ALAMEDA Alliance FOR HEALTH

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

Board of Governors

Regular Meeting

Friday, April 9, 2021
12:00 p.m. – 2:00 p.m.

Conference Call Only

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, April 9, 2021
12:00 p.m. – 2:00 p.m.

Video Conference Call

Alameda, CA 94502

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

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

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE BOARD," 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT jmurray@alamedaalliance.org. YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE FOLLOWING LINK Join meeting OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: 1-408-418-9388 Access Code: 1469807782. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MUST SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE.

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. IT WOULD BE APPRECIATED 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. IF THAT IS NOT POSSIBLE, EVERY EFFORT WILL BE MADE TO ATTEMPT TO REVIEW E-COMMENTS DURING THE COURSE OF THE MEETING. TOWARDS THIS END, THE CHAIR OF THE BOARD WILL ENDEAVOR TO TAKE A BRIEF PAUSE BEFORE ACTION IS TAKEN ON ANY AGENDA ITEM TO ALLOW THE BOARD CLERK TO REVIEW E-COMMENTS, AND SHARE ANY E-COMMENTS RECEIVED DURING THE MEETING.

1. **CALL TO ORDER**

   (A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on April 9, 2021, at 12:00 p.m. in Alameda County, California, by Dr. Evan, Presiding Officer. This meeting to take place by video conference call.)

2. **ROLL CALL**

3. **AGENDA APPROVAL OR MODIFICATIONS**

4. **INTRODUCTIONS**

5. **CONSENT CALENDAR**

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

   a) **MARCH 12, 2021 BOARD OF GOVERNORS MEETING MINUTES**

   b) **APRIL 6, 2021 FINANCE COMMITTEE MEETING MINUTES**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY GROUP**

   b) **FINANCE COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

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

   b) **REVIEW AND APPROVE RESOLUTION 2021-04 BOARD MEMBER (REBECCA GEBHART) AT-LARGE SEAT**

   c) **REVIEW AND APPROVE RESOLUTION 2021-05 BOARD MEMBER (NICHOLAS PERAINO) AT-LARGE SEAT**

   d) **REVIEW AND APPROVE STATEMENT "IN SOLIDARITY WITH OUR ASIAN AMERICAN PACIFIC ISLANDER COMMUNITIES"**

   e) **REVIEW AND APPROVE PROVIDER SUSTAINABILITY FUND**

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

   b) **PHARMACY & THERAPEUTICS COMMITTEE**

c) **HEALTH CARE QUALITY COMMITTEE**

d) **CONSUMER ADVISORY COMMITTEE**

10. STAFF UPDATES

11. UNFINISHED BUSINESS

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

13. PUBLIC COMMENT (NON-AGENDA ITEMS)

14. CLOSED SESSION

a) **DISCUSSION AND DELIBERATION REGARDING TRADE SECRETS (HEALTH & SAFETY CODE SECTION 32106). DISCUSSION WILL CONCERN A NEW LINE OF BUSINESS, PROTECTION OF ECONOMIC BENEFIT TO THE DISTRICT. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF JUNE 2021.**

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 Shelter in Place, this meeting is a 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.

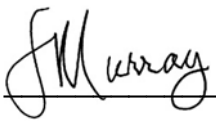
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org.

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.alamaedaalliance.org on April 6, 2021, by 12:00 p.m.



_____Clerk of the Board – Jeanette Murray

ALAMEDA Alliance FOR HEALTH

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CONSENT CALENDAR

ALAMEDA Alliance FOR HEALTH

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Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
March 12, 2021
12:00 pm – 2:00 pm
(Video Conference Call)
Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice-Chair), Dr. Noha Aboelata, Marty Lynch, Wilma Chan, Natalie Williams, Byron Lopez, Nicholas Peraino, Dr. Rollington Ferguson, Dr. Michael Marchiano

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

Alliance Staff and Board of Governors Excused: Aarondeep Basrai, David B. Vliet, Dr. Kelley Meade

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Seevak	The regular board meeting was called to order by Dr. Seevak at 12:01 pm.	None	None
2. ROLL CALL			
Dr. Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Seevak	None	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
5. CONSENT CALENDAR			
Dr. Seevak	Dr. Seevak presented the Consent Calendar. a) February 12, 2021, Board of Governors Meeting Minutes b) March 9, 2021, Finance Committee Meeting Minutes Motion to Approve March 12, 2021, Board of Governors Consent Calendar. A vote by roll call was taken, and the motion passed.	Motion to Approve March 12, 2021, Board of Governors Consent Calendar. Motion: M. Lynch Second: N. Peraino Vote: Yes No opposed or abstained.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY GROUP			
R. Gebhart	The Compliance Advisory Group was held telephonically on February 12, 2021, at 10:30 am. Rebecca Gebhart updated the Board on the current Compliance Advisory workbook. Compliance Dashboard: • No updates to dashboard as no new audits were paused due to COVID. ○ Staff spent time auditing the audits and ensuring the CAPs are working and are documented. • We now have four or five new audits underway and will probably have new findings to report on as these audits are completed. Plan Audits and Oversight: • A new staff member on the team was introduced, Ron Smothers - Manager, Compliance Audits, and Investigations.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Kindred Focused Audit: ○ The Plan provided additional documentation on February 19. ○ On March 5, we received the final report of findings; we had requested language changes and were largely not successful in our requests. Two of ten language change requests were approved. ○ April 5 CAP plan is due. ○ Data from the CAP will be in a new dashboard which we will monitor and report to the Board. • DHCS and DMHC Medical Services Survey Joint Audit – April: ○ DMHC Case files due and submitted on February 12. ○ DHCS due and submitted on February 26. ○ April interviews will be held remotely. • Audit preparation – Critical: ○ Phase one - review P and Ps. ○ Phase two - review CAPs from prior audits to ensure compliance and documentation, mock interviews internally to practice, and ensure role clarity. ○ Phase three - mock interviews with delegates. • 2021 Office of Civil Rights (OCR) Privacy Audit ongoing: ○ The OCR Office is where we report breaches. ○ PHI and breach requirements were discussed today. ○ February filing of a breach of provider/BAA (occurred in April of 2020, we were notified late in 2020). ○ 2,300 Alliance members affected (500 members are also required to report to federal government OCR). ○ In the filing, OCR requested a meeting with the Alliance, and they informed us of a limited review. ○ We will bring more information to the Board as we receive it. Question: Does the Alliance have to report these breaches? Answer: Yes, the Alliance needs to report to the OCR too.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Annual Network Adequacy (ANC) Audit: ○ Reviewing our submissions, and we are awaiting feedback. Delegation Oversight: • All seven delegates were audited last year. ○ Four CAPs were issued in 2020, and three of the remaining are in the preliminary audit finding stage. ○ In our process, we allow delegates to respond to our preliminary audit findings. ○ This conversation helps the delegates comply and helps us understand the facts more fully. NCQA Plan Accreditations: • For both lines of business, we passed on the standards but received a CAP on the NOA letters. • In the final review, we passed the CAP with 100%, this was both an internal process and included CHCN's NOA letters, and CHCN was a good partner in the process. Medi-Cal Program Updates: • NOA translations ○ As a result of the draft APL, for three threshold languages (Spanish, Chinese/Cantonese, Vietnamese), we are required to provide the template information in their language and may be under obligation to provide a transition of their clinical specifics in real-time to the members. ○ The Alliance is deciding how to implement this and will keep you informed. Informational update to the Board of Governors. Vote not required.		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Ferguson	The Finance Committee was held telephonically on Tuesday, February 9, 2021. Dr. Ferguson updated the Board on the Finance Committee Meeting. Highlights: • The Committee reviewed January 2021 Finance reports. • Enrollment has leveled off. • TNE is stable. • Administrative expenses are better than projected. • The sustainability Fund was discussed and will be revisited later today during Board Business. • Claims interest is running higher than usual. • The Committee discussed the COVID-19 Utilization. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
7. CEO UPDATE			
S. Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: COVID-19 Vaccinations: • The Alliance is working with Alameda County to support the communications within the County. • 6,000 Group Care members have been notified, through letters, calls, and postcards, of where to obtain their vaccinations. • During the week of March 4, high-risk Medi-Cal enrollees (5,100, age 65 and older) in 10 zip codes near the Coliseum have started to receive these communications. • Week of March 24, more than 11,000 low- to mid-risk Medi-Cal enrollees, 65 and older, will be contacted.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Analysis has started to identify the Medi-Cal members ages 19-64 with health conditions, and we will be coordinating with HCSA on the outreach to these members. American Rescue Plan Act of 2021: • President Biden signed the American Rescue Plan Act of 2021 bill into law on March 11. • The COVID stimulus legislation will help individuals and includes $160 billion for vaccines and testing and additional funding for health care providers. • We will continue to track the progress on funding to health care providers in Alameda County in the coming weeks. Enrollment & Operations: • The agenda for today's Board meeting includes an overview of our experience this year with paying interest associated with the processing of provider claims. • This is one of the metrics that is tracked closely with our dashboard. • These dashboard metrics are internal targets. Workplace Assessment: • A 20-week engagement started in early March to survey staff, making recommendations on office space planning, the use of remote working in each of the divisions, and allowing time for an informed approach to returning to the office. • I have communicated my decision to the staff to continue with our remote working through the end of this calendar year, and I will report to the Board as we advance into this assessment. HEDIS MY2021: • The HEDIS chart shows our results between 2014 and 2019 and forecasts the outcomes for 2020. • This year we will drop to about 50% in our HEDIS Score, which is also seen around other Health Care Plans, due to COVID-19. • The Board meeting includes a presentation on the status of HEDIS for the measurement year 2020 by Tiffany Cheang, Chief Performance & Analytics Officer.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP

	Fiscal Year 2022:
	• The Fiscal Year 2022 budget process has kicked off, and a preliminary budget will be presented to the Finance Committee and Board of Governors in June.
	• The final budget will be presented in December, and a final revision will be delivered in the first quarter 2022 forecast.
	
	Medi-Cal Rx:
	• In January 2021, Centene Corporation announced its acquisition of Magellan, the vendor selected by the State of California to administer the pharmacy benefits for more than 13 million Medi-Cal enrollees statewide.
	• On February 17, six weeks prior to the April 1 go-live date, DHCS announced that Medi-Cal Rx was delayed indefinitely while Magellan and the State continue to develop their conflict avoidance protocols, firewalls, and other policies.
	
	CalAIM Initiatives – 2021 and 2022:
	• This is an important program, and we are tracking several deliverables, such as,
	  ○ Listening sessions, and major transplants.
	• A California State Assembly, Committee on Health meets next week and will be talking about benefits and standardizations of these services, such as,
	  ○ In Lieu of Services
	  ○ Incentive Payments
	  ○ Enhanced Care Management
	  ○ Population Health Management
	  ○ NCQA Accreditation
	  ○ Statewide LTSS
	• Details are still emerging about the criteria for these services.
	
	Regulatory & Accreditation Audits:
	• The Alliance's audit team did a wonderful job preparing for the NCQA focused audit and achieved outstanding results with a perfect score.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Question: Are we able to track the uptake of our members getting vaccinated? Answer: Yes, eventually, with the CARES registry, we will be able to pull the data. Question: Do we have a way of choosing which vaccine we want to take? Answer: The vaccines are administered as available and currently there is not a choice of vaccine. At present, there is still a shortage, and all should take what is available. Question: Why are we not pushing vaccines in Doctor's offices? Answer: At some point, I think the Johnson and Johnson vaccine will be available in a doctor's office, but at present, we still have a large shortage of vaccines. Informational update to the Board of Governors. Vote not required.		
8. a BOARD BUSINESS – JANUARY 2021 MONTHLY FINANCIAL STATEMENTS			
G. Riojas	Gil Riojas gave the following January 2021 Finance updates: Enrollment: • For the month ending January 31, 2021, the Alliance had an enrollment of 277,884 members, a net income of $1.2M, and the tangible net equity is 544%. • Our enrollment has increased by 2,295 members since December 2020. Net Operating Results: • For the month ending January 31, 2021, the actual net income was $1.2M, and the budgeted net loss was $2.2M. • The favorable variances were due to lower than anticipated administrative expense and higher than anticipated revenue.	Motion to Approve January 31, 2021, Monthly Financial Statements. Motion: Dr. Ferguson Second: M. Lynch Vote: Yes No opposed or abstained.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Revenue: • For the month ending January 31, 2021, the actual revenue was $93.1M vs. the budgeted revenue of $92.0M. Medical Expense: • For the month ending January 31, 2021, the actual medical expense was $86.5M vs. the budgeted medical expense of $84.2M. Medical Loss Ratio (MLR): • For the month ending January 31, 2021, the MLR was 92.9%, and the fiscal year-to-date of 97.2%. Administrative Expense: • For the month ending January 31, 2021, the actual administrative expense was $5.4M vs. the budgeted administrative expense of $10.0M. Other Income / (Expense): • As of January 31, 2021, our YTD interest income from investments is $429,000, and YTD claims interest expense is $205,000. Tangible Net Equity (TNE): • Tangible net equity results continue to remain healthy, and at the end of January 31, 2021, the TNE was reported at 544% of the required amount. Cash Position and Assets: • For the month ending January 31, 2021, the Alliance reported $331.4M in cash; $180.8M in uncommitted cash. Our current ratio is above the minimum required at 1.60 compared to the regulatory minimum of 1.0. Motion to approve January 31, 2021, Monthly Financial Statements as presented. A vote by roll call was taken, and the motion passed.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
8. b. BOARD BUSINESS – CLAIMS INTEREST ANALYSIS			
M. Woodruff	Matt Woodruff presented the Claims Interest Analysis Purpose and Outcomes: • Review current fiscal year interest payments. • Review primary sources and causes for interest incurred. • Review year-end cost comparison to budget. • Top Ten Providers Paid Interest. • Conclusions and next steps. Informational update to the Board of Governors.	Informational update to the Board of Governors. Vote not required.	None
8. c. BOARD BUSINESS – COVID-19 COST AND UTILIZATION			
G. Riojas	Gil Riojas presented COVID-19 Cost and Utilization The agenda included and items discussed were: • Projection Assumptions and Challenges • Costs by Population and Category of Service • Admission Trends Informational update to the Board of Governors.	Informational update to the Board of Governors. Vote not required.	None
8. d. BOARD BUSINESS – FISCAL YEAR 2021 SECOND QUARTER FORECAST			
G. Riojas	Gil Riojas introduced presented Fiscal Year 2021 Second Quarter Forecast Gil discussed the following items: • FY2021 Forecast Highlights • Membership • Revenue	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Medical Expense • Forecast versus Budget Results • Medical Loss Ratio by Population • Administrative & Clinical Staffing Question: Will there be a Third Quarter Forecast? Answer: Yes, there will be a Third Quarter Forecast. Informational update to the Board of Governors.		
8. e. BOARD BUSINESS – HEDIS UPDATE MEASUREMENT YEAR (MY) 2020			
T. Cheang	Tiffany Cheang presented the HEDIS Update. Tiffany discussion included: • What is HEDIS? • Current status of the HEDIS race • Changes in HEDIS Measures • Managed Care Accountability Set Measure Comparison (MCAS) • COVID-19 impacts on HEDIS • HEDIS Performance 2014 to 2020, improving by 38% in six years Informational update to the Board of Governors.	Informational update to the Board of Governors. Vote not required.	None
8. f. BOARD BUSINESS – MEDI-CAL DELIVERY SYSTEM			
S. Coffin	Scott Coffin presented the Medi-Cal Delivery System Scott shared the following information.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	On February 23, a joint presentation was given to the Alameda County Board of Supervisors Health Committee by Colleen Chawla, HCSA, Lori Cox, SSA, and Scott Coffin, Alameda Alliance for Health. The Committee approved to submit a non-binding letter of intent to DHCS no later than April 30, 2021. The Health Committee is forwarding the letter of intent to the Board of Supervisors in April for a vote. In October 2020, DHCS invited county health officials to consider changing their Medi-Cal delivery models. Updates will be shared after the ACBOS vote in April. Question: What are the next steps? Answer: After the letter of intent passes, Alameda County can begin talks with the Department of Health Care Services. There would be about 6 months of discovery work, which is a formal assessment that identifies the risk, benefits, costs, etc. Question: Is there a federal process? Answer: Yes, part of the discovery efforts will define the state and federal legislative requirements. Informational update to the Board of Governors.		
9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on January 19, 2021. Dr. O'Brien gave the following updates: • There were twelve (12) initial providers approved, including one (1) Primary Care Providers, four (4) specialists, one (1) ancillary provider, and six (6) mid-level providers.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Additionally, forty-one (41) providers were re-credentialed at this meeting; eighteen (18) primary care providers, sixteen (16) specialists, three (3) ancillary providers, and four (4) mid-level providers. Informational update to the Board of Governors. Vote not required.		
9. b. STANDING COMMITTEE UPDATES – PHARMACY & THERAPEUTICS COMMITTEE			
Dr. O'Brien	Dr. O'Brien gave an update on the Pharmacy & Therapeutics Committee. • Dr. O'Brien announced a new voting member of Alliance Pharmacy & Therapeutics (P&T) Committee has been recruited. Dr. Bao Dao is an oncologist at EpiCare and has expertise in physician administered drugs. • The current voting members serving the P & T Committee include: ○ Aaron Basrai ○ Paul J. Bayard ○ Pamela Gumbs ○ Ivan Y. Lee ○ Helen Lee, PharmD, MBA ○ Stephen O'Brien, MD ○ Bao Dao, MD Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
10. STAFF UPDATES			
S. Coffin	• None	None	None
11. UNFINISHED BUSINESS			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
S. Coffin	• None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
S. Coffin	• None	None	None
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	• None	None	None
15. ADJOURNMENT			
Dr. Seevak	Dr. Seevak adjourned the meeting at 2:00 pm.	None	None

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

ALAMEDA Alliance FOR HEALTH

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Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

April 6, 2021
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

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

Committee Members absent: Nick Peraino

Alliance Staff and other Board of Governor members on Conference Call: Scott Coffin, Matt Woodruff, Dr. Steve O'Brien, Anastacia Swift, Tiffany Cheang, Richard Golfin III, Carol vanOosterwijk, Ruth Watson, Shulin Lin, Lilliana Wang, Christine Corpus

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER and INTRODUCTIONS			
Dr. Rollington Ferguson	Dr. Ferguson called the Finance Committee meeting to order at 8:03 am and conducted Roll Call.		
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. March 9, 2021, Finance Committee Minutes were approved at the Board of Governors meeting on March 12, 2021, and not presented today. There were no modifications to the Consent Calendar. No motion or vote is required.		
a.) CEO Update			
Scott Coffin	S. Coffin guided the Finance Committee through a PowerPoint presentation on the Provider Sustainability Fund as an action item to discuss the remaining $8.3 million allocation for Fiscal Year 2021 and for the Committee to provide a recommendation to the full Board of Governors on Friday, April 9, 2021.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Upon completion of the presentation, the Committee discussed four options that were presented, and following a discussion, a decision was made to recommend termination of the funding program to the full Board of Governors on Friday, April 9.	Motion to bring recommendation to full Board of Governors to **Terminate the Provider Sustainability Fund program and transfer the dollars back to the operating budget:** Motion: Dr. Marchiano Seconded: Dr. Ferguson All in Favor – pass No oppose or abstain	
b.) Review February 2021 Monthly Financial Statements			
Gil Riojas	**February 2021 Financial Statement Summary** **Enrollment:** Current enrollment is 279,835 and continues to trend upward. Enrollment has increased by 1,951 members from January 2021, and 23,090 members since June 2020. As in previous months, increases are primarily in the Child, Adult, and Optional Expansion categories of aid. We added a new graph to show our net change in enrollment. While membership continues to increase, we are beginning to see a decline in the rate of increase month-over-month. This change in the rate of increase will affect our forecast for the rest of this year and the budget process into the next fiscal year. In addition, we do expect to see further decreases in the rate of enrollment once the public health state of emergency has ended. **Net Income:** For the month ending February 28, 2021, the Alliance reported a Net Income of $7.5 million (versus budgeted Net Income of $249,000). For the year-to-date, the Alliance recorded a Net Loss of $10.0 million versus a budgeted Net Loss of $20.6 million. Factors creating the favorable variance were higher than anticipated Revenue, lower than anticipated Administrative Expense, and lower than anticipated Medical Expense.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Revenue: For the month ending February 28, 2021, actual Revenue was $97.1 million vs. our budgeted amount of $93.0 million. The favorable variance can be attributed to unanticipated retroactive adjustments made by DHCS for calendar years 2014 through 2020. **Medical Expense:** Actual Medical Expenses for the month were very close to target at $84.9 million vs. our budgeted amount of $85.1 million. For the year-to-date, actual Medical Expenses were $670.2 million versus budgeted $667.4 million. Drivers leading to the unfavorable variance can be seen on the tables on pages 10 and 11, with the explanation on pages 11 and 12. **Medical Loss Ratio:** Our MLR ratio for this month was reported at 87.5%. As a reminder, we are required to have an MLR above 85% for our Optional Expansion population and we are still above that. We do anticipate that number to go back up. Year-to-date MLR was at 95.9% vs our annual budgeted percentage 94.2%. **Administrative Expense:** Actual Administrative Expenses for the month ending February 28, 2021 were $4.7 million vs. our budgeted amount of $7.7 million. We are also below budget for year-to-date at $39.1 million vs. budgeted $48.4 million. Our Administrative Expense represents 4.9% of our Revenue for the month, and 5.6% of Net Revenue for year-to-date. The reasons for the favorable variance are listed on page 13 of the presentation and remain consistent with prior periods. **Other Income / (Expense):** As of February 28, 2021, our YTD interest income from investments was $490,000. We continue to discuss strategy with our investment manager to see if there is a way to increase our return. YTD claims interest expense is $241,000. **TangibleNet Equity (TNE):** We reported a TNE of 570%, with an excess of $161.7 million. This remains a healthy number in terms of our reserves.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Cash and Cash Equivalents: We reported $338.3 million in cash; $128.8 million is uncommitted. Our current ratio is above the minimum required at 1.52 compared to the regulatory minimum of 1.0. **Capital Investments:** We have spent $543,000 in Capital Investments, and our budget for the year is $2.4 million.	Motion to accept **February 2021, Financial Statements.** Motion: Dr. Marchiano Seconded: G. Riojas All in Favor – pass No opposed or abstained	
Dr. Rollington Ferguson	Dr. Ferguson motioned to adjourn the meeting. The meeting adjourned at 8:51 am.	Motion to adjourn: Dr. Ferguson Seconded: Dr. Marchiano No opposed or abstained.	

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

ALAMEDA Alliance FOR HEALTH

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

CEO Update

Scott Coffin

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

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

Date: **April 9, 2021**

Subject: **CEO Report**

- **Regulatory & Accreditation Audits**
  - Joint DMHC/DHCS full medical survey is scheduled for April 13 - 23, 2021. The audit covers grievances & appeals (member rights), access & availability, utilization management (authorizations, referrals), quality assurance, and other functions that pertain to care coordination. The audit period for DMHC is 11/1/2018-10/31/2020, and the DHCS audit period is 6/1/2019-3/31/2021.
  - U.S. Department of Health & Human Services, Office of Civil Rights, announced a focused audit on privacy matters involving a contracted hospital, and the actual date of this audit is pending.
  - NCQA focus audit on the second corrective action plan has completed, and the Alliance passed the audit. NCQA is removing the corrective action plan related to Notices of Action.

- **Enrollment & Operations**
  - Membership in April exceeds 282,000; Medi-Cal 98% and Group 2%.
  - Medi-Cal enrollment has increased by 36,000 since March 2020.
  - Governor Newsom's Executive Order to suspend annual Medi-Cal redeterminations continues in full force, and a correction to the Medi-Cal enrollment is expected after the order is removed.
  - Please refer to the Alliance's Operations Dashboard for key operating metrics.

- **CalAIM Initiatives – 2021 and 2022**
  - Whole Person Care & Health Homes programs end on December 31, 2021
  - Enhanced Care Management (target populations) & In Lieu Of Services begin January 1, 2022.
    - Model of Care is due by July 2021.
    - Provider network submissions is due by September 2021.
    - Major Organ Transplant benefit begins January 1, 2022.
  - Community Sessions scheduled in April and May with safety-net partners to inventory services.
  - Visit https://alamedaalliance.org/providers/calaim/ for more information on the CalAIM program.

- **Medi-Cal Rx**
    - The California Department of Health Care Services (DHCS) indefinitely postponed the transition of the Medi-Cal pharmacy benefit administration to the State of California.
    - Alliance's project implementation team is current on deliverables to the State of California and is awaiting further direction on this initiative.
    - Alliance is continuing to contract with the current pharmacy benefit administrator, serving Medi-Cal and Group Care members.

- **American Rescue Plan Act of 2021**
    - $1.9 trillion in COVID-19 relief funding is approaching a vote by the House of Representatives, and following a passing vote, President Biden would be signing into law.
    - American Rescue Plan Act includes 15 provisions for health care providers to expand COVID-19 vaccinations at hospitals, health centers, and other providers.
    - Alameda County was awarded a total of $324 million in stimulus funding, and California received $8.1 billion.

- **HEDIS Measurement Year 2021**
    - Approximately 77% of the 3,960 medical records retrieved as of March 30: average retrieval rates above 90% in prior years, forecasting lower retrieval rates in Measurement Year (MY) 2020 due to virtual collection process.
    - Forecasting 55% AQFS for measurement year, and currently, the Alliance is tracking to 51% with three weeks remaining before the records are locked by NCQA.

EXECUTIVE DASHBOARD
APRIL 2021

ALAMEDA Alliance FOR HEALTH

THE ALLIANCE EXECUTIVE DASHBOARD PROVIDES A HIGH LEVEL OVERVIEW OF KEY PERFORMANCE MEASURES AND INDICATORS.

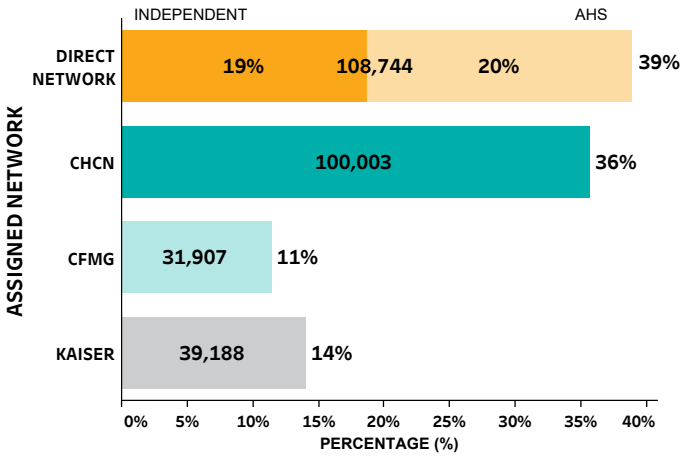
MEMBERSHIP**

279,842

TOTAL MEMBERSHIP

IHSS 5,969 **MEDI-CAL** 273,873

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**



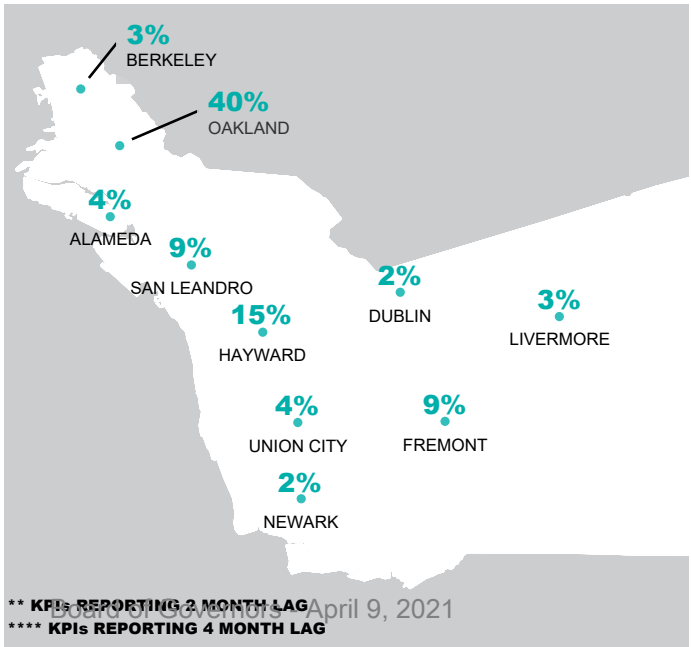
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%

OF ALLIANCE MEMBERS LIVE IN **10 CITIES** AND THE REMAINING **8%** LIVE IN THE OTHER ALAMEDA COUNTY CITIES AND UNINCORPORATED AREAS

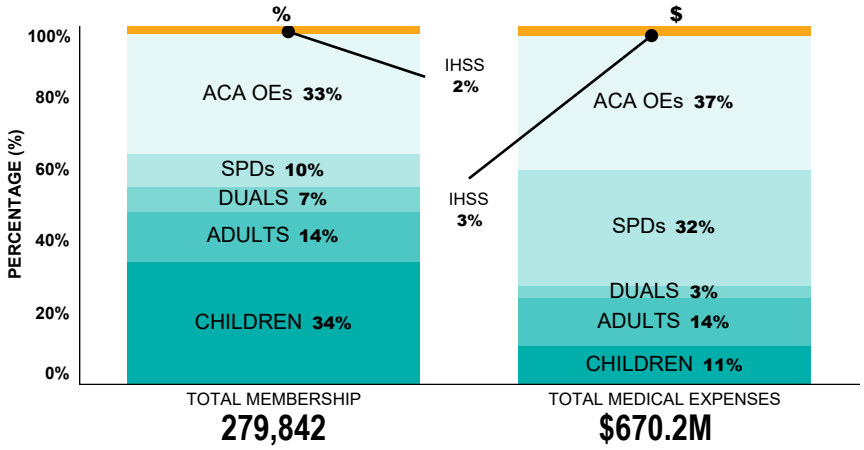
TEN CITIES

- ALAMEDA
- BERKELEY
- DUBLIN
- FREMONT
- HAYWARD
- LIVERMORE
- NEWARK
- OAKLAND
- SAN LEANDRO
- UNION CITY



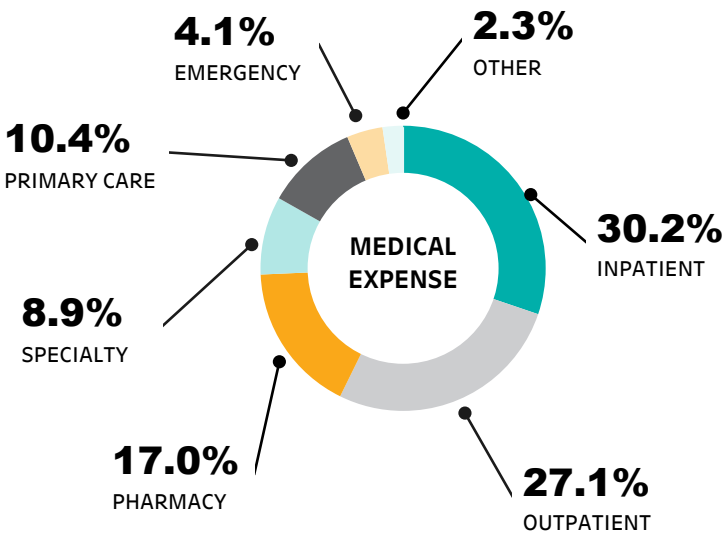
** KPIs REPORTING 2 MONTH LAG
**** KPIs REPORTING 4 MONTH LAG

DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**



REVENUE & EXPENSES**

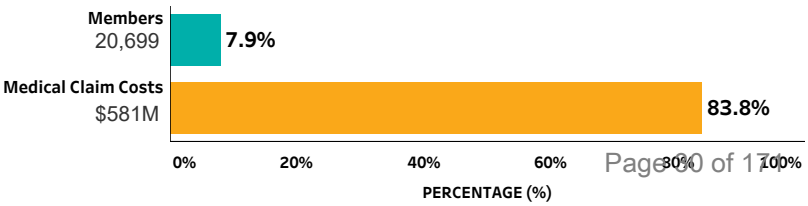
	FEBRUARY 2021	FISCAL YTD
REVENUE	$97.1M	$699.0M
MEDICAL EXPENSE	($84.9M)	($670.2M)
ADMIN EXPENSE	($4.7M)	($39.1M)
OTHER	$15K	$219K
NET INCOME	**$7.5M**	**($10.0M)**



TANGIBLE NET EQUITY**

570% **$196M**

HIGH UTILIZER DISTRIBUTION****



UTILIZATION**

4,413
INPATIENT BED DAYS

5,879
EMERGENCY ROOM VISITS

4.5 DAYS
AVERAGE LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	193	589
COMPLEX CASE MANAGEMENT	21	49
Total	214	638

	NEW CASES	ENROLLED
HEALTH HOMES	12	792
WHOLE PERSON CARE (AC3)	5	245
Total	17	1,037

TOTAL CASE MANAGEMENT

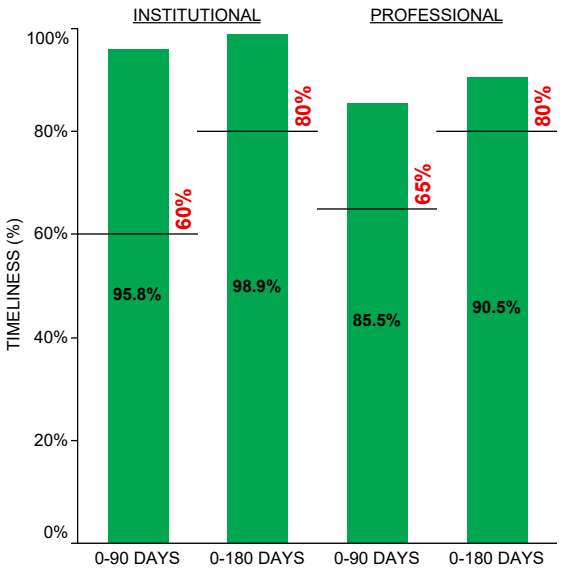
231
TOTAL NEW CASES

1,675
TOTAL OPEN CASES & ENROLLED

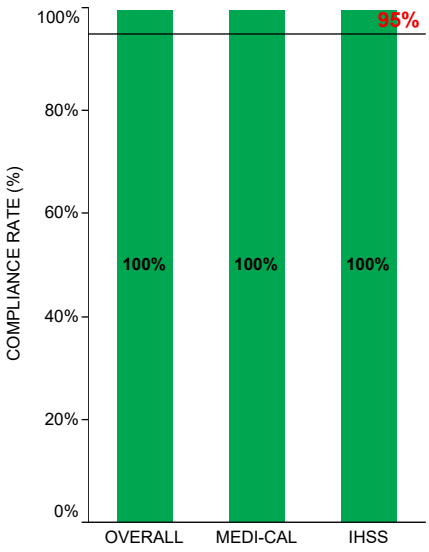
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

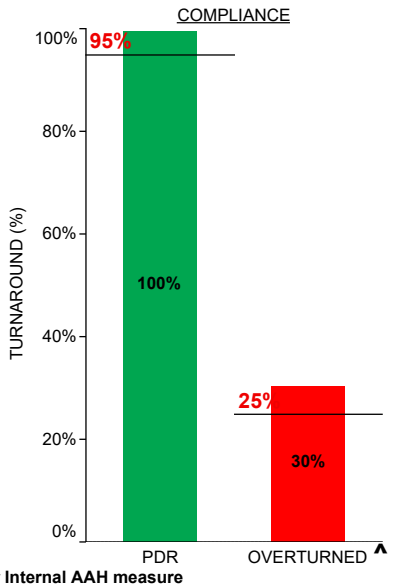
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



^ For Internal AAH measure

CALL CENTER

14,899
CALLS RECEIVED

78%
ANSWERED IN 30 SECONDS

4%
CALLS ABANDONED

CLAIMS

150,855
PROCESSED CLAIMS

73.8%
AUTO ADJUDICATED

19 DAYS
PROCESSED PAYMENTS

STAFF & RECRUITING

348
TOTAL EMPLOYEES

8
HIRED IN THE LAST 30 DAYS

10%
CURRENT VACANCY

2021-2022 Legislative Tracking List

The following is a list of state bills currently tracked by the Public Affairs Department that have been introduced during the 2021-2022 Legislative Session that is of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

Medi-Cal (Medicaid)

- **AB 368 (Bonta – D) Food Prescriptions**
  - **Introduced:** 2/1/2021
  - **Status:** 3/22/2021 – Re-referred to Committee on Health.
  - **Summary:** Would require the State Department of Health Care Services to establish, no earlier than January 1, 2022, a pilot program for a 2-year period in 3 counties, including the County of Alameda, to provide food prescriptions to eligible Medi-Cal beneficiaries, including individuals who have a specified chronic health condition, such as Type 2 diabetes and hypertension, when utilizing evidence-based practices that demonstrate the prevention, treatment, or reversal of those specified diseases. The bill would authorize the department, in consultation with stakeholders, to establish utilization controls, including the limitation on the number of services, and to enter contracts for purposes of implementing the pilot program. The bill would require a Medi-Cal managed care plan or their contractor that participates in the pilot program to establish procedures for referring and enrolling eligible Medi-Cal beneficiaries in the pilot program.

- **AB 4 (Arambula – D) Medi-Cal: Eligibility**
  - **Introduced:** 12/8/2020
  - **Status:** 1/11/2021 Referred to committee on Health.
  - **Summary:** Would, effective January 1, 2022, extend eligibility for full-scope Medi-Cal benefits to anyone regardless of age and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health care provider or Medi-Cal managed care health plan, and would require the department to provide monthly updates to the appropriate policy and fiscal committees of the Legislature on the status of the implementation of these provisions.

- **AB 32 (Aguilar-Curry – D) Telehealth**
  - **Introduced:** 12/7/2020
  - **Status:** 2/16/2021 Re-referred to committee on Health.
  - **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-

Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems and their subcontractors that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth.

- **AB 77 (Petrie-Norris – D) Substance use Disorder Treatment Services**
  - **Introduced:** 12/7/2020
  - **Status:** 3/25/2020 – Referred to Com. on HEALTH. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.
  - **Summary:** This bill, commencing January 1, 2026, would require any substance use disorder treatment program to be licensed by the State Department of Health Care Services, except as specified. The bill would require the department, in administering these provisions, to issue licenses for a period of 2 years for substance use disorder treatment programs that meet the requirements in these provisions. The bill would require the department to issue a license to a substance use disorder program once various requirements have been met, including an onsite review. The bill would authorize the department to renew a license, as provided. The bill would prohibit providing substance use disorder treatment services to individuals without a license.

- **AB 112 (Holden – D) Medi-Cal Eligibility**
  - **Introduced:** 12/17/2020
  - **Status:** 3/25/2021 – Read the second time and amended.
  - **Summary:** Current federal law prohibits a state from terminating Medi-Cal eligibility for an eligible juvenile if they are an inmate of a public institution, authorizes the suspension of Medicaid benefits to that eligible juvenile, and requires a state to conduct a redetermination of Medicaid eligibility or process an application for medical assistance under the Medicaid program for an eligible juvenile who is an inmate of a public institution. Under current state law, the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile, as defined in federal law, ends when the individual is no longer an eligible juvenile pursuant to federal law or one year from the date the individual becomes an inmate of a public institution, whichever is later. This bill would instead require the suspension of Medi-Cal benefits to an inmate of a public institution who is not a juvenile to end on the date they are no longer an inmate of a public institution or 3 years from the date they become an inmate of a public institution, whichever is sooner.

- **AB 114 (Mainenschein – D) Medi-Cal Benefits: Rapid Whole Genome Sequencing**
  - **Introduced:** 12/17/2020
  - **Status:** 2/24/2021 – Re-referred to committee on Health.
  - **Summary:** Would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, as specified, for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. The bill would authorize the State Department of Health Care Services to implement this provision by various means without taking regulatory action.

- **AB 265 (Petrie-Norris – D) Medi-Cal: Reimbursement Rates**
  - **Introduced:** 1/15/2021
  - **Status:** 3/24/2021 – From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (March 23). Re-referred to Com. on APPR.
  - **Summary:** Current law requires the State Department of Health Care Services to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services. This bill would delete provisions relating to the above-specified 80% standard and would make conforming changes.

- **AB 278 (Flora – R) Medi-Cal: Podiatric Services**
  - **Introduced:** 1/19/2021
  - **Status:** 3/24/2021 – From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (March 23). Re-referred to Com. on APPR.
  - **Summary:** Current law requires a health care provider applying for enrollment as a Medi-Cal services provider or a current Medi-Cal services provider applying for continuing enrollment, or a current Medi-Cal services provider applying for enrollment at a new location or a change in location, to submit a complete application package. Under current law, a licensed physician and surgeon practicing as an individual physician practice or a licensed dentist practicing as an individual dentist practice, who is in good standing and enrolled as a Medi-Cal services provider, and who is changing the location of that individual practice within the same county, is eligible to file a change of location form in lieu of submitting a complete application package instead. This bill would make conforming changes to the provisions that govern applying to be a provider in the Medi-Cal program, or for a change of location by an existing provider, to include a doctor of podiatric medicine licensed by the California Board of Podiatric Medicine.

- **AB 369 (Kamlager – D) Medi-Cal Services: Persons Experiencing Homelessness**
  - **Introduced:** 2/1/2021
  - **Status:** 3/22/2021 – Re-referred to Committee on Health.
  - **Summary:** Would, until January 1, 2026, prohibit the Director of the State Department of Health Care Services from imposing prior authorization or other utilization controls on an item, service, or immunization that is intended to test for, prevent, treat, or mitigate COVID-19.

- **AB 382 (Kamlager – D) Whole Child Model Program**
  - **Introduced:** 2/2/2021
  - **Status:** 3/24/2021 – From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (March 23). Re-referred to Com. on APPR.
  - **Summary:** Current law authorizes the State Department of Health Care Services to establish a Whole Child Model (WCM) program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties provide CCS services to Medi-Cal eligible CCS children and youth. Current law requires the department to establish a statewide WCM program stakeholder advisory group that includes specified persons, such as CCS case managers, to consult with that advisory group on the implementation of the WCM and to consider the advisory group's recommendations on

prescribed matters. The existing law terminates the advisory group on December 31, 2021. This bill would instead terminate the advisory group on December 31, 2023.

- **AB 470 (Carillo – D) Medi-Cal: Eligibility**
  - **Introduced:** 2/8/2021
  - **Status:** 3/22/2021 - From printer. May be heard in committee March 11.
  - **Summary:** Would prohibit the use of resources, including property or other assets, to determine eligibility under the Medi-Cal program to the extent permitted by federal law, and would require the State Department of Health Care Services to seek federal authority to disregard all resources as authorized by the flexibilities provided pursuant to federal law. The bill would authorize the department to implement this prohibition by various means, including provider bulletins, without taking regulatory authority.

- **AB 521 (Mathis – R) Medi-Cal: Unrecovered Payments: Interest Rate**
  - **Introduced:** 2/10/2021
  - **Status:** 3/30/2021 – From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read the second time and amended.
  - **Summary:** Current law requires the Director of Health Care Services to establish administrative appeal processes to review grievances or complaints arising from the findings of an audit or examination. Under current law, if recovery of a disallowed payment has been made by the department, a provider who prevails in an appeal of that payment is entitled to interest at the rate equal to the monthly average received on investments in the Surplus Money Investment Fund, or simple interest at the rate of 7% per annum, whichever is higher. Under current law, with exceptions, interest at that same rate is assessed against any unrecovered overpayment due to the department. In the case of an assessment against any unrecovered overpayment due to the department, this bill would authorize the director to waive any or all of the interest or penalties owed by a provider, after taking into account specified factors, including the importance of the provider to the health care safety net in the community and the impact of the repayment amounts on the fiscal solvency of the provider.

- **AB 540 (Petrie-Norris – D) Program of All-Inclusive Care for the Elderly**
  - **Introduced:** 2/10/2021
  - **Status:** 2/18/21 Referred to Coms. on AGING & L.T.C. and HEALTH.
  - **Summary:** Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal State Plan, as specified. Current law authorizes the State Department of Health Care Services to enter into contracts with various entities for the purpose of implementing the PACE program and fully implementing the single-state agency responsibilities assumed by the department in those contracts, as specified. This bill would exempt a beneficiary who is enrolled in a PACE organization with a contract with the department from mandatory or passive enrollment in a Medi-Cal managed care plan.

- **AB 586 (O'Donnell – D) Pupil Health: Mental Health Services: School Health Demonstration Project**
  - **Introduced:** 2/11/2021
  - **Status:** 3/25/2021 – Referred to Coms. on ED. and HEALTH. From committee chair, with author's amendments: Amend, and re-refer to Com. on ED. Read second time and amended.
  - **Summary:** Would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation

with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided.

- **AB 601 (Fong – R) Medi-Cal: Reimbursement**
  - **Introduced:** 2/11/2021
  - **Status:** 2/12/2021 – From printer. May be heard in committee on March 14.
  - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals to receive health care services, including clinical laboratory or laboratory services. The Medi-Cal program is, in part, governed by and funded pursuant to federal Medicaid program provisions. Current law requires the department to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services. This bill would make a technical, non-substantive change to these provisions.

- **AB 671 (Wood – D) Medi-Cal: Pharmacy Benefits**
  - **Introduced:** 2/12/2021
  - **Status:** 3/24/2021 – From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (March 23). Re-referred to Com. on APPR.
  - **Summary:** This bill would authorize the department to provide disease management or similar payment to a pharmacy that the department has contracted with to dispense a specialty drug to Medi-Cal beneficiaries in an amount necessary to ensure beneficiary access, as determined by the department based on the results of the survey completed during the 2020 calendar year.

- **AB 822 (Rodriguez – D) Observation Services**
  - **Introduced:** 2/16/2021
  - **Status:** 3/8/2021 – Re-referred to Committee on Health.
  - **Summary:** Under current law, mental health plans provide specialty mental health services and Medi-Cal managed health care plans, and the fee-for-service Medi-Cal program provides non-specialty mental health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. To the extent funds are made available in the annual Budget Act, this bill would expand mental health services to include observation services, as defined, for emergency psychiatric treatment when provided in an observation unit, as defined, subject to utilization controls.

- **AB 848 (Calderon – D) Medi-Cal: Monthly Maintenance Amount: Personal and Incidental Needs**
  - **Introduced:** 2/17/2021
  - **Status:** 3/24/2021 – 3/24/21 From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (March 23). Re-referred to Com. on APPR.
  - **Summary:** 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 and would require the department to annually adjust that amount by the same percentage as the Consumer Price Index.

- **AB 862 (Chen – R) Medi-Cal: Emergency Medical Transportation Services**
  - **Introduced:** 2/17/2021
  - **Status:** 2/25/2021 – Referred to Committee on Health.
  - **Summary:** The Medi-Cal Emergency Medical Transportation Reimbursement Act imposes a quality assurance fee for each emergency medical transport provided by an emergency medical transport provider subject to the fee in accordance with a prescribed methodology. Current law exempts an eligible provider from the quality assurance fee and add-on increase for the duration of any Medi-Cal managed care rating during which the program is implemented. Existing law requires each applicable Medi-Cal managed care health plan to satisfy a specified obligation for emergency medical transports and to provide payment to noncontract emergency medical transport providers and provides that this provision does not apply to an eligible provider who provides noncontract emergency medical transports to an enrollee of a Medi-Cal managed care plan during any Medi-Cal managed care rating period that the program is implemented. The bill would provide that during the entirety of any Medi-Cal managed care rating period for which the program is implemented, an eligible provider shall not be an emergency medical transport provider, as defined, who is subject to a quality assurance fee or eligible for the add-on increase and would provide that the program's provisions do not affect the application of the specified add-on to any payment to a nonpublic emergency medical transport provider.

- **AB 875 (Wood – D) Medi-Cal: Covered Benefits**
  - **Introduced:** 2/17/2021
  - **Status:** 2/25/2021 – Referred to Committee on Health.
  - **Summary:** Current law authorizes the State Department of Health Care Services to enter into various types of contracts for the provision of services to beneficiaries, including contracts with a Medi-Cal managed care plan. Current law requires the department to pay capitations rates to health plans participating in the Medi-Cal managed care program using actuarial methods and authorizes the department to establish health-plan- and county-specific rates, as specified. Current law requires the department to utilize health-plan- and county-specific rates for specified Medi-Cal managed care plan contracts and requires those developed rates to include identified specified information, such as health-plan-specific encounter and claims data. Current federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would require those mandatorily developed health-plan- and county-specific rates for specified Medi-Cal managed care plan contracts to include in lieu of services and settings provided by the Medi-Cal managed care plan.

- **AB 1104 (Grayson – D) Air Ambulance Services**
  - **Introduced:** 2/18/2021
  - **Status:** 3/22/2021 – Re-referred to Committee on Health

- **Summary:** Current law imposes a penalty of $4 until July 1, 2021, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Existing law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2022, whichever occurs first. These provisions remain in effect until January 1, 2024, and are repealed effective January 1, 2025. This bill would extend the assessment of penalties pursuant to the above-described provisions indefinitely. The bill would make other conforming changes.

- **AB 1131 (Wood – D) Health Information Network**
  - **Introduced:** 2/18/2021
  - **Status:** 3/29/2021 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read the second time and amended.
  - **Summary:** Would establish the statewide health information network (statewide HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. The bill would require the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities to support the electronic exchange of health information between, and aggregate and integrate data from multiple sources within, the State of California, among other responsibilities. The bill would require the statewide HIN to take specified actions with respect to reporting on, and auditing the security and finances of, the health information network.

- **AB 1132 (Wood – D) Health Care Consolidation and Contracting Fairness Act**
  - **Introduced:** 2/18/2021
  - **Status:** 3/25/21 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read the second time and amended. (Amended 3/25/2021)
  - **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 provides for the regulation of health insurers by the Department of Insurance. Current law regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2021, would prohibit a contract issued, amended, or renewed on or after January 1, 2022, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities.

- **AB 1050 (Gray – D) Medi-Cal: Application for Enrollment: Prescription Drugs**
  - **Introduced:** 2/18/2021
  - **Status:** 3/4/2021 – Referred to Committee on Health.
  - **Summary:** The Telephone Consumer Protection Act, among other provisions, prohibits any person within the United States, or any person outside the United States if the recipient is within the United States, from making any call to any telephone number assigned to a paging service, cellular telephone service, specialized mobile radio service, or other radio common

carrier service, or any service for which the called party is charged for the call, without the prior express consent of the called party, using an automatic telephone dialing system or an artificial or prerecorded voice. Under current case law, a text message is considered a call for purposes of those provisions. This bill would require the application for enrollment to include a statement that if the applicant is approved for Medi-Cal benefits, the applicant agrees that the department, county welfare department, and a managed care organization or health care provider to which the applicant is assigned may communicate with them regarding their care or benefits through all standard forms of communication, including, but not limited to, Free to End User text messaging.

- **AB 1160 (Rubio, Blanca – D) Medically Supportive Food**
  - **Introduced:** 2/18/2021
  - **Status:** 3/4/2021 – Referred to Committee on Health.
  - **Summary:** Current law requires the State Department of Health Care Services to establish a Medically Tailored Meals Pilot Program to operate for a period of 4 years from the date the program is established, or until funding is no longer available, whichever date is earlier, in specified counties to provide medically tailored meal intervention services to Medi-Cal participants with prescribed health conditions, such as diabetes and renal disease. Effective for contract periods commencing on or after January 1, 2022, this bill would authorize Medi-Cal managed care plans to provide medically tailored meals to enrollees. The bill would authorize the department to implement this provision by various means, including a plan or provider bulletins, and would require the department to seek federal approvals. The bill would condition the implementation of this provision on the department obtaining federal approval and the availability of federal financial participation.

- **AB 1355 (Levine – D) Medi-Cal: Independent Medical Review System**
  - **Introduced:** 2/19/2021
  - **Status:** 3/4/2021 – Referred to Committee on Health.
  - **Summary:** Would require the Department of Health Care Services to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1, 2022, which generally models the specified described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary grievance involving a disputed health care service is eligible for review under the IMRS and would define “disputed health care service” as any service covered under the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contractors that makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information on the IMRS to be included in specified material, including the “myMedi-Cal: How to Get the Health Care You Need” publication and on the department’s internet website.

- **AB 1051 (Bennett D) Medi-Cal: specialty mental health services: foster youth.**
  - **Introduced:** 2/18/2021
  - **Status:** 3/30/2021 - From committee chair, with author's amendments: Amend, and re-refer to Com. on HUM. S. Read the second time and amended.
  - **Summary:** Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a

foster youth or probation-involved youth placed in a group home or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.

- **SB 56 (Durazno – D) Medi-Cal: Eligibility**
  - **Introduced:** 12/7/2020
  - **Status:** 3/22/2021 – March 22 hearing: Placed on APPR suspense file.
  - **Summary:** Current law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing three fiscal years that exceed the cost of providing those individuals full scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older and who are otherwise eligible for those benefits but for their immigration status.

- **SB 242 (Newman – D) Health Care Provider Reimbursements**
  - **Introduced:** 1/21/2021
  - **Status:** 3/15/2021 – Read the second time and amended. Re-referred to Com. on APPR.
  - **Summary:** Would require a health care service plan or health insurer to contract with its health care providers to reimburse, at a reasonable rate, their business expenses that are medically necessary to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies. The bill would require the State Department of Health Care Services to similarly reimburse a Medi-Cal provider after undertaking a process to set a reasonable rate in consultation with provider groups. 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.

- **SB 250 (Pan – D) Health Care Coverage**
  - **Introduced:** 1/25/2021
  - **Status:** 3/17/2021 – From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 1.) (March 17). Re-referred to Com. on APPR.
  - **Summary:** Would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months, as specified.

- **SB 256 (Pan – D) Medi-Cal: Covered Benefits**
  - **Introduced:** 1/26/2021
  - **Status:** 2/22/2021 – Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.) Joint Rule 55 suspended. (Ayes 32. Noes 4.)
  - **Summary:** Current federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would require those mandatorily developed health-plan- and county-specific rates for specified Medi-Cal managed care plan contracts to include in lieu of services and settings provided by the Medi-Cal

managed care plan. The bill would require each Medi-Cal managed care plan to disclose the availability of in lieu of services on its internet website and its beneficiary handbook and to disclose to the department specified information on in lieu of services that are plan specific, including the number of people receiving those services. The bill would require the department to publish that information on its internet website.

- **SB 281 (Dodd – D) Medi-Cal: California Community Transitions Program**
  - **Introduced:** 2/1/2021
  - **Status:** 3/18/2021 – Read the second time and amended. Re-referred to Com. on APPR.
  - **Summary:** Current law requires the State Department of Health Care Services to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Current law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days and would make conforming changes. The bill would extend the provision of those services to January 1, 2029 and would extend the repeal date of those provisions to January 1, 2030.

- **SB 293 (Limon – D) Medi-Cal: Specialty Mental Health Services**
  - **Introduced:** 2/1/2021
  - **Status:** 3/18/2021 – Read the second time and amended. Re-referred to Com. on APPR.
  - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals to receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, this bill would require the department to develop standard forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California.

- **SB 316 (Eggman – D) Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics**
  - **Introduced:** 2/4/2021
  - **Status:** 3/22/2021 – March 22 hearing: Placed on APPR suspense file.
  - **Summary:** Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, “physician,” for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC’s or RHC’s rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit

that take place on the same day at a single location as separate visits, in accordance with the bill.

- **SB 365 (Caballero – D) E-consult Service**
  - **Introduced:** 2/17/2021
  - **Status:** 3/26/21 Set for hearing April 14.
  - **Summary:** Current law provides that specified services, including targeted case management services for children with an individual education plan or an individualized family service plan, provided by local educational agencies (LEAs), are covered Medi-Cal benefits and authorizes an LEA to bill for those services. Existing law requires the department to perform various activities with respect to the billing option for services provided by LEAs. Current law authorizes a school district to require the parent or legal guardian of a pupil to keep current at the pupil's school of attendance certain emergency information. This bill would authorize an LEA to have an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils, including pupils with a health care service plan, health insurance, or coverage through a Medi-Cal managed care plan, but not those covered by a county mental health plan.

- **SB 508 (Stern – D) Mental Health Coverage: School-based Services**
  - **Introduced:** 2/10/2021
  - **Status:** 3/24/21 From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (March 24). Re-referred to Com. on APPR.
  - **Summary:** Current law provides that specified services, including targeted case management services for children with an individual education plan or an individualized family service plan, provided by local educational agencies (LEAs), are covered Medi-Cal benefits, and authorizes an LEA to bill for those services. Existing law requires the department to perform various activities with respect to the billing option for services provided by LEAs. Current law authorizes a school district to require the parent or legal guardian of a pupil to keep current at the pupil's school of attendance certain emergency information. This bill would authorize an LEA to have an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils, including pupils with a health care service plan, health insurance, or coverage through a Medi-Cal managed care plan, but not those covered by a county mental health plan.

Other

- **AB 71 (Rivas – D) Homeless Funding: Bring California Home Act**
  - **Introduced:** 12/7/2020
  - **Status:** 3/25/2021 – From committee chair, with author's amendments: Amend, and re-refer to Com. on REV. & TAX. Read the second time and amended.
  - **Summary:** Would exempt any regulation, standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act. This bill contains other related provisions and other existing laws.

- **AB 95 (Low – D) Employees: Bereavement Leave**
  - **Introduced:** 12/7/2020
  - **Status:** 3/23/2021– Re-referred to Com. on L. & E.

- **Summary:** Would enact the Bereavement Leave Act of 2021. The bill would require an employer with 25 or more employees to grant a request made by any employee to take up to 10 business days of unpaid bereavement leave upon the death of a spouse, child, parent, sibling, grandparent, grandchild, or domestic partner, in accordance with certain procedures, and subject to certain exclusions. The bill would require an employer with fewer than 25 employees to grant a request by any employee to take up to 3 business days of leave, in accordance with these provisions. The bill would prohibit an employer from interfering with or restraining the exercise or attempt to exercise the employee's right to take this leave.

- **AB 93 (Garcia, Eduardo – D) Pandemics: Priority for medical treatment: food supply industry workers**
  - **Introduced:** 12/7/2020
  - **Status:** 3/25/2020 – Referred to Com. on HEALTH. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.
  - **Summary:** Would require the Legislative Analyst's Office to conduct a comprehensive review and analysis of issues related to the state's response to the COVID-19 pandemic, including, among others, whether local public health departments were sufficiently staffed and funded to handle specified pandemic-related responsibilities, and what specific measures of accountability the state applied to monitor and confirm that local public health departments were following state directives related to any dedicated COVID-19 funds allocated to counties. The bill would require the office to report to the Joint Legislative Audit Committee and the health committees of the Legislature by June 30, 2022. This bill contains other related provisions.

- **AB 97 (Nazarian – D) Health Care Coverage: Insulin affordability**
  - **Introduced:** 12/8/2020
  - **Status:** 3/30/2021 – From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read the second time and amended.
  - **Summary:** Would prohibit a health care service plan contract or a health disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **AB 240 (Rodriguez – D) Local Health Department Workforce Assessment**
  - **Introduced:** 1/13/2021
  - **Status:** 1/28/2021 – Referred to committee on Health.
  - **Summary:** Would require the State Department of Public Health to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources in order to accurately and adequately fund local public health. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2024. The bill would also require the department to convene an advisory group composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation.

- **AB 309 (Gabriel – D) Pupil Mental Health: Model Referral Protocols**
  - **Introduced:** 1/25/2021

- **Status:** 2/12/2021 – Referred to Committee on Education.
- **Summary:** Would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers and administrators. The bill would require the department to post the model referral protocols on its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation or state, federal, or private funds being allocated for this purpose.

- **AB 326 (Rivas, Luz – D) Health Care Service Plans: Consumer Participation Program**
  - **Introduced:** 1/26/2021
  - **Status:** 3/24/2021 – From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 1.) (March 23). Re-referred to Com. on APPR.
  - **Summary:** Current law, until January 1, 2024, requires the Director of the Department of Managed Health Care to establish the Consumer Participation Program, which allows the director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. This bill would extend the operation of that program indefinitely.

- **AB 342 (Gipson – D) Health Care Coverage: Colorectal Cancer: Screening and Testing**
  - **Introduced:** 1/28/2021
  - **Status:** 3/25/2021 – Read the second time and amended.
  - **Summary:** Would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for a colorectal cancer screening examination and laboratory test as specified. The bill would require the coverage to include additional colorectal cancer screening examinations as listed by the United States Preventive Services Task Force as a recommended screening strategy and at least at the frequency established pursuant to regulations issued by the federal Centers for Medicare and Medicaid Services for the Medicare program if the individual is at high risk for colorectal cancer. The bill would prohibit a health care service plan contract or a health insurance policy from imposing cost sharing on an individual who is between 50 and 75 years of age for colonoscopies conducted for specified purposes.

- **AB 347 (Arambula – D) Health Care Coverage: Step Therapy**
  - **Introduced:** 1/28/2021
  - **Status:** 2/12/2021 – Referred to Committee on Health.
  - **Summary:** Would clarify that a health care service plan may require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal of prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals. The bill would require a health care service plan, health insurer, or utilization review organization to annually report specified information about their step therapy exception requests and prior authorization requests to the Department of Managed Health Care or the Department of Insurance, as appropriate.

- **AB 383 (Salas – D) Mental Health: Older Adults**
  - **Introduced:** 2/2/2021
  - **Status:** 2/12/2021 – Referred to Committees on Aging & Long-Term Care and Health.
  - **Summary:** Would establish within the State Department of Health Care Services an Older Adult Mental Health Services Administrator to oversee mental health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of mental health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services.

- **AB 389 (Grayson – D) Ambulance Services**
  - **Introduced:** 2/2/2021
  - **Status:** 2/12/2021 – Referred to Committee on Health.
  - **Summary:** Would authorize a county to contract for emergency ambulance services with a fire protection district that is governed by the county's board of supervisors and provides those services, in whole or in part, through a written subcontract with a private ambulance service. The bill would authorize a fire protection district to enter into a written subcontract with a private ambulance service for these purposes.

- **AB 393 (Reyes – D) Early Childhood Development Act of 2020**
  - **Introduced:** 2/2/2021
  - **Status:** 2/12/2021 – Referred to Committee on Human Services.
  - **Summary:** Would make additional legislative findings and declarations regarding childcare supportive services. This bill would require the State Department of Social Services to report on various topics related to early childhood supports in light of the COVID-19 pandemic by October 1, 2021.

- **AB 454 (Rodriguez – D) Health Care Provider Emergency Payments**
  - **Introduced:** 2//2021
  - **Status:** 2/18/2021 – Referred to Committee on Health.
  - **Summary:** Would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner to require a health care service plan or health insurer to provide specified payments and support to a provider during and at least 60 days after the end of a declared state of emergency, as specified. The bill would require a health care service plan or health insurer to provide all contracted capitation payments to its contracted network providers in the area of the declared emergency for the duration of the emergency and at least 60 days after its end.

- **AB 457 (Santiago – D) Telehealth Patient Bill of Rights**
  - **Introduced:** 2/8/2021
  - **Status:** 2/18/2021 – Referred to Committee on Health.
  - **Summary:** Would create the TeleHealth Patient Bill of Rights, which would, among other things, protect the rights of a patient using telehealth to been seen by a health care provider with a physical presence within a reasonable geographic distance from the patient's home, unless specified exceptions apply. The bill would require a health plan, as defined, to comply with the requirements in the Telehealth Patient Bill of Rights and to provide written notice to patients of all their rights under the Telehealth Bill of Rights. The bill would also exempt a health care service plan or a health insurer from the existing telehealth payment parity

provisions for any interaction where the health care provider is not located within a reasonable geographic distance of the patient's home unless that provider holds specialized knowledge not available in the patient's region.

- **AB 493 (Wood – D) Health Insurance**
  - **Introduced:** 2/8/2021
  - **Status:** 3/24/2021 – From committee: Do pass. (Ayes 13. Noes 1.) (March 23).
  - **Summary:** Current law provides for the regulation of health insurers by the Department of Insurance. Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Current law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to cover essential health benefits as prescribed, and provides that these provisions shall be implemented only to the extent essential health benefits are required pursuant to PPACA. This bill would delete the provision that conditions the implementation of that provision only to the extent essential health benefits are required pursuant to PPACA and would make technical, non-substantive changes to that provision.

- **AB 507 (Kalra – D) Health care Service Plans: Review of Rate Increases**
  - **Introduced:** 2/9/2021
  - **Status:** 2/10/2021 – From printer. May be heard in committee on March 12.
  - **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 requires a health care service plan in the individual, small group, or large group markets to file rate information with the Department of Managed Health Care, as specified. Current law requires the information submitted to be made publicly available, except as specified, and requires the department and the health care service plan to make specified information, including a justification for an unreasonable rate increase, readily available to the public on their internet websites in plain language. This bill would make technical, non-substantive changes to those provisions.

- **AB 510 (Wood – D) Out-of-Network Health Care Benefits**
  - **Introduced:** 2/9/2021
  - **Status:** 2/18/2021 – Referred to Committee on Health.
  - **Summary:** Would authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

- **AB 797 (Wicks – D) Health Care Coverage: Treatment for Infertility**
  - **Introduced:** 2/16/2021
  - **Status:** 3/11/2021 – Coauthors revised.
  - **Summary:** Would require every health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for the treatment of infertility. The bill would revise the definition of infertility and would remove the exclusion of in vitro fertilization from coverage. The bill would delete the exemption for religiously affiliated employers, health care service plans, and health insurance policies from

the requirements relating to coverage for the treatment of infertility, thereby imposing these requirements on these employers, plans, and policies.

- **AB 1130 (Wood D) California Health Care Quality and Affordability Act**
  - **Introduced:** 2/18/2021
  - **Status:** 3/4/2021 – Referred to Committee on Health.
  - **Summary:** Would establish, within of Statewide Health Planning and Development, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Advisory Board, composed of 9 members and 2 ex officio members, appointed as prescribed, to recommend health care cost targets and to advise the Director of Statewide Health Planning and Development and the office.

- **SB 17 (Pan – D) Office of Racial Equity**
  - **Introduced:** 12/7/2020
  - **Status:** 3/25/2021 – From committee: Do pass as amended and re-refer to Com. on JUD. (Ayes 9. Noes 3.) (March 23).
  - **Status:** Would establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, that shall be governed by a Racial Equity Advisory and Accountability Council. The bill would authorize the council to hire an executive director to organize, administer, and manage the operations of the office. The bill would task the office with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor. The bill would require the office to develop a statewide Racial Equity Framework providing guidelines for inclusive policies and practices that reduce racial inequities, promote racial equity, address individual, institutional, and structural racism, and establish goals and strategies to advance racial equity and address structural racism and racial inequities.

- **SB 40 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
  - **Introduced:** 12/7/2020
  - **Status:** 3/16/2021 – Read the second time and amended. Re-referred to Com. on APPR.
  - **Summary:** Would create the California Medicine Scholars Program, a 5-year pilot program commencing January 1, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school in an effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state. The bill would require the office to contract with a managing agency for the pilot program, as specified.

- **SB 306 (Pan – D) Sexually Transmitted Disease: Testing**
  - **Introduced:** 12/7/2020
  - **Status:** 3/24/2021 – From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

- **Summary:** Current law authorizes a specified health care provider who diagnoses an STD, as specified, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. The Pharmacy Law requires a pharmacist to dispense a prescription in a container that, among other things, is correctly labeled with the name of the patient or patients. This bill would name the above practice "expedited partner therapy." The bill would require a health care provider to include "expedited partner therapy" or "EPT" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner, and would authorize a pharmacist to dispense an expedited partner therapy prescription and label the drug without an individual's name if the prescription includes "expedited partner therapy" or "EPT."

- **SB 100 (Hurtado – D) Extended Foster Care Program Working Group**
  - **Introduced:** 12/29/2020
  - **Status:** 3/25/2021 – Read the second time and amended. Re-referred to Com. on APPR.
  - **Summary:** Would require the State Department of Social Services to convene a working group to examine the extended foster care program make recommendations for improvements to the program within six months. The bill would require that the working group include representatives from specified state agencies and stakeholders. The bill would require the working group to evaluate on provide recommendations on the overall functioning of the extended foster care system, higher education opportunities and supports for nonminor dependents, job training, and employment opportunities and supports for nonminor dependents, housing access, and transition support for nonminor dependents exiting care.

- **SB 221 (Wiener – D) Health Care Coverage: Timely Access to Care**
  - **Introduced:** 1/13/2021
  - **Status:** 3/22/2021 – Read the second time and amended. Re-referred to Com. on APPR.
  - **Summary:** Would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for non-emergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a follow-up appointment with a nonphysician mental health care or substance use disorder provider within ten business days of the prior appointment. The bill would require that a referral to a specialist by another provider meet the timely access standards.

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Finance

Gil Riojas

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

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

Date: **April 9, 2021**

Subject: **Finance Report – February 2021**

Executive Summary

- For the month ended February 28, 2021, the Alliance had enrollment of 279,835 members, a Net Income of $7.5 million, and 570% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$97,125	$698,977
Medical Expense	84,941	670,156
Admin. Expense	4,729	39,086
Other Inc. / (Exp.)	15	219
Net Income	**$7,471**	**($10,047)**

Net Income by Program:

	Month	YTD
Medi-Cal	$7,630	($8,927)
Group Care	(159)	(1,120)
	$7,471	**($10,047)**

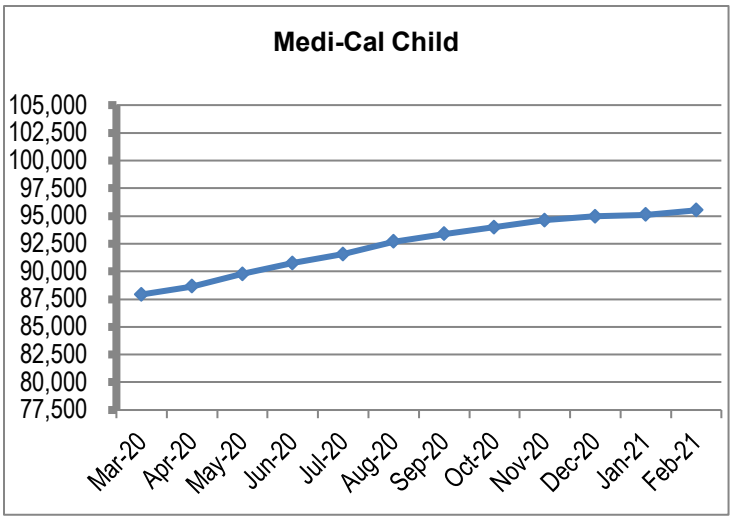
Enrollment

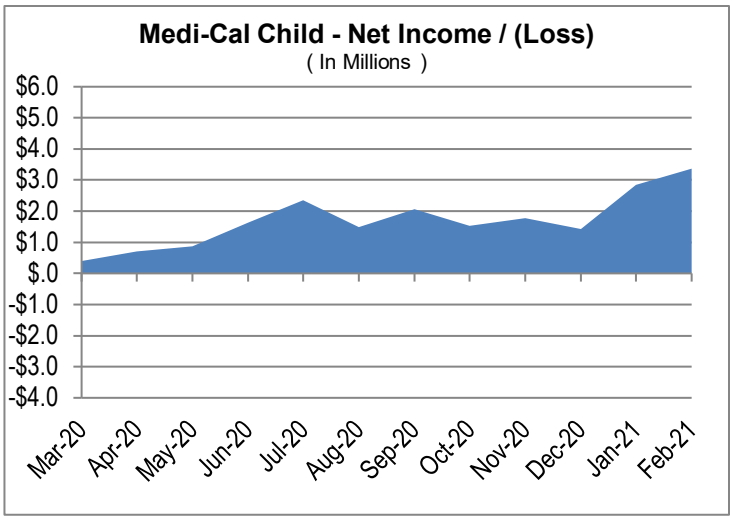
- Total enrollment increased by 1,951 members since January 2021.
- Total enrollment increased by 23,090 members since June 2020.

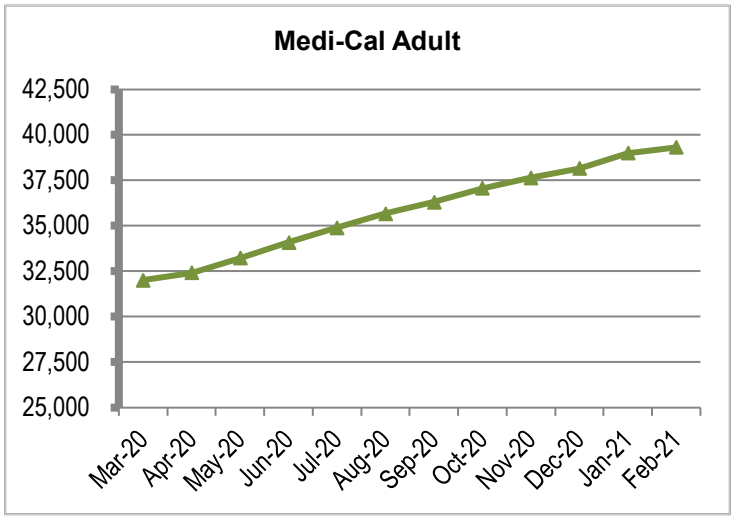
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

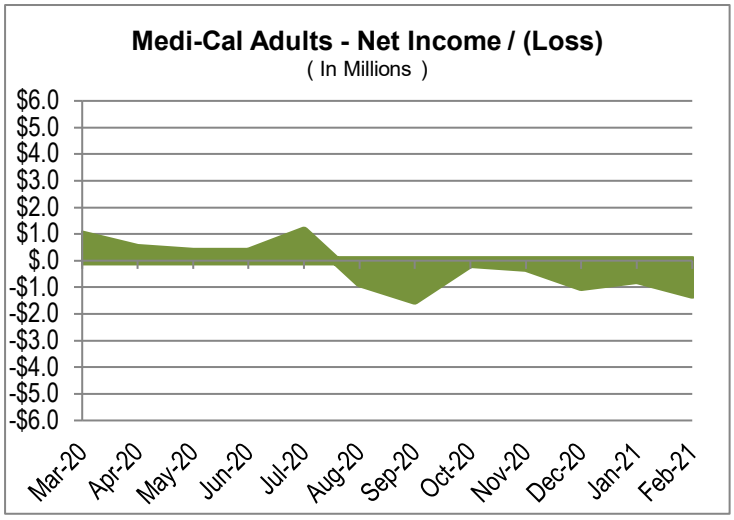
Enrollment					Member Months			
February-2021					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
39,315	39,900	(585)	-1.5%	Adult	298,073	299,161	(1,088)	-0.4%
95,510	97,550	(2,040)	-2.1%	Child	751,824	756,800	(4,976)	-0.7%
26,294	26,390	(96)	-0.4%	SPD	209,867	209,931	(64)	0.0%
19,415	19,490	(75)	-0.4%	Duals	150,988	151,106	(118)	-0.1%
93,332	94,930	(1,598)	-1.7%	ACA OE	709,432	712,462	(3,030)	-0.4%
273,866	**278,260**	**(4,394)**	**-1.6%**	**Medi-Cal Total**	**2,120,184**	**2,129,459**	**(9,275)**	**-0.4%**
5,969	6,009	(40)	-0.7%	Group Care	48,002	48,172	(170)	-0.4%
279,835	**284,269**	**(4,434)**	**-1.6%**	**Total**	**2,168,186**	**2,177,631**	**(9,445)**	**-0.4%**

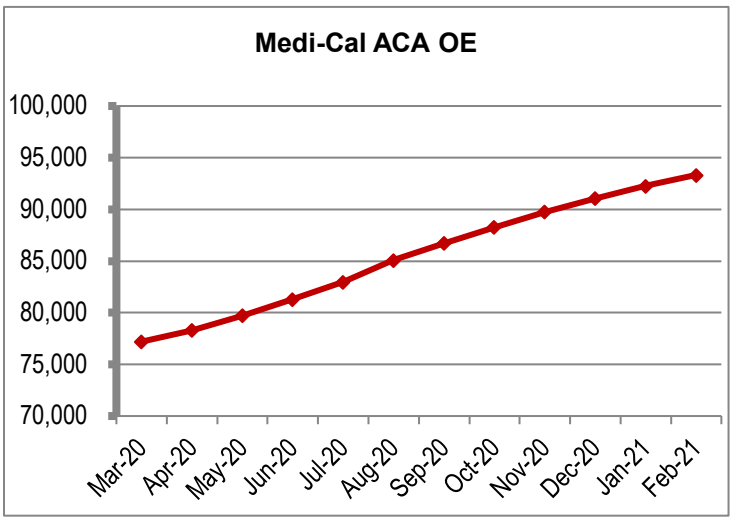
Enrollment and Profitability by Program and Category of Aid

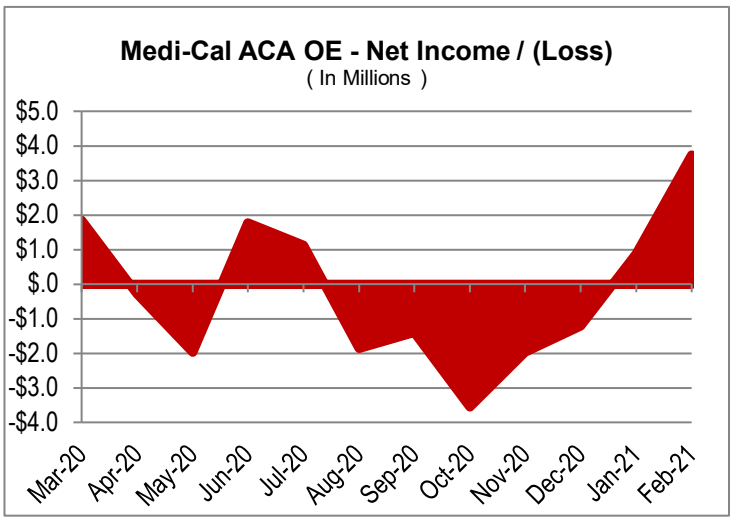




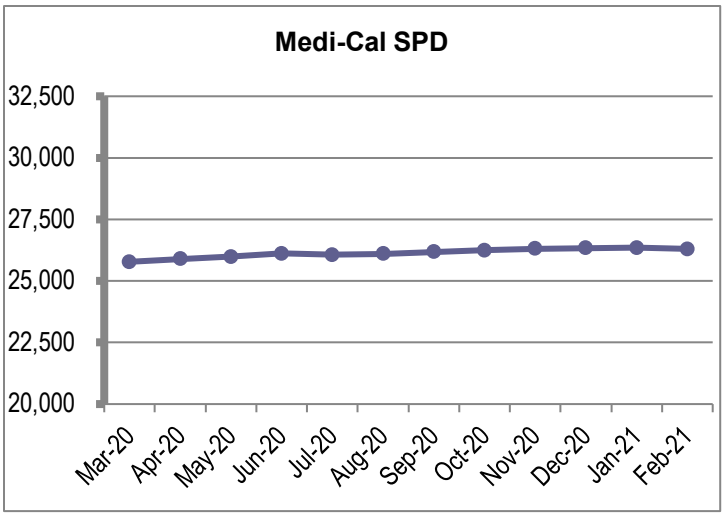


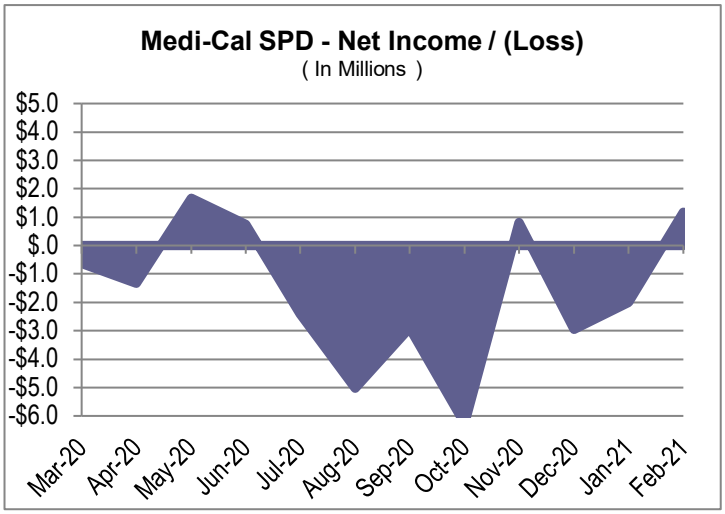


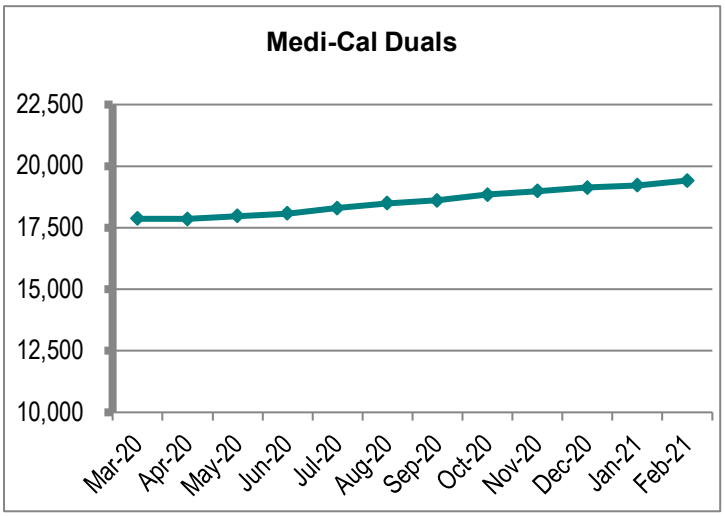


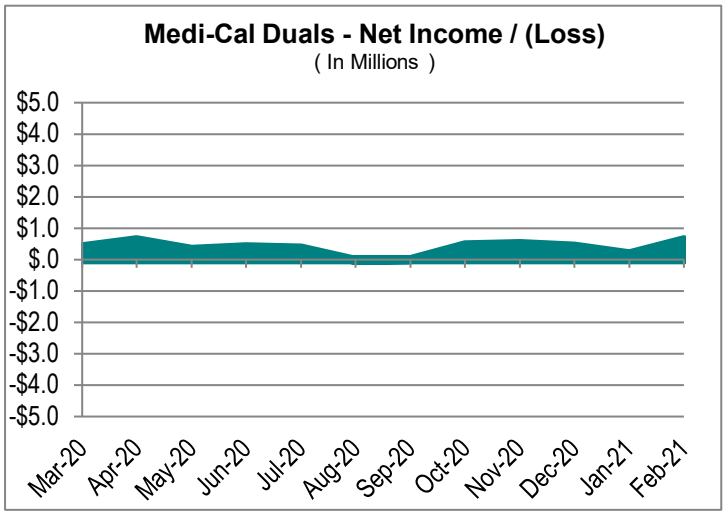


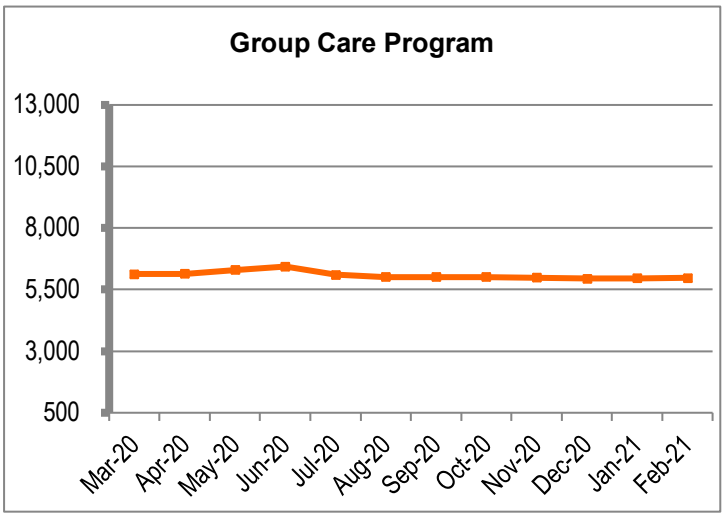
Enrollment and Profitability by Program and Category of Aid

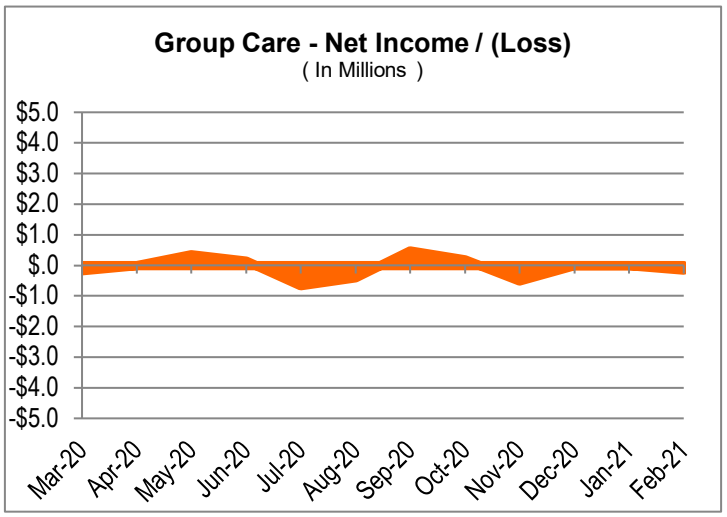




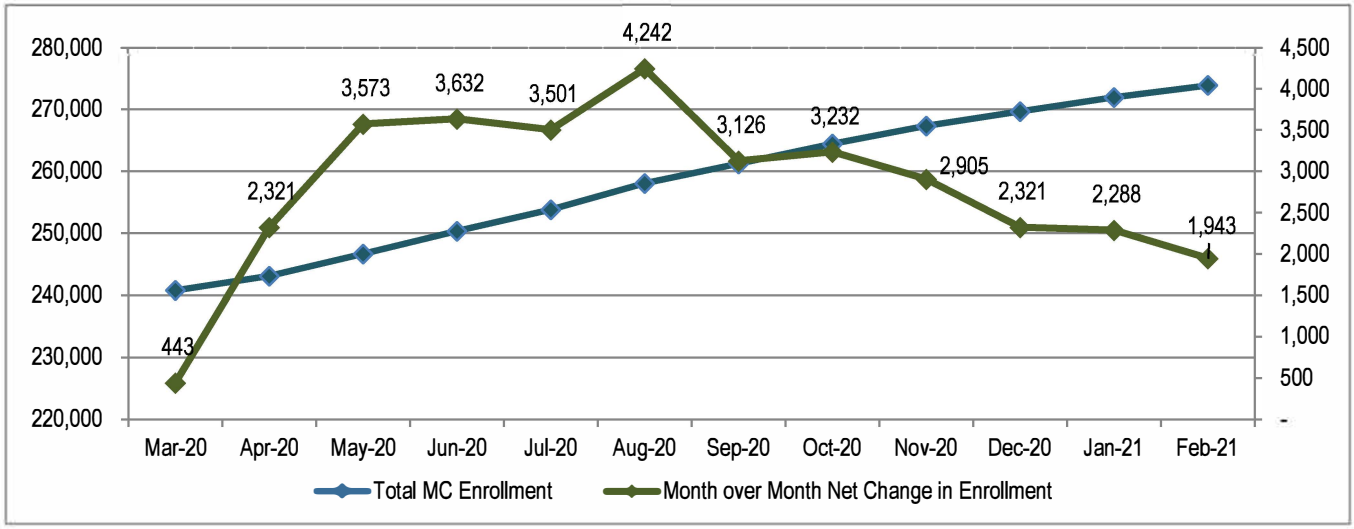








Net Change in Enrollment

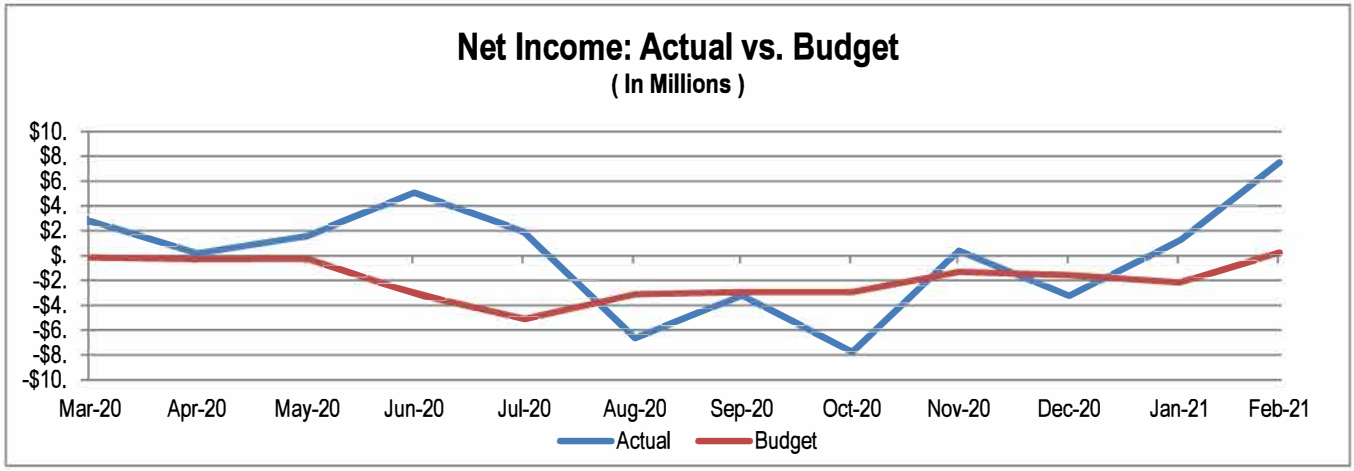


- Medi-Cal enrollment continues to increase month over month, however; the rate of increase has fallen from a high of 4,242 members in August 2020 to a low of 1,943 members for February 2021. The change in the rate of increase will impact our future forecast and enrollment projections for the remainder of the fiscal and calendar year.

Net Income

- For the month ended February 28, 2021:
  - Actual Net Income: $7.5 million.
  - Budgeted Net Income: $249,000

- For the fiscal YTD ended February 28, 2021:
  - Actual Net Loss: $10.0 million.
  - Budgeted Net Loss: $20.6 million.

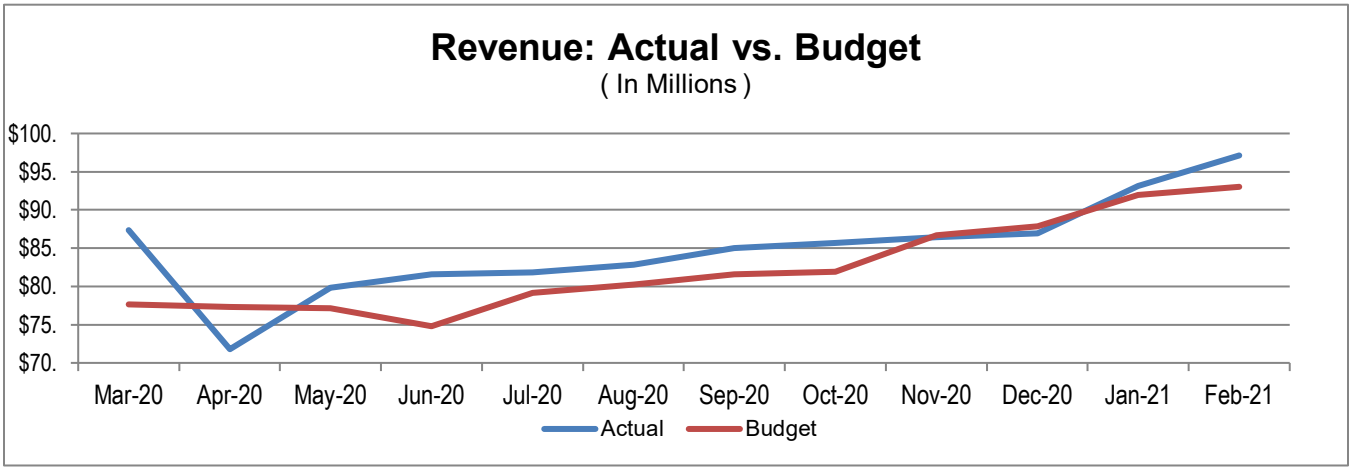


- The favorable variance of $7.2 million in the current month is due to:
    - Favorable $4.1 million higher than anticipated Revenue.
    - Favorable $3.0 million lower than anticipated Administrative Expense.
    - Favorable $145,000 lower than anticipated Medical Expense.

Revenue

- For the month ended February 28, 2021:
    - Actual Revenue: $97.1 million.
    - Budgeted Revenue: $93.0 million.

- For the fiscal YTD ended February 28, 2021:
    - Actual Revenue: $699.0 million.
    - Budgeted Revenue: $694.9 million.

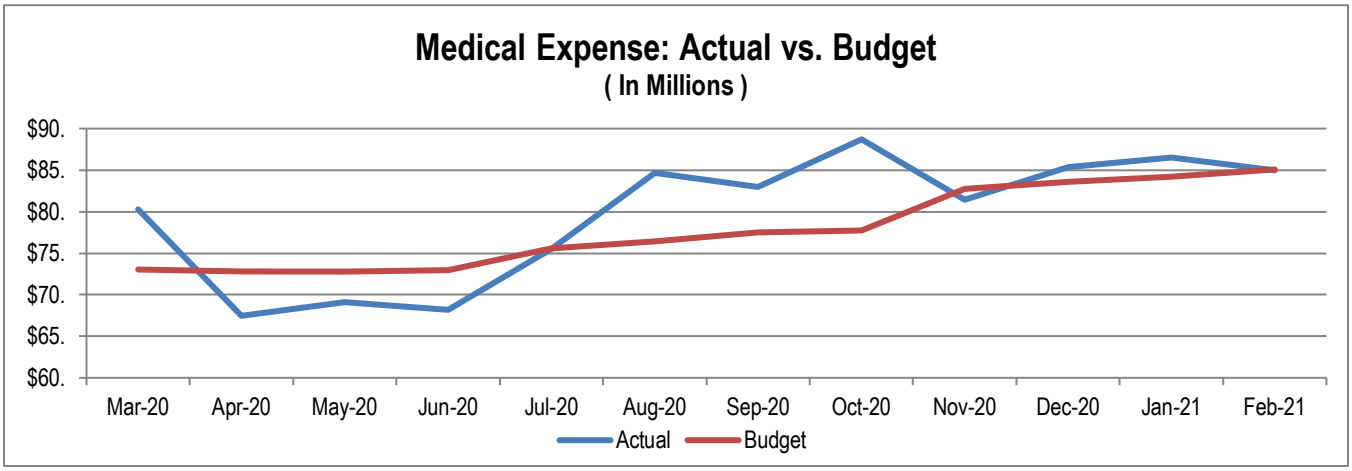


    - For the month ended February 2021, the favorable revenue variance of $4.1 million is mainly due to retroactive adjustments for calendar years 2014 – 2020. In addition, favorable revenue variance is due to higher final DHCS rates for FY21 resulting from smaller than anticipated acuity adjustment reduction and increase for COVID.

Medical Expense

- For the month ended February 28, 2021:
    - Actual Medical Expense: $84.9 million.
    - Budgeted Medical Expense: $85.1 million.

- For the fiscal YTD ended February 28, 2021:
    - Actual Medical Expense: $670.2 million.
    - Budgeted Medical Expense: $667.4 million.



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

- For February, updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by $584,000. Year-to-date, the estimate for prior years increased by $1.7 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)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$149,169,533	$0	$149,169,533	$150,579,085	$1,409,552	0.9%
Primary Care FFS	33,537,637	(676)	33,536,961	33,967,675	$430,038	1.3%
Specialty Care FFS	34,321,396	123,531	34,444,927	35,080,816	$759,420	2.2%
Outpatient FFS	62,101,009	351,557	62,452,566	62,068,366	($32,643)	-0.1%
Ancillary FFS	31,063,014	122,888	31,185,902	29,443,361	($1,619,652)	-5.5%
Pharmacy FFS	114,158,030	(7,829)	114,150,201	114,644,829	$486,800	0.4%
ER Services FFS	27,200,300	59,863	27,260,163	28,523,986	$1,323,686	4.6%
Inpatient Hospital & SNF FFS	201,414,904	1,087,459	202,502,363	195,818,786	($5,596,118)	-2.9%
Other Benefits & Services	15,198,095	0	15,198,095	16,268,078	$1,069,983	6.6%
Net Reinsurance	(411,395)	0	(411,395)	373,850	$785,245	210.0%
Provider Incentive	666,664	0	666,664	666,665	$1	0.0%
	$668,419,188	**$1,736,792**	**$670,155,980**	**$667,435,498**	**($983,689)**	**-0.1%**

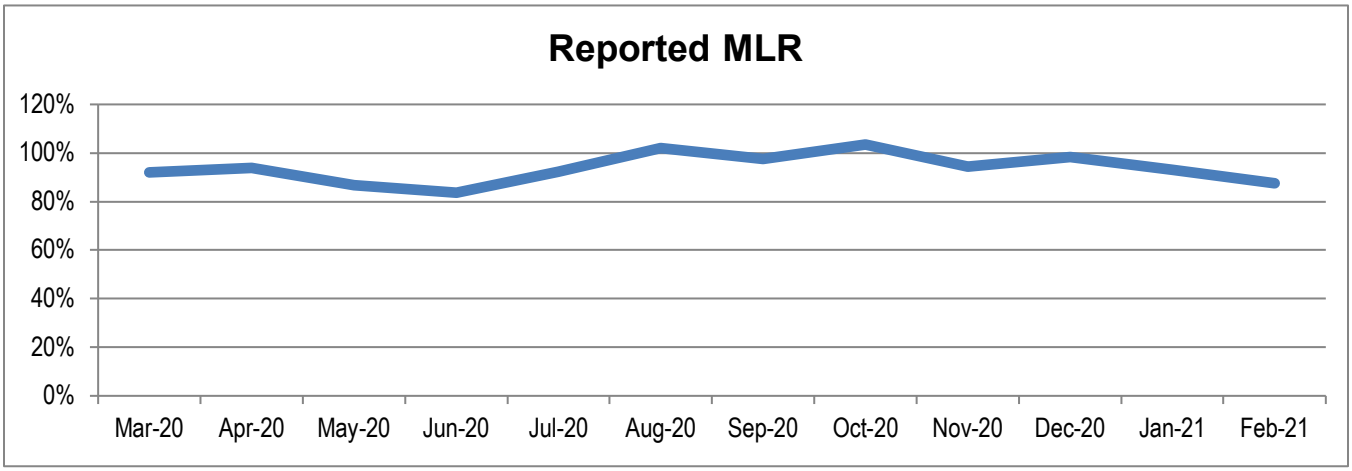
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$68.80	$0.00	$68.80	$69.15	$0.35	0.5%
Primary Care FFS	15.47	(0.00)	15.47	15.60	0.13	0.8%
Specialty Care FFS	15.83	0.06	15.89	16.11	0.28	1.7%
Outpatient FFS	28.64	0.16	28.80	28.50	(0.14)	-0.5%
Ancillary FFS	14.33	0.06	14.38	13.52	(0.81)	-6.0%
Pharmacy FFS	52.65	(0.00)	52.65	52.65	(0.00)	0.0%
ER Services FFS	12.55	0.03	12.57	13.10	0.55	4.2%
Inpatient Hospital & SNF FFS	92.90	0.50	93.40	89.92	(2.97)	-3.3%
Other Benefits & Services	7.01	0.00	7.01	7.47	0.46	6.2%
Net Reinsurance	(0.19)	0.00	(0.19)	0.17	0.36	210.5%
Provider Incentive	0.31	0.00	0.31	0.31	(0.00)	-0.4%
	$308.28	**$0.80**	**$309.09**	**$306.50**	**($1.79)**	**-0.6%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $984,000 unfavorable to budget. On a PMPM basis, medical expense is on target with budget (0.6% unfavorable to budget).
    - Inpatient Expense is over budget due to significantly higher than average COVID admissions in the last 3 months. Overall unit cost is unfavorable, partially offset by favorable utilization. The variance is largely driven by the ACA OE and SPD Categories of Aid, and to a lesser degree, the Adult and Group Care populations.
    - Other Benefits & Services are under budget, primarily due to open positions in the Clinical Organization, delayed hiring of consultants, delayed employee training, lower Care Connect utilization, lower interpreter services utilization, delayed implementation of medical professional projects, a decrease in mailing services, and timing of member health education.
    - Net Reinsurance is lower than budget due to the receipt of more recoveries than expected.
    - Pharmacy Expense is slightly below budget driven by PBM expense where utilization is lower than budget, partially offset by higher unit cost. Non-PBM expense was unfavorable due to higher utilization offset by lower unit cost trends. Overall, the ACA OE, DUAL, and Child populations are favorable, and the SPD, Adult and Group Care are unfavorable.
    - Ancillary Expense is higher than budget due to Home Heath, DME, Outpatient Therapy, CBAS, Hospice, Non-Emergency Transportation, Laboratory and Radiology expense offset by favorability in all other expense categories (Other Medical Professional and Ambulance). Overall utilization is unfavorable across all populations offset by favorable unit cost.

- Outpatient Expense is slightly over budget, driven by unfavorable utilization offset by favorable unit cost.
  - Behavioral Health: unfavorable due to unfavorable utilization offset by favorable unit cost trends.
  - Lab & Radiology: unfavorable due to unfavorable utilization offset by favorable unit cost trends.
  - Dialysis: favorable due to favorable utilization offset by unfavorable unit cost trends.
  - Facility-Other: favorable due to favorable utilization, partially offset by unfavorable unit cost trends.
- Capitated Expense is under budget primarily because the transportation capitation PMPM rate is variable and based on trip cost and utilization levels that are year-to-date lower than anticipated when budgeted.
- Emergency Room Expense is lower than planned, due to favorable utilization, partially offset by unfavorable unit cost across all COAs except for ACA OE (which has less favorable utilization and more unfavorable unit cost).
- Specialty Care is below budget due to favorable utilization. Expenses across all populations are favorable, which for the most part is driven by favorable unit cost trends.
- Primary Care Expense is slightly under budget due to favorable utilization, partially offset by unfavorable unit cost across all populations except for Group Care members.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 87.5% for the month and 95.9% for the fiscal year-to-date.



Administrative Expense

- For the month ended February 28, 2021:
  - Actual Administrative Expense: $4.7 million.
  - Budgeted Administrative Expense: $7.7 million.

- For the fiscal YTD ended February 28, 2021:
  - Actual Administrative Expense: $39.1 million.
  - Budgeted Administrative Expense: $48.4 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 %**
$2,767,244	$2,943,119	$175,875	6.0%	Employee Expense	$21,221,419	$21,741,725	$520,305	2.4%
618,838	649,740	30,901	4.8%	Medical Benefits Admin Expense	5,090,177	5,077,142	(13,035)	-0.3%
473,611	1,223,271	749,661	61.3%	Purchased & Professional Services	5,123,910	7,517,766	2,393,856	31.8%
869,087	2,918,127	2,049,041	70.2%	Other Admin Expense	7,650,886	14,103,594	6,452,708	45.8%
$4,728,779	$7,734,257	$3,005,478	38.9%	Total Administrative Expense	$39,086,393	$48,440,226	$9,353,834	19.3%

Favorable variances include:
- Delayed timing of new project start dates in Consultants, Computer Support Services and Purchased Services.
- Savings in Building & Occupancy; a result of savings in Depreciation (delay of Capital Expense purchases).
- Savings in Licenses and Subscriptions as the result of the delay in new project starts.
- Savings in Printing / Postage Activities.
- Provider Sustainability Fund reserves are allocated on the Alliance's balance sheet. No additional accruals needed.

- Administrative expense represented 4.9% of net revenue for the month and 5.6% of net revenue year-to-date.

Other Income / (Expense)

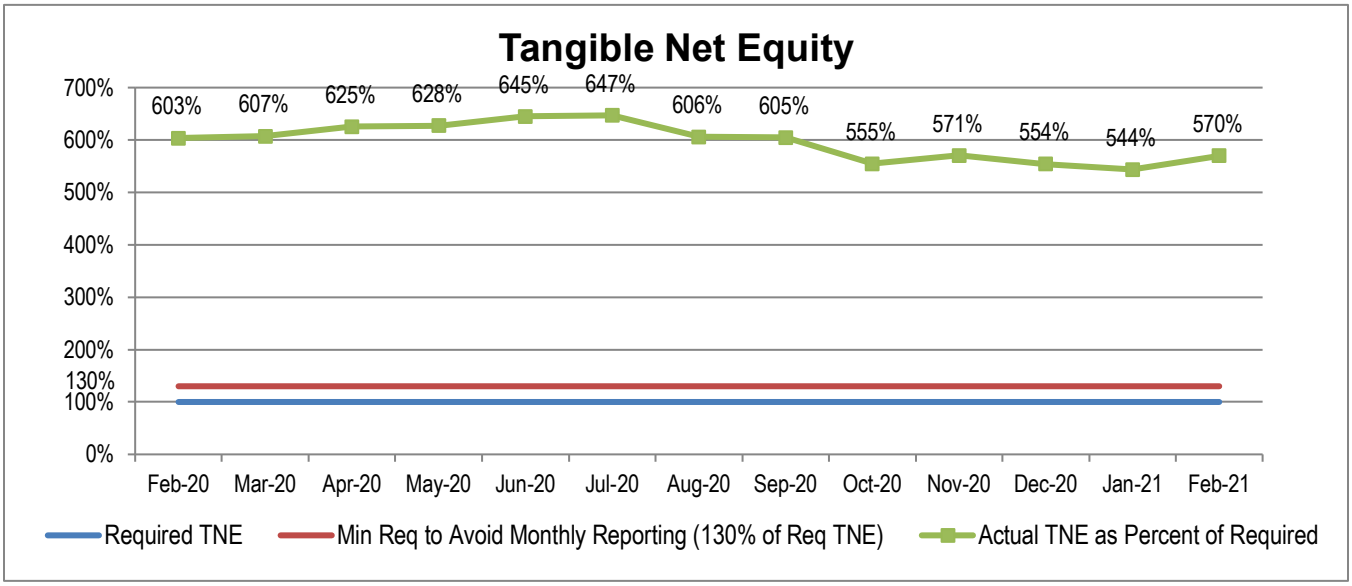
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date interest income from investments is $490,000.

- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $241,000.

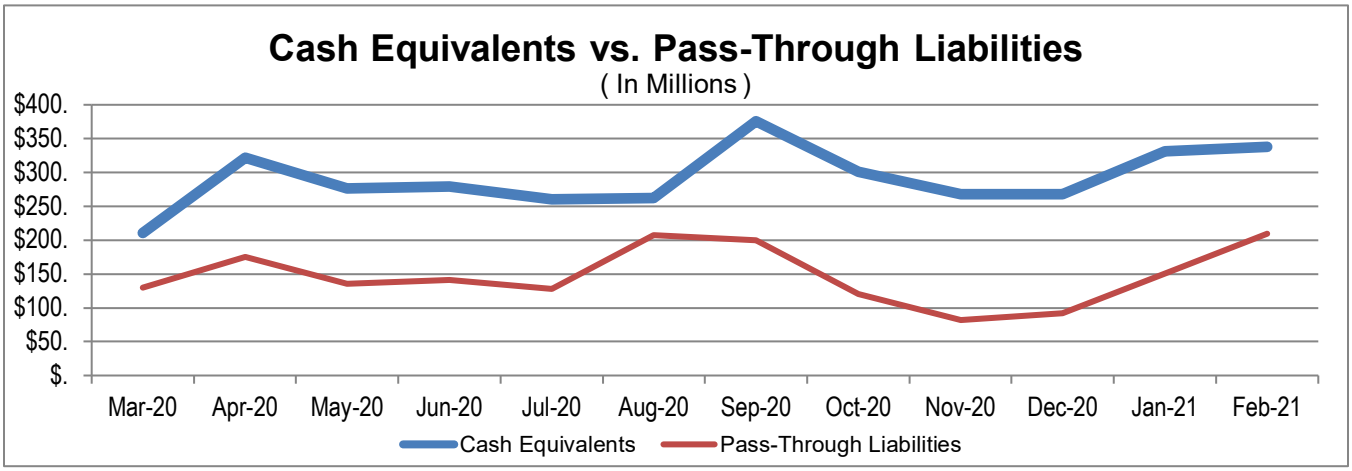
Tangible Net Equity (TNE)

- 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 $34.4 million
    - Actual TNE $196.1 million
    - Excess TNE $161.7 million
    - TNE as % of Required TNE 570%



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

- Key Metrics
    - Cash & Cash Equivalents $338.3 million
    - Pass-Through Liabilities $209.5 million
    - Uncommitted Cash $128.8 million
    - Working Capital $186.7 million
    - Current Ratio 1.52 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: $543,000.
- Annual capital budget: $2.4 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
273,866	278,260	(4,394)	(1.6%)	1 - Medi-Cal	2,120,184	2,129,459	(9,275)	(0.4%)
5,969	6,009	(40)	(0.7%)	2 - Group Care	48,002	48,172	(170)	(0.4%)
279,835	**284,269**	**(4,434)**	**(1.6%)**	**3 - Total Member Months**	**2,168,186**	**2,177,631**	**(9,445)**	**(0.4%)**
				REVENUE				
$97,125,454	**$93,023,808**	**$4,101,646**	**4.4%**	**4 - TOTAL REVENUE**	**$698,976,844**	**$694,934,077**	**$4,042,767**	**0.6%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
20,746,689	20,921,223	174,534	0.8%	5 - Capitated Medical Expense	149,169,538	150,579,081	1,409,543	0.9%
				Fee for Service Medical Expenses:				
25,090,889	23,799,469	(1,291,420)	(5.4%)	6 - Inpatient Hospital & SNF FFS Expense	202,502,363	195,818,782	(6,683,581)	(3.4%)
4,114,063	4,402,327	288,264	6.5%	7 - Primary Care Physician FFS Expense	33,536,963	33,967,678	430,715	1.3%
4,005,365	4,449,996	444,631	10.0%	8 - Specialty Care Physician Expense	34,444,924	35,080,817	635,893	1.8%
4,198,793	3,370,462	(828,331)	(24.6%)	9 - Ancillary Medical Expense	31,185,901	29,443,362	(1,742,539)	(5.9%)
7,887,083	7,733,522	(153,561)	(2.0%)	10 - Outpatient Medical Expense	62,452,565	62,068,363	(384,202)	(0.6%)
3,121,276	3,546,562	425,286	12.0%	11 - Emergency Expense	27,260,162	28,523,989	1,263,827	4.4%
13,645,633	14,485,611	839,978	5.8%	12 - Pharmacy Expense	114,150,202	114,644,831	494,629	0.4%
62,063,102	61,787,949	(275,153)	(0.4%)	13 - Total Fee for Service Expense	505,533,080	499,547,822	(5,985,258)	(1.2%)
1,979,948	2,159,816	179,868	8.3%	14 - Other Benefits & Services	15,198,092	16,268,077	1,069,985	6.6%
67,623	133,106	65,483	49.2%	15 - Reinsurance Expense	(411,394)	373,853	785,247	210.0%
83,333	83,334	1	0.0%	16 - Risk Pool Distribution	666,664	666,667	3	0.0%
84,940,696	**85,085,428**	**144,732**	**0.2%**	**17 - TOTAL MEDICAL EXPENSES**	**670,155,980**	**667,435,500**	**(2,720,480)**	**(0.4%)**
12,184,759	**7,938,380**	**4,246,378**	**53.5%**	**18 - GROSS MARGIN**	**28,820,863**	**27,498,576**	**1,322,287**	**4.8%**
				ADMINISTRATIVE EXPENSES				
2,767,244	2,943,119	175,875	6.0%	19 - Personnel Expense	21,221,419	21,741,725	520,305	2.4%
618,838	649,740	30,901	4.8%	20 - Benefits Administration Expense	5,090,177	5,077,142	(13,035)	(0.3%)
473,611	1,223,271	749,661	61.3%	21 - Purchased & Professional Services	5,123,910	7,517,766	2,393,856	31.8%
869,087	2,918,127	2,049,041	70.2%	22 - Other Administrative Expense	7,650,886	14,103,594	6,452,708	45.8%
4,728,779	**7,734,257**	**3,005,478**	**38.9%**	**23 -Total Administrative Expense**	**39,086,393**	**48,440,226**	**9,353,834**	**19.3%**
7,455,980	**204,123**	**7,251,856**	**3,552.7%**	**24 - NET OPERATING INCOME / (LOSS)**	**(10,265,529)**	**(20,941,650)**	**10,676,121**	**51.0%**
				OTHER INCOME / EXPENSE				
14,968	**44,551**	**(29,583)**	**(66.4%)**	**25 - Total Other Income / (Expense)**	**218,729**	**303,148**	**(84,419)**	**(27.8%)**
$7,470,948	**$248,674**	**$7,222,273**	**2,904.3%**	**26 - NET INCOME / (LOSS)**	**($10,046,800)**	**($20,638,502)**	**$10,591,702**	**51.3%**
4.9%	8.3%	3.4%	41.4%	27 - Admin Exp % of Revenue	5.6%	7.0%	1.4%	19.8%

ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2021
CURRENT MONTH VS. PRIOR MONTH
February 28, 2021

	February	January	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$16,244,347	$21,728,776	($5,484,429)	-25.24%
Short-Term Investments	322,018,940	309,681,571	12,337,369	3.98%
Interest Receivable	6,448	5,108	1,340	26.24%
Other Receivables - Net	200,905,544	136,005,709	64,899,835	47.72%
Prepaid Expenses	4,917,238	5,169,141	(251,903)	-4.87%
Prepaid Inventoried Items	3,971	3,961	10	0.25%
CalPERS Net Pension Asset	(832,801)	(832,801)	0	0.00%
Deferred CalPERS Outflow	4,303,523	4,303,523	0	0.00%
TOTAL CURRENT ASSETS	**547,567,210**	**476,064,987**	**71,502,223**	**15.02%**
OTHER ASSETS:				
Restricted Assets	350,000	350,000	0	0.00%
TOTAL OTHER ASSETS	**350,000**	**350,000**	**0**	**0.00%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,714,736	9,714,736	0	0.00%
Furniture And Equipment	15,209,750	15,140,847	68,903	0.46%
Leasehold Improvement	927,440	924,350	3,090	0.33%
Construction in Process	91,040	0	91,040	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	42,766,966	42,603,934	163,032	0.38%
Less: Accumulated Depreciation	(33,656,761)	(33,482,950)	(173,811)	0.52%
NET PROPERTY AND EQUIPMENT	**9,110,205**	**9,120,984**	**(10,779)**	**-0.12%**
TOTAL ASSETS	**$557,027,415**	**$485,535,971**	**$71,491,444**	**14.72%**
CURRENT LIABILITIES:				
Accounts Payable	$2,667,313	$2,820,437	($153,124)	-5.43%
Pass-Through Liabilities	209,500,312	150,564,281	58,936,030	39.14%
Claims Payable	17,904,295	15,028,841	2,875,454	19.13%
IBNP Reserves	109,784,970	107,899,307	1,885,663	1.75%
Payroll Liabilities	4,617,182	4,224,043	393,139	9.31%
CalPERS Deferred Inflow	1,627,670	1,627,670	0	0.00%
Risk Sharing	4,316,516	4,233,183	83,333	1.97%
Provider Grants/ New Health Program	10,481,143	10,481,143	0	0.00%
TOTAL CURRENT LIABILITIES	**360,899,400**	**296,878,904**	**64,020,497**	**21.56%**
TOTAL LIABILITIES	**360,899,400**	**296,878,904**	**64,020,497**	**21.56%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	205,334,582	205,334,582	0	0.00%
Year-to-Date Net Income / (Loss)	(10,046,800)	(17,517,747)	7,470,948	-42.65%
TOTAL NET WORTH	**196,128,015**	**188,657,068**	**7,470,948**	**3.96%**
TOTAL LIABILITIES AND NET WORTH	**$557,027,415**	**$485,535,971**	**$71,491,444**	**14.72%**

CONFIDENTIAL
For Management and Internal Purposes Only.

BALSHEET 2021

REPORT #3

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 2/28/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$30,291,593	$196,791,662	$566,200,599	$727,183,044
Commercial Premium Revenue	2,225,471	6,684,314	13,848,916	17,966,029
Other Income	255,855	1,165,381	2,374,365	3,251,073
Investment Income	49,546	151,116	277,066	455,422
Cash Paid To:				
Medical Expenses	(80,644,001)	(246,886,674)	(480,733,586)	(633,900,850)
Vendor & Employee Expenses	(4,098,521)	(14,932,547)	(28,048,806)	(36,931,518)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(51,920,057)	(57,026,748)	73,918,554	78,023,200
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(163,032)	(179,869)	(218,716)	(543,010)
Net Cash Provided By (Used In) Financing Activities	(163,032)	(179,869)	(218,716)	(543,010)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	58,936,030	127,563,403	2,311,412	(18,891,989)
Net Cash Provided By (Used In) Investing Activities	58,936,030	127,563,403	2,311,412	(18,891,989)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**6,852,941**	**70,356,786**	**76,011,250**	**58,588,201**
Cash @ Beginning of Period	331,410,347	267,906,500	262,252,037	279,675,086
Subtotal	$338,263,288	$338,263,286	$338,263,287	$338,263,287
Rounding	(1)	1	0	0
Cash @ End of Period	**$338,263,287**	**$338,263,287**	**$338,263,287**	**$338,263,287**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$7,470,947	$5,364,341	($5,262,129)	($10,046,800)
Depreciation	173,811	524,001	1,058,224	1,444,743
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(64,901,176)	(74,385,029)	46,164,039	46,886,011
Prepaid Expenses	251,893	(449,676)	(372,528)	32,099
Trade Payables	(153,124)	(571,518)	157,248	(207,668)
Claims payable & IBNP	4,844,452	11,832,228	32,445,220	37,158,188
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	393,139	658,905	(271,519)	2,756,626
Subtotal	(51,920,058)	(57,026,748)	73,918,555	78,023,199
Rounding	1	0	(1)	1
Cash Flows from Operating Activities	**($51,920,057)**	**($57,026,748)**	**$73,918,554**	**$78,023,200**
Rounding Difference	1	0	(1)	1

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 2/28/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,225,471	$6,684,314	$13,848,916	$17,966,029
Total	2,225,471	6,684,314	13,848,916	17,966,029
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	94,643,672	269,285,151	518,025,641	677,758,809
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(64,352,079)	(72,493,489)	48,174,958	49,424,235
Total	30,291,593	196,791,662	566,200,599	727,183,044
Investment & Other Income Cash Flows				
Other Revenue (Grants)	255,855	1,165,381	2,374,365	3,251,073
Interest Income	50,886	155,536	281,551	460,588
Interest Receivable	(1,340)	(4,420)	(4,485)	(5,166)
Total	305,401	1,316,497	2,651,431	3,706,495
Medical & Hospital Cash Flows				
Total Medical Expenses	(84,940,696)	(256,831,782)	(509,997,372)	(670,155,980)
Other Receivable	(547,757)	(1,887,120)	(2,006,434)	(2,533,058)
Claims Payable	2,875,454	(293,573)	2,183,980	3,299,695
IBNP Payable	1,885,663	11,875,802	29,761,242	35,693,595
Risk Share Payable	83,333	249,999	499,998	(1,835,101)
Health Program	0	0	(1,175,000)	1,630,000
Other Liabilities	2	0	0	(1)
Total	(80,644,001)	(246,886,674)	(480,733,586)	(633,900,850)
Administrative Cash Flows				
Total Administrative Expenses	(4,764,240)	(15,094,259)	(29,795,231)	(39,327,318)
Prepaid Expenses	251,893	(449,676)	(372,528)	32,099
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(153,124)	(571,518)	157,248	(207,668)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	393,139	658,905	903,481	1,126,626
Depreciation Expense	173,811	524,001	1,058,224	1,444,743
Total	(4,098,521)	(14,932,547)	(28,048,806)	(36,931,518)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**(51,920,057)**	**(57,026,748)**	**73,918,554**	**78,023,200**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 2/28/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	58,936,030	127,563,403	2,311,412	(18,891,989)
Restricted Cash	0	0	0	0
	58,936,030	127,563,403	2,311,412	(18,891,989)
Fixed Asset Cash Flows				
Depreciation expense	173,811	524,001	1,058,224	1,444,743
Fixed Asset Acquisitions	(163,032)	(179,869)	(218,716)	(543,010)
Change in A/D	(173,811)	(524,001)	(1,058,224)	(1,444,743)
	(163,032)	(179,869)	(218,716)	(543,010)
Total Cash Flows from Investing Activities	**58,772,998**	**127,383,534**	**2,092,696**	**(19,434,999)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**6,852,941**	**70,356,786**	**76,011,250**	**58,588,201**
Rounding	(1)	1	0	0
Cash @ Beginning of Period	331,410,347	267,906,500	262,252,037	279,675,086
Cash @ End of Period	**$338,263,287**	**$338,263,287**	**$338,263,287**	**$338,263,287**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 2/28/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$7,470,947	$5,364,341	($5,262,129)	($10,046,800)
Add back: Depreciation	173,811	524,001	1,058,224	1,444,743
Receivables				
Premiums Receivable	(64,352,079)	(72,493,489)	48,174,958	49,424,235
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(1,340)	(4,420)	(4,485)	(5,166)
Other Receivable	(547,757)	(1,887,120)	(2,006,434)	(2,533,058)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(64,901,176)	(74,385,029)	46,164,039	46,886,011
Prepaid Expenses	251,893	(449,676)	(372,528)	32,099
Trade Payables	(153,124)	(571,518)	157,248	(207,668)
Claims Payable, IBNR & Risk Share				
IBNP	1,885,663	11,875,802	29,761,242	35,693,595
Claims Payable	2,875,454	(293,573)	2,183,980	3,299,695
Risk Share Payable	83,333	249,999	499,998	(1,835,101)
Other Liabilities	2	0	0	(1)
Total	4,844,452	11,832,228	32,445,220	37,158,188
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	393,139	658,905	903,481	1,126,626
Health Program	0	0	(1,175,000)	1,630,000
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	393,139	658,905	(271,519)	2,756,626
Cash Flows from Operating Activities	**($51,920,058)**	**($57,026,748)**	**$73,918,555**	**$78,023,199**
Difference (rounding)	(1)	0	1	(1)

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF FEBRUARY 2021

	Child	Adults*	Medi-Cal SPD*	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	95,510	39,315	26,294	93,332	19,415	273,866	5,969	279,835
Net Revenue	$12,336,349	$11,873,215	$31,267,149	$35,894,357	$3,528,916	$94,899,985	$2,225,470	$97,125,454
Medical Expense	$8,617,595	$12,454,581	$28,496,777	$30,361,123	$2,761,717	$82,691,793	$2,248,903	$84,940,695
Gross Margin	$3,718,754	($581,366)	$2,770,372	$5,533,234	$767,199	$12,208,192	($23,433)	$12,184,759
Administrative Expense	$354,562	$684,685	$1,622,391	$1,793,050	$138,139	$4,592,827	$135,949	$4,728,777
Operating Income / (Expense)	$3,364,192	($1,266,051)	$1,147,981	$3,740,184	$629,059	$7,615,365	($159,382)	$7,455,983
Other Income / (Expense)	$2,458	$5,323	$13,397	($6,922)	($3)	$14,252	$716	$14,968
Net Income / (Loss)	$3,366,650	($1,260,729)	$1,161,377	$3,733,262	$629,057	$7,629,617	($158,667)	$7,470,951
Revenue PMPM	$129.16	$302.00	$1,189.14	$384.59	$181.76	$346.52	$372.84	$347.08
Medical Expense PMPM	$90.23	$316.79	$1,083.77	$325.30	$142.25	$301.94	$376.76	$303.54
Gross Margin PMPM	$38.94	($14.79)	$105.36	$59.29	$39.52	$44.58	($3.93)	$43.54
Administrative Expense PMPM	$3.71	$17.42	$61.70	$19.21	$7.12	$16.77	$22.78	$16.90
Operating Income / (Expense) PMPM	$35.22	($32.20)	$43.66	$40.07	$32.40	$27.81	($26.70)	$26.64
Other Income / (Expense) PMPM	$0.03	$0.14	$0.51	($0.07)	($0.00)	$0.05	$0.12	$0.05
Net Income / (Loss) PMPM	$35.25	($32.07)	$44.17	$40.00	$32.40	$27.86	($26.58)	$26.70
Medical Loss Ratio	69.9%	104.9%	91.1%	84.6%	78.3%	87.1%	101.1%	87.5%
Gross Margin Ratio	30.1%	-4.9%	8.9%	15.4%	21.7%	12.9%	-1.1%	12.5%
Administrative Expense Ratio	2.9%	5.8%	5.2%	5.0%	3.9%	4.8%	6.1%	4.9%
Net Income Ratio	27.3%	-10.6%	3.7%	10.4%	17.8%	8.0%	-7.1%	7.7%

*** Effective January 2021 BCCTP members are included with SPDs. July 2020 - December 2020 BCCTP members were included with Adults.**

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - FEBRUARY 2021

	Medi-Cal							
	Child	Adult*	SPD*	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	751,824	298,073	209,867	709,432	150,988	2,120,184	48,002	2,168,186
Net Revenue	$91,238,443	$93,130,803	$211,055,434	$259,932,998	$25,653,066	$681,010,744	$17,966,100	$698,976,844
Medical Expense	$71,360,660	$92,370,453	$217,131,057	$249,634,585	$21,833,741	$652,330,495	$17,825,485	$670,155,980
Gross Margin	$19,877,783	$760,350	($6,075,624)	$10,298,413	$3,819,325	$28,680,248	$140,615	$28,820,863
Administrative Expense	$3,043,842	$5,291,484	$13,568,329	$14,662,283	$1,257,298	$37,823,234	$1,263,158	$39,086,393
Operating Income / (Expense)	$16,833,942	($4,531,133)	($19,643,952)	($4,363,869)	$2,562,027	($9,142,986)	($1,122,543)	($10,265,529)
Other Income / (Expense)	$25,469	$35,945	$79,445	$84,181	($9,189)	$215,853	$2,877	$218,729
Net Income / (Loss)	$16,859,411	($4,495,188)	($19,564,507)	($4,279,688)	$2,552,839	($8,927,133)	($1,119,667)	($10,046,800)
Revenue PMPM	$121.36	$312.44	$1,005.66	$366.40	$169.90	$321.20	$374.28	$322.38
Medical Expense PMPM	$94.92	$309.89	$1,034.61	$351.88	$144.61	$307.68	$371.35	$309.09
Gross Margin PMPM	$26.44	$2.55	($28.95)	$14.52	$25.30	$13.53	$2.93	$13.29
Administrative Expense PMPM	$4.05	$17.75	$64.65	$20.67	$8.33	$17.84	$26.31	$18.03
Operating Income / (Expense) PMPM	$22.39	($15.20)	($93.60)	($6.15)	$16.97	($4.31)	($23.39)	($4.73)
Other Income / (Expense) PMPM	$0.03	$0.12	$0.38	$0.12	($0.06)	$0.10	$0.06	$0.10
Net Income / (Loss) PMPM	$22.42	($15.08)	($93.22)	($6.03)	$16.91	($4.21)	($23.33)	($4.63)
Medical Loss Ratio	78.2%	99.2%	102.9%	96.0%	85.1%	95.8%	99.2%	95.9%
Gross Margin Ratio	21.8%	0.8%	-2.9%	4.0%	14.9%	4.2%	0.8%	4.1%
Administrative Expense Ratio	3.3%	5.7%	6.4%	5.6%	4.9%	5.6%	7.0%	5.6%
Net Income Ratio	18.5%	-4.8%	-9.3%	-1.6%	10.0%	-1.3%	-6.2%	-1.4%

*** Effective January 2021 BCCTP members are included with SPDs. July 2020 - December 2020 BCCTP members were included with Adults.**

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,767,244	$2,943,119	$175,875	6.0%	Personnel Expenses	$21,221,419	$21,741,725	$520,305	2.4%
618,838	649,740	30,901	4.8%	Benefits Administration Expense	5,090,177	5,077,142	(13,035)	(0.3%)
473,611	1,223,271	749,661	61.3%	Purchased & Professional Services	5,123,910	7,517,766	2,393,856	31.8%
326,609	397,682	71,074	17.9%	Occupancy	2,884,129	3,056,251	172,122	5.6%
62,755	1,857,017	1,794,262	96.6%	Printing Postage & Promotion	1,272,115	6,473,748	5,201,632	80.3%
476,647	640,662	164,015	25.6%	Licenses Insurance & Fees	3,430,159	4,461,302	1,031,143	23.1%
3,077	22,766	19,689	86.5%	Supplies & Other Expenses	64,483	112,292	47,810	42.6%
1,961,535	4,791,138	2,829,603	59.1%	Total Other Administrative Expense	17,864,973	26,698,501	8,833,528	33.1%
$4,728,779	**$7,734,257**	**$3,005,478**	**38.9%**	**Total Administrative Expenses**	**$39,086,393**	**$48,440,226**	**$9,353,834**	**19.3%**

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ADMIN YTD 2021
03/23/21
REPORT #6

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,882,777	$1,866,917	($15,861)	(0.8%)	Salaries & Wages	$14,267,285	$14,090,257	($177,028)	(1.3%)
181,300	203,665	22,365	11.0%	Paid Time Off	1,381,899	1,479,610	97,711	6.6%
1,963	2,967	1,003	33.8%	Incentives	7,294	16,257	8,963	55.1%
0	0	0	0.0%	Severance Pay	7,605	7,605	0	0.0%
32,332	53,731	21,399	39.8%	Payroll Taxes	317,573	388,018	70,445	18.2%
16,782	10,085	(6,697)	(66.4%)	Overtime	158,367	129,388	(28,979)	(22.4%)
154,884	158,213	3,329	2.1%	CalPERS ER Match	1,109,330	1,142,299	32,969	2.9%
0	0	0	0.0%	Sick Leave Pay	4,097	4,097	0	0.0%
445,882	558,813	112,931	20.2%	Employee Benefits	3,487,462	3,731,228	243,766	6.5%
474	0	(474)	0.0%	Personal Floating Holiday	88,673	95,444	6,771	7.1%
885	6,423	5,538	86.2%	Employee Relations	33,105	79,315	46,210	58.3%
6,870	7,560	690	9.1%	Work from Home Stipend	27,270	29,160	1,890	6.5%
6	2,437	2,431	99.8%	Transportation Reimbursement	847	6,266	5,419	86.5%
0	4,359	4,359	100.0%	Travel & Lodging	(564)	29,736	30,301	101.9%
27,822	12,272	(15,550)	(126.7%)	Temporary Help Services	139,368	129,634	(9,734)	(7.5%)
7,783	46,641	38,858	83.3%	Staff Development/Training	67,943	197,359	129,417	65.6%
7,483	9,038	1,554	17.2%	Staff Recruitment/Advertising	123,868	186,051	62,183	33.4%
2,767,244	**2,943,119**	**175,875**	**6.0%**	**Total Employee Expenses**	**21,221,419**	**21,741,725**	**520,305**	**2.4%**
				Benefit Administration Expense				
357,268	395,530	38,262	9.7%	RX Administration Expense	3,051,091	3,066,594	15,503	0.5%
244,732	235,789	(8,943)	(3.8%)	Behavioral Hlth Administration Fees	1,908,231	1,873,559	(34,672)	(1.9%)
16,838	18,421	1,583	8.6%	Telemedicine Admin Fees	130,855	136,989	6,134	4.5%
618,838	**649,740**	**30,901**	**4.8%**	**Total Employee Expenses**	**5,090,177**	**5,077,142**	**(13,035)**	**(0.3%)**
				Purchased & Professional Services				
147,045	474,324	327,279	69.0%	Consulting Services	1,032,732	1,955,394	922,662	47.2%
229,267	586,809	357,542	60.9%	Computer Support Services	2,396,196	3,479,730	1,083,533	31.1%
21,750	21,750	0	0.0%	Professional Fees-Accounting	82,187	82,187	0	0.0%
0	100	100	100.0%	Professional Fees-Medical	0	400	400	100.0%
16,389	21,678	5,288	24.4%	Other Purchased Services	174,617	241,518	66,901	27.7%
4,236	10,284	6,048	58.8%	Maint.& Repair-Office Equipment	55,218	79,318	24,100	30.4%
34,112	8,050	(26,062)	(323.8%)	HMS Recovery Fees	251,505	193,021	(58,485)	(30.3%)
0	242	242	100.0%	MIS Software (Non-Capital)	0	300,967	300,967	100.0%
1,033	7,507	6,474	86.2%	Hardware (Non-Capital)	71,585	87,127	15,542	17.8%
16,912	14,195	(2,717)	(19.1%)	Provider Relations-Credentialing	100,144	93,831	(6,313)	(6.7%)
2,866	78,333	75,468	96.3%	Legal Fees	959,727	1,004,274	44,548	4.4%
473,611	**1,223,271**	**749,661**	**61.3%**	**Total Purchased & Professional Services**	**5,123,910**	**7,517,766**	**2,393,856**	**31.8%**
				Occupancy				
149,026	182,012	32,986	18.1%	Depreciation	1,237,206	1,343,492	106,286	7.9%
26,107	26,107	0	0.0%	Amortization	208,860	208,859	(1)	0.0%
67,855	67,855	0	0.0%	Building Lease	542,841	542,841	0	0.0%
2,036	2,002	(34)	(1.7%)	Leased and Rented Office Equipment	21,493	21,461	(32)	(0.2%)
9,357	12,410	3,053	24.6%	Utilities	93,841	101,206	7,365	7.3%
58,651	83,300	24,649	29.6%	Telephone	659,813	692,986	33,173	4.8%

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ADMIN YTD 2021
03/23/21
REPORT #6

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$13,576	$23,996	$10,420	43.4%	Building Maintenance	$120,075	$145,407	$25,331	17.4%
326,609	**397,682**	**71,074**	**17.9%**	**Total Occupancy**	**2,884,129**	**3,056,251**	**172,122**	**5.6%**
				Printing Postage & Promotion				
372	69,686	69,315	99.5%	Postage	227,828	347,859	120,030	34.5%
4,690	3,250	(1,440)	(44.3%)	Design & Layout	47,755	26,350	(21,405)	(81.2%)
4,816	64,165	59,349	92.5%	Printing Services	417,772	443,752	25,980	5.9%
0	4,470	4,470	100.0%	Mailing Services	21,723	30,944	9,222	29.8%
2,753	2,482	(271)	(10.9%)	Courier/Delivery Service	20,620	19,356	(1,264)	(6.5%)
566	1,080	514	47.6%	Pre-Printed Materials and Publications	625	3,653	3,028	82.9%
0	1,250	1,250	100.0%	Promotional Products	27,369	30,721	3,352	10.9%
37,887	1,704,333	1,666,447	97.8%	Community Relations	460,553	5,521,738	5,061,185	91.7%
11,671	6,300	(5,371)	(85.3%)	Translation - Non-Clinical	47,871	49,375	1,504	3.0%
62,755	**1,857,017**	**1,794,262**	**96.6%**	**Total Printing Postage & Promotion**	**1,272,115**	**6,473,748**	**5,201,632**	**80.3%**
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	0	50,000	50,000	100.0%
21,462	19,100	(2,362)	(12.4%)	Bank Fees	157,258	153,467	(3,791)	(2.5%)
53,007	53,715	708	1.3%	Insurance	424,055	480,472	56,417	11.7%
327,361	493,882	166,521	33.7%	Licenses, Permits and Fees	2,350,833	3,246,404	895,571	27.6%
74,817	73,965	(852)	(1.2%)	Subscriptions & Dues	498,013	530,960	32,947	6.2%
476,647	**640,662**	**164,015**	**25.6%**	**Total Licenses Insurance & Postage**	**3,430,159**	**4,461,302**	**1,031,143**	**23.1%**
				Supplies & Other Expenses				
2,501	4,937	2,436	49.3%	Office and Other Supplies	15,263	24,517	9,254	37.7%
0	2,695	2,695	100.0%	Ergonomic Supplies	2,182	12,547	10,364	82.6%
576	9,084	8,508	93.7%	Commissary-Food & Beverage	5,029	22,539	17,511	77.7%
0	4,850	4,850	100.0%	Member Incentive Expense	29,100	38,800	9,700	25.0%
0	0	0	0.0%	Covid-19 IT Expenses	3,840	3,840	0	0.0%
0	1,200	1,200	100.0%	Covid-19 Non IT Expenses	9,068	10,049	981	9.8%
3,077	**22,766**	**19,689**	**86.5%**	**Total Supplies & Other Expense**	**64,483**	**112,292**	**47,810**	**42.6%**
$4,728,779	**$7,734,257**	**$3,005,478**	**38.9%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$39,086,393**	**$48,440,226**	**$9,353,834**	**19.3%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED FEBRUARY 28, 2021

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Computer Equipment (Laptop, Desktop, Tablets)	IT-FY21-01	$ 185,583	$ 20,953	**$ 206,536**	$ 300,000	$ 93,464
	Display Monitors	IT-FY21-02	$ 30,302		**$ 30,302**	$ 40,000	$ 9,698
	Cisco Phones (Desk phone, Conference phone)	IT-FY21-03	$ -		**$ -**	$ 30,000	$ 30,000
	Audio / Video Equipment	IT-FY21-04	$ -		**$ -**	$ 60,000	$ 60,000
	APC UPS Batteries	IT-FY21-05	$ -		**$ -**	$ 20,000	$ 20,000
	IT Cage Supplies and Tools	IT-FY21-06	$ -		**$ -**	$ 10,000	$ 10,000
	Cisco Network Hardware (Switches, Routers, Firewalls, Wireless)	IT-FY21-07	$ -	$ 32,546	**$ 32,546**	$ 150,000	$ 117,454
	Cisco UCS Blade RAM	IT-FY21-08	$ -		**$ -**	$ 140,000	$ 140,000
	Pure Storage Shelf	IT-FY21-09	$ -	$ 24,232	**$ 24,232**	$ 250,000	$ 225,768
	Security Hardware	IT-FY21-10	$ -		**$ -**	$ 80,000	$ 80,000
	Call Center Hardware	IT-FY21-11	$ -		**$ -**	$ 40,000	$ 40,000
	Computer Components (Memory, Hard drives)	IT-FY21-16	$ -		**$ -**	$ 15,000	$ 15,000
	Network / AV Cabling	IT-FY21-18	$ -		**$ -**	$ 250,000	$ 250,000
	Carryover from FY20 / unplanned	IT-FY21-19	$ 133,271	$ (8,828)	**$ 124,443**	$ -	$ (124,443)
Hardware Subtotal			**$ 349,156**	**$ 68,903**	**$ 418,059**	**$ 1,385,000**	**$ 966,941**
2. Software:							
	Monitoring Software	AC-FY21-02	$ -		**$ -**	$ 60,000	$ 60,000
	Windows Server OS (3rd payment)	AC-FY21-03	$ -		**$ -**	$ 80,000	$ 80,000
	Adobe Acrobat Licenses	AC-FY21-04	$ -		**$ -**	$ 12,000	$ 12,000
	Carryover from FY20 / unplanned	AC-FY21-05	$ 28,232		**$ 28,232**	$ -	$ (28,232)
Software Subtotal			**$ 28,232**	**$ -**	**$ 28,232**	**$ 152,000**	**$ 123,768**
3. Building Improvement:							
	Appliances over 1k new/replacement (all buildings/suites)	FA-FY21-01	$ -		**$ -**	$ 5,000	$ 5,000
	ACME Security: Readers, HID boxes, Cameras, Doors (planned/unplanned Maintenance repairs)	FA-FY21-02	$ -		**$ -**	$ 50,000	$ 50,000
	Seismic Improvements (Carryover from FY20)	FA-FY21-03	$ -		**$ -**	$ 150,000	$ 150,000
	HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY21-04	$ -		**$ -**	$ 65,000	$ 65,000
	Electrical work for projects, workstations requirement	FA-FY21-05	$ -		**$ -**	$ 20,000	$ 20,000
	Construction work for various projects	FA-FY21-06	$ -		**$ -**	$ 20,000	$ 20,000
	1240 Emergency Generator	FA-FY21-07	$ -	$ 63,615	**$ 63,615**	$ 318,000	$ 254,385
Building Improvement Subtotal			**$ -**	**$ 63,615**	**$ 63,615**	**$ 628,000**	**$ 564,385**

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
4. Furniture & Equipment:							
	Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY21-19	$ 1,721		**$ 1,721**	$ 50,000	$ 48,279
	Ergonomic Equipment - Sit/Stand desks	FA-FY21-20	$ -		**$ -**	$ 40,000	$ 40,000
	Task Chairs: Various sizes, special order for Ergo/WC	FA-FY21-21	$ -		**$ -**	$ 50,000	$ 50,000
	Replace, reconfigure, re-design workstations	FA-FY21-22	$ -	$ 27,424	**$ 27,424**	$ 50,000	$ 22,576
Furniture & Equipment Subtotal			**$ 1,721**	**$ 27,424**	**$ 29,145**	**$ 190,000**	**$ 160,855**
5. Leasehold Improvement:							
	Electrical work for projects, workstations requirement	FA-FY21-26	$ -	$ 3,090	**$ 3,090**	$ 20,000	$ 16,910
Leasehold Improvement Subtotal			**$ -**	**$ 3,090**	**$ 3,090**	**$ 20,000**	**$ 16,910**
6. Contingency:							
	Carryover from FY20 / Unplanned/ Contingency	FA-FY21-28	$ 870		**$ 870**	$ -	$ (870)
Contingency Subtotal			**$ 870**	**$ -**	**$ 870**	**$ -**	**$ (870)**
GRAND TOTAL			**$ 379,979**	**$ 163,032**	**$ 543,010**	**$ 2,375,000**	**$ 1,831,989**

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost -2/28/21	**$ 42,766,966**
Fixed Assets @ Cost - 6/30/20	**$ 42,223,957**
Fixed Assets Acquired YTD	**$ 543,010**

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2021

TANGIBLE NET EQUITY (TNE)	Jul-20	Aug-20	QTR. END Sep-20	Oct-20	Nov-20	QTR. END Dec-20	Jan-21	Feb-21
Current Month Net Income / (Loss)	$1,862,425	($6,647,096)	($3,237,699)	($7,755,478)	$366,707	($3,276,454)	$1,169,847	$7,470,948
YTD Net Income / (Loss)	$1,862,425	($4,784,670)	($8,022,369)	($15,777,847)	($15,411,141)	($18,687,595)	($17,517,747)	($10,046,800)
Actual TNE								
Net Assets	$208,037,240	$201,390,145	$198,152,445	$190,396,968	$190,763,674	$187,487,220	$188,657,068	$196,128,015
Subordinated Debt & Interest	$0	$0	$0	$0	$0	$0	$0	$0
Total Actual TNE	**$208,037,240**	**$201,390,145**	**$198,152,445**	**$190,396,968**	**$190,763,674**	**$187,487,220**	**$188,657,068**	**$196,128,015**
Increase/(Decrease) in Actual TNE	$1,862,425	($6,647,095)	($3,237,700)	($7,755,477)	$366,706	($3,276,454)	$1,169,848	$7,470,947
Required TNE[(1)]	**$32,152,830**	**$33,226,635**	**$32,768,500**	**$34,310,349**	**$33,421,093**	**$33,839,117**	**$34,693,839**	**$34,402,727**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$41,798,679	$43,194,626	$42,599,050	$44,603,454	$43,447,421	$43,990,852	$45,101,990	$44,723,545
TNE Excess / (Deficiency)	$175,884,410	$168,163,510	$165,383,945	$156,086,619	$157,342,581	$153,648,103	$153,963,229	$161,725,288
Actual TNE as a Multiple of Required	**6.47**	**6.06**	**6.05**	**5.55**	**5.71**	**5.54**	**5.44**	**5.70**

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

LIQUID TANGIBLE NET EQUITY								
Net Assets	$208,037,240	$201,390,145	$198,152,445	$190,396,968	$190,763,674	$187,487,220	$188,657,068	$196,128,015
Fixed Assets at Net Book Value	(9,978,158)	(9,949,713)	(9,770,590)	(9,592,926)	(9,454,338)	(9,295,248)	(9,120,984)	(9,110,205)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	**$197,709,082**	**$191,090,432**	**$188,031,855**	**$180,454,042**	**$180,959,336**	**$177,841,972**	**$179,186,084**	**$186,667,810**
Liquid TNE as Multiple of Required	**6.15**	**5.75**	**5.74**	**5.26**	**5.41**	**5.26**	**5.16**	**5.43**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2021

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

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	91,570	92,692	93,378	93,982	94,620	94,969	95,103	95,510					751,824
Adults*	34,909	35,689	36,302	37,072	37,640	38,152	38,994	39,315					298,073
SPD*	26,044	26,094	26,178	26,250	26,314	26,339	26,354	26,294					209,867
ACA OE	82,989	85,081	86,713	88,258	89,752	91,050	92,257	93,332					709,432
Duals	18,297	18,495	18,606	18,847	18,988	19,125	19,215	19,415					150,988
Medi-Cal Program	253,809	258,051	261,177	264,409	267,314	269,635	271,923	273,866					2,120,184
Group Care Program	6,109	6,007	6,011	6,009	5,982	5,954	5,961	5,969					48,002
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,296**	**275,589**	**277,884**	**279,835**					**2,168,186**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	825	1,122	686	604	638	349	134	407					4,765
Adults*	822	780	613	770	568	512	842	321					5,228
SPD*	(67)	50	84	72	64	25	15	(60)					183
ACA OE	1,693	2,092	1,632	1,545	1,494	1,298	1,207	1,075					12,036
Duals	228	198	111	241	141	137	90	200					1,346
Medi-Cal Program	3,501	4,242	3,126	3,232	2,905	2,321	2,288	1,943					23,558
Group Care Program	(328)	(102)	4	(2)	(27)	(28)	7	8					(468)
Total	**3,173**	**4,140**	**3,130**	**3,230**	**2,878**	**2,293**	**2,295**	**1,951**					**23,090**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.1%	35.9%	35.8%	35.5%	35.4%	35.2%	35.0%	34.9%					35.5%
Adults % of Medi-Cal	13.8%	13.8%	13.9%	14.0%	14.1%	14.1%	14.3%	14.4%					14.1%
SPD % of Medi-Cal	10.3%	10.1%	10.0%	9.9%	9.8%	9.8%	9.7%	9.6%					9.9%
ACA OE % of Medi-Cal	32.7%	33.0%	33.2%	33.4%	33.6%	33.8%	33.9%	34.1%					33.5%
Duals % of Medi-Cal	7.2%	7.2%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%					7.1%
Medi-Cal Program % of Total	97.6%	97.7%	97.8%	97.8%	97.8%	97.8%	97.9%	97.9%					97.8%
Group Care Program % of Total	2.4%	2.3%	2.2%	2.2%	2.2%	2.2%	2.1%	2.1%					2.2%
Total	**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 2021

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

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	50,199	51,057	51,527	51,397	52,073	51,937	52,336	52,451					412,977
Alameda Health System	50,193	51,312	52,596	53,607	54,283	55,240	55,847	56,285					429,363
	100,392	102,369	104,123	105,004	106,356	107,177	108,183	108,736					842,340
Delegated:													
CFMG	30,742	31,072	30,803	31,173	31,336	31,529	31,714	31,907					250,276
CHCN	94,144	95,194	96,219	97,528	98,274	98,920	99,414	100,003					779,696
Kaiser	34,640	35,423	36,043	36,713	37,330	37,963	38,573	39,189					295,874
Delegated Subtotal	159,526	161,689	163,065	165,414	166,940	168,412	169,701	171,099					1,325,846
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,296**	**275,589**	**277,884**	**279,835**					**2,168,186**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	1,402	1,977	1,754	881	1,352	821	1,006	553					9,746
Delegated:													
CFMG	317	330	(269)	370	163	193	185	193					1,482
CHCN	752	1,050	1,025	1,309	746	646	494	589					6,611
Kaiser	702	783	620	670	617	633	610	616					5,251
Delegated Subtotal	1,771	2,163	1,376	2,349	1,526	1,472	1,289	1,398					13,344
Total	**3,173**	**4,140**	**3,130**	**3,230**	**2,878**	**2,293**	**2,295**	**1,951**					**23,090**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.6%	38.8%	39.0%	38.8%	38.9%	38.9%	38.9%	38.9%					38.8%
Delegated:													
CFMG	11.8%	11.8%	11.5%	11.5%	11.5%	11.4%	11.4%	11.4%					11.5%
CHCN	36.2%	36.1%	36.0%	36.1%	36.0%	35.9%	35.8%	35.7%					36.0%
Kaiser	13.3%	13.4%	13.5%	13.6%	13.7%	13.8%	13.9%	14.0%					13.6%
Delegated Subtotal	61.4%	61.2%	61.0%	61.2%	61.1%	61.1%	61.1%	61.1%					61.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**					**100.0%**

* BCCTP included in Adults Category of Aid (COA) July - December 2020. BCCTP included in SPD COA January - June 2021.

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2021

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	91,570	92,692	93,378	93,982	94,957	95,931	96,740	97,550	98,359	98,261	98,015	97,525	1,148,959
Adult	34,909	35,689	36,302	37,072	37,737	38,401	39,151	39,900	40,650	40,609	40,508	40,305	461,232
SPD	26,044	26,094	26,178	26,250	26,289	26,327	26,359	26,390	26,422	26,395	26,329	26,198	315,275
ACA OE	82,989	85,081	86,713	88,258	89,853	91,449	93,189	94,930	96,670	96,574	96,332	95,851	1,097,889
Duals	18,297	18,495	18,606	18,847	18,974	19,101	19,296	19,490	19,685	19,665	19,616	19,518	229,588
Medi-Cal Program	253,809	258,051	261,177	264,409	267,809	271,209	274,735	278,260	281,785	281,503	280,800	279,396	3,252,943
Group Care Program	6,109	6,007	6,011	6,009	6,009	6,009	6,009	6,009	6,009	6,009	6,009	6,009	72,208
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,818**	**277,218**	**280,744**	**284,269**	**287,794**	**287,512**	**286,809**	**285,405**	**3,325,151**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	2,358	1,122	686	604	975	975	809	809	809	(98)	(246)	(490)	8,313
Adult	2,399	780	613	770	665	665	750	750	750	(41)	(102)	(203)	7,795
SPD	1,130	50	84	72	39	39	32	32	32	(26)	(66)	(132)	1,284
ACA OE	4,247	2,092	1,632	1,545	1,595	1,595	1,741	1,741	1,741	(97)	(241)	(482)	17,109
Duals	1,279	198	111	241	127	127	195	195	195	(20)	(49)	(98)	2,500
Medi-Cal Program	11,413	4,242	3,126	3,232	3,400	3,400	3,525	3,525	3,525	(282)	(704)	(1,404)	37,000
Group Care Program	133	(102)	4	(2)	0	0	0	0	0	0	0	0	33
Total	**11,546**	**4,140**	**3,130**	**3,230**	**3,400**	**3,400**	**3,525**	**3,525**	**3,525**	**(282)**	**(704)**	**(1,404)**	**37,033**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.1%	35.9%	35.8%	35.5%	35.5%	35.4%	35.2%	35.1%	34.9%	34.9%	34.9%	34.9%	35.3%
Adult % of Medi-Cal	13.8%	13.8%	13.9%	14.0%	14.1%	14.2%	14.3%	14.3%	14.4%	14.4%	14.4%	14.4%	14.2%
SPD % of Medi-Cal	10.3%	10.1%	10.0%	9.9%	9.8%	9.7%	9.6%	9.5%	9.4%	9.4%	9.4%	9.4%	9.7%
ACA OE % of Medi-Cal	32.7%	33.0%	33.2%	33.4%	33.6%	33.7%	33.9%	34.1%	34.3%	34.3%	34.3%	34.3%	33.8%
Duals % of Medi-Cal	7.2%	7.2%	7.1%	7.1%	7.1%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.1%
Medi-Cal Program % of Total	97.6%	97.7%	97.8%	97.8%	97.8%	97.8%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.8%
Group Care Program % of Total	2.4%	2.3%	2.2%	2.2%	2.2%	2.2%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.2%
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 2021

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	100,392	102,369	104,123	105,004	106,384	107,763	109,255	110,746	112,237	112,129	111,857	111,315	1,293,574
Delegated:													
CFMG	30,742	31,072	30,803	31,173	31,498	31,822	32,099	32,376	32,652	32,620	32,538	32,376	381,771
CHCN	94,144	95,194	96,219	97,528	98,744	99,960	101,226	102,493	103,759	103,658	103,405	102,900	1,199,229
Kaiser	34,640	35,423	36,043	36,713	37,193	37,673	38,164	38,655	39,145	39,106	39,009	38,813	450,578
Delegated Subtotal	159,526	161,689	163,065	165,414	167,435	169,455	171,489	173,523	175,557	175,384	174,951	174,089	2,031,577
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,818**	**277,218**	**280,744**	**284,269**	**287,794**	**287,512**	**286,809**	**285,405**	**3,325,151**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	6,149	1,977	1,754	881	1,380	1,380	1,491	1,491	1,491	(109)	(272)	(542)	17,072
Delegated:													
CFMG	1,050	330	(269)	370	325	325	277	277	277	(33)	(82)	(163)	2,684
CHCN	2,365	1,050	1,025	1,309	1,216	1,216	1,266	1,266	1,266	(101)	(253)	(505)	11,121
Kaiser	1,982	783	620	670	480	480	491	491	491	(39)	(98)	(195)	6,155
Delegated Subtotal	5,397	2,163	1,376	2,349	2,021	2,021	2,034	2,034	2,034	(173)	(432)	(862)	19,960
Total	**11,546**	**4,140**	**3,130**	**3,230**	**3,400**	**3,400**	**3,525**	**3,525**	**3,525**	**(282)**	**(704)**	**(1,404)**	**37,033**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.6%	38.8%	39.0%	38.8%	38.9%	38.9%	38.9%	39.0%	39.0%	39.0%	39.0%	39.0%	38.9%
Delegated:													
CFMG	11.8%	11.8%	11.5%	11.5%	11.5%	11.5%	11.4%	11.4%	11.3%	11.3%	11.3%	11.3%	11.5%
CHCN	36.2%	36.1%	36.0%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%
Kaiser	13.3%	13.4%	13.5%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%
Delegated Subtotal	61.4%	61.2%	61.0%	61.2%	61.1%	61.1%	61.1%	61.0%	61.0%	61.0%	61.0%	61.0%	61.1%
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 2021

	Variance Jul-20	Variance Aug-20	Variance Sep-20	Variance Oct-20	Variance Nov-20	Variance Dec-20	Variance Jan-21	Variance Feb-21	Variance Mar-21	Variance Apr-21	Variance May-21	Variance Jun-21	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	(337)	(962)	(1,637)	(2,040)					(4,976)
Adults*	0	0	0	0	(97)	(249)	(157)	(585)					(1,088)
SPD*	0	0	0	0	25	12	(5)	(96)					(64)
ACA OE	0	0	0	0	(101)	(399)	(932)	(1,598)					(3,030)
Duals	0	0	0	0	14	24	(81)	(75)					(118)
Medi-Cal Program	0	0	0	0	(495)	(1,574)	(2,812)	(4,394)					(9,275)
Group Care Program	0	0	0	0	(27)	(55)	(48)	(40)					(170)
Total	**0**	**0**	**0**	**0**	**(522)**	**(1,629)**	**(2,860)**	**(4,434)**					**(9,445)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	(28)	(586)	(1,072)	(2,010)					(3,695)
Delegated:													
CFMG	0	0	0	0	(162)	(293)	(385)	(469)					(1,309)
CHCN	0	0	0	0	(470)	(1,039)	(1,812)	(2,490)					(5,811)
Kaiser	0	0	0	0	137	290	409	534					1,370
Delegated Subtotal	0	0	0	0	(495)	(1,043)	(1,788)	(2,424)					(5,750)
Total	**0**	**0**	**0**	**0**	**(522)**	**(1,629)**	**(2,860)**	**(4,434)**					**(9,445)**

Notes:

Variance based on FY21 Preliminary Budget July 20 to October 20 and FY21 Final Budget November 20 to June 21.

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2021

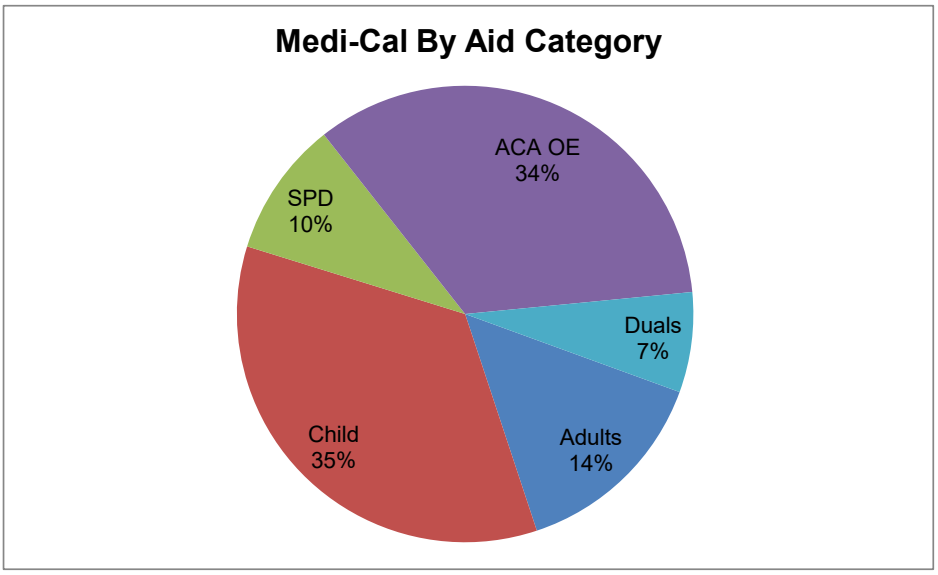
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,875,273	$1,824,374	($50,899)	(2.8%)	PCP-Capitation	$14,243,150	$14,252,347	$9,197	0.1%
2,887,321	3,043,748	156,427	5.1%	PCP-Capitation - FQHC	22,224,254	22,699,486	475,232	2.1%
290,683	274,392	(16,291)	(5.9%)	Specialty-Capitation	2,177,277	2,178,068	791	0.0%
2,954,589	3,130,958	176,369	5.6%	Specialty-Capitation FQHC	22,791,463	23,262,001	470,538	2.0%
319,666	325,177	5,511	1.7%	Laboratory-Capitation	2,494,307	2,507,688	13,381	0.5%
590,456	909,661	319,205	35.1%	Transportation (Ambulance)-Cap	3,984,072	5,071,917	1,087,845	21.4%
207,388	270,817	63,429	23.4%	Vision Cap	1,618,162	1,858,536	240,374	12.9%
84,589	79,833	(4,756)	(6.0%)	CFMG Capitation	633,861	633,734	(127)	0.0%
149,993	158,533	8,540	5.4%	Anc IPA Admin Capitation FQHC	1,155,782	1,180,061	24,279	2.1%
9,826,872	9,219,018	(607,854)	(6.6%)	Kaiser Capitation	65,488,200	64,597,718	(890,482)	(1.4%)
706,203	707,280	1,077	0.2%	BHT Supplemental Expense	5,656,120	5,451,864	(204,256)	(3.7%)
17,123	12,008	(5,115)	(42.6%)	Hep-C Supplemental Expense	88,888	68,975	(19,913)	(28.9%)
303,364	394,313	90,949	23.1%	Maternity Supplemental Expense	2,396,348	2,522,839	126,491	5.0%
533,169	571,111	37,942	6.6%	DME - Cap	4,217,653	4,293,847	76,194	1.8%
20,746,689	**20,921,223**	**174,534**	**0.8%**	**5-TOTAL CAPITATED EXPENSES**	**149,169,538**	**150,579,081**	**1,409,543**	**0.9%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
604,141	0	(604,141)	0.0%	IBNP-Inpatient Services	24,169,041	0	(24,169,041)	0.0%
18,124	0	(18,124)	0.0%	IBNP-Settlement (IP)	725,071	0	(725,071)	0.0%
48,333	0	(48,333)	0.0%	IBNP-Claims Fluctuation (IP)	1,933,529	0	(1,933,529)	0.0%
22,016,219	22,628,249	612,030	2.7%	Inpatient Hospitalization-FFS	152,381,889	187,485,527	35,103,638	18.7%
947,580	0	(947,580)	0.0%	IP OB - Mom & NB	9,030,428	0	(9,030,428)	0.0%
44,995	0	(44,995)	0.0%	IP Behavioral Health	1,261,513	0	(1,261,513)	0.0%
941,373	1,171,220	229,847	19.6%	IP - Long Term Care	7,659,980	8,333,255	673,275	8.1%
470,124	0	(470,124)	0.0%	IP - Facility Rehab FFS	5,340,912	0	(5,340,912)	0.0%
25,090,889	**23,799,469**	**(1,291,420)**	**(5.4%)**	**6-Inpatient Hospital & SNF FFS Expense**	**202,502,363**	**195,818,782**	**(6,683,581)**	**(3.4%)**
(154,356)	0	154,356	0.0%	IBNP-PCP	268,491	0	(268,491)	0.0%
(4,630)	0	4,630	0.0%	IBNP-Settlement (PCP)	8,055	0	(8,055)	0.0%
(12,349)	0	12,349	0.0%	IBNP-Claims Fluctuation (PCP)	21,478	0	(21,478)	0.0%
462	0	(462)	0.0%	Telemedicine FFS	8,484	0	(8,484)	0.0%
1,173,912	1,311,356	137,444	10.5%	Primary Care Non-Contracted FF	9,280,434	21,507,862	12,227,428	56.9%
57,184	80,210	23,026	28.7%	PCP FQHC FFS	447,491	626,745	179,254	28.6%
1,728,403	3,010,761	1,282,358	42.6%	Prop 56 Direct Payment Expenses	13,657,179	11,833,071	(1,824,108)	(15.4%)
75,261	0	(75,261)	0.0%	Prop 56-Trauma Expense	473,784	0	(473,784)	0.0%
100,210	0	(100,210)	0.0%	Prop 56-Dev. Screening Exp.	623,455	0	(623,455)	0.0%
614,749	0	(614,749)	0.0%	Prop 56-Fam. Planning Exp.	4,638,114	0	(4,638,114)	0.0%
535,216	0	(535,216)	0.0%	Prop 56-Value Based Purchasing	4,109,997	0	(4,109,997)	0.0%
4,114,063	**4,402,327**	**288,264**	**6.5%**	**7-Primary Care Physician FFS Expense**	**33,536,963**	**33,967,678**	**430,715**	**1.3%**
(100,764)	0	100,764	0.0%	IBNP-Specialist	1,892,724	0	(1,892,724)	0.0%
1,947,743	4,355,591	2,407,848	55.3%	Specialty Care-FFS	15,825,493	34,579,634	18,754,141	54.2%
290,593	0	(290,593)	0.0%	Anesthesiology - FFS	1,471,708	0	(1,471,708)	0.0%
577,992	0	(577,992)	0.0%	Spec Rad Therapy - FFS	5,357,266	0	(5,357,266)	0.0%
170,715	0	(170,715)	0.0%	Obstetrics-FFS	1,019,848	0	(1,019,848)	0.0%
177,463	0	(177,463)	0.0%	Spec IP Surgery - FFS	1,868,478	0	(1,868,478)	0.0%
588,051	0	(588,051)	0.0%	Spec OP Surgery - FFS	3,553,515	0	(3,553,515)	0.0%
345,705	0	(345,705)	0.0%	Spec IP Physician	3,006,723	0	(3,006,723)	0.0%
18,952	94,405	75,453	79.9%	SCP FQHC FFS	240,968	501,183	260,215	51.9%
(3,023)	0	3,023	0.0%	IBNP-Settlement (SCP)	56,782	0	(56,782)	0.0%
(8,062)	0	8,062	0.0%	IBNP-Claims Fluctuation (SCP)	151,419	0	(151,419)	0.0%
4,005,365	**4,449,996**	**444,631**	**10.0%**	**8-Specialty Care Physician Expense**	**34,444,924**	**35,080,817**	**635,893**	**1.8%**
234,859	0	(234,859)	0.0%	IBNP-Ancillary	1,481,252	0	(1,481,252)	0.0%
7,046	0	(7,046)	0.0%	IBNP Settlement (ANC)	44,436	0	(44,436)	0.0%
18,788	0	(18,788)	0.0%	IBNP Claims Fluctuation (ANC)	118,501	0	(118,501)	0.0%
304,842	0	(304,842)	0.0%	Acupuncture/Biofeedback	1,915,212	0	(1,915,212)	0.0%
102,862	0	(102,862)	0.0%	Hearing Devices	558,406	0	(558,406)	0.0%
21,436	0	(21,436)	0.0%	Imaging/MRI/CT Global	287,171	0	(287,171)	0.0%
33,807	0	(33,807)	0.0%	Vision FFS	312,835	0	(312,835)	0.0%
15,081	0	(15,081)	0.0%	Family Planning	167,173	0	(167,173)	0.0%
582,762	0	(582,762)	0.0%	Laboratory-FFS	2,897,900	0	(2,897,900)	0.0%
107,951	0	(107,951)	0.0%	ANC Therapist	752,482	0	(752,482)	0.0%
249,450	0	(249,450)	0.0%	Transportation (Ambulance)-FFS	2,189,853	0	(2,189,853)	0.0%
100,654	0	(100,654)	0.0%	Transportation (Other)-FFS	935,606	0	(935,606)	0.0%

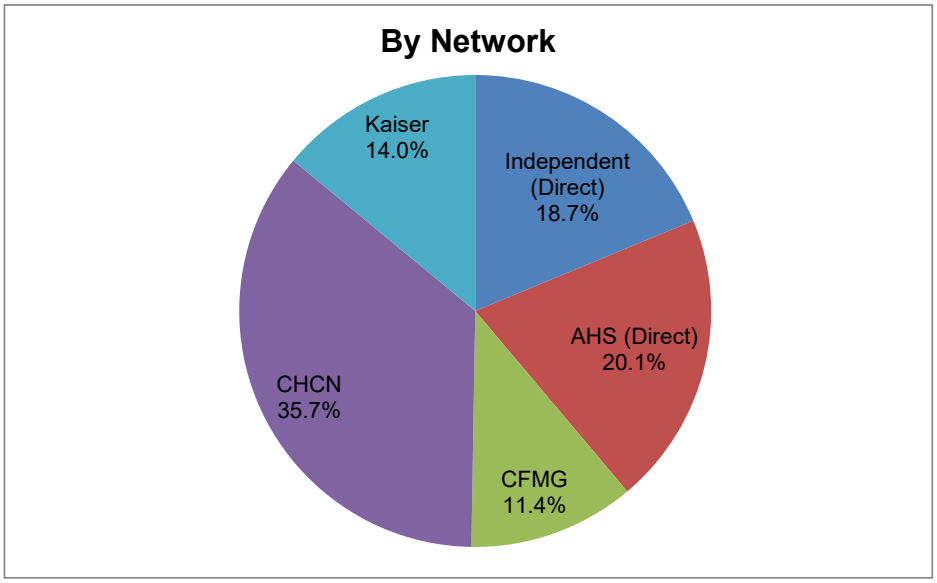
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$509,487	$0	($509,487)	0.0%	Hospice	$3,613,133	$0	($3,613,133)	0.0%
661,888	0	(661,888)	0.0%	Home Health Services	5,144,614	0	(5,144,614)	0.0%
0	2,845,918	2,845,918	100.0%	Other Medical-FFS	0	25,098,242	25,098,242	100.0%
0	0	0	0.0%	Denials	3,885	0	(3,885)	0.0%
29,638	0	(29,638)	0.0%	HMS Medical Refunds	(52,105)	0	52,105	0.0%
110	0	(110)	0.0%	Refunds-Medical Payments	127	0	(127)	0.0%
367,501	0	(367,501)	0.0%	DME & Medical Supplies	2,506,006	0	(2,506,006)	0.0%
559,793	524,544	(35,249)	(6.7%)	GEMT Direct Payment Expense	4,424,109	4,345,120	(78,989)	(1.8%)
290,836	0	(290,836)	0.0%	Community Based Adult Services (CBAS)	3,885,304	0	(3,885,304)	0.0%
4,198,793	**3,370,462**	**(828,331)**	**(24.6%)**	**9-Ancillary Medical Expense**	**31,185,901**	**29,443,362**	**(1,742,539)**	**(5.9%)**
887,347	0	(887,347)	0.0%	IBNP-Outpatient	2,100,729	0	(2,100,729)	0.0%
26,620	0	(26,620)	0.0%	IBNP Settlement (OP)	63,021	0	(63,021)	0.0%
70,989	0	(70,989)	0.0%	IBNP Claims Fluctuation (OP)	168,059	0	(168,059)	0.0%
1,011,791	7,733,522	6,721,731	86.9%	Out-Patient FFS	8,253,077	62,068,363	53,815,286	86.7%
1,156,097	0	(1,156,097)	0.0%	OP Ambul Surgery - FFS	8,867,372	0	(8,867,372)	0.0%
751,648	0	(751,648)	0.0%	OP Fac Imaging Services-FFS	8,567,153	0	(8,567,153)	0.0%
2,572,757	0	(2,572,757)	0.0%	Behav Health - FFS	17,683,745	0	(17,683,745)	0.0%
432,495	0	(432,495)	0.0%	OP Facility - Lab FFS	3,371,200	0	(3,371,200)	0.0%
81,043	0	(81,043)	0.0%	OP Facility - Cardio FFS	719,628	0	(719,628)	0.0%
30,113	0	(30,113)	0.0%	OP Facility - PT/OT/ST FFS	248,432	0	(248,432)	0.0%
866,182	0	(866,182)	0.0%	OP Facility - Dialysis FFS	12,410,149	0	(12,410,149)	0.0%
7,887,083	**7,733,522**	**(153,561)**	**(2.0%)**	**10-Outpatient Medical Expense Medical Expense**	**62,452,565**	**62,068,363**	**(384,202)**	**(0.6%)**
3,691	0	(3,691)	0.0%	IBNP-Emergency	745,767	0	(745,767)	0.0%
110	0	(110)	0.0%	IBNP Settlement (ER)	22,375	0	(22,375)	0.0%
294	0	(294)	0.0%	IBNP Claims Fluctuation (ER)	59,659	0	(59,659)	0.0%
452,433	0	(452,433)	0.0%	Special ER Physician-FFS	4,105,817	0	(4,105,817)	0.0%
2,664,748	3,546,562	881,814	24.9%	ER-Facility	22,326,544	28,523,989	6,197,445	21.7%
3,121,276	**3,546,562**	**425,286**	**12.0%**	**11-Emergency Expense**	**27,260,162**	**28,523,989**	**1,263,827**	**4.4%**
223,879	0	(223,879)	0.0%	IBNP-Pharmacy	1,498,381	0	(1,498,381)	0.0%
6,716	0	(6,716)	0.0%	IBNP Settlement (RX)	44,953	0	(44,953)	0.0%
17,910	0	(17,910)	0.0%	IBNP Claims Fluctuation (RX)	119,872	0	(119,872)	0.0%
3,720,726	4,072,400	351,674	8.6%	RX - Non-PBM FFFS	32,304,001	32,345,219	41,218	0.1%
10,251,828	10,950,798	698,970	6.4%	Pharmacy-FFS	84,567,814	86,438,616	1,870,802	2.2%
(37,840)	0	37,840	0.0%	HMS RX Refunds	(245,814)	0	245,814	0.0%
(537,586)	(537,587)	(1)	0.0%	Pharmacy-Rebate	(4,139,005)	(4,139,004)	1	0.0%
13,645,633	**14,485,611**	**839,978**	**5.8%**	**12-Pharmacy Expense**	**114,150,202**	**114,644,831**	**494,629**	**0.4%**
62,063,102	**61,787,949**	**(275,153)**	**(0.4%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**505,533,080**	**499,547,822**	**(5,985,258)**	**(1.2%)**
0	(53,466)	(53,466)	100.0%	Clinical Vacancy	0	(202,423)	(202,423)	100.0%
71,326	112,528	41,203	36.6%	Quality Analytics	539,786	697,096	157,310	22.6%
365,872	442,020	76,148	17.2%	Health Plan Services Department Total	2,894,328	3,158,137	263,809	8.4%
568,539	728,319	159,780	21.9%	Case & Disease Management Department Total	5,321,855	5,827,533	505,677	8.7%
481,127	242,541	(238,586)	(98.4%)	Medical Services Department Total	1,961,852	1,620,611	(341,241)	(21.1%)
356,240	512,099	155,859	30.4%	Quality Management Department Total	3,291,762	3,761,412	469,650	12.5%
105,073	135,846	30,773	22.7%	Pharmacy Services Department Total	928,421	1,105,917	177,496	16.0%
31,772	39,928	8,156	20.4%	Regulatory Readiness Total	260,088	299,795	39,707	13.2%
1,979,948	**2,159,816**	**179,868**	**8.3%**	**14-Other Benefits & Services**	**15,198,092**	**16,268,077**	**1,069,985**	**6.6%**
				Reinsurance Expense				
(385,787)	(380,599)	5,188	(1.4%)	Reinsurance Recoveries	(3,956,448)	(3,395,251)	561,197	(16.5%)
453,410	513,705	60,295	11.7%	Stop-Loss Expense	3,545,054	3,769,104	224,050	5.9%
67,623	**133,106**	**65,483**	**49.2%**	**15-Reinsurance Expense**	**(411,394)**	**373,853**	**785,247**	**210.0%**
				Preventive Health Services				
83,333	83,334	1	0.0%	Risk Sharing PCP	666,664	666,667	3	0.0%
83,333	**83,334**	**1**	**0.0%**	**16-Risk Pool Distribution**	**666,664**	**666,667**	**3**	**0.0%**
84,940,696	**85,085,428**	**144,732**	**0.2%**	**17-TOTAL MEDICAL EXPENSES**	**670,155,980**	**667,435,500**	**(2,720,480)**	**(0.4%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Feb 2021**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	39,318	14%	8,930	8,762	486	14,356	6,784
Child	95,514	35%	9,359	8,613	29,176	31,849	16,517
SPD	26,290	10%	8,498	4,031	1,117	10,700	1,944
ACA OE	93,322	34%	15,369	31,850	1,126	33,582	11,395
Duals	19,429	7%	7,733	2,076	2	7,070	2,548
Medi-Cal	273,873		49,889	55,332	31,907	97,557	39,188
Group Care	5,969		2,573	950	-	2,446	-
Total	**279,842**	**100%**	**52,462**	**56,282**	**31,907**	**100,003**	**39,188**
Medi-Cal %	97.9%		95.1%	98.3%	100.0%	97.6%	100.0%
Group Care %	2.1%		4.9%	1.7%	0.0%	2.4%	0.0%
	Network Distribution		*18.7%*	*20.1%*	*11.4%*	*35.7%*	*14.0%*
			% Direct:	**39%**		**% Delegated:**	**61%**

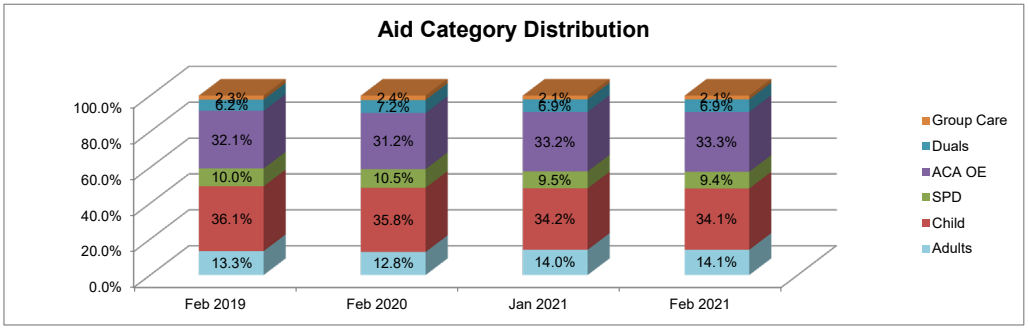




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

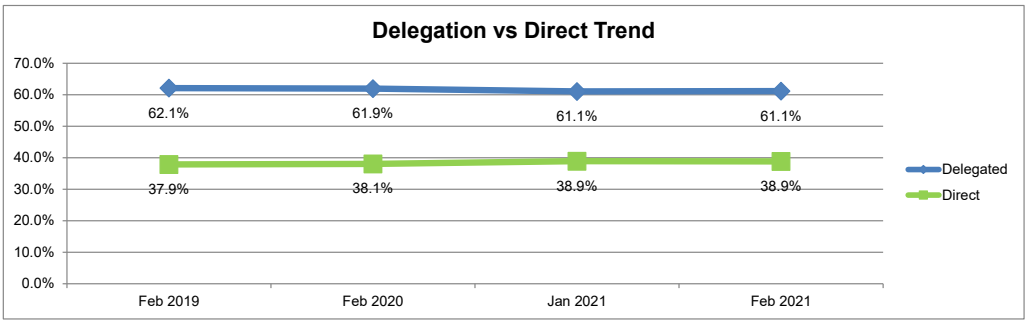
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019 to Feb 2020	Feb 2020 to Feb 2021	Jan 2021 to Feb 2021
Adults	34,651	31,635	38,994	39,318	13.3%	12.8%	14.0%	14.1%	-8.7%	24.3%	0.8%
Child	93,809	88,086	95,103	95,514	36.1%	35.8%	34.2%	34.1%	-6.1%	8.4%	0.4%
SPD	25,979	25,853	26,354	26,290	10.0%	10.5%	9.5%	9.4%	-0.5%	1.7%	-0.2%
ACA OE	83,493	76,921	92,257	93,322	32.1%	31.2%	33.2%	33.3%	-7.9%	21.3%	1.2%
Duals	16,135	17,844	19,215	19,429	6.2%	7.2%	6.9%	6.9%	10.6%	8.9%	1.1%
Medi-Cal Total	254,067	240,339	271,923	273,873	97.7%	97.6%	97.9%	97.9%	-5.4%	14.0%	0.7%
Group Care	5,854	6,005	5,961	5,969	2.3%	2.4%	2.1%	2.1%	2.6%	-0.6%	0.1%
Total	**259,921**	**246,344**	**277,884**	**279,842**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-5.2%**	**13.6%**	**0.7%**



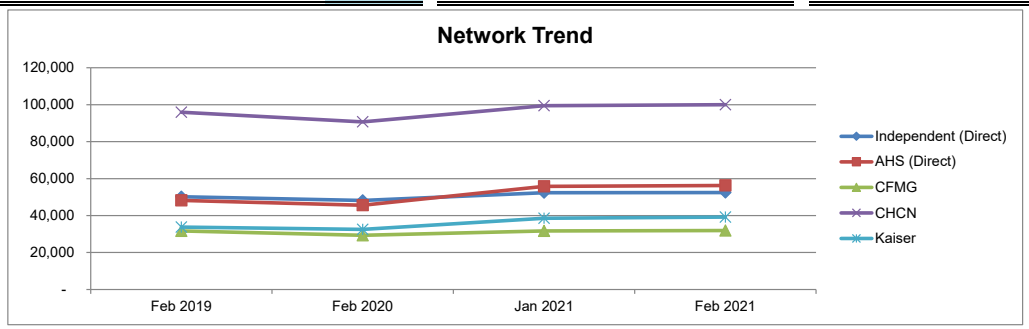
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019 to Feb 2020	Feb 2020 to Feb 2021	Jan 2021 to Feb 2021
Delegated	161,445	152,563	169,701	171,098	62.1%	61.9%	61.1%	61.1%	-5.5%	12.1%	0.8%
Direct	98,476	93,781	108,183	108,744	37.9%	38.1%	38.9%	38.9%	-4.8%	16.0%	0.5%
Total	**259,921**	**246,344**	**277,884**	**279,842**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-5.2%**	**13.6%**	**0.7%**



Network Trend

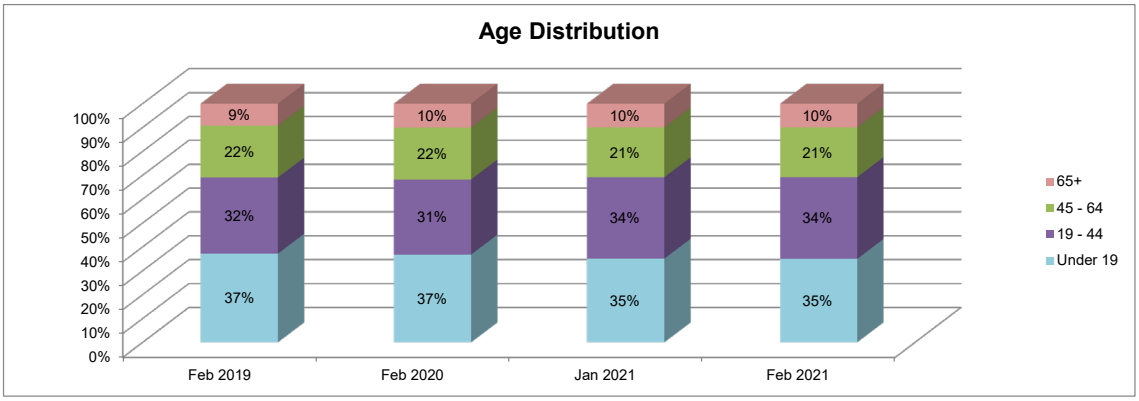
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019 to Feb 2020	Feb 2020 to Feb 2021	Jan 2021 to Feb 2021
Independent (Direct)	50,235	48,187	52,336	52,462	19.3%	19.6%	18.8%	18.7%	-4.1%	8.9%	0.2%
AHS (Direct)	48,241	45,594	55,847	56,282	18.6%	18.5%	20.1%	20.1%	-5.5%	23.4%	0.8%
CFMG	31,722	29,338	31,714	31,907	12.2%	11.9%	11.4%	11.4%	-7.5%	8.8%	0.6%
CHCN	95,906	90,696	99,414	100,003	36.9%	36.8%	35.8%	35.7%	-5.4%	10.3%	0.6%
Kaiser	33,817	32,529	38,573	39,188	13.0%	13.2%	13.9%	14.0%	-3.8%	20.5%	1.6%
Total	**259,921**	**246,344**	**277,884**	**279,842**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-5.2%**	**13.6%**	**0.7%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

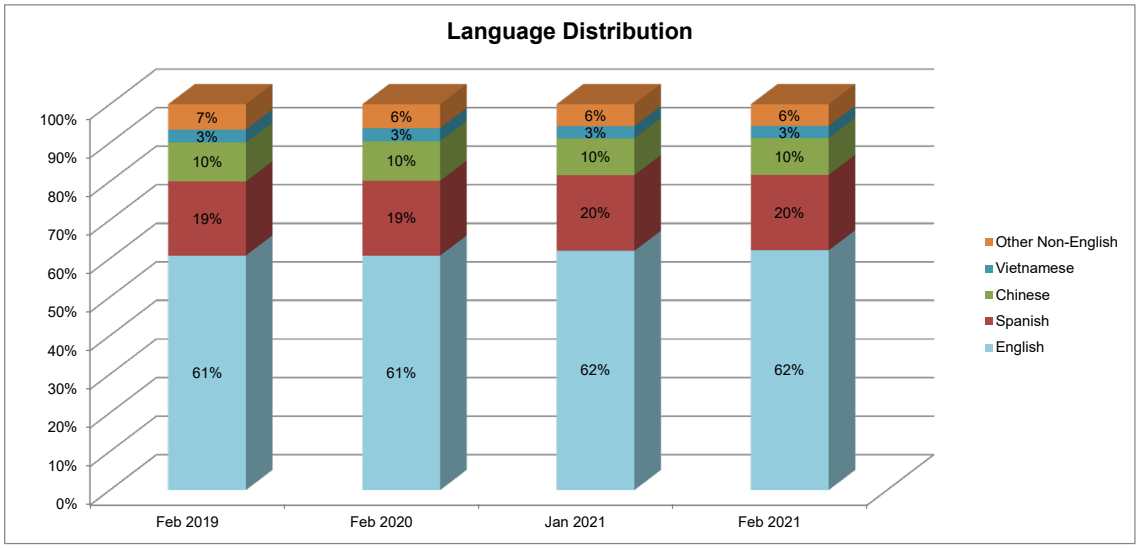
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019 to Feb 2020	Feb 2020 to Feb 2021	Jan 2021 to Feb 2021
Under 19	96,617	90,651	97,507	97,915	37%	37%	35%	35%	-6%	8%	0%
19 - 44	82,854	77,479	94,684	95,719	32%	31%	34%	34%	-6%	24%	1%
45 - 64	56,428	53,449	58,017	58,334	22%	22%	21%	21%	-5%	9%	1%
65+	24,022	24,765	27,676	27,874	9%	10%	10%	10%	3%	13%	1%
Total	**259,921**	**246,344**	**277,884**	**279,842**	**100%**	**100%**	**100%**	**100%**	**-5%**	**14%**	**1%**



Language Trend

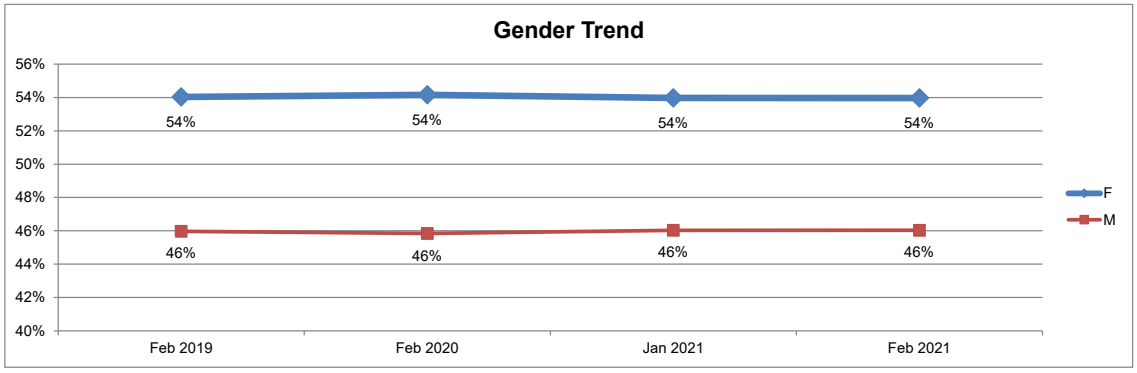
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019 to Feb 2020	Feb 2020 to Feb 2021	Jan 2021 to Feb 2021
English	157,949	149,691	172,244	173,798	61%	61%	62%	62%	-5%	16%	1%
Spanish	49,985	47,773	54,485	54,775	19%	19%	20%	20%	-4%	15%	1%
Chinese	26,180	25,291	26,616	26,772	10%	10%	10%	10%	-3%	6%	1%
Vietnamese	8,686	8,322	8,707	8,730	3%	3%	3%	3%	-4%	5%	0%
Other Non-English	17,121	15,267	15,832	15,767	7%	6%	6%	6%	-11%	3%	0%
Total	**259,921**	**246,344**	**277,884**	**279,842**	**100%**	**100%**	**100%**	**100%**	**-5%**	**14%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

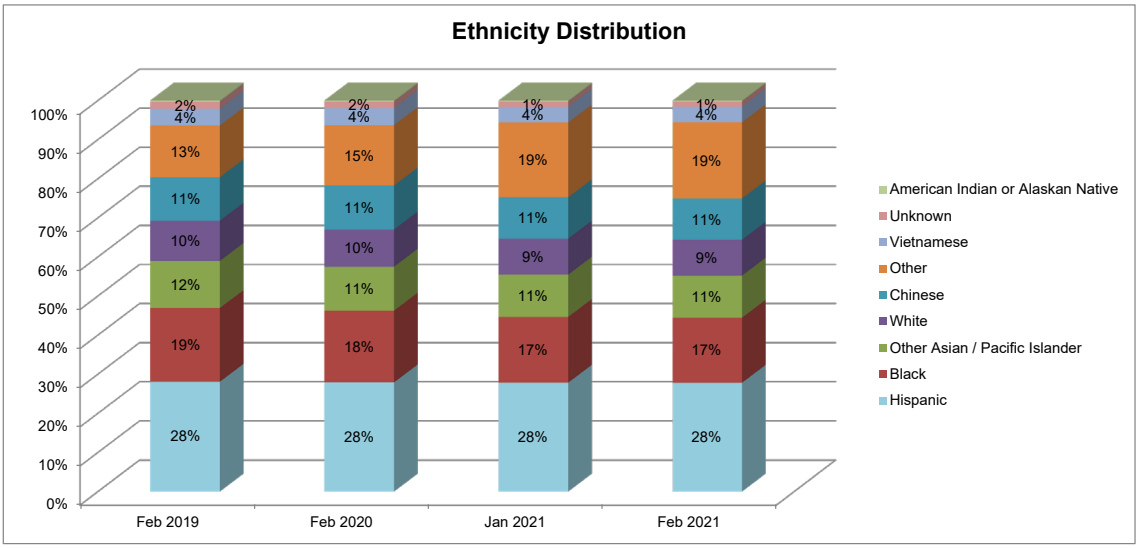
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019 to Feb 2020	Feb 2020 to Feb 2021	Jan 2021 to Feb 2021
F	140,441	133,410	149,977	151,018	54%	54%	54%	54%	-5%	13%	1%
M	119,480	112,934	127,907	128,824	46%	46%	46%	46%	-5%	14%	1%
Total	**259,921**	**246,344**	**277,884**	**279,842**	**100%**	**100%**	**100%**	**100%**	**-5%**	**14%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019	Feb 2020	Jan 2021	Feb 2021	Feb 2019 to Feb 2020	Feb 2020 to Feb 2021	Jan 2021 to Feb 2021
Hispanic	72,926	68,723	77,331	77,793	28%	28%	28%	28%	-6%	13%	1%
Black	49,015	45,209	46,714	46,546	19%	18%	17%	17%	-8%	3%	0%
Other Asian / Pacific Islander	31,329	27,682	30,076	30,152	12%	11%	11%	11%	-12%	9%	0%
White	26,750	23,442	25,637	25,716	10%	10%	9%	9%	-12%	10%	0%
Chinese	28,898	27,725	29,332	29,512	11%	11%	11%	11%	-4%	6%	1%
Other	34,418	38,042	53,208	54,528	13%	15%	19%	19%	11%	43%	2%
Vietnamese	11,167	10,813	11,202	11,249	4%	4%	4%	4%	-3%	4%	0%
Unknown	4,721	4,124	3,772	3,738	2%	2%	1%	1%	-13%	-9%	-1%
American Indian or Alaskan Native	697	584	612	608	0%	0%	0%	0%	-16%	4%	-1%
Total	**259,921**	**246,344**	**277,884**	**279,842**	**100%**	**100%**	**100%**	**100%**	**-5%**	**14%**	**1%**



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

Medi-Cal By City

City	Feb 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	110,001	40%	12,302	26,356	13,979	46,226	11,138
Hayward	42,616	16%	8,805	9,237	4,828	12,436	7,310
Fremont	24,097	9%	9,376	3,737	810	6,298	3,876
San Leandro	24,413	9%	4,214	3,824	3,280	9,020	4,075
Union City	11,725	4%	4,326	1,797	368	3,001	2,233
Alameda	10,532	4%	2,008	1,642	1,641	3,673	1,568
Berkeley	9,575	3%	1,373	1,767	1,234	3,781	1,420
Livermore	8,227	3%	993	871	1,857	3,021	1,485
Newark	6,419	2%	1,729	2,047	202	1,249	1,192
Castro Valley	6,730	2%	1,302	1,109	1,081	1,924	1,314
San Lorenzo	5,777	2%	970	977	695	1,970	1,165
Pleasanton	4,325	2%	871	496	464	1,753	741
Dublin	4,636	2%	830	517	647	1,804	838
Emeryville	1,767	1%	290	376	285	524	292
Albany	1,668	1%	249	253	358	477	331
Piedmont	320	0%	47	73	30	81	89
Sunol	59	0%	8	14	7	16	14
Antioch	19	0%	4	9	3	3	-
Other	967	0%	192	230	138	300	107
Total	**273,873**	**100%**	**49,889**	**55,332**	**31,907**	**97,557**	**39,188**

Group Care By City

City	Feb 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,043	34%	518	399	-	1,126	-
Hayward	665	11%	385	134	-	146	-
Fremont	650	11%	493	58	-	99	-
San Leandro	571	10%	226	90	-	255	-
Union City	325	5%	233	33	-	59	-
Alameda	276	5%	108	28	-	140	-
Berkeley	188	3%	55	21	-	112	-
Livermore	77	1%	28	1	-	48	-
Newark	140	2%	88	34	-	18	-
Castro Valley	185	3%	93	24	-	68	-
San Lorenzo	126	2%	51	21	-	54	-
Pleasanton	50	1%	24	3	-	23	-
Dublin	99	2%	44	8	-	47	-
Emeryville	29	0%	10	5	-	14	-
Albany	15	0%	4	2	-	9	-
Piedmont	13	0%	3	1	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	29	0%	10	9	-	10	-
Other	488	8%	200	79	-	209	-
Total	**5,969**	**100%**	**2,573**	**950**	**-**	**2,446**	**-**

Total By City

City	Feb 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	112,044	40%	12,820	26,755	13,979	47,352	11,138
Hayward	43,281	15%	9,190	9,371	4,828	12,582	7,310
Fremont	24,747	9%	9,869	3,795	810	6,397	3,876
San Leandro	24,984	9%	4,440	3,914	3,280	9,275	4,075
Union City	12,050	4%	4,559	1,830	368	3,060	2,233
Alameda	10,808	4%	2,116	1,670	1,641	3,813	1,568
Berkeley	9,763	3%	1,428	1,788	1,234	3,893	1,420
Livermore	8,304	3%	1,021	872	1,857	3,069	1,485
Newark	6,559	2%	1,817	2,081	202	1,267	1,192
Castro Valley	6,915	2%	1,395	1,133	1,081	1,992	1,314
San Lorenzo	5,903	2%	1,021	998	695	2,024	1,165
Pleasanton	4,375	2%	895	499	464	1,776	741
Dublin	4,735	2%	874	525	647	1,851	838
Emeryville	1,796	1%	300	381	285	538	292
Albany	1,683	1%	253	255	358	486	331
Piedmont	333	0%	50	74	30	90	89
Sunol	59	0%	8	14	7	16	14
Antioch	48	0%	14	18	3	13	-
Other	1,455	1%	392	309	138	509	107
Total	**279,842**	**100%**	**52,462**	**56,282**	**31,907**	**100,003**	**39,188**

In Solidarity with our Asian American and Pacific Islander Communities

April 9, 2021

Alameda Alliance for Health (Alliance) denounces and condemns the recent anti-Asian violence in our communities and across the country. The Alliance stands in solidarity with the Asian American and Pacific Islander (AAPI) communities who have been subjected to increased violence and harassment since the beginning of the COVID-19 pandemic and stemming from structural racism. Many AAPI elders have reported that they are afraid to walk home alone, while business owners arrive at work every day fearing that their stores may be vandalized. It pains us to see any member of our community suffering from acts of violence, and the psychological damage that is inflicted. These acts of terror cannot continue.

While the deadly attacks on multiple Asian women in Atlanta are the most recent incident, hate crimes against AAPI communities, including among elders are not new and have only continued to increase in the first part of this year. According to the Stop AAPI Hate Reporting Center, since March 2020, they have received **3,795** reports of which **1,226** incidents took place in California, and more than **700** in the Bay Area – this is equivalent to over 10 attacks per day within the AAPI community. These statistics only represent a fraction of the number of hate incidents and crimes that AAPI people have faced across the United States since a number of these attacks often go unreported.

The AAPI community is not a monolith and encompasses over 50 ethnic groups with rich cultures and traditions. The Alliance recognizes that many of these AAPI communities have been subject to xenophobia and racial violence going back to policies such as the Chinese Exclusion Act of 1882 and Japanese internment camps established during World War II. According to the Stop AAPI Hate report, anti-Asian rhetoric used by the former U.S. Presidential Administration to place blame on the Asian community for coronavirus continues to propel hate and racial violence against the AAPI community that we are witnessing today.

The Alliance stands against white supremacy and recognizes that we must act together to end all forms of structural racism that impact AAPI, Black, LatinX, Indigenous, and other communities of color that we serve. The Alliance stands in solidarity with the AAPI community. The Alliance will continue to stand and fight for the rights of all people to experience peace and justice in our community.

Only together we are stronger.

Safety-Net Sustainability Fund Update

Presented to the Alameda Alliance Board of Governors

by Scott Coffin, Chief Executive Officer

April 9, 2021

Background

- Grant funding of $16.6 million dollars approved by Board of Governors in May 2020, allocated from excess tangible net equity (financial reserves)
- Selection Committee formed and evaluation process was implemented, and public notifications were issued to invite eligible safety-net providers to apply
  - 35 unique applicants, of which 22 were eligible, and 21 received funding
  - $6.6 million, 79% of $8.3 million, in funding was paid in May and June
- Decision by Board of Governors to suspend the Sustainability Fund in July 2020, and to revisit after the Medi-Cal rates are finalized by DHCS (Q1-2021)
- $8.3 million remains available for consideration in fiscal year 2021
- Board decision in February to revisit fiscal year 2021 allocations after the federal stimulus "American Rescue Plan Act" (ARPA) was authorized by President Biden
- Board to decide on April 9th, 2021, on the funding allocation in fiscal year 2021

Funding the Frontline Safety-Net

Safety-Net Hospitals

50%, or $8.3 million

COVID-19 Testing

20%, or $3.3 million

Direct-contracted Primary Care Physicians (PCPs)

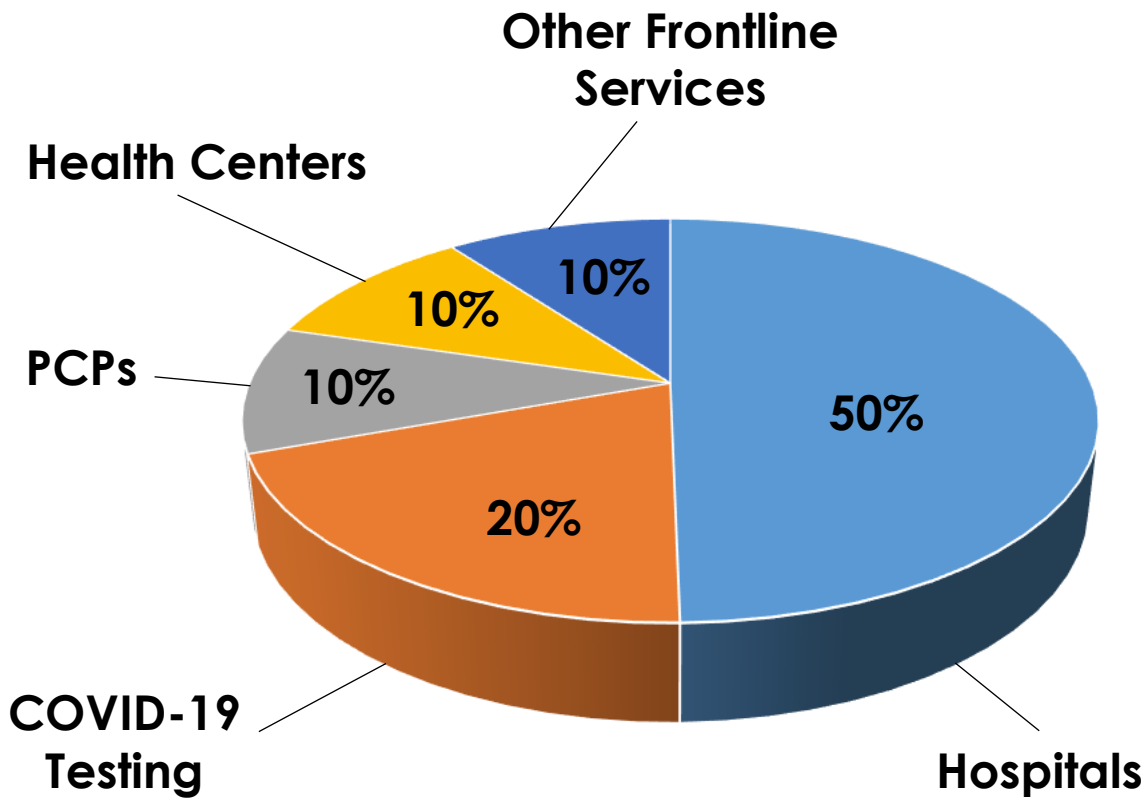
10%, or ~$1.7 million

Safety-Net Health Centers

10%, or ~$1.7 million

Other Safety-Net Services

10%, or ~$1.7 million



Fiscal Year 2020 – Actual Payouts

Funding Category	May	June	Total
COVID-19 Testing	$1M	$650K	$1.65M
Hospital	$2.5M	1.65M	$4.15M
Health Center	$300K	-	$300K
PCP	$255K	$75K	$330K
Other Safety-Net	$115K	$25K	$140K
Totals	**$4.2M**	**$2.4M**	**$6.6M**
Allocated Funding	$4.98M	$3.32M	$8.3M
Actual Paid vs. Approved	84%	72%	79%

American Rescue Plan Act (ARPA)

- $1.9 trillion dollars authorized in March 2021

- Highlights:
  - $14 billion to support vaccine distribution and administration
  - $49 billion for COVID-19 testing, genomic sequencing, and contact tracing
  - $7.6 billion to community health centers to support vaccine administration & COVID-19 testing
  - $3 billion to support existing community mental health & substance use disorder block grants
  - $6.09 billion for the Indian Health Service
  - $8.5 billion for rural providers
  - Expansion of Medicaid and Children's Health Insurance Program (CHIP) benefits for testing and treatment of a condition that may seriously complicate treatment of COVID-19
  - Creation of a Community-Based Mobile Crisis Intervention benefit

- $8.1 billion allocated to California

- $324 million is designated for Alameda County

American Rescue Plan Act (ARPA)

Alameda County Health System

The following FQHCs have been awarded ARPA funding:

• La Clinica de la Raza	$16.9 million
• Lifelong Medical	$11.3 million
• Tiburcio Vasquez Health	$5.5 million
• Bay Area Health Consortium	$5.4 million
• Asian Health Services	$4.5 million
• Axis Community Health	$2.7 million
• West Oakland Health	$2.0 million
• Native American Health	TBD
Total	**$48.6 million**

Alameda County was awarded $2.7 million

Children's Hospital/CHRCO was awarded $884K

Source: www.hrsa.gov

Finance Committee Discussion 4/6/2021

- Approximately $8.3 million remains budgeted in fiscal year 2021
- The Finance Committee reviewed the following options on April 6th:
  1) Release the $8.3 million dollars and distribute the funds, or
  2) Revise the dollar allocation being awarded to a lower amount, or
  3) Re-appropriate the dollars to other programs (e.g. P4P program), or
  4) Terminate the program & transfer the dollars into the operating budget (reduces our projected net operating loss)
- The Finance Committee agreed on the recommendation to terminate the provider sustainability fund, and to transfer $8.3 million dollars into the operating budget
- The recommendation is being presented to the full Board of Governors on April 9th, 2021, for discussion and vote

ALAMEDA Alliance FOR HEALTH

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

Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- April-2021 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Feb-21 FYTD		%	Annual Budget	1
2									2
3			Income & Expenses	Revenue $	$698,976,844		67.7%	$1,032,620,802	3
4				Medical Expense $	$670,155,980		68.9%	$973,018,833	4
5				*Inpatient (Hospital)*	$202,502,363		*30.2%*	$290,478,364	5
6				*Outpatient/Ancillary*	$181,371,860		*27.1%*	$271,207,346	6
7				*Emergency Department*	$27,260,162		*4.1%*	$42,806,137	7
8				*Pharmacy*	$114,150,202		*17.0%*	$142,752,282	8
9				*Primary Care*	$70,004,362		*10.4%*	$108,272,493	9
10				*Specialty Care*	$59,413,667		*8.9%*	$92,312,183	10
11				*Other*	$15,453,364		*2.3%*	$25,190,028	11
12				Admin Expense $	$39,086,393		51.8%	$75,490,791	12
13				Other Income / (Exp.) $	$218,729		0.3%	$494,434	13
14				Net Income $	($10,046,800)			($15,394,389)	14
15				Gross Margin %	4.1%			5.8%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	95.9%			94.2%	16
17				Tangible Net Equity (TNE) %	570.1%			530.7%	17
18				Tangible Net Equity (TNE) $	$196,128,015			$184,022,772	18
19			Reinsurance Cases	2020-2021 Cases Submitted	16				19
20				2020-2021 New Cases Submitted	2				20
21				2019-2020 Cases Submitted	23				21
22				2019-2020 New Cases Submitted	0				22
23			Balance Sheet	Cash Equivalents	$338,263,287				23
24				Pass-Through Liabilities	$209,500,312				24
25				Uncommitted Cash	$128,762,975				25
26				Working Capital	$186,667,810				26
27				Current Ratio %	151.7%			100%	27
28									28
29	2	Membership			Dec-20	Jan-21	Feb-21	%	Feb-21 Budget	29
30										30
31			Medi-Cal Members	Adults	38,150	38,994	39,318	14%	39,900	31
32				Children	94,969	95,103	95,514	34%	97,550	32
33				Seniors & Persons with Disabilities (SPDs)	26,339	26,354	26,290	10%	26,390	33
34				ACA Optional Expansion (ACA OE)	91,050	92,257	93,322	33%	94,930	34
35				Dual-Eligibles	19,127	19,215	19,429	7%	19,490	35
36										36
37				Total Medi-Cal	269,635	271,923	273,873	98%	278,260	37
38			IHSS Members	IHSS	5,954	5,961	5,969	2%	6,009	38
39			Total Membership	Medi-Cal and IHSS	275,589	277,884	279,842	100%	284,269	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	51,937	52,336	52,462	19%		41
42				Alameda Health System (Direct Assigned)	55,240	55,847	56,282	20%		42
43				Children's First Medical Group	31,529	31,714	31,907	11%		43
44				Community Health Center Network	98,920	99,414	100,003	36%		44
45				Kaiser Permanente	37,963	38,573	39,188	14%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- April-2021 -

ID	Section	Subject Area	Category	Performance Metric						ID
47	3	**Claims**			**Jan-21**	**Feb-21**	**Mar-21**	**%**	**Performance Goal**	47
48										48
49			**HEALTHsuite Claims Processing**	Number of Claims Received	116,784	119,001	143,171			49
50				Number of Claims Paid	75,672	86,386	113,873			50
51				Number of Claims Denied	24,465	28,570	36,982			51
52				Inventory (Unfinalized Claims)	78,165	77,415	67,170			52
53				Pended Claims (Days)	20,462	19,428	17,238	26%		53
54				*0-29 Calendar Days*	18,781	18,939	17,211	26%		54
55				*30-44 Calendar Days*	1,666	480	27	0%		55
56				*45-59 Calendar Days*	15	9	0	0%		56
57				*60-89 Calendar Days*	0	0	0	0%		57
58				*90-119 Calendar Days*	0	0	0	0%		58
59				*120 or more Calendar Days*	0	0	0	0%		59
60				Total Claims Paid (dollars)	35,819,778	44,972,795	62,726,408			60
61				Interest Paid (Total Dollar)	24,406	35,461	30,291	0%		61
62				Auto Adjudication Rate (%)	73.8%	73.6%	73.8%		70%	62
63				Average Payment Turnaround (days)	20	20	19		25 days or less	63
64			**Claims Auditing**	# of Pre-Pay Audited Claims	3,138	2,185	3,189			64
65			**Claims Compliance**	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	91%	90%	95%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	100%		95%	67
68										68
69	4	**Member Services**			**Jan-21**	**Feb-21**	**Mar-21**	**%**	**Performance Goal**	69
70										70
71			**Member Call Center**	Inbound Call Volume	12,443	13,078	14,899			71
72				Calls Answered in 30 Seconds %	62.0%	70.0%	78.0%		80.0%	72
73				Abandoned Call Rate %	6.0%	8.0%	4.0%		5.0% or less	73
74				Average Wait Time	01:33	00:59	00:37			74
75				Average Call Duration	06:25	07:48	06:26			75
76				Outbound Call Volume	8,550	7,719	9,134			76
77										77
78	5	**Provider Services**			**Jan-21**	**Feb-21**	**Mar-21**	**%**	**Performance Goal**	78
79										79
80			**Provider Call Center**	Inbound Call Volume	5,343	4,884	5,816			80
81										81
82	6	**Provider Contracting**			**Jan-21**	**Feb-21**	**Mar-21**	**%**	**Performance Goal**	82
83										83
84			**Provider Network**	Primary Care Physician	592	590	592			84
85				Specialist	7,015	7,019	6,971			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	64	64	63			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	10	10	10			89
90				Health Centers (FQHCs and Non-FQHCs)	67	67	67			90
91				Transportation	380	380	380			91
92			**Provider Credentialing**	Number of Providers in Credentialing	1,462	1,446	1,442			92
93				Number of Providers Credentialed	1,462	1,446	1,442			93
94										94

Alameda Alliance for Health
Operations Dashboard
- April-2021 -

ID	Section	Subject Area	Category	Performance Metric	Jan-21	Feb-21	Mar-21	%	Annual Budget	ID
95	7	Human Resources & Recruiting								95
96										96
97			Employees	Total Employees	337	339	348		375	97
98				Full Time Employees	335	337	346	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	4	4	8			100
101				Separations	2	1	0			101
102				Open Positions	50	49	37	10%	10% or less	102
103				Signed Offer Letters Received	7	11	7			103
104				Recruiting in Process	43	38	30	8%		104
105										105
106			Non-Employee (Temps / Seasonal)		2	4	7			106
107										107
108	8	Compliance			Jan-21	Feb-21	Mar-21	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	100%	99%	100%		95%	110
111				% Overturned	27%	30%	30%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	99%	99%	99%		95%	113
114				Overall Expedited Grievance Compliance Rate % (3 calendar days)	100%	100%	100%		95%	114
115										115
116			Member Appeals	Overall Standard Appeal Compliance Rate (30 calendar days)	100%	100%	98%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Jan-21	Feb-21	Mar-21		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	100.00%	100.00%	100.00%		99.99%	121
122				TruCare (Care Management System)	100.00%	100.00%	100.00%		99.99%	122
123				All Other Applications and Systems	100.00%	100.00%	100.00%		99.99%	123
124										124
125			Encounter Data	**Inbound Trading Partners 837 (Trading Partner To AAH)**						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				**AAH Outbound 837 (AAH To DHCS)**						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	95.2%	86.9%	95.8%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	98.7%	94.1%	98.9%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	94.0%	93.0%	85.5%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	98.4%	97.7%	90.5%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- April-2021 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10	Health Care Services			Jan-21	Feb-21	Mar-21	Q1	Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	99%	99%	100%	99%	95%	136
137				Medi-Cal %	99%	99%	100%	99%	95%	137
138				Group Care %	99%	100%	100%	100%	95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	3.7%	4.0%	3.4%			140
141				Denial Rate Excluding Partial Denials (%)	3.5%	3.9%	3.4%			141
142				Partial Denial Rate (%)	0.2%	0.1%	0.0%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	698	795	861	38%		144
145				Denied Prior Authorizations	651	662	771	34%		145
146				Closed Prior Authorizations	543	577	638	28%		146
147				Total Prior Authorizations	1,892	2,034	2,270			147
148										148
149					**Dec-20**	**Jan-21**	**Feb-21**			149
150										150
151			Inpatient Utilization	Days / 1000	314.3	285.7	221.2			151
152				Admits / 1000	52.4	53.2	49.5			152
153				Average Length of Stay	6.0	5.4	4.5			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	36.85	36.02	29.52			155
156										156
157			Case Management	**New Cases**						157
158				Care Coordination	235	234	193			158
159				Complex Case Management	24	22	21			159
160				Health Homes	19	15	12			160
161				Whole Person Care (AC3)	3	2	5			161
162				**Total New Cases**	**281**	**273**	**231**			162
163										163
164				**Open Cases**						164
165				Care Coordination	578	632	589			165
166				Complex Case Management	80	65	49			166
167				**Total Open Cases**	**658**	**697**	**638**			167
168										168
169				**Enrolled**						169
170				Health Homes	771	762	792			170
171				Whole Person Care (AC3)	241	240	245			171
172				**Total Enrolled**	**1,012**	**1,002**	**1,037**			172
173										173
174				**Total Case Management (Open Cases & Enrolled)**	**1,670**	**1,699**	**1,675**			174
175										175

ALAMEDA Alliance FOR HEALTH

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Service you can trust.

Operations

Matt Woodruff

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

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

Date: **April 9, 2021**

Subject: **Operations Report**

Member Services

- 12-Month Trend Summary:

    - The Member Services Department received a fifteen percent (15%) increase in calls in March 2021, totaling 14,899 compared to 12,615 in March 2020.
    - March utilization for the member automated eligibility IVR system totaled seven hundred twenty-seven (727).
    - The abandonment rate for March 2021 was four percent (4%), compared to three percent (3%) in March 2020.
    - The Department's service level was seventy-eight percent (78%) in March 2021, compared to seventy-six percent (76%) in March 2020. The Department continues to recruit to fill open positions.
    - The average talk time (ATT) was six minutes and twenty-six seconds (06:26) for March 2021 compared to six minutes and twenty-seven seconds (06:27) for March 2020.
    - The top five call reasons for March 2021 were: 1). Eligibility/Enrollment, 2). Kaiser, 3). Change of PCP, 4). Benefits, 5). ID Card Request. The second and third call reasons in March 2020 were: 2). Change of PCP and 3). Kaiser. The first, fourth, and fifth call reasons were the same for 2020 and 2021.
    - The Department continues to service members via multiple non-contact communication channels (telephonic, email, web-based requests) while honoring the 'shelter in place" order. The Department responded to 665 web-based requests in March 2021 compared to 365 in March 2020. The top three web reason requests for 2021 were: 1). ID Card Requests 2). Change of PCP 3). Update contact information.

- Training:

    - Routine and new hire training are conducted remotely by the managers/supervisors until staff returns to the office. All current Member

Service Representatives successfully completed the Contact Center Agent Certification in March.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 143,171 claims in March 2021 compared to 115,716 in March 2020.
    - The Auto Adjudication was 73.8% in March 2021 compared to 77.6% in March 2020.
    - Claims compliance for the 30-day turn-around time was 94.9% in March 2021 compared to 98.1% in March 2020. The 45-day turn-around time was 99.9% in March 2021 compared to 99.9% in March 2020.

- Training:

    - Routine and new hire training are still being conducted remotely by the managers/supervisors until the Claims Trainer is trained.

- Monthly Analysis:

    - In March, we received a total of 143,171 claims in the HEALTHsuite system. This represents an increase of 20% from February and is an increase by over 27,455 claims received in March 2020. The higher volume of received claims remains attributed to COVID-19 and COBA implementation, also for March, there were five weeks instead of the normal four weeks.
    - We received 78% of claims via EDI and 22% of claims via paper.
    - During March, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 73.8% for March.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services Department's call volume in March 2021 was 5,816 calls compared to 6,191 calls in March 2020.
    - 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 332 virtual visits during March 2021.
- The Provider Services department answered 5,001 calls for March 2021 and made over 1,061 outbound calls.

Credentialing

- 12-Month Trend Summary:

  - At the Peer Review and Credentialing (PRCC) meeting held on March 16, 2021, there were twelve (12) initial providers approved; five (5) primary care provider, two (2) specialists, zero (0) ancillary providers, and five (5) midlevel providers. Additionally, thirty-three (33) providers were re-credentialed at this meeting; seven (7) primary care providers, nineteen (19) specialists, one (1) ancillary provider, and six (6) midlevel providers.
  - For more information, please refer to the Credentialing charts and graphs located in the Operations supporting documentation.

Provider Dispute Resolution

- 12-Month Trend Summary:

  - In March 2021, the Provider Dispute Resolution (PDR) team received 599 PDRs versus 824 in March 2020.
  - The PDR team resolved 790 cases in March 2021 compared to 1,110 cases in March 2020.
  - In March 2021, the PDR team upheld 70% of cases versus 71% in March 2020.
  - The PDR team resolved 99.6% of cases within the compliance standard of 95% within 45 working days in March 2021 compared to 99% in March 2020.

- Monthly Analysis:

  - AAH received 599 PDRs in March 2021.
  - In March, 790 PDRs were resolved. Out of the 790 PDRs, 550 were upheld, and 240 were overturned.
  - The overturn rate for PDRs was 30% which did not meet our goal of 25% or less.

- Below is a breakdown of the various causes for the 240 overturned PDRs. Please note that system issues were a significant cause (representing 32%) of overturned PDRs this month, and without them, the 25% or less goal would have been achieved:
    - System Related Issues 32% (76 cases):
        - 19 cases: CES edit Update.
        - 10 cases: Incorrect member eligibility.
        - 31 cases: General configuration issues, like modifiers, CPT.
        - 16 cases: Incorrect rate paid.
    - Authorization Related Issues 13% (32 cases):
        - 21 cases: Processor errors when auth on file.
        - 11 cases: UM Decisions/Med Nec Met
    - Additional Documentation Provided 19% (46 cases):
        - 46 cases: Duplicate claim documentation that allows for claims to be adjusted.
    - Claim Processing Errors 36% (86 cases)
        - 4 cases: Timely filing.
        - 32 cases: Coordination of benefits with OHC issues.
        - 20 cases: Duplicate
        - 30 cases: Various Processor errors.
- 787 out of 790 cases were resolved within 45 working days resulting in a 99.6% compliance rate.
- The average turnaround time for resolving PDRs in March was 41 days.
- There were 1,254 PDRs pending resolution as of 03/31/2021, with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:
    - The Communications & Outreach (C&O) Department completed 63 out of 102 events (62% completion rate) in Q3 2020 compared to 131 out of 161 events (81% completion rate) in Q3 2019.
    - The C&O Department reached 2,934 people in the community in Q3 2020 compared to 5,274 in Q3 2019.
    - The C&O Department events were held in 11 cities/ unincorporated areas throughout Alameda County in Q3 2020 compared to 13 cities/unincorporated areas in Q3 2019.

- Quarterly Analysis:
    - In Q3 2020, the C&O Department completed 63 out of 102 events (62% completion rate).
    - In Q3 2020, the C&O Department reached 2,934 individuals (1,784 or 61% self-identified as Alliance members) during outreach events and activities.
    - In Q3 2020, the C&O Department completed events in 11 cities/ unincorporated areas throughout Alameda County.

- Monthly Analysis:

    - In March 2021, the C&O Department completed 10 out of 34 events (29% completion rate). The Outreach team also completed 150 net new member orientation calls.
    - In March 2021, the C&O Department reached 345 individuals (276 or 80% self-identified as Alliance members) during outreach events and activities.
    - In March 2021, the C&O Department completed events in 11 cities/unincorporated areas throughout Alameda County.
    - Please see attached Addendum A.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	March 2021
Incoming Calls (R/V)	14,899
Abandoned Rate (R/V)	4%
Answered Calls (R/V)	14,293
Average Speed to Answer (ASA)	00:37
Calls Answered in 30 Seconds (R/V)	78%
Average Talk Time (ATT)	06:26
Outbound Calls	9,134

Top 5 Call Reasons (Medi-Cal and Group Care) March 2021
Eligibility/Enrollment
Kaiser
Change of PCP
Benefits
ID Card Request

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) March 2021
ID Card Request
Change of PCP
Update Contact Info

Claims Department
February 2021 Final and March 2021 Final

METRICS

Claims Compliance	Feb-21	Mar-21
90% of clean claims processed within 30 calendar days	89.6%	94.9%
95% of all claims processed within 45 working days	99.9%	99.9%

Claims Volume (Received)	Feb-21	Mar-21
Paper claims	23,707	31,535
EDI claims	95,294	111,636
Claim Volume Total	**119,001**	**143,171**

Percentage of Claims Volume by Submission Method	Feb-21	Mar-21
% Paper	19.92%	22.03%
% EDI	80.08%	77.97%

Claims Processed	Feb-21	Mar-21
HEALTHsuite Paid (original claims)	86,386	113,873
HEALTHsuite Denied (original claims)	28,570	36,982
HEALTHsuite Original Claims Sub-Total	**114,956**	**150,855**
HEALTHsuite Adjustments	1,429	21,392
HEALTHsuite Total	**116,385**	**172,247**

Claims Expense	Feb-21	Mar-21
Medical Claims Paid	$44,972,795	$62,726,408
Interest Paid	$35,461	$30,291

Auto Adjudication	Feb-21	Mar-21
Claims Auto Adjudicated	84,630	111,297
% Auto Adjudicated	73.6%	73.8%

Average Days from Receipt to Payment	Feb-21	Mar-21
HEALTHsuite	20	19

Pended Claim Age	Feb-21	Mar-21
0-29 calendar days		
HEALTHsuite	18,939	17,211
30-59 calendar days		
HEALTHsuite	489	27
Over 60 calendar days		
HEALTHsuite	0	0

Overall Denial Rate	Feb-21	Mar-21
Claims denied in HEALTHsuite	28,570	36,982
% Denied	24.5%	21.5%

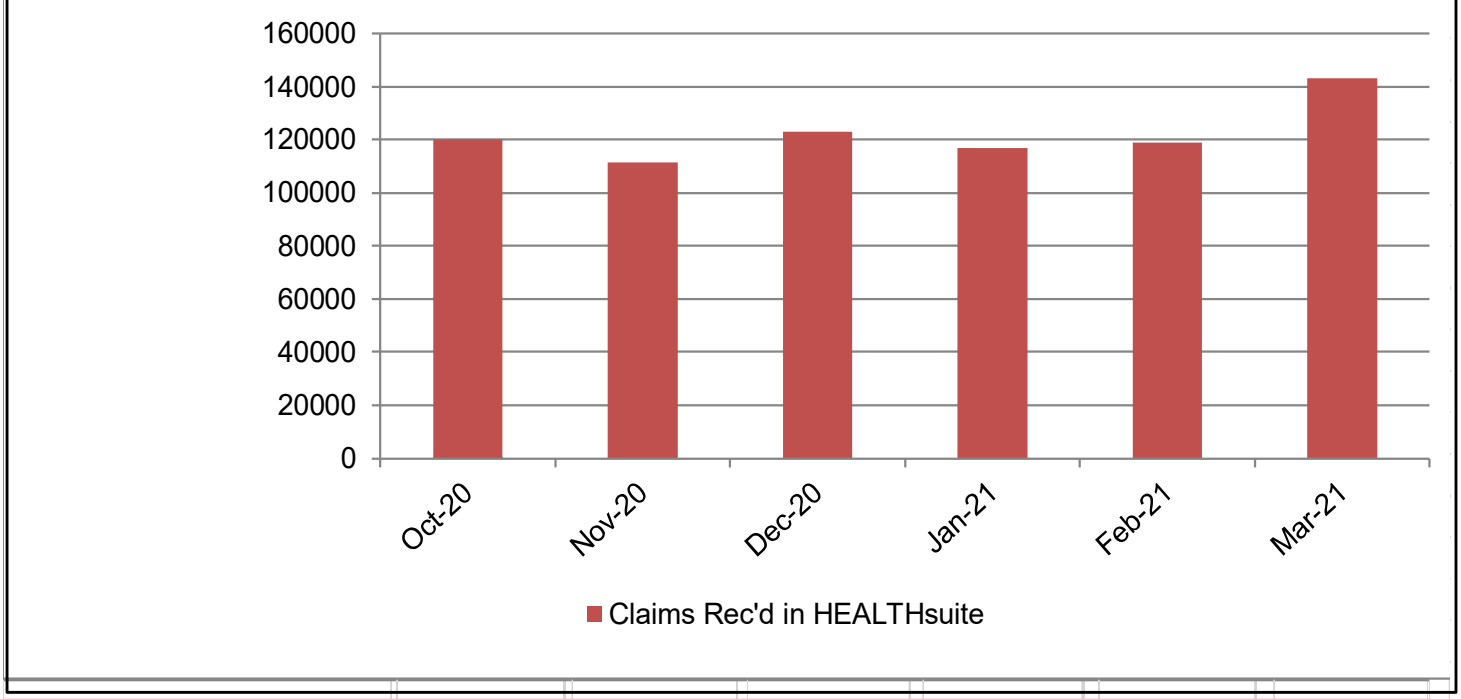
Claims Department
February 2021 Final and March 2021 Final

Mar-21

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	21%
Duplicate Claim	13%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	12%
Non-Covered Benefit for this Plan	9%
No Benefits Found For Dates of Service	7%
% Total of all denials	**62%**

Claims Received By Month

Claims Received Through	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Claims Rec'd in HEALTHsuite	120,149	111,676	123,248	116,784	119,001	143,171



Provider Relations Dashboard March 2021

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5343	4884	5816									
Abandoned Calls	1060	756	815									
Answered Calls (PR)	4283	4128	5001									
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	611	533	511									
Abandoned Calls (R/V)												
Answered Calls (R/V)	611	533	511									
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	881	689	1062									
N/A												
Outbound Calls	881	689	1062									
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	6835	6106	7389									
Abandoned Calls	1060	756	815									
Total Answered Incoming, R/V, Outbound Calls	5775	5350	6574									

Provider Relations Dashboard March 2021

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	2.8%	3.9%	3.1%									
Benefits	4.9%	3.4%	3.7%									
Claims Inquiry	38.8%	36.8%	39.4%									
Change of PCP	1.3%	3.6%	4.8%									
Complaint/Grievance (includes PDR's)	3.5%	3.6%	3.8%									
Contracts	0.5%	0.6%	0.3%									
Correspondence Question/Followup	0.0%	0.0%	0.0%									
Demographic Change	0.1%	0.1%	0.1%									
Eligibility - Call from Provider	25.0%	25.8%	24.3%									
Exempt Grievance/ G&A	0.2%	0.2%	0.2%									
General Inquiry/Non member	0.0%	0.0%	0.0%									
Health Education	0.0%	0.0%	0.0%									
Intrepreter Services Request	2.0%	1.8%	1.3%									
Kaiser	3.7%	0.2%	0.2%									
Member bill	0.0%	0.0%	0.0%									
Mystery Shopper Call	0.0%	0.0%	0.0%									
Provider Portal Assistance	3.6%	4.3%	4.0%									
Pharmacy	0.9%	0.9%	1.0%									
Provider Network Info	0.2%	0.1%	0.2%									
Transferred Call	0.2%	0.1%	0.1%									
All Other Calls	12.3%	14.4%	13.6%									
TOTAL	100.0%	100.0%	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	11	11	16									
Contracting/Credentialing	11	19	30									
Drop-ins	0	0	0									
JOM's	2	3	2									
New Provider Orientation	11	31	12									
Quarterly Visits	202	206	269									
UM Issues	2	2	3									
Total Field Visits	239	272	332	0	0	0	0	0	0	0	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		AHP 403	PCP 371	SPEC 651	PCP/SPEC 17
AAH/AHS/CHCN Breakdown		AAH 446	AHS 208	CHCN 436	COMBINATION OF GROUPS 352
Facilities	**269**				

VENDOR SUMMARY
Credentialing Verification Organization, Symply CVO

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	18	16	25	Y	Y
Recred Files in Process	31	10	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**49**				

CAQH Applications Processed in February 2021

	Invoice not received
Standard Providers and Allied Health	

March 2021 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	5
SPEC	2
ANCILLARY	0
MIDLEVEL/AHP	5
	12
Recredentialing	
PCP	7
SPEC	19
ANCILLARY	1
MIDLEVEL/AHP	6
	33
TOTAL	**45**

March 2021 Facility Approvals

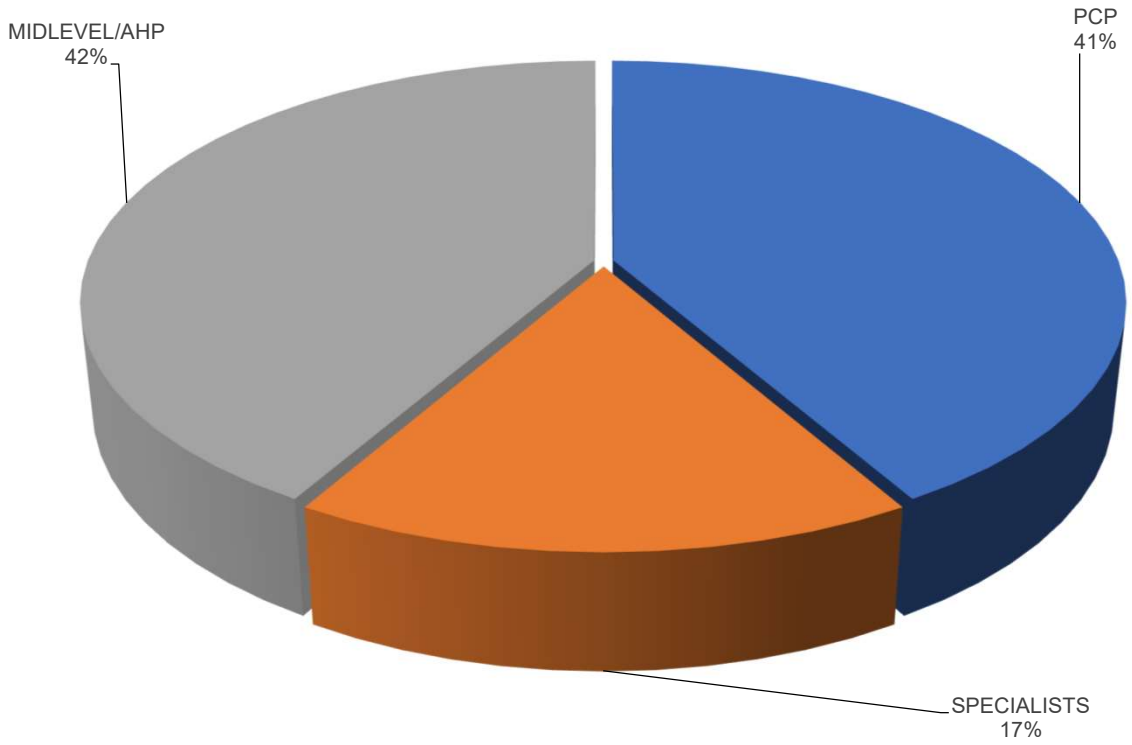
Initial Credentialing	3
Recredentialing	6
	9
Facility Files in Process	**28**

March 2021 Employee Metrics	3	
File Processing	Timely processing within 3 days of receipt	Y
Credentialing Accuracy	<3% error rate	Y
DHCS, DMHC, CMS, NCQA Compliant	98%	Y
MBC Monitoring	Timely processing within 3 days of receipt	Y

LAST NAME	FIRST NAME	CATEGORY	Initial/Recred	CRED DATE
Brown	Blair	Primary Care Physician	Initial	3/16/2021
Choy	Erika	Primary Care Physician	Initial	3/16/2021
Clemons	Charles	Primary Care Physician	Initial	3/16/2021
Grajo	Joseph	Specialist	Initial	3/16/2021
Grubbs	Vanessa	Primary Care Physician	Initial	3/16/2021
Harp	Maya	Allied Health	Initial	3/16/2021
Mendoza	Rosalia	Primary Care Physician	Initial	3/16/2021
Morrar	Maisa	Allied Health	Initial	3/16/2021
Sahota	Sheena	Specialist	Initial	3/16/2021
Uranwala	Roshan	Allied Health	Initial	3/16/2021
Valdivia	Maria Veronica	Allied Health	Initial	3/16/2021
Weise	Jennifer	Allied Health	Initial	3/16/2021
Bhatt	Sanjay	Specialist	Recreds	3/16/2021
Bloom	Ernest	Specialist	Recreds	3/16/2021
Chen	Kwan Sian	Specialist	Recreds	3/16/2021
Chen	Michael	Ancillary	Recreds	3/16/2021
Eliasieh	Kasra	Specialist	Recreds	3/16/2021
Goldman	Janet	Specialist	Recreds	3/16/2021
Hundal	Sarbjit	Specialist	Recreds	3/16/2021
Hussain	Karim	Primary Care Physician	Recreds	3/16/2021
Lennox	John	Specialist	Recreds	3/16/2021
Liu	Rock	Specialist	Recreds	3/16/2021
Lovato	Esteban	Primary Care Physician	Recreds	3/16/2021
Massella Hernandez	Mary	Allied Health	Recreds	3/16/2021
McKee	Katherine	Allied Health	Recreds	3/16/2021
Mishra-Shukla	Nimisha	Specialist	Recreds	3/16/2021
Molina	Ricardo	Specialist	Recreds	3/16/2021
Ng	Ramford	Specialist	Recreds	3/16/2021
Nord	Russell	Specialist	Recreds	3/16/2021
Quon	Tina	Allied Health	Recreds	3/16/2021
Reen	Gurcharan	Primary Care Physician and Specialist	Recreds	3/16/2021
Renik	Margaret	Primary Care Physician	Recreds	3/16/2021
Sehgal	Rohit	Specialist	Recreds	3/16/2021
Seibenick	Olivia	Allied Health	Recreds	3/16/2021
Shah	Saurin	Specialist	Recreds	3/16/2021
Siopack	Jorge	Specialist	Recreds	3/16/2021
Spence	Rebecca	Allied Health	Recreds	3/16/2021
Stancescu-Popescu	Roxana	Primary Care Physician	Recreds	3/16/2021
Sweeney	Michael	Allied Health	Recreds	3/16/2021
Traynor	Jeffrey	Specialist	Recreds	3/16/2021
Velkuru	Vani	Specialist	Recreds	3/16/2021
Weckstein	Louis	Specialist	Recreds	3/16/2021
Won	Rosa	Specialist	Recreds	3/16/2021
Woolf	Sara	Primary Care Physician	Recreds	3/16/2021
Zodhiates	Ariel	Primary Care Physician	Recreds	3/16/2021

MARCH PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY

PCP	5
Specialists	2
Ancillary	0
MIDLEVEL/AHP	5
Total	12



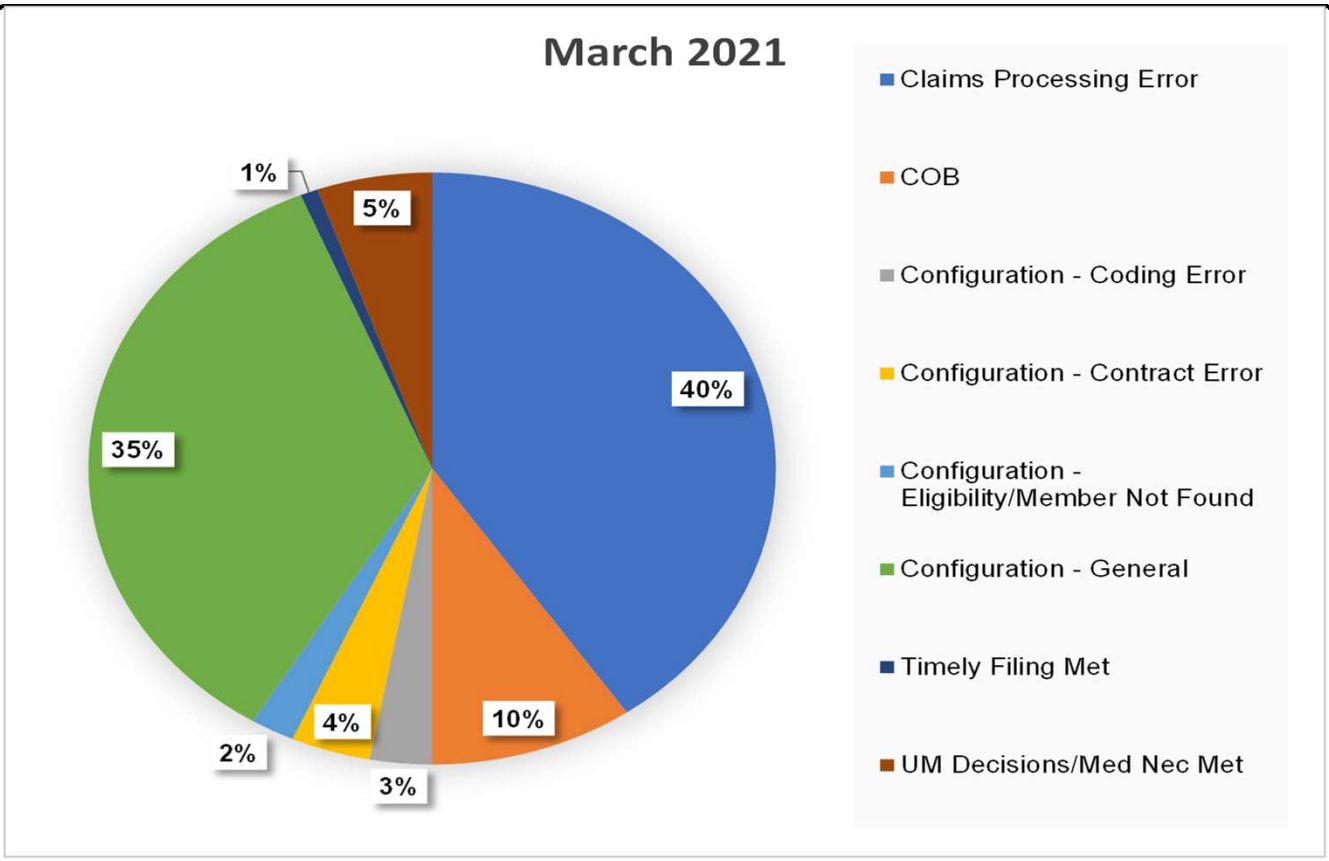
Provider Dispute Resolution
February 2021 and March 2021

METRICS		
PDR Compliance	**Feb-21**	**Mar-21**
# of PDRs Resolved	657	790
# Resolved Within 45 Working Days	652	787
% of PDRs Resolved Within 45 Working Days	99.2%	99.6%
PDRs Received	**Feb-21**	**Mar-21**
# of PDRs Received	674	599
PDR Volume Total	**674**	**599**
PDRs Resolved	**Feb-21**	**Mar-21**
# of PDRs Upheld	471	550
% of PDRs Upheld	72%	70%
# of PDRs Overturned	186	240
% of PDRs Overturned	28%	30%
Total # of PDRs Resolved	**657**	**790**
Average Turnaround Time	**Feb-21**	**Mar-21**
Average # of Days to Resolve PDRs	42	41
Oldest Unresolved PDR in Days	44	44
Unresolved PDR Age	**Feb-21**	**Mar-21**
0-45 Working Days	1,406	1,254
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**1,406**	**1,254**

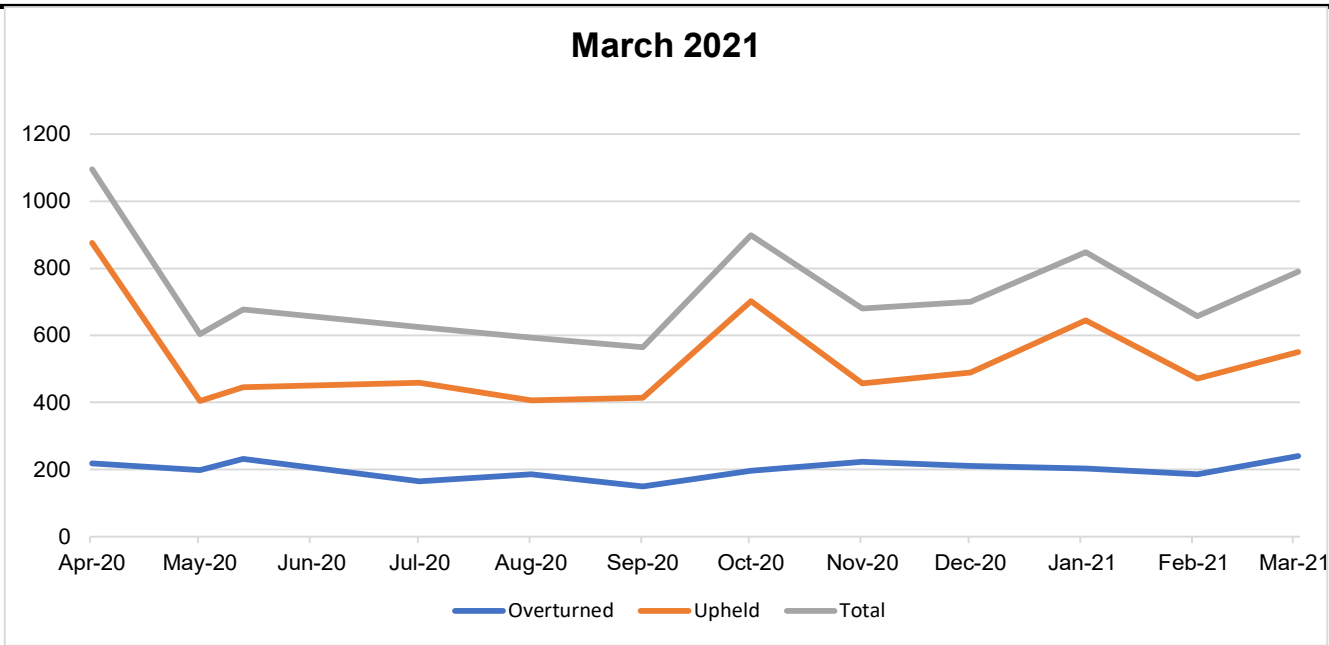
Provider Dispute Resolution
February 2021 and March 2021

Mar-21

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2020 - 2021 | **3RD QUARTER (Q3) OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY

FY 2020 - 2021 | 3RD QUARTER (Q3) OUTREACH REPORT

Between January 2021 and March 2021, the Alliance completed **2,465** member orientation outreach calls, conducted **604** member orientations (**25%** member participation rate). In addition, in March 2021, the Outreach team completed **58** Alliance website inquiries.

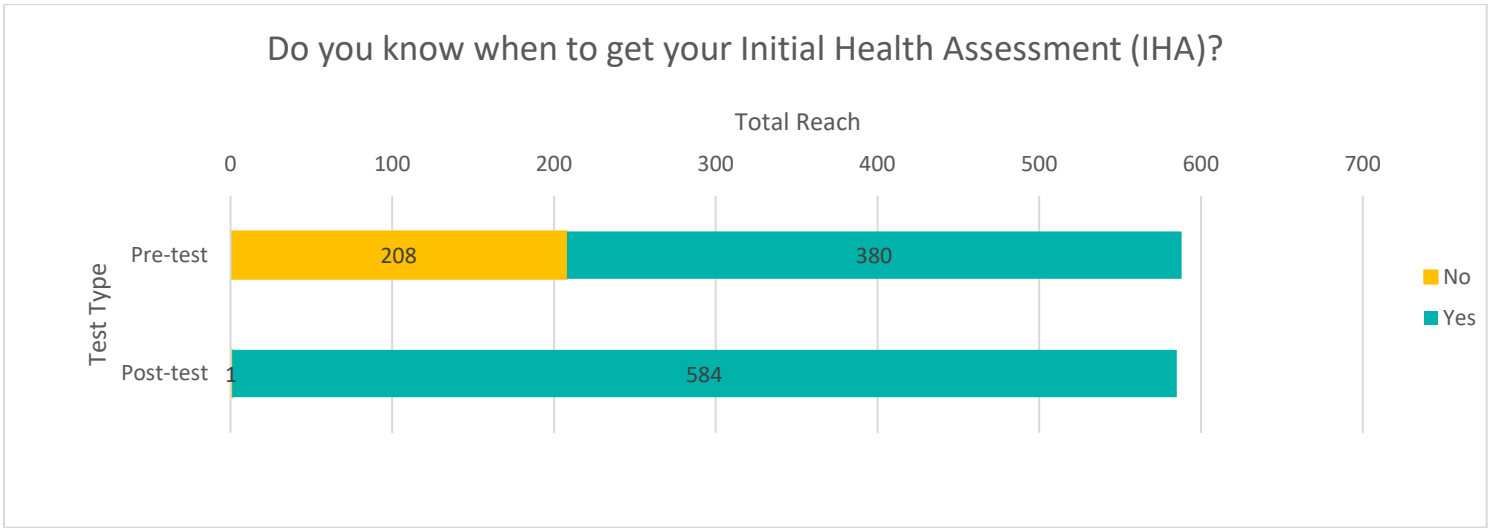
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **22,656** self-identified Alliance members have been reached during outreach activities.

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.

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 March 18 2020 through March 31, 2021) – **3, 409** members have completed a MO by phone.

After completing a MO **99.8%** of members who completed the post-test survey in Q3 FY 20-21 reported knowing when to get their IHA, compared to only **64.6%** 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 20-21\Q3\3. March 2021**

ALLIANCE IN THE COMMUNITY

FY 2020 - 2021 | 3RD QUARTER (Q3) OUTREACH REPORT

Q3 FY 2020-2021 TOTALS

0 COMMUNITY EVENTS	0 TOTAL REACHED AT COMMUNITY EVENTS
0 MEMBER EDUCATION EVENTS	0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
604 MEMBER ORIENTATIONS	604 TOTAL REACHED AT MEMBER ORIENTATIONS
0 MEETINGS/ PRESENTATIONS	0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
0 TOTAL INITIATED/INVITED EVENTS	604 TOTAL MEMBERS REACHED AT EVENTS
604 TOTAL EVENTS	**604** TOTAL REACHED AT ALL EVENTS

ALAMEDA
BERKELEY
CASTRO VALLEY
DUBLIN
FREMONT
HAYWARD
LIVERMORE
NEWARK
OAKLAND
PLEASANTON
SAN LEANDRO
SAN LORENZO
UNION CITY

TOTAL REACH 24 LOCATIONS*

**Locations not listed represent the mailing addresses for members who completed a Member Orientation by phone. The italicized locations are outside of Alameda County. The following locations had <1% reach during Q3 2021:* Albany, *Canton, El Cerrito,* Emeryville, *Forney, Nolensville, Norfolk,* Piedmont, *Pittsburg, Richmond, and San Francisco. The C&O Department started including these cities in the Q3 FY21 Outreach Report.*

$0

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.*

Compliance

Richard Golfin III

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

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

Date: **April 9, 2021**

Subject: **Compliance & Legal Report**

Compliance Activity Updates

- 2020 DHCS Kindred Focused Audit:
  - On October 23, 2020, the DHCS sent notice to the Plan of a focused audit involving the Plan's delegate, CHCN, and Kindred facilities. This focused audit was triggered by complaints sent to the DHCS. The review period is two (2) years, from October 1, 2018, through September 30, 2020. The DHCS found the Plan and its delegate were deficient in areas such as in providing Medically Necessary Covered Services, in conducting Concurrent Reviews, and in Delegation of Utilization Management. The Plan provided additional documentation for consideration by the DHCS on February 19, 2021. On March 5, 2021, the DHCS issued the Final Report and Corrective Action Plan (CAP). The Plan submitted its CAP response to the DHCS on April 6, 2021.

- 2021 DMHC Full Medical Survey:
  - On November 13, 2020, the DMHC sent notice to the Plan of the 2021 DMHC Routine Medical Survey beginning April 12, 2021. Recently, the Plan completed its pre-audit submission, which includes multiple questionnaires, sample case files, logs, and an extensive document crosswalk. In January 2021, the Plan received a list of case files selected by the DMHC for further review, which included Customer Service Enrollee Contacts, Grievances and Appeals, Utilization Management, Formulary Exception Requests, External Exception Requests, Post-stabilization Denials, Emergency Room Denials, and Potential Quality Issues. Since the pre-audit and case files submission, the Plan received additional follow-up request from the DMHC. Additional requests include clarification on Plan processes and additional case files.

- 2021 DHCS Routine Medical Survey:
  - On January 13, 2021, the DHCS sent notice to the Plan of the 2021 DHCS Routine Medical Survey beginning April 12, 2021. The audit will be conducted jointly with the DMHC from April 13, 2021, through April 23, 2021. The review period is June 1, 2019, through March 31, 2021, and cover the following areas:

        - Utilization Management;
        - Case Management & Care Coordination;
        - Access & Availability;
        - Member's Rights & Responsibilities;
        - Quality Improvement System, and;
        - Organization and Administration.

    - The Plan's Pre-Audit documentation was submitted to the DHCS on time and with no extension requests on February 26, 2021. On March 23, 2021, the Plan submitted case file selections to the DHCS. Since the pre-audit and case files submission, the Plan received an additional follow-up request from the DHCS. Additional requests include clarification about Plan processes, supporting documents, and additional case files.

- 2020 Annual Network Certification Corrective Action Plan:
    - On November 10, 2020, the DHCS issued a Corrective Action Plan in response to the 2020 Annual Network Certification submission completed in March 2020. On December 23, 2020, the Plan completed its response to the DHCS' feedback, to include updated maps and analysis outlining the extent of the Plan's network; updated requests for Plan and delegate Alternative Access Standards (AAS), and; revised out-of-network policies covering access, availability and authorization requests. The DHCS reviewed the Plan's submission and provided additional guidance in January 2021. The Plan submitted updated reports, maps, and analysis on February 8, 2021. Bi-weekly, the Plan will be responsible for providing CAP updates to the Department until all corrective measures have been fully implemented. On March 3, 2021, the Plan met with the DHCS to further clarify maps and analysis. On April 2, 2021, the Plan received the result of the DHCS evaluation of our ANC submission. DHCS has approved 130 the Plan's AAS request. The Plan is required to submit an updated Attachment C by April 9, 2021.

- DMHC Measurement Year 2019 Network Corrective Action Plan:
    - On February 26, 2021, DMHC issued Measurement Year (MY) 2019 Network findings report. The DMHC reviewed the Plan's MY 2019 Timely Access Compliance Report for compliance with the MY 2019 Timely Access Compliance Report Web Portal Instructions, the MY 2019 Provider Appointment Availability Survey (PAAS) Methodology, and the instructions in the PAAS Contact List Template, Raw Data Template and Results Template. In addition, the DMHC annual network review examined the Plan's MY 2019 Annual Network Report for compliance with the Knox Keene Act, including the Plan's compliance with network adequacy provisions and data submission requirements, as applicable. Based on the review, DMHC identified findings in the Timely Access Compliance Report and Annual Network Report. A total of nine (9) findings were found. The Plan's response to the DMHC's findings and attachments are due within ninety (90) calendar days following the date of the issuance, May 26, 2021.

Compliance will work closely with internal leads to respond and mitigate the deficiencies found by DMHC.

- OCR Limited Compliance Review:
    - The HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414, requires HIPAA covered entities and their business associates provide notification following a breach of unsecured protected health information. A breach is, generally, an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information. Following a breach of unsecured protected health information, covered entities must provide notification of the breach to affected individuals, the Secretary, and, in certain circumstances, to the media. On February 26, 2021, the Plan notified the U.S. Department of Health and Human Services Office for Civil Rights (OCR) of a breach that occurred with the Plan's Business Associate. After notification of the breach, the Plan received a meeting request from an OCR investigator to discuss details of the incident. On March 3, 2021, the Plan met with an OCR investigator and was informed of their intent to conduct a Limited Compliance Review of HIPAA related activity. Notice will be provided to the Plan within the coming weeks. The Plan is required to respond within 20 days of receipt.

Delegation Oversight Auditing Activities

- The Plan conducts annual audits of its delegated entities to monitor compliance with regulatory and contractual requirements. The Plan has seven (7) delegates with various delegated activities, and all seven (7) were audited during the previous calendar year. In 2020, the Plan issued CAPs to four (4) delegates. Of the four (4) CAPs issued, three (3) have been closed. In January 2021, the Plan issued preliminary audit reports to the remaining three (3) delegates. The preliminary audit report allows the delegate to review findings in draft format and submit relevant information for consideration before the Plan issues the final audit report and CAP request. The Plan received responses and supporting documentation for consideration from the three (3) delegates. The Plan issued the final audit report and CAP to two (2) delegates in March 2021. The delegates are required to submit their CAP and supporting documents to the Plan in April 2021. The Compliance Team will work closely with delegates and department leaders to review and monitor CAP responses, supporting documentation, CAP implementation, and; CAP verification.

Compliance

Supporting Documents

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
1	DMHC	21-001	1/5/2021	MODEL NOTICES; COMPLIANCE WITH SB 260	GROUP CARE	Section 1366.50, as amended in 2019, requires a health plan to inform enrollees who cease to be enrolled with the health plan that they may be eligible for reduced-cost coverage through the California Health Benefit Exchange (Covered California) or no-cost coverage through Medi-Cal. Section 1366.50 does not apply to Medi-Cal Managed Care products. Additionally, section 1366.50 requires health plans to provide Covered California with information regarding enrollees who cease to be covered by the health plan. That information includes enrollees' names, addresses, and other contact information.
2	DHCS	21-001	1/7/2021	2021-2022 MEDI-CAL MANAGED CARE HEALTH PLAN MEDS/834 CUTOFF AND PROCESSING SCHEDULE	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the 2021-2022 Medi-Cal Eligibility Data System (MEDS/834) cutoff and processing schedule.
3	DHCS	21-002	2/25/2021	COST AVOIDANCE AND POST-PAYMENT RECOVERY FOR OTHER HEALTH COVERAGE	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification and guidance to Medi-Cal managed care health plans (MCP) for cost avoidance and post-payment recovery requirements when an MCP member has other health coverage (OHC). In addition, the APL provides instructions on using the Department of Health Care Services' (DHCS) Medi-Cal Eligibility Record for processing claims, as well as reporting requirements.
4	DMHC	21-002	1/5/2021	IMPLEMENTATION OF SENATE BILL 855, MENTAL HEALTH AND SUBSTANCE USE DISORDER COVERAGE	GROUP CARE	This All Plan Letter (APL) provides guidance regarding implementation of this new legislation as well as filing and compliance requirements for all full service and certain specialized health care service plans (plan or plans).
5	DHCS	21-003	3/5/2021	MEDI-CAL NETWORK PROVIDER AND SUBCONTRACTOR TERMINATIONS	GROUP CARE	This All Plan Letter (APL) clarifies the obligations of Medi-Cal managed care health plans (MCPs) when terminating or initiating terminations of contractual relationships between MCPs, Network Providers, and Subcontractors. This APL also establishes MCPs' obligations to check exclusionary databases and terminate contracts with Network Providers and Subcontractors who have been suspended or excluded from participation in the Medi-Cal/Medicare programs.
6	DMHC	21-003	1/6/2021	TRANSFER OF ENROLLEES PER STATE PUBLIC HEALTH OFFICER ORDER	GROUP CARE	The State of California is experiencing a surge in COVID-19 positive cases and hospitalizations. This surge is causing many hospitals in the state to meet or exceed their usual capacity to serve patients, which can jeopardize the health and lives of the patients and staff. Accordingly, to provide care to all patients in need, it is imperative to maximize the capacity of hospitals in the state by allowing for expeditious transfer of patients from the most highly impacted hospitals to hospitals with more available capacity. This regional approach is central to an ethical and equitable response to the COVID-19 pandemic. Health plan prior authorization requirements for transfers between hospitals can cause unnecessary delays in effectuating such transfers

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
7	DMHC	21-004	1/6/2021	TRANSFERS OF UNSTABLE OR DESTABILIZED ENROLLEES	GROUP CARE	This All Plan Letter reminds plans of their continuing obligations under Health and Safety Code section 1371.4 to cover emergency services and care provided to plan enrollees. Such coverage includes reimbursement for appropriate transfers of unstable enrollees between hospitals in conformance with the requirements of the federal Emergency Medical Treatment and Labor Act (EMTALA).
8	DMHC	21-010	3/4/2021	PROVIDER DIRECTORY ANNUAL FILING REQUIREMENTS	MEDI-CAL & GROUP CARE	California Health and Safety Code section 1367.27, subdivision (m), requires health care service plans to annually submit provider directory policies and procedures to the Department of Managed Health Care (Department).
9	DMHC	21-011	3/10/2021	NEW FEDERAL GUIDANCE REGARDING COVID-19 TESTING	MEDI-CAL & GROUP CARE	The Federal Centers for Medicare & Medicaid Services (CMS) in conjunction with the Department of Labor and the Department of the Treasury, issued new guidance making it easier for enrollees to obtain diagnostic COVID-19 testing and clarifying when health plans must cover such testing for their enrollees.
10	DMHC	21-012	3/12/2021	COVID-19 VACCINE PRIORITIZATION FOR INDIVIDUALS WITH HIGH-RISK HEALTH CONDITIONS AND/OR DISABILITIES	MEDI-CAL & GROUP CARE	On February 12, 2021, the California Department of Public Health (CDPH) issued a Provider Bulletin regarding vaccine prioritization for individuals deemed to be at the very highest risk to get very sick from COVID-19 either because the individual has one or more enumerated severe health conditions and/or a developmental or other significant, high-risk disability. On March 11, 2021, the CDPH issued guidance to the public regarding how people at the very highest risk, as described in the Provider Bulletin, can gain access to COVID-19 vaccinations beginning March 15, 2021.
11	DMHC	21-013	4/1/2021	2021 ANNUAL ASSESSMENTS	MEDI-CAL & GROUP CARE	All Health Care Service Plans must file the Report of Enrollment Plan on or before May 15, 2021, as required by Health and Safety Code section 1356 and the California Code of Regulations, title 28, section 1300.84.6(a). The Report of Enrollment Plan is an online form to be filed electronically, via the Department's eFiling web portal.

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: **April 9, 2021**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- Provider Portal prior authorization submissions: The UM team is receiving authorizations submitted online via the Provider Portal. The percentage of referrals being received via the Portal is increasing slowly (up to 40%) and plans are in development to increase usage by providers. Use of the Provider Portal is expected to increase satisfaction of provider, improve accuracy and efficiency for members and improve productivity in the UM team.
- Auto-Authorization Software to streamline the Prior Authorization process is being evaluated to enhance UM efficiency and provider satisfaction. The goal is to integrate with the Provider Portal and automate responses for some categories of requests.
- Notice of Action letters: The UM team continues to build out the NOA letter templates to drive standardization and efficiency.
- Clinical Initiatives: The UM collaboration with the Claims and Config departments to improve the interface between the authorizations and the claims system (Health Suite) to ensure payment integrity is nearing completion. The standardization of transportation requests that launched March 1 to improve ride quality and decrease expense has gone well.
- The OP UM Team is focused on DHCS/DMHC audit readiness and participation for the month of April.

Outpatient Authorization Denial Rates			
Denial Rate Type	**January 2021**	**February 2021**	**March 2021**
Overall Denial Rate	3.7%	4.0%	3.4%
Denial Rate Excluding Partial Denials	3.5%	3.9%	3.4%
Partial Denial Rate	0.2%	0.1%	0.0%

Turn Around Time Compliance			
Line of Business	**January 2021**	**February 2021**	**March 2021**
Overall	99%	99%	100%
Medi-Cal	99%	99%	100%
IHSS	99%	100%	100%
Benchmark	*95%*	*95%*	*95%*

Utilization Management: Inpatient

- COVID Admissions: COVID admissions peaked in December and have started coming back down significantly through March, and Length of Stay for COVID patients also shortening compared beginning of the pandemic. The UM team works with Case Management to provide Transitions of Care (TOC) to members recovering from COVID coming out of the hospital.

- Hospital Partnerships: The Inpatient Manager partners in weekly long stay/complex patient calls with Sutter, AHS, Washington, and Kindred hospitals. IP UM has developed internal escalation processes to AAH leadership on complex patients with significant barriers to discharge, to increase visibility and creative problem solving to meet the members' needs.

- Transitions of Care (TOC): The IP UM team is starting to take responsibility for post discharge care authorizations as part of the increased focus on discharge planning support to our hospitals. Partnerships in TOC continue with AHS and are beginning with Alta Bates Summit and Eden.

- Clinical Initiatives: The work with IT to develop a process to automatically accept notification of admission by partner hospitals and automatically create authorization requests in TruCare is continuing. The goal is to increase staff efficiency, enhance partner hospital satisfaction with UM processes and assure appropriate approval/denial of admissions.

- The IP Team is focused on DHCS/DMHC audit readiness and participation for the month of April.

Inpatient Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**December 2020**	**January 2021**	**February 2021**
Authorized LOS	6.0	5.4	4.5
Admits/1,000	52.4	53.2	49.5
Days/1,000	314.3	285.7	221.2

Pharmacy

- Pharmacy services process outpatient pharmacy claims and pharmacy prior authorizations and has met turn-around time compliance for all lines of business.

- Pharmacy services collaborates with other health care services teams for member on use of opioids and/or benzodiazepine, transitions of care, education on active smokers and asthma medication starters.

- Asthma medication adherence pilot: Pharmacy services, QI, HeathEd and Case Management work together to improve asthma drug adherence for 200 Black adults with asthma between 21 to 44 years of age with proper asthma medication use at 50% or below.

- DHCS announced a further delay in MediCAL RX with no specific date. The State of California will take back drug coverage, rebate, utilization management and pharmacy provider network when they are ready. The plan pharmacy services are to maintain beneficiary care coordination, drug adherence, disease and medication management, physician administered drugs (PAD) and outpatient infusion drugs. In the meantime, AAH pharmacy team is safely positioned to continue providing pharmacy services to members.

Decisions	Number of PAs Processed
Approved	861
Denied	771
Closed	638
Total	**2270**

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

- Medications for diabetes, pain, acne, attention deficit hyperactivity disorder, tear production, and peptic ulcers medications are top 10 drug categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
3	JARDIANCE 10 MG TABLET	Diabetes	Criteria for approval not met
4	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
5	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Criteria for approval not met
6	FREESTYLE LIBRE 2 SENSOR	Diabetes	Criteria for approval not met
7	OZEMPIC 0.25-0.5 MG DOSE PEN	Diabetes	Criteria for approval not met
8	CLINDAMYCIN PH 1% SOLUTION	Acne	Criteria for approval not met
9	FREESTYLE LIBRE 2 READER	Diabetes	Criteria for approval not met
10	FREESTYLE LIBRE 14 DAY READER	Diabetes	Criteria for approval not met

Case and Disease Management

- Case Management: guided by population health data analysis, CM is working with analytics and provider partners to identify members most in the need of Complex Case Management and Care Coordination.

- Disease Management: The Alliance's Population Health Driven Disease Management program partners Quality/Health Education, Analytics and case management with data driven foci (e.g. asthma - see Quality & Pharmacy sections)

- Re-admission reduction: CM is partnering with hospital partners at AHS and Sutter to focus on re-admission reduction aligned with their re-admission reduction goals. Standard work for Transitions of Care (TOC) has been developed to stabilize members after hospitalization to prevent re-admissions, currently at AHS and COVID discharges.

- Clinical Initiatives: Health disparities have been identified in members with diabetes. A new UCSF/Project Open Hand research study provides 6 months of medically tailored meals to improve diabetes outcomes for interested and eligible members. The CM department has developed an Oncology services focus in conjunction with Stanford and EpicCare.

- The CM Team is focused on DHCS/DMHC audit readiness and participation for the month of April.

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

- Enhanced Case Management (ECM): The State is relaunching parts of the CalAIM program in 2022, including Enhanced Case Management (ECM). Planning for this transition continues in 2021 with the AAH Project Management Office (PMO) to ensure a successful integration of HHP and AC3 into ECM. PMO is leading a series of listening/input sessions for key stakeholders, continuing through April. Model of Care and Transitions documents are due June 30, 2021.

- In Lieu of Services: In Lieu of Services (ILOS) are aimed at funding services not typically provided by managed health plans in lieu of higher cost medical services. CM is working with Project Management Office on planned community and stake holder listening sessions through April, as well as mapping of existing Whole Person Care programs that will be continued, transitioned or sunset.

- Community Health Record: The HHP has been working closely with HCSA on using the Community Health Record (CHR) to enhance communication across agencies in-order to provide more seamless support to members. The HHP is one of the top users of the CHR in Alameda County.

Case Type	New Cases Opened in February 2021	Total Open Cases As of February 2021
Care Coordination	193	589
Complex Case Management	21	49
Transitions of Care	239	543

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes.
- Total grievances resolved in March went over our goal of less than 1 complaint per 1,000 members at 7.24 complaints per 1,000 members
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of March 2021; we did not meet our goal at 30.2% overturn rate.

March 2021 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	842	30 Calendar Days	95% compliance within standard	833	98.9%	2.98
Expedited Grievance	6	72 Hours	95% compliance within standard	6	100.0%	0.02
Exempt Grievance	1,127	Next Business Day	95% compliance within standard	1,122	99.6%	4.00
Standard Appeal	63	30 Calendar Days	95% compliance within standard	62	98.4%	0.22
Expedited Appeal	0	72 Hours	95% compliance within standard	NA	NA	
Total Cases:	2,038		95% compliance within standard	2,023	99.3%	7.24

*Goal is to have less than 1 complaint (Grievance and Appeals) per 1,000 members (calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.)

- Grievance tracking and trending by quarter:
  - There has been an overall increase of cases received in the month of January; however, coverage disputes are still the highest number of cases resolved. Examples of coverage disputes include:
    - Member calling to ask for reimbursement of monies paid, we used to capture as exempt and refer them to the website to complete the reimbursement form.
    - Member calling with regards to receiving a bill for services that are covered.
    - Member calling with regards to being balanced billed, member services used to contact the provider to bill the Alliance.

- Denied pharmacy services at the point of sale, member services used to educate the member that they were either OON or the medication required a PA and closed as an exempt grievance.

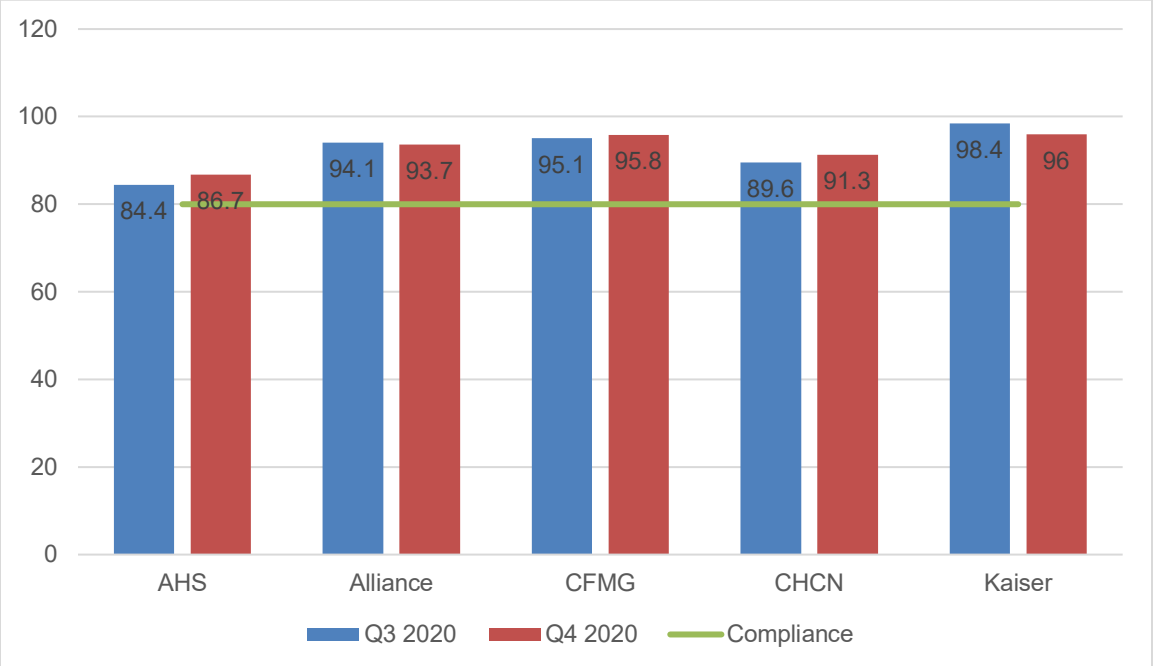
Quality

- The Quality team has spent much of the last 3 months preparing for the dual audits in April.
- One of our key responsibilities is to provide members with appropriate access to medical services as measured by compliance with standards and by various surveys, including the recently completed Access and Availability Report (CG-CAHPS Q4, 2020).
- Here are the standards by which providers are measured for compliance:

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	**Appointment Within:**
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

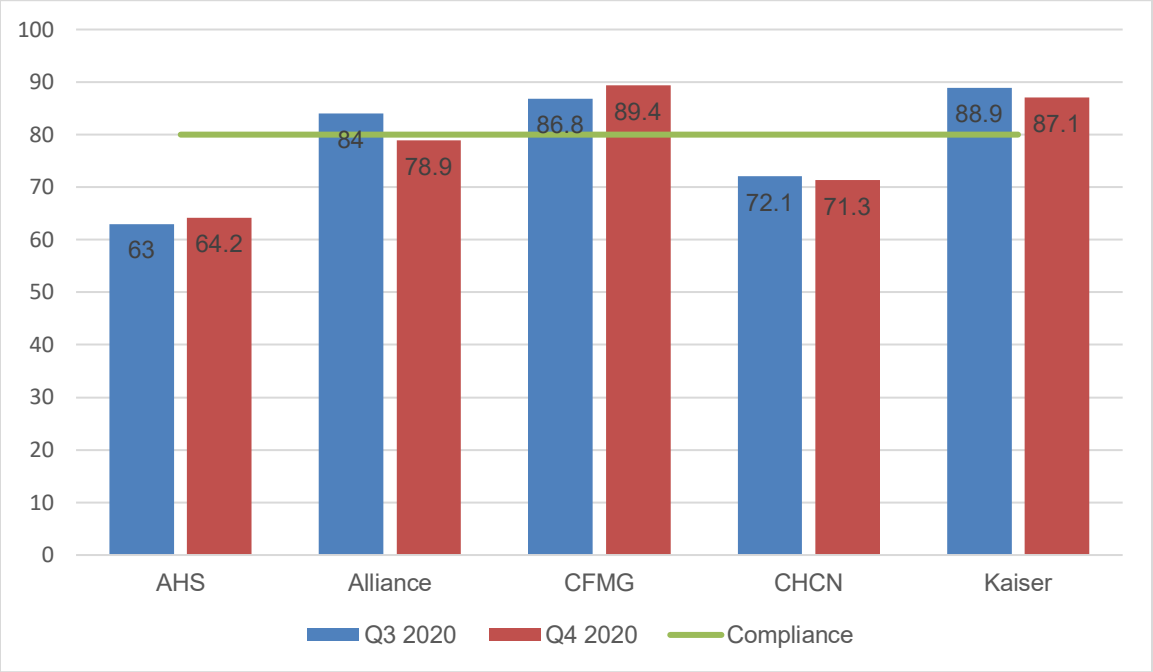
- The results in the tables below show that our providers do a good job with in-office wait times but have varying effectiveness in call return time and time to answer a call.

In-Office Wait Time: Compliance Rate by Network



- All delegate providers scored above the 80% compliance threshold in Q4 2020

Call Return Time: Compliance Rate by Network



- AHS, Alliance and CHCN scored below the 80% compliance threshold in Q4, 2020

Time to Answer Call: Compliance Rate by Network

- AHS and CHCN scored below the 80% compliance threshold in Q4, 2020

Next Action Steps:

- Track and Trend complaint rates.
- Share results with Delegate entities.
- Follow escalation process for providers non-compliant with CG-CAHPS.
- Share results with PS department and FSR staff to incorporate as part of the member & provider satisfaction workgroup discussions and PDSA/Intervention strategies as applicable.
- Outreach to other HP to solicit compliance rates for comparison. *
- Consider validity/reset of our compliance goal of 80% based on findings.

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 Officer & Security Officer**

Date: **April 9, 2021**

Subject: **Information Technology Report**

Call Center System Availability

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

- Overall, we are continuing to perform the following activities to optimize the call center ecosystem (applications, backend integration, configuration, and network).

    - Upgrading the Call Center Application Environment:
        - Calabrio, Cisco Call Manager, and Cisco Unity have been upgraded successfully.
        - 2 Ring and Cisco Unified Contact Center have been upgraded successfully.

Office 365 Project

- The Alliance completed the migration of all 340 staff members to the Office 365 Microsoft cloud platform. The scope of the Office 365 project includes migration of our current corporate email outlook and mobile device infrastructure to the Microsoft cloud services. Currently, we are rehydrating 100% of the archive email to Microsoft O365, and of that, Phase 2 of Office 365 is complete.

- Phase 3 of the Office 365 project is in progress, focusing on completing the deployment of Office 365 Suite to replace and upgrade the version on Microsoft Office Suite, which is 87% complete. The initiative will also focus on the deployment of Microsoft Teams enterprise wide.

FTP Server Upgrade

- The Alliance is embarking on the 1st phase of the FTP Server Upgrade which is designed to expand its capabilities and provide redundancy for improved availability.

Encounter Data

- In the month of March, the Alliance submitted 90 encounter files to the Department of Health Care Services (DHC) with a total of 275,347 encounters.

Enrollment

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

HealthSuite

- The number of claims processed for the month of March is 119,386. The number of claims that were auto adjudicated is 88,333. The percentage of auto-adjudication for this period is 74%.

- After the upgrade of HealthSuite from v16.00 to v20.01 during the month of December 2020, the application continues to operate with an uptime of 99.99%.

TruCare

- A total of 9,820 authorizations were loaded and processed in the TruCare application. The TruCare application continued to operate normally with an uptime of 99.99%.

- TruCare Optimization efforts on version 8.0 have started. This is mainly to optimize multiple processes/configurations for the users so they can do their daily tasks in a more efficient manner.

Web Portal

- The web portal usage for the month of February among our group providers and members remains consistent with prior months.

- As a part of the Customer Channel upgrades, the Alliance is enhancing the Member and Provider portal to support new features and capabilities. The new features and capabilities include Secure Communications, Mobile Application on smartphones, and Threshold Languages. Secure communication went live the month of February without any defects. The Mobile Application and Threshold Languages functions are estimated to go-live before the month of May 2021.

Information Security

- 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 149k.

- Attempted information leaks detected and blocked at the firewall are lower from 44 to 11 for the month of March.
- Network scans returned a value of 0, which is in line with the previous month's data.

- Attempted User Privilege Gain is significantly lower at 6 from a previous six-month average of 666.9.

Data Warehouse

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

- In the month of March 2021, the Alliance is on track to integrate Credentialing, Kaiser, and PerformRx historical pharmacy, Admission, Discharge, and Transfer (ADT) data into the Data Warehouse in this fiscal year. We resumed planning for adding Authorizations, and in this fiscal year, we expect to complete the design solution only. The Data Warehouse projects (Authorizations, Case & Assessments) go-live are planned for December 2021 (Next fiscal year).

- The Magellan Pharmacy Pre-authorization and claims data has been de-scoped from the Data Warehouse project and transitioned to an Rx carve-out project, per business decisions to be undertaken when the final decisions come through.

Data Governance

- As part of our Data Governance (DG) initiative, the Alliance has undertaken three major initiatives. Masking PHI (Protected Health Information) data in non-production environments, developing an Enterprise Data Dictionary for use by the business and IT, and establishing Data Governance Operating Framework and a Committee.

- In the month of March 2021, we continued to execute onsite non-production environment data masking and established meetings with organization-wide stakeholders for obtaining consensus on the Data Governance Committee Structure. The current forecast is that the Alliance will successfully complete the onsite Data Masking Pilot by the end of April 2021, and the operational process will consistently comply with the regulatory compliance. The Data Governance Operating Model was socialized in focused meetings with all business leaders and based on general consensus. The First Data Governance Committee Meeting is expected to be held in April 2021. Over the next 18 months, the goal is to establish a very unique, agile, and collaborative Data Governance Operating Model meeting or exceeding the established guidelines for the capability maturity model.

- As a part of the FY2021, the Alliance is on target to meet one of its strategic goals to mask all PHI data for appropriate non-production platforms, create Data Dictionaries, and commence the work to establish the Data Governance Committee.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medical and Group Care member enrollment in the month of March 2021”.
- Summary of Primary Care Physician (PCP) Auto-assignment in the month of March 2021.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of March 2021”.
- The following tables 1-1 and 1-2 are supporting documents from the enrollment summary section.
- Table 1-1 Summary of Medical and Group Care Member enrollment in the month of March 2021”.

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
March	275,613	3,811	2,178	5,994	168	145

1. MC – Medical Member

2. GC – Group Care Member

Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment
For the Month of March 2021

Auto-Assignments	Member Count
Auto-assignments MC	1,338
Auto-assignments Expansion	1,218
Auto-assignments GC	38
PCP Changes (PCP Change Tool) Total	2,638

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of March 2021”.
- There were 9,820 authorizations (total authorizations loaded in TruCare production) processed through the system.
- 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 March 2021

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI Failure	New Auths Entered	Total Auths Loaded In TruCare Production
EDI-CHCN	5608	153	0	34	10	47	57	301	0	5307
Paper to EDI	3,093	0	0	0	0	0	0	0	0	3,093
Manual Entry	0	0	0	0	0	0	0	0	1,420	1,420
Total										9,820

Key: PP=Pre-Processor; MNF=Member Not Found; PNF=Provider Not Found; TC=TruCare

Web Portal

- 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 February 2021

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	4,781	2,973	126,582	323
MCAL	70,214	2,354	5,299	884
IHSS	2,727	135	283	40
AAH Staff	170	49	662	2
Total	**77,892**	**5,511**	**132,826**	**1,249**

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

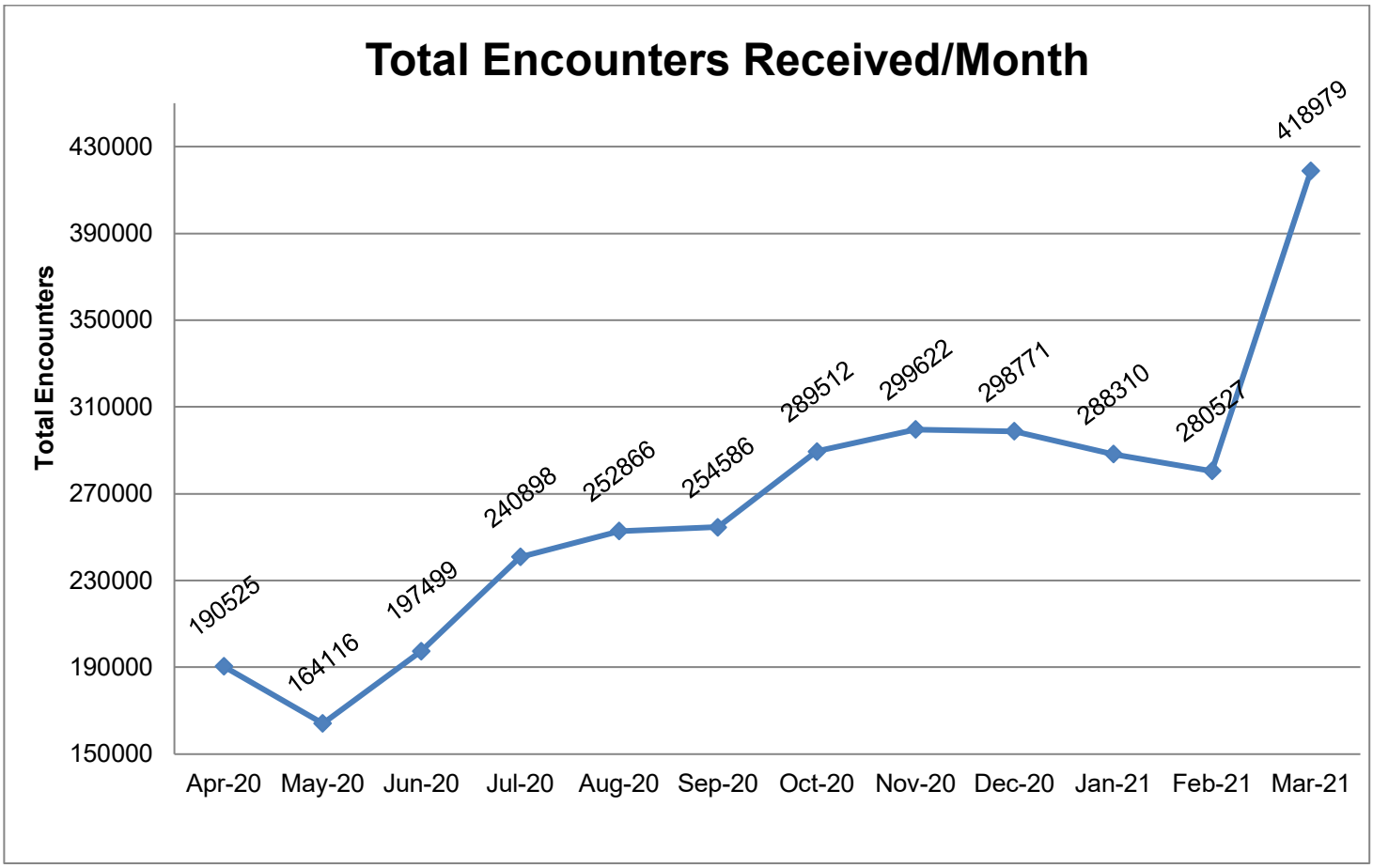
Top 25 Pages Viewed		
Category	**Page Name**	**February-21**
Provider	Member Eligibility	582,839
Provider	Claim Status	141,667
Provider	Auth Submit	4,866
Member My Care	Member Eligibility	2,933
Provider	Auth Search	1,501
Member Help Resources	Find a Doctor or Hospital	1,435
Member Help Resources	ID Card	1,398
Provider	Member Roster	1,055
Member Help Resources	Select or Change Your PCP	863
Member My Care	My Claims Services	773
Member Home	MC ID Card	713
Member Help Resources	Request Kaiser as my Provider	648
Provider - Provider Directory	Provider Directory	480
Member My Care	Authorization	349
Provider	Pharmacy	342
Member My Care	My Pharmacy Medication Benefits	318
Provider - Home	Forms	314
Provider - Provider Directory	Instruction Guide	213
Member Help Resources	Forms Resources	177
Member Help Resources	Authorizations Referrals	173
Member My Care	Member Benefits Materials	170
Member Help Resources	Contact Us	169
Member Help Resources	FAQs	155
Member My Care	My Pharmacy	154
Provider - Provider Directory	Manual	140

Encounter Data From Trading Partners 2021

- AHS:
  March daily files (9,326 records) were received on time.
- Beacon:
  March monthly files (13,002 records) were received on time.
- CHCN:
  March weekly files (89,453 records) were received on time.
- CHME:
  March monthly file (5,776 records) were received on time.
- CFMG:
  March weekly files (10,905 records) were received on time.
- Docustream:
  March weekly files (935 records) were received on time.
- PerformRx:
  March monthly files (146,442 records) were received on time.
- Kaiser:
  March monthly files (112,545 records) were received on time.
  March monthly Kaiser Pharmacy files (18,737 records) were received on time.
- LogistiCare:
  March weekly files (16,924 records) were received on time.
- March Vision:
  March monthly file (2,230 records) were received on time.
- Quest Diagnostics:
  March weekly files (14,699 records) were received on time.
- Teladoc:
  March weekly files (13 records) were received on time.

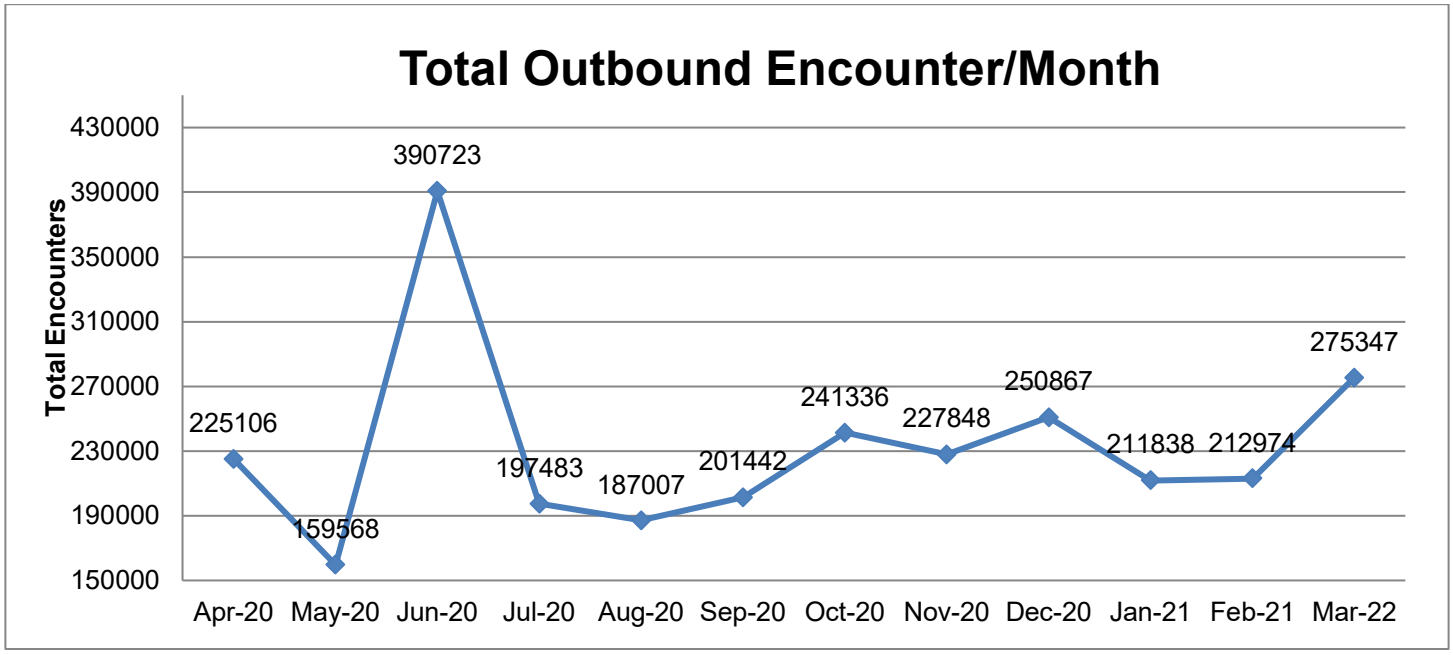
Trading Partner Encounter Inbound Submission History

Trading Partners	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
HealthSuite	86578	89063	95735	107093	104293	111255	120149	111676	123248	116784	119001	143171
AHS	9040	7698	7129	10154	9353	849	12762	16814	8419	9404	9702	9326
Beacon	12606	8546	9612	11413	10193	20434	14637	12673	21326	15812	14616	13002
CHCN	64623	45221	73144	53049	64935	54812	65094	85984	66473	59612	62867	89453
CHME	4346	7241	4903	4344	4987	3832	5814	5152	4388	6143	6548	5776
Claimsnet	12653	5484	6154	6545	6608	8787	11018	6504	12819	7693	12059	10905
Docustream	679	863	822	912	919	640	926	865	909	803	1160	935
Kaiser	33670	16030	19364	22508	26057	25829	29431	35590	29885	43639	25903	112545
Logisticare	10812	10893	10857	12865	10145	14821	11599	12665	15505	12603	14208	16924
March Vision	3389	1395	1336	1839	2568	2270	3012	2928	2361	3103	1917	2230
Quest	3803	6072	6809	10135	12783	11005	15047	8724	13406	12665	12515	14699
Teladoc				41	25	52	23	47	32	49	31	13
Total	242199	198506	235865	240898	252866	254586	289512	299622	298771	288310	280527	418979



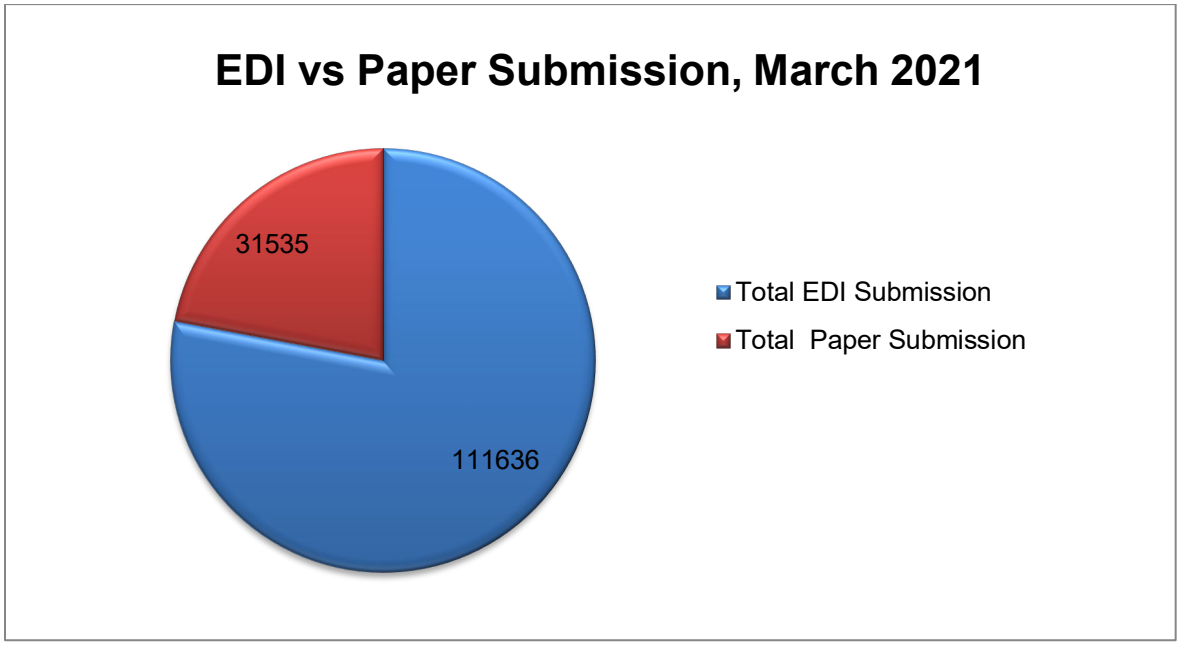
Outbound Encounter Submission

Trading Partners	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
HealthSuite	79506	72631	60932	76561	73815	71394	97258	79162	100653	70368	81305	84220
AHS	7880	8708	6727	10662	8083	353	11922	15980	7909	8729	9089	8655
Beacon	19228	8464	7377	9507	7620	17466	13291	10580	16229	13315	11631	10171
CHCN	54436	27819	270473	43686	38537	52622	48065	50051	54860	41461	45137	64275
CHME	3847	6860	4640	4081	4663	3632	5232	4801	3696	5327	5508	5283
Claimsnet	7468	3266	5643	4792	6110	6611	7398	5707	8595	5160	8578	7964
Docustream	589	737	720	799	812	609	849	969	807	764	1071	860
Kaiser	32223	15191	15545	21968	25720	25666	29031	35096	29087	42638	23810	59157
Logisticare	12988	10513	10438	14934	9924	11134	14600	12263	14773	12315	13881	16652
March Vision	2362	813	803	1121	1909	1687	2665	2470	2013	2655	1686	1930
Quest	4579	4566	7425	9331	9789	10236	11002	10743	12214	9085	11247	16169
Teladoc				41	25	32	23	26	31	21	31	11
Total	225106	159568	390723	197483	187007	201442	241336	227848	250867	211838	212974	275347



HealthSuite Paper vs EDI Breakdown

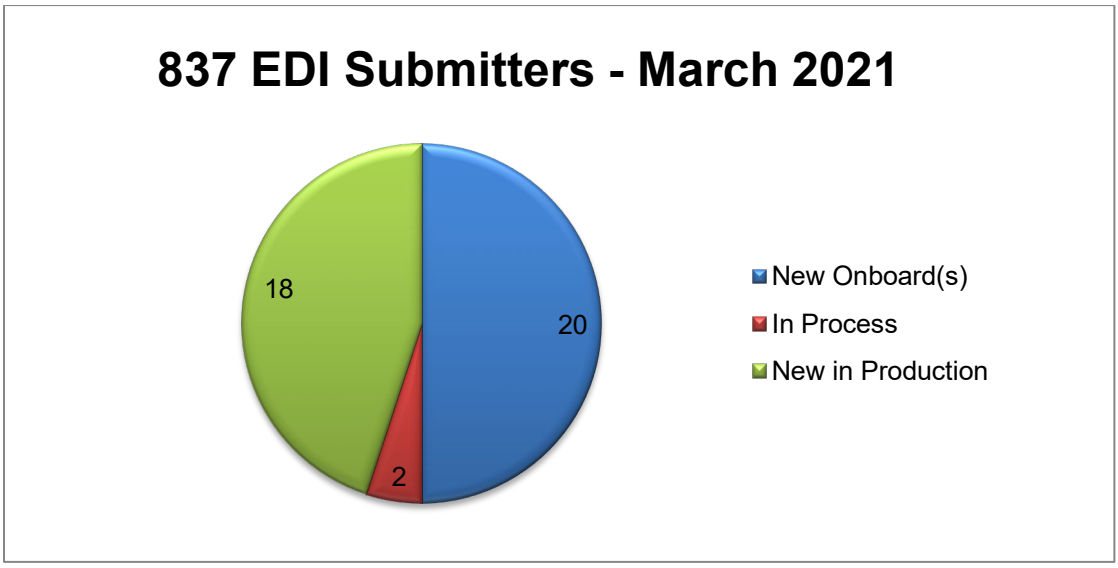
Period	Total EDI Submission	Total Paper Submission	Total Claims
21-Mar	111636	31535	143171

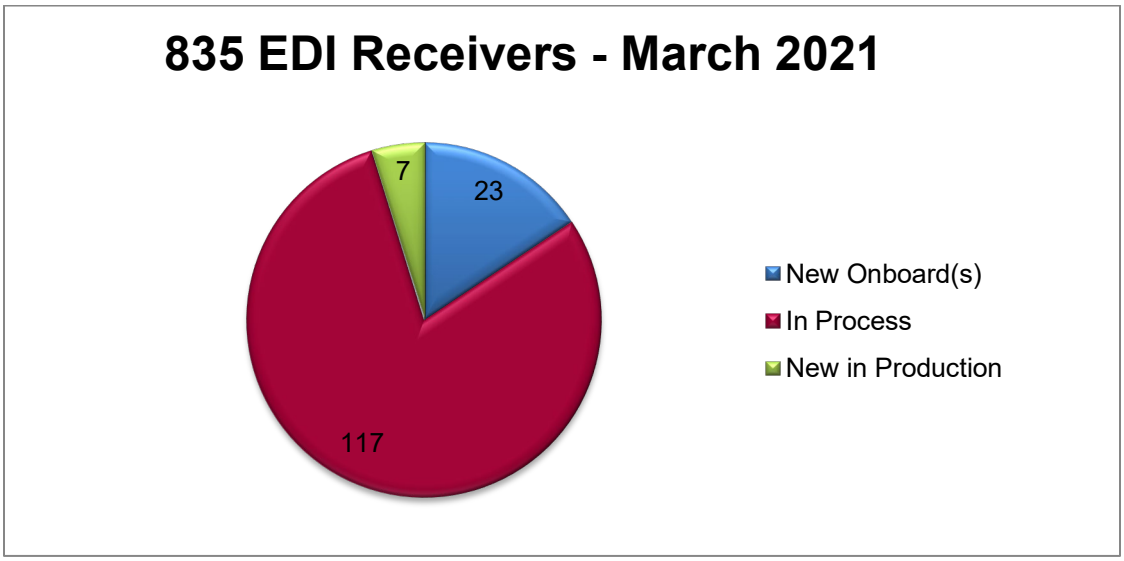


Onboarding EDI Providers - Updates

- March 2021 EDI Claims:
  - A total of 1093 new EDI submitters have been added since October 2015, with 18 added in March 2021.
  - The total number of EDI submitters is 1825 providers.
- March 2021 EDI Remittances (ERA):
  - A total of 267 new ERA receivers have been added since October 2015, with 7 added in March 2021.
  - The total number of ERA receivers is 306 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
Apr-20	40	0	40	1648	2	80	1	225
May-20	15	0	15	1663	2	81	1	226
Jun-20	17	0	17	1680	2	82	1	227
Jul-20	11	0	11	1691	1	82	1	228
Aug-20	12	0	12	1703	0	82	0	228
Sep-20	8	0	8	1711	1	82	1	229
Oct-20	23	0	23	1734	7	86	3	232
Nov-20	15	0	15	1749	7	91	2	234
Dec-20	21	0	21	1770	42	91	42	276
Jan-21	15	0	15	1785	19	92	18	294
Feb-21	22	0	22	1807	14	101	5	299
Mar-21	20	2	18	1825	23	117	7	306





EDSRF/Reconciliations

- EDSRF Submission: Below is the total number of encounter files that AAH submitted in the month of March 2021.

File Type	Mar-21
837 I Files	17
837 P Files	73
NCPDP	9
Total Files	99

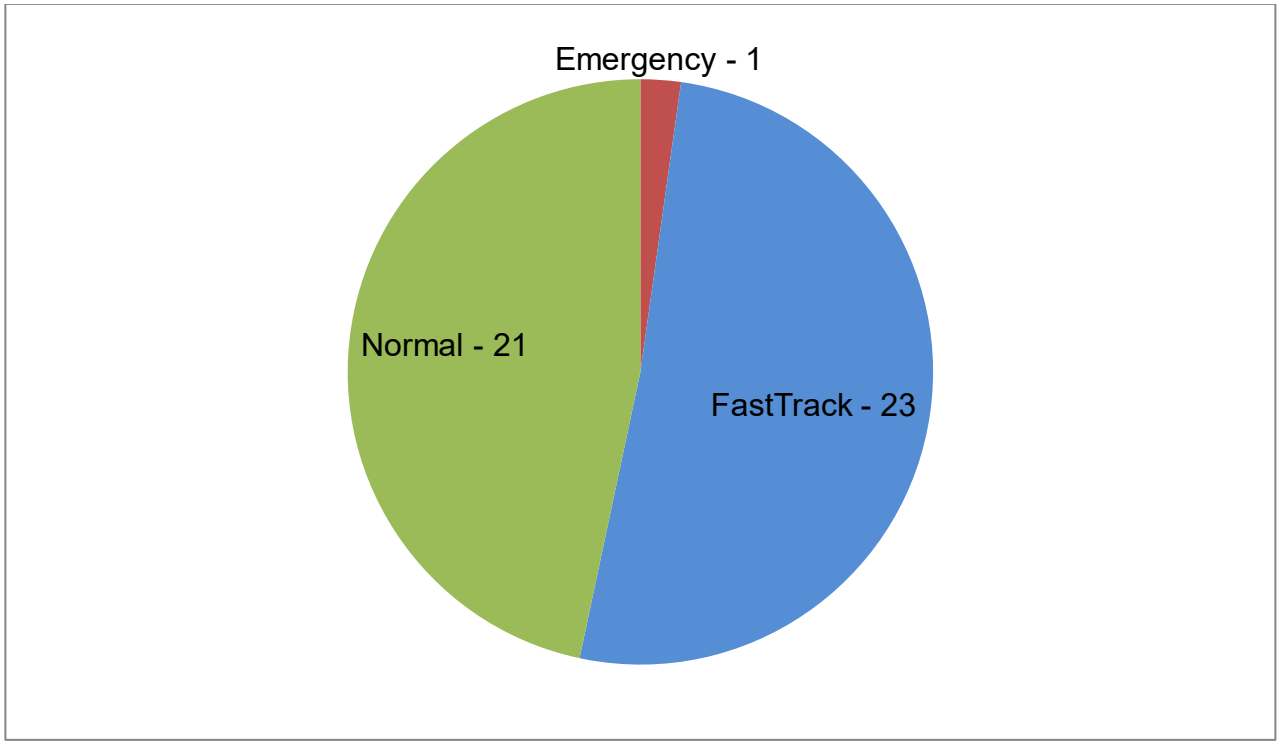
Lag-time Metrics/KPI's

AAH Encounters: Outbound 837	Mar-21	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	96%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	99%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	86%	73%
Timeliness-% Within Lag Time - Professional 0-180 days	90%	80%

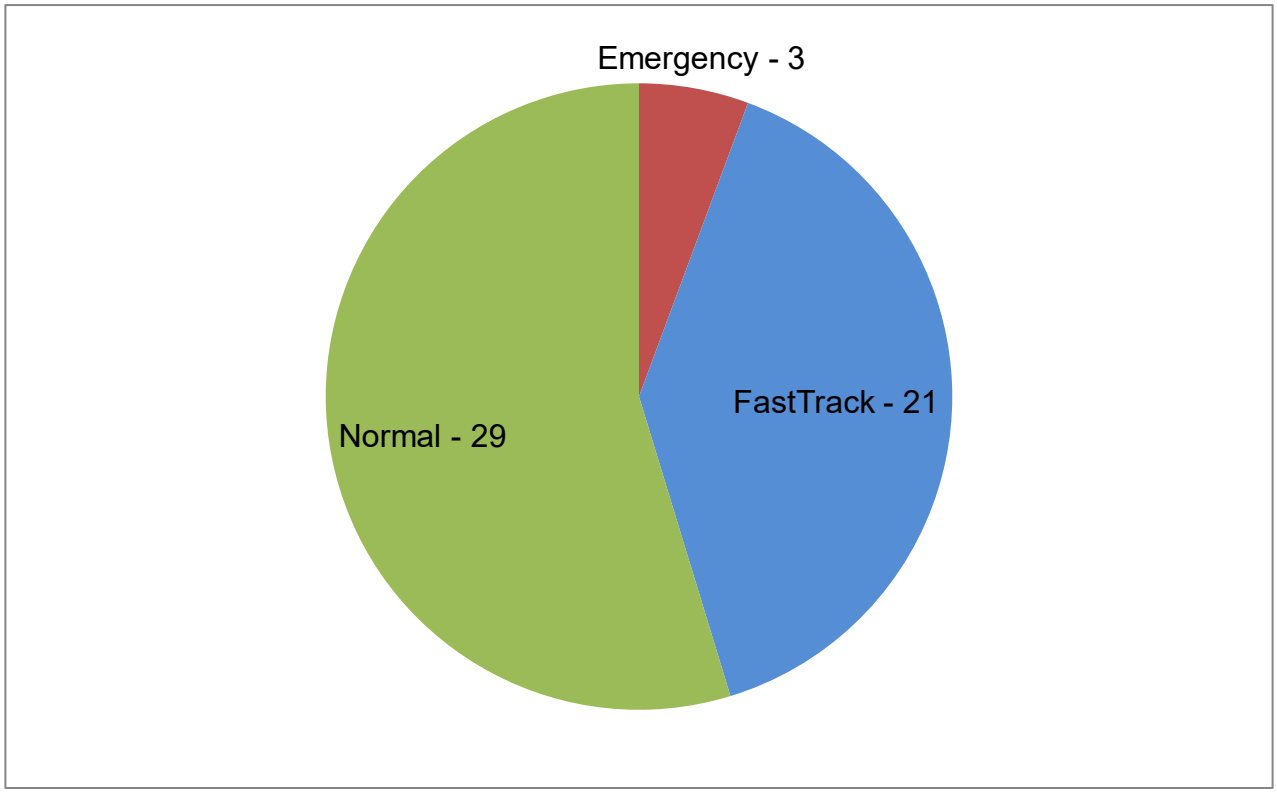
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of March 2021 KPI – Overall Summary.
  - 2,076 Changes Submitted.
  - 1,977 Changes, Completed and Closed.
  - 95 Active Changes.
  - 228 Changes Cancelled and Rejected.

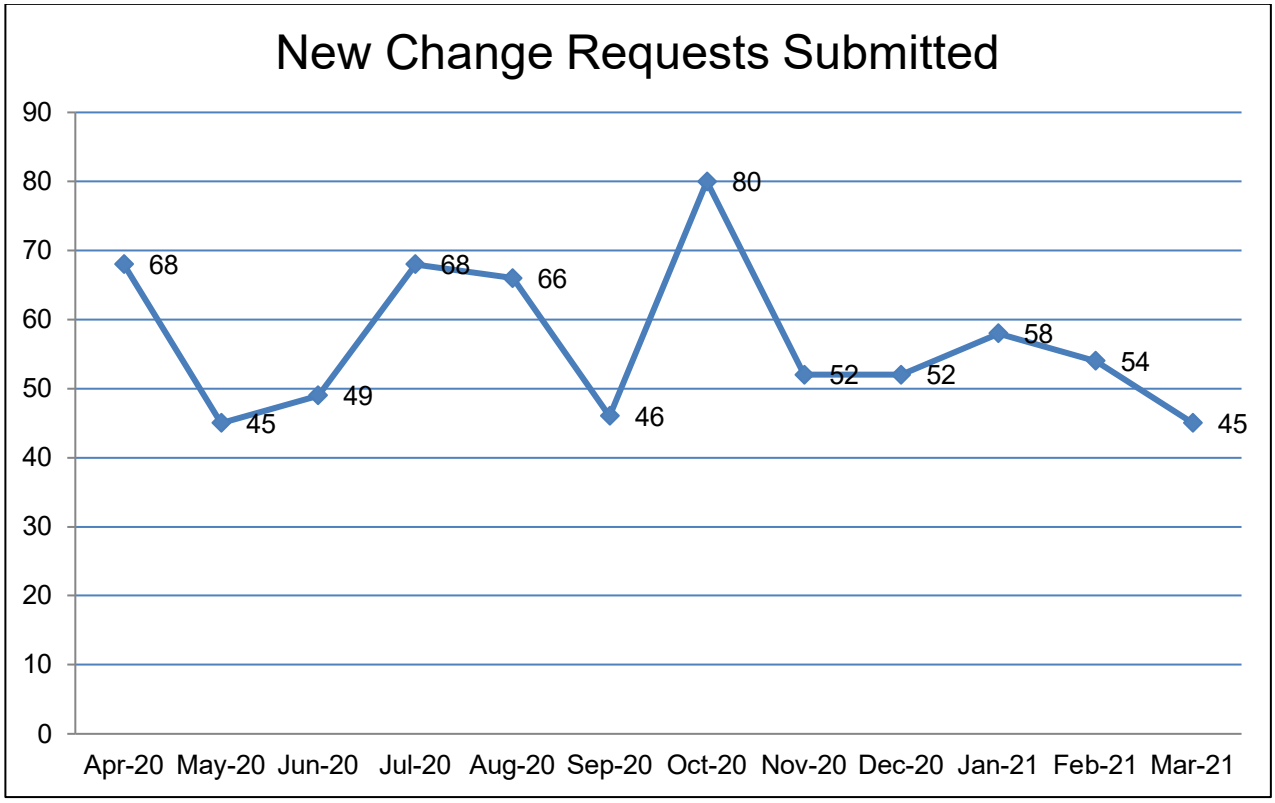
- 45 Change Requests Submitted/Logged in the month of March 2021



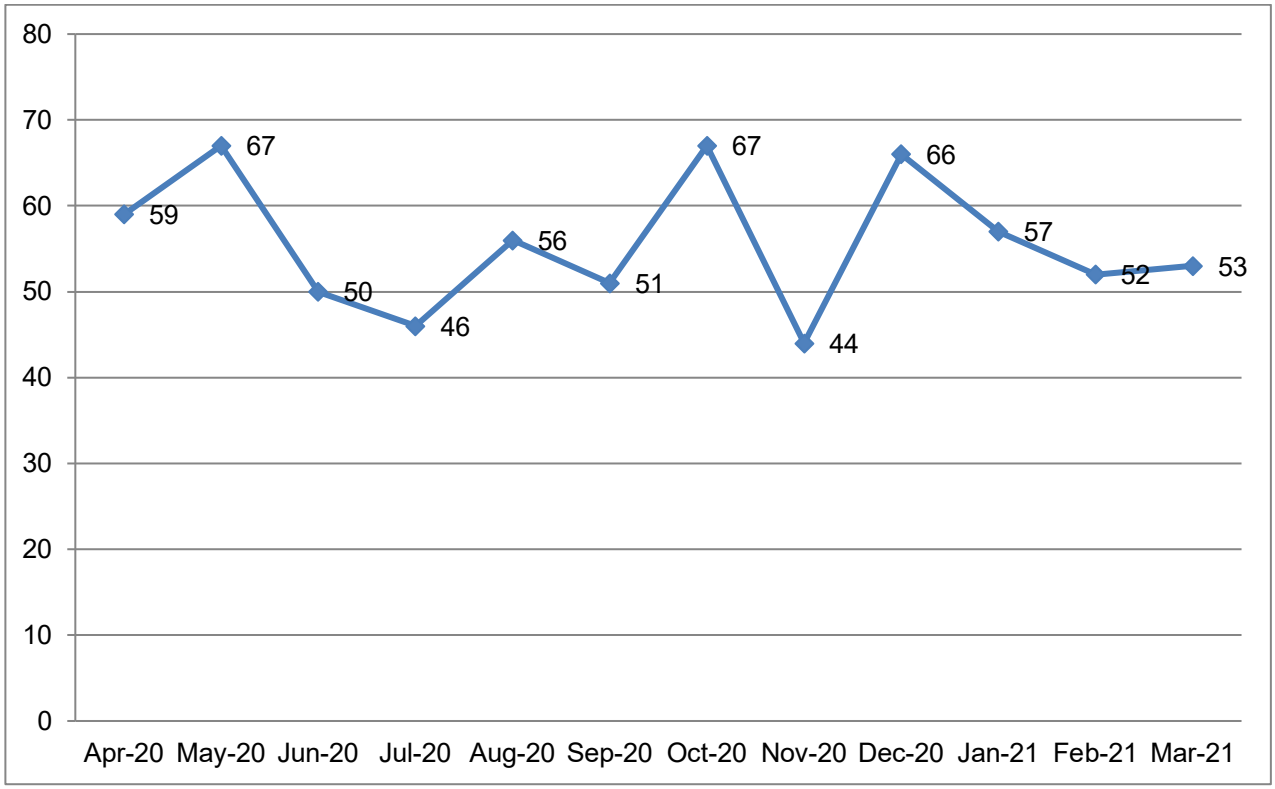
- 53 Change Requests Closed in the month of March 2021



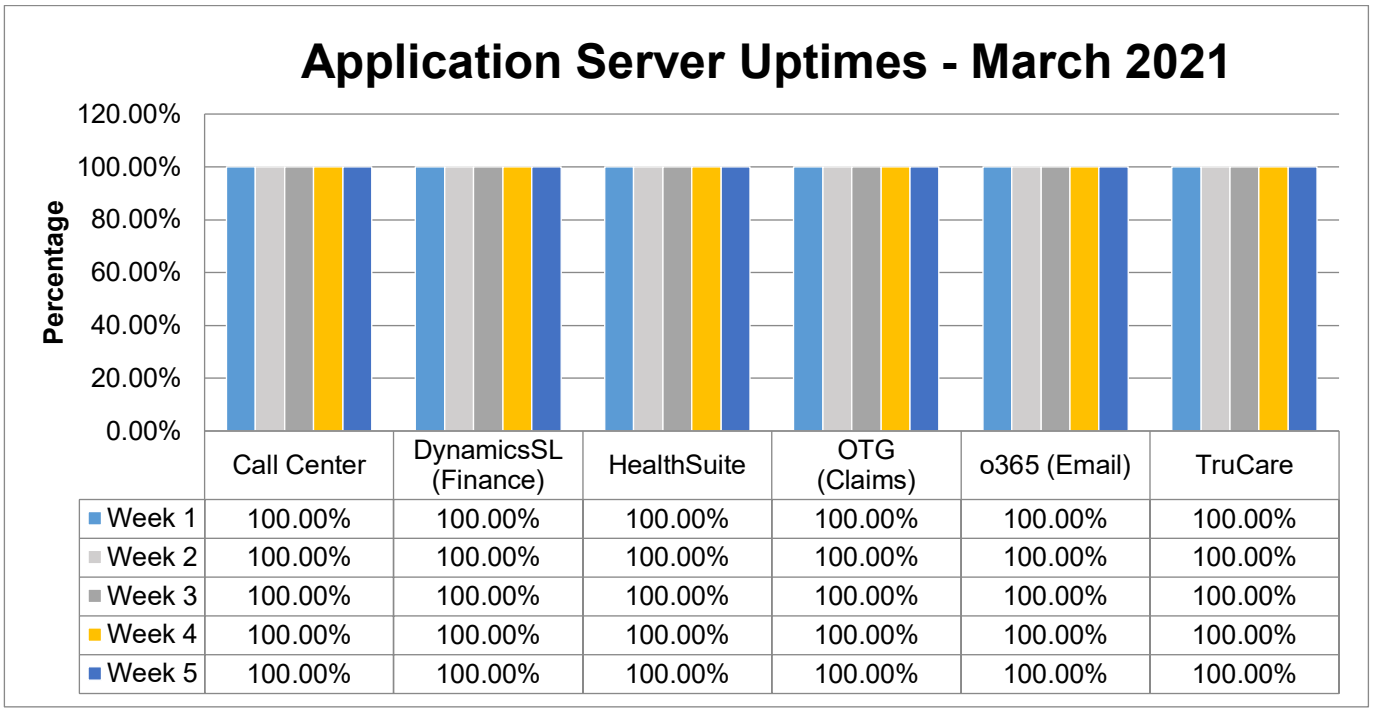
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend

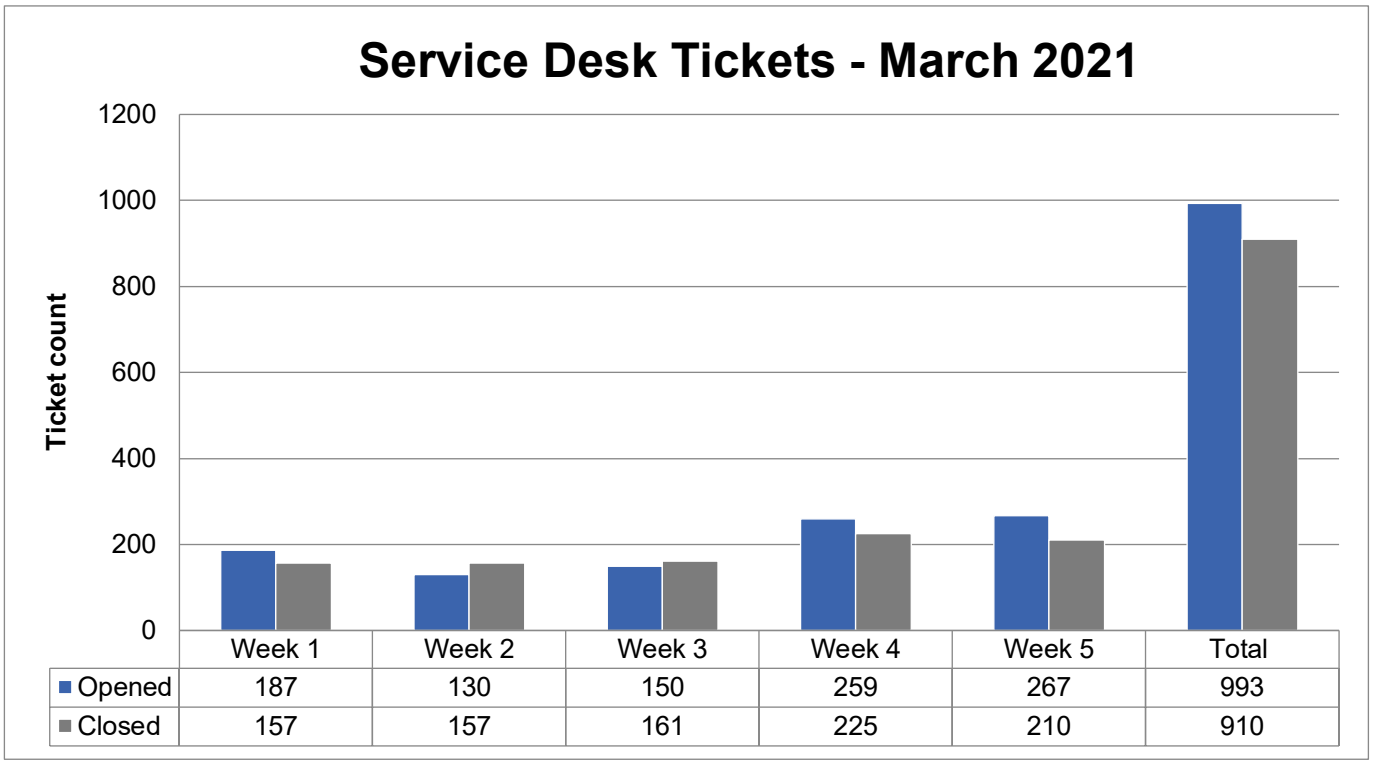


IT Stats: Infrastructure



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

- All mission critical applications are monitored and managed thoroughly.
- There were no outages experienced in the month of **March** despite supporting 97% of staff working remotely.

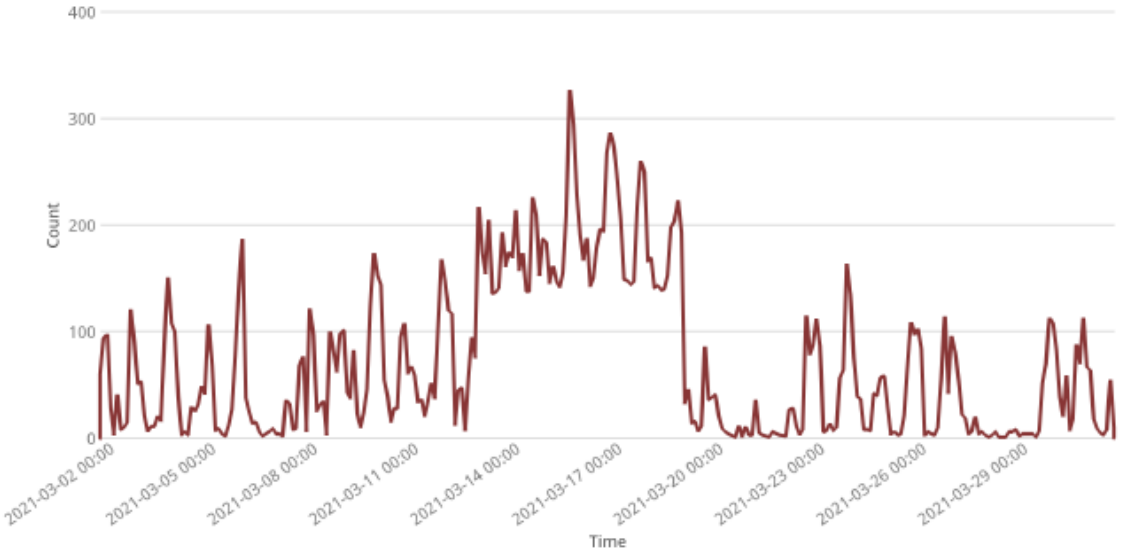


	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	187	130	150	259	267	993
Closed	157	157	161	225	210	910

- 993 Service Desk tickets were opened in the month of **March**, which is 30.2% higher than the previous month and 910 Service Desk tickets were closed, which is 28.6% higher than the previous month.

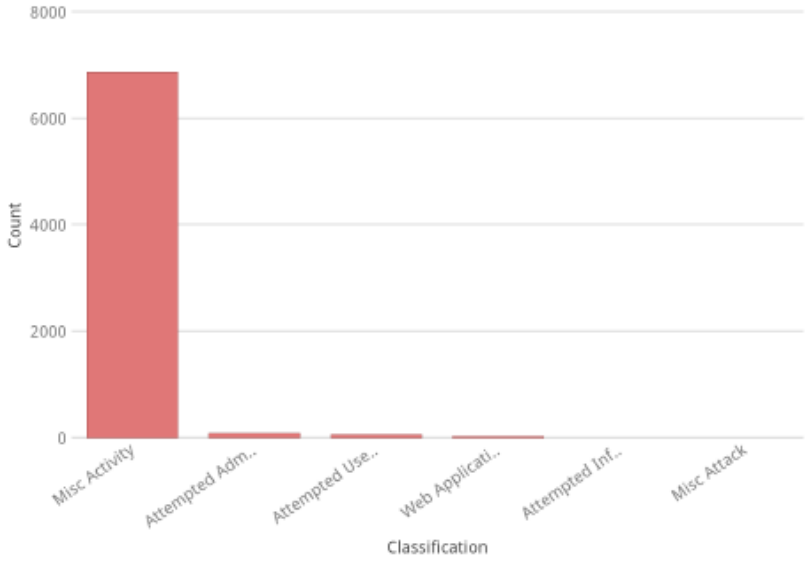
All Intrusion Events

Time Window: *2021-03-01 09:29:00 - 2021-03-31 09:29:00*



Dropped Intrusion Events

Time Window: *2021-03-01 09:30:00 - 2021-03-31 09:30:00*
Constraints: *Inline Result = dropped*

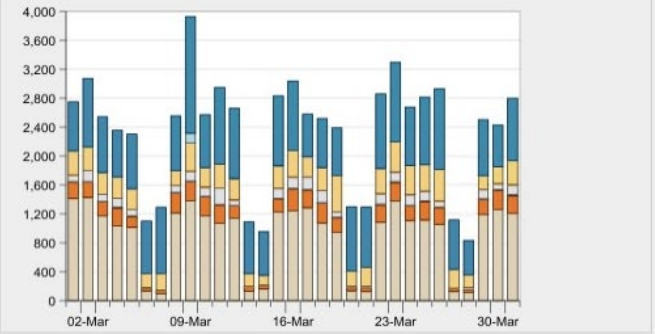


Classification	Count
Misc Activity	6,870
Attempted Administrator Privilege Gain	89
Attempted User Privilege Gain	64
Web Application Attack	24
Attempted Information Leak	3
Misc Attack	1

MX4

01 Mar 2021 00:00 to 31 Mar 2021 23:59 (GMT -07:00) Data in time range:99.98 % complete

Incoming Mail Graph



Export...

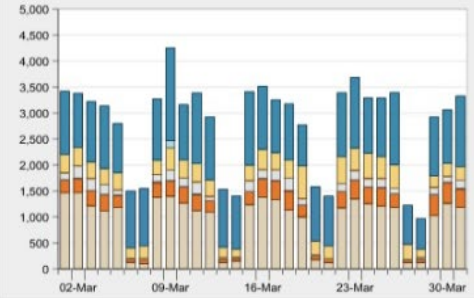
Incoming Mail Summary

Message Category	%	Messages
Stopped by Reputation Filtering	35.7%	25.8k
Stopped as Invalid Recipients	0.3%	194
Spam Detected	12.6%	9,127
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	7
Stopped by Content Filter	0.0%	24
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**48.6%**	**35.1k**
Marketing Messages	4.1%	2,979
Social Networking Messages	0.4%	296
Bulk Messages	7.8%	5,628
Total Graymails:	**12.3%**	**8,903**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	39.1%	28.3k
Total Attempted Messages:		**72.3k**

MX9

01 Mar 2021 00:00 to 31 Mar 2021 23:59 (GMT -07:00) Data in time range:99.95 % complete

Overview > Incoming Mail Graph



Export...

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by Reputation Filtering	40.4%	34.9k
Stopped as Invalid Recipients	0.2%	190
Spam Detected	11.7%	10.1k
Virus Detected	0.0%	3
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	7
Stopped by Content Filter	0.0%	32
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**52.3%**	**45.3k**
Marketing Messages	4.6%	3,974
Social Networking Messages	0.4%	320
Bulk Messages	8.6%	7,415
Total Graymails:	**13.5%**	**11.7k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	34.1%	29.5k
Total Attempted Messages:		**86.5k**

Item / Date	Mar-20	Apr-20	May-20	Jun-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	***Mar-21***
Stopped By Reputation	280.8k	249.7k	278.0k	322.6k	237.0k	129.0k	74.7k	68.9k	69.7k	43.8k	149k	***60.7k***
Invalid Recipients	56	39	55	50	612	2,582	1,120	883	153	62	242	***384***
Spam Detected	16.4k	11.4k	17.1k	15.9k	16.9k	11.2k	15.4k	13.6k	13.2	8,650	30.2k	***19.2k***
Virus Detected	3	4	3	1	2	2	1	1	1	0	9	***3***
Advanced Malware	6	0	0	1	0	1	1	2	9	10	10	***0***
Malicious URLs	14	36	43	47	50	33	22	31	39	3	6	***14***
Content Filter	48	9	23	14	10	26	5	2	8	18	189	***56***
Marketing Messages	4,296	3,730	3,834	4,024	3,715	4,127	3,794	6,511	6,147	3,203	68	***68***
Attempted Admin Privilege Gain	596	1,064	1,292	2,573	33	1,865	314	285	84	42	160	***89***
Attempted User Privilege Gain	17	18	23	94	22	339	1,948	1,019	650	37	6	***64***
Attempted Information Leak	59	63	48	64	88	18	52	156	167	44	11	***3***
Potential Corp Policy Violation	77	21	32	19	59	210	0	0	0	0	0	***0***
Network Scans Detected	3	15	2	2	1	1	9	0	0	0	0	***0***
Web Application Attack	121	47	124	42	0	65	25	25	0	0	0	***24***
Attempted Denial of Service	0	0	0	0	0	0	0	11.2k	6,775	15,163	2,788	***0***
Misc. Attack	25	18	56	18	0	14	4,242	2,508	5,935	2,390	13,836	***6,870***

- 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 60.7k.

- Attempted information leaks detected and blocked at the firewall are lower from 11 to 3 for the month of **March.**

- Network scans returned a value of 0, which is in line with previous month's data.

- Attempted User Privilege Gain is lower at 64 from a previous six-month average of 379.3.

Projects and Programs

Ruth Watson

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

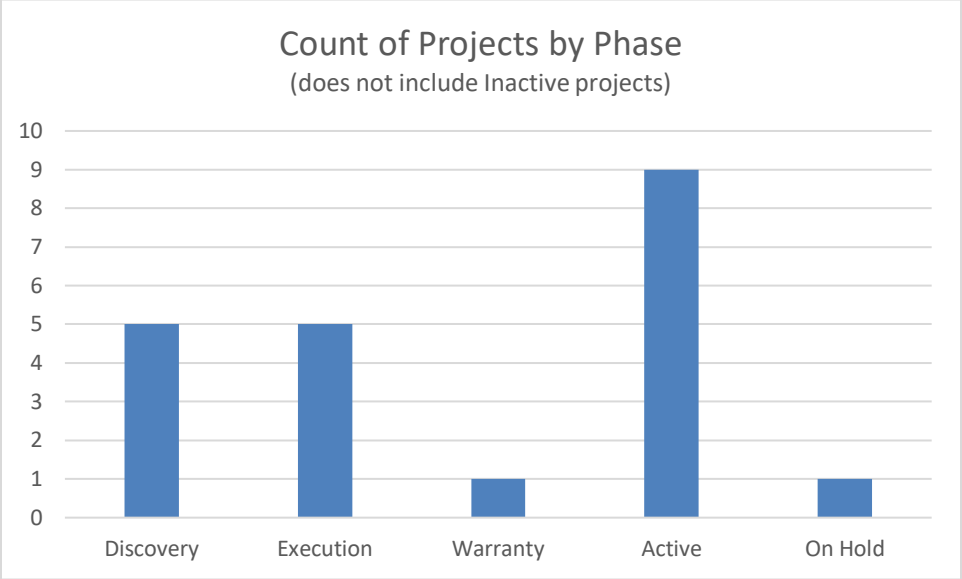
From: **Ruth Watson, Chief Projects and Programs Officer**

Date: **April 9, 2021**

Subject: **Projects & Programs Report**

Project Management Office

- 25 projects currently on the Alliance enterprise-wide portfolio:
  - 20 active projects (discovery, initiation, planning, execution, warranty).
  - 1 project On Hold.
  - 4 projects Inactive **(not included on chart as Inactive is not a phase).**



- Project Portfolio Governance structure in process:
  - Project Governance Committee – comprised of department/division leadership.
    - Responsibilities include portfolio prioritization, business case review and resolution of escalation issues referred by a project steering committee.
    - First meeting conducted March 8, 2021.
    - Next Meeting April 7, 2021.
  - Portfolio Governance Committee – comprised of Senior Leadership Team:
    - Functions as the oversight, funding, and approval body.
    - Ensures alignment of recommendations to strategic goals.

        - Final level for escalated issues.
        - First meeting scheduled for May 7, 2021.

Integrated Planning

- Behavioral Health Integration (BHI) Incentive Program – Department of Health Care (DHCS) pilot program commenced January 1, 2021 and continues through December 31, 2022:
    - Quarterly milestone reports must be submitted to DHCS within 60 days from the end of the quarter; 1Q2021 report due to DHCS no later than May 28, 2021.
        - Reports and supporting documentation due to Alameda Alliance from grantees by April 30, 2021.

- CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS):
    - Core project team meeting twice per week; second meeting includes Alameda Care Connect (AC3) staff.
    - Model of Care (MOC) development is underway.
        - Part 1, due to DHCS by July 1, 2021.
            - Managed Care Plans (MCPs) must describe how they will meet each requirement for ECM (and any ILOS) contained in the MCP ECM and ILOS Contract and submit Policies and Procedures describing how the MCP will administer ECM and ILOS.
        - Part 2, due to DHCS by October 1, 2021:
            - MCPs must submit detailed information on its ECM and ILOS Provider capacity and the contract language they are using in their agreements with ECM and ILOS Providers.
        - The MOC must be updated, as necessary, at each six-month interval to account for phased implementation of ECM target populations.
    - Network Assessment due to DHCS by September 1, 2021.
    - Listening sessions with community partners and stakeholders are underway.
        - Three sessions completed.
        - Three additional sessions have been scheduled.
- Integrated Planning Grid – manual process to analyze resource information for portfolio projects and department activities gathered from each division:
    - Consolidating information into two views – division view and project view.
    - Procurement process for a Project Portfolio Management (PPM) tool to assist in resource planning commencing soon.
- Project Portfolio budgeting – initial meetings with Finance to develop a process for budgeting and tracking the cost of portfolio projects.

Recruiting and Staffing

- Project Management Open position(s):
    - Sr. Technical Project Manager, recruitment continues.

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) effective January 1, 2022 – ECM will target seven specific populations of vulnerable and high-risk children and adults.
        - Members currently receiving Whole Person Care (WPC) and/or Health Homes Program (HHP) services will transition into ECM.
        - Reviewing draft DHCS documents.
        - Established team to draft Model of Care.
        - Weekly meetings to include AC3 starting March 2021.
    - In Lieu of Services (ILOS) effective January 1, 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.
        - Assessing current capabilities & capacity with current providers.
        - Developing draft Member eligibility criteria and service offerings.
        - Weekly meetings to include AC3 starting March 2021.
    - Major Organ Transplants (MOT) – currently not within the scope of many Medi-Cal managed care plans (MCPs); will be carved into all MCPs effective January 1, 2022.
        - Applicable to adults only; transplants for children will remain with California Children's Services.
        - Assessing Transplant network and potential to contract with several out of area transplant centers/providers.
- Interoperability Phase 1 – regulatory mandate to implement the following:
    - Patient Access API – provide members with the ability to access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their choice.
    - Provider Directory API – requires payers to make provider directory information publicly available.
    - Enforcement date is July 1, 2021.
    - Engaged consultant services to provide Business Analysis support.
- Human Resources Information System (HRIS) – replacement of current HRIS system; target go-live is mid-June 2021.
- All Plan Letter (APL) 21-002 (formerly APL 20-010) Cost Avoidance, Other Health Coverage.
    - New notification requirements between health plans and providers regarding other health coverage as required by DHCS; effective April 1, 2021.

- APL 20-017 Managed Care Program Data Improvement:
    - DHCS will require Managed Care Plans (MCPs) to report program data using new, standardized reporting formats.
        - Additional requirements for data reporting related to grievances, appeals, monthly Medical Exemption Requests (MER) and other continuity of care requests, out-of-Network requests, and Primary Care Provider (PCP) assignments for all MCPs.
        - MCPs are required to meet all requirements in this APL no later than July 1, 2021.

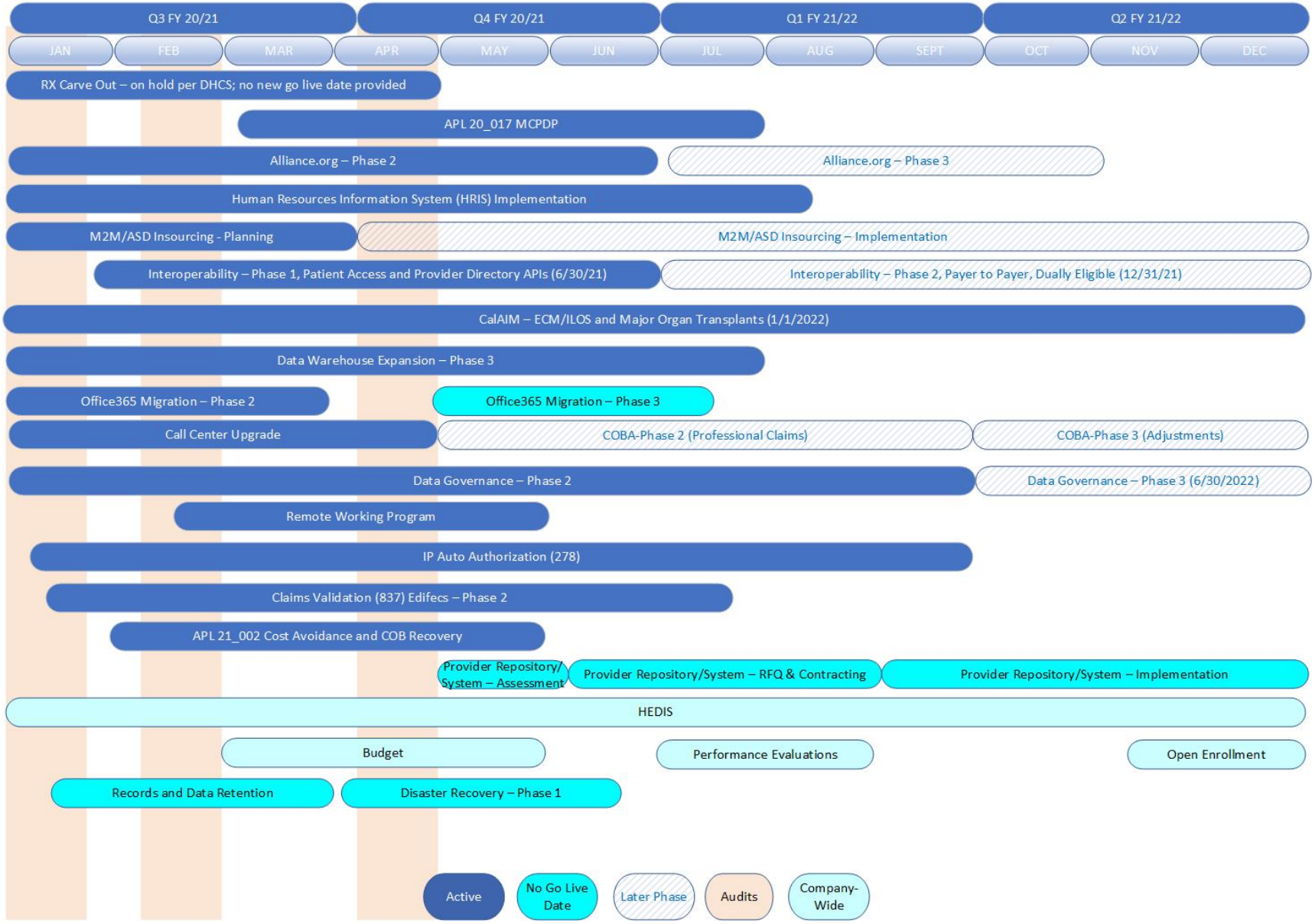
Projects on Hold:

- Pharmacy Carve-out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State; the Department of Health Care Services (DHCS) has further delayed the start with no new go-live date indicated.

Projects Closed During Reporting Period:

- Transportation Policy Change – changed the advance notice time frame for requesting a non-standing non-medical transportation ride from 1 day to 3 days.

AAH Project Portfolio - Active + (updated 4/1/2021)



ALAMEDA Alliance FOR HEALTH

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

Analytics

Tiffany Cheang

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

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

Date: **April 9, 2021**

Subject: **Performance & Analytics Report**

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
  - Current reporting period: Jan 2020 – Dec 2020 dates of service
  - Prior reporting period: Jan 2019 – Dec 2019 dates of service
    (Note: Data excludes Kaiser membership data.)

- For the current reporting period, the top 7.9% of members account for 83.8% of total costs.

- In comparison, the Prior reporting period was slightly lower at 7.7% of members accounting for 81.4% of total costs.

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

  - The SPD (non-duals) and ACA OE categories of aid increased to account for 59.8% of the members, with SPDs accounting for 28.2% and ACA OE's at 31.7%.
  - The percent of members with costs >= $30K slightly increased from 1.6% to 1.7%.
  - Of those members with costs >= $100K, the percentage of total members remained consistent at 0.4%.
    - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 49.4%.

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

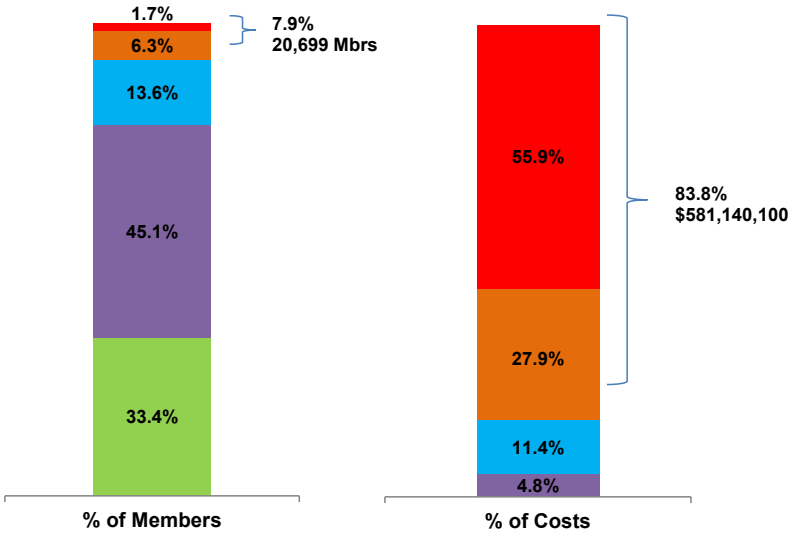
- However, the age distribution of the top 7.8% is more concentrated in the 45-66 year old category (40.5%) compared to the overall population (20.8%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jan 2020 - Dec 2020
Note: Data incomplete due to claims lag
Run Date: 03/29/2021

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,332	1.7%	$ 387,616,982	55.9%
$5K - $30K	16,367	6.3%	$ 193,523,118	27.9%
$1K - $5K	35,611	13.6%	$ 79,174,323	11.4%
< $1K	118,136	45.1%	$ 33,472,051	4.8%
$0	87,422	33.4%	$ -	0.0%
Totals	**261,868**	**100.0%**	**$ 693,786,474**	**100.0%**

Top 7.9% of Members = 83.8% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	993	0.4%	$ 207,370,412	29.9%
$75K to $100K	569	0.2%	$ 48,649,151	7.0%
$50K to $75K	1,093	0.4%	$ 67,054,556	9.7%
$40K to $50K	661	0.3%	$ 29,451,367	4.2%
$30K to $40K	1,016	0.4%	$ 35,091,496	5.1%
SubTotal	***4,332***	***1.7%***	***$ 387,616,982***	***55.9%***
$20K to $30K	2,120	0.8%	$ 51,862,415	7.5%
$10K to $20K	5,936	2.3%	$ 82,233,147	11.9%
$5K to $10K	8,311	3.2%	$ 59,427,556	8.6%
SubTotal	***16,367***	***6.3%***	***$ 193,523,118***	***27.9%***
Total	**20,699**	***7.9%***	**$ 581,140,100**	***83.8%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Dec 2020	237,294	$ 619,158,429
Dis-Enrolled During Year	24,574	$ 74,628,045
Totals	**261,868**	**$ 693,786,474**

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
7.9% of Members = 83.8% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jan 2020 - Dec 2020
Note: Data incomplete due to claims lag
Run Date: 03/29/2021

7.9% of Members = 83.8% of Costs
28.2% of members are SPDs and account for 35.2% of costs.
31.7% of members are ACA OE and account for 30.5% of costs.
6.8% of members disenrolled as of Dec 2020 and account for 12.0% of costs.

Highest Cost Members; Cost Per Member >= $100K
38.5% of members are SPDs and account for 39.7% of costs.
28.8% of members are ACA OE and account for 28.9% of costs.
19.0% of members disenrolled as of Dec 2020 and account for 19.1% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	104	562	666	3.2%
MCAL	MCAL - ADULT	457	3,102	3,559	17.2%
	MCAL - BCCTP	1	1	2	0.0%
	MCAL - CHILD	175	1,372	1,547	7.5%
	MCAL - ACA OE	1,336	5,221	6,557	31.7%
	MCAL - SPD	1,648	4,179	5,827	28.2%
	MCAL - DUALS	78	1,060	1,138	5.5%
Not Eligible	Not Eligible	533	870	1,403	6.8%
Total		**4,332**	**16,367**	**20,699**	**100.0%**

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	25	2.5%
MCAL	MCAL - ADULT	87	8.8%
	MCAL - BCCTP	1	0.1%
	MCAL - CHILD	8	0.8%
	MCAL - ACA OE	286	28.8%
	MCAL - SPD	382	38.5%
	MCAL - DUALS	15	1.5%
Not Eligible	Not Eligible	189	19.0%
Total		**993**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 8,372,202	$ 6,238,483	$ 14,610,685	2.5%
MCAL	MCAL - ADULT	$ 35,143,341	$ 35,658,610	$ 70,801,950	12.2%
	MCAL - BCCTP	$ 208,447	$ 10,877	$ 219,323	0.0%
	MCAL - CHILD	$ 9,409,181	$ 15,465,618	$ 24,874,800	4.3%
	MCAL - ACA OE	$ 116,763,532	$ 60,216,296	$ 176,979,829	30.5%
	MCAL - SPD	$ 152,699,140	$ 51,658,948	$ 204,358,088	35.2%
	MCAL - DUALS	$ 6,070,439	$ 13,316,380	$ 19,386,819	3.3%
Not Eligible	Not Eligible	$ 58,950,700	$ 10,957,906	$ 69,908,606	12.0%
Total		**$ 387,616,982**	**$ 193,523,118**	**$ 581,140,100**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 4,040,929	1.9%
MCAL	MCAL - ADULT	$ 16,459,418	7.9%
	MCAL - BCCTP	$ 208,447	0.1%
	MCAL - CHILD	$ 1,932,367	0.9%
	MCAL - ACA OE	$ 59,914,576	28.9%
	MCAL - SPD	$ 82,418,687	39.7%
	MCAL - DUALS	$ 2,812,292	1.4%
Not Eligible	Not Eligible	$ 39,583,695	19.1%
Total		**$ 207,370,412**	**100.0%**

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Breakout by Service Type/Location: Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	7%	0%	1%	13%	57%	1%	14%	5%	2%	7%
$75K to $100K	6%	0%	2%	19%	43%	3%	10%	4%	8%	14%
$50K to $75K	6%	0%	2%	19%	40%	2%	7%	7%	11%	13%
$40K to $50K	6%	1%	3%	18%	45%	5%	7%	7%	3%	15%
$30K to $40K	8%	1%	4%	16%	42%	8%	9%	5%	2%	18%
$20K to $30K	8%	3%	6%	19%	35%	10%	10%	8%	2%	17%
$10K to $20K	1%	0%	13%	20%	35%	6%	12%	9%	3%	15%
$5K to $10K	0%	0%	12%	25%	22%	8%	12%	14%	0%	18%
Total	**5%**	**0%**	**5%**	**17%**	**44%**	**4%**	**12%**	**7%**	**3%**	**13%**

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

ALAMEDA Alliance FOR HEALTH

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

Human Resources

Anastacia Swift

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

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

Date: **April 9, 2021**

Subject: **Human Resources Report**

Staffing

- As of April 1, 2021, the Alliance had 346 full-time employees and 2-part-time employees.

- On April 1, 2021, the Alliance had 37 open positions in which 7 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 30 positions open to date. The Alliance is actively recruiting for the remaining 30 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions April 1	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	8	3	5
Operations	19	4	15
Healthcare Analytics	3	0	3
Information Technology	1	0	1
Finance	3	0	3
Compliance	2	0	2
Human Resources	0	0	0
Projects & Programs	1	0	1
Total	37	7	30

- Our current recruitment rate is 10%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in March 2021 included:
    - 5 years:
        - Darryl Crowder (Provider Services)
        - Jamisha Jefferson (Quality Improvement)
        - Sylvia Marquez (Member Services)
    - 6 years:
        - Daniel Primus (IT-Development)
        - Edward Fugaban (IT-Development)
        - Shiuwen Fu (IT-Development)
    - 9 years:
        - Jeffrey McKenzie (IT-Development)
    - 16 years:
        - Crista Tran (IT-Applications)
    - 20 years:
        - Anet Quiambao (Claims)
    - 23 years:
        - Brenda Smith (Claims)
    - 25 years:
        - Donna Ceccanti (Credentialing)