ALAMEDA
Alliance
FOR HEALTH

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

Board of Governors

Regular Meeting

Friday, December 11, 2020
12:00 p.m. – 2:00 p.m.

Alameda, CA 94502

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AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, December 11, 2020
12:00 p.m. – 2:00 p.m.

Video Conference Call

Alameda, CA 94502

IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING

PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH BOARD MEETINGS

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

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

PLEASE NOTE: THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. IT WOULD BE APPRECIATED IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING. IF THAT IS NOT POSSIBLE, EVERY EFFORT WILL BE MADE TO ATTEMPT TO REVIEW E-COMMENTS DURING THE COURSE OF THE MEETING. TOWARDS THIS END, THE CHAIR OF THE BOARD WILL ENDEAVOR TO TAKE A BRIEF PAUSE BEFORE ACTION IS TAKEN ON ANY AGENDA ITEM TO ALLOW THE BOARD CLERK TO REVIEW E-COMMENTS, AND SHARE ANY E-COMMENTS RECEIVED DURING THE MEETING.

1. **CALL TO ORDER**
   (A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on December 11, 2020 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 13, 2020 BOARD OF GOVERNORS MEETING MINUTES**

   b) **ALAMEDA ALLIANCE SALARY SURVEY SCHEDULE 2015-2021**

   c) **DECEMBER 8, 2020 FINANCE COMMITTEE MINUTES**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY GROUP**

   b) **FINANCE COMMITTEE**

7. **CEO UPDATE**

8. **BERTRAM LUBIN QUALITY AWARD**

9. **BOARD BUSINESS**

   a) **REVIEW AND APPROVE OCTOBER 2020 MONTHLY FINANCIAL STATEMENTS**

   b) **FISCAL YEAR 2021 FIRST QUARTER FORECAST & FINAL BUDGET PRESENTATION**

10. **STANDING COMMITTEE UPDATES**

    a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

    b) **HEALTH CARE QUALITY COMMITTEE**

11. **STAFF UPDATES**

12. **UNFINISHED BUSINESS**

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

14. PUBLIC COMMENT (NON-AGENDA ITEMS)

15. CLOSED SESSION:

a) REPORT INVOLVING TRADE SECRET (GOVERNMENT CODE SECTION 37606; HEALTH AND SAFETY CODE SECTION 32106): REPORT WILL INVOLVE NEW SERVICE MODEL.

16. 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 www.alamedaalliance.org

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NOTICE TO THE PUBLIC

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

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

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

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

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

conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Board at or before the hearing. **Board Business:** Items in this category are general in nature and may require Board action. Public input will be received on each item of Board Business.
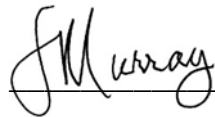
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org.

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

Submittal of Information by Members of the Public for Dissemination or Presentation at Public Meetings (Written Materials/handouts): Any member of the public who desires to submit documentation in hard copy form may do so prior to the meeting by sending to: 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 meeting was posted in the posting book located at 1240 S. Loop Road, Alameda, California on December 8, 2020 by 12:00 p.m. as well as on the Alameda Alliance for Health's web page at www.alamaedaalliance.org.

_____Clerk of the Board – Jeanette Murray

CONSENT CALENDAR

Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
November 13, 2020
12:00 PM – 2:00 PM
(Video Conference Call)
Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice-Chair), Dr. Noha Aboelata, Aarondeep Basrai, Dr. Rollington Ferguson, Marty Lynch, Wilma Chan, Dr. Michael Marchiano, Dr. Kelley Meade, Natalie Williams, Byron Lopez, Nicholas Peraino, David B. Vliet, Delvecchio Finley
Alliance Staff Present: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Tiffany Cheang, Sasi Karaiyan, Anastacia Swift, Jeanette Murray, Ruth Watson, Richard Golfin, Matt Woodruff
Non Staff Present: Jeffrey Melching

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Seevak	The regular board meeting was called to order by Dr. Seevak at 12:03pm.	None	None
2. ROLL CALL			
Dr. Seevak	A telephonic roll call was taken of the Board Members and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Seevak	Introductions of the Board Members, Staff, and Guests were completed.	None	None
5. CONSENT CALENDAR			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Seevak	Dr. Seevak presented the Consent Calendar. a) October 9, 2020, Board Of Governors Meeting Minutes Motion to Approve November 13, 2020 Board Of Governors Consent Calendar. A vote by roll call was taken, and the motion passed.	<u>Motion to Approve November 13, 2020 Board Of Governors Consent Calendar.</u> <u>Motion</u>: Supervisor Chan <u>Second</u>: Rebecca Gebhart <u>Vote</u>: Yes No opposed or abstained.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
R. Gebhart	The Compliance Advisory Committee was held telephonically on November 12, 2020, at 4:00pm. Rebecca Gebhart updated the Board on the current Compliance Advisory workbook. Annual Delegation Audit: • The Annual Delegation Audit is in the process of concluding. • We are closing out a Corrective Action Plan (CAP) for one of the delegates and writing final reports for the other delegates, including any CAPs. • Kaiser is audited separately, and we are currently starting the case file reviews. We will finish auditing Kaiser in the next month and submit our findings in January 2021. DHCS Kindred Hospital Audit: • DHCS notified the Alliance on 10/23/2020 that they were auditing the Alliance based on complaints received from one of our providers, Kindred Hospital, a Long Term Acute Care Hospital (LTACH).	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• The audit is occurring now, and the lookback time is two years (10/2018 - 11/2020). • Kindred accepts complex and hard to place patient cases, and some of these patients stayed at Kindred long after the patient did not meet the medical necessity requirement for the LTACH rate and Kindred was not paid for that timeframe. • We are working with DHCS, and we hope to receive authorization for a rate between the LTACH rate and zero. • We are also working with CHCN, our delegate, who is delegated for inpatient management and discharge planning for Kindred. Delegation Oversight Committee: • The Alliance has created a Delegation Oversight Committee to oversee all aspects of service delivered by its delegated partners • The Delegation Oversight Committee will bring issues to the internal Alliance Compliance Committee, who will report them to the Board Compliance Advisory Committee, which then conveys the information to the Board of Governors. Transition of Care Bundle (TOC Bundles): • The Alliance is working with Alameda Health System (AHS) to pilot the Transition of Care Bundle (TOC Bundles) that supports patients as they transition from hospital to the outpatient world. • The TOC Bundles are to help support a patient's continuous improvement/safe landing and to reduce readmission. • The personalized Care Bundle will be handled by staff at AAH, AHS, community programs like HealthHomes, and by Community Based Care Management Entities (CB-CMEs) assigned to clinics and hospitals; there are multiple resources. • Presently, the Care Bundle eligibility is for individuals at high-risk and anyone with COVID-19. Informational update to the Board of Governors.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Vote not required.		

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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Ferguson	The Finance Committee was held telephonically on Tuesday, November 10, 2020. Dr. Ferguson updated the Board on the Finance Committee Meeting. • TNE continues to be stable. • Medi-Cal enrollment has increased June 2020. • Interest income is down, and Gil will discuss the reason during the Financial Report. • Administrative expense below predicted. • Medical expenses continue to increase. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None

7. CEO UPDATE

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
S. Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: Operating Performance & Metrics: • Medi-Cal enrollment continues to increase, almost 24,000 higher between March through October 2020. • Alameda County continues to suspend the Medi-Cal re-determinations. The number of monthly disenrollments have remained low; following the termination of the public health emergency, Governor Newsom's executive order will be rescinded, and Alameda County Social Services will resume processing re-determinations. Behavioral Health Integration (BHI) Pilot:	Informational update to the Board of Governors. Vote not required.	The Alliance will present a BHI presentation to the Board at the next meeting.

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Funded by the California State General Funds, administered by DHCS to establish new linkages between primary care and mental health & substance use services. • Four projects approved in Alameda County: Lifelong (1), Tri-City Health Center (2), and Community Health Center Network (1). • BHI pilot starts on January 1, 2021, and continues for two years. • The Alliance will present a BHI presentation to the Board at the next meeting. Center of Excellence Certification: • Alameda Alliance for Health received a national distinction for customer service in the month of October 2020 through BenchmarkPortal, an independent organization that surveys and benchmarks organizations in multiple industries. • This award is an accomplishment of the Alliance's mission. • Congratulations to the Operations Team for this Milestone. Pharmacy transition to DHCS on January 1, 2021: • The Alliance project team is on schedule for the transition with DHCS 1/1/2021 go-live. • The operational readiness phase is to be completed by end of November, 30 days before go-live. CalAIM: • The State of California is resuming CalAIM initiatives. • New Medi-Cal benefits on January 1, 2022, include Enhanced Care Management and In-Lieu of Services. • The Alliance will be launching a new initiative in calendar year 2021 to prepare for these new Medi-Cal benefits. • Whole Person Care and Health Homes programs end 12/31/2021, and the new Medi-Cal benefits begin 1/1/2022. Informational update to the Board of Governors. Vote not required.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP

8. a. BOARD BUSINESS – – REVIEW AND APPROVE SEPTEMBER 2020 MONTHLY FINANCIAL REPORT

| Gil Riojas | Gil Riojas gave the following September Finance updates:

Enrollment:
• For the month ending September 30, 2020, the Alliance had an enrollment of 267,188 members, a net loss of $3.2M, and the tangible net equity is 605%.
• Our enrollment has increased by 3,130 members since August 2020.

Net Operating Results:
• For the month ending September 30, 2020, the actual net loss was $3.2M, and the budgeted net loss was $2.9M.
• The unfavorable variance is due to higher than anticipated medical expenses and lower than anticipated other income and expense.

Revenue:
• For the month ending September 30, 2020, the actual revenue was $85.0M vs. budgeted revenue of $81.6M.

Medical Expense:
• For the month ending September 30, 2020, the actual medical expense was $83.0M vs. budgeted medical expense of $77.5M.

Medical Loss Ratio (MLR):
• For the month ending September 30, 2020, the MLR was 97.7%, and the fiscal year-to-date of 97.4%.

Administrative Expense:
• For the month ending September 30, 2020, the actual administrative expense was $5.2M vs. budgeted administrative expense of $7.1M. | <u>Motion to approve the September 2020 Monthly Financial Reports as presented.</u>

<u>Motion</u>: Dr. Ferguson
<u>Second</u>: N. Peraino

Motion passed by roll call.

<u>Vote</u>: Yes

No opposed or abstained. | None |

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Other Income / (Expense): • As of September 30, 2020, our YTD interest income from investments is $172,000, and YTD claims interest expense is $90,000. **Tangible Net Equity (TNE):** • Tangible net equity results continue to remain healthy, and at the end of September 30, 2020, the TNE was reported at 605% of the required amount. **Cash Position and Assets:** • For the month ending September 30, 2020, the Alliance reported $375.7M in cash; $175.8M in uncommitted cash. Our current ratio is above the minimum required at 1.59 compared to the regulatory minimum of 1.0. **Question:** • As more members enroll in the plan, how much of the increased medical expense is explained by the increased enrollment? **Answer:** • This depends on the acuity of the enrollment. The State is looking at the historical acuity and feels if it is lower then the State would decrease the rates. **Question:** • Is there a way to track Medi-Cal expenses of our members that have moved out of State? **Answer:** • The county processes these and keeps track of these Medi-Cal Members. When the county is made aware of these, then they will be disenrolled. **Question:** • Looking at our overall debt year to date this year, where would the Alliance be financially if the State had not made the rate cuts? **Answer:** • An estimate would be a loss of $3.5M instead of $8.0M.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Motion to approve the September 30, 2020, Monthly Financial Report as presented. A vote by roll call was taken and the motion passed.		

8. b. BOARD BUSINESS – FISCAL YEAR 2021 INVESTMENT STRATEGY UPDATE

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
G. Riojas	Gil Riojas presented the Fiscal Year 2021 Investment Strategy Update. Gil explained the change in the investment market. Question: • Are there other investments that we can make that draw a higher interest? Answer: • The State limits how the plans invest. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None

9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on October 20, 2020. Dr. O'Brien gave the following updates: • There were twenty-seven (27) initial providers approved; including thirteen (13) Primary Care Providers, fourteen (14) specialists, zero (0) ancillary providers, and thirteen (13) mid-level providers. • Additionally, twenty-six (26) providers were re-credentialed at this meeting; five (5) primary care providers, seventeen (17) specialists, zero (0) ancillary providers, and four (4) mid-level providers.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Question: • A Board member, Dr. Ferguson asked Dr. O'Brien to call him after the meeting. Answer: • Dr. O'Brien agreed. * It was also clarified that the item the Board member wanted to talk about did not have to do with any agenda item. Informational update to the Board of Governors. Vote not required.		
10. STAFF UPDATES			
S. Coffin	• Overview of BHI Pilot (overview for the next two years, and a summary of approved projects in Alameda County). • Overview of Medi-Cal of New Enrollment (March through October summary of acuity and expense, and utilization).	None	Overview of BHI Pilot Overview of Medi-Cal of New Enrollment
11. UNFINISHED BUSINESS			
S. Coffin	None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Dr. Seevak	Information on investments	None	Information on investments

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	None	None	None
14. CLOSED SESSION			
Dr. Seevak	Dr. Seevak announced a Closed Session at 1:00pm. Dr. Meade departed from the Board meeting, and Delvecchio Finley and Dr. Aboelata joined the Board meeting at this time. Jeffrey Melching, Alliance's General Counsel, attended the Closed Session. All Guests and Staff departed from the conference line. The Board of Governors, Scott Coffin, and Jeffrey Melching remained for the Closed Session pursuant to the following: • Public Employee Performance Evaluation (Pursuant To Government Code Section 54957). Title: Chief Executive Officer. • Conference with Labor Negotiators (Pursuant To Government Code Section 54957.6). Agency Negotiators: Dr. Evan Seevak, Chair; Rebecca Gebhart, Vice-Chair; Dr. Rollington Ferguson, Finance Committee Chair; David B. Vliet, Board Member; Marty Lynch, Board Member; Unrepresented Employee: Chief Executive Officer. • Report Involving Trade Secret (Government Code Section 37606; Health and Safety Code Section 32106): Report will Involve New Service Model.	Closed Session Discussion.	None
15. ADDITIONAL BOARD BUSINESS			
Dr. Seevak	Dr. Seevak re-opened the Board of Governors Meeting. Agreement for the Employment of Scott Coffin as Chief Executive Officer of the Alameda Alliance for Health. A) Staff Report was reported out by Jeffrey Melching, Alliance General Counsel.	Motion to Approve and Authorize Board Chair to execute amended and restated Agreement for the Employment of Scott Coffin as Chief Executive Officer of the	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	B) Approve and Authorize Board Chair to execute amended and restated Agreement for the Employment of Scott Coffin as Chief Executive Officer of the Alameda Alliance for Health. Motion to Approve and Authorize Board Chair to execute amended and restated Agreement for the Employment of Scott Coffin as Chief Executive Officer of the Alameda Alliance for Health. A vote by roll call was taken and the motion passed.	<u>Alameda Alliance for Health.</u> <u>Motion</u>: M. Lynch <u>Second</u>: N. Williams Motion passed by roll call. <u>Vote</u>: Yes No opposed or abstained.	
14. ADJOURNMENT			
Dr. Seevak	Dr. Seevak adjourned the meeting at 2:00pm.	None	None

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

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Salary Survey

Alameda Alliance Salary Survey Schedule 2015-2021

CalPERS requires participating organizations to list all staff positions by grade and to include compensation amounts for exempt and hourly employees. Each year approval from the Board of Governors is required for the salary schedule to take effect.

The Alliance salary schedule was updated based on salary survey results from our compensation assessment vendor, and the report contains compensation data for calendar years 2015 through 2021. The vendor assessed data from seven different sources including national, state and county sources. Following approval from the Board of Governors, the current salary schedule will be updated to reflect the latest salary grades and would be effective on January 1, 2021.

Alameda Alliance for Health

Salary Schedule   January 2021-June 2022

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 1			**16.15**	**20.19**	**24.23**	**33,600.00**	**42,000.00**	**50,400.00**
	Claims Coordinator	7/1/2016						
	Facilities Clerk	7/1/2018						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Clerk	7/1/2018						
	Provider Data Entry Clerk	9/1/2013						
	Provider Network Data Clerk	7/1/2019						
	Receptionist / MS Support Specialist	7/1/2018						
	Support Services Clerk	7/1/2017						
Grade 2			**18.58**	**23.22**	**27.87**	**38,640.00**	**48,300.00**	**57,960.00**
	Claims Processor I	7/1/2015						
	CM Coordinator	7/1/2019						
	Community Health Worker HHWP	7/1/2017						
	Facilities Coordinator	1/1/2021						
	Grievance & Appeals Clerk	7/1/2016						
	Member Services Rep I	7/1/2015						
	Member Services Representative I - Bilingual Cantonese	7/1/2018						
	Member Services Representative I - Bilingual Spanish	7/1/2018						
	Member Services Representative I - Bilingual Vietnamese	7/1/2018						
	MS Rep I Bilingual	7/1/2017						
	Provider Data Coordinator I	7/1/2015						
	Provider Dispute Rsltn Clerk	7/1/2017						
	Provider Dispute Resolution Coordinator	7/1/2018						
	Provider Relations Rep I	7/1/2014						
Grade 3			**21.37**	**27.51**	**33.65**	**44,440.00**	**57,220.00**	**70,000.00**
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Assessment Coordinator	1/1/2021						
	Junior Payroll Accountant	7/1/2019						
	Lead Pharmacy Technician	7/1/2018						
	Member Services Rep II	7/1/2016						
	Member Services Representative II Bilingual Spanish	7/1/2018						
	MSR II	7/1/2017						
	MSR Rep II Bilingual	7/1/2017						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
	Provider Relations Representative Lead Call Center	7/1/2018						
Grade 4			**24.57**	**30.71**	**36.85**	**51,100.00**	**63,870.00**	**76,640.00**
	C&L Services Specialist	7/1/2019						
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Compliance Coordinator	7/1/2014						
	Education Specialist	7/1/2019						
	Facilities Maintenance Spclst	1/1/2021						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Data Coordinator	7/1/2019						
	Lead Grievance and Appeals Coo	9/1/2013						
	Lead Staff Accountant	1/1/2021						
	Member Services Rep III	7/1/2017						
	Member Services Representative III - Bilingual Cantonese	7/1/2019						
	Outreach Coordinator	1/1/2021						
	Outreach Coordinator - Bilingual Cantonese/Mandarin	1/1/2021						
	Outreach Coordinator - Bilingual Spanish	1/1/2021						
	Outreach Coordinator - Bilingual Vietnamese	1/1/2021						
	Outreach Supervisor	7/1/2019						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Quality Programs Coordinator	7/1/2017						
	Regulatory/Legal Assistant	7/1/2018						
	Service Desk Coordinator	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
	Vendor Management Analyst	7/1/2016						
	Vendor Management Analyst I	7/1/2019						
Grade 5			**28.25**	**35.31**	**42.38**	**58,760.00**	**73,455.00**	**88,150.00**
	Accreditation and Regulatory Compliance Specialist	7/1/2019						
	Assistant to the CEO and Board of Governors	7/1/2019						
	Claims Specialist	7/1/2016						
	Claims Specialist Lead	7/1/2018						
	Claims Specialist - Provider Services	7/1/2018						

Salary Schedule   **January 2021-June 2022**

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Communications & Content Splst	7/1/2016						
	Compliance Auditor	7/1/2014						
	Contract Specialist	1/1/2021						
	Executive Administrator	7/1/2017						
	Executive Assistant	7/1/2014						
	Executive Assistant to Chief Operating Officer	7/1/2018						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	HEDIS Retriever - Seasonal	7/1/2018						
	Housing Navigator Health Homes	7/1/2019						
	IT Service Desk Support Technician	7/1/2017						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Medical Social Worker	7/1/2017						
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Recruiter	7/1/2018						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	TOC Health Navigator	7/1/2017						
	TOC Social Worker	7/1/2017						
	Utilization Mgmt Specialist	7/1/2016						
	Vendor Management Analyst II	7/1/2019						
Grade 6			**32.49**	**40.61**	**48.73**	**67,570.00**	**84,465.00**	**101,360.00**
	Analyst Healthcare	7/1/2019						
	Claims Operations Trainer	7/1/2014						
	Communications & Media Spec	1/1/2021						
	Configuration Analyst	7/1/2014						
	Contract Management Administrator	7/1/2019						
	Facilities Manager	7/1/2018						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Interim Manager, Peer Review and Credentialing	7/1/2019						
	Interim Manager, Claims Recovery and Resolution	7/1/2019						
	Interim Facilties Manager	7/1/2019						
	Lead Accountant	7/1/2019						
	Learning Development and Quality Supervisor	7/1/2019						
	Mgr Claims Recvry and Resln	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Provider Reln Call Ctr Spv	7/1/2016						
	Sr GL Accountant	1/1/2021						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor, Provider Relations Call Center	7/1/2018						
Grade 7			**37.36**	**46.70**	**56.04**	**77,710.00**	**97,140.00**	**116,570.00**
	Business System Analyst	7/1/2019						
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Interim Manager, Claims Production	7/1/2019						
	Interim Case Manager	7/1/2019						
	Interim Complex Case Manager, Nurse	7/1/2019						
	Interim Manager, Communications & Outreach	7/1/2019						
	Interim Manager, Grievance and Appeals	7/1/2019						
	Interim Public Affairs Manager	7/1/2019						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Legal Analyst	7/1/2017						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Manager, Public Relations	7/1/2017						
	Mgr Peer Review Credentialing	7/1/2016						
	Nurse Liaison for Community Care Management	7/1/2018						
	OB Case Manager	7/1/2016						

Alameda Alliance for Health

Salary Schedule   January 2021-June 2022

			Hourly	Hourly	Hourly	Annual	Annual	Annual
Pay Grade	**Job**	**Effective Date**	**HMin**	**HMid**	**HMax**	**SMin**	**SMid**	**SMax**
	Public Affairs Manager	7/1/2018						
	Qualty Improv Nurse Specialist	7/1/2015						
	Retrospective UM Nurse	7/1/2016						
	Senior Analyst, Healthcare	7/1/2017						
	Senior Analyst Operations	7/1/2019						
	Senior Business Intelligence Analyst (Analytics)	7/1/2019						
	Senior Data Analyst Healthcare	7/1/2017						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Senior Service Desk Technician	7/1/2017						
	Sr Financl Analyst HealthCare	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Strategic Account Representative	7/1/2019						
	Technical Writer	7/1/2017						
	Whole Person Care Data Analyst	7/1/2017						
Grade 8			**42.96**	**53.70**	**64.45**	**89,360.00**	**111,705.00**	**134,050.00**
	Business Analyst	7/1/2014						
	Clinical Nurse Specialist, G&A Unit	7/1/2018						
	Clinical Nurse Specialist, PDR Unit	7/1/2018						
	Clinical Review Nurse	7/1/2019						
	Clinical Supervisor Utilization Management	7/1/2019						
	CM RN Supervisor	7/1/2019						
	Complex Case Manager, Nurse	7/1/2017						
	Compliance Manager	1/1/2021						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Interim Manager, Member Services	7/1/2019						
	Interim Manager, Health Education	7/1/2019						
	Jr. ETL Developer	7/1/2019						
	Jr. Application Developer	7/1/2019						
	Lead Financial Analyst Healthcare	7/1/2019						
	Lead Financial Analyst Planning	7/1/2019						
	Manager Claims Operations Support	7/1/2019						
	Manager, Health Education	7/1/2017						
	Manager, Provider Services	7/1/2018						
	Member Services Manager	7/1/2018						
	Out of Plan Nurse Specialist	7/1/2018						
	Outpatient Utilization Management Nurse	7/1/2014						
	Quality Review Nurse	7/1/2016						
	Senior Configuration Analyst (IT)	7/1/2019						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	Supervisor Outpatient Utilization Management	1/1/2021						
	Systems Administrator	9/1/2013						
	Technical Analyst II	7/1/2014						
	Technical Business Analyst	7/1/2018						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 9			**49.41**	**61.76**	**74.11**	**102,770.00**	**128,460.00**	**154,150.00**
	Business Objects Adm Developer	7/1/2015						
	Clinical Manager, Health Homes	7/1/2019						
	Clinical Quality Manager	7/1/2018						
	EDI Manager	7/1/2016						
	Interim Clinical Manager, Health Homes	7/1/2019						
	Interim Clinical Quality Manager	7/1/2019						
	Interim EDI MAnager	7/1/2019						
	Interim Lead Complex Case Manager	1/1/2021						
	Interim Manager, Accounting	1/1/2021						
	Interim Manager, Healthcare Analytics	7/1/2019						
	Interim Manager, Service Desk	7/1/2019						
	Interim Manager, Transition of Care	7/1/2019						
	Interim Manager, Vendor Management	7/1/2019						
	Interim Program Manager / Senior Project Manager - Managed Care	7/1/2019						
	Interim Program Reimbursement Manager	7/1/2019						
	Interim Project Manager	1/1/2021						
	Lead Complex Case Manager	1/1/2021						
	Lead System Administrators	7/1/2018						
	Manager Accounting	1/1/2021						
	Manager HealthCare Analytics	7/1/2016						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Program Mgr/Sr. PM, Mngd Care	7/1/2017						
	Program Reimbursement Manager	7/1/2018						

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Project Manager	1/1/2021						
	Senior Business Analyst	7/1/2017						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 10			**52.88**	**69.06**	**85.24**	**110,000.00**	**143,645.00**	**177,290.00**
	Applications Development Supervisor	7/1/2018						
	Assistant Controller	9/1/2013						
	Change Control Process Improvement Manager	1/1/2021						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Data Architect and Delivery Manager	7/1/2019						
	Director Accreditation	7/1/2015						
	Director Complaints and Reslns	7/1/2015						
	Director Member Services	9/1/2013						
	Director, Health Care Services	7/1/2018						
	Director, Quality Analytics	7/1/2017						
	Interim Assistant Controller	7/1/2019						
	Interim Change Control & Process Improvement Manager	1/1/2021						
	Interim Data Architect and Delivery Manager	7/1/2019						
	Interim Director of Accreditation	7/1/2019						
	Interim Director, Clinical Services	7/1/2019						
	Interim Director, Complaints and Resolutions	7/1/2019						
	Interim Director, Health Care Services	7/1/2019						
	Interim Director, Member Services	7/1/2019						
	Interim Director, Quality Analytics	7/1/2019						
	Interim Manager Financial Planning & Analysis - Healthcare	7/1/2019						
	Interim Manager, Access to Care	1/1/2021						
	Interim Manager, Analytics	1/1/2021						
	Interim Manager, Applications	1/1/2021						
	Interim Manager, Case Management	1/1/2021						
	Interim Manager, Corporate Planning	7/1/2019						
	Interim Manager, Data Integration	7/1/2019						
	Interim Manager, Inpatient Utilization Management	1/1/2021						
	Interim Manager, Outpatient Utilization Management	1/1/2021						
	Interim Senior Project Manager	1/1/2021						
	Manager Analytics	1/1/2021						
	Manager Applications	1/1/2021						
	Manager Case Management	1/1/2021						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Manager, Access to Care	1/1/2021						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Mgr Inpatient Utilization Mgmt	1/1/2021						
	Mgr Outpatient Utiliz Mgmt	1/1/2021						
	Quality Improvement Supervisor	7/1/2017						
	Senior .Net Developer	7/1/2014						
	Senior Infrastructure Engineer	7/1/2017						
	Senior Manager - Financial Planning & Analysis	7/1/2019						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Sr Project Manager	1/1/2021						
	Systems Engineer	9/1/2014						
	Voice Engineer	7/1/2019						
Grade 11			**65.34**	**81.68**	**98.01**	**135,910.00**	**169,890.00**	**203,870.00**
	Associate Director, Infrastructure	1/1/2021						
	Development and Data Integration Director	7/1/2019						
	Director Claims	1/1/2021						
	Director Clinical Initiatives and Clinical Leadership Development	7/1/2019						
	Director Compliance	1/1/2021						
	Director Pharmacy Services	7/1/2016						
	Director Provider Services	7/1/2016						
	Director, Quality Assurance	1/1/2021						
	Information Security Director	7/1/2018						
	Interim Associate Director, Infrastructure	1/1/2021						
	Interim Director, Claims	1/1/2021						
	Interim Director, Clinical Initiatives and Clinical Leadership Developr	7/1/2019						
	Interim Director, Compliance	1/1/2021						
	Interim Director, Financial Planning & Analysis	7/1/2019						
	Interim Director, Pharmacy Services	7/1/2019						
	Interim Director, Project Management Office	7/1/2019						
	Interim Director, Provider Services	7/1/2019						

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Interim Director, Quality Assurance	1/1/2021						
Grade 12			**75.15**	**93.94**	**112.73**	**156,312.00**	**195,390.00**	**234,468.00**
	Controller	1/1/2021						
	Director Applications Development	7/1/2016						
	Director Applications Management and Configuration	7/1/2017						
	Director Fin Plan and Analysis	9/1/2013						
	Director Healthcare Analytics	1/1/2021						
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
	Interim Controller	1/1/2021						
	Interim Director, Application Management	7/1/2019						
	Interim Director, Application Management & Configuration	7/1/2019						
	Interim Director, Healthcare Analytics	1/1/2021						
	Interim Director, Infrastructure	7/1/2019						
	Interim Executive Director, Human Resources	7/1/2019						
	Interim Senior Director Facilities	1/1/2021						
	Interim Senior Director of Quality	7/1/2019						
	Interim Senior Director/Pharmacy Services	7/1/2019						
	Senior Director Facilities	1/1/2021						
	Senior Director Pharmacy Services	7/1/2018						
	Senior Director Quality	7/1/2018						
	Senior Program Director	7/1/2019						
Grade 13			**90.17**	**112.72**	**135.26**	**187,560.00**	**234,460.00**	**281,340.00**
	Executive Director Information Technology	7/1/2018						
	Interim Executive Director, IT	7/1/2019						
Grade 14			**96.15**	**115.38**	**144.23**	**200,000.00**	**240,000.00**	**300,000.00**
Grade 15			**108.17**	**135.82**	**162.26**	**225,000.00**	**282,500.00**	**337,500.00**
	CCO General Counsel	7/1/2014						
	Chief Analytics Officer	7/1/2017						
	Chief Compliance Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief of Projects	7/1/2019						
	Interim Chief Analytics Officer	7/1/2019						
	Interim Medical Director	1/1/2021						
	Interim Quality Improvement Medical Director	1/1/2021						
	Medical Director	1/1/2021						
	Quality Improvement Medical Director	1/1/2021						
Grade 16			**130.11**	**162.63**	**195.16**	**270,620.06**	**338,275.08**	**405,930.10**
	Chief Financial Officer	1/1/2021						
	Interim Chief Financial Officer	1/1/2021						
Grade 17			**152.04**	**190.05**	**228.06**	**316,240.00**	**395,300.00**	**474,360.00**
	Chief Medical Officer	1/1/2021						
	Chief Operating Officer	1/1/2021						
	Interim Chief Medical Officer	1/1/2021						
	Interim Chief Operating Officer (COO)	1/1/2021						
Grade 18			**182.40**	**228.00**	**273.60**	**379,392.00**	**474,240.00**	**569,088.00**
	Chief Executive Officer	1/1/2021						
	Interim Chief Executive Officer	1/1/2021						

Alameda Alliance for Health
Salary Schedule   **July 2019-June 2020**

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 1			16.15	20.19	24.23	33,600.00	42,000.00	50,400.00
	Claims Coordinator	7/1/2016						
	Facilities Clerk	7/1/2018						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Clerk	7/1/2018						
	Provider Data Entry Clerk	9/1/2013						
	Provider Network Data Clerk	7/1/2019						
	Receptionist / MS Support Specialist	7/1/2018						
	Support Services Clerk	7/1/2017						
Grade 2			18.58	23.22	27.87	38,640.00	48,300.00	57,960.00
	Claims Processor I	7/1/2015						
	CM Coordinator	7/1/2019						
	Community Health Worker HHWP	7/1/2017						
	Facilities Maintenance Spclst	7/1/2016						
	Grievance & Appeals Clerk	7/1/2016						
	Health Assessment Coordinator	9/1/2013						
	Member Services Rep I	7/1/2015						
	Member Services Representative I - Bilingual Cantonese	7/1/2018						
	Member Services Representative I - Bilingual Spanish	7/1/2018						
	Member Services Representative I - Bilingual Vietnamese	7/1/2018						
	MS Rep I Bilingual	7/1/2017						
	Provider Data Coordinator I	7/1/2015						
	Provider Dispute Rsltn Clerk	7/1/2017						
	Provider Dispute Resolution Coordinator	7/1/2018						
	Provider Relations Rep I	7/1/2014						
Grade 3			21.37	27.51	33.65	44,440.00	57,220.00	70,000.00
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Junior Payroll Accountant	7/1/2019						
	Lead Pharmacy Technician	7/1/2018						
	Lead Staff Accountant	9/1/2013						
	Member Services Rep II	7/1/2016						
	Member Services Representative II Bilingual Spanish	7/1/2018						
	MSR II	7/1/2017						
	MSR Rep II Bilingual	7/1/2017						
	Outreach Coordinator	7/1/2014						
	Outreach Coordinator - Bilingual Cantonese/Mandarin	7/1/2018						
	Outreach Coordinator - Bilingual Spanish	7/1/2019						
	Outreach Coordinator - Bilingual Vietnamese	7/1/2018						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
	Provider Relations Representative Lead Call Center	7/1/2018						
Grade 4			24.57	30.71	36.85	51,100.00	63,870.00	76,640.00
	C&L Services Specialist	7/1/2019						
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Compliance Coordinator	7/1/2014						
	Contract Specialist	9/1/2013						
	Education Specialist	7/1/2019						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Data Coordinator	7/1/2019						
	Lead Grievance and Appeals Coo	9/1/2013						
	Member Services Rep III	7/1/2017						
	Member Services Representative III - Bilingual Cantonese	7/1/2019						
	Outreach Supervisor	7/1/2019						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Quality Programs Coordinator	7/1/2017						
	Regulatory/Legal Assistant	7/1/2018						
	Service Desk Coordinator	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
	Vendor Management Analyst	7/1/2016						
	Vendor Management Analyst I	7/1/2019						
Grade 5			28.25	35.31	42.38	58,760.00	73,455.00	88,150.00
	Accreditation and Regulatory Compliance Specialist	7/1/2019						
	Assistant to the CEO and Board of Governors	7/1/2019						
	Claims Specialist	7/1/2016						
	Claims Specialist Lead	7/1/2018						
	Claims Specialist - Provider Services	7/1/2018						
	Communications & Content Splst	7/1/2016						

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Executive Administrator	7/1/2017						
	Executive Assistant	7/1/2014						
	Executive Assistant to Chief Operating Officer	7/1/2018						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	HEDIS Retriever - Seasonal	7/1/2018						
	Housing Navigator Health Homes	7/1/2019						
	IT Service Desk Support Technician	7/1/2017						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Medical Social Worker	7/1/2017						
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Recruiter	7/1/2018						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	TOC Health Navigator	7/1/2017						
	TOC Social Worker	7/1/2017						
	Utilization Mgmt Specialist	7/1/2016						
	Vendor Management Analyst II	7/1/2019						
Grade 6			**32.49**	**40.61**	**48.73**	**67,570.00**	**84,465.00**	**101,360.00**
	Analyst Healthcare	7/1/2019						
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	Contract Management Administrator	7/1/2019						
	Facilities Manager	7/1/2018						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Interim Manager, Peer Review and Credentialing	7/1/2019						
	Interim Manager, Claims Recovery and Resolution	7/1/2019						
	Interim Facilties Manager	7/1/2019						
	Lead Accountant	7/1/2019						
	Learning Development and Quality Supervisor	7/1/2019						
	Mgr Claims Recvry and Resln	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Provider Reln Call Ctr Spv	7/1/2016						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor Outpatient Utilization Management	7/1/2014						
	Supervisor, Provider Relations Call Center	7/1/2018						
Grade 7			**37.36**	**46.70**	**56.04**	**77,710.00**	**97,140.00**	**116,570.00**
	Business System Analyst	7/1/2019						
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Compliance Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Interim Manager, Claims Production	7/1/2019						
	Interim Case Manager	7/1/2019						
	Interim Complex Case Manager, Nurse	7/1/2019						
	Interim Manager, Communications & Outreach	7/1/2019						
	Interim Manager, Grievance and Appeals	7/1/2019						
	Interim Public Affairs Manager	7/1/2019						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Legal Analyst	7/1/2017						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Manager, Public Relations	7/1/2017						
	Mgr Peer Review Credentialing	7/1/2016						
	Nurse Liaison for Community Care Management	7/1/2018						
	OB Case Manager	7/1/2016						
	Public Affairs Manager	7/1/2018						
	Qualty Improv Nurse Specialist	7/1/2015						

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Retrospective UM Nurse	7/1/2016						
	Senior Analyst, Healthcare	7/1/2017						
	Senior Analyst Operations	7/1/2019						
	Senior Business Intelligence Analyst (Analytics)	7/1/2019						
	Senior Data Analyst Healthcare	7/1/2017						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Senior Service Desk Technician	7/1/2017						
	Sr Financl Analyst HealthCare	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Strategic Account Representative	7/1/2019						
	Technical Writer	7/1/2017						
	Whole Person Care Data Analyst	7/1/2017						
Grade 8			**42.96**	**53.70**	**64.45**	**89,360.00**	**111,705.00**	**134,050.00**
	Business Analyst	7/1/2014						
	Clinical Nurse Specialist, G&A Unit	7/1/2018						
	Clinical Nurse Specialist, PDR Unit	7/1/2018						
	Clinical Review Nurse	7/1/2019						
	Clinical Supervisor Utilization Management	7/1/2019						
	CM RN Supervisor	7/1/2019						
	Complex Case Manager, Nurse	7/1/2017						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Interim Manager, Accounting	7/1/2019						
	Interim Project Manager	7/1/2019						
	Interim Manager, Member Services	7/1/2019						
	Interim Lead Complex Case Manager	7/1/2019						
	Interim Manager, Access to Care	7/1/2019						
	Interim Manager, Health Education	7/1/2019						
	Jr. ETL Developer	7/1/2019						
	Jr. Application Developer	7/1/2019						
	Lead Complex Case Manager	7/1/2016						
	Lead Financial Analyst Healthcare	7/1/2019						
	Lead Financial Analyst Planning	7/1/2019						
	Manager, Access to Care	7/1/2018						
	Manager Accounting	7/1/2014						
	Manager Claims Operations Support	7/1/2019						
	Manager, Health Education	7/1/2017						
	Manager, Provider Services	7/1/2018						
	Member Services Manager	7/1/2018						
	Out of Plan Nurse Specialist	7/1/2018						
	Outpatient Utilization Management Nurse	7/1/2014						
	Project Manager	7/1/2015						
	Quality Review Nurse	7/1/2016						
	Senior Configuration Analyst (IT)	7/1/2019						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	Systems Administrator	9/1/2013						
	Technical Analyst II	7/1/2014						
	Technical Business Analyst	7/1/2018						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 9			**49.41**	**61.76**	**74.11**	**102,770.00**	**128,460.00**	**154,150.00**
	Business Objects Adm Developer	7/1/2015						
	Change Control Process Improvement Manager	7/1/2018						
	Clinical Manager, Health Homes	7/1/2019						
	Clinical Quality Manager	7/1/2018						
	EDI Manager	7/1/2016						
	Interim Change Control & Process Improvement Manager	7/1/2019						
	Interim Clinical Manager, Health Homes	7/1/2019						
	Interim Clinical Quality Manager	7/1/2019						
	Interim EDI MAnager	7/1/2019						
	Interim Manager, Analytics	7/1/2019						
	Interim Manager, Applications	7/1/2019						
	Interim Manager, Case Management	7/1/2019						
	Interim Manager, Healthcare Analytics	7/1/2019						
	Interim Manager, Inpatient Utilization Management	7/1/2019						
	Interim Manager, Inpatient Utilization Management	7/1/2019						
	Interim Manager, Outpatient Utilization Management	7/1/2019						
	Interim Manager, Service Desk	7/1/2019						
	Interim Manager, Transition of Care	7/1/2019						
	Interim Manager, Vendor Management	7/1/2019						
	Interim Program Manager / Senior Project Manager - Managed Care	7/1/2019						
	Interim Program Reimbursement Manager	7/1/2019						
	Interim Senior Project Manager	7/1/2019						
	Lead System Administrators	7/1/2018						

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Manager Analytics	7/1/2018						
	Manager Applications	7/1/2014						
	Manager Case Management	7/1/2016						
	Manager HealthCare Analytics	7/1/2016						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Mgr Inpatient Utilization Mgmt	7/1/2015						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Program Mgr/Sr. PM, Mngd Care	7/1/2017						
	Program Reimbursement Manager	7/1/2018						
	Senior Business Analyst	7/1/2017						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Project Manager	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 10			52.88	69.06	85.24	110,000.00	143,645.00	177,290.00
	Applications Development Supervisor	7/1/2018						
	Assistant Controller	9/1/2013						
	Associate Director, Infrastructure	7/1/2018						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Data Architect and Delivery Manager	7/1/2019						
	Director Accreditation	7/1/2015						
	Director Claims	7/1/2015						
	Director Complaints and Reslns	7/1/2015						
	Director Compliance	7/1/2016						
	Director Healthcare Analytics	7/1/2016						
	Director Member Services	9/1/2013						
	Director, Health Care Services	7/1/2018						
	Director, Quality Analytics	7/1/2017						
	Director, Quality Assurance	7/1/2018						
	Interim Assistant Controller	7/1/2019						
	Interim Associate Director, Infrastructure	7/1/2019						
	Interim Data Architect and Delivery Manager	7/1/2019						
	Interim Director of Accreditation	7/1/2019						
	Interim Director, Claims	7/1/2019						
	Interim Director, Clinical Services	7/1/2019						
	Interim Director, Complaints and Resolutions	7/1/2019						
	Interim Director, Compliance	7/1/2019						
	Interim Director, Health Care Services	7/1/2019						
	Interim Director, Healthcare Analytics	7/1/2019						
	Interim Director, Member Services	7/1/2019						
	Interim Director, Quality Analytics	7/1/2019						
	Interim Director, Quality Assurance	7/1/2019						
	Interim Manager Financial Planning & Analysis - Healthcare	7/1/2019						
	Interim Manager, Corporate Planning	7/1/2019						
	Interim Manager, Data Integration	7/1/2019						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Quality Improvement Supervisor	7/1/2017						
	Senior .Net Developer	7/1/2014						
	Senior Infrastructure Engineer	7/1/2017						
	Senior Manager - Financial Planning & Analysis	7/1/2019						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Systems Engineer	9/1/2014						
	Voice Engineer	7/1/2019						
Grade 11			65.34	81.68	98.01	135,910.00	169,890.00	203,870.00
	Controller	7/1/2014						
	Development and Data Integration Director	7/1/2019						
	Director Clinical Initiatives and Clinical Leadership Development	7/1/2019						
	Director Pharmacy Services	7/1/2016						
	Director Provider Services	7/1/2016						
	Information Security Director	7/1/2018						
	Interim Controller	7/1/2019						
	Interim Director, Financial Planning & Analysis	7/1/2019						
	Interim Director, ProjecT MANAGEMENT OFFICE	7/1/2019						
	Interim Director, Provider Services	7/1/2019						
	Interim Senior Director Facilities	7/1/2019						
	Interim Director, Clinical Initiatives and Clinical Leadership Developr	7/1/2019						
	Interim Director, Pharmacy Services	7/1/2019						
	Senior Director Facilities	7/1/2015						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 12			**75.15**	**93.94**	**112.73**	**156,312.00**	**195,390.00**	**234,468.00**
	Director Applications Development	7/1/2016						
	Director Applications Management and Configuration	7/1/2017						
	Director Fin Plan and Analysis	9/1/2013						
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
	Interim Director, Infrastructure	7/1/2019						
	Interim Director, Application Management & Configuration	7/1/2019						
	Interim Director, Application Management	7/1/2019						
	Interim Executive Director, Human Resources	7/1/2019						
	Interim Senior Director of Quality	7/1/2019						
	Interim Senior Director/Pharmacy Services	7/1/2019						
	Senior Director Pharmacy Services	7/1/2018						
	Senior Director Quality	7/1/2018						
	Senior Program Director	7/1/2019						
Grade 13			**90.17**	**112.72**	**135.26**	**187,560.00**	**234,460.00**	**281,340.00**
	Executive Director Information Technology	7/1/2018						
	Interim Executive Director, IT	7/1/2019						
Grade 14			**96.15**	**115.38**	**144.23**	**200,000.00**	**240,000.00**	**300,000.00**
	Interim Medical Director	7/1/2019						
	Interim Quality Improvement Medical Director	7/1/2019						
	Medical Director	7/1/2014						
	Quality Improvement Medical Director	7/1/2017						
Grade 15			**108.17**	**135.82**	**162.26**	**225,000.00**	**282,500.00**	**337,500.00**
	CCO General Counsel	7/1/2014						
	Chief Analytics Officer	7/1/2017						
	Chief Compliance Officer	7/1/2014						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						
	Chief of Projects	7/1/2019						
	Chief Operating Officer	7/1/2014						
	Interim Chief Operating Officer (COO)	7/1/2019						
	Interim Chief Financial Officer	7/1/2019						
	Interim Chief Medical Officer	7/1/2019						
	Interim Chief Analytics Officer	7/1/2019						
Grade 17			**152.04**	**190.05**	**228.06**	**316,240.00**	**395,300.00**	**474,360.00**
	Chief Executive Officer	7/1/2014						
	Interim Chief Executive Officer	7/1/2019						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 1			16.15	20.19	24.23	33,600.00	42,000.00	50,400.00
	Claims Coordinator	7/1/2016						
	Facilities Clerk	7/1/2018						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Clerk	7/1/2018						
	Provider Data Entry Clerk	9/1/2013						
	Receptionist / MS Support Specialist	7/1/2018						
	Support Services Clerk	7/1/2017						
Grade 2			18.58	23.22	27.87	38,640.00	48,300.00	57,960.00
	Claims Processor I	7/1/2015						
	Community Health Worker HHWP	7/1/2017						
	Facilities Maintenance Spclst	7/1/2016						
	Grievance & Appeals Clerk	7/1/2016						
	Health Assessment Coordinator	9/1/2013						
	Member Services Rep I	7/1/2015						
	Member Services Representative I - Bilingual Cantonese	7/1/2018						
	Member Services Representative I - Bilingual Spanish	7/1/2018						
	Member Services Representative I - Bilingual Vietnamese	7/1/2018						
	MS Rep I Bilingual	7/1/2017						
	Provider Data Coordinator I	7/1/2015						
	Provider Dispute Resolution Coordinator	7/1/2018						
	Provider Dispute Rsltn Clerk	7/1/2017						
	Provider Relations Rep I	7/1/2014						
Grade 3			21.37	27.51	33.65	44,440.00	57,220.00	70,000.00
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Lead Pharmacy Technician	7/1/2018						
	Lead Staff Accountant	9/1/2013						
	Member Services Rep II	7/1/2016						
	Member Services Representative II Bilingual Spanish	7/1/2018						
	MSR II	7/1/2017						
	MSR Rep II Bilingual	7/1/2017						
	Outreach Coordinator	7/1/2014						
	Outreach Coordinator - Bilingual Cantonese/Mandarin	7/1/2018						
	Outreach Coordinator - Bilingual Vietnamese	7/1/2018						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
	Provider Relations Representative Lead Call Center	7/1/2018						
Grade 4			24.57	30.71	36.85	51,100.00	63,870.00	76,640.00
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Compliance Coordinator	7/1/2014						
	Contract Specialist	9/1/2013						
	Education Specialist	7/1/2017						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Data Coordinator	7/1/2017						
	Lead Grievance and Appeals Coo	9/1/2013						
	Member Services Rep III	7/1/2017						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Quality Programs Coordinator	7/1/2017						
	Regulatory/Legal Assistant	7/1/2018						
	Service Desk Coordinator	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
	Vendor Management Analyst	7/1/2016						
Grade 5			28.25	35.31	42.38	58,760.00	73,455.00	88,150.00
	Claims Specialist	7/1/2016						
	Claims Specialist - Provider Services	7/1/2018						
	Claims Specialist Lead	7/1/2018						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Communications & Content Splst	7/1/2016						
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Executive Assistant	7/1/2014						
	Executive Assistant to Chief Operating Officer	7/1/2018						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	HEDIS Retriever - Seasonal	7/1/2018						
	IT Service Desk Support Technician	7/1/2017						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Medical Social Worker	7/1/2017						
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Recruiter	7/1/2018						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	TOC Health Navigator	7/1/2017						
	TOC Social Worker	7/1/2017						
	Utilization Mgmt Specialist	7/1/2016						
Grade 6			**32.49**	**40.61**	**48.73**	**67,570.00**	**84,465.00**	**101,360.00**
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	Facilities Manager	7/1/2018						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Mgr Claims Recvry and Resln	7/1/2014						
	Provider Reln Call Ctr Spv	7/1/2016						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor Outpatient Utilization Management	7/1/2014						
	Supervisor, Provider Relations Call Center	7/1/2018						
Grade 7			**37.36**	**46.70**	**56.04**	**77,710.00**	**97,140.00**	**116,570.00**
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Compliance Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Legal Analyst	7/1/2017						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Manager, Public Relations	7/1/2017						
	Mgr Peer Review Credentialing	7/1/2016						
	Nurse Liaison for Community Care Management	7/1/2018						
	OB Case Manager	7/1/2016						
	Public Affairs Manager	7/1/2018						
	Qualty Improv Nurse Specialist	7/1/2015						
	Retrospective UM Nurse	7/1/2016						
	Senior Analyst, Healthcare	7/1/2017						
	Senior Data Analyst Healthcare	7/1/2017						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Senior Service Desk Technician	7/1/2017						
	Sr Financial Analyst Planning	9/1/2013						
	Sr Financl Analyst HealthCare	9/1/2013						
	Technical Writer	7/1/2017						
	Whole Person Care Data Analyst	7/1/2017						
Grade 8			42.96	53.70	64.45	89,360.00	111,705.00	134,050.00
	Business Analyst	7/1/2014						
	Clinical Nurse Specialist, G&A Unit	7/1/2018						
	Clinical Nurse Specialist, PDR Unit	7/1/2018						
	Complex Case Manager, Nurse	7/1/2017						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Lead Complex Case Manager	7/1/2016						
	Manager Accounting	7/1/2014						
	Manager, Access to Care	7/1/2018						
	Manager, Health Education	7/1/2017						
	Manager, Provider Services	7/1/2018						
	Member Services Manager	7/1/2018						
	Out of Plan Nurse Specialist	7/1/2018						
	Outpatient Utilization Management Nurse	7/1/2014						
	Project Manager	7/1/2015						
	Quality Review Nurse	7/1/2016						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	Systems Administrator	9/1/2013						
	Technical Analyst II	7/1/2014						
	Technical Business Analyst	7/1/2018						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 9			49.41	61.76	74.11	102,770.00	128,460.00	154,150.00
	Business Objects Adm Developer	7/1/2015						
	Change Control Process Improvement Manager	7/1/2015						
	Clinical Quality Manager	7/1/2018						
	EDI Manager	7/1/2016						
	Lead System Administrators	7/1/2018						
	Manager Analytics	7/1/2018						
	Manager Applications	7/1/2014						
	Manager Case Management	7/1/2016						
	Manager HealthCare Analytics	7/1/2016						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Mgr Inpatient Utilization Mgmt	7/1/2015						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Program Mgr/Sr. PM, Mngd Care	7/1/2017						
	Program Reimbursement Manager	7/1/2018						
	Senior Business Analyst	7/1/2017						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Project Manager	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						
Grade 10			52.88	69.06	85.24	110,000.00	143,645.00	177,290.00
	Applications Development Supervisor	7/1/2018						
	Assistant Controller	9/1/2013						
	Associate Director, Infrastructure	7/1/2018						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Director Accreditation	7/1/2015						
	Director Claims	7/1/2015						
	Director Clinical Services	9/1/2013						
	Director Complaints and Reslns	7/1/2015						
	Director Compliance	7/1/2016						
	Director Healthcare Analytics	7/1/2016						
	Director Member Services	9/1/2013						

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			Hourly	Hourly	Hourly	Annual	Annual	Annual
Pay Grade	**Job**	**Effective Date**	**HMin**	**HMid**	**HMax**	**SMin**	**SMid**	**SMax**
	Director, Health Care Services	7/1/2018						
	Director, Quality Analytics	7/1/2017						
	Director, Quality Assurance	7/1/2018						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Quality Improvement Supervisor	7/1/2017						
	Senior Infrastructure Engineer	7/1/2017						
	Senior Network Analyst	7/1/2014						
	Senior .Net Developer	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Systems Engineer	9/1/2014						
Grade 11			65.34	81.68	98.01	135,910.00	169,890.00	203,870.00
	Controller	7/1/2014						
	Director Pharmacy Services	7/1/2016						
	Director PMO	7/1/2016						
	Director Provider Services	7/1/2016						
	Information Security Director	7/1/2018						
	Senior Director Facilities	7/1/2015						
Grade 12			75.15	93.94	112.73	156,312.00	195,390.00	234,468.00
	Director Applications Development	7/1/2016						
	Director Applications Management and Configuration	7/1/2017						
	Director Fin Plan and Analysis	9/1/2013						
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
	Senior Director Pharmacy Services	7/1/2018						
	Senior Director Quality	7/1/2018						
Grade 13			90.17	112.72	135.26	187,560.00	234,460.00	281,340.00
	Executive Director Information Technology	7/1/2018						
Grade 14			96.15	115.38	144.23	200,000.00	240,000.00	300,000.00
	Medical Director	7/1/2014						
	Quality Improvement Medical Director	7/1/2017						
Grade 15			108.17	135.82	162.26	225,000.00	282,500.00	337,500.00
	CCO General Counsel	7/1/2014						
	Chief Analytics Officer	7/1/2017						
	Chief Compliance Officer	7/1/2014						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						
	Chief Operating Officer	7/1/2014						
Grade 17			152.04	190.05	228.06	316,240.00	395,300.00	474,360.00
	Chief Executive Officer	7/1/2014						

Alameda Alliance for Health
Salary Schedule   July 2017-June 2018

			Hourly	Hourly	Hourly	Annual	Annual	Annual
Pay Grade	Job	Effective Date	HMin	HMid	HMax	SMin	SMid	SMax
Grade 1			16.15	20.19	24.23	33,600.00	42,000.00	50,400.00
	Administrative Assistant	9/1/2013						
	Claims Coordinator	7/1/2016						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Entry Clerk	9/1/2013						
	Receptionist Office Support	9/1/2013						
	Support Services Clerk	7/1/2017						
Grade 2			18.58	23.22	27.87	38,640.00	48,300.00	57,960.00
	Claims Processor I	7/1/2015						
	Community Health Worker HHWP	7/1/2017						
	Facilities Maintenance Spclst	7/1/2016						
	Grievance & Appeals Clerk	7/1/2016						
	Health Assessment Coordinator	9/1/2013						
	Member Services Rep I	7/1/2015						
	MS Rep I Bilingual	7/1/2017						
	Provider Data Coordinator I	7/1/2015						
	Provider Dispute Rsltn Clerk	7/1/2017						
	Provider Relations Rep I	7/1/2014						
Grade 3			21.37	27.51	33.65	44,440.00	57,220.00	70,000.00
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Staff Accountant	9/1/2013						
	Member Services Rep II	7/1/2016						
	MSR II	7/1/2017						
	MSR Rep II Bilingual	7/1/2017						
	Outreach Coordinator	7/1/2014						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
Grade 4			24.57	30.71	36.85	51,100.00	63,870.00	76,640.00
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Compliance Coordinator	7/1/2014						
	Contract Specialist	9/1/2013						
	Education Specialist	7/1/2017						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Lead Data Coordinator	7/1/2017						
	Lead Grievance and Appeals Coo	9/1/2013						
	Member Services Rep III	7/1/2017						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Quality Programs Coordinator	7/1/2017						
	Service Desk Coordinator	9/1/2013						
	Sr Provider Data Analyst	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
	Vendor Management Analyst	7/1/2016						
Grade 5			28.25	35.31	42.38	58,760.00	73,455.00	88,150.00
	Claims Specialist	7/1/2016						
	Communications & Content Splst	7/1/2016						
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Compliance Specialist	7/1/2015						
	Executive Assistant	7/1/2014						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	IT Service Desk Support Technician	7/1/2017						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Medical Social Worker	7/1/2017						
	Provider Billing Prcss Spclst	7/1/2016						

Alameda Alliance for Health
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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	TOC Health Navigator	7/1/2017						
	TOC Social Worker	7/1/2017						
	Utilization Mgmt Specialist	7/1/2016						
Grade 6			**32.49**	**40.61**	**48.73**	**67,570.00**	**84,465.00**	**101,360.00**
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Mgr Claims Recvry and Resln	7/1/2014						
	Provider Reln Call Ctr Spv	7/1/2016						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor Outpatient Utilization Management	7/1/2014						
	Supervisor Network Data Mgt	7/1/2015						
Grade 7			**37.36**	**46.70**	**56.04**	**77,710.00**	**97,140.00**	**116,570.00**
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Compliance Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Legal Analyst	7/1/2017						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Manager, Public Relations	7/1/2017						
	Mgr Peer Review Credentialing	7/1/2016						
	OB Case Manager	7/1/2016						
	Qualty Improv Nurse Specialist	7/1/2015						
	Retrospective UM Nurse	7/1/2016						
	Senior Analyst, Healthcare	7/1/2017						
	Senior Data Analyst Healthcare	7/1/2017						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Senior Service Desk Technician	7/1/2017						
	Sr Financial Analyst Planning	9/1/2013						
	Sr Financl Analyst HealthCare	9/1/2013						
	Technical Writer	7/1/2017						
	TOC Case Manager	7/1/2017						
	Whole Person Care Data Analyst	7/1/2017						
Grade 8			**42.96**	**53.70**	**64.45**	**89,360.00**	**111,705.00**	**134,050.00**
	Business Analyst	7/1/2014						
	Complex Case Manager, Nurse	7/1/2017						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Lead Complex Case Manager	7/1/2016						
	Manager Accounting	7/1/2014						
	Manager Quality Perf Imrovmnt	7/1/2016						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Manager, Health Education	7/1/2017						
	Outpatient Utilization Management Nurse	7/1/2014						
	Project Manager	7/1/2015						
	Quality Review Nurse	7/1/2016						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	System Administrator	7/1/2014						
	Systems Administrator	9/1/2013						
	Technical Analyst II	7/1/2014						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 9			**49.41**	**61.76**	**74.11**	**102,770.00**	**128,460.00**	**154,150.00**
	Business Objects Adm Developer	7/1/2015						
	Change Control Process Improvement Manager	7/1/2015						
	EDI Manager	7/1/2016						
	Manager Applications	7/1/2014						
	Manager Case Management	7/1/2016						
	Manager HealthCare Analytics	7/1/2016						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Mgr Inpatient Utilization Mgmt	7/1/2015						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Program Mgr/Sr. PM, Mngd Care	7/1/2017						
	Senior Business Analyst	7/1/2017						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Project Manager	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor Data Integration	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						
Grade 10			**52.88**	**69.06**	**85.24**	**110,000.00**	**143,645.00**	**177,290.00**
	Assistant Controller	9/1/2013						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Director Accreditation	7/1/2015						
	Director Claims	7/1/2015						
	Director Clinical Services	9/1/2013						
	Director Complaints and Reslns	7/1/2015						
	Director Compliance	7/1/2016						
	Director Healthcare Analytics	7/1/2016						
	Director Member Services	9/1/2013						
	Director, Quality Analytics	7/1/2017						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Quality Improvement Supervisor	7/1/2017						
	Senior .Net Developer	7/1/2014						
	Senior Infrastructure Engineer	7/1/2017						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Systems Engineer	9/1/2014						
Grade 11			**65.34**	**81.68**	**98.01**	**135,910.00**	**169,890.00**	**203,870.00**
	Controller	7/1/2014						
	Director Pharmacy Services	7/1/2016						
	Director PMO	7/1/2016						
	Director Provider Services	7/1/2016						
	Information Security Director	7/1/2016						
	Senior Director Facilities	7/1/2015						
Grade 12			**75.15**	**93.94**	**112.73**	**156,312.00**	**195,390.00**	**234,468.00**
	Director Applications Development	7/1/2016						
	Director Applications Management and Configuration	7/1/2017						
	Director Fin Plan and Analysis	9/1/2013						
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
Grade 13			**90.17**	**112.72**	**135.26**	**187,560.00**	**234,460.00**	**281,340.00**

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Salary Schedule   July 2017-June 2018

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Associate Medical Director	7/1/2014						
Grade 14			**96.15**	**115.38**	**144.23**	**200,000.00**	**240,000.00**	**300,000.00**
	Medical Director	7/1/2014						
	Quality Improvement Medical Director	7/1/2017						
Grade 15			**108.17**	**135.82**	**162.26**	**225,000.00**	**282,500.00**	**337,500.00**
	CCO General Counsel	7/1/2014						
	Chief Compliance Officer	7/1/2014						
	Chief Analytics Officer	7/1/2017						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						
	Chief Operating Officer	7/1/2014						
Grade 17			**152.04**	**190.05**	**228.06**	**316,240.00**	**395,300.00**	**474,360.00**
	Chief Executive Officer	7/1/2014						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 1			**16.15**	**20.19**	**24.23**	**33,600.00**	**42,000.00**	**50,400.00**
	Administrative Assistant	9/1/2013						
	Claims Coordinator	7/1/2016						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Entry Clerk	9/1/2013						
	Receptionist Office Support	9/1/2013						
Grade 2			**18.58**	**23.22**	**27.87**	**38,640.00**	**48,300.00**	**57,960.00**
	Claims Processor I	7/1/2015						
	Facilities Maintenance Spclst	7/1/2016						
	Grievance & Appeals Clerk	7/1/2016						
	Health Assessment Coordinator	9/1/2013						
	Member Services Rep I	7/1/2015						
	Provider Data Coordinator I	7/1/2015						
	Provider Relations Rep I	7/1/2014						
Grade 3			**21.37**	**27.51**	**33.65**	**44,440.00**	**57,220.00**	**70,000.00**
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Staff Accountant	9/1/2013						
	Member Services Rep II	7/1/2016						
	Outreach Coordinator	7/1/2014						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
Grade 4			**24.57**	**30.71**	**36.85**	**51,100.00**	**63,870.00**	**76,640.00**
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Compliance Coordinator	7/1/2014						
	Compliance Delgtn Ovrsight Spc	7/1/2014						
	Contract Specialist	9/1/2013						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Lead Grievance and Appeals Coo	9/1/2013						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Service Desk Coordinator	9/1/2013						
	Sr Provider Data Analyst	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
	Vendor Management Analyst	7/1/2016						
Grade 5			**28.25**	**35.31**	**42.38**	**58,760.00**	**73,455.00**	**88,150.00**
	Claims Specialist	7/1/2016						
	Communications & Content Splst	7/1/2016						
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Compliance Specialist	7/1/2015						
	Executive Assistant	7/1/2014						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Provider Billing Prcss Spclst	7/1/2016						
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Service Desk Supprt Technician	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	Training Specialist	9/1/2013						
	Utilization Mgmt Specialist	7/1/2016						
Grade 6			**32.49**	**40.61**	**48.73**	**67,570.00**	**84,465.00**	**101,360.00**
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Manager Claims Operations	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Mgr Claims Recvry and Resln	7/1/2014						
	Provider Reln Call Ctr Spv	7/1/2016						
	Sup UM Operations	7/1/2015						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor Outpatient Utilization Managemer	7/1/2014						
	Supervisor Network Data Mgt	7/1/2015						
Grade 7			**37.36**	**46.70**	**56.04**	**77,710.00**	**97,140.00**	**116,570.00**
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Compliance Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Jr. Systems Adminstrtr Telecom	7/1/2016						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Mgr Peer Review Credentialing	7/1/2016						
	OB Case Manager	7/1/2016						
	Qualty Improv Nurse Specialist	7/1/2015						
	Retrospective UM Nurse	7/1/2016						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Sr Financl Analyst HealthCare	9/1/2013						
Grade 8			**42.96**	**53.70**	**64.45**	**89,360.00**	**111,705.00**	**134,050.00**
	Business Analyst	7/1/2014						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Lead Complex Case Manager	7/1/2016						
	Manager Accounting	7/1/2014						
	Manager Quality Perf Imrovmnt	7/1/2016						
	Outpatient Utilization Management Nurse	7/1/2014						
	Project Manager	7/1/2015						
	Quality Review Nurse	7/1/2016						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	Supervisor Apps and Config	7/1/2016						
	System Administrator	7/1/2014						
	Technical Analyst II	7/1/2014						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 9			**49.41**	**61.76**	**74.11**	**102,770.00**	**128,460.00**	**154,150.00**
	Business Objects Adm Developer	7/1/2015						
	Change Control Process Improvement Manag	7/1/2015						

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	EDI Manager	7/1/2016						
	Manager Applications	7/1/2014						
	Manager Case Management	7/1/2016						
	Manager HealthCare Analytics	7/1/2016						
	Manager IT Operations	9/1/2013						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Mgr Clinical Review UM Ops	7/1/2015						
	Mgr eHealth Business Ops	9/1/2013						
	Mgr Inpatient Utilization Mgmt	7/1/2015						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Project Manager	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Sr. Business Analyst	7/1/2016						
	Supervisor Data Integration	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						
Grade 10			**52.88**	**69.06**	**85.24**	**110,000.00**	**143,645.00**	**177,290.00**
	Assistant Controller	9/1/2013						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Director Accreditation	7/1/2015						
	Director Claims	7/1/2015						
	Director Clinical Services	9/1/2013						
	Director Complaints and Reslns	7/1/2015						
	Director Compliance	7/1/2016						
	Director Healthcare Analytics	7/1/2016						
	Director Member Services	9/1/2013						
	Director Qtly Msr Prg Impv	7/1/2016						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Senior .Net Developer	7/1/2014						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Systems Engineer	9/1/2014						
	TOC Pharmacist	7/1/2016						
Grade 11			**65.34**	**81.68**	**98.01**	**135,910.00**	**169,890.00**	**203,870.00**
	Controller	7/1/2014						
	Director Pharmacy Services	7/1/2016						
	Director PMO	7/1/2016						
	Director Provider Services	7/1/2016						
	Enterprise Architect	7/1/2016						
	Information Security Director	7/1/2016						
	Senior Director Facilities	7/1/2015						
Grade 12			**75.15**	**93.94**	**112.73**	**156,312.00**	**195,390.00**	**234,468.00**
	Director Applications Development	7/1/2016						
	Director Applications Mngmnt	7/1/2016						
	Director Fin Plan and Analysis	9/1/2013						
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
Grade 13			**90.17**	**112.72**	**135.26**	**187,560.00**	**234,460.00**	**281,340.00**
	Associate Medical Director	7/1/2014						
Grade 14			**96.15**	**115.38**	**144.23**	**200,000.00**	**240,000.00**	**300,000.00**
	Medical Director	7/1/2014						
Grade 15			**108.17**	**135.82**	**162.26**	**225,000.00**	**282,500.00**	**337,500.00**
	CCO General Counsel	7/1/2014						
	Chief Compliance Officer	7/1/2014						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Chief Operating Officer	7/1/2014						
Grade 17			152.04	190.05	228.06	316,240.00	395,300.00	474,360.00
	Chief Executive Officer	7/1/2014						

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Salary Schedule   July 2015-June 2016

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 1			**16.15**	**20.19**	**24.23**	**33,600.00**	**42,000.00**	**50,400.00**
	Administrative Assistant	9/1/2013						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	Provider Data Entry Clerk	9/1/2013						
Grade 2			**18.58**	**23.22**	**27.87**	**38,640.00**	**48,300.00**	**57,960.00**
	Claims Processor I	7/1/2015						
	Health Assessment Coordinator	9/1/2013						
	Member Services Rep I	7/1/2015						
	Provider Data Coordinator I	7/1/2015						
	Provider Relations Rep I	7/1/2014						
Grade 3			**21.37**	**27.51**	**33.65**	**44,440.00**	**57,220.00**	**70,000.00**
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Staff Accountant	9/1/2013						
	Outreach Coordinator	7/1/2014						
	Pharmacy Services Specialist	9/1/2013						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
Grade 4			**24.57**	**30.71**	**36.85**	**51,100.00**	**63,870.00**	**76,640.00**
	Claims Analyst	9/1/2013						
	Compliance Coordinator	7/1/2014						
	Compliance Delgtn Ovrsight Spc	7/1/2014						
	Contract Specialist	9/1/2013						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Lead Grievance and Appeals Coo	9/1/2013						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Service Desk Coordinator	9/1/2013						
	Sr Provider Data Analyst	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
Grade 5			**28.25**	**35.31**	**42.38**	**58,760.00**	**73,455.00**	**88,150.00**
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Compliance Specialist	7/1/2015						
	Executive Assistant	7/1/2014						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Analyst	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Service Desk Technician	7/1/2015						
	Sr Util Management Specialist	7/1/2014						
	Support Services Spvsr	7/1/2015						
	Technical Analyst I	7/1/2014						
	Training Specialist	9/1/2013						
Grade 6			**32.49**	**40.61**	**48.73**	**67,570.00**	**84,465.00**	**101,360.00**
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Manager Claims Operations	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Mgr Claims Recvry and Resln	7/1/2014						
	Sup UM Operations	7/1/2015						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Supervisor Outpatient Utilization Management	7/1/2014						
	Supervisor Network Data Mgt	7/1/2015						
Grade 7			**37.36**	**46.70**	**56.04**	**77,710.00**	**97,140.00**	**116,570.00**
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Compliance Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Jr. Systems Administrator	7/1/2015						
	Manager Community Relations	7/1/2015						
	Qualty Improv Nurse Specialist	7/1/2015						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Sr Financl Analyst HealthCare	9/1/2013						
Grade 8			**42.96**	**53.70**	**64.45**	**89,360.00**	**111,705.00**	**134,050.00**
	Business Analyst	7/1/2014						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Manager Accounting	7/1/2014						
	Outpatient Utilization Management Nurse	7/1/2014						
	Project Manager	7/1/2015						
	Senior HR Generalist	7/1/2014						
	System Administrator	7/1/2014						
	Technical Analyst II	7/1/2014						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 9			**49.41**	**61.76**	**74.11**	**102,770.00**	**128,460.00**	**154,150.00**
	Business Objects Adm Developer	7/1/2015						
	Change Control Process Improvement Manager	7/1/2015						
	Manager Applications	7/1/2014						
	Manager IT Operations	9/1/2013						
	Manager Transition of Care	9/1/2013						
	Mgr Clinical Review UM Ops	7/1/2015						
	Mgr eHealth Business Ops	9/1/2013						
	Mgr Inpatient Utilization Mgmt	7/1/2015						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Project Manager	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor Data Integration	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						
Grade 10			**52.88**	**69.06**	**85.24**	**110,000.00**	**143,645.00**	**177,290.00**
	Assistant Controller	9/1/2013						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Director Accreditation	7/1/2015						
	Director Claims	7/1/2015						
	Director Clinical Services	9/1/2013						
	Director Complaints and Reslns	7/1/2015						
	Director Member Services	9/1/2013						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Manager IT Infrastructure	7/1/2014						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Senior .Net Developer	7/1/2014						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Systems Engineer	9/1/2014						
Grade 11			**65.34**	**81.68**	**98.01**	**135,910.00**	**169,890.00**	**203,870.00**
	Controller	7/1/2014						
	Senior Director Facilities	7/1/2015						

Alameda Alliance for Health
Salary Schedule   July 2015-June 2016

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 12			75.15	93.94	112.73	156,312.00	195,390.00	234,468.00
	Director Fin Plan and Analysis	9/1/2013						
	Executive Director HR	7/1/2014						
Grade 13			90.17	112.72	135.26	187,560.00	234,460.00	281,340.00
	Associate Medical Director	7/1/2014						
Grade 14			96.15	115.38	144.23	200,000.00	240,000.00	300,000.00
	Medical Director	7/1/2014						
Grade 15			108.17	135.82	162.26	225,000.00	282,500.00	337,500.00
	CCO General Counsel	7/1/2014						
	Chief Compliance Officer	7/1/2014						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						
	Chief Operating Officer	7/1/2014						
Grade 17			152.04	190.05	228.06	316,240.00	395,300.00	474,360.00
	Chief Executive Officer	7/1/2014						

Alameda Alliance for Health
Salary Schedule   July 2014-June 2015

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 1			**16.15**	**20.19**	**24.23**	**33,600.00**	**42,000.00**	**50,400.00**
	Administrative Assistant	9/1/2013						
	Claims Adminstrative Assistant	9/1/2013						
	Claims Customer Service Rep	9/1/2013						
	Claims Processor	9/1/2013						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	Member Services Representative	9/1/2013						
	Provider Data Entry Clerk	9/1/2013						
Grade 2			**18.58**	**23.22**	**27.87**	**38,640.00**	**48,300.00**	**57,960.00**
	Health Assessment Coordinator	9/1/2013						
	Provider Relations Rep I	7/1/2014						
	Sr Claims Processor	9/1/2013						
Grade 3			**21.37**	**27.51**	**33.65**	**44,440.00**	**57,220.00**	**70,000.00**
	Authorization Unit Specialist	9/1/2013						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Member Services Rep	9/1/2013						
	Lead Staff Accountant	9/1/2013						
	Member Care Advisor	9/1/2013						
	Outreach Coordinator	7/1/2014						
	Pharmacy Services Specialist	9/1/2013						
	Provider Relations Representat	9/1/2013						
Grade 4			**24.57**	**30.71**	**36.85**	**51,100.00**	**63,870.00**	**76,640.00**
	Business Operations Support Sp	9/1/2013						
	Claims Analyst	9/1/2013						
	Claims Auditor	9/1/2013						
	Compliance Coordinator	7/1/2014						
	Compliance Delgtn Ovrsight Spc	7/1/2014						
	Contract Specialist	9/1/2013						
	GL Accountant	9/1/2013						
	Lead Grievance and Appeals Coo	9/1/2013						
	Provider Relations Rep III	7/1/2014						
	Senior Member Care Advisor	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Provider Data Analyst	9/1/2013						
Grade 5			**28.25**	**35.31**	**42.38**	**58,760.00**	**73,455.00**	**88,150.00**
	Application Software QA Spcst	9/1/2013						
	Business Operations Support An	9/1/2013						
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Compliance Manager	9/1/2013						
	Executive Assistant	7/1/2014						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Quality Assurance Specialist	9/1/2013						
	Quality Specialist	7/1/2014						
	Service Desk Coordinator	9/1/2013						
	Service Desk Supprt Technician	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Hlth Assmnt Unit	9/1/2013						
	Technical Analyst I	7/1/2014						
	TOC Program Specialist	9/1/2013						
	Training Specialist	9/1/2013						
Grade 6			**32.49**	**40.61**	**48.73**	**67,570.00**	**84,465.00**	**101,360.00**
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	HealthCare Analyst	7/1/2014						
	HR Generalist	9/1/2013						
	Inpatient Util Mgmt LVN	7/1/2014						
	Manager Claims Operations	7/1/2014						

Alameda Alliance for Health
Salary Schedule   July 2014-June 2015

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Mgr Claims Recvry and Resln	7/1/2014						
	Supervisor Outpatient Utilization Management	7/1/2014						
	TOC UM Nurse Care Coordinator	9/1/2013						
Grade 7			37.36	46.70	56.04	77,710.00	97,140.00	116,570.00
	Case Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	IT Service Desk Tech Network	9/1/2013						
	Lead Service Desk Technician	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Sr Financl Analyst HealthCare	9/1/2013						
Grade 8			42.96	53.70	64.45	89,360.00	111,705.00	134,050.00
	Business Analyst	7/1/2014						
	Data Architect	9/1/2013						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Lead HealthCare Analyst	9/1/2013						
	Manager Accounting	7/1/2014						
	Outpatient Utilization Management Nurse	7/1/2014						
	Senior HR Generalist	7/1/2014						
	System Administrator	7/1/2014						
	Technical Analyst II	7/1/2014						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 9			49.41	61.76	74.11	102,770.00	128,460.00	154,150.00
	IT Project Manager	9/1/2013						
	Manager Applications	7/1/2014						
	Manager IT Operations	9/1/2013						
	Manager Transition of Care	9/1/2013						
	Mgr Care Mgmt Applications	9/1/2013						
	Mgr eHealth Business Ops	9/1/2013						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Senior ETL Developer	9/1/2014						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor Data Integration	7/1/2014						
Grade 10			52.88	69.06	85.24	110,000.00	143,645.00	177,290.00
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	Director Network Management	9/1/2013						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Manager IT Infrastructure	7/1/2014						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Systems Engineer	9/1/2014						
	Senior .Net Developer	7/1/2014						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						
Grade 11			65.34	81.68	98.01	135,910.00	169,890.00	203,870.00
	Controller	7/1/2014						
	Ex Dir Gov Rel and Prog Oversi	9/1/2013						
Grade 12			75.15	93.94	112.73	156,312.00	195,390.00	234,468.00
	Director Fin Plan and Analysis	9/1/2014						
	Executive Director HR	7/1/2014						
Grade 13			90.17	112.72	135.26	187,560.00	234,460.00	281,340.00
	Associate Medical Director	7/1/2014						
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	Medical Director	7/1/2014						
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	Chief Medical Officer	7/1/2014						
	Chief Operating Officer	7/1/2014						

Alameda Alliance for Health
Salary Schedule   July 2014-June 2015

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 17			**152.04**	**190.05**	**228.06**	**316,240.00**	**395,300.00**	**474,360.00**
	Chief Executive Officer	7/1/2014						

Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

December 8, 2020
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

Committee Members on Conference Call: Dr. Rollington Ferguson, Nick Peraino, Gil Riojas

Alliance Staff and other Board of Governor members on Conference Call: Dr. Michael Marchiano, Scott Coffin, Matt Woodruff, Sasi Karaiyan, Dr. Steve O'Brien, Anastacia Swift, Ruth Watson, Tiffany Cheang, Richard Golfin III, Carol vanOosterwijk, Rahnuma Shaheen, Regis Haegler, Jessmine Matthews

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER			
Dr. Rollington Ferguson	Dr. Ferguson called the Finance Committee meeting to order at 8:02 am and conducted Roll call.		
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. a) November 10, 2020, Finance Committee Minutes Motion to Approve November 10, 2020, Finance Committee Minutes. A vote by roll call was taken, and the motion passed.	Motion to accept **November 10, 2020, Minutes** Motion: N. Peraino Seconded: G. Riojas All in Favor – pass No opposed or abstained	
a.) CEO Update			
Scott Coffin	S. Coffin gave updates to the committee on the following: **COVID-19** – The preparation work has begun in coordinating with Alameda County Health Care Services Agency for vaccine distribution. While the role of the Alliance is still being formed with HCS agency, we are going to be	Informational update to the Finance Committee Vote not required	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	partnering with the agency to ensure that we get the communications out to our members and our providers in regards to the roll out plan. The CARES Act funding, which is the Coronavirus Aid Relief Economic Security funding, ends at the end of calendar year 2020, however, the funding for contract tracing and COVID-19 testing continues on through April of 2021. There is planning work underway between the county and the state for continuation of other services that are funded directly through the CARES Act. The Alliance will work directly with the county to ensure that we have a partnership moving forward to assist with communicating to members about vaccine treatments and locations throughout the county. **Medi-Cal Enrollment** – Our Medi-Cal enrollment continues to increase. The redetermination process remains suspended through the Governor's executive order, which allows for more individuals to remain covered under the Medi-Cal program. We continue to see a mix of new enrollees into Medi-Cal as well as those who would otherwise have been disenrolled through the redetermination process. **CalAIM** – The development of the enhanced care management and in-lieu-of service benefits that take effect in January 2022 will require detailed planning to begin in early calendar year 2021. We will be planning to transition the Whole Person Care (WPC) initiative, which is operated by Alameda County under the "AC3" brand, and the Health Homes program, which the Alliance administers through DHCS into this new benefit in 2022. There is anticipated to be a fiscal impact to the current budget, as there is planning that is needed in early 2021. The two deliverables that we need to prepare and deliver by July 2021 are Model of Care, and Transition plan. Our team is coordinating with our committee partners and analyzing what work will be required, and then we will get back to the committee with possible fiscal impact in a future meeting. **Operating Results** – As we look at the numbers, we have four months of actual experience to date with an operating net loss of $15.8 million, however in our Q1 Forecast we will show why we anticipate ending the fiscal year with only a $15.4 million net loss.		Prepare report of fiscal impact to 2021 budget for CalAIM preparation work.
b.) Review October 2020 Monthly Financial Statements			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Gil Riojas	**October 2020 Financial Statement Summary** **Enrollment:** Current enrollment continues to trend upward and has increased by 3,230 members from September 2020, and 13,673 members since June 2020. Current enrollment is 270,418, with consistent increases in the Child, Adult, and Optional Expansion categories. With the extension of the Public Health Crisis and the impact on our enrollment, we expect the numbers to continue to increase throughout the end of this year. As discussed, any Supreme Court ruling would have a significant impact in our Optional Expansion category, which includes 90,000 members. **Disenrollment and New Enrollment:** The trends for new enrollment and disenrollment continue to remain stable since May. Disenrollments average around 2,000 (less than January to March), while new enrollments averaged around 4,000, which is basically unchanged from the prior period. **Net Income:** For the month ending October 31, 2020, the Alliance reported a Net Loss of $7.8 million (versus budgeted Net Loss of $2.9 million). For the year-to-date, the Alliance recorded a Net Loss of $15.8 million (versus a budgeted Net Loss of $14.1 million). Factors creating the unfavorable variance were higher than anticipated Medical Expense, offset by higher than anticipated Revenue and lower than anticipated Administrative Expense. **Revenue:** For the month ending October 31, 2020, actual Revenue was $85.7 million vs. our budgeted amount of $81.9 million. The favorable variance is related to the Prop 56 Program and will later be offset by enhanced payments to qualified providers. **Medical Expense:** Actual Medical Expenses for the month were $88.7 million vs. our budgeted amount of $77.8 million. For the year-to-date, actual Medical Expenses were $331.9 million versus budgeted $307.3 million. Drivers leading to the unfavorable variance can be seen on the tables on pages 15 and 16, with the explanation on pages 16 and 17. For the year, these include Primary Care expenses related to Prop 56, as well as inpatient hospital and FFS expense;		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	however, for the month, the variance is due to an increase in our IBNP claims. We increased that by about $4.4 million, most of that being attributed to a very high dollar claim that we accrued for in October. The results of the claim had a significant impact on our Medical Expenses. We are working with the hospital to see if we can renegotiate the dollar amount of the claim, as well as speaking with our reinsurer to mitigate some of the impact. We anticipate being able to recoup approximately $2.0 million at the end of the fiscal year, and that has been reflected in the new Q1 Forecast/Final Budget.

Question: Dr. Ferguson asked if the adjustments made to the IBNP should have been reflected over the months we were aware of it versus reporting it all at once. G.Riojas answered that while were tracking the case and knew of it being a catastrophic case, the extent of the charges were unknown until the claim came in. We are meeting internally to find ways to better track and report the length of stay and costs.

Medical Loss Ratio:
We would expect our Medical Loss Ratio to be high and it is. Our MLR ratio for this month was reported at 103.5%. Year-to-date MLR was at 98.9% vs budgeted 95%. We will continue to monitor this.

Administrative Expense:
Actual Administrative Expenses for the month ending October 31, 2020 were $4.8 million vs. our budgeted amount of $7.2 million. We are also below budget for year-to-date at $19.5 million vs. budgeted $30.2 million. Our Administrative Expense represents 5.6% of our Revenue for the month, and 5.8% of Net Revenue for year-to-date.

Other Income / (Expense):
As of October 31, 2020, our YTD interest income from investments was $250,000. This is a bit of an increase over prior months. We had been averaging about $25,000 per month, but for the month of October, it went up to $72,000. As a follow-up from last month's conversation and approval from the Finance Committee and the Board, we worked with our investment manager and made adjustments to the timing of some of our investments, so now we have about $60 million in longer term investments and we are hopeful that will continue to increase the return on that amount of money. YTD claims interest expense is $113,000.
TangibleNet Equity (TNE): | | |

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	We reported a TNE of 555%, with an excess of $156.1 million. Our reserve is still high, but it has dipped primarily as a result of the net losses we have experienced over the last couple of months. **Cash and Cash Equivalents:** We reported $301.0 million in cash; $180.2 million is uncommitted. Our current ratio is above the minimum required at 1.71 compared to regulatory minimum of 1.0. **Capital Investments:** We have spent $327,000 in Capital Investments, and our budget for the year is $2.5 million.	<u>Motion to accept **November 2020, Financial Statements**</u> <u>Motion</u>: N. Peraino <u>Seconded</u>: Dr. Ferguson <u>All in Favor</u> – pass No opposed or abstained	
c.) Q1 Forecast and Final Budget Presentation			
G. Riojas	G.Riojas let the committee through a detailed presentation to review the Q1 Forecast results of actual versus budget, along with an amended forecast for the remainder of the fiscal year. The Q1 Forecast, once approved, will serve as our new Final Budget.	<u>Motion to accept **Q1 Forecast and Final Budget**</u> <u>Motion</u>: N. Peraino <u>Seconded</u>: Dr. Marchiano <u>All in Favor</u> – pass No opposed or abstained.	
ADJOURNMENT			
Dr. Rollington Ferguson	Dr. Ferguson motioned to adjourn the meeting. The meeting adjourned at 9:02 am.	<u>Motion to adjourn</u>: Dr. Ferguson <u>Seconded</u>: Dr. Marchiano <u>All in Favor</u> – pass No opposed or abstained.	

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

CEO Update

Scott Coffin

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

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

Date: **December 11, 2020**

Subject: **CEO Report**

- **Current Operating Performance & First Quarter Financial Forecast**

  - Fiscal Year 2021
    - October net loss $7.8 million (60% of net loss driven by one claim)
    - YTD $15.8 million net loss
  - Forecasting to end fiscal year 2021 with $15.4 million net loss
    - Medi-Cal represents 93% of net loss, Group Care 7%
    - Total enrollment increases to 285,000 by June 2021
    - Annual revenues exceed $1.1 billion
    - Anticipate higher frequency of rate adjustments by DHCS
  - Second and Third Quarter fiscal forecasts to reflect changes in utilization and cost assumptions in 2021

- **COVID-19**

  - Coronavirus Aid, Relief, and Economic Security (CARES) Act funding through 12/31/2020 for COVID-19 testing
  - Alameda County has funded COVID-19 contact tracing through April 2021
  - Preparation for COVID-19 vaccine distribution, coordinating with Alameda County Health Care Services Agency

- **Medi-Cal Pharmacy**

  - Transition of pharmacy services to DHCS has been delayed to April 1, 2021
  - Alameda Alliance retains the administration responsibilities for physician-administered drugs after the DHCS transition completes

- **Medi-Cal Re-Determinations & Enrollment**

  - Alameda County continues to suspend the Medi-Cal re-determinations, and the number of monthly disenrollments have remained low; following the termination of the public health emergency, Governor Newsom's executive order will be rescinded, and Alameda County Social Services will resume processing re-determinations, resulting in disenrollments.

- **CalAIM**

  - New Medi-Cal benefits effective 1/1/2022
    - Enhanced Care Management (e.g., highest levels of complex health care needs requiring multidisciplinary team support, includes children and adults & homeless)
    - In-Lieu of Services, optional services (e.g., respite, home modifications, medically-tailored meals)
  - Model of Care and Transition Plan is due by July 2021
  - Provider network submissions by September 2021
  - Whole Person Care (AC3) and Health Homes programs end 12/31/2021

- **Behavioral Health Integration (BHI)**

  - Proposition 56 funded pilots to test the integration of primary care and behavioral health services
  - DHCS approved 3 proposals, consisting of 4 projects, a total of $3.4 million

Awardee	*Integration Project*
CHCN	Maternal Access to Mental Health and Substance Use Disorder Screening and Treatment **(#1)**
Lifelong Medical	Maternal Access to Mental Health and Substance Use Disorder Screening and Treatment **(#2)**
Bay Area Community Health	Medication Management for Beneficiaries with co-occurring Chronic Medical & Behavioral Diagnoses **(#3)**
	Maternal Access to Mental Health and Substance Use Disorder Screening and Treatment **(#4)**

  - Projects include prevention, screening, and treatment of prenatal and postpartum depression, screening and interventions for substance use, and coordination of transitions from primary care into behavioral health services. Medication management and transition support for dependence treatment services (alcohol, drugs)

  - BHI pilots launch in January, continue for 2 years, ending 12/31/2022

EXECUTIVE DASHBOARD
DECEMBER 2020

Alliance
ALAMEDA
FOR HEALTH

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

MEMBERSHIP**

270,418
TOTAL MEMBERSHIP
IHSS 6,009   MEDI-CAL 264,409

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**

DIRECT NETWORK
INDEPENDENT 19%   105,004   AHS 20%   39%

CHCN 97,528   36%

CFMG 31,173   11%

KAISER 36,713   14%
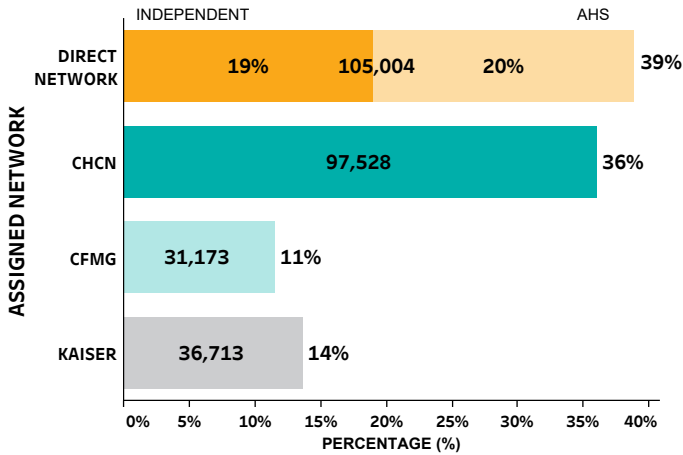
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%
OF ALLIANCE MEMBERS LIVE IN **10 CITIES** AND THE REMAINING **8%** LIVE IN THE OTHER ALAMEDA COUNTY CITIES AND UNINCORPORATED AREAS

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

BERKELEY 3%
OAKLAND 41%
ALAMEDA 4%
SAN LEANDRO 9%
DUBLIN 2%
LIVERMORE 3%
HAYWARD 15%
UNION CITY 4%
FREMONT 9%
NEWARK 2%
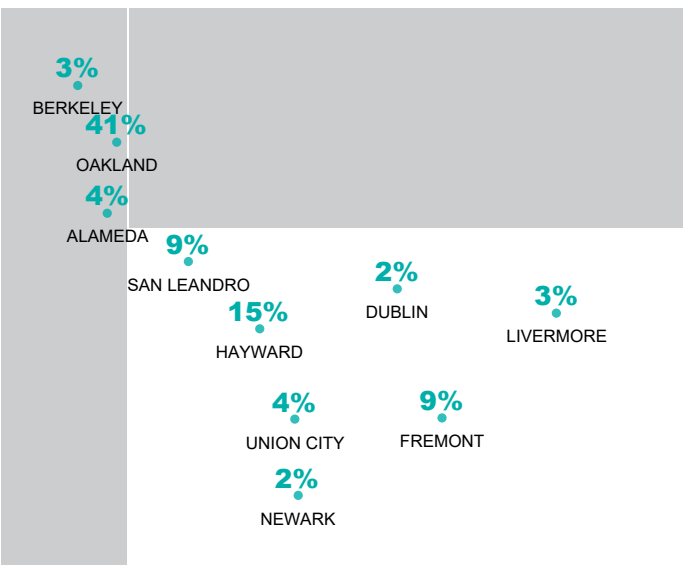
DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**

% (TOTAL MEMBERSHIP 270,418)
- ACA OEs 32%
- IHSS 2%
- SPDs 10%
- DUALS 7%
- ADULTS 14%
- CHILDREN 35%

$ (TOTAL MEDICAL EXPENSES $331.9M)
- ACA OEs 37%
- IHSS 3%
- SPDs 33%
- DUALS 3%
- ADULTS 13%
- CHILDREN 11%
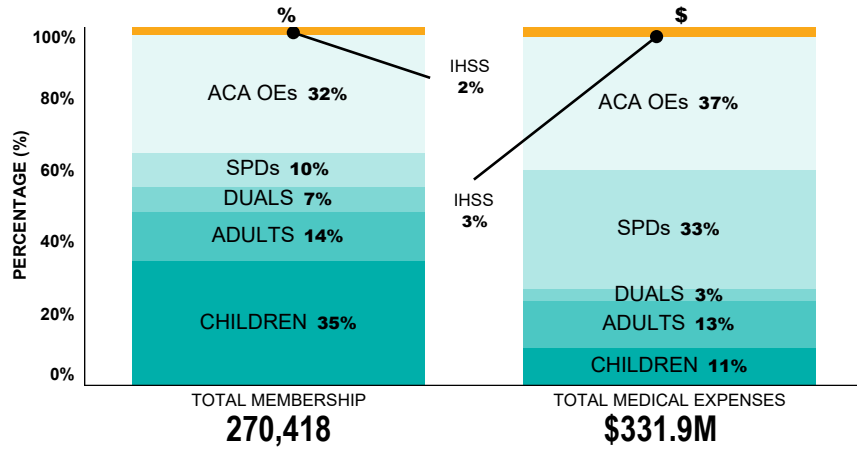
REVENUE & EXPENSES**

	OCTOBER 2020	FISCAL YTD
REVENUE	$85.7M	$335.4M
MEDICAL EXPENSE	($88.7M)	($331.9M)
ADMIN EXPENSE	($4.8M)	($19.5M)
OTHER	$5K	$118K
NET INCOME	**($7.8M)**	**($15.8M)**

MEDICAL EXPENSE
- 4.4% EMERGENCY
- 2.3% OTHER
- 10.5% PRIMARY CARE
- 9.0% SPECIALTY
- 17.2% PHARMACY
- 30.3% INPATIENT
- 26.3% OUTPATIENT
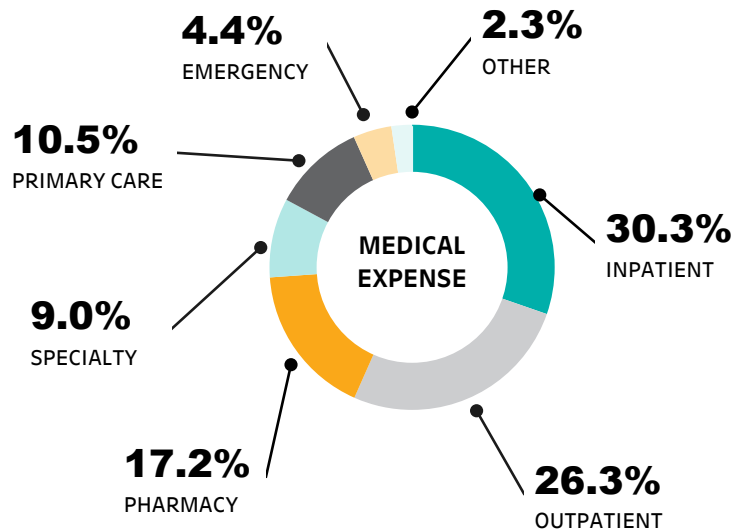
TANGIBLE NET EQUITY**
555%   **$190M**

HIGH UTILIZER DISTRIBUTION****

Members 20,441   7.6%
Medical Claim Costs $555M   82.8%
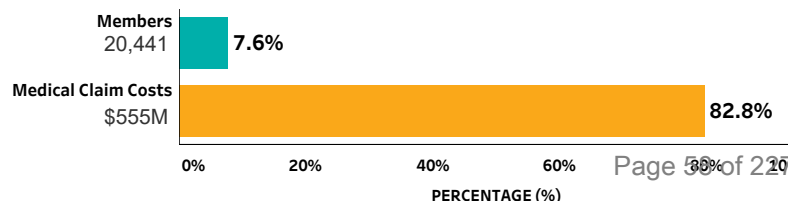
** KPIs REPORTING 2 MONTH LAG
**** KPIs REPORTING 4 MONTH LAG

UTILIZATION**

4,205
INPATIENT
BED DAYS

6,322
EMERGENCY
ROOM VISITS

4.3 DAYS
AVERAGE
LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	247	610
COMPLEX CASE MANAGEMENT	33	70
Total	**280**	**680**

	NEW CASES	ENROLLED
HEALTH HOMES	9	762
WHOLE PERSON CARE (AC3)	2	241
Total	**11**	**1,003**

TOTAL CASE MANAGEMENT

291
TOTAL NEW CASES

1,683
TOTAL OPEN CASES & ENROLLED

REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE WITH THE EXCEPTION OF ENCOUNTER DATA NOT IN COMPLIANCE.

ENCOUNTER DATA

INSTITUTIONAL / PROFESSIONAL
TIMELINESS (%)
- 0-90 DAYS: 52.7% (60% target)
- 0-180 DAYS: 58.3% (80% target)
- 0-90 DAYS: 93.7% (65% target)
- 0-180 DAYS: 98.6% (80% target)

MEDICAL AUTHORIZATIONS

COMPLIANCE RATE (%)
- OVERALL: 98%
- MEDI-CAL: 99%
- IHSS: 97% (95% target)

PROVIDER DISPUTES & RESOLUTIONS

COMPLIANCE
TURNAROUND (%)
- PDR: 100% (95% target)
- OVERTURNED: 33% (25% target) ^
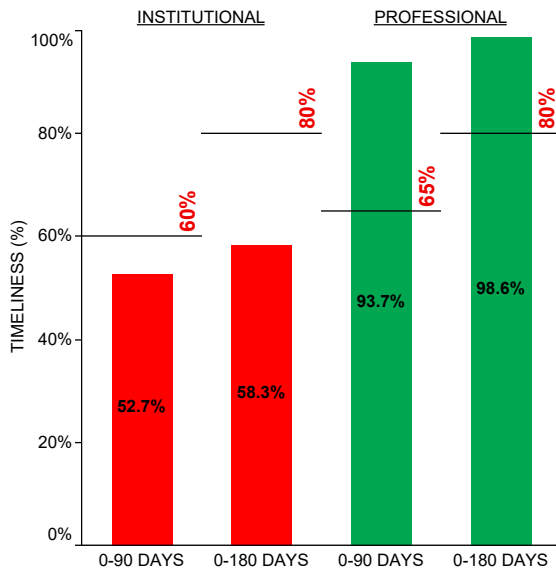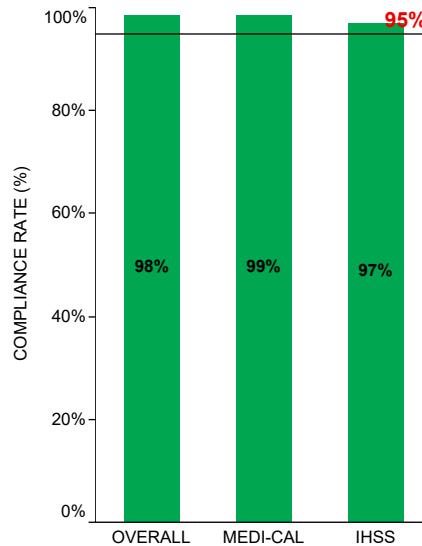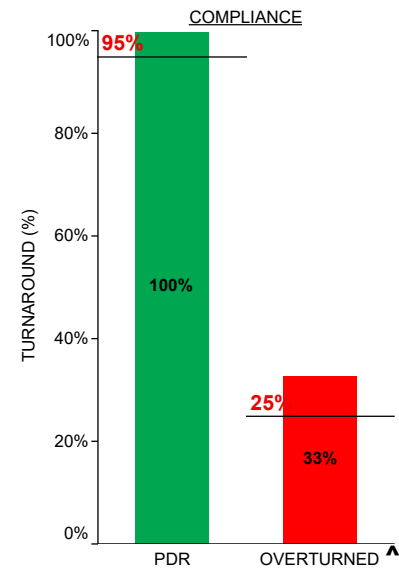
^ For Internal AAH measure

CALL CENTER

11,678
CALLS
RECEIVED

59%
ANSWERED IN
30 SECONDS

8%
CALLS
ABANDONED

CLAIMS

102,664
PROCESSED
CLAIMS

78.8%
AUTO
ADJUDICATED

18 DAYS
PROCESSED
PAYMENTS

STAFF & RECRUITING

336
TOTAL
EMPLOYEES

4
HIRED IN THE
LAST 30 DAYS
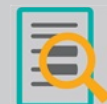
12%
CURRENT
VACANCY

2019-2020 Legislative Tracking List

The following is a list of state bills currently tracked by the Public Affairs Department that were introduced during the 2019-2020 Legislative Session that are of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

These bills were introduced in 2019 and moved through the legislative process as 2-year bills or were introduced in the 2020 legislative session. This is the final summary of bills for the 2019-2020 legislative session as it has now ended. The state legislature will reconvene in January 2021.

Medi-Cal (Medicaid)

- **AB 890 (Wood – D) Nurse Practitioners: Score of practice: Practice without Standardized Procedures**
  - **Introduced:** 2/20/2019
  - **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State.
  - **Summary:** Would establish the Nurse Practitioner Advisory Committee to advise and give recommendations to the Board of Registered Nursing on matters relating to nurse practitioners. The bill would require the committee to provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner. The bill would require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice independently. The bill would authorize a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances.

- **AB 1327 (Petrie-Norris – D) Medi-Cal: Reimbursement Rates**
  - **Introduced:** 2/22/2019
  - **Status:** 9/29/2020 – Vetoed by Governor.
  - **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 delete provisions relating to the above-specified 80% standard and would make conforming changes.

- **AB 2100 (Wood – D) Medi-Cal: Pharmacy Benefits**
  - **Introduced:** 2/5/2020
  - **Status:** 9/29/2020 – Vetoed by Governor.
  - **Summary:** By executive order, the Governor directed the State Department of Health Care Services to transition pharmacy services for Medi-Cal managed care to a fee-for-service benefit

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by January 1, 2021. Current law requires the department to convene an advisory group to receive feedback on the changes, modifications, and operational timeframes on the implementation of pharmacy benefits offered in the Medi-Cal program and to provide regular updates on the pharmacy transition, including a description of changes in the division of responsibilities between the department and managed care plans relating to the transition of the outpatient pharmacy benefit to fee-for-service. This bill would require the department to establish the Independent Medical Review System (system) for the outpatient pharmacy benefit and to develop a framework for the system that models the above-described requirements of the Knox-Keene Health Care Service Plan Act.

- **AB 2157 (Wood – D) Health Care Coverage: Independent Dispute Resolution Process**
  - **Introduced:** 2/10/2020
  - **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State
  - **Summary:** Current law requires the Department of Managed Health Care and the Department of Insurance to establish an independent dispute resolution process to resolve a claim dispute between a health care service plan or health insurer, as appropriate, and a noncontracting individual health professional, and sets forth requirements and guidelines for that process, including contracting with an independent organization for the purpose of conducting the review process. Current law requires each department to establish uniform written procedures for the submission, receipt, processing, and resolution of these disputes, as specified. Current law requires the independent organization, in deciding the dispute, to base its decision regarding the appropriate reimbursement on all relevant information. This bill would require the procedures established by each department to include a process for each party to submit into evidence information that will be kept confidential from the other party in order to preserve the confidentiality of the source contract.

- **AB 2164 (Rivas – D) Telehealth**
  - **Introduced:** 2/11/2020
  - **Status:** 9/26/2020 – Vetoed by Governor.
  - **Summary:** Current law prohibits a requirement of an in-person contact between a health care provider and a Medi-Cal patient when the service may be provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are provided. Existing law authorizes, to the extent that federal financial participation is available, the use of health care services by store and forward under the Medi-Cal program, subject to billing and reimbursement policies developed by the department, and prohibits a requirement of an in-person contact between a health care provider and a Medi-Cal patient when these services are provided by the store and forward. This bill would provide that an FQHC or RHC "visit" includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous real-time or asynchronous store and forward.

- **AB 2276 (Reyes – D) Childhood Lead Poisoning: Screening and Prevention**
  - **Introduced:** 2/14/2020
  - **Status:** 9/28/2020 – Approved by the Governor. Chaptered by Secretary of State
  - **Summary:** Current law establishes the Childhood Lead Poisoning Prevention Program, which is administered by the State Department of Public Health. Current law requires the department to adopt regulations establishing a standard of care that include the determination of specified risk factors for lead exposure, including a child's time spent in a home, school, or building built before 1978. Current law requires the department to ensure appropriate case management for children who have been identified with lead poisoning and authorizes the department to contract with any public or private entity, including any local agency, to perform that duty. This bill would add several

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risk factors to be considered as part of the standard of care specified in regulations, including a child's residency in or visit to a country. The bill would require the department to update its formula for allocating funds to a local agency that contracts with the department to administer the Childhood Lead Poisoning Prevention Program, and to revise funding allocations before each contract cycle.

- **AB 2277 (Salas – D) Medi-Cal: Blood Lead Screening Tests**
  - **Introduced:** 2/14/2020
  - **Status:** 8/18/2020 – Dead/Failed Deadline pursuant to Rule 6(b)(13).
  - **Summary:** Would require any Medi-Cal managed care health plan contract to impose requirements on the contractor on blood lead screening tests for children, including identifying every enrollee who does not have a record of completing those tests and reminding the responsible health care provider of the need to perform those tests. The bill would require the State Department of Health Care Services to develop and implement procedures to ensure that a contractor performs those duties, and to notify specified individuals responsible for a Medi-Cal beneficiary who is a child, including the parent or guardian, that their child has missed a required blood lead screening test, as part of an annual notification on preventive services.

- **AB 2278 (Quirk – D) Lead Screening**
  - **Introduced:** 3/4/2020
  - **Status:** 6/5/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(6).
  - **Summary:** Current law requires a laboratory that performs blood lead analysis on human blood drawn in California to report specified information, including the test results and the name, birth date, and address of the person tested, to the department for each analysis on every person tested. Current law authorizes the department to share the information reported by a laboratory with, among other entities, the State Department of Health Care Services for the purpose of determining whether children enrolled in Medi-Cal are being screened for lead poisoning and receiving appropriate related services. This bill also would additionally require a laboratory that performs blood lead analysis to report to the department, among other things, the Medi-Cal identification number and medical plan identification number, if available, for each analysis on every person tested.

- **AB 2360 (Maienschein – D) Telehealth: Mental Health**
  - **Introduced:** 2/28/2020
  - **Status:** 9/26/2020 – Vetoed by Governor.
  - **Summary:** Would require health care service plans and health insurers, by July 1, 2021, 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 require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing.

- **AB 2450 (Grayson – D) Air Ambulance Services**
  - **Introduced:** 2/19/2020
  - **Status:** 9/9/2020 – Approved by the Governor. Chaptered by Secretary of State.

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- o **Summary:** Current law imposes a penalty of $4 until July 1, 2020, 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, 2021, whichever occurs first. Current law repeals these provisions on July 1, 2022. This bill would extend the imposition of the above-described penalty by one year and would instead make those provisions inoperative on July 1, 2024, and repeal them on January 1, 2025.

- **AB 3118 (Bonta – D) Medically Supportive Food and Nutrition Services**
  - o **Introduced:** 2/21/2020
  - o **Status:** 6/5/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(8).
  - o **Summary:** Would expand the Medi-Cal schedule of benefits to include medically supportive food and nutrition services, such as medically tailored groceries and meals, and nutrition education. The bill would provide that the benefit includes services that link a Medi-Cal beneficiary to community-based food services and transportation for accessing healthy food. The bill would require the department to implement these provisions by various means, including provider bulletins, without taking regulatory action, and would condition the implementation of these provisions to the extent permitted by federal law, the availability of federal financial participation, and the department securing federal approval.

- **SB 29 (Durazno – D) Medi-Cal: Eligibility**
  - o **Introduced:** 12/03/2018
  - o **Status:** 8/31/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(5).
  - o **Summary:** This bill would, subject to an appropriation by the Legislature, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years or older, who are otherwise eligible for those bene89fits but for their immigration status, and would delete provision delaying implementation until the director makes the determination as specified.

- **SB 803 (Beall – D) Mental Health Services: Peer Support Specialist Certification**
  - o **Introduced:** 1/8/2020
  - o **Status:** 9/9/2020 – Approved by the Governor. Chaptered by Secretary of State.
  - o **Summary:** Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons to receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers. This bill would require the department, by July 1, 2022, to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both.

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Group Care

- **AB 2118 (Kalra – D)**
  - o **Introduced:** 2/6/2020
  - o **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State.
  - o **Summary:** Would require a health care service plan and health insurer, excluding for a specialized health care service plan or specialized health care policy, to report to the Department of Managed Health Care and the Department of Insurance, respectively, by October 1, 2021, and annually thereafter, for products in the individual and small group markets, and for rates effective during the 12-month period ending January 1 of the following year, on specified information, including premiums, cost-sharing, benefits, enrollment, and trend factors, and would exclude prescribed information from the reporting requirements until January 1, 2023.

- **AB 2265 (Quirk-Silva – D) Mental Health Services Act – use of funds for substance use disorder treatment**
  - o **Introduced:** 2/14/2020
  - o **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State.
  - o **Summary:** The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by the State Department of Health Care Services to fund specified county mental health programs. This bill would authorize the services for adults, older adults, and children, as well as innovative programs and prevention and early intervention programs that are provided by counties as part of the MHSA to include substance use disorder treatment for children, adults, and older adults with co-occurring mental health and substance use disorders who are eligible to receive mental health services pursuant to those programs.

COVID-19

- **SB 275 (Pan – D) Health Care and Essential Workers: Personal Protective Equipment**
  - o **Introduced:** 2/13/2020
  - o **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State.
  - o **Summary:** Current law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities and controlling infectious diseases. This bill would require the State Department of Public Health and the Office of Emergency Services, in coordination with other state agencies, to, upon appropriation and as necessary, establish a personal protective equipment (PPE) stockpile. The bill would require the department to establish guidelines for the procurement, management, and distribution of PPE, taking into account, among other things, the amount of each type of PPE that would be required for all health care workers and essential workers in the state during a 90-day pandemic or other health emergencies.

- **AB 2887 (Bonta – D) Statewide Emergencies: Mitigation**
  - o **Introduced:** 2/21/2020
  - o **Status:** 8/31/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(5).

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o **Summary:** For purposes of state apportionments to public schools, if the average daily attendance of a school district, county office of education, or charter school during a fiscal year has been materially decreased during a fiscal year because of a specified event, including an epidemic, current law requires the Superintendent of Public Instruction to estimate the average daily attendance in a manner that credits to the school district, county office of education, or charter school the total average daily attendance that would have been credited had the emergency not occurred. This bill would revise the above-described triggering event to be an epidemic, pandemic, or outbreak of infectious disease, and would provide that the various specified triggering events apply to decreases in average daily attendance due to illness, quarantine, social isolation, and social distancing, absences taken as preemptive measures, independent study and distance learning requests, and pupils who are absent due to quarantine but cannot provide the appropriate documentation.

- **AB 3216 (Kalra – D) Employee Leave: Authorization: Coronavirus**
  o **Introduced:** 2/21/2020
  o **Status:** 9/30/2020 – Vetoed by Governor.
  o **Summary:** Would make it an unlawful employment practice for an employer, as defined, to refuse to grant a request by an eligible employee to take family and medical leave due to the coronavirus (COVID-19), as specified. The bill would require a request under this provision to be made and granted in a similar manner to that provided under the California Family Rights Act (CFRA). The bill would specify that an employer is not required to pay an employee for the leave taken but would authorize an employee taking a leave to elect, or an employer to require, a substitution of the employee's accrued vacation or other time off during this period and any other paid or unpaid time off negotiated with the employer.

- **SB 943 (Chang – R) Paid Family Leave: School Closures: COVID-19**
  o **Introduced:** 2/10/2020
  o **Status:** 8/31/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(5).
  o **Summary:** Current law establishes within the state disability insurance program a family temporary disability insurance program, also known as the Paid Family Leave program, for the provision of wage replacement benefits to workers who take time off work to care for a seriously ill family member or to bond with a minor child within one year of birth or placement, as specified. This bill would, until January 1, 2021, also authorize wage replacement benefits to workers who take time off work to care for a minor child whose school has been closed due to the COVID-19 virus outbreak.

- **SB 939 (Wiener – D) Emergencies: COVID-19 Evictions**
  o **Introduced:** 2/6/2020
  o **Status:** 8/31/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(5).
  o **Summary:** Would prohibit the eviction of tenants of commercial real property, including businesses and non-profit organizations, during the pendency of the state of emergency proclaimed by the Governor on March 4, 2020, related to COVID-19. The bill would make it a misdemeanor, an act of unfair competition, and an unfair business practice to violate the foregoing prohibition. The bill would render void and unenforceable evictions that occurred after the proclamation of the state of emergency but before the effective date of this bill. The bill would not prohibit the continuation of evictions that lawfully began prior to the proclamation of the state of emergency and would not preempt local ordinances prohibiting or imposing more severe penalties for the same conduct.

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- **SB 1088 (Rubio – D) Homelessness: Domestic Violence Survivors**
  - **Introduced:** 2/19/2020
  - **Status:** 8/31/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(5).
  - **Summary:** Would require a city, county, or continuum of care to use at least 12% of specified homelessness prevention or support money for services for domestic violence survivors experiencing or at risk of homelessness. The bill would require local agencies, on or before January 1, 2022, to establish and submit to the Department of Housing and Community Development an actionable plan to address the needs of domestic violence survivors and their children experiencing homelessness. By placing new duties on cities, counties, and continuums of care, the bill would impose a state-mandated local program.

- **SB 1276 (Rubio – D) The Comprehensive Statewide Domestic Violence Program**
  - **Introduced:** 2/21/2020
  - **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State.
  - **Summary:** Current law requires the Office of Emergency Services to provide financial and technical assistance to local domestic violence centers in implementing specified services. Current law authorizes domestic violence centers to seek, receive, and make use of any funds that may be available from all public and private sources to augment state funds and requires centers receiving funds to provide cash or an in-kind match of at least 10% of the funds received. This bill would remove the requirement for centers receiving funds to provide cash or an in-kind match for the funds received. The bill would make related findings and declarations.

Other

- **AB 1976 (Eggman – D) Mental Health Services: Assisted Outpatient Treatment**
  - **Introduced:** 1/22/2020
  - **Status:** 9/25/2020 – Approved by the Governor. Chaptered by Secretary of State.
  - **Summary:** The Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, until January 1, 2022, authorizes each county to elect to offer specified mental health programs either through a resolution adopted by the county board of supervisors or through the county budget process, if the county board of supervisors makes a finding that specified mental health programs would not be reduced as a result of participating. Current law authorizes participating counties to pay for the services provided from money distributed to the counties from various continuously appropriated funds, including the Mental Health Services Fund, when included in a county plan, as specified. This bill, commencing July 1, 2021, would instead require a county or group of counties to offer those mental health programs, unless a county or group of counties opts out by a resolution passed by the governing body stating the reasons for opting out and any facts or circumstances relied on making that decision.

- **AB 2279 (Garcia – D) Childhood Lead Poisoning Prevention**
  - **Introduced:** 2/14/2020
  - **Status:** 8/18/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **Summary:** The Childhood Lead Poisoning Prevention Act of 1991 establishes the Childhood Lead Poisoning Prevention Program and requires the State Department of Public Health to adopt regulations establishing a standard of care, at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines. Current law provides that the standard of care shall require a child who is determined to be at risk for lead poisoning to be screened. Current law requires the regulations to include the determination of specified risk

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factors, including a child's time spent in a home, school, or building built before 1978. This bill would add several risk factors to be considered as part of the standard of care specified in regulations, including a child's residency in or visit a foreign country or their residency in a high-risk ZIP Code, and would require the department to develop, by January 1, 2021, the regulations on the additional risk factors, in consultation with the specified individuals.

- **SB 1237 (Dodd – D) Nurse-midwives: Scope of practice**
  - **Introduced:** 2/20/2020
  - **Status:** 9/25/2020 – Approved by the Governor. Chaptered by Secretary of State.
  - **Summary:** Would delete the specified provisions defining the practice of nurse-midwifery, would delete the condition that a certified nurse-midwife practice under the supervision of a physician and surgeon, and would instead authorize a certified nurse-midwife to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the Board of Registered Nursing.

- **SB 852 (Pan – D) Health Care: Prescription Drugs**
  - **Introduced:** 1/13/2020
  - **Status:** 9/28/2020 – Approved by the Governor. Chaptered by Secretary of State.
  - **Summary:** Would require the California Health and Human Services Agency (CHHSA) to enter into partnerships, in consultation with other state departments as necessary to, among other things, increase patient access to affordable drugs. The bill would require CHHSA to enter into partnerships to produce or distribute generic prescription drugs and at least one form of insulin provided that a viable pathway for manufacturing a more affordable form of insulin exists at a price that results in savings. The bill would, subject to appropriation by the Legislature, require CHHSA to submit a report to the Legislature on or before July 1, 2023, that, among other things, assesses the feasibility and advantages of directly manufacturing generic prescription drugs and selling generic prescription drugs at a fair price.

- **SB 1065 (Hertzberg – D) CalWORKs: Homeless Assistance**
  - **Introduced:** 2/18/2020
  - **Status:** 9/25/2020 – Approved by the Governor. Chaptered by Secretary of State.
  - **Summary:** Under current law, a family is considered homeless for the purpose of establishing eligibility for homeless assistance benefits if, among other things, the family has received a notice to pay rent or quit. Current law requires the family to demonstrate that the eviction is the result of a verified financial hardship, as specified, and no other lease or rental violations, and that the family is experiencing a financial crisis that may result in homelessness if preventive assistance is not provided. This bill would eliminate the requirement for a family to demonstrate the reason for the eviction and the existence of the financial crisis.

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Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- December-2020 -

ID	Section	Subject Area	Category	Performance Metric		Oct-20 FYTD	%	Prelim. Annual Budget	ID
1	1	Financials				**Oct-20 FYTD**	**%**	**Prelim. Annual Budget**	1
2									2
3			Income & Expenses	Revenue $		$335,436,543	36.6%	$917,492,169	3
4				Medical Expense $		$331,854,649	38.1%	$871,238,681	4
5				*Inpatient (Hospital)*		$100,595,173	*30.3%*	$276,088,226	5
6				*Outpatient/Ancillary*		$87,350,589	*26.3%*	$256,550,771	6
7				*Emergency Department*		$14,443,692	*4.4%*	$39,849,225	7
8				*Pharmacy*		$57,243,133	*17.2%*	$107,885,846	8
9				*Primary Care*		$34,742,564	*10.5%*	$71,677,546	9
10				*Specialty Care*		$29,772,734	*9.0%*	$89,550,627	10
11				*Other*		$7,706,764	*2.3%*	$29,636,441	11
12				Admin Expense $		$19,477,267	26.1%	$74,626,652	12
13				Other Income / (Exp.) $		$117,527	0.2%	$1,580,000	13
14				Net Income $		($15,777,847)		($26,793,164)	14
15				Gross Margin %		1.1%		5.0%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %		98.9%		95.0%	16
17				Tangible Net Equity (TNE) %		554.9%		546.0%	17
18				Tangible Net Equity (TNE) $		$190,396,968		$174,500,908	18
19			Reinsurance Cases	2020-2021 Cases Submitted		7			19
20				2020-2021 New Cases Submitted		5			20
21				2019-2020 Cases Submitted		21			21
22				2019-2020 New Cases Submitted		0			22
23			Balance Sheet	Cash Equivalents		$301,048,452			23
24				Pass-Through Liabilities		$120,780,290			24
25				Uncommitted Cash		$180,268,162			25
26				Working Capital		$180,454,042			26
27				Current Ratio %		171.3%		100%	27
28									28

ID	Section	Subject Area	Category	Performance Metric	Aug-20	Sep-20	Oct-20	%	Oct-20 Budget	ID
29	2	Membership			**Aug-20**	**Sep-20**	**Oct-20**	**%**	**Oct-20 Budget**	29
30										30
31			Medi-Cal Members	Adults	35,689	36,301	37,071	14%	36,418	31
32				Children	92,692	93,378	93,982	35%	98,837	32
33				Seniors & Persons with Disabilities (SPDs)	26,094	26,178	26,250	10%	26,050	33
34				ACA Optional Expansion (ACA OE)	85,081	86,713	88,258	32%	87,308	34
35				Dual-Eligibles	18,495	18,607	18,848	7%	17,966	35
36										36
37				Total Medi-Cal	258,051	261,177	264,409	98%	266,579	37
38			IHSS Members	IHSS	6,007	6,011	6,009	2%	6,493	38
39			Total Membership	Medi-Cal and IHSS	264,058	267,188	270,418	100%	273,072	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	51,057	51,527	51,397	19%		41
42				Alameda Health System (Direct Assigned)	51,312	52,596	53,607	20%		42
43				Children's First Medical Group	31,072	30,803	31,173	11%		43
44				Community Health Center Network	95,194	96,219	97,528	36%		44
45				Kaiser Permanente	35,423	36,043	36,713	14%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- December-2020 -

ID	Section	Subject Area	Category	Performance Metric	Sep-20	Oct-20	Nov-20	%	Performance Goal	ID
47	3	Claims			Sep-20	Oct-20	Nov-20	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	111,255	120,149	111,676			49
50				Number of Claims Paid	97,777	78,013	78,193			50
51				Number of Claims Denied	27,980	22,588	24,471			51
52				Inventory (Unfinalized Claims)	47,720	68,938	75,346			52
53				Pended Claims (Days)	8,204	14,349	17,103	23%		53
54				*0-29 Calendar Days*	8,131	14,240	16,834	22%		54
55				*30-44 Calendar Days*	73	107	237	0%		55
56				*45-59 Calendar Days*	0	2	32	0%		56
57				*60-89 Calendar Days*	0	0	0	0%		57
58				*90-119 Calendar Days*	0	0	0	0%		58
59				*120 or more Calendar Days*	0	0	0	0%		59
60				Total Claims Paid (dollars)	48,869,310	41,063,626	40,481,344			60
61				Interest Paid (Total Dollar)	28,629	22,564	43,302	0%		61
62				Auto Adjudication Rate (%)	74.9%	78.5%	78.8%		70%	62
63				Average Payment Turnaround (days)	18	18	18		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	1,973	1,814	1,774			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	99%	99%	99%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	100%		95%	67
68										68
69	4	Member Services			Sep-20	Oct-20	Nov-20	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	13,274	14,759	11,678			71
72				Calls Answered in 30 Seconds %	64.0%	65.0%	59.0%		80.0%	72
73				Abandoned Call Rate %	5.0%	5.0%	8.0%		5.0% or less	73
74				Average Wait Time	01:49	01:07	01:46			74
75				Average Call Duration	06:48	06:55	07:00			75
76				Outbound Call Volume	9,342	9,425	8,139			76
77										77
78	5	Provider Services			Sep-20	Oct-20	Nov-20	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	5,584	5,982	4,463			80
81										81
82	6	Provider Contracting			Sep-20	Oct-20	Nov-20	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	570	567	584			84
85				Specialist	6,911	6,933	6,952			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	62	63	63			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	10	10	10			89
90				Health Centers (FQHCs and Non-FQHCs)	67	67	67			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,434	1,445	1,463			92
93				Number of Providers Credentialed	1,434	1,445	1,463			93
94										94

Alameda Alliance for Health
Operations Dashboard
- December-2020 -

ID	Section	Subject Area	Category	Performance Metric	Sep-20	Oct-20	Nov-20	%	Annual Budget	ID
95	7	Human Resources & Recruiting			Sep-20	Oct-20	Nov-20	%	Annual Budget	95
96										96
97			Employees	Total Employees	332	333	336		354	97
98				Full Time Employees	330	331	334	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	8	4	4			100
101				Separations	5	2	2			101
102				Open Positions	51	43	43	12%	10% or less	102
103				Signed Offer Letters Received	4	4	5			103
104				Recruiting in Process	47	39	38	10%		104
105										105
106			Non-Employee (Temps / Seasonal)		3	3	3			106
107										107
108	8	Compliance			Sep-20	Oct-20	Nov-20	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	100%	100%	100%		95%	110
111				% Overturned	27%	22%	33%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	97%	99%	98%		95%	113
114				Overall Expedited Grievance Compliance Rate % (3 calendar days)	67%	100%	100%		95%	114
115										115
116			Member Appeals	Overall Standard Appeal Compliance Rate (30 calendar days)	100%	98%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Sep-20	Oct-20	Nov-20		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	100.00%	100.00%	100.00%		99.99%	121
122				TruCare (Care Management System)	100.00%	100.00%	100.00%		99.99%	122
123				All Other Applications and Systems	100.00%	100.00%	100.00%		99.99%	123
124										124
125			Encounter Data	Inbound Trading Partners 837 (Trading Partner To AAH)						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				AAH Outbound 837 (AAH To DHCS)						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	95.4%	93.7%	52.7%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	98.5%	98.4%	58.3%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	90.8%	93.1%	93.7%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	95.5%	96.7%	98.6%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- December-2020 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10		Health Care Services		Sep-20	Oct-20	Nov-20		Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	99%	99%	98%		95%	136
137				Medi-Cal %	99%	99%	99%		95%	137
138				Group Care %	99%	98%	97%		95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	4.2%	3.4%	2.9%			140
141				Denial Rate Excluding Partial Denials (%)	4.0%	3.2%	2.7%			141
142				Partial Denial Rate (%)	0.2%	0.2%	0.2%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	743	921	724	41%		144
145				Denied Prior Authorizations	596	689	540	31%		145
146				Closed Prior Authorizations	501	624	485	28%		146
147				Total Prior Authorizations	1,840	2,234	1,749			147
148										148
149					Aug-20	Sep-20	Oct-20			149
150										150
151			Inpatient Utilization	Days / 1000	294.5	240.8	216.9			151
152				Admits / 1000	57.8	54.9	50.3			152
153				Average Length of Stay	5.1	4.4	4.3			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	37.54	36.77	32.67			155
156										156
157			Case Management	**New Cases**						157
158				Care Coordination	194	244	247			158
159				Complex Case Management	38	33	33			159
160				Health Homes	9	18	9			160
161				Whole Person Care (AC3)	5	11	2			161
162				**Total New Cases**	**246**	**306**	**291**			162
163										163
164				**Open Cases**						164
165				Care Coordination	576	588	610			165
166				Complex Case Management	63	77	70			166
167				**Total Open Cases**	**639**	**665**	**680**			167
168										168
169				**Enrolled**						169
170				Health Homes	695	780	762			170
171				Whole Person Care (AC3)	233	244	241			171
172				**Total Enrolled**	**928**	**1,024**	**1,003**			172
173										173
174				**Total Case Management (Open Cases & Enrolled)**	**1,567**	**1,689**	**1,683**			174
175										175

Finance

Gil Riojas

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

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

Date: **December 11, 2020**

Subject: Finance Report –October 2020

Executive Summary

- For the month ended October 31, 2020, the Alliance had enrollment of 270,418 members, a Net Loss of $7.8 million and 555% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$85,720	$335,437
Medical Expense	88,705	331,855
Admin. Expense	4,776	19,477
Other Inc. / (Exp.)	5	118
Net Income	($7,755)	($15,778)

Net Income by Program:

	Month	YTD
Medi-Cal	($7,938)	($15,362)
Group Care	183	(416)
	($7,755)	($15,778)

Enrollment

- Total enrollment increased by 3,230 members since September 2020.
- Total enrollment increased by 13,673 members since June 2020.

Monthly Membership and YTD Member Months									
Actual vs. Budget									
For the Month and Fiscal Year-to-Date									
Enrollment					Member Months				
October-2020					Year-to-Date				
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
37,072	36,418	654	1.8%	Adult	143,972	142,482	1,490	1.0%
93,982	98,837	(4,855)	-4.9%	Child	371,622	386,692	(15,070)	-3.9%
26,250	26,050	200	0.8%	SPD	104,566	104,044	522	0.5%
18,847	17,966	881	4.9%	Duals	74,245	71,756	2,489	3.5%
88,258	87,308	950	1.1%	ACA OE	343,041	341,588	1,453	0.4%
264,409	266,579	(2,170)	-0.8%	Medi-Cal Total	1,037,446	1,046,562	(9,116)	-0.9%
6,009	6,493	(484)	-7.5%	Group Care	24,136	25,685	(1,549)	-6.0%
270,418	273,072	(2,654)	-1.0%	Total	1,061,582	1,072,247	(10,665)	-1.0%

Enrollment and Profitability by Program and Category of Aid

Medi-Cal Child

Medi-Cal Child - Net Income / (Loss)
(In Millions)

Medi-Cal Adult

Medi-Cal Adults - Net Income / (Loss)
(In Millions)

Medi-Cal ACA OE

Medi-Cal ACA OE - Net Income / (Loss)
(In Millions)

Enrollment and Profitability by Program and Category of Aid

Medi-Cal SPD

Medi-Cal SPD - Net Income / (Loss)
(In Millions)

Medi-Cal Duals

Medi-Cal Duals - Net Income / (Loss)
(In Millions)

Group Care Program

Group Care - Net Income / (Loss)
(In Millions)
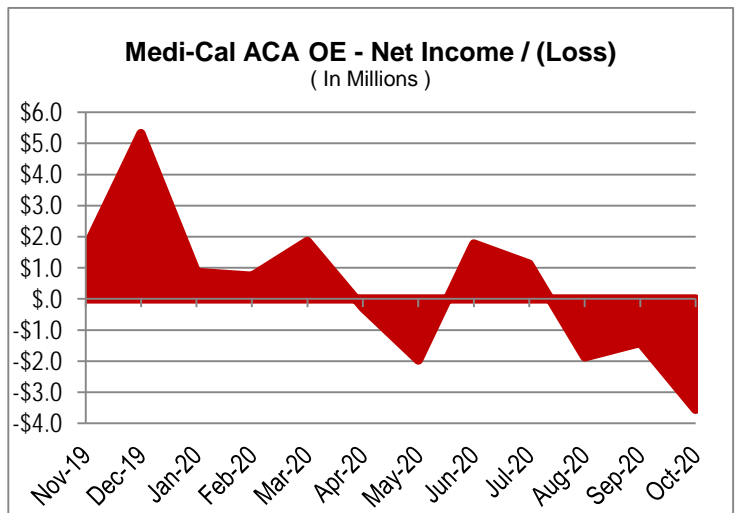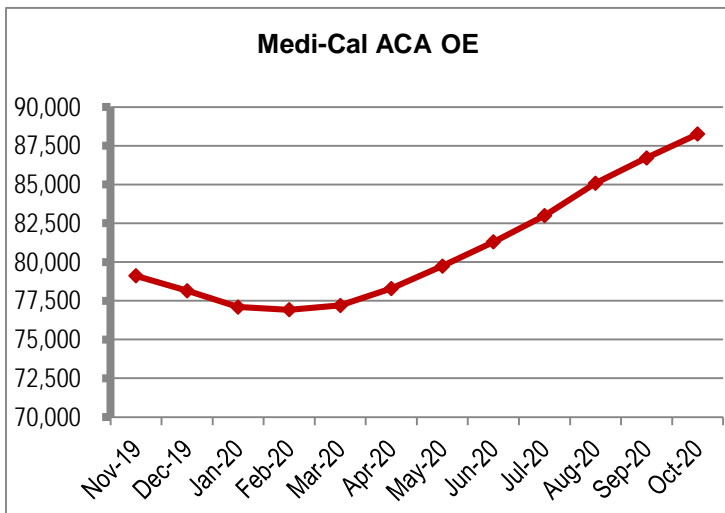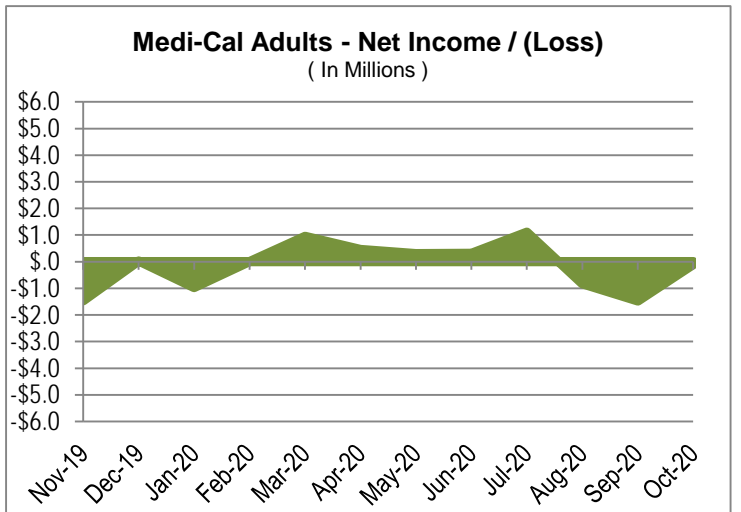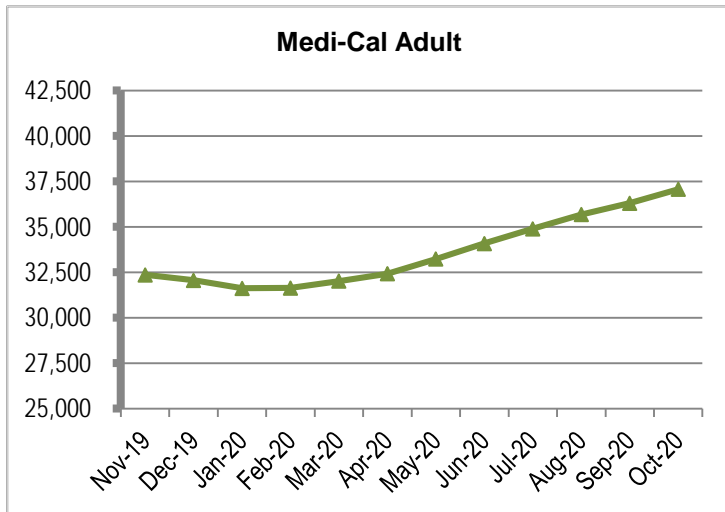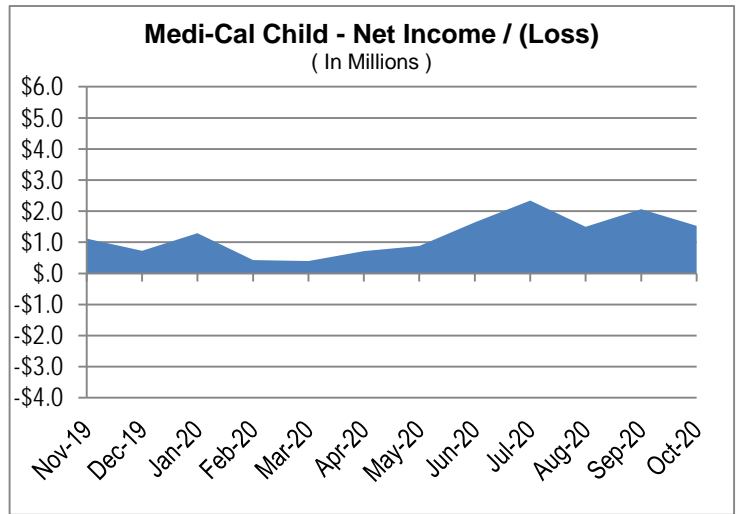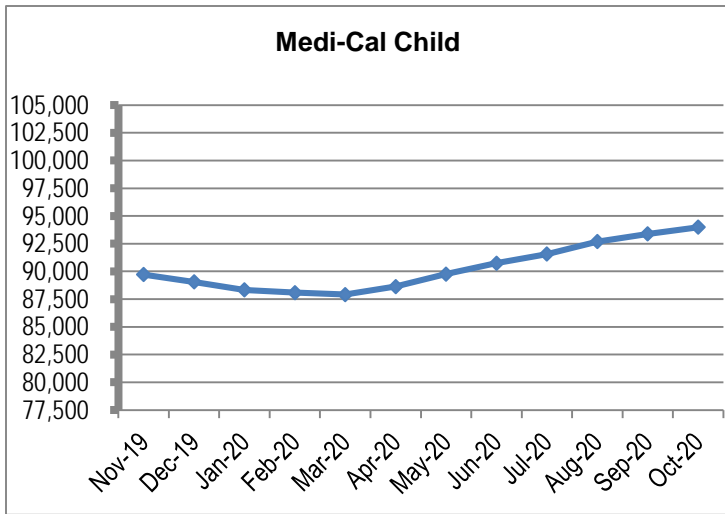
Disenrollment and New Enrollment

- Governor Newsom signed an executive order (EO N-29-20) in March 2020 to suspend redeterminations in the Medi-Cal program during the public health crisis. Guidelines have been issued by DHCS to the County Public Health Directors on two occasions (MEDIL I-20-07, MEDIL I-20-08).
- Disenrollment and new enrollment trends remain consistent with months starting in May.

Net Income

- For the month ended October 31, 2020:
    - Actual Net Loss: $7.8 million.
    - Budgeted Net Loss: $2.9 million.

- For the fiscal YTD ended October 31, 2020:
    - Actual Net Loss: $15.8 million.
    - Budgeted Net Loss: $14.1 million.

Net Income: Actual vs. Budget
(In Millions)
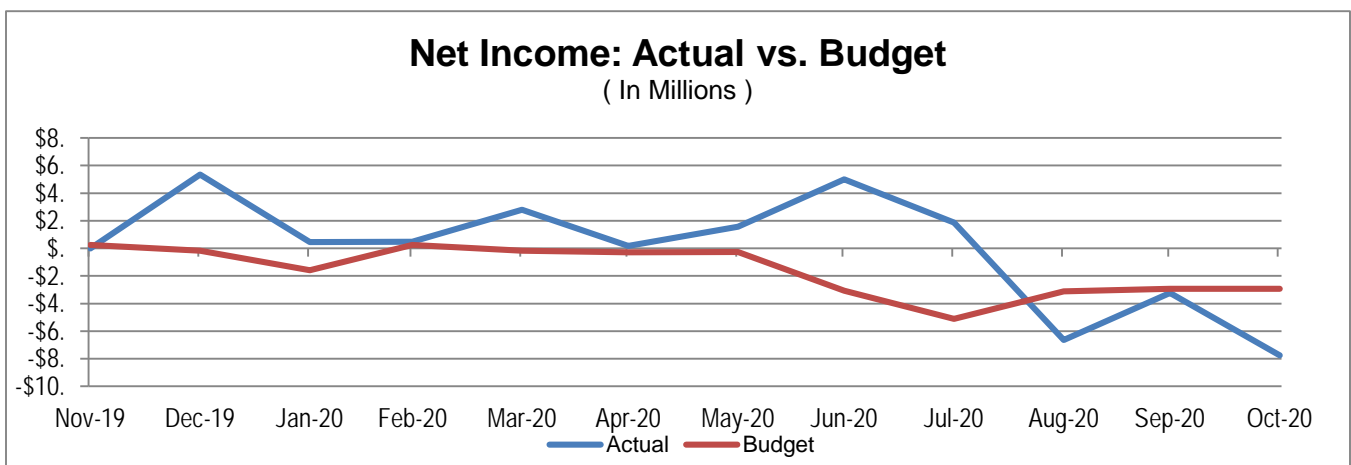
- The unfavorable variance of $4.8 million in the current month is due to:
  - Favorable $3.8 million higher than anticipated Revenue.
  - Unfavorable $10.9 million higher than anticipated Medical Expense.
  - Favorable $2.4 million lower than anticipated Administrative Expense.
  - Unfavorable $127,000 lower than anticipated Other Income & Expense.

Revenue

- For the month ended October 31, 2020:
  - Actual Revenue: $85.7 million.
  - Budgeted Revenue: $81.9 million.

- For the fiscal YTD ended October 31, 2020:
  - Actual Revenue: $335.4 million.
  - Budgeted Revenue: $322.9 million.

Revenue: Actual vs. Budget
(In Millions)
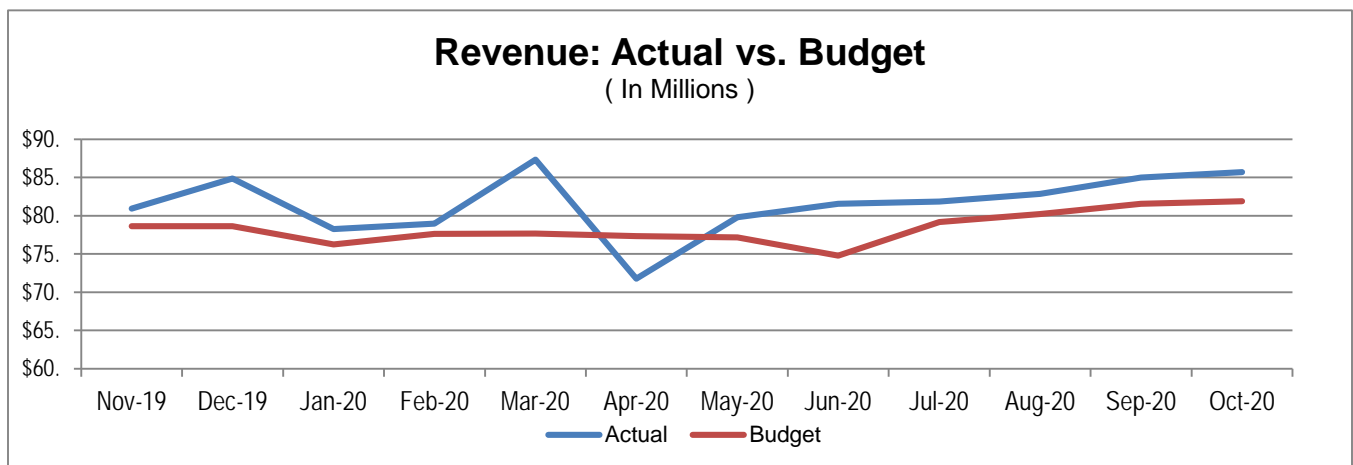
- For the month ended October 31, 2020, the favorable revenue variance of $3.8 million is mainly due to:
  - Favorable $2.9 million in Prop 56 Revenue. This revenue will be largely offset by enhanced payments to qualified Providers. The Preliminary Budget did not include Prop 56, as the State had informed that Prop 56 would be discontinued.

Medical Expense

- For the month ended October 31, 2020:
  - Actual Medical Expense: $88.7 million.
  - Budgeted Medical Expense: $77.8 million.

- For the fiscal YTD ended October 31, 2020:
  - Actual Medical Expense: $331.9 million.
  - Budgeted Medical Expense: $307.3 million.

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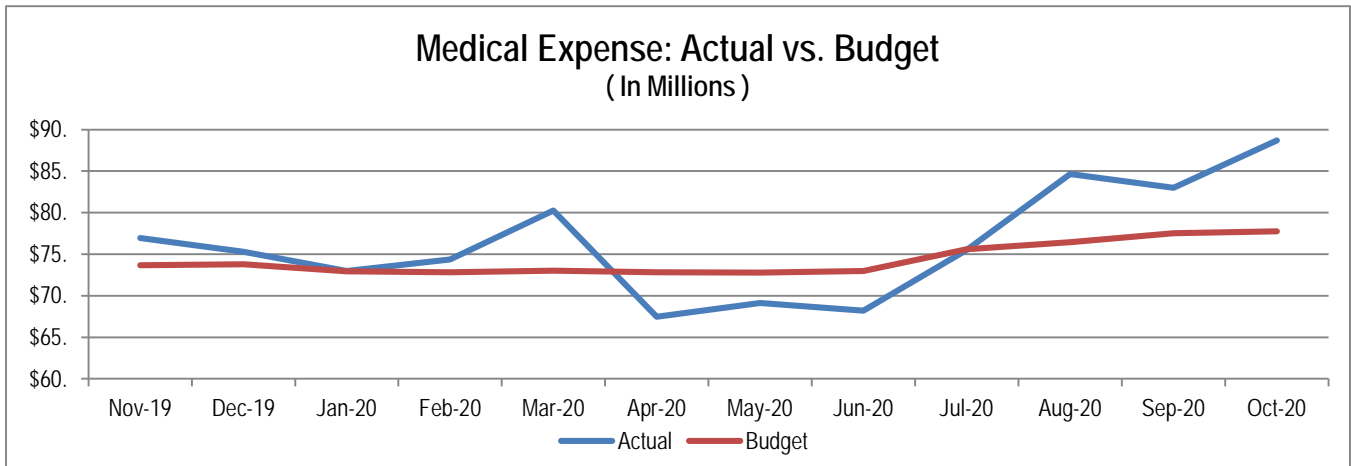
- Reported financial results include Medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance's IBNP reserves are reviewed on a quarterly basis by the company's external actuaries.

- For October, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by $4.4 million. Year-to-date, the estimate for prior years increased by $8.9 million (per table below).

| | Medical Expense - Actual vs. Budget (In Dollars) Adjusted to Eliminate the Impact of Prior Period IBNP Estimates | | | | | |
| | Actual | | | Budget | Variance Actual vs. Budget Favorable/(Unfavorable) | |
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$70,739,866	$0	$70,739,866	$73,790,245	$3,050,379	4.1%
Primary Care FFS	16,600,310	156,843	16,757,153	5,161,783	($11,438,527)	-221.6%
Specialty Care FFS	16,921,281	552,942	17,474,223	16,237,858	($683,423)	-4.2%
Outpatient FFS	31,697,663	(788,365)	30,909,298	30,250,522	($1,447,141)	-4.8%
Ancillary FFS	14,817,476	1,167,854	15,985,330	12,988,179	($1,829,296)	-14.1%
Pharmacy FFS	56,911,189	331,944	57,243,133	54,272,221	($2,638,968)	-4.9%
ER Services FFS	14,510,499	(66,807)	14,443,692	13,134,789	($1,375,711)	-10.5%
Inpatient Hospital & SNF FFS	93,096,605	7,498,567	100,595,172	91,787,578	($1,309,027)	-1.4%
Other Benefits & Services	7,483,418	0	7,483,418	8,864,138	$1,380,720	15.6%
Net Reinsurance	(109,987)	0	(109,987)	503,016	$613,003	121.9%
Provider Incentive	333,333	0	333,333	333,330	($3)	0.0%
	$323,001,653	$8,852,979	$331,854,632	$307,323,659	($15,677,994)	-5.1%

Medical Expense - Actual vs. Budget (Per Member Per Month)						
Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$66.64	$0.00	$66.64	$68.82	$2.18	3.2%
Primary Care FFS	15.64	0.15	15.79	4.81	(10.82)	-224.8%
Specialty Care FFS	15.94	0.52	16.46	15.14	(0.80)	-5.3%
Outpatient FFS	29.86	(0.74)	29.12	28.21	(1.65)	-5.8%
Ancillary FFS	13.96	1.10	15.06	12.11	(1.84)	-15.2%
Pharmacy FFS	53.61	0.31	53.92	50.62	(2.99)	-5.9%
ER Services FFS	13.67	(0.06)	13.61	12.25	(1.42)	-11.6%
Inpatient Hospital & SNF FFS	87.70	7.06	94.76	85.60	(2.09)	-2.4%
Other Benefits & Services	7.05	0.00	7.05	8.27	1.22	14.7%
Net Reinsurance	(0.10)	0.00	(0.10)	0.47	0.57	122.1%
Provider Incentive	0.31	0.00	0.31	0.31	(0.00)	-1.0%
	$304.26	$8.34	$312.60	$286.62	($17.65)	-6.2%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $15.7 million unfavorable to budget. On a PMPM basis, medical expense is unfavorable to budget by 6.2%.
  - o Primary Care Expense is over budget due to State's decision to continue Prop 56 Add-on programs, which was announced after the budget was completed. There is a revenue offset for these expenses.
  - o Capitated Expense is under budget primarily due to Lower Transportation utilization.
  - o Pharmacy Expense is higher than budget driven by unfavorable PBM and Non-PBM expense. PBM unfavorable expense is driven by unfavorable utilization and unit cost across all COAs except for DUALs. October utilization was higher than prior months. Utilization was extremely high. Non-PBM unfavorable expense is driven by unfavorable utilization across all COAs except for Child, partially offset by favorable unit cost across all member types.
  - o Ancillary Expense is higher than budget, primarily due to Ambulance; Home Health, DME and Other Medical Supplies; Hospice; Lab and Radiology; CBAS; and non-Emergency Transportation. Utilization is unfavorable in all categories above, partially offset by favorable unit cost in Home Health, DME, and Other Medical Supplies, Lab and Radiology and Non-Emergency Transportation (while unit cost is unfavorable in Ambulance and Hospice and in CBAS unit cost is flat).
  - o Outpatient Expense is over budget, driven by unfavorable rate variance, partially offset by favorable volume.
    - ▪ Behavioral Health: unfavorable due to higher utilization, partially offset by favorable unit cost trends.

- - Lab & Radiology: unfavorable due to increase in utilization, partially offset by lower than planned unit cost.
    - Dialysis: unfavorable due to higher unit cost, partially offset by favorable utilization.
    - Facility-Other: favorable due to favorable utilization, partially offset by unfavorable unit cost.
  - Other Benefits & Services is under budget, primarily due to vacancies and Leaves of Absence in the Clinical Organization, lower use of temps, delays in hiring consultants, lower Care Connect utilization, lower interpreter services utilization, decrease in advanced medical reviews, and timing of member health education; partially offset by higher payouts for Health Homes driven by a higher % of enrollees in the Peak Tier.
  - Emergency Room Expense is higher than planned, due to unfavorable unit cost across all member types, partially offset by favorable utilization across all COAs except for ACA OE (for which utilization is also unfavorable).
  - Inpatient Expense is over budget, driven by unfavorable utilization, partially offset by favorable unit cost. ACA OE was substantially unfavorable due to unfavorable utilization (partially offset by favorable unit cost); SPD was unfavorable driven by acute care expenses (unfavorable utilization); Child was unfavorable due to unfavorable unit cost (partially offset by favorable utilization). Other COAs were favorable.
  - Specialty Care is higher than budget due to unfavorable utilization, partially offset by favorable unit costs. Expenses across all COAs are unfavorable except for DUALs and Child. Variance is driven by unfavorable utilization offset by favorable unit cost across all member types except for the DUAL aid code category for which utilization is favorable and unit cost is unfavorable.
  - Net Reinsurance is lower than budget due to substantial recoveries received, most of which are related to prior year.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 103.5% for the month and 98.9% for the fiscal year-to-date.
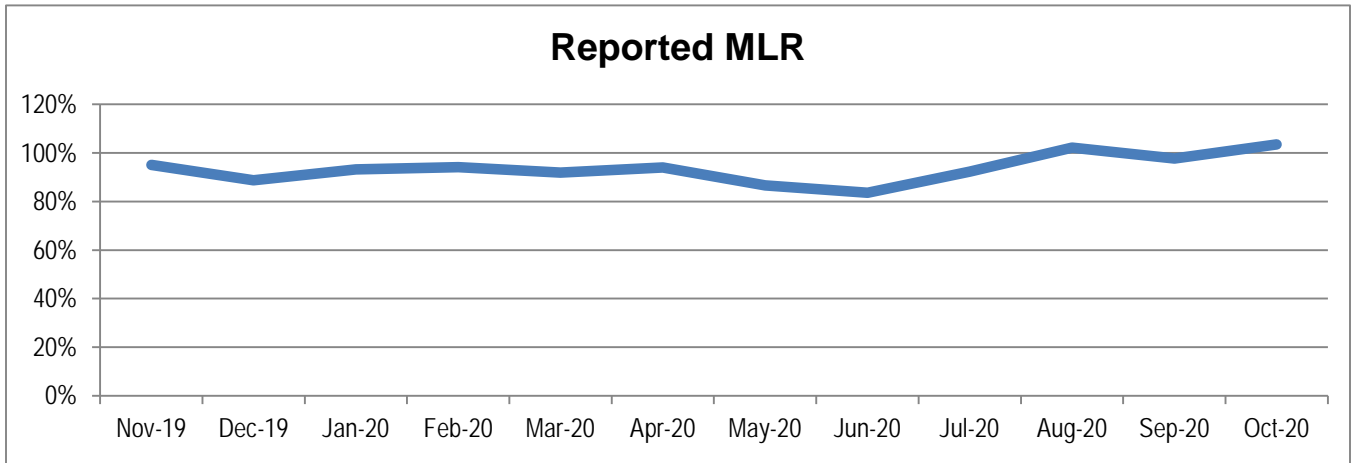
Reported MLR

Administrative Expense

- For the month ended October 31, 2020:
    - Actual Administrative Expense: $4.8 million.
    - Budgeted Administrative Expense: $7.2 million.

- For the fiscal YTD ended October 31, 2020:
    - Actual Administrative Expense: $19.5 million.
    - Budgeted Administrative Expense: $30.2 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 %	
$2,575,629	$2,816,933	$241,304	8.6%	Employee Expense	$10,323,333	$10,685,144	$361,812	3.4%	
633,542	631,053	(2,489)	-0.4%	Medical Benefits Admin Expense	2,519,176	2,491,560	(27,616)	-1.1%	
627,089	1,033,713	406,624	39.3%	Purchased & Professional Services	3,002,545	4,196,395	1,193,850	28.4%	
939,462	2,731,033	1,791,571	65.6%	Other Admin Expense	3,632,213	12,826,075	9,193,862	71.7%	
$4,775,722	$7,212,732	$2,437,010	33.8%	Total Administrative Expense	$19,477,267	$30,199,174	$10,721,908	35.5%	

- The YTD favorable variance is primarily due to the postponement of the planned Provider Sustainability Fund payout of $8.3 million (discussions with the Board regarding the Sustainability Fund continue, the budget will be moved to begin in January 2021).

- Additional favorable variances include:
    - Delayed timing of new project start dates in Consultants, Computer Support Services and Purchased Services.
    - Savings in Licenses and Subscriptions as the result of the delay in new project starts.
    - Savings in Printing / Postage Activities.

- Administrative expense represented 5.6% of net revenue for the month and 5.8% 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 $250,000.

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

Tangible Net Equity (TNE)

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

  - Required TNE $34.3 million
  - Actual TNE $190.4 million
  - Excess TNE $156.1 million
  - TNE as % of Required TNE   555%

Tangible Net Equity
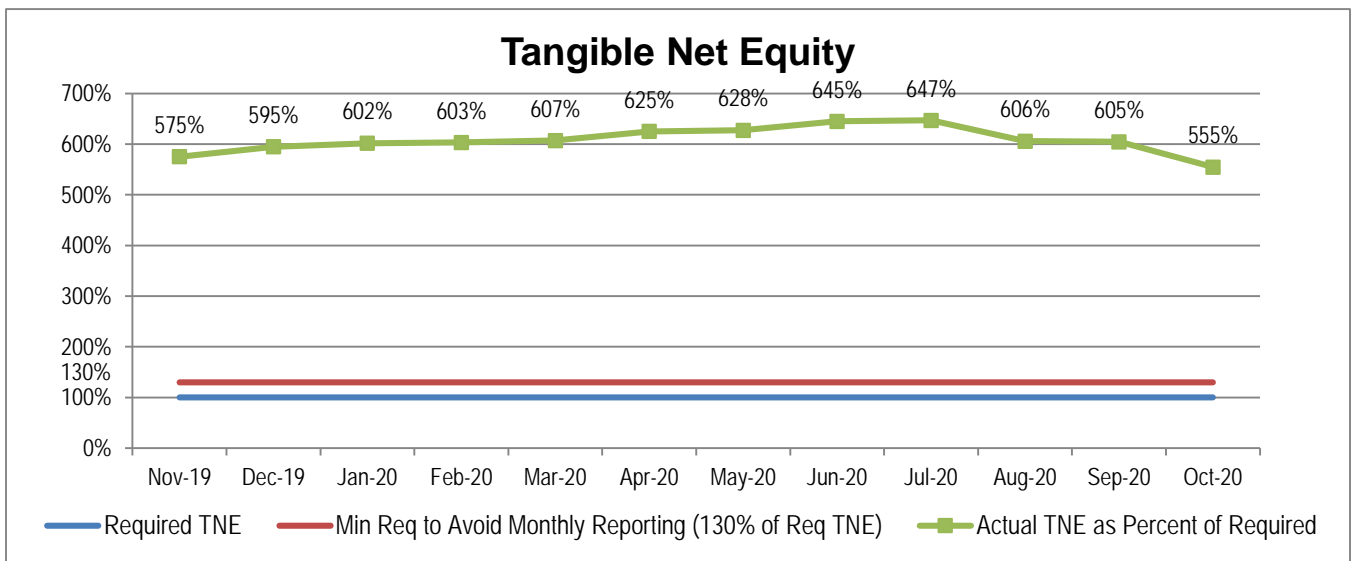
- Cash and Liabilities reflect pass-through liabilities and an ACA OE MLR accrual. The ACA OE MLR accrual represents funds that are estimated to be paid back to the Department of Health Care Services (DHCS) / Centers for Medicare & Medicaid Services (CMS) and result from the ACA OE MLR being less than 85% for the prior fiscal years.

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

- Key Metrics
  - Cash & Cash Equivalents $301.0 million
  - Pass-Through Liabilities $120.8 million
  - Uncommitted Cash $180.2 million
  - Working Capital $180.5 million
  - Current Ratio   1.71 (regulatory minimum is 1.0)

Cash Equivalents vs. Pass-Through Liabilities
(In Millions)
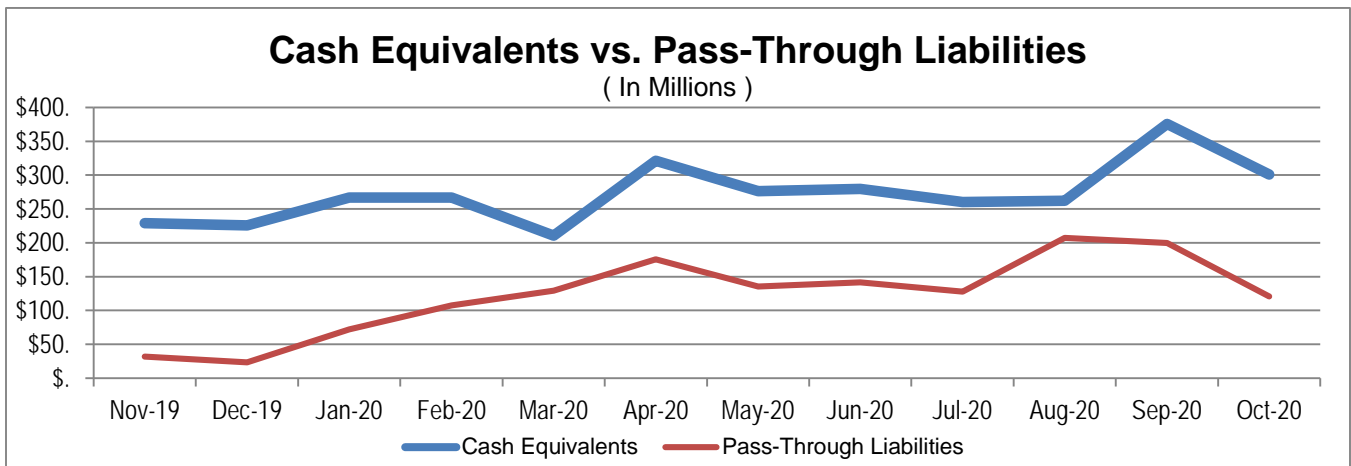
Capital Investment

- Fiscal year-to-date Capital assets acquired: $327,000.

- Annual capital budget: $2.5 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, 2020

| | CURRENT MONTH | | | | | FISCAL YEAR TO DATE | | | |
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description		Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP					
264,409	266,579	(2,170)	(0.8%)	1 - Medi-Cal		1,037,446	1,046,562	(9,116)	(0.9%)
6,009	6,493	(484)	(7.5%)	2 - Group Care		24,136	25,685	(1,549)	(6.0%)
270,418	273,072	(2,654)	(1.0%)	3 - Total Member Months		1,061,582	1,072,247	(10,665)	(1.0%)
$85,720,392	$81,895,852	$3,824,540	4.7%	**REVENUE** 4 - TOTAL REVENUE		$335,436,543	$322,891,359	$12,545,184	3.9%
				MEDICAL EXPENSES					
				Capitated Medical Expenses:					
18,200,568	18,770,087	569,519	3.0%	5 - Capitated Medical Expense		70,739,877	73,790,203	3,050,326	4.1%
				Fee for Service Medical Expenses:					
27,540,530	23,177,323	(4,363,207)	(18.8%)	6 - Inpatient Hospital & SNF FFS Expense		100,595,174	91,787,579	(8,807,595)	(9.6%)
4,417,342	1,326,224	(3,091,118)	(233.1%)	7 - Primary Care Physician FFS Expense		16,757,152	5,161,787	(11,595,365)	(224.6%)
4,310,545	4,185,124	(125,421)	(3.0%)	8 - Specialty Care Physician Expense		17,474,223	16,237,859	(1,236,364)	(7.6%)
4,531,509	3,286,002	(1,245,507)	(37.9%)	9 - Ancillary Medical Expense		15,985,328	12,988,178	(2,997,150)	(23.1%)
8,708,826	7,568,636	(1,140,190)	(15.1%)	10 - Outpatient Medical Expense		30,909,304	30,250,521	(658,783)	(2.2%)
3,873,697	3,350,434	(523,263)	(15.6%)	11 - Emergency Expense		14,443,691	13,134,785	(1,308,906)	(10.0%)
15,294,433	13,794,274	(1,500,159)	(10.9%)	12 - Pharmacy Expense		57,243,132	54,272,219	(2,970,913)	(5.5%)
68,676,881	56,688,017	(11,988,864)	(21.1%)	13 - Total Fee for Service Expense		253,408,006	223,832,928	(29,575,078)	(13.2%)
1,859,649	2,168,748	309,098	14.3%	14 - Other Benefits & Services		7,483,418	8,864,138	1,380,719	15.6%
(115,554)	40,199	155,753	387.5%	15 - Reinsurance Expense		(109,984)	503,015	612,999	121.9%
83,333	83,334	1	0.0%	16 - Risk Pool Distribution		333,332	333,332	0	0.0%
88,704,877	77,750,385	(10,954,492)	(14.1%)	17 - TOTAL MEDICAL EXPENSES		331,854,649	307,323,616	(24,531,033)	(8.0%)
(2,984,486)	4,145,467	(7,129,953)	(172.0%)	18 - GROSS MARGIN		3,581,894	15,567,743	(11,985,849)	(77.0%)
				ADMINISTRATIVE EXPENSES					
2,575,628	2,816,933	241,304	8.6%	19 - Personnel Expense		10,323,334	10,685,144	361,810	3.4%
633,541	631,053	(2,488)	(0.4%)	20 - Benefits Administration Expense		2,519,176	2,491,561	(27,615)	(1.1%)
627,089	1,033,713	406,623	39.3%	21 - Purchased & Professional Services		3,002,544	4,196,395	1,193,851	28.4%
939,463	2,731,033	1,791,570	65.6%	22 - Other Administrative Expense		3,632,214	12,826,075	9,193,861	71.7%
4,775,722	7,212,732	2,437,010	33.8%	23 - Total Administrative Expense		19,477,267	30,199,175	10,721,907	35.5%
(7,760,207)	(3,067,265)	(4,692,943)	(153.0%)	24 - NET OPERATING INCOME / (LOSS)		(15,895,373)	(14,631,431)	(1,263,942)	(8.6%)
				OTHER INCOME / EXPENSE					
4,730	131,668	(126,938)	(96.4%)	25 - Total Other Income / (Expense)		117,526	526,671	(409,145)	(77.7%)
($7,755,478)	($2,935,597)	($4,819,881)	(164.2%)	26 - NET INCOME / (LOSS)		($15,777,847)	($14,104,760)	($1,673,087)	(11.9%)
5.6%	8.8%	3.2%	36.7%	27 - Admin Exp % of Revenue		5.8%	9.4%	3.5%	37.9%

PL FFS CAP 2021

11/23/20

ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2021
CURRENT MONTH VS. PRIOR MONTH
October 31, 2020

	October	September	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$43,911,665	$8,574,025	$35,337,640	412.15%
Short-Term Investments	257,136,787	367,125,737	(109,988,949)	-29.96%
Interest Receivable	1,392	2,058	(666)	-32.37%
Other Receivables - Net	124,924,615	124,702,708	221,907	0.18%
Prepaid Expenses	4,264,430	4,616,755	(352,325)	-7.63%
Prepaid Inventoried Items	4,767	4,201	566	13.47%
CalPERS Net Pension Asset	(832,801)	(832,801)	0	0.00%
Deferred CalPERS Outflow	4,303,523	4,303,523	0	0.00%
TOTAL CURRENT ASSETS	**433,714,378**	**508,496,205**	**(74,781,827)**	**-14.71%**
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	9,713,866	9,713,866	0	0.00%
Furniture And Equipment	15,088,671	15,088,671	0	0.00%
Leasehold Improvement	924,350	924,350	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	42,550,888	42,550,888	0	0.00%
Less: Accumulated Depreciation	(32,957,962)	(32,780,298)	(177,664)	0.54%
NET PROPERTY AND EQUIPMENT	**9,592,926**	**9,770,590**	**(177,664)**	**-1.82%**
TOTAL ASSETS	**$443,657,304**	**$518,616,795**	**($74,959,491)**	**-14.45%**
CURRENT LIABILITIES:				
Accounts Payable	$2,618,202	$3,833,633	($1,215,431)	-31.70%
Pass-Through Liabilities	120,780,290	199,882,741	(79,102,451)	-39.57%
Claims Payable	17,911,449	16,981,782	929,666	5.47%
IBNP Reserves	92,015,919	79,783,034	12,232,885	15.33%
Payroll Liabilities	3,842,480	3,974,496	(132,015)	-3.32%
CalPERS Deferred Inflow	1,627,670	1,627,670	0	0.00%
Risk Sharing	3,983,184	3,899,851	83,333	2.14%
Provider Grants/ New Health Program	10,481,143	10,481,143	0	0.00%
TOTAL CURRENT LIABILITIES	**253,260,336**	**320,464,349**	**(67,204,013)**	**-20.97%**
TOTAL LIABILITIES	**253,260,336**	**320,464,349**	**(67,204,013)**	**-20.97%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	205,334,582	205,334,582	0	0.00%
Year-to Date Net Income / (Loss)	(15,777,847)	(8,022,370)	(7,755,478)	96.67%
TOTAL NET WORTH	**190,396,968**	**198,152,445**	**(7,755,478)**	**-3.91%**
TOTAL LIABILITIES AND NET WORTH	**$443,657,304**	**$518,616,795**	**($74,959,491)**	**-14.45%**

BALSHEET 2021

11/23/20
REPORT #3

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

FOR THE MONTH AND FISCAL YTD ENDED	10/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$82,390,257	$289,989,257	$501,087,084	$447,655,189
Commercial Premium Revenue	2,251,341	6,946,546	13,365,652	9,024,932
Other Income	557,937	1,378,285	2,924,926	1,788,076
Investment Income	27,598	102,246	584,218	231,486
Cash Paid To:				
Medical Expenses	(75,159,682)	(237,627,963)	(447,315,054)	(311,322,432)
Vendor & Employee Expenses	(5,616,309)	(12,741,290)	(35,395,493)	(18,064,941)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	4,451,142	48,047,081	35,251,333	129,312,310
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	0	(167,040)	(936,415)	(326,931)
Net Cash Provided By (Used In) Financing Activities	0	(167,040)	(936,415)	(326,931)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	(79,102,451)	(6,909,926)	(54,648,847)	(107,612,011)
Net Cash Provided By (Used In) Investing Activities	(79,102,451)	(6,909,926)	(54,648,847)	(107,612,011)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(74,651,309)**	**40,970,115**	**(20,333,929)**	**21,373,368**
Cash @ Beginning of Period	375,699,762	260,078,338	321,382,382	279,675,086
Subtotal	$301,048,453	$301,048,453	$301,048,453	$301,048,454
Rounding	(1)	(1)	(1)	(2)
Cash @ End of Period	**$301,048,452**	**$301,048,452**	**$301,048,452**	**$301,048,452**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	**($7,755,478)**	**($17,640,273)**	**($9,192,240)**	**($15,777,847)**
Depreciation	177,664	552,272	1,137,534	745,944
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(221,241)	44,680,893	19,213,016	122,871,997
Prepaid Expenses	351,759	1,091,704	2,035,567	684,111
Trade Payables	(1,215,431)	258,648	(1,028,229)	(256,780)
Claims payable & IBNP	13,245,884	25,331,593	13,426,829	19,062,960
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(132,015)	(6,227,756)	9,658,855	1,981,924
Subtotal	4,451,142	48,047,081	35,251,332	129,312,309
Rounding	0	0	1	1
Cash Flows from Operating Activities	**$4,451,142**	**$48,047,081**	**$35,251,333**	**$129,312,310**
Rounding Difference	0	0	1	1

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED   **10/31/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,251,341	$6,946,546	$13,365,652	$9,024,932
Total	2,251,341	6,946,546	13,365,652	9,024,932
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	82,911,475	245,253,098	480,956,050	324,622,340
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(521,218)	44,736,159	20,131,034	123,032,849
Total	82,390,257	289,989,257	501,087,084	447,655,189
Investment & Other Income Cash Flows				
Other Revenue (Grants)	557,937	1,378,285	2,924,926	1,788,076
Interest Income	26,932	101,763	556,993	231,595
Interest Receivable	666	483	27,225	(109)
Total	585,535	1,480,531	3,509,144	2,019,562
Medical & Hospital Cash Flows				
Total Medical Expenses	(88,704,877)	(256,333,807)	(469,684,960)	(331,854,649)
Other Receivable	299,311	(55,749)	(945,243)	(160,743)
Claims Payable	929,666	2,256,295	(1,755,860)	3,306,849
IBNP Payable	12,232,885	22,696,636	14,043,025	17,924,544
Risk Share Payable	83,333	378,662	1,139,664	(2,168,433)
Health Program	0	(6,570,000)	9,888,320	1,630,000
Other Liabilities	0	0	0	0
Total	(75,159,682)	(237,627,963)	(447,315,054)	(311,322,432)
Administrative Cash Flows				
Total Administrative Expenses	(4,798,286)	(14,986,158)	(37,310,900)	(19,590,140)
Prepaid Expenses	351,759	1,091,704	898,419	684,111
CalPERS Pension Asset	0	0	940,521	0
CalPERS Deferred Outflow	0	0	196,627	0
Trade Accounts Payable	(1,215,431)	258,648	(1,028,229)	(256,780)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(132,015)	342,244	(229,465)	351,924
Depreciation Expense	177,664	552,272	1,137,534	745,944
Total	(5,616,309)	(12,741,290)	(35,395,493)	(18,064,941)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	4,451,142	48,047,081	35,251,333	129,312,310

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED   **10/31/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(79,102,451)	(6,909,926)	(54,648,847)	(107,612,011)
Restricted Cash	0	0	0	0
	(79,102,451)	(6,909,926)	(54,648,847)	(107,612,011)
Fixed Asset Cash Flows				
Depreciation expense	177,664	552,272	1,137,534	745,944
Fixed Asset Acquisitions	0	(167,040)	(936,415)	(326,931)
Change in A/D	(177,664)	(552,272)	(1,137,534)	(745,944)
	0	(167,040)	(936,415)	(326,931)
Total Cash Flows from Investing Activities	**(79,102,451)**	**(7,076,966)**	**(55,585,262)**	**(107,938,942)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(74,651,309)**	**40,970,115**	**(20,333,929)**	**21,373,368**
Rounding	(1)	(1)	(1)	(2)
Cash @ Beginning of Period	375,699,762	260,078,338	321,382,382	279,675,086
Cash @ End of Period	**$301,048,452**	**$301,048,452**	**$301,048,452**	**$301,048,452**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

FOR THE MONTH AND FISCAL YTD ENDED	10/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	($7,755,478)	($17,640,273)	($9,192,240)	($15,777,847)
Add back: Depreciation	177,664	552,272	1,137,534	745,944
Receivables				
Premiums Receivable	(521,218)	44,736,159	20,131,034	123,032,849
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	666	483	27,225	(109)
Other Receivable	299,311	(55,749)	(945,243)	(160,743)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(221,241)	44,680,893	19,213,016	122,871,997
Prepaid Expenses	351,759	1,091,704	2,035,567	684,111
Trade Payables	(1,215,431)	258,648	(1,028,229)	(256,780)
Claims Payable, IBNR & Risk Share				
IBNP	12,232,885	22,696,636	14,043,025	17,924,544
Claims Payable	929,666	2,256,295	(1,755,860)	3,306,849
Risk Share Payable	83,333	378,662	1,139,664	(2,168,433)
Other Liabilities	0	0	0	0
Total	13,245,884	25,331,593	13,426,829	19,062,960
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(132,015)	342,244	(229,465)	351,924
Health Program	0	(6,570,000)	9,888,320	1,630,000
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(132,015)	(6,227,756)	9,658,855	1,981,924
Cash Flows from Operating Activities	$4,451,142	$48,047,081	$35,251,332	$129,312,309
Difference (rounding)	0	0	(1)	(1)

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF OCTOBER 2020

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	93,982	37,072	26,250	88,258	18,847	264,409	6,009	270,418
Net Revenue	$11,035,330	$11,836,418	$25,213,855	$32,220,200	$3,163,250	$83,469,053	$2,251,338	$85,720,392
Medical Expense	$9,112,344	$11,308,388	$29,795,799	$33,989,145	$2,572,357	$86,778,033	$1,926,844	$88,704,877
Gross Margin	$1,922,986	$528,030	($4,581,944)	($1,768,944)	$590,893	($3,308,979)	$324,494	($2,984,486)
Administrative Expense	$400,151	$639,269	$1,681,109	$1,788,894	$124,220	$4,633,644	$142,078	$4,775,722
Operating Income / (Expense)	$1,522,835	($111,239)	($6,263,053)	($3,557,839)	$466,673	($7,942,623)	$182,416	($7,760,207)
Other Income / (Expense)	$952	$2,549	($4,003)	$5,375	($466)	$4,408	$322	$4,730
Net Income / (Loss)	$1,523,787	($108,689)	($6,267,057)	($3,552,463)	$466,206	($7,938,215)	$182,738	($7,755,478)
Revenue PMPM	$117.42	$319.28	$960.53	$365.07	$167.84	$315.68	$374.66	$316.99
Medical Expense PMPM	$96.96	$305.04	$1,135.08	$385.11	$136.49	$328.20	$320.66	$328.03
Gross Margin PMPM	$20.46	$14.24	($174.55)	($20.04)	$31.35	($12.51)	$54.00	($11.04)
Administrative Expense PMPM	$4.26	$17.24	$64.04	$20.27	$6.59	$17.52	$23.64	$17.66
Operating Income / (Expense) PMPM	$16.20	($3.00)	($238.59)	($40.31)	$24.76	($30.04)	$30.36	($28.70)
Other Income / (Expense) PMPM	$0.01	$0.07	($0.15)	$0.06	($0.02)	$0.02	$0.05	$0.02
Net Income / (Loss) PMPM	$16.21	($2.93)	($238.75)	($40.25)	$24.74	($30.02)	$30.41	($28.68)
Medical Loss Ratio	82.6%	95.5%	118.2%	105.5%	81.3%	104.0%	85.6%	103.5%
Gross Margin Ratio	17.4%	4.5%	-18.2%	-5.5%	18.7%	-4.0%	14.4%	-3.5%
Administrative Expense Ratio	3.6%	5.4%	6.7%	5.6%	3.9%	5.6%	6.3%	5.6%
Net Income Ratio	13.8%	-0.9%	-24.9%	-11.0%	14.7%	-9.5%	8.1%	-9.0%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - OCTOBER 2020

	Medi-Cal Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	371,622	143,972	104,566	343,041	74,245	1,037,446	24,136	1,061,582
Net Revenue	$44,044,379	$44,827,474	$100,851,460	$124,288,709	$12,399,518	$326,411,539	$9,025,004	$335,436,543
Medical Expense	$35,095,912	$43,523,116	$110,746,921	$122,723,743	$10,969,538	$323,059,229	$8,795,420	$331,854,649
Gross Margin	$8,948,467	$1,304,358	($9,895,461)	$1,564,966	$1,429,980	$3,352,310	$229,584	$3,581,894
Administrative Expense	$1,527,835	$2,634,699	$6,729,560	$7,326,322	$611,846	$18,830,261	$647,006	$19,477,267
Operating Income / (Expense)	$7,420,632	($1,330,341)	($16,625,021)	($5,761,357)	$818,135	($15,477,951)	($417,422)	($15,895,374)
Other Income / (Expense)	$12,391	$15,932	$41,327	$52,775	($6,788)	$115,636	$1,891	$117,526
Net Income / (Loss)	$7,433,023	($1,314,409)	($16,583,694)	($5,708,582)	$811,346	($15,362,316)	($415,531)	($15,777,847)
Revenue PMPM	$118.52	$311.36	$964.48	$362.31	$167.01	$314.63	$373.92	$315.98
Medical Expense PMPM	$94.44	$302.30	$1,059.11	$357.75	$147.75	$311.40	$364.41	$312.60
Gross Margin PMPM	$24.08	$9.06	($94.63)	$4.56	$19.26	$3.23	$9.51	$3.37
Administrative Expense PMPM	$4.11	$18.30	$64.36	$21.36	$8.24	$18.15	$26.81	$18.35
Operating Income / (Expense) PMPM	$19.97	($9.24)	($158.99)	($16.79)	$11.02	($14.92)	($17.29)	($14.97)
Other Income / (Expense) PMPM	$0.03	$0.11	$0.40	$0.15	($0.09)	$0.11	$0.08	$0.11
Net Income / (Loss) PMPM	$20.00	($9.13)	($158.60)	($16.64)	$10.93	($14.81)	($17.22)	($14.86)
Medical Loss Ratio	79.7%	97.1%	109.8%	98.7%	88.5%	99.0%	97.5%	98.9%
Gross Margin Ratio	20.3%	2.9%	-9.8%	1.3%	11.5%	1.0%	2.5%	1.1%
Administrative Expense Ratio	3.5%	5.9%	6.7%	5.9%	4.9%	5.8%	7.2%	5.8%
Net Income Ratio	16.9%	-2.9%	-16.4%	-4.6%	6.5%	-4.7%	-4.6%	-4.7%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2020

	CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)			Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
					ADMINISTRATIVE EXPENSE SUMMARY				
$2,575,628	$2,816,933	$241,304	8.6%		Personnel Expenses	$10,323,334	$10,685,144	$361,810	3.4%
633,541	631,053	(2,488)	(0.4%)		Benefits Administration Expense	2,519,176	2,491,561	(27,615)	(1.1%)
627,089	1,033,713	406,623	39.3%		Purchased & Professional Services	3,002,544	4,196,395	1,193,851	28.4%
363,168	405,091	41,923	10.3%		Occupancy	1,500,171	1,651,258	151,087	9.1%
130,819	1,750,161	1,619,342	92.5%		Printing Postage & Promotion	359,442	8,860,319	8,500,877	95.9%
432,367	555,833	123,467	22.2%		Licenses Insurance & Fees	1,732,048	2,228,817	496,769	22.3%
13,109	19,948	6,839	34.3%		Supplies & Other Expenses	40,553	85,681	45,128	52.7%
2,200,093	4,395,799	2,195,706	50.0%		Total Other Administrative Expense	9,153,934	19,514,031	10,360,097	53.1%
$4,775,722	**$7,212,732**	**$2,437,010**	**33.8%**		**Total Administrative Expenses**	**$19,477,267**	**$30,199,175**	**$10,721,907**	**35.5%**

ADMIN YTD 2021
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ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2020

	CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description		Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses					
$1,764,887	$1,744,994	($19,894)	(1.1%)	Salaries & Wages		$6,953,855	$6,661,722	($292,133)	(4.4%)
170,935	186,190	15,255	8.2%	Paid Time Off		707,107	699,977	(7,130)	(1.0%)
1,250	0	(1,250)	0.0%	Incentives		2,016	0	(2,016)	0.0%
0	0	0	0.0%	Severance Pay		7,605	0	(7,605)	0.0%
27,182	31,356	4,174	13.3%	Payroll Taxes		110,573	189,500	78,927	41.7%
20,935	9,800	(11,135)	(113.6%)	Overtime		81,808	36,702	(45,106)	(122.9%)
130,898	147,562	16,664	11.3%	CalPERS ER Match		537,980	562,507	24,527	4.4%
0	0	0	0.0%	Sick Leave Pay		4,097	0	(4,097)	0.0%
432,886	565,525	132,639	23.5%	Employee Benefits		1,700,681	2,049,945	349,263	17.0%
268	0	(268)	0.0%	Personal Floating Holiday		1,453	0	(1,453)	0.0%
2,240	32,313	30,073	93.1%	Employee Relations		4,287	89,043	84,756	95.2%
635	3,853	3,218	83.5%	Transportation Reimbursement		753	15,513	14,760	95.1%
0	33,952	33,952	100.0%	Travel & Lodging		(615)	71,047	71,662	100.9%
11,200	4,000	(7,200)	(180.0%)	Temporary Help Services		80,546	75,640	(4,906)	(6.5%)
7,923	45,090	37,167	82.4%	Staff Development/Training		28,607	183,556	154,949	84.4%
4,390	12,298	7,908	64.3%	Staff Recruitment/Advertising		102,580	49,992	(52,588)	(105.2%)
2,575,628	**2,816,933**	**241,304**	**8.6%**	**Total Employee Expenses**		**10,323,334**	**10,685,144**	**361,810**	**3.4%**
				Benefit Administration Expense					
378,245	380,123	1,879	0.5%	RX Administration Expense		1,517,378	1,504,045	(13,333)	(0.9%)
238,953	233,324	(5,629)	(2.4%)	Behavioral Hlth Administration Fees		937,660	919,177	(18,483)	(2.0%)
16,344	17,606	1,262	7.2%	Telemedicine Admin Fees		64,138	68,338	4,200	6.1%
633,541	**631,053**	**(2,488)**	**(0.4%)**	**Total Employee Expenses**		**2,519,176**	**2,491,561**	**(27,615)**	**(1.1%)**
				Purchased & Professional Services					
139,419	229,758	90,339	39.3%	Consulting Services		534,447	1,008,549	474,103	47.0%
356,687	571,879	215,193	37.6%	Computer Support Services		1,406,074	2,162,709	756,636	35.0%
8,750	8,750	0	0.0%	Professional Fees-Accounting		34,187	35,000	813	2.3%
0	100	100	100.0%	Professional Fees-Medical		0	400	400	100.0%
24,965	109,039	84,075	77.1%	Other Purchased Services		94,903	382,965	288,062	75.2%
4,433	9,200	4,767	51.8%	Maint.& Repair-Office Equipment		38,181	36,800	(1,381)	(3.8%)
20,770	8,050	(12,720)	(158.0%)	HMS Recovery Fees		117,121	32,200	(84,921)	(263.7%)
0	242	242	100.0%	MIS Software (Non-Capital)		0	150,967	150,967	100.0%
17,027	4,000	(13,027)	(325.7%)	Hardware (Non-Capital)		57,098	16,000	(41,098)	(256.9%)
16,218	7,695	(8,523)	(110.8%)	Provider Relations-Credentialing		37,026	30,805	(6,221)	(20.2%)
38,821	85,000	46,179	54.3%	Legal Fees		683,508	340,000	(343,508)	(101.0%)
627,089	**1,033,713**	**406,623**	**39.3%**	**Total Purchased & Professional Services**		**3,002,544**	**4,196,395**	**1,193,851**	**28.4%**
				Occupancy					
151,557	167,461	15,905	9.5%	Depreciation		641,514	647,031	5,517	0.9%
26,107	47,871	21,764	45.5%	Amortization		104,430	169,720	65,291	38.5%
67,855	69,568	1,713	2.5%	Building Lease		271,420	278,272	6,852	2.5%
2,780	2,513	(267)	(10.6%)	Leased and Rented Office Equipment		11,118	10,051	(1,067)	(10.6%)
10,848	13,517	2,669	19.7%	Utilities		47,694	58,464	10,770	18.4%
88,782	76,900	(11,882)	(15.5%)	Telephone		359,660	307,600	(52,060)	(16.9%)
15,238	27,261	12,023	44.1%	Building Maintenance		64,334	180,119	115,785	64.3%

ADMIN YTD 2021
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ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2020

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$363,168	$405,091	$41,923	10.3%	**Total Occupancy**	$1,500,171	$1,651,258	$151,087	9.1%
				Printing Postage & Promotion				
24,875	32,001	7,127	22.3%	Postage	67,955	158,269	90,313	57.1%
3,825	3,250	(575)	(17.7%)	Design & Layout	10,850	32,500	21,650	66.6%
31,557	41,550	9,993	24.1%	Printing Services	125,608	174,800	49,192	28.1%
3,194	4,485	1,291	28.8%	Mailing Services	10,634	18,245	7,611	41.7%
2,923	2,383	(541)	(22.7%)	Courier/Delivery Service	9,759	9,556	(203)	(2.1%)
9	808	800	98.9%	Pre-Printed Materials and Publications	33	2,967	2,933	98.9%
0	0	0	0.0%	Promotional Products	18,221	1,250	(16,971)	(1,357.7%)
0	50	50	100.0%	Promotional Services	0	200	200	100.0%
59,977	1,659,333	1,599,357	96.4%	Community Relations	94,385	8,437,333	8,342,949	98.9%
4,460	6,300	1,840	29.2%	Translation - Non-Clinical	21,997	25,200	3,203	12.7%
130,819	1,750,161	1,619,342	92.5%	**Total Printing Postage & Promotion**	359,442	8,860,319	8,500,877	95.9%
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	0	62,500	62,500	100.0%
20,909	19,100	(1,809)	(9.5%)	Bank Fees	77,067	76,400	(667)	(0.9%)
53,007	48,446	(4,561)	(9.4%)	Insurance	212,027	197,438	(14,590)	(7.4%)
299,158	418,586	119,428	28.5%	Licenses, Permits and Fees	1,191,116	1,607,212	416,096	25.9%
59,292	69,702	10,409	14.9%	Subscriptions & Dues	251,838	285,267	33,429	11.7%
432,367	555,833	123,467	22.2%	**Total Licenses Insurance & Postage**	1,732,048	2,228,817	496,769	22.3%
				Supplies & Other Expenses				
1,700	5,437	3,737	68.7%	Office and Other Supplies	7,470	24,889	17,419	70.0%
118	2,695	2,577	95.6%	Ergonomic Supplies	1,767	10,780	9,013	83.6%
143	8,316	8,173	98.3%	Commissary-Food & Beverage	2,827	35,812	32,985	92.1%
9,700	3,500	(6,200)	(177.1%)	Member Incentive Expense	19,400	14,200	(5,200)	(36.6%)
758	0	(758)	0.0%	Covid-19 IT Expenses	3,840	0	(3,840)	0.0%
690	0	(690)	0.0%	Covid-19 Non IT Expenses	5,249	0	(5,249)	0.0%
13,109	19,948	6,839	34.3%	**Total Supplies & Other Expense**	40,553	85,681	45,128	52.7%
$4,775,722	$7,212,732	$2,437,010	33.8%	**TOTAL ADMINISTRATIVE EXPENSE**	$19,477,267	$30,199,175	$10,721,907	35.5%

ADMIN YTD 2021
11/23/20
REPORT #6

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED OCTOBER 31, 2020

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:						
Computer Equipment (Laptop, Desktop, Tablets)	IT-FY21-01	$ 166,425		$ 166,425	$ 300,000	$ 133,575
Display Monitors	IT-FY21-02	$ 30,302		$ 30,302	$ 40,000	$ 9,698
Cisco Phones (Desk phone, Conference phone)	IT-FY21-03	$ -		$ -	$ 30,000	$ 30,000
Audio / Video Equipment	IT-FY21-04	$ -		$ -	$ 60,000	$ 60,000
APC UPS Batteries	IT-FY21-05	$ -		$ -	$ 20,000	$ 20,000
IT Cage Supplies and Tools	IT-FY21-06	$ -		$ -	$ 10,000	$ 10,000
Cisco Network Hardware (Switches, Routers, Firewalls, Wireless)	IT-FY21-07	$ -		$ -	$ 350,000	$ 350,000
Cisco UCS Blade RAM	IT-FY21-08	$ -		$ -	$ 140,000	$ 140,000
Pure Storage Shelf	IT-FY21-09	$ -		$ -	$ 250,000	$ 250,000
Security Hardware	IT-FY21-10	$ -		$ -	$ 80,000	$ 80,000
Call Center Hardware	IT-FY21-11	$ -		$ -	$ 40,000	$ 40,000
Computer Components (Memory, Hard drives)	IT-FY21-16	$ -		$ -	$ 15,000	$ 15,000
Computer Periferals (Keyboards, Mouse, Speakers, Docks ,Headsets)	IT-FY21-17	$ -		$ -	$ 30,000	$ 30,000
Network / AV Cabling	IT-FY21-18	$ -		$ -	$ 250,000	$ 250,000
Carryover from FY20 / unplanned	IT-FY21-19	$ 111,868		$ 111,868	$ -	$ (111,868)
Hardware Subtotal		$ 308,595	$ -	$ 308,595	$ 1,615,000	$ 1,306,405
2. Software:						
Security Software (SIEM Tool)	AC-FY21-01	$ -		$ -	$ -	$ -
Monitoring Software	AC-FY21-02	$ -		$ -	$ 60,000	$ 60,000
Windows Server OS (3rd payment)	AC-FY21-03	$ -		$ -	$ 80,000	$ 80,000
Carryover from FY20 / unplanned	AC-FY21-05	$ 16,616		$ 16,616	$ -	$ (16,616)
Software Subtotal		$ 16,616	$ -	$ 16,616	$ 140,000	$ 123,384
3. Building Improvement:						
Appliances over 1k new/replacement (all buildings/suites)	FA-FY21-01	$ -		$ -	$ 5,000	$ 5,000
ACME Security: Readers, HID boxes, Cameras, Doors (planned/unplanned Maintenance repairs)	FA-FY21-02	$ -		$ -	$ 50,000	$ 50,000
Seismic Improvements (Carryover from FY20)	FA-FY21-03	$ -		$ -	$ 150,000	$ 150,000
HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY21-04	$ -		$ -	$ 65,000	$ 65,000
Electrical work for projects, workstations requirement	FA-FY21-05	$ -		$ -	$ 20,000	$ 20,000
Construction work for various projects	FA-FY21-06	$ -		$ -	$ 20,000	$ 20,000
Building Improvement Subtotal		$ -	$ -	$ -	$ 310,000	$ 310,000

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
4. Furniture & Equipment:						
Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY21-19	$ 1,721		$ 1,721	$ 100,000	$ 98,279
Ergonomic Equipment - Sit/Stand desks	FA-FY21-20	$ -		$ -	$ 40,000	$ 40,000
Task Chairs: Various sizes, special order for Ergo/WC	FA-FY21-21	$ -		$ -	$ 50,000	$ 50,000
Replace, reconfigure, re-design workstations	FA-FY21-22	$ -		$ -	$ 150,000	$ 150,000
Furniture & Equipment Subtotal		**$ 1,721**	**$ -**	**$ 1,721**	**$ 340,000**	**$ 338,279**
5. Leasehold Improvement:						
Electrical work for projects, workstations requirement	FA-FY21-26	$ -		$ -	$ 50,000	$ 50,000
Leasehold Improvement Subtotal		**$ -**	**$ -**	**$ -**	**$ 50,000**	**$ 50,000**
6. Contingency:						
Carryover from FY20 / Unplanned/ Contingency	FA-FY21-28	$ -		$ -	$ -	$ -
Contingency Subtotal		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL		**$ 326,932**	**$ -**	**$ 326,932**	**$ 2,455,000**	**$ 2,128,068**

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost -10/31/20	$	42,550,888
Fixed Assets @ Cost - 6/30/20	$	42,223,957
Fixed Assets Acquired YTD	$	326,931

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

TANGIBLE NET EQUITY (TNE)

	Jul-20	Aug-20	QTR. END Sep-20	Oct-20
Current Month Net Income / (Loss)	$1,862,425	($6,647,096)	($3,237,699)	($7,755,478)
YTD Net Income / (Loss)	$1,862,425	($4,784,670)	($8,022,369)	($15,777,847)
Actual TNE				
Net Assets	$208,037,240	$201,390,145	$198,152,445	$190,396,968
Subordinated Debt & Interest	$0	$0	$0	$0
Total Actual TNE	**$208,037,240**	**$201,390,145**	**$198,152,445**	**$190,396,968**
Increase/(Decrease) in Actual TNE	$1,862,425	($6,647,095)	($3,237,700)	($7,755,477)
Required TNE[1]	**$32,152,830**	**$33,226,635**	**$32,768,500**	**$34,310,349**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$41,798,679	$43,194,626	$42,599,050	$44,603,454
TNE Excess / (Deficiency)	$175,884,410	$168,163,510	$165,383,945	$156,086,619
Actual TNE as a Multiple of Required	**6.47**	**6.06**	**6.05**	**5.55**

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

	Jul-20	Aug-20	Sep-20	Oct-20
Net Assets	$208,037,240	$201,390,145	$198,152,445	$190,396,968
Fixed Assets at Net Book Value	9,978,158	9,949,713	9,770,590	9,592,926
CD Pledged to DMHC	350,000	350,000	350,000	350,000
Liquid TNE (Liquid Reserves)	**$218,365,398**	**$211,689,858**	**$208,273,035**	**$200,339,894**
Liquid TNE as Multiple of Required	**6.79**	**6.37**	**6.36**	**5.84**

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

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

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	91,570	92,692	93,378	93,982									371,622
Adults*	34,909	35,689	36,302	37,072									143,972
SPD*	26,044	26,094	26,178	26,250									104,566
ACA OE	82,989	85,081	86,713	88,258									343,041
Duals	18,297	18,495	18,606	18,847									74,245
Medi-Cal Program	253,809	258,051	261,177	264,409									1,037,446
Group Care Program	6,109	6,007	6,011	6,009									24,136
Total	**259,918**	**264,058**	**267,188**	**270,418**									**1,061,582**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	825	1,122	686	604									3,237
Adults*	822	780	613	770									2,985
SPD*	(67)	50	84	72									139
ACA OE	1,693	2,092	1,632	1,545									6,962
Duals	228	198	111	241									778
Medi-Cal Program	3,501	4,242	3,126	3,232									14,101
Group Care Program	(328)	(102)	4	(2)									(428)
Total	**3,173**	**4,140**	**3,130**	**3,230**									**13,673**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.1%	35.9%	35.8%	35.5%									35.8%
Adults % of Medi-Cal	13.8%	13.8%	13.9%	14.0%									13.9%
SPD % of Medi-Cal	10.3%	10.1%	10.0%	9.9%									10.1%
ACA OE % of Medi-Cal	32.7%	33.0%	33.2%	33.4%									33.1%
Duals % of Medi-Cal	7.2%	7.2%	7.1%	7.1%									7.2%
Medi-Cal Program % of Total	97.6%	97.7%	97.8%	97.8%									97.7%
Group Care Program % of Total	2.4%	2.3%	2.2%	2.2%									2.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

REPORT #9

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

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	50,199	51,057	51,527	51,397									204,180
Alameda Health System	50,193	51,312	52,596	53,607									207,708
	100,392	102,369	104,123	105,004									411,888
Delegated:													
CFMG	30,742	31,072	30,803	31,173									123,790
CHCN	94,144	95,194	96,219	97,528									383,085
Kaiser	34,640	35,423	36,043	36,713									142,819
Delegated Subtotal	159,526	161,689	163,065	165,414									649,694
Total	**259,918**	**264,058**	**267,188**	**270,418**									**1,061,582**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	1,402	1,977	1,754	881									6,014
Delegated:													
CFMG	317	330	(269)	370									748
CHCN	752	1,050	1,025	1,309									4,136
Kaiser	702	783	620	670									2,775
Delegated Subtotal	1,771	2,163	1,376	2,349									7,659
Total	**3,173**	**4,140**	**3,130**	**3,230**									**13,673**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.6%	38.8%	39.0%	38.8%									38.8%
Delegated:													
CFMG	11.8%	11.8%	11.5%	11.5%									11.7%
CHCN	36.2%	36.1%	36.0%	36.1%									36.1%
Kaiser	13.3%	13.4%	13.5%	13.6%									13.5%
Delegated Subtotal	61.4%	61.2%	61.0%	61.2%									61.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

* Clarified guidance received from DHCS. BCCTP will not be included with SPD category of aid until January 2020. BCCTP was included in SPD for July and August 2020. This worksheet includes retroactive adjustment to reclassify BCCTP from SPD to Adults for July and August 2020.

REPORT #9

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

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	94,058	95,939	97,858	98,837	99,825	100,823	100,319	99,817	98,819	97,831	96,853	95,884	1,176,863
Adult	34,657	35,350	36,057	36,418	36,782	37,150	36,964	36,779	36,411	36,047	35,687	35,330	433,632
SPD	25,972	25,998	26,024	26,050	26,076	26,102	26,128	26,154	26,180	26,206	26,232	26,258	313,380
ACA OE	83,087	84,749	86,444	87,308	88,181	89,063	88,618	88,175	87,293	86,420	85,556	84,700	1,039,594
Duals	17,912	17,930	17,948	17,966	17,984	18,002	18,020	18,038	18,056	18,074	18,092	18,110	216,132
Medi-Cal Program	255,686	259,966	264,331	266,579	268,848	271,140	270,049	268,963	266,759	264,578	262,420	260,282	3,179,601
Group Care Program	6,334	6,397	6,461	6,493	6,525	6,558	6,565	6,572	6,579	6,586	6,593	6,600	78,263
Total	**262,020**	**266,363**	**270,792**	**273,072**	**275,373**	**277,698**	**276,614**	**275,535**	**273,338**	**271,164**	**269,013**	**266,882**	**3,257,864**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,826)	1,881	1,919	979	988	998	(504)	(502)	(998)	(988)	(978)	(969)	0
Adult	(26,931)	693	707	361	364	368	(186)	(185)	(368)	(364)	(360)	(357)	(26,258)
SPD	25,972	26	26	26	26	26	26	26	26	26	26	26	26,258
ACA OE	83,087	1,662	1,695	864	873	882	(445)	(443)	(882)	(873)	(864)	(856)	84,700
Duals	(198)	18	18	18	18	18	18	18	18	18	18	18	0
Medi-Cal Program	80,104	4,280	4,365	2,248	2,269	2,292	(1,091)	(1,086)	(2,204)	(2,181)	(2,158)	(2,138)	84,700
Group Care Program	(29,021)	63	64	32	32	33	7	7	7	7	7	7	(28,755)
Total	**51,083**	**4,343**	**4,429**	**2,280**	**2,301**	**2,325**	**(1,084)**	**(1,079)**	**(2,197)**	**(2,174)**	**(2,151)**	**(2,131)**	**55,945**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.8%	36.9%	37.0%	37.1%	37.1%	37.2%	37.1%	37.1%	37.0%	37.0%	36.9%	36.8%	37.0%
Adult % of Medi-Cal	13.6%	13.6%	13.6%	13.7%	13.7%	13.7%	13.7%	13.7%	13.6%	13.6%	13.6%	13.6%	13.6%
SPD % of Medi-Cal	10.2%	10.0%	9.8%	9.8%	9.7%	9.6%	9.7%	9.7%	9.8%	9.9%	10.0%	10.1%	9.9%
ACA OE % of Medi-Cal	32.5%	32.6%	32.7%	32.8%	32.8%	32.8%	32.8%	32.8%	32.7%	32.7%	32.6%	32.5%	32.7%
Duals % of Medi-Cal	7.0%	6.9%	6.8%	6.7%	6.7%	6.6%	6.7%	6.7%	6.8%	6.8%	6.9%	7.0%	6.8%
Medi-Cal Program % of Total	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.5%	97.5%	97.6%
Group Care Program % of Total	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.5%	2.5%	2.4%
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%**

REPORT #9

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

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	99,847	101,395	102,975	103,790	104,613	105,445	105,072	104,700	103,934	103,177	102,428	101,686	1,239,062
Delegated:													
CFMG	31,364	31,969	32,586	32,901	33,219	33,541	33,380	33,220	32,901	32,585	32,273	31,963	391,902
CHCN	96,094	97,666	99,270	100,095	100,929	101,771	101,381	100,994	100,202	99,420	98,645	97,878	1,194,345
Kaiser	34,715	35,332	35,962	36,286	36,612	36,941	36,781	36,621	36,300	35,982	35,667	35,355	432,554
Delegated Subtotal	162,173	164,968	167,817	169,282	170,760	172,253	171,542	170,835	169,404	167,987	166,585	165,196	2,018,802
Total	**262,020**	**266,363**	**270,792**	**273,072**	**275,373**	**277,698**	**276,614**	**275,535**	**273,338**	**271,164**	**269,013**	**266,882**	**3,257,864**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(167,035)	1,549	1,579	816	823	832	(374)	(372)	(765)	(757)	(749)	(742)	(165,196)
Delegated:													
CFMG	31,364	605	617	315	318	321	(161)	(160)	(319)	(316)	(313)	(310)	31,963
CHCN	96,094	1,572	1,603	826	833	842	(390)	(388)	(791)	(783)	(775)	(767)	97,878
Kaiser	34,715	618	630	323	326	330	(160)	(160)	(322)	(318)	(315)	(312)	35,355
Delegated Subtotal	162,173	2,794	2,850	1,464	1,478	1,493	(710)	(707)	(1,432)	(1,417)	(1,402)	(1,389)	165,196
Total	**(4,862)**	**4,343**	**4,429**	**2,280**	**2,301**	**2,325**	**(1,084)**	**(1,079)**	**(2,197)**	**(2,174)**	**(2,151)**	**(2,131)**	**(0)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.1%	38.1%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	38.1%	38.1%	38.0%
Delegated:													
CFMG	12.0%	12.0%	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
CHCN	36.7%	36.7%	36.7%	36.7%	36.7%	36.6%	36.7%	36.7%	36.7%	36.7%	36.7%	36.7%	36.7%
Kaiser	13.2%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.2%	13.3%
Delegated Subtotal	61.9%	61.9%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	61.9%	61.9%	62.0%
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%**

REPORT #9

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

	Variance Jul-20	Variance Aug-20	Variance Sep-20	Variance Oct-20	Variance Nov-20	Variance Dec-20	Variance Jan-21	Variance Feb-21	Variance Mar-21	Variance Apr-21	Variance May-21	Variance Jun-21	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	(2,488)	(3,247)	(4,480)	(4,855)									(15,070)
Adults*	252	339	245	654									1,490
SPD*	72	96	154	200									522
ACA OE	(98)	332	269	950									1,453
Duals	385	565	658	881									2,489
Medi-Cal Program	(1,877)	(1,915)	(3,154)	(2,170)									(9,116)
Group Care Program	(225)	(390)	(450)	(484)									(1,549)
Total	**(2,102)**	**(2,305)**	**(3,604)**	**(2,654)**									**(10,665)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	545	974	1,148	1,214									3,881
Delegated:													
CFMG	(622)	(897)	(1,783)	(1,728)									(5,030)
CHCN	(1,950)	(2,472)	(3,051)	(2,567)									(10,040)
Kaiser	(75)	91	81	427									524
Delegated Subtotal	(2,647)	(3,279)	(4,752)	(3,868)									(14,546)
Total	**(2,102)**	**(2,305)**	**(3,604)**	**(2,654)**									**(10,665)**

* Clarified guidance received from DHCS. BCCTP will not be included with SPD category of aid until January 2020. BCCTP was included in SPD for July and August 2020. This worksheet includes retroactive adjustment to reclassify BCCTP from SPD to Adults for July and August 2020.
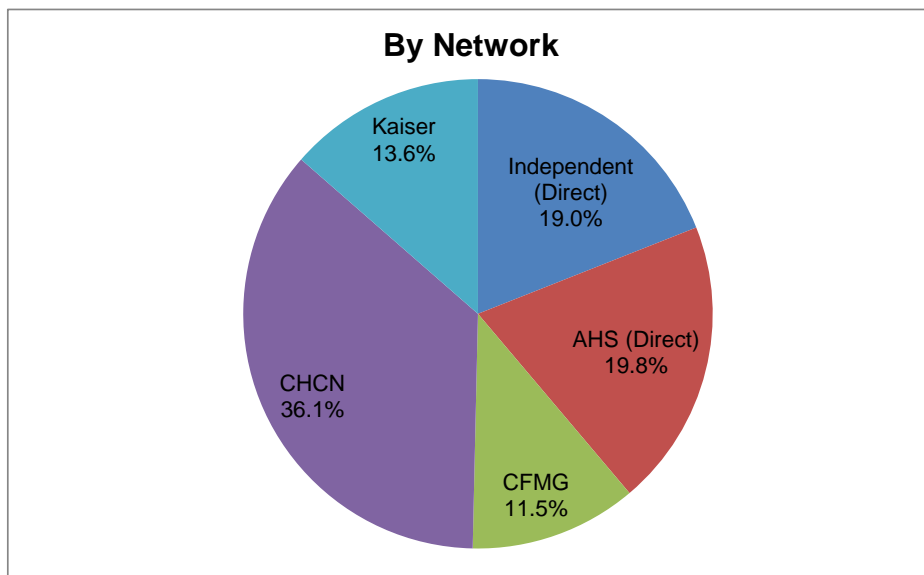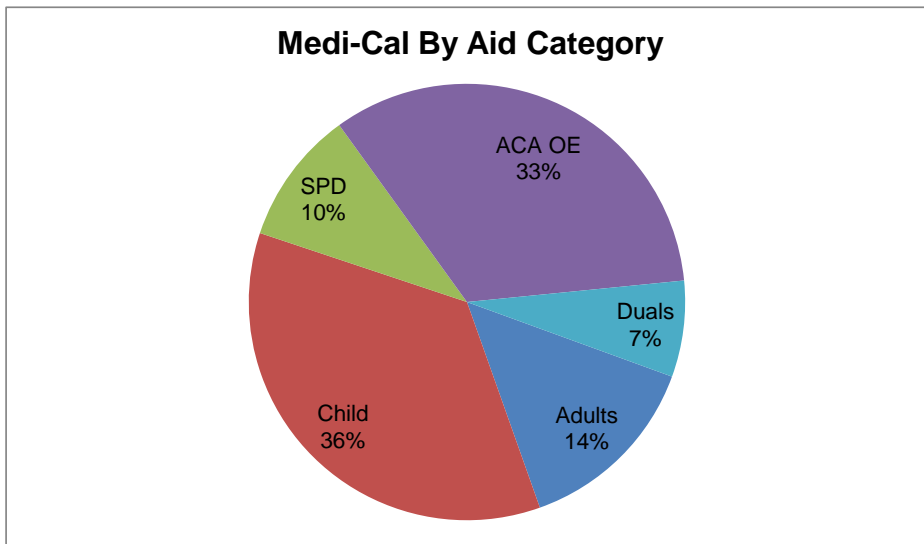
REPORT #9

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2020

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,783,025	$1,822,666	$39,641	2.2%	PCP-Capitation	$7,009,204	$7,142,813	$133,609	1.9%
2,789,118	2,880,257	91,139	3.2%	PCP-Capitation - FQHC	10,976,209	11,314,546	338,337	3.0%
271,959	288,881	16,922	5.9%	Specialty-Capitation	1,078,357	1,131,055	52,698	4.7%
2,858,920	2,919,614	60,694	2.1%	Specialty-Capitation FQHC	11,220,155	11,483,987	263,832	2.3%
311,869	276,701	(35,168)	(12.7%)	Laboratory-Capitation	1,229,411	1,087,064	(142,347)	(13.1%)
382,984	1,050,378	667,394	63.5%	Transportation (Ambulance)-Cap	1,500,557	4,124,423	2,623,866	63.6%
202,726	260,372	57,646	22.1%	Vision Cap	795,602	1,022,308	226,706	22.2%
79,162	83,967	4,805	5.7%	CFMG Capitation	313,780	328,759	14,979	4.6%
145,014	148,918	3,904	2.6%	Anc IPA Admin Capitation FQHC	569,895	585,373	15,478	2.6%
7,802,723	7,475,392	(327,331)	(4.4%)	Kaiser Capitation	30,303,757	29,401,354	(902,403)	(3.1%)
544,993	628,016	83,023	13.2%	BHT Supplemental Expense	2,671,503	2,476,172	(195,331)	(7.9%)
20,504	11,405	(9,099)	(79.8%)	Hep-C Supplemental Expense	20,504	44,799	24,295	54.2%
494,853	366,427	(128,426)	(35.0%)	Maternity Supplemental Expense	1,022,155	1,433,612	411,457	28.7%
512,717	557,093	44,376	8.0%	DME - Cap	2,028,788	2,213,938	185,150	8.4%
18,200,568	**18,770,087**	**569,519**	**3.0%**	**5-TOTAL CAPITATED EXPENSES**	**70,739,877**	**73,790,203**	**3,050,326**	**4.1%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
6,602,415	0	(6,602,415)	0.0%	IBNP-Inpatient Services	10,621,461	0	(10,621,461)	0.0%
198,073	0	(198,073)	0.0%	IBNP-Settlement (IP)	318,646	0	(318,646)	0.0%
528,193	0	(528,193)	0.0%	IBNP-Claims Fluctuation (IP)	849,717	0	(849,717)	0.0%
17,553,825	22,051,988	4,498,163	20.4%	Inpatient Hospitalization-FFS	76,464,509	87,338,058	10,873,549	12.4%
1,230,559	0	(1,230,559)	0.0%	IP OB - Mom & NB	4,947,816	0	(4,947,816)	0.0%
165,127	0	(165,127)	0.0%	IP Behavioral Health	819,287	0	(819,287)	0.0%
788,712	1,125,335	336,623	29.9%	IP - Long Term Care	3,667,342	4,449,521	782,179	17.6%
473,625	0	(473,625)	0.0%	IP - Facility Rehab FFS	2,906,397	0	(2,906,397)	0.0%
27,540,530	**23,177,323**	**(4,363,207)**	**(18.8%)**	**6-Inpatient Hospital & SNF FFS Expense**	**100,595,174**	**91,787,579**	**(8,807,595)**	**(9.6%)**
222,335	0	(222,335)	0.0%	IBNP-PCP	399,732	0	(399,732)	0.0%
6,670	0	(6,670)	0.0%	IBNP-Settlement (PCP)	11,991	0	(11,991)	0.0%
17,787	0	(17,787)	0.0%	IBNP-Claims Fluctuation (PCP)	31,979	0	(31,979)	0.0%
1,092	0	(1,092)	0.0%	Telemedicine FFS	4,452	0	(4,452)	0.0%
1,130,796	1,199,966	69,170	5.8%	Primary Care Non-Contracted FF	4,719,914	4,670,048	(49,866)	(1.1%)
51,179	76,051	24,872	32.7%	PCP FQHC FFS	195,094	295,076	99,982	33.9%
1,728,598	50,207	(1,678,391)	(3,342.9%)	Prop 56 Direct Payment Expenses	6,744,416	196,663	(6,547,753)	(3,329.4%)
73,577	0	(73,577)	0.0%	Prop 56-Trauma Expense	175,126	0	(175,126)	0.0%
98,491	0	(98,491)	0.0%	Prop 56-Dev. Screening Exp.	225,017	0	(225,017)	0.0%
575,289	0	(575,289)	0.0%	Prop 56-Fam. Planning Exp.	2,242,223	0	(2,242,223)	0.0%
511,528	0	(511,528)	0.0%	Prop 56-Value Based Purchasing	2,007,208	0	(2,007,208)	0.0%
4,417,342	**1,326,224**	**(3,091,118)**	**(233.1%)**	**7-Primary Care Physician FFS Expense**	**16,757,152**	**5,161,787**	**(11,595,365)**	**(224.6%)**
456,636	0	(456,636)	0.0%	IBNP-Specialist	1,207,092	0	(1,207,092)	0.0%
1,936,501	0	(1,936,501)	0.0%	Specialty Care-FFS	7,971,352	0	(7,971,352)	0.0%
117,840	0	(117,840)	0.0%	Anesthesiology - FFS	606,448	0	(606,448)	0.0%
658,553	0	(658,553)	0.0%	Spec Rad Therapy - FFS	2,819,414	0	(2,819,414)	0.0%
97,001	0	(97,001)	0.0%	Obstetrics-FFS	461,627	0	(461,627)	0.0%
171,748	0	(171,748)	0.0%	Spec IP Surgery - FFS	955,150	0	(955,150)	0.0%
467,976	0	(467,976)	0.0%	Spec OP Surgery - FFS	1,648,247	0	(1,648,247)	0.0%
330,968	4,082,223	3,751,255	91.9%	Spec IP Physician	1,542,959	15,838,520	14,295,561	90.3%
23,089	102,901	79,812	77.6%	SCP FQHC FFS	129,155	399,339	270,184	67.7%
13,701	0	(13,701)	0.0%	IBNP-Settlement (SCP)	36,213	0	(36,213)	0.0%
36,532	0	(36,532)	0.0%	IBNP-Claims Fluctuation (SCP)	96,568	0	(96,568)	0.0%
4,310,545	**4,185,124**	**(125,421)**	**(3.0%)**	**8-Specialty Care Physician Expense**	**17,474,223**	**16,237,859**	**(1,236,364)**	**(7.6%)**
848,277	0	(848,277)	0.0%	IBNP-Ancillary	1,325,150	0	(1,325,150)	0.0%
25,448	0	(25,448)	0.0%	IBNP Settlement (ANC)	39,753	0	(39,753)	0.0%
67,861	0	(67,861)	0.0%	IBNP Claims Fluctuation (ANC)	106,016	0	(106,016)	0.0%
197,680	0	(197,680)	0.0%	Acupuncture/Biofeedback	848,390	0	(848,390)	0.0%
69,720	0	(69,720)	0.0%	Hearing Devices	248,899	0	(248,899)	0.0%
51,388	0	(51,388)	0.0%	Imaging/MRI/CT Global	166,943	0	(166,943)	0.0%
39,450	0	(39,450)	0.0%	Vision FFS	155,981	0	(155,981)	0.0%
22,370	0	(22,370)	0.0%	Family Planning	80,205	0	(80,205)	0.0%
322,739	0	(322,739)	0.0%	Laboratory-FFS	1,140,936	0	(1,140,936)	0.0%
94,501	0	(94,501)	0.0%	ANC Therapist	368,464	0	(368,464)	0.0%
283,849	0	(283,849)	0.0%	Transportation (Ambulance)-FFS	1,185,267	0	(1,185,267)	0.0%
198,498	0	(198,498)	0.0%	Transportation (Other)-FFS	454,339	0	(454,339)	0.0%

MED FFS CAP 21

11/23/20

REPORT #8A

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2020

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$385,740	$0	($385,740)	0.0%	Hospice	$1,885,043	$0	($1,885,043)	0.0%
702,811	0	(702,811)	0.0%	Home Health Services	2,540,550	0	(2,540,550)	0.0%
0	2,750,487	2,750,487	100.0%	Other Medical-FFS	0	10,874,567	10,874,567	100.0%
0	0	0	0.0%	Denials	3,885	0	(3,885)	0.0%
52,339	0	(52,339)	0.0%	HMS Medical Refunds	56,246	0	(56,246)	0.0%
366,636	0	(366,636)	0.0%	DME & Medical Supplies	1,218,299	0	(1,218,299)	0.0%
555,211	535,515	(19,696)	(3.7%)	GEMT Direct Payment Expense	2,185,965	2,113,611	(72,354)	(3.4%)
246,991	0	(246,991)	0.0%	Community Based Adult Services (CBAS)	1,974,997	0	(1,974,997)	0.0%
4,531,509	**3,286,002**	**(1,245,507)**	**(37.9%)**	**9-Ancillary Medical Expense**	**15,985,328**	**12,988,178**	**(2,997,150)**	**(23.1%)**
1,036,070	0	(1,036,070)	0.0%	IBNP-Outpatient	710,449	0	(710,449)	0.0%
31,083	0	(31,083)	0.0%	IBNP Settlement (OP)	21,313	0	(21,313)	0.0%
82,886	0	(82,886)	0.0%	IBNP Claims Fluctuation (OP)	56,837	0	(56,837)	0.0%
1,159,085	7,568,636	6,409,551	84.7%	Out-Patient FFS	4,124,967	30,250,521	26,125,554	86.4%
1,129,161	0	(1,129,161)	0.0%	OP Ambul Surgery - FFS	4,428,555	0	(4,428,555)	0.0%
1,057,836	0	(1,057,836)	0.0%	OP Fac Imaging Services-FFS	4,390,206	0	(4,390,206)	0.0%
2,114,061	0	(2,114,061)	0.0%	Behav Health - FFS	8,578,879	0	(8,578,879)	0.0%
351,161	0	(351,161)	0.0%	OP Facility - Lab FFS	1,538,066	0	(1,538,066)	0.0%
92,117	0	(92,117)	0.0%	OP Facility - Cardio FFS	339,074	0	(339,074)	0.0%
27,180	0	(27,180)	0.0%	OP Facility - PT/OT/ST FFS	112,698	0	(112,698)	0.0%
1,628,186	0	(1,628,186)	0.0%	OP Facility - Dialysis FFS	6,608,259	0	(6,608,259)	0.0%
8,708,826	**7,568,636**	**(1,140,190)**	**(15.1%)**	**10-Outpatient Medical Expense Medical Expense**	**30,909,304**	**30,250,521**	**(658,783)**	**(2.2%)**
847,114	0	(847,114)	0.0%	IBNP-Emergency	911,013	0	(911,013)	0.0%
25,413	0	(25,413)	0.0%	IBNP Settlement (ER)	27,331	0	(27,331)	0.0%
67,770	0	(67,770)	0.0%	IBNP Claims Fluctuation (ER)	72,880	0	(72,880)	0.0%
495,767	0	(495,767)	0.0%	Special ER Physician-FFS	2,130,623	0	(2,130,623)	0.0%
2,437,633	3,350,434	912,801	27.2%	ER-Facility	11,301,844	13,134,785	1,832,941	14.0%
3,873,697	**3,350,434**	**(523,263)**	**(15.6%)**	**11-Emergency Expense**	**14,443,691**	**13,134,785**	**(1,308,906)**	**(10.0%)**
1,007,766	0	(1,007,766)	0.0%	IBNP-Pharmacy	973,334	0	(973,334)	0.0%
30,234	0	(30,234)	0.0%	IBNP Settlement (RX)	29,201	0	(29,201)	0.0%
80,621	0	(80,621)	0.0%	IBNP Claims Fluctuation (RX)	77,868	0	(77,868)	0.0%
3,795,957	3,904,919	108,962	2.8%	RX - Non-PBM FFFS	16,170,132	15,325,006	(845,126)	(5.5%)
10,941,856	10,399,896	(541,960)	(5.2%)	Pharmacy-FFS	42,092,992	40,957,879	(1,135,113)	(2.8%)
(51,459)	0	51,459	0.0%	HMS RX Refunds	(89,730)	0	89,730	0.0%
(510,542)	(510,541)	1	0.0%	Pharmacy-Rebate	(2,010,665)	(2,010,666)	(1)	0.0%
15,294,433	**13,794,274**	**(1,500,159)**	**(10.9%)**	**12-Pharmacy Expense**	**57,243,132**	**54,272,219**	**(2,970,913)**	**(5.5%)**
68,676,881	**56,688,017**	**(11,988,864)**	**(21.1%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**253,408,006**	**223,832,928**	**(29,575,078)**	**(13.2%)**
0	(103,799)	(103,799)	100.0%	Clinical Vacancy	0	(350,663)	(350,663)	100.0%
66,969	98,983	32,014	32.3%	Quality Analytics	260,249	398,330	138,080	34.7%
361,595	495,691	134,096	27.1%	Health Plan Services Department Total	1,412,335	1,978,521	566,186	28.6%
686,471	735,408	48,937	6.7%	Case & Disease Management Department Total	2,805,585	3,087,763	282,177	9.1%
185,548	189,466	3,918	2.1%	Medical Services Department Total	690,313	757,815	67,502	8.9%
435,995	565,917	129,922	23.0%	Quality Management Department Total	1,707,271	2,254,662	547,391	24.3%
93,933	148,612	54,679	36.8%	Pharmacy Services Department Total	491,119	580,220	89,101	15.4%
29,139	38,470	9,331	24.3%	Regulatory Readiness Total	116,545	157,491	40,946	26.0%
1,859,649	**2,168,748**	**309,098**	**14.3%**	**14-Other Benefits & Services**	**7,483,418**	**8,864,138**	**1,380,719**	**15.6%**
				Reinsurance Expense				
(558,090)	(451,566)	106,524	(23.6%)	Reinsurance Recoveries	(1,855,015)	(1,437,296)	417,719	(29.1%)
442,536	491,765	49,229	10.0%	Stop-Loss Expense	1,745,031	1,940,311	195,280	10.1%
(115,554)	**40,199**	**155,753**	**387.5%**	**15-Reinsurance Expense**	**(109,984)**	**503,015**	**612,999**	**121.9%**
				Preventive Health Services				
83,333	83,334	1	0.0%	Risk Sharing PCP	333,332	333,332	0	0.0%
83,333	**83,334**	**1**	**0.0%**	**16-Risk Pool Distribution**	**333,332**	**333,332**	**0**	**0.0%**
88,704,877	**77,750,385**	**(10,954,492)**	**(14.1%)**	**17-TOTAL MEDICAL EXPENSES**	**331,854,649**	**307,323,616**	**(24,531,033)**	**(8.0%)**

MED FFS CAP 21

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	Oct 2020	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	37,071	14%	8,767	8,235	352	13,586	6,131
Child	93,982	36%	9,170	8,621	28,559	31,603	16,029
SPD	26,250	10%	8,508	3,968	1,127	10,703	1,944
ACA OE	88,258	33%	14,801	29,868	1,133	32,212	10,244
Duals	18,848	7%	7,536	2,023	2	6,922	2,365
Medi-Cal	264,409		48,782	52,715	31,173	95,026	36,713
Group Care	6,009		2,615	892	-	2,502	-
Total	270,418	100%	51,397	53,607	31,173	97,528	36,713
Medi-Cal %	97.8%		94.9%	98.3%	100.0%	97.4%	100.0%
Group Care %	2.2%		5.1%	1.7%	0.0%	2.6%	0.0%
		Network Distribution	19.0%	19.8%	11.5%	36.1%	13.6%
			% Direct:	39%		% Delegated:	61%

Medi-Cal By Aid Category

- ACA OE 33%
- Duals 7%
- Adults 14%
- Child 36%
- SPD 10%

By Network

- Kaiser 13.6%
- Independent (Direct) 19.0%
- AHS (Direct) 19.8%
- CFMG 11.5%
- CHCN 36.1%

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend

Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018 to Oct 2019	Oct 2019 to Oct 2020	Sep 2020 to Oct 2020
Adults	35,716	32,772	36,301	37,071	13.5%	13.0%	13.6%	13.7%	-8.2%	13.1%	2.1%
Child	95,954	90,597	93,378	93,982	36.2%	35.8%	34.9%	34.8%	-5.6%	3.7%	0.6%
SPD	26,159	25,753	26,178	26,250	9.9%	10.2%	9.8%	9.7%	-1.6%	1.9%	0.3%
ACA OE	85,404	80,069	86,713	88,258	32.2%	31.7%	32.5%	32.6%	-6.2%	10.2%	1.8%
Duals	15,887	17,650	18,607	18,848	6.0%	7.0%	7.0%	7.0%	11.1%	6.8%	1.3%
Medi-Cal Total	259,120	246,841	261,177	264,409	97.8%	97.6%	97.8%	97.8%	-4.7%	7.1%	1.2%
Group Care	5,889	6,060	6,011	6,009	2.2%	2.4%	2.2%	2.2%	2.9%	-0.8%	0.0%
Total	**265,009**	**252,901**	**267,188**	**270,418**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-4.6%**	**6.9%**	**1.2%**

Aid Category Distribution
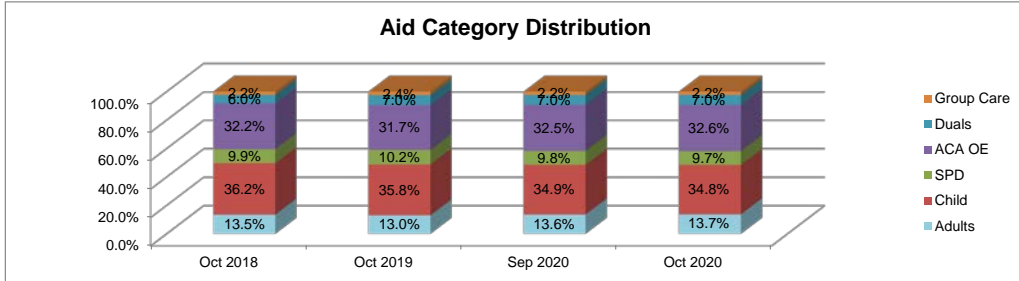
Delegation vs Direct Trend

Members	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018 to Oct 2019	Oct 2019 to Oct 2020	Sep 2020 to Oct 2020
Delegated	164,306	156,907	163,065	165,414	62.0%	62.0%	61.0%	61.2%	-4.5%	5.4%	1.4%
Direct	100,703	95,994	104,123	105,004	38.0%	38.0%	39.0%	38.8%	-4.7%	9.4%	0.8%
Total	**265,009**	**252,901**	**267,188**	**270,418**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-4.6%**	**6.9%**	**1.2%**

Delegation vs Direct Trend
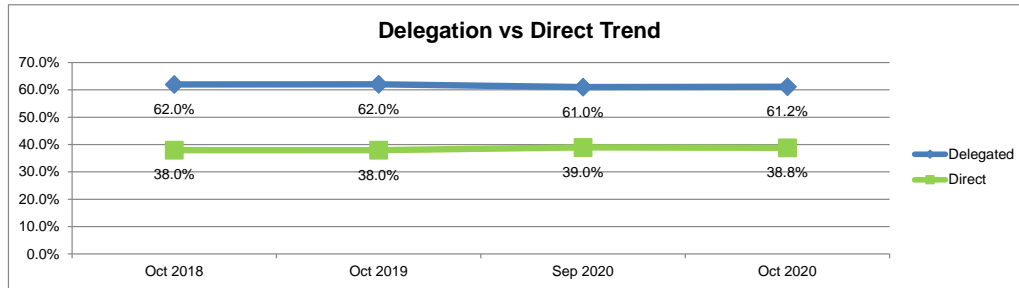
Network Trend

Network	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018 to Oct 2019	Oct 2019 to Oct 2020	Sep 2020 to Oct 2020
Independent (Direct)	51,544	48,753	51,527	51,397	19.4%	19.3%	19.3%	19.0%	-5.4%	5.4%	-0.3%
AHS (Direct)	49,159	47,241	52,596	53,607	18.5%	18.7%	19.7%	19.8%	-3.9%	13.5%	1.9%
CFMG	32,676	30,114	30,803	31,173	12.3%	11.9%	11.5%	11.5%	-7.8%	3.5%	1.2%
CHCN	97,107	93,460	96,219	97,528	36.6%	37.0%	36.0%	36.1%	-3.8%	4.4%	1.4%
Kaiser	34,523	33,333	36,043	36,713	13.0%	13.2%	13.5%	13.6%	-3.4%	10.1%	1.9%
Total	**265,009**	**252,901**	**267,188**	**270,418**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-4.6%**	**6.9%**	**1.2%**

Network Trend
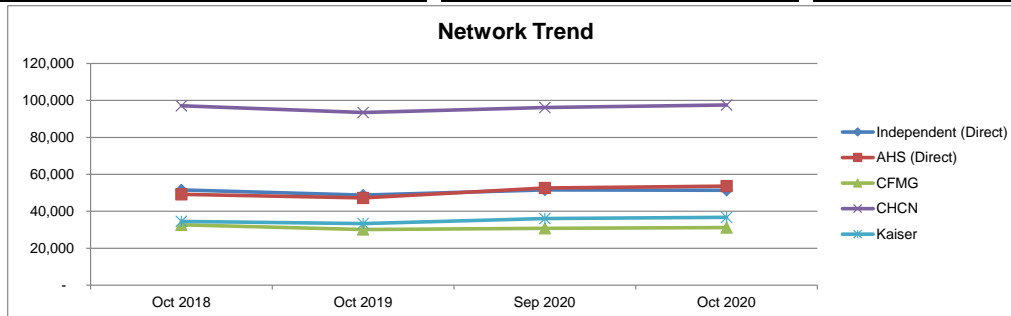
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018 to Oct 2019	Oct 2019 to Oct 2020	Sep 2020 to Oct 2020
Under 19	98,815	93,214	95,849	96,441	37%	37%	36%	36%	-6%	3%	1%
19 - 44	85,006	79,888	88,702	90,430	32%	32%	33%	33%	-6%	13%	2%
45 - 64	57,614	55,174	56,396	56,947	22%	22%	21%	21%	-4%	3%	1%
65+	23,574	24,625	26,241	26,600	9%	10%	10%	10%	4%	8%	1%
Total	**265,009**	**252,901**	**267,188**	**270,418**	**100%**	**100%**	**100%**	**100%**	**-5%**	**7%**	**1%**

Age Distribution

Language Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018 to Oct 2019	Oct 2019 to Oct 2020	Sep 2020 to Oct 2020
English	161,332	154,252	164,335	166,664	61%	61%	62%	62%	-4%	8%	1%
Spanish	50,684	48,531	52,447	53,075	19%	19%	20%	20%	-4%	9%	1%
Chinese	26,463	25,646	26,167	26,328	10%	10%	10%	10%	-3%	3%	1%
Vietnamese	8,773	8,534	8,561	8,612	3%	3%	3%	3%	-3%	1%	1%
Other Non-English	17,757	15,938	15,678	15,739	7%	6%	6%	6%	-10%	-1%	0%
Total	**265,009**	**252,901**	**267,188**	**270,418**	**100%**	**100%**	**100%**	**100%**	**-5%**	**7%**	**1%**

Language Distribution
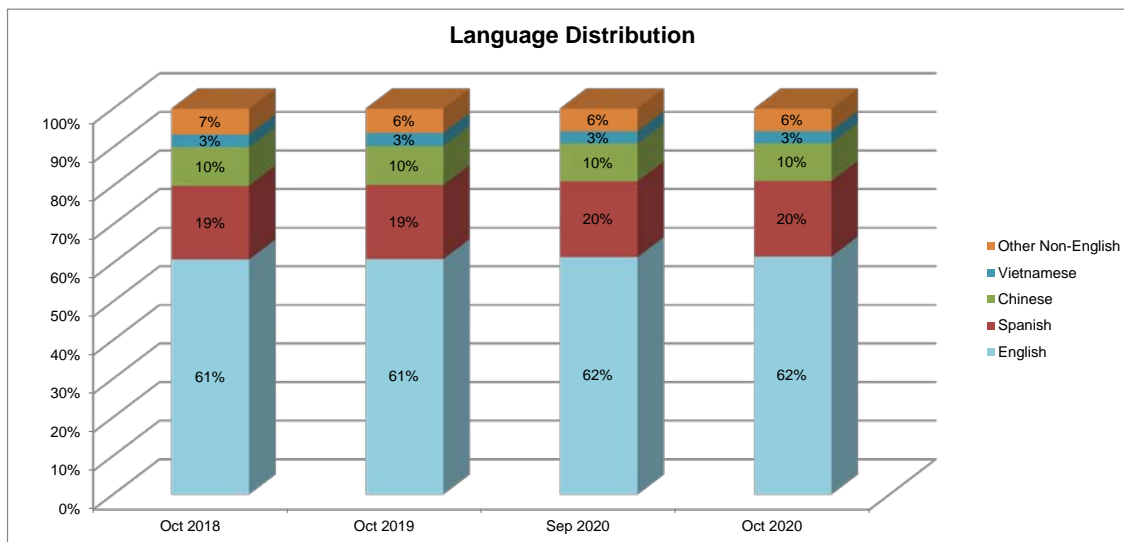
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Gender Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018 to Oct 2019	Oct 2019 to Oct 2020	Sep 2020 to Oct 2020
F	143,240	136,884	144,383	146,124	54%	54%	54%	54%	-4%	7%	1%
M	121,769	116,017	122,805	124,294	46%	46%	46%	46%	-5%	7%	1%
Total	**265,009**	**252,901**	**267,188**	**270,418**	**100%**	**100%**	**100%**	**100%**	**-5%**	**7%**	**1%**

Gender Trend

Ethnicity Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018	Oct 2019	Sep 2020	Oct 2020	Oct 2018 to Oct 2019	Oct 2019 to Oct 2020	Sep 2020 to Oct 2020
Hispanic	74,330	70,263	74,516	75,337	28%	28%	28%	28%	-5%	7%	1%
Black	49,960	46,116	46,219	46,470	19%	18%	17%	17%	-8%	1%	1%
Other Asian / Pacific Islander	32,396	29,039	29,208	29,490	12%	11%	11%	11%	-10%	2%	1%
White	28,035	24,652	25,003	25,311	11%	10%	9%	9%	-12%	3%	1%
Chinese	29,272	28,313	28,577	28,874	11%	11%	11%	11%	-3%	2%	1%
Other	34,058	38,336	48,054	49,333	13%	15%	18%	18%	13%	29%	3%
Vietnamese	11,316	11,110	11,084	11,130	4%	4%	4%	4%	-2%	0%	0%
Unknown	4,958	4,461	3,924	3,866	2%	2%	1%	1%	-10%	-13%	-1%
American Indian or Alaskan Native	684	611	603	607	0%	0%	0%	0%	-11%	-1%	1%
Total	**265,009**	**252,901**	**267,188**	**270,418**	**100%**	**100%**	**100%**	**100%**	**-5%**	**7%**	**1%**

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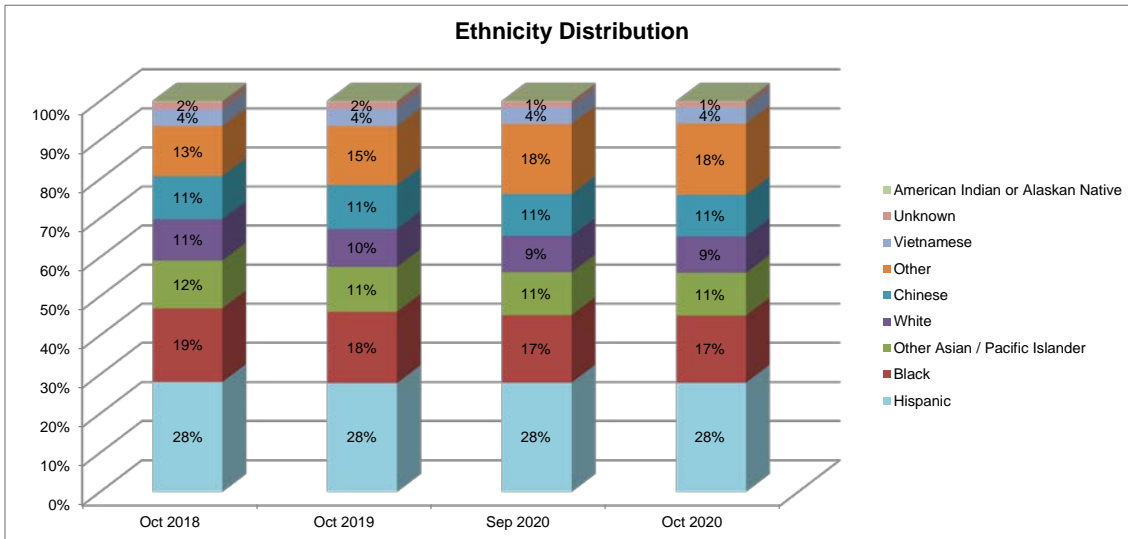
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile By City

Medi-Cal By City

City	Oct 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	107,515	41%	12,151	25,411	13,915	45,530	10,508
Hayward	41,015	16%	8,625	8,857	4,724	11,888	6,921
Fremont	23,059	9%	9,165	3,457	738	6,098	3,601
San Leandro	23,479	9%	4,120	3,632	3,192	8,730	3,805
Union City	11,328	4%	4,241	1,672	355	2,912	2,148
Alameda	10,150	4%	1,936	1,550	1,618	3,594	1,452
Berkeley	9,232	3%	1,272	1,679	1,213	3,728	1,340
Livermore	7,783	3%	989	784	1,762	2,887	1,361
Newark	6,171	2%	1,700	1,988	181	1,199	1,103
Castro Valley	6,364	2%	1,271	1,026	1,013	1,836	1,218
San Lorenzo	5,497	2%	945	907	686	1,900	1,059
Pleasanton	4,097	2%	816	444	438	1,700	699
Dublin	4,373	2%	836	448	584	1,729	776
Emeryville	1,682	1%	275	347	274	516	270
Albany	1,560	1%	217	229	355	472	287
Piedmont	303	0%	42	75	24	83	79
Sunol	51	0%	8	9	6	14	14
Antioch	24	0%	8	2	1	4	9
Other	726	0%	165	198	94	206	63
Total	**264,409**	**100%**	**48,782**	**52,715**	**31,173**	**95,026**	**36,713**

Group Care By City

City	Oct 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,082	35%	535	385	-	1,162	-
Hayward	666	11%	379	126	-	161	-
Fremont	665	11%	508	57	-	100	-
San Leandro	546	9%	217	74	-	255	-
Union City	321	5%	228	31	-	62	-
Alameda	270	4%	105	27	-	138	-
Berkeley	186	3%	55	19	-	112	-
Livermore	79	1%	30	-	-	49	-
Newark	141	2%	93	31	-	17	-
Castro Valley	193	3%	100	23	-	70	-
San Lorenzo	124	2%	50	16	-	58	-
Pleasanton	48	1%	27	4	-	17	-
Dublin	100	2%	43	5	-	52	-
Emeryville	31	1%	12	4	-	15	-
Albany	14	0%	4	1	-	9	-
Piedmont	11	0%	2	2	-	7	-
Sunol	-	0%	-	-	-	-	-
Antioch	25	0%	9	6	-	10	-
Other	507	8%	218	81	-	208	-
Total	**6,009**	**100%**	**2,615**	**892**	**-**	**2,502**	**-**

Total By City

City	Oct 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	109,597	41%	12,686	25,796	13,915	46,692	10,508
Hayward	41,681	15%	9,004	8,983	4,724	12,049	6,921
Fremont	23,724	9%	9,673	3,514	738	6,198	3,601
San Leandro	24,025	9%	4,337	3,706	3,192	8,985	3,805
Union City	11,649	4%	4,469	1,703	355	2,974	2,148
Alameda	10,420	4%	2,041	1,577	1,618	3,732	1,452
Berkeley	9,418	3%	1,327	1,698	1,213	3,840	1,340
Livermore	7,862	3%	1,019	784	1,762	2,936	1,361
Newark	6,312	2%	1,793	2,019	181	1,216	1,103
Castro Valley	6,557	2%	1,371	1,049	1,013	1,906	1,218
San Lorenzo	5,621	2%	995	923	686	1,958	1,059
Pleasanton	4,145	2%	843	448	438	1,717	699
Dublin	4,473	2%	879	453	584	1,781	776
Emeryville	1,713	1%	287	351	274	531	270
Albany	1,574	1%	221	230	355	481	287
Piedmont	314	0%	44	77	24	90	79
Sunol	51	0%	8	9	6	14	14
Antioch	49	0%	17	8	1	14	9
Other	1,233	0%	383	279	94	414	63
Total	**270,418**	**100%**	**51,397**	**53,607**	**31,173**	**97,528**	**36,713**

Fiscal Year 2021
First Quarter Forecast & Final Budget

December 11, 2020

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- Q1 Forecast includes first months of actual revenue and expense in FY2021, and 8 months of projected revenue and expense (November 2020 – June 2021)

- Projected net loss of $15.4M; Medi-Cal ($14.3M), Group Care ($1.1M)

- Year-end enrollment is approximately 285,000

- PMPM revenue is $29.79 higher than Preliminary Budget, mainly due to the reinstatement of Prop 56 and the carve-in of the Pharmacy benefit from January to April 2021

- PMPM Capitation expense is unfavorable due to higher Global Capitation paid corresponding to higher revenue received

- PMPM Fee-for-Service medical expense is unfavorable, mainly due to the reinstatement of Prop 56 and the carve-in of Pharmacy from January to April 2021

- Administrative department expense is $900 thousand unfavorable, also due to the Pharmacy carve-in and reinstatement of PBM Administration Fees

- Other Income or Expense is unfavorable to budget primarily due to lower interest rates on investments

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- DHCS delayed rate development for Calendar Year CY2021 by 6 months
  - Partial draft rates in October, final rates in late December or early January

- Rates were set for bridge period (July 2019 – December 2020), transitioning the rate setting process from mid-year fiscal to calendar year fiscal

- Rate lookback period is 3 years with transition to calendar year rate setting (actual experience to rate adjustment)

- Medi-Cal rate adjustments:
  - Low Acuity Non-Emergent (LANE) Adjustments
  - HCPCS* Adjustments
  - Acuity Adjustment - Up to -3%, To Be Determined: "TBD"
  - County Wide Averaging Adjustment – Compares the base data of Plans in the county: TBD
  - Risk Adjustments - Based on the health status (individual risk scores) of the Plan's membership: TBD

*Healthcare Common Procedure Coding System (HCPCS) are procedure codes used by providers, and adjustments are being applied by DHCS as they compare Alliance costs to Medicare Part B rates.

Forecasting Considerations

- Top line revenue over $1 billion, 1% variance equates to $10 million

- Medi-Cal enrollment driven by economic factors and suspension of re-determination process

- Pharmacy transition to DHCS is April 1, 2021. Additional three months of revenue and expense included in the Q1 Forecast

- CalAIM initiatives are excluded from this forecast due to lack of guidance from DHCS on implementation dates (e.g. long-term care, foster care) and rates; budget includes planning for Enhanced Care Management and In-Lieu of Services, implements 1/1/2022

- Assessment of mental health services approved by Board of Governors, $175K included for the initial assessment

- Unplanned regulatory mandates occurring throughout year

- High-dollar inpatient claim being applied to reinsurance, net negative impact $3-$4 million

Membership Forecast

- Group Care enrollment averages 6,000-6,200 unique members per month, with no significant changes anticipated

- Medi-Cal enrollment forecasted to exceed 279,000 by June 2021, increases through the month of April then starts to decline

- Increase driven by the Medi-Cal ACA OE, Adult and Child Categories of Aid

- Governor Newsom suspended Medi-Cal re-determinations in April 2020 and has extended his order through January 2021 with possible extension to May 2021

- Medi-Cal membership growth is a combination of new eligible enrollees and dis-enrollees that remain active

- Re-determination process will resume after public health emergency status is closed

- DHCS may be directing County Social Services to process Medi-Cal re-determinations retroactively (e.g. 3-6 months), potential recoupment from managed care plans

FY2021 First Quarter Forecast & Final Budget
Membership Forecast
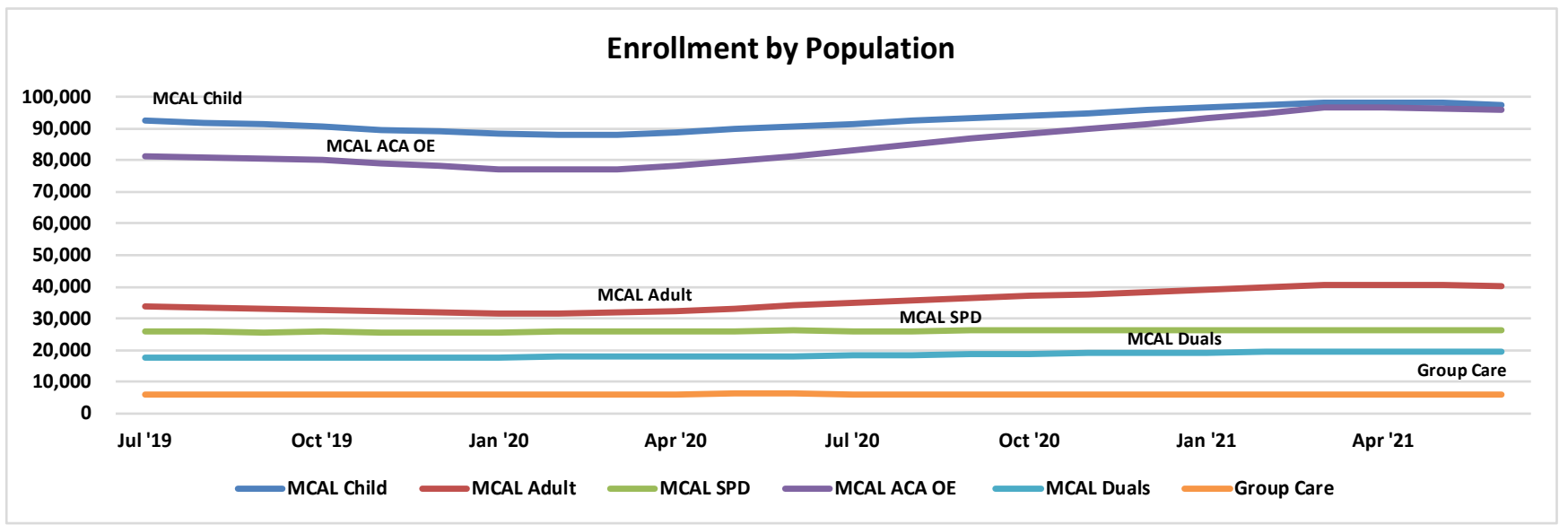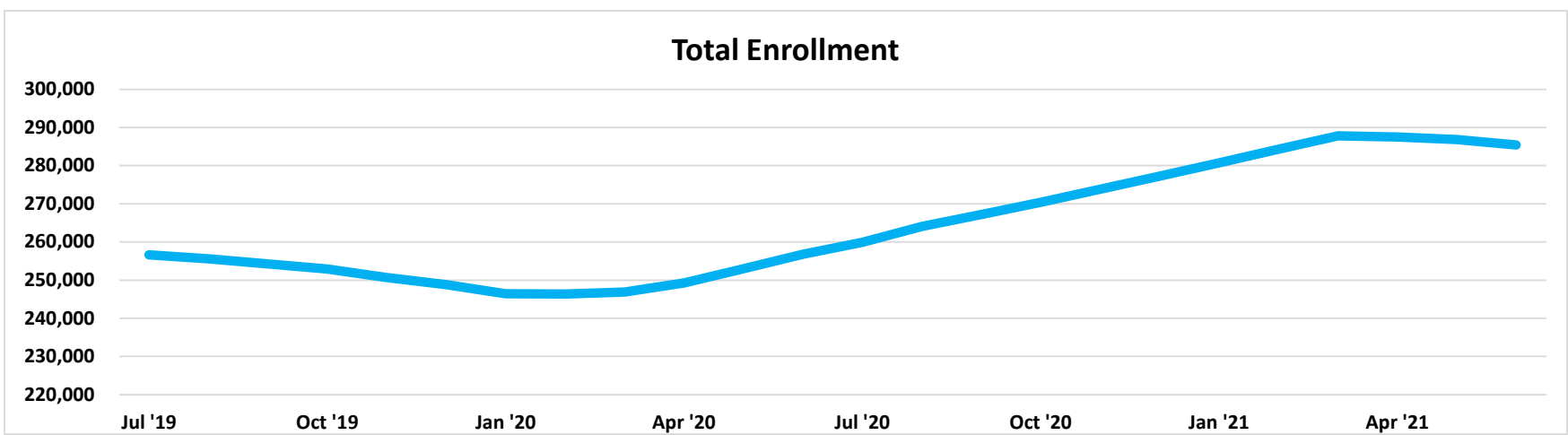
Total Enrollment

Enrollment by Population

- Underlying medical expense trends (excluding COVID-19, acuity of new members and contract changes)
  - Utilization trend of 0.5%, unit cost trend of 0.4%

- COVID-19 dollars
  - $4.9 million has been added for COVID-related utilization

- Hospital Contracts
  - Rate changes contribute $8.9 million in additional expense

- Capitation Contracts
  - Rate changes contribute $5.1 million, most of which are related to increased premium received from DHCS

- Acuity Adjustment
  - Assumed a 3% decrease in fee-for-service expense to correspond with the revenue assumption. This is the high-end of the decrease communicated by DHCS for capitation rates

Forecast versus Preliminary Budget

Summary Profit & Loss Statement

$ in Thousands	FY 2021 Forecast			FY 2021 Preliminary Budget			Variance F/(U)		
	Medi-Cal	**Group Care**	**Total**	**Medi-Cal**	**Group Care**	**Total**	**Medi-Cal**	**Group Care**	**Total**
Enrollment at Year-End	*279,396*	*6,009*	*285,405*	*260,282*	*6,600*	*266,882*	*19,114*	*(591)*	*18,523*
Member Months	*3,252,943*	*72,208*	*3,325,151*	*3,179,601*	*78,263*	*3,257,864*	*73,342*	*(6,055)*	*67,287*
Revenues	$1,005,622	$26,999	$1,032,621	$888,230	$29,263	$917,492	$117,392	($2,263)	$115,129
Medical Expense	947,414	25,605	973,019	844,166	27,073	871,239	(103,248)	1,468	(101,780)
Gross Margin	58,208	1,394	59,602	44,064	2,189	46,253	14,144	(795)	13,348
Administrative Expense	73,015	2,476	75,491	71,878	2,749	74,627	(1,137)	273	(864)
Operating Margin	(14,807)	(1,082)	(15,889)	(27,814)	(559)	(28,373)	13,007	(523)	12,484
Other Income / (Expense)	481	13	494	1,526	54	1,580	(1,045)	(41)	(1,086)
Net Income / (Loss)	($14,325)	($1,069)	($15,394)	($26,288)	($505)	($26,793)	$11,962	($564)	$11,399
Administrative Expense % of Revenue	7.3%	9.2%	7.3%	8.1%	9.4%	8.1%	0.8%	0.2%	0.8%
Medical Loss Ratio	94.2%	94.8%	94.2%	95.0%	92.5%	95.0%	0.8%	-2.3%	0.7%
TNE at Year-End			$185,633			$174,922			$10,712
TNE Percent of Required at Year-End			535.2%			541.3%			(6.0%)

FY2021 First Quarter Forecast & Final Budget
Medical Loss Ratio by Category of Aid

Category	FY 2019/2020	FY 2020/2021
Child	86.8%	87.0%
Adults	93.2%	96.1%
SPD	93.5%	97.9%
ACA OE	90.9%	93.9%
Duals	84.6%	86.2%
Group Care	93.1%	94.8%

■ FY 2019/2020   ■ FY 2020/2021
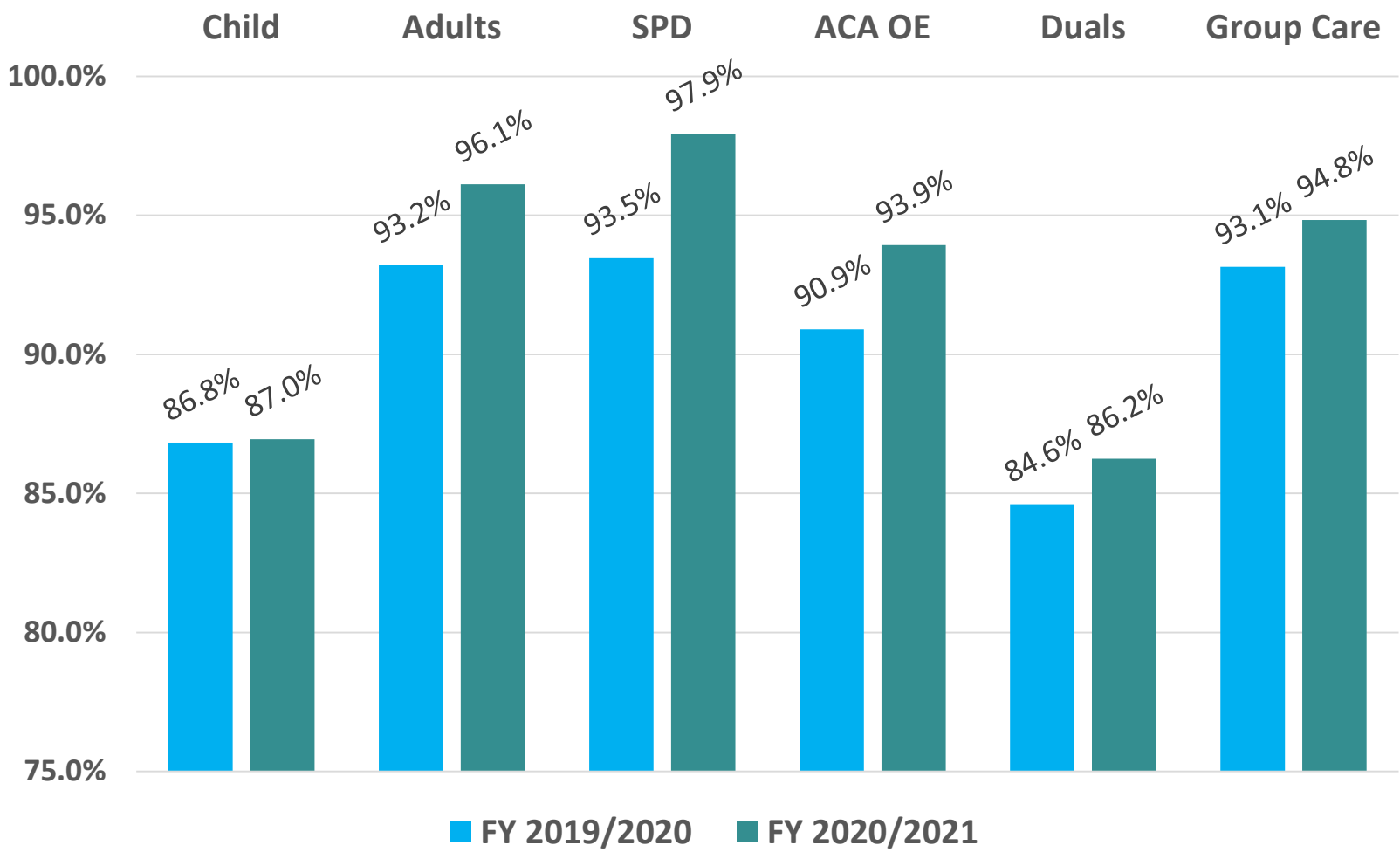
FY2021 First Quarter Forecast & Final Budget
Full-time Equivalent Employees

Administrative FTEs	FY20 YE Actual	October 2020 Actual	FY21 YE Final Budget	FY 21 YE Preliminary Budget
Administrative Vacancy	0.0	0.0	(29.5)	(28.5)
Operations	3.0	3.0	3.0	3.0
Executive	2.0	2.0	3.0	3.0
Finance	19.0	20.0	23.0	23.0
Healthcare Analytics	8.0	9.0	13.0	13.0
Claims	31.0	32.0	40.0	40.0
Information Technology	3.0	2.0	2.0	3.0
IT Infrastructure	12.0	12.0	13.0	13.0
IT Applications	12.0	20.0	22.0	21.0
IT Development	24.0	13.0	14.0	14.0
IT Data Exchange	0.0	7.0	8.0	8.0
Member Services	39.0	42.8	53.5	52.0
Provider Relations	17.0	22.0	26.0	25.0
Network Data Validation	8.0	0.0	0.0	0.0
Credentialing	2.0	3.0	3.0	3.0
Health Plan Operations	1.0	1.0	1.0	1.0
Human Resources	2.0	4.0	11.0	10.0
Vendor Management	4.0	3.0	4.0	4.0
Legal	0.0	2.0	2.0	2.0
Facilities	7.0	6.0	7.0	9.0
Community Relations	7.0	7.0	8.0	8.0
Regulatory Compliance	6.0	9.0	18.0	13.0
Delegation Oversight and G&A	9.0	10.0	10.0	10.0
Projects & Programs	2.0	6.0	10.0	6.0

Clinical FTEs	FY20 YE Actual	October 2020 Actual	FY21 YE Final Budget	FY 21 YE Preliminary Budget
Clinical Vacancy	0.0	0.0	(3.3)	(8.5)
Quality Analytics	4.0	4.0	6.0	6.0
Utilization Management	30.4	33.4	37.4	36.4
Disease Mgmt. / Care Mgmt.	21.0	24.0	27.0	27.0
Medical Services	4.5	5.5	7.5	5.0
Quality Management	18.0	19.0	20.0	20.0
Pharmacy Services	11.0	9.0	8.0	10.0
Regulatory Readiness	2.0	2.0	2.0	2.0
Total Clinical FTEs	**90.9**	**96.9**	**104.6**	**97.8**

	FY20 YE Actual	October 2020 Actual	FY21 YE Final Budget	FY 21 YE Preliminary Budget
Total FTEs	**308.8**	**332.7**	**369.5**	**353.3**

FTEs do no include FTEs on Leaves of Absence or Temporary Help

	FY20 YE Actual	October 2020 Actual	FY21 YE Final Budget	FY 21 YE Preliminary Budget
• FTEs on LOAs	8.1	13.0	5.0	2.0
• Temp Help	5.0	3.0	2.0	1.0

	FY20 YE Actual	October 2020 Actual	FY21 YE Final Budget	FY 21 YE Preliminary Budget
Total Staff	**321.9**	**348.7**	**376.5**	**356.3**

FTE = Full-Time Equivalent Employee working approximately 2,080 hours per year.

Operations

Matt Woodruff

To:	**Alameda Alliance for Health Board of Governors**
From:	**Matthew Woodruff, Chief Operating Officer**
Date:	**December 11, 2020**
Subject:	**Operations Report**

Member Services

- 12-Month Trend Summary:

  - The Member Services Department received an eight percent (8%) decrease in calls in November 2020, totaling 11,678 compared to 12,743 in November 2019.
  - The abandonment rate for November 2020 was five percent (5%), compared to two percent (2%) in November 2019.
  - The Department's service level was fifty-nine percent (59%) in November 2020, compared to seventy-nine percent (79%) in November 2019. Staffing challenges impact service levels. The Department continues to recruit to fill open positions.
  - 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 630 web-based requests in November 2020 compared to 431 in November 2019. The top three web reason requests were: 1). Change of PCP; 2). ID Card Requests; 3). Update contact information.
  - The top call reasons for November 2019 and November 2020 were: 1). Change of PCP; 2). Kaiser; 3). Eligibility/Enrollment; 4). Benefits; 5). ID Card Request.
  - The average talk time (ATT) was seven minutes (07:00) for November 2020 compared to seven minutes and seven seconds (07:07) for November 2019.

- Training:

  - IT and Member Services successfully tested existing call center solutions (through enhanced functionalities) and WebEx meetings to allow for remote training of new hires and existing staff using video, audio, and screen sharing. The two systems will allow for full virtual training and coaching of call center staff.

Claims

- 12-Month Trend Summary:

  - The Claims Department received 111,676 claims in November 2020 compared to 122,333 in November 2019.
  - The Auto Adjudication was 78.8% in November 2020 compared to 72.3% in November 2019.
  - Claims compliance for the 30-day turn-around time was 98.8% in November 2020 compared to 98.4% in November 2019. The 45-day turn-around time was 99.9% in November 2020 compared to 99.9% in November 2019.

- Training:

  - Routine and new hire training will continue to be conducted remotely by the managers/supervisors until staff returns to the office.

- Monthly Analysis:

  - In November, we received a total of 111,676 claims in the HEALTHsuite system. This represents a decrease of 7.6% from October and still remains lower, albeit by 10,657 claims, than the number of claims received in November 2019; the lower volume of received claims remains attributed to COVID-19.
  - We received 79% of claims via EDI and 21% of claims via paper.
  - During November, 99.9% of our claims were processed within 45 working days.
  - The Auto Adjudication rate was 78.8% for November.

Provider Services

- 12-Month Trend Summary:

  - The Provider Services Department's call volume in November 2020 was 4,463 calls compared to 5,560 calls in November 2019.
  - 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 204 visits during November 2020.
- The Provider Services department answered over 3,552 calls for November 2020 and made over 752 outbound calls.

Credentialing

- 12-Month Trend Summary:

  - At the Peer Review and Credentialing (PRCC) meeting held on November 17, 2020, there were twenty-nine (29) initial providers approved; ten (10) primary care providers, thirteen (13) specialists, one (1) ancillary provider, and five (5) midlevel providers. Additionally, thirty-two (32) providers were re-credentialed at this meeting; ten (10) primary care providers, twelve (12) specialists, two (2) ancillary providers, and eight (8) 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 2020, the Provider Dispute Resolution (PDR) team received 790 PDRs versus 821 in November 2019.
  - The PDR team resolved 680 cases in November 2020 compared to 639 cases in November 2019.
  - In November 2020, the PDR team upheld 67% of cases versus 75% in November 2019.
  - The PDR team resolved 99.9% of cases within the compliance standard of 95% within 45 working days in November 2020 compared to 96% in November 2019.

- Monthly Analysis:

  - AAH received 790 PDRs in November 2020.
  - In November, 680 PDRs were resolved. Out of the 680 PDRs, 457 were upheld and 223 were overturned.
  - Of the 223 overturned PDRs, it was determined that 52 cases were due to abnormal circumstances in that they were either related to unusual system issues or difficult to determine duplicate claims that could only be resolved

with the documentation submitted with the PDRs. Without these cases we would have met goal of 25%:

- 11 Claims paid incorrectly due to Optum CES system edit issue.
- 10 Claims were paid incorrectly due to new DHCS published rates.
- 7 Claims failed to Suspend in adjudication system to pay by LOA and auto-paid instead.
- 25 Claims were duplicate claims that could not be determined without the PDR documentation (i.e., two ER visits or Ambulance rides on the same day)

o 679 out of 680 cases were resolved within 45 working days resulting in a 99.9% compliance rate.
o The average turn-around time for resolving PDRs in November was 42 days.

Community Relations and Outreach

- 12-Month Trend Summary:

  o The C&O Department reached 177 members through our member orientation outreach call campaign in November 2020 compared to 816 people in November 2019.
  o The C&O Department reached members in 21 cities*/unincorporated areas throughout Alameda County and the Bay Area in November 2020 compared to 9 cities/unincorporated areas in November 2019.

- Monthly Analysis:

  o The Outreach team completed 721 outreach calls and conducted 177 member orientations.
  o In November 2020, the C&O Department reached 177 individuals (177 or 100% self-identified as Alliance members) during outreach events and activities.
  o In November 2020, the C&O Department reached members in 21 cities*/unincorporated areas throughout Alameda County and the Bay Area.
  o Please see the attached **Addendum A.**

  Cities represent the mailing addresses for members who completed a Member Orientation by phone. The C&O Department started including these cities in the Q4 of FY20 Outreach Report.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	November 2020
Incoming Calls (R/V)	11,678
Abandoned Rate (R/V)	8%
Answered Calls (R/V)	10,787
Average Speed to Answer (ASA)	01:46
Calls Answered in 30 Seconds (R/V)	59%
Average Talk Time (ATT)	07:00
Outbound Calls	8,139

Top 5 Call Reasons (Medi-Cal and Group Care) November 2020
Eligibility/Enrollment
Kaiser
Change of PCP
Benefits
ID Card Request

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) November 2020
Change of PCP
ID Card Request
Update Contact Info

Claims Department
October 2020 Final and November 2020 Final

METRICS		
Claims Compliance	**Oct-20**	**Nov-20**
90% of clean claims processed within 30 calendar days	99.1%	98.8%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Oct-20**	**Nov-20**
Paper claims	27,938	23,496
EDI claims	92,211	88,180
Claim Volume Total	**120,149**	**111,676**
Percentage of Claims Volume by Submission Method	**Oct-20**	**Nov-20**
% Paper	23.25%	21.04%
% EDI	76.75%	78.96%
Claims Processed	**Oct-20**	**Nov-20**
HEALTHsuite Paid (original claims)	78,013	78,193
HEALTHsuite Denied (original claims)	22,588	24,471
HEALTHsuite Original Claims Sub-Total	**100,601**	**102,664**
HEALTHsuite Adjustments	1,025	3,797
HEALTHsuite Total	**101,626**	**106,461**
Claims Expense	**Oct-20**	**Nov-20**
Medical Claims Paid	$41,063,626	$40,481,344
Interest Paid	$22,564	$43,302
Auto Adjudication	**Oct-20**	**Nov-20**
Claims Auto Adjudicated	79,000	80,901
% Auto Adjudicated	78.5%	78.8%
Average Days from Receipt to Payment	**Oct-20**	**Nov-20**
HEALTHsuite	18	18
Pended Claim Age	**Oct-20**	**Nov-20**
0-29 calendar days		
HEALTHsuite	14,240	16,834
30-59 calendar days		
HEALTHsuite	109	269
Over 60 calendar days		
HEALTHsuite	0	0
Overall Denial Rate	**Oct-20**	**Nov-20**
Claims denied in HEALTHsuite	22,588	24,471
% Denied	22.2%	23.0%

Claims Department
October 2020 Final and November 2020 Final

Nov-20

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	20%
Duplicate Claim	17%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	14%
Non-Covered Benefit for this Plan	8%
No Benefits Found For Dates of Service	7%
% Total of all denials	**66%**

Claims Received By Month

Claims Received Through	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Claims Rec'd in HEALTHsuite	101,083	110,462	104,293	111,255	120,149	111,676

Claims Rec'd in HEALTHsuite
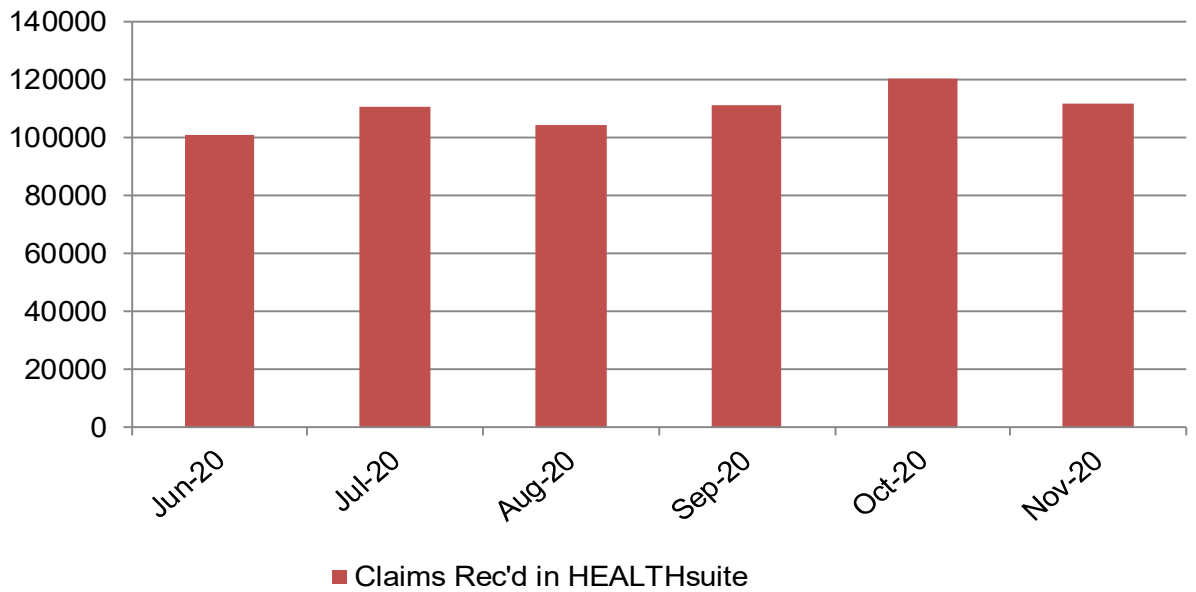
Provider Relations Dashboard November 2020

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	6256	5179	6191	5630	5740	6281	6467	5547	5584	5982	4463	
Abandoned Calls	1354	566	921	981	781	1158	1612	889	1188	1883	911	
Answered Calls (PR)	4902	4613	5270	4649	4959	5123	4855	4658	4396	4099	3552	
Recordings/Voicemails	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (R/V)	680	309	517	563	376	588	747	405	632	1090	436	
Abandoned Calls (R/V)												
Answered Calls (R/V)	680	309	517	563	376	588	747	405	632	1090	436	
Outbound Calls	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Outbound Calls	1308	1187	1439	948	1032	1035	996	923	840	915	752	
N/A												
Outbound Calls	1308	1187	1439	948	1032	1035	996	923	840	915	752	
Totals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Incoming, R/V, Outbound Calls	8244	6675	8147	7141	7148	7904	8210	6875	7056	7987	5651	
Abandoned Calls	1354	566	921	981	781	1158	1612	889	1188	1883	911	
Total Answered Incoming, R/V, Outbound Calls	6890	6109	7226	6160	6367	6746	6598	5986	5868	6104	4740	

Provider Relations Dashboard November 2020

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	3.0%	3.3%	3.6%	2.1%	2.1%	1.6%	2.6%	1.9%	2.0%	2.0%	3.1%	#DIV/0!
Benefits	4.7%	6.1%	0.6%	5.2%	4.3%	4.4%	7.2%	5.1%	2.5%	2.7%	3.9%	#DIV/0!
Claims Inquiry	40.7%	39.7%	41.9%	51.7%	54.8%	46.2%	49.7%	46.6%	47.8%	46.0%	42.3%	#DIV/0!
Change of PCP	3.2%	3.5%	3.7%	1.7%	2.1%	2.0%	2.5%	3.3%	2.3%	1.9%	4.0%	#DIV/0!
Complaint/Grievance (includes PDR's)	2.7%	2.9%	2.4%	2.5%	2.9%	2.3%	0.0%	2.5%	2.6%	3.3%	4.5%	#DIV/0!
Contracts	0.2%	0.4%	0.3%	0.3%	0.4%	0.4%	0.5%	0.5%	0.4%	0.4%	0.6%	#DIV/0!
Correspondence Question/Followup	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	#DIV/0!
Demographic Change	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	#DIV/0!
Eligibility - Call from Provider	27.7%	24.3%	25.3%	14.0%	14.8%	15.0%	18.7%	20.2%	24.1%	24.3%	23.1%	#DIV/0!
Exempt Grievance/ G&A	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	#DIV/0!
General Inquiry/Non member	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!
Health Education	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!
Intrepreter Services Request	2.0%	2.3%	2.8%	1.4%	1.6%	1.6%	2.3%	1.2%	1.7%	1.4%	1.9%	#DIV/0!
Kaiser	0.1%	0.3%	0.0%	0.3%	0.2%	0.2%	0.1%	0.0%	0.2%	0.2%	0.3%	#DIV/0!
Member bill	0.0%	0.0%	0.7%	0.8%	1.0%	0.9%	0.8%	0.7%	0.7%	3.2%	0.3%	#DIV/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%	#DIV/0!
Provider Portal Assistance	2.3%	3.4%	6.3%	7.6%	6.4%	3.7%	4.2%	3.9%	4.5%	6.2%	4.5%	#DIV/0!
Pharmacy	0.8%	1.0%	0.7%	0.8%	0.8%	0.7%	0.5%	0.9%	0.8%	0.9%	1.1%	#DIV/0!
Provider Network Info	0.1%	0.3%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	1.5%	1.4%	#DIV/0!
Transferred Call	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	#DIV/0!
All Other Calls	11.9%	12.1%	11.1%	11.2%	8.2%	20.7%	10.5%	12.7%	10.2%	5.9%	8.6%	#DIV/0!
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	8	3	6	31	33	11	4	4	12	13	7	
Contracting/Credentialing	1	2	2	22	24	9	1	3	7	10	9	
Drop-ins	12	6	48	6	0	0	0	0	0	0	0	
JOM's	2	3	4	3	1	4	2	4	2	3	2	
New Provider Orientation	17	3	3	22	23	11	4	7	1	27	40	
Quarterly Visits	64	124	23	177	145	147	204	281	162	173	146	
UM Issues	0	0	0	0	4	1	0	0	1	6	0	
Total Field Visits	104	141	86	261	230	183	215	299	185	232	204	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS					
Practitioners		AHP 409	PCP 370	SPEC 666	PCP/SPEC 18
AAH/AHS/CHCN Breakdown		AAH 448	AHS 214	CHCN 438	COMBINATION OF GROUPS 363
Facilities	**267**				

VENDOR SUMMARY					
Credentialing Verification Organization, Symply CVO					
	Number	**Average Calendar Days in Process**	**Goal - Business Days**	**Goal - 98% Accuracy**	**Compliant**
Initial Files in Process	9	16	25	Y	Y
Recred Files in Process	27	40	25	Y	Y
Expirables updated **Insurance, License, DEA, Board Certifications**					Y
Files currently in process	**36**				
CAQH Applications Processed in November 2020					
Standard Providers and Allied Health	Invoice not received				

November 2020 Peer Review and Credentialing Committee Approvals	
Initial Credentialing	**Number**
PCP	10
SPEC	13
ANCILLARY	1
MIDLEVEL/AHP	5
	29
Recredentialing	
PCP	10
SPEC	12
ANCILLARY	2
MIDLEVEL/AHP	8
	32
TOTAL	**61**

November 2020 Facility Approvals	
Initial Credentialing	4
Recredentialing	2
Facility Files in Process	38

November 2020 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
Bamberger	Debbie	Allied Health	Initial	11/17/2020
Bass	Erica	Primary Care Physician	Initial	11/17/2020
Brantingham	Grace	Primary Care Physician	Initial	11/17/2020
Citron	Rebecca	Primary Care Physician	Initial	11/17/2020
D'Souza	Karina	Specialist	Initial	11/17/2020
Egan	Robert	Specialist	Initial	11/17/2020
Govind	Akshay	Specialist	Initial	11/17/2020
Hamby	Dennis	Specialist	Initial	11/17/2020
Hampapur	Kusuma	Primary Care Physician	Initial	11/17/2020
Harrison	Phillip	Specialist	Initial	11/17/2020
Hernandez	Jonathan	Specialist	Initial	11/17/2020
Knight	Summer	Allied Health	Initial	11/17/2020
Ladhani	Sanah	Primary Care Physician	Initial	11/17/2020
Lai	Sunny	Primary Care Physician	Initial	11/17/2020
Le	Thuy	Specialist	Initial	11/17/2020
Leggett	Giulia	Primary Care Physician	Initial	11/17/2020
Liu	Jessie	Primary Care Physician	Initial	11/17/2020
Marlow Lehrburger	Elizabeth	Specialist	Initial	11/17/2020
Mathews	Bryonna	Allied Health	Initial	11/17/2020
McCorkle-Jamieson	Ashlee	Specialist	Initial	11/17/2020
Menezes	Reema	Primary Care Physician	Initial	11/17/2020
Moraveji	Shahareh	Specialist	Initial	11/17/2020
Panoringan	Genessa	Allied Health	Initial	11/17/2020
Suh	Jee Won	Ancillary	Initial	11/17/2020
Sung	Michael	Specialist	Initial	11/17/2020
Torres-Yaya	Isabell	Allied Health	Initial	11/17/2020
Tran	An	Primary Care Physician	Initial	11/17/2020
Varner	Samantha	Specialist	Initial	11/17/2020
Zahiruddin	Ayesha	Specialist	Initial	11/17/2020
Brinton	Daniel	Specialist	Recred	11/17/2020
Brown	Tanya	Allied Health	Recred	11/17/2020
Burns	Katherine	Allied Health	Recred	11/17/2020
Chalot	Melissa	Allied Health	Recred	11/17/2020
Dehghan	Amir	Specialist	Recred	11/17/2020
Emerson-Emerdello	Kathleen	Allied Health	Recred	11/17/2020
Feeney	Colin	Primary Care Physician and Specialist	Recred	11/17/2020
Gutierrez	Erin	Primary Care Physician	Recred	11/17/2020
Hu	Rebecca	Allied Health	Recred	11/17/2020
Hussain	Sabrina	Specialist	Recred	11/17/2020
Jacobs	Susan	Allied Health	Recred	11/17/2020
Jensen	Marianne	Allied Health	Recred	11/17/2020
Johnson	Eric	Specialist	Recred	11/17/2020
Johnson	Robert	Specialist	Recred	11/17/2020
Jumper	James	Specialist	Recred	11/17/2020
Kirupananthan	Anujeetha	Allied Health	Recred	11/17/2020
Lane	Leslie	Primary Care Physician	Recred	11/17/2020
Moody	Dawnell	Primary Care Physician	Recred	11/17/2020
Pakter	David	Primary Care Physician	Recred	11/17/2020
Payne	Margaret	Primary Care Physician	Recred	11/17/2020
Phillips	William	Specialist	Recred	11/17/2020
Ramos	Joshua	Ancillary	Recred	11/17/2020
Sam	Peter	Primary Care Physician	Recred	11/17/2020
Seevak	Evan	Specialist	Recred	11/17/2020
Takakuwa	Natsuko	Primary Care Physician	Recred	11/17/2020
Thakkar	Puja	Specialist	Recred	11/17/2020
Tran	Thuy-An	Primary Care Physician	Recred	11/17/2020
Trautman	Kelly	Ancillary	Recred	11/17/2020
Traynor	Colin	Specialist	Recred	11/17/2020
Tsai	Clark	Specialist	Recred	11/17/2020
Tsuchimoto	Erin	Primary Care Physician	Recred	11/17/2020
Wartman	Sarah	Specialist	Recred	11/17/2020

NOVEMBER PER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALISTS
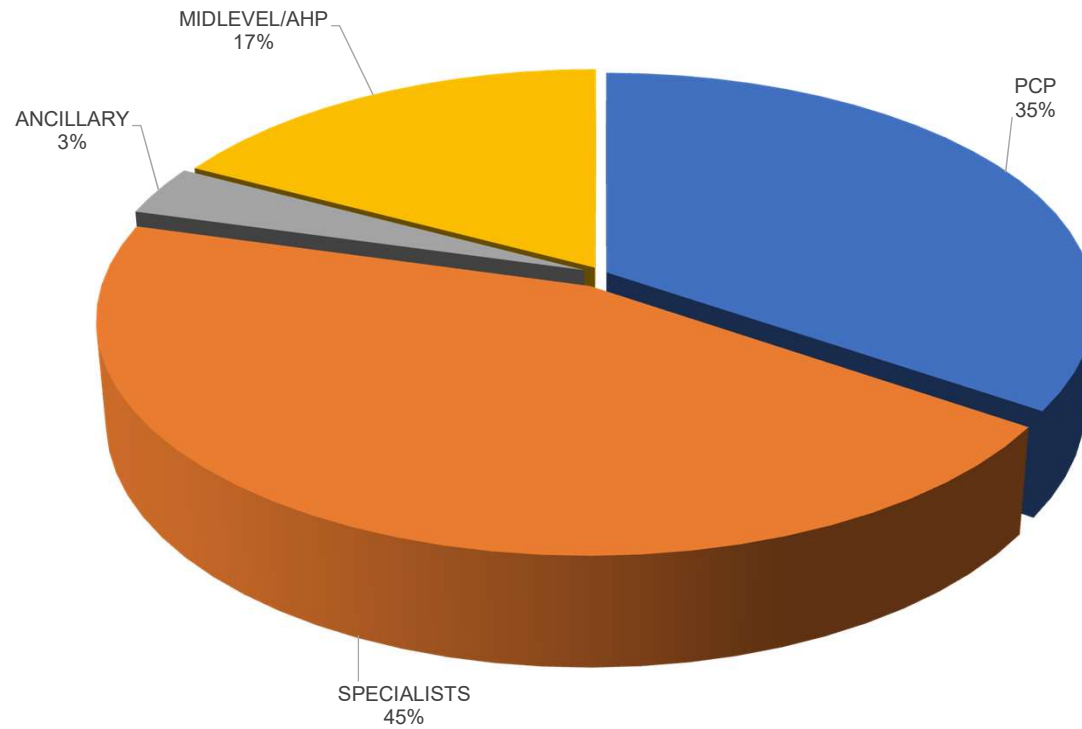
PCP	10
Specialists	13
Ancillary	1
MIDLEVEL/AHP	5
Total	29

MIDLEVEL/AHP 17%

ANCILLARY 3%

PCP 35%

SPECIALISTS 45%

Provider Dispute Resolution
October 2020 and Novemebr 2020

METRICS

PDR Compliance	Oct-20	Nov-20
# of PDRs Resolved	898	680
# Resolved Within 45 Working Days	894	679
% of PDRs Resolved Within 45 Working Days	99.6%	99.9%

PDRs Received	Oct-20	Nov-20
# of PDRs Received	680	790
PDR Volume Total	**680**	**790**

PDRs Resolved	Oct-20	Nov-20
# of PDRs Upheld	702	457
% of PDRs Upheld	78%	67%
# of PDRs Overturned	196	223
% of PDRs Overturned	22%	33%
Total # of PDRs Resolved	**898**	**680**

Average Turnaround Time	Oct-20	Nov-20
Average # of Days to Resolve PDRs	43	42
Oldest Unresolved PDR in Days	45	46

Unresolved PDR Age	Oct-20	Nov-20
0-45 Working Days	1,424	1,480
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**1,424**	**1,480**

Provider Dispute Resolution
October 2020 and Novemebr 2020

PDR Resolved Case Overturn Reasons

November 2020

- Claims Processing Error
- Clinical Review
- COB
- Configuration - Coding Error
- Configuration - Contract Error
- Configuration - Eligibility/Member Not Found
- Configuration - General
- Timely Filing Met
- UM Decisions/Med Nec Met
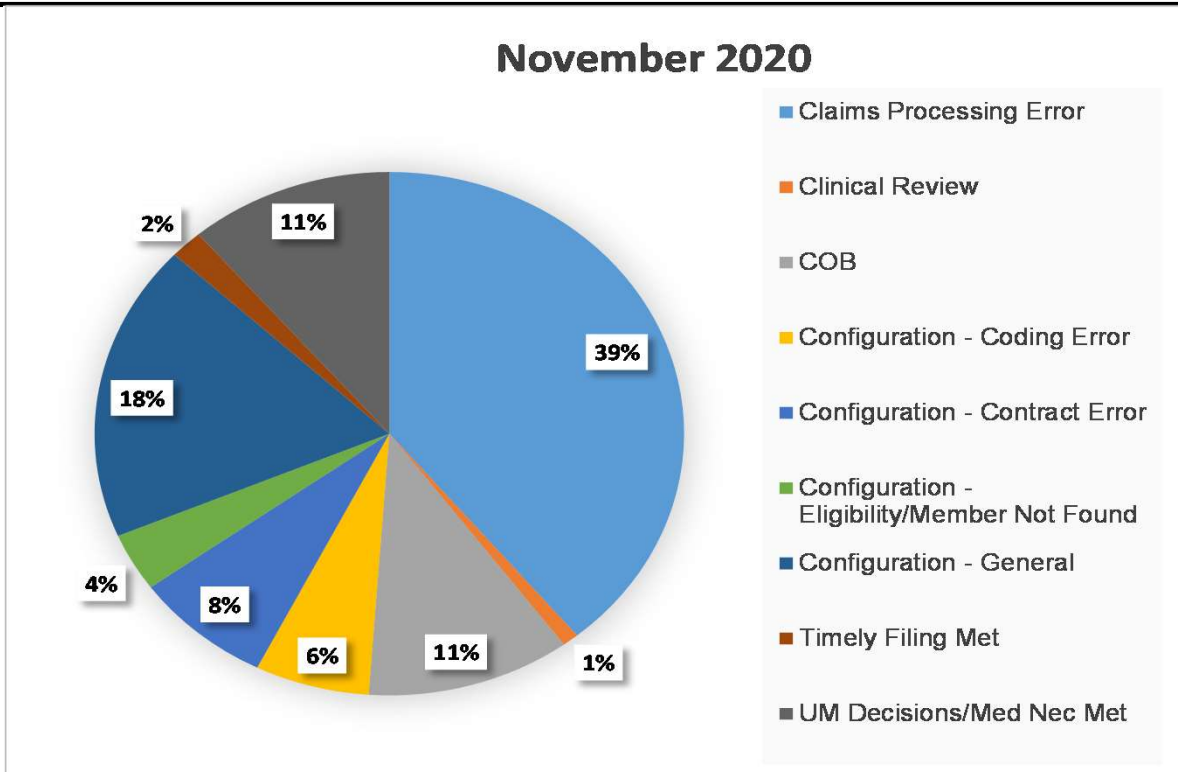
Rolling 12-Month PDR Trend Line

November 2020

Overturned — Upheld — Total
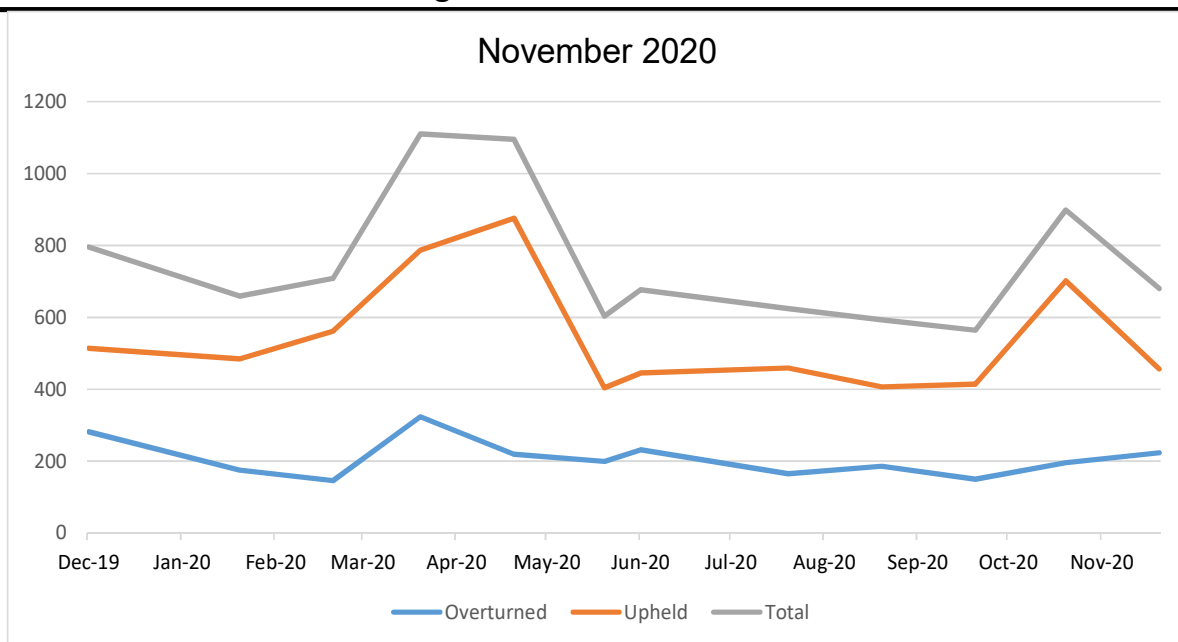
COMMUNICATIONS & OUTREACH DEPARTMENT
ALLIANCE IN THE COMMUNITY
FY 2020-2021 **| NOVEMBER 2020 OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY
FY 2020-2021 | NOVEMBER 2020 OUTREACH REPORT

During November 2020, the Alliance completed **721** member orientation outreach calls and conducted **177** member orientations (**41%** member participation rate).

The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the people reached at community events are Medi-Cal Members, of which approximately 82% are Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **21, 872** self-identified Alliance members were 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 the Coronavirus Disease (COVID-19). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice.

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone.

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between November 1, through November 30, 2020 (19 working days) – **177** net new members completed a MO by phone.

After completing a MO **100%** of members who completed the post-test survey in November 2020 reported knowing when to get their IHA, compared to only **64%** of members knowing when to get their IHA in the pre-test survey.
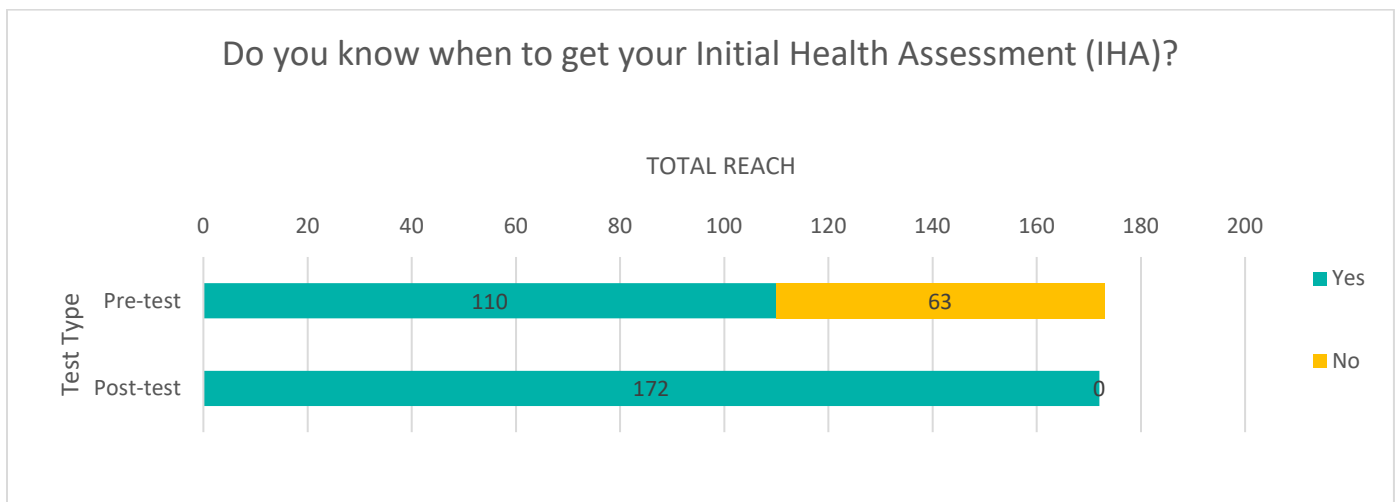
All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 20-21\Q2\2. November 2020**

ALLIANCE IN THE COMMUNITY
FY 2020-2021 | NOVEMBER 2020 OUTREACH REPORT

FY 2019-2020 NOVEMBER 2019 TOTALS

4 COMMUNITY EVENTS

12 MEMBER EDUCATION EVENTS

21 MEMBER ORIENTATIONS

2 MEETINGS/ PRESENTATIONS

39 TOTAL INITIATED/ INVITED EVENTS

26 TOTAL COMPLETED **EVENTS**

9 CITIES

ALAMEDA
BERKELEY
FREMONT
HAYWARD
NEWARK
OAKLAND
PLEASANTON
SAN LEANDRO
UNION CITY

188 TOTAL REACHED AT COMMUNITY EVENTS

442 TOTAL REACHED AT MEMBER EDUCATION EVENTS

97 TOTAL REACHED AT MEMBER ORIENTATIONS

89 TOTAL REACHED AT MEETINGS/PRESENTATIONS

393 MEMBERS REACHED AT ALL EVENTS

816 **TOTAL REACHED AT ALL EVENTS**

$2,200.00 TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

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 COMMUNITY TRAINING

177 MEMBERS REACHED AT ALL EVENTS

177 **TOTAL REACHED AT ALL EVENTS**

$0 TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

*Cities represent the mailing addresses 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 Q4 FY20 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 11, 2020**

Subject: **Compliance & Legal Report**

State Audit Updates

- 2020 DHCS Focused Audit:
  - On October 23, 2020, the DHCS sent a notice to the Plan of a focused audit involving the Plan's delegate, CHCN. The scope of the audit includes Administration, Utilization Management, Concurrent Review, Quality, Claims, and Provider Disputes. As of this writing, the Plan has completed its interviews and subsequent document submissions to the Department. Although there is no anticipated date for preliminary findings, the Plan is confident in its processes as reviewed during the audit. Both our internal teams and our delegated partner, CHCN, are ready to deliver on any identified deficiencies or process improvements as communicated by regulators.

- 2021 DMHC Full Medical Survey:
  - On November 13, 2020, the DMHC sent a notice to the Plan of the 2021 DMHC Routine Medical Survey beginning April 12, 2021. The survey will be an assessment of the overall performance of the Plan for the review period. The review will cover all operational areas of the Plan with materials due to the Department on December 7, December 13, and December 30, 2020. Due to the COVID-19 Public Health Emergency, the audit will be conducted virtually.

Regulatory Updates

- COVID-19 Network Metrics and Reporting to State Regulators [UPDATE]:
  - Since mid-March, the Plan has reported to the DHCS daily metrics of new COVID-19 positive tests and COVID-19 related hospitalizations. The most recent report listed 1114 positive tests and 1215 hospital admissions among Plan members since tracking began. As of December 5, 2020, Regional Stay-At-Home Orders go into effect when a region's ICU bed capacity falls below 15%. Stay-At-Home Orders for impacted regions remain in effect for at least 3-weeks from the onset. Regional Stay-At-Home Orders for Alameda County began on December 7, 2020.

- 2021 Annual Network Certification Rules Change:
  - o In early 2020 the DHCS and CMS issued new rules governing the way by which health plans certify their networks. For the 2020 Annual Network Certification, the agency agreed to shift the long-standing "Time *or* Distance" Standard to a new "Time *and* Distance" standard. The shift in policy came as a surprise to plans across the State as both proprietary, and commercial software have been tailored over time to meet and satisfy the old-standard. With the change came confusion and significant pushback from Plans and associations across the State as many struggled to re-evaluate their networks under the new standard. After almost a year of discussions, the DHCS and CMS have agreed to revert the rule *back* to the old standard of "Time *or* Distance." This comes as welcome news to the Plan as well as to our sister organizations across the State. Although regulators delivered the news as exclusive of this year's filing and effective only for filings beginning in 2021, the Plan anticipates a much smoother filing year under the reversion to the old-standard.

Plan Policy Development

- Development of the Delegation Oversight Committee (DOC) [UPDATE]:
  - o In early December, the Plan held its revamped DOC meeting after nearly 6-months of planning and internal coordination. Committee members discussed updates to delegate contracts, the distribution of responsibilities within the Plan, committee governance, and delegate financial statements. The DOC will serve as a critical addition to the Plan's delegation oversight program and committee governance structure. Beginning in 2021, the DOC will meet quarterly as an underreporting committee of the Compliance Committee and Compliance Advisory Board. Summary reports from the DOC will be provided to the Compliance Committee and its members for review, discussion, and approval, where necessary.

APL/PL IMPLEMENTATION TRACKING LIST						COMPLIANCE DEPARTMENT NOTES		
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	Summary of Key Requirements	Lead Department	Status	Completion Date
8	DHCS	19-004	6/5/2019	Provider Credentialing/Recredentialing And Screening/Enrollment	Medi-Cal	Plans must screen and enroll providers in a manner consistent with the DHCS FFS enrollment process but may use screening results from other Plans, Medicare, or Medicaid programs to satisfy these requirements. In order to be reimbursed by Medi-Cal FFS, providers must be enrolled with DHCS as Medi-Cal FFS providers. Plans must verify every 3 years that each provider continues to possess valid credentials and must review a new application and re-verify above-mentioned information.	Credentialing	Ongoing	N/A
12	DHCS	19-006	6/13/2019	Prop 56 Physicians Directed Payments for Specified Services for State FY 17-18 & 18-19	Medi-Cal	1. DHCS requires MCPs/delegates/subcontractors to make direct payments for qualifying services in the amounts and for the CPT codes specified in appendix A and B (see pgs 4 & 5). Directed payments shall be in addition to whatever other payments eligible Network Providers would normally receive from the MCP or MCP's delegated entities and subcontractors, as MCP Network Providers. 2. The projected value of the directed payments will be accounted for in the MCP's actuarially certified risk-based capitation rates. For SFY 2018-19 the portion of capitation payments to the MCP attributable to this directed payment shall be subject to a minimum medical expenditure percentage (per appendix B). 3. MCP is responsible for ensuring qualifying services reported using the specified CPT codes are appropriate for the services being provided and reported to DHCS in encounter data pursuant to APL 14-019 4. Starting with the calendar quarter ending June 30, 2018, the MCP must report to DHCS within 45 days of the end of each calendar quarter all directed payments made pursuant to this APL, either directly by the MCP or by the MCP's delegated entities and subcontractors at the MCP's direction. 5. Reports shall include all directed payments made covering dates of service between July 1, 2017 and June 30, 2019. MCPs must provide these reports in a	Analytics/Finance	Ongoing	

#	Regulatory Agency	APL/ PL #	Date Released	APL/PL Title	LOB	Summary of Key Requirements	Assigned Specialist	Lead Department	Status	Completion Date
					APL/PL IMPLEMENTATION TRACKING LIST			COMPLIANCE DEPARTMENT NOTES		
2	DMHC	20-001	1/15/2020	Newly Enacted Statutes Impacting Health Plans	Both	14 new statutory requirements. 6 of the 14 are not applicable to AAH. The others are still under review.	Joanne	All Departments	Ongoing	Filed 3/6/20 Need to finish requirments
7	DHCS	20-004	3/27/2020	Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19	Medi-Cal	1. Well-Child Visits: DHCS is providing guidance on pediatric well-care services via telehealth during the pandemic. The guidance suggests that well-child visits should be initiated through telehealth, however there are some services that should be done in person such as the comprehensive physical exam, office testing, immunizations, hearing, vision, and oral health screenings. These services would be a continuation of services provided via telehealth/virtual and the provider should only bill for one encounter/visit. In addition, to ensure adherence to the Bright Futures guidelines, DHCS is advising MCPs to encourage pediatric providers to discuss with members the benefits of attending well-child visits in person to receive the necessary immunizations and screenings, in addition to the provision of services via telehealth. 2. File and Use: DHCS has approved for MCPs to submit certain documents including proposed telephone outreach scripts related to COVID-19 as file and use, which means that once an MCP submits documents or scripts to DHCS, the MCP can immediately begin using those documents or scripts with its members. All information communicated to members must be information related to COVID-19 that directly came from DHCS, the California Department of Public Health, or the CDC. In addition, documents or scripts must not contain any PHI or Personal Information of a member. The following are documents and scripts approved for file and use. 3. Temporary Reinstatement of Acetaminophen and Cough/Cold Medicines: DHCS issued guidance on May 13, 2020 regarding the temporary reinstatement of non-legend acetaminophen-containing products and non-legend cough and cold products for adults as covered benefits with the Medi-Cal FFS program. MCPs are required to follow this FFS-issued guidance, including the provision of these over-the-counter drugs without prior authorization. 4. Temporary Addition of Provider Types at FQHCs and RHCs: Pursuant to SPA 20-0024, DHCS issued guidance on May 20, 2020, temporarily adding the services of Associate Clinical Social Workers (ACSWs) and Associate Marriage and Family Therapists (AMFTs) at FQHCs and RHCs as billable visits. The California Board of Behavioral Sciences (BBS) does not consider ACSWs or AMFTs to be licensed practitioners, therefore licensed behavioral health practitioners must supervise and assume the professional liability of services furnished by the unlicensed ACSW and AMFT practitioners. FQHCs or RHCs can be reimbursed in accordance with the terms of the MCPs contract with the State related to FQHCs and RHCs for a visit between an FQHC or RHC patient and an ACSW or	Tanisha	Provider Services/UM/Claims	Ongoing	
12	DHCS	20-006	3/4/2020	Site Reviews - Facility Site Reivew and Medical Record Review	Medi-Cal	The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care health plans (MCPs) of updates to the Department of Health Care Services' (DHCS) site review process, which includes Facility Site Review (FSR) and Medical Record Review (MRR) policies. This APL includes changes made to the criteria and scoring of DHCS' FSR and MRR tools and standards.	Joanne	Katherine Ebido, RN	Senior Quality Improvement Nurse Specialist	*on hold due to Covid-19	N/A
19	DHCS	20-010	4/20/2020	Cost Avoidance and Post-Payment Recovery for Other Health Coverage	Medi-Cal	1. MCPs must report new OHC information not found on the Medi-Cal eligibility record or OHC information that is different from what is found on the Medi-Cal eligibility record to DHCS within 10 calendar days of discovery. 2. Beginning January 1, 2021, MCPs must include OHC information in their notification to the provider when a claim is denied due to the presence of OHC. 3. MCPs must ensure providers review the Medi-Cal eligibility record for the presence of OHC. 4. Prior to delivering services to members, MCPs must ensure providers review the Medi-Cal eligibility record for the presence of OHC. 5. MCPs must ensure providers do not refuse a covered Medi-Cal service to a Medi-Cal member regardless of the presence of OHC. 6. Effective February 9, 2018, prenatal care is subject to cost avoidance. 7. MCPs must not process claims for a member whose Medi-Cal eligibility record indicates OHC, other than a code of A or N, unless the provider presents proof that sources of payment have been exhausted or the provided service meets the requirements for billing Medi-Cal directly.	Joanne	Claims	Ongoing	**12/1/2020**

27	DHCS	20-014	*5/27/2020	Prop 56 Value-Based Payment Program Directed Payments	Medi-Cal	subject to obtaining the necessary federal approvals and consistent with 42 CFR section 438.6(c), MCPs, either directly or through their delegated entities and Subcontractors, must make directed payments for qualifying VBP program services (as defined below) for dates of service on or after July 1, 2019, in the specified amounts for the appropriate procedure codes, in accordance with the CMS-approved preprint. The directed payments are in addition to whatever other payments eligible Network Providers would normally receive from the MCP or MCP's delegated entities and Subcontractors. 2. MCPs must make value-based directed payments to eligible Network Providers for specific qualifying services tied to performance across four domains, as set forth in the VBP program specifications and the valuation summary. 3. For qualifying events tied to Members diagnosed with a substance use disorder, a serious mental illness, or who are homeless or have inadequate housing, MCPs must make the add-on directed payments corresponding to at-risk Members. For qualifying events tied to all other Members, MCPs must make the add-on directed payments corresponding to non-at-risk Members. 4. MCPs must make VBP directed payments for qualifying services provided by eligible Network Providers with dates of service on or after July 1, 2019, in accordance with the requirements outlined within the VBP program specifications. If applicable, for purposes of VBP directed payments, the "measurement year" for a given service is the calendar year in which that service was provided. 5. Individual rendering Network Providers qualified to provide the VBP program services are eligible to receive VBP directed payments. In addition to the requirements outlined in APL 19-001, Network Providers must meet the following criteria; posses an individual (tpye 1) NPI and be practicing within their practice scope. 6. Starting with the calendar quarter ending June 30, 2020, MCPs must report to DHCS within 45 days of the end of each calendar quarter all directed payments made pursuant to this APL, either directly by the MCP or by the MCP's delegated entities and Subcontractors. Reports must include all directed payments made for dates of service on or after July 1, 2019	Tanisha	Finance/Claims/Analytics	Ongoing	
31	DHCS	20-016	9/29/2020	Blood Lead Screening of Young Children	Medi-Cal	*MCPs must ensure that their network providers who perform PHAs on child members between the ages of six months to six years comply with current federal and state laws and industry guidelines for health care providers issued by CLPPB, including any future updates or amendments to these laws and guidelines. *MCPs must ensure that their network providers provide oral and written anticipatory guidance to the parent(s) or guardians(s) of a child member that, at a minimum, includes information that children can be harmed by exposure to lead. This guidance must be provided to the parent or guardian at each PHA, starting at 6 months of age and continuing until 72 months of age. *Order or perform blood lead screenign tests on child members. *Follow CDC recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued guidelines. *MCP's must ensure that the network provider documents the reason(s) for not performing blood lead screening tests in the child menber's medical record. *In order to comply with Health Insurance Portability and Accountability Act requirements, MCPs must utilize the CMS-1500/UB-04 claim forms, or their electronic equivalents (837-P/837-I), to report confidential screening/billing to DHCS. *MCPs are required to submit complete, accurate, reasonable, and timely encounter data consistent with the MCP contract and APLs 14-019 and 17-005.12 Additionally, MCPs must ensure that blood lead screening encounters are identified using the appropriate indicators, as outlined in the most recent DHCS Companion Guide for X12 Standard File Format, which can be obtained by emailing the Encounter Data mailbox at: MMCDEncounterData@dhcs.ca.gov.	Joanne	Analytics,Provider Services, Quality,Healthcare Services	ongoing	12/28/2020
33	DHCS	20-017	10/14/2020	Requirements for Reporting Managed Care Program Data	Medi-Cal	Managed Care Program Data (MCPD) Primary Care Provider Assignment (PCPA) Technical Documentation and the associated JSON schema files on a monthly basis. 2. Data from all network providers, delegates and subcontractors should be combined and included in each monthly submission. Each MCP is required to submit both a MCPD and PCPA file between the 1st and 10th of each month. 3. MCPs are required to complete and submit a Program Data Submission Reconciliation Form (PGDSRF) to DHCS by the 15th of the month following the submission month. MCPs will use the PGDSRF document to track program data file submissions. DHCS will use the information collected by the PGDSRF to validate that all transmitted files were received to ensure data completeness. By submitting the program file, the MCP attests the information is complete and accurate.	Tanisha	G&A, Provider Services, UM, Compliance	Ongoing	7/1/2021
33	DMHC	20-018	4/29/2020	Modification of Timely Access Provider Appointment Availibility Surveys Timeframes	Both?	Currently, Health and Safety Code section 1367.03(f)(3) and page 11 of the PAAS Methodology require health plans to complete the administration of the PAAS between April 1 and December 31. For MY 2020, health plans shall begin administration of the PAAS no earlier than August 1, 2020.	Tanisha	Quality/Tiffany/Julia	Ongoing	12/11/2020

	DHCS	20-018	10/26/2020	Ensuring Access to Transgender Services	Medi-Cal	1. MCPs must analyze transgender service requests under both the applicable medical necessity standard for services to treat gender dysphoria and under the statutory criteria for reconstructive surgery. A finding of either "medically necessary to treat gender dysphoria" or "meets the statutory criteria of reconstructive surgery" serves as a separate basis for approving the request. 2. If the MCP determines the service is not medically necessary to treat gender dysphoria or if there is insufficient information to establish medical necessity, the MCP must still consider whether the requested service meets the criteria for reconstructive surgery, taking into consideration the gender with which the member identifies. 3. When analyzing transgender services requests, MCPs must consider the knowledge and expertise of providers qualified to treat gender dysphoria, including the members' providers, and must use nationally recognized medical/clinical guidelines. 4. If the requirements contained in this APL necessitate a change in MCP's policies and procedures (P&P), the MCP must submit its updated P&P to its Managed Care Operations Division (MCOD) contract manager within 90 days of the release of this APL. 5. If the MCP determines no change to its P&Ps are necessary, the MCP must submit an email confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the P&Ps have been reviewed and no changes are necessary.	Tanisha	Utilization Mgmt	Ongoing	10.26.20 (updated P&P if necessary or attestation that no changes to current P&P to DHCS by 1/26/21)
36	DHCS	20-020	11/4/2020	Governor's Executive Order N-01-19 Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal RX	Medi-Cal	1. This final APL includes a table listing the responsibilities of DHCS, Magellan, and MCPs; include the scope document directly in the APL; and added to the list of APLs that will be updated or retired. 2. MCPs must also ensure that PAs for pharmacy-related services do not automatically expire on December 31, 2020. DHCS requires MCPs to take all necessary steps to ensure their members continue to have uninterrupted access to medically necessary pharmacy benefits and services during the transition to Medi-Cal Rx. 3. Continuous Glucose Monitoring (CGM) System, Omnipods, and other similar DME items CGM Systems, Omnipods, and other similar DME items are not currently billed to the FFS delivery system on a pharmacy claim; therefore, these products will not be included under Medi-Cal Rx, effective January 1, 2021. They will remain the responsibility of the MCPs in the managed care delivery system; or, in the FFS delivery system, billed on a medical claim to CA-MMIS, as they are currently. To that end, MCPs can choose whether to continue to provide items that meet Healthcare Common Procedure Coding System (HCPCS) code A9274 through a pharmacy billed on a medical claim, or as otherwise deemed appropriate. 4. For calls about the Medi-Cal Rx transition, such as questions about the Medi-Cal Rx outreach letters or general Medi-Cal Rx questions, MCPs must utilize the call center scripts provided by DHCS to answer any general questions. 5. MCPs must continue to track all pharmacy-related calls including those that are referred to, or transferred directly to, Medi-Cal Rx for at least sixty (60) days starting January 1, 2021. 6. DHCS will not hold MCPs to the National Committee for Quality Assurance (NCQA) standards for carved-out Medi-Cal Rx services, as of January 1, 2021. 7. As for the Healthcare Effectiveness Data and Information Set (HEDIS) pharmacy data measures that accredited MCPs are required to report on, MCPs can use the pharmacy daily data feeds and real-time pharmacy portal information provided by Medi-Cal Rx for HEDIS reporting purposes, as of January 1, 2021. Similarly, as of January 1, 2021, MCPs can also choose to report "no benefit" meaning that service is not a benefit provided by the MCP. Therefore, HEDIS measures for pharmacy claims will be removed from the MCP's star rating and will not impact the MCP's accreditation status (accredited vs. not accredited). 8. Retrospective DUR – This is still required of MCPs January 1, 2021, and forward. MCPs will receive comprehensive claims and PA history for their members and can use claims data for their own quality improvement and retrospective DUR activities. In addition to that, as part of Global Medi-Cal DUR program,	Tanisha	All Depts (Pharmacy as primary)	Ongoing	4/1/2021

41	DMHC	20-028	7/23/2020	Emergency Regulation Regarding COVID-19 Diagnostic Testing	Group	Supercedes DMHC 20-006 to the extent the regulation conflicts with that APL. Reinstates cost sharing for some COVID-19 testing. Health plans must continue to impose no cost-sharing for COVID-19 testing for enrollees with symptoms of or known/suspected exposure to COVID-19. For all other enrollees (i.e., enrollees without symptoms of or known/suspected exposure to COVID-19), health plans may impose ordinary cost-sharing for COVID-19 testing. For purposes of access to COVID-19 testing, enrollees are classified into one of three broad categories: (1) enrollees (including "essential workers") with symptoms of or exposure to COVID-19; Health plans must reimburse providers for COVID-19 tests administered to enrollees with symptoms of COVID-19 or known/suspected exposure to COVID-19, regardless of whether the enrollee received the test from an in-network or out-of-network provider. A health plan may not limit the number or frequency of tests an enrollee receives when the enrollee has symptoms of COVID-19 or known or suspected exposure to COVID-19. (2) asymptomatic enrollees who are "essential workers" who have not been exposed to COVID-19; health plans must offer an enrollee who is an "essential worker" a COVID-19 testing appointment that will take place within 48 hours of the enrollee's request. A health plan may not limit the number or frequency of tests an enrollee who is an essential worker receives. the appointment must be with a provider located within 30 minutes or 15 miles of the enrollee's residence or workplace. If the plan does not offer the enrollee an appointment meeting these time and distance requirements, the enrollee may access a COVID-19 test from any available provider (whether in or out of network). In-network cost-sharing applies in such instances. (3) asymptomatic enrollees who are not "essential workers" and who have not been exposed to COVID-19. A health plan may impose prior authorization requirements on such testing. If the health plan requires prior authorization and finds the testing to be medically necessary for the enrollee, the plan must offer the enrollee an appointment for a COVID-19 test to occur within 96 hours of the enrollee's request. The appointment for all other asymptomatic enrollees (who have had no exposure to COVID-19) must be with a provider located within 30 minutes or 15 miles of the enrollee's residence or workplace. If the plan does not offer the enrollee an appointment meeting these time and distance requirements, the enrollee may access a COVID-19 test from any available provider (whether in or out of network). In-network cost-sharing applies in such instances.	Joanne	UM/Claims	Ongoing	N/A
45	DMHC	20-032	9/4/2020	Continuation of DMHC's All Plan Letters Regarding Telehealth During the California Declared State of Emergency Due to COVID-19	Both	Provider home addresses are not to be used in the Provider Directories unless they give permission. Instead Plans can use the Practice Address as of March 3, 2020 (the day before the gov declared a state of emergency. APLs 20-009 and 20-013 remain in effect until the end of the state of emergency or until further notice, whichever comes first.	Joanne	Provider Relations	ongoing	N/A
47	DMHC	20-034	9/23/2020	COVID 19 Screening and Testing (replacing APL 20-006)	Both	This APL supersedes and replaces APL 20-006 DMHC reminds plans of existing California laws that require plans to ensure their enrollees are able to access medically necessary care in a timely fashion. *Covering all medically necessary emergency care without prior authorization *Complying with the utilization review timeframes for approving requests for urgent and non-urgent services, as required by Health and Safety Code section 1367.01 *Ensuring the plan's provider networks are adequate to handle an increase in the need for health care services, including offering access to out-of-network services where appropriate and required, as more cases of COVID-19 emerge in California. *Ensuring enrollees are not liable for unlawful balance bills from providers, including balance bills related to testing for COVID-19. *Ensuring plans have 24-hour access for to a person with the authority to authorize services and ensuring the DMHC has contact information for that person. Proactive steps: *Plans should work with their contracted providers to use telehealth services to deliver care when medically appropriate, as means to limit enrollees exposure to others who may be infected with COVID-19, and to increase the capacity of the plans contracted providers. *In the event of a shortage of any particular prescription drug, plans should waive prior authorization and/or step therapy requirements if the enrollees prescribing provider recommends the enrollee take a different drug to treat the enrollees condition.	Joanne	Provider Relations/UM/Quality/Member Services/Pharm	ongoing	N/A

48	DMHC	20-035	10/6/2020	Cal Pharmacy Benefit Carve Out - Medi-	Medi-Cal	Beginning January 1, 2021, the following services will be carved out of Medi-Cal managed care and transitioned to fee for service when billed on a pharmacy claim: •Covered Outpatient Drugs, including Physician Administered Drugs (PADs) •Medical Supplies •Enteral Nutritional Products Following the transition, Plans will retain responsibility for overseeing and maintaining care coordination activities for Medi-Cal enrollees, providing oversight of all clinical aspects of pharmacy adherence, including providing disease and medication management, and processing and payment of all pharmacy services billed on medical and institutional claims. By November 6, 2020, all MCPs must submit an Amendment to the DMHC via eFiling titled, "Medi-Cal Pharmacy Benefit Carve Out – Medi-Cal Rx."	Tanisha	All Depts	ongoing	1/1/2021
49	DMHC	20-036	10/9/2020	arge Group Renewal Notice Requiremen	Group	writing at least 120-days prior to the contract renewal date, idicating the change(s) or no change in premium rates. * Renewal notices shall include a statement comparing the proposed rate change to the average rate increases negotiated by CalPERS and by Covered California and state whether the rate change is greater than the average rate increase for coverage offered in the large group market. * The Department encourages plans to include the actual percentages for CalPERs (5.28%) and Covered California (0.6%) in the notice. Alternatively, plans can include information or a link to the Department's website for more information on the specific average rate increases http://www.dmhc.ca.gov/HealthCareinCalifornia/PremiumRateReview/HealthCareCosts.aspx * Excise tax doesn't need to ber included as it was repealed by federal law in the Further Consolidated Appropriations Act, 2020 (H.R. 1865) * The notice must include how to obtain the rate filing requirement under Article 6.2 (commencing with section 1385.01) * If final rates are different from those proposed in the initial notice due to negotiations on rates or changes in benefits, plans are not required to send additional notices.	Joanne	Finance	Ongoing	3/31/2021

#									
20	DHCS	19-010	8/14/2019	Requirements for Coverage of EPSDT for Medi-Cal Members Under the Age of 21	Medi-Cal	1. For members under 21yrs, MCPs required to provide and cover all medical necessary EPSDT services. 2. MCPs are prohibited from imposing service limitations on any EPSDT benefit other than medical necessity. 3. EPSDT service is considered medically or a medical necessity when its is necessary to correct or ameliorate defects and physical and mental illnesses and conditions that are discovered by screening services. MCPs must apply this definition when determining if a service is medically necessary or a medical necessity for an EPSDT eligible member. 4. MCPs must use current AAP/Bright Futures periodcity schedule/guidelines when delivering EPSDT benefit, including but not limited to screening services, vision services, and hearing services. 5. MCPs must provide all age-specific assessments and services required by the MCP contract and the AAP/Bright Futures periodicty schedule. 6. Members under 21yrs must receive EPSDT preventative services and referrals for diagnosis and treatment without delay. 7. MCPs are responsible for ensuring EPSDT members have timely access to all medically necessary EPSDT services and that appropriate diagnostic and treatment services are initiated as soon as possible, but no later than 60 calendar days following either a preventive	Utilization Management	Ongoing	
21	DMHC	19-011	5/9/2019	QIF Plan Regulatory Requirements	Both	1) Notify DMHC and DHCS by July 1st if the Plan intends to maintain or transfer plan products from the QIF to the affiliated plan 2) Attend a pre-filing conference by August 1st if the Plan intends to maintain license or merge with an affiliate 3) File a Notice of Material Modification or an Application of Surrender by September 1st 4)QIF plans will be treated as distinct from affiliate plans and will be subject to the requirements of the Act by January 1, 2020	Compliance	Ongoing	* Received approval from county. * 10/12 Sent to Scott to sign and then ready to send to DMHC * Notified Linda Kam at DMHC

26	DHCS	19-013	10/21/2019	Proposition 56 Hyde Reimbursement Requirements for Specified Services	Medi-Cal	1) Plans must, directly or through their delegates entities/subcontractors, pay the individual rendering providers that are qualified to provide and bill for medical pregnancy termination services with dates of services between July 1, 2017- June, 30, 2020, using Prop 56 funds. 2) Plans or their delegated entities/subcontractors must pay the rate for CPT-4 code 59840 in the amount of $400 and 59841 in the amount of $700. 3) Plans must distribute payments within 90 calendar days from the date the Plan begins receiving capitation payments from DHCS. 4) Plans are responsible for ensuring that the specified CPT-4 codes are appropriate for the services being provided and that the information is submitted to DHCS in encounter data that is complete, accurate, reasonable, and timely. 5) Plans must have a formal procedure to accept, acknowledge, and resolve provider grievances related to the processing or non-payment of a Prop 56 directed payment. 6) Plans must communicate the payment process with providers on how to process payments, file a provider grievance, and determine the payer. 7) Plans are responsible for ensuring delegates/subcontractors comply.	Analytics/Finance	Ongoing	8/1/2020
32	DHCS	19-016	12/26/2019	Prop 56 Directed Payments for Developmental Screening Services	Medi-Cal	screening services provided for Members as part of the Early and Periodic Screening, Diagnostic, and Treatment benefit, comply with the AAP/Bright Futures periodicity schedule and guidelines. 2)MCPs either directly or through their delegated entities and Subcontractors to make directed payments to eligible Network Providers of $59.90 (was previously $59.50) for each qualifying developmental screening service on or after January 1, 2020, in accordance with the CMS approved preprint which will be made available on the DHCS Directed Payments Program website upon CMS approval. 3)MCPs are responsible for ensuring that qualifying developmental screening services are reported to DHCS in encounter data in accordance with APL 14-019 Encounter Data Submission Requirements using Current Procedural Terminology (CPT) code 96110 without the modifier KX. The KX modifier is used to document screening for Autism Spectrum Disorder (ASD). ASD screening is different from general developmental screening, and while both types of screenings are AAP/Bright Futures recommendations, only general developmental screenings are eligible for a directed payment. 4)Developmental screenings must be provided in accordance with the AAP/Bright Futures periodicity schedule and guidelines at 9 months, 18 months, and	Analytics/Finance	Ongoing	9/30/2020

36	DHCS	19-018	12/26/2019	Prop 56 Directed Payments for Adverse Childhood Experiences Screening Services	Medi-Cal	acceptable for use for Members aged 18 or 19 years. The ACEs screening portion (Part 1) of the PEARLS tool is also valid for use to conduct ACEs screenings among adults ages 20 years and older. 2)DHCS will provide and/or authorize ACEs-oriented trauma-informed care training for Providers and their ancillary office staff. DHCS must approve or authorize any other trauma-informed care training that is not provided by DHCS. The training will be available in person, including regional convening's, and online. The training will include both general training about trauma-informed care, as well as specific training on use of the ACEs questionnaire and PEARLS tool. It will also include training on ACEs Screening Clinical Algorithms to help Providers assess patient risk of toxic stress physiology and how to incorporate ACEs screening results into clinical care and follow-up plans. More information about training is available on https://www.acesaware.org/. 3)DHCS will maintain a list of Providers who have self-attested to their completion of the training. MCPs will have access to the list. Beginning July 1, 2020, Network Providers must attest to completing certified ACEs training on the DHCS website to continue receiving directed payments. 4)Providers may screen Members utilizing a qualifying ACEs questionnaire or PEARLS tool as often as deemed	Analytics/Finance	Ongoing	8/1/2020

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 11, 2020**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

The Outpatient UM team continues to maintain Turn-Around-Times (TAT) above benchmark.

- Trucare, the computer software used by the UM team, will be upgraded to the web-based version on December 16.
- The UM team is receiving authorizations submitted online via the Provider Portal. About 30% of referrals are being received via the Portal, and plans are in development to increase usage by providers. Use of the Provider Portal is expected to increase satisfaction of providers and improve productivity in the UM team.
- NOA (Notice of Action) Letter monitoring continues and is showing consistent improvement. Engagement with delegates on monitoring their NOAs is going well, with improvements noted.
- The UM team is working with our contracted transportation vendor, LogistiCare, to improve their service performance and to provide VIP service to our members dealing with Oncology treatments.
- UM is collaborating with the Claims department on a project improvement on the interface between the authorizations and the claims system, Health Suite, to ensure payment integrity.

Outpatient Authorization Denial Rates			
Denial Rate Type	**September 2020**	**October 2020**	**November 2020**
Overall Denial Rate	4.2%	3.4%	2.9%
Denial Rate Excluding Partial Denials	4.0%	3.2%	2.7%
Partial Denial Rate	0.2%	0.2%	0.2%

Turn Around Time Compliance			
Line of Business	September 2020	October 2020	November 2020
Overall	99%	99%	98%
Medi-Cal	99%	99%	99%
IHSS	97%	98%	97%
Benchmark	*95%*	*95%*	*95%*

Utilization Management: Inpatient

- The Inpatient hospitalization rate has returned to normal, though the spread of the pandemic may begin to affect it again. We are monitoring closely for increased COVID admissions
- The IP UM team monitors and reports the hospitalizations of members with COVID to AAH leadership, and these reports are sent in to DHCS.
- Trucare, the software used by UM, successfully launched to the 8.0 version on September 26, and are now preparing for the web-based upgrade in December.
- The IP UM department is working closely with the Finance Team to improve the forecasting of high acuity members hospitalized with catastrophic diagnoses.
- IP UM is working actively with CHCN to align processes further and collaboratively work on initiatives such as NOAs and safe discharges of complex members.
- The UM department is working with Compliance to provide delegate oversight on performance of the UM functions on behalf of Alliance members.

Inpatient Utilization Total All Aid Categories Actuals (excludes Maternity)			
Metric	August 2020	September 2020	October 2020
Authorized LOS	5.1	4.4	4.3
Admits/1,000	57.8	54.9	50.3
Days/1,000	294.5	240.8	216.9

Pharmacy

- Pharmacy has 99.9% turn-around time compliance for Medical line of business and 100% turn-around time compliance for Group Care line of business.
- Outpatient initial approval rate is 41% and denial rates are 31%. The approval rate was same while denial rates increased compared to previous reporting periods. Medications for pain, acne, diabetes, chronic angina, and heart attack or stroke medications share formulary issues as the most common reason for denials. AAH offers clinically equal and more cost-effective formulary alternatives.

- DHCS extended the pharmacy carve-out transition to April 1, 2021. Magellan and DHCS will send out a communication to all enrolled providers and members in mid- December, 2020. After the carve-out, the State of California will take back many pharmacy responsibilities, including drug coverage, rebates, utilization management, and pharmacy provider network. AAH is to maintain beneficiary care coordination, drug adherence, disease and medication management, in addition to authorization, denial & appeals of physician administered drugs (PAD) and outpatient infusion drugs. The pharmacy team has worked closely with Project Management and other departments to prepare for the transition. Mailings informing members will be sent out toward the end of November.
- Quality improvement and cost containment initiatives continue with focus on effective formulary management, coordination of benefit & joint collaboration with Quality and case management to improve drug adherence, disease and medication management and generic utilization. Senior Pharmacy Director Helen Lee is also leading initiatives on Asthma Affinity Work Group, biosimilar optimization, PAD focused partnership, and channel management, site of care and infusion strategy.

Outpatient Pharmacy Prior Authorization Request Summary November 2020

Summary Table

Decisions	Number of PAs Processed
Approved	724
Denied	540
Closed	485
Total	**1749**

November 2020 Outpatient Pharmacy Auth by Decision Types

- Approved — 41%
- 31%
- Closed — 28%
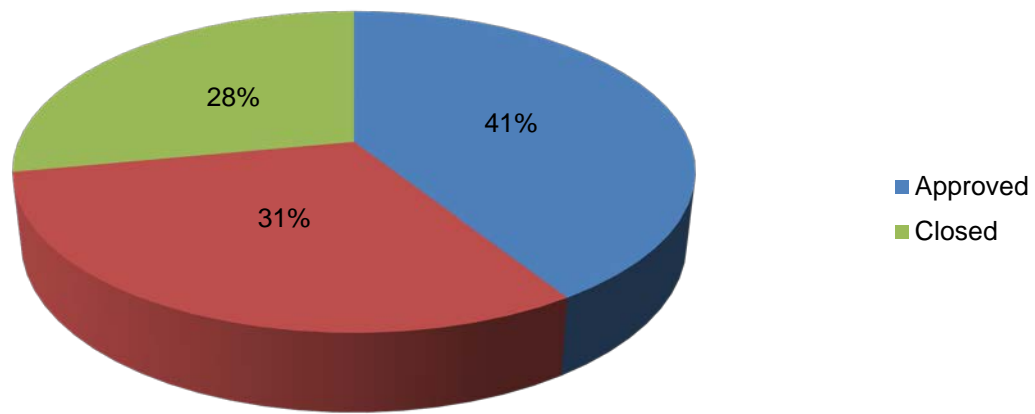
Top 10 Drug Categories by Number of Denials

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	TRETINOIN 0.05% CREAM	Acne	Criteria for approval not met
3	JARDIANCE 10 MG TABLET	Diabetes	Criteria for approval not met
4	JANUVIA 50 MG TABLET	Diabetes	Criteria for approval not met
5	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
6	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
7	RANOLAZINE ER 500 MG TABLET	Chronic angina	Criteria for approval not met
8	BRILINTA 90 MG TABLET	Heart attack or stroke	Criteria for approval not met
9	CLINDAMYCIN PH 1% SOLUTION	Acne	Criteria for approval not met
10	ADAPALENE 0.1% GEL	Acne	Criteria for approval not met

Case and Disease Management

- The Trucare, the computer software used by the CM team, was upgraded to the latest version, 8.0, and is now preparing for the next upgrade to the web-based version in December.
- A focus for Medical Expense Reduction is reducing Readmissions, and the CM department has launched focused work in this area, now working with both AHS and Sutter.
- The CM team is working with Project Open Hand (POH) to provide tailored meals to members with food insecurity. CM is also participating with POH in a research study for members with diabetes to see if POH can demonstrate a measurable improvement in diabetes management.

- CM is working with the AAH HHP on developing an internal CB-CME staffed by the CCM staff, in order to provide HHP services to more of the AAH's most vulnerable members.
- The Health Information Form and Member Evaluation Tool (HIFMET) is now being managed by Case Management in order to better understand and intervene on the health issues reported by individual members and to align with the Health Risk Assessment (HRA) which goes to our SPD members.

Health Homes & Alameda County Care Connect (AC3)

- The State is relaunching parts of the CalAIM program in 2022, including Enhanced Case Management (ECM). Planning for this transition has begun and will be coordinated to ensure a successful integration of HHP and AC3 into ECM.
- A team from AAH Healthcare Services, Analytics and Finance is planning our Population Health strategy, based on prioritization of our target populations. This will be used in ECM to focus the program on the priority members who need this full wrap around service approach.
- A quality improvement project for services to members who are homeless has launched, with the goal for the CB-CMEs to use best practice interventions for this vulnerable set of members. CB-CMEs have had specialized training and will be tracking their efforts at housing stabilization.
- Work is moving forward with CM on developing an internal CB-CME in order to serve more members in our HHP that are not associated with an existing CB-CMEs

Case Type	New Cases Opened in September 2020	Total Open Cases As of September 2020
Care Coordination	244	588
Complex Case Management	33	77
Transitions of Care	244	486

Grievances & Appeals

- All cases except expedited grievances were resolved within the goal of 95% within regulatory timeframes;
- Total grievances resolved in September went over our goal of less than 1 complaint per 1,000 members at 6.74 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 2020; we did not meet our goal at 27.9% overturn rate.

November 2020 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	648	30 Calendar Days	95% compliance within standard	637	98.3%	2.37
Expedited Grievance	2	72 Hours	95% compliance within standard	2	100.0%	0.007
Exempt Grievance	1,130	Next Business Day	95% compliance within standard	1,121	99.2%	4.13
Standard Appeal	60	30 Calendar Days	95% compliance within standard	60	100.0%	0.22
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.0%	0.004
Total Cases:	1,841		95% compliance within standard	1,821	98.9%	6.74

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

Grievance tracking and trending by quarter:
- There has been an overall increase of standard grievances in the month of November due to a change in process with Member Services.
  - Process change for coverage disputes: all cases that fall under that category have to be forwarded to the G&A Department for written correspondence even if they could be resolved within the next business day, examples 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 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 Assurance

- The Alliance is currently in the process of preparing for our upcoming audits with DMHC (April 12, 2021), DHCS (date TBD) and NCQA. NCQA will conduct their review of NCQA Factor UM 7B on February 15, 2021. We are conducting routine monthly audits of NOAs both internally and with our delegates to ensure that we are meeting the requirements outlined in Element UM 7B.
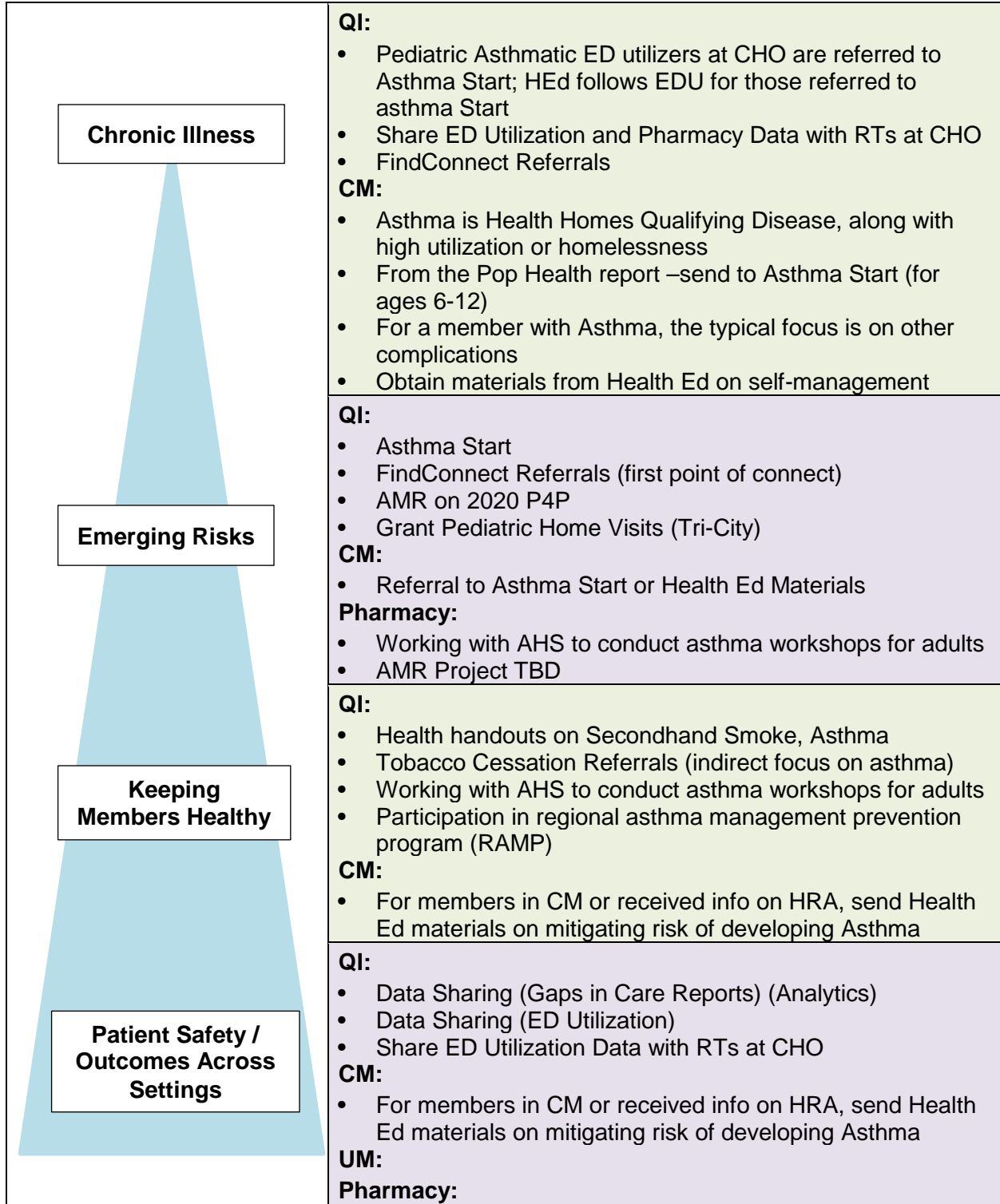
Quality

- Population Health Management (PHM) and the Population Needs Assessment (PNA) informs the Alliance strategies for managing the engagement, treatment, and clinical outcomes of selected populations. AAH is strengthening our PHM/PNA focus with increased organizational structure, based on NCQA/DHCS standards in addressing member needs across the continuum of care. Work Plan execution through related initiatives and activities is currently underway.

Population Needs Assessment / Data Analysis	Population Health Strategy	PHM Work Plan	Delivery System Support Structures	Program Evaluation

Step 1: Obtain and Analyze Data	Step 2: Identify AAH areas of focus inclusive of SDOH	Step 3: Identify existing interventions for identified priority populations	Step 4: Identify criteria for future priority populations and interventions	Step 5: Identify interventions based on gaps in portfolio

NCQA targeted focus goals for population health management include:

Figure 1: Example of Goals by Acuity

Chronic Illness	**QI:** • Pediatric Asthmatic ED utilizers at CHO are referred to Asthma Start; HEd follows EDU for those referred to asthma Start • Share ED Utilization and Pharmacy Data with RTs at CHO • FindConnect Referrals **CM:** • Asthma is Health Homes Qualifying Disease, along with high utilization or homelessness • From the Pop Health report –send to Asthma Start (for ages 6-12) • For a member with Asthma, the typical focus is on other complications • Obtain materials from Health Ed on self-management
Emerging Risks	**QI:** • Asthma Start • FindConnect Referrals (first point of connect) • AMR on 2020 P4P • Grant Pediatric Home Visits (Tri-City) **CM:** • Referral to Asthma Start or Health Ed Materials **Pharmacy:** • Working with AHS to conduct asthma workshops for adults • AMR Project TBD
Keeping Members Healthy	**QI:** • Health handouts on Secondhand Smoke, Asthma • Tobacco Cessation Referrals (indirect focus on asthma) • Working with AHS to conduct asthma workshops for adults • Participation in regional asthma management prevention program (RAMP) **CM:** • For members in CM or received info on HRA, send Health Ed materials on mitigating risk of developing Asthma
Patient Safety / Outcomes Across Settings	**QI:** • Data Sharing (Gaps in Care Reports) (Analytics) • Data Sharing (ED Utilization) • Share ED Utilization Data with RTs at CHO **CM:** • For members in CM or received info on HRA, send Health Ed materials on mitigating risk of developing Asthma **UM:** **Pharmacy:**

- AAH continues its commitment to Pediatric Care Coordination (PCC), as part of our pediatric strategy in FY21. Critical components of our three-prong approach to pediatric care and services include: quality improvement initiatives, clinical care initiatives and care coordination/management in addition to member incentives for targeted measures. Improving access to care and services and efficacy of the EPSDT benefit for member's age 0-20, through enhanced collaboration with Alameda County healthcare CBO's, as well as, direct and delegate pediatric providers, remains a focus of this exciting pilot for FY21. Targeted focus for campaign Well Child and Adolescent Care Visits including 1) IZ and 2) Blood Lead Screening. There has been a 27.09% decrease in the number of vaccines given 2020 compared to 2019 as well as a decrease in pediatric well-child visits. Quality, Health Education, and Communications & Outreach departments continue outreach efforts to promote preventive care PCP visits for exams and screenings.

Immunization Administration Based on Claims Data
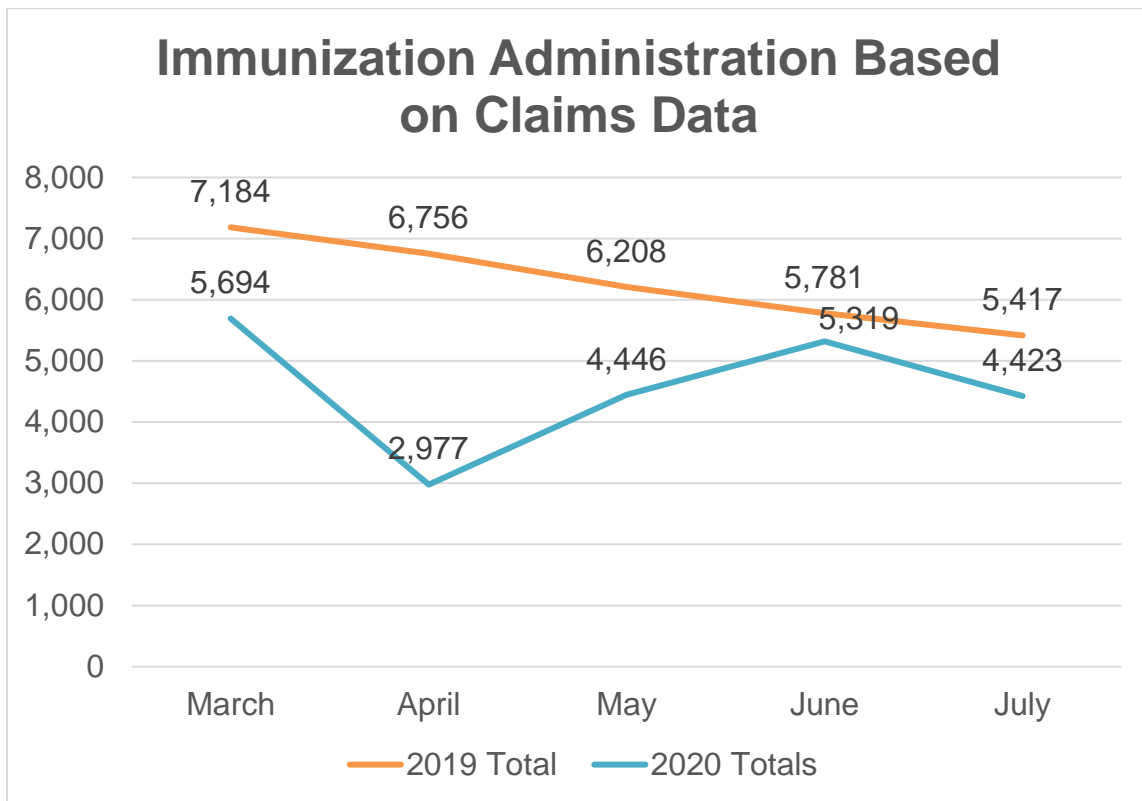
HEDIS Measure	2019 Compliance Rate	2020 Compliance Rate	Variance
W15 - well child visits for ages 0-15mo	33.92%	33.72%	-0.20%
W34 - well child visits for up to age 6	43.44%	26.61%	-16.82%
AWC - adolescent visits for ages 12-21	25.49%	14.71%	-10.78%

- The Alliance launched its Pediatric Preventive Care Outreach mailer campaign. This outreach campaign targets Alliance beneficiaries 0 up to age 7, who have not utilized or, under-utilized preventive care services available to them as part of their EPSDT benefit. *Phase 1* of the campaign, began on November 2 and ends December 31, 2020, outreaches to members 0 up to age 3. *Phase 2* of the campaign begins February 1 and ends March 31, 2020 targets members 3 up to age 7. The Alliance also has Pediatric Care Coordination Pilots in place with Alameda County First Five and Community Health Center Network designed to assist us with outreach to our members promoting preventive care service exams and screenings via Well Child visits with an emphasis on receiving Immunizations and Blood Lead Level screenings.

- CBO Partnerships As part of our quality improvement strategy to improve overall care and outcomes for members, as well as, improve collaboration in the community, AAH is continuing its partnership with county and community initiatives including, Food as Medicine and Asthma Start (pediatric asthma case management), and Alameda County First 5 for FY21.

- Quality Improvement Projects As part of our quality improvement strategy to improve our HEDIS rates, the QI Department has actively been developing interventions to improve health outcomes for our members for the following HEDIS measures:

  o Controlling Blood Pressure (CBP) - Reach 100 Asian members with hypertension assigned to Asian Health Services and have a controlled BP of <140/90 by December 31, 2020.
  o Well-Child Visits for Children (WCV) 3-21 years old - Currently working with 9 providers to improve WCV compliance rates by offering a member incentive.
  o Comprehensive Diabetic Care (CDC) - Targeted mailer and outreach to noncompliant African American male members to encourage them to receive their annual HbA1c test by offering a member incentive.
  o 2020-2022 State Performance Improvement Projects (PIP) proposals have been submitted to DHCS for review. The Equity PIP is addressing the identified disparity amongst our African American pediatric members 0 – 15 months old not receiving the appropriate number of well-child visits. The Priority PIP topic AAH has selected is the MCAS WCV measure because given the current COVID-19 pandemic, the Plan has seen a decrease in pediatric utilization of preventive care services from members 3-21 years of age.

- Blood Lead Level Screening Requirement All Plan Letter Updates: MCPs must ensure that all of their network providers who perform *Periodic Health Assessments (PHAs)* on child members between the ages of six months to six years (i.e. 72 months) comply with current federal and state laws, and industry guidelines for health care providers issued by the Childhood Lead Poisoning Prevention Branch (CLPPB), including any future updates or amendments to these laws and guidelines.

    o Network Provider Requirements:
        a. Medical record must contain evidence of written anticipatory guidance related to lead harm and exposure – if refused voluntary
        b. Blood lead screening tests ordered or performed according to CLPPB guidelines
        c. Follow CDC Recommendations for Post-Arrival Lead Screening of Refugees
    o AAH Requirements:
        d. Ensure that the network provider documents the reason(s) for not performing the blood lead screening test in the child member's medical record.
        e. In cases where consent has been withheld, the MCP must ensure that the network provider documents this in the child member's medical record by obtaining a signed statement of voluntary refusal.
        f. Ensure that network providers follow CLPPB guidelines when conducting blood lead screening tests, interpreting blood lead levels, and determining appropriate follow-up, including referral, case management, and other EPSDT services
    o Next Steps:
    o Starting no later than January 1, 2021, MCPs are required to:
        g. Identify, on at least a quarterly basis all child members between the ages of six months to six years (i.e. 72 months) who have no record of receiving a blood lead screening test
        h. Identify the age at which the required blood lead screenings were missed
        i. Notify the network provider who is responsible for the care of an identified child member of the regulatory requirements to test that child and provide the required written or oral anticipatory guidance to the parent/guardian of that child member.

- Access to Care: Multiple member and provider surveys are completed throughout the year to assess member Access to Care. Access standards are established by state/federal regulations and outlined within AAH internal Policy & Procedures. Policy requires the plan to issue Corrective Action Plans to providers found to be non-compliant with access standards. The Alliance understands that COVID-19 has changed the landscape of office visit care delivery with a shift to telephonic/telehealth visits as a new norm. Like many local and national HPs the Alliance has seen a decline in members accessing care, due to safety concerns on part of the members and providers, as well as, office staff shortages. The Quality department as revised it CAP tool and process to support and minimize administrative burden on provider office resources while maintaining expected regulatory Compliance with access standards.

2019 CAHPS Members Consumer Assessment of Healthcare Providers and Systems Survey and the 2019 Provider Satisfaction Survey

- Survey Goals:
  - To measure how well plans meet their members' expectations and goals.
  - To determine which area of service have the greatest effect on members' overall satisfaction.
  - To identify the areas of opportunity for improvement.

Improvement Strategies:

- Discussion of improvement strategies using data and the PDSA quality improvement model resulted in the development of cross-functional stakeholder workgroups.
- "Did you know" Provider Outreach and Education Campaign initiated in August? Eight weeks of provider engagement and education about provider focused initiatives currently in existence with the Plan.
- Provider office staff focus groups also being considered

2021 DMHC Audit and Initial Document Request:

- The Quality Department is currently prepping to submit Potential Quality Issue (PQI) information and case file logs (universes) to DMHC in advance of the upcoming April 12, 2020 Required Routine Full Survey. Requested information and case files are due to DMHC by December 7, 2020.

Potential Quality Issues (PQI) Aging Report:

- A PQI is defined as a suspected deviation from expected provider performance, clinical care or outcome of care that requires further investigation to determine whether an actual quality issue exists. Recent extension of PQI TAT from 90 days to 120 days (from receipt to resolution date) has afforded the department additional time achieve maintain Compliance for 1) continued development and deployment of operation efficiencies, 2) procurement medical of records from provider offices with staffing shortages and 3) timely internal investigation and resolution in light of department staffing shortages. The Quality team has recently added another
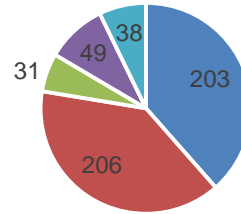
Quality Review nurse to our team. This addition will support the department in managing regulatory Compliance for PQIs.

PQI Aging Report as of 10/30/20
n=420

21 18
52
32
297
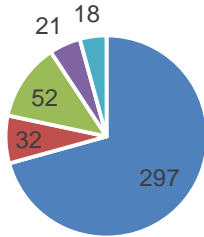
■ <=30 ■ >30<=60 ■ >60<=90 ■ >90<=120 ■ >120

PQI Aging Report as of 11/30/20
n=527

38
31 49
203
206

■ <=30   ■ >30<=60   ■ >60<=90

HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 01/16/2020

Attendance		
Committee Member Name and Title	**Specialty**	**Present**
Steve O'Brien, MD, Chief Medical Officer, Alameda Alliance for Health	Internal Medicine	X
Aaron Chapman, MD, Medical Director, Alameda County Behavioral Health Care Services	Psychiatry	X
Wesley Lisker, MD, Kaiser Permanente	Nephrology	X
Laura Miller, MD, Chief Medical Officer, Community Health Center Network	Internal Medicine	X
Ghassan Jamaleddine, MD, Chief Medical Officer, Alameda Health Systems	Internal Medicine	X
James Florey, MD, Chief Medical Officer, Children First Medical Group	Pediatrician	X
Sanjay Bhatt, MD, Medical Director of Quality, Alameda Alliance for Health	Emergency Medicine	X
Beverly Juan, MD, Medical Director of Utilization Management, Alameda Alliance for Health	Pediatrician	X
Shani Muhammad, MD, Director of Medical Services, Alameda Alliance for Health	Family Practice	
Stephanie Wakefield, RN, Senior Director of Quality, Alameda Alliance for Health		X
Alameda Alliance for Health Staff Member Name and Title		**Present**
Scott Coffin, Chief Executive Officer		
Helen Lee, PharmD, MBA, Senior Director of Pharmacy Services		X
Julie Anne Miller, Director of Health Care Services		X
Diana Sekhon, MHPA, CHC, Director of Compliance		X
Jessica Pedden, Clinical Quality Manager		X
Linda Ayala, Health Education Manager		X
Christine Clark, RN, Quality Improvement Supervisor		X
Gina Battaglia, Access to Care Manager		X
Grace Chu, QI Project Specialist		X
Martins Umeugoji, QI Project Specialist		X
Community Members in Attendance		**Present**
None		

HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 01/16/2020

Meeting Objective
To improve quality of care for Alliance members by facilitating clinical oversight and direction.

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
Call to Order/Roll Call	S. O'Brien		None	Called to order at 6:02 PM	None
1. **Approved Committee Meeting Minutes:** a. HCQC Meeting Minutes 11/21/19 b. IQIC Meeting Minutes 12/17/19 c. UM Meeting Minutes 11/22/19; 12/20/19 d. A&A Meeting Minutes 11/6/19	S. O'Brien		01_Meeting Min Packet	Meeting Minutes were sent out to the HCQC Members for e-vote and they were approved on January 15, 2020.	None
2. **QI Alameda Alliance Update**	S. Wakefield	• S. Wakefield, the Sr. Director of Quality, presented an overview of Medi-Cal Healthier California for All, formally known as CalAIM. The Governor's initiative is to improve health care quality and clinical outcomes of the Medi-Cal population. The following information was discussed: ○ Major components of the program are built on successful outcomes of the whole person/HHP/care coordination pilot that began in 2016. ○ Primary goals of CalAIM are to : ▪ Manage members' risks/needs while addressing SDOH ▪ System transformation to make Medi-Cal less complex and more flexible and seamless for member navigation.	02_Medi-Cal Healthier CA for All	None	None

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ALLIANCE FOR HEALTH

HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 01/16/2020

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**

		▪ System transformation to remove barriers better administration and payment experiences while at the same time making sure there is consistency from county to county for reimbursement.
		• The Alliance's priorities include complete readiness for the following:
		  o Administration oversight of organ transplants
		  o Transition of long-term care services:
		  o SNF
		  o Subacute conditions
		  o Managing transitions of care
		  o Transition of pharmacy of pharmacy to the State for MCL LOB except for provider administered drugs
		• The 2020 to Do's include the following:
		  o Better understanding of in lieu of services are available in Alameda County in terms of the following:
		    ▪ Housing transition
		    ▪ Respite care
		    ▪ Other services
		  o Enhanced Case Management coming from UM
		  o Role of PBM for Medi-Cal
		  o What do we need to do to be ready for the requirements by 2021
		• Dr. O'Brien, the Chief Medical Officer, shared with the committee the following information that he learned at the DHCS CMO Meeting:
		  o Enhanced Case Management (ECM) which will be a new benefit, which will be focused on a specific member population but it is not as specific as HHP.			

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ALAMEDA Alliance FOR HEALTH

HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 01/16/2020

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
		o The Alliance will utilize its own population health process to select high-risk patients that fit into categories that are identified by the State. o Dr. Miller would like to partner with the Alliance in the development of ECM strategy.			
3. Follow-Up Items: a. HCQC 2020 Meeting Schedule Email Distribution	S. Wakefield	• J. Pedden, the Quality Improvement Manager, confirmed with the committee their receipt of invites for all of the HCQC Meetings in 2020.	None	None	None
4. Policies & Procedures: a. Quality Improvement: i. QI-124, "Initial Health Assessment (IHA)/Health Information Form/Member Evaluation Tool (HIF/MET)" – *vote to approve* ii. QI-134, "Medical Record Review Overview – HEDIS Audit" – *vote to approve* b. Utilization Management: i. UM-001, "Utilization Management" – *vote to approve*	J. Pedden J. A. Miller	• J. Pedden discussed the following changes to QI-124: o As part of the annual code validation, additional E&M codes were added to better identify IHA completion. The purpose of adding additional codes is allow for opportunities for providers to increase compliance rates for IHA within 120 days of assignment. • J. Pedden discussed the following changes to QI-134: o The appropriate percentage of overreads that are conducted by the Alliance will be determined in conjunction with our HEDIS Vendor. • J. A. Miller, the Director of Health Care Services, provided the following updates on the UM P&Ps: o One important change is with regards to the use of LVNs. Moving forward, only RNs can make authorization approval decisions. This change was made to ensure that LVNs work within their scope of practice. o D. Sekhon, Director of Compliance, informed the committee that the State is really pushing on plans regarding LVN scope of practice. The	**Quality Improvement:** 04a_P&P Packet_HCQC_1_16_20 **Utilization Management:** O4b_UM P&P	Policies and Procedures were approved by committee member e-vote on January 15, 2020.	Policies & Procedures will be finalized as presented.

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ALAMEDA Alliance FOR HEALTH

	Agenda				
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
ii. UM-057, " Authorization Management" – *vote to approve*		Alliance needed to revise its policy on LVNs and assess the impact of some of our delegates. o The Alliance raises this as an issue because CFMG and CHCN utilize LVNs in various roles and functions within UM. The Plan does not know what the implications are for the delegates and their use of LVNs at this time.			
5. Compliance Update	D. Sekhon	• D. Sekhon provided the following updates to the committee: o January- a senate bill passed that extended Medi-Cal for young adults under age of 26 to be eligible. o Restoration of optical services like glasses, podiatry, and speech therapy. o Starting in January, providers will receive payment for developmental screening services (ACES) once they have completed the DHCS provider training. o The Alliance is working on wrapping-up items identified in DHCS' 2019 CAP. o DMHC follow-up audit from 2018 will be in February 2020.	None	None	None
6. QI Work Plan: a. Quality Initiatives Updates: i. New Member IHA Report ii. Pediatric Underutilization iii. HEDIS Crunch MY2019 Update iv. HEDIS 2020 Rollout	J. Pedden	• J. Pedden provided the following update on the Initial Health Assessment (IHA) for 2018: o The IHA needs to be completed within 120 days of member assignment o It is part of the Alliance's P4P o It is a component that the Alliance is audited on by DHCS o There are 6 elements of the IHA, the first five elements can be found within the chart notes and the sixth element is the Staying Health	**Quality Initiatives Updates:** 06a_Quality Initiatives	None	J. Pedden with share Kaiser's methodology for their self-reported IHA results. J. Pedden will send Dr. Miller the IHA slide so she can follow-up with CHCN staff to identify what they are doing around IHAs. Dr. Miller

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		Agenda			
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
b. Member Non-Utilization c. Population Health Update	J.A. Miller S. Wakefield	Assessment (SHA) form that can be downloaded from DHCS' website ○ The Alliance recognizes that there is a large discrepancy between what the Plan has identified as Kaiser's IHA completion rate and what Kaiser self-reports on a quarterly basis. The Alliance is currently working with L. Parkinson from Kaiser to determine what is causing the discrepancy. ○ Across the network, currently 23% of the Plan's members are receiving an IHA within 120 days. ○ On average in 2018, 23.5% of the Plan's new members get an IHA completed. Notice AHS lowest completion rate of 17%. QI is trying to identify nuances of member assignment and see how that plays into the completion rate. CHCN has highest average IHA completion rate of 28.2%. • The Alliance intends to improve the IHA performance rate through: ○ Provider incentives as it is a component of the Alliance's 2020 P4P ○ Provider education during FSRs ○ New provider orientation ○ Quarterly provider newsletters ○ Monthly IHA GIC reports to our delegates and direct providers ○ Auditing medical records twice a year • HEDIS Crunch, Pediatric Underutilization - For the measurement year 2019, the Alliance's goal is increase HEDIS rates by 0.6% from 71.4% to 72%. J. Pedden provided the following update on pediatric underutilization which is based on claims data as of December 6th:	**Member Non-Utilization:** None **Population Health Update:** 06c_HCQC AAH Population Health Management 1.16.2020		will report back at the next HCQC Meeting. J. Pedden will work with the Analytics Department to determine if IHA rates can be calculated based on auto-assignment and self-selection of PCP. J. Pedden will identify who the Analytics Department is working with at AHS and report back to the committee.

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HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 01/16/2020

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
		o AWC: the largest improvement is seen by CFMG of 6% from November to December. o W15: Largest improvement from November to December is by our direct providers. o W34: Kaiser surpassed the MPL for this measure. The Plan had a 4% increase from November to December and the largest increase of 7.3% is in our directly contracted providers. o CAP 12-19: Slight increase from November to December of 0.76%. The Plan recognizes that this is a challenging measure because this population is hard to engage and connect into care. • HEDIS Crunch initiative at Tri-City, part of the CHCN Network: o As of December 10, 2019, 136 gift cards were given to patients by Tri-City o W15: there was a decline in rate due to a decrease in eligible population. Therefore a member who was compliant was no longer assigned to Tri-City. o W34 and CAP 12-19: there is a positive increase in compliance rates which can be attributed to the increase in visits by offering a member incentive of $25 to Safeway or AMC. o Lessons learned: identify an employee at the clinic location that is available for warm transfers • J. Pedden provided the following update on HEDIS Record Retrieval 2020 Rollout: o Provider visits for record retrieval will be starting on February 14th and will last until May 4th o Based on an analysis conducted by the Analytics Department, there will be a minimum of 5,400 retrievals this year			

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ALAMEDA Alliance FOR HEALTH

HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 01/16/2020

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
		○ QI is working with the Analytics Department to complete the appropriate sections of the Roadmap that needs to be submitted to NCQA ○ CHCN will provide the Alliance with access to the FQHC's EPIC and Nextgen systems for revival ○ Analytics Department is working with AHS' IT Department to gain access to EPIC Link • J. A. Miller provided the following update on non-utilizers that excludes Kaiser members: ○ From August 2018 to July 2019, 87K of our 250K have zero claims and have not accessed services. ○ 8,600 were kids ages 6-18 were assigned to CFMG, CHCN, and the Alliance ○ The Plan continues to examine this data to identify the zip code and develop a list to share with the delegates to see which members are not coming in. • S. Wakefield gave the following update on Population Health: ○ Population Health is one of the comprehensive NCQA standards ○ The Alliance adopted definition with a focus on health and well-being, preventing adverse events, and improving health outcomes for members ○ Goal is increase members' responsibility to be involved in their care with outward extension that includes our CM, PCPs direct and delegate, county agencies, CBOs, and med system entities ○ We were surveyed this past fall by NCQA for reaccreditation for our Medi-Cal LOB. One finding is that AAH really needs a more robust documented workplan and strategy around population health			

Alliance ALAMEDA FOR HEALTH

HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 01/16/2020

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
		o Focus to move from DHCS' Group Needs Assessment to a Population Needs Assessment to be incorporated as part of Pop Health Strategy o Healthcare services has number of Pop Health related initiatives and programs that are currently being implemented. There is a lot of cross functional integration with Analytics Department. The plan is keeping members healthy include DPP, HRAs, HIF MET, HEDIS outreach calls, and timely access surveys. o The Alliance is managing member emerging risk through Asthma Start, HbA1c for African American men, tobacco cessation, opioid program, and behavioral health coordination. Looking at this care across all settings, we have intensive UM discharge planning process, care coordination, HHP. CBCME care coordination, managing population with chronic health conditions through integrated behavioral health, and complex case management.			
7. **Cultural & Linguistics Update** a. RFP Vendor Selection	L. Ayala	• L. Ayala, Health Education Manager, provided the following update on Interpretive Services: o The Alliance has selected new interpreter vendor for telephonic/video translation. Increases our capacity o Benefit will be that it will be an on demand system accessible via an access code. No need to schedule ahead of time o For in person interpreter, we have set up criteria. i.e. sign language, sensitive services, palliative care, and end of life discussions	None		
8. **UM Work Plan Update**	J. A. Miller	• J. A. Miller provided the following update on the UM Program Evaluation:	08_UM Work Plan Update		

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HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 01/16/2020

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
a. UM Program Evaluation Update b. Inpatient UM Report		○ UM metrics include authorized LOS is what we authorize day-to-day, paid LOS is based on claims we receive ○ Results for rolling 3 months August to October. Drop fractionally for ALOS. Higher in July. There may be seasonality with this. ○ Meeting bi weekly with AHS leadership to go through hard cases to make sure members have good transition of care. It has been a fruitful collaboration. • J. A. Miller provided the following update on Inpatient UM Report: ○ Now fluctuating between 6-8%. There is still some work to be done with IP team which include a focus on standard work and process			
9. **Pharmacy Update** a. DUR Report b. P&T update	H. Lee	• H. Lee, Senior Director of Pharmacy Services provided the following update: ○ For drug utilization for opioid we are looking at Q3 July to September 2019, we have a lot of collaboration with QI for opioid stewardship. Trying to follow CDC recommendations with using effective dosing of opioid. Developing tools for prescriber use for short duration instead of longer duration. ○ From July to August, 4% decrease in overall MME from 50-400. From August to September see 12% decrease. From 819 to 721, has to do with various changes i.e. limiting quantity per phase, implement 14 day per new start, academic detailing. ○ Total consistent utilization of opioid by month: July had 3600 unique members, August was 3524, September was 3388. Look at July to	09_DUR Report Q3 2019		

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Alliance
ALAMEDA
FOR HEALTH

HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 01/16/2020

		Agenda			
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
		September 2019 vs previous period from 2018, there has been decrease use of opioids more than 7 days. Some decrease in people on 90 or more MME on daily dose base. We will monitor and track what's happening with prescribing pattern here. o P&T meeting December 17, 2019, where a total of 29 therapeutic class were reviewed and a total of 30 prior authorization guidelines were reviewed. o Medi-Cal related admin functions, daily authorizations and member support will be transferred to the State. Plan level will maintain care coordination/drug adherence/disease medication management/physician administered drug and long term care. All pharm duties will continue for commercial line of business.			
10. Public Comment	S. O'Brien	None	None	None	None
11. Adjournment	S. O'Brien	Meeting was adjourned at 7:58 PM.	None	Motion to adjourn the meeting: Dr. Florey. 2nd: Dr. Jamaleddine.	None

DocuSigned by:

x *Steve O'Brien*

Steve O'Brien, MD
Chief Medical Officer
Chair

03/19/2020

Date

Minutes prepared by: Grace Chu, QI Project Specialist

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HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 03/19/2020

Attendance		
Committee Member Name and Title	**Specialty**	**Present**
Steve O'Brien, MD, Chief Medical Officer, Alameda Alliance for Health	Internal Medicine	X
Aaron Chapman, MD, Medical Director, Alameda County Behavioral Health Care Services	Psychiatry	X
Wesley Lisker, MD, Kaiser Permanente	Nephrology	X
Laura Miller, MD, Chief Medical Officer, Community Health Center Network	Internal Medicine	
Ghassan Jamaleddine, MD, Chief Medical Officer, Alameda Health Systems	Internal Medicine	
James Florey, MD, Chief Medical Officer, Children First Medical Group	Pediatrician	X
Sanjay Bhatt, MD, Medical Director of Quality, Alameda Alliance for Health	Emergency Medicine	X
Beverly Juan, MD, Medical Director of Utilization Management, Alameda Alliance for Health	Pediatrician	X
Shani Muhammad, MD, Director of Medical Services, Alameda Alliance for Health	Family Practice	X
Stephanie Wakefield, RN, Senior Director of Quality, Alameda Alliance for Health		X
Alameda Alliance for Health Staff Member Name and Title		**Present**
Scott Coffin, Chief Executive Officer		
Helen Lee, PharmD, MBA, Senior Director of Pharmacy Services		X
Julie Anne Miller, Director of Health Care Services		X
Diana Sekhon, MHPA, CHC, Director of Compliance		
Jessica Pedden, Clinical Quality Manager		X
Linda Ayala, Health Education Manager		X
Jennifer Karmelich, Director of Quality Assurance		X
Gina Battaglia, Access to Care Manager		X
Bob Hendrix, QI Project Specialist		X
Martins Umeugoji, QI Project Specialist		X
Community Members in Attendance		**Present**
None		

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HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 03/19/2020

Meeting Objective
To improve quality of care for Alliance members by facilitating clinical oversight and direction.

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
Call to Order/Roll Call	S. O'Brien		None	Called to order at 6:05 pm	None

1. Approved Committee Meeting Minutes:
  a. HCQC Meeting Minutes 1/16/20
  b. C&L Meeting Minutes 10/23/19, 01/22/20
  c. P&T Meeting Minutes 12/17/19
	S. O'Brien		01_Meeting Min Packet 03_19_20	Meeting Minutes were sent out to the HCQC Members for e-vote and they were approved on March 18, 2020.	None

2. Chief Medical Officer Alameda Alliance Update	S. O'Brien	• Dr. O'Brien provided an update on the current ways that the Alliance is abiding by the shelter in place order which includes working from home, all meetings are now conducted by phone, and all business related travel has been canceled. • Dr. Florey, Dr. Chapman, and Dr. Lisker shared with the Committee how CFMG, County BH, and Kaiser are handling the impact of COVID-19. This includes observing social distancing, the use of telemedicine, with ongoing need for PPE and masks for frontline staff.	None	None	None
3. Follow-Up Items:	S. Wakefield	• S. Wakefield presented the updates to the Committee.	None	None	None

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
a. QI will share Kaiser's methodology for their self-reported IHA results 　i. <u>Update:</u> QI is working with Lynn Parkinson at Kaiser to better understand their methodology. QI will provide an update at a future HCQC Meeting. b. QI will work with the Analytics Department to determine if IHA rates can be calculated based on auto-assignment and self-selection of PCP. 　i. <u>Update:</u> Analytics Department confirmed that we can add a member assignment field that can be utilized for data analysis. c. QI will identify who the Analytics Department is working with at AHS and report back to the committee. 　i. <u>Update:</u> AAH is working with Regalado Sabal, Sr. HIM Clinical Systems Analyst d. QI will send Dr. Miller the IHA slide so she can follow-up with CHCN staff to identify what they are doing around IHAs. Dr. Miller will report back at the next HCQC Meeting.					

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Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
e. <u>Update:</u> QI sent the IHA information to Dr. Miller on 2/23/20.					

4. Policies and Procedures:
a. Quality Improvement:
  i. QI-101, "Quality Improvement Program" – *vote to approve*
b. Health Education**:**
  i. HED-001, "Health Education Program" – *vote to approve*
  ii. HED-002, "Health Education and Member Informing Materials" – *vote to approve*
  iii. HED-003, "Population Needs Assessment" – *vote to approve*
  iv. HED-006, "AMSC Services" – *vote to approve*
  v. HED-007, "Tobacco Cessation" – *vote to* approve
  vi. HED-008, "Staying Healthy Assessment (IHEBA)" – *vote to approve*
  vii. HED-009, "Diabetes Prevention Program" – *vote to approve*
c. C&L:
  i. CLS-001, "Cultural and Linguistic Services (CLS) Program Description" – *vote to approve*
  ii. CLS-002, "Member Advisory Committee" – vote *to approve*
	S. Wakefield
	
	L. Ayala
		• The Committee was reminded that the Policies & Procedures were approved via e-vote. A majority of the Policies & Procedures updates included minor formatting updates prior to the annual renewal.	02_P&P Packet_03_19 _20	Approved by e-vote on March 18, 2020	Policies & Procedures will be finalized as presented.

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
iii. CLS-003, "Language Assistance Services" – *vote to approve* iv. CLS-008, "Member Assessment of Cultural and Linguistic needs" – *vote to approve* v. CLS-009, "CLS Program - Contracted Providers" – *vote to approve* vi. CLS-010, "CLS Program - Staff Training and Assessment" – *vote to approve* vii. CLS-011, "CLS Program - Compliance Monitoring" – *vote to approve* d. Access & Availability: i. QI-107, "Appointment Access and Availability Standards" – *vote to approve* ii. QI-108, "Access to Behavioral Health Services" – *vote to approve* iii. QI-114, "Monitoring of Access and Availability Standards" – *vote to approve* iv. QI-115, "Access and Availability Committee" – *vote to approve* v. QI-116, "Provider Appointment Availability Survey" – *vote to approve* vi. QI-117, "Member Satisfaction Survey (CAHPS)" – *vote to approve*	G. Battaglia				

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
vii. QI-118, "Provider Satisfaction Survey" – *vote to approve*UM-036, "Continuity of Care" – *vote to approve* e. Utilization Management: i. UM-046, "Use of Board Certified Consultants," – *vote to approve* ii. UM-057, "Authorization Request," – *vote to approve* iii. UM-058, "Continuity of Care for Medical Exemption," – *vote to approve* iv. UM-062, "Behavior Health Treatment," – *vote to approve*	J. A. Miller				
5. NCQA Update	J. Karmelich	• J. Karmelich informed the Committee that the Alliance is currently preparing documentation requested by NCQA from the onsite resurvey conducted in April. The Alliance is actively preparing for the virtual file review scheduled for June 2020.	None	None	None
6. Grievance & Appeals Update	J. Karmelich	• J. Karmelich provided the following Grievance & Appeals update to the Committee: ○ The Alliance's goal is to have less than 1 per 1,000 member complaints (grievance and appeals), for the reporting period of Q4 2019, we are over our goal at 6.0 complaints per 1,000 members. ○ CHME – showed a decrease in overall complaints since Q4 2018. The trend for the last 4 months have averaged around 18 per month. As a result of the continual decrease of complaints, the Corrective Action Plan with CHME was closed in December 2019. ○ There was an increase of Quality of Care/Service grievances, a majority of the complaints were	06_Exec Sum_Grievance and Appeals_Q419 _Final	None	None

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
		resolved as exempt grievances. The increase began in Q2 and continued throughout the year. The sub-category that presented with the steady increase was poor provider/staff attitude. o There was also an increase of grievances categorized as other in Q3 and Q4, the sub-categories that presented with the largest increase were Eligibility issues, PCP Auto Assignment and AAH Systems Error, a majority of these complaints were resolved as exempt grievances. o The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of Q4 2019; we are over our goal at 31.8% overturn rate. However, the Alliance has continued to experience a decrease in the overturn rate throughout the quarters compared to previous years.			

7. QI Work Plan:
  a. Quality Initiatives Updates:
    i. Population Health Update
    ii. Pediatric Care Coordination Pilot (EPSDT) Update
	S. Wakefield	S. Wakefield provided the following update to the Committee:
		  i. **Population Health Update**: The QI Department is currently working on developing the Plan's Population Health Strategy and more information will be provided at a future HCQC meeting.
		  ii. **Pediatric Care Coordination Pilot (EPSDT) Update:**
		    o Goals:
		      ▪ Improve access to EPSDT services
		      ▪ Improve quality of care as reflected by increased HEDIS scores
		      ▪ Improve connection/understanding of community EPSDT partners.
		    o The Alliance is currently working with community partners that include:
		      ▪ Alameda County Public Health Department
			07_HEDIS Crunch Dashboard	None	None

HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 03/19/2020

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
		- CCS - Asthma Start - CHCN - CFMG - AHS - UCSF Benioff - Roots - Help Me Grow - Regional Center of the East Bay o The Plan has implemented the following: - Improved pediatric access to EPSDT preventive services - Partnership with Tri-City FQHC providing incentives to increase access to care and behavioral and developmental screenings - FINDconnect (UCSF BCHO) to deploy cloud base platform for referral and resource linkages within AAH & a CHCN FQHC - Improved quality of care as reflected in preliminary increased HEDIS rates - HEDIS Crunch member gift card incentives - Improved connection, understanding & collaboration with community EPSDT partners. o HEDIS Crunch Update: - The Plan worked with 21 providers to increase pediatric access to preventative care. 397 member incentives were given out during October through December which equates to an additional 397 pediatric well-child visits.			

Alliance ALAMEDA FOR HEALTH

	Agenda				
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**

iii. Preventative Care Call Campaign
iv. 2019 Exempt Grievance Audit Results
v. PQI IRR
		▪ The QI Department will continue to track that the Plan is receiving claims for the visits. As of January 10th, the Plan has received 212 claims for the 397 visits provided.
		
		iii. **Pediatric Preventative Care Member Outreach Call Campaign:** DHCS has put this initiative on hold given the current COVID 19 pandemic. The purpose of this campaign was to outreach to parents/guardians of Alliance members who have not accessed EPSDT services and encourage them to receive preventative services as a part of their covered benefits. The Alliance will resume this effort once DHCS gives the directive with a projected outreach to about 70,000 members.
		
		iv. **2019 Exempt Grievance Audit Results:**
		    • The purpose of the Exempt Grievance Audit is to ensure clinical monitoring of exempt grievances for Potential Quality of Care Issues. In Q4, 96.67% of the 30 exempt grievances were classified appropriately. The one (1) Exempt Grievance that was identified as a Quality of Care issue, is currently being reviewed by a QI Review Nurse. Currently the QI Department is working with Compliance, Member Services, and Grievance & Appeals Departments in developing an integrated workflow that ensures Quality of Care Issues referred appropriately.
		
		v. **PQI IRR:**
		    • During the DMHC site visit, the Plan acknowledged that there was an			

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HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 03/19/2020

		Agenda			
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
vi. Encounter Data Validation (EDV) Record Retrieval vii. HEDIS Record Retrieval		opportunity for improvement in the initial classification and review process of PQIs. The QI Department has been working on standardizing the documentation process utilized by the RN review staff as well as ensuring that all clinical staff are appropriately triaging and classifying PQIs. In Q1, 2020 100% PQI cases randomly selected were classified appropriately. The first 8 PQI files audited using the NCQA 8/30 rule were classified correctly by all 4 of the QI Review Nurses (inclusive of Sr. QI Director). J. Pedden provided the following update to the Committee: vi. **Encounter Data Validation (EDV):** EDV is an annual study conducted by DHCS in order to validate the claims information against encounter notes. Every year DHCS randomly selects 411 members for this study. The Plan was in the process of collecting this information to submit to the State for review. vii. **HEDIS Record Retrieval:** Currently, the Alliance has stopped all in person record retrieval. Currently, the Plan is asking for providers to submit the requested medical records via fax. The Plan recognizes that COVID 19 might impact the HEDIS rates for MY2019. Currently, the plan is reviewing the guidance issued by NCQA to implement a rate rotation for the hybrid HEDIS measures. Currently QI and Analytics are reviewing this option to determine what the			

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HEALTH CARE QUALITY COMMITTEE MEETING MINUTES

Meeting Date: 03/19/2020

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
viii. DHCS PIP Update		appropriate action will be for reporting MY2019 HEDIS rates. viii. **DHCS PIP Update:** The Alliance currently has two DHCS PIPs that include the Equity PIP focusing on W15 for the African American Population and the Priority PIP on W34. Modules 1 and 2 for both PIPs have been submitted to DHCS for review. The Plan is also in direct contact with DHCS and has shared with the State that COVID 19 may impact the implementation of both PIPs interventions which are scheduled to start in July 2020.			

8. **Health Education Update**
   a. Tobacco Cessation Update
   b. Translation Services
	L. Ayala	L. Ayala provided the following Health Education Update to the Committee:
		
		• Health Education Update:
		   o Health Ed Programs served 766 unique members.
		   o Top three types of program participation were:
		      ▪ 241 Asthma Start
		      ▪ 120 School based Nutrition Education
		      ▪ 202 Lactation Support
		   o Health Ed Campaigns:
		      ▪ Mailed out asthma resources and referral to 670 pediatric members.
		      ▪ Mailed out pregnancy resources to 3614 members.
		      ▪ Mailed out newborn resources to 2021 members.
		      ▪ Mailed out tobacco cessation resources to 1,451 members.
		      ▪ Distributed 1700 tobacco cessation postcards to 5 clinics.
		   o Top 10 health topics requested in 2019:
		      ▪ Healthy eating
		      ▪ Healthy weight
			08_HED Update 2-2020_Q4
			
			08a_Alliance Tobacco Strategy IQIC 2-2020
				None	None

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		Agenda			
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**

		▪ Exercise
		▪ Safety
		▪ Heart health
		▪ Diabetes
		▪ Stress and depression
		▪ Independent living
		▪ Back care
		▪ Asthma
		  ○ Activities Completed:
		    ▪ Member communications
		    ▪ Member Handouts
		    ▪ Stress, anxiety and depression
		    ▪ Baby Blues
		    ▪ Newsletter article
		  ○ Provider communications
		    ▪ Updated referral forms to include Maternal Mental Health
		    ▪ Quarterly provider communication
		a. Tobacco Cessation Update:
		  ○ APL requirement to track tobacco users and interventions
		  ○ February 2019 tobacco report to IQIC
		  ○ Convened workgroup to discuss the data and what to do about it
		  ○ Ran additional data
		  ○ Brainstormed possible interventions
		  ○ Connected with partners
		  ○ Reviewed evidence
		  ○ Discussed impact and feasibility of interventions
		  ○ Goal is to increase percentage of tobacco users who receive cessation supports
		  ○ Timeline:
		    ▪ HED Workgroup check-ins (quarterly, starting Jan)			

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Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
		▪ Finalize strategy at IQIC, begin to implement (Feb) ▪ Report 2020 results (February 2021) • <u>Translation Services Update:</u> The Plan is in the process of shifting translation services away from in-person services to telephonic services expect for ASL and end-of-life discussions.			
9. Access and Availability Update	G. Battaglia	G. Battaglia provided the follow Access & Availability to the Committee: • Survey Tool CG-CAHPS (Q27/Adult, Q37/Child) asks: Office wait time includes both the time spent in the waiting room and the exam room before you are seen by the doctor. Thinking about visits to this provider in the last 6 months, about *how many minutes did you typically wait in the waiting room and exam room until you saw the provider*? Was it... • Less than 60 minutes – 90% were compliant • More than 60 minutes – 10% noncompliant • The compliance rate was holding steady between Q3 2019 and Q4 2019 • All delegate providers scored above the 80% compliance threshold in Q4 2019 • Survey Tool CG-CAHPS (Q10/Adult, Q17/Child) asks: Thinking about visits to this provider in the last 6 months, when you called this provider's office during regular office hours, when did you get a call back? • Within 1 business day – 78% compliant • More than 1 business day or Did not hear back – 22% noncompliant • The compliance rate was holding steady between Q3 2019 and Q4 2019. • AHS and CHCN scored below the 80% compliance threshold in Q4 2019	09_Acccess and Availability Updates 3.19.20 09a_Timely Access Standards_010 92020 clean	None	None

Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
		• Survey Tool CG-CAHPS (Q5/Adult, Q4/Child) asks: Thinking about visits to this provider in the last 6 months, when you called this provider's office during regular office hours, how long did you wait to speak to a staff member? • 0 – 10 minutes - 77% compliance rate • Greater than 10 minutes – 23% noncompliance rate • AHS and CHCN scored below the 80% compliance threshold in Q4 2019 • Unable to perform trend analysis as this metric was captured in the Q3 2019 survey for the first time.			

10. UM Work Plan Update	J. A. Miller	J. A. Miller provided the following update to the Committee:
		 • In Q4 2019, the Alliance received 1,960 Specialty Referrals. 877 of the referrals are for consults, 730 of the referrals are for invasive procedures, and 100 of the referrals are for outpatient.
		 • ALOS average of 4.23
		 • Admits/1000 average of 60.07
		 • Days/1000 average of 254.8
		 • The Alliance saw a decrease in Outpatient Denials in 2019. A large decrease was noted in July as to be expected due to the fact that the Plan reabsorbed radiology authorizations.
		 • Next Steps:
		     ○ Hospitalization rates continue to hold relatively steady
		     ○ Inpatient Denials are declining in Q4.
		     ○ Launching staff audits to identify issues
		     ○ Sutter denial rates continue to be in line with all hospital rates, so will monitor periodically
		     ○ Outpatient Denials have declined and stabilized near 4% since Radiology absorption.
			10_02.2020 AAH UM	None	None

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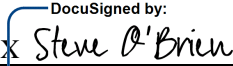
Agenda					
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**

		• Current Volume on Open cases for January 2020
		   o Complex Case Management
		     ▪ in progress: 57
		     ▪ new cases: 34
		   o Care Coordination
		     ▪ in progress: 660
		     ▪ new cases: 260
		• Transition of Care (TOC):
		   o Pilot Program with Alameda Health Systems started 11/18/19 and includes:
		   o Post DC call within 1 business day (24-72 hours post-discharge)
		   o Includes assessment of new or worsening symptoms, triage as needed
		   o Medication reconciliation for high risk members
		   o Review and teach-back of DC plan (includes review of needed DME, referrals to home health, specialty appts)
		   o Disease-specific teaching for high risk members
		   o Ensure understanding of and transportation to post DC follow up appt
		   o As of 2/24/20 there are:
		     ▪ 161 TOC open cases
		     ▪ 272 TOC closed cases
		• Health Risk Assessment:
		   o **High Risk** Stratified HRAs* (44 calendar day TAT from enrollment date)
		   o *Includes new SPDs only
		   o **Low Risk** Stratified HRAs (105 calendar day TAT from enrollment date)
		   o December
		   o Completed – 342 within TAT
		   o Returned by member outside of TAT – 90 (yet to be completed)			

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		Agenda			
Agenda Item	**Responsible Person**	**Discussion**	**Document**	**Action**	**Follow-up by QI Staff**
		o Returned mail (bad addresses) – 76 o January o Completed – 271 o Returned by member outside of TAT – 141 (yet to be completed) o Returned mail (bad addresses) – 69 o IVR calls for February are complete o Care Plan Mailings (to members & providers) are current • Out of Network Authorizations: o Two Tier process continues to show success o Continue to Monitor on a Periodic Basis			
11. Public Comment	S. O'Brien	None	None	None	None
12. Adjournment	S. O'Brien	Meeting was adjourned at 7:58 PM.	None	Motion to adjourn the meeting: Dr. Florey 2nd: S. Wakefield	Next meeting: May 21, 2020

DocuSigned by:

x Steve O'Brien

Steve O'Brien MD
Chief Medical Officer
Chair

05/21/2020

Date

Minutes prepared by: Grace Chu, QI Project Specialist

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Information Technology

Sasikumar Karaiyan

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

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

Date: **December 11, 2020**

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 95% of staff working remotely.

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

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

Office 365 Project

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

Encounter Data

- In the month of November, AAH submitted 78 encounter files to DHCS with a total of 227,848 encounters.

- Our November lag-time for the institutional encounter is below 60% because the Alliance identified 23,121 encounters had data quality issues, which were corrected and submitted to the Department of Health Care Services.

Enrollment

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

HealthSuite

- The HealthSuite application continued to operate normally with an uptime of 99.99%.

- The HealthSuite system is currently being upgraded to version 20.xx from version 16.03. This upgrade will enable the Alliance to use new capabilities and will match the current market version. This is expected to be complete before the end of December 2020.

TruCare

- The TruCare application continued to operate normally with an uptime of 99.99%. A total of 7,324 authorizations were loaded and processed in the TruCare application.

- TruCare V8.0 is being upgraded to the latest version of HTML (Hypertext Markup Language) version 5. This is expected to be enabled during the month of December after end-users get trained. HTML 5 enables a new look and feel with a better user experience of the TruCare application.

Web Portal

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

- With the Provider portal redesign, the authorization submission through the Provider portal is growing by approximately 16% each month and has almost doubled in the last 5 months.

- The Alliance team started the Member portal redesign, which is expected to be complete before December 2020.

Information Security

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.

- Email-based metrics currently monitored have increased with a return to a reputation-based block for a total of 68.9k.

- Attempted information leaks detected and blocked at the firewall are higher from 52 to 156 for the month of November.

- Network scans returned a value of 0, which is in line with the previous month's data.
- Attempted User Privilege Gain is much higher at 1,019 from a previous six-month average of 407.3.

Data Warehouse

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

- In the month of November, the Alliance worked on adding the authorization, case management data, and Magellan Pharmacy data into the Data Warehouse. As expected, there is a Scope Change to the authorization data domain. The new completion date for Authorizations will be finalized in January 2021. Magellan Pharmacy data and Provider Credentialing are on track and due before the end of June 2021.

Data Governance

- As part of our Data Governance initiative, the Alliance is in the process of de-identifying PHI (Protected Health Information) data in a development environment for external vendors. Only the development environment is accessible to external vendors. This process shall reduce the risk of exposing PHI data to our external vendors and will stay in compliance with the regulatory terms. We have made significant progress as estimated for December 2020. We are currently implementing Operational processes for ongoing sustenance and we are planning to complete this process before the end of February 2021.

- The Alliance is establishing a Data Governance Operating Committee by the end of February 2021.

Information Technology
Supporting Documents

Enrollment

- See Table 1-1 "Summary of Medical and Group Care member enrollment in the month of November 2020".
- Summary of Primary Care Physician (PCP) Auto-assignment in the month of November 2020.
- See Table 1-2 "Summary of Primary Care Physician (PCP) Auto-assignment in the month of November 2020".
- The following tables 1-1 and 1-2 are supporting documents from the enrollment summary section.
- Table 1-1 Summary of Medical and Group Care Member enrollment in the month of November 2020".

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2] - Terminated
November	273,290	4,759	2,045	5,983	128	156

1. MC – Medical Member

2. GC – Group Care Member

Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment
For the Month of November 2020

Auto-Assignments	Member Count
Auto-assignments MC	1,434
Auto-assignments Expansion	1,378
Auto-assignments GC	45
PCP Changes (PCP Change Tool) Total	2,936

TruCare

- See Table 2-1 "Summary of TruCare Authorizations for the month of November 2020".
- There were 7,324 authorizations (total authorizations loaded in TruCare production) processed through the system.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

Table 2-1 Summary of TruCare Authorizations for the Month of November 2020

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI Failure	New Auths Entered	Total Auths Loaded In TruCare Production
EDI-CHCN	3935	140	4	6	2	47	50	249	0	3686
Paper to EDI	2,563	0	0	0	0	0	0	0	0	2,563
Manual Entry	0	0	0	0	0	0	0	0	1,075	1,075
Total										7,324

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

Web Portal

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

Table 3-1 Web Portal Usage for the Month of October 2020

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	3,571	2,813	114,535	318
MCAL	66,919	1,986	4,435	722
IHSS	2,613	93	179	19
AAH Staff	164	38	703	2
Total	73,267	4,930	119,852	1,061

Table 3-2 Top Pages Viewed for the Month of October 2020

Top 25 Pages Viewed		
Category	**Page Name**	**October-20**
Provider	Member Eligibility	563,266
Provider	Claim Status	96,996
Provider	Member Roster	10,908
Member - Eligibility	Member Eligibility	6,052
Provider	Auth Submit	5,765
Member - Claims	Claims - Services	4,467
Member - Help Center	Member ID Card	2,533
Provider	Auth Search	2,360
Member - Help Center	Find a Doctor or Facility	1,215
Member - Help Center	Select/Change PCP	1,160
Provider	Pharmacy	757
Member - Pharmacy	My Pharmacy Claims	650
Provider - Provider Directory	Provider Directory	474
Provider - Home	Forms	335
Provider - Provider Directory	Instruction Guide	292
Member - Pharmacy	Pharmacy - Drugs	259
Member - Help Center	Update My Contact Info	224
Provider - Provider Directory	Manual	157
Member - Help Center	Contact Us	139
Member - Help Center	Authorizations & Referrals	125
Member - Forms/Resources	Authorized Representative Form	116
Member - Health/Wellness	Personal Health Record - Intro	116
Member - Pharmacy	Pharmacy	94
Provider - Provider Directory	Attestation	78
Member - Pharmacy	Find a Pharmacy	70

Encounter Data From Trading Partners 2020

- AHS:
  - November daily files (16,814 records) were received on time.
- Beacon:
  - November monthly files (12,673 records) were received on time.
- CHCN:
  - November weekly files (85,984 records) were received on time.
- CHME:
  - November monthly file (5,152 records) were received on time
- CFMG:
  - November weekly files (6,504 records) were received on time.
- Docustream:
  - November weekly files (865 records) were received on time.
- PerformRx:
  - November monthly files (165,305 records) were received on time.
- Kaiser:
  - November monthly files (35,590 records) were received on time.
  - November monthly Kaiser Pharmacy files (18,452 records) were received on time.
- LogistiCare:
  - November weekly files (12,665 records) were received on time.
- March Vision:
  - November monthly file (2,928 records) were received on time.
- Quest Diagnostics:
  - November weekly files (8,724 records) were received on time.
- Teladoc:
  - November weekly files (47 records) were received on time.

Trading Partner Encounter Inbound Submission History

Trading Partners	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov
HealthSuite	103132	104147	118309	115716	86578	89063	95735	107093	104293	111255	120149	111676
Kaiser	38079	34890	35167	36334	33670	16030	19364	22508	26057	25829	29431	35590
Logisticare	14261	16911	19665	21375	10812	10893	10857	12865	10145	14821	11599	12665
March Vision	3183	5495	0	3127	3389	1395	1336	1839	2568	2270	3012	2928
AHS	12186	7385	4949	9907	9040	7698	7129	10154	9353	849	12762	16814
Beacon	8843	6407	14626	10010	12606	8546	9612	11413	10193	20434	14637	12673
CHCN	94805	60204	69402	76884	64623	45221	73144	53049	64935	54812	65094	85984
CHME	3090	7201	5604	3612	4346	7241	4903	4344	4987	3832	5814	5152
Claimsnet	13396	9027	16607	7317	12653	5484	6154	6545	6608	8787	11018	6504
Quest	12697	10509	13574	9334	3803	6072	6809	10135	12783	11005	15047	8724
Docustream	413	478	555	541	679	863	822	912	919	640	926	865
Teladoc								41	25	52	23	47
Total	304085	262654	298458	294157	242199	198506	235865	240898	252866	254586	289512	299622

Total Encounters Received/Month
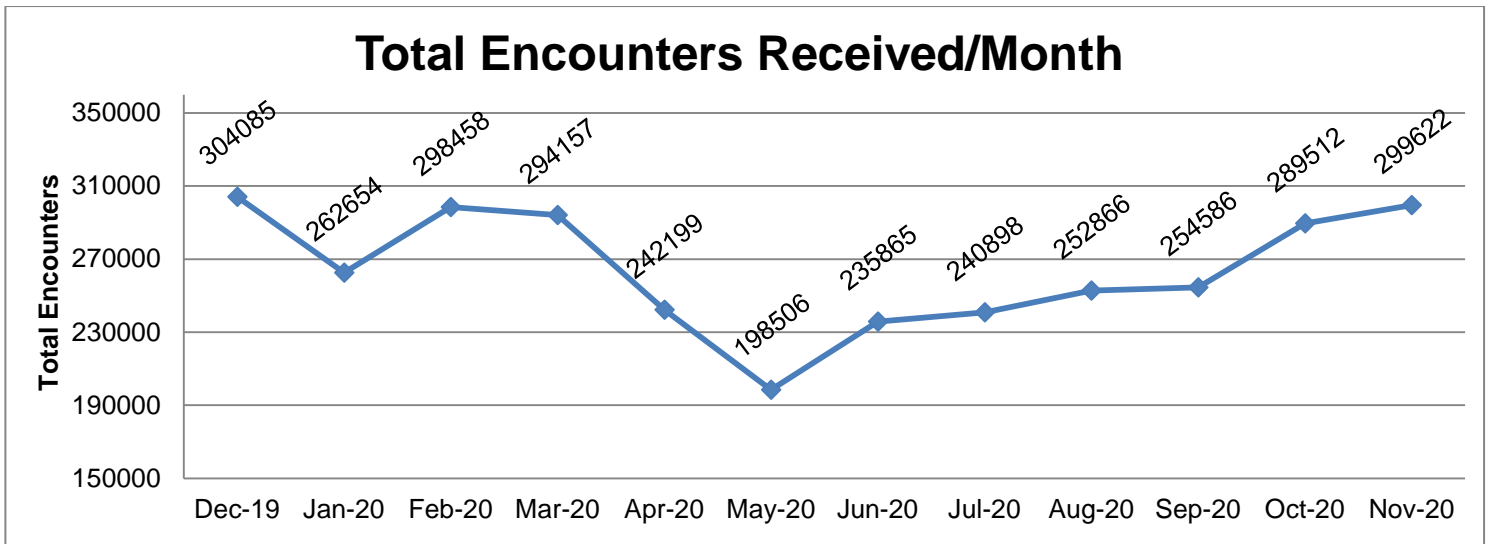
Outbound Encounter Submission

Trading Partners	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
HealthSuite	78764	62186	141458	81483	79506	72631	60932	76561	73815	71394	97258	79162
Kaiser	37789	34583	34561	35565	32223	15191	15545	21968	25720	25666	29031	35096
Logisticare	21692	11883	24522	22887	12988	10513	10438	14934	9924	11134	14600	12263
March Vision	2564	2150	1672	2118	2362	813	803	1121	1909	1687	2665	2470
AHS	11823	8412	4711	8545	7880	8708	6727	10662	8083	353	11922	15980
Beacon	7369	5392	11058	6	19228	8464	7377	9507	7620	17466	13291	10580
CHCN	83370	51732	49459	43356	54436	27819	270473	43686	38537	52622	48065	50051
CHME	2692	3100	4981	3166	3847	6860	4640	4081	4663	3632	5232	4801
Claimsnet	10283	6295	8835	8788	7468	3266	5643	4792	6110	6611	7398	5707
Quest	14701	9757	10087	10331	4579	4566	7425	9331	9789	10236	11002	10743
Docustream	389	439	517	450	589	737	720	799	812	609	849	969
Teladoc								41	25	32	23	26
Total	271436	195929	291861	216695	225106	159568	390723	197483	187007	201442	241336	227848

Total Outbound Encounter/Month
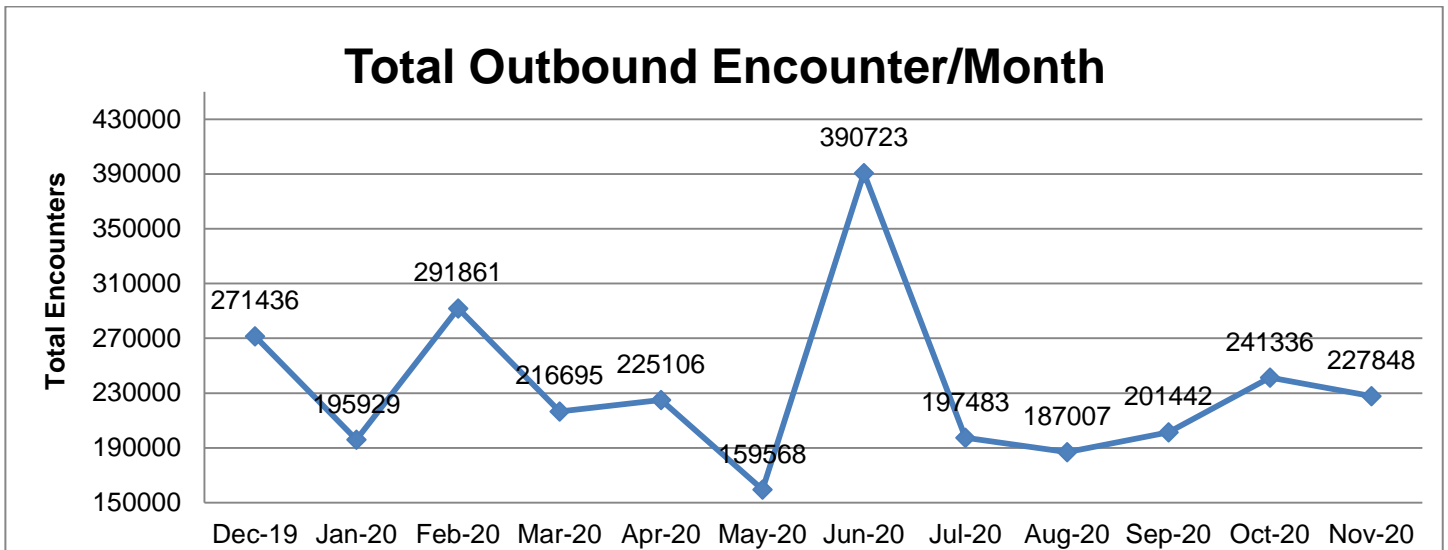
HealthSuite Paper vs EDI Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
20-NOV	88180	23496	111676

EDI vs Paper Submission, November 2020

- 23496 — Total Paper Submission
- 88180 — Total EDI Submission
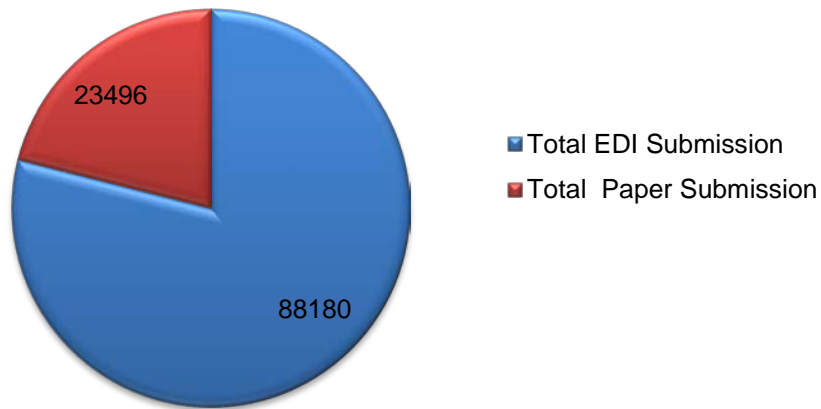
Onboarding EDI Providers - Updates

- November 2020 EDI Claims:
    - A total of 1017 new EDI submitters have been added since October 2015, with 15 added in November 2020.
    - The total number of EDI submitters is 1749 providers.
- November 2020 EDI Remittances (ERA):
    - A total of 195 new ERA receivers have been added since October 2015, with 2 added in November 2020.
    - The total number of ERA receivers is 234 providers.

	837				835			
	New On Boards	In Process	New In Production	Total In Production	New On Boards	In Process	New In Production	Total In Production
Dec-19	17	0	17	1580	2	77	2	220
Jan-20	11	2	9	1589	2	77	2	222
Feb-20	8	0	10	1599	1	77	1	223
Mar-20	9	0	9	1608	3	79	1	224
Apr-20	40	0	40	1648	2	80	1	225
May-20	15	0	15	1663	2	81	1	226
Jun-20	17	0	17	1680	2	82	1	227
Jul-20	11	0	11	1691	1	82	1	228
Aug-20	12	0	12	1703	0	82	0	228
Sep-20	8	0	8	1711	1	82	1	229
Oct-20	23	0	23	1734	7	86	3	232
Nov-20	15	0	15	1749	7	91	2	234

837 EDI Submitters - November 2020

- New Onboard(s)
- In Process
- New in Production

15   15

0
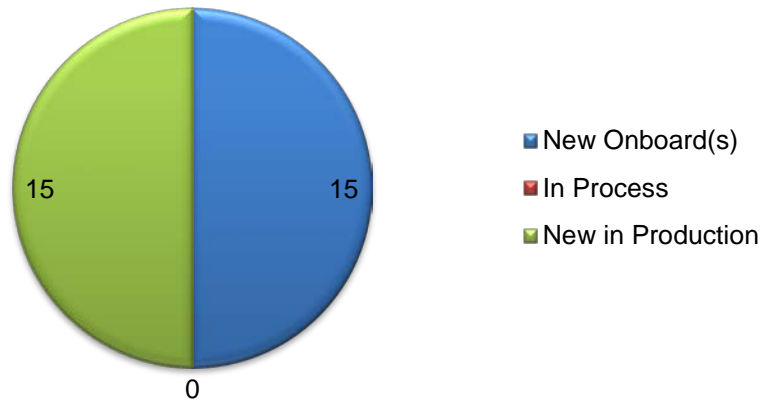
835 EDI Receivers - November 2020

- New Onboard(s)
- In Process
- New in Production

2 7

91
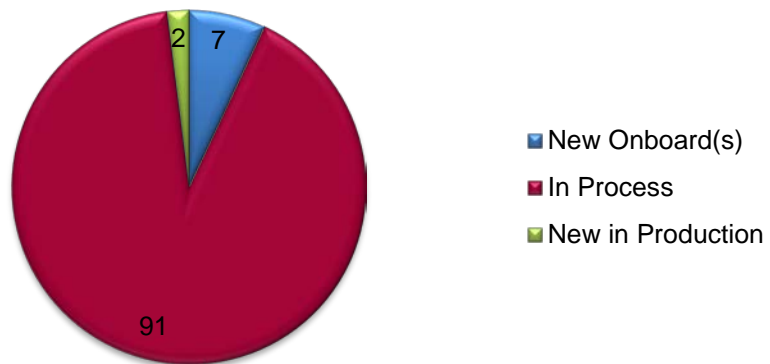
EDSRF/Reconciliations

- EDSRF Submission: Below is the total number of encounter files that AAH submitted in the month of November 2020.

File Type	Nov-20
837 I Files	13
837 P Files	65
NCPDP	9
Total Files	87

Lag-time Metrics/KPI's

AAH Encounters: Outbound 837	Nov-20	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	53%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	58%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	94%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	99%	80%

- **Root Cause:**
  The Alliance has been working with several hospitals on the enhanced payment program initiative that was introduced by CMS. Ever since it was launched, hospitals have been actively working with the Alliance on data accuracy, completeness, and timelines of encounter data submission to ensure that they are eligible to receive full payment from these incentive programs. As part of this process, the Alliance identified a few institutional claims that were having data quality issues that need to be identified and fixed.

  The Data Exchange team identified approximately 23K institutional claims that were impacted due to this data quality issue. The team fixed the issue and resubmitted the encounters to DHCS in the month of November.

- **Overall Impact(s):**
  Our quarterly encounter quality metrics will remain high because our overall data accuracy and submission remains >93%. Also, these changes do not impact the provider payment, remittance, analytical reports, or any downstream processes.

Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of November 2020 KPI – Overall Summary.
  - o 1,866 Changes Submitted.
  - o 1,748 Changes, Completed and Closed.
  - o 116 Active Changes.
  - o 198 Changes Cancelled and Rejected.

- 52 Change Requests Submitted/logged in the month of November 2020
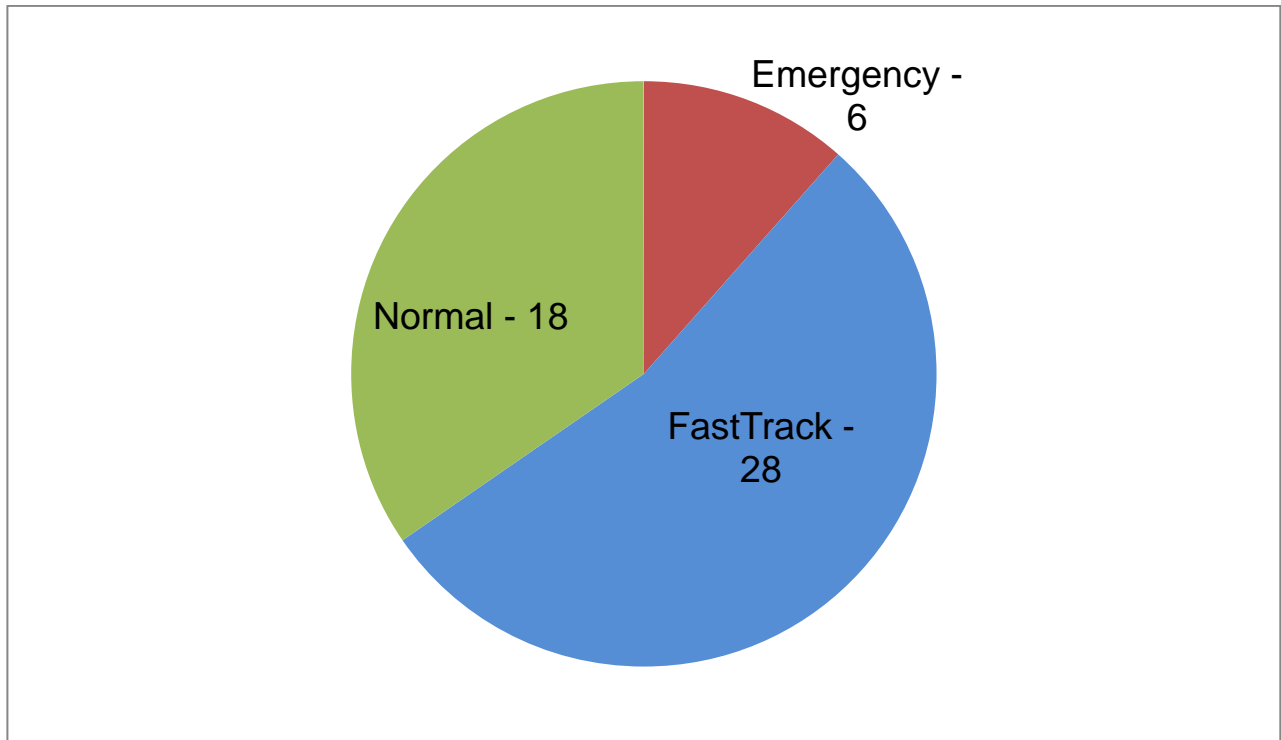
- 44 Change Requests Closed in the month of November 2020
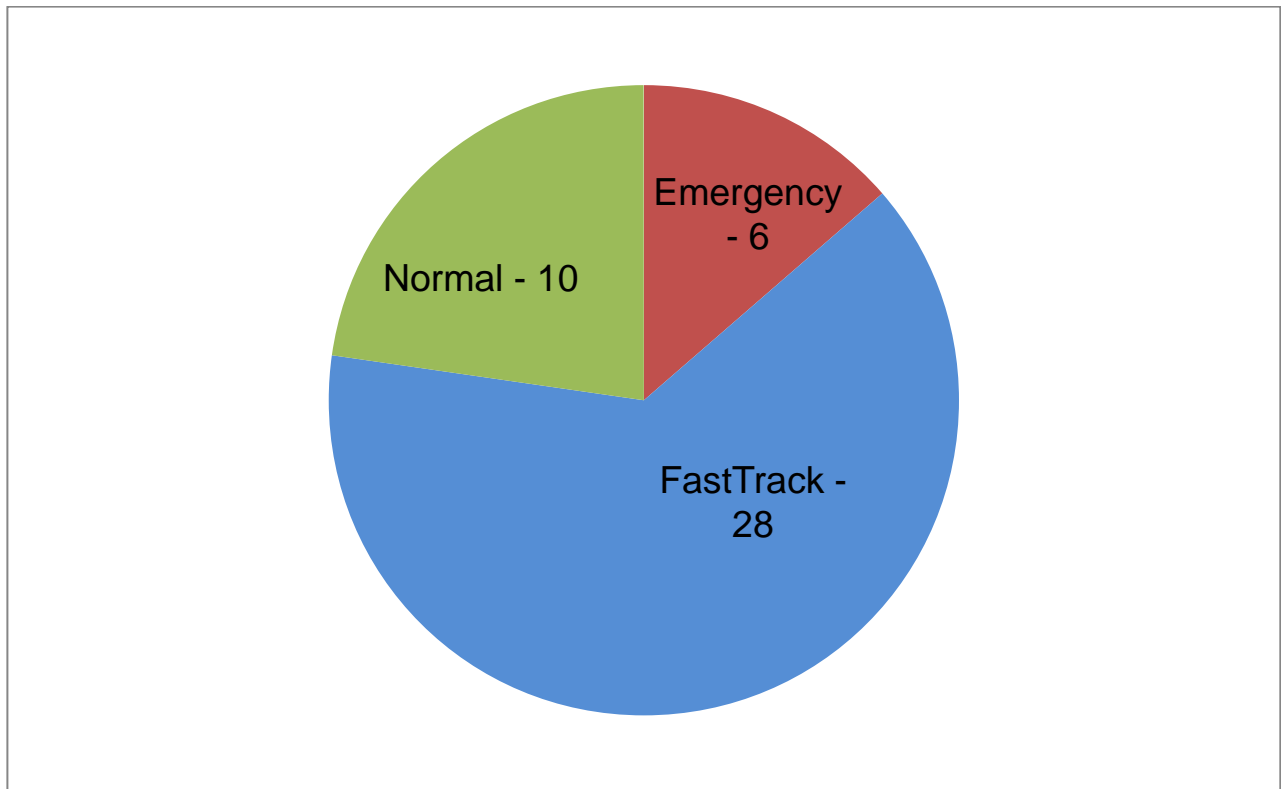
- Change Requests Submitted: Monthly Trend

New Change Requests Submitted

Month	Value
Dec-19	43
Jan-20	43
Feb-20	59
Mar-20	53
Apr-20	68
May-20	45
Jun-20	49
Jul-20	68
Aug-20	66
Sep-20	46
Oct-20	80
Nov-20	52
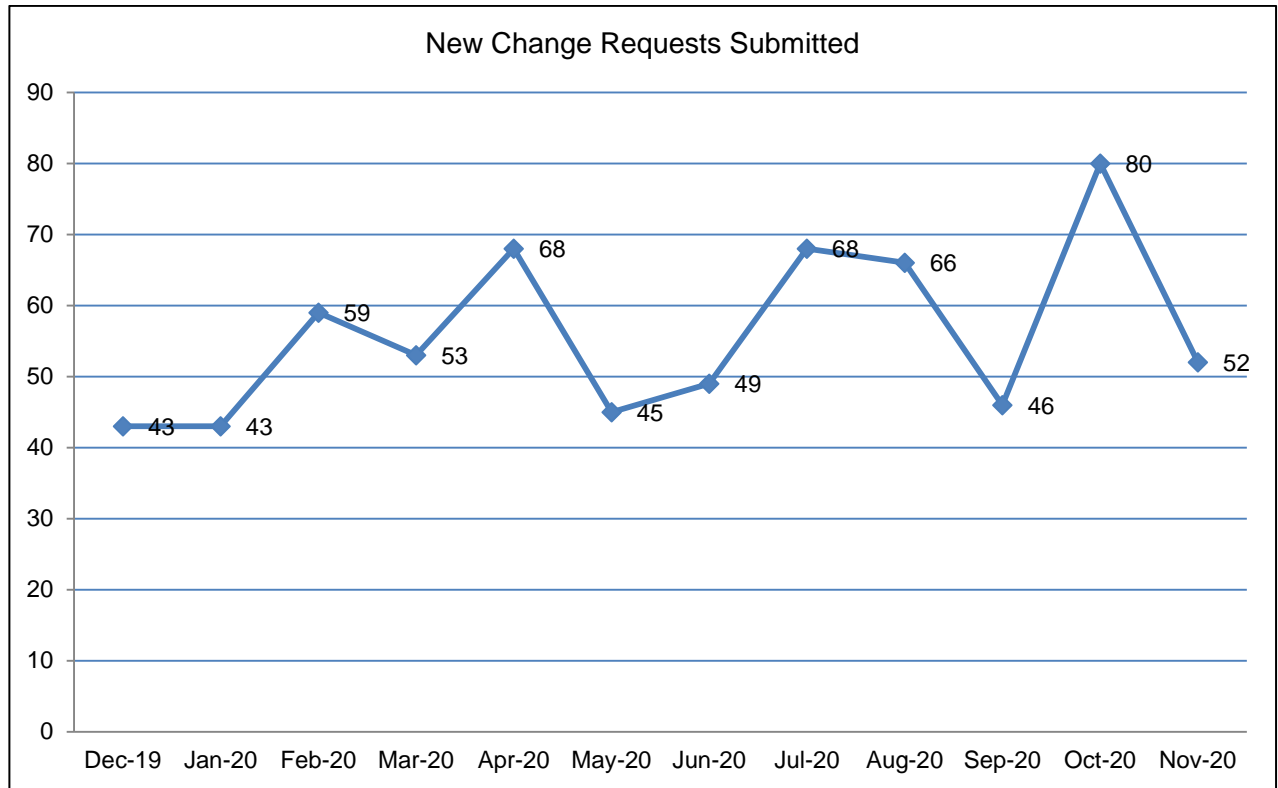
- Change Requests Closed: Monthly Trend

Month	Value
Jan-20	63
Feb-20	52
Mar-20	48
Apr-20	59
May-20	67
Jun-20	50
Jul-20	46
Aug-20	56
Sep-20	51
Oct-20	67
Nov-20	44
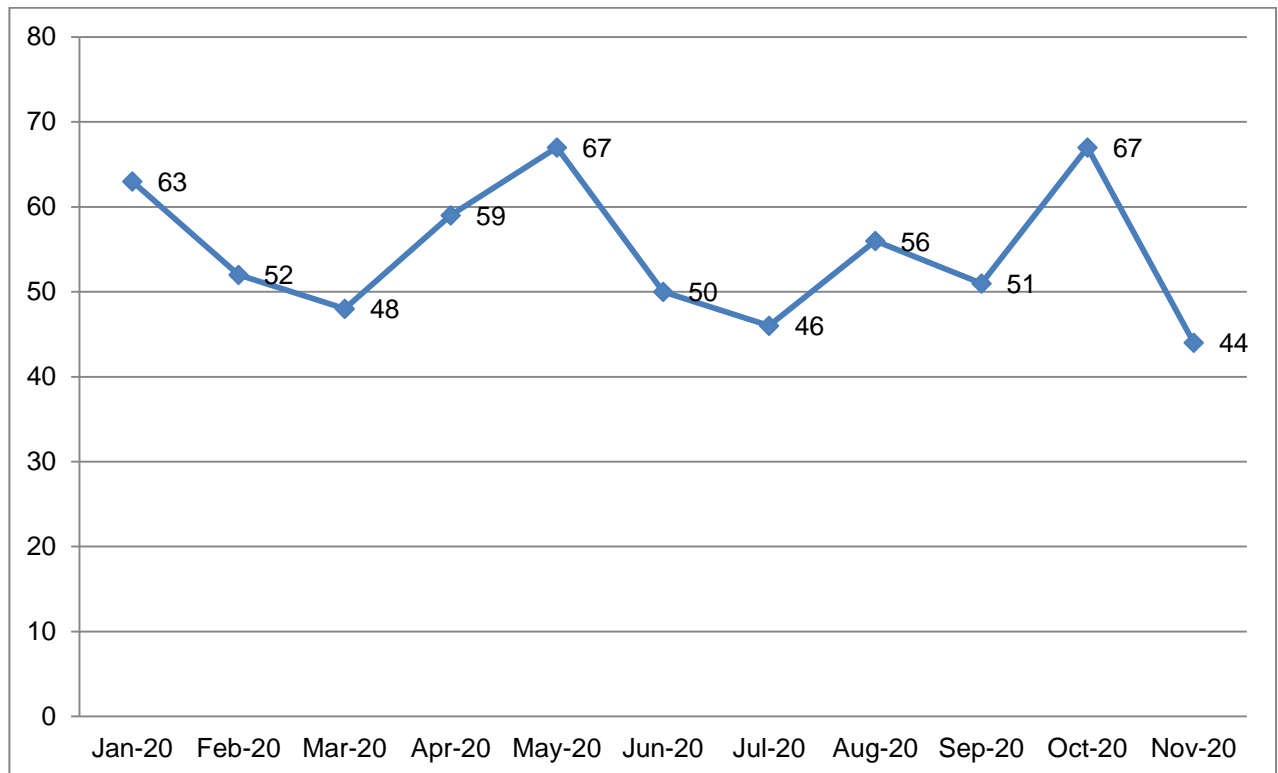
IT Stats: Infrastructure

Application Server Uptimes - November 2020

	Call Center	DynamicsSL (Finance)	HealthSuite	OTG (Claims)	Exchange (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%
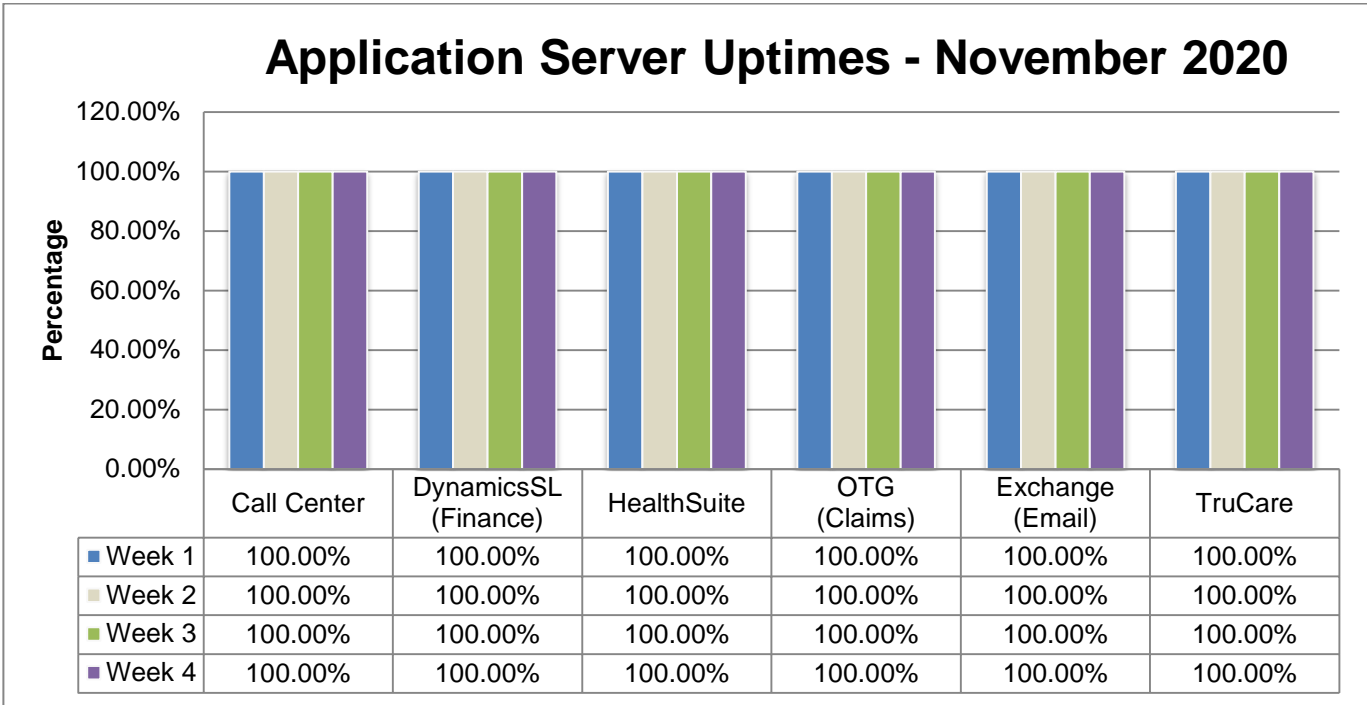
- All mission-critical applications are monitored and managed thoroughly.
- There were no outages experienced in the month of **November** despite supporting 95% of staff working remotely.

Service Desk Tickets - November 2020

	Week 1	Week 2	Week 3	Week 4		Total
■ Opened	213	219	246	131		809
■ Closed	203	240	254	150		847
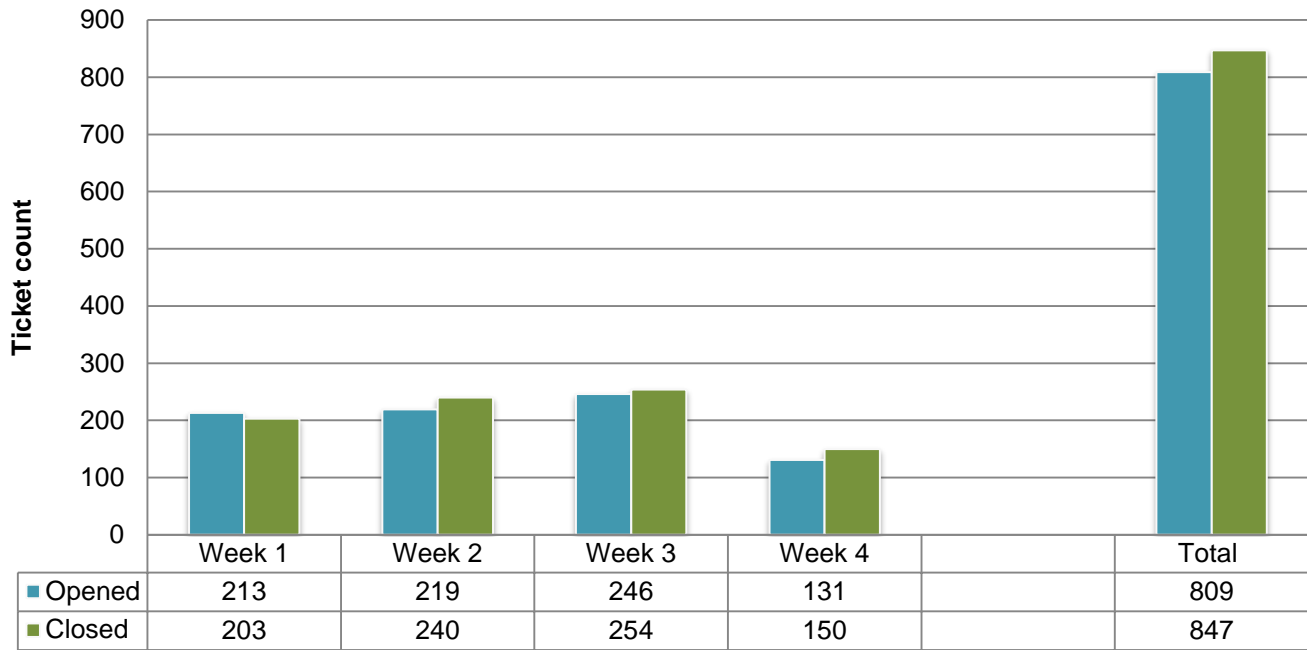
- 809 Service Desk tickets were opened in the month of **November**, which is 18.2% lower than the previous month, and 847 Service Desk tickets were closed, which is 8% lower than the previous month.

All Intrusion Events

Time Window: *2020-11-01 13:57:46 - 2020-12-01 13:57:46*
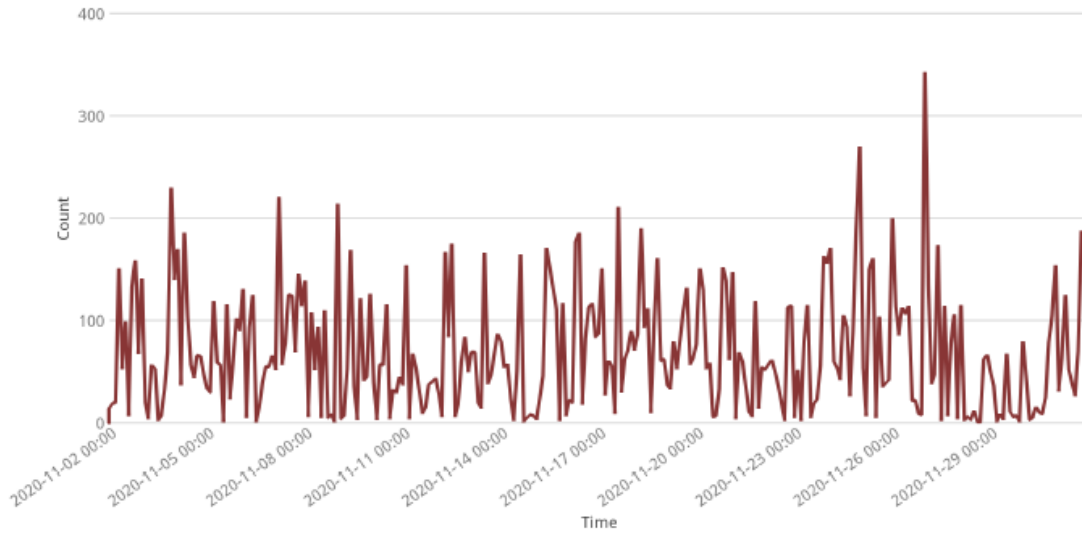
Dropped Intrusion Events

Time Window: *2020-11-01 13:57:46 - 2020-12-01 13:57:46*
Constraints: *Inline Result = dropped*
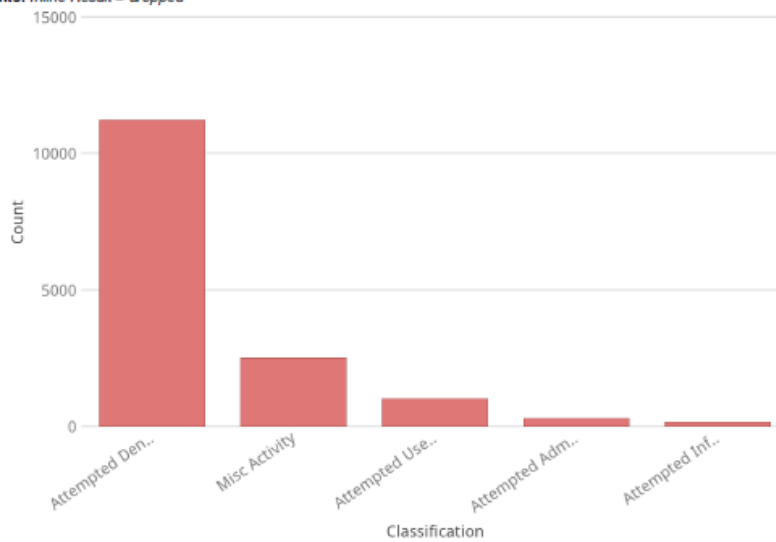
Classification	Count
Attempted Denial of Service	11,235
Misc Activity	2,508
Attempted User Privilege Gain	1,019
Attempted Administrator Privilege Gain	285
Attempted Information Leak	156

MX4

Overview > Incoming Mail Graph

Export...

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by Reputation Filtering	50.5%	41.8k
Stopped as Invalid Recipients	0.5%	444
Spam Detected	8.7%	7,207
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	1
Messages with Malicious URLs	0.0%	22
Stopped by Content Filter	0.0%	0
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**59.8%**	**49.4k**
Marketing Messages	4.3%	3,546
Social Networking Messages	0.3%	287
Bulk Messages	6.3%	5,241
Total Graymails:	**11.0%**	**9,074**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	29.2%	24.2k
Total Attempted Messages:		**82.7k**

MX941.8+27.1

Overview > Incoming Mail Graph

Export...

Overview > Incoming Mail Summary

| Message Category	%	Messages
Stopped by Reputation Filtering	41.8%	27.1k
Stopped as Invalid Recipients	0.7%	439
Spam Detected	9.9%	6,416
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	1
Messages with Malicious URLs	0.0%	9
Stopped by Content Filter	0.0%	2
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**52.4%**	**33.9k**
Marketing Messages	4.6%	2,965
Social Networking Messages	0.5%	322
Bulk Messages	6.3%	4,049
Total Graymails:	**11.3%**	**7,336**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	36.2%	23.4k
Total Attempted Messages:		**64.7k**

Item / Date	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Aug-20	Sep-20	Oct-20	Nov-20
Stopped By Reputation	264.0k	275.3k	306.6k	234.0k	280.8k	249.7k	278.0k	322.6k	237.0k	129.0k	74.7k	68.9k
Invalid Recipients	0	4	0	4	56	39	55	50	612	2,582	1,120	883
Spam Detected	14.0k	12.0k	13.6k	12.8k	16.4k	11.4k	17.1k	15.9k	16.9k	11.2k	15.4k	13.6k
Virus Detected	13	0	0	0	3	4	3	1	2	2	1	1
Advanced Malware	1	1	0	4	6	0	0	1	0	1	1	2
Malicious URLs	239	81	122	91	14	36	43	47	50	33	22	31
Content Filter	17	7	4	9	48	9	23	14	10	26	5	2
Marketing Messages	4,677	3,854	4,211	3,804	4,296	3,730	3,834	4,024	3,715	4,127	3,794	6,511
Attempted Admin Privilege Gain	360	1,425	704	518	596	1,064	1,292	2,573	33	1,865	314	285
Attempted User Privilege Gain	0	12	7	27	17	18	23	94	22	339	1,948	1,019
Attempted Information Leak	46	43	31	37	59	63	48	64	88	18	52	156
Potential Corp Policy Violation	8	25	29	10	77	21	32	19	59	210	0	0
Network Scans Detected	3	4	1	4	3	15	2	2	1	1	9	0
Web Application Attack	45	35	72	45	121	47	124	42	0	65	25	25
Attempted Denial of Service												11.2k
Misc. Attack	21	1	30	21	25	18	56	18	0	14	4,242	2,508

- 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 68.9k.

- Attempted information leaks detected and blocked at the firewall are higher from 52 to 156 for the month of **November.**

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

- Attempted User Privilege Gain is much higher at 1,019 from a previous six month average of 407.3.

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Projects and Programs

Ruth Watson

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

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

Date: **December 11, 2020**

Subject: **Projects & Programs Report**

Project Management Office

- 42 projects are currently on the Alliance enterprise-wide portfolio (includes PMO managed and department managed projects).
    - 19 active projects
    - 8 projects inactive
    - 5 department initiatives
    - 10 designated as future

- Key projects currently in-flight:
    - Pharmacy Carve-out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State; DHCS has delayed the start date until April 1, 2021.
    - Alliance.org Phase 2 – rebuild of the Member portal; target go-live is Q1-2021.
    - HealthSuite Upgrade – annual core system upgrade; go-live date is December 11, 2020.
    - Transportation Policy Change – changing advance notice for requesting a non-standing non-medical transportation ride from 1 day to 3 days; go-live date in February 2022.
    - Human Resources Information System (HRIS) – replacement of current HRIS system; target go-live is mid-April 2021.

- Key projects commencing soon:
    - Interoperability Phase 1 – regulatory mandate to implement the following:
        - Patient Access API – provide members with the ability to access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their choice
        - Provider Directory API – requires payers to make provider directory information publicly
        - Enforcement date is July 1, 2021

Integrated Planning

- Behavioral Health Integration (BHI) Incentive Program – Department of Health Care Service's (DHCS) program starting January 1, 2021 and continuing through December 31, 2022.
    o Received BHI Grant Award letter from DHCS
    o Award and denial letters sent to all applicants
    o Draft MOU under review with Operations
    o Draft reporting templates received from DHCS and under review
    o Awardees milestones will require revisions based on compressed program timeframe; meetings are scheduled with CHCN, LifeLong Medical Care and Tri City Health Center the first week of December
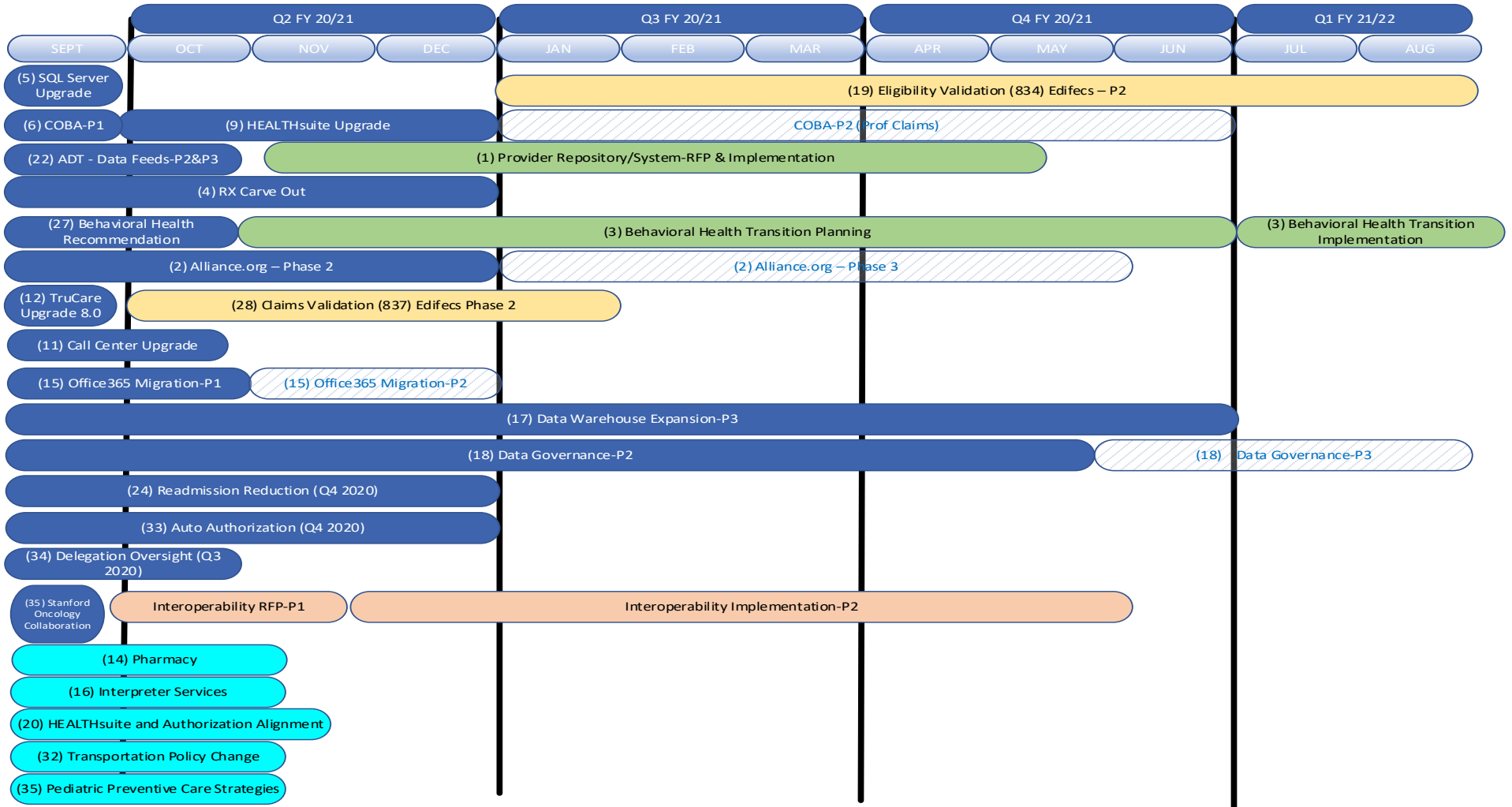
Recruiting and Staffing

- Project Management Open position(s):
    o Senior Project Manager; recruitment is underway
    o Project Manager (Technical); recruitment will begin shortly

Projects and Programs

Supporting Documents

AAH Project Portfolio - Active +

	Q2 FY 20/21			Q3 FY 20/21			Q4 FY 20/21			Q1 FY 21/22	
SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG

(5) SQL Server Upgrade

(19) Eligibility Validation (834) Edifecs – P2

(6) COBA-P1

(9) HEALTHsuite Upgrade

COBA-P2 (Prof Claims)

(22) ADT - Data Feeds-P2&P3

(1) Provider Repository/System-RFP & Implementation

(4) RX Carve Out

(27) Behavioral Health Recommendation

(3) Behavioral Health Transition Planning

(3) Behavioral Health Transition Implementation

(2) Alliance.org – Phase 2

(2) Alliance.org – Phase 3

(12) TruCare Upgrade 8.0

(28) Claims Validation (837) Edifecs Phase 2

(11) Call Center Upgrade

(15) Office365 Migration-P1

(15) Office365 Migration-P2

(17) Data Warehouse Expansion-P3

(18) Data Governance-P2

(18) Data Governance-P3

(24) Readmission Reduction (Q4 2020)

(33) Auto Authorization (Q4 2020)

(34) Delegation Oversight (Q3 2020)

(35) Stanford Oncology Collaboration

Interoperability RFP-P1

Interoperability Implementation-P2

(14) Pharmacy

(16) Interpreter Services

(20) HEALTHsuite and Authorization Alignment

(32) Transportation Policy Change

(35) Pediatric Preventive Care Strategies

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Analytics

Tiffany Cheang

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

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

Date: **December 11, 2020**

Subject: **Performance & Analytics Report**

<u>**Member Cost Analysis**</u>
- The Member Cost Analysis below is based on the following 12 month rolling periods:
    - Current reporting period: Sept 2019 – August 2020 dates of service
    - Prior reporting period: Sept 2018 – August 2019 dates of service
        (Note: Data excludes Kaiser Membership data.)

- For the current reporting period, the top 7.6% of members account for 82.8% of total costs.

- In comparison, the Prior reporting period was slightly higher at 7.7% of members accounting for 81.5% of total costs.

- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
    - The SPD (non duals) and ACA OE categories of aid increased to account for 59.2% of the members, with SPDs accounting for 29.0% and ACA OE's at 30.2%.
    - The percent of members with costs >= $30K slightly increased from 1.5% to 1.6%.
    - Of those members with costs >= $100K, the percentage of total members remained consistent at 0.4%.
        - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 46.8%

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

- However, the age distribution of the top 7.6% is more concentrated in the 45-66 year old category (41.0%) compared to the overall population (21.2%).

Analytics
Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
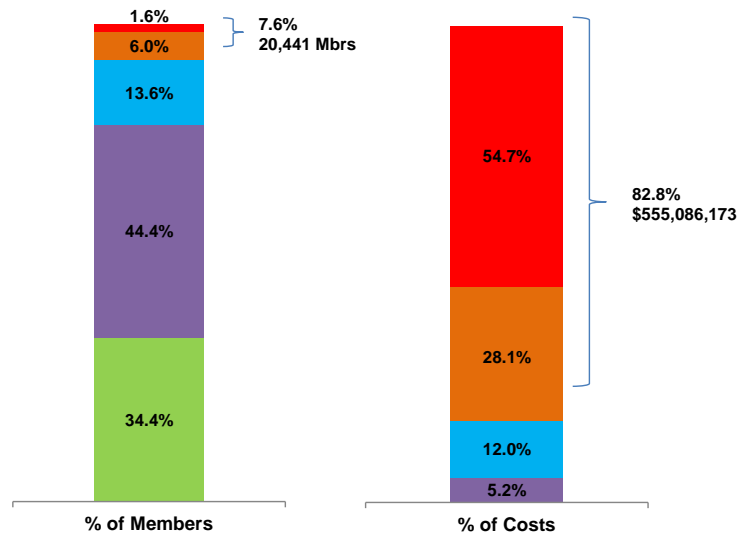**Lines of Business: MCAL, IHSS; Excludes Kaiser Members**
Dates of Service: Sep 2019 - Aug 2020
Note: Data incomplete due to claims lag
Run Date: 12/02/2020

Member Cost Distribution

Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,295	1.6%	$ 366,543,693	54.7%
$5K - $30K	16,146	6.0%	$ 188,542,480	28.1%
$1K - $5K	36,656	13.6%	$ 80,735,931	12.0%
< $1K	119,410	44.4%	$ 34,660,271	5.2%
$0	92,554	34.4%	$ -	0.0%
Totals	**269,061**	**100.0%**	**$ 670,482,375**	**100.0%**

Top 7.6% of Members = 82.8% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	969	0.4%	$ 187,181,127	27.9%
$75K to $100K	558	0.2%	$ 48,160,365	7.2%
$50K to $75K	1,103	0.4%	$ 67,403,552	10.1%
$40K to $50K	631	0.2%	$ 28,174,270	4.2%
$30K to $40K	1,034	0.4%	$ 35,624,379	5.3%
SubTotal	*4,295*	*1.6%*	*$ 366,543,693*	*54.7%*
$20K to $30K	1,952	0.7%	$ 47,691,237	7.1%
$10K to $20K	5,866	2.2%	$ 81,351,041	12.1%
$5K to $10K	8,328	3.1%	$ 59,500,202	8.9%
SubTotal	*16,146*	*6.0%*	*$ 188,542,480*	*28.1%*
Total	**20,441**	**7.6%**	**$ 555,086,173**	**82.8%**

Enrollment Status	Members	Total Costs
Still Enrolled as of Aug 2020	228,863	$ 595,790,574
Dis-Enrolled During Year	40,198	$ 74,691,801
Totals	**269,061**	**$ 670,482,375**

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.

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Human Resources

Anastacia Swift

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

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

Date: **December 11, 2020**

Subject: **Human Resources Report**

<u>Staffing</u>

- As of December 1, 2020, the Alliance had 334 full time employees and 2-part time employees.

- On December 1, 2020, the Alliance had 43 open positions in which 5 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	7	0	7
Operations	19	1	18
Healthcare Analytics	3	0	3
Information Technology	4	1	3
Finance	4	0	4
Compliance	2	1	1
Human Resources	2	1	1
Projects & Programs	2	1	1
Total	43	5	38

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in November 2020 included:

  - 5 years:
    - Michelle Valles (Facilities & Support Services)
  - 6 years:
    - Rita Wisocky (Claims)
  - 7 years:
    - Hermelinda Wirth (Finance)
    - Nancy Pun (Healthcare Analytics)
    - Judy Lee (Utilization Management)
  - 8 years:
    - Patricia Del Rio (Member Services)
    - Erica Meraz (Utilization Management)
  - 9 years:
    - Lynda Fong (Regulatory Compliance)
  - 10 years:
    - Fanita Bryant (Utilization Management)
  - 14 years:
    - Rex Ngov (Utilization Management)