ALAMEDA Alliance FOR HEALTH

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

Board of Governors

Regular Meeting

Friday, December 10, 2021
12:00 p.m. – 2:00 p.m.

Video Conference Call Only

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, December 10th, 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

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

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

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE BOARD," 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT jmurray@alamedaalliance.org. YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE FOLLOWING LINK 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 MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENT DURING THE MEETING AT THE END OF EACH TOPIC.

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

1. **CALL TO ORDER**

   (A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on December 10th, 2021, at 12:00 p.m. in Alameda County, California, by Dr. Evan Seevak, 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) **NOVEMBER 12th, 2021 BOARD OF GOVERNORS MEETING MINUTES**

   b) **DECEMBER 7th, 2021 FINANCE COMMITTEE MEETING MINUTES**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

   c) **STRATEGIC PLANNING COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

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

   b) **REVIEW AND APPROVE FISCAL YEAR 2022 FINAL BUDGET**

   c) **REVIEW AND APPROVE RESOLUTION 2021-17 ANDREA SCHWAB-GALINDO FOR THE PRIVATE OR PUBLIC COMMUNITY CLINICS SEAT**

   d) **STAFF REPORT FOR SUPERVISOR DAVE BROWN**

   e) **CALAIM PROGRESS REPORT**

   f) **COVID-19 VACCINATION INCENTIVE PROGRAM UPDATE**

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

b) **HEALTH CARE QUALITY COMMITTEE**

c) **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. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

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

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

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

Additions and Deletions to the Agenda: Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the agenda and must be acted upon prior to the next Board meeting. For special meeting agendas, only those items listed on the published agenda may be discussed. The items on the agenda are arranged in three categories. **Consent Calendar:** These are relatively minor in nature, do not have any outstanding issues or concerns, and do not require a public hearing. All consent calendar items are considered by the Board as one item, and a single vote is taken for their approval unless an item is pulled from the consent calendar for individual discussion. There is no public discussion of consent calendar items unless requested by the Board of Governors. **Public Hearings:** This category is for matters that require, by law, a hearing open to public comment because of

the particular nature of the request. Public hearings are formally conducted, and public input/testimony is requested at a specific time. This is your opportunity to speak on the item(s) that concern you. If in the future, you wish to challenge in court any of the matters on this agenda for which a public hearing is to be conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Board at or before the hearing. **Board Business:** Items in this category are general in nature and may require Board action. Public input will be received on each item of Board Business.

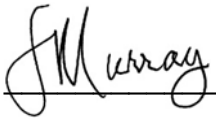
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org. You may also provide comment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

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

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

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamaedaalliance.org on December 6th, 2021, by 12:00 p.m.



_____Clerk of the Board – Jeanette Murray

CONSENT CALENDAR

ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
November 12th, 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), Marty Lynch, Natalie Williams, Byron Lopez, Nicholas Peraino, Dr. Rollington Ferguson, Dr. Kelley Meade, Dr. Michael Marchiano, James Jackson, David Vliet

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

Guests Present on Conference Call: Doug Biggs, Brenda Goldstein

Excused: Dr. Noha Aboelata, Aarondeep Basrai

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

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Evan Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Evan Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Evan Seevak	None	None	None
5. CONSENT CALENDAR			
Dr. Evan Seevak	Dr. Seevak presented the November 12th, 2021, Consent Calendar. a) October 8th, 2021, Board of Governors Meeting Minutes b) November 9th, 2021, Finance Committee Meeting Minutes Motion to Approve November 12th, 2021, Board of Governors Consent Calendar. A roll call vote was taken, and the motion passed.	Motion to Approve November 12th, 2021 Board of Governors Consent Calendar. Motion: Dr. Ferguson Second: D. Vliet Vote: Yes No opposed or abstained.	None
6. REMEMBERING SUPERVISOR WILMA CHAN			
Dr. Evan Seevak	Dr. Seevak called for a moment of silence to observe Supervisor Wilma Chan. The Alliance played a video in remembrance and tribute to her life. Alliance's Board Members and CEO spoke of her accomplishments with great appreciation,	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	as she will be missed by many in the communities she served. Supervisor Wilma Chan served on the Alliance Board of Governors for over 11 years.		
7. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
Rebecca Gebhart	The Compliance Advisory Committee was held telephonically on November 12th, 2021, at 10:30 am. DHCS Audit Findings: • The plan identified an internal finding that a policy and workflow for tracking discrimination grievances was needed. The Alliance's past process was to send the grievance to compliance and then forward it to the State. The State has sent an APL letter requiring the Alliance to forward the grievance to them and investigate it. The Alliance has created a tracking system and has hired someone with investigative expertise. • Our Fraud, Waste, and Abuse must be reported to the State within ten days. We failed to report an incident on time and received a finding. We have reorganized the investigative department with new staff dedicated to this topic and revised our policy and procedures. • We received a finding that a clinical review did not occur for dental anesthesia authorization. The authorizations were accepted automatically with no anesthesia clinical review in place. The Alliance put in place a policy and procedure to review each. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
7. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Rollington Ferguson	The Finance Committee was held telephonically on Tuesday, November 9th, 2021. Dr. Ferguson updated the Board on the Finance Committee Meeting.	Informational update to the Board of Governors.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Highlights: • The State has awarded the Alliance $8.4M for incentive funding to increase the vaccination rates for Medi-Cal enrollees, ages 12 and older. The Alliance must reach an 85% vaccination rate by February 2022 to retain this money. • In this month's financial report, under other income/expense, the fiscal year-to-date interest income is $68,000, and the claims interest expense is $88,000. There needs to be an investment strategy to improve investments. ○ Put investment into a longer-term investment to create extra income. ○ Align our income strategy with a green initiative. CFO will look into this and report back at a later date. • Forming an Ad HOC Facility Committee was discussed, and it was recommended that the CEO and other members make up this group. A resolution #2021-16 creating the Ad Hoc Facility Committee is on the agenda for a vote later today. A discussion on the Green Initiative took place. The consensus was that the Board is interested in future information on investing in this area. Informational update to the Board of Governors. Vote not required.	Vote not required.	
7. c. BOARD MEMBER REPORT – STRATEGIC PLANNING COMMITTEE			
David Vliet	David Vliet presented an update to the Strategic Planning Committee. Strategic Planning Process: • The following Committees, groups, and Alliance teams have met to discuss and work on the Strategic Planning process in the last few months. ○ Alliance Member Advisory Committee	Motion to Approve the revised Mission and Values Statements as presented. Motion: M. Lynch Second: J. Jackson	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	○ Alliance Staff Survey and Staff Advisory Focus Group ○ Executive Team ○ Community Stakeholder Interviews ○ Strategic Planning Committee Strategic Planning Components: • The Committee revised the Vision, Mission, and Values Statements Discussion of the 10 Year Strategic Roadmap: • Assumptions for the Future. • Roadmap Drivers - Sustainability/Financial Health, Growth/Expansion as Single Plan, People (Members, Providers, Community Partners, Staff), Interactive Data/Technology for Decision-Making, Diversity/Equity/Inclusion. • 2022 -2032 Strategic Pillars – Workforce, Care Transformation, Universal Coverage and Health Equity. Strategic Priorities 2022 – 2025 (3 Year Strategic Plan): • The Six priorities, the Directional Anchors, and the Foundational Anchors were discussed. Comment: The strategic 10 Year Plan did not mention the Alliance returning to the Medicare line of business. The Board Member would like to see it included. The Vision statement vote was tabled. The Board requested that the word "lifelong" be removed from the Vision statement, and to propose a revised vision statement, and bring it back for a vote at the December Board Meeting. Motion to Approve the revised Mission and Values Statements as presented. A roll call vote was taken, and the motion passed.	Vote: Yes No opposed or abstained.	
8. CEO UPDATE			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Scott Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: Executive Summary: Operational Performance: • The final budget for the Fiscal Year 2021/2022 and first-quarter forecast, to be presented to the Board of Governors for approval in December. Medi-Cal Rx: • The administration of pharmacy services transitions to the State of California on January 1st, 2022. • Medi-Cal physician-administered drugs and outpatient infusion drugs will be administered by the Alliance Pharmacy Department. • DHCS and the Alliance will mail Medi-Cal beneficiary pharmacy notification letters. Single Plan Model: • The California Department of Health Care Services (DHCS) delivered a conditional approval to the Alameda County Health Care Services Agency on August 31st, 2021. • Alameda Alliance is preparing for the next submission on December 3rd, 2021; if all is approved by DHCS and CMS, then the Single Plan Model will become effective January 1st, 2024. Question: Much of the Single Plan Model effort involved Supervisor Wilma Chan. Do we know who will be taking her place? Answer: All Alameda County Board of Supervisors have been briefed and are aware of the dates and changes. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
9. a. BOARD BUSINESS – REVIEW AND APPROVE SEPTEMBER 2021 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	Gil Riojas gave the following September 2021 Finance updates: Enrollment: • For the month ending September 30th, 2021, the Alliance had an enrollment of 292,632 members, a net income of $370,000, and the tangible net equity is 565%. • Our enrollment has increased by 1,425 members since August 2021. Net Operating Results: • For the month ending September 30th, 2021, the actual net income was $370,000, and the budgeted net income was $609,000. • The unfavorable variances were due to lower than anticipated revenue and higher than anticipated medical expense. Revenue: • For the month ending September 30th, 2021, the actual revenue was $97.4M vs. the budgeted revenue of $97.6M. Medical Expense: • For the month ending September 30th, 2021, the actual medical expense was $91.9M, and the budgeted medical expense was $90.1M. Medical Loss Ratio (MLR): • For the month ending September 30th, 2021, the MLR was 94.4%. Administrative Expense: • For the month ending September 30th, 2021, the actual administrative expense was $5.1M vs. the budgeted administrative expense of $7.0M. Other Income / (Expense):	Motion to Approve September 2021, Monthly Financial Statements. Motion: N. Williams Second: Dr. K. Meade Vote: Yes No opposed or abstained.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• As of September 30th, 2021, our YTD interest income from investments is $68,000, and YTD claims interest expense is $88,000. Tangible Net Equity (TNE): • Tangible net equity results continue to remain healthy, and at the end of September 30th, 2021, the TNE was reported at 565% of the required amount. Cash Position and Assets: • For the month ending September 30th, 2021, the Alliance reported $307.6M in cash; $208.3M in uncommitted cash. Our current ratio is above the minimum required at 1.84 compared to the regulatory minimum of 1.0. Motion to approve September 2021, Monthly Financial Statements as presented. A roll call vote was taken, and the motion passed.		
9. b. BOARD BUSINESS – RESOLUTION #2021-15 NOMINATING AND REAPPOINTING DR. ABOELATA TO DESIGNATED PHYSICIAN MEMBER SEAT			
Dr. Evan Seevak	Dr. Evan Seevak introduced Resolution #2021-15 Nominating and Reappointing Dr. Aboelata to the Designated Physician Member Seat. • The resolution reappoints Dr. Aboelata for 4 years to the ACCMA/Sinkler Miller Medial Association designated Physician Member Seat. Motion to Approve Resolution #2021-15 Nominating and Reappointing Dr. Aboelata to the Designated Physician Member Seat. A roll call vote was taken, and the motion passed.	Resolution #2021-15 Nominating and Reappointing Dr. Aboelata to the Designated Physician Member Seat. Motion: Dr. Ferguson Second: J. Jackson Vote: Yes No opposed or abstained.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
9. c. BOARD BUSINESS – ALAMEDA POINT COLLABORATIVE PRESENTATION			
Doug Biggs, Brenda Goldstein	Doug Biggs, Executive Director. Alameda Point Collaborative and Brenda Goldstein, Chief of Integrated Services, Lifelong Medical Care, introduced the Alameda Wellness Campus presentation. • The Wellness Campus (AWC) will offer housing, healthcare, medical respite, and services for unhoused seniors and adults with complex health conditions. • The Campus is scheduled to open in 2023. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
9. d. BOARD BUSINESS – CALAIM PROGRESS REPORT			
Scott Coffin and Gil Riojas	Scott Coffin presented the CalAIM Progress Report Update. Each month there will be an update to the Board of the key activities of CalAIM in preparation for the January 2022 deadline. Refer to the presentation in the Board Packet. Topics discussed were: • Operational Readiness • Projected Revenue and Expenses in FY2022 Question: For the Major OrganTransplants, will the Alliance use the same providers currently serving Medi-Cal Members in the Fee-for-Service program? Answer: Yes.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Question: How many enrollees are we expecting in the Enhanced Care Management? Answer: Approximately 1,000 Members will transition from the Whole Person Care and Health Homes Pilots on January 1st, 2022. Informational update to the Board of Governors. Vote not required.		
9. e. BOARD BUSINESS – COVID-19 VACCINATIONS AND INCENTIVE PROGRESS UPDATE			

Matt Woodruff	Matt Woodruff presented the COVID-19 Vaccinations and Incentives Progress Update.
	
	The purpose is to update the vaccinations to both Medi-Cal and Group Care lines of business and discuss the new incentive program.
	
	• COVID-19 Incentives:
	  • The Alliance was awarded up to $8.4M dollars to fund outreach activities and local investments in vaccination services.
	  • The Base Line Rates were recently received from the State and are included in the packet on page 133.
	  • The Alliance is at 68.5% of Medi-Cal members vaccinated and must reach 85% for full funding.
	  • The Alliance has received good responses from social media (Facebook, Instagram, and Twitter).
	
	Informational update to the Board of Governors.
	
	Vote not required.
		Informational update to the Board of Governors.
		
		Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
9. f. BOARD BUSINESS – RESOLUTION 2021-16 CREATING AN AD HOC FACILITY SEARCH COMMITTEE AND AUTHORIZING ALLIANCE STAFF TO CONDUCT RESEARCH ON POTENTIAL REAL ESTATE TRANSACTIONS			
Dr. Rollington Ferguson	Dr. Rollington Ferguson presented Resolution #2021-16 Creating an Ad Hoc Facility Search Committee and Authorizing Alliance Staff to Conduct Research on Potential Real Estate Transactions. Motion to Approve Resolution #2021-16 Creating an Ad Hoc Facility Search Committee and Authorizing Alliance Staff to Conduct Research on Potential Real Estate Transactions. A roll call vote was taken, and the motion passed.	Resolution #2021-16 Creating an Ad Hoc Facility Search Committee and Authorizing Alliance Staff to Conduct Research on Potential Real Estate Transactions. Motion: Dr. Ferguson Second: N. Williams Vote: Yes No opposed or abstained.	None
10. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. Steve O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on October 19th, 2021. Dr. Steve O'Brien gave the following Committee updates: • There were thirty-two (32) initial providers approved. Additionally, eighteen (18) providers were re-credentialed at this meeting. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
11. STAFF UPDATES			
Scott Coffin	None	None	None
12. UNFINISHED BUSINESS			
Scott Coffin	None	None	None
13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Scott Coffin	None	None	None
14. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Scott Coffin	None	None	None
15. ADJOURNMENT			
Dr. Evan Seevak	Dr. Evan Seevak adjourned the meeting at 2:11 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

December 7, 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, Nick Peraino, Gil Riojas

Board of Governor members on Conference Call: James Jackson

Alliance Staff on Conference Call: Scott Coffin, Tiffany Cheang, Richard Golfin III, Sasi Karaiyan, Shulin Lin, Dr. Steve O'Brien, Carol van Oosterwijk, Anastacia Swift, Jennifer Vo, Ruth Watson, Matt Woodruff, Christine Corpus

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

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. November 9, 2021, Finance Committee Minutes were approved at the Board of Governors meeting November 12, 2021 and not presented today.	There were no modifications to the Consent Calendar, and no items to approve.	
a.) CEO Update			
Scott Coffin	Scott Coffin provided updates to the committee on the following: **Final Budget FY2022** – Fiscal year 2022 final budget is being presented to the Finance Committee today for approval and will be brought forward to the Board of Governors on Friday for final approval. This budget includes the first quarter forecast, represents our actual experience through October, and forecasts our performance through the end of June 2022. Calendar Year 2022 is an unusually busy year in Medi-Cal managed care. The final budget covers one-half of the calendar year, and our budget includes funding to support our readiness efforts in the last six months of calendar year 2022. Additional staffing have been added into the budget to meet the needs of the Medi-Cal program, and to support our new responsibilities associated with our expansion into the social determinants of health. **CalAIM** – The 5-year funding for the Whole Person Care & Health Home Pilot is ending on December 31, 2021. Administration of these services transfers into the Medi-Cal managed care system on January 1st 2022. Four major initiatives launch simultaneously on January 1st: Enhanced Care Management, Community Supports, Major Organ transplants, and Medi-Cal Rx Carve Out to the State of California The first four months in 2022 are focused on stabilization of the services being launched in January. In July of 2022 we may be expanding the number of providers for enhanced care management and community supports services, as we will monitor the provider networks and timely access standards.	Informational update to the Finance Committee Vote not required	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Governor Newsom has funded two other initiatives included under the CalAIM initiative are 1) the Justice Involved initiative, and 2) School-based behavioral health services. The justice involved project addresses the gaps between the County's Correctional System and the Medi-Cal managed care delivery system, and the school-based behavioral health initiative links the school districts into the Medi-Cal managed care delivery system. Both of these initiatives launch in early 2023, and the implementation spans over several years. In October 2022, we are insourcing of the mild-to-moderate mental health & autism services, assuming the responsibilities currently delegated to Beacon Health Options. In addition to the projects and programs being implemented in calendar year 2022, the Alliance is subject to regulatory audits and NCQA re-accreditation. Again, Calendar Year 2022 is an unusually busy year in Medi-Cal managed care and the Alliance is preparing the organization for change throughout the year. **Question:** Dr. Marchiano asked what changes or improvements might Primary Care Physicians expect with the incoming system. Dr. O'Brien answered that the State formulary, or CDL (Contracted Drug List) is more generous than the Alliance's current formulary. The strategy for the State is to have fewer authorization requirements by having a better purchasing price due to volume. Dr. O'Brien also expressed the need for contracted physicians to apply for and receive a PIN from the State allowing them access to the digital approval system. The requirement for the PIN takes effect 180 days after the change over. Dr. Ferguson asked if the information regarding the need for the PIN could be shared with all Alliance contracted providers alerting them of the need. Dr. O'Brien and Matt Woodruff answered that this information has been sent out once already and is also available on our website.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
b.) Review and approve October 2021 Monthly Financial Statements			
Gil Riojas	**<u>October 2021 Financial Statement Summary</u>** **Enrollment:** Current enrollment is 293,595 and continues to trend upward, Total enrollment has increased by 963 members from August 2021, and 5,041 members since June 2021. Consistent increases were primarily in the Child, Adult, and Optional Expansion categories of aid, and include slight increases in the Duals category of aid. SPD remains relatively flat, while Group Care had a slight decline. Total Enrollment continues to increase month over month, however; as previously discussed, the rate of increase has fallen from a high of 4,140 members in August 2020. **Net Income:** For the month ending October 31, 2021, the Alliance reported a Net Loss of $7.4 million (versus budgeted Net Income of $535,000). The unfavorable variance is largely attributed to higher than anticipated Medical Expense. These were somewhat offset by higher than anticipated Revenue and lower than anticipated Administrative Expense. For the year-to-date, the Alliance recorded a Net Loss of 2.9 million versus a budgeted Net Income of $3.8 million. **Revenue:** For the month ending October 31, 2021, actual Revenue was $98.5 million vs. our budgeted amount of $97.5 million. **Medical Expense:** Actual Medical Expenses for the month were $100.4 million vs. our budgeted amount of $90.4 million. For the year-to-date, actual Medical Expenses were $373.5 million versus budgeted $360.0 million. Drivers leading to the unfavorable variance can be seen on the tables on page 11, with the greatest variances coming from the Inpatient Hospital expenses, ER FFS (Fee-For-Service), and Ancillary FFS expenses. The breakdown of the increase in ER visit costs that was requested at last month's meeting is as follows:		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	In total our expenses are approximately 23% higher than average AHS – 21% higher than budget Sutter – 16% higher than budget CHO/UCSF – 67% higher than budget. While we are seeing increases across the board, utilization per 1,000 is significantly over for ER visits **Question:** Dr. Ferguson asked for clarification of the 67% value. Gil Riojas answered that while the percentage is high, the caveat is that the number of visits per 1,000 for those systems are significantly lower than that of AHS and Sutter. The CHO/UCSF systems 12-month average was 29 visits per 1,000 and increased to about 48 per 1,000. So, while the visits per thousand are relatively small, the percentage increase is higher. Dr. Ferguson followed up to ask if we know what is driving the increase? For example, are people having issues with access to Primary Care, which is driving them to the ER, or are these actual emergency visits? Gil Riojas and Dr. O'Brien answered that they would explore the underlying causes and report back. Further explanation of the variances can be seen on pages 11 and 12. With specific call-out of increased claim volume for the month of October. Our 6-month average for claims volume has been between 60,000-80,000 claims and in the month of October, we processed approximately 110,000 claims. **Question:** Dr. Ferguson asked for clarification of the IBNP increase. He also asked if providers are required to submit claims in a particular timeline, how is that affecting IBNP. Gil Riojas answered that providers are contractually obligated to submit claims in a timely manner or risk having their claims denied. The underlying cause of the increase in due to recent contract change finalizations that were retroactive to July 2021. Some of the claims that had already been paid timely were subject to the increase and caused adjustments to the IBNP. Current and future claims are also subject to the contract adjustments and this is also reflected in the IBNP. **Question:** Dr. Ferguson asked for explanation of the change in Capitated Medical Expenses. Gil Riojas answered that it is also due to contract changes with our globally capitated provider.		Research and report underlying cause of increased ER and Inpatient Utilization.

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Medical Loss Ratio: Our MLR ratio for this month was reported at 101.9%. Year-to-date MLR was at 95.5% vs our annual budgeted percentage 91.5%. **Administrative Expense:** Actual Administrative Expenses for the month ending October 31, 2021 were $5.5 million vs. our budgeted amount of $6.6 million. Our Administrative Expense represents 5.6% of our Revenue for the month, and 5.3% of Net Revenue for year-to-date. Reasons for the favorable month-end variances, as well as the favorable year-to-date variances are outlined on page 13 of the presentation. **Other Income / (Expense):** As of October 31, 2021, our YTD interest income from investments was $113,000. We have been working with our investment manager to make the approved changes to our portfolio. We are also looking at possible sustainability/environmental funds and will report back to the committee at a future meeting when those options have been explored. YTD claims interest expense is $106,000. **TangibleNet Equity (TNE):** We reported a TNE of 525%, with an excess of $164.0 million. This remains a healthy number in terms of our reserves. **Cash and Cash Equivalents:** We reported $283.6 million in cash; $204.0 million is uncommitted. Our current ratio is above the minimum required at 1.87 compared to regulatory minimum of 1.0. **Capital Investments:** We have spent $112,000 in Capital Assets year-to-date. Our annual capital budget is $1.4 million.	Motion to accept **October 2021 Financial Statements** Motion: N. Peraino Seconded: Dr. Marchiano Motion Carried No opposed or abstained	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
c.) Review and Approve Fiscal Year 2022 Final Budget			
Gil Riojas	Gil Riojas gave a PowerPoint Presentation detailing the changes between the Preliminary Budget presented June, and the Final Budget presented today. Highlights of the differences between the Preliminary and Final budgets: • Increase projected membership from 260,013 to 285,844 • Decrease in overall Net Income from $10.7M to $3.5M • Administrative Expense % decrease from 7.5% to 7.0% • Medical Loss Ratio increase from 91.5% to 92.7% • TNE Percent of Required decrease from 573.9% to 562.9% • Increase in FTE's from projected 402.9 to 420.2	Motion to approve **Final Budget for Presentation to Full Board** Motion: J. Jackson Seconded: Dr. Ferguson Motion Carried No opposed or abstained	
ADJOURNMENT			
Dr. Rollington Ferguson	Dr. Ferguson motioned to adjourn the meeting. The meeting adjourned at 9:04 am.	Motion to adjourn: Dr. Ferguson Seconded: J. Jackson No opposed or abstained.	

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

STRATEGIC PLANNING PROCESS

AAH Board of Governors
Strategic Planning Committee

ALAMEDA Alliance FOR HEALTH

December 10, 2021

STRATEGIC PLANNING PROCESS

- **PROCESS REMINDER**
  - Staff survey and Staff Advisory Focus Group
  - Executive Team met monthly
  - Community Stakeholder Interviews
  - STRATEGIC PLANNING COMMITTEE – monthly meetings
    - David B. Vliet, Chair and AAH Board Members – Kelly Meade, MD, Marty Lynch and Evan Seevak, MD, AAH Board Chair

STRATEGIC PLANNING COMPONENTS

- **REVISED Vision, Mission and Value:**

  Vote on new VISION today

- **10 Year Strategic Roadmap:**

  ***Discussion* and vote today**

- **3 Year Strategic Plan:**

  Discussion and vote today

REVISED VISION STATEMENT

A VISION Statement describes the desired future state, audacious aspiration or dreams that we want to move forward

Current Alameda Alliance Vision Statement:

The vision of the Alliance is that we will be the most valued and respected managed care health plan in the state of California.

Recommendation at November 12 Board Meeting: Lifelong health and well-being for all the diverse residents of Alameda County.

Revised Recommendation With Changes:

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

MISSION:
ADOPTED NOVEMBER 12, 2021

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

VALUES STATEMENTS: ADOPTED NOVEMBER 12, 2021

Teamwork: We actively participate, support each other, develop local talent, and interact as one team.

Respect: We put people first, embracing diversity and equity, striving to create a positive work environment, excellent customer service, and value all people's health and well-being.

Accountability: We work to create and maintain efficient processes and systems that minimize barriers, maximize access and sustain high quality.

Commitment & Compassion: We are empathic and care for the communities we serve including our members, providers, community partners and staff.

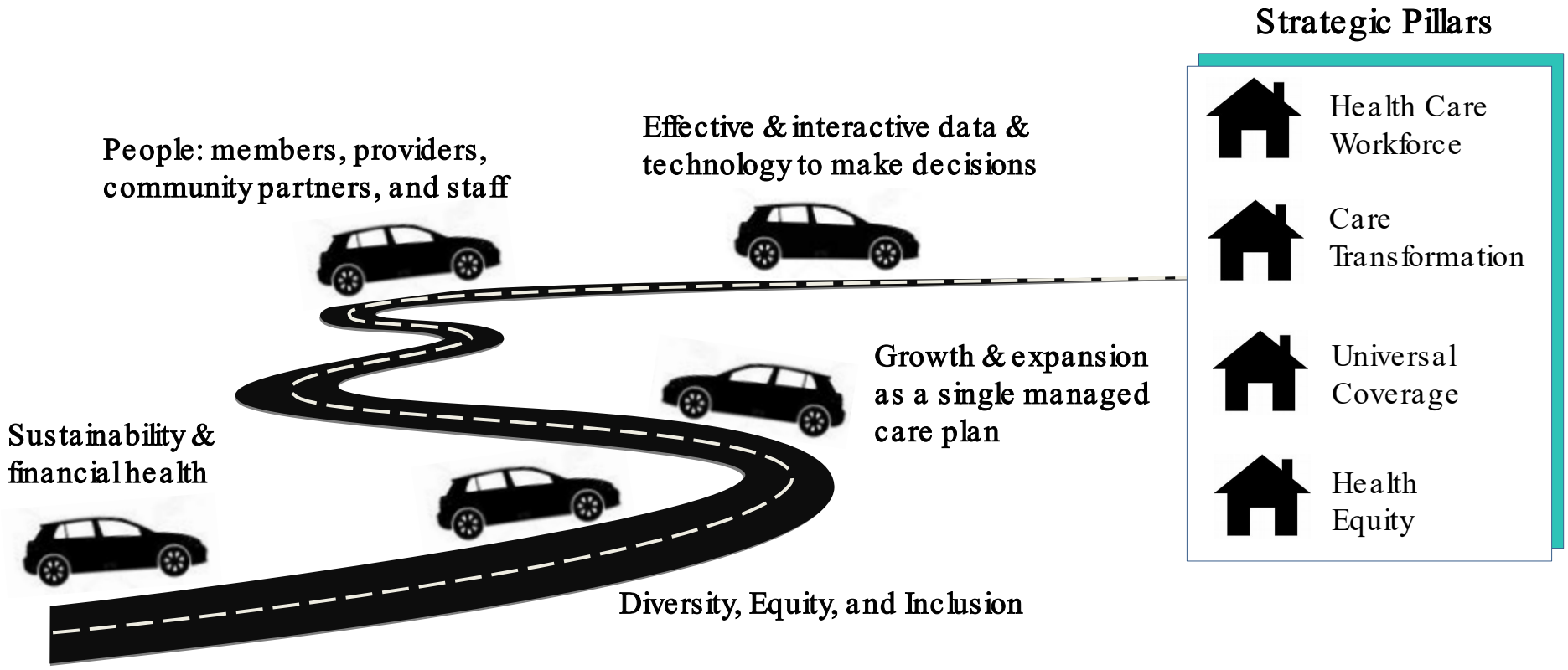
Knowledge & Innovation: We collaborate to find better ways to address the needs of our members and providers by proactively focusing innovative resources on population health and clinical quality.

10 YEAR STRATEGIC ROADMAP

A 10-year Strategic Roadmap is a visual, often external facing depiction of an organization's long-term strategic thinking and positioning. A strong long-range framework is aspirational, designed to inspire stakeholders and demonstrate how the organization is working towards its vision, mission and values. The roadmap can help prioritize efforts and allocate resources and is executed via a cycle of shorter action-oriented strategic plans.

10-Year Strategic Roadmap 2022-2032

External facing depiction of organization's long term strategic thinking and positioning, designed to inspire and demonstrate how the organization is working towards its vision, mission and values.



Future Assumptions

- Single Plan by 2024
- Aftermath of COVID-19
- Population aging
- Workforce shortages
- Housing and behavioral health crises
- Medicare by 2026
- Health disparities
- Value-based payment/performance metrics
- Telehealth continues
- Strong/effective community partnerships

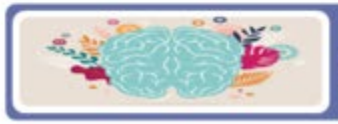
2022-2025 Strategic Priorities

Priority #1: Transition to a Single Plan Model

Priority #2: CalAIM Focus: Expand Aging and Long-Term Care Services and Supports

Priority #3: CalAIM Focus: Address Social Needs and Community Health

Priority #4: Engage All Members



Priority #5: Bring Mental Health Services Administration In-House

Priority #6: Implement Flexible Hybrid Work Environment

Directional Anchors (External)

- Change Management
- Health Equity
- State Policy including CalAIM

Foundational Anchors (Internal)

- Ensure robust provider network & community partners
- Reduce health disparities & improve clinical quality
- Develop workforce & increase employee engagement
- Sustain financial strength & stability
- Build strong technology & data infrastructure
- Continue to meet accreditation, quality standards & regulatory compliance

Priority #1: Transition to a Single Plan Model

Major Strategies	Anticipated Outcomes
1A. Understand non-Alliance Medi-Cal population in Alameda County	• Easier for members/providers to navigate the system • Anthem members well connected to Alliance
1B. Analyze difference between the two managed care plans' networks, operations and member engagement approaches; address any differences with providers and members	• Clinical quality alignment is promoted for Medi-Cal county-wide • Alliance conducts provider and member outreach and education about Alliance procedures
1C. Identify all Anthem providers not in Alliance network and reach out to them to see if they want to join the network	• Alliance is contracted with Anthem providers not in network or develops Continuity of Care arrangements with them so that members do not have a lapse in services
1D. Develop enrollment process with the County	• Seamless enrollment and AID code transition process
1E. Analyze and anticipate changes in Alliance staffing to accommodate new members from Anthem and Med-Cal FFS	• Alliance is appropriately staffed for member growth

Priority #2: CalAIM Focus: Expand Aging and Long-Term Care Services & Supports

Major Strategies	Anticipated Outcomes
2A. Assess, prioritize and launch LTC Community Supports designed to assist the aging population	• Relationships are built with community-based organizations serving older adults • Alliance understands who is serving older adults today and services being offered • Successful implementation of LTC Community Supports including Operations, IT and HCS
2B. Build strong SNF partnerships that address member needs and support transitions to lower levels of care	• Systems are in place for quality assurance/improvement, readmission prevention, ED to SNF transitions, physician rounding, etc. • Improved quality of care and cost reductions for SNF population • Decreased ratio of members in SNFs vs. community placements including ALFs, RCFEs and ARFs • Contracts are in place with CBOs to support successful community placement (e.g., Independent Living Centers)
2C. Integrate the LTC population from FFS Medi-Cal into the Alliance	• Successful transition of FFS Members into Alliance

Priority #2: CalAIM Focus: Expand Aging and Long-Term Care Services & Supports

Major Strategies	Anticipated Outcomes
2D. Develop and implement day habilitation, fall prevention, community transition services and other community-based programs that support aging in place	• Programs and services that support community transitions and aging in place are implemented • Fewer Medicare members reside in LTCFs
2E. Conduct a Medicare readiness risk assessment including financial pro forma, IT systems and staffing assessment	• Alliance understands the costs and risk associated with Medicare expansion and not expanding into Medicare
2F. Create and implement a new Medicare D-SNP product for dual eligible beneficiaries	• An organizational risk assessment is conducted in 2022-23 • Successful launch of Medicare DSNP structure internally at the Alliance in 2024 • New Medicare Advantage product is launched by 2026

Priority #3: CalAIM Focus: Address Social Needs and Community Health

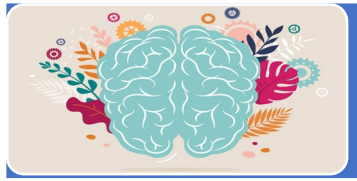
Major Strategies	Anticipated Outcomes
3A. Determine/implement best practices to organize and deliver services addressing health-related social needs	• Alliance executes an action plan that addresses SDOH • Alliance has a clear internal structure and operational expertise, and reporting capabilities for addressing SDOH
3B. Develop and implement strong connections to CBOs that address health-related social needs	• Alliance has an interconnected, county-wide matrix of case management services
3C. Implement all approved Community Supports within the timeline set by DHCS	• Creation of viable alternatives to acute social admissions • Members are connected to online classes, community centers and other social activities/programs that positively impact health/mental health
3D. Evaluate, develop and implement a data collection system for SDOH	• Alliance has a data collection system that includes relevant SDOH • Engagement with local CBOs is stronger as a result of work on social needs
3E. Evaluate and understand the cost-effectiveness of SDOH services	• Creation of cost-effectiveness models to deliver SDOH services • Enhanced core systems to track health outcomes and incorporate into SDOH cost modeling

Priority #4: Engage All Members

Major Strategies	Anticipated Outcomes
4A. Analyze utilization data identifying top areas of focus	• Alliance has quantitative data and defined targets for increasing utilization
4B. Consider ways to be more flexible and effective to connect with low and high utilizers	• Alliance has a clear plan to engage members with low utilization to increase utilization and to support high-utilizing members with complex case management services • Alliance adopts an outreach strategy for adults, children, and older adults using digital platforms, social media, and personalized customer service (e.g. live agents)
4C. Develop and implement processes to engage low utilizers with community-based providers and CBOs	• Utilization targets are met – e.g., members receive annual wellness visit; members receive at least one touchpoint per year • Decrease in members with 'no visit' each year

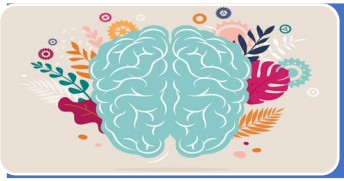
Priority #4: Engage All Members

Major Strategies	Anticipated Outcomes
4D. Develop capacity, plan and protocols to absorb and engage Anthem members through outreach, onboarding and education	• By 2024, 60,000 Anthem members are successfully transitioned to Alliance • Members' ability to participate with Alliance programs/services is improved
4E. Keep members engaged and involved through expanded platforms (e.g., social media, mobile app, care management)	• New platforms are developed and implemented • Members are more engaged with Alliance



Priority #5: Bring Mental Health Services Administration In-House

Major Strategies	Anticipated Outcomes
5A. Develop and execute transition plan to move mental health services from Beacon to Alliance	• Successful transition from Beacon • Mental health and physical health services are integrated
5B. Develop strategies to increase mental health access through an engaged mental health provider network including delegation and risk sharing	• Improved member access to mental health services • Increase in member utilization of mental health services • Engaged mental health provider network
5C. Develop processes to smoothly integrate and transition Alliance members to Alameda County Behavioral Health Services when appropriate	• Fewer barriers to transition members with SMI and ASD to specialty care • Improved integration and collaboration with County Behavioral Health, and positioned for future mental health (SMI) and substance use integration



Priority #5: Bring Mental Health Services Administration In-House

Major Strategies	Anticipated Outcomes
5D. Develop alternative value-based payment approaches for mental health services that reward providers with incentive payments for quality and target improvements to access	• Increased provider engagement with alternative payment programs • Increase in member utilization of mental health services
5E. Educate and engage members about mental health services	• Members understand new processes for accessing mental health services • Increase in member utilization of mental health services
5F. Increase technology and data reporting in mental health implementation	• Alliance has a clear plan for utilizing data and technology in mental health transition • Encourage use of tele-psychiatry services

Priority #6: Implement Flexible Hybrid Work Environment

Major Strategies	Anticipated Outcomes
6A. Create structured opportunities for teambuilding and employee connections in hybrid work environment	• Employee morale improves • Reduction in employee turnover • Effective collaboration between staff
6B. Continue to monitor COVID risks and COVID vaccinations for employees	• Successful implementation of vaccine monitoring strategy • Safety protocols are in place • Workplace is safe and employees feel safe at work
6C. Implement hybrid work plan addressing solo work, team work, meetings, tools and technology to support employees and monitoring	• Clear guidance and protocols are shared with all employees • Remote employees have ergonomically safe work stations • Employee productivity is monitored and sustained • Employee morale improves • Reduction in employee turnover • Performance metrics are maintained • Tools in place to support hybrid work

Priority #6: Implement Flexible Hybrid Work Environment

Major Strategies	Anticipated Outcomes
6D. Develop and Implement Business Continuity Plan in sync with current Disaster Recovery Plan	• Business Continuity Plan is completed, understood and implemented effectively • Alliance is prepared for the most common types of disruptions and disasters
6E. Develop policy and procedures regarding out-of-state employees	• Policy and procedures define exceptions for out-of-state employees and ratios for in-state vs. out of state • Workflows are Implemented for out-of-state employees to address home office ergonomics

Questions/Discussion?

2022-2025 Strategic Priorities

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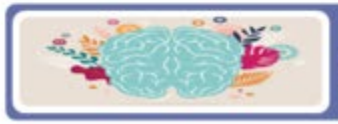
Priority #4: Engage All Members



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- Continue to meet accreditation, quality standards & regulatory compliance

NEXT STEPS

- Meet with AAH Staff throughout organization to discuss revised statements and Strategic Roadmap/Plan
- Begin implementation planning at staff level for 3 Year Strategic Plan
- Identify implications of 3 Year Strategic Plan to annual budget
- Report regularly to Alliance Board on Strategic Plan implementation

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: **December 10, 2021**

Subject: **CEO Report**

- **Financial Performance**
  - Revenue $98.5 million in October, and $391.3 million Year-to-Date (YTD).
  - Medical expenses are 101.9% for the month and average 95.5% in the four months of the fiscal year, and 5.3% in administrative expenses.
  - Tangible Net Equity (TNE): Financial reserves are 525% above the regulatory requirement, representing $164 million in excess TNE.
  - Net Operating Performance:

	October	YTD	%
Medi-Cal	($7.4M)	($3.0M)	97%
Group Care	$18K	$149K	3%
Totals	(**$7.35M)**	**($2.9M)**	**100%**

  - Enrollment in the Medi-Cal program continues to increase by 1,000 – 1,500 per month; Group Care enrollment remains steady, averaging 6,000 members per month.
  - Governor Newsom signed Executive Order N-21-2 on November 10, extending the state of emergency through March 31, 2022. This Executive Order suspends annual Medi-Cal redeterminations. Following the termination of the Executive Order, Alameda County Social Services will resume annual Medi-Cal re-determinations on a normal schedule, and retroactive disenrollments are not anticipated to occur.
  - The final budget for Fiscal Year 2022 is being presented to the Board of Governors for approval on December 10, 2021. The budget forecasts ending the fiscal year with $1.2 billion in revenue and $3.5 million net income.

- **Single Plan Model / County Organized Health System**
  - The California Department of Health Care Services (DHCS) delivered a conditional approval to the Alameda County Health Care Services Agency on August 31, 2021.
  - Alameda County Board of Supervisors approved the County Ordinance in September 2021, and a copy of the Ordinance was submitted to the California DHCS.
  - Alameda Alliance delivered the provider network strategy to DHCS on December 3, 2021, and represents the final deliverable as part of the conditional approval process.
  - The DHCS will be announcing final approvals in early 2022, aligned with the statewide Medi-Cal Procurement.

- **COVID-19 Vaccinations**
  - Approximately 69.8% of members (12 years and older) in Medi-Cal and Group Care are partially or fully vaccinated; as of December 1, approximately 69,560 of the eligible members in Group Care and Medi-Cal remain unvaccinated.
  - The California Department of Health Care Services (DHCS) is funding $350 million to increase vaccination rates for Medi-Cal beneficiaries on a statewide basis. The vaccination outreach campaign starts in October and finishes on February 28, 2022.
  - Alameda Alliance was awarded a total of $8.4 million for incentive funding to increase the vaccination rates for Medi-Cal enrollees ages 12 and older. $6 million in the first tranche and a second tranche of $2.4 million for member incentives; in order to retain 100% of the $8.4 million incentive dollars, the Alliance must reach an 85% vaccination rate, representing a 22.5% gain over the baseline vaccine rate of 62.2%.
  - Alameda Alliance is publicly presenting a progress report to the DHCS on December 22, purposed to highlight the key activities related to the vaccination campaign.

- **CalAIM Operational Readiness**
  - Enhanced Care Management (ECM) benefits, Community Supports (formerly “In Lieu Of Services”), and Major Organ Transplants (MOT) benefits begin January 1, 2022.
  - Operational readiness is organized into two phases: The first phase is the transition of the Whole Person Care Pilot (WPC/AC3) & Health Homes programs (HHP) ending 12/31/2021; phase one represents the highest-priority tasks to ensure continuity of care for patients being served in the pilot programs. The second phase includes the less urgent tasks that will be completed in the first 120 days following the program launch on January 1, 2022, such as data exchange, reports, and other administrative functions.

- Alameda Alliance and Alameda County Health Care Services Agency (HCSA) completed the negotiations for a contract to administer the community-based organizations, including housing navigation, tenancy & sustaining services, coordination of housing deposits, and asthma remediation. The contract is scheduled to be presented to the Alameda County Board of Supervisors for approval by mid-December.
- The Alliance's operational readiness program team is prepared to launch ECM, Community Supports, Major Organ Transplants, and Medi-Cal Rx on January 1, 2022.

- **Medi-Cal Rx**
  - The Medi-Cal Rx project team has completed operational readiness for the transfer of the Medi-Cal pharmacy services to the State of California and is prepared to support the transition on January 1, 2022.
  - Medi-Cal physician-administered drugs and outpatient infusion drugs will be administered by the Alameda Alliance Pharmacy Department.
  - Medi-Cal beneficiary notification letters will be mailed by the DHCS and Alameda Alliance.
  - Alameda Alliance continues to administer all pharmacy services for Group Care Members, and the covered services and benefits related to pharmaceuticals do not change.

OPERATIONS DASHBOARD

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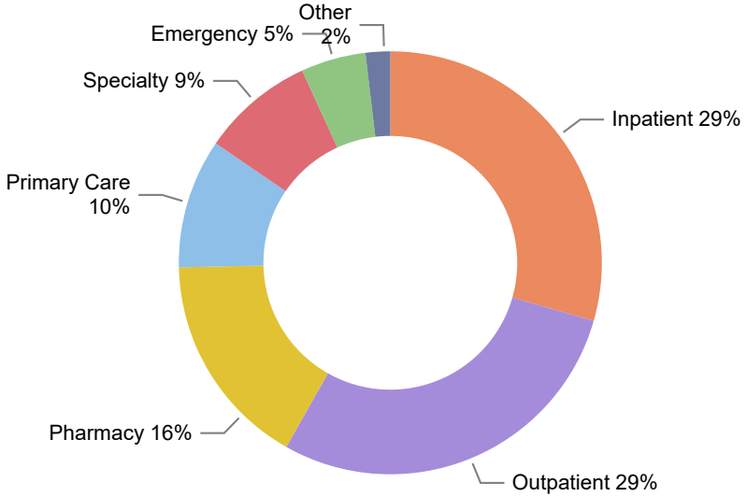
Financials

Income & Expenses

Revenue	Medical Expense
$391.3M	**($373.5M)**
Other Income/(Exp.)	Admin Expense
($2.3K)	**($20.6M)**
Net Income	Gross Margin %
($2.9M)	**4.5%**

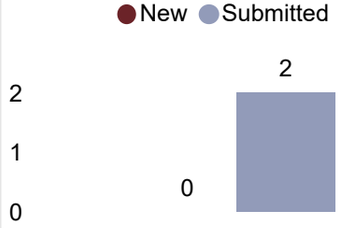
Medical Expenses



Liquid Reserves

MLR Net %	95.5%
TNE %	525.2%
TNE $	$202.5M

Reinsurance Cases



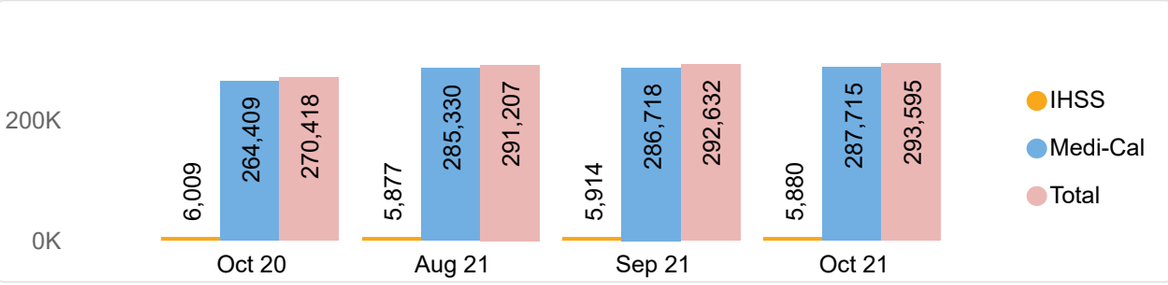
Balance Sheet

Cash Equivalents	$283.6M
Pass-Through Liabilities	$79.6M
Uncommitted Cash	$204.0M
Working Capital	$196.2M

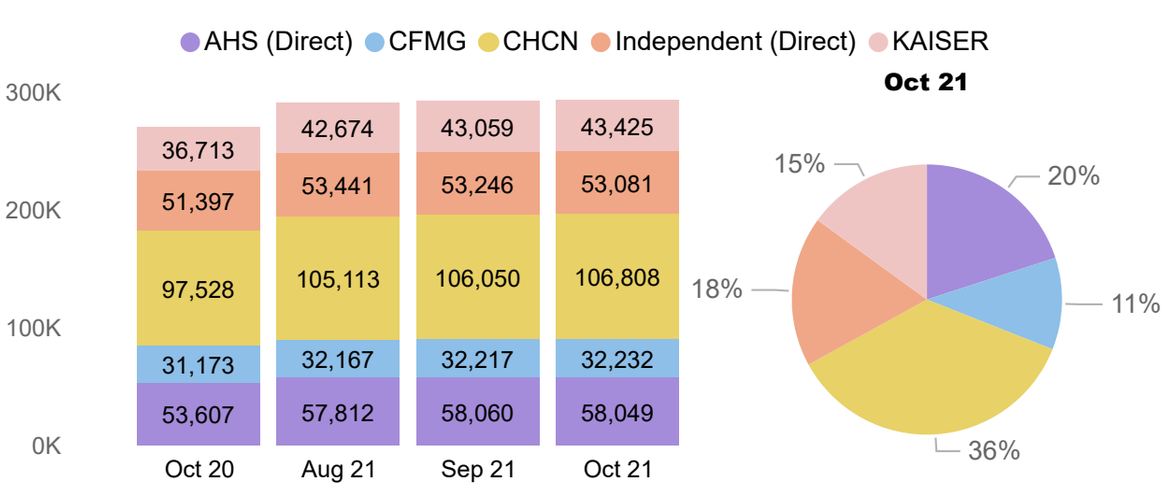
Current Ratio %
187.5%

Membership

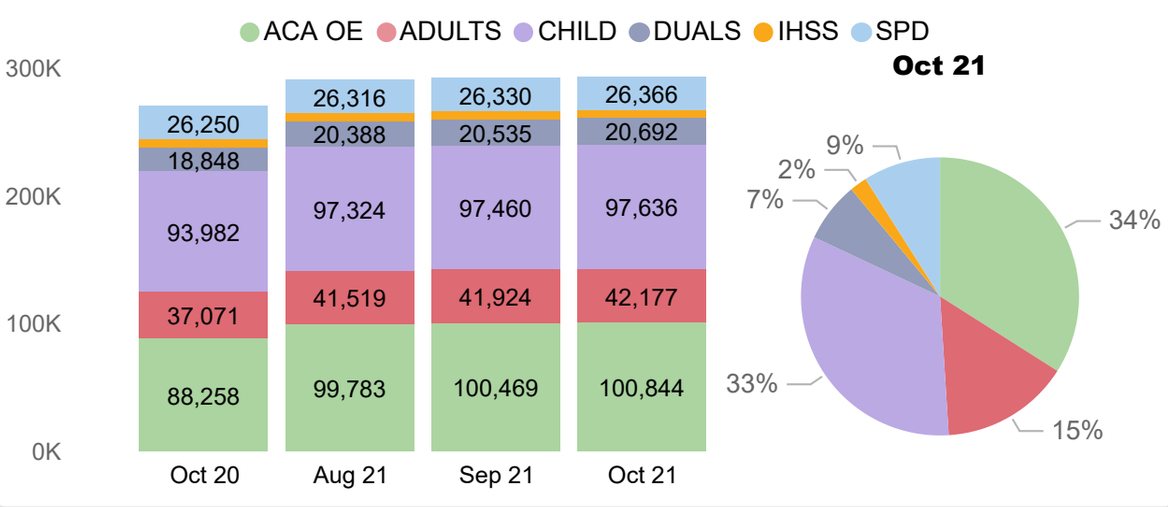
By Plan



By Network



By Category



OPERATIONS DASHBOARD

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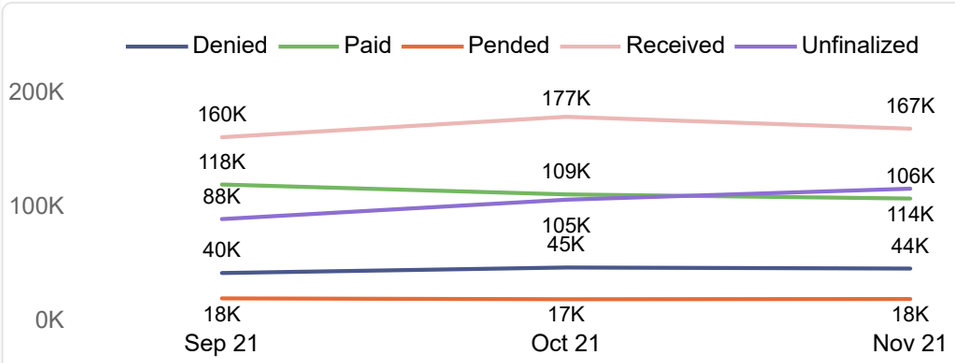
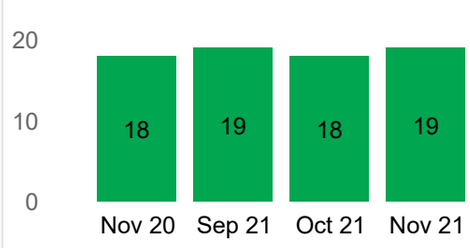
Claims

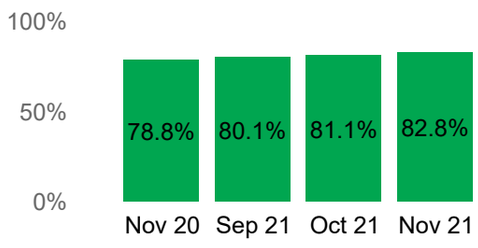
Claims Processing



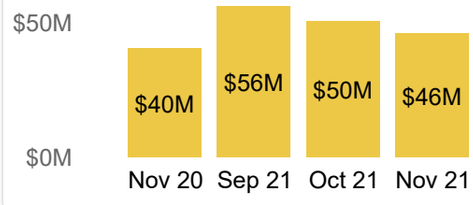
Average Payment TAT (Days)



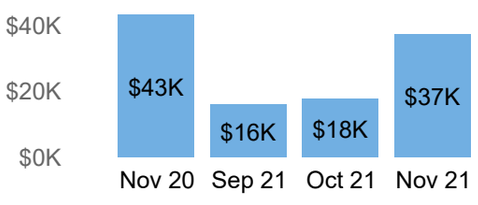
Auto Adjudication Rate (%)



Claims Paid (Dollars)

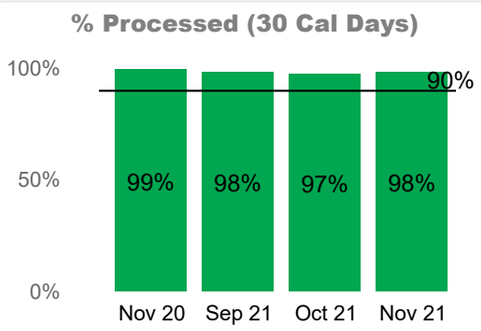


Interest Paid (Dollars)

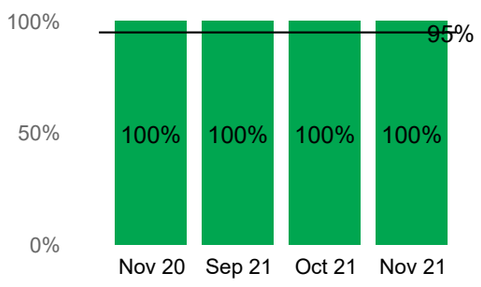


Claims Compliance

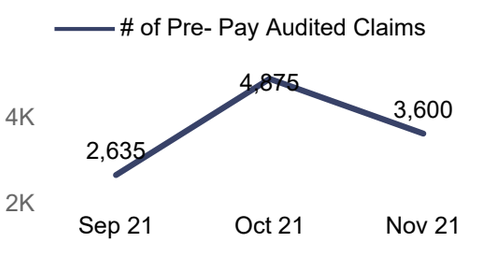
% Processed (30 Cal Days)



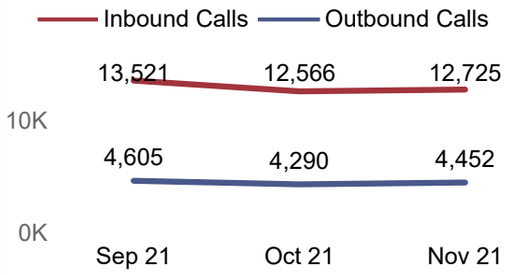
% Processed (45 Work Days)



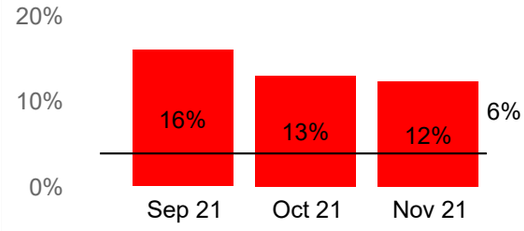
Claims Auditing



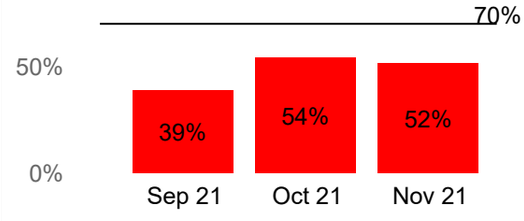
Member Services



Abandoned Call Rate %

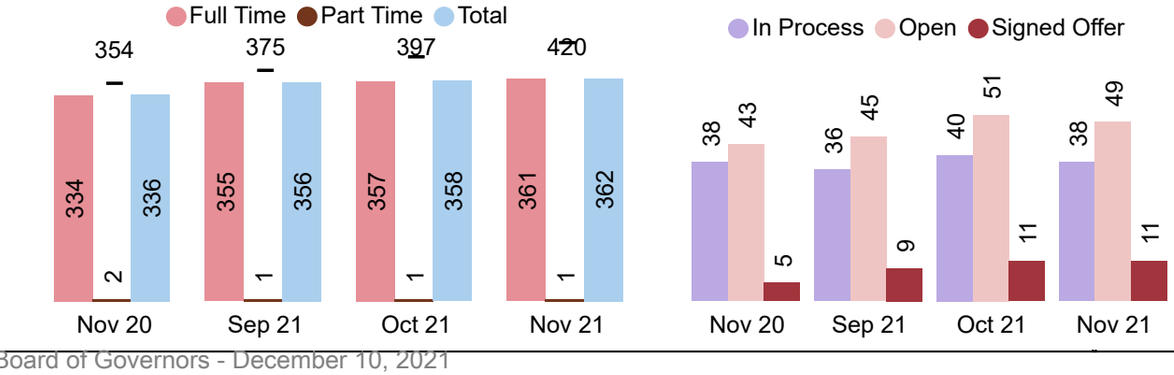


Calls Answered in 60 Seconds %



Average Call Times	Sep 21	Oct 21	Nov 21
Wait Time	03:33	02:42	02:48
Call Duration	06:18	06:43	07:21

Human Resources



Recruiting	Nov 20	Sep 21	Oct 21	Nov 21
New Hires	4	3	6	3
Separations	2	2	4	0
Temps / Seasonal	3	13	14	15

Current Vacancy
12%

OPERATIONS DASHBOARD

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Provider Services

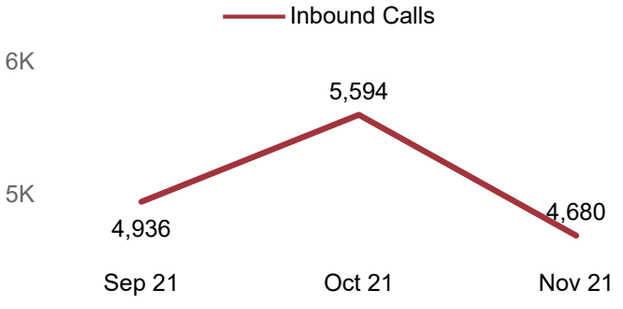
Provider Network

Primary Care Physician	712
Specialist	7,279
Hospital	17
Skilled Nursing Facility	65
Durable Medical Equipment	Capitated
Urgent Care	9
Health Centers (FQHCs and Non-FQHCs)	67
Transportation	380

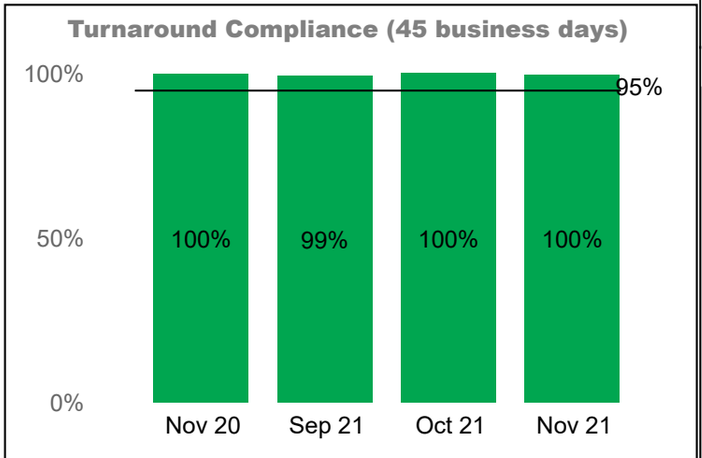
Provider Credentialing

1,394

Provider Call Center

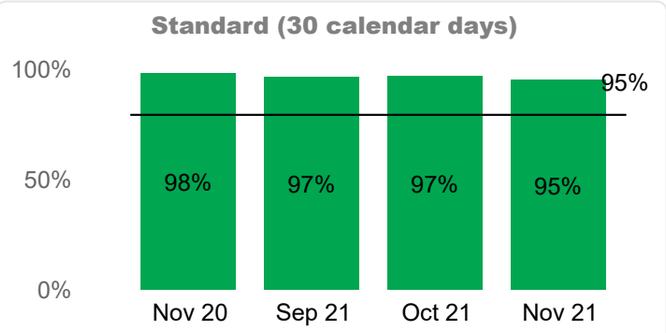


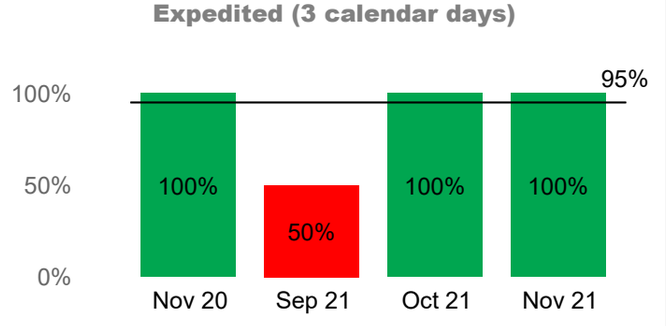
Provider Disputes & Resolutions



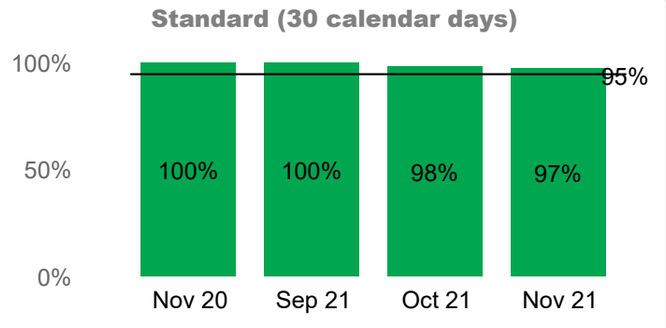
Compliance

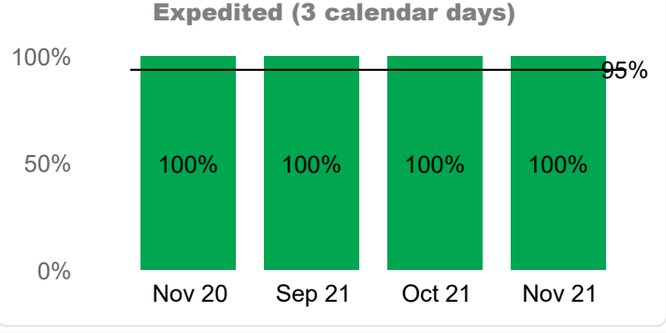
Member Grievances



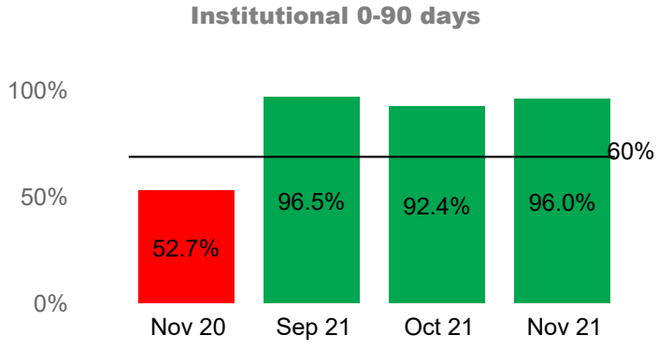


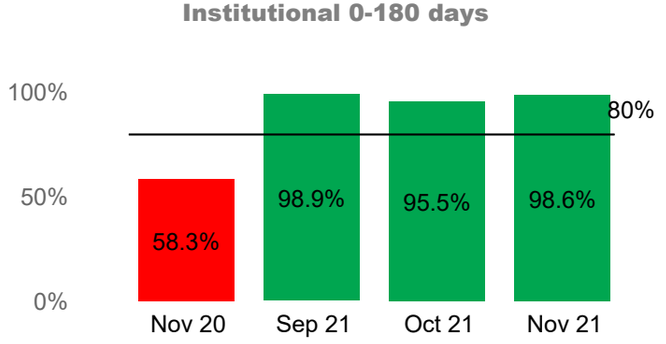
Member Appeals

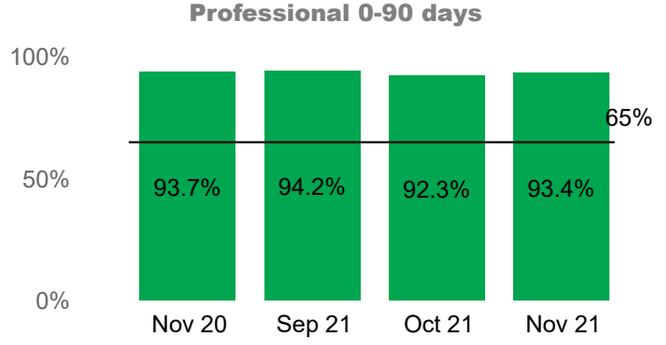


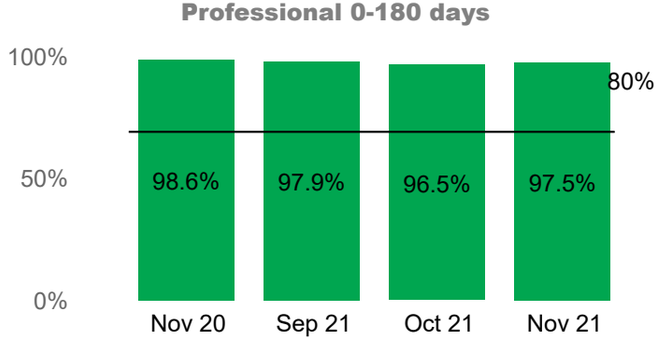


Encounter Data









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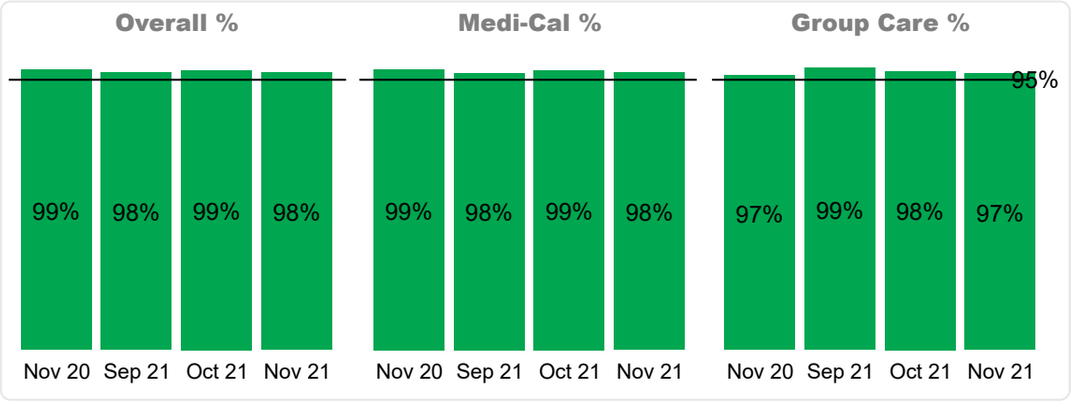
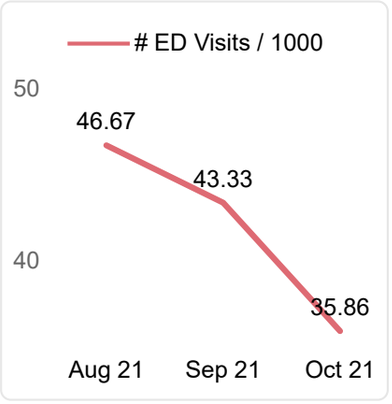
Health Care Services

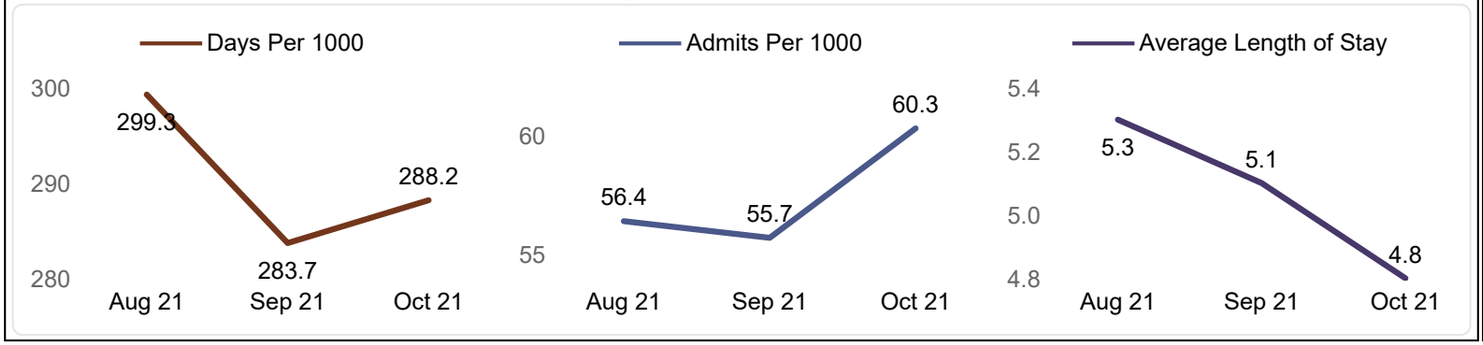
Authorization Turnaround



ED Utilization

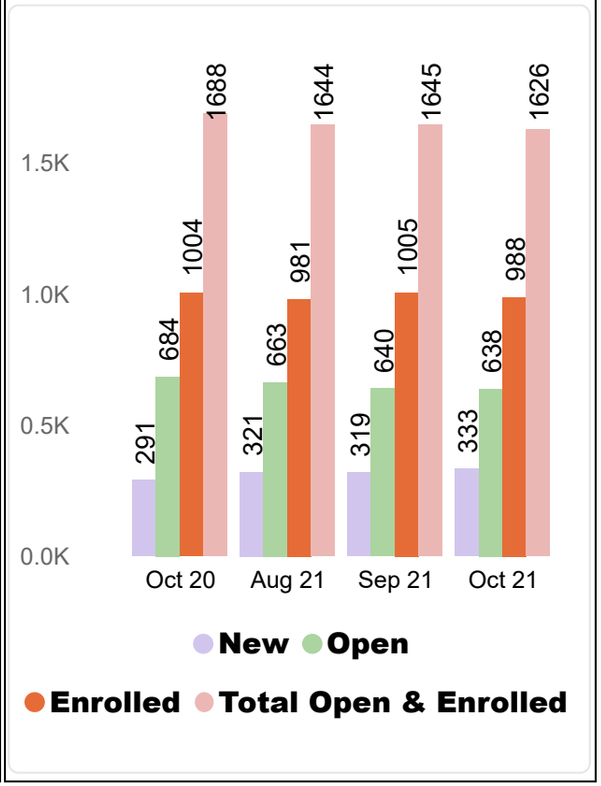


Inpatient Utilization

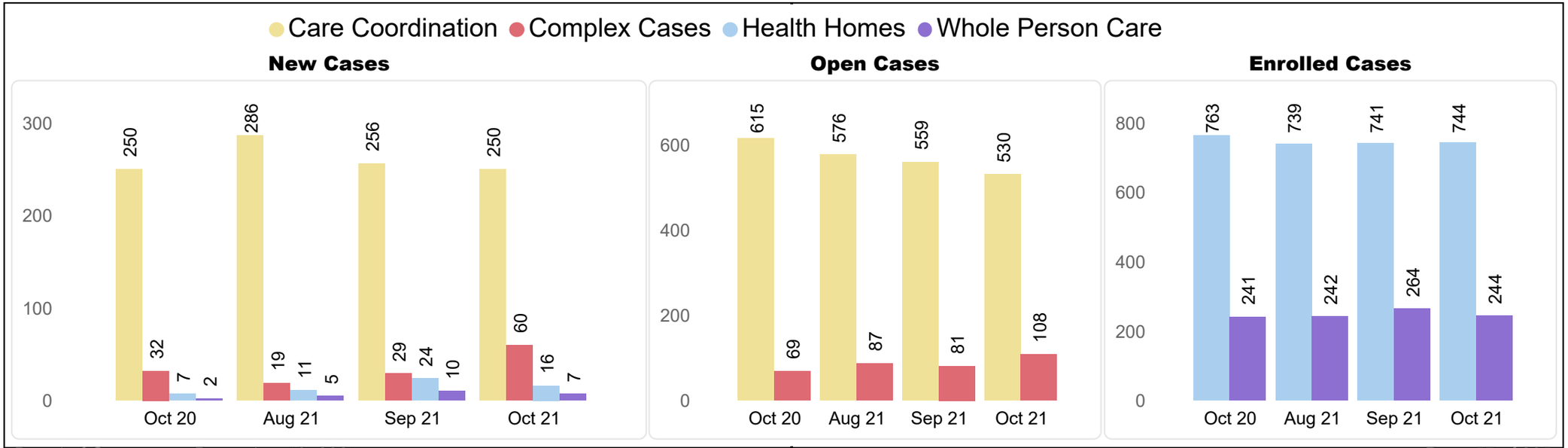


Case Management

Total Cases



Case Management



Technology (Business Availability)

Applications	Nov 20	Sep 21	Oct 21	Nov 21
HEALTHsuite System	100.0%	100.0%	100.0%	100.0%
Other Applications	100.0%	100.0%	100.0%	100.0%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates

OP Authorization Denial Rates	Nov 20	Sep 21	Oct 21	Nov 21
Denial Rate Excluding Partial Denials (%)	3.6%	4.3%	3.6%	3.4%
Overall Denial Rate (%)	3.7%	4.8%	4.2%	3.9%
Partial Denial Rate (%)	0.1%	0.6%	0.7%	0.6%

Pharmacy Authorizations

Authorizations	Nov 20	Sep 21	Oct 21	Nov 21
Approved Prior Authorizations	724	808	879	771
Closed Prior Authorizations	485	672	808	697
Denied Prior Authorizations	540	624	673	545
Total Prior Authorizations	1,749	2,104	2,360	2,013

ALAMEDA Alliance FOR HEALTH

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Legislative Tracking

2021-2022 Legislative Tracking List

Governor Newsom took final action on legislative bills that were sent to his desk during the 2021-22 legislative session. The following is a list of state bills tracked by the Public Affairs Department that were introduced during the 2021-2022 Legislative Session that of interest to and could have a direct impact on Alameda Alliance for Health and its membership. The list below includes legislative items passed within the legislature that were later vetoed by the Governor, chaptered bills that are scheduled to take effect on January 1st, 2022 (unless otherwise noted), and 2-year bills that may be acted on in January 2022. The next floor session for the Assembly and Senate will be January 3rd, 2022.

Medi-Cal (Medicaid)

Bills approved by the governor:

- **AB 382 (Kamlager – D) Whole Child Model Program**
  - **Introduced:** 2/2/2021
  - **Status:** 7/9/21 Approved by the Governor. Chaptered by Secretary of State - Chapter 51, Statutes of 2021.
  - **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 361 (Rivas – D) Open Meeting: Local Agencies: Teleconferences**
  - **Introduced:** 2/1/2021
  - **Status:** 9/16/21 Chaptered by Secretary of State - Chapter 165, Statutes of 2021.
  - **Summary:** Would, until January 1, 2024, authorize a local agency to use teleconferencing without complying with the teleconferencing requirements imposed by the Ralph M. Brown Act when a legislative body of a local agency holds a meeting during a declared state of emergency, as that term is defined when state or local health officials have imposed or recommended measures to promote social distancing, during a proclaimed state of emergency held for the purpose of determining, by majority vote, whether meeting in person would present imminent risks to the health or safety of attendees, and during a proclaimed state of emergency when the legislative body has determined that meeting in person would present imminent risks to the health or safety of attendees, as provided.

- **AB 532 (Wood – D) Health Care: Fair Billing Practices**
  - **Introduced:** 2/1/2021
  - **Status:** 10/4/2021 Approved by the Governor**.** Chaptered by Secretary of State.
  - **Summary:** Current law requires a hospital, as defined, to maintain an understandable written policy regarding discount payments for financially qualified patients as well as a written charity care policy, and requires a hospital to negotiate the terms of a discount payment plan with an

eligible patient, as specified. Current law requires each hospital to provide patients with written notice about the availability of the hospital's discount payment and charity care policies, including information about eligibility and contact information for a hospital employee or office from which the patient may obtain further information about the policies. This bill would additionally require the written patient notice to include the internet address of a specified health consumer assistance entity and information regarding Covered California and Medi-Cal presumptive eligibility.

- **AB 1104 (Grayson – D) Air Ambulance Services**
  - **Introduced:** 2/18/2021
  - **Status:** 10/4/2021 Approved by the Governor**.** Chaptered by Secretary of State.
  - **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. Current 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 until December 31, 2022, and would extend the collection and transfer of penalties until December 31, 2023.

- **SB 48 (Limon – D) Medi-Cal: Annual Cognitive Health Assessment**
  - **Introduced:** 1/28/2021
  - **Status:** 10/4/2021 Approved by the Governor**.** Chaptered by Secretary of State.
  - **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 receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Subject to an appropriation by the Legislature for this purpose, this bill would expand the schedule of benefits to include an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program.

- **SB 242 (Newman – D) Health Care Provider Reimbursements**
  - **Introduced:** 1/21/2021
  - **Status:** 10/5/2021 Approved by the Governor**.** Chaptered by Secretary of State.
  - **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 comply with a public health order to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies. 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 428 (Hurtado – D) Health Care Coverage: Adverse Childhood Experiences Screenings**
  - **Introduced:** 2/12/2021
  - **Status:** 10/7/2021 Approved by the Governor**.** Chaptered by Secretary of State.
  - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage for adverse childhood experiences screenings. 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.

Updated 12/3/2021

- **SB 510 (Pan – D) Health Care Coverage: COVID-19 cost sharing**
  - **Introduced:** 2/17/2021
  - **Status:** 10/8/2021 Approved by the Governor**.** Chaptered by Secretary of State.
  - **Summary:** Would require a health care service plan contract or a disability insurance policy that provides coverage for hospital, medical, or surgical benefits, excluding a specialized health care service plan contract or health insurance policy, to cover the costs for COVID-19 diagnostic and screening testing and health care services related to the testing for COVID-19, or a future disease when declared a public health emergency by the Governor of the State of California, and would prohibit that contract or policy from imposing cost sharing or prior authorization requirements for that coverage. The bill would also require a contract or policy to cover without cost sharing or prior authorization an item, service, or immunization intended to prevent or mitigate COVID-19, or a future disease when declared a public health emergency by the Governor of the State of California, that is recommended by the United States Preventive Services Task Force or the federal Centers for Disease Control and Prevention, as specified.

Vetoed Bills:

- **SB 365 (Caballero – D) E-consult Service**
  - **Introduced:** 2/17/2021
  - **Status:** 10/16/2021 Vetoed by the Governor
  - **Summary:** Would make electronic consultation services reimbursable under the Medi-Cal program for enrolled providers, including FQHCs or RHCs. The bill would require the department to seek federal waivers and approvals to implement this provision and would condition the implementation of the bill's provisions on the department obtaining necessary federal approval of federal matching funds. The bill would make related findings and declarations.

- **AB 369 (Kamlager – D) Medi-Cal Services: Persons Experiencing Homelessness**
  - **Introduced:** 2/1/2021
  - **Status:** 10/8/2021 Vetoed by the Governor
  - **Summary:** Would require the State Department of Health Care Services to implement a program of presumptive eligibility for persons experiencing homelessness, under which a person would receive full-scope Medi-Cal benefits without a share of cost. The bill would require the department to authorize an enrolled Medi-Cal provider to issue a temporary Medi-Cal benefits identification card to a person experiencing homelessness and would prohibit the department from requiring a person experiencing homelessness to present a valid California driver's license or identification card issued by the Department of Motor Vehicles to receive Medi-Cal services if the provider verifies the person's eligibility.

2-Year Bills left on suspense file that may be acted upon in January 2022

- **AB 368 (Bonta – D) Food Prescriptions**
  - **Introduced:** 2/1/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2021) (May be acted upon Jan 2022)
  - **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 the Counties of Alameda, Fresno, and San Bernardino 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 food prescriptions, and to enter into contracts for purposes of implementing the pilot program.

- **AB 4 (Arambula – D) Medi-Cal: Eligibility**
  - **Introduced:** 12/8/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021) (May be acted upon Jan 2022)
  - **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:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/9/2021) (May be acted upon Jan 2022)
  - **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 114 (Mainenschein – D) Medi-Cal Benefits: Rapid Whole Genome Sequencing**
  - **Introduced:** 12/17/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/16/2021) (May be acted upon Jan 2022)
  - **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 77 (Petrie-Norris – D) Substance use Disorder Treatment Services**
  - **Introduced:** 12/7/2020

Updated 12/3/2021

- **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/25/2021) (May be acted upon Jan 2022).
- **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:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
  - **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 265 (Petrie-Norris – D) Medi-Cal: Reimbursement Rates**
  - **Introduced:** 1/15/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/14/2021) (May be acted upon Jan 2022)
  - **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:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/14/2021) (May be acted upon Jan 2022)
  - **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 instead a change of location form in lieu of submitting a complete application package. 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 470 (Carillo – D) Medi-Cal: Eligibility

- **Introduced:** 2/8/2021
- **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/15/2021) (May be acted upon Jan 2022)
- **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 department to seek federal authority to disregard all resources as authorized by the flexibilities provided pursuant to federal law. The bill would authorize the State Department of Health Care Services to implement this prohibition by various means, including provider bulletins, without taking regulatory authority. By January 1, 2023, the bill would require the department to adopt, amend, or repeal regulations on the prohibition and to update its notices and forms to delete any reference to limitations on resources or assets.

- **AB 521 (Mathis – R) Medi-Cal: Unrecovered Payments: Interest Rate**
  - **Introduced:** 2/10/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
  - **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:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/15/2021) (May be acted upon Jan 2022)
  - **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 Medi-Cal 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, and would require persons enrolled in a PACE plan to receive all Medicare and Medi-Cal services from the PACE program.

Updated 12/3/2021

- **AB 586 (O'Donnell – D) Pupil Health: Mental Health Services: School Health Demonstration Project**
  - **Introduced:** 2/11/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was ED. on 6/9/2021) (May be acted upon Jan 2022)
  - **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:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/11/2021) (May be acted upon Jan 2022)
  - **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:** 6/4/21 Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 5/27/2021) (May be acted upon Jan 2022)
  - **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) Medi-Cal: Psychiatric Emergency Medical Conditions**
  - **Introduced:** 2/16/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/19/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires the State Department of Health Care Services to implement managed mental health care for Medi-Cal beneficiaries through contracts with mental health plans. Under current law, mental health plans are responsible for providing specialty mental health services to enrollees, and Medi-Cal managed care plans deliver non-specialty mental health services to enrollees. Under existing law, emergency services and care, mental health benefits, substance use disorder benefits, and specialty mental health services are covered under the Medi-Cal program. This bill would specify that observation services for a psychiatric emergency medical condition, as defined, are covered under the Medi-Cal program, consistent with coverage under the above provisions and any other applicable law.

Updated 12/3/2021

- **AB 848 (Calderon – D) Medi-Cal: Monthly Maintenance Amount: Personal and Incidental Needs**
  - **Introduced:** 2/17/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/19/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires the State Department of Health Care Services to establish income levels for maintenance needs 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 852 (Wood – D) Nurse Practitioners: Scope of Practice: Practice without Standardized Procedures**
  - **Introduced:** 2/17/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was B., P. & E.D. on 6/3/2021) (May be acted upon Jan 2022)
  - **Summary:** This bill would refer to practice protocols, as defined, instead of individual protocols and would delete the requirement to obtain physician consultation in the case of acute decompensation of patient situation. The bill would revise the requirement to establish a referral plan, as described above, by requiring it to address the situation of a patient who is acutely decompensating in a manner that is not consistent with the progression of the disease and corresponding treatment plan.

- **AB 862 (Chen – R) Medi-Cal: Emergency Medical Transportation Services**
  - **Introduced:** 2/17/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/25/2021) (May be acted upon Jan 2022).
  - **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.

Updated 12/3/2021

- **AB 875 (Wood – D) Medi-Cal: Demonstration Project**
  - **Introduced:** 2/17/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/19/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law authorizes the board of supervisors in each county to designate an entity or entities to assist county jail inmates to apply for a health insurance affordability program, as defined, consistent with federal requirements. Commencing January 1, 2023, this bill would instead require the board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the application process. The bill would make conforming changes to provisions relating to the coordination duties of jail administrators. By creating new duties for local officials, including boards of supervisors and jail administrators, the bill would impose a state-mandated local program.

- **AB 935 (Maienschein – D) Telehealth: Mental Health**
  - **Introduced:** 2/17/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/19/2021) (May be acted upon Jan 2022)
  - **Summary:** Would require health care service plans and health insurers, including Medi-Cal managed care plans, by July 1, 2022, to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. The bill would require the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. The bill would add mental health consultations through this program to the Medi-Cal schedule of benefits.

- **AB 1131 (Wood – D) Health Information Network**
  - **Introduced:** 2/18/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2021) (May be acted upon Jan 2022)
  - **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) Medi-Cal**
  - **Introduced:** 2/18/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/16/2021) (May be acted upon Jan 2022)
  - **Summary:** The Medi-Cal 2020 Demonstration Project Act requires the State Department of Health Care Services to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program and the Whole Person Care pilot program, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California

Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. This bill would make specified portions of the CCI operative only through December 31, 2022, as specified, and would repeal its provisions on January 1, 2025.

- **AB 1050 (Gray – D) Medi-Cal: Application for Enrollment: Prescription Drugs**
  - **Introduced:** 2/18/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2021) (May be acted upon Jan 2022)
  - **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 any 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 Medi-Cal 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 appointment reminders or outreach efforts at no more than a 6th grade reading level through Free to End User text messaging unless the applicant opts out.

- **AB 1051 (Bennett D) Medi-Cal: specialty mental health services: foster youth.**
  - **Introduced:** 2/18/2021
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/1/2021) (May be acted upon Jan 2022)
  - **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 community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.

- **AB 1107 (Boerner Horvath – D)**
  - **Introduced:** 2/18/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).
  - **Summary:** Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, that offers coverage for emergency ground medical transportation services to include those services as in-network services and would require the plan or insurer to pay those services at the contracted rate pursuant to the plan contract or policy. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **AB 1160 (Rubio, Blanca – D) Medically Supportive Food**
  - **Introduced:** 2/18/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).

Updated 12/3/2021

- **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:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).
  - **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 1162 (Villapudua – D) Health Care Coverage: Claims Payments**
  - **Introduced:** 2/18/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2021) (May be acted upon Jan 2022)
  - **Summary:** Would require a health care service plan or disability insurer that provides hospital, medical, or surgical coverage to provide access to medically necessary health care services to its enrollees or insureds that are displaced or otherwise affected by a state of emergency. The bill would allow the Department of Managed Health Care and the Department of Insurance to also suspend requirements for prior authorization during a state of emergency. The bill would authorize the respective departments to issue guidance to health care service plans and specified insurers regarding compliance with these provisions.

- **SB 56 (Durazno – D) Medi-Cal: Eligibility**
  - **Introduced:** 12/7/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/22/2021) (May be acted upon Jan 2022)
  - **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 3 fiscal years that exceeds the cost of providing those individuals with 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 60 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.

- **SB 250 (Pan – D) Health Care Coverage**
  - **Introduced:** 1/25/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/10/2021) (May be acted upon Jan 2022)
  - **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) California Advancing and Innovating Medi-Cal**
  - **Introduced:** 1/26/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/10/2021) (May be acted upon Jan 2022)
  - **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 establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative and would condition its implementation on receipt of any necessary federal approvals and availability of federal financial participation.

- **SB 281 (Dodd – D) Medi-Cal: California Community Transitions Program**
  - **Introduced:** 2/1/2021
  - **Status:** 7/6/21 July 6 set for first hearing canceled at the request of author.
  - **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:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/6/2021) (May be acted upon Jan 2022)
  - **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:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/9/2021) (May be acted upon Jan 2022)
  - **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 508 (Stern – D) Mental Health Coverage: School-based Services**
  - **Introduced:** 2/10/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/25/2021) (May be acted upon Jan 2022).
  - **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 523 (Leyva – D) Health Care Coverage: Contraceptives**
  - **Introduced:** 2/10/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/19/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law establishes health care coverage requirements for contraceptives, including, but not limited to, requiring a health care service plan, including a Medi-Cal managed

care plan, or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2017, to cover up to a 12-month supply of federal Food and Drug Administration approved, self-administered hormonal contraceptives when dispensed at one time for an enrollee or insured by a provider or pharmacist, or at a location licensed or authorized to dispense drugs or supplies. This bill, the Contraceptive Equity Act of 2021, would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2022, including requiring a health care service plan or health insurer to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost-sharing or medical management restrictions.

Other

Bills approved by the governor:

- **AB 342 (Gipson – D) Health Care Coverage: Colorectal Cancer: Screening and Testing**
  - **Introduced:** 1/28/2021
  - **Status:** 10/1/21 Signed by the Governor
  - **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 test, as specified. The bill would require the required colonoscopy for a positive result on a test or procedure to be provided without cost sharing, unless the underlying test or procedure was a colonoscopy, as specified. The bill would also provide that it does not require a health care service plan or health insurer to provide benefits for items or services delivered by an out-of-network provider and does not preclude a health care service plan or health insurer from imposing cost-sharing requirements for items or services that are delivered by an out-of-network provider.

- **AB 457 (Santiago – D) Protection of Patient Choice in Telehealth Provider Act**
  - **Introduced:** 2/8/2021
  - **Status:** 10/1/21 Signed by the Governor
  - **Summary:** Current law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under current law, it is unlawful for healing arts licensees, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, subject to certain exceptions. This bill would provide that the payment or receipt of consideration for internet-based advertising, appointment booking, or any service that provides information and resources to prospective patients of licensees does not constitute a referral of a patient if the internet-based service provider does not recommend, endorse, arrange for, or otherwise select a licensee for the prospective patient.

- **AB 644 (Waldron – R) California MAT Re-entry Incentive Program**
  - **Introduced:** 2/12/2021
  - **Status:** 7/9/21 Approved by the Governor. Chaptered by Secretary of State
  - **Summary:** Current law, contingent upon the appropriation of specified federal grant funds to the State Department of Health Care Services, establishes the California MAT Re-Entry Incentive Program, which makes a person released from prison on parole, with specified exceptions, eligible for a 30-day reduction in the period of parole for every six months of treatment, up to a

maximum 90-day reduction. To receive the reduction to the period of parole, existing law requires that the parolee successfully participate in a substance abuse treatment program that employs a multifaceted approach to treatment, including medically assisted therapy (MAT), as specified, and to have been enrolled in, or successfully participated in, an institutional substance abuse program. This bill would, instead of requiring the person to have participated in an institutional substance abuse program, require the person to have been enrolled in, or successfully participated in, a post-release substance abuse program.

- **AB 309 (Gabriel – D) Pupil Mental Health: Model Referral Protocols**
  - **Introduced:** 1/25/2021
  - **Status:** 10/8/2021 Approved by the Governor. Chaptered by Secretary of State.
  - **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, administrators, pupils, and parents. 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:** 10/9/2021 Approved by the Governor. Chaptered by Secretary of State.
  - **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 326 (Rivas, Luz – D) Health Care Service Plans: Consumer Participation Program**
  - **Introduced:** 1/26/2021
  - **Status:** 10/9/2021 Approved by the Governor. Chaptered by Secretary of State.
  - **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 347 (Arambula – D) Health Care Coverage: Step Therapy**
  - **Introduced:** 1/28/2021
  - **Status:** 10/9/2021 Approved by the Governor. Chaptered by Secretary of State.
  - **Summary:** Would clarify that a health care service plan that provides coverage for prescription drugs may require step therapy, as defined, if there is more than one drug that is clinically 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 the health care provider submits justification and supporting clinical documentation, if needed, that specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, health care provider, or prescribing provider to file an internal appeal of a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request,

and would require a health care service plan or health insurer to designate a clinical peer to review those appeals.

- **AB 389 (Grayson – D) Ambulance Services**
  - **Introduced:** 2/2/2021
  - **Status:** 10/4/2021 Approved by the Governor. Chaptered by Secretary of State
  - **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 a written subcontract with a private ambulance service for these purposes.

- **AB 1064 (Fong – R) Pharmacy Practice: Vaccines: Independent Initiation and Administration**
  - **Introduced:** 2/18/2021
  - **Status:** 10/8/2021 Approved by the Governor. Chaptered by Secretary of State
  - **Summary:** Current law provides additional authority for the pharmacist to independently initiate and administer any COVID-19 vaccines approved or authorized by the federal Food and Drug Administration (FDA), or vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP), in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) for persons 3 years of age and older. This bill would recast this provision to instead authorize a pharmacist to independently initiate and administer any vaccine that has been approved or authorized by the FDA and received an ACIP individual vaccine recommendation published by the CDC for persons 3 years of age and older.

- **SB 306 (Pan – D) Sexually Transmitted Disease: Testing**
  - **Introduced:** 12/7/2020
  - **Status:** 10/4/2021 Approved by the Governor. Chaptered by Secretary of State
  - **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. Current regulation requires a pharmacist to ensure that a patient receives written notice of their right to consult with a pharmacist when the patient or the patient's agent is not present. 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 221 (Wiener – D) Health Care Coverage: Timely Access to Care**
  - **Introduced:** 1/13/2021
  - **Status:** 10/8/2021 Approved by the Governor. Chaptered by Secretary of State
  - **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 nonemergency 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, as specified.

Bills left on suspense file that may be acted upon in January 2022

- **AB 71 (Rivas – D) Homeless Funding: Bring California Home Act**
  - **Introduced:** 12/7/2020
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 6/3/2021) (May be acted upon Jan 2022)
  - **Summary:** The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Current federal law, for purposes of determining a taxpayer's gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global intangible low-taxed income for that taxable year, as provided. This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global intangible low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions.

- **AB 93 (Garcia, Eduardo – D) Pandemic Response Practices**
  - **Introduced:** 12/7/2020
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/25/2021) (May be acted upon Jan 2022).
  - **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 95 (Low – D) Employees: Bereavement Leave**
  - **Introduced:** 12/7/2020
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
  - **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 97 (Nazarian – D) Health Care Coverage: Insulin affordability**
  - **Introduced:** 12/8/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 8/17/2021) (May be acted upon Jan 2022)

Updated 12/3/2021

- **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:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021) (May be acted upon Jan 2022)
  - **Summary:** This bill 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 383 (Salas – D) Behavioral Health: Older Adults**
  - **Introduced:** 2/2/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/16/2021) (May be acted upon Jan 2022)
  - **Summary:** Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral 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 behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022 and would require the report to be posted on the department's internet website.

- **AB 393 (Reyes – D) Early Childhood Development Act of 2020**
  - **Introduced:** 2/2/2021
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was APPR. SUSPENSE FILE on 5/5/2021) (May be acted upon Jan 2022)
  - **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.

Updated 12/3/2021

- **AB 454 (Rodriguez – D) Health Care Provider Emergency Payments**
  - **Introduced:** 2//2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2021) (May be acted upon Jan 2022)
  - **Summary:** This bill 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 or other circumstance if two conditions occur, as specified.

- **AB 493 (Wood – D) Health Insurance**
  - **Introduced:** 2/8/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 5/12/2021) (May be acted upon Jan 2022)
  - **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:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/9/2021) (May be acted upon Jan 2022).
  - **Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. 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:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/9/2021) (May be acted upon Jan 2022).
  - **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.

Updated 12/3/2021

- **AB 797 (Wicks – D) Health Care Coverage: Treatment for Infertility**
  - **Introduced:** 2/16/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/16/2021) (May be acted upon Jan 2022)
  - **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:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/16/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law establishes the Office of Statewide Health Planning and Development (OSHPD) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. This bill would establish, within OSHPD, 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.

- **AB 1400 (Kalra – D) Guaranteed Health Care for All**
  - **Introduced:** 2/19/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was PRINT on 2/19/2021) (May be acted upon Jan 2022).
  - **Status:** This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

- **SB 17 (Pan – D) Office of Racial Equity**
  - **Introduced:** 12/7/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/30/2021) (May be acted upon Jan 2022)
  - **Status:** Would, until January 1, 2029, establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, 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.

Updated 12/3/2021

- **SB 40 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
  - **Introduced:** 12/7/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/6/2021) (May be acted upon Jan 2022)
  - **Summary:** Would, contingent upon an appropriation by the Legislature, as specified, 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.

- **SB 100 (Hurtado – D) Extended Foster Care Program Working Group**
  - **Introduced:** 12/29/2020
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/20/2021) (May be acted upon Jan 2022)
  - **Summary:** Would require the State Department of Social Services to convene a working group to examine the extended foster care program and make recommendations for improvements to the program. The bill would require the working group to submit a report to the Legislature with the recommendations on or before July 1, 2022. The bill would require the working group to include representatives from specified state agencies and stakeholders. The bill would require the working group to evaluate and provide recommendations on the overall functioning of the extended foster care system, and on other specified components of the foster care system, including higher education opportunities, job training, and employment opportunities for nonminor dependents, housing access, and access to health care and mental health services. The bill would require the recommendations to reflect a consensus of the working group, as specified.

Updated 12/3/2021

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Finance

Gil Riojas

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

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

Date: **December 10, 2021**

Subject: **Finance Report – October 2021**

Executive Summary

- For the month ended October 31, 2021, the Alliance had enrollment of 293,595 members, a Net Loss of $7.4 million and 525% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$98,481	$391,290
Medical Expense	100,359	373,541
Admin. Expense	5,484	20,627
Other Inc. / (Exp.)	12	(2)
Net Income	**($7,351)**	**($2,880)**

Net Income by Program:

	Month	YTD
Medi-Cal	($7,369)	($3,029)
Group Care	18	149
	($7,351)	**($2,880)**

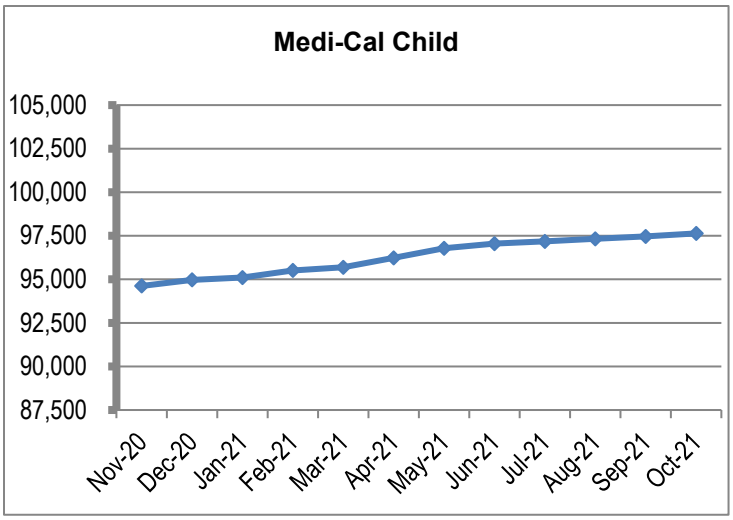
Enrollment

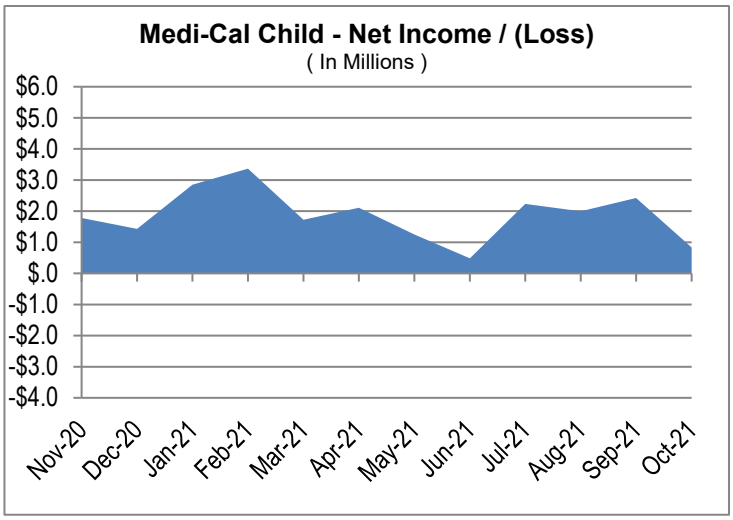
- Total enrollment increased by 963 members since September 2021.
- Total enrollment increased by 5,041 members since June 2021.

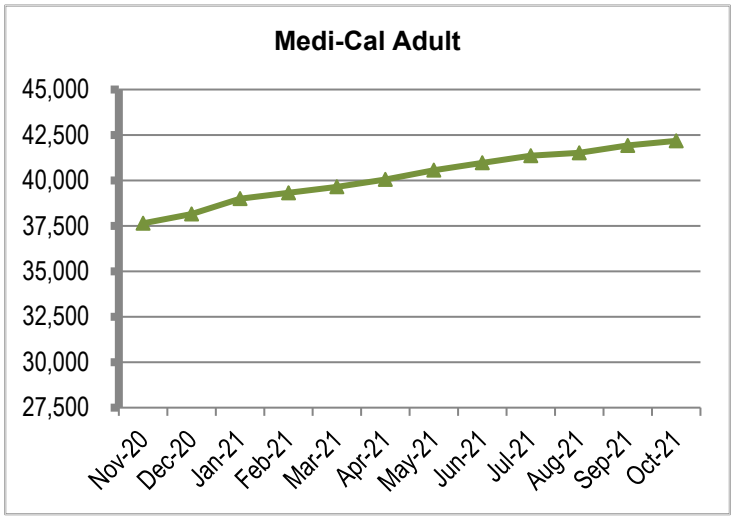
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

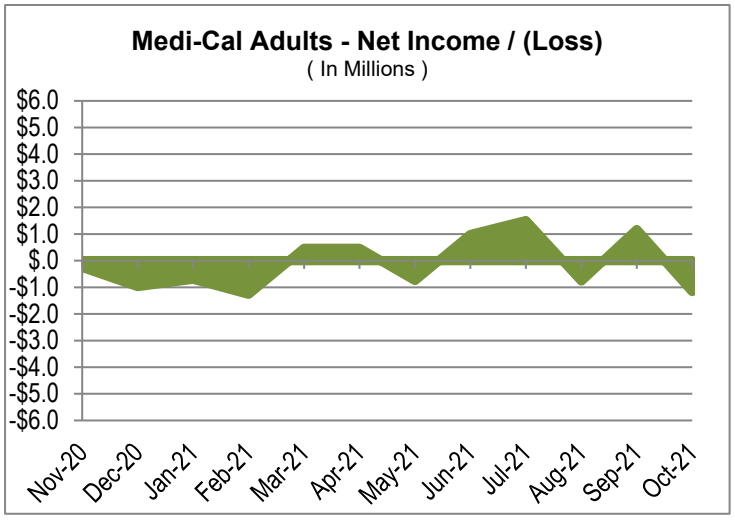
Enrollment					Member Months			
October-2021					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
42,177	40,859	1,318	3.2%	Adult	166,978	163,225	3,753	2.3%
97,636	97,497	139	0.1%	Child	389,599	389,481	118	0.0%
26,366	26,440	(74)	-0.3%	SPD	105,332	105,623	(291)	-0.3%
20,692	20,072	620	3.1%	Duals	81,809	80,184	1,625	2.0%
100,844	98,598	2,246	2.3%	ACA OE	400,201	393,881	6,320	1.6%
287,715	**283,466**	**4,249**	**1.5%**	**Medi-Cal Total**	**1,143,919**	**1,132,394**	**11,525**	**1.0%**
5,880	5,942	(62)	-1.0%	Group Care	23,606	23,759	(153)	-0.6%
293,595	**289,408**	**4,187**	**1.4%**	**Total**	**1,167,525**	**1,156,153**	**11,372**	**1.0%**

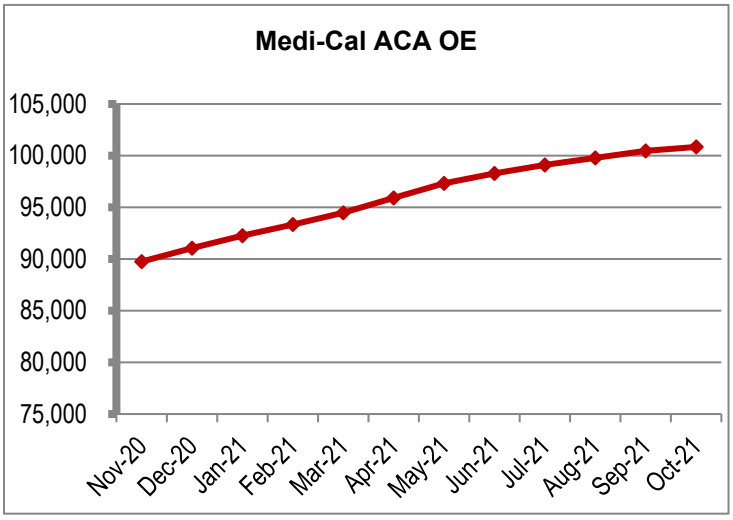
Enrollment and Profitability by Program and Category of Aid

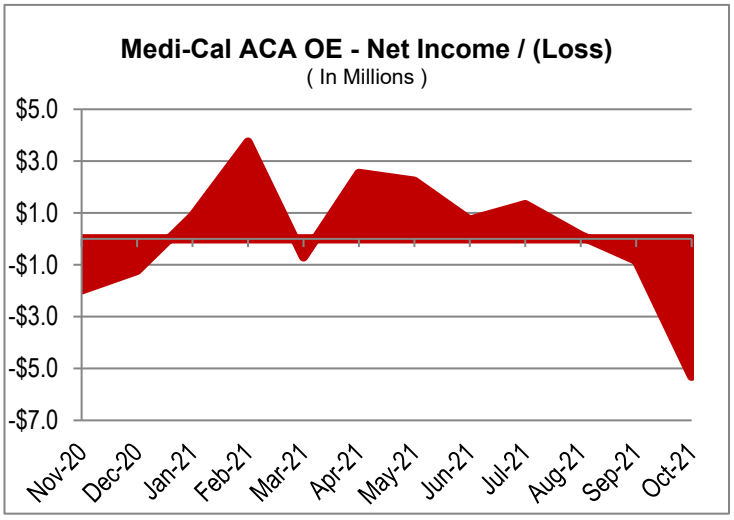




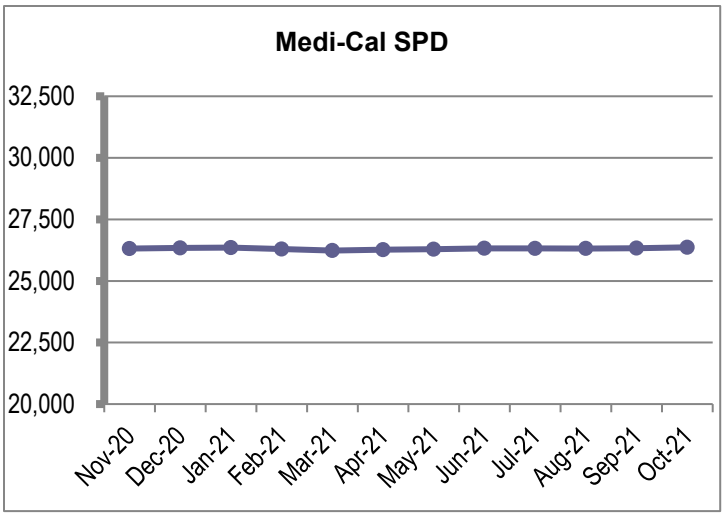


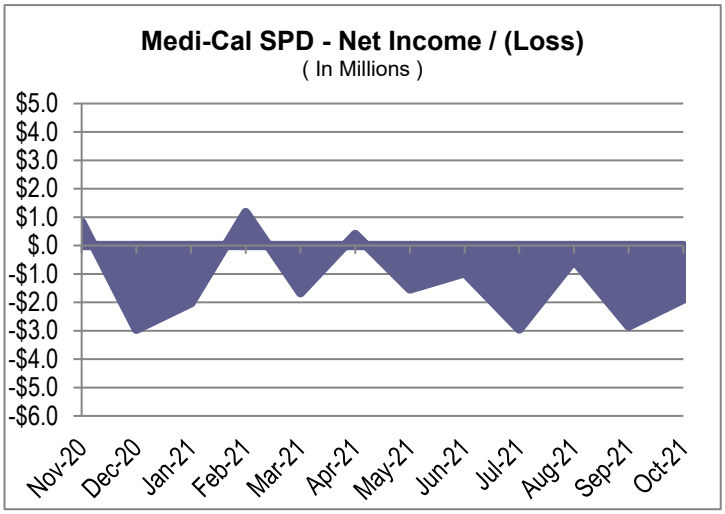


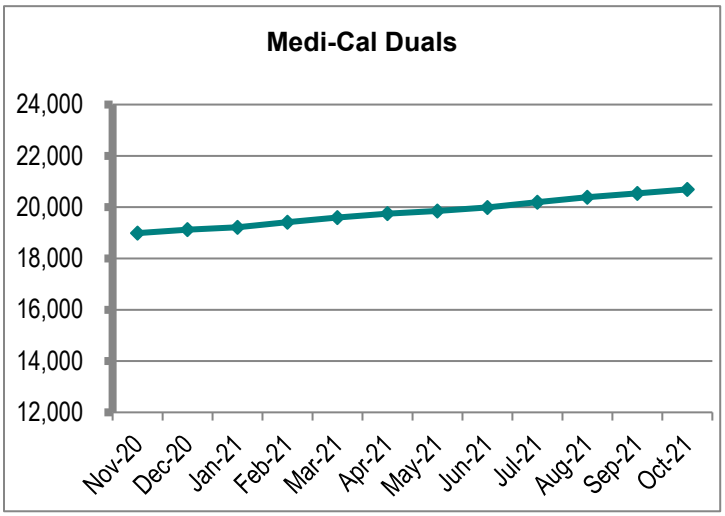


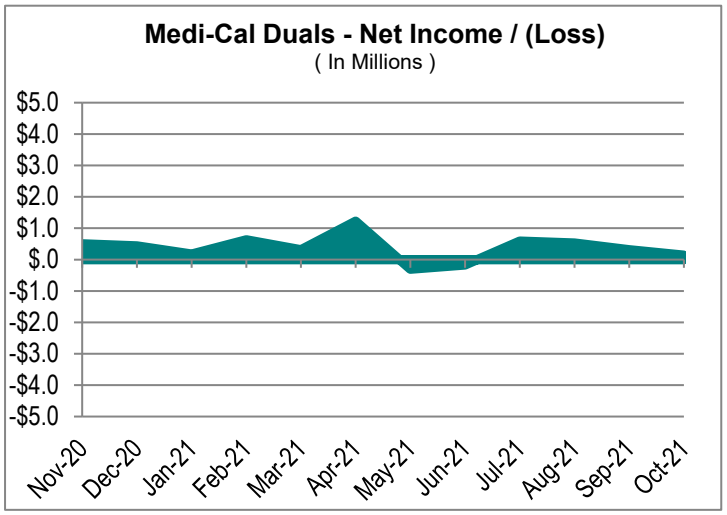


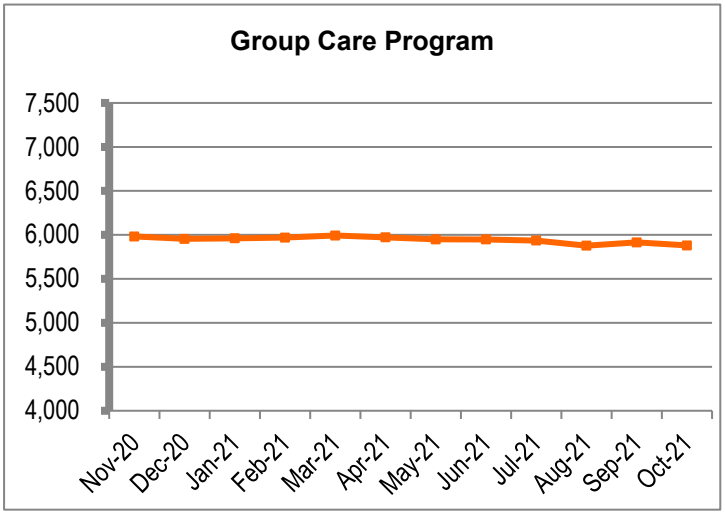
Enrollment and Profitability by Program and Category of Aid

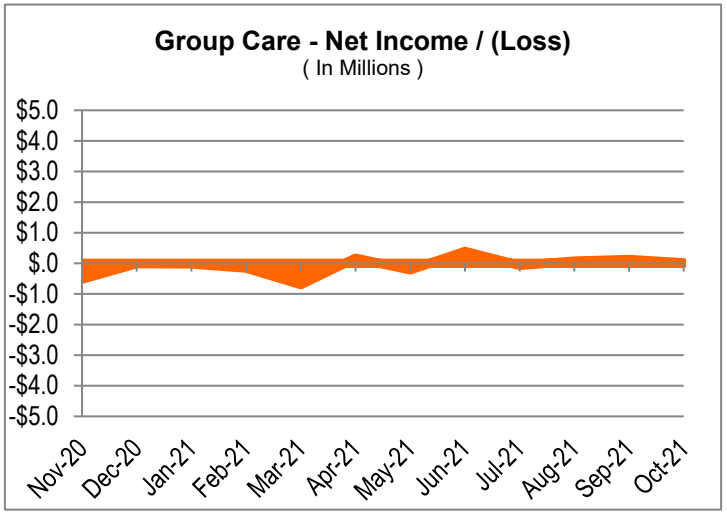




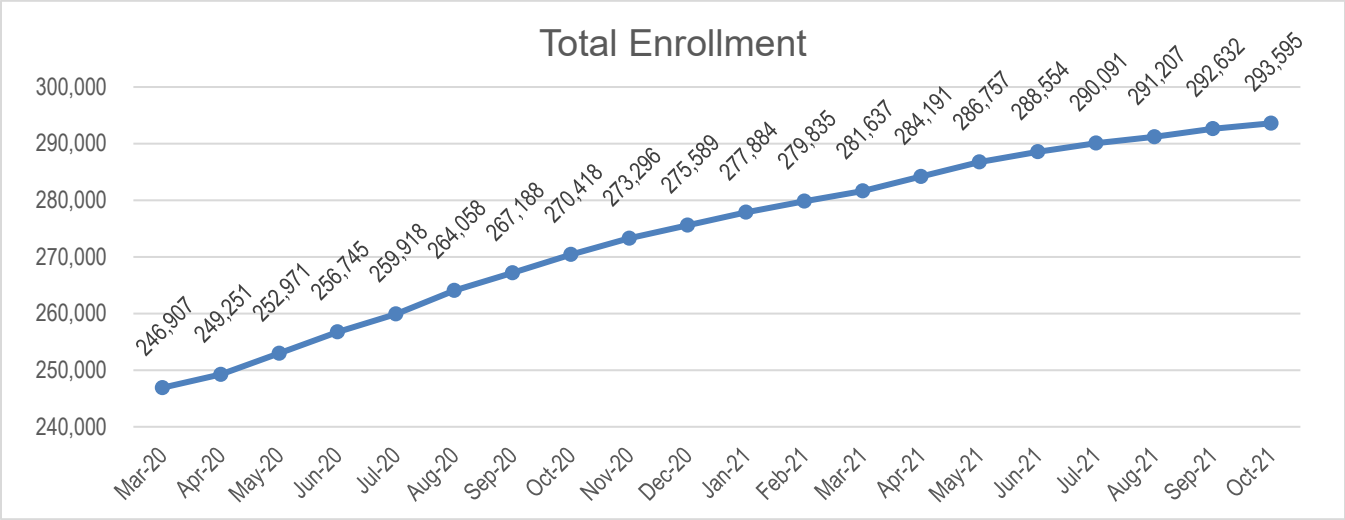


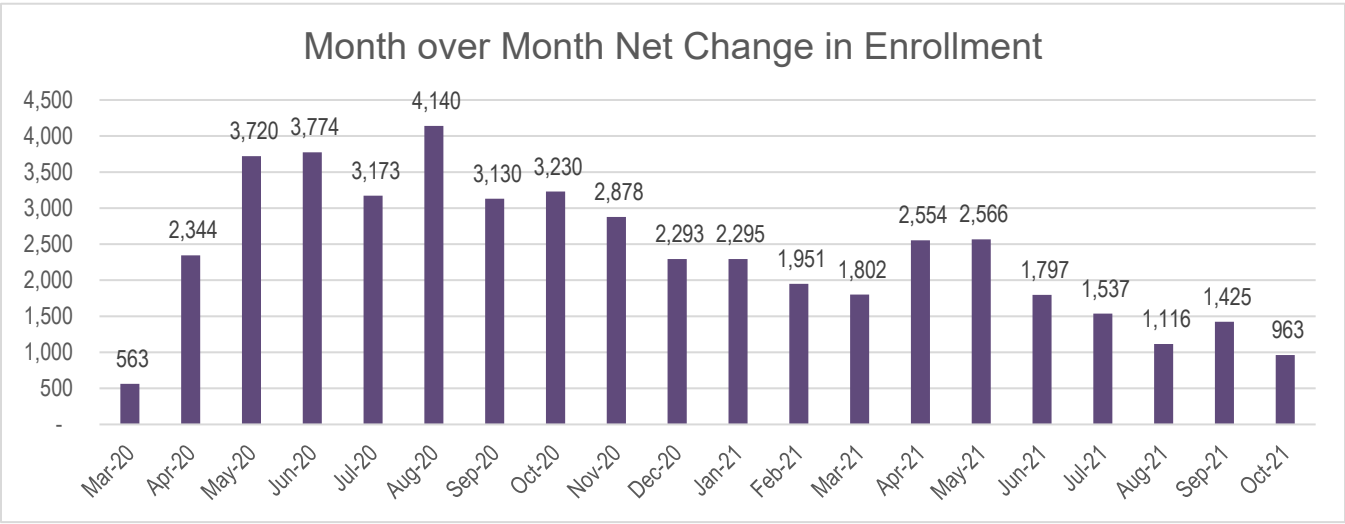






Net Change in Enrollment



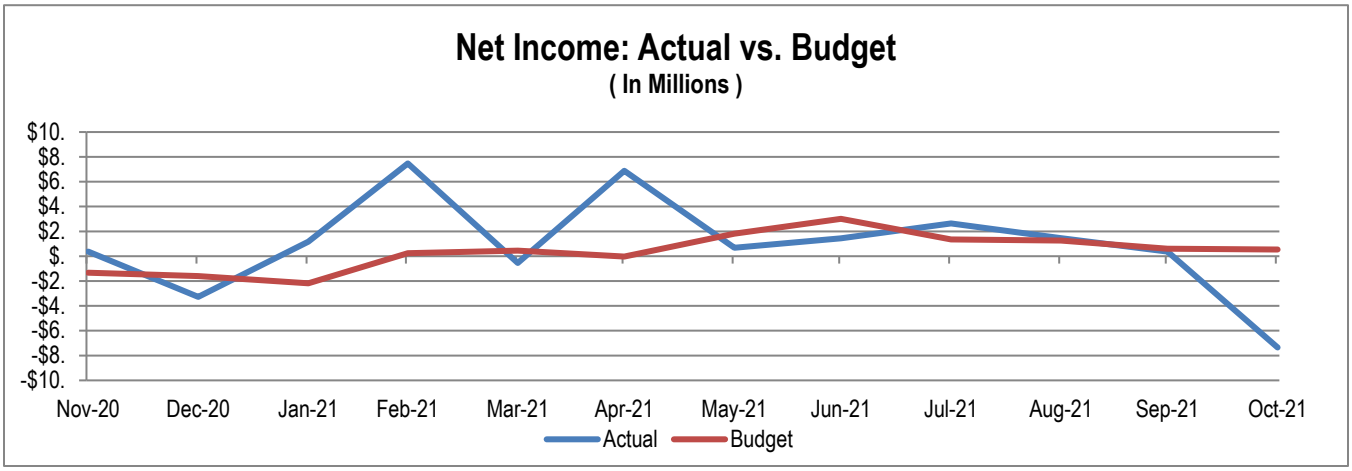


- Total Enrollment continues to increase however, the rate of increase has fallen from the high of 4,140 members in August 2020. The change in the rate of increase will be a considered in enrollment projections for the remainder of the fiscal and calendar year.

Net Income

- For the month ended October 31, 2021:
  - Actual Net Loss: $7.4 million.
  - Budgeted Net Income: $535,000.

- For the fiscal YTD ended October 31, 2021:
  - Actual Net Loss: $2.9 million.
  - Budgeted Net Income: $3.8 million.

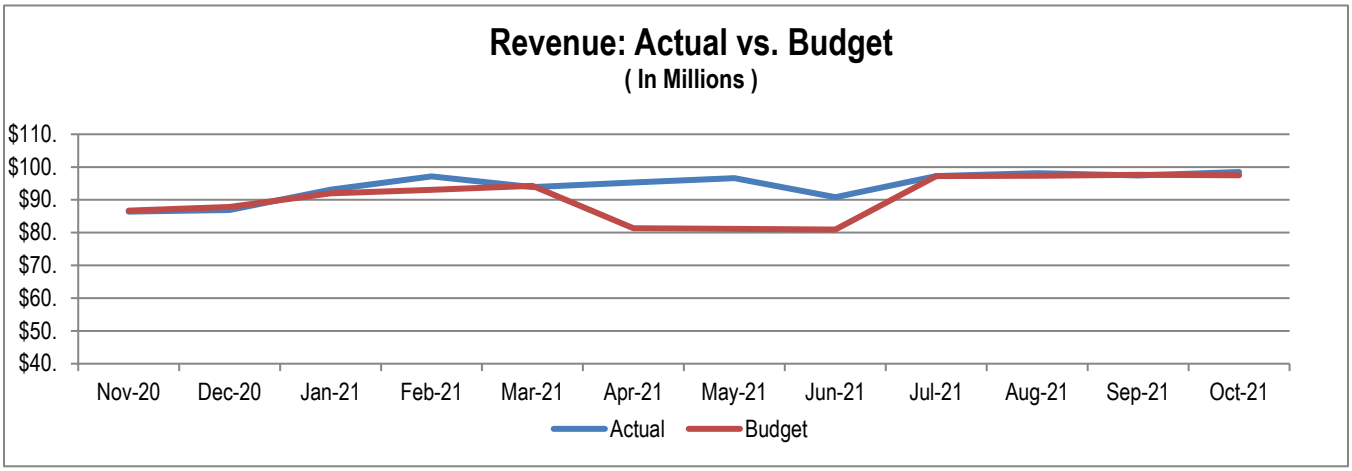


- The unfavorable variance of $7.9 million in the current month is primarily due to:
  - Unfavorable $10.1 million higher than anticipated Medical Expense.
  - Favorable $967,000 higher than anticipated Revenue.
  - Favorable $1.1 million lower than anticipated Administrative Expense.

Revenue

- For the month ended October 31, 2021:
  - Actual Revenue: $98.5 million.
  - Budgeted Revenue: $97.5 million.

- For the fiscal YTD ended October 31, 2021:
  - Actual Revenue: $391.3 million.
  - Budgeted Revenue: $389.7 million.



- For the month ended October 31, 2021, the favorable revenue variance of $967,000 is primarily due to a write down of MLR and pass-through reserve for historic years that is no longer necessary, along with favorable $200,000 Covid vaccination incentive revenue for October 2021.

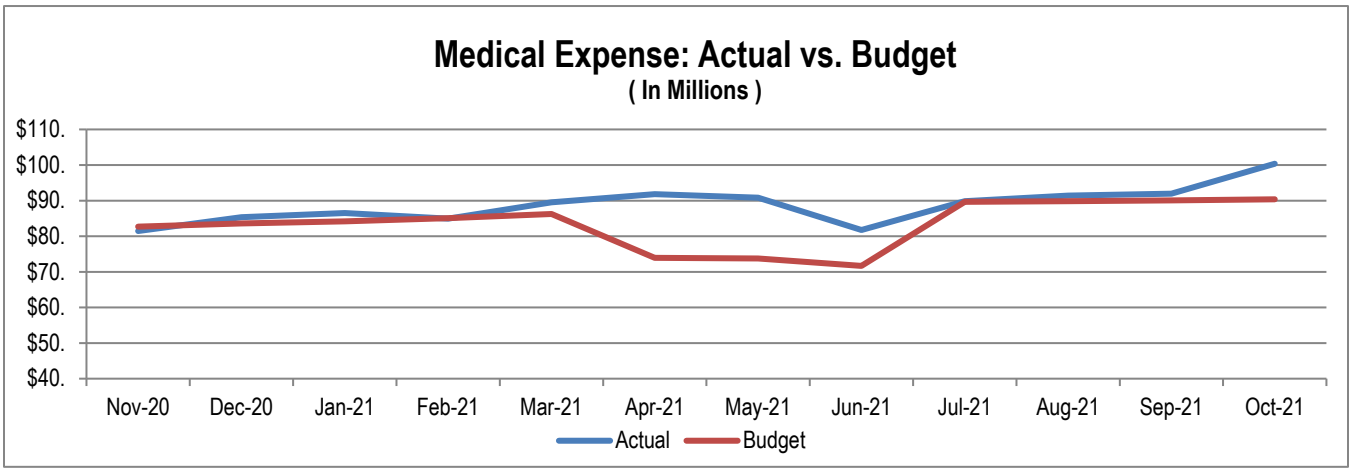
- The October Medi-Cal base capitation payment from DHCS has been delayed, therefore the October capitation is estimated based on financial enrollment and will be adjusted when payment is received from DHCS.

- The September estimated capitation payment has been received and the difference between the estimate and the actual has been recorded this month. There is no material difference between the estimate and actual.

Medical Expense

- For the month ended October 31, 2021:
  - Actual Medical Expense: $100.4 million.
  - Budgeted Medical Expense: $90.4 million.

- For the fiscal YTD ended October 31, 2021:
  - Actual Medical Expense: $373.5 million.
  - Budgeted Medical Expense: $360.0 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 October, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by $2.9 million. Year-to-date, the estimate for prior years decreased by $8.9 million (per table below).

- The Alliance experienced a significant increase in claims received, inventory on hand and claims processed in October from six-month averages in each category.

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	$88,585,173	$0	$88,585,173	$86,931,087	($1,654,086)	-1.9%
Primary Care FFS	17,945,678	(249,489)	17,696,189	17,849,955	($95,723)	-0.5%
Specialty Care FFS	18,547,259	163,957	18,711,216	18,738,391	$191,132	1.0%
Outpatient FFS	33,858,870	(65,098)	33,793,772	32,935,378	($923,492)	-2.8%
Ancillary FFS	17,646,696	91,358	17,738,054	15,206,478	($2,440,218)	-16.0%
Pharmacy FFS	63,027,193	(1,500,507)	61,526,686	61,816,744	($1,210,448)	-2.0%
ER Services FFS	18,630,520	(101,148)	18,529,372	14,788,353	($3,842,168)	-26.0%
Inpatient Hospital & SNF FFS	117,207,849	(7,274,375)	109,933,474	102,297,784	($14,910,065)	-14.6%
Other Benefits & Services	7,069,272	0	7,069,272	8,856,602	$1,787,330	20.2%
Net Reinsurance	(42,364)	0	(42,364)	529,651	$572,015	108.0%
	$382,476,146	**($8,935,302)**	**$373,540,844**	**$359,950,423**	**($22,525,723)**	**-6.3%**

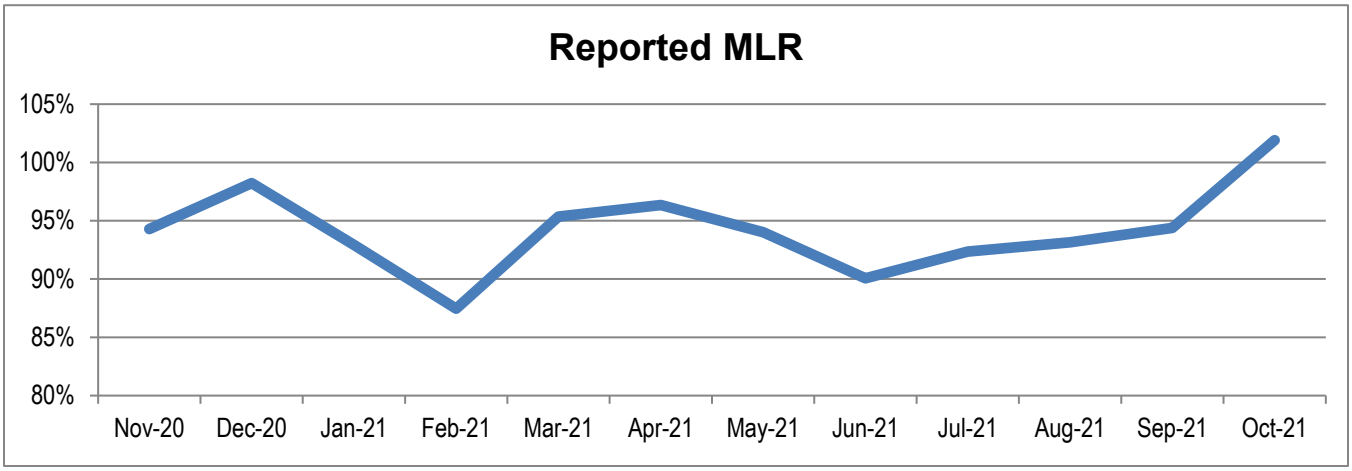
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$75.87	$0.00	$75.87	$75.19	($0.68)	-0.9%
Primary Care FFS	15.37	(0.21)	15.16	15.44	0.07	0.4%
Specialty Care FFS	15.89	0.14	16.03	16.21	0.32	2.0%
Outpatient FFS	29.00	(0.06)	28.94	28.49	(0.51)	-1.8%
Ancillary FFS	15.11	0.08	15.19	13.15	(1.96)	-14.9%
Pharmacy FFS	53.98	(1.29)	52.70	53.47	(0.52)	-1.0%
ER Services FFS	15.96	(0.09)	15.87	12.79	(3.17)	-24.8%
Inpatient Hospital & SNF FFS	100.39	(6.23)	94.16	88.48	(11.91)	-13.5%
Other Benefits & Services	6.05	0.00	6.05	7.66	1.61	21.0%
Net Reinsurance	(0.04)	0.00	(0.04)	0.46	0.49	107.9%
	$327.60	**($7.65)**	**$319.94**	**$311.33**	**($16.26)**	**-5.2%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $22.5 million unfavorable to budget. On a PMPM basis, medical expense is 5.2% unfavorable to budget.
    - Capitated Expense is over budget primarily due to higher than budgeted enrollment along with retroactive rate adjustment with our global subcontractor.
    - Primary Care Expense is below budget driven by favorable unit cost, offset by unfavorable utilization with most of the favorability in the Child population.

- Specialty Care is favorable compared to budget due to favorable utilization and unit cost. Expenses across all member groups are favorable except for the SPD and Child populations whose utilization is unfavorable.
- Outpatient Expense is over budget, driven by unfavorable unit cost offset by favorable utilization.
    - Behavioral Health: unfavorable due to unfavorable utilization offset by favorable unit cost trends.
    - Lab & Radiology: favorable due to favorable utilization offset by unfavorable unit cost trends.
    - Dialysis: favorable due to favorable utilization offset by unfavorable unit cost trends.
    - Facility-Other: favorable due to favorable unit cost trends offset by unfavorable utilization.
- Ancillary Expense is above budget due to Home Heath, DME, Outpatient Therapy, Laboratory and Radiology, CBAS and Ambulance. Overall utilization is unfavorable offset by favorable unit cost.
- Pharmacy Expense is slightly above budget driven by unfavorable Non-PBM expense, offset by favorable PBM utilization across all populations.
- Emergency Room Expense is unfavorable, due to unfavorable utilization and unit cost across all member categories except for the Duals population whose unit cost is favorable.
- Inpatient Expense is over budget driven primarily by unfavorable utilization in the SPD, ACA OE, Group Care and Adult populations. Unfavorable utilization is 12% above preliminary budget targets representing approximately $14 million in additional expense above budget.
- Other Benefits & Services are favorable to budget, primarily due to open positions in the Clinical Organization and lower than expected printing postage and promotion services.
- Net Reinsurance is favorable to budget. We continue to receive recoveries from the last fiscal year.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 101.9% for the month and 95.5% for the fiscal year-to-date.



Administrative Expense

- For the month ended October 31, 2021:
  - Actual Administrative Expense: $5.5 million.
  - Budgeted Administrative Expense: $6.6 million.

- For the fiscal YTD ended October 31, 2021:
  - Actual Administrative Expense: $20.6 million.
  - Budgeted Administrative Expense: $26.1 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 %
$2,947,613	$3,695,525	$747,911	20.2%	Employee Expense	$11,688,244	$14,168,845	$2,480,601	17.5%
694,289	648,304	(45,985)	-7.1%	Medical Benefits Admin Expense	2,718,018	2,587,489	(130,529)	-5.0%
858,581	1,211,746	353,165	29.1%	Purchased & Professional Services	2,807,063	4,969,287	2,162,224	43.5%
983,581	1,058,027	74,447	7.0%	Other Admin Expense	3,413,280	4,331,377	918,096	21.2%
$5,484,064	$6,613,602	$1,129,538	17.1%	Total Administrative Expense	$20,626,606	$26,056,998	$5,430,392	20.8%

The year-to-date variances include:

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

- Administrative loss ratio (ALR) represented 5.6% of net revenue for the month and 5.3% of net revenue year-to-date.

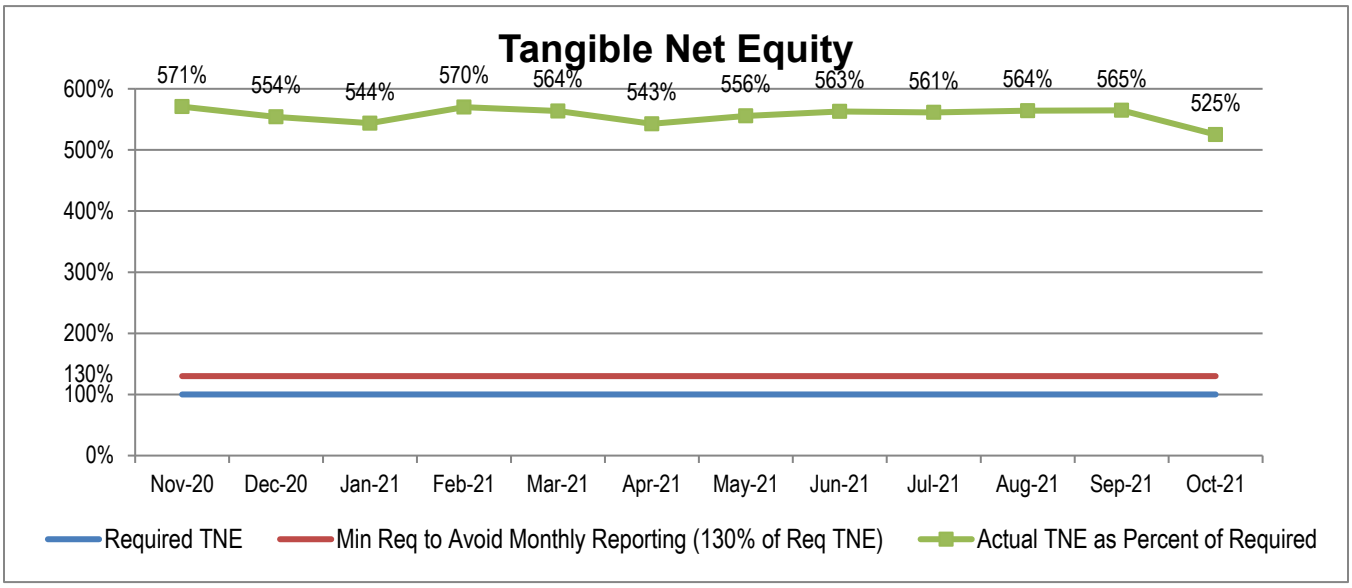
Other Income / (Expense)

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

- Fiscal year-to-date interest income from investments is $113,000.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $106,000.

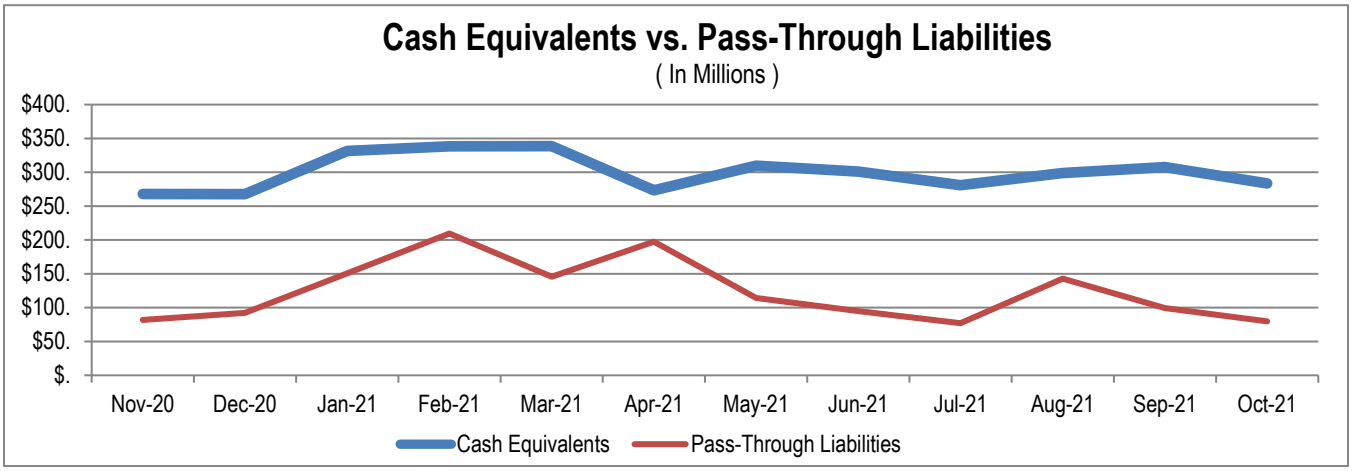
Tangible Net Equity (TNE)

- 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 $38.6 million
    - Actual TNE $202.5 million
    - Excess TNE $164.0 million
    - TNE as % of Required TNE 525%



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

- Key Metrics
    - Cash & Cash Equivalents $283.6 million
    - Pass-Through Liabilities $79.6 million
    - Uncommitted Cash $204.0 million
    - Working Capital $196.2 million
    - Current Ratio 1.87 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: $112,000.
- Annual capital budget: $1.4 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 October 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
287,715	283,466	4,249	1.5%	1 - Medi-Cal	1,143,919	1,132,394	11,525	1.0%
5,880	5,942	(62)	(1.0%)	2 - Group Care	23,606	23,759	(153)	(0.6%)
293,595	**289,408**	**4,187**	**1.4%**	**3 - Total Member Months**	**1,167,525**	**1,156,153**	**11,372**	**1.0%**
				REVENUE				
$98,480,514	**$97,513,572**	**$966,943**	**1.0%**	**4 - TOTAL REVENUE**	**$391,289,691**	**$389,728,146**	**$1,561,544**	**0.4%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
22,243,914	21,612,799	(631,115)	(2.9%)	5 - Capitated Medical Expense	88,585,175	86,931,095	(1,654,080)	(1.9%)
				Fee for Service Medical Expenses:				
29,707,246	25,817,967	(3,889,279)	(15.1%)	6 - Inpatient Hospital & SNF FFS Expense	109,933,473	102,297,783	(7,635,690)	(7.5%)
4,514,440	4,478,703	(35,737)	(0.8%)	7 - Primary Care Physician FFS Expense	17,696,189	17,849,952	153,763	0.9%
5,431,569	4,718,791	(712,778)	(15.1%)	8 - Specialty Care Physician Expense	18,711,216	18,738,390	27,174	0.1%
5,209,593	3,823,597	(1,385,996)	(36.2%)	9 - Ancillary Medical Expense	17,738,053	15,206,477	(2,531,576)	(16.6%)
9,962,093	8,294,662	(1,667,431)	(20.1%)	10 - Outpatient Medical Expense	33,793,771	32,935,378	(858,393)	(2.6%)
4,863,330	3,717,434	(1,145,896)	(30.8%)	11 - Emergency Expense	18,529,373	14,788,351	(3,741,022)	(25.3%)
16,763,158	15,541,542	(1,221,616)	(7.9%)	12 - Pharmacy Expense	61,526,686	61,816,745	290,059	0.5%
76,451,429	66,392,696	(10,058,733)	(15.2%)	13 - Total Fee for Service Expense	277,928,761	263,633,076	(14,295,685)	(5.4%)
1,521,224	2,235,829	714,606	32.0%	14 - Other Benefits & Services	7,069,269	8,856,602	1,787,332	20.2%
142,774	132,811	(9,963)	(7.5%)	15 - Reinsurance Expense	(42,365)	529,650	572,015	108.0%
100,359,340	**90,374,135**	**(9,985,205)**	**(11.0%)**	**17 - TOTAL MEDICAL EXPENSES**	**373,540,840**	**359,950,423**	**(13,590,418)**	**(3.8%)**
(1,878,826)	**7,139,437**	**(9,018,263)**	**(126.3%)**	**18 - GROSS MARGIN**	**17,748,850**	**29,777,724**	**(12,028,873)**	**(40.4%)**
				ADMINISTRATIVE EXPENSES				
2,947,613	3,695,525	747,911	20.2%	19 - Personnel Expense	11,688,244	14,168,845	2,480,601	17.5%
694,289	648,304	(45,985)	(7.1%)	20 - Benefits Administration Expense	2,718,018	2,587,489	(130,529)	(5.0%)
858,581	1,211,746	353,165	29.1%	21 - Purchased & Professional Services	2,807,063	4,969,287	2,162,224	43.5%
983,581	1,058,027	74,447	7.0%	22 - Other Administrative Expense	3,413,280	4,331,377	918,096	21.2%
5,484,064	**6,613,602**	**1,129,538**	**17.1%**	**23 -Total Administrative Expense**	**20,626,606**	**26,056,998**	**5,430,392**	**20.8%**
(7,362,890)	**525,835**	**(7,888,725)**	**(1,500.2%)**	**24 - NET OPERATING INCOME / (LOSS)**	**(2,877,756)**	**3,720,726**	**(6,598,482)**	**(177.3%)**
				OTHER INCOME / EXPENSE				
11,993	**8,752**	**3,241**	**37.0%**	**25 - Total Other Income / (Expense)**	**(2,309)**	**35,004**	**(37,313)**	**(106.6%)**
($7,350,897)	**$534,587**	**($7,885,483)**	**(1,475.1%)**	**26 - NET INCOME / (LOSS)**	**($2,880,065)**	**$3,755,730**	**($6,635,795)**	**(176.7%)**
5.6%	6.8%	1.2%	17.9%	27 - Admin Exp % of Revenue	5.3%	6.7%	1.4%	21.2%

ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2022
CURRENT MONTH VS. PRIOR MONTH
October 31, 2021

	October	September	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$24,010,047	$26,582,753	($2,572,706)	-9.68%
Short-Term Investments	259,587,356	281,008,371	(21,421,015)	-7.62%
Interest Receivable	21,327	30,861	(9,535)	-30.90%
Other Receivables - Net	129,242,531	130,547,022	(1,304,491)	-1.00%
Prepaid Expenses	4,632,357	5,554,665	(922,308)	-16.60%
Prepaid Inventoried Items	26,836	4,936	21,900	443.70%
CalPERS Net Pension Asset	(1,665,176)	(1,665,176)	0	0.00%
Deferred CalPERS Outflow	4,501,849	4,501,849	0	0.00%
TOTAL CURRENT ASSETS	**420,357,126**	**446,565,280**	**(26,208,154)**	**-5.87%**
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	9,611,531	9,605,191	6,340	0.07%
Furniture And Equipment	11,540,223	11,540,223	0	0.00%
Leasehold Improvement	902,447	902,447	0	0.00%
Construction in Process	169,640	169,640	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,047,843	37,041,503	6,340	0.02%
Less: Accumulated Depreciation	(31,033,850)	(30,948,164)	(85,686)	0.28%
NET PROPERTY AND EQUIPMENT	**6,013,994**	**6,093,339**	**(79,345)**	**-1.30%**
TOTAL ASSETS	**$426,721,119**	**$453,008,619**	**($26,287,499)**	**-5.80%**
CURRENT LIABILITIES:				
Accounts Payable	$2,533,484	$2,439,618	$93,866	3.85%
Pass-Through Liabilities	79,627,620	99,279,111	(19,651,491)	-19.79%
Claims Payable	19,866,112	28,242,799	(8,376,687)	-29.66%
IBNP Reserves	107,401,891	98,708,978	8,692,913	8.81%
Payroll Liabilities	5,385,921	5,064,897	321,024	6.34%
CalPERS Deferred Inflow	859,093	859,093	0	0.00%
Risk Sharing	8,124,932	8,124,932	0	0.00%
Provider Grants/ New Health Program	392,090	408,318	(16,229)	-3.97%
TOTAL CURRENT LIABILITIES	**224,191,143**	**243,127,745**	**(18,936,603)**	**-7.79%**
TOTAL LIABILITIES	**224,191,143**	**243,127,745**	**(18,936,603)**	**-7.79%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	204,569,809	204,569,809	0	0.00%
Year-to Date Net Income / (Loss)	(2,880,065)	4,470,832	(7,350,897)	-164.42%
TOTAL NET WORTH	**202,529,977**	**209,880,873**	**(7,350,897)**	**-3.50%**
TOTAL LIABILITIES AND NET WORTH	**$426,721,119**	**$453,008,619**	**($26,287,499)**	**-5.80%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,186,864	$6,659,727	$13,342,473	$8,874,925
Total	2,186,864	6,659,727	13,342,473	8,874,925
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	95,891,857	286,440,461	563,505,836	381,290,559
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	331,617	1,677,839	120,019,173	480,312
Total	96,223,474	288,118,300	683,525,009	381,770,871
Investment & Other Income Cash Flows				
Other Revenue (Grants)	399,207	919,067	1,904,343	1,115,844
Interest Income	32,303	84,262	176,633	111,967
Interest Receivable	9,535	(3,605)	(17,872)	(11,756)
Total	441,045	999,724	2,063,104	1,216,055
Medical & Hospital Cash Flows				
Total Medical Expenses	(100,359,340)	(283,715,139)	(545,092,196)	(373,540,840)
Other Receivable	972,873	3,349,372	561,777	6,671,810
Claims Payable	(8,376,687)	(6,700,451)	(722,998)	(13,598,158)
IBNP Payable	8,692,913	6,954,616	2,162,166	8,761,333
Risk Share Payable	0	(2,224,917)	3,641,750	(2,224,917)
Health Program	(16,229)	(59,053)	(59,053)	(59,053)
Other Liabilities	1	0	0	1
Total	(99,086,469)	(282,395,572)	(539,508,554)	(373,989,824)
Administrative Cash Flows				
Total Administrative Expenses	(5,501,787)	(15,914,056)	(33,771,357)	(20,732,518)
Prepaid Expenses	900,408	1,529,960	1,768,407	1,514,933
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	93,866	(158,299)	(726,426)	(1,765,655)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	321,024	1,014,545	(121,016)	619,655
Depreciation Expense	85,686	259,460	(2,456,049)	370,510
Total	(4,100,803)	(13,268,390)	(35,306,441)	(19,993,075)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**(4,335,889)**	**113,789**	**124,115,591**	**(2,121,048)**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(19,651,491)	2,640,864	(117,766,268)	(15,204,916)
Restricted Cash	0	0	0	0
	(19,651,491)	2,640,864	(117,766,268)	(15,204,916)
Fixed Asset Cash Flows				
Depreciation expense	85,686	259,460	(2,456,049)	370,510
Fixed Asset Acquisitions	(6,340)	(112,366)	3,832,917	(112,366)
Change in A/D	(85,686)	(259,460)	2,456,049	(370,510)
	(6,340)	(112,366)	3,832,917	(112,366)
Total Cash Flows from Investing Activities	**(19,657,831)**	**2,528,498**	**(113,933,351)**	**(15,317,282)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(23,993,720)**	**2,642,287**	**10,182,240**	**(17,438,330)**
Rounding	(1)	1	1	(2)
Cash @ Beginning of Period	307,591,124	280,955,115	273,415,162	301,035,735
Cash @ End of Period	**$283,597,403**	**$283,597,403**	**$283,597,403**	**$283,597,403**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	($7,350,896)	($5,525,678)	$65,732	($2,880,066)
Add back: Depreciation	85,686	259,460	(2,456,049)	370,510
Receivables				
Premiums Receivable	331,617	1,677,839	120,019,173	480,312
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	9,535	(3,605)	(17,872)	(11,756)
Other Receivable	972,873	3,349,372	561,777	6,671,810
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	1,314,025	5,023,606	120,563,078	7,140,366
Prepaid Expenses	900,408	1,529,960	1,768,407	1,514,933
Trade Payables	93,866	(158,299)	(726,426)	(1,765,655)
Claims Payable, IBNR & Risk Share				
IBNP	8,692,913	6,954,616	2,162,166	8,761,333
Claims Payable	(8,376,687)	(6,700,451)	(722,998)	(13,598,158)
Risk Share Payable	0	(2,224,917)	3,641,750	(2,224,917)
Other Liabilities	1	0	0	1
Total	316,227	(1,970,752)	5,080,918	(7,061,741)
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	321,024	1,014,545	(121,016)	619,655
Health Program	(16,229)	(59,053)	(59,053)	(59,053)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	304,795	955,492	(180,069)	560,602
Cash Flows from Operating Activities	**($4,335,889)**	**$113,789**	**$124,115,591**	**($2,121,051)**
Difference (rounding)	0	0	0	(3)

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$96,223,474	$288,118,300	$683,525,009	$381,770,871
Commercial Premium Revenue	2,186,864	6,659,727	13,342,473	8,874,925
Other Income	399,207	919,067	1,904,343	1,115,844
Investment Income	41,838	80,657	158,761	100,211
Cash Paid To:				
Medical Expenses	(99,086,469)	(282,395,572)	(539,508,554)	(373,989,824)
Vendor & Employee Expenses	(4,100,803)	(13,268,390)	(35,306,441)	(19,993,075)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(4,335,889)	113,789	124,115,591	(2,121,048)
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(6,340)	(112,366)	3,832,917	(112,366)
Net Cash Provided By (Used In) Financing Activities	(6,340)	(112,366)	3,832,917	(112,366)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	(19,651,491)	2,640,864	(117,766,268)	(15,204,916)
Net Cash Provided By (Used In) Investing Activities	(19,651,491)	2,640,864	(117,766,268)	(15,204,916)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(23,993,720)**	**2,642,287**	**10,182,240**	**(17,438,330)**
Cash @ Beginning of Period	307,591,124	280,955,115	273,415,162	301,035,735
Subtotal	$283,597,404	$283,597,402	$283,597,402	$283,597,405
Rounding	(1)	1	1	(2)
Cash @ End of Period	**$283,597,403**	**$283,597,403**	**$283,597,403**	**$283,597,403**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	($7,350,896)	($5,525,678)	$65,732	($2,880,066)
Depreciation	85,686	259,460	(2,456,049)	370,510
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	1,314,025	5,023,606	120,563,078	7,140,366
Prepaid Expenses	900,408	1,529,960	1,768,407	1,514,933
Trade Payables	93,866	(158,299)	(726,426)	(1,765,655)
Claims payable & IBNP	316,227	(1,970,752)	5,080,918	(7,061,741)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	304,795	955,492	(180,069)	560,602
Subtotal	(4,335,889)	113,789	124,115,591	(2,121,051)
Rounding	0	0	0	3
Cash Flows from Operating Activities	**($4,335,889)**	**$113,789**	**$124,115,591**	**($2,121,048)**
Rounding Difference	0	0	0	3

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF OCTOBER 2021

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	97,636	42,177	26,366	100,844	20,692	287,715	5,880	293,595
Net Revenue	$12,268,726	$13,817,606	$28,011,606	$38,486,151	$3,708,480	$96,292,569	$2,187,945	$98,480,514
Medical Expense	$10,988,351	$14,236,542	$27,987,918	$41,780,490	$3,391,674	$98,384,975	$1,974,365	$100,359,340
Gross Margin	$1,280,375	($418,936)	$23,688	($3,294,339)	$316,806	($2,092,406)	$213,580	($1,878,826)
Administrative Expense	$449,167	$740,597	$1,913,822	$2,008,985	$175,090	$5,287,661	$196,403	$5,484,064
Operating Income / (Expense)	$831,207	($1,159,533)	($1,890,134)	($5,303,324)	$141,716	($7,380,067)	$17,177	($7,362,890)
Other Income / (Expense)	$1,715	$3,032	$2,261	$3,961	$291	$11,261	$733	$11,993
Net Income / (Loss)	$832,922	($1,156,501)	($1,887,873)	($5,299,362)	$142,007	($7,368,807)	$17,910	($7,350,897)
Revenue PMPM	$125.66	$327.61	$1,062.41	$381.64	$179.22	$334.68	$372.10	$335.43
Medical Expense PMPM	$112.54	$337.54	$1,061.52	$414.31	$163.91	$341.95	$335.78	$341.83
Gross Margin PMPM	$13.11	($9.93)	$0.90	($32.67)	$15.31	($7.27)	$36.32	($6.40)
Administrative Expense PMPM	$4.60	$17.56	$72.59	$19.92	$8.46	$18.38	$33.40	$18.68
Operating Income / (Expense) PMPM	$8.51	($27.49)	($71.69)	($52.59)	$6.85	($25.65)	$2.92	($25.08)
Other Income / (Expense) PMPM	$0.02	$0.07	$0.09	$0.04	$0.01	$0.04	$0.12	$0.04
Net Income / (Loss) PMPM	$8.53	($27.42)	($71.60)	($52.55)	$6.86	($25.61)	$3.05	($25.04)
Medical Loss Ratio	89.6%	103.0%	99.9%	108.6%	91.5%	102.2%	90.2%	101.9%
Gross Margin Ratio	10.4%	-3.0%	0.1%	-8.6%	8.5%	-2.2%	9.8%	-1.9%
Administrative Expense Ratio	3.7%	5.4%	6.8%	5.2%	4.7%	5.5%	9.0%	5.6%
Net Income Ratio	6.8%	-8.4%	-6.7%	-13.8%	3.8%	-7.7%	0.8%	-7.5%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - OCTOBER 2021

	Medi-Cal							
	Child	Adult*	SPD*	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	389,599	166,978	105,332	400,201	81,809	1,143,919	23,606	1,167,525
Net Revenue	$49,371,239	$55,146,899	$111,988,815	$151,681,390	$14,225,202	$382,413,545	$8,876,146	$391,289,691
Medical Expense	$40,182,569	$51,584,286	$112,978,909	$148,825,140	$11,984,742	$365,555,646	$7,985,194	$373,540,840
Gross Margin	$9,188,670	$3,562,613	($990,094)	$2,856,249	$2,240,460	$16,857,899	$890,952	$17,748,850
Administrative Expense	$1,697,592	$2,786,166	$7,187,474	$7,548,511	$663,004	$19,882,747	$743,859	$20,626,606
Operating Income / (Expense)	$7,491,078	$776,448	($8,177,568)	($4,692,261)	$1,577,456	($3,024,849)	$147,093	($2,877,756)
Other Income / (Expense)	($1,610)	($22,953)	$4,775	$15,327	$701	($3,760)	$1,450	($2,309)
Net Income / (Loss)	$7,489,468	$753,495	($8,172,793)	($4,676,934)	$1,578,157	($3,028,608)	$148,543	($2,880,065)
Revenue PMPM	$126.72	$330.26	$1,063.20	$379.01	$173.88	$334.30	$376.01	$335.14
Medical Expense PMPM	$103.14	$308.93	$1,072.60	$371.88	$146.50	$319.56	$338.27	$319.94
Gross Margin PMPM	$23.58	$21.34	($9.40)	$7.14	$27.39	$14.74	$37.74	$15.20
Administrative Expense PMPM	$4.36	$16.69	$68.24	$18.86	$8.10	$17.38	$31.51	$17.67
Operating Income / (Expense) PMPM	$19.23	$4.65	($77.64)	($11.72)	$19.28	($2.64)	$6.23	($2.46)
Other Income / (Expense) PMPM	($0.00)	($0.14)	$0.05	$0.04	$0.01	($0.00)	$0.06	($0.00)
Net Income / (Loss) PMPM	$19.22	$4.51	($77.59)	($11.69)	$19.29	($2.65)	$6.29	($2.47)
Medical Loss Ratio	81.4%	93.5%	100.9%	98.1%	84.3%	95.6%	90.0%	95.5%
Gross Margin Ratio	18.6%	6.5%	-0.9%	1.9%	15.7%	4.4%	10.0%	4.5%
Administrative Expense Ratio	3.4%	5.1%	6.4%	5.0%	4.7%	5.2%	8.4%	5.3%
Net Income Ratio	15.2%	1.4%	-7.3%	-3.1%	11.1%	-0.8%	1.7%	-0.7%

*** 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
CURRENT VS. PRIOR PERIOD
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2021

CURRENT MONTH VS. PRIOR MONTH					CURRENT YEAR VS. PRIOR YEAR			
Current Month	Prior Month	$ Variance (Unfavorable)	% Variance (Unfavorable)		Current YTD	Prior YTD	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,948,079	$2,972,080	$24,001	0.8%	Personnel Expenses	$11,689,557	$10,323,334	($1,366,224)	(13.2%)
858,581	649,078	(209,503)	(32.3%)	Purchased & Professional Services	2,807,063	3,002,544	195,481	6.5%
251,374	254,717	3,343	1.3%	Occupancy	1,051,784	1,500,171	448,387	29.9%
164,708	64,760	(99,948)	(154.3%)	Printing Postage & Promotion	391,952	359,442	(32,509)	(9.0%)
525,828	465,583	(60,245)	(12.9%)	Licenses Insurance & Fees	1,908,485	1,732,048	(176,437)	(10.2%)
735,960	694,541	(41,419)	(6.0%)	Supplies & Other Expenses	2,779,078	2,559,728	(219,350)	(8.6%)
2,536,451	2,128,680	(407,771)	(19.2%)	Total Other Administrative Expense	8,938,361	9,153,934	215,572	2.4%
$5,484,530	**$5,100,759**	**($383,770)**	**(7.5%)**	**Total Administrative Expenses**	**$20,627,919**	**$19,477,267**	**($1,150,652)**	**(5.9%)**

ALAMEDA ALLIANCE FOR HEALTH

ADMINISTRATIVE EXPENSE DETAIL
CURRENT VS. PRIOR PERIOD
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2021

CURRENT MONTH VS. PRIOR MONTH					CURRENT YEAR VS. PRIOR YEAR			
Current Month	Prior Month	$ Variance (Unfavorable)	% Variance (Unfavorable)		Current YTD	Prior YTD	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,981,925	$2,021,539	$39,614	2.0%	Salaries & Wages	$7,746,092	$6,953,855	($792,237)	(11.4%)
194,125	194,573	448	0.2%	Paid Time Off	837,389	707,107	(130,282)	(18.4%)
750	225	(525)	(233.3%)	Incentives	1,175	2,016	841	41.7%
0	0	0	0.0%	Severance Pay	0	7,605	7,605	100.0%
32,081	32,383	303	0.9%	Payroll Taxes	126,388	110,573	(15,816)	(14.3%)
43,216	34,018	(9,199)	(27.0%)	Overtime	142,160	81,808	(60,352)	(73.8%)
143,082	152,780	9,699	6.3%	CalPERS ER Match	599,169	537,980	(61,189)	(11.4%)
(3,096)	10,048	13,144	130.8%	Mandated Covid-19 Supplemental Sick Lea	10,398	4,097	(6,301)	(153.8%)
464,639	459,647	(4,992)	(1.1%)	Employee Benefits	1,850,030	1,700,681	(149,349)	(8.8%)
44	(11)	(56)	491.9%	Personal Floating Holiday	1,582	1,453	(128)	(8.8%)
12,519	199	(12,320)	(6,189.2%)	Employee Relations	13,875	4,287	(9,589)	(223.7%)
7,200	5,370	(1,830)	(34.1%)	Work from Home Stipend	26,850	0	(26,850)	0.0%
0	36	36	100.0%	Transportation Reimbursement	62	753	691	91.8%
0	516	516	100.0%	Travel & Lodging	1,133	(615)	(1,748)	284.3%
59,218	53,010	(6,208)	(11.7%)	Temporary Help Services	292,523	80,546	(211,977)	(263.2%)
6,765	2,353	(4,412)	(187.5%)	Staff Development/Training	18,593	28,607	10,014	35.0%
5,611	5,393	(218)	(4.0%)	Staff Recruitment/Advertising	22,138	102,580	80,442	78.4%
2,948,079	**2,972,080**	**24,001**	**0.8%**	**Total Employee Expenses**	**11,689,557**	**10,323,334**	**(1,366,224)**	**(13.2%)**
				Purchased & Professional Services				
387,362	254,245	(133,118)	(52.4%)	Consulting Services	1,144,959	534,447	(610,512)	(114.2%)
285,987	298,247	12,260	4.1%	Computer Support Services	1,096,960	1,406,074	309,114	22.0%
9,916	9,916	0	0.0%	Professional Fees-Accounting	39,664	34,187	(5,477)	(16.0%)
53,062	37,321	(15,742)	(42.2%)	Other Purchased Services	169,287	94,903	(74,384)	(78.4%)
4,864	3,818	(1,045)	(27.4%)	Maint.& Repair-Office Equipment	21,812	38,181	16,369	42.9%
103,329	12,000	(91,329)	(761.1%)	HMS Recovery Fees	139,497	117,121	(22,377)	(19.1%)
669	367	(302)	(82.1%)	Hardware (Non-Capital)	59,786	57,098	(2,688)	(4.7%)
13,021	11,851	(1,171)	(9.9%)	Provider Relations-Credentailing	45,641	37,026	(8,615)	(23.3%)
371	21,314	20,943	98.3%	Legal Fees	89,457	683,508	594,051	86.9%
858,581	**649,078**	**(209,503)**	**(32.3%)**	**Total Purchased & Professional Service**	**2,807,063**	**3,002,544**	**195,481**	**6.5%**
				Occupancy				
85,686	86,465	779	0.9%	Depreciation	370,510	641,514	271,004	42.2%
0	0	0	0.0%	Amortization	0	104,430	104,430	100.0%
70,286	70,286	0	0.0%	Building Lease	283,518	271,420	(12,097)	(4.5%)
2,017	2,017	0	0.0%	Leased and Rented Office Equipment	8,041	11,118	3,078	27.7%
11,357	14,505	3,148	21.7%	Utilities	52,807	47,694	(5,113)	(10.7%)
73,185	71,212	(1,973)	(2.8%)	Telephone	289,402	359,660	70,258	19.5%
8,844	10,233	1,389	13.6%	Building Maintenance	47,507	64,334	16,827	26.2%
251,374	**254,717**	**3,343**	**1.3%**	**Total Occupancy**	**1,051,784**	**1,500,171**	**448,387**	**29.9%**
				Printing Postage & Promotion				

ALAMEDA ALLIANCE FOR HEALTH

ADMINISTRATIVE EXPENSE DETAIL
CURRENT VS. PRIOR PERIOD
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2021

CURRENT MONTH VS. PRIOR MONTH					CURRENT YEAR VS. PRIOR YEAR			
Current Month	Prior Month	$ Variance (Unfavorable)	% Variance (Unfavorable)		Current YTD	Prior YTD	$ Variance (Unfavorable)	% Variance (Unfavorable)
$61,083	$19,188	($41,894)	(218.3%)	Postage	$109,590	$67,955	($41,635)	(61.3%)
0	5,100	5,100	100.0%	Design & Layout	14,390	10,850	(3,540)	(32.6%)
42,177	26,169	(16,008)	(61.2%)	Printing Services	121,909	125,608	3,699	2.9%
2,824	4,083	1,259	30.8%	Mailing Services	10,896	10,634	(262)	(2.5%)
3,989	2,840	(1,149)	(40.5%)	Courier/Delivery Service	16,285	9,759	(6,526)	(66.9%)
0	0	0	0.0%	Pre-Printed Materials and Publications	34	33	(1)	(1.6%)
0	0	0	0.0%	Promotional Products	0	18,221	18,221	100.0%
8,200	1,138	(7,063)	(620.9%)	Community Relations	17,213	94,385	77,172	81.8%
46,435	6,242	(40,192)	(643.9%)	Translation - Non-Clinical	101,636	21,997	(79,639)	(362.0%)
164,708	**64,760**	**(99,948)**	**(154.3%)**	**Total Printing Postage & Promotion**	**391,952**	**359,442**	**(32,509)**	**(9.0%)**
				Licenses Insurance & Fees				
20,841	21,247	406	1.9%	Bank Fees	81,664	77,067	(4,598)	(6.0%)
61,376	61,376	0	0.0%	Insurance	245,506	212,027	(33,478)	(15.8%)
378,398	313,657	(64,741)	(20.6%)	Licenses, Permits and Fees	1,323,523	1,191,116	(132,407)	(11.1%)
65,213	69,303	4,090	5.9%	Subscriptions & Dues	257,792	251,838	(5,954)	(2.4%)
525,828	**465,583**	**(60,245)**	**(12.9%)**	**Total Licenses Insurance & Postage**	**1,908,485**	**1,732,048**	**(176,437)**	**(10.2%)**
				Supplies & Other Expenses				
1,824	4,461	2,637	59.1%	Office and Other Supplies	10,104	7,470	(2,634)	(35.3%)
3,550	132	(3,418)	(2,584.8%)	Ergonomic Supplies	7,087	1,767	(5,320)	(301.1%)
297	1,001	704	70.4%	Commissary-Food & Beverage	3,019	2,827	(193)	(6.8%)
0	0	0	0.0%	Member Incentive Expense	4,850	19,400	14,550	75.0%
36,000	0	(36,000)	0.0%	Covid-19 Vaccination Incentive Expen	36,000	0	(36,000)	0.0%
422,034	418,430	(3,603)	(0.9%)	RX Administrative Fees	1,652,694	1,517,378	(135,316)	(8.9%)
254,734	253,079	(1,655)	(0.7%)	Behavioral Hlth Admin Fees	995,617	937,660	(57,957)	(6.2%)
17,522	17,438	(84)	(0.5%)	Telemedicine Admin Fees	69,707	64,138	(5,570)	(8.7%)
0	0	0	0.0%	Covid-19 IT Expenses	0	3,840	3,840	100.0%
0	0	0	0.0%	Covid-19 Non IT Expenses	0	5,249	5,249	100.0%
735,960	**694,541**	**(41,419)**	**(6.0%)**	**Total Supplies & Other Expense**	**2,779,078**	**2,559,728**	**(219,350)**	**(8.6%)**
$5,484,530	**$5,100,759**	**($383,770)**	**(7.5%)**	**TOTAL ADMINISTRATIVE EXPENSE**	**$20,627,919**	**$19,477,267**	**($1,150,652)**	**(5.9%)**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED OCTOBER 31, 2021

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Network Hardware	IT-FY22-07	$ -	$ -	**$ -**	$ 150,000	$ 150,000
	Cisco UCS Blade	IT-FY22-08	$ -		**$ -**	$ 100,000	$ 100,000
	Veeam Backup	IT-FY22-10	$ -		**$ -**	$ 60,000	$ 60,000
	Call Center Hardware	IT-FY22-11	$ -		**$ -**	$ 100,000	$ 100,000
	Network / AV Cabling	IT-FY22-13	$ -		**$ -**	$ 150,000	$ 150,000
Hardware Subtotal			**$ -**	**$ -**	**$ -**	**$ 560,000**	**$ 560,000**
2. Software:							
	Patch Management	AC-FY22-01	$ -		**$ -**	$ 20,000	$ 20,000
	Zerto Licenses (DR - Replication Orchestration)	AC-FY22-02	$ -		**$ -**	$ 50,000	$ 50,000
	Monitoring Software	AC-FY22-03	$ -		**$ -**	$ 40,000	$ 40,000
	Identity and Access Management (Security)	AC-FY22-04	$ -		**$ -**	$ 40,000	$ 40,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 150,000**	**$ 150,000**
3. Building Improvement:							
	1240 Emergency Generator (carryover from FY21)	FA-FY22-06	$ 106,025		**$ 106,025**	$ 360,800	$ 254,775
	1240 Electrical Requirements for EV Charging Stations (est.)	FA-FY22-07	$ -		**$ -**	$ 20,000	$ 20,000
	1240 EV Charging stations installation, fees (est. only)	FA-FY22-08	$ -		**$ -**	$ 50,000	$ 50,000
	1240 Seismic Improvements (carryover from FY21)	FA-FY22-09	$ -		**$ -**	$ 50,000	$ 50,000
	Contingency	FA-FY22-16	$ -	$ 6,341	**$ 6,341**	$ 100,000	$ 93,659
Building Improvement Subtotal			**$ 106,025**	**$ 6,341**	**$ 112,366**	**$ 580,800**	**$ 468,434**
4. Furniture & Equipment:							
	Replace, reconfigure, re-design workstations/add barriers or plexiglass	FA-FY22-20	$ -		**$ -**	$ 125,000	$ 125,000
Furniture & Equipment Subtotal			**$ -**	**$ -**	**$ -**	**$ 125,000**	**$ 125,000**
GRAND TOTAL			**$ 106,025**	**$ 6,341**	**$ 112,366**	**$ 1,415,800**	**$ 1,303,434**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 10/31/21	**$ 37,047,843**
Fixed Assets @ Cost - 6/30/21	**$ 36,935,477**
Fixed Assets Acquired YTD	**$ 112,366**

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2022

TANGIBLE NET EQUITY (TNE)

	QTR. END			
	Jul-21	Aug-21	Sep-21	Oct-21
Current Month Net Income / (Loss)	$2,645,613	$1,455,041	$370,178	($7,350,897)
YTD Net Income / (Loss)	$2,645,613	$4,100,654	$4,470,832	($2,880,065)
Actual TNE				
Net Assets	$208,055,654	$209,510,696	$209,880,873	$202,529,977
Subordinated Debt & Interest	$0	$0	$0	$0
Total Actual TNE	**$208,055,654**	**$209,510,696**	**$209,880,873**	**$202,529,977**
Increase/(Decrease) in Actual TNE	$3,467,237	$1,455,042	$370,177	($7,350,896)
Required TNE[(1)]	**$37,061,269**	**$37,134,762**	**$37,155,961**	**$38,560,140**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$48,179,650	$48,275,191	$48,302,749	$50,128,181
TNE Excess / (Deficiency)	$170,994,385	$172,375,934	$172,724,912	$163,969,837
Actual TNE as a Multiple of Required	**5.61**	**5.64**	**5.65**	**5.25**

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

LIQUID TANGIBLE NET EQUITY

Net Assets	$208,055,654	$209,510,696	$209,880,873	$202,529,977
Fixed Assets at Net Book Value	(6,161,088)	(6,073,778)	(6,093,339)	(6,013,994)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	**$201,544,566**	**$203,086,918**	**$203,437,534**	**$196,165,983**
Liquid TNE as Multiple of Required	**5.44**	**5.47**	**5.48**	**5.09**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2022

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

	Actual Jul-21	Actual Aug-21	Actual Sep-21	Actual Oct-21	Actual Nov-21	Actual Dec-21	Actual Jan-22	Actual Feb-22	Actual Mar-22	Actual Apr-22	Actual May-22	Actual Jun-22	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,179	97,324	97,460	97,636									389,599
Adult	41,358	41,519	41,924	42,177									166,978
SPD*	26,320	26,316	26,330	26,366									105,332
ACA OE	99,105	99,783	100,469	100,844									400,201
Duals	20,194	20,388	20,535	20,692									81,809
Medi-Cal Program	284,156	285,330	286,718	287,715									1,143,919
Group Care Program	5,935	5,877	5,914	5,880									23,606
Total	**290,091**	**291,207**	**292,632**	**293,595**									**1,167,525**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	145	136	176									588
Adult	392	161	405	253									1,211
SPD*	(3)	(4)	14	36									43
ACA OE	824	678	686	375									2,563
Duals	206	194	147	157									704
Medi-Cal Program	1,550	1,174	1,388	997									5,109
Group Care Program	(13)	(58)	37	(34)									(68)
Total	**1,537**	**1,116**	**1,425**	**963**									**5,041**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	34.2%	34.1%	34.0%	33.9%									34.1%
Adult % of Medi-Cal	14.6%	14.6%	14.6%	14.7%									14.6%
SPD % of Medi-Cal	9.3%	9.2%	9.2%	9.2%									9.2%
ACA OE % of Medi-Cal	34.9%	35.0%	35.0%	35.0%									35.0%
Duals % of Medi-Cal	7.1%	7.1%	7.2%	7.2%									7.2%
Medi-Cal Program % of Total	98.0%	98.0%	98.0%	98.0%									98.0%
Group Care Program % of Total	2.0%	2.0%	2.0%	2.0%									2.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2022

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

	Actual Jul-21	Actual Aug-21	Actual Sep-21	Actual Oct-21	Actual Nov-21	Actual Dec-21	Actual Jan-22	Actual Feb-22	Actual Mar-22	Actual Apr-22	Actual May-22	Actual Jun-22	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	53,189	53,441	53,246	53,081									212,957
Alameda Health System	58,045	57,812	58,060	58,049									231,966
	111,234	111,253	111,306	111,130									444,923
Delegated:													
CFMG	32,217	32,167	32,217	32,232									128,833
CHCN	104,433	105,113	106,050	106,808									422,404
Kaiser	42,207	42,674	43,059	43,425									171,365
Delegated Subtotal	178,857	179,954	181,326	182,465									722,602
Total	**290,091**	**291,207**	**292,632**	**293,595**									**1,167,525**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(24)	19	53	(176)									(128)
Delegated:													
CFMG	20	(50)	50	15									35
CHCN	1,094	680	937	758									3,469
Kaiser	447	467	385	366									1,665
Delegated Subtotal	1,561	1,097	1,372	1,139									5,169
Total	**1,537**	**1,116**	**1,425**	**963**									**5,041**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.3%	38.2%	38.0%	37.9%									38.1%
Delegated:													
CFMG	11.1%	11.0%	11.0%	11.0%									11.0%
CHCN	36.0%	36.1%	36.2%	36.4%									36.2%
Kaiser	14.5%	14.7%	14.7%	14.8%									14.7%
Delegated Subtotal	61.7%	61.8%	62.0%	62.1%									61.9%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

* BCCTP included in SPD Category of Aid

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2022

	Preliminary Budget Jul-21	Preliminary Budget Aug-21	Preliminary Budget Sep-21	Preliminary Budget Oct-21	Preliminary Budget Nov-21	Preliminary Budget Dec-21	Preliminary Budget Jan-22	Preliminary Budget Feb-22	Preliminary Budget Mar-22	Preliminary Budget Apr-22	Preliminary Budget May-22	Preliminary Budget Jun-22	Preliminary YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,205	97,331	97,448	97,497	97,497	97,497	95,547	93,636	91,763	89,928	88,129	86,366	1,129,844
Adult	40,737	40,790	40,839	40,859	40,859	40,859	40,042	39,241	38,456	37,687	36,933	36,194	473,496
SPD	26,361	26,395	26,427	26,440	26,440	26,440	26,414	26,388	26,388	26,388	26,388	26,388	316,857
ACA OE	98,303	98,431	98,549	98,598	98,598	98,598	96,626	94,693	92,799	90,943	89,124	87,342	1,142,604
Duals	20,012	20,038	20,062	20,072	20,072	20,072	19,671	19,278	18,892	18,514	18,144	17,781	232,608
Medi-Cal Program	282,618	282,985	283,325	283,466	283,466	283,466	278,300	273,236	268,298	263,460	258,718	254,071	3,295,409
Group Care Program	5,939	5,939	5,939	5,942	5,942	5,942	5,942	5,942	5,942	5,942	5,942	5,942	71,295
Total	**288,557**	**288,924**	**289,264**	**289,408**	**289,408**	**289,408**	**284,242**	**279,178**	**274,240**	**269,402**	**264,660**	**260,013**	**3,366,704**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(320)	126	117	49	0	0	(1,950)	(1,911)	(1,873)	(1,835)	(1,799)	(1,763)	(11,159)
Adult	432	53	49	20	0	0	(817)	(801)	(785)	(769)	(754)	(739)	(4,111)
SPD	163	34	32	13	0	0	(26)	(26)	0	0	0	0	190
ACA OE	2,452	128	118	49	0	0	(1,972)	(1,933)	(1,894)	(1,856)	(1,819)	(1,782)	(8,509)
Duals	494	26	24	10	0	0	(401)	(393)	(386)	(378)	(370)	(363)	(1,737)
Medi-Cal Program	3,222	367	340	141	0	0	(5,166)	(5,064)	(4,938)	(4,838)	(4,742)	(4,647)	(25,325)
Group Care Program	(70)	0	0	3	0	0	0	0	0	0	0	0	(67)
Total	**3,152**	**367**	**340**	**144**	**0**	**0**	**(5,166)**	**(5,064)**	**(4,938)**	**(4,838)**	**(4,742)**	**(4,647)**	**(25,392)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	34.4%	34.4%	34.4%	34.4%	34.4%	34.4%	34.3%	34.3%	34.2%	34.1%	34.1%	34.0%	34.3%
Adult % of Medi-Cal	14.4%	14.4%	14.4%	14.4%	14.4%	14.4%	14.4%	14.4%	14.3%	14.3%	14.3%	14.2%	14.4%
SPD % of Medi-Cal	9.3%	9.3%	9.3%	9.3%	9.3%	9.3%	9.5%	9.7%	9.8%	10.0%	10.2%	10.4%	9.6%
ACA OE % of Medi-Cal	34.8%	34.8%	34.8%	34.8%	34.8%	34.8%	34.7%	34.7%	34.6%	34.5%	34.4%	34.4%	34.7%
Duals % of Medi-Cal	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.0%	7.0%	7.0%	7.0%	7.1%
Medi-Cal Program % of Total	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.8%	97.8%	97.8%	97.7%	97.9%
Group Care Program % of Total	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.2%	2.2%	2.2%	2.3%	2.1%
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 2022

	Preliminary Budget Jul-21	Preliminary Budget Aug-21	Preliminary Budget Sep-21	Preliminary Budget Oct-21	Preliminary Budget Nov-21	Preliminary Budget Dec-21	Preliminary Budget Jan-22	Preliminary Budget Feb-22	Preliminary Budget Mar-22	Preliminary Budget Apr-22	Preliminary Budget May-22	Preliminary Budget Jun-22	Preliminary YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	112,236	112,862	112,508	113,050	112,563	113,050	110,621	109,186	106,862	105,498	103,265	101,956	1,313,657
Delegated:													
CFMG	32,271	32,436	32,352	32,492	32,369	32,492	31,743	31,248	30,528	30,056	29,363	28,910	376,260
CHCN	102,840	103,586	103,090	103,758	103,141	103,758	101,332	100,151	97,835	96,706	94,484	93,397	1,204,078
Kaiser	41,210	40,040	41,314	40,108	41,335	40,108	40,546	38,593	39,015	37,142	37,548	35,750	472,709
Delegated Subtotal	176,321	176,062	176,756	176,358	176,845	176,358	173,621	169,992	167,378	163,904	161,395	158,057	2,053,047
Total	**288,557**	**288,924**	**289,264**	**289,408**	**289,408**	**289,408**	**284,242**	**279,178**	**274,240**	**269,402**	**264,660**	**260,013**	**3,366,704**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	921	626	(354)	542	(487)	487	(2,429)	(1,435)	(2,324)	(1,364)	(2,233)	(1,309)	(9,359)
Delegated:													
CFMG	(105)	165	(84)	140	(123)	123	(749)	(495)	(720)	(472)	(693)	(453)	(3,466)
CHCN	(60)	746	(496)	668	(617)	617	(2,426)	(1,181)	(2,316)	(1,129)	(2,222)	(1,087)	(9,503)
Kaiser	2,397	(1,170)	1,274	(1,206)	1,227	(1,227)	438	(1,953)	422	(1,873)	406	(1,798)	(3,063)
Delegated Subtotal	2,232	(259)	694	(398)	487	(487)	(2,737)	(3,629)	(2,614)	(3,474)	(2,509)	(3,338)	(16,032)
Total	**3,152**	**367**	**340**	**144**	**0**	**0**	**(5,166)**	**(5,064)**	**(4,938)**	**(4,838)**	**(4,742)**	**(4,647)**	**(25,392)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.9%	39.1%	38.9%	39.1%	38.9%	39.1%	38.9%	39.1%	39.0%	39.2%	39.0%	39.2%	39.0%
Delegated:													
CFMG	11.2%	11.2%	11.2%	11.2%	11.2%	11.2%	11.2%	11.2%	11.1%	11.2%	11.1%	11.1%	11.2%
CHCN	35.6%	35.9%	35.6%	35.9%	35.6%	35.9%	35.6%	35.9%	35.7%	35.9%	35.7%	35.9%	35.8%
Kaiser	14.3%	13.9%	14.3%	13.9%	14.3%	13.9%	14.3%	13.8%	14.2%	13.8%	14.2%	13.7%	14.0%
Delegated Subtotal	61.1%	60.9%	61.1%	60.9%	61.1%	60.9%	61.1%	60.9%	61.0%	60.8%	61.0%	60.8%	61.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2022

	Variance Jul-21	Variance Aug-21	Variance Sep-21	Variance Oct-21	Variance Nov-21	Variance Dec-21	Variance Jan-22	Variance Feb-22	Variance Mar-22	Variance Apr-22	Variance May-22	Variance Jun-22	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	(26)	(7)	12	139									118
Adult	621	729	1,085	1,318									3,753
SPD	(41)	(79)	(97)	(74)									(291)
ACA OE	802	1,352	1,920	2,246									6,320
Duals	182	350	473	620									1,625
Medi-Cal Program	1,538	2,345	3,393	4,249									11,525
Group Care Program	(4)	(62)	(25)	(62)									(153)
Total	**1,534**	**2,283**	**3,368**	**4,187**									**11,372**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	(1,002)	(1,609)	(1,202)	(1,920)									(5,733)
Delegated:													
CFMG	(54)	(269)	(135)	(260)									(718)
CHCN	1,593	1,527	2,960	3,050									9,130
Kaiser	997	2,634	1,745	3,317									8,693
Delegated Subtotal	2,536	3,892	4,570	6,107									17,105
Total	**1,534**	**2,283**	**3,368**	**4,187**									**11,372**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2021

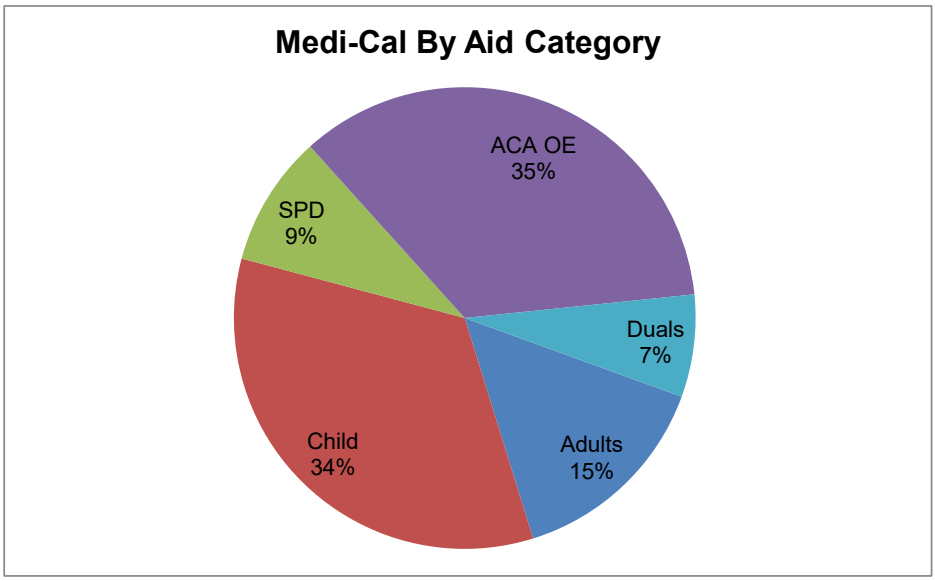
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,852,096	$1,827,376	($24,720)	(1.4%)	PCP-Capitation	$7,425,960	$7,292,258	($133,702)	(1.8%)
2,976,886	2,947,056	(29,830)	(1.0%)	PCP-Capitation - FQHC	11,849,704	11,742,316	(107,388)	(0.9%)
277,351	271,410	(5,941)	(2.2%)	Specialty-Capitation	1,116,293	1,082,426	(33,867)	(3.1%)
3,105,763	3,050,497	(55,266)	(1.8%)	Specialty-Capitation FQHC	12,320,898	12,160,543	(160,355)	(1.3%)
364,863	329,931	(34,932)	(10.6%)	Laboratory-Capitation	1,449,004	1,313,851	(135,153)	(10.3%)
882,510	1,012,929	130,419	12.9%	Transportation (Ambulance)-Cap	3,301,313	4,046,530	745,217	18.4%
215,269	274,968	59,699	21.7%	Vision Cap	856,363	1,095,677	239,314	21.8%
80,861	79,080	(1,781)	(2.3%)	CFMG Capitation	325,281	315,387	(9,894)	(3.1%)
156,168	153,983	(2,185)	(1.4%)	Anc IPA Admin Capitation FQHC	620,568	613,687	(6,881)	(1.1%)
11,055,133	9,949,322	(1,105,811)	(11.1%)	Kaiser Capitation	42,951,914	40,361,789	(2,590,125)	(6.4%)
403,160	714,111	310,951	43.5%	BHT Supplemental Expense	2,835,414	2,875,545	40,131	1.4%
17,123	11,000	(6,123)	(55.7%)	Hep-C Supplemental Expense	77,055	44,571	(32,484)	(72.9%)
314,118	414,853	100,735	24.3%	Maternity Supplemental Expense	1,290,431	1,687,183	396,752	23.5%
542,614	576,283	33,669	5.8%	DME - Cap	2,164,976	2,299,332	134,356	5.8%
22,243,914	**21,612,799**	**(631,115)**	**(2.9%)**	**5-TOTAL CAPITATED EXPENSES**	**88,585,175**	**86,931,095**	**(1,654,080)**	**(1.9%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
3,672,138	0	(3,672,138)	0.0%	IBNP-Inpatient Services	5,277,469	0	(5,277,469)	0.0%
110,163	0	(110,163)	0.0%	IBNP-Settlement (IP)	158,322	0	(158,322)	0.0%
293,771	0	(293,771)	0.0%	IBNP-Claims Fluctuation (IP)	422,197	0	(422,197)	0.0%
22,306,218	24,581,277	2,275,059	9.3%	Inpatient Hospitalization-FFS	89,922,954	97,423,645	7,500,691	7.7%
1,095,944	0	(1,095,944)	0.0%	IP OB - Mom & NB	4,914,311	0	(4,914,311)	0.0%
285,587	0	(285,587)	0.0%	IP Behavioral Health	852,466	0	(852,466)	0.0%
1,157,613	1,236,690	79,077	6.4%	IP - Long Term Care	4,899,640	4,874,138	(25,502)	(0.5%)
785,812	0	(785,812)	0.0%	IP - Facility Rehab FFS	3,486,114	0	(3,486,114)	0.0%
29,707,246	**25,817,967**	**(3,889,279)**	**(15.1%)**	**6-Inpatient Hospital & SNF FFS Expense**	**109,933,473**	**102,297,783**	**(7,635,690)**	**(7.5%)**
131,163	0	(131,163)	0.0%	IBNP-PCP	48,684	0	(48,684)	0.0%
3,935	0	(3,935)	0.0%	IBNP-Settlement (PCP)	1,462	0	(1,462)	0.0%
10,493	0	(10,493)	0.0%	IBNP-Claims Fluctuation (PCP)	3,895	0	(3,895)	0.0%
882	0	(882)	0.0%	Telemedicine FFS	3,108	0	(3,108)	0.0%
1,204,281	1,331,417	127,136	9.5%	Primary Care Non-Contracted FF	4,756,699	5,279,065	522,366	9.9%
42,464	81,390	38,926	47.8%	PCP FQHC FFS	211,683	323,239	111,556	34.5%
1,800,506	3,065,896	1,265,390	41.3%	Prop 56 Direct Payment Expenses	7,184,851	12,247,648	5,062,797	41.3%
72,984	0	(72,984)	0.0%	Prop 56-Trauma Expense	305,329	0	(305,329)	0.0%
97,439	0	(97,439)	0.0%	Prop 56-Dev. Screening Exp.	404,068	0	(404,068)	0.0%
619,722	0	(619,722)	0.0%	Prop 56-Fam. Planning Exp.	2,570,839	0	(2,570,839)	0.0%
530,572	0	(530,572)	0.0%	Prop 56-Value Based Purchasing	2,205,570	0	(2,205,570)	0.0%
4,514,440	**4,478,703**	**(35,737)**	**(0.8%)**	**7-Primary Care Physician FFS Expense**	**17,696,189**	**17,849,952**	**153,763**	**0.9%**
782,088	0	(782,088)	0.0%	IBNP-Specialist	540,169	0	(540,169)	0.0%
2,309,346	4,634,814	2,325,468	50.2%	Specialty Care-FFS	9,393,535	18,403,910	9,010,375	49.0%
125,047	0	(125,047)	0.0%	Anesthesiology - FFS	534,123	0	(534,123)	0.0%
786,539	0	(786,539)	0.0%	Spec Rad Therapy - FFS	2,790,586	0	(2,790,586)	0.0%
107,570	0	(107,570)	0.0%	Obstetrics-FFS	483,961	0	(483,961)	0.0%
251,471	0	(251,471)	0.0%	Spec IP Surgery - FFS	1,070,674	0	(1,070,674)	0.0%
531,226	0	(531,226)	0.0%	Spec OP Surgery - FFS	2,144,930	0	(2,144,930)	0.0%
403,476	0	(403,476)	0.0%	Spec IP Physician	1,544,029	0	(1,544,029)	0.0%
48,774	83,977	35,203	41.9%	SCP FQHC FFS	149,792	334,480	184,688	55.2%
23,463	0	(23,463)	0.0%	IBNP-Settlement (SCP)	16,204	0	(16,204)	0.0%
62,568	0	(62,568)	0.0%	IBNP-Claims Fluctuation (SCP)	43,214	0	(43,214)	0.0%
5,431,569	**4,718,791**	**(712,778)**	**(15.1%)**	**8-Specialty Care Physician Expense**	**18,711,216**	**18,738,390**	**27,174**	**0.1%**
502,787	0	(502,787)	0.0%	IBNP-Ancillary	390,042	0	(390,042)	0.0%
15,084	0	(15,084)	0.0%	IBNP Settlement (ANC)	11,704	0	(11,704)	0.0%
40,223	0	(40,223)	0.0%	IBNP Claims Fluctuation (ANC)	31,204	0	(31,204)	0.0%
462,646	0	(462,646)	0.0%	Acupuncture/Biofeedback	1,394,618	0	(1,394,618)	0.0%
59,799	0	(59,799)	0.0%	Hearing Devices	335,486	0	(335,486)	0.0%
60,953	0	(60,953)	0.0%	Imaging/MRI/CT Global	140,537	0	(140,537)	0.0%
58,075	0	(58,075)	0.0%	Vision FFS	206,759	0	(206,759)	0.0%
21,403	0	(21,403)	0.0%	Family Planning	94,421	0	(94,421)	0.0%
662,155	0	(662,155)	0.0%	Laboratory-FFS	2,349,683	0	(2,349,683)	0.0%
98,623	0	(98,623)	0.0%	ANC Therapist	370,235	0	(370,235)	0.0%
302,459	0	(302,459)	0.0%	Transportation (Ambulance)-FFS	1,216,184	0	(1,216,184)	0.0%
106,676	0	(106,676)	0.0%	Transportation (Other)-FFS	442,547	0	(442,547)	0.0%

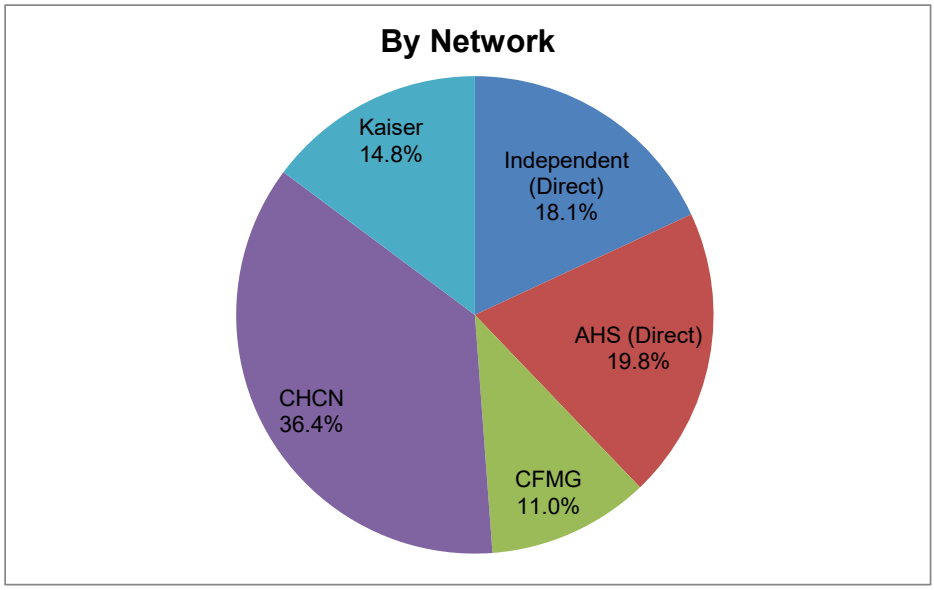
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$512,741	$0	($512,741)	0.0%	Hospice	$2,367,512	$0	($2,367,512)	0.0%
705,271	0	(705,271)	0.0%	Home Health Services	2,770,456	0	(2,770,456)	0.0%
0	3,249,809	3,249,809	100.0%	Other Medical-FFS	0	12,914,296	12,914,296	100.0%
(242,587)	0	242,587	0.0%	HMS Medical Refunds	(361,241)	0	361,241	0.0%
0	0	0	0.0%	Refunds-Medical Payments	160	0	(160)	0.0%
479,699	0	(479,699)	0.0%	DME & Medical Supplies	1,803,509	0	(1,803,509)	0.0%
0	0	0	0.0%	Denials	167	0	(167)	0.0%
581,538	573,788	(7,750)	(1.4%)	GEMT Direct Payment Expense	2,321,358	2,292,181	(29,177)	(1.3%)
782,048	0	(782,048)	0.0%	Community Based Adult Services (CBAS)	1,852,712	0	(1,852,712)	0.0%
5,209,593	**3,823,597**	**(1,385,996)**	**(36.2%)**	**9-Ancillary Medical Expense**	**17,738,053**	**15,206,477**	**(2,531,576)**	**(16.6%)**
1,519,697	0	(1,519,697)	0.0%	IBNP-Outpatient	1,361,929	0	(1,361,929)	0.0%
45,593	0	(45,593)	0.0%	IBNP Settlement (OP)	40,860	0	(40,860)	0.0%
121,576	0	(121,576)	0.0%	IBNP Claims Fluctuation (OP)	108,953	0	(108,953)	0.0%
1,289,393	8,294,662	7,005,269	84.5%	Out-Patient FFS	4,899,569	32,935,378	28,035,809	85.1%
1,145,206	0	(1,145,206)	0.0%	OP Ambul Surgery - FFS	5,094,663	0	(5,094,663)	0.0%
1,179,097	0	(1,179,097)	0.0%	OP Fac Imaging Services-FFS	4,185,943	0	(4,185,943)	0.0%
2,365,043	0	(2,365,043)	0.0%	Behav Health - FFS	8,585,223	0	(8,585,223)	0.0%
486,063	0	(486,063)	0.0%	OP Facility - Lab FFS	1,882,269	0	(1,882,269)	0.0%
110,645	0	(110,645)	0.0%	OP Facility - Cardio FFS	395,100	0	(395,100)	0.0%
50,930	0	(50,930)	0.0%	OP Facility - PT/OT/ST FFS	189,587	0	(189,587)	0.0%
1,648,849	0	(1,648,849)	0.0%	OP Facility - Dialysis FFS	7,049,674	0	(7,049,674)	0.0%
9,962,093	**8,294,662**	**(1,667,431)**	**(20.1%)**	**10-Outpatient Medical Expense Medical Expense**	**33,793,771**	**32,935,378**	**(858,393)**	**(2.6%)**
462,604	0	(462,604)	0.0%	IBNP-Emergency	960,582	0	(960,582)	0.0%
13,877	0	(13,877)	0.0%	IBNP Settlement (ER)	28,817	0	(28,817)	0.0%
37,008	0	(37,008)	0.0%	IBNP Claims Fluctuation (ER)	76,847	0	(76,847)	0.0%
614,443	0	(614,443)	0.0%	Special ER Physician-FFS	2,443,094	0	(2,443,094)	0.0%
3,735,398	3,717,434	(17,964)	(0.5%)	ER-Facility	15,020,033	14,788,351	(231,682)	(1.6%)
4,863,330	**3,717,434**	**(1,145,896)**	**(30.8%)**	**11-Emergency Expense**	**18,529,373**	**14,788,351**	**(3,741,022)**	**(25.3%)**
760,974	0	(760,974)	0.0%	IBNP-Pharmacy	(685,783)	0	685,783	0.0%
22,829	0	(22,829)	0.0%	IBNP Settlement (RX)	(20,574)	0	20,574	0.0%
60,879	0	(60,879)	0.0%	IBNP Claims Fluctuation (RX)	(54,864)	0	54,864	0.0%
4,679,474	4,452,207	(227,267)	(5.1%)	RX - Non-PBM FFFS	18,590,440	17,687,151	(903,289)	(5.1%)
12,042,933	11,661,827	(381,106)	(3.3%)	Pharmacy-FFS	46,309,363	46,407,800	98,437	0.2%
(231,439)	0	231,439	0.0%	HMS RX Refunds	(333,688)	0	333,688	0.0%
(572,491)	(572,492)	(1)	0.0%	Pharmacy-Rebate	(2,278,207)	(2,278,206)	1	0.0%
16,763,158	**15,541,542**	**(1,221,616)**	**(7.9%)**	**12-Pharmacy Expense**	**61,526,686**	**61,816,745**	**290,059**	**0.5%**
76,451,429	**66,392,696**	**(10,058,733)**	**(15.2%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**277,928,761**	**263,633,076**	**(14,295,685)**	**(5.4%)**
0	(9,811)	(9,811)	100.0%	Clinical Vacancy	0	(39,169)	(39,169)	100.0%
86,791	100,401	13,611	13.6%	Quality Analytics	279,882	378,653	98,771	26.1%
401,898	509,158	107,260	21.1%	Health Plan Services Department Total	1,646,563	1,998,512	351,949	17.6%
528,319	623,957	95,638	15.3%	Case & Disease Management Department Total	2,274,481	2,466,081	191,601	7.8%
(57,871)	225,729	283,600	125.6%	Medical Services Department Total	387,061	893,580	506,519	56.7%
390,880	568,775	177,895	31.3%	Quality Management Department Total	1,810,536	2,323,504	512,968	22.1%
37,833	29,998	(7,835)	(26.1%)	HCS Behavioral Health Department Total	130,530	117,292	(13,238)	(11.3%)
102,922	133,365	30,444	22.8%	Pharmacy Services Department Total	444,112	502,036	57,924	11.5%
30,452	54,257	23,804	43.9%	Regulatory Readiness Total	96,104	216,114	120,009	55.5%
1,521,224	**2,235,829**	**714,606**	**32.0%**	**14-Other Benefits & Services**	**7,069,269**	**8,856,602**	**1,787,332**	**20.2%**
				Reinsurance Expense				
(398,433)	(398,433)	0	0.0%	Reinsurance Recoveries	(2,200,644)	(1,588,954)	611,690	(38.5%)
541,207	531,244	(9,963)	(1.9%)	Stop-Loss Expense	2,158,279	2,118,604	(39,675)	(1.9%)
142,774	**132,811**	**(9,963)**	**(7.5%)**	**15-Reinsurance Expense**	**(42,365)**	**529,650**	**572,015**	**108.0%**
				Preventive Health Services				
100,359,340	**90,374,135**	**(9,985,205)**	**(11.0%)**	**17-TOTAL MEDICAL EXPENSES**	**373,540,840**	**359,950,423**	**(13,590,418)**	**(3.8%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Oct 2021**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	42,177	15%	9,031	8,887	654	15,984	7,621
Child	97,636	34%	9,288	8,712	29,386	32,524	17,726
SPD	26,366	9%	8,342	4,073	1,072	10,875	2,004
ACA OE	100,844	35%	15,815	33,246	1,119	37,498	13,166
Duals	20,692	7%	8,122	2,225	1	7,436	2,908
Medi-Cal	287,715		50,598	57,143	32,232	104,317	43,425
Group Care	5,880		2,483	906	-	2,491	-
Total	**293,595**	**100%**	**53,081**	**58,049**	**32,232**	**106,808**	**43,425**
Medi-Cal %	98.0%		95.3%	98.4%	100.0%	97.7%	100.0%
Group Care %	2.0%		4.7%	1.6%	0.0%	2.3%	0.0%
	Network Distribution		*18.1%*	*19.8%*	*11.0%*	*36.4%*	*14.8%*
			% Direct:	**38%**		**% Delegated:**	**62%**

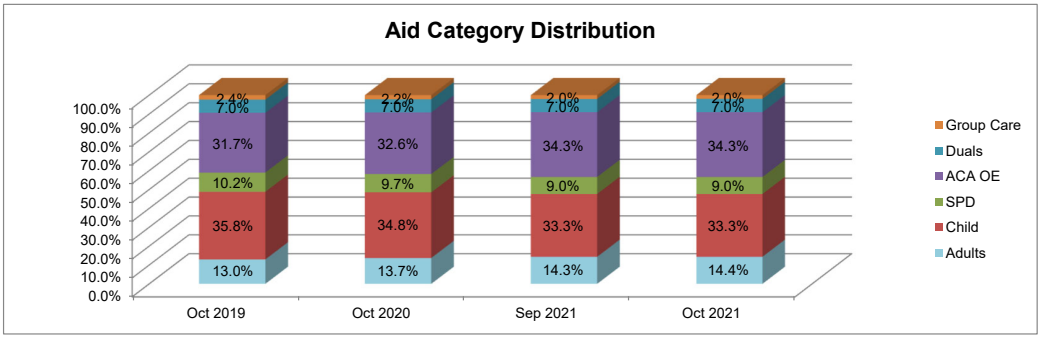




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

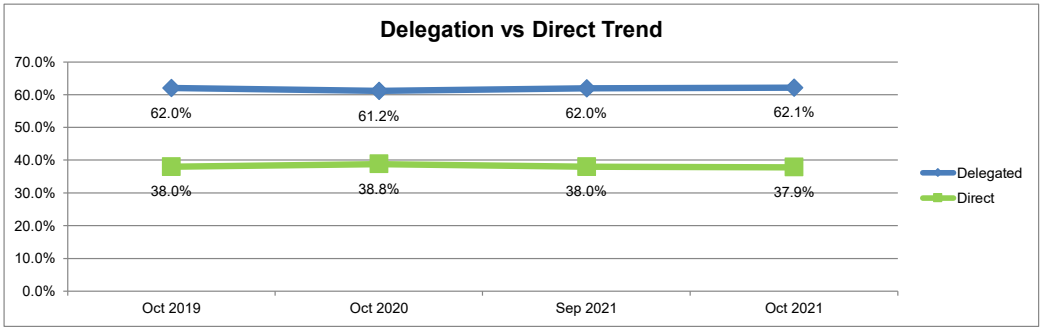
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019 to Oct 2020	Oct 2020 to Oct 2021	Sep 2021 to Oct 2021
Adults	32,772	37,071	41,924	42,177	13.0%	13.7%	14.3%	14.4%	13.1%	13.8%	0.6%
Child	90,597	93,982	97,460	97,636	35.8%	34.8%	33.3%	33.3%	3.7%	3.9%	0.2%
SPD	25,753	26,250	26,330	26,366	10.2%	9.7%	9.0%	9.0%	1.9%	0.4%	0.1%
ACA OE	80,069	88,258	100,469	100,844	31.7%	32.6%	34.3%	34.3%	10.2%	14.3%	0.4%
Duals	17,650	18,848	20,535	20,692	7.0%	7.0%	7.0%	7.0%	6.8%	9.8%	0.8%
Medi-Cal Total	246,841	264,409	286,718	287,715	97.6%	97.8%	98.0%	98.0%	7.1%	8.8%	0.3%
Group Care	6,060	6,009	5,914	5,880	2.4%	2.2%	2.0%	2.0%	-0.8%	-2.1%	-0.6%
Total	**252,901**	**270,418**	**292,632**	**293,595**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**6.9%**	**8.6%**	**0.3%**



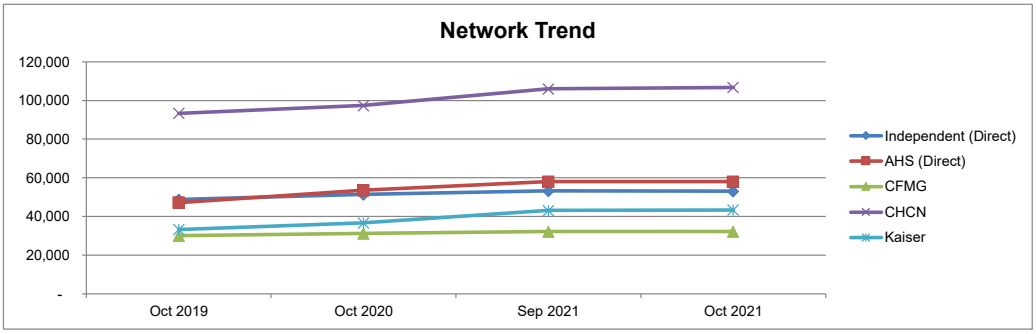
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019 to Oct 2020	Oct 2020 to Oct 2021	Sep 2021 to Oct 2021
Delegated	156,907	165,414	181,326	182,465	62.0%	61.2%	62.0%	62.1%	5.4%	10.3%	0.6%
Direct	95,994	105,004	111,306	111,130	38.0%	38.8%	38.0%	37.9%	9.4%	5.8%	-0.2%
Total	**252,901**	**270,418**	**292,632**	**293,595**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**6.9%**	**8.6%**	**0.3%**



Network Trend

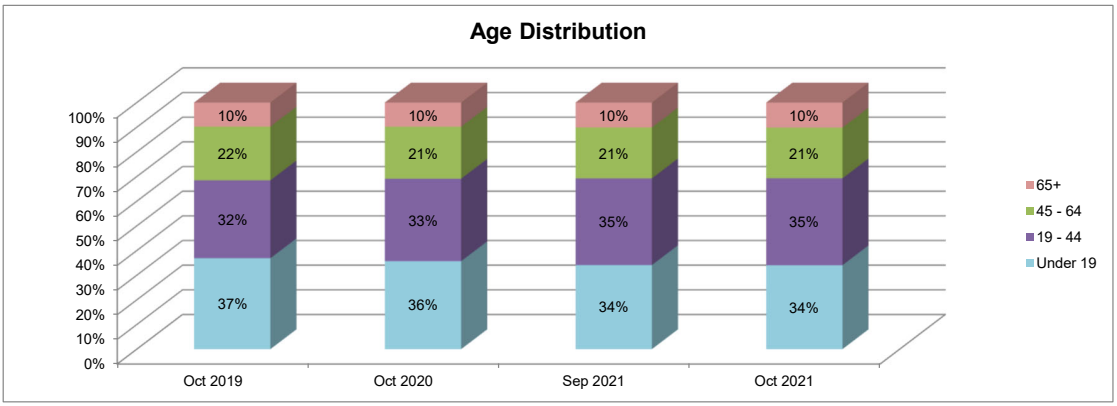
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019 to Oct 2020	Oct 2020 to Oct 2021	Sep 2021 to Oct 2021
Independent (Direct)	48,753	51,397	53,246	53,081	19.3%	19.0%	18.2%	18.1%	5.4%	3.3%	-0.3%
AHS (Direct)	47,241	53,607	58,060	58,049	18.7%	19.8%	19.8%	19.8%	13.5%	8.3%	0.0%
CFMG	30,114	31,173	32,217	32,232	11.9%	11.5%	11.0%	11.0%	3.5%	3.4%	0.0%
CHCN	93,460	97,528	106,050	106,808	37.0%	36.1%	36.2%	36.4%	4.4%	9.5%	0.7%
Kaiser	33,333	36,713	43,059	43,425	13.2%	13.6%	14.7%	14.8%	10.1%	18.3%	0.8%
Total	**252,901**	**270,418**	**292,632**	**293,595**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**6.9%**	**8.6%**	**0.3%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

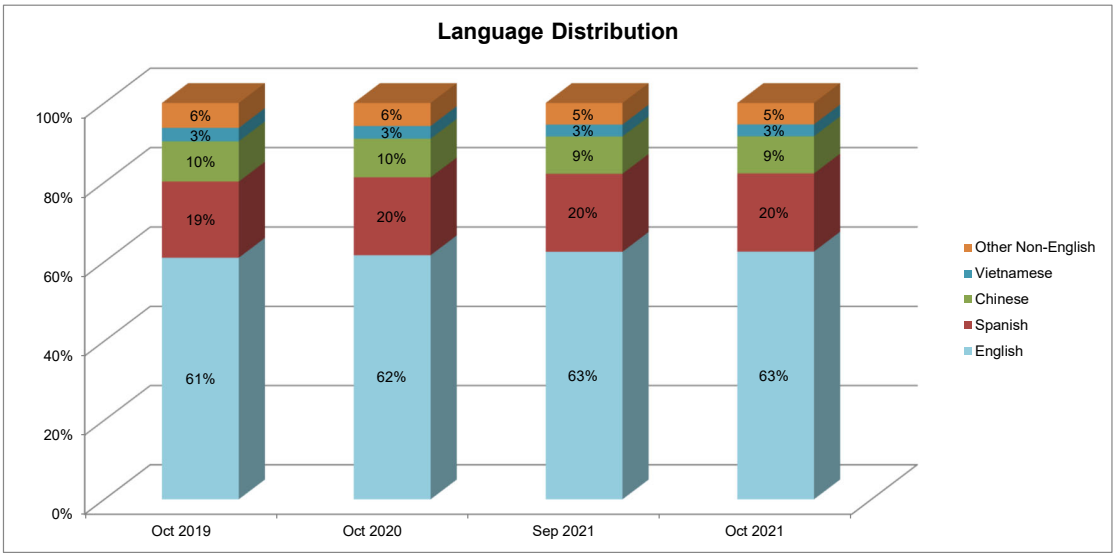
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019 to Oct 2020	Oct 2020 to Oct 2021	Sep 2021 to Oct 2021
Under 19	93,214	96,441	99,751	99,912	37%	36%	34%	34%	3%	4%	0%
19 - 44	79,888	90,430	102,887	103,423	32%	33%	35%	35%	13%	14%	1%
45 - 64	55,174	56,947	60,370	60,392	22%	21%	21%	21%	3%	6%	0%
65+	24,625	26,600	29,624	29,868	10%	10%	10%	10%	8%	12%	1%
Total	**252,901**	**270,418**	**292,632**	**293,595**	**100%**	**100%**	**100%**	**100%**	**7%**	**9%**	**0%**



Language Trend

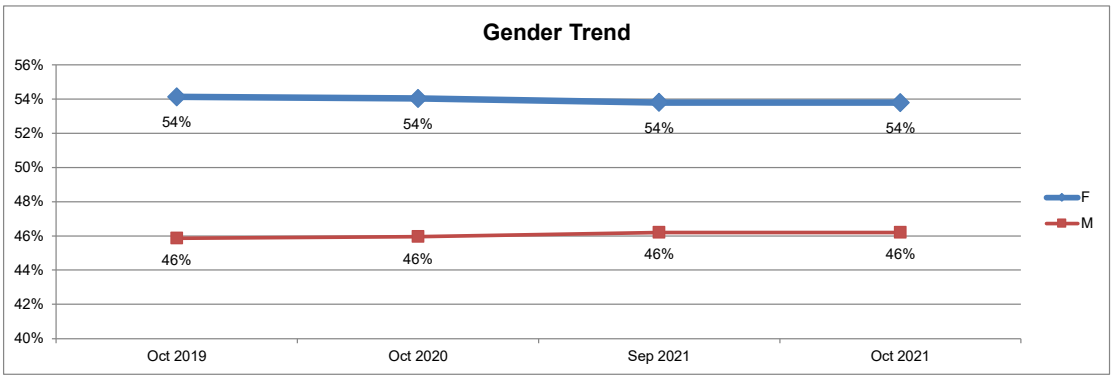
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019 to Oct 2020	Oct 2020 to Oct 2021	Sep 2021 to Oct 2021
English	154,252	166,664	182,896	183,672	61%	62%	63%	63%	8%	10%	0%
Spanish	48,531	53,075	57,525	57,766	19%	20%	20%	20%	9%	9%	0%
Chinese	25,646	26,328	27,513	27,509	10%	10%	9%	9%	3%	4%	0%
Vietnamese	8,534	8,612	8,789	8,766	3%	3%	3%	3%	1%	2%	0%
Other Non-English	15,938	15,739	15,909	15,882	6%	6%	5%	5%	-1%	1%	0%
Total	**252,901**	**270,418**	**292,632**	**293,595**	**100%**	**100%**	**100%**	**100%**	**7%**	**9%**	**0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

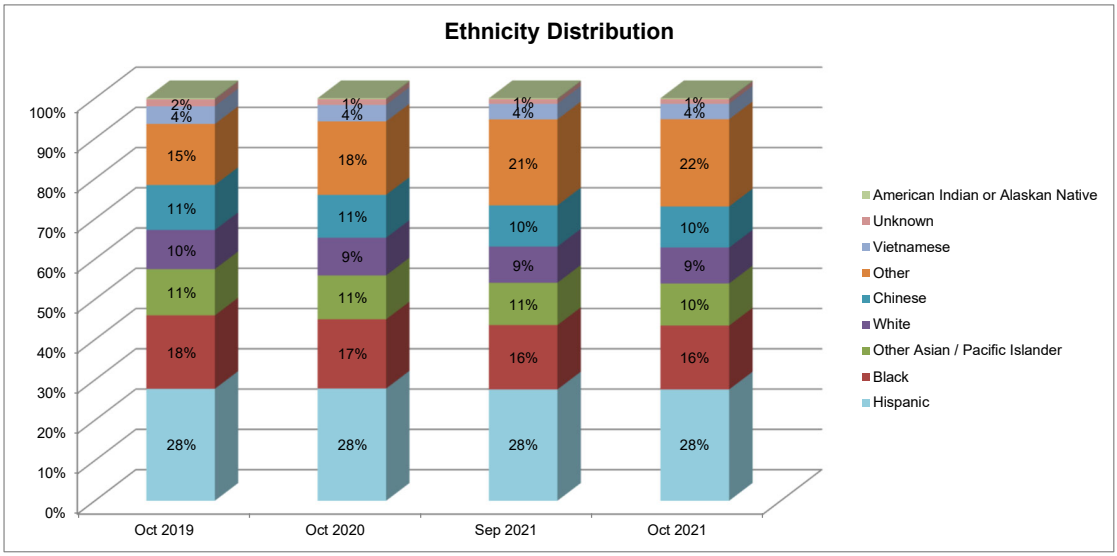
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019 to Oct 2020	Oct 2020 to Oct 2021	Sep 2021 to Oct 2021
F	136,884	146,124	157,426	157,936	54%	54%	54%	54%	7%	8%	0%
M	116,017	124,294	135,206	135,659	46%	46%	46%	46%	7%	9%	0%
Total	**252,901**	**270,418**	**292,632**	**293,595**	**100%**	**100%**	**100%**	**100%**	**7%**	**9%**	**0%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019	Oct 2020	Sep 2021	Oct 2021	Oct 2019 to Oct 2020	Oct 2020 to Oct 2021	Sep 2021 to Oct 2021
Hispanic	70,263	75,337	80,857	81,109	28%	28%	28%	28%	7%	8%	0%
Black	46,116	46,470	46,756	46,569	18%	17%	16%	16%	1%	0%	0%
Other Asian / Pacific Islander	29,039	29,490	30,769	30,710	11%	11%	11%	10%	2%	4%	0%
White	24,652	25,311	26,326	26,206	10%	9%	9%	9%	3%	4%	0%
Chinese	28,313	28,874	29,994	30,010	11%	11%	10%	10%	2%	4%	0%
Other	38,336	49,333	62,583	63,689	15%	18%	21%	22%	29%	29%	2%
Vietnamese	11,110	11,130	11,278	11,246	4%	4%	4%	4%	0%	1%	0%
Unknown	4,461	3,866	3,446	3,430	2%	1%	1%	1%	-13%	-11%	0%
American Indian or Alaskan Native	611	607	623	626	0%	0%	0%	0%	-1%	3%	0%
Total	**252,901**	**270,418**	**292,632**	**293,595**	**100%**	**100%**	**100%**	**100%**	**7%**	**9%**	**0%**



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

Medi-Cal By City							
City	Oct 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	114,067	40%	12,326	27,385	13,927	48,057	12,372
Hayward	44,867	16%	8,753	9,549	4,938	13,664	7,963
Fremont	25,789	9%	9,648	3,948	858	6,992	4,343
San Leandro	25,968	9%	4,342	4,040	3,372	9,575	4,639
Union City	12,254	4%	4,374	1,877	399	3,243	2,361
Alameda	11,009	4%	2,023	1,745	1,616	3,848	1,777
Berkeley	10,343	4%	1,482	1,680	1,290	4,283	1,608
Livermore	8,812	3%	989	812	1,906	3,490	1,615
Newark	6,621	2%	1,794	2,084	197	1,274	1,272
Castro Valley	7,106	2%	1,334	1,146	1,047	2,108	1,471
San Lorenzo	6,104	2%	904	1,042	715	2,134	1,309
Pleasanton	4,685	2%	878	459	492	2,030	826
Dublin	5,033	2%	886	465	671	2,055	956
Emeryville	1,947	1%	329	366	305	619	328
Albany	1,750	1%	269	224	343	549	365
Piedmont	338	0%	42	87	27	91	91
Sunol	60	0%	9	11	7	21	12
Antioch	33	0%	6	9	1	13	4
Other	929	0%	210	214	121	271	113
Total	**287,715**	**100%**	**50,598**	**57,143**	**32,232**	**104,317**	**43,425**

Group Care By City							
City	Oct 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,995	34%	490	373	-	1,132	-
Hayward	655	11%	367	135	-	153	-
Fremont	608	10%	450	58	-	100	-
San Leandro	560	10%	214	89	-	257	-
Union City	326	6%	233	34	-	59	-
Alameda	285	5%	108	23	-	154	-
Berkeley	172	3%	53	12	-	107	-
Livermore	82	1%	30	1	-	51	-
Newark	142	2%	87	37	-	18	-
Castro Valley	184	3%	92	21	-	71	-
San Lorenzo	129	2%	56	18	-	55	-
Pleasanton	51	1%	26	1	-	24	-
Dublin	104	2%	38	10	-	56	-
Emeryville	29	0%	11	3	-	15	-
Albany	16	0%	7	2	-	7	-
Piedmont	13	0%	4	-	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	27	0%	5	10	-	12	-
Other	502	9%	212	79	-	211	-
Total	**5,880**	**100%**	**2,483**	**906**	**-**	**2,491**	**-**

Total By City							
City	Oct 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	116,062	40%	12,816	27,758	13,927	49,189	12,372
Hayward	45,522	16%	9,120	9,684	4,938	13,817	7,963
Fremont	26,397	9%	10,098	4,006	858	7,092	4,343
San Leandro	26,528	9%	4,556	4,129	3,372	9,832	4,639
Union City	12,580	4%	4,607	1,911	399	3,302	2,361
Alameda	11,294	4%	2,131	1,768	1,616	4,002	1,777
Berkeley	10,515	4%	1,535	1,692	1,290	4,390	1,608
Livermore	8,894	3%	1,019	813	1,906	3,541	1,615
Newark	6,763	2%	1,881	2,121	197	1,292	1,272
Castro Valley	7,290	2%	1,426	1,167	1,047	2,179	1,471
San Lorenzo	6,233	2%	960	1,060	715	2,189	1,309
Pleasanton	4,736	2%	904	460	492	2,054	826
Dublin	5,137	2%	924	475	671	2,111	956
Emeryville	1,976	1%	340	369	305	634	328
Albany	1,766	1%	276	226	343	556	365
Piedmont	351	0%	46	87	27	100	91
Sunol	60	0%	9	11	7	21	12
Antioch	60	0%	11	19	1	25	4
Other	1,431	0%	422	293	121	482	113
Total	**293,595**	**100%**	**53,081**	**58,049**	**32,232**	**106,808**	**43,425**

ALAMEDA Alliance FOR HEALTH

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

FY 2022 Final Budget

FY 2022 Final Budget

Presented to the Alameda Alliance Board of Governors

December 10, 2021

Budget Process

- Preliminary Budget presented to Finance Committee on June 8th and approved by the Board of Governors on June 11th.
- Q1 Forecast & Final Budget includes July – October 2021 actual results and November 2021 – June 2022 projected revenue and expense.
- Draft Community Supports Rates Received August 27th.
- Revised Enhanced Care Management Rates received September 8th.
- Draft Base Rates received October 1st.
- Draft COVID Vaccine Incentive Rates received October 5th.
- Draft CalAIM Incentive Rates received October 12th.
- Draft Major Organ Transplant Rates received November 19th.
- Final Budget presented to finance Committee on December 7th and the Board of Governors December 10th.

Highlights

- Projected Net Income of $3.5 million. $5.1 million Net Income for Medi-Cal, $1.6 million Net Loss for Group Care.
- Year-end TNE is $210.3 million, 563% of TNE required by DMHC.
- Year-end enrollment is 292,000.
- PMPM Revenue is $6.12 higher than Preliminary Budget, primarily due to the addition of Community Supports and increased Major Organ Transplant revenue.
- ECM revenue adds $4.8 million, Community Supports $8.1 million, Transplants $6 million.
- PMPM FFS Medical Expense is $8.53 unfavorable from preliminary budget due to the increase of cost incurred through CalAIM programs, rising hospital costs and an increase in high dollar inpatient admissions.
- PMPM Capitation expense is $1.23 unfavorable due to higher Global Capitation paid corresponding to higher revenue received.

Highlights (continued)

- Administrative Expense is consistent with the Preliminary Budget. Increases for COVID Vaccination Incentives and Purchased & Professional Services are offset by savings for open positions, reduced Pharmacy Administration expense and lower Depreciation & Amortization resulting from asset write-offs.
- Clinical Expense is $0.7 million unfavorable to Preliminary Budget, driven by additional expense for COVID Vaccination Incentives.
- Staffing includes 420 full-time equivalent employees by June 30th, 2022. This is an addition of 9 Administrative FTEs and 8 Clinical FTEs to the Preliminary Budget.

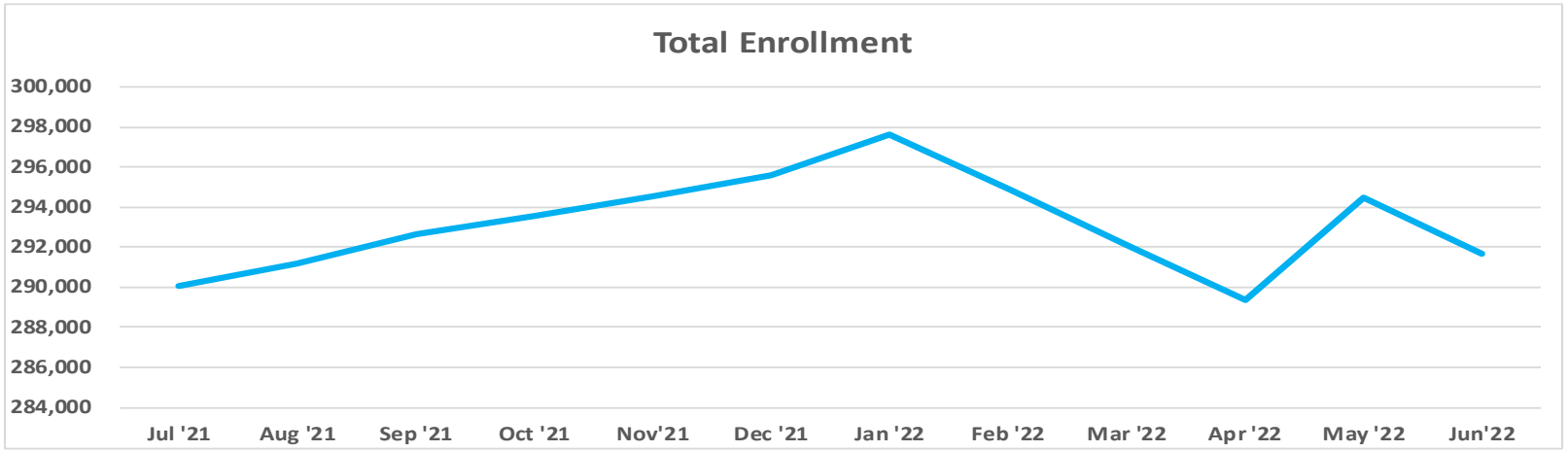
Forecasting Considerations

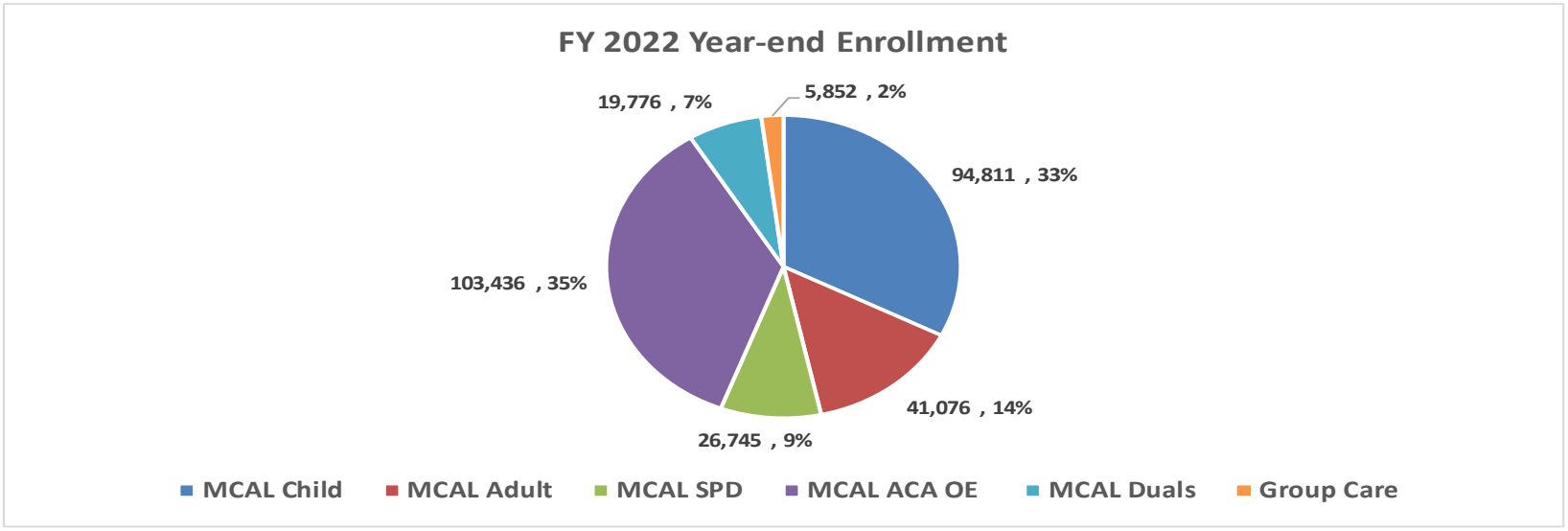
- Risk corridors for ECM, MOT, Bridge Period may impact FY2022 results.
- DHCS has provided historical cost data for MOT, however; volume and cost estimates for the future may vary widely.
- There is still uncertainty regarding the end of the Public Health Emergency and start of Medi-Cal disenrollments.
- We are monitoring recent increases in Inpatient Expenses for SPD and ACA OE populations and will update our 2nd Quarter Forecast if trends continue to rise.
- Future COVID-related changes in utilization and cost may occur.
- Contract changes for hospitals and delegated providers may impact future forecasts.
- Potential liability remains for a Bridge Period Gross Medical Expense payback to DHCS.

Membership Forecast

- Medi-Cal enrollment is forecasted to peak at 292,000 in January and ends the year at 286,000. The ACA OE Category of Aid has the highest growth, followed by Children and Adults.
- Group Care enrollment averages 5,900 members per month, with no significant changes anticipated.
- 5,000 members are expected to transition from Fee-for-Service Medi-Cal in January 2022.
- 8,000 members are expected to transition from HealthPAC in May 2022 as part of the Governor's initiative regarding the expansion of Medi-Cal for undocumented Californians over 50 years of age.
- Governor Newsom suspended Medi-Cal re-determinations in April 2020 and has extended his order through March 2022. Disenrollments are assumed to occur over 12 months.

Membership Forecast





Revenue

- 98% of Revenue for Medi-Cal, 2% for Group Care.
- ECM revenue includes $4.8 million; $4.0 million is less than the Preliminary Budget, due to a decrease in the DHCS's enrollment assumptions.
- Community Supports adds $8.1 million, it was not included in the Preliminary Budget.
- Revenue for Major Organ Transplants is $6.0 million.
- The 75%/25% County Wide Averaging reduces revenue by $6.9 million and the Risk Adjustment increases revenue by $9.5 million. The net benefit to AAH is $2.6M.
- The January 2022 Pharmacy carve-out decreases revenue by $77.1 million.
- $1.2 million is included for COVID Vaccine Incentives.
- Higher Medi-Cal enrollment adds $36.8 million to the Final budget.
- Medi-Cal base rate increases, excluding Transplant funding, add $23.6 million. This is primarily in the ACA OE, SPC and Child Categories of Aid.
- Assumptions regarding retroactive revenue have been reduced.

Medical Expense

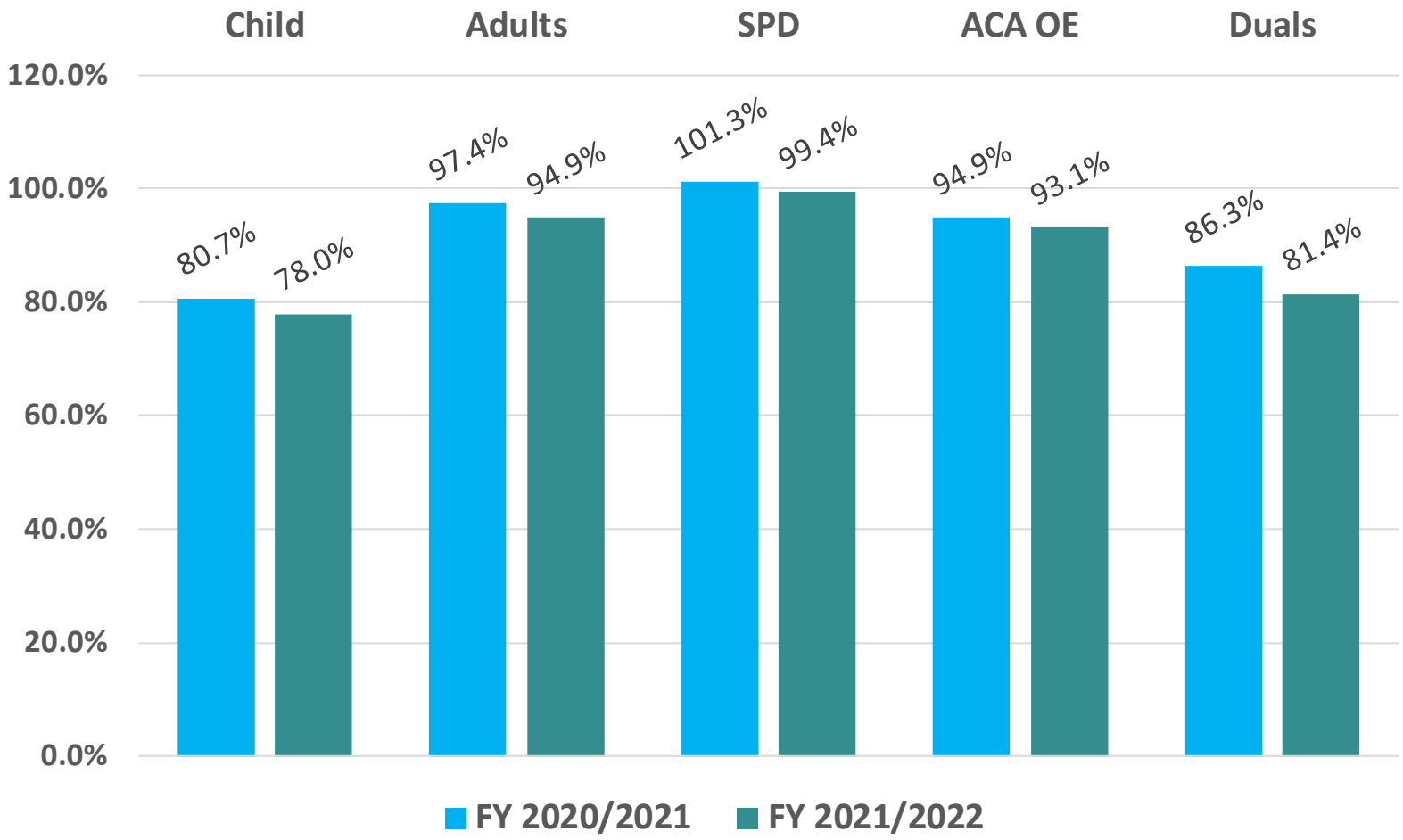
- PMPM medical expense increases by 3.6%. Unit cost increases 3.9%, while utilization falls 0.3%.
- Hospital contract changes increase expense $3.4 million versus the Preliminary Budget.
- Net capitation contract changes decrease expense $0.5 million versus the Preliminary Budget.
- Higher Medi-Cal enrollment adds $35.6 million to the Final budget, compared to Preliminary.
- Medical and Operating Savings Initiatives reduce projected medical expense by $5.4 million. Included are savings from HMS claims disallowance and recovery activities, biosimilar conversions, alignment of HealthSUITE with the authorization process, and reduced readmissions.
- ECM expense includes $4.4 million; $2.9 million less than the Preliminary Budget, due to decreased DHCS's enrollment assumptions.
- Community Supports adds $9.7 million, it was not included in the Preliminary Budget.
- The January 2022 Pharmacy carve-out decreases expense by $76.6 million.
- The Alliance will continue to manage physician administered drugs. This represents 30% of our total pharmacy costs.

FY2022 First Quarter Forecast & Final Budget

Comparison to Preliminary Budget

$ in Thousands	FY 2022 Final Budget			FY 2022 Preliminary Budget			Variance F/(U)		
	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total
Enrollment at Year-End	*285,844*	*5,852*	*291,696*	*254,071*	*5,942*	*260,013*	*31,773*	*(90)*	*31,683*
Member Months	*3,447,350*	*70,433*	*3,517,783*	*3,295,409*	*71,295*	*3,366,704*	*151,941*	*(862)*	*151,079*
Revenues	$1,137,508	$26,385	$1,163,893	$1,066,629	$26,657	$1,093,286	$70,879	($272)	$70,607
Medical Expense	1,053,181	25,331	1,078,512	976,615	23,677	1,000,292	(76,566)	(1,654)	(78,220)
Gross Margin	**84,327**	**1,053**	**85,381**	**90,014**	**2,980**	**92,994**	**(5,687)**	**(1,926)**	**(7,614)**
Administrative Expense	79,304	2,676	81,981	79,720	2,680	82,400	416	3	420
Operating Margin	**5,023**	**(1,623)**	**3,400**	**10,294**	**300**	**10,594**	**(5,271)**	**(1,923)**	**(7,194)**
Other Income / (Expense)	64	4	68	102	3	105	(38)	0	(37)
Net Income / (Loss)	**$5,087**	**($1,620)**	**$3,468**	**$10,396**	**$303**	**$10,699**	**($5,309)**	**($1,923)**	**($7,231)**
Administrative Expense % of Revenue	**7.0%**	**10.1%**	**7.0%**	**7.5%**	**10.1%**	**7.5%**	**0.5%**	**-0.1%**	**0.5%**
Medical Loss Ratio	**92.6%**	**96.0%**	**92.7%**	**91.6%**	**88.8%**	**91.5%**	**-1.0%**	**-7.2%**	**-1.2%**
TNE at Year-End			**$210,291**			**$200,098**			**$10,193**
TNE Percent of Required at Year-End			**562.9%**			**573.9%**			**(11.1%)**

Medical Loss Ratio by Category of Aid



Staffing Comparison to Preliminary Budget

Administrative FTEs	FY22 Final Budget	FY22 Prelim. Budget	Increase/ Decrease
Administrative Vacancy	(33.3)	(32.3)	(1.0)
Operations	3.0	3.0	0.0
Executive	2.0	2.0	0.0
Finance	25.0	23.0	2.0
Healthcare Analytics	16.0	14.0	2.0
Claims	41.0	41.0	0.0
Information Technology	2.0	2.0	0.0
IT Infrastructure	13.0	13.0	0.0
IT Applications	15.0	15.0	0.0
IT Development	15.0	15.0	0.0
IT Data Exchange	8.0	8.0	0.0
IT- Ops and Quality Apps Mgt	9.0	8.0	1.0
Member Services	61.4	59.2	2.2
Provider Relations	31.0	31.0	0.0
Credentialing	5.0	5.0	0.0
Health Plan Operations	1.0	1.0	0.0
Human Resources	13.0	13.0	0.0
Vendor Management	5.0	5.0	0.0
Legal	6.0	4.0	2.0
Facilities	7.0	7.0	0.0
Community Relations	10.0	10.0	0.0
Privacy and SIU	9.0	7.0	2.0
Regulatory Compliance	7.0	10.0	(3.0)
Delegation Oversight and G&A	15.0	13.0	2.0
Projects & Programs	14.0	14.0	0.0
Total Administrative FTEs	**300.1**	**290.9**	**9.2**

Clinical FTEs	FY22 Final Budget	FY22 Prelim. Budget	Increase/ Decrease
Clinical Vacancy	(3.7)	(3.5)	(0.3)
Quality Analytics	4.0	6.0	(2.0)
Utilization Management	39.9	38.4	1.5
Disease Mgmt. / Care Mgmt.	32.0	29.0	3.0
Medical Services	6.0	6.0	0.0
Quality Management	23.0	22.0	1.0
HCS Behavioral Health	8.0	3.0	5.0
Pharmacy Services	9.0	9.0	0.0
Regulatory Readiness	2.0	2.0	0.0
Total Clinical FTEs	**120.1**	**111.9**	**8.2**

Total FTEs	**420.2**	**402.9**	**17.4**

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

Staff Reports and Resolution

TO: Alameda Alliance for Health Board of Governors

FROM: Scott Coffin, Alameda Alliance for Health Chief Executive Officer

DATE: December 10, 2021

SUBJECT: Regular Seat #8 Private or Public Community Clinics Member Nomination

RECOMMENDED ACTION

1. Adopt Resolution No 2021-17 titled "A Resolution Of Alameda Alliance For Health Approving Private or Public Community Clinics Seat Nominee For Board Of Governors Membership, And Recommending That The Alameda County Board Of Supervisors Make An Appointment To The Board Of Governors Of Alameda Alliance For Health."

DISCUSSION

The Alameda Alliance for Health ("Alliance") Board of Governors will have a vacancy of Regular Seat Number 8, the Private or Public Community Clinics Seat effective upon the expiration of the current term ending December 19, 2021. A recommending committee comprised of representatives of the Alameda Health Consortium ("Consortium") and representatives of other major public and licensed private clinics, not affiliated with the Consortium, has met and agreed on recommending Andrea Schwab-Galindo as the nominee. The Chief Executive Officer of the Alliance has reviewed the recommending committee's selection and recommends that the Board of Governors approve Ms. Schwab-Galindo as the Private or Public Community Clinics Seat nominee.

Resolution 2021-17 provides for the approval of Ms. Schwab-Galindo as Private or Public Community Clinics Seat nominee. If the resolution is passed and adopted by the Board of Governors, it will be sent to the Alameda County Board of Supervisors, who will vote on Ms. Schwab-Galindo's appointment to our Board's Private or Public Community Clinics Seat.

FISCAL IMPACT

This action will not have a fiscal impact.

ATTACHMENTS

Resolution 2021-17

RESOLUTION NO. 2021-17

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH APPROVING PRIVATE OR PUBLIC COMMUNITY CLINICS SEAT NOMINEE FOR BOARD OF GOVERNORS MEMBERSHIP, AND RECOMMENDING THAT THE ALAMEDA COUNTY BOARD OF SUPERVISORS MAKE AN APPOINTMENT TO THE BOARD OF GOVERNORS OF ALAMEDA ALLIANCE FOR HEALTH

WHEREAS, The Alameda Alliance for Health ("Alliance") Board of Governors will have a vacancy of Regular Seat Number 8, Private or Public Community Clinics, effective upon the expiration of the current term ending December 19, 2021; and

WHEREAS, a recommending committee comprised of representatives of the Alameda Health Consortium and representatives of other major public and licensed private clinics, not affiliated with the Consortium, has met and agreed on a recommendation to fill this vacant seat pursuant to Section 3.D.4 of the Alliance Bylaws; and

WHEREAS, pursuant to Section 3.C of the Alliance Bylaws the Alliance Chief Executive Officer (CEO) has reviewed the recommendation and recommends that the Alliance Board of Governors appoint the recommending committee's nominee to fill the vacant seat; and

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

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

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

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

SECTION 1. That the Alliance Board of Governors approves Andrea Schwab-Galindo, the recommendation and nomination of the recommending committee, to fill the Private or Public Community Clinics Seat on the Alliance Board of Governors, as created pursuant to Section 3.D.4 of the Alliance Bylaws.

SECTION 2. The Alliance Board of Governors hereby recommends that the Alameda County Board of Supervisors adopt a resolution by majority vote appointing

Andrea Schwab-Galindo as a member in the Private or Public Community Clinics Seat of the Alliance Board of Governors.

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

PASSED AND ADOPTED by the Board at a meeting held on the 10th day of December 2021.

_____
CHAIR, BOARD OF GOVERNORS

ATTEST:

_____
Secretary

TO: Alameda Alliance for Health Board of Governors

FROM: Scott Coffin, Alameda Alliance for Health Chief Executive Officer

DATE: December 10, 2021

SUBJECT: Regular Seat #1 Board of Supervisors Member Seat

RECOMMENDED ACTION

1. None. This is an informational item regarding the appointment of Supervisor Dave Brown to the vacant Board of Supervisors member seat.

DISCUSSION

On November 23, 2021, the Alameda County Board of Supervisors voted to appoint Supervisor Dave Brown to the Board of Supervisors member seat on the Alameda Alliance for Health ("Alliance") Board of Governors.

Supervisor Brown will serve on the Alliance Board of Governors due to the vacancy left by the passing of Supervisor Wilma Chan. Supervisor Brown previously served as Chief of Staff for Supervisor Chan since 2016.

Supervisor Brown will become a voting member of our Board upon the completion of any necessary paperwork as directed by the Alameda County Board of Supervisors.

FISCAL IMPACT

This action will not have a fiscal impact.

ATTACHMENTS

None.

ALAMEDA Alliance FOR HEALTH

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CalAIM Progress Report

CalAIM Implementation Readiness

Progress Report

Presented to the Alameda Alliance Board of Governors

Ruth Watson, Chief Projects Officer
Dr. Steve O'Brien, Chief Medical Officer

December 10, 2021

Progress Report

- **CalAIM Operational Readiness is divided into two phases, and includes all of our community-based organizations & other contracted entities for Enhanced Care Management (ECM), Community Supports (CS) and Major Organ Transplants (MOT)**

- **Phase One "Day One"**
  - CalAIM Operational Readiness continues to focus on the transition of Whole Person Care (WPC) and Health Home Pilot Program (HHP) Participants and MOT readiness
  - Approximately 1,000 members (232 currently being served in WPC and 717 in HHP may be eligible to transition to ECM on January 1, 2022 if still enrolled in WPC or HHP on December 31st
    - 100% of members enrolled on December 31st will be transitioned on January 1st
    - Some of these members will also be eligible for housing community supports if currently receiving similar services under WPC or HHP
  - Includes highest-priority tasks to ensure continuity of care for patients being served in the pilot programs, training and support, and other resources

- **Phase Two "Day Two & Beyond"**
  - Includes the less urgent tasks, encounter reporting, reporting of outcomes, additional trainings
  - First 120 days of the calendar year is "post go-live stabilization" period, focus on supporting our Members, Providers, and community-based organizations.

Progress Report (cont'd)

- **Operational Readiness Status (ECM, CS and MOT) – Day 1**:
  - End-to-End (E2E) Workflows & Business Requirements nearing completion (internal and with HCSA, as appropriate)
  - System Set-Up
    - Development and testing of all systems and processes nearing completion
    - Business process testing commenced on 11/29 with completion scheduled for 12/10
  - Data Exchange
    - Eligibility information
    - Submitting Authorizations
    - Provider Directory or Information Data Exchange (e.g. exchanging service utilization data)
  - Training
    - Internal AAH staff
    - Provider Learning Collaboratives (in conjunction with HCSA)
    - New Provider Orientation Training
  - Communications
    - New Benefit Notice – letter informing members of new ECM benefit mailed on 11/30
    - Member Transition Notices – WPC to ECM/CS joint letter with HCSA and HHP to ECM/CS letter mailed on 12/1

Progress Report (cont'd)

- **Operational Readiness Status (ECM, CS and MOT) – Day 1**:
  - Contracting:
    - ECM – 50% complete, five (5) contracts fully executed; remaining five (5) still pending
    - Community Supports
      - Housing Deposits, Housing Transition Navigation Services, Housing Tenancy & Sustaining Services and Asthma Remediation – HCSA contract will be presented to the Alameda County Board of Supervisors for approval on December 14th
      - Recuperative Care (Medical Respite) – contract negotiations continue with BACS, Cardea Health and LifeLong
      - Medically Supportive Food/Meals/Medically Tailored Meals – contract negotiations continue with Project Open Hand
    - Major Organ Transplants (MOT)
      - Stanford – contract signed by AAH and sent to Stanford on 11/22 for counter signature
      - UCSF – pending DHCS rate negotiation with public hospitals; unknown impact to members receiving services
  - Incentive Payment Program – Needs Assessment and Gap-Filling Plan due to DHCS 12/22
  - Verification of Operational Readiness for Community-Based Organizations (ECM and CS Providers)
    - Credentialing
    - Contact lists and escalation pathways
- **Readiness Go-Live Check-ins Throughout December**

Progress Report (cont'd)

- **Post Go-Live Stabilization – Day 2 and Beyond**:
  - 30 Days
    - Ability to accept and process claims and encounters
    - Ability to receive referrals and enter authorizations
    - Develop audit and oversight processes and workflows
    - Review, prioritize and develop additional automation of processes
    - Initiate planning for CalAIM 2022/2023 requirements – additional PoFs, Long Term Care Carve-in, Population Health Management, additional CS offerings
    - Prepare Reporting
      - Transition Report to DHCS
      - MOT Financial Report
    - Incentive Payment Program planning
      - Aunt Bertha kick-off
    - AAH Internal Staffing – recruitment begins
    - Submit updated CS P&Ps to DHCS by 1/14/22
    - Convene CalAIM workgroup for on-going Provider Capacity needs assessment for ECM/CS

Progress Report (cont'd)

- **Post Go-Live Stabilization – Day 2 and Beyond**:
  - 60 Days
    - ECM/CS Dashboard design
    - CalAIM 2022/2023 requirements and planning continues
    - Deploy additional automation of processes
    - Incentive Payment Program implementation
      - Begin Aunt Bertha implementation

    ***Mild to Moderate Mental Health Insourcing requirements and planning resumes*

  - 90 Days
    - ECM/CS Dashboard implementation
    - CalAIM 2022/2023 requirements and planning continues
    - ACBH contracting for 7/1/22 effective date
    - Establish CalAIM Governance Committee

  - 120 Days
    - Implement Governance Committee
    - Quarterly reporting to DHCS begins

ALAMEDA Alliance FOR HEALTH

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

Vaccination Incentive Program

COVID-19 Vaccinations & Incentives

Progress Report

Presented to the Alameda Alliance Board of Governors

Matthew Woodruff, Chief Operations Officer

December 10, 2021

Progress Report
COVID-19 Vaccinations

- The Alliance as of December 6th, 2021:
  - 69.8% of Medi-Cal members 12 years and older are vaccinated (fully/partially) based on CAIR, encounter, claim, and HEDIS data
    - → Medi-Cal:160,667 of 230,331 persons (denominator increased by 1,325 members)
  - 80.8% of older adults (65 and older) are vaccinated
  - 76.5% of members 50 – 64 are vaccinated
  - 65.7% member 26 – 49 are vaccinated
  - 65.9% members 12 – 25 are vaccinated
  - 64.9% American Indian Alaskan Native
  - 50.7% Black/African American Members

Progress Report

Vaccination Outreach

- Alliance outbound automated calls:
  - → Since October 22, 2021, conducted more than 217,000 automated calls to unvaccinated members
  - → The November 5th and December 3rd calls reminded members to celebrate the holidays safely with their friends and family by getting the COVID-19 vaccine
  - → The process will continue through February 2022
- Second Postcard Mailing:
  - → December 15, 2021, to 230,000 households for members 12+
  - → Mailings for members 5 to 11 years old will start at the end of December 2021
- Newsletters:
  - → Member Connect Newsletter will be mailed in January 2022, to over 150K+ member households and include vaccine incentive information.
  - → Provider Pulse Newsletter will be published in December 2021 and include vaccine incentive information.

Progress Report

Vaccination Outreach

- Provider Incentive:
  - → Conducting second round of outreach calls to 67 PCPs in the direct network and our delegated networks, asking them to call unvaccinated patients
  - → The $50 for each newly vaccinated member will be paid in March/April 2022
- Live after-hours outbound calls will start mid-December 2021
  - → Calls to all unvaccinated members, weekdays 4 pm to 7 pm weekdays, and Saturdays 10 am to 1 pm
  - → Calls will promote and facilitate vaccine appointments using County sites or the members PCP
  - → AHS specific campaigns to unvaccinated members
    - – AHS/Alliance will develop scripts for utilizers and non-utilizers.
    - – AHS will launch a texting campaign to compliment live after-hours calls and create patient alerts

Progress Report

Vaccination Outreach

- Bart and bus creatives will appear on December 13, 2021, through March 6, 2021. (Please see Addendum A)

Future Member and Provider Vaccine Outreach Activities:

- The Alliance, Alameda County Public Health Department and Haller's Pharmacy promoting and distributing the vaccine at upcoming events.
  - → Santa Rita Jail vaccine distribution
  - → Hyperlocal neighborhood outreach, including County door to door outreach mid-December through February 28, 2022
  - → Haller's Pharmacy will provide three pop-up clinics beginning mid-December 2021. Sites to be determined.
- Continuing partnerships with community providers, physicians, Alameda County Care Alliance, and other faith-based organizations
  - → Support from ACCMA/SMMA Board Members

Progress Report

Vaccination Outreach

- → Counter vaccine hesitancy and misinformation in disparate member populations
- → Trusted physician conversations with patients and community forums early to mid-December through February 28, 2022
- → Dr. Lenoir and the African American Wellness Project radio and T.V. public service announcement campaign beginning mid-December 2021

- Alliance CVS Pharmacy “bag tagging” program to promote vaccine uptake
  - → Projected to reach 10K+ members at CVS stores throughout Oakland, San Leandro, and Hayward from mid-December 2021 through February 2022
- The Alliance contracts for radio and social media are being reviewed.
  - → The Alliance will air 30-sec spots on ethnic radio stations throughout the Bay Area
  - → The Alliance is working with social media platforms to boost posts that encourage vaccine uptake and counter misinformation.

Progress Report

Vaccination Outreach

- UCSF partnership to reach 5,000+ pediatric patients and families through school forums and text messaging campaigns.
  - → UCSF clinical team to participate in school forums to help answer parent and caregiver questions about the vaccine for children 5 to 11 years old.
    - – “Doc Talk” starting December 7, 2021
  - → UCSF will send text messages to encourage vaccine uptake
- School partnerships
  - → School-based clinic outreach with the Alameda County Office of Education. Alliance will continue to share clinics through, social media, and live calls through February 28, 2022
  - → Roots Community Clinics will offer vaccine clinics at all four Peralta Community College District Campuses beginning mid-January 2022

Progress Report

Vaccination Outreach

- → 1,000+ Alliance Back Packs with vaccine resources, reusable face masks, hand sanitizer, and school supplies.

- Alameda County Care Alliance (ACCA) partnership to reach 1,200 unvaccinated homebound members and their families and friends.
  - → Trusted conversations with faith-based leaders and caregiver providers
  - → Caregiver providers taking the vaccine to homebound clients.
- Additional Community Partnerships:
  - → Alameda County Community Food Bank partnership to identify vaccine education and pop-up clinic opportunities with more than 400 community sites
  - → East Oakland Collective and Umoja Health vaccine education and pop-up clinics for more than 200 families that receive grocery distribution.
  - → La Familia pop-up clinics at provider sites and high-touch calls to encourage vaccinations.

Progress Report

Vaccination Outreach Addendum A: Billboard, Bart, and Bus Ads

What are you waiting for?
COMPLETE YOUR COVID-19 VACCINE TODAY
so you can get back to the important things – like birthday parties!

ALAMEDA Alliance FOR HEALTH
www.alamedaalliance.org

TO SCHEDULE AN APPOINTMENT, PLEASE CALL **1.510.208.4VAX**

WE ARE IN THIS TOGETHER
AND WE ARE HERE FOR YOU

Complete Your **COVID-19 Vaccine**
Help Protect our Community

ALAMEDA Alliance FOR HEALTH
www.alamedaalliance.org

To schedule an appointment, please call **1.510.208.4VAX**

What are you waiting for?

COMPLETE YOUR COVID-19 VACCINE TODAY so you can get back to the important things – like dinner at mom's!

ALAMEDA Alliance FOR HEALTH
www.alamedaalliance.org

TO SCHEDULE AN APPOINTMENT, PLEASE CALL **1.510.208.4VAX**

ALAMEDA Alliance FOR HEALTH

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

Operations

Matt Woodruff

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

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

Date: **December 10, 2021**

Subject: **Operations Report**

Member Services

- 12-Month Trend Summary:

    - The Member Services Department received an eight percent (8%) increase in calls in November 2021, totaling 12,725 compared to 11,678 in November 2020. Call volume pre-pandemic in November 2019 was 12,743, which is one percent (1%) higher than the current call volume.
    - November utilization for the member automated eligibility IVR system totaled seven hundred fifty-four (754).
    - The abandonment rate for November 2021 was twelve percent (12%), compared to eight percent (8%) in November 2020.
    - The Department's service level was fifty-two percent (52%) in November 2021, compared to fifty-nine percent (59%) in November 2020. The Department continues to recruit to fill open positions.
    - The average talk time (ATT) was seven minutes and twenty-one seconds (07:21) for November 2021 compared to seven minutes (07:00) for November 2020.
    - The top five call reasons for November 2021 were: 1). Eligibility/Enrollment, 2). Change of PCP 3). Kaiser, 4). Benefits, 5). ID Card Request. The top five call reasons for November 2020 were: 1). Change of PCP, 2). Kaiser, 3). Eligibility/Enrollment 4). Benefits, 5). ID Card Requests.
    - 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 five-hundred sixty-two (562) web-based requests in November 2021 compared to six hundred-thirty (630) in November 2020. The top three web reason requests for November 2021 were: 1). Change of PCP 2). ID Card Requests, 3). Update Contact Information.

- Training:

    - Routine and new hire training are conducted via (hybrid/remote) model by the MS Trainer/manager/supervisors until staff returns to the office.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 167,057 claims in November 2021 compared to 111,676 in November 2020.
    - The Auto Adjudication was 82.8% in November 2021 compared to 78.8% in November 2020.
    - Claims compliance for the 30-day turn-around time was 98.3% in November 2021 compared to 98.8% in November 2020. The 45-day turnaround time was 99.9% in November 2021 compared to 99.9% in November 2020.

- Training:

    - Routine and new hire training is being conducted remotely by the Claims Trainer with the assistance of the managers/supervisors until the trainer is completely Trained on all claim types.

- Monthly Analysis:

    - In November, we received a total of 167,057 claims in the HEALTHsuite system. This represents a decrease of 5.87% from October and is higher, by 55,381 claims, than the number of claims received in November 2020; the higher volume of received claims remains attributed to COVID-19 and COBA implementation.
    - We received 87% of claims via EDI and 13% of claims via paper.
    - During November, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 82.8% for November.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services department's call volume in November 2021 was 4,680 calls compared to 4,463 calls in November 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 193 calls during November 2021.
    - The Provider Services department answered over 4,161 calls for November 2021 and made over 699 outbound calls.

Credentialing

- 12-Month Trend Summary:

    - At the Peer Review and Credentialing (PRCC) meeting held on November 16, 2021, there were twenty-one (21) initial providers approved; eight (8) primary care provider, eight (8) specialists, one (1) ancillary provider, and four (4) midlevel providers. Additionally, forty-seven (47) providers were re-credentialed at this meeting; fourteen (14) primary care providers, twenty-six (26) 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 November 2021, the Provider Dispute Resolution (PDR) team received 626 PDRs versus 790 in November 2020.
    - The PDR team resolved 639 cases in November 2021 compared to 680 cases in November 2020.
    - In November 2021, the PDR team upheld 70% of cases versus 67% in November 2020.

- The PDR team resolved 99.7% of cases within the compliance standard of 95% within 45 working days in November 2021 compared to 99.9% in November 2020.

- Monthly Analysis:

  - AAH received 626 PDRs in November 2021.
  - In November, 639 PDRs were resolved. Out of the 639 PDRs, 449 were upheld, and 190 were overturned.
  - The overturn rate for PDRs was 30% which did not meet our goal of 25% or less.
  - Here is a breakdown of the various causes for the 190 overturned PDRs. Please note that there were two primary areas that caused the Department to miss their goal of 25% or less. The first, a larger than normal volume of overturns due to authorization, representing 24% or 70 cases. 31 out of the 70 auth cases were due to CFMG authorizations not loaded into TruCare or HEALTHsuite. The issue was reported to HealthCare Services. 14 out of the 70 auth cases were overturned due to coding correction for Radiology services. The second is the incorrect rates, with 23 cases representing 12%. With 13 cases underpaid per the ASC rate updates. The combined rise in the volume of the two primary issues for overturned PDRs this month stopped us from achieving the goal of 25% or less.

Community Relations and Outreach

- 12-Month Trend Summary:

  - In November 2021, the Alliance completed 635 member orientation outreach calls and 132 member orientations by phone.
  - The C&O Department reached 132 people (100% identified as Alliance members) during outreach activities, compared to 177 individuals (100% self-identified as Alliance members) in November 2020.
  - The C&O Department spent a total of $0 in donations, fees, and/or sponsorships, compared to $0 in November 2020.
  - The C&O Department reached members in 19 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 19 cities in November 2020.

- Monthly Analysis:
    - In November 2021, the C&O Department completed 635 member orientation outreach calls and 132 member orientations by phone, and 41 Alliance website inquiries.
    - Among the 132 people reached, 100% identified as Alliance members.
    - In November 2021, the C&O Department reached members in 19 locations throughout Alameda County, Bay Area, and the U.S.
    - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	November 2021
Incoming Calls (R/V)	12,725
Abandoned Rate (R/V)	12%
Answered Calls (R/V)	10,960
Average Speed to Answer (ASA)	02:48
Calls Answered in 60 Seconds (R/V)	52%
Average Talk Time (ATT)	07:21
Outbound Calls	4,452

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

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

Claims Department
October 2021 Final and November 2021 Final

METRICS

Claims Compliance	Oct-21	Nov-21
90% of clean claims processed within 30 calendar days	97.4%	98.3%
95% of all claims processed within 45 working days	99.9%	99.9%

Claims Volume (Received)	Oct-21	Nov-21
Paper claims	24,999	21,520
EDI claims	152,484	145,537
Claim Volume Total	**177,483**	**167,057**

Percentage of Claims Volume by Submission Method	Oct-21	Nov-21
% Paper	14.09%	12.88%
% EDI	85.91%	87.12%

Claims Processed	Oct-21	Nov-21
HEALTHsuite Paid (original claims)	109,410	105,793
HEALTHsuite Denied (original claims)	45,295	44,365
HEALTHsuite Original Claims Sub-Total	**154,705**	**150,158**
HEALTHsuite Adjustments	2,061	2,873
HEALTHsuite Total	**156,766**	**153,031**

Claims Expense	Oct-21	Nov-21
Medical Claims Paid	$50,462,124	$45,893,611
Interest Paid	$17,723	$37,363

Auto Adjudication	Oct-21	Nov-21
Claims Auto Adjudicated	125,466	124,333
% Auto Adjudicated	81.1%	82.8%

Average Days from Receipt to Payment	Oct-21	Nov-21
HEALTHsuite	18	19

Pended Claim Age	Oct-21	Nov-21
0-29 calendar days		
HEALTHsuite	17,200	17,343
30-59 calendar days		
HEALTHsuite	258	305
Over 60 calendar days		
HEALTHsuite	0	1

Overall Denial Rate	Oct-21	Nov-21
Claims denied in HEALTHsuite	45,295	44,365
% Denied	28.9%	29.0%

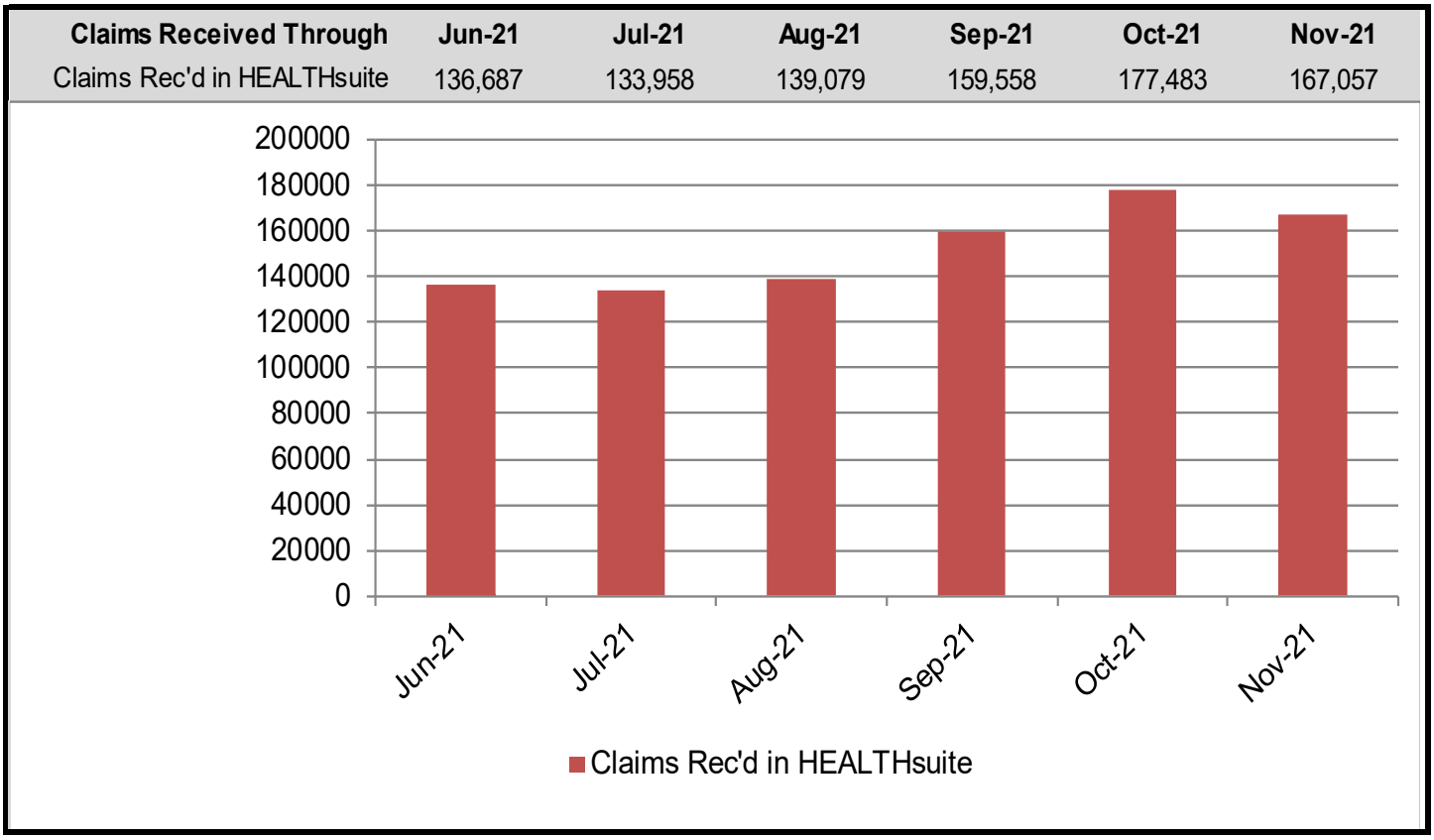
Claims Department
October 2021 Final and November 2021 Final

Nov-21

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	27%
No Benefits Found For Dates of Service	14%
Non-Covered Benefit for this Plan	12%
Duplicate Claim	11%
This is a Capitated Service	6%
% Total of all denials	**70%**

Claims Received By Month

Claims Received Through	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Claims Rec'd in HEALTHsuite	136,687	133,958	139,079	159,558	177,483	167,057



Provider Relations Dashboard November 2021

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5343	4884	5816	5501	5222	5588	4688	4724	4936	5594	4680	
Abandoned Calls	1060	756	815	788	729	686	405	341	369	913	519	
Answered Calls (PR)	4283	4128	5001	4713	4493	4902	4283	4383	4567	4681	4161	
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	611	533	511	464	414	462	254	207	213	445	280	
Abandoned Calls (R/V)												
Answered Calls (R/V)	611	533	511	464	414	462	254	207	213	445	280	
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	881	689	1062	1048	933	940	660	734	792	735	699	
N/A												
Outbound Calls	881	689	1062	1048	933	940	660	734	792	735	699	
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	6835	6106	7389	7013	6569	6990	5602	5665	5941	6774	5659	
Abandoned Calls	1060	756	815	788	729	686	405	341	369	913	519	
Total Answered Incoming, R/V, Outbound Calls	5775	5350	6574	6225	5840	6304	5197	5324	5572	5861	5140	

Provider Relations Dashboard November 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%	3.0%	2.7%	3.5%	3.8%	4.6%	4.0%	3.2%	3.8%	
Benefits	4.9%	3.4%	3.7%	3.1%	3.4%	2.8%	1.9%	0.3%	3.1%	2.8%	2.5%	
Claims Inquiry	38.8%	36.8%	39.4%	38.1%	40.6%	40.4%	41.6%	39.6%	40.2%	40.0%	40.1%	
Change of PCP	1.3%	3.6%	4.8%	4.1%	4.8%	5.3%	4.9%	5.5%	4.6%	4.9%	5.8%	
Complaint/Grievance (includes PDR's)	3.5%	3.6%	3.8%	3.6%	2.8%	3.1%	2.7%	2.8%	3.7%	3.9%	4.2%	
Contracts	0.5%	0.6%	0.3%	0.6%	0.5%	0.4%	0.6%	0.6%	0.8%	0.8%	0.7%	
Correspondence Question/Followup	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	
Demographic Change	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	
Eligibility - Call from Provider	25.0%	25.8%	24.3%	24.4%	25.1%	23.2%	25.8%	24.6%	22.3%	18.8%	21.1%	
Exempt Grievance/ G&A	0.2%	0.2%	0.2%	0.0%	0.4%	0.4%	0.2%	0.3%	0.0%	0.1%	0.2%	
General Inquiry/Non member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Health Education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Intrepreter Services Request	2.0%	1.8%	1.3%	1.2%	1.1%	1.1%	1.1%	1.3%	1.5%	2.3%	1.6%	
Kaiser	3.7%	0.2%	0.2%	0.4%	0.3%	0.3%	0.1%	0.2%	0.1%	0.1%	0.1%	
Member bill	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Provider Portal Assistance	3.6%	4.3%	4.0%	3.9%	4.3%	4.1%	4.0%	4.1%	6.9%	11.1%	8.4%	
Pharmacy	0.9%	0.9%	1.0%	1.1%	1.2%	0.7%	0.8%	0.8%	0.8%	1.0%	1.1%	
Provider Network Info	0.2%	0.1%	0.2%	0.2%	0.3%	0.5%	0.1%	0.1%	0.1%	0.3%	0.2%	
Transferred Call	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
All Other Calls	12.3%	14.4%	13.6%	16.0%	12.7%	14.0%	12.3%	15.0%	11.7%	10.7%	10.1%	
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	#DIV/0!

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	11	11	16	12	8	15	7	15	5	5	6	
Contracting/Credentialing	11	19	30	21	11	14	3	20	14	12	8	
Drop-ins	0	0	0	0	0	0	0	0	0	0	0	
JOM's	2	3	2	0	4	3	2	1	3	2	3	
New Provider Orientation	11	31	12	10	10	19		16	0	26	31	
Quarterly Visits	202	206	269	230	241	221	193	236	167	230	144	
UM Issues	2	2	3	0	1	0	0	2	1	0	1	
Total Field Visits	239	272	332	273	275	272	205	290	190	275	193	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		AHP 392	PCP 355	SPEC 630	PCP/SPEC 17
AAH/AHS/CHCN Breakdown		AAH 396	AHS 165	CHCN 428	COMBINATION OF GROUPS 405
Facilities	**284**				

VENDOR SUMMARY
Credentialing Verification Organization, Symply CVO

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	27	28	25	Y	Y
Recred Files in Process	88	26	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**115**				

CAQH Applications Processed in November 2021

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

November 2021 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	8
SPEC	8
ANCILLARY	1
MIDLEVEL/AHP	4
	21
Recredentialing	
PCP	14
SPEC	26
ANCILLARY	1
MIDLEVEL/AHP	6
	47
TOTAL	**68**

November 2021 Facility Approvals

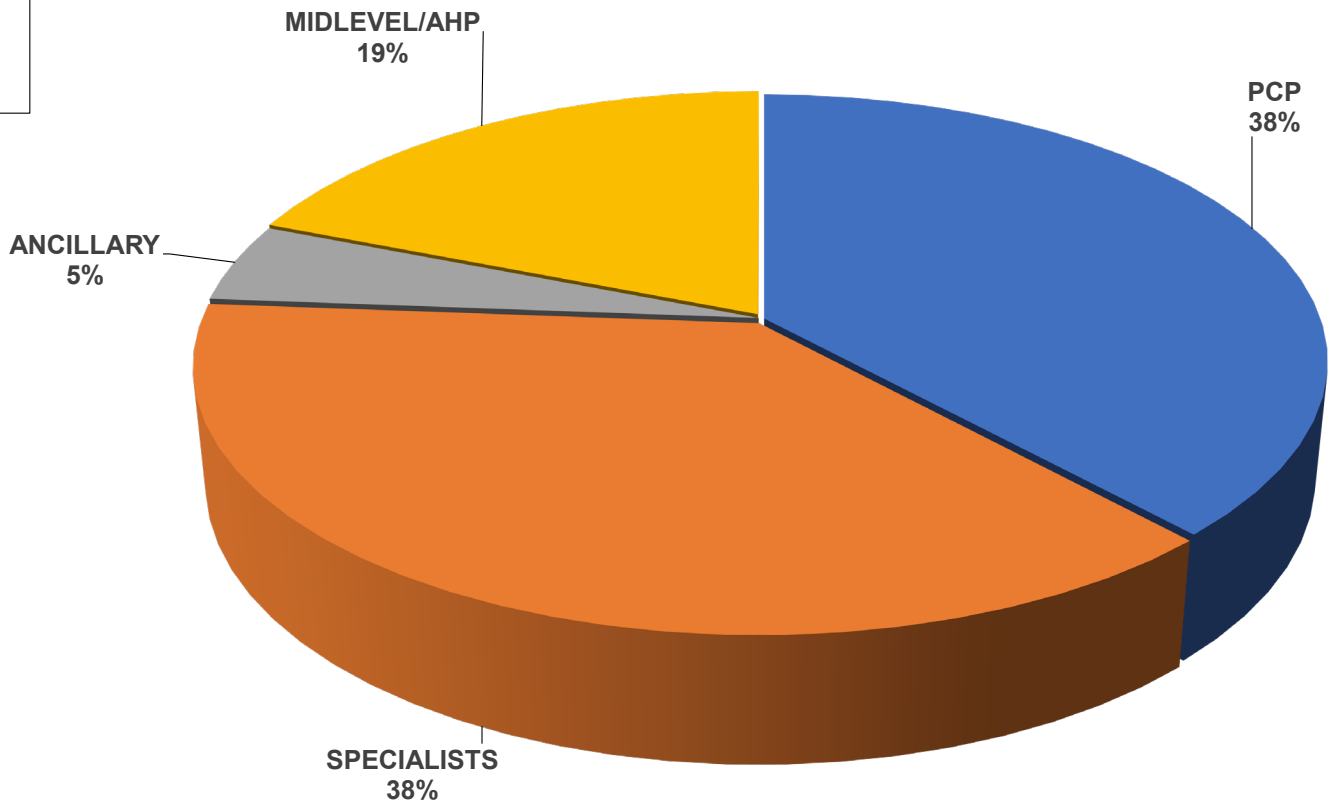
Initial Credentialing	3
Recredentialing	5
	8
Facility Files in Process	**40**

November 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
Al Chalaby	Shahad	Primary Care Physician	Initial	11/16/2021
Araj	Aileen	Allied Health	Initial	11/16/2021
Beharie	Danielle	Specialist	Initial	11/16/2021
Bhupathi	Vivek	Primary Care Physician	Initial	11/16/2021
Damento	Gena	Specialist	Initial	11/16/2021
Essapoor	Shayan	Specialist	Initial	11/16/2021
Fang	Susan	Primary Care Physician	Initial	11/16/2021
Fast	Katharine	Specialist	Initial	11/16/2021
Flores	Mayra	Allied Health	Initial	11/16/2021
Gupta	Shelly	Specialist	Initial	11/16/2021
Gutowski	Kimberly	Primary Care Physician	Initial	11/16/2021
Harris	Lillian	Allied Health	Initial	11/16/2021
Jain	Sneha	Ancillary	Initial	11/16/2021
Lim	Dexhelyn	Allied Health	Initial	11/16/2021
Lin	Nathan	Primary Care Physician	Initial	11/16/2021
Liu	Jet	Specialist	Initial	11/16/2021
Lugo	Ricardo	Specialist	Initial	11/16/2021
Maristany	Daniela	Primary Care Physician	Initial	11/16/2021
Rabinowitz	Molly	Primary Care Physician	Initial	11/16/2021
Thornblade	Lucas	Specialist	Initial	11/16/2021
Unzueta	Crystal	Primary Care Physician	Initial	11/16/2021
Akileswaran	Chitra	Specialist	Recred	11/16/2021
Ayyala	Sreedevi	Primary Care Physician	Recred	11/16/2021
Beckerman Johnson	Jessica	Specialist	Recred	11/16/2021
Bley	Julia	Specialist	Recred	11/16/2021
Chang	Kimberly	Primary Care Physician	Recred	11/16/2021
Cooper	Joy	Specialist	Recred	11/16/2021
Cowan	Beth	Specialist	Recred	11/16/2021
Dao	Bao	Specialist	Recred	11/16/2021
Doughty	Susan	Allied Health	Recred	11/16/2021
Edelman	Robert	Specialist	Recred	11/16/2021
Flattery	Davida	Primary Care Physician	Recred	11/16/2021
Frey	Douglas	Allied Health	Recred	11/16/2021
Howell	Tiffany	Primary Care Physician	Recred	11/16/2021
Hussain	Tanvir	Primary Care Physician	Recred	11/16/2021
Imes	Richard	Specialist	Recred	11/16/2021
Jain	Ashit	Primary Care Physician and Specialist	Recred	11/16/2021
James	Adrian	Primary Care Physician	Recred	11/16/2021
Jumig	Elmer	Primary Care Physician	Recred	11/16/2021
Kahlon	Ravinder	Specialist	Recred	11/16/2021
Khong	Dorothy	Specialist	Recred	11/16/2021
Kosaraju	Rao	Specialist	Recred	11/16/2021
Kramer	Scott	Specialist	Recred	11/16/2021
Kurtzman	Steven	Specialist	Recred	11/16/2021
Lee	Kevin	Specialist	Recred	11/16/2021
Leite	Lorena	Primary Care Physician	Recred	11/16/2021
Leung	Suktak	Ancillary	Recred	11/16/2021
Levine	Arnold	Specialist	Recred	11/16/2021
Mallavaram	Navin	Specialist	Recred	11/16/2021
Morrissey	Ellen	Specialist	Recred	11/16/2021
Moyer	Janice	Specialist	Recred	11/16/2021
Mungo	Irene	Specialist	Recred	11/16/2021
Pereira-Ambrose	Ivana	Allied Health	Recred	11/16/2021
Phangureh	Varinder	Specialist	Recred	11/16/2021
Postma	Sarah	Primary Care Physician	Recred	11/16/2021
Prakash	Shraddha	Specialist	Recred	11/16/2021
Reddy	Srikanth	Specialist	Recred	11/16/2021
Reiter	Samuel	Specialist	Recred	11/16/2021
Rodriguez	Maiti	Primary Care Physician	Recred	11/16/2021
Rose	Melissa	Primary Care Physician	Recred	11/16/2021
Savio	Robert	Primary Care Physician	Recred	11/16/2021
Schwarting	Elizabeth	Allied Health	Recred	11/16/2021
Sunkavally	Bhuvaneshwar Rao	Specialist	Recred	11/16/2021
Swinson	Jasmine	Allied Health	Recred	11/16/2021
Ternus	Peter	Specialist	Recred	11/16/2021
Tsai	Timothy	Allied Health	Recred	11/16/2021
Wang	Jessica	Primary Care Physician	Recred	11/16/2021
Zitter	Jessica	Specialist	Recred	11/16/2021

OCTOBER PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY

PCP	8
Specialists	8
Ancillary	1
MIDLEVEL/AHP	4
Total	21



Provider Dispute Resolution
October 2021 and November 2021

METRICS

PDR Compliance	Oct-21	Nov-21
# of PDRs Resolved	603	639
# Resolved Within 45 Working Days	603	637
% of PDRs Resolved Within 45 Working Days	100.0%	99.7%

PDRs Received	Oct-21	Oct-21
# of PDRs Received	729	626
PDR Volume Total	**729**	**626**

PDRs Resolved	Oct-21	Nov-21
# of PDRs Upheld	404	449
% of PDRs Upheld	67%	70%
# of PDRs Overturned	199	190
% of PDRs Overturned	33%	30%
Total # of PDRs Resolved	**603**	**639**

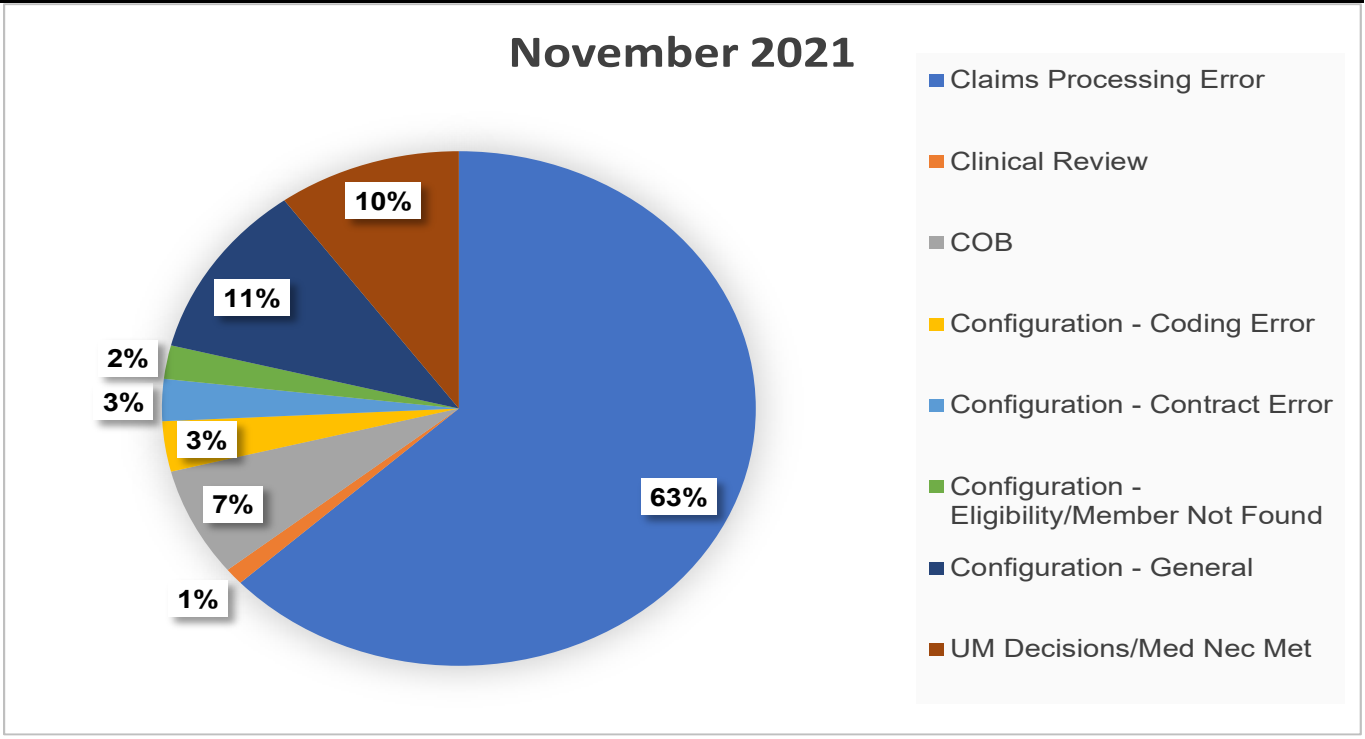
Average Turnaround Time	Oct-21	Nov-21
Average # of Days to Resolve PDRs	36	40
Oldest Unresolved PDR in Days	45	45

Unresolved PDR Age	Oct-21	Nov-21
0-45 Working Days	1,365	1,483
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**1,365**	**1,483**

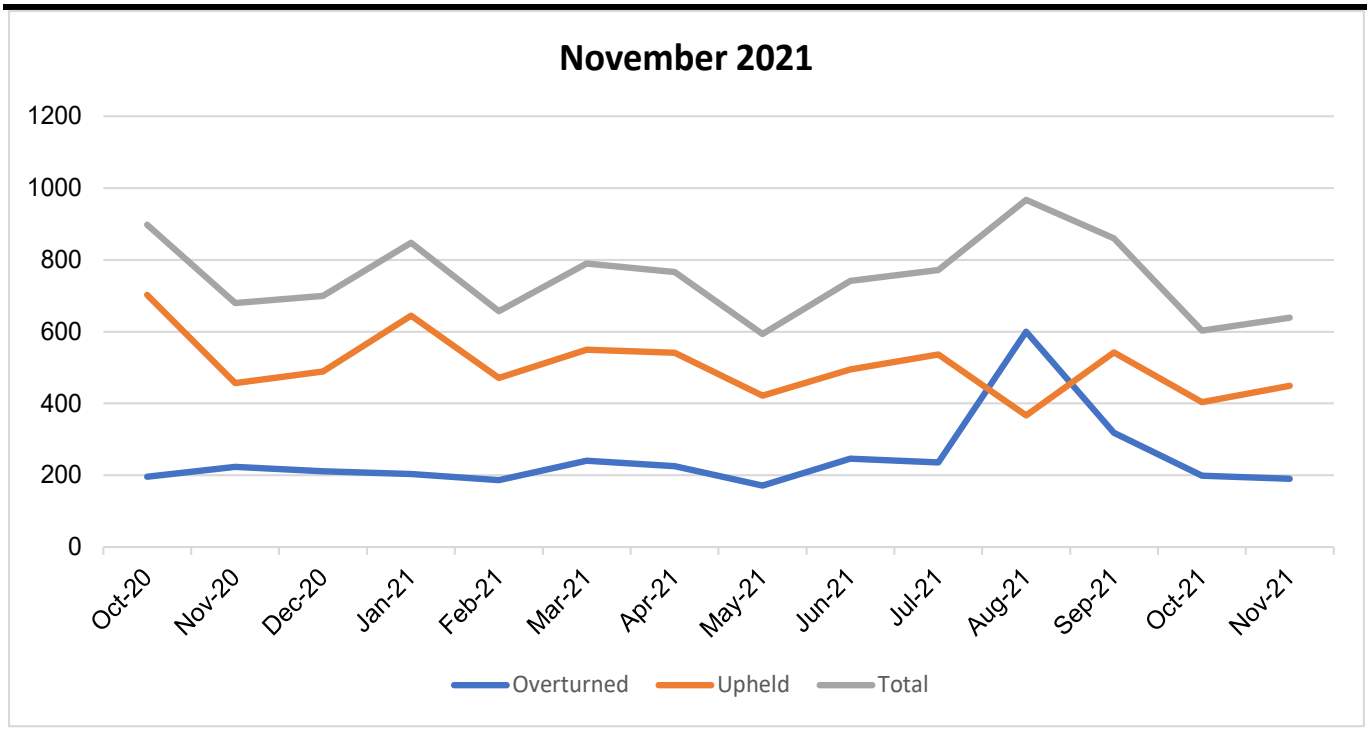
Provider Dispute Resolution
October 2021 and November 2021

Nov-21

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2021-2022 | **NOVEMBER 2021 OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY

FY 2021-2022 | NOVEMBER 2021 OUTREACH REPORT

During November 2021, the Alliance completed **635** member orientation outreach calls and conducted **132** member orientations (**21%** member participation rate). In addition, in November 2021, the Outreach team completed **41** Alliance website inquiries.

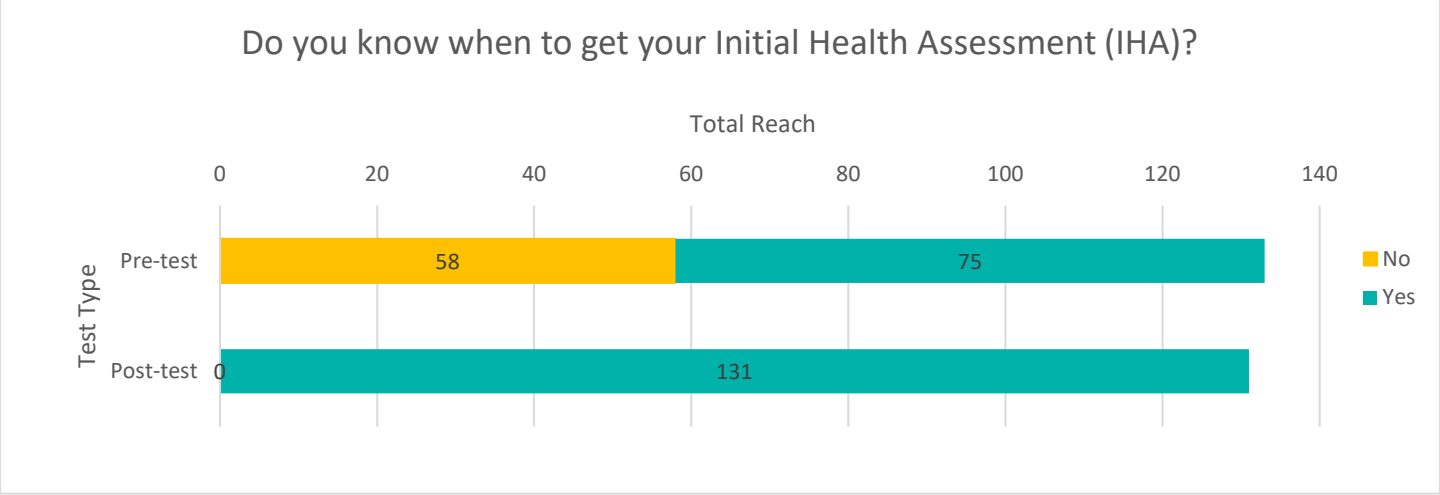
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **24,449** self-identified Alliance members have been reached during outreach activities.

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

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of **November 30, 2021, t**he Outreach Team completed **16,512** member orientation outreach calls and conducted **4,673** member orientations (**28%** member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between **November 1**, through **November 30, 2021** (**20** working days) – **132** members completed a MO by phone.

After completing a MO **100%** of members who completed the post-test survey in **November 2021** reported knowing when to get their IHA, compared to only **56%** 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 21-22\Q2\2. November 2021**

ALLIANCE IN THE COMMUNITY

FY 2021-2022 | NOVEMBER 2021 OUTREACH REPORT

FY 2020-2021 NOVEMBER 2020 TOTALS

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

21 CITIES

Alameda
Albany
Berkeley
Castro Valley
Dallas
Dublin
Emeryville
Fremont
Hayward
Houston
Livermore
Newark
Oakland
Ocean Shores
Pleasanton
Richmond
San Jose
San Leandro
San Lorenzo
Union City
Woodside

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

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2021-2022 NOVEMBER 2021 TOTALS

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

19 CITIES*

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

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

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

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

ALAMEDA Alliance FOR HEALTH

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

Compliance

Richard Golfin III

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

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

Date: **December 10, 2021**

Subject: **Compliance Division 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. On March 5, 2021, the DHCS issued the Final Report and Corrective Action Plan (CAP). The Plan submitted its CAP response and available supporting documents to DHCS on April 6, 2021. The Plan finalized payment of claims that were in arbitration with Kindred. Additionally, the Plan completed initial audits of the revised Concurrent Review Process and Notice of Action letters. The Plan also worked with the delegate, CHCN, to update their processes, and completed an initial audit of their updated Concurrent Review Process. Audits of the Plan and delegate's Concurrent Review Process and Notice of Action letters will continue through Q4 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. DMHC conducted virtual audit interviews on April 13, 2021, through April 16, 2021. The Plan has not received a preliminary audit report but anticipates receiving the report in December 2021.

- 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 was conducted jointly with the DMHC from April 13, 2021, through April 23, 2021.The review period was June 1, 2019, through March 31, 2021. The Plan received the final audit report on August 24, 2021 which had a total of 33 findings and four (4) were repeat findings. The Corrective Action Plan response was submitted to DHCS on September 23, 2021. The Plan is working to remediate the audit findings. The Plan has a total of 96 CAP deliverables, 66 of which are in progress.

  Repeat Findings and Status:
    - 1.5.3 Ownership and Control Disclosure Reviews
      Delegates with no ownership model (Non-profit/ owned by physician shareholders) would now be required to complete the forms for disclosures from the managing employees, or board of directors and senior management team. The Plan has informed the delegates of this additional requirement. The Plan will review the ownership and disclosure information from the managing employees, or board of directors and senior management team for all subsequent forms. New ownership and disclosure forms are being collected in our annual

delegation audits with each delegate. CHCN and CFMG's ownership and disclosure forms are being collected ahead of the annual delegation audit schedule to meet timely requirements for the CAP.

- 2.1.1 Health Risk Assessment (HRA) Completion Time Frames:
  The Plan revised the HRA process to track all incoming HRAs. This effort required an update in workflow, staff re-training and log monitoring. The updated process has been implemented and staff training was completed September 17, 2021. The Plan will be reporting outcomes to the UM Committee on a quarterly basis.

- 4.1.5 Grievance Resolution / Grievance Process:
  The Plan provided training to the Grievance and Appeals staff to review G&A-001 Grievance and Appeals System Description. Staff training was completed September 21, 2021. The Grievance and Appeals Department will conduct internal audits on a quarterly basis to ensure compliance. The quarterly audits will begin in the 1st quarter of 2022.

- 6.2.1 Fraud and Abuse Reporting:
  The Plan has dedicated staff in the Special Investigations Unit to focus on Fraud, Waste and Abuse (FWA) cases. Compliance will be monitoring and ensuring timely reporting of FWA cases to DHCS. The Plan also updated CMP-002 to reflect reporting requirements- this policy was re-approved at the Compliance Committee on Nov. 23, 2021.

- DMHC Measurement Year (MY) 2019 Network Corrective Action Plan:
  On February 26, 2021, the DMHC issued the MY 2019 Network Findings Report (Report). The Report evaluates compliance with the MY 2019 Timely Access Compliance Report Web Portal Instructions; the MY 2019 Provider Appointment Availability Survey (PAAS) Methodology; the instructions in the PAAS Contact List Template; the Raw Data Template and Results Template, and; network adequacy requirements under the Knox Keene Act. The DMHC identified nine (9) findings in the Report. The Plan's response was due within ninety (90) calendar days following the date of issuance, May 26, 2021, and the Plan successfully submitted its CAP response to the DMHC on May 26, 2021. The Plan is awaiting response from DMHC.

- OCR Limited Compliance Review:
  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.

  On May 26, 2021, the Plan received notice from OCR of its investigation on whether the Plan is in compliance with the applicable Federal Standards for

Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information. Specifically, the OCR will investigate whether the Business Associate is in compliance with Plan Business Associate Contracts and applicable policies and procedures. The Plan submitted its response and supporting documents to the OCR on June 15, 2021.

On November 19, 2021 the Plan received notice from OCR indicating that after review of the reports, responses and supporting documents sent by the Plan related to the breach reported in Feb 2021, OCR is closing the case without further action effective 11/19/21.

2021 Annual Corporate Training

- The 2021 Annual Compliance training was assigned to all staff on November 1, 2021. All staff are required to complete the training by January 31, 2022. Annual Training includes the below topics and as of December 3, 2021, the Plan is 30% complete.
    - Health Insurance Portability and Accountability Act (HIPAA)
    - Medicare- Fraud Waste and Abuse
    - Cultural Sensitivity Training
    - Anti- Harassment / Sexual Harassment

Delegation Oversight Auditing Activities 2021

- In collaboration with Northern California Medi-Cal Health Plans, Kaiser Foundation Health Plan received notice of the 2021 Joint Annual Delegation Oversight Audit. The audit review period is July 1, 2020, through May 31, 2021. The Plan is responsible for reviewing policies and procedures for the Kaiser Population Health Management Program, Provider Dispute Resolution Program and Claims Administration Programs. The audit is complete, and the Preliminary findings were provided to Kaiser on October 29, 2021, the Final Audit report is due to Kaiser on February 4, 2022.

- On September 16, 2021, the Plan sent notice to March Vision notifying them of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal line of business. The audit review period is July 1, 2020, through June 30, 2021. The virtual audit took place on November 16 through November 17, 2021. The final Audit Report is due to March Vision on January 24, 2022.

- On November 2, 2021, the Plan sent notice to CFMG notifying them of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal line of business. The audit review period is July 1, 2020 through June 30, 2021. The virtual audit is scheduled to take place from December 14 through December 16, 2021.

- On December 6, 2021 the plan sent notice to Beacon notifying them of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal and IHSS lines of business. The audit review period is July 1, 2020 – June 30, 2021. The virtual audit is scheduled to take place from January 18 through January 20, 2022.

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.
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	DHCS	21-004	4/8/2021	STANDARDS FOR DETERMINING THRESHOLD LANGUAGES, NONDISCRIMINATION REQUIREMENTS, AND LANGUAGE ASSISTANCE SERVICES	MEDI-CAL	This All Plan Letter (APL) serves to inform all Medi-Cal managed care health plans (MCPs) of the dataset for threshold and concentration languages and clarifies the threshold and concentration standards specified in state and federal law and MCP contracts. This dataset identifies the threshold and concentration languages in which, at a minimum, MCPs must provide written translated member information.

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
9	DMHC	21-005	1/15/2021	PLAN YEAR 2022 QHP AND QDP FILING REQUIREMENTS	MEDI-CAL & GROUP CARE	The DMHC offers current and prospective Qualified Health and Dental Plans, Covered California for Small Business Issuers, and health plans offering non-grandfathered Individual and Small Group product(s) outside of the California Health Benefit Exchange (Covered California), guidance to assist in the preparation of Plan Year 2022 regulatory submissions, in compliance with Knox-Keene Act at California Health and Safety Code Sections 1340.
10	DHCS	21-005	4/15/2021	CALIFORNIA CHILDREN'S SERVICES WHOLD CHILD MODEL PROGRAM	MEDI-CAL	The purpose of this All Plan Letter is to provide direction and guidance to Medi-Cal managed care health plans (MCPs) participating in the California Children's Services (CCS) Whole Child Model (WCM) program. This APL conforms with CCS Numbered Letter (N.L.) 03-0421, which provides direction and guidance to county CCS programs on requirements pertaining to the WCM program. This APL supersedes APL 18-023.
11	DHCS	21-006	4/27/2021	NETWORK CERTIFICATION REQUIREMENTS	MEDI-CAL	This APL provides guidance to Medi-Cal managed care health plans (MCPs) on the Annual Network Certification (ANC) requirements pursuant to Title 42 of the Code of Federal Regulations (CFR) sections 438.68, 438.206, and 438.207, and Welfare and Institutions Code (WIC) section 14197.
12	DHCS	21-007	5/10/2021	THIRD PARTY TORT LIABILITY REPORTING REQUIREMENTS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on the updated process for submitting service and utilization information and copies of paid invoices/claims for covered services related to third party liability (TPL) torts to the Department of Health Care Services (DHCS).
13	DHCS	21-008	5/12/2021	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER PROVIDERS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with information regarding the implementation of the Tribal Federally Qualified Health Center (Tribal FQHC) provider type in Medi-Cal with an effective date of January 1, 2021. This APL also provides guidance regarding reimbursement requirements for Tribal FQHC provider types.
14	DHCS	21-009	8/10821	COLLECTING SOCIAL DETERMINANTS OF HEALTH DATA	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on using the Department of Health Care Services (DHCS) Priority Social Determinants of Health (SDOH) Codes to collect reliable SDOH data.
15	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 healthcare service plans to annually submit provider directory policies and procedures to the Department of Managed Health Care (Department).
16	DHCS	21-010	8/13/2021	MEDI-CAL COVID-19 VACCINATION INCENTIVE PROGRAM	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the Medi-Cal COVID-19 Vaccination Incentive Program. For the purposes of this APL, MCPs include Cal MediConnect Medicare-Medicaid Plans (MMPs).
17	DHCS	21-011	8/31/2021	GRIEVANCE AND APPEALS REQUIREMENTS, NOTICE AND "YOUR RIGHTS" TEMPLATES	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with clarification and guidance regarding the application of federal and state legal requirements for processing grievances and appeals. This APL supersedes APL 17-006 and includes member notification templates developed by the Department of Health Care Services (DHCS), as well as updated DHCS templates for the attachments that must accompany member notifications.
18	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.
19	DHCS	21-012	9/15/2021	ENHANCED CARE MANAGEMENT REQUIREMENTS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to all Medi-Cal managed care health plans (MCPs) regarding the provision of the Enhanced Care Management (ECM) benefit

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
20	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.
21	DHCS	21-013	10/4/2021	DISPUTE RESOLUTION PROCESS BETWEEN MENTAL HEALTH PLANS AND MEDI-CAL MANAGED CARE HEALTH PLANS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on how to submit a service delivery dispute to the Department of Health Care Services (DHCS) when the dispute cannot be resolved at the local level with a Mental Health Plan (MHP).
22	DMHC	21-013	4/1/2021	2021 ANNUAL ASSESSMENTS	MEDI-CAL & GROUP CARE	The Department of Managed Health Care reminds Plans to file on or before May 15, 2020, the Report of Enrollment Plan as required by Health and Safety Code section 1356 and the California Code of Regulations, title 28, section 1300.81.6(a).
23	DMHC	21-014	5/3/2021	COVID-19 VACCINATIONS FOR HOMEBOUND ENROLLEES; TRANSPORTATION ASSISTANCE TO OBTAIN COVID-19 VACCINES	GROUP CARE	This APL does not apply to Medi-Cal Managed Care Plans. The California Department of Health Care Services will be providing guidance to the managed care plans. This All Plan Letter applies to full-service commercial or Medicare Advantage health plans holding a restricted or limited license to the extent the plan is responsible for covering the administration of COVID-19 vaccinations for enrollees assigned to the plan.
24	DHCS	21-014	10/11/2021	ALCOHOL AND DRUG SCREENING, ASSESSMENT, BRIEF INTERVENTIONS AND REFERRAL TO TREATMENT	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify the Medi-Cal managed care health plans' (MCP) primary care requirement to provide Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to members ages 11 years and older, including pregnant women. This APL was formerly named “Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care.” This APL aligns with the November 2018 and June 2020 updates to the United States Preventive Services Task Force (USPSTF) recommendations and supersedes APL18-014.
25	DMHC	21-015	6/7/2021	BLOCK TRANSFER PORTAL UPDATES	MEDI-CAL	The Block Transfer team has updated the Block Transfer portal in an effort to streamline the Block Transfer filing submission process for Health Plans as well as the review process for the Department of Managed Health Care (Department).
26	DHCS	21-015	10/18/2021	BENEFIT STANDARDIZATION AND MANDATORY MANAGED CARE ENROLLMENT PROVISINS OF THE CALIFORNIA ADVANCING AND	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to all Medi-Cal managed care health plans (MCPs) on the Benefit Standardization and Mandatory Managed Care Enrollment (MMCE) provisions of the California Advancing and Innovating Medi-Cal (CALAIM) initiative.
27	DMHC	21-016	6/7/2021	CONTINUED COVERAGE OF COVID-19 DIAGNOSTIC TESTING	MEDI-CAL & GROUP CARE	On May 15, 2021, the DMHC's emergency regulation regarding COVID-19 testing expired. However, health plans must continue to cover certain COVID-19 testing for their enrollees pursuant to federal law.
28	DHCS	21-016	10/27/2021	CALIFORNIA ADVANCING AND INNOVTING MEDI-CAL INCENTIVE PAYMENT PROGRAM	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the incentive payments linked to the Enhanced Care Management (ECM) and Community Supports (In Lieu of Services [ILOS]) programs implemented by the California Advancing and Innovating Medi-Cal (CalAIM) initiative.
29	DMHC	21-017	7/6/2021	LARGE GROUP RENEWAL NOTICE REQUIREMENTS	GROUP CARE	California Health and Safety Code section 1374.21, subdivision (a)(2) requires all commercial full-service health care service plans (“plans”) to comply with disclosure requirements relating to large group renewal notices. In addition Health and Safety Code section 1385.046, subdivision (a) specifies that a large roup contract holder has 60 days from receipt of their renewal notice to request the DMHC to review their rates to determine whether the rate change is unreasonable or not justified.

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
30	DHCS	21-017	11/5/2021	COMMUNITY SUPPORTS REQUIREMENTS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the provision of Community Supports, previously referred to as In Lieu of Services (ILOS), and the development and operation of these services by MCPs implementing Community Supports (ILOS).
31	DMHC	21-018	7/6/2021	GUIDANCE REGARDING PREVENTIVE HEALTH SERVICES COVERAGE FOR HIV PREEXPOSURE PROPHYLAXIS (PrEP)	MEDI-CAL & GROUP CARE	The Department of Managed Health Care issued this All Plan Letter (APL) to provide additional guidance to health care service plans regarding coverage for Human Immunodeficiency Virus (HIV) antiretroviral drugs, including preexposure prophylaxis or postexposure prophylaxis. This APL includes guidance on prior authorization and step therapy as well as preventative health services and cost sharing.
32	DMHC	21-019	7/13/2021	GUIDANCE REGARDING ASSEMBLY BILL (AB) 2118 REPORTING REQUIREMENTS	MEDI-CAL & GROUP CARE	AB 2118 added section 1385.043 to the California Health and Safety Code. This bill requires health plans to annually report specified rate information on premiums, cost sharing, benefit, enrollment, and trend factors for products in the individual and small group markets for all grandfathered and non-grandfathered products.
33	DMHC	21-020	7/26/2021	CONTINUED COVERAGE OF COVID-19 DIAGNOSTIC TESTING	MEDI-CAL & GROUP CARE	On July 26, 2021, the California Department of Public Health (CDPH) issued COVID-19 diagnostic testing requirements for employees in health care, long-term care, congregate living, and similar types of facilities who are not fully vaccinated against COVID-19.
34	DMHC	21-021	8/17/2021	TRANSFER OF HOSPITALIZED ENROLLEES PER REGULATION SECTION 1300.67.02	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) reminds health plans of their obligations to comply with California Code of Regulations, title 28, section 1300.67.02. That section directs plans to remove certain barriers to enrollee transfers between hospitals when such transfers are made pursuant to a public health order. Section 1300.67.02 also specifies how plans must reimburse for the transfer and continued hospitalization of enrollees transferred pursuant to a public health order.
35	DMHC	21-022	10/26/2021	CONTINUED APPLICABILITY OF COVID-19 REQUIREMENTS	MEDI-CAL & GROUP CARE	The accessibility standards in the Knox-Keene Health Care Service Plan Act (KnoxKeene Act) require plans to have adequate staff to ensure services are provided to enrollees in a timely manner. Additionally, plans must ensure their "plan and provider processes necessary to obtain covered health care services, including but not limited to prior authorization processes, are completed in a manner that assures the provision of covered health care services to enrollees in a timely manner.
36	DMHC	21-023	11/1/2021	FLU VACCINES; PREPARATION FOR COVID-19 VACCINES	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) reminds health plans of their obligation to cover influenza vaccinations. The APL also encourages plans to take steps now so they can proactively prepare for the administration of COVID-19 vaccines to children between age 5 to 11 years as soon as the vaccine is approved for use in that population.
37	DMHC	21-024	11/18/2021	RISK-BEARING ARRANGEMENT DISCLOSURES	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) to remind health care service plans to comply with contract and disclosure requirements applicable to risk bearing arrangements.

ALAMEDA Alliance FOR HEALTH

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Health Care Services

Steve O'Brien, MD

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

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

Date: **December 10, 2021**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- DMHC/DHCS combined audit follow-up: Action Plans on UM findings from the DHCS audit are being monitored, showing good outcomes.

- Progress continues on UM/Claims/Configuration collaboration and improved alignment. This standardization improves accuracy and timeliness of claims payment but has been extensive work.

- 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 improving to 45-50%, which improves accuracy and efficiency of serving members. Work is being done to continue to identify providers with low usage of the portal for provider outreach and training on the portal system.

- Major Organ Transplant (MOT) workgroups continue to meet in preparation for 1/1/2022 implementation. Work is nearing completion on network certification requirements, workflows, prior authorization and coding.

- Planning for enhanced connections to our CCS partners is being integrated into a larger EPSDT strategy are in process. Reports and workflows are in development.

Outpatient Authorization Denial Rates			
Denial Rate Type	**Aug**	**Sep**	**Oct**
Overall Denial Rate	**5.1%**	**4.4%**	**3.7%**
Denial Rate Excluding Partial Denials	**4.5%**	**3.8%**	**3.1%**
Partial Denial Rate	**0.6%**	**0.6%**	**0.6%**

Turn Around Time Compliance			
Line of Business	**Aug 2021**	**Sept 2021**	**Oct 2021**
Overall	**99%**	**98%**	**99%**
Medi-Cal	**99%**	**98%**	**99%**
IHSS	**100%**	**99%**	**99%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- Despite the spread of Omicron variant, acute COVID hospitalizations have continued declining in October and November. Inpatient department is tracking these admissions, along with vaccination status, and referring members with acute COVID admission to the Case Management team for TOC follow up.

- Weekly complex/long stay patient rounds continue with Sutter, AHS, Washington, Kindred and Kentfield hospitals with a goal of removing barriers to discharge. Focus is on longer lengths of stay and challenging placement patients.

- Readmission reduction: UM and CM are continuing to collaborate with hospital partners at AHS and Sutter to focus on readmission reduction aligned with their readmission reduction goals. There has been a reduction in the readmission rates at AHS in AAH patients that coincides with the growth of the TOC program. Sutter has had recent success in reducing readmissions, and AHS will be hiring a Medical Director for TOC. AAH will work with both entities to achieve the shared goal of readmission reductions.

- Partnerships in TOC continues with Alameda Health System (AHS). The decline in the AHS Readmission rate is continuing since the launch of the TOC program with them.

- AAH is partnering with CHCN to help support the Care Transition RN program to enable quick access to follow up care with the FQHC clinics and provide other TOC care.

- Partnership with denial management continues with Alameda Health System to ensure accurate communication about denials, as well as appropriate and timely payment to this safety net partner.

Inpatient Med-Surg Utilization Total All Aid Categories Actuals (excludes Maternity)			
Metric	**July 2021**	**Aug 2021**	**Sept 2021**
Authorized LOS	**4.7**	**5.4**	**4.8**
Admits/1,000	**60.4**	**56.8**	**55.0**
Days/1,000	**284.4**	**306.8**	**262.6**

Pharmacy

- DHCS is planning Medi-CAL RX go-live date of 1/1/2022.
  AAH is on track for the Medi-Cal RX transition
  - Magellan completed "Medi-Cal Rx 101 Webinar w/ Alameda Alliance for Health" training series on November 1, 2021
  - AAH Pharmacy Staff offered in-service to all staff to share all pertaining information and addressed questions for transition preparation.

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

Decisions	Number of PAs Processed
Approved	771
Denied	545
Closed	697
Total	**2013**

Line of Business	Turn Around Rate compliance (%)
Medi-CAL	99
GroupCare	100
Wrap	100

- Medications for diabetes, acne, pain, hypertriglyceridemia, and actinic keratoses are top 10 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	JARDIANCE 25 MG TABLET	Diabetes	Criteria for approval not met
6	PIMECROLIMUS 1% CREAM	Rosacea	Criteria for approval not met
7	LIDODERM 5% PATCH	Pain	Criteria for approval not met
8	RANOLAZINE ER 500 MG TABLET	Chronic angina	Criteria for approval not met
9	OMEGA-3 ETHYL ESTERS 1 GM CAP	Hypertriglyceridemia	Criteria for approval not met
10	CLINDAMYCIN PH 1% GEL	Acne	Criteria for approval not met

- Pharmacy Services collaborates with Analytics and QI for monitoring chronic concurrent use of opioids/benzodiazepines/antipsychotics and children use of antipsychotics.
    - Concurrent chronic use is defined as utilization greater than or equal than 90 days' supply. There were two patients with opioids/benzodiazepines/antipsychotics on high doses of quetiapine (1100 mg) with 160 mg of Latuda along with Diazepam and Norco.
    - 7 MCAL members out of 91 members are chronic utilizers for antipsychotics. Out of 147 MCAL children, 6 children only used antipsychotics for schizophrenia. Providers worked in different clinics. There were no correlations with top providers working at the same clinic.

- Pharmacy Services, QI, Health Education and Case Management work together to improve drug adherence for 200 Black adult members with asthma between 21 to 44 years of age with asthma medication possession rate (AMR) 50% or below.
    - Smoking cessation integration in Pharmacy TOC program
    - Following 2nd pilot group (AMR 0.3-0.39) for AMR impact trend Internal discussion in progress for new strategies in 3rd pilot group (AMR 0-0.29)

- Pharmacy is leading initiatives on Physician Administered Drugs (PAD) focused internal and external partnership and biosimilar optimization (from July 2021 to September 2021).
    - Biosimilar utilization average was 67.1%
    - Fiscal year savings $339,113

    - Percentage of savings per drug type Oncology ($184k), Immunology ($105k) drugs and White Blood Cell Stimulator ($48k)

- Pharmacy Services, Operations and QI are collaborating to identify unvaccinated members who fill their medications in San Leandro, Oakland, Hayward with CVS pharmacies to offer vaccines during member prescription pick-ups through a process called “bag tagging” with tailored messages for members and reminder by pharmacists.

- Pharmacy Services and Case Management started Pharmacy TOC program on 10/18/2021. So far, we had:
    - October 2021 4 cases
    - November 2021 6 cases

Case and Disease Management

- Population health-driven, disease-specific case management bundles continue development. CM Bundles are standard sets of actions developed to address the specific needs of members with significant diseases. Oncology Bundle is deployed. Major Organ Transplant (MOT) CM bundle will be deployed on 1/1/22, with workflows and assessments completed and embedded in TruCare CM software.

- CalAIM program planning for Community Supports and MOT planning: CM is collaborating with Community Supports Providers to finalizing current policies and procedures, workflows, and configuration into TruCare CM software.

- Continued collaboration with AAH Health Education to optimize Disease Management and enhance the Diabetes and Asthma Disease Management programs. Collaborative efforts also include incorporating the Asthma CS services into the care continuum.

- Clinical Initiatives: Health disparities have been identified in members with diabetes, and so Project Open Hand will become part of the Community Supports services.

- DMHC/DHCS combined audit: Action Plans on CM findings from the DHCS audit is entering the monitoring phase after workflow improvement and staff training had been completed. Monitoring is showing positive results.

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

- Enhanced Case Management (ECM): Planning continues with the AAH Project and Programs Department (PPD) to ensure a successful integration of HHP and

AC3 into ECM. AAH CM and PPD are working closely with Alameda County HCSA on the transition of AC3 members into ECM. Parts 1, 2 and 3 of the Model of Care and Transitions documents have been approved.

- Community Supports, (CS) are services not typically provided by managed health plans, to be provided in lieu of higher cost medical services. The CS selections are focused on services to reduce unnecessary hospitalizations and ED visits. The six initial CS services are:

    - Housing Navigation
    - Housing Deposits
    - Tenancy Sustaining Services
    - Medical Respite
    - Medically Tailored/Supportive meals
    - Asthma Remediation

- Work with community providers to operationalize the six services is nearing completion to meet the 1/1/122 launch, with contracting, workflows, and authorization processes nearly finished.

Case Type	New Cases Opened in Sept 2021	Total Open Cases as of Sept 2021	New Cases Opened in Oct 2021	Total Open Cases as of Oct 2021
Care Coordination	254	556	246	523
Complex Case Management	29	81	61	109
Transitions of Care (TOC)	239	461	251	486
Health Homes Program	11	742	TBD	TBD
Whole Person Care	8	243	1	241

Grievances & Appeals

- Caseloads remain very high for G&A team with plans for new staffing and hopes that the Medi-Cal Rx implementation will decrease caseload since pharmacy cases will now go to the state.

- All cases were resolved within the goal of 95% within regulatory timeframes.

- Total grievances resolved in November were 6.34 complaints per 1,000 members.

- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of November 2021; we did not meet our goal at 38.1% overturn rate.

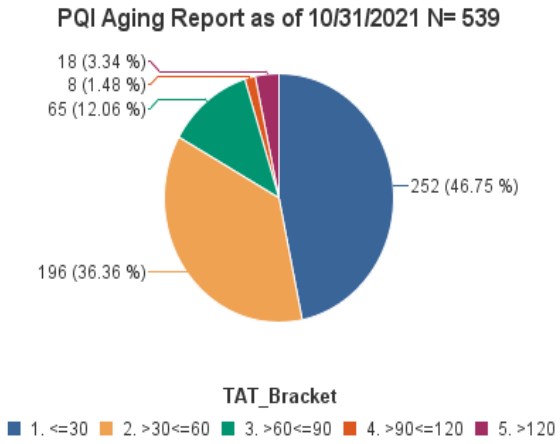
November 2021 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	771	30 Calendar Days	95% compliance within standard	734	95.20%	2.61
Expedited Grievance	3	72 Hours	95% compliance within standard	3	100.0%	0.01
Exempt Grievance	1,056	Next Business Day	95% compliance within standard	1,056	100.0%	3.58
Standard Appeal	39	30 Calendar Days	95% compliance within standard	38	97.37%	0.13
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.0%	0.003
Total Cases:	1,870		95% compliance within standard	1,832	97.97%	6.34

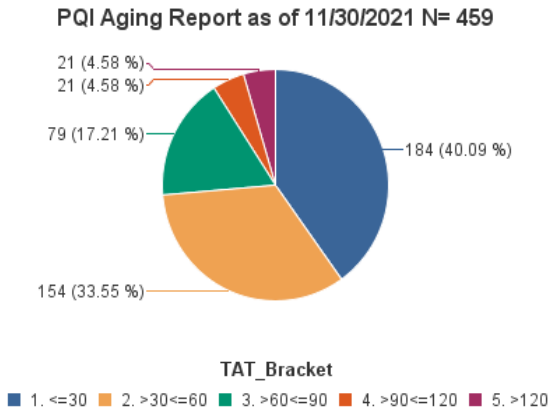
*Calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.

- Grievance tracking and trending by quarter:
    - There has been an overall increase of cases received throughout 2021; however, coverage disputes are still the highest numbers 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 point of sale, member services used to educate the member that they were either OON or the medication required a PA and close as an exempt grievance.

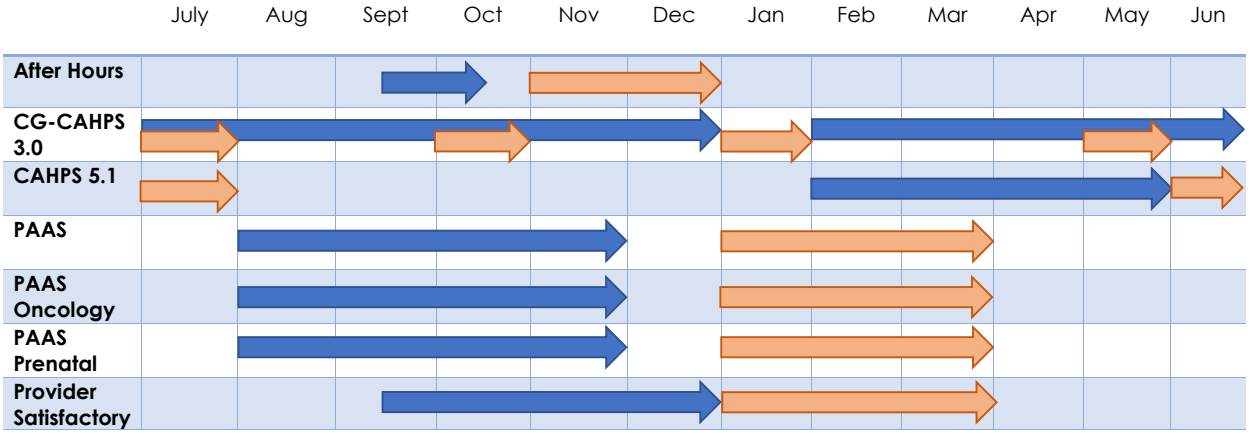
Quality

- Quality continues to track and trend Turn Around Time compliance with PQIs. Our aging report month to month goal is to close PQIs within 120 days from receipt to resolution via nurse investigation and collection of medical records as applicable. Oct to Nov. 2021 TAT for cases > 120 days remains less than 5%. Cases >120 days are related to delay in submission of medical records by specific providers. Quality continues to work with identified providers and compliance staff to improve medical record acquisition.





Access and Availability Survey Timeline
July 2021 – June 2022



Key: Fielding = ● Reporting = ●

Survey Name	Purpose	Frequency	Required By
After Hours	Access provider compliance with after-hours access and emergency instructions standards	Annually	DMHC NCQA
CG-CAHPS 3.0	Measures member experience with health care providers and their staff	Quarterly	DMHC
CAHPS 5.1 - Consumer Assessment of Healthcare Providers and Systems	Measures member experience with health plan and affiliated providers	Annually	DMHC
PAAS - Provider Appointment Availability Survey	Access availability of provider urgent and non-urgent appointments	Annually	DMHC
PAAS Oncology	Access Oncology provider compliance with timely access	Annually	DHCS
PAAS Prenatal	Access OB/GYN provider compliance with timeliness of first prenatal visit	Annually	DHCS
Provider Satisfaction	Measures network provider satisfaction with the health plan	Annually	NCQA

Provider Appointment & Availability Survey (PAAS) and other access surveys are entering the reporting phase after successful fielding of the surveys.

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Information Technology

Sasikumar Karaiyan

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

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

Date: **December 10, 2021**

Subject: **Information Technology Report**

Call Center System Availability

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

Office 365 Initiative

- The Alliance continues to enhance and expand the Microsoft Office 365 platform to the maximum potential as part of the cloud migration strategy. One of our goals is to move away from the silo operated platform to a consolidated shared services platform which will allow technology team to manage and maintain efficiently. As part of this implementation, the Alliance will deploy Microsoft TEAMS to enable and offer the following newly updated capabilities. With adjusted timelines due to conflicting priorities, we anticipate completing this project by March 2022. Continued product testing is in progress along with application policy implementation. Product training will be scheduled for the early part of 2022.

    - **A chat function:** The basic chat function is commonly found within most collaboration apps and can take place between teams, groups, and individuals.

    - **Online video calling and screen sharing:** Enjoy seamless and fast video calls to employees within the Alliance.

    - **Online meetings**: This feature can help enhance your communications, company-wide meetings, and even training with an online meetings function that can host up to 10,000 users.

    - **Conversations within channels and teams:** All team members can view and add to different conversations in the General channel and can use an @ function to invite other members to different conversations.

    - **Apps Integration:** The tool shall help directly integrate with applications like Webex, Power Business Intelligence (BI), Smartsheet etc.

- **Full telephony:** Microsoft 365 Business Voice can completely replace our business' existing phone system or internally integrate with our existing Cisco Voice Over Internet Protocol (VOIP).

Disaster Recovery and Business Continuity

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

- IT Disaster Recovery involves a set of policies, tools, and procedures to enable the recovery or continuation of vital technology infrastructure and systems following a natural or human-induced disaster. IT Disaster Recovery focuses on technology systems supporting critical business functions, which involve keeping all essential aspects of the business functioning, despite significant disruptive events. The vendor procurement and implementation support contract execution works are in progress, and plan is to start disaster recovery implementation in January 2022.

Multi-Factor Authentication (MFA) Rollout (Security)

- The Alliance has successfully completed the Multi-Factor Authentication (MFA) rollout which is designed to increase security for Virtual Protocol Network (VPN) access to our network.

- Multi-Factor Authentication (MFA) is part of a comprehensive strategy to enhance security with more robust authentication methods to access the Alliance assets, data, and information. The Alliance migrated 100% of our staff to use Multi-Factor Authentication (MFA). Token hardware deployment and remaining migrations has been completed in mid-October 2021.

- Multi-Factor Authentication (MFA) for email (Office 365) access across the enterprise has been enabled on December 6, 2021.

Secure File Transfer Protocol (SFTP) Server Upgrade (Data Exchange)

- Secure File Transfer Protocol (SFTP) is a network protocol that provides file access, file transfer (data exchange), and file management over any reliable data stream.

- The Secure File Transfer Protocol (SFTP) Server Upgrade which is designed to expand its capabilities and provide redundancy for improved availability is now 100% completed. Final cleanup and decommission efforts of the old server has completed.

- Configuring and implementing the Disaster Recovery (DR) environment for the new Secure File Transfer Protocol (SFTP) Server is now in progress. We expect to complete this phase by February 2022.

Encounter Data

- In the month of November 2021, the Alliance submitted 119 encounter files to the Department of Health Care Services (DHCS) with a total of 287,657 encounters.

Enrollment

- The Medi-Cal Enrollment file for the month of November 2021 was received and processed on time.

HealthSuite

- A total of 150,158 claims were processed in the month of November out of which 124,333 claims auto adjudicated. This sets the auto-adjudication rate for this period to 82.8%.

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

TruCare

- A total of 10,505 authorizations were loaded and processed in the TruCare application.

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

- IT has started the process of upgrade to TruCare 9.1 version. This upgrade is expected to go live by May 2022. This version has additional features and is also compatible with Milliman Care Guideline v25. However, the plan is also to have the latest version of Milliman Care Guideline v26 by August 2022. Support for this version is being released by vendor in July 2022.

Consumer and the Alliance Public Portal

- The provider and member consumer portal utilization for the month of October 2021 remains consistent with prior months.

- As a part of the customer channel optimization, the Alliance is enhancing the customer channels. The new features and capabilities include Mobile Application on smartphones and Tagalog as additional threshold Language on Member channel. Tagalog went live on September 28, 2020. The Mobile version of the member channel is estimated to go-live by April 2022.

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 and requirements.

- In the month of November 2021, the Alliance completed work on integrating Authorization data into the Data Warehouse. The Case Management data domains will be added to the Data Warehouse and the project is expected to be completed in the month of March 2022.

Information Technology

Supporting Documents

Enrollment

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

Table 1-1 Summary of Medi-Cal and Group Care Member enrollment in the month of November 2021

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
November	295,101	3,801	2,290	5,827	96	136

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

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

Auto-Assignments	Member Count
Auto-assignments MC	1,299
Auto-assignments Expansion	836
Auto-assignments GC	29
PCP Changes (PCP Change Tool) Total	2,377

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of November 2021”.
- There were 10,505 authorizations processed into TruCare application.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

Table 2-1 Summary of TruCare Authorizations for the Month of November 2021

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
EDI	4,427	534	4,543
Paper to EDI	2,596	1,746	1,228
Provider Portal	2,028	375	1,929
Manual Entry	0	0	1,216
Total			8,916

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

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

Table 3-1 Web Portal Usage for the Month of October 2021

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	3,658	3,162	153,103	447
MCAL	77,185	2,068	4,641	758
IHSS	2,916	76	180	29
AAH Staff	143	49	846	2
Total	**83,902**	**5,355**	**158,770**	**1,236**

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

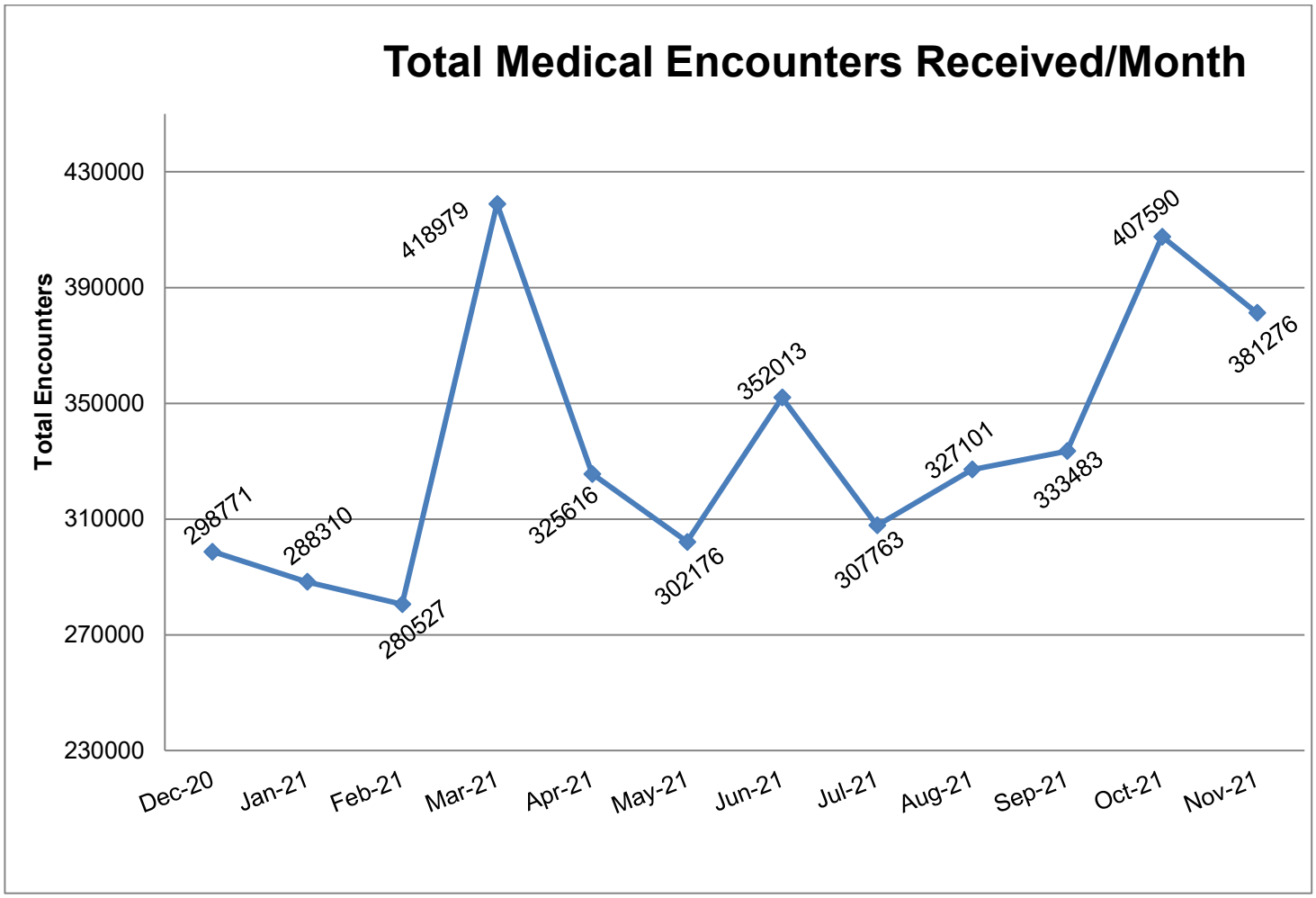
Top 25 Pages Viewed		
Category	**Page Name**	**October - 21**
Provider	Member Eligibility	692,200
Provider	Claim Status	166,263
Provider - Authorizations	Auth Submit	7,341
Provider - Authorizations	Auth Search	3,087
Member My Care	Member Eligibility	2,734
Member Help Resources	ID Card	1,580
Member Help Resources	Find a Doctor or Hospital	1,401
Provider	Member Roster	1,039
Member My Care	MC ID Card	915
Member Help Resources	Select or Change Your PCP	876
Member My Care	My Claims Services	677
Provider - Provider Directory	Provider Directory	625
Member Help Resources	Request Kaiser as my Provider	520
Provider - Home	Forms	378
Member My Care	My Pharmacy Medication Benefits	339
Provider - Provider Directory	Instruction Guide	304
Member My Care	Authorization	296
Provider	Pharmacy	230
Member My Care	Member Benefits Materials	219
Member Help Resources	FAQs	214
Member Help Resources	Authorizations Referrals	167
Member Help Resources	Forms Resources	163
Member My Care	My Pharmacy	153
Provider - Provider Directory	Manual	152
Member Help Resources	Contact Us	124

Encounter Data from Trading Partners 2021

- **AHS**: November weekly files (8,791 records) were received on time.
- **Beacon**: November weekly files (12,456 records) were received on time.
- **CHCN**: November weekly files (99,117 records) were received on time.
- **CHME**: November monthly file (5,003 records) were received on time.
- **CFMG**: November weekly files (11,032 records) were received on time.
- **Docustream**: November monthly files (1,185 records) were received on time.
- **PerformRx**: November monthly files (163,375 records) were received on time.
- **Kaiser**: November bi-weekly files (38,085 records) and monthly Kaiser Pharmacy files (23,271 records) were received on time.
- **LogistiCare**: November weekly files (22,403 records) were received on time.
- **March Vision**: November monthly file (3,584 records) were received on time.
- **Quest Diagnostics**: November weekly files (12,542 records) were received on time.
- **Teladoc**: November monthly files (21 records) were received on time.

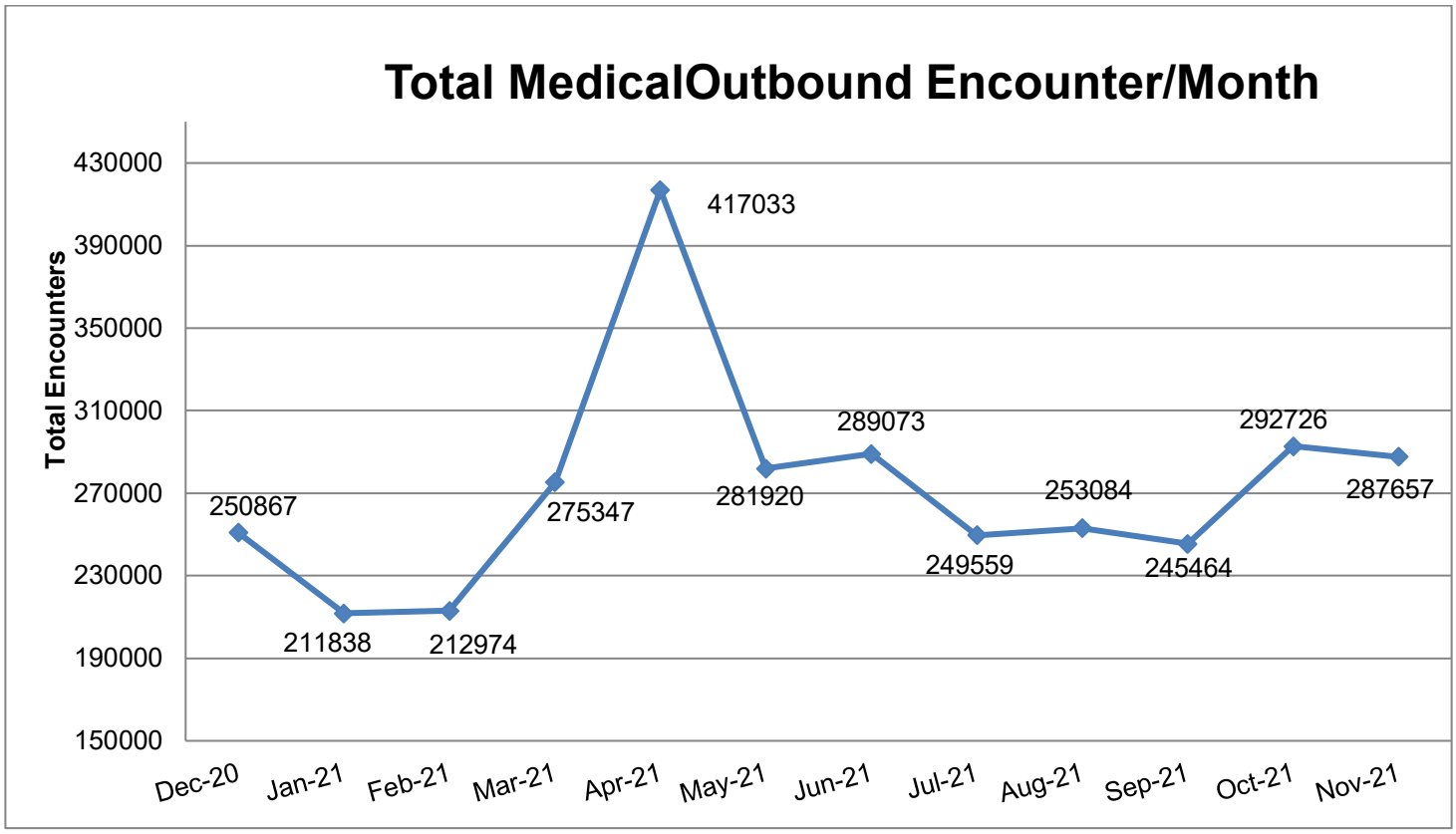
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
HealthSuite	123248	116784	119001	143171	140678	129847	136687	133958	139079	159558	177483	167057
AHS	8419	9404	9702	9326	11166	9074	10138	8913	7869	7640	10625	8791
Beacon	21326	15812	14616	13002	19247	14951	17079	15236	13320	14618	13693	12456
CHCN	66473	59612	62867	89453	69080	66260	82211	63905	80862	60227	71581	99117
CHME	4388	6143	6548	5776	5497	4885	4700	4960	4926	5393	4814	5003
Claimsnet	12819	7693	12059	10905	8835	10834	8129	9774	7712	9880	15598	11032
Docustream	909	803	1160	935	1166	1445	1218	1296	1568	1594	1474	1185
Kaiser	29885	43639	25903	112545	39632	30039	60081	39398	35165	44366	75112	38085
Logisticare	15505	12603	14208	16924	12945	14399	15473	14415	17306	13803	16977	22403
March Vision	2361	3103	1917	2230	3156	3708	3306	3303	3531	3297	3377	3584
Quest	13406	12665	12515	14699	14203	16718	12979	12563	15746	13084	16841	12542
Teladoc	32	49	31	13	11	16	12	42	17	23	15	21
Total	298771	288310	280527	418979	325616	302176	352013	307763	327101	333483	407590	381276



Outbound Medical Encounter Submission

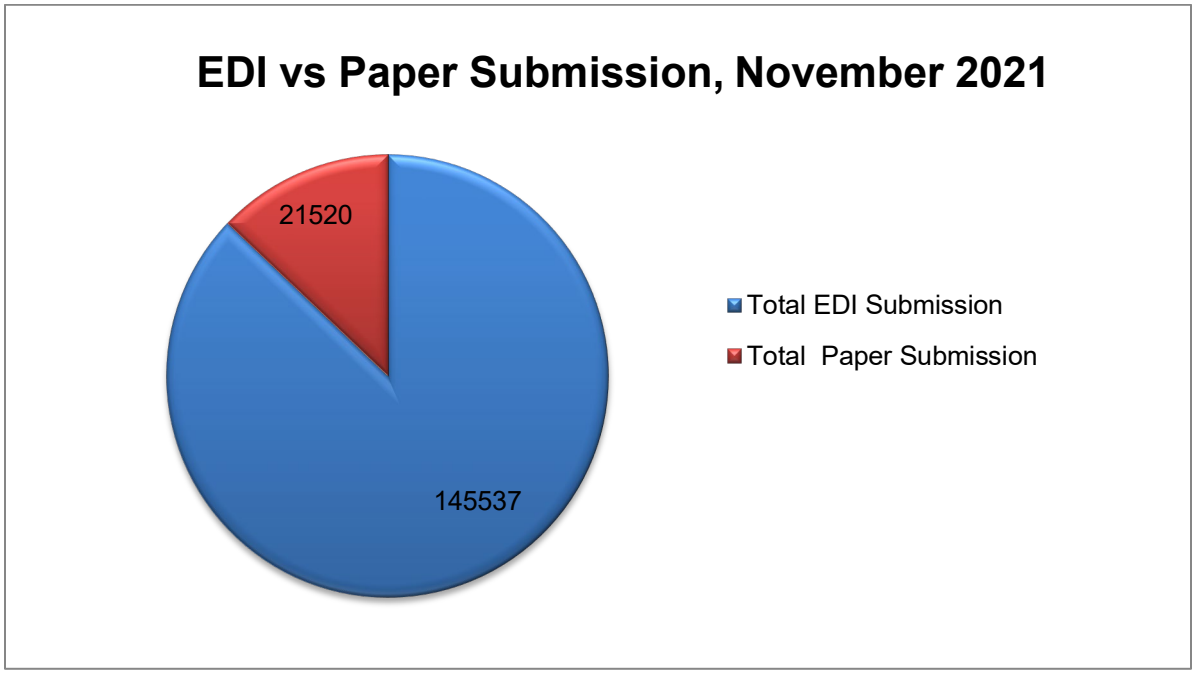
Trading Partners	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
HealthSuite	100653	70368	81305	84220	216640	130885	128980	85346	109070	83690	100925	114507
AHS	7909	8729	9089	8655	8812	10762	9912	7163	9172	7476	10176	8541
Beacon	16229	13315	11631	10171	14881	12347	11746	12684	10959	9355	11423	9969
CHCN	54860	41461	45137	64275	49446	48573	58519	45338	46573	54958	49171	67383
CHME	3696	5327	5508	5283	5136	4767	4586	4753	4820	5280	4587	4849
Claimsnet	8595	5160	8578	7964	6489	8110	5993	5625	7335	7452	10829	7406
Docustream	807	764	1071	860	1070	1286	1016	1120	1273	1209	1094	981
Kaiser	29087	42638	23810	59157	89295	29570	38443	59215	33798	43779	73264	37473
Logisticare	14773	12315	13881	16652	9705	17299	15178	14008	12751	17657	16231	19240
March Vision	2013	2655	1686	1930	2455	2850	2624	2596	2665	2483	2608	2831
Quest	12214	9085	11247	16169	13093	15455	12066	11711	14632	12102	12403	14457
Teladoc	31	21	31	11	11	16	10	0	36	23	15	20
Total	250867	211838	212974	275347	417033	281920	289073	249559	253084	245464	292726	287657



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total claims
21-NOV	145,537	21,520	167,057

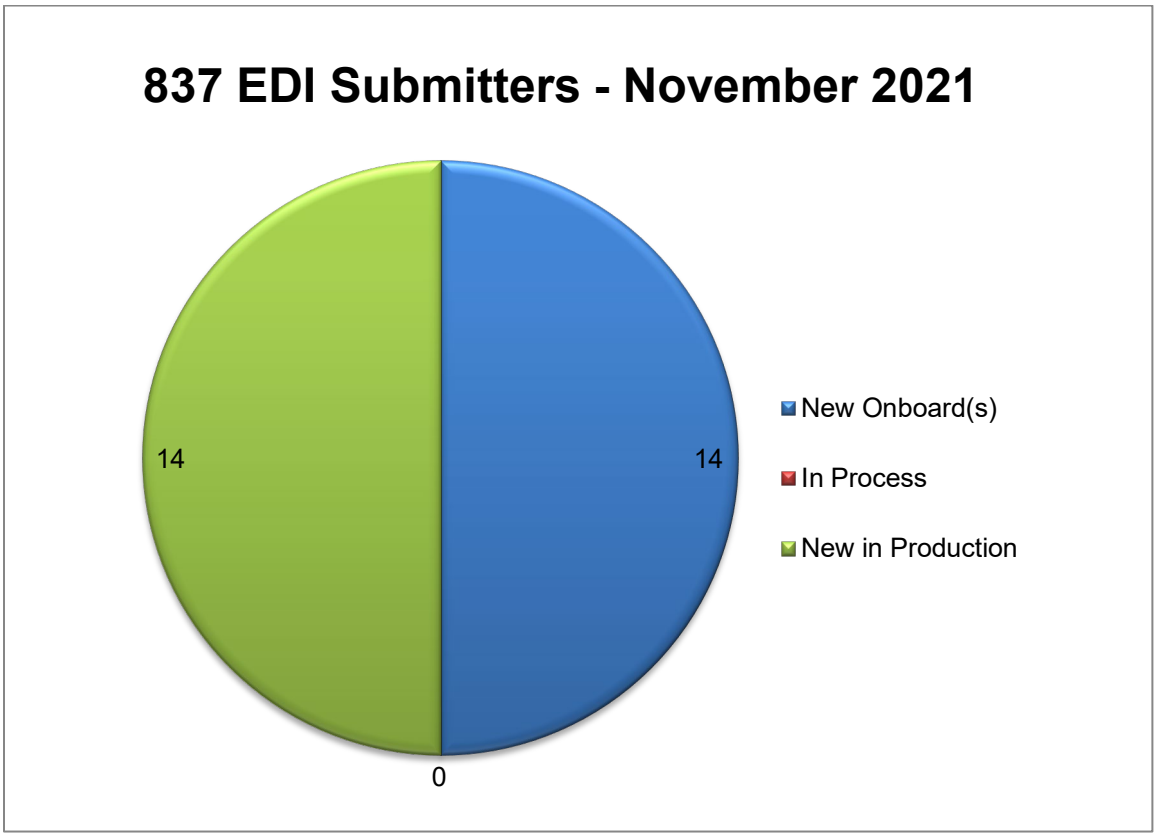
Key: EDI – Electronic Data Interchange

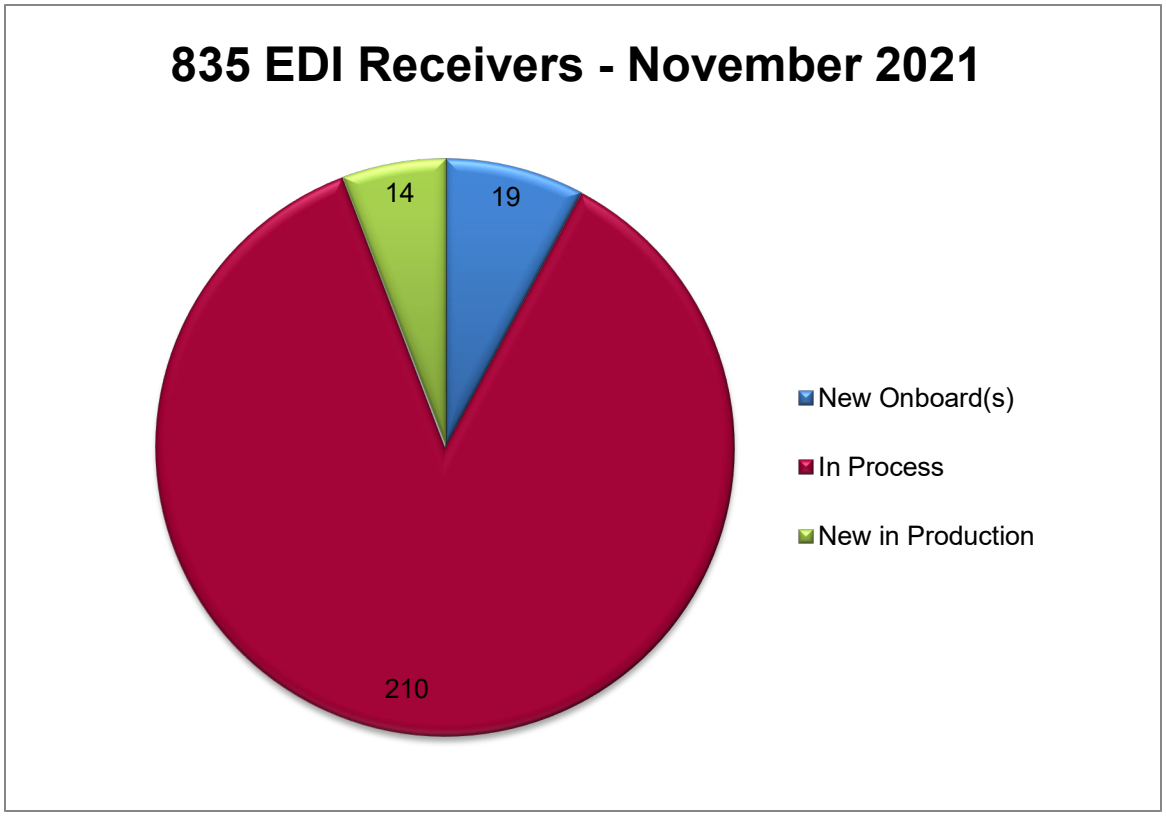


Onboarding EDI Providers - Updates

- November 2021 EDI Claims:
  - A total of 1238 new EDI submitters have been added since October 2015, with 14 added in November 2021.
  - The total number of EDI submitters is 1970 providers.
- November 2021 EDI Remittances (ERA):
  - A total of 338 new ERA receivers have been added since October 2015, with 14 added in November 2021.
  - The total number of ERA receivers is 395 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
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
Apr-21	5	0	5	1830	20	126	11	317
May-21	32	0	32	1862	20	134	12	329
Jun-21	13	0	13	1875	17	136	15	344
Jul-21	30	3	27	1902	14	138	12	356
Aug-21	17	0	17	1919	47	178	7	363
Sep-21	21	1	20	1939	15	193	0	363
Oct-21	17	0	17	1956	30	205	18	381
Nov-21	14	0	14	1970	19	210	14	395


837 EDI Submitters - November 2021
14
14
0
New Onboard(s)
In Process
New in Production


835 EDI Receivers - November 2021
14
19
210
New Onboard(s)
In Process
New in Production

Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

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

File Type	NOV-21
837 I Files	26
837 P Files	93
NCPDP	9
Total Files	128

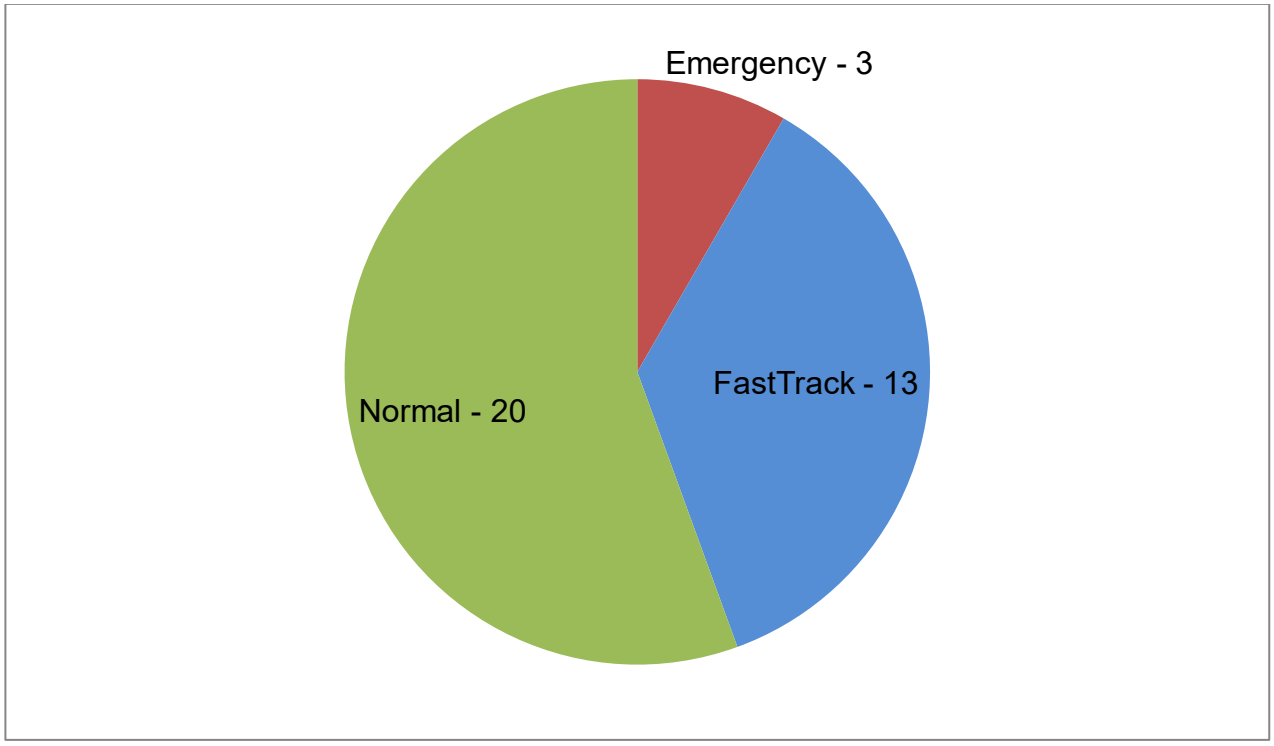
Lag-time Metrics/Key Performance Indicators (KPI)

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

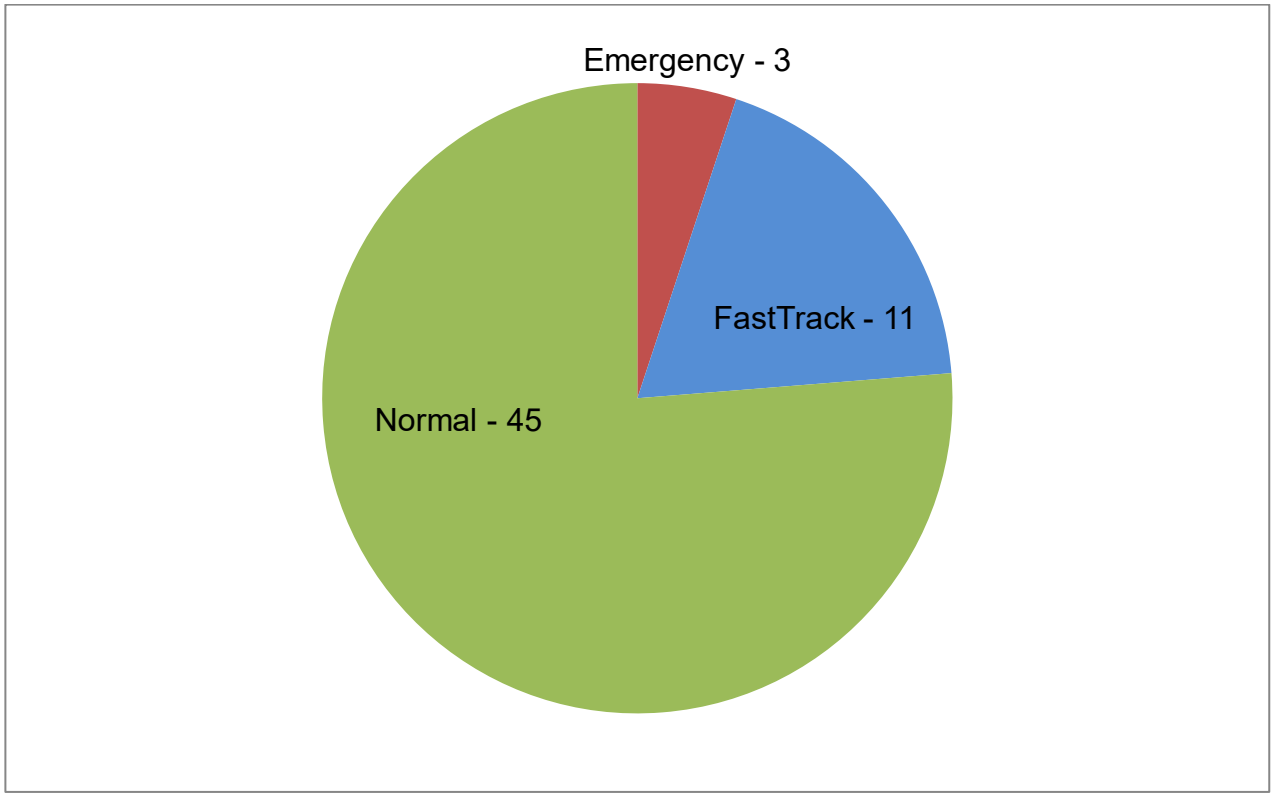
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of November 2021 KPI:
  - 36 Changes Submitted.
  - 59 Changes Completed and Closed.
  - 144 Active Change Requests in our pipeline.
  - 2 Change Requests Cancelled or Rejected.

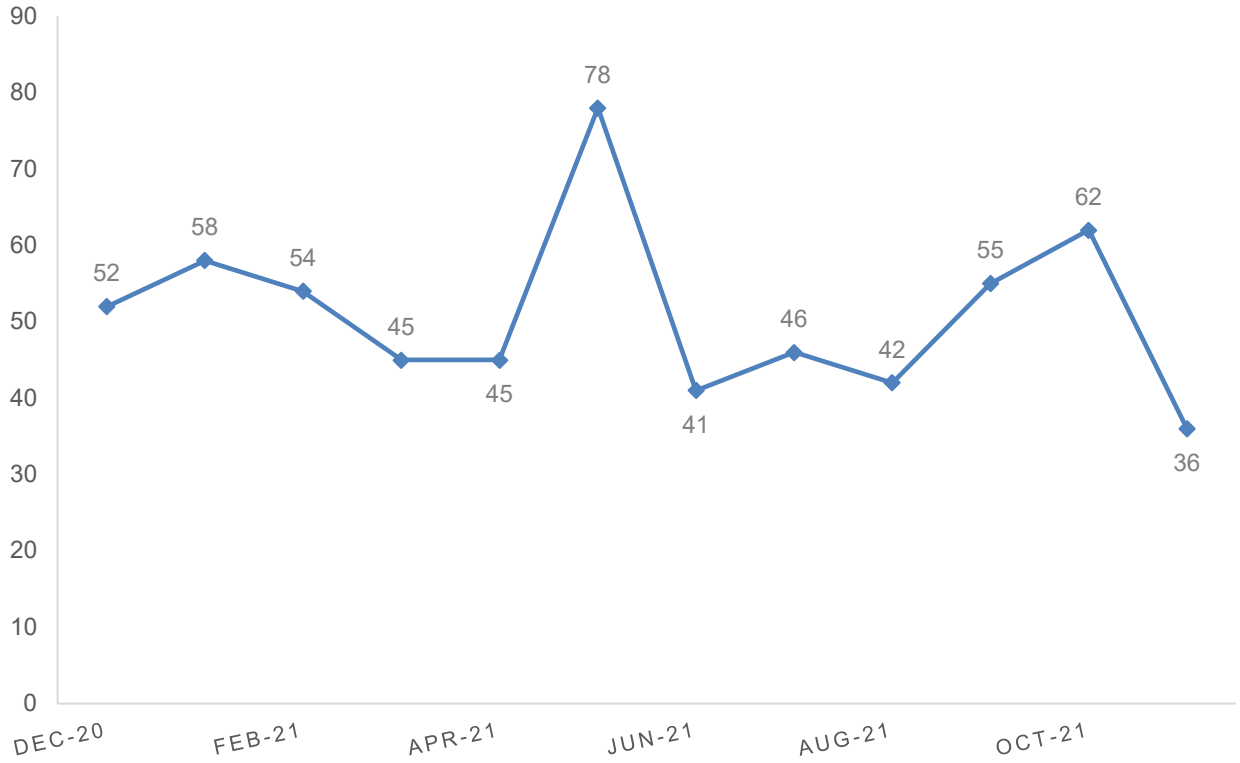
- 36 Change Requests Submitted/Logged in the month of November 2021



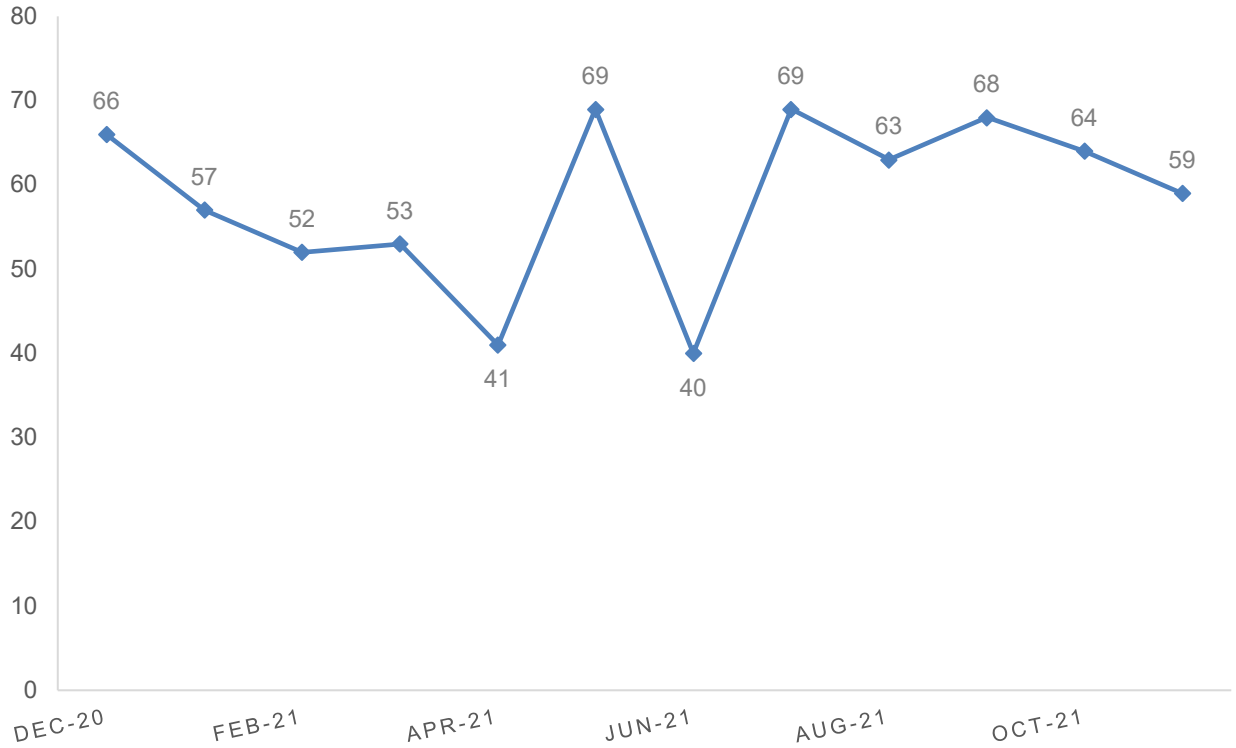
- 59 Change Requests Closed in the month of November 2021



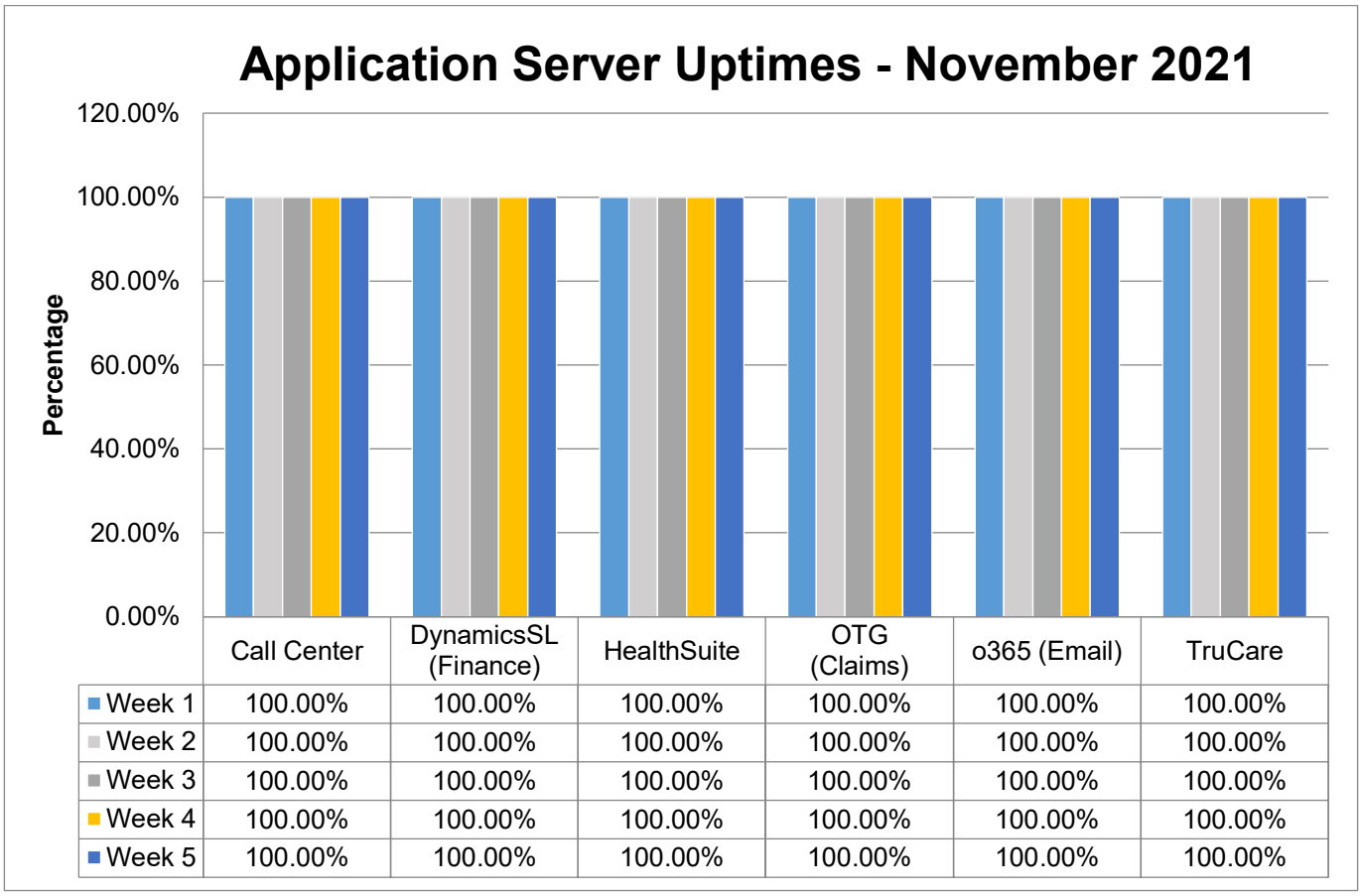
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend

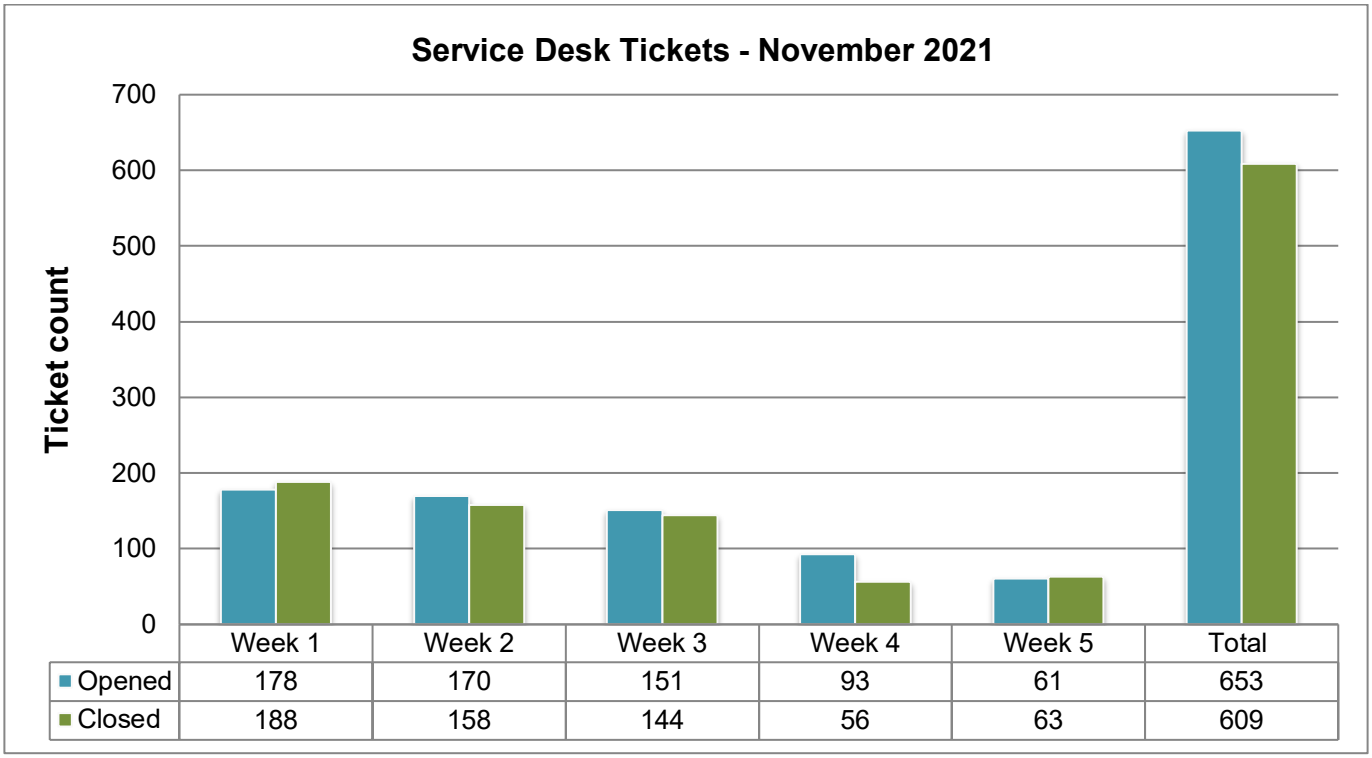


IT Stats: Infrastructure



	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 major outages experienced in the month of November 2021 despite supporting 97% of staff working remotely.

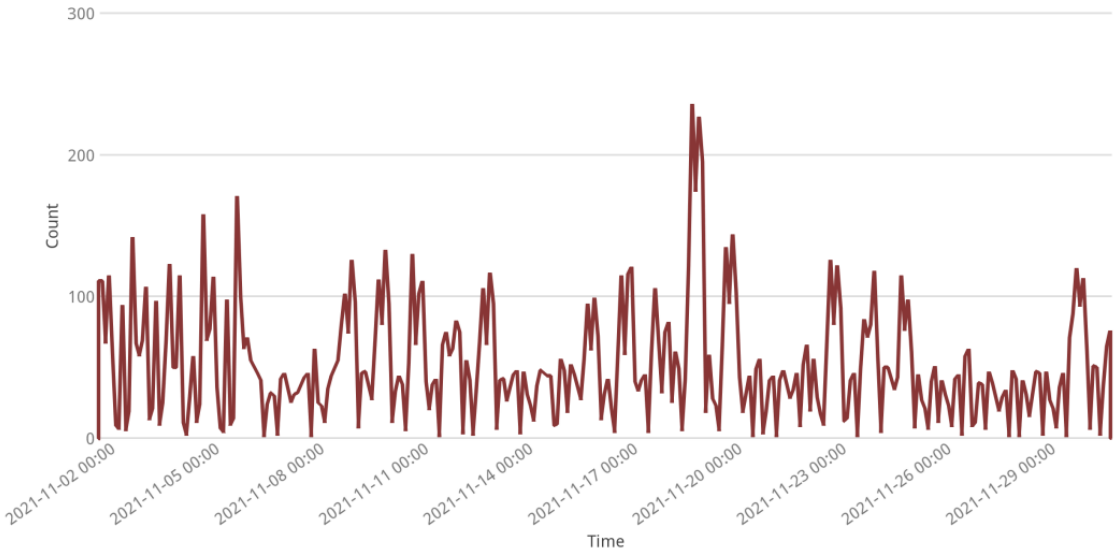


	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	178	170	151	93	61	653
Closed	188	158	144	56	63	609

- 653 Service Desk tickets were opened in the month of November 2021, which is 15.2% lower than the previous month and 609 Service Desk tickets were closed, which is 26% lower than the previous month.
    - The open ticket count for the month of November is lower and slightly below the 3-month average of 690.
    - As expected, the ticket count decreased as we go through the 2nd quarter of the fiscal year and the holiday months.

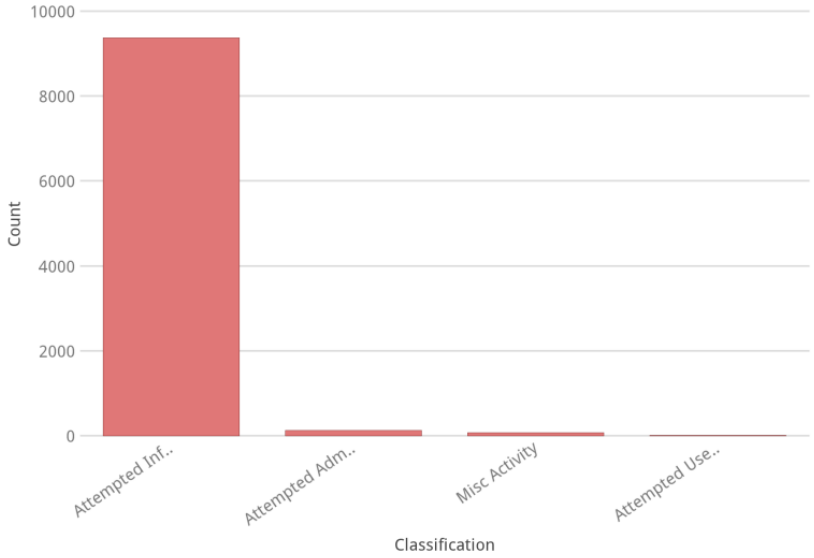
All Intrusion Events

Time Window: *2021-11-01 09:29:00 - 2021-11-30 09:29:00*



Dropped Intrusion Events

Time Window: *2021-11-01 09:30:00 - 2021-11-30 09:30:00*
Constraints: *Inline Result = dropped*

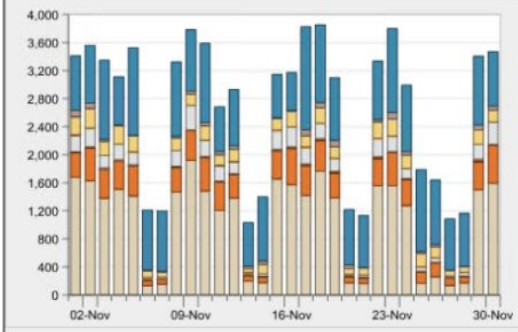


Classification	Count
Attempted Information Leak	9,376
Attempted Administrator Privilege Gain	124
Misc Activity	76
Attempted User Privilege Gain	13

MX4

01 Nov 2021 00:00 to 30 Nov 2021 23:59 (GMT -08:00) Data in time range:100.0 % complete

Incoming Mail Graph



Export...

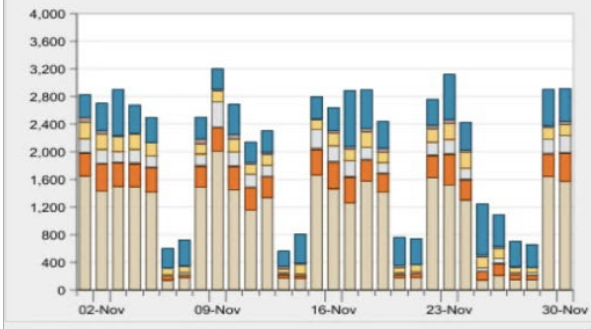
Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	33.4%	26.8k
Stopped by Domain Reputation Filtering	1.6%	1,278
Stopped as Invalid Recipients	0.1%	51
Spam Detected	6.3%	5,047
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	40
Stopped by Content Filter	0.0%	29
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**41.5%**	**33.3k**
Marketing Messages	6.2%	4,956
Social Networking Messages	0.6%	521
Bulk Messages	11.7%	9,352
Total Graymails:	**18.5%**	**14.8k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	40.0%	32.1k
Total Attempted Messages:		**80.2k**

MX9

01 Nov 2021 00:00 to 30 Nov 2021 23:59 (GMT -08:00) Data in time range:100.0 % complete

Incoming Mail Graph



Export...

Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	20.2%	12.5k
Stopped by Domain Reputation Filtering	1.6%	998
Stopped as Invalid Recipients	0.1%	41
Spam Detected	7.5%	4,637
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	3
Stopped by Content Filter	0.0%	25
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**29.4%**	**18.3k**
Marketing Messages	6.9%	4,265
Social Networking Messages	0.7%	440
Bulk Messages	12.0%	7,463
Total Graymails:	**19.6%**	**12.2k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	51.0%	31.7k
Total Attempted Messages:		**62.1k**

Item / Date	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	***Nov-21***
Stopped By Reputation	68.9k	69.7k	43.8k	149k	60.7k	79.9k	65.4	78.8k	62.7k	43.1k	41.5k	24.3k	***39.3***
Invalid Recipients	883	153	62	242	384	1,776	99	1,982	742	185	132	82	***92***
Spam Detected	13.6k	13.2	8,650	30.2k	19.2k	19.2k	18	17.4k	27	12.8k	10.8k	5.6k	***9,684***
Virus Detected	1	1	0	9	3	5	2	2	9	14	14	0	***1***
Advanced Malware	2	9	10	10	0	6	6	0	1	3	2	0	***0***
Malicious URLs	31	39	3	6	14	0	264	30	12	9	7	6	***43***
Content Filter	2	8	18	189	56	151	264	167	78	58	89	27	***27***
Marketing Messages	6,511	6,147	3,203	68	68	6,707	6,366	6,357	6,256	6,710	7,383	4,489	***9,221***
Attempted Admin Privilege Gain	285	84	42	160	89	96	95	109	101	129	157	128	***124***
Attempted User Privilege Gain	1,019	650	37	6	64	10	1	0	3	7	6	6	***13***
Attempted Information Leak	156	167	44	11	3	20	18	38	15	32	3,700	7,782	***9,376***
Potential Corp Policy Violation	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	25	0	0	0	24	11	0	3	1	0	0	0	***0***
Attempted Denial of Service	11.2k	6,775	15,163	2,788	0	1	0	0	0	0	0	0	***0***
Misc. Attack	2,508	5,935	2,390	13,836	6,870	4,395	3,851	1,516	975	446	5,733	8,550	***76***

- 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 39.3k.
- Attempted information leaks detected and blocked at the firewall are significantly higher from 7.7k to 9.3k for the month of November 2021.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is slightly higher at 13 from a previous six-month average of 5.8.

Projects and Programs

Ruth Watson

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

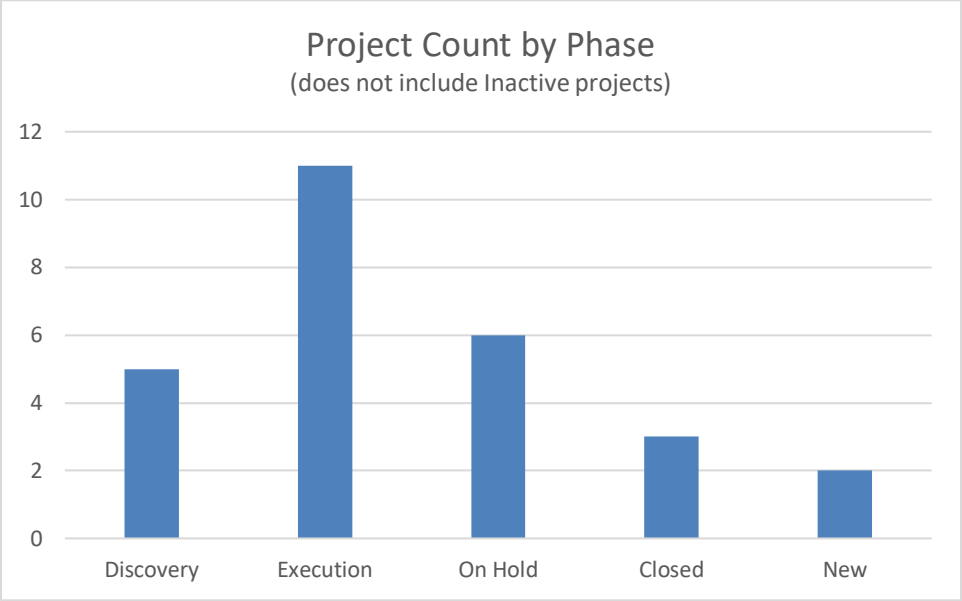
From: **Ruth Watson, Chief Projects and Programs Officer**

Date: **December 10, 2021**

Subject: **Projects & Programs Report**

Project Management Office

- 35 projects currently on the Alliance enterprise-wide portfolio:
  - 16 Active projects (discovery, initiation, planning, execution, warranty)
  - 6 On Hold projects
  - 2 New projects (approved at October Portfolio Governance Committee)
  - 3 Closed projects
  - 8 Inactive projects (**not included on chart as Inactive is not a phase**)



Integrated Planning

- CalAIM Enhanced Care Management (ECM) and Community Supports (CS):
  - Received full approval for the ECM portion of the Model of Care (MOC) for Parts 1, 2 and 3
  - Received full approval for the CS portion of the MOC for Parts 1 and 2 and conditional approval for Part 3
    - Requires an update to all CS Policies and Procedures to include discontinuation language; due to DHCS on January 14, 2022

- The MOC will require periodic updating going forward to account for the additional ECM Populations of Focus that will be phased-in beginning in January 2023
- Member Notifications
  - New Benefit letters for ECM were mailed to all households on November 30, 2021
  - Health Homes Program (HHP) to ECM/CS Transition Notices and Whole Person Care (WPC) to ECM/CS Transition Notices (joint letter with HCSA) were mailed to impacted members on December 1, 2021
- Operational Readiness activities are on-going
  - Separate workgroup meetings with all departments continue once per week or more, as needed
  - ECM contracts – five (5) have been fully executed; five (5) waiting to be finalized
  - CS contracts – HCSA contract will be presented at December 14th Board of Supervisors meeting for approval; negotiations continue with providers for Recuperative Care (Medical Respite) and Medically Supportive Food/Meals/Medically Tailored Meals
  - Updates to bi-directional data feeds (DHCS-MCP-delegate) are in progress
  - User Acceptance Testing (UAT) for system and business processes commenced November 29th and is scheduled to complete on December 10th

- CalAIM Major Organ Transplants (MOT):
  - Standard contract was signed by AAH and sent to Stanford for counter signature
  - Contract discussions with UCSF are not moving forward at this point; pending DHCS rate negotiations with public hospitals

- CalAIM Incentive Payment Program – three year DHCS program to provide funding for the support of ECM and CS in the following areas:
  - Delivery System Infrastructure
  - ECM Provider Capacity Building
  - Community Supports Provider Capacity Building and Community Supports Take-Up
  - Completion of the Needs Assessment and Gap Filling Plan is in progress and is due to DHCS on December 22, 2021

- Behavioral Health Integration (BHI) Incentive Program – DHCS pilot program commenced January 1, 2021 and continues through December 31, 2022
  - 3Q2021 Milestone report was submitted to DHCS on November 24, 2021
  - 1Q2021 Milestone payments were sent to grantees on November 12, 2021

- Student Behavioral Health Incentive Program (SBHIP) – finalized contract for consulting services to assist with implementation of the program

Recruiting and Staffing

- Project Management Open position(s):
    - Offer made to one Project Manager candidate
    - Recruitment to commence/continue for the following positions:
        - Manager, Project Management Office (PMO)
        - Senior Business Analyst
        - Project Manager
        - Business Analyst, Integrated Planning

Projects and Programs

Supporting Documents

Project Descriptions

Key projects currently in-flight:

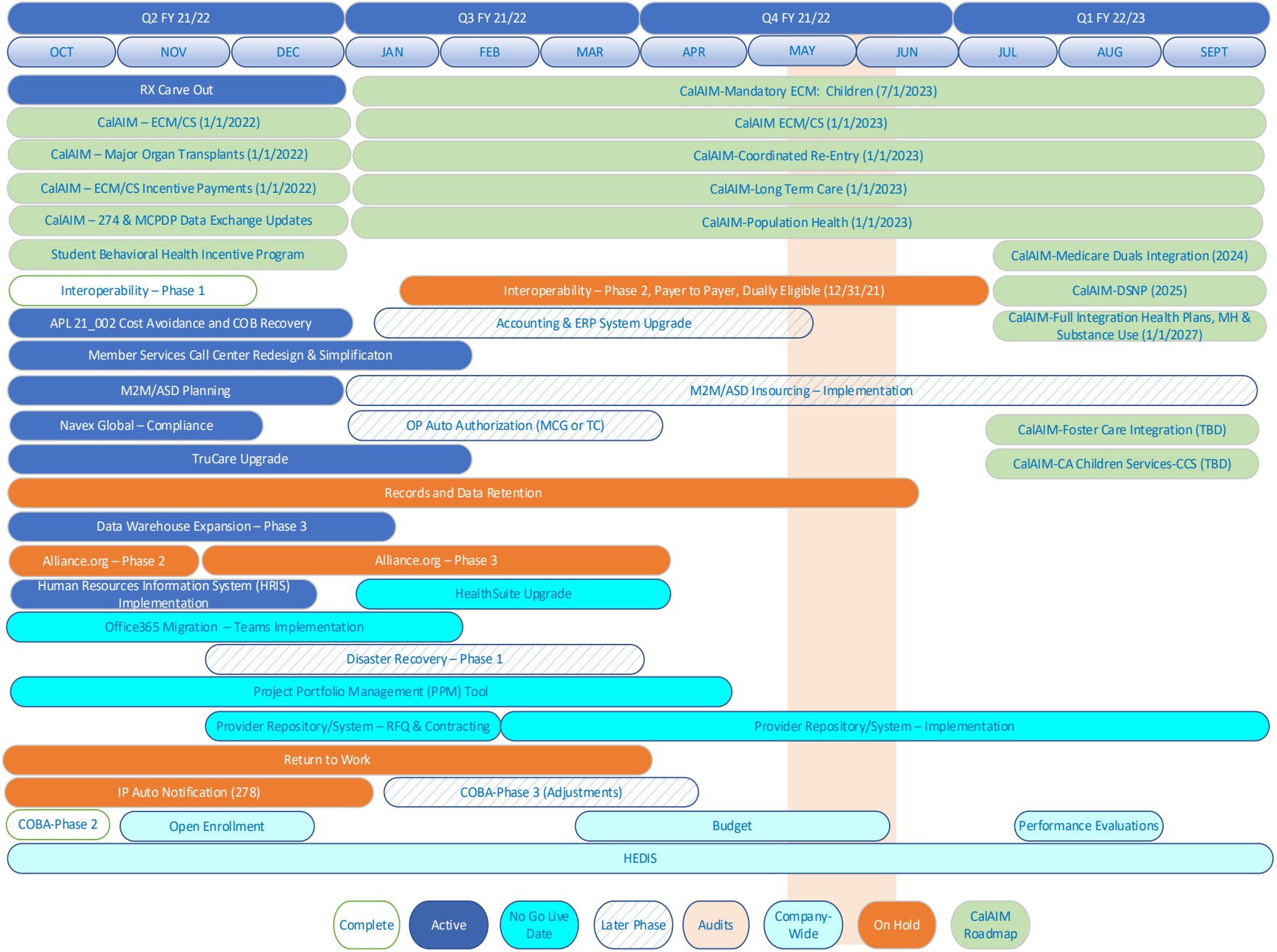
- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
    - Enhanced Care Management (ECM) effective January 1, 2022 – ECM will target seven (7) specific populations of vulnerable and high-risk children and adults
        - Members currently receiving Whole Person Care (WPC) care management or Health Homes Program (HHP) services will transition into ECM
    - Community Supports (CS) 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
        - Six (6) Community Supports options have been selected for implementation on January 1, 2022
    - 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; also applicable to children for transplants not covered by California Children's Services
    - CalAIM Incentive Payment Program – CalAIM's ECM and CS programs will require significant new investments in care management capabilities, ECM and CS infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers and other community-based organizations. CalAIM incentive payments are intended to:
        - Build appropriate and sustainable ECM and ILOS capacity
        - Drive MCP investment in necessary delivery system infrastructure
        - Incentivize MCP take-up of ILOS
        - Bridge current silos across physical and behavioral health care service delivery
        - Reduce health disparities and promote health equity
        - Achieve improvements in quality performance
- Return to Work – assessment of current state work environment and recommendations for future configurations (remote/onsite/hybrid)
- Pharmacy Carve-Out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State occurs on January 1, 2022
- Project Portfolio Management (PPM) Tool – vendor demonstrations complete
- 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
    - Implementation date of January 1, 2022
- 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
- Navex Global – implementation of a single, centralized repository to manage and store policies and procedures as well as a new hotline and web intake process for FWA/HIPAA case management
- Member Services Call Center Redesign & Simplification – update call center to minimize member confusion, introduce self-service options and update with Regulatory member instructions
- Accounting & ERP System Upgrade – upgrade current system to supported platform
- Student Behavioral Health Incentive Program (SBHIP) – program will launch in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships and capacity, statewide, for school behavioral health services.

Projects on Hold:

- In Patient (IP) Auto Notification (278 Data File) – pilot hospitals are not ready to start implementation
- Records and Data Retention – on hold due to internal resource constraints re-directed to regulatory required projects

AAH Project Portfolio - Active + (updated 12/10/2021)



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**

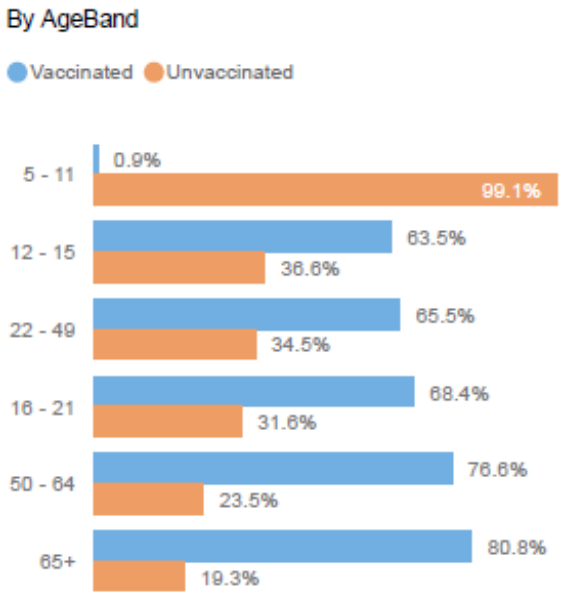
Date: **December 10, 2021**

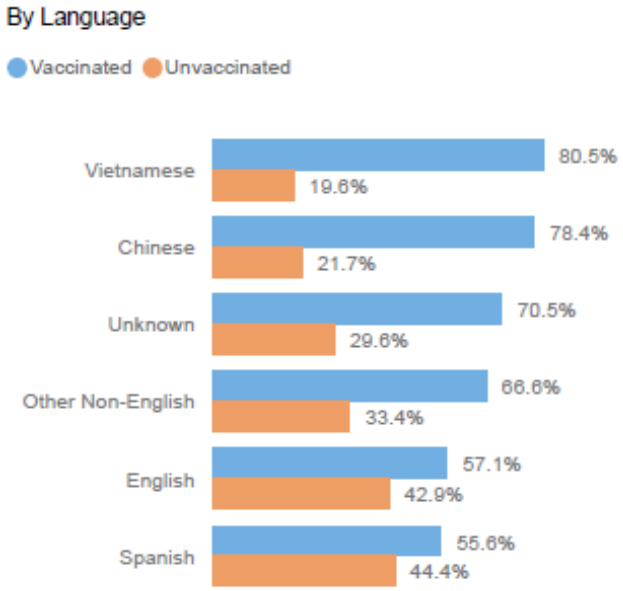
Subject: **Performance & Analytics Report**

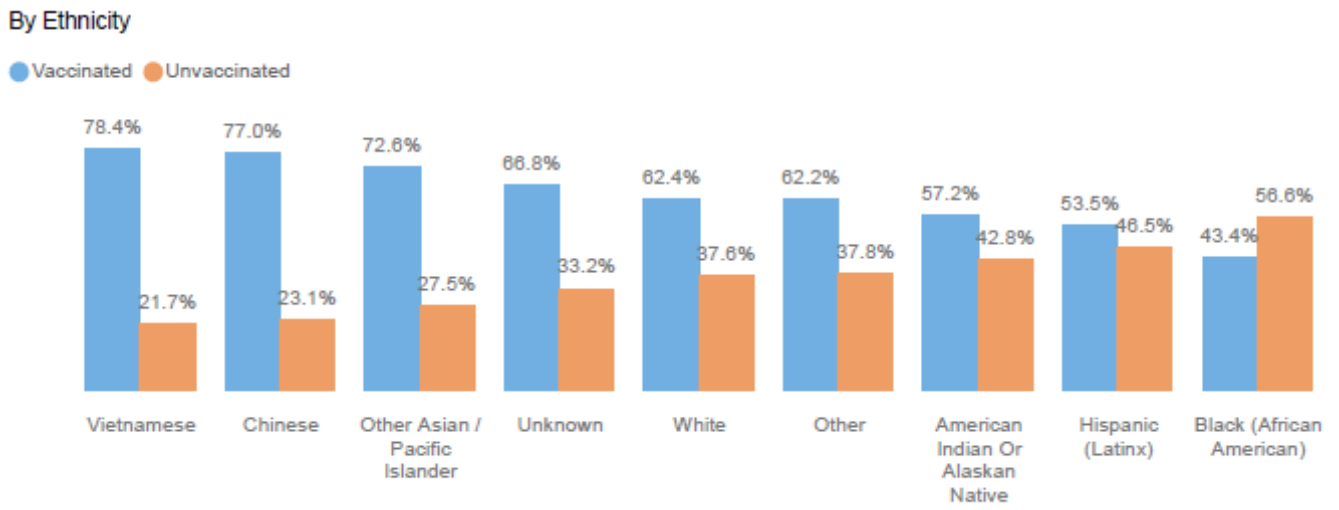
COVID-19 Vaccination Rate

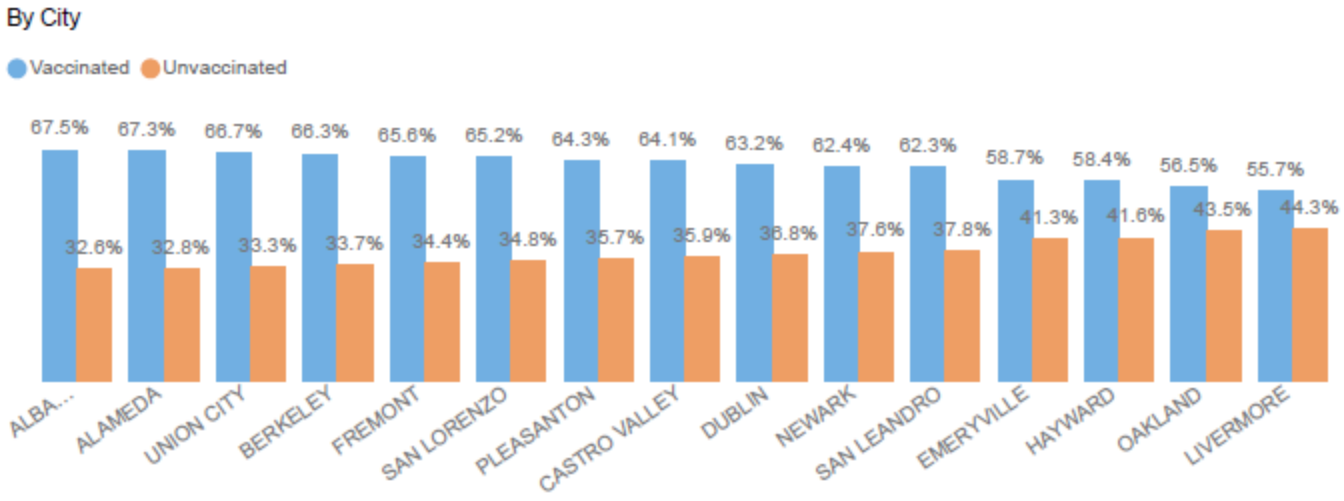
- The Alliance COVID-19 Vaccination rate is 60.2% for fully and partially vaccinated members aged **5** years and older.
  - 56.6% are fully vaccinated
  - 3.6% are partially vaccinated

- A comparison of the Alliance's vaccinated vs unvaccinated members (39.8%) shows the following demographic results:









Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
  - Current reporting period: September 2020 – August 2021 dates of service
  - Prior reporting period: September 2019 – August 2020 dates of service
    (Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 8.6% of members account for 83.9% of total costs.

- In comparison, the Prior reporting period was lower at 7.6% of members accounting for 82.8% 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 60.5% of the members, with SPDs accounting for 27.1% and ACA OE's at 33.4%.
    - The percent of members with costs >= $30K slightly increased from 1.6% to 1.9%.
    - Of those members with costs >= $100K, the percentage of total members has slightly increased to 0.4%.
        - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, increasing to 50.1%.

- 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 8.6% is more concentrated in the 45–66-year-old category (40.6%) compared to the overall population (20.6%).

Analytics

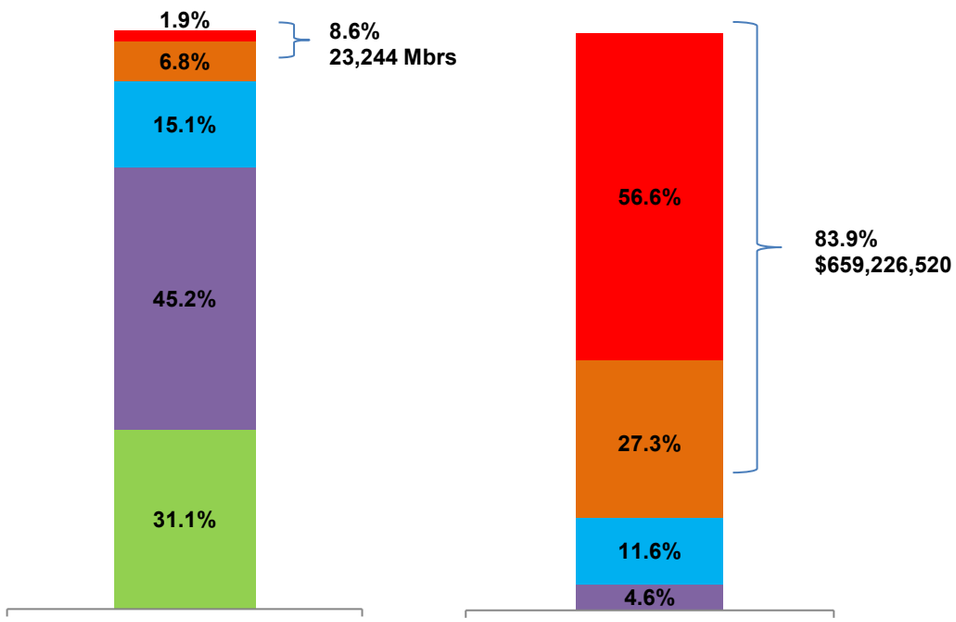
Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Sep 2020 - Aug 2021

Note: Data incomplete due to claims lag

Run Date: 11/29/2021

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	5,023	1.9%	$ 444,594,493	56.6%
$5K - $30K	18,221	6.8%	$ 214,632,027	27.3%
$1K - $5K	40,571	15.1%	$ 90,996,384	11.6%
< $1K	121,783	45.2%	$ 35,762,472	4.6%
$0	83,968	31.1%	$ -	0.0%
Totals	**269,566**	**100.0%**	**$ 785,985,376**	**100.0%**

Top 8.6% of Members = 83.9% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,155	0.4%	$ 237,474,557	30.2%
$75K to $100K	636	0.2%	$ 54,741,697	7.0%
$50K to $75K	1,211	0.4%	$ 74,295,488	9.5%
$40K to $50K	808	0.3%	$ 36,090,362	4.6%
$30K to $40K	1,213	0.4%	$ 41,992,389	5.3%
SubTotal	***5,023***	***1.9%***	***$ 444,594,493***	***56.6%***
$20K to $30K	2,322	0.9%	$ 56,516,935	7.2%
$10K to $20K	6,573	2.4%	$ 91,689,394	11.7%
$5K to $10K	9,326	3.5%	$ 66,425,698	8.5%
SubTotal	***18,221***	***6.8%***	***$ 214,632,027***	***27.3%***
Total	**23,244**	***8.6%***	**$ 659,226,520**	***83.9%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Aug 2021	248,220	$ 696,542,577
Dis-Enrolled During Year	21,346	$ 89,442,799
Totals	**269,566**	**$ 785,985,376**

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
8.6% of Members = 83.9% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Sep 2020 - Aug 2021
Note: Data incomplete due to claims lag
Run Date: 11/29/2021

8.6% of Members = 83.9% of Costs
27.1% of members are SPDs and account for 33.1% of costs.
33.4% of members are ACA OE and account for 31.8% of costs.
6.7% of members disenrolled as of Aug 2021 and account for 12.7% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	126	603	729	3.1%
MCAL	MCAL - ADULT	522	3,416	3,938	16.9%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	213	1,482	1,695	7.3%
	MCAL - ACA OE	1,621	6,138	7,759	33.4%
	MCAL - SPD	1,777	4,515	6,292	27.1%
	MCAL - DUALS	121	1,154	1,275	5.5%
Not Eligible	Not Eligible	643	913	1,556	6.7%
Total		**5,023**	**18,221**	**23,244**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 8,853,423	$ 6,692,188	$ 15,545,611	2.4%
MCAL	MCAL - ADULT	$ 41,395,577	$ 39,526,585	$ 80,922,162	12.3%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 10,058,707	$ 17,109,968	$ 27,168,675	4.1%
	MCAL - ACA OE	$ 139,234,307	$ 70,089,581	$ 209,323,889	31.8%
	MCAL - SPD	$ 162,243,417	$ 55,885,392	$ 218,128,809	33.1%
	MCAL - DUALS	$ 10,284,344	$ 13,955,244	$ 24,239,589	3.7%
Not Eligible	Not Eligible	$ 72,524,718	$ 11,373,069	$ 83,897,786	12.7%
Total		**$ 444,594,493**	**$ 214,632,027**	**$ 659,226,520**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
37.5% of members are SPDs and account for 36.9% of costs.
30.0% of members are ACA OE and account for 30.1% of costs.
19.5% of members disenrolled as of Aug 2021 and account for 20.6% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	15	1.3%
MCAL	MCAL - ADULT	109	9.4%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	5	0.4%
	MCAL - ACA OE	347	30.0%
	MCAL - SPD	433	37.5%
	MCAL - DUALS	21	1.8%
Not Eligible	Not Eligible	225	19.5%
Total		**1,155**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 2,931,490	1.2%
MCAL	MCAL - ADULT	$ 20,309,223	8.6%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 849,901	0.4%
	MCAL - ACA OE	$ 71,508,762	30.1%
	MCAL - SPD	$ 87,634,468	36.9%
	MCAL - DUALS	$ 5,215,062	2.2%
Not Eligible	Not Eligible	$ 49,025,652	20.6%
Total		**$ 237,474,557**	**100.0%**

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs
$100K+	6%	0%	0%
$75K to $100K	7%	0%	1%
$50K to $75K	6%	0%	1%
$40K to $50K	6%	1%	1%
$30K to $40K	12%	1%	1%
$20K to $30K	8%	3%	1%
$10K to $20K	1%	0%	1%
$5K to $10K	0%	0%	0%
Total	**5%**	**0%**	**1%**

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)
12%	56%	1%	15%	5%	3%	8%
16%	46%	2%	8%	5%	10%	13%
20%	40%	3%	7%	7%	7%	16%
15%	43%	6%	10%	7%	2%	18%
15%	38%	12%	7%	7%	1%	20%
19%	35%	11%	10%	7%	1%	18%
21%	33%	6%	13%	10%	1%	16%
24%	19%	9%	13%	15%	1%	19%
17%	**43%**	**5%**	**12%**	**7%**	**3%**	**14%**

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

COVID-19 Vaccination Summary as % of Population (Ages >= 5 Years) v4

Data as of: 2021-12-06

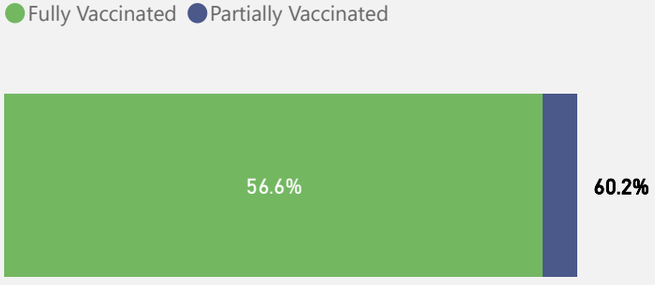
Network: All | LOB: All | City: All

ALAMEDA Alliance FOR HEALTH

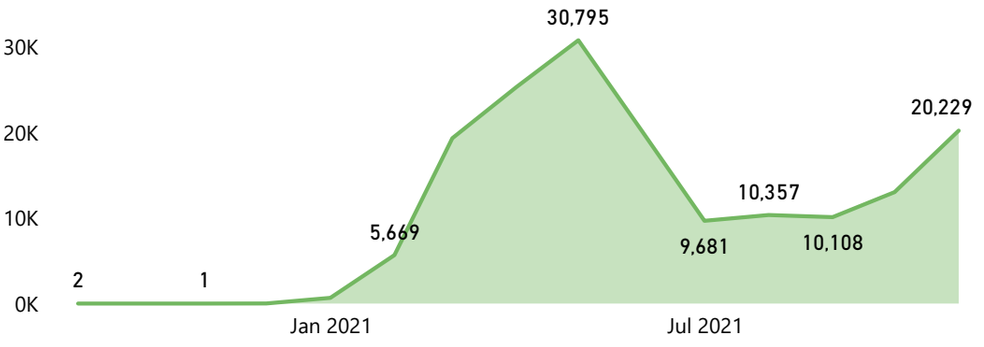
Members Fully Or Partially Vaccinated: **165,312**

% Fully Or Partially Vaccinated: **60.2%**

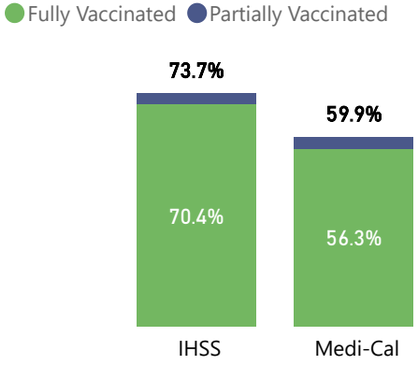
Breakout by Status



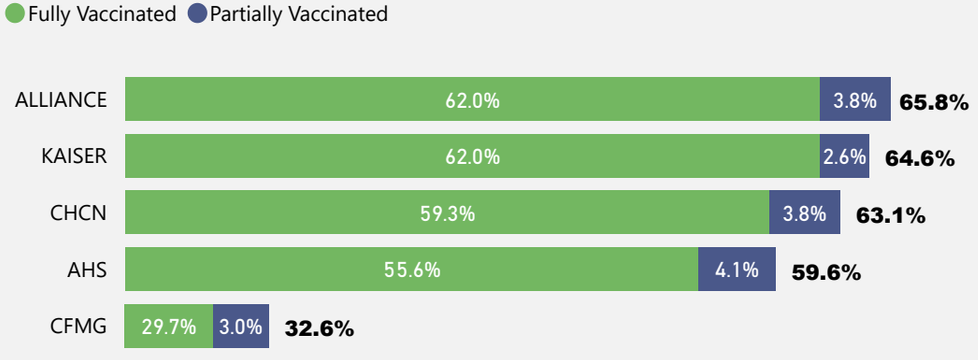
Monthly Trend



Medi-Cal vs IHSS

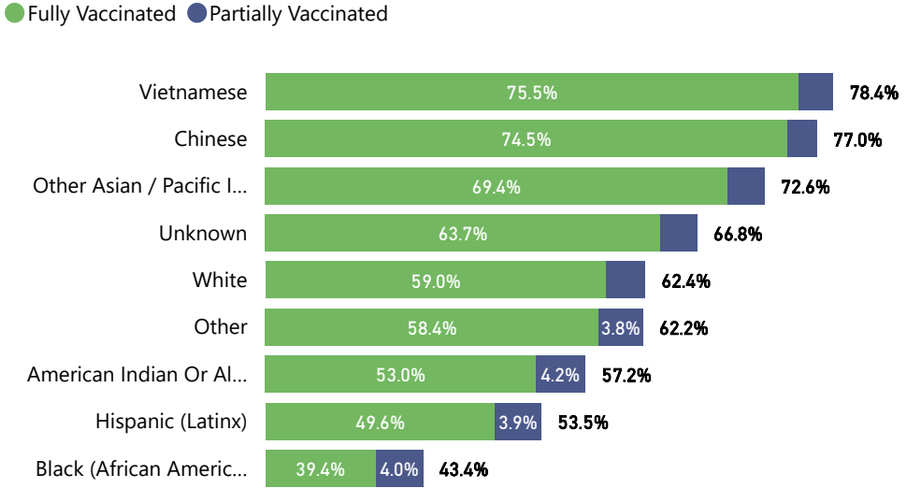


Network

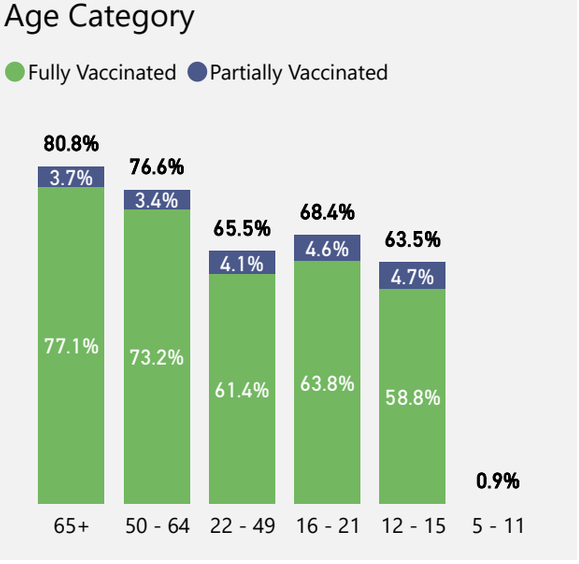


Top 15 Cities	Fully Vaccinated	Partially Vaccinated
ALAMEDA	64.3%	3.0%
ALBANY	65.1%	2.3%
BERKELEY	62.1%	4.2%
CASTRO VALLEY	61.1%	3.0%
DUBLIN	59.8%	3.4%
EMERYVILLE	55.0%	3.7%
FREMONT	62.4%	3.2%
HAYWARD	55.0%	3.4%
LIVERMORE	52.0%	3.7%
NEWARK	58.8%	3.6%
OAKLAND	52.5%	4.0%
PLEASANTON	61.4%	3.0%
SAN LEANDRO	59.2%	3.1%
SAN LORENZO	61.9%	3.4%
UNION CITY	63.6%	3.1%

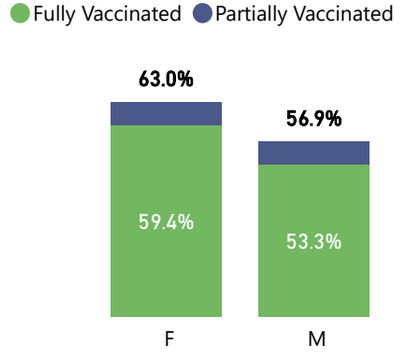
Ethnicity



Age Category



Gender



COVID-19 Vaccinated vs Unvaccinated Comparison (Ages >= 5 Years) v4

Data as of: 2021-12-06

Network: All | **LOB:** All | **City:** All

ALAMEDA Alliance FOR HEALTH

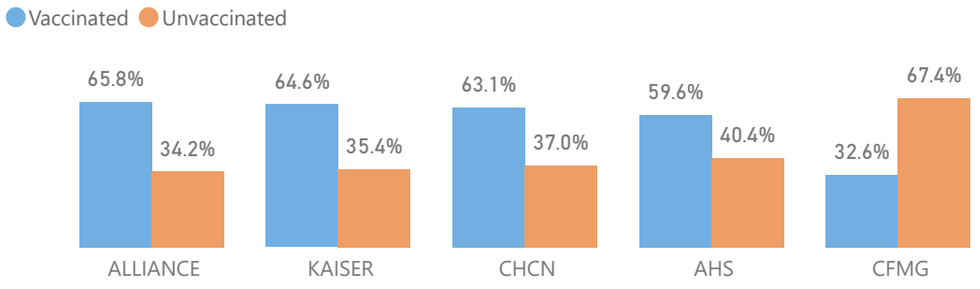
Vaccinated Members
(Full and Partial)

165,312	60.2%
Members	% of Population

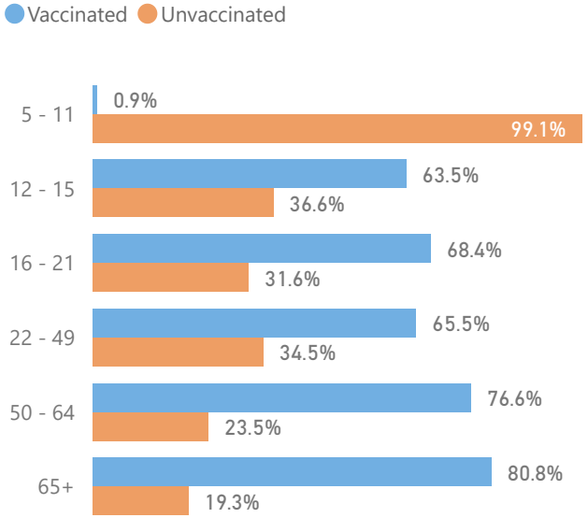
Unvaccinated Members

109,236	39.8%
Members	% of Population

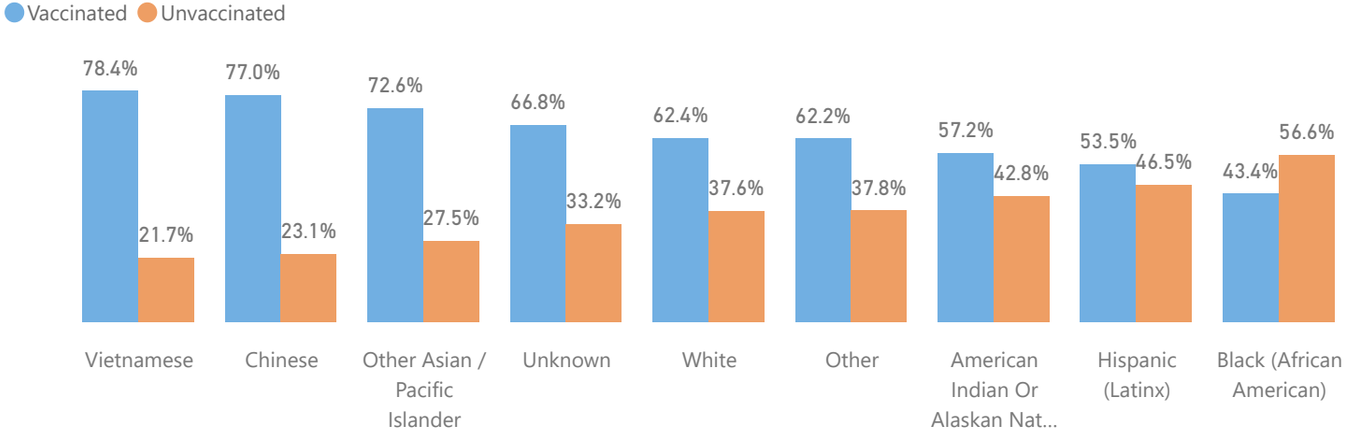
By Network



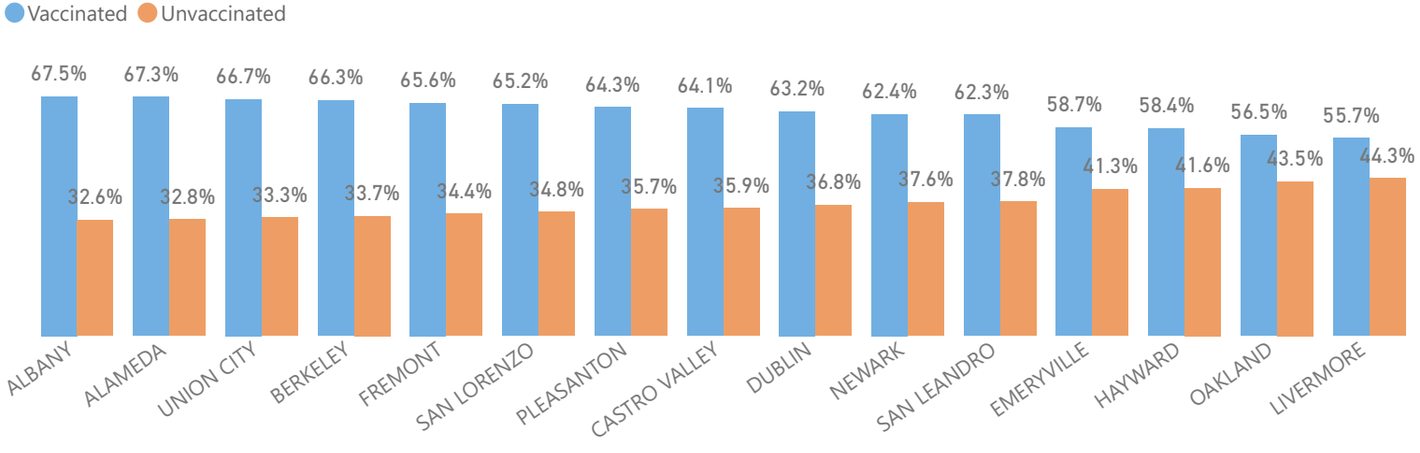
By AgeBand



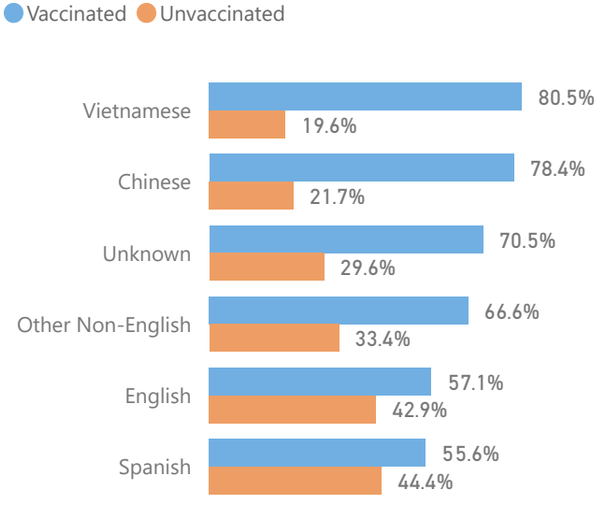
By Ethnicity



By City (Top 15 by Members)



By Language



ALAMEDA Alliance FOR HEALTH

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

Human Resources

Anastacia Swift

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

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

Date: **December 10, 2021**

Subject: **Human Resources Report**

Staffing

- As of December 1, 2021, the Alliance had 361 full time employees and 1-part time employee.

- On December 1, 2021, the Alliance had 49 open positions in which 11 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 38 positions open to date. The Alliance is actively recruiting for the remaining 38 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions December 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	15	2	13
Operations	22	6	16
Healthcare Analytics	1	0	1
Information Technology	1	1	0
Finance	3	1	2
Regulatory Compliance	3	1	2
Human Resources	3	0	3
Projects & Programs	1	0	1
Total	49	11	38

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in November 2021 included:
    - 5 years:
        - Gurpreet Singh (IT Application Management)
        - Ginnie Rivera (Credentialing)
        - Donnie Viloria (Facilities & Support Services)
        - Mercedes Wilson (Claims)
    - 6 years:
        - Michelle Valles (Facilities & Support Services)
    - 7 years:
        - John Armstrong (Facilities & Support Services)
    - 8 years:
        - Rita Wisocky (Claims)
        - Hermelinda Wirth (Finance)
        - Nancy Pun (Healthcare Analytics)
    - 9 years:
        - Erica Meraz (Utilization Management)
    - 11 years:
        - Fanita Bryant (Utilization Management)
    - 15 years:
        - Rex Ngov (Utilization Management)