ALAMEDA
# Alliance
**FOR HEALTH**

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

# Board of Governors

## Retreat

## Friday, January 30th, 2026
## 9:00 a.m. – 4:00 p.m.

**Video Conference Call and**

**1240 S. Loop Road, Alameda, CA 94502**
**Emeryville Conference Room**

# ALAMEDA Alliance FOR HEALTH

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

# AGENDA

BOARD OF GOVERNORS
Annual Retreat Meeting
Friday, January 30th, 2026
9:00 a.m. – 4:00 p.m.

In-Person and Video Conference Call

Emeryville Conference Room
1240 S. Loop Road
Alameda, CA 94502

**PUBLIC COMMENTS**: Public Comments can be submitted for any agendized item or for any item not listed on the agenda, by mailing your comment to: "Attn: Clerk of the Board," 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at brmartinez@alamedaalliance.org. You may attend meetings in person or by computer by logging in to the following link: Click here to join the meeting. You may also listen to the meeting by calling in to the following telephone number: 1-510-210-0967 conference id 702124198#. If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agendized item, including general public comment. Your request to speak must be received before the item is called on the agenda. If you participate by telephone, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the Board of Governors are limited to three (3) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

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

1. **BREAKFAST**                                             *(8:30 A.M. – 9:00 A.M.)*

2. **CALL TO ORDER**                                         *(9:00 A.M. – 9:30 A.M.)*

   *(A retreat meeting of the Alameda Alliance for Health Board of Governors will be called to order on January 30th, 2026, at 9:00 a.m. in Alameda County, California, by Rebecca Gebhart, Presiding Officer. This meeting is to take place in person and by video conference call)*

3. **ROLL CALL**

4. **WELCOME, INTRODUCTIONS, MEETING AGENDA AND GOALS**

5. **DUAL SPECIAL NEEDS PLAN PRESENTATION AND BOARD DISCUSSION**
                                                             *(9:30 A.M. – 11:00 A.M.)*

**6. BREAK** *(11:00 A.M. – 11:15 A.M.)*

**7. STRATEGIC PLAN ADOPTION AND INTRODUCTION OF 2026 "NORTH STARS"**
*(11:15 A.M. – 12:00 P.M.)*

**8. LUNCH** *(12:00 P.M. – 1:15 P.M.)*

    **a. LEGISLATIVE-POLICY PRESENTATION**

**9. STRATEGIC PLAN 2026 ACTIVITIES BREAKOUT SESSIONS** *(1:15 P.M. – 3:45 P.M.)*

    **a. BREAK** *(2:30 P.M. – 2:45 P.M.)*

**10. ANNOUNCEMENTS** *(3:45 P.M. – 3:50 P.M.)*

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

**12. BOARD REFLECTIONS AND ADJOURNMENT** *(3:50 P.M. – 4:00 P.M.)*

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## 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: www.alamedaalliance.org

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

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

**Supplemental Material Received After the Posting of the Agenda:** Any supplemental materials or documents distributed to a majority of the Board regarding any item on this agenda <u>after</u> the posting of the

agenda will be available for public review. To obtain a document, please call the Clerk of the Board at (510) 995-1207.

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org by January 27th, 2026.

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Brenda Martinez, Clerk of the Board

# Dual Special Needs Plan

# Alameda Alliance for Health

**Board of Governors Annual Retreat**

*January 30th, 2026*

# Partnerships for Medi-Cal Coverage

**GOALS**

- Adopt 2026 – 2028 Organizational Strategic Plan
- Present and Discuss Our 2026 Political and Strategic Context
- Introduce 2026 Strategic Focus and Activities and Engage Board Guidance and Ideas

**AGENDA**

| | |
|---|---|
| 9:00 – 9:30 | Welcome, Introductions, Meeting Agenda and Goals |
| 9:30 – 11:00 | Dual Special Needs Plan Presentation and Board Discussion |
| 11:00 – 11:15 | BREAK |
| 11:15 – 12:00 | Strategic Plan Adoption and Our 2026 Strategic Context |
| 12:00 – 1:15 | LUNCH and Policy Presentation (The Kent Group) |
| 1:15 – 3:45 | Strategic Plan 2026 Activities Café Walk and Board Discussion |
| 3:45 – 4:00 | Thank You and Adjourn |

# Dual Special Needs Plan Presentation and Board Discussion

*Ruth Watson, Chief Operating Officer*

# Agenda

- ➢ **General Update**
- ➢ **Membership and Network Growth**
- ➢ **Population Health**
- ➢ **Medicare Stars**
- ➢ **Risk Adjustment**

# General Update

▷ D-SNP Launch 1/1/2026

▷ Lessons learned

▷ Enrollment

▷ PY2027 Benefit Design

▷ 2026 D-SNP Initiatives

# Alameda Alliance for Health
# Medicare Strategic Plan: 2026 – 2028

**Priority in Focus**

**Membership and Network Growth**

## Metrics

- 3 Year **DRAFT** D-SNP Membership Projections

|  | CY 26 | CY27 | CY28 |
|---|---|---|---|
| Membership | 1,500 | 7,000 | 12,000 |

- CMS Access & Availability Standards

## Goals

- Meet and exceed membership projections
- Meet CMS Access and Availability standards

## Strategies

- ✓ Develop **proactive personalized** member engagement
- ✓ Use data to understand **member need**s for better benefits
- ✓ Ensure access through **strong provider relationship**s
- ✓ Prioritize **collaborative** provider **partnerships**
- ✓ Build strategic **community partnerships** to support members
- ✓ Create **trust** by making the system easy to understand
- ✓ Monitor and analyze **market trends** within Alameda County

## Tactics

- ✓ Foster **personalized connection**s with members via sales, care management, and **concierge-style** customer service.
- ✓ Provide resources to help members and providers **navigate** Medicare and Medi-Cal
- ✓ Enhance **provider and community involvement** through PACs, provider training, and community events.
- ✓ Introduce Alternative Payment Models (**APMs**) that include shared savings and downside risk to motivate providers.
- ✓ Leverage technology to optimize and **streamline administrative processes** between the Plan and our partners

# Alameda Alliance for Health
# Medicare Strategic Plan: 2026 – 2028

**Priority in Focus**

**Risk Adjustment**

## Metrics

- Timely and accurate encounter data submission to CMS
- Provider documentation quality and consistency
- In-home assessment utilization

## Goals

- CMS submissions compliance and accuracy
- Improve provider documentation and coding practices through education and accountability
- Expand clinical data capture for hard-to-reach populations

## Strategies

- ✓ Strengthen provider engagement and optimize provider programs
- ✓ Promote member-engagement for hard-to-reach and under-utilizing populations
- ✓ Encourage member utilization of covered services
- ✓ Compliant, audit-ready Risk Adjustment program

## Tactics

- ✓ Provider education, performance feedback, and reporting
- ✓ Provider and member incentive programs
- ✓ Utilize an in-home assessment vendor to capture undocumented clinical data
- ✓ Conduct targeted medical record retrieval for CMS submissions
- ✓ Performance tracking and monitoring

# Alameda Alliance for Health
# Medicare Strategic Plan: 2026 – 2028

*Priority in Focus*

**Medicare Stars**

## Metrics

- Stars ratings for Part C and Part D

## Goals

- Achieve Stars ratings of 3.5+

## Strategies

- ✓ Establish enterprise Stars accountability and governance for Part C and Part D performance
- ✓ Strengthen provider engagement, initiatives and programs
- ✓ Develop Member-focused initiatives and education
- ✓ Maintain a flexible and sustainable Stars program amid frequent CMS updates/changes.
- ✓ Develop enterprise Stars performance monitoring

## Tactics

- ✓ Stars Workgroup with assigned business and process owners accountable for each measure's performance
- ✓ Provider and member incentive program
- ✓ Targeted member outreach
- ✓ Focused provider engagement (education and listening)
- ✓ Monitoring performance (ex. Stars dashboard, Member experience indicators, Care gap closure reports by providers for Part C and D)

# Risks Facing the Stars Program

## Rising Cut Points

CMS data shows YoY tightening of Star cut points, making it increasingly difficult to achieve high Star ratings. CMS Star thresholds are materially higher than Medi-Cal Minimum Performance Levels (MPLs).

### Why It Matters

Performance that meets Medi-Cal standards may still fall short of a high Star rating for the Alliance.

## CAHPS: High-Risk, High-Weighted

CMS did not reduce CAHPS measure weights in the proposed rule. CAHPS performance is inherently more challenging for dual-eligible populations due to social, access, and communication barriers.

### Why It Matters

Weak CAHPS performance can cap the Alliance's overall Star rating, as strong clinical outcomes will not offset poor member experience.

## 2027 CMS Proposed Rule

The Alliance will not receive direct Star credit for serving high-risk members. In addition, the removal of historically high-performing operational measures eliminates a potential source of stable base points.

### Why It Matters

High Star performance is now driven almost entirely by clinical outcomes and member experience, increasing performance volatility and financial exposure.

## Evolving Stars Requirements

CMS continues to revise Star measure definitions, specifications, weights, and cut points on an annual basis. This creates a moving target for performance management and long-term planning.

### Why It Matters

Operational strategies that succeed in one year may not translate to future Star performance, requiring continuous adaptation and increasing execution risk.

# Alameda Alliance for Health
# Medicare Strategic Plan: 2026 – 2028

**Priority in Focus**

**Population Health Management**

## Metrics

- Annual Wellness Visit/Initial Preventive Physical Exam completion rate
- Health Risk Assessment (HRA) completion

## Goals

- 60% of members have an Annual Wellness Visit/Initial Preventive Physical Exam
- 100% of enrolled members have a HRA within 90 days of enrollment

## Strategies

- ✓ Develop and implement new DSNP specific programs
  - ✓ Dementia
  - ✓ Palliative Care
  - ✓ Behavioral Health
  - ✓ Pharmacy (Part D)
- ✓ Develop and implement case management program (CICM)

## Tactics

- ✓ Assessment of all members for program identification, resource referral and care coordination
- ✓ Innovate community partnerships focused on DSNP
- ✓ Vendor support for HRAs and home visits
- ✓ Medication management program
- ✓ Opportunities for community feedback
- ✓ Develop reporting to monitor and evaluate programs

# Board Feedback and Guidance: D-SNP Strategy and Tactics

**Brainstorm.** What feedback, ideas or questions do you have about the directions and strategies outlined here (Stars, Risk Adjustment, Population Health)?

**Small Group Discussion.** What advice or guidance would you share with Alliance staff about their D-SNP strategies/tactics in these areas? What do you see as the keys to success?

# 2026-2028 Strategic Plan Adoption and 2026 Strategic Context

*Matt Woodruff, Chief Executive Officer*

# Alameda Alliance for Health
# Organizational Strategic Plan: 2026 – 2028

*3-Year Priorities and Goals*

## Financial Sustainability

Secure Short-Term
Financial Stability

Build Long-Term
Sustainability

## Quality, Access & Equity

Ensure Member Access
and Network Stability

Strive for Top-Tier
Quality Performance

## Community Partnership

Build Avenues for
Provider Engagement

Leverage Data
Reporting and Sharing

Be an Active
Community Partner

## Organizational Capability

Healthy
Culture

Aligned
Staffing

Systems
and Data

Compliance

# Governing Board Strategic Plan Structure for Ongoing Monitoring and Updates

▷ Introduction of dashboard reports by Quarter 2

▷ Quarterly "spotlight" presentations on key initiatives/activities to advance different priorities

▷ Annual written strategic plan progress report (with review at Board Strategic Planning Committee)

# Policy Presentation

*Jennifer Kent, The Kent Group*

**Strategic Plan 2026 Activities**
**Café Walk and Board Discussion**

# Summary of 2026 Strategic Focus

## Financial Sustainability

- Near-term financial stability and performance with aligned metrics and dashboard tracking
- D-SNP launch and management
- Multi-year financial outlook and planning

## Quality, Access and Equity

- Transitions of care performance
- Medicare HRAs
- Timely access and screenings focus
- Board recommendations to align equity, incentive and grant programs with quality and access goals

## Community Partnership

- Stakeholder engagement on Medi-Cal, D-SNP and legislative changes
- New structured mechanisms to engage and update key network and community partners
- Medi-Cal and D-SNP dashboards

## Organizational Capability

- Level up automation, core systems and Medicare readiness
- Workforce focus on culture, aligned goals and leadership support
- Organization-wide staffing assessment and planning

# Community Partnership 2026 Focus

▷ Stakeholder Partnerships

 ▶ Medi-Cal

 ▶ D-SNP

 ▶ Legislative

▷ Engage and Updates

# Community Partnership 2026 Activities

▷ Stakeholder Meetings

▶ Round tables

▶ Provider  Network

▷ Communications

▶ Provider Newsletter

▶ Electronic Updates

▶ Dashboards

→ Medi-Cal

→ Medicare

# Population Health Management (PHM) Framework



*Our Population Health Strategy improves health outcomes by connecting members across a continuum of risk to the right level of supports.*

# Quality, Access and Equity 2026 <u>Focus</u> + <u>Activities</u>

Health Outcome Measure

▶ Health Risk Assessment completion (care coordination and service delivery)

▶ Care transitions (receive appropriate follow up care after hospital stay)

▶ Appropriate preventative screenings and control chronic conditions (MCAS)

▶ Promote Member access to care (members get timely appointments and care)

▷ 2026 Tactics

▶ Vendor support (Cotiviti, Upward Health)

▶ Alternative care delivery options

▶ Member and Provider Incentives

▶ Innovative Community Partnerships (ex-Senior Coalition, City of Berkeley, ACPHD)

▶ Make Board recommendations to explicitly align equity, incentives and grant programs with quality/access goals

# Financial Strength 2026 Focus + Activities

*Gil Riojas CPA, Chief Financial Officer*

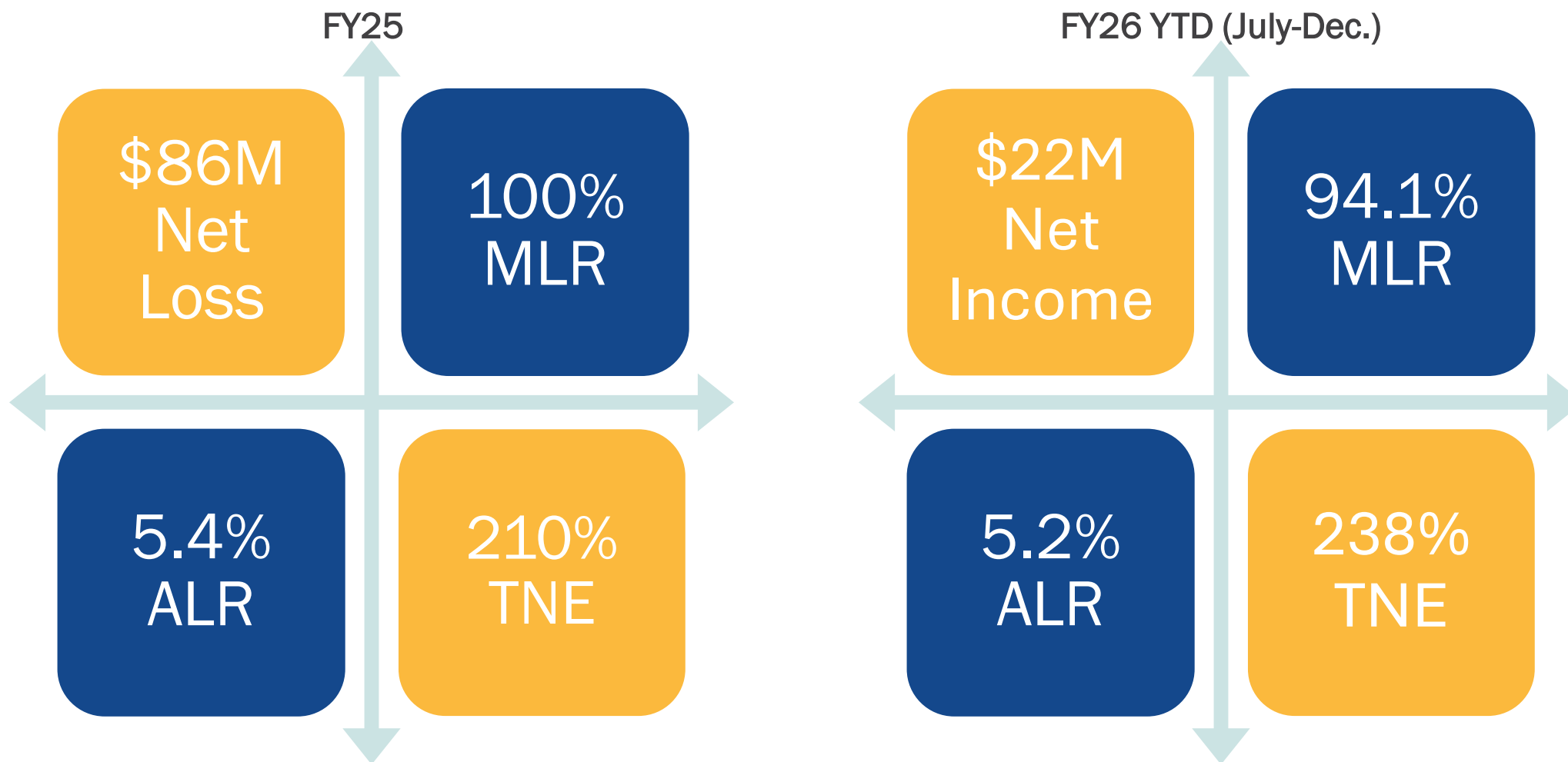*Sasi Karaiyan MBA, Chief Information and Security Officer*

# 2025 Recap

▷ Comprehensive reporting and advocacy to the State (DHCS, DMHC) impacts rate development.

▷ Medical management drives medical expense trends.

▷ High-cost claims review ensures appropriate services are paid.

▷ Aligned configuration process for authorizations and claims.

▷ Refocus fraud, waste and abuse results in cost avoidance and unnecessary effort recouping funds.

▷ Administrative cost control through technology workflow automation.

# Fiscal Years 2025 and 2026 - Material losses, material improvement

## FY25

$86M Net Loss

100% MLR

5.4% ALR

210% TNE

## FY26 YTD (July-Dec.)

$22M Net Income

94.1% MLR

5.2% ALR

238% TNE

# 2026 Focus-Continue momentum, ensure appropriate metrics, evaluate new spending

▷ Key metrics focus on building reserves, maintaining sufficient cash, controlling expenses.

▷ Continue 2025 initiatives, build upon (investment earnings maximization, internal process improvement through automation increases efficiency, expand authorization to claims alignment).

▷ Enhance focus on outcomes for existing programs and grant funding.

▷ Measure DSNP financial impact, mitigate risk through risk adjustment and STARS work.

# 2026 and beyond-Material changes in enrollment and funding

**01**

Focus on efficiency and automation-Collaboration in partnership with IT and others

**02**

Prioritize financial metrics (reserves, cash, MLR)

**03**

Concentration on stabilization of DSNP

**04**

Prepare for reductions in revenue, model scenarios "what if's" stable, minor reductions, major reductions

# Efficiency through AI and workflow automations

▷ Modernization of three key strategic IT core systems planned over the next 24 to 30 months.

▷ Implementation of Robotic Process Automation (RPA) to handle repetitive tasks.

▷ Deployment of enterprise-wide AI-driven speech-to-text transcription.

▷ Transition to a paperless, end-to-end workflow to minimize manual data entry.

▷ Targeting a 25% reduction in manual efforts by December 2026.

▷ Utilization of agentic AI models for member engagement and employee assistance.

▷ Initiate the predictive analytics infrastructure to enhance operational optimization.

▷ Integration of AI-powered intelligent document processing for procurement and contracts.

# Café Walk and Board Discussion

## Purpose

▷ Review 2026 activities/approach in each Priority
▷ Solicit Board feedback, guidance and creative idea
▷ Surface Board themes/directions in full group

## Stations

1. Financial Strength
2. Access, Quality and Equity
3. Community Partnership

## Process

✓ 15-minutes per station
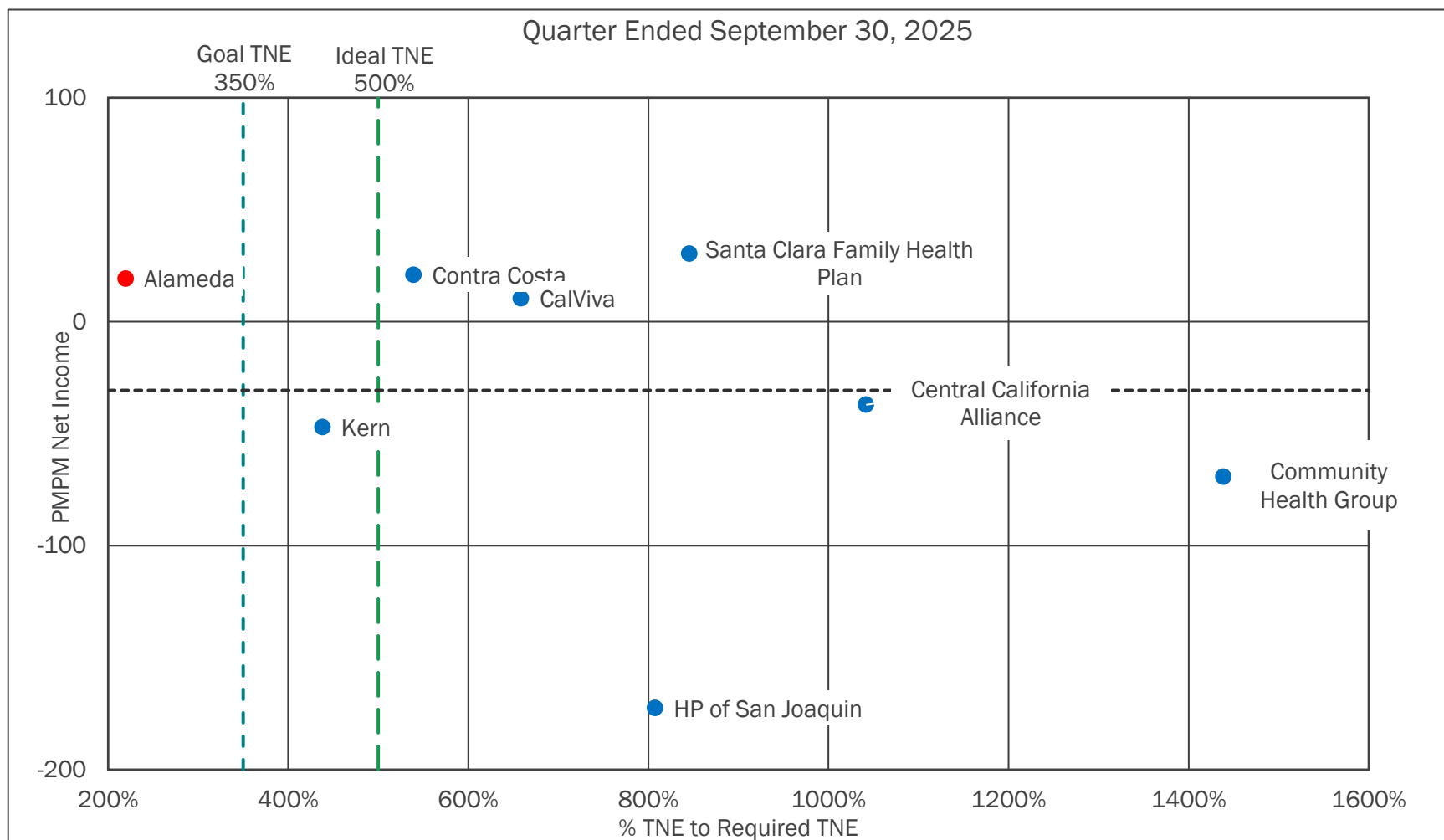✓ Start with 2-minute staff recap
✓ Invite Board feedback + ideas

## Discussion Questions

**Reactions/Feedback.** What questions or feedback do you have about the 2026 focus and approach?

**Board Ideas.** What additional ideas should staff explore as possible tactics, activities or approaches for this Priority? How would you challenge staff to think differently or creatively about their work in this Priority?

# Financial Strength: Supplemental Slides

# AAH vs Peer Plans
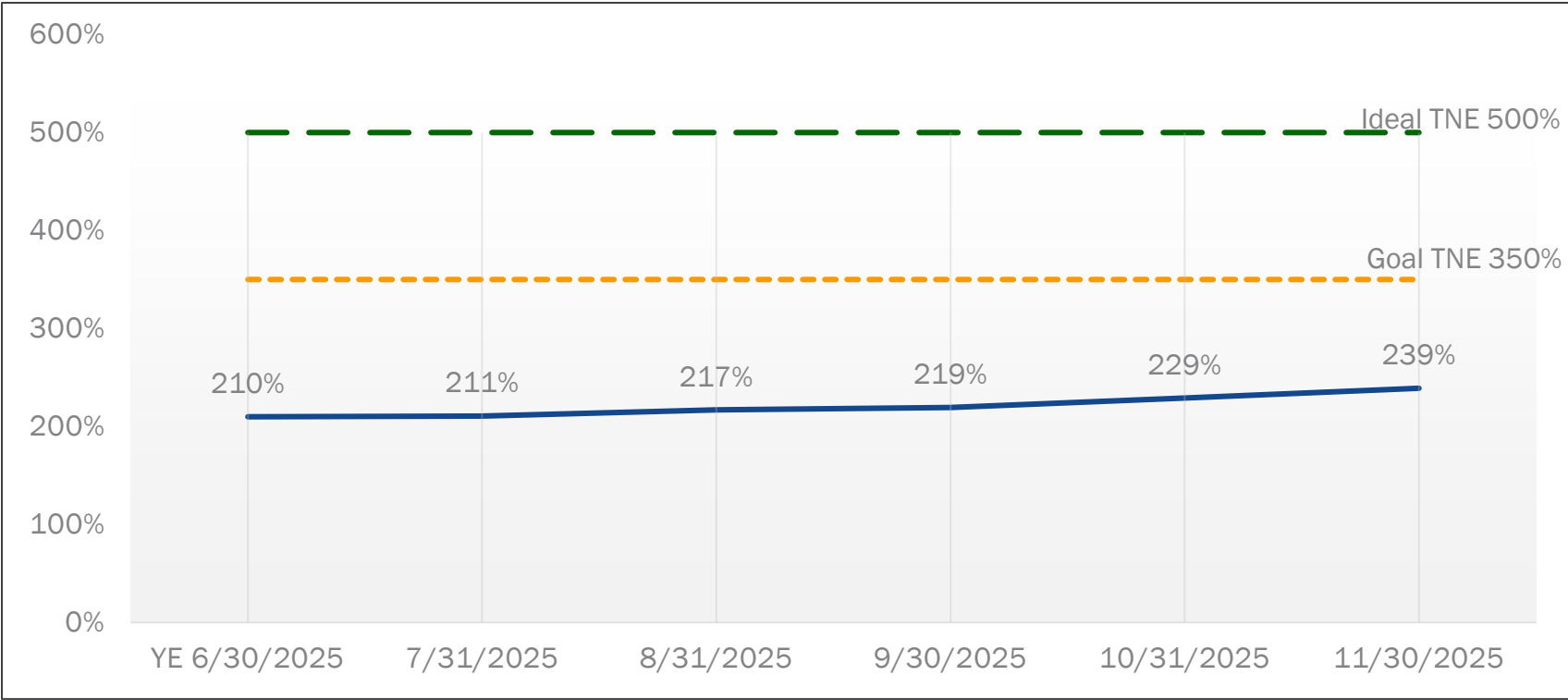


Quarter Ended September 30, 2025

Q3 2025 (9/30/2025)
Average TNE: 748.60% | Average PMPM: -30.65
Alameda Alliance: TNE 219.45% (below average); PMPM 19.19 (above average)

# Alameda Alliance TNE Trend



Internal target: 350% TNE (shown as dashed red line). Current position: At 239%, Alameda Alliance is ~111 points below goal, but trending positively.
Consistent monthly improvement. Still below regulatory comfort zone.
Despite gains, TNE remains well under the 350% milestone, which is critical for DMHC optics and operational flexibility.
At 239% 11/30/25, we needed ~$88.5M additional capital (earnings retention and/or timing tailwinds) to reach 350%.

Required TNE is calculated using risk-based capital formulas tied to member months. As membership grows with increasing medical expenses, required TNE increases because the plan assumes more financial risk. Conversely, declining enrollment with corresponding decline to medical expenses, it reduces required TNE.
Couple of factors can improve AAH's TNE, (1) better cost containment, improved profitability which improves total TNE or decrease in medical expenses which reduces the required TNE.

# Measurement Metrics

▷ Tangible Net Equity-(350%-500%) A health plan's total assets minus its total liabilities, after removing intangible assets (like goodwill or startup costs) and certain unsecured or affiliate-related obligations. DMHC requires health plans to always maintain a minimum TNE level to ensure the plan can: pay member claims, stay solvent, avoid disruptions in care if financial performance changes.

▷ Current Ratio-(1.1) Current Assets ÷ Current Liabilities. It shows whether a managed care plan has enough liquid, short-term resources to pay its bills and obligations coming due in the next 12 months.

▷ Days of Cash on Hand-(60-90 days) A financial metric that measures how many days an organization can continue to pay its operating expenses using only its available unrestricted cash, assuming no additional cash inflows. It is a key measure of financial health, showing how long we can meet our obligations without new income.

▷ Working Capital-(Positive) Current Assets – Current Liabilities. It represents the excess of liquid, usable assets over the bills and obligations that must be paid within one year.

▷ Medical Loss Ratio-(92%) (Money spent on medical claims + quality improvement) ÷ Revenue. It shows how much of every premium dollar goes directly toward patient care. 1% point equates to $22M.

▷ Administrative Loss Ratio-(6%) Administrative costs ÷ Revenue. The percentage of premium revenue that a health plan spends on administrative costs

▷ 1% positive margin-1%=$22.4M

# Investment Strategy

▷ Interest rates will continue to decline.

▷ Market changes make maximizing returns critical.

▷ Evaluating alternative options to current investment firm.

▷ Focusing on reducing investment fees.

▷ Looking at alternative investment pools (LAIF, JP Morgan).

▷ Average Monthly Investment in 2025=$600M. Each basis point earned equates to $60K.

# Rate Setting Impact

▷ Ensuring all appropriate medical expenses are captured for the rate development template.

▷ Continued coordination with contracting, IT, Finance to ensure all expenses are captured. Focus on HealthSuite

▷ Periodic in person advocacy with DHCS and DMHC.

▷ Demonstrated management of cost both medical (MLR) and administrative (ALR).

# Strategic Plan

# Alameda Alliance for Health
# Organizational Strategic Plan: 2026 – 2028

*(updated 10/29/25)*

## Mission, Vision, Values and Guiding Principles

### Overview

Alameda Alliance for Health (Alliance) is a local health plan committed to making high quality health care services accessible and affordable for vulnerable populations throughout Alameda County. Established in January 1996 by the Alameda County Board of Supervisors, the Alliance serves 1 out of every 4 county residents. The Alliance Board of Governors, staff, and provider network are proud to reflect the county's cultural and linguistic diversity. Through its Medi-Cal and Group Care programs, the Alliance provides health care coverage to more than 400,000 children and adults, and in January 2026, will begin serving members through its Medicare Advantage Dual Eligible Special Needs Plan (D-SNP).

## Our Mission

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

## Our Vision

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

## Our Values

Teamwork

Respect

Accountability

Commitment & Compassion

Knowledge & Innovation

## Our 2026-28 Strategic Plan Guiding Principles

1. Maintain a first order focus on fulfilling core responsibilities for members and ensuring organizational stability in tumultuous times

2. Prioritize cost effective, efficient and high-performing operations

3. Leverage community and network partner strengths to meet our shared goals

4. Be a visible and engaged Alameda community partner

5. Maintain flexibility and adaptability in uncertain times

6. Use crisis as an opportunity for creativity and innovation

# Alameda Alliance for Health
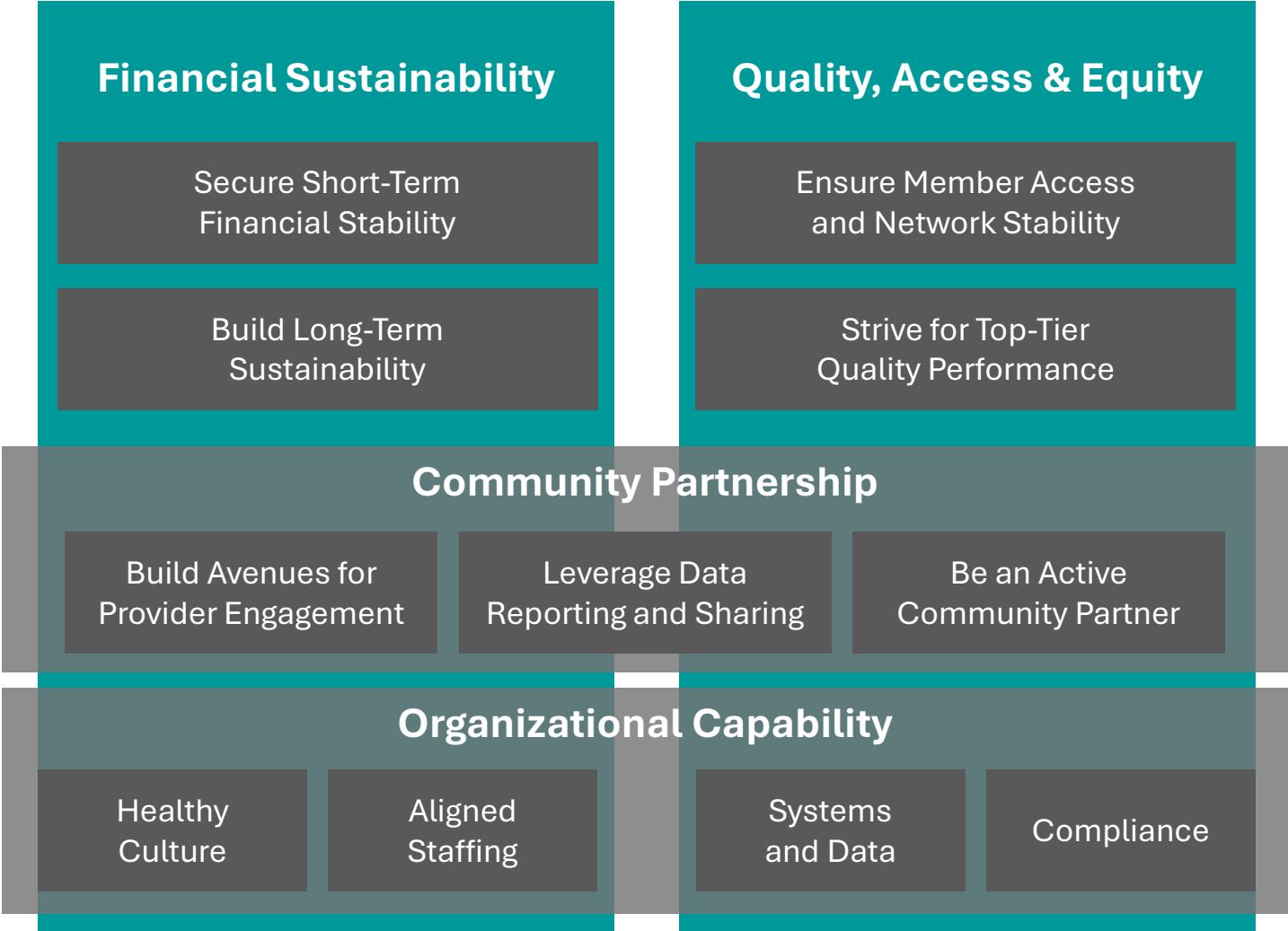# Organizational Strategic Plan: 2026 – 2028

*Strategic Plan Definitions*

- **Priorities.** Major areas or categories of organizational focus

- **Goals.** *What* the organization seeks to achieve by 2028. Set the direction and purpose for strategic activities and serve as 'north stars' for decision-making, resource allocation and performance measurement.

- **Strategies.** *How* the organization will advance/achieve Goals. High level directional (not operational) approaches or methods to advance Goals. Serve as the basis for specific tactics or activities

- **Enterprise Metrics.** Organization-wide outcomes that indicate if the organization has been successful in achieving strategic plan Goals

- **2026 Tactics.** Proposed activities or milestones to be enacted in the first year of the strategic plan. Will be translated into departmental goals and annual operational workplans.

# Alameda Alliance for Health
# Organizational Strategic Plan: 2026 – 2028

**3-Year Priorities and Goals**

## Financial Sustainability

- Secure Short-Term Financial Stability
- Build Long-Term Sustainability

## Quality, Access & Equity

- Ensure Member Access and Network Stability
- Strive for Top-Tier Quality Performance

## Community Partnership

- Build Avenues for Provider Engagement
- Leverage Data Reporting and Sharing
- Be an Active Community Partner

## Organizational Capability

- Healthy Culture
- Aligned Staffing
- Systems and Data
- Compliance

# Alameda Alliance for Health
# Organizational Strategic Plan: 2026 – 2028

*Priority in Focus*

**Financial Sustainability**

## Description

In response to state/federal reductions, the near-term focus will be on ensuring short-term financial stability. This includes optimizing the operational efficiency of internal functions, addressing cost outliers, identifying and preventing fraud, waste and abuse and proactively engaging state agencies. To build toward long-term sustainability, the Alliance will outline a multi-year sustainability roadmap, deepen internal monitoring of line of business and function financial performance, prioritize successful performance and growth of the Dual Special Needs plan, and when appropriate, evaluate potential new lines of business, such as Medicare Advantage.

## Enterprise Metrics

- Minimum 350% Tangible Net Equity
- 1% Operating Margin / Net Profit Margin
- Days of Cash on Hand > 60 days
- Positive Medi-Cal and D-SNP Net Margins

## Goals

Secure Short-Term Financial Stability

Build Long-Term Sustainability

## Strategies

- Increase **operational efficiency** of core Alliance functions
- Strengthen/Adapt **network management** and contracting
- **Educate/Engage state agencies** to enable health plan success
- Manage **Line of Business sustainability** and evaluate **diversification** options
- Sustainably implement and scale the **Dual Special Needs Plan**
- Implement a multi-year financial **sustainability roadmap**

## 2026 Tactics

- ✓ Define and meet focused set of internal cost efficiency targets for core Alliance functions
- ✓ Utilize a "priority metric" dashboard tracking key financial ratios, internal cost-effectiveness, enrollment and line of business measures
- ✓ Present a 1-year financial stability plan and 3-year outlook for Board approval
- ✓ Launch DSNP and develop a 3-year consumer channel/sustainability strategy and roadmap
- ✓ Complete a Medicare Advantage proforma

# Alameda Alliance for Health
# Organizational Strategic Plan: 2026 – 2028

*Priority in Focus*

## Quality, Access and Equity

## Description

Adequate member access is a core health plan responsibility and essential foundation for quality. The Alliance will target access strategies to key areas, such as primary care, urgent care, mental health and geographic specialty disparities with activities that support existing network providers, expand the network, and leverage telehealth/technology solutions. To elevate quality outcomes, the Alliance will expand the use of benchmarks and reporting to promote improved health outcomes, explicitly align investments/ incentives with quality metrics advance internal initiatives and medical management functions to optimize health outcomes.

## Enterprise Metrics

- All Medi-Cal Accountability Set (MCAS) measures above Minimum Performance Level
- >3.5 Stars in Dual Special Needs Plan
- Member net promoter score > 60
- 60% of assigned Medi-Cal / D-SNP members with annual visit

## Goals

Ensure Member Access and Network Stability

Strive for Top-Tier Quality Performance

## Strategies

- **Support and expand provider networks** to ensure member access to core benefits
- Leverage **telehealth / technology** solutions to increase access
- Elevate use of **provider quality / access benchmarks, monitoring** and **aligned incentives/grant investments** to support performance
- Target **internal quality** and **health disparity initiatives** to increase MCAS/HEDIS quality outcomes
- Strengthen Alliance **medical management** and **transitions of care** functions

## 2026 Tactics

- ✓ Establish network provider quality and access dashboards
- ✓ Integrate internal disease management program dashboards
- ✓ Make Board recommendations to explicitly align equity, incentives and grant programs with quality/access goals
- ✓ Explore new opportunities to increase Medicare network through contracts with multi-specialty provider partners.
- ✓ Transitions of care - Decrease stays with improved transitions

# Alameda Alliance for Health
# Organizational Strategic Plan: 2026 – 2028

*Priority in Focus*

**Community Partnership**

## Description

To deepen alignment and coordination with community and network partners in a time of great change and uncertainty, the Alliance will establish regular and structured meeting forums with network partners, will take ownership of educating network partners and preparing together for upcoming Medi-Cal changes, and wherever possible will leverage the use of Alliance data on membership, access and health outcomes/conditions to inform community health efforts.

## Enterprise Metrics

- Board and community partner ratings of plan communication and transparency
- Community Medi-Cal enrollment outcomes
- Quality, Access and Equity metrics

## Goals

Build Avenues for Provider Engagement

Leverage Data Reporting and Sharing

Be an Active Community Partner

## Strategies

- Establish **structured ongoing forums with network partners** to communicate and coordinate on shared lines of business
- **Convene stakeholders** to understand and plan for **Medi-Cal program changes**
- Build **formalized external communication** mechanisms to providers and stakeholders
- **Share data / reports** to inform community planning and spur improved community access and quality outcomes

## 2026 Tactics

- ✓ Convene stakeholder meetings to project impact and prepare for Medi-Cal changes
- ✓ Conduct standing quarterly leadership meetings with key network partners
- ✓ Initiate a bi-monthly Provider Roundtable to facilitate provider updates and communication
- ✓ Institute formal newsletter updates for Board and network partners
- ✓ Establish a public facing Medi-Cal and D-SNP dashboard by end of calendar year

# Alameda Alliance for Health
# Organizational Strategic Plan: 2026 – 2028

*Priority in Focus*

## Organizational Capability

## Description

Several foundational element are essential to advancing Alliance goals, including a healthy and motivated organizational culture, staffing and internal expertise that is aligned to Alliance business needs, automated operations and high-performing data exchange/reporting, and sophisticated compliance systems and practices. The Alliance will advance the below goals in support of our broader mission and sustainability goals for the next three years.

## Enterprise Metrics

- 80% staff satisfaction ratings
- 85% annual staff retention rates
- 90% audit compliance
- Inventory manual operations and automate 60%
- Functioning central data exchange and governance framework in place

## Goals

- Healthy Culture
- Aligned Staffing
- Systems and Data
- Compliance

## Strategies

- Reinforce a **staff culture** of respect, integrity, communication and accountability
- Develop a wider pool of **internal staff leaders** to represent the plan internally and externally
- Align staffing and skillsets with **future business needs**
- Implement a multi-year **IT roadmap** to support member/provider experience, data/reporting goals, line of business expansion, and internal efficiency
- Adapt **compliance/risk infrastructure** to meet expanded responsibilities and business needs

## 2026 Tactics

- ✓ Launch an Alliance values and culture campaign
- ✓ Establish strategic plan-aligned departmental goals with accompanying monitoring
- ✓ Initiate a new leaders mentoring and support program
- ✓ Complete an organization-wide staffing assessment
- ✓ Automate 90% of call center, HCS and IT service desk workflows
- ✓ Complete all required D-SNP/Medicare policies and processes
- ✓ Complete CMS interoperability mandates and provider single source of truth implementation

# Alameda Alliance for Health
# Organizational Strategic Plan: 2026 – 2028

## 2026 Strategic Focus

## Related Tactics

### Financial Sustainability
- Near-term financial stability and performance with aligned metrics and dashboard tracking
- D-SNP launch and management
- Multi-year financial outlook and planning

✓ Define and meet focused set of internal cost efficiency targets for core Alliance functions
✓ Utilize a "priority metric" dashboard tracking key financial ratios, internal cost-effectiveness, enrollment and line of business measures
✓ Present a 1-year financial stability plan and 3-year outlook for Board approval
✓ Launch DSNP and develop a 3-year consumer channel/sustainability strategy and roadmap
✓ Complete a Medicare Advantage proforma

### Quality, Access and Equity
- Provider network and internal quality/access performance with a focus on aligning tracking and accountability
- Medicare network development
- Transitions of care performance

✓ Establish network provider quality and access dashboards
✓ Integrate internal disease management program dashboards
✓ Make Board recommendations to explicitly align equity, incentives and grant programs with quality/access goals
✓ Explore new opportunities to increase Medicare network through contracts with multi-specialty provider partners
✓ Transitions of care - Decrease stays with improved transitions

### Community Partnership
- Deliberate network/stakeholder partnership to understand and plan for Medi-Cal changes
- New structured mechanisms to engage and update key network and community partners

✓ Convene stakeholder meetings to project impact and prepare for Medi-Cal changes
✓ Conduct standing quarterly leadership meetings with key network partners
✓ Initiate a bi-monthly Provider Roundtable to facilitate provider updates and communication
✓ Institute formal newsletter updates for Board and network partners
✓ Establish a public facing Medi-Cal and D-SNP dashboard by end of calendar year

### Organizational Capability
- Level up automation, core systems and Medicare readiness
- Workforce focus on culture, aligned goals and leadership support
- Organization-wide staffing assessment and planning

✓ Launch an Alliance values and culture campaign
✓ Establish strategic plan-aligned departmental goals with accompanying monitoring
✓ Initiate a new leaders mentoring and support program
✓ Complete an organization-wide staffing assessment
✓ Automate 90% of call center, HCS and IT service desk workflows
✓ Complete all required D-SNP/Medicare policies and processes
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