ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Board of Governors

Regular Meeting

Friday, December 9th, 2022
12:00 p.m. – 2:00 p.m.

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

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, December 9th, 2022
12:00 p.m. – 2:00 p.m.

Video Conference Call or

1240 S. Loop Road

Alameda, CA 94502

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

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

AS A RESULT OF THE COVID-19 VIRUS, AND RESULTING ORDERS AND DIRECTION FROM THE PRESIDENT OF THE UNITED STATES, THE GOVERNOR OF THE STATE OF CALIFORNIA, AND THE ALAMEDA COUNTY HEALTH OFFICER, THE PUBLIC WILL NOT BE PERMITTED TO PHYSICALLY ATTEND THE ALAMEDA ALLIANCE FOR HEALTH MEETING TO WHICH THIS AGENDA APPLIES.

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

PLEASE NOTE: THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE BOARD WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

1. **CALL TO ORDER**

   (A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on December 9th, 2022, at 12:00 p.m. in Alameda County, California, by Dr. Evan Seevak, Presiding Officer. This meeting is to take place by video conference call.)

2. **ROLL CALL**

3. **AGENDA APPROVAL OR MODIFICATIONS**

4. **INTRODUCTIONS**

5. **CONSENT CALENDAR**

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

   a) **NOVEMBER 11th, 2022, BOARD OF GOVERNORS MEETING MINUTES**

   b) **DECEMBER 6th, 2022, FINANCE COMMITTEE MEETING MINUTES**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

   c) **CEO SEARCH COMMITTEE**

7. **CEO UPDATE**

   a) **JULY 2022 CLOSED SESSION PUBLIC DISCLOSURE**

8. **BOARD BUSINESS**

   a) **REVIEW AND APPROVE OCTOBER 2022 MONTHLY FINANCIAL STATEMENTS**

   b) **REVIEW AND APPROVE FISCAL YEAR 2023 FINAL BUDGET**

   c) **REVIEW AND APPROVE RESOLUTION #2022-05 NOMINATING DR. KELLEY MEADE FOR REAPPOINTMENT TO DESIGNATED HOSPITAL SEAT (REGULAR #15).**

   d) **PUBLIC HEALTH EMERGENCY UPDATE**

   e) **CALAIM UPDATES**

      1. **LONG TERM CARE INSOURCING UPDATE**
      2. **POPULATION HEALTH MANAGEMENT UPDATE**

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

   b) **HEALTH CARE QUALITY COMMITTEE**

10. **STAFF UPDATES**

11. **UNFINISHED BUSINESS**

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

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

14. **CLOSED SESSION**

PROPOSED ACTION ON MATTERS INVOLVING TRADE SECRETS. (WELFARE & INSTITUTIONS CODE SECTION 14087.35). THE PROPOSED ACTION WILL CONCERN A NEW LINE OF BUSINESS; PROTECTION OF ECONOMIC BENEFIT TO THE HEALTH AUTHORITY. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF JANUARY 2025

15. **ADJOURNMENT**

NOTICE TO THE PUBLIC

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

The agenda may also be accessed through the Alameda Alliance for Health's Web page at

NOTICE TO THE PUBLIC

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

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

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

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

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

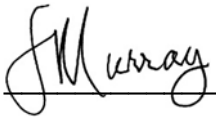
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org. You may also provide comments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

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

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

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org by November 7th, 2022, by 12:00 p.m.



_____Clerk of the Board – Jeanette Murray

ALAMEDA Alliance FOR HEALTH

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Consent Calendar

ALAMEDA Alliance FOR HEALTH

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Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
November 11th, 2022
12:00 pm – 2:00 pm
(Video Conference Call)
Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Rebecca Gebhart (Vice-Chair), Dr. Kelley Meade, Dr. Marty Lynch, Dr. Rollington Ferguson, James Jackson, Dr. Noha Aboelata, Dr. Michael Marchiano, Aarondeep Basrai, Supervisor Dave Brown, Andrea Schwab-Galindo, Natalie Williams

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

Excused: Dr. Evan Seevak, Byron Lopez

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

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
2. ROLL CALL			
Rebecca Gebhart	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Rebecca Gebhart	None	None	None
4. INTRODUCTIONS			
Scott Coffin	CEO Scott Coffin introduced a new Board Member, Ms. Yeon Park. Ms. Park will be representing the designated seat for the SEIU local 1021 where she serves as Vice President of the East Bay.	None	None
5. CONSENT CALENDAR			
Rebecca Gebhart	Rebecca Gebhart presented the November 11th, 2022, Consent Calendar. a) October 14th, 2022, Board of Governors Meeting Minutes b) November 8th, 2022, Finance Committee Meeting Minutes Motion to Approve November 11th, 2022, Board of Governors Consent Calendar. A roll call vote was taken, and the motion passed.	Motion to Approve November 11th, 2022, Board of Governors Consent Calendar. Motion: Dr. Marty Lynch Second: James Jackson Vote: Yes No opposed or abstained.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
Rebecca Gebhart	The Compliance Advisory Committee (CAC) was held on November 11th, 2022, at 10:30 am. Rebecca Gebhart gave the following Compliance Advisory Committee updates. 2022 DHCS Routine Medical Audit: • In past meetings, we unpacked ten (10) of the fifteen (15) findings we received from the 2022 DHCS Routine Medical Audit. We reviewed the remaining five (5) findings during today's meeting. • One of these findings was related to Initial Health Assessments – each member must have an Initial Health Assessment. We received an audit finding that we did not fully document our attempts to contact members to schedule the Initial Health Assessment. As a result, a new phone campaign has been implemented with documentation steps to ensure that the attempts to contact members are well-documented. Additionally, Dr. O'Brien noted that we communicate the status of initial health assessments to our providers. • The second finding we discussed is that the Plan did not monitor the providers' compliance with requirements for when appointments were needed. This finding was not fully unpacked at this meeting. • The third finding was that the Plan improperly denied emergency services claims. With all these audit findings, Board members are looking to distinguish whether this is a system issue and a material weakness within the system or whether it is a one-time, anomalous issue. The issue with respect to the improper denial of emergency services claim was anomalous – one was a work flow error, and the staff was retrained, and one was an error relating to the vendor on the conversion of a data file. • The fourth finding was that the Plan did not comply with grievance letter timelines specifically related to the extension of a grievance that was unable to be fulfilled or resolved in its initial thirty (30) days, and there was a fourteen (14) day extension. We did not resolve certain grievances by the fourteen (14) day extension and did not send out letters about the fourteen	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	(14) day extension. These extensions were infrequent in the past, so there was not a system response that was set up. Now, there are workflows and a system response has been developed that if the grievance is not resolved within the initial timeframe, the letter is activated, and that processes are in place to resolve it within the extension timeframe. This finding was also related to a staffing issue; since the look-back period of this finding, this unit has added an additional six (6) people and is in the process of making an offer to a seventh individual. • The final finding was that we did not thoroughly investigate grievances prior to sending out the resolution letter. When the team looked at this, they agreed with the finding; this was also a system and workflow issue, as well as some provider education. The workflow issue was handled by increased training and staff. The secondary issue, which turned out to be a significant factor is for the resolution, you must get a provider response; the staff was resolving the issue without getting a provider response. The team has completed provider education and improved the pathways to get the provider response in a timely manner. • The staff has completed six (6) corrective action plans, which are used to show that we have met the milestones for correcting the finding. Around the following year, the State will validate that we met the milestone and close the finding. 2022 DMHC Behavioral Health Investigation: • We are continuing to manage requests for information from the DMHC and are still waiting for the State's preliminary report. Behavioral Health Network Transition: • This initiative is led by the Integrated Planning division but involves every department. The State and the Plan have been going back and forth; the State has confirmed that they understand what our proposed plan is. Our start date to get confirmation from the State for going forward is March 31st, 2023, with a start services date of April 1st, 2023. • The challenges for Staff with the State are in areas such as the classification of providers. We proposed our network to the State, but some providers were classified differently – this is being sorted out.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Another challenge discussed is the timing for this process, which is in the spring and the busiest time for audits – January, February, and March. This will be a challenging time for Staff. • Dr. Meade also proposed that the Compliance Committee look ahead into 2023 to discuss potential risks as we move forward into our Behavioral Health Network Transition – this discussion will be prioritized in another meeting. Informational update to the Board of Governors. Vote not required.		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. R. Ferguson	The Finance Committee was held telephonically on Tuesday, November 8th, 2022. Dr. Ferguson provided the following updates: Highlights: • Our enrollment continues to increase; for the month ending September 30th, our membership increased to over three-hundred-twenty-one-thousand (321,333). Our Tangible Net Equity (TNE) continues to be above what is required at six-hundred-thirty nine percent (639%). • For the fiscal year-to-date (YTD) ending May 31st, 2022, actual revenue was $1.1B and the budgeted revenue was also $1.1B • The TNE and Medical Loss Ratio (MLR) are parameters that we looked at that help the organization remain favorable. The MLR was ninety-point-four percent (90.4%) for the month. • All these numbers are on target; one number that is not on target but not necessarily a negative thing is our net income. Our net income for the month was four million dollars ($4.0M) and our year-to-date was twelve million dollars ($12.0M). • One thing I want the Board to consider is that this is a fifteen-point-seven-million dollar ($15.7M) difference from where we thought we would be. One	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	of the questions to consider is whether this is a forecasting issue, or whether there are other issues that led to this contrast. • What was projected for the year was a five-point-seven-million-dollar net loss ($5.7M). However, it is good news that we are at twelve million ($12.0M) year to-date. Informational update to the Board of Governors. Vote not required.		
7. CEO UPDATE			
Scott Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: Today is Veteran's Day, and Scott began by thanking the United States Military Veterans and armed forces for their service. Alliance Round Table Meeting: • On November 8th, 2022, the Alliance hosted a round-table meeting with senior officials from the Center for Medicare and Medicaid Services (CMS), the Department of Health Care Services (DHCS), and the California Health and Human Services Agency. • This was an important meeting and was held here because the State of California has recognized Alameda County as a county that works together with the CalAIM program, whole-person care, and health-home pilot programs that have been completed. They recognize that we are getting things done through partnerships. • Dr. Mark Ghaly, Secretary of the California Health and Human Services Agency, represented the agency's priorities. He emphasized the importance of forming a statewide healthcare exchange, which Alameda County already has launched and is operational through the Health Information Exchange Program. Directors Michelle Boss and JC Cooper, and CMS, senior officials joined from San Francisco and Baltimore to learn more about Medi-Cal and CalAIM. This included Daniel Tsai as the Deputy	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Administrator and Director of the Center for Medicaid and Children's Services, and Jonathan Bloom, the Principal Deputy Administrator and Chief Operating Officer from CMS. • We will have follow-up discussions with these officials, specifically with the Department of Health Care Services, on the next steps around CalAIM. Next month, we will be hosting a DHCS listening tour at the Alliance, and that is going to include many of our safety-net partners in the County, as well as State officials. Public Health Emergency (PHE): • The Public Health Emergency has been extended through January 11th, 2023, federally. The State of California, as declared by Governor Newsom extended the public health emergency in California to end February 28th, 2023. • For the duration of the Public Health Emergency, the Medi-Cal re-determination process is suspended. After the Public Health Emergency ends, the re-determination process resumes after sixty (60) days. This will occur sometime in the month of April or May 2023; we are working to determine how that process will begin – what steps we will need to take now and what planning we will need to initiate. • The Alliance is initiating a county-wide task force to support the efforts to minimize disruption in health care services for individuals deemed ineligible in the Medi-Cal program once the re-determination process commences. • Partnerships with Alameda County Social Services and Health Care Services agencies will be formed along with partnerships in various enrollment centers across the County to prepare for the resumption in either April or May 2023. • The Outreach Campaign will start in January 2023 and continue through May 2024. This long-term commitment to outreach will use traditional media, social media, and direct outreach efforts to inform people of their choices.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Our goal is that everyone maintains health care coverage and access to service; we do that by educating what happens if an individual is not eligible for Medi-Cal and what options they would have, such as Covered California, employer-based insurance, and other types of health insurance programs. The Alliance will fund this county-wide campaign, and a progress report with the company's projected budget will be delivered to the full Board of Governors and Finance Committee next month. Supervisor Dave Brown made the following comment: • I am glad the Alliance is taking the initiative on this task force. I do want to mention that our eviction moratorium for the County is due to expire sixty (60) days after the Public Health Emergency is lifted. On April 27th, 2023, the mortarium will be over, and there is expected to be an eviction cliff. This means that some of our most vulnerable and low-income tenants could be evicted and may not have the resources to fight that legally. We are trying to acquire some resources to help, but that is on the horizon. Question: While the re-determination is going on, will there be an opportunity to remove members from the database who have moved, passed away, or changed their address? I constantly hear from providers that some members who were assigned but not seen are almost impossible to contact. Answer: We have already begun identifying individuals no longer in Alameda County. We are working with Alameda County Social Services to do the reconciliation process, which will continue through the first quarter of next year. It will be a continuous process after that. In terms of the assignments for our enrolled members, it is always our goal to assign them to a location closest to their residence. However, in certain cases, we assign based on the member's choice. Dr. Meade made the following comment: • As a pediatrician, I want to weigh in – with the ending of the Public Health Emergency, we are dealing with additional respiratory illness in the pediatric community. As such, with the re-determination process, it is		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	important to protect those most at risk, particularly children under the age of five (5). Scott Coffin made the following comment: • There are already efforts that have been initiated through Alameda County through the Enrollment Assistance Program, and this involves many of the health centers across the County. Our intention is to connect to the work that is already happening, not to create a separate task force. The individuals that are already involved are the ones we will be working with to develop a plan, and we will be summarizing that for the State of California. The State is also interested in minimizing the impact. This is a marathon and not a sprint. Next month we will have a progress report and continue reporting out into the new year. Financials: • Today, we are reviewing the September 2022 Financial Results. We are trending positively, and have a seventeen million dollar ($17.0M) favorable to budget in the first three (3) months. • Medi-Cal enrollment continues to grow on average by fifteen hundred (1,500) per month. We are forecasting total enrollment to grow to nearly three-hundred-sixty-thousand (360,000) by next June. This increase is forecasted in light of the changes to the Medi-Cal re-determination process. • January 1st, 2023: As part of the statewide CalAIM program and Medi-Cal Mandatory Enrollment initiative, approximately twenty-three thousand (23,000) new Medi-Cal members are forecasted to enroll into the Plan. Recently, State officials announced that ninety-nine (99) percent of Medi-Cal beneficiaries enrolled in the fee-for-service Medi-Cal program, will be transitioned into Medi-Cal managed care by the end of 2023. • This transition on January 1st, 2023, is the second wave of enrollment from fee-for-service. There will be more transitions as we go through the calendar year 2023.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Final Budget FY2023: • The final budget for Fiscal Year 2023 will be presented to the Finance Committee and the Board of Governors next month. We will exclude our final Medi-Cal based rates for calendar year 2023; the DHCS is planning to release these rates no later than December 31st, 2022. Therefore, we do not have time to include it in our final budget. • As a reminder to the Board, DHCS is our primary source of revenue and contributes ninety-eight percent (98%) of our operating revenue, so we will be carrying forward what we had presented in the preliminary budget with some adjustments next month. • The final rates will be incorporated into the third quarter forecast that is scheduled for presentation to the Finance Committee and the Board of Governors in February 2023. Single Plan Model Transition: • Although Alameda County was excluded from the statewide Medi-Cal procurement process, we are still moving forward quickly on the implementation to follow all regulatory filings. • Effective January 1st, 2024, Alameda County Medi-Cal will be a Single Plan Model. Thus far, all regulatory filings have been submitted in a timely manner to DHCS, and the Alliance is preparing for future regulatory submissions. Question: Do you know the number of members in the fee-for-service, and what percentage do we hope to capture? Some of my patients have said they have a choice between Anthem and the Alliance. Answer: Today, there are approximately seventy thousand (70,000) adults and children in fee-for-service. For estimation purposes, we typically use the market-share ratio that we have today, which is about eighty percent (80%). To clarify, Anthem will remain an enrollment option to sometime into calendar year 2023. We are working with the State of California right now to establish a freeze period in 2023 to avoid that disruption later in the year, which often occurs if someone is enrolled in Anthem and then is enrolled into the Alliance. Therefore, Anthem will continue to be an option.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Question: On page 56 of the Board Packet, ED Utilization was particularly good in September. What do you attribute that to? Answer: (Dr. Steve O'Brien) One thing that we need to look at is the scale which is between forty-four (44) and fifty (50). We see month-to-month variation, it also depends on if there is an outbreak. We are seeing preliminary positive results from the ECM and other programs. We are trying to verify that with controls, but it is too soon to attribute it. Informational update to the Board of Governors. Vote not required.		
8. a. BOARD BUSINESS – REVIEW AND APPROVE SEPTEMBER 2022 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	Gil Riojas gave the following September 2022 Finance updates: Enrollment: • For the month ending September 30th, 2022, the Alliance had an enrollment of over 321,000 members, a net income of $4.0M, and the Tangible Net Equity (TNE) was 639% of the required amount. • Our enrollment has increased by over 2,000 members since August 2022, and on a fiscal YTD, we have gained over 8,000 members since June 2022. We see continuing increasing trends with children, adults, and optional expansion. This is primarily due to the Public Health Emergency and its extension. • We also see increases in our Medi-Cal SPDs and Medi-Cal Duals. Our group care line business is relatively flat. • As our dual membership and managed care membership increases, we expect to see another significant increase in January 2023. Net Operating Results: • For the fiscal YTD ending September 30th, 2022, the actual net income was $12.0M, versus a budgeted net loss of $5.7M.	Motion to Approve September 2022 Monthly Financial Statements as presented. Motion: Dr. Kelley Meade Second: Dr. Rollington Ferguson Vote: Yes No opposed or abstained.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Revenue: • For the month ending September 30th, 2022, the actual revenue was $100.9M vs. the budgeted revenue of $102.7M. • For the fiscal year ending September 30th, 2022, the actual revenue was $302.7M vs. the budgeted revenue of $306.8B. Question: What is the health acuity adjustment rate? Is this a one-time adjustment? Answer: When DHCS developed their calendar year 2022 rates, they assumed the acuity of our members was going to be at a certain level; there are adjustments that are made to our base rates to reflect that acuity. As they look at underlying data, they go back and see was there an assumption on the acuity level of our membership, particularly those that continued to be added as part of the Public Health Emergency – were they as acute as assumed? DHCS has said no; because of that, they have the authority to adjust our rates downward. We reflected it on a monthly basis; we suspect in early 2023, the actual collection of the cash will come back to DHCS. There may be an adjustment made in our calendar year 2023 rates. Dr. O'Brien made the following comment: • The acuity based on the data comes from coding – what is billed from the doctors. The issue with coding and working with our providers as a community together is necessary to ensure it is as accurate as possible. In turn, the data will be appropriate, and we receive credit for the full acuity of our membership, and the system brings in the appropriate amount of money to support care in the community. Medical Expense: • For the month ending September 30th, 2022, the actual medical expense was $91.2M, and the budgeted medical expense was $95.8M. • For the fiscal year ending September 30th, 2022, the actual medical expense was $275.4M vs. the budgeted medical expense of $292.0M. • There was close to an eight million ($7.9M) dollar variance that was positive for us.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• The categories at service that reflect a large variance include: Other Benefits and Services - compared to our budget, we have not spent as much as we thought we would; ER Services – favorability of about one-point-nine million dollars ($1.9M); and Net Reinsurance – our collections from our reinsurance are higher than the premiums we are paying. • Overall, there is a two-point-seven percent (2.7%) variance, but it likely should go down as we get to our final budget and for the remainder of the fiscal year. Question: What did you say about FTEs? Answer: Yes, for the other benefits and services – a lot of what that makes up is if the employees that are anticipating to be hired or any vacant positions. In September, we had around nine (9) vacancies with a few leave of absences - around twelve (12) positions that we had anticipated to be paying for in our budget that we were not. Question: The clinical FTEs are included in our Medical Expense, and the other FTEs are included in our ALR? Is there any overlap? Answer: You are correct. There is no overlap. We keep the clinical FTEs in our Medical Expense budget, and the administrative FTEs in a separate budget. We do this intentionally; it helps with showing an accurate reflection on where the expenses are included. Medical Loss Ratio (MLR): • For the month ending September 30th, 2022, the MLR was 90.4% and 91.0% for the fiscal year-to-date. • Ideally, we would like to maintain our MLR between 90.0% and 95.0%. Administrative Expense: • For the month ending September 30th, 2022, the actual administrative expense was $5.7M vs. the budgeted administrative expense of $7.2M. • For the fiscal YTD ending September 30th, 2022, the actual administrative expense was $16.1M vs. the budgeted administrative expense $20.6M.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• The biggest drivers on a YTD basis for the $4.5M variance are related to our Purchased and Professional Services – the need for consultants and other support services as we do projects. We did not have as much of a need as we initially anticipated. Another cause for the variance are the FTEs, the start-date for some positions that we anticipated in July, August, or September were delayed, or there were other vacancies. • Administrative Loss Ratio (ALR) represented 5.7% of net revenue for the month ending September 30th, 2022, and 5.3% of net revenue YTD. Other Income / (Expense): • Our fiscal year-to-date net investment revenue reported a gain of $930,000. We anticipate this to continue for the rest of the fiscal year. • Fiscal-year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $82,000. Tangible Net Equity (TNE): • As our net income goes up, our reserves go up. The Department of Managed Health Care (DMHC) requires TNE to be thirty-eight million dollars ($38.0M). • We reported actual TNE of two-hundred-forty-two-point seven million-dollars ($242.7M), and excess TNE of two-hundred-four-point seven million dollars ($204.7M). • Of the required TNE, we have six-hundred-thirty nine percent (639%). Cash Position and Assets: • For the month ending September 30th, 2022, the Alliance reported nearly $400.0M in cash of which $212.6M was uncommitted cash. The remaining was pass-through liabilities at $187.0M. Our current ratio is above the minimum required at 1.57 compared to the regulatory minimum of 1.0. Capital Investment: • Fiscal year-to-date capital assets acquired: $24,000. • Annual capital budget: $1.0M. Motion to Approve September 2022 Monthly Financial Statements as presented.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	A roll call vote was taken, and the motion passed.		
8. b. BOARD BUSINESS – ALLIANCE OPERATIONS UPDATE			
Matthew Woodruff	Alliance Community Outreach: • We started in 2016 to better engage our members, providers, and community stakeholders. The three (3) goals of community outreach are (1) Service, (2) Presence, and (3) Branding. • Service: Our goal is to advance the mission and vision of the Alliance; Presence: Who we are and how we help improve health in our community; Branding: Being a household name in Alameda County to better improve access to care and services. • To achieve our goals, we hired a great internal candidate, Michelle Lewis, as our Communications Manager. We also wanted to ensure our Community Outreach Coordinators represented our County – we hired outreach coordinators that spoke the threshold languages. In 2021, we hired a Social Media Coordinator. • Our Community Outreach events peaked at four-hundred-fifty-two (452) events in 2019 – this means we were doing more than one event a day. • Member orientations completed peaked in 2020 during the pandemic. On average, we gained about three thousand (3,000) new members per month. • In 2018, we began enhancing our social media presence and utilizing Glassdoor and Yelp and other crowd-sourced reviews. We began paying attention to these reviews, promoting outreach events and activities, our company milestones, as well as our spotlights. • In 2020, we had to quickly pivot to virtual outreach which included conducting member orientations by phone in threshold languages, holding virtual community events, and hiring social media FTEs. • In 2021, we expanded our social media presence by expanding our search engine optimization – we learned a lot about search engine optimization and how to ensure that when the Alliance is searched, the things that we want to show up are seen. We also debuted our Instagram page in June	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	2021, posted about the COVID-19 Vaccine, and developed a Social Media Topics Publishing Calendar. • In 2022, we reviewed our results and focused on what has worked well. The number one thing that we received the best reviews on was our mental health feeds. The Social Determinants of Health are our second largest liked and commented on topic. Also, when we switched to go online, we began doing more services by phone, which is what members asked for. Social Media Next Steps: • We need to upgrade our portal, mobile-app campaigns, and member in-services so members can access more information on the Alliance. • We also need to increase Social Determinants of Health. Outreach Next Stages: • CalAIM requires us to expand and invest in relationships with community partners and stakeholders beyond healthcare and medical providers. We are currently looking at the Housing and Community Services office, and this will be a community-facing position where the outreach community is doing the work internally. • Justice-Involved was moved out to 2024, and increased populations of focus coming to CalAIM. • Medicare – assuming we get it, and the Board approves it. It would change how we look at Community Outreach. (Online) Advocacy: • We have had initial conversations about what our organization's online advocacy would look like. In 2023 and beyond, we seek to develop a legislative platform to serve as a framework for the development and advocacy of positions on state legislative issues and budget proposals that impact the Alliance. • This initiative would work closely with our Communications and Outreach department to reach more audiences through social media and help increase awareness about the importance of programs and policies impacting the population we serve. Informational update to the Board of Governors.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Vote not required.		
8. c. REVIEW & APPROVE PROVISIONAL VOTE ON ADDITIONAL BOARD SEATS TO TAKE EFFECT UPON COUNTY ORDINANCE CHANGE			
Rebecca Gebhart	Recommended Action – Provisional Vote on Additional Board Seats: • We have a process to undergo a provisional vote for additional Board seats, with the final vote to be taken by the Alameda County Board of Supervisors. • The motion will be to provisionally add four (4) seats to the Alameda Alliance for Health (Alliance) Board of Governors, thereby increasing membership from fifteen (15) to nineteen (19) members, effective upon change to the Alameda County Ordinance. • The additional seats will include the following: Alameda County Health Care Services Agency (HCSA) Agency Director Seat; Alameda County Social Services Agency (SSA) Agency Director Seat; Community Health Center Network (CHCN) Executive Director Seat; Long Term Support Services Seat – At-Large Seat designated for subject-matter expert. • If the vote is approved, the vote will be recorded, but it will not be effective unless and until the Alameda County Ordinance is changed to allow it. • The Alliance Board of Governors desires to add the seats stated above in anticipation of the Alliance's transition to the single Medi-Cal Managed Care Plan of Alameda County, as set forth in an ordinance adopted by the Alameda County Board of Supervisors on September 28th, 2021, and to take effect on or before January 1st, 2024 – contingent upon federal and State approvals. • However, the Board of Governors membership is currently limited to fifteen (15) voting members, both by its Bylaws and by Chapter 6.96 of the Alameda County Municipal Code. Increasing the membership to nineteen (19) will therefore involve the following steps: Provisional Board Action Today - Provisional Board vote to approve the following seats: HCSA as Designated Seat; SSA as Designated Seat; CHCN as Designated Seat; and LTSS as At-Large Seat.	Motion to Provisionally Approve Additional Board Seats to Take Effect Upon County Ordinance Change Motion: James Jackson Second: Andrea Schwab-Galindo Motion was Amended – See below. Motion to Amend Initial Motion Clarifying Bullet #4 Addressing the Long-Term Support Services Seat Motion: James Jackson Second: Dr. Marty Lynch Vote: Yes Abstained: Dr. Rollington Ferguson	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• If this vote passes, it will be recorded, but it will only become effective upon the County Ordinance changing to allow it. Next Steps: • The Alliance is to partner with Alameda County Board Clerk to get necessary changes to the County Ordinance on the docket. • The Board of Supervisors is to approve an amendment to Section 6.96.040, specifically expanding the maximum number of board members from fifteen (15) to nineteen (19). • The Alliance Board is to sign Resolutions memorializing the addition of seats. • The Alliance Bylaws are to be updated to reflect change. This action will not have a fiscal impact. Discussion of Recommended Action: • Question: Is there criteria we can see for the LTSS At-Large Seat? It states it needs to be unaffiliated with an entity, so how will it identify the unaffiliated person? • Answer: The person may be affiliated with an entity. It is the seat that is not affiliated with any agency. The person selected must be a subject matter expert in Long Term Supports and Long-Term Care. This does not mean the individual cannot be affiliated with an entity. Dr. Marty Lynch provided the following comment: • We have had some discussion about the fact that the Alliance over the upcoming years will be taking on a different number of roles related to Long-Term Services and Supports, starting shortly with the nursing home transition. I do not think we defined this seat beyond having some level of subject-matter expertise in this area. Mr. James Jackson provided the following comment: • My ask would be to clarify the language to be explicit. The part about "not aligned to an entity" is what is confusing and misleading. Alliance Chief Compliance & Privacy Officer, Richard Golfin III, provided the following comment:		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• In our Bylaws, Section 3.B., Subsection 8 specifically describes what an at-large seat is and how it should be affiliated. The seat itself is not aligned the way the other three (3) seats are; however, the individual may be aligned with an entity. My recommended next step is to revise the motion and amend. Dr. Noha Aboelata provided the following comment: • I do recall some overlap between the seats. On the community-clinic seat, whether that person needs to be affiliated with CHCN or not. Ms. Rebecca Gebhart: • I am going to propose we revise the fourth bullet. A motion to amend the initial motion with the addition of the word "seat" in front of "not aligned to an entity." Alliance Chief Compliance & Privacy Officer, Richard Golfin III: • The motion is modified. Now, we can proceed with a vote to approve the amended action. A vote was taken to Amend the Initial Motion – adding the word seat in front of "not aligned to an entity" in bullet #4 was taken. A roll call vote was taken, and the motion passed.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
8.d. REVIEW & APPROVE RESOLUTION #2022-04 JODY MOORE, ALLIANCE CONSUMER MEMBER ADVISORY COMMITTEE SEAT			
Scott Coffin	Consumer Member Seat (Regular #13) Member Nomination: • The Member Advisory Committee (MAC), CEO, and Executive Committee Chair nominates Jody Moore, an Alameda mother and disability-rights activist, for the vacant, Consumer Member seat. • Jody was interviewed by the Board Chair and CEO. The Board is asked to adopt Resolution #2022-04, approving Jody Moore as the Consumer Member Seat nominee. • If the resolution is passed and adopted by the Board of Governors, it will be sent to the Alameda County Board of Supervisors, who will vote on Ms. Moore's appointment to the Board's vacant seat. Motion to Approve Resolution #2022-04 as presented. A roll call vote was taken, and the motion passed.	Motion to Approve Resolution #2022-04 Appointing Jody Moore to the Consumer Member Seat Motion: Dr. Rollington Ferguson Second: Dr. Michael Marchiano Vote: Yes No one opposed or abstained.	None
8.e. BOARD CHAIR ANNOUNCEMENT			
Scott Coffin	CEO Scott Coffin made the following announcement regarding the Board Chair's Resignation and Board Chair Election: • Dr. Seevak has announced that he will be stepping down as Chair of the Board, effective December 31st, 2022. Dr. Seevak will continue to serve on the Board as an At-Large Subject Matter Expert member in Regular Seat #6. I would like to thank Dr. Seevak for his excellent leadership as Chair. • An election for a new Chair will take place during the January 13th, 2023, Board of Governors meeting. Thereafter, the new officer will oversee the January Board meeting. • At this point, I would like to open the floor for nominations for Chairperson. You may also send your nominations to me through email any time prior to	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	the January 13th, 2023, Board of Governors meeting. Are there any nominations for a chairperson? • Dr. Marty Lynch: I would be happy to nominate Rebecca Gebhart • Supervisor Dave Brown: Second. • If you are interested, please send me an email between now and January 13th, 2023. Informational update to the Board of Governors. Vote not required.		
9. STANDING COMMITTEE UPDATES			
Dr. Steve O'Brien	The Peer Review & Credentialing Committee (PRRC) was held on October 18th, 2022. Dr. Steve O'Brien provided the following Committee updates: • At PRRC, there were forty-two (42) Behavioral Health initial providers credentialed. Overall, there were forty-six (46) initial providers credentialed, four (4) of which were not Behavioral Health providers. • Twenty-five (25) providers were re-credentialed. Informational update to the Board of Governors. Vote not required.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
10. STAFF UPDATES			
Scott Coffin	None	None	None
11. UNFINISHED BUSINESS			
Scott Coffin	None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Scott Coffin	• We have two (2) – we are going to update on the Public Health Emergency at the next meeting, as well as an update on CalAIM implementations, including Long-Term Care and Population Health. Informational update to the Board of Governors. Vote not required.	None	None
13. PUBLIC COMMENT (NON-AGENDA ITEMS)			
Rebecca Gebhart	None	None	None
14. CLOSED SESSION			
Rebecca Gebhart	DISCUSSION AND DELIBERATION REGARDING TRADE SECRETS (WELFARE & INSTITUTIONS CODE SECTION 14087.35). DISCUSSION WILL CONCERN A NEW LINE OF BUSINESS; PROTECTION OF ECONOMIC BENEFIT TO THE HEALTH AUTHORITY. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF JANUARY 2025.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
15. ADJOURNMENT			
Rebecca Gebhart	Rebecca Gebhart adjourned the meeting at 1:38 pm.	None	None

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

ALAMEDA Alliance FOR HEALTH

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Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

December 6th, 2022
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

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

Board of Governor members on Conference Call: James Jackson

Alliance Staff on Conference Call: Scott Coffin, Tiffany Cheang, Sasi Karaiyan, Shulin Lin, Dr. Steve O'Brien, Anastacia Swift, Carol van Oosterwijk, Ruth Watson, Matt Woodruff, Linda Ly, Danube Serri, Jeanette Murray, Mashon Jones

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER, ROLL CALL, and INTRODUCTIONS			
Dr. Rollington Ferguson	Dr. Ferguson called the Finance Committee meeting to order at 8:00 am. The following public announcement was read. "The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County level, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed state of emergency." "Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment." A telephonic Roll Call was then conducted.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. November 8th, 2022, Finance Committee Minutes were approved at the Board of Governors meeting on November 11th, 2022, and not presented today.	There were no modifications to the Consent Calendar, and no items to approve.	
a.) CEO Update			
Scott Coffin	Scott Coffin provided updates to the committee on the following: **Final Budget FY2022** – Fiscal Year 2023 final budget is being presented to the Finance Committee today for approval and will be brought forward to the Board of Governors on Friday for final approval. This budget includes the first quarter forecast, represents our actual experience through October, and forecasts our performance through the end of June 2023. The Department of Health Care Services has not delivered the Medi-Cal base rates to us at this point; they are expected to be received by the end of December. We are using forecasted information that we've put together with partial information from the State as a placeholder. We will come back in the month of February 2023 as part of our third-quarter forecast and will include those final Medi-Cal rates in that report.	Informational update to the Finance Committee Vote not required	
b.) Review and approve October 2021 Monthly Financial Statements			
Gil Riojas	**October 2022 Financial Statement Summary** **Enrollment:** Current enrollment is 323,198 and continues to trend upward. Total enrollment has increased by 1,865 members from September 2022 and 10,142 members since June 2022. Since the beginning of the public health emergency, our	Motion to approve **October 2022 Financial Statement** Motion: Dr. Ferguson Seconded: J. Jackson	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	enrollment has continued to grow. Consistent increases were primarily in the Child, Adult, Optional Expansion, SPD, and Duals categories of aid. We have some slight variations in Group Care. Group Care is our commercial line, so it's not related to the public health emergency, and you see some fluctuation there. Total enrollment continues to increase month over month. **Question:** Dr. Ferguson asked to speak more about enrollment trends. Gil answered consistent month over month increases are anticipated until the restarting of the dis-enrollment process. **Question:** Dr. Ferguson asked why there was such a significant spike in January and July. Gil answered January 2022, there were populations that were moved from Medi-Cal Fee-For-Service into Medi-Cal Managed Care. The eligibility of the older adults that are undocumented took effect in May, but it took a couple of months for that to actually appear on our enrollment. Thus, the larger increase in July 2022. I would anticipate for the rest t of this calendar year our enrollment to increase with a big spike also in January 2023. **Question:** Dr. Marchiano asked, is it still optional for those members with medical Fee-For-Service to go into a Medi-Cal managed care plan? Is the State making it mandatory to join a managed care plan or are you still able to stay on the Fee-For-Service? Gil answered you have to have a certain kind of an exception to stay in. The State has been pushing more to have all of the Fee-For-Service Medi-Cal enrollees moved into managed care. Scott advised there are approximately 70,000 adults and children in the Fee-For-Service system today in Alameda County. The State has announced by December 31st,of 2023 that 99% of the adults and children enrolled in Fee-For-Service will be transitioned into managed care. How they go about achieving that is unclear at this point. **Net Income:** For the month ending October 31st, 2022, the Alliance reported a Net Income of $9.5 million with a Budgeted Net Loss of $2.9 million. For the year-to-date, the Alliance recorded a Net Income of $21.6 million versus a Budgeted Net Loss of $8.7 million.	Motion Carried No opposed or abstained	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Revenue: For the month ending October 31st, 2022, actual Revenue was $105.7 million vs. our budgeted amount of $102.9 million. For the year-to-date, the Alliance recorded an actual Revenue of $408.4 million vs. our budgeted amount of $409.7 million. **Medical Expense:** Actual Medical Expenses for the month were $91.6 million vs. our budgeted amount of $98.6 million. For the year-to-date, actual Medical Expenses were $366.9 million versus budgeted $390.6 million. Medical expenses are lower than we anticipated, particularly this month. Reasons for the favorable month-end variances, as well as the favorable year-to-date variances, are outlined on page 11 of the presentation. **Medical Loss Ratio:** Our MLR ratio for this month was reported at 86.6%. Year-to-date MLR was at 89.8%. **Administrative Expense:** Actual Administrative Expenses for the month ending October 31st, 2022, were $5.3 million vs. our budgeted amount of $7.3 million. Our Administrative Expense represents 5.0% of our Revenue for the month, and 5.3% of Net Revenue for year-to-date. Reasons for the favorable month-end variances, as well as the favorable year-to-date variances are outlined on page 13 of the presentation. **Other Income / (Expense):** As of October 31st, 2022, our YTD interest income from investments increased by $770,000 from the prior month. We show a gain of about $1.7 million on a year-to-date basis. YTD claims interest expense is $104,000. **Question:** Dr. Ferguson inquired about our green investments – how they're looking. Gil answered overall the returns are pretty consistent with what we have see as the rest of our portfolio. 2023 will be a good time to assess and see how our investments have done. As the investments mature we will need to determine how we want to reinvest our funds.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	TangibleNet Equity (TNE): We reported a TNE of 681%, with an excess of $215.2 million. This remains a healthy number in terms of our reserves. **Cash and Cash Equivalents:** We reported $321.2 million in cash; $219.7 million is uncommitted. Our current ratio is above the minimum required at 1.77 compared to regulatory minimum of 1.0. **Capital Investments:** We have spent $197,000 in Capital Assets year-to-date. Our annual capital budget is $1.0 million.		
c.) Review and Approve Fiscal Year 2022 Final Budget			
Gil Riojas	Gil Riojas gave a PowerPoint Presentation detailing the changes between the Preliminary Budget presented June, and the Final Budget presented today. Highlights of the differences between the Preliminary and Final budgets: • Increased projected membership to 357,000 • Projected Net Income of $17.8 million • Administrative Expense % decrease from 6.6%to 5.7% • Medical Loss Ratio decreases from 94.6% to 93.2% • TNE percentage increases from 479.3% to 532% • Increase in FTE's from 478to 489	Motion to approve **Final Budget for Presentation to Full Board** Motion: J. Jackson Seconded: Dr. Ferguson Motion Carried No opposed or abstained	
ADJOURNMENT			
Dr. Rollington Ferguson	Dr. Ferguson adjourned the meeting at 8:55 am.		

Respectfully Submitted By:
Mashon Jones, Executive Assistant to CISO

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CEO Update

Scott Coffin

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

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

Date: **December 9th, 2022**

Subject: **CEO Report**

- **Financials:**

  - **Fiscal Year 2023:** Net Operating Performance by Line of Business for the month of October 2022 and Year-To-Date (YTD):

	October	YTD
Medi-Cal.....	$9.6M	$20.3M
Group Care	($99K)	$1.2M
Totals	$9.5M	$21.5M

  - Revenue $105.7 million in October 2022, and $408.4 million Year-to-Date (YTD).

    - Medical expenses $91.6 million in October, and $366.9 million year-to-date (four months); medical loss ratio is 86.6% for the month, and averages 89.8% for the first three months of the fiscal year.

    - Administrative expenses $5.3 million in October, and $21.5 million year-to-date; 5.0% of revenue for the month, and averages 5.3% for the first four months in the fiscal year.

  - Tangible Net Equity (TNE): Financial reserves are 681% above the regulatory requirement, representing $215.2 million in excess TNE.

  - Total enrollment in October 2022 reached nearly 326,000, increasing by more than 2,700 Medi-Cal members as compared to September. Preliminary enrollment in the month of December exceeds 328,000 members, led by Medi-Cal growth due to the public health emergency.

  - The public health emergency is approved through the month of November and is anticipated to be extended to January 11th, 2023. During the public

health emergency, the Medi-Cal re-determination process is suspended, and will resume 60 days after the termination of the public health emergency.

- A joint presentation is being delivered to the Alameda County Board of Supervisor's Health Committee on December 12th. Alameda County Social Services Agency and Alameda Alliance are collaborating to develop a public health emergency unwinding plan that will be implemented in the calendar year 2023.

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

  - Fiscal Year 2023 preliminary budget approved by the Board of Governors on June 10th, 2022.

  - DHCS has announced that final Medi-Cal base rates will be issued by December 31st, 2022. The base rates include all capitated rates for the Medi-Cal categories of aid and categories of service.

  - The final budget for FY2023 was presented to the Finance Committee on December 6th and is being presented to the full Board of Governors on December 9th, 2022. The final budget will exclude the final Medi-Cal base rates due to the delays by the DHCS and will be incorporated into the third quarter forecast in February 2023.

- **Key Performance Indicators:**

  - Regulatory Metrics:

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

  - Non-Regulatory Metrics:

    - The Member Services call center reported an abandonment rate of 27%, and a 35% service level, for the month of November. The results are 21% and 35% below the internal thresholds respectively. Inbound call volumes continue to range from 12,000 to 13,000 per month as membership grows. Additional support staff are being hired and trained to support the inbound member calls.
    - The Human Resources Division is reporting a 16% vacancy rate in the month of October due to the high volume of open positions related to projects and operations initiatives funded in the fiscal year 2023 budget.

- **Medi-Cal Enrollment Forecast:**

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

- **Program Implementations [2022-2023]**

    - The following program implementations are currently in the operational readiness phase and being administered through the Alliance's Integrated Planning Division.
    - Medi-Cal and Group Care:
        - Insourcing of mental health & autism spectrum services on 3/31/2023.
    - Medi-Cal Only:
        - CalAIM: ECM and Community Supports launched in January 2022; Additional Community Support (Recipe4Health) launched in September 2022.
        - CalAIM: Behavioral health in schools begins 12/31/22
        - CalAIM: Long-Term Care (phase one) begins 1/1/23
        - CalAIM: Population health (phase one) begins 1/1/23
        - CalAIM: Justice Involved begins 1/1/24; self-funded pilot is being planned to begin Q1-2023
        - CalAIM: Additional ECM Populations of Focus in 2023

- **CalAIM Incentives**

    - **Housing & Homelessness Incentive Plan (HHIP)**: The HHIP investment plan was submitted by Alameda Alliance to the DHCS on September 30th, 2022. In total, $44.3M was allocated to the Alameda Alliance for Health for a two-year period.
        - $19.9 million is allotted for calendar year 2022.
        - $24.4 million is allotted for calendar year 2023.
        - Payments are anticipated to be issued in October 2022 (received), December 2022, May 2023, and March 2024.
    - As a result of the DHCS' reimbursement criteria, approximately $26.5M (60%) of the available $44.3M was identified as the targeted spending for initiatives relating to local housing & homeless initiatives in calendar years 2022-2023.
    - The investment plan is a non-binding document to the State of California that includes an estimated spend of $26.5M by the Alameda Alliance in the next 12 months. The Alliance will release funds into the community and the DHCS will determine the eligibility for reimbursements as outlined above. The initiatives are measured by goals and outcomes, and the benefits must be demonstrated by October 2023. The HHIP does not cover investments in housing solutions that result in outcomes beyond October 2023. Therefore, the Alliance is at risk for investing in housing and homeless initiatives in 2022 and 2023, up to the specified amount of $26.5M.

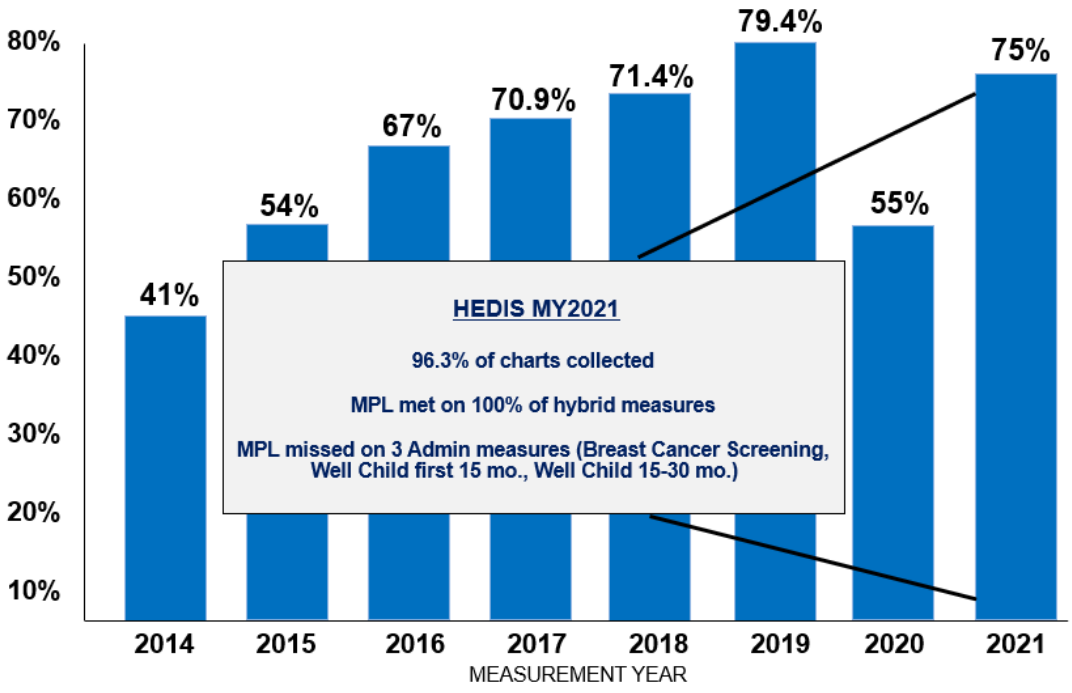
    - **As of November 9th, 2022, the DHCS has not provided written approval on the HHIP investment plan, and the CEO has approved to proceed with releasing of funds as defined in the timeline.**

    - HHAP: The intersections of housing services funded through the Homeless Housing, Assistance and Prevention (HHAP) grant program are considered by the DHCS, as well as the alignment to the overall housing strategy. Recently Governor Newsom rejected the HHAP grant applications and has requested additional information on performance outcomes.

    - CalAIM IPP: The second payment for the CalAIM Incentive Program (Program Year 1, or calendar year 2022) has been delayed by six months to June 2023; in addition, DHCS changed the requirements to mandate reaching outcomes before payments will be issued.

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

    - DHCS announced a Medi-Cal "quality component" is being added in calendar year 2023 that compares HEDIS scores between Alameda Alliance and Anthem Blue Cross.
    - The quality component is based on a proposed set of 10-15 HEDIS measures, and uses actual HEDIS scores from calendar year 2021.
    - Weightings for each measure are applied to the calculation, and includes achievement and improvement as part of the scoring component. This function is referred to as the "risk adjustment" and results in more or less of the dollars being awarded to the Alliance, based on the quality scoring results.
    - The DHCS has not issued the final HEDIS rates for calendar year 2021. The following graph illustrates the Alliance's actual HEDIS scores for calendar years 2014 through 2020, and the projected HEDIS score for calendar year 2021:



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

- **Single Plan Model**

    - The California DHCS has issued a Single Plan County Model Transition Timeline for calendar years 2021, 2022 and 2023.
    - As a part of Operational readiness for January 1st, 2024, the Plan is required to submit multiple packets of deliverables.

- The first set of deliverables were submitted on August 12th, and on September 12th.
- Regulatory submissions were completed in the month of November, and additional submissions will begin in the first, second, and third quarters of 2023.
- The Alliance's Integrated Planning & Compliance Divisions are coordinating resources to meet the regulatory timelines.
- Beginning January 1st, 2024, Alameda County will transition to a Single Plan County for Medi-Cal Managed Care. Please refer to the Compliance Report below for more information.

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Executive Dashboard

OPERATIONS DASHBOARD

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Financials

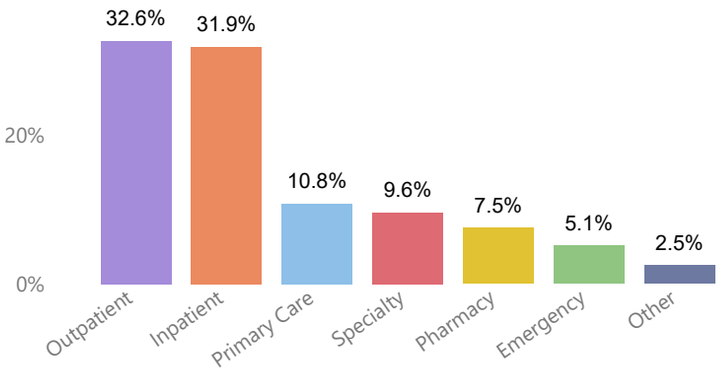
Income & Expenses

	OCTOBER 2022	FISCAL YTD
REVENUE	$ 105.7 M	$ 408.4 M
MEDICAL EXPENSE	$ (91.6) M	$ (366.9) M
ADMIN EXPENSE	$ (5.3) M	$ (21.5) M
OTHER	$ 724 K	$ 1.6 M
NET INCOME	$ 9.5 M	$ 21.6 M

Gross Margin %

10.2%

Medical Expenses



Liquid Reserves

MLR Net %

89.8%

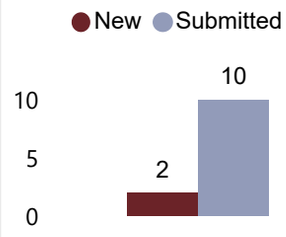
TNE %

681.2%

TNE $

$252.2M

Reinsurance Cases



Balance Sheet

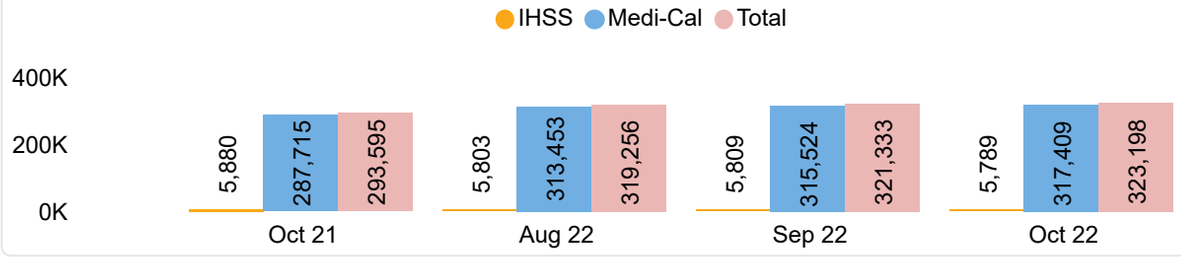
Cash Equivalents	$321.2M
Pass-Through Liabilities	$101.5M
Uncommitted Cash	$219.7M
Working Capital	$211.3M

Current Ratio

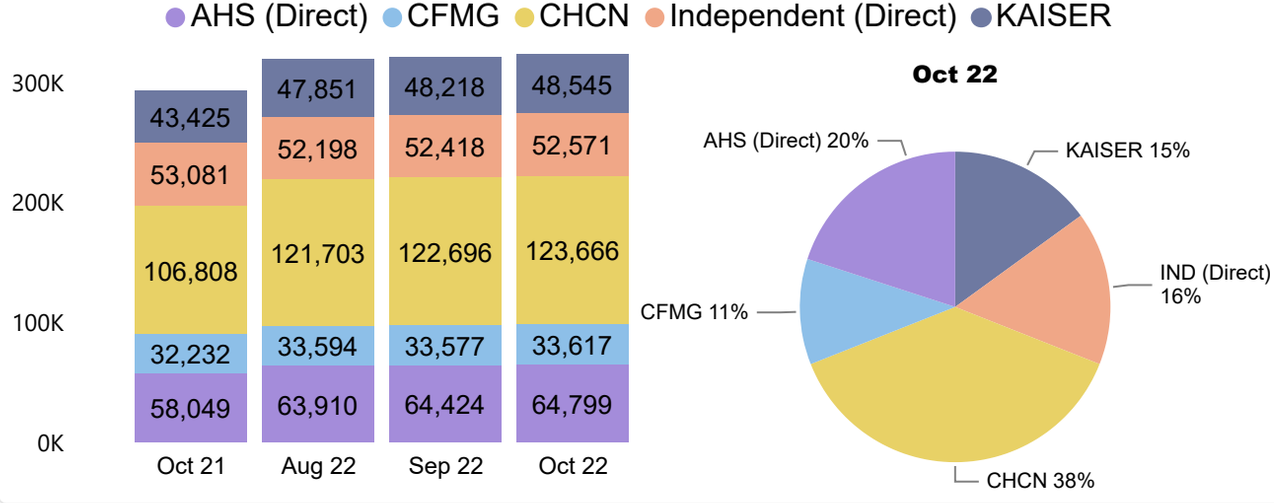
1.77

Membership

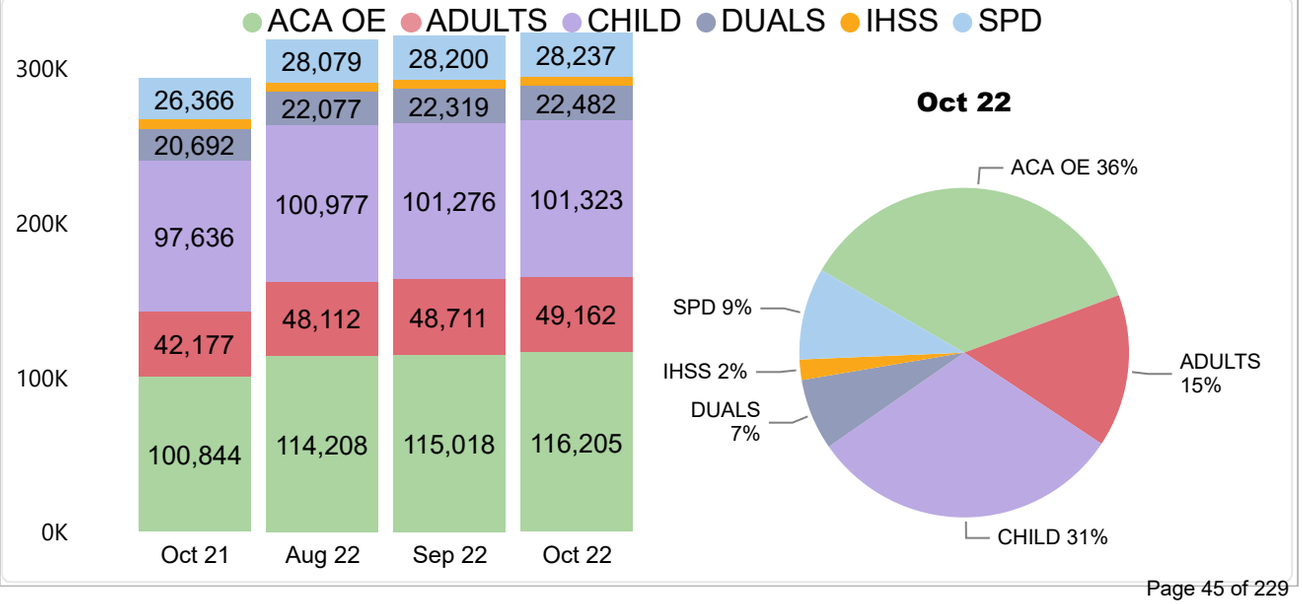
By Plan



By Network



By Category



OPERATIONS DASHBOARD

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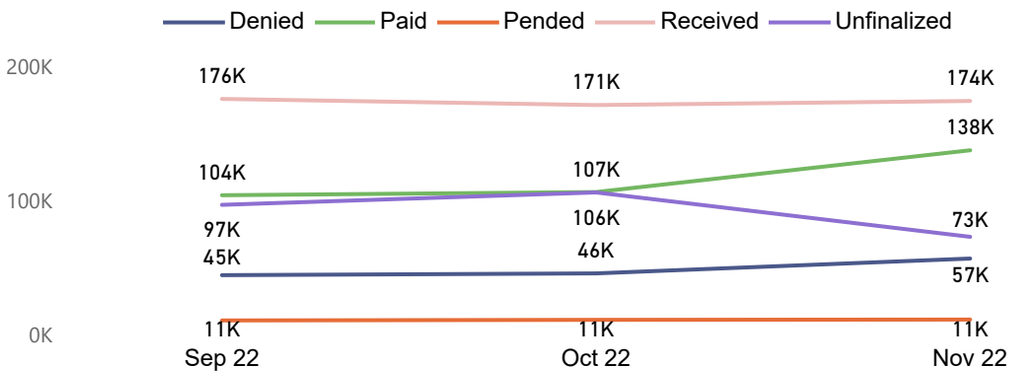
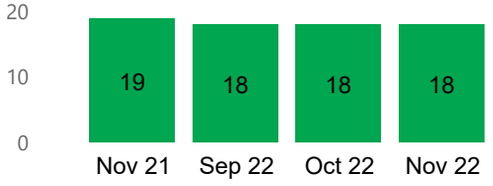
Claims

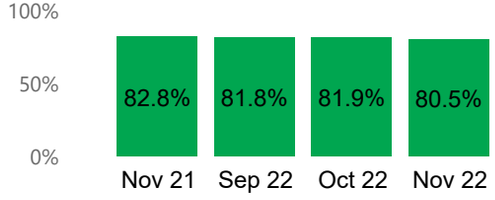
Claims Processing



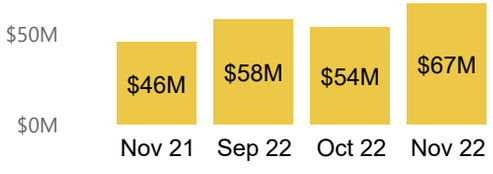
Average Payment TAT (Days)



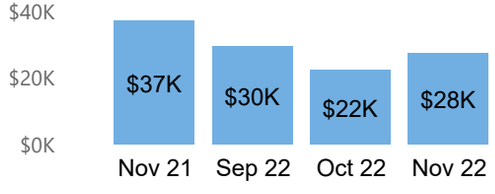
Auto Adjudication Rate (%)



Claims Paid ($)

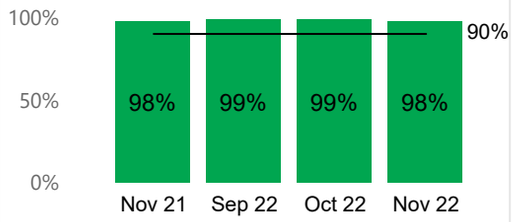


Interest Paid ($)

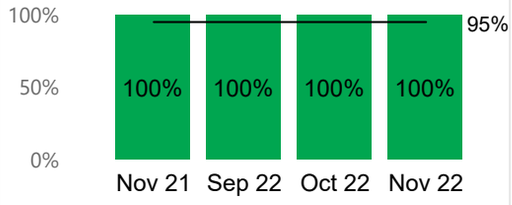


Claims Compliance

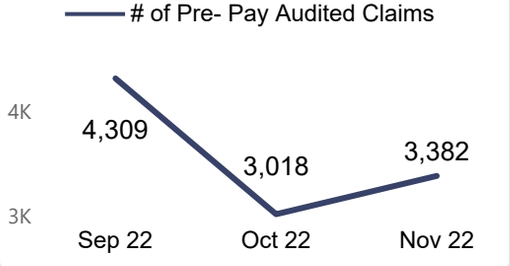
Processed 30 Cal Days (%)



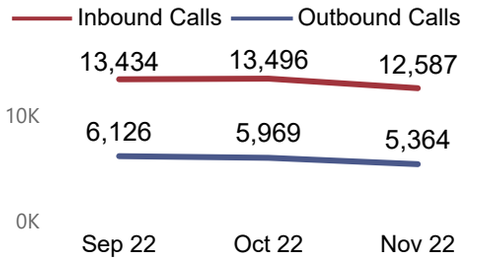
Processed 45 Work Days (%)



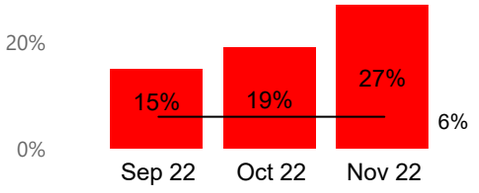
Claims Auditing



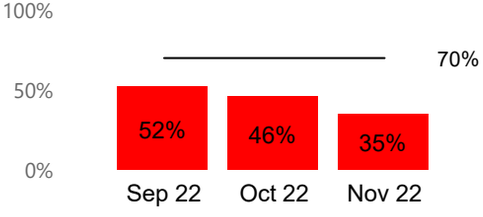
Member Services



Abandoned Call Rate (%)

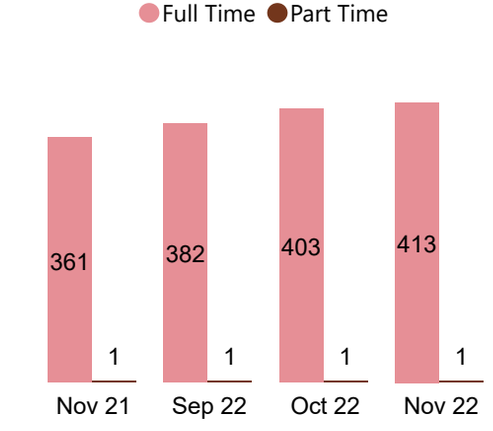


Calls Answered in 60 Seconds (%)

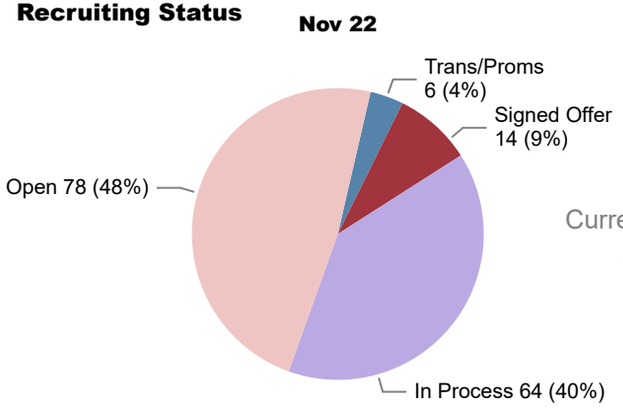


Average Call Times	Sep 22	Oct 22	Nov 22
Wait Time	03:42	04:55	07:49
Call Duration	07:25	06:53	07:15

Human Resources

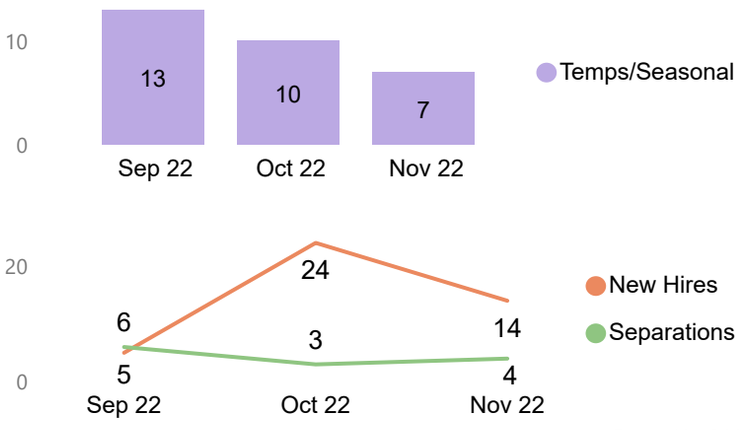


Recruiting Status



Current Vacancy

16%



OPERATIONS DASHBOARD

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Provider Services

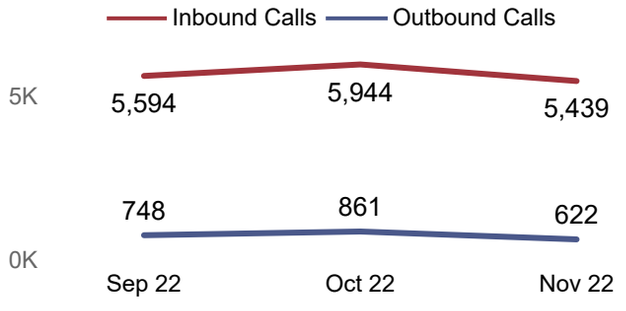
Provider Network

Hospital	17
Specialist	9,371
Primary Care Physician	756
Skilled Nursing Facility	65
Urgent Care	8
Health Centers (FQHCs and Non-FQHCs)	67
Transportation	380
TOTAL	**10,664**

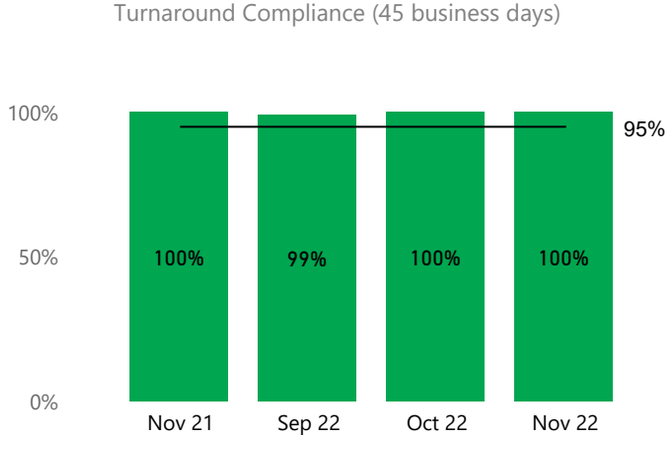
Provider Credentialing

1,614

Provider Call Center

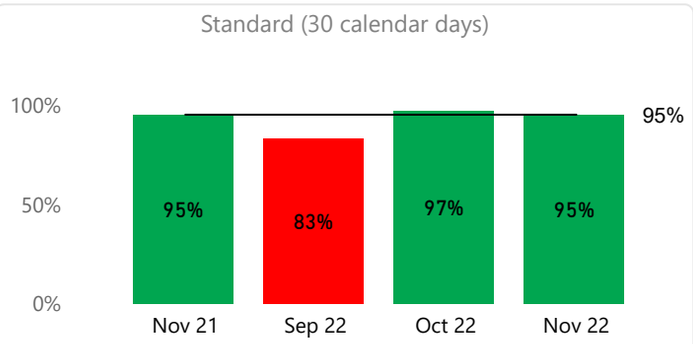


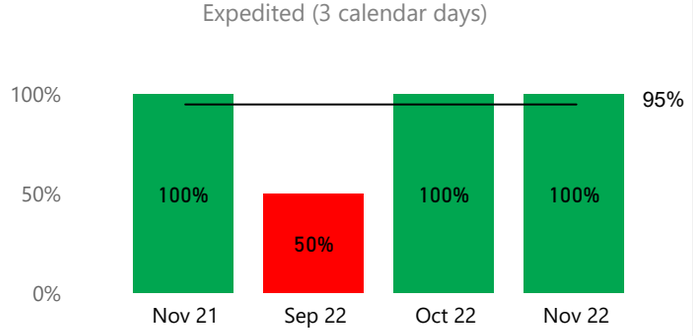
Provider Disputes & Resolutions



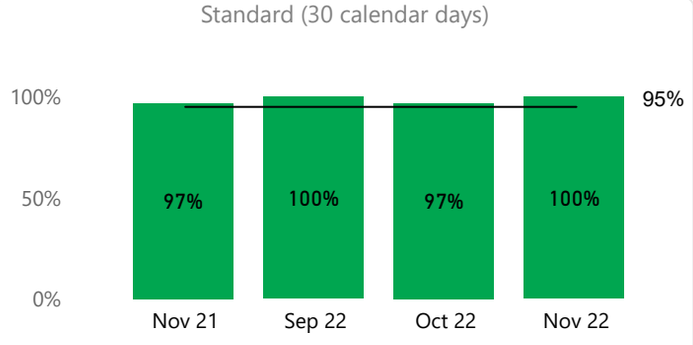
Compliance

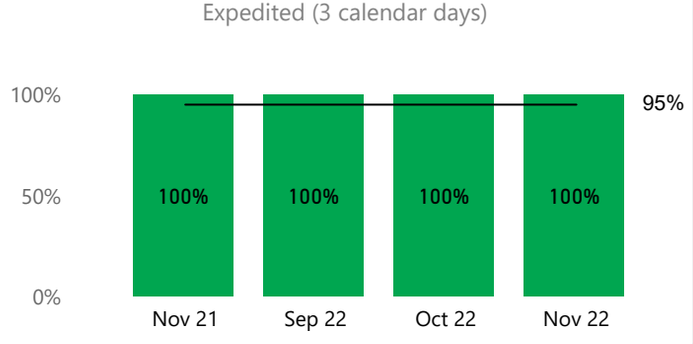
Member Grievances



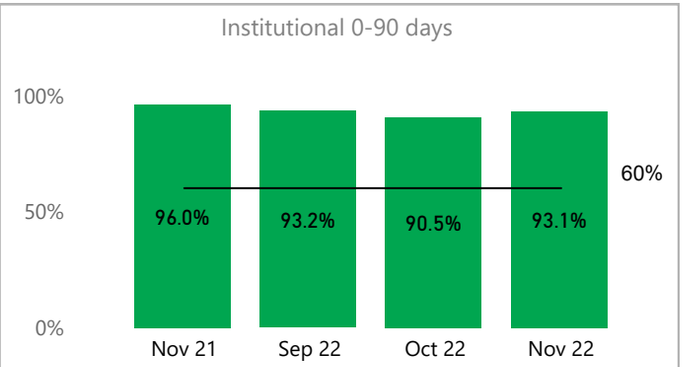


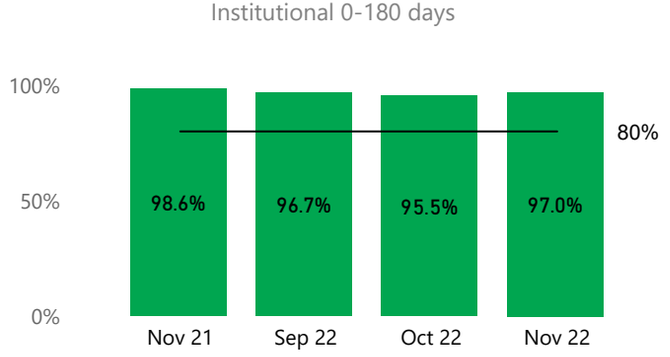
Member Appeals

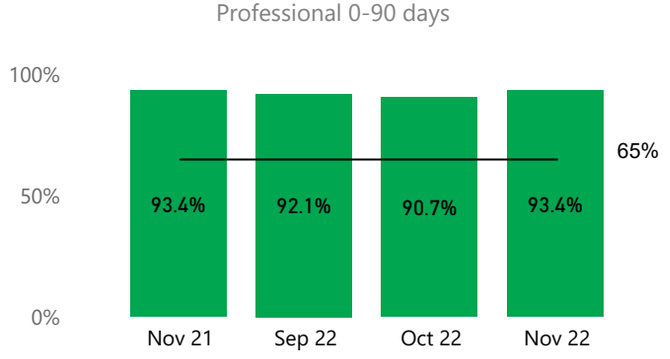


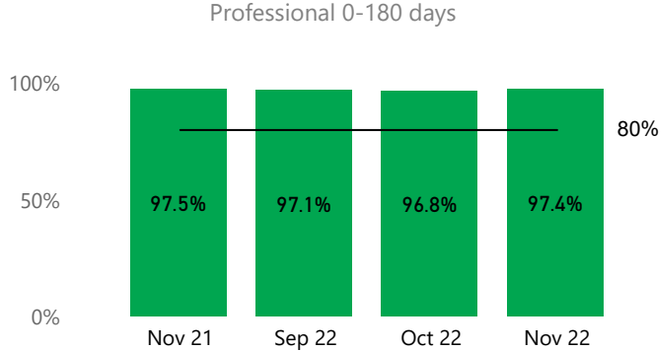


Encounter Data









OPERATIONS DASHBOARD

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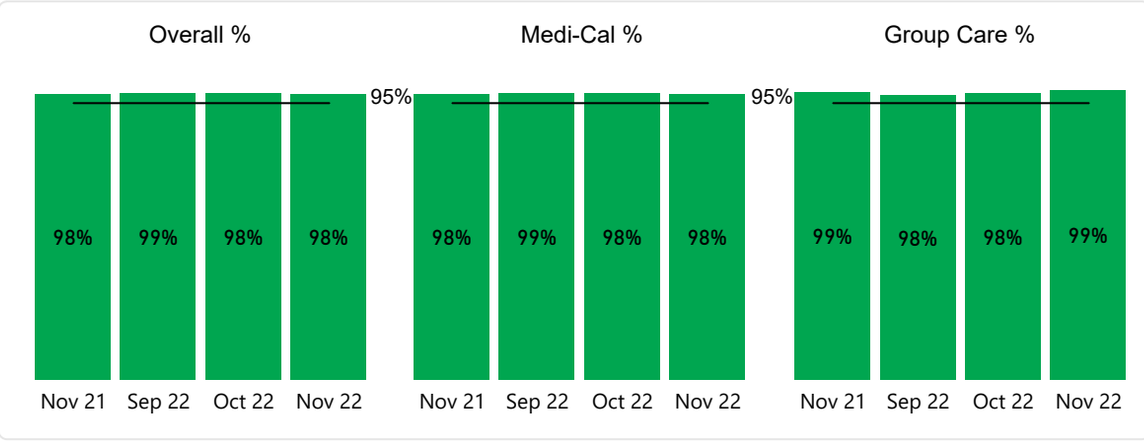
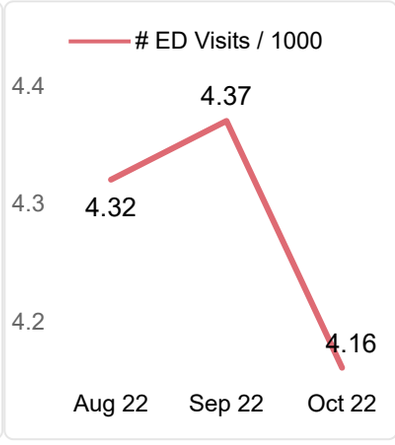
Health Care Services

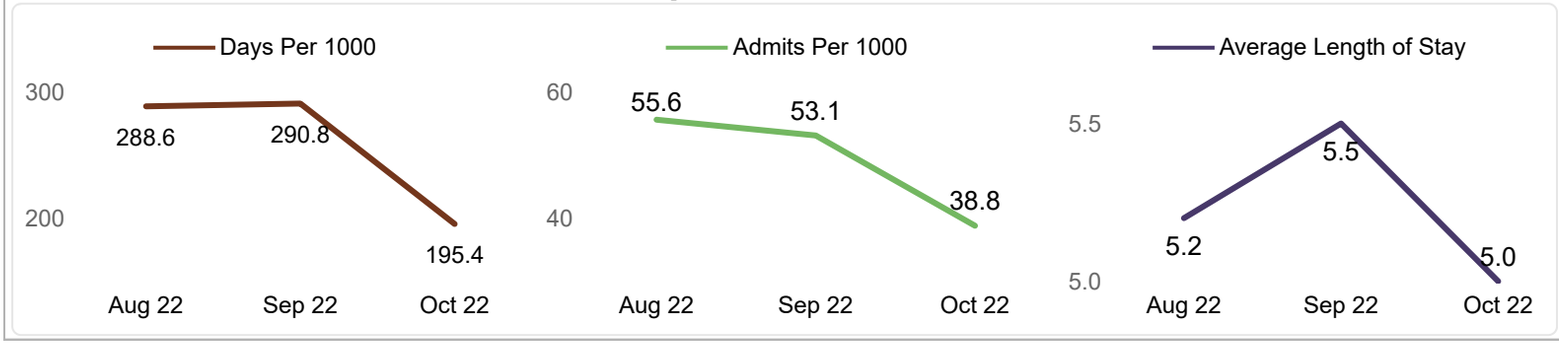
Authorization Turnaround



ED Utilization

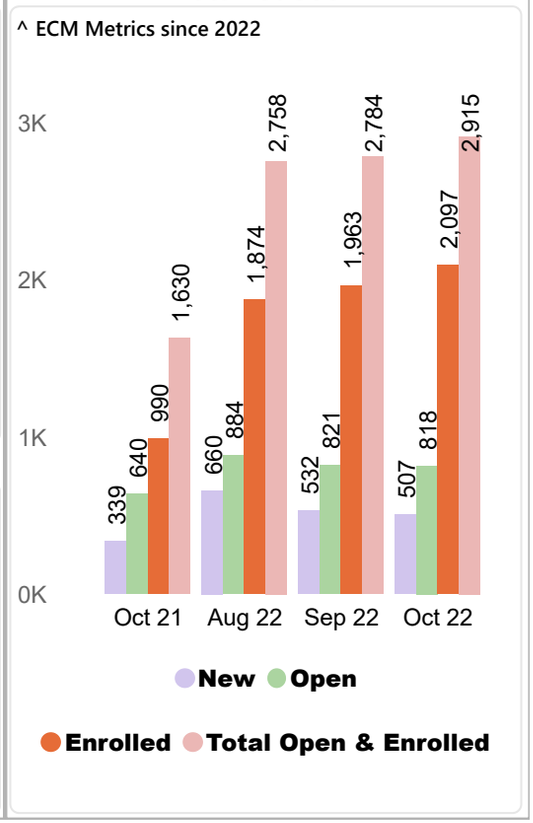


Inpatient Utilization

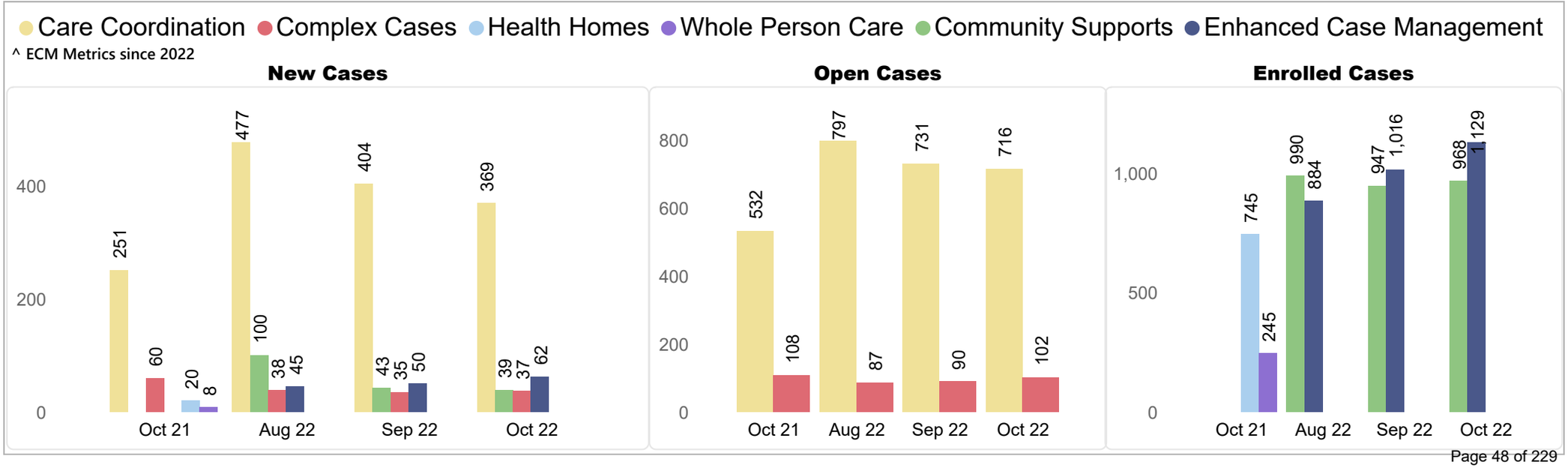


Case Management

Total Cases^



Case Management^



Technology (Business Availability)

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

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	Nov 21	Sep 22	Oct 22	Nov 22
Denial Rate Excluding Partial Denials (%)	4.1%	4.0%	3.1%	2.7%
Overall Denial Rate (%)	4.8%	4.6%	3.3%	3.1%
Partial Denial Rate (%)	0.7%	0.6%	0.3%	0.4%

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

Pharmacy Authorizations

Authorizations	Nov 21	Sep 22	Oct 22	Nov 22
Approved Prior Authorizations	771	35	25	32
Closed Prior Authorizations	697	110	116	110
Denied Prior Authorizations	545	29	38	39
Total Prior Authorizations	2,013	174	179	181

ALAMEDA Alliance FOR HEALTH

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Legislative Tracking

2022 State Legislative Session Summary

Alliance Public Affairs Department

December 9th, 2022

List of enacted State bills that the Alliance tracked in 2022

ALAMEDA Alliance FOR HEALTH

2022 Tracked Legislation

Enacted Bills

- **AB 32** – Telehealth
- **AB 1355** – Public Social Services: Hearings
- **AB 1929** – Medi-Cal: Violence Prevention Services
- **AB 2177** – Mobile stroke units
- **AB 2352** – Prescription drug coverage
- **AB 2449** – Open meetings: local agencies: teleconferences
- **AB 2581** – Health Care Service Plans: Mental Health and Substance Abuse Disorders
- **AB 2697** – Community health worker services
- **AB 2724** – Medi-Cal: alternate health care service plan
- **AB 2727** – Medi-Cal: eligibility
- **SB 245** – Health Care Coverage: Abortion Services: Cost of Sharing
- **SB 281** – Medi-Cal: Short-term Community Transitions program
- **SB 858** – Health care service plans: discipline: civil penalties
- **SB 923** – Gender – affirming care
- **SB 966** – Federally qualified health centers and rural health clinics
- **SB 987** – California Cancer Care Equity Act
- **SB 1019** – Medi-Cal managed care plans: mental health benefits
- **SB 1184** – Confidentiality of Medical Information Act: school linked services coordinators
- **SB 1207** – Health care coverage: maternal and pandemic related mental health conditions

Summary of enacted State bills that impact the Alliance

ALAMEDA Alliance FOR HEALTH

AB 1929 (Gabriel) Medi-Cal: Violence Prevention Services

- Requires violence prevention services to be a Medi-Cal covered benefit, subject to medical necessity and utilization controls. Defines "violence prevention services" to mean evidence-based, trauma-informed, and culturally responsive preventive services provided to reduce the incidence of violent injury or re-injury, trauma, and related harms and promote trauma recovery, stabilization, and improved health outcomes.
- Permits the Department of Health Care Services (DHCS) to implement this bill through all-county letters, plan letters, plan or provider bulletins, or similar instructions without taking regulatory action until the time regulations are adopted.
- According to DHCS, there are no additional costs under this bill since the costs for these activities are already included in the Medi-Cal program costs for violence preventive services under the newly established Community Health Worker benefit.

Source: Bill Text - AB-1929 Medi-Cal benefits: violence prevention services.

AB 2352 (Nazarian) Prescription drug coverage

- Requires a health care service plan (health plan) or health insurer on or after July 1st, 2023, to furnish specified information (enrollees' eligibility for prescription drug, most current formulary, cost sharing info, utilization management req's) about a prescription drug upon request by an enrollee or insured, or their prescribing provider.
- Prohibits a health plan or health insurer from restricting a prescribing provider from sharing the information furnished about the prescription drug, including information about the cash price of the drug, or penalizing a provider for prescribing, administering, or ordering a lower cost or clinically appropriate alternative drug.

Source: Bill Text - AB-2352 Prescription drug coverage. (ca.gov)

AB 2449 (Rubio, Blanca) Open meeting: local agencies: teleconferences

- Allows, until January 1st, 2026, members of a legislative body of a local agency to use teleconferencing without identifying each teleconference location in the notice and agenda of the meeting, and without making each teleconference location accessible to the public, under specified conditions.
- A legislative body may use teleconferencing without complying with traditional teleconference rules if at least a quorum of the members participate in-person from a singular location open to the public and within the boundaries of the territory of the legislative body. Members of the legislative body may participate remotely only in situations that meet "just cause" or "emergency circumstances" as defined:
  - 1. there is a childcare or caregiving need that requires the member to participate remotely; 2. contagious illness prevents the member from attending the meeting in person; 3. there is a need related to a defined physical or mental disability that is not otherwise accommodated for; 4. traveling while on official business of the legislative body or another state or local agency.

Source: Bill Text - AB-2449 Open meetings: local agencies: teleconferences.

AB 2581 (Salas) Health Care Service Plans: Mental Health Substance Use Disorders: Provider Credentials

- Requires a health care service plan (health plan) and disability insurer, for provider contracts issued, amended, or renewed on and after January 1st, 2023, that provides coverage for mental health (MH) and substance use disorders and credentials health care providers of those services for the health plan or insurer's networks, to assess and verify the qualifications of a health care provider within 60 days after receiving a completed provider credentialing application.
- Requires a health plan or insurer, upon receipt of the application by the credentialing department, to notify the applicant within seven business days, to verify receipt and inform the applicant whether the application is complete. Requires the 60-day timeline to apply only to the credentialing process and does not include contracting completion.

Source: Bill Text - AB-2581 Health care coverage: mental health and substance use disorders: provider credentials.

AB 2697 (Aguilar-Curry) Medi-Cal: Community health worker services

- Requires the Department of Health Care Services (DHCS) to implement community health workers (CHW) and promotes benefit (CHW/P benefit) under the Medi-Cal program subject to federal approval and federal financing being available.
- Requires Medi-Cal managed care (MCMC) plans, if the CHW/P benefit is implemented, to engage in outreach and education efforts to providers about the benefit, specifies the components of that outreach.
- Requires MCMC plans to conduct an assessment every three years, commencing July 1st, 2023, of CHW and promotes capacity and enrollee need, requires the assessment to be shared with DHCS.

Source: Bill Text - AB-2697 Medi-Cal: community health worker services.

AB 2724 (Arambula) Medi-Cal: alternate health care service plan

- Permits the Department of Health Care Services (DHCS) to enter into a direct contract with an alternate health care service plan (defined as Kaiser) to serve as a primary Medi-Cal managed care (MCMC) plan whereby Medi-Cal beneficiaries from eight specified groups of eligible beneficiaries in geographic regions designated by DHCS can enroll in Kaiser, including those individuals who fail to select a plan and who are assigned through existing default enrollment process.
- Expands the beneficiaries who can enroll in Kaiser to include a beneficiary who has received services through a child welfare agency, including a beneficiary who was previously enrolled in Kaiser as their primary MCMC plan may remain in Kaiser even if the beneficiary is no longer receiving services through a child welfare agency.
- Limits the contract with Kaiser in MCMC to regions in which Kaiser also provides commercial coverage in the individual, small group, or large group market.

Source: Bill Text - AB-2724 Medi-Cal: alternate health care service plan.

SB 281 (Dodd) Medi-Cal: Short-Term Community Transitions Program

- This bill extends the sunset for an additional three years for a temporary, state-only California Community Transitions program based on the Money Follows the Person Rebalancing Demonstration to provide services for individuals who have resided less than 60 consecutive days in an inpatient facility to aid in the transition to a community setting.
- Requires the Department of Health Care Services to extend new enrollment until January 1st, 2026 and extend providing services until January 1st, 2027.

Source: Bill Text - SB-281 Medi-Cal: Short-Term Community Transitions program.

SB 858 (Wiener) Health care service plans: discipline: civil penalties

- This bill increases fines on health plans, when they violate standards by failing to provide coverage for medically-necessary care, behavioral health care services, gender-affirming care, timely access to care, or other critical consumer protections.
- Increases fines on deficient health plans, including civil penalties from $2,500 to no more than $25,000 for each day a violation continues, per enrollee harmed.
- Requires a one-time adjustment, and annual adjustments to specified fine amounts based on individual and small group average rate of change of premiums and cost-sharing, weighted based on enrollment.
- Establishes factors for the Department of Managed Health Care director to use to determine the appropriate amount of a penalty.

Source: Bill Text - SB-858 Health care service plans: discipline: civil penalties.

SB 923 (Wiener) Gender – Affirming Care

- This bill requires health plans and insurers to require all of its support staff who are in direct contact with enrollees or insureds to complete evidence based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse, or intersex (TGI).
- This bill adds processes to continuing medical education requirements related to cultural and linguistic competency for physician and surgeons specific to gender-affirming care services, as specified.

Source: Bill Text - SB-923 Gender-affirming care.

SB 987 (Portantino) California Cancer Care Equity Act

- This bill requires a Medi-Cal managed care plan (MCMCP) to make a good faith effort to include in its contracted provider network at least one National Cancer Institute (NCI) Designated Comprehensive Cancer Center, NCI Community Oncology Research Program (NCORP) affiliated cite or qualifying academic center in each county the MCMCP operates.
- It also requires MCMCPs to notify all enrollees of their right to request a referral to access to care through any of those centers.
- Allows enrollees to request a referral to an NCI-Designated Comprehensive Cancer Center, NCORP-affiliated cite, or qualifying academic center.

Source: Bill Text - SB-987 California Cancer Care Equity Act.

SB 1019 (Gonzalez) Medi-Cal Managed Care Plans: Mental Health Benefits

- This bill requires a Medi-Cal managed care plan (MCMCP) to conduct annual outreach and education to its enrollees and primary care physicians regarding the mental health benefits covered by the plan.
- requires the Department of Health Care Services (DHCS) to assess enrollee experience with mental health benefits covered by MCMCPs, develop survey tools and methodologies relating to the assessment of consumer experience, and publish reports on its website on consumer experience with mental health benefits covered by MCMCPs every three years.

Source: Bill Text - SB-1019 Medi-Cal managed care plans: mental health benefits.

SB 1207 (Portantino) Health care coverage: maternal and pandemic related mental heath conditions

- Requires, by July 1st, 2023, health plans and insurers to include quality measures to encourage screening, diagnosis, treatment and referral as part of the MMH program that is already required under existing law.
- Requires program guidelines and criteria to be provided to medical providers and all contracting obstetric providers.
- Encourages the inclusion of coverage for doulas, incentivizing training opportunities for contracting providers, and education of enrollees or insureds about the MMH program.
- Indicates that Medi-Cal managed care plans are health plans for purposes of this bill, and that they must continue to comply with quality measures required by DHCS.

Source: Bill Text - SB-1207 Health care coverage: maternal and pandemic-related mental health conditions.

State bills tracked by the Alliance that were vetoed by the Governor

ALAMEDA Alliance FOR HEALTH

2022 Tracked Legislation

Tracked Bills Vetoed by Governor

- **AB 1859 –** Mental Health and substance use disorder treatment
- **AB 1880 –** Prior authorization and step therapy
- **AB 1930 –** Medi-Cal: comprehensive perinatal services
- **AB 2077 –** Medi-Cal: monthly maintenance amount: personal and incidental needs
- **AB 2516 –** Health care coverage: human papillomavirus
- **SB 912 –** Biomarker testing
- **SB 974 –** Health care coverage: diagnostic imaging

ALAMEDA Alliance FOR HEALTH

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Service you can trust.

Board Business

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Finance

Gil Riojas

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

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

Date: **December 9th, 2022**

Subject: **Finance Report – October 2022**

Executive Summary

- For the month ended October 31st, 2022, the Alliance had enrollment of 323,198 members, a Net Income of $9.5 million and 681% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$105,676	$408,365
Medical Expense	91,556	366,915
Admin. Expense	5,329	21,468
Other Inc. / (Exp.)	724	1,573
Net Income	**$9,516**	**$21,554**

Net Income by Program:

	Month	YTD
Medi-Cal	$9,615	$20,304
Group Care	(99)	1,250
	$9,516	**$21,554**

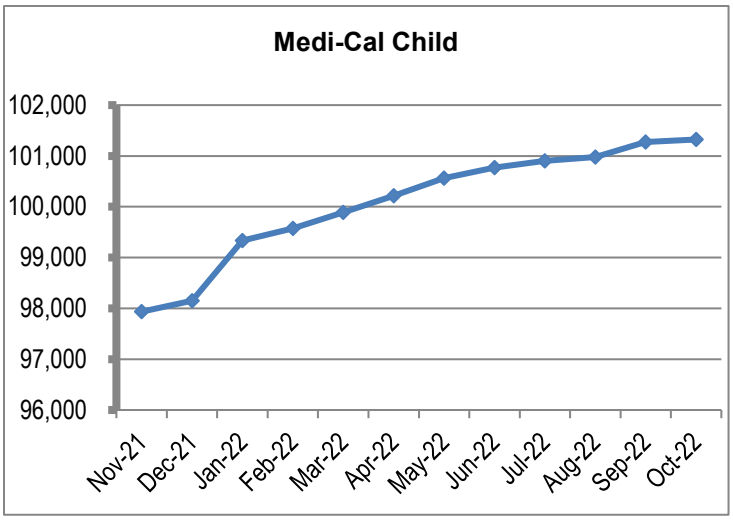
Enrollment

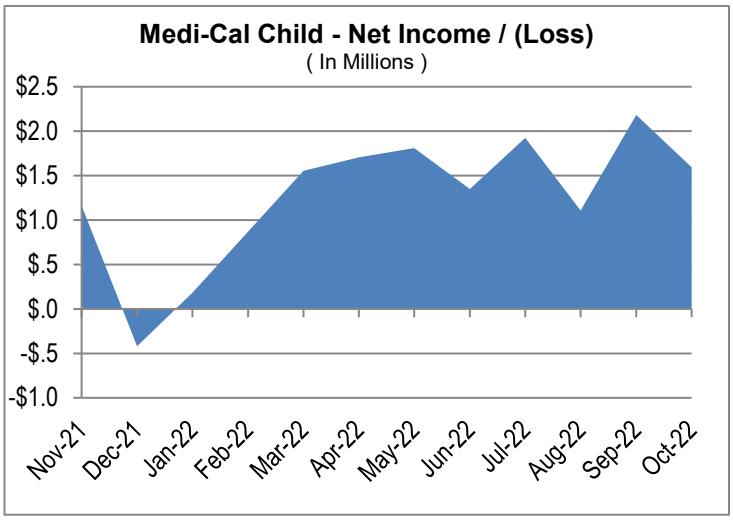
- Total enrollment increased by 1,865 members since September 2022.
- Total enrollment increased by 10,142 members since June 2022.

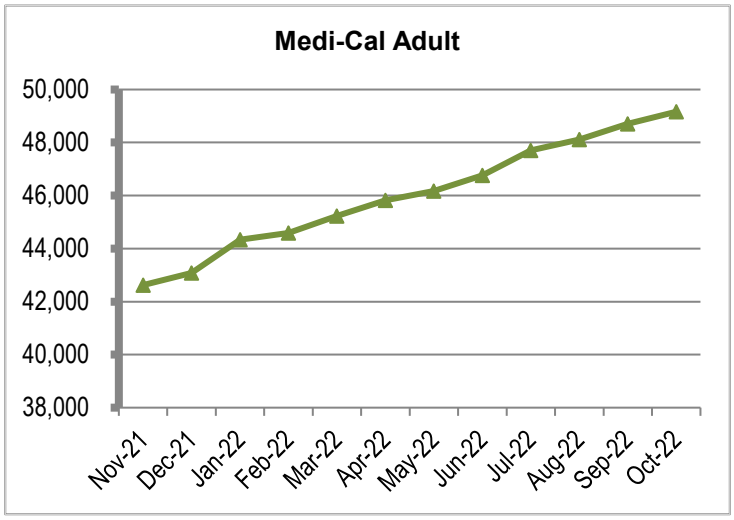
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

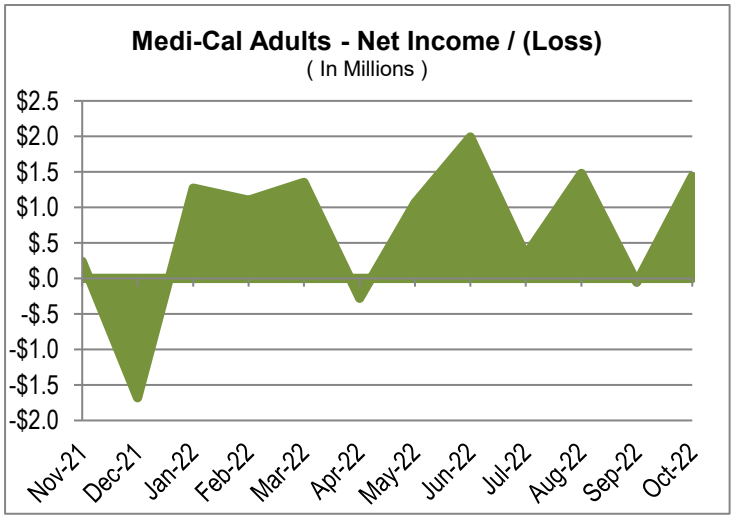
Enrollment					Member Months			
October-2022					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
49,162	47,501	1,661	3.5%	Adult	193,692	188,593	5,099	2.7%
101,323	101,930	(607)	-0.6%	Child	404,479	406,200	(1,721)	-0.4%
28,237	28,510	(273)	-1.0%	SPD	112,507	113,614	(1,107)	-1.0%
22,482	21,824	658	3.0%	Duals	88,788	86,969	1,819	2.1%
116,205	115,044	1,161	1.0%	ACA OE	458,753	457,434	1,319	0.3%
317,409	**314,809**	**2,600**	**0.8%**	**Medi-Cal Total**	**1,258,219**	**1,252,810**	**5,409**	**0.4%**
5,789	5,828	(39)	-0.7%	Group Care	23,197	23,312	(115)	-0.5%
323,198	**320,637**	**2,561**	**0.8%**	**Total**	**1,281,416**	**1,276,122**	**5,294**	**0.4%**

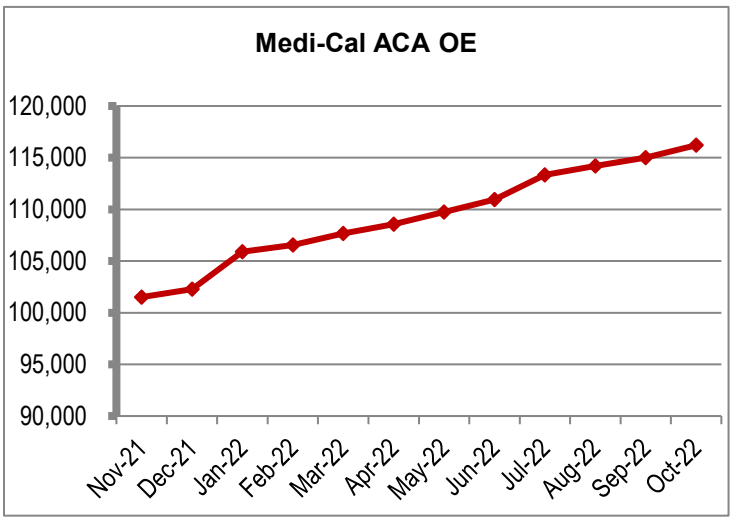
Enrollment and Profitability by Program and Category of Aid

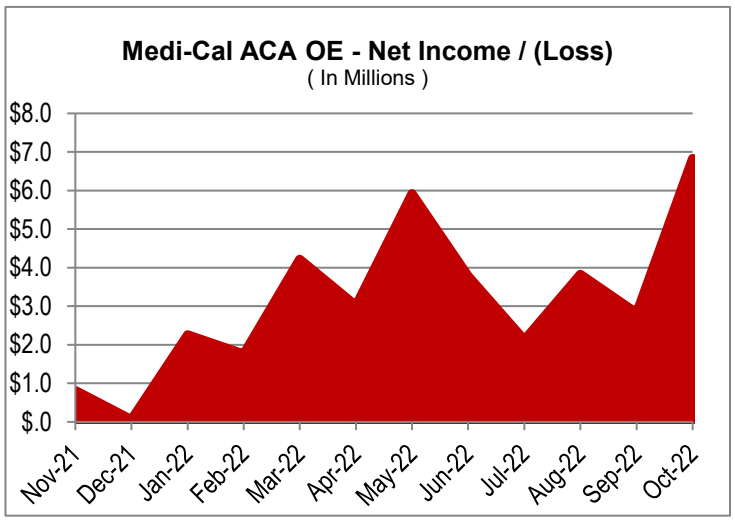




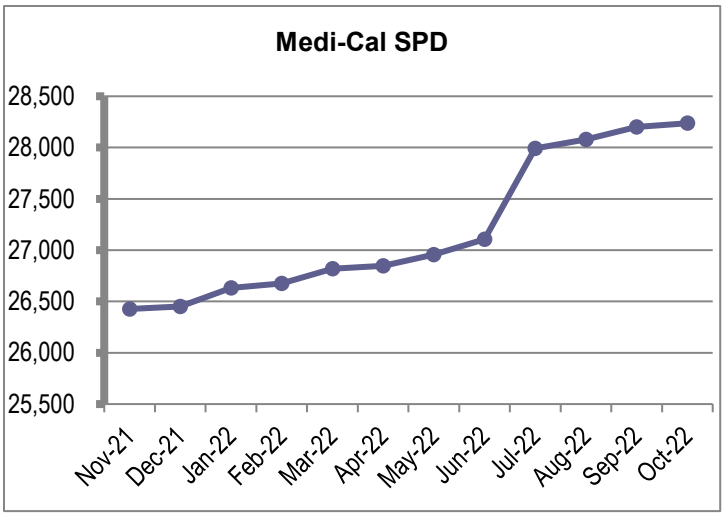


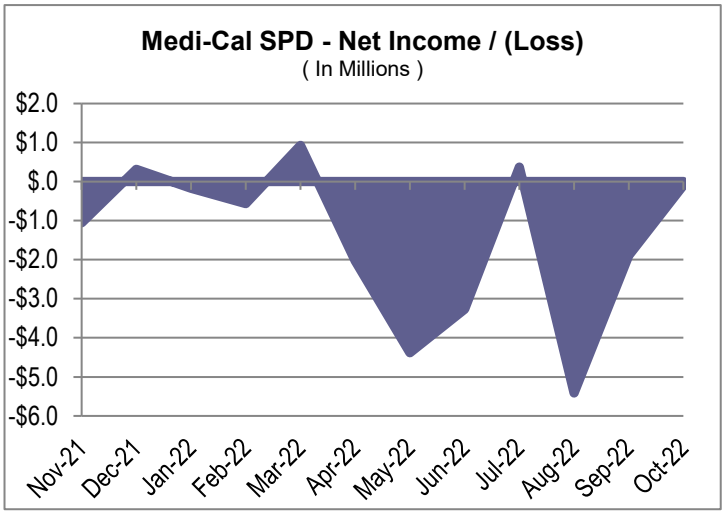


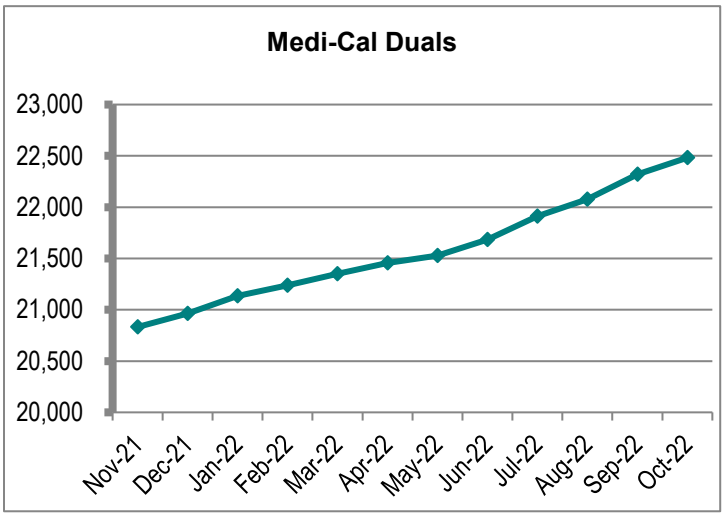


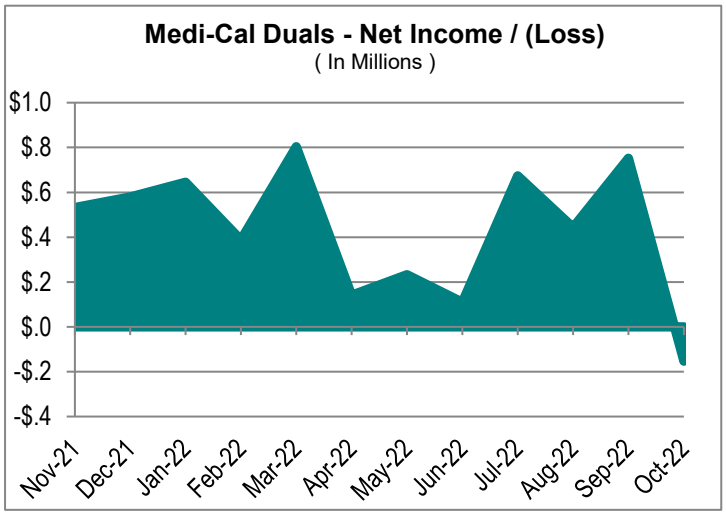


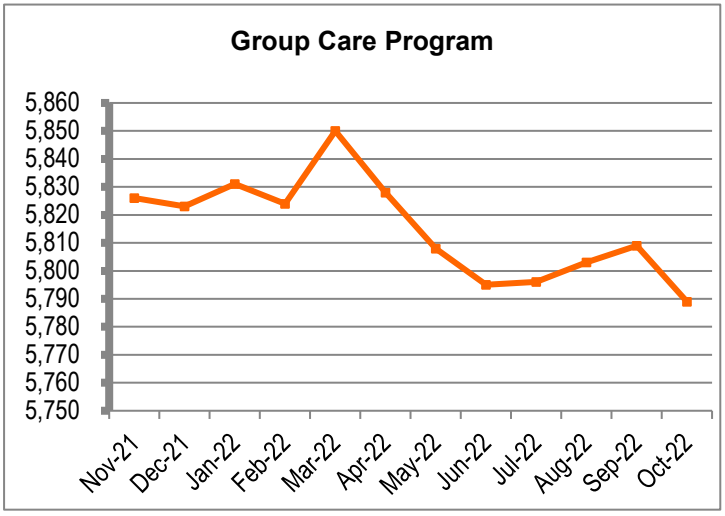
Enrollment and Profitability by Program and Category of Aid

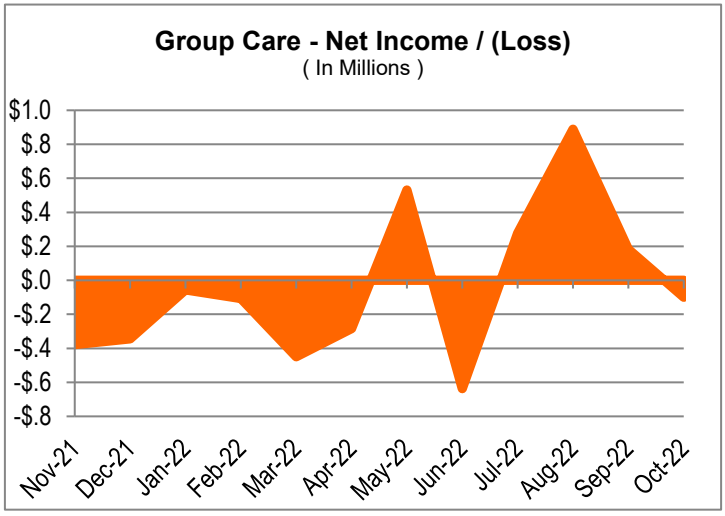




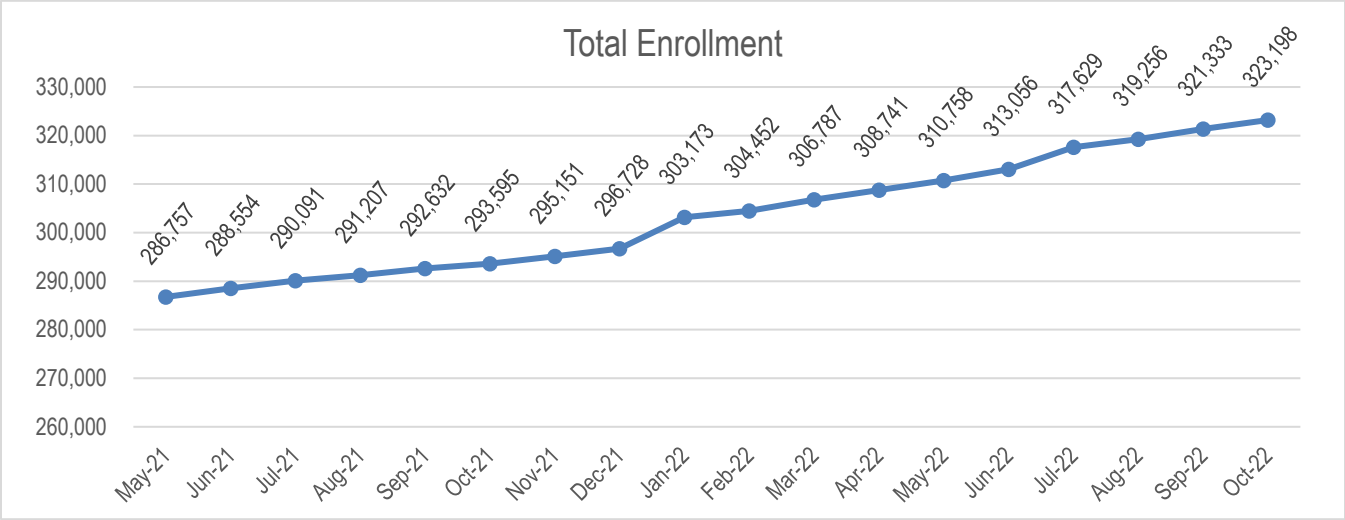


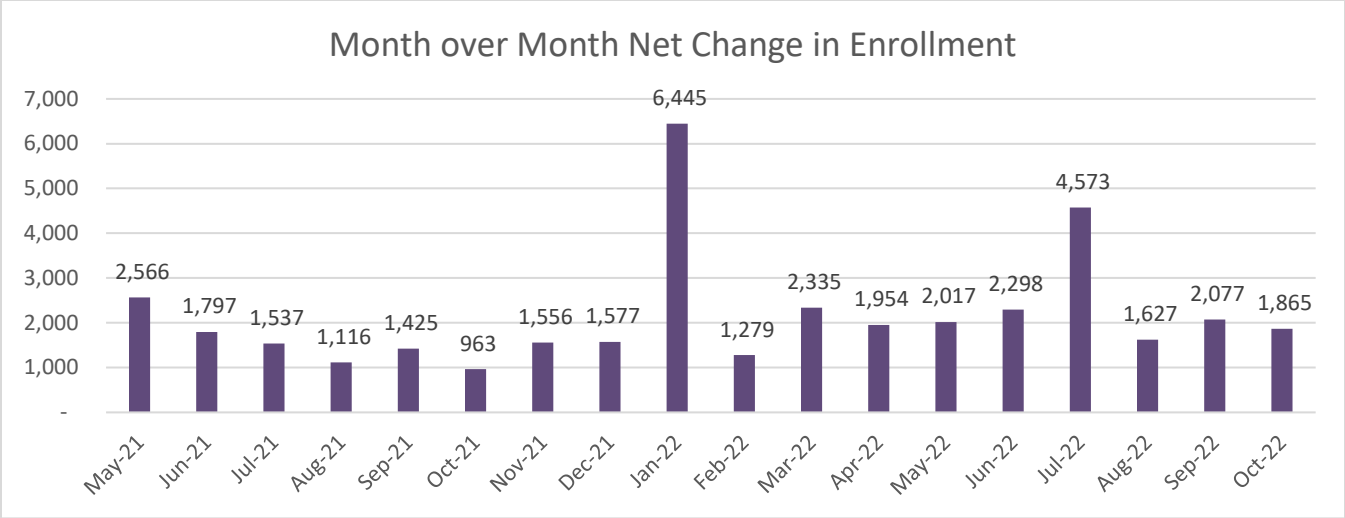






Net Change in Enrollment



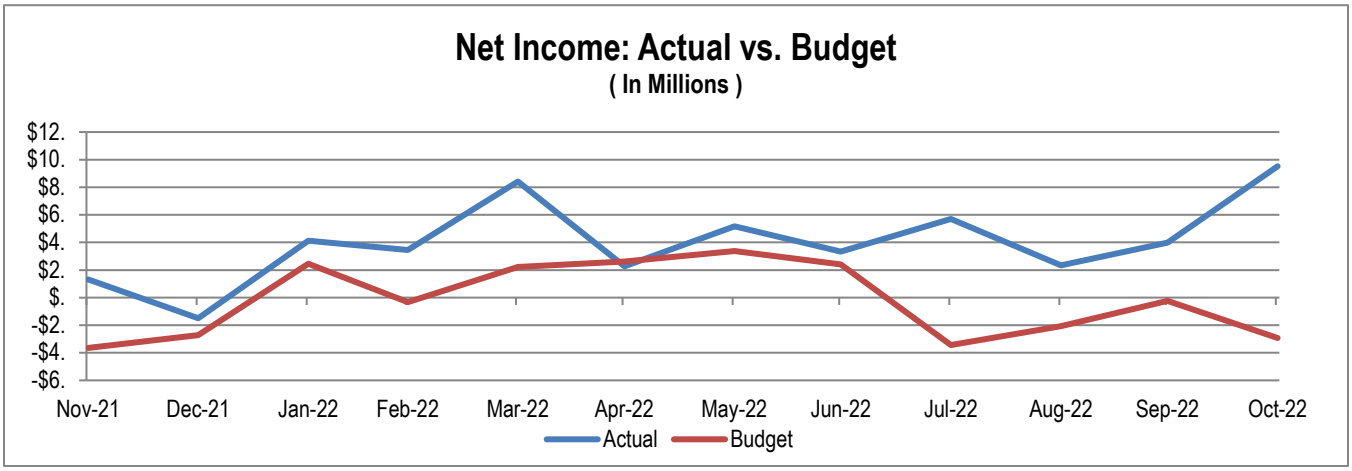


- The disenrollment process associated with the Public Health Emergency (PHE) is projected to restart in May 2023.

Net Income

- For the month ended October 31st, 2022:
  - Actual Net Income: $9.5 million.
  - Budgeted Net Loss: $2.9 million.

- For the fiscal YTD ended October 31st, 2022:
  - Actual Net Income: $21.6 million.
  - Budgeted Net Loss: $8.7 million.

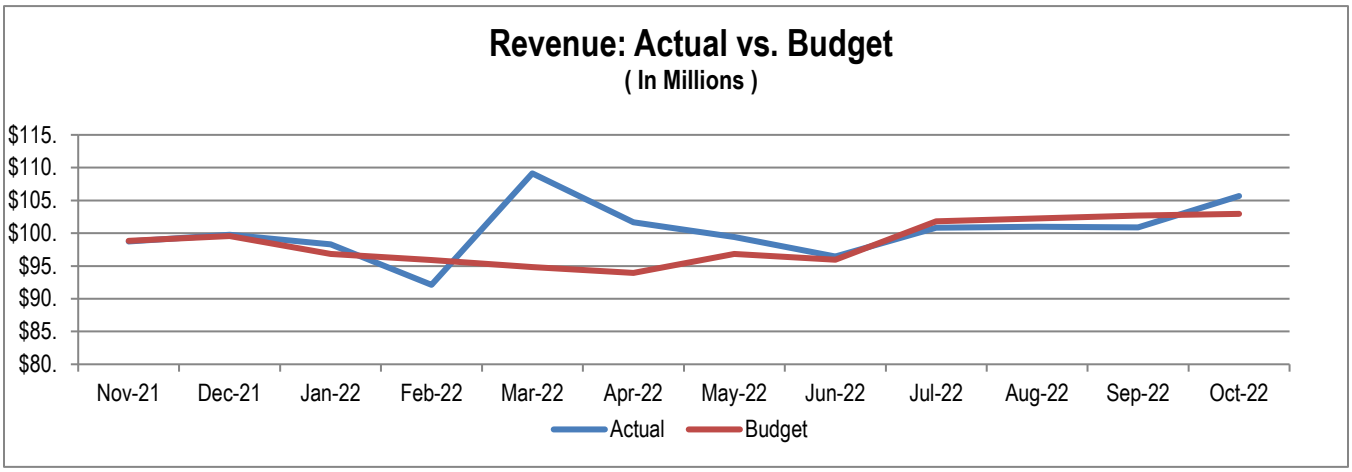


- The favorable variance of $12.4 million in the current month is primarily due to:
  - Favorable $2.7 million higher than anticipated Revenue.
  - Favorable $7.1 million lower than anticipated Medical Expense.
  - Favorable $2.0 million lower than anticipated Administrative Expense.
  - Favorable $676,000 higher than anticipated Total Other Income.

Revenue

- For the month ended October 31st, 2022:
  - Actual Revenue: $105.7 million.
  - Budgeted Revenue: $102.9 million.

- For the fiscal YTD ended October 31st, 2022:
  - Actual Revenue: $408.4 million.
  - Budgeted Revenue: $409.7 million.



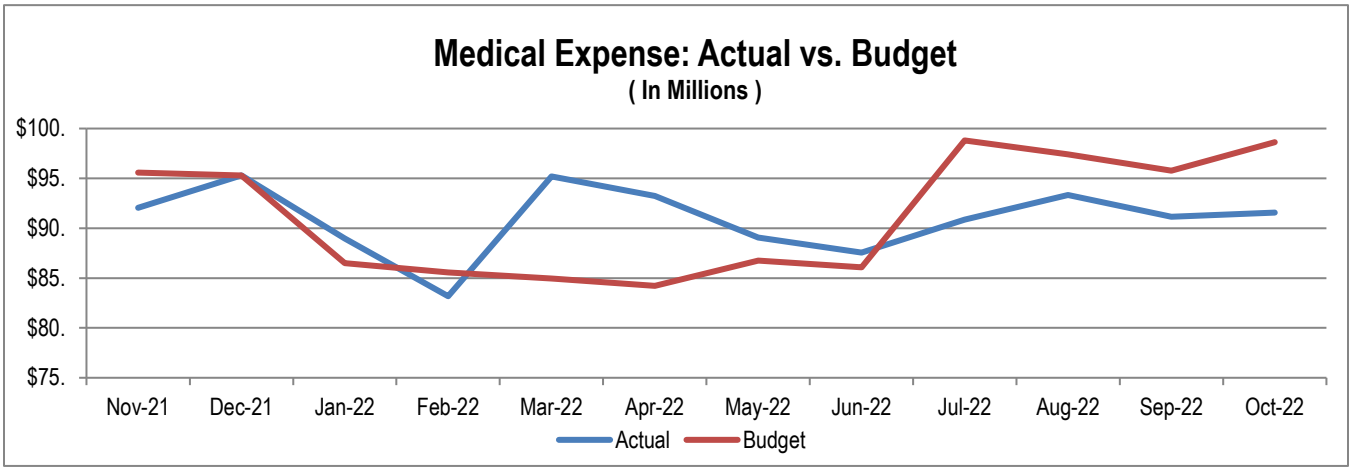
- For the month ended October 31st, 2022, the favorable revenue variance of $2.7 million is primarily due to favorable Incentive Revenue of $3.6 million partially offset by an unfavorable $700,000 accrual to Medi-Cal Base Capitation Revenue for an anticipated member health acuity adjustment by DHCS, unfavorable Prop

56 Revenue, and unfavorable Supplemental Behavioral Health and Maternity Revenue.

Medical Expense

- For the month ended October 31st, 2022:
  - Actual Medical Expense: $91.6 million.
  - Budgeted Medical Expense: $98.6 million.

- For the fiscal YTD ended October 31st, 2022:
  - Actual Medical Expense: $366.9 million.
  - Budgeted Medical Expense: $390.6 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 our Actuarial Consultants.

- For October, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by $4.0 million. The estimate for prior years decreased by $8.5 million (per table below).

Medical Expense - Actual vs. Budget (In Dollars)

Adjusted to Eliminate the Impact of Prior Period IBNP Estimates

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$94,887,673	$0	$94,887,673	$96,067,475	$1,179,801	1.2%
Primary Care FFS	18,087,993	$59,564	$18,147,557	16,808,163	($1,279,830)	-7.6%
Specialty Care FFS	19,572,522	$179,797	$19,752,319	20,623,571	$1,051,049	5.1%
Outpatient FFS	34,747,613	$832,641	$35,580,254	35,870,622	$1,123,009	3.1%
Ancillary FFS	27,154,210	($986,056)	$26,168,154	29,126,487	$1,972,277	6.8%
Pharmacy FFS	27,681,802	($151,135)	$27,530,667	25,932,650	($1,749,152)	-6.7%
ER Services FFS	18,812,424	($42,559)	$18,769,866	21,909,667	$3,097,243	14.1%
Inpatient Hospital & SNF FFS	125,419,908	($8,416,999)	$117,002,909	132,227,930	$6,808,022	5.1%
Other Benefits & Services	9,796,915	$0	$9,796,915	11,174,480	$1,377,565	12.3%
Net Reinsurance	(720,880)	$0	($720,880)	873,545	$1,594,425	182.5%
	$375,440,180	**($8,524,746)**	**$366,915,434**	**$390,614,590**	**$15,174,409**	**3.9%**

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

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

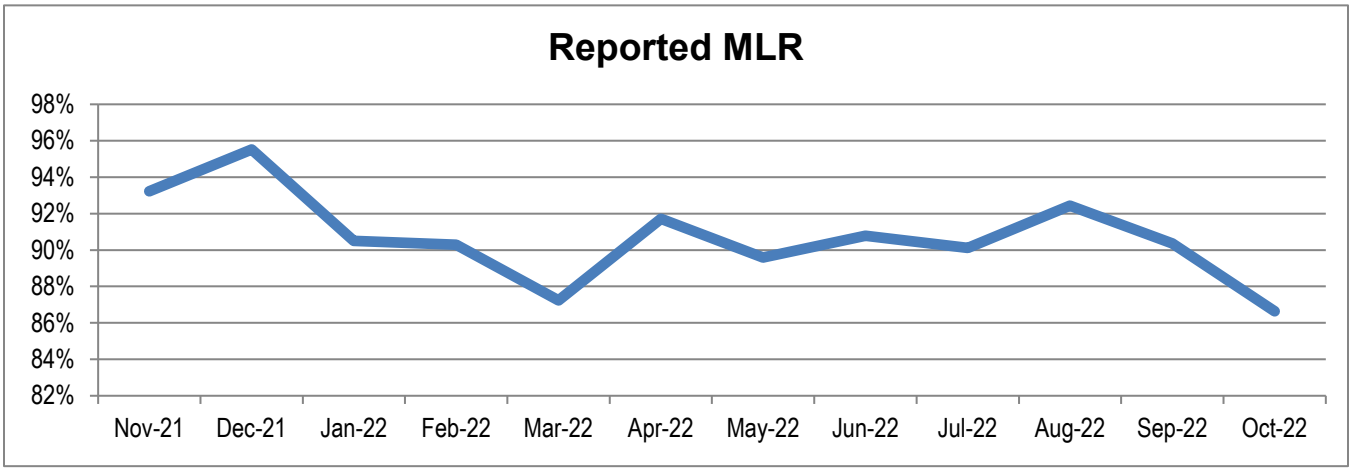
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$74.05	$0.00	$74.05	$75.28	$1.23	1.6%
Primary Care FFS	$14.12	$0.05	$14.16	$13.17	($0.94)	-7.2%
Specialty Care FFS	$15.27	$0.14	$15.41	$16.16	$0.89	5.5%
Outpatient FFS	$27.12	$0.65	$27.77	$28.11	$0.99	3.5%
Ancillary FFS	$21.19	($0.77)	$20.42	$22.82	$1.63	7.2%
Pharmacy FFS	$21.60	($0.12)	$21.48	$20.32	($1.28)	-6.3%
ER Services FFS	$14.68	($0.03)	$14.65	$17.17	$2.49	14.5%
Inpatient Hospital & SNF FFS	$97.88	($6.57)	$91.31	$103.62	$5.74	5.5%
Other Benefits & Services	$7.65	$0.00	$7.65	$8.76	$1.11	12.7%
Net Reinsurance	($0.56)	$0.00	($0.56)	$0.68	$1.25	182.2%
	$292.99	**($6.65)**	**$286.34**	**$306.10**	**$13.11**	**4.3%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $15.2 million favorable to budget. On a PMPM basis, medical expense is 4.3% favorable to budget. For per-member-per-month expense:
    - Capitated Expense is favorable, largely due to timing of Supplemental Maternity and BHT Payments.
    - Primary Care Expense is unfavorable compared to budget, driven by unfavorable utilization in the Adult, ACA OE and SPD Categories of Aid, unfavorable unit cost in the Child and Group Care Categories of Aid, offset by favorable utilization and unit cost for the Duals.

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

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 86.6% for the month and 89.8% for the fiscal year-to-date.



Administrative Expense

- For the month ended October 31st, 2022:
  - Actual Administrative Expense: $5.3 million.
  - Budgeted Administrative Expense: $7.3 million.

- For the fiscal YTD ended October 31st, 2022:
  - Actual Administrative Expense: $21.5 million.
  - Budgeted Administrative Expense: $28.0 million.

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

Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$3,266,954	$4,101,782	$834,828	20.4%	Employee Expense	$13,482,163	$15,758,931	$2,276,768	14.4%
341,810	329,280	(12,530)	-3.8%	Medical Benefits Admin Expense	1,318,653	1,280,137	(38,516)	-3.0%
757,000	1,466,205	709,205	48.4%	Purchased & Professional Services	3,004,303	5,923,981	2,919,678	49.3%
963,467	1,407,706	444,239	31.6%	Other Admin Expense	3,662,869	4,988,735	1,325,866	26.6%
$5,329,231	$7,304,973	$1,975,742	27.0%	Total Administrative Expense	$21,467,988	$27,951,784	$6,483,796	23.2%

The year-to-date variances include:

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

The Administrative Loss Ratio (ALR) is 5.0% of net revenue for the month and 5.3% of net revenue year-to-date.

Other Income / (Expense)

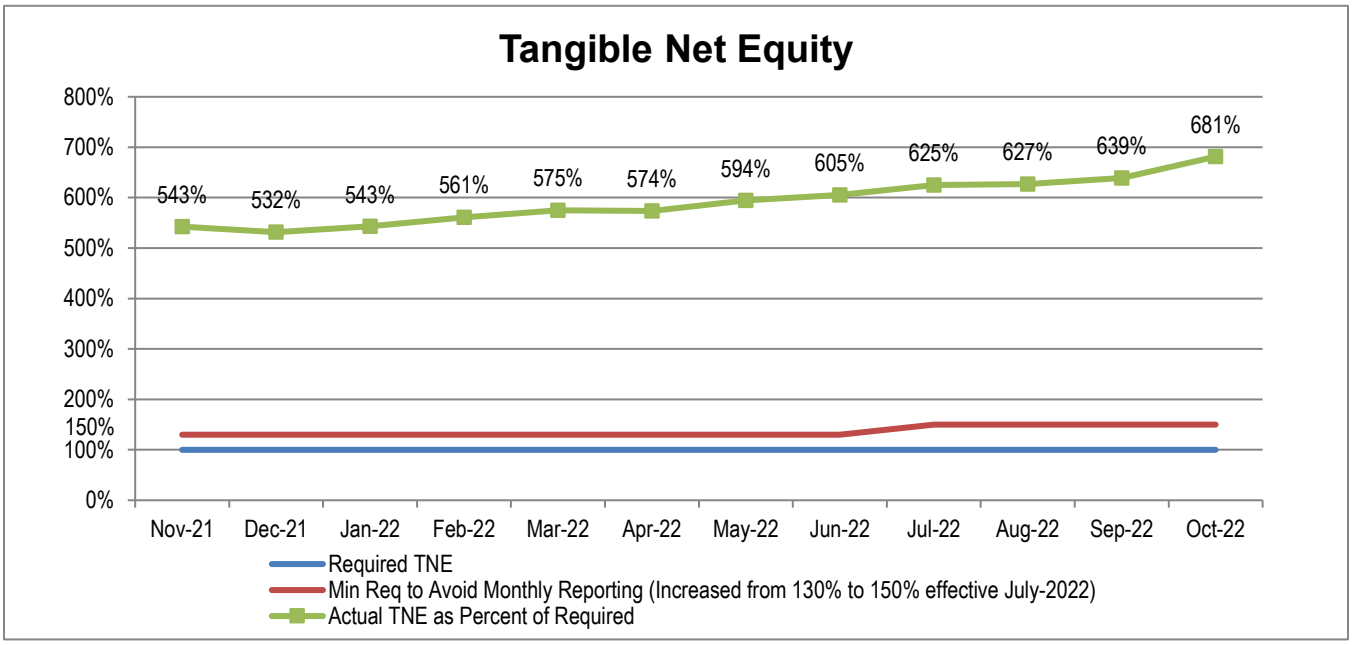
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date net investments show a gain of $1.7 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $104,000.

Tangible Net Equity (TNE)

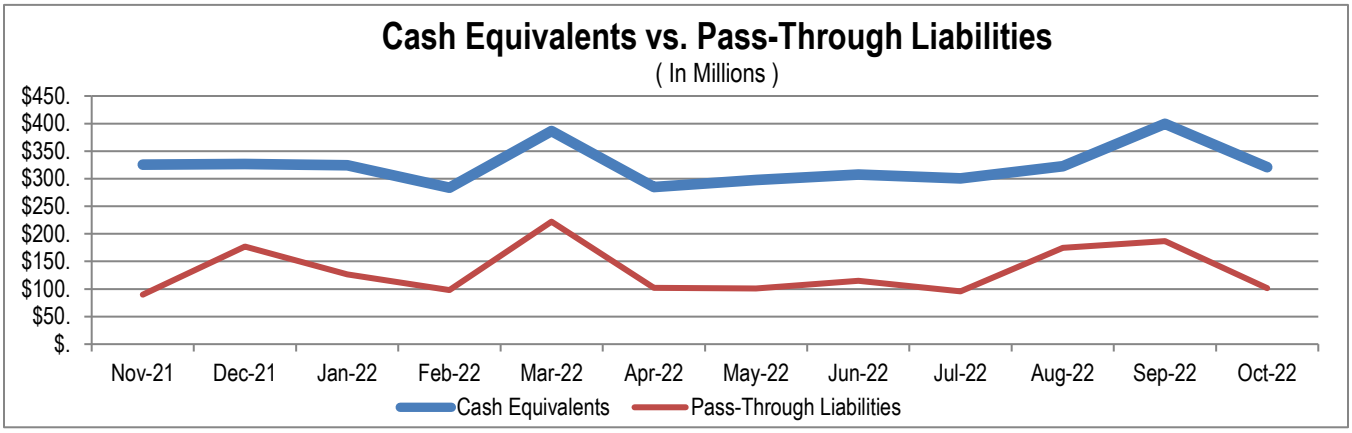
- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required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

- Required TNE $37.0 million
- Actual TNE $252.2 million
- Excess TNE $215.2 million
- TNE % of Required TNE 681%



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

- Key Metrics
  - Cash & Cash Equivalents $321.2 million
  - Pass-Through Liabilities $101.5 million
  - Uncommitted Cash $219.7 million
  - Working Capital $211.3 million
  - Current Ratio 1.77 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: $197,000.
- Annual capital budget: $1.0 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
317,409	314,809	2,600	0.8%	1 - Medi-Cal	1,258,219	1,252,810	5,409	0.4%
5,789	5,828	(39)	(0.7%)	2 - Group Care	23,197	23,312	(115)	(0.5%)
323,198	**320,637**	**2,561**	**0.8%**	**3 - TOTAL MEMBER MONTHS**	**1,281,416**	**1,276,122**	**5,294**	**0.4%**
				REVENUE				
$105,676,388	**$102,948,504**	**$2,727,884**	**2.6%**	**4 - TOTAL REVENUE**	**$408,364,544**	**$409,706,503**	**($1,341,959)**	**(0.3%)**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
$22,775,388	$24,140,913	$1,365,525	5.7%	5 - Capitated Medical Expense	$94,887,673	$96,067,477	$1,179,804	1.2%
				Fee for Service Medical Expenses:				
$26,122,239	$33,822,763	$7,700,524	22.8%	6 - Inpatient Hospital & SNF FFS Expense	$117,002,909	$132,227,933	$15,225,024	11.5%
$5,248,820	$4,238,801	($1,010,019)	(23.8%)	7 - Primary Care Physician FFS Expense	$18,147,557	$16,808,163	($1,339,394)	(8.0%)
$4,145,317	$5,233,403	$1,088,086	20.8%	8 - Specialty Care Physician Expense	$19,752,319	$20,623,566	$871,247	4.2%
$6,063,790	$7,380,395	$1,316,605	17.8%	9 - Ancillary Medical Expense	$26,168,154	$29,126,471	$2,958,317	10.2%
$11,239,286	$9,080,422	($2,158,864)	(23.8%)	10 - Outpatient Medical Expense	$35,580,254	$35,870,623	$290,369	0.8%
$4,411,127	$5,558,541	$1,147,414	20.6%	11 - Emergency Expense	$18,769,866	$21,909,665	$3,139,799	14.3%
$7,143,881	$6,612,734	($531,147)	(8.0%)	12 - Pharmacy Expense	$27,530,667	$25,932,649	($1,598,018)	(6.2%)
$64,374,459	**$71,927,059**	**$7,552,600**	**10.5%**	**13 - Total Fee for Service Expense**	**$262,951,726**	**$282,499,070**	**$19,547,344**	**6.9%**
$4,245,195	$2,329,804	($1,915,391)	(82.2%)	14 - Other Benefits & Services	$9,796,915	$11,174,455	$1,377,540	12.3%
$160,647	$219,397	$58,750	26.8%	15 - Reinsurance Expense	($720,880)	$873,545	$1,594,425	182.5%
$91,555,689	**$98,617,173**	**$7,061,484**	**7.2%**	**17 - TOTAL MEDICAL EXPENSES**	**$366,915,434**	**$390,614,547**	**$23,699,113**	**6.1%**
14,120,699	**4,331,331**	**9,789,368**	**226.0%**	**18 - GROSS MARGIN**	**41,449,110**	**19,091,956**	**22,357,154**	**117.1%**
				ADMINISTRATIVE EXPENSES				
$3,266,954	$4,101,782	$834,828	20.4%	19 - Personnel Expense	$13,482,163	$15,758,931	$2,276,768	14.4%
$341,810	$329,280	($12,530)	(3.8%)	20 - Benefits Administration Expense	$1,318,653	$1,280,137	($38,516)	(3.0%)
$757,000	$1,466,205	$709,205	48.4%	21 - Purchased & Professional Services	$3,004,303	$5,923,981	$2,919,678	49.3%
$963,467	$1,407,706	$444,239	31.6%	22 - Other Administrative Expense	$3,662,869	$4,988,735	$1,325,866	26.6%
$5,329,231	**$7,304,973**	**$1,975,742**	**27.0%**	**23 - TOTAL ADMINISTRATIVE EXPENSE**	**$21,467,988**	**$27,951,784**	**$6,483,796**	**23.2%**
$8,791,468	**($2,973,642)**	**$11,765,110**	**395.6%**	**24 - NET OPERATING INCOME / (LOSS)**	**$19,981,121**	**($8,859,828)**	**$28,840,949**	**325.5%**
				OTHER INCOME / EXPENSE				
$724,420	**$48,750**	**$675,670**	**1,386.0%**	**25 - TOTAL OTHER INCOME / (EXPENSE)**	**$1,572,630**	**$195,000**	**$1,377,630**	**706.5%**
$9,515,888	**($2,924,892)**	**$12,440,780**	**425.3%**	**26 - NET INCOME / (LOSS)**	**$21,553,751**	**($8,664,828)**	**$30,218,579**	**348.7%**
5.0%	**7.1%**	**2.1%**	**29.6%**	**27 - Admin Exp % of Revenue**	**5.3%**	**6.8%**	**1.5%**	**22.1%**

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2022

	October	September	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$32,953,777	$18,674,387	$14,279,390	76.47%
Short-Term Investments	288,219,092	380,926,536	(92,707,445)	-24.34%
Interest Receivable	377,367	284,688	92,678	32.55%
Other Receivables - Net	147,588,330	139,020,422	8,567,908	6.16%
Prepaid Expenses	4,542,941	5,148,160	(605,219)	-11.76%
Prepaid Inventoried Items	25,485	1,810	23,675	1,308.01%
CalPERS Net Pension Asset	6,930,703	6,930,703	0	0.00%
Deferred CalPERS Outflow	3,802,239	3,802,239	0	0.00%
TOTAL CURRENT ASSETS	**$484,439,934**	**$554,788,946**	**($70,349,012)**	**-12.68%**
OTHER ASSETS:				
Long-Term Investments	34,351,228	34,449,795	(98,568)	-0.29%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,941,793	2,004,431	(62,638)	-3.13%
Lease Asset - Office Equipment (Net)	229,582	233,878	(4,296)	-1.84%
TOTAL OTHER ASSETS	**$36,872,602**	**$37,038,104**	**($165,502)**	**-0.45%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,113,570	10,113,570	0	0.00%
Furniture And Equipment	11,713,030	11,540,223	172,807	1.50%
Leasehold Improvement	902,447	902,447	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,553,049	37,380,242	172,807	0.46%
Less: Accumulated Depreciation	(31,954,703)	(31,887,694)	(67,009)	0.21%
NET PROPERTY AND EQUIPMENT	**$5,598,346**	**$5,492,548**	**$105,798**	**1.93%**
TOTAL ASSETS	**$526,910,882**	**$597,319,598**	**($70,408,717)**	**-11.79%**
CURRENT LIABILITIES:				
Accounts Payable	1,267,119	1,469,429	(202,310)	-13.77%
Other Accrued Expenses	1,068,129	443,835	624,294	140.66%
Interest Payable	10,387	11,588	(1,201)	-10.37%
Pass-Through Liabilities	101,482,578	186,963,740	(85,481,162)	-45.72%
Claims Payable	28,579,127	26,407,817	2,171,310	8.22%
IBNP Reserves	121,135,018	118,673,164	2,461,854	2.07%
Payroll Liabilities	5,900,949	5,690,046	210,903	3.71%
CalPERS Deferred Inflow	6,781,898	6,781,898	0	0.00%
Risk Sharing	5,591,939	5,591,939	0	0.00%
Provider Grants/ New Health Program	178,898	191,151	(12,253)	-6.41%
Deferred Revenue	369,251	0	369,251	0.00%
ST Lease Liability - Office Space	769,852	763,968	5,884	0.77%
ST Lease Liability - Office Equipment	49,361	49,191	170	0.35%
TOTAL CURRENT LIABILITIES	**$273,184,505**	**$353,037,765**	**($79,853,260)**	**-22.62%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	1,361,173	1,428,326	(67,153)	-4.70%
LT Lease Liability - Office Equipment	187,151	191,343	(4,192)	-2.19%
TOTAL LONG TERM LIABILITIES	**$1,548,324**	**$1,619,669**	**($71,345)**	**-4.40%**
TOTAL LIABILITIES	**$274,732,829**	**$354,657,434**	**($79,924,604)**	**-22.54%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	229,784,068	229,784,068	0	0.00%
Year-to Date Net Income / (Loss)	21,553,751	12,037,863	9,515,888	79.05%
TOTAL NET WORTH	**$252,178,052**	**$242,662,164**	**$9,515,888**	**3.92%**
TOTAL LIABILITIES AND NET WORTH	**$526,910,882**	**$597,319,598**	**($70,408,717)**	**-11.79%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,646,501	$7,951,166	$14,964,225	$10,597,814
Total	2,646,501	7,951,166	14,964,225	10,597,814
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	103,026,225	299,581,134	589,177,702	397,762,785
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	369,251	369,251	369,251	369,251
Premium Receivable	(7,957,241)	(9,600,015)	(11,143,429)	52,155,502
Total	95,438,235	290,350,370	578,403,524	450,287,538
Investment & Other Income Cash Flows				
Other Revenue (Grants)	(11,204)	(8,487)	(78,647)	(21,202)
Investment Income	772,584	1,231,414	2,168,883	1,745,071
Interest Receivable	(92,678)	(87,264)	(113,501)	(98,930)
Total	668,702	1,135,663	1,976,735	1,624,939
Medical & Hospital Cash Flows				
Total Medical Expenses	(91,555,688)	(276,054,504)	(543,546,800)	(366,915,439)
Other Receivable	(610,666)	(848,280)	1,464,279	617,677
Claims Payable	2,171,311	5,831,466	5,230,573	8,990,405
IBNP Payable	2,461,854	(2,353,589)	9,136,689	8,030,644
Risk Share Payable	0	(1,782,993)	(2,532,993)	(1,782,993)
Health Program	(12,253)	(35,863)	(59,083)	(47,773)
Other Liabilities	0	2	1	0
Total	(87,545,442)	(275,243,761)	(530,307,334)	(351,107,479)
Administrative Cash Flows				
Total Administrative Expenses	(5,362,532)	(16,851,800)	(31,093,265)	(21,615,282)
Prepaid Expenses	581,544	670,065	(7,186,697)	778,769
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	421,985	168,591	553,099	(370,510)
Other Accrued Liabilities	(1,201)	(1,819)	10,387	(2,130)
Payroll Liabilities	210,903	1,025,412	6,166,321	1,193,514
Net Lease Assets/Liabilities (Short term & Long term)	1,643	(2,903)	196,163	2,223
Depreciation Expense	67,009	203,011	471,663	271,684
Total	(4,080,649)	(14,789,443)	(30,882,329)	(19,741,732)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**7,127,347**	**9,403,995**	**34,154,821**	**91,661,080**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	98,568	5,637,606	3,282,904	717,622
	98,568	5,637,606	3,282,904	717,622
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(85,481,162)	5,502,220	(574,345)	(78,419,389)
Restricted Cash	0	0	0	0
	(85,481,162)	5,502,220	(574,345)	(78,419,389)
Fixed Asset Cash Flows				
Depreciation expense	67,009	203,011	471,663	271,684
Fixed Asset Acquisitions	(172,807)	(196,799)	(383,915)	(196,799)
Change in A/D	(67,009)	(203,011)	(471,663)	(271,684)
	(172,807)	(196,799)	(383,915)	(196,799)
Total Cash Flows from Investing Activities	**(85,555,401)**	**10,943,027**	**2,324,644**	**(77,898,566)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(78,428,054)**	**20,347,022**	**36,479,465**	**13,762,514**
Rounding	0	0	1	4
Cash @ Beginning of Period	399,600,923	300,825,847	284,693,403	307,410,351
Cash @ End of Period	**$321,172,869**	**$321,172,869**	**$321,172,869**	**$321,172,869**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$9,515,886	$15,848,923	$31,592,099	$21,553,751
Add back: Depreciation	67,009	203,011	471,663	271,684
Receivables				
Premiums Receivable	(7,957,241)	(9,600,015)	(11,143,429)	52,155,502
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(92,678)	(87,264)	(113,501)	(98,930)
Other Receivable	(610,666)	(848,280)	1,464,279	617,677
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(8,660,585)	(10,535,559)	(9,792,651)	52,674,249
Prepaid Expenses	581,544	670,065	(7,186,697)	778,769
Trade Payables	421,985	168,591	553,099	(370,510)
Claims Payable, IBNR & Risk Share				
IBNP	2,461,854	(2,353,589)	9,136,689	8,030,644
Claims Payable	2,171,311	5,831,466	5,230,573	8,990,405
Risk Share Payable	0	(1,782,993)	(2,532,993)	(1,782,993)
Other Liabilities	0	2	1	0
Total	4,633,165	1,694,886	11,834,270	15,238,056
Unearned Revenue				
Total	369,251	369,251	369,251	369,251
Other Liabilities				
Accrued Expenses	(1,201)	(1,819)	10,387	(2,130)
Payroll Liabilities	210,903	1,025,412	6,166,321	1,193,514
Net Lease Assets/Liabilities (Short term & Long term)	1,643	(2,903)	196,163	2,223
Health Program	(12,253)	(35,863)	(59,083)	(47,773)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	199,092	984,827	6,313,788	1,145,834
Cash Flows from Operating Activities	**$7,127,347**	**$9,403,995**	**$34,154,822**	**$91,661,084**
Difference (rounding)	0	0	1	4

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$95,438,235	$290,350,370	$578,403,524	$450,287,538
Commercial Premium Revenue	2,646,501	7,951,166	14,964,225	10,597,814
Other Income	(11,204)	(8,487)	(78,647)	(21,202)
Investment Income	679,906	1,144,150	2,055,382	1,646,141
Cash Paid To:				
Medical Expenses	(87,545,442)	(275,243,761)	(530,307,334)	(351,107,479)
Vendor & Employee Expenses	(4,080,649)	(14,789,443)	(30,882,329)	(19,741,732)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	7,127,347	9,403,995	34,154,821	91,661,080
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(172,807)	(196,799)	(383,915)	(196,799)
Net Cash Provided By (Used In) Financing Activities	(172,807)	(196,799)	(383,915)	(196,799)
Cash Flows from Investing Activities:				
Changes in Investments	98,568	5,637,606	3,282,904	717,622
Restricted Cash	(85,481,162)	5,502,220	(574,345)	(78,419,389)
Net Cash Provided By (Used In) Investing Activities	(85,382,594)	11,139,826	2,708,559	(77,701,767)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(78,428,054)**	**20,347,022**	**36,479,465**	**13,762,514**
Cash @ Beginning of Period	399,600,923	300,825,847	284,693,403	307,410,351
Subtotal	$321,172,869	$321,172,869	$321,172,868	$321,172,865
Rounding	0	0	1	4
Cash @ End of Period	**$321,172,869**	**$321,172,869**	**$321,172,869**	**$321,172,869**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$9,515,886	$15,848,923	$31,592,099	$21,553,751
Depreciation	67,009	203,011	471,663	271,684
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(8,660,585)	(10,535,559)	(9,792,651)	52,674,249
Prepaid Expenses	581,544	670,065	(7,186,697)	778,769
Trade Payables	421,985	168,591	553,099	(370,510)
Claims payable & IBNP	4,633,165	1,694,886	11,834,270	15,238,056
Deferred Revenue	369,251	369,251	369,251	369,251
Accrued Interest	0	0	0	0
Other Liabilities	199,092	984,827	6,313,788	1,145,834
Subtotal	7,127,347	9,403,995	34,154,822	91,661,084
Rounding	0	0	(1)	(4)
Cash Flows from Operating Activities	**$7,127,347**	**$9,403,995**	**$34,154,821**	**$91,661,080**
Rounding Difference	0	0	(1)	(4)

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF OCTOBER 2022

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	101,323	49,162	28,237	116,205	22,482	317,409	5,789	323,198
Net Revenue	$12,610,808	$16,047,482	$27,571,222	$42,431,127	$4,369,249	$103,029,887	$2,646,501	$105,676,388
Medical Expense	$10,630,455	$13,976,787	$26,171,741	$33,821,069	$4,368,978	$88,969,030	$2,586,658	$91,555,689
Gross Margin	$1,980,353	$2,070,695	$1,399,481	$8,610,058	$270	$14,060,856	$59,843	$14,120,699
Administrative Expense	$432,575	$731,880	$1,742,812	$2,069,239	$173,807	$5,150,314	$178,917	$5,329,231
Operating Income / (Expense)	$1,547,777	$1,338,815	($343,331)	$6,540,819	($173,537)	$8,910,543	($119,075)	$8,791,468
Other Income / (Expense)	$46,202	$99,866	$250,491	$287,301	$20,617	$704,478	$19,942	$724,420
Net Income / (Loss)	$1,593,979	$1,438,681	($92,840)	$6,828,120	($152,920)	$9,615,020	($99,133)	$9,515,888
Revenue PMPM	$124.46	$326.42	$976.42	$365.14	$194.34	$324.60	$457.16	$326.97
Medical Expense PMPM	$104.92	$284.30	$926.86	$291.05	$194.33	$280.30	$446.82	$283.28
Gross Margin PMPM	$19.54	$42.12	$49.56	$74.09	$0.01	$44.30	$10.34	$43.69
Administrative Expense PMPM	$4.27	$14.89	$61.72	$17.81	$7.73	$16.23	$30.91	$16.49
Operating Income / (Expense) PMPM	$15.28	$27.23	($12.16)	$56.29	($7.72)	$28.07	($20.57)	$27.20
Other Income / (Expense) PMPM	$0.46	$2.03	$8.87	$2.47	$0.92	$2.22	$3.44	$2.24
Net Income / (Loss) PMPM	$15.73	$29.26	($3.29)	$58.76	($6.80)	$30.29	($17.12)	$29.44
Medical Loss Ratio	84.3%	87.1%	94.9%	79.7%	100.0%	86.4%	97.7%	86.6%
Gross Margin Ratio	15.7%	12.9%	5.1%	20.3%	0.0%	13.6%	2.3%	13.4%
Administrative Expense Ratio	3.4%	4.6%	6.3%	4.9%	4.0%	5.0%	6.8%	5.0%
Net Income Ratio	12.6%	9.0%	-0.3%	16.1%	-3.5%	9.3%	-3.7%	9.0%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - OCTOBER 2022

	Medi-Cal					Medi-Cal	Group	Grand
	Child	Adult	SPD	ACA OE	Duals	Total	Care	Total
Member Months	404,479	193,692	112,507	458,753	88,788	1,258,219	23,197	1,281,416
Net Revenue	$50,529,620	$61,119,982	$105,677,501	$163,568,695	$16,870,933	$397,766,731	$10,597,813	$408,364,544
Medical Expense	$42,076,291	$55,191,846	$106,198,987	$140,242,188	$14,499,228	$358,208,540	$8,706,894	$366,915,434
Gross Margin	$8,453,329	$5,928,136	($521,486)	$23,326,507	$2,371,704	$39,558,191	$1,890,919	$41,449,110
Administrative Expense	$1,737,457	$2,950,570	$7,045,964	$8,348,993	$699,423	$20,782,408	$685,580	$21,467,988
Operating Income / (Expense)	$6,715,872	$2,977,566	($7,567,450)	$14,977,514	$1,672,281	$18,775,782	$1,205,339	$19,981,121
Other Income / (Expense)	$96,244	$218,736	$546,644	$623,485	$43,314	$1,528,422	$44,208	$1,572,630
Net Income / (Loss)	$6,812,116	$3,196,301	($7,020,807)	$15,600,999	$1,715,595	$20,304,204	$1,249,546	$21,553,751
Revenue PMPM	$124.93	$315.55	$939.30	$356.55	$190.01	$316.13	$456.86	$318.68
Medical Expense PMPM	$104.03	$284.95	$943.93	$305.70	$163.30	$284.69	$375.35	$286.34
Gross Margin PMPM	$20.90	$30.61	($4.64)	$50.85	$26.71	$31.44	$81.52	$32.35
Administrative Expense PMPM	$4.30	$15.23	$62.63	$18.20	$7.88	$16.52	$29.55	$16.75
Operating Income / (Expense) PMPM	$16.60	$15.37	($67.26)	$32.65	$18.83	$14.92	$51.96	$15.59
Other Income / (Expense) PMPM	$0.24	$1.13	$4.86	$1.36	$0.49	$1.21	$1.91	$1.23
Net Income / (Loss) PMPM	$16.84	$16.50	($62.40)	$34.01	$19.32	$16.14	$53.87	$16.82
Medical Loss Ratio	83.3%	90.3%	100.5%	85.7%	85.9%	90.1%	82.2%	89.8%
Gross Margin Ratio	16.7%	9.7%	-0.5%	14.3%	14.1%	9.9%	17.8%	10.2%
Administrative Expense Ratio	3.4%	4.8%	6.7%	5.1%	4.1%	5.2%	6.5%	5.3%
Net Income Ratio	13.5%	5.2%	-6.6%	9.5%	10.2%	5.1%	11.8%	5.3%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$3,266,954	$4,101,782	$834,828	20.4%	Personnel Expenses	$13,482,163	$15,758,931	$2,276,768	14.4%
341,810	329,280	(12,530)	(3.8%)	Benefits Administration Expense	1,318,653	1,280,137	(38,516)	(3.0%)
757,000	1,466,205	709,205	48.4%	Purchased & Professional Services	3,004,303	5,923,981	2,919,678	49.3%
239,055	276,764	37,709	13.6%	Occupancy	1,009,639	1,101,767	92,128	8.4%
138,656	381,462	242,806	63.7%	Printing Postage & Promotion	477,186	838,048	360,862	43.1%
580,523	709,985	129,462	18.2%	Licenses Insurance & Fees	2,134,308	2,909,372	775,064	26.6%
5,234	39,495	34,261	86.7%	Supplies & Other Expenses	41,737	139,548	97,811	70.1%
$2,062,278	$3,203,191	$1,140,913	35.6%	Total Other Administrative Expense	$7,985,825	$12,192,853	$4,207,028	34.5%
$5,329,231	$7,304,973	$1,975,742	27.0%	Total Administrative Expenses	$21,467,988	$27,951,784	$6,483,796	23.2%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,141,601	2,461,654	320,053	13.0%	Salaries & Wages	8,902,570	9,355,195	452,625	4.8%
237,027	276,423	39,396	14.3%	Paid Time Off	1,049,748	1,036,492	(13,256)	(1.3%)
1,100	3,399	2,299	67.6%	Incentives	4,762	12,443	7,681	61.7%
0	28,846	28,846	100.0%	Severance Pay	0	103,846	103,846	100.0%
34,256	42,731	8,475	19.8%	Payroll Taxes	142,453	240,451	97,998	40.8%
32,115	18,320	(13,795)	(75.3%)	Overtime	106,716	70,081	(36,635)	(52.3%)
151,469	209,222	57,753	27.6%	CalPERS ER Match	660,591	794,045	133,454	16.8%
537,580	754,580	217,000	28.8%	Employee Benefits	2,156,240	2,789,917	633,677	22.7%
162	0	(162)	0.0%	Personal Floating Holiday	2,059	0	(2,059)	0.0%
7,865	42,410	34,545	81.5%	Employee Relations	36,454	115,767	79,313	68.5%
12,420	17,555	5,135	29.3%	Work from Home Stipend	40,910	65,468	24,558	37.5%
1,032	2,055	1,023	49.8%	Transportation Reimbursement	2,272	10,011	7,739	77.3%
4,292	14,206	9,914	69.8%	Travel & Lodging	16,082	57,725	41,643	72.1%
88,268	98,891	10,623	10.7%	Temporary Help Services	217,032	432,240	215,208	49.8%
5,941	53,705	47,764	88.9%	Staff Development/Training	27,963	232,613	204,650	88.0%
11,828	77,785	65,957	84.8%	Staff Recruitment/Advertising	116,310	442,637	326,327	73.7%
$3,266,954	**$4,101,782**	**$834,828**	**20.4%**	**Total Employee Expenses**	**$13,482,163**	**$15,758,931**	**$2,276,768**	**14.4%**
				Benefit Administration Expense				
26,963	16,415	(10,548)	(64.3%)	RX Administration Expense	67,186	59,228	(7,958)	(13.4%)
287,385	285,580	(1,805)	(0.6%)	Behavioral Hlth Administration Fees	1,138,392	1,136,707	(1,685)	(0.1%)
27,463	27,285	(178)	(0.7%)	Telemedicine Admin Fees	84,375	84,202	(173)	(0.2%)
0	0	0	0.0%	Housing & Homelessness Incentive Program (HHIP) Expense	28,700	0	(28,700)	0.0%
$341,810	**$329,280**	**($12,530)**	**(3.8%)**	**Total Employee Expenses**	**$1,318,653**	**$1,280,137**	**($38,516)**	**(3.0%)**
				Purchased & Professional Services				
295,451	555,576	260,125	46.8%	Consulting Services	1,222,066	2,673,946	1,451,880	54.3%
257,344	482,350	225,006	46.6%	Computer Support Services	1,079,147	1,615,951	536,804	33.2%
11,475	9,915	(1,560)	(15.7%)	Professional Fees-Accounting	41,223	39,660	(1,563)	(3.9%)
0	17	17	100.0%	Professional Fees-Medical	276	68	(208)	(305.5%)
53,461	108,807	55,346	50.9%	Other Purchased Services	178,237	552,063	373,826	67.7%
938	1,400	462	33.0%	Maint.& Repair-Office Equipment	1,567	5,600	4,033	72.0%
75,926	102,146	26,220	25.7%	HMS Recovery Fees	298,513	344,714	46,201	13.4%
30,564	61,193	30,629	50.1%	Hardware (Non-Capital)	54,455	124,775	70,320	56.4%
28,981	31,467	2,486	7.9%	Provider Relations-Credentialing	85,928	125,868	39,940	31.7%
2,859	113,334	110,475	97.5%	Legal Fees	42,891	441,336	398,445	90.3%
$757,000	**$1,466,205**	**$709,205**	**48.4%**	**Total Purchased & Professional Services**	**$3,004,303**	**$5,923,981**	**$2,919,678**	**49.3%**
				Occupancy				
67,009	63,297	(3,712)	(5.9%)	Depreciation	271,684	253,797	(17,887)	(7.0%)
62,638	72,717	10,079	13.9%	Building Lease	247,981	289,565	41,584	14.4%
3,847	5,916	2,069	35.0%	Leased and Rented Office Equipment	17,312	23,664	6,352	26.8%
12,162	16,892	4,730	28.0%	Utilities	50,505	71,069	20,564	28.9%
67,138	79,700	12,562	15.8%	Telephone	298,238	318,800	20,562	6.4%
26,260	38,242	11,982	31.3%	Building Maintenance	123,919	144,872	20,953	14.5%
$239,055	**$276,764**	**$37,709**	**13.6%**	**Total Occupancy**	**$1,009,639**	**$1,101,767**	**$92,128**	**8.4%**
				Printing Postage & Promotion				
44,113	174,659	130,546	74.7%	Postage	114,635	339,445	224,810	66.2%
6,280	5,501	(779)	(14.2%)	Design & Layout	20,850	22,930	2,080	9.1%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
59,560	183,641	124,081	67.6%	Printing Services	229,266	354,754	125,488	35.4%
7,932	2,500	(5,432)	(217.3%)	Mailing Services	30,829	10,000	(20,829)	(208.3%)
5,633	5,077	(556)	(10.9%)	Courier/Delivery Service	21,472	20,434	(1,038)	(5.1%)
0	267	267	100.0%	Pre-Printed Materials and Publications	0	4,218	4,218	100.0%
0	0	0	0.0%	Promotional Products	0	1,999	1,999	100.0%
0	150	150	100.0%	Promotional Services	0	600	600	100.0%
5,000	1,500	(3,500)	(233.3%)	Community Relations	21,670	51,000	29,330	57.5%
10,139	8,167	(1,972)	(24.1%)	Translation - Non-Clinical	38,463	32,668	(5,795)	(17.7%)
$138,656	**$381,462**	**$242,806**	**63.7%**	**Total Printing Postage & Promotion**	**$477,186**	**$838,048**	**$360,862**	**43.1%**
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	0	100,000	100,000	100.0%
24,715	26,350	1,635	6.2%	Bank Fees	95,147	105,400	10,253	9.7%
78,145	94,366	16,221	17.2%	Insurance	301,103	377,464	76,361	20.2%
372,732	499,033	126,301	25.3%	Licenses, Permits and Fees	1,414,372	1,971,991	557,619	28.3%
104,930	90,236	(14,694)	(16.3%)	Subscriptions & Dues	323,686	354,517	30,831	8.7%
$580,523	**$709,985**	**$129,462**	**18.2%**	**Total Licenses Insurance & Postage**	**$2,134,308**	**$2,909,372**	**$775,064**	**26.6%**
				Supplies & Other Expenses				
2,269	13,852	11,583	83.6%	Office and Other Supplies	8,109	44,622	36,513	81.8%
2,030	4,099	2,069	50.5%	Ergonomic Supplies	22,905	16,198	(6,707)	(41.4%)
934	11,583	10,649	91.9%	Commissary-Food & Beverage	4,221	30,605	26,384	86.2%
0	150	150	100.0%	Member Incentive Expense	4,850	10,450	5,600	53.6%
0	4,167	4,167	100.0%	Covid-19 Vaccination Incentive Expense	266	16,668	16,402	98.4%
0	100	100	100.0%	Covid-19 IT Expenses	0	400	400	100.0%
0	5,544	5,544	100.0%	Covid-19 Non IT Expenses	1,386	20,605	19,219	93.3%
$5,234	**$39,495**	**$34,261**	**86.7%**	**Total Supplies & Other Expense**	**$41,737**	**$139,548**	**$97,811**	**70.1%**
$5,329,231	**$7,304,973**	**$1,975,742**	**27.0%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$21,467,988**	**$27,951,784**	**$6,483,796**	**23.2%**

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

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco UCS Blade	IT-FY23-01	$ -	$ 102,807	**$ 102,807**	$ 100,000	$ (2,807)
	Veeam Backup Shelf	IT-FY23-02	$ -		**$ -**	$ 70,000	$ 70,000
	Cisco Nexus 9k	IT-FY23-03	$ -		**$ -**	$ 60,000	$ 60,000
	Pure Storage Shelf	IT-FY23-04	$ -	$ 70,000	**$ 70,000**	$ 70,000	$ -
	Call Center Hardware	IT-FY23-05	$ -		**$ -**	$ 60,000	$ 60,000
	FAX DMG	IT-FY23-06	$ -		**$ -**	$ 80,000	$ 80,000
	Wireless)	IT-FY23-07	$ -		**$ -**	$ 60,000	$ 60,000
	Network / AV Cabling	IT-FY23-08	$ -		**$ -**	$ 60,000	$ 60,000
Hardware Subtotal			**$ -**	**$ 172,807**	**$ 172,807**	**$ 560,000**	**$ 387,193**
2. Software:							
	Zerto	AC-FY23-01	$ -		**$ -**	$ 80,000	$ 80,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 80,000**	**$ 80,000**
3. Building Improvement:							
	ADT (ACME) Security: Readers, HID Boxes, Doors - Planned/Unplanned requirements or replairs	FA-FY23-01	**$ -**	$ -	**$ -**	$ 50,000	$ 50,000
	HVAC (Clinton): Replace VAV boxes, equipment, duct work - Planned/Unplanned requirements or repairs	FA-FY23-02	$ -	$ -	**$ -**	$ 50,000	$ 50,000
	EV Charging Stations: Equipment, Electrical, Design, Engineering, Permits, Construction	FA-FY23-03	$ -	$ -	**$ -**	$ 100,000	$ 100,000
	Seismic Improvements (Carryover from FY22)	FA-FY23-07	$ 23,992	$ -	**$ 23,992**	$ 38,992	$ 15,000
	Contingencies	FA-FY23-16	**$ -**	$ -	**$ -**	$ 100,000	$ 100,000
Building Improvement Subtotal			**$ 23,992**	**$ -**	**$ 23,992**	**$ 338,992**	**$ 315,000**
4. Furniture & Equipment:							
			$ -		**$ -**	$ -	$ -
Furniture & Equipment Subtotal			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL			**$ 23,992**	**$ 172,807**	**$ 196,799**	**$ 978,992**	**$ 782,193**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 10/31/22	**$ 37,553,049**
Fixed Assets @ Cost - 6/30/22	**$ 37,356,250**
Fixed Assets Acquired YTD	**$ 196,799**

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

TANGIBLE NET EQUITY (TNE)

	QTR. END			
	Jul-22	**Aug-22**	**Sep-22**	**Oct-22**
Current Month Net Income / (Loss)	$5,704,828	$2,337,974	$3,995,061	$9,515,888
YTD Net Income / (Loss)	$5,704,828	$8,042,802	$12,037,863	$21,553,751
Actual TNE				
Net Assets	$236,329,129	$238,667,103	$242,662,164	$252,178,052
Subordinated Debt & Interest	$0	$0	$0	$0
Total Actual TNE	**$236,329,129**	**$238,667,103**	**$242,662,164**	**$252,178,052**
Increase/(Decrease) in Actual TNE	$5,704,827	$2,337,974	$12,037,862	$15,848,923
Required TNE[(1)]	**$37,812,719**	**$38,083,218**	**$37,973,977**	**$37,017,602**
Min. Req'd to Avoid Monthly Reporting (Increased from 130% to 150% of Required TNE effective July-2022)	$56,719,078	$57,124,827	$56,960,965	$55,526,403
TNE Excess / (Deficiency)	$198,516,410	$200,583,885	$204,688,187	$215,160,450
Actual TNE as a Multiple of Required	**6.25**	**6.27**	**6.39**	**6.81**

Note 1: Required TNE reflects quarterly DMHC calculations for quarter-end months and monthly DMHC calculations. Quarter and Monthly Required TNE calculations differ slightly in calculation methodology.

LIQUID TANGIBLE NET EQUITY

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

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

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

	Actual Jul-22	Actual Aug-22	Actual Sep-22	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Actual Feb-23	Actual Mar-23	Actual Apr-23	Actual May-23	Actual Jun-23	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	100,903	100,977	101,276	101,323									404,479
Adult	47,707	48,112	48,711	49,162									193,692
SPD	27,991	28,079	28,200	28,237									112,507
ACA OE	113,322	114,208	115,018	116,205									458,753
Duals	21,910	22,077	22,319	22,482									88,788
MCAL LTC	0	0	0	0									0
MCAL LTC Duals	0	0	0	0									0
Medi-Cal Program	311,833	313,453	315,524	317,409									1,258,219
Group Care Program	5,796	5,803	5,809	5,789									23,197
Total	**317,629**	**319,256**	**321,333**	**323,198**									**1,281,416**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	74	299	47									551
Adult	946	405	599	451									2,401
SPD	886	88	121	37									1,132
ACA OE	2,384	886	810	1,187									5,267
Duals	225	167	242	163									797
MCAL LTC	0	0	0	0									0
MCAL LTC Duals	0	0	0	0									0
Medi-Cal Program	4,572	1,620	2,071	1,885									10,148
Group Care Program	1	7	6	(20)									(6)
Total	**4,573**	**1,627**	**2,077**	**1,865**									**10,142**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	32.4%	32.2%	32.1%	31.9%									32.1%
Adult % of Medi-Cal	15.3%	15.3%	15.4%	15.5%									15.4%
SPD % of Medi-Cal	9.0%	9.0%	8.9%	8.9%									8.9%
ACA OE % of Medi-Cal	36.3%	36.4%	36.5%	36.6%									36.5%
Duals % of Medi-Cal	7.0%	7.0%	7.1%	7.1%									7.1%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%									98.2%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%									1.8%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

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

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

	Actual Jul-22	Actual Aug-22	Actual Sep-22	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Actual Feb-23	Actual Mar-23	Actual Apr-23	Actual May-23	Actual Jun-23	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	54,340	52,198	52,418	52,571									211,527
Alameda Health System	62,784	63,910	64,424	64,799									255,917
	117,124	116,108	116,842	117,370									467,444
Delegated:													
CFMG	33,466	33,594	33,577	33,617									134,254
CHCN	119,514	121,703	122,696	123,666									487,579
Kaiser	47,525	47,851	48,218	48,545									192,139
Delegated Subtotal	200,505	203,148	204,491	205,828									813,972
Total	**317,629**	**319,256**	**321,333**	**323,198**									**1,281,416**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	2,973	(1,016)	734	528									3,219
Delegated:													
CFMG	58	128	(17)	40									209
CHCN	1,103	2,189	993	970									5,255
Kaiser	439	326	367	327									1,459
Delegated Subtotal	1,600	2,643	1,343	1,337									6,923
Total	**4,573**	**1,627**	**2,077**	**1,865**									**10,142**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.4%	36.4%	36.3%									36.5%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%									10.5%
CHCN	37.6%	38.1%	38.2%	38.3%									38.1%
Kaiser	15.0%	15.0%	15.0%	15.0%									15.0%
Delegated Subtotal	63.1%	63.6%	63.6%	63.7%									63.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

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

	Budget Jul-22	Budget Aug-22	Budget Sep-22	Budget Oct-22	Budget Nov-22	Budget Dec-22	Budget Jan-23	Budget Feb-23	Budget Mar-23	Budget Apr-23	Budget May-23	Budget Jun-23	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program by Category of Aid:													
Child	101,120	101,423	101,727	101,930	102,134	102,338	101,787	101,043	100,298	99,552	98,806	98,059	1,210,217
Adult	46,703	47,030	47,359	47,501	47,644	47,787	46,980	45,856	44,731	43,605	42,478	41,349	549,023
SPD	28,283	28,368	28,453	28,510	28,567	28,624	29,006	28,941	28,876	28,811	28,746	28,681	343,866
ACA OE	113,561	114,129	114,700	115,044	115,389	115,735	114,009	111,510	109,009	106,505	103,999	101,490	1,335,080
Duals	21,650	21,715	21,780	21,824	21,868	21,912	21,781	21,488	21,194	20,900	20,606	20,312	257,030
MCAL LTC	0	0	0	0	0	0	300	300	300	300	300	300	1,800
MCAL LTC Duals	0	0	0	0	0	0	1,200	1,200	1,200	1,200	1,200	1,200	7,200
Medi-Cal Program	311,317	312,665	314,019	314,809	315,602	316,396	315,063	310,338	305,608	300,873	296,135	291,391	3,704,216
Group Care Program	5,828	5,828	5,828	5,828	5,828	5,828	5,828	5,828	5,828	5,828	5,828	5,828	69,936
Total	**317,145**	**318,493**	**319,847**	**320,637**	**321,430**	**322,224**	**320,891**	**316,166**	**311,436**	**306,701**	**301,963**	**297,219**	**3,774,152**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	6,309	303	304	203	204	204	(551)	(744)	(745)	(746)	(746)	(747)	3,248
Adult	5,627	327	329	142	143	143	(807)	(1,124)	(1,125)	(1,126)	(1,127)	(1,129)	273
SPD	1,538	85	85	57	57	57	382	(65)	(65)	(65)	(65)	(65)	1,936
ACA OE	10,125	568	571	344	345	346	(1,726)	(2,499)	(2,501)	(2,504)	(2,506)	(2,509)	(1,946)
Duals	1,874	65	65	44	44	44	(131)	(293)	(294)	(294)	(294)	(294)	536
MCAL LTC	0	0	0	0	0	0	300	0	0	0	0	0	300
MCAL LTC Duals	0	0	0	0	0	0	1,200	0	0	0	0	0	1,200
Medi-Cal Program	25,473	1,348	1,354	790	793	794	(1,333)	(4,725)	(4,730)	(4,735)	(4,738)	(4,744)	5,547
Group Care Program	(24)	0	0	0	0	0	0	0	0	0	0	0	(24)
Total	**25,449**	**1,348**	**1,354**	**790**	**793**	**794**	**(1,333)**	**(4,725)**	**(4,730)**	**(4,735)**	**(4,738)**	**(4,744)**	**5,523**
Enrollment Percentages:													
Medi-Cal Program:													
Child % (Medi-Cal)	32.5%	32.4%	32.4%	32.4%	32.4%	32.3%	32.3%	32.6%	32.8%	33.1%	33.4%	33.7%	32.7%
Adult % (Medi-Cal)	15.0%	15.0%	15.1%	15.1%	15.1%	15.1%	14.9%	14.8%	14.6%	14.5%	14.3%	14.2%	14.8%
SPD % (Medi-Cal)	9.1%	9.1%	9.1%	9.1%	9.1%	9.0%	9.2%	9.3%	9.4%	9.6%	9.7%	9.8%	9.3%
ACA OE % (Medi-Cal)	36.5%	36.5%	36.5%	36.5%	36.6%	36.6%	36.2%	35.9%	35.7%	35.4%	35.1%	34.8%	36.0%
Duals % (Medi-Cal)	7.0%	6.9%	6.9%	6.9%	6.9%	6.9%	6.9%	6.9%	6.9%	6.9%	7.0%	7.0%	6.9%
MCAL LTC % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
MCAL LTC Duals % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.2%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.1%	98.1%	98.1%	98.0%	98.1%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.9%	1.9%	1.9%	2.0%	1.9%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

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

	Budget Jul-22	Budget Aug-22	Budget Sep-22	Budget Oct-22	Budget Nov-22	Budget Dec-22	Budget Jan-23	Budget Feb-23	Budget Mar-23	Budget Apr-23	Budget May-23	Budget Jun-23	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	116,747	117,272	117,799	118,102	118,406	118,710	118,871	116,928	114,985	113,037	111,088	109,138	1,391,083
Delegated:													
CFMG	33,731	33,837	33,943	34,013	34,083	34,153	33,970	33,696	33,422	33,148	32,874	32,599	403,469
CHCN	119,411	119,921	120,435	120,733	121,033	121,334	120,278	118,487	116,693	114,899	113,103	111,305	1,417,632
Kaiser	47,256	47,463	47,670	47,789	47,908	48,027	47,772	47,055	46,336	45,617	44,898	44,177	561,968
Delegated Subtotal	200,398	201,221	202,048	202,535	203,024	203,514	202,020	199,238	196,451	193,664	190,875	188,081	2,383,069
Total	**317,145**	**318,493**	**319,847**	**320,637**	**321,430**	**322,224**	**320,891**	**316,166**	**311,436**	**306,701**	**301,963**	**297,219**	**3,774,152**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	5,641	525	527	303	304	304	161	(1,943)	(1,943)	(1,948)	(1,949)	(1,950)	(1,968)
Delegated:													
CFMG	2,323	106	106	70	70	70	(183)	(274)	(274)	(274)	(274)	(275)	1,191
CHCN	13,180	510	514	298	300	301	(1,056)	(1,791)	(1,794)	(1,794)	(1,796)	(1,798)	5,074
Kaiser	4,305	207	207	119	119	119	(255)	(717)	(719)	(719)	(719)	(721)	1,226
Delegated Subtotal	19,808	823	827	487	489	490	(1,494)	(2,782)	(2,787)	(2,787)	(2,789)	(2,794)	7,491
Total	**25,449**	**1,348**	**1,354**	**790**	**793**	**794**	**(1,333)**	**(4,725)**	**(4,730)**	**(4,735)**	**(4,738)**	**(4,744)**	**5,523**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%	37.0%	37.0%	36.9%	36.9%	36.8%	36.7%	36.9%
Delegated:													
CFMG	10.6%	10.6%	10.6%	10.6%	10.6%	10.6%	10.6%	10.7%	10.7%	10.8%	10.9%	11.0%	10.7%
CHCN	37.7%	37.7%	37.7%	37.7%	37.7%	37.7%	37.5%	37.5%	37.5%	37.5%	37.5%	37.4%	37.6%
Kaiser	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%
Delegated Subtotal	63.2%	63.2%	63.2%	63.2%	63.2%	63.2%	63.0%	63.0%	63.1%	63.1%	63.2%	63.3%	63.1%
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 2023

	Variance Jul-22	Variance Aug-22	Variance Sep-22	Variance Oct-22	Variance Nov-22	Variance Dec-22	Variance Jan-23	Variance Feb-23	Variance Mar-23	Variance Apr-23	Variance May-23	Variance Jun-23	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	(217)	(446)	(451)	(607)									(1,721)
Adult	1,004	1,082	1,352	1,661									5,099
SPD	(292)	(289)	(253)	(273)									(1,107)
ACA OE	(239)	79	318	1,161									1,319
Duals	260	362	539	658									1,819
MCAL LTC	0	0	0	0									0
MCAL LTC Duals	0	0	0	0									0
Medi-Cal Program	516	788	1,505	2,600									5,409
Group Care Program	(32)	(25)	(19)	(39)									(115)
Total	**484**	**763**	**1,486**	**2,561**									**5,294**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	377	(1,164)	(957)	(732)									(2,476)
Delegated:													
CFMG	(265)	(243)	(366)	(396)									(1,270)
CHCN	103	1,782	2,261	2,933									7,079
Kaiser	269	388	548	756									1,961
Delegated Subtotal	107	1,927	2,443	3,293									7,770
Total	**484**	**763**	**1,486**	**2,561**									**5,294**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2022

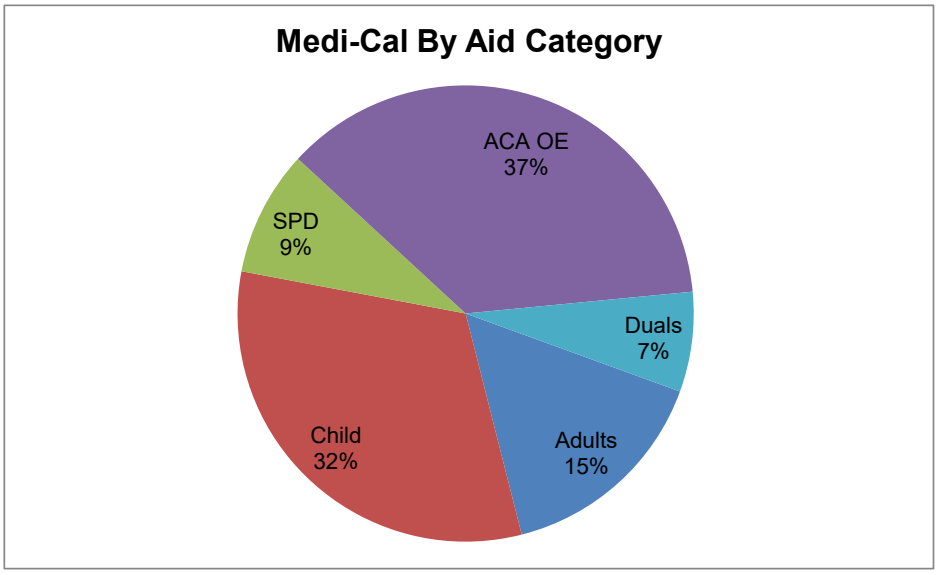
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,136,656	$1,990,947	$854,291	42.9%	PCP-Capitation	$4,542,831	$7,928,655	$3,385,824	42.7%
4,290,672	3,380,332	(910,340)	(26.9%)	PCP-Capitation - FQHC	16,903,498	13,454,434	(3,449,064)	(25.6%)
292,120	295,648	3,528	1.2%	Specialty-Capitation	1,165,569	1,177,996	12,427	1.1%
3,633,261	3,558,324	(74,937)	(2.1%)	Specialty-Capitation FQHC	14,262,380	14,158,517	(103,863)	(0.7%)
438,091	395,155	(42,936)	(10.9%)	Laboratory-Capitation	1,737,382	1,572,990	(164,392)	(10.5%)
971,817	961,911	(9,906)	(1.0%)	Transportation (Ambulance)-Cap	3,848,274	3,828,366	(19,908)	(0.5%)
234,370	233,054	(1,316)	(0.6%)	Vision Cap	929,453	927,645	(1,808)	(0.2%)
85,076	86,164	1,088	1.3%	CFMG Capitation	339,436	343,316	3,880	1.1%
181,601	178,141	(3,460)	(1.9%)	Anc IPA Admin Capitation FQHC	714,054	708,931	(5,123)	(0.7%)
11,220,484	11,095,615	(124,869)	(1.1%)	Kaiser Capitation	44,327,647	44,142,066	(185,581)	(0.4%)
(346,791)	795,766	1,142,557	143.6%	BHT Supplemental Expense	2,508,781	3,171,134	662,353	20.9%
(15,349)	0	15,349	0.0%	Hep-C Supplemental Expense	(15,349)	0	15,349	0.0%
68,661	548,348	479,687	87.5%	Maternity Supplemental Expense	1,298,944	2,177,590	878,646	40.3%
584,718	621,508	36,790	5.9%	DME - Cap	2,324,773	2,475,837	151,064	6.1%
$22,775,388	**$24,140,913**	**$1,365,525**	**5.7%**	**5-TOTAL CAPITATED EXPENSES**	**$94,887,673**	**$96,067,477**	**$1,179,804**	**1.2%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
(574,325)	0	574,325	0.0%	IBNP-Inpatient Services	2,799,249	0	(2,799,249)	0.0%
(17,228)	0	17,228	0.0%	IBNP-Settlement (IP)	83,979	0	(83,979)	0.0%
(45,945)	0	45,945	0.0%	IBNP-Claims Fluctuation (IP)	223,940	0	(223,940)	0.0%
22,651,650	32,432,962	9,781,312	30.2%	Inpatient Hospitalization-FFS	100,724,028	126,765,137	26,041,109	20.5%
1,570,495	0	(1,570,495)	0.0%	IP OB - Mom & NB	5,348,714	0	(5,348,714)	0.0%
333,775	0	(333,775)	0.0%	IP Behavioral Health	982,572	0	(982,572)	0.0%
964,053	1,389,801	425,748	30.6%	IP - Long Term Care	3,697,774	5,462,796	1,765,022	32.3%
1,239,764	0	(1,239,764)	0.0%	IP - Facility Rehab FFS	3,142,653	0	(3,142,653)	0.0%
$26,122,239	**$33,822,763**	**$7,700,524**	**22.8%**	**6-Inpatient Hospital & SNF FFS Expense**	**$117,002,909**	**$132,227,933**	**$15,225,024**	**11.5%**
611,686	0	(611,686)	0.0%	IBNP-PCP	628,624	0	(628,624)	0.0%
18,352	0	(18,352)	0.0%	IBNP-Settlement (PCP)	18,862	0	(18,862)	0.0%
48,936	0	(48,936)	0.0%	IBNP-Claims Fluctuation (PCP)	50,291	0	(50,291)	0.0%
1,446,850	1,318,327	(128,523)	(9.7%)	Primary Care Non-Contracted FF	5,430,454	5,192,314	(238,140)	(4.6%)
207,657	66,305	(141,352)	(213.2%)	PCP FQHC FFS	526,435	260,956	(265,479)	(101.7%)
2,011,711	2,854,169	842,458	29.5%	Prop 56 Direct Payment Expenses	7,951,975	11,354,893	3,402,918	30.0%
14,699	0	(14,699)	0.0%	Prop 56 Hyde Direct Payment Expenses	57,389	0	(57,389)	0.0%
78,279	0	(78,279)	0.0%	Prop 56-Trauma Expense	310,921	0	(310,921)	0.0%
99,459	0	(99,459)	0.0%	Prop 56-Dev. Screening Exp.	396,554	0	(396,554)	0.0%
710,312	0	(710,312)	0.0%	Prop 56-Fam. Planning Exp.	2,777,346	0	(2,777,346)	0.0%
878	0	(878)	0.0%	Prop 56-Value Based Purchasing	(1,293)	0	1,293	0.0%
$5,248,820	**$4,238,801**	**($1,010,019)**	**(23.8%)**	**7-Primary Care Physician FFS Expense**	**$18,147,557**	**$16,808,163**	**($1,339,394)**	**(8.0%)**
(155,542)	0	155,542	0.0%	IBNP-Specialist	479,524	0	(479,524)	0.0%
2,100,875	5,224,785	3,123,910	59.8%	Specialty Care-FFS	9,795,362	20,589,582	10,794,220	52.4%
135,032	0	(135,032)	0.0%	Anesthesiology - FFS	546,925	0	(546,925)	0.0%
858,317	0	(858,317)	0.0%	Spec Rad Therapy - FFS	3,377,385	0	(3,377,385)	0.0%
11,936	0	(11,936)	0.0%	Obstetrics-FFS	269,748	0	(269,748)	0.0%
303,979	0	(303,979)	0.0%	Spec IP Surgery - FFS	1,351,027	0	(1,351,027)	0.0%
501,660	0	(501,660)	0.0%	Spec OP Surgery - FFS	2,234,372	0	(2,234,372)	0.0%
352,928	0	(352,928)	0.0%	Spec IP Physician	1,438,762	0	(1,438,762)	0.0%
53,243	8,618	(44,625)	(517.8%)	SCP FQHC FFS	206,474	33,984	(172,490)	(507.6%)
(4,667)	0	4,667	0.0%	IBNP-Settlement (SCP)	14,383	0	(14,383)	0.0%
(12,444)	0	12,444	0.0%	IBNP-Claims Fluctuation (SCP)	38,359	0	(38,359)	0.0%
$4,145,317	**$5,233,403**	**$1,088,086**	**20.8%**	**8-Specialty Care Physician Expense**	**$19,752,319**	**$20,623,566**	**$871,247**	**4.2%**
(110,344)	0	110,344	0.0%	IBNP-Ancillary	321,732	0	(321,732)	0.0%
(3,312)	0	3,312	0.0%	IBNP Settlement (ANC)	9,649	0	(9,649)	0.0%
(8,827)	0	8,827	0.0%	IBNP Claims Fluctuation (ANC)	25,737	0	(25,737)	0.0%
176,476	0	(176,476)	0.0%	Acupuncture/Biofeedback	1,141,414	0	(1,141,414)	0.0%
87,262	0	(87,262)	0.0%	Hearing Devices	465,938	0	(465,938)	0.0%
46,209	0	(46,209)	0.0%	Imaging/MRI/CT Global	161,874	0	(161,874)	0.0%
47,491	0	(47,491)	0.0%	Vision FFS	184,029	0	(184,029)	0.0%
10	0	(10)	0.0%	Family Planning	47,111	0	(47,111)	0.0%
442,962	0	(442,962)	0.0%	Laboratory-FFS	2,694,430	0	(2,694,430)	0.0%
117,352	0	(117,352)	0.0%	ANC Therapist	443,518	0	(443,518)	0.0%
670,808	0	(670,808)	0.0%	Transportation (Ambulance)-FFS	2,305,579	0	(2,305,579)	0.0%
110,259	0	(110,259)	0.0%	Transportation (Other)-FFS	533,749	0	(533,749)	0.0%
361,137	0	(361,137)	0.0%	Hospice	1,554,127	0	(1,554,127)	0.0%
967,339	0	(967,339)	0.0%	Home Health Services	3,120,909	0	(3,120,909)	0.0%
0	4,379,744	4,379,744	100.0%	Other Medical-FFS	3	17,137,530	17,137,527	100.0%
10,094	0	(10,094)	0.0%	HMS Medical Refunds	84,120	0	(84,120)	0.0%
0	0	0	0.0%	Refunds-Medical Payments	(69)	0	69	0.0%
(1,996)	0	1,996	0.0%	DME & Medical Supplies	1,126,912	0	(1,126,912)	0.0%
0	660,156	660,156	100.0%	GEMT Direct Payment Expense	0	2,626,961	2,626,961	100.0%
540,423	0	(540,423)	0.0%	Community Based Adult Services (CBAS)	1,783,368	0	(1,783,368)	0.0%

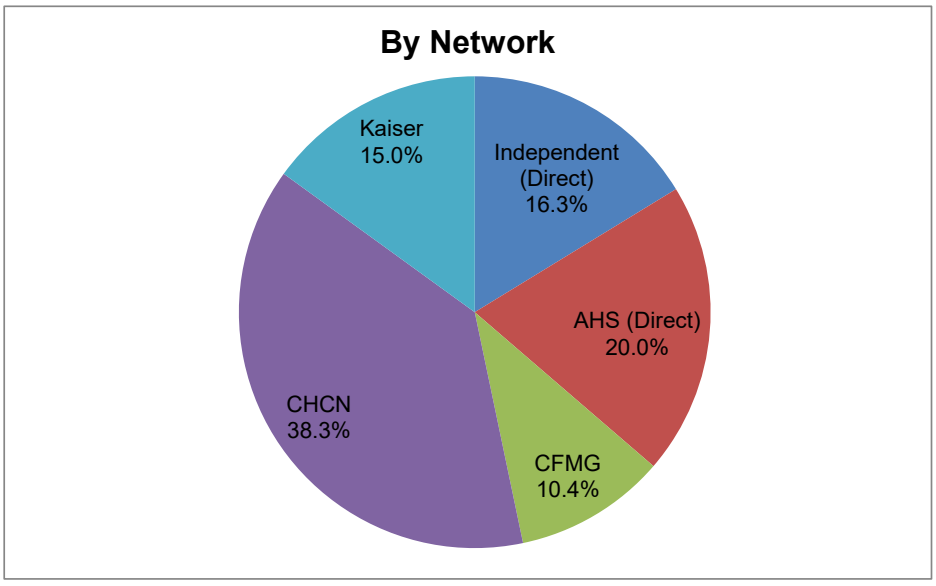
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
909,322	705,592	(203,730)	(28.9%)	ECM Base FFS Ancillary	3,590,643	2,822,368	(768,275)	(27.2%)
5,285	5,227	(58)	(1.1%)	ECM Outreach FFS Ancillary	9,825	20,908	11,083	53.0%
505,178	328,054	(177,124)	(54.0%)	CS - Housing Deposits FFS Ancillary	1,489,342	1,312,216	(177,126)	(13.5%)
233,086	580,031	346,945	59.8%	CS - Housing Tenancy FFS Ancillary	1,973,181	2,320,124	346,943	15.0%
315,530	220,281	(95,249)	(43.2%)	CS - Housing Navigation Services FFS Ancillary	976,376	881,124	(95,252)	(10.8%)
310,132	325,580	15,448	4.7%	CS - Medical Respite FFS Ancillary	1,286,872	1,302,320	15,448	1.2%
282,821	128,572	(154,249)	(120.0%)	CS - Medically Tailored Meals FFS Ancillary	668,540	514,288	(154,252)	(30.0%)
49,094	37,159	(11,935)	(32.1%)	CS - Asthma Remediation FFS Ancillary	160,573	148,636	(11,937)	(8.0%)
0	9,999	9,999	100.0%	MOT- Wrap Around (Non Medical MOT Cost)	8,674	39,996	31,322	78.3%
$6,063,790	**$7,380,395**	**$1,316,605**	**17.8%**	**9-Ancillary Medical Expense**	**$26,168,154**	**$29,126,471**	**$2,958,317**	**10.2%**
1,486,877	0	(1,486,877)	0.0%	IBNP-Outpatient	1,712,767	0	(1,712,767)	0.0%
44,607	0	(44,607)	0.0%	IBNP Settlement (OP)	51,384	0	(51,384)	0.0%
118,950	0	(118,950)	0.0%	IBNP Claims Fluctuation (OP)	137,022	0	(137,022)	0.0%
1,413,738	9,080,422	7,666,684	84.4%	Out-Patient FFS	5,334,709	35,870,623	30,535,914	85.1%
1,386,175	0	(1,386,175)	0.0%	OP Ambul Surgery - FFS	6,320,713	0	(6,320,713)	0.0%
1,250,478	0	(1,250,478)	0.0%	OP Fac Imaging Services-FFS	4,151,392	0	(4,151,392)	0.0%
892,763	0	(892,763)	0.0%	Behav Health - FFS	3,072,756	0	(3,072,756)	0.0%
1,334,326	0	(1,334,326)	0.0%	Behavioral Health Therapy - FFS	4,559,994	0	(4,559,994)	0.0%
455,385	0	(455,385)	0.0%	OP Facility - Lab FFS	1,978,515	0	(1,978,515)	0.0%
107,633	0	(107,633)	0.0%	OP Facility - Cardio FFS	419,692	0	(419,692)	0.0%
48,514	0	(48,514)	0.0%	OP Facility - PT/OT/ST FFS	185,180	0	(185,180)	0.0%
2,699,840	0	(2,699,840)	0.0%	OP Facility - Dialysis FFS	7,656,130	0	(7,656,130)	0.0%
$11,239,286	**$9,080,422**	**($2,158,864)**	**(23.8%)**	**10-Outpatient Medical Expense Medical Expense**	**$35,580,254**	**$35,870,623**	**$290,369**	**0.8%**
(51,161)	0	51,161	0.0%	IBNP-Emergency	337,708	0	(337,708)	0.0%
(1,535)	0	1,535	0.0%	IBNP Settlement (ER)	10,128	0	(10,128)	0.0%
(4,092)	0	4,092	0.0%	IBNP Claims Fluctuation (ER)	27,018	0	(27,018)	0.0%
597,703	0	(597,703)	0.0%	Special ER Physician-FFS	2,522,209	0	(2,522,209)	0.0%
3,870,212	5,558,541	1,688,329	30.4%	ER-Facility	15,872,803	21,909,665	6,036,862	27.6%
$4,411,127	**$5,558,541**	**$1,147,414**	**20.6%**	**11-Emergency Expense**	**$18,769,866**	**$21,909,665**	**$3,139,799**	**14.3%**
1,010,693	0	(1,010,693)	0.0%	IBNP-Pharmacy	955,216	0	(955,216)	0.0%
30,320	0	(30,320)	0.0%	IBNP Settlement (RX)	28,657	0	(28,657)	0.0%
80,855	0	(80,855)	0.0%	IBNP Claims Fluctuation (RX)	76,415	0	(76,415)	0.0%
482,954	365,792	(117,162)	(32.0%)	Pharmacy-FFS	1,823,888	1,467,243	(356,645)	(24.3%)
42,023	6,235,108	6,193,085	99.3%	Pharmacy- Non-PBM FFS-Other Anc	13,495,384	24,429,382	10,933,998	44.8%
3,347,823	0	(3,347,823)	0.0%	Pharmacy- Non-PBM FFS-OP FAC	7,474,895	0	(7,474,895)	0.0%
104,685	0	(104,685)	0.0%	Pharmacy- Non-PBM FFS-PCP	222,232	0	(222,232)	0.0%
1,951,256	0	(1,951,256)	0.0%	Pharmacy- Non-PBM FFS-SCP	3,401,156	0	(3,401,156)	0.0%
7,364	0	(7,364)	0.0%	Pharmacy- Non-PBM FFS-FQHC	11,510	0	(11,510)	0.0%
85,951	0	(85,951)	0.0%	Pharmacy- Non-PBM FFS-HH	100,717	0	(100,717)	0.0%
(43)	0	43	0.0%	HMS RX Refunds	(59,404)	0	59,404	0.0%
0	11,834	11,834	100.0%	Pharmacy-Rebate	0	36,024	36,024	100.0%
$7,143,881	**$6,612,734**	**($531,147)**	**(8.0%)**	**12-Pharmacy Expense**	**$27,530,667**	**$25,932,649**	**($1,598,018)**	**(6.2%)**
$64,374,459	**$71,927,059**	**$7,552,600**	**10.5%**	**13-TOTAL FFS MEDICAL EXPENSES**	**$262,951,726**	**$282,499,070**	**$19,547,344**	**6.9%**
0	(393,313)	(393,313)	100.0%	Clinical Vacancy	0	(1,293,719)	(1,293,719)	100.0%
69,454	121,599	52,145	42.9%	Quality Analytics	283,818	483,425	199,607	41.3%
454,529	546,339	91,810	16.8%	Health Plan Services Department Total	1,798,910	2,159,348	360,438	16.7%
381,544	474,758	93,214	19.6%	Case & Disease Management Department Total	1,450,851	1,856,221	405,370	21.8%
2,058,646	292,440	(1,766,206)	(604.0%)	Medical Services Department Total	3,018,667	3,170,998	152,331	4.8%
1,000,017	831,659	(168,358)	(20.2%)	Quality Management Department Total	2,207,686	3,065,351	857,665	28.0%
165,645	182,778	17,133	9.4%	HCS Behavioral Health Department Total	466,733	683,401	216,668	31.7%
110,230	147,886	37,656	25.5%	Pharmacy Services Department Total	504,409	576,098	71,689	12.4%
5,129	125,658	120,529	95.9%	Regulatory Readiness Total	65,842	473,332	407,490	86.1%
$4,245,195	**$2,329,804**	**($1,915,391)**	**(82.2%)**	**14-Other Benefits & Services**	**$9,796,915**	**$11,174,455**	**$1,377,540**	**12.3%**
				Reinsurance Expense				
(655,000)	(658,192)	(3,192)	0.5%	Reinsurance Recoveries	(3,957,611)	(2,620,636)	1,336,975	(51.0%)
815,647	877,589	61,942	7.1%	Stop-Loss Expense	3,236,731	3,494,181	257,450	7.4%
$160,647	**$219,397**	**$58,750**	**26.8%**	**15-Reinsurance Expense**	**($720,880)**	**$873,545**	**$1,594,425**	**182.5%**
$91,555,689	**$98,617,173**	**$7,061,484**	**7.2%**	**17-TOTAL MEDICAL EXPENSES**	**$366,915,434**	**$390,614,547**	**$23,699,113**	**6.1%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Oct 2022**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	49,162	15%	9,344	9,782	835	20,195	9,006
Child	101,323	32%	7,350	9,294	30,545	35,430	18,704
SPD	28,237	9%	8,361	4,484	1,013	12,229	2,150
ACA OE	116,205	37%	16,841	37,881	1,222	45,093	15,168
Duals	22,482	7%	8,370	2,485	2	8,108	3,517
Medi-Cal	317,409		50,266	63,926	33,617	121,055	48,545
Group Care	5,789		2,305	873	-	2,611	-
Total	**323,198**	**100%**	**52,571**	**64,799**	**33,617**	**123,666**	**48,545**
Medi-Cal %	98.2%		95.6%	98.7%	100.0%	97.9%	100.0%
Group Care %	1.8%		4.4%	1.3%	0.0%	2.1%	0.0%
	Network Distribution		*16.3%*	*20.0%*	*10.4%*	*38.3%*	*15.0%*
			% Direct:	**36%**		**% Delegated:**	**64%**

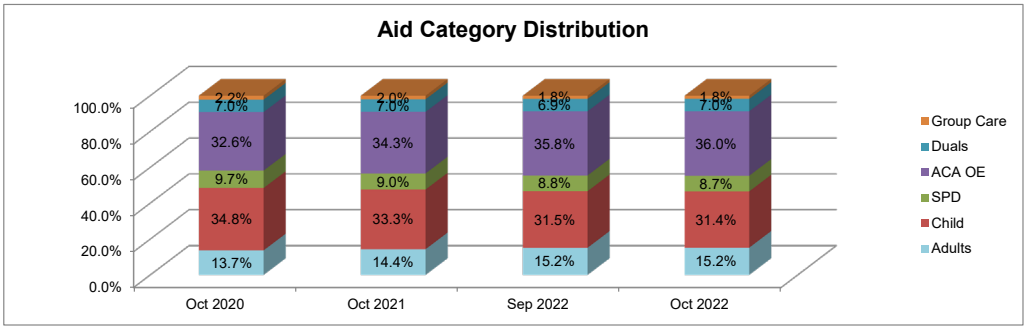




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

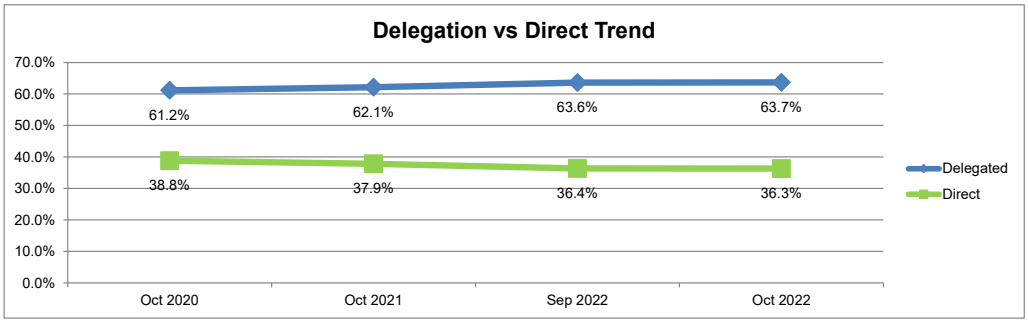
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020 to Oct 2021	Oct 2021 to Oct 2022	Sep 2022 to Oct 2022
Adults	37,071	42,177	48,711	49,162	13.7%	14.4%	15.2%	15.2%	13.8%	16.6%	0.9%
Child	93,982	97,636	101,276	101,323	34.8%	33.3%	31.5%	31.4%	3.9%	3.8%	0.0%
SPD	26,250	26,366	28,200	28,237	9.7%	9.0%	8.8%	8.7%	0.4%	7.1%	0.1%
ACA OE	88,258	100,844	115,018	116,205	32.6%	34.3%	35.8%	36.0%	14.3%	15.2%	1.0%
Duals	18,848	20,692	22,319	22,482	7.0%	7.0%	6.9%	7.0%	9.8%	8.7%	0.7%
Medi-Cal Total	264,409	287,715	315,524	317,409	97.8%	98.0%	98.2%	98.2%	8.8%	10.3%	0.6%
Group Care	6,009	5,880	5,809	5,789	2.2%	2.0%	1.8%	1.8%	-2.1%	-1.5%	-0.3%
Total	**270,418**	**293,595**	**321,333**	**323,198**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.6%**	**10.1%**	**0.6%**



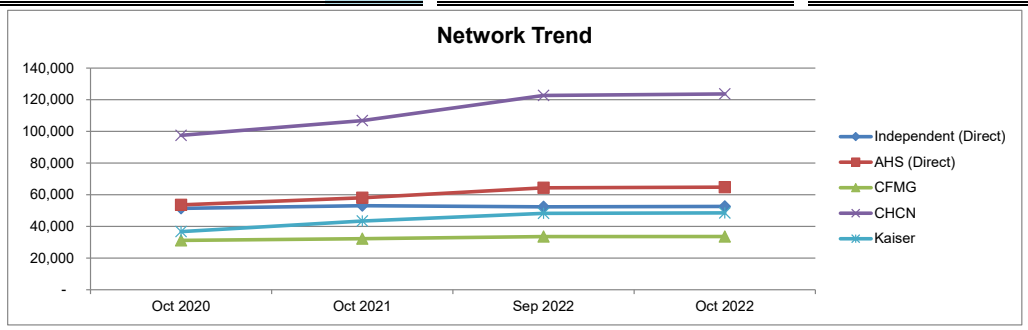
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020 to Oct 2021	Oct 2021 to Oct 2022	Sep 2022 to Oct 2022
Delegated	165,414	182,465	204,491	205,828	61.2%	62.1%	63.6%	63.7%	10.3%	12.8%	0.7%
Direct	105,004	111,130	116,842	117,370	38.8%	37.9%	36.4%	36.3%	5.8%	5.6%	0.5%
Total	**270,418**	**293,595**	**321,333**	**323,198**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.6%**	**10.1%**	**0.6%**



Network Trend

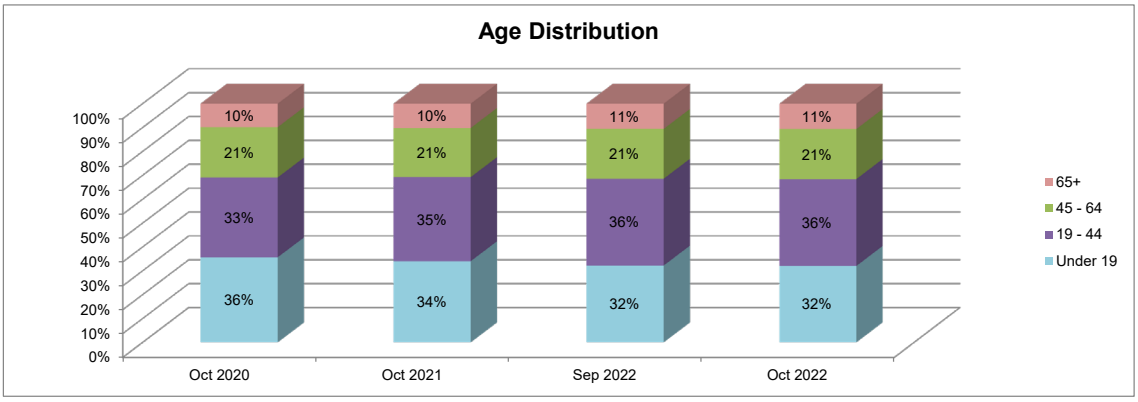
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020 to Oct 2021	Oct 2021 to Oct 2022	Sep 2022 to Oct 2022
Independent (Direct)	51,397	53,081	52,418	52,571	19.0%	18.1%	16.3%	16.3%	3.3%	-1.0%	0.3%
AHS (Direct)	53,607	58,049	64,424	64,799	19.8%	19.8%	20.0%	20.0%	8.3%	11.6%	0.6%
CFMG	31,173	32,232	33,577	33,617	11.5%	11.0%	10.4%	10.4%	3.4%	4.3%	0.1%
CHCN	97,528	106,808	122,696	123,666	36.1%	36.4%	38.2%	38.3%	9.5%	15.8%	0.8%
Kaiser	36,713	43,425	48,218	48,545	13.6%	14.8%	15.0%	15.0%	18.3%	11.8%	0.7%
Total	**270,418**	**293,595**	**321,333**	**323,198**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.6%**	**10.1%**	**0.6%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

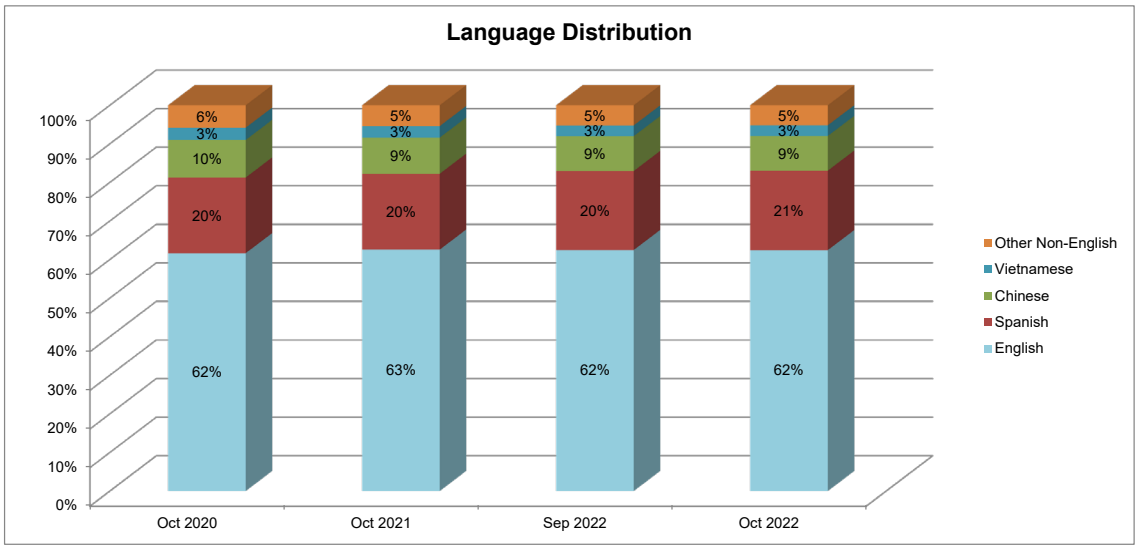
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020 to Oct 2021	Oct 2021 to Oct 2022	Sep 2022 to Oct 2022
Under 19	96,441	99,912	103,516	103,541	36%	34%	32%	32%	4%	4%	0%
19 - 44	90,430	103,423	116,874	117,664	33%	35%	36%	36%	14%	14%	1%
45 - 64	56,947	60,392	66,989	67,687	21%	21%	21%	21%	6%	12%	1%
65+	26,600	29,868	33,954	34,306	10%	10%	11%	11%	12%	15%	1%
Total	**270,418**	**293,595**	**321,333**	**323,198**	**100%**	**100%**	**100%**	**100%**	**9%**	**10%**	**1%**



Language Trend

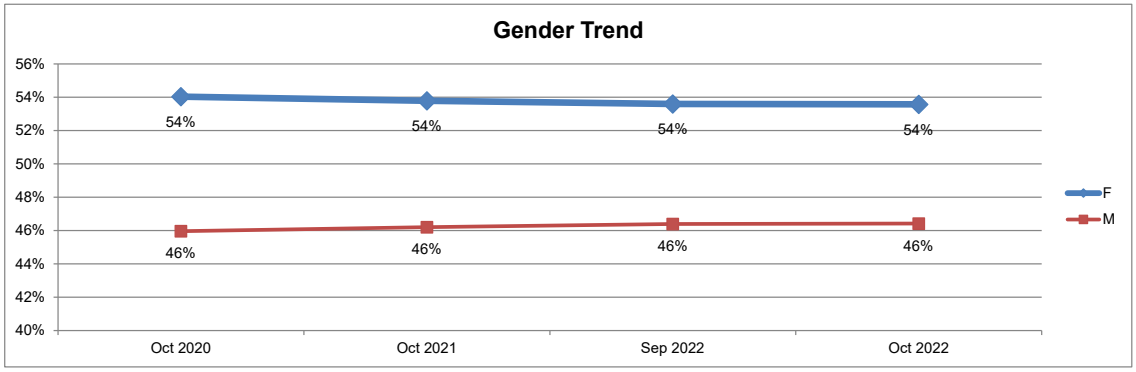
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020 to Oct 2021	Oct 2021 to Oct 2022	Sep 2022 to Oct 2022
English	166,664	183,672	200,696	201,780	62%	63%	62%	62%	10%	10%	1%
Spanish	53,075	57,766	65,837	66,629	20%	20%	20%	21%	9%	15%	1%
Chinese	26,328	27,509	29,053	29,052	10%	9%	9%	9%	4%	6%	0%
Vietnamese	8,612	8,766	8,928	8,934	3%	3%	3%	3%	2%	2%	0%
Other Non-English	15,739	15,882	16,819	16,803	6%	5%	5%	5%	1%	6%	0%
Total	**270,418**	**293,595**	**321,333**	**323,198**	**100%**	**100%**	**100%**	**100%**	**9%**	**10%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

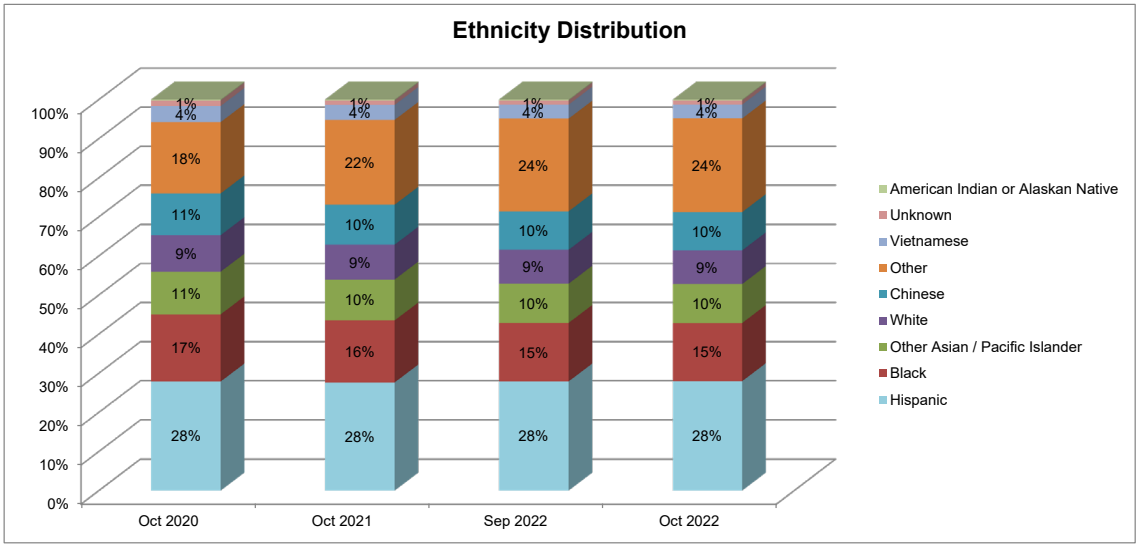
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020 to Oct 2021	Oct 2021 to Oct 2022	Sep 2022 to Oct 2022
F	146,124	157,936	172,247	173,160	54%	54%	54%	54%	8%	10%	1%
M	124,294	135,659	149,086	150,038	46%	46%	46%	46%	9%	11%	1%
Total	**270,418**	**293,595**	**321,333**	**323,198**	**100%**	**100%**	**100%**	**100%**	**9%**	**10%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020	Oct 2021	Sep 2022	Oct 2022	Oct 2020 to Oct 2021	Oct 2021 to Oct 2022	Sep 2022 to Oct 2022
Hispanic	75,337	81,109	89,573	90,312	28%	28%	28%	28%	8%	11%	1%
Black	46,470	46,569	48,141	48,088	17%	16%	15%	15%	0%	3%	0%
Other Asian / Pacific Islander	29,490	30,710	32,208	32,221	11%	10%	10%	10%	4%	5%	0%
White	25,311	26,206	27,911	27,881	9%	9%	9%	9%	4%	6%	0%
Chinese	28,874	30,010	31,599	31,624	11%	10%	10%	10%	4%	5%	0%
Other	49,333	63,689	76,226	77,437	18%	22%	24%	24%	29%	22%	2%
Vietnamese	11,130	11,246	11,448	11,427	4%	4%	4%	4%	1%	2%	0%
Unknown	3,866	3,430	3,533	3,514	1%	1%	1%	1%	-11%	2%	-1%
American Indian or Alaskan Native	607	626	694	694	0%	0%	0%	0%	3%	11%	0%
Total	**270,418**	**293,595**	**321,333**	**323,198**	**100%**	**100%**	**100%**	**100%**	**9%**	**10%**	**1%**



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

Medi-Cal By City

City	Oct 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	124,437	39%	12,942	30,359	14,130	53,224	13,782
Hayward	49,815	16%	7,309	11,295	5,525	16,863	8,823
Fremont	28,847	9%	10,101	4,528	999	8,400	4,819
San Leandro	28,757	9%	4,618	4,330	3,494	10,979	5,336
Union City	13,170	4%	3,943	2,162	519	3,971	2,575
Alameda	12,043	4%	2,002	2,031	1,636	4,358	2,016
Berkeley	11,863	4%	1,490	1,783	1,325	5,411	1,854
Livermore	9,788	3%	1,041	711	1,897	4,360	1,779
Newark	7,392	2%	1,873	2,454	228	1,459	1,378
Castro Valley	7,923	2%	1,290	1,256	1,079	2,599	1,699
San Lorenzo	6,658	2%	863	1,180	704	2,514	1,397
Pleasanton	5,323	2%	965	409	516	2,490	943
Dublin	5,747	2%	1,013	445	693	2,501	1,095
Emeryville	2,163	1%	315	423	298	739	388
Albany	1,952	1%	235	231	373	708	405
Piedmont	398	0%	55	115	27	97	104
Sunol	65	0%	11	12	4	24	14
Antioch	33	0%	4	12	6	8	3
Other	1,035	0%	196	190	164	350	135
Total	**317,409**	**100%**	**50,266**	**63,926**	**33,617**	**121,055**	**48,545**

Group Care By City

City	Oct 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,880	32%	429	369	-	1,082	-
Hayward	647	11%	326	135	-	186	-
Fremont	625	11%	455	44	-	126	-
San Leandro	585	10%	219	89	-	277	-
Union City	308	5%	214	31	-	63	-
Alameda	278	5%	96	20	-	162	-
Berkeley	174	3%	53	12	-	109	-
Livermore	86	1%	25	1	-	60	-
Newark	145	3%	85	37	-	23	-
Castro Valley	174	3%	75	19	-	80	-
San Lorenzo	128	2%	49	17	-	62	-
Pleasanton	62	1%	25	3	-	34	-
Dublin	109	2%	37	10	-	62	-
Emeryville	33	1%	13	4	-	16	-
Albany	17	0%	5	1	-	11	-
Piedmont	12	0%	3	-	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	27	0%	5	6	-	16	-
Other	499	9%	191	75	-	233	-
Total	**5,789**	**100%**	**2,305**	**873**	**-**	**2,611**	**-**

Total By City

City	Oct 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	126,317	39%	13,371	30,728	14,130	54,306	13,782
Hayward	50,462	16%	7,635	11,430	5,525	17,049	8,823
Fremont	29,472	9%	10,556	4,572	999	8,526	4,819
San Leandro	29,342	9%	4,837	4,419	3,494	11,256	5,336
Union City	13,478	4%	4,157	2,193	519	4,034	2,575
Alameda	12,321	4%	2,098	2,051	1,636	4,520	2,016
Berkeley	12,037	4%	1,543	1,795	1,325	5,520	1,854
Livermore	9,874	3%	1,066	712	1,897	4,420	1,779
Newark	7,537	2%	1,958	2,491	228	1,482	1,378
Castro Valley	8,097	3%	1,365	1,275	1,079	2,679	1,699
San Lorenzo	6,786	2%	912	1,197	704	2,576	1,397
Pleasanton	5,385	2%	990	412	516	2,524	943
Dublin	5,856	2%	1,050	455	693	2,563	1,095
Emeryville	2,196	1%	328	427	298	755	388
Albany	1,969	1%	240	232	373	719	405
Piedmont	410	0%	58	115	27	106	104
Sunol	65	0%	11	12	4	24	14
Antioch	60	0%	9	18	6	24	3
Other	1,534	0%	387	265	164	583	135
Total	**323,198**	**100%**	**52,571**	**64,799**	**33,617**	**123,666**	**48,545**

FY 2023 Final Budget

Presented to the Alameda Alliance Board of

Governors December 9th, 2022

ALAMEDA Alliance FOR HEALTH

Budget Process

- Preliminary Budget presented to Finance Committee on June 7th and the Board of Governors on June 10th.
- Q1 Forecast & Final Budget includes July – October 2022 actual results and November 2022 – June 2023 projected revenue and expense.
- Calendar Year 2023 rates from DHCS are incomplete.
  - Draft Major Organ Transplant (MOT) Rates received November 19th, 2021. These 2021 rates are included in the Final Budget, but we will receive updated rates in December 2022.
  - Revised Enhanced Care Management (ECM) Rates received November 17th.
  - A subset of the Medi-Cal base rates was received in September, this does not constitute the complete rate package. DHCS to deliver full Medi-Cal Base Rates by December 31st.
  - DHCS is developing separate rates for members with Satisfactory Immigration Status and Unsatisfactory Immigration Status (SIS/UIS). The State is aiming to keep our blended rate (SIS/UIS) the same after completion. There may be risk of recoupment for historical periods.
- Potential awards for CalAIM Incentive programs have been updated.
- Final Budget presented to Finance Committee on December 6th and the Board of Governors December 9th.

Highlights

- Projected Net Income of $17.8 million. $15.1 million for Medi-Cal, $2.7 million for Group Care.
- Year-end TNE is $195.3 million, 532% of TNE required by DMHC.
- The Medical Loss Ratio (MLR) is 93.2%, compared to 94.7% in the Preliminary Budget.
- Year-end enrollment is 357,000. Of note, 29,000 members are transitioning from Fee-for-Service to Managed Medi-Cal in January 2023.
  - Medi-Cal enrollment increases to 351,000. Group Care enrollment trending at normal levels from 5,800-6,000.
- PMPM Revenue is $8.37 higher than Preliminary Budget. This is driven by the additional funding for Long-Term Care Services for SPD and Duals populations, and Incentives.
- FY23 awards for Incentives add $30.3 million in Revenue and Expense.

Highlights (cont.)

- PMPM Fee-for-Service (FFS) Medical Expense is $2.23 unfavorable, mainly due to the carve-in of Long-Term Care Services for SPD and the Duals populations, higher hospital rates, and the change of transportation payment methodology from Capitation to FFS.
- PMPM Capitation expense is $2.42 favorable mainly due to the change of Transportation from Capitation to FFS.
- Administrative Expense is $4.7 million lower than Preliminary Budget. The decrease is driven by delayed hiring ($3.4 million) and delayed projects ($1.3 million).
- Clinical Expense, excluding Incentives, is consistent with Preliminary Budget.
- Staffing includes 489 full-time equivalent employees by June 30th, 2023. This is an addition of 7.5 Administrative FTEs and 4 Clinical FTEs to the Preliminary Budget.

CalAIM Incentives

- Maximum potential CalAIM incentives from 2021-2024 total $80.4 million. To date, AAH has been awarded $15.3 million and paid out $8.5 million.
- Most of the CalAIM funds will be passed on to our community partners.
- CalAIM Incentives of $30.3 million are assumed in the Final Budget from November through June:
  - Housing and Homeless Incentive Program (HHIP) $23.9 million
  - CalAIM Incentive Payment Program (IPP) $6.0 million
  - Student Behavioral Health Incentive Program (SBHIP) $0.4 million.

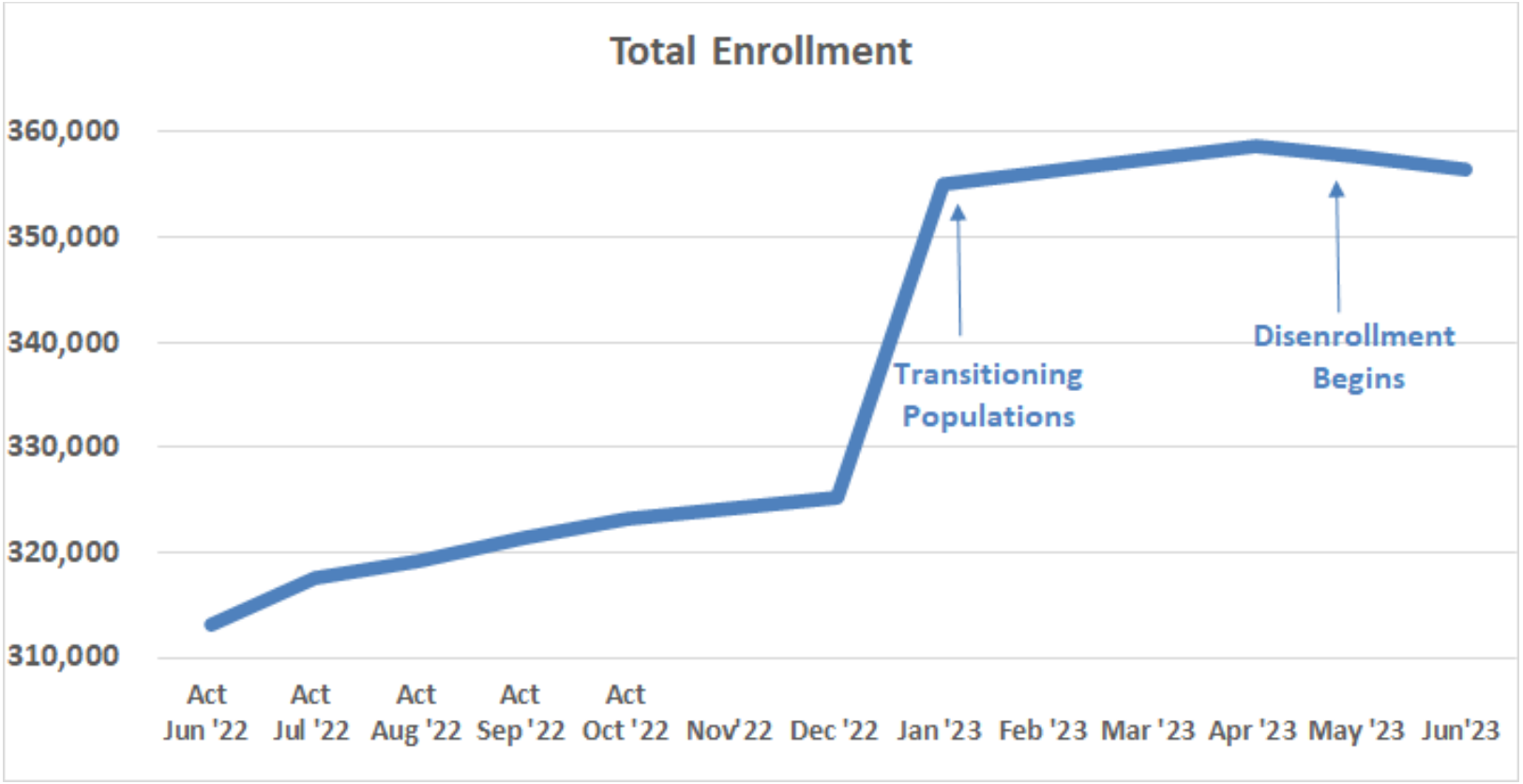
Areas of Uncertainty

- Significant changes in enrollment in FY23 are estimates based on limited DHCS data. These assumptions have a material impact on the financial results.
- Potential fiscal year 2023 and 2024 enrollment may be impacted by DHCS' decision to transition 99% of beneficiaries to Medi-Cal Managed Care by 2024.
- DHCS continues to delay Medi-Cal Base Rates for CY 2023. AAH is accruing ($700K) per month for an estimated unfavorable acuity adjustment for Calendar Year 2022.
- Performance metrics associated to CalAIM incentives will determine how much of the $30.3M will be earned during FY23; potential AAH risk if payouts exceed earnings.
- The State will now be dividing members in each COA by categories of immigration status. Although DHCS says they will aim for budget neutrality, there is risk.
- The number of and cost of transplants that will occur is difficult to predict. To date, the number of transplants has been less than anticipated.
- Contracted rate negotiations continue with hospitals and delegated providers and may further negatively impact future forecasts.
- Potential recoupment for Bridge Period Gross Medical Expense payback to DHCS.
- Programs with a risk corridor are assumed to be neutral to the bottom line. This includes ECM and MOT.

Membership Forecast

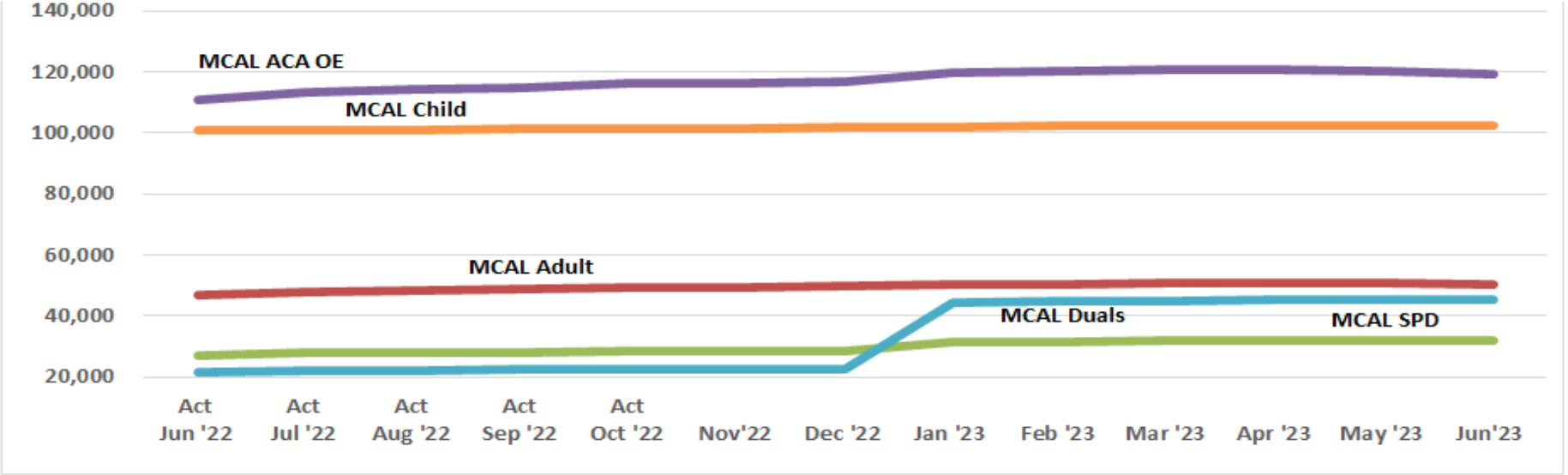
- Medi-Cal enrollment is forecasted to peak in May and ends the year at 357,000.
- Approximately 28,800 members in Populations of Focus are anticipated to transition from Medi-Cal FFS. The largest transitions include 21,500 Dual members, 3,100 SPDs, 2,700 ACA Optional Expansion members, 1,200 LTC/LTC Duals, and 300 Other.
- Group Care enrollment averages 5,800 members per month, with no significant changes anticipated.
- The latest information available has the Public Health Emergency ending in the First Quarter of 2023.
- The re-determination process will resume after Public Health Emergency has ended. It is assumed to begin in May 2023 but may change based on updated information.

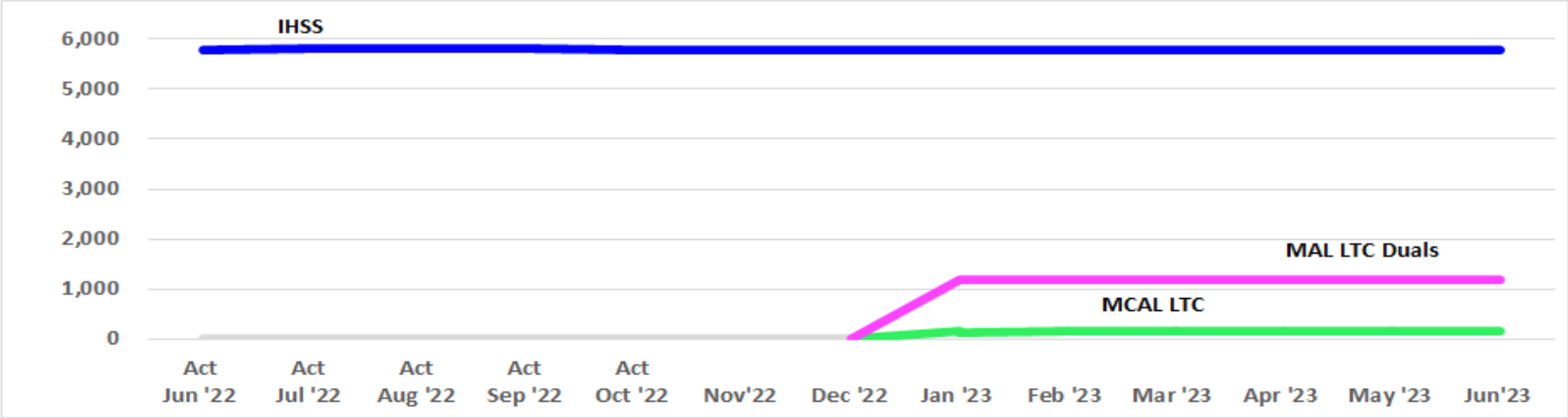
Membership Forecast



FY2023 First Quarter Forecast & Final Budget

Membership Forecast by Population





Revenue

- Projected annual revenue is expected to reach $1.5 billion.
  - 98% for Medi-Cal, 2% for Group Care.
- Blended PMPM rates are assumed to increase by 5.8% vs. Preliminary Budget, due to funding for the LTC carve-in.
- Higher Medi-Cal enrollment adds $66.7 million and Long-Term Care services adds $46.2 million to the Final Budget compared to Preliminary.
- Changes in the Calendar Year 2023 Medi-Cal Risk Adjustment Process are estimated to be unfavorable to AAH by approximately $3.7 million annually.
- CalAIM Incentives of $30.3 million are assumed from November through June.
- ECM revenue includes $14.3 million; PMPM rates received are slightly higher than in CY22.
- Revenue for Major Organ Transplants is $14.2 million, based on placeholder rates received in 2021.
- Medi-Cal Supplemental Payments for Behavioral Health Therapy have been discontinued. Funds for the services will be rolled into the Base Rates.

Medical Expense

- PMPM Capitated and FFS Expense is consistent with Preliminary Budget. Year-to-date favorability is offset by costs for Carve-in of the Long-Term Care Category of Service for SPDs and Duals.
- Hospital contract changes increase Expense may exceed $6.0 million versus the Preliminary Budget.
- Net Capitation contract changes increase Expense $8.5 million versus the Preliminary Budget, primarily due to the Long-Term Care Category of Service carve-in. No risk corridor is available for Long-Term Care.
- Long-Term Care Revenue and Expense is assumed to be neutral to our bottom line.
- Higher Medi-Cal enrollment adds over $50.0 million to the Final Budget, compared to Preliminary.
- Enhanced Care Management Expense of $14.3 million is included.
- Community Supports are included for $19.4 million:
  - Housing Initiatives $13.5 million
  - Medical Respite $3.7 million
  - Medically Tailored Meals $1.8 million
  - Asthma Remediation $0.4 million.

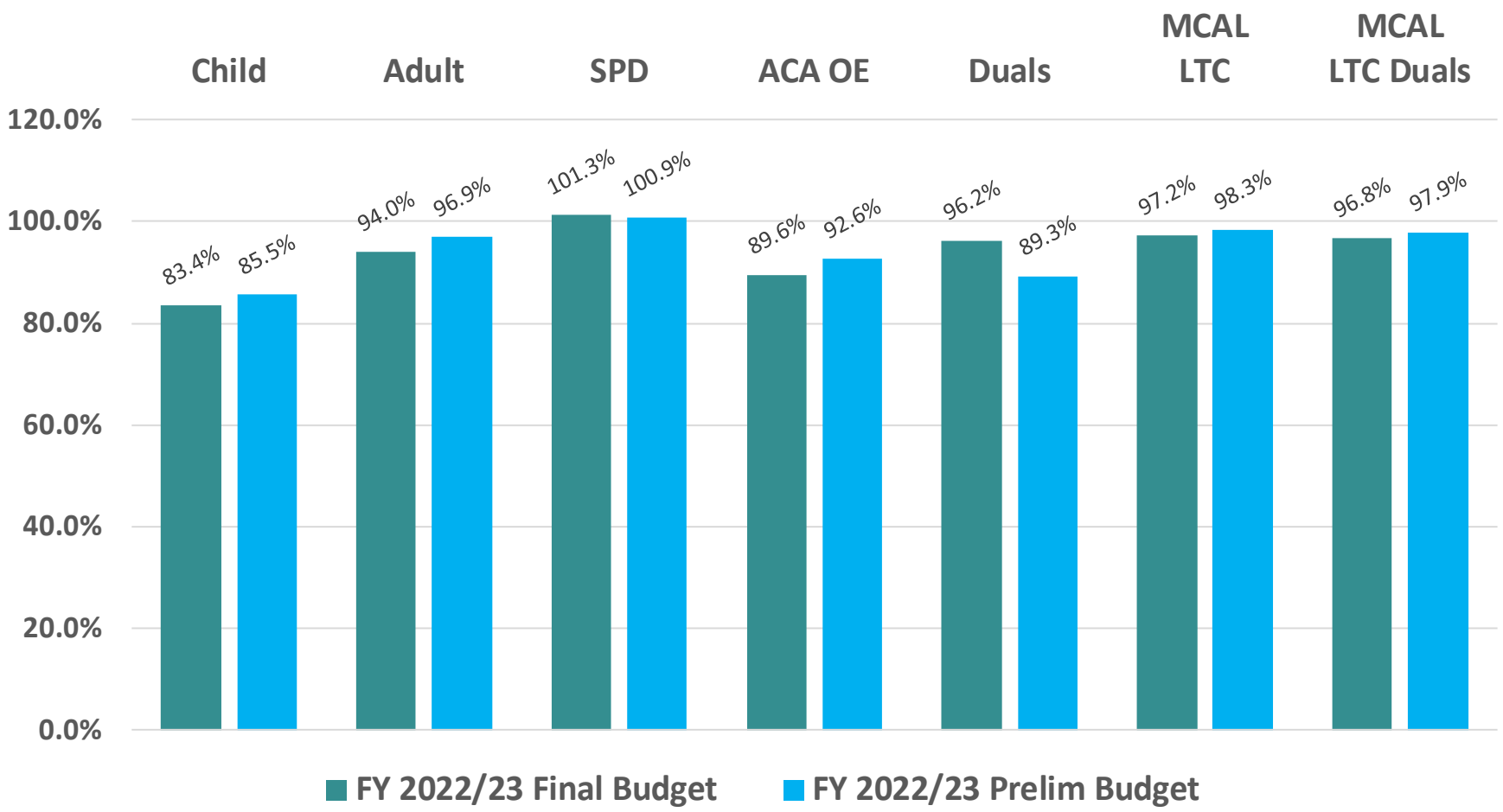
FY2023 First Quarter Forecast & Final Budget

Comparison to Preliminary Budget

$ in Thousands	FY 2023 Final Budget			FY 2023 Preliminary Budget			Variance F/(U)		
	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total
Enrollment at Year-End	*350,746*	*5,789*	*356,535*	*291,391*	*5,828*	*297,219*	*59,355*	*(39)*	*59,316*
Member Months	*4,002,929*	*69,509*	*4,072,438*	*3,704,216*	*69,936*	*3,774,152*	*298,713*	*(427)*	*298,286*
Revenues	$1,420,246	$31,773	$1,452,019	$1,282,115	$31,977	$1,314,092	$138,132	($204)	$137,928
Medical Expense	1,326,939	26,813	1,353,752	1,214,740	27,790	1,242,530	(112,199)	977	(111,222)
Gross Margin	**93,307**	**4,960**	**98,267**	**67,375**	**4,186**	**71,561**	**25,932**	**773**	**26,706**
Administrative Expense	80,150	2,263	82,414	84,305	2,794	87,099	4,154	531	4,685
Operating Margin	**13,157**	**2,697**	**15,853**	**(16,930)**	**1,392**	**(15,538)**	**30,086**	**1,304**	**31,391**
Other Income / (Expense)	1,909	54	1,963	568	17	585	1,342	36	1,378
Net Income / (Loss)	**$15,066**	**$2,750**	**$17,816**	**($16,362)**	**$1,410**	**($14,953)**	**$31,428**	**$1,340**	**$32,768**
Administrative Expense % of Revenue	**5.6%**	**7.1%**	**5.7%**	**6.6%**	**8.7%**	**6.6%**	**0.9%**	**1.6%**	**1.0%**
Medical Loss Ratio	**93.4%**	**84.4%**	**93.2%**	**94.7%**	**86.9%**	**94.6%**	**1.3%**	**2.5%**	**1.3%**
TNE at Year-End			**$240,612**			**$163,734**			**$76,878**
TNE Percent of Required at Year-End			**531.5%**			**479.3%**			**52.2%**

FY2023 First Quarter Forecast & Final Budget

Medical Loss Ratio by Category of Aid



Staffing Comparison to Preliminary Budget

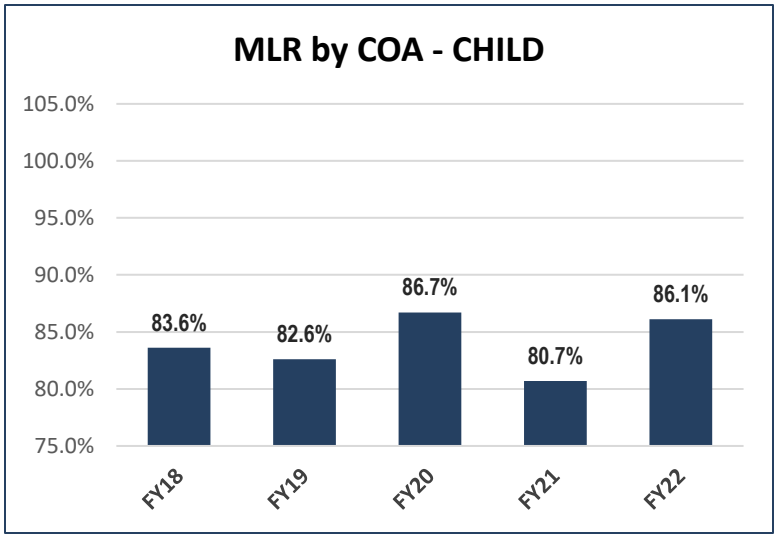
Administrative FTEs	FY22 Final Budget	FY22 Prelim. Budget	Increase/ Decrease
Administrative Vacancy	(32.1)	(33.1)	1.1
Operations	4.0	3.0	1.0
Executive	4.0	4.0	0.0
Finance	30.0	28.0	2.0
Healthcare Analytics	16.5	16.0	0.5
Claims	43.0	43.0	0.0
Information Technology	12.0	11.0	1.0
IT Infrastructure	7.0	7.0	0.0
Apps Mgmt., IT Quality & Process Imp.	15.0	15.0	0.0
IT Development	15.0	15.0	0.0
IT Data Exchange	9.0	9.0	0.0
IT-Ops and Quality Apps Mgt.	9.0	9.0	0.0
Member Services	67.0	69.0	(2.0)
Provider Services	33.0	32.0	1.0
Credentialing	6.0	6.0	0.0
Health Plan Operations	1.0	1.0	0.0
Human Resources	17.0	16.0	1.0
Vendor Management	7.0	7.0	0.0
Legal Services	8.0	7.0	1.0
Facilities & Support Services	7.0	7.0	0.0
Marketing & Communication	10.0	10.0	0.0
Privacy and SIU	10.0	11.0	(1.0)
Regulatory Affairs & Compliance	8.0	6.0	2.0
Grievance and Appeals	17.0	17.0	0.0
Integrated Planning	19.0	19.0	0.0
Total Administrative FTEs	**342.4**	**334.9**	**7.6**

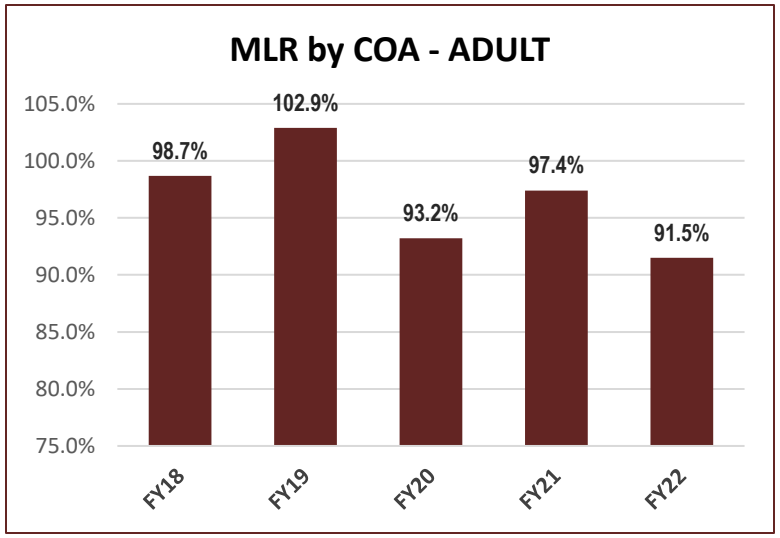
Clinical FTEs	FY22 Final Budget	FY22 Prelim. Budget	Increase/ Decrease
Clinical Vacancy	0.0	(4.0)	4.0
Quality Analytics	4.0	4.0	0.0
Utilization Management	50.9	42.9	8.0
Case/Disease Management	36.0	36.0	0.0
Medical Services	4.0	9.0	(5.0)
Quality Management	29.0	29.0	0.0
HCS Behavioral Health	10.0	10.0	0.0
Pharmacy Services	9.0	9.0	0.0
Regulatory Readiness	4.0	7.0	(3.0)
Total Clinical FTEs	**146.9**	**142.9**	**4.0**

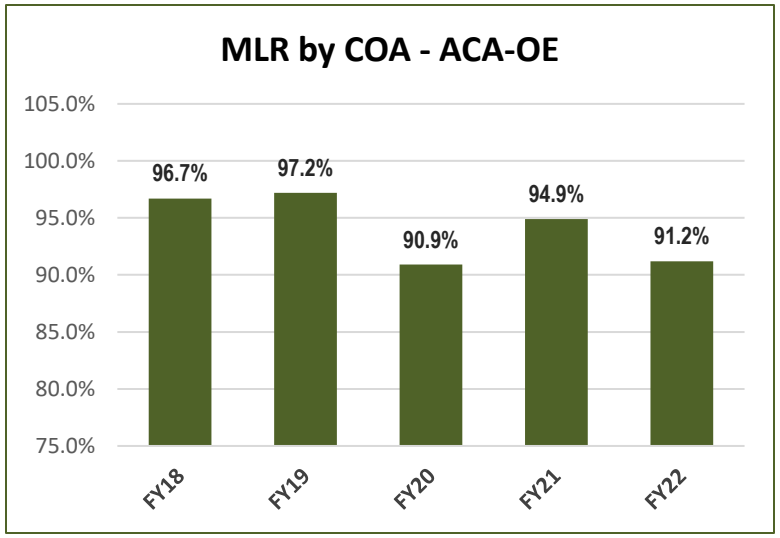
Total FTEs	**489.3**	**477.8**	**11.5**

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

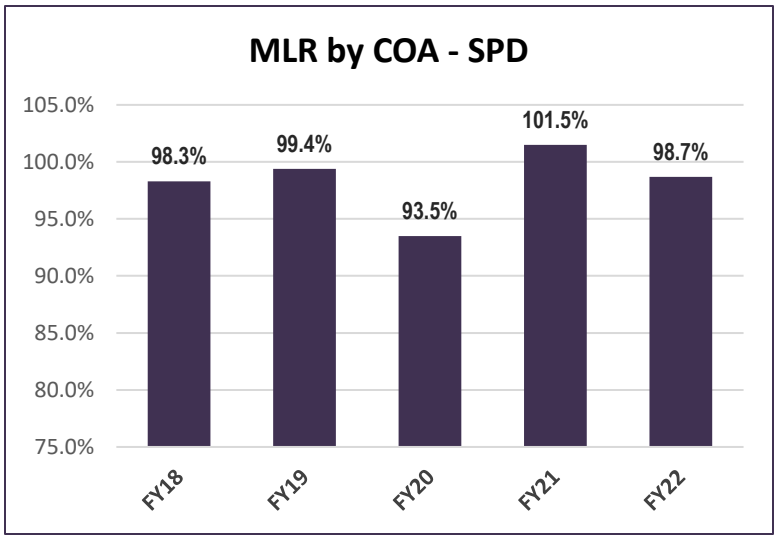
5-Year Historical Medical Loss Ratio by COA

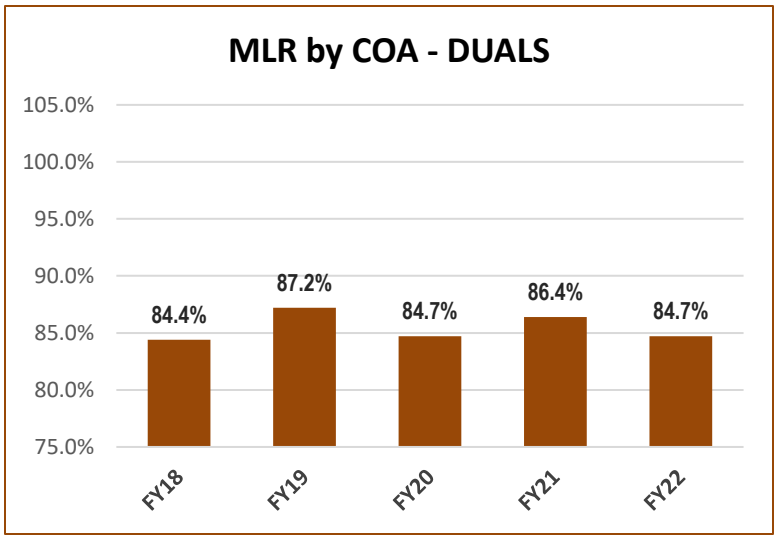






5-Year Historical Medical Loss Ratio by COA





Frequently Used Acronyms

- AAH – Alameda Alliance for Health
- ACA/OE – Affordable Care Act / Optional Expansion
- COA – Category of Aid
- COS – Category of Service
- CS – Community Supports
- DHCS – Department of Health Care Services
- DMHC-Department of Managed Health Care
- ECM – Enhanced Care Management
- FFS – Fee-for-Service
- FTE – Full-Time Equivalent
- HHIP – Housing and Homeless Incentive Program
- IPP – Incentive Payment Program
- LTC – Long-Term Care
- MLR – Medical Loss Ratio
- MOT – Major Organ Transplant
- PMPM – Per Member Per Month
- RDT – Rate Development Template
- SBHIP – Student Behavioral Health Incentive Program
- SPD – Seniors and Persons with Disabilities
- TNE – Tangible Net Equity

ALAMEDA Alliance FOR HEALTH

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

Staff Report and Resolution

TO: Alameda Alliance for Health Board of Governors

FROM: Scott Coffin

DATE: December 9th, 2022

SUBJECT: Hospital Seat (Regular #15), Nomination for Reappointment

RECOMMENDED ACTION

1. Adopt Resolution 2022-05 titled: "A Resolution of Alameda Alliance for Health Approving Hospital Seat Nominee for Board of Governors Membership and Recommending that the Alameda County Board of Supervisors Reappoint a Member to the Board of Governors of Alameda Alliance for Health."

DISCUSSION

Dr. Kelley Meade's current term in the Alameda Alliance for Health ("Alliance") Board of Governors Hospital Seat (Regular #15), will expire on February 25th, 2023. Dr. Meade has chosen to serve an additional four-year term pursuant to Section 3.F of the Alliance Bylaws and has been recommended for reappointment by the Chief Executive Officer. Section 3.J.1 of the Bylaws provides that the Board shall review the recommendation and that the Board's approval shall be by resolution.

Resolution 2022-05 provides for the approval of Dr. Meade's reappointment to the Hospital Seat (Regular #15). If the resolution is passed and adopted by the Board of Governors, it will be sent to the Alameda County Board of Supervisors, who will vote on Dr. Meade's reappointment.

FISCAL IMPACT

This action will not have a fiscal impact.

ATTACHMENTS

Resolution 2022-05.

RESOLUTION NO. 2022-05

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH APPROVING HOSPITAL SEAT NOMINEE FOR BOARD OF GOVERNORS MEMBERSHIP, AND RECOMMENDING THAT THE ALAMEDA COUNTY BOARD OF SUPERVISORS REAPPOINT A MEMBER TO THE BOARD OF GOVERNORS OF ALAMEDA ALLIANCE FOR HEALTH

WHEREAS, Dr. Kelley Meade's current term as an Alameda Alliance for Health (Alliance) Board of Governors member, in the Hospital Seat (Regular #15), will expire on February 25th, 2023; and

WHEREAS, the Alliance Chief Executive Officer recommends that the Alliance Board of Governors nominate Dr. Meade for reappointment to the Hospital Seat (Regular #15), pursuant to Section 3.C of the Alliance Bylaws; and

WHEREAS, pursuant to Sections 3.C and 3.J of the Alliance Bylaws, the Alliance Board of Governors has reviewed the recommendation; and

WHEREAS, the Alliance Board of Governors desires to nominate Dr. Meade for reappointment to the Hospital Seat (Regular #15); and

WHEREAS, pursuant to Sections 3.C and 3.J of the Alliance Bylaws, the Alliance Board of Governors is required to adopt a resolution, which in turn will be provided to the Alameda County Board of Supervisors; and

WHEREAS, upon receipt of the Alliance Board of Governors' resolution, the Alameda County Board of Supervisors may choose to reappoint by majority vote this member to the Alliance Board of Governors.

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

SECTION 1. That the Alliance Board of Governors approves the Chief Executive Officer's recommendation to nominate Dr. Meade for reappointment to the Hospital Seat (Regular #15), on the Alliance Board of Governors, as created pursuant to Section 3.D.3 of the Alliance Bylaws.

SECTION 2. The Alliance Board of Governors hereby recommends that the Alameda County Board of Supervisors reappoint by majority vote Dr. Meade to the Hospital Seat (Regular #15), on the Alliance Board of Governors.

SECTION 3. The Alliance Secretary shall certify the adoption of this resolution and immediately forward it to the Clerk of the Board of the Alameda County Board of Supervisors.

PASSED AND ADOPTED by the Board at a meeting held on the 9th day of December 2022.

_____
CHAIR, BOARD OF GOVERNORS

ATTEST:

_____
Secretary

Public Health Emergency

Presented to the Alameda Alliance Board of Governors

Matthew Woodruff, Chief Operating Officer

December 9th, 2022

Public Health Emergency

- Overview
  - Program Requirement Changes
    - → Over 100 program changes
  - Redetermination
    - → Eligibility
      - – Disenrollment was put on hold during the Federal emergency period
      - – Members were able to enroll

Public Health Emergency

- Public Health Emergency Requirements That Effected the Alliance
  - Telehealth
  - 24-hour access for COVID-19 authorizations and payment guideline changes
  - Texting
  - Enrollment Growth

Public Health Emergency

- Changes after Public Health Emergency Ends
  - Redetermination begins - disenrollment
  - Alliance working Alameda County Social Services Agency and Community Partners to assist members who are due for renewal and who may have recently lost coverage
  - Assist with Covered CA transitions

Public Health Emergency

- Working with Alameda County Social Services Agency, Providers and Community Based Organizations engaged in enrollment assistance
  - Lead role partnering with Social Services Agency
  - Coordination of outreach with our community partners
  - Alliance draft outreach plan due to Department of Health Care Services December 31st, 2022
- End of the Public Health Emergency date is not final
  - Set to end January 11th, 2023
  - Centers for Medicare and Medicaid Services (CMS) will provide 60-day public notice (notice date not met)
  - Currently estimated to end March 31st, 2023
  - State estimates up to 20% could be disenrolled

Public Health Emergency

- Community Outreach
  - Enrollment and Eligibility Determination
    - → Social Service Agency (SSA) will share redetermination date files for Alliance outreach
    - → Partner with Covered CA for outreach
    - → Alliance can only outreach to our members enrolled or who have been disenrolled

Public Health Emergency

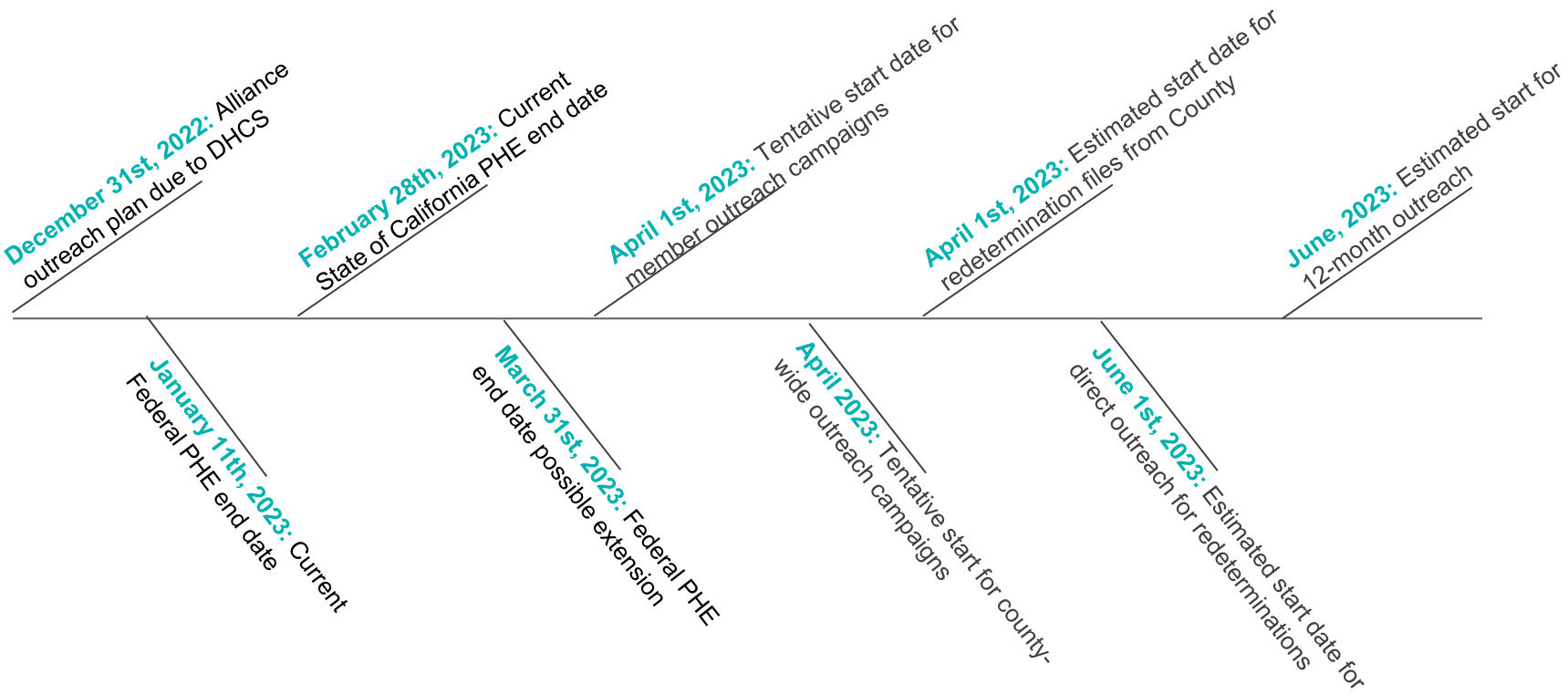
- Community Outreach Continued
  - Outreach Costs
    - → Budgeted to begin February 2023 through June 2023
    - → Budget for next fiscal year July 2023 through June 2024
  - Marketing Campaigns
    - → Explore separate outreach strategies for adults and children
    - → Local TV, ethnic radio, social media, texting, postcards, billboards, print ads
    - → Direct outreach to members working with Federally Qualified Health Centers, Community Health Centers and Community Based Organizations

Public Health Emergency

- Next Steps
  - Draft implementation plan for the Departments of Health Care Services approval
  - Draft implementation plan and coordinate with Social Services Agency
  - Implement Department of Health Care Services Ambassador Program
  - Goal = reduce the States estimate of 20%

Public Health Emergency

- Timeline – *December 31st, 2022, through June 30th, 2024*



January 2023
Program Implementation Updates

Presented to the Alameda Alliance Board of Governors

December 9th, 2022

Agenda

Operational Readiness

- Enhanced Care Management
- Duals Population
- Long Term Care Carve-In
- Population Health Management

CalAIM – Enhanced Care Management

- New Populations of Focus effective January 1st, 2023
  - Members Eligible for Long Term Care and At-Risk of Institutionalization
  - Nursing Home Residents Transitioning to Community
- ECM Providers for new Populations of Focus
  - Two (2) existing ECM Providers, CHCN and EBI, will provide services to the new populations being implemented January 2023
  - Contracting efforts continue for two (2) new ECM Providers, MedArrive and Institute on Aging, to support the new populations

CalAIM – Duals Enrollment

- Currently over 70 percent (over 1.1 million) of beneficiaries dually eligible for Medicare and Medi-Cal are enrolled in a Medi-Cal managed care plan
- On January 1st, 2023, Medi-Cal health coverage for most remaining dually eligible beneficiaries will change from Fee-For-Service (FFS) Medi-Cal to Medi-Cal Managed Care
- DHCS sent out notices explaining the key elements of this transition on November 1st, 2022
- Medi-Cal managed care enrollment will NOT affect a beneficiary's Medicare providers or Medicare Advantage plan
- Medicare providers do NOT need to be in the Medi-Cal managed care network to continue to provide care to their Medicare beneficiaries
- Medi-Cal plans provide many benefits, including those that "wrap around" Medicare
  - As part of CalAIM, Medi-Cal plans statewide are expanding the type of services that could benefit dual eligible beneficiaries, including Enhanced Care Management and Community Supports
  - These services are not available through Medi-Cal fee-for-service.

CalAIM – Long Term Care Carve-In

- Long Term Care (LTC) Readiness Deliverables - DHCS
  - Skilled Nursing Facility (SNF) Network Readiness Template approved by DHCS on 10/14/2022
- APL 22-018-SNF – LTC Benefit Standardization released 9/28/2022 and updated on 10/25/2022
  - Additional DHCS Deliverables submitted to DHCS on 11/28/2022
    - Sixteen (16) deliverables in this submission including P&Ps and Program Description
      - Two (2) of the deliverables have already been approved by DHCS
- Contracting and Credentialing
  - Must contract with a minimum of 60% of total eligible SNFs in the MCP's HEDIS Reporting Unit
    - Goal met, AAH currently at 70% and increasing
    - Contracted with 73 facilities – Custodial Level of Care
      - 51 of 73 facilities credentialed
    - 77 PCP Providers identified; 23 contracts signed
    - Out of Area Facilities – 58 facilities with a total of 82 members
      - 14 contracts signed and 44 contracts pending

CalAIM – Long Term Care Carve-In

- LTC Provider Town Halls held on 11/3, 11/10 and 12/1/2022
  - LTC training for all long-term care providers and facilities
- DHCS Member Data
  - Received existing authorizations data from DHCS and currently working on file loading options in core systems
  - Contingency planning is underway if authorization data is not available in impacted systems by January 1st
- LTC Staffing Resources
  - RN Manager (1), RN Reviewer/Case Manager (2), and Non-Clinical Navigator (1) have all been hired and are onboard
  - Still recruiting for Social Worker

Population Health Management

- All Plan Letter (APL) 22-024 was finalized by DHCS on 11/28/2022
  - APL provides final guidance and requirements for the program
    - AAH has 90 days to update and submit any relevant P&Ps to DHCS; due date is 2/26/2023
- Transitional Care Requirements
  - January 2023
    - MCPs must develop and execute a plan to ramp up transitional care services
    - MCPs must implement timely prior authorizations
    - MCPs must know when all members are admitted/discharged/transferred
    - MCPs must ensure all transitional care services are complete for **high-risk** members
  - January 2024 – MCPs are required to ensure all transitional care services are complete for **all** members
- Reports
  - Transition of Care Report – requirements complete; process workflows in progress
  - High-Risk Member Engagement Report – requirements complete

Questions?

Operations

Matt Woodruff

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

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

Date: **December 9th, 2022**

Subject: **Operations Report**

Member Services

- 12-Month Trend Summary:

    - The Member Services Department received a twelve percent (12%) increase in calls in November 2022, totaling 12,587 compared to 11,076 in November 2021. Call volume pre-pandemic in November 2019 was 9,360, which is twenty-six percent (26%) lower than the current call volume.
    - The abandonment rate for November 2022 was twenty-seven percent (27%), compared to eighteen percent (18%) in November 2021.
    - The Department's service level was forty-six percent (46%) in November 2022, compared to forty-eight percent (48%) in November 2021. Service levels continue to be directly impacted due to staffing challenges (unplanned/unscheduled absences related to COVID-19/Flu), intermittent technical issues, mandatory training, and meetings. The Department continues to recruit to fill open positions and has made great progress in filling open positions. Customer Service support service vendor continues to provide overflow call center support.
    - The average talk time (ATT) was seven minutes and fifteen seconds (07:15) for November 2022 compared to six minutes and thirty-eight seconds (06:38) for November 2021.
    - Member utilization of self-service phone options totaled twelve-hundred twenty-six (1226) in November 2022, which includes three hundred seventy-one (371) for the member automated eligibility IVR system. The department continues to analyze IVR prompt utilization and employs member feedback to improve the member's experience and meet the ever-changing needs of our members.
    - The top five call reasons for November 2022 were: 1). Change of PCP, 2). Kaiser, 3) Eligibility/Enrollment, 4). Benefits, 5). ID Card/Member Materials request. The top five call reasons for November 2021 were: 1). Eligibility/Enrollment, 2). Kaiser, 3). Change of PCP, 4). Benefits, 5). ID Card/Member Materials Request.
    - The Department continues to service members via multiple non-contact communication channels (telephonic, email, online, web-based requests,

and in-person) while honoring the organization's policies. The Department responded to seven hundred sixty-eight (768) web-based requests in November 2022 compared to four hundred fifty-one (451) in November 2021. The top three web reason requests for November 2022 were: 1). Change of PCP, 2). ID Card Requests, 3). Update Contact Information.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 174,429 claims in November 2022 compared to 167,057 in November 2021.
    - Auto Adjudication was 80.5% in November 2022 compared to 82.8% in November 2021.
    - Claims compliance for the 30-day turn-around time was 98.4% in November 2022 compared to 98.3% in November 2021. The 45-day turn-around time was 99.9% in November 2022 compared to 99.9% in November 2021.

- Monthly Analysis:

    - In November, we received a total of 174,429 claims in the HEALTHsuite system. This represents an increase of 1.78% from October and is higher, by 7,372 claims, than the number of claims received in November 2021; the higher volume of received claims remains attributed to increased membership.
    - We received 86.58% of claims via EDI and 13.42% of claims via paper.
    - During November, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 80.5% for November.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services department's call volume in November 2022 was 5,439 calls compared to 4,680 calls in November 2021.
    - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our priority.

- The Provider Services department completed 174 calls/visits during November 2022.
- The Provider Services department answered 3,040 calls for November 2022 and made 622 outbound calls.

Credentialing

- 12-Month Trend Summary:

  - At the Peer Review and Credentialing (PRCC) meeting held on November 15th, 2022, there were one hundred sixteen (116) initial network providers approved; one (1) primary care provider, eight (8) specialists, zero (0) ancillary providers, three (3) midlevel providers, and one hundred four (104) behavioral health providers. Additionally, twenty-one (21) providers were re-credentialed at this meeting; five (5) primary care providers, ten (10) specialists, zero (0) ancillary providers, and six (6) midlevel providers.
  - Please refer to the Credentialing charts and graphs located in the Operations supporting documentation for more information.

Provider Dispute Resolution

- 12-Month Trend Summary:

  - In November 2022, the Provider Dispute Resolution (PDR) team received 893 PDRs versus 626 in November 2021.
  - The PDR team resolved 963 cases in November 2022 compared to 639 cases in November 2021.
  - In November 2022, the PDR team upheld 63% of cases versus 70% in November 2021.
  - The PDR team resolved 99.7% of cases within the compliance standard of 95% within 45 working days in November 2022 compared to 99.9% in November 2021.

- Monthly Analysis:

  - AAH received 893 PDRs in November 2022.
  - In November, 963 PDRs were resolved. Out of the 963 PDRs, 605 were upheld, and 358 were overturned.
  - The overturn rate for PDRs was 37% which did not meet our goal of 25% or less.

Community Relations and Outreach

- 12-Month Trend Summary:

    - In November 2022, the Alliance completed 650-member orientation outreach calls and 125 member orientations by phone.
    - The C&O Department reached 190 people (144 identified as Alliance members) during outreach activities, compared to 132 individuals (100% self-identified as Alliance members) in November 2021.
    - The Alliance spent a total of $1,500 in donations, fees, and/or sponsorships, compared to $0 in November 2021.
    - The C&O Department reached members in 13 cities/unincorporated areas throughout the Alameda County, Bay Area, and the U.S., compared to 19 cities in November 2021.

- Monthly Analysis:

    - In November 2022, the C&O Department completed 650-member orientation outreach calls and 125 member orientations by phone, 50 Alliance website inquiries, 3 service requests, and 1 community event.
    - Among the 190 people reached, 76% identified as Alliance members.
    - In November 2022, the C&O Department reached members in 13 locations throughout the Alameda County, Bay Area, and the U.S.
    - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	Nov 2022
Incoming Calls (R/V)	12,587
Abandoned Rate (R/V)	27%
Answered Calls (R/V)	9,181
Average Speed to Answer (ASA)	07:49
Calls Answered in 60 Seconds (R/V)	35%
Average Talk Time (ATT)	07:15
Outbound Calls	5,969

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

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

Claims Department
October 2022 Final and November 2022 Final

METRICS		
Claims Compliance	**Oct-22**	**Nov-22**
90% of clean claims processed within 30 calendar days	99.5%	98.4%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Oct-22**	**Nov-22**
Paper claims	24,806	23,408
EDI claims	146,580	151,021
Claim Volume Total	**171,386**	**174,429**
Percentage of Claims Volume by Submission Method	**Oct-22**	**Nov-22**
% Paper	14.47%	13.42%
% EDI	85.53%	86.58%
Claims Processed	**Oct-22**	**Nov-22**
HEALTHsuite Paid (original claims)	106,521	137,663
HEALTHsuite Denied (original claims)	45,866	56,931
HEALTHsuite Original Claims Sub-Total	**152,387**	**194,594**
HEALTHsuite Adjustments	3,453	1,848
HEALTHsuite Total	**155,840**	**196,442**
Claims Expense	**Oct-22**	**Nov-22**
Medical Claims Paid	$54,064,248	$66,905,656
Interest Paid	$22,350	$27,641
Auto Adjudication	**Oct-22**	**Nov-22**
Claims Auto Adjudicated	124,725	156,674
% Auto Adjudicated	81.8%	80.5%
Average Days from Receipt to Payment	**Oct-22**	**Nov-22**
HEALTHsuite	18	18
Pended Claim Age	**Oct-22**	**Nov-22**
0-29 calendar days	11169	11391
HEALTHsuite		
30-59 calendar days	51	50
HEALTHsuite		
Over 60 calendar days	0	0
HEALTHsuite		
Overall Denial Rate	**Oct-22**	**Nov-22**
Claims denied in HEALTHsuite	45,866	56,931
% Denied	29.4%	29.0%

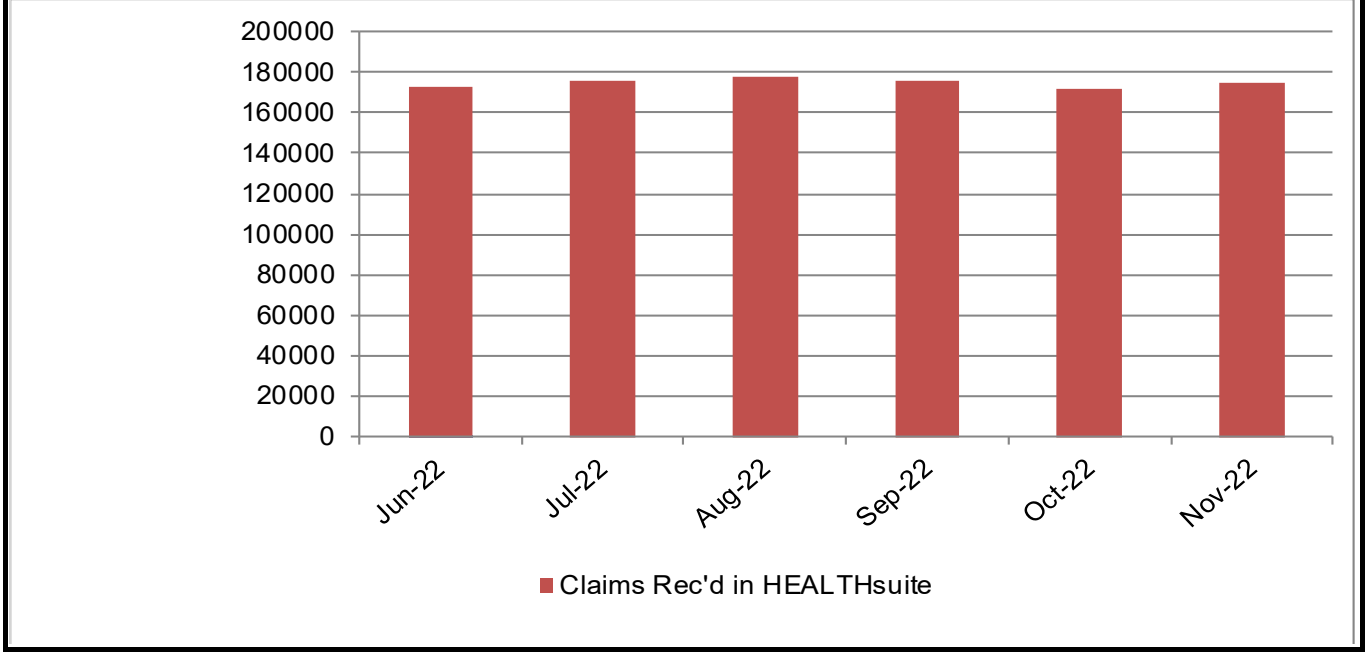
Claims Department
October 2022 Final and November 2022 Final

Nov-22

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	26%
No Benefits Found For Dates of Service	15%
Duplicate Claim	10%
Non-Covered Benefit for this Plan	10%
Member has Multiple Primary Payors	5%
% Total of all denials	**66%**

Claims Received By Month

Run Date	7/1/2022	8/1/2022	9/1/2022	10/1/2022	11/1/2022	12/1/2022
Claims Received Through	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**
Claims Rec'd in HEALTHsuite	173,269	176,217	177,945	175,955	171,386	174,429



Provider Relations Dashboard November 2022

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

Provider Relations Dashboard November 2022

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	3.4%	4.2%	3.4%	3.0%	3.3%	3.4%	3.7%	3.5%	4.3%	3.4%	5.5%	
Benefits	4.1%	3.4%	3.1%	3.8%	3.9%	3.1%	2.9%	2.9%	1.6%	2.1%	3.4%	
Claims Inquiry	40.2%	41.5%	40.8%	48.8%	44.8%	47.8%	48.2%	49.5%	50.5%	50.2%	50.5%	
Change of PCP	2.4%	4.0%	4.8%	4.1%	5.0%	4.2%	3.6%	4.2%	4.2%	4.4%	3.7%	
Complaint/Grievance (includes PDR's)	4.9%	5.3%	4.8%	4.2%	3.8%	3.5%	3.9%	3.4%	2.3%	1.5%	1.3%	
Contracts	0.5%	0.7%	0.8%	0.7%	1.1%	1.2%	1.0%	0.9%	1.0%	1.1%	1.1%	
Correspondence Question/Followup	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	
Demographic Change	0.1%	0.3%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	
Eligibility - Call from Provider	25.3%	23.2%	22.6%	21.4%	23.2%	18.8%	19.0%	17.9%	19.8%	18.6%	18.7%	
Exempt Grievance/ G&A	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	1.3%	
General Inquiry/Non member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Health Education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Intrepreter Services Request	0.8%	0.4%	0.8%	0.7%	1.0%	0.8%	0.1%	0.8%	1.0%	1.1%	0.8%	
Kaiser	0.0%	0.1%	0.1%	0.7%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Member bill	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Provider Portal Assistance	4.5%	5.4%	4.9%	3.9%	4.2%	4.0%	4.9%	4.9%	3.9%	4.2%	4.5%	
Pharmacy	1.2%	0.3%	0.3%	0.3%	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	
Provider Network Info	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.0%	0.1%	
Transferred Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
All Other Calls	12.3%	10.8%	13.4%	8.2%	9.2%	12.8%	12.5%	11.4%	10.8%	13.3%	8.9%	
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	#DIV/0!

Field Visit Activity Details

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

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		BH/ABA 222	AHP 404	PCP 340	SPEC 636	PCP/SPEC 12
AAH/AHS/CHCN Breakdown			AAH 612	AHS 203	CHCN 407	COMBINATION OF GROUPS 392
Facilities	**318**					

VENDOR SUMMARY

Credentialing Verification Organization, Symply CVO

	Number		**Average Calendar Days in Process**	**Goal - Business Days**	**Goal - 98% Accuracy**	**Compliant**
Initial Files in Process	707		61	25	Y	N
Recred Files in Process	99		44	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications						Y
Files currently in process	**806**					

CAQH Applications Processed in September 2022

Standard Providers and Allied Health	**Invoice not received**

November 2022 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	1
SPEC	8
ANCILLARY	0
MIDLEVEL/AHP	3
BH/ABA	104
	116
Recredentialing	
PCP	5
SPEC	10
ANCILLARY	0
MIDLEVEL/AHP	6
BH/ABA	0
	21
TOTAL	**137**

November 2022 Facility Approvals

Initial Credentialing	9
Recredentialing	11
Facility Files in Process	**30**

November 2022 Employee Metrics 5

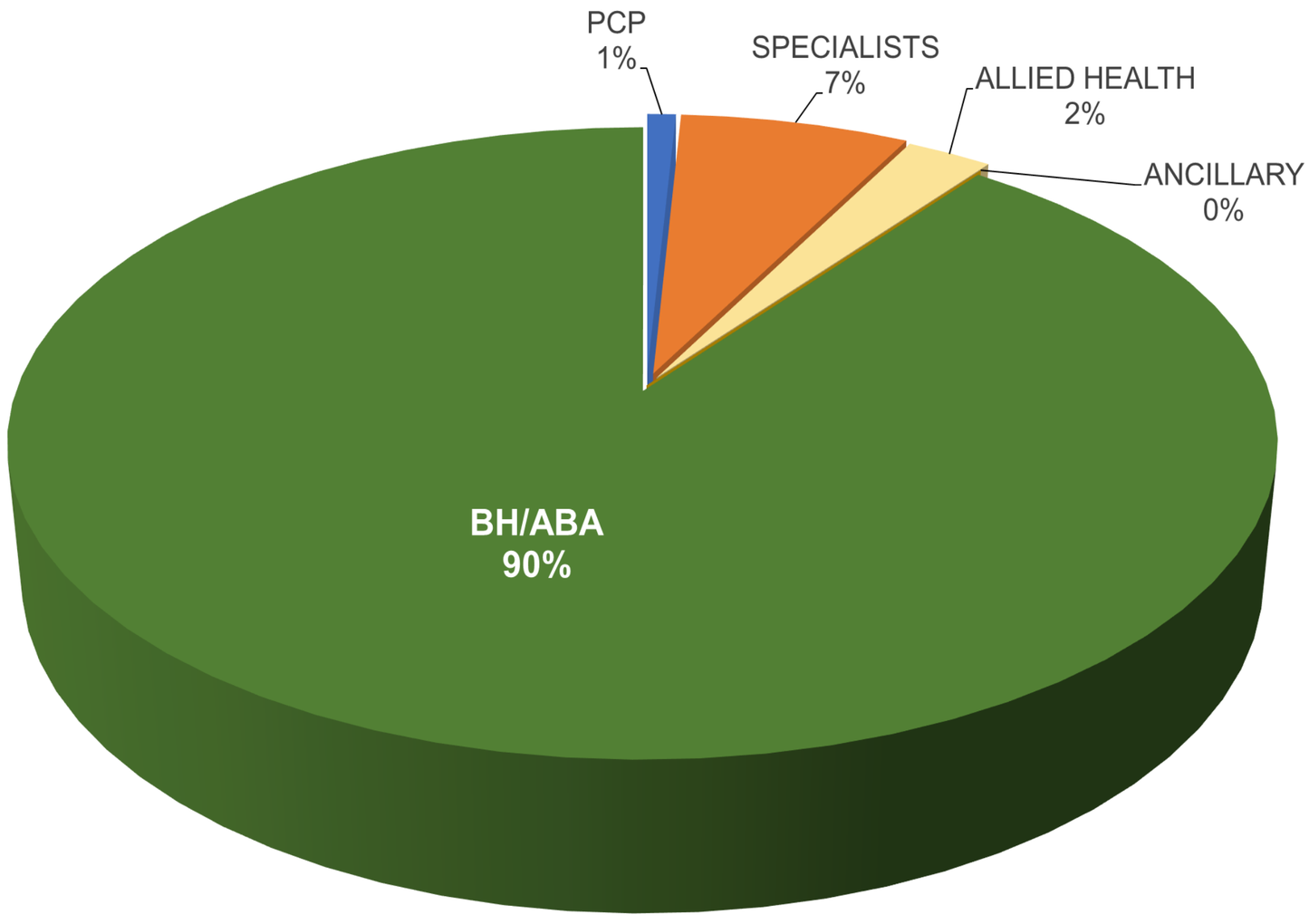
File Processing	Timely processing within 3 days of receipt		Y
Credentialing Accuracy	<3% error rate		Y
DHCS, DMHC, CMS, NCQA Compliant	98%		Y
MBC Monitoring	Timely processing within 3 days of receipt		Y

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Anderson	John	Specialist	INITIAL	11/15/2022
Anyaogu	Jonathan	BH/ABA	INITIAL	11/15/2022
Arevalo	Myrna	BH/ABA	INITIAL	11/15/2022
Arrington	Jazmyn	BH/ABA	INITIAL	11/15/2022
Bell-Gam	Whitney	BH/ABA	INITIAL	11/15/2022
Bi	Michael	Specialist	INITIAL	11/15/2022
Blowers	Andrew	BH/ABA	INITIAL	11/15/2022
Boling	Nina	BH/ABA	INITIAL	11/15/2022
Brandon	William	BH/ABA	INITIAL	11/15/2022
Briggs	Kelsey	BH/ABA	INITIAL	11/15/2022
Buch	Preema	Specialist	INITIAL	11/15/2022
Cadena	Magdalena	BH/ABA	INITIAL	11/15/2022
Calloway	Paul	BH/ABA	INITIAL	11/15/2022
Campbell	Andrea	BH/ABA	INITIAL	11/15/2022
Carlson	Linda	BH/ABA	INITIAL	11/15/2022
Castillo Bernal	Keely	BH/ABA	INITIAL	11/15/2022
Castro-McDaniel	Shauna	BH/ABA	INITIAL	11/15/2022
Cen	Min	BH/ABA	INITIAL	11/15/2022
Cerda	Cindy	BH/ABA	INITIAL	11/15/2022
Chan	Gladys	BH/ABA	INITIAL	11/15/2022
Chappell Watts	Jessica	BH/ABA	INITIAL	11/15/2022
Chardavoyne	John	BH/ABA	INITIAL	11/15/2022
Chen	Song	Allied Health	INITIAL	11/15/2022
Chin	Cheryl	BH/ABA	INITIAL	11/15/2022
Daoud	Jackie	BH/ABA	INITIAL	11/15/2022
DaSilva	Allison	BH/ABA	INITIAL	11/15/2022
Diaz	Erikacamisse	BH/ABA	INITIAL	11/15/2022
Dimas	Juanita	BH/ABA	INITIAL	11/15/2022
Dreby	Timothy	BH/ABA	INITIAL	11/15/2022
Duff	Christopher	BH/ABA	INITIAL	11/15/2022
Ederer	Sydney	BH/ABA	INITIAL	11/15/2022
Edwards	Allie	BH/ABA	INITIAL	11/15/2022
Edwards	Jacob	BH/ABA	INITIAL	11/15/2022
Engdahl	Alle	BH/ABA	INITIAL	11/15/2022
Ennis	Brianna	Primary Care Physician	INITIAL	11/15/2022
Escobar	Elise	BH/ABA	INITIAL	11/15/2022
Escobar	Tonya	BH/ABA	INITIAL	11/15/2022
Espinoza	Perla	BH/ABA	INITIAL	11/15/2022
Galan	Kevin	BH/ABA	INITIAL	11/15/2022
Garfield	Jennifer	BH/ABA	INITIAL	11/15/2022
Gastelum Figueroa	Paulina	BH/ABA	INITIAL	11/15/2022
Gourlie	Chelsea	BH/ABA	INITIAL	11/15/2022
Hamala	Demetrius	BH/ABA	INITIAL	11/15/2022
Hardy	Britany	BH/ABA	INITIAL	11/15/2022
Head-Lyons	Roslyn	BH/ABA	INITIAL	11/15/2022
Heininger	Matthew	BH/ABA	INITIAL	11/15/2022
Herrera	Sofia	BH/ABA	INITIAL	11/15/2022
Ho	Jimmy	BH/ABA	INITIAL	11/15/2022
Hopper	Marie	BH/ABA	INITIAL	11/15/2022
Hossain	Nagma	Specialist	INITIAL	11/15/2022
Hurtado	Jose	BH/ABA	INITIAL	11/15/2022
James	Anne	BH/ABA	INITIAL	11/15/2022

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Jenkins	Brian	BH/ABA	INITIAL	11/15/2022
Jensen	Mariah	BH/ABA	INITIAL	11/15/2022
Jones	Kelly	BH/ABA	INITIAL	11/15/2022
Kahane	Bonnie	BH/ABA	INITIAL	11/15/2022
Kayler	Kira	BH/ABA	INITIAL	11/15/2022
Khan	Sana	BH/ABA	INITIAL	11/15/2022
Kibira	Catharine	BH/ABA	INITIAL	11/15/2022
Kim	Eric	Specialist	INITIAL	11/15/2022
Kleinman	Craig	BH/ABA	INITIAL	11/15/2022
Kumar	Pradeep	BH/ABA	INITIAL	11/15/2022
Lam	Vanessa	BH/ABA	INITIAL	11/15/2022
Lane	Briana	BH/ABA	INITIAL	11/15/2022
Law	Chung Yin	BH/ABA	INITIAL	11/15/2022
Lawton	Diana	BH/ABA	INITIAL	11/15/2022
Liebert	Neil	BH/ABA	INITIAL	11/15/2022
Marpo	Alicia	BH/ABA	INITIAL	11/15/2022
Martin	Susan	BH/ABA	INITIAL	11/15/2022
Mastey	Namrata	Specialist	INITIAL	11/15/2022
Mausteller	Tiffany	BH/ABA	INITIAL	11/15/2022
Mendoza	April	Specialist	INITIAL	11/15/2022
Meroe	Maudisa	BH/ABA	INITIAL	11/15/2022
Mitchell-Castro	Jessica	BH/ABA	INITIAL	11/15/2022
Molina	Stacey	BH/ABA	INITIAL	11/15/2022
Myers	Katherine	BH/ABA	INITIAL	11/15/2022
Naoi	Tomoe	BH/ABA	INITIAL	11/15/2022
Neher	Pamela	BH/ABA	INITIAL	11/15/2022
Norris	Sandra	BH/ABA	INITIAL	11/15/2022
Novotny	Margaret	BH/ABA	INITIAL	11/15/2022
Oren	Jennifer	BH/ABA	INITIAL	11/15/2022
Orgel	Zoey	BH/ABA	INITIAL	11/15/2022
Paul	Tiffany	BH/ABA	INITIAL	11/15/2022
Pelot	Jordan	BH/ABA	INITIAL	11/15/2022
Pinkerton	Michael	BH/ABA	INITIAL	11/15/2022
Radu	Roxana	BH/ABA	INITIAL	11/15/2022
Razawi	Shabnam	BH/ABA	INITIAL	11/15/2022
Rooker	Thomas	BH/ABA	INITIAL	11/15/2022
Ross	Carmel	BH/ABA	INITIAL	11/15/2022
Rowley	Michelle	BH/ABA	INITIAL	11/15/2022
Saad	Joyce	BH/ABA	INITIAL	11/15/2022
Santa Maria	Kimberli	BH/ABA	INITIAL	11/15/2022
Sarsour	Zahiah	BH/ABA	INITIAL	11/15/2022
Shadman	Chehrzad	BH/ABA	INITIAL	11/15/2022
Shah	Hema	BH/ABA	INITIAL	11/15/2022
Shalwitz	Lisa	BH/ABA	INITIAL	11/15/2022
Shamszad	Laila	BH/ABA	INITIAL	11/15/2022
Shaw	Maurice	BH/ABA	INITIAL	11/15/2022
Singh	Brenda	BH/ABA	INITIAL	11/15/2022
Singh	Satbir	BH/ABA	INITIAL	11/15/2022
Sohn	Jessica	BH/ABA	INITIAL	11/15/2022
Sowers	Melody	BH/ABA	INITIAL	11/15/2022
Sterling	Canary	BH/ABA	INITIAL	11/15/2022
Sturla	Jessica	BH/ABA	INITIAL	11/15/2022

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Sudermann	Annemarie	BH/ABA	INITIAL	11/15/2022
Tang	Kit	BH/ABA	INITIAL	11/15/2022
Tipton	Adam	BH/ABA	INITIAL	11/15/2022
Tran	Cindy	BH/ABA	INITIAL	11/15/2022
Vernon	Stephen	BH/ABA	INITIAL	11/15/2022
Verzi	Scott	BH/ABA	INITIAL	11/15/2022
Wang	Sabrina	Allied Health	INITIAL	11/15/2022
Watters	Emily	BH/ABA	INITIAL	11/15/2022
Wise	Karen	BH/ABA	INITIAL	11/15/2022
Wong	Victoria	Allied Health	INITIAL	11/15/2022
Yee	Cynthia	BH/ABA	INITIAL	11/15/2022
Zourabian	Steven	Specialist	INITIAL	11/15/2022
Beazley	Douglas	Allied Health	RE-CRED	11/15/2022
Bhatia	Nisha	Specialist	RE-CRED	11/15/2022
Bodnar	Shelli	Primary Care Physician	RE-CRED	11/15/2022
Boudreault	David	Specialist	RE-CRED	11/15/2022
Cartwright	Joseph	Primary Care Physician	RE-CRED	11/15/2022
Dominic	Sheila	Allied Health	RE-CRED	11/15/2022
Eaton	Scott	Specialist	RE-CRED	11/15/2022
Henstorf	Jan	Specialist	RE-CRED	11/15/2022
Ho	Chao	Primary Care Physician	RE-CRED	11/15/2022
Melnyk	Ostap	Specialist	RE-CRED	11/15/2022
Misra	Sourjya	Specialist	RE-CRED	11/15/2022
Nelson	Lisa	Allied Health	RE-CRED	11/15/2022
Schoenberg	Adriana	Allied Health	RE-CRED	11/15/2022
Scholz	Denise	Allied Health	RE-CRED	11/15/2022
Stacey	Michael	Primary Care Physician	RE-CRED	11/15/2022
Vogeli	Kevin	Specialist	RE-CRED	11/15/2022
Welty	Kathryn	Specialist	RE-CRED	11/15/2022
White	Tracy	Primary Care Physician	RE-CRED	11/15/2022
Wilkinson	Nathan	Allied Health	RE-CRED	11/15/2022
Yang	Xin	Specialist	RE-CRED	11/15/2022
Yogam	Kris	Specialist	RE-CRED	11/15/2022

NOVEMBER PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY



PCP	1
Specialists	8
Allied Health	3
Ancillary	0
BH/ABA	104
Total	116

Provider Dispute Resolution
October 2022 and November 2022

METRICS

PDR Compliance	Oct-22	Nov-22
# of PDRs Resolved	920	963
# Resolved Within 45 Working Days	918	960
% of PDRs Resolved Within 45 Working Days	99.8%	99.7%

PDRs Received	Oct-22	Nov-22
# of PDRs Received	845	893
PDR Volume Total	**845**	**893**

PDRs Resolved	Oct-22	Nov-22
# of PDRs Upheld	612	605
% of PDRs Upheld	67%	63%
# of PDRs Overturned	308	358
% of PDRs Overturned	33%	37%
Total # of PDRs Resolved	**920**	**963**

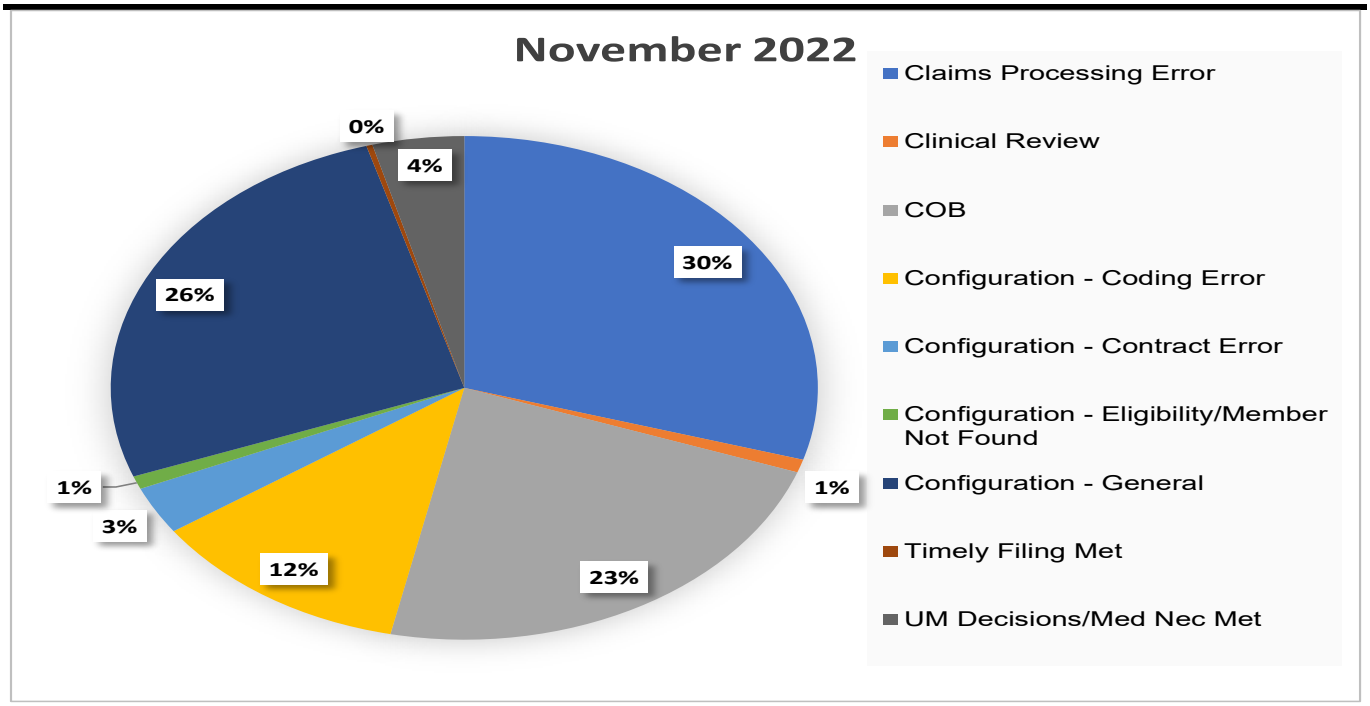
Average Turnaround Time	Oct-22	Nov-22
Average # of Days to Resolve PDRs	24	24
Oldest Unresolved PDR in Days	72	51

Unresolved PDR Age	Oct-22	Nov-22
0-45 Working Days	940	945
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**940**	**945**

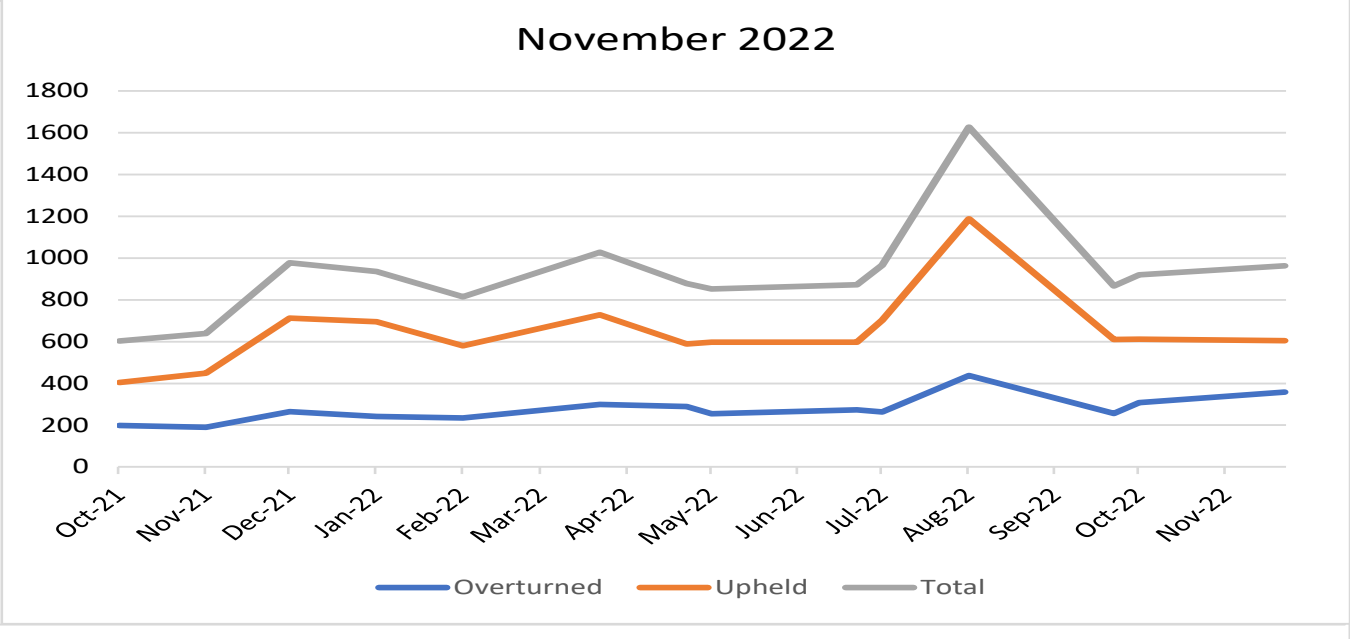
Provider Dispute Resolution
October 2022 and November 2022

Nov-22

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2022-2023 | **NOVEMBER 2022 OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY

FY 2022-2023 | NOVEMBER 2022 OUTREACH REPORT

During November 2022, the Alliance completed **650** member orientation outreach calls and conducted **125** member orientations (**19.2%** member participation rate). In addition, in November 2022, the Outreach team completed 50 Alliance website inquiries, 3 service requests, and 1 community event. The Alliance reached a total of **65** people and spent a total of $1,500 in donations, fees, and/or sponsorships at the Extraordinary Ministries Academy community event. **

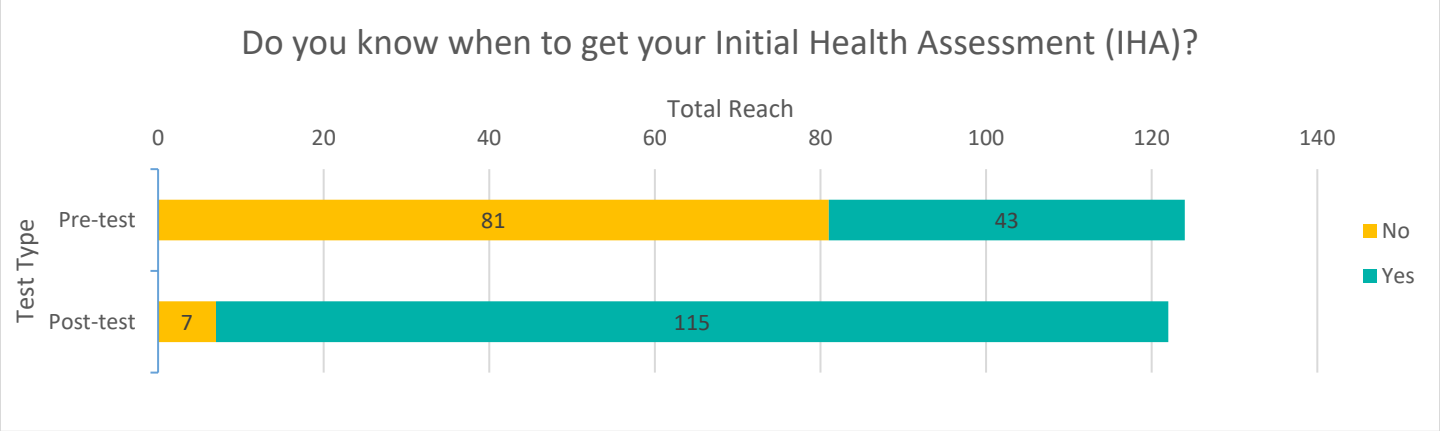
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **26,146** self-identified Alliance members have been reached during outreach activities.

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

On **Wednesday, March 18th, 2020,** the Alliance began conducting member orientations by phone. As of November 30th,2022, the Outreach Team completed 23,224-member orientation outreach calls and conducted 6,295 member orientations (27.1% member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between November 1st, through November 30th, 2022 (20 working days) – **125** net new members completed a MO by phone.

After completing a MO **94.3%** of members who completed the post-test survey in November 2022 reported knowing when to get their IHA, compared to only **34.7%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 22-23\Q2\2. November 2022**

ALLIANCE IN THE COMMUNITY

FY 2022-2023 | NOVEMBER 2022 OUTREACH REPORT

FY 2021-2022 NOVEMBER 2021 TOTALS

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

19 CITIES

Alameda
Antioch
Berkeley
Castro Valley
Dublin
Elk Grove
Emeryville
Fremont
Hayward
Livermore
Matthews
Oakland
Philadelphia
Pleasanton
San Francisco
San Leandro
San Lorenzo
Union City
Youngstown

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

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2022-2023 NOVEMBER 2022 TOTALS

- 1 COMMUNITY EVENTS
- 0 MEMBER EDUCATION EVENTS
- 125 MEMBER ORIENTATIONS
- 0 MEETINGS/ PRESENTATIONS
- 0 COMMUNITY TRAINING
- 0 TOTAL INITIATED/ INVITED EVENTS
- 126 TOTAL COMPLETED **EVENTS**

13 CITIES*

Alameda
Berkeley
Castro Valley
Dublin
Fremont
Hayward
Livermore
Oakland
Pittsburg
Pleasanton
San Leandro
San Lorenzo
Union City

- 65 TOTAL REACHED AT COMMUNITY EVENTS
- 0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
- 125 TOTAL REACHED AT MEMBER ORIENTATIONS
- 0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
- 0 COMMUNITY TRAINING
- 144 MEMBERS REACHED AT ALL EVENTS
- 190 **TOTAL REACHED AT ALL EVENTS**

$1500.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

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

Compliance

Richard Golfin III

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

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

Date: **December 9th, 2022**

Subject: **Compliance Division Report**

Compliance Audit Updates

- 2022 DHCS Routine Medical Survey:
    - The 2022 DHCS Routine Medical Survey was held on April 4th, 2022, and completed April 13th, 2022. On September 13th, 2022, the Plan received the Final Audit Report which detailed 15 findings, 9 of which were repeat findings from the previous audit year. The Plan is in the process of closing finding 2.5.2. Memorandum of Understanding (MOU) with the County Mental Health Plan. The Plan provides monthly CAP updates to the State, with the next report due by December 15th, 2022.

- 2022 DMHC Routine Financial Examination:
    - On February 25th, 2022, the DMHC sent notice to the Plan of the 2022 DMHC Routine Financial Examination beginning August 15th, 2022. On October 31st, 2022, the DMHC held an exit conference where it shared 7-findings in an Index of Exceptions. Findings were noted in Claims Reimbursement & Settlement Practices; PDR Acknowledgment and Determination; Fidelity Bonds Compliance; and Key Plan Personnel Reporting. The preliminary audit report was received on December 2nd, 2022. The Plan started drafting its statement of response, due January 17th, 2023.

- 2022 DMHC Behavioral Health Investigation [MHPAEA]:
    - In 2021, the DMHC began investigating full-service commercial health plans to evaluate and assess barriers providers experience in providing behavioral health services. Pre-audit submissions concluded in July 2022 with more than 1,100 documents provided to DMHC auditors. The Plan remains on standby for next steps.

- 2021 DMHC Routine Full Medical Survey:
    - The 2021 DMHC Routine Medical Survey took place from April 13th, 2021, through April 16th, 2021. On May 25th, 2022, the Plan received its 2021 Preliminary Audit Report and survey results. The preliminary report had a total of six (6) findings: three (3) in Grievances and Appeals; and three (3) in Prescription Drug Coverage.-The Plan provided evidence for a corrected deficiency for G&A Deficiency #2, which the State accepted. The Plan returned its final CAP responses and supporting documentation to the Department on July 8th, 2022, with the remaining additional CAP items expected to be due to the Agency by December 30th, 2022. The DMHC will conduct a Follow-up Survey to assess the Plan's implementation efforts in the Summer of 2023.

- 2021 DHCS Routine Full Medical Survey:
    - On January 13th, 2021, the DHCS sent notice of the 2021 DHCS Routine Medical Survey beginning April 12th, 2021. The Plan received the final audit report on August 24th, 2021, which had a total of thirty-three (33) findings and four (4) repeat findings. The Plan's final response to the findings was completed and provided to the State on September 23rd, 2022. Monitoring will be conducted on an annual basis.

Compliance Activity Updates

- 2022 RFP Contract Award & Review:
    - On February 9th, 2022, the DHCS released Request for Proposal (RFP) #20-10029 soliciting submissions for the 2024 Contract for the provision of managed health care services to Medi-Cal beneficiaries. The contract award is expected in the coming months following CMS approval of State model transitions, with implementation to take place through December 31st, 2023. The Plan submitted the third set of deliverables to DHCS on November 22nd, 2022. The next submission is comprised of forty-one (41) deliverables and will be due to DHCS on February 21st, 2023. The Plan is on standby to receive additional instruction about the extension of deliverables from (245) to a total of four-hundred-seventy-one (471) for the duration of the Operational Readiness contract. The State is expected to provide more information on the remaining requirements in Spring 2023.

- State & Federal PHE Unwinding:
    - California Governor Gavin Newsom has stated the California State of Emergency will end on February 28th, 2023. The potential end-date for the Federal State of Emergency is January 11th, 2023.

- 2022 Corporate Compliance Training – Board of Governors & Staff:
    - The Annual Corporate Compliance Training for all Plan Staff concluded on December 6th, 2022. For Staff members who have not completed the Annual Training, escalation steps described in Compliance Training and Education Policy, CMP-026 will be followed.

Compliance

Supporting Documents

2022 APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
1	DMHC	22-001	1/4/2022	LARGE GROUP RENEWAL NOTICE REQUIREMENTS	MEDI-CAL	California Health and Safety Code (HSC) section 1374.21, subdivision (a)(2) requires all commercial full-service health care service plans ("plans") to comply with disclosure requirements relating to large group renewal notices. Specifically, no change in premium rates or changes in coverage stated in a large group health care service plan contract shall become effective unless the plan has delivered in writing a notice indicating the change or changes at least 120 days prior to the contract renewal effective date.
2	DHCS	22-001	1/11/2022	2022-2023 MEDI-CAL MANAGED CARE HEALTH PLAN MEDS/834 CUTOFF AND PROCESSING SCHEDULE	MEDI-CAL	APL provides Medi-Cal managed care health plans (MCPs) with the 2022-2023 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule.
3	DMHC	22-002	1/19/2022	HOSPITAL BLOCK TRANSFER FILINGS FOR PPO ENROLLEES	MEDI-CAL	DMHC reminds health plans to comply with the Block Transfer filing and notice requirements applicable to hospital contract terminations affecting PPO enrollees. The block transfer statute and regulation is not limited in applicability to a particular product type and therefore applies to PPO products. Accordingly, health plans shall submit a Block Transfer filing for hospital contract terminations that will result in the redirection of 2,000 or more PPO enrollees (or PPO combined with other lines of business).
4	DMHC	22-003	1/21/2022	ASSEMBLY BILL 457 PROTECTION OF PATIENT CHOICE IN TELEHEALTH PROVIDER ACT	GROUP CARE	On October 1, 2021, Governor Gavin Newsom signed AB 457, which amends Section 1374.14 and adds Section 1374.141. Section 1374.141 requires a plan to meet certain conditions if it offers telehealth services to an enrollee through a third-party corporate telehealth provider. AB 457 also requires a plan that provides services to an enrollee through a third-party corporate telehealth provider to (a) notify the enrollee of their right to access their medical records, (b) share the records of any telehealth services provided with the enrollee's PCP, (c) ensure such records are shared with the enrollee's PCP unless the enrollee objects, and (d) notify the enrollee that all services received through the thirdparty corporate telehealth provider are available at in-network cost-sharing and all costsharing shall accrue to the out-of-pocket maximum and deductible (if any).
5	DMHC	22-004	1/21/2022	ASSEMBLY BILL 347 STEP THERAPY EXCEPTION COVERAGE GUIDANCE	MEDI-CAL & GROUP CARE	On October 9, 2021, Governor Gavin Newsom signed Assembly Bill (AB) 347. AB 347 requires health care service plans (health plans or plans), effective January 1, 2022, to expeditiously grant step therapy exceptions within specified time periods when use of the prescription drug required under step therapy is inconsistent with good professional practice. AB 347 also permits providers to appeal a health plan's denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request.
6	DMHC	22-005	1/25/2022	FEDERAL REQUIREMENT TO COVER AT-HOME COVID-19 TESTS PURCHASED OVER-THE COUNTER	GROUP CARE	On January 10, 2022, the federal Departments of Labor, Health and Human Services,and the Treasury issued guidance regarding commercial health plan coverage of athome, over-the-counter COVID-19 tests (OTC COVID-19 tests) authorized by the U.S. Food and Drug Administration.
7	DMHC	22-006	2/1/2022	PLAN YEAR 2023 QHP AND QDP FILING REQUIREMENTS	MEDI-CAL & GROUP CARE	The DMHC offers current and prospective Qualified Health and Dentla Plans, Covered California for Small Business Issuers, and health plans offering non-grandfathered Individual and Small Group product(s) outside of the California Health Benefit Exchange (Covered Calfornia), guidance to assist in the preparation of Plan Year 2023 regulatory submissions, in compliance with Knox-Keene Act at California Health and Safety Code Sections 1340.
8	DMHC	22-007	3/4/2022	DPN MONITORING AND ANNUAL REPORTING CHANGES	MEDI-CAL & GROUP CARE	APL provides an overview of the changes to monitoring and annual reporting of the Timely Access Compliance Report and the Annual Network Report, as required under the Knox-Keene Act.
9	DMHC	22-008	3/9/2022	2022 ANNUAL ASSESSMENTS	MEDI-CAL & GROUP CARE	The Report of Enrollment Plan, as required by HSC section 1356 and the CCR, title 28, section 1300.84.6(a) must be filed with DMHC no later than May 15, 2022.
10	DHCS	22-002	3/14/2022	ALTERNATIVE FORMAT SELECTION FOR MEMBERS WITH VISUAL IMPAIRMENTS	MEDI-CAL & GROUP CARE	APL provides information about DHCS' processes to ensure effective communication with members with visual impairments or other disabilities requiring the provision of written materials in alternative formats, by tracking members' alternative format selections (AFS).

2022 APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
11	DMHC	22-009	3/16/2022	PROVIDER DIRECTORY ANNUAL FILING REQUIREMENTS	MEDI-CAL & GROUP CARE	California HSC section 1367.27, subdivision (m), requires health care service plans to annually submit provider directory policies and procedures to the DMHC (Department).
12	DMHC	22-010	3/17/2022	GUIDANCE REGARDING AB 1184 - CONFIDENTIALITY OF MEDICAL INFORMATION	MEDI-CAL & GROUP CARE	On September 22, 2021, Governor Gavin Newsom signed AB 1184, which amends the Confidentiality of Medical Information Act to require plans to take specified steps to protect the confidentiality of a subscriber's or enrollee's medical information.
13	DHCS	22-003	3/17/2022	MEDI-CAL MANAGED CARE HEALTH PLAN RESPONSIBILITY TO PROVIDE SERVICES TO MEMBERS WITH EATING DISORDERS	MEDI-CAL	Provides MCPs with clarification and guidance regarding their responsibility to coordinate and provide medically necessary services for members who are diagnosed with feeding/eating disorders and are currently receiving Specialty Mental Health Services (SMHS) from a county Mental Health Plan (MHP). Corresponding guidance to MHPs is contained in Behavioral Health Information Notice (BHIN) 22-009.
14	DHCS	22-004	3/17/2022	STRATEGIC APPROACHES FOR USE BY MANAGED CARE PLANS TO MAXIMIZE CONTINUTIY OF COVERAGE AS NORMAL ELIGIBILITY AND ENROLLMENT OPERATIONS RESUME	MEDI-CAL	Provides instruction to MCPs about strategies that must be used by MCPs in collaboration with counties to help ensure eligible beneficiaries retain coverage in Medi-Cal and ease transitions for individuals eligible for coverage through Covered California as DHCS prepares for the resumption of normal operations after the end of the COVID-19 Public Health Emergency (PHE).
15	DMHC	22-011	3/21/2022	NO SURPRISES ACT (NSA) GUIDANCE	GROUP CARE	Effective for plan years beginning on or after January 1, 2022, the NSA prohibits surprise balance billing, as specified, and establishes other consumer protections. To date, the federal government has issued four rulemaking packages, issued guidance, and established a dedicated web page, No Surprises to implement the NSA.
16	DMHC	22-012	3/24/2022	SECTION 1357.503 COMPLIANCE AND MEWA REGISTRATION	MEDI-CAL & GROUP CARE	Informs Plans and association of employers defined as multiple employer welfare arrangement (MEWA) of the requirements of SB 255 (Portantino, Ch. 725, Stats. 2021) and SB 718 (Bates, Ch. 736, Stats. 2021), including California Health and Safety Code section 1357.503. This APL discusses the requirements of Section 1357.503, including requirements of Plans, registration of MEWAs, and other requirements.
17	DHCS	22-005	3/30/2022	NO WRONG DOOR FOR MENTAL HEALTH SERVICES POLICY	MEDI-CAL	Provides MCPs with guidance and clarification regarding the No Wrong Door for Mental Health Services policy. This policy ensures that members receive timely mental health services without delay regardless of the delivery system where they seek care and that members are able to maintain treatment relationships with trusted providers without interruption.
18	DMHC	22-013	4/6/2022	COMPLIANCE WITH SENATE BILL 368	GROUP CARE	On October 6, 2021, Governor Gavin Newsom signed Senate Bill (SB) 368. SB 368 requires individual or group health care service plan (health plans or plans) contracts, issued, amended, or renewed on or after July 1, 2022, to provide enrollees with their up-to-date accrual towards their annual deductible and out-of-pocket maximum for every month benefits were used until the accrual balances are met. SB 368 also requires plans to notify enrollees of their rights to such accrual information and the ability to opt in to receiving the accrual information electronically instead of via mail. Delegated entities with claims payment functions must also comply with the provisions of SB 368.
19	DHCS	22-006	4/8/2022	MEDI-CAL MANAGED CARE HEALTH PLAN RESPONSIBILITIES FOR NON-SPECIALTY MENTAL HEALTH SERVICES	MEDI-CAL	The purpose of this All Plan Letter (APL) is to explain the responsibilities of Medi-Cal managed care health plans (MCPs) for the provision or arrangement of clinically appropriate and covered non-specialty mental health services (NSMHS) and the regulatory requirements for the Medicaid Mental Health Parity Final Rule (CMS-2333-F). This APL also delineates MCP responsibilities for referring to, and coordinating with, County Mental Health Plans (MHPs) for the delivery of specialty mental health services (SMHS).
20	DMHC	22-014	4/25/2022	SENATE BILL 510 COVID-19 TESTING AND VACCINATION COVERAGE GUIDANCE	MEDI-CAL & GROUP CARE	SB 510 requires health care service plans (health plans) to cover, among other things, the costs associated with COVID-19 diagnostic and screening testing and immunization against COVID-19 without cost-sharing, prior authorization, utilization management, or in-network requirements.
21	DMHC	22-015	5/31/2022	FINANCIAL REPORTING REGULATION	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) to notify health care service plans (health plans) about the recent amendments to the annual, quarterly, and monthly financial reporting requirements.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
22	DHCS	22-007	5/5/2022	CALIFORNIA HOUSING AND HOMELESSNESS INCENTIVE PROGRAM	MEDI-CAL	Provides MCP with guidance on the incentive payments linked to the Housing and Homelessness Incentive Program (HHIP) implemented by the California Department of Health Care Services (DHCS) in accordance with the Medi-Cal Home and CommunityBased Services (HCBS) Spending Plan.
23	DHCS	22-008	5/18/2022	NON-EMERGENCY MEDICAL AND NON-MEDICAL TRANSPORTATION SERVICES AND RELATED TRAVEL EXPENSES	MEDI-CAL	Provides Medi-Cal managed care health plans (MCPs) with guidance regarding Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. In addition, this APL clarifies MCP responsibilities regarding the coverage of transportation for pharmacy services with the implementation of Medi-Cal Rx, Medi-Cal enrollment requirements for transportation providers, as well as MCP coverage of transportation related travel expenses.
24	DMHC	22-016	6/10/2022	NATIONAL INFANT FORMULA SHORTAGE	GROUP CARE	To the extent a health plan covers enteral or specialty formula for its enrollees, plans must ensure prior authorization or utilization management requirements do not impede a provider's ability to change or modify an enrollee's formula, including when a physician must change the type, size or brand of formula based on availability. The DMHC encourages plans to treat such requests in an expeditious manner.
25	DHCS	22-009	6/13/2022	COVID-19 GUIDANCE FOR MEDI-CAL MANAGED CARE HEALTH PLANS	MEDI-CAL	APL provides information to MCPs on changes to federal and state requirements for COVID-19 testing, treatment, and prevention.
26	DMHC	22-017	6/14/2022	COVERAGE OF COVID-19 THERAPEUTICS	GROUP CARE	This APL concerns commercial health plan coverage of COVID-19 therapeutics, steps plans can take to encourage providers to use therapeutics, when appropriate, and directs plans to submit a description of how the plan is ensuring enrollees who need and are eligible for therapeutics have ready access to such treatment.
27	DHCS	22-010	6/22/2022	CANCER BIOMARKER TESTING	MEDI-CAL	APL provides information to MCPs about coverage requirements for cancer biomarker testing as required by Senate Bill (SB) 535 (Limón, Chapter 605, Statutes of 2021).
28	DHCS	22-011	6/23/2022	PROPOSITION 56 DIRECTED PAYMENTS FOR FAMILY PLANNING SERVICES	MEDI-CAL	APL provides MCPs with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified family planning services with dates of service on or after July 1, 2019.

ALAMEDA Alliance FOR HEALTH

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

Health Care Services

Steve O'Brien, MD

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

From: **Dr. Steve O'Brien, Chief Medical Officer**

Date: **December 9th, 2022**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- The carve in of Major Organ Transplant/Bone Marrow Transplant (MOT/BMT) went live on 1/1/2022. So far 230 members are in various stages of the Transplant process: 103 in Pre-Transplant, 18 on a Waitlist, 91 are post-Transplant. Most cases are going to UCSF, with a few to Stanford and other Centers of Excellence.

- Progress continues with UM/Claims configuration alignment. We are currently 80% completed, with a goal of completion of this project by Q1 2023. At the end of the project a comprehensive coding list for all PA categories will be published on our website with links to the applicable coding for each category as well as a master coding list. The same list will be published for our delegates to ensure adherence to Health Plan processes. Providers are informed of the coding alignment changes so that they can bill and receive payment in a timely manner. Standardization improves accuracy and timeliness of claims payment through appropriate data integration between the authorization process and the claims processing. This project also supports accurate reporting of data to the state for a variety of initiatives.

- The process to refer members to Tertiary/Quaternary (T/Q) centers for specialized care has been revised to ensure that members appropriate for this higher-level care receive it in the most appropriate setting. Go live for implementation was pushed back at the request of the TQ centers to 1/1/23. There was no change to the submitting providers to avoid any confusion. Providers have been submitting TQ requests since 12/1/22 as planned.

- CCS expanded identification and monitoring program was successfully launched on 8/15/22. To date 359 members with a CCS eligible condition were identified and evaluated for potential referral. 40% of these cases did not meet DHCS criteria and were not referred to CCS for consideration. For the 60% referred to CCS, 80% were accepted by CCS. The CCS team now includes a FT dedicated CCS RN with 2 supporting CCS coordinators. UM is working with Analytics to develop a CCS dashboard, to include total volume of referrals, volume by delegate, referral outcomes, CCS diagnoses and projected cost savings for accepted referrals.

- Community Based Adult Services (CBAS) has been expanded beyond CBAS Center sites to allow services to be provided in alternative settings, the member's home, or telehealth during CBAS participant emergencies. These emergencies can be Public Health Emergencies, (such as the Covid pandemic or natural disasters,) or personal emergencies, such as serious illness/injury, or crises. UM is working through the program elements to enact the required services and anticipates a seamless launch.

Outpatient Authorization Denial Rates			
Denial Rate Type	**Aug 2022**	**Sept 2022**	**October 2022**
Overall Denial Rate	**3.8%**	**3.6%**	**2.8%**
Denial Rate Excluding Partial Denials	**3.5%**	**3.2%**	**2.8%**
Partial Denial Rate	**0.3%**	**0.4%**	**0%**

Turn Around Time Compliance			
Line of Business	**Aug 2022**	**Sept 2022**	**Oct 2022**
Overall	**98%**	**99%**	**98%**
Medi-Cal	**98%**	**99%**	**98%**
IHSS	**98%**	**98%**	**98%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- On January 1st, 2023, FFS Medi-Cal members currently residing in Long Term Care SNFs will come back into AAH. Preparation for the influx of these 1500 to 1800 new members is underway, involving all departments in AAH, led by the Integrated Planning Department. The IP department is working on modifying workflows and training to align the LTC processes with current IP and OP processes for the management of these vulnerable members.

- The inpatient department continues to track COVID admissions: Covid admissions increased slightly in July, and then declined to a low of 8 in October, but has started to climb, up to 18 in November. Overall, the rate continues to remain low, consistent with Alameda County data, but the winter surge may be starting now, complicated by the increase of flu and RSV cases in the County.

- Readmission reduction: CM continuing to collaborate with hospital partners and with their community-based TOC programs to focus on readmission reduction, aligning with their readmission reduction goals. TOC is being expanded to include

all high-risk members in 2023, and IP UM is working with CM to enact the requirements.

Inpatient Med-Surg Utilization Total All Aid Categories Actuals (excludes Maternity)			
Metric	**July 2022**	**Aug 2022**	**Sept 2022**
Authorized LOS	6.1	5.2	5.4
Admits/1,000	54.5	55.3	53.2
Days/1,000	332.8	285.6	285.5

Pharmacy

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

Decisions	Number of PAs Processed
Approved	32
Denied	39
Closed	110
Total	**181**

Line of Business	Turn Around Rate compliance (%)
GroupCare	100%

- Medications for weight management, genital herpes, diabetes, hepatitis B, low testosterone, skin disease and psoriasis are the top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	SAXENDA 18 MG/3ML PEN	Weight Management	Criteria for approval not met
2	ACYCLOVIR 5% OINTMENT	Genital herpes	Criteria for approval not met
3	CONTRAVE ER 8-90 MG TABLET	Weight Management	Criteria for approval not met
4	FARXIGA 5 MG TABLET	Diabetes	Criteria for approval not met
5	STEGLATRO 5 MG TABLET	Diabetes	Criteria for approval not met
6	ENTECAVIR 0.5 MG TABLET	Hepatitis B	Criteria for approval not met
7	TESTOSTERONE 1% (25MG/2.5G) PK	Low testosterone	Criteria for approval not met
8	OZEMPIC 0.25-0.5 MG/DOSE PEN	Diabetes	Criteria for approval not met
9	METRONIDAZOLE TOPICAL 1% GEL	Skin disease	Criteria for approval not met
10	CALCIPOTRIENE 0.005% CREAM	Psoriasis	Criteria for approval not met

- The Alameda Alliance for Health (AAH) Pharmacy Department has successfully carried out Medi-Cal RX go-live as of 1/1/2022 and continues to serve its members with the same high standards of care.
    - As of November 25, 2022, approximately 113.80 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately $ 14.22 billion in payments Processed 270,064 prior authorization requests
    - Answered 481,564 calls and 100 percent of virtual hold calls and voicemails have been returned

- We have closed submitting Medi-Cal PAs and informing doctor offices to submit to Medi-Cal RX:

Month	Number of Total PA Closed
January 2022	169
February 2022	44
March 2022	31
April 2022	25
May 2022	7
June 2022	8
July 2022	27
August 2022	44
September 2022	66
October 2022	68

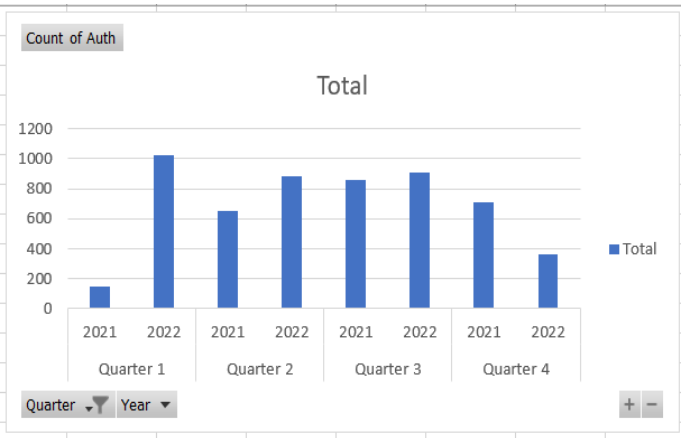
- The AAH Pharmacy Department is collaborating with multiple departments within healthcare services.
    - The AAH Pharmacy Department is working with its Inpatient Department and Case Management Disease Management (CMDM) Department.
    - The AAH Pharmacy Department's TOC (Transition of Care) Program continues collaborating with the AAH Inpatient UM Department and Case Management Disease Management (CMDM) Department to help reduce the number of re-admissions after members are discharged from hospitals through education to the members as well as filling potential gaps between providers and their patients.
    - The inclusion criteria are members with heart failure, diabetes, sepsis, asthma/COPD, and use of anti-coagulants.
    - Referred cases from the CMDM daily feed are evaluated to determine if the AAH Pharmacy Dept is required for each case. The pharmacy department is focusing on lower volume, higher need cases where pharmacy may have the greatest impact on member outcomes:

Month	Number of TOC Cases
January 2022	8
February 2022	38
March 2022	21
April 2022	22
May 2022	0
June 2022	1
July 2022	2
August 2022	12
September 2022	6
October 2022	7
November 2022	17

- Pharmacy is leading initiatives on PAD (physician administered drugs) focused internal and external partnership and reviewed PAD related UM authorizations as follows. Note one auth is per drug:

Month	Number of Auth
January 2022	303
February 2022	303
March 2022	421
April 2022	330
May 2022	294
June 2022	260
July 2022	270
August 2022	289
September 2022	346
October 2022	360

Row Labels	Year	Count of Auth
Quarter 1		
	2021	146
	2022	1027
Quarter 2		
	2021	654
	2022	884
Quarter 3		
	2021	856
	2022	905
Quarter 4		
	2021	706
	2022	360
Grand Total		5538



- Effective 12/1/2022, AAH will no longer manage Enteral Nutrition Formula for AAH Medi-Cal Members. The benefit will be managed by Medi-Cal Rx as a pharmacy billed item. There will be no impact to IHSS group care members and there will be no change to medical supplies related to Enteral Nutrition for both lines of businesses.

- Pharmacy is collaborating with CDPH, QI and HealthEd for additional asthma intervention strategies (e.g., data sharing, toolkit exchange and community worker training materials/programs).

- Pharmacy will present AAH Asthma Affinity project at the 2023 CMCS Spotlight Webinar as requested by CMCS.

Case and Disease Management

- CM's collaboration with the Quality Department on the implementation of the new Population Health Management (PHM) standards includes further expansion of Disease Management to include cardiovascular disease and Depression.

- CM is continuing to work with the Quality and Analytics Departments on updating the current Risk Stratification of AAH members as guided by the implementation of the new Population Health Management (PHM) standards. The new Risk Stratification will be used to evaluate and improve AAH's approach to connecting members to appropriate interventions and services.

- Population Health Management standards include Transitional Care services across settings. CM is collaborating with Quality, Analytics, and IP UM to further enhance the current Transitions of Care programming to expand to high-risk members in 2023, and to all members in 2024.

- CM continues to work with UM to prepare for Long-Term Care's Go-Live date of January 1st, 2023. This includes creating workflows, internal processes, and data tracking to address members transition(s) through the care continuum.

- Major Organ Transplant (MOT) CM Bundle was deployed, and the volume continues to increase, (235 cases YTD.) Processes to support members throughout the continuum of care, from Pre-Transplant, Transplantation, and Post-Transplant are being reviewed to further improve the collaboration between UM and CM to better service this population.

- Dialysis CM Bundle work continues with the DaVita Shared Patient Care Coordination, (SPCC) program. CM works with DaVita on very high-risk members to ensure wrap around support so that the members can successfully manage their dialysis needs. CHCN has been invited into the regular high-risk rounds with DaVita SPCC to coordinate interventions and support to these highest risk members who require dialysis.

- CM is working closely with the Behavioral Health (BH) team to integrate the BH team as Behavioral Health is carved-in to the Alliance.

- CM has established a workflow and process to address high-risk utilizers to be enrolled in case management services.

- CM continues to collaborate with community partners, to discuss referrals, provide case conferences and optimize communication to help AAH members receive appropriate resources.

Case Type	Cases Opened in September 2022	Total Open Cases as of September 2022	Cases Opened in October 2022	Total Open Cases as of October 2022
Care Coordination	384	730	312	714
Complex Case Management	35	91	37	103
Transitions of Care (TOC)	207	390	198	396

CalAIM

Enhanced Care Management

- Work with IPD, Analytics and Provider Service teams continues for next Populations of Focus (LTC to home; LTC diversion) to launch 01/01/23.

- In preparation for the new ECM Populations of Focus launching 1/1/23 (Adults Living in the Community Who are at Risk for LTC Institutionalization and Nursing Facility Residents Transitioning to the Community) two new providers (Institute on Aging & MedArrive) are being added to the network. Onboarding new providers is underway.

- CHCN will expand to serve Adults Living in the Community Who are at Risk for LTC Institutionalization. East Bay Innovations (EBI) will expand to serve Adults Living in the Community Who are at Risk for LTC Institutionalization and Nursing Facility Residents Transitioning to the Community.

- Kick off meeting was held with California Children's Services (CCS) to discuss the new ECM Population of Focus, Children and Youth, and CCS's role when this population launches in July of 2023.

- Continued communication with the Parole Board to discuss the new launch date of Individuals Transitioning from Incarceration of 2024 (month not specified).

Case Type	ECM Outreach in July 2022	Total Open Cases as of July 2022	ECM Outreach in August 2022	Total Open Cases as of August 2022	ECM Outreach in September 2022	Total Open Cases as of September 2022
ECM	226	799	243	850	195	890

Community Supports

- CS services are focused on reducing unnecessary hospitalizations and ED visits. The six initial CS services launched on 1/1/2022 were:
    - Housing bundle
        - Housing Navigation
        - Housing Deposits
        - Tenancy Sustaining Services
    - Medical Respite
    - Medically Tailored/Supportive Meals
    - Asthma Remediation

- A CS dashboard has been completed to provide real-time data review and reporting on the processes and outcomes of the CS program. Early evaluation shows a decrease in Admits/1000, Bed Days/1000, Average Length of Stay, ER Visits/1000.

- Ongoing weekly meetings with each CS provider to work through logistical issues as they arise.

- Recipe for Health (R4H) successfully launched as a Medically Supportive Food CS provider on 9/1/22, which expanded the number of members receiving services.

- CS, ECM, Finance and Provider Relations are planning a Self-Funded Pilot for 2 additional Community Supports Services. The Self-Funded Pilot would complement the incoming ECM Populations of Focus (January of 2023) and contribute to the success of the members' management:

    - Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities.

- Community Transition Services/Nursing Facility Transition to a Home.

Community Supports	Services Authorized in Jul 2022	Services Authorized in Aug 2022	Services Authorized in Sept 2022	Services Authorized in Oct 2022
Housing Navigation	318	359	371	390
Housing Deposits	229	245	235	224
Housing Tenancy	938	972	1004	1023
Asthma Remediation	21	27	33	31
Meals	65	61	261	317
Medical Respite	37	33	37	33

Grievances & Appeals

- All cases were resolved within the goal of 95% with regulatory timeframes
- Total grievances resolved in the November were 6.19 complaints per 1,000 members
- The Alliance's goal is to have an overturn rate of less than 25%. For the reporting period of November 2022, we met our goal with an overturn rate of 13%.

November 2022 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	723	30 Calendar Days	95% compliance within standard	688	95.1%	2.21
Expedited Grievance	0	72 Hours	95% compliance within standard	NA	NA	NA
Exempt Grievance	1,275	Next Business Day	95% compliance within standard	1,275	100.0%	3.90
Standard Appeal	20	30 Calendar Days	95% compliance within standard	20	100.0%	0.06
Expedited Appeal	2	72 Hours	95% compliance within standard	2	100.0%	0.006
Total Cases:	2,020		95% compliance within standard	1,985	98.2%	6.19

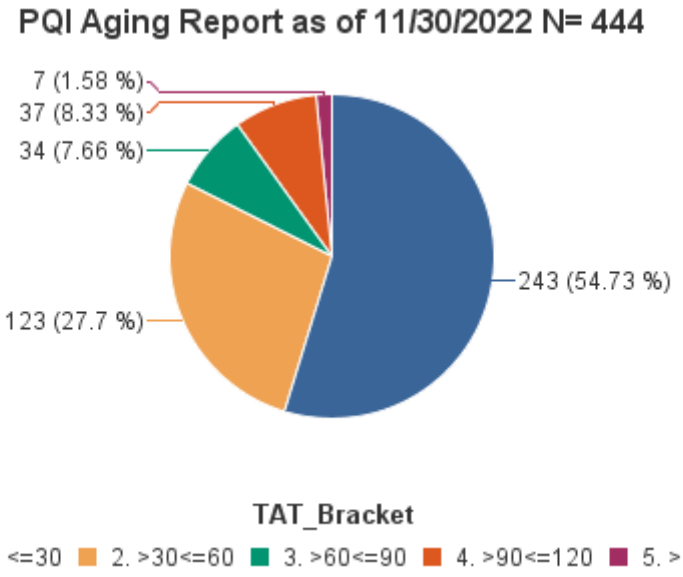
Quality

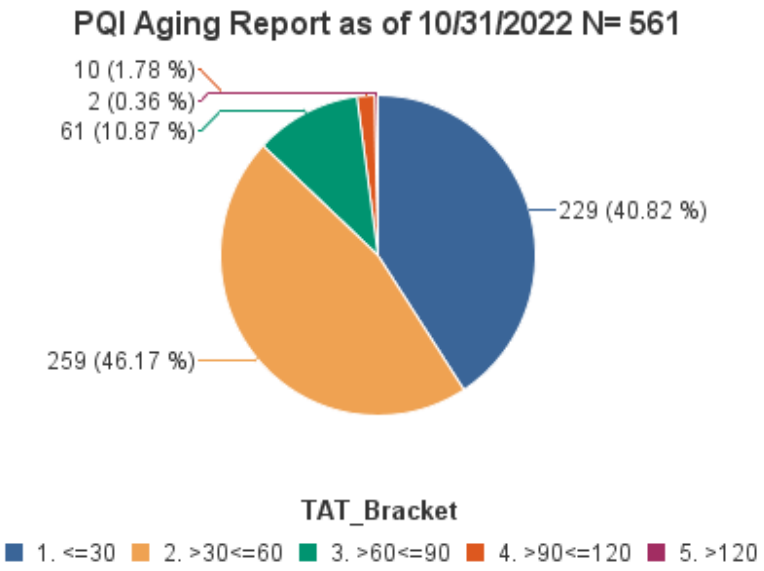
- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records followed by final MD review when applicable.

- As part of an effort to streamline the PQI review process, Quality of Access issues are reviewed by the Access & Availability team and Quality of Language issues by the Cultural & Linguistics team.

- PQI cases open > 120 days made up 0.36% of total cases for October and 1.58% in November. Cases open for >120 days continues to be primarily related to delay in submission of medical records by specific providers. Measures to close these cases continue to be a priority.

- It was also noted that for cases open >90 days, the percentage remains below 3%. Overall, the rate of case closure within 120 days is below the 5% benchmark as required by the PQI P&P QI-104.





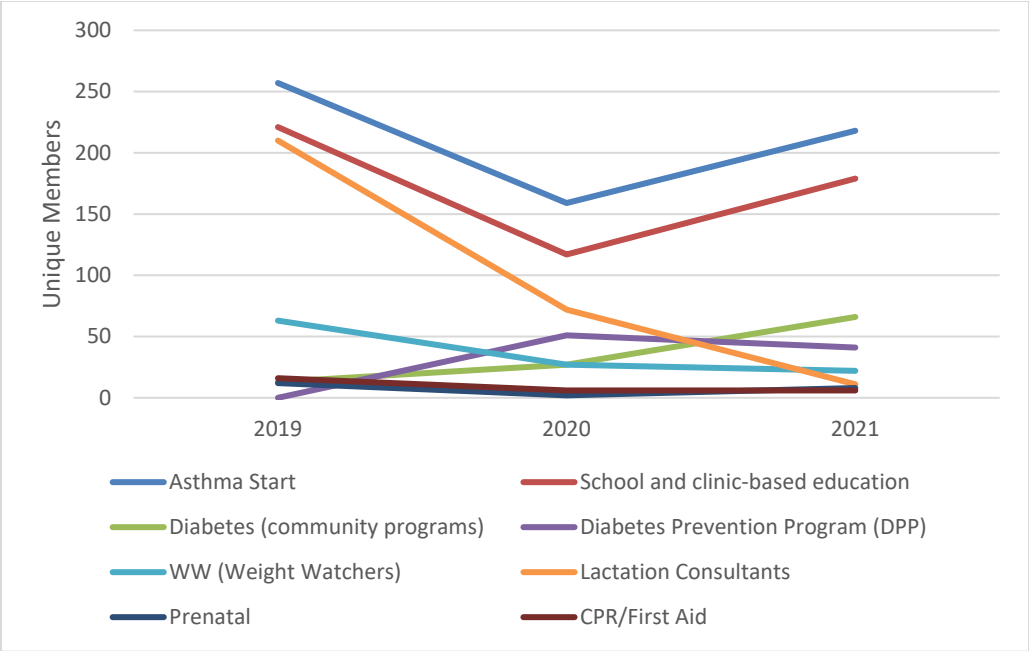
- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records followed by final MD review when applicable.

- Health Education continues to offer educational handouts and programs to members covering a wide variety of prevention, healthy lifestyle, and condition self-management topics. Below are highlights from the 2021 Health Education Evaluation.

- Distribution of health education materials and community referrals through member mailings from Health Education (524) and Case Management (1031) totaled 1555 in 2021 and included topics such as nutrition and exercise, heart health, diabetes and falls prevention and health care tools such as advance directives, medication lists, and health care visit checklist.

- Top health education programs by enrollment included:
    - Asthma Start pediatric case management (218)
    - Nutrition counseling (156)
    - AC Public Health Diabetes Self-Management Education (60)
    - Diabetes Prevention Program/DPP (41)
    - WW healthy lifestyle (21)
    - Family Paths parenting classes (20)

- After a 2020 dip in health education program participation, rates are climbing back up or remain steady for most programs:



- Health Education success in 2021 included:
  - Completed all planned program audits with no issues identified.
  - Funded Asthma Start outreach and supported transition of program to asthma remediation.
  - Alameda County Public Health Diabetes Program increased participation during the pandemic because of the availability of one-on-one consults.
  - The second round of Diabetes Prevention Program (DPP) outreach campaign had 115 commitments.

- Health Education areas for Improvement in 2021 included:
  - Reduction in pediatric asthma referrals from BCH Oakland due to process changes.
  - Low completion of member satisfaction surveys.
  - Decline in members receiving Alliance lactation support due to changes in the program and limits to in-person services.
  - Unmet engagement goals for WW (formerly Weight Watchers).

- Health education will address these areas through the following activities in 2022:
  - Reestablish process for receiving weekly ED reports from BCH Oakland for referral to Asthma Start.
  - Create a program satisfaction survey incentive program.
  - Seek second lactation consultant vendor.
  - Increase diabetes self-management participation through expansion of disease management program outreach and engagement.
  - Maintain DPP participation with a third outreach campaign.
  - Expand member support for WW engagement.

ALAMEDA Alliance FOR HEALTH

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

Information Technology

Sasikumar Karaiyan

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

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

Date: **December 9th, 2022**

Subject: **Information Technology Report**

Call Center System Availability

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

Disaster Recovery and Business Continuity

- One of the Alliance primary objectives for the fiscal year 2022 is the implementation of enterprise IT Disaster Recovery and Business Recovery to enable our core business areas to restore and continue when there is any disaster.

- IT Disaster Recovery involves a set of policies, tools, and procedures to enable the recovery or continuation of vital technology infrastructure and systems following a natural or human-induced disaster. IT Disaster Recovery focuses on technology systems supporting critical business functions, which involve keeping all essential aspects of the business functioning, despite significant disruptive events.

- The Business Continuity Plan document has been drafted and completed. This document will serve as a playbook to help ensure the safety of our employees, to keep the organization and members informed through communication designed channels and restore business functions in the event of a disaster.

- The Discovery and Design phase of the project for all tier 1 applications has been completed. The Implementation phase of the project is now in progress and 85% of the tier 1 servers have been successfully seeded and are now replicating to our backup data center in Roseville. Part of this phase also includes the runbook creation for each application which will incorporate the recovery procedures.

- The project team hit a major milestone as they successfully performed a failover test of the call center to our secondary site. This puts us on track to finetune the recovery procedures within the runbook and schedule the final tabletop test before the end of December 2022.

IT Security Program

- IT Security 2.0 initiative is one of the Alliance's top priorities for fiscal year 2022 and 2023. Our goal is to elevate and further improve our security posture, ensure that our network perimeter is secure from threats and vulnerabilities, and to improve and strengthen our security policies and procedures.

- This program will include multiple phases and remediation efforts are now in progress.
    - **Key initiatives include:**
        - Remediating issues from security assessments. (e.g., Cyber, Microsoft Office 365, & Azure Cloud).
        - Create, update, and implement policies and procedures to operationalize and maintain security level after remediation.
        - Set up extended support for monitoring, alerting and supplementary support in cases of security issues.
        - Implement Security Information and Event Management (SIEM) tool for the enterprise to provide real-time visibility across the organization's information security systems.
- Cyber Security is at 90% complete, M365 is at 100% complete, Azure 100% complete and overall, 95% complete for high-severity items.
- Protecting shared cloud applications with Multi-Factor Authentication and Single Sign-On has been included in the overall project. The design modeling phase of each cloud application has been completed. Testing phase is now in-progress and on-going and will be scheduled during non-business hours. The first deployment has been completed for DocuSign application.
- The Extended 24/7 Security Support project has been completed. The Arctic Wolf sensor appliances have been configured and alerts and notifications have been setup. Acceptance call with Arctic Wolf has been completed and monthly check-in meetings will be scheduled.

Encounter Data

- In the month of November 2022, the Alliance submitted 170 encounter files to the Department of Health Care Services (DHCS) with a total of 336,319 encounters.

- Received encounters are higher than average in the month of November 2022 due primarily to higher-than-average CHCN submissions. CHCN has informed AAH that they have increased the number of staff working on claims adjudication, resulting in more encounters with a date of service less than 60 days being submitted in a timely manner.

Enrollment

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

HealthSuite

- A total of 194,594 claims were processed in the month of November 2022 out of which 156,674 claims auto adjudicated. This sets the auto-adjudication rate for this period to 80.5%.

TruCare

- A total of 13,119 authorizations were loaded and processed in the TruCare application.

- The TruCare application continues to operate with an uptime of 99.99%.

Consumer Portal

- In May 2022, the Alliance started the consumer portal enhancement. This consumer portal shall enable the Providers to submit prior authorizations, referrals, claims, and encounters to the Alliance and improve authorization and claim processing metrics.

- In November 2022, we made significant progress in building the portal foundation to support accepting the Behavioural Health provider forms, Long Term Care, and the Professional Services Claim Form.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medi-Cal and Group Care member enrollment in the month of November 2022”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of November 2022”.
- The following tables 1-1 and 1-2 are supporting documents from the enrollment summary section.

Table 1-1 Summary of Medi-Cal and Group Care Member enrollment in the month of November 2022

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
November	320,102	4,906	2,390	5,792	115	112

1. MC – Medi-Cal Member 2. GC – Group Care Member

Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment For the Month of November 2022

Auto-Assignments	Member Count
Auto-assignments MC	1,363
Auto-assignments Expansion	1,406
Auto-assignments GC	42
PCP Changes (PCP Change Tool) Total	2,512

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of November 2022”.
- There were 13, 119 authorizations processed within the TruCare application.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

Table 2-1 Summary of TruCare Authorizations for the Month of November 2022

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
EDI	4,037	447	3,725
Paper to EDI	2,564	1,738	1,461
Provider Portal	2,622	617	2,535
Manual Entry	N/A	N/A	1,527
Total			9,248

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

- The following table 3-1 is a supporting document from the Web Portal summary section. (Portal reports always one month behind current month)

Table 3-1 Web Portal Usage for the Month October 2022

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	8,644	3,639	166,405	380
MCAL	88,262	2,141	5,200	743
IHSS	3,242	101	296	30
AAH Staff	183	53	947	9
Total	**100,331**	**5,934**	**172,848**	**1,162**

Table 3-2 Top Pages Viewed for the Month of October 2022

Top 25 Pages Viewed		
Category	**Page Name**	**October- 22**
Provider	Member Eligibility	701,132
Provider	Claim Status	154,336
Provider – Authorizations	Auth Submit	19,681
Provider – Authorizations	Auth Search	4,709
Member My Care	Member Eligibility	2,525
Provider	Member Roster	2,417
Member Help Resources	Find a Doctor or Hospital	1,559
Member Help Resources	ID Card	1,361
Member Help Resources	Select or Change Your PCP	989
Member My Care	MC ID Card	749
Provider - Provider Directory	Provider Directory	780
Member My Care	My Claims Services	794
Member Help Resources	Request Kaiser as my Provider	485
Provider – Home	Forms	251
Member My Care	Authorization	519
Member My Care	My Pharmacy Medication Benefits	242
Provider - Provider Directory	Manual	209
Provider - Provider Directory	Instruction Guide	168
Member Help Resources	FAQs	175
Member Help Resources	Authorizations Referrals	126
Member Help Resources	Forms Resources	171
Member My Care	Member Benefits Materials	138
Member Help Resources	Contact Us	124

Table 3-3 Member Portal Preferred Language for the Month of October 2022

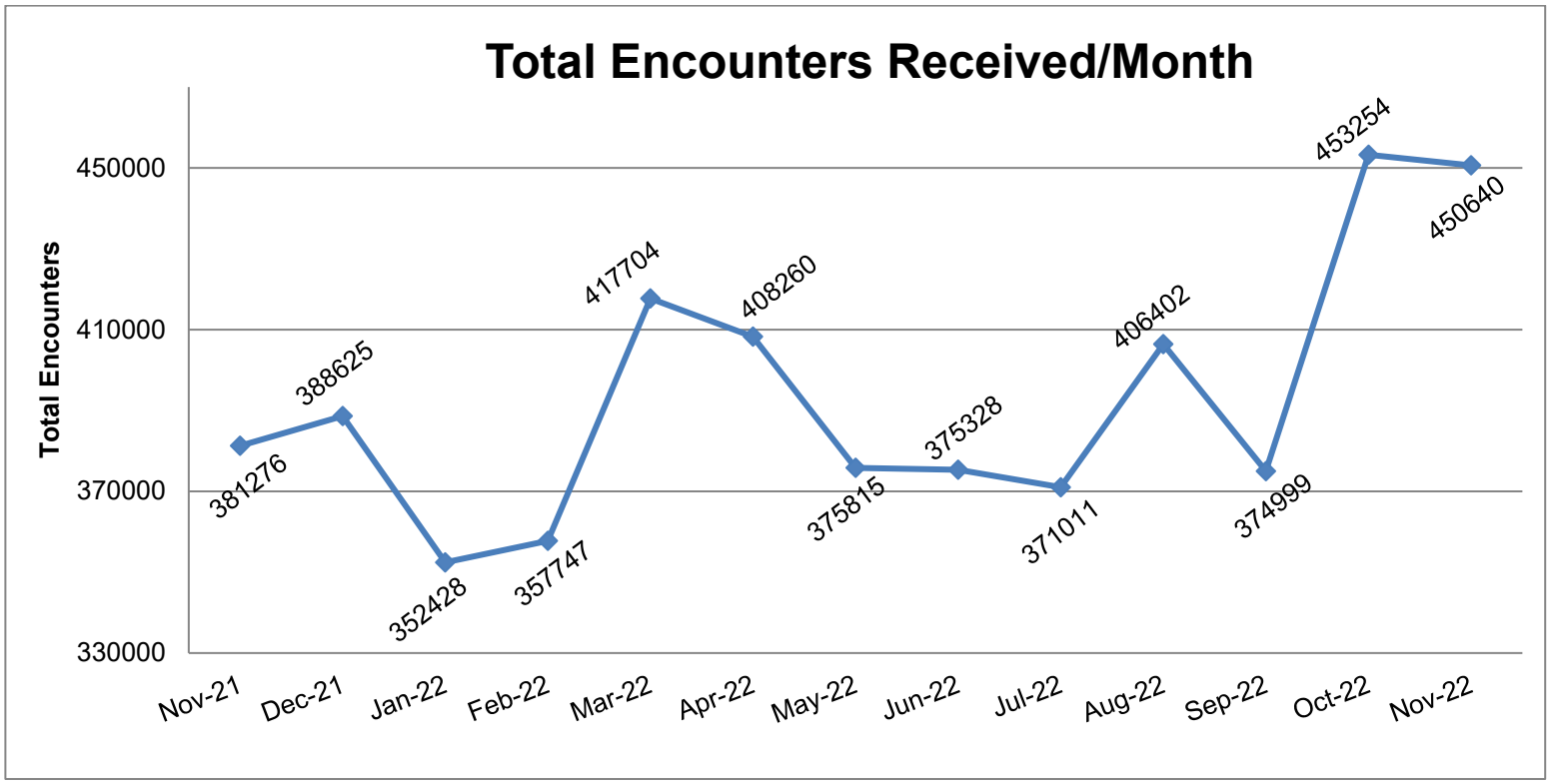
Member Portal Preferred Languages		
Member Group	**# of Individual User Accounts Accessed**	**Total Logins**
MCAL – English	2,141	5,200
MCAL – Spanish	-	-
MCAL – Vietnamese	-	-
MCAL – Tagalog	-	-
MCAL – Chinese	-	-
IHSS – English	101	296
IHSS – Spanish	-	-
IHSS – Vietnamese	-	-
IHSS – Tagalog	-	-
IHSS – Chinese	-	-
Total	**2,242**	**5,496**

Encounter Data from Trading Partners 2022

- **ACBH**: November monthly files (51 records) were received on time.
- **AHS**: November weekly files (6,015 records) were received on time.
- **BAC: November monthly file (38 records) were received on time.**
- **Beacon: November weekly files (12,883 records) were received on time**
- **CHCN: November weekly files (108,148 records) were received on time.**
- **CHME: November monthly file (5,152 records) were received on time.**
- **CFMG: November weekly files (19,173 records) were received on time.**
- **Docustream: November monthly files (1,435 records) were received on time.**
- **HCSA: November monthly files (3,734 records) were received on time.**
- **Kaiser: November bi-weekly files (76,637 records) were received on time.**
- **LogistiCare: November weekly files (23,451 records) were received on time.**
- **March Vision: November monthly file (3,497 records) were received on time.**
- **Quest Diagnostics: November weekly files (15,997 records) were received on time.**
- **Teladoc: November monthly files (0 records).**
    - Teladoc has switched to submitting claims as of July 2022
- **Magellan**: November monthly files (324,864 records) were received on time.

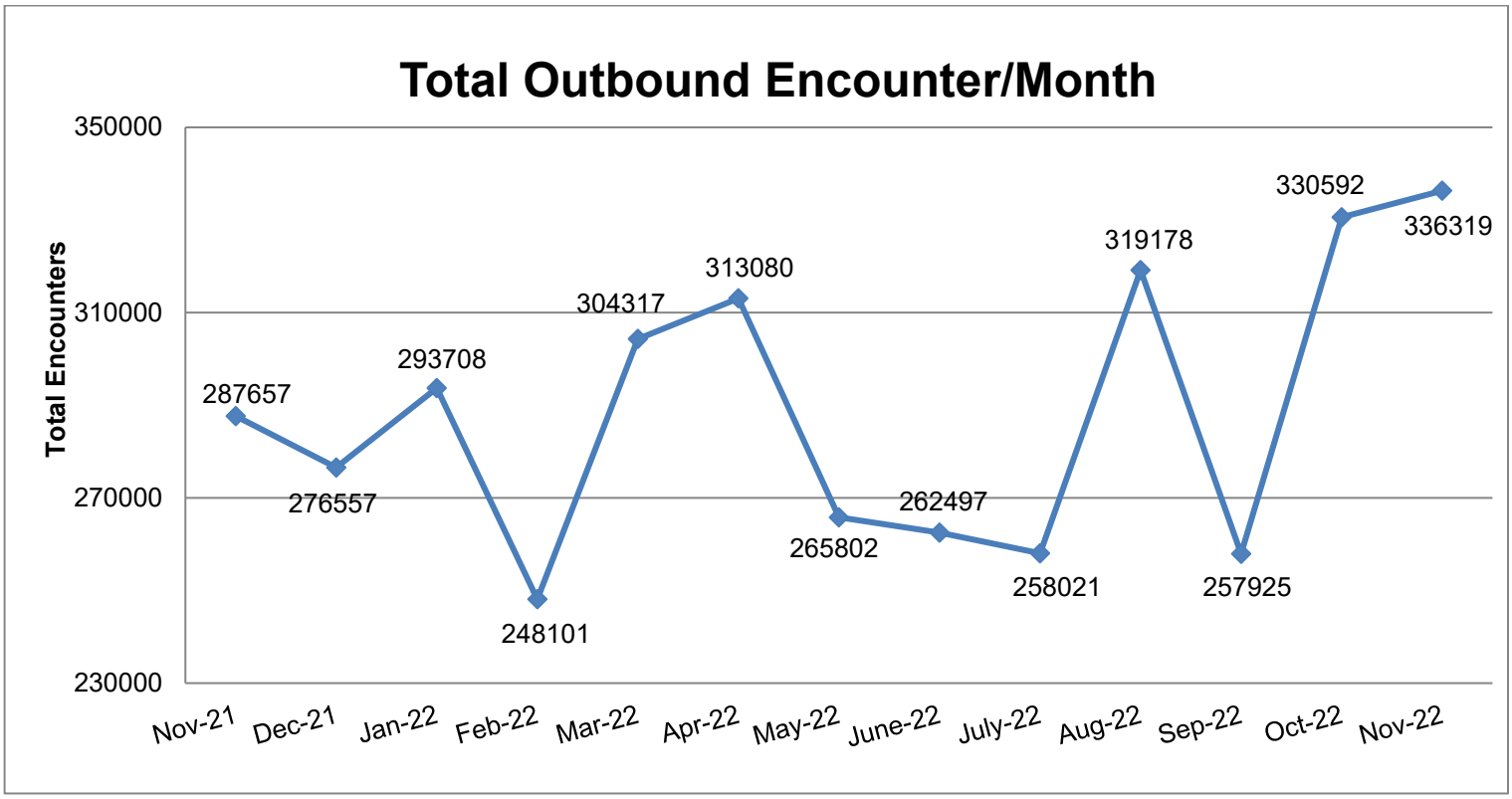
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
HealthSuite	167057	175441	162201	162433	185738	189172	163272	173269	176217	177945	175955	171386	174429
ACBH												8	51
AHS	8791	9314	6944	5630	6215	7717	6105	5486	5742	5482	5609	5589	6015
BAC				34	12	45	63	53	66	53	37	39	38
Beacon	12456	14899	9796	10966	16088	14303	13796	18340	15678	21310	16040	13490	12883
CHCN	99117	73269	75302	77276	79363	74683	80340	67339	69636	84302	75234	136445	108148
CHME	5003	4908	9254	4706	4778	4955	4551	4578	4853	4722	5191	5214	5152
Claimsnet	11032	12410	8643	13228	13522	10943	14075	10300	7744	10631	6940	15668	19173
Docustream	1185	1586	1703	1304	2130	2220	1140	1263	1236	1149	1715	1294	1435
HCSA					3630	2029	1824	1880	3366	1869	4440	2098	3734
Kaiser	38085	63939	46458	52179	68530	69174	51214	62952	47584	62477	48613	63341	76637
Logisticare	22403	17125	16536	16393	19841	16232	20299	14590	20981	20200	19257	19041	23451
March Vision	3584	3220	2872	1445	3559	3425	3345	3188	3040	2708	3824	3693	3497
Quest	12542	12494	12696	12121	14268	13330	15757	12058	14868	13554	12144	15948	15997
Teladoc	21	20	23	32	30	32	34	32	0	0	0	0	0
Total	381276	388625	352428	357747	417704	408260	375815	375328	371011	406402	374999	453254	450640



Outbound Medical Encounter Submission

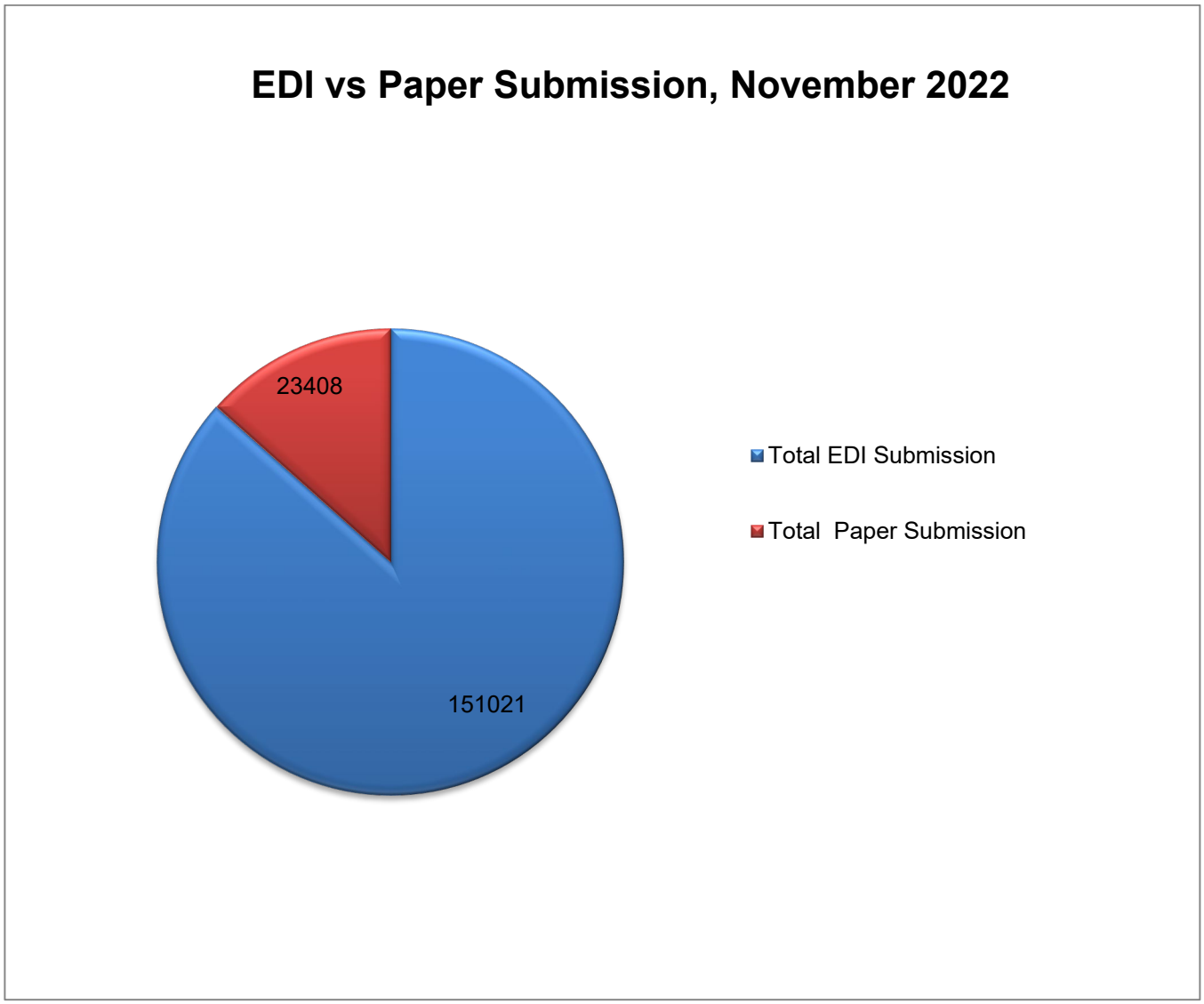
Trading Partners	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
HealthSuite	114507	95489	139452	97141	103843	133252	93919	90605	92682	121957	96495	121299	95516
ACBH												4	36
AHS	8541	7728	7943	5524	6142	6251	7156	5363	5702	5168	4360	6626	5915
BAC				34	12	45	61	52	63	50	37	37	38
Beacon	9969	12659	7566	8140	12332	11273	9221	9534	14711	17246	12054	10967	10172
CHCN	67383	49080	52531	44745	58795	49365	49911	51060	49003	60678	50714	74449	92283
CHME	4849	4691	4496	4585	4702	4686	4448	4470	4714	4618	5069	5016	4843
Claimsnet	7406	8465	6114	9917	9677	8100	8410	7985	7209	7248	4614	10491	11118
Docustream	981	1185	1176	66	72	14	3406	854	1070	964	1436	1060	1134
HCSA					3112	1810	1518	1719	1579	1770	2368	2013	2001
Kaiser	37473	63433	44248	51831	67559	67177	50894	62562	47331	61831	47861	62682	75808
Logisticare	19240	19787	16309	16242	19700	16123	19777	14677	20828	20022	19001	18457	23178
March Vision	2831	2490	2175	1072	2724	2575	2464	2392	2206	1969	2631	2601	2396
Quest	14457	11531	11676	8774	15620	12378	14602	11192	10923	15657	11285	14890	11881
Teladoc	20	19	22	30	27	31	15	32	0	0	0	0	0
Total	287657	276557	293708	248101	304317	313080	265802	262497	258021	319178	257925	330592	336319



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
22-Nov	151021	23408	174429

Key: EDI – Electronic Data Interchange

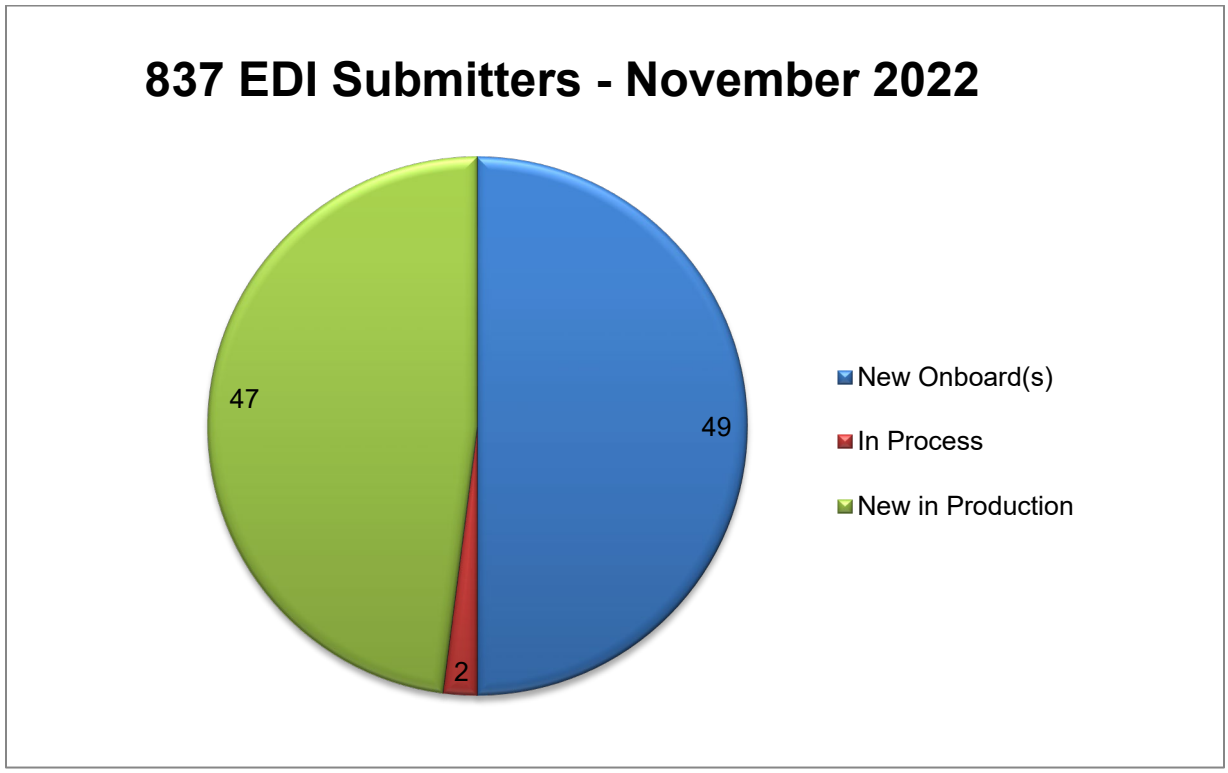


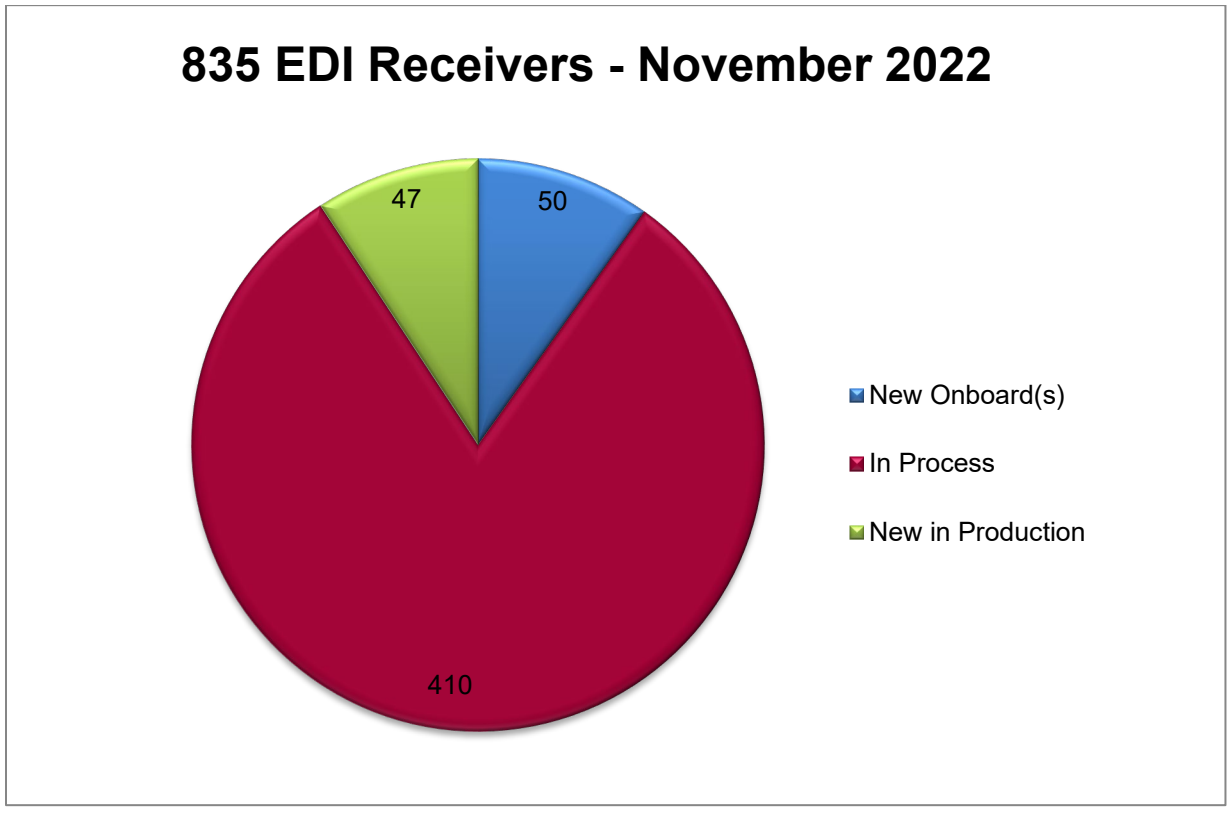
Onboarding EDI Providers - Updates

- November 2022 EDI Claims:
  - A total of 1474 new EDI submitters have been added since October 2015, with 47 added in November 2022.
  - The total number of EDI submitters is 2214 providers.

- November 2022 EDI Remittances (ERA):
  - A total of 588 new ERA receivers have been added since October 2015, with 47 added in November 2022.
  - The total number of ERA receivers is 615 providers.

	837				835			
	New On Boards	In Process	New In Production	Total In Production	New On Boards	In Process	New In Production	Total In Production
Dec-21	8	0	8	1978	18	223	5	400
Jan-22	29	1	28	2006	44	253	14	414
Feb-22	17	2	15	2021	20	258	15	429
Mar-22	36	0	36	2057	22	268	12	441
Apr-22	11	3	8	2065	19	275	12	453
May-22	17	3	14	2079	13	285	3	456
Jun-22	8	1	7	2086	29	301	13	469
Jul-22	38	1	27	2113	54	339	16	485
Aug-22	26	0	26	2139	46	354	31	516
Sep-22	11	0	11	2150	57	385	26	542
Oct-22	17	0	17	2167	48	407	26	568
Nov-22	49	2	47	2214	50	410	47	615


837 EDI Submitters - November 2022
47
49
2
New Onboard(s)
In Process
New in Production


835 EDI Receivers - November 2022
47
50
410
New Onboard(s)
In Process
New in Production

Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

- EDSRF Submission: Below is the total number of encounter files that AAH submitted in the month of November 2022.

File Type	Nov-22
837 I Files	30
837 P Files	140
Total Files	170

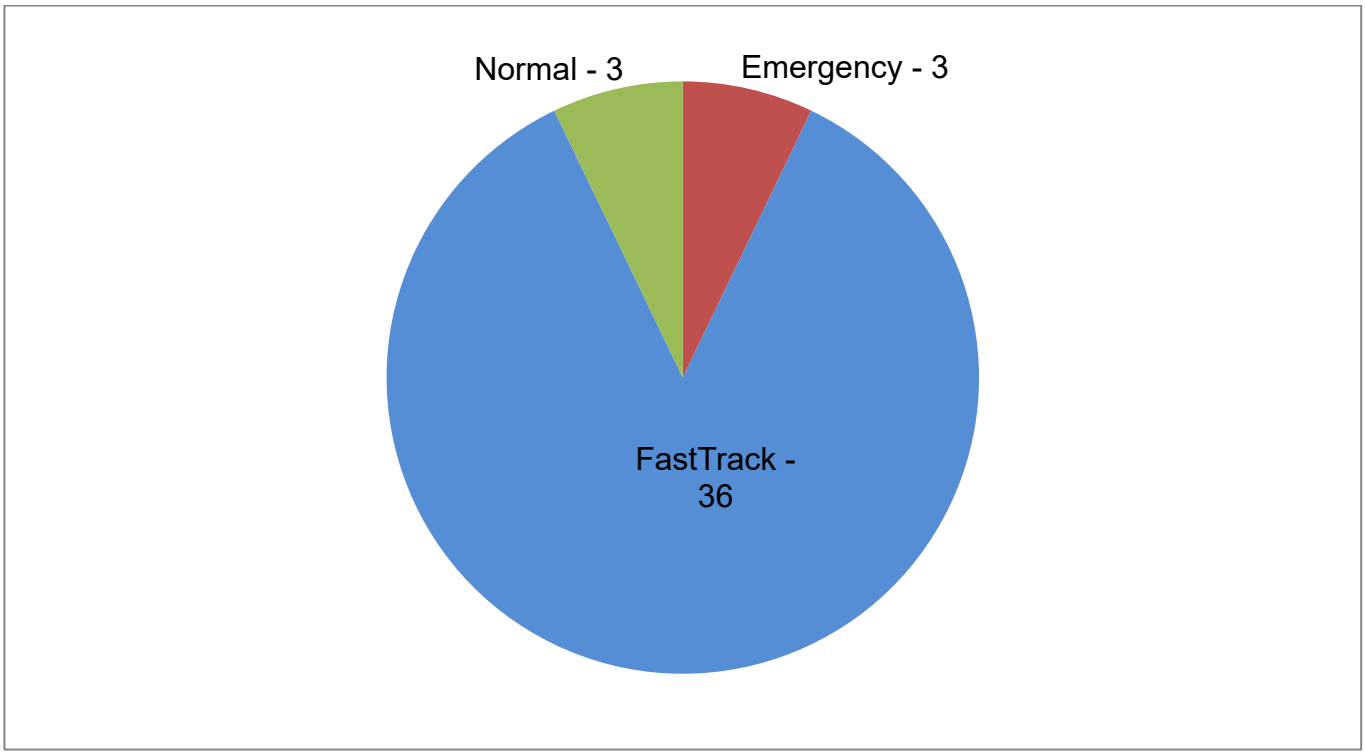
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	Nov-22	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	93%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	97%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	93%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

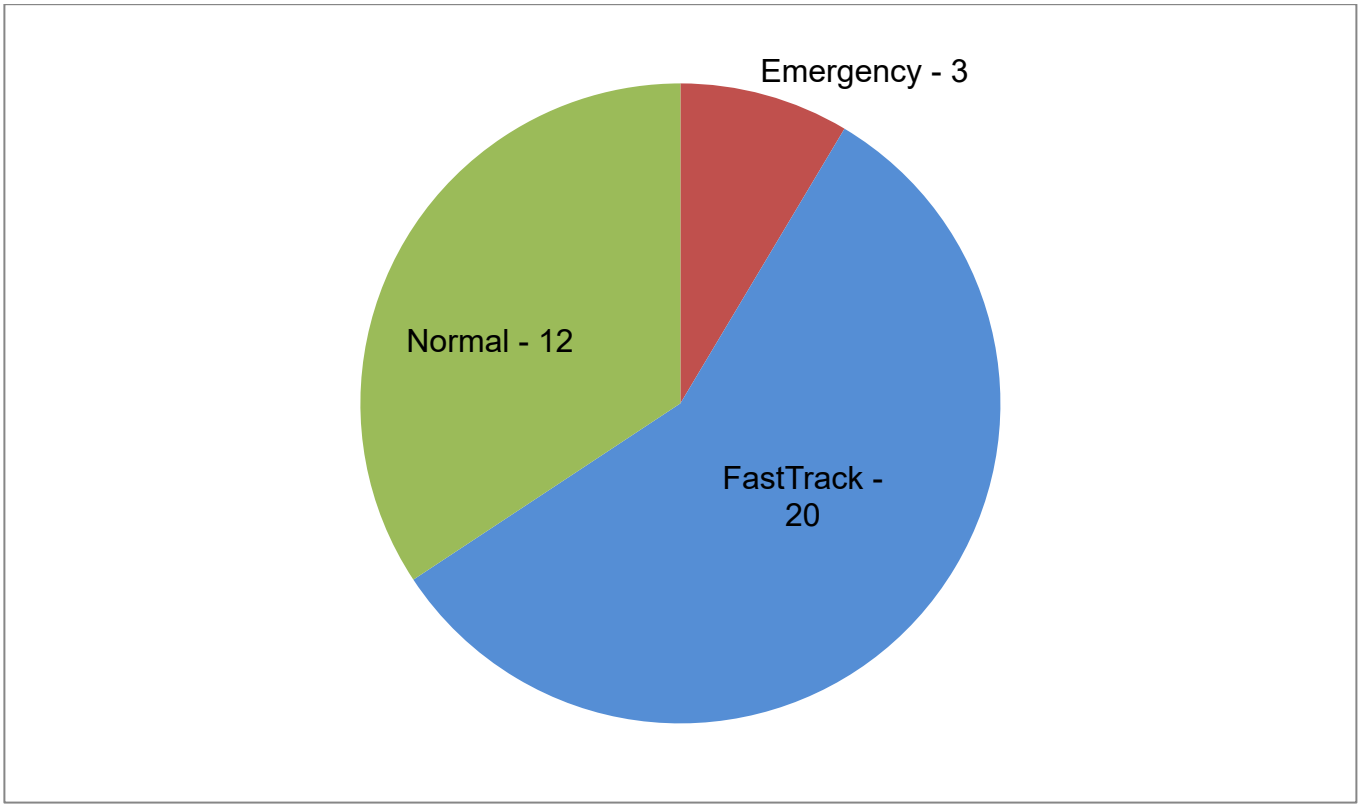
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of November 2022 KPI:
  - 42 Changes Submitted.
  - 35 Changes Completed and Closed.
  - 165 Active Change Requests in pipeline.
  - 0 Change Requests Cancelled or Rejected.

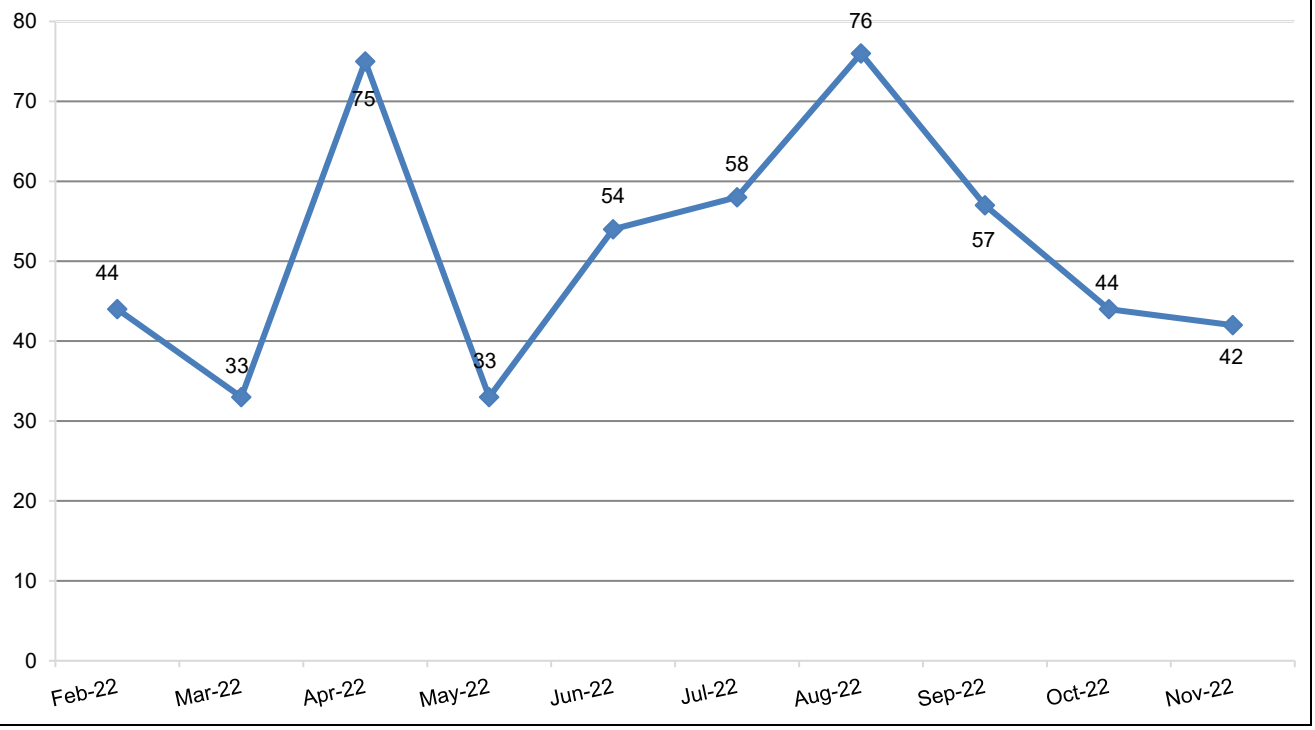
- 42 Change Requests Submitted/Logged in the month of November 2022



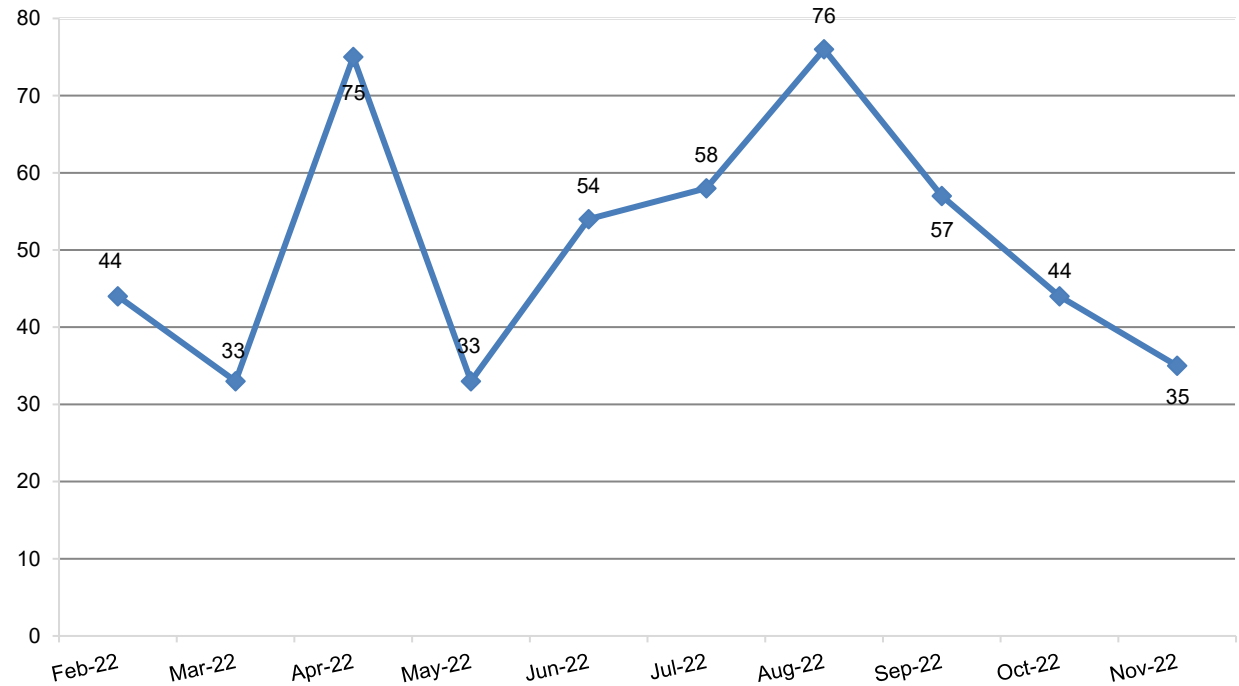
- 35 Change Requests Closed in the month of November 2022



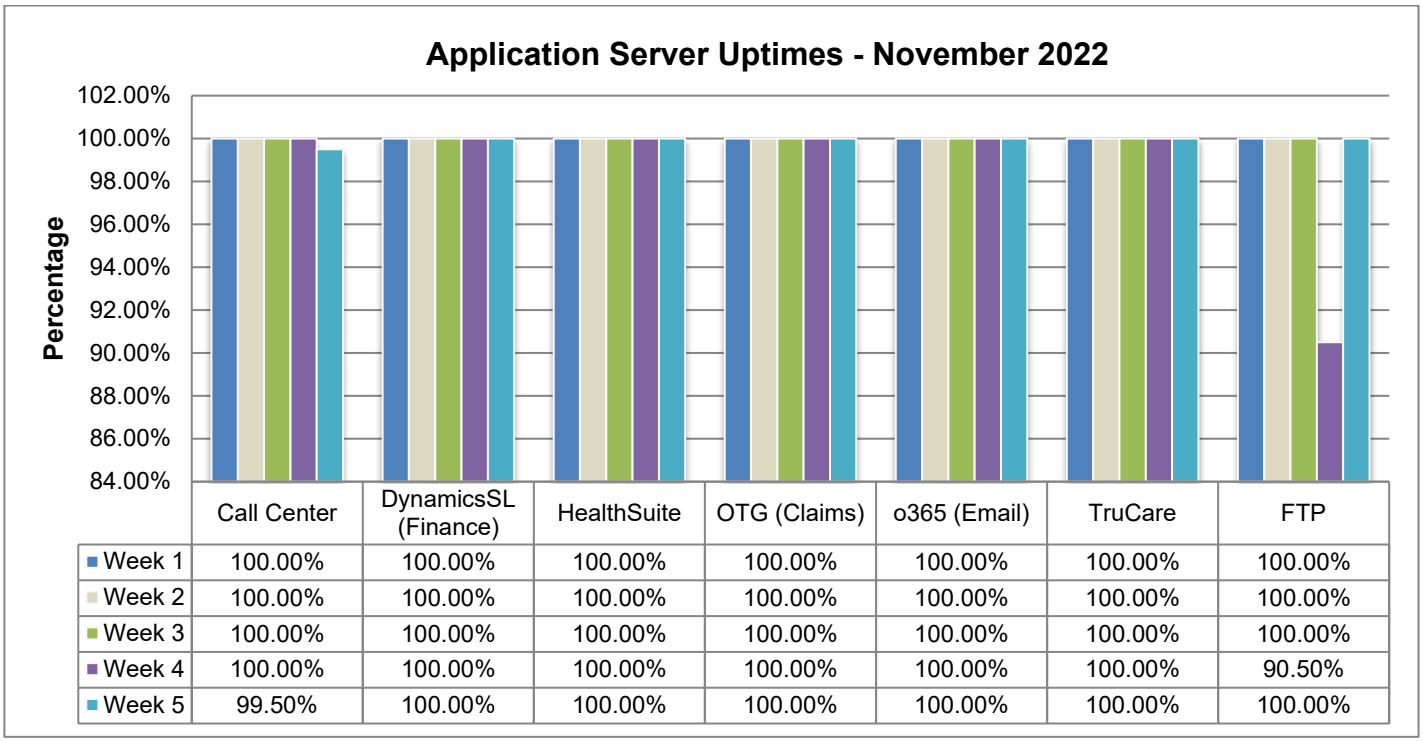
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend



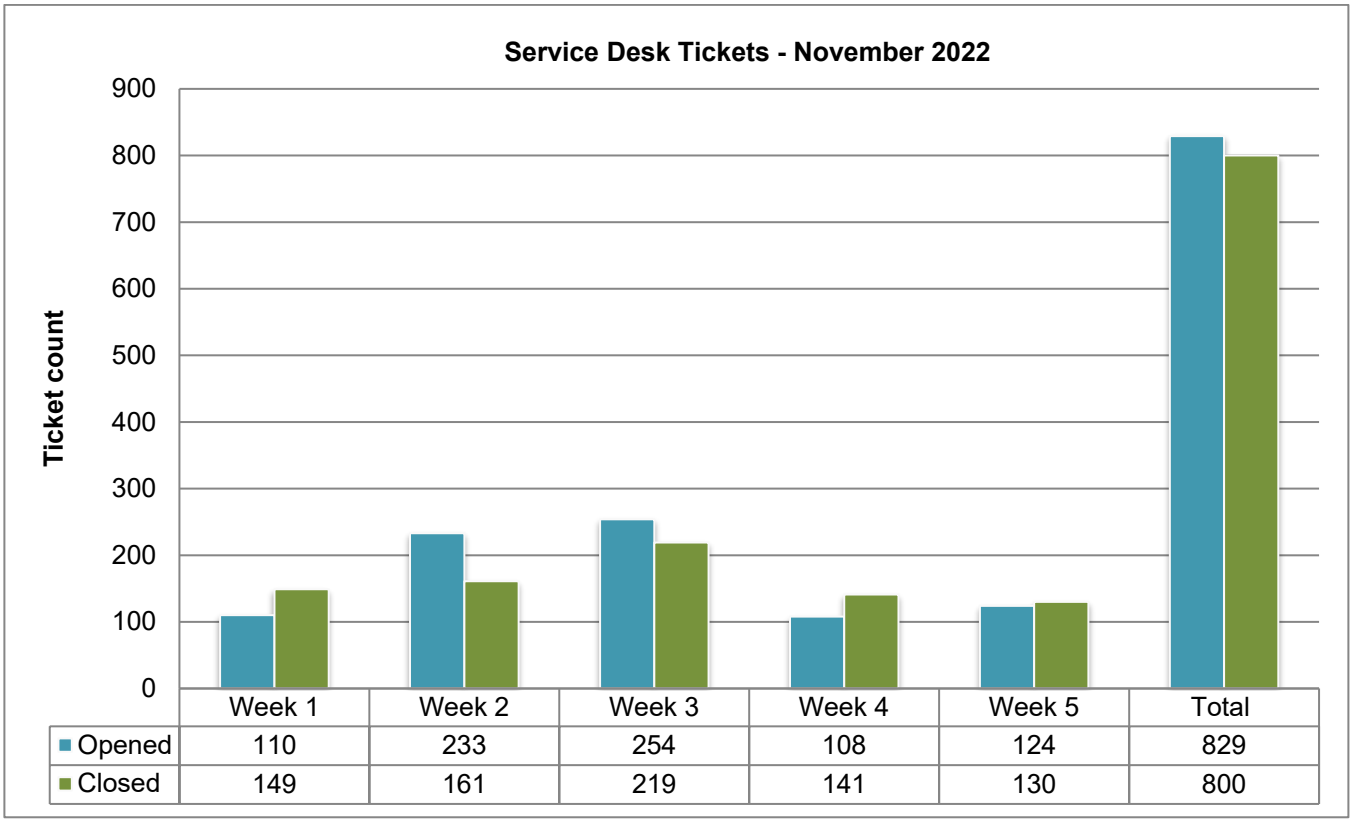
IT Stats: Infrastructure



	Call Center	DynamicsSL (Finance)	HealthSuite	OTG (Claims)	o365 (Email)	TruCare	FTP
Week 1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 2	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 3	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 4	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.50%
Week 5	99.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

- All mission critical applications are monitored and managed thoroughly.
- There were two services impacted in the month of November 2022.
    - FTP Services were unavailable on November 21st, the issue was resolved within 4 hours.
    - 2 Ring - Call Center Dashboards were unavailable on November 21st, the issue was resolved within 4 hours.

- 829 Service Desk tickets were opened in the month of November 2022, which is 4% higher than the previous month and 800 Service Desk tickets were closed, which is 23.5% higher than the previous month.



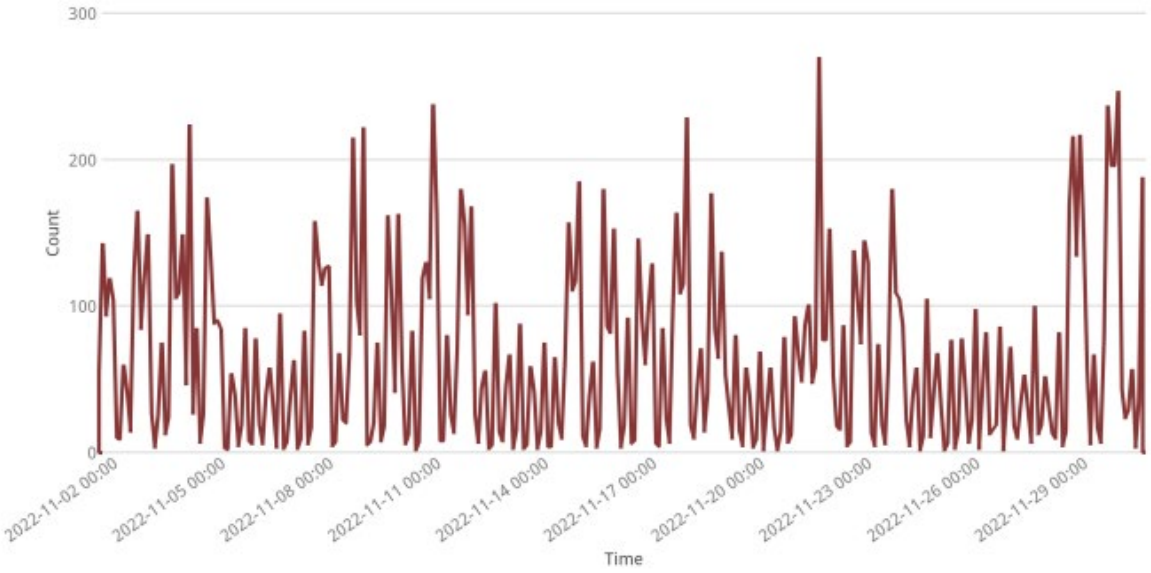
	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	110	233	254	108	124	829
Closed	149	161	219	141	130	800

- The open ticket count for the month of November is slightly higher than the previous 3-month average of 770.

November 2022

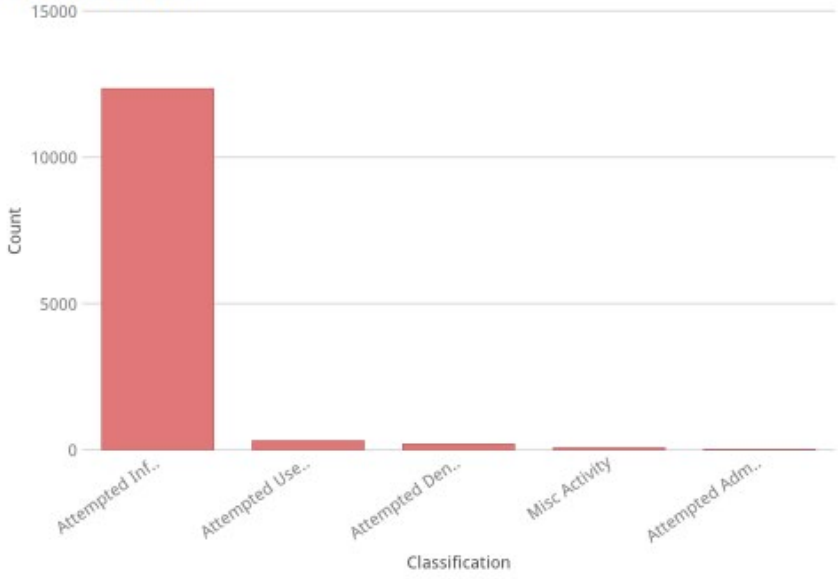
All Intrusion Events

Time Window: *2022-11-01 09:29:00 - 2022-11-30 09:29:00*



Dropped Intrusion Events

Time Window: *2022-11-01 09:30:00 - 2022-11-30 09:30:00*
Constraints: *Inline Result = dropped*



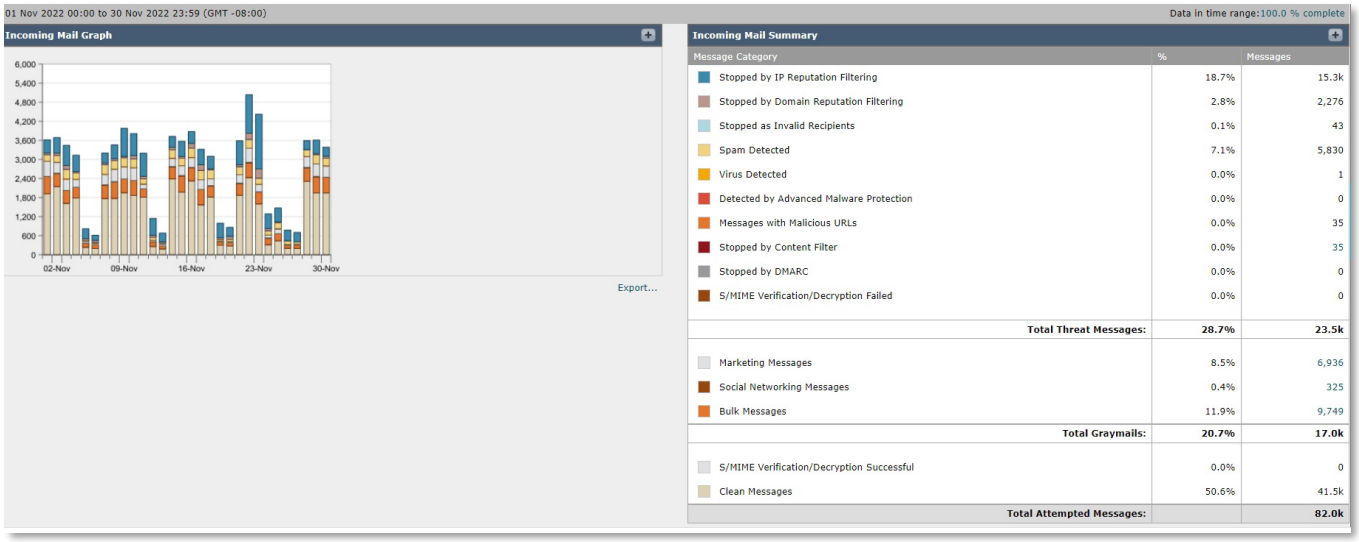
Classification	Count
Attempted Information Leak	12,362
Attempted User Privilege Gain	324
Attempted Denial of Service	214
Misc Activity	87
Attempted Administrator Privilege Gain	40

IronPort Email Security Gateways

Email Filters

November 2022

MX4



01 Nov 2022 00:00 to 30 Nov 2022 23:59 (GMT -08:00) — Data in time range:100.0 % complete

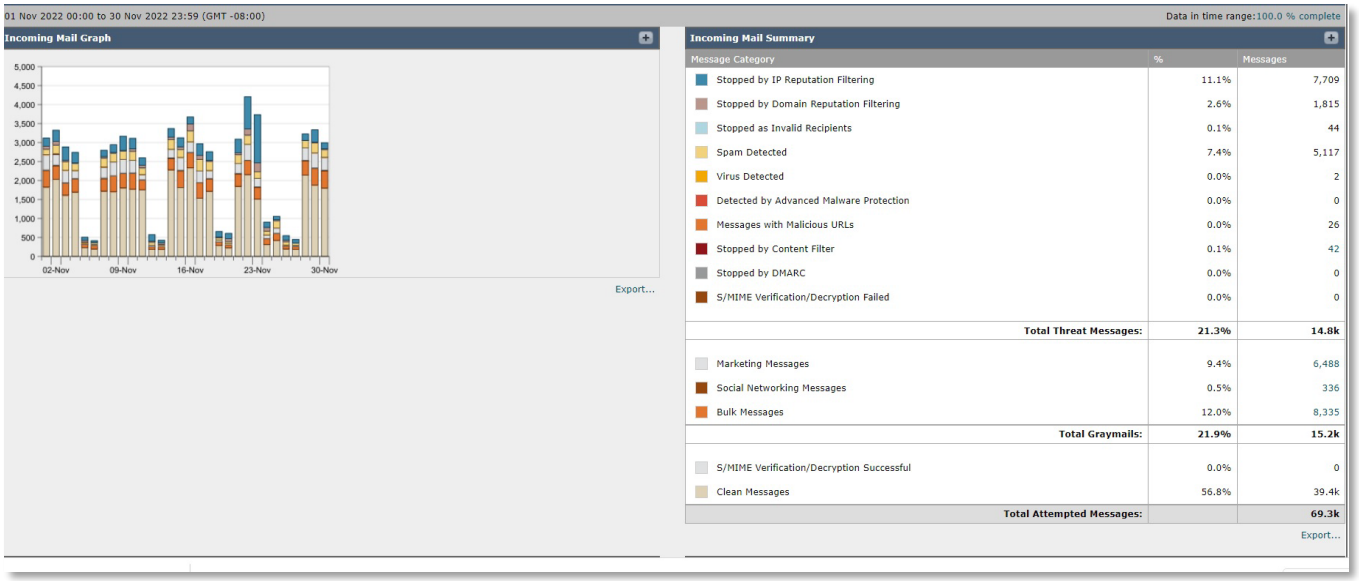
Incoming Mail Graph

Export...

Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	18.7%	15.3k
Stopped by Domain Reputation Filtering	2.8%	2,276
Stopped as Invalid Recipients	0.1%	43
Spam Detected	7.1%	5,830
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	35
Stopped by Content Filter	0.0%	35
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**28.7%**	**23.5k**
Marketing Messages	8.5%	6,936
Social Networking Messages	0.4%	325
Bulk Messages	11.9%	9,749
Total Graymails:	**20.7%**	**17.0k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	50.6%	41.5k
Total Attempted Messages:		**82.0k**

MX9



01 Nov 2022 00:00 to 30 Nov 2022 23:59 (GMT -08:00) — Data in time range:100.0 % complete

Incoming Mail Graph

Export...

Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	11.1%	7,709
Stopped by Domain Reputation Filtering	2.6%	1,815
Stopped as Invalid Recipients	0.1%	44
Spam Detected	7.4%	5,117
Virus Detected	0.0%	2
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	26
Stopped by Content Filter	0.1%	42
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**21.3%**	**14.8k**
Marketing Messages	9.4%	6,488
Social Networking Messages	0.5%	336
Bulk Messages	12.0%	8,335
Total Graymails:	**21.9%**	**15.2k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	56.8%	39.4k
Total Attempted Messages:		**69.3k**

Export...

Item / Date	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	***Nov-22***
Stopped By Reputation	39.3k	69.7k	42.4k	329.9k	52.8k	36k	36k	34.7k	28.2k	27.6k	43.6k	20.9k	***23k***
Invalid Recipients	92	153	185	69	389	117	100	119	78	117	71	94	***87***
Spam Detected	9,684	13.2k	10.3k	10.3k	15k	13.7k	13.9k	13.9k	11.6k	13.3k	14.6k	10.9k	***10.9k***
Virus Detected	1	1	5	13	1	4	18	18	1	0	2	3	***3***
Advanced Malware	0	9	0	4	2	1	0	0	0	1	2	0	***0***
Malicious URLs	43	39	16	89	41	159	296	187	93	448	226	102	***61***
Content Filter	27	8	371	54	39	115	39	125	119	79	111	171	***77***
Marketing Messages	9,221	6,147	8,864	9,588	8,864	11.3k	10.7k	12.5k	12.6k	14.5k	13.7k	13.9k	***16.1k***
Attempted Admin Privilege Gain	124	116	103	116	132	143	113	215	215	210	151	68	***40***
Attempted User Privilege Gain	13	49	117	663	789	401	549	157	153	722	395	180	***324***
Attempted Information Leak	9,376	13.7k	13.7k	5,813	5,192	5,207	5,924	7,839	18,414	12,210	10,748	12,942	***12.3k***
Potential Corp Policy Violation	0	0	0	0	0	0	0	0	277	0	0	0	***0***
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	0	0	0	1	0	0	0	0	0	4	0	0	***0***
Attempted Denial of Service	0	0	0	0	0	50	0	86	218	215	436	0	***214***
Misc. Attack	76	161	275	626	308	78	874	88	407	733	3,295	469	***87***

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have decreased with a return to a reputation-based block for a total of 23k.
- Attempted information leaks detected and blocked at the firewall is at 12.3k for the month of November 2022.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is higher at 324 higher from a previous six-month average of 359.

Integrated Planning

Ruth Watson

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

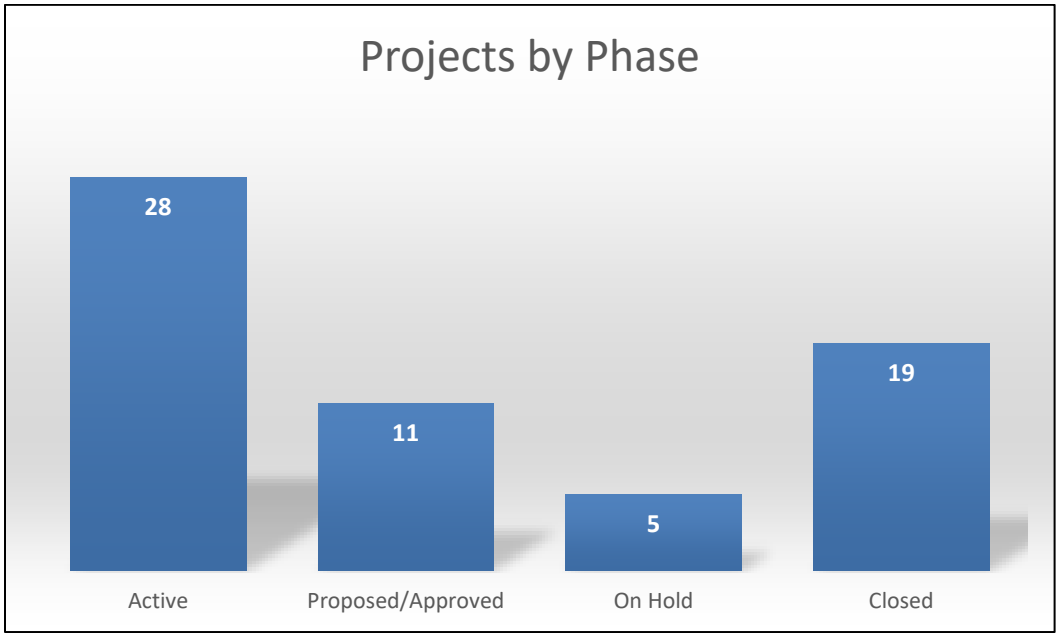
From: **Ruth Watson, Chief of Integrated Planning**

Date: **December 9th, 2022**

Subject: **Integrated Planning Report**

Project Management Office

- 44 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
    - 28 Active projects (discovery, initiation, planning, execution, warranty)
    - 5 On Hold projects
    - 11 Proposed and Approved Projects
    - 19 Closed projects



Integrated Planning – CalAIM Initiatives

- Enhanced Care Management (ECM) and Community Supports (CS):
    - January 2023 ECM Populations of Focus (PoF)
        - Adults Living in the Community Who Are At-Risk for Long Term Care (LTC) Institutionalization
        - Nursing Facility Residents Transitioning to the Community
        - Model of Care (MOC) Addendums for the new PoF
            - Received Department of Health Care (DHCS) approval for September ECM MOC submission on November 28th.

        - ECM Providers for new PoF
            - Two existing ECM Providers will provide services to the two new PoF being implemented January 2023.
            - Contracting efforts continue for two new ECM Providers to support the new PoF.
    - July 2023 ECM Populations of Focus
        - Children and Youth
            - MOC for this PoF will be due to DHCS February 1st, 2023.
            - Initial meeting held on November 28th with California Children's Services (CCS) to begin implementation as an ECM Provider for this PoF.
    - January 2024 ECM Population of Focus
        - DHCS has added a new PoF for "High Risk Pregnant and Postpartum Individuals" with a scheduled implementation date of January 2024.
    - 2024 (specific date TBD)
        - Individuals Transitioning from Incarceration, originally scheduled for implementation in January 2023 and re-scheduled to July 2023 has been further delayed by DHCS.

- CalAIM Major Organ Transplants (MOT)
    - Submitted response to DHCS on January 7th regarding the Corrective Action Plan (CAP) received on December 10th, 2021, for lack of a certified MOT network; CAP will remain in place until AAH has an executed contract with a transplant program that is a Center of Excellence (COE) for adult kidney-pancreas transplants.
        - AAH only contracted with UCSF and Stanford for transplants and Stanford is not a COE for kidney-pancreas transplants.
        - DHCS has issued rate guidance so we can now execute a formal contract with UCSF for transplants.
            - Contract negotiations continue with UCSF

- Long Term Care (LTC) Carve-In – AAH will be responsible for all members residing in LTC facilities as of January 1st, 2023.
    - Does not include Pediatric and Adult Subacute Facilities, Intermediate Care Facilities (ICF), or Institutions for Mental Disease (IMD) which will be implemented no earlier than July 1st, 2023
    - LTC Readiness Deliverables
        - All DHCS Deliverables submitted on 11/28/22
            - P&Ps, Program Description, Member materials and other artifacts created or updated to meet requirements.
    - LTC Command Center being developed for daily post-implementation monitoring beginning 1/3/23
    - Contracting and Credentialing
            - DHCS LTC Network Goal of 60% met, currently at 70%.
            - Contracted with 73 facilities on SNF Readiness Template - Custodial Level of Care.

- 51 of the 73 facilities are credentialed
    - 77 PCP Providers identified; 23 contracts signed; awaiting packet from Spherical Group which will account for 20 additional providers
        - Out of Area Facilities - 58 facilities with a total of 82 members.
        - 14 contracts signed, 14 contracts in progress and 44 are pending
    - Communications:
        - Member notifications
            - Benefit Change letter will be sent to impacted members by DHCS 30 and 60 days before go-live
            - LTC Member Welcome letters, Member FAQs and Member Portal update notices will be sent by AAH
            - Awaiting approval from DHCS on member correspondence
        - Provider notifications
            - Provider FAQs, LTC Resource Guide, Provider Manual, and educational flyers are being sent to providers on Continuity of Care requirements
            - Provider Townhall training series
            - Two sessions held on 11/3 and 11/10; final session scheduled for 12/1
    - Two (2) LTC Utilization Management Forms will be available for downloading on AAH portal by 1/1.
    - Individual workstreams meetings continue weekly as needed.

- Population Health Management (PHM) Program – effective January 1st, 2023
    - All Plan Letter (APL) 22-024 was finalized by DHCS on 11/28; APL provides final guidance and requirements for the program
    - Transitional Care requirements:
        - January 2023
            - MCPs must develop and execute a plan to ramp up transitional care services
            - MCPs must implement timely prior authorizations
            - MCPs must know when all members are admitted/ discharged/transferred
            - MCPs must ensure all transitional care services are complete for high-risk members
        - January 2024 – MCPs are required to ensure all transitional care services are complete for **all** members
    - Transition of Care Report and High-Risk Member Engagement Report has been drafted; requirements forecasted to be finalized week ending 12/2/22

- Community Health Worker Benefit – new benefit effective July 1st, 2022, to promote the MCP's contractual obligations to meet DHCS broader Population Health Management standards.
    - Internal overall CHW strategy meetings are underway.
    - Discovery meeting with HCSA scheduled for early December.
    - CHW Benefit intersects with PHM Readiness deliverable that was submitted in October.

- CalAIM Incentive Payment Program (IPP) – three-year DHCS program to provide funding for the support of ECM and CS in 1) Delivery System Infrastructure, 2) ECM Provider Capacity Building, and 3) Community Supports Provider Capacity Building and Community Supports Take-Up
    - As of the end of November, $6.1M in IPP funding has been distributed for Program Year 1
    - Program Year 1, Payment 2-A Report has been submitted to DHCS
    - Payment 2-B Report will be due March 1st, 2023, with payment anticipated in June 2023
    - No payment for the Payment 2 Report will be issued by DHCS until both the 2-A and 2-B reports are submitted

Other Initiatives

- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services currently performed by Beacon Health Options will be brought in-house as of March 31st, 2023.
- Material Modification is required for submission and approval by the Department of Managed Health Care (DMHC)
    - Submission #1 submitted September 2nd and included:
        - Narrative to DMHC (E-1 Exhibit)
        - Evidence of Coverage (EOC) – Group Care and Medi-Cal
        - Member and Provider Notices
        - Medi-Cal Notifications
        - Group Care Notifications
    - Submission #2 submitted September 30th and included:
        - Narrative to DMHC (E-1 Exhibit)
        - Policies & Procedures
        - Financial Assumptions
        - Comment Table Received 11/15/22 and plan responded 12/1/22
    - Submission #3 submitted October 12th and included:
        - Full Network Analysis by Provider Services
        - Comment Table Received 10/25/22 and plan responded to DMHC 11/23/22
    - Boilerplate Contract and Cover Letter - Approved by DHCS 11/28/22
        - DMHC – included with September 2nd submission
        - Contract distribution to providers continues and follow-up with providers who haven't returned contracts is on-going
        - Contract and Credentialing – Peer Review & Credentialing Committee (PRCC) met on November 15th.
            - Credentialed – 223
                - Behavioral Health providers – 73
                - Applied Behavioral Analysis (ABA) providers – 108
                - Specialists – 34
                - Other – 8
            - Contracts Received and Pending
                - AHS Contract – total of 73 providers

    - CHCN Contracts (8) – total of 129 providers
    - Top 10 Rendering Providers – 10; six (6) pending; total of 170 providers
    - Mild to Moderate – 168; 154 pending
    - ABA – 47; (367 total providers)
        - Contracts may be signed but not considered executed until credentialing application is approved.
- Block Transfer Filing (BTF):
    - Pre-filing meeting held with DMHC and AAH on November 15th; awaiting feedback from DMHC if filing will be required
        - DHCS filing is dependent on DMHC response
- Communications:
    - Member Notification
        - 60/30 Day Member Notice approved by DHCS and will be sent by AAH
        - Member Services call script created and approved by DHCS
    - Provider Notification
        - Provider Notification submitted to DMHC for review
        - Provider FAQs developed and submitted for review
        - Provider Training and Townhall Meetings – planning deferred to December; meetings targeted for early February
- Work in progress:
    - Behavioral Health Initial Evaluation Web Form – 90% complete in Test
        - Requirements for Form 2 & 3 completed and approved.
        - Submitted to IT for feasibility and prioritization - goal is to have all three live by 3/31/23.
    - Development of Business Requirements
        - HealthSuite claims requirements – in progress
        - TruCare authorization requirements – in progress
        - Portal Single Sign-On for providers - completed in Test environment
        - Individual workstream meetings continue
    - Data exchange – Meetings continue with CHCN and ACBH
        - Data schemas will be provided by 12/2, then iteratively until file requirements finalized
- Credentialing for the Neuropsychologist) has been approved
    - Anticipated start date is week of December 5th
- Redlined Provider Directory
    - Redline completed internally and sent to Compliance for submission to DMHC.
- Deliverables, timelines, and risks will continue to be assessed frequently.
- Behavioral Health Integration (BHI) Incentive Program – DHCS pilot program commenced January 1st, 2021 and continues through December 31st, 2022.
- Program Year 2, Q3 Milestone Report, due to DHCS on November 29th, was submitted on November 10th.

- AAH should expect payment for Program Year 2, Q2 Milestone Report in December (payments are generally received 3-4 months after submission of the report to DHCS).

- Student Behavioral Health Incentive Program (SBHIP) – DHCS program commenced January 1st, 2022 and continues through December 31st, 2024.
- Four (4) Targeted Interventions have been selected by all participating Local Education Agencies (LEAs):
    - Behavioral Health Wellness Programs
    - Build Stronger Partnerships to Increase Access to Medi-Cal Services
    - Culturally Appropriate and Target Populations
    - Expand Behavioral Health Workforce
- Individual project plans must be developed for each Targeted Intervention and submitted to DHCS by December 31st

- Housing and Homelessness Incentive Program (HHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2023
    - Award letter sent to HCSA on November 4th for the agreed upon five (5) investment activities representing ~$13.5M in funding opportunities.
    - Draft MOU between AAH and HCSA to define deliverables and milestones that must be met to receive funding was sent to HCSA on November 28th.

- Justice-Involved/Coordinated Re-Entry:
    - January 2023 implementation has been delayed by DHCS; current go-live schedule for 2024 but no specific date announced.

- 2024 Managed Care Contract Operational Readiness:
    - Alameda Alliance moved from Group 1 into Group 2 by DHCS, resulting in a change to deliverables and deliverable dates.
    - A total of 233 deliverables must be completed by August 5th, 2023.
    - Deliverables due to DHCS in three (3) waves with multiple packages included in each wave:
    - Wave 4 deliverables originally due 8/12/22 changed to 11/1/22:
        - Total Deliverables Due – 19
        - Total Approved by DHCS – 19
    - Wave 4 deliverables originally due 9/12/22 changed to 11/15/22:
        - Total Deliverables due – 26
        - Total Approved by DHCS – 26
    - Wave 4 deliverables due 11/28/22:
        - Total Deliverables Due – 16
        - Deliverable Review Status:
            - Approved – 11
            - Additional Information Requests – 2
            - In Review – 3

- Portfolio Project Management (PPM) Tool – implementation will be a phased approached with initial go-live scheduled for January 2023:

    - Project Charter has been approved
    - Educational workshops were completed on November 17th.
    - Initial configurations stood up and ready for the implementation phase.
    - Foundations – completed on November 4th
    - Project Management Essentials – completed on November 21st
    - Knowledge Management - completed on November 30th
    - Work in Progress
        - Website
        - People Import
    - Implementation Phase scheduled to start early December

Recruiting and Staffing

- Project Management Open position(s):
    - Recruitment to commence or continues for the following positions:
        - Senior Business Analyst – started 11/7/2022
        - Director, Incentives and Reporting – started 11/28/2022
        - Senior Program Manager, Portfolio Programs
        - Manager, Project Management Office (PMO)
        - Project Manager
        - Technical Business Analyst

Projects and Programs

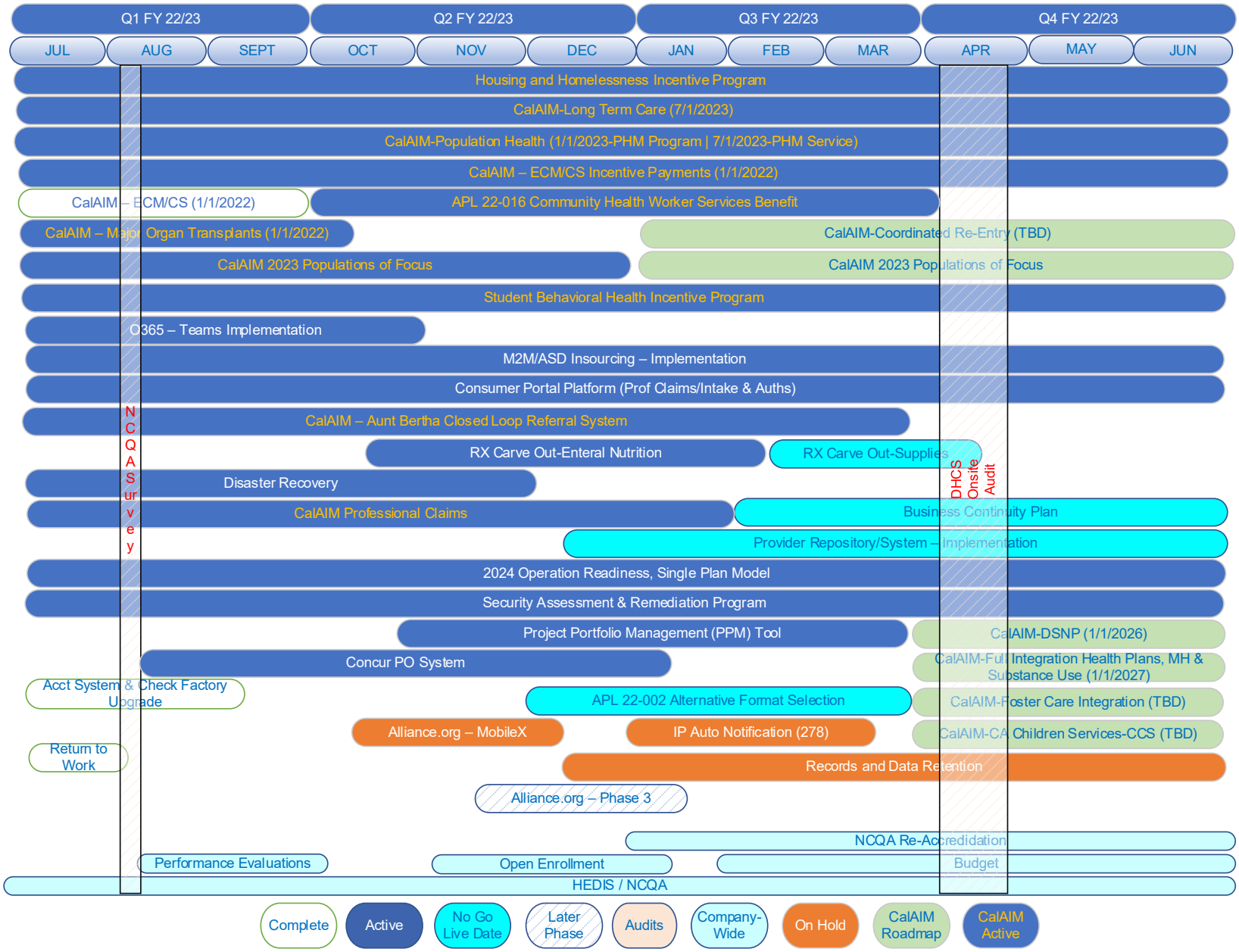
Supporting Documents

Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
    - Enhanced Care Management (ECM) – ECM will target eight (8) specific populations of vulnerable and high-risk children and adults
        - Three (3) Populations of Focus (PoF) transitioned from HHP and/or WPC on January 1st, 2022.
        - Two (2) additional PoF will become effective on January 1st, 2023.
        - One (1) PoF will become effective on July 1st, 2023.
        - One (1) PoF will become effective on January 1st, 2024.
        - One (1) PoF will become effective in 2024 with no specific go live date announced.
    - Community Supports (CS) effective January 1st, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
        - Six (6) Community Supports were implemented on January 1st, 2022.
        - Two (2) additional CS services are targeted for implementation by January 1st, 2024.
        - Additional CS services may be required to be implemented to support the two LTC PoF that are effective January 2023.
    - Major Organ Transplants (MOT) – currently not within the scope of many Medi-Cal managed care plans (MCPs); carved into all MCPs effective January 1st, 2022
        - Applicable to all adults as well as children if the transplant is not covered by California Children's Services.
    - CalAIM Incentive Payment Program (IPP) – The CalAIM ECM and CS programs will require significant new investments in care management capabilities, ECM and CS infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers and other community-based organizations. CalAIM incentive payments are intended to:
        - Build appropriate and sustainable ECM and ILOS capacity
        - Drive MCP investment in necessary delivery system infrastructure
        - Incentivize MCP take-up of ILOS
        - Bridge current silos across physical and behavioral health care service delivery
        - Reduce health disparities and promote health equity
        - Achieve improvements in quality performance
    - Long Term Care - currently not within the scope of many Medi-Cal MCPs; will be carved into all MCPs effective January 1st, 2023.
        - ICF, IMD and Subacute facilities scheduled for implementation July 1st, 2023
    - Justice Involved/Coordinated Re-Entry – adults and children/youth transitioning from incarceration or juvenile facilities will be enrolled into Medi-Cal upon release.

        - Originally scheduled for January 1st, 2023, then moved to July 1st, 2023, has now been further delayed to 2024 with no specific implementation date announced.
    - Population Health Management (PHM) – all Medi-Cal managed care plans will be required to develop and maintain a whole system, person-centered population health management strategy effective January 1st, 2023. PHM is a comprehensive, accountable plan of action for addressing Member needs and preferences, and building on their strengths and resiliencies across the continuum of care that:
        - Builds trust and meaningfully engages with Members;
        - Gathers, shares, and assesses timely and accurate data on Member preferences and needs to identify efficient and effective opportunities for intervention through processes such as data-driven risk stratification, predictive analytics, identification of gaps in care, and standardized assessment processes;
        - Addresses upstream factors that link to public health and social services;
        - Supports all Members staying healthy;
        - Provides care management for Members at higher risk of poor outcomes;
        - Provides transitional care services for Members transferring from one setting or level of care to another; and
        - Identifies and mitigates social drivers of health to reduce disparities.
- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services currently performed by Beacon Health Options will be brought in-house as of March 31st, 2023.
- Community Health Worker Services Benefit – Community Health Worker (CHW) services became a billable Medi-Cal benefit effective July 1st, 2022. CHW services are covered as preventive services on the written recommendation of a physician or other licensed practitioner of the healing arts within their scope of practice under state law for individuals who need such services to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and well-being.
- Student Behavioral Health Incentive Program (SBHIP) – program launched in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships and capacity, statewide, for school behavioral health services.
- Housing and Homelessness Incentive Program (HHIP) – program launched in January 2022 and is part of the Home and Community-Based (HCBS) Spending Plan.
    - Enables MCPs to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health
    - MCPs must collaborate with local homeless Continuums of Care (CoCs) and submit a Local Homelessness Plan (LHP) to be eligible for HHIP funding
- 2024 Managed Care Plan Contract Operational Readiness – new MCP contract developed as part of Procurement RFP.
    - All MCPs must adhere to a new contract effective January 1st, 2024.
- Project Portfolio Management (PPM) Tool - Implementation of a PPM tool to support portfolio planning, resource capacity and demand planning and project scheduling.


Q1 FY 22/23
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JUL
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Housing and Homelessness Incentive Program
CalAIM-Long Term Care (7/1/2023)
CalAIM-Population Health (1/1/2023-PHM Program | 7/1/2023-PHM Service)
CalAIM – ECM/CS Incentive Payments (1/1/2022)
CalAIM – ECM/CS (1/1/2022)
APL 22-016 Community Health Worker Services Benefit
CalAIM – Major Organ Transplants (1/1/2022)
CalAIM-Coordinated Re-Entry (TBD)
CalAIM 2023 Populations of Focus
CalAIM 2023 Populations of Focus
Student Behavioral Health Incentive Program
O365 – Teams Implementation
M2M/ASD Insourcing – Implementation
Consumer Portal Platform (Prof Claims/Intake & Auths)
NCQA Survey
CalAIM – Aunt Bertha Closed Loop Referral System
RX Carve Out-Enteral Nutrition
RX Carve Out-Supplies
DHCS Onsite Audit
Disaster Recovery
CalAIM Professional Claims
Business Continuity Plan
Provider Repository/System – Implementation
2024 Operation Readiness, Single Plan Model
Security Assessment & Remediation Program
Project Portfolio Management (PPM) Tool
CalAIM-DSNP (1/1/2026)
Concur PO System
CalAIM-Full Integration Health Plans, MH & Substance Use (1/1/2027)
Acct System & Check Factory Upgrade
APL 22-002 Alternative Format Selection
CalAIM-Foster Care Integration (TBD)
Alliance.org – MobileX
IP Auto Notification (278)
CalAIM-CA Children Services-CCS (TBD)
Return to Work
Records and Data Retention
Alliance.org – Phase 3
NCQA Re-Accreditation
Performance Evaluations
Open Enrollment
Budget
HEDIS / NCQA
Complete
Active
No Go Live Date
Later Phase
Audits
Company-Wide
On Hold
CalAIM Roadmap
CalAIM Active

ALAMEDA Alliance FOR HEALTH

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

Performance & Analytics

Tiffany Cheang

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

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

Date: **December 9th, 2022**

Subject: **Performance & Analytics Report**

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
  Current reporting period: September 2021 – August 2022 dates of service
  Prior reporting period: September 2020 – August 2021 dates of service
  (Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 9.4% of members account for 84.7% of total costs.

- In comparison, the Prior reporting period was lower at 8.6% of members accounting for 83.6% of total costs.

- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:

    - The SPD (non-duals) and ACA OE categories of aid increased to account for 61.0% of the members, with SPDs accounting for 26.7% and ACA OE's at 34.3%.
    - The percent of members with costs >= $30K slightly increased from 1.9% to 2.0%.
    - Of those members with costs >= $100K, the percentage of total members has slightly increased to 0.5%.
        - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 47.4%.
        - Demographics for member city and gender for members with costs >= $30K follow the same distribution as the overall Alliance population.
        - However, the age distribution of the top 9.4% is more concentrated in the 45–66-year-old category (40.0%) compared to the overall population (20.9%).

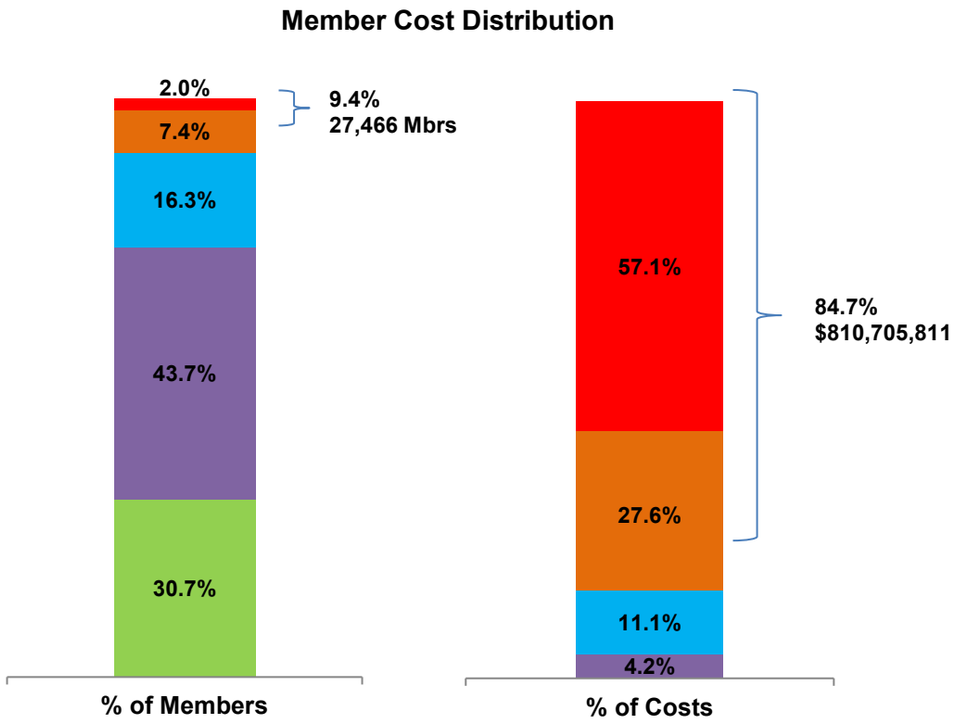
Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Sep 2021 - Aug 2022

Note: Data incomplete due to claims lag

Run Date: 11/29/2022



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	5,849	2.0%	$ 546,770,245	57.1%
$5K - $30K	21,617	7.4%	$ 263,935,566	27.6%
$1K - $5K	47,740	16.3%	$ 106,192,383	11.1%
< $1K	128,429	43.7%	$ 39,977,622	4.2%
$0	90,105	30.7%	$ -	0.0%
Totals	**293,740**	**100.0%**	**$ 956,875,816**	**100.0%**

Top 9.4% of Members = 84.7% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,387	0.5%	$ 313,745,295	32.8%
$75K to $100K	676	0.2%	$ 58,242,391	6.1%
$50K to $75K	1,305	0.4%	$ 79,796,876	8.3%
$40K to $50K	935	0.3%	$ 41,665,881	4.4%
$30K to $40K	1,546	0.5%	$ 53,319,803	5.6%
SubTotal	***5,849***	***2.0%***	***$ 546,770,245***	***57.1%***
$20K to $30K	3,079	1.0%	$ 75,266,935	7.9%
$10K to $20K	8,186	2.8%	$ 114,811,138	12.0%
$5K to $10K	10,352	3.5%	$ 73,857,493	7.7%
SubTotal	***21,617***	***7.4%***	***$ 263,935,566***	***27.6%***
Total	**27,466**	***9.4%***	**$ 810,705,811**	***84.7%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Aug 2022	271,108	$ 863,339,226
Dis-Enrolled During Year	22,632	$ 93,536,590
Totals	**293,740**	**$ 956,875,816**

Notes:
- Report includes medical costs (HS & Diamond Claims, Beacon, Logisticare FFS, CHCN FFS Preventive Services, CHME) and pharmacy costs. IBNP factors are not applied.
- CFMG and CHCN encounter data has been priced out.

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
9.4% of Members = 84.7% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Sep 2021 - Aug 2022
Note: Data incomplete due to claims lag
Run Date: 11/29/2022

9.4% of Members = 84.7% of Costs
26.7% of members are SPDs and account for 32.4% of costs.
34.3% of members are ACA OE and account for 34.1% of costs.
6.3% of members disenrolled as of Aug 2022 and account for 10.8% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	138	610	748	2.7%
MCAL	MCAL - ADULT	676	3,993	4,669	17.0%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	309	1,803	2,112	7.7%
	MCAL - ACA OE	1,937	7,485	9,422	34.3%
	MCAL - SPD	2,080	5,245	7,325	26.7%
	MCAL - DUALS	104	1,363	1,467	5.3%
Not Eligible	Not Eligible	605	1,118	1,723	6.3%
Total		**5,849**	**21,617**	**27,466**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 10,323,317	$ 6,606,680	$ 16,929,997	2.1%
MCAL	MCAL - ADULT	$ 55,519,812	$ 46,587,791	$ 102,107,602	12.6%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 19,003,287	$ 20,294,616	$ 39,297,903	4.8%
	MCAL - ACA OE	$ 185,453,257	$ 90,890,716	$ 276,343,973	34.1%
	MCAL - SPD	$ 194,443,669	$ 68,601,399	$ 263,045,068	32.4%
	MCAL - DUALS	$ 8,375,490	$ 16,855,175	$ 25,230,665	3.1%
Not Eligible	Not Eligible	$ 73,651,414	$ 14,099,189	$ 87,750,603	10.8%
Total		**$ 546,770,245**	**$ 263,935,566**	**$ 810,705,811**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
35.6% of members are SPDs and account for 35.0% of costs.
33.2% of members are ACA OE and account for 34.5% of costs.
15.4% of members disenrolled as of Aug 2022 and account for 16.5% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	27	1.9%
MCAL	MCAL - ADULT	141	10.2%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	31	2.2%
	MCAL - ACA OE	460	33.2%
	MCAL - SPD	494	35.6%
	MCAL - DUALS	20	1.4%
Not Eligible	Not Eligible	214	15.4%
Total		**1,387**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 4,613,698	1.5%
MCAL	MCAL - ADULT	$ 29,174,993	9.3%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 6,250,285	2.0%
	MCAL - ACA OE	$ 108,134,880	34.5%
	MCAL - SPD	$ 109,833,211	35.0%
	MCAL - DUALS	$ 4,081,395	1.3%
Not Eligible	Not Eligible	$ 51,656,833	16.5%
Total		**$ 313,745,295**	**100.0%**

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs
$100K+	7%	0%	1%
$75K to $100K	8%	0%	2%
$50K to $75K	7%	0%	2%
$40K to $50K	8%	1%	2%
$30K to $40K	11%	1%	3%
$20K to $30K	5%	2%	4%
$10K to $20K	1%	0%	11%
$5K to $10K	0%	0%	9%
Total	**6%**	**0%**	**4%**

Breakout by Service Type/Location

Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
4%	55%	1%	13%	6%	2%	6%
6%	43%	3%	9%	5%	8%	12%
5%	42%	4%	7%	6%	7%	13%
6%	42%	6%	6%	6%	2%	14%
4%	30%	13%	7%	5%	2%	15%
6%	28%	8%	8%	6%	1%	16%
6%	27%	6%	11%	9%	2%	14%
7%	18%	8%	12%	15%	1%	18%
5%	**41%**	**5%**	**11%**	**7%**	**3%**	**11%**

Notes:
- Report includes medical costs (HS & Diamond Claims, Beacon, Logisticare FFS, CHCN FFS Preventive Services, CHME) and pharmacy costs. IBNP factors are not applied.
- CFMG and CHCN encounter data has been priced out.
- Report excludes Capitation Expense

ALAMEDA Alliance FOR HEALTH

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

Human Resources

Anastacia Swift

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

From: **Anastacia Swift, Chief Human Resources Officer**

Date: **December 9th, 2022**

Subject: **Human Resources Report**

Staffing

- As of December 1st, 2022, the Alliance had 413 full time employees and 1 part time employee.

- On December 1st, 2022, the Alliance had 78 open positions in which 14 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 64 positions open to date. The Alliance is actively recruiting for the remaining 64 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions December 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	19	3	16
Operations	33	6	27
Healthcare Analytics	3	0	3
Information Technology	4	0	4
Finance	5	2	3
Regulatory Compliance	5	1	4
Human Resources	4	2	2
Executive	2	0	2
Integrated Planning	3	0	3
Total	76	14	64

- Our current recruitment rate is 16%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in November 2022 included:
    - 5 years:
        - Yemaya Teague (Claims)
        - Johnny Amalachandran (Integrated Planning)
    - 6 years:
        - Donnie Viloria (Facilities & Support Services)
        - Ginnie Rivera (Credentialing)
        - Gurpreet Singh (Apps Mgmt., IT Quality & Process Improvement)
    - 7 years:
        - Michelle Valles (Facilities & Support Services)
    - 8 years:
        - John Armstrong (Facilities & Support Services)
        - Rita Wisocky (Claims)
    - 9 years:
        - Nancy Pun (Healthcare Analytics)
        - Hermelinda Wirth (Finance)
        - Judy Lee (Utilization Management)
    - 10 years:
        - Erica Meraz (Utilization Management)
    - 12 years:
        - Fanita Bryant (Utilization Management)
    - 16 years:
        - Rex Ngov (Utilization Management)
    - 24 years:
        - Li Diep (Finance)