ALAMEDA Alliance FOR HEALTH

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

Board of Governors

Regular Meeting

Friday, February 12, 2021
12:00 p.m. – 2:00 p.m.

Conference Call Only

1240 South Loop Road, Alameda, CA 94502

AGENDA

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

Video Conference Call

Alameda, CA 94502

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

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

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

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

1. **CALL TO ORDER**

   (A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on February 12, 2021, at 12:00 p.m. in Alameda County, California, by Scott Coffin, Presiding. 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) **JANUARY 8, 2021 BOARD OF GOVERNORS MEETING MINUTES**

   b) **FEBRUARY 9, 2021 FINANCE COMMITTEE MEETING MINUTES**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY GROUP**

   b) **FINANCE COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

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

   b) **CALENDAR YEAR 2021 MEDI-CAL RATES UPDATE**

   c) **REVIEW AND APPROVE RESOLUTION 2021-01 BYLAWS OF THE ALAMEDA ALLIANCE FOR HEALTH**

   d) **REVIEW AND APPROVE RESOLUTION 2021-02 BOARD MEMBER AT-LARGE SEAT**

   e) **REVIEW AND APPROVE SUSTAINABILITY FUND**

   f) **REVIEW AND APPROVE RESOLUTION 2021-03 FREQUENCY OF REGULAR BOARD MEETINGS**

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

b) HEALTH CARE QUALITY COMMITTEE

10. STAFF UPDATES

11. UNFINISHED BUSINESS

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

13. PUBLIC COMMENT (NON-AGENDA ITEMS)

14. ADJOURNMENT

NOTICE TO THE PUBLIC

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

The agenda may also be accessed through the Alameda Alliance For Health's Web page at www.alamedaalliance.org

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.

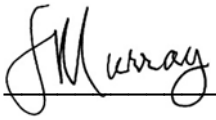
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org.

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 January 9, 2021 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

ALAMEDA Alliance FOR HEALTH

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

Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
January 8, 2021
12:00 pm – 2:00 pm
(Video Conference Call)
Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice-Chair), Dr. Noha Aboelata, Marty Lynch, Wilma Chan, Dr. Kelley Meade, Natalie Williams, Byron Lopez, Nicholas Peraino, David B. Vliet, Delvecchio Finley, Dr. Michael Marchiano

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

Alliance Staff Excused: Aarondeep Basrai, Dr. Rollington Ferguson

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 12:02 pm.	None	None
2. ROLL CALL			
Dr. Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Seevak	None	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
5. CONSENT CALENDAR			
Dr. Seevak	Dr. Seevak presented the Consent Calendar. a) December 11, 2020, Board of Governors Meeting Minutes b) January 5, 2021, Finance Committee Meeting Minutes Motion to Approve January 8, 2021, Board of Governors Consent Calendar. A vote by roll call was taken, and the motion passed.	Motion to Approve January 8, 2021, Board of Governors Consent Calendar. Motion: M. Lynch Second: R. Gebhart Vote: Yes No opposed or abstained.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY GROUP			
R. Gebhart	The Compliance Advisory Group was held telephonically on January 8, 2021, at 10:30 am. Rebecca Gebhart updated the Board on the current Compliance Advisory workbook. Rebecca welcomed Krisza Vitocruz to the Alliance. Krisza will be submitting the Alliance Annual Fraud Plan. Compliance Dashboard Findings: • There were no new validations. • Krisza Vitocruz and Richard Golfin are auditing prior validations to ensure sufficient evidence is documented in the folders. • If folders do not contain all the evidence, then the folder is updated with any missing documents. County MOU: • Scheduled to be on Alameda County Board of Supervisors agenda in February.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Annual Network Certification required by DHCS: • This is an annual certification of Member access time and distance standards. • Submitted Annual Network Certification in March 2021. • We received feedback in May and CAP in November. • In December, the Alliance submitted revised P & Ps, call scripts for our call center, and updated maps. • The Alliance is waiting for the State to respond. DHCS Kindred Hospital Audit: • There is no new information since the last report. • DHCS is scheduling an exit conference as they move to closure. • We will update you at the next meeting. NCQA Survey: • Re-survey to be completed by February 15. • We will have more information by the March Board Meeting. DMHC: • 2021 Medical Survey took place over the holidays. • There were multiple surveys, extensive logs, and case files. • These were submitted by the deadline. DHCS: Medical Services Audit: • Compliance is prepping with mock audits as they prepare for the upcoming audit this summer. Their five priorities are: o Remaining or open corrective action plans. o Address repeats findings. o Address validation items on the dashboard requiring validation. o Address high-risk items. o Any gaps in pre-audit submissions. • More to come in future months.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Internal Controls and Monitoring: • The Delegation Oversight Committee shared they aim to move the meeting from an agenda-driven to a data-driven meeting. Retrospective review CAP closure (2019 DHCS Audit): • Authorization request for a provided service has a 30-day limit. • The State disagreed with this rule. • We received assistance from our two local Associations as this issue also affected some of the other plans. • The Alliance will keep the 30-day rule, and the CAP is closed. JPA Dissolution: • The JPA Dissolution is almost complete. • The Alliance Board will vote on this at the February Board Meeting. • The Board of Supervisors will vote in March. CMS Interoperability Technology Requirement: • The Plans must develop technology to share data directly with members, providers, payer to payer exchange, and dual-eligible exchange. • A new interface is required called “Fire.” • The plan is required to comply. Informational update to the Board of Governors. Vote not required.		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
S. Coffin	The Finance Committee was held telephonically on Tuesday, January 5, 2021. Scott Coffin updated the Board on the Finance Committee Meeting. Highlights: • Reviewed November 2020 Finance reports.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Gil Riojas and Steve O'Brien MD, presented the Inpatient Utilization and Cost Trends Presentation. • This presentation will be presented today during the Board Business section. Informational update to the Board of Governors. Vote not required. Dr. Evan Seevak Updated: Bylaws notice: • Byron Lopez, Dr. Michael Marchiano, and Aaron Basrai have volunteered to edit the Bylaws of the Alliance. Delvecchio Finley notice: • Dr. Seevak announced today was Delvecchio Finley's last Board meeting, as he has taken a job in Georgia. • Dr. Seevak, Marty, and Scott all thanked Delvecchio and wished him good luck. • Delvecchio wished the Alliance and all the Board Members success.		
7. CEO UPDATE			
S. Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: Operating Performance & First Quarter Financial Forecast: • Medi-Cal enrollment has increased by nearly 30,000 (March to December 2020) due to changes in eligibility and deferred re-determinations. • Operating metrics are being monitored: Member Call Center, Employee Vacancy Rate, and Provider Disputes (see Operations Dashboard). • Risk-adjusted rates received from DHCS in late December and will be presenting revised financials to the Board of Governors in February 2021.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	California Advancing and Innovating Medi-Cal (CalAIM): • CMS approved the 1115 Waiver Extension, to extend the Whole Person Care Program until December 31, 2021. • Enhanced Care Management & In Lieu of Services begin January 1, 2022. The Alliance is responsible for producing the following deliverables: o Model of Care and Transition Plan are due by July 2021. o Provider network submissions by September 2021. • Alameda Alliance is actively coordinating with Alameda County Health Agencies (Health Care Services Agency, Social Services, others). • Public listening sessions are being scheduled in Alameda County in February, March, and April. Pharmacy transition to DHCS on schedule for April 1, 2021: • Alameda Alliance project team is current on the deliverables for this transition and is planning for the April 1st transition to the State of California. • The Alliance retains the administration for physician-administered drugs for Medi-Cal and continues to administer the pharmacy services for the Group Care members. COVID-19: • Alameda Alliance is coordinating with the Alameda County Health Care Services Agency to support communications to Medi-Cal and Group Care members for the COVID-19 vaccine distribution. Regulatory & Accreditation Audits (Virtual): • NCQA accreditation audit related to a corrective action plan and notices of action issued by the Alliance starts February 15, 2021. • DMHC focused audit (Kindred) starts April 12, 2021. • DHCS routine full medical survey scheduled for June/July 2021. Question: • Can the Alliance let the Board know when the Listening Sessions are to take place?		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Answer: • Yes, this is facilitated through our Projects and Programs division. We will discuss this more at the next Board meeting, and there will also be public postings. Question: • Numerous patients have said they are concerned about taking the COVID-19 vaccine. Is the Alliance doing anything to talk to the members about this issue? Answer: • Yes, we are working with Alameda County on this issue and the messaging. We are also sending out mailers to our members. Informational update to the Board of Governors. Vote not required.		
8. a. BOARD BUSINESS – REVIEW AND APPROVE NOVEMBER 2020 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	Gil Riojas gave the following November 2020 Finance updates: Enrollment: • For the month ending November 30, 2020, the Alliance had an enrollment of 273,296 members, a net income of $367,000, and the tangible net equity is 571%. • Our enrollment has increased by 2,878 members since October 2020. Net Operating Results: • For the month ending November 30, 2020, the actual net income was $367,000, and the budgeted net loss was $1.3M. • The favorable variance is due to lower than anticipated medical expenses and administrative expense. Revenue:	Motion to approve November 2020, Monthly Financial Statements as presented. Motion: R. Gebhart Second: Dr. Meade Motion passed by roll call.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• For the month ending November 30, 2020, the actual revenue was $86.4M vs. the budgeted revenue of $86.7M. Medical Expense: • For the month ending November 30, 2020, the actual medical expense was $81.5M vs. the budgeted medical expense of $82.7M. Medical Loss Ratio (MLR): • For the month ending November 30, 2020, the MLR was 94.3%, and the fiscal year-to-date of 98.0%. Administrative Expense: • For the month ending November 30, 2020, the actual administrative expense was $4.6M vs. the budgeted administrative expense of $5.4M. Other Income / (Expense): • As of November 30, 2020, our YTD interest income from investments is $363,000, and YTD claims interest expense is $156,000. Tangible Net Equity (TNE): • Tangible net equity results continue to remain healthy, and at the end of November 30, 2020, the TNE was reported at 571% of the required amount. Cash Position and Assets: • For the month ending November 30, 2020, the Alliance reported $267.9M in cash; $186.0M in uncommitted cash. Our current ratio is above the minimum required at 1.82 compared to the regulatory minimum of 1.0. Motion to approve November 30, 2020, Monthly Financial Statements as presented. A vote by roll call was taken, and the motion passed.	Vote: Yes No opposed or abstained.	
8. b. BOARD BUSINESS – INPATIENT UTILIZATION AND COST TRENDS PRESENTATION			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
G. Riojas	Gil Riojas presented the Inpatient Utilization and Cost Trends Presentation. • The presentation included detailed explanations of the following: o Inpatient Utilization and Unit Cost Assumptions o Inpatient Expenses as a Percent of Total Medical Expenses o Inpatient Cost Trends by Category of Aid o Member Experience by Ethnicity o Average Length of Stay by Category of Aid o Average Length of Stay by Facility o Group Care Inpatient Expense Trend o TOC Program Overview and Services In Place o Access and Navigation o Acute Care Focus o Acute Care Volume o Role Responsibilities o Quality Goals o Inpatient Management Tools . Informational update to the Board of Governors.	Informational update to the Board of Governors. Vote not required. <u>Vote</u>: Yes No opposed or abstained.	None
9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on December 15, 2020. Dr. O'Brien gave the following updates: • There were eleven (11) initial providers approved, including two (2) Primary Care Providers, five (5) 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
	• Additionally, thirty-five (35) providers were re-credentialed at this meeting; eight (8) primary care providers, eighteen (18) specialists, two (2) ancillary providers, and seven (7) mid-level providers. o Also, there was one provider (Gastroenterology) that was re-credentialed for 12 months instead of the standard 36 months for having 29 grievances filed by 19 unique members. The majority of the grievances were for Quality of Care/Service and Delay in Referral. Informational update to the Board of Governors. Vote not required.		
9. b. STANDING COMMITTEE UPDATES – PHARMACY AND THERAPEUTICS COMMITTEE			
Dr. O'Brien	The Pharmacy and Therapeutics Committee (HCQC) was held telephonically on December 15, 2020. • The P&T Committee reviewed the efficacy, safety, cost, and utilization profiles of 30 therapeutic categories and drug monographs, 9 generics, and 23 PA guidelines on December 15, 2020. • Discussed the need to add a specialist provider due to increase focus on physician-administered drugs. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
9. c STANDING COMMITTEE UPDATES – CONSUMER ADVISORY COMMITTEE			
S. Coffin	The Consumer Advisory Committee (MAC) was held telephonically on December 17, 2020. • The Committee was updated on the Diversity, Equity, and Inclusion Committee (DEIC).	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• A presentation was made by Dr. Steve O'Brien on COVID-19. • A presentation was made by Dr. Donna Carey on Self-Care. • Jennifer Karmelich reported out on Grievance and Appeals. • Lynda Ayala reported out on Health Education. • Next Meeting, March 18, 2021. Informational update to the Board of Governors. Vote not required.		
10. STAFF UPDATES			
S. Coffin	• To invite a representative from the Health Care Services to update on the COVID-19 Vaccinations.	None	None
11. UNFINISHED BUSINESS			
S. Coffin	• None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
S. Coffin	• None	None	None
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	• None	None	None
14. CLOSED SESSION			
Dr. Seevak	Dr. Seevak announced a Closed Session at 1:00 pm. All Guests and Staff departed from the conference line. The Board of Governors, Scott Coffin, and the Senior Leadership remained for the Closed Session pursuant to the following: • Discussion And Deliberation Regarding Trade Secrets (Health & Safety Code Section 32106). Discussion Will Concern A New Line Of Business;	Closed Session Discussion.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Protection Of Economic Benefit To The District. Estimated Public Disclosure Will Occur In The Month Of June 2021.		
15. ADJOURNMENT			
Dr. Seevak	Dr. Seevak adjourned the meeting at 2:00 pm.	None	None

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

ALAMEDA Alliance FOR HEALTH

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Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

February 9, 2021
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

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

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

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER and INTRODUCTIONS			
Dr. Rollington Ferguson	Dr. Ferguson called the Finance Committee meeting to order at 8:08 am and conducted Roll call. G. Riojas introduced our new Controller, Shulin Lin. Shulin joined us from Alameda Health Systems and is dedicated to continuing her work with the Safety Net organization. She started her position with the Alliance on February 8, 2021.		
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. January 5, 2021, Finance Committee Minutes were approved at the Board of Governors meeting on January 8, 2021, and not presented today. There was one modification to the agenda. Add discussion of Sustainability Fund to agenda following the Medi-Cal Rates Update Presentation.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
a.) CEO Update			
Scott Coffin	S. Coffin gave updates to the committee on the following: **COVID-19** – The Alliance has been actively engaged with Alameda County Health Care Services Agency as well as many of the Safety Net providers on collaboration to support communications to Medi-Cal and Group Care members for the vaccine distribution. To date, the Alliance has prepaid approximately $484,000 to Community Health Center Network (CHCN). These funds are allocated in two categories: • $292,000 is allocated for Alliance Group Care members. There are 14 designated locations to make scheduling quick and convenient. Group Care members also have the option of going to their primary or other vaccine location. • $192,000 is allocated for vaccinations at CHCN health centers, available to all populations regardless of insurance. FEMA is launching a mass vaccination site at the Oakland Coliseum starting on February 16, 2021. There will be two sites in the state, with the other being located in Los Angeles. The Alliance Outreach and Communications Teams are assisting with getting the information out to our members based on their eligibility.	Informational update to the Finance Committee Vote not required	
b.) Review December 2020 Monthly Financial Statements			
Gil Riojas	**December 2020 Financial Statement Summary** **Enrollment:** Current enrollment is 275,589 and continues to trend upward. Enrollment has increased by 2,293 members from November 2020, and 18,884 members since June 2020. We continue to show consistent increases in the Child, Adult, and Optional Expansion categories. Other categories of aid continue to be relatively flat over the last twelve months. **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		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	March), while new enrollments averaged around 4,000, which is basically unchanged from the prior periods. **Net Income:** For the month ending December 31, 2020, the Alliance reported a Net Loss of $3.3 million (versus budgeted Net Loss of $1.6 million). For the year-to-date, the Alliance recorded a Net Loss of $18.7 million, which is in line with what we budgeted for YTD. Factors creating the unfavorable variance were lower than anticipated Revenue, higher than anticipated Medical Expense, and lower than anticipated Other Income & Expense, offset by lower than anticipated Administrative Expense. **Revenue:** For the month ending December 31, 2020, actual Revenue was $86.9 million vs. our budgeted amount of $87.8 million. **Medical Expense:** Actual Medical Expenses for the month were $85.4 million vs. our budgeted amount of $83.6 million. For the year-to-date, actual Medical Expenses were $498.7 million versus budgeted $498.2 million. Drivers leading to the unfavorable variance can be seen on the tables on pages 10 and 11, with the explanation on pages 11 and 12. For the month, the unfavorable variance is due mainly due to inpatient expense. We had a surge in COVID hospital admits in the month of December, and as we look forward, we anticipate higher than budget COVID admits for the month of January as well. **Medical Loss Ratio:** Our MLR ratio for this month was reported at 98.2%. Year-to-date MLR was at 98.0% vs our annual budgeted percentage 94.2%. We will continue to monitor this. **Administrative Expense:** Actual Administrative Expenses for the month ending December 31, 2020 were $4.8 million vs. our budgeted amount of $5.9 million. We are also below budget for year-to-date at $28.9 million vs. budgeted $30.7 million. Our Administrative Expense represents 5.6% of our Revenue for the month, and 5.7% of Net Revenue for year-to-date. Reasons for the favorable variance are listed on page 13 of the presentation and remain consistent with prior periods.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Other Income / (Expense): As of December 31, 2020, our YTD interest income from investments was $406,000. YTD claims interest expense is $181,000. **TangibleNet Equity (TNE):** We reported a TNE of 554%, with an excess of $153.6 million. This remains a healthy number. **Cash and Cash Equivalents:** We reported $267.7 million in cash; $175.5 million is uncommitted. Our current ratio is above the minimum required at 1.79 compared to the regulatory minimum of 1.0. **Capital Investments:** We have spent $379,000 in Capital Investments, and our budget for the year is $2.5 million. **Question:** Dr. Ferguson asked if we would be able to go back to the State to request an increase in rates due to an increase in COVID care expense? G. Riojas answered that we typically do not have the ability to go back and request a change in our rates; however, we are capturing the expenses on our Medical Expense reporting, and our future rates may be affected favorably as a result of the increase. Additionally, for the Calendar year 2021, the State did make an upward adjustment for COVID starting in January, but we do not expect any other adjustments this Fiscal Year.	Motion to accept **December 2020, Financial Statements** Motion: Dr. Marchiano Seconded: N. Peraino All in Favor – pass No opposed or abstained	
c.) Calendar Year 2021 Medi-Cal Rates Update			
G. Riojas	G. Riojas led the committee through a detailed presentation to review the 2021 Medi-Cal Final Rates vs. Estimated. Overall, based on the new rates, we will receive $13.0 million in additional revenue versus budgeted for January – June 2021. However, there will be significant expense offsets leaving an anticipated Net benefit to the Alliance in the range of $0.5 million to $1.0 million.	Informational update to the Finance Committee. Presentation will be brought to Board of Governors meeting on Friday. Vote not required	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
d.) Update on Sustainability Funding			
Scott Coffin	In May 2020, the Board approved $16.6 million in funding, which would have been paid from our reserves to frontline Safety Net providers that met specific eligibility criteria. The distribution started in Fiscal Year 2020. $8.3 million was allocated for FY2020, and 79% or $6.6 million was paid out. At the end of the Fiscal Year, due to the forecasted Net Loss in FY2021, the Board decided it would be prudent to defer payouts in FY2021 until final Medi-Cal rates were received by DHCS and analysis completed internally. As this has now been completed, the Board will revisit the decision to continue with distributions from the Sustainability Fund, to terminate the fund, or to distribute a portion of the remaining $8.3 million to eligible providers. **Discussion:** Dr. Marchiano and N. Peraino both expressed approval of moving the discussion to the Board for re-evaluation. Dr. Ferguson expressed concern that the budget numbers are not favorable and asked Gil to provide an analysis of what the impact of continuing the program would be on the budget. G. Riojas answered that based on the preliminary rates if we continued with the program and dispensed the remaining $8.3 million, we would end with a Net Loss of approximately $15.4 million or if we discontinue the program, that reduces our Net Loss to about $7 million. Dr. Ferguson asked that the committee members consider the overall financial health of the Alliance when coming to a decision on Friday.	Informational update to the Finance Committee. Presentation will be brought to Board of Governors meeting on Friday. Vote not required	
Dr. Rollington Ferguson	Dr. Ferguson motioned to adjourn the meeting. The meeting adjourned at 9:00 am.	Motion to adjourn: Dr. Ferguson Seconded: N. Peraino No opposed or abstained.	

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

ALAMEDA Alliance FOR HEALTH

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

CEO Update

Scott Coffin

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

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

Date: **February 12, 2021**

Subject: **CEO Report**

- **Operating Metrics**
    - Membership above 280,000 primarily driven by Medi-Cal eligibility and executive order issued by Governor Newsom to defer the annual redetermination process.
    - Inbound call volume is increasing in Member Services, the abandonment rate is 1% above target, and staffing shortages are leading to increased wait times.
    - Claims interest expense is trending unfavorable to budget, $206K paid through the end of January. Analysis being conducted to identify root cause and develop a remediation plan.

- **COVID-19 Vaccinations**
    - Alameda Alliance is coordinating with the Alameda County Health Care Services Agency (HCSA) to support communications to Medi-Cal and Group Care members for the COVID-19 vaccine distribution.
    - FEMA and Cal OES are launching a vaccination site at Oakland Coliseum on February 16, capacity to administer 6,000 vaccine doses per day.
    - Communications to Group Care members have been mailed, and automated phone calls are being arranged, inviting members to schedule a vaccination appointment at one of the fourteen locations in the Community Health Center Network.
    - Alliance is preparing to outreach through mailings and phone calls to Medi-Cal members 65 years and older, followed by outreach to members 64 years and younger with specific medical conditions.
    - Several occupations are eligible for vaccination and being coordinated by Alameda County Health Services, including Educators, Child Care Workers, Emergency Service Workers, and Food & Agriculture Workers.
    - The Alliance's Member Services Department is prepared to support questions from Medi-Cal and Group Care members, and information is being posted on the website that refers to the Alameda County resources.

- **Pharmacy Transition to DHCS "Medi-Cal Rx"**

    - Effective February 10, 2021, the DHCS postponed the April 1, 2021, transition of pharmacy benefits.
    - DHCS formally requested for managed care health plans to temporarily hold sending out any notices, updated member identification (ID) cards, etc., until further noticed by DHCS.

- **California Advancing and Innovating Medi-Cal "CalAIM"**

    - Medi-Cal Program:
        - Enhanced Care Management (target populations) & In Lieu Of Services begin January 1, 2022.
            - 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.
        - Major Organ Transplant benefits begin in January 2022.
        - Shared Risk, Shared Savings & Incentives begin in 2022 and continue into 2026; DHCS will be releasing more details on this important funding opportunity to build local capacity and increase access to covered services.
    - Series of listening sessions are being scheduled in March and April, purposed to guide the development of the model of care and transition plan.

- **Regulatory & Accreditation Audits (Virtual)**

    - NCQA accreditation audit related to a corrective action plan and notices of action issued by the Alliance starts February 16, 2021.
        - Assess performance of second Corrective Action Plan issued by NCQA related to Notices of Action (July 1 – December 31, 2020).
    - Joint DMHC/DHCS routine full medical survey scheduled for April 12-23, 2021.

EXECUTIVE DASHBOARD
FEBRUARY 2021

ALAMEDA Alliance FOR HEALTH

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

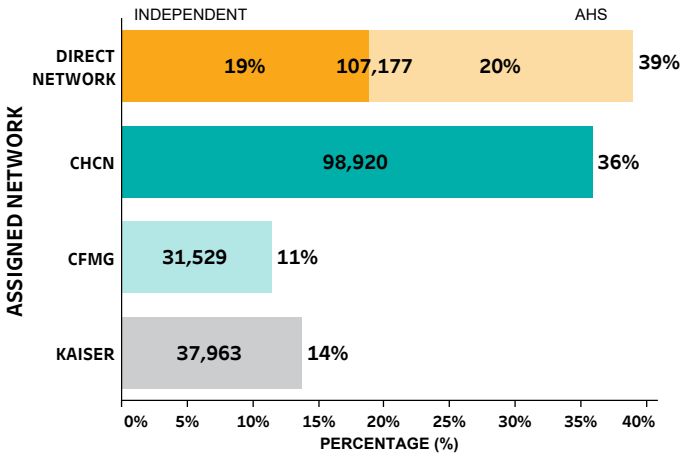
MEMBERSHIP**

275,589

TOTAL MEMBERSHIP

IHSS 5,954 **MEDI-CAL** 269,635

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**



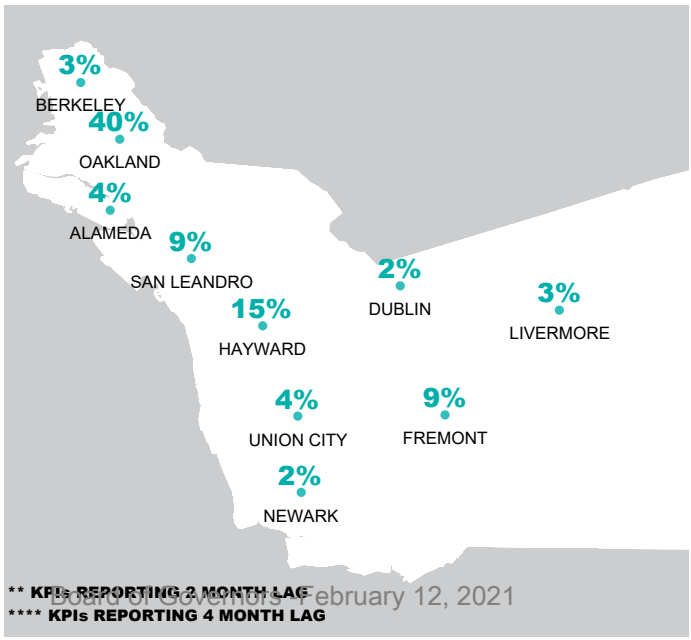
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%

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

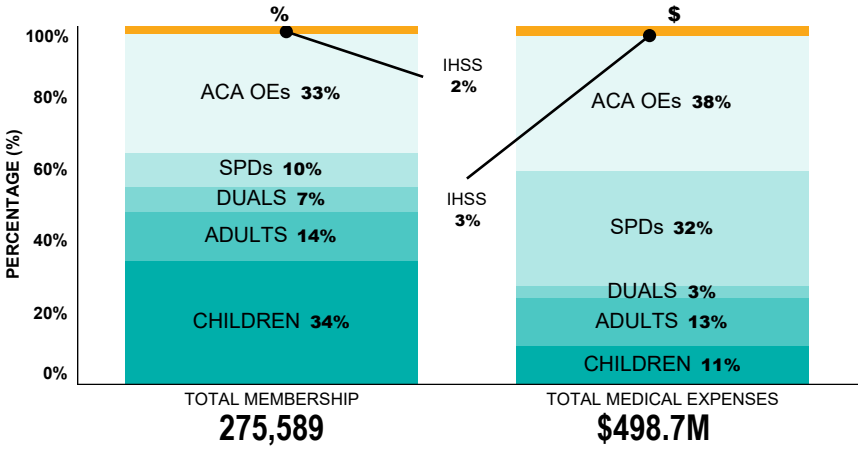
TEN CITIES

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



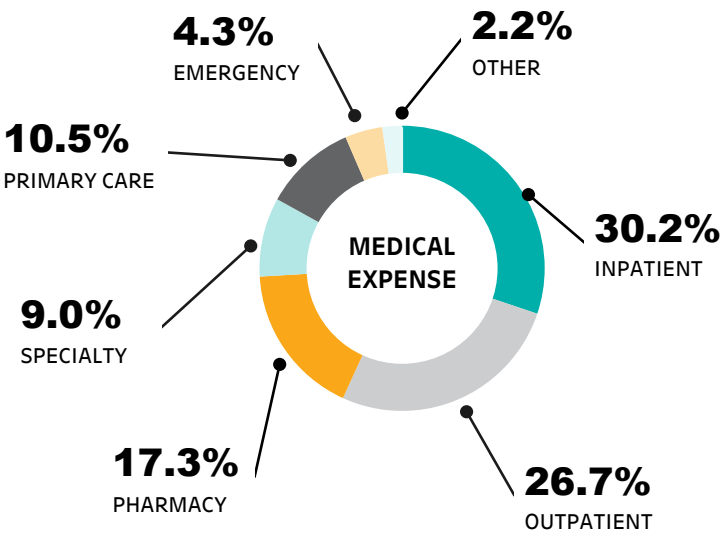
** KPIs REPORTING 2 MONTH LAG
**** KPIs REPORTING 4 MONTH LAG

DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**



REVENUE & EXPENSES**

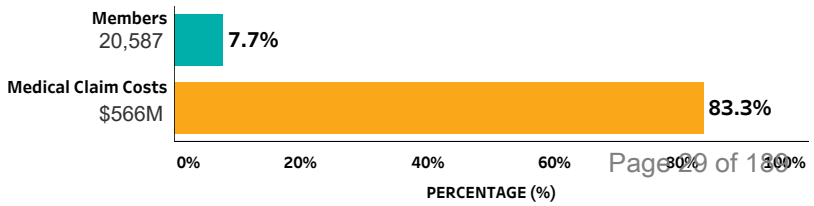
	DECEMBER 2020	FISCAL YTD
REVENUE	$86.9M	$508.7M
MEDICAL EXPENSE	($85.4M)	($498.7M)
ADMIN EXPENSE	($4.8M)	($28.9M)
OTHER	$26K	$175K
NET INCOME	**($3.3M)**	**($18.7M)**



TANGIBLE NET EQUITY**

554% **$187M**

HIGH UTILIZER DISTRIBUTION****



UTILIZATION**

5,772
INPATIENT BED DAYS

6,093
EMERGENCY ROOM VISITS

5.6 DAYS
AVERAGE LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	237	578
COMPLEX CASE MANAGEMENT	24	81
Total	261	659

	NEW CASES	ENROLLED
HEALTH HOMES	19	791
WHOLE PERSON CARE (AC3)	2	241
Total	21	1,032

TOTAL CASE MANAGEMENT

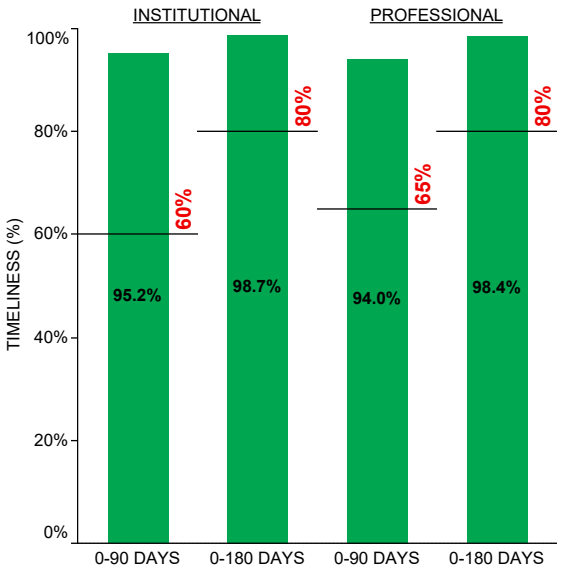
282
TOTAL NEW CASES

1,691
TOTAL OPEN CASES & ENROLLED

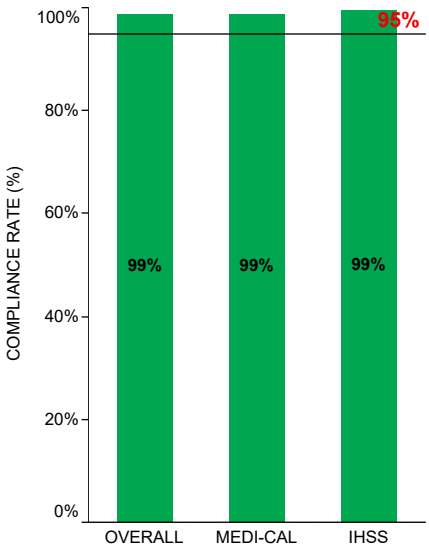
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

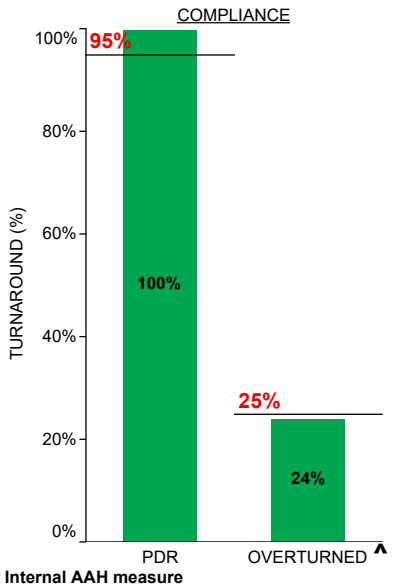
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



^ For Internal AAH measure

CALL CENTER

12,443
CALLS RECEIVED

62%
ANSWERED IN 30 SECONDS

6%
CALLS ABANDONED

CLAIMS

100,137
PROCESSED CLAIMS

73.8%
AUTO ADJUDICATED

19 DAYS
PROCESSED PAYMENTS

STAFF & RECRUITING

337
TOTAL EMPLOYEES

4
HIRED IN THE LAST 30 DAYS

13%
CURRENT VACANCY

2021-2022 Legislative Tracking List

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

Medi-Cal (Medicaid)

- **AB 368 (Bonta – D) Medically Supportive Food**
  - **Introduced:** 2/1/2021
  - **Status:** 2/2/2021 – From printer. May be heard in committee on March 4.
  - **Summary:** Would require the State Department of Health Care Services to establish, no earlier than January 1, 2022, a pilot program for a 2-year period in 3 counties, including the County of Alameda, to provide food prescriptions for medically supportive food, such as healthy food vouchers or renewable food prescriptions, to eligible Medi-Cal beneficiaries, including individuals who have a specified chronic health condition, such as diabetes and hypertension, when utilizing evidence-based practices that demonstrate the prevention, reduction, or reversal of those specified diseases.

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

- **AB 32 (Aguilar-Curry – D) Telehealth**
  - **Introduced:** 12/7/2020
  - **Status:** 1/11/2021 Referred to committee on Health.
  - **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as

specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems, and their subcontractors, that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth. The bill would authorize a provider to enroll or recertify an individual in Medi-Cal programs through telehealth and other forms of virtual communication, as specified.

- **AB 77 (Petrie-Norris – D) Substance use Disorder Treatment Services**
  - **Introduced:** 12/7/2020
  - **Status:** 12/8/2020 – From printer. May be heard in committee.
  - **Summary:** Current law provides for the Medi-Cal program, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law provides for various benefits under the Medi-Cal program, including substance use disorder treatment and mental health services that are delivered through the Drug Medi-Cal Treatment Program, the Drug Medi-Cal organized delivery system, and the Medi-Cal Specialty Mental Health Services Program. This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the department.

- **AB 112 (Holden – D) Medi-Cal Eligibility**
  - **Introduced:** 12/17/2020
  - **Status:** 1/11/2021 – Read the first time. Referred to Committee on Health.
  - **Summary:** Would require the suspension of Medi-Cal benefits to an inmate of a public institution who is not a juvenile to end on the date they are no longer an inmate of a public institution or 3 years from the date they become an inmate of a public institution, whichever is sooner. The bill would also require the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile on the date that the individual is no longer an inmate of a public institution or 3 years after the date the individual is no longer an eligible juvenile under federal law, whichever is sooner.

- **AB 114 (Mainenschein – D) Medi-Cal Benefits: Rapid Whole Genome Sequencing**
  - **Introduced:** 12/17/2020
  - **Status:** 1/11/2021 – Read the first time. Referred to committee on Health.
  - **Summary:** Would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, including individual sequencing, trio sequencing, and ultra-rapid sequencing. The bill would authorize the department to implement this provision by various means without taking regulatory action.

- **AB 265 (Petrie-Norris – D) Medi-Cal: Reimbursement Rates**
  - **Introduced:** 1/15/2021
  - **Status:** 1/28/2021 – Referred to committee on Health.
  - **Summary:** Current law requires the State Department of Health Care Services to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare Program for the same or similar services. This bill would delete provisions relating to the above-specified 80% standard and would make conforming changes.

- **AB 278 (Flora – R) Medi-Cal: Podiatric Services**
  - **Introduced:** 1/19/2021
  - **Status:** 1/28/2021 – Referred to committee on Health.

- **Summary:** Current law requires a health care provider applying for enrollment as a Medi-Cal services provider or a current Medi-Cal services provider applying for continuing enrollment, or a current Medi-Cal services provider applying for enrollment at a new location or a change in location, to submit a complete application package. Under current law, a licensed physician and surgeon practicing as an individual physician practice or a licensed dentist practicing as an individual dentist practice, who is in good standing and enrolled as a Medi-Cal services provider, and who is changing the location of that individual practice within the same county, is eligible to instead file a change of location form in lieu of submitting a complete application package. This bill would make conforming changes to the provisions that govern applying to be a provider in the Medi-Cal program, or for a change of location by an existing provider, to include a doctor of podiatric medicine licensed by the California Board of Podiatric Medicine.

- **AB 369 (Kamlager – D) Medi-Cal: Street Medicine and Utilization Controls**
  - **Introduced:** 2/1/2021
  - **Status:** 2/2/2021 – From printer. May be heard in committee on March 4.
  - **Summary:** Would, until January 1, 2026, prohibit the Director of the State Department of Health Care Services from imposing prior authorization or other utilization controls on an item, service, or immunization that is intended to test for, prevent, treat, or mitigate COVID-19.

- **AB 382 (Kamlager – D) Whole Child Model Program**
  - **Introduced:** 2/2/2021
  - **Status:** 2/3/2021 – From printer. May be heard in committee March 5.
  - **Summary:** Current law authorizes the State Department of Health Care Services to establish a Whole Child Model (WCM) program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties provide CCS services to Medi-Cal eligible CCS children and youth. Current law requires the department to establish a statewide WCM program stakeholder advisory group that includes specified persons, such as CCS case managers, to consult with that advisory group on the implementation of the WCM, and to consider the advisory group's recommendations on prescribed matters. Existing law terminates the advisory group on December 31, 2021. This bill would instead terminate the advisory group on December 31, 2023.

- **SB 56 (Durazno – D) Medi-Cal: Eligibility**
  - **Introduced:** 12/7/2020
  - **Status:** 1/28/2021 – Referred to committee on Health.
  - **Summary:** Current law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing three fiscal years that exceed the cost of providing those individuals full-scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.

- **SB 242 (Newman – D) Health Care Provider Reimbursements**
  - **Introduced:** 1/21/2021
  - **Status:** 2/3/2021 – Referred to committee on Health.
  - **Summary:** Would require a health care service plan or health insurer to contract with its health care providers to reimburse, at a reasonable rate, their business expenses that are medically

necessary to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies. The bill would require the State Department of Health Care Services to similarly reimburse a Medi-Cal provider after undertaking a process to set a reasonable rate in consultation with provider groups. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

- **SB 250 (Pan – D) Health Care Coverage**
  - **Introduced:** 1/25/2021
  - **Status:** 2/3/2021 – Referred to committee on Health.
  - **Summary:** Would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months.

- **SB 256 (Pan – D) Medi-Cal: Covered Benefits**
  - **Introduced:** 1/26/2021
  - **Status:** 2/3/2021 – Referred to committee on Health.
  - **Summary:** Current federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would require those mandatorily developed health-plan- and county-specific rates for specified Medi-Cal managed care plan contracts to include in lieu of services and settings provided by the Medi-Cal managed care plan. The bill would require each Medi-Cal managed care plan to disclose the availability of in lieu of services on its internet website and its beneficiary handbook, and to disclose to the department specified information on in lieu of services that are plan specific, including the number of people receiving those services. The bill would require the department to publish that information on its internet website.

- **SB 281 (Dodd – D) Medi-Cal: California Community Transitions Program**
  - **Introduced:** 2/1/2021
  - **Status:** 2/2/2021 – From printer. May be acted upon on or after March 4.
  - **Summary:** Existing law requires the State Department of Health Care Services to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Existing law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days and would make conforming changes. The bill would require the department to use federal funds, which are made available through the Money Follows the Person Rebalancing Demonstration, to implement prescribed services, and to administer those services in a manner that attempts to maximize federal financial participation if those services are not reauthorized or if there are insufficient funds.

- **SB 293 (Limon – D) Medi-Cal: Specialty Mental Health Services**
  - **Introduced:** 2/1/2021
  - **Status:** 2/2/2021 – From printer. May be acted upon on or after March 4.
  - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. This bill would require, on or before January 1, 2023, the department, in consultation with specified groups, including representatives from the County Welfare Directors Association of California, to identify all forms currently used by each county mental health plan contractor for purposes of determining eligibility and reimbursement for specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, and to develop standard forms for the intake of, assessment of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services to be used by all counties.

- **SB 316 (Eggman – D) Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics**
  - **Introduced:** 2/4/2021
  - **Status:** 2/5/2021 – From printer. May be acted upon on or after March 7.
  - **Summary:** Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.

Other

- **AB 71 (Rivas – D) Homeless Funding: Bring California Home Act**
  - **Introduced:** 12/7/2020
  - **Status:** 1/15/2021 – Re-referred to committees on REV. & TAX. And H. & C. pursuant to Assembly Rule 96.
  - **Summary:** Would, for taxable years beginning on or after January 1, 2022, include a taxpayer's global low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act.

- **AB 95 (Low – D) Employees: Bereavement Leave**
  - **Introduced:** 12/7/2020
  - **Status:** 1/11/2021– Referred to committee on L. & E.
  - **Summary:** Would enact the Bereavement Leave Act of 2021. The bill would require an employer with 25 or more employees to grant an employee up to 10 business days of unpaid bereavement leave upon the death of a spouse, child, parent, sibling, grandparent, grandchild, or domestic partner, in accordance with certain procedures, and subject to certain exclusions. The bill would require an employer with fewer than 25 employees to grant up to 3 business days of leave, in accordance with these provisions. The bill would prohibit an employer from interfering with or restraining the exercise or attempt to exercise the employee's right to take this leave.

- **AB 93 (Garcia, Eduardo – D) Pandemics: Priority for medical treatment: food supply industry workers**
  - **Introduced:** 12/7/2020
  - **Status:** 12/8/2020 – From printer. May be heard in committee on.
  - **Summary:** Current law requires various public safety protocols and protections for workers in response to the 2019 novel coronavirus disease, also known as COVID-19. These protocols include, among others, contact tracing and wearing face coverings under specified conditions, except as specified. This bill would state the intent of the Legislature to enact legislation to prioritize workers in the food supply industry, including, but not limited to, field workers and grocery workers, for rapid testing and vaccination programs in response to pandemics, including COVID-19.

- **AB 97 (Nazarian – D) Insulin affordability**
  - **Introduced:** 12/8/2020
  - **Status:** 1/11/21 – Read the first time.
  - **Summary:** Would express the intent of the Legislature to enact legislation to make insulin more affordable for Californians.

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

- **AB 309 (Gabriel – D) Pupil Mental Health: Model Referral Protocols**
  - **Introduced:** 1/25/2021
  - **Status:** 1/26/2021 – From printer. May be heard in committee on February 25.
  - **Summary:** Would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers and administrators. The bill would require the department to post the model referral protocols on

its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.

- **AB 326 (Rivas, Luz – D)**
  - **Introduced:** 1/26/2021
  - **Status:** 1/27/2021 – From printer. May be heard in committee on February 26.
  - **Summary:** Current law, until January 1, 2024, requires the Director of the Department of Managed Health Care to establish the Consumer Participation Program, which allows the director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. This bill would extend the operation of that program indefinitely.

- **AB 342 (Gipson – D) Health Care Coverage: Colorectal Cancer: Screening and Testing**
  - **Introduced:** 1/28/2021
  - **Status:** 1/29/2021 – From printer. May be heard in committee on February 28.
  - **Summary:** Would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for colorectal cancer screening examinations and laboratory tests, as specified. The bill would require the coverage to include additional colorectal cancer screening examinations as listed by the United States Preventive Services Task Force as a recommended screening strategy and at least at the frequency established pursuant to regulations issued by the federal Centers for Medicare and Medicaid Services for the Medicare program if the individual is at high risk for colorectal cancer. The bill would prohibit a health care service plan contract or a health insurance policy from imposing cost sharing on an individual who is between 50 and 75 years of age for colonoscopies conducted for specified purposes.

- **AB 347 (Arambula – D) Health Care Coverage: Step Therapy**
  - **Introduced:** 1/28/2021
  - **Status:** 1/29/2021 – From printer. May be heard in committee on February 28.
  - **Summary:** Would clarify that a health care service plan may require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal of a prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals. The bill would require a health care service plan, health insurer, or utilization review organization to annually report specified information about their step therapy exception requests and prior authorization requests to the Department of Managed Health Care or the Department of Insurance, as appropriate.

- **AB 383 (Salas – D) Mental Health: Older Adults**
  - **Introduced:** 2/2/2021
  - **Status:** 2/3/2021 – From printer. May be heard in committee on March 5.
  - **Summary:** Would establish within the State Department of Health Care Services an Older Adult Mental Health Services Administrator to oversee mental health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of

assessing the status of mental health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services.

- **AB 389 (Grayson – D) Ambulance Services**
  - **Introduced:** 2/2/2021
  - **Status:** 2/3/2021 – From printer. May be heard in committee on March 5.
  - **Summary:** Would authorize a county to contract for emergency ambulance services with a fire protection district that is governed by the county's board of supervisors and provides those services, in whole or in part, through a written subcontract with a private ambulance service. The bill would authorize a fire protection district to enter into a written subcontract with a private ambulance service for these purposes.

- **AB 393 (Reyes – D) Early Childhood Development Act of 2020**
  - **Introduced:** 2/2/2021
  - **Status:** 2/3/2021 – From printer. May be heard in committee on March 5.
  - **Summary:** Would make additional legislative findings and declarations regarding childcare supportive services. This bill would require the State Department of Social Services to report on various topics related to early childhood supports in light of the COVID-19 pandemic by October 1, 2021.

- **SB 17 (Pan – D) Public Health Crisis: Racism**
  - **Introduced:** 12/7/2020
  - **Status:** 1/28/2021 – Referred to committee on RLS.
  - **Status:** Current law requires the Office of Health Equity to develop department-wide plans to close the gaps in health status and access to care among the state's diverse racial and ethnic communities, women, persons with disabilities, and the lesbian, gay, bisexual, transgender, queer, and questioning communities, as specified. Current law requires the office to work with the Health in All Policies Task Force to assist state agencies and departments in developing policies, systems, programs, and environmental change strategies that have population health impacts by, among other things, prioritizing building cross-sectoral partnerships within and across departments and agencies to change policies and practices to advance health equity. This bill would state the intent of the Legislature to enact legislation to require the department, in collaboration with the Health in All Policies Program, the Office of Health Equity, and other relevant departments, agencies, and stakeholders, to address racism as a public health crisis.

- **SB 40 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
  - **Introduced:** 12/7/2020
  - **Status:** 1/28/2021 – Referred to committee on Health.
  - **Summary:** Would create the California Medicine Scholars Program, a 5-year pilot program commencing January 1, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school, in an effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state. The bill would require the office to contract with a managing agency for the pilot program, as specified.

- **SB 306 (Pan – D) Sexually Transmitted Disease: Testing**
  - **Introduced:** 12/7/2020
  - **Status:** 2/5/2021 – From printer. May be enacted upon on or after March 7.
  - **Summary:** Current law authorizes a specified health care provider who diagnoses an STD, as specified, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. The Pharmacy Law requires a pharmacist to dispense a prescription in a container that, among other things, is correctly labeled with the name of the patient or patients. This bill would name the above practice "expedited partner therapy." The bill would require a health care provider to include "expedited partner therapy" or "EPT" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner, and would authorize a pharmacist to dispense an expedited partner therapy prescription and label the drug without an individual's name if the prescription includes "expedited partner therapy" or "EPT."

- **SB 100 (Hurtado – D) Extended Foster Care Program Working Group**
  - **Introduced:** 12/29/2020
  - **Status:** 1/28/2021 – Referred to committee on RLS.
  - **Summary:** Would require the State Department of Social Services to convene a working group to examine the extended foster care program make recommendations for improvements to the program within six months. The bill would require that the working group include representatives from specified state agencies and stakeholders. The bill would require the working group to evaluate on provide recommendations on the overall functioning of the extended foster care system, higher education opportunities and supports for nonminor dependents, job training and employment opportunities and supports for nonminor dependents, housing access, and transition support for nonminor dependents exiting care.

- **SB 221 (Wiener – D) Health Care Coverage: Timely Access to Care**
  - **Introduced:** 1/13/2021
  - **Status:** 1/28/2021 – Referred to committee on Health.
  - **Summary:** Current regulations require a health care service plan or an insurer to ensure that their contracted provider networks have adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Current regulations require a health care service plan or an insurer to ensure that for an enrollee requesting a nonurgent appointment with a nonphysician mental health care provider, or an insured requesting a nonurgent appointment with a nonphysician mental health care or substance use disorder provider, appointments are offered within 10 business days of the request for an appointment. Current regulations also authorize appointments for preventive care services and periodic follow up care, including periodic office visits to monitor and treat mental health or substance use disorder conditions, as specified, to be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the provider's scope of practice. These regulations of the Department of Managed Care are limited in application to mental health care providers, while those regulations of the Department of Insurance are applicable to both mental health care and substance use disorder providers. This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services.

ALAMEDA Alliance FOR HEALTH

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

Board Business

BYLAWS

OF

THE

ALAMEDA ALLIANCE FOR HEALTH

Alameda Alliance for Health

1240 South Loop Road
Alameda, CA 94502
Adopted: June 28, 1994
Revised: September 23, 1999, July 15, 2003, November 30, 2006, September 12, 2017, and [DATE OF BOS APPROVAL]

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BYLAWS

OF

THE ALAMEDA ALLIANCE FOR HEALTH

The following Bylaws have been adopted and issued by the Board of Governors (hereinafter the "Board") of the Alameda Alliance for Health (hereinafter the "Alliance").

ARTICLE 1.

Offices

SECTION 1.A. LOCATION OF PRINCIPAL OFFICE

The principal office of the Alliance for the transaction of its public business is, and at all times shall be, located in Alameda County, California.

SECTION 1.B. CHANGE OF LOCATION OF PRINCIPAL OFFICE

The Board shall fix, and shall have full power and authority to change, the location of the principal executive office of the Alliance within the County of Alameda.

SECTION 1.C. OTHER OFFICES

Branch or other subordinate offices may at any time be established by direction of the Board at any place or places within the State of California, as its business may require and as the Board may, from time to time, designate.

ARTICLE 2.

Authority and Purposes of the Alliance

The Alliance is a public entity established pursuant to the laws of the State of California and by way of Ordinance No. 0-94-13 and related resolutions of the Alameda County Board of Supervisors (hereinafter the "Board of Supervisors").

The mission of the Alliance is to strive to improve the quality of life of our members and people throughout our diverse community by collaborating with our provider partners in delivering high quality, accessible and affordable health care services. As participants in the California safety-net, we recognize and seek to collaboratively address social determinants of health as we proudly serve Alameda County. As a local not-for-profit health plan, the Alliance is committed to member satisfaction and high standards of integrity, accountability and service to our constituency.

ARTICLE 3.

Governing Board Members

SECTION 3.A. POWERS

The activities and affairs of the Alliance shall be conducted, and all powers, shall be exercised by or under the direction of the Board in a manner consistent with applicable provisions of the California Welfare and Institutions Code, applicable Alameda County ordinances, other applicable laws and regulations, and these Bylaws. The Board may delegate the management of the activities of the Alliance to any person or persons, or committee, however composed, provided that the activities and affairs of the Alliance shall be managed and all powers shall be exercised under the ultimate direction of the Board.

To further the mission and purpose of the Alliance, the Board shall have the power to adopt policies, procedures and practices, and for purchasing and acquiring equipment and supplies, to lease real property and improvements, to hire employees in a manner that is cost effective and otherwise deemed appropriate by the Board, to manage its personnel and take other measures necessary and appropriate for the proper conduct of the activities and affairs of the Board and the Alliance. Copies of all such procedures, practices, and policies shall be maintained by the Secretary/Treasurer.

SECTION 3.B. DUTIES

It shall be the duty of the Board to administer and govern the Alliance. Each Board Member shall exercise absolute loyalty and allegiance to the mission and purpose of the Alliance. A Board Member's affiliation with outside interests shall not impair the responsible exercise of their duties as a Board Member.

Each Board Member shall have the duty to advise the Board of information that is pertinent to the furtherance of the mission of the Alliance and/or pertinent to any conflict of interest or potential conflict of interest that a Board Member may have.

SECTION 3.C. NUMBER OF MEMBERS AND NOMINATION PROCESS

In addition to the Chief Executive Officer who serves, ex officio, as a non-voting member, the Board shall have no more than fifteen (15) members and shall be composed as set forth in SECTION 3.D of these Bylaws.

The Executive Committee shall review recommendations of the Chief Executive Officer to fill vacant seats pursuant to SECTION 3.D of these Bylaws. In the alternative, the recommendations may be made by the Chief Executive Officer directly to the Board. For each vacant designated seat, the entity responsible for the designated seat shall recommend at least two (2) persons to fill the vacant seat for review by the Executive Committee and the Chief Executive Officer before a final recommendation is made to the Board. The Board shall review the Executive Committee's, or the Chief Executive

Officer's, recommendations and approve its nominees by resolution. Appointments to the Board shall be by majority vote of the Board of Supervisors.

SECTION 3.D. COMPOSITION

The composition of the Board shall be as follows:

1. One member shall be appointed from the membership of the Board of Supervisors.

2. Two members shall be appointed who are physicians in the Alameda County medical community, from the private or public sectors. The Alameda-Contra Costa Medical Association and Sinkler-Miller Medical Association shall jointly recommend these persons.

3. Two members shall be appointed from the hospitals located in Alameda County, from the private or public sectors. The Hospital Council of Northern and Central California shall recommend these persons.

4. One member shall be appointed to represent private or public community clinics. This person shall be recommended by a recommending committee comprised of representatives of the Alameda Health Consortium and representatives of other major public and licensed private non-profit clinics not affiliated with the Consortium. The Consortium will facilitate the formation of the recommending committee.

5. Two members shall be appointed from the health services consumer community who are beneficiaries. These persons shall be nominated by the Alliance Consumer (Member) Advisory Committee in reasonable collaboration with other major consumer advocacy organizations.

6. One member shall be appointed by labor stakeholders. This person shall be recommended by the SEIU United Healthcare Workers West in reasonable collaboration with other unions in the County of Alameda.

7. One member shall be from the Alameda Health System and shall be recommended by the Chief Executive Officer of the Alameda Health System following collaboration with the medical staff of the Alameda Health System and the Alameda County health care services agency director.

8. Five "at large" seats are designated for members with subject knowledge expertise. The first "at large" seat is a pharmacist and is recommended by the Alameda County Pharmacists Association. The second "at large" seat is a labor representative and is recommended by the Board. The third "at large" seat is an expert on health services for seniors and persons with disabilities and is recommended by the Board. The two remaining "at large" seats shall have subject knowledge expertise necessary for the success of the Alliance.

SECTION 3.E. QUALIFICATIONS

The Board, as a whole, shall represent the best interests of the community, providing a balance between provider, consumer, and system perspectives. The Board shall represent the diverse geographical and multicultural make-up of the county population, as well as those who would be served by the program. It shall comprise of highly qualified individuals with the necessary vision, expertise, knowledge, objectivity, impartiality, creativity, and courage to make difficult health care and business decisions which promote the interests of the Alliance as a whole. Expertise in areas such as business management, health care administration, medical services, consensus building, finance, fund raising, and cultural sensitivity are among the desirable and necessary skills for the Board Members.

Board Members should be highly qualified, with a proven dedication to the health and welfare of Medi-Cal and other populations. Board Members must possess a combination of the following qualifications:

1. A familiarity with the health care delivery structure in Alameda County, and the needs of the Medi-Cal population;

2. A demonstrated working knowledge of the Medi-Cal program;

3. A thorough understanding of the issues facing implementation of a managed care system and operation of safety net programs;

4. A strong business management, finance and/or program management background;

5. An ability to obtain adequate and necessary funds for preoperational and operational budgets;

6. Experience with effectively managing a health care services budget;

7. A commitment to the creation of a publicly funded health care system for the good of the public, rather than for the benefit of special interests;

8. An ability to be an active and contributing participant throughout the process, and;

9. A sensitivity to consumer concerns.

The Board shall consist of stakeholders in the health network, such as provider groups, beneficiary groups, and officials of government, in an attempt to encompass the necessary vision, expertise, objectivity, creativity, and courage to make the difficult health care and business decisions necessary to further the interests of the Alliance and the population that it serves.

No person shall serve on the Board if that person or an immediate family member of that person serves in an advisory or decision-making capacity for a direct competitor of the Alliance.

SECTION 3.F. TERMS OF SERVICE

The term of service for each Board Member shall be four (4) years, except for the consumer member seats (described in SECTION 3.D.5 of these Bylaws) which shall be for two (2) years.

Subject to reappointment, Board Members may serve more than one (1) term.

Board Members shall remain in service at the conclusion of their respective terms until a successor has been selected and appointed into office by the Board of Supervisors.

SECTION 3.G. VACANCIES

Vacancies on the Board shall exist: (1) on the death, resignation, or removal of any Board Member; (2) on the expiration of the term of any Board Member; (3) when the Board recommends to the Board of Supervisors that an at-large seat be filled; or (4) when the size of the Board is increased by ordinance. The Chief Executive Officer shall notify the Board of Supervisors in writing of any vacancies and as required under SECTION 3.H, SECTION 3.I and SECTION 3.J.

SECTION 3.H. REMOVAL OF BOARD MEMBER

The Board shall declare vacant the seat of, and shall remove, a Board Member who has been declared of unsound mind by a final order of a court. The Board shall declare vacant the seat of, and shall remove, a Board Member who has been convicted of a felony which, in the opinion of two-thirds of the other Board Members, should result in the Board Member being removed.

A Board Member shall be removed, and that Board Member's seat shall become vacant, if one of the following occurs:

1. In the opinion of a majority of the other Board Members, a Board Member fails to carry out Board duties appropriately;

2. A Board Member fails to attend three (3) consecutive, properly-noticed regular and/or special meetings of the Board without having notified the Secretary or Board Chair of their need to be absent; or

3. A Board Member ceases to be employed by or be a member of the group from which that Board Member was appointed to the Board; or

4. A Board Member fails to attend fifty–percent (50%) or more properly noticed regular and/or special meetings.

The Board shall approve by resolution and advise the Board of Supervisors in writing of the removal of a Board Member, and the declared vacancy of seat, and shall include the facts in support of such action. The Board's determination shall stand provided that there is credible evidence in support of the action.

SECTION 3.I. RESIGNATION OF A BOARD MEMBER

Any Board Member may resign, effective upon the giving of written or oral notice to the Chair of the Board or the Chief Executive Officer, unless the notice specifies a later time for the effectiveness of such resignation. The acceptance of a resignation shall not be necessary to make it effective. The Chief Executive Officer shall notify the Board in writing of an oral notice of resignation.

SECTION 3.J. FILLING A VACANCY ON THE BOARD

1. Vacancy Caused by Expiration of the First Term of a Board Member

Three (3) months prior to the expiration date of the first term of an existing Board member, said Board Member may request a reappointment recommendation pursuant to SECTION 3.D of these Bylaws. If said Board Member receives a recommendation for reappointment, the Board shall review the recommendation. The Board's approval of the reappointment shall be by resolution. The Board Member whose reappointment is being considered by the Board shall be disqualified from participating in the decision and must not be present during any discussion or deliberations thereon.

If said Board Member does not request reappointment, the vacant seat shall be filled by an individual having the affiliation of their predecessor pursuant to SECTION 3.D of these Bylaws. The process to fill a vacancy shall follow the process in SECTION 3.C of these Bylaws.

2. All Other Vacancies

In the event of a vacancy, other than a vacancy because of the expiration of the term of a Board Member, the vacant seat shall be filled for the unexpired term by an individual having the affiliation of their predecessor pursuant to SECTION 3.D of these Bylaws. The process to fill a vacancy shall follow the process in SECTION 3.C of these Bylaws.

SECTION 3.K. COMPENSATION

Board Members shall serve without compensation irrespective of form, with the exception of Board Members derived from the consumer community who shall be reimbursed for actual and necessary expenses incurred in attending Board meetings, and as otherwise specifically authorized by resolution of the Board. Board Members may not be compensated for rendering services to the Alliance as a Board Member. This SECTION 3.K shall not be construed as a limitation of the reimbursement of Board Members for expenses approved by the Board.

ARTICLE 4.

Governing Board Officers

The Officers of this Board shall include a Chair, Vice Chair, Secretary/Treasurer, and Chief Executive Officer. The Chair and Vice Chair shall be chosen annually at the first regular meeting of each fiscal year by majority vote of the Board.

Each Board Officer shall hold office for a period that is the lesser of one (1) year, or until the Board Officer resigns or is removed as a Board Officer by a two-thirds vote of the Board, or is otherwise disqualified to serve; provided, however, that each Board Officer may continue to serve until a successor is elected. No Board Member shall serve more than two (2) consecutive terms in each office and, in any event, no more than four (4) consecutive years, as Chair and Vice Chair.

SECTION 4.A. CHAIR

The Chair shall be a voting member of the Board. The Chair shall, if present, preside at all meetings of the Board, and exercise and perform such other powers and duties as the Board may assign from time to time. The Chair may, with the approval of the majority of the Board Members present, call for the Chief Executive Officer to preside at any particular meeting as set forth more fully in SECTION 4.D of these Bylaws. The Chair shall be familiar with the essential rules of Robert's Rules of Order and the index of Robert's Rules of Order. The Chair shall also be familiar with the tenets of the Brown Act (California Government Code § 54950 et seq.), an act of the California State Legislature created with the intention of providing the public with greater access to meetings of local government agencies.

SECTION 4.B. VICE CHAIR

The Vice Chair shall be a voting member of the Board. The Vice Chair shall perform all duties and powers of the Chair when the Chair is absent and has not called for the Chief Executive Officer to preside at the meeting. If both the Chair and Vice Chair are absent or unable to act, the Board Members shall, by majority vote, select one of the attending Board Members to act as Chair pro tempore, with all the authority appurtenant thereto, if the Chair has not selected the Chief Executive Officer to preside at the meeting. The Vice Chair shall be familiar with the essential rules of Robert's Rules of Order and the index, and shall also be familiar with the tenets of the Brown Act.

SECTION 4.C. SECRETARY/TREASURER

The Secretary/Treasurer shall be the Chief Executive Officer and serve at the pleasure of the Board. The Secretary/Treasurer shall perform the following duties:

1. Sign documents as the Secretary/Treasurer of the Alliance;

2. Attest to the signatures of the authorized signatories and certify the incumbency of those signatures; and

3. Perform other functions as described by the Alliance Bylaws herein.

SECTION 4.D. THE CHIEF EXECUTIVE OFFICER

The Chief Executive Officer shall be selected by, and serve at the pleasure of the Board, with duties that include, but are not limited to, the following:

1. Implementing the policies of the Board and direct, supervise, and control the operations, business, and personnel of the Alliance and delegate such responsibilities as appropriate;

2. Promoting and protecting the financial integrity and viability of the Alliance;

3. Acting as the Board's duly authorized representative in any specified matter deemed appropriate by the Board;

4. Hiring or firing directly, or through a designee, the staff of the Alliance in a manner consistent with Board-approved personnel policies and procedures of the Alliance;

5. Presiding as Chair, at the request of the Chair at meetings of the Board, when the Chair and Vice Chair are absent;

6. Serving, ex officio, as a non-voting member of the Board and shall not be counted toward determining whether a quorum is present at each Board meeting;

7. Serving, ex officio, as a non voting member of the standing committees of the Board and shall not be counted toward determining whether a quorum is present at each committee meeting;

8. Addressing the Board as deemed appropriate regarding any matter of business before the Board at any meeting;

9. Executing legal instruments on behalf of the Alliance, including provider and administrative contracts, in a manner consistent with the policies and decisions of the Board;

10. Ensuring that the policy and direction of the Alliance are coordinated with the county-wide system of delivery of physical care, behavioral care, and public health systems;

11. Monitoring developments in health care reform and financing at the state and federal level and ensuring that the policies, programs, and strategies of the

Alliance comply with federal, state and local statutes, regulations and ordinances, and;

12. Advocating for policies, programs and strategies that are consistent with those of the Alliance.

ARTICLE 5.

Meetings of the Board of Governors

SECTION 5.A. GOVERNING LAW

Meetings shall be subject to the provisions of applicable laws which govern over these Bylaws. Meetings of the Board will be conducted according to the essential provisions of Robert's Rules of Order to the extent adopted by the Board. Under no circumstances shall the Board be bound to all provisions of Robert's Rules of Order. Meetings of the Board will be conducted openly and publicly according to the Brown Act (California Government Code § 54950 et seq.), an act of the California State Legislature created with the intention of providing the public with greater access to meetings of local government agencies.

SECTION 5.B. REGULAR MEETINGS

1. Date, Time, Location

   The Board shall provide, by resolution, the date, time, and specific place for holding regular meetings. Regular meetings shall be held within Alameda County except as otherwise provided by law. Any regular meeting held at a place other than that resolved by the Board shall be valid only if the new location was reflected in the agenda posted pursuant to SECTION 5.E of these Bylaws and in mailed notices, if any, and is approved by a majority of the Board Members either before or after the meeting.

2. Frequency

   The frequency of regular meetings shall be as set forth by resolution of the Board.

3. Cancellation

   In the event a scheduled regular or special meeting is canceled, the Secretary/Treasurer shall notice the Board within twenty-four (24) hours of the decision to cancel the meeting. The notice for the cancellation shall also be sent to members of the public who have filed a written request for notice of meetings and shall be posted at the main entrance of the Alliance's principal offices within twenty-four (24) hours of the decision to cancel the meeting.

SECTION 5.C. SPECIAL MEETINGS; NOTICE TO BOARD MEMBERS

The provisions of applicable open meeting laws shall apply to special meetings of the Board and notice for special meetings. Special meetings may be called by the Chair of the Board or by a majority of the Board. Written notice shall be received at least twenty-four (24) hours prior to the scheduled time of the meeting. No other business shall be considered at these meetings by the Board. Notice is required regardless of whether any action is taken at the special meeting.

Written notice to any Board Member may be dispensed with as to any Board Member if they file a written waiver of notice with the Secretary/Treasurer at or prior to the time of the convening of the special meeting or with respect to any Board Member who is actually present at the meeting at the time it convenes.

At least twenty-four (24) hours before a special meeting, the notice for the special meeting shall be posted at the main entrance of the Alliance's principal offices and/or any other location freely accessible to members of the public, as the Board shall, by resolution, so determine. When an emergency meeting is called pursuant to applicable law, the twenty-four (24) hour notice and twenty-four (24) hour posting requirements need not be complied with. Local media requesting notification of special meetings shall be notified according to applicable law.

SECTION 5.D. WRITTEN REQUEST FOR MAILED NOTICE OF MEETINGS

The provisions of applicable open meeting laws shall apply to requests for mailed notice of meetings. Notice of all regular meetings and any special meetings which are called at least five (5) working days prior to the date set for the meeting shall be mailed to any person who has filed a written request for such notice with the Alliance. Any mailed notice must be mailed at least five (5) working days prior to the date set for the meeting to which it applies with the exception of special meetings, for which notice may be given at any time prior to the meeting date. Any filed written request for notice is valid for one (1) year from the date it is filed unless a written renewal notice has been filed. Written renewal requests must be filed within thirty (30) days after January 1 of each year.

The Board may establish a reasonable annual fee for sending the notice based on the estimated cost of providing the service.

SECTION 5.E. REGULAR MEETING AGENDA; PERMISSIBLE ACTION

The provisions of applicable open meeting laws shall apply to regular meeting agendas and permissible actions. The Board, or its designee, shall prepare an agenda for every regular meeting, setting forth its time, place, and a brief general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session. The general description need not exceed twenty (20) words.

At least, seventy-two (72) hours before a regular meeting, the Board, or its designee shall post the agenda at the main entrance of the Alliance's principal offices and/or any other location freely accessible to members of the public, as the Board shall, by resolution, so

determine. Copies of the agenda, and available supporting documents if practicable, will be mailed or electronically transmitted to Board Members and to any person who has filed a written request for notice of meetings, at least seventy-two (72) hours before a regular meeting.

No action or discussion shall be undertaken on any item not appearing on the posted agenda, except that Board Members may briefly respond to statements made or questions posed by persons exercising their public testimony rights. In addition, on their own initiative, or in response to questions posed by the public, Board Members may ask a question for clarification, provide a reference to staff or other resources for factual information, or request staff to report back to the Board at a subsequent meeting concerning any matter. Furthermore, a Board Member, or the Board as a whole, may take action to direct staff to place a matter of business on a future agenda.

The Board may take action on items of business not appearing on the posted agenda, provided that prior to discussing any such item the Board publicly identifies the item, and where any of the following conditions exist:

1. The Board Members determine, by majority vote, that an emergency condition exists in accordance with applicable law;

2. The Board determines, by two-thirds vote of all Board Members holding office, or by unanimous vote of present Board Members if less than two-thirds of all Board Members holding office are present, that there is a need for immediate action, and the need for such action came to the attention of the Board subsequent to the posting of the agenda;

3. The item of business is one that was properly incorporated into an agenda of a prior meeting, that meeting having occurred no more than five (5) calendar days before the meeting at which action is to be take, if the item of business had been continued during the original meeting to the meeting at which action is to be taken; or

4. As otherwise provided by applicable law.

SECTION 5.F. CLOSED SESSION

The provisions of applicable open meeting laws shall apply to closed session. The closed session shall be part of a regularly or specially called meeting, and shall be reflected in the posted agenda. The agenda shall state the statutory basis for the closed session. Prior to the closed session, the Chair, or a designee, must state the general reason for the holding of such a session or may make reference to the agenda.

The Chair, or a designee, shall publicly report any action taken in closed session and the vote or abstention of every Board Member present as required by applicable law. The report may be made orally or in writing.

SECTION 5.G. ATTENDANCE AT MEETINGS

Board Members must strive to attend all regular and special meetings of the Board, and of the committees of which they are members. If a Board Member is unable to attend a meeting due to illness, the Board Member shall notify the Secretary/Treasurer as soon as is practical but before the meeting, absent exigent circumstances. If a Board Member is unable to attend a regular meeting for purposes other than illness, the Board Member may secure, for purposes of avoiding grounds for removal from office for cause, advance approval from the Board, or its designee, to miss said meeting. The Board Member may secure Board approval by informing the Secretary/Treasurer of the reasons for the absence five (5) working days in advance of the meeting to be missed. Except in cases of emergency or extreme hardship, failure of a Board Member to notify the Secretary/Treasurer of one's anticipated absence, whether due to illness or other reason, shall be considered an unexcused absence.

Board Members may attend by teleconference in accordance with applicable laws.

SECTION 5.H. QUORUM

A quorum is necessary to transact business at any regular or special meeting of the Board or of any committee and shall consist of a simple majority of the Board Members or the committee, respectively. A simple majority is calculated based on the number of appointed seats, which does not include the Chief Executive Officer. A quorum is calculated based on the number of Board Members present and does not include the Chief Executive Officer. Determination of quorum shall be consistent with SECTION 4.D.6 and SECTION 4.D.7 of these Bylaws.

No action shall be taken by the Board at any meeting at which a quorum is not present, and the only motion which the Chair shall entertain at such a meeting is a motion to adjourn.

SECTION 5.I. ORDER OF BUSINESS

The items on the agenda will be considered in order unless the Chair determines otherwise. If the agenda does not identify the source for a report of an item of business, said item will be reported on by the Chief Executive Officer or designee, Board Members, Alliance staff, consultants, or other person or persons as appropriate. Board Members may then ask pertinent questions related to the presentation, and in so doing shall not be interrupted by public comment. Upon conclusion of questioning by the Board, the Chair shall open the item to public comment in a manner provided herein below and by applicable law.

SECTION 5.J. PARTICIPATION BY PUBLIC

The provisions of applicable open meeting laws shall apply to participation by the public. Members of the public shall be given an opportunity to comment on all matters that the Board will take action on at all regular and special meetings. Members of the public need not be given the opportunity to address the Board on any item that has already been

considered by a committee of the Board, composed exclusively of Board Members, at a public meeting wherein all interested members of the public were afforded the opportunity to address the committee on the item, unless the item has been substantially changed since the committee heard the item, as determined by the Board.

The Board shall, by resolution, adopt procedures to ensure that the public is guaranteed the right to provide testimony, which is limited to a total amount of three (3) minutes of testimony on particular issues and for each individual speaker.

In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are willfully interrupting the meeting, a majority of the Board Members present at the meeting may order the meeting room cleared and continue in session, as permitted by law.

Disruptive persons may be excluded from any meeting if, in the opinion of the Chair, the exclusion of the disruptive person is necessary to allow the meeting to continue unimpeded, provided that a warning of removal had been given by the Chair which had failed to cease the disruptive behavior.

SECTION 5.K. RESOLUTIONS

The Board may approve a resolution by an affirmative vote of a majority of present Board Members, constituting a quorum.

SECTION 5.L. VOTING

All official acts of the Board shall require the affirmative vote of the majority of the Board Members present and voting, at a regular or special meeting with a quorum present. A tie vote is a lost vote, as a majority was not obtained.

There shall be no voting by secret ballot. Absent members may not vote, whether by proxy, written ballot, or electronic means.

If a quorum is present but Board Members are prohibited from voting because of conflicts of interest, then official acts shall require the majority of those present who are not so prohibited from voting.

SECTION 5.M. RECORDING OF MEETINGS

The Secretary/Treasurer shall be responsible for the preparation of the minutes for each meeting of the Board, including all regular and special Board meetings. The minutes shall be an accurate summary of each Board meeting, including all Board action taken on agenda items and public comment, if any. At a subsequent meeting of the Board, the Secretary/Treasurer shall submit the minutes for approval by a majority vote of the Board Members in attendance at the meeting covered by the minutes. When approved, the Secretary/Treasurer shall retain the minutes. All writings distributed for consideration at a

public meeting shall become part of the public records and shall become available for inspection and copying as required by applicable law.

Closed session minutes shall be prepared by the Secretary/Treasurer or his/her designee. The closed session minutes shall be approved by the Chair of the Board and retained by the Secretary/Treasurer.

Meetings of the Board, other than while in closed session, may be recorded electronically as permitted by law.

SECTION 5.N. TELECONFERENCING

The use of teleconferencing for the benefit of the public or the Board may be incorporated into any regular or special meeting, but shall be limited to the receipt of public comment or testimony and to deliberations of the Board. The use of teleconferencing shall otherwise comply with applicable open meeting laws.

SECTION 5.O. ADJOURNMENT

The Board may adjourn any meeting notwithstanding the absence of a quorum. If no Board Members are present at a regular or special meeting, the Secretary/Treasurer may declare the meeting adjourned to a stated time and place and shall cause written notice to be given in the same manner as provided in SECTION 5.C of these Bylaws for special meetings. A copy of the order or notice of adjournment shall be posted as required by applicable law.

SECTION 5.P. PUBLIC RECORDS

Records of the Alliance and the Board shall be governed by the California Public Records Act (California Government Code Section 6250 *et seq*.), the HIPAA Regulations (Code of Federal Regulations Title 45, Part 160 *et seq*.), and other applicable laws and regulations.

ARTICLE 6.

Chief Medical Officer

SECTION 6.A. CHIEF MEDICAL OFFICER AUTHORITY

The Chief Medical Officer shall exercise authority in clinical decision-making matters separate and independent from administrative management such that the Chief Medical Officer will not be unduly influenced by fiscal or administrative management.

SECTION 6.B. CHIEF MEDICAL OFFICER RESPONSIBILITIES

The Chief Medical Officer shall be responsible for, but not limited to, the following:

1. Serve as Chair or appoint a medical director to serve as the Chair of the Health Care Quality Committee. The Chair shall be a voting member of the committee and shall be counted toward determining whether a quorum is present at each Health Care Quality Committee meeting;

2. Serve as Chair or appoint a medical director to serve as the Chair of the Peer Review and Credentialing Committee. The Chair shall be a voting member of the committee and shall be counted toward determining whether a quorum is present at each Peer Review and Credentialing Committee meeting;

3. Serve as Chair or appoint a medical director to serve as the Chair of the Pharmacy and Therapeutics Committee. The Chair shall be a voting member of the committee and shall be counted toward determining whether a quorum is present at each Pharmacy and Therapeutics Committee meeting;

4. Ensure that the medical care provided meets the standards for acceptable medical care;

5. Review medically-related grievances and complaints in a manner consistent with Alliance policies and procedures; and

6. Oversee quality of care, clinical outcomes, and service utilization.

ARTICLE 7.

Committees

SECTION 7.A. STANDING AND AD HOC COMMITTEES

1. Standing Committees

   The Board may, from time to time, by way of resolution, create standing committees, as it deems necessary to carry out its purposes, and shall appoint the membership. These standing committees shall meet to address continuing relatable subject matter, shall be advisory only, and may make recommendations to the Board. The frequency, composition, compensation, number, terms, and nomination of members of standing committees shall be as set forth by resolution.

   The standing committees of the Board include the Compliance Advisory Committee, the Consumer (Member) Advisory Committee, the Executive Committee, the Finance Committee, the Health Care Quality Committee, the Peer Review and Credentialing Committee, the Pharmacy and Therapeutics Committee, the Strategic Planning Committee, and any other committee created by the Board by way of resolution.

   Standing committee meetings are subject to applicable open meetings laws. Applicable laws pertaining to the confidentiality of peer review activities shall apply

to the peer review activities of the Peer Review and Credentialing Committee and the Alliance as a whole.

An ad hoc subcommittee formed by a standing committee shall comply with open meeting laws unless that ad hoc committee is an advisory committee composed solely of Board Members that number less than a quorum, and the ad hoc committee has neither a continuing subject matter jurisdiction nor a meeting schedule fixed by formal action of the Board.

2. Ad Hoc Committees

   The Board may, from time to time, by way of resolution create ad hoc committees, as it deems necessary to carry out its purposes, and shall appoint the membership. An ad hoc committee formed by the Board shall comply with open meeting laws unless that ad hoc committee is an advisory committee composed solely of Board Members that number less than a quorum, and the ad hoc committee has neither a continuing subject matter jurisdiction nor a meeting schedule fixed by formal action of the Board.

3. Minimum Board Membership on Committees

   The Compliance Advisory Committee, Executive Committee, Finance Committee, and Strategic Planning Committee must have two (2) or more Board Members in their memberships. The Consumer (Member) Advisory Committee shall include at least one (1) Board Member.

SECTION 7.B. AUTHORITY

All committees and subcommittees shall be advisory only. A recommendation to the full Board by any committee, or to a committee by a subcommittee, shall be made to the Board upon a majority vote of that committee or subcommittee.

SECTION 7.C. STANDING COMMITTEES

1. Compliance Advisory Committee

   There shall be a standing Compliance Advisory Committee that takes up all issues and makes recommendations to the Board on the Alliance's compliance program and relatable subject matter, including but not limited to oversight of regulatory findings related to the Alliance's operations.

   The Chair and Vice Chair shall be Board Members, selected and approved by the Board. The Chair shall preside at all meetings of the committee and shall report on Compliance Advisory Committee matters at regular meetings of the Board.

   The Alliance Chief Compliance Officer shall serve, ex officio, as a voting member and be counted toward determining whether a quorum is present at each Compliance Advisory Committee meeting.

2. Consumer (Member) Advisory Committee

There shall be a standing Consumer (Member) Advisory Committee which shall be responsible for participation in establishing public policy of the Alliance and whose recommendations and reports are regularly and timely reported to the Board.

The Chair and Vice Chair shall be recommended by the Consumer (Member) Advisory Committee by majority vote and approved by the Chief Executive Officer. The Chair shall preside at all meetings of the committee and shall report on Consumer (Member) Advisory Committee matters at all regular meetings of the Board. The Vice Chair shall perform all duties and powers of the Chair in the absence of the Chair or at the Chair's discretion.

At least fifty-one (51) percent of the Consumer (Member) Advisory Committee shall be made up of Alliance enrollees or their parents/guardians.

3. Executive Committee

There shall be a standing Executive Committee to address and triage administrative topics affecting the Alliance and relatable subject matter, including but not limited to Board nominations, and to make recommendations to the Board for approval.

The Chair and Vice Chair shall be Board Members, selected and approved by the Board. The Chair shall preside at all meetings of the committee and shall report on Executive Committee matters at regular meetings of the Board.

The Alliance Chief Executive Officer shall serve, ex officio, as a voting member and be counted toward determining whether a quorum is present at each Executive Committee meeting.

4. Finance Committee

There shall be a standing Finance Committee that takes up all issues and makes recommendations to the Board pertaining to rate structure, budget, fiscal strategy and policy, financial projection, investment, selection of banks, trust companies or other depositories, and other fiscal matters.

The Chair and Vice Chair shall be Board Members, selected and approved by the Board. The Chair shall preside at all meetings of the committee and shall report on Finance Committee matters at regular meetings of the Board.

The Alliance Chief Financial Officer shall serve, ex officio, as a voting member and be counted toward determining whether a quorum is present at each Finance Committee meeting.

5. Health Care Quality Committee

There shall be a standing Health Care Quality Committee ("HCQC") that facilitates all issues pertaining to the quality, appropriateness and outcome of care and services delivered to members of the Alliance. HCQC shall document that the quality of care provided is being reviewed, and that problems are being identified. HCQC must also document that effective action is being taken to improve care where deficiencies are identified, and that follow-up is planned where indicated to correct deficiencies in care.

The Chief Medical Officer shall serve as Chair or appoint a medical director to serve as the Chair of the HCQC. The Chair shall be a voting member of the committee and shall be counted toward determining whether a quorum is present at each HCQC meeting. The Chair shall preside at all meetings of the committee and shall report on HCQC matters at regular meetings of the Board. The Vice Chair shall be selected by the Chief Medical Officer and shall perform all duties and powers of the Chair in the absence of the Chair or at the Chair's discretion.

6. Peer Review and Credentialing Committee

There shall be a standing Peer Review and Credentialing Committee ("PRCC") that shall take up issues and make recommendations regarding provider credentialing and recredentialing, patient safety events, peer review, and provider-related grievances and complaints. The Chief Medical Officer shall serve as Chair or appoint a medical director to serve as the Chair of the PRCC. The Chair shall be a voting member of the committee and shall be counted toward determining whether a quorum is present at each PRCC meeting. The Chair shall preside at all meetings of the committee and shall report on PRCC matters at regular meetings of the Board. The Vice Chair shall be selected by PRCC and shall perform all duties and powers of the Chair in the absence of the Chair or at the Chair's discretion.

7. Pharmacy and Therapeutics Committee

There shall be a standing Pharmacy and Therapeutics Committee ("P&T") that shall function by recommending policies for all matters related to the therapeutic use of drugs and certain medical supplies, with its goal being to ensure continuing patient access to a quality driven, cost-effective, rational, drug benefit through the Alliance Drug Formulary.

The Chief Medical Officer shall serve as Chair or appoint an Alliance Medical Director to serve as the Chair of the P&T. The Chair shall be a voting member of the committee and shall be counted toward determining whether a quorum is present at each P&T meeting. The Chair shall preside at all meetings of the committee and shall report on P&T matters at regular meetings of the Board. The

Vice Chair shall be selected by P&T and shall perform all duties and powers of the Chair in the absence of the Chair or at the Chair's discretion.

8. Strategic Planning Committee

   There shall be a standing Strategic Planning Committee that shall take up issues and make recommendations pertaining to long-term planning, including expansion to targeted populations and new businesses, review of business policies, and strategic direction of the Alliance.

   The Chair and Vice Chair shall be Board Members, selected and approved by the Board. The Chair shall preside at all meetings of the committee and shall report on Strategic Planning Committee matters at regular meetings of the Board. The Vice Chair shall perform all duties and powers of the Chair in the absence of the Chair or at the Chair's discretion.

SECTION 7.D. COMMITTEE MEETINGS

Committees created pursuant to these Bylaws or other formal action of the Board or Board-created standing committee shall be subject to the provisions of applicable open meeting laws with the exception of the ad hoc committees defined in SECTION 7.A.2 of these Bylaws, and peer review activities of the Peer Review and Credentialing Committee. Committees are subject to the same notice, agenda, order of business, quorum, and recording of meeting, and teleconference requirements applicable to the Board as a whole.

Standing committees may hold special meetings at any time and place as may be designated by the Chair, Chief Executive Officer, or a majority of the members of the committee. The provisions of applicable open meeting laws with respect to special meetings of the full Board shall apply to special meetings of standing committees.

When minutes of a standing committee have been approved, copies of the minutes shall be retained at the offices of the Alliance and be made available for inspection and copying according to applicable law. The Chief Executive Officer has the right, but not the obligation, to participate in the proceedings of the committees.

If both the Chair and Vice Chair of the committee are absent or unable to act at a meeting where a quorum is present, the committee members present shall, by majority vote, select one of the attending committee members to act as Chair pro tempore, with all the authority appurtenant thereto, if the Chair has not selected a committee member to preside at the meeting.

SECTION 7.E. REMOVAL OF STANDING COMMITTEE MEMBER

A standing committee member shall be removed from the standing committee if either of the following occurs:

1. In the opinion of a majority of the other committee members, a member fails to carry out committee duties appropriately;

2. A member fails to attend three (3) consecutive, properly-noticed regular and/or special meetings of the committee without having notified the Chair or Vice Chair of said committee of their need to be absent; or

3. A member ceases to be employed by or be a member of the group from which the member was appointed to the committee; or

4. A member fails to attend fifty–percent (50%) or more properly noticed regular and/or special meetings.

ARTICLE 8.

Advisory Groups

SECTION 8.A. AD HOC ADVISORY GROUPS

The Board may, from time to time, by way of resolution create ad hoc advisory groups, as it deems necessary to carry out its purposes, and shall appoint the membership. The Chair and Vice Chair of any ad hoc advisory group shall be selected and approved by the Board.

SECTION 8.B. AUTHORITY

All ad hoc advisory groups shall be advisory only. A recommendation to the Board by any ad hoc advisory group shall be made upon a majority vote of the ad hoc advisory group.

SECTION 8.C. AD HOC ADVISORY GROUP MEETINGS

An ad hoc advisory group formed by the Board shall comply with open meeting laws unless that ad hoc advisory group is composed solely of Board Members that number less than a quorum, and the ad hoc advisory group has neither a continuing subject matter jurisdiction nor a meeting schedule fixed by formal action of the Board.

Ad hoc advisory groups are subject to the same notice, agenda, order of business, quorum, and recording of meeting, and teleconference requirements applicable to the Board as a whole.

When minutes of an ad hoc advisory group have been approved, copies of the minutes shall be retained at the offices of the Alliance and be made available for inspection and copying according to applicable law. The Chief Executive Officer has the right, but not the obligation, to participate in the proceedings of the ad hoc advisory groups.

If both the Chair and Vice Chair of the ad hoc advisory group are absent or unable to act at a meeting where a quorum is present, the ad hoc advisory group members present

shall, by majority vote, select one of the attending ad hoc advisory group members to act as Chair pro tempore, with all the authority appurtenant thereto, if the Chair has not selected an ad hoc advisory group member to preside at the meeting.

SECTION 8.D. REMOVAL OF AD HOC ADVISORY GROUP MEMBER

An ad hoc advisory group member shall be removed from the ad hoc advisory group if either of the following occurs:

1. In the opinion of a majority of the other members, a member fails to carry out advisory group duties appropriately;

2. A member fails to attend three (3) consecutive, properly-noticed regular and/or special meetings of the committee without having provided proper notice to do so to the Chair or Vice Chair of said committee; or

3. A member ceases to be employed by or be a member of the group from which the member was appointed to the committee; or

4. A member fails to attend fifty–percent (50%) or more properly noticed regular and/or special meetings.

ARTICLE 9.

Conflicts of Interest

SECTION 9.A. CONFLICTS OF INTEREST

The Alliance, its officers, directors and employees, shall, conduct activities in a manner that is in conformity with the laws of the State of California as they pertain to conflicts of interest, including, but not limited to, the following:

1. Political Reform Act. The Board shall adopt and promulgate a conflict of interest code pursuant to the provisions of the Political Reform Act of 1974, and shall be submitted to the Board of Supervisors within six months of the date the Alliance comes into existence pursuant to the effective date of the ordinance codified in this chapter. The Conflict of Interest Code of the Alliance shall, from time to time, be amended by resolution of the Board and approved by the Board of Supervisors. Each Board Member is subject to the provisions of the Political Reform Act, and will be required to execute a statement of economic interests in a manner consistent with the Act and the Conflict of Interest Code.

2. Financial Interests Involving Contracts. Each Board Member shall be subject to the provisions of the California Government Code Section 1090, et seq., relating to personal financial interests in contracts made by the Alliance.

3. Common Law Conflict of Interest. Board Members and officers shall discharge their duties with integrity and fidelity and may not let private interests influence public decisions.

4. Medi-Cal Conflict of Interest Law. The Alliance and its Board Members and officers may be subject to the provisions of the Medi-Cal Conflict of Interest Law as set out in the California Welfare and Institutions Code Section 14030, et seq.

5. Incompatible Activities. Board Members and officers may be subject to the provisions of the California Government Code Section 1125, et seq., pertaining to activities for compensation which are incompatible with the duties connected to the Alliance.

SECTION 9.B. CODE OF CONDUCT

Board Members and standing committee members shall conduct their activities in conformity with the applicable state conflict of interest and incompatible activities laws, statutes, regulations, and rulings to ensure complete impartiality in the conduct of the Board and committee business. Board Members and committee members are personally responsible for conforming to these conflict of interest requirements. A Board Member or standing committee member shall be responsible for declaring a conflict of interest and withdrawing from any and all forms of participation in a matter or decision about which there is, or might be, a conflict of interest. Any disclosure of an actual or potential conflict of interest and a related withdrawal from participation shall be duly noted in the official records.

ARTICLE 10.

Liability and Indemnification of Governing Board Members

SECTION 10.A. NON-LIABILITY OF BOARD MEMBERS

Board Members shall not be personally liable for the debts, liabilities, or other obligations of the corporation unless otherwise provided by law.

SECTION 10.B. INDEMNIFICATION BY ALLIANCE OF BOARD MEMBERS AND CHIEF EXECUTIVE OFFICER

To the extent that a person who is, or was, a Board Member, or the Chief Executive Officer of the Alliance has been a party to or involved in the defense of any civil, criminal, administrative, or investigative proceeding brought to procure a judgment against such person while that person is, or was, an agent of the Alliance, such a person shall be indemnified against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred by the person in connection with such proceeding to the extent permitted by law, provided that:

1. The person was acting in good faith and in official capacity on behalf of the Alliance, and;

2. The action was not initiated by the Alliance.

ARTICLE 11.

Insurance Coverage and Risk Management

The Alliance shall procure property, casualty, indemnity, and workers' compensation insurance, including, without limitation, directors' and officers' liability and professional liability coverage, in such amounts and with such carriers as the Alliance shall from time to time determine shall be prudent in the conduct of its activities; provided, the Alliance may in its discretion provide self-insurance or participate in consortia or similar associations to obtain coverage in lieu of commercial coverage.

ARTICLE 12.

Prohibition Against Remuneration for Referrals

No Board Member, Board Officer, committee member, advisory group member, or employee of the Alliance may solicit or receive any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind:

1. In return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program; or

2. In return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program,

ARTICLE 13.

Grievance System

The Alliance shall develop and implement a grievance system pursuant to the requirements of the Knox-Keene Health Care Service Act of 1975 and applicable regulations.

ARTICLE 14.

Fiscal Year

The fiscal year shall be from July 1 through June 30.

ARTICLE 15.

Amendment of Bylaws

These Bylaws may be altered, amended, or repealed and new Bylaws adopted and approved only by a resolution approved by a two-thirds majority of the Board Members present at any regular or special meeting, and approved by majority vote of the Board of Supervisors. Notice of such proposed amendment shall be given in the manner prescribed for notices of special meetings of the Board.

****

CERTIFICATE OF SECRETARY/TREASURER

I, the undersigned, do hereby certify as follows:

1. I am the appointed and acting Secretary/Treasurer of the Alameda Alliance for Health, a local public agency; and

2. The foregoing Bylaws constitute the Bylaws of the Board, as duly adopted by the Board on June 21, 1994, and amended at a regular meeting, duly called and held on the 23rd day of September, 1999, at San Leandro, California. The foregoing Bylaws were approved by the Alameda County Board of Supervisors on November 2, 1999.

3. The foregoing Bylaws were amended at a regular meeting, duly called and held on the 22nd day of May, 2003, at Alameda, California. The foregoing Bylaws were approved by the Alameda County Board of Supervisors on July 15, 2003.

4. The foregoing Bylaws were amended at a regular meeting, duly called and held on the 30th day of November, 2006, at Alameda, California. The foregoing Bylaws were approved by the Alameda County Board of Supervisors on February 27, 2007.

5. The foregoing Bylaws were amended at a regular meeting, duly called and held on the 9 day of June, 2017, at Alameda, California. The foregoing Bylaws were approved by the Alameda County Board of Supervisors on September 12, 2017.

6. The foregoing Bylaws were amended at a regular meeting, duly called and held on the 12th day of February, 2021, at Alameda, California. The foregoing Bylaws were approved by the Alameda County Board of Supervisors on _____.

_____
Secretary/Treasurer for the Board

FY2021 Progress Report

Safety-Net Sustainability Fund

Alameda Alliance Board of Governors

Presented by Scott Coffin, Chief Executive Officer

February 12, 2021

Overview

- Grant funding of $16.6 million dollars approved by Board of Governors in May 2020, allocated from excess tangible net equity (financial reserves)
- 6-month program, May through October 2020
- Additional $4.8 million dollars in accelerated quality incentive payments
- Accelerated claims payments to providers for improving cash flow
- $6.6 million, 79% of $8.3 million, paid in May and June
- Decision by Board of Governors to suspend the Sustainability Fund in July 2020, and to revisit after the Medi-Cal rates are finalized by DHCS (Q1-2021)
- $8.3 million remains available for consideration in fiscal year 2021

Eligibility

Safety-Net providers are defined by the mission and vision of their organization, and earning a majority of their revenue through serving the underserved and uninsured residents in Alameda County

- Frontline safety-net providers treating or supporting COVID-19 patients
- Safety-net hospitals, health centers, directly-contracted primary care providers, other safety-net service entities (e.g. skilled nursing, food banks, family services, aging adult services), and public agencies
- Funding applies to providers being paid through fee-for-service
- Contracted providers that are funded through capitation continue to receive payments

Board Motions – Approved May 2020

- Motion to authorize CEO to create an emergency crisis fund, allocating $16.6 million dollars from the financial reserves, and distribute to eligible safety-net providers between May and October of 2020

- Motion to authorize CEO to accelerate a budgeted payment of up to $4.8 million dollars in quality incentives, paying to eligible providers in July 2020

Funding the Frontline Safety-Net

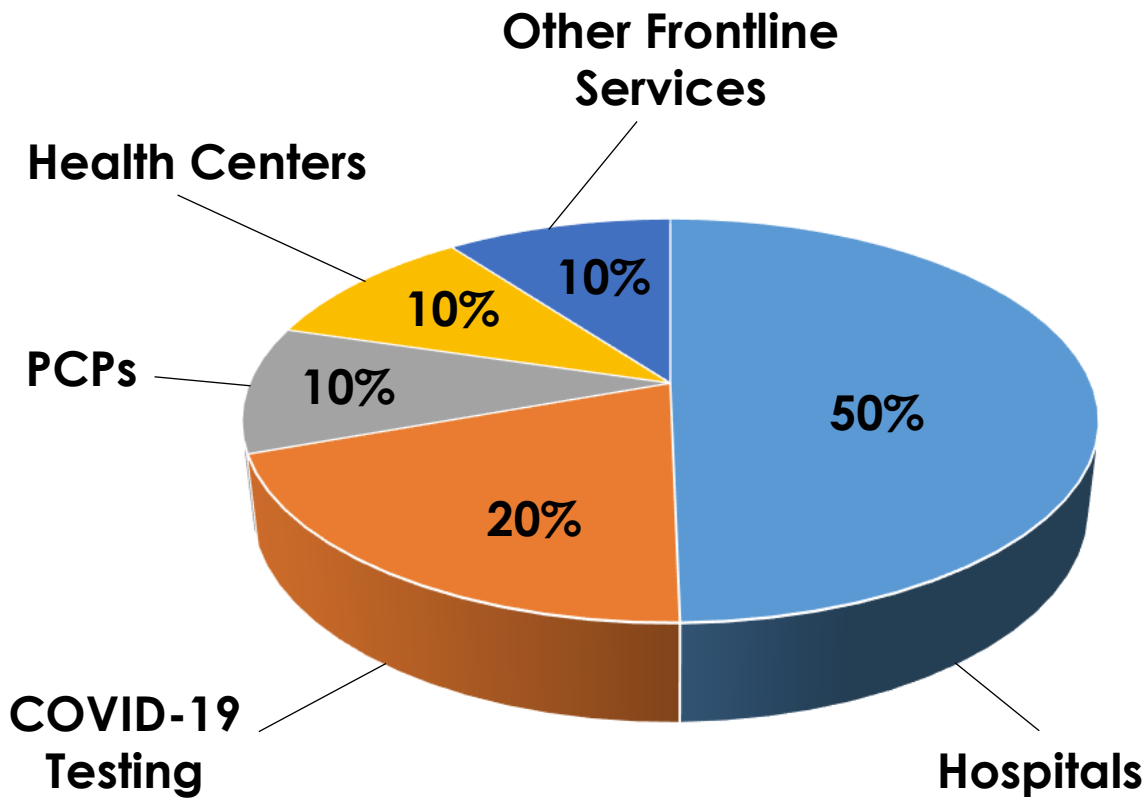
Safety-Net Hospitals
50%, or $8.3 million

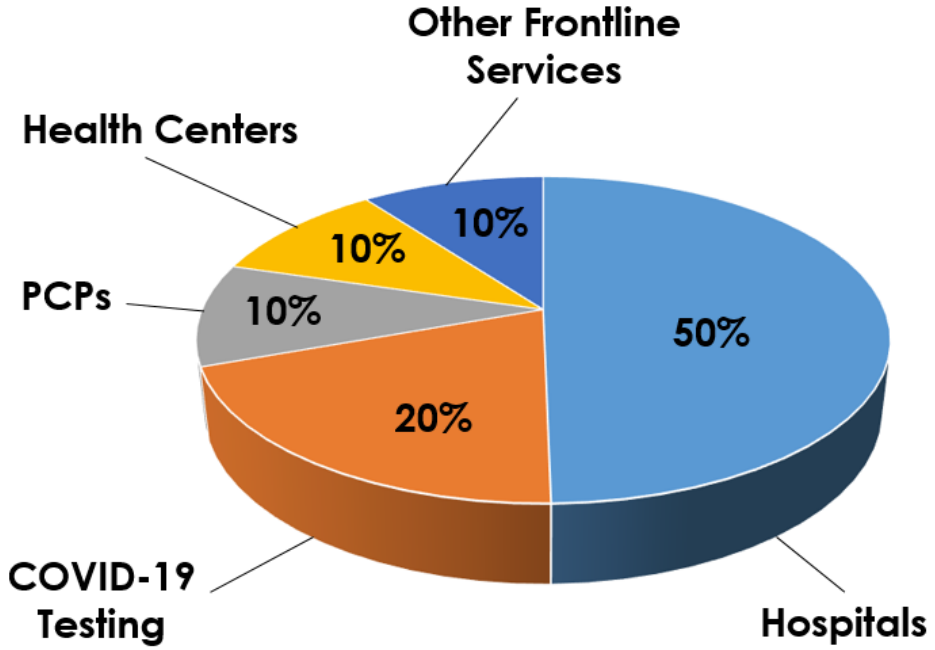
COVID-19 Testing
20%, or $3.3 million

Direct-contracted Primary Care Physicians (PCPs)
10%, or ~$1.7 million

Safety-Net Health Centers
10%, or ~$1.7 million

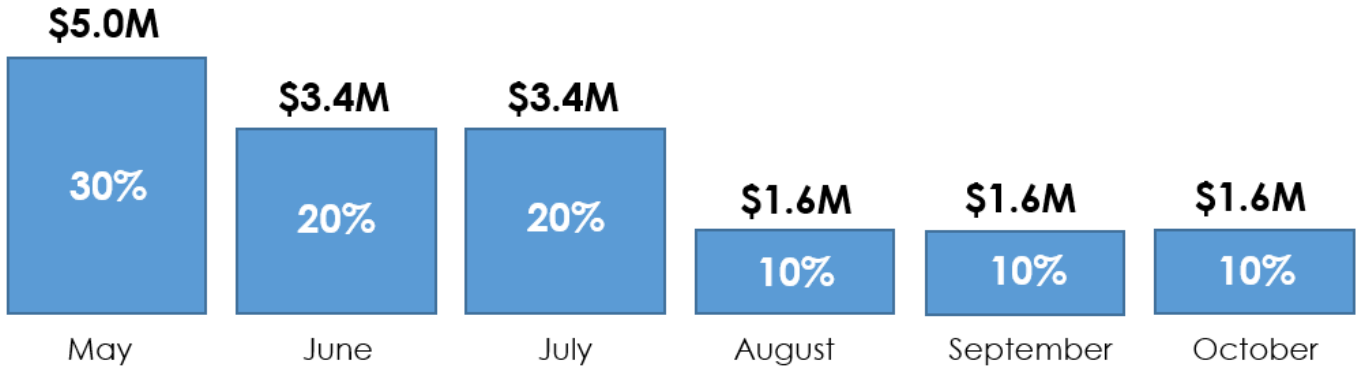
Other Safety-Net Services
10%, or ~$1.7 million





Allocation percentages of the $16.6 million to eligible safety-net provider, across five categories of service

Allocation of $16.6 million in funding by month



Fiscal Year 2020 – Actual Payouts

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

Next Steps

1) Board of Governors to discuss the allocation of funding in fiscal year 2021

2) Adjustment of the Alliance's financial year-end forecast

Example: Projected year-end net loss of $15.4 million is reduced to approx. $7 million if the sustainability fund is indefinitely suspended

3) Public posting of the decision on the Alliance website

ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- February-2021 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Dec-20 FYTD			%	Annual Budget	1
2										2
3			Income & Expenses	Revenue $	$508,740,510			49.3%	$1,032,620,802	3
4				Medical Expense $	$498,684,212			51.3%	$973,018,833	4
5				*Inpatient (Hospital)*	$150,392,475			*30.2%*	$290,478,364	5
6				*Outpatient/Ancillary*	$132,939,961			*26.7%*	$271,207,346	6
7				*Emergency Department*	$21,209,491			*4.3%*	$42,806,137	7
8				*Pharmacy*	$86,141,530			*17.3%*	$142,752,282	8
9				*Primary Care*	$52,241,818			*10.5%*	$108,272,493	9
10				*Specialty Care*	$44,700,008			*9.0%*	$92,312,183	10
11				*Other*	$11,058,929			*2.2%*	$25,190,028	11
12				Admin Expense $	$28,918,676			38.3%	$75,490,791	12
13				Other Income / (Exp.) $	$174,783			0.2%	$494,434	13
14				Net Income $	($18,687,595)				($15,394,389)	14
15				Gross Margin %	2.0%				5.8%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	98.0%				94.2%	16
17				Tangible Net Equity (TNE) %	554.1%				530.7%	17
18				Tangible Net Equity (TNE) $	$187,487,220				$184,022,772	18
19			Reinsurance Cases	2020-2021 Cases Submitted	9					19
20				2020-2021 New Cases Submitted	0					20
21				2019-2020 Cases Submitted	21					21
22				2019-2020 New Cases Submitted	0					22
23			Balance Sheet	Cash Equivalents	$267,681,259					23
24				Pass-Through Liabilities	$92,239,524					24
25				Uncommitted Cash	$175,441,735					25
26				Working Capital	$177,841,973					26
27				Current Ratio %	178.5%				100%	27
28										28
29	2	Membership			Oct-21	Nov-20	Dec-20	%	Dec-20 Budget	29
30										30
31			Medi-Cal Members	Adults	37,071	37,638	38,150	14%	38,401	31
32				Children	93,982	94,620	94,969	34%	95,931	32
33				Seniors & Persons with Disabilities (SPDs)	26,250	26,314	26,339	10%	26,327	33
34				ACA Optional Expansion (ACA OE)	88,258	89,752	91,050	33%	91,449	34
35				Dual-Eligibles	18,848	18,990	19,127	7%	19,101	35
36										36
37				Total Medi-Cal	264,409	267,314	269,635	98%	271,209	37
38			IHSS Members	IHSS	6,009	5,982	5,954	2%	6,009	38
39			Total Membership	Medi-Cal and IHSS	270,418	273,296	275,589	100%	277,218	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	51,397	52,073	51,937	19%		41
42				Alameda Health System (Direct Assigned)	53,607	54,283	55,240	20%		42
43				Children's First Medical Group	31,173	31,336	31,529	11%		43
44				Community Health Center Network	97,528	98,274	98,920	36%		44
45				Kaiser Permanente	36,713	37,330	37,963	14%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- February-2021 -

ID	Section	Subject Area	Category	Performance Metric						ID
47	3	Claims			Nov-20	Dec-20	Jan-21	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	111,676	123,248	116,784			49
50				Number of Claims Paid	78,193	102,344	75,672			50
51				Number of Claims Denied	24,471	30,902	24,465			51
52				Inventory (Unfinalized Claims)	75,346	63,491	78,165			52
53				Pended Claims (Days)	17,103	20,580	20,462	26%		53
54				*0-29 Calendar Days*	16,834	20,083	18,781	24%		54
55				*30-44 Calendar Days*	237	492	1,666	2%		55
56				*45-59 Calendar Days*	32	4	15	0%		56
57				*60-89 Calendar Days*	0	1	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)	40,481,344	52,407,011	35,819,778			60
61				Interest Paid (Total Dollar)	43,302	24,896	24,406	0%		61
62				Auto Adjudication Rate (%)	78.8%	75.9%	73.8%		70%	62
63				Average Payment Turnaround (days)	18	19	19		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	1,774	2,769	3,138			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	99%	98%	91%		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			Nov-20	Dec-20	Jan-21	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	11,678	11,376	12,443			71
72				Calls Answered in 30 Seconds %	59.0%	64.0%	62.0%		80.0%	72
73				Abandoned Call Rate %	8.0%	5.0%	6.0%		5.0% or less	73
74				Average Wait Time	01:46	01:11	01:33			74
75				Average Call Duration	07:00	06:44	06:25			75
76				Outbound Call Volume	8,139	8,264	8,550			76
77										77
78	5	Provider Services			Nov-20	Dec-20	Jan-21	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	4,463	5,479	5,343			80
81										81
82	6	Provider Contracting			Nov-20	Dec-20	Jan-21	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	584	582	592			84
85				Specialist	6,952	6,960	7,015			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	63	63	64			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	1,463	1,457	1,462			92
93				Number of Providers Credentialed	1,463	1,457	1,462			93
94										94

Alameda Alliance for Health
Operations Dashboard
- February-2021 -

ID	Section	Subject Area	Category	Performance Metric						ID
95	7	Human Resources & Recruiting			Nov-20	Dec-20	Jan-21	%	Annual Budget	95
96										96
97			Employees	Total Employees	336	328	337		375	97
98				Full Time Employees	334	326	335	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	4	6	4			100
101				Separations	2	7	2			101
102				Open Positions	43	53	50	13%	10% or less	102
103				Signed Offer Letters Received	5	6	7			103
104				Recruiting in Process	38	47	43	11%		104
105										105
106			Non-Employee (Temps / Seasonal)		3	4	2			106
107										107
108	8	Compliance			Nov-20	Dec-20	Jan-21	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	100%	99%	100%		95%	110
111				% Overturned	33%	30%	24%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	98%	99%	99%		95%	113
114				Overall Expedited Grievance Compliance Rate % (3 calendar days)	100%	100%	100%		95%	114
115										115
116			Member Appeals	Overall Standard Appeal Compliance Rate (30 calendar days)	100%	100%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Nov-20	Dec-20	Jan-21		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	100.00%	98.36%	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	52.7%	93.8%	95.2%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	58.3%	98.8%	98.7%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	93.7%	93.7%	94.0%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	98.6%	98.5%	98.4%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- February-2021 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10	Health Care Services			Nov-20	Dec-20	Jan-21		Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	99%	99%	99%		95%	136
137				Medi-Cal %	99%	99%	99%		95%	137
138				Group Care %	97%	100%	99%		95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	3.7%	3.3%	3.3%			140
141				Denial Rate Excluding Partial Denials (%)	3.6%	3.2%	3.1%			141
142				Partial Denial Rate (%)	0.1%	0.1%	0.2%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	724	749	698	37%		144
145				Denied Prior Authorizations	540	663	651	34%		145
146				Closed Prior Authorizations	485	538	543	29%		146
147				Total Prior Authorizations	1,749	1,950	1,892			147
148										148
149					Oct-20	Nov-20	Dec-20			149
150										150
151			Inpatient Utilization	Days / 1000	232.7	219.9	293.0			151
152				Admits / 1000	50.6	50.5	52.3			152
153				Average Length of Stay	4.6	4.4	5.6			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	39.13	35.52	30.98			155
156										156
157			Case Management	New Cases						157
158				Care Coordination	250	205	237			158
159				Complex Case Management	32	53	24			159
160				Health Homes	7	9	19			160
161				Whole Person Care (AC3)	2	0	2			161
162				Total New Cases	291	267	282			162
163										163
164				Open Cases						164
165				Care Coordination	615	577	578			165
166				Complex Case Management	69	88	81			166
167				Total Open Cases	684	665	659			167
168										168
169				Enrolled						169
170				Health Homes	763	786	791			170
171				Whole Person Care (AC3)	241	244	241			171
172				Total Enrolled	1,004	1,030	1,032			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,688	1,695	1,691			174
175										175

ALAMEDA Alliance FOR HEALTH

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

Finance

Gil Riojas

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

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

Date: **February 12, 2021**

Subject: **Finance Report –December 2020**

Executive Summary

- For the month ended December 31, 2020, the Alliance had enrollment of 275,589 members, a Net Loss of $3.3 million, and 554% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)	Month	YTD
Revenue	$86,899	$508,741
Medical Expense	85,360	498,684
Admin. Expense	4,842	28,919
Other Inc. / (Exp.)	26	175
Net Income	($3,276)	($18,688)

Net Income by Program:	Month	YTD
Medi-Cal	($3,267)	($17,747)
Group Care	(9)	(941)
	($3,276)	($18,688)

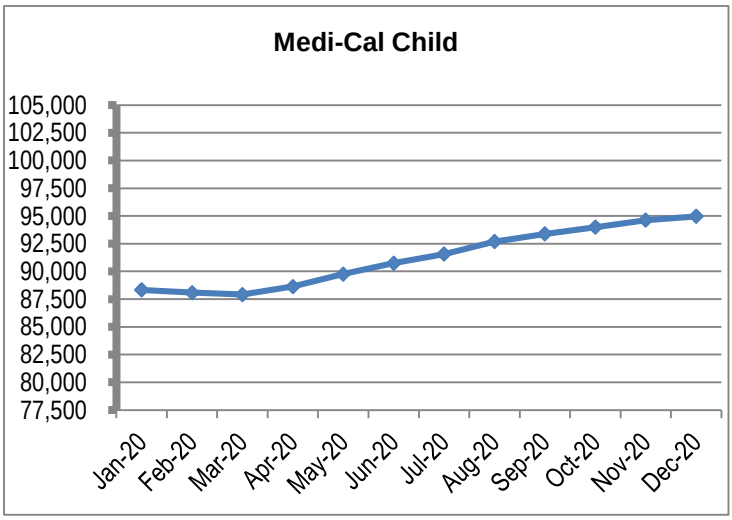
Enrollment

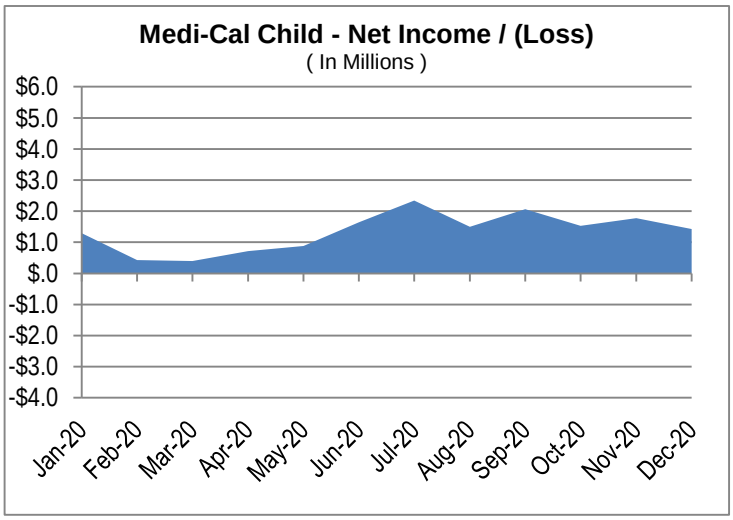
- Total enrollment increased by 2,293 members since November 2020.
- Total enrollment increased by 18,844 members since June 2020.

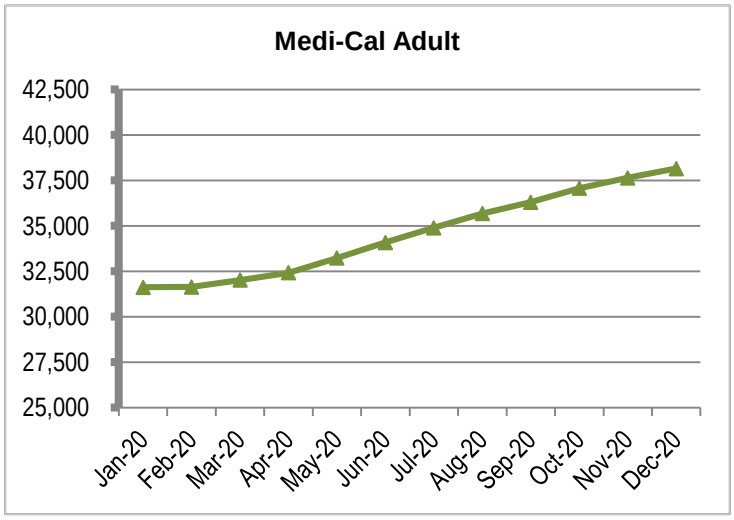
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

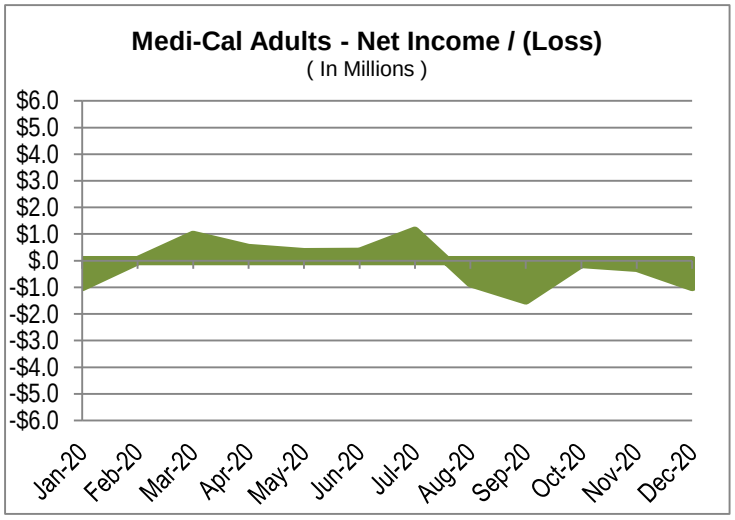
Enrollment					Member Months			
December-2020					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
38,152	38,401	(249)	-0.6%	Adult	219,764	220,110	(346)	-0.2%
94,969	95,931	(962)	-1.0%	Child	561,211	562,510	(1,299)	-0.2%
26,339	26,327	12	0.0%	SPD	157,219	157,182	37	0.0%
19,125	19,101	24	0.1%	Duals	112,358	112,320	38	0.0%
91,050	91,449	(399)	-0.4%	ACA OE	523,843	524,343	(500)	-0.1%
269,635	271,209	(1,574)	-0.6%	Medi-Cal Total	1,574,395	1,576,465	(2,070)	-0.1%
5,954	6,009	(55)	-0.9%	Group Care	36,072	36,154	(82)	-0.2%
275,589	277,218	(1,629)	-0.6%	Total	1,610,467	1,612,619	(2,152)	-0.1%

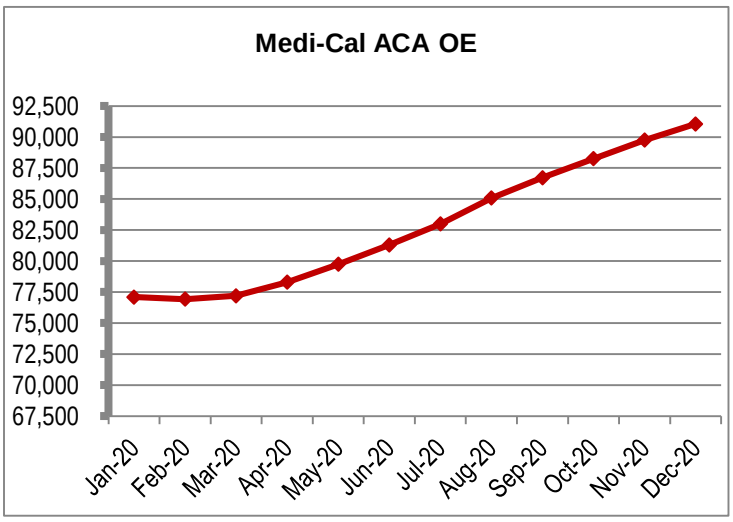
Enrollment and Profitability by Program and Category of Aid

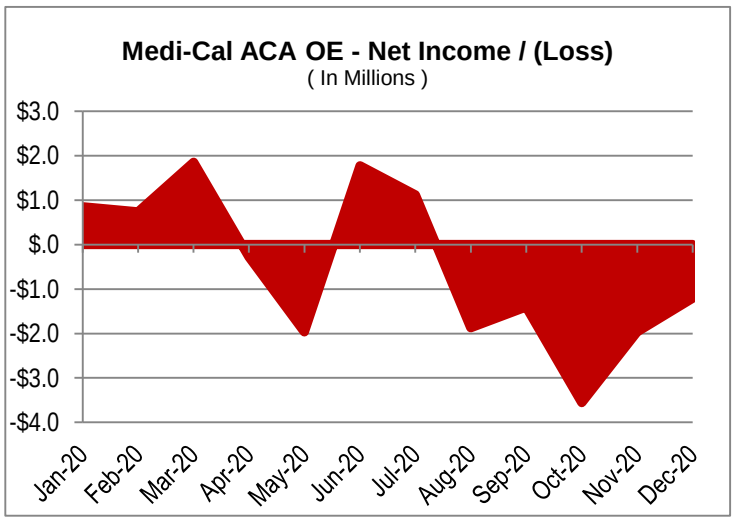




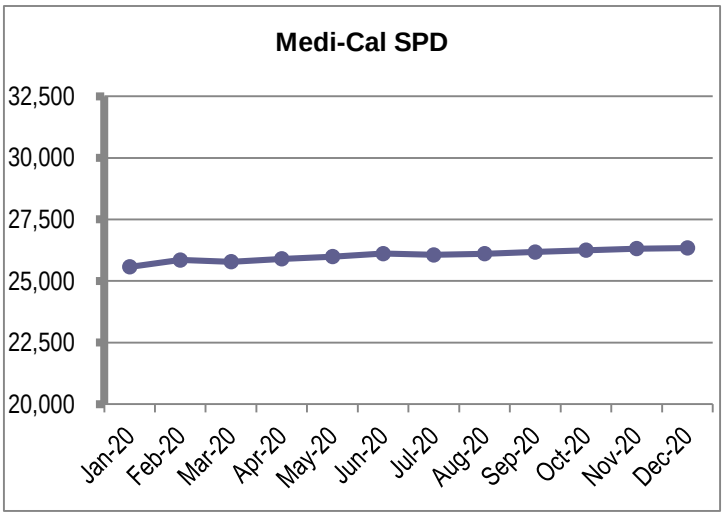


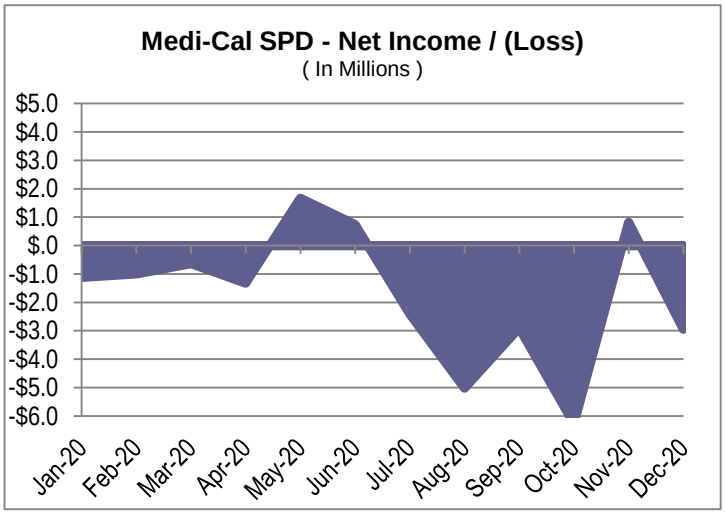


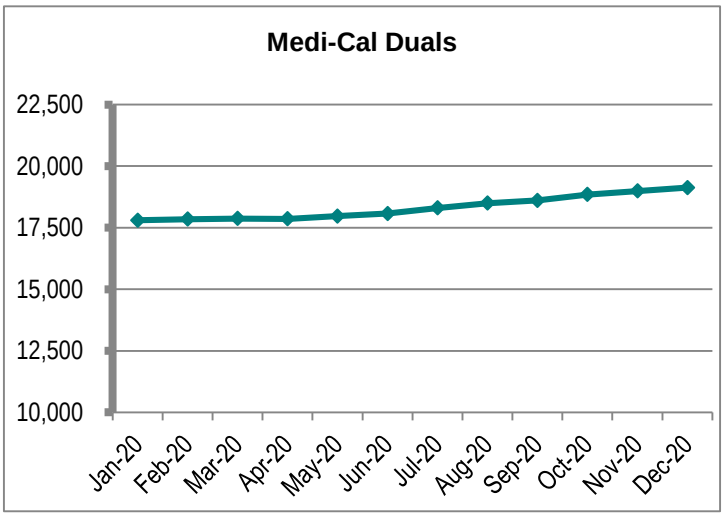


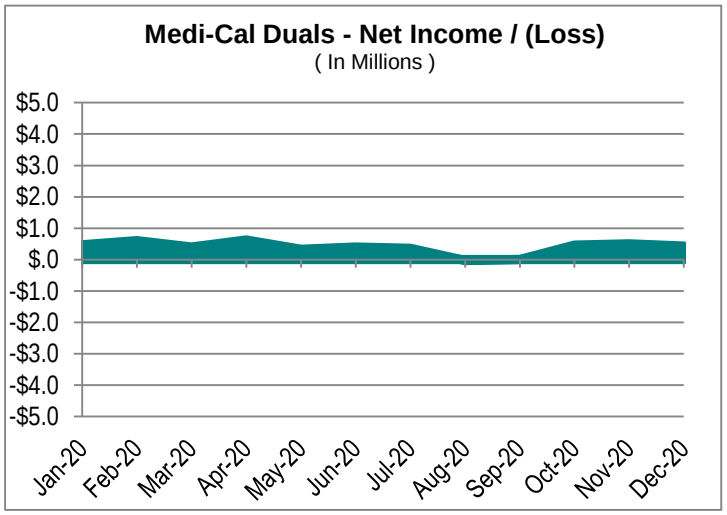


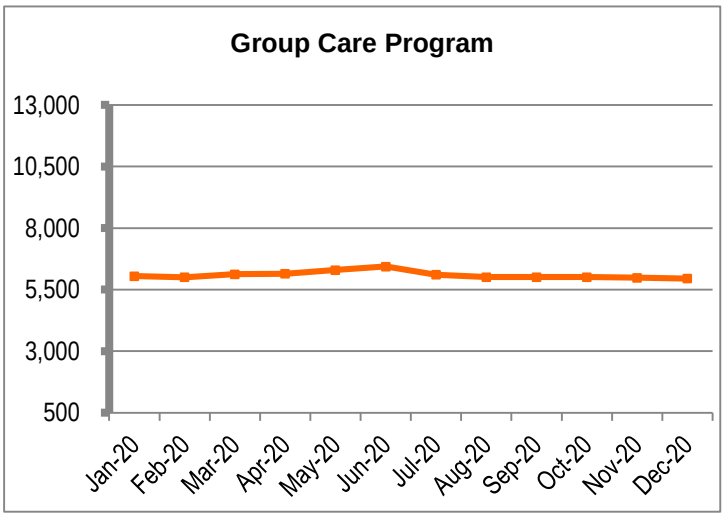
Enrollment and Profitability by Program and Category of Aid

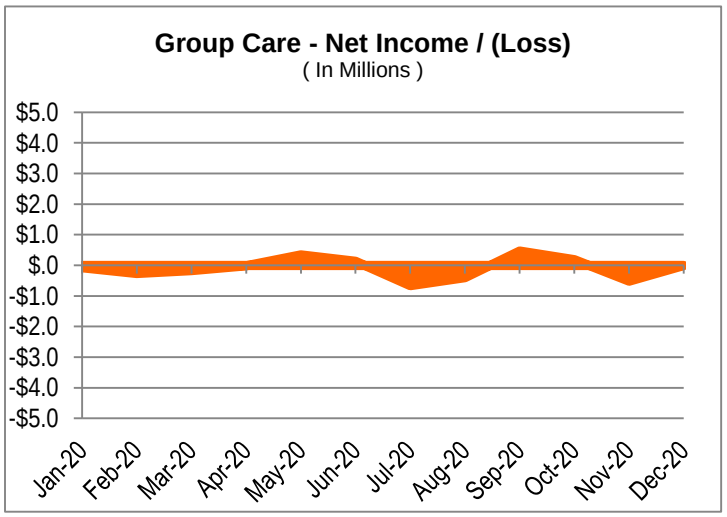




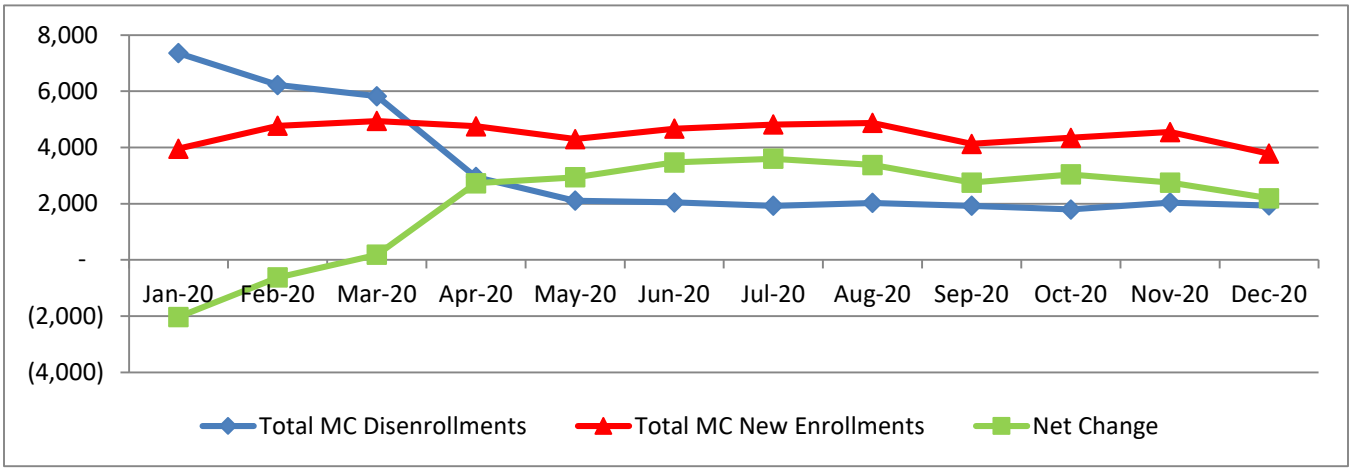








Disenrollment and New Enrollment

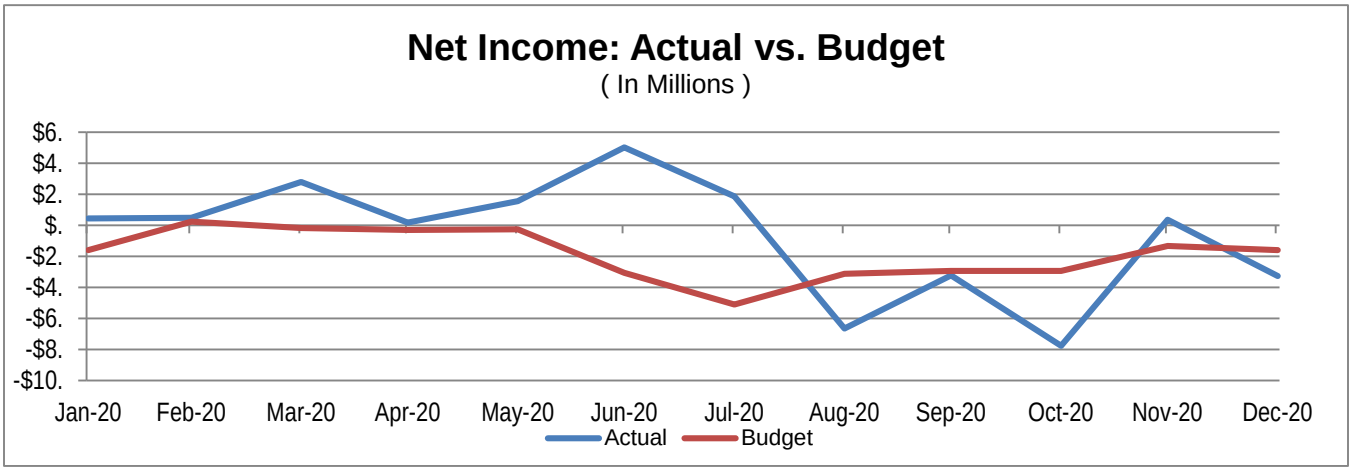


- Newsom signed an executive order (EO N-29-20) in March 2020 to suspend redeterminations in the Medi-Cal program during the public health crisis. Guidelines have been issued by DHCS to the County Public Health Directors on two occasions (MEDIL I-20-07, MEDIL I-20-08).
- Disenrollment and new enrollment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

Net Income

- For the month ended December 31, 2020:
  - Actual Net Loss: $3.3 million.
  - Budgeted Net Loss: $1.6 million.

- For the fiscal YTD ended December 31, 2020:
  - Actual Net Loss: $18.7 million.
  - Budgeted Net Loss: $18.7 million.



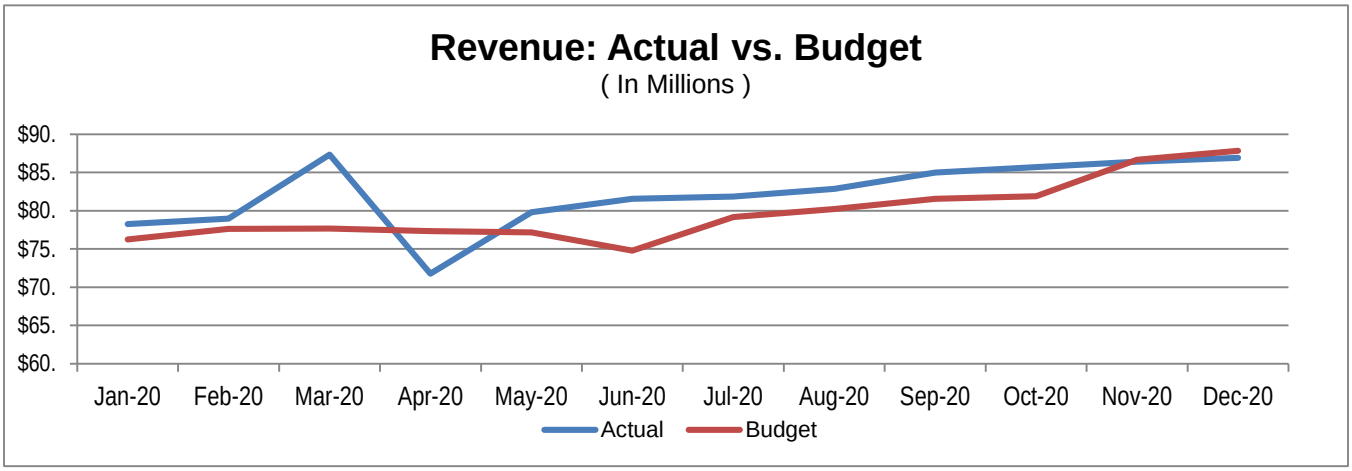
- The unfavorable variance of $1.7 million in the current month is due to:
    - Unfavorable $924,000 lower than anticipated Revenue.
    - Unfavorable $1.8 million higher than anticipated Medical Expense.
    - Unfavorable $18,000 lower than anticipated Other Income & Expense

      Offset by:
    - Favorable $1.0 million lower than anticipated Administrative Expense.

Revenue

- For the month ended December 31, 2020:
    - Actual Revenue: $86.9 million.
    - Budgeted Revenue: $87.8 million.

- For the fiscal YTD ended December 31, 2020:
    - Actual Revenue: $508.7 million.
    - Budgeted Revenue: $509.9 million.

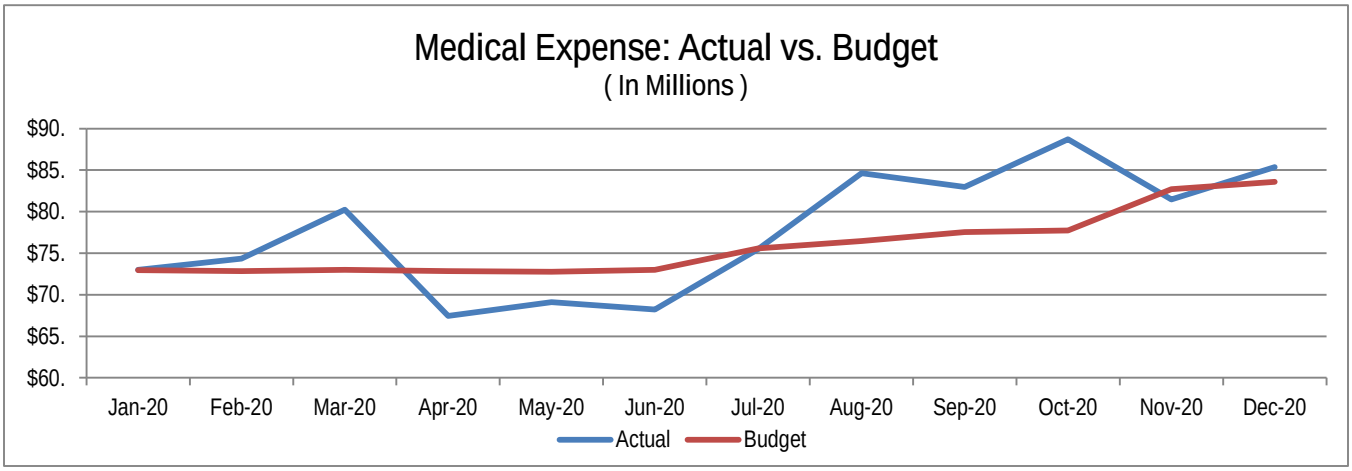


    - For the month ended December 31, 2020, the unfavorable revenue variance of $924,000 is mainly due to Actual Net Paid Enrollment below Budgeted Enrollment and lower than planned Maternity revenue.

Medical Expense

- For the month ended December 31, 2020:
    - Actual Medical Expense: $85.4 million.
    - Budgeted Medical Expense: $83.6 million.

- For the fiscal YTD ended December 31, 2020:
    - Actual Medical Expense: $498.7 million.
    - Budgeted Medical Expense: $498.2 million.



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

- For December, updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by $404,000. Year-to-date, the estimate for prior years increased by $1.4 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	$108,644,325	$0	$108,644,325	$108,989,156	$344,831	0.3%
Primary Care FFS	25,056,791	(379)	25,056,412	25,220,553	$163,762	0.6%
Specialty Care FFS	25,972,559	119,992	26,092,551	26,242,435	$269,876	1.0%
Outpatient FFS	46,800,385	299,034	47,099,419	46,665,532	($134,853)	-0.3%
Ancillary FFS	22,891,647	97,431	22,989,078	22,735,351	($156,297)	-0.7%
Pharmacy FFS	86,185,421	(43,891)	86,141,530	85,869,189	($316,232)	-0.4%
ER Services FFS	21,174,964	34,527	21,209,491	21,471,918	$296,953	1.4%
Inpatient Hospital & SNF FFS	149,531,693	860,781	150,392,474	148,503,297	($1,028,396)	-0.7%
Other Benefits & Services	11,078,708	0	11,078,708	11,848,398	$769,690	6.5%
Net Reinsurance	(519,771)	0	(519,771)	109,115	$628,886	576.4%
Provider Incentive	499,998	0	499,998	499,999	$1	0.0%
	$497,316,721	$1,367,494	$498,684,215	$498,154,941	$838,221	0.2%

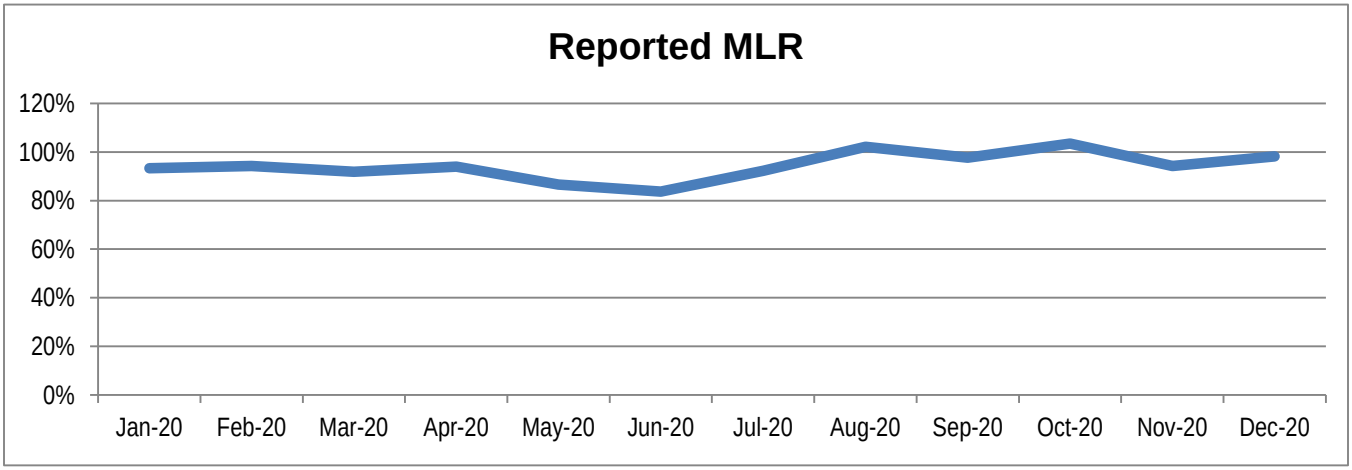
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$67.46	$0.00	$67.46	$67.59	$0.12	0.2%
Primary Care FFS	15.56	(0.00)	15.56	15.64	0.08	0.5%
Specialty Care FFS	16.13	0.07	16.20	16.27	0.15	0.9%
Outpatient FFS	29.06	0.19	29.25	28.94	(0.12)	-0.4%
Ancillary FFS	14.21	0.06	14.27	14.10	(0.12)	-0.8%
Pharmacy FFS	53.52	(0.03)	53.49	53.25	(0.27)	-0.5%
ER Services FFS	13.15	0.02	13.17	13.31	0.17	1.3%
Inpatient Hospital & SNF FFS	92.85	0.53	93.38	92.09	(0.76)	-0.8%
Other Benefits & Services	6.88	0.00	6.88	7.35	0.47	6.4%
Net Reinsurance	(0.32)	0.00	(0.32)	0.07	0.39	577.0%
Provider Incentive	0.31	0.00	0.31	0.31	(0.00)	-0.1%
	$308.80	$0.85	$309.65	$308.91	$0.11	0.0%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $838,000 favorable to budget. On a PMPM basis, medical expense is on target with budget.
    - Inpatient Expense is over budget because there were significantly higher than average COVID admissions in December. Overall unit cost is unfavorable partially offset by overall favorable utilization. This was driven by the ACA OE and SPD Categories of Aid. Other COAs were favorable except for Group Care which was unfavorable.
    - Other Benefits & Services are under budget, primarily due to open positions and leave of absences in the Clinical Organization, lower use of temps, delayed hiring of consultants, delayed employee training, lower Care Connect utilization, lower interpreter services utilization, decrease in advanced medical reviews, and timing of member health education.
    - Net Reinsurance is lower than budget due to the receipt of more recoveries than expected, some of which are related to prior year.
    - Pharmacy Expense is slightly higher than budget driven by Non-PBM expense, where higher utilization by all populations was partially offset by lower unit cost. PBM expense was slightly favorable due to lower utilization and unit cost, mainly in the ACA OE and Adults COAs.
    - Ancillary Expense is higher than budget due to Ambulance and Non-Emergency Transportation expenses offset by favorability in all other expenses (Home Health, DME and Other Medical Supplies, Hospice, Lab & Radiology, CBAS). Overall utilization is unfavorable offset by favorable unit cost.

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

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 98.2% for the month and 98.0% for the fiscal year-to-date.



Administrative Expense

- For the month ended December 31, 2020:
  - Actual Administrative Expense: $4.8 million.
  - Budgeted Administrative Expense: $5.9 million.

- For the fiscal YTD ended December 31, 2020:
  - Actual Administrative Expense: $28.9 million.
  - Budgeted Administrative Expense: $30.7 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 %
$2,630,959	$2,736,052	$105,093	3.8%	Employee Expense	$15,647,335	$15,699,376	$52,042	0.3%
649,982	632,258	(17,724)	-2.8%	Medical Benefits Admin Expense	3,840,916	3,777,555	(63,361)	-1.7%
549,559	979,426	429,867	43.9%	Purchased & Professional Services	4,001,060	4,788,189	787,129	16.4%
1,011,293	1,523,545	512,252	33.6%	Other Admin Expense	5,429,366	6,446,596	1,017,230	15.8%
$4,841,793	$5,871,281	$1,029,488	17.5%	Total Administrative Expense	$28,918,677	$30,711,716	$1,793,040	5.8%

Favorable variances include:
- Delayed timing of new project start dates in Consultants, Computer Support Services and Purchased Services.
- Savings in Building & Occupancy; a result of savings in Depreciation (delay of Capital Expense purchases).
- Savings in Licenses and Subscriptions as the result of the delay in new project starts.
- Savings in Printing / Postage Activities.

- Administrative expense represented 5.6% of net revenue for the month and 5.7% of net revenue year-to-date.

Other Income / (Expense)

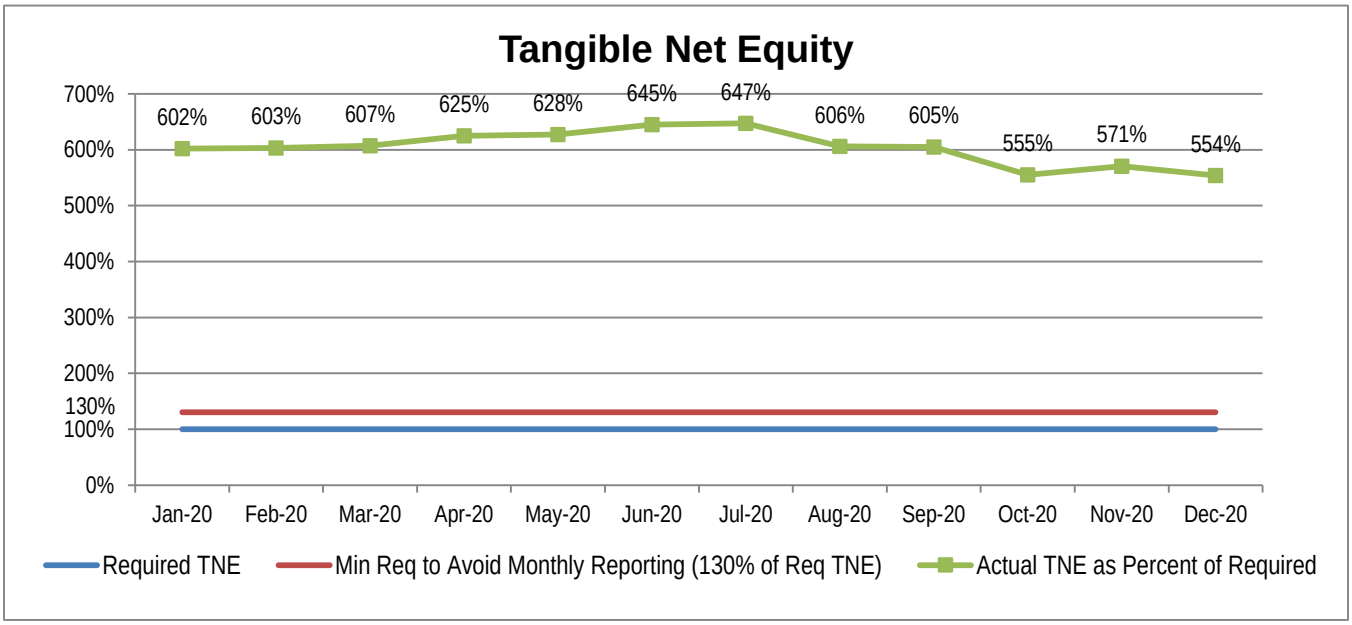
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date interest income from investments is $406,000.

- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $181,000.

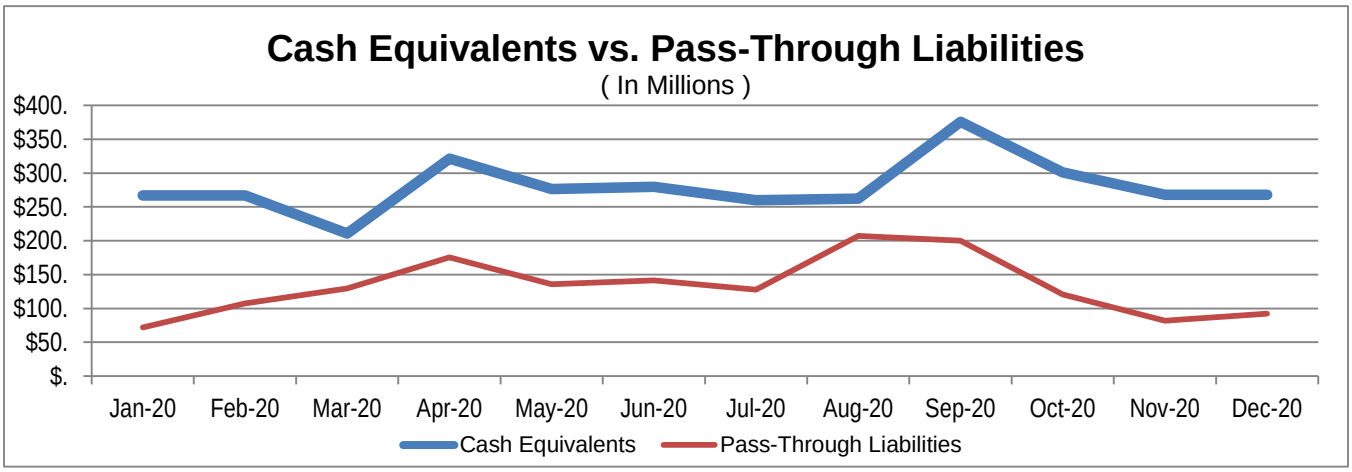
Tangible Net Equity (TNE)

- 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 $33.8 million
    - Actual TNE $187.5 million
    - Excess TNE $153.6 million
    - TNE as % of Required TNE 554%



- 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 $267.7 million
    - Pass-Through Liabilities $92.2 million
    - Uncommitted Cash $175.5 million
    - Working Capital $177.8 million
    - Current Ratio 1.79 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: $379,000.
- Annual capital budget: $2.4 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED December 31, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
269,635	271,209	(1,574)	(0.6%)	1 - Medi-Cal	1,574,395	1,576,464	(2,069)	(0.1%)
5,954	6,009	(55)	(0.9%)	2 - Group Care	36,072	36,154	(82)	(0.2%)
275,589	**277,218**	**(1,629)**	**(0.6%)**	**3 - Total Member Months**	**1,610,467**	**1,612,618**	**(2,151)**	**(0.1%)**
				REVENUE				
$86,899,099	**$87,822,968**	**($923,869)**	**(1.1%)**	**4 - TOTAL REVENUE**	**$508,740,510**	**$509,947,704**	**($1,207,193)**	**(0.2%)**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
19,154,075	19,237,933	83,858	0.4%	5 - Capitated Medical Expense	108,644,329	108,989,158	344,829	0.3%
				Fee for Service Medical Expenses:				
26,314,524	24,076,115	(2,238,409)	(9.3%)	6 - Inpatient Hospital & SNF FFS Expense	150,392,474	148,503,295	(1,889,179)	(1.3%)
4,175,252	4,257,790	82,538	1.9%	7 - Primary Care Physician FFS Expense	25,056,414	25,220,556	164,142	0.7%
3,862,820	4,410,128	547,308	12.4%	8 - Specialty Care Physician Expense	26,092,549	26,242,434	149,885	0.6%
3,151,024	3,388,557	237,533	7.0%	9 - Ancillary Medical Expense	22,989,075	22,735,350	(253,725)	(1.1%)
8,616,102	7,905,994	(710,108)	(9.0%)	10 - Outpatient Medical Expense	47,099,417	46,665,530	(433,887)	(0.9%)
3,301,547	3,531,216	229,669	6.5%	11 - Emergency Expense	21,209,489	21,471,919	262,430	1.2%
14,885,264	14,397,526	(487,738)	(3.4%)	12 - Pharmacy Expense	86,141,531	85,869,191	(272,340)	(0.3%)
64,306,534	61,967,326	(2,339,208)	(3.8%)	13 - Total Fee for Service Expense	378,980,949	376,708,275	(2,272,674)	(0.6%)
1,873,732	2,211,406	337,674	15.3%	14 - Other Benefits & Services	11,078,707	11,848,398	769,691	6.5%
(57,660)	90,008	147,668	164.1%	15 - Reinsurance Expense	(519,771)	109,117	628,888	576.3%
83,333	83,333	0	0.0%	16 - Risk Pool Distribution	499,998	500,000	2	0.0%
85,360,014	**83,590,006**	**(1,770,008)**	**(2.1%)**	**17 - TOTAL MEDICAL EXPENSES**	**498,684,212**	**498,154,948**	**(529,264)**	**(0.1%)**
1,539,085	**4,232,962**	**(2,693,877)**	**(63.6%)**	**18 - GROSS MARGIN**	**10,056,298**	**11,792,756**	**(1,736,458)**	**(14.7%)**
				ADMINISTRATIVE EXPENSES				
2,630,958	2,736,051	105,092	3.8%	19 - Personnel Expense	15,647,334	15,699,377	52,043	0.3%
649,982	632,259	(17,723)	(2.8%)	20 - Benefits Administration Expense	3,840,916	3,777,555	(63,361)	(1.7%)
549,560	979,427	429,867	43.9%	21 - Purchased & Professional Services	4,001,060	4,788,189	787,129	16.4%
1,011,292	1,523,546	512,254	33.6%	22 - Other Administrative Expense	5,429,366	6,446,595	1,017,229	15.8%
4,841,792	**5,871,282**	**1,029,490**	**17.5%**	**23 -Total Administrative Expense**	**28,918,676**	**30,711,716**	**1,793,040**	**5.8%**
(3,302,707)	**(1,638,320)**	**(1,664,387)**	**(101.6%)**	**24 - NET OPERATING INCOME / (LOSS)**	**(18,862,378)**	**(18,918,960)**	**56,583**	**0.3%**
				OTHER INCOME / EXPENSE				
26,253	**44,323**	**(18,070)**	**(40.8%)**	**25 - Total Other Income / (Expense)**	**174,783**	**214,012**	**(39,229)**	**(18.3%)**
($3,276,454)	**($1,593,997)**	**($1,682,457)**	**(105.5%)**	**26 - NET INCOME / (LOSS)**	**($18,687,595)**	**($18,704,948)**	**$17,354**	**0.1%**
5.6%	6.7%	1.1%	16.7%	27 - Admin Exp % of Revenue	5.7%	6.0%	0.3%	5.6%

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

	December	November	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$15,465,789	$28,377,620	($12,911,831)	-45.50%
Short-Term Investments	252,215,470	239,528,879	12,686,591	5.30%
Interest Receivable	5,347	2,028	3,318	163.57%
Other Receivables - Net	128,488,623	126,524,935	1,963,687	1.55%
Prepaid Expenses	4,679,492	4,466,666	212,826	4.76%
Prepaid Inventoried Items	3,930	4,867	(937)	-19.26%
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	**404,329,372**	**402,375,718**	**1,953,653**	**0.49%**
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	15,140,847	15,124,880	15,967	0.11%
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	42,603,064	42,587,098	15,967	0.04%
Less: Accumulated Depreciation	(33,307,817)	(33,132,760)	(175,057)	0.53%
NET PROPERTY AND EQUIPMENT	**9,295,248**	**9,454,338**	**(159,090)**	**-1.68%**
TOTAL ASSETS	**$413,974,619**	**$412,180,056**	**$1,794,563**	**0.44%**
CURRENT LIABILITIES:				
Accounts Payable	$2,000,118	$3,238,831	($1,238,713)	-38.25%
Pass-Through Liabilities	92,239,524	81,936,909	10,302,616	12.57%
Claims Payable	18,105,250	18,197,868	(92,618)	-0.51%
IBNP Reserves	93,849,600	97,909,168	(4,059,568)	-4.15%
Payroll Liabilities	3,968,840	3,958,278	10,563	0.27%
CalPERS Deferred Inflow	1,627,670	1,627,670	0	0.00%
Risk Sharing	4,149,850	4,066,517	83,333	2.05%
Provider Grants/ New Health Program	10,546,548	10,481,143	65,406	0.62%
TOTAL CURRENT LIABILITIES	**226,487,399**	**221,416,382**	**5,071,017**	**2.29%**
TOTAL LIABILITIES	**226,487,399**	**221,416,382**	**5,071,017**	**2.29%**
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)	(18,687,595)	(15,411,141)	(3,276,454)	21.26%
TOTAL NET WORTH	**187,487,220**	**190,763,674**	**(3,276,454)**	**-1.72%**
TOTAL LIABILITIES AND NET WORTH	**$413,974,619**	**$412,180,056**	**$1,794,563**	**0.44%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,223,407	$6,731,530	$13,505,121	$13,505,121
Total	2,223,407	6,731,530	13,505,121	13,505,121
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	84,095,821	250,858,618	492,569,482	492,569,482
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(1,016,708)	(2,653,052)	120,901,016	120,901,016
Total	83,079,113	248,205,566	613,470,498	613,470,498
Investment & Other Income Cash Flows				
Other Revenue (Grants)	580,625	1,436,179	2,666,317	2,666,317
Interest Income	50,392	150,780	355,444	355,444
Interest Receivable	(3,318)	(3,289)	(4,064)	(4,064)
Total	627,699	1,583,670	3,017,697	3,017,697
Medical & Hospital Cash Flows				
Total Medical Expenses	(85,360,014)	(255,534,440)	(498,684,212)	(498,684,212)
Other Receivable	(946,979)	(1,132,863)	(1,592,917)	(1,592,917)
Claims Payable	(92,618)	1,123,467	3,500,650	3,500,650
IBNP Payable	(4,059,568)	14,066,566	19,758,225	19,758,225
Risk Share Payable	83,333	249,999	(2,001,767)	(2,001,767)
Health Program	65,406	65,406	1,695,406	1,695,406
Other Liabilities	(2)	0	0	0
Total	(90,310,442)	(241,161,865)	(477,324,615)	(477,324,615)
Administrative Cash Flows				
Total Administrative Expenses	(4,866,688)	(14,307,892)	(29,099,747)	(29,099,747)
Prepaid Expenses	(211,888)	(62,466)	269,886	269,886
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(1,238,713)	(1,833,515)	(874,864)	(874,864)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	10,563	(5,656)	478,283	478,283
Depreciation Expense	175,057	527,518	1,095,798	1,095,798
Total	(6,131,669)	(15,682,011)	(28,130,644)	(28,130,644)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**(10,511,892)**	**(323,110)**	**124,538,057**	**124,538,057**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	10,302,616	(107,643,217)	(136,152,777)	(136,152,777)
Restricted Cash	0	0	0	0
	10,302,616	(107,643,217)	(136,152,777)	(136,152,777)
Fixed Asset Cash Flows				
Depreciation expense	175,057	527,518	1,095,798	1,095,798
Fixed Asset Acquisitions	(15,967)	(52,176)	(379,108)	(379,108)
Change in A/D	(175,057)	(527,518)	(1,095,798)	(1,095,798)
	(15,967)	(52,176)	(379,108)	(379,108)
Total Cash Flows from Investing Activities	**10,286,649**	**(107,695,393)**	**(136,531,885)**	**(136,531,885)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(225,243)**	**(108,018,503)**	**(11,993,828)**	**(11,993,828)**
Rounding	2	0	1	1
Cash @ Beginning of Period	267,906,499	375,699,761	279,675,085	279,675,085
Cash @ End of Period	**$267,681,258**	**$267,681,258**	**$267,681,258**	**$267,681,258**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	($3,276,454)	($10,665,225)	($18,687,595)	($18,687,595)
Add back: Depreciation	175,057	527,518	1,095,798	1,095,798
Receivables				
Premiums Receivable	(1,016,708)	(2,653,052)	120,901,016	120,901,016
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(3,318)	(3,289)	(4,064)	(4,064)
Other Receivable	(946,979)	(1,132,863)	(1,592,917)	(1,592,917)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(1,967,005)	(3,789,204)	119,304,035	119,304,035
Prepaid Expenses	(211,888)	(62,466)	269,886	269,886
Trade Payables	(1,238,713)	(1,833,515)	(874,864)	(874,864)
Claims Payable, IBNR & Risk Share				
IBNP	(4,059,568)	14,066,566	19,758,225	19,758,225
Claims Payable	(92,618)	1,123,467	3,500,650	3,500,650
Risk Share Payable	83,333	249,999	(2,001,767)	(2,001,767)
Other Liabilities	(2)	0	0	0
Total	(4,068,855)	15,440,032	21,257,108	21,257,108
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	10,563	(5,656)	478,283	478,283
Health Program	65,406	65,406	1,695,406	1,695,406
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	75,969	59,750	2,173,689	2,173,689
Cash Flows from Operating Activities	**($10,511,889)**	**($323,110)**	**$124,538,057**	**$124,538,057**
Difference (rounding)	3	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$83,079,113	$248,205,566	$613,470,498	$613,470,498
Commercial Premium Revenue	2,223,407	6,731,530	13,505,121	13,505,121
Other Income	580,625	1,436,179	2,666,317	2,666,317
Investment Income	47,074	147,491	351,380	351,380
Cash Paid To:				
Medical Expenses	(90,310,442)	(241,161,865)	(477,324,615)	(477,324,615)
Vendor & Employee Expenses	(6,131,669)	(15,682,011)	(28,130,644)	(28,130,644)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(10,511,892)	(323,110)	124,538,057	124,538,057
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(15,967)	(52,176)	(379,108)	(379,108)
Net Cash Provided By (Used In) Financing Activities	(15,967)	(52,176)	(379,108)	(379,108)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	10,302,616	(107,643,217)	(136,152,777)	(136,152,777)
Net Cash Provided By (Used In) Investing Activities	10,302,616	(107,643,217)	(136,152,777)	(136,152,777)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(225,243)**	**(108,018,503)**	**(11,993,828)**	**(11,993,828)**
Cash @ Beginning of Period	267,906,499	375,699,761	279,675,085	279,675,085
Subtotal	$267,681,256	$267,681,258	$267,681,257	$267,681,257
Rounding	2	0	1	1
Cash @ End of Period	**$267,681,258**	**$267,681,258**	**$267,681,258**	**$267,681,258**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	($3,276,454)	($10,665,225)	($18,687,595)	($18,687,595)
Depreciation	175,057	527,518	1,095,798	1,095,798
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(1,967,005)	(3,789,204)	119,304,035	119,304,035
Prepaid Expenses	(211,888)	(62,466)	269,886	269,886
Trade Payables	(1,238,713)	(1,833,515)	(874,864)	(874,864)
Claims payable & IBNP	(4,068,855)	15,440,032	21,257,108	21,257,108
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	75,969	59,750	2,173,689	2,173,689
Subtotal	(10,511,889)	(323,110)	124,538,057	124,538,057
Rounding	(3)	0	0	0
Cash Flows from Operating Activities	**($10,511,892)**	**($323,110)**	**$124,538,057**	**$124,538,057**
Rounding Difference	(3)	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF DECEMBER 2020

	Medi-Cal							
	Child	Adults	SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	94,969	38,152	26,339	91,050	19,125	269,635	5,954	275,589
Net Revenue	$11,447,350	$11,830,820	$25,449,417	$32,731,342	$3,216,764	$84,675,694	$2,223,405	$86,899,099
Medical Expense	$9,640,521	$12,197,768	$26,579,423	$32,249,377	$2,605,098	$83,272,186	$2,087,827	$85,360,014
Gross Margin	$1,806,830	($366,947)	($1,130,006)	$481,965	$611,666	$1,403,507	$135,578	$1,539,085
Administrative Expense	$381,212	$609,851	$1,827,884	$1,703,159	$176,684	$4,698,790	$143,002	$4,841,792
Operating Income / (Expense)	$1,425,618	($976,798)	($2,957,890)	($1,221,194)	$434,982	($3,295,283)	($7,424)	($3,302,707)
Other Income / (Expense)	$2,970	$4,840	$9,229	$10,153	$805	$27,998	($1,745)	$26,253
Net Income / (Loss)	$1,428,588	($971,958)	($2,948,661)	($1,211,042)	$435,787	($3,267,285)	($9,169)	($3,276,454)
Revenue PMPM	$120.54	$310.10	$966.23	$359.49	$168.20	$314.04	$373.43	$315.32
Medical Expense PMPM	$101.51	$319.72	$1,009.13	$354.19	$136.21	$308.83	$350.66	$309.74
Gross Margin PMPM	$19.03	($9.62)	($42.90)	$5.29	$31.98	$5.21	$22.77	$5.58
Administrative Expense PMPM	$4.01	$15.98	$69.40	$18.71	$9.24	$17.43	$24.02	$17.57
Operating Income / (Expense) PMPM	$15.01	($25.60)	($112.30)	($13.41)	$22.74	($12.22)	($1.25)	($11.98)
Other Income / (Expense) PMPM	$0.03	$0.13	$0.35	$0.11	$0.04	$0.10	($0.29)	$0.10
Net Income / (Loss) PMPM	$15.04	($25.48)	($111.95)	($13.30)	$22.79	($12.12)	($1.54)	($11.89)
Medical Loss Ratio	84.2%	103.1%	104.4%	98.5%	81.0%	98.3%	93.9%	98.2%
Gross Margin Ratio	15.8%	-3.1%	-4.4%	1.5%	19.0%	1.7%	6.1%	1.8%
Administrative Expense Ratio	3.3%	5.2%	7.2%	5.2%	5.5%	5.5%	6.4%	5.6%
Net Income Ratio	12.5%	-8.2%	-11.6%	-3.7%	13.5%	-3.9%	-0.4%	-3.8%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - DECEMBER 2020

	Medi-Cal					Medi-Cal	Group	Grand
	Child	Adult	SPD	ACA OE	Duals	Total	Care	Total
Member Months	561,211	219,764	157,219	523,843	112,358	1,574,395	36,072	1,610,467
Net Revenue	$66,975,474	$68,527,150	$151,684,388	$189,241,682	$18,806,621	$495,235,316	$13,505,194	$508,740,510
Medical Expense	$54,051,072	$67,251,133	$160,365,235	$187,413,648	$16,116,346	$485,197,434	$13,486,778	$498,684,212
Gross Margin	$12,924,402	$1,276,017	($8,680,847)	$1,828,035	$2,690,275	$10,037,882	$18,416	$10,056,298
Administrative Expense	$2,302,771	$3,840,089	$10,089,759	$10,791,667	$932,791	$27,957,077	$961,599	$28,918,676
Operating Income / (Expense)	$10,621,630	($2,564,071)	($18,770,606)	($8,963,632)	$1,757,484	($17,919,196)	($943,182)	($18,862,379)
Other Income / (Expense)	$20,347	$25,252	$58,872	$77,642	($9,519)	$172,593	$2,190	$174,783
Net Income / (Loss)	$10,641,978	($2,538,819)	($18,711,734)	($8,885,991)	$1,747,964	($17,746,602)	($940,992)	($18,687,595)
Revenue PMPM	$119.34	$311.82	$964.80	$361.26	$167.38	$314.56	$374.40	$315.90
Medical Expense PMPM	$96.31	$306.02	$1,020.01	$357.77	$143.44	$308.18	$373.88	$309.65
Gross Margin PMPM	$23.03	$5.81	($55.21)	$3.49	$23.94	$6.38	$0.51	$6.24
Administrative Expense PMPM	$4.10	$17.47	$64.18	$20.60	$8.30	$17.76	$26.66	$17.96
Operating Income / (Expense) PMPM	$18.93	($11.67)	($119.39)	($17.11)	$15.64	($11.38)	($26.15)	($11.71)
Other Income / (Expense) PMPM	$0.04	$0.11	$0.37	$0.15	($0.08)	$0.11	$0.06	$0.11
Net Income / (Loss) PMPM	$18.96	($11.55)	($119.02)	($16.96)	$15.56	($11.27)	($26.09)	($11.60)
Medical Loss Ratio	80.7%	98.1%	105.7%	99.0%	85.7%	98.0%	99.9%	98.0%
Gross Margin Ratio	19.3%	1.9%	-5.7%	1.0%	14.3%	2.0%	0.1%	2.0%
Administrative Expense Ratio	3.4%	5.6%	6.7%	5.7%	5.0%	5.6%	7.1%	5.7%
Net Income Ratio	15.9%	-3.7%	-12.3%	-4.7%	9.3%	-3.6%	-7.0%	-3.7%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,630,958	$2,736,051	$105,092	3.8%	Personnel Expenses	$15,647,334	$15,699,377	$52,043	0.3%
649,982	632,259	(17,723)	(2.8%)	Benefits Administration Expense	3,840,916	3,777,555	(63,361)	(1.7%)
549,560	979,427	429,867	43.9%	Purchased & Professional Services	4,001,060	4,788,189	787,129	16.4%
352,021	390,446	38,425	9.8%	Occupancy	2,218,866	2,269,065	50,199	2.2%
239,117	350,184	111,067	31.7%	Printing Postage & Promotion	732,681	1,009,514	276,833	27.4%
414,682	768,629	353,948	46.0%	Licenses Insurance & Fees	2,424,885	3,098,514	673,629	21.7%
5,473	14,287	8,815	61.7%	Supplies & Other Expenses	52,934	69,502	16,569	23.8%
2,210,834	3,135,232	924,398	29.5%	Total Other Administrative Expense	13,271,341	15,012,339	1,740,998	11.6%
$4,841,792	**$5,871,282**	**$1,029,490**	**17.5%**	**Total Administrative Expenses**	**$28,918,676**	**$30,711,716**	**$1,793,040**	**5.8%**

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,800,281	$1,730,124	($70,157)	(4.1%)	Salaries & Wages	$10,597,690	$10,386,338	($211,352)	(2.0%)
166,206	187,207	21,001	11.2%	Paid Time Off	1,045,633	1,076,486	30,853	2.9%
1,790	4,292	2,502	58.3%	Incentives	5,206	9,999	4,793	47.9%
0	0	0	0.0%	Severance Pay	7,605	7,605	0	0.0%
29,551	34,634	5,083	14.7%	Payroll Taxes	169,894	182,464	12,571	6.9%
22,144	13,785	(8,359)	(60.6%)	Overtime	126,891	109,018	(17,873)	(16.4%)
127,227	146,503	19,276	13.2%	CalPERS ER Match	798,931	828,480	29,549	3.6%
0	0	0	0.0%	Sick Leave Pay	4,097	4,097	0	0.0%
452,593	470,880	18,288	3.9%	Employee Benefits	2,586,883	2,625,153	38,270	1.5%
(160)	0	160	0.0%	Personal Floating Holiday	1,309	1,453	144	9.9%
3,957	26,616	22,659	85.1%	Employee Relations	30,662	60,386	29,724	49.2%
6,810	7,170	360	5.0%	Work from Home Stipend	13,560	14,190	630	4.4%
0	470	470	100.0%	Transportation Reimbursement	778	1,493	715	47.9%
0	9,717	9,717	100.0%	Travel & Lodging	(615)	16,968	17,583	103.6%
10,049	12,272	2,223	18.1%	Temporary Help Services	100,738	105,090	4,352	4.1%
5,962	39,284	33,323	84.8%	Staff Development/Training	46,790	102,180	55,390	54.2%
4,549	53,098	48,549	91.4%	Staff Recruitment/Advertising	111,283	167,976	56,693	33.8%
2,630,958	**2,736,051**	**105,092**	**3.8%**	**Total Employee Expenses**	**15,647,334**	**15,699,377**	**52,043**	**0.3%**
				Benefit Administration Expense				
391,725	380,708	(11,017)	(2.9%)	RX Administration Expense	2,323,989	2,275,349	(48,640)	(2.1%)
241,640	233,359	(8,281)	(3.5%)	Behavioral Hlth Administration Fees	1,419,662	1,401,981	(17,681)	(1.3%)
16,617	18,191	1,574	8.7%	Telemedicine Admin Fees	97,265	100,225	2,960	3.0%
649,982	**632,259**	**(17,723)**	**(2.8%)**	**Total Employee Expenses**	**3,840,916**	**3,777,555**	**(63,361)**	**(1.7%)**
				Purchased & Professional Services				
109,730	330,236	220,506	66.8%	Consulting Services	762,117	1,114,379	352,262	31.6%
244,836	470,600	225,764	48.0%	Computer Support Services	1,891,246	2,231,128	339,882	15.2%
8,750	8,750	0	0.0%	Professional Fees-Accounting	51,687	51,687	0	0.0%
0	100	100	100.0%	Professional Fees-Medical	0	200	200	100.0%
35,591	30,254	(5,337)	(17.6%)	Other Purchased Services	150,801	169,482	18,681	11.0%
4,039	10,284	6,245	60.7%	Maint.& Repair-Office Equipment	46,873	58,749	11,876	20.2%
40,533	29,900	(10,633)	(35.6%)	HMS Recovery Fees	178,646	176,920	(1,726)	(1.0%)
0	242	242	100.0%	MIS Software (Non-Capital)	0	483	483	100.0%
2,403	7,507	5,104	68.0%	Hardware (Non-Capital)	64,180	72,112	7,932	11.0%
20,166	14,220	(5,946)	(41.8%)	Provider Relations-Credentialing	69,095	65,441	(3,653)	(5.6%)
83,511	77,333	(6,177)	(8.0%)	Legal Fees	786,415	847,608	61,192	7.2%
549,560	**979,427**	**429,867**	**43.9%**	**Total Purchased & Professional Services**	**4,001,060**	**4,788,189**	**787,129**	**16.4%**
				Occupancy				
148,949	173,254	24,305	14.0%	Depreciation	939,154	982,823	43,669	4.4%
26,107	26,107	0	0.0%	Amortization	156,645	156,645	0	0.0%
67,855	67,855	0	0.0%	Building Lease	407,130	407,130	0	0.0%
2,780	2,780	0	0.0%	Leased and Rented Office Equipment	16,678	16,679	1	0.0%
13,743	12,869	(874)	(6.8%)	Utilities	71,917	74,188	2,271	3.1%
80,514	83,300	2,786	3.3%	Telephone	531,853	526,386	(5,467)	(1.0%)

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ADMIN YTD 2021
01/27/21
REPORT #6

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$12,072	$24,280	$12,208	50.3%	Building Maintenance	$95,490	$105,215	$9,725	9.2%
352,021	**390,446**	**38,425**	**9.8%**	**Total Occupancy**	**2,218,866**	**2,269,065**	**50,199**	**2.2%**
				Printing Postage & Promotion				
15,248	79,011	63,764	80.7%	Postage	137,340	240,161	102,821	42.8%
13,260	3,250	(10,010)	(308.0%)	Design & Layout	41,960	17,350	(24,610)	(141.8%)
109,241	125,750	16,509	13.1%	Printing Services	278,707	336,167	57,460	17.1%
4,591	5,970	1,379	23.1%	Mailing Services	18,217	21,034	2,817	13.4%
2,985	2,316	(669)	(28.9%)	Courier/Delivery Service	14,858	14,391	(467)	(3.2%)
9	305	296	97.2%	Pre-Printed Materials and Publications	50	1,093	1,043	95.4%
9,148	11,250	2,102	18.7%	Promotional Products	27,369	29,471	2,102	7.1%
80,178	114,353	34,175	29.9%	Community Relations	181,413	313,071	131,659	42.1%
4,458	7,978	3,520	44.1%	Translation - Non-Clinical	32,767	36,775	4,008	10.9%
239,117	**350,184**	**111,067**	**31.7%**	**Total Printing Postage & Promotion**	**732,681**	**1,009,514**	**276,833**	**27.4%**
				Licenses Insurance & Fees				
0	50,000	50,000	100.0%	Regulatory Penalties	0	50,000	50,000	100.0%
18,355	19,100	745	3.9%	Bank Fees	116,930	115,267	(1,663)	(1.4%)
53,007	53,007	0	0.0%	Insurance	318,041	318,041	0	0.0%
286,728	582,465	295,737	50.8%	Licenses, Permits and Fees	1,626,001	2,238,876	612,874	27.4%
56,592	64,058	7,466	11.7%	Subscriptions & Dues	363,912	376,331	12,418	3.3%
414,682	**768,629**	**353,948**	**46.0%**	**Total Licenses Insurance & Postage**	**2,424,885**	**3,098,514**	**673,629**	**21.7%**
				Supplies & Other Expenses				
2,229	2,595	366	14.1%	Office and Other Supplies	10,791	12,427	1,636	13.2%
0	2,695	2,695	100.0%	Ergonomic Supplies	1,767	7,157	5,390	75.3%
1,226	2,947	1,721	58.4%	Commissary-Food & Beverage	4,201	9,329	5,128	55.0%
0	4,850	4,850	100.0%	Member Incentive Expense	24,250	29,100	4,850	16.7%
0	0	0	0.0%	Covid-19 IT Expenses	3,840	3,840	0	0.0%
2,018	1,200	(818)	(68.1%)	Covid-19 Non IT Expenses	8,085	7,649	(436)	(5.7%)
5,473	**14,287**	**8,815**	**61.7%**	**Total Supplies & Other Expense**	**52,934**	**69,502**	**16,569**	**23.8%**
$4,841,792	**$5,871,282**	**$1,029,490**	**17.5%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$28,918,676**	**$30,711,716**	**$1,793,040**	**5.8%**

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ADMIN YTD 2021
01/27/21
REPORT #6

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED DECEMBER 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	$ 169,616	$ 15,967	**$ 185,583**	$ 300,000	$ 114,417
	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	$ -		**$ -**	$ 150,000	$ 150,000
	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
	Network / AV Cabling	IT-FY21-18	$ -		**$ -**	$ 250,000	$ 250,000
	Carryover from FY20 / unplanned	IT-FY21-19	$ 133,271		**$ 133,271**	$ -	$ (133,271)
Hardware Subtotal			**$ 333,189**	**$ 15,967**	**$ 349,156**	**$ 1,385,000**	**$ 1,035,844**
2. Software:							
	Monitoring Software	AC-FY21-02	$ -		**$ -**	$ 60,000	$ 60,000
	Windows Server OS (3rd payment)	AC-FY21-03	$ -		**$ -**	$ 80,000	$ 80,000
	Adobe Acrobat Licenses	AC-FY21-04	$ -		**$ -**	$ 12,000	$ 12,000
	Carryover from FY20 / unplanned	AC-FY21-05	$ 28,232		**$ 28,232**	$ -	$ (28,232)
Software Subtotal			**$ 28,232**	**$ -**	**$ 28,232**	**$ 152,000**	**$ 123,768**
3. Building Improvement:							
	Appliances over 1k new/replacement (all buildings/suites)	FA-FY21-01	$ -		**$ -**	$ 5,000	$ 5,000
	ACME Security: Readers, HID boxes, Cameras, Doors (planned/unplanned Maintenance repairs)	FA-FY21-02	$ -		**$ -**	$ 50,000	$ 50,000
	Seismic Improvements (Carryover from FY20)	FA-FY21-03	$ -		**$ -**	$ 150,000	$ 150,000
	HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY21-04	$ -		**$ -**	$ 65,000	$ 65,000
	Electrical work for projects, workstations requirement	FA-FY21-05	$ -		**$ -**	$ 20,000	$ 20,000
	Construction work for various projects	FA-FY21-06	$ -		**$ -**	$ 20,000	$ 20,000
	1240 Emergency Generator	FA-FY21-07	$ -		**$ -**	$ 318,000	$ 318,000
Building Improvement Subtotal			**$ -**	**$ -**	**$ -**	**$ 628,000**	**$ 628,000**

		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**	$ 50,000	$ 48,279
	Ergonomic Equipment - Sit/Stand desks	FA-FY21-20	$ -		**$ -**	$ 40,000	$ 40,000
	Task Chairs: Various sizes, special order for Ergo/WC	FA-FY21-21	$ -		**$ -**	$ 50,000	$ 50,000
	Replace, reconfigure, re-design workstations	FA-FY21-22	$ -		**$ -**	$ 50,000	$ 50,000
Furniture & Equipment Subtotal			**$ 1,721**	**$ -**	**$ 1,721**	**$ 190,000**	**$ 188,279**
5. Leasehold Improvement:							
	Electrical work for projects, workstations requirement	FA-FY21-26	$ -		**$ -**	$ 20,000	$ 20,000
Leasehold Improvement Subtotal			**$ -**	**$ -**	**$ -**	**$ 20,000**	**$ 20,000**
6. Contingency:							
	Carryover from FY20 / Unplanned/ Contingency	FA-FY21-28	$ -		**$ -**	$ -	$ -
Contingency Subtotal			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL			**$ 363,142**	**$ 15,967**	**$ 379,108**	**$ 2,375,000**	**$ 1,995,891**

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost -12/31/20	**$ 42,603,064**
Fixed Assets @ Cost - 6/30/20	**$ 42,223,957**
Fixed Assets Acquired YTD	**$ 379,108**

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

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

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

LIQUID TANGIBLE NET EQUITY						
Net Assets	$208,037,240	$201,390,145	$198,152,445	$190,396,968	$190,763,674	$187,487,220
Fixed Assets at Net Book Value	9,978,158	9,949,713	9,770,590	9,592,926	9,454,338	9,295,248
CD Pledged to DMHC	350,000	350,000	350,000	350,000	350,000	350,000
Liquid TNE (Liquid Reserves)	**$218,365,398**	**$211,689,858**	**$208,273,035**	**$200,339,894**	**$200,568,012**	**$197,132,468**
Liquid TNE as Multiple of Required	**6.79**	**6.37**	**6.36**	**5.84**	**6.00**	**5.83**

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

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

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	91,570	92,692	93,378	93,982	94,620	94,969							561,211
Adults*	34,909	35,689	36,302	37,072	37,640	38,152							219,764
SPD*	26,044	26,094	26,178	26,250	26,314	26,339							157,219
ACA OE	82,989	85,081	86,713	88,258	89,752	91,050							523,843
Duals	18,297	18,495	18,606	18,847	18,988	19,125							112,358
Medi-Cal Program	253,809	258,051	261,177	264,409	267,314	269,635							1,574,395
Group Care Program	6,109	6,007	6,011	6,009	5,982	5,954							36,072
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,296**	**275,589**							**1,610,467**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	825	1,122	686	604	638	349							4,224
Adults*	822	780	613	770	568	512							4,065
SPD*	(67)	50	84	72	64	25							228
ACA OE	1,693	2,092	1,632	1,545	1,494	1,298							9,754
Duals	228	198	111	241	141	137							1,056
Medi-Cal Program	3,501	4,242	3,126	3,232	2,905	2,321							19,327
Group Care Program	(328)	(102)	4	(2)	(27)	(28)							(483)
Total	**3,173**	**4,140**	**3,130**	**3,230**	**2,878**	**2,293**							**18,844**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.1%	35.9%	35.8%	35.5%	35.4%	35.2%							35.6%
Adults % of Medi-Cal	13.8%	13.8%	13.9%	14.0%	14.1%	14.1%							14.0%
SPD % of Medi-Cal	10.3%	10.1%	10.0%	9.9%	9.8%	9.8%							10.0%
ACA OE % of Medi-Cal	32.7%	33.0%	33.2%	33.4%	33.6%	33.8%							33.3%
Duals % of Medi-Cal	7.2%	7.2%	7.1%	7.1%	7.1%	7.1%							7.1%
Medi-Cal Program % of Total	97.6%	97.7%	97.8%	97.8%	97.8%	97.8%							97.8%
Group Care Program % of Total	2.4%	2.3%	2.2%	2.2%	2.2%	2.2%							2.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**							**100.0%**

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

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

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	50,199	51,057	51,527	51,397	52,073	51,937							308,190
Alameda Health System	50,193	51,312	52,596	53,607	54,283	55,240							317,231
	100,392	102,369	104,123	105,004	106,356	107,177							625,421
Delegated:													
CFMG	30,742	31,072	30,803	31,173	31,336	31,529							186,655
CHCN	94,144	95,194	96,219	97,528	98,274	98,920							580,279
Kaiser	34,640	35,423	36,043	36,713	37,330	37,963							218,112
Delegated Subtotal	159,526	161,689	163,065	165,414	166,940	168,412							985,046
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,296**	**275,589**							**1,610,467**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	1,402	1,977	1,754	881	1,352	821							8,187
Delegated:													
CFMG	317	330	(269)	370	163	193							1,104
CHCN	752	1,050	1,025	1,309	746	646							5,528
Kaiser	702	783	620	670	617	633							4,025
Delegated Subtotal	1,771	2,163	1,376	2,349	1,526	1,472							10,657
Total	**3,173**	**4,140**	**3,130**	**3,230**	**2,878**	**2,293**							**18,844**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.6%	38.8%	39.0%	38.8%	38.9%	38.9%							38.8%
Delegated:													
CFMG	11.8%	11.8%	11.5%	11.5%	11.5%	11.4%							11.6%
CHCN	36.2%	36.1%	36.0%	36.1%	36.0%	35.9%							36.0%
Kaiser	13.3%	13.4%	13.5%	13.6%	13.7%	13.8%							13.5%
Delegated Subtotal	61.4%	61.2%	61.0%	61.2%	61.1%	61.1%							61.2%
Total	**100.0%**	**100.0%**	**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.

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

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	91,570	92,692	93,378	93,982	94,957	95,931	96,740	97,550	98,359	98,261	98,015	97,525	1,148,959
Adult	34,909	35,689	36,302	37,072	37,737	38,401	39,151	39,900	40,650	40,609	40,508	40,305	461,232
SPD	26,044	26,094	26,178	26,250	26,289	26,327	26,359	26,390	26,422	26,395	26,329	26,198	315,275
ACA OE	82,989	85,081	86,713	88,258	89,853	91,449	93,189	94,930	96,670	96,574	96,332	95,851	1,097,889
Duals	18,297	18,495	18,606	18,847	18,974	19,101	19,296	19,490	19,685	19,665	19,616	19,518	229,588
Medi-Cal Program	253,809	258,051	261,177	264,409	267,809	271,209	274,735	278,260	281,785	281,503	280,800	279,396	3,252,943
Group Care Program	6,109	6,007	6,011	6,009	6,009	6,009	6,009	6,009	6,009	6,009	6,009	6,009	72,208
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,818**	**277,218**	**280,744**	**284,269**	**287,794**	**287,512**	**286,809**	**285,405**	**3,325,151**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	2,358	1,122	686	604	975	975	809	809	809	(98)	(246)	(490)	8,313
Adult	2,399	780	613	770	665	665	750	750	750	(41)	(102)	(203)	7,795
SPD	1,130	50	84	72	39	39	32	32	32	(26)	(66)	(132)	1,284
ACA OE	4,247	2,092	1,632	1,545	1,595	1,595	1,741	1,741	1,741	(97)	(241)	(482)	17,109
Duals	1,279	198	111	241	127	127	195	195	195	(20)	(49)	(98)	2,500
Medi-Cal Program	11,413	4,242	3,126	3,232	3,400	3,400	3,525	3,525	3,525	(282)	(704)	(1,404)	37,000
Group Care Program	133	(102)	4	(2)	0	0	0	0	0	0	0	0	33
Total	**11,546**	**4,140**	**3,130**	**3,230**	**3,400**	**3,400**	**3,525**	**3,525**	**3,525**	**(282)**	**(704)**	**(1,404)**	**37,033**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.1%	35.9%	35.8%	35.5%	35.5%	35.4%	35.2%	35.1%	34.9%	34.9%	34.9%	34.9%	35.3%
Adult % of Medi-Cal	13.8%	13.8%	13.9%	14.0%	14.1%	14.2%	14.3%	14.3%	14.4%	14.4%	14.4%	14.4%	14.2%
SPD % of Medi-Cal	10.3%	10.1%	10.0%	9.9%	9.8%	9.7%	9.6%	9.5%	9.4%	9.4%	9.4%	9.4%	9.7%
ACA OE % of Medi-Cal	32.7%	33.0%	33.2%	33.4%	33.6%	33.7%	33.9%	34.1%	34.3%	34.3%	34.3%	34.3%	33.8%
Duals % of Medi-Cal	7.2%	7.2%	7.1%	7.1%	7.1%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.1%
Medi-Cal Program % of Total	97.6%	97.7%	97.8%	97.8%	97.8%	97.8%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.8%
Group Care Program % of Total	2.4%	2.3%	2.2%	2.2%	2.2%	2.2%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

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

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	100,392	102,369	104,123	105,004	106,384	107,763	109,255	110,746	112,237	112,129	111,857	111,315	1,293,574
Delegated:													
CFMG	30,742	31,072	30,803	31,173	31,498	31,822	32,099	32,376	32,652	32,620	32,538	32,376	381,771
CHCN	94,144	95,194	96,219	97,528	98,744	99,960	101,226	102,493	103,759	103,658	103,405	102,900	1,199,229
Kaiser	34,640	35,423	36,043	36,713	37,193	37,673	38,164	38,655	39,145	39,106	39,009	38,813	450,578
Delegated Subtotal	159,526	161,689	163,065	165,414	167,435	169,455	171,489	173,523	175,557	175,384	174,951	174,089	2,031,577
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,818**	**277,218**	**280,744**	**284,269**	**287,794**	**287,512**	**286,809**	**285,405**	**3,325,151**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	6,149	1,977	1,754	881	1,380	1,380	1,491	1,491	1,491	(109)	(272)	(542)	17,072
Delegated:													
CFMG	1,050	330	(269)	370	325	325	277	277	277	(33)	(82)	(163)	2,684
CHCN	2,365	1,050	1,025	1,309	1,216	1,216	1,266	1,266	1,266	(101)	(253)	(505)	11,121
Kaiser	1,982	783	620	670	480	480	491	491	491	(39)	(98)	(195)	6,155
Delegated Subtotal	5,397	2,163	1,376	2,349	2,021	2,021	2,034	2,034	2,034	(173)	(432)	(862)	19,960
Total	**11,546**	**4,140**	**3,130**	**3,230**	**3,400**	**3,400**	**3,525**	**3,525**	**3,525**	**(282)**	**(704)**	**(1,404)**	**37,033**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.6%	38.8%	39.0%	38.8%	38.9%	38.9%	38.9%	39.0%	39.0%	39.0%	39.0%	39.0%	38.9%
Delegated:													
CFMG	11.8%	11.8%	11.5%	11.5%	11.5%	11.5%	11.4%	11.4%	11.3%	11.3%	11.3%	11.3%	11.5%
CHCN	36.2%	36.1%	36.0%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%
Kaiser	13.3%	13.4%	13.5%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%
Delegated Subtotal	61.4%	61.2%	61.0%	61.2%	61.1%	61.1%	61.1%	61.0%	61.0%	61.0%	61.0%	61.0%	61.1%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

NOTE:Jul-20 to Dec-20 BCCTP included with Adults, Jan-21 to Jun-21 BCCTP included with SPD

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	0	0	0	0	(337)	(962)							(1,299)
Adults*	0	0	0	0	(97)	(249)							(346)
SPD*	0	0	0	0	25	12							37
ACA OE	0	0	0	0	(101)	(399)							(500)
Duals	0	0	0	0	14	24							38
Medi-Cal Program	0	0	0	0	(495)	(1,574)							(2,070)
Group Care Program	0	0	0	0	(27)	(55)							(82)
Total	**0**	**0**	**0**	**0**	**(522)**	**(1,629)**							**(2,152)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	(28)	(586)							(614)
Delegated:													
CFMG	0	0	0	0	(162)	(293)							(455)
CHCN	0	0	0	0	(470)	(1,039)							(1,509)
Kaiser	0	0	0	0	137	290							427
Delegated Subtotal	0	0	0	0	(495)	(1,043)							(1,538)
Total	**0**	**0**	**0**	**0**	**(522)**	**(1,629)**							**(2,151)**

Notes:

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.

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

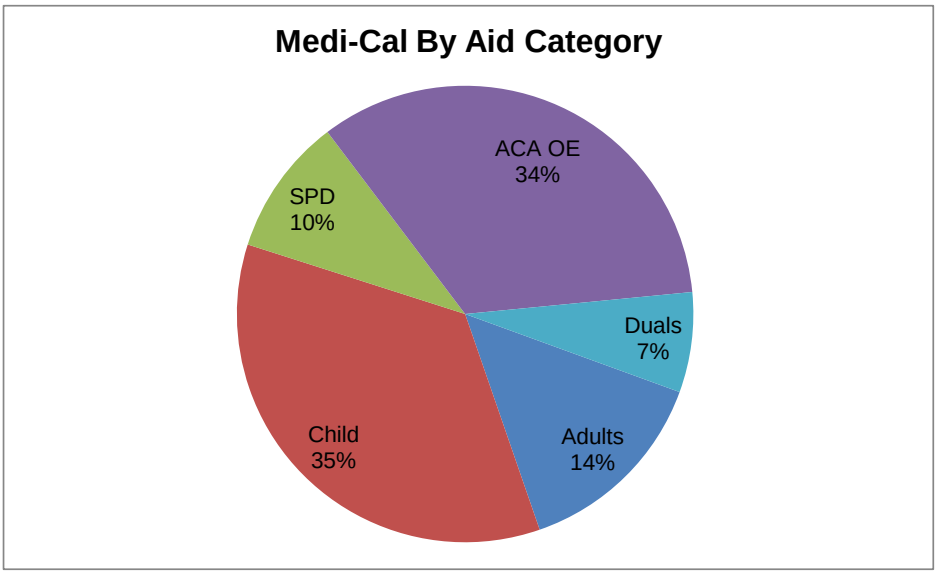
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,804,551	$1,817,178	$12,627	0.7%	PCP-Capitation	$10,603,247	$10,622,905	$19,658	0.2%
2,810,448	2,852,251	41,803	1.5%	PCP-Capitation - FQHC	16,582,159	16,647,471	65,312	0.4%
273,896	278,051	4,155	1.5%	Specialty-Capitation	1,624,615	1,631,625	7,010	0.4%
2,889,884	2,927,914	38,030	1.3%	Specialty-Capitation FQHC	16,982,843	17,040,128	57,285	0.3%
314,472	317,667	3,195	1.0%	Laboratory-Capitation	1,857,568	1,861,088	3,520	0.2%
920,196	887,099	(33,097)	(3.7%)	Transportation (Ambulance)-Cap	2,806,464	3,263,876	457,412	14.0%
204,787	264,000	59,213	22.4%	Vision Cap	1,204,120	1,320,312	116,192	8.8%
79,792	80,897	1,105	1.4%	CFMG Capitation	472,910	474,750	1,840	0.4%
146,356	148,404	2,048	1.4%	Anc IPA Admin Capitation FQHC	861,785	864,933	3,148	0.4%
8,098,928	8,037,452	(61,476)	(0.8%)	Kaiser Capitation	46,462,891	46,279,213	(183,678)	(0.4%)
691,573	687,295	(4,278)	(0.6%)	BHT Supplemental Expense	4,197,408	4,041,336	(156,072)	(3.9%)
20,504	12,359	(8,145)	(65.9%)	Hep-C Supplemental Expense	61,512	45,092	(16,420)	(36.4%)
292,044	362,807	70,763	19.5%	Maternity Supplemental Expense	1,776,602	1,741,528	(35,074)	(2.0%)
606,644	564,559	(42,085)	(7.5%)	DME - Cap	3,150,203	3,154,901	4,698	0.1%
19,154,075	**19,237,933**	**83,858**	**0.4%**	**5-TOTAL CAPITATED EXPENSES**	**108,644,329**	**108,989,158**	**344,829**	**0.3%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
524,444	0	(524,444)	0.0%	IBNP-Inpatient Services	14,044,491	0	(14,044,491)	0.0%
15,731	0	(15,731)	0.0%	IBNP-Settlement (IP)	421,334	0	(421,334)	0.0%
41,958	0	(41,958)	0.0%	IBNP-Claims Fluctuation (IP)	1,123,564	0	(1,123,564)	0.0%
22,315,198	22,902,287	587,089	2.6%	Inpatient Hospitalization-FFS	116,588,821	142,499,569	25,910,748	18.2%
1,098,082	0	(1,098,082)	0.0%	IP OB - Mom & NB	7,038,195	0	(7,038,195)	0.0%
149,113	0	(149,113)	0.0%	IP Behavioral Health	1,150,690	0	(1,150,690)	0.0%
1,371,219	1,173,828	(197,391)	(16.8%)	IP - Long Term Care	5,824,607	6,003,726	179,119	3.0%
798,779	0	(798,779)	0.0%	IP - Facility Rehab FFS	4,200,772	0	(4,200,772)	0.0%
26,314,524	**24,076,115**	**(2,238,409)**	**(9.3%)**	**6-Inpatient Hospital & SNF FFS Expense**	**150,392,474**	**148,503,295**	**(1,889,179)**	**(1.3%)**
(301,029)	0	301,029	0.0%	IBNP-PCP	92,740	0	(92,740)	0.0%
(9,031)	0	9,031	0.0%	IBNP-Settlement (PCP)	2,781	0	(2,781)	0.0%
(24,083)	0	24,083	0.0%	IBNP-Claims Fluctuation (PCP)	7,420	0	(7,420)	0.0%
924	0	(924)	0.0%	Telemedicine FFS	6,720	0	(6,720)	0.0%
1,399,747	1,238,264	(161,483)	(13.0%)	Primary Care Non-Contracted FF	7,192,909	18,902,151	11,709,242	61.9%
84,901	75,360	(9,541)	(12.7%)	PCP FQHC FFS	336,814	467,501	130,687	28.0%
1,739,943	2,944,166	1,204,223	40.9%	Prop 56 Direct Payment Expenses	10,211,807	5,850,904	(4,360,903)	(74.5%)
74,516	0	(74,516)	0.0%	Prop 56-Trauma Expense	323,703	0	(323,703)	0.0%
99,475	0	(99,475)	0.0%	Prop 56-Dev. Screening Exp.	423,527	0	(423,527)	0.0%
589,602	0	(589,602)	0.0%	Prop 56-Fam. Planning Exp.	3,414,559	0	(3,414,559)	0.0%
520,288	0	(520,288)	0.0%	Prop 56-Value Based Purchasing	3,043,434	0	(3,043,434)	0.0%
4,175,252	**4,257,790**	**82,538**	**1.9%**	**7-Primary Care Physician FFS Expense**	**25,056,414**	**25,220,556**	**164,142**	**0.7%**
(725,465)	0	725,465	0.0%	IBNP-Specialist	1,050,442	0	(1,050,442)	0.0%
2,239,042	4,317,128	2,078,086	48.1%	Specialty Care-FFS	12,326,023	25,928,540	13,602,517	52.5%
238,355	0	(238,355)	0.0%	Anesthesiology - FFS	1,036,469	0	(1,036,469)	0.0%
803,098	0	(803,098)	0.0%	Spec Rad Therapy - FFS	4,222,636	0	(4,222,636)	0.0%
170,065	0	(170,065)	0.0%	Obstetrics-FFS	745,022	0	(745,022)	0.0%
242,878	0	(242,878)	0.0%	Spec IP Surgery - FFS	1,454,283	0	(1,454,283)	0.0%
513,223	0	(513,223)	0.0%	Spec OP Surgery - FFS	2,621,712	0	(2,621,712)	0.0%
419,736	0	(419,736)	0.0%	Spec IP Physician	2,325,251	0	(2,325,251)	0.0%
41,690	93,000	51,310	55.2%	SCP FQHC FFS	195,160	313,894	118,734	37.8%
(21,764)	0	21,764	0.0%	IBNP-Settlement (SCP)	31,514	0	(31,514)	0.0%
(58,037)	0	58,037	0.0%	IBNP-Claims Fluctuation (SCP)	84,037	0	(84,037)	0.0%
3,862,820	**4,410,128**	**547,308**	**12.4%**	**8-Specialty Care Physician Expense**	**26,092,549**	**26,242,434**	**149,885**	**0.6%**
(1,222,697)	0	1,222,697	0.0%	IBNP-Ancillary	551,306	0	(551,306)	0.0%
(36,680)	0	36,680	0.0%	IBNP Settlement (ANC)	16,538	0	(16,538)	0.0%
(97,817)	0	97,817	0.0%	IBNP Claims Fluctuation (ANC)	44,107	0	(44,107)	0.0%
308,382	0	(308,382)	0.0%	Acupuncture/Biofeedback	1,397,386	0	(1,397,386)	0.0%
91,701	0	(91,701)	0.0%	Hearing Devices	390,274	0	(390,274)	0.0%
45,888	0	(45,888)	0.0%	Imaging/MRI/CT Global	227,053	0	(227,053)	0.0%
53,677	0	(53,677)	0.0%	Vision FFS	249,693	0	(249,693)	0.0%
23,100	0	(23,100)	0.0%	Family Planning	127,290	0	(127,290)	0.0%
450,909	0	(450,909)	0.0%	Laboratory-FFS	1,906,942	0	(1,906,942)	0.0%
114,669	0	(114,669)	0.0%	ANC Therapist	567,231	0	(567,231)	0.0%
286,171	0	(286,171)	0.0%	Transportation (Ambulance)-FFS	1,721,814	0	(1,721,814)	0.0%
100,388	0	(100,388)	0.0%	Transportation (Other)-FFS	672,552	0	(672,552)	0.0%

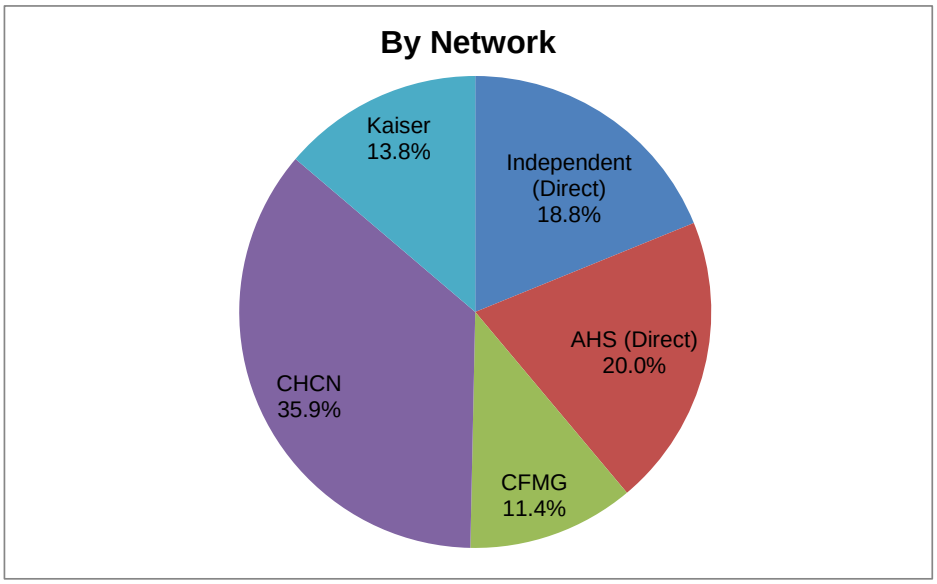
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED December 31, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$484,577	$0	($484,577)	0.0%	Hospice	$2,805,868	$0	($2,805,868)	0.0%
724,060	0	(724,060)	0.0%	Home Health Services	3,833,847	0	(3,833,847)	0.0%
0	2,827,785	2,827,785	100.0%	Other Medical-FFS	0	19,433,559	19,433,559	100.0%
0	0	0	0.0%	Denials	3,885	0	(3,885)	0.0%
2,616	0	(2,616)	0.0%	HMS Medical Refunds	(373)	0	373	0.0%
17	0	(17)	0.0%	Refunds-Medical Payments	17	0	(17)	0.0%
377,619	0	(377,619)	0.0%	DME & Medical Supplies	1,828,875	0	(1,828,875)	0.0%
562,520	560,772	(1,748)	(0.3%)	GEMT Direct Payment Expense	3,307,599	3,301,791	(5,808)	(0.2%)
881,924	0	(881,924)	0.0%	Community Based Adult Services (CBAS)	3,337,168	0	(3,337,168)	0.0%
3,151,024	**3,388,557**	**237,533**	**7.0%**	**9-Ancillary Medical Expense**	**22,989,075**	**22,735,350**	**(253,725)**	**(1.1%)**
(685,418)	0	685,418	0.0%	IBNP-Outpatient	593,108	0	(593,108)	0.0%
(20,563)	0	20,563	0.0%	IBNP Settlement (OP)	17,794	0	(17,794)	0.0%
(54,834)	0	54,834	0.0%	IBNP Claims Fluctuation (OP)	47,448	0	(47,448)	0.0%
1,358,568	7,905,994	6,547,426	82.8%	Out-Patient FFS	6,426,847	46,665,530	40,238,683	86.2%
1,447,732	0	(1,447,732)	0.0%	OP Ambul Surgery - FFS	6,811,049	0	(6,811,049)	0.0%
1,587,544	0	(1,587,544)	0.0%	OP Fac Imaging Services-FFS	6,736,222	0	(6,736,222)	0.0%
2,343,393	0	(2,343,393)	0.0%	Behav Health - FFS	13,291,048	0	(13,291,048)	0.0%
532,205	0	(532,205)	0.0%	OP Facility - Lab FFS	2,464,344	0	(2,464,344)	0.0%
134,746	0	(134,746)	0.0%	OP Facility - Cardio FFS	555,473	0	(555,473)	0.0%
40,172	0	(40,172)	0.0%	OP Facility - PT/OT/ST FFS	182,576	0	(182,576)	0.0%
1,932,557	0	(1,932,557)	0.0%	OP Facility - Dialysis FFS	9,973,507	0	(9,973,507)	0.0%
8,616,102	**7,905,994**	**(710,108)**	**(9.0%)**	**10-Outpatient Medical Expense Medical Expense**	**47,099,417**	**46,665,530**	**(433,887)**	**(0.9%)**
(401,084)	0	401,084	0.0%	IBNP-Emergency	627,589	0	(627,589)	0.0%
(12,032)	0	12,032	0.0%	IBNP Settlement (ER)	18,830	0	(18,830)	0.0%
(32,086)	0	32,086	0.0%	IBNP Claims Fluctuation (ER)	50,207	0	(50,207)	0.0%
588,175	0	(588,175)	0.0%	Special ER Physician-FFS	3,191,967	0	(3,191,967)	0.0%
3,158,574	3,531,216	372,642	10.6%	ER-Facility	17,320,896	21,471,919	4,151,023	19.3%
3,301,547	**3,531,216**	**229,669**	**6.5%**	**11-Emergency Expense**	**21,209,489**	**21,471,919**	**262,430**	**1.2%**
(846,019)	0	846,019	0.0%	IBNP-Pharmacy	840,514	0	(840,514)	0.0%
(25,381)	0	25,381	0.0%	IBNP Settlement (RX)	25,218	0	(25,218)	0.0%
(67,681)	0	67,681	0.0%	IBNP Claims Fluctuation (RX)	67,243	0	(67,243)	0.0%
4,882,014	4,064,813	(817,201)	(20.1%)	RX - Non-PBM FFFS	24,577,631	24,253,933	(323,698)	(1.3%)
11,566,277	10,866,144	(700,133)	(6.4%)	Pharmacy-FFS	63,885,608	64,686,424	800,816	1.2%
(90,516)	0	90,516	0.0%	HMS RX Refunds	(183,515)	0	183,515	0.0%
(533,430)	(533,431)	(1)	0.0%	Pharmacy-Rebate	(3,071,167)	(3,071,166)	1	0.0%
14,885,264	**14,397,526**	**(487,738)**	**(3.4%)**	**12-Pharmacy Expense**	**86,141,531**	**85,869,191**	**(272,340)**	**(0.3%)**
64,306,534	**61,967,326**	**(2,339,208)**	**(3.8%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**378,980,949**	**376,708,275**	**(2,272,674)**	**(0.6%)**
0	(44,248)	(44,248)	100.0%	Clinical Vacancy	0	(77,971)	(77,971)	100.0%
73,394	100,531	27,137	27.0%	Quality Analytics	398,570	466,773	68,203	14.6%
362,840	425,904	63,064	14.8%	Health Plan Services Department Total	2,148,087	2,242,890	94,803	4.2%
715,462	855,522	140,059	16.4%	Case & Disease Management Department Total	4,115,247	4,348,026	232,779	5.4%
202,855	225,892	23,037	10.2%	Medical Services Department Total	1,077,288	1,139,969	62,681	5.5%
381,012	472,180	91,168	19.3%	Quality Management Department Total	2,460,665	2,685,718	225,053	8.4%
110,600	135,844	25,244	18.6%	Pharmacy Services Department Total	704,929	825,265	120,336	14.6%
27,568	39,780	12,212	30.7%	Regulatory Readiness Total	173,922	217,729	43,807	20.1%
1,873,732	**2,211,406**	**337,674**	**15.3%**	**14-Other Benefits & Services**	**11,078,707**	**11,848,398**	**769,691**	**6.5%**
				Reinsurance Expense				
(506,515)	(413,548)	92,967	(22.5%)	Reinsurance Recoveries	(3,159,866)	(2,637,792)	522,074	(19.8%)
448,855	503,556	54,701	10.9%	Stop-Loss Expense	2,640,095	2,746,909	106,814	3.9%
(57,660)	**90,008**	**147,668**	**164.1%**	**15-Reinsurance Expense**	**(519,771)**	**109,117**	**628,888**	**576.3%**
				Preventive Health Services				
83,333	83,333	0	0.0%	Risk Sharing PCP	499,998	500,000	2	0.0%
83,333	**83,333**	**0**	**0.0%**	**16-Risk Pool Distribution**	**499,998**	**500,000**	**2**	**0.0%**
85,360,014	**83,590,006**	**(1,770,008)**	**(2.1%)**	**17-TOTAL MEDICAL EXPENSES**	**498,684,212**	**498,154,948**	**(529,264)**	**(0.1%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Dec 2020**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	38,150	14%	8,844	8,501	374	13,958	6,473
Child	94,969	35%	9,292	8,661	28,902	31,790	16,324
SPD	26,339	10%	8,535	4,009	1,122	10,723	1,950
ACA OE	91,050	34%	15,063	31,096	1,129	32,984	10,778
Duals	19,127	7%	7,635	2,054	2	6,998	2,438
Medi-Cal	269,635		49,369	54,321	31,529	96,453	37,963
Group Care	5,954		2,568	919	-	2,467	-
Total	**275,589**	**100%**	**51,937**	**55,240**	**31,529**	**98,920**	**37,963**
Medi-Cal %	97.8%		95.1%	98.3%	100.0%	97.5%	100.0%
Group Care %	2.2%		4.9%	1.7%	0.0%	2.5%	0.0%
	Network Distribution		*18.8%*	*20.0%*	*11.4%*	*35.9%*	*13.8%*
			% Direct:	**39%**		**% Delegated:**	**61%**

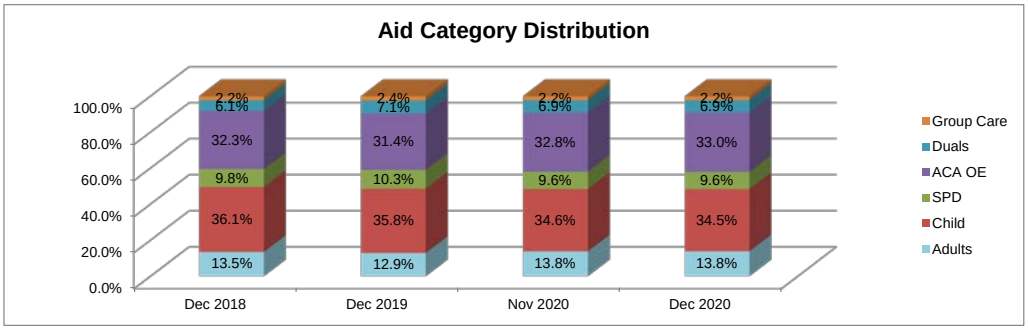




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

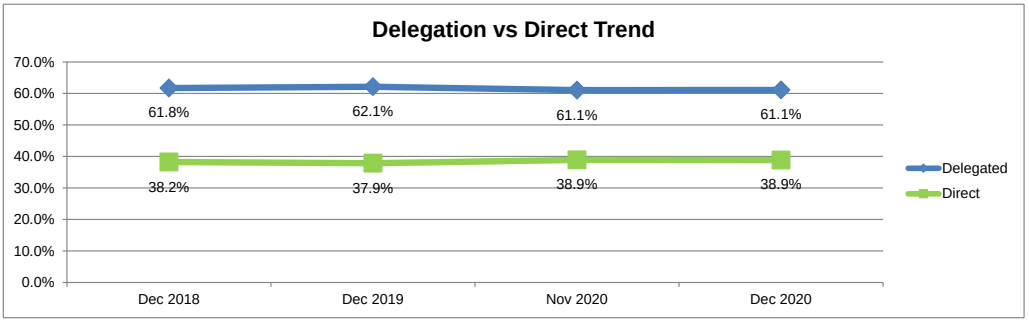
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018 to Dec 2019	Dec 2019 to Dec 2020	Nov 2020 to Dec 2020
Adults	35,559	32,066	37,638	38,150	13.5%	12.9%	13.8%	13.8%	-9.8%	19.0%	1.4%
Child	95,322	89,056	94,620	94,969	36.1%	35.8%	34.6%	34.5%	-6.6%	6.6%	0.4%
SPD	26,006	25,687	26,314	26,339	9.8%	10.3%	9.6%	9.6%	-1.2%	2.5%	0.1%
ACA OE	85,345	78,154	89,752	91,050	32.3%	31.4%	32.8%	33.0%	-8.4%	16.5%	1.4%
Duals	16,072	17,776	18,990	19,127	6.1%	7.1%	6.9%	6.9%	10.6%	7.6%	0.7%
Medi-Cal Total	258,304	242,739	267,314	269,635	97.8%	97.6%	97.8%	97.8%	-6.0%	11.1%	0.9%
Group Care	5,886	6,092	5,982	5,954	2.2%	2.4%	2.2%	2.2%	3.5%	-2.3%	-0.5%
Total	**264,190**	**248,831**	**273,296**	**275,589**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-5.8%**	**10.8%**	**0.8%**



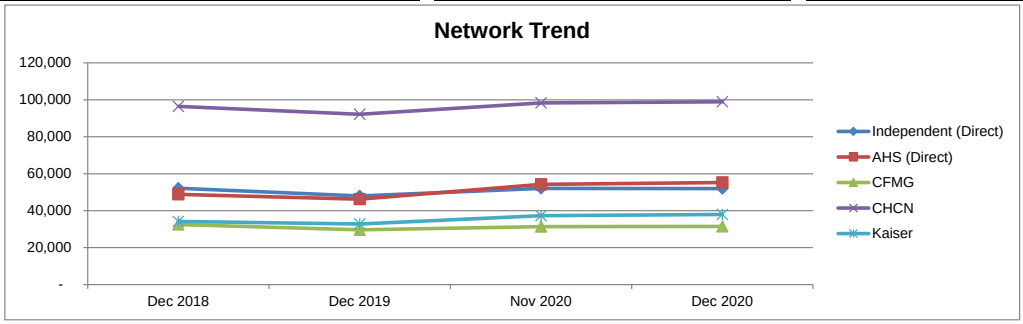
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018 to Dec 2019	Dec 2019 to Dec 2020	Nov 2020 to Dec 2020
Delegated	163,165	154,621	166,940	168,412	61.8%	62.1%	61.1%	61.1%	-5.2%	8.9%	0.9%
Direct	101,025	94,210	106,356	107,177	38.2%	37.9%	38.9%	38.9%	-6.7%	13.8%	0.8%
Total	**264,190**	**248,831**	**273,296**	**275,589**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-5.8%**	**10.8%**	**0.8%**



Network Trend

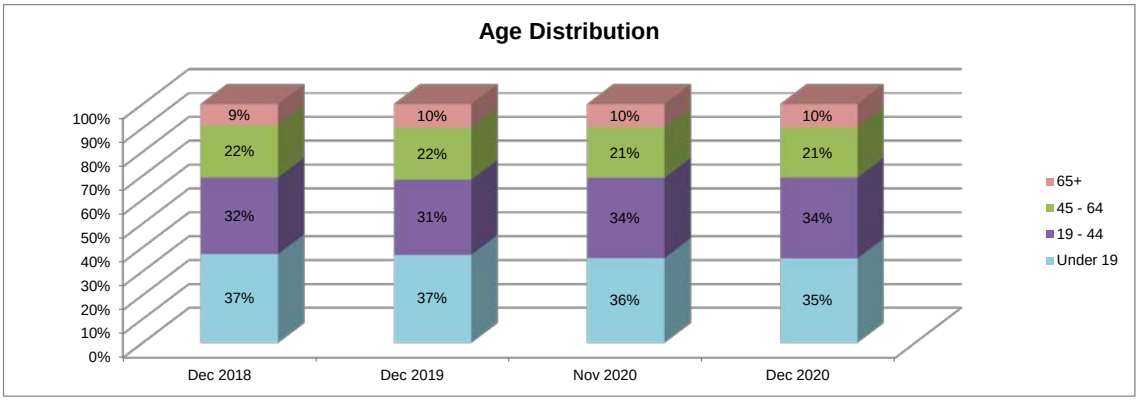
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018 to Dec 2019	Dec 2019 to Dec 2020	Nov 2020 to Dec 2020
Independent (Direct)	52,152	47,978	52,073	51,937	19.7%	19.3%	19.1%	18.8%	-8.0%	8.3%	-0.3%
AHS (Direct)	48,873	46,232	54,283	55,240	18.5%	18.6%	19.9%	20.0%	-5.4%	19.5%	1.8%
CFMG	32,520	29,654	31,336	31,529	12.3%	11.9%	11.5%	11.4%	-8.8%	6.3%	0.6%
CHCN	96,414	92,167	98,274	98,920	36.5%	37.0%	36.0%	35.9%	-4.4%	7.3%	0.7%
Kaiser	34,231	32,800	37,330	37,963	13.0%	13.2%	13.7%	13.8%	-4.2%	15.7%	1.7%
Total	**264,190**	**248,831**	**273,296**	**275,589**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-5.8%**	**10.8%**	**0.8%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

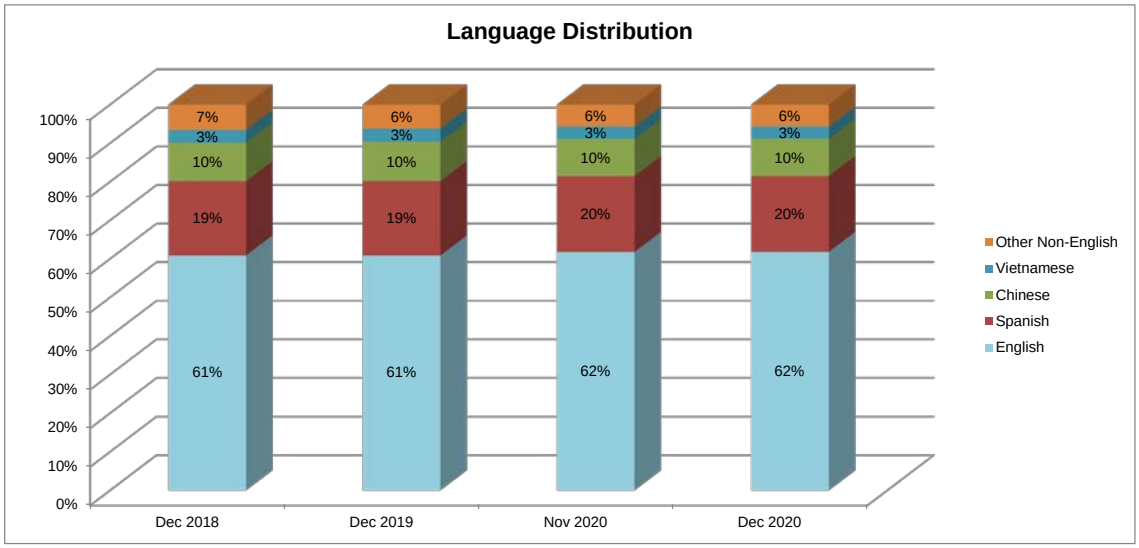
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018 to Dec 2019	Dec 2019 to Dec 2020	Nov 2020 to Dec 2020
Under 19	98,122	91,641	97,068	97,399	37%	37%	36%	35%	-7%	6%	0%
19 - 44	84,866	78,271	91,897	93,280	32%	31%	34%	34%	-8%	19%	2%
45 - 64	57,340	54,210	57,413	57,679	22%	22%	21%	21%	-5%	6%	0%
65+	23,862	24,709	26,918	27,231	9%	10%	10%	10%	4%	10%	1%
Total	**264,190**	**248,831**	**273,296**	**275,589**	**100%**	**100%**	**100%**	**100%**	**-6%**	**11%**	**1%**



Language Trend

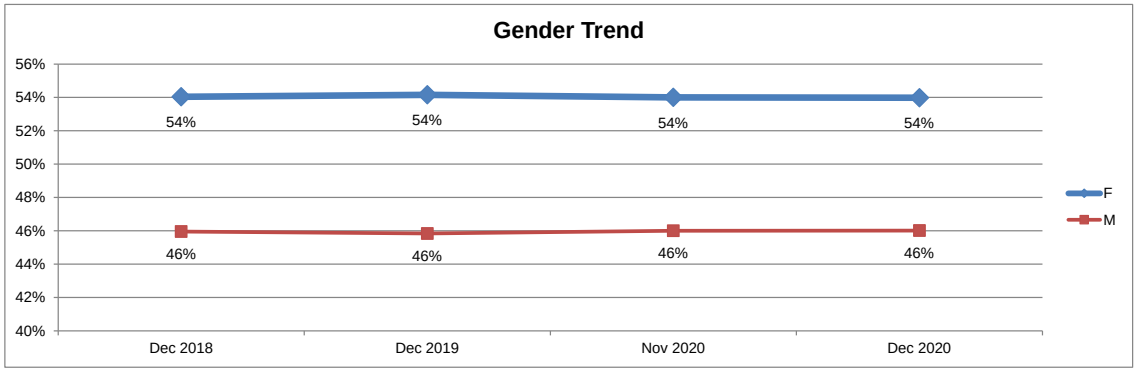
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018 to Dec 2019	Dec 2019 to Dec 2020	Nov 2020 to Dec 2020
English	160,783	151,420	168,901	170,388	61%	61%	62%	62%	-6%	13%	1%
Spanish	50,898	47,994	53,619	54,148	19%	19%	20%	20%	-6%	13%	1%
Chinese	26,409	25,431	26,401	26,521	10%	10%	10%	10%	-4%	4%	0%
Vietnamese	8,743	8,446	8,632	8,688	3%	3%	3%	3%	-3%	3%	1%
Other Non-English	17,357	15,540	15,743	15,844	7%	6%	6%	6%	-10%	2%	1%
Total	**264,190**	**248,831**	**273,296**	**275,589**	**100%**	**100%**	**100%**	**100%**	**-6%**	**11%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

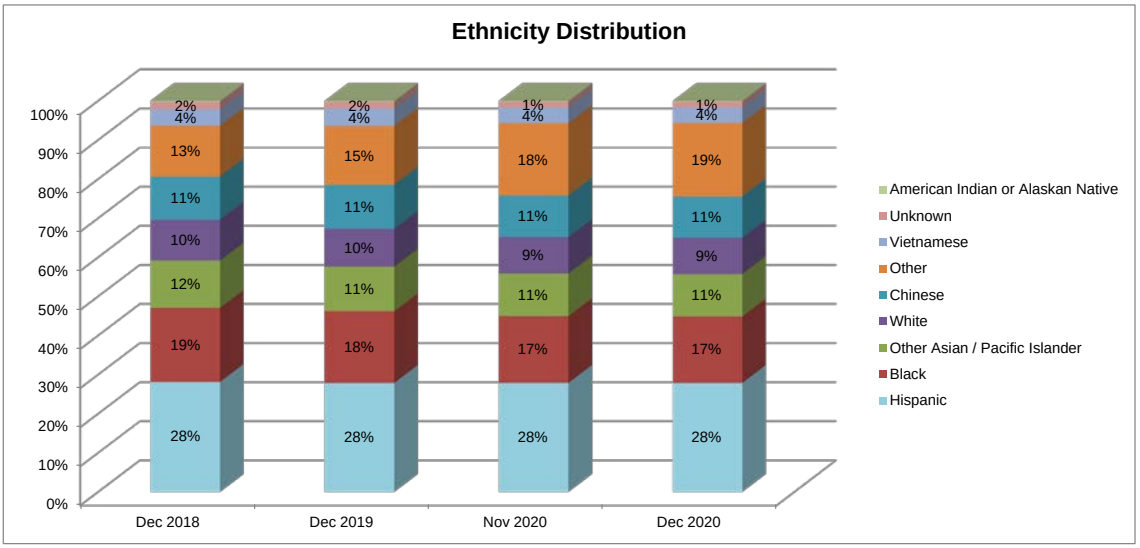
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018 to Dec 2019	Dec 2019 to Dec 2020	Nov 2020 to Dec 2020
F	142,763	134,760	147,582	148,777	54%	54%	54%	54%	-6%	10%	1%
M	121,427	114,071	125,714	126,812	46%	46%	46%	46%	-6%	11%	1%
Total	**264,190**	**248,831**	**273,296**	**275,589**	**100%**	**100%**	**100%**	**100%**	**-6%**	**11%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018	Dec 2019	Nov 2020	Dec 2020	Dec 2018 to Dec 2019	Dec 2019 to Dec 2020	Nov 2020 to Dec 2020
Hispanic	74,324	69,362	76,210	76,808	28%	28%	28%	28%	-7%	11%	1%
Black	50,022	45,608	46,661	46,795	19%	18%	17%	17%	-9%	3%	0%
Other Asian / Pacific Islander	31,917	28,396	29,787	29,939	12%	11%	11%	11%	-11%	5%	1%
White	27,675	24,035	25,513	25,571	10%	10%	9%	9%	-13%	6%	0%
Chinese	29,141	28,014	29,036	29,176	11%	11%	11%	11%	-4%	4%	0%
Other	34,362	37,544	50,474	51,707	13%	15%	18%	19%	9%	38%	2%
Vietnamese	11,249	10,972	11,144	11,172	4%	4%	4%	4%	-2%	2%	0%
Unknown	4,799	4,280	3,867	3,807	2%	2%	1%	1%	-11%	-11%	-2%
American Indian or Alaskan Native	701	620	604	614	0%	0%	0%	0%	-12%	-1%	2%
Total	**264,190**	**248,831**	**273,296**	**275,589**	**100%**	**100%**	**100%**	**100%**	**-6%**	**11%**	**1%**



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

Medi-Cal By City

City	Dec 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	109,159	40%	12,352	26,020	13,945	46,001	10,841
Hayward	41,956	16%	8,759	9,123	4,781	12,144	7,149
Fremont	23,557	9%	9,209	3,617	772	6,209	3,750
San Leandro	23,925	9%	4,125	3,759	3,256	8,863	3,922
Union City	11,597	4%	4,312	1,762	358	2,985	2,180
Alameda	10,373	4%	1,970	1,594	1,635	3,660	1,514
Berkeley	9,407	3%	1,299	1,756	1,233	3,741	1,378
Livermore	8,033	3%	988	819	1,809	2,984	1,433
Newark	6,333	2%	1,733	2,027	187	1,226	1,160
Castro Valley	6,543	2%	1,275	1,078	1,057	1,873	1,260
San Lorenzo	5,592	2%	912	940	677	1,935	1,128
Pleasanton	4,219	2%	825	481	455	1,748	710
Dublin	4,507	2%	849	479	615	1,774	790
Emeryville	1,733	1%	289	362	287	513	282
Albany	1,632	1%	243	238	357	485	309
Piedmont	314	0%	51	74	25	80	84
Sunol	52	0%	7	10	7	14	14
Antioch	23	0%	6	8	4	5	-
Other	680	0%	165	174	69	213	59
Total	**269,635**	**100%**	**49,369**	**54,321**	**31,529**	**96,453**	**37,963**

Group Care By City

City	Dec 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,037	34%	508	391	-	1,138	-
Hayward	665	11%	378	136	-	151	-
Fremont	649	11%	493	57	-	99	-
San Leandro	558	9%	222	80	-	256	-
Union City	325	5%	230	31	-	64	-
Alameda	273	5%	109	27	-	137	-
Berkeley	187	3%	55	19	-	113	-
Livermore	80	1%	31	-	-	49	-
Newark	136	2%	89	31	-	16	-
Castro Valley	190	3%	95	27	-	68	-
San Lorenzo	133	2%	55	21	-	57	-
Pleasanton	47	1%	24	3	-	20	-
Dublin	99	2%	44	7	-	48	-
Emeryville	31	1%	12	5	-	14	-
Albany	14	0%	4	1	-	9	-
Piedmont	12	0%	3	1	-	8	-
Sunol	-	0%	-	-	-	-	-
Antioch	25	0%	11	5	-	9	-
Other	493	8%	205	77	-	211	-
Total	**5,954**	**100%**	**2,568**	**919**	**-**	**2,467**	**-**

Total By City

City	Dec 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	111,196	40%	12,860	26,411	13,945	47,139	10,841
Hayward	42,621	15%	9,137	9,259	4,781	12,295	7,149
Fremont	24,206	9%	9,702	3,674	772	6,308	3,750
San Leandro	24,483	9%	4,347	3,839	3,256	9,119	3,922
Union City	11,922	4%	4,542	1,793	358	3,049	2,180
Alameda	10,646	4%	2,079	1,621	1,635	3,797	1,514
Berkeley	9,594	3%	1,354	1,775	1,233	3,854	1,378
Livermore	8,113	3%	1,019	819	1,809	3,033	1,433
Newark	6,469	2%	1,822	2,058	187	1,242	1,160
Castro Valley	6,733	2%	1,370	1,105	1,057	1,941	1,260
San Lorenzo	5,725	2%	967	961	677	1,992	1,128
Pleasanton	4,266	2%	849	484	455	1,768	710
Dublin	4,606	2%	893	486	615	1,822	790
Emeryville	1,764	1%	301	367	287	527	282
Albany	1,646	1%	247	239	357	494	309
Piedmont	326	0%	54	75	25	88	84
Sunol	52	0%	7	10	7	14	14
Antioch	48	0%	17	13	4	14	-
Other	1,173	0%	370	251	69	424	59
Total	**275,589**	**100%**	**51,937**	**55,240**	**31,529**	**98,920**	**37,963**

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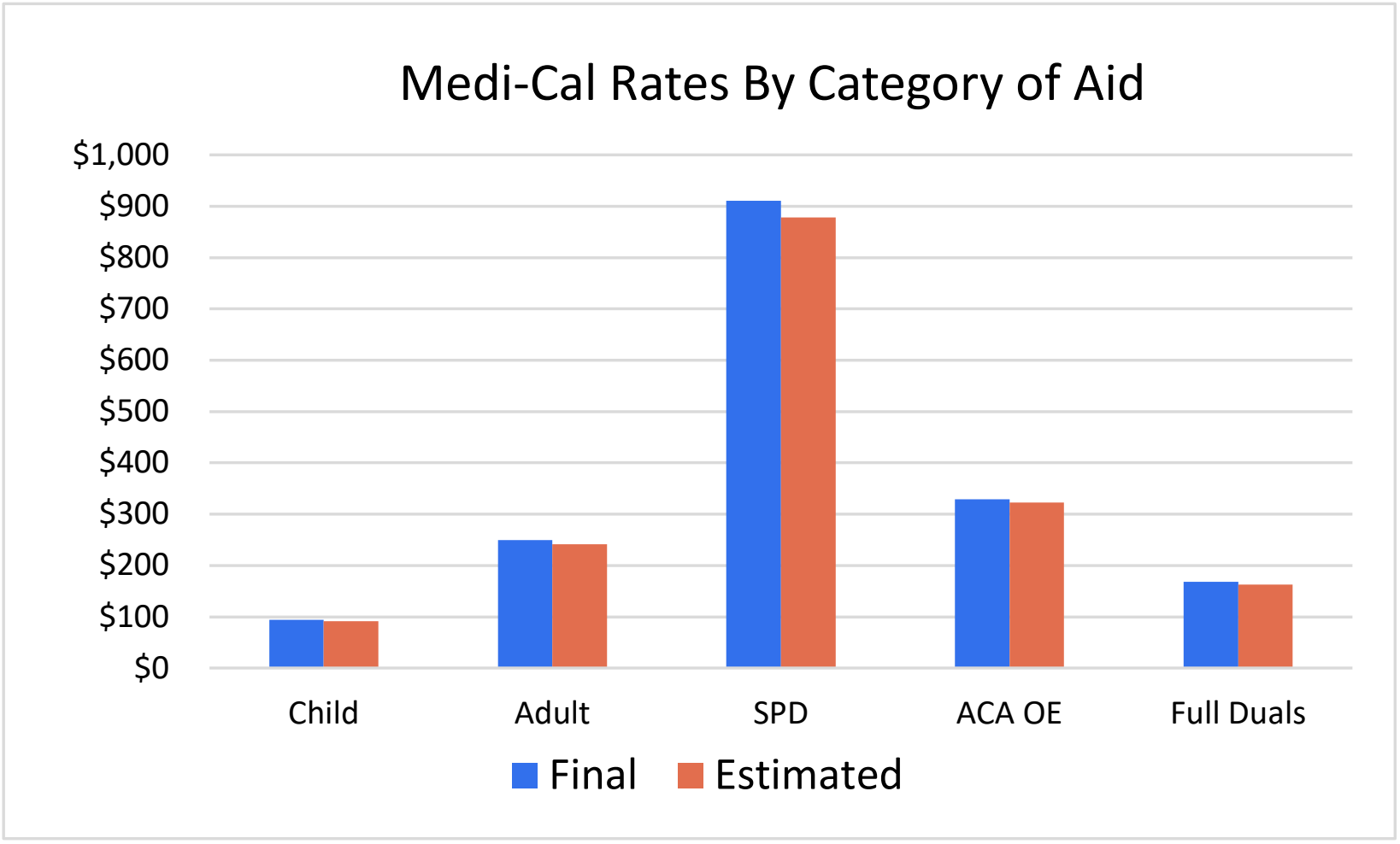
2021 Medi-Cal Rates Update

2021 Medi-Cal Rates
Final Rates vs. Estimated

Highlights

- Higher base rates add $13.0M in additional revenue versus Budget from January – June 2021. However, there will be significant expense offsets. Net benefit to AAH could be in the range of $0.5M to $1M.
- DHCS has reduced the unfavorable DHCS population acuity adjustment by $6.50 PMPM, which adds $10.7M in revenue. There will be an offsetting adjustment to projected expense.
- A favorable $2.76 PMPM DHCS COVID adjustment adds $4.5M in revenue. Based on recent history, this will be offset by an increase in projected COVID-related expense.
- AAH's Percent of Premium methodology is used to calculate many sub-capitation rates. Higher base capitation received by AAH will increase capitated payments to delegates by approximately $2.5M.
- Member's risk scores relative to the other Plan in the County decreased for the Child, Adult and ACA OE COAs. The County Wide Averaging /Risk Score results were $0.8M less favorable to AAH.

2021 Medi-Cal Rates
Final Rates vs. Estimated



2021 Medi-Cal Rates
Final Rates vs. Estimated

Rate Driver	Revenue	Expense
Population Acuity	Lessens amount DHCS will reduce our rate	Assumes members have higher acuity leading to more expense
COVID 19 Adjustment	Adds revenue for COVID 19 impact	Assumes additional expenses will be incurred as a result of COVID 19 cases
Base Rate Increase	Favorable base rate increases revenue projections	Base rate increases are passed on through capitation to delegates
County Wide Averaging/Risk Adjustment	Member risk scores compared to 2nd plan reduces revenue slightly	Minimal impact on expenses

ALAMEDA Alliance FOR HEALTH

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Operations

Matt Woodruff

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

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

Date: **February 12, 2021**

Subject: **Operations Report**

Member Services

- 12-Month Trend Summary:

    - The Member Services Department received a twenty-three percent (23%) decrease in calls in January 2021, totaling 12,443 compared to 16,077 in January 2020.
    - A new interactive voice response (IVR) feature was launched on January 1, 2021. This new feature allows members to check their eligibility status through an automated eligibility system. Seven hundred fifty-one members utilized this new feature in January.
    - The abandonment rate for January 2021 was six percent (6%), compared to eight percent (8%) in January 2020.
    - The Department's service level was sixty-two percent (62%) in January 2021, compared to seventy-three percent (73%) in January 2020. The Department continues to recruit to fill open positions. Two new hires joined the Department in January.
    - The average talk time (ATT) was six minutes and twenty-five seconds (06:25) for January 2021 compared to six minutes and twenty-nine seconds (06:29) for January 2020.
    - The top five call reasons for January 2021 were: 1). Eligibility/Enrollment, 2). Kaiser, 3). Change of PCP, 4). Benefits, 5). ID Card Request. The second and third call reasons in January 2020 were: 2). Change of PCP and 3). Kaiser. The first, fourth, and fifth call reasons were the same for 2020 and 2021.
    - The Department continues to service members via multiple non-contact communication channels (telephonic, email, web-based requests) while honoring the 'shelter in place" order. The Department responded to 565 web-based requests in January 2021 compared to 539 in January 2020. The top three web reason requests for 2021 were: 1). Change of PCP 2). ID Card Requests 3). Update contact information.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 116,784 claims in January 2021 compared to 126,044 in January 2020.
    - The Auto Adjudication was 73.8% in January 2021 compared to 75.8% in January 2020.
    - Claims compliance for the 30-day turn-around time was 91.6% in January 2021 compared to 97.9% in January 2020. The 45-day turn-around time was 99.9% in January 2021 compared to 99.9% in January 2020.

- 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 January, we received a total of 116,784 claims in the HEALTHsuite system. This represents a decrease of 5.2% from December and is lower, albeit by 9,260 claims, than the number of claims received in January 2020; the lower volume of received claims remains attributed to COVID-19 and COBA implementation.
    - We received 80% of claims via EDI and 20% of claims via paper.
    - During January, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 73.8% for January.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services Department's call volume in January 2021 was 6,835 calls compared to 6,256 calls in January 2020.
    - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.
    - The Provider Services department completed 238 visits during January 2021.

- The Provider Services department answered over 4,283 calls for January 2021 and made over 881 outbound calls.

Credentialing

- 12-Month Trend Summary:
    - At the Peer Review and Credentialing (PRCC) meeting held on January 19, 2021, there were thirty-two (32) initial providers approved; ten (10) primary care providers, ten (10) specialists, two (2) ancillary providers, and ten (10) midlevel providers. Additionally, twenty-seven (27) providers were re-credentialed at this meeting; eight (8) primary care providers, nine (9) specialists, zero (0) ancillary providers, and ten (10) 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 January 2021, the Provider Dispute Resolution (PDR) team received 738 PDRs versus 925 in January 2020.
    - The PDR team resolved 848 cases in January 2021 compared to 659 cases in January 2020.
    - In January 2021, the PDR team upheld 76% of cases versus 73% in January 2020.
    - The PDR team resolved 99.8% of cases within the compliance standard of 95% within 45 working days in January 2021 compared to 97% in January 2020.

- Monthly Analysis:
    - AAH received 738 PDRs in January 2021.
    - In January, 848 PDRs were resolved. Out of the 848 PDRs, 645 were upheld, and 203 were overturned.
    - The overturn rate for PDRs was 24%, which meets our goal of 25% or less.
    - 846 out of 848 cases were resolved within 45 working days resulting in a 99.8% compliance rate.

- The average turn-around time for resolving PDRs in January was 42 days. There was one PDR with a 95-day turn-around time due to the original decision was determined to be incorrect once the Provider informed AAH that Medicare denied the services. The case was re-reviewed with this new information and overturned past the resolution date.
- There were 1,432 PDRs pending resolution as of January 31, 2021, with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:

  - In January 2021, the Alliance completed 653 member orientation outreach calls and 141 member orientations by phone, and 26 outreach activities in January.
  - The C&O Department reached 141 people (100% identified as Alliance members) during outreach activities, compared to 1,734 people (64% identified as Alliance members) in January 2020.
  - The C&O Department spent a total of $0 in donations, fees, and/or sponsorships, compared to $750.00 in January 2020.
  - The C&O Department reached members in 15 cities/unincorporated areas throughout Alameda County and the Bay Area, compared to 10 cities in January 2020.

- Monthly Analysis:

  - In January 2021, the C&O Department completed 653 member orientation outreach calls and 141 member orientations by phone.
  - Among the 141 people reached, 100% identified as Alliance members.
  - In January 2021, the C&O Department reached members in 15 cities / unincorporated areas throughout Alameda County and Bay Area.
  - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	January 2021
Incoming Calls (R/V)	12,443
Abandoned Rate (R/V)	6%
Answered Calls (R/V)	11,748
Average Speed to Answer (ASA)	01:33
Calls Answered in 30 Seconds (R/V)	62%
Average Talk Time (ATT)	06:25
Outbound Calls	8,550

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

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

Claims Department
December 2020 Final and January 2021 Final

METRICS

Claims Compliance	Dec-20	Jan-21
90% of clean claims processed within 30 calendar days	97.6%	91.6%
95% of all claims processed within 45 working days	99.9%	99.9%

Claims Volume (Received)	Dec-20	Jan-21
Paper claims	27,600	23,549
EDI claims	95,648	93,235
Claim Volume Total	**123,248**	**116,784**

Percentage of Claims Volume by Submission Method	Dec-20	Jan-21
% Paper	22.39%	20.16%
% EDI	77.61%	79.84%

Claims Processed	Dec-20	Jan-21
HEALTHsuite Paid (original claims)	102,344	75,672
HEALTHsuite Denied (original claims)	30,902	24,465
HEALTHsuite Original Claims Sub-Total	**133,246**	**100,137**
HEALTHsuite Adjustments	826	1,160
HEALTHsuite Total	**134,072**	**101,297**

Claims Expense	Dec-20	Jan-21
Medical Claims Paid	$52,407,011	$35,819,778
Interest Paid	$24,896	$24,406

Auto Adjudication	Dec-20	Jan-21
Claims Auto Adjudicated	101,094	73,904
% Auto Adjudicated	75.9%	73.8%

Average Days from Receipt to Payment	Dec-20	Jan-21
HEALTHsuite	19	19

Pended Claim Age	Dec-20	Jan-21
0-29 calendar days		
HEALTHsuite	20,083	18,781
30-59 calendar days		
HEALTHsuite	496	1,681
Over 60 calendar days		
HEALTHsuite	1	0

Overall Denial Rate	Dec-20	Jan-21
Claims denied in HEALTHsuite	30,902	24,465
% Denied	23.0%	24.2%

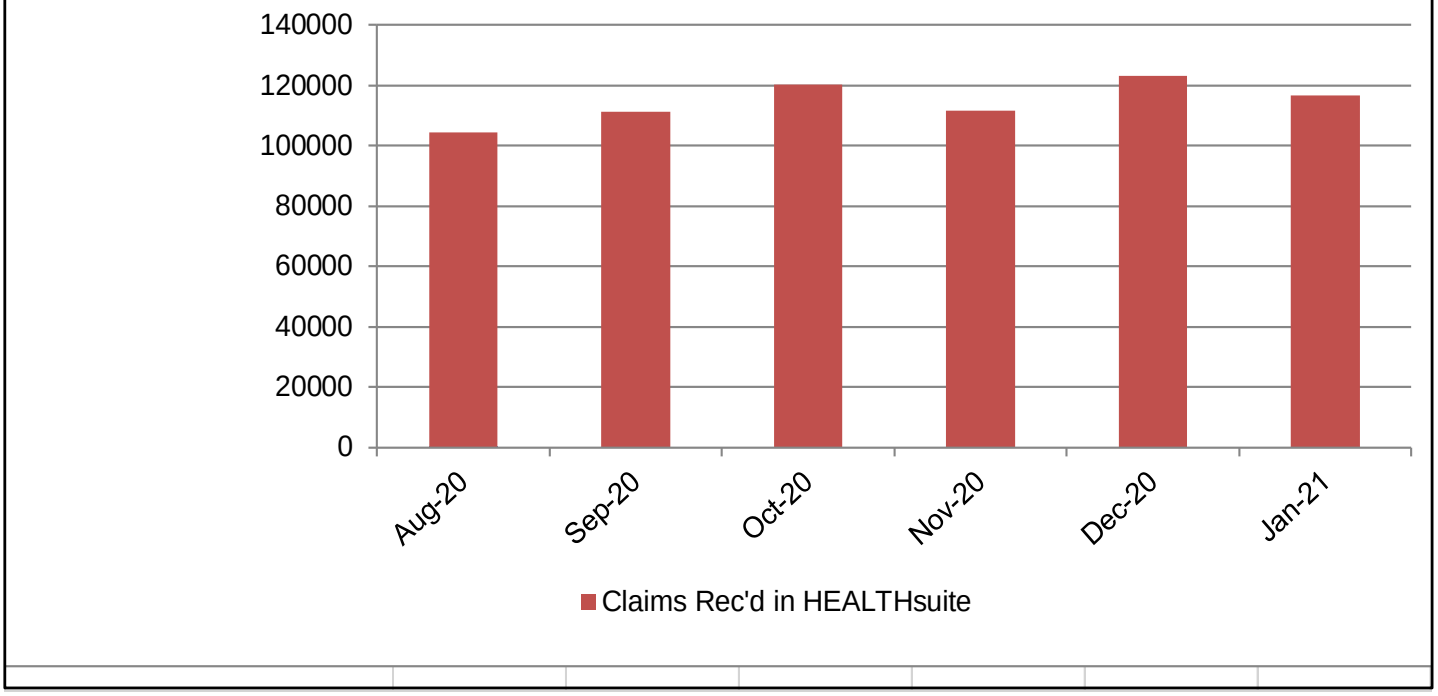
Claims Department
December 2020 Final and January 2021 Final

Jan-21

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	21%
Non-Covered Benefit for this Plan	13%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	12%
Duplicate Claim	11%
No Benefits Found For Dates of Service	9%
% Total of all denials	**66%**

Claims Received By Month

Claims Received Through	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Claims Rec'd in HEALTHsuite	104,293	111,255	120,149	111,676	123,248	116,784



Provider Relations Dashboard January 2021

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5343											
Abandoned Calls	1060											
Answered Calls (PR)	4283											
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	611											
Abandoned Calls (R/V)												
Answered Calls (R/V)	611											
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	881											
N/A												
Outbound Calls	881											
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	6835											
Abandoned Calls	1060											
Total Answered Incoming, R/V, Outbound Calls	5775											

Provider Relations Dashboard January 2021

Call Reasons (Medi-Cal and Group Care)

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

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	11											
Contracting/Credentialing	11											
Drop-ins	0											
JOM's	2											
New Provider Orientation	11											
Quarterly Visits	202											
UM Issues	2											
Total Field Visits	239	0	0	0	0	0	0	0	0	0	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		AHP 409	PCP 376	SPEC 659	PCP/SPEC 18
AAH/AHS/CHCN Breakdown		AAH 451	AHS 214	CHCN 440	COMBINATION OF GROUPS 357
Facilities	**268**				

VENDOR SUMMARY
Credentialing Verification Organization, Symply CVO

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	8	6	25	Y	Y
Recred Files in Process	22	46	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**30**				

CAQH Applications Processed in January 2021

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

January 2021 Peer Review and Credentialing Committee Approvals

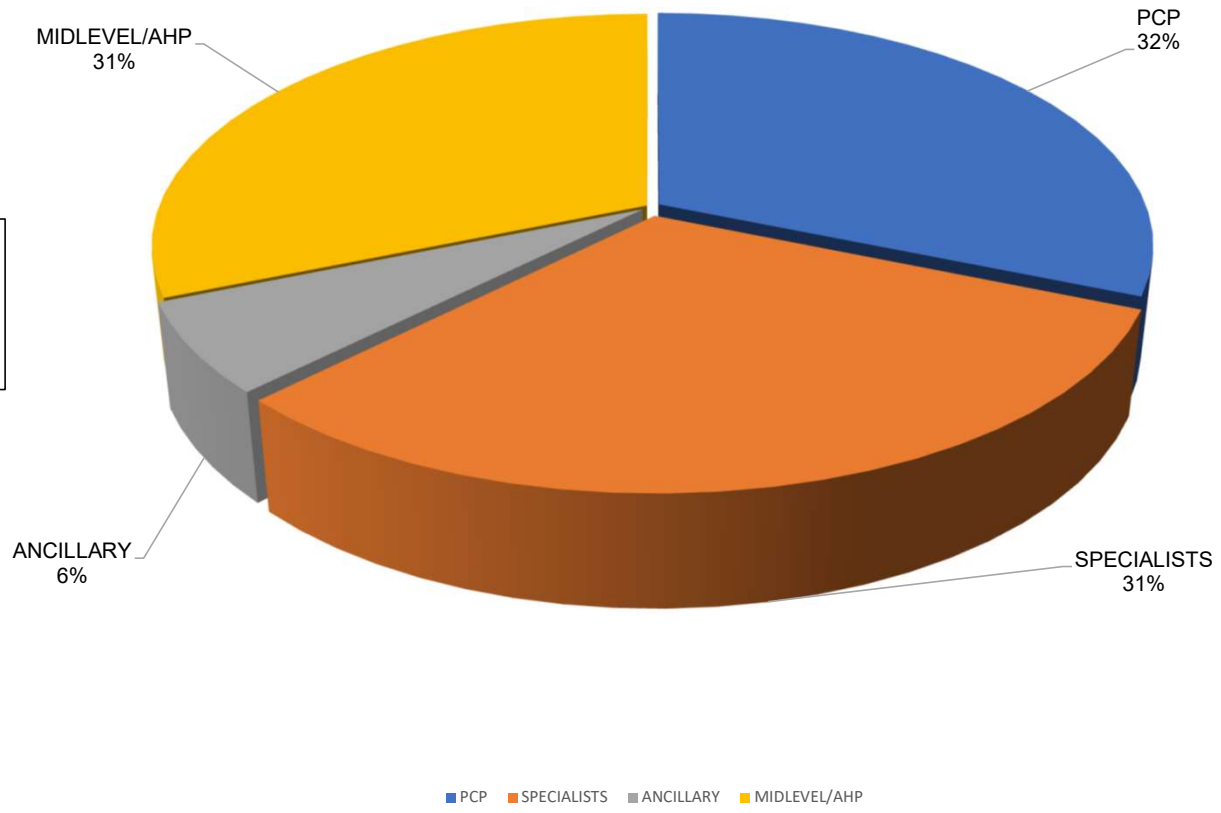
Initial Credentialing	**Number**
PCP	10
SPEC	10
ANCILLARY	2
MIDLEVEL/AHP	10
	32
Recredentialing	
PCP	8
SPEC	9
ANCILLARY	0
MIDLEVEL/AHP	10
	27
TOTAL	**59**

January 2021 Facility Approvals		
Initial Credentialing	**1**	
Recredentialing	**5**	
Facility Files in Process	**34**	
January 2021 Employee Metrics	3	
File Processing	Timely processing within 3 days of receipt	Y
Credentialing Accuracy	<3% error rate	Y
DHCS, DMHC, CMS, NCQA Compliant	98%	Y
MBC Monitoring	Timely processing within 3 days of receipt	Y

LAST NAME	FIRST NAME	CATEGORY	Initial/Recred	CRED DATE
Agbowo	Josephine	Primary Care Physician	Initial	1/19/2021
Clark	Leon	Specialist	Initial	1/19/2021
Clum	Faren	Primary Care Physician	Initial	1/19/2021
Duffy	Jennifer	Specialist	Initial	1/19/2021
Friedman	Lily	Primary Care Physician	Initial	1/19/2021
Gonzalez	Tara	Primary Care Physician	Initial	1/19/2021
Gwalani	Jaimish	Specialist	Initial	1/19/2021
Hauer-Laurencin	Jordan	Allied Health	Initial	1/19/2021
Ivans	Erica	Allied Health	Initial	1/19/2021
Kalra	Sumita	Primary Care Physician	Initial	1/19/2021
Kaur	Ravdeep	Specialist	Initial	1/19/2021
Lee	Elaine	Specialist	Initial	1/19/2021
Liu	Abby	Specialist	Initial	1/19/2021
Ma	Rona	Ancillary	Initial	1/19/2021
Martella	Andrew	Specialist	Initial	1/19/2021
Martinez	Ana	Allied Health	Initial	1/19/2021
Mu	Saw	Primary Care Physician	Initial	1/19/2021
Obeid	Sara	Primary Care Physician	Initial	1/19/2021
Omoregie	Egbebalakhamen	Allied Health	Initial	1/19/2021
Paul	Heather	Allied Health	Initial	1/19/2021
Sardana	Mayank	Specialist	Initial	1/19/2021
Schlegel	Amy	Ancillary	Initial	1/19/2021
Scrubb	Adia	Primary Care Physician	Initial	1/19/2021
Shah	Vishali	Allied Health	Initial	1/19/2021
Simms-Mackey	Pamela	Primary Care Physician	Initial	1/19/2021
Simons	Pamela	Specialist	Initial	1/19/2021
Soria	Daryl Mae	Allied Health	Initial	1/19/2021
Stone	Cara	Allied Health	Initial	1/19/2021
Tsang	Jennifer	Allied Health	Initial	1/19/2021
Umeh	Christiana	Allied Health	Initial	1/19/2021
Vincent	Deepa	Specialist	Initial	1/19/2021
Wang	Xingyue	Primary Care Physician	Initial	1/19/2021
Benzwi	Barbara	Primary Care Physician	Recred	1/19/2021
Chan	Clayton	Primary Care Physician	Recred	1/19/2021
Chandler	Kalaokalani	Specialist	Recred	1/19/2021
Cho	Reena	Allied Health	Recred	1/19/2021
Cutino	Amy	Allied Health	Recred	1/19/2021
Dacanay	Leonardo	Specialist	Recred	1/19/2021
D'Harlingue	Katherine	Primary Care Physician	Recred	1/19/2021
Dhawan	Sunil	Specialist	Recred	1/19/2021
Diaz	Edessa	Allied Health	Recred	1/19/2021
Elbo	Winchell	Allied Health	Recred	1/19/2021
Flanagan	Catherine	Allied Health	Recred	1/19/2021
Gingery	Robert	Specialist	Recred	1/19/2021
Goldberg	Roger	Specialist	Recred	1/19/2021
Hsu	Margaret	Allied Health	Recred	1/19/2021
Jain	Sanjeev	Specialist	Recred	1/19/2021
Lederman	Anna	Allied Health	Recred	1/19/2021
Lee	George	Primary Care Physician	Recred	1/19/2021
Lim	Suzy	Primary Care Physician	Recred	1/19/2021
Loo	Evelyn	Primary Care Physician	Recred	1/19/2021
Meyer	Karen	Allied Health	Recred	1/19/2021
Nelson	Nicholas	Primary Care Physician	Recred	1/19/2021
Ong	Paula	Allied Health	Recred	1/19/2021
Pandya	Chirag	Specialist	Recred	1/19/2021
Peterson	Ralph	Specialist	Recred	1/19/2021
Sawhney	Vinod	Specialist	Recred	1/19/2021
Welborn	Layla	Allied Health	Recred	1/19/2021
Woods	Lewis	Primary Care Physician	Recred	1/19/2021

JANUARY PEER REVEW AND CREDENTAILING
INITIAL APPROVALS BY SPECIALTY

PCP	10
Specialists	10
Ancillary	2
MIDLEVEL/AHP	10
Total	32



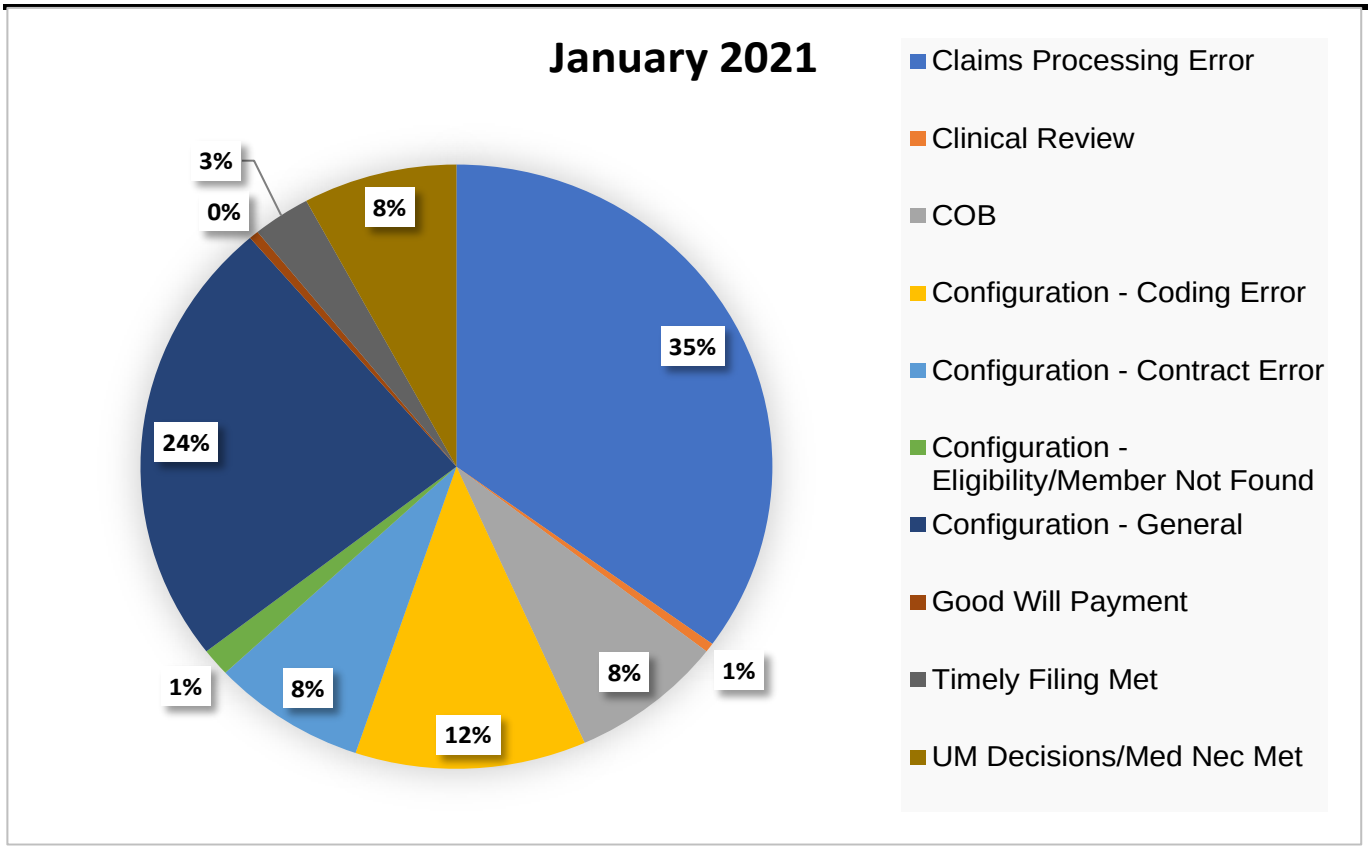
Provider Dispute Resolution
December 2020 and January 2021

METRICS		
PDR Compliance	**Dec-20**	**Jan-21**
# of PDRs Resolved	700	848
# Resolved Within 45 Working Days	695	846
% of PDRs Resolved Within 45 Working Days	99.3%	99.8%
PDRs Received	**Dec-20**	**Jan-21**
# of PDRs Received	724	738
PDR Volume Total	**724**	**738**
PDRs Resolved	**Dec-20**	**Jan-21**
# of PDRs Upheld	489	645
% of PDRs Upheld	70%	76%
# of PDRs Overturned	211	203
% of PDRs Overturned	30%	24%
Total # of PDRs Resolved	**700**	**848**
Average Turnaround Time	**Dec-20**	**Jan-21**
Average # of Days to Resolve PDRs	43	42
Oldest Unresolved PDR in Days	103	95
Unresolved PDR Age	**Dec-20**	**Jan-21**
0-45 Working Days	1,587	1,432
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**1,587**	**1,432**

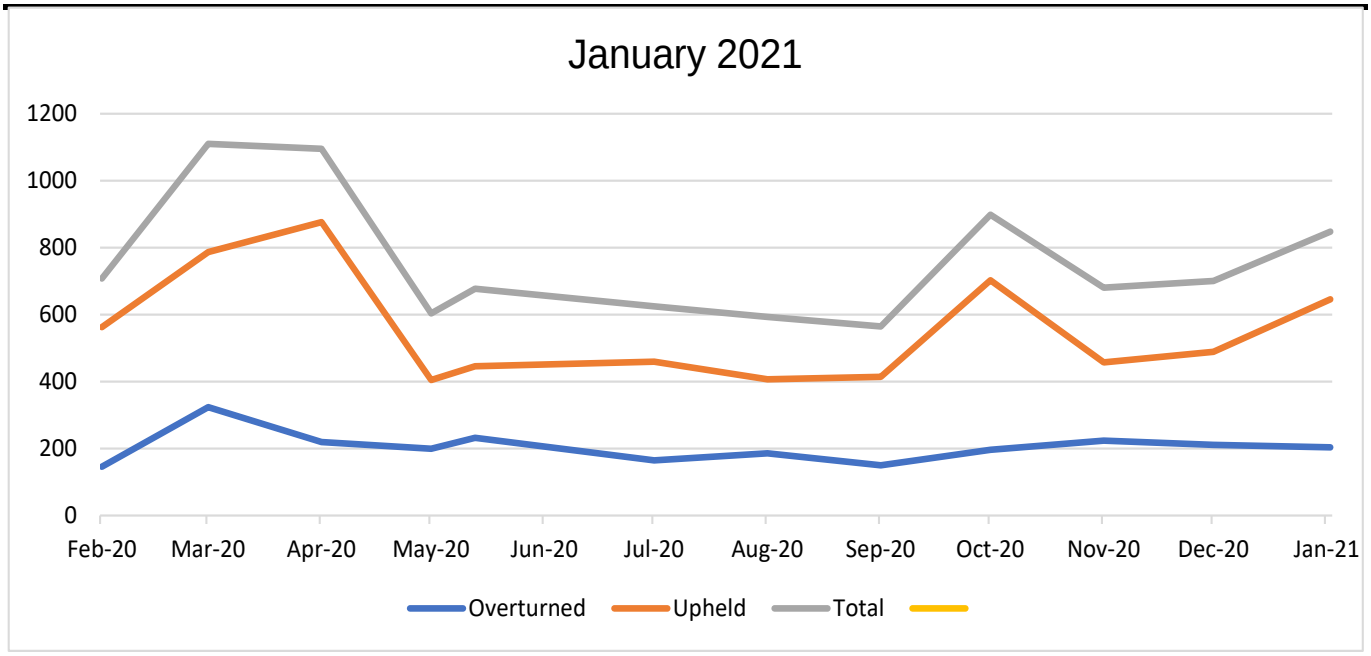
Provider Dispute Resolution
December 2020 and January 2021

Jan-21

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | **JANUARY 2021 OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | JANUARY 2021 OUTREACH REPORT

During January 2021, the Alliance completed **653** member orientation outreach calls and conducted **141** member orientations (**22%** member participation rate).

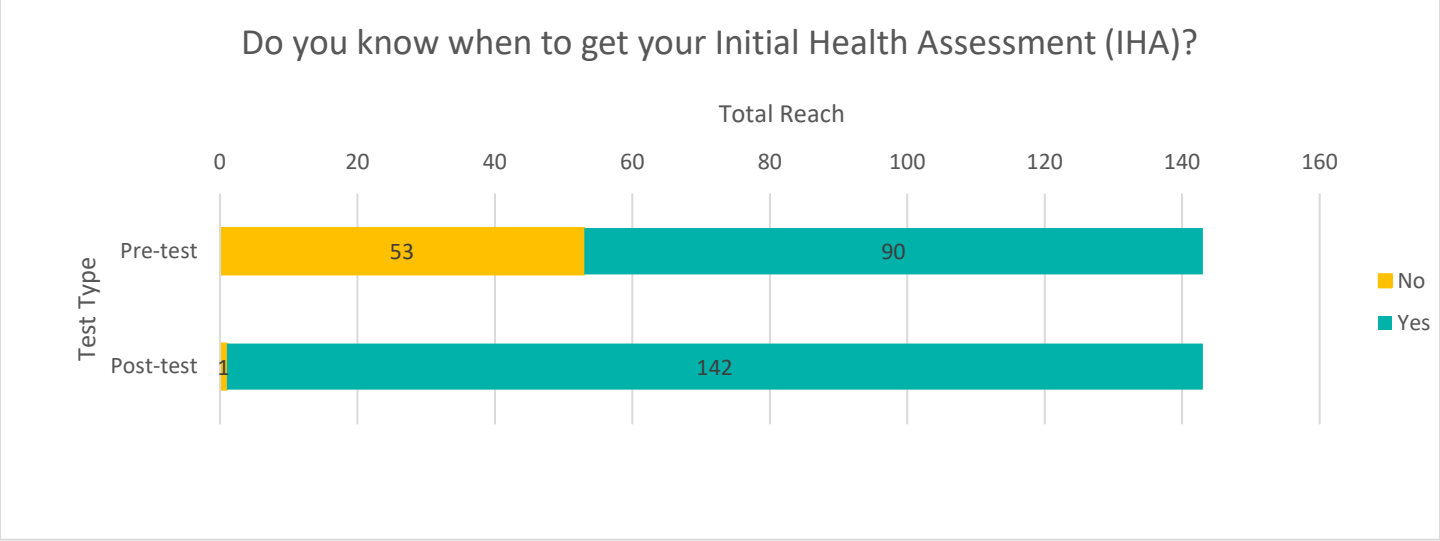
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **22,193** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from 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 January 1, through January 31, 2021 (19 working days) – **141** net new members completed a MO by phone.

After completing a MO **99.3%** of members who completed the post-test survey in January 2021 reported knowing when to get their IHA, compared to only **63%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 20-21\Q3\1. January 2021**

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | JANUARY 2021 OUTREACH REPORT

FY 2019-2020 JANUARY 2020 TOTALS

2 COMMUNITY EVENTS
6 MEMBER EDUCATION EVENTS
23 MEMBER ORIENTATIONS
4 MEETINGS/ PRESENTATIONS
35 TOTAL INITIATED/ INVITED EVENTS
26 TOTAL COMPLETED EVENTS

10 CITIES

ALAMEDA
BERKELEY
FREMONT
HAYWARD
LIVERMORE
OAKLAND
PLEASANTON
SAN LEANDRO
SAN LORENZO
UNION CITY

1186 TOTAL REACHED AT COMMUNITY EVENTS
190 TOTAL REACHED AT MEMBER EDUCATION EVENTS
146 TOTAL REACHED AT MEMBER ORIENTATIONS
212 TOTAL REACHED AT MEETINGS/PRESENTATIONS
1116 MEMBERS REACHED AT ALL EVENTS
1734 TOTAL REACHED AT ALL EVENTS

$750.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2020-2021 JANUARY 2021 TOTALS

0 COMMUNITY EVENTS
0 MEMBER EDUCATION EVENTS
141 MEMBER ORIENTATIONS
0 MEETINGS/ PRESENTATIONS
0 COMMUNITY TRAINING
0 TOTAL INITIATED/ INVITED EVENTS
141 TOTAL COMPLETED EVENTS

15 CITIES*

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

0 TOTAL REACHED AT COMMUNITY EVENTS
0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
141 TOTAL REACHED AT MEMBER ORIENTATIONS
0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
0 COMMUNITY TRAINING
141 MEMBERS REACHED AT ALL EVENTS
141 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 locations are outside of Alameda County. The C&O Department started including these cities in the Q3 FY21 Outreach Report.*

Compliance

Richard Golfin III

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

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

Date: **February 12, 2021**

Subject: **Compliance & Legal Report**

Compliance Activity Updates

- 2020 DHCS Kindred Focused Audit:
  - On October 23, 2020, the DHCS sent notice to the Plan of a focused audit involving the Plan's delegate, CHCN, and members at Kindred facilities. This focused audit was triggered by complaints lodged with DHCS by Kindred Hospital. The review period for the audit was two (2) years, from October 1, 2018, through September 30, 2020. The Department provided a copy of the draft audit report on February 1, 2021, and held a virtual Exit Conference on February 4, 2021, to discuss the draft audit report. The Department found the Plan and its delegate were deficient in areas such as in providing Medically Necessary Covered Services; in conducting Concurrent Reviews; and in Delegation of Utilization Management. The Plan has fifteen (15) calendar days from the Exit Conference, February 19, 2021, to respond and provide additional documentation for consideration before issuance of the final report and Corrective Action Plan (CAP).

- 2021 NCQA Survey:
  - On July 1, 2020, the Plan received notification of a CAP resurvey to confirm remediation of findings outlined in the 2019 Health Plan Accreditation survey. The review will be focused on UM 7B, a "must-pass" element for the Plan to maintain its accreditation status. A UM 7B review will consist of an evaluation of denial language and referenced criterion for UM decision-making. Pre-audit materials were due January 12, 2021, with the virtual on-site survey scheduled for February 16, 2021.

- 2021 DMHC Full Medical Survey:
  - On November 13, 2020, the DMHC sent notice to the Plan of the 2021 DMHC Routine Medical Survey beginning April 12, 2021. Recently, the Plan completed its pre-audit submission, which includes multiple questionnaires, sample case files, logs, and an extensive document crosswalk. In January 2021, the Plan received a list of case files selected by the Department for further review, which includes Customer Service Enrollee Contacts, Grievances and Appeals, Utilization Management, Formulary Exception Requests, External Exception Requests, Post-stabilization Denials, Emergency Room Denials, and Potential Quality Issues. The case files are due to the Department on February 12, 2021. The Plan is on track for this submission.

- 2021 DHCS Routine Medical Survey:
    - On January 13, 2021, the DHCS sent notice to the Plan of the 2021 DHCS Routine Medical Survey beginning April 12, 2021. The audit will be conducted jointly with DMHC from April 12, 2021, through April 23, 2021. The review period for this audit is from June 1, 2019 through March 31, 2021. The Plan will be evaluated in the following areas: 1) Utilization Management; 2) Case Management & Care Coordination; 3) Access & Availability; 4) Member's Rights & Responsibilities; 5) Quality Improvement System, and; 6) Organization and Administration. The Plan's Pre-Audit submission is due to DHCS by February 26, 2021.

- 2020 Annual Network Certification Corrective Action Plan:
    - On November 10, 2020, the DHCS issued a Corrective Action Plan in response to the March 2020, Annual Network Certification submission. On December 23, 2020, the Plan completed its response to the Department's feedback, to include updated maps and analysis outlining the extent of the Plan's network; updated requests for Plan and delegate Alternative Access Standards (AAS), and; revised out-of-network policies covering access, availability and authorization requests. The Department reviewed the Plan's submission and provided additional guidance in January 2021. The Plan is on track to submit the updated reports, maps, and analysis by February 8, 2021. Bi-weekly, the Plan will be responsible for providing CAP updates to the Department until all corrective measures have been fully implemented.

Delegation Oversight Auditing Activities

- The Plan conducts annual audits of its delegated entities to monitor compliance with regulatory and contractual requirements. The Plan has seven (7) delegates with various delegated activities, and all seven (7) were audited during the previous calendar year (CY). During CY 2020, the Plan issued Corrective Action Plans to four (4) delegates. Recently, the Plan issued preliminary audit reports to three (3) delegates. The preliminary audit report allows the delegate to review findings found during the audit and submit relevant information for consideration before the Plan issues the final audit report and CAP. Out of the four (4) CAPs issued, one (1) has been closed. The Compliance Team works closely with delegates and department leaders to review and monitor CAP responses, supporting documentation, CAP implementation, and CAP verification.

Regulatory Updates

- *2020 Anti-Fraud Plan Report*
    - California law requires every health care service Plan licensed in the State of California to establish and adhere to an antifraud (or Anti-Fraud) plan. The purpose of this plan is to establish, organize and implement antifraud strategy to identify and reduce costs to plans, providers, its members and others caused by fraudulent activities. Ultimately, the Anti-Fraud Plan protects our members, community partners and organization in the detection and prevention of fraud, waste and abuse within the healthcare delivery system. Each calendar year, the Plan must provide its written report of antifraud efforts to the DMHC Department Director. The Plan submitted its 2020 Anti-Fraud Report to the DMHC on January 31, 2021.

ALAMEDA Alliance FOR HEALTH

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

Health Care Services

Steve O'Brien, MD

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

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

Date: **February 12, 2021**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- Provider Portal prior auth submissions: The UM team is receiving authorizations submitted online via the Provider Portal. The percentage of referrals being received via the Portal is increasing slowly and plans are in development to increase usage by providers. Use of the Provider Portal is expected to increase satisfaction of provider, improve accuracy and efficiency for members and improve productivity in the UM team.

- Auto-Authorization Software to streamline the Prior Authorization process is being evaluated to enhance UM efficiency and provider satisfaction. The goal is to integrate with the Provider Portal and automate responses for some categories of requests.

- Notice of Action letters: The UM team is working on automating the NOA letters within TruCare to drive standardization and efficiency.

- Clinical Initiatives: UM is collaborating with the Claims and Config departments on an improvement project on the interface between the authorizations and the claims system (Health Suite) to ensure payment integrity. UM is leading the standardization of transportation requests launching March 1 to improve ride quality and decrease expenses.

Outpatient Authorization Denial Rates			
Denial Rate Type	**November 2020**	**December 2020**	**January 2021**
Overall Denial Rate	3.7%	3.3%	3.3%
Denial Rate Excluding Partial Denials	3.6%	3.2%	3.1%
Partial Denial Rate	0.1%	0.1%	0.2%

Turn Around Time Compliance			
Line of Business	**November 2020**	**December 2020**	**January 2021**
Overall	99%	99%	99%
Medi-Cal	99%	99%	99%
IHSS	97%	100%	99%
Benchmark	*95%*	*95%*	*95%*

Utilization Management: Inpatient

- COVID Admissions: COVID admissions peaked in December and have started coming back down in mid-January. Length of Stay for COVID patients is significantly less than at the beginning of the pandemic. The UM team works with Case Management to provide Transitions of Care (TOC) to members recovering from COVID coming out of the hospital.

- Hospital Partnerships: The IP UM team is working to reduce the administrative burden on hospitals to discharge patients during the pandemic by streamlining approval for post-acute care and transferring members between settings to offload impacted facilities. Inpatient Manager partners in weekly long stay/complex patient calls with Sutter, AHS, Washington and Kindred hospitals.

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

- Clinical Initiatives: The IP UM department is now working closely with Finance to improve the forecasting of high acuity members hospitalized with catastrophic diagnoses. IP UM is working with IT to develop a process to automatically accept notification of admission by partner hospitals, with a goal of increasing efficiency, enhance partner hospital satisfaction with UM processes and assuring appropriate approval/denial of admissions.

Inpatient Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**October 2020**	**November 2020**	**December 2020**
Authorized LOS	4.6	4.4	5.6
Admits/1,000	50.6	50.5	52.3
Days/1,000	232.7	219.9	293.0

Pharmacy

Prior Authorization:

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

Decisions	Number of Outpatient Pharmacy PAs Processed	Rate (%)
Approved	698	37
Denied	651	34
Closed	543	29
Total	**1892**	**100**

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

Formulary Management:

- Medications for diabetes, acne, eczema, heartburn, and pain medications are top 10 drug categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
3	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Criteria for approval not met
4	TRETINOIN 0.05% CREAM	Acne	Criteria for approval not met
5	CLINDAMYCIN PH 1% SOLUTION	Acne	Criteria for approval not met
6	TACROLIMUS 0.1% OINTMENT	Eczema	Criteria for approval not met
7	JANUVIA 50 MG TABLET	Diabetes	Criteria for approval not met
8	DEXILANT DR 60 MG CAPSULE	Heartburn	Criteria for approval not met
9	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
10	PIMECROLIMUS 1% CREAM	Eczema	Criteria for approval not met

Clinical Programs:

- Pharmacy collaborates with other health care services teams on use of opioids and/or benzodiazepine, transitions of care, education on active smokers, and drug adherence improvement in our Asthma Affinity program (200 Black adults with asthma between 21 to 44 years of age underutilizing controller medications, which puts them at higher risk of illness).

Medi-Cal Rx:

- Effective 4/1/2021, the State of California will take back drug coverage, rebate, utilization management and pharmacy provider network. The plan pharmacy services are to maintain beneficiary care coordination, drug adherence, disease and medication management, physician administered drugs (PAD) and outpatient infusion drugs.

Case and Disease Management

- Case Management: CM is working with analytics and provider partners to identify members most in the need of Complex Case Management and Care Coordination.

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

- Readmission reduction: CM is partnering with hospital partners at AHS and Sutter to focus on readmission reduction aligned with their readmission reduction goals.

- Clinical Initiatives: Health disparities have been identified in members with diabetes a new UCSF/Project Open Hand research study provides 6 months of medically tailored meals to improve diabetes outcomes for interested and eligible members.

Health Homes & Alameda County Care Connect (AC3)

- Enhanced Case Management (ECM): The State is relaunching parts of the CalAIM program in 2022, including Enhanced Case Management (ECM). Preliminary planning for this transition began in December with the AAH Project Management Office (PMO) to ensure a successful integration of HHP and AC3 into ECM. PMO is leading a series of listening/input sessions for key stakeholders. Existing CB-CME's and existing AC3 services have been inventoried in preparation for Model of Care and Transitions documents due June 30, 2021.

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

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

Case Type	New Cases Opened in December 2020	Total Open Cases As of December 2020
Care Coordination	237	578
Complex Case Management	24	81
Transitions of Care	279	503

Quality Assurance

- NCQA: preparation is underway for NCQA UM CAP audit on February 16, 2021. Preparation of the 30 charts to be audited is complete.

- DHCS & DMHC: HCS QA is working closely with the Compliance team to prepare for the joint DHCS & DMHC audits scheduled for April 12-23, 2021.

- Delegates: In partnership with Compliance, the HCS QA team continues regular engagement and feedback to delegates on NOA's and coordinating on policy and practice consistency.

Grievances & Appeals

- G&A Processing: All cases were resolved within the goal of 95% within regulatory timeframes. There were no expedited grievances.

- Grievances: Total grievances resolved in January went over our goal of less than 1 complaint per 1,000 members at 6.34 complaints per 1,000 members.

- There has been an overall increase of grievance cases received in the month of January; however, coverage disputes are still the highest numbers of cases resolved, examples of coverage disputes include:

    - Member calling to ask for reimbursement of monies paid. We used to capture as exempt and refer them to the website to complete the reimbursement form.

- Member calling with regards to 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.

- Appeals: The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of January 2021. We came close but did not meet our goal with a 25.6% overturn rate.

January 2021 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	532	30 Calendar Days	95% compliance within standard	527	99.1%	1.91
Expedited Grievance	0	72 Hours	95% compliance within standard	0	NA	NA
Exempt Grievance	1,190	Next Business Day	95% compliance within standard	1,185	99.6%	4.28
Standard Appeal	36	30 Calendar Days	95% compliance within standard	36	100.0%	0.13
Expedited Appeal	3	72 Hours	95% compliance within standard	3	100.0%	0.01
Total Cases:	1,761		95% compliance within standard	1,751	99.4%	6.34

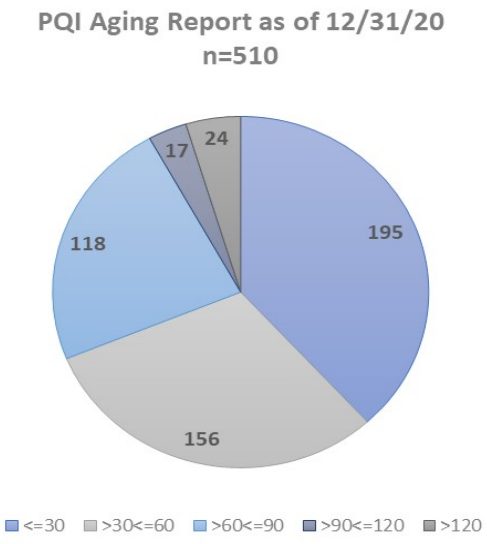
Quality

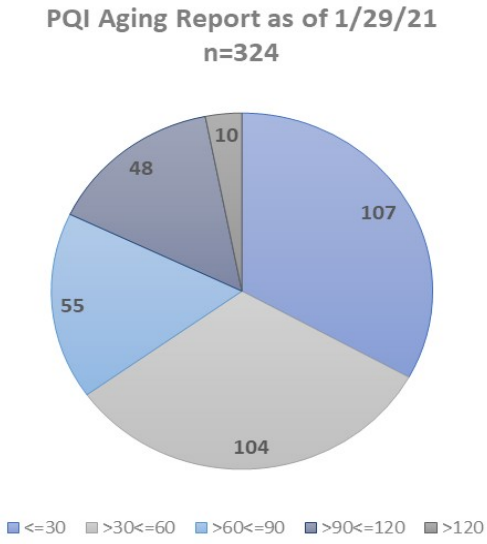
Pediatric Preventive Care Outreach:

- 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 ended December 31, 2020,** with outreach to approximately 9,400 members **0 up to age 3**. ***Phase 2*** of the campaign began **February 1 and ends March 31, 2021,** and will target 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. Post Outreach data will be shared in Q2 2021.





Potential Quality Issues (PQI) Aging Report:

- A PQI is defined as a suspected deviation from expected provider performance, clinical care or outcome, or access to care that requires further investigation to determine whether an actual quality issue exists. Timely review and investigation of PQIs are essential in addressing member concerns related to their perception regarding Quality of Access (QOA), Quality of Care (QOC), or Quality of Service (QOS) provided by our provider, delegate, and vendor network. Quality clinical staff has 120 days to review and resolve a PQI investigation. This is our Turn-around- time (TAT). Quality has seen month over month improvements in PQI TATs since expanding our TAT from 90 to 120 days, which aligns with other local Health Plans.

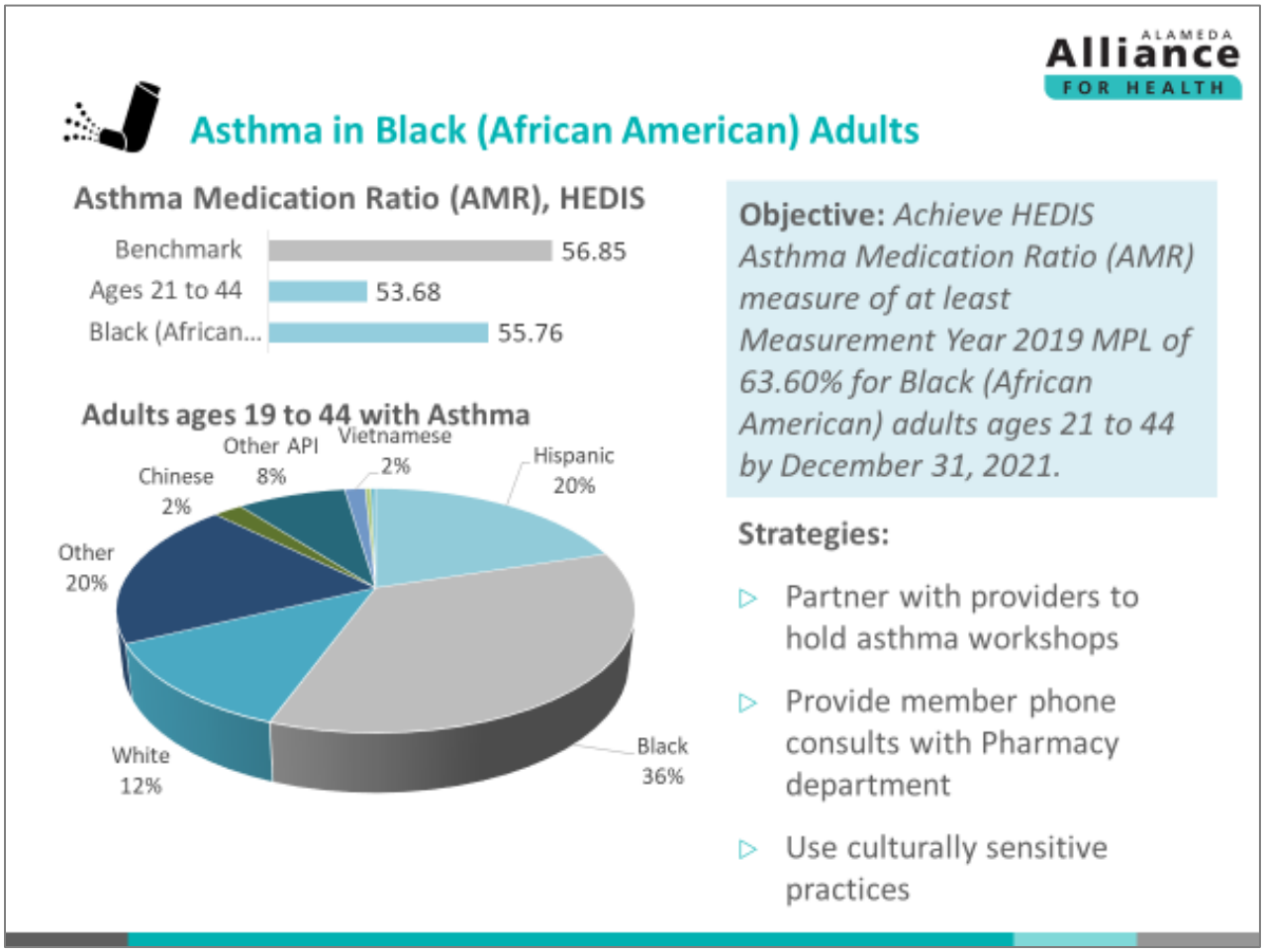
Population Needs Assessment (PNA): Adult Asthma Initiatives

- The Alliance 2020 Population Needs Assessment identified a disparity in health outcomes for our Black (African American) adults with asthma. See table below for the data, objective, and proposed strategies. Alliance Quality Improvement, Health Education, Pharmacy, Communications and Case Management departments are collaborating in initiatives to address this disparity:

  1) **Create an Asthma Video** and promote among members whose Asthma Medication Ratio (AMR) does not meet the HEDIS goal. Members will be offered an incentive to view the video and visit their provider for medication review.

  2) **Asthma Affinity** is a national project led by our Pharmacy team that includes both telephonic outreach to members as well as provider communications about members who may need assistance with their asthma medications to help close this gap.

  3) **Culturally Sensitive Practices** will be incorporated into our asthma initiatives. We have created an African American Advisory group of staff and members to inform our initiatives.



ALAMEDA Alliance FOR HEALTH

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

Information Technology

Sasikumar Karaiyan

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

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

Date: **February 12, 2021**

Subject: **Information Technology Report**

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of December despite supporting 97% 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 has 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 Office 365, and of that, the Phase 2 of Office 365 is complete.

- The Phase 3 of the Office 365 project is in progress focusing on completing the deployment of Office 365 Suite to replace and upgrade the version on Microsoft Office Suite which is 70% complete. It will also focus on the deployment of Microsoft Teams enterprise wide.

Encounter Data

- In the month of January, AAH submitted 77 encounter files to DHCS with a total of 211,838 encounters.

Enrollment

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

HealthSuite

- The HealthSuite system has been successfully upgraded to v20.01. This upgrade has enabled the Alliance to use new capabilities and will match the current market version. There were no major issues being reported after the upgrade.

- After the upgrade of HealthSuite from v16.00 to v20.01 we had a performance issue and were forced to bring the application down multiple times. This issue was fixed. The HealthSuite application operates with an uptime of 99.99%.

TruCare

- A total of 7,509 authorizations were loaded and processed in the TruCare application. The TruCare application continued to operate normally with an uptime of 99.99%.

Web Portal

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

- As a part of the Customer Channel upgrades, both Member, and to some extent, Provider portal are undergoing feature additions. A few additional features include, Secure Communications, Mobile Application on smartphones and Multiple Languages. This is estimated to go live before the month of May.

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 43.8.

- Attempted information leaks detected and blocked at the firewall are marginally lower from 167 to 44 for the month of **January.**

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

- Attempted User Privilege Gain is significantly lower at 37 from a previous six-month average of 669.

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 January, the Alliance is on track to add Magellan Prior Authorizations and Pharmacy Claims data, Credentialing data, Kaiser and PerformRx historical data, Admission, Discharge and Transfer (ADT) data to the Data Warehouse. Due to conflicting demands and to tier our deliveries to stakeholder expectations, we will resume planning for adding Authorizations, Case and Assessments data in February 2021. The current forecast is that the planned completion will be in the first quarter of the next fiscal year.

- As part of the fiscal year 2021, the Alliance is on target to meet one of its strategic goals to ingest the ADT (Admit, Discharge and Transfer), Magellan Prior Authorizations and Pharmacy Claims, Kaiser and PerformRx historical data and Credentialing data into the Data Warehouse.

Data Governance

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

  In the month of January, the Alliance created and shared the Pharmacy Data Dictionary with the business for validation. We launched onsite non-production environment data masking and established meetings with organization-wide stakeholders for obtaining consensus on the Data Governance Committee Structure. The current forecast is that the Alliance will successfully complete the onsite Data Masking Pilot by the end of March 2021 and the operational process will consistently comply with the regulatory compliance. The First Data Governance Committee Meeting is expected to be held in March 2021, and a DG capability maturity established in the next 18 months.

- As a part of the fiscal 2021, the Alliance is on target to meet one of its strategic goals to mask all PHI data for appropriate non-production platforms, create Data Dictionaries and commence the work to establish the Data Governance Committee.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
January	277,851	4,246	2,120	5,966	148	138

1. MC – Medical Member

2. GC – Group Care Member

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

Auto-Assignments	Member Count
Auto-assignments MC	1,236
Auto-assignments Expansion	1,398
Auto-assignments GC	41
PCP Changes (PCP Change Tool) Total	2,289

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of January 2021”.
- There were 7,509 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 January 2021

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI Failure	New Auths Entered	Total Auths Loaded In TruCare Production
EDI-CHCN	3,786	94	0	13	2	25	29	163	0	3,623
Paper to EDI	2,692	0	0	0	0	0	0	0	0	2,692
Manual Entry	0	0	0	0	0	0	0	0	1,194	1,194
Total										7,509

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 December 2020

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	4,151	2,817	110,980	257
MCAL	68,404	2,052	4,625	771
IHSS	2,647	80	137	18
AAH Staff	167	47	790	2
Total	**75,369**	**4,996**	**116,532**	**1,048**

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

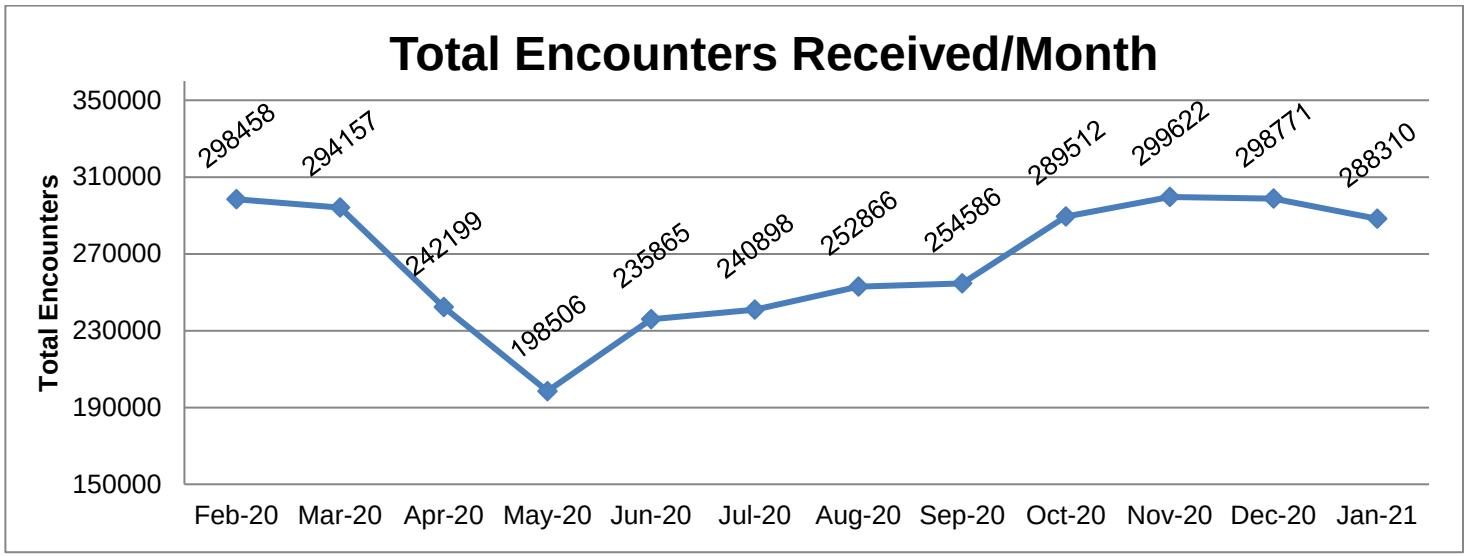
Top 25 Pages Viewed		
Category	**Page Name**	**December-20**
Provider	Member Eligibility	539,649
Provider	Claim Status	88,913
Provider	Auth Submit	4,884
Member - Eligibility	Member Eligibility	3,085
Member - Claims	Claims - Services	2,143
Provider	Auth Search	1,882
Member - Help Center	Member ID Card	1,052
Provider	Member Roster	1,046
Provider	Pharmacy	529
Member - Help Center	Select/Change PCP	512
Member - Help Center	Find a Doctor or Facility	458
Provider - Provider Directory	Provider Directory	447
Provider - Home	Forms	330
Member - Pharmacy	My Pharmacy Claims	305
Provider - Provider Directory	Instruction Guide	254
Member - Help Center	Update My Contact Info	153
Provider - Provider Directory	Manual	129
Member - Pharmacy	Pharmacy - Drugs	112
Member - Help Center	Contact Us	80
Member - Help Center	Authorizations & Referrals	69
Provider - Provider Directory	Attestation	64
Member - Forms/Resources	Authorized Representative Form	62
Member - Health/Wellness	Personal Health Record - intro	45
Provider - Home	New Prior Auth Forms	45
Member - Health/Wellness	Personal Health Record - NoMoreClipboard	36

Encounter Data From Trading Partners 2021

- AHS:
  January daily files (9,404 records) were received on time.
- Beacon:
  January monthly files (15,812 records) were received on time.
- CHCN:
  January weekly files (59,612 records) were received on time.
- CHME:
  January monthly file (6,143 records) were received on time.
- CFMG:
  January weekly files (7,693 records) were received on time.
- Docustream:
  January weekly files (803 records) were received on time.
- PerformRx:
  January monthly files (170,334 records) were received on time.
- Kaiser:
  January monthly files (43,639 records) were received on time.
  January monthly Kaiser Pharmacy files (20,598 records) were received on time.
- LogistiCare:
  January weekly files (12,603 records) were received on time.
- March Vision:
  January monthly file (3,103 records) were received on time.
- Quest Diagnostics:
  January weekly files (12,665 records) were received on time.
- Teladoc:
  January weekly files (49 records) were received on time.

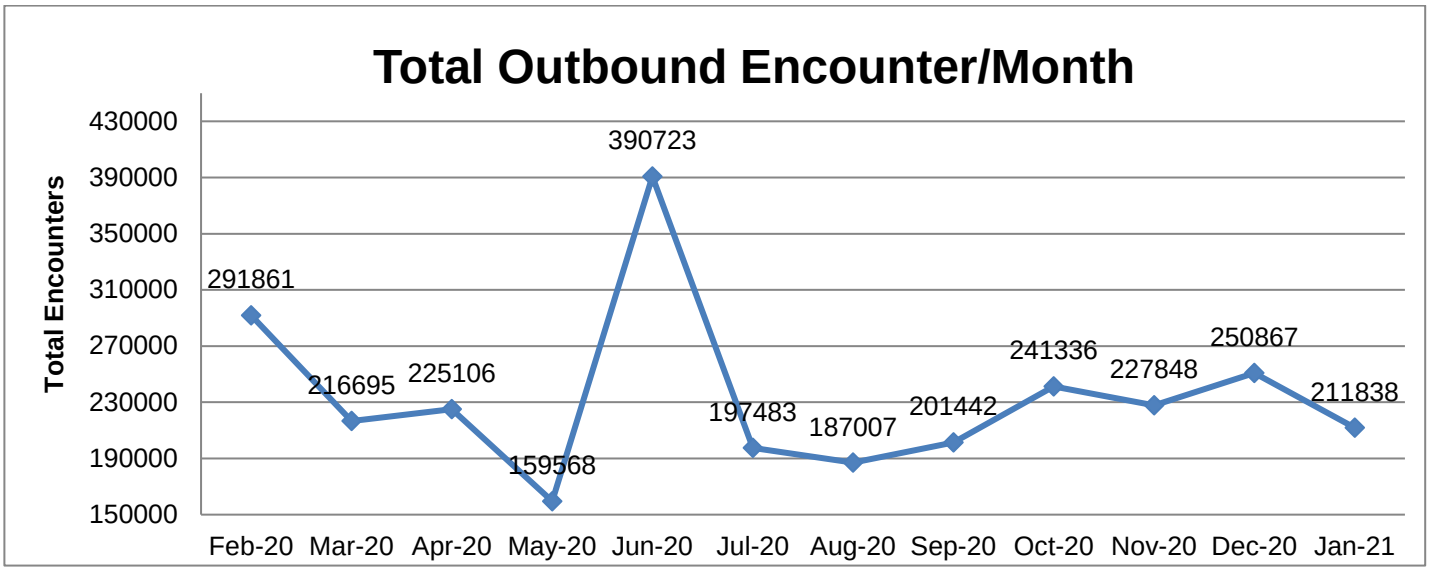
Trading Partner Encounter Inbound Submission History

Trading Partners	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec	21-Jan
HealthSuite	118309	115716	86578	89063	95735	107093	104293	111255	120149	111676	123248	116784
Kaiser	35167	36334	33670	16030	19364	22508	26057	25829	29431	35590	29885	43639
Logisticare	19665	21375	10812	10893	10857	12865	10145	14821	11599	12665	15505	12603
March Vision	0	3127	3389	1395	1336	1839	2568	2270	3012	2928	2361	3103
AHS	4949	9907	9040	7698	7129	10154	9353	849	12762	16814	8419	9404
Beacon	14626	10010	12606	8546	9612	11413	10193	20434	14637	12673	21326	15812
CHCN	69402	76884	64623	45221	73144	53049	64935	54812	65094	85984	66473	59612
CHME	5604	3612	4346	7241	4903	4344	4987	3832	5814	5152	4388	6143
Claimsnet	16607	7317	12653	5484	6154	6545	6608	8787	11018	6504	12819	7693
Quest	13574	9334	3803	6072	6809	10135	12783	11005	15047	8724	13406	12665
Docustream	555	541	679	863	822	912	919	640	926	865	909	803
Teladoc						41	25	52	23	47	32	49
Total	298458	294157	242199	198506	235865	240898	252866	254586	289512	299622	298771	288310



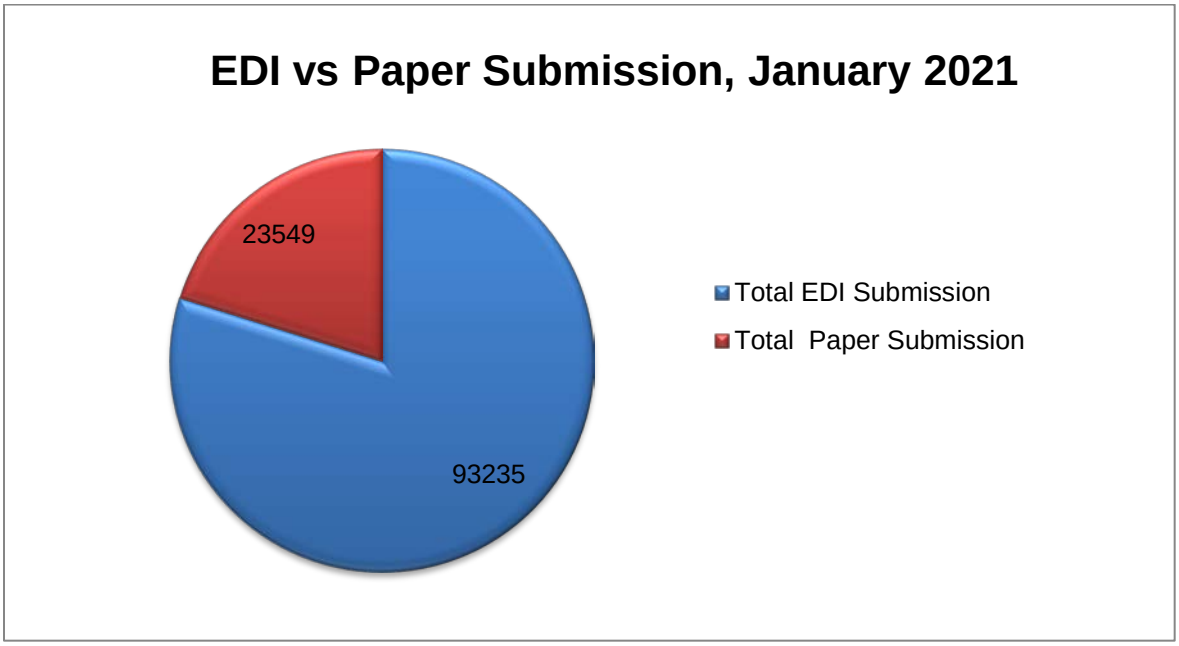
Outbound Encounter Submission

Trading Partners	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
HealthSuite	141458	81483	79506	72631	60932	76561	73815	71394	97258	79162	100653	70368
Kaiser	34561	35565	32223	15191	15545	21968	25720	25666	29031	35096	29087	42638
Logisticare	24522	22887	12988	10513	10438	14934	9924	11134	14600	12263	14773	12315
March Vision	1672	2118	2362	813	803	1121	1909	1687	2665	2470	2013	2655
AHS	4711	8545	7880	8708	6727	10662	8083	353	11922	15980	7909	8729
Beacon	11058	6	19228	8464	7377	9507	7620	17466	13291	10580	16229	13315
CHCN	49459	43356	54436	27819	270473	43686	38537	52622	48065	50051	54860	41461
CHME	4981	3166	3847	6860	4640	4081	4663	3632	5232	4801	3696	5327
Claimsnet	8835	8788	7468	3266	5643	4792	6110	6611	7398	5707	8595	5160
Quest	10087	10331	4579	4566	7425	9331	9789	10236	11002	10743	12214	9085
Docustream	517	450	589	737	720	799	812	609	849	969	807	764
Teladoc						41	25	32	23	26	31	21
Total	291861	216695	225106	159568	390723	197483	187007	201442	241336	227848	250867	211838



HealthSuite Paper vs EDI breakdown:

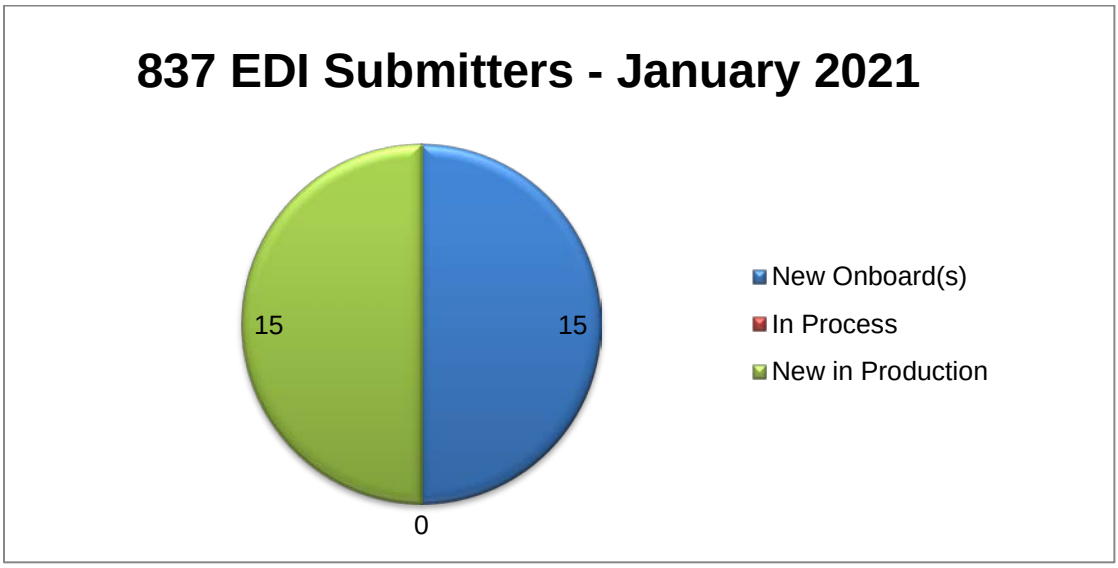
Period	Total EDI Submission	Total Paper Submission	Total claims
21-Jan	93235	23549	116784

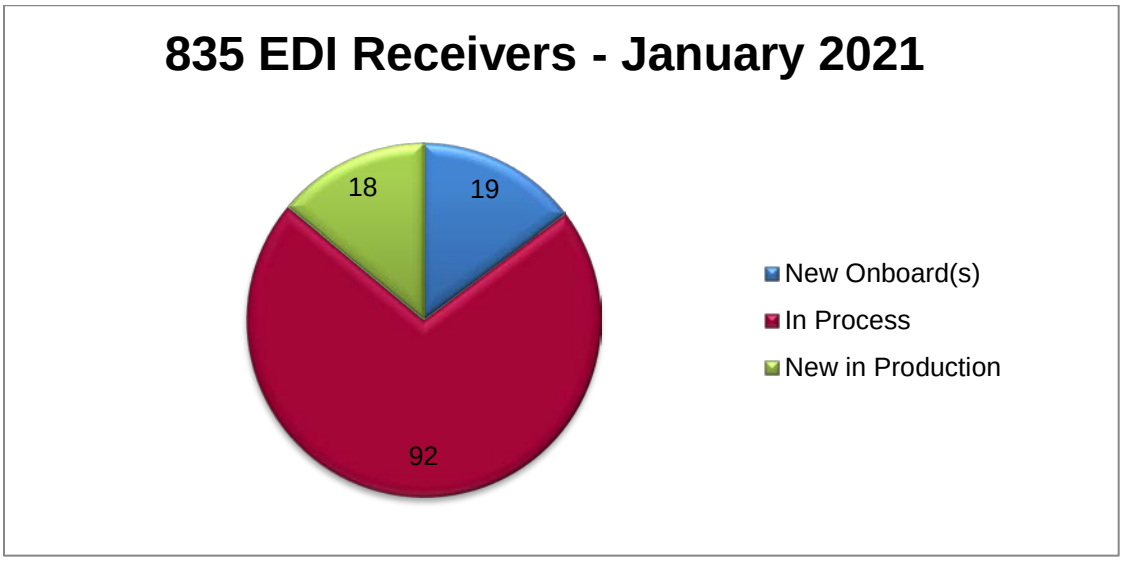


Onboarding EDI Providers - Updates

- January 2021 EDI Claims:
  - A total of 1053 new EDI submitters have been added since October 2015, with 15 added in January 2021.
  - The total number of EDI submitters is 1785 providers.
- January 2021 EDI Remittances (ERA):
  - A total of 255 new ERA receivers have been added since October 2015, with 18 added in January 2021.
  - The total number of ERA receivers is 294 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
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
Dec-20	21	0	21	1770	42	91	42	276
Jan-21	15	0	15	1785	19	92	18	294





EDSRF/Reconciliations

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

File Type	Jan-21
837 I Files	17
837 P Files	60
NCPDP	9
Total Files	86

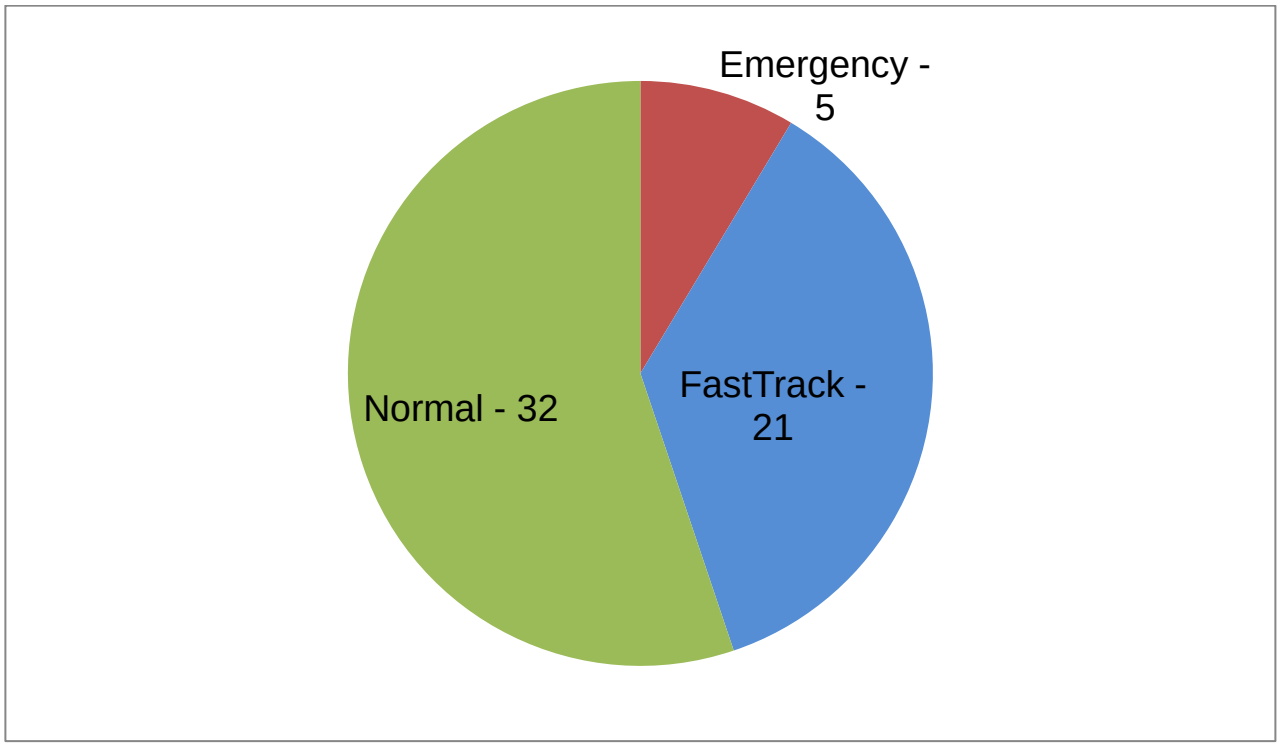
Lag-time Metrics/KPI's

AAH Encounters: Outbound 837	Jan-21	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	95%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	99%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	94%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	80%

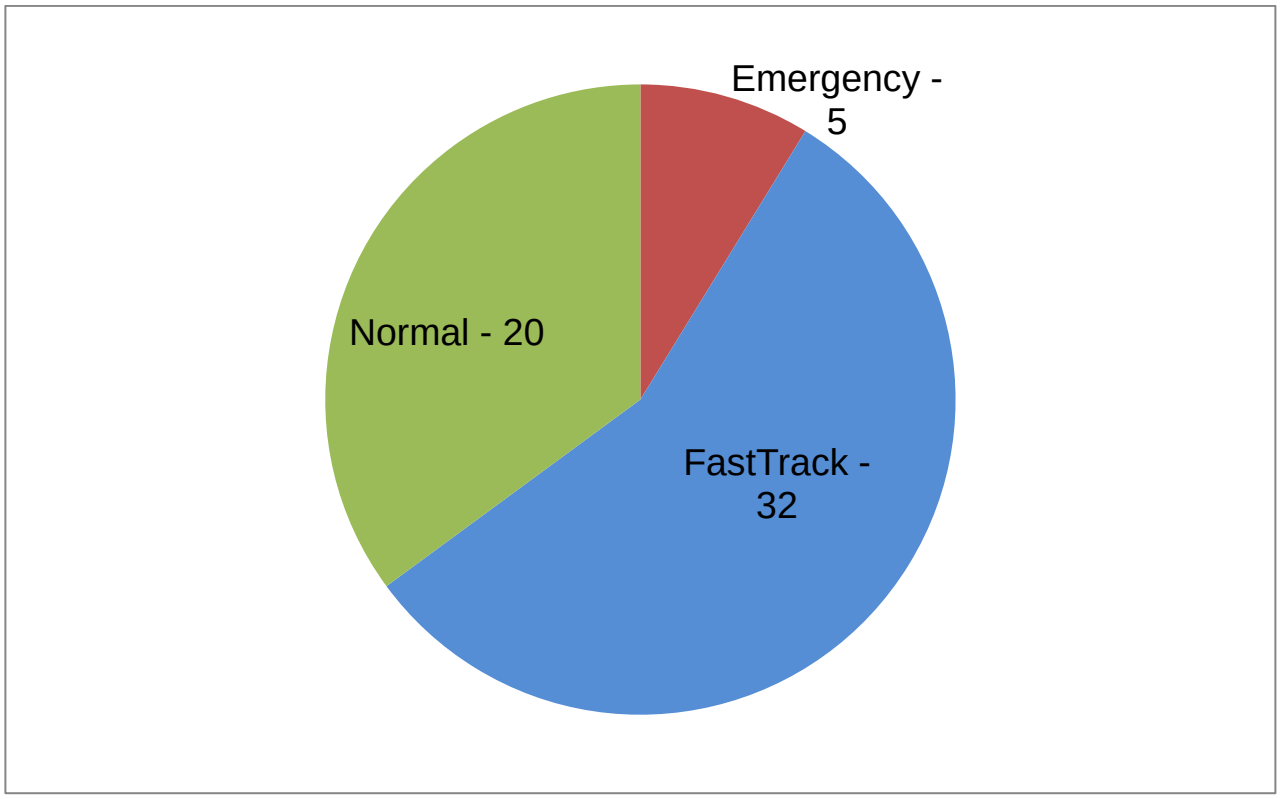
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of January 2021 KPI – Overall Summary.
    - 1,976 Changes Submitted.
    - 1,873 Changes, Completed, and Closed.
    - 101 Active Changes.
    - 213 Changes Cancelled and Rejected.

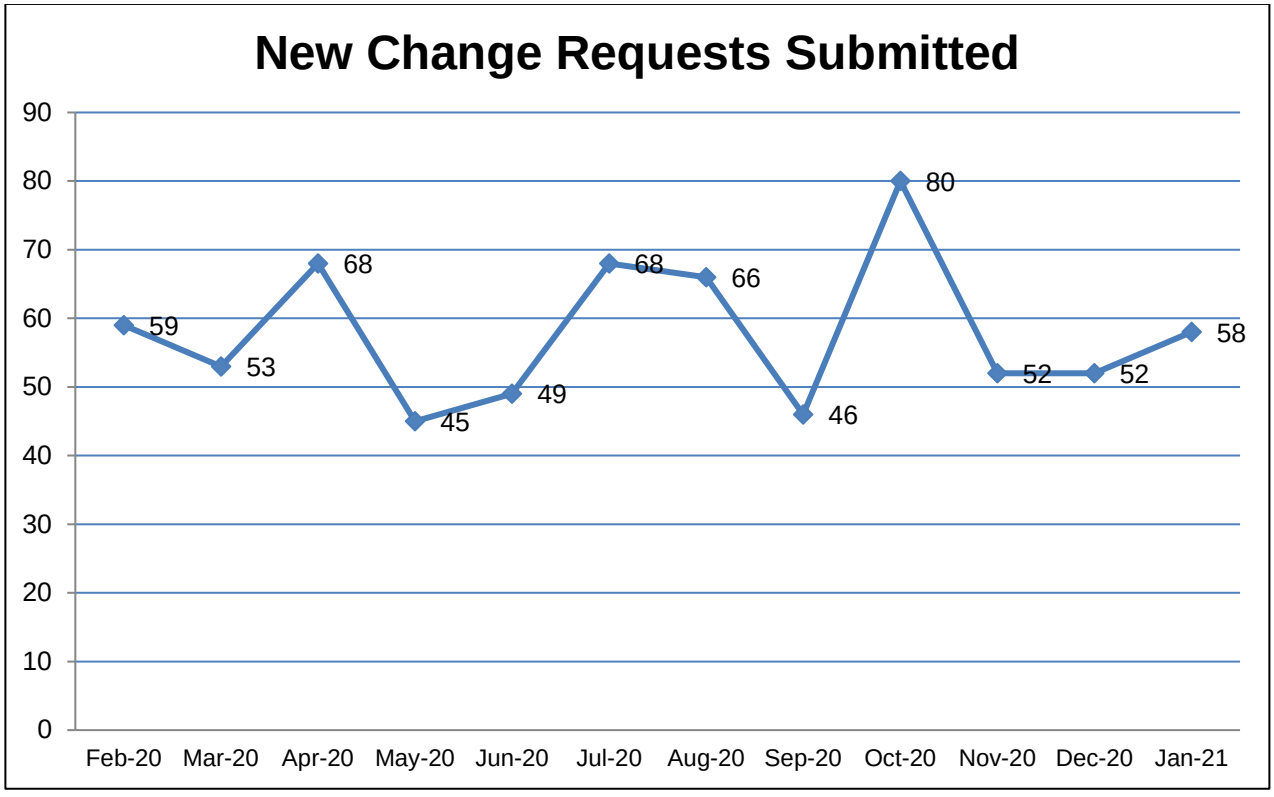
- 58 Change Requests Submitted/Logged in the month of January 2021



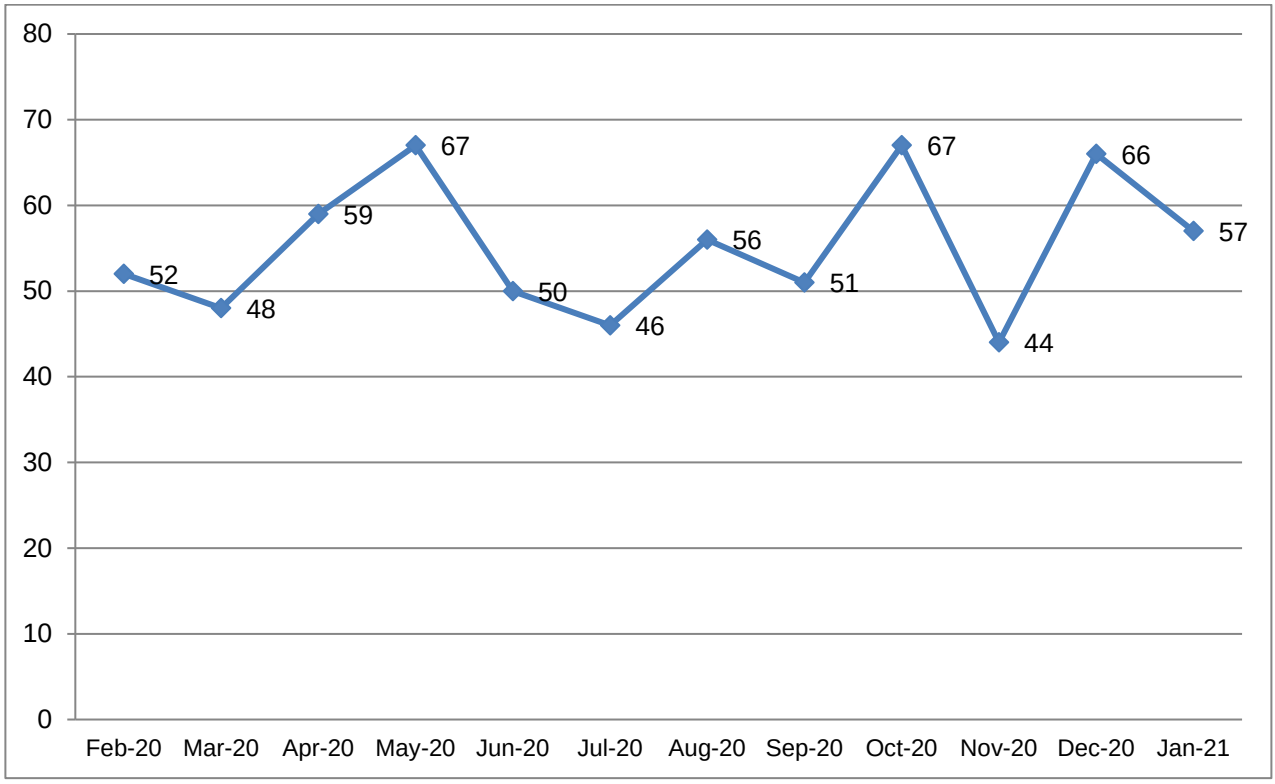
- 57 Change Requests Closed in the month of January 2021



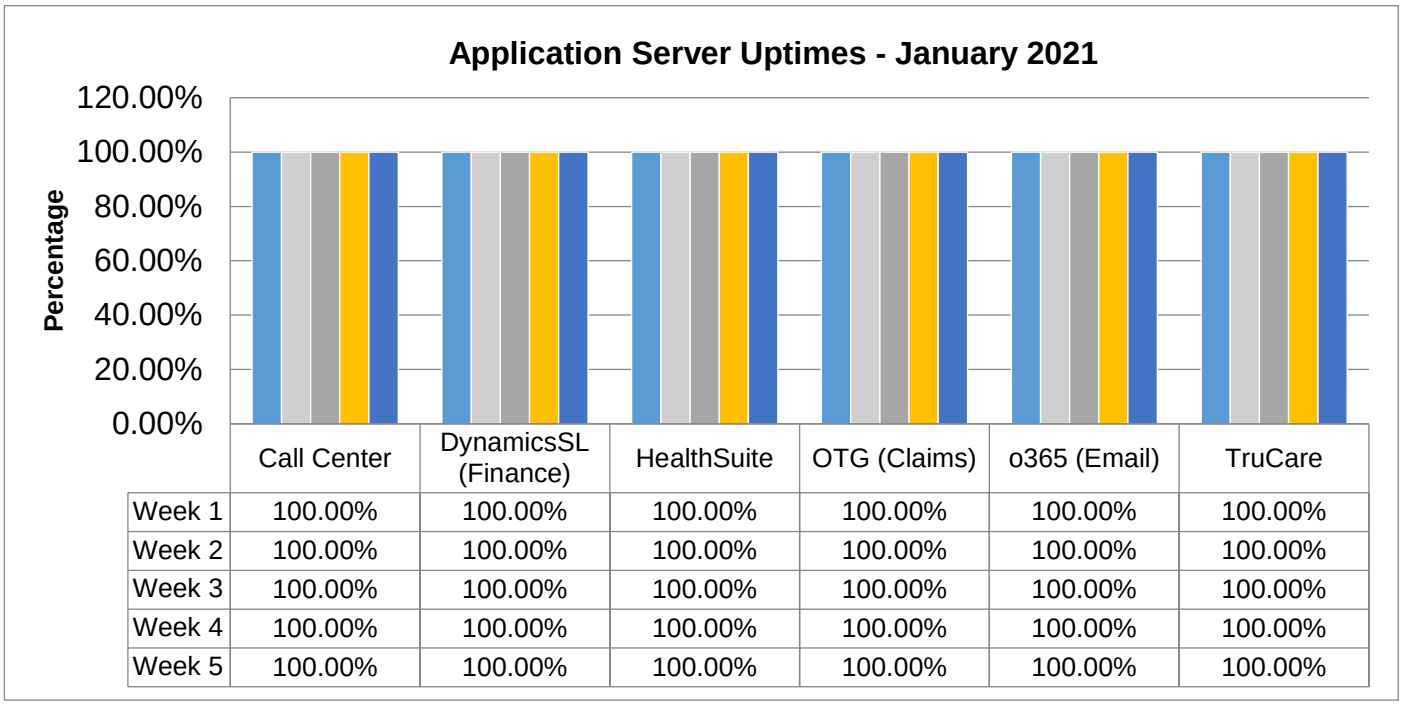
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend

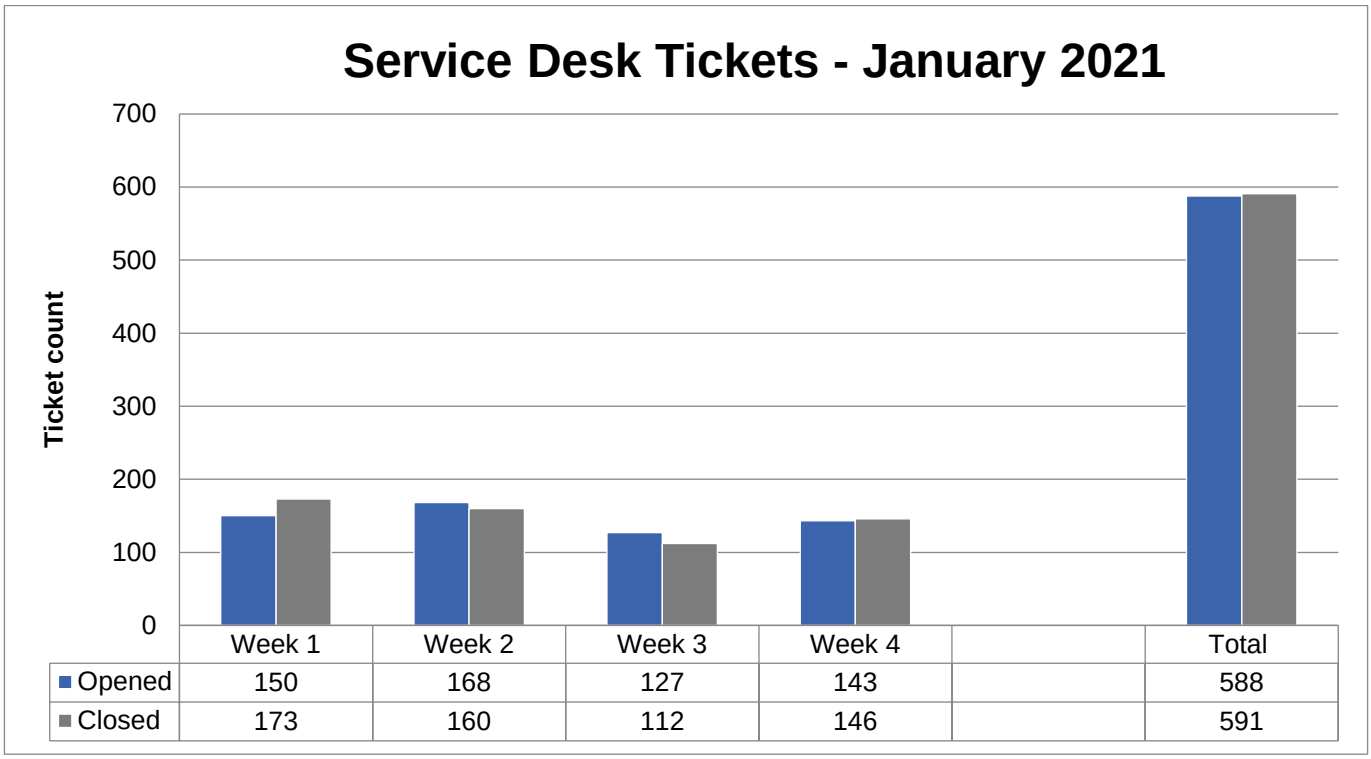


IT Stats: Infrastructure



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

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

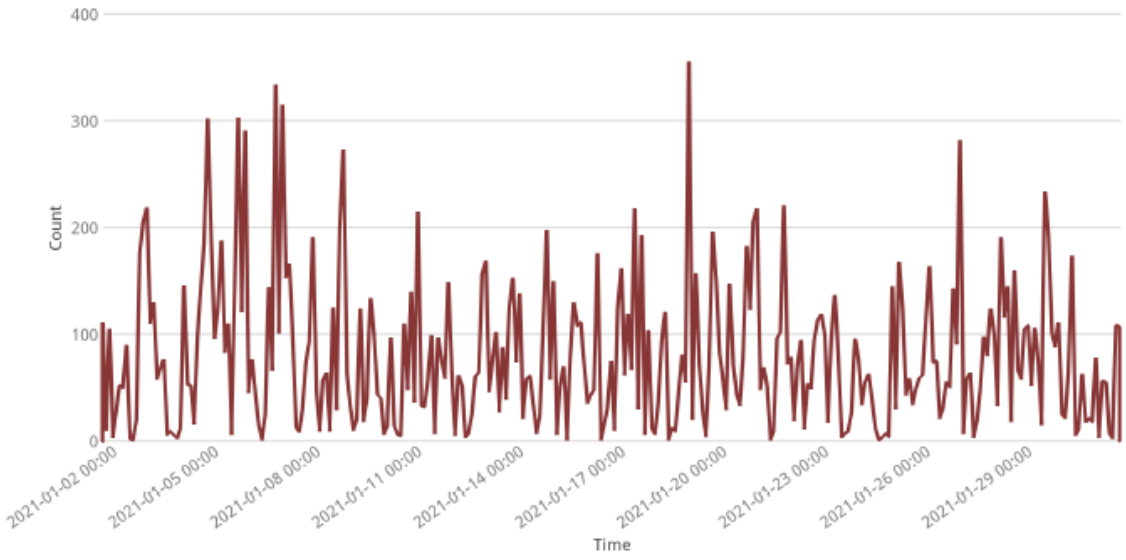


	Week 1	Week 2	Week 3	Week 4		Total
Opened	150	168	127	143		588
Closed	173	160	112	146		591

- 588 Service Desk tickets were opened in the month of **January**, which is 22.8% lower than the previous month and 591 Service Desk tickets were closed, which is 13.3% lower than the previous month. This decrease was due to the preceding holiday schedule.

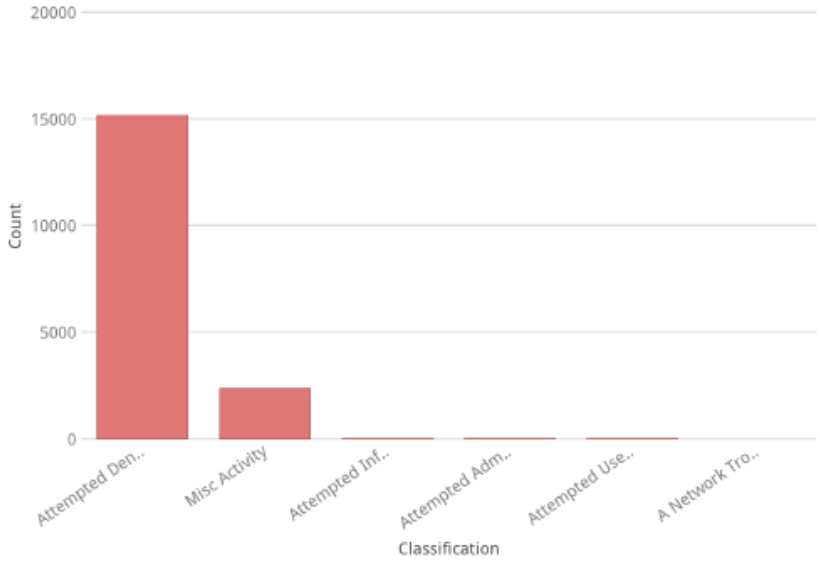
All Intrusion Events

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



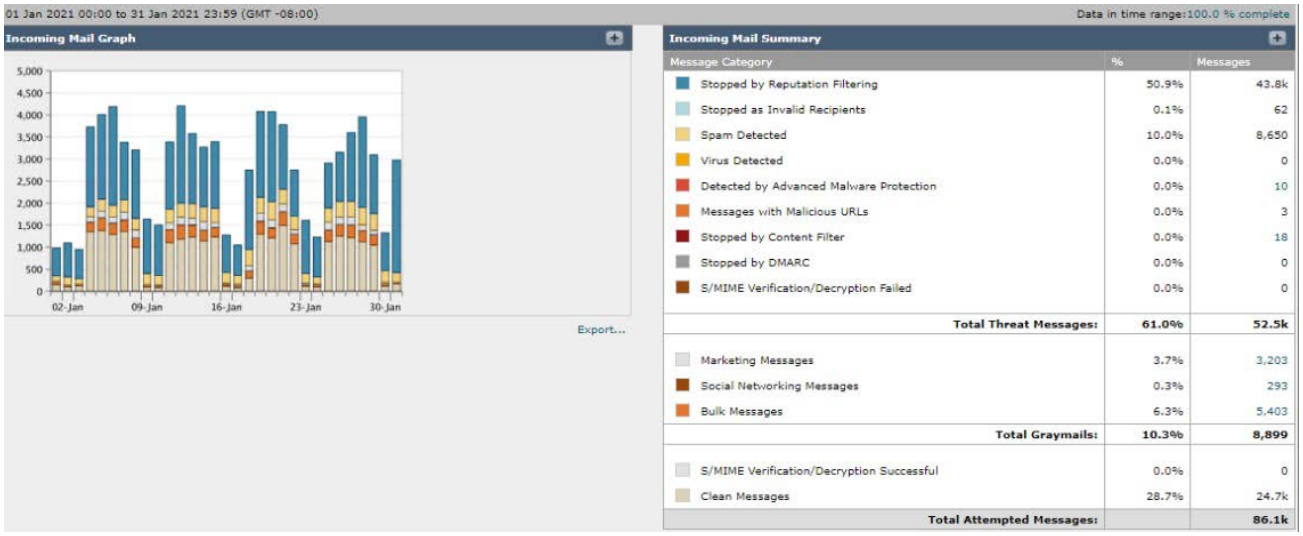
Dropped Intrusion Events

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



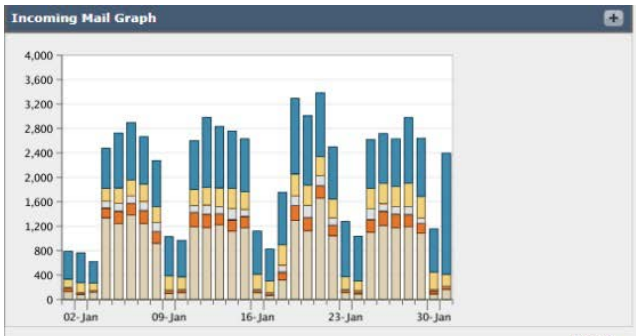
Classification	Count
Attempted Denial of Service	15,163
Misc Activity	2,390
Attempted Information Leak	44
Attempted Administrator Privilege Gain	42
Attempted User Privilege Gain	37
A Network Trojan was Detected	1

MX4



Message Category	%	Messages
Stopped by Reputation Filtering	50.9%	43.8k
Stopped as Invalid Recipients	0.1%	62
Spam Detected	10.0%	8,650
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	10
Messages with Malicious URLs	0.0%	3
Stopped by Content Filter	0.0%	18
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**61.0%**	**52.5k**
Marketing Messages	3.7%	3,203
Social Networking Messages	0.3%	293
Bulk Messages	6.3%	5,403
Total Graymails:	**10.3%**	**8,899**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	28.7%	24.7k
Total Attempted Messages:		**86.1k**

MX9



Message Category	%	Messages
Stopped by Reputation Filtering	39.7%	26.3k
Stopped as Invalid Recipients	0.1%	84
Spam Detected	12.3%	8,187
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	7
Messages with Malicious URLs	0.0%	0
Stopped by Content Filter	0.0%	11
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**52.2%**	**34.6k**
Marketing Messages	4.3%	2,841
Social Networking Messages	0.4%	288
Bulk Messages	6.2%	4,133
Total Graymails:	**11.0%**	**7,262**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	36.8%	24.4k
Total Attempted Messages:		**66.3k**

Item / Date	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	***Jan-21***
Stopped By Reputation	306.6k	234.0k	280.8k	249.7k	278.0k	322.6k	237.0k	129.0k	74.7k	68.9k	69.7k	***43.8k***
Invalid Recipients	0	4	56	39	55	50	612	2,582	1,120	883	153	***62***
Spam Detected	13.6k	12.8k	16.4k	11.4k	17.1k	15.9k	16.9k	11.2k	15.4k	13.6k	13.2	***8,650***
Virus Detected	0	0	3	4	3	1	2	2	1	1	1	***0***
Advanced Malware	0	4	6	0	0	1	0	1	1	2	9	***10***
Malicious URLs	122	91	14	36	43	47	50	33	22	31	39	***3***
Content Filter	4	9	48	9	23	14	10	26	5	2	8	***18***
Marketing Messages	4,211	3,804	4,296	3,730	3,834	4,024	3,715	4,127	3,794	6,511	6,147	***3,203***
Attempted Admin Privilege Gain	704	518	596	1,064	1,292	2,573	33	1,865	314	285	84	***42***
Attempted User Privilege Gain	7	27	17	18	23	94	22	339	1,948	1,019	650	***37***
Attempted Information Leak	31	37	59	63	48	64	88	18	52	156	167	***44***
Potential Corp Policy Violation	29	10	77	21	32	19	59	210	0	0	0	***0***
Network Scans Detected	1	4	3	15	2	2	1	1	9	0	0	***0***
Web Application Attack	72	45	121	47	124	42	0	65	25	25	0	***0***
Attempted Denial of Service	0	0	0	0	0	0	0	0	0	11.2k	6,775	***15,163***
Misc. Attack	30	21	25	18	56	18	0	14	4,242	2,508	5,935	***2,390***

- 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 blocks for a total of 43.8.

- Attempted information leaks detected and blocked at the firewall are marginally lower from 167 to 44 for the month of **January.**

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

- Attempted User Privilege Gain is significantly lower at 37 from a previous six-month average of 669.

Projects and Programs

Ruth Watson

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

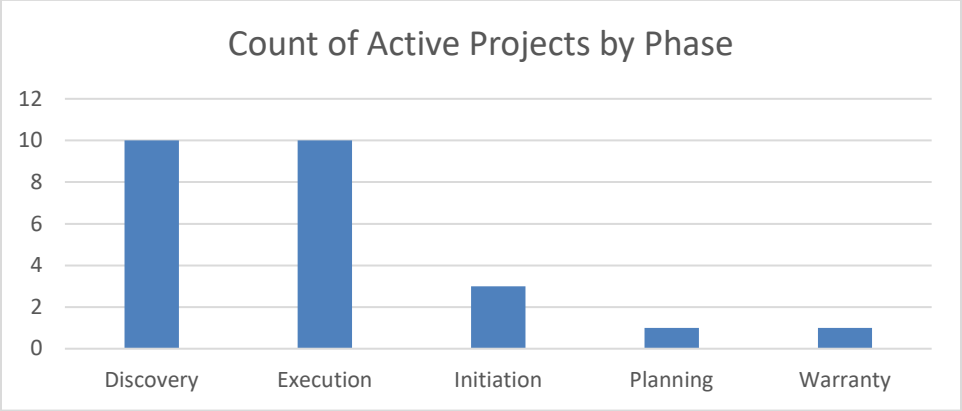
From: **Ruth Watson, Chief Projects and Programs Officer**

Date: **February 12, 2021**

Subject: **Projects & Programs Report**

Project Management Office

- 29 projects currently on the Alliance enterprise-wide portfolio:
  - 25 active projects (discovery, initiation, planning, execution, warranty).



  - 4 projects inactive.

- Key projects currently in-flight:
  - California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
    - Enhanced Care Management (ECM) – ECM will target seven specific populations of vulnerable and high-risk children and adults
      - Members currently receiving Whole Person Care (WPC) and/or Health Homes Program (HHP) services will transition into ECM effective January 1, 2022
    - In Lieu of Services (ILOS) – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
      - ILOS is effective January 1, 2022
    - Transplants Carve-In – major organ transplants, currently not within the scope of many Medi-Cal managed care plans (MCPs), will be carved into all MCPs effective January 1, 2022

- Pharmacy Carve-out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State; the Department of Health Care Services (DHCS) has delayed the start date until April 1, 2021
- Transportation Policy Change – changing the advance notice time frame for requesting a non-standing non-medical transportation ride from 1 day to 3 days
  - 30-day member notification letter mailed on January 29; benefit policy change will be effective March 1, 2021
- Interoperability Phase 1 – regulatory mandate to implement the following:
  - Patient Access API – provide members with the ability to access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their choice
  - Provider Directory API – requires payers to make provider directory information publicly available
  - Enforcement date is July 1, 2021
- Human Resources Information System (HRIS) – replacement of current HRIS system; target go-live is mid-June 2021

Integrated Planning

- Behavioral Health Integration (BHI) Incentive Program – DHCS pilot program commenced January 1, 2021 and continues through December 31, 2022
  - Readiness funding received from DHCS mid-January
  - Program readiness payments sent to Bay Area Community Health (BACH), Community Health Center Network (CHCN) and LifeLong Medical Care (LifeLong) on January 20, 2021
  - Submitted required one-time milestone summary report for BACH, CHCN and LifeLong to DHCS on January 22, 2021
  - Submitted one-time program readiness report for BACH, CHCN and LifeLong to DHCS on January 29, 2021
- CalAIM ECM and ILOS
  - Model of Care and Transition & Coordination Plan due to DHCS on July 1, 2021
  - Network Assessment due to DHCS on September 1, 2021
  - Developing a schedule and agenda for listening sessions with community partners and stakeholders to be held in February and March
- Created the initial overview and approach document for the rollout of integrated planning at the Alliance

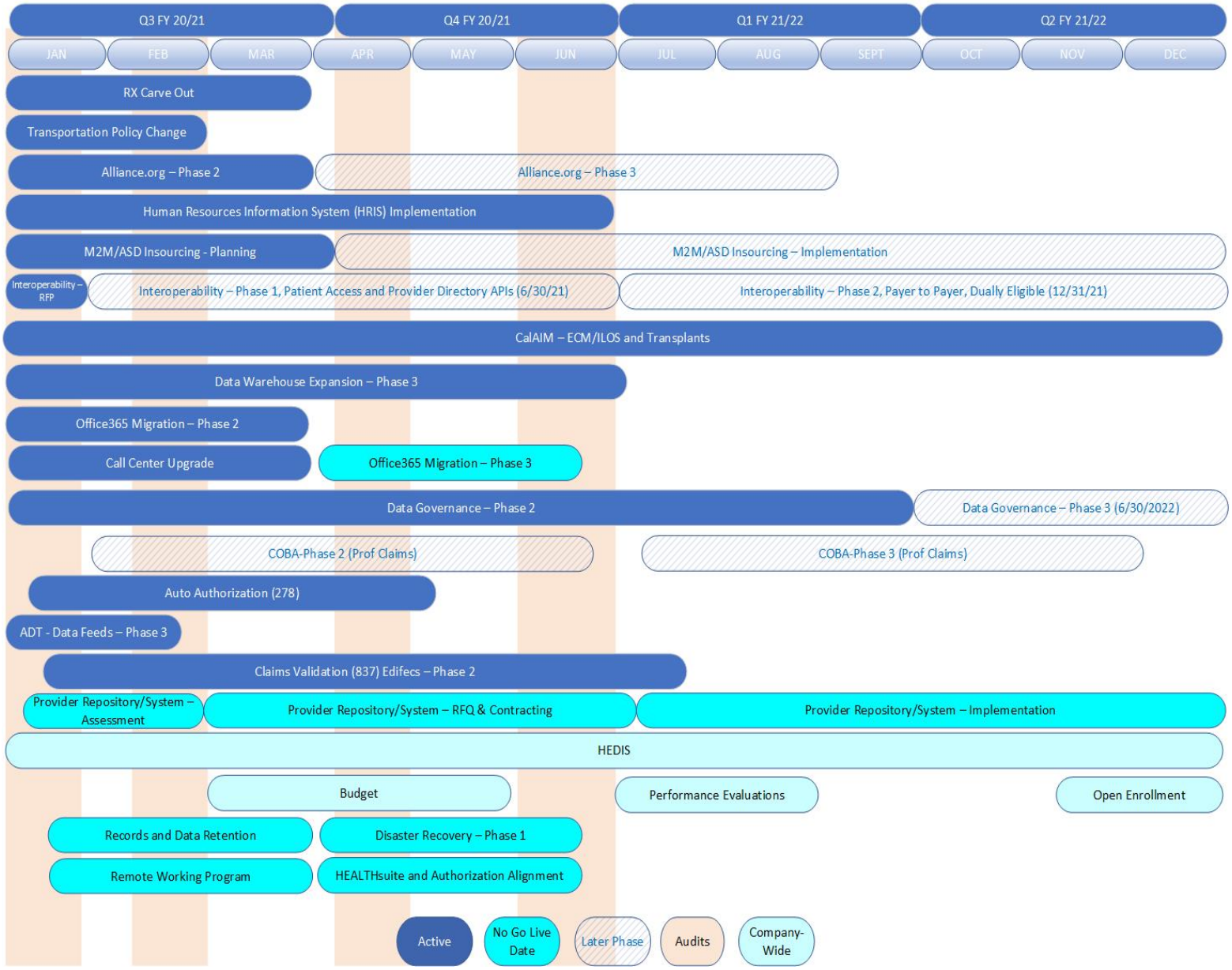
Recruiting and Staffing

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

Projects and Programs

Supporting Documents

AAH Project Portfolio - Active +



ALAMEDA Alliance FOR HEALTH

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Service you can trust.

Analytics

Tiffany Cheang

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

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

Date: **February 12, 2021**

Subject: **Performance & Analytics Report**

Member Cost Analysis

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

- For the current reporting period, the top 7.7% of members account for 83.3% of total costs.

- In comparison, the prior reporting period saw no change at 7.7% of members accounting for 81.4% of total costs.

- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
  - The SPD (non-duals) and ACA OE categories of aid increased to account for 59.7% of the members, with SPDs accounting for 28.6% and ACA OE's at 31.1%.
  - 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 48.6%.

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

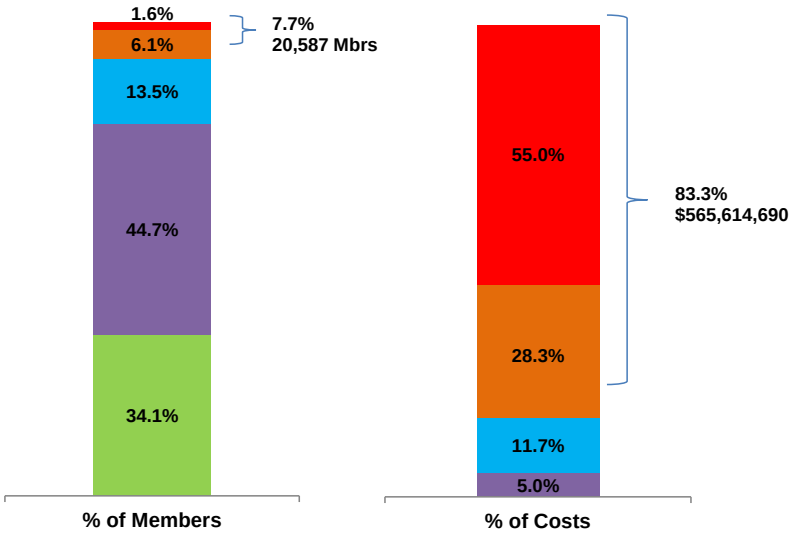
- However, the age distribution of the top 7.7% is more concentrated in the 45-66 year old category (40.5%) compared to the overall population (21.0%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Nov 2019 - Oct 2020
Note: Data incomplete due to claims lag
Run Date: 01/29/2021

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,261	1.6%	$ 373,695,709	55.0%
$5K - $30K	16,326	6.1%	$ 191,918,981	28.3%
$1K - $5K	35,928	13.5%	$ 79,301,020	11.7%
< $1K	118,746	44.7%	$ 34,007,947	5.0%
$0	90,608	34.1%	$ -	0.0%
Totals	**265,869**	**100.0%**	**$ 678,923,657**	**100.0%**

Top 7.7% of Members = 83.3% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	974	0.4%	$ 196,049,409	28.9%
$75K to $100K	550	0.2%	$ 47,550,652	7.0%
$50K to $75K	1,078	0.4%	$ 66,164,060	9.7%
$40K to $50K	657	0.2%	$ 29,376,494	4.3%
$30K to $40K	1,002	0.4%	$ 34,555,094	5.1%
SubTotal	***4,261***	***1.6%***	***$ 373,695,709***	***55.0%***
$20K to $30K	2,033	0.8%	$ 49,782,392	7.3%
$10K to $20K	5,939	2.2%	$ 82,354,830	12.1%
$5K to $10K	8,354	3.1%	$ 59,781,759	8.8%
SubTotal	***16,326***	***6.1%***	***$ 191,918,981***	***28.3%***
Total	**20,587**	***7.7%***	**$ 565,614,690**	***83.3%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Oct 2020	233,418	$ 608,411,901
Dis-Enrolled During Year	32,451	$ 70,511,756
Totals	**265,869**	**$ 678,923,657**

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

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
7.7% of Members = 83.3% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Nov 2019 - Oct 2020
Note: Data incomplete due to claims lag
Run Date: 01/29/2021

7.7% of Members = 83.3% of Costs
28.6% of members are SPDs and account for 35.9% of costs.
31.1% of members are ACA OE and account for 30.3% of costs.
6.9% of members disenrolled as of Oct 2020 and account for 11.5% of costs.

Highest Cost Members; Cost Per Member >= $100K
40.6% of members are SPDs and account for 41.6% of costs.
30.1% of members are ACA OE and account for 29.9% of costs.
17.2% of members disenrolled as of Oct 2020 and account for 17.5% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	111	551	662	3.2%
MCAL	MCAL - ADULT	439	3,030	3,469	16.9%
	MCAL - BCCTP	2	2	4	0.0%
	MCAL - CHILD	167	1,454	1,621	7.9%
	MCAL - ACA OE	1,308	5,096	6,404	31.1%
	MCAL - SPD	1,638	4,246	5,884	28.6%
	MCAL - DUALS	77	1,050	1,127	5.5%
Not Eligible	Not Eligible	519	897	1,416	6.9%
Total		**4,261**	**16,326**	**20,587**	**100.0%**

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	24	2.5%
MCAL	MCAL - ADULT	75	7.7%
	MCAL - BCCTP	2	0.2%
	MCAL - CHILD	6	0.6%
	MCAL - ACA OE	293	30.1%
	MCAL - SPD	395	40.6%
	MCAL - DUALS	11	1.1%
Not Eligible	Not Eligible	168	17.2%
Total		**974**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 8,310,948	$ 6,124,442	$ 14,435,390	2.6%
MCAL	MCAL - ADULT	$ 32,949,734	$ 34,424,928	$ 67,374,662	11.9%
	MCAL - BCCTP	$ 348,849	$ 35,416	$ 384,265	0.1%
	MCAL - CHILD	$ 8,788,166	$ 16,536,941	$ 25,325,108	4.5%
	MCAL - ACA OE	$ 113,631,594	$ 57,755,497	$ 171,387,090	30.3%
	MCAL - SPD	$ 150,518,022	$ 52,814,175	$ 203,332,196	35.9%
	MCAL - DUALS	$ 5,158,100	$ 13,206,632	$ 18,364,732	3.2%
Not Eligible	Not Eligible	$ 53,990,296	$ 11,020,950	$ 65,011,246	11.5%
Total		**$ 373,695,709**	**$ 191,918,981**	**$ 565,614,690**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 3,792,210	1.9%
MCAL	MCAL - ADULT	$ 14,180,973	7.2%
	MCAL - BCCTP	$ 348,849	0.2%
	MCAL - CHILD	$ 1,445,184	0.7%
	MCAL - ACA OE	$ 58,549,120	29.9%
	MCAL - SPD	$ 81,488,808	41.6%
	MCAL - DUALS	$ 1,891,528	1.0%
Not Eligible	Not Eligible	$ 34,352,737	17.5%
Total		**$ 196,049,409**	**100.0%**

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Breakout by Service Type/Location: Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	7%	0%	1%	12%	56%	1%	15%	5%	2%	8%
$75K to $100K	5%	0%	3%	18%	43%	3%	11%	5%	8%	12%
$50K to $75K	6%	0%	3%	21%	39%	2%	8%	7%	11%	13%
$40K to $50K	6%	1%	3%	16%	48%	5%	8%	6%	2%	16%
$30K to $40K	7%	1%	4%	16%	43%	7%	8%	7%	1%	17%
$20K to $30K	7%	3%	6%	18%	35%	10%	10%	7%	1%	18%
$10K to $20K	1%	1%	13%	20%	35%	6%	12%	9%	3%	14%
$5K to $10K	0%	0%	12%	25%	23%	9%	12%	14%	1%	17%
Total	**5%**	**1%**	**5%**	**17%**	**43%**	**4%**	**12%**	**7%**	**4%**	**13%**

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

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Human Resources

Anastacia Swift

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

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

Date: **February 12, 2021**

Subject: **Human Resources Report**

Staffing

- As of February 1, 2021, the Alliance had 335 full time employees and 2-part time employees.
- On February 1, 2021, the Alliance had 50 open positions in which 7 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 43 positions open to date. The Alliance is actively recruiting for the remaining 43 positions, and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions February 1	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	8	2	6
Operations	22	3	19
Healthcare Analytics	4	0	4
Information Technology	6	0	6
Finance	5	1	4
Compliance	2	1	1
Human Resources	2	0	2
Projects & Programs	1	0	1
Total	50	7	43

- Our current recruitment rate is 13%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in January 2021 included:
    - 5 years:
        - Amy Stevenson (CMDM)
        - Jennifer Karmelich (Regulatory Readiness)
        - Shruti Gupta (Healthcare Analytics)
        - Deborah Ames (Finance)
    - 6 years:
        - John Settle (IT-Development)
    - 8 years:
        - Lena Lee (CMDM)
        - Shari Lee (Utilization Management)
        - Catherine Chang (Finance)
    - 9 years:
        - Raul Cornejo (IT-Infrastructure)
    - 11 years:
        - Robert Lustan (Finance)
    - 13 years:
        - Beza Tesfaye (IT-Applications)
    - 16 years:
        - Florencia Manansala (Finance)
    - 19 years:
        - Rachel Cooper (Claims)
    - 20 years:
        - Vanitha Henry (IT-Development)