ALAMEDA Alliance FOR HEALTH

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

Board of Governors Retreat

Thursday, September 29th, 2022
12:00 p.m. – 4:00 p.m.

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

AGENDA

BOARD OF GOVERNORS
Retreat
Thursday, September 29th, 2022
12:00 p.m. – 4:00 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 225 326 346 395 #. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENT DURING THE MEETING AT THE END OF EACH TOPIC.

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

1. **CALL TO ORDER**

   (A retreat meeting of the Alameda Alliance for Health Board of Governors will be called to order on September 29th, 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.)

6. **BOARD MEMBER REPORTS**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

   a) **ROLES OF THE BOARD OF GOVERNORS**

9. **STANDING COMMITTEE UPDATES**

10. **STAFF UPDATES**

11. **UNFINISHED BUSINESS**

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

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

14. **CLOSED SESSION**

    a) **PUBLIC EMPLOYEE APPOINTMENT WILL CONCERN NEW BOARD POSITIONS DISCUSSION (CALIFORNIA CODE, GOVERNMENT CODE SECTION 54957(b)(1)); PROTECTION OF CONFIDENTIAL INFORMATION. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF JANUARY 2024.**

    b) **PUBLIC EMPLOYEE APPOINTMENT WILL CONCERN THE CHIEF EXECUTIVE OFFICER (CEO) DISCUSSION (CALIFORNIA CODE, GOVERNMENT CODE SECTION 54957(b)(1); PROTECTION OF CONFIDENTIAL INFORMATION. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF MAY 2023.**

c) **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 2024.**

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.

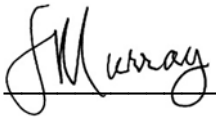
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org. You may also provide comments 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 on September 23rd, 2022, by 12:00 p.m.



Clerk of the Board – Jeanette Murray

ALAMEDA Alliance FOR HEALTH

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CEO Update

Scott Coffin

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

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

Date: **September 29th, 2022**

Subject: **CEO Report**

- **Financial Performance:**
    - Fiscal Year 2022 completed with a $23.7 million net income, representing $20 million favorable to budget. The net operating performance by line of business is as follows:

Line of Business	Fiscal Year End
Medi-Cal	$25.3M
Group Care	($1.6M)
Net Income	$23.7M

    - Fiscal Year 2023 started on July 1st, 2022, and the first month's performance was favorable, posting a net income of $5.7 million dollars. The net operating performance by the line of business is as follows:

Line of Business	July	YTD
Medi-Cal	$5.4M	$5.4M
Group Care	$276K	$276K
Totals	$5.7M	$5.7M

    - Tangible Net Equity (TNE): Financial reserves are 625% above the regulatory requirement, representing $198.6 million in excess TNE.
    - Preliminary enrollment in September exceeds 321,000 members, increasing by more than 1,600 Medi-Cal members as compared to August.
    - Approximately 5,400 new Medi-Cal beneficiaries were enrolled in August related to the transition of undocumented adults (ages 50 and over) into

Medi-Cal managed care; the population is currently enrolled in Alameda County's HealthPAC program.

- The Public Health Emergency is approved through the month of October; the Medi-Cal re-determination process may resume by January 2023.

- **Key Performance Indicators:**

  - Regulatory Metrics:

    - Standard member grievances (turnaround within 30 calendar days) did not meet compliance, reporting 18% below the 95% threshold.

    - All other regulatory metrics met the minimum performance requirements in the month of August.

  - Non-Regulatory Metrics:

    - The Member Services call center received 15,854 inbound calls in August, setting a new record in 2022. The average wait time to speak with a Member Services Representative was slightly higher than 5 minutes, and the abandonment rate reached 19%. The Member Services Team implemented a remediation plan earlier this year and has been recruiting customer service staff to support the growing membership. An external call center solution was launched in 2022 to offset the call volumes.

    - The vacancy factor is 16% as staffing positions are being recruited for several initiatives, including Medi-Cal long-term care, insourcing of mental health & autism services, and other CalAIM programs.

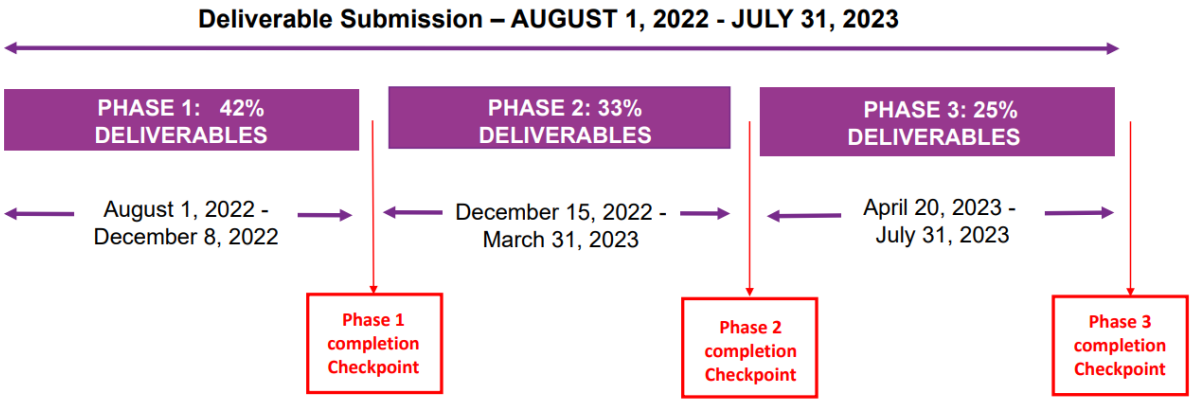
    - All other non-regulatory metrics met the minimum performance requirements in the month of August.

- **Quality Component & County Wide Averaging:**

  - Effective in the calendar year 2023, the DHCS is changing the methodology to calculate the county-wide averaging, and will be factoring HEDIS measures into the weighting.
  - Additionally, DHCS will shift from a Medicaid RX risk adjustment method to a Chronic Illness and Disability Payment System (CDPS) plus Medicaid RX methodology for risk adjustment.
  - The methodology changes are forecasted to net negative results and increase our projected annual net loss to the Alameda Alliance, ranging from $5 million to $7 million dollars. Final rates for 2023 are expected from the DHCS in November.

- **Alternate Payment Method:**
    - The Alternate Payment Method (APM) applies to Federally-Qualified Health Centers and is intended to replace the prospective payment that is used to calculate the Medi-Cal portion of the payment. The DHCS has designed a value-based payment method to compensate health centers through a capitated payment.
    - The APM program is elective, and eligible health centers have been requested to submit a letter of intent, and a combination of urban, rural, large, and small facilities are encouraged to apply.
    - The APM is scheduled to begin in 2024 and includes payment linkages to quality, risk corridors for health plans and health centers, and specific managed care populations.
    - An impact assessment is being conducted in 2022 to identify the operational requirements that pertain to the value-based payments and the reporting requirements for the health plans and health centers.

- **Single Plan:**
    - The California DHCS has issued a single plan transition timeline, and Alameda Alliance has submitted all required documents in phase one.



    - The Alliance's Integrated Planning & Compliance Divisions will be coordinating resources to meet the timeline.
    - Alameda County begins the single plan model for Medi-Cal managed care on January 1, 2024.

- **Incentives:**
    - The CalAIM incentive program (#3 in chart below) is pending release of $6.4 million in funding; as of September 2022, two waves of funding evaluations have been completed, and a third wave will start prior to October.
    - Statewide funding exceeds $3.5 billion, and the maximum allowable incentive dollars for Alameda Alliance is $80.4 million (approximately 2.3% of total funding).
    - COVID-19 vaccine incentive program was completed on February 28th, 2022.
    - Housing and Homeless investment plan is being prepared by Alameda Alliance for submission to the DHCS by September 30th, 2022. The investment plan defines the anticipated spending, outcomes, and specific performance measures that will be attained by October 2023.

Incentive Program	Duration	Maximum	Awarded	Paid Out
1) Behavioral Health Integration	2021-2022	$3.2M	$2.0M	$1.8M
2) COVID-19 Vaccine	2021-2022	$8.4M	$3.0M	$1.4M
3) CalAIM	2022-2024	$14.8M	$7.4M	Pending
4) Student Behavioral Health	2022-2024	$9.7M	$381K	Pending
5) Housing and Homelessness	2022-2023	$44.3M	Pending	Pending
Totals		**$80.4M***	**$12.8M**	**$3.2M**

- **Program Implementation & Readiness:**

    - 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 is scheduled for implementation on 3/31/23.

    - Medi-Cal Only:
        - CalAIM: Recipe4Health launched on September 1st, 2022
        - CalAIM: Population health on schedule for 1/1/23
        - CalAIM: Long-Term Care on schedule for 1/1/23, and a second phase is scheduled for 7/1/23
        - CalAIM: Behavioral health on schedule for 1/1/23
        - CalAIM: Justice Involved * deferred by the DHCS, no date certain
        - CalAIM: New Enhance Care Management populations of focus phases in 2023

- **Regulatory Audits & Accreditation:**

    - The NCQA re-accreditation survey completed in August 2022, and both lines of business received full accreditation. The Group Care line of business was cited with a corrective action, and the necessary steps are being taken to resolve this discrepancy.
    - The DMHC routine financial survey began in mid-August and continues through the month of September.
    - The DMHC focused mental health parity audit began in September and has concluded, and the preliminary report is pending from the DHMC.

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Executive Dashboard

OPERATIONS DASHBOARD

SEPTEMBER 2022

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Financials

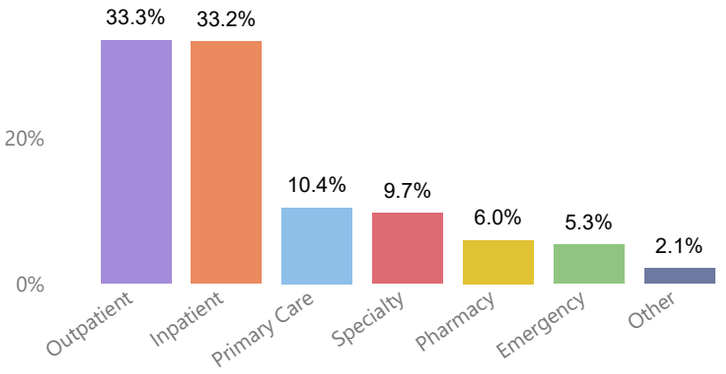
Income & Expenses

	JULY 2022	FISCAL YTD
REVENUE	$ 100.8 M	$ 100.8 M
MEDICAL EXPENSE	$ (90.9) M	$ (90.9) M
ADMIN EXPENSE	$ (4.7) M	$ (4.7) M
OTHER	$ 466 K	$ 466 K
NET INCOME	$ 5.7 M	$ 5.7 M

Gross Margin %

9.9%

Medical Expenses



Liquid Reserves

MLR Net %

90.1%

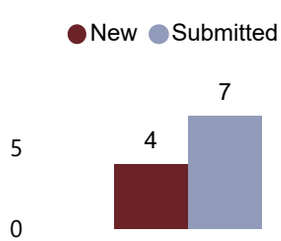
TNE %

625.1%

TNE $

$236.4M

Reinsurance Cases



Balance Sheet

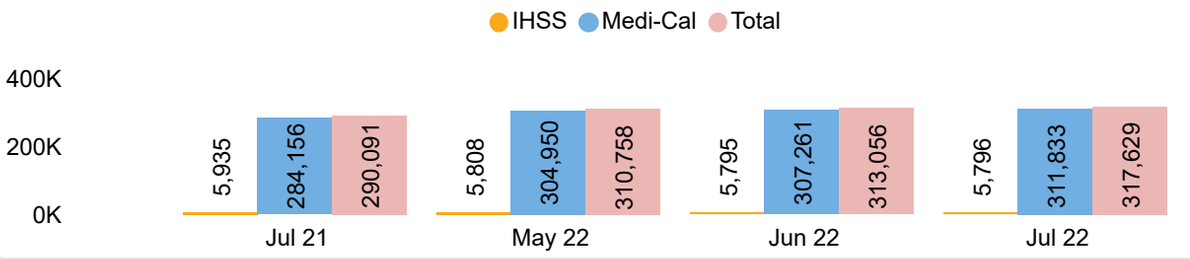
Cash Equivalents	$300.8M
Pass-Through Liabilities	$96.0M
Uncommitted Cash	$204.8M
Working Capital	$189.8M

Current Ratio

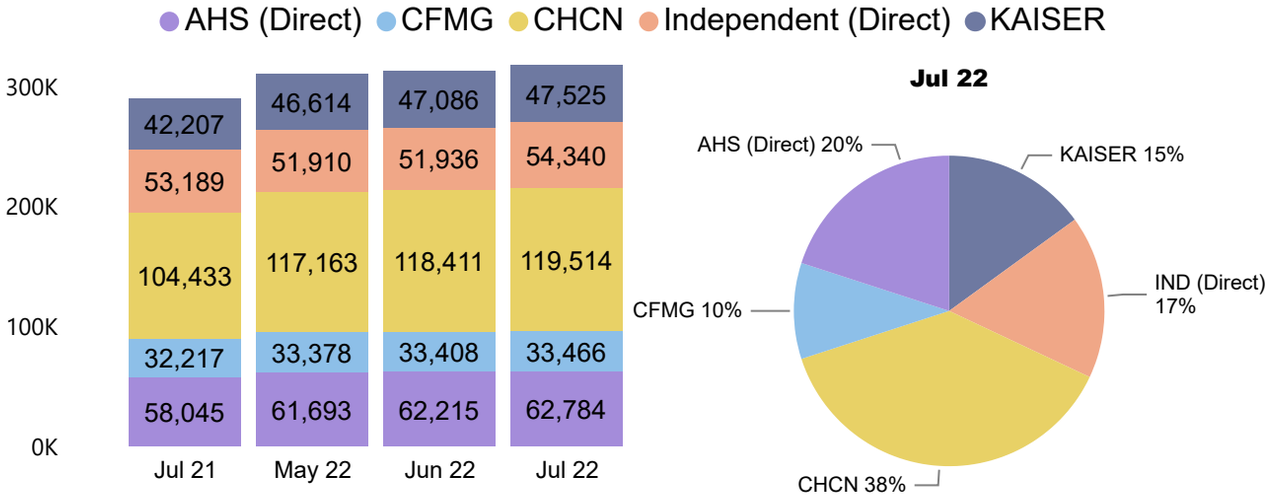
1.72

Membership

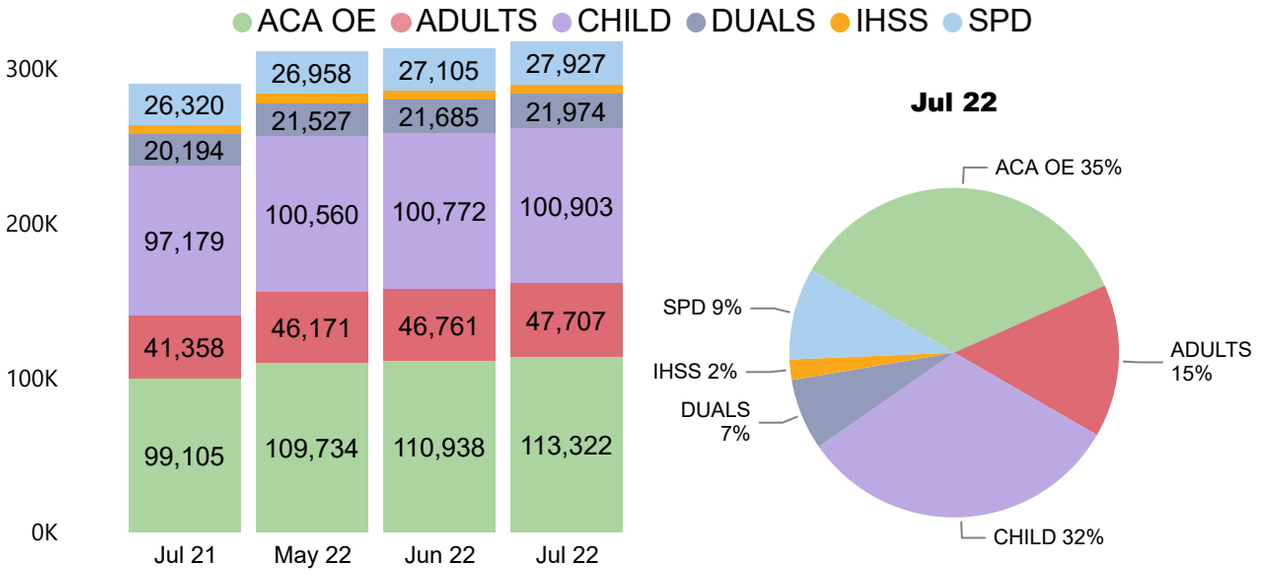
By Plan



By Network



By Category



OPERATIONS DASHBOARD

SEPTEMBER 2022

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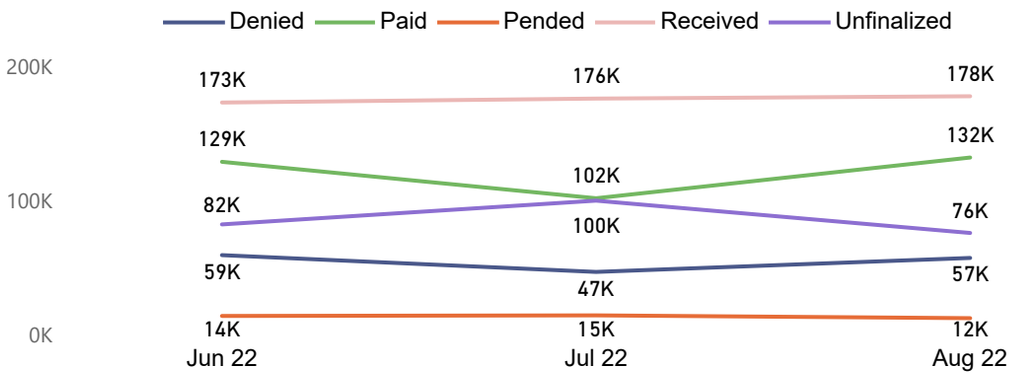
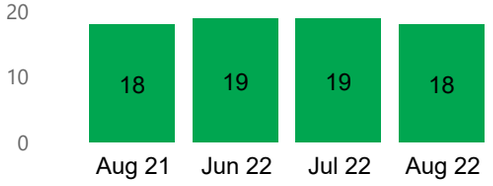
Claims

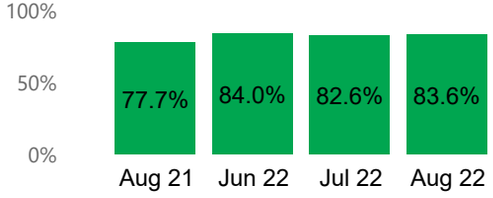
Claims Processing



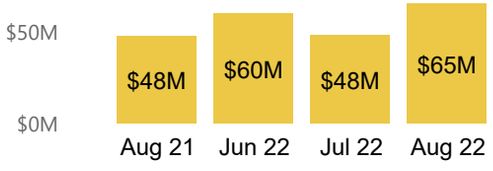
Average Payment TAT (Days)



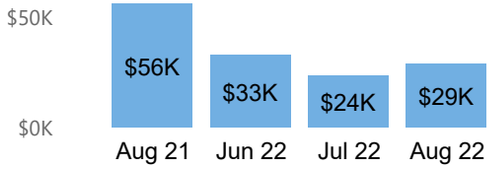
Auto Adjudication Rate (%)



Claims Paid ($)

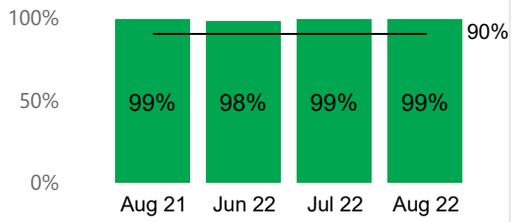


Interest Paid ($)

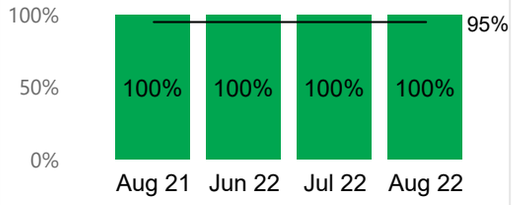


Claims Compliance

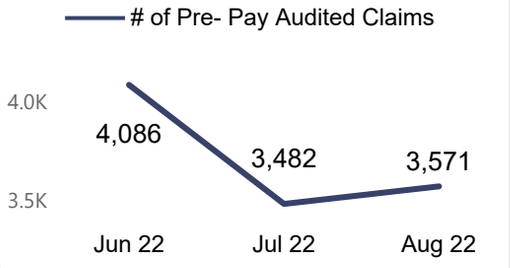
Processed 30 Cal Days (%)



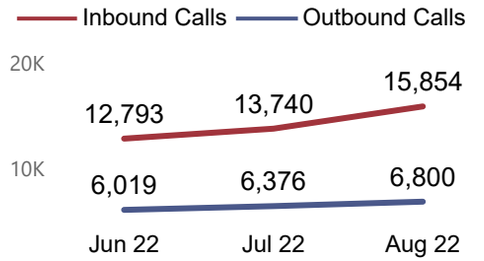
Processed 45 Work Days (%)



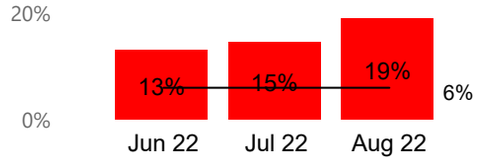
Claims Auditing



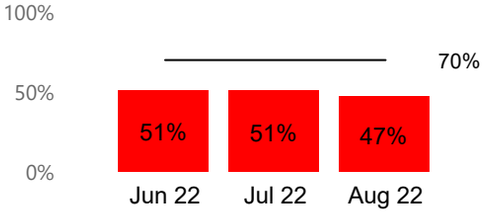
Member Services



Abandoned Call Rate (%)

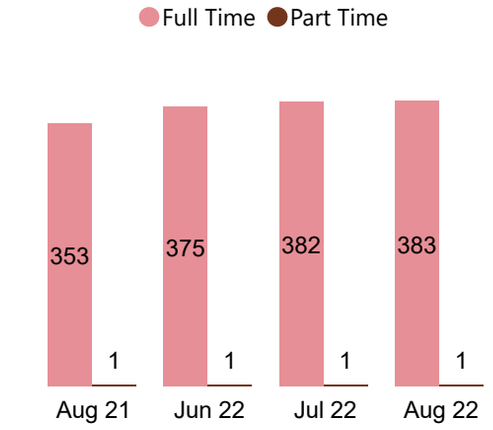


Calls Answered in 60 Seconds (%)

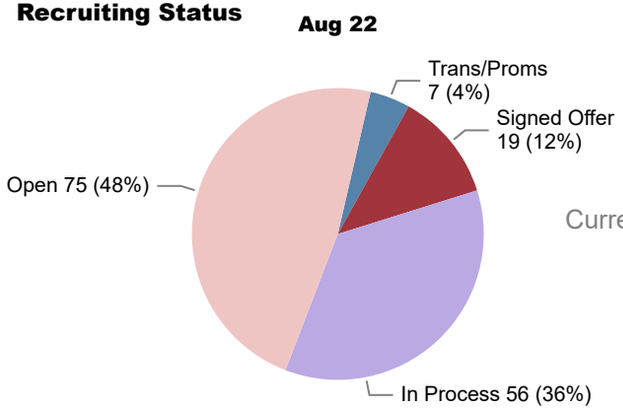


Average Call Times	Jun 22	Jul 22	Aug 22
Wait Time	03:48	03:35	05:02
Call Duration	06:53	06:26	06:36

Human Resources

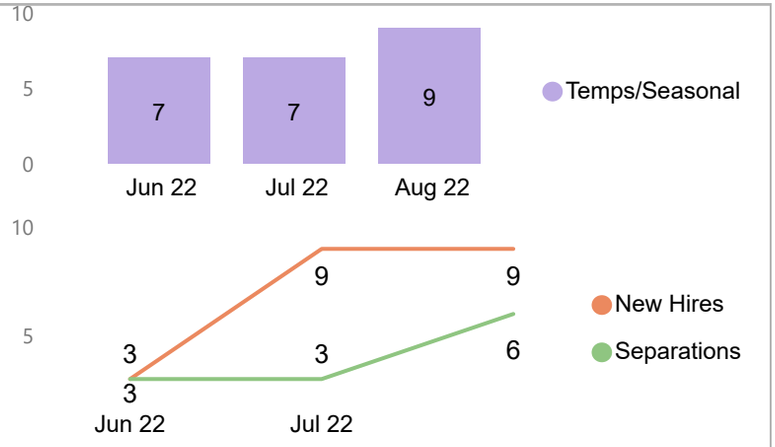


Recruiting Status Aug 22



Current Vacancy

16%



Provider Services

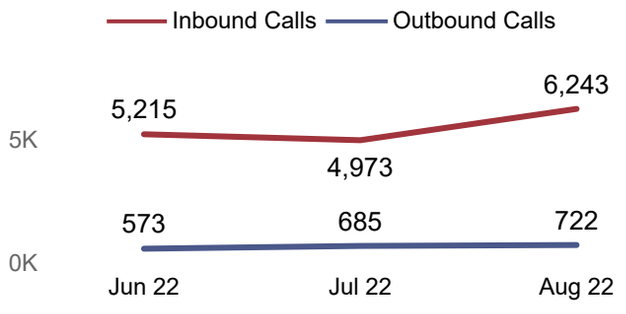
Provider Network

Hospital	17
Specialist	8,949
Primary Care Physician	730
Skilled Nursing Facility	66
Urgent Care	8
Health Centers (FQHCs and Non-FQHCs)	68
Transportation	380
TOTAL	**10,218**

Provider Credentialing

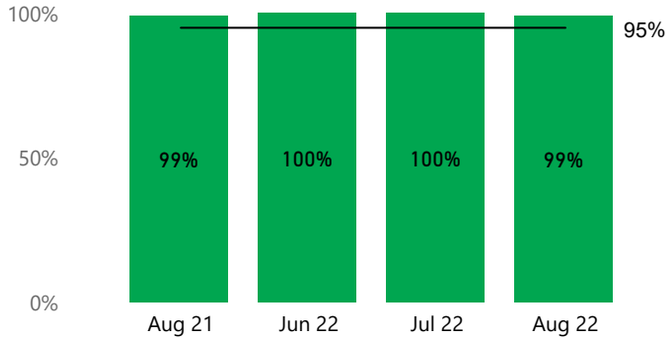
0

Provider Call Center



Provider Disputes & Resolutions

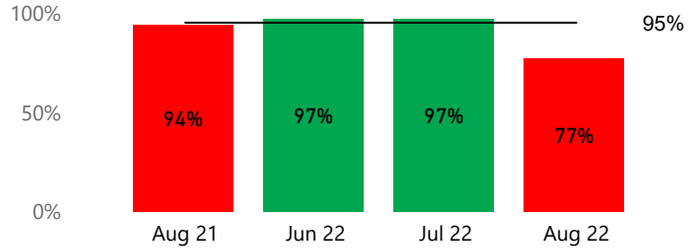
Turnaround Compliance (45 business days)



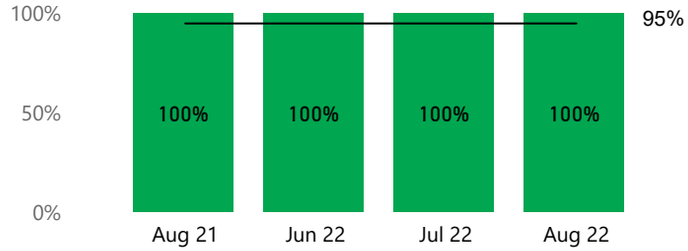
Compliance

Member Grievances

Standard (30 calendar days)

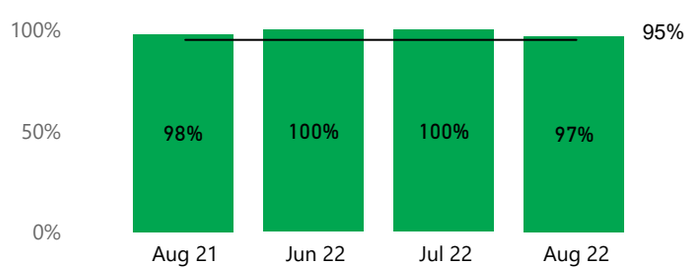


Expedited (3 calendar days)



Member Appeals

Standard (30 calendar days)



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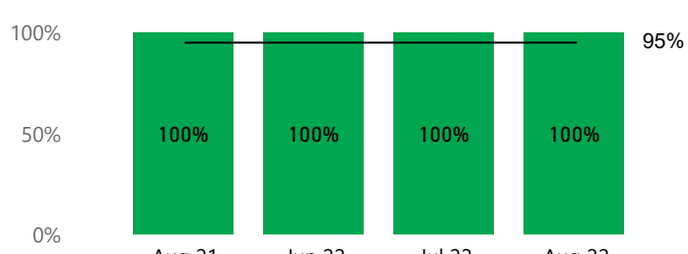
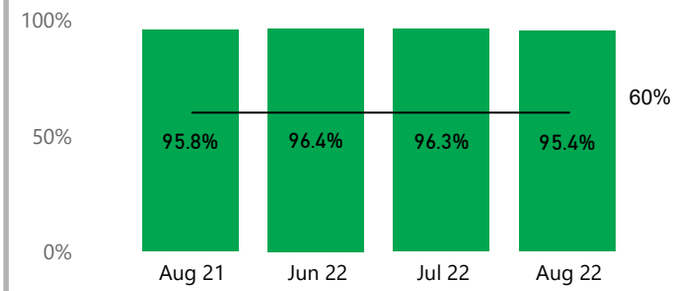
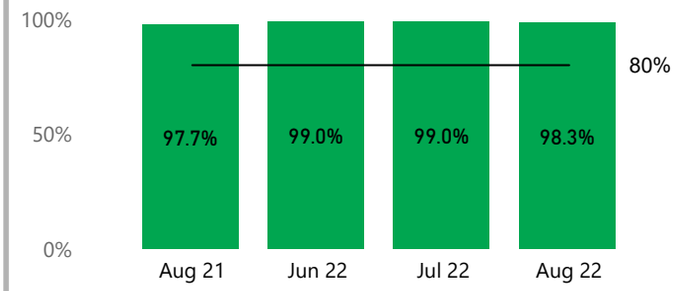


Encounter Data

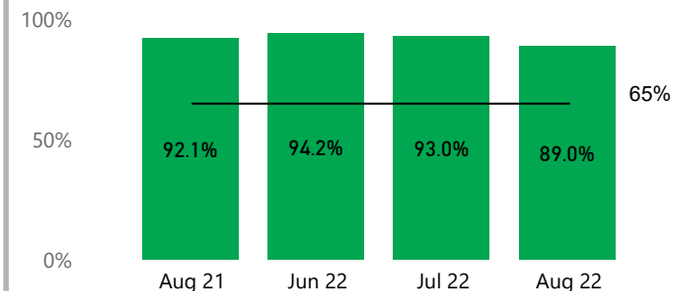
Institutional 0-90 days



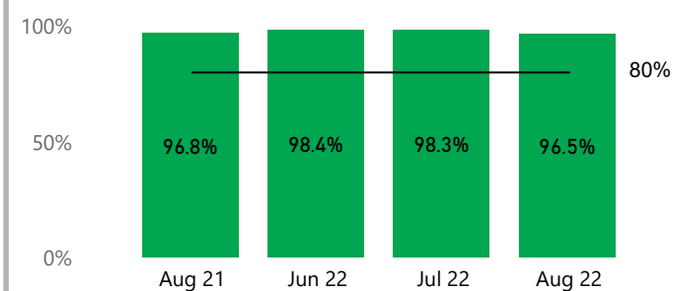
Institutional 0-180 days



Professional 0-90 days

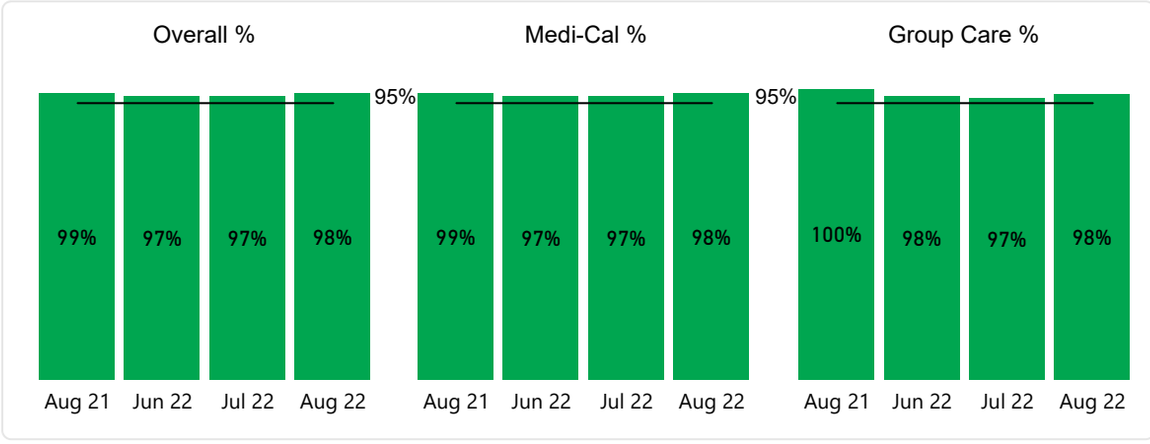


Professional 0-180 days

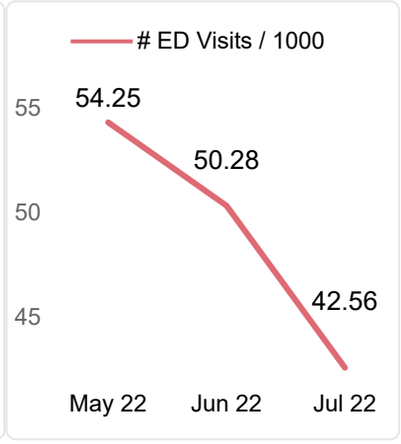


Health Care Services

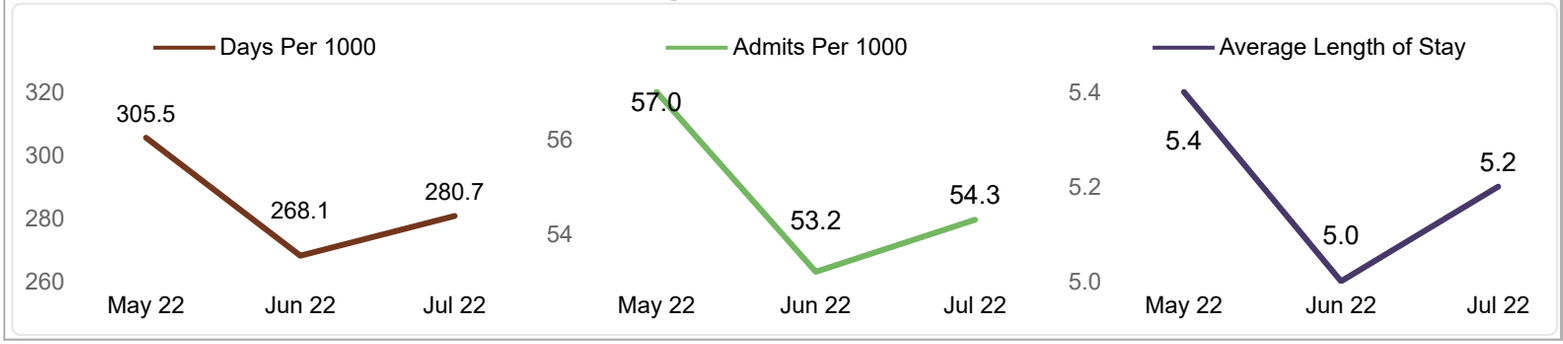
Authorization Turnaround



ED Utilization

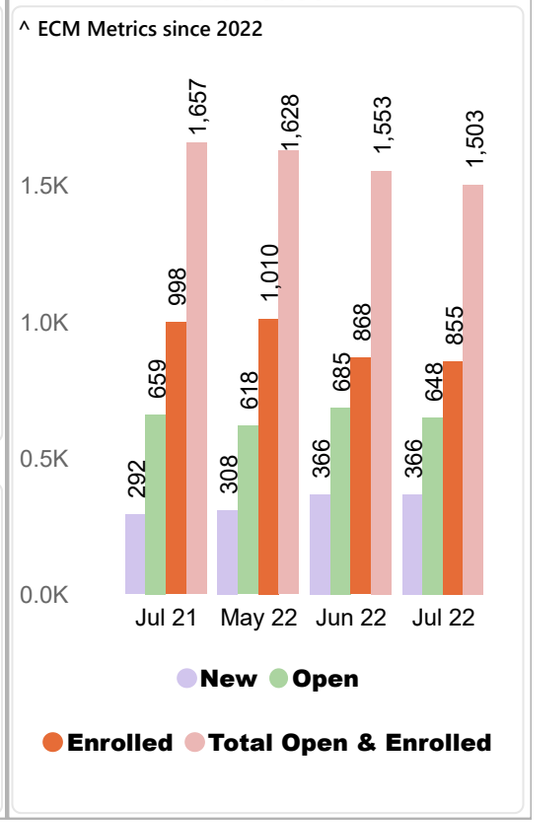


Inpatient Utilization

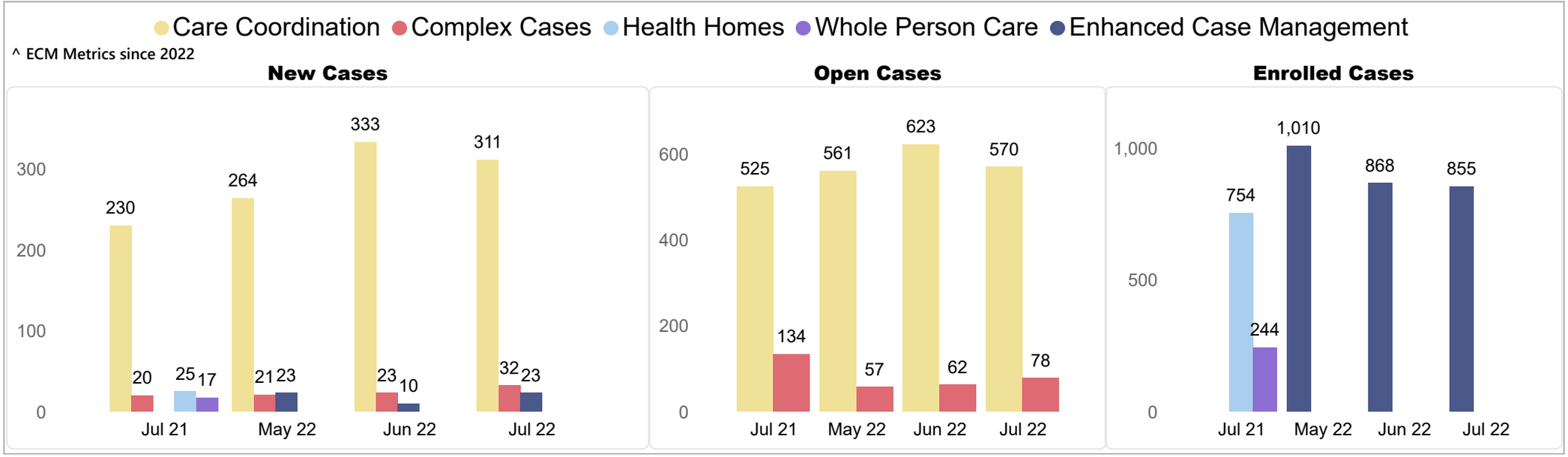


Case Management

Total Cases^



Case Management^



Technology (Business Availability)

Applications	Aug 21	Jun 22	Jul 22	Aug 22
HEALTHsuite System	100.0%	100.0%	96.0%	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	Aug 21	Jun 22	Jul 22	Aug 22
Denial Rate Excluding Partial Denials (%)	4.5%	4.1%	4.3%	3.0%
Overall Denial Rate (%)	5.1%	4.5%	4.7%	3.3%
Partial Denial Rate (%)	0.6%	0.4%	0.4%	0.3%

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

Pharmacy Authorizations

Authorizations	Aug 21	Jun 22	Jul 22	Aug 22
Approved Prior Authorizations	756	18	19	33
Closed Prior Authorizations	656	26	53	78
Denied Prior Authorizations	572	33	37	39
Total Prior Authorizations	1,984	77	109	150

ALAMEDA Alliance FOR HEALTH

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Legislative Tracking

2022 Legislative Tracking List

The following is a list of state bills tracked by the Public Affairs Department that were introduced during the 2021 and 2022 Legislative Sessions. This list includes 2-year bills introduced in 2021 that did not make it through the legislature and have moved through the legislature in 2022, as well as bills introduced in 2022. These bills are of interest to and could have a direct impact on Alameda Alliance for Health and its membership. **The bills on this list are updated as of 9/9/2022.**

On August 31st, the state legislature officially adjourned the 2021-2022 session. All bills that made it through the legislative process have gone to the Governor's desk, and he has until September 30th to sign or veto the bills.

Medi-Cal (Medicaid)

- **AB 1355 (Levine – D) Medi-Cal: Independent Medical Review System**
  - **Introduced:** 2/19/2021
  - **Status:** 8/31/2022-Read third time. Passed. Ordered to the Assembly. (Ayes 40. Noes 0.). In Assembly. Concurrence in Senate amendments pending. Senate amendments concurred in. To Engrossing and Enrolling.
  - **Summary:** Current law establishes hearing procedures for an applicant for, or recipient of, public social services who is dissatisfied with certain actions regarding those services to request a hearing from the State Department of Social Services or the State Department of Health Care Services, as applicable, under specified circumstances. After an administrative law judge has held a hearing and issued a proposed decision, within 30 days after the department has received a copy of the administrative law judge's proposed decision, or within the 3 business days for an expedited resolution of an appeal of an adverse benefit determination for a Medi-Cal managed care plan beneficiary, as specified, current law authorizes the director to take specified action under prescribed timeframes. These actions include adopting the decision in its entirety, deciding the matter themselves on the record, including the transcript, with or without taking additional evidence, or ordering a further hearing to be conducted by the director or another administrative law judge on their behalf. Under current law, the failure of the director to take certain actions is deemed an affirmation of the proposed decision. This bill would instead authorize the director to adopt the decision in its entirety, decide the matter on the record after reviewing the transcript or recording of the hearing without taking additional evidence, or order a further hearing to be conducted by the director or another administrative law judge on their behalf that affords the parties the opportunity to present and respond to additional evidence. The bill would clarify that a proposed decision would be deemed affirmed and adopted if the director fails to take prescribed action and would require the director's alternated decision to contain a statement of the facts and evidence, including references to the applicable provisions of law and regulations, and the analysis that supports their decision.

- **AB 1859 (Levine – D) Mental Health Services**
  - **Introduced:** 2/8/2022
  - **Status:** 8/31/2022-Enrolled and presented to the Governor at 4 p.m.
  - **Summary:** Would require a health care service plan or a health insurer for a health care service plan contract or a health insurance policy issued, amended, or renewed on or after July 1st, 2023, that includes coverage for mental health services, among other things, approve the provision of medically necessary treatment of a mental health or substance use disorder for persons who are

screened, evaluated, and detained for treatment and evaluation under the Lanterman-Petris-Short Act. The bill would prohibit a noncontracting provider of covered mental health or substance use disorder treatment from billing the previously described enrollee or insured more than the cost-sharing amount the enrollee or insured would pay to a contracting provider for that treatment. Under the bill, if an enrolled or insured is referred for a follow-up appointment for mental health services on a voluntary basis pursuant to the Lanterman-Petris-Short Act, the bill would require the health care service plan or health insurer to process the referral as a request for an appointment and offer appointments within specified timeframes, and if an appointment is not available in the network that meets the geographic and timely access standards set by law, arrange coverage to ensure the delivery of medically necessary out-of-network services, to the extent possible, to meet those geographic and timely access standards. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **AB 1880 (Arambula – D) Prior Authorization and Step Therapy**
  - **Introduced:** 1/24/2022
  - **Status:** 8/31/2022-Enrolled and presented to the Governor at 4 p.m.
  - **Summary:** Current law permits a health care provider or prescribing provider to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, a prior authorization request, or a step therapy exception request, consistent with the current utilization management processes of the health care service plan or health insurer. Current law also permits an enrollee or insured, or the enrollee's or insured's designee or guardian, to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request by filing a grievance under a specified provision. This bill would require health care service plan's or health insurer's utilization management process to ensure that an appeal of a denial of an exception request is reviewed by a clinical peer of the health care provider or prescribing provider, as specified. The bill would define the term "clinical peer" for these purposes.

- **AB 1892 (Flora - R) Medi-Cal: orthotic and prosthetic appliances**
  - **Introduced:** 2/9/2022
  - **Status:** 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 6/20/2022)
  - **Summary:** Under the Medi-Cal program, current law requires the State Department of Health Care Services to establish a list of covered services and maximum allowable reimbursement rates for prosthetic and orthotic appliances and requires that the list be published in provider manuals. Current law prohibits reimbursement for prosthetic and orthotic appliances from exceeding 80% of the lowest maximum allowance for California established by the federal Medicare Program for the same or similar services. This bill would instead require reimbursement for these appliances to be set at least at 80% of the lowest maximum allowance for California established by the federal Medicare Program and would require that reimbursement to be adjusted annually, as specified.

- **AB 1900 (Arambula – D): Medi-Cal: income level for maintenance**
  - **Introduced:** 2/9/2022
  - **Status:** 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 6/27/2022)
  - **Summary:** Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals to receive health care services. Current law requires the department to establish income levels for maintenance at the lowest levels that reasonably permit a medically needy person to meet their

basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. Under current law, for a single individual, the amount of the income level for maintenance per month is based on a calculation of 80% of the highest amount that would ordinarily be paid to a family of 2 persons, without any income or resources, under specified cash assistance provisions, multiplied by the federal financial participation rate, adjusted as specified. To the extent that any necessary federal authorization is obtained, and effective no sooner than January 1st, 2024, this bill would increase the above-described income level for maintenance per month to be equal to the income limit for Medi-Cal without a share of cost for individuals who are 65 years of age or older or are disabled, generally totaling 138% of the federal poverty level. The bill would require the department to seek any necessary federal authorization for maintaining that income level for maintenance and would make conforming changes to related provisions. The bill would authorize the department to implement those provisions by various means, including all-county letters, and would require the department to implement those changes by regulatory action within 2 years of the operation of the above-described increase.

- **AB 1929 (Gabriel - D) Medi-Cal: violence preventive services**
  - **Introduced:** 2/10/2022
  - **Status:** 8/22/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 154, Statutes of 2022.
  - **Summary:** Current law establishes a schedule of benefits under the Medi-Cal program, including various mental health services. Current federal law authorizes, at the option of the state, preventive services, as defined, that is recommended by a physician or other licensed practitioner of the healing arts. This bill would add violence prevention services, as defined as a covered benefit under Medi-Cal, subject to medical necessity and utilization controls. The bill would authorize the department to implement, interpret, or make specific that provision by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until regulations are adopted. The bill would limit its implementation only to the extent that any necessary federal approvals are obtained, and federal financial participation is not otherwise jeopardized. The bill would require the department to post on its internet website the date upon which violence prevention services may be provided and billed.

- **AB 1930 (Arambula - D) Medi-Cal: comprehensive perinatal services**
  - **Introduced:** 2/10/2022
  - **Status:** /31/2022-Enrolled and presented to the Governor at 4 p.m.
  - **Summary:** Under current law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy. This bill, during the one-year post pregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27th, 2021, during pregnancy and the initial 60-day post pregnancy period in effect on that date. The bill would require the department to collaborate with the State Department of Public Health and a broad stakeholder group to determine the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.

- **AB 1937 (Patterson - R) Medi-Cal: out-of-pocket pregnancy costs**
  - **Introduced:** 2/10/2022

- **Status:** 4/29/2022 Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 2/18/2022)
- **Summary:** Would require the State Department of Health Care Services, on or before July 1st, 2023, to establish a health expense account program for pregnant Medi-Cal beneficiaries and pregnant subscribers of the Medi-Cal Access Program. The bill would make a Medi-Cal beneficiary who is pregnant or a pregnant subscriber of the Medi-Cal Access Program eligible for reimbursement for "out-of-pocket pregnancy-related costs," as specified, in an amount not to exceed $1,250. The bill would require the person to submit the request for reimbursement within 3 months of the end of the pregnancy in order to be reimbursed. The bill would require the department to seek to maximize federal financial participation in implementing the program. The bill would require the department, to the extent federal financial participation is unavailable, to implement the program only with state funds. The bill would require the department to contract out for purposes of implementing the health expense account program, as specified. The bill would authorize the department to implement the above-described provisions through all-county or plan letters or similar instructions and would require regulatory action no later than January 1st, 2026.

- **AB 1944 (Lee – D) Local governments: open and public meetings**
  - **Introduced:** 1/24/2022
  - **Status:** 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. GOV. & F. on 6/8/2022)
  - **Summary:** The Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to observe and provide comments. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. This bill would require the agenda to identify any member of the legislative body that will participate in the meeting remotely.

- **AB 1995 (Arambula - D) Medi-Cal: premiums, contributions or copayments**
  - **Introduced:** 1/24/2022
  - **Status:** 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 6/27/2022
  - **Summary:** Current law requires that Medi-Cal benefits be provided to optional targeted low-income children, as defined, based on a certain income eligibility threshold. Current law also establishes the Medi-Cal Access Program, which provides health care services to a woman who is pregnant or in her postpartum period and whose household income is between certain thresholds, and to a child under 2 years of age who is delivered by a mother enrolled in the program, as specified. Current law also establishes a program under which certain employed persons with disabilities are eligible for Medi-Cal benefits based on income and other criteria. Existing law requires the department to exercise the option, available to the state under federal law, to impose specified monthly premiums, based on income level, for the above-described children and employed persons with disabilities. Existing law requires the department to determine schedules for subscriber contribution amounts for persons enrolled in the Medi-Cal

Access Program. This bill would eliminate the premiums and subscriber contributions for the above-described populations.

- **AB 2007 (Valladares – R) Health care language assistance services**
  - **Introduced:** 2/14/2022
  - **Status:** 4/29/2022 Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 2/24/2022)
  - **Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Current law requires the Department of Managed Health Care to adopt regulations establishing standards and requirements for health care service plans to provide enrollees with appropriate access to language assistance in obtaining health care services. Current law requires the department to report biennially to, among others, the Legislature, regarding plan compliance with the standards. This bill would instead require the department to provide that report 3 times a year.

- **AB 2024 (Friedman - D) Health care coverage: diagnostic imaging**
  - **Introduced:** 2/14/2022
  - **Status:** 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 8/8/2022)
  - **Summary:** Would require a health care service plan contract, health insurance policy, or self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1st, 2023, to provide coverage for screening mammography, medically necessary diagnostic or supplemental breast examinations, or testing for screening or diagnostic purposes upon referral by specified professionals. The bill would prohibit a health care service plan contract, health insurance policy, or self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1st, 2023, from imposing cost sharing for screening mammography, medically necessary or supplemental breast examinations, or testing, unless the contract or policy is a high deductible health plan and the deductible has not been satisfied for the year.

- **AB 2029 (Wicks - D) Health care coverage: treatment for infertility**
  - **Introduced:** 2/14/2022
  - **Status:** 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/18/2022)
  - **Summary:** Would require a health care service plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1st, 2023, to provide coverage for the diagnosis and treatment of infertility and fertility services, as specified, up to a lifetime maximum benefit of $75,000. The bill would apply except specialty health care service plan contracts and disability insurance policies from that requirement. The bill also would require a small group health care service plan contract or disability insurance policy, except a specialized contract or policy, which is issued, amended, or renewed on or after January 1st, 2023, to offer coverage for the treatment of infertility, as specified. The bill would revise the definition of infertility and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and health insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contract holders and policyholders and prospective group contract holders and policyholders. With respect to a health care service plan, the bill would not apply to Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to specified provisions.

- **AB 2077 (Calderon - D) Medi-Cal: monthly maintenance amount: personal and incidental needs**
  - **Introduced:** 2/14/2022
  - **Status:** 8/31/2022-Enrolled and presented to the Governor at 4 p.m.
  - **Summary:** Qualified individuals under the Medi-Cal program include medically needy persons and medically needy family persons who meet the required eligibility criteria, including applicable income requirements. Current law requires the State Department of Health Care Services to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than $35 per month while a patient. Current law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs. This bill would increase the monthly maintenance amount for personal and incidental needs from $35 to $80, commencing on July 1st, 2024, or on the date that any necessary federal approvals are obtained, whichever is later.

- **AB 2117 (Gipson – D) Mobile stroke units**
  - **Introduced:** 2/14/2022
  - **Status:** 8/30/2022-In Assembly. Concurrence in Senate amendments pending. Senate amendments concurred in. To Engrossing and Enrolling.
  - **Summary:** The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (act) establishes the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services (EMS), including development of planning and implementation guidelines for EMS systems. The act authorizes a county to develop an EMS program by designating a local EMS agency. This bill would define, under the act, “mobile stroke unit” to mean a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local EMS agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke, to the extent consistent with any federal definition of a mobile stroke unit, as specified.

- **AB 2123 (Villapudua – D) Bringing Health Care into Communities Act of 2023**
  - **Introduced:** 2/15/2022
  - **Status:** 4/29/2022 Failed Deadline pursuant to Rule 61(b)(5). (Last location was H. & C.D. on 3/28/2022)
  - **Summary:** Current law establishes various programs to facilitate the expansion of the health care workforce in rural and underserved communities, including, but not limited to, the Health Professions Career Opportunity Program and the California Registered Nurse Education Program. This bill, the Bringing Health Care into Communities Act of 2023, would establish the Bringing Health Care into Communities Program to be administered by the agency to provide housing grants to specified health professionals to be used for mortgage payments for a permanent residence in a health professional shortage area, as specified. Under the bill, a health professional would be eligible for a grant for up to 5 years. The bill would make its provisions operative upon appropriation by the Legislature.

- **AB 2304 (Bonta – D) Nutrition Assistance: “Food as Medicine”**
  - **Introduced:** 2/16/2022

- **Status:** 5/6/22 Failed Deadline pursuant to Rule 61(b)(6). (Last location was A. PRINT on 2/16/2022)
- **Summary:** Current law provides for the California Health and Human Services Agency, which includes the State Department of Health Care Services, the State Department of Public Health, and the State Department of Social Services. Current law establishes various programs and services under those departments, including the Medi-Cal program, under which qualified low-income individuals receive health care services, such as enteral nutrition products, the California Special Supplemental Nutrition Program for Women, Infants, and Children, which is administered by the State Department of Public Health and counties and under which nutrition and other assistance are provided to eligible individuals who have been determined to be at nutritional risk, and the CalFresh program, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. This bill would declare the intent of the Legislature to enact the Wilma Chan Food as Medicine Act of 2022.

- **AB 2352 (Nazarian - D) Prescription drug coverage**
  - **Introduced:** 2/16/2022
  - **Status:** 8/31/2022-Read third time. Passed. Ordered to the Assembly. (Ayes 40. Noes 0.). In Assembly. Concurrence in Senate amendments pending. Senate amendments concurred in. To Engrossing and Enrolling.
  - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1st, 2023, that provides prescription drug benefits and maintains one or more drug formularies to furnish specified information about a prescription drug upon request by an enrollee or insured, or their prescribing provider. The bill would require the plan or insurer to respond in real time to that request and ensure the information is current no later than one business day after a change is made. The bill would prohibit a health care service plan or health insurer from, among other things, restricting a prescribing provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing, administering, or ordering a lower cost or clinically appropriate alternative drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **AB 2402 (Rubio, Blanca - D) Medi-Cal: continuous eligibility**
  - **Introduced:** 2/17/2022
  - **Status:** 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was INACTIVE FILE on 8/30/2022)
  - **Summary:** Would prohibit the redetermination of Medi-Cal eligibility before the child reaches 5 years of age unless the department or county possesses facts indicating that the family has requested the child's voluntary disenrollment, the child is deceased, the child is no longer a state resident, or the child's original enrollment was based on a state or county error or on fraud, abuse, or perjury, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and, except as specified, on the availability of federal financial participation.

- **AB 2449 (Rubio, Blanca – D) Open meetings: local agencies: teleconferences**
  - **Introduced:** 1/24/2022
  - **Status:** 9/6/2022-Enrolled and presented to the Governor at 4 p.m.
  - **Summary:** Current law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act generally requires posting an

agenda at least 72 hours before a regular meeting that contains a brief general description of each item of business to be transacted or discussed at the meeting and prohibits any action or discussion from being undertaken on any item not appearing on the posted agenda. This bill would revise and recast those teleconferencing provisions and, until January 1st, 2026, would authorize a local agency to use teleconferencing without complying with the teleconferencing requirements that each teleconference location be identified in the notice and agenda and that each teleconference location be accessible to the public if at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda that is open to the public and situated within the local agency's jurisdiction.

- **AB 2458 (Weber – D) California Children's Services: reimbursement rates.**
  - **Introduced:** 2/17/2022
  - **Status:** 5/20/22 Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 4/6/2022)
  - **Summary:** Would make legislative findings relating to the need for an increase in the reimbursement rates for physician services provided under the California Children's Services (CCS) Program. Under the bill, subject to an appropriation, and commencing January 1st, 2023, those reimbursement rates would be increased by adding at least 25% to the above-described augmentation percentage relative to the applicable Medi-Cal rates. The bill would make the rate increase applicable only if the services are provided by a physician in a practice in which at least 30% of the practice's pediatric patients are Medi-Cal beneficiaries.

- **AB 2539 (Choi - R) Public health: COVID-19 vaccination: proof of status**
  - **Introduced:** 2/17/2022
  - **Status:** 4/29/22 Failed Deadline pursuant to Rule 61(b)(5). (Last location was PRINT on 2/17/2022)
  - **Summary:** Would require a public or private entity that requires a member of the public to provide documentation regarding the individual's vaccination status for any COVID-19 vaccine as a condition of receipt of any service or entrance to any place to accept a written medical record or government-issued digital medical record in satisfaction of the condition, as specified.

- **AB 2581 (Salas – D) Health Care Service Plans: Mental Health and Substance Use Disorders: Provider Credentials**
  - **Introduced:** 2/18/2022
  - **Status:** 8/31/22 Enrolled and presented to the Governor at 4 p.m.
  - **Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Current law also provides for the regulation of disability insurers by the Department of Insurance. Current law requires a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1st, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. For provider contracts issued, amended, or renewed on and after January 1st, 2023, this bill would require a health care service plan or disability insurer that provides coverage for mental health and substance use disorders and credentials health care providers of those services for the health care service plan's or disability insurer's networks, to assess and verify the qualifications of a health care provider within 60 days after receiving a completed provider credentialing application.

- **AB 2659 (Patterson - R) Medi-Cal managed care: midwifery services**

- **Introduced:** 2/18/2022
- **Status:** 4/29/2022 Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/10/2022)
- **Summary:** Would require a Medi-Cal managed care plan to have within its provider network at least one licensed midwife (LM) and one certified-nurse midwife (CNM) within each county where the Medi-Cal managed care plan provides services to Medi-Cal beneficiaries. The bill would exempt a Medi-Cal managed care plan from that requirement for purposes of a given county if no LM or CNM is available in that county or if no LM or CNM in that county accepts Medi-Cal payments. If a Medi-Cal managed care plan is exempt from that requirement, the bill would require the Medi-Cal managed care plan to reevaluate its network adequacy for midwifery care in the county on an annual basis and to make a good faith effort to work with the appropriate professional midwifery organizations for LMs and CNMs, and their respective licensing and regulatory agencies, to assist in determining the availability of midwives in the county who accept Medi-Cal payments. The bill would also require a Medi-Cal managed care plan to have within its provider network at least one licensed alternative birth center specialty clinic within each county where the Medi-Cal managed care plan provides services to Medi-Cal beneficiaries provided that at least one qualified licensed alternative birth center specialty clinic is available in that county and is willing to contract with the Medi-Cal managed care plan.

- **AB 2680 (Arambula - D) Medi-Cal: Community Health Navigator Program**
  - **Introduced:** 2/19/2022
  - **Status:** 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was INACTIVE FILE on 8/23/2022)
  - **Summary:** Would, commencing January 1st, 2023, require the State Department of Health Care Services to create the Community Health Navigator Program to make direct grants to qualified community-based organizations, as defined, to conduct targeted outreach, enrollment, retention, and access activities for Medi-Cal-eligible individuals and families. The bill would specify the basis for issuing a grant, including specified factors in the applicant's service area. The bill would authorize the department to contract with one or more private foundations to assist the department with administering the grant application and allocation process. The bill would require the department to contract with specified providers to furnish training and technical assistance to grant recipients. The bill would also require the department to coordinate and partner with Covered California and counties that elect to participate in an approach for outreach, enrollment, retention, and access activities for marketing to eligible individuals, including facilitation of quarterly meetings on enrollment and access barriers and solutions, among other requirements. The bill would become operative only upon an express appropriation in the annual Budget Act or another statute for the purposes of the bill.

- **AB 2724 (Arambula – D) Medi-Cal: alternate health care service plan**
  - **Introduced:** 2/18/2022
  - **Status:** 6/30/2022-Chaptered by Secretary of State- Chapter 73, Statutes of 2022
  - **Summary:** Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals to receive health care services through various delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize the department to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSP), as defined, to serve as a primary Medi-Cal managed care plan for certain eligible beneficiaries in geographic regions designated by the department, as specified. The bill would authorize the department to contract with an AHCSP as a Medi-Cal managed care plan in any geographic

region of the state for which federal approval is available, for which the AHCSP maintains appropriate licensure or an approved exemption from the Department of Managed Health Care, and in which the AHCSP already provides commercial coverage in the individual, small group, or large group market.

- **AB 2727 (Wood – D) Medi-Cal Eligibility**
  - **Introduced:** 1/24/2022
  - **Status:** 8/30/2022-Enrolled and presented to the Governor at 4 p.m.
  - **Summary:** Current law prohibits the use of resources, including property or other assets, to determine Medi-Cal eligibility for applicants or beneficiaries whose eligibility is not determined using the MAGI-based financial methods, and requires the department to seek federal authority to disregard all resources as authorized by the flexibilities provided under federal law. Current law conditions implementation of that provision on the Director of Health Care Services determines that systems have been programmed for those disregards, and they are communicating that determination in writing to the Department of Finance no sooner than January 1st, 2024. Current law also conditions implementation of that provision on receipt of any necessary federal approvals and the availability of federal financial participation. Current law states the intent of the Legislature to provide, to the extent practicable, through the Medi-Cal program, for health care for those aged and other persons, including family persons who lack the sufficient annual income to meet the costs of health care, and whose other assets are so limited that their application toward the costs of that care would jeopardize the person or family's future minimum self-maintenance and security. This bill would be commencing on the date that the resource disregards are implemented and remove from that statement of legislative intent the above-described assets as an eligibility criterion.

- **AB 2813 (Santiago - D) Long-Term Services and Supports Benefit Program**
  - **Introduced:** 2/18/2022
  - **Status:** 4/29/2022 Failed Deadline pursuant to Rule 61(b)(5). (Last location was AGING & L.T.C. on 3/17/2022)
  - **Summary:** Would require the California Department of Aging, upon appropriation, in conjunction with an unspecified board operating under the auspices of the State Treasurer, to establish and administer a Long-Term Services and Supports Benefits Program with the purpose of providing supportive care to aging Californians and those with physical disabilities. The bill would establish the Long-Term Services and Supports Benefit Program Fund and would require the department and the board to administer the program using proceeds from the fund. The bill would require an individual to have paid into the fund for an unspecified number of years to be eligible to receive benefits pursuant to the program.

- **AB 2833 (Irwin – D) COVID-19 testing capacity**
  - **Introduced:** 2/18/2022
  - **Status:** 7/5/22 Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. HEALTH on 6/1/2022)
  - **Summary:** Current law sets forth various provisions specific to COVID-19 testing, including, among others, provisions relating to health care coverage for testing and certain programs or requirements for the workplace or educational setting. This bill would require the State Department of Public Health to make plans to ensure that the laboratory infrastructure in the state is sufficient and prepared for COVID-19 testing capacity to be scaled, within a period of 2 calendar weeks, to 500,000 tests per day, and for results of at least 90% of those COVID-19 tests to be returned to the individuals tested and to the department within 24 hours of collection of the testing

samples. The bill would require the department, for purposes of making these plans, to prioritize local public health laboratories and the state laboratory and to consider sufficient staffing.

- **AB 2942 (Daly - D) Prescription drug cost sharing**
  - **Introduced:** 2/18/2022
  - **Status:** 4/29/2022 Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/17/2022)
  - **Summary:** Current law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price. This bill would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of their decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified.

- **AB 2516 (Aguiar-Curry - D) Health care coverage: human papillomavirus**
  - **Introduced:** 2/17/2022
  - **Status:** 8/30/2022-Senate amendments concurred in. To Engrossing and Enrolling.
  - **Summary:** This bill would expand the coverage requirement for an annual cervical cancer screening test to disability insurance policies that provide coverage for hospital, medical, or surgical benefits and would require a health care service plan contract or disability insurance policy that provides coverage for hospital, medical, or surgical benefits issued, amended, or renewed on or after January 1st, 2023, to provide coverage without cost sharing for the HPV vaccine for persons for whom the vaccine is FDA approved. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The bill would also expand comprehensive clinical family planning services under the Family PACT Program to include the HPV vaccine for persons for whom it is FDA approved. This bill contains other related provisions and other existing laws.

- **SB 245 (Gonzalez – D) Health Care Coverage: Abortion Services: Cost of Sharing**
  - **Introduced:** 1/24/2022
  - **Status:** 3/22/2022 Chaptered by Secretary of State – Chapter 11, Statutes of 2022
  - **Summary:** Would prohibit a health care service plan or an individual or group policy or certificate of health insurance or student blanket disability insurance that is issued, amended, renewed, or delivered on or after January 1st, 2023, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services, as specified. The bill would prohibit a health care service plan and an insurer subject to these requirements from imposing utilization management or utilization review on the coverage for outpatient abortion services. The bill would require that for a contract, certificate, or policy that is a high deductible health plan; the cost-sharing prohibition would apply once the enrollee's or insured's deductible has been satisfied for the benefit year. The bill would not require an individual or group contract or policy to cover an experimental or investigational treatment. The bill's requirements would also apply to Medi-Cal managed care plans and their providers, independent practice associations, preferred provider groups, and all delegated entities that provide physician services, utilization management, or utilization review. The bill would require the Department of Managed Health Care and the Department of Insurance to adopt related regulations on or before January 1st, 2026.

- **SB 853 (Wiener – D) Prescription drug coverage**
  - **Introduced:** 1/19/2022
  - **Status:** 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 8/3/2022)
  - **Summary:** Current law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Current law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would expand the above-described prohibitions to prohibit limiting or excluding coverage of a drug, dose, or dosage form, and would apply the prohibition to blanket disability insurance policies and certificates. The bill would prohibit a health care service plan or disability insurer that provides coverage for prescription drugs from limiting or declining to cover a drug or dose of a drug as prescribed or imposing additional cost sharing for covering a drug as prescribed if specified criteria apply.

- **SB 858 (Wiener – D) Health care service plans: discipline: civil penalties.**
  - **Introduced:** 1/19/2022
  - **Status:** 9/6/2022-Enrolled and presented to the Governor at 3:30 p.m.
  - **Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law authorizes the Director of the Department of Managed Health Care to take disciplinary measures, including the imposition of civil penalties, against a licensee when the director determines that the licensee has committed an act or omission constituting grounds for disciplinary action, as specified. Under current law, a person who violates the act, or a rule or order adopted or issued under the act, is generally liable for a civil penalty not to exceed $2,500 per violation. Current law also includes various provisions that assess specific civil and administrative penalties for certain violations. Fines and penalties under the act are deposited into the Managed Care Administrative Fines and Penalties Fund, and used, upon appropriation by the Legislature, for designated purposes. This bill would increase the base amount of the civil penalty from $2,500 per violation to not more than $25,000 per violation, and would authorize a lower, proportionate penalty for specialized dental and vision health care service plans. Under the bill, the civil penalty base amount would be adjusted annually commencing January 1st, 2028, and every 5 years thereafter, as specified.

- **SB 871 (Pan – D) Public Health: Immunization**
  - **Introduced:** 4/29/22 Failed Deadline pursuant to Rule 61(b)(5). (Last location was JUD. on 2/24/2022)
  - **Status:** 2/24/2022 Referral to Com on JUD. Rescinded because of the limitation placed on committee hearings due to ongoing health and safety risks of the COVID-19 virus.
  - **Summary:** Current law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless prior to their admission to that institution they have been fully immunized against

various diseases, including measles, mumps, pertussis, hepatitis B, and any other disease deemed appropriate by the State Department of Public Health, as specified. Current law authorizes an exemption from those provisions for medical reasons. Under existing law, notwithstanding the above-described prohibition, full immunization against hepatitis B is not a condition by which the governing authority admits or advances a pupil to the 7th grade level of a public or private elementary or secondary school. This bill would remove the above-described exception relating to hepatitis B. The bill would additionally prohibit the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless prior to their admission to that institution they have been fully immunized against COVID-19.

- **SB 912 (Limon – D) Biomarker testing**
  - **Introduced:** 2/3/2022
  - **Status:** 9/6/2022-Enrolled and presented to the Governor at 3:30 p.m.
  - **Summary:** Current law applies the provisions relating to biomarker testing to Medi-Cal managed care plans, as prescribed. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1st, 2023, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition if the test is supported by medical and scientific evidence, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **SB 923 (Wiener – D) Gender- affirming care**
  - **Introduced:** 1/25/2022
  - **Status:** 9/6/2022-Enrolled and presented to the Governor at 3:30 p.m.
  - **Summary:** Would require a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, and delegated entities, as specified, to require its staff to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as transgender, gender diverse, or intersex (TGI). The bill would specify the required components of the training and would make use of any training curricula subject to approval by the respective departments. The bill would require an individual to complete a refresher course if a complaint has been filed, and a decision has been made in favor of the complainant, against that individual for not providing trans-inclusive health care, or on a more frequent basis if deemed necessary.

- **SB 958 (Limon - D) Medication and Patient Safety Act of 2022**
  - **Introduced:** 2/09/2022
  - **Status:** 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. HEALTH on 5/27/2022)
  - **Summary:** Would prohibit a health care service plan or health insurer, or its designee, from requiring a vendor to dispense an infused or injected medication directly to a patient with the intent that the patient will transport the medication to a health care provider for administration. The bill would authorize a plan or insurer, or its designee, to arrange for an infused or injected medication

to be administered in an enrollee's or insured's home when the treating health care provider and patient determine home administration is in the best interest of the patient. The bill would prohibit a plan or insurer, or its designee, from requiring an infused or injected medication to be supplied by a vendor specified by the plan or insurer, or its designee, as a condition of coverage, unless specified criteria are met.

- **SB 966 (Limon – D) Federally qualified health centers and rural health clinics**
  - **Introduced:** 2/09/2022
  - **Status:** 8/31/22 Read third time. Passed. Ordered to the Senate. In Senate. Concurrence in Assembly amendments pending. Assembly amendments concurred in. (Ayes 39. Noes 0.) Ordered to be engrossing and enrolling.
  - **Summary:** The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, to the extent that federal financial participation is available, federally qualified health center (FQHC) services and rural health clinic (RHC) services are reimbursed on a per-visit basis, as specified. This bill would require the State Department of Health Care Services to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain requirements are met, including that the visit is billed under the supervising licensed behavioral health practitioner of the FQHC or RHC.

- **SB 974 (Portantino - D) Health care coverage: diagnostic imaging**
  - **Introduced:** 2/10/2022
  - **Status:** 8/31/2022-Read third time. Passed. Ordered to the Senate. In Senate. Concurrence in Assembly amendments pending. Assembly amendments concurred in. (Ayes 39. Noes 0.) Ordered to be engrossing and enrolling.
  - **Summary:** Current law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1st, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under current law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing. This bill would require a health care service plan contract, a policy of disability insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1st, 2024, to provide coverage without imposing cost sharing for, among other things, screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified.

- **SB 987 (Portantino – D) California Cancer Care Equity Act**
  - **Introduced:** 2/14/2022
  - **Status:** 8/31/2022-Assembly amendments concurred in. (Ayes 40. Noes 0.) Ordered to be engrossing and enrolling.
  - **Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would, for covered benefits under its contract, require a Medi-Cal managed care plan to, among other things, make a good faith

effort to contract with at least one National Cancer Institute (NCI)-designated comprehensive cancer center, site affiliated with the NCI Community Oncology Research Program (NCORP), or qualifying academic cancer center, as specified within each county in which the Medi-Cal managed care plan operates, and authorize any eligible enrollee diagnosed with a complex cancer diagnosis to request a referral to any of those centers to receive medically necessary services unless the enrollee chooses a different cancer treatment provider. The bill would require a Medi-Cal managed care plan to notify all enrollees of their right to request a referral to access to care through any of those centers. This bill contains other related provisions.

- **SB 1019 (Gonzalez – D) Medi-Ca managed care plans: mental health benefits**
  - **Introduced:** 2/14/2022
  - **Status:** 9/6/2022-Enrolled and presented to the Governor at 3:30 p.m.
  - **Summary:** Current law requires a Medi-Cal managed care plan to provide mental health benefits covered in the state plan, excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. Under current law, non-specialty mental health services covered by a Medi-Cal managed care plan include, among other things, individual and group mental health evaluation and treatment, psychological testing, and psychiatric consultation, as specified. This bill would require a Medi-Cal managed care plan, no later than January 1st, 2025, to conduct annual outreach and education for its enrollees, based on a plan that the Medi-Cal managed care plan develops and submits to the State Department of Health Care Services, as specified, regarding the mental health benefits that are covered by the Medi-Cal managed care plan. The bill would require a Medi-Cal managed care plan to also conduct annual outreach and education, based on a plan that it develops, to inform primary care providers regarding those mental health benefits.

- **SB 1033 (Pan – D) Health care coverage**
  - **Introduced:** 2/15/2022
  - **Status:** 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 8/10/2022)
  - **Summary:** Current law requires the Department of Managed Health Care and the commissioner to develop and adopt regulations establishing standards and requirements to provide enrollees and insureds with appropriate access to language assistance in obtaining health care services and covered benefits. Current law requires the Department of Managed Health Care and the Insurance Commissioner, in developing the regulations, to require health care service plans and health insurers to assess the linguistic needs of the enrollee and insured population, and to provide for translation and interpretation for medical services, as indicated. Current law requires the regulations to include, among other things, requirements for conducting assessments of the enrollees and insured groups. This bill would require the Department of Managed Health Care and the commissioner to revise these regulations and develop and adopt regulations establishing demographic data collection standards, no later than July 1st, 2024. The bill would require health care service plans and health insurers to assess the individual cultural, linguistic, and health-related social needs of enrollees and insureds for the purpose of identifying and addressing health disparities, improving health care quality and outcomes, and addressing population health.

- **SB 1180 (Pan – D) Medi-Cal: time and distance standards for managed care services**
  - **Introduced:** 2/17/2022
  - **Status:** 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was INACTIVE FILE on 8/25/2022)

- **Summary:** Current law establishes, until January 1st, 2023, certain time and distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. This bill would extend the operation of those standards to January 1st, 2026, and would require the department to seek input from stakeholders, as specified, prior to January 1, 2025, to determine what changes are needed to these provisions.

- **SB 1184 (Cortese - D) Confidentiality of Medical Information Act: school-linked services coordinators**
  - **Introduced:** 2/17/2022
  - **Status:** 8/30/2022-Enrolled and presented to the Governor at 3 p.m.
  - **Summary:** The Confidentiality of Medical Information Act prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information, as defined, regarding a patient of the provider of health care or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as prescribed. The act authorizes a provider of health care or a health care service plan to disclose medical information in certain circumstances, including by authorizing disclosure to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This bill would additionally authorize a provider of health care or a health care service plan to disclose medical information to a school-linked services coordinator, as prescribed.

- **SB 1207 (Portantino – D) Health care coverage: maternal and pandemic-related mental health conditions**
  - **Introduced:** 2/17/2022
  - **Status:** 8/30/2022-Assembly amendments concurred in. (Ayes 36. Noes 0.) Ordered to engrossing and enrolling.
  - **Summary:** Would make findings and declarations relating to the effect of the COVID-19 pandemic on mental health in California and the importance of outreach, education, and access to quality mental health treatment. The bill would extend the deadline for establishment of the maternal mental health program to July 1st, 2023. The bill would revise the requirements of the program to include quality measures to encourage screening, diagnosis, treatment, and referral. The bill also would encourage health care service plans and health insurers to improve screening, treatment, and referral to maternal mental health services, include coverage for doulas, incentivize training opportunities for contracting obstetric providers, and educate enrollees and insureds about the program. The bill would define “health care service plan” to include specified Medi-Cal managed health care plans, as specified, and would require those plans to continue to comply with any quality measures required or adopted by the State Department of Health Care Services, notwithstanding the requirements of the bill. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **SB 1298 (Ochoa Bogh - R) Behavioral Health Continuum Infrastructure Program**
  - **Introduced:** 2/18/2022
  - **Status:** 58/31/22 Failed Deadline pursuant to Rule 61(b)(18). (Last location was APPR. SUSPENSE FILE on 5/2/2022)
  - **Summary:** Current law authorizes the State Department of Health Care Services to, subject to an appropriation, establish a Behavioral Health Continuum Infrastructure Program. Current law authorizes the department, pursuant to this program, to award competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets or to invest in needed mobile

crisis infrastructure to expand the community continuum of behavioral health treatment resources to build or expand the capacity of various treatment and rehabilitation options for persons with behavioral health disorders, as specified. This bill would authorize the department, in awarding the above-described grants, to give preference to qualified entities that are intending to place their projects in specified facilities or properties.

- **SB 1361 (Kamlager - D) Prescription drugs: cost sharing: pharmacy benefit managers**
  - **Introduced:** 2/18/2022
  - **Status:** 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was S. APPR. SUSPENSE FILE on 5/16/2022)
  - **Summary:** Current law provides for the regulation of health insurers by the Department of Insurance under the authority of the Insurance Commissioner. Current law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price. This bill, commencing no later than January 1st, 2024, would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee's or insured's a decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified.

- **SB 1379 (Ochoa Bogh - R) Pharmacy: remote services**
  - **Introduced:** 2/18/2022
  - **Status:** 4/29/2022 Failed Deadline pursuant to Rule 61(b)(5). (Last location was B., P. & E.D. on 3/9/2022)
  - **Summary:** The Controlled Substances Act regulates, among other matters, the dispensing by prescription of controlled substances, which are classified into schedules, and the Pharmacy Law regulates, among other matters, the dispensing by prescription of dangerous drugs and dangerous devices, which also include controlled substances. Current law authorizes a prescriber, a prescriber's authorized agent, or a pharmacist to electronically enter a prescription or order from outside of a pharmacy or hospital, as specified, except for prescriptions for controlled substances classified in Schedules II, III, IV, or V. Under current law, a violation of these provisions is a crime. This bill would extend the authority to remotely enter a prescription or order to include prescriptions for controlled substances classified in Schedules II, III, IV, or V. The bill would also authorize a pharmacist to perform various services remotely, as specified, on behalf of a pharmacy located in California and under the written authorization of a pharmacist-in-charge.

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Board Business

Finance

Gil Riojas

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

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

Date: **September 29th, 2022**

Subject: **Finance Report**

Executive Summary

- For the month ended July 31st, 2022, the Alliance had enrollment of 317,629 members, a Net Income of $5.7 million and 625% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$100,828	$100,828
Medical Expense	90,861	90,861
Admin. Expense	4,728	4,728
Other Inc. / (Exp.)	466	466
Net Income	**$5,705**	**$5,705**

Net Income by Program:

	Month	YTD
Medi-Cal	$5,428	$5,428
Group Care	276	276
	$5,705	**$5,705**

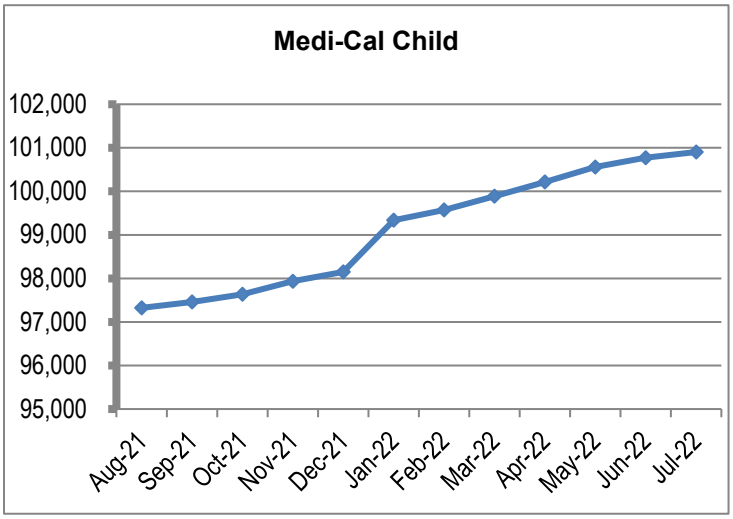
Enrollment

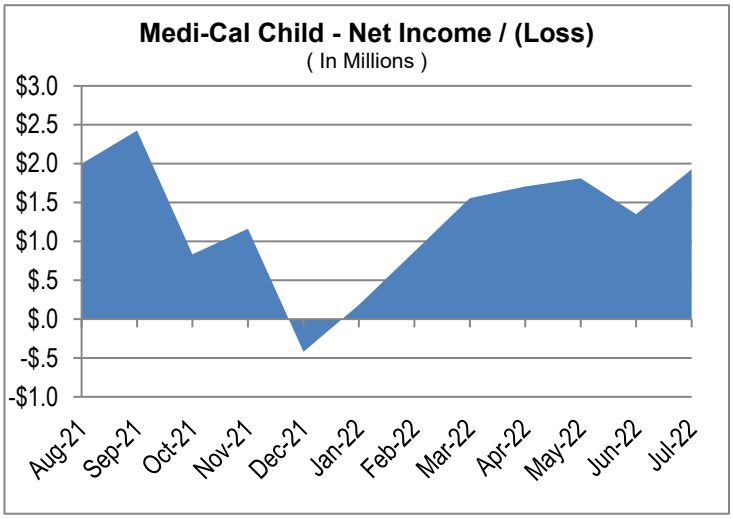
- Total enrollment increased by 4,573 members since June 2022.

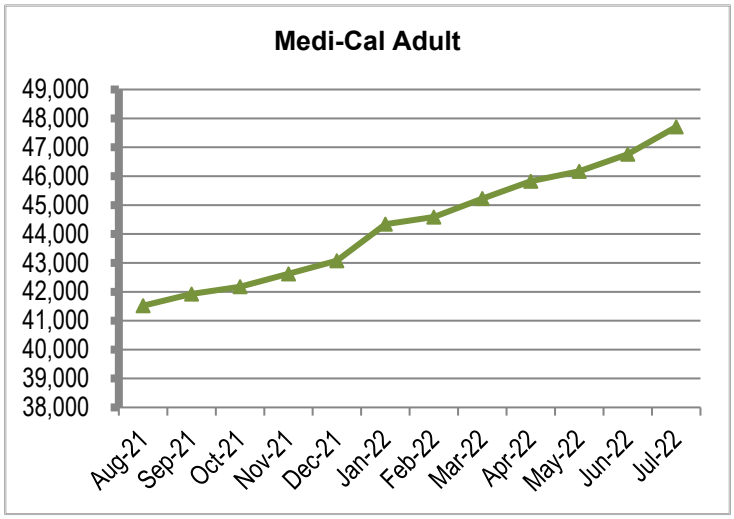
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

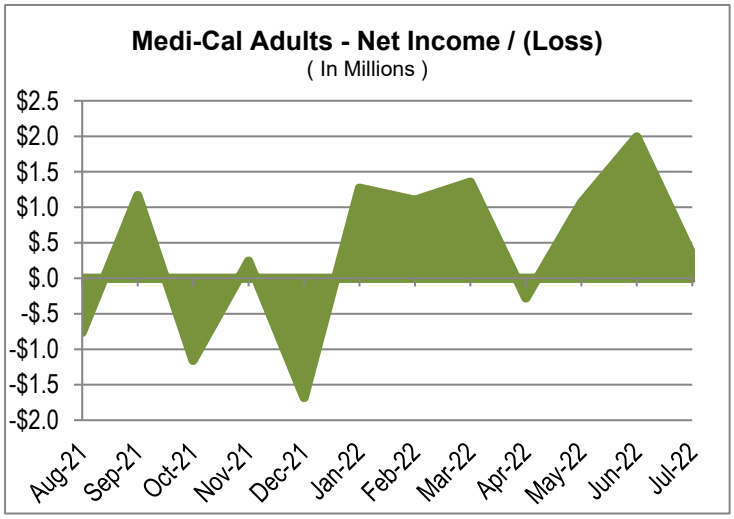
Enrollment					Member Months			
July-2022					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
47,707	46,703	1,004	2.1%	Adult	47,707	46,703	1,004	2.1%
100,903	101,120	(217)	-0.2%	Child	100,903	101,120	(217)	-0.2%
27,991	28,283	(292)	-1.0%	SPD	27,991	28,283	(292)	-1.0%
21,910	21,650	260	1.2%	Duals	21,910	21,650	260	1.2%
113,322	113,561	(239)	-0.2%	ACA OE	113,322	113,561	(239)	-0.2%
311,833	**311,317**	**516**	**0.2%**	**Medi-Cal Total**	**311,833**	**311,317**	**516**	**0.2%**
5,796	5,828	(32)	-0.5%	Group Care	5,796	5,828	(32)	-0.5%
317,629	**317,145**	**484**	**0.2%**	**Total**	**317,629**	**317,145**	**484**	**0.2%**

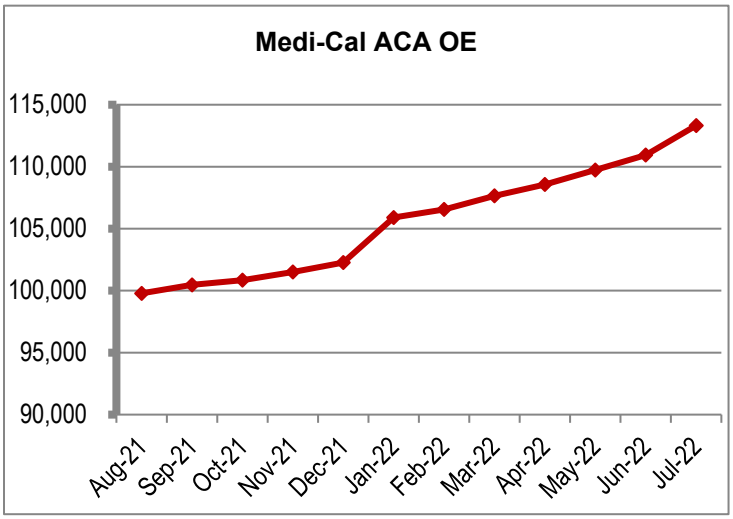
Enrollment and Profitability by Program and Category of Aid

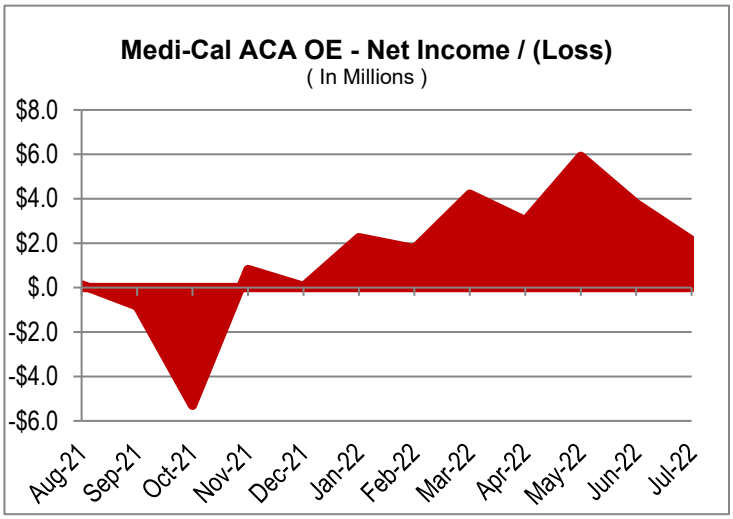




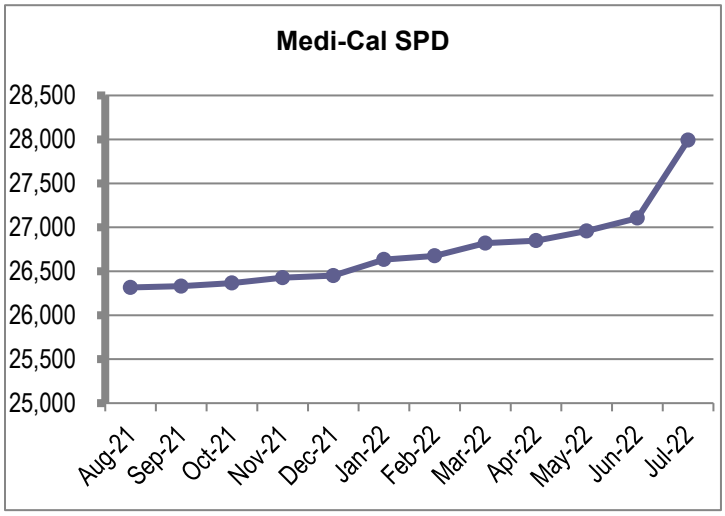


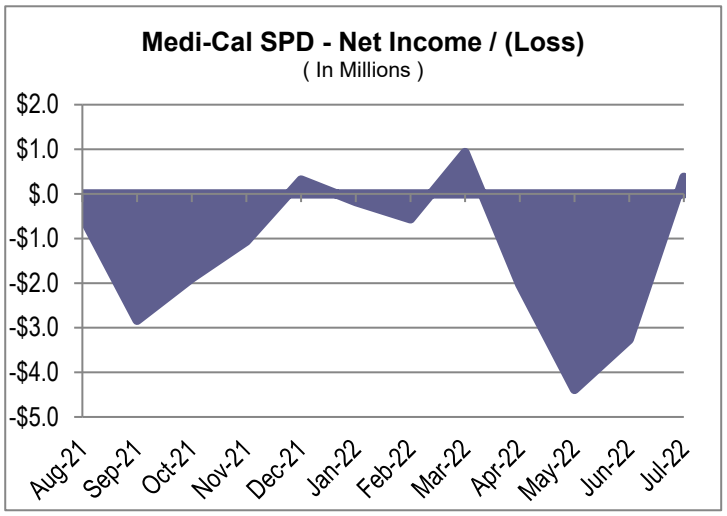


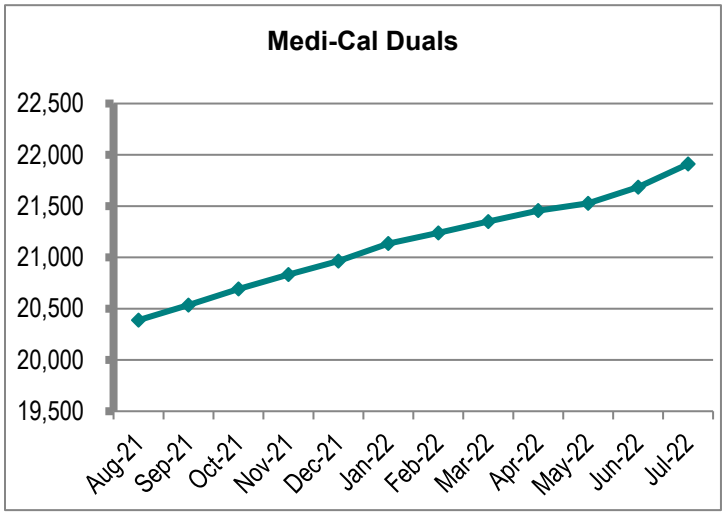


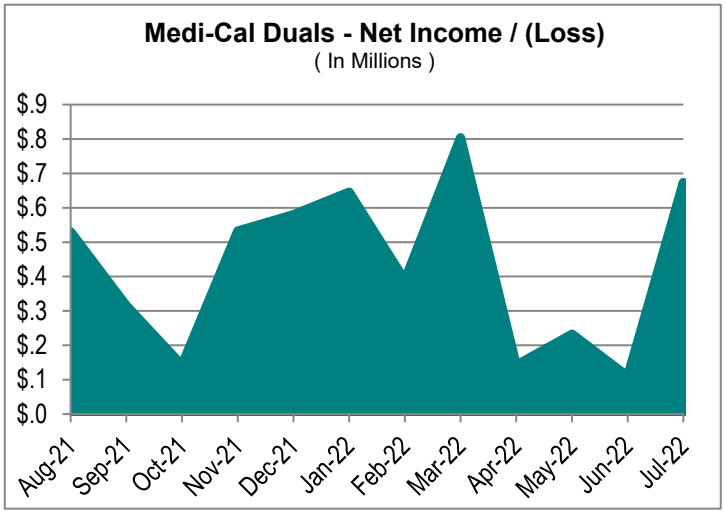


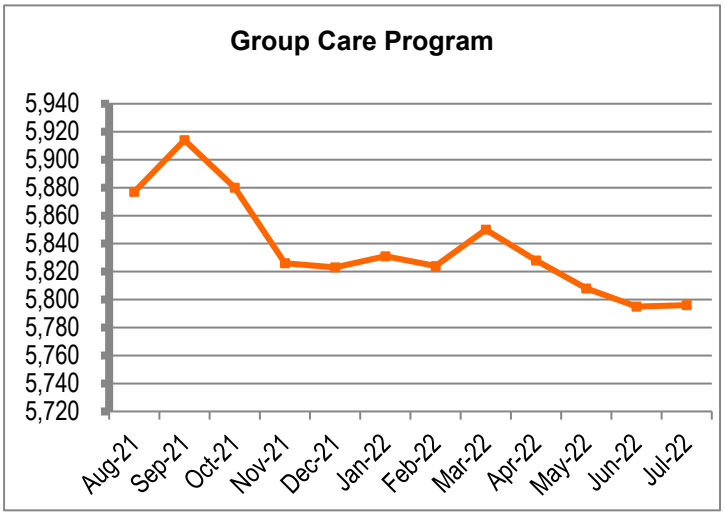
Enrollment and Profitability by Program and Category of Aid

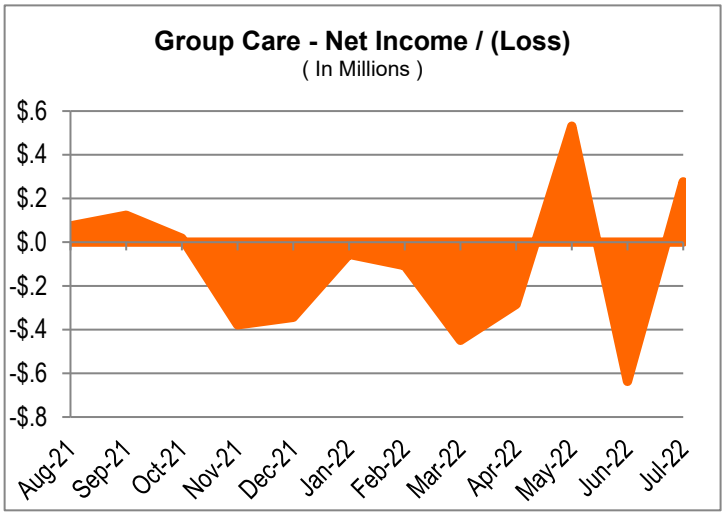




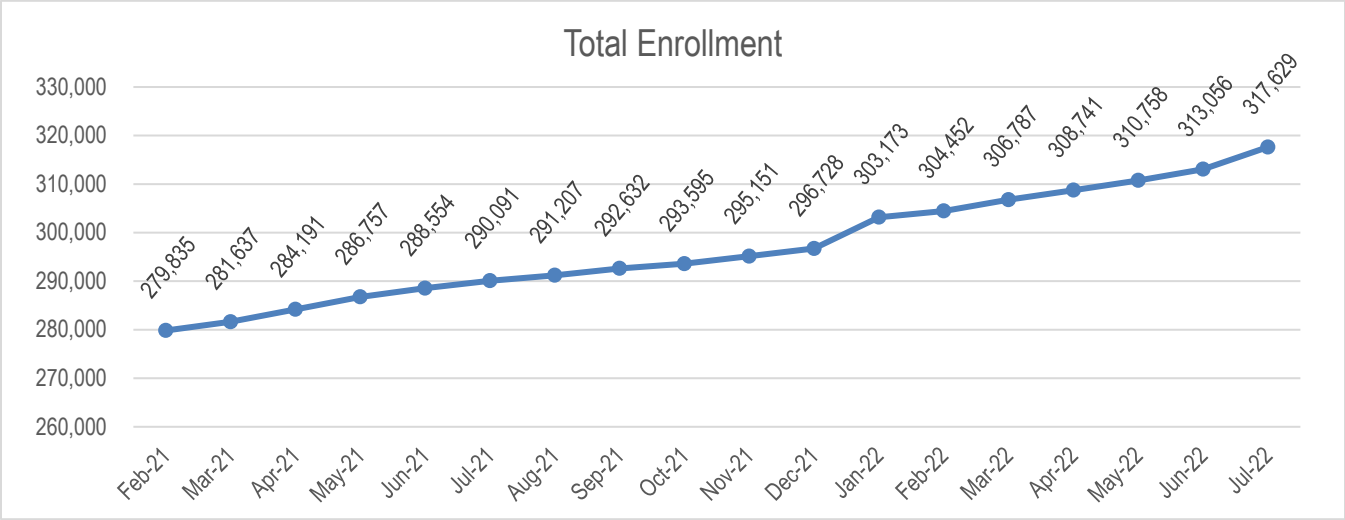


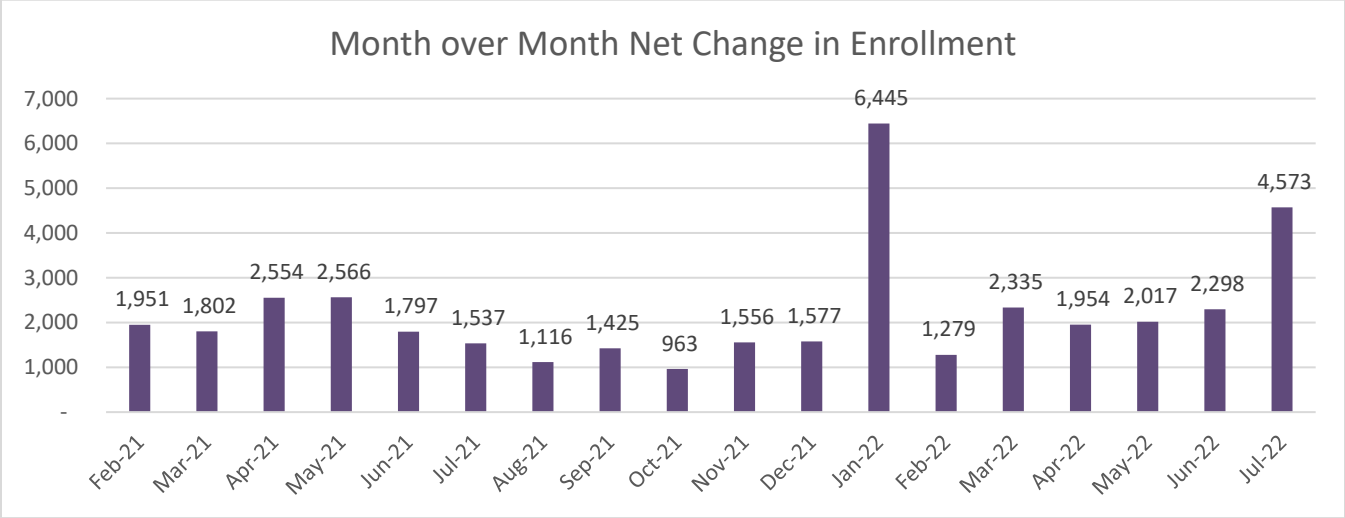






Net Change in Enrollment

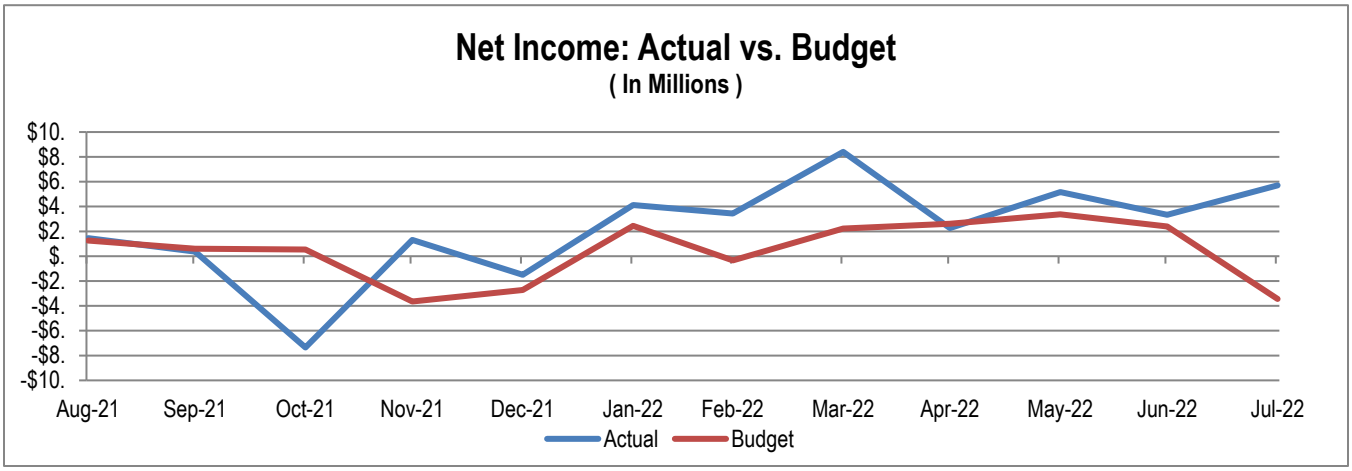




- The disenrollment process associated with the Public Health Emergency (PHE) is projected to restart in early calendar year 2023.

Net Income

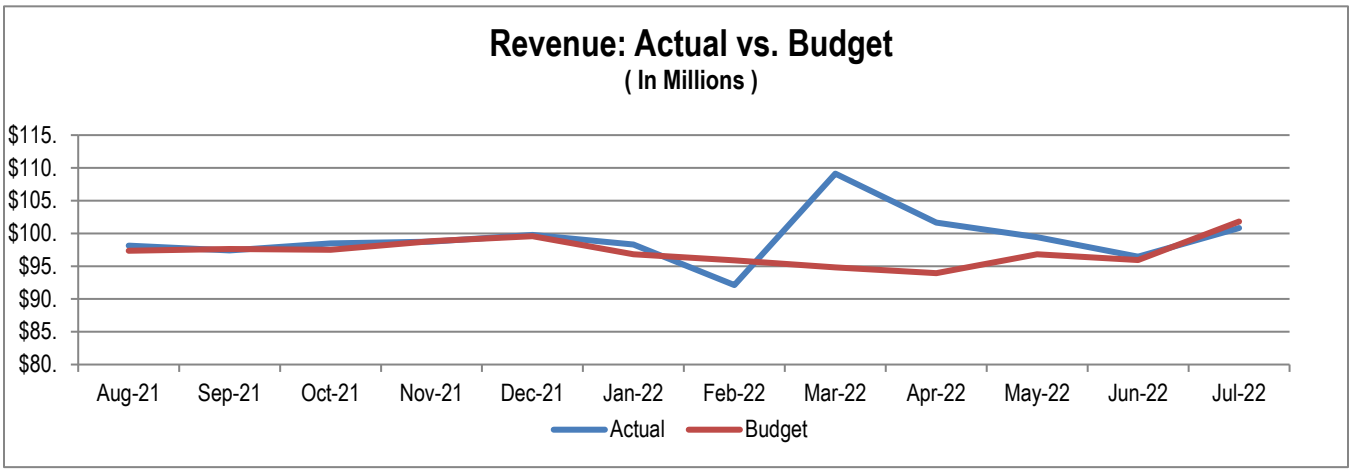
- For the month and fiscal YTD ended July 31st, 2022:
  - Actual Net Income: $5.7 million.
  - Budgeted Net Loss: $3.4 million.



- The favorable variance of $9.1 million in the current month is primarily due to:
  - Favorable $7.9 million lower than anticipated Medical Expense.
  - Favorable $1.8 million lower than anticipated Administrative Expense.
  - Favorable $417,000 higher than anticipated Total Other Income.
  - Offset by unfavorable $986,000 lower than anticipated Revenue.

Revenue

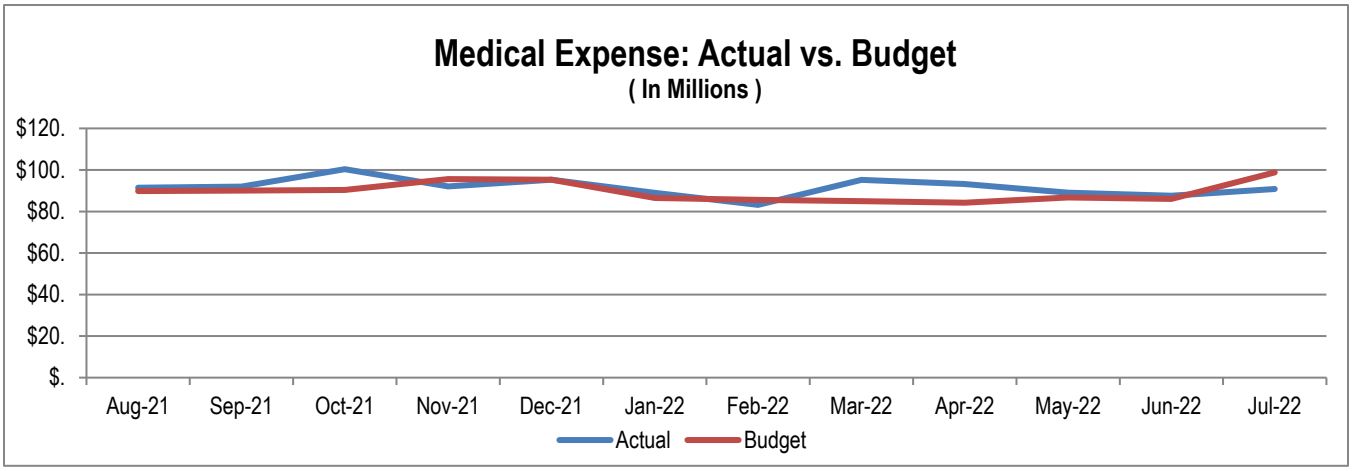
- For the month and fiscal YTD ended July 31st, 2022:
  - Actual Revenue: $100.8 million.
  - Budgeted Revenue: $101.8 million.



- For the month ended July 31st, 2022, the unfavorable revenue variance of $985,000 is primarily due to 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 Behavioral Health Revenue, partially offset by favorable Maternity Revenue.

Medical Expense

- For the month and fiscal YTD ended July 31st, 2022:
  - Actual Medical Expense: $90.9 million.
  - Budgeted Medical Expense: $98.8 million.



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

- Updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses prior months by $2.5 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	$24,103,109	$0	$24,103,109	$23,870,528	($232,581)	-1.0%
Primary Care FFS	4,240,252	($33,019)	$4,207,233	4,183,752	($56,501)	-1.4%
Specialty Care FFS	5,031,645	($10,962)	$5,020,683	5,160,134	$128,489	2.5%
Outpatient FFS	8,925,359	($509,970)	$8,415,389	9,021,351	$95,992	1.1%
Ancillary FFS	7,273,937	($473,656)	$6,800,281	7,272,498	($1,439)	0.0%
Pharmacy FFS	5,840,730	($427,622)	$5,413,108	6,466,783	$626,053	9.7%
ER Services FFS	4,722,624	$134,721	$4,857,346	5,499,897	$777,272	14.1%
Inpatient Hospital & SNF FFS	31,290,947	($1,156,387)	$30,134,560	32,992,713	$1,701,766	5.2%
Other Benefits & Services	1,758,107	$0	$1,758,107	4,121,926	$2,363,819	57.3%
Net Reinsurance	151,115	$0	$151,115	217,220	$66,104	30.4%
	$93,337,825	**($2,476,895)**	**$90,860,931**	**$98,806,801**	**$5,468,976**	**5.5%**

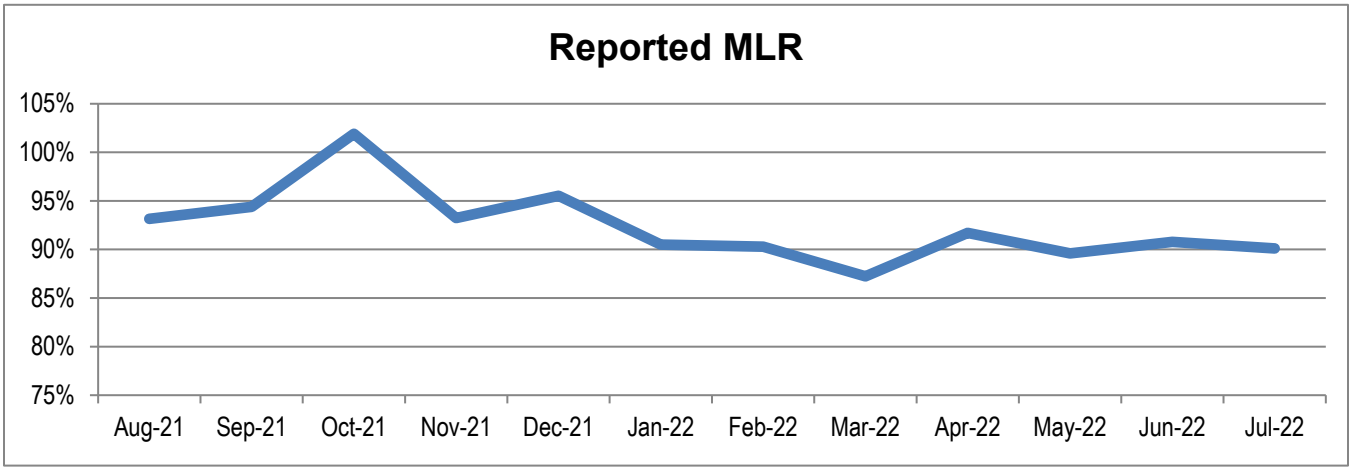
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$75.88	$0.00	$75.88	$75.27	($0.62)	-0.8%
Primary Care FFS	$13.35	($0.10)	$13.25	$13.19	($0.16)	-1.2%
Specialty Care FFS	$15.84	($0.03)	$15.81	$16.27	$0.43	2.6%
Outpatient FFS	$28.10	($1.61)	$26.49	$28.45	$0.35	1.2%
Ancillary FFS	$22.90	($1.49)	$21.41	$22.93	$0.03	0.1%
Pharmacy FFS	$18.39	($1.35)	$17.04	$20.39	$2.00	9.8%
ER Services FFS	$14.87	$0.42	$15.29	$17.34	$2.47	14.3%
Inpatient Hospital & SNF FFS	$98.51	($3.64)	$94.87	$104.03	$5.52	5.3%
Other Benefits & Services	$5.54	$0.00	$5.54	$13.00	$7.46	57.4%
Net Reinsurance	$0.48	$0.00	$0.48	$0.68	$0.21	30.5%
	$293.86	**($7.80)**	**$286.06**	**$311.55**	**$17.69**	**5.7%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $5.5 million favorable to preliminary budget. On a PMPM basis, medical expense is 5.7% favorable to budget. For per-member-per-month expense:
    - Capitated Expense is unfavorable to budget. Unfavorable Maternity and BHT Expenses are partially offset by favorable global delegate expense.
    - Primary Care Expense is above budget, driven by unfavorable utilization in the ACA OE and SPD populations and unfavorable unit cost in the Group Care population.
    - Specialty Care Expense is favorable to budget, which is generally driven by favorable unit cost in the ACA OE and Adult populations and favorable utilization in the Duals population.
    - Outpatient Expense is under budget, driven by favorable unit cost offset by unfavorable utilization.
    - Ancillary Expense is over budget due to Home Heath, DME, Outpatient Therapy, Laboratory and Radiology, CBAS, Non-Emergency Transportation and ECM, offset by Other Medical Professional, Ambulance and Hospice service categories. Overall utilization is unfavorable, offset by favorable unit cost.
    - Pharmacy Expense is under budget due to favorable Non-PBM expense, driven by favorable utilization across all populations except for Group Care.
    - Emergency Room Expense is under budget driven by favorable unit cost across all populations except for Group Care.
    - Inpatient Expense is under budget, driven by favorable utilization in the SPD, ACA OE, Adult and Child populations.

- Other Benefits & Services are favorable to budget, primarily due to favorable purchased and professional, printing/postage/promotion and employee expense.
- Net Reinsurance year-to-date is favorable because more recoveries were received than budgeted.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 90.1% for the month and 90.1% for the fiscal year-to-date.



Administrative Expense

- For the month and fiscal YTD ended July 31st, 2022:
  - Actual Administrative Expense: $4.7 million.
  - Budgeted Administrative Expense: $6.5 million.

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

Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$3,079,402	$3,623,030	$543,628	15.0%	Employee Expense	$3,079,402	$3,623,030	$543,628	15.0%
299,172	314,648	15,476	4.9%	Medical Benefits Admin Expense	299,172	314,648	15,476	4.9%
526,842	1,479,926	953,084	64.4%	Purchased & Professional Services	526,842	1,479,926	953,084	64.4%
822,830	1,081,213	258,383	23.9%	Other Admin Expense	822,830	1,081,213	258,383	23.9%
$4,728,246	$6,498,817	$1,770,571	27.2%	Total Administrative Expense	$4,728,246	$6,498,817	$1,770,571	27.2%

Favorable $1.8 million variance is primarily due to:

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

- Delayed hiring of new employees.

Administrative loss ratio (ALR) represented 4.7% of net revenue for the month and year-to-date.

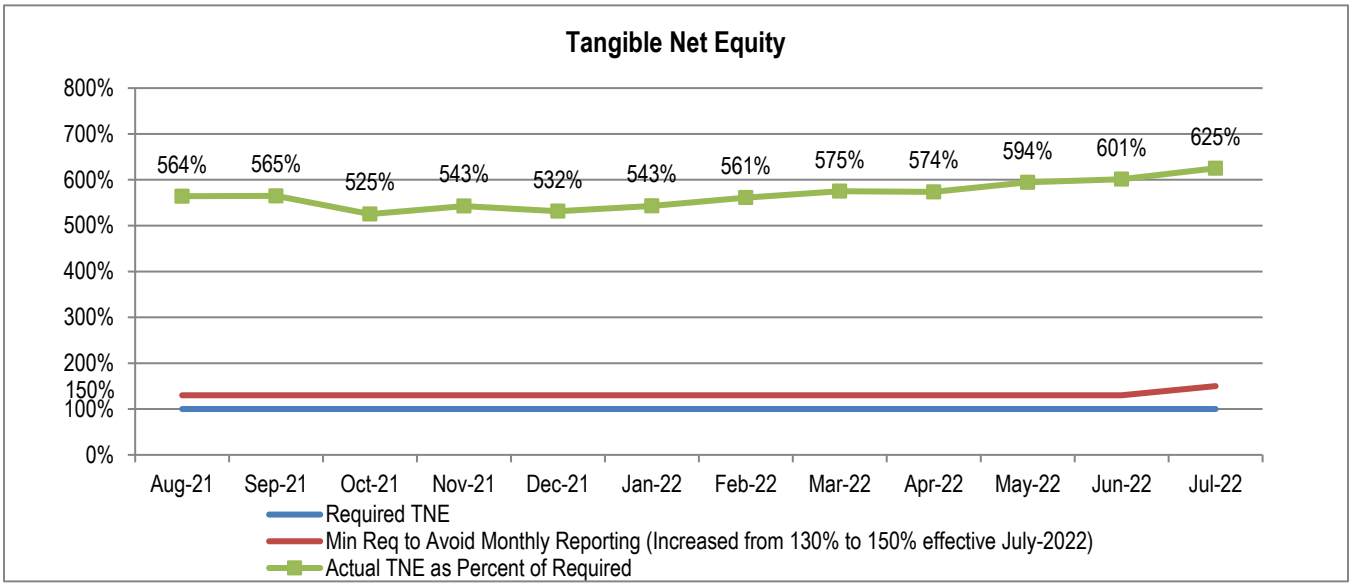
Other Income / (Expense)

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

- Fiscal year-to-date net investments total $466,000.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $24,000.

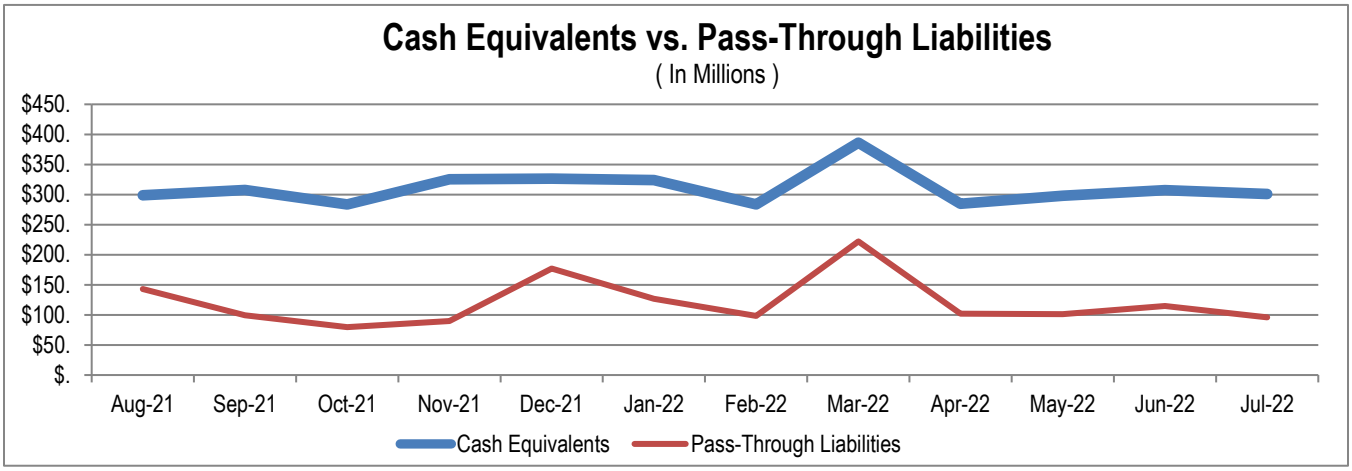
Tangible Net Equity (TNE)

- 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 $37.8 million
    - Actual TNE $236.4 million
    - Excess TNE $198.6 million
    - TNE % of Required TNE 625%



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

- Key Metrics
  - Cash & Cash Equivalents $300.8 million
  - Pass-Through Liabilities $96.0 million
  - Uncommitted Cash $204.8 million
  - Working Capital $189.8 million
  - Current Ratio 1.72 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: $0.
- Annual capital budget: $979,000.
- 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 July 31, 2022

CURRENT MONTH						FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)		Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
					MEMBERSHIP				
311,833	311,317	516	0.2%	1 -	Medi-Cal	311,833	311,317	516	0.2%
5,796	5,828	(32)	(0.5%)	2 -	Group Care	5,796	5,828	(32)	(0.5%)
317,629	**317,145**	**484**	**0.2%**	**3 -**	**TOTAL MEMBER MONTHS**	**317,629**	**317,145**	**484**	**0.2%**
					REVENUE				
$100,828,452	**$101,813,708**	**($985,256)**	**(1.0%)**	**4 -**	**TOTAL REVENUE**	**$100,828,452**	**$101,813,708**	**($985,256)**	**(1.0%)**
					MEDICAL EXPENSES				
					Capitated Medical Expenses:				
$24,103,109	$23,870,525	($232,584)	(1.0%)	5 -	Capitated Medical Expense	$24,103,109	$23,870,525	($232,584)	(1.0%)
					Fee for Service Medical Expenses:				
$30,134,560	$32,992,714	$2,858,154	8.7%	6 -	Inpatient Hospital & SNF FFS Expense	$30,134,560	$32,992,714	$2,858,154	8.7%
$4,207,233	$4,183,751	($23,482)	(0.6%)	7 -	Primary Care Physician FFS Expense	$4,207,233	$4,183,751	($23,482)	(0.6%)
$5,020,683	$5,160,132	$139,449	2.7%	8 -	Specialty Care Physician Expense	$5,020,683	$5,160,132	$139,449	2.7%
$6,800,281	$7,272,494	$472,213	6.5%	9 -	Ancillary Medical Expense	$6,800,281	$7,272,494	$472,213	6.5%
$8,415,389	$9,021,352	$605,963	6.7%	10 -	Outpatient Medical Expense	$8,415,389	$9,021,352	$605,963	6.7%
$4,857,346	$5,499,896	$642,550	11.7%	11 -	Emergency Expense	$4,857,346	$5,499,896	$642,550	11.7%
$5,413,108	$6,466,782	$1,053,674	16.3%	12 -	Pharmacy Expense	$5,413,108	$6,466,782	$1,053,674	16.3%
$64,848,600	$70,597,121	$5,748,521	8.1%	13 -	Total Fee for Service Expense	$64,848,600	$70,597,121	$5,748,521	8.1%
$1,758,107	$4,121,928	$2,363,821	57.3%	14 -	Other Benefits & Services	$1,758,107	$4,121,928	$2,363,821	57.3%
$151,115	$217,219	$66,104	30.4%	15 -	Reinsurance Expense	$151,115	$217,219	$66,104	30.4%
$90,860,931	**$98,806,793**	**$7,945,862**	**8.0%**	**17 -**	**TOTAL MEDICAL EXPENSES**	**$90,860,931**	**$98,806,793**	**$7,945,862**	**8.0%**
9,967,521	**3,006,915**	**6,960,606**	**231.5%**	**18 -**	**GROSS MARGIN**	**9,967,521**	**3,006,915**	**6,960,606**	**231.5%**
					ADMINISTRATIVE EXPENSES				
$3,079,402	$3,623,030	$543,628	15.0%	19 -	Personnel Expense	$3,079,402	$3,623,030	$543,628	15.0%
$299,172	$314,648	$15,476	4.9%	20 -	Benefits Administration Expense	$299,172	$314,648	$15,476	4.9%
$526,842	$1,479,926	$953,084	64.4%	21 -	Purchased & Professional Services	$526,842	$1,479,926	$953,084	64.4%
$822,830	$1,081,213	$258,383	23.9%	22 -	Other Administrative Expense	$822,830	$1,081,213	$258,383	23.9%
$4,728,246	**$6,498,817**	**$1,770,571**	**27.2%**	**23 -**	**TOTAL ADMINISTRATIVE EXPENSE**	**$4,728,246**	**$6,498,817**	**$1,770,571**	**27.2%**
$5,239,275	**($3,491,902)**	**$8,731,177**	**250.0%**	**24 -**	**NET OPERATING INCOME / (LOSS)**	**$5,239,275**	**($3,491,902)**	**$8,731,177**	**250.0%**
					OTHER INCOME / EXPENSE				
$465,553	**$48,750**	**$416,803**	**855.0%**	**25 -**	**Total Other Income / (Expense)**	**$465,553**	**$48,750**	**$416,803**	**855.0%**
$5,704,828	**($3,443,152)**	**$9,147,980**	**265.7%**	**26 -**	**NET INCOME / (LOSS)**	**$5,704,828**	**($3,443,152)**	**$9,147,980**	**265.7%**
4.7%	**6.4%**	**1.7%**	**26.6%**	**27 -**	**Admin Exp % of Revenue**	**4.7%**	**6.4%**	**1.7%**	**26.6%**

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

	July	June	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$51,457,654	$12,245,640	$39,212,014	320.21%
Short-Term Investments	249,368,193	295,164,712	(45,796,518)	-15.52%
Interest Receivable	290,103	278,437	11,666	4.19%
Other Receivables - Net	137,140,036	135,034,494	2,105,541	1.56%
Prepaid Expenses	5,221,582	5,325,435	(103,854)	-1.95%
Prepaid Inventoried Items	16,910	21,760	(4,850)	-22.29%
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	**$454,227,418**	**$458,803,419**	**($4,576,001)**	**-1.00%**
OTHER ASSETS:				
Long-Term Investments	39,988,833	35,068,850	4,919,984	14.03%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	2,224,601	2,290,031	(65,429)	-2.86%
Lease Asset - Office Equipment (Net)	106,290	111,273	(4,983)	-4.48%
TOTAL OTHER ASSETS	**$42,669,725**	**$37,820,154**	**$4,849,571**	**12.82%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,089,578	10,089,578	0	0.00%
Furniture And Equipment	11,540,223	11,540,223	0	0.00%
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	37,356,250	37,356,250	0	0.00%
Less: Accumulated Depreciation	(31,751,692)	(31,683,019)	(68,673)	0.22%
NET PROPERTY AND EQUIPMENT	**$5,604,558**	**$5,673,231**	**($68,673)**	**-1.21%**
TOTAL ASSETS	**$502,501,701**	**$502,296,804**	**$204,898**	**0.04%**
CURRENT LIABILITIES:				
Accounts Payable	1,310,888	1,547,018	(236,130)	-15.26%
Other Accrued Expenses	880,228	1,183,823	(303,596)	-25.65%
Interest Payable	(11,724)	(12,035)	312	-2.59%
Pass-Through Liabilities	95,980,358	114,574,951	(18,594,594)	-16.23%
Claims Payable	22,747,661	19,588,722	3,158,938	16.13%
IBNP Reserves	123,488,607	113,104,374	10,384,233	9.18%
Payroll Liabilities	4,875,537	4,707,435	168,102	3.57%
CalPERS Deferred Inflow	6,781,898	6,781,898	0	0.00%
Risk Sharing	7,374,932	7,374,932	0	0.00%
Provider Grants/ New Health Program	214,761	226,672	(11,911)	-5.25%
ST Lease Liability - Office Space	752,285	746,487	5,799	0.78%
ST Lease Liability - Office Equipment	59,209	59,253	(44)	-0.07%
TOTAL CURRENT LIABILITIES	**$264,454,640**	**$269,883,530**	**($5,428,890)**	**-2.01%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	1,567,869	1,634,049	(66,180)	-4.05%
LT Lease Liability - Office Equipment	46,180	51,041	(4,861)	-9.52%
TOTAL LONG TERM LIABILITIES	**$1,614,049**	**$1,685,090**	**($71,041)**	**-4.22%**
TOTAL LIABILITIES	**$266,068,689**	**$271,568,620**	**($5,499,931)**	**-2.03%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	229,887,951	204,569,809	25,318,142	12.38%
Year-to Date Net Income / (Loss)	5,704,828	25,318,142	(19,613,313)	-77.47%
TOTAL NET WORTH	**$236,433,012**	**$230,728,184**	**$5,704,828**	**2.47%**
TOTAL LIABILITIES AND NET WORTH	**$502,501,701**	**$502,296,804**	**$204,897**	**0.04%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,646,648	$7,013,060	$13,557,676	$2,646,648
Total	2,646,648	7,013,060	13,557,676	2,646,648
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	98,181,650	289,596,569	585,781,325	98,181,650
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	(200,000)	0
Premium Receivable	(3,571,499)	(1,543,415)	(14,234,181)	(3,571,498)
Total	94,610,151	288,053,154	571,347,144	94,610,152
Investment & Other Income Cash Flows				
Other Revenue (Grants)	(12,715)	(70,160)	(8,427)	(12,715)
Investment Income	513,657	937,469	386,266	513,657
Interest Receivable	(11,666)	(26,237)	(187,308)	(11,666)
Total	489,276	841,072	190,531	489,276
Medical & Hospital Cash Flows				
Total Medical Expenses	(90,860,939)	(267,492,296)	(539,086,473)	(90,860,939)
Other Receivable	1,465,956	2,312,559	3,477,677	1,465,957
Claims Payable	3,158,938	(600,893)	8,596,679	3,158,938
IBNP Payable	10,384,233	11,490,278	7,717,701	10,384,233
Risk Share Payable	0	(750,000)	(750,000)	0
Health Program	(11,911)	(23,220)	(65,899)	(11,911)
Other Liabilities	0	(1)	0	0
Total	(75,863,723)	(255,063,573)	(520,110,315)	(75,863,722)
Administrative Cash Flows				
Total Administrative Expenses	(4,763,484)	(14,137,583)	(30,668,199)	(4,763,484)
Prepaid Expenses	108,704	(7,856,762)	(7,170,327)	108,704
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(539,101)	385,522	(10,082)	(539,101)
Other Accrued Liabilities	(312)	11,724	11,724	(312)
Payroll Liabilities	168,103	5,140,909	5,646,066	168,102
Net Lease Assets/Liabilities (Short term & Long term)	5,126	94,651	94,651	5,126
Depreciation Expense	68,673	268,652	478,035	68,673
Total	(4,952,291)	(16,092,887)	(31,618,132)	(4,952,292)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**16,930,061**	**24,750,826**	**33,366,904**	**16,930,062**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	(4,919,984)	(2,354,701)	(25,530,029)	(4,919,984)
	(4,919,984)	(2,354,701)	(25,530,029)	(4,919,984)
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(18,594,593)	(6,076,565)	(30,794,927)	(18,594,594)
Restricted Cash	0	0	0	0
	(18,594,593)	(6,076,565)	(30,794,927)	(18,594,594)
Fixed Asset Cash Flows				
Depreciation expense	68,673	268,652	478,035	68,673
Fixed Asset Acquisitions	0	(187,116)	(308,407)	0
Change in A/D	(68,673)	(268,652)	(478,035)	(68,673)
	0	(187,116)	(308,407)	0
Total Cash Flows from Investing Activities	**(23,514,577)**	**(8,618,382)**	**(56,633,363)**	**(23,514,578)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(6,584,516)**	**16,132,444**	**(23,266,459)**	**(6,584,516)**
Rounding	12	0	(1)	12
Cash @ Beginning of Period	307,410,351	284,693,403	324,092,307	307,410,351
Cash @ End of Period	**$300,825,847**	**$300,825,847**	**$300,825,847**	**$300,825,847**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$5,704,829	$15,847,059	$29,962,167	$5,704,829
Add back: Depreciation	68,673	268,652	478,035	68,673
Receivables				
Premiums Receivable	(3,571,499)	(1,543,415)	(14,234,181)	(3,571,498)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(11,666)	(26,237)	(187,308)	(11,666)
Other Receivable	1,465,956	2,312,559	3,477,677	1,465,957
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(2,117,209)	742,907	(10,943,812)	(2,117,207)
Prepaid Expenses	108,704	(7,856,762)	(7,170,327)	108,704
Trade Payables	(539,101)	385,522	(10,082)	(539,101)
Claims Payable, IBNR & Risk Share				
IBNP	10,384,233	11,490,278	7,717,701	10,384,233
Claims Payable	3,158,938	(600,893)	8,596,679	3,158,938
Risk Share Payable	0	(750,000)	(750,000)	0
Other Liabilities	0	(1)	0	0
Total	13,543,171	10,139,384	15,564,380	13,543,171
Unearned Revenue				
Total	0	0	(200,000)	0
Other Liabilities				
Accrued Expenses	(312)	11,724	11,724	(312)
Payroll Liabilities	168,103	5,140,909	5,646,066	168,102
Net Lease Assets/Liabilities (Short term & Long term)	5,126	94,651	94,651	5,126
Health Program	(11,911)	(23,220)	(65,899)	(11,911)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	161,006	5,224,064	5,686,542	161,005
Cash Flows from Operating Activities	**$16,930,073**	**$24,750,826**	**$33,366,903**	**$16,930,074**
Difference (rounding)	12	0	(1)	12

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$94,610,151	$288,053,154	$571,347,144	$94,610,152
Commercial Premium Revenue	2,646,648	7,013,060	13,557,676	2,646,648
Other Income	(12,715)	(70,160)	(8,427)	(12,715)
Investment Income	501,991	911,232	198,958	501,991
Cash Paid To:				
Medical Expenses	(75,863,723)	(255,063,573)	(520,110,315)	(75,863,722)
Vendor & Employee Expenses	(4,952,291)	(16,092,887)	(31,618,132)	(4,952,292)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	16,930,061	24,750,826	33,366,904	16,930,062
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	0	(187,116)	(308,407)	0
Net Cash Provided By (Used In) Financing Activities	0	(187,116)	(308,407)	0
Cash Flows from Investing Activities:				
Changes in Investments	(4,919,984)	(2,354,701)	(25,530,029)	(4,919,984)
Restricted Cash	(18,594,593)	(6,076,565)	(30,794,927)	(18,594,594)
Net Cash Provided By (Used In) Investing Activities	(23,514,577)	(8,431,266)	(56,324,956)	(23,514,578)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(6,584,516)**	**16,132,444**	**(23,266,459)**	**(6,584,516)**
Cash @ Beginning of Period	307,410,351	284,693,403	324,092,307	307,410,351
Subtotal	$300,825,835	$300,825,847	$300,825,848	$300,825,835
Rounding	12	0	(1)	12
Cash @ End of Period	**$300,825,847**	**$300,825,847**	**$300,825,847**	**$300,825,847**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$5,704,829	$15,847,059	$29,962,167	$5,704,829
Depreciation	68,673	268,652	478,035	68,673
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(2,117,209)	742,907	(10,943,812)	(2,117,207)
Prepaid Expenses	108,704	(7,856,762)	(7,170,327)	108,704
Trade Payables	(539,101)	385,522	(10,082)	(539,101)
Claims payable & IBNP	13,543,171	10,139,384	15,564,380	13,543,171
Deferred Revenue	0	0	(200,000)	0
Accrued Interest	0	0	0	0
Other Liabilities	161,006	5,224,064	5,686,542	161,005
Subtotal	16,930,073	24,750,826	33,366,903	16,930,074
Rounding	(12)	0	1	(12)
Cash Flows from Operating Activities	**$16,930,061**	**$24,750,826**	**$33,366,904**	**$16,930,062**
Rounding Difference	(12)	0	1	(12)

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH AND FISCAL YEAR TO DATE - JULY 2022

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	100,903	47,707	27,991	113,322	21,910	311,833	5,796	317,629
Net Revenue	$12,583,586	$15,319,540	$25,960,192	$40,192,758	$4,125,728	$98,181,804	$2,646,648	$100,828,452
Medical Expense	$10,293,662	$14,396,647	$24,196,850	$36,408,317	$3,307,768	$88,603,244	$2,257,687	$90,860,931
Gross Margin	$2,289,924	$922,893	$1,763,342	$3,784,441	$817,961	$9,578,561	$388,961	$9,967,521
Administrative Expense	$394,966	$653,970	$1,549,244	$1,848,517	$156,417	$4,603,114	$125,132	$4,728,246
Operating Income / (Expense)	$1,894,958	$268,923	$214,097	$1,935,924	$661,544	$4,975,446	$263,829	$5,239,275
Other Income / (Expense)	$31,319	$62,093	$157,351	$190,431	$11,810	$453,004	$12,550	$465,553
Net Income / (Loss)	$1,926,277	$331,016	$371,448	$2,126,356	$673,353	$5,428,450	$276,379	$5,704,828
Revenue PMPM	$124.71	$321.12	$927.45	$354.68	$188.30	$314.85	$456.63	$317.44
Medical Expense PMPM	$102.02	$301.77	$864.45	$321.28	$150.97	$284.14	$389.53	$286.06
Gross Margin PMPM	$22.69	$19.35	$63.00	$33.40	$37.33	$30.72	$67.11	$31.38
Administrative Expense PMPM	$3.91	$13.71	$55.35	$16.31	$7.14	$14.76	$21.59	$14.89
Operating Income / (Expense) PMPM	$18.78	$5.64	$7.65	$17.08	$30.19	$15.96	$45.52	$16.49
Other Income / (Expense) PMPM	$0.31	$1.30	$5.62	$1.68	$0.54	$1.45	$2.17	$1.47
Net Income / (Loss) PMPM	$19.09	$6.94	$13.27	$18.76	$30.73	$17.41	$47.68	$17.96
Medical Loss Ratio	81.8%	94.0%	93.2%	90.6%	80.2%	90.2%	85.3%	90.1%
Gross Margin Ratio	18.2%	6.0%	6.8%	9.4%	19.8%	9.8%	14.7%	9.9%
Administrative Expense Ratio	3.1%	4.3%	6.0%	4.6%	3.8%	4.7%	4.7%	4.7%
Net Income Ratio	15.3%	2.2%	1.4%	5.3%	16.3%	5.5%	10.4%	5.7%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED July 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				
$3,079,402	**$3,623,030**	**$543,628**	**15.0%**	**Personnel Expenses**	**$3,079,402**	**$3,623,030**	**$543,628**	**15.0%**
299,172	314,648	15,476	4.9%	Benefits Administration Expense	299,172	314,648	15,476	4.9%
526,842	1,479,926	953,084	64.4%	Purchased & Professional Services	526,842	1,479,926	953,084	64.4%
240,481	271,110	30,629	11.3%	Occupancy	240,481	271,110	30,629	11.3%
69,771	96,184	26,413	27.5%	Printing Postage & Promotion	69,771	96,184	26,413	27.5%
507,892	691,576	183,684	26.6%	Licenses Insurance & Fees	507,892	691,576	183,684	26.6%
4,685	22,343	17,658	79.0%	Supplies & Other Expenses	4,685	22,343	17,658	79.0%
$1,648,844	**$2,875,787**	**$1,226,943**	**42.7%**	**Total Other Administrative Expense**	**$1,648,844**	**$2,875,787**	**$1,226,943**	**42.7%**
$4,728,246	**$6,498,817**	**$1,770,571**	**27.2%**	**Total Administrative Expenses**	**$4,728,246**	**$6,498,817**	**$1,770,571**	**27.2%**

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,013,110	2,121,085	107,975	5.1%	Salaries & Wages	2,013,110	2,121,085	107,975	5.1%
236,970	230,275	(6,695)	(2.9%)	Paid Time Off	236,970	230,275	(6,695)	(2.9%)
3,412	2,770	(642)	(23.2%)	Incentives	3,412	2,770	(642)	(23.2%)
0	28,846	28,846	100.0%	Severance Pay	0	28,846	28,846	100.0%
31,997	90,516	58,519	64.7%	Payroll Taxes	31,997	90,516	58,519	64.7%
18,366	16,671	(1,695)	(10.2%)	Overtime	18,366	16,671	(1,695)	(10.2%)
154,738	179,669	24,931	13.9%	CalPERS ER Match	154,738	179,669	24,931	13.9%
558,521	617,399	58,878	9.5%	Employee Benefits	558,521	617,399	58,878	9.5%
23,688	28,521	4,833	16.9%	Employee Relations	23,688	28,521	4,833	16.9%
7,770	14,953	7,183	48.0%	Work from Home Stipend	7,770	14,953	7,183	48.0%
219	2,165	1,946	89.9%	Transportation Reimbursement	219	2,165	1,946	89.9%
2,103	14,657	12,554	85.7%	Travel & Lodging	2,103	14,657	12,554	85.7%
18,119	112,964	94,846	84.0%	Temporary Help Services	18,119	112,964	94,846	84.0%
2,542	54,255	51,713	95.3%	Staff Development/Training	2,542	54,255	51,713	95.3%
7,850	108,284	100,434	92.8%	Staff Recruitment/Advertising	7,850	108,284	100,434	92.8%
$3,079,402	**$3,623,030**	**$543,628**	**15.0%**	**Total Employee Expenses**	**$3,079,402**	**$3,623,030**	**$543,628**	**15.0%**
				Benefit Administration Expense				
(2,513)	13,225	15,738	119.0%	RX Administration Expense	(2,513)	13,225	15,738	119.0%
282,775	282,531	(244)	(0.1%)	Behavioral Hlth Administration Fees	282,775	282,531	(244)	(0.1%)
18,910	18,892	(18)	(0.1%)	Telemedicine Admin Fees	18,910	18,892	(18)	(0.1%)
$299,172	**$314,648**	**$15,476**	**4.9%**	**Total Employee Expenses**	**$299,172**	**$314,648**	**$15,476**	**4.9%**
				Purchased & Professional Services				
160,620	764,553	603,933	79.0%	Consulting Services	160,620	764,553	603,933	79.0%
228,127	347,869	119,742	34.4%	Computer Support Services	228,127	347,869	119,742	34.4%
9,916	9,915	(1)	0.0%	Professional Fees-Accounting	9,916	9,915	(1)	0.0%
0	17	17	100.0%	Professional Fees-Medical	0	17	17	100.0%
44,506	122,803	78,297	63.8%	Other Purchased Services	44,506	122,803	78,297	63.8%
0	1,400	1,400	100.0%	Maint.& Repair-Office Equipment	0	1,400	1,400	100.0%
71,302	67,374	(3,928)	(5.8%)	HMS Recovery Fees	71,302	67,374	(3,928)	(5.8%)
242	21,194	20,952	98.9%	Hardware (Non-Capital)	242	21,194	20,952	98.9%
14,129	31,467	17,338	55.1%	Provider Relations-Credentialing	14,129	31,467	17,338	55.1%
(2,000)	113,334	115,334	101.8%	Legal Fees	(2,000)	113,334	115,334	101.8%
$526,842	**$1,479,926**	**$953,084**	**64.4%**	**Total Purchased & Professional Services**	**$526,842**	**$1,479,926**	**$953,084**	**64.4%**
				Occupancy				
68,673	63,609	(5,064)	(8.0%)	Depreciation	68,673	63,609	(5,064)	(8.0%)
65,429	71,986	6,557	9.1%	Building Lease	65,429	71,986	6,557	9.1%
4,983	5,916	933	15.8%	Leased and Rented Office Equipment	4,983	5,916	933	15.8%
11,889	16,892	5,003	29.6%	Utilities	11,889	16,892	5,003	29.6%
70,137	79,700	9,563	12.0%	Telephone	70,137	79,700	9,563	12.0%
19,370	33,007	13,637	41.3%	Building Maintenance	19,370	33,007	13,637	41.3%
$240,481	**$271,110**	**$30,629**	**11.3%**	**Total Occupancy**	**$240,481**	**$271,110**	**$30,629**	**11.3%**
				Printing Postage & Promotion				

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
9,914	28,281	18,367	64.9%	Postage	9,914	28,281	18,367	64.9%
5,800	5,501	(299)	(5.4%)	Design & Layout	5,800	5,501	(299)	(5.4%)
25,150	38,791	13,641	35.2%	Printing Services	25,150	38,791	13,641	35.2%
0	2,500	2,500	100.0%	Mailing Services	0	2,500	2,500	100.0%
4,736	5,077	341	6.7%	Courier/Delivery Service	4,736	5,077	341	6.7%
0	1,217	1,217	100.0%	Pre-Printed Materials and Publications	0	1,217	1,217	100.0%
0	150	150	100.0%	Promotional Services	0	150	150	100.0%
11,000	6,500	(4,500)	(69.2%)	Community Relations	11,000	6,500	(4,500)	(69.2%)
13,171	8,167	(5,004)	(61.3%)	Translation - Non-Clinical	13,171	8,167	(5,004)	(61.3%)
$69,771	**$96,184**	**$26,413**	**27.5%**	**Total Printing Postage & Promotion**	**$69,771**	**$96,184**	**$26,413**	**27.5%**
				Licenses Insurance & Fees				
23,105	26,350	3,245	12.3%	Bank Fees	23,105	26,350	3,245	12.3%
60,861	94,366	33,505	35.5%	Insurance	60,861	94,366	33,505	35.5%
350,010	481,272	131,262	27.3%	Licenses, Permits and Fees	350,010	481,272	131,262	27.3%
73,915	89,588	15,673	17.5%	Subscriptions & Dues	73,915	89,588	15,673	17.5%
$507,892	**$691,576**	**$183,684**	**26.6%**	**Total Licenses Insurance & Postage**	**$507,892**	**$691,576**	**$183,684**	**26.6%**
				Supplies & Other Expenses				
1,024	4,002	2,978	74.4%	Office and Other Supplies	1,024	4,002	2,978	74.4%
2,538	4,099	1,561	38.1%	Ergonomic Supplies	2,538	4,099	1,561	38.1%
1,049	4,694	3,645	77.7%	Commissary-Food & Beverage	1,049	4,694	3,645	77.7%
0	150	150	100.0%	Member Incentive Expense	0	150	150	100.0%
75	4,167	4,092	98.2%	Covid-19 Vaccination Incentive Expense	75	4,167	4,092	98.2%
0	100	100	100.0%	Covid-19 IT Expenses	0	100	100	100.0%
0	5,131	5,131	100.0%	Covid-19 Non IT Expenses	0	5,131	5,131	100.0%
$4,685	**$22,343**	**$17,658**	**79.0%**	**Total Supplies & Other Expense**	**$4,685**	**$22,343**	**$17,658**	**79.0%**
$4,728,246	**$6,498,817**	**$1,770,571**	**27.2%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$4,728,246**	**$6,498,817**	**$1,770,571**	**27.2%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED JULY 31, 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	$ -	$ -	**$ -**	$ 100,000	$ 100,000
	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
	Call Center Hardware	IT-FY23-05	$ -		**$ -**	$ 60,000	$ 60,000
	FAX DMG	IT-FY23-06	$ -		**$ -**	$ 80,000	$ 80,000
	Cisco Network Hardware (Switches, Routers, Firewalls, Wireless)	IT-FY23-07	$ -		**$ -**	$ 60,000	$ 60,000
	Network / AV Cabling	IT-FY23-08	$ -		**$ -**	$ 60,000	$ 60,000
Hardware Subtotal			**$ -**	**$ -**	**$ -**	**$ 560,000**	**$ 560,000**
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	$ -		**$ -**	$ 38,992	$ 38,992
	Contingencies	FA-FY23-16	**$ -**		**$ -**	$ 100,000	$ 100,000
Building Improvement Subtotal			**$ -**	**$ -**	**$ -**	**$ 338,992**	**$ 338,992**
4. Furniture & Equipment:							
			$ -		**$ -**	$ -	$ -
Furniture & Equipment Subtotal			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL			**$ -**	**$ -**	**$ -**	**$ 978,992**	**$ 978,992**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 7/31/22	**$ 37,356,250**
Fixed Assets @ Cost - 6/30/22	**$ 37,356,250**
Fixed Assets Acquired YTD	**$ -**

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

TANGIBLE NET EQUITY (TNE)

	Jul-22
Current Month Net Income / (Loss)	$5,704,828
YTD Net Income / (Loss)	$5,704,828
Actual TNE	
Net Assets	$236,433,012
Subordinated Debt & Interest	$0
Total Actual TNE	**$236,433,012**
Increase/(Decrease) in Actual TNE	$7,347,633
Required TNE[(1)]	**$37,821,118**
Min. Req'd to Avoid Monthly Reporting (Increased from 130% to 150% of Required TNE effective July-2022)	$56,731,678
TNE Excess / (Deficiency)	$198,611,894
Actual TNE as a Multiple of Required	**6.25**

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

LIQUID TANGIBLE NET EQUITY

Net Assets	$236,433,012
Fixed Assets at Net Book Value	(5,604,558)
Net Lease Assets/Liabilities/Interest	106,376
CD Pledged to DMHC	(350,000)
Liquid TNE (Liquid Reserves)	**$230,584,830**
Liquid TNE as Multiple of Required	**6.10**

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

	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												100,903
Adult	47,707												47,707
SPD	27,991												27,991
ACA OE	113,322												113,322
Duals	21,910												21,910
MCAL LTC	0												0
MCAL LTC Duals	0												0
Medi-Cal Program	311,833												311,833
Group Care Program	5,796												5,796
Total	**317,629**												**317,629**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131												131
Adult	946												946
SPD	886												886
ACA OE	2,384												2,384
Duals	225												225
MCAL LTC	0												0
MCAL LTC Duals	0												0
Medi-Cal Program	4,572												4,572
Group Care Program	1												1
Total	**4,573**												**4,573**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	32.4%												32.4%
Adult % of Medi-Cal	15.3%												15.3%
SPD % of Medi-Cal	9.0%												9.0%
ACA OE % of Medi-Cal	36.3%												36.3%
Duals % of Medi-Cal	7.0%												7.0%
Medi-Cal Program % of Total	98.2%												98.2%
Group Care Program % of Total	1.8%												1.8%
Total	**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												54,340
Alameda Health System	62,784												62,784
	117,124												117,124
Delegated:													
CFMG	33,466												33,466
CHCN	119,514												119,514
Kaiser	47,525												47,525
Delegated Subtotal	200,505												200,505
Total	**317,629**												**317,629**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	2,973												2,973
Delegated:													
CFMG	58												58
CHCN	1,103												1,103
Kaiser	439												439
Delegated Subtotal	1,600												1,600
Total	**4,573**												**4,573**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%												36.9%
Delegated:													
CFMG	10.5%												10.5%
CHCN	37.6%												37.6%
Kaiser	15.0%												15.0%
Delegated Subtotal	63.1%												63.1%
Total	**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)	0	0	0	0	0	0	0	0	0	0	0	(217)
Adult	1,004	0	0	0	0	0	0	0	0	0	0	0	1,004
SPD	(292)	0	0	0	0	0	0	0	0	0	0	0	(292)
ACA OE	(239)	0	0	0	0	0	0	0	0	0	0	0	(239)
Duals	260	0	0	0	0	0	0	0	0	0	0	0	260
MCAL LTC	0	0	0	0	0	0	0	0	0	0	0	0	0
MCAL LTC Duals	0	0	0	0	0	0	0	0	0	0	0	0	0
Medi-Cal Program	516	0	0	0	0	0	0	0	0	0	0	0	516
Group Care Program	(32)	0	0	0	0	0	0	0	0	0	0	0	(32)
Total	**484**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**484**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	377	0	0	0	0	0	0	0	0	0	0	0	377
Delegated:													
CFMG	(265)	0	0	0	0	0	0	0	0	0	0	0	(265)
CHCN	103	0	0	0	0	0	0	0	0	0	0	0	103
Kaiser	269	0	0	0	0	0	0	0	0	0	0	0	269
Delegated Subtotal	107	0	0	0	0	0	0	0	0	0	0	0	107
Total	**484**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**484**

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

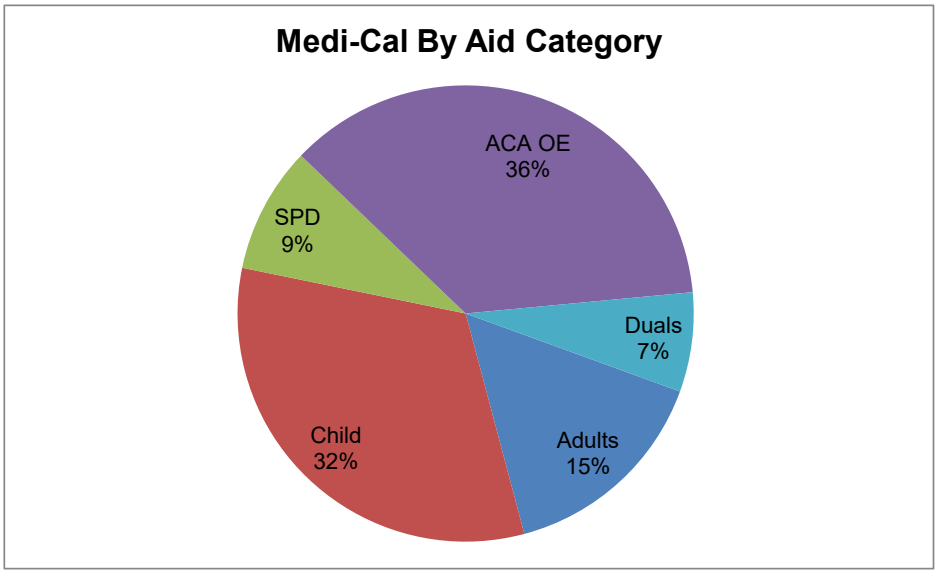
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,131,294	$1,972,020	$840,726	42.6%	PCP-Capitation	$1,131,294	$1,972,020	$840,726	42.6%
4,142,893	3,344,019	(798,874)	(23.9%)	PCP-Capitation - FQHC	4,142,893	3,344,019	(798,874)	(23.9%)
290,083	293,192	3,109	1.1%	Specialty-Capitation	290,083	293,192	3,109	1.1%
3,470,298	3,517,704	47,406	1.3%	Specialty-Capitation FQHC	3,470,298	3,517,704	47,406	1.3%
433,421	391,015	(42,406)	(10.8%)	Laboratory-Capitation	433,421	391,015	(42,406)	(10.8%)
954,981	951,435	(3,546)	(0.4%)	Transportation (Ambulance)-Cap	954,981	951,435	(3,546)	(0.4%)
231,113	230,576	(537)	(0.2%)	Vision Cap	231,113	230,576	(537)	(0.2%)
84,499	85,448	949	1.1%	CFMG Capitation	84,499	85,448	949	1.1%
174,329	176,168	1,839	1.0%	Anc IPA Admin Capitation FQHC	174,329	176,168	1,839	1.0%
10,864,093	10,964,104	100,011	0.9%	Kaiser Capitation	10,864,093	10,964,104	100,011	0.9%
984,133	789,352	(194,781)	(24.7%)	BHT Supplemental Expense	984,133	789,352	(194,781)	(24.7%)
764,165	539,450	(224,715)	(41.7%)	Maternity Supplemental Expense	764,165	539,450	(224,715)	(41.7%)
577,807	616,042	38,235	6.2%	DME - Cap	577,807	616,042	38,235	6.2%
$24,103,109	**$23,870,525**	**($232,584)**	**(1.0%)**	**5-TOTAL CAPITATED EXPENSES**	**$24,103,109**	**$23,870,525**	**($232,584)**	**(1.0%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
6,011,597	0	(6,011,597)	0.0%	IBNP-Inpatient Services	6,011,597	0	(6,011,597)	0.0%
180,348	0	(180,348)	0.0%	IBNP-Settlement (IP)	180,348	0	(180,348)	0.0%
480,926	0	(480,926)	0.0%	IBNP-Claims Fluctuation (IP)	480,926	0	(480,926)	0.0%
20,729,673	31,629,280	10,899,607	34.5%	Inpatient Hospitalization-FFS	20,729,673	31,629,280	10,899,607	34.5%
867,947	0	(867,947)	0.0%	IP OB - Mom & NB	867,947	0	(867,947)	0.0%
120,774	0	(120,774)	0.0%	IP Behavioral Health	120,774	0	(120,774)	0.0%
1,054,134	1,363,434	309,300	22.7%	IP - Long Term Care	1,054,134	1,363,434	309,300	22.7%
689,161	0	(689,161)	0.0%	IP - Facility Rehab FFS	689,161	0	(689,161)	0.0%
$30,134,560	**$32,992,714**	**$2,858,154**	**8.7%**	**6-Inpatient Hospital & SNF FFS Expense**	**$30,134,560**	**$32,992,714**	**$2,858,154**	**8.7%**
271,427	0	(271,427)	0.0%	IBNP-PCP	271,427	0	(271,427)	0.0%
8,143	0	(8,143)	0.0%	IBNP-Settlement (PCP)	8,143	0	(8,143)	0.0%
21,713	0	(21,713)	0.0%	IBNP-Claims Fluctuation (PCP)	21,713	0	(21,713)	0.0%
1,011,890	1,298,195	286,305	22.1%	Primary Care Non-Contracted FF	1,011,890	1,298,195	286,305	22.1%
46,945	65,182	18,237	28.0%	PCP FQHC FFS	46,945	65,182	18,237	28.0%
1,972,326	2,820,374	848,048	30.1%	Prop 56 Direct Payment Expenses	1,972,326	2,820,374	848,048	30.1%
14,160	0	(14,160)	0.0%	Prop 56 Hyde Direct Payment Expenses	14,160	0	(14,160)	0.0%
77,408	0	(77,408)	0.0%	Prop 56-Trauma Expense	77,408	0	(77,408)	0.0%
98,984	0	(98,984)	0.0%	Prop 56-Dev. Screening Exp.	98,984	0	(98,984)	0.0%
685,544	0	(685,544)	0.0%	Prop 56-Fam. Planning Exp.	685,544	0	(685,544)	0.0%
(1,305)	0	1,305	0.0%	Prop 56-Value Based Purchasing	(1,305)	0	1,305	0.0%
$4,207,233	**$4,183,751**	**($23,482)**	**(0.6%)**	**7-Primary Care Physician FFS Expense**	**$4,207,233**	**$4,183,751**	**($23,482)**	**(0.6%)**
452,052	0	(452,052)	0.0%	IBNP-Specialist	452,052	0	(452,052)	0.0%
2,397,527	5,151,623	2,754,096	53.5%	Specialty Care-FFS	2,397,527	5,151,623	2,754,096	53.5%
98,550	0	(98,550)	0.0%	Anesthesiology - FFS	98,550	0	(98,550)	0.0%
812,868	0	(812,868)	0.0%	Spec Rad Therapy - FFS	812,868	0	(812,868)	0.0%
111,646	0	(111,646)	0.0%	Obstetrics-FFS	111,646	0	(111,646)	0.0%
269,601	0	(269,601)	0.0%	Spec IP Surgery - FFS	269,601	0	(269,601)	0.0%
476,240	0	(476,240)	0.0%	Spec OP Surgery - FFS	476,240	0	(476,240)	0.0%
313,418	0	(313,418)	0.0%	Spec IP Physician	313,418	0	(313,418)	0.0%
39,060	8,509	(30,551)	(359.0%)	SCP FQHC FFS	39,060	8,509	(30,551)	(359.0%)
13,560	0	(13,560)	0.0%	IBNP-Settlement (SCP)	13,560	0	(13,560)	0.0%
36,163	0	(36,163)	0.0%	IBNP-Claims Fluctuation (SCP)	36,163	0	(36,163)	0.0%
$5,020,683	**$5,160,132**	**$139,449**	**2.7%**	**8-Specialty Care Physician Expense**	**$5,020,683**	**$5,160,132**	**$139,449**	**2.7%**
919,392	0	(919,392)	0.0%	IBNP-Ancillary	919,392	0	(919,392)	0.0%
27,581	0	(27,581)	0.0%	IBNP Settlement (ANC)	27,581	0	(27,581)	0.0%
73,551	0	(73,551)	0.0%	IBNP Claims Fluctuation (ANC)	73,551	0	(73,551)	0.0%
264,339	0	(264,339)	0.0%	Acupuncture/Biofeedback	264,339	0	(264,339)	0.0%
116,187	0	(116,187)	0.0%	Hearing Devices	116,187	0	(116,187)	0.0%
35,773	0	(35,773)	0.0%	Imaging/MRI/CT Global	35,773	0	(35,773)	0.0%
37,728	0	(37,728)	0.0%	Vision FFS	37,728	0	(37,728)	0.0%
18,246	0	(18,246)	0.0%	Family Planning	18,246	0	(18,246)	0.0%
832,435	0	(832,435)	0.0%	Laboratory-FFS	832,435	0	(832,435)	0.0%
112,810	0	(112,810)	0.0%	ANC Therapist	112,810	0	(112,810)	0.0%
242,454	0	(242,454)	0.0%	Transportation (Ambulance)-FFS	242,454	0	(242,454)	0.0%
151,364	0	(151,364)	0.0%	Transportation (Other)-FFS	151,364	0	(151,364)	0.0%
332,409	0	(332,409)	0.0%	Hospice	332,409	0	(332,409)	0.0%
458,800	0	(458,800)	0.0%	Home Health Services	458,800	0	(458,800)	0.0%
0	4,279,256	4,279,256	100.0%	Other Medical-FFS	0	4,279,256	4,279,256	100.0%
22,938	0	(22,938)	0.0%	HMS Medical Refunds	22,938	0	(22,938)	0.0%

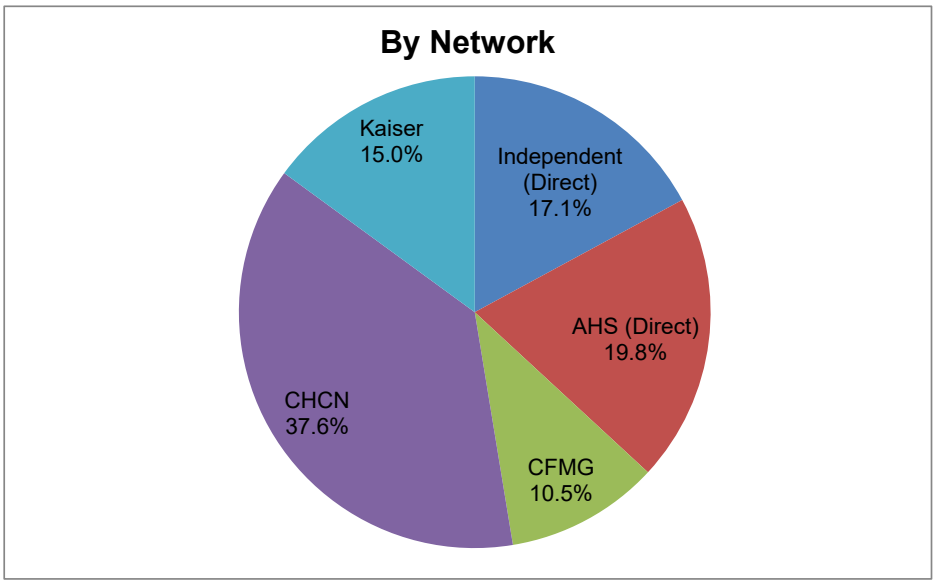
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED July 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
404,888	0	(404,888)	0.0%	DME & Medical Supplies	404,888	0	(404,888)	0.0%
0	652,743	652,743	100.0%	GEMT Direct Payment Expense	0	652,743	652,743	100.0%
233,612	0	(233,612)	0.0%	Community Based Adult Services (CBAS)	233,612	0	(233,612)	0.0%
888,276	705,592	(182,684)	(25.9%)	ECM Base FFS Ancillary	888,276	705,592	(182,684)	(25.9%)
495	5,227	4,732	90.5%	ECM Outreach FFS Ancillary	495	5,227	4,732	90.5%
328,055	328,054	(1)	0.0%	CS - Housing Deposits FFS Ancillary	328,055	328,054	(1)	0.0%
580,032	580,031	(1)	0.0%	CS - Housing Tenancy FFS Ancillary	580,032	580,031	(1)	0.0%
220,282	220,281	(1)	0.0%	CS - Housing Navigation Services FFS Ancillary	220,282	220,281	(1)	0.0%
325,580	325,580	0	0.0%	CS - Medical Respite FFS Ancillary	325,580	325,580	0	0.0%
128,573	128,572	(1)	0.0%	CS - Medically Tailored Meals FFS Ancillary	128,573	128,572	(1)	0.0%
37,159	37,159	0	0.0%	CS - Asthma Remediation FFS Ancillary	37,159	37,159	0	0.0%
7,324	9,999	2,675	26.8%	MOT- Wrap Around (Non Medical MOT Cost)	7,324	9,999	2,675	26.8%
$6,800,281	**$7,272,494**	**$472,213**	**6.5%**	**9-Ancillary Medical Expense**	**$6,800,281**	**$7,272,494**	**$472,213**	**6.5%**
1,304,878	0	(1,304,878)	0.0%	IBNP-Outpatient	1,304,878	0	(1,304,878)	0.0%
39,147	0	(39,147)	0.0%	IBNP Settlement (OP)	39,147	0	(39,147)	0.0%
104,389	0	(104,389)	0.0%	IBNP Claims Fluctuation (OP)	104,389	0	(104,389)	0.0%
991,780	9,021,352	8,029,572	89.0%	Out-Patient FFS	991,780	9,021,352	8,029,572	89.0%
1,359,546	0	(1,359,546)	0.0%	OP Ambul Surgery - FFS	1,359,546	0	(1,359,546)	0.0%
823,147	0	(823,147)	0.0%	OP Fac Imaging Services-FFS	823,147	0	(823,147)	0.0%
704,074	0	(704,074)	0.0%	Behav Health - FFS	704,074	0	(704,074)	0.0%
1,039,190	0	(1,039,190)	0.0%	Behavioral Health Therapy - FFS	1,039,190	0	(1,039,190)	0.0%
450,917	0	(450,917)	0.0%	OP Facility - Lab FFS	450,917	0	(450,917)	0.0%
85,490	0	(85,490)	0.0%	OP Facility - Cardio FFS	85,490	0	(85,490)	0.0%
43,238	0	(43,238)	0.0%	OP Facility - PT/OT/ST FFS	43,238	0	(43,238)	0.0%
1,469,594	0	(1,469,594)	0.0%	OP Facility - Dialysis FFS	1,469,594	0	(1,469,594)	0.0%
$8,415,389	**$9,021,352**	**$605,963**	**6.7%**	**10-Outpatient Medical Expense Medical Expense**	**$8,415,389**	**$9,021,352**	**$605,963**	**6.7%**
469,917	0	(469,917)	0.0%	IBNP-Emergency	469,917	0	(469,917)	0.0%
14,096	0	(14,096)	0.0%	IBNP Settlement (ER)	14,096	0	(14,096)	0.0%
37,594	0	(37,594)	0.0%	IBNP Claims Fluctuation (ER)	37,594	0	(37,594)	0.0%
600,756	0	(600,756)	0.0%	Special ER Physician-FFS	600,756	0	(600,756)	0.0%
3,734,983	5,499,896	1,764,913	32.1%	ER-Facility	3,734,983	5,499,896	1,764,913	32.1%
$4,857,346	**$5,499,896**	**$642,550**	**11.7%**	**11-Emergency Expense**	**$4,857,346**	**$5,499,896**	**$642,550**	**11.7%**
(74,090)	0	74,090	0.0%	IBNP-Pharmacy	(74,090)	0	74,090	0.0%
(2,223)	0	2,223	0.0%	IBNP Settlement (RX)	(2,223)	0	2,223	0.0%
(5,928)	0	5,928	0.0%	IBNP Claims Fluctuation (RX)	(5,928)	0	5,928	0.0%
397,089	373,039	(24,050)	(6.4%)	Pharmacy-FFS	397,089	373,039	(24,050)	(6.4%)
5,101,031	6,092,771	991,740	16.3%	Pharmacy- Non-PBM FFS-Other Anc	5,101,031	6,092,771	991,740	16.3%
(2,771)	0	2,771	0.0%	HMS RX Refunds	(2,771)	0	2,771	0.0%
0	972	972	100.0%	Pharmacy-Rebate	0	972	972	100.0%
$5,413,108	**$6,466,782**	**$1,053,674**	**16.3%**	**12-Pharmacy Expense**	**$5,413,108**	**$6,466,782**	**$1,053,674**	**16.3%**
$64,848,600	**$70,597,121**	**$5,748,521**	**8.1%**	**13-TOTAL FFS MEDICAL EXPENSES**	**$64,848,600**	**$70,597,121**	**$5,748,521**	**8.1%**
0	(151,918)	(151,918)	100.0%	Clinical Vacancy	0	(151,918)	(151,918)	100.0%
83,154	121,466	38,312	31.5%	Quality Analytics	83,154	121,466	38,312	31.5%
408,506	475,272	66,766	14.0%	Health Plan Services Department Total	408,506	475,272	66,766	14.0%
326,948	425,483	98,535	23.2%	Case & Disease Management Department Total	326,948	425,483	98,535	23.2%
340,741	2,199,725	1,858,984	84.5%	Medical Services Department Total	340,741	2,199,725	1,858,984	84.5%
410,208	690,971	280,763	40.6%	Quality Management Department Total	410,208	690,971	280,763	40.6%
53,171	138,441	85,270	61.6%	HCS Behavioral Health Department Total	53,171	138,441	85,270	61.6%
118,598	126,350	7,752	6.1%	Pharmacy Services Department Total	118,598	126,350	7,752	6.1%
16,782	96,138	79,356	82.5%	Regulatory Readiness Total	16,782	96,138	79,356	82.5%
$1,758,107	**$4,121,928**	**$2,363,821**	**57.3%**	**14-Other Benefits & Services**	**$1,758,107**	**$4,121,928**	**$2,363,821**	**57.3%**
				Reinsurance Expense				
(651,659)	(651,659)	0	0.0%	Reinsurance Recoveries	(651,659)	(651,659)	0	0.0%
802,774	868,878	66,104	7.6%	Stop-Loss Expense	802,774	868,878	66,104	7.6%
$151,115	**$217,219**	**$66,104**	**30.4%**	**15-Reinsurance Expense**	**$151,115**	**$217,219**	**$66,104**	**30.4%**
$90,860,931	**$98,806,793**	**$7,945,862**	**8.0%**	**17-TOTAL MEDICAL EXPENSES**	**$90,860,931**	**$98,806,793**	**$7,945,862**	**8.0%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Jul 2022**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	47,707	15%	9,536	9,535	788	19,121	8,727
Child	100,903	32%	7,372	9,236	30,460	35,313	18,522
SPD	27,927	9%	9,009	4,261	1,016	11,548	2,093
ACA OE	113,322	36%	17,844	36,463	1,201	42,984	14,830
Duals	21,974	7%	8,253	2,432	1	7,935	3,353
Medi-Cal	311,833		52,014	61,927	33,466	116,901	47,525
Group Care	5,796		2,326	857	-	2,613	-
Total	**317,629**	**100%**	**54,340**	**62,784**	**33,466**	**119,514**	**47,525**
Medi-Cal %	98.2%		95.7%	98.6%	100.0%	97.8%	100.0%
Group Care %	1.8%		4.3%	1.4%	0.0%	2.2%	0.0%
	Network Distribution		*17.1%*	*19.8%*	*10.5%*	*37.6%*	*15.0%*
			% Direct:	**37%**		**% Delegated:**	**63%**

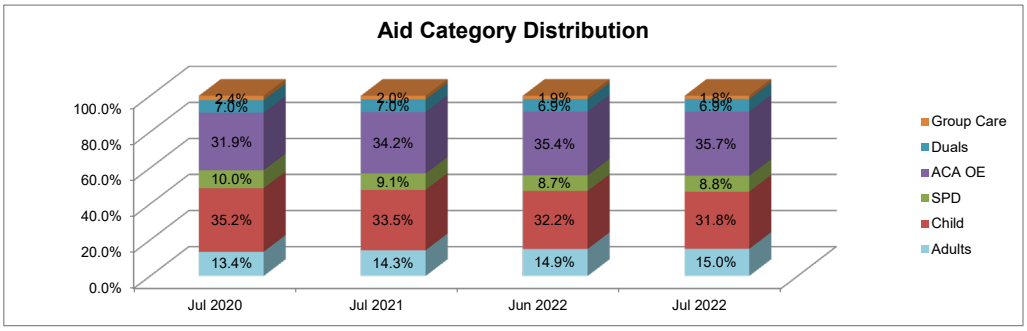




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

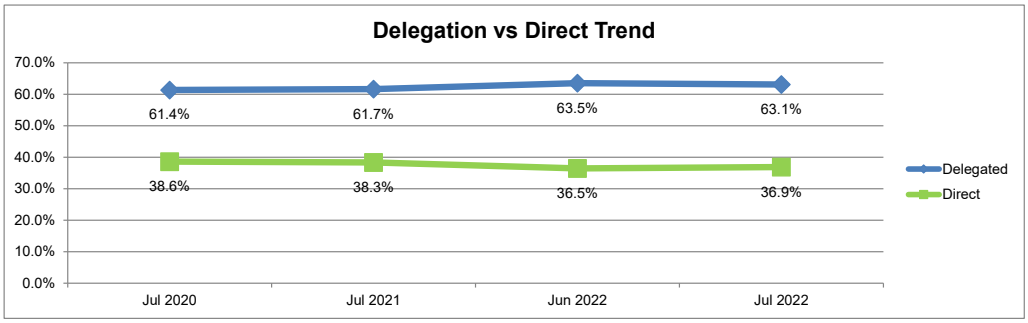
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020 to Jul 2021	Jul 2021 to Jul 2022	Jun 2022 to Jul 2022
Adults	34,909	41,358	46,761	47,707	13.4%	14.3%	14.9%	15.0%	18.5%	15.4%	2.0%
Child	91,570	97,179	100,772	100,903	35.2%	33.5%	32.2%	31.8%	6.1%	3.8%	0.1%
SPD	26,044	26,320	27,105	27,927	10.0%	9.1%	8.7%	8.8%	1.1%	6.1%	3.0%
ACA OE	82,989	99,105	110,938	113,322	31.9%	34.2%	35.4%	35.7%	19.4%	14.3%	2.1%
Duals	18,297	20,194	21,685	21,974	7.0%	7.0%	6.9%	6.9%	10.4%	8.8%	1.3%
Medi-Cal Total	253,809	284,156	307,261	311,833	97.6%	98.0%	98.1%	98.2%	12.0%	9.7%	1.5%
Group Care	6,109	5,935	5,795	5,796	2.4%	2.0%	1.9%	1.8%	-2.8%	-2.3%	0.0%
Total	**259,918**	**290,091**	**313,056**	**317,629**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**11.6%**	**9.5%**	**1.5%**



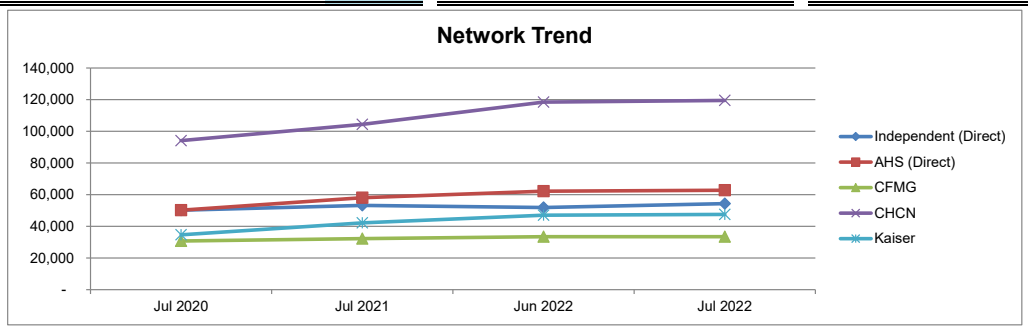
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020 to Jul 2021	Jul 2021 to Jul 2022	Jun 2022 to Jul 2022
Delegated	159,526	178,857	198,905	200,505	61.4%	61.7%	63.5%	63.1%	12.1%	12.1%	0.8%
Direct	100,392	111,234	114,151	117,124	38.6%	38.3%	36.5%	36.9%	10.8%	5.3%	2.6%
Total	**259,918**	**290,091**	**313,056**	**317,629**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**11.6%**	**9.5%**	**1.5%**



Network Trend

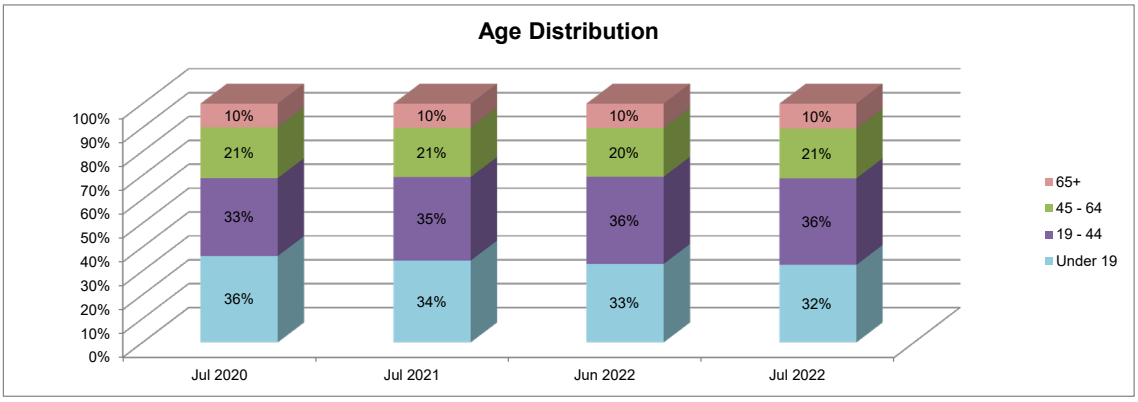
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020 to Jul 2021	Jul 2021 to Jul 2022	Jun 2022 to Jul 2022
Independent (Direct)	50,199	53,189	51,936	54,340	19.3%	18.3%	16.6%	17.1%	6.0%	2.2%	4.6%
AHS (Direct)	50,193	58,045	62,215	62,784	19.3%	20.0%	19.9%	19.8%	15.6%	8.2%	0.9%
CFMG	30,742	32,217	33,408	33,466	11.8%	11.1%	10.7%	10.5%	4.8%	3.9%	0.2%
CHCN	94,144	104,433	118,411	119,514	36.2%	36.0%	37.8%	37.6%	10.9%	14.4%	0.9%
Kaiser	34,640	42,207	47,086	47,525	13.3%	14.5%	15.0%	15.0%	21.8%	12.6%	0.9%
Total	**259,918**	**290,091**	**313,056**	**317,629**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**11.6%**	**9.5%**	**1.5%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

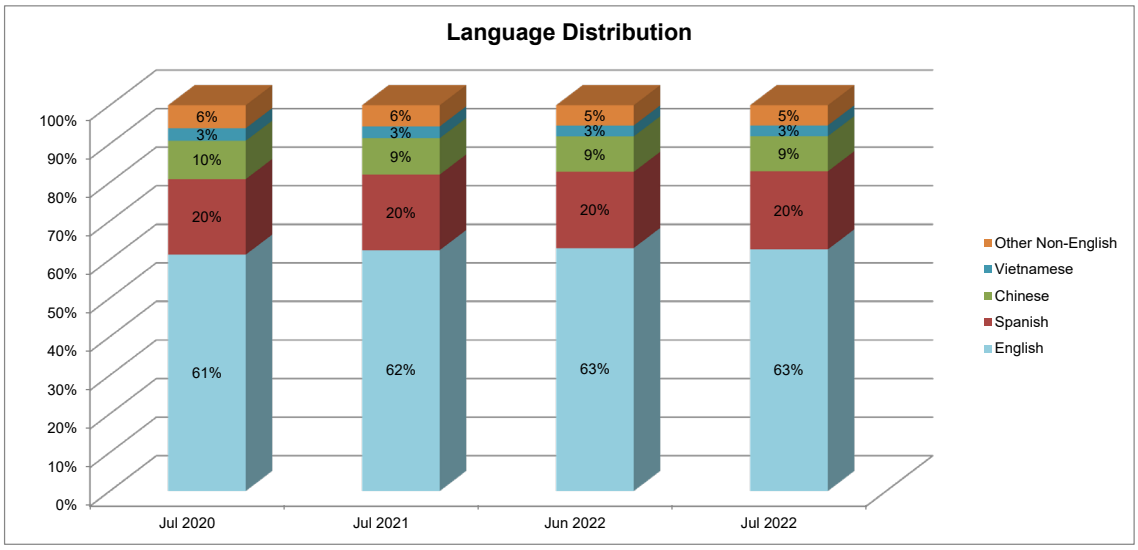
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020 to Jul 2021	Jul 2021 to Jul 2022	Jun 2022 to Jul 2022
Under 19	94,074	99,517	103,026	103,148	36%	34%	33%	32%	6%	4%	0%
19 - 44	84,828	101,407	114,184	115,171	33%	35%	36%	36%	20%	14%	1%
45 - 64	55,293	60,069	63,899	66,174	21%	21%	20%	21%	9%	10%	4%
65+	25,723	29,098	31,947	33,136	10%	10%	10%	10%	13%	14%	4%
Total	**259,918**	**290,091**	**313,056**	**317,629**	**100%**	**100%**	**100%**	**100%**	**12%**	**9%**	**1%**



Language Trend

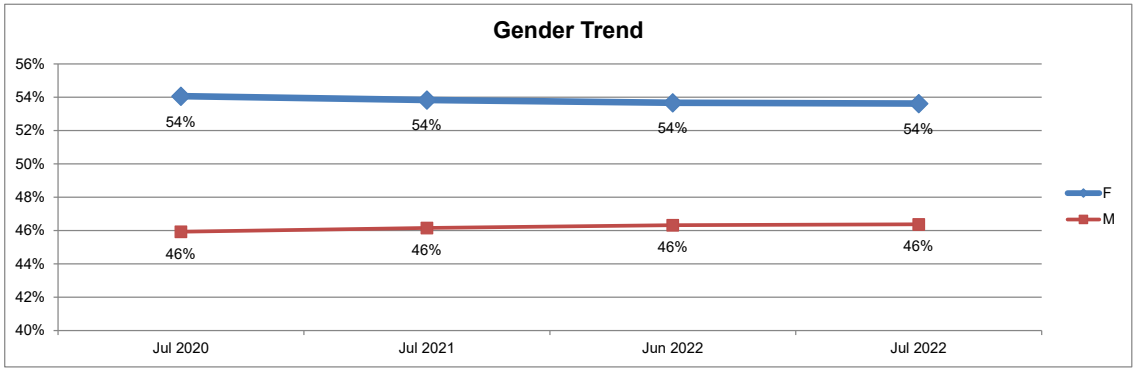
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020 to Jul 2021	Jul 2021 to Jul 2022	Jun 2022 to Jul 2022
English	159,176	181,065	197,106	198,847	61%	62%	63%	63%	14%	10%	1%
Spanish	50,932	56,862	61,849	64,363	20%	20%	20%	20%	12%	13%	4%
Chinese	25,833	27,378	28,802	28,906	10%	9%	9%	9%	6%	6%	0%
Vietnamese	8,463	8,828	8,868	8,884	3%	3%	3%	3%	4%	1%	0%
Other Non-English	15,514	15,958	16,431	16,629	6%	6%	5%	5%	3%	4%	1%
Total	**259,918**	**290,091**	**313,056**	**317,629**	**100%**	**100%**	**100%**	**100%**	**12%**	**9%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

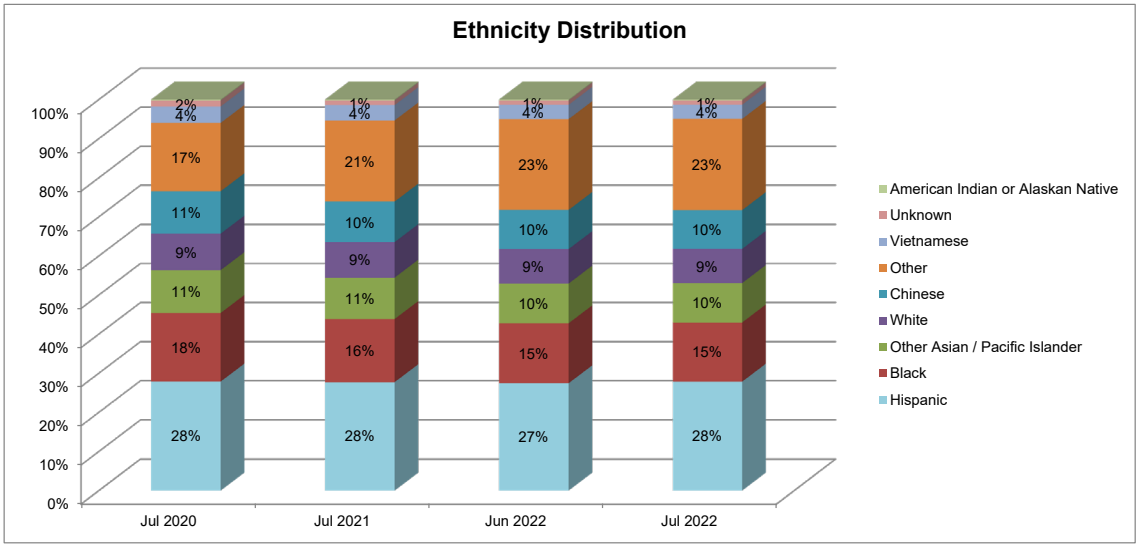
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020 to Jul 2021	Jul 2021 to Jul 2022	Jun 2022 to Jul 2022
F	140,532	156,178	168,023	170,323	54%	54%	54%	54%	11%	9%	1%
M	119,386	133,913	145,033	147,306	46%	46%	46%	46%	12%	10%	2%
Total	**259,918**	**290,091**	**313,056**	**317,629**	**100%**	**100%**	**100%**	**100%**	**12%**	**9%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020	Jul 2021	Jun 2022	Jul 2022	Jul 2020 to Jul 2021	Jul 2021 to Jul 2022	Jun 2022 to Jul 2022
Hispanic	72,376	80,361	85,824	88,368	28%	28%	27%	28%	11%	10%	3%
Black	45,622	46,843	48,031	48,090	18%	16%	15%	15%	3%	3%	0%
Other Asian / Pacific Islander	28,453	30,700	31,777	32,015	11%	11%	10%	10%	8%	4%	1%
White	24,309	26,392	27,666	27,805	9%	9%	9%	9%	9%	5%	1%
Chinese	28,189	30,090	31,360	31,505	11%	10%	10%	10%	7%	5%	0%
Other	45,429	60,195	72,720	74,128	17%	21%	23%	23%	33%	23%	2%
Vietnamese	10,933	11,369	11,426	11,461	4%	4%	4%	4%	4%	1%	0%
Unknown	4,020	3,523	3,570	3,574	2%	1%	1%	1%	-12%	1%	0%
American Indian or Alaskan Native	587	618	682	683	0%	0%	0%	0%	5%	11%	0%
Total	**259,918**	**290,091**	**313,056**	**317,629**	**100%**	**100%**	**100%**	**100%**	**12%**	**9%**	**1%**



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

Medi-Cal By City

City	Jul 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	122,458	39%	13,869	29,589	14,122	51,417	13,461
Hayward	48,841	16%	7,716	10,704	5,454	16,277	8,690
Fremont	28,316	9%	10,044	4,389	988	8,136	4,759
San Leandro	28,222	9%	4,684	4,220	3,489	10,614	5,215
Union City	12,991	4%	3,985	2,046	512	3,932	2,516
Alameda	11,873	4%	2,076	1,967	1,641	4,241	1,948
Berkeley	11,609	4%	1,522	1,732	1,321	5,231	1,803
Livermore	9,619	3%	1,149	733	1,884	4,114	1,739
Newark	7,247	2%	1,928	2,334	232	1,397	1,356
Castro Valley	7,805	3%	1,304	1,265	1,084	2,499	1,653
San Lorenzo	6,562	2%	885	1,131	723	2,430	1,393
Pleasanton	5,234	2%	997	418	514	2,385	920
Dublin	5,617	2%	1,002	447	687	2,407	1,074
Emeryville	2,121	1%	347	414	295	693	372
Albany	1,958	1%	277	230	369	678	404
Piedmont	380	0%	47	109	25	99	100
Sunol	71	0%	20	10	6	21	14
Antioch	35	0%	8	7	8	7	5
Other	874	0%	154	182	112	323	103
Total	**311,833**	**100%**	**52,014**	**61,927**	**33,466**	**116,901**	**47,525**

Group Care By City

City	Jul 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,910	33%	437	364	-	1,109	-
Hayward	655	11%	326	136	-	193	-
Fremont	618	11%	450	46	-	122	-
San Leandro	578	10%	224	87	-	267	-
Union City	308	5%	219	27	-	62	-
Alameda	277	5%	100	18	-	159	-
Berkeley	172	3%	47	11	-	114	-
Livermore	83	1%	26	1	-	56	-
Newark	147	3%	89	37	-	21	-
Castro Valley	181	3%	77	19	-	85	-
San Lorenzo	121	2%	46	17	-	58	-
Pleasanton	59	1%	25	3	-	31	-
Dublin	105	2%	36	10	-	59	-
Emeryville	37	1%	14	6	-	17	-
Albany	17	0%	7	1	-	9	-
Piedmont	14	0%	4	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	24	0%	5	6	-	13	-
Other	490	8%	194	68	-	228	-
Total	**5,796**	**100%**	**2,326**	**857**	**-**	**2,613**	**-**

Total By City

City	Jul 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	124,368	39%	14,306	29,953	14,122	52,526	13,461
Hayward	49,496	16%	8,042	10,840	5,454	16,470	8,690
Fremont	28,934	9%	10,494	4,435	988	8,258	4,759
San Leandro	28,800	9%	4,908	4,307	3,489	10,881	5,215
Union City	13,299	4%	4,204	2,073	512	3,994	2,516
Alameda	12,150	4%	2,176	1,985	1,641	4,400	1,948
Berkeley	11,781	4%	1,569	1,743	1,321	5,345	1,803
Livermore	9,702	3%	1,175	734	1,884	4,170	1,739
Newark	7,394	2%	2,017	2,371	232	1,418	1,356
Castro Valley	7,986	3%	1,381	1,284	1,084	2,584	1,653
San Lorenzo	6,683	2%	931	1,148	723	2,488	1,393
Pleasanton	5,293	2%	1,022	421	514	2,416	920
Dublin	5,722	2%	1,038	457	687	2,466	1,074
Emeryville	2,158	1%	361	420	295	710	372
Albany	1,975	1%	284	231	369	687	404
Piedmont	394	0%	51	109	25	109	100
Sunol	71	0%	20	10	6	21	14
Antioch	59	0%	13	13	8	20	5
Other	1,364	0%	348	250	112	551	103
Total	**317,629**	**100%**	**54,340**	**62,784**	**33,466**	**119,514**	**47,525**

Operations

Matt Woodruff

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

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

Date: **September 29th, 2022**

Subject: **Operations Report**

Member Services

- 12-Month Trend Summary:

    - The Member Services Department received a three percent (3%) increase in calls in August 2022, totaling 15,854 compared to 15,332 in August 2021. Call volume pre-pandemic in August 2019 was 15,318, which is three percent (3%) lower than the current call volume.
    - The abandonment rate for August 2022 was nineteen percent (19%), compared to seventeen percent (17%) in August 2021.
    - The Department's service level was forty-seven percent (47%) in August 2022, compared to forty-four percent (44%) in August 2021. The Department continues to recruit to fill open positions. Service levels continue to be directly impacted due to staffing challenges (unplanned/unscheduled absences related to COVID-19). The Customer Service support vendor is providing overflow call center support. Additional IVR prompts for member self-service have been updated to provide members with service options (to connect them to vendors/delegates for mental health services; transportation; vision; dental; Medi-CalRx), without requiring them to wait on the phone to speak to an agent. New service options are also available through the secure Member Portal. Members can now submit an Authorized Representative form vs. having to fax or mail forms into the plan, which will reduce the review and approval time.
    - The average talk time (ATT) was six minutes and thirty-six seconds (06:36) for August 2022 compared to six minutes and eighteen seconds (06:18) for August 2021.
    - Member utilization of self-service phone options totaled fifteen-hundred and five (1505) in August 2022, which includes three-hundred thirty-four (334) 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 August 2022 were: 1). Change of PCP, 2). Eligibility/Enrollment, 3) Kaiser, 4). Benefits, 5). Provider Network

Information. The top five call reasons for August 2021 were: 1). Eligibility/Enrollment, 2). Change of PCP, 3). Kaiser, 4). Benefits, 5). ID Card/Member Materials Request.

- The Department continues to service members via multiple non-contact communication channels (telephonic, email, web-based requests, and in-person effective 7/5/22) while honoring the organization's policies. The Department responded to seven-hundred two (702) web-based requests (3% decrease) in August 2022 compared to four hundred seventy-two (727) in August 2021. The top three web reason requests for August 2022 were: 1). Change of PCP, 2). ID Card Requests, 3). Update Contact Information.

- Training:

  - Routine and new hire training are conducted primarily via (remote) model by the MS Leadership Team. MS Supervisors are also providing in-person training to team members when working onsite.

Claims

- 12-Month Trend Summary:

  - The Claims Department received 177,945 claims in August 2022 compared to 139,079 in August 2021.
  - The Auto Adjudication rate was 83.6% in August 2022 compared to 73.8% in August 2021.
  - Claims compliance for the 30-day turn-around time was 99.1% in August 2022 compared to 98.9% in August 2021. The 45-day turn-around time was 99.9% in August 2022 compared to 99.9% in August 2021.

- Training:

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

- Monthly Analysis:

  - In August, we received a total of 177,945 claims in the HEALTHsuite system. This represents an increase of 9.81% from July and is higher, by 38,866 claims, than the number of claims received in August 2021; the higher volume of received claims remains attributed an increased membership.
  - We received 85% of claims via EDI and 15% of claims via paper.

- During August, 99.9% of our claims were processed within 45 working days.
- The Auto Adjudication rate was 83% for August.

Provider Services

- 12-Month Trend Summary:
  - The Provider Services department's call volume in August 2022 was 6,243 calls compared to 4,724 calls in August 2021.
  - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.
  - The Provider Services department completed 275 calls/visits during August 2022.
  - The Provider Services department answered 4,160 calls for August 2022 and made 722 outbound calls.

Credentialing

- 12-Month Trend Summary:
  - No Credentialing Committee meeting in August.

Provider Dispute Resolution

- 12-Month Trend Summary:
  - In August 2022, the Provider Dispute Resolution (PDR) team received 904 PDRs versus 805 in August 2021.
  - The PDR team resolved 1,626 cases in August 2022 compared to 967 cases in August 2021.
  - In August 2022, the PDR team upheld 73% of cases versus 62% in August 2021.
  - The PDR team resolved 99.4% of cases within the compliance standard of 95% within 45 working days in August 2022 compared to 99.4% in August 2021.

- Monthly Analysis:
  - AAH received 904 PDRs in August 2022.

- In August, 1,626 PDRs were resolved. Out of the 1,626 PDRs, 1,188 were upheld, and 438 were overturned.
- The overturn rate for PDRs was 27% which did not meet our goal of 25% or less.

Community Relations and Outreach

- 12-Month Trend Summary:
  - In August 2022, the Alliance completed 856-member orientation outreach calls and 172 member orientations by phone.
  - The C&O Department reached 1,017 people (758 identified as Alliance members) during outreach activities, compared to 156 individuals (100% self-identified as Alliance members) in August 2021.
  - The C&O Department spent a total of $600 in donations, fees, and/or sponsorships, compared to $0 in August 2021.
  - The C&O Department reached members in 15 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 18 cities in August 2021.

- Monthly Analysis:
  - In August 2022, the C&O Department completed 856-member orientation outreach calls and 172 member orientations by phone, 68 Alliance website inquiries, 12 service requests, and 1 community event.
  - Among the 1,017 people reached, 75% identified as Alliance members.
  - In August 2022, the C&O Department reached members in 15 locations throughout Alameda County, Bay Area, and the U.S.
  - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	August 2022
Incoming Calls (R/V)	15,854
Abandoned Rate (R/V)	19%
Answered Calls (R/V)	11,071
Average Speed to Answer (ASA)	05:02
Calls Answered in 60 Seconds (R/V)	47%
Average Talk Time (ATT)	06:36
Outbound Calls	6,800

Top 5 Call Reasons (Medi-Cal and Group Care) August 2022
Change of PCP
Eligibility/Enrollment
Kaiser
Benefits
Provider Network

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

Claims Department
July 2022 Final and August 2022 Final

METRICS

Claims Compliance	Jul-22	Aug-22
90% of clean claims processed within 30 calendar days	98.5%	99.1%
95% of all claims processed within 45 working days	99.9%	99.9%

Claims Volume (Received)	Jul-22	Aug-22
Paper claims	23,467	27,055
EDI claims	152,750	150,890
Claim Volume Total	**176,217**	**177,945**

Percentage of Claims Volume by Submission Method	Jul-22	Aug-22
% Paper	13.32%	15.20%
% EDI	86.68%	84.80%

Claims Processed	Jul-22	Aug-22
HEALTHsuite Paid (original claims)	101,889	132,261
HEALTHsuite Denied (original claims)	46,959	57,389
HEALTHsuite Original Claims Sub-Total	**148,848**	**189,650**
HEALTHsuite Adjustments	3,455	3,738
HEALTHsuite Total	**152,303**	**193,388**

Claims Expense	Jul-22	Aug-22
Medical Claims Paid	$48,006,131	$65,460,024
Interest Paid	$23,511	$28,811

Auto Adjudication	Jul-22	Aug-22
Claims Auto Adjudicated	122,939	158,554
% Auto Adjudicated	82.6%	83.60%

Average Days from Receipt to Payment	Jul-22	Aug-22
HEALTHsuite	19	18

Pended Claim Age	Jul-22	Aug-22
0-29 calendar days		
HEALTHsuite	13,915	12,399
30-59 calendar days		
HEALTHsuite	208	75
Over 60 calendar days		
HEALTHsuite	1	1

Overall Denial Rate	Jul-22	Aug-22
Claims denied in HEALTHsuite	46,959	57,389
% Denied	30.8%	29.7%

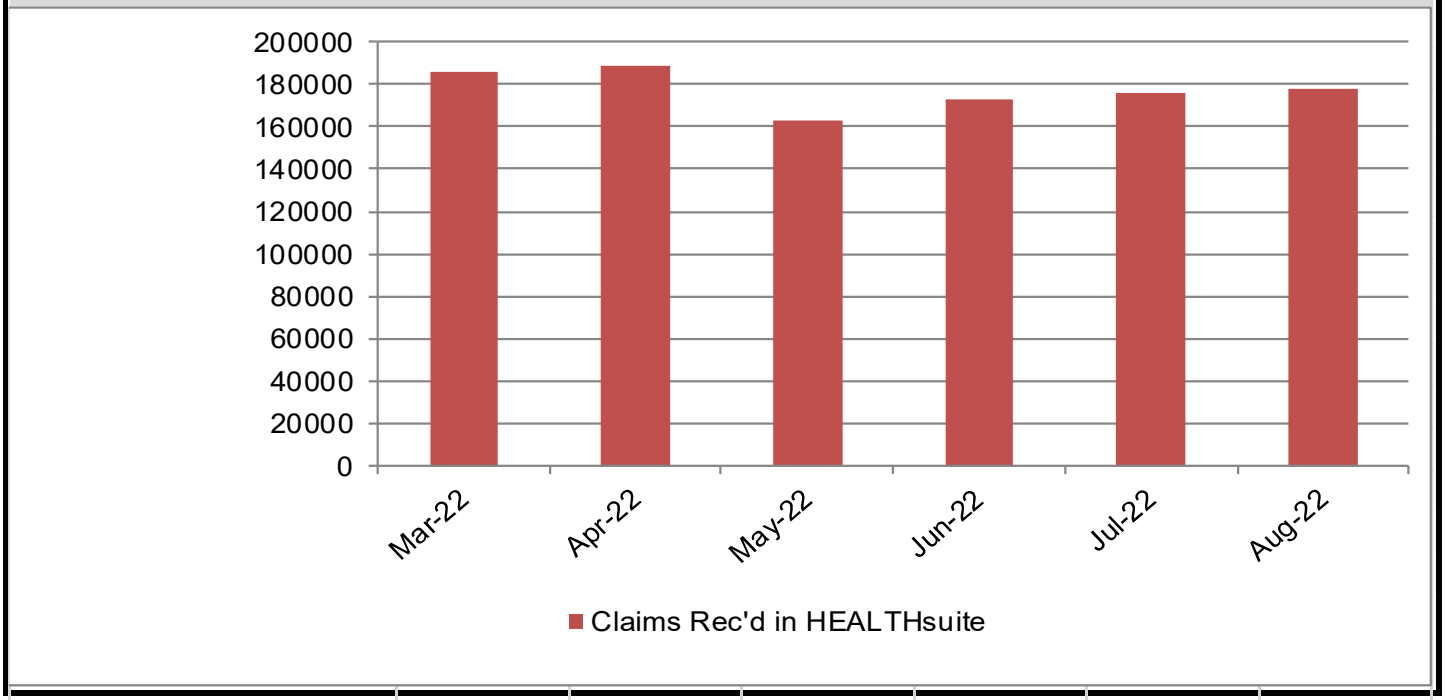
Claims Department
July 2022 Final and August 2022 Final

Aug-22

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	25%
No Benefits Found For Dates of Service	15%
Non-Covered Benefit for this Plan	11%
Duplicate Claim	10%
THIS IS A CAPITATED SERVICE	5%
% Total of all denials	**66%**

Claims Received By Month

Run Date	4/1/2022	5/1/2022	6/1/2022	7/1/2022	8/1/2022	9/1/2022
Claims Received Through	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**
Claims Rec'd in HEALTHsuite	185,738	189,172	163,272	173,269	176,217	177,945



Provider Relations Dashboard August 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				
Abandoned Calls	626	586	2149	2219	1333	1512	1454	2083				
Answered Calls (PR)	4184	3748	3929	3548	3903	3703	3519	4160				
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				
Abandoned Calls (R/V)												
Answered Calls (R/V)	332	373	1067	1309	677	807	665	756				
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	624	680	664	640	677	573	685	722				
N/A												
Outbound Calls	624	680	664	640	677	573	685	722				
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				
Abandoned Calls	626	586	2149	2219	1333	1512	1454	2083				
Total Answered Incoming, R/V, Outbound Calls	5140	4801	5660	5497	5257	5083	4869	5638				

Provider Relations Dashboard August 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%				
Benefits	4.1%	3.4%	3.1%	3.8%	3.9%	3.1%	2.9%	2.9%				
Claims Inquiry	40.2%	41.5%	40.8%	48.8%	44.8%	47.8%	48.2%	49.5%				
Change of PCP	2.4%	4.0%	4.8%	4.1%	5.0%	4.2%	3.6%	4.2%				
Complaint/Grievance (includes PDR's)	4.9%	5.3%	4.8%	4.2%	3.8%	3.5%	3.9%	3.4%				
Contracts	0.5%	0.7%	0.8%	0.7%	1.1%	1.2%	1.0%	0.9%				
Correspondence Question/Followup	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%				
Demographic Change	0.1%	0.3%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%				
Eligibility - Call from Provider	25.3%	23.2%	22.6%	21.4%	23.2%	18.8%	19.0%	17.9%				
Exempt Grievance/ G&A	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%				
General Inquiry/Non member	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%				
Intrepreter Services Request	0.8%	0.4%	0.8%	0.7%	1.0%	0.8%	0.1%	0.8%				
Kaiser	0.0%	0.1%	0.1%	0.7%	0.1%	0.0%	0.0%	0.0%				
Member bill	0.0%	0.2%	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%				
Provider Portal Assistance	4.5%	5.4%	4.9%	3.9%	4.2%	4.0%	4.9%	4.9%				
Pharmacy	1.2%	0.3%	0.3%	0.3%	0.2%	0.1%	0.2%	0.2%				
Provider Network Info	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%				
Transferred Call	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%				
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Field Visit Activity Details

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

Provider Dispute Resolution
July 2022 and August 2022

METRICS

PDR Compliance	Jul-22	Aug-22
# of PDRs Resolved	966	1,626
# Resolved Within 45 Working Days	963	1,617
% of PDRs Resolved Within 45 Working Days	99.7%	99.4%

PDRs Received	Jul-22	Aug-22
# of PDRs Received	791	904
PDR Volume Total	**791**	**904**

PDRs Resolved	Jul-22	Aug-22
# of PDRs Upheld	702	1,188
% of PDRs Upheld	73%	73%
# of PDRs Overturned	264	438
% of PDRs Overturned	27%	27%
Total # of PDRs Resolved	**966**	**1,626**

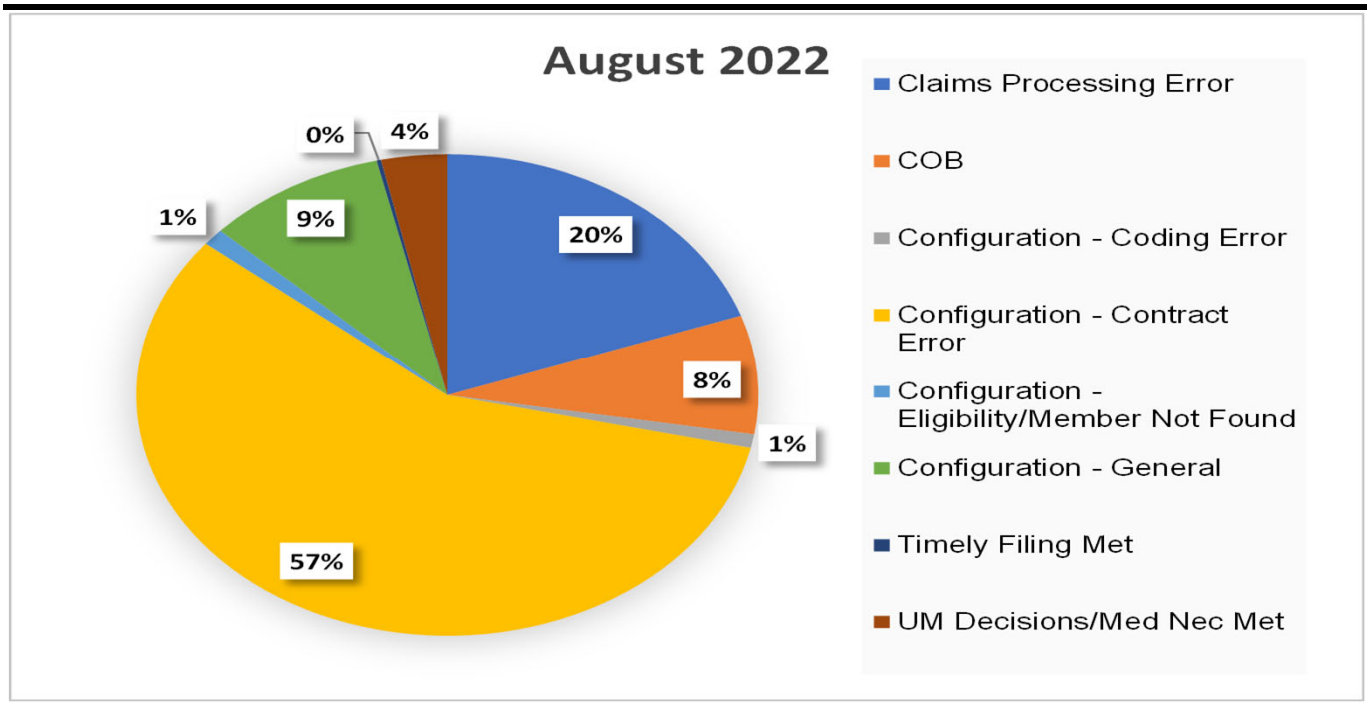
Average Turnaround Time	Jul-22	Aug-22
Average # of Days to Resolve PDRs	29	36
Oldest Unresolved PDR in Days	61	45

Unresolved PDR Age	Jul-22	Aug-22
0-45 Working Days	1,800	900
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**1,800**	**900**

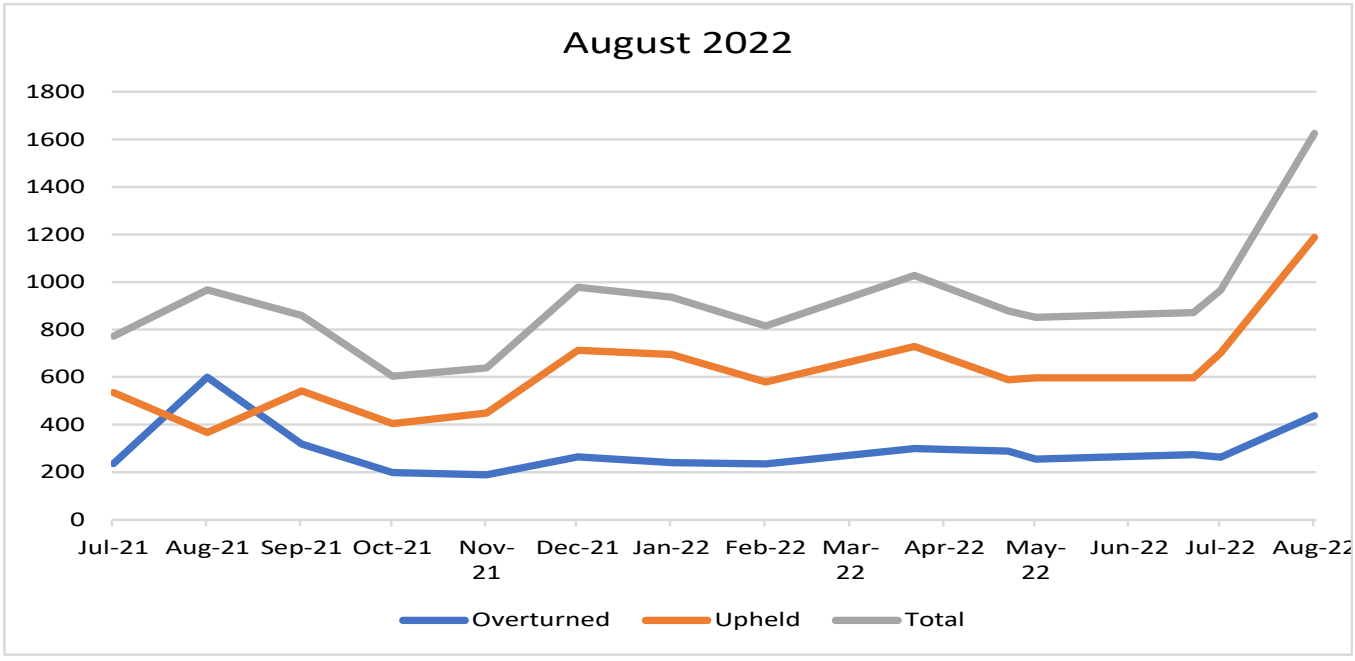
Provider Dispute Resolution
July 2022 and August 2022

Aug-22

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



In August 2022, the Alliance completed **856**-member orientation outreach calls and conducted **172** member orientations (**20%-member** participation rate). In addition, in August 2022, the Outreach team completed **68** Alliance website inquiries, **12** service requests, and **1** community event. The Alliance reached a total of **845** people and spent a total of $600 in donations, fees, and/or sponsorships at the Oakland Chinatown Chamber of Commerce community event.**

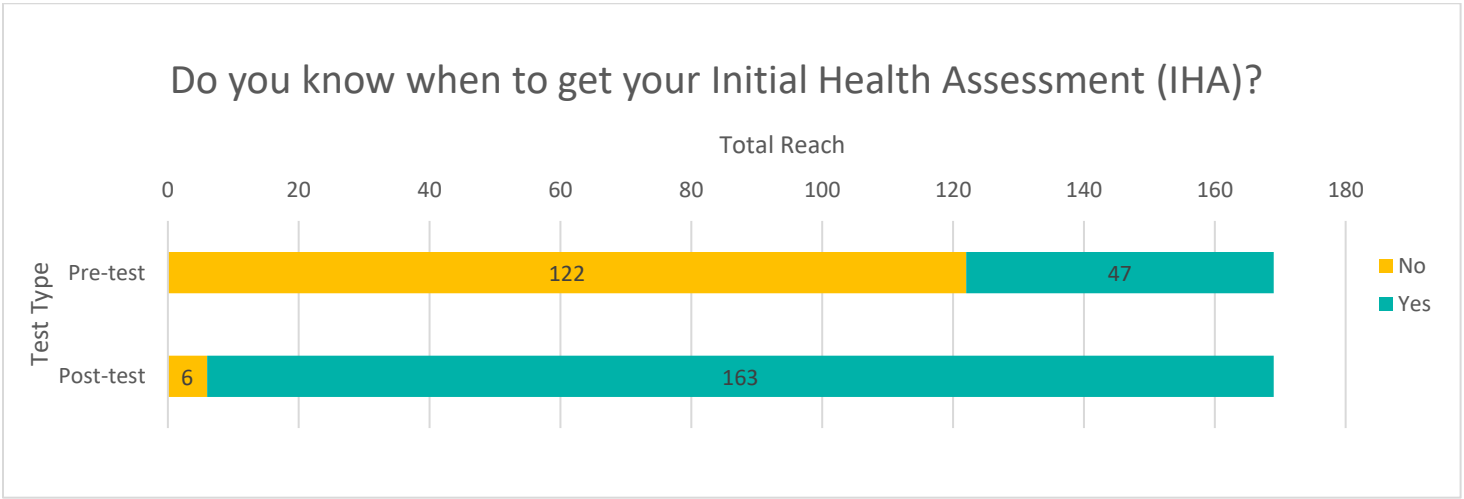
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **26,252** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from 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 18, 2020,** the Alliance began conducting member orientations by phone. As of August 31st, 2022, the Outreach Team completed 20,816-member orientation outreach calls and conducted 5,841 member orientations (28%-member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between August 1, through August 31, 2021 (23 working days) – **172** net new members completed a MO by phone.

After completing a MO **96%** of members who completed the post-test survey in August 2022 reported knowing when to get their IHA, compared to only **28%** 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\Q1\2. August 2022**

FY 2021-2022 AUGUST 2021 TOTALS

0 COMMUNITY EVENTS
0 MEMBER EDUCATION EVENTS
155 MEMBER ORIENTATIONS
1 MEETINGS/ PRESENTATIONS/
0 COMMUNITY TRAINING
0 TOTAL INITIATED/ INVITED EVENTS
156 TOTAL COMPLETED **EVENTS**

18 CITIES

Alameda
Berkeley
Castro Valley
Dublin
Emeryville
Fremont
Hayward
Livermore
Longview
Los Angeles
Newark
Oakland
Pleasanton
San Francisco
San Leandro
San Lorenzo
Seattle
Union City

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

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2022-2023 AUGUST 2022 TOTALS

1 COMMUNITY EVENTS
0 MEMBER EDUCATION EVENTS
172 MEMBER ORIENTATIONS
0 MEETINGS/ PRESENTATIONS
0 COMMUNITY TRAINING
0 TOTAL INITIATED/ INVITED EVENTS
173 TOTAL COMPLETED **EVENTS**

15 CITIES*

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

845 TOTAL REACHED AT COMMUNITY EVENTS
0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
172 TOTAL REACHED AT MEMBER ORIENTATIONS
0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
0 COMMUNITY TRAINING
758 MEMBERS REACHED AT ALL EVENTS
1,017 **TOTAL REACHED AT ALL EVENTS**

$600.00
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.*

*** Includes refundable deposit.*

Compliance

Richard Golfin III

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

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

Date: **September 29th, 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. The review period was April 1st, 2021, through March 31st, 2022, and covered the following areas:
        - Utilization Management;
        - Case Management & Care Coordination;
        - Access & Availability;
        - Member's Rights & Responsibilities;
        - Quality Improvement System, and;
        - Organization and Administration.

    - On August 11th, 2022, the DHCS held an exit conference with the Plan. The Department identified 15 preliminary audit findings in the following areas:
        - Category 1 -- Utilization Management;
        - Category 2 – Case Management and Coordination of Care;
        - Category 3 – Access and Availability of Care;
        - Category 4 – Member's Rights;
        - Category 6 – Administrative and Organizational Capacity.

    - The Plan provided a response and/or optional rebuttal to each of the preliminary findings by August 26th, 2022. The DHCS has approximately 45 days to respond with the Plan's Final Audit Findings.

- 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. The audit began with virtual interviews of Claims and Finance Staff. The audit reviewed the Plan's fiscal and administrative affairs and activities through the quarter-ending March 31st, 2022, and covered the following areas:
        - Affiliate and non-Affiliate Agreements
        - Management Assessment Questionnaires
        - Plan Financial Information

- 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. The DMHC began its pre-audit review of Plan materials in April 2022. Throughout the Summer of 2022, the Plan worked extensively at providing supporting materials to the DMHC. Pre-audit submission concluded in July with more than 1,100 documents provided to DMHC auditors. The onsite review was held from September 7th through September 8th, 2022.

- 2022 NCQA Re-Accreditation Survey:
    - On February 24th, 2022, the Plan received confirmation from the National Committee of Quality Assurance (NCQA) of its 2022 Re-Accreditation Survey. The Audit began in early June 2022, with an on-site portion expected to last from July 25th, 2022, through July 26th, 2022. On June 29th, 2022, the Plan received initial observations and questions from the NCQA audit team. As of August 2022, the Plan was awarded active accreditation for both its Commercial-HMO and Medi-Cal HMO lines of business.

- 2021 DMHC Full Medical Survey:
    - The 2021 DMHC Routine Medical Survey, virtual audit 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. On June 15th, 2021, the Plan participated in an exit interview where the DMHC explained its findings and next steps. The Plan returned its CAP responses and supporting documentation to the Department on July 8th, 2022.

Compliance Activity Updates

- 2022 RFP Contract Award & Review:
    - On February 9th, 2022, the DHCS released Request for Proposal (RFP) #20-10029 soliciting submissions for the 2024 Contract for the provision of managed health care services to Medi-Cal beneficiaries. The contract award is expected in the coming months following CMS approval of State model transitions, with implementation to take place through December 31st, 2023.
    - On September 7th, 2022, the State provided the fully executed contract of STD 213 which directs the Plan to pursue Operational Readiness for the 2024 Contract Year. Deliverable submissions will take place from August 1st, 2022, through July 31st, 2023, in three phases:

- Phase 1 will take place from August 1st, 2022 – December 8th, 2022. Forty-two percent (42%) of the deliverables will be submitted during this period.

- Phase 2 will take place from December 15th, 2022 – March 31st, 2023. Thirty-three percent (33%) of the deliverables will be submitted during this period.

- Phase 3 will take place from April 20th, 2023 – July 31st, 2023. Twenty-five percent (25%) of the deliverables will be submitted during this period.

- Proposed Modifications to the HIPAA Privacy Rule:
  - In December 2020 the Office for Civil Rights (OCR) proposed modifications to the HIPAA Privacy Rule to Empower Individuals, Improve Coordinated Care and Reduce Regulatory Burdens. On June 22nd, 2022, the OCR announced the new rules will be implemented in March 2023. Covered Entities will have 240-days, or until November 2023, to implement the new privacy rules. The government's specific rule changes will be available at the time of publication by the OCR.

- 2022 Corporate Compliance Training – Board of Governors & Staff:
  - On August 15th, 2022, the Board of Governors began their Corporate Compliance Training. Per Plan policy, all members of the Board will have ninety (90) days to complete the assigned training.
  - On September 6th, 2022, the Annual Corporate Compliance Training for Plan Staff were assigned the following courses:
    - Health Insurance Portability and Accountability Act (HIPAA)
    - Fraud Waste and Abuse
    - Cultural Competency and Sensitivity (Release Date TBD)

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: **September 29th, 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 194 members are in various stages of the Transplant process, and the systems developed to coordinate care between UM, CM and the Centers of Excellence are working well. Most cases are going to UCSF, with a few to Stanford and other Centers of Excellence.

- Progress continues with UM/Claims/Configuration alignment, including Pharmacy claims. Providers are informed of the coding alignment changes so that they can bill and receive payment in a timely manner. The 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.

- CCS process enhancements continue to integrate into the larger EPSDT strategy. Reports to identify members who may qualify for CCS have been developed, and many members referred to CCS for services, enabling them to receive care through the CCS Special Care Centers. Reports on shared members and workflows have been developed and are in use to enhance the coordination of care between AAH and CCS on our mutual members under age 21.

- 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. Prior authorization will be required for office visits and consultations to a T/Q center, (ex. UCSF, Stanford,) using a standard process reviewing appropriateness of referrals and transitions to T/Q centers. Go live for implementation is set for 10/1/22, after communication with all stakeholders.

- NCQA 2022 was highly successful, with no findings in OP UM.

Outpatient Authorization Denial Rates			
Denial Rate Type	**May 2022**	**June 2022**	**July 2022**
Overall Denial Rate	**4.4%**	**4.1%**	**4.2%**
Denial Rate Excluding Partial Denials	**3.9%**	**3.7%**	**3.8%**
Partial Denial Rate	**0.5%**	**0.4%**	**0.4%**

Turn Around Time Compliance			
Line of Business	**May 2022**	**June 2022**	**July 2022**
Overall	**98%**	**97%**	**97%**
Medi-Cal	**98%**	**97%**	**97%**
IHSS	**98%**	**98%**	**97%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- The IP department continues with process improvements in the IP program to align with the carve in of Long-Term Care, close management of high risk members, and to optimize departmental functioning. Sub-processes under improvement are staffing and coverage, (completed,) development of additional standard work, (ongoing,) training/monitoring, and integration with AAH initiatives.

- IP Team implemented Unsafe Discharge and Administrative Day Review workflow, conducted staff training on inpatient admissions that meet criteria for review and standard practice for escalation to Medical Directors.

- Inpatient department continues to track COVID admissions: Covid admissions increased slightly in July, and then declined into August. Overall, the rate continues to remain low, consistent with Alameda County data.

- Weekly complex/extended stay patient rounds continue with partner hospitals and CHCN with a goal of removing barriers to discharge. The focus of these rounds is on members with catastrophic injury or illness, longer lengths of stay, and patients with challenging barriers to placement. Opportunities are identified for referral to ECM, Community Supports, and Case Management for high-risk members.

- 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. There has been CM leadership changes at AHS, and AAH is re-establishing the partnership with Dr. Borneo and Mark Brown, CAO.

Inpatient Med-Surg Utilization Total All Aid Categories Actuals (excludes Maternity)			
Metric	**April 2022**	**May 2022**	**June 2022**
Authorized LOS	5.0	5.2	4.9
Admits/1,000	48.4	56.9	53.4
Days/1,000	241.6	297.7	264.4

Pharmacy

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

Decisions	Number of PAs Processed
Approved	33
Denied	39
Closed	78
Total	**150**

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

- Medications for Obesity, Malaria prevention, Diabetes, Psoriasis/arthritis, Acne, Opioid dependence, High blood pressure and Osteoarthritis are top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	WEGOVY 0.25 MG/0.5ML PEN	Obesity	Criteria for approval not met
2	ATOVAQUONE 750 MG/5 ML SUSP	Malaria Prevention	Criteria for approval not met
3	RYBELSUS 3 MG TABLET	Diabetes	Criteria for approval not met
4	OTEZLA 30 MG TABLET	Psoriasis or arthritis	Criteria for approval not met
5	BASAGLAR 100 UNIT/ML KWIKPEN	Diabetes	Criteria for approval not met
6	AZELAIC ACID 15% GEL	Acne	Criteria for approval not met
7	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
8	BUPRENORPHINE 10 MCG/HR PATCH	Opioid dependence	Criteria for approval not met
9	OLMSRTN-ALMDPN-HCT 40-10-25MG	High blood pressure	Criteria for approval not met
10	HYALGAN 20 MG/2 ML SYRINGE	Osteoarthritis	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 August 26, 2022, processed approximately 80.71 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately $9.90 billion in payments
    - Processed 234,924 prior authorization requests
    - Answered 366,442 calls and 100 percent of virtual hold calls and voicemails have been returned
    - We have closed submitted Medi-Cal PAs and informing doctor offices to submitted to Medi-Cal RX:

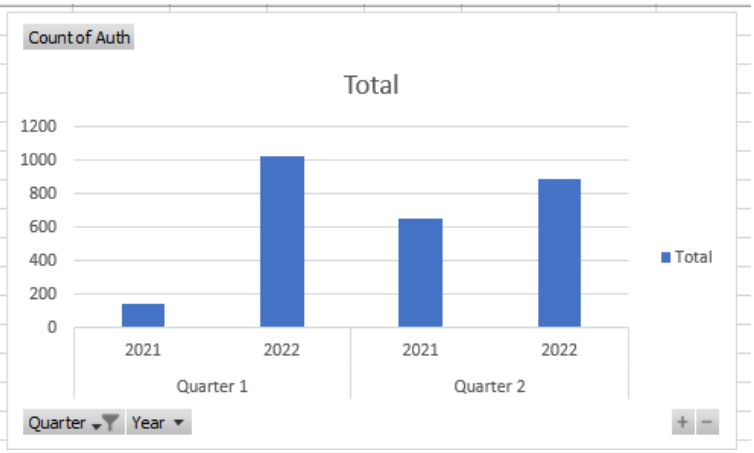
Month	Number of Total PA Closed
January 2022	169
February 2022	44
March 2022	31
April 2022	25
May 2022	7
June 2022	8
July 2022	27
August 2022	44

- The AAH Pharmacy Department is collaborating with QI/health education on providing input on diabetes assessment for future pharmacy referral.
    - 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, 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

- 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:

Row Labels	Year	Count of Auth
Quarter 1		
	2021	146
	2022	1027
Quarter 2		
	2021	654
	2022	884
Grand Total		2711



- Pharmacy is coordinating with PerformRx to see if nicotine replacement therapy (NRT) can be prescribed at the dispensing pharmacy level. This can help support smoking cessation initiatives in our at-risk populations.

- Effective September 1st, 2022, AAH no longer manages continuous glucose monitors (CGM) for Type 1 Diabetic Members under Medi-Cal line of business. CGM will be a pharmacy benefit covered and handled by Medi-Cal Rx.

- Effective September 2022, P&T will meet quarterly from 5-7pm instead of 6-8pm.

Case and Disease Management

- Population health-driven, disease-specific case management bundles (standard sets of actions developed to address the specific needs of members with significant diseases,) continue development. Current bundles are Heme-Oncology, Dialysis, Asthma and Diabetes.

- CM is working with the Quality Department on the implementation of the new Population Health Management (PHM) standards to evaluate the needs of the entire AAH membership and provide support to members specific to the needs of the member.

- Major Organ Transplant (MOT) CM Bundle was deployed, and the volume continues to increase, (194 cases YTD.) Processes to support members throughout the continuum of care, from Pre-Transplant, Transplantation, and Post-Transplant.

- 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 member can successfully manage their dialysis needs. CHCN will be invited into the regular high-risk rounds with DaVita SPCC to coordinate interventions and support to these highest risk members who require dialysis.

- NCQA 2022: Outcomes from the NCQA survey were highly successful, with no findings in the CM / Population Health Standards.

Case Type	New Cases Opened in June 2022	Total Open Cases as of June 2022	New Cases Opened in July 2022	Total Open Cases as of July 2022
Care Coordination	333	623	311	570
Complex Case Management	23	62	32	78
Transitions of Care (TOC)	220	487	240	440
ECM	6	933	29	792

Enhanced Case Management and Community Supports Services

- Enhanced Case Management (ECM): ECM Providers have re-evaluated "grandfathered" members from HHP to determine the level of Case Management that members require. Appropriately graduating members out of ECM to open new opportunities for additional members.

- ACBH launched as an ECM provider on September 1st, 2022

- Work with PPD team continues for next Populations of Focus (LTC to home; LTC diversion) to launch 01/01/23.

- Revised MOC Parts 1 & 2 on the new Populations of Focus are being finalized and were submitted on time.

- An ECM Dashboard has been developed which provides real time access to outcomes of ECM program, including member outcomes, utilization, and change in outcomes over time. ECM program is showing 36% reductions in admissions and 32% ED usage before and after members were enrolled.

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

- CalAIM Community Supports (CS): The planned staff for the CS program have been hired and are authorizing care and are tracking program metrics.

- A CS dashboard is in development to provide real time data review and reporting on the processes and outcomes of the CS program.

- Close collaboration with each CS provider is ongoing, with continued weekly meetings with each provider to work through logistical issues as they arise. Members are receiving care from all the CS provider types.

- Recipe for Health (R4H) successfully launched as a Medically Supportive Food CS provider on 9/1/22.

- All cases were resolved within the goal of 95% within regulatory timeframes except for standard grievances.
    - During the month of August, the G & A Department had an opportunity to do a system clean up, we closed some out of compliance cases that resulted in a low compliance score of 77.11%.
- Total grievances resolved in August 2022 were 8.53 complaints per 1,000 members.

August 2022 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	756	30 Calendar Days	95% compliance within standard	583	77.11%	2.36
Expedited Grievance	NA	72 Hours	95% compliance within standard	NA	NA	NA
Exempt Grievance	1963	Next Business Day	95% compliance within standard	1962	99.9%	6.13
Standard Appeal	13	30 Calendar Days	95% compliance within standard	13	100%	0.04
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100%	0.003
Total Cases:	2,733		95% compliance within standard	2,559	93.72%	8.53

Quality

- 2021 Final HEDIS Rates – Managed Care Accountability Set

Hybrid/Admin Measure	NCQA Acronym	Measure	Admin Final - April MY2020	Hybrid Final - June MY2020	Variance (MY2020 Admin to Current Admin Rate)	Variance (MY2020 Hybrid Final to Current Hybrid Rate)	Current Admin (claim codes only)	Current Hybrid (claim codes + file review)	50% MPL
MCAS - Hybrid Held to MPL	CBP	Controlling High Blood Pressure	25.57%	51.34%	8.35%	4.38%	33.91%	**55.72%**	55.35%
	CCS	Cervical Cancer Screening	58.32%	60.94%	-2.77%	0.58%	55.55%	**61.52%**	59.12%
	CDC	HbA1c Poor Control (>9.0%)	42.87%	41.46%	5.57%	8.61%	37.30%	**32.85%**	43.19%
	CIS	Childhood Immunization Status - Combo 10	46.81%	57.91%	-2.50%	-10.76%	44.31%	**47.15%**	38.20%
	IMA	Immunization for Adolescents - Combo 2	50.04%	50.61%	4.90%	3.65%	45.14%	**46.96%**	36.74%
	WCC	BMI Percentile	34.89%	70.83%	28.86%	15.78%	63.74%	86.61%	76.64%
	WCC	Counseling for Nutrition	35.09%	70.83%	13.63%	13.87%	48.72%	84.70%	72.96%
	WCC	Counseling for Physical Activity	33.23%	67.50%	13.13%	16.11%	46.36%	83.61%	69.53%
	PPC	Timeliness of Prenatal Care	86.91%	91.64%	-0.58%	0.36%	86.33%	**92.00%**	85.89%
	PPC	Postpartum Care	78.95%	82.93%	0.03%	0.67%	78.98%	**83.60%**	76.40%
MCAS - Admin Held to MPL	BCS	Breast Cancer Screening	56.19%		-3.18%		**53.02%**		53.93%
	CHL	Chlamydia Screening in Women - Total	59.09%		4.37%		**63.46%**		54.91%
	W30	Well Child Visits in the First 15 Months	45.64%		-1.56%		**44.08%**		54.92%
	W30	Well Child Visits for age 15 Months- 30 Months	69.34%		-5.62%		**63.73%**		70.67%
	WCV	Child and Adolescent Well-Care Visit	39.47%		12.17%		**51.64%**		45.31%

	At or above MPL/Substantial increase from previous year
	Not a significant change from previous year
	Below MPL/Significant decrease from previous year

- The chart above provides a summary of the 2021 Managed Care Accountability (MCAS) measures held to the minimum performance level (MPL). Of the 15 measures Alameda Alliance scored at or above the MPL on 11 measures. High performing measures include:
  - ≥ 90th Percentile
  - Weight Assessment and Counseling for Physical Activity – 86.61%
  - ≥ 75th Percentile
  - CDC – HbA1c Poor Control (>9.0%) – 32.85%
  - Chlamydia Screening in Women – 63.46%
  - Weight Assessment and Counseling
    - BMI Percentile – 86.61%
    - Counseling for Nutrition – 84.70%
  - Childhood Immunization Status Combo 10 – 47.15%
  - Immunization for Adolescents Combo 2 – 46.96%

- Timeliness of Prenatal Care – 92.00%
- Postpartum Care – 83.60%

- The Alliance came in below MPL on three measures:
  - < 50th Percentile
  - Breast Cancer Screening
  - Well Child Visit in the First 15 Months
  - Well Child Visit for age 15 Months 30 Months.

- The Quality Department is driving multiple quality improvement projects to increase rates in measures below the MPL, including member outreach, (phone calls, text messaging and mailers.) member incentives to complete screenings, provider, and member education.

- 2022 Population Needs Assessment. The 2022 Population Needs Assessment was completed in June and approved by DHCS in July of 2022. The goal of the Population Needs Assessment (PNA) is to improve health outcomes and ensure that Alameda Alliance for Health (Alliance) is meeting the needs of all its Medi-Cal members. The complete 2022 PNA document is posted on the Alliance website at: Quality Improvement (QI) – Alameda Alliance for Health.

- The 2022 PNA reviews member demographics, social determinants of health, disease prevalence, access to care, quality of care disparities and community input from the Member Advisory Committee. The 2022 PNA action plan includes the following objectives to address identified gaps in care:
  - Chronic disease self-management support
    - Blood pressure control. Objective: Increase HEDIS Controlling Blood Pressure (CBP) measure for members 18 to 85 years of age with a diagnosis of hypertension who are assigned to Community Health Center Network (CHCN) delegate from 60.22% in Measurement Year 2021 to 65.00% in Measurement Year 2023.
    - Diabetes control. Objective: Increase the number of members 19 years of age and older with diabetes who engage with Alliance health education and disease management programs regarding diabetes self-management by 20% from 224 members in 2021 to 269 members in 2023.

  - Access and participation in preventive care
    - Well-child visits. Objective: Increase HEDIS Well-Child Visits (W30) in the First 30 Months of Life from 44.08% in Measurement Year 2021 for 0-15 months to 54.92% in Measurement Year 2022 and 63.73% for 15-30 months in Measurement Year 2021 to 71.43% in Measurement Year 2022.

        - Breast cancer screening in Black (African American) women. Objective: Improve HEDIS Breast Cancer Screening (BCS) measure among Black (African American) women ages 52 to 74 from 46.09% in Measurement Year 2021 to 53.76% in Measurement Year 2022. [HEALTH DISPARITY OBJECTIVE]

- Starting in 2023, DHCS will require an annual submission of a Population Health Strategy and every-three-years' submission of the Population Needs Assessment.

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: **September 29th, 2022**

Subject: **Information Technology Report**

Call Center System Availability

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

Disaster Recovery and Business Continuity

- One of the Alliance's 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 75% 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 Disaster Recovery project experienced delays. The project team is working diligently to publish a revised completion date before the end of October 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 80% complete, M365 is at 85% complete, Azure 75% complete and overall, 80% complete for high-severity items.

- Windows 2008 Server Retirement/Replacement Project has been completed. All Windows 2008 servers have been retired and replaced with supported Windows server operating systems.

- 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 will be scheduled during non-business hours.

- The Extended 24/7 Security Support project is in progress and the portal onboarding and configuration has been completed. The Arctic Wolf sensor appliances have been delivered and the first appliance has been installed in our main data center in Alameda. The second appliance is scheduled to be installed in the backup data center in Roseville on September 16th, 2022.

Encounter Data

- In the month of August 2022, the Alliance submitted 168 encounter files to the Department of Health Care Services (DHCS) with a total of 319,178 encounters.

- The inbound encounter volumes to the Alliance were up 8% than the previous three months, due to higher Trading Partner submissions from Beacon, Community Health Center Network (CHCN) and Kaiser.

- The outbound encounter volumes from the Alliance to the Department of Health Care Services (DHCS) were up 22% than the previous three months, due to higher Trading Partner submissions as well as higher volumes of claims being finalized for encounter submissions from HealthSuite (HS).

Enrollment

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

HealthSuite

- A total of 189,650 claims were processed in the month of August 2022 out of which 158,554 claims auto adjudicated. This sets the auto-adjudication rate for this period to 83.6%.

TruCare

- A total of 14,145 authorizations were loaded and processed in the TruCare application.

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

- The authorization management application, TruCare will be upgraded with a Service Pack that will allow us to integrate the most current version of Care WebQI clinical care management guidelines. This upgrade will take place on Friday, September 16th, and the integrated clinical content v14/26 Edition will be upgraded by Milliman shortly thereafter.

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 August 2022, we made significant progress in building the portal foundation to support accepting the Behavioural Health provider forms 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 August 2022”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of August 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 August 2022

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
August	313,423	4,134	2,604	5,804	121	115

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 August 2022

Auto-Assignments	Member Count
Auto-assignments MC	2,554
Auto-assignments Expansion	2,582
Auto-assignments GC	48
PCP Changes (PCP Change Tool) Total	3,018

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of August 2022”.
- There were 14,145 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 August 2022

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
EDI	4531	482	4442
Paper to EDI	3350	2276	1580
Provider Portal	2702	599	2565
Manual Entry	N/A	N/A	1524
Total			10111

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

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

Table 3-1 Web Portal Usage for the Month of July 2022

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	7,300	3,420	152,168	370
MCAL	85,782	2,296	5,568	898
IHSS	3,157	90	323	25
AAH Staff	176	49	779	2
Total	**96,415**	**5,855**	**158,838**	**1,295**

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

Top 25 Pages Viewed		
Category	**Page Name**	**July - 22**
Provider	Member Eligibility	672,427
Provider	Claim Status	157,552
Provider - Authorizations	Auth Submit	8,455
Provider - Authorizations	Auth Search	3,787
Member My Care	Member Eligibility	3,127
Provider	Member Roster	2,180
Member Help Resources	Find a Doctor or Hospital	1,656
Member Help Resources	ID Card	1,430
Member Help Resources	Select or Change Your PCP	1,046
Member My Care	MC ID Card	816
Provider - Provider Directory	Provider Directory	791
Member My Care	My Claims Services	742
Member Help Resources	Request Kaiser as my Provider	570
Provider - Home	Forms	311
Member My Care	Authorization	431
Member My Care	My Pharmacy Medication Benefits	234
Provider - Provider Directory	Manual	217
Provider - Provider Directory	Instruction Guide	211
Member Help Resources	FAQs	208
Provider	Pharmacy	170
Member Help Resources	Authorizations Referrals	163
Member Help Resources	Forms Resources	166
Member My Care	Member Benefits Materials	174
Member Help Resources	Contact Us	138

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

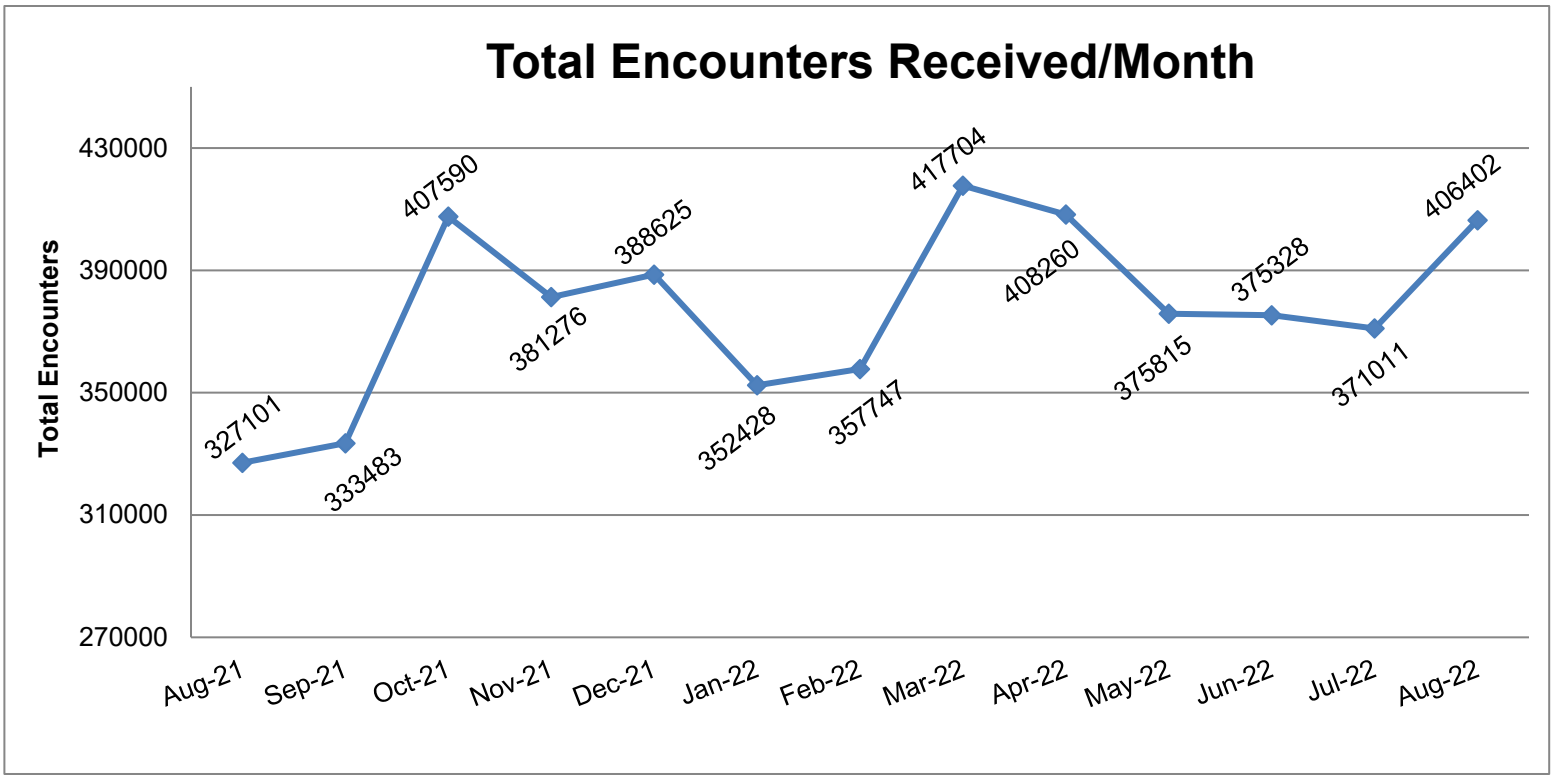
Member Portal Preferred Languages		
Member Group	**# of Individual User Accounts Accessed**	**Total Logins**
MCAL - English	2,293	5,562
MCAL - Spanish	-	-
MCAL - Vietnamese	-	-
MCAL - Tagalog	-	-
MCAL - Chinese	3	6
IHSS - English	90	323
IHSS - Spanish	-	-
IHSS - Vietnamese	-	-
IHSS - Tagalog	-	-
IHSS - Chinese	-	-
Total	**2,386**	**5,891**

Encounter Data from Trading Partners 2022

- **AHS**: August weekly files (5,482 records) were received on time.
- **BAC: August monthly file (53 records) were received on time.**
- **Beacon: August weekly files (21,310 records) were received on time**
- **CHCN: August weekly files (84,302 records) were received on time.**
- **CHME: August monthly file (4,722 records) were received on time.**
- **CFMG: August weekly files (10,631 records) were received on time.**
- **Docustream: August monthly files (1,149 records) were received on time.**
- **HCSA: August monthly files (1,869 records) were received on time.**
- **Kaiser: August bi-weekly files (62,477 records) were received on time.**
- **LogistiCare: August weekly files (20,200 records) were received on time.**
- **March Vision: August monthly file (2,708 records) were received on time.**
- **Quest Diagnostics: August weekly files (13,554 records) were received on time.**
- **Teladoc: August monthly files (0 records) were not received on time.**
    - The Data Exchange team has reached out and is escalating to its contacts with Teladoc regarding their lack of submissions.
- **Magellan**: August monthly files (307,388 records) were received on time.

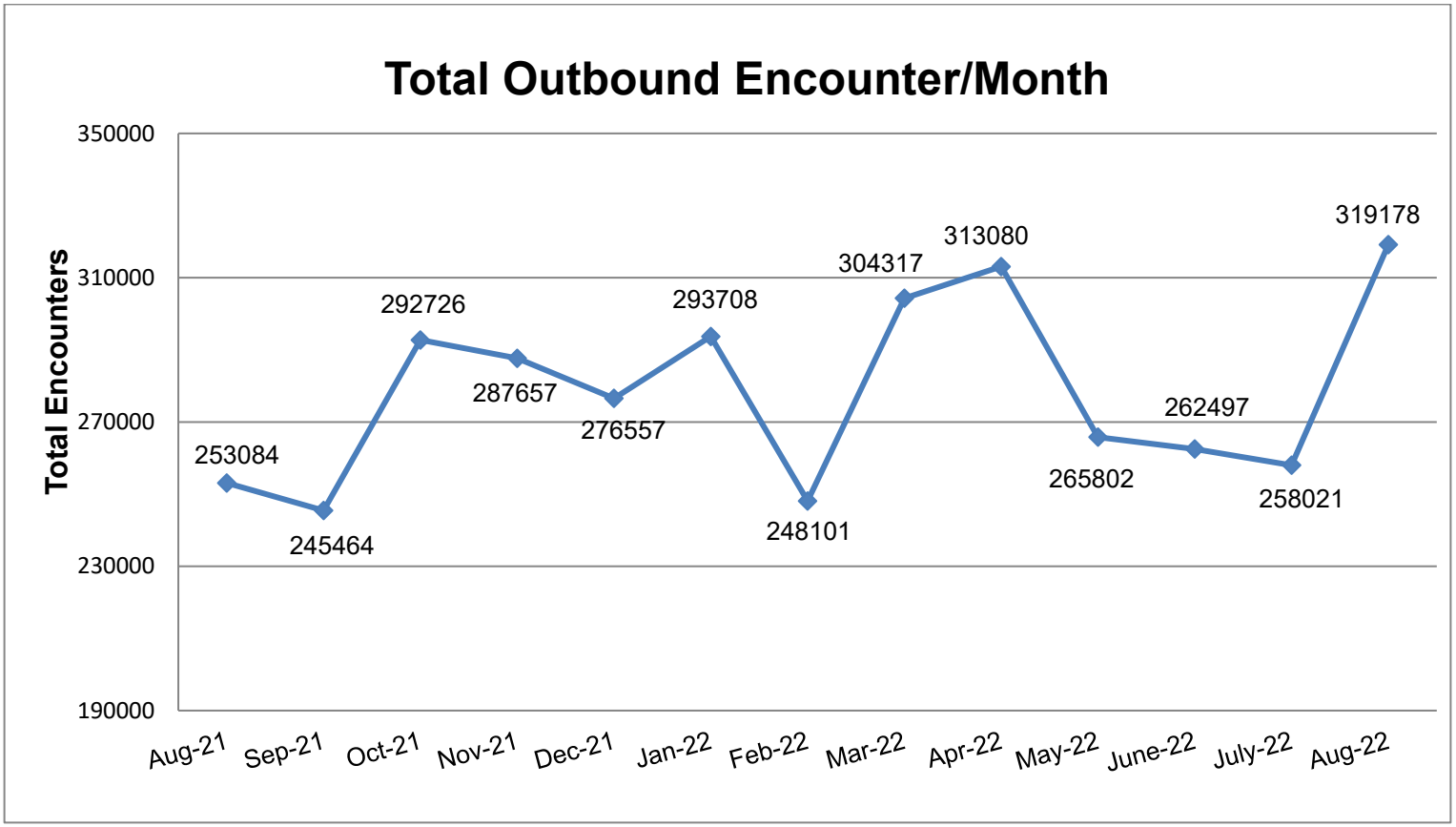
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
HealthSuite	139079	159558	177483	167057	175441	162201	162433	185738	189172	163272	173269	176217	177945
AHS	7869	7640	10625	8791	9314	6944	5630	6215	7717	6105	5486	5742	5482
BAC							34	12	45	63	53	66	53
Beacon	13320	14618	13693	12456	14899	9796	10966	16088	14303	13796	18340	15678	21310
CHCN	80862	60227	71581	99117	73269	75302	77276	79363	74683	80340	67339	69636	84302
CHME	4926	5393	4814	5003	4908	9254	4706	4778	4955	4551	4578	4853	4722
Claimsnet	7712	9880	15598	11032	12410	8643	13228	13522	10943	14075	10300	7744	10631
Docustream	1568	1594	1474	1185	1586	1703	1304	2130	2220	1140	1263	1236	1149
HCSA								3630	2029	1824	1880	3366	1869
Kaiser	35165	44366	75112	38085	63939	46458	52179	68530	69174	51214	62952	47584	62477
Logisticare	17306	13803	16977	22403	17125	16536	16393	19841	16232	20299	14590	20981	20200
March Vision	3531	3297	3377	3584	3220	2872	1445	3559	3425	3345	3188	3040	2708
Quest	15746	13084	16841	12542	12494	12696	12121	14268	13330	15757	12058	14868	13554
Teladoc	17	23	15	21	20	23	32	30	32	34	32	0	0
Total	327101	333483	407590	381276	388625	352428	357747	417704	408260	375815	375328	371011	406402



Outbound Medical Encounter Submission

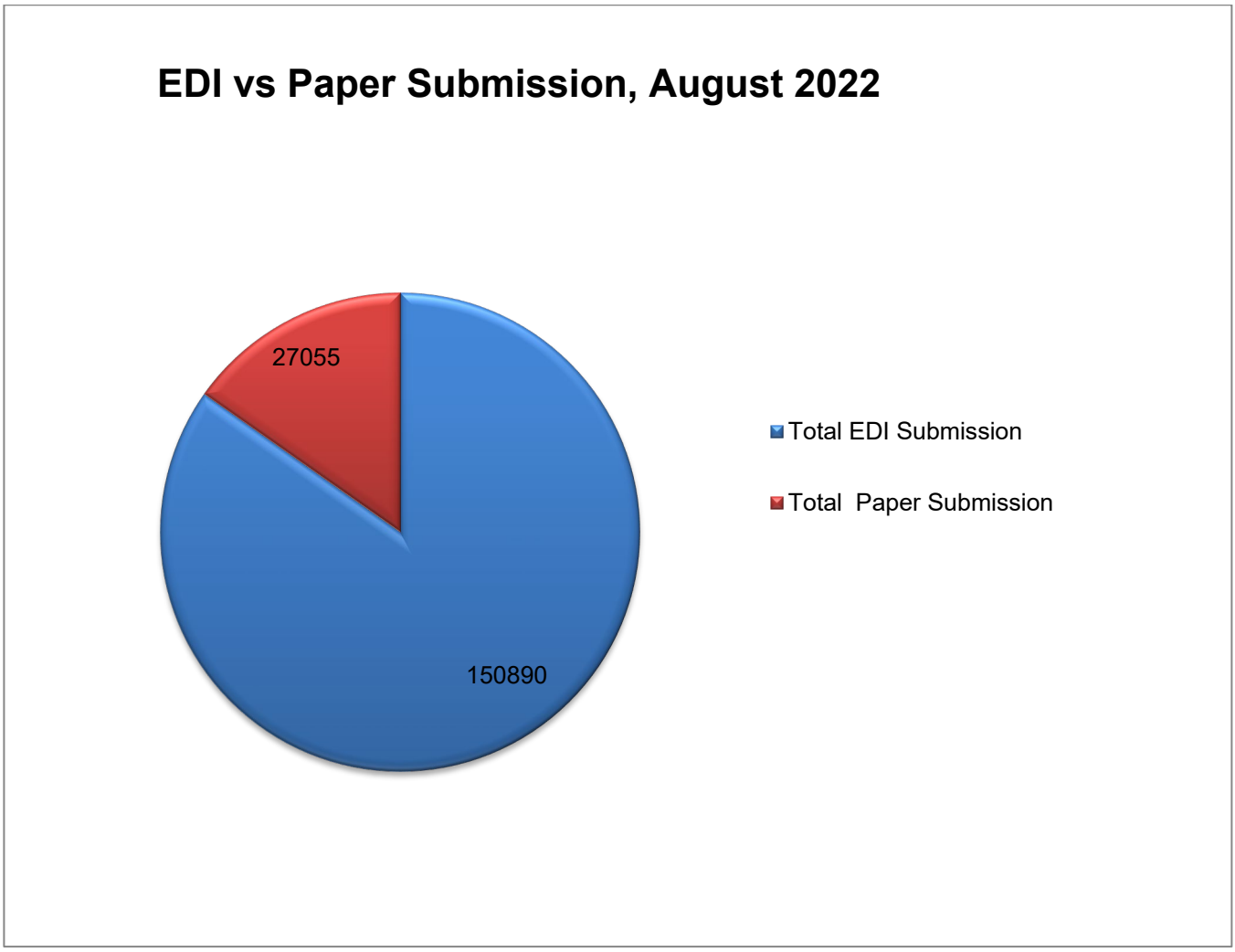
Trading Partners	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
HealthSuite	109070	83690	100925	114507	95489	139452	97141	103843	133252	93919	90605	92682	121957
AHS	9172	7476	10176	8541	7728	7943	5524	6142	6251	7156	5363	5702	5168
BAC							34	12	45	61	52	63	50
Beacon	10959	9355	11423	9969	12659	7566	8140	12332	11273	9221	9534	14711	17246
CHCN	46573	54958	49171	67383	49080	52531	44745	58795	49365	49911	51060	49003	60678
CHME	4820	5280	4587	4849	4691	4496	4585	4702	4686	4448	4470	4714	4618
Claimsnet	7335	7452	10829	7406	8465	6114	9917	9677	8100	8410	7985	7209	7248
Docustream	1273	1209	1094	981	1185	1176	66	72	14	3406	854	1070	964
HCSA								3112	1810	1518	1719	1579	1770
Kaiser	33798	43779	73264	37473	63433	44248	51831	67559	67177	50894	62562	47331	61831
Logisticare	12751	17657	16231	19240	19787	16309	16242	19700	16123	19777	14677	20828	20022
March Vision	2665	2483	2608	2831	2490	2175	1072	2724	2575	2464	2392	2206	1969
Quest	14632	12102	12403	14457	11531	11676	8774	15620	12378	14602	11192	10923	15657
Teladoc	36	23	15	20	19	22	30	27	31	15	32	0	0
Total	253084	245464	292726	287657	276557	293708	248101	304317	313080	265802	262497	258021	319178



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
22-Aug	150890	27055	177945

Key: EDI – Electronic Data Interchange

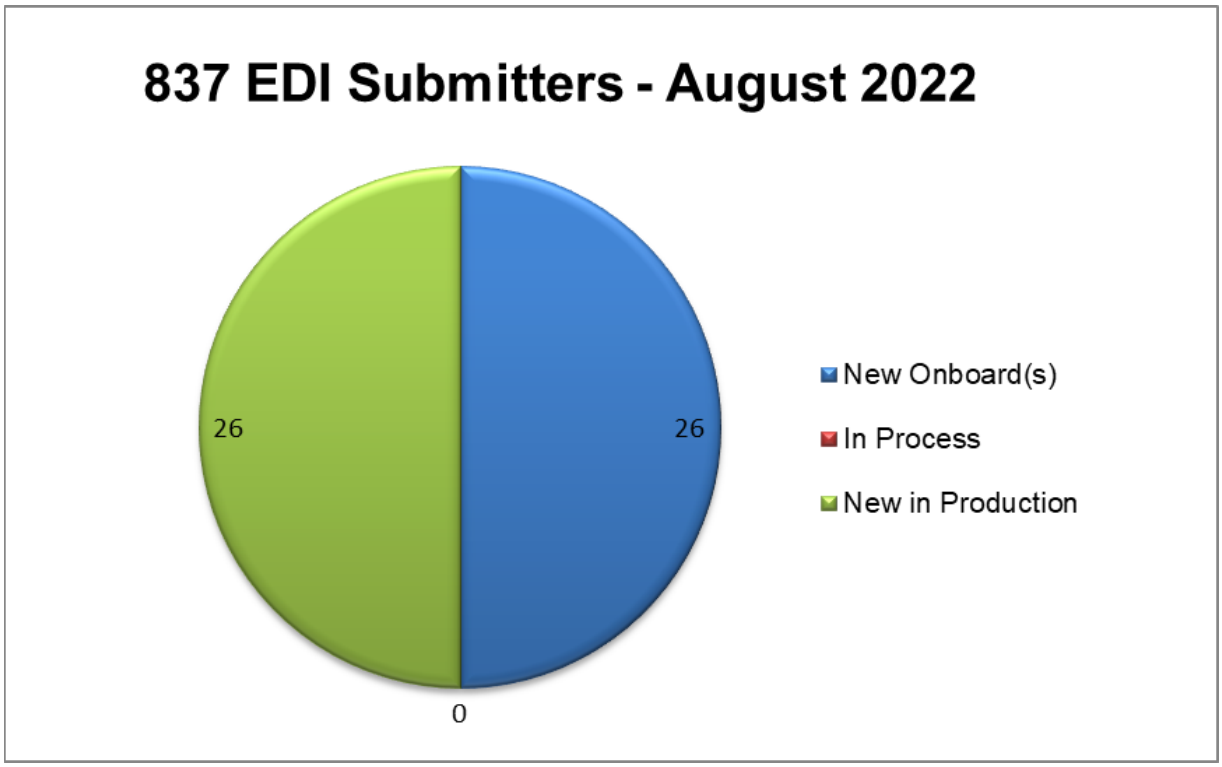


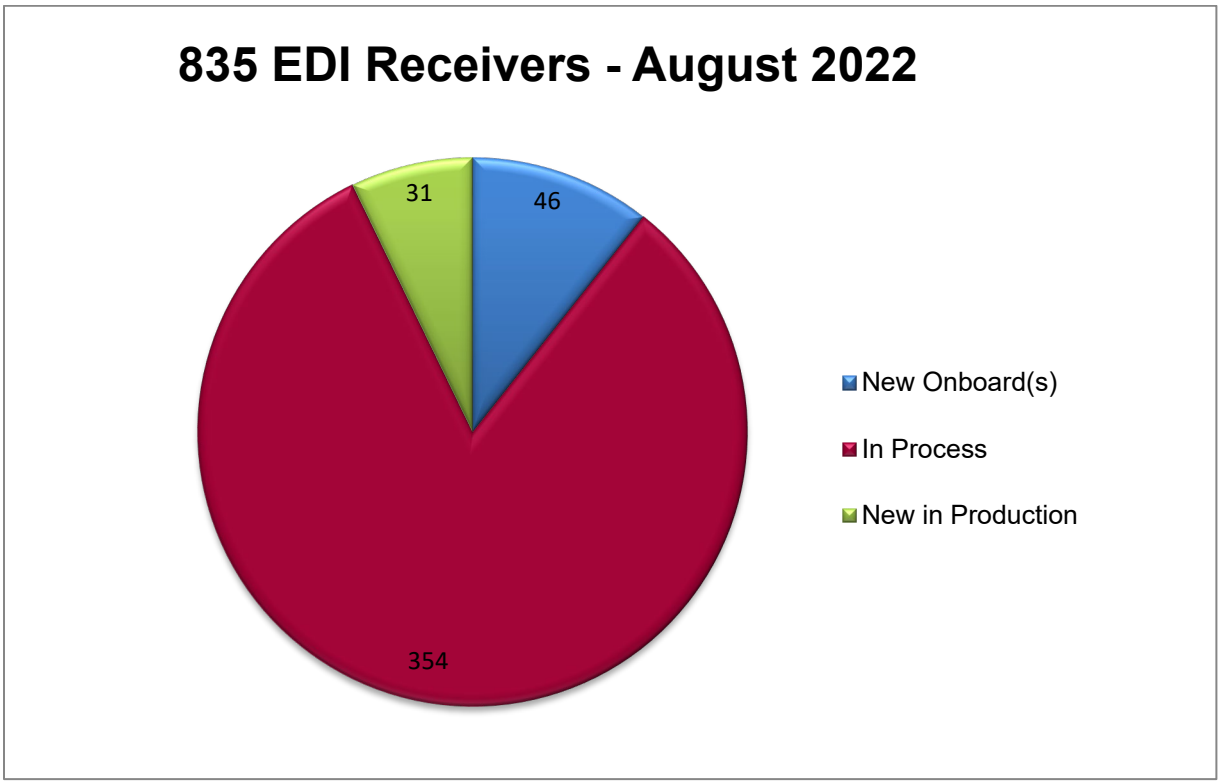
Onboarding EDI Providers - Updates

- August 2022 EDI Claims:
  - A total of 1399 new EDI submitters have been added since October 2015, with 26 added in August 2022.
  - The total number of EDI submitters is 2139 providers.

- August 2022 EDI Remittances (ERA):
  - A total of 489 new ERA receivers have been added since October 2015, with 31 added in August 2022.
  - The total number of ERA receivers is 516 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
Sep-21	21	1	20	1939	15	193	0	363
Oct-21	17	0	17	1956	30	205	18	381
Nov-21	14	0	14	1970	19	210	14	395
Dec-21	8	0	8	1978	18	223	5	400
Jan-22	29	1	28	2006	44	253	14	414
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


837 EDI Submitters - August 2022
26
26
0
New Onboard(s)
In Process
New in Production


835 EDI Receivers - August 2022
31
46
354
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 August 2022.

File Type	Aug-22
837 I Files	27
837 P Files	141
Total Files	168

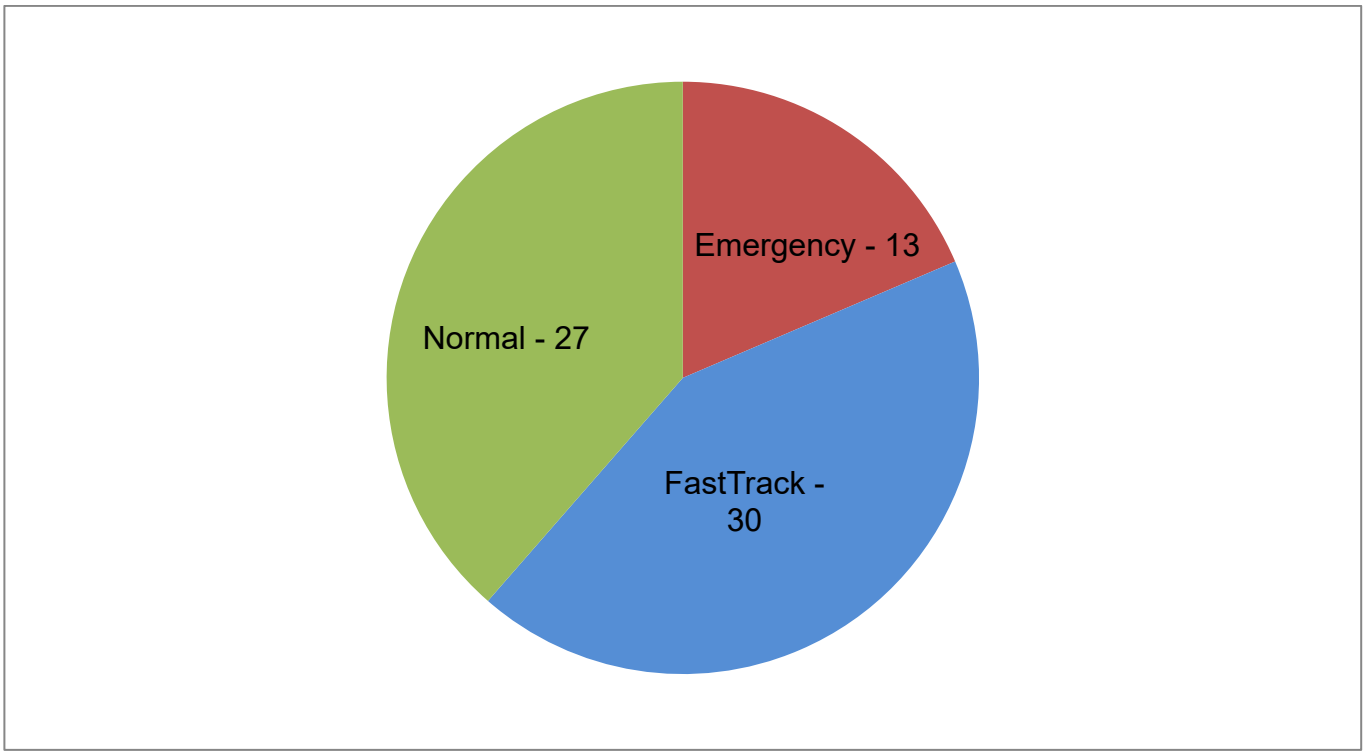
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	Aug-22	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	95%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	89%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	96%	80%

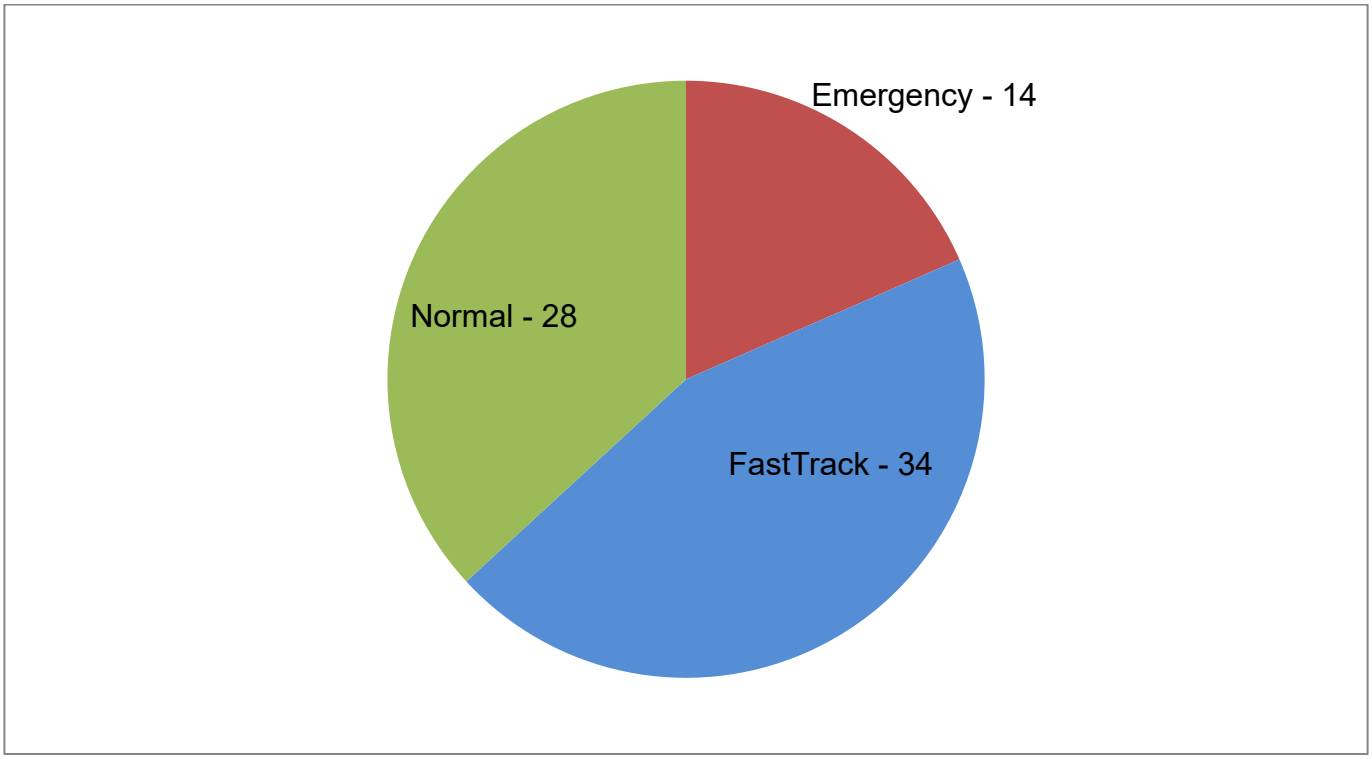
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of August 2022 KPI:
  - 70 Changes Submitted.
  - 76 Changes Completed and Closed.
  - 177 Active Change Requests in pipeline.
  - 4 Change Requests Cancelled or Rejected.

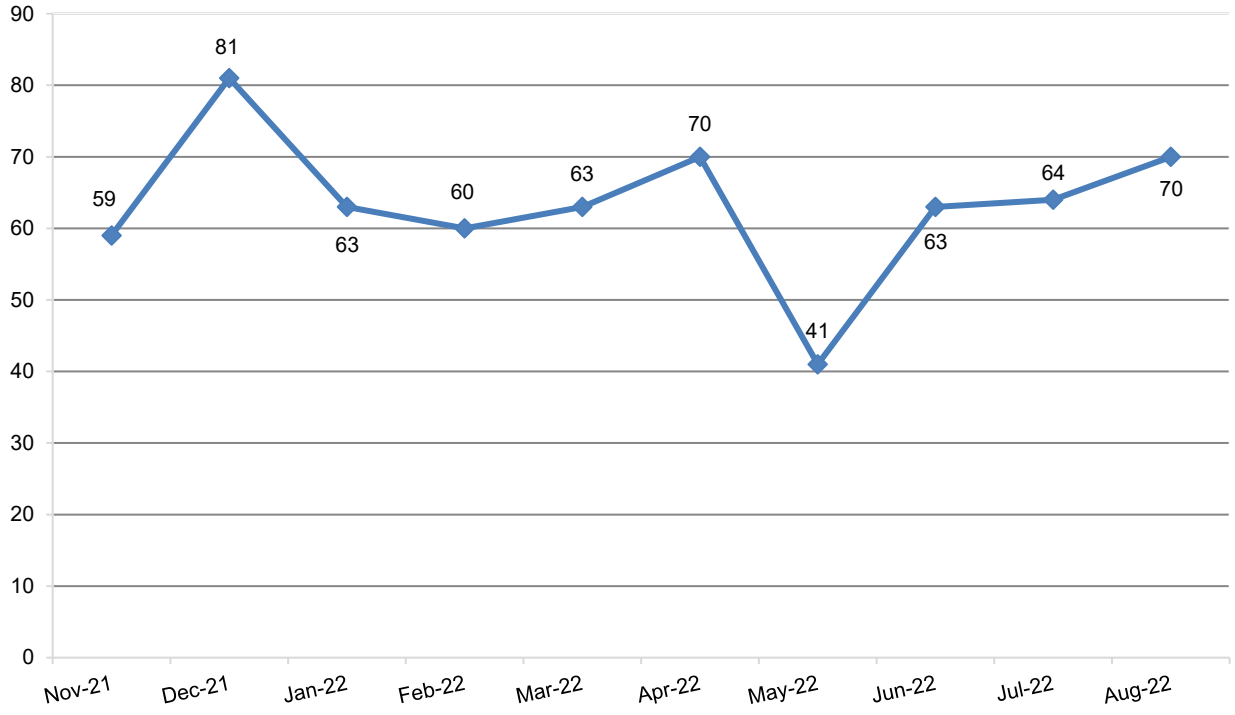
- 70 Change Requests Submitted/Logged in the month of August 2022



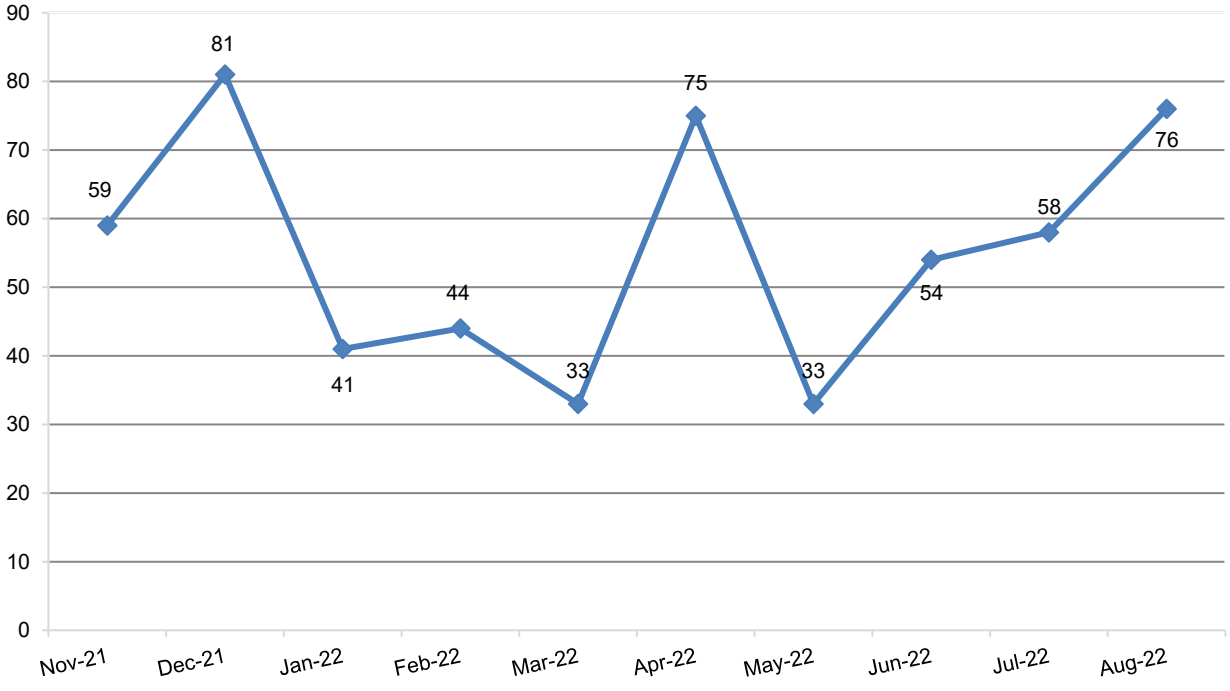
- 76 Change Requests Closed in the month of August 2022



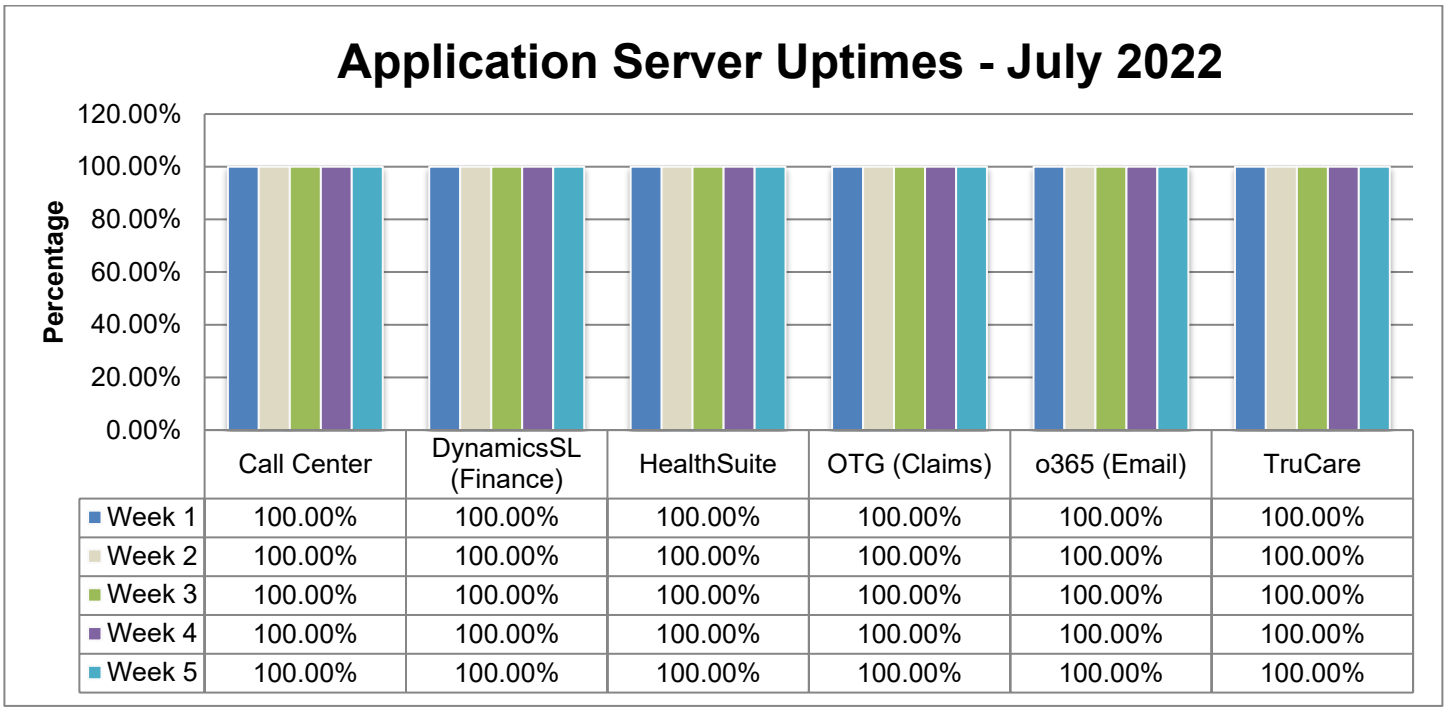
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend

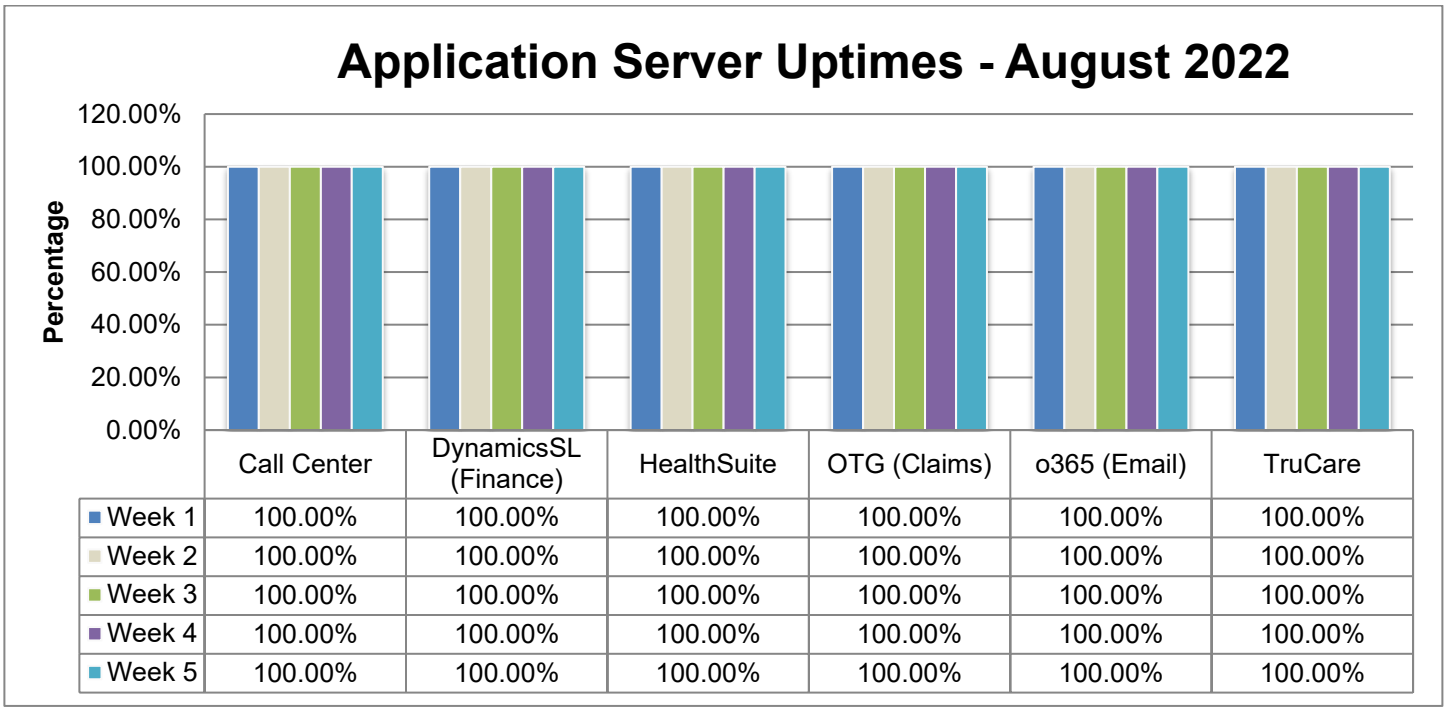


IT Stats: Infrastructure



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

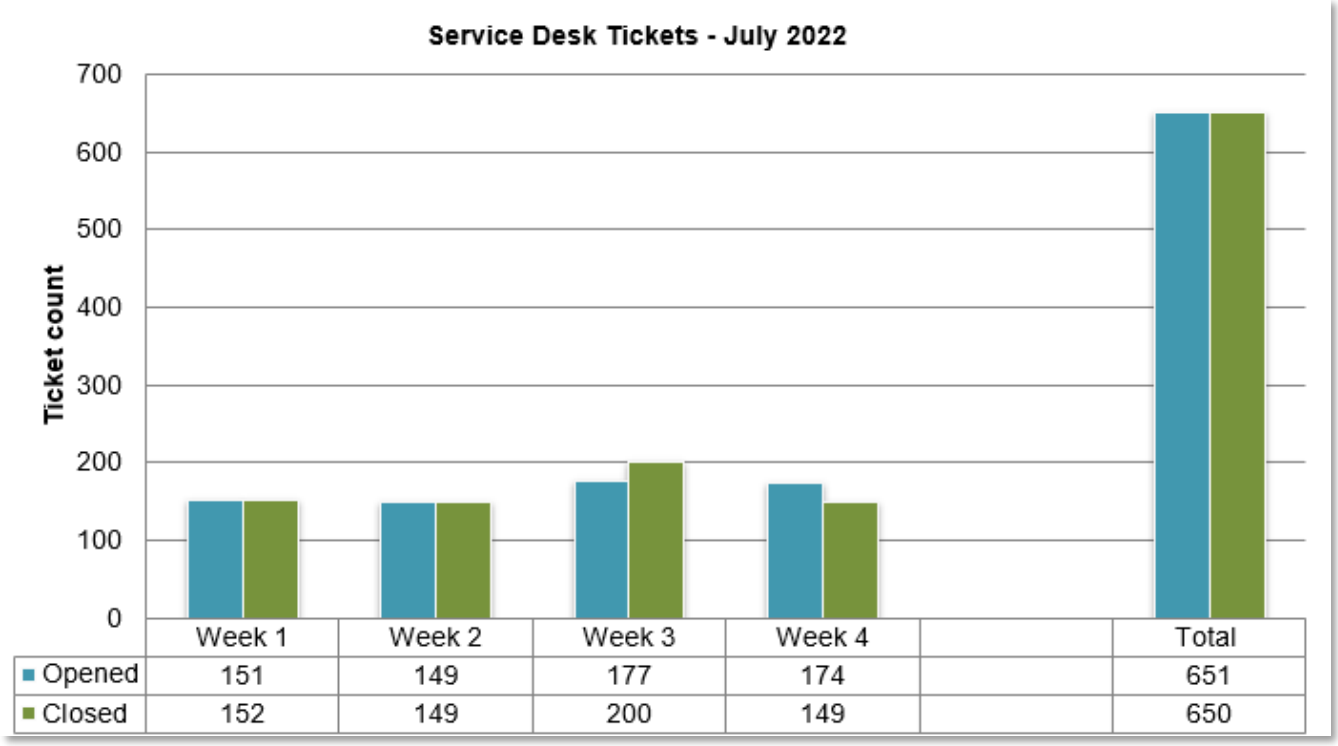
- All mission critical applications are monitored and managed thoroughly.
- July 18th, 2022 - HealthSuite application experienced a minor disruption that caused a login issue and slowness when using the application. The issue was resolved within 24 hours.
- There were no other outages experienced in the month of July 2022.



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

- All mission critical applications are monitored and managed thoroughly.
- August 25th, 2022 - TruCare application experienced a partial disruption that caused Docustream, CHCN and HealthX Authorization files not to load to AR and TruCare for processing by Health Care Services. The issue was resolved within 3 business hours.
- There were no other outages experienced in the month of August 2022.

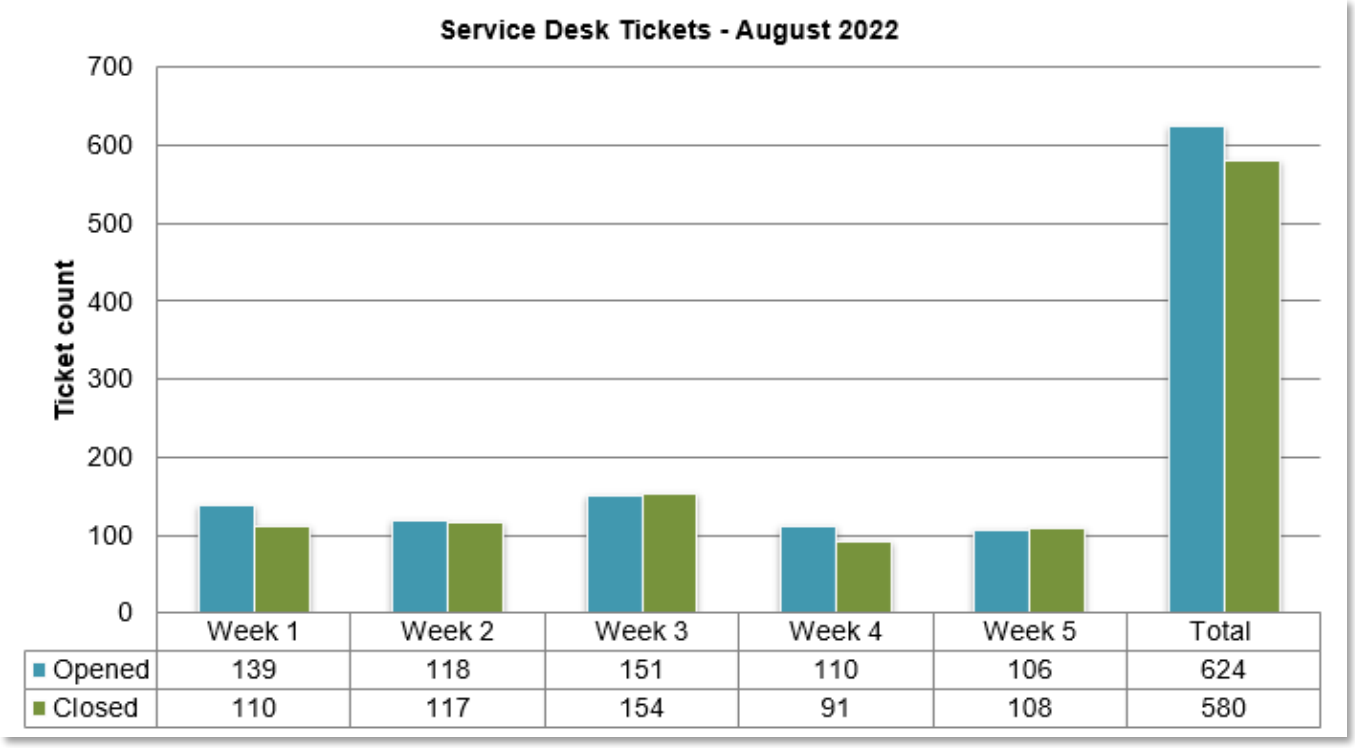
- 651 Service Desk tickets were opened in the month of July 2022, which is 12.1% Lower than the previous month and 650 Service Desk tickets were closed, which is 10.1% lower than the previous month.



	Week 1	Week 2	Week 3	Week 4		Total
Opened	151	149	177	174		651
Closed	152	149	200	149		650

- The open ticket count for the month of July is slightly lower than the previous 3-month average of 700. Slower summer months reflect lower ticket count.

- 624 Service Desk tickets were opened in the month of August 2022, which is 4% Lower than the previous month and 580 Service Desk tickets were closed, which is 10.7% lower than the previous month.



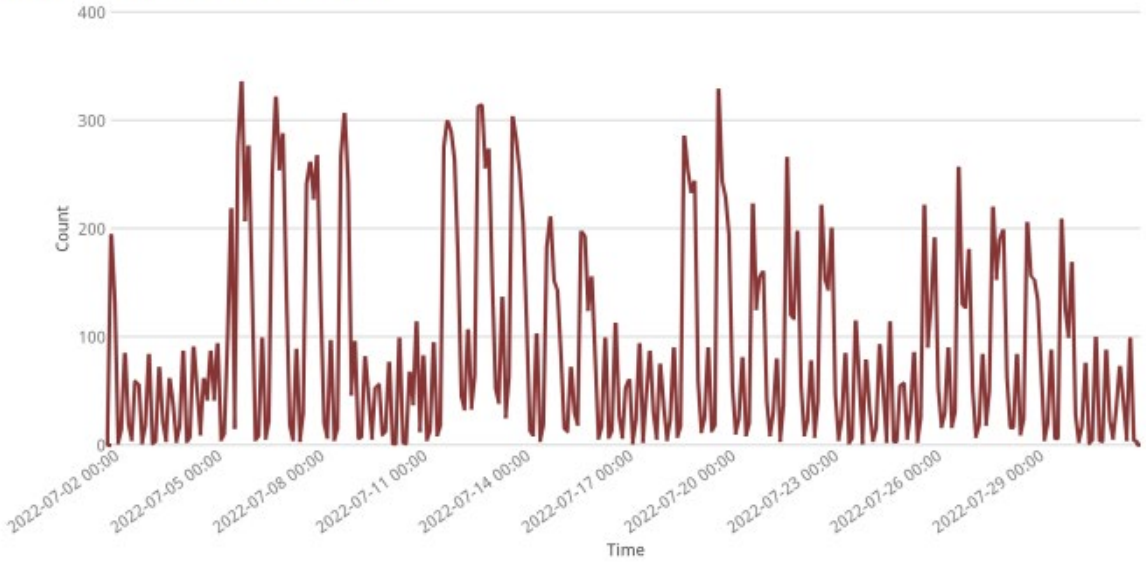
	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	139	118	151	110	106	624
Closed	110	117	154	91	108	580

- The open ticket count for the month of August aligns with the previous 3-month average of 660. Slower summer months reflect lower ticket count.

July 2022

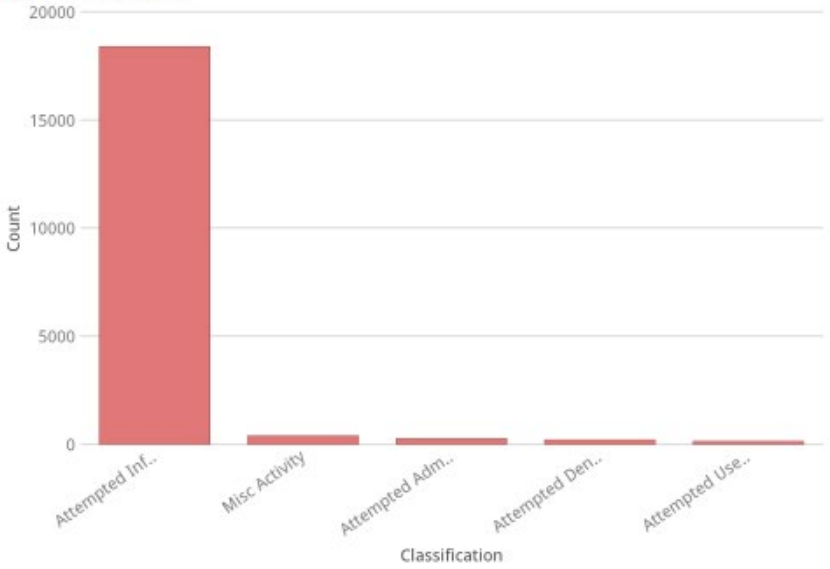
All Intrusion Events

Time Window: *2022-07-01 14:23:00 - 2022-07-31 15:23:00*



Dropped Intrusion Events

Time Window: *2022-07-01 14:24:00 - 2022-07-31 15:24:00*
Constraints: *Inline Result = dropped*

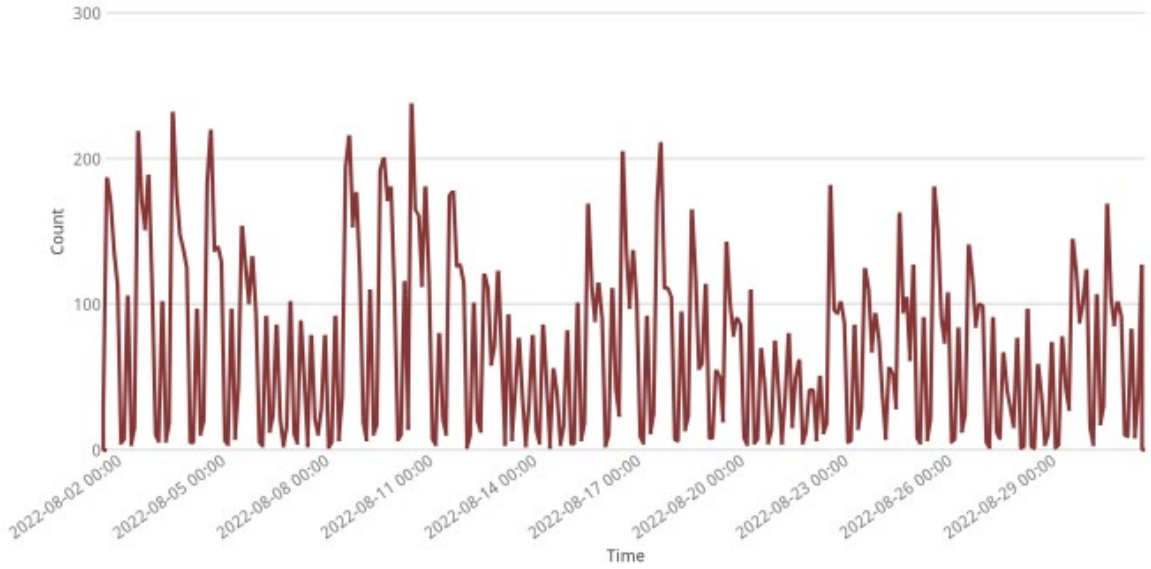


Classification	Count
Attempted Information Leak	18,414
Misc Activity	407
Attempted Administrator Privilege Gain	277
Attempted Denial of Service	218
Attempted User Privilege Gain	153

August 2022

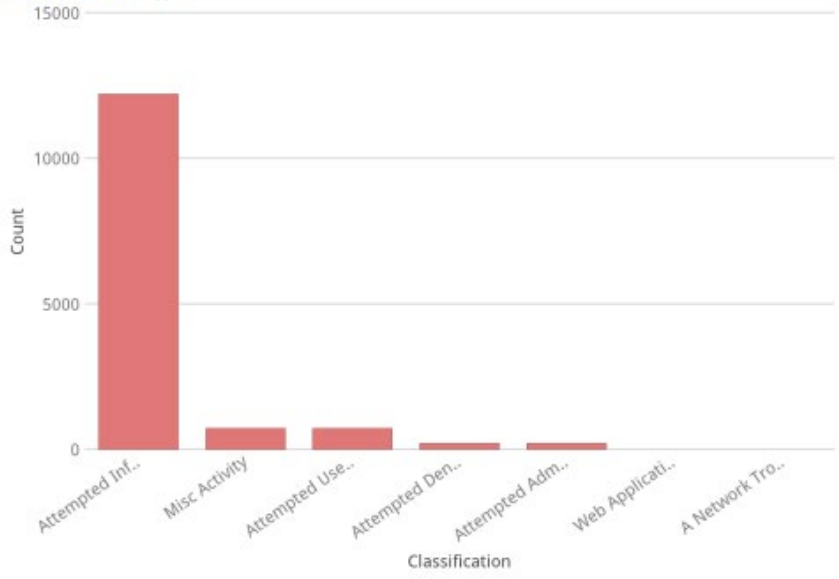
All Intrusion Events

Time Window: *2022-08-01 09:29:00 - 2022-08-31 09:29:00*



Dropped Intrusion Events

Time Window: *2022-08-01 09:30:00 - 2022-08-31 09:30:00*
Constraints: *Inline Result = dropped*



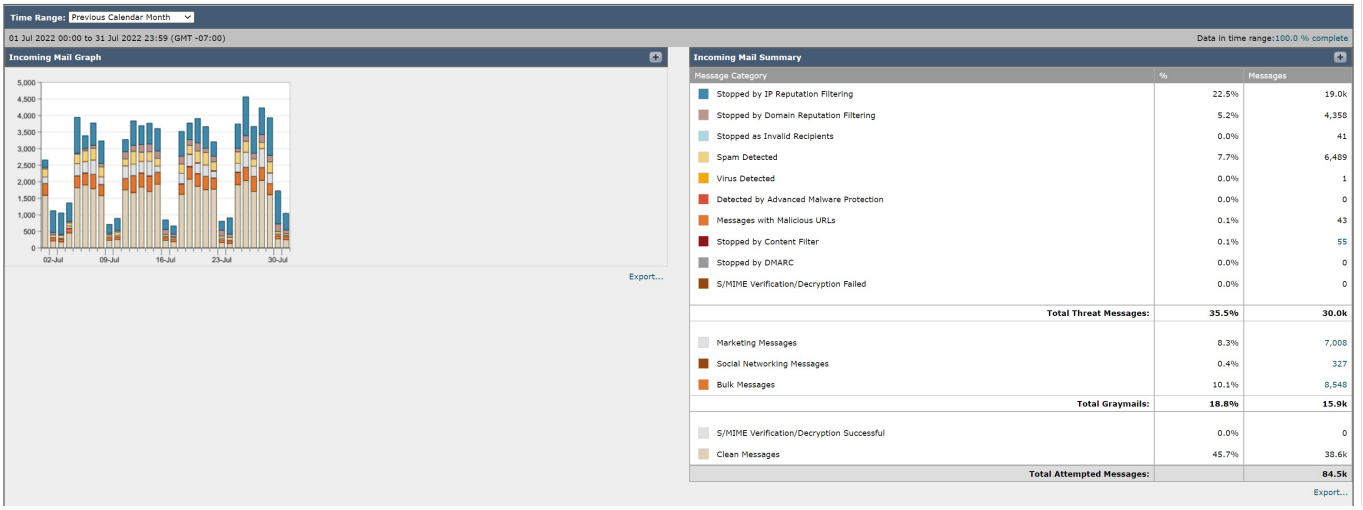
Classification	Count
Attempted Information Leak	12,210
Misc Activity	733
Attempted User Privilege Gain	722
Attempted Denial of Service	215
Attempted Administrator Privilege Gain	210
Web Application Attack	4
A Network Trojan was Detected	3

IronPort Email Security Gateways

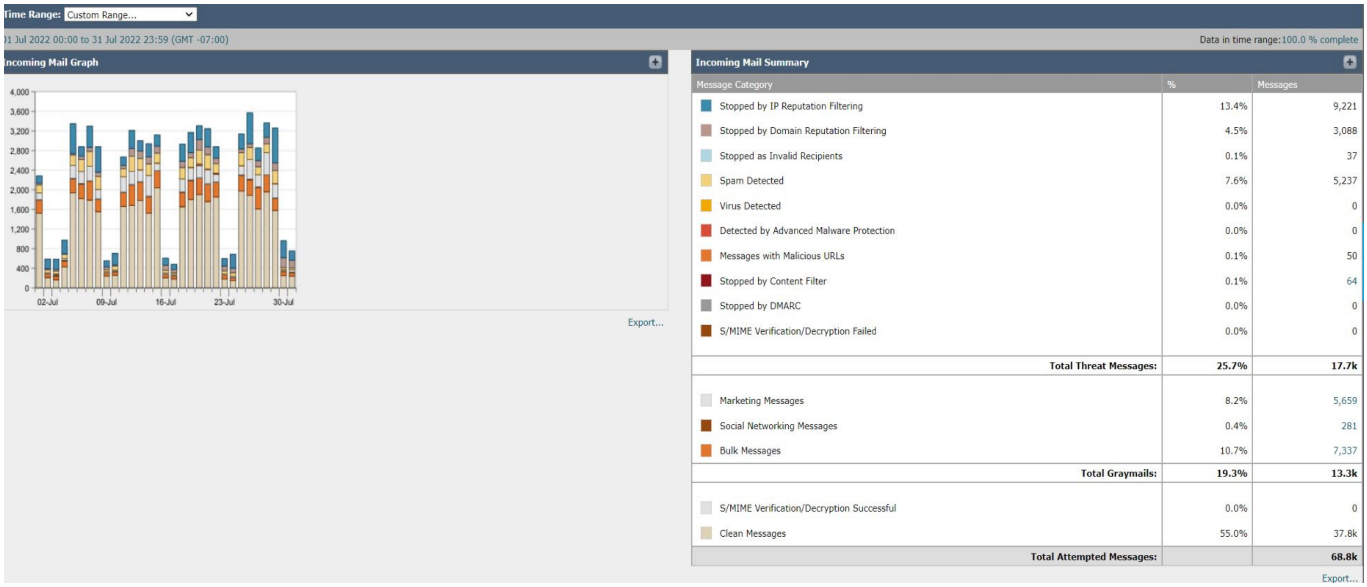
Email Filters

July 2022

MX4

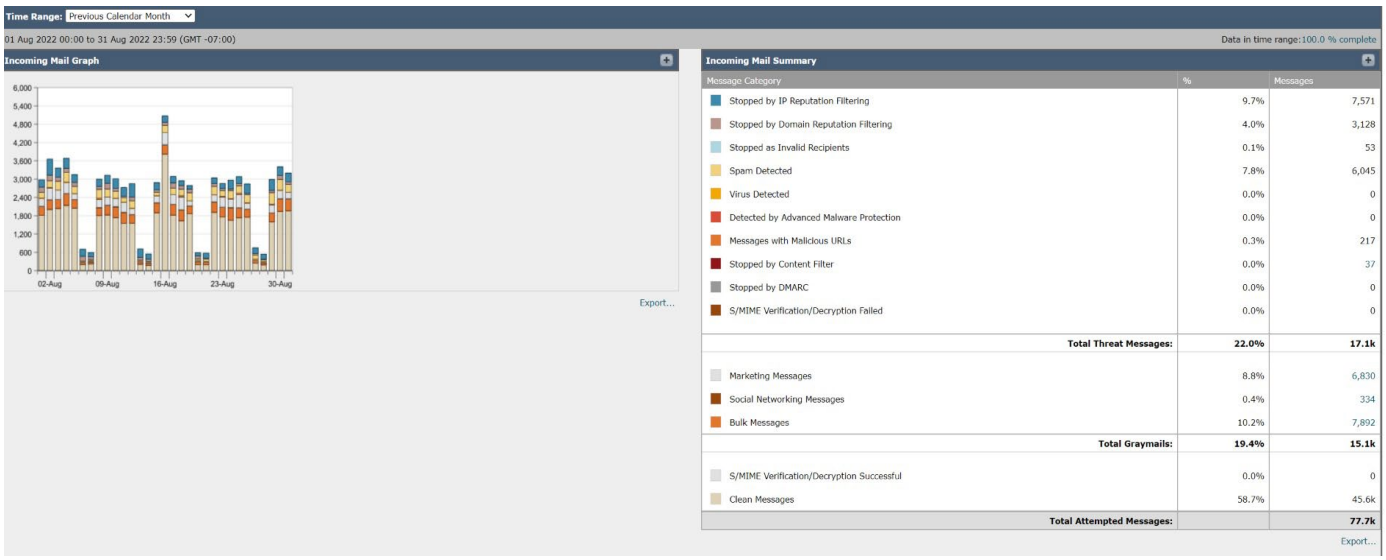


MX9

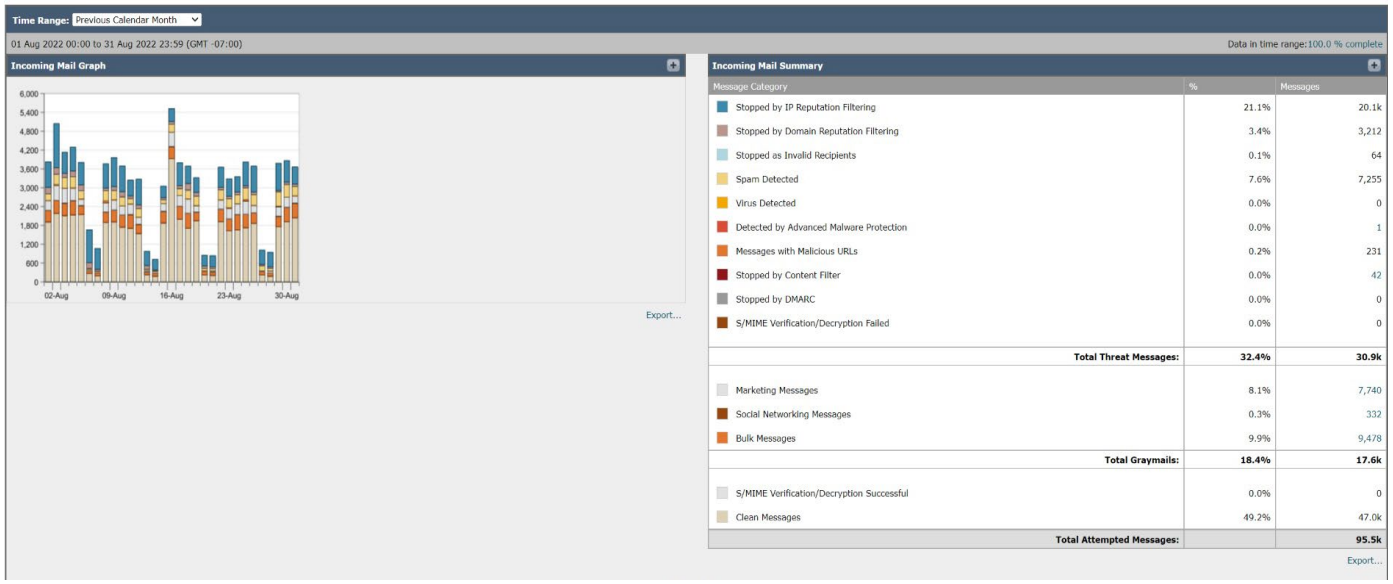


August 2022

MX4



MX9



Item / Date	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	***Aug-22***
Stopped By Reputation	43.1k	41.5k	24.3k	39.3k	69.7k	42.4k	329.9k	52.8k	36k	36k	34.7k	28.2k	***27.6k***
Invalid Recipients	185	132	82	92	153	185	69	389	117	100	119	78	***117***
Spam Detected	12.8k	10.8k	5.6k	9,684	13.2k	10.3k	10.3k	15k	13.7k	13.8k	13.9k	11.6k	***13.3k***
Virus Detected	14	14	0	1	1	5	13	1	4	18	18	1	***0***
Advanced Malware	3	2	0	0	9	0	4	2	1	0	0	0	***1***
Malicious URLs	9	7	6	43	39	16	89	41	159	296	187	93	***448***
Content Filter	58	89	27	27	8	371	54	39	115	108	125	119	***79***
Marketing Messages	6,710	7,383	4,489	9,221	6,147	8,864	9,588	8,864	11.3k	10.7k	12.5k	12.6k	***14.5k***
Attempted Admin Privilege Gain	129	157	128	124	116	103	116	132	143	113	215	215	***210***
Attempted User Privilege Gain	7	6	6	13	49	117	663	789	401	549	157	153	***722***
Attempted Information Leak	32	3,700	7,782	9,376	13.7k	13.7k	5,813	5,192	5,207	5,924	7,839	18,414	***12,210***
Potential Corp Policy Violation	0	0	0	0	0	0	0	0	0	0	0	277	***0***
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	0	0	0	0	0	0	1	0	0	0	0	0	***4***
Attempted Denial of Service	0	0	0	0	0	0	0	0	50	0	86	218	***215***
Misc. Attack	446	5,733	8,550	76	161	275	626	308	78	874	88	407	***733***

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have increased with a return to a reputation-based block for a total of 27.6k.
- Attempted information leaks detected and blocked at the firewall is at 12,210 for the month of August 2022.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is higher at 722 from a previous six-month average of 461.

ALAMEDA Alliance FOR HEALTH

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

Integrated Planning

Ruth Watson

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

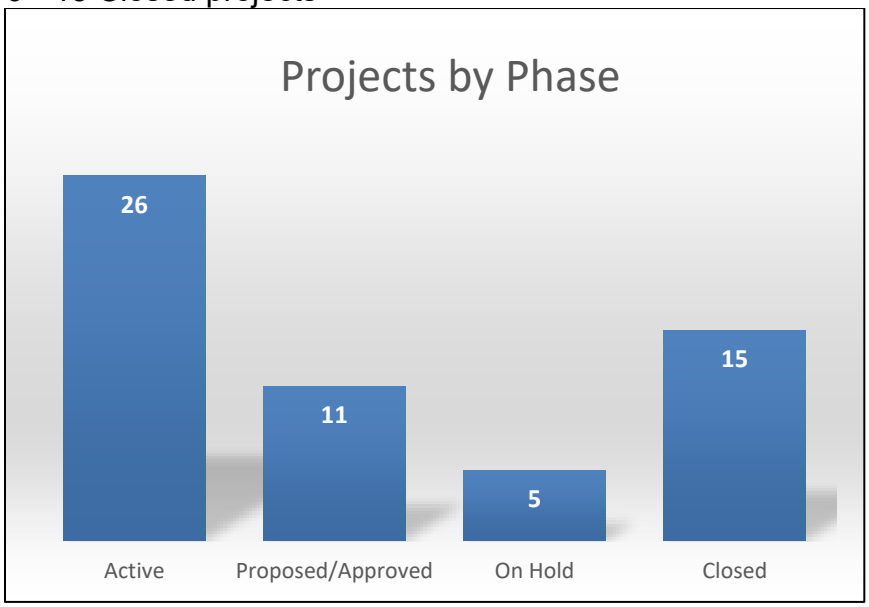
From: **Ruth Watson, Chief of Integrated Planning**

Date: **September 29th, 2022**

Subject: **Integrated Planning Division Report – July/August 2022 Activities**

Project Management Office

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



Integrated Planning

CalAIM Initiatives

- Enhanced Care Management (ECM) and Community Supports (CS):
    - Implementation of additional ECM Populations of Focus (PoFs) **effective** January 2023 (2) and July 2023 (2).
        - Individuals Transitioning from Incarceration PoF, originally scheduled for implementation in January 2023, has been re-scheduled with an implementation date of July 2023
        - Submitted first set of Model of Care (MOC) Addendum templates for ECM and CS to the Department of Health Care Services (DHCS) on July 5th

- ECM MOC Addendum approved by DHCS on August 22nd.
  - Submitted second set of MOC Addendum templates for ECM and CS to DHCS on August 30th.
  - Additional ECM and CS MOC updates are due to DHCS on September 30th and October 28th.
  - DHCS is considering adding an additional PoF of "High Risk Pregnant and Postpartum Individuals."
- Added Alameda County Behavioral Health (ACBH) as an ECM Provider effective September 1st.
- Added Recipe 4 Health (R4H) as a Community Supports Provider for Medically Supportive Food/Meals/Medically Tailored Meals effective September 1st.
- Completed Listening Sessions for providers interested in becoming ECM Providers for the two new PoFs being implemented January 2023.

- 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 expected to be finalized by August 31st.

- 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.
  - Contracts/amendments and cover letter sent to existing Skilled Nursing Facility providers; contracts/amendments are being mailed to additional LTC providers as they are identified.
  - Communications:
    - Member notification – Benefit Change letter will be sent to impacted members by DHCS.
    - LTC Member Welcome letters, Member FAQs and Member Portal update notice will be sent by AAH.
    - Provider notification – developing FAQs, LTC Resource Guide, Provider Manual, and call scripts.
    - Referral and authorization Portal forms being created for provider use.
    - Individual workstreams meetings continue

- Population Health Management (PHM) Program – effective January 1st, 2023

- MCP 2023 PHM Readiness Submission due in October; still awaiting template and final guidance from DHCS.

- CalAIM Incentive Payment Program (IPP) – three-year DHCS program to provide funding for the support of ECM and CS in the following areas:
  - 1) Delivery System Infrastructure
  - 2) ECM Provider Capacity Building
  - 3) Community Supports Provider Capacity Building and Community Supports Take-Up
  - Program Year 1 (PY1), Payment 1 of $7.4M (50% of PY1 funding) received from DHCS
  - AAH has received ten (10) applications for IPP Funding to date
    - $6.1M out of the $7.4M has been approved for distribution.
  - Program Payment 2 report submitted to DHCS on 9/1/22
    - This will determine DHCS payout of remaining 50% of PY1 funding.

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 targeted for September 2nd and includes:
    - 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
  - Boilerplate Contract and Cover Letter
    - DHCS – submitted and pending approval.
    - DMHC – included with September 2nd submission.
    - Contract distribution to providers continues and follow-up with providers who haven't returned contracts.
- Communications
  - Member Notification
    - 60/30 Day Member Notice and FAQs – approved by DHCS on 7/8/22.
    - Impacted Member Letter – Initially submitted to DHCS in July.
    - Additional Information Request (AIR) received; response submitted to DHCS on 8/23/22.
    - Same letter will be used for submission to DMHC for the Group Care Member Notification.
    - Group Care Letters – targeting submission to DMHC on 9/2/22.
  - Provider Notification – developing FAQs and call scripts
    - Provider Notification draft completed with targeted submission to DMHC on 9/2/22.
    - Provider FAQs developed.

        - Provider Training and Townhall Meetings – planning underway.
        - Member Services call script created and approved by DHCS on 8/5/22.
- Work in progress
    - Development of Behavioral Health Initial Evaluation Web Form
    - Development of business requirements
        - HealthSuite claims requirements
        - TruCare authorization requirements
        - Portal Single Sign On for providers
        - Individual workstream meetings continue
- 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:
    - Submitted Program Year 2, Q2 Milestone report to DHCS on August 23rd
    - Submitted Measurement Year 2021 Baseline report to DHCS on August 25th
    - Program Year 2, Q1 milestone payment of $320,550 expected from DHCS late September

- Student Behavioral Health Incentive Program (SBHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2024:
    - Draft MOU for Alameda County Office of Education being revised.
    - MOU for Health Care Services Agency (HCSA) for work being completed by the Center for Healthy Schools and Communities (CHSC) approved by the Alameda County Board of Supervisors and fully executed on August 16th.
    - MOUs for use with Local Education Agencies (LEAs) finalized and signature process underway.
    - Second Stakeholder meeting held on August 25th.
    - Preparing to initiate Needs Assessment incentive payments to LEAs.

- Housing and Homelessness Incentive Program (HHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2023:
    - DHCS revised measures on the Local Homelessness Plan (LHP) and all MCPs were required to re-submit an updated version to DHCS by August 12th.
- Investment Plan (IP) is due to DHCS by September 30th:
    - Requires Letter of Attestation from Continuum of Care (CoC) in support of IP.
    - HCSA presented recommendations to AAH and Anthem on August 23rd.
    - First draft of IP targeted for September 16th.

- Justice-Involved/Coordinated Re-Entry:
    - January 2023 implementation has been delayed by DHCS; awaiting additional program guidance.

- 2024 Managed Care Contract Operational Readiness
    - 245 deliverables due to DHCS in three (3) phases with multiple packages included in each phase.
    - Initial focus is on Phase 1 deliverables due to DHCS on 8/12/2022, 9/12/2022 and 10/3/2022.

Recruiting and Staffing

- Project Management Open position(s):
    - Recruitment to commence/continue for the following positions:
        - Manager, Project Management Office (PMO)
        - Senior Business Analyst
        - Senior Program Manager, State Directed and Special Programs – offer made and accepted; candidate scheduled to start 9/6/2022
        - Director, Incentives and Reporting

Projects and Programs

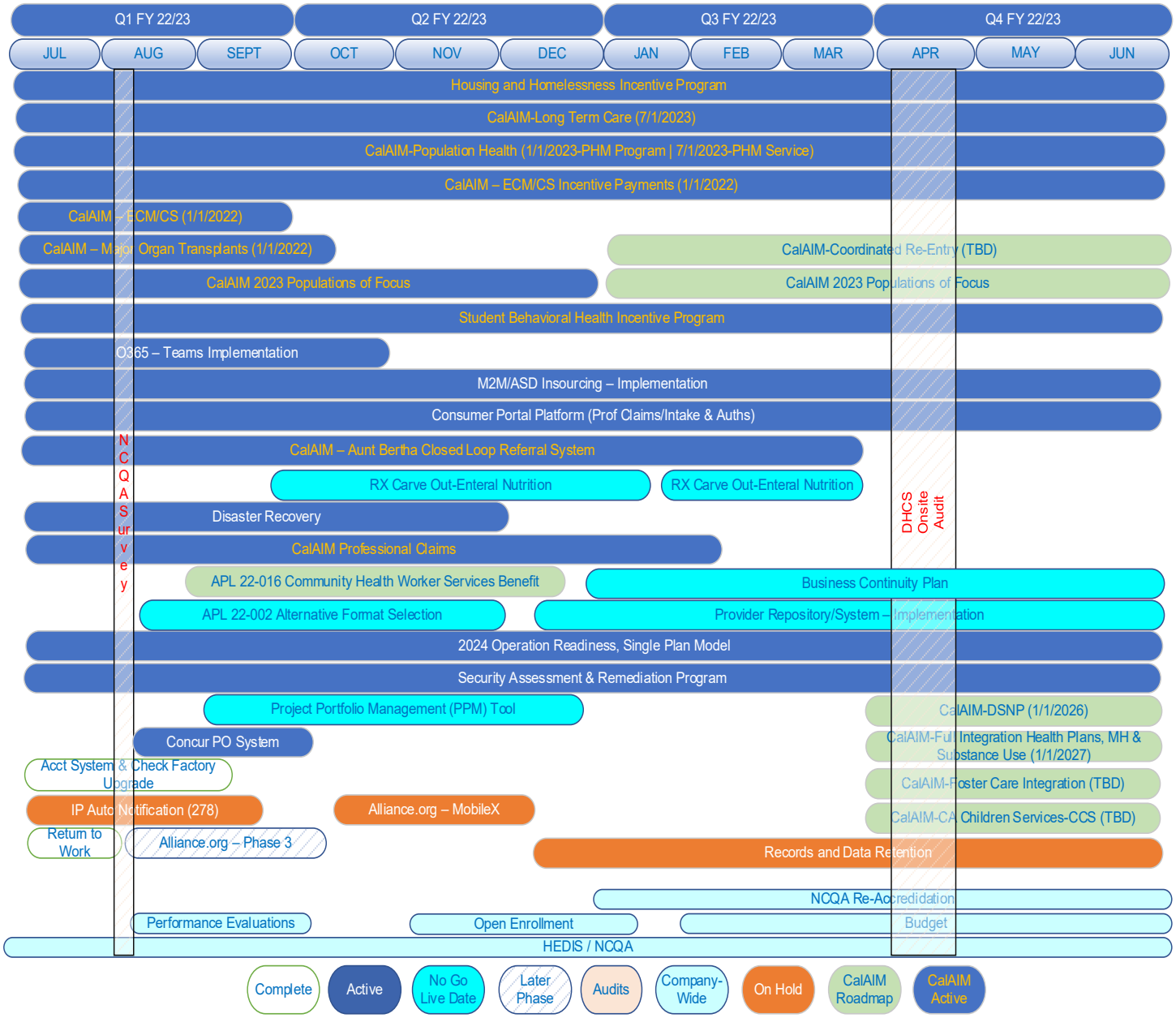
Supporting Documents

Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
    - Enhanced Care Management (ECM) – ECM will target seven (7) specific populations of vulnerable and high-risk children and adults
        - Three (3) Populations of Focus (PoF) transitioned from HHP and/or WPC on January 1st, 2022.
        - Two (2) additional PoFs will become effective on January 1st, 2023.
        - Two (1) PoFs will become effective on July 1st, 2023.
    - Community Supports (CS) effective January 1st, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
        - Six (6) Community Supports were implemented on January 1st, 2022.
        - 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 PoFs 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 will be implemented no earlier than 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, but has now been delayed by DHCS with a targeted implementation date of July 2023.
    - Population Health Management (PHM) – all Medi-Cal managed care plans will be required to develop and maintain a whole system, person-centered population health management strategy effective January 1st, 2023.

        - PHM is a cohesive plan of action for addressing member needs across the continuum of care based on data driven risk stratification, predictive analytics, and standardized assessment processes.
- Return to Work – assessment of current state work environment and recommendations for future configurations (remote/onsite/hybrid).
    - Select departments started returning to the office on July 5th, 2022.
- Project Portfolio Management (PPM) Tool – vendor demonstrations complete and tool selected; target implementation in FY 2022-23.
- Accounting & Enterprise Resource Planning (ERP) System Upgrade – upgrade current system to supported platform.
- Student Behavioral Health Incentive Program (SBHIP) – program launched in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships and capacity, statewide, for school behavioral health services.
    - Meetings completed with Alameda County Office of Education (ACOE), Center for Healthy Schools and Communities (CHSC) and interested Local Education Agencies (LEAs) to begin work on Needs Assessment which will identify which of the fourteen (14) Targeted Interventions are a priority for Alameda County.
    - Needs Assessment and Project Plans for the selected Targeted Interventions are due to DHCS by December 31st, 2022.
- 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
        - LHP submitted to DHCS on June 30th, 2022.
        - LHP is expected to be in alignment with local Homeless Housing, Assistance and Prevention (HHAP) grant application.
        - In counties with more than one MCP, MCPs need to work together to submit one LHP per county.
        - Investment Plan due to DHCS by September 30th, 2022.
- 2024 Managed Care Plan Contract Operational Readiness – new MCP contract developed as part of Procurement RFP:
    - All MCPs must adhere to new contract effective January 1st, 2024.


Q1 FY 22/23
Q2 FY 22/23
Q3 FY 22/23
Q4 FY 22/23
JUL
AUG
SEPT
OCT
NOV
DEC
JAN
FEB
MAR
APR
MAY
JUN
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)
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-Enteral Nutrition
DHCS Onsite Audit
Disaster Recovery
CalAIM Professional Claims
APL 22-016 Community Health Worker Services Benefit
Business Continuity Plan
APL 22-002 Alternative Format Selection
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
CalAIM-Foster Care Integration (TBD)
IP Auto Notification (278)
Alliance.org – MobileX
CalAIM-CA Children Services-CCS (TBD)
Return to Work
Alliance.org – Phase 3
Records and Data Retention
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: **September 29th, 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: June 2021 – May 2022 dates of service
  Prior reporting period: June 2020 – May 2021 dates of service
  (Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 9.2% of members account for 84.3% of total costs.

- In comparison, the Prior reporting period was lower at 8.4% 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 slightly increased to account for 60.8% of the members, with SPDs accounting for 26.9% and ACA OE's at 33.9%.
    - The percent of members with costs >= $30K slightly increased from 1.8% to 1.9%.
    - 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 40.5%.

- Demographics for member city and gender for members with costs >= $30K follow the same distribution as the overall Alliance population.

    - However, the age distribution of the top 9.2% is more concentrated in the 45–66-year-old category (40.0%) compared to the overall population (20.8%).

Analytics

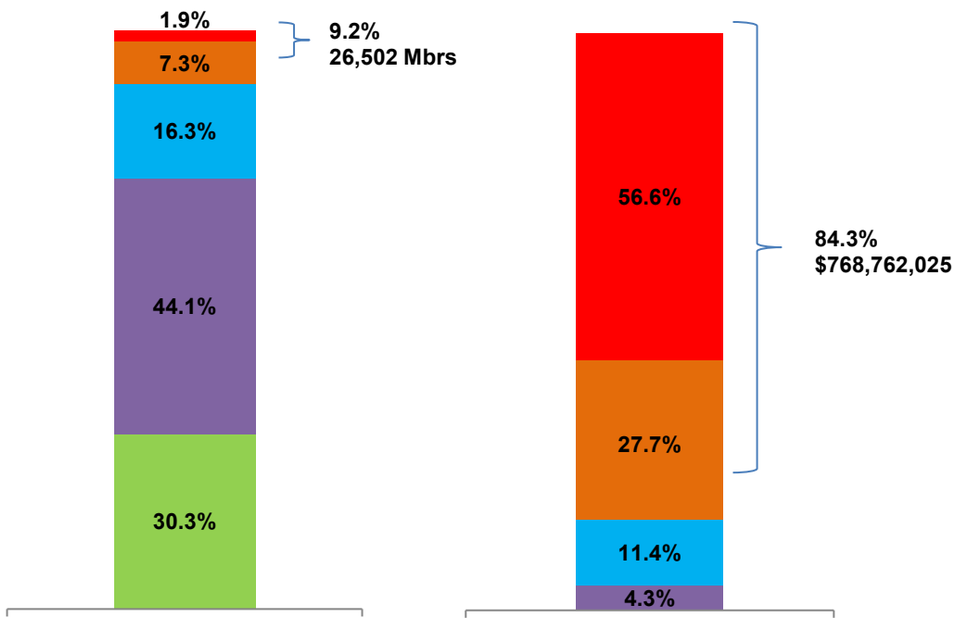
Supporting Documents

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

Note: Data incomplete due to claims lag

Run Date: 08/29/2022

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	5,507	1.9%	$ 516,284,074	56.6%
$5K - $30K	20,995	7.3%	$ 252,477,951	27.7%
$1K - $5K	46,702	16.3%	$ 103,989,952	11.4%
< $1K	126,540	44.1%	$ 39,195,347	4.3%
$0	86,957	30.3%	$ -	0.0%
Totals	**286,701**	**100.0%**	**$ 911,947,324**	**100.0%**

Top 9.2% of Members = 84.3% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,338	0.5%	$ 294,378,287	32.3%
$75K to $100K	687	0.2%	$ 59,115,394	6.5%
$50K to $75K	1,274	0.4%	$ 78,002,074	8.6%
$40K to $50K	840	0.3%	$ 37,482,820	4.1%
$30K to $40K	1,368	0.5%	$ 47,305,500	5.2%
SubTotal	***5,507***	***1.9%***	***$ 516,284,074***	***56.6%***
$20K to $30K	2,814	1.0%	$ 68,620,098	7.5%
$10K to $20K	7,962	2.8%	$ 110,646,275	12.1%
$5K to $10K	10,219	3.6%	$ 73,211,578	8.0%
SubTotal	***20,995***	***7.3%***	***$ 252,477,951***	***27.7%***
Total	**26,502**	***9.2%***	**$ 768,762,025**	***84.3%***

Enrollment Status	Members	Total Costs
Still Enrolled as of May 2022	263,671	$ 815,656,886
Dis-Enrolled During Year	23,030	$ 96,290,439
Totals	**286,701**	**$ 911,947,324**

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
9.2% of Members = 84.3% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jun 2021 - May 2022
Note: Data incomplete due to claims lag
Run Date: 08/29/2022

9.2% of Members = 84.3% of Costs
26.9% of members are SPDs and account for 32.8% of costs.
33.9% of members are ACA OE and account for 32.9% of costs.
6.6% of members disenrolled as of May 2022 and account for 11.8% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	142	608	750	2.8%
MCAL	MCAL - ADULT	623	3,835	4,458	16.8%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	259	1,765	2,024	7.6%
	MCAL - ACA OE	1,771	7,212	8,983	33.9%
	MCAL - SPD	1,957	5,160	7,117	26.9%
	MCAL - DUALS	111	1,311	1,422	5.4%
Not Eligible	Not Eligible	644	1,104	1,748	6.6%
Total		**5,507**	**20,995**	**26,502**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 10,249,252	$ 6,659,957	$ 16,909,209	2.2%
MCAL	MCAL - ADULT	$ 51,393,792	$ 44,748,083	$ 96,141,875	12.5%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 14,705,669	$ 20,053,980	$ 34,759,650	4.5%
	MCAL - ACA OE	$ 167,742,592	$ 85,534,782	$ 253,277,374	32.9%
	MCAL - SPD	$ 186,359,102	$ 65,645,224	$ 252,004,325	32.8%
	MCAL - DUALS	$ 9,312,984	$ 15,860,416	$ 25,173,400	3.3%
Not Eligible	Not Eligible	$ 76,520,683	$ 13,975,509	$ 90,496,192	11.8%
Total		**$ 516,284,074**	**$ 252,477,951**	**$ 768,762,025**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
37.0% of members are SPDs and account for 36.0% of costs.
32.3% of members are ACA OE and account for 32.9% of costs.
16.4% of members disenrolled as of May 2022 and account for 17.8% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	24	1.8%
MCAL	MCAL - ADULT	123	9.2%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	21	1.6%
	MCAL - ACA OE	432	32.3%
	MCAL - SPD	495	37.0%
	MCAL - DUALS	23	1.7%
Not Eligible	Not Eligible	220	16.4%
Total		**1,338**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 4,402,062	1.5%
MCAL	MCAL - ADULT	$ 25,879,125	8.8%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 3,917,403	1.3%
	MCAL - ACA OE	$ 96,886,012	32.9%
	MCAL - SPD	$ 106,029,092	36.0%
	MCAL - DUALS	$ 4,766,493	1.6%
Not Eligible	Not Eligible	$ 52,498,099	17.8%
Total		**$ 294,378,287**	**100.0%**

% of Total Costs By Service Type

Breakout by Service Type/Location

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	8%	0%	0%	7%	49%	1%	19%	7%	2%	6%
$75K to $100K	6%	1%	1%	11%	39%	2%	11%	6%	8%	11%
$50K to $75K	8%	0%	1%	10%	38%	4%	8%	10%	8%	13%
$40K to $50K	6%	1%	1%	9%	47%	7%	7%	7%	2%	12%
$30K to $40K	13%	1%	1%	10%	32%	14%	7%	7%	2%	15%
$20K to $30K	4%	3%	1%	12%	30%	8%	8%	6%	1%	15%
$10K to $20K	0%	0%	1%	12%	29%	6%	11%	9%	1%	14%
$5K to $10K	0%	0%	0%	12%	18%	8%	11%	14%	1%	18%
Total	**4%**	**0%**	**1%**	**10%**	**33%**	**5%**	**12%**	**9%**	**2%**	**13%**

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

Human Resources

Anastacia Swift

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

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

Date: **September 29th, 2022**

Subject: **Human Resources Report**

Staffing

- As of September 1st, 2022, the Alliance had 383 full time employees and 1-part time employee.

- On September 1st, 2022, the Alliance had 75 open positions in which 19 signed offer acceptance letters have been received with start dates in the near future, resulting in a total of 56 positions open to date. The Alliance is actively recruiting for the remaining 56 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions September 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	25	6	19
Operations	25	8	17
Healthcare Analytics	3	0	3
Information Technology	3	1	2
Finance	4	1	3
Regulatory Compliance	6	2	4
Human Resources	5	0	5
Integrated Planning	4	1	3
Total	75	19	56

- Our current recruitment rate is 16%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in August 2022 included:
    - 5 years:
        - Dinesh Khadka (IT Development)
        - Linda Chen (IT Development)
        - Kishor Kanneluru (IT Data Exchange)
    - 6 years:
        - Eugene Tse (Healthcare Analytics)
        - Gigi Nguyen (Case & Disease Management)
        - Nancy Vongsay (Utilization Management)
    - 8 years:
        - Christina Ly (Member Services)
    - 10 years:
        - Hyacinth Joya (IT Ops & Quality Applications Mgmt.)
        - Tina Tan (Finance)
    - 11 years:
        - Helen Ha (Claims)
    - 15 years:
        - Vanessa Swann (Member Services)