	80%

*Note, the Number of Encounters comes from: Total at bottom of this chart:

Encounter CMS Optum Rejection and Acceptance

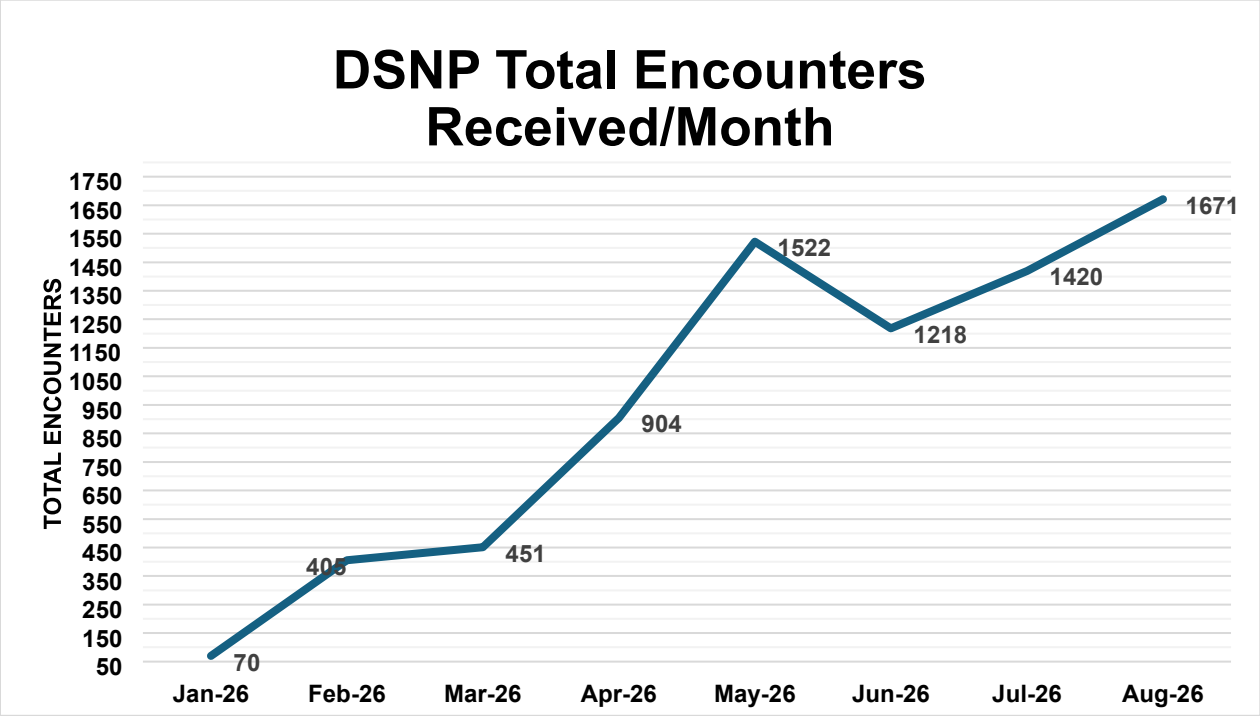
Summary	Total Encounter Submissions	Percentages
Submitted Encounters	1263	100.00%
Rejected Encounters	0	0.00%
Accepted Encounters	0	0.00%
Pending CMS Update	1263	100.00%

DSNP Encounter Data from Trading Partners

- **CHME:** August monthly files (58 records) were received on time.
- **Nations Flex Card:** August monthly files (183 records) were received on time.
- **Nations Hearing:** August monthly files (3 records) were received on time.
- **Vision Service Plan:** August monthly files (10 records) were received on time.

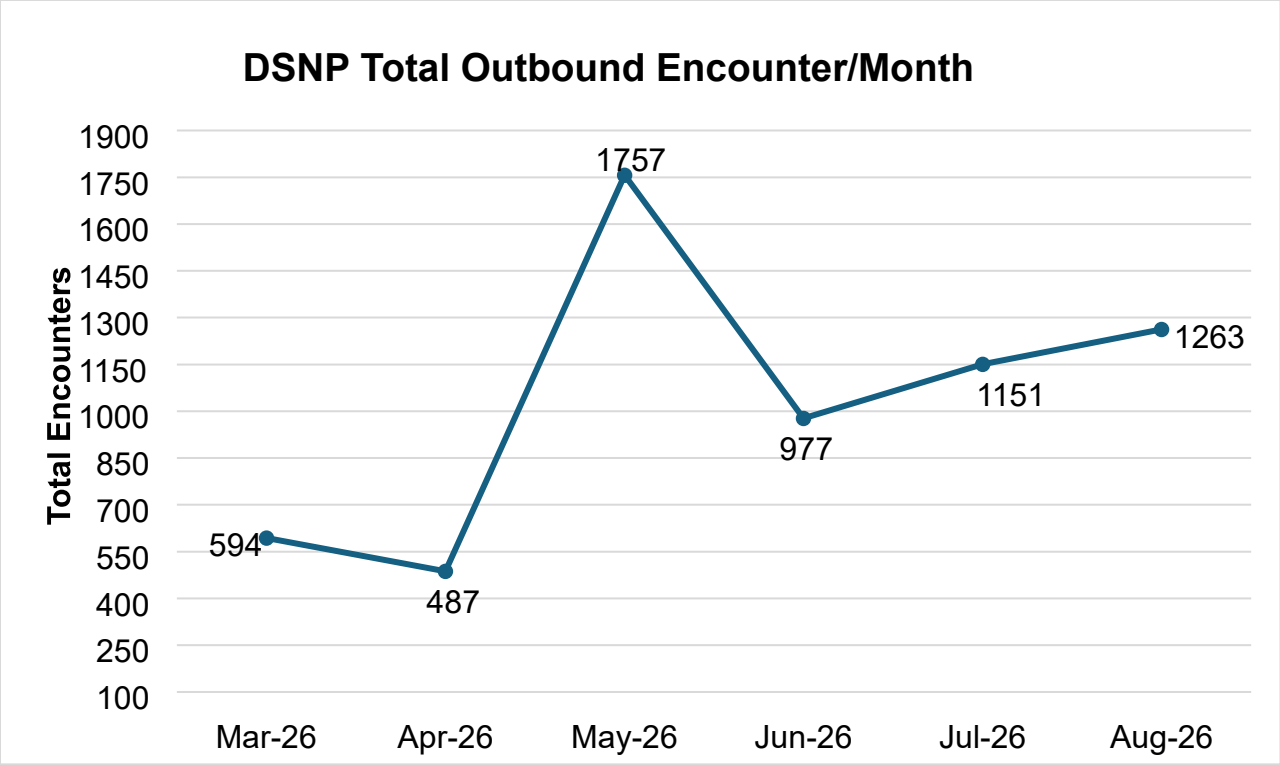
DSNP Trading Partner Encounter Inbound Submission History

TradingPartnerName	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
CHME		10	11	29	31	46	44	58
HealthSuite	70	395	440	875	918	959	1186	1417
Nations Benefits					545	209	182	186
Vision Service Plan					28	4	8	10
TOTAL	70	405	451	904	1522	1218	1420	1671



DSNP Trading Partner Encounter Outbound Submission History

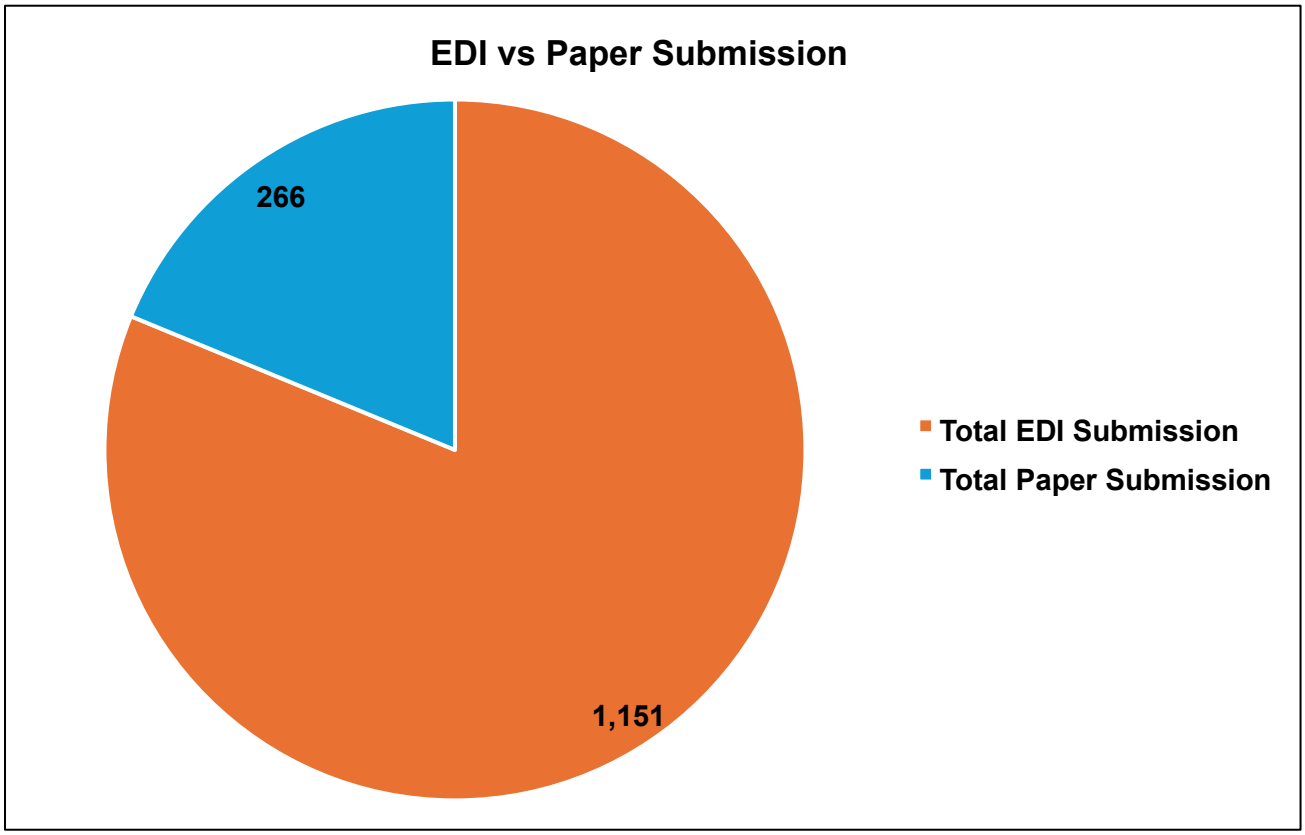
TradingPartnerName	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
CHME	20	29	29	40	41	55
HealthSuite	574	458	1155	725	920	1016
Nations Flex Card			542	208	180	179
Nations Hearing			3		2	3
Vision Service Plan			28	4	8	10
TOTAL	594	487	1757	977	1151	1263



DSNP HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
26-AUG	1,151	266	1,417

Key: EDI – Electronic Data Interchange

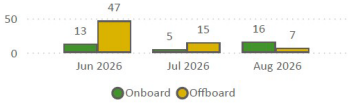


SERVICE DESK DASHBOARD

August 2026

Track-It Tickets

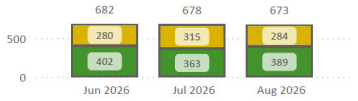
Onboard and Offboard



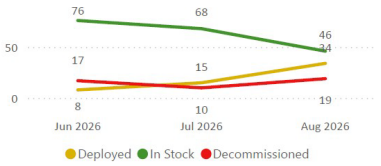
Top Track-It Ticket Trends During Month

Category	Tickets Received
IT Service Desk - Troubleshoot->Hardware->Laptop	68
IT Service Desk - Request	64
IT Service Desk - Troubleshoot->Conference Rooms	58
IT Service Desk - Troubleshoot	57
IT Service Desk - Request->Hardware->Laptop	49
IT Service Desk - Troubleshoot->Access->Website	44
IT Service Desk - Request->Access->Weekly Status Updates	40
IT Service Desk - Troubleshoot->Software->Finesse	37
IT Apps Management->Provider/Member Portal	31
IT Service Desk - Request->Access->Title and Access Change	27
IT Service Desk - Request->Access->New Hire	24
IT Service Desk - Troubleshoot->Access->Maintenance Checklist	24

Laptops Issued



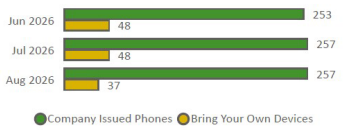
Laptops Deployed, In Stock, Decommissioned



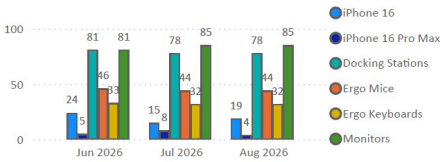
Top Updates During Month

Category	Item	Version
Driver	Intel MEDIA Driver Update	20.40.12741.9
Driver	Intel System Driver Update	1.0.4220.0
Driver	Intel System Driver Update	2.3.20306.4
Driver	Intel System Driver Update	20.40.12741.9
Driver	Lenovo Firmware Driver Update	1.12.0.0
Driver	Sandisk Extension Driver Update	1.0.0.0
OS / Update	Windows ML OpenVINO Update	KB5123773
Software	Adobe Acrobat Reader DC Continuous (X64) patch	26.002.21869
Software	Adobe Acrobat Reader DC Continuous (X86) patch	26.002.21869
Software	Microsoft 365 (X64) patch	16.0.20326.20112
Software	Microsoft Edge (X64) patch	152.0.4191.53
Software	Mozilla Firefox (X64) patch	154.0.1

Mobile Devices



Equipment in Stock



Analytics

Tiffany Cheang

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

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

Date: **September 11th, 2026**

Subject: **Performance & Analytics Report**

Member Cost Analysis

The Member Cost Analysis below is based on the following 12 month rolling periods:

Current reporting period: June 2025 – May 2026 dates of service
Prior reporting period: June 2024 – May 2025 dates of service
(Note: Data excludes Kaiser membership data.)

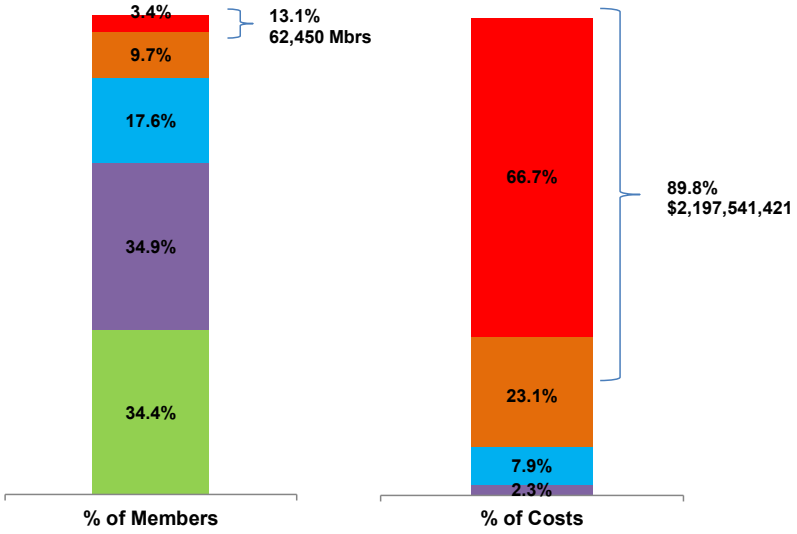
- For the Current reporting period, the top 13.1% of members account for 89.8% of total costs.
- In comparison, the Prior reporting period was lower at 11.8% of members accounting for 83.6% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
- The SPD/LTC (non duals) and ACA OE categories of aid slightly decreased to account for 53.4% of the members, with SPD/LTCs accounting for 17.8% and ACA OE's at 35.6%.
- The percent of members with costs >= $30K slightly increased from 3.1% to 3.4%.
- Of those members with costs >= $100K, the percentage of total members has slightly increased 1.1%.
    - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 28.9%.
- 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 13.1% is more concentrated in the 45-66 year old category (33.2%) compared to the overall population (20.6%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jun 2025 - May 2026
Note: Data incomplete due to claims lag
Run Date: 08/28/2026

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	16,011	3.4%	$ 1,631,926,115	66.7%
$5K - $30K	46,439	9.7%	$ 565,615,306	23.1%
$1K - $5K	84,130	17.6%	$ 192,482,498	7.9%
< $1K	166,513	34.9%	$ 57,064,565	2.3%
$0	164,017	34.4%	$ -	0.0%
Totals	**477,110**	**100.0%**	**$ 2,447,088,484**	**100.0%**

Top 13.1% of Members = 89.8% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	5,056	1.1%	$ 1,047,276,677	42.8%
$75K to $100K	1,903	0.4%	$ 165,334,208	6.8%
$50K to $75K	3,119	0.7%	$ 190,033,756	7.8%
$40K to $50K	2,351	0.5%	$ 105,235,059	4.3%
$30K to $40K	3,582	0.8%	$ 124,046,415	5.1%
SubTotal	***16,011***	***3.4%***	***$ 1,631,926,115***	***66.7%***
$20K to $30K	6,490	1.4%	$ 158,209,468	6.5%
$10K to $20K	17,516	3.7%	$ 247,248,225	10.1%
$5K to $10K	22,433	4.7%	$ 160,157,613	6.5%
SubTotal	***46,439***	***9.7%***	***$ 565,615,306***	***23.1%***
Total	**62,450**	***13.1%***	**$ 2,197,541,421**	***89.8%***

Enrollment Status	Members	Total Costs
Still Enrolled as of May 2026	375,946	$ 2,211,471,197
Dis-Enrolled During Year	101,164	$ 235,617,287
Totals	**477,110**	**$ 2,447,088,484**

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
13.1% of Members = 89.8% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jun 2025 - May 2026
Note: Data incomplete due to claims lag
Run Date: 08/28/2026

13.1% of Members = 89.8% of Costs
17.8% of members are SPD/LTCs and account for 24.5% of costs.
35.6% of members are ACA OE and account for 33.7% of costs.
9.0% of members disenrolled as of May 2026 and account for 9.6% of costs.

Highest Cost Members: Cost Per Member >= $100K
26.5% of members are SPD/LTCs and account for 29.6% of costs.
27.7% of members are ACA OE and account for 31.9% of costs.
9.0% of members disenrolled as of May 2026 and account for 9.0% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	239	1,015	1,254	2.0%
MCAL	MCAL - ADULT	1,448	8,164	9,612	15.4%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	882	4,215	5,097	8.2%
	MCAL - ACA OE	5,193	17,039	22,232	35.6%
	MCAL - DUALS	-	-	-	0.0%
	MCAL - SPD-LTC	3,921	7,171	11,092	17.8%
	MCAL - SPD-LTC/Full Dual	2,587	4,870	7,457	11.9%
D-SNP	DSNP	16	73	89	0.1%
Not Eligible	Not Eligible	1,725	3,892	5,617	9.0%
Total		**16,011**	**46,439**	**62,450**	**100.0%**

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	53	1.0%
MCAL	MCAL - ADULT	311	6.2%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	95	1.9%
	MCAL - ACA OE	1,398	27.7%
	MCAL - DUALS	-	0.0%
	MCAL - SPD-LTC	1,341	26.5%
	MCAL - SPD-LTC/Full Dual	1,398	27.7%
D-SNP	DSNP	3	0.1%
Not Eligible	Not Eligible	457	9.0%
Total		**5,056**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 21,889,228	$ 12,284,190	$ 34,173,418	1.6%
MCAL	MCAL - ADULT	$ 131,961,122	$ 99,660,037	$ 231,621,158	10.5%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 63,879,198	$ 47,299,643	$ 111,178,841	5.1%
	MCAL - ACA OE	$ 531,020,756	$ 209,077,153	$ 740,097,909	33.7%
	MCAL - DUALS	$ -	$ -	$ -	0.0%
	MCAL - SPD-LTC	$ 446,546,427	$ 92,499,068	$ 539,045,495	24.5%
	MCAL - SPD-LTC/Full Dual	$ 270,325,365	$ 57,731,511	$ 328,056,876	14.9%
D-SNP	DSNP	$ 1,275,490	$ 831,923	$ 2,107,414	0.1%
Not Eligible	Not Eligible	$ 165,028,529	$ 46,231,781	$ 211,260,310	9.6%
Total		**$ 1,631,926,115**	**$ 565,615,306**	**$ 2,197,541,421**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 12,528,591	1.2%
MCAL	MCAL - ADULT	$ 74,256,492	7.1%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 25,955,674	2.5%
	MCAL - ACA OE	$ 333,842,647	31.9%
	MCAL - DUALS	$ -	0.0%
	MCAL - SPD-LTC	$ 309,828,855	29.6%
	MCAL - SPD-LTC/Full Dual	$ 195,793,699	18.7%
D-SNP	DSNP	$ 617,809	0.1%
Not Eligible	Not Eligible	$ 94,452,910	9.0%
Total		**$ 1,047,276,677**	**100.0%**

% of Total Costs By Service Type

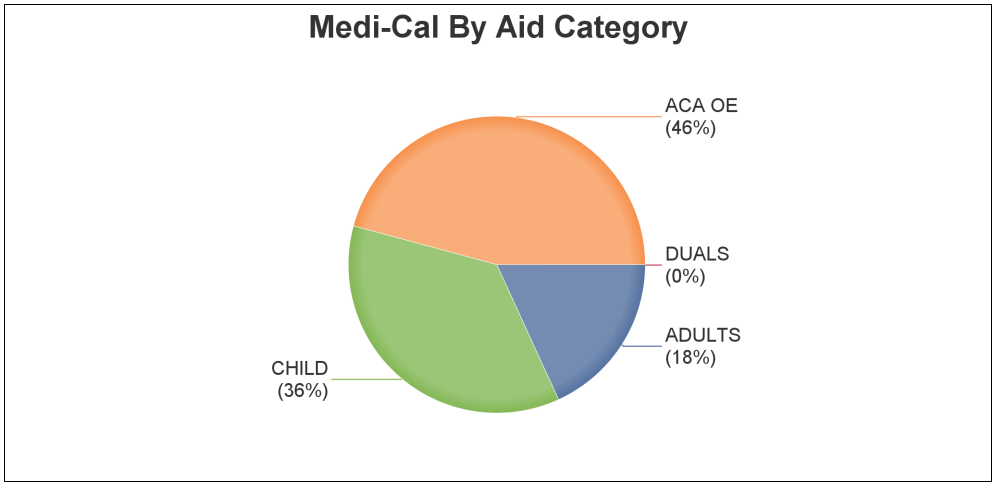
				Breakout by Service Type/Location						
Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	4%	0%	1%	16%	34%	1%	11%	3%	1%	34%
$75K to $100K	4%	0%	1%	22%	24%	3%	6%	5%	4%	36%
$50K to $75K	5%	0%	2%	27%	24%	5%	8%	8%	3%	25%
$40K to $50K	7%	0%	2%	33%	22%	8%	6%	9%	1%	22%
$30K to $40K	8%	0%	3%	33%	21%	11%	6%	8%	1%	20%
$20K to $30K	2%	0%	6%	34%	21%	6%	9%	9%	1%	19%
$10K to $20K	0%	0%	10%	36%	21%	7%	9%	11%	1%	17%
$5K to $10K	1%	0%	4%	32%	9%	11%	13%	15%	1%	19%
Total	**4%**	**0%**	**3%**	**24%**	**27%**	**4%**	**9%**	**6%**	**2%**	**28%**

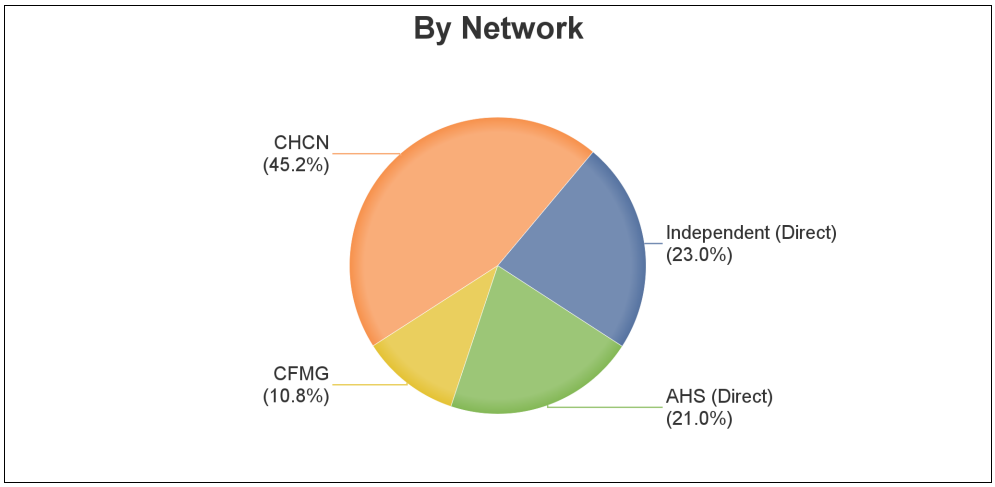
Notes:
- Report includes medical costs (HS & Diamond Claims, Beacon, Logisticare FFS, CHCN FFS Preventive Services, CHME) and pharmacy costs. IBNP factors are not applied.
- CFMG and CHCN encounter data has been priced out.
- Report excludes Capitation Expense

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend

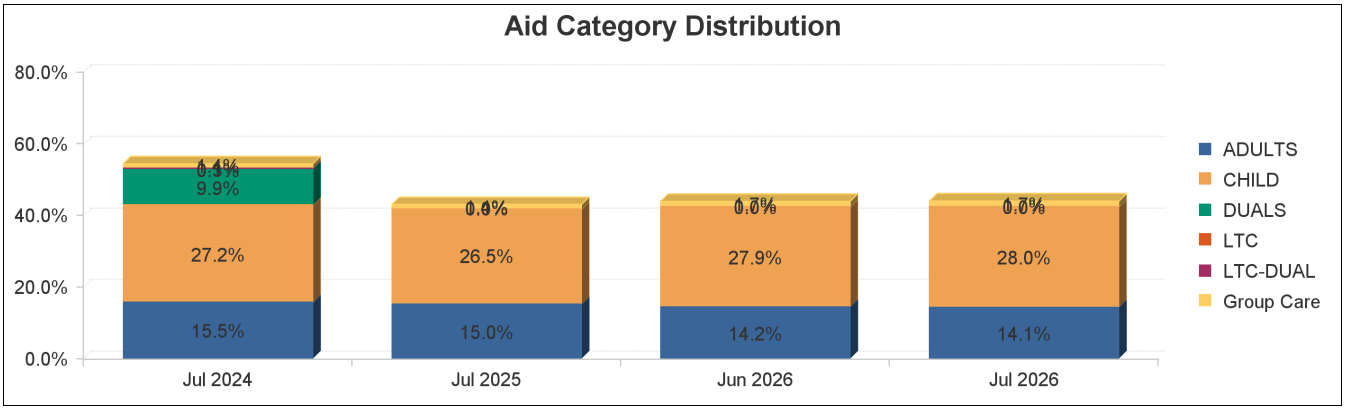
Category of Aid	Jul 2026	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN
ADULTS	51,920	14%	10,437	12,494	1	28,988
CHILD	102,952	29%	9,191	13,618	36,700	43,443
SPD	0	0%	0	0	0	0
ACA OE	130,849	36%	24,107	41,369	1,390	63,983
DUALS	14	0%	14	0	0	0
LTC	0	0%	0	0	0	0
LTC-DUAL	0	0%	0	0	0	0
SPD-LTC	27,080	8%	7,746	4,933	1,514	12,887
SPD-LTC/Full Dual	47,722	13%	30,706	3,368	1	13,647
Other	0		0	0	0	0
Medi-Cal	360,537		82,201	75,782	39,606	162,948
Group Care	6,398		2,307	1,182	0	2,909
D-SNP	272		90	24	0	158
Total	**367,207**	**100%**	**84,598**	**76,988**	**39,606**	**166,015**
Other %	0.0%		0.0%	0.0%	0.0%	0.0%
Medi-Cal %	98.2%		97.2%	98.4%	100.0%	98.2%
Group Care %	1.7%		2.7%	1.5%	0.0%	1.8%
D-SNP %	0.1%		0.1%	0.0%	0.0%	0.1%
	Network Distribution		**23.0%**	**21.0%**	**10.8%**	**45.2%**
			% Direct:	**44%**	**% Delegated:**	**56%**




By Network
CHCN
(45.2%)
Independent (Direct)
(23.0%)
CFMG
(10.8%)
AHS (Direct)
(21.0%)

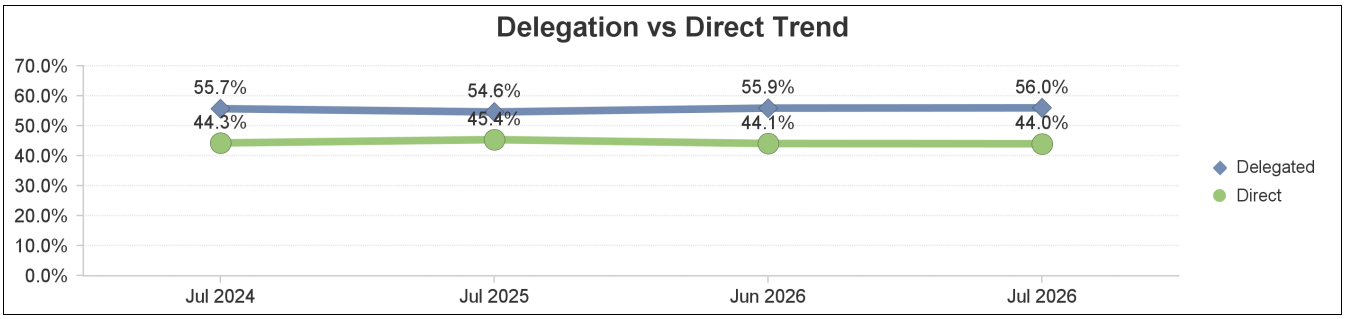
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
ADULTS	62,739	61,571	52,663	**51,920**	15.5%	15.0%	14.2%	14.1%	-1.9%	-18.6%	-1.4%
CHILD	109,962	109,306	103,377	**102,952**	27.2%	26.5%	27.9%	28.0%	-0.6%	-6.2%	-0.4%
SPD	35,018	0	0	**0**	8.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ACA OE	149,801	155,533	132,326	**130,849**	37.0%	37.8%	35.7%	35.6%	3.7%	-18.9%	-1.1%
DUALS	39,896	1	9	**14**	9.9%	0.0%	0.0%	0.0%	##########	92.9%	35.7%
LTC	222	0	0	**0**	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
LTC-DUAL	1,241	0	0	**0**	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SPD-LTC	0	29,834	27,360	**27,080**	0.0%	7.2%	7.4%	7.4%	100.0%	-10.2%	-1.0%
SPD-LTC/ Full Dual	0	49,509	47,882	**47,722**	0.0%	12.0%	12.9%	13.0%	100.0%	-3.7%	-0.3%
Other	0	0	0	**0**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medi-Cal	398,879	405,754	363,617	**360,537**	98.6%	98.6%	98.2%	98.2%	1.7%	-12.5%	-0.9%
Group Care	5,675	5,957	6,350	**6,398**	1.4%	1.4%	1.7%	1.7%	4.7%	6.9%	0.8%
D-SNP	0	0	253	**272**	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%
Total	**404,554**	**411,711**	**370,220**	**367,207**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**1.7%**	**-12.2%**	**-0.8%**



Delegation vs Direct Trend

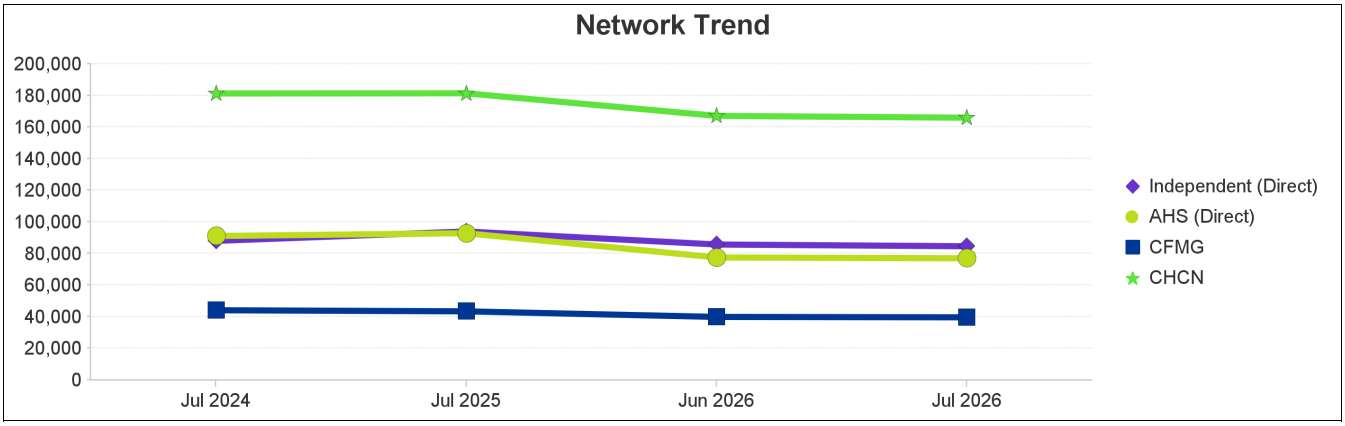
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
Delegated	225,445	224,869	207,022	**205,621**	55.7%	54.6%	55.9%	56.0%	-0.3%	-9.4%	-0.7%
Direct	179,109	186,842	163,198	**161,586**	44.3%	45.4%	44.1%	44.0%	4.1%	-15.7%	-1.0%
Total	**404,554**	**411,711**	**370,220**	**367,207**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**1.7%**	**-12.2%**	**-0.8%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

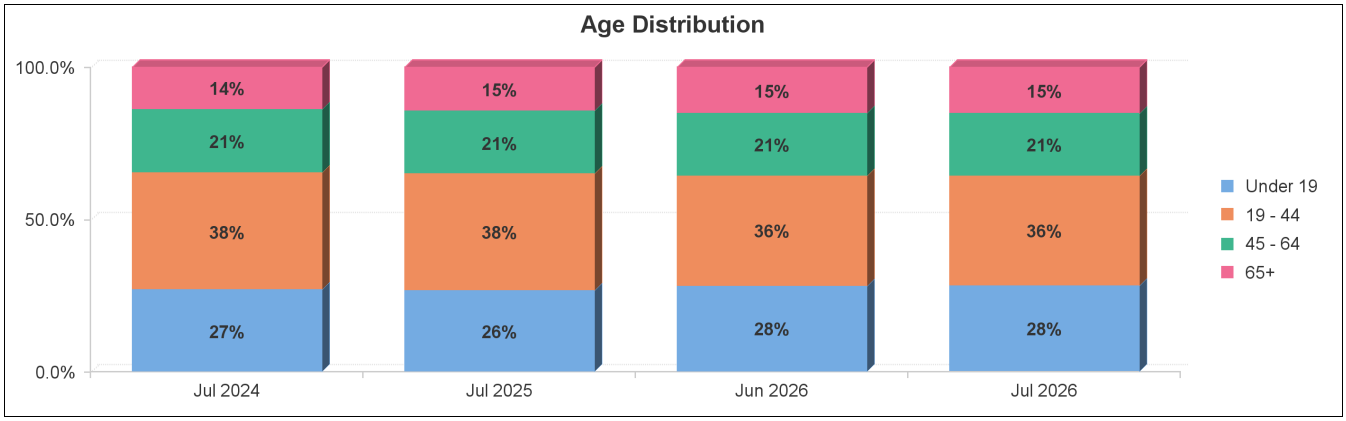
Network Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
Independent (Direct)	88,010	93,973	85,711	**84,598**	21.8%	22.8%	23.2%	23.0%	6.3%	-11.2%	-1.3%
AHS (Direct)	91,099	92,869	77,487	**76,988**	22.5%	22.6%	20.9%	21.0%	1.9%	-20.7%	-0.6%
CFMG	44,090	43,396	39,856	**39,606**	10.9%	10.5%	10.8%	10.8%	-1.6%	-9.6%	-0.6%
CHCN	181,355	181,473	167,166	**166,015**	44.8%	44.1%	45.2%	45.2%	0.1%	-9.4%	-0.7%
KAISER	0	0	0	**0**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	**404,554**	**411,711**	**370,220**	**367,207**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**1.7%**	**-12.2%**	**-0.8%**



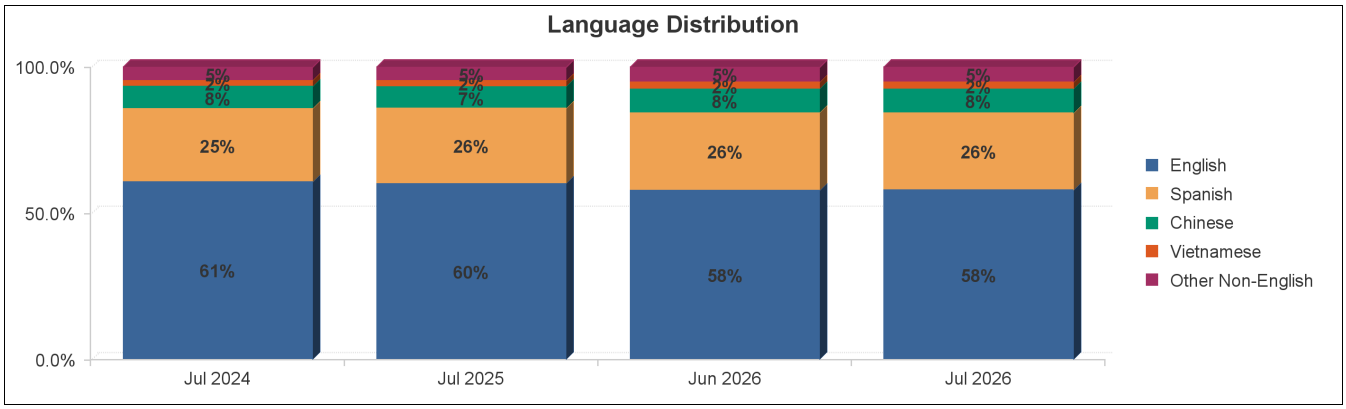
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
Under 19	108,451	109,080	103,159	**102,657**	27%	26%	28%	28%	1%	-6%	0%
19 - 44	155,339	157,765	133,894	**132,299**	38%	38%	36%	36%	2%	-19%	-1%
45 - 64	84,037	84,946	76,166	**75,549**	21%	21%	21%	21%	1%	-12%	-1%
65+	56,727	59,920	56,748	**56,430**	14%	15%	15%	15%	5%	-6%	-1%
Total	**404,554**	**411,711**	**369,967**	**366,935**	**100%**	**100%**	**100%**	**100%**	**2%**	**-12%**	**-1%**



Language Trend

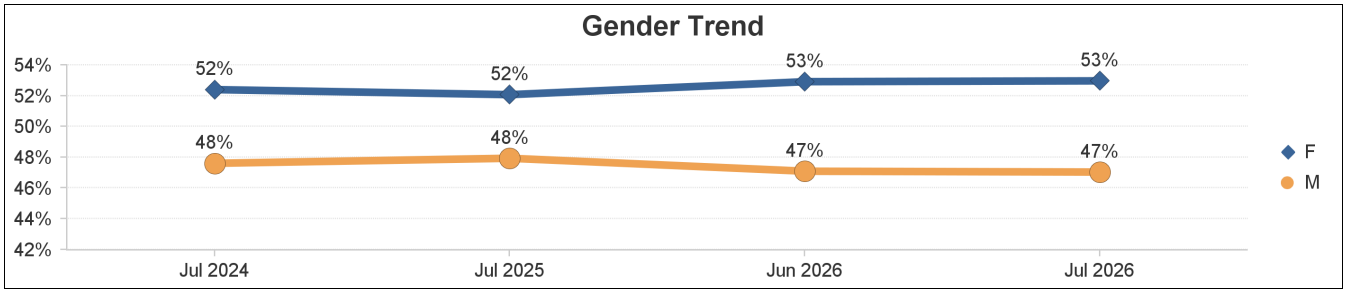
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
English	245,137	247,005	213,402	**212,220**	61%	60%	58%	58%	1%	-16%	-1%
Spanish	101,314	106,160	98,042	**96,620**	25%	26%	26%	26%	5%	-10%	-1%
Chinese	30,651	30,487	30,269	**30,064**	8%	7%	8%	8%	-1%	-1%	-1%
Vietnamese	8,353	8,135	8,647	**8,582**	2%	2%	2%	2%	-3%	5%	-1%
Other Non-English	19,099	19,924	19,607	**19,449**	5%	5%	5%	5%	4%	-2%	-1%
Total	**404,554**	**411,711**	**369,967**	**366,935**	**100%**	**100%**	**100%**	**100%**	**2%**	**-12%**	**-1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

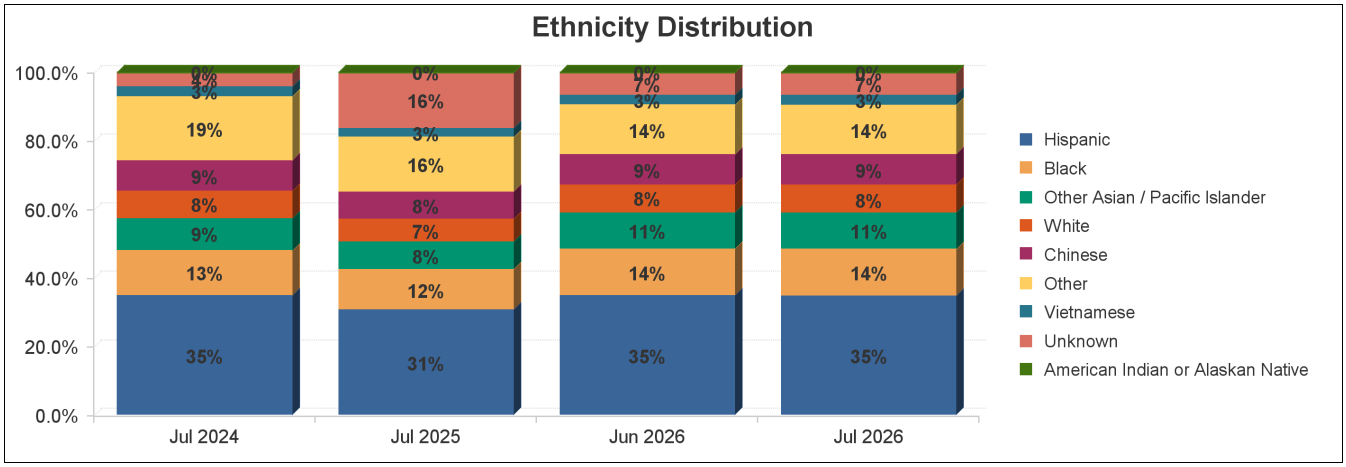
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
F	211,979	214,374	195,898	**194,501**	52%	52%	53%	53%	1%	-10%	-1%
M	192,575	197,337	174,322	**172,706**	48%	48%	47%	47%	2%	-14%	-1%
Total	**404,554**	**411,711**	**370,220**	**367,207**	**100%**	**100%**	**100%**	**100%**	**2%**	**-12%**	**-1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024	Jul 2025	Jun 2026	Jul 2026	Jul 2024 to Jul 2025	Jul 2025 to Jul 2026	Jun 2026 to Jul 2026
Hispanic	140,570	126,223	128,769	**127,298**	35%	31%	35%	35%	-11%	1%	-1%
Black	53,042	48,250	50,123	**49,949**	13%	12%	14%	14%	-10%	3%	0%
Other Asian / Pacific Islander	37,878	33,175	39,082	**38,924**	9%	8%	11%	11%	-14%	15%	0%
White	32,713	27,523	30,171	**30,068**	8%	7%	8%	8%	-19%	8%	0%
Chinese	35,841	32,254	32,764	**32,573**	9%	8%	9%	9%	-11%	1%	-1%
Other	75,541	65,984	53,712	**52,928**	19%	16%	15%	14%	-14%	-25%	-1%
Vietnamese	11,830	10,544	10,679	**10,634**	3%	3%	3%	3%	-12%	1%	0%
Unknown	16,341	67,042	24,199	**24,116**	4%	16%	7%	7%	76%	-178%	0%
American Indian or Alaskan Native	798	716	721	**717**	0%	0%	0%	0%	-11%	0%	-1%
Total	**404,554**	**411,711**	**370,220**	**367,207**	**100%**	**100%**	**100%**	**100%**	**2%**	**-12%**	**-1%**



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

Medi-Cal By City

City	Jul 2026	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	143,213	40%	21,296	36,290	15,658	69,969
HAYWARD	46,124	13%	10,799	12,245	5,195	17,885
FREMONT	34,556	10%	14,620	5,479	1,841	12,616
SAN LEANDRO	22,723	6%	6,082	3,582	2,840	10,219
UNION CITY	13,113	4%	5,308	2,231	734	4,840
ALAMEDA	12,620	4%	3,128	2,314	1,962	5,216
BERKELEY	14,594	4%	3,102	2,354	1,647	7,491
LIVERMORE	11,896	3%	1,932	317	1,945	7,702
NEWARK	8,204	2%	2,617	3,159	406	2,022
CASTRO VALLEY	10,158	3%	2,929	1,543	1,632	4,054
SAN LORENZO	5,507	2%	1,125	1,221	645	2,516
PLEASANTON	7,391	2%	2,259	260	780	4,092
DUBLIN	7,240	2%	2,501	262	839	3,638
EMERYVILLE	2,844	1%	511	637	503	1,193
ALBANY	2,241	1%	397	263	514	1,067
PIEDMONT	408	0%	92	151	57	108
SUNOL	84	0%	30	8	6	40
ANTIOCH	30	0%	6	12	2	10
Other	17,591	5%	3,467	3,454	2,400	8,270
Total	360,537	100%	**82,201**	**75,782**	**39,606**	**162,948**

Group Care By City

City	Jul 2026	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	1,897	30%	349	424	0	1,124
HAYWARD	734	11%	339	196	0	199
FREMONT	728	11%	456	91	0	181
SAN LEANDRO	705	11%	280	109	0	316
UNION CITY	299	5%	177	53	0	69
ALAMEDA	333	5%	105	39	0	189
BERKELEY	165	3%	44	19	0	102
LIVERMORE	102	2%	28	1	0	73
NEWARK	158	2%	88	41	0	29
CASTRO VALLEY	235	4%	103	38	0	94
SAN LORENZO	180	3%	49	49	0	82
PLEASANTON	76	1%	27	3	0	46
DUBLIN	139	2%	54	4	0	81
EMERYVILLE	46	1%	9	10	0	27
ALBANY	25	0%	7	4	0	14
PIEDMONT	4	0%	0	1	0	3
SUNOL	1	0%	1	0	0	0
ANTIOCH	24	0%	7	5	0	12
Other	547	9%	184	95	0	268
Total	**6,398**	**100%**	**2,307**	**1,182**	**0**	**2,909**

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

D-SNP By City

City	Jul 2026	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	102	38%	22	8	0	72
HAYWARD	31	11%	11	3	0	17
FREMONT	19	7%	13	0	0	6
SAN LEANDRO	18	7%	8	4	0	6
UNION CITY	4	1%	3	0	0	1
ALAMEDA	19	7%	5	5	0	9
BERKELEY	18	7%	3	0	0	15
LIVERMORE	13	5%	2	1	0	10
NEWARK	8	3%	7	1	0	0
CASTRO VALLEY	4	1%	1	2	0	1
SAN LORENZO	6	2%	3	0	0	3
PLEASANTON	5	2%	3	0	0	2
DUBLIN	8	3%	1	0	0	7
EMERYVILLE	3	1%	1	0	0	2
ALBANY	0	0%	0	0	0	0
PIEDMONT	0	0%	0	0	0	0
SUNOL	0	0%	0	0	0	0
ANTIOCH	0	0%	0	0	0	0
Other	14	5%	7	0	0	7
Sum:			**2,307**	**1,182**	**0**	**2,909**

Total By City

City	Jul 2026	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN
OAKLAND	145,110	40%	21,645	36,714	15,658	71,093
HAYWARD	46,858	13%	11,138	12,441	5,195	18,084
FREMONT	35,284	10%	15,076	5,570	1,841	12,797
SAN LEANDRO	23,428	6%	6,362	3,691	2,840	10,535
UNION CITY	13,412	4%	5,485	2,284	734	4,909
ALAMEDA	12,953	4%	3,233	2,353	1,962	5,405
BERKELEY	14,759	4%	3,146	2,373	1,647	7,593
LIVERMORE	11,998	3%	1,960	318	1,945	7,775
NEWARK	8,362	2%	2,705	3,200	406	2,051
CASTRO VALLEY	10,393	3%	3,032	1,581	1,632	4,148
SAN LORENZO	5,687	2%	1,174	1,270	645	2,598
PLEASANTON	7,467	2%	2,286	263	780	4,138
DUBLIN	7,379	2%	2,555	266	839	3,719
EMERYVILLE	2,890	1%	520	647	503	1,220
ALBANY	2,266	1%	404	267	514	1,081
PIEDMONT	412	0%	92	152	57	111
SUNOL	85	0%	31	8	6	40

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

ANTIOCH	54	0%	13	17	2	22
Other	18,138	5%	3,651	3,549	2,400	8,538
Total	366,935	100%	**84,508**	**76,964**	**39,606**	**165,857**

Human Resources

Anastacia Swift

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

From: **Anastacia Swift, Chief Human Resources Officer**

Date: **September 11th, 2026**

Subject: **Human Resources Report**

Staffing

- As of September 1st, 2026, the Alliance had 628 full time employees and 0 part time employee.
- On August 1st, 2026, the Alliance had 21 open positions in which 7 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 14 positions open to date. The Alliance is actively recruiting for the remaining 14 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by division:

Division	Open Position September 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	4	1	3
Operations	12	4	8
Healthcare Analytics	1	1	0
Information Technology	2	0	2
Finance	0	0	0
Compliance	0	0	0
Human Resources	1	0	1
Executive	1	1	0
Total	21	7	14

- Our current recruitment rate is 4%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in August 2026 included:

  5 years:
  - Antonio H (Pharmacy Services)
  - Todd B (Integrated Planning)
  - Elbrain M (Provider Services)

  6 years:
  - Richard C (Quality Management)
  - Nicole W (Case/Disease Management)
  - Renee D (Case/Disease Management)

  7 years:
  - Linda Y (IT Data Exchange)

  8 years:
  - Rithy K (Utilization Management)

  9 years:
  - Kishor K (IT Data Exchange)
  - Dinesh K (IT Development)

  10 years:
  - Nancy V (Utilization Management)

  12 years:
  - Christina L (Member Services)

  14 years:
  - Tina T (Accounting)
  - Hyacinth J (IT Ops and Quality Apps Mgt)

  15 years:
  - Helen H (IT Ops and Quality Apps Mgt)

  19 years:
  - Vanessa S (Member Services)

21 years:

- Catherine C (Financial Planning & Analysis)