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Board of Governors

Regular Meeting

Friday, January 14th, 2022
12:00 p.m. – 2:00 p.m.

Video Conference Call Only

1240 South Loop Road, Alameda, CA 94502



AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, January 14th, 2022
12:00 p.m. – 2:00 p.m.

Video Conference Call

Alameda, CA 94502

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

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

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

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

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

1. CALL TO ORDER

(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on January 14th, 2022, at 12:00 p.m. in Alameda County, California, by Dr. Evan Seevak, Presiding Officer. This meeting to take place by video conference call.)

2. ROLL CALL

3. AGENDA APPROVAL OR MODIFICATIONS

4. INTRODUCTIONS

5. CONSENT CALENDAR

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

a) DECEMBER 10th, 2021 BOARD OF GOVERNORS MEETING MINUTES

b) JANUARY 11th, 2022 FINANCE COMMITTEE MEETING MINUTES

c) 2022 HOURLY AND SALARY SCHEDULE

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

b) FINANCE COMMITTEE

7. CEO UPDATE

8. BOARD BUSINESS

a) REVIEW AND APPROVE NOVEMBER 2021 MONTHLY FINANCIAL STATEMENTS

b) CALAIM PROGRESS REPORT

c) COVID-19 VACCINATION INCENTIVE PROGRAM UPDATE

9. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING COMMITTEE

b) PHARMACY AND THERAPEUTICS COMMITTEE

10. STAFF UPDATES

11. UNFINISHED BUSINESS

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

13. PUBLIC COMMENT (NON-AGENDA ITEMS)

14. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

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

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

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

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

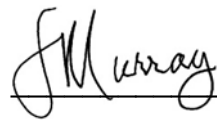
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to “Attn: Alliance Board,” 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org. [You may also provide comment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

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

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

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health’s web page at www.alamedaalliance.org on January 7th, 2022, by 12:00 p.m.



Clerk of the Board – Jeanette Murray



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Consent Calendar



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Board of Governors Meeting Minutes

**ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
December 10th, 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), Marty Lynch, Natalie Williams, Byron Lopez, Dr. Rollington Ferguson, Dr. Kelley Meade, Dr. Michael Marchiano, James Jackson, David Vliet, Dr. Noha Aboelata, Aarondeep Basrai, Supervisor Dave Brown

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

Guests Present on Conference Call: Bobbie Wunsch, Consultant

Excused: Nicholas Peraino, Rebecca Gebhart (Vice-Chair)

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Evan Seevak	<p>The regular board meeting was called to order by Dr. Seevak at 12:03 pm.</p> <p>The following public announcement was read.</p> <p style="padding-left: 40px;">"The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County levels, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed state of emergency."</p> <p style="padding-left: 40px;">"Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."</p>	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
2. ROLL CALL			
Dr. Evan Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Evan Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Evan Seevak	Supervisor Dave Brown and Bobbie Wunsch were introduced. This Board meeting is the last meeting for David Vliet.	None	None
5. CONSENT CALENDAR			
Dr. Evan Seevak	<p>Dr. Seevak presented the December 10th, 2021, Consent Calendar.</p> <p>a) November 12th, 2021, Board of Governors Meeting Minutes</p> <p>b) December 7th, 2021, Finance Committee Meeting Minutes</p> <p>Motion to Approve December 10th, 2021, Board of Governors Consent Calendar.</p> <p>A roll call vote was taken, and the motion passed.</p>	<p><u>Motion to Approve</u> December 10th, 2021 Board of Governors Consent Calendar.</p> <p><u>Motion:</u> M. Lynch <u>Second:</u> Dr. K. Meade</p> <p><u>Vote:</u> Yes</p> <p>No opposed, one abstained.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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7. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE

Dr. Kelley Meade	<p>The Compliance Advisory Committee was held telephonically on December 10th, 2021, at 10:30 am.</p> <p>Dr. Meade gave the following Compliance Advisory Committee updates.</p> <p>Department of Health and Human Services (HHS) Office for Civil Rights (OCR) Investigation:</p> <ul style="list-style-type: none"> In February of 2021, there was a privacy brief, we submitted the documents and response in June, and in November, it was closed. There were no penalties and no further actions. <p>DHCS Audit Findings from April 2021</p> <p>The following four findings were reviewed:</p> <ul style="list-style-type: none"> Owner and control disclosure reviews. The auditors questioned why some Plan partners did not fill out ownership and disclosure forms. The Alliance will respond with documents to inform the auditors that these findings are not applicable as some Plan partners have no specific owner. Health Risk Assessment completion timeframes. The Plan did not complete some of the Health Risk Assessments within the specified timeframe. The CAP milestones had been met, but we found we did not track correctly on our report. We have changed the reporting and tracking. Grievance and grievance resolution process. The Plan did not resolve the grievance per the guidelines. The Plan has provided training and an internal audit process. The Plan continues to evaluate and monitor this process. Fraud, Waste, and Abuse reporting. The Plan did not complete its Fraud, Waste, and Abuse reporting within the specified 10-day timeframe. The Plan is to educate and train all staff. 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
7. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Rollington Ferguson	<p>The Finance Committee was held telephonically on Tuesday, December 7th, 2021.</p> <p>Dr. Ferguson updated the Board on the Finance Committee Meeting.</p> <p>Highlights:</p> <ul style="list-style-type: none"> The Committee reviewed the October 2021 Financials and Final Budget Fiscal Year 2022. October was not a good month as our TNE was down to 525%, net loss was \$7.4M, Medical Expenses and IBNP were up, and MLR was 102%. Membership was up, and administrative expenses were under budget. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
7. c. BOARD MEMBER REPORT – STRATEGIC PLANNING COMMITTEE			
David Vliet	<p>David Vliet presented an update to the Strategic Planning Committee.</p> <p>Members of the Strategic Planning Committee are David Vliet (Chair), Marty Lynch (Vice Chair), Dr. Evan Seevak, and Dr. Kelley Meade.</p> <p>The revised Mission statement was read:</p> <ul style="list-style-type: none"> All residents of Alameda County will achieve optimal health and well-being at every stage of life. 	<p><u>Vote 1:</u> Motion to Approve the revised Vision Statement as presented.</p> <p>Motion: J. Jackson Second: M. Lynch</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Motion to Approve the revised Vision Statement as presented.</p> <p>A roll call vote was taken, and the motion passed.</p> <p>David Vliet discussed the 3-Year Strategic Plan and the 10-Year Strategic Roadmap.</p> <p>The 3-Year Strategic Plan - Strategic Priorities 2022 – 2025:</p> <ul style="list-style-type: none"> • The Six priorities: <ul style="list-style-type: none"> ○ Transition to a Single Plan Model ○ CalAIM Focus: Expand Aging and Long-Term Care Services and Supports ○ Engage All Members ○ Bring Mental Health Services Administration In-House ○ Implement Flexible Hybrid Work Environment • Directional Anchors (External) <ul style="list-style-type: none"> ○ Change Management ○ Health Equity ○ State Policy including CalAIM • Foundational Anchors (Internal) <ul style="list-style-type: none"> ○ Ensure robust network and community partners ○ Reduce health disparities and improve clinical quality ○ Develop workforce and increase employee engagement ○ Sustain financial strength and stability ○ Build strong technology and data infrastructure ○ Continue to meet accreditation, quality standards, and regulatory compliance <p>The 10-Year Strategic Roadmap:</p> <ul style="list-style-type: none"> • Roadmap Drivers: <ul style="list-style-type: none"> ○ Sustainability and Financial Health ○ Diversity, Equity, and Inclusion ○ Growth and Expansion as Single Plan ○ People: Members, Providers, Community Partners, Staff 	<p>Vote: Yes</p> <p>No opposed or abstained.</p> <p><u>Vote 2:</u> Motion to Approve the Alliance 3-Year Strategic Plan and 10-Year Roadmap as presented.</p> <p>Motion: N. Williams Second: Dr. Marchiano</p> <p>Vote: Yes</p> <p>No opposed or abstained.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> ○ Effective and Interactive Data and Technology to make Decisions • 2022 - 2032 Strategic Pillars: <ul style="list-style-type: none"> ○ Health Care Workforce ○ Care Transformation ○ Universal Coverage ○ Health Equity <p>To view the complete Alliance 3-Year Strategic Plan and 10-Year Roadmap presentation, refer to the Board Packet.</p> <p>Comments: The Members of the Strategic Planning Committee, staff, and Bobbie Wunch were recognized for their hard work.</p> <p>D. Vliet thanked the Committee's hard work and announced it was his last day on the Board and Committee, and Marty Lynch would be the Chair of the Committee.</p> <p>Motion to Approve the Alliance 3-Year Strategic Plan and 10-Year Roadmap as presented.</p> <p>A roll call vote was taken, and the motion passed.</p>		
8. CEO UPDATE			
Scott Coffin	<p>Scott Coffin, Chief Executive Officer, presented the following updates:</p> <p>Executive Summary:</p> <ul style="list-style-type: none"> • Today, the financial performance for October 2021 will be reviewed, and the final budget for the Fiscal Year 2022. In addition, the Board is being updated today on the CalAIM operational readiness and COVID-19 vaccination incentives. • The calendar year 2022 will be a landmark year in Medi-Cal managed care. The 5-year wavier funding for the Whole Person Care & Health Home 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Pilots ends on December 31st, 2021. The administration of these services transfers into the Medi-Cal managed care system on January 1st.</p> <ul style="list-style-type: none"> • The administrative oversight for Medi-Cal pharmacy services is transferring to the State of California on January 1st, 2022. The Alliance retains the administrative responsibilities for physician-administered and outpatient infusion drugs, and there is no change in service for the Group Care product line or its members. Several rounds of Member and Provider notices have been delivered, and the Alliance is ready to transition on January 1st, 2022. • In addition to the Medi-Cal Rx initiative, there are three other Medi-Cal benefits and services starting on January 1st, 2022: <ul style="list-style-type: none"> ○ Enhanced Care Management ○ Community Supports ○ Major Organ Transplants • The Alliance is experiencing four significant changes simultaneously in January. The first six months in 2022 will be focused on stabilizing the organization and supporting our provider network and members. • In 2022, we will be periodically assessing the need for more providers to support the demand for community supports and care management services and reassessing the capacity of the local system to add more community supports. • The final budget covers one-half of this calendar year, and the second half of the calendar year lands inside of the next Fiscal Year (FY2023). Our current budget includes limited funding to support our readiness efforts in the last six months of the calendar year 2022. • Lastly, in 2022 we are executing plans to insource the mental health and autism spectrum administrative services in October 2022. Additional staffing has been added to the final budget to meet the needs of the CalAIM program, to support the mental health insourcing, and to support our new responsibilities associated with our expansion into the social determinants of health. • Governor Newsom has prioritized two other initiatives to launch in 2023 that are included under the CalAIM initiative: <ul style="list-style-type: none"> ○ Justice Involved, Coordinated Re-Entry initiative ○ School-based behavioral health services 		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> • The Justice Involved project addresses the gaps between the County's Correctional System and the Medi-Cal managed care delivery system. The school-based behavioral health initiative links the school districts into the Medi-Cal managed care delivery system. • The Alliance will be planning for both initiatives in parallel to the operational readiness for insourcing of the mild-to-moderate mental health & autism services. <p>Single Plan Model:</p> <ul style="list-style-type: none"> • The transition into a Single Plan Model for Medi-Cal services is currently under "conditional approval" by the California Department of Health Care Services. On September 28th, the Alameda County Board of Supervisors approved the second reading of a new Ordinance that establishes Alameda Alliance as the single health plan, serving Medi-Cal enrollees. The Provider Network Strategy document was delivered to DHCS on December 3rd. The DHCS is expected to communicate a final approval by February 2022, and if approved by DHCS and CMS, the change into a Single Plan Model would be effective on January 1st, 2024. <p>Question: What approvals are still needed to reach Single Plan Model by 2024? Answer: The Alliance has submitted all required documents at this time, and we are awaiting direction from the DHCS and CMS.</p> <p>Question: What are the strategies for the Vaccine program communications? Answer: We have a presentation update on the agenda with the steps we have taken, and it will be discussed in a few minutes.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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9. a. BOARD BUSINESS – REVIEW AND APPROVE OCTOBER 2021 MONTHLY FINANCIAL STATEMENTS

Gil Riojas	<p>Gil Riojas presented the following October 2021 Finance updates:</p> <p>Enrollment:</p> <ul style="list-style-type: none"> For the month ending October 31st, 2021, the Alliance had an enrollment of 293,595 members, a net loss of \$7.4M, and the tangible net equity is 525%. Our enrollment has increased by 963 members since September 2021. <p>Net Operating Results:</p> <ul style="list-style-type: none"> For the month ending October 31st, 2021, the actual net loss was \$7.4M, and the budgeted net income was \$535,000. The unfavorable variance was due to a higher than anticipated medical expense. <p>Revenue:</p> <ul style="list-style-type: none"> For the month ending October 31st, 2021, the actual revenue was \$98.5M vs. the budgeted revenue of \$97.5M. <p>Medical Expense:</p> <ul style="list-style-type: none"> For the month ending October 31st, 2021, the actual medical expense was \$100.4M, and the budgeted medical expense was \$90.4M. <p>Medical Loss Ratio (MLR):</p> <ul style="list-style-type: none"> For the month ending October 31st, 2021, the MLR was 101.9%. <p>Administrative Expense:</p> <ul style="list-style-type: none"> For the month ending October 31st, 2021, the actual administrative expense was \$5.5M vs. the budgeted administrative expense of \$6.6M. 	<p>Motion to Approve October 31st, 2021, Monthly Financial Statements.</p> <p>Motion: Dr. Ferguson Second: Dr. Marchiano</p> <p>Vote: Yes</p> <p>No opposed or abstained.</p>	None
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Other Income / (Expense):</p> <ul style="list-style-type: none"> As of October 31st, 2021, our YTD interest income from investments is \$113,000, and YTD claims interest expense is \$106,000. <p>Tangible Net Equity (TNE):</p> <ul style="list-style-type: none"> Tangible net equity results continue to remain healthy, and at the end of October 31st, 2021, the TNE was reported at 525% of the required amount. <p>Cash Position and Assets:</p> <ul style="list-style-type: none"> For the month ending October 31st, 2021, the Alliance reported \$283.6M in cash; \$204.0M in uncommitted cash. Our current ratio is above the minimum required at 1.87 compared to the regulatory minimum of 1.0. <p>Question: Has the Alliance correlated increased utilization with our frequent user 10% group? Answer: We have not, but we will be looking into this.</p> <p>Motion to Approve October 31st, 2021, Monthly Financial Statements as presented.</p> <p>A roll call vote was taken, and the motion passed.</p>		
9. b. BOARD BUSINESS – REVIEW AND APPROVE FISCAL YEAR 2022 FINAL BUDGET			
Gil Riojas	<p>Gil Riojas presented the FY2022 Final Budget.</p> <p>The topics discussed were: FY2022 First Quarter Forecast & Final Budget:</p> <ul style="list-style-type: none"> The Budget Process Highlights Forecasting Considerations Membership Forecast Revenue Medical Expense Comparison to Preliminary Budget 	<p>Motion to Approve Fiscal Year 2022 Final Budget as presented.</p> <p>Motion: Dr. Ferguson Second: D. Vliet</p> <p>Vote: Yes</p> <p>No opposed or abstained.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> Medical Loss Ratio by Category of Aid Staffing Comparison to Preliminary Budget <p>To view the complete Fiscal Year 2022 Final Budget presentation, refer to the Board Packet.</p> <p>Motion to Approve Fiscal Year 2022 Final Budget as presented.</p> <p>A roll call vote was taken, and the motion passed.</p>		
9. c. BOARD BUSINESS – RESOLUTION #2021-17 NOMINATING AND APPOINTING ANDREA SCHWAB-GALINDO FOR THE PRIVATE OR PUBLIC COMMUNITY CLINICS SEAT			
Scott Coffin	<p>Scott Coffin introduced Resolution #2021-17 Nominating and Appointing Andrea Schwab-Galindo for the Private or Public Community Clinics Member Seat.</p> <ul style="list-style-type: none"> The Resolution Appoints Andrea Schwab-Galindo for 4-years to the Private or Public Community Clinics Member Seat. David Vliet completes his 4-year term on December 19th, 2021. Andrea Schwab-Galindo has been nominated by Alameda Health Consortium to the Private or Public Community Clinics Designated Seat. <p>Motion to Approve Resolution #2021-17 Nominating and Appointing Andrea Schwab-Galindo for the Private or Public Community Clinics Member Seat.</p> <p>A roll call vote was taken, and the motion passed.</p>	<p>Motion to Approve Resolution #2021-17 Nominating and Appointing Andrea Schwab-Galindo for the Private or Public Community Clinics Member Seat.</p> <p>Motion: M. Lynch Second: Dr. Ferguson</p> <p>Vote: Yes</p> <p>No opposed or abstained.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
9. d. BOARD BUSINESS – STAFF REPORT FOR SUPERVISOR BROWN			
Scott Coffin	<p>Scott Coffin presented the staff report introducing Supervisor Dave Brown.</p> <ul style="list-style-type: none"> On November 23rd, 2021, the Alameda County Board of supervisors voted to appoint Supervisor Dave Brown to the Board of Supervisors Member Seat on the Alameda Alliance for Health Board of Governors. Supervisor Brown will serve on the Alliance Board of Governors due to the vacancy left by the passing of Supervisor Wilma Chan. Supervisor Brown previously served as chief of staff for Supervisor Chan since 2016. Supervisor Dave Brown took his Oath of Office yesterday with the Alameda County Clerk of the Board and sits with us today as a full voting member of our Board <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
9. e. BOARD BUSINESS – CALAIM PROGRESS REPORT			
Dr. O'Brien and Ruth Watson	<p>Dr. Steve O'Brien and Ruth Watson presented the CalAIM Progress Report Update.</p> <p>Each month there will be an update to the Board of the key activities of CalAIM in preparation for the January 2022 deadline.</p> <p>CalAIM Operational Readiness is divided into two phases and includes all of our community-based organizations & other contracted entities for Enhanced Care Management (ECM), Community Supports (CS), and Major Organ Transplants (MOT).</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Progress report:</p> <ul style="list-style-type: none"> Phase one – Day One: <ul style="list-style-type: none"> Operational Readiness Status (ECM, CS, and MOT) - Day One Phase two – Day Two and beyond: <ul style="list-style-type: none"> Post Go-live Stabilizations – Day Two and Beyond: <ul style="list-style-type: none"> There will be deliverables due at 30-days, 60-days, 90-days, and 120-days. A Dashboard will be created to track the Post Go-live deliverables. <p>To view the complete CalAIM Progress Report Update presentation, refer to the Board Packet.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
9. f. BOARD BUSINESS – COVID-19 VACCINATIONS AND INCENTIVE PROGRESS UPDATE			
Matt Woodruff	<p>Matt Woodruff presented the COVID-19 Vaccinations and Incentives Progress Update.</p> <p>The purpose is to update the vaccinations to both Medi-Cal and Group Care lines of business and discuss the new incentive program.</p> <p>The topics discussed were:</p> <ul style="list-style-type: none"> COVID-19 Vaccinations Vaccination Outreach: <ul style="list-style-type: none"> Alliance Outbound automated calls Second postcard mailing Newsletters Provider Incentive Live after-hours outbound calls will start mid-December 2021 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> • Future Member and Provider Vaccine Outreach Activities • Alliance CVS Pharmacy "Bag tagging" program to promote vaccine uptake • The Alliance contracts for radio and social media are being reviewed • UCSF partnership to reach 5,000+ pediatric patients and families through school forums and text messaging campaigns • School partnerships • Alameda County Care Alliance (ACCA) partnership to reach 1,200 unvaccinated homebound members and their families and friends. • Additional Community Partnerships <p>Comment: Positive good work and outreach.</p> <p>To view the complete COVID-19 Vaccinations and Incentives Progress Update presentation, refer to the Board Packet.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
10. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. Steve O'Brien	<p>The Peer Review and Credentialing Committee (PRCC) was held telephonically on November 16th, 2021.</p> <p>Dr. Steve O'Brien presented the following Committee updates:</p> <ul style="list-style-type: none"> • There were twenty-one (21) initial providers approved. Additionally, forty-seven (47) providers were re-credentialed at this meeting. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
10. b. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE			
Dr. Steve O'Brien	<p>The Health Care Quality Committee (HCQC) was held telephonically on November 18th, 2021.</p> <p>Dr. Steve O'Brien presented the following Committee updates:</p> <ul style="list-style-type: none"> • Two openings in Management and Quality; Access and Availability and Clinical Quality. Accepted Clinical Quality Manager today • UM metrics: <ul style="list-style-type: none"> ○ Including 2nd COVID hospitalization spike over summer ○ Readmissions rates decrease at Alameda Health System, where Transitions of Care (TOC) was the focus • COVID-19 Vaccine Strategy including focus groups • Review of Quality Improvement projects: <ul style="list-style-type: none"> ○ Seven Preventive Health Quality Improvement Projects both HEDIS and Non-HEDIS <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
10. a. STANDING COMMITTEE UPDATES – CONSUMER ADVISORY COMMITTEE			
Scott Coffin	<p>The Consumer Advisory Committee was held telephonically on December 2nd, 2021.</p> <p>Scott Coffin presented the following Committee updates:</p> <ul style="list-style-type: none"> • Operational, Financial Performance, and Strategic Planning • COVID-19 Vaccinations • Medical Rx Pharmacy Transition • 2nd Quarter Timely Access Survey 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Informational update to the Board of Governors. Vote not required.		
11. STAFF UPDATES			
Scott Coffin	None	None	None
12. UNFINISHED BUSINESS			
Scott Coffin	None	None	None
13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Scott Coffin	<ul style="list-style-type: none"> At a future Board of Governors meeting, in an open session, the Board will discuss the current composition of the Board and potential changes in structure. Also, an introduction to an assessment is being launched in the first quarter of 2022. The October 2021 Financial results will be analyzed to identify details and trends related to the emergency room and inpatient utilization, and a Member analysis to identify any changes in utilization patterns. 	None	None
14. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Scott Coffin	None	None	None
15. ADJOURNMENT			
Dr. Evan Seevak	Dr. Evan Seevak adjourned the meeting at 2:04 pm.	None	None

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



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Finance Committee Meeting Minutes

**ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING**

**January 11th, 2022
8:00 am – 9:00 am**

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

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

Board of Governor members on Conference Call: James Jackson

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

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER, ROLL CALL, and INTRODUCTIONS			
Dr. Rollington Ferguson	<p>Dr. Ferguson called the Finance Committee meeting to order at 8:00 am.</p> <p>The following public announcement was read.</p> <p style="padding-left: 40px;">"The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County level, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed state of emergency."</p> <p style="padding-left: 40px;">"Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."</p> <p>A telephonic Roll Call was then conducted.</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Scott Coffin introduced Andrea Schwab-Galindo. Andrea is the CEO of Tiburcio Vasquez Health Center and is the newest member on our Board of Governors.		
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. December 7 th , 2021, Finance Committee Minutes were approved at the Board of Governors meeting December 10 th , 2021, and not presented today.	There were no modifications to the Consent Calendar, and no items to approve.	
a.) CEO Update			
Scott Coffin	<p>Scott Coffin provided updates to the committee on the following:</p> <p><u>State Budget</u> – Governor Newsom released the State budget and our teams have begun the process of analyzing the specific changes to the Medi-Cal Program. Highlights include the following:</p> <ul style="list-style-type: none"> • Expansion of Full Scope coverage to adults 26-49 years of age, regardless of immigration status no sooner than 2024. • Coordinated re-entry in the Justice System • Behavioral Health for Children and Youth • Proposition 56 – Provider Payments • Foster-Care Program Carve-In <p><u>Waiver Renewals</u> – The Department of Health Care Services (DHCS) released on December 29th, 2021, a series of 5-year Waiver renewals. The Waivers are mentioned in the Governor's budget proposal and provide the funding and the authority to effect these changes. These include the 1115 Waiver, the 1915b Specialty Mental Health Waiver, and the 1915c Home and Community Based Service (HCBS) Waiver</p> <p><u>Report of the underlying causes for October's \$7.3 million Net Loss</u> – As reported in the October 2021 financials, we recorded a Net Loss of \$7.3 million, which was a \$10 million unfavorable variance to budget and driven by significantly higher volume of claims for the month. As a result of this "break-out" month, a cross-functional team was formed including personnel from Health Care Services, Finance, Analytics, Operations, and other areas to analyze the impacts from a cost and utilization standpoint and identify</p>	<p>Informational update to the Finance Committee</p> <p>Vote not required</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	emerging trends. This analysis also included the impact of COVID-19. Gil Riojas provided a verbal report of the findings followed by a brief discussion.		
b.) Review and approve November 2021 Monthly Financial Statements			
Gil Riojas	<p><u>November 2021 Financial Statement Summary</u></p> <p>Enrollment: Current enrollment is 295,151 and continues to trend upward, Total enrollment has increased by 1556 members from August 2021, and 6,597 members since June 2021. Consistent increases were primarily in the Child, Adult, and Optional Expansion categories of aid, and include slight increases in the Duals category of aid. SPD remains relatively flat, while Group Care took a slight decline.</p> <p>Total Enrollment continues to increase month over month and as previously discussed, the rate of increase has fluctuated since our highest increase of 4,140 members in August 2020. We anticipate a continued increase in enrollment due to the mandatory enrollment in Managed Care that took place in January. We continue to evaluate the potential implication to our Budget, our Revenue, and our Expenses. We certainly anticipate an increase in Medical Claims.</p> <p>Net Income: For the month ending November 30th, 2021, the Alliance reported a Net Income of \$1.3 million (versus budgeted Net Loss of \$3.6 million). The favorable variance is attributed to lower than anticipated Medical and Administrative Expenses. For the year-to-date, the Alliance recorded a Net Loss of \$1.6 million versus a budgeted Net Loss of \$6.5 million.</p> <p>Revenue: For the month ending November 30th, 2021, actual Revenue was \$98.7 million vs. our budgeted amount of \$98.8 million. We continue to remain very close to budget on Revenue.</p> <p>Medical Expense: Actual Medical Expenses for the month were \$92.1 million vs. our budgeted amount of \$95.6 million. For the year-to-date, actual Medical Expenses were \$465.6 million versus budgeted \$469.1 million. Drivers leading to the</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>unfavorable variance can be seen on the tables on page 11. Further explanation of the variances can be seen on pages 11 and 12.</p> <p>Medical Loss Ratio: Our MLR ratio for this month was reported at 93.2%. Year-to-date MLR was at 95.0% vs our annual budgeted percentage 91.5%.</p> <p>Administrative Expense: Actual Administrative Expenses for the month ending November 30th, 2021 were \$5.4 million vs. our budgeted amount of \$6.9 million. Our Administrative Expense represents 5.4% of our Revenue for the month, and 5.3% of Net Revenue for year-to-date. Reasons for the favorable month-end variances, as well as the favorable year-to-date variances are outlined on page 13 of the presentation.</p> <p>Other Income / (Expense): As of November 30th, 2021, our YTD interest income from investments was \$143,000. As mentioned in previous committee meetings, we are looking at extending our timeframe for investments. We started that process this month and have looked at some longer term investments which will hopefully allow us to achieve higher interest income from our investments over the next several months. We continue to explore the sustainable investments possibilities and should have some information to share at the February 2022 Finance Committee meeting.</p> <p>YTD claims interest expense is \$156,000. This amount is very close to our projections.</p> <p>TangibleNet Equity (TNE): We reported a TNE of 543%, with an excess of \$166.3 million. This remains a healthy number in terms of our reserves.</p> <p>Cash and Cash Equivalents: We reported \$325.5 million in cash; \$235.7 million is uncommitted. Our current ratio is above the minimum required at 1.82 compared to regulatory minimum of 1.0.</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Capital Investments: We have spent \$112,000 in Capital Assets year-to-date. Our annual capital budget is \$1.4 million.</p> <p>Question: Dr. Marchiano expressed an understanding of the difficulty in preparing a budget for an organization such as ours, especially with all the moving parts, and changes coming from the State. He asked what changes we have made in our budgeting process, and what do we look at now that we didn't in previous years. Gil Riojas acknowledged the challenge and answered that FY22 and FY23 have been and will be the years with the most change in our industry so far. Our biggest lift has been to understand and try to stay ahead of everything that is changing and how they might impact our budget. He further added that our Quarterly Forecasts are the tool we use to reflect any unanticipated changes or impacts to our approved Budget. Scott Coffin reminded the committee that we added the Projects and Programs Department approximately 2 years ago, and they are tasked with keeping track of all new projects.</p> <p>Question: Nick Peraino asked what changes were implemented in the investment strategy. Gil Riojas answered that longer-term investments (12-24 months), which will give a better return is one change. He also noted that due to certain market changes, some of our shorter term (>90 days) investments will also provide greater return. We continue to work directly with our Investment Manager to maximize potential returns.</p>	<p><u>Motion to accept</u> <u>November 2021 Financial Statements</u></p> <p><u>Motion:</u> Dr. Marchiano <u>Seconded:</u> N. Peraino</p> <p><u>Motion Carried</u></p> <p>No opposed or abstained</p>	
ADJOURNMENT			
<p>Dr. Rollington Ferguson</p>	<p>Dr. Ferguson motioned to adjourn the meeting.</p> <p>The meeting adjourned at 8:39 am.</p>	<p><u>Motion to adjourn:</u> Dr. Ferguson <u>Seconded:</u> N. Peraino</p> <p>No opposed or abstained.</p>	

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



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2022 Hourly and Salary Schedule

Alameda Alliance for Health
Salary Schedule Effective: 1/23/2022

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
Grade 1			18.30	22.88	27.45	38,069.07	47,586.34	57,103.61
	Claims Coordinator	7/1/2016						
	Facilities Clerk	7/1/2018						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Clerk	7/1/2018						
	Provider Data Entry Clerk	9/1/2013						
	Provider Network Data Clerk	7/1/2019						
	Receptionist / MS Support Specialist	7/1/2018						
	Support Services Clerk	7/1/2017						
Grade 2			20.21	25.26	30.31	42,036.22	52,545.27	63,054.32
	Claims Processor I	7/1/2015						
	CM Coordinator	7/1/2019						
	Community Health Worker HHWP	7/1/2017						
	Facilities Coordinator I	1/1/2021						
	Grievance & Appeals Clerk	7/1/2016						
	Member Services Representative I	7/1/2015						
	Member Services Representative I - Bilingual Cantonese	7/1/2018						
	Member Services Representative I - Bilingual Spanish	7/1/2018						
	Member Services Representative I - Bilingual Vietnamese	7/1/2018						
	Member Services Representative I - Bilingual Tagalog	9/15/2021						
	MS Rep I Bilingual	7/1/2017						
	Provider Data Coordinator I	7/1/2015						
	Provider Dispute Rsln Clerk	7/1/2017						
	Provider Dispute Resolution Coordinator	7/1/2018						
	Provider Relations Representative I	7/1/2014						
	Third Party Liability/Other Health Coverage Coordinator	10/28/2021						
Grade 3			24.19	30.24	36.29	50,319.07	62,898.84	75,478.61
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Assessment Coordinator	1/1/2021						
	Accountant-Payroll	7/1/2019						
	Lead Pharmacy Technician	7/1/2018						
	Member Services Rep II	7/1/2016						
	Member Services Representative II - Bilingual Cantonese	9/25/2020						
	Member Services Representative II Bilingual Spanish	7/1/2018						
	MSR II	7/1/2017						
	MSR Rep II Bilingual	7/1/2017						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
	Provider Relations Representative Lead Call Center	7/1/2018						
Grade 4			28.46	35.57	42.68	59,189.83	73,987.28	88,784.74
	C&L Services Specialist	7/1/2019						
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Community Support Coordinator	11/11/2021						
	Compliance Coordinator	7/1/2014						
	Education Specialist	7/1/2019						
	Facilities Maintenance Spclst	1/1/2021						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Interpreter Services Coordinator	1/11/2021						
	Lead Data Coordinator	7/1/2019						
	Lead Grievance and Appeals Co	9/1/2013						
	Lead Staff Accountant	1/1/2021						
	Member Services Rep III	7/1/2017						
	Member Services Representative III - Bilingual Cantonese	7/1/2019						
	Outreach Coordinator	1/1/2021						
	Outreach Coordinator - Bilingual Cantonese/Mandarin	1/1/2021						
	Outreach Coordinator - Bilingual Spanish	1/1/2021						
	Outreach Coordinator - Bilingual Vietnamese	1/1/2021						
	Outreach Supervisor	7/1/2019						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Quality Programs Coordinator	7/1/2017						
	Regulatory/Legal Assistant	7/1/2018						
	Service Desk Coordinator	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
	Vendor Analyst I	8/3/2020						
	Vendor Management Analyst	7/1/2016						
	Vendor Management Analyst I	7/1/2019						

Alameda Alliance for Health
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			HMin	HMid	HMax	SMin	SMid	SMax
Grade 5			32.45	40.56	48.68	67,497.96	84,372.45	101,246.94
	Accreditation and Regulatory Compliance Specialist	7/1/2019						
	Assistant to the CEO and Board of Governors	7/1/2019						
	Claims Specialist	7/1/2016						
	Claims Specialist Lead	7/1/2018						
	Claims Specialist - Provider Services	7/1/2018						
	Communications & Content Splst	7/1/2016						
	Compliance Specialist	8/31/2020						
	Compliance Auditor	7/1/2014						
	Compliance Auditor - Delegation Oversight	6/10/2021						
	Compliance Auditor - Internal Audit	6/10/2021						
	Compliance Auditor - Internal Audit, SIU and FWA	8/25/2021						
	Contract Specialist	1/1/2021						
	Disease Management Health Educator	7/1/2020						
	Executive Administrator	7/1/2017						
	Executive Assistant	7/1/2014						
	Executive Assistant to Chief Operating Officer	7/1/2018						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	HEDIS Retriever - Seasonal	7/1/2018						
	Housing Navigator Health Homes	7/1/2019						
	IT Service Desk Support Technician	7/1/2017						
	Lead Claims Analyst	7/1/2014						
	Lead Outpatient Utilization Management Coordinator	11/11/2020						
	Medical Coder	9/1/2013						
	Medical Social Worker	7/1/2017						
	Privacy Compliance Specialist	2/22/2021						
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Recruiter	7/1/2018						
	Regulatory Compliance Specialist	7/1/2015						
	Regulatory Compliance Specialist, Legislative Policy and Ana	5/10/2021						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Strategic Communications Coordinator	3/22/2021						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	TOC Health Navigator	7/1/2017						
	TOC Social Worker	7/1/2017						
	Utilization Mgmt Specialist	7/1/2016						
	Vendor Analyst II	7/1/2019						
Grade 6			36.99	46.24	55.48	76,935.12	96,168.90	115,402.68
	Analyst Healthcare	7/1/2019						
	Claims Operations Trainer	7/1/2014						
	Communications & Media Spec	1/1/2021						
	Compliance Special Investigator	11/22/2021						
	Configuration Analyst	7/1/2014						
	Contract Management Administrator	7/1/2019						
	Facilities Manager	7/1/2018						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Interim Manager, Peer Review and Credentialing	7/1/2019						
	Interim Manager, Claims Recovery and Resolution	7/1/2019						
	Interim Facilities Manager	7/1/2019						
	Lead Accountant	7/1/2019						
	Learning Development and Quality Supervisor	7/1/2019						
	Legal Analyst I	7/1/2020						
	Mgr Claims Recvry and Resln	7/1/2014						
	Member Services Supervisor	7/1/2015						
	Provider Reln Call Ctr Spv	7/1/2016						
	Recruiting Supervisor	8/31/2020						
	Senior Accountant	11/10/2021						
	Sr GL Accountant	1/1/2021						
	Sr. Quality Assurance and Reporting Analyst	11/10/2021						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor, Network Data Validation	10/10/2020						
	Supervisor, Provider Relations Call Center	7/1/2018						

Alameda Alliance for Health
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Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
Grade 7			41.66	52.07	62.48	86,644.76	108,305.95	129,967.14
	Business System Analyst	7/1/2019						
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Interim Manager, Claims Production	7/1/2019						
	Interim Case Manager	7/1/2019						
	Interim Complex Case Manager, Nurse	7/1/2019						
	Interim Manager, Communications & Outreach	7/1/2019						
	Interim Manager, Compliance Audits and Investigations	3/1/2021						
	Interim Manager, Grievance and Appeals	7/1/2019						
	Interim Public Affairs Manager	7/1/2019						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Legal Analyst	7/1/2017						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Manager, Compliance Audits and Investigations	3/1/2021						
	Manager, Public Relations	7/1/2017						
	Mgr Peer Review Credentialing	7/1/2016						
	Nurse Liaison for Community Care Management	7/1/2018						
	OB Case Manager	7/1/2016						
	Public Affairs Manager	7/1/2018						
	Qualty Improv Nurse Specialist	7/1/2015						
	Retrospective UM Nurse	7/1/2016						
	Senior Analyst, Healthcare	7/1/2017						
	Senior Analyst Operations	7/1/2019						
	Senior Contract Specialist	11/25/2021						
	Senior Data Analyst Healthcare	7/1/2017						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Senior Service Desk Technician	7/1/2017						
	Sr Financial Analyst HealthCare	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Strategic Account Representative	7/1/2019						
	Technical Writer	7/1/2017						
	Whole Person Care Data Analyst	7/1/2017						
Grade 8			49.05	61.31	73.57	102,022.58	127,528.22	153,033.87
	Business Analyst	7/1/2014						
	Business Analyst, Integrated Planning	12/8/2021						
	Clinical Nurse Specialist, G&A Unit	7/1/2018						
	Clinical Nurse Specialist, PDR Unit	7/1/2018						
	Clinical Review Nurse	7/1/2019						
	Clinical Supervisor Utilization Management	7/1/2019						
	CM RN Supervisor	7/1/2019						
	Community Supports Supervisor	11/24/2021						
	Complex Case Manager, Nurse	7/1/2017						
	Compliance Manager	1/1/2021						
	EDI Analyst	7/1/2014						
	EDI Data Analyst	12/7/2020						
	EDI Report Developer	6/1/2020						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Interim Manager, Member Services	7/1/2019						
	Interim Manager, Health Education	7/1/2019						
	Interim Manager, Regulatory Affairs & Compliance	5/17/2021						
	Jr. ETL Developer	7/1/2019						
	Jr. Application Developer	7/1/2019						
	Lead Financial Analyst Healthcare	7/1/2019						
	Lead Financial Analyst Planning	7/1/2019						
	Manager Claims Operations Support	7/1/2019						
	Manager, Health Education	7/1/2017						
	Manager, Provider Services	7/1/2018						
	Manager, Regulatory Affairs & Compliance	5/17/2021						
	Member Services Manager	7/1/2018						
	Out of Plan Nurse Specialist	7/1/2018						
	Outpatient Utilization Management Nurse	7/1/2014						
	Quality Review Nurse	7/1/2016						
	Senior Configuration Analyst (IT)	7/1/2019						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	Supervisor Case Management	1/25/2021						
	Supervisor Outpatient Utilization Management	1/1/2021						

Alameda Alliance for Health
Salary Schedule Effective: 1/23/2022

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
	Systems Administrator	9/1/2013						
	System Administrator Communications	5/11/2021						
	Technical Analyst II	7/1/2014						
	Technical Business Analyst	7/1/2018						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 9			54.65	68.31	81.97	113,669.74	142,087.17	170,504.61
	Business Objects Adm Developer	7/1/2015						
	Clinical Manager, Health Homes	7/1/2019						
	Clinical Quality Manager	7/1/2018						
	EDI Lead	9/1/2020						
	EDI Manager	7/1/2016						
	EDI Software Developer	6/15/2020						
	Human Resources Manager	9/21/2021						
	Interim Clinical Manager, Health Homes	7/1/2019						
	Interim Clinical Quality Manager	7/1/2019						
	Interim EDI Manager	7/1/2019						
	Interim Lead Complex Case Manager	1/1/2021						
	Interim Human Resources Manager	9/21/2021						
	Interim Manager, Accounting	1/1/2021						
	Interim Manager, Healthcare Analytics	7/1/2019						
	Interim Manager, Quality Analytics	10/11/2021						
	Interim Manager, Service Desk	7/1/2019						
	Interim Manager, Transition of Care	7/1/2019						
	Interim Manager, Vendor Management	7/1/2019						
	Interim Program Manager / Senior Project Manager - Managed Care	7/1/2019						
	Interim Program Reimbursement Manager	7/1/2019						
	Lead Complex Case Manager	1/1/2021						
	Lead Data Analyst, Healthcare Finance	10/25/2021						
	Lead System Administrators	7/1/2018						
	Liaison, Clinical Initiatives and Leadership Development	9/15/2021						
	Manager Accounting	1/1/2021						
	Manager HealthCare Analytics	7/1/2016						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Manager, Quality Analytics	10/11/2021						
	Program Mgr/Sr. PM, Mngd Care	7/1/2017						
	Program Reimbursement Manager	7/1/2018						
	Project Manager	1/1/2021						
	Quality Improvement Manager	7/1/2020						
	Senior Business Analyst	7/1/2017						
	Senior Business Intelligence Analyst	7/1/2020						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor, IT Applications	1/1/2021						
	Supervisor QA and Analysis	7/1/2015						
Grade 10			61.34	76.67	92.00	127,577.34	159,471.67	191,366.01
	Applications Development Supervisor	7/1/2018						
	Assistant Controller	9/1/2013						
	Change Control Process Improvement Manager	1/1/2021						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Data Architect and Delivery Manager	7/1/2019						
	Director Accreditation	7/1/2015						
	Director Complaints and Reslns	7/1/2015						
	Director Member Services	9/1/2013						
	Director, Health Care Services	7/1/2018						
	Director, Quality Analytics	7/1/2017						
	Director, Social Determinants of Health	11/10/2021						
	Director of Vendor Management	5/1/2020						
	Interim Assistant Controller	7/1/2019						
	Interim Change Control & Process Improvement Manager	1/1/2021						
	Interim Data Architect and Delivery Manager	7/1/2019						
	Interim Director of Accreditation	7/1/2019						
	Interim Director, Clinical Services	7/1/2019						
	Interim Director, Complaints and Resolutions	7/1/2019						
	Interim Director, Health Care Services	7/1/2019						
	Interim Director, Member Services	7/1/2019						
	Interim Director of Vendor Management	5/1/2020						
	Interim Director, Quality Analytics	7/1/2019						
	Interim Director, Social Determinants of Health	11/10/2021						
	Interim Manager Financial Planning & Analysis - Healthcare	7/1/2019						
	Interim Manager, Access to Care	1/1/2021						
	Interim Manager, Analytics	1/1/2021						

Alameda Alliance for Health
Salary Schedule Effective: 1/23/2022

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
	Interim Manager, Applications	1/1/2021						
	Interim Manager, Case Management	1/1/2021						
	Interim Manager, Corporate Planning	7/1/2019						
	Interim Manager, Data Integration	7/1/2019						
	Interim Manager, Inpatient Utilization Management	1/1/2021						
	Interim Manager, Legal Services	9/3/2021						
	Interim Manager, Outpatient Utilization Management	1/1/2021						
	Interim Senior Project Manager	1/1/2021						
	Lead Clinical Pharmacist	4/10/2021						
	Manager Analytics	1/1/2021						
	Manager Applications	1/1/2021						
	Manager Case Management	1/1/2021						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Manager, Access to Care	1/1/2021						
	Manager, Legal Services	9/3/2021						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Mgr Inpatient Utilization Mgmt	1/1/2021						
	Mgr Outpatient Utiliz Mgmt	1/1/2021						
	Network Architect	10/25/2021						
	Quality Improvement Supervisor	7/1/2017						
	Senior .Net Developer	7/1/2014						
	Senior Infrastructure Engineer	7/1/2017						
	Senior Manager, Applications	5/10/2020						
	Senior Network Analyst	7/1/2014						
	Senior System Administrator	12/20/2021						
	Sr Database Administrator	7/1/2014						
	Sr. Lead Business Analyst	12/20/2021						
	Sr Project Manager	1/1/2021						
	Sr. Technical Project Manager	8/23/2021						
	Systems & Security Engineer	9/1/2020						
	Systems Engineer	9/1/2014						
	Voice Engineer	7/1/2019						
Grade 11			68.97	86.21	103.45	143,453.67	179,317.09	215,180.51
	Associate Director, Applications	2/1/2021						
	Associate Director, Infrastructure	1/1/2021						
	Associate Director, IT Infrastructure & Service Desk	5/11/2021						
	Development and Data Integration Director	7/1/2019						
	Director Claims	1/1/2021						
	Director Clinical Initiatives and Clinical Leadership Development	7/1/2019						
	Director Compliance	1/1/2021						
	Director, Compliance & Special Investigations	5/29/2021						
	Director, Data Exchange and Interoperability	7/10/2021						
	Director of Portfolio Management & Service Excellence	11/9/2020						
	Director Pharmacy Services	7/1/2016						
	Director Provider Services	7/1/2016						
	Director, Quality Assurance	1/1/2021						
	Information Security Director	7/1/2018						
	Interim Associate Director, Infrastructure	1/1/2021						
	Interim Associate Director, Applications	2/1/2021						
	Interim Associate Director, IT Infrastructure & Service Desk	5/11/2021						
	Interim Director, Claims	1/1/2021						
	Interim Director, Clinical Initiatives and Clinical Leadership Develop	7/1/2019						
	Interim Director, Compliance	1/1/2021						
	Interim Director, Compliance & Special Investigations	5/29/2021						
	Interim Director, Data Exchange and Interoperability	7/10/2021						
	Interim Director, Financial Planning & Analysis	7/1/2019						
	Interim Director, Pharmacy Services	7/1/2019						
	Interim Director of Portfolio Management & Service Excellence	11/9/2020						
	Interim Director, Provider Services	7/1/2019						
	Interim Director, Quality Assurance	1/1/2021						
	Interim Senior Manager, Communications & Outreach	12/10/2021						
	Interim Sr. Manager, Peer Review and Credentialing	12/13/2021						
	Senior Manager, Communications & Outreach	12/10/2021						
	Senior Manager, Financial Planning and Analysis - Healthcare	7/1/2019						
	Sr. Manager, Peer Review and Credentialing	12/13/2021						
	Staff Attorney	12/6/2021						
Grade 12			81.78	102.23	122.67	170,102.48	212,628.10	255,153.72
	Controller	1/1/2021						
	Director Applications Development	7/1/2016						
	Director Applications Management and Configuration	7/1/2017						
	Director, Applications Management, Quality & Process Improve	5/11/2021						
	Director Data Integration & Application Development	6/29/2020						
	Director Fin Plan and Analysis	9/1/2013						
	Director Healthcare Analytics	1/1/2021						

Alameda Alliance for Health
Salary Schedule Effective: 1/23/2022

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
	Interim Controller	1/1/2021						
	Interim Director, Application Management	7/1/2019						
	Interim Director, Application Management & Configuration	7/1/2019						
	Interim Director, Applications Management, Quality & Process Impr	5/11/2021						
	Interim Director, Healthcare Analytics	1/1/2021						
	Interim Director, Infrastructure	7/1/2019						
	Interim Executive Director, Human Resources	7/1/2019						
	Interim Senior Director, Behavioral Health	11/22/2021						
	Interim Senior Director Facilities	1/1/2021						
	Interim Senior Director of Financial Planning and Analysis	1/1/2021						
	Interim Senior Director of Health Care Services	6/25/2020						
	Interim Senior Director, Member Services	12/9/2021						
	Interim Senior Director of Quality	7/1/2019						
	Interim Senior Director/Pharmacy Services	7/1/2019						
	Senior Director Facilities	1/1/2021						
	Senior Director, Behavioral Health	11/22/2021						
	Senior Director, Financial Planning & Analysis	1/1/2021						
	Senior Director, Member Services	12/9/2021						
	Senior Director of Health Care Services	6/25/2020						
	Senior Director Integrated Planning	5/26/2020						
	Senior Director Pharmacy Services	7/1/2018						
	Senior Director Quality	7/1/2018						
	Senior Program Director	7/1/2019						
	Utilization Management Physician Reviewer	1/1/2021						
Grade 13			112.23	140.28	168.34	233,431.78	291,789.72	350,147.67
	Executive Director Information Technology	7/1/2018						
	Interim Executive Director, IT	7/1/2019						
Grade 14			117.84	147.30	176.76	245,103.37	306,379.21	367,655.05
Grade 15			121.25	151.56	181.87	252,198.43	315,248.04	378,297.65
	CCO General Counsel	7/1/2014						
	Chief Analytics Officer	7/1/2017						
	Chief Compliance Officer	7/1/2014						
	Chief Compliance Officer & Chief Privacy Officer	2/17/2021						
	Chief Human Resources Officer	7/10/2020						
	Chief Information Officer	7/1/2014						
	Chief Information Officer & Chief Security Officer	2/17/2021						
	Chief Projects Officer	6/15/2020						
	Interim Chief Compliance Officer & Chief Privacy Officer	2/17/2021						
	Interim Chief Compliance Officer	1/1/2021						
	Interim Chief Human Resources Officer	7/10/2020						
	Interim Chief Information Officer	1/1/2021						
	Interim Chief Information Officer & Chief Security Officer	2/17/2021						
	Interim Chief Projects Officer	6/15/2020						
	Interim Chief Analytics Officer	7/1/2019						
	Interim Medical Director	1/1/2021						
	Interim Quality Improvement Medical Director	1/1/2021						
	Medical Director	1/1/2021						
	Quality Improvement Medical Director	1/1/2021						
Grade 16			130.11	162.63	195.16	270,620.06	338,275.08	405,930.10
	Chief Financial Officer	1/1/2021						
	Interim Chief Financial Officer	1/1/2021						
	Senior Medical Director	12/3/2021						
	Interim Senior Medical Director	12/3/2021						
Grade 17			152.04	190.05	228.06	316,240.00	395,300.00	474,360.00
	Chief Medical Officer	1/1/2021						
	Chief Operating Officer	1/1/2021						
	Interim Chief Medical Officer	1/1/2021						
	Interim Chief Operating Officer (COO)	1/1/2021						
Grade 18			182.40	228.00	273.60	379,392.00	474,240.00	569,088.00
	Chief Executive Officer	1/1/2021						
	Interim Chief Executive Officer	1/1/2021						



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CEO Update

Scott Coffin

To: Alameda Alliance for Health Board of Governors
From: Scott Coffin, Chief Executive Officer
Date: January 14th, 2022
Subject: CEO Report

- **Financials:**

- Revenue \$98.7 million in November, and \$490 million Year-to-Date (YTD).
 - Medical expenses for November were \$92.1 million, and \$465.6 million year-to-date, representing a 95% average in the five months of the fiscal year, and 5.0% in administrative expenses.
- Tangible Net Equity (TNE): Financial reserves are 543% above the regulatory requirement, representing \$166.3 million in excess TNE.
- Net Operating Performance by Line of Business:

	<u>November</u>	<u>YTD</u>
Medi-Cal.....	\$1.7M	(\$1.34M)
Group Care	(\$378K)	(\$229K)
Totals	\$1.3M	(\$1.6M)

- By June 2022, the Alliance is forecasted to report a net income of \$3.5 million. The Medi-Cal program is forecasted to report a net income of \$5.1 million, and a net loss of \$1.6 million for Group Care. Enrollment is forecasted to reduce to nearly 290,000 by June 2022, assuming the Governor's Executive Order is terminated by April 2022.
- Medi-Cal enrollment continues to set record-highs each month, adding an average of 1,200 – 1,500; Group Care enrollment remains steady, ranging between 5,500 to 6,000 members per month. Total enrollment across both products exceeds 302,000 in January 2022.
- Governor Newsom signed Executive Order N-21-2 on November 10th, extending the state of emergency through March 31st, 2022. This Executive Order suspends annual Medi-Cal redeterminations. Following the termination of the Executive Order, Alameda County Social Services will resume annual Medi-Cal re-determinations on a normal schedule.

- The budget process for Fiscal Year 2023 begins in February; the preliminary budget will be presented to the Finance Committee and Board of Governors in June, and the final budget presented in December 2022.
- **Key Performance Indicators:**
 - Regulatory Metrics:
 - Standard Member Grievances turnaround time (30 calendar days) did not meet regulatory metrics for the month of December by 1%, resulting in a score of 94%. All other regulatory operating metrics were met.
 - Non-Regulatory Metrics:
 - Member Services call center has experienced a higher volume of calls due to increased membership and staffing shortages. The average wait time to speak with a Member Services Representative increased to nearly 3.5 minutes, resulting in 18% abandonment rate, which is 12% over the internal target. A remediation plan has been approved, and the Operations and Human Resources Teams are coordinating to address the staffing issues.
 - Vacancy rates (Human Resources) for unfilled staff positions is 4% above the internal target due to the addition of new positions being recruited and the backfill positions related to turnover.
- **California's State Budget**
 - Governor Newsom announced the 2022-2023 Governor's Budget on January 10th, 2022.
 - The budget for health care services is nearly \$8 billion higher than the previous year's revised budget and includes new initiatives and expanded coverage in the Medi-Cal program.
 - Expanded funding for COVID-19, enhanced Home- and Community-Based Services (HCBS), and American Rescue Plan Act (ARPA) represented several billion dollars. Other changes to the Medi-Cal program were encompassed under CalAIM initiative for adults and children, including the coordinated re-entry "Justice Involved" initiatives, carving in foster care into managed care, and \$1.3 billion for Provider Access and Transforming (PATH) funding to community-based organizations, county agencies, and other local providers.

- Expansion of full-scope Medi-Cal to all adults regardless of immigration status, school-based behavioral health for children, alternative payment methods for health centers, skilled nursing facility payment reform, and other forms of adult, early childhood, and family services. Medi-Cal dental and Native American health programs were highlighted with significant funding.
- DHCS announced the five-year renewal of the 1115, 1915b, 1915c, and other waivers on December 29th, 2021. The waivers start on January 1st, 2022, and continue through December 31st, 2026. The Community Supports Services launched on January 1st, 2022, are covered in the 1115 and 1915b waivers. Governor Newsom referenced these waivers in the State Budget as a source of authority and funding.
- The DHCS has issued the Special Terms and Conditions (STCs) and is hosting public workgroups to operationalize the waivers. California has proposed increased oversight on medical providers and financial solvency, especially provider groups engaged in capitated arrangements.
- Trailer bill language may be proposed later this year by DHCS as part of their waiver negotiations with CMS.

- **COVID-19 Vaccinations**

- Approximately 70.1% of members (12 years and older) in Medi-Cal and Group Care are partially or fully vaccinated; as of January 1st, 2022.
- On a statewide basis, Alameda Alliance for Health is the fourth highest managed care health plan for vaccination rates of Medi-Cal beneficiaries. Alameda County is the fifth highest as compared to the county vaccination rates for Medi-Cal beneficiaries; San Francisco, Santa Clara, Marin, and San Mateo counties.
- In September 2021, the California Department of Health Care Services (DHCS) announced funding of \$350 million to increase vaccination rates for Medi-Cal beneficiaries on a statewide basis. Alameda Alliance was awarded up to \$8.4 million for incentive funding to increase the vaccination rates for Medi-Cal enrollees ages 12 and older. The DHCS has paid \$1.2 million to the Alliance, and future payments will be available based on vaccination improvements.
- The vaccination outreach campaign started in October and finishes on February 28th, 2022, and our target is to vaccinate at least 85% of our Medi-Cal beneficiaries.

- **Single Plan Model**

- The California Department of Health Care Services (DHCS) delivered a conditional approval to the Alameda County Health Care Services Agency on August 31st, 2021.
- Alameda County Board of Supervisors approved the County Ordinance in September 2021, and a copy of the Ordinance was submitted to the California DHCS.
- Alameda Alliance completed the required deliverables in the calendar year 2021, and there are no further submissions at this time.
- Alameda County remains in “conditional approval” status with the DHCS, and the DHCS and CMS are coordinating on terms & conditions to change the Medi-Cal delivery models in over 20 counties statewide.

- **Medi-Cal Rx**

- The Medi-Cal Rx project was implemented on January 1st, 2022, and minor issues were reported and resolved. The project team remains in contact with the DHCS and Magellan and is prepared to address access issues.
- Medi-Cal physician-administered drugs and outpatient infusion drugs continue to be administered by the Alameda Alliance Pharmacy Department. There are no changes in the administration of pharmaceuticals for Group Care Members.



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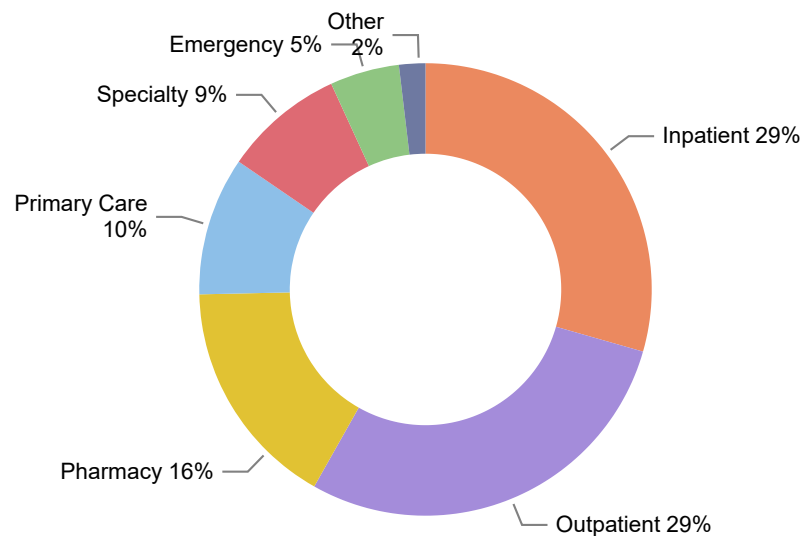
Operations Dashboard

Financials

Income & Expenses

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

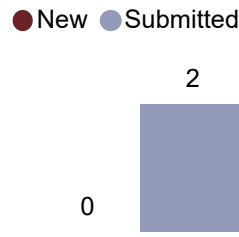
Medical Expenses



Liquid Reserves

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

Reinsurance Cases

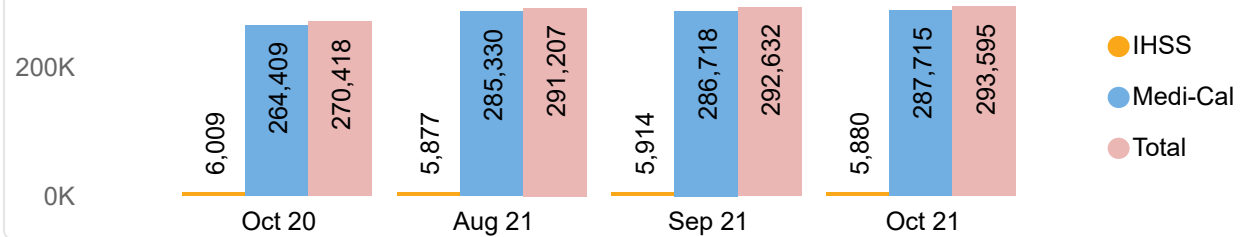


Balance Sheet

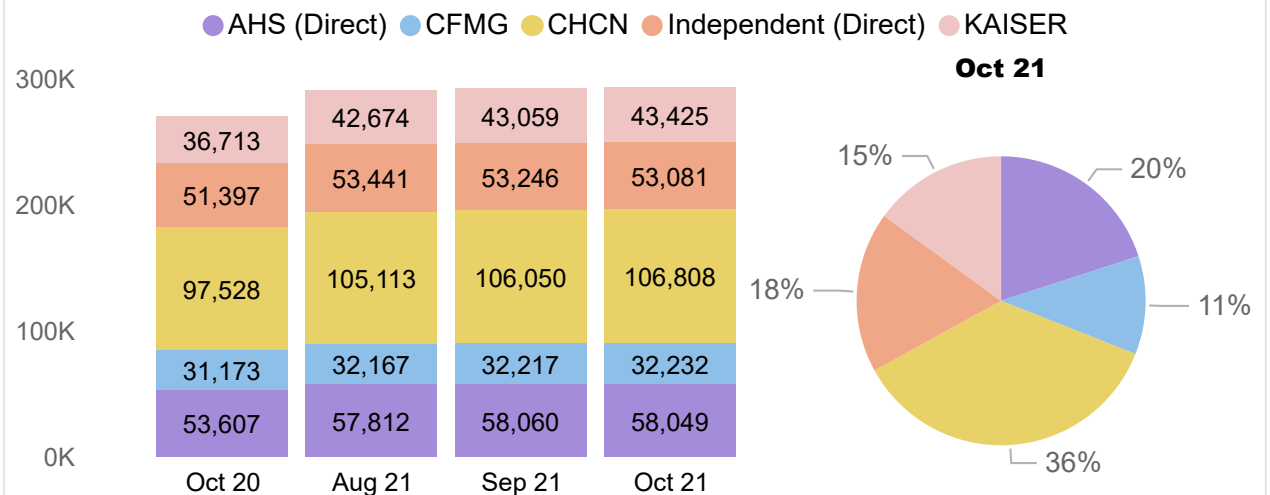
Cash Equivalents	\$283.6M	Current Ratio % 187.5%
Pass-Through Liabilities	\$79.6M	
Uncommitted Cash	\$204.0M	
Working Capital	\$196.2M	

Membership

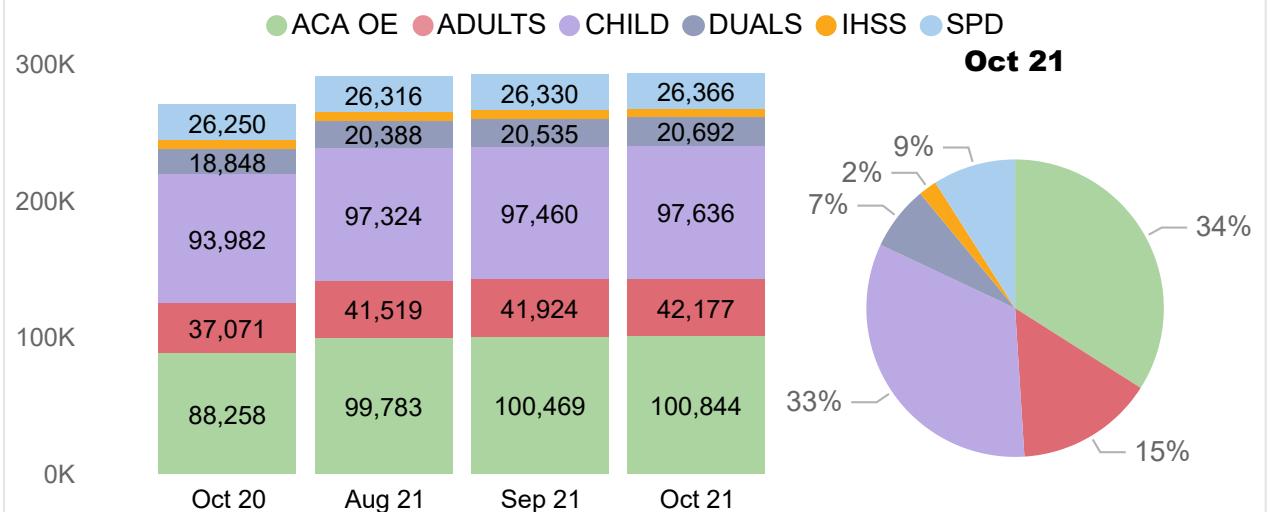
By Plan



By Network

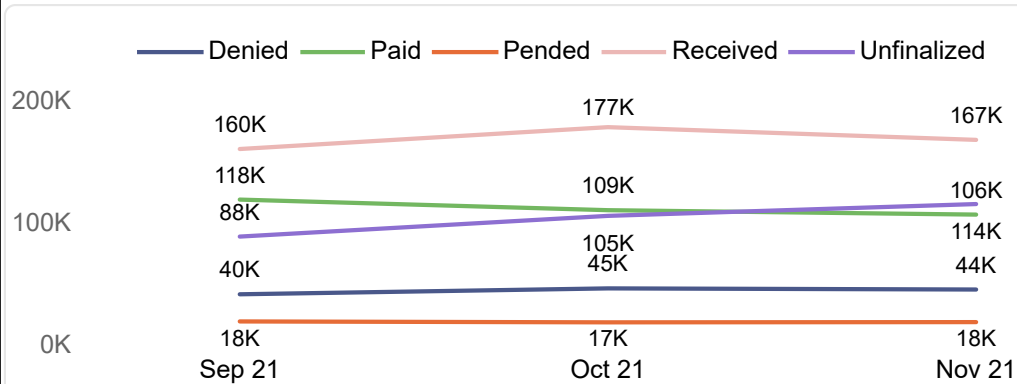


By Category

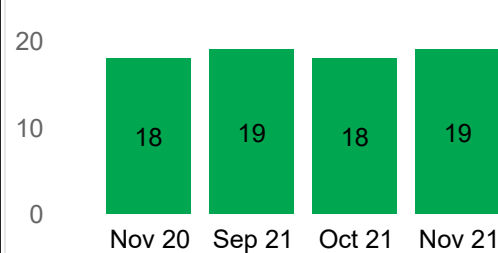


Claims

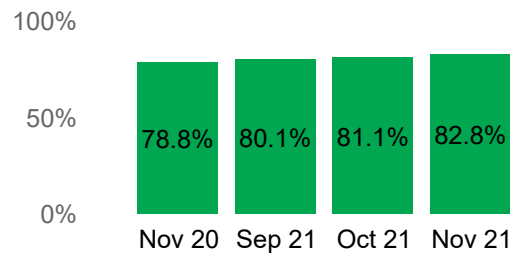
Claims Processing



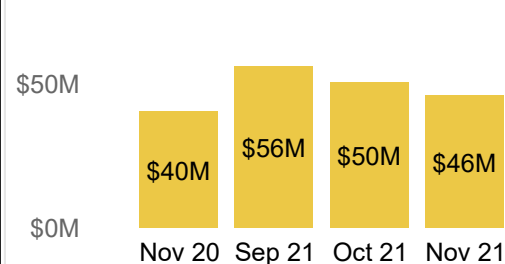
Average Payment TAT (Days)



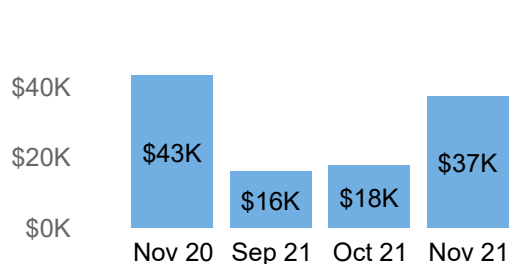
Auto Adjudication Rate (%)



Claims Paid (Dollars)

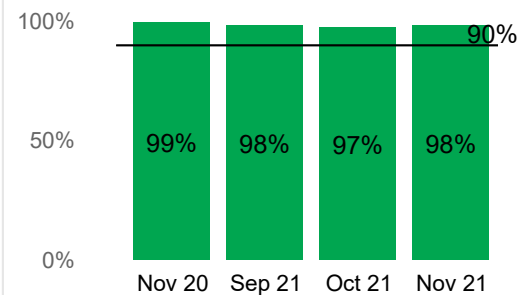


Interest Paid (Dollars)

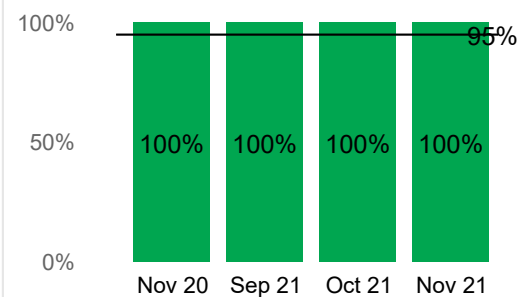


Claims Compliance

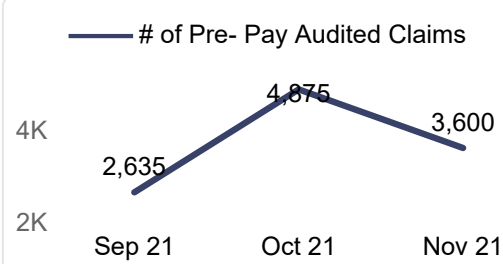
% Processed (30 Cal Days)



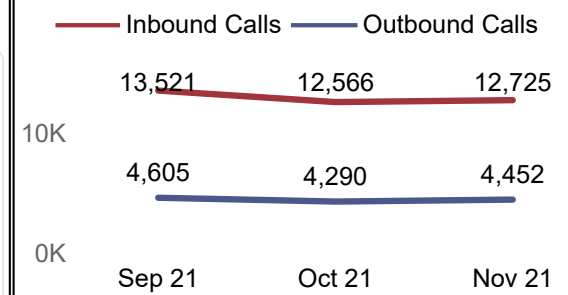
% Processed (45 Work Days)



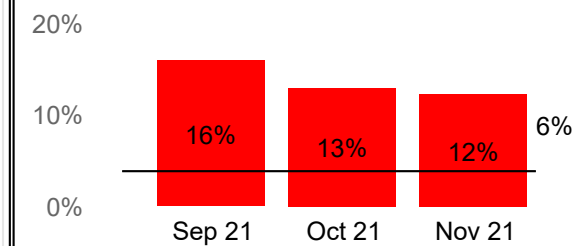
Claims Auditing



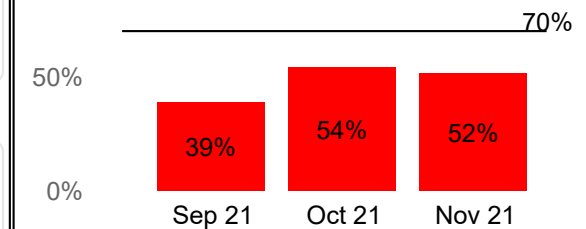
Member Services



Abandoned Call Rate %

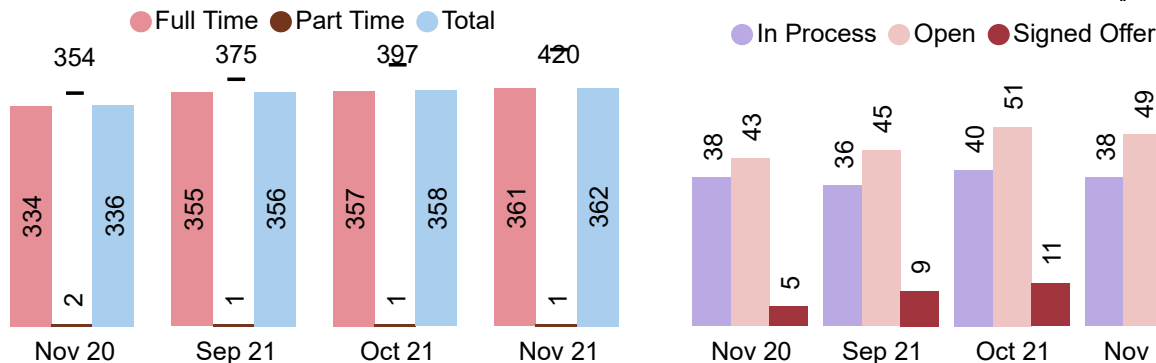


Calls Answered in 60 Seconds %

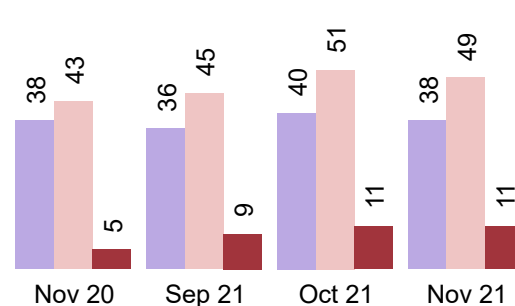


Average Call Times	Sep 21	Oct 21	Nov 21
Wait Time	03:33	02:42	02:48
Call Duration	06:18	06:43	07:21

Human Resources



In Process, Open, Signed Offer



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

Current Vacancy
12%

OPERATIONS DASHBOARD

DECEMBER 2021

12/7/2021 2:12:04 PM

Provider Services

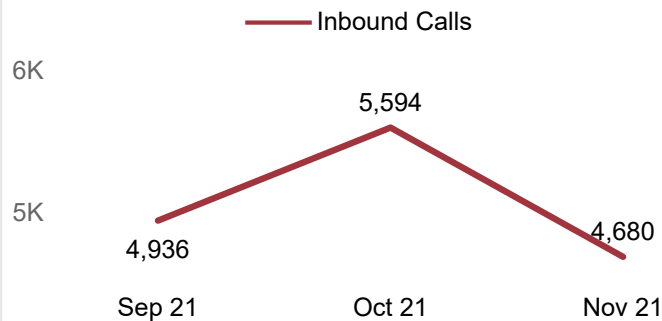
Provider Network

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

Provider Credentialing

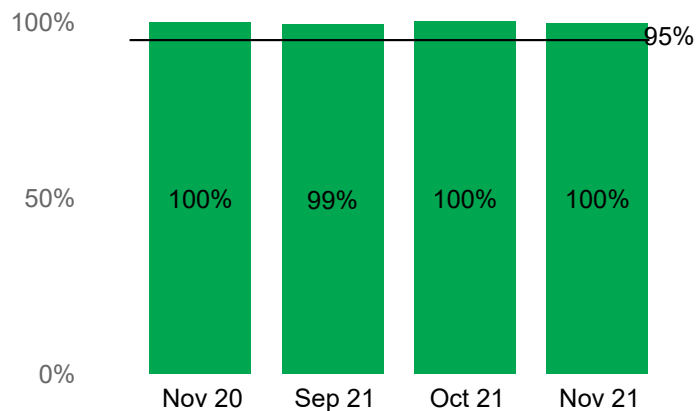
1,394

Provider Call Center



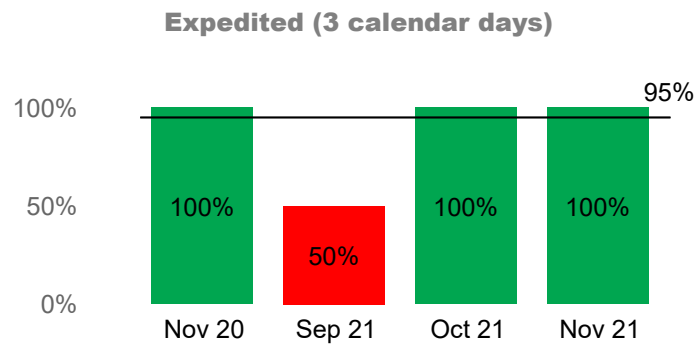
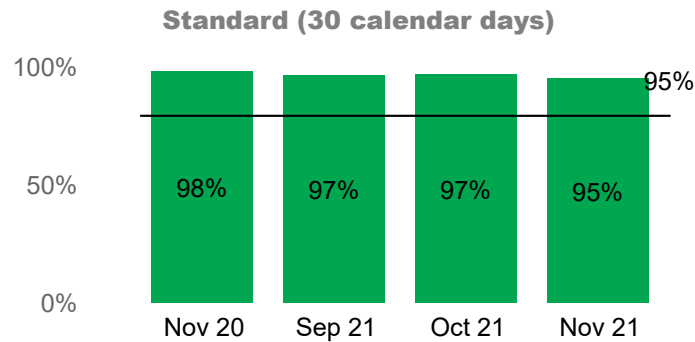
Provider Disputes & Resolutions

Turnaround Compliance (45 business days)

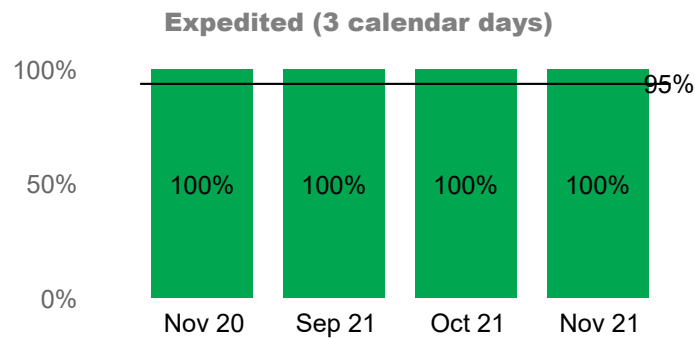
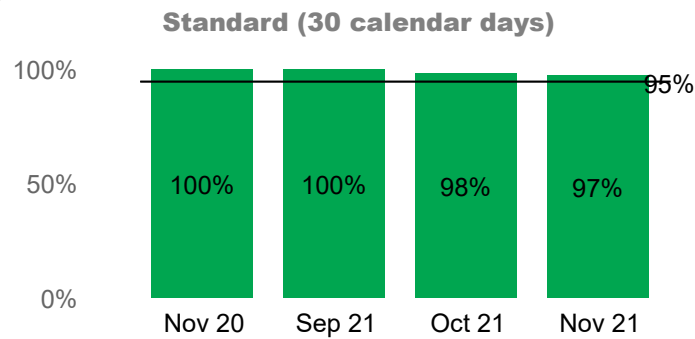


Compliance

Member Grievances

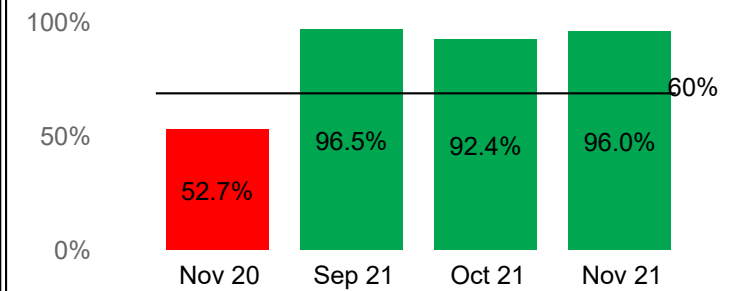


Member Appeals

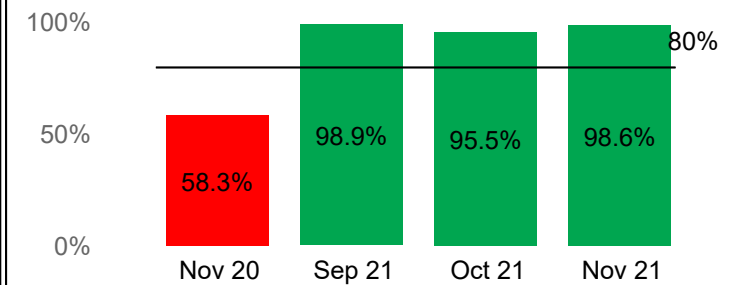


Encounter Data

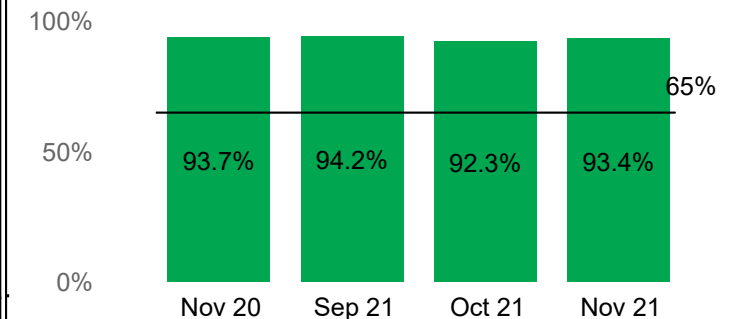
Institutional 0-90 days



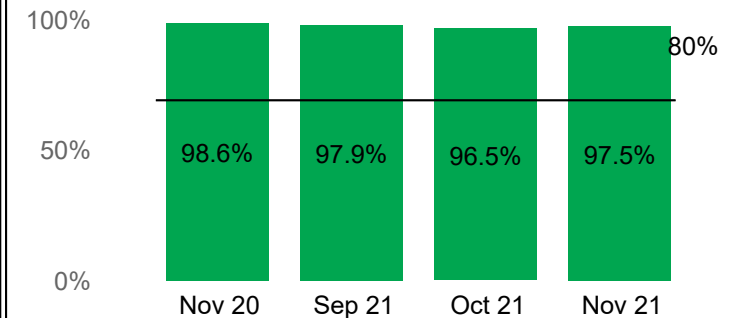
Institutional 0-180 days



Professional 0-90 days

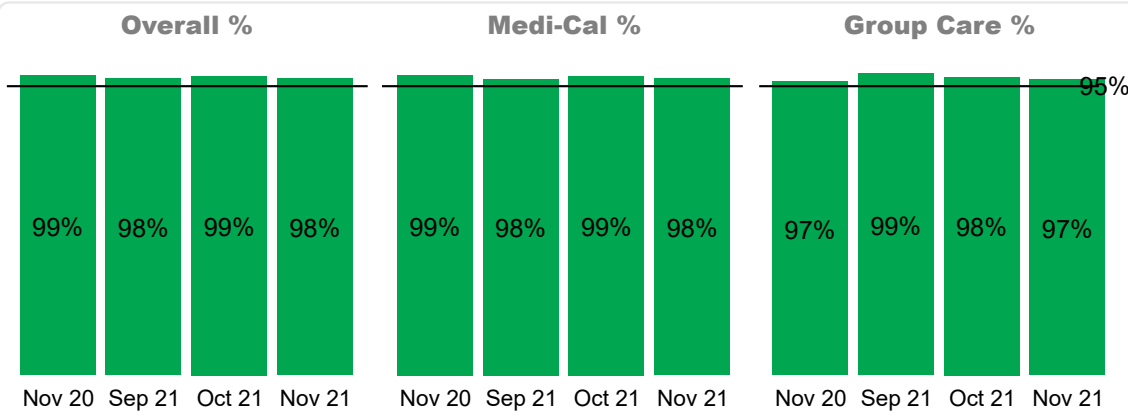


Professional 0-180 days

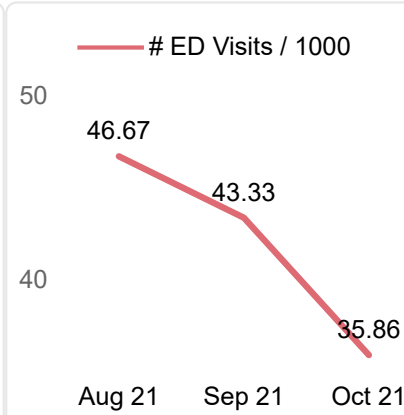


Health Care Services

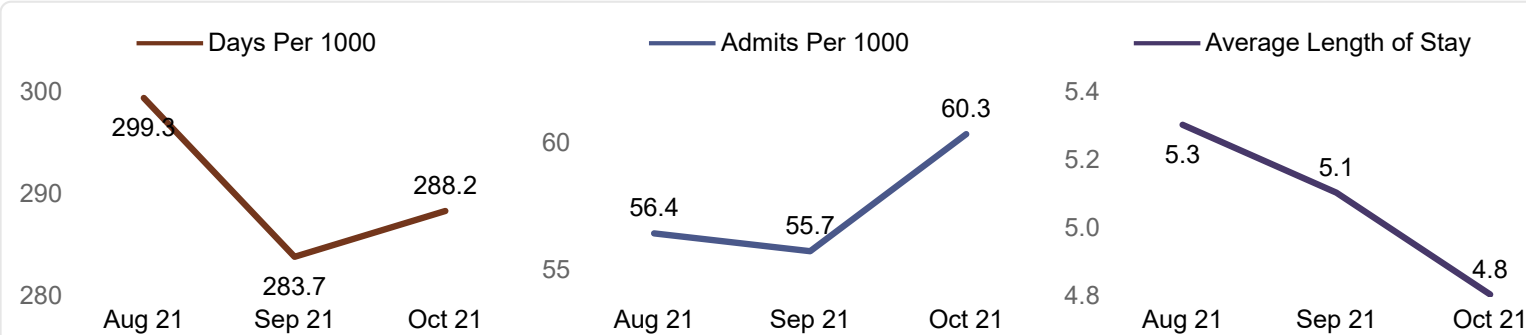
Authorization Turnaround



ED Utilization

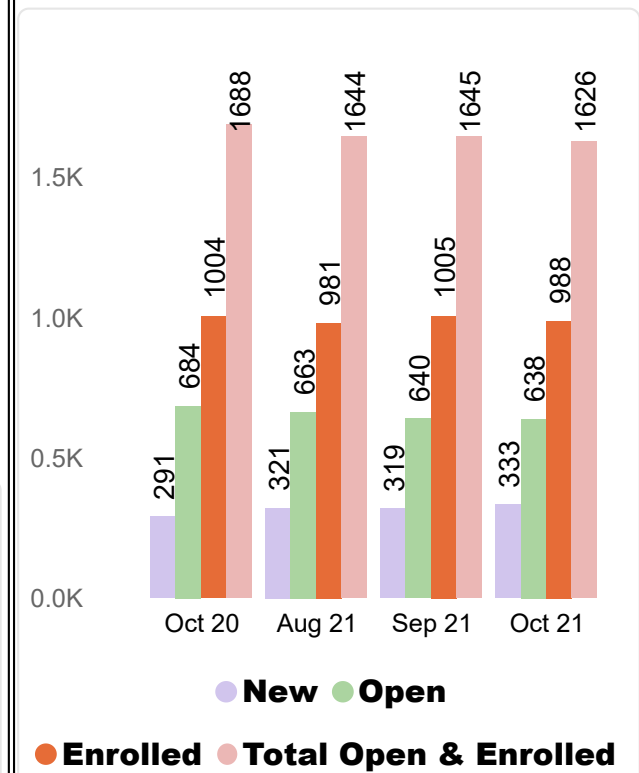


Inpatient Utilization



Case Management

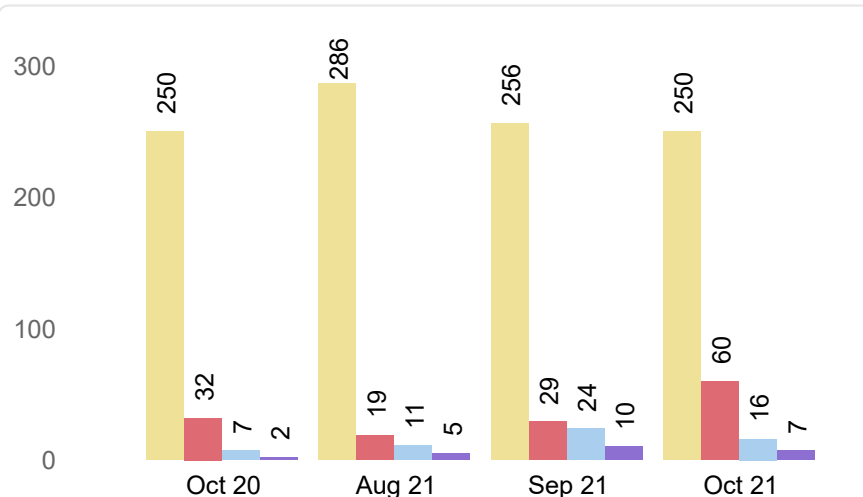
Total Cases



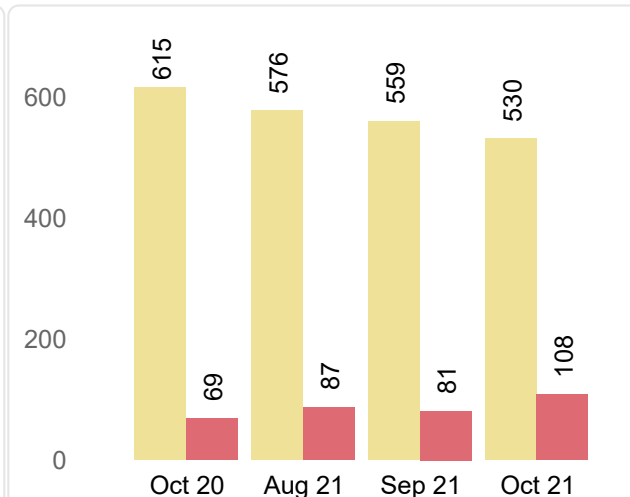
Case Management

● Care Coordination ● Complex Cases ● Health Homes ● Whole Person Care

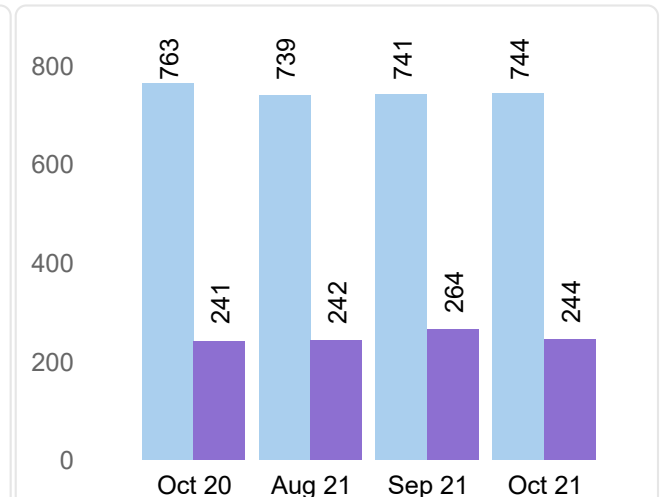
New Cases



Open Cases



Enrolled Cases



Technology (Business Availability)

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

Outpatient Authorization Denial Rates

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

Pharmacy Authorizations

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



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COVID-19 Vaccination Dashboard

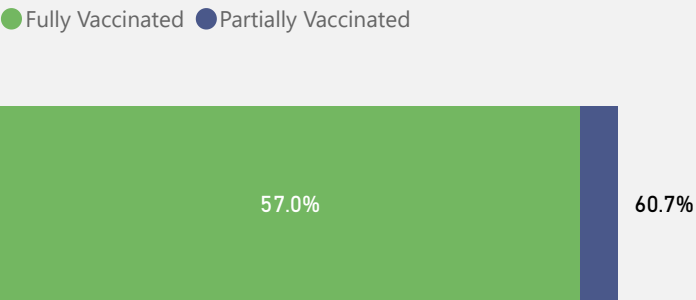
Members Fully Or Partially Vaccinated:

170,563

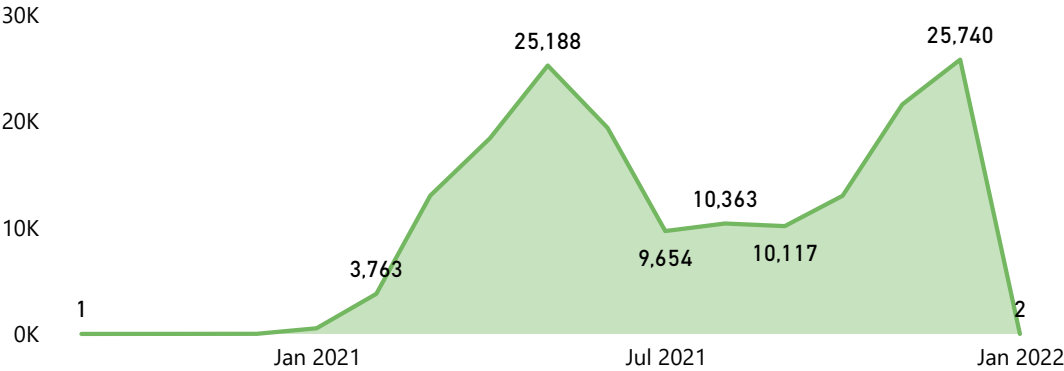
% Fully Or Partially Vaccinated:

60.7%

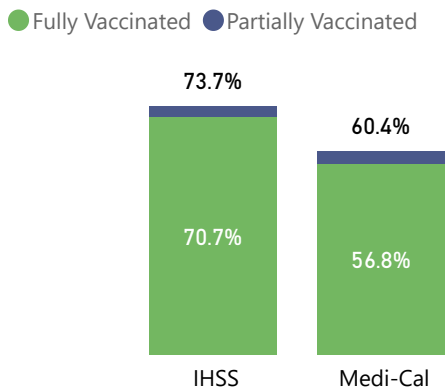
Breakout by Status



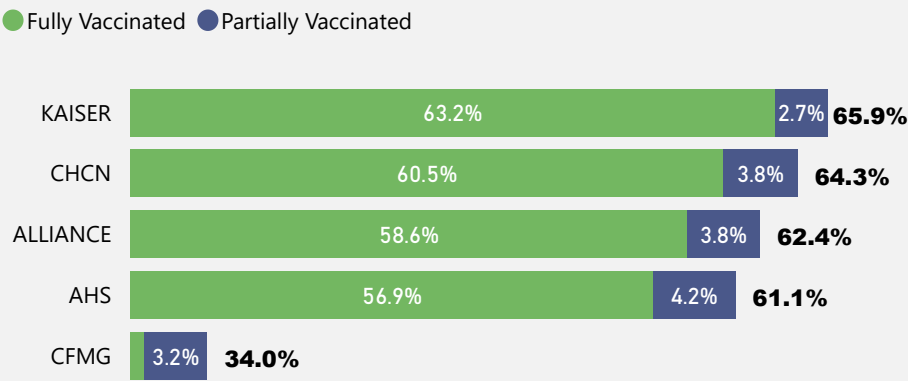
Monthly Trend



Medi-Cal vs IHSS

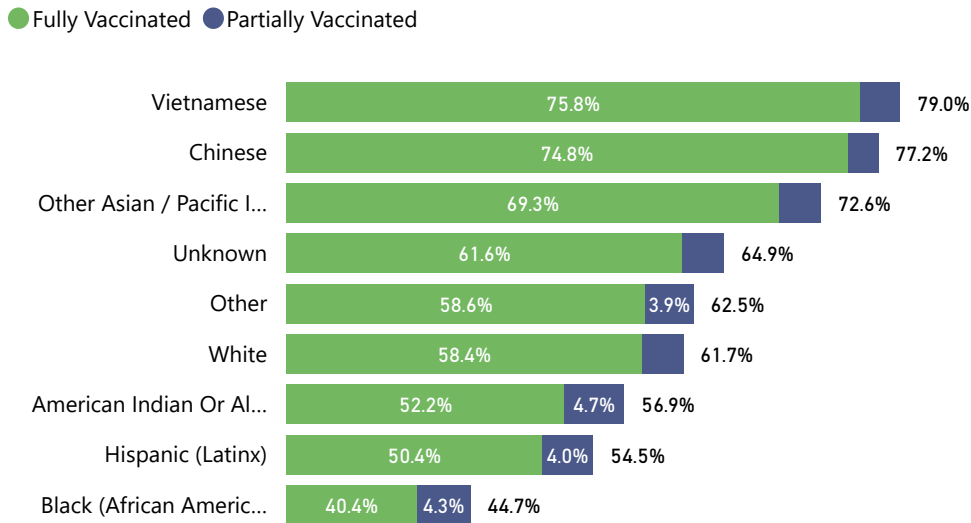


Network

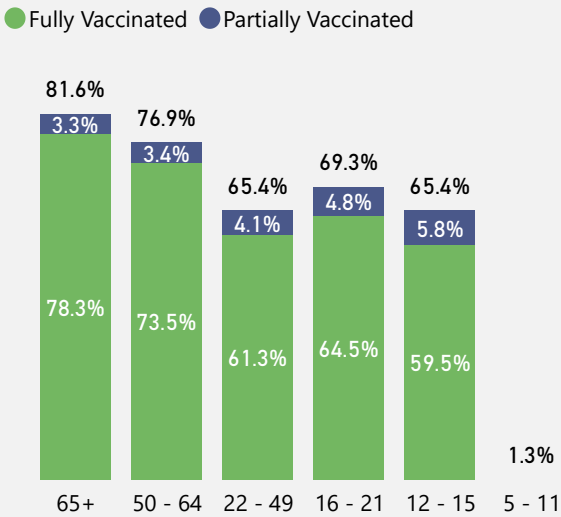


Top 15 Cities	Fully Vaccinated	Partially Vaccinated
ALAMEDA	64.5%	2.9%
ALBANY	65.1%	2.5%
BERKELEY	61.6%	3.7%
CASTRO VALLEY	61.1%	3.1%
DUBLIN	59.2%	3.6%
EMERYVILLE	54.6%	4.2%
FREMONT	62.5%	3.5%
HAYWARD	55.3%	3.4%
LIVERMORE	52.1%	3.3%
NEWARK	59.2%	3.5%
OAKLAND	53.3%	4.2%
PLEASANTON	60.8%	3.0%
SAN LEANDRO	59.5%	3.2%
SAN LORENZO	62.5%	3.5%
UNION CITY	63.9%	3.2%

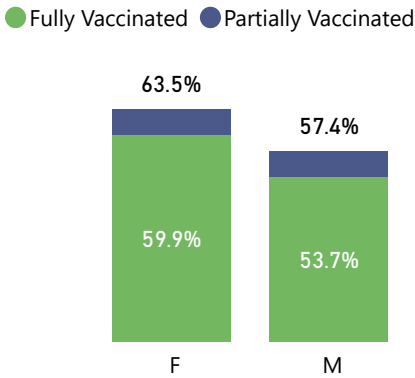
Ethnicity



Age Category



Gender



Vaccinated Members
(Full and Partial)

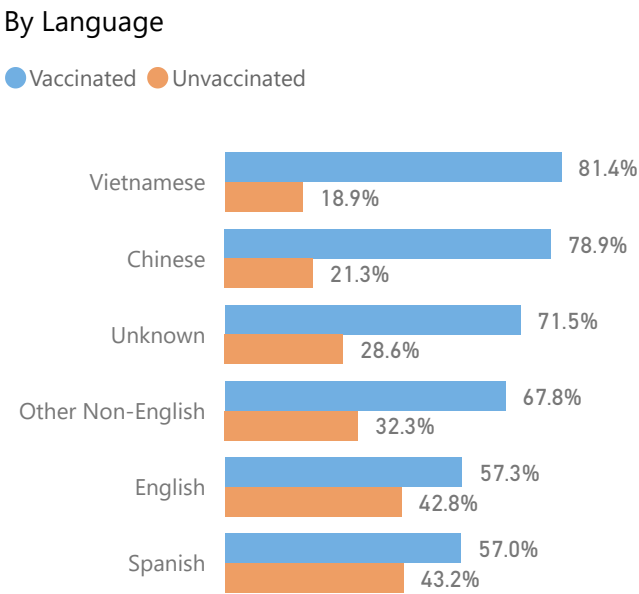
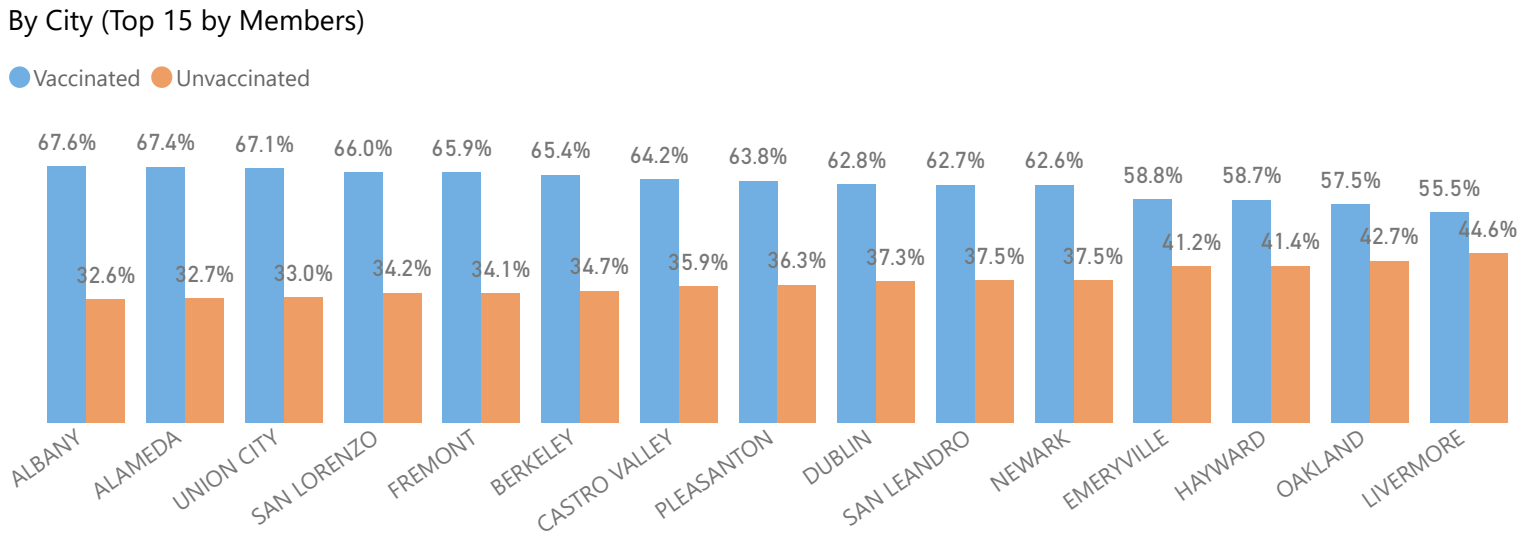
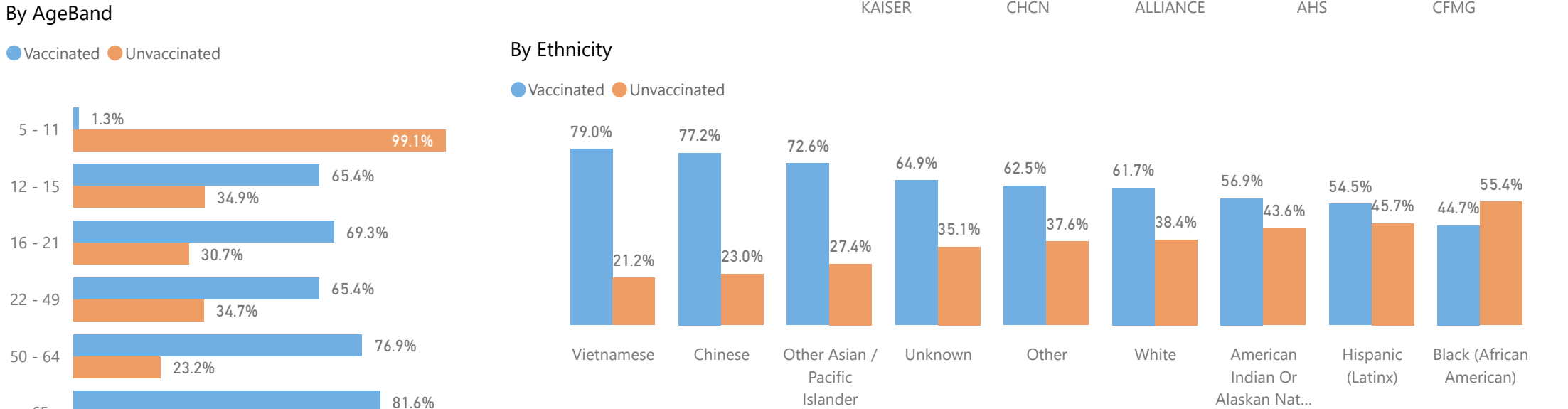
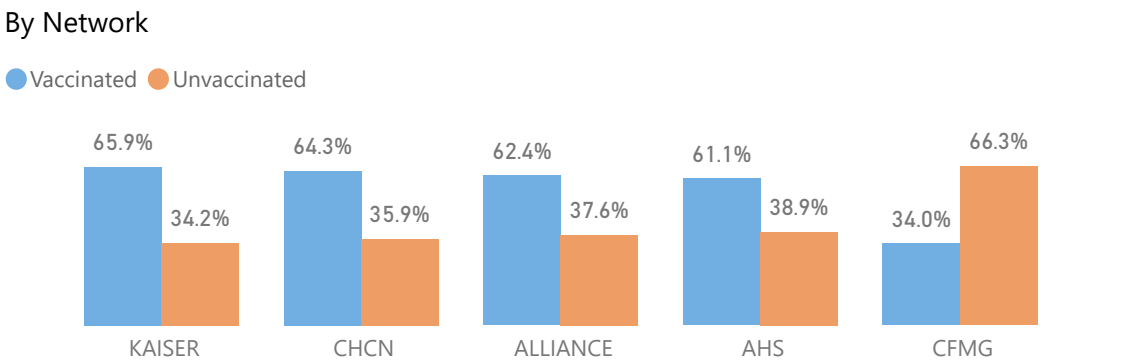
170,563
Members

60.7%
% of Population

Unvaccinated Members

110,650
Members

39.4%
% of Population





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Legislative Tracking

2021-2022 Legislative Tracking List

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

Medi-Cal (Medicaid)

Bills approved by the governor:

- **AB 382 (Kamlager – D) Whole Child Model Program**
 - **Introduced:** 2/2/2021
 - **Status:** 7/9/21 Approved by the Governor. Chaptered by Secretary of State - Chapter 51, Statutes of 2021.
 - **Summary:** Current law authorizes the State Department of Health Care Services to establish a Whole Child Model (WCM) program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties provide CCS services to Medi-Cal eligible CCS children and youth. Current law requires the department to establish a statewide WCM program stakeholder advisory group that includes specified persons, such as CCS case managers, to consult with that advisory group on the implementation of the WCM and to consider the advisory group's recommendations on prescribed matters. The existing law terminates the advisory group on December 31, 2021. This bill would instead terminate the advisory group on December 31, 2023.
- **AB 361 (Rivas – D) Open Meeting: Local Agencies: Teleconferences**
 - **Introduced:** 2/1/2021
 - **Status:** 9/16/21 Chaptered by Secretary of State - Chapter 165, Statutes of 2021.
 - **Summary:** Would, until January 1, 2024, authorize a local agency to use teleconferencing without complying with the teleconferencing requirements imposed by the Ralph M. Brown Act when a legislative body of a local agency holds a meeting during a declared state of emergency, as that term is defined when state or local health officials have imposed or recommended measures to promote social distancing, during a proclaimed state of emergency held for the purpose of determining, by majority vote, whether meeting in person would present imminent risks to the health or safety of attendees, and during a proclaimed state of emergency when the legislative body has determined that meeting in person would present imminent risks to the health or safety of attendees, as provided.
- **AB 532 (Wood – D) Health Care: Fair Billing Practices**
 - **Introduced:** 2/1/2021
 - **Status:** 10/4/2021 Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Current law requires a hospital, as defined, to maintain an understandable written policy regarding discount payments for financially qualified patients as well as a written charity care policy, and requires a hospital to negotiate the terms of a discount payment plan with an

Updated 12/3/2021

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

- **AB 1104 (Grayson – D) Air Ambulance Services**
 - **Introduced:** 2/18/2021
 - **Status:** 10/4/2021 Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Current law imposes a penalty of \$4 until July 1, 2021, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Current law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2022, whichever occurs first. These provisions remain in effect until January 1, 2024, and are repealed effective January 1, 2025. This bill would extend the assessment of penalties pursuant to the above-described provisions until December 31, 2022, and would extend the collection and transfer of penalties until December 31, 2023.
- **SB 48 (Limon – D) Medi-Cal: Annual Cognitive Health Assessment**
 - **Introduced:** 1/28/2021
 - **Status:** 10/4/2021 Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Subject to an appropriation by the Legislature for this purpose, this bill would expand the schedule of benefits to include an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program.
- **SB 242 (Newman – D) Health Care Provider Reimbursements**
 - **Introduced:** 1/21/2021
 - **Status:** 10/5/2021 Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Would require a health care service plan or health insurer to contract with its health care providers to reimburse, at a reasonable rate, their business expenses that are medically necessary to comply with a public health order to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.
- **SB 428 (Hurtado – D) Health Care Coverage: Adverse Childhood Experiences Screenings**
 - **Introduced:** 2/12/2021
 - **Status:** 10/7/2021 Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage for adverse childhood experiences screenings. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

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

Vetoed Bills:

- **SB 365 (Caballero – D) E-consult Service**
 - **Introduced:** 2/17/2021
 - **Status:** 10/16/2021 Vetoed by the Governor
 - **Summary:** Would make electronic consultation services reimbursable under the Medi-Cal program for enrolled providers, including FQHCs or RHCs. The bill would require the department to seek federal waivers and approvals to implement this provision and would condition the implementation of the bill's provisions on the department obtaining necessary federal approval of federal matching funds. The bill would make related findings and declarations.
- **AB 369 (Kamlager – D) Medi-Cal Services: Persons Experiencing Homelessness**
 - **Introduced:** 2/1/2021
 - **Status:** 10/8/2021 Vetoed by the Governor
 - **Summary:** Would require the State Department of Health Care Services to implement a program of presumptive eligibility for persons experiencing homelessness, under which a person would receive full-scope Medi-Cal benefits without a share of cost. The bill would require the department to authorize an enrolled Medi-Cal provider to issue a temporary Medi-Cal benefits identification card to a person experiencing homelessness and would prohibit the department from requiring a person experiencing homelessness to present a valid California driver's license or identification card issued by the Department of Motor Vehicles to receive Medi-Cal services if the provider verifies the person's eligibility.

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

- **AB 368 (Bonta – D) Food Prescriptions**
 - **Introduced:** 2/1/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2021) (May be acted upon Jan 2022)
 - **Summary:** Would require the State Department of Health Care Services to establish, no earlier than January 1, 2022, a pilot program for a 2-year period in the Counties of Alameda, Fresno, and San Bernardino to provide food prescriptions to eligible Medi-Cal beneficiaries, including

Updated 12/3/2021

individuals who have a specified chronic health condition, such as Type 2 diabetes and hypertension, when utilizing evidence-based practices that demonstrate the prevention, treatment, or reversal of those specified diseases. The bill would authorize the department, in consultation with stakeholders, to establish utilization controls, including the limitation on food prescriptions, and to enter into contracts for purposes of implementing the pilot program.

- **AB 4 (Arambula – D) Medi-Cal: Eligibility**

- **Introduced:** 12/8/2020
- **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021) (May be acted upon Jan 2022)
- **Summary:** Would, effective January 1, 2022, extend eligibility for full scope Medi-Cal benefits to anyone regardless of age and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health care provider or Medi-Cal managed care health plan, and would require the department to provide monthly updates to the appropriate policy and fiscal committees of the Legislature on the status of the implementation of these provisions.

- **AB 32 (Aguilar-Curry – D) Telehealth**

- **Introduced:** 12/7/2020
- **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/9/2021) (May be acted upon Jan 2022)
- **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems and their subcontractors that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth.

- **AB 114 (Mainenschein – D) Medi-Cal Benefits: Rapid Whole Genome Sequencing**

- **Introduced:** 12/17/2020
- **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/16/2021) (May be acted upon Jan 2022)
- **Summary:** Would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, as specified, for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. The bill would authorize the State Department of Health Care Services to implement this provision by various means without taking regulatory action.

- **AB 77 (Petrie-Norris – D) Substance use Disorder Treatment Services**

- **Introduced:** 12/7/2020

Updated 12/3/2021

- **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/25/2021) (May be acted upon Jan 2022).
- **Summary:** This bill, commencing January 1, 2026, would require any substance use disorder treatment program to be licensed by the State Department of Health Care Services, except as specified. The bill would require the department, in administering these provisions, to issue licenses for a period of 2 years for substance use disorder treatment programs that meet the requirements in these provisions. The bill would require the department to issue a license to a substance use disorder program once various requirements have been met, including an onsite review. The bill would authorize the department to renew a license, as provided. The bill would prohibit providing substance use disorder treatment services to individuals without a license.
- **AB 112 (Holden – D) Medi-Cal Eligibility**
 - **Introduced:** 12/17/2020
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
 - **Summary:** Current federal law prohibits a state from terminating Medi-Cal eligibility for an eligible juvenile if they are an inmate of a public institution, authorizes the suspension of Medicaid benefits to that eligible juvenile, and requires a state to conduct a redetermination of Medicaid eligibility or process an application for medical assistance under the Medicaid program for an eligible juvenile who is an inmate of a public institution. Under current state law, the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile, as defined in federal law, ends when the individual is no longer an eligible juvenile pursuant to federal law or one year from the date the individual becomes an inmate of a public institution, whichever is later. This bill would instead require the suspension of Medi-Cal benefits to an inmate of a public institution who is not a juvenile to end on the date they are no longer an inmate of a public institution or 3 years from the date they become an inmate of a public institution, whichever is sooner.
- **AB 265 (Petrie-Norris – D) Medi-Cal: Reimbursement Rates**
 - **Introduced:** 1/15/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/14/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law requires the State Department of Health Care Services to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services. This bill would delete provisions relating to the above-specified 80% standard and would make conforming changes.
- **AB 278 (Flora – R) Medi-Cal: Podiatric Services**
 - **Introduced:** 1/19/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/14/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law requires a health care provider applying for enrollment as a Medi-Cal services provider or a current Medi-Cal services provider applying for continuing enrollment, or a current Medi-Cal services provider applying for enrollment at a new location or a change in location, to submit a complete application package. Under current law, a licensed physician and surgeon practicing as an individual physician practice or a licensed dentist practicing as an individual dentist practice, who is in good standing and enrolled as a Medi-Cal services provider, and who is changing the location of that individual practice within the same county, is eligible to file instead a change of location form in lieu of submitting a complete application package. This

bill would make conforming changes to the provisions that govern applying to be a provider in the Medi-Cal program or for a change of location by an existing provider, to include a doctor of podiatric medicine licensed by the California Board of Podiatric Medicine.

AB 470 (Carillo – D) Medi-Cal: Eligibility

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

• **AB 521 (Mathis – R) Medi-Cal: Unrecovered Payments: Interest Rate**

- **Introduced:** 2/10/2021
- **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
- **Summary:** Current law requires the Director of Health Care Services to establish administrative appeal processes to review grievances or complaints arising from the findings of an audit or examination. Under current law, if recovery of a disallowed payment has been made by the department, a provider who prevails in an appeal of that payment is entitled to interest at the rate equal to the monthly average received on investments in the Surplus Money Investment Fund, or simple interest at the rate of 7% per annum, whichever is higher. Under current law, with exceptions, interest at that same rate is assessed against any unrecovered overpayment due to the department. In the case of an assessment against any unrecovered overpayment due to the department, this bill would authorize the director to waive any or all of the interest or penalties owed by a provider, after taking into account specified factors, including the importance of the provider to the health care safety net in the community and the impact of the repayment amounts on the fiscal solvency of the provider.

• **AB 540 (Petrie-Norris – D) Program of All-Inclusive Care for the Elderly**

- **Introduced:** 2/10/2021
- **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/15/2021) (May be acted upon Jan 2022)
- **Summary:** Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal State Plan, as specified. Current law authorizes the State Department of Health Care Services to enter into contracts with various entities for the purpose of implementing the PACE program and fully implementing the single-state agency responsibilities assumed by the department in those contracts, as specified. This bill would exempt a Medi-Cal beneficiary who is enrolled in a PACE organization with a contract with the department from mandatory or passive enrollment in a Medi-Cal managed care plan, and would require persons enrolled in a PACE plan to receive all Medicare and Medi-Cal services from the PACE program.

- **AB 586 (O'Donnell – D) Pupil Health: Mental Health Services: School Health Demonstration Project**
 - **Introduced:** 2/11/2021
 - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was ED. on 6/9/2021) (May be acted upon Jan 2022)
 - **Summary:** Would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided.
- **AB 601 (Fong – R) Medi-Cal: Reimbursement**
 - **Introduced:** 2/11/2021
 - **Status:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/11/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals to receive health care services, including clinical laboratory or laboratory services. The Medi-Cal program is, in part, governed by and funded pursuant to federal Medicaid program provisions. Current law requires the department to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare Program for the same or similar services. This bill would make a technical, non-substantive change to these provisions.
- **AB 671 (Wood – D) Medi-Cal: Pharmacy Benefits**
 - **Introduced:** 2/12/2021
 - **Status:** 6/4/21 Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 5/27/2021) (May be acted upon Jan 2022)
 - **Summary:** This bill would authorize the department to provide disease management or similar payment to a pharmacy that the department has contracted with to dispense a specialty drug to Medi-Cal beneficiaries in an amount necessary to ensure beneficiary access, as determined by the department based on the results of the survey completed during the 2020 calendar year.
- **AB 822 (Rodriguez – D) Medi-Cal: Psychiatric Emergency Medical Conditions**
 - **Introduced:** 2/16/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/19/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law requires the State Department of Health Care Services to implement managed mental health care for Medi-Cal beneficiaries through contracts with mental health plans. Under current law, mental health plans are responsible for providing specialty mental health services to enrollees, and Medi-Cal managed care plans deliver non-specialty mental health services to enrollees. Under existing law, emergency services and care, mental health benefits, substance use disorder benefits, and specialty mental health services are covered under the Medi-Cal program. This bill would specify that observation services for a psychiatric emergency medical condition, as defined, are covered under the Medi-Cal program, consistent with coverage under the above provisions and any other applicable law.

- **AB 848 (Calderon – D) Medi-Cal: Monthly Maintenance Amount: Personal and Incidental Needs**
 - **Introduced:** 2/17/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/19/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law requires the State Department of Health Care Services to establish income levels for maintenance needs at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than \$35 per month while a patient. Current law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs. This bill would increase the monthly maintenance amount for personal and incidental needs from \$35 to \$80 and would require the department to annually adjust that amount by the same percentage as the Consumer Price Index.

- **AB 852 (Wood – D) Nurse Practitioners: Scope of Practice: Practice without Standardized Procedures**
 - **Introduced:** 2/17/2021
 - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was B., P. & E.D. on 6/3/2021) (May be acted upon Jan 2022)
 - **Summary:** This bill would refer to practice protocols, as defined, instead of individual protocols and would delete the requirement to obtain physician consultation in the case of acute decompensation of patient situation. The bill would revise the requirement to establish a referral plan, as described above, by requiring it to address the situation of a patient who is acutely decompensating in a manner that is not consistent with the progression of the disease and corresponding treatment plan.

- **AB 862 (Chen – R) Medi-Cal: Emergency Medical Transportation Services**
 - **Introduced:** 2/17/2021
 - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/25/2021) (May be acted upon Jan 2022).
 - **Summary:** The Medi-Cal Emergency Medical Transportation Reimbursement Act imposes a quality assurance fee for each emergency medical transport provided by an emergency medical transport provider subject to the fee in accordance with a prescribed methodology. Current law exempts an eligible provider from the quality assurance fee and add-on increase for the duration of any Medi-Cal managed care rating during which the program is implemented. Existing law requires each applicable Medi-Cal managed care health plan to satisfy a specified obligation for emergency medical transports and to provide payment to noncontract emergency medical transport providers and provides that this provision does not apply to an eligible provider who provides noncontract emergency medical transports to an enrollee of a Medi-Cal managed care plan during any Medi-Cal managed care rating period that the program is implemented. The bill would provide that during the entirety of any Medi-Cal managed care rating period for which the program is implemented, an eligible provider shall not be an emergency medical transport provider, as defined, who is subject to a quality assurance fee or eligible for the add-on increase and would provide that the program's provisions do not affect the application of the specified add-on to any payment to a nonpublic emergency medical transport provider.

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

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

- **AB 1131 (Wood – D) Health Information Network**
 - **Introduced:** 2/18/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2021) (May be acted upon Jan 2022)
 - **Summary:** Would establish the statewide health information network (statewide HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. The bill would require the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities to support the electronic exchange of health information between, and aggregate and integrate data from multiple sources within, the State of California, among other responsibilities. The bill would require the statewide HIN to take specified actions with respect to reporting on and auditing the security and finances of the health information network.

- **AB 1132 (Wood – D) Medi-Cal**
 - **Introduced:** 2/18/2021
 - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/16/2021) (May be acted upon Jan 2022)
 - **Summary:** The Medi-Cal 2020 Demonstration Project Act requires the State Department of Health Care Services to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program and the Whole Person Care pilot program, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California

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

- **AB 1050 (Gray – D) Medi-Cal: Application for Enrollment: Prescription Drugs**
 - **Introduced:** 2/18/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2021) (May be acted upon Jan 2022)
 - **Summary:** The Telephone Consumer Protection Act, among other provisions, prohibits any person within the United States, or any person outside the United States if the recipient is within the United States, from making any call to any telephone number assigned to a paging service, cellular telephone service, specialized mobile radio service, or other radio common carrier service, or any service for which the called party is charged for the call, without the prior express consent of the called party, using any automatic telephone dialing system or an artificial or prerecorded voice. Under current case law, a text message is considered a call for purposes of those provisions. This bill would require the application for Medi-Cal enrollment to include a statement that if the applicant is approved for Medi-Cal benefits, the applicant agrees that the department, county welfare department, and a managed care organization or health care provider to which the applicant is assigned may communicate with them regarding appointment reminders or outreach efforts at no more than a 6th grade reading level through Free to End User text messaging unless the applicant opts out.
- **AB 1051 (Bennett D) Medi-Cal: specialty mental health services: foster youth.**
 - **Introduced:** 2/18/2021
 - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/1/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.
- **AB 1107 (Boerner Horvath – D)**
 - **Introduced:** 2/18/2021
 - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).
 - **Summary:** Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, that offers coverage for emergency ground medical transportation services to include those services as in-network services and would require the plan or insurer to pay those services at the contracted rate pursuant to the plan contract or policy. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program.
- **AB 1160 (Rubio, Blanca – D) Medically Supportive Food**
 - **Introduced:** 2/18/2021
 - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).

- **Summary:** Current law requires the State Department of Health Care Services to establish a Medically Tailored Meals Pilot Program to operate for a period of 4 years from the date the program is established, or until funding is no longer available, whichever date is earlier, in specified counties to provide medically tailored meal intervention services to Medi-Cal participants with prescribed health conditions, such as diabetes and renal disease. Effective for contract periods commencing on or after January 1, 2022, this bill would authorize Medi-Cal managed care plans to provide medically tailored meals to enrollees. The bill would authorize the department to implement this provision by various means, including a plan or provider bulletins, and would require the department to seek federal approvals. The bill would condition the implementation of this provision on the department obtaining federal approval and the availability of federal financial participation.
- **AB 1355 (Levine – D) Medi-Cal: Independent Medical Review System**
 - **Introduced:** 2/19/2021
 - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).
 - **Summary:** Would require the Department of Health Care Services to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1, 2022, which generally models the specified described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary grievance involving a disputed health care service is eligible for review under the IMRS and would define “disputed health care service” as any service covered under the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contractors that makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information on the IMRS to be included in specified material, including the “myMedi-Cal: How to Get the Health Care You Need” publication and on the department’s internet website.
- **AB 1162 (Villapudua – D) Health Care Coverage: Claims Payments**
 - **Introduced:** 2/18/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2021) (May be acted upon Jan 2022)
 - **Summary:** Would require a health care service plan or disability insurer that provides hospital, medical, or surgical coverage to provide access to medically necessary health care services to its enrollees or insureds that are displaced or otherwise affected by a state of emergency. The bill would allow the Department of Managed Health Care and the Department of Insurance to also suspend requirements for prior authorization during a state of emergency. The bill would authorize the respective departments to issue guidance to health care service plans and specified insurers regarding compliance with these provisions.
- **SB 56 (Durazno – D) Medi-Cal: Eligibility**
 - **Introduced:** 12/7/2020
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/22/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals with full-scope Medi-Cal benefits. This bill would, subject to an

appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 60 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.

- **SB 250 (Pan – D) Health Care Coverage**

- **Introduced:** 1/25/2021
- **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/10/2021) (May be acted upon Jan 2022)
- **Summary:** Would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months, as specified.

- **SB 256 (Pan – D) California Advancing and Innovating Medi-Cal**

- **Introduced:** 1/26/2021
- **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/10/2021) (May be acted upon Jan 2022)
- **Summary:** Current federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative and would condition its implementation on receipt of any necessary federal approvals and availability of federal financial participation.

- **SB 281 (Dodd – D) Medi-Cal: California Community Transitions Program**

- **Introduced:** 2/1/2021
- **Status:** 7/6/21 July 6 set for first hearing canceled at the request of author.
- **Summary:** Current law requires the State Department of Health Care Services to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Current law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days and would make conforming changes. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030.

- **SB 293 (Limon – D) Medi-Cal: Specialty Mental Health Services**

- **Introduced:** 2/1/2021
- **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/6/2021) (May be acted upon Jan 2022)
- **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals to receive health care services, including specialty mental health services, and Early and Periodic

Screening, Diagnostic, and Treatment services for an individual under 21 years of age. With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, this bill would require the department to develop standard forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California.

- **SB 316 (Eggman – D) Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics**
 - **Introduced:** 2/4/2021
 - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/9/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, “physician,” for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC’s or RHC’s rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.
- **SB 508 (Stern – D) Mental Health Coverage: School-based Services**
 - **Introduced:** 2/10/2021
 - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/25/2021) (May be acted upon Jan 2022).
 - **Summary:** Current law provides that specified services, including targeted case management services for children with an individual education plan or an individualized family service plan, provided by local educational agencies (LEAs), are covered Medi-Cal benefits, and authorizes an LEA to bill for those services. Existing law requires the department to perform various activities with respect to the billing option for services provided by LEAs. Current law authorizes a school district to require the parent or legal guardian of a pupil to keep current at the pupil’s school of attendance certain emergency information. This bill would authorize an LEA to have an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils, including pupils with a health care service plan, health insurance, or coverage through a Medi-Cal managed care plan, but not those covered by a county mental health plan.
- **SB 523 (Leyva – D) Health Care Coverage: Contraceptives**
 - **Introduced:** 2/10/2021
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/19/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law establishes health care coverage requirements for contraceptives, including, but not limited to, requiring a health care service plan, including a Medi-Cal managed

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

Other

Bills approved by the governor:

- **AB 342 (Gipson – D) Health Care Coverage: Colorectal Cancer: Screening and Testing**
 - **Introduced:** 1/28/2021
 - **Status:** 10/1/21 Signed by the Governor
 - **Summary:** Would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for a colorectal cancer screening test, as specified. The bill would require the required colonoscopy for a positive result on a test or procedure to be provided without cost sharing, unless the underlying test or procedure was a colonoscopy, as specified. The bill would also provide that it does not require a health care service plan or health insurer to provide benefits for items or services delivered by an out-of-network provider and does not preclude a health care service plan or health insurer from imposing cost-sharing requirements for items or services that are delivered by an out-of-network provider.
- **AB 457 (Santiago – D) Protection of Patient Choice in Telehealth Provider Act**
 - **Introduced:** 2/8/2021
 - **Status:** 10/1/21 Signed by the Governor
 - **Summary:** Current law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under current law, it is unlawful for healing arts licensees, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, subject to certain exceptions. This bill would provide that the payment or receipt of consideration for internet-based advertising, appointment booking, or any service that provides information and resources to prospective patients of licensees does not constitute a referral of a patient if the internet-based service provider does not recommend, endorse, arrange for, or otherwise select a licensee for the prospective patient.
- **AB 644 (Waldron – R) California MAT Re-entry Incentive Program**
 - **Introduced:** 2/12/2021
 - **Status:** 7/9/21 Approved by the Governor. Chaptered by Secretary of State
 - **Summary:** Current law, contingent upon the appropriation of specified federal grant funds to the State Department of Health Care Services, establishes the California MAT Re-Entry Incentive Program, which makes a person released from prison on parole, with specified exceptions, eligible for a 30-day reduction in the period of parole for every six months of treatment, up to a

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

- **AB 309 (Gabriel – D) Pupil Mental Health: Model Referral Protocols**
 - **Introduced:** 1/25/2021
 - **Status:** 10/8/2021 Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers, administrators, pupils, and parents. The bill would require the department to post the model referral protocols on its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.
- **AB 326 (Rivas, Luz – D) Health Care Service Plans: Consumer Participation Program**
 - **Introduced:** 1/26/2021
 - **Status:** 10/9/2021 Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Current law, until January 1, 2024, requires the Director of the Department of Managed Health Care to establish the Consumer Participation Program, which allows the director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. This bill would extend the operation of that program indefinitely.
- **AB 326 (Rivas, Luz – D) Health Care Service Plans: Consumer Participation Program**
 - **Introduced:** 1/26/2021
 - **Status:** 10/9/2021 Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Current law, until January 1, 2024, requires the Director of the Department of Managed Health Care to establish the Consumer Participation Program, which allows the director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. This bill would extend the operation of that program indefinitely.
- **AB 347 (Arambula – D) Health Care Coverage: Step Therapy**
 - **Introduced:** 1/28/2021
 - **Status:** 10/9/2021 Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Would clarify that a health care service plan that provides coverage for prescription drugs may require step therapy, as defined, if there is more than one drug that is clinically appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if the health care provider submits justification and supporting clinical documentation, if needed, that specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, health care provider, or prescribing provider to file an internal appeal of a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request,

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

- **AB 389 (Grayson – D) Ambulance Services**
 - **Introduced:** 2/2/2021
 - **Status:** 10/4/2021 Approved by the Governor. Chaptered by Secretary of State
 - **Summary:** Would authorize a county to contract for emergency ambulance services with a fire protection district that is governed by the county's board of supervisors and provides those services, in whole or in part, through a written subcontract with a private ambulance service. The bill would authorize a fire protection district to enter a written subcontract with a private ambulance service for these purposes.
- **AB 1064 (Fong – R) Pharmacy Practice: Vaccines: Independent Initiation and Administration**
 - **Introduced:** 2/18/2021
 - **Status:** 10/8/2021 Approved by the Governor. Chaptered by Secretary of State
 - **Summary:** Current law provides additional authority for the pharmacist to independently initiate and administer any COVID-19 vaccines approved or authorized by the federal Food and Drug Administration (FDA), or vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP), in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) for persons 3 years of age and older. This bill would recast this provision to instead authorize a pharmacist to independently initiate and administer any vaccine that has been approved or authorized by the FDA and received an ACIP individual vaccine recommendation published by the CDC for persons 3 years of age and older.
- **SB 306 (Pan – D) Sexually Transmitted Disease: Testing**
 - **Introduced:** 12/7/2020
 - **Status:** 10/4/2021 Approved by the Governor. Chaptered by Secretary of State
 - **Summary:** Current law authorizes a specified health care provider who diagnoses an STD, as specified, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. The Pharmacy Law requires a pharmacist to dispense a prescription in a container that, among other things, is correctly labeled with the name of the patient or patients. Current regulation requires a pharmacist to ensure that a patient receives written notice of their right to consult with a pharmacist when the patient or the patient's agent is not present. This bill would name the above practice "expedited partner therapy." The bill would require a health care provider to include "expedited partner therapy" or "EPT" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner, and would authorize a pharmacist to dispense an expedited partner therapy prescription and label the drug without an individual's name if the prescription includes "expedited partner therapy" or "EPT."
- **SB 221 (Wiener – D) Health Care Coverage: Timely Access to Care**
 - **Introduced:** 1/13/2021
 - **Status:** 10/8/2021 Approved by the Governor. Chaptered by Secretary of State
 - **Summary:** Would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that

appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements, as specified.

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

- **AB 71 (Rivas – D) Homeless Funding: Bring California Home Act**
 - **Introduced:** 12/7/2020
 - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 6/3/2021) (May be acted upon Jan 2022)
 - **Summary:** The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Current federal law, for purposes of determining a taxpayer's gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global intangible low-taxed income for that taxable year, as provided. This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global intangible low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions.
- **AB 93 (Garcia, Eduardo – D) Pandemic Response Practices**
 - **Introduced:** 12/7/2020
 - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/25/2021) (May be acted upon Jan 2022).
 - **Summary:** Would require the Legislative Analyst's Office to conduct a comprehensive review and analysis of issues related to the state's response to the COVID-19 pandemic, including, among others, whether local public health departments were sufficiently staffed and funded to handle specified pandemic-related responsibilities, and what specific measures of accountability the state applied to monitor and confirm that local public health departments were following state directives related to any dedicated COVID-19 funds allocated to counties. The bill would require the office to report to the Joint Legislative Audit Committee and the health committees of the Legislature by June 30, 2022. This bill contains other related provisions.
- **AB 95 (Low – D) Employees: Bereavement Leave**
 - **Introduced:** 12/7/2020
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
 - **Summary:** Would enact the Bereavement Leave Act of 2021. The bill would require an employer with 25 or more employees to grant a request made by any employee to take up to 10 business days of unpaid bereavement leave upon the death of a spouse, child, parent, sibling, grandparent, grandchild, or domestic partner, in accordance with certain procedures, and subject to certain exclusions. The bill would require an employer with fewer than 25 employees to grant a request by any employee to take up to 3 business days of leave, in accordance with these provisions. The bill would prohibit an employer from interfering with or restraining the exercise or attempt to exercise the employee's right to take this leave.
- **AB 97 (Nazarian – D) Health Care Coverage: Insulin affordability**
 - **Introduced:** 12/8/2020
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 8/17/2021) (May be acted upon Jan 2022)

Updated 12/3/2021

- **Summary:** Would prohibit a health care service plan contract or a health disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.
- **AB 240 (Rodriguez – D) Local Health Department Workforce Assessment**
 - **Introduced:** 1/13/2021
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021) (May be acted upon Jan 2022)
 - **Summary:** This bill would require the State Department of Public Health to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2024. The bill would also require the department to convene an advisory group, composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation.
- **AB 383 (Salas – D) Behavioral Health: Older Adults**
 - **Introduced:** 2/2/2021
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/16/2021) (May be acted upon Jan 2022)
 - **Summary:** Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022 and would require the report to be posted on the department's internet website.
- **AB 393 (Reyes – D) Early Childhood Development Act of 2020**
 - **Introduced:** 2/2/2021
 - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was APPR. SUSPENSE FILE on 5/5/2021) (May be acted upon Jan 2022)
 - **Summary:** Would make additional legislative findings and declarations regarding childcare supportive services. This bill would require the State Department of Social Services to report on various topics related to early childhood supports in light of the COVID-19 pandemic by October 1, 2021.

- **AB 454 (Rodriguez – D) Health Care Provider Emergency Payments**
 - **Introduced:** 2//2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2021) (May be acted upon Jan 2022)
 - **Summary:** This bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner to require a health care service plan or health insurer to provide specified payments and support to a provider during and at least 60 days after the end of a declared state of emergency or other circumstance if two conditions occur, as specified.
- **AB 493 (Wood – D) Health Insurance**
 - **Introduced:** 2/8/2021
 - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 5/12/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law provides for the regulation of health insurers by the Department of Insurance. Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Current law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to cover essential health benefits as prescribed, and provides that these provisions shall be implemented only to the extent essential health benefits are required pursuant to PPACA. This bill would delete the provision that conditions the implementation of that provision only to the extent essential health benefits are required pursuant to PPACA, and would make technical, non-substantive changes to that provision.
- **AB 507 (Kalra – D) Health care Service Plans: Review of Rate Increases**
 - **Introduced:** 2/9/2021
 - **Status:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/9/2021) (May be acted upon Jan 2022).
 - **Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law requires a health care service plan in the individual, small group, or large group markets to file rate information with the Department of Managed Health Care, as specified. Current law requires the information submitted to be made publicly available, except as specified, and requires the department and the health care service plan to make specified information, including a justification for an unreasonable rate increase, readily available to the public on their internet websites in plain language. This bill would make technical, non-substantive changes to those provisions.
- **AB 510 (Wood – D) Out-of-Network Health Care Benefits**
 - **Introduced:** 2/9/2021
 - **Status:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/9/2021) (May be acted upon Jan 2022).
 - **Summary:** Would authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

- **AB 797 (Wicks – D) Health Care Coverage: Treatment for Infertility**
 - **Introduced:** 2/16/2021
 - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/16/2021) (May be acted upon Jan 2022)
 - **Summary:** Would require every health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for the treatment of infertility. The bill would revise the definition of infertility and would remove the exclusion of in vitro fertilization from coverage. The bill would delete the exemption for religiously affiliated employers, health care service plans, and health insurance policies from the requirements relating to coverage for the treatment of infertility, thereby imposing these requirements on these employers, plans, and policies.

- **AB 1130 (Wood D) California Health Care Quality and Affordability Act**
 - **Introduced:** 2/18/2021
 - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/16/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law establishes the Office of Statewide Health Planning and Development (OSHPD) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. This bill would establish, within OSHPD, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers.

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

- **SB 17 (Pan – D) Office of Racial Equity**
 - **Introduced:** 12/7/2020
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/30/2021) (May be acted upon Jan 2022)
 - **Status:** Would, until January 1, 2029, establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, governed by a Racial Equity Advisory and Accountability Council. The bill would authorize the council to hire an executive director to organize, administer, and manage the operations of the office. The bill would task the office with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor. The bill would require the office to develop a statewide Racial Equity Framework providing guidelines for inclusive policies and practices that reduce racial inequities, promote racial equity, address individual, institutional, and structural racism, and establish goals and strategies to advance racial equity and address structural racism and racial inequities.

- **SB 40 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
 - **Introduced:** 12/7/2020
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/6/2021) (May be acted upon Jan 2022)
 - **Summary:** Would, contingent upon an appropriation by the Legislature, as specified, create the California Medicine Scholars Program, a 5-year pilot program commencing January 1, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school, in an effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state.
- **SB 100 (Hurtado – D) Extended Foster Care Program Working Group**
 - **Introduced:** 12/29/2020
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/20/2021) (May be acted upon Jan 2022)
 - **Summary:** Would require the State Department of Social Services to convene a working group to examine the extended foster care program and make recommendations for improvements to the program. The bill would require the working group to submit a report to the Legislature with the recommendations on or before July 1, 2022. The bill would require the working group to include representatives from specified state agencies and stakeholders. The bill would require the working group to evaluate and provide recommendations on the overall functioning of the extended foster care system, and on other specified components of the foster care system, including higher education opportunities, job training, and employment opportunities for nonminor dependents, housing access, and access to health care and mental health services. The bill would require the recommendations to reflect a consensus of the working group, as specified.



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Board Business



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Finance

Gil Riojas

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: January 14th, 2022

Subject: Finance Report – November 2021

Executive Summary

- For the month ended November 30th, 2021, the Alliance had enrollment of 295,151 members, a Net Income of \$1.3 million and 543% of required Tangible Net Equity (TNE).

<u>Overall Results: (in Thousands)</u>		
	Month	YTD
Revenue	\$98,740	\$490,030
Medical Expense	92,059	465,600
Admin. Expense	5,355	25,982
Other Inc. / (Exp.)	(11)	(13)
Net Income	\$1,315	(\$1,565)

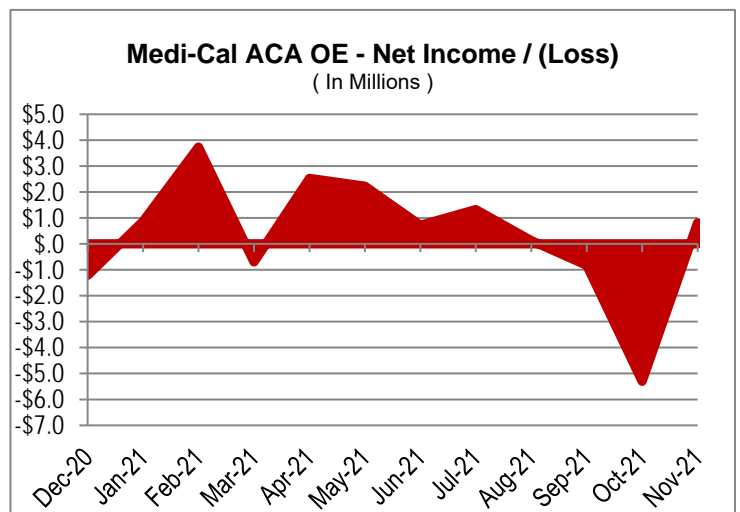
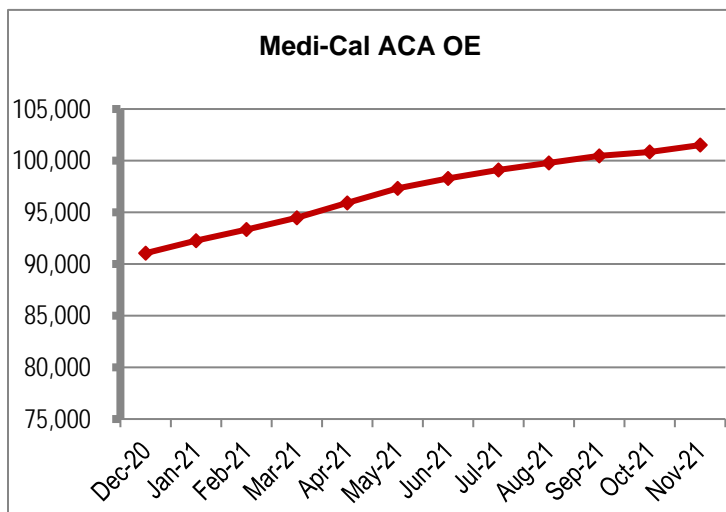
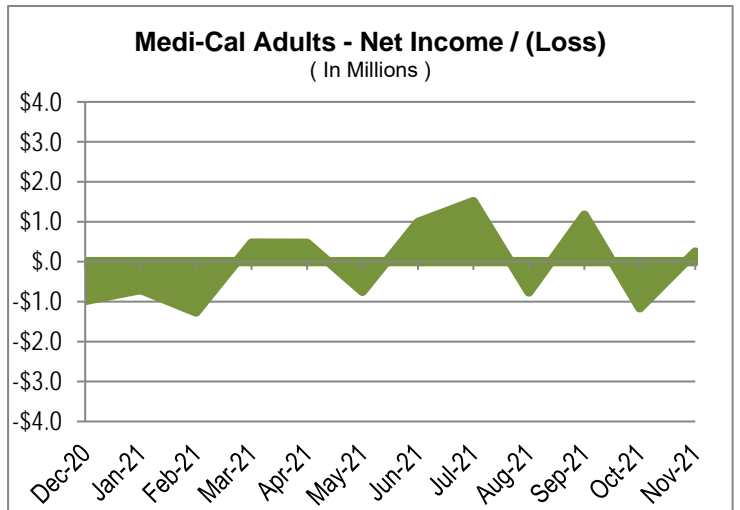
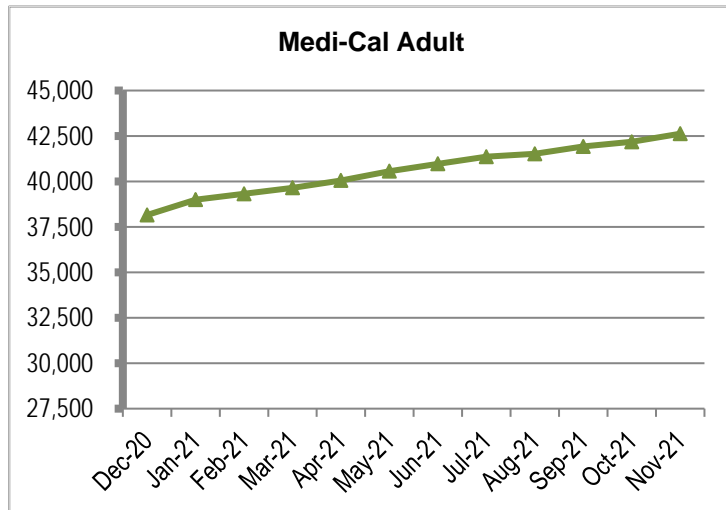
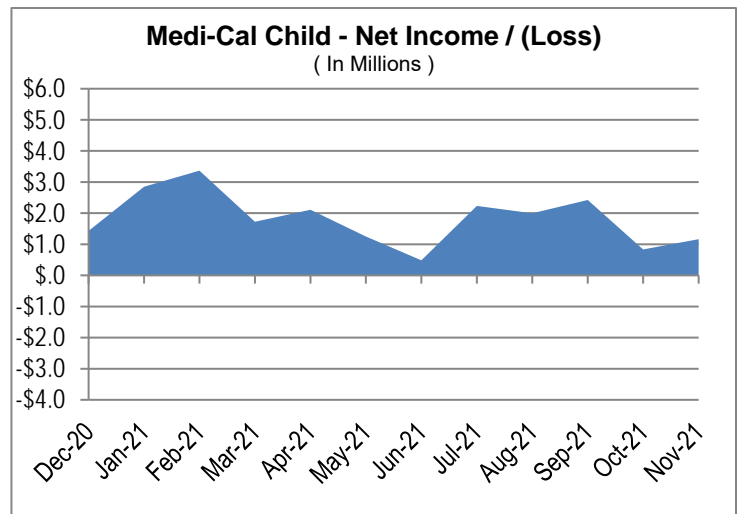
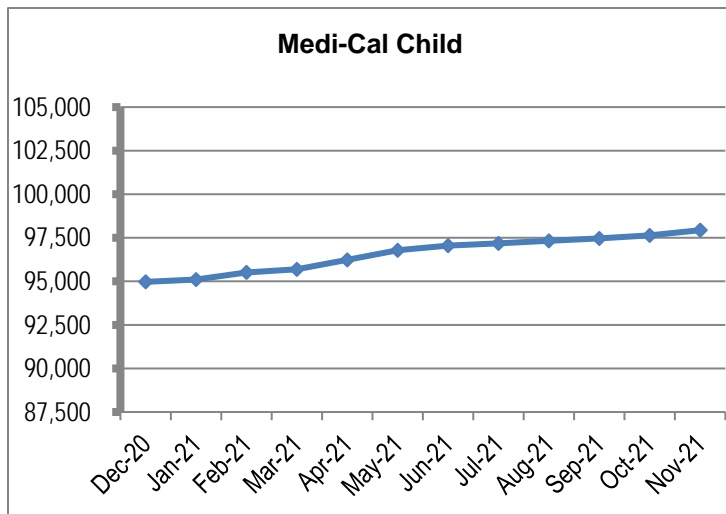
<u>Net Income by Program:</u>		
	Month	YTD
Medi-Cal	\$1,693	(\$1,336)
Group Care	(378)	(229)
	\$1,315	(\$1,565)

Enrollment

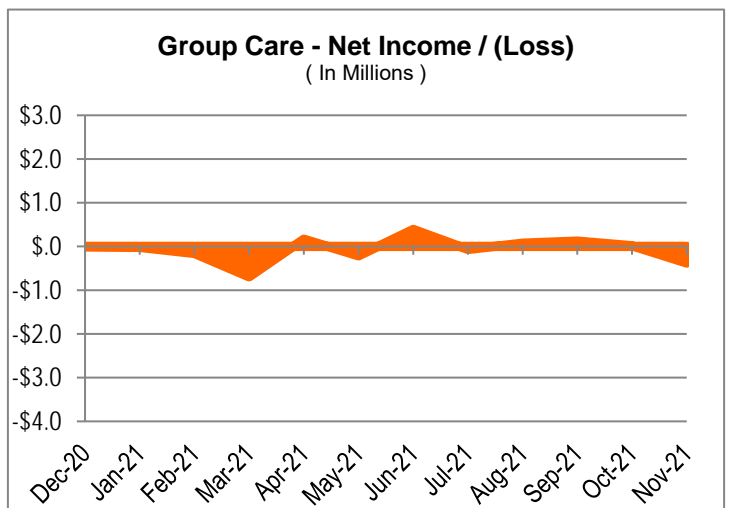
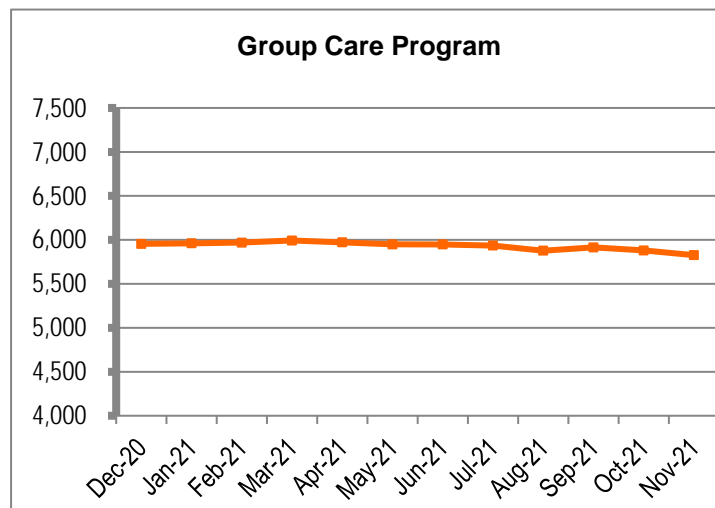
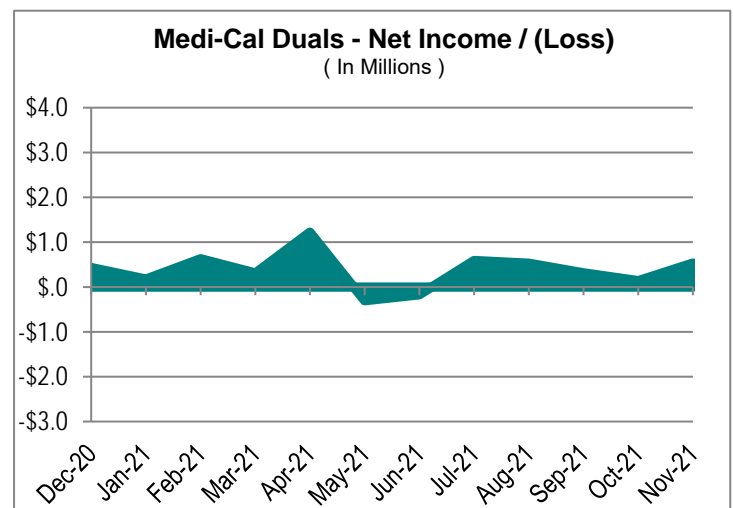
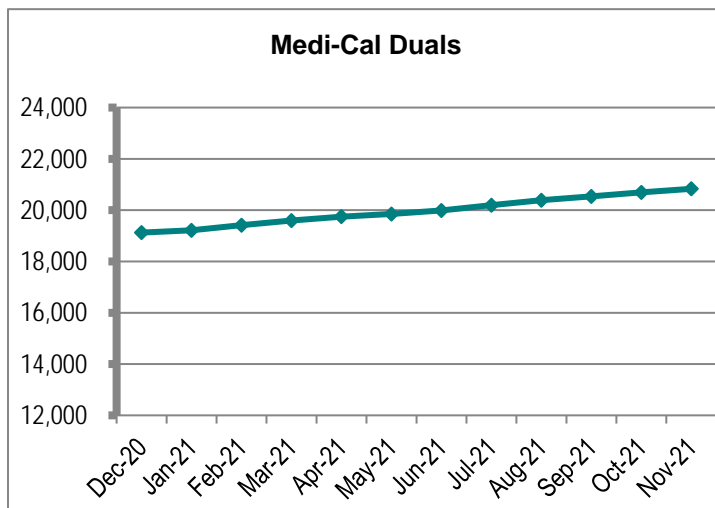
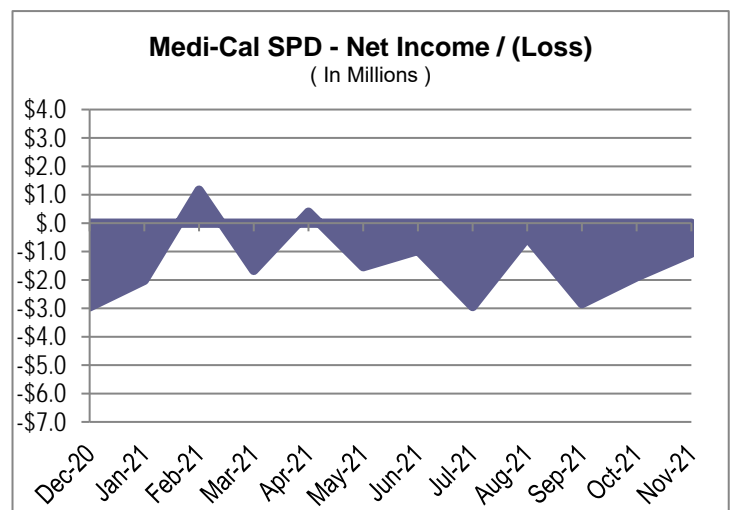
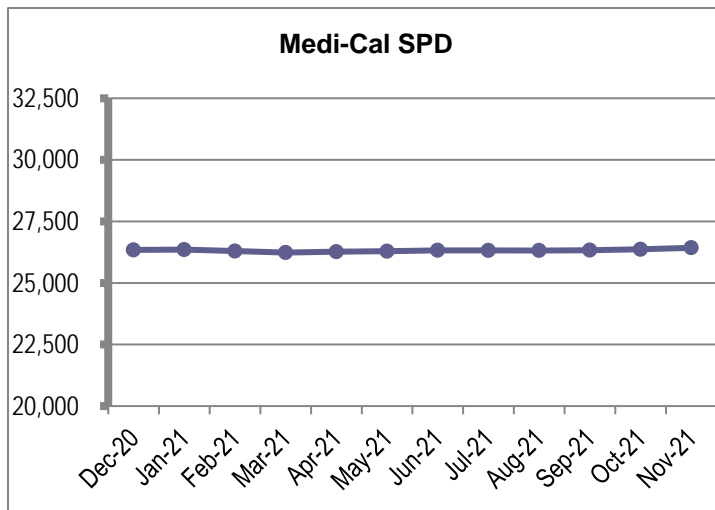
- Total enrollment increased by 1,556 members since October 2021.
- Total enrollment increased by 6,597 members since June 2021.

Monthly Membership and YTD Member Months								
Actual vs. Budget								
For the Month and Fiscal Year-to-Date								
Enrollment					Member Months			
November-2021					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
42,623	42,430	193	0.5%	Medi-Cal:	209,601	209,408	193	0.1%
97,935	97,812	123	0.1%	Adult	487,534	487,411	123	0.0%
26,427	26,402	25	0.1%	Child	131,759	131,734	25	0.0%
20,832	20,849	(17)	-0.1%	SPD	102,641	102,658	(17)	0.0%
101,508	101,219	289	0.3%	Duals	501,709	501,420	289	0.1%
289,325	288,712	613	0.2%	ACA OE	1,433,244	1,432,631	613	0.0%
5,826	5,863	(37)	-0.6%	Medi-Cal Total	29,432	29,469	(37)	-0.1%
295,151	294,575	576	0.2%	Group Care	1,462,676	1,462,100	576	0.0%
				Total				

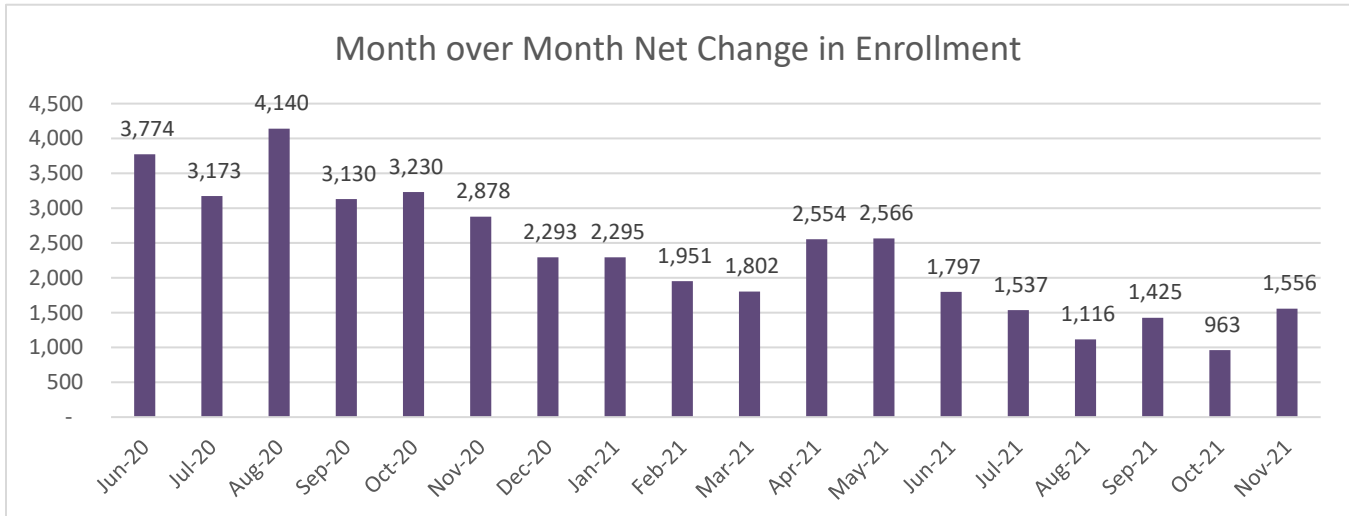
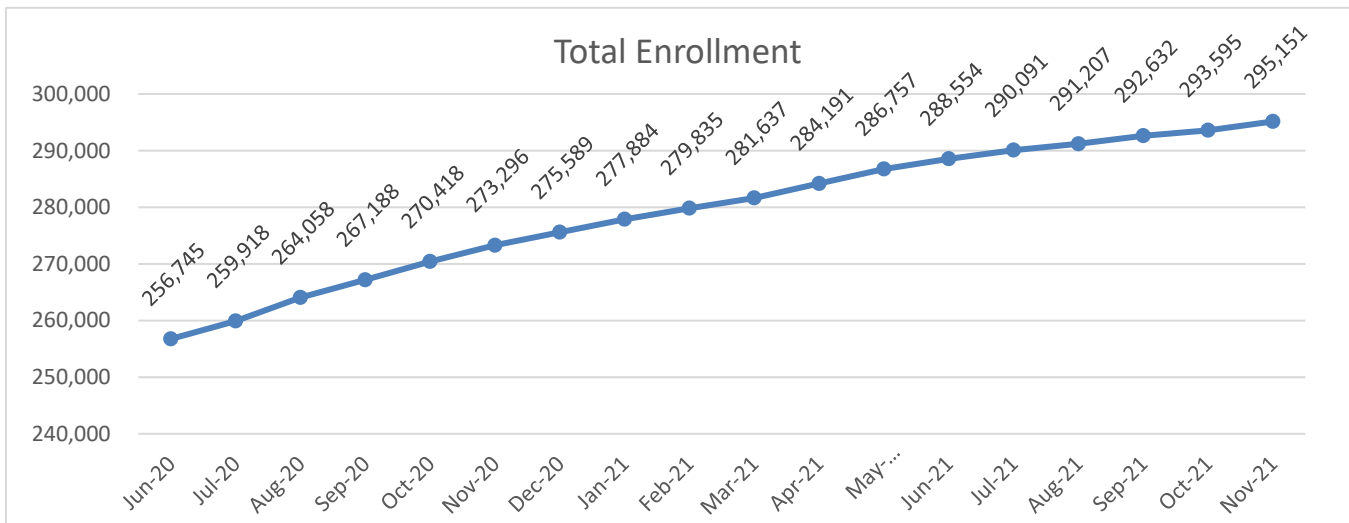
Enrollment and Profitability by Program and Category of Aid



Enrollment and Profitability by Program and Category of Aid



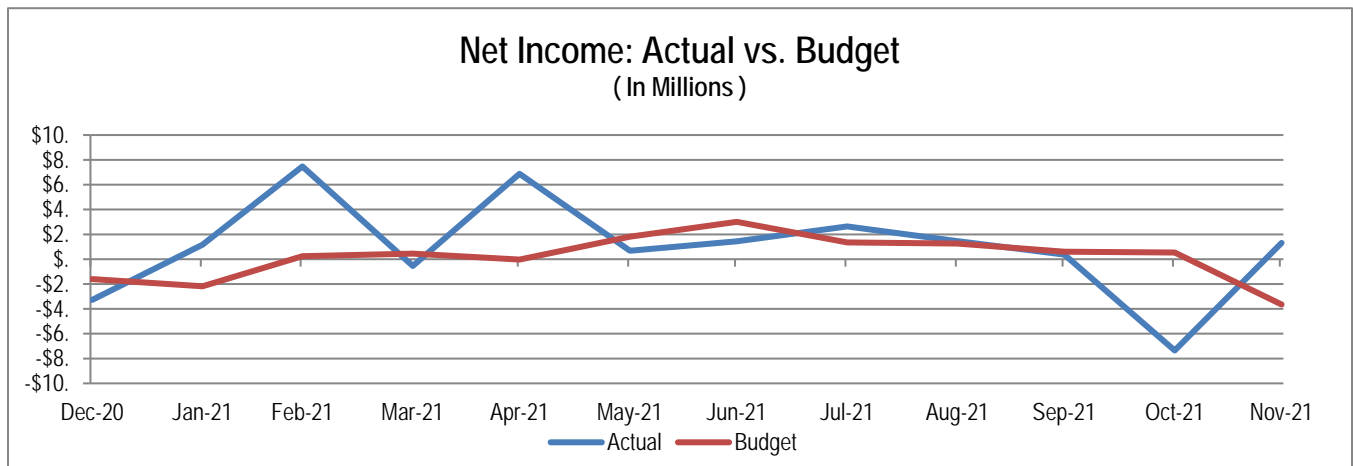
Net Change in Enrollment



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

Net Income

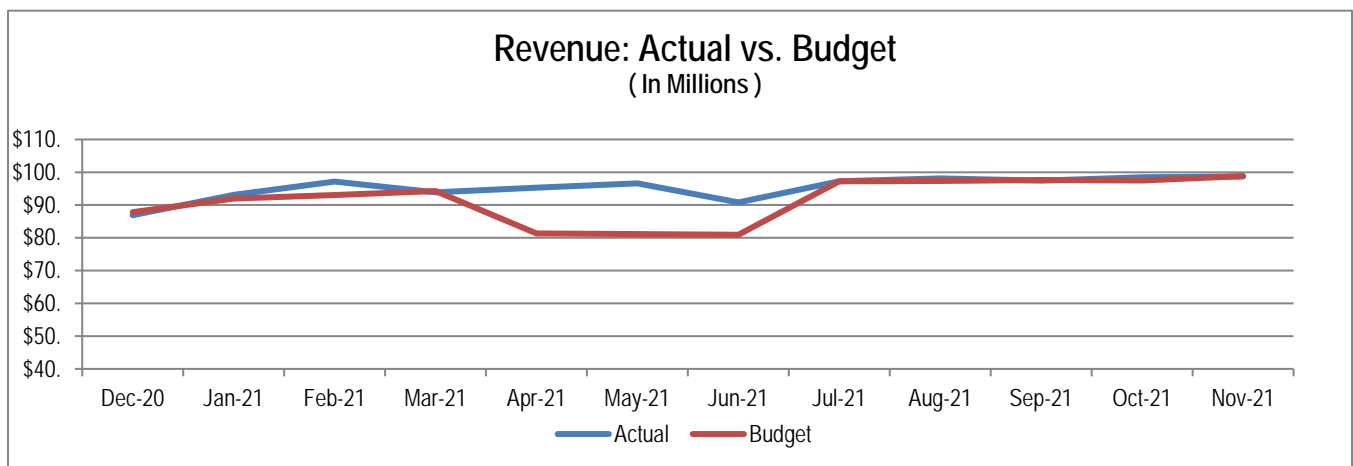
- For the month ended November 30th, 2021:
 - Actual Net Income: \$1.3 million.
 - Budgeted Net Loss: \$3.6 million.
- For the fiscal YTD ended November 30th, 2021:
 - Actual Net Loss: \$1.6 million.
 - Budgeted Net Loss: \$6.5 million.



- The favorable variance of \$5.0 million in the current month is primarily due to:
 - Favorable \$3.5 million lower than anticipated Medical Expense.
 - Favorable \$1.5 million lower than anticipated Administrative Expense.

Revenue

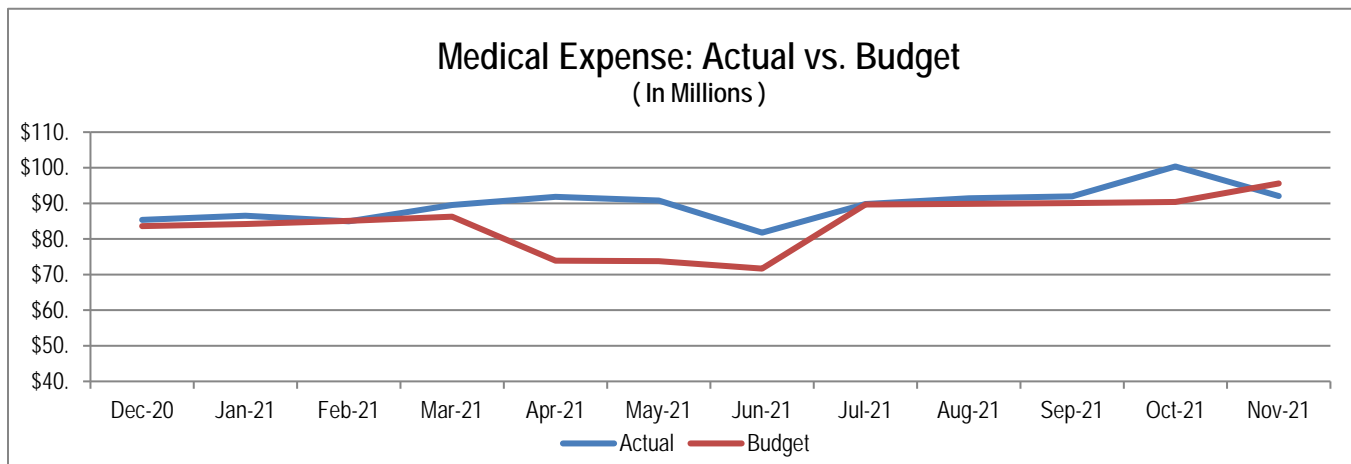
- For the month ended November 30th, 2021:
 - Actual Revenue: \$98.7 million.
 - Budgeted Revenue: \$98.8 million.
- For the fiscal YTD ended November 30th, 2021:
 - Actual Revenue: \$490.0 million.
 - Budgeted Revenue: \$490.1 million.



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

Medical Expense

- For the month ended November 30th, 2021:
 - Actual Medical Expense: \$92.1 million.
 - Budgeted Medical Expense: \$95.6 million.
- For the fiscal YTD ended November 30th, 2021:
 - Actual Medical Expense: \$465.6 million.
 - Budgeted Medical Expense: \$469.1 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 November, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by \$1.2 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)	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%
Capitated Medical Expense	\$110,882,270	\$0	\$110,882,270	\$111,344,387	\$462,117	0.4%
Primary Care FFS	21,969,042	(125,697)	21,843,345	22,212,646	\$243,604	1.1%
Specialty Care FFS	23,107,720	175,584	23,283,304	23,393,413	\$285,693	1.2%
Outpatient FFS	42,212,802	81,233	42,294,035	42,274,997	\$62,195	0.1%
Ancillary FFS	22,558,314	425,136	22,983,450	21,789,272	(\$769,043)	-3.5%
Pharmacy FFS	77,881,880	321,081	78,202,961	77,768,960	(\$112,920)	-0.1%
ER Services FFS	23,017,953	192,546	23,210,499	22,919,929	(\$98,024)	-0.4%
Inpatient Hospital & SNF FFS	136,596,484	(2,298,509)	134,297,975	137,409,238	\$812,754	0.6%
Other Benefits & Services	8,935,726	0	8,935,726	9,926,108	\$990,382	10.0%
Net Reinsurance	(333,951)	0	(333,951)	93,540	\$427,491	457.0%
	\$466,828,240	(\$1,228,626)	\$465,599,614	\$469,132,489	\$2,304,248	0.5%

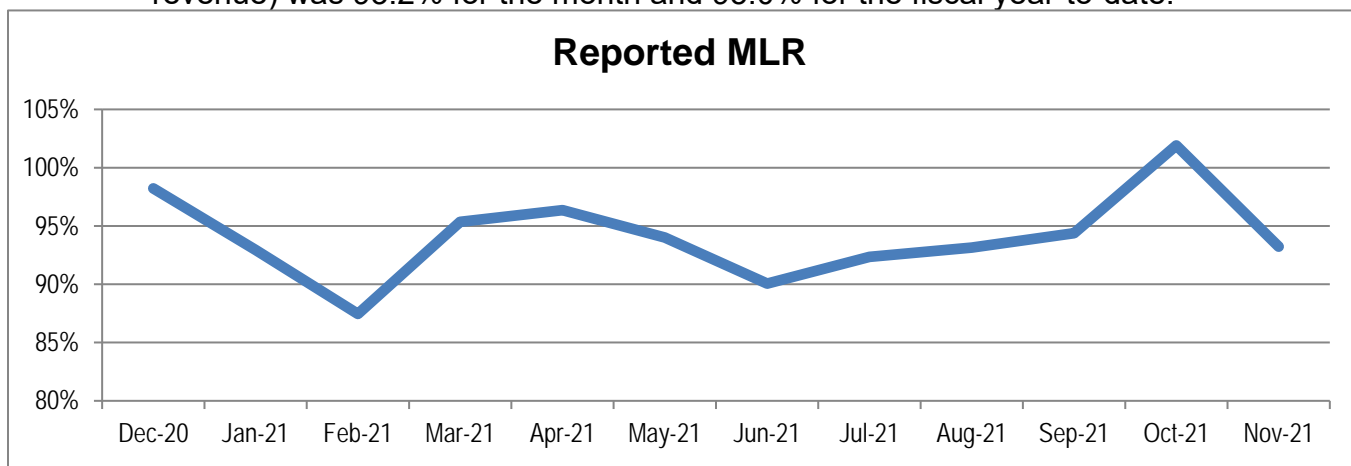
Medical Expense - Actual vs. Budget (Per Member Per Month)						
Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%
Capitated Medical Expense	\$75.81	\$0.00	\$75.81	\$76.15	\$0.35	0.5%
Primary Care FFS	15.02	(0.09)	14.93	15.19	0.17	1.1%
Specialty Care FFS	15.80	0.12	15.92	16.00	0.20	1.3%
Outpatient FFS	28.86	0.06	28.92	28.91	0.05	0.2%
Ancillary FFS	15.42	0.29	15.71	14.90	(0.52)	-3.5%
Pharmacy FFS	53.25	0.22	53.47	53.19	(0.06)	-0.1%
ER Services FFS	15.74	0.13	15.87	15.68	(0.06)	-0.4%
Inpatient Hospital & SNF FFS	93.39	(1.57)	91.82	93.98	0.59	0.6%
Other Benefits & Services	6.11	0.00	6.11	6.79	0.68	10.0%
Net Reinsurance	(0.23)	0.00	(0.23)	0.06	0.29	456.9%
	\$319.16	(\$0.84)	\$318.32	\$320.86	\$1.70	0.5%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$2.3 million favorable to final budget. On a PMPM basis, medical expense is 0.5% favorable to budget.
 - Capitated Expense is under budget primarily due to delayed submissions for payment for BHT Supplemental Expenses from our global subcontractor, offset by higher than budgeted transportation expense.
 - Primary Care Expense is below budget driven by favorable utilization in the Child, Adult and ACA OE populations.

- Specialty Care is favorable compared to budget due to lower utilization. Expenses across all member groups are favorable except for the Group Care populations whose utilization is unfavorable.
- Outpatient Expense is under budget, driven by favorable dialysis utilization compared to budget.
- Ancillary Expense is above budget due to Home Health, DME, Outpatient Therapy, Laboratory and Radiology, Non-Emergency Transportation, CBAS, and Ambulance offset by favorability in the Other Medical Professional and hospice service category. Overall utilization is unfavorable offset by lower unit cost.
- Pharmacy Expense is slightly above budget due to unfavorable PBM and Non-PBM expense with both categories generally driven by unfavorable unit cost across all populations.
- Emergency Room Expense is unfavorable, due to unfavorable utilization across all member categories.
- Inpatient Expense is under budget driven by favorable utilization and flat unit cost.
- Other Benefits & Services are favorable to budget, primarily due to open positions in the Clinical Organization and lower than expected licensing, insurance, fees, supplies and purchased services.
- Net Reinsurance is favorable to budget because we continue to receive recoveries from last fiscal year at higher levels than expected.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 93.2% for the month and 95.0% for the fiscal year-to-date.



Administrative Expense

- For the month ended November 30th, 2021:
 - Actual Administrative Expense: \$5.4 million.
 - Budgeted Administrative Expense: \$6.9 million.

- For the fiscal YTD ended November 30th, 2021:
 - Actual Administrative Expense: \$26.0 million.
 - Budgeted Administrative Expense: \$27.5 million.

Summary of Administrative Expense (In Dollars)								
For the Month and Fiscal Year-to-Date								
Month					Year-to-Date			
Actual	Budget	Variance \$	Variance %		Actual	Budget	Variance \$	Variance %
\$2,986,089	\$3,299,206	\$313,117	9.5%	Employee Expense	\$14,674,334	\$14,987,482	\$313,148	2.1%
701,297	659,814	(41,483)	-6.3%	Medical Benefits Admin Expense	3,419,315	3,377,834	(41,481)	-1.2%
693,519	1,246,120	552,601	44.3%	Purchased & Professional Services	3,500,582	4,053,186	552,604	13.6%
974,535	1,672,766	698,231	41.7%	Other Admin Expense	4,387,815	5,086,022	698,207	13.7%
\$5,355,440	\$6,877,906	\$1,522,466	22.1%	Total Administrative Expense	\$25,982,046	\$27,504,524	\$1,522,478	5.5%

The year-to-date variances include:

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

Administrative loss ratio (ALR) represented 5.4% of net revenue for the month and 5.3% of net revenue year-to-date.

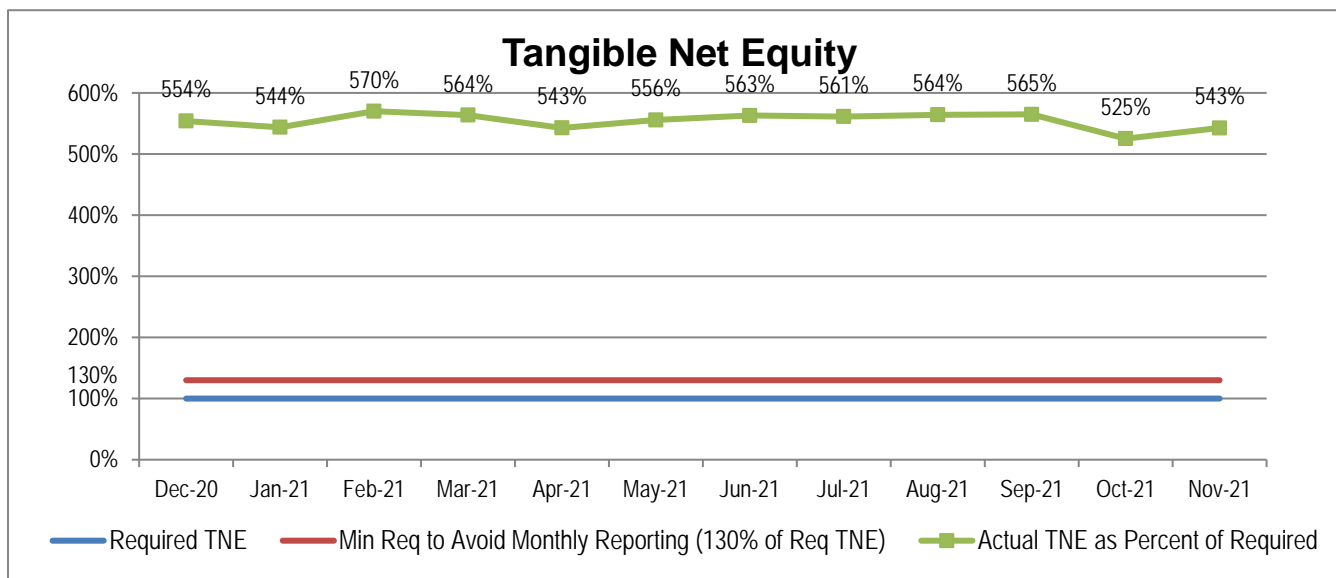
Other Income / (Expense)

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

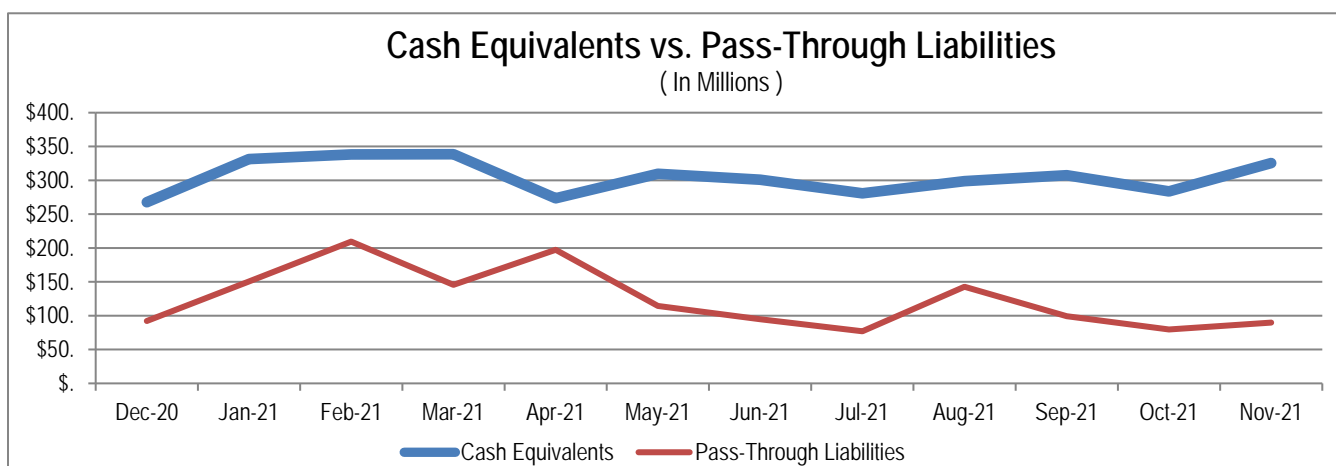
- Fiscal year-to-date interest income from investments is \$143,000.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims, is \$156,000.

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 \$37.6 million
 - Actual TNE \$203.8 million
 - Excess TNE \$166.3 million
 - TNE as % of Required TNE 543%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments.
- Key Metrics
 - Cash & Cash Equivalents \$325.5 million
 - Pass-Through Liabilities \$89.8 million
 - Uncommitted Cash \$235.7 million
 - Working Capital \$197.6 million
 - Current Ratio 1.82 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: \$112,000.
- Annual capital budget: \$1.4 million.

- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2021

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
289,325	288,712	613	0.2%	MEMBERSHIP	1,433,244	1,432,631	613	0.0%
5,826	5,863	(37)	(0.6%)	1 - Medi-Cal	29,432	29,469	(37)	(0.1%)
295,151	294,575	576	0.2%	2 - Group Care	1,462,676	1,462,100	576	0.0%
				3 - Total Member Months				
				REVENUE				
\$98,740,080	\$98,813,132	(\$73,052)	(0.1%)	4 - TOTAL REVENUE	\$490,029,771	\$490,102,819	(\$73,048)	0.0%
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
22,297,097	22,759,216	462,119	2.0%	5 - Capitated Medical Expense	110,882,271	111,344,395	462,124	0.4%
				Fee for Service Medical Expenses:				
24,364,501	27,475,765	3,111,264	11.3%	6 - Inpatient Hospital & SNF FFS Expense	134,297,973	137,409,241	3,111,268	2.3%
4,147,154	4,516,458	369,304	8.2%	7 - Primary Care Physician FFS Expense	21,843,343	22,212,644	369,301	1.7%
4,572,089	4,682,198	110,109	2.4%	8 - Specialty Care Physician Expense	23,283,305	23,393,413	110,108	0.5%
5,245,395	4,051,219	(1,194,176)	(29.5%)	9 - Ancillary Medical Expense	22,983,449	21,789,273	(1,194,176)	(5.5%)
8,500,263	8,481,226	(19,037)	(0.2%)	10 - Outpatient Medical Expense	42,294,034	42,274,997	(19,037)	0.0%
4,681,127	4,390,557	(290,570)	(6.6%)	11 - Emergency Expense	23,210,499	22,919,931	(290,568)	(1.3%)
16,676,275	16,242,272	(434,003)	(2.7%)	12 - Pharmacy Expense	78,202,961	77,768,962	(433,999)	(0.6%)
68,186,805	69,839,695	1,652,890	2.4%	13 - Total Fee for Service Expense	346,115,566	347,768,461	1,652,895	0.5%
1,866,454	2,856,831	990,377	34.7%	14 - Other Benefits & Services	8,935,724	9,926,100	990,377	10.0%
(291,587)	135,904	427,491	314.6%	15 - Reinsurance Expense	(333,952)	93,541	427,493	457.0%
92,058,768	95,591,646	3,532,878	3.7%	17 - TOTAL MEDICAL EXPENSES	465,599,609	469,132,497	3,532,889	0.8%
6,681,312	3,221,486	3,459,826	107.4%	18 - GROSS MARGIN	24,430,162	20,970,322	3,459,840	16.5%
				ADMINISTRATIVE EXPENSES				
2,986,089	3,299,206	313,117	9.5%	19 - Personnel Expense	14,674,334	14,987,482	313,148	2.1%
701,297	659,814	(41,483)	(6.3%)	20 - Benefits Administration Expense	3,419,315	3,377,834	(41,481)	(1.2%)
693,519	1,246,120	552,601	44.3%	21 - Purchased & Professional Services	3,500,582	4,053,186	552,604	13.6%
974,535	1,672,766	698,231	41.7%	22 - Other Administrative Expense	4,387,815	5,086,022	698,207	13.7%
5,355,440	6,877,906	1,522,466	22.1%	23 -Total Administrative Expense	25,982,046	27,504,524	1,522,478	5.5%
1,325,872	(3,656,420)	4,982,292	136.3%	24 - NET OPERATING INCOME / (LOSS)	(1,551,884)	(6,534,202)	4,982,318	76.2%
				OTHER INCOME / EXPENSE				
(10,972)	8,751	(19,723)	(225.4%)	25 - Total Other Income / (Expense)	(13,281)	6,436	(19,717)	(306.4%)
\$1,314,900	(\$3,647,669)	\$4,962,569	136.0%	26 - NET INCOME / (LOSS)	(\$1,565,165)	(\$6,527,766)	\$4,962,601	76.0%
5.4%	7.0%	1.5%	22.1%	27 - Admin Exp % of Revenue	5.3%	5.6%	0.3%	5.5%

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12. PL FFS CAP22

12/17/21

**ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2022
CURRENT MONTH VS. PRIOR MONTH
November 30, 2021**

	<u>November</u>	<u>October</u>	<u>Difference</u>	<u>% Difference</u>
CURRENT ASSETS:				
Cash & Equivalents				
Cash	\$46,162,373	\$24,010,047	\$22,152,326	92.26%
Short-Term Investments	279,364,781	259,587,356	19,777,426	7.62%
Interest Receivable	19,408	21,327	(1,918)	-8.99%
Other Receivables - Net	103,013,106	129,242,531	(26,229,425)	-20.29%
Prepaid Expenses	5,632,503	4,632,357	1,000,146	21.59%
Prepaid Inventoried Items	12,343	26,836	(14,493)	-54.00%
CalPERS Net Pension Asset	(1,665,176)	(1,665,176)	0	0.00%
Deferred CalPERS Outflow	4,501,849	4,501,849	0	0.00%
TOTAL CURRENT ASSETS	437,041,188	420,357,126	16,684,062	3.97%
OTHER ASSETS:				
Restricted Assets	350,000	350,000	0	0.00%
TOTAL OTHER ASSETS	350,000	350,000	0	0.00%
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,611,531	9,611,531	0	0.00%
Furniture And Equipment	11,540,223	11,540,223	0	0.00%
Leasehold Improvement	902,447	902,447	0	0.00%
Construction in Process	169,640	169,640	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,047,843	37,047,843	0	0.00%
Less: Accumulated Depreciation	(31,116,468)	(31,033,850)	(82,619)	0.27%
NET PROPERTY AND EQUIPMENT	5,931,375	6,013,994	(82,619)	-1.37%
TOTAL ASSETS	\$443,322,563	\$426,721,119	\$16,601,443	3.89%
CURRENT LIABILITIES:				
Accounts Payable	\$3,645,140	\$2,533,484	\$1,111,655	43.88%
Pass-Through Liabilities	89,788,049	79,627,620	10,160,428	12.76%
Claims Payable	19,674,248	19,866,112	(191,865)	-0.97%
IBNP Reserves	111,870,458	107,401,891	4,468,567	4.16%
Payroll Liabilities	5,186,152	5,385,921	(199,769)	-3.71%
CalPERS Deferred Inflow	859,093	859,093	0	0.00%
Risk Sharing	8,124,932	8,124,932	0	0.00%
Provider Grants/ New Health Program	329,617	392,090	(62,473)	-15.93%
TOTAL CURRENT LIABILITIES	239,477,686	224,191,143	15,286,544	6.82%
TOTAL LIABILITIES	239,477,686	224,191,143	15,286,544	6.82%
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	204,569,809	204,569,809	0	0.00%
Year-to Date Net Income / (Loss)	(1,565,165)	(2,880,065)	1,314,900	-45.66%
TOTAL NET WORTH	203,844,876	202,529,977	1,314,900	0.65%
TOTAL LIABILITIES AND NET WORTH	\$443,322,563	\$426,721,119	\$16,601,443	3.89%

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9. BALSHEET 22

12/17/21
REPORT #3

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 11/30/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	\$121,986,527	\$370,514,738	\$598,195,166	\$503,757,398
Commercial Premium Revenue	2,168,671	6,632,868	13,278,577	11,043,596
Other Income	236,628	956,998	1,850,133	1,352,472
Investment Income	29,838	91,571	149,809	130,050
Cash Paid To:				
Medical Expenses	(87,268,391)	(284,249,154)	(541,872,196)	(461,258,217)
Vendor & Employee Expenses	(5,383,949)	(14,016,927)	(35,606,635)	(25,377,025)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	31,769,324	79,930,094	35,994,854	29,648,274
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	0	(112,366)	4,312,260	(112,366)
Net Cash Provided By (Used In) Financing Activities	0	(112,366)	4,312,260	(112,366)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	10,160,428	(53,098,293)	(24,546,286)	(5,044,488)
Net Cash Provided By (Used In) Investing Activities	10,160,428	(53,098,293)	(24,546,286)	(5,044,488)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	41,929,752	26,719,435	15,760,828	24,491,420
Cash @ Beginning of Period	283,597,402	298,807,720	309,766,327	301,035,734
Subtotal	\$325,527,154	\$325,527,155	\$325,527,155	\$325,527,154
Rounding	0	(1)	(1)	0
Cash @ End of Period	\$325,527,154	\$325,527,154	\$325,527,154	\$325,527,154
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	\$1,314,899	(\$5,665,820)	\$698,458	(\$1,565,165)
Depreciation	82,619	254,769	(2,521,522)	453,129
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	26,231,343	85,693,007	36,035,508	33,371,710
Prepaid Expenses	(985,654)	420,364	498,727	529,279
Trade Payables	1,111,655	708,082	608,880	(653,999)
Claims payable & IBNP	4,276,703	(2,001,930)	971,991	(2,785,039)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(262,242)	521,621	(297,189)	298,359
Subtotal	31,769,323	79,930,093	35,994,853	29,648,274
Rounding	1	1	1	0
Cash Flows from Operating Activities	\$31,769,324	\$79,930,094	\$35,994,854	\$29,648,274
Rounding Difference	1	1	1	0

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 11/30/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	\$2,168,671	\$6,632,868	\$13,278,577	\$11,043,596
Total	2,168,671	6,632,868	13,278,577	11,043,596
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	96,333,249	287,041,957	565,759,976	477,623,808
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	25,653,278	83,472,781	32,435,190	26,133,590
Total	121,986,527	370,514,738	598,195,166	503,757,398
Investment & Other Income Cash Flows				
Other Revenue (Grants)	236,628	956,998	1,850,133	1,352,472
Interest Income	27,920	80,680	159,635	139,887
Interest Receivable	1,918	10,891	(9,826)	(9,837)
Total	266,466	1,048,569	1,999,942	1,482,522
Medical & Hospital Cash Flows				
Total Medical Expenses	(92,058,768)	(284,367,357)	(546,332,805)	(465,599,609)
Other Receivable	576,147	2,209,335	3,610,144	7,247,957
Claims Payable	(191,865)	(9,021,670)	(4,516,686)	(13,790,022)
IBNP Payable	4,468,567	9,244,657	3,930,260	13,229,900
Risk Share Payable	0	(2,224,917)	1,558,417	(2,224,917)
Health Program	(62,473)	(89,202)	(121,526)	(121,526)
Other Liabilities	1	0	0	0
Total	(87,268,391)	(284,249,154)	(541,872,196)	(461,258,217)
Administrative Cash Flows				
Total Administrative Expenses	(5,392,800)	(16,010,965)	(34,017,057)	(26,125,319)
Prepaid Expenses	(985,654)	420,364	498,727	529,279
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	1,111,655	708,082	608,880	(653,999)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(199,769)	610,823	(175,663)	419,885
Depreciation Expense	82,619	254,769	(2,521,522)	453,129
Total	(5,383,949)	(14,016,927)	(35,606,635)	(25,377,025)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	31,769,324	79,930,094	35,994,854	29,648,274

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 11/30/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	10,160,428	(53,098,293)	(24,546,257)	(5,044,488)
Restricted Cash	0	0	(29)	0
	10,160,428	(53,098,293)	(24,546,286)	(5,044,488)
Fixed Asset Cash Flows				
Depreciation expense	82,619	254,769	(2,521,522)	453,129
Fixed Asset Acquisitions	0	(112,366)	4,312,260	(112,366)
Change in A/D	(82,619)	(254,769)	2,521,522	(453,129)
	0	(112,366)	4,312,260	(112,366)
Total Cash Flows from Investing Activities	10,160,428	(53,210,659)	(20,234,026)	(5,156,854)
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	41,929,752	26,719,435	15,760,828	24,491,420
Rounding	0	(1)	(1)	0
Cash @ Beginning of Period	283,597,402	298,807,720	309,766,327	301,035,734
Cash @ End of Period	\$325,527,154	\$325,527,154	\$325,527,154	\$325,527,154
Difference (rounding)	0	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 11/30/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	\$1,314,899	(\$5,665,820)	\$698,458	(\$1,565,165)
Add back: Depreciation	82,619	254,769	(2,521,522)	453,129
Receivables				
Premiums Receivable	25,653,278	83,472,781	32,435,190	26,133,590
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	1,918	10,891	(9,826)	(9,837)
Other Receivable	576,147	2,209,335	3,610,144	7,247,957
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	26,231,343	85,693,007	36,035,508	33,371,710
Prepaid Expenses	(985,654)	420,364	498,727	529,279
Trade Payables	1,111,655	708,082	608,880	(653,999)
Claims Payable, IBNR & Risk Share				
IBNP	4,468,567	9,244,657	3,930,260	13,229,900
Claims Payable	(191,865)	(9,021,670)	(4,516,686)	(13,790,022)
Risk Share Payable	0	(2,224,917)	1,558,417	(2,224,917)
Other Liabilities	1	0	0	0
Total	4,276,703	(2,001,930)	971,991	(2,785,039)
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(199,769)	610,823	(175,663)	419,885
Health Program	(62,473)	(89,202)	(121,526)	(121,526)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(262,242)	521,621	(297,189)	298,359
Cash Flows from Operating Activities	\$31,769,323	\$79,930,093	\$35,994,853	\$29,648,274
Difference (rounding)	(1)	(1)	(1)	0

**ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID**

**GAAP BASIS
FOR THE MONTH OF NOVEMBER 2021**

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	97,935	42,623	26,427	101,508	20,832	289,325	5,826	295,151
Net Revenue	\$12,111,346	\$14,427,873	\$27,771,897	\$38,631,689	\$3,628,604	\$96,571,409	\$2,168,671	\$98,740,080
Medical Expense	\$10,506,743	\$13,458,781	\$26,957,149	\$35,833,089	\$2,923,366	\$89,679,129	\$2,379,640	\$92,058,768
Gross Margin	\$1,604,604	\$969,092	\$814,748	\$2,798,599	\$705,237	\$6,892,280	(\$210,968)	\$6,681,312
Administrative Expense	\$442,883	\$728,403	\$1,872,251	\$1,971,924	\$172,615	\$5,188,077	\$167,363	\$5,355,440
Operating Income / (Expense)	\$1,161,720	\$240,689	(\$1,057,503)	\$826,675	\$532,622	\$1,704,203	(\$378,331)	\$1,325,872
Other Income / (Expense)	\$912	(\$494)	\$47	(\$11,730)	(\$106)	(\$11,371)	\$399	(\$10,972)
Net Income / (Loss)	\$1,162,632	\$240,195	(\$1,057,456)	\$814,944	\$532,515	\$1,692,832	(\$377,932)	\$1,314,900
Revenue PMPM	\$123.67	\$338.50	\$1,050.89	\$380.58	\$174.18	\$333.78	\$372.24	\$334.54
Medical Expense PMPM	\$107.28	\$315.76	\$1,020.06	\$353.01	\$140.33	\$309.96	\$408.45	\$311.90
Gross Margin PMPM	\$16.38	\$22.74	\$30.83	\$27.57	\$33.85	\$23.82	(\$36.21)	\$22.64
Administrative Expense PMPM	\$4.52	\$17.09	\$70.85	\$19.43	\$8.29	\$17.93	\$28.73	\$18.14
Operating Income / (Expense) PMPM	\$11.86	\$5.65	(\$40.02)	\$8.14	\$25.57	\$5.89	(\$64.94)	\$4.49
Other Income / (Expense) PMPM	\$0.01	(\$0.01)	\$0.00	(\$0.12)	(\$0.01)	(\$0.04)	\$0.07	(\$0.04)
Net Income / (Loss) PMPM	\$11.87	\$5.64	(\$40.01)	\$8.03	\$25.56	\$5.85	(\$64.87)	\$4.46
Medical Loss Ratio	86.8%	93.3%	97.1%	92.8%	80.6%	92.9%	109.7%	93.2%
Gross Margin Ratio	13.2%	6.7%	2.9%	7.2%	19.4%	7.1%	-9.7%	6.8%
Administrative Expense Ratio	3.7%	5.0%	6.7%	5.1%	4.8%	5.4%	7.7%	5.4%
Net Income Ratio	9.6%	1.7%	-3.8%	2.1%	14.7%	1.8%	-17.4%	1.3%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - NOVEMBER 2021

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	487,534	209,601	131,759	501,709	102,641	1,433,244	29,432	1,462,676
Net Revenue	\$61,482,585	\$69,574,773	\$139,760,712	\$190,313,078	\$17,853,805	\$478,984,954	\$11,044,817	\$490,029,771
Medical Expense	\$50,689,312	\$65,043,067	\$139,936,058	\$184,658,230	\$14,908,108	\$455,234,775	\$10,364,834	\$465,599,609
Gross Margin	\$10,793,274	\$4,531,705	(\$175,346)	\$5,654,849	\$2,945,697	\$23,750,179	\$679,983	\$24,430,162
Administrative Expense	\$2,140,476	\$3,514,569	\$9,059,725	\$9,520,435	\$835,620	\$25,070,824	\$911,222	\$25,982,046
Operating Income / (Expense)	\$8,652,798	\$1,017,137	(\$9,235,071)	(\$3,865,587)	\$2,110,077	(\$1,320,646)	(\$231,238)	(\$1,551,884)
Other Income / (Expense)	(\$698)	(\$23,447)	\$4,822	\$3,597	\$595	(\$15,131)	\$1,849	(\$13,281)
Net Income / (Loss)	\$8,652,100	\$993,690	(\$9,230,249)	(\$3,861,990)	\$2,110,672	(\$1,335,777)	(\$229,389)	(\$1,565,165)
Revenue PMPM	\$126.11	\$331.94	\$1,060.73	\$379.33	\$173.94	\$334.20	\$375.27	\$335.02
Medical Expense PMPM	\$103.97	\$310.32	\$1,062.06	\$368.06	\$145.25	\$317.63	\$352.16	\$318.32
Gross Margin PMPM	\$22.14	\$21.62	(\$1.33)	\$11.27	\$28.70	\$16.57	\$23.10	\$16.70
Administrative Expense PMPM	\$4.39	\$16.77	\$68.76	\$18.98	\$8.14	\$17.49	\$30.96	\$17.76
Operating Income / (Expense) PMPM	\$17.75	\$4.85	(\$70.09)	(\$7.70)	\$20.56	(\$0.92)	(\$7.86)	(\$1.06)
Other Income / (Expense) PMPM	(\$0.00)	(\$0.11)	\$0.04	\$0.01	\$0.01	(\$0.01)	\$0.06	(\$0.01)
Net Income / (Loss) PMPM	\$17.75	\$4.74	(\$70.05)	(\$7.70)	\$20.56	(\$0.93)	(\$7.79)	(\$1.07)
Medical Loss Ratio	82.4%	93.5%	100.1%	97.0%	83.5%	95.0%	93.8%	95.0%
Gross Margin Ratio	17.6%	6.5%	-0.1%	3.0%	16.5%	5.0%	6.2%	5.0%
Administrative Expense Ratio	3.5%	5.1%	6.5%	5.0%	4.7%	5.2%	8.3%	5.3%
Net Income Ratio	14.1%	1.4%	-6.6%	-2.0%	11.8%	-0.3%	-2.1%	-0.3%

**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2021**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$2,986,089	\$3,299,206	\$313,117	9.5%	Personnel Expenses	\$14,674,334	\$14,987,482	\$313,148	2.1%
701,297	659,814	(41,483)	(6.3%)	Benefits Administration Expense	3,419,315	3,377,834	(41,481)	(1.2%)
693,519	1,246,120	552,601	44.3%	Purchased & Professional Services	3,500,582	4,053,186	552,604	13.6%
260,285	271,537	11,252	4.1%	Occupancy	1,312,069	1,323,319	11,250	0.9%
196,158	403,742	207,584	51.4%	Printing Postage & Promotion	588,110	795,680	207,571	26.1%
484,646	548,753	64,107	11.7%	Licenses Insurance & Fees	2,393,131	2,457,232	64,101	2.6%
33,446	448,734	415,288	92.5%	Supplies & Other Expenses	94,506	509,791	415,285	81.5%
2,369,351	3,578,700	1,209,349	33.8%	Total Other Administrative Expense	11,307,713	12,517,042	1,209,329	9.7%
\$5,355,440	\$6,877,906	\$1,522,466	22.1%	Total Administrative Expenses	\$25,982,046	\$27,504,524	\$1,522,478	5.5%

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5. ADMIN YTD 22
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**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2021**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
\$2,038,963	\$2,009,569	(\$29,394)	(1.5%)	Salaries & Wages	\$9,785,055	\$9,755,652	(\$29,403)	(0.3%)
195,095	214,601	19,506	9.1%	Paid Time Off	1,032,484	1,051,993	19,509	1.9%
2,050	5,126	3,076	60.0%	Incentives	3,225	6,302	3,077	48.8%
0	25,000	25,000	100.0%	Severance Pay	0	25,000	25,000	100.0%
33,724	43,381	9,657	22.3%	Payroll Taxes	158,799	168,459	9,660	5.7%
25,152	22,058	(3,094)	(14.0%)	Overtime	167,312	164,223	(3,089)	(1.9%)
141,329	169,946	28,617	16.8%	CalPERS ER Match	740,497	769,119	28,622	3.7%
0	0	0	0.0%	Mandated Covid -19 Supplemental Sick Leave	10,398	10,400	2	0.0%
491,739	540,247	48,508	9.0%	Employee Benefits	2,341,770	2,390,272	48,502	2.0%
(47)	0	47	0.0%	Personal Floating Holiday	1,535	1,581	46	2.9%
8,689	29,544	20,855	70.6%	Employee Relations	22,565	43,420	20,855	48.0%
7,320	8,762	1,442	16.5%	Work from Home Stipend	34,170	35,639	1,469	4.1%
123	1,045	922	88.2%	Transportation Reimbursement	185	1,107	922	83.3%
125	11,067	10,942	98.9%	Travel & Lodging	1,258	12,202	10,944	89.7%
33,523	124,268	90,745	73.0%	Temporary Help Services	326,046	416,788	90,742	21.8%
3,025	83,020	79,995	96.4%	Staff Development/Training	21,617	101,614	79,997	78.7%
5,280	11,572	6,292	54.4%	Staff Recruitment/Advertising	27,417	33,711	6,294	18.7%
2,986,089	3,299,206	313,117	9.5%	Total Employee Expenses	14,674,334	14,987,482	313,148	2.1%
				Benefit Administration Expense				
428,412	397,609	(30,803)	(7.7%)	RX Administration Expense	2,081,106	2,050,303	(30,803)	(1.5%)
255,291	245,121	(10,170)	(4.1%)	Behavioral Hlth Administration Fees	1,250,907	1,240,739	(10,168)	(0.8%)
17,595	17,084	(511)	(3.0%)	Telemedicine Admin Fees	87,302	86,792	(510)	(0.6%)
701,297	659,814	(41,483)	(6.3%)	Total Employee Expenses	3,419,315	3,377,834	(41,481)	(1.2%)
				Purchased & Professional Services				
294,923	482,737	187,814	38.9%	Consulting Services	1,439,882	1,627,703	187,821	11.5%
286,395	450,025	163,630	36.4%	Computer Support Services	1,383,355	1,546,991	163,636	10.6%
9,916	9,915	(1)	0.0%	Professional Fees-Accounting	49,580	49,575	(5)	0.0%
0	10	10	100.0%	Professional Fees-Medical	0	10	10	100.0%
30,700	116,364	85,664	73.6%	Other Purchased Services	199,987	285,649	85,663	30.0%
4,000	5,000	1,000	20.0%	Maint.& Repair-Office Equipment	25,812	26,809	997	3.7%
35,000	108,310	73,310	67.7%	HMS Recovery Fees	174,497	247,806	73,309	29.6%
3,152	0	(3,152)	0.0%	Hardware (Non-Capital)	62,938	59,786	(3,152)	(5.3%)
14,428	21,193	6,765	31.9%	Provider Relations-Credentialing	60,069	66,836	6,767	10.1%
15,006	52,566	37,561	71.5%	Legal Fees	104,463	142,021	37,558	26.4%
693,519	1,246,120	552,601	44.3%	Total Purchased & Professional Services	3,500,582	4,053,186	552,604	13.6%
				Occupancy				
82,619	82,819	200	0.2%	Depreciation	453,129	453,329	200	0.0%
70,286	70,286	0	0.0%	Building Lease	353,803	353,803	0	0.0%
2,141	2,089	(52)	(2.5%)	Leased and Rented Office Equipment	10,182	10,128	(54)	(0.5%)
11,496	16,804	5,308	31.6%	Utilities	64,303	69,612	5,309	7.6%
79,153	71,401	(7,752)	(10.9%)	Telephone	368,555	360,802	(7,753)	(2.1%)
14,590	28,138	13,548	48.2%	Building Maintenance	62,096	75,645	13,549	17.9%
260,285	271,537	11,252	4.1%	Total Occupancy	1,312,069	1,323,319	11,250	0.9%

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5. ADMIN YTD 22
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**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2021**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Printing Postage & Promotion				
\$71,903	\$86,766	\$14,863	17.1%	Postage	\$181,493	\$196,347	\$14,855	7.6%
16,150	7,000	(9,150)	(130.7%)	Design & Layout	30,540	21,388	(9,152)	(42.8%)
70,750	64,466	(6,284)	(9.7%)	Printing Services	192,659	186,372	(6,287)	(3.4%)
0	2,500	2,500	100.0%	Mailing Services	10,896	13,394	2,498	18.6%
3,182	3,195	13	0.4%	Courier/Delivery Service	19,467	19,483	16	0.1%
0	334	334	100.0%	Pre-Printed Materials and Publications	34	368	334	90.8%
11,018	230,981	219,964	95.2%	Community Relations	28,230	248,194	219,964	88.6%
23,156	8,500	(14,656)	(172.4%)	Translation - Non-Clinical	124,791	110,134	(14,657)	(13.3%)
196,158	403,742	207,584	51.4%	Total Printing Postage & Promotion	588,110	795,680	207,571	26.1%
				Licenses Insurance & Fees				
21,026	20,800	(226)	(1.1%)	Bank Fees	102,690	102,465	(225)	(0.2%)
61,376	61,377	1	0.0%	Insurance	306,882	306,883	1	0.0%
337,281	385,531	48,250	12.5%	Licenses, Permits and Fees	1,660,803	1,709,052	48,249	2.8%
64,963	81,045	16,082	19.8%	Subscriptions & Dues	322,756	338,832	16,076	4.7%
484,646	548,753	64,107	11.7%	Total Licenses Insurance & Postage	2,393,131	2,457,232	64,101	2.6%
				Supplies & Other Expenses				
3,311	12,222	8,911	72.9%	Office and Other Supplies	13,415	22,324	8,909	39.9%
1,571	1,491	(80)	(5.3%)	Ergonomic Supplies	8,658	8,580	(78)	(0.9%)
484	1,297	813	62.7%	Commissary-Food & Beverage	3,503	4,313	810	18.8%
0	7,000	7,000	100.0%	Member Incentive Expense	4,850	11,850	7,000	59.1%
28,080	425,058	396,978	93.4%	Covid-19 Vaccination Incentive Expense	64,080	461,058	396,978	86.1%
0	100	100	100.0%	Covid-19 IT Expenses	0	100	100	100.0%
0	1,566	1,566	100.0%	Covid-19 Non IT Expenses	0	1,566	1,566	100.0%
33,446	448,734	415,288	92.5%	Total Supplies & Other Expense	94,506	509,791	415,285	81.5%
\$5,355,440	\$6,877,906	\$1,522,466	22.1%	TOTAL ADMINISTRATIVE EXPENSE	\$25,982,046	\$27,504,524	\$1,522,478	5.5%

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5. ADMIN YTD 22
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ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED NOVEMBER 30, 2021

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	\$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Network Hardware	IT-FY22-07	\$ -	\$ -	\$ -	\$ 150,000	\$ 150,000
	Cisco UCS Blade	IT-FY22-08	\$ -		\$ -	\$ 100,000	\$ 100,000
	Veeam Backup	IT-FY22-10	\$ -		\$ -	\$ 60,000	\$ 60,000
	Call Center Hardware	IT-FY22-11	\$ -		\$ -	\$ 100,000	\$ 100,000
	Network / AV Cabling	IT-FY22-13	\$ -		\$ -	\$ 150,000	\$ 150,000
	Hardware Subtotal		\$ -	\$ -	\$ -	\$ 560,000	\$ 560,000
2. Software:							
	Patch Management	AC-FY22-01	\$ -		\$ -	\$ 20,000	\$ 20,000
	Zerto Licenses (DR - Replication Orchestration)	AC-FY22-02	\$ -		\$ -	\$ 50,000	\$ 50,000
	Monitoring Software	AC-FY22-03	\$ -		\$ -	\$ 40,000	\$ 40,000
	Identity and Access Management (Security)	AC-FY22-04	\$ -		\$ -	\$ 40,000	\$ 40,000
	Software Subtotal		\$ -	\$ -	\$ -	\$ 150,000	\$ 150,000
3. Building Improvement:							
	1240 Emergency Generator (carryover from FY21)	FA-FY22-06	\$ 106,025		\$ 106,025	\$ 360,800	\$ 254,775
	1240 Electrical Requirements for EV Charging Stations (est.)	FA-FY22-07	\$ -		\$ -	\$ 20,000	\$ 20,000
	1240 EV Charging stations installation, fees (est. only)	FA-FY22-08	\$ -		\$ -	\$ 50,000	\$ 50,000
	1240 Seismic Improvements (carryover from FY21)	FA-FY22-09	\$ -		\$ -	\$ 50,000	\$ 50,000
	Contingency	FA-FY22-16	\$ 6,341		\$ 6,341	\$ 100,000	\$ 93,659
	Building Improvement Subtotal		\$ 112,366	\$ -	\$ 112,366	\$ 580,800	\$ 468,434
4. Furniture & Equipment:							
	Replace, reconfigure, re-design workstations/add barriers or plexiglass	FA-FY22-20	\$ -		\$ -	\$ 125,000	\$ 125,000
	Furniture & Equipment Subtotal		\$ -	\$ -	\$ -	\$ 125,000	\$ 125,000
	GRAND TOTAL		\$ 112,366	\$ -	\$ 112,366	\$ 1,415,800	\$ 1,303,434
5. Reconciliation to Balance Sheet:							
	Fixed Assets @ Cost - 11/30/21				\$ 37,047,843		
	Fixed Assets @ Cost - 6/30/21				\$ 36,935,477		
	Fixed Assets Acquired YTD				\$ 112,366		

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

TANGIBLE NET EQUITY (TNE)

	Jul-21	Aug-21	QTR. END Sep-21	Oct-21	Nov-21
Current Month Net Income / (Loss)	\$2,645,613	\$1,455,041	\$370,178	(\$7,350,897)	\$1,314,900
YTD Net Income / (Loss)	\$2,645,613	\$4,100,654	\$4,470,832	(\$2,880,065)	(\$1,565,165)
Actual TNE					
Net Assets	\$208,055,654	\$209,510,696	\$209,880,873	\$202,529,977	\$203,844,876
Subordinated Debt & Interest	\$0	\$0	\$0	\$0	\$0
Total Actual TNE	\$208,055,654	\$209,510,696	\$209,880,873	\$202,529,977	\$203,844,876
Increase/(Decrease) in Actual TNE	\$3,467,237	\$1,455,042	\$370,177	(\$7,350,896)	\$1,314,899
Required TNE⁽¹⁾	\$37,061,269	\$37,134,762	\$37,155,961	\$38,560,140	\$37,568,385
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	\$48,179,650	\$48,275,191	\$48,302,749	\$50,128,181	\$48,838,900
TNE Excess / (Deficiency)	\$170,994,385	\$172,375,934	\$172,724,912	\$163,969,837	\$166,276,491
Actual TNE as a Multiple of Required	5.61	5.64	5.65	5.25	5.43

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

LIQUID TANGIBLE NET EQUITY

Net Assets	\$208,055,654	\$209,510,696	\$209,880,873	\$202,529,977	\$203,844,876
Fixed Assets at Net Book Value	(6,161,088)	(6,073,778)	(6,093,339)	(6,013,994)	(5,931,375)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	\$201,544,566	\$203,086,918	\$203,437,534	\$196,165,983	\$197,563,501
Liquid TNE as Multiple of Required	5.44	5.47	5.48	5.09	5.26

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

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

	Actual Jul-21	Actual Aug-21	Actual Sep-21	Actual Oct-21	Actual Nov-21	Actual Dec-21	Actual Jan-22	Actual Feb-22	Actual Mar-22	Actual Apr-22	Actual May-22	Actual Jun-22	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,179	97,324	97,460	97,636	97,935								487,534
Adult	41,358	41,519	41,924	42,177	42,623								209,601
SPD*	26,320	26,316	26,330	26,366	26,427								131,759
ACA OE	99,105	99,783	100,469	100,844	101,508								501,709
Duals	20,194	20,388	20,535	20,692	20,832								102,641
Medi-Cal Program	284,156	285,330	286,718	287,715	289,325								1,433,244
Group Care Program	5,935	5,877	5,914	5,880	5,826								29,432
Total	290,091	291,207	292,632	293,595	295,151								1,462,676

Month Over Month Enrollment Change:

Medi-Cal Monthly Change													
Child	131	145	136	176	299								887
Adult	392	161	405	253	446								1,657
SPD*	(3)	(4)	14	36	61								104
ACA OE	824	678	686	375	664								3,227
Duals	206	194	147	157	140								844
Medi-Cal Program	1,550	1,174	1,388	997	1,610								6,719
Group Care Program	(13)	(58)	37	(34)	(54)								(122)
Total	1,537	1,116	1,425	963	1,556								6,597

Enrollment Percentages:

Medi-Cal Program:													
Child % of Medi-Cal	34.2%	34.1%	34.0%	33.9%	33.8%								34.0%
Adult % of Medi-Cal	14.6%	14.6%	14.6%	14.7%	14.7%								14.6%
SPD % of Medi-Cal	9.3%	9.2%	9.2%	9.2%	9.1%								9.2%
ACA OE % of Medi-Cal	34.9%	35.0%	35.0%	35.0%	35.1%								35.0%
Duals % of Medi-Cal	7.1%	7.1%	7.2%	7.2%	7.2%								7.2%
Medi-Cal Program % of Total	98.0%	98.0%	98.0%	98.0%	98.0%								98.0%
Group Care Program % of Total	2.0%	2.0%	2.0%	2.0%	2.0%								2.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%								100.0%

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

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

	Actual Jul-21	Actual Aug-21	Actual Sep-21	Actual Oct-21	Actual Nov-21	Actual Dec-21	Actual Jan-22	Actual Feb-22	Actual Mar-22	Actual Apr-22	Actual May-22	Actual Jun-22	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	53,189	53,441	53,246	53,081	53,438								266,395
Alameda Health System	58,045	57,812	58,060	58,049	58,073								290,039
	111,234	111,253	111,306	111,130	111,511								556,434
Delegated:													
CFMG	32,217	32,167	32,217	32,232	32,266								161,099
CHCN	104,433	105,113	106,050	106,808	107,583								529,987
Kaiser	42,207	42,674	43,059	43,425	43,791								215,156
Delegated Subtotal	178,857	179,954	181,326	182,465	183,640								906,242
Total	290,091	291,207	292,632	293,595	295,151								1,462,676
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(24)	19	53	(176)	381								253
Delegated:													
CFMG	20	(50)	50	15	34								69
CHCN	1,094	680	937	758	775								4,244
Kaiser	447	467	385	366	366								2,031
Delegated Subtotal	1,561	1,097	1,372	1,139	1,175								6,344
Total	1,537	1,116	1,425	963	1,556								6,597
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.3%	38.2%	38.0%	37.9%	37.8%								38.0%
Delegated:													
CFMG	11.1%	11.0%	11.0%	11.0%	10.9%								11.0%
CHCN	36.0%	36.1%	36.2%	36.4%	36.5%								36.2%
Kaiser	14.5%	14.7%	14.7%	14.8%	14.8%								14.7%
Delegated Subtotal	61.7%	61.8%	62.0%	62.1%	62.2%								62.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%								100.0%

* BCCTP included in SPD Category of Aid

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

	Budget Jul-21	Budget Aug-21	Budget Sep-21	Budget Oct-21	Budget Nov-21	Budget Dec-21	Budget Jan-22	Budget Feb-22	Budget Mar-22	Budget Apr-22	Budget May-22	Budget Jun-22	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,179	97,324	97,460	97,636	97,812	97,988	99,591	98,621	97,661	96,710	95,743	94,811	1,168,536
Adult	41,358	41,519	41,924	42,177	42,430	42,683	43,156	42,733	42,315	41,901	41,482	41,076	504,754
SPD	26,320	26,316	26,330	26,366	26,402	26,438	26,467	26,220	25,976	25,734	26,997	26,745	316,311
ACA OE	99,105	99,783	100,469	100,844	101,219	101,594	101,787	100,845	99,913	98,990	104,404	103,436	1,212,389
Duals	20,194	20,388	20,535	20,692	20,849	21,006	20,796	20,588	20,382	20,178	19,976	19,776	245,360
Medi-Cal Program	284,156	285,330	286,718	287,715	288,712	289,709	291,797	289,007	286,247	283,513	288,602	285,844	3,447,350
Group Care Program	5,935	5,877	5,914	5,880	5,863	5,852	5,852	5,852	5,852	5,852	5,852	5,852	70,433
Total	290,091	291,207	292,632	293,595	294,575	295,561	297,649	294,859	292,099	289,365	294,454	291,696	3,517,783

Month Over Month Enrollment Change:

Medi-Cal Monthly Change													
Child	(346)	145	136	176	176	176	1,603	(970)	(960)	(951)	(967)	(932)	(2,714)
Adult	1,053	161	405	253	253	253	473	(423)	(418)	(414)	(419)	(406)	771
SPD	122	(4)	14	36	36	36	29	(247)	(244)	(242)	1,263	(252)	547
ACA OE	3,254	678	686	375	375	375	193	(942)	(932)	(923)	5,414	(968)	7,585
Duals	676	194	147	157	157	157	(210)	(208)	(206)	(204)	(202)	(200)	258
Medi-Cal Program	4,760	1,174	1,388	997	997	997	2,088	(2,790)	(2,760)	(2,734)	5,089	(2,758)	6,448
Group Care Program	(74)	(58)	37	(34)	(17)	(11)	0	0	0	0	0	0	(157)
Total	4,686	1,116	1,425	963	980	986	2,088	(2,790)	(2,760)	(2,734)	5,089	(2,758)	6,291

Enrollment Percentages:

Medi-Cal Program:													
Child % of Medi-Cal	34.2%	34.1%	34.0%	33.9%	33.9%	33.8%	34.1%	34.1%	34.1%	34.1%	33.2%	33.2%	33.9%
Adult % of Medi-Cal	14.6%	14.6%	14.6%	14.7%	14.7%	14.7%	14.8%	14.8%	14.8%	14.8%	14.4%	14.4%	14.6%
SPD % of Medi-Cal	9.3%	9.2%	9.2%	9.2%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.4%	9.4%	9.2%
ACA OE % of Medi-Cal	34.9%	35.0%	35.0%	35.0%	35.1%	35.1%	34.9%	34.9%	34.9%	34.9%	36.2%	36.2%	35.2%
Duals % of Medi-Cal	7.1%	7.1%	7.2%	7.2%	7.2%	7.3%	7.1%	7.1%	7.1%	7.1%	6.9%	6.9%	7.1%
Medi-Cal Program % of Total	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
Group Care Program % of Total	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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

	Budget Jul-21	Budget Aug-21	Budget Sep-21	Budget Oct-21	Budget Nov-21	Budget Dec-21	Budget Jan-22	Budget Feb-22	Budget Mar-22	Budget Apr-22	Budget May-22	Budget Jun-22	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	111,234	111,253	111,306	111,130	111,539	111,951	112,449	111,411	110,386	109,370	112,142	111,106	1,335,277
Delegated:													
CFMG	32,217	32,167	32,217	32,232	32,294	32,356	32,848	32,529	32,214	31,902	31,716	31,408	386,100
CHCN	104,433	105,113	106,050	106,808	107,165	107,525	108,250	107,240	106,240	105,250	107,230	106,231	1,277,535
Kaiser	42,207	42,674	43,059	43,425	43,577	43,729	44,102	43,679	43,259	42,843	43,366	42,951	518,871
Delegated Subtotal	178,857	179,954	181,326	182,465	183,036	183,610	185,200	183,448	181,713	179,995	182,312	180,590	2,182,506
Total	290,091	291,207	292,632	293,595	294,575	295,561	297,649	294,859	292,099	289,365	294,454	291,696	3,517,783
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(81)	19	53	(176)	409	412	498	(1,038)	(1,025)	(1,016)	2,772	(1,036)	(209)
Delegated:													
CFMG	(159)	(50)	50	15	62	62	492	(319)	(315)	(312)	(186)	(308)	(968)
CHCN	1,533	680	937	758	357	360	725	(1,010)	(1,000)	(990)	1,980	(999)	3,331
Kaiser	3,394	467	385	366	152	152	373	(423)	(420)	(416)	523	(415)	4,138
Delegated Subtotal	4,768	1,097	1,372	1,139	571	574	1,590	(1,752)	(1,735)	(1,718)	2,317	(1,722)	6,501
Total	4,686	1,116	1,425	963	980	986	2,088	(2,790)	(2,760)	(2,734)	5,089	(2,758)	6,291
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.3%	38.2%	38.0%	37.9%	37.9%	37.9%	37.8%	37.8%	37.8%	37.8%	38.1%	38.1%	38.0%
Delegated:													
CFMG	11.1%	11.0%	11.0%	11.0%	11.0%	10.9%	11.0%	11.0%	11.0%	11.0%	10.8%	10.8%	11.0%
CHCN	36.0%	36.1%	36.2%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.3%
Kaiser	14.5%	14.7%	14.7%	14.8%	14.8%	14.8%	14.8%	14.8%	14.8%	14.8%	14.7%	14.7%	14.7%
Delegated Subtotal	61.7%	61.8%	62.0%	62.1%	62.1%	62.1%	62.2%	62.2%	62.2%	62.2%	61.9%	61.9%	62.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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

	Variance Jul-21	Variance Aug-21	Variance Sep-21	Variance Oct-21	Variance Nov-21	Variance Dec-21	Variance Jan-22	Variance Feb-22	Variance Mar-22	Variance Apr-22	Variance May-22	Variance Jun-22	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	123								123
Adult	0	0	0	0	193								193
SPD	0	0	0	0	25								25
ACA OE	0	0	0	0	289								289
Duals	0	0	0	0	(17)								(17)
Medi-Cal Program	0	0	0	0	613								613
Group Care Program	0	0	0	0	(37)								(37)
Total	0	0	0	0	576								576
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	(28)								(28)
Delegated:													
CFMG	0	0	0	0	(28)								(28)
CHCN	0	0	0	0	418								418
Kaiser	0	0	0	0	214								214
Delegated Subtotal	0	0	0	0	604								604
Total	0	0	0	0	576								576

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2021

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Primary Care Physician				
(\$46,103)	\$0	\$46,103	0.0%	IBNP - Primary Care	\$2,581	\$0	(\$2,581)	0.0%
(1,383)	0	1,383	0.0%	IBNP-Settlement (PCP)	79	0	(79)	0.0%
(3,687)	0	3,687	0.0%	IBNP-Claims Fluctuation (PCP)	208	0	(208)	0.0%
1,871,225	1,858,800	(12,425)	(0.7%)	PCP-Capitation	9,297,185	9,284,760	(12,425)	(0.1%)
3,022,170	3,004,621	(17,549)	(0.6%)	PCP-Capitation FQHC	14,871,874	14,854,326	(17,548)	(0.1%)
840	0	(840)	0.0%	Telemedicine FFS	3,948	0	(3,948)	0.0%
1,010,720	1,312,601	301,881	23.0%	Primary Care FFS	5,767,419	19,008,787	13,241,368	69.7%
40,280	80,943	40,663	50.2%	PCP-FQHC FFS	251,963	80,943	(171,020)	(211.3%)
1,813,092	3,122,914	1,309,823	41.9%	Prop 56 Direct Payment Expenses	8,997,942	3,122,914	(5,875,028)	(188.1%)
73,430	0	(73,430)	0.0%	Prop 56-Trauma Expense	378,758	0	(378,758)	0.0%
97,873	0	(97,873)	0.0%	Prop 56-Dev. Screening Exp.	501,941	0	(501,941)	0.0%
627,075	0	(627,075)	0.0%	Prop 56-Fam. Planning Exp.	3,197,914	0	(3,197,914)	0.0%
535,019	0	(535,019)	0.0%	Prop 56-Value Based Purchasing	2,740,589	0	(2,740,589)	0.0%
9,040,549	9,379,879	339,330	3.6%	Total Primary Care Physician	46,012,402	46,351,730	339,328	0.7%
				Specialty Care Physician				
225,437	0	(225,437)	0.0%	IBNP-Specialist	765,606	0	(765,606)	0.0%
6,763	0	(6,763)	0.0%	IBNP-Settlement (Specialist)	22,967	0	(22,967)	0.0%
18,034	0	(18,034)	0.0%	IBNP-Claims Fluctuation (SPCL)	61,248	0	(61,248)	0.0%
282,835	281,008	(1,827)	(0.7%)	Specialty-Capitation	1,399,128	1,397,303	(1,825)	(0.1%)
3,139,893	3,133,249	(6,644)	(0.2%)	Specialty-Capitation FQHC	15,460,791	15,454,144	(6,647)	0.0%
2,153,555	4,677,253	2,523,698	54.0%	Specialty Care-FFS	11,547,089	23,388,468	11,841,379	50.6%
82,388	0	(82,388)	0.0%	Anesthesiology FFS	616,510	0	(616,510)	0.0%
839,347	0	(839,347)	0.0%	Spec Rad Therapy - FFS	3,629,933	0	(3,629,933)	0.0%
84,014	0	(84,014)	0.0%	Obstetrics-FFS	567,975	0	(567,975)	0.0%
266,662	0	(266,662)	0.0%	Spec IP Surgery - FFS	1,337,336	0	(1,337,336)	0.0%
487,101	0	(487,101)	0.0%	Spec OP Surgery - FFS	2,632,032	0	(2,632,032)	0.0%
356,954	0	(356,954)	0.0%	Spec IP Physician	1,900,984	0	(1,900,984)	0.0%
51,833	4,945	(46,888)	(948.2%)	Specialist-FQHC FFS	201,625	4,945	(196,680)	(3,977.3%)
7,994,817	8,096,455	101,638	1.3%	Total Specialty Care Physician	40,143,224	40,244,860	101,636	0.3%
				Ancillary Services				
686,908	0	(686,908)	0.0%	IBNP- Ancillary	1,076,950	0	(1,076,950)	0.0%
20,607	0	(20,607)	0.0%	IBNP- Settlement (Ancillary)	32,311	0	(32,311)	0.0%
54,953	0	(54,953)	0.0%	IBNP- Claims Fluctuation (ANC)	86,157	0	(86,157)	0.0%
279,173	0	(279,173)	0.0%	IBNP- Outpatient	1,641,102	0	(1,641,102)	0.0%
8,376	0	(8,376)	0.0%	IBNP- Settlement (Outpatient)	49,236	0	(49,236)	0.0%
22,336	0	(22,336)	0.0%	IBNP- Claims Fluctuation (OP)	131,289	0	(131,289)	0.0%
366,265	365,231	(1,034)	(0.3%)	Laboratory-Capitation	1,815,269	1,814,237	(1,032)	(0.1%)
1,436,379	1,031,014	(405,365)	(39.3%)	Transportation (Ambulance)-Cap	4,737,692	4,332,327	(405,365)	(9.4%)
82,388	81,872	(516)	(0.6%)	IPA Administrative Capitation	407,669	407,154	(515)	(0.1%)
158,209	157,585	(624)	(0.4%)	Anc IPA Admin Capitation FQHC	778,776	778,151	(625)	(0.1%)
215,782	215,471	(311)	(0.1%)	Vision - Cap	1,072,145	1,071,836	(309)	0.0%
10,803,322	10,836,090	32,768	0.3%	Kaiser Capitation	53,755,237	53,788,004	32,767	0.1%
929	744,799	743,870	99.9%	BHT Supplemental Expense	2,836,343	3,580,214	743,871	20.8%
25,685	11,893	(13,792)	(116.0%)	Hep-C Supplemental Expense	102,741	88,950	(13,791)	(15.5%)
348,077	459,219	111,142	24.2%	Maternity Supplemental Expense	1,638,508	1,749,650	111,142	6.4%
543,938	578,364	34,426	6.0%	DME - Cap	2,708,913	2,743,339	34,426	1.3%
1,142,129	8,481,226	7,339,097	86.5%	Out-Patient FFS	6,041,698	42,274,997	36,233,299	85.7%
1,158,643	0	(1,158,643)	0.0%	OP Ambul Surgery - FFS	6,253,306	0	(6,253,306)	0.0%
1,115,467	0	(1,115,467)	0.0%	OP Fac Imaging Services-FFS	5,301,411	0	(5,301,411)	0.0%
2,250,602	0	(2,250,602)	0.0%	Behav Health - FFS	10,835,825	0	(10,835,825)	0.0%
403,342	0	(403,342)	0.0%	Acupuncture/Biofeedback	1,797,960	0	(1,797,960)	0.0%
61,317	0	(61,317)	0.0%	Hearing Devices	396,803	0	(396,803)	0.0%
44,718	0	(44,718)	0.0%	Imaging/MRI/CT Global	185,255	0	(185,255)	0.0%
52,650	0	(52,650)	0.0%	Vision FFS	259,409	0	(259,409)	0.0%
23,809	0	(23,809)	0.0%	Family Planning	118,230	0	(118,230)	0.0%
702,147	0	(702,147)	0.0%	Laboratory-FFS	3,051,830	0	(3,051,830)	0.0%
93,466	0	(93,466)	0.0%	ANC Therapist	463,702	0	(463,702)	0.0%

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For Management & Internal Purposes Only.

10. MED EXP 22

12/17/21

REPORT #8A

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2021

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
\$283,038	\$0	(\$283,038)	0.0%	Transportation (Ambulance)-FFS	\$1,499,222	\$0	(\$1,499,222)	0.0%
205,862	0	(205,862)	0.0%	Transportation (Other)-FFS	648,408	0	(648,408)	0.0%
343,059	0	(343,059)	0.0%	Hospice	2,710,571	0	(2,710,571)	0.0%
784,469	0	(784,469)	0.0%	Home Health Services	3,554,925	0	(3,554,925)	0.0%
398,630	0	(398,630)	0.0%	Outpatient Facility-Lab FFS	2,280,899	0	(2,280,899)	0.0%
109,247	0	(109,247)	0.0%	Outpatient Facility-Cardiovascular	504,347	0	(504,347)	0.0%
43,918	0	(43,918)	0.0%	Outpatient-PT/OT/ST FFS	233,504	0	(233,504)	0.0%
0	3,468,261	3,468,261	100.0%	Other Medical-FFS	0	21,206,315	21,206,315	100.0%
1,971,742	0	(1,971,742)	0.0%	Outpatient-Dialysis Center FFS	9,021,417	0	(9,021,417)	0.0%
141,220	0	(141,220)	0.0%	HMS Medical Refunds	(220,021)	0	220,021	0.0%
0	0	0	0.0%	Refunds-Medical Payments	160	0	(160)	0.0%
514,743	0	(514,743)	0.0%	DME & Medical Supplies	2,318,251	0	(2,318,251)	0.0%
0	0	0	0.0%	Denials - S/B Zero	167	0	(167)	0.0%
584,245	582,958	(1,287)	(0.2%)	GEMT Direct Payment Expense	2,905,603	582,958	(2,322,645)	(398.4%)
244,843	0	(244,843)	0.0%	Community-Based Adult Services (CBAS)	2,097,555	0	(2,097,555)	0.0%
27,726,632	27,013,983	(712,649)	(2.6%)	Total Ancillary Services	135,130,777	134,418,132	(712,645)	(0.5%)
				Pharmacy				
361,178	0	(361,178)	0.0%	IBNP-Pharmacy	(324,605)	0	324,605	0.0%
10,836	0	(10,836)	0.0%	IBNP-Settlement (Pharmacy)	(9,738)	0	9,738	0.0%
28,896	0	(28,896)	0.0%	IBNP-Claims Fluctuation (PHRM)	(25,968)	0	25,968	0.0%
12,142,444	12,039,578	(102,866)	(0.9%)	Pharmacy-FFS	58,451,807	57,254,034	(1,197,773)	(2.1%)
4,801,661	4,776,835	(24,826)	(0.5%)	Pharmacy-Non PBM FFS	23,392,101	23,367,275	(24,826)	(0.1%)
(97,090)	0	97,090	0.0%	HMS RX Refunds	(430,778)	0	430,778	0.0%
(571,650)	(574,141)	(2,491)	0.4%	Pharmacy-Rebate	(2,849,857)	(2,852,347)	(2,490)	0.1%
16,676,275	16,242,272	(434,003)	(2.7%)	Total Pharmacy	78,202,961	77,768,962	(433,999)	(0.6%)
				Emergency Services				
522,776	0	(522,776)	0.0%	IBNP-Emergency	1,483,358	0	(1,483,358)	0.0%
15,682	0	(15,682)	0.0%	IBNP-Settlement (Emergency)	44,499	0	(44,499)	0.0%
41,822	0	(41,822)	0.0%	IBNP-Claims Fluctuation (ER)	118,669	0	(118,669)	0.0%
673,236	0	(673,236)	0.0%	Special ER Physician-FFS	3,116,330	0	(3,116,330)	0.0%
3,427,611	4,390,557	962,946	21.9%	ER-Facility	18,447,644	22,919,931	4,472,287	19.5%
4,681,127	4,390,557	(290,570)	(6.6%)	Total ER Services	23,210,499	22,919,931	(290,568)	(1.3%)
				Inpatient Hospital & SNF				
1,996,363	0	(1,996,363)	0.0%	IBNP-Inpatient Services	7,273,832	0	(7,273,832)	0.0%
59,891	0	(59,891)	0.0%	IBNP-Settlement (Inpatient)	218,213	0	(218,213)	0.0%
159,709	0	(159,709)	0.0%	IBNP-Claims Fluctuation (IP)	581,906	0	(581,906)	0.0%
19,595,755	26,173,283	6,577,528	25.1%	Inpatient Hospitalization-FFS	109,518,709	136,106,759	26,588,050	19.5%
1,032,754	0	(1,032,754)	0.0%	IP OB - Mom & NB	5,947,065	0	(5,947,065)	0.0%
132,365	0	(132,365)	0.0%	IP Behavioral Health	984,831	0	(984,831)	0.0%
796,115	1,302,482	506,367	38.9%	IP Long-term Care	5,695,755	1,302,482	(4,393,273)	(337.3%)
591,549	0	(591,549)	0.0%	Inpatient Facility-Rehab FFS	4,077,663	0	(4,077,663)	0.0%
24,364,501	27,475,765	3,111,264	11.3%	Total Inpatient Hospital & SNF	134,297,973	137,409,241	3,111,268	2.3%
				Other Benefits and Services				
0	(100,722)	(100,722)	100.0%	Clinical Vacancy Dept. Total	0	(100,722)	(100,722)	100.0%
67,240	73,463	6,223	8.5%	Quality Analytics Dept. Total	347,122	353,347	6,225	1.8%
369,356	549,369	180,013	32.8%	Health Plan Services Dept. Total	2,015,919	2,195,933	180,014	8.2%
564,306	723,192	158,886	22.0%	Case & Disease Mgmt. Dept. Total	2,838,787	2,997,669	158,882	5.3%
308,734	246,560	(62,174)	(25.2%)	Medical Services Dept. Total	695,795	633,617	(62,178)	(9.8%)
387,671	1,130,828	743,157	65.7%	Quality Management Dept. Total	2,198,207	2,941,361	743,154	25.3%
22,266	52,079	29,813	57.2%	HCS Behavioral Health Dept. Total	152,796	29,813	16,331	16.3%
115,103	127,762	12,659	9.9%	Pharmacy Services Dept. Total	559,215	571,876	12,661	2.2%
31,778	54,300	22,522	41.5%	Regulatory Readiness Dept Total	127,882	150,406	22,524	15.0%
1,866,454	2,856,831	990,377	34.7%	Total Other Benefits and Services	8,935,724	9,926,100	990,377	10.0%

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10. MED EXP 22

12/17/21
REPORT #8A

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2021

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Reinsurance Expense				
(\$834,533)	(\$407,713)	\$426,820	(104.7%)	Reinsurance Recoveries	(\$3,035,177)	(\$2,608,355)	\$426,822	(16.4%)
542,946	543,617	671	0.1%	Stop-Loss Expense	2,701,225	2,701,896	671	0.0%
(291,587)	135,904	427,491	314.6%	Total Reinsurance Expense	(333,952)	93,541	427,493	457.0%
\$92,058,768	\$95,591,646	\$3,532,878	3.7%	TOTAL MEDICAL EXPENSES	\$465,599,609	\$469,132,497	\$3,532,889	0.8%

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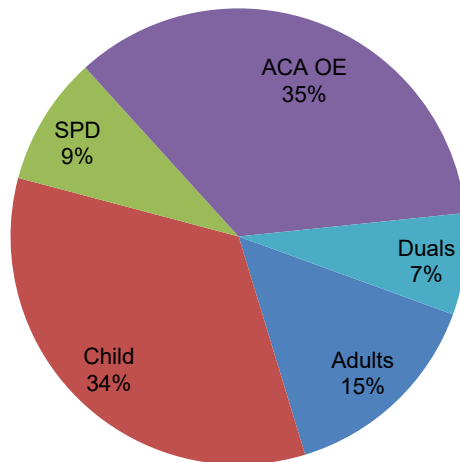
10. MED EXP 22

12/17/21
REPORT #8A

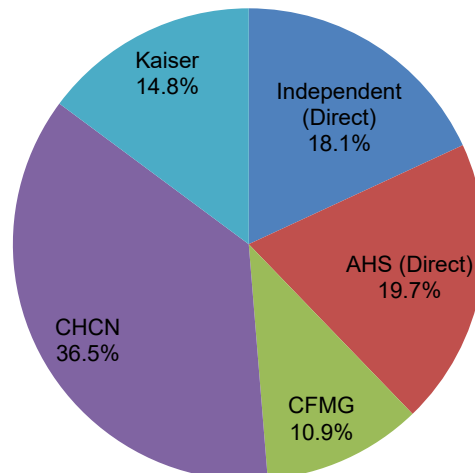
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	Nov 2021	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	42,623	15%	9,085	8,900	658	16,232	7,748
Child	97,935	34%	9,163	8,746	29,410	32,796	17,820
SPD	26,427	9%	8,330	4,093	1,079	10,916	2,009
ACA OE	101,508	35%	16,220	33,202	1,118	37,722	13,246
Duals	20,832	7%	8,168	2,230	1	7,465	2,968
Medi-Cal	289,325		50,966	57,171	32,266	105,131	43,791
Group Care	5,826		2,472	902	-	2,452	-
Total	295,151	100%	53,438	58,073	32,266	107,583	43,791
Medi-Cal %	98.0%		95.4%	98.4%	100.0%	97.7%	100.0%
Group Care %	2.0%		4.6%	1.6%	0.0%	2.3%	0.0%
<i>Network Distribution</i>			18.1%	19.7%	10.9%	36.5%	14.8%
			% Direct: 38%		% Delegated: 62%		

Medi-Cal By Aid Category

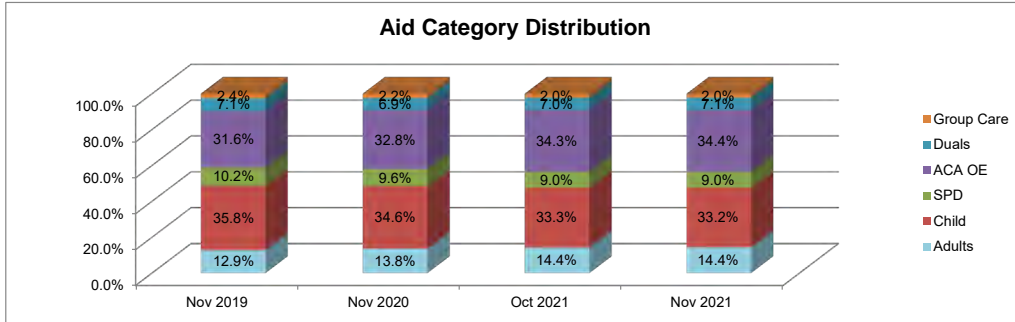


By Network

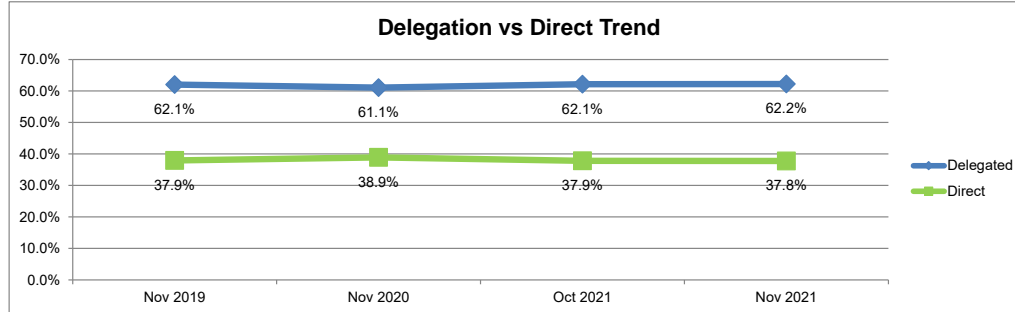


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

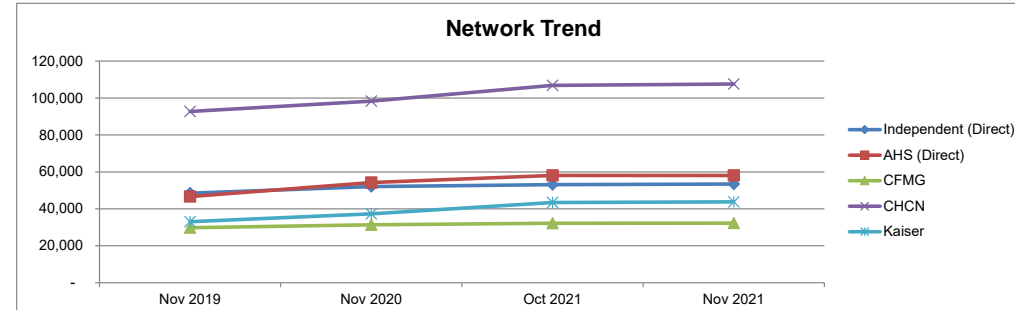
Category of Aid Trend											
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019 to Nov 2020	Nov 2020 to Nov 2021	Oct 2021 to Nov 2021
Adults	32,357	37,638	42,177	42,623	12.9%	13.8%	14.4%	14.4%	16.3%	13.2%	1.1%
Child	89,711	94,620	97,636	97,935	35.8%	34.6%	33.3%	33.2%	5.5%	3.5%	0.3%
SPD	25,691	26,314	26,366	26,427	10.2%	9.6%	9.0%	9.0%	2.4%	0.4%	0.2%
ACA OE	79,104	89,752	100,844	101,508	31.6%	32.8%	34.3%	34.4%	13.5%	13.1%	0.7%
Duals	17,779	18,990	20,692	20,832	7.1%	6.9%	7.0%	7.1%	6.8%	9.7%	0.7%
Medi-Cal Total	244,642	267,314	287,715	289,325	97.6%	97.8%	98.0%	98.0%	9.3%	8.2%	0.6%
Group Care	6,056	5,982	5,880	5,826	2.4%	2.2%	2.0%	2.0%	-1.2%	-2.6%	-0.9%
Total	250,698	273,296	293,595	295,151	100.0%	100.0%	100.0%	100.0%	9.0%	8.0%	0.5%



Delegation vs Direct Trend											
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019 to Nov 2020	Nov 2020 to Nov 2021	Oct 2021 to Nov 2021
Delegated	155,564	166,940	182,465	183,640	62.1%	61.1%	62.1%	62.2%	7.3%	10.0%	0.6%
Direct	95,134	106,356	111,130	111,511	37.9%	38.9%	37.9%	37.8%	11.8%	4.8%	0.3%
Total	250,698	273,296	293,595	295,151	100.0%	100.0%	100.0%	100.0%	9.0%	8.0%	0.5%

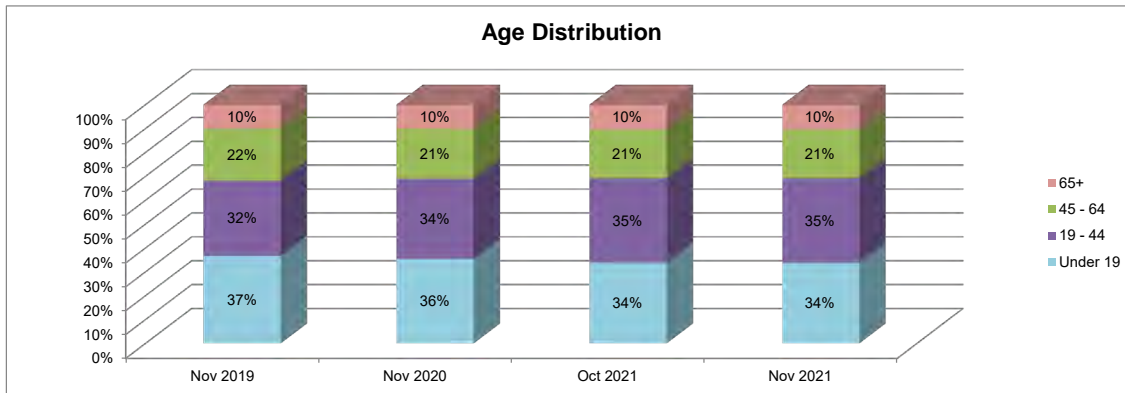


Network Trend											
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019 to Nov 2020	Nov 2020 to Nov 2021	Oct 2021 to Nov 2021
Independent	48,482	52,073	53,081	53,438	19.3%	19.1%	18.1%	18.1%	7.4%	2.6%	0.7%
(Direct)	46,652	54,283	58,049	58,073	18.6%	19.9%	19.8%	19.7%	16.4%	7.0%	0.0%
AHS (Direct)	29,790	31,336	32,232	32,266	11.9%	11.5%	11.0%	10.9%	5.2%	3.0%	0.1%
CFMG	92,730	98,274	106,808	107,583	37.0%	36.0%	36.4%	36.5%	6.0%	9.5%	0.7%
CHCN	33,044	37,330	43,425	43,791	13.2%	13.7%	14.8%	14.8%	13.0%	17.3%	0.8%
Total	250,698	273,296	293,595	295,151	100.0%	100.0%	100.0%	100.0%	9.0%	8.0%	0.5%

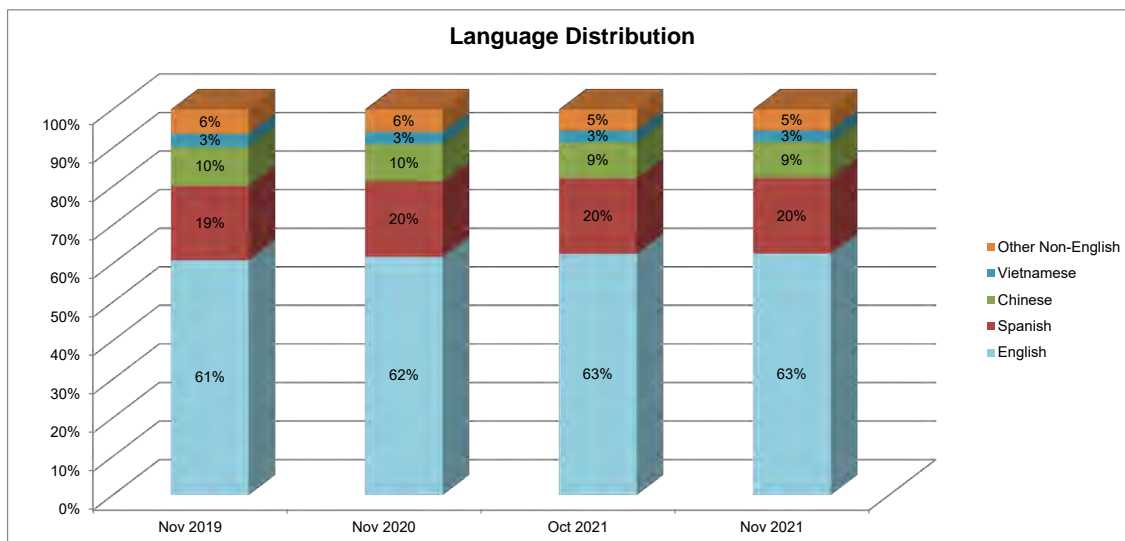


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Age Category	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019 to Nov 2020	Nov 2020 to Nov 2021	Oct 2021 to Nov 2021	
Under 19	92,318	97,068	99,912	100,206	37%	36%	34%	34%	5%	3%	0%	
19 - 44	79,016	91,897	103,423	104,239	32%	34%	35%	35%	16%	13%	1%	
45 - 64	54,703	57,413	60,392	60,571	22%	21%	21%	21%	5%	6%	0%	
65+	24,661	26,918	29,868	30,135	10%	10%	10%	10%	9%	12%	1%	
Total	250,698	273,296	293,595	295,151	100%	100%	100%	100%	9%	8%	1%	



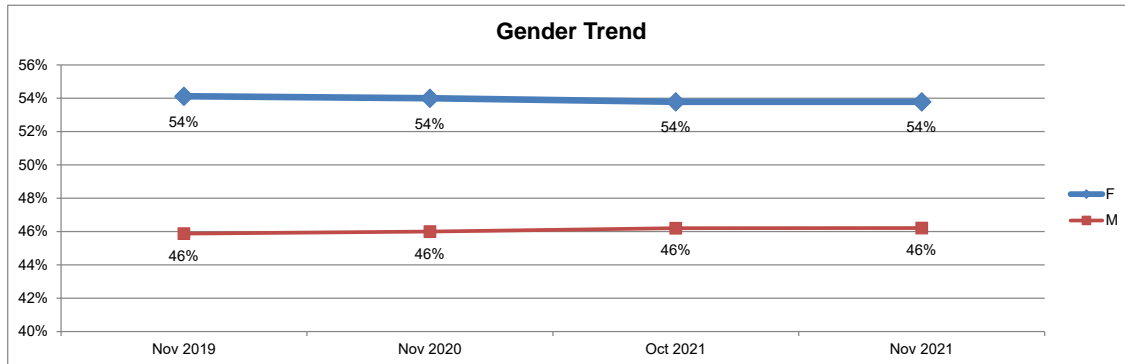
Language Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Language	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019 to Nov 2020	Nov 2020 to Nov 2021	Oct 2021 to Nov 2021	
English	152,766	168,901	183,672	184,858	61%	62%	63%	63%	11%	9%	1%	
Spanish	48,296	53,619	57,766	58,130	19%	20%	20%	20%	11%	8%	1%	
Chinese	25,541	26,401	27,509	27,553	10%	10%	9%	9%	3%	4%	0%	
Vietnamese	8,519	8,632	8,766	8,737	3%	3%	3%	3%	1%	1%	0%	
Other Non-English	15,576	15,743	15,882	15,873	6%	6%	5%	5%	1%	1%	0%	
Total	250,698	273,296	293,595	295,151	100%	100%	100%	100%	9%	8%	1%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

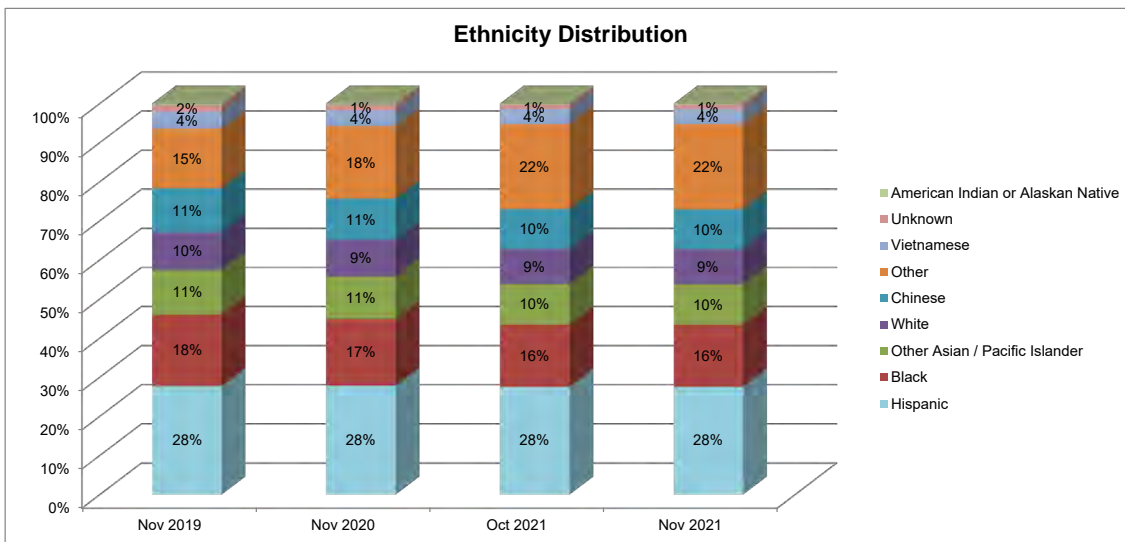
Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019 to Nov 2020	Nov 2020 to Nov 2021	Oct 2021 to Nov 2021
F	135,685	147,582	157,936	158,755	54%	54%	54%	54%	9%	8%	1%
M	115,013	125,714	135,659	136,396	46%	46%	46%	46%	9%	8%	1%
Total	250,698	273,296	293,595	295,151	100%	100%	100%	100%	9%	8%	1%



Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019	Nov 2020	Oct 2021	Nov 2021	Nov 2019 to Nov 2020	Nov 2020 to Nov 2021	Oct 2021 to Nov 2021
Hispanic	69,763	76,210	81,109	81,601	28%	28%	28%	28%	9%	7%	1%
Black	45,748	46,661	46,569	46,720	18%	17%	16%	16%	2%	0%	0%
Other Asian / Pacific Islander	28,680	29,787	30,710	30,820	11%	11%	10%	10%	4%	3%	0%
White	24,269	25,513	26,206	26,352	10%	9%	9%	9%	5%	3%	1%
Chinese	28,113	29,036	30,010	30,070	11%	11%	10%	10%	3%	4%	0%
Other	38,144	50,474	63,689	64,332	15%	18%	22%	22%	32%	27%	1%
Vietnamese	11,042	11,144	11,246	11,226	4%	4%	4%	4%	1%	1%	0%
Unknown	4,318	3,867	3,430	3,399	2%	1%	1%	1%	-10%	-12%	-1%
American Indian or Alaskan Native	621	604	626	631	0%	0%	0%	0%	-3%	4%	1%
Total	250,698	273,296	293,595	295,151	100%	100%	100%	100%	9%	8%	1%



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

Medi-Cal By City						
City	Nov 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	Kaiser
Oakland	114,543	40%	12,548	27,409	13,847	12,450
Hayward	45,174	16%	8,746	9,595	5,013	8,025
Fremont	26,011	9%	9,671	3,945	862	4,418
San Leandro	26,121	9%	4,345	4,040	3,378	4,694
Union City	12,282	4%	4,363	1,881	400	2,362
Alameda	11,078	4%	2,051	1,767	1,610	1,802
Berkeley	10,424	4%	1,499	1,677	1,292	1,629
Livermore	8,849	3%	979	803	1,916	1,609
Newark	6,646	2%	1,800	2,085	202	1,271
Castro Valley	7,174	2%	1,372	1,142	1,046	1,479
San Lorenzo	6,172	2%	928	1,046	718	1,309
Pleasanton	4,728	2%	896	457	497	836
Dublin	5,082	2%	910	457	672	971
Emeryville	1,954	1%	322	368	303	340
Albany	1,759	1%	277	218	349	368
Piedmont	336	0%	45	85	26	91
Sunol	58	0%	8	11	7	12
Antioch	24	0%	3	3	4	6
Other	910	0%	203	182	124	119
Total	289,325	100%	50,966	57,171	32,266	43,791

Group Care By City						
City	Nov 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	Kaiser
Oakland	1,964	34%	479	376	-	-
Hayward	653	11%	359	137	-	-
Fremont	607	10%	454	55	-	-
San Leandro	567	10%	226	90	-	-
Union City	319	5%	229	33	-	-
Alameda	289	5%	114	23	-	-
Berkeley	170	3%	53	10	-	-
Livermore	83	1%	32	1	-	-
Newark	141	2%	85	38	-	-
Castro Valley	183	3%	89	21	-	-
San Lorenzo	123	2%	55	17	-	-
Pleasanton	52	1%	28	1	-	-
Dublin	103	2%	37	9	-	-
Emeryville	29	0%	10	4	-	-
Albany	15	0%	7	2	-	-
Piedmont	13	0%	4	-	-	-
Sunol	-	0%	-	-	-	-
Antioch	26	0%	5	8	-	-
Other	489	8%	206	77	-	-
Total	5,826	100%	2,472	902	-	-

Total By City						
City	Nov 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	Kaiser
Oakland	116,507	39%	13,027	27,785	13,847	12,450
Hayward	45,827	16%	9,105	9,732	5,013	8,025
Fremont	26,618	9%	10,125	4,000	862	4,418
San Leandro	26,688	9%	4,571	4,130	3,378	4,694
Union City	12,601	4%	4,592	1,914	400	2,362
Alameda	11,367	4%	2,165	1,790	1,610	1,802
Berkeley	10,594	4%	1,552	1,687	1,292	1,629
Livermore	8,932	3%	1,011	804	1,916	1,609
Newark	6,787	2%	1,885	2,123	202	1,271
Castro Valley	7,357	2%	1,461	1,163	1,046	1,479
San Lorenzo	6,295	2%	983	1,063	718	1,309
Pleasanton	4,780	2%	924	458	497	836
Dublin	5,185	2%	947	466	672	971
Emeryville	1,983	1%	332	372	303	340
Albany	1,774	1%	284	220	349	368
Piedmont	349	0%	49	85	26	91
Sunol	58	0%	8	11	7	12
Antioch	50	0%	8	11	4	6
Other	1,399	0%	409	259	124	119
Total	295,151	100%	53,438	58,073	32,266	43,791



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

CalAIM Progress Report

Regulatory Programs Implementation

(CalAIM Enhanced Care Management, Community Supports and Major Organ Transplants
plus Rx Transition)

Status Report



Presented to the Alameda Alliance Board of Governors

*Scott Coffin, Chief Executive Officer
Dr. Steve O'Brien, Chief Medical Officer
Ruth Watson, Chief Projects and Programs Officer*

January 14th, 2022

Status Report

- **CalAIM Operational Readiness is divided into two phases, and includes all of our community-based organizations & other contracted entities for Enhanced Care Management (ECM), Community Supports (CS) and Major Organ Transplants (MOT)**
- **Phase One – “Day One”**
 - Focused on the successful transition of Whole Person Care (WPC) and Health Home Pilot Program (HHP) Participants and Major Organ Transplant (MOT) readiness – **total eligible members 4,295**
 - **1,959** participants successfully transitioned from WPC and HHP into ECM and CS
 - **1,014** to ECM, and **945** to CS - *42 participants are receiving both ECM and CS services*
 - Data Mining with program criteria identified **2,336** members newly eligible for ECM
 - Established referral process for adding new CS participants
- **Contracting**
 - Enhanced Care Management – 100% complete (10 providers)
 - Community Supports – 100% complete (5 providers)
 - Housing Services - Deposits, Navigation Services, Tenancy & Sustaining Services, and Asthma Remediation – HCSA contract approved by the Alameda County Board of Supervisors December 14th
 - Recuperative Care (Medical Respite) – contracts with BACS, Cardea Health and LifeLong were fully executed between December 15th and December 28th
 - Medically Supportive Food/Meals/Medically Tailored Meals – contract with Project Open Hand fully executed on December 3rd
 - Major Organ Transplants (MOT) – Center of Excellence (COE) Network certified with DHCS
 - Stanford – contract fully executed on December 20th
 - UCSF – Letter of Intent fully executed on December 21st

Status Report (cont'd)

➤ **Major Organ Transplant (MOT)**

- MOT patients in DHCS covered program will continue to be covered under the existing DHCS contract with current Centers of Excellence
- The Alliance's Health Care Service Department has received two (2) new referrals for transplant services and has initiated the process for coverage

➤ **Rx Transition**

- Successful transition of Medi-Cal Rx benefit to Magellan on 1/1/2022
- AAH Experience:
 - Low phone/retroactive prior authorization or appeal volumes
 - Systems are working OK
 - Daily files and reports are being received on time
 - Member complaints regarding wait times to speak to a customer service representative at Medi-Cal Rx (Magellan)



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Service you can trust.

Vaccination Incentive Program

COVID-19 Vaccinations & Incentives

Progress Report



Presented to the Alameda Alliance Board of Governors

Scott Coffin, Chief Executive Officer

January 14th, 2022

Progress Report

COVID-19 Vaccinations

- ▶ The Alliance as of January 10th, 2022:
 - ▶ 70.1% of Medi-Cal members 12 years and older are vaccinated (fully/partially) based on CAIR, encounter, claim, and HEDIS data; target to reach 85% by end of February.
 - Medi-Cal: 165,744 of 236,292 people (denominator increased by 5,961 members)
 - ▶ 81.7% of older adults (65 and older) are vaccinated
 - ▶ 76.8% of members 50 – 64 are vaccinated
 - ▶ 65.6% of members 26 – 49 are vaccinated
 - ▶ 66.7% of members 12 – 25 are vaccinated
 - ▶ 64.4% American Indian Alaskan Native
 - ▶ 52.1% Black/African American Members
- ▶ Averaging 1,108 vaccines a week, or approximately 4,400 per month
- ▶ Medi-Cal managed care enrollment continues to reach record-highs each month, and majority of the Alliance's newly enrolled Medi-Cal Beneficiaries are not vaccinated

Progress Report

Vaccination Outreach

- ▶ Live after-hours outbound calls started December 14th, 2021
 - ▶ Calls to unvaccinated members 12+, weekdays 4 pm to 7 pm weekdays, and Saturdays 10 am to 1 pm
 - ▶ Calls promote and facilitate vaccine appointments using County sites or refer the member to their primary care physician
 - ▶ Calls will prioritize Alameda Health System patients
 - ▶ Vendor also began texting campaign as a follow-up to live calls on January 7th
 - ▶ More than 2,000 “first attempt” calls completed
 - 15% successful answer rate
- ▶ Automated outbound calls continued to unvaccinated members 12+ households on January 7th
 - ▶ 5 – 11 years old member calls will start mid-January

Progress Report

Vaccination Outreach

- ▶ Second Postcard Mailing:
 - ▶ December 15th, 2021, to 68,343 unvaccinated members 12+
 - ▶ The 5 to 11 years old and Friends and Family postcards will start mid-January 2022.
 - The mailing includes the QR code link to the Alameda County vaccination sites and schedule
- ▶ Newsletters:
 - ▶ Provider Pulse Newsletter was published in December 2021 and included vaccine incentive information.
 - ▶ Member Connect Newsletter will be mailed in January 2022 to more than 150,000 member households and includes vaccine incentive information.
- ▶ BART and bus creative displays, and ethnic radio advertisements, started on December 13th and continues through March 6th, 2022.
- ▶ Combined impressions is approximately 1.4 million weekly impressions, since December 20th, 2021.

Progress Report

Vaccination Outreach

Future Member and Provider Vaccine Outreach Activities:

- ▶ The Alliance, Alameda County Public Health Department and Haller's Pharmacy promoting and distributing the vaccine at upcoming events.
 - ▶ Santa Rita Jail vaccine distribution
 - ▶ Hyperlocal neighborhood outreach, including County door to door outreach mid-January through February 28th, 2022
 - ▶ Haller's Pharmacy will provide three pop-up clinics beginning mid-January 2021. Sites to be determined. Haller's will also provide vaccine and boosters at Mastick Senior Center in Alameda on January 29th.
- ▶ Continuing partnerships with community providers, physicians, Alameda County Care Alliance, and other faith-based organizations
 - ▶ Support from ACCMA/SMMA Board Members

Progress Report

Vaccination Outreach

- ▶ Counter vaccine hesitancy and misinformation in disparate member populations
- ▶ Trusted physician conversations with patients and community forums early to mid-January through February 28th, 2022
- ▶ Dr. Lenoir and the African American Wellness Project (AAWP) radio and T.V. public service announcement campaign began mid-December 2021. AAWP will conduct a physician forum to encourage provider engagement with members in January 2022.
- ▷ Alliance CVS Pharmacy “bag tagging” program to promote vaccine uptake
 - ▶ Projected to reach 10K+ members at CVS stores throughout Oakland, San Leandro, and Hayward from mid-January 2022 through February 2022
- ▷ Alliance contracts for social media are being reviewed.
 - ▶ The Alliance is will work with social media platforms to boost COVID-19 vaccine posts that encourage vaccine uptake and counter misinformation.

Progress Report

Vaccination Outreach

- ▶ UCSF partnership to reach 5,000+ pediatric patients and families through school forums and text messaging campaigns.
 - ▶ UCSF clinical team to participate in school forums to help answer parent and caregiver questions about the vaccine for children 5 to 11 years old.
 - “Doc Talk” started December 7th, 2021
 - ▶ UCSF will send text messages to encourage vaccine uptake
- ▶ School Partnerships
 - ▶ School-based clinic outreach with the Alameda County Office of Education. Alliance will continue to share clinics through social media, live calls, print postcards and flyers through February 28th, 2022
 - ▶ Roots Community Clinics will offer vaccine clinics at all four Peralta Community College District Campuses beginning mid-January 2022
 - ▶ 1,000+ Alliance Back to School Safe backpack kits with vaccine resources, reusable face masks, hand sanitizer, and school supplies.

Progress Report

Vaccination Outreach

- ▶ Alameda County Care Alliance (ACCA) will conduct a “We Care About Your Health” campaign through 42 local churches using Alliance collateral to reach their congregation members and families in January and February.
 - ▶ Trusted conversations with faith-based leaders and caregiver providers
- ▶ Additional Community Partnerships:
 - ▶ Alameda County Community Food Bank partnership to identify vaccine education and pop-up clinic opportunities with more than 400 community sites
 - ▶ East Oakland Collective and Umoja Health vaccine education and pop-up clinics for more than 200 families that receive grocery distribution.
 - ▶ La Familia will conduct a month-long pilot program to include telephone calls and real-time vaccine registration to 1,000 Alliance members living in zip codes with low vaccination rates.
 - ▶ 1,500+ Alliance Care Bags for the Unhoused Backpack kits with vaccine and winter shelter resources, reusable face masks, hand sanitizer, toiletries, and non-perishable food items.



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

Operations

Matt Woodruff

To: Alameda Alliance for Health Board of Governors

From: Matthew Woodruff, Chief Operating Officer

Date: January 14th, 2022

Subject: Operations Report

Member Services

- 12-Month Trend Summary:
 - The Member Services Department received a thirteen percent (13%) increase in calls in December 2021, totaling 13,075 compared to 11,376 in December 2020. Call volume pre-pandemic in December 2019 was 14,149, which is eight percent (8%) higher than the current call volume.
 - December utilization for the member automated eligibility IVR system totaled eight hundred and three (803).
 - The abandonment rate for December 2021 was eighteen percent (18%), compared to five percent (5%) in December 2020.
 - The Department's service level was forty-eight percent (48%) in December 2021, compared to sixty-four percent (64%) in December 2020. The Department continues to recruit to fill open positions.
 - The average talk time (ATT) was six minutes and thirty-eight seconds (06:38) for December 2021 compared to six minutes and forty-four seconds (06:44) for December 2020.
 - The top five call reasons for December 2021 were: 1). Eligibility/Enrollment, 2). Kaiser 3). Change of PCP, 4). Benefits, 5). ID Card Request. The top five call reasons for December 2020 were: 1). Eligibility/Enrollment, 2). Kaiser, 3). Change of PCP 4). Benefits, 5). ID Card Requests.
 - The Department continues to service members via multiple non-contact communication channels (telephonic, email, web-based requests) while honoring the organization's policies. The Department responded to five-hundred sixty-two (562) web-based requests in December 2021 compared to six hundred-thirty (630) in December 2020. The top three web reason requests for December 2021 were: 1). Change of PCP 2). ID Card Requests, 3). Update Contact Information.

- Training:
 - Routine and new hire training are conducted via (remote) model by the MS Leadership Team until staff returns to the office.

Claims

- 12-Month Trend Summary:
 - The Claims Department received 175,441 claims in December 2021 compared to 123,248 in December 2020.
 - The Auto Adjudication was 83.8% in December 2021 compared to 75.9% in December 2020.
 - Claims compliance for the 30-day turnaround time was 97.0% in December 2021 compared to 97.6% in December 2020. The 45-day turnaround time was 99.9% in December 2021 compared to 99.9% in December 2020.
- Training:
 - Routine and new hire training is being conducted remotely by the Claims Trainer with the assistance of the managers/supervisors until the trainer is completely trained on all claim types.
- Monthly Analysis:
 - In December, we received a total of 175,441 claims in the HEALTHsuite system. This represents an increase of 5.02% from November and is higher by 52,193 claims than the number of claims received in December 2020; the higher volume of received claims remains attributed to COVID-19, COBA implementation, and increased membership.
 - We received 87% of claims via EDI and 13% of claims via paper.
 - During December, 99.9% of our claims were processed within 45 working days.
 - The Auto Adjudication rate was 83.8% for December.

Provider Services

- 12-Month Trend Summary:
 - The Provider Services department's call volume in December 2021 was 4,632 calls compared to 5,479 calls in December 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 261 calls/visits during December 2021.
 - The Provider Services department answered over 4,041 calls for December 2021 and made over 585 outbound calls.

Credentialing

- 12-Month Trend Summary:
 - At the Peer Review and Credentialing (PRCC) meeting held on December 21st, 2021, there were twenty-two (22) initial providers approved; five (5) primary care providers, eight (8) specialists, one (1) ancillary provider, and eight (8) midlevel providers. Additionally, twenty-one (21) providers were re-credentialed at this meeting; three (3) primary care providers, fifteen (15) specialists, one (1) ancillary provider, and two (2) midlevel providers.
 - Please refer to the Credentialing charts and graphs located in the Operations supporting documentation for more information.

Provider Dispute Resolution

- 12-Month Trend Summary:
 - In December 2021, the Provider Dispute Resolution (PDR) team received 656 PDRs versus 724 in December 2020.
 - The PDR team resolved 978 cases in December 2021 compared to 700 cases in December 2020.
 - In December 2021, the PDR team upheld 73% of cases versus 70% in December 2020.

- The PDR team resolved 99.7% of cases within the compliance standard of 95% within 45 working days in December 2021 compared to 99.7% in December 2020.
- Monthly Analysis:
 - AAH received 656 PDRs in December 2021.
 - In December, 978 PDRs were resolved. Out of the 978 PDRs, 713 were upheld, and 265 were overturned.
 - The overturn rate for PDRs was 27% which did not meet our goal of 25% or less.
 - Below is a breakdown of the various causes for the 265 overturned PDRs. Please note that there was one primary area that caused the Department to miss their goal of 25% or less. There was a larger than normal volume of overturns due to underpayment of ASC services, with 45 cases underpaid per the ASC contract. The system has been corrected to pend for processor manual workflow.
 - System Related Issues 22% (59 cases):
 - 7 cases: CES edit Update. (3%)
 - 35 cases: General configuration issues, Not Covered, Modifier, Delegated. (13%)
 - 17 cases: Incorrect Rate (6%)
 - Authorization Related Issues 28% (72 cases):
 - 31 cases: Processor errors when auth on file. (12%)
 - 31 cases: System code set up – Radiology, Retro, and CFMG auths (12%)
 - 10 cases: medical review (4%)
 - Additional Documentation Provided 6% (17 cases):
 - 17 cases: Duplicate claim documentation that allows for claims to be adjusted.
 - ASC 17% (45 cases)
 - 45 cases: Underpayments
 - Claim Processing Errors 27% (72 cases)
 - 22 cases: Duplicate (8%)
 - 30 cases: Various Processor errors. (11%)
 - 20 Cases: COB (8%)
 - 975 out of 978 cases were resolved within 45 working days resulting in a 99.7% compliance rate.

- The average turnaround time for resolving PDRs in December was 39 days.
- There were 1,197 PDRs pending resolution as of December 31st, 2021, with no cases older than 45 working days.

Community Relations and Outreach

The 2021 Year in Review Report:

1. Alliance Member Connect Newsletter:

- In 2021, the Alliance published a Spring/Summer 2021 published a Fall/Winter 2021 Alliance Member Connect Newsletter in our required threshold languages: English, Spanish, Chinese, Vietnamese, and Tagalog.
- On average more than 218,000 copies of each publication were and will be sent to member households to reach more than 290,000 members, and the publications were and will be posted to the Alliance website.
- Please see attached **Addendum A**.

2. Provider Pulse Newsletter:

- In 2021, the Alliance published a Spring/Summer 2021 and a Fall/Winter 2021 Provider Pulse Newsletter.
- The publication was posted to the Alliance website and emailed to more the 300 Alliance providers in June and December 2021.
- Please see attached **Addendum B**.

3. Print Ads:

- In 2021, the Alliance published six print and billboard ads, over 15 BART print and dynamic ads, 40 AC Transit Bus, and 30 transit shelter ads for more than 1.4 million weekly impressions. The Alliance also initiated more than 1,500 ethnic radio station ads for more than 500,000 weekly impressions. These efforts support access to care and services in our community.
- Please see attached **Addendum C**.

4. Outreach:

• 12-Month Trend Summary:

- In 2021, the Alliance published six print and billboard ads, over 15 BART print and dynamic ads, 40 AC Transit Bus, and 30 transit shelter ads for more than 1.4 million weekly impressions. The Alliance also initiated more than 1,500 ethnic radio station ads for more than 500,000 weekly impressions. These efforts support access to care and services in our community.

- The C&O Department reached 2,534 people (100% identified as Alliance members) during outreach activities.
 - The C&O Department spent a total of \$2,500 in donations, fees, and/or sponsorships.
 - The C&O Department reached members in more than 50 cities/unincorporated areas throughout Alameda County, Bay Area, and the United States.
- Quarterly Analysis:
 - In Q2 2021, the C&O Department completed 385 member orientations by phone.
 - Among the 385 people reached, 100% identified as Alliance members.
 - In Q2 2020, the C&O Department reached members in 30 cities / unincorporated areas throughout Alameda County.
 - Please see attached **Addendum D**.

5. Social Media and Website Engagement

- In 2021, the Alliance website received 115,332 unique visits and 112,471 new user visits. The top 10 website page visits were as follows:
 - i. [Homepage](#)
 - ii. [Providers](#)
 - iii. [Members](#)
 - iv. [Find a Doctor](#)
 - v. [Members Medi-Cal](#)
 - vi. [Medi-Cal Benefits and Covered Services](#)
 - vii. [Contact Us](#)
 - viii. [Get a New ID Card](#)
 - ix. [Careers](#)
 - x. [Find a Hospital](#)
- The Alliance Glassdoor page maintained a 3.1 out of 5-star overall rating, a 78% CEO Approval, and received seven (7) crowdsourced Glassdoor Reviews.
- The Alliance Facebook page had 118 original posts, and increased page likes to 544.
- The Alliance Instagram page debuted in June 2021, had 69 original posts, and increased to 133 followers.
- The Alliance Twitter page had 103 tweets and increased followers to 335.
- The Alliance LinkedIn page had 50 posts, increased to 3.1K followers, and received 717 clicks.
- The Alliance Yelp page appeared in 1,319 Yelp searches and received eight (8) crowdsourced reviews.
- Please see attached **Addendum E**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	December 2021
Incoming Calls (R/V)	13,075
Abandoned Rate (R/V)	18%
Answered Calls (R/V)	10,694
Average Speed to Answer (ASA)	03:45
Calls Answered in 60 Seconds (R/V)	48%
Average Talk Time (ATT)	06:38
Outbound Calls	3,901

Top 5 Call Reasons (Medi-Cal and Group Care) December 2021

Eligibility/Enrollment
Kaiser
Change PCP
Benefits
ID Card Request

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) December 2021

Change PCP
ID Card Request
Update Contact Info

Claims Department
November 2021 Final and December 2021 Final

METRICS		
Claims Compliance	Nov-21	Dec-21
90% of clean claims processed within 30 calendar days	98.3%	97.0%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	Nov-21	Dec-21
Paper claims	21,520	22,608
EDI claims	145,537	152,833
Claim Volume Total	167,057	175,441
Percentage of Claims Volume by Submission Method	Nov-21	Dec-21
% Paper	12.88%	12.89%
% EDI	87.12%	87.11%
Claims Processed	Nov-21	Dec-21
HEALTHsuite Paid (original claims)	105,793	130,934
HEALTHsuite Denied (original claims)	44,365	54,883
HEALTHsuite Original Claims Sub-Total	150,158	185,817
HEALTHsuite Adjustments	2,873	8,367
HEALTHsuite Total	153,031	194,184
Claims Expense	Nov-21	Dec-21
Medical Claims Paid	\$45,893,611	\$58,149,744
Interest Paid	\$37,363	\$48,455
Auto Adjudication	Nov-21	Dec-21
Claims Auto Adjudicated	124,333	155,739
% Auto Adjudicated	82.8%	83.8%
Average Days from Receipt to Payment	Nov-21	Dec-21
HEALTHsuite	19	19
Pended Claim Age	Nov-21	Dec-21
0-29 calendar days		
HEALTHsuite	17,343	14,651
30-59 calendar days		
HEALTHsuite	305	426
Over 60 calendar days		
HEALTHsuite	1	9
Overall Denial Rate	Nov-21	Dec-21
Claims denied in HEALTHsuite	44,365	54,883
% Denied	29.0%	28.3%

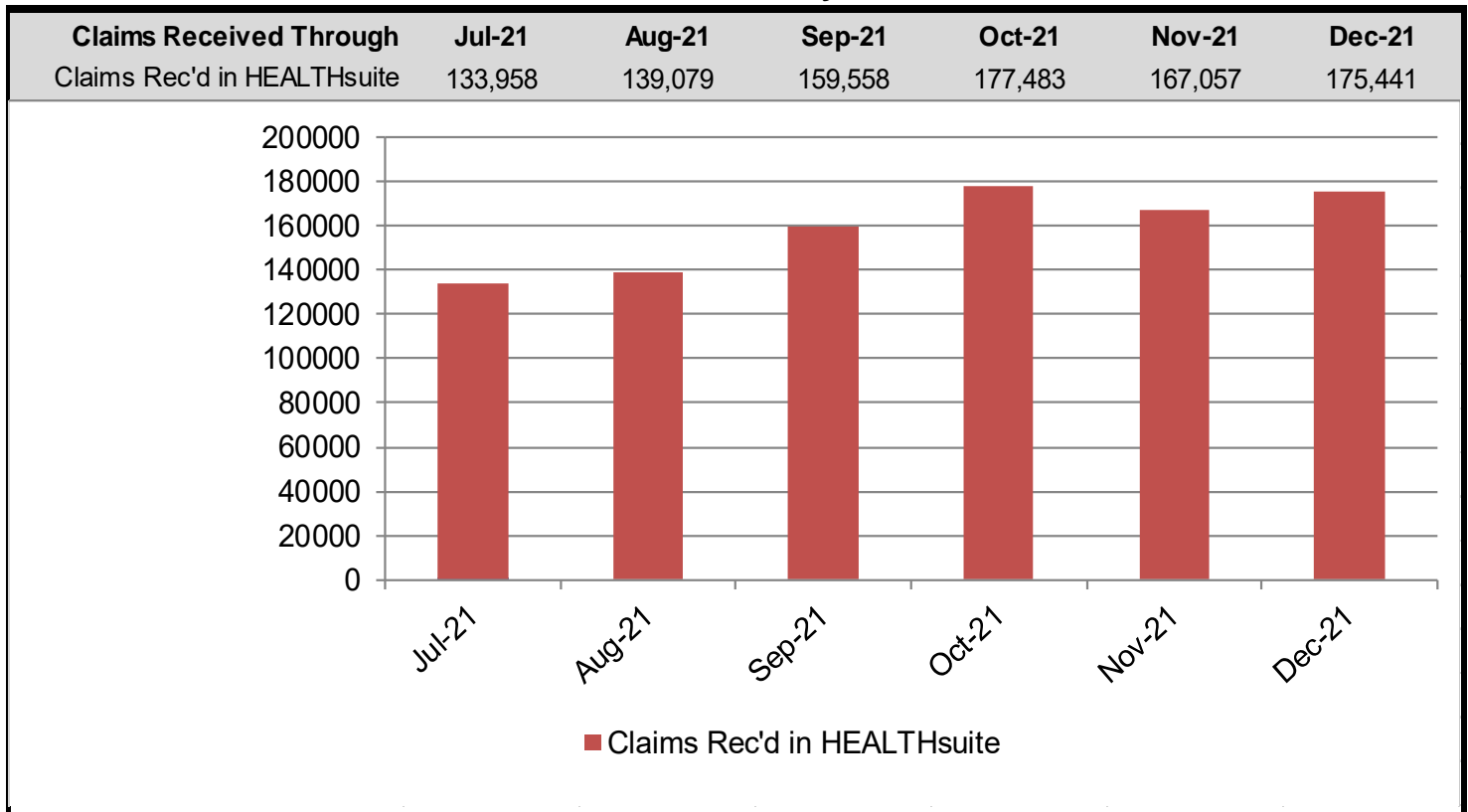
Claims Department

November 2021 Final and December 2021 Final

Dec-21

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	27%
No Benefits Found For Dates of Service	13%
Non-Covered Benefit for this Plan	11%
Duplicate Claim	10%
This is a Capitated Service	5%
% Total of all denials	66%

Claims Received By Month



Provider Relations Dashboard December 2021

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5343	4884	5816	5501	5222	5588	4688	4724	4936	5594	4680	4632
Abandoned Calls	1060	756	815	788	729	686	405	341	369	913	519	591
Answered Calls (PR)	4283	4128	5001	4713	4493	4902	4283	4383	4567	4681	4161	4041
Recordings/Voicemails	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (R/V)	611	533	511	464	414	462	254	207	213	445	280	290
Abandoned Calls (R/V)												
Answered Calls (R/V)	611	533	511	464	414	462	254	207	213	445	280	290
Outbound Calls	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Outbound Calls	881	689	1062	1048	933	940	660	734	792	735	699	585
N/A												
Outbound Calls	881	689	1062	1048	933	940	660	734	792	735	699	585
Totals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Incoming, R/V, Outbound Calls	6835	6106	7389	7013	6569	6990	5602	5665	5941	6774	5659	5507
Abandoned Calls	1060	756	815	788	729	686	405	341	369	913	519	591
Total Answered Incoming, R/V, Outbound Calls	5775	5350	6574	6225	5840	6304	5197	5324	5572	5861	5140	4916

Provider Relations Dashboard December 2021

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	2.8%	3.9%	3.1%	3.0%	2.7%	3.5%	3.8%	4.6%	4.0%	3.2%	3.8%	3.4%
Benefits	4.9%	3.4%	3.7%	3.1%	3.4%	2.8%	1.9%	0.3%	3.1%	2.8%	2.5%	2.5%
Claims Inquiry	38.8%	36.8%	39.4%	38.1%	40.6%	40.4%	41.6%	39.6%	40.2%	40.0%	40.1%	41.5%
Change of PCP	1.3%	3.6%	4.8%	4.1%	4.8%	5.3%	4.9%	5.5%	4.6%	4.9%	5.8%	3.8%
Complaint/Grievance (includes PDR's)	3.5%	3.6%	3.8%	3.6%	2.8%	3.1%	2.7%	2.8%	3.7%	3.9%	4.2%	4.7%
Contracts	0.5%	0.6%	0.3%	0.6%	0.5%	0.4%	0.6%	0.6%	0.8%	0.8%	0.7%	1.0%
Correspondence Question/Followup	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Demographic Change	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%
Eligibility - Call from Provider	25.0%	25.8%	24.3%	24.4%	25.1%	23.2%	25.8%	24.6%	22.3%	18.8%	21.1%	21.2%
Exempt Grievance/ G&A	0.2%	0.2%	0.2%	0.0%	0.4%	0.4%	0.2%	0.3%	0.0%	0.1%	0.2%	0.2%
General Inquiry/Non member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intrepreter Services Request	2.0%	1.8%	1.3%	1.2%	1.1%	1.1%	1.1%	1.3%	1.5%	2.3%	1.6%	1.2%
Kaiser	3.7%	0.2%	0.2%	0.4%	0.3%	0.3%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%
Member bill	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Provider Portal Assistance	3.6%	4.3%	4.0%	3.9%	4.3%	4.1%	4.0%	4.1%	6.9%	11.1%	8.4%	7.5%
Pharmacy	0.9%	0.9%	1.0%	1.1%	1.2%	0.7%	0.8%	0.8%	0.8%	1.0%	1.1%	0.9%
Provider Network Info	0.2%	0.1%	0.2%	0.2%	0.3%	0.5%	0.1%	0.1%	0.1%	0.3%	0.2%	0.1%
Transferred Call	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
All Other Calls	12.3%	14.4%	13.6%	16.0%	12.7%	14.0%	12.3%	15.0%	11.7%	10.7%	10.1%	11.7%
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%

Field Visit Activity Details

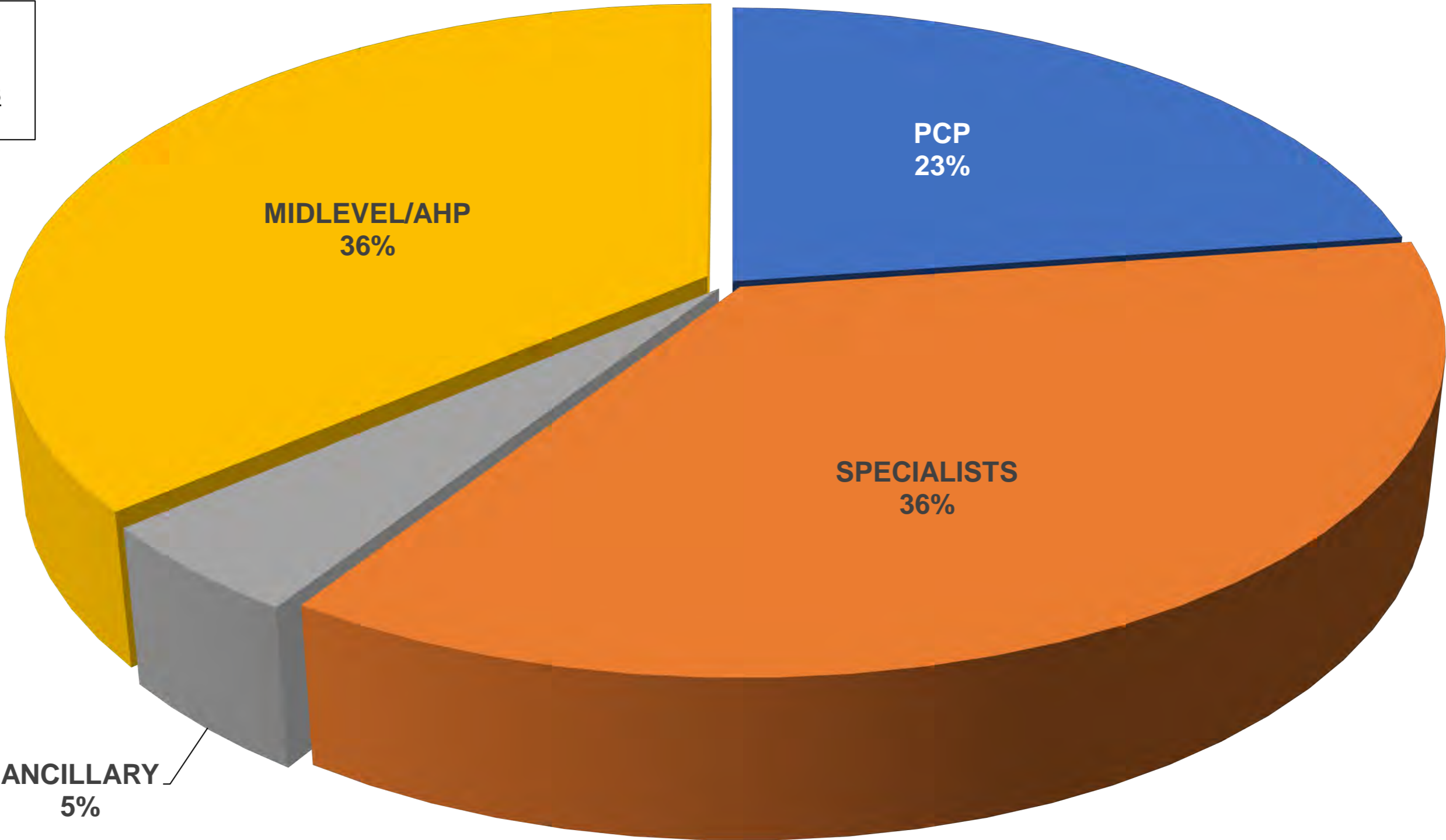
Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	11	11	16	12	8	15	7	15	5	5	6	1
Contracting/Credentialing	11	19	30	21	11	14	3	20	14	12	8	4
Drop-ins	0	0	0	0	0	0	0	0	0	0	0	0
JOM's	2	3	2	0	4	3	2	1	3	2	3	3
New Provider Orientation	11	31	12	10	10	19		16	0	26	31	21
Quarterly Visits	202	206	269	230	241	221	193	236	167	230	144	232
UM Issues	2	2	3	0	1	0	0	2	1	0	1	0
Total Field Visits	239	272	332	273	275	272	205	290	190	275	193	261

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALIAED PRACTITIONERS					
Practitioners		AHP 391	PCP 356	SPEC 624	PCP/SPEC 17
AAH/AHS/CHCN Breakdown		AAH 381	AHS 157	CHCN 425	COMBINATION OF GROUPS 425
Facilities	293				
VENDOR SUMMARY					
Credentialing Verification Organization, Symply CVO					
	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	23	21	25	Y	Y
Recred Files in Process	29	42	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	52				
CAQH Applications Processed in December 2021					
Standard Providers and Allied Health	Invoice not received				
December 2021 Peer Review and Credentialing Committee Approvals					
Initial Credentialing	Number				
PCP	5				
SPEC	8				
ANCILLARY	1				
MIDLEVEL/AHP	8				
	22				
Recredentialing					
PCP	3				
SPEC	15				
ANCILLARY	1				
MIDLEVEL/AHP	2				
	21				
TOTAL	43				
December 2021 Facility Approvals					
Initial Credentialing	11				
Recredentialing	5				
	16				
Facility Files in Process	13				
December 2021 Employee Metrics					
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/RECREC	CRED DATE
Aoki	Maki	Primary Care Physician	INITIAL	12/21/2021
Austin	Kristina	Specialist	INITIAL	12/21/2021
Beaulieu	Richard	Allied Health	INITIAL	12/21/2021
Bui	Nhat	Allied Health	INITIAL	12/21/2021
Ferguson	Jennifer	Allied Health	INITIAL	12/21/2021
Gangwar	Divya	Primary Care Physician	INITIAL	12/21/2021
Gentini	Raul	Primary Care Physician	INITIAL	12/21/2021
Gupta	Sachin	Specialist	INITIAL	12/21/2021
Helmand	Huma	Allied Health	INITIAL	12/21/2021
Hoang	Brittany	Allied Health	INITIAL	12/21/2021
Jamali	Amir	Specialist	INITIAL	12/21/2021
Kilaru	Prasad	Specialist	INITIAL	12/21/2021
Lee	Jennifer	Specialist	INITIAL	12/21/2021
Mount	Laura	Ancillary	INITIAL	12/21/2021
Mulder	Hannah	Allied Health	INITIAL	12/21/2021
Naderi	Tahereh	Primary Care Physician	INITIAL	12/21/2021
Pasricha	Malini	Specialist	INITIAL	12/21/2021
Samiaei	Nadieh	Allied Health	INITIAL	12/21/2021
Shankar	Geeta	Allied Health	INITIAL	12/21/2021
Thabit	Christina	Primary Care Physician	INITIAL	12/21/2021
Wilson	Carrie	Specialist	INITIAL	12/21/2021
Woo	Renee	Specialist	INITIAL	12/21/2021
Abudayeh	Nabil	Primary Care Physician and Specialist	RECRED	12/21/2021
Alberelli	Tonya	Specialist	RECRED	12/21/2021
Araneta	Christine	Allied Health	RECRED	12/21/2021
Bhandari	Bhupinder	Specialist	RECRED	12/21/2021
Cartwright	Wade	Specialist	RECRED	12/21/2021
Chan	Eliza	Ancillary	RECRED	12/21/2021
Chen	Sophia	Specialist	RECRED	12/21/2021
Chiu	Cynthia	Specialist	RECRED	12/21/2021
Eile	Susan	Specialist	RECRED	12/21/2021
Jones	Anthony	Specialist	RECRED	12/21/2021
Korah	Mariam	Specialist	RECRED	12/21/2021
Lash	Bhrett	Primary Care Physician	RECRED	12/21/2021
Melkumyan	Dalila	Allied Health	RECRED	12/21/2021
Neuwelt	Clark	Specialist	RECRED	12/21/2021
Pagtalunan	Maria	Specialist	RECRED	12/21/2021
Senekjian	Lara	Specialist	RECRED	12/21/2021
Sethi	Saurabh	Specialist	RECRED	12/21/2021
Shihabi	Nader	Specialist	RECRED	12/21/2021
Stine	Shelene	Primary Care Physician	RECRED	12/21/2021
Williams	Irina	Specialist	RECRED	12/21/2021
Wong	Bryan	Specialist	RECRED	12/21/2021

DECEMBER PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY

PCP	5
Specialists	8
Ancillary	1
MIDLEVEL/AHP	8
Total	22



Provider Dispute Resolution
November 2021 and December 2021

METRICS		
PDR Compliance	Nov-21	Dec-21
# of PDRs Resolved	639	978
# Resolved Within 45 Working Days	637	975
% of PDRs Resolved Within 45 Working Days	99.7%	99.7%
PDRs Received	Oct-21	Dec-21
# of PDRs Received	626	656
PDR Volume Total	626	656
PDRs Resolved	Nov-21	Dec-21
# of PDRs Upheld	449	713
% of PDRs Upheld	70%	73%
# of PDRs Overturned	190	265
% of PDRs Overturned	30%	27%
Total # of PDRs Resolved	639	978
Average Turnaround Time	Nov-21	Dec-21
Average # of Days to Resolve PDRs	40	39
Oldest Unresolved PDR in Days	45	49
Unresolved PDR Age	Nov-21	Dec-21
0-45 Working Days	1,483	1,197
Over 45 Working Days	0	0
Total # of Unresolved PDRs	1,483	1,197

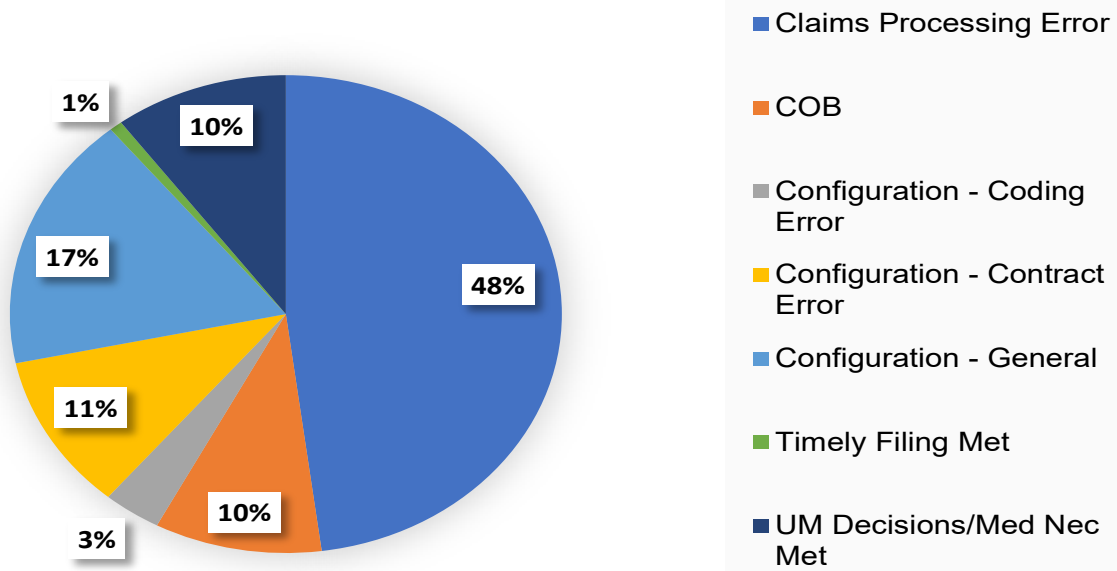
Provider Dispute Resolution

November 2021 and December 2021

Dec-21

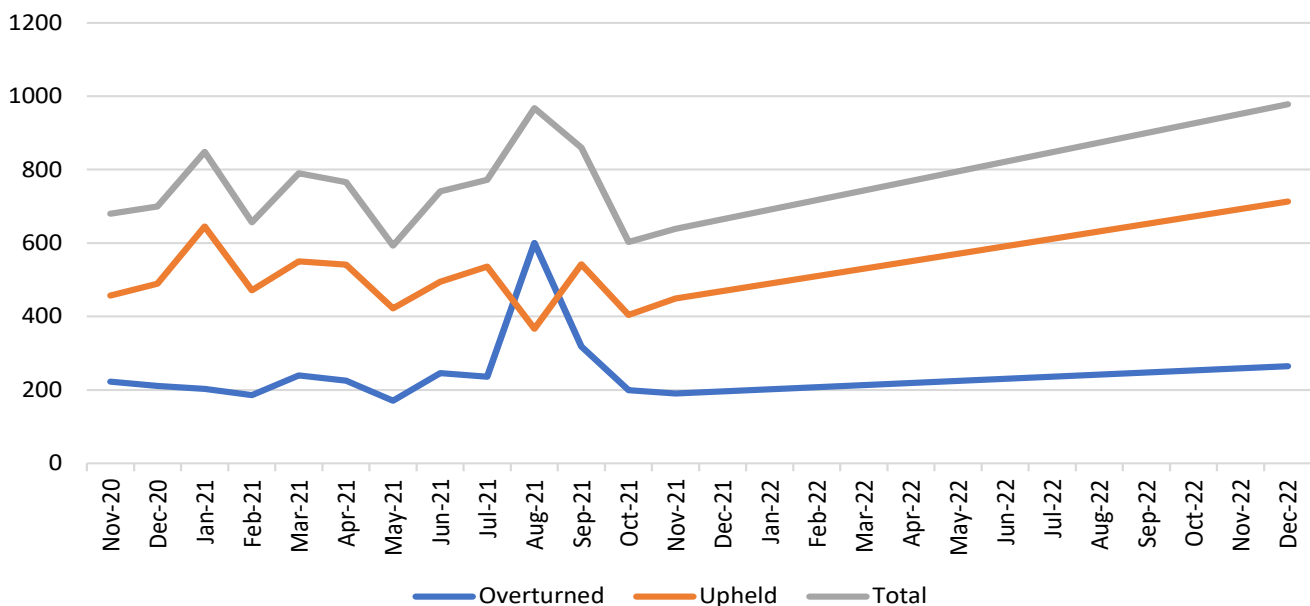
PDR Resolved Case Overturn Reasons

December 2021



Rolling 12-Month PDR Trend Line

December 2021



MEMBER CONNECT

Spring/Summer 2021

ALAMEDA
Alliance
FOR HEALTH

we are
ALAMEDA COUNTY

Helping People in Our Community Since 1996



25 YEARS STRONG

...and more than a quarter of a century of simply loving what we do!

Created by and for Alameda County residents, the Alliance was formed by our Alameda County Board of Supervisors in 1996. Today, we are the #1 choice for Medi-Cal and the only choice for Group Care in Alameda County. We serve more than 280,000 members and close to 2 out of every 10 people who live in our diverse county.

www.alamedaalliance.org

PO Box 3789
San Leandro, California 94578

ALAMEDA
Alliance
FOR HEALTH

(Continued on page 2)

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25 YEARS STRONG

(CONTINUED FROM PAGE 1)

For over 25 years, the Alliance has helped Alameda County by giving access to the care and services that we all need to live our best life. As we reflect on our many years of service, we remember the work that we do every day to help improve the health and well-being of our community. For three (3) generations and more to come, families, children, and all of the people who make up our dedicated provider partnerships, loyal members, and committed staff have all played a role in making this happen and have embraced the Alliance mission.

In our 25th year of serving our community, the Alliance membership has reached record highs, and our award-winning commitment to helping others and service excellence has received national awards. We are focused on giving the highest level of service, and we support our members and providers each day.



ALAMEDA
Alliance
FOR HEALTH

YEARS

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

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ADDRESS AND PHONE NUMBER CHANGES

If you move or get a new phone number, please call the Alliance Member Services Department at **1.510.747.4567**.

PROGRAM AND MATERIALS AT NO COST

Would you like to get more resources or learn more about classes and programs? Just fill out the **Alliance Wellness Program & Materials Request Form** on **page 24**, check the programs or materials that you want, and send it to us. Programs and materials are no cost to you as our Alliance member. To learn more, please call the Alliance Member Services Department at **1.510.747.4567** or visit **www.alamedaalliance.org/live-healthy**.

LANGUAGE SERVICES AT NO COST

We offer our Alliance members interpreters for health care visits and health plan documents in their language or other formats such as Braille, audio, or large print. For help with your language needs, please call the Alliance Member Services Department at **1.510.747.4567**.



Over the last six (6) years, our patient quality scores have gone from being the third lowest of all Medi-Cal managed care plans to performing as a “top 10” plan in California. Our quality scores have increased and show the outstanding care that our network of doctors provides to our members.

Our partnerships with our doctors continue to get stronger. Over the last six (6) years, satisfaction among our doctors has grown greatly – increasing from 58% to 85% satisfaction reported this past year. Year after year, 9 out of 10 Alliance doctors would recommend us to other providers.

Our quality and satisfaction improvements would not be possible without the hard work of our great Member Services team. Last year they earned national certification as a Center of Excellence through Benchmark Portal. This is an amazing accomplishment for the Alliance that benefits all of Alameda County.

In our 25th year, our dedication to helping people live better is stronger than ever before. It has not been easy. We have all faced the challenges of the ongoing pandemic and witnessed how the health care disparities and economic hardships are worse with COVID-19. The Alliance remains committed to breaking down health care barriers for our members. We are confident that our ongoing work with our community, county, and provider partners will help us continue to deliver high-quality health care services for years to come.

We are proud to serve Alameda County, today, tomorrow, and well into the future – and we look forward to helping to create a healthier community for all.

PROVIDER SPOTLIGHT: DR. MISRA



The Alliance is honored to partner with Dr. Sourjya Misra in our mission to create a healthy community for all.

Dr. Misra specializes in urology (treatment of the system that makes urine), and has a passion for helping others and taking care of patients who are really sick. As a leader in health care innovation, Dr. Misra has served our community for many years. He shares his expertise, experience, and leadership in conducting specialized urodynamic studies (bladder imaging tests) to help provide the best care. As a demonstration of his commitment to care and dedication to innovation, during the pandemic, Dr. Misra transitioned to telehealth visits, to help ensure no patient goes unseen or without care.

Dr. Misra appreciates his partnership with the Alliance, and he is grateful for the opportunity that he has to use his gifts and talents to make a difference in the lives of his patients and our community.

Alliance members can work with their primary care doctor to choose Dr. Misra as their urologist specialist.

To learn more, please visit **www.alamedaalliance.org** or call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments
(CRS/TTY): **711/1.800.735.2929**

Do you want to learn more about Dr. Misra?

Please visit our website to watch a short video at **www.alamedaalliance.org**. You can also connect with us on Facebook and Twitter to view the video.



www.facebook.com/alamedaallianceforhealth



[@alamedaalliance](https://twitter.com/alamedaalliance)

YOU CAN STOP FRAUD, WASTE, AND ABUSE



Health care fraud, waste, and abuse cost taxpayers more than \$100 billion annually. You can help stop fraud by reporting it.

What is health care fraud?

Health care fraud includes intentionally making false statements, misrepresentations, or leaving out facts from any record, bill, claim, or any other form in order to obtain services, or any type of payment for health care services for which you are not entitled.

Examples of fraud:

Members:

- Lend or give an Alliance member ID card to someone else.
- Pretend to be someone else to obtain services.
- Alter or forge a prescription.
- Conceal assets or income in order to gain coverage.
- Falsify information in order to obtain narcotic medication.

Providers:

- Bill for services, procedures, and supplies not rendered, or different from what was rendered to the patient.
- Provide services to patients that are not medically necessary.
- Balance bill a Medi-Cal member for Medi-Cal covered services.

Pharmacies:

- Bill for a brand-name prescription when dispensing a generic.
- Dispense a different medication than what was prescribed.
- Alter the quantity of the prescription without proper documentation.
- Buy back prescription medication for resale.

If you suspect fraud by our health plan, doctors, pharmacies, or members, please report it by calling:

Medi-Cal Fraud Hotline (Toll-Free):
1.800.822.6222

Alliance Compliance Hotline (Toll-Free):
1.855.747.2234

Alliance FWA Email:
compliance@alamedaalliance.org

Alliance Compliance Officer:
Richard Golfin III

Thank you for helping us fight fraud, waste, and abuse.

To report a potential compliance issue, please fill out the Compliance Incident Report Form on the Alliance website at
www.alamedaalliance.org/fraud-prevention.

THE ALLIANCE WANTS YOU TO STAY HEALTHY! PLEASE COMPLETE YOUR COVID-19 VACCINE



If you have received your COVID-19 vaccine, we'd like to say thank you on behalf of the Alliance and all of our partners in Alameda County, for doing your part to help keep our community healthy, safe, and strong. We are all in this together.

The vaccine is now available to all Alliance members ages 12 years and older. Scheduling an appointment is quick and easy, and walk-up options are available. In-home appointments are also available if you are unable to leave your home.

If you have not yet received your COVID-19 vaccine, and you would like to request an appointment, or if you still need to complete your second dose, please visit www.alamedaalliance.org to see a list of locations to get the COVID-19 vaccine.

When you have finished getting your vaccine, let us know by calling the Alliance Member Services Department at **1.877.932.2738**. We have a gift for eligible Alliance members who complete the required doses. While supplies last, you may be able to receive a \$10 Foodmaxx or Safeway grocery gift card.



**If you have questions about the vaccine process,
or the grocery gift card, please contact the Alliance
Member Services Department at 1.877.932.2738.**

Questions? Please call the Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY):

711/1.800.735.2929

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)



To improve the quality of life and health outcomes of the Medi-Cal members, CalAIM seeks to build on the promising whole person care approaches that were introduced in past federal waivers. Along with other managed care health plans in the state, the Alliance will create a population health management program that will provide wrap-around flexible services to help keep our most vulnerable Medi-Cal members healthy by helping them navigate complex health care and other delivery systems, addressing social determinants of health, and reducing health disparities.

Due to the public health emergency and the need for resources to be focused on addressing the pandemic, the California Department of Health Care Services (DHCS) made the decision to postpone the California Advancing and Innovating Medi-Cal (CalAIM). The original schedule was January 2021. While the state continues to fight COVID-19, DHCS announced that CalAIM will begin in January 2022.



Starting in 2022, the Alliance will offer the new Enhanced Care Management (ECM) benefit and In-Lieu-of Services (ILOS) options. This will build on our work through the Health Homes and Whole Person Care programs that the Alliance and Alameda County have piloted over the last few years. A few of the Populations of Focus for ECM include people experiencing (or at risk of) homelessness, people who frequently utilize emergency or inpatient services, patients transitioning from skilled nursing facilities, people transitioning from incarceration, and children or youth with complex care needs. Along with this important benefit, the Alliance will also begin to offer ILOS, which is flexible wrap-around support that will help us address medical or social determinants of health that our members experience. Some potential ILOS services include housing-related services, home-based services, day habilitation programs, respite for caregivers, and medically tailored meals.

To learn more about ECM and ILOS, please visit the California DHCS website at www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx.

ADVERSE CHILDHOOD EXPERIENCES

The Office of the California Surgeon General shared its first report on Adverse Childhood Experiences (ACEs), such as abuse, neglect, and violence, and toxic stress. Based on the report, 62% of California adults have experienced at least one (1) ACE, and 16% have experienced four (4) or more ACEs. ACEs are strongly associated with some of the most serious health conditions, including 9 out of 10 leading causes of death. The report provides tools to address ACEs through evidence-based and cross-sector approaches, and is a part of a larger effort to treat the impacts of toxic stress with trauma-informed care. In December of 2019, the Surgeon General and the California Department of Health Care Services (DHCS) launched the ACEs Aware program to screen Californians for ACEs. Since January 1, 2020, eligible Medi-Cal doctors receive a \$29 payment for conducting qualifying ACEs screenings for children and adults up to 65 years

old who have full-scope Medi-Cal. This program aims to reduce adverse childhood experiences in our diverse community and to cut toxic stress by half in one (1) generation. The Office of the Surgeon General and DHCS have committed to partnering with community organizations across the state to ensure that doctors have the tools and resources they need for ACEs screenings with their patients to provide the right response and care. A Trauma-Informed Network of Care road map has been developed to give practical steps that health care workers and social service and community organizations can take to expand networks of care that support children and adults who have been impacted by adverse childhood experiences and toxic stress.

To learn more about the ACEs Aware program and the new report, please visit www.acesaware.org.



THE ALLIANCE, ALL IN ALAMEDA COUNTY, AND PARTNERS LAUNCH FOOD AS MEDICINE PROGRAM AT LIFELONG MEDICAL CENTER



In January 2021, the Alliance, ALL IN Alameda County (ALL IN), and other community partners launched a Food as Medicine program at LifeLong Ashby Health Center, a community clinic that serves neighborhoods in Berkeley and North Oakland. Earlier this year, the Alliance invested \$275,000 to help efforts at local clinics, including the newest site at LifeLong Ashby Health Center. The Food as Medicine program aims to address the social determinants of health among Alameda County residents by prescribing patients nutrient-dense produce and connecting them to local help groups through weekly visits provided by Open Source Wellness.

"Today, more than 130 million Americans are affected by chronic diseases that are often preventable, treatable, and reversible. COVID-19 has highlighted the connection between chronic diseases and other crises we were facing prior to the pandemic – food insecurity, social isolation, and racism. COVID-19 is requiring us to work differently across silos to advance health equity," said Dr. Steven Chen, Chief Medical Officer of ALL IN.

This new model gives patients food prescriptions, and includes 16 weeks of vegetables that were delivered to the patients' doorsteps during the stay-at-home orders. The food prescriptions are filled by Dig Deep Farms. Dig Deep Farms is an urban farm that creates green economy jobs for people on probation. As part of the program, patients will also have access to group medical visits that bring them together virtually. These

visits will include physical activity, healthy food demonstrations, stress reduction, and social connection over the course of four months.

"[The] added stress and economic insecurity caused by the COVID-19 pandemic – particularly for communities of color – the ALL IN Alameda County Food as Medicine initiative located at the LifeLong Ashby Health Center has arrived at a critical moment," reflected Alameda County Supervisor Keith Carson. "This program not only acknowledges how food and nutrition impact our overall health – but it also uses strategies like the Food Farmacy and the Open Source Wellness program to reduce rates of anxiety, depression, and stress. [With this] innovative and holistic approach, it is my hope that we continue to break down barriers to food access and that more people in Alameda County will achieve greater health and well-being."

THE ALLIANCE, ALL IN ALAMEDA COUNTY, AND PARTNERS LAUNCH FOOD AS MEDICINE PROGRAM AT LIFELONG MEDICAL CENTER

(CONTINUED FROM PAGE 13)

Limited access to nutritious food has been linked to serious health complications, such as diabetes, high blood pressure and other chronic diseases. In Alameda County, it is estimated that close to 10% of residents are facing food insecurity, and more for those from low-income communities of color. The COVID-19 pandemic has only intensified the issue. The lack of nutritious food options for people of color can be linked to their higher rates of obesity and diabetes – conditions that lead to poor health outcomes and hospitalizations. Through the Food as Medicine program, primary care doctors and staff will screen patients for food insecurity and offer healthy food interventions along with group behavioral support to improve health, emotional well-being, and food security for Alameda County residents.

“This innovative program has become one of Alameda County’s primary strategies for addressing health disparities, which have only been exacerbated by the COVID-19 pandemic, in our most vulnerable families and communities,” said Alameda County Supervisor Wilma Chan. “As we expand Food as Medicine countywide, I am grateful for the invaluable partnership with the Alameda Alliance for Health and our other partners that clearly demonstrates our collective

commitment to addressing the root causes of health disparities.”

The Alliance’s investment will help expand the Food as Medicine program at LifeLong Ashby Health Center and help future Food as Medicine efforts. The Food as Medicine program has sites at Tiburcio Vasquez Health Center, Native American Health Center, and Hayward Wellness Center. Smaller Food Farmacies operate at La Clínica de La Raza, Roots Community Health Center, and West Oakland Health Center, with efforts to expand at existing and future sites throughout Alameda County.

“The impacts of food insecurity and social isolation in our community are creating high rates of health disparities including depression, diabetes, obesity, and hypertension” said Alliance Chief Executive Officer Scott Coffin. “The Food as Medicine program is urgently needed as we continue to deal with the COVID-19 pandemic and the disproportionate impact it is having on our Medi-Cal members and communities of color.”

To learn more about Food as Medicine efforts, please visit www.acgov.org/allin.

To learn more about the Alliance, please visit us at www.alamedaalliance.org.



WE NEED YOUR VOICE!



The Alliance is seeking members to be a part of our Member Advisory Committee (MAC).

This group meets with Alliance staff – including our CEO – four (4) times a year. Committee members share ideas and suggestions on how to improve services for you and your community.

Your input is vital to making sure our health care services meet your needs! A monetary stipend, childcare, and interpreters are offered.

To apply, please call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

DIABETES CHECKUPS

Taking care of your diabetes can be challenging, but you are not alone! When you go to your diabetes care visits, your health care team is there to help!

Your health care team can help you with the following:

- **A1C test:** Have this test done every six (6) months. If your treatment plan has changed, or you are having trouble meeting your blood sugar goals, then have this test every three (3) months.
- **Dental exam:** Have your teeth and gums cleaned twice a year or as your dentist recommends. Remember to let your dentist know that you have diabetes.
- **Flu shot:** Get your flu shot every year. People with diabetes are more likely to have complications from the flu. Also, having the flu can stress your body and as a result, affect your blood sugar.
- **Kidney test:** Get your kidneys checked every year. Your doctor can check how well your kidneys are doing with blood and urine tests.
- **Cholesterol:** Get your cholesterol checked every year. The only way to know your cholesterol level is by a blood draw.
- **Dilated eye exam:** Get your eyes checked every year or as recommended by your doctor. People with diabetes are at a higher risk for eye disease.
- **Complete foot exam:** Have your doctor check your feet every year. If you have had diabetes-related foot problems, you may need a foot exam more often.

To learn more about diabetes and health programs that can support you, please visit www.alamedaalliance.org/live-healthy-library and click "Diabetes" or call Alliance Health Programs at **1.510.747.4577**.

Do you need help with scheduling appointments and transportation?

Please call:

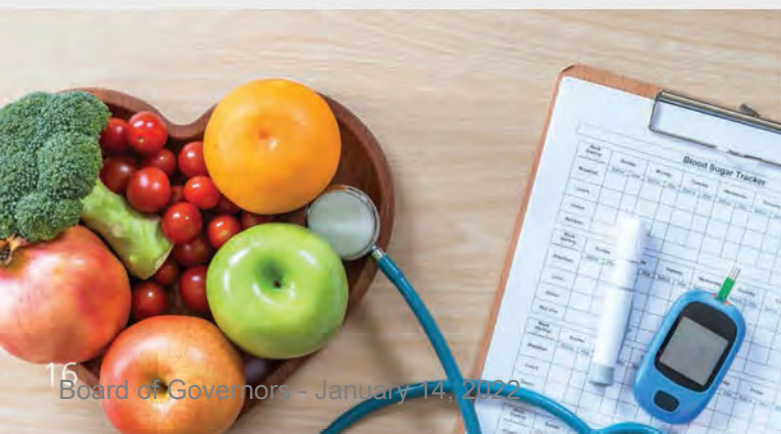
Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**



DON'T MISS OUT ON COVID-19 VACCINES!

It is great news that there are vaccines that can help protect you and your family from COVID-19. While this is exciting, you may also have some questions about the vaccine. Below are answers to common questions that you may have.

CAN I GET COVID FROM THE COVID-19 VACCINE?

No. You cannot get COVID-19 from getting the vaccine. The vaccine teaches your body how to respond to the virus so that your body can quickly begin to fight it if needed. You might feel some side effects like muscle aches or headaches for a couple of days after the shot, but this does not mean you are getting sick – your body is learning to defend itself.

IS THE COVID-19 VACCINE SAFE? HOW DO WE KNOW?

The COVID-19 vaccine is safe! The COVID-19 vaccines have been tested with tens of thousands of people in clinical trials. The United States Food and Drug Administration (FDA) carefully looked at all the safety data. All the data looked so good that it approved the vaccine to protect us. Millions of people around the world have now received the vaccine.

SHOULD I GET THE VACCINE IF I ALREADY HAD COVID-19?

Yes. People have gotten sick with COVID-19 more than once, so you should still get the vaccine.

WILL I HAVE TO PAY TO RECEIVE A COVID-19 VACCINE?

No. There is no cost to Alliance members to receive the vaccine.

HOW DO I GET THE COVID-19 VACCINE?

To sign up for a vaccine, please visit **covid-19.acgov.org/vaccines** or call the Alameda County COVID-19 Vaccine Appointment Line at **1.510.208.4829**.

You can also call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

STAY ACTIVE DURING THE PANDEMIC



During the pandemic it might be harder to keep children active at home. It is important to remember that regular physical activity is helpful for the body and mind. Physical activity helps improve our sleep, stress, mood, and energy. Here are some fun activities that you can do at home with your children:

- Have family playtime that gets the family up and moving.
- Have your children help out with chores around the house.
- Stay active during television commercials. Have everyone do jumping jacks or dance.
- Go outside. Go for a bike ride or a walk while social distancing.

Preschool kids need to be active throughout the day, while school-aged children and teens should aim to be active at least 60 minutes (1 hour) every day of the week. Remember, you can help your children be active by joining in the fun with them!

HEALTHY TEETH AT EVERY AGE

Keeping your teeth and mouth healthy also helps keep your body healthy at every age. It is important to visit your dentist regularly for checkups and practice good dental habits every day.

SEE YOUR DENTIST

Schedule a visit with your dentist for a teeth cleaning and checkup every six (6) months. If you or a family member has a painful or serious mouth or tooth problem, it is best not to wait, and you should call and see your dentist right away.

Children should see a dentist by age one (1) or when the first tooth appears. They will need to have a dental exam called a Kindergarten Oral Health Assessment (KOHA). Complete the KOHA sometime between one (1) year before and one (1) year after your child starts kindergarten. Ask your child's dentist about this.

During COVID-19, your dentist will take extra measures to keep you safe. But, if you are not feeling well, please call your dentist to reschedule.

GOOD DENTAL HABITS AT HOME

Brush and floss every day. Brush for two (2) minutes twice a day, every morning and at bedtime. Don't forget to floss your teeth at least once a day, too! It takes both brushing and flossing to keep your teeth healthy and clean.

Choose healthy foods and drinks. What is good for your body is also good for your teeth! Eat fresh fruits and vegetables, dairy products without added sugar, and lean protein sources such as chicken, fish, and tofu. Avoid starchy, sugary, and sticky foods. Water and milk are the best drinks for adults and children.

To learn more about dental health, you can contact:

Medi-Cal Dental
Toll-Free: **1.800.322.6384**
smilecalifornia.org

Alameda County Office of Dental Health
Phone Number: **1.510.208.5910**
dental.acphd.org



IMPORTANT REMINDER ABOUT PREVENTIVE CARE SERVICES FOR CHILDREN AND YOUTH



Schedule a Bright Futures preventive care services appointment for you or your child today!

The Alliance is here to help you and your family stay healthy and active. As your partner in health, we want to remind you to schedule Bright Futures preventive care services for your child with their primary care doctor.

Bright Futures preventive care services are for children under 21 years old that you or your child can get through Medi-Cal. These services are called Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and include physicals, nutrition, developmental and behavioral screenings, vision, hearing, and oral health screenings, blood tests for lead and illnesses such as tuberculosis, as well as all necessary vaccines, including the flu shot, to prevent disease. We also recommend the COVID-19 vaccine for children 12 years of age and older at least 14 days before or after other immunizations, per the CDC recommendations.

Also, one of the most important steps to take for your child is to have a blood lead screening test at 12 months and 24 months of age. Lead in the blood can cause damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems.

Other health issues or problems may also be found and addressed during this important exam. These services can be provided during annual well-child visits, and they are available at no cost through the Alliance.

If you or your child have not been seen by your doctor in the last year, please call your primary care doctor to make an appointment.

If you have questions about how to contact your doctor, or schedule Bright Futures preventive care services, please contact:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments: **711/1.800.735.2929**

QUALITY IMPROVEMENT PROGRAM

The Alliance Quality Improvement (QI) program helps improve care for our members. We look to see if you are getting regular exams, screenings, and tests that you need. We also see if you are happy with the care you get from our providers and the services we provide to you. Each year, we set goals to improve the care our members receive. The goals address care and service. We look yearly to see if we met our goals. To learn more about our QI program goals, progress, and results, please visit

www.alamedaalliance.org/members.

If you would like a paper copy of the QI program, please call the Alliance Member Services Department at **1.510.747.4567**.



NOTICE OF NON-DISCRIMINATION AND LANGUAGE ASSISTANCE

The Alliance complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

假如您看不懂本文件，需要協助或其他語文版本，請致電 Alliance 計畫成員服務處，電話 **1.510.747.4567**。

Nếu quý vị cần giúp đỡ đọc tài liệu này, xin gọi Ban Dịch Vụ Hội Viên Alliance tại số **1.510.747.4567**.



IMPORTANT PHONE NUMBERS

Emergency	911
Poison Control	1.800.222.1222
Alameda County Social Services Medi-Cal Center	1.800.698.1118 or 1.510.777.2300
Medi-Cal Plan Enrollment/Changes	1.800.430.4263

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

Main Line	1.510.747.4500
Member Services Department Monday – Friday, 8 am – 5 pm	1.510.747.4567
Toll-Free	1.877.932.2738
People with hearing and speaking impairments (CRS/TTY)	711/1.800.735.2929

CARE SERVICES

Behavioral Health Care Services	
Beacon Health Options	1.855.856.0577
Alameda County Behavioral Health Care Services (ACCESS)	1.800.491.9099
Dental Care Services	
Medi-Cal Members: Denti-Cal	1.800.322.6384
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	1.510.577.3552
Vision Care Services	
Medi-Cal Members: MARCH Vision Care	1.844.336.2724
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	1.510.577.3552
Nurse Advice Line	
Medi-Cal Members	1.888.433.1876
Group Care Members	1.855.383.7873

Alameda Alliance for Health Wellness Programs & Materials



Member Request Form — Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please select the topics that you want us to send you. You can also request the handouts in other formats. Many handouts can be found at www.alamedaalliance.org.



BOOKS

- ☐ Cookbook (*choose one*)
 - ☐ Diabetes
 - ☐ Healthy Eating
- ☐ What to Do When Your Child Gets Sick



CLASSES & PROGRAM REFERRALS

- ☐ Alcohol and Other Substance Use
- ☐ Asthma
- ☐ Breastfeeding Support
- ☐ CPR/First Aid
- ☐ Diabetes
- ☐ Diabetes Prevention Program (*prediabetes*)
- ☐ Healthy Weight
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking
(*please have Smokers' Helpline call me*)
- ☐ Senior Centers/Programs
- ☐ WW (*formerly Weight Watchers*)



MEDICAL ID BRACELETS OR NECKLACE

- ☐ Asthma
 - ☐ Child
 - ☐ Adult
- ☐ Diabetes
 - ☐ Child
 - ☐ Adult



WRITTEN MATERIALS

- ☐ Advanced Directive
(*medical power of attorney*)
- ☐ Alcohol and Other Substance Use
- ☐ Asthma
 - ☐ Child
 - ☐ Adult
- ☐ Back Care
- ☐ Birth Control and Family Planning
- ☐ Breastfeeding
- ☐ Car Seat Safety
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Exercise
- ☐ Healthy Eating
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking
- ☐ Safety
 - ☐ Baby
 - ☐ Child
 - ☐ Adult
 - ☐ Older Adult
- ☐ Sexual Health
- ☐ Stress and Depression

Name (self): _____

Child's Name (if applies): _____

Age of Child: _____

Address: _____

City: _____ Zip Code: _____

Materials are for: ☐ Child ☐ Adult ☐ Older Adult

Alliance Member ID Number: _____

Child's Member ID Number: _____

Preferred Language: _____

Phone Number: _____

Email Address: _____



To order, please send this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Phone Number: 1.510.747.4577

People with hearing and speaking impairments (CRS/TTY): 711/1.800.735.2929

MEMBER CONNECT

Fall/Winter 2021

ALAMEDA
Alliance
FOR HEALTH

we are
ALAMEDA COUNTY

Helping People in Our Community Since 1996



PROVIDER SPOTLIGHT: DR. DONNA CAREY

From Families to Communities, the Power of Larger-Scale Work

Dr. Donna Carey, MD, responded to a higher calling as an adolescent growing up in Tulare, CA. The youngest of three (3) siblings, and the only girl, she often found herself pushing boundaries while sparking a little flame in and outside of school, literally and figuratively. With the support and encouragement of her community and family, she pursued a lifelong journey in helping others and encouraging health and wellness. A double Bruin, Dr. Carey attended UCLA for her undergraduate career and graduated from the David Geffen School of Medicine at UCLA. Dr. Carey attended residency at Children's Hospital Oakland and later received a fellowship for adolescent medicine at UCSF.

www.alamedaalliance.org

PO Box 3789
San Leandro, California 94578

ALAMEDA
Alliance
FOR HEALTH

For 23 years, Dr. Carey enjoyed her work in hospital-based medicine where she delivered our youngest members, worked in the newborn intensive care unit (NICU), and tended to well babies.

(Continued on page 2)

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PAID
US POSTAGE
Alliance for Health

Board of Governors - January 14, 2022

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AND 2021-2022 HOLIDAY CALENDAR

The Alliance office will be closed in observance of the following holidays:

2021

Thanksgiving Day

Thursday, November 25th

Day After Thanksgiving

Friday, November 26th

Christmas Eve

Friday, December 24th

Christmas Day (Observed)

Monday, December 27th

2022

New Year's Day (Observed)

Monday, January 3rd

Martin Luther King Jr. Day

Monday, January 17th

President's Day

Monday, February 21st

Memorial Day

Monday, May 30th

Juneteenth Holiday (Observed)

Friday, June 17th

Independence Day

Monday, July 4th

Labor Day

Monday, September 5th

Thanksgiving Day

Thursday, November 24th

Day After Thanksgiving

Friday, November 25th

Christmas Eve

Friday, December 23rd

Christmas Day (Observed)

Monday, December 26th

PROVIDER SPOTLIGHT: DR. DONNA CAREY
(CONTINUED FROM PAGE 1)

Dr. Carey served as the chief of pediatrics for Alameda Health System (AHS). She was also the first chair of the Department of Pediatrics for AHS. AHS is one of the largest public health systems in California, and it is the safety net for Alameda County residents. In addition, Dr. Carey was the president of Sinkler Miller Medical Association, which is an organization of African American physicians in the Bay Area.

Dr. Carey wears multiple hats that complement each other well. As the first lady, and executive pastor at True Vine Ministries in West Oakland, Dr.

Carey helps organize community-focused, and community-minded events to promote and encourage health and wellness through health fairs and screenings. True Vine ministries has been crucial to Alameda County residents during the COVID-19 pandemic by providing vaccines at no cost, health care information, and other resources.

Not only does she enjoy her role as a pediatrician where she gets to see families on a one-on-one basis, she also has a passion for working with the Alliance to help create bigger change and implement policies to positively impact the lives of all of our members. Her compassion and empathy for our community aligns with the Alliance mission and vision and we are honored to work with Dr. Carey in caring for our members.

In her spare time, Dr. Carey enjoys the Bay Area outdoors by taking walks around Lake Merritt in Oakland, and the San Leandro Marina. In addition, she enjoys baking and is diligently working to perfect her mother's pound cake recipe. Dr. Carey shares COVID-19 updates and other important health and wellness information, and how to live well, on her YouTube channel "Talking with Dr. Donna."

The Alliance is honored to have Dr. Carey on our team as the medical director of **Case Management**. Her knowledge, experience, and advocacy work are invaluable for the Alliance, our members, provider partners, and our community.

For more information about Dr. Donna Carey, and to connect with her on social media, please visit **www.mydrdonna.com**.



COMING SOON! NEW AND IMPROVED ALLIANCE MEMBER PORTAL AND MOBILE APP!

At the Alliance, we value our dedicated member community. We have an important announcement that we would like to share with you.

You can now access many of the Alliance member portal features on your smartphone!

On our Alliance member portal and through your smartphone, you can:

- View your Alliance member ID card
- Choose your primary care provider (PCP) or doctor
- Update your contact information
- And much more!

Also, coming soon, we will have a new Alliance member mobile app to help you stay better connected to your health care information.

For more information, updates, and to sign up for the Alliance member portal today, please visit **www.alamedaalliance.org**.



IMPROVE YOUR BALANCE TO PREVENT FALLS



Can you name the four (4) types of exercise? They are endurance (also known as aerobics or cardio), strength, balance, and flexibility. It's important to work on all four (4) because each helps your body in different ways.

Exercises that improve balance and make your legs and hip muscles stronger can lower your chances of falling. They also help you feel better and more confident. Balance exercises can be done every day or as often as you would like. Talk to your doctor if you feel unsure about an exercise.

To improve your balance, you can try exercises such as:

- Marching in place
- Standing from a seated position
- Standing on one (1) foot
- Walking heel-to-toe
- Walking in a straight line
- Tai Chi
- Yoga

Start slowly and have a wall, sturdy chair, or person nearby. Over time, you may be able to do the exercises for longer or with less support.

To learn about programs and services for older adults in Alameda County that can help prevent falls, please call:

Alameda County Senior Information
Toll-free: **1.800.510.2020**

To download their "Fall Prevention Resource Guide for Older Adults," please visit **seniorinfo.acgov.org**.

For more fall prevention tips, please visit **www.alamedaalliance.org/live-healthy-library** and click "**Safety**."

You can also request materials to be mailed to you using the Alliance Wellness Programs & Materials Request Form found on **page 24**.

KICK START YOUR HEALTHY WEIGHT JOURNEY IN THE NEW YEAR



The key to keeping and reaching a healthy weight is making changes that you can keep up during your lifetime. These changes should include healthy eating and regular physical movement.

Tips to help you with your goals:

- **Commit to making a change.** Changing your lifestyle can be a big step. You can start by writing down or recording your goals and your promise to yourself.
- **Look at your current habits.** Make a note of what you are already doing, what you can change, and what things could make it harder for you to reach your goals.
- **Set goals that you can reach.** Make sure to keep your goals specific and realistic. Setting smaller goals and rewarding yourself can motivate you toward your bigger goals.
- **Look for resources and support.** You may find support with your family and friends. The Alliance also offers online or in-person healthy weight programs like WW (formerly Weight Watchers) and the Diabetes Prevention Program that can help you on your healthy weight journey.
- **Keep track of your progress.** Check in with yourself and your goals to see what is working and what needs to be changed.

Remember, every small change makes a difference.

If you would like to join a healthy weight program like WW or the Diabetes Prevention Program, please call Alliance Health Programs at **1.510.747.4577**. For more information, please visit **www.alamedaalliance.org/live-healthy-library** and click on "**Healthy Eating, Exercise, and Weight**."

You can also request materials to be mailed to you using the Alliance Wellness Programs & Materials Request Form found on **page 24**.

Source: CDC. **www.cdc.gov/healthyweight/losing_weight/getting_started.html**

YOU CAN QUIT SMOKING: HERE'S HOW

Quitting smoking is one of the most important steps you can take to improve your health. This is true no matter how old you are or how long you have smoked.

Many people who smoke become addicted to nicotine, a drug that is found naturally in tobacco. This can make it hard to quit smoking. But the good news is there are proven treatments that can help you quit.






COUNSELING PLUS MEDICINES

Using counseling and medicine together gives you the best chance of quitting for good.

Counseling

- Can help you make a plan to quit smoking.
- Can help you prepare to cope with stress, urges to smoke, and other issues you may face when trying to quit.


YOU CAN:

-  Talk to your doctor or a quit smoking counselor at your clinic.
-  Get coaching at no cost through a Quitline. Call Kick It California (formerly California Smokers' Helpline) toll-free at **1.800.300.8086** or visit **kickitca.org** (English, Spanish, Chinese, Vietnamese, and interpreters offered).
-  Use no-cost online resources like **smokefree.gov** (English, Spanish) and **cdc.gov/quit**.




Medicines

- Can help you manage withdrawal symptoms and cravings, so you can stay confident and motivated to quit.

YOU CAN:

-  Ask your doctor about treatments to help you quit smoking. You might use more than one (1) medicine to further increase your chances of quitting.

These include:

-  - Nicotine patch, gum, lozenge, inhaler, or nasal spray
-  - Varenicline
-  - Bupropion

Remember, even if you've tried before, the key to success is to keep trying and not give up. After all, more than half of U.S. adults who have ever smoked have quit.

For more resources about quitting smoking, please visit www.alamedaalliance.org/live-healthy-library and click "**Quit Smoking**." You can also request materials to be mailed to you using the Alliance Wellness Programs & Materials Request Form found on **page 24**.



2021 FLU SEASON

Get your flu shot today, and do your part to keep our community healthy, safe, and strong. This flu season, it is more important than ever to protect yourself, family, and others. All eligible Alliance members can get a flu shot at no cost.

Please call your doctor's office to find out the nearest location to receive your flu shot.

To learn more please visit www.alamedaalliance.org.

For more help, you can also call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone: **1.510.747.4567**

Toll-free: **1.877.932.2738**

People with speaking and hearing impairments (CRS/TTY):

711/1.800.735.2929



At the Alliance, we are always looking for ways to improve our member and provider satisfaction. The Alliance surveys members to learn about your experience with health care. Your answers to these surveys help us to make things better and enhance the quality of care for all of our members.

The survey questions may cover:

- Appointment and office wait times
- How well your doctors communicate with you
- How we meet your language needs
- How satisfied you are with the Alliance as your health plan
- Your experience with the Alliance and the health care you receive

About the surveys:

- The Alliance contacts a random sample of Alliance members.
- The surveys are first mailed. If we do not receive a response, we will follow up with a phone call.
- One (1) survey is offered in English, Spanish, Chinese, Vietnamese, and Tagalog, and the other is in English and Spanish.

We value your feedback on ways we are meeting your needs and how we can improve.

Thank you for taking the surveys if you are contacted!



TIMELY ACCESS STANDARDS*

The Timely Access Standards table below shows how quickly you should be able to schedule an appointment for each type of visit.

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

SPECIALTY/OTHER APPOINTMENT	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Non-Urgent Appointment with a Specialist Physician	15 Business Days of Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of Request
Non-Urgent Appointment with an Ancillary Service Provider	15 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

PA = Prior Authorization

Urgent Care refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Non-Urgent Care refers to routine appointments for non-urgent conditions.

Triage or Screening refers to the assessment of a member’s health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage and determine the urgency of the member’s need for care.

**Per Department of Managed Health (DMHC) and Department of Health Care Services (DHCS) Regulations, and National Committee for Quality Assurance (NCQA) Health Plan (HP) Standards and Guidelines.*

COVID-19 VACCINE

The Alliance is working hard to keep our community healthy, safe, and strong! We want you to have the information you need about COVID-19 and the vaccine – to help you, your family, your friends, and your loved ones make the best decisions for your health.

The COVID-19 vaccine is still your best shot for protection and preventing hospitalization and death from coronavirus disease. It is the best way to help protect yourself and your loved ones! The choice is yours.

Right now, all Alliance members age 5 and older can get the COVID-19 vaccine at no cost. Making an appointment is simple, and walk-up and in-home options are available.

To schedule an appointment, please visit: **bit.ly/AlCoSignUp** or call **1.510.208.4VAX**.

If you need transportation assistance to get to a COVID-19 vaccination site, please call the Alliance transportation reservation line at toll-free at **1.855.891.7171**, Monday through Friday, 8 am to 5 pm.

Alliance members who complete at least one (1) dose of the vaccine between September 21, 2021, and February 28, 2022, will be eligible to receive a state-sponsored \$50 grocery gift card, while supplies last.

Also, all Alliance members who have completed their COVID-19 vaccine and refer a friend or family member, who is also an Alliance member, to complete their vaccine between September 21, 2021, and February 28, 2022, will be eligible to receive a state-sponsored \$25 grocery gift card, while supplies last.

We are all in this together, and we can all work to be a part of the solution. Thank you for doing your part to help keep your loved ones and our community safe.

If you have questions about the vaccine or gift card process, please call the Alliance Member Services Department toll-free at **1.877.932.2738**.



ENHANCED CASE MANAGEMENT (ECM) NEW BENEFIT ALERT



The California Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) will start January 2022. The goal of this program is to improve the quality of life and health outcomes for Medi-Cal members. The program helps members navigate complex health care and social supports, like housing, food, and other needs to help all members have the best health outcomes.

Starting in 2022, the Alliance will offer the new Enhanced Care Management (ECM) benefit and Community Supports (CS) options. ECM will focus on people experiencing (or at risk of) homelessness, people who often visit the emergency room, people moving from skilled nursing facilities, and children or youth with complex care needs. ECM will also help people returning to the community after being in jail or prison.

Along with this important benefit, the Alliance will also begin to offer community support services like housing and home-based services, day programs, respite for caregivers, and medically tailored meals.

To learn more about ECM and CS, please visit the California DHCS website at www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx.

The Alliance is honored to be your partner in health. We want to let you know about a new Medi-Cal benefit called Enhanced Care Management (ECM).

ECM is a benefit that provides extra care coordination services to members with highly complex needs. This new benefit can help you get the care you need to stay healthy and coordinate the care you get from different doctors and others involved in your care.

Starting Saturday, January 1, 2022, some eligible Medi-Cal members can get ECM services from the Alliance.

What are ECM services?

If you qualify for ECM, you will have your own care team, including a care coordinator. This person will talk to you and your doctors, mental health providers, specialists, pharmacists, case managers, social services providers, and others to make sure everyone works together to get you the care you need. A care coordinator can also help you find and apply for other services in your community.

Your ECM care coordinator can help you:

- Find doctors and get appointments for health-related services you may need;
- Better understand and keep track of your medications;
- Set up a ride to get to your doctor visits;
- Find and apply for community-based services based on your needs, like housing supports or medically nutritious food; and
- Get follow-up care after you leave the hospital.

Getting ECM services will not change the Medi-Cal benefits you already have. It will give you extra help to better coordinate your care at no cost to you.

How do I find out if I can get this new benefit?

ECM will be offered to members at different times starting on Saturday, January 1, 2022. If any of the below apply to you, you may be eligible for ECM.

You can contact the Alliance to find out if ECM is available to you.

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone: **1.510.747.4567**

Toll-free: **1.877.932.2738**

People with speaking and hearing impairments (CRS/TTY): **711/1.800.735.2929**

ENHANCED CASE MANAGEMENT (ECM) NEW BENEFIT ALERT

(CONTINUED FROM PAGE 15)

Starting in January 2022:

- a. If you are an adult and do not currently have stable housing;
- b. If you are an adult and have difficult health issues, and you have needed to go to the hospital or Emergency Department many times over the last six (6) months;
- c. If you are an adult and have a serious mental health condition or struggle with drug or alcohol use;
- d. If you are an adult and were recently released from jail or prison and need help returning to living in the community.

Starting in January 2023:

- a. If you are an adult and are eligible for long-term care services because of your health condition, but don't want to stay in a nursing home or facility;
- b. If you are an adult and are staying in a nursing facility but would rather live at home;
- c. If you are an adult and were recently released from jail or prison;
- d. If you are under age 21 and were released from a juvenile detention center, jail, or prison.

Starting in July 2023:

- a. If a child or youth does not have stable housing;
- b. If a child or youth has difficult health issues and needed to go to the Emergency Department or the hospital many times over the last six (6) months or year;
- c. If a child or youth has a serious emotional or mental health issue;
- d. If a child or youth is already getting services through the California Children's Services (CCS)/CCS Whole Child Model (WCM) but has additional needs beyond their CCS condition;
- e. If a child or youth is, or has a history of being, part of a child welfare program or foster care.

If you qualify, you may be contacted about ECM services. You can also call the Alliance to find out if and when you can receive ECM. Or talk to your health care provider to find out if you qualify for ECM and when and how you can receive it.

Questions?

For questions about ECM, please call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone: **1.510.747.4567**

Toll-free: **1.877.932.2738**

People with speaking and hearing impairments (CRS/TTY): **711/1.800.735.2929**

NOTICE OF NON-DISCRIMINATION AND LANGUAGE ACCESS

Discrimination is against the law. The Alliance follows state and federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

English

ATTENTION: If you need help in your language call **1.877.932.2738** (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.877.932.2738** (TTY: **1.800.735.2929**). These services are at no cost.

Mensaje en Español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1.877.932.2738** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.877.932.2738** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

Khẩu Hiệu Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

Tagalog

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Libre ang mga serbisyong ito.



This past year has impacted our provider partners in unprecedented ways. Many have been on the front lines treating COVID-19 patients. Providers have also been dealing with the stress and financial impact of the pandemic. We know that provider satisfaction is tied to patient wellness, and we want to make sure our providers feel valued and supported. We are pleased to report that our partnerships with our providers remain strong.

Satisfaction among our doctors continues to increase each year. We have improved from 58 percent satisfaction in 2015 to over 85 percent satisfaction rate reported this past year. These numbers reflect the results of a survey conducted between October and December of 2020. The survey includes doctors, specialty care physicians, and behavioral health clinicians within the Alliance network. The survey measured provider satisfaction and how well the Alliance is meeting their needs and expectations.

During one of the toughest years in recent history, the Alliance worked to ensure that the providers in our network had access to the tools they needed to successfully care for their patients and our members. As the local health plan of choice, the Alliance remains mission-driven and committed to building and maintaining a motivated provider network that works to improve health for all.



At the Alliance, we are here to help you get the care you need. As your partner in health, we have an important update to share with you.

Effective Saturday, January 1, 2022, the Department of Health Care Services (DHCS) will manage the Medi-Cal pharmacy benefit instead of the Alliance. The new program will be called “Medi-Cal Rx.” We have put together frequently asked questions (FAQs) to provide information on the change.

What is changing?

Starting Saturday, January 1, 2022, DHCS is working with a new contractor, Magellan Medicaid Administration, Inc. (Magellan), to provide Medi-Cal Rx services. The Alliance will no longer be the administrator for the pharmacy benefit after Saturday, January 1, 2022.

What do I need to do?

Most Alliance members will not need to do anything. DHCS will automatically transition from the existing administrator to Magellan on Saturday, January 1, 2022. Your doctors and pharmacies know about the change and know what to do. There is no change in your Medi-Cal eligibility or benefits.

What happens now?

Your access to your pharmacy benefits will not change. There will be no change in how you pay for your medications. For most Medi-Cal members there is no cost. Most people will be able to use the same pharmacy they do now on January 1, 2022. If your pharmacy does not work with Medi-Cal Rx, you may need to choose another pharmacy.

Will I need to change my medications?

Most Alliance members will not have any change in their medications. Some medications may need approval from Magellan before you can get them. For these medications, your doctor or pharmacy will have to fill out a form and get approval when you renew your prescription. Your doctor might also talk to you about changing to a similar medication that doesn't need approval. Your doctor and pharmacy will know about this change.

Is the California Children's Services (CCS) program a part of the change?

Yes, the California Children's Services (CCS) program is included in the transition to Medi-Cal Rx. Magellan will manage your authorizations and pharmacy claims payment. Your provider and pharmacy will be trained and knowledgeable about the new program.

What should I do if I need a new medication after Saturday, January 1, 2022, and it requires prior authorization (PA)?

Medications that were covered before may or may not be covered by Medi-Cal Rx going forward. Your doctor can submit a PA request to Magellan if needed. For the first 180 days, no PA request is required for existing prescriptions without previously approved PAs for medications not on the Medi-Cal Contract Drug List. After 180 days, a PA request must be submitted to Magellan. Your doctor has until June 30, 2021 to submit the request.

What should I do if I have a pharmacy-service-related complaint after Saturday, January 1, 2022?

Starting Saturday, January 1, 2022, Magellan will handle all pharmacy service complaints. To submit a complaint, please visit www.medi-calrx.dhcs.ca.gov or call Magellan Customer Service toll-free at **1.800.977.2273**, 24 hours a day, 7 days a week, 365 days a year.

Please Note: You can only use the Magellan website and toll-free number to file a complaint on or after Saturday, January 1, 2022. Pharmacy complaints through the Alliance will be discontinued on Saturday, January 1, 2022.

How can I appeal a pharmacy benefit decision?

Appeals will be handled through a State Fair Hearing. If you disagree with a denial or change of Medi-Cal Rx services, you may request a State Fair Hearing. The California Department of Social Services has a State Fair Hearing process if you want to appeal a pharmacy benefit decision. This process is different from the appeals process you may have used with the Alliance. In a State Hearing, a judge reviews your request and makes a decision.



ADDRESS AND PHONE NUMBER CHANGES

If you move or get a new phone number, please let us know by calling the Alliance Member Services Department at **1.510.747.4567** (people with speaking and hearing impairments (CRS/TTY): **711/1.800.735.2929**).

PROGRAM AND MATERIALS AT NO COST

Would you like to get more resources or learn more about classes and programs? Just fill out the **Alliance Wellness Program & Materials Request Form** on **page 24**, check the programs or materials that you want, and send it to us. Programs and materials are no cost to you as our Alliance member. To learn more, please call the Alliance Member Services Department at **1.510.747.4567** (people with speaking and hearing impairments (CRS/TTY): **711/1.800.735.2929**). You can also visit **www.alamedaalliance.org/live-healthy**.

LANGUAGE SERVICES AT NO COST

We offer our Alliance members interpreters, including interpreters for individuals who are deaf and hearing impaired, for health care visits and health plan documents in their language. Aids and services for people with disabilities, like documents in braille and large print, are also available. For help with your language needs, please call the Alliance Member Services Department at **1.510.747.4567** (people with speaking and hearing impairments (CRS/TTY): **711/1.800.735.2929**).

QUALITY IMPROVEMENT PROGRAM

The Alliance Quality Improvement (QI) program helps improve care for our members. We look to find out if you are getting regular exams, screenings, and tests that you need. We also want to know if you are happy with the care you get from our providers and the services we provide to you. Each year, we set goals to improve the care our members receive. The goals address care and service. We look yearly to see if we have met our goals.

To learn more about our QI program goals, progress, and results, please visit **www.alamedaalliance.org/members**.

If you would like a paper copy of the QI program, please call the Alliance Member Services Department at **1.510.747.4567** (people with speaking and hearing impairments (CRS/TTY): **711/1.800.735.2929**).

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

(CONTINUED FROM PAGE 19)

If a service is denied or changed, a form to request a State Fair Hearing will automatically be sent to you with the notice of denial or change. You can also get the "State Hearing Request" form at www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx. Instructions and additional options can be found on the DHCS website.

After Saturday, January 1, 2022, you can also access the State Fair Hearing form by visiting www.medi-calrx.dhcs.ca.gov or by calling Magellan Customer Service toll-free at **1.800.977.2273** (TDD: **711**).

You may also ask for a State Hearing by calling toll-free at **1.800.952.5253** (TTY: **1.800.952.8349**). Please note that the number can be very busy so you may get a message to call back later.

You can get more information about the State Hearing Process by going to www.dhcs.ca.gov/services/medi-cal/pages/medi-calfairhearing.aspx.

Who do I contact for help or more information?

IF YOU BELONG TO A MEDI-CAL MANAGED CARE PLAN (MCP)	IF YOU GET YOUR CARE FROM FEE FOR SERVICE (FFS) MEDI-CAL
On or before Wednesday, March 31, 2021 <ul style="list-style-type: none">If you have questions about a medication or other pharmacy services, please call: Alliance Member Services Department Monday – Friday, 8 am – 5 pm Phone Number: 1.510.747.4567 Toll-Free: 1.877.932.2738 People with hearing and speaking impairments (CRS/TTY): 711/1.800.735.2929For Medi-Cal Rx general questions, please call: Medi-Cal Member Help Line Toll-Free: 1.800.541.5555 People with hearing and speaking impairments (TTY): 1.800.430.7077 On or after Saturday, January 1, 2022 <ul style="list-style-type: none">For all questions, please call: Magellan at the Medi-Cal Rx Call Center Toll-Free: 1.800.977.2273 (24 hours a day, 7 days a week, 365 days a year) People with hearing and speaking impairments (TDD): 711	On or before Wednesday, March 31, 2021 <ul style="list-style-type: none">If you have questions about a medication or other pharmacy services, please call: Medi-Cal Member Help Line Toll-Free: 1.800.541.5555 People with hearing and speaking impairments (TTY): 1.800.430.7077 On or after Saturday, January 1, 2022 <ul style="list-style-type: none">For all questions, please call: Magellan at the Medi-Cal Rx Call Center Toll-Free: 1.800.977.2273 (24 hours a day, 7 days a week, 365 days a year) People with hearing and speaking impairments (TDD): 711

Where can I get help finding a pharmacy?

Most pharmacies will accept your new coverage. To ask if your pharmacy will accept Medi-Cal Rx you can call the Medi-Cal Member Toll-Free Help Line at **1.800.541.5555** (TTY **1.800.430.7077**).

If you need help finding a pharmacy on or after January 1, 2022, use the Medi-Cal Rx Pharmacy Locator online at www.medi-calrx.dhcs.ca.gov or call Customer Service toll-free at **1.800.977.2273**, 24 hours a day, 7 days a week, (TTY **711**), Monday – Friday, 8 am – 5 pm.

Please Note: The website pharmacy locator will be available in March 2021 and the phone number starting April 1, 2021.

I'm eligible for both Medicare and Medicaid (Medi-Cal). How does this change affect me?

If you are eligible for both Medicare and Medi-Cal, Medi-Cal Rx may cover prescriptions Medicare does not, so you should talk to your doctor or pharmacy if you have any questions.

IMPORTANT PHONE NUMBERS

Service	Contact Number
Emergency	911
Poison Control	1.800.222.1222
Alameda County Social Services Medi-Cal Center	1.800.698.1118 or 1.510.777.2300
Medi-Cal Plan Enrollment/Changes	1.800.430.4263

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

Main Line	1.510.747.4500
Member Services Department Monday – Friday, 8 am – 5 pm	1.510.747.4567
Toll-Free	1.877.932.2738
People with hearing and speaking impairments (CRS/TTY)	711/1.800.735.2929

CARE SERVICES

Behavioral Health Care Services	
Beacon Health Options	1.855.856.0577
Alameda County Behavioral Health Care Services (ACCESS)	1.800.491.9099
Dental Care Services	
Medi-Cal Members: Denti-Cal	1.800.322.6384
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	1.510.577.3552
Vision Care Services	
Medi-Cal Members: MARCH Vision Care	1.844.336.2724
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	1.510.577.3552
Nurse Advice Line	
Medi-Cal Members	1.888.433.1876
Group Care Members	1.855.383.7873

Connect with us!



For questions about this notice, or Medi-Cal Rx general questions, please contact DHCS via email at rxcarveout@dhcs.ca.gov. Please make sure to write that you have a question about Medi-Cal Rx. Please do NOT include personal information in your first email. If DHCS staff needs more information to help you, they will reply with a secure email asking for your information.

Alameda Alliance for Health Wellness Programs & Materials



Member Request Form – Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please select the topics that you want us to send you. You can also request the handouts in other formats. Many handouts can be found at www.alamedaalliance.org.



CLASSES & PROGRAM REFERRALS

- ☐ Asthma
- ☐ Breastfeeding Support
- ☐ CPR/First Aid
- ☐ Diabetes
- ☐ Diabetes Prevention Program (*prediabetes*)
- ☐ Healthy Eating, Exercise, and Weight
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking

For translators:
for Chinese and
Vietnamese
translations
please have
it say: Asian
Smokers'
Quitline

→ (please have *Kick It California* call me)

- ☐ WW (formerly Weight Watchers)



MEDICAL ID

Choose one: ☐ Bracelet ☐ Necklace

- ☐ Asthma
 - ☐ Child ☐ Adult
- ☐ Diabetes
 - ☐ Child ☐ Adult



WRITTEN MATERIALS

- ☐ Advance Directive (*medical power of attorney*)
- ☐ Alcohol and Other Substance Use
- ☐ Asthma
- ☐ Back Pain
- ☐ Birth Control
- ☐ Car Seat Safety
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Healthy Eating, Exercise, and Weight
 - ☐ Child ☐ Adult
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy
- ☐ Preventive Care
- ☐ Quit Smoking
- ☐ Safety
 - ☐ Child ☐ Adult
- ☐ Sexual Health
- ☐ Stress and Depression
 - ☐ Child ☐ Adult

Name (self): _____

Alliance Member ID Number: _____

Child's Name (if applies): _____

Child's Member ID Number: _____

Age of Child: _____

Address: _____

City: _____ Zip Code: _____

Written Language: _____

Spoken Language: _____

The requested materials will be mailed to you. How may the Alliance contact you?

Please check all that apply:

- ☐ Phone: _____
- ☐ Email: _____
- ☐ Text: _____

ALAMEDA
Alliance
FOR HEALTH

To order, please complete this form on the member portal
at www.alamedaalliance.org or mail this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Phone Number: **1.510.747.4577** • Toll-Free: **1.855.891.9169**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**



PROVIDER

PULSE

INSIDE THIS ISSUE

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25 YEARS STRONG

...and more than two and a half decades of simply loving what we do!

Created by and for Alameda County residents, the Alliance was formed by our Alameda County Board of Supervisors. Today, we are the #1 choice for Medi-Cal and the only choice for Group Care in Alameda County. We serve more than 280,000 members and 2 out of every 10 people who live in our diverse county. For over 25 years, the Alliance has served Alameda County by providing much-needed services and access to health care that we all need to live our best life. As we reflect on our years of service, we are reminded of the collective work that we do every day to support and improve the health and well-being of our community. For three (3) generations and more to come, families, children, and all of the individuals who make up our dedicated provider partnerships, loyal members, and committed staff, all play a role in making this happen and have embraced the Alliance mission.

In our 25th year of serving our community, the Alliance membership has reached record highs, and our award-winning commitment to helping others and service excellence has received national recognition. We are focused on providing the highest level of service and supporting our members and providers each day.

25 YEARS STRONG

(CONTINUED FROM PAGE 1)



Over the last six (6) years, our patient quality scores have gone from being one (1) of the third lowest of all Medi-Cal managed care plans to performing as a top ten (10) plan in California. Our quality score increases show the outstanding care that our network of physicians provides to our members.

Our partnerships with our providers continue to strengthen. Over the last six (6) years, satisfaction among our physicians has increased significantly – from 58% to 85% satisfaction reported this past year. Year after year, 9 out of 10 Alliance providers would recommend us to their colleagues.

Our quality and satisfaction improvements would not be possible without the hard work of our dedicated Member Services team. Last year, they received national certification as a Center of Excellence through Benchmark Portal. Truly, an amazing accomplishment for the Alliance that benefits all of Alameda County.

In our 25th year, our dedication to serving an important mission to help people live better is stronger than ever before. It has not been easy as we all have faced the challenges of the ongoing pandemic and witnessed how the health care disparities and economic hardships have been exacerbated by COVID-19. The Alliance remains committed to breaking down health care barriers experienced by our members. We are confident that our ongoing service and collaboration with our community, county, and provider partners will help us continue to deliver high-quality health care services for years to come.

We are proud to serve Alameda County, today, tomorrow, and well into the future – and we look forward to helping to create a healthier community for all.

PROVIDER SPOTLIGHT: DR. MISRA



The Alliance is honored to partner with Dr. Sourjya Misra in our mission to create a healthy community for all.

Dr. Misra specializes in urology, and has a passion for helping others and taking care of patients who are really sick. As a leader in health care innovation, Dr. Misra has served our community for many years in some of these most vulnerable areas. He shares his expertise, experience, and leadership in conducting specialized urodynamic studies to help provide the best care. As a demonstration of his commitment to care and dedication to innovation, during the pandemic, Dr. Misra transitioned to telehealth visits to help ensure no patient goes unseen or without care.

Dr. Misra appreciates his partnership with the Alliance. He is grateful for the opportunity that he has to use his gifts and talents to make a difference in the lives of his patients and our community.

Alliance members can work with their primary care doctor to choose Dr. Misra as their urologist specialist.

To learn more, please visit **www.alamedaalliance.org** or call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Do you want to learn more about Dr. Misra?

Please visit our website to watch a short video at **www.alamedaalliance.org**. You can also connect with us on Facebook and Twitter to view the video.



YOU CAN STOP FRAUD, WASTE, AND ABUSE (FWA)



Health care fraud, waste, and abuse cost taxpayers more than \$100 billion annually. You can help stop fraud by reporting it.

What is health care fraud?

Health care fraud includes intentionally making false statements, misrepresentations, or leaving out facts from any record, bill, claim, or any other form in order to obtain services, or any type of payment for health care services for which you are not entitled.

Examples of fraud:

Members:

- Lend or give an Alliance member ID card to someone else.
- Pretend to be someone else to obtain services.
- Alter or forge a prescription.
- Conceal assets or income in order to gain coverage.
- Falsify information in order to obtain narcotic medication.

Providers:

- Bill for services, procedures, and supplies not rendered, or different from what was rendered to the patient.
- Provide services to patients that are not medically necessary.
- Balance bill a Medi-Cal member for Medi-Cal covered services.

Pharmacies:

- Bill for a brand-name prescription when dispensing a generic.
- Dispense a different medication than what was prescribed.
- Alter the quantity of the prescription without proper documentation.
- Buy back prescription medication for resale.

If you suspect fraud by our health plan, doctors, pharmacies, or members, please report it by calling:

Medi-Cal Fraud Hotline (Toll-Free):

1.800.822.6222

Alliance Compliance Hotline (Toll-Free):

1.855.747.2234

Alliance FWA Email:

compliance@alamedaalliance.org

Alliance Compliance Officer:

Richard Golfin III

Thank you for helping us fight fraud, waste, and abuse.

To report a potential compliance issue, please fill out the Compliance Incident Report Form on the Alliance website at

www.alamedaalliance.org/fraud-prevention.

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM POSTPONED



In January 2019, Governor Newsom issued Executive Order N-01-19, now known as "Medi-Cal Rx," which tasked the California Department of Health Care Services (DHCS) to transition all pharmacy services from Medi-Cal managed care into a fee-for-service (FFS) benefit, administered by the State of California. The transition has been postponed indefinitely. The transition will apply to all managed care plans, including the Alliance. The objective of this transition is to standardize the Medi-Cal pharmacy benefit under one (1) delivery system, improve access to pharmacy services, apply statewide utilization management protocols to all outpatient drugs, and strengthen California's ability to negotiate state supplemental drug rebates with drug manufacturers.

Once the transition is in place, Medi-Cal Pharmacy Benefits will be administered through the FFS delivery system and services such as covered outpatient drugs, medical supplies, and enteral nutritional products will be carved out from the managed care system. Instead, the statewide Medi-Cal Rx will oversee the pharmacy benefit for Medi-Cal beneficiaries and will be responsible for claims management, prior authorizations (PA),

and utilization management services. The Alliance will support the physician-administered drug (PAD) treatments for Medi-Cal members, and will continue to fully maintain administrative responsibilities for members enrolled in Alliance Group Care. This transition will impact over 11 million people enrolled in Medi-Cal managed care, a majority of the close to 14 million Medi-Cal beneficiaries throughout the state.

Over the last year, DHCS has been working with stakeholders to implement a transition plan that will ensure that Medi-Cal beneficiaries who have existing prescriptions covered by their managed care plan will have continued coverage during a 180-day transition period. For the first 180 days after the transition, DHCS will not require physicians to submit a PA request to continue patients who are on existing medications. After the 180-day transition period, Medi-Cal Rx will require all prescriptions to be on their Contracted Drug List (CDL). Any drug not on the CDL or within the quantity limit will need a PA from Medi-Cal Rx. Additionally, they will "grandfather" previously approved PAs up to one (1) full year from the date of the prescription approval start date. While

MEDI-CAL RX:

CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM POSTPONED (CONTINUED FROM PAGE 5)



Medi-Cal Rx will be responsible for most administrative and support services, the Alliance will continue to be responsible for authorizations, denials, and appeals specific to PADs.

Throughout the DHCS-led stakeholder engagement process, the Alliance has attended and participated in various forums and workgroup meetings to understand how the implementation of these various strategies will impact our Medi-Cal members and provider partners. In addition to the information that DHCS has shared, the Alliance will continue to keep our physicians informed and assist them with understanding how the pharmacy benefit changes will impact their practice by providing educational materials as well as making ourselves available to clarify any questions that may come up as we near the beginning of the transition and throughout the transition period. Recently, we have included information about the transition in the provider materials that go out to our physician partners every quarter and will be including information in the

Alliance provider manual. The Alliance will reach out to each of our Medi-Cal members with additional information on the transition 30 days before the transition, and will continue to post up-to-date information on the Alliance website.

As we get closer to the implementation date, we encourage our provider partners to contact us with questions or concerns they have. For the latest updates on Medi-Cal Rx, please visit our website at **www.alamedaalliance.org**.

As members of the local safety-net system, we remain committed to working closely with our provider partners to ensure that they have access to the information and resources they need to care for our members.

To read the latest information on Medi-Cal Rx, please visit the DHCS dedicated website at **www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx**.

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CaAIM)



To improve the quality of life and health outcomes of the Medi-Cal population, CaAIM seeks to build on various promising whole person care approaches that were introduced through previous federal waivers. Along with other managed care health plans throughout the state, the Alliance will establish a population health management program that will provide wrap-around flexible services with the goal of keeping our most vulnerable Medi-Cal members healthy, helping them navigate complex health care and other delivery systems, addressing social determinants of health, and reducing health disparities.

Due to the public health emergency and the need for resources to be focused on addressing the pandemic, the California Department of Health Care Services (DHCS) made the decision to postpone the California Advancing and Innovating Medi-Cal (CaAIM) implementation, originally scheduled for January 2021. While the state continues to focus on battling COVID-19, DHCS recently announced that CaAIM will resume and is now scheduled to begin January 2022.

Starting in 2022, the Alliance will implement the new Enhanced Care Management (ECM) benefit and In-Lieu-of Services (ILOS) options that will build on our work through the Health Homes and Whole Person Care programs that the Alliance and Alameda County have piloted over the last few years. Some of the Populations of Focus for ECM include individuals experiencing (or at risk of) homelessness, individuals who frequently utilize emergency or inpatient services, people transitioning from skilled nursing facilities, individuals transitioning from incarceration, and children or youth with complex care needs. Along with this important benefit, the Alliance will also begin to offer ILOS, which are flexible wrap-around services that will help us address medical or social determinants of health that our members experience. Some potential ILOS services include housing-related services, home-based services, day habilitation programs, respite for caregivers, and medically tailored meals.

To learn more about ECM and ILOS, please visit the California DHCS website at www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx.

ADVERSE CHILDHOOD EXPERIENCES

The Office of the California Surgeon General recently released its first report that addresses Adverse Childhood Experiences (ACEs) and toxic stress. According to the report, 62% of California adults have experienced at least one (1) ACE, and 16.3% have experienced four (4) or more ACEs. The report also states that ACEs are strongly associated with some of the most serious health conditions, including 9 out of 10 leading causes of death. It provides tools to address ACEs through evidence-based and cross-sector approaches, and is part of a larger effort to treat the impacts of toxic stress with trauma-informed care. In December of 2019, the ACEs Aware Initiative was launched by the Surgeon General and the California Department of Health Care Services (DHCS) to screen Californians for ACEs. Since January 1, 2020, eligible Medi-Cal providers began receiving a \$29 payment for conducting qualifying ACEs screenings for children and adults up to 65 years old who have full-scope Medi-Cal. This initiative aims to reduce adverse childhood experiences among our diverse communities and to cut toxic stress by half in one (1) generation. The Office of the Surgeon General and DHCS have committed to partnering with community organizations across the state to ensure that providers have the tools and resources they need to incorporate ACE screenings with their



patients, and to provide appropriate response and care. Additionally, a Trauma-Informed Network of Care road map has been developed and provides practical steps that health providers and social service and community organizations can take to expand networks of care that support children and adults who have been impacted by adverse childhood experiences and toxic stress.

To learn more about the ACEs Aware Initiative and the recently released report, please visit www.acesaware.org.



PROVIDER TRAINING CORNER

COMMUNITY RESOURCES FOR PROVIDER TRAINING OPPORTUNITIES

To learn more about upcoming training opportunities in our community, please visit the new Provider Resources for Training and Technical Assistance Opportunities section of our website [here](#).

THE ALLIANCE, ALL IN ALAMEDA COUNTY, AND PARTNERS LAUNCH FOOD AS MEDICINE PROGRAM AT LIFELONG MEDICAL CENTER



In January 2021, the Alliance, ALL IN Alameda County (ALL IN), and other community partners launched a Food as Medicine program at LifeLong Ashby Health Center, a community clinic that serves neighborhoods in Berkeley and North Oakland. Earlier this year, the Alliance invested \$275,000 to support strategies at local clinics, including the newest site at LifeLong Ashby Health Center. The Food as Medicine program aims to address the social determinants of health among Alameda County residents by prescribing patients with nutrient-dense produce and connecting them to local support groups through weekly visits provided by Open Source Wellness.

“Today, more than 130 million Americans are affected by chronic diseases that are often preventable, treatable, and reversible. COVID-19 has highlighted the connection between chronic diseases and other crises we were facing prior to the pandemic – food insecurity, social isolation, and racism. COVID-19 is requiring us to work differently across silos to advance health equity,” said Dr. Steven Chen, Chief Medical Officer of ALL IN.

This innovative model provides patients with food prescriptions, which includes 16 weeks of vegetables that are delivered to the patients’ doorsteps during the ongoing stay-at-home orders. The prescriptions are filled by Dig Deep Farms, an urban farm that creates green economy jobs for people on probation, administered by the Alameda County Deputy Sheriffs Activities League (DSAL). DSAL is a nonprofit organization created to unite

Alameda County Sheriff’s Office personnel and the citizens of Alameda County. As part of the program, participants will also have access to group medical visits that bring patients together virtually and include physical activity, healthy food demonstrations, stress reduction, and social connection over the course of four (4) months.

“[The] added stress and economic insecurity caused by the COVID-19 pandemic – particularly for communities of color – the ALL IN Alameda County Food as Medicine initiative located at the Lifelong Ashby Health Center has arrived at a critical moment,” reflected Alameda County Supervisor Keith Carson. “This program not only acknowledges how food and nutrition impact our overall health – but it also uses strategies like the Food Farmacy and the Open Source Wellness program to reduce rates of anxiety, depression, and stress.”

THE ALLIANCE, ALL IN ALAMEDA COUNTY, AND PARTNERS LAUNCH FOOD AS MEDICINE PROGRAM AT LIFELONG MEDICAL CENTER

(CONTINUED FROM PAGE 9)

“With this innovative and holistic approach, it is my hope that we continue to break down barriers to food access and that more people in Alameda County will achieve greater health and well-being.” – *Alameda County Supervisor, Keith Carson*

Limited access to nutritious food has been linked to serious health complications, such as diabetes, high blood pressure, and other chronic diseases. In Alameda County, it is estimated that nearly 10% of residents are facing food insecurity, particularly those from low-income communities of color, and the COVID-19 pandemic has only intensified the issue. The lack of nutritious food options for people of color can be linked to their higher rates of obesity and diabetes – conditions that lead to poor health outcomes and hospitalizations. Through the Food as Medicine program, primary care providers and staff will screen patients for food insecurity and offer healthy food interventions in combination with group behavioral support to improve health, emotional well-being, and food security for Alameda County residents.

“This innovative program has become one of Alameda County’s primary strategies for addressing health disparities, which have only been exacerbated by the COVID-19 pandemic, in our most vulnerable families and communities,” said Alameda County Supervisor Wilma Chan. “As we expand Food as Medicine countywide, I am grateful for the invaluable partnership with the Alameda Alliance for Health and our other partners that clearly demonstrates our collective commitment to addressing the root causes of health disparities.”

The Alliance’s investment will help expand the Food as Medicine program at LifeLong Ashby Health Center in addition to supporting strategies that further expand future Food as Medicine efforts. Currently, the Food as Medicine initiative has sites at Tiburcio Vasquez Health Center, Native American Health Center, and Hayward Wellness Center, and smaller Food Farmacies operate at La Clínica de La Raza, Roots Community Health Center, and West Oakland Health Center. Additional sites have been identified to open later this year, and into the 2022 calendar year in Alameda County, offering more opportunities to serve people in our community.

“The impacts of food insecurity and social isolation in our community are creating high rates of health disparities including depression, diabetes, obesity, and hypertension,” said Alliance Chief Executive Officer Scott Coffin. “The Food as Medicine program is urgently needed as we continue to deal with the COVID-19 pandemic and the disproportionate impact it is having on our Medi-Cal members and communities of color.”

To learn more about Food as Medicine efforts, please visit [**www.acgov.org/allin**](http://www.acgov.org/allin).

To learn more about the Alliance, please visit us at [**www.alamedaalliance.org**](http://www.alamedaalliance.org).

IMPORTANT REMINDER ABOUT PREVENTIVE CARE SERVICES

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are committed to continuously improving our provider and member customer service satisfaction. We would like to share an important update about preventive care services.

As a committed partner in health, we recently mailed a reminder to the Alliance Medi-Cal membership to schedule a Bright Futures preventive care services appointment with their child's primary care doctor.

Bright Futures preventive care services are for children under 21 years old and include physicals, developmental and behavioral screenings, blood tests for illnesses such as tuberculosis and lead, vaccines, vision, hearing, and oral health screenings. These services can be provided during annual well-child visits, and they are available at no cost to members through the Alliance. We also recommended the COVID-19 vaccine for children 12 years of age and older at least 14 days before or after other immunizations, per the CDC recommendations.



If you have a patient who you have not seen in the last year, please work with them to schedule an appointment for these services.

If you have any questions about Bright Futures preventive care services, please contact the Alliance Provider Services Department at **1.510.747.4510** or visit **www.alamedaalliance.org/providers/provider-resources/clinical-practice-guidelines**.

Thank you for your partnership and the quality care that you provide to our members. Together, we are creating a healthier community for all.



WE WANT TO HEAR FROM YOU!

If you would like to be featured in the Alliance newsletters, have a story idea or a topic that you would like to see covered in the Alliance Provider Pulse newsletter, please contact us.

Email: **providerpulse@alamedaalliance.org**

Call Provider Services: **1.510.747.4510**

ALL FEEDBACK IS WELCOME!

ALAMEDA
Alliance
FOR HEALTH

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 FOR HEALTH

PROVIDER

PULSE



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PROVIDER SPOTLIGHT:

DR. DONNA CAREY – FROM FAMILIES TO COMMUNITIES, THE POWER OF LARGER-SCALE WORK

Donna Carey, MD, responded to a higher calling as an adolescent growing up in Tulare, CA. The youngest of three (3) siblings, and the only girl, she often found herself pushing boundaries and sparking a little flame in and outside of school. With the support and encouragement of her community and family, she pursued a lifelong journey in helping others and encouraging health and wellness. A double Bruin, Dr. Carey attended UCLA for her undergraduate career and graduated from the David Geffen School of Medicine at UCLA. Dr. Carey attended residency at Children's Hospital Oakland and later received a fellowship for adolescent medicine at UCSF.

For 23 years, Dr. Carey enjoyed her work in hospital-based medicine where she delivered our youngest members, worked in the newborn intensive care unit (NICU), and tended to well babies. Dr. Carey served as the chief of pediatrics for Alameda Health System (AHS). She was also the first chair of the Department of Pediatrics for AHS. AHS is one of the largest public health systems in California, and it is the safety net for Alameda County residents. In addition, Dr. Carey was the president of Sinkler Miller Medical Association, which is an organization of African American physicians in the Bay Area.

PROVIDER SPOTLIGHT: DR. DONNA CAREY – FROM FAMILIES TO COMMUNITIES, THE POWER OF LARGER-SCALE WORK (CONTINUED FROM PAGE 1)



Dr. Carey wears multiple hats that complement each other well. As the first lady, and executive pastor at True Vine Ministries in West Oakland, Dr. Carey helps organize community-focused, and community-minded events to promote and encourage health and wellness through health fairs and screenings. True Vine ministries has been crucial to Alameda County residents during the COVID-19 pandemic by providing vaccines at no cost, health care information, and other resources.

Not only does she enjoy her role as a pediatrician where she gets to see families on a one-on-one basis, she also has a passion for working with the Alliance to help create bigger change and implement policies to positively impact the lives of all of our members. Her compassion and empathy for our community aligns with the Alliance mission and vision and we are honored to work with Dr. Carey in caring for our members.

In her spare time, Dr. Carey enjoys the Bay Area outdoors by taking walks around Lake Merritt in Oakland, and the San Leandro Marina. In addition, she enjoys baking and is diligently working to perfect her mother's pound cake recipe. Dr. Carey shares COVID-19 updates and other important health and wellness information, and how to live well, on her YouTube channel "Talking with Dr. Donna."

The Alliance is honored to have Dr. Carey on our team as the Medical Director of Case Management. Her knowledge, experience, and advocacy work are invaluable for the Alliance, our members, provider partners, and our community.

For more information about Dr. Donna Carey, and to connect with her on social media, please visit www.mydrdonna.com.

Do you want to learn more about Dr. Carey?

Please visit our website to watch a short video at www.alamedaalliance.org. You can also connect with us on Facebook and Twitter to view the video.



COMING SOON! NEW AND IMPROVED ALLIANCE MEMBER PORTAL AND MOBILE APP!

Alliance members can now access many of the Alliance member portal features on their smartphone!

On our Alliance member portal and through a smartphone, members can:

- View their Alliance member ID card
- Choose their primary care provider (PCP) or doctor
- Update their contact information
- And much more!

Also, coming soon, we will have a new Alliance member mobile app to help our members stay better connected to their health care information.

For more information, updates, and to sign up for the Alliance member portal today, please refer Alliance members to **www.alamedaalliance.org**.



2021 FLU SEASON

The flu season is upon us. Now is an important time for everyone to get vaccinated. Please encourage all patients to get their flu shot today.

As your partner in health, the Alliance is pleased to offer coverage of the flu shot. All eligible Alliance Medi-Cal members between the ages of 19 to 64 years old, and Alliance Group Care members of any age, can now get a flu shot if and when supplies are available and offered at your office.

Providers can be reimbursed based on current Medi-Cal reimbursement fees found on the Medi-Cal website at <https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>.

For Medi-Cal members under the age of 19, flu vaccines should be through the Vaccines for Children (VFC) program. If you do not participate in the VFC program, the vaccination will be covered by the Alliance.

For Medi-Cal members ages 65 years and older, flu vaccines should be covered through Medicare Part B. If the Medi-Cal member does not have Part B coverage, the vaccination will be covered by the Alliance.

To view the Alliance Covered Flu Vaccine List 2021, please visit www.alamedaalliance.org/providerspharmacy-formulary/resources.

Please Note: High-dose (HD) flu vaccines are not covered by the Alliance. If a patient needs an HD flu vaccine, please refer them to a network retail pharmacy to request an exception. For help with locating a network retail pharmacy, please call the Alliance Provider Services Department at **1.510.747.4510** or visit www.alamedaalliance.org/help/find-a-pharmacy.

If you have questions, please call the Alliance Provider Services Department at **1.510.747.4510**.



MEMBER SATISFACTION SURVEY

At the Alliance, we are always looking for ways to improve our member satisfaction.

The Alliance surveys members to learn about their experience with health care. Their answers to these surveys help us to make things better and enhance the quality of care for all of our members.

The survey questions may cover:

- Appointment and office wait times
- How well their doctors communicate
- How we meet their language needs
- How satisfied they are with the Alliance as their health plan
- Their experience with the Alliance and the health care they receive

About the surveys:

- The Alliance contacts a random sample of Alliance members.
- The surveys are first mailed. If we do not receive a response, we will follow up with a phone call.
- One (1) survey is offered in English, Spanish, Chinese, Vietnamese, and Tagalog; and the other is in English and Spanish..

We value all feedback on ways we are meeting the needs of our community and how we can improve.



TIMELY ACCESS STANDARDS*

The Timely Access Standards table below shows how quickly you should be able to schedule an appointment for each type of visit.

PRIMARY CARE PROVIDER (PCP) APPOINTMENT	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Non-Urgent Appointment	10 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

SPECIALTY/OTHER APPOINTMENT	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Non-Urgent Appointment with a Specialist Physician	15 Business Days of Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of Request
Non-Urgent Appointment with an Ancillary Service Provider	15 Business Days of Request
First OB/GYN Prenatal Appointment	2 Weeks of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

PA = Prior Authorization

Urgent Care refers to services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Non-Urgent Care refers to routine appointments for non-urgent conditions.

Triage or Screening refers to the assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage and determine the urgency of the member's need for care.

**Per Department of Managed Health (DMHC) and Department of Health Care Services (DHCS) Regulations, and National Committee for Quality Assurance (NCQA) Health Plan (HP) Standards and Guidelines.*

NEW ALLIANCE STATE-SPONSORED PROVIDER INCENTIVE FOR COVID-19 VACCINES

We appreciate your commitment to protecting the health and well-being of all.

Together with federal, state, and local public officials and our provider partners, we have made great strides in vaccinating close to 9 out of 10 Alameda County residents. There is still more work to do — specifically, among our Black and Latinx Medi-Cal population, who have the lowest vaccination rates in our county.

Given the importance of the provider-patient relationship, you are a key and critical part of this solution. We recently began sharing monthly COVID-19 vaccination gap-in-care reports with our providers. Effective Tuesday, September 21, 2021, with support from the State of California Department of Health Care Services (DHCS), we are offering a provider incentive to encourage increased COVID-19 vaccination rates by Monday, February 28, 2022.

State-Sponsored Provider Incentive Criteria

- PCP Group is defined as a solo practitioner or multi-provider practice contracted for primary care.

Provider Criteria

- PCP Group must be directly contracted with the Alliance through the date of payment.
- Measures and payments will be calculated at the PCP Group level.

Eligible Population: Alliance members who are covered by Medi-Cal and eligible to receive the vaccine and assigned to a PCP Group.

Pool Dollars: The total payment pool consists of the DHCS-approved budgeted amount. This amount is subject to adjustment depending on the vaccination rate performance.

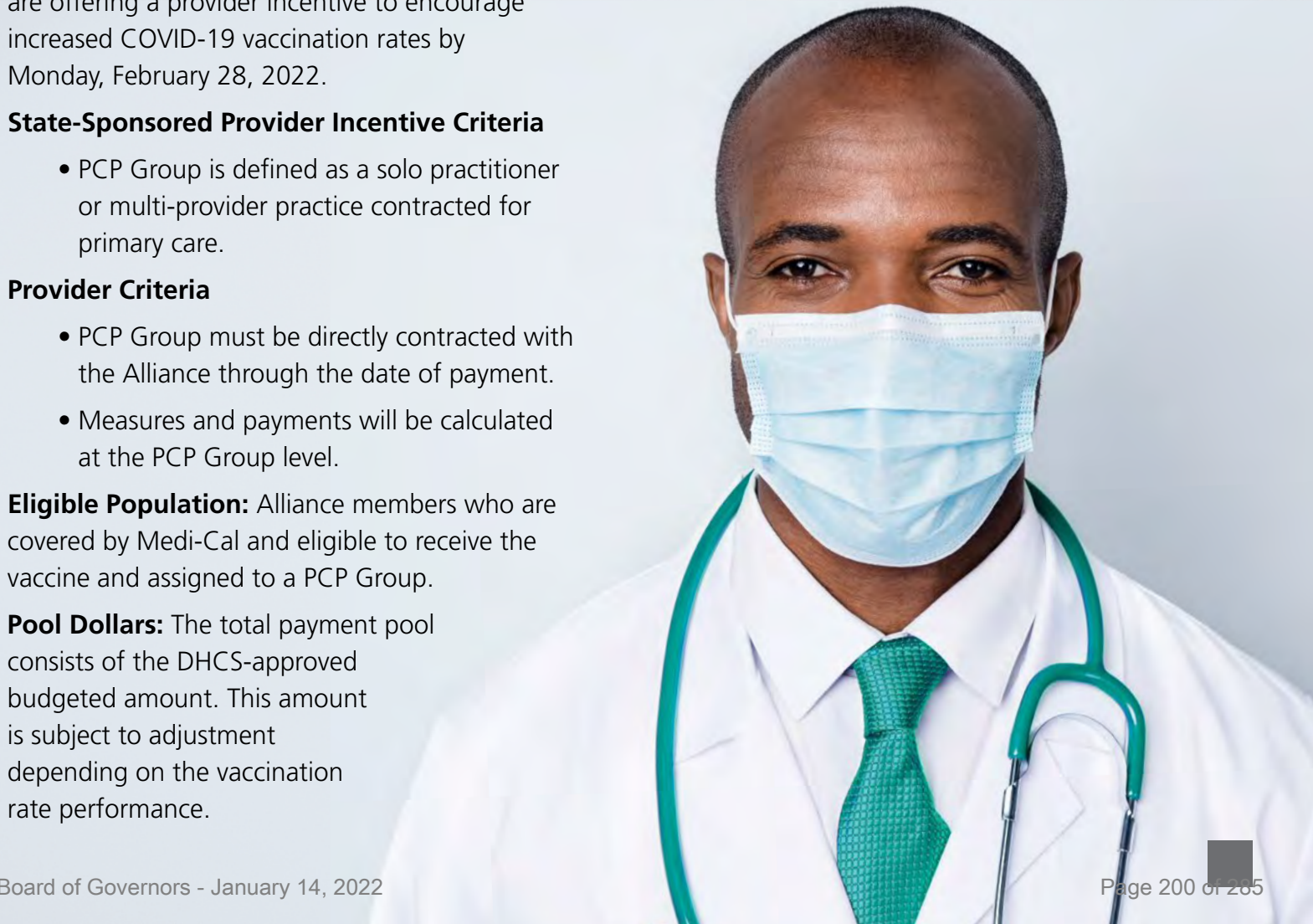
Measurement Period: October 1, 2021 – February 28, 2022

Payment Date: By April 30, 2022

Payment: \$50 for every patient assigned to you who receives the full COVID-19 vaccine

Documentation: The vaccination must be entered into the California Immunization Registry (CAIR2) registry to receive credit for payment.

Potential Bonus: The state has mandated that in order to receive the vaccine bonus Medi-Cal Plans must have 85% of their members vaccinated by February 28, 2022. If the Alliance achieves the 85% vaccination rate, we will share an additional incentive bonus with our provider community.



NEW ALLIANCE STATE-SPONSORED PROVIDER INCENTIVE FOR COVID-19 VACCINES

(CONTINUED FROM PAGE 7)

As you reach out to patients, here are a few helpful things to keep in mind:

1. Scheduling a COVID-19 vaccine appointment:

- a. All Alliance members age five (5) and older can get the COVID-19 vaccine at no cost. Making an appointment is simple, and walk-up and in-home options are available.
- b. Alliance members can text their zip code to **438829**, visit **bit.ly/AlCoSignUp**, or call **1.510.208.4VAX** to find locations to schedule a vaccine appointment.
- c. The Alliance will provide transportation to the COVID-19 vaccine appointment at no cost to the member. Members may call the Alliance transportation reservation line toll-free at **1.855.891.7171**.

2. Gift card for patients:

- a. While supplies last, all Alliance members who complete at least one (1) dose of COVID-19 vaccine between September 21, 2021, and February 28, 2022, may be eligible to receive a state-sponsored \$50 grocery gift card. To receive the Alliance-sponsored gift card, members can call the Alliance Member Services Department at **1.510.747.4567**.
- b. All Alliance members who have completed their COVID-19 vaccine and refer a friend or family member, who is also an Alliance member, to complete their vaccine between September 21, 2021, and February 28, 2022, will be eligible to receive a state-sponsored \$25 grocery gift card, while supplies last.

If you have any questions about this new program, please call the Alliance Provider Services Department at **1.510.747.4510**, Monday – Friday, 7:30 am – 5 pm.

We are all in this together, and we can all work to be a part of the solution. Thank you for doing your part to help keep our community safe.





The California Department of Health Care Services (DHCS)'s California Advancing and Innovating Medi-Cal (CalAIM) will start in January 2022. The goal of this program is to improve the quality of life and health outcomes for Medi-Cal members. The program helps members navigate complex health care and social supports, like housing, food, and other needs to help all members have the best health outcomes.

Starting in 2022, the Alliance will offer the new Enhanced Care Management (ECM) benefit and Community Supports (CS) options. ECM will focus on people experiencing (or at risk of) homelessness, people who often visit the emergency room, people moving from skilled nursing facilities, and children or youth with complex care needs. ECM will also help people returning to the community after being in jail or prison.

Along with this important benefit, the Alliance will also begin to offer Community Supports, services like housing and home-based services, day programs, respite for caregivers, and medically tailored meals.

To learn more about ECM and CS, please visit the California DHCS website at www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx.

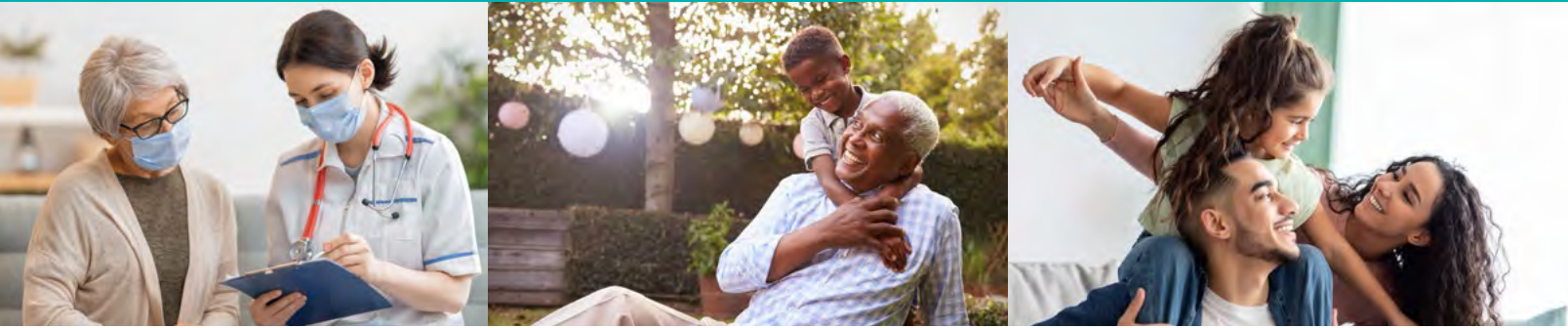
1115 WAIVER (THE CALAIM DEMONSTRATION)

1115 waivers, which are approved by the Department of Health and Human Services (HHS) allow for experimental, pilot, or demonstration projects that test and evaluate state-specific policy changes in Medi-Cal programs to improve care, increase efficiency, and reduce costs without increasing federal Medicaid expenditures. As California nears the end of the current 1115 waiver period, the California Department of Health Care Services (DHCS) seeks federal approval to renew and amend key provisions and move forward with a new five-year Section 1115 demonstration that is known as the CalAIM demonstration. The CalAIM initiative aims to move California's whole person care approach to a statewide level, focusing on improving health and reducing health disparities and inequities for Medi-Cal beneficiaries. As required

by the Centers for Medicare & Medicaid Services (CMS), DHCS recently went through a 30-day public comment period, and along with other Medi-Cal managed care plans, the Alliance supported the 1115 waiver extension. Beginning January 2022, the Alliance will administer Enhanced Care Management (ECM) and Community Supports (CS) services as well as provide major organ transplant services, all components of the CalAIM initiative. Over the last few months, the Alliance has been hard at work to establish a population health management program that will ensure we are ready to implement critical components of CalAIM. We look forward to our continued partnership with Alameda County and the DHCS on this important initiative that will support our goal of improving the quality of life and health outcomes of our members.



NEXT STEPS FOR CALAIM



As we begin to emerge from the COVID-19 pandemic, the Alliance, along with other Medi-Cal managed care health plans across California, has been preparing for the implementation of the CalAIM initiatives that are scheduled to begin on January 1, 2022. The CalAIM initiative seeks to address many of the complex challenges facing California's most vulnerable residents, such as homelessness, improving behavioral health care access, better supporting children with complex medical conditions, coordinating reentry services for incarcerated persons, and delivering a broader range of services to aging adults. Governor Newsom has authorized three new Medi-Cal services for implementation this January, including Enhanced Care Management (ECM), Community Supports (CS) services, and major organ transplants.

A key feature of CalAIM that the Alliance has been preparing for is the implementation of the ECM benefit which will build on the successes of the Health Homes Program (HHP) and Whole Person Care (WPC) pilots that the Alliance implemented over the last few years. The ECM benefit will provide comprehensive whole person care management to our highest-utilizing members, with the goal of improving their care coordination, integrating services that our members need to stay healthy, connecting them to community resources, and ultimately improving their health outcomes. ECM will include children or youth with complex care needs, individuals experiencing (or at risk of) chronic

homelessness, individuals who frequently utilize inpatient and/or emergency services, and other high-risk populations. Over the past few months, the Alliance has been working with our existing Community-Based Care Management Entities (CB-CMEs) who have partnered with the Alliance and the Alameda County Health Care Services Agency (HCSA) to serve Alliance members currently enrolled in WPC and HHP. As we move into the next phase of ECM, those CB-CMEs will move to serve as ECM providers and will continue to provide care to the members who transition into the ECM program. Additionally, the Alliance has been actively engaging with potential ECM providers to determine what services they are able to provide and their capacity to serve our members. Lastly, the Alliance continues to work closely with HCSA and Alameda County Behavioral Health (ACBH) to ensure that we are able to meet the needs of our members with Serious Mental Illness (SMI) and to collectively address Social Determinants of Health (SDOH).

In addition to the planning and coordination efforts for the ECM benefit, the Alliance has been preparing for the launch of CS. CS are medically appropriate and cost-effective alternatives for high-cost care and flexible wraparound supports that are not traditionally covered under Medi-Cal.

Starting in January 2022, the Alliance will administer CS services through community providers and county agencies, including:

NEXT STEPS FOR CALAIM

(CONTINUED FROM PAGE 11)

Housing Transition Navigation Services –

To assist our members to obtain housing.

Housing Deposits – To assist with identifying and coordinating funding necessary to enable members to establish basic housing.

Housing Tenancy and Sustaining Services –

To provide safe and stable tenancy once housing is secured for our members.

Recuperative Care – To provide short-term residential care for individuals who no longer require hospitalization but need additional time to heal.

Asthma Remediation – To assist with physical modification to a member's home environment to help ensure their health, welfare, and safety and reduce acute asthma episodes.

Medically Tailored Meals/Medically Supportive Food and Nutrition – To assist our members to achieve their nutrition goals of regaining and maintaining their health.

The Alliance has conducted more than 15 community listening sessions with our provider partners over the last three months, and more of these community engagement forums will be hosted. The goal of these forums has been to better understand the needs of our members in relation to ECM and CS to ensure that we create an effective care coordination program.

The last major component of CalAIM that is set to begin in January 2022 is the transition of major organ transplants into Medi-Cal managed care. For the past 25 years, the Alliance has administered this benefit for kidney and corneal transplants. As of January 1, 2022, in addition to kidney and corneal transplants, the Alliance will be administering all major organ transplants, including bone marrow, heart, liver, lung, combined liver and kidney, and combined liver and small bowel. The Alliance is currently working to establish and expand our transplant network and utilization protocols that will be needed to offer this benefit to our members in the upcoming year. While much work is still needed, we look forward to continuing our ongoing partnerships with community provider partners to successfully implement this important program and ultimately improve the quality of life and health outcomes of our members.

SEASON'S GREETINGS AND 2021-2022 HOLIDAY CALENDAR

The Alliance office will be closed in observance of the following holidays:

2021

Thanksgiving Day

Thursday, November 25th

Day After Thanksgiving

Friday, November 26th

Christmas Eve

Friday, December 24th

Christmas Day (Observed)

Monday, December 27th

2022

New Year's Day (Observed)

Monday, January 3rd

Martin Luther King Jr. Day

Monday, January 17th

Presidents' Day

Monday, February 21st

Memorial Day

Monday, May 30th

Juneteenth Holiday (Observed)

Friday, June 17th

Independence Day

Monday, July 4th

Labor Day

Monday, September 5th

Thanksgiving Day

Thursday, November 24th

Day After Thanksgiving

Friday, November 25th

Christmas Eve

Friday, December 23rd

Christmas Day (Observed)

Monday, December 26th



SIGNIFICANT GAINS IN PROVIDER SATISFACTION

This past year has impacted our provider partners in unprecedented ways. Many have been on the front lines treating COVID-19 patients. Providers have also been dealing with the stress and financial impact of the pandemic. We know that provider satisfaction is tied to patient wellness, and we want to make sure our providers feel valued and supported. We are pleased to report that our partnerships with our providers remain strong.

Satisfaction among our doctors continues to increase each year. We have improved from 58 percent satisfaction in 2015 to more than 85 percent satisfaction rate reported this past year. These numbers reflect the results of a survey conducted between October and December of 2020. The survey includes doctors, specialty care physicians, and behavioral health clinicians within the Alliance network. The survey measured provider satisfaction and how well the Alliance is meeting their needs and expectations. Providers were asked to rate their overall satisfaction, compare the Alliance to other health plans, and share

other aspects related to their partnership with the Alliance. When asked whether they would recommend the Alliance to other physicians' practices, 91 percent of survey respondents said they would.

During one of the toughest years in recent history, the Alliance worked to ensure that the providers in our network had access to the tools they needed to successfully care for their patients and our members. In the areas of claims payment, utilization and quality management, coordination of care, Call Center staff, and provider relations, providers reported being more satisfied than in 2019 and significantly more satisfied when they compared the Alliance to other health plans. Professional interpreters have also played an essential role in facilitating effective communication between our members and their clinicians, particularly around improving their quality of care and patients' outcomes.



SIGNIFICANT GAINS IN PROVIDER SATISFACTION

The Alliance's ability to ensure that interpretation services were easily available is evident as physicians reported that they were significantly more satisfied this past year with interpreters and their ability to speak the patients' language, as well as with on-demand interpreters through video and telephone appointments. Additionally, when needed, physicians reported a smooth coordination process when scheduling on-site interpreter services, and with the overall quality of the services that Alliance interpreters provided.

The Alliance is committed to continuing to improve the overall satisfaction of our provider community. Over the past year, we have focused on offering information that they need to provide care to their patients with our Gap-in-Care reports. These reports include information that assists providers with closing gaps in care for their patients by indicating discrepancies between the care that they have given patients and evidence-based practices. Additionally, our provider Call Center reduced call time and abandonment rates, and we implemented a 24-hour automated member eligibility verification feature to ensure that our providers had access to information that allowed them to quickly

provide care to their patients. In May of last year, the Alliance established an emergency crisis fund for eligible front line safety-net providers who were treating or supporting patients impacted by the COVID-19 pandemic. Through this fund, the Alliance awarded \$6.2 million to safety-net hospitals for COVID-19 testing, to direct-contract primary care physicians, health centers, and other safety-net providers. Lastly, our Quality team established new partnerships with providers on incentive programs that encouraged our members to seek preventive care, and gifted dozens of all-purpose built-in vaccine refrigerator-freezers to providers that assisted them with meeting the DHCS 2020 vaccine storage requirements.

We recognize the many challenges that our health care systems have experienced over the past year, and moving forward, the Alliance is dedicated to ensuring that our providers have the support they need to assist our members with getting the appropriate care they need. As the local health plan of choice, the Alliance remains mission-driven and committed to building and maintaining a motivated provider network that works to improve health for all.



WE WANT TO HEAR FROM YOU!

If you would like to be featured in the Alliance newsletters, or have a story idea or a topic that you would like to see covered in the Alliance Provider Pulse newsletter, please contact us.

Provider Services Department

Email: providerpulse@alamedaalliance.org

Call Provider Services: **1.510.747.4510**

ALL FEEDBACK IS WELCOME!

ALAMEDA
Alliance
FOR HEALTH

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect the health and well-being of our community. We have an important update we would like to share with you. We have also shared this notification as a separate mailing.

Effective Saturday, January 1, 2022, the Department of Health Care Services (DHCS) will change how the Medi-Cal pharmacy benefit is administered and a new pharmacy benefit contractor, Magellan Medicaid Administration, Inc. (Magellan), will provide Medi-Cal Rx services and support. **The Alliance will no longer be the administrator for the Medi-Cal pharmacy benefit. All providers will be required to use the Medi-Cal Rx portal beginning Saturday, January 1, 2022, to submit certain authorizations and receive payment for these claims.** The new program will be called "Medi-Cal Rx."

MEDI-CAL RX TRANSITION FAQs

Below are frequently asked questions (FAQs) to provide more information about this change.

As a prescriber, what do I need to do?

Individual prescribers will each need to register on the Medi-Cal Rx portal to be a user:

1. Visit **www.medi-calrx.dhcs.ca.gov**.
2. Click on "Provider Portal."
3. Then click on "Register."

Once registered, providers receive a PIN number in the mail to the address used when they signed up through the Medi-Cal Rx portal. **It could take up to 10 business days to receive a PIN number in the mail.** Once received, the rest of the Medi-Cal Rx registration process may be completed online using the assigned PIN number. **We strongly encourage providers to register as soon as possible.**

What should I do if my patient needs a new medication after Saturday, January 1, 2022, and it requires prior authorization (PA)?

For the first 180 days, no prior authorization (PA) is required for existing prescriptions without a previously approved PA for drugs that are not on the Medi-Cal Contract Drug List. **After 180 days**, a PA must be submitted to Magellan.

Providers may submit a PA to Magellan via the following:

1. Medi-Cal Rx Online Portal
 - a. The prior authorization system information and forms will be available on the Medical-Cal Rx site at **www.medi-calrx.dhcs.ca.gov**.
2. Fax: **1.800.869.4325**
3. CoverMyMeds
 - a. Providers can create an account and log in to submit a PA on the CoverMyMeds website at **www.covermymeds.com**.

Is this a change in the pharmacy benefits for Medi-Cal members?

There will be no change to how Alliance Medi-Cal members pay for their medications. Alliance Medi-Cal members will continue to access their pharmacy benefits as they previously have. For most Medi-Cal beneficiaries, there is no co-pay.

Is the California Children's Services (CCS) program a part of the change?

Yes, the California Children's Services (CCS) program, including the Genetically Handicapped Persons Program (CGPP), will be part of Medi-Cal Rx.

Is the Senior Care Action Network (SCAN), Cal MediConnect, or Programs of All-Inclusive Care for the Elderly (PACE) part of the change?

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

(CONTINUED FROM PAGE 16)

No, pharmacy benefits for individuals in these programs will not be part of Medi-Cal Rx. These will be processed the same way as they are now. If you are unsure if your patient is part of the change, please contact DHCS via email at rxcarveout@dhcs.ca.gov.

What should I do if I have a pharmacy service-related complaint after Saturday, January 1, 2022?

Effective Saturday, January 1, 2022, Magellan will handle all pharmacy service-related complaints. To submit a complaint, please visit www.medi-calrx.dhcs.ca.gov or call Magellan Customer Service toll-free at **1.800.977.2273**.

Please Note: You can only use the Magellan website and phone number to file a complaint on or after Saturday, January 1, 2022. Pharmacy complaints through the Alliance will be discontinued on Saturday, January 1, 2022.

What are my appeal options?

Providers will be able to submit appeals for prior authorization (PA) denials, delays, and modifications through the Medi-Cal RX portal once they have registered or by mail to:

Medi-Cal CSC, Provider Claims Appeals Unit
P.O. Box 610
Rancho Cordova, CA, 95741-0610

Member appeals will be handled through a State Fair Hearing by the California Department of Social Services. This process is different from the appeal process you may have used with the Alliance. In

a State Hearing, a judge reviews the request and makes a decision. The State Hearing Request Form is available at www.dhcs.ca.gov/services/medi-cal/pages/medi-cal-fairhearing.aspx. Instructions and additional options can be found on the DHCS website.

Where can I get help finding a pharmacy for my patients?

Your patients may be able to use their current preferred pharmacy after Saturday, January 1, 2022.

If you need help finding a pharmacy after Saturday, January 1, 2022, please use the Medi-Cal Rx Pharmacy Locator online at www.medi-calrx.dhcs.ca.gov or call Magellan Customer Service toll-free at **1.800.977.2273**.

Please Note: You can only use this phone number on or after Saturday, January 1, 2022.

What are examples of services that may continue to be covered by the Alliance?

The Alliance Pharmacy Department has put together a helpful grid with examples of who would be responsible for certain claims related to pharmacy services.

The table below includes, but is not limited to, the listed claims.

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

(CONTINUED FROM PAGE 17)

WHERE TO SUBMIT THE CLAIM:	CLAIM TYPE:
ALLIANCE	70% isopropyl alcohol swab sticks, and povidone-iodine swab sticks
	Alcohol (or alcohol wipes)
	Betadine or pHisoHex solution
	Chlorhexidine containing antiseptic
	Continuous glucose meters
	Enteral nutrition: pumps and tubing
	Gloves (non-sterile or sterile)
	Incontinence supplies
	Infusion pumps
	Infusion tubing
	Ostomy
	Pharmacist services
	Physician Administered Drugs (PADs)
	Sheeting, waterproof (protective underpad, reusable, bed size)
	Syringes and needles (non-insulin)
	Thermometer (oral or rectal)
	Tracheostomy
	Urological
	Wound care
MAGELLAN	Diabetic test strips
	Inhaler assistive devices
	Insulin syringes
	Lancets
	Outpatient prescription drugs
	Peak flow meter
	Pen needles
THE ALLIANCE OR MAGELLAN	Contraceptives
	Diaphragms/cervical caps
	Heparin/saline flush
	Vaccines

MEDI-CAL RX: CALIFORNIA'S NEW PHARMACY BENEFIT SYSTEM

(CONTINUED FROM PAGE 18)

Who do I contact for help or more information?

IF YOUR PATIENT BELONGS TO A MEDI-CAL MANAGED CARE PLAN (MCP)	IF YOUR PATIENT GETS CARE FROM MEDI-CAL FEE-FOR-SERVICE (FFS)
<p>On or before Friday, December 31, 2021</p> <ul style="list-style-type: none"> If your patient has questions about a medication or other pharmacy services, they can call: Alliance Member Services Department Monday – Friday, 8 am – 5 pm Phone Number: 1.510.747.4567 Toll-Free: 1.877.932.2738 People with hearing and speaking impairments (CRS/TTY): 711/1.800.735.2929 For Medi-Cal Rx general questions, they can call: Medi-Cal Member Help Line Toll-Free: 1.800.541.5555 TTY: 1.800.430.7077 	<p>On or before Friday, December 31, 2021</p> <ul style="list-style-type: none"> If your patient has questions about a medication or other pharmacy services, they can call: Medi-Cal Member Help Line Toll-Free: 1.800.541.5555 TTY: 1.800.430.7077
<p>On or after Saturday, January 1, 2022</p> <ul style="list-style-type: none"> For all questions, they can call: Magellan at the Medi-Cal Rx Call Center Toll-Free: 1.800.977.2273 TDD: 711 www.medi-calrx.dhcs.ca.gov 	<p>On or after Saturday, January 1, 2022</p> <ul style="list-style-type: none"> For all questions, they can call: Magellan at the Medi-Cal Rx Call Center Toll-Free: 1.800.977.2273 TDD: 711 www.medi-calrx.dhcs.ca.gov

For questions about this notice, or Medi-Cal Rx general questions, please contact DHCS via email at **rxcarveout@dhcs.ca.gov**. Please make sure to write that you have a question about Medi-Cal Rx. Please do NOT include personal information in your first email. If DHCS staff require additional information to assist you, they will reply with a secure email asking for your information.

Thank you for your continued partnership and for providing high-quality care to our members and community. Together, we are creating a safer and healthier community for all.

AN ALLIANCE REMINDER TO PROVIDERS TO COLLABORATE WITH US ON CARE PLANS

As a reminder, the Alliance has a Complex Case Management (CCM) Program to identify and work with at-risk patients who could benefit from case management services.

Complex Case Management can help members:

- Connect to community and social services.
- Coordinate home-based services and durable medical equipment (DME), supplies, and devices.
- Coordinate multiple physical and mental health care appointments.
- Provide disease management and self-management support.
- Reach health-related goals that the provider and member identify.
- Understand medication adherence and safety.

If we have identified your patient for CCM, we will create an individualized care plan and share a draft of this care plan with you for your feedback and input. We value your care and relationship with our members, and we want to include your thoughts and recommendations about their needs in their care plan. By working together, we hope to improve the health and lives of high-risk patients.

You can also refer your Alliance patient for case management by completing the Alliance Case Management Programs Referral Form available on our website at www.alamedaalliance.org/providers/provider-forms.

We look forward to your ongoing and continued partnership.



PROVIDER TRAINING CORNER

COMMUNITY RESOURCES FOR PROVIDER TRAINING OPPORTUNITIES

To learn more about upcoming training opportunities in our community, please visit the new Provider Resources for Training and Technical Assistance Opportunities section of our website [here](#).

Connect with us!



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE PRINT ADS

2021 | Annual Report

ACCMA Ad Example:



Billboard Ad Examples:



celebrating

25

YEARS

ALAMEDA Alliance FOR HEALTH

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

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WE ARE IN THIS TOGETHER
AND WE ARE HERE FOR YOU

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

ALAMEDA Alliance FOR HEALTH

www.alamedaalliance.org



BART and Bus Ad Examples:



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

ALAMEDA
Alliance
FOR HEALTH
www.alamedaalliance.org

To schedule an appointment, please call 1.510.208.4VAX



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

ALAMEDA
Alliance
FOR HEALTH
www.alamedaalliance.org

TO SCHEDULE AN APPOINTMENT, PLEASE CALL 1.510.208.4VAX

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

2021 | ANNUAL OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

2021 | ANNUAL OUTREACH REPORT

Between **January 2021** and **December 2021**, the Alliance initiated and/or was invited to participate in a total of **10** virtual events throughout Alameda County. The Alliance completed six (**6**) virtual community events, more than **8,552**-member orientation outreach calls and completed **1,959** member orientations by phone. The Alliance reached a total of **2,534** people and spent a total of **\$2,500*** in donations, fees, and/or sponsorships during 2021. In addition, since March 2021, the Outreach team completed **451** Alliance website inquiries.

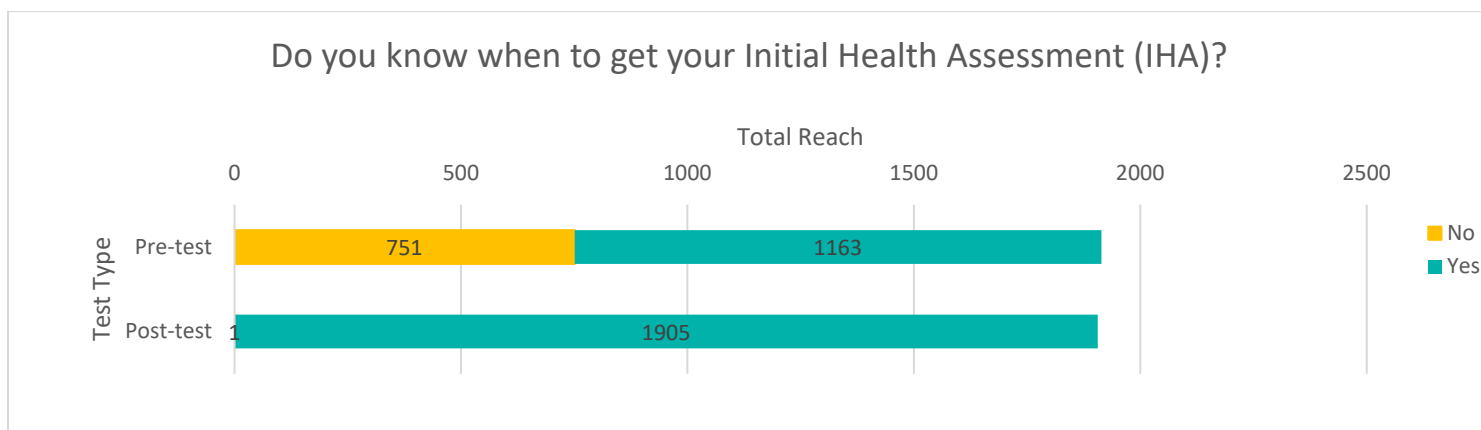
The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the people reached at community events are Medi-Cal Members, of which approximately 82% are Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **24,589** self-identified Alliance members were reached during outreach activities.

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

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of **Friday, December 31, 2021**, the Outreach Team completed **16,957**-member orientation outreach calls and conducted **4,764** member orientations (**28%** member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between **Monday, March 18**, through **Friday, December 31, 2021**, **4,764** net new members completed our MO program by phone.

After completing a MO **99.9%** of members who completed the post-test survey in 2021 reported knowing when to get their IHA, compared to only **61%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 21-22\Q2\3. December 2021**

ALLIANCE IN THE COMMUNITY

2021 | ANNUAL OUTREACH REPORT

2021 TOTALS



6 COMMUNITY EVENTS	578 TOTAL REACHED AT VIRTUAL COMMUNITY EVENTS
0 MEMBER EDUCATION EVENTS	0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
1959 MEMBER ORIENTATIONS	1959 TOTAL REACHED AT MEMBER ORIENTATIONS
0 MEETINGS/ PRESENTATIONS	0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
10 TOTAL INITIATED / INVITED EVENTS	578 TOTAL MEMBERS REACHED AT EVENTS
1965 TOTAL EVENTS	2537 TOTAL REACHED AT ALL EVENTS



ALAMEDA
ALBANY
BERKELEY

CASTRO
VALLEY
DUBLIN

FREMONT
HAYWARD
LIVERMORE

NEWARK
OAKLAND
PLEASANTON

SAN LEANDRO
SAN LORENZO
UNION CITY

TOTAL REACH 50 CITIES

**Cities not listed represent the mailing addresses for members who completed a Member Orientation by phone. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the FY20 Q3 Outreach Report. Please see event details for complete listings of cities.*



\$2,500

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.*



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

Compliance

Richard Golfin III

To: Alameda Alliance for Health Board of Governors

From: Richard Golfen III, Chief Compliance & Privacy Officer

Date: January 14th, 2022

Subject: Compliance Report

Compliance Audit Updates

- **2022 DHCS Routine Medical Survey:**
On January 3rd, 2022, the DHCS sent notice to the Plan of the 2022 DHCS Routine Medical Survey. The audit will be conducted from April 4th, 2022, through April 15th, 2022. The review period for this audit is from April 1st, 2021, through March 31st, 2022. The Plan will be evaluated in the following areas:
 - Utilization Management;
 - Case Management & Care Coordination;
 - Access & Availability;
 - Member's Rights & Responsibilities;
 - Quality Improvement System, and;
 - Organization and Administration.

The Plan's Pre-Audit submission is due to DHCS on February 14th, 2022.

- **2021 DHCS Routine Medical Survey:**
On January 13th, 2021, the DHCS sent notice to the Plan of the 2021 DHCS Routine Medical Survey beginning April 12th, 2021. The audit was conducted jointly with the DMHC from April 13th, 2021, through April 23rd, 2021. The review period was June 1st, 2019, through March 31st, 2021. The Plan received the final audit report on August 24th, 2021, which had a total of 33 findings and four (4) were repeat findings. The Corrective Action Plan response was submitted to DHCS on September 23rd, 2021. The Plan is working to remediate the audit findings. The Plan has a total of 96 CAP deliverables, 74 of which are in progress.

Repeat Findings and Status:

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

- 2.1.1 Health Risk Assessment (HRA) Completion Time Frames:
The Plan revised the HRA process to track all incoming HRAs. This effort required an update in workflow, staff re-training and log monitoring. The updated process has been implemented and staff training was completed September 17th, 2021. The Plan will be reporting outcomes to the UM Committee on a quarterly basis.
- 4.1.5 Grievance Resolution / Grievance Process:
The Plan provided training to the Grievance and Appeals staff to review G&A-001 Grievance and Appeals System Description. Staff training was completed September 21st, 2021. The Grievance and Appeals Department will conduct internal audits on a quarterly basis to ensure compliance. The quarterly audits will begin in Q1 2022.
- 6.2.1 Fraud and Abuse Reporting:
The Plan has dedicated staff in the Special Investigations Unit to focus on Fraud, Waste and Abuse (FWA) cases. Compliance will be monitoring and ensuring timely reporting of FWA cases to DHCS. The Plan also updated CMP-002 to reflect reporting requirements. The policy was re-approved at the Compliance Committee on November 23rd, 2021.
- 2021 DMHC Full Medical Survey:
On November 13th, 2020, the DMHC sent notice to the Plan of the 2021 DMHC Routine Medical Survey beginning April 12th, 2021. DMHC conducted virtual audit interviews on April 13th, 2021, through April 16th, 2021. The Plan has not received a preliminary audit report but anticipates receiving the report in Q1 2022.
- *2020 DHCS Kindred Focused Audit:*
On October 23rd, 2020, the DHCS sent notice to the Plan of a focused audit involving the Plan's delegate, CHCN, and Kindred facilities. On March 5th, 2021, the DHCS issued the Final Report and Corrective Action Plan (CAP). The Plan submitted its CAP response and available supporting documents to DHCS on April 6th, 2021. The Plan finalized payment of claims that were in arbitration with Kindred. Additionally, the Plan completed initial audits of the revised Concurrent Review Process and Notice of Action letters. The Plan also collaborates with the delegate, CHCN, to update their processes, and completed a Q3 2021 initial audit of their updated Concurrent Review Process. A Q4 2021 Audit was not completed due to a lack of cases that met the audit criteria. Audits of the Plan and delegate's Concurrent Review Process and Notice of Action letters will continue in Q1 2022.

Delegation Oversight Audit Activity Updates

- In collaboration with Northern California Medi-Cal Health Plans, Kaiser Foundation Health Plan received notice of the 2021 Joint Annual Delegation Oversight Audit. The audit review period is July 1st, 2020, through May 31st, 2021. The Plan is responsible for reviewing policies and procedures for the Kaiser Population Health Management Program, Provider Dispute Resolution Program

and Claims Administration Programs. The audit is complete, and the Preliminary findings were provided to Kaiser on October 29th, 2021, the Final Audit report is due to Kaiser on February 4th, 2022.

- On September 16th, 2021, the Plan sent notice to March Vision notifying them of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal line of business. The audit review period is July 1st, 2020, through June 30th, 2021. The virtual audit took place on November 16th through November 17th, 2021. The final Audit Report is due to March Vision on January 24th, 2022.
- On November 2nd, 2021, the Plan sent notice to CFMG notifying them of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal line of business. The audit review period is July 1st, 2020, through June 30th, 2021. The virtual audit is scheduled to take place from December 14th through December 16th, 2021. The final Audit Report is due to CFMG on February 25th, 2022.
- On December 6th, 2021, the Plan sent notice to Beacon notifying them of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal and IHSS lines of business. The audit review period is July 1st, 2020 – June 30th, 2021. The virtual audit is scheduled to take place from January 18th through January 20th, 2022.
- On December 17th, 2021, the Plan sent notice to CHCN notifying them of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal and IHSS lines of business. The audit review period is July 1st, 2020 – June 30th, 2021. The virtual audit is scheduled to take place from February 8th through February 11th, 2022.

Compliance Activity Updates

- DMHC Measurement Year (MY) 2021 Timely Access:
March 31st of each year, health plans are required to submit to the DMHC a Timely Access Compliance Report that includes a complete list of the plan's contracted providers, hospitals, and enrollees within each network during the previous calendar year. Health plans also must submit a timely access and network adequacy grievance report and an out-of-network payment report as applicable. The DMHC reviews the information submitted for compliance with network adequacy requirements within the Knox Keene Act. The Plan is in early stages of preparation to submit the Timely Access Report by March 31st, 2022.

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

2021 Annual Compliance Training

- The 2021 Annual Compliance training was assigned to all staff on November 1st, 2021. All staff are required to complete the training by January 28th, 2022. Annual Training includes the below topics and as of January 6th, 2022, the Plan is 49% complete.
 - Health Insurance Portability and Accountability Act (HIPAA)
 - Medicare- Fraud Waste and Abuse
 - Cultural Sensitivity Training

Compliance

Supporting Documents

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
1	DMHC	21-001	1/5/2021	MODEL NOTICES; COMPLIANCE WITH SB 260	GROUP CARE	Section 1366.50, as amended in 2019, requires a health plan to inform enrollees who cease to be enrolled with the health plan that they may be eligible for reduced-cost coverage through the California Health Benefit Exchange (Covered California) or no-cost coverage through Medi-Cal. Section 1366.50 does not apply to Medi-Cal Managed Care products. Additionally, section 1366.50 requires health plans to provide Covered California with information regarding enrollees who cease to be covered by the health plan. That information includes enrollees' names, addresses, and other contact information.
2	DHCS	21-001	1/7/2021	2021-2022 MEDI-CAL MANAGED CARE HEALTH PLAN MEDS/834 CUTOFF AND PROCESSING SCHEDULE	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the 2021-2022 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule.
3	DHCS	21-002	2/25/2021	COST AVOIDANCE AND POST-PAYMENT RECOVERY FOR OTHER HEALTH COVERAGE	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification and guidance to Medi-Cal managed care health plans (MCP) for cost avoidance and post-payment recovery requirements when an MCP member has other health coverage (OHC). In addition, the APL provides instructions on using the Department of Health Care Services' (DHCS) Medi-Cal Eligibility Record for processing claims, as well as reporting requirements.
4	DMHC	21-002	1/5/2021	IMPLEMENTATION OF SENATE BILL 855, MENTAL HEALTH AND SUBSTANCE USE DISORDER COVERAGE	GROUP CARE	This All Plan Letter (APL) provides guidance regarding implementation of this new legislation as well as filing and compliance requirements for all full service and certain specialized health care service plans (plan or plans).
5	DHCS	21-003	3/5/2021	MEDI-CAL NETWORK PROVIDER AND SUBCONTRACTOR TERMINATIONS	GROUP CARE	This All Plan Letter (APL) clarifies the obligations of Medi-Cal managed care health plans (MCPs) when terminating or initiating terminations of contractual relationships between MCPs, Network Providers, and Subcontractors. This APL also establishes MCPs' obligations to check exclusionary databases and terminate contracts with Network Providers and Subcontractors who have been suspended or excluded from participation in the Medi-Cal/Medicare programs.
6	DMHC	21-003	1/6/2021	TRANSFER OF ENROLLEES PER STATE PUBLIC HEALTH OFFICER ORDER	GROUP CARE	The State of California is experiencing a surge in COVID-19 positive cases and hospitalizations. This surge is causing many hospitals in the state to meet or exceed their usual capacity to serve patients, which can jeopardize the health and lives of the patients and staff. Accordingly, to provide care to all patients in need, it is imperative to maximize the capacity of hospitals in the state by allowing for expeditious transfer of patients from the most highly impacted hospitals to hospitals with more available capacity. This regional approach is central to an ethical and equitable response to the COVID-19 pandemic. Health plan prior authorization requirements for transfers between hospitals can cause unnecessary delays in effectuating such transfers.
7	DMHC	21-004	1/6/2021	TRANSFERS OF UNSTABLE OR DESTABILIZED ENROLLEES	GROUP CARE	This All Plan Letter reminds plans of their continuing obligations under Health and Safety Code section 1371.4 to cover emergency services and care provided to plan enrollees. Such coverage includes reimbursement for appropriate transfers of unstable enrollees between hospitals in conformance with the requirements of the federal Emergency Medical Treatment and Labor Act (EMTALA).
8	DHCS	21-004	4/8/2021	STANDARDS FOR DETERMINING THRESHOLD LANGUAGES, NONDISCRIMINATION REQUIREMENTS, AND LANGUAGE ASSISTANCE SERVICES	MEDI-CAL	This All Plan Letter (APL) serves to inform all Medi-Cal managed care health plans (MCPs) of the dataset for threshold and concentration languages and clarifies the threshold and concentration standards specified in state and federal law and MCP contracts. This dataset identifies the threshold and concentration languages in which, at a minimum, MCPs must provide written translated member information.

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
9	DMHC	21-005	1/15/2021	PLAN YEAR 2022 QHP AND QDP FILING REQUIREMENTS	MEDI-CAL & GROUP CARE	The DMHC offers current and prospective Qualified Health and Dental Plans, Covered California for Small Business Issuers, and health plans offering non-grandfathered Individual and Small Group product(s) outside of the California Health Benefit Exchange (Covered California), guidance to assist in the preparation of Plan Year 2022 regulatory submissions, in compliance with Knox-Keene Act at California Health and Safety Code Sections 1340.
10	DHCS	21-005	4/15/2021	CALIFORNIA CHILDREN'S SERVICES WHOLE CHILD MODEL PROGRAM	MEDI-CAL	The purpose of this All Plan Letter is to provide direction and guidance to Medi-Cal managed care health plans (MCPs) participating in the California Children's Services (CCS) Whole Child Model (WCM) program. This APL conforms with CCS Numbered Letter (N.L.) 03-0421, which provides direction and guidance to county CCS programs on requirements pertaining to the WCM program. This APL supersedes APL 18-023.
11	DHCS	21-006	4/27/2021	NETWORK CERTIFICATION REQUIREMENTS	MEDI-CAL	This APL provides guidance to Medi-Cal managed care health plans (MCPs) on the Annual Network Certification (ANC) requirements pursuant to Title 42 of the Code of Federal Regulations (CFR) sections 438.68, 438.206, and 438.207, and Welfare and Institutions Code (WIC) section 14197.
12	DHCS	21-007	5/10/2021	THIRD PARTY TORT LIABILITY REPORTING REQUIREMENTS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on the updated process for submitting service and utilization information and copies of paid invoices/claims for covered services related to third party liability (TPL) torts to the Department of Health Care Services (DHCS).
13	DHCS	21-008	5/12/2021	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER PROVIDERS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with information regarding the implementation of the Tribal Federally Qualified Health Center (Tribal FQHC) provider type in Medi-Cal with an effective date of January 1, 2021. This APL also provides guidance regarding reimbursement requirements for Tribal FQHC provider types.
14	DHCS	21-009	8/10/21	COLLECTING SOCIAL DETERMINANTS OF HEALTH DATA	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on using the Department of Health Care Services (DHCS) Priority Social Determinants of Health (SDOH) Codes to collect reliable SDOH data.
15	DMHC	21-010	3/4/2021	PROVIDER DIRECTORY ANNUAL FILING REQUIREMENTS	MEDI-CAL & GROUP CARE	California Health and Safety Code section 1367.27, subdivision (m), requires healthcare service plans to annually submit provider directory policies and procedures to the Department of Managed Health Care (Department).
16	DHCS	21-010	8/13/2021	MEDI-CAL COVID-19 VACCINATION INCENTIVE PROGRAM	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the Medi-Cal COVID-19 Vaccination Incentive Program. For the purposes of this APL, MCPs include Cal MediConnect Medicare-Medicaid Plans (MMPs).
17	DHCS	21-011	8/31/2021	GRIEVANCE AND APPEALS REQUIREMENTS, NOTICE AND "YOUR RIGHTS" TEMPLATES	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with clarification and guidance regarding the application of federal and state legal requirements for processing grievances and appeals. This APL supersedes APL 17-006 and includes member notification templates developed by the Department of Health Care Services (DHCS), as well as updated DHCS templates for the attachments that must accompany member notifications.
18	DMHC	21-011	3/10/2021	NEW FEDERAL GUIDANCE REGARDING COVID-19 TESTING	MEDI-CAL & GROUP CARE	The federal Centers for Medicare & Medicaid Services (CMS) in conjunction with the Department of Labor and the Department of the Treasury, issued new guidance making it easier for enrollees to obtain diagnostic COVID-19 testing and clarifying when health plans must cover such testing for their enrollees.
19	DHCS	21-012	9/15/2021	ENHANCED CARE MANAGEMENT REQUIREMENTS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to all Medi-Cal managed care health plans (MCPs) regarding the provision of the Enhanced Care Management (ECM) benefit

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
20	DMHC	21-012	3/12/2021	COVID-19 VACCINE PRIORITIZATION FOR INDIVIDUALS WITH HIGH-RISK HEALTH CONDITIONS AND/OR DISABILITIES	MEDI-CAL & GROUP CARE	On February 12, 2021, the California Department of Public Health (CDPH) issued a Provider Bulletin regarding vaccine prioritization for individuals deemed to be at the very highest risk to get very sick from COVID-19 either because the individual has one or more enumerated severe health conditions and/or a developmental or other significant, high-risk disability. On March 11, 2021, the CDPH issued guidance to the public regarding how people at the very highest risk, as described in the Provider Bulletin, can gain access to COVID-19 vaccinations beginning March 15, 2021.
21	DHCS	21-013	10/4/2021	DISPUTE RESOLUTION PROCESS BETWEEN MENTAL HEALTH PLANS AND MEDI-CAL MANAGED CARE HEALTH PLANS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on how to submit a service delivery dispute to the Department of Health Care Services (DHCS) when the dispute cannot be resolved at the local level with a Mental Health Plan (MHP).
22	DMHC	21-013	4/1/2021	2021 ANNUAL ASSESSMENTS	MEDI-CAL & GROUP CARE	The Department of Managed Health Care reminds Plans to file on or before May 15, 2020, the Report of Enrollment Plan as required by Health and Safety Code section 1356 and the California Code of Regulations, title 28, section 1300.81.6(a).
23	DMHC	21-014	5/3/2021	COVID-19 VACCINATIONS FOR HOMEBOUND ENROLLEES; TRANSPORTATION ASSISTANCE TO OBTAIN COVID-19 VACCINES	GROUP CARE	This APL does not apply to Medi-Cal Managed Care Plans. The California Department of Health Care Services will be providing guidance to the managed care plans. This All Plan Letter applies to full-service commercial or Medicare Advantage health plans holding a restricted or limited license to the extent the plan is responsible for covering the administration of COVID-19 vaccinations for enrollees assigned to the plan.
24	DHCS	21-014	10/11/2021	ALCOHOL AND DRUG SCREENING, ASSESSMENT, BRIEF INTERVENTIONS AND REFERRAL TO TREATMENT	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify the Medi-Cal managed care health plans' (MCP) primary care requirement to provide Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to members ages 11 years and older, including pregnant women. This APL was formerly named "Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care." This APL aligns with the November 2018 and June 2020 updates to the United States Preventive Services Task Force (USPSTF) recommendations and supersedes APL18-014.
25	DMHC	21-015	6/7/2021	BLOCK TRANSFER PORTAL UPDATES	MEDI-CAL	The Block Transfer team has updated the Block Transfer portal in an effort to streamline the Block Transfer filing submission process for Health Plans as well as the review process for the Department of Managed Health Care (Department).
26	DHCS	21-015	10/18/2021	BENEFIT STANDARDIZATION AND MANDATORY MANAGED CARE ENROLLMENT PROVISIONS OF THE CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL INITIATIVE	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to all Medi-Cal managed care health plans (MCPs) on the Benefit Standardization and Mandatory Managed Care Enrollment (MMCE) provisions of the California Advancing and Innovating Medi-Cal (CALAIM) initiative.
27	DMHC	21-016	6/7/2021	CONTINUED COVERAGE OF COVID-19 DIAGNOSTIC TESTING	MEDI-CAL & GROUP CARE	On May 15, 2021, the DMHC's emergency regulation regarding COVID-19 testing expired. However, health plans must continue to cover certain COVID-19 testing for their enrollees pursuant to federal law.
28	DHCS	21-016	10/27/2021	CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL INCENTIVE PAYMENT PROGRAM	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the incentive payments linked to the Enhanced Care Management (ECM) and Community Supports (In Lieu of Services [ILOS]) programs implemented by the California Advancing and Innovating Medi-Cal (CalAIM) initiative.
29	DMHC	21-017	7/6/2021	LARGE GROUP RENEWAL NOTICE REQUIREMENTS	GROUP CARE	California Health and Safety Code section 1374.21, subdivision (a)(2) requires all commercial full-service health care service plans ("plans") to comply with disclosure requirements relating to large group renewal notices. In addition Health and Safety Code section 1385.046, subdivision (a) specifies that a large group contractholder has 60 days from receipt of their renewal notice to request the DMHC to review their rates to determine whether the rate change is unreasonable or not justified.

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
30	DHCS	21-017	11/5/2021	COMMUNITY SUPPORTS REQUIREMENTS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the provision of Community Supports, previously referred to as In Lieu of Services (ILOS), and the development and operation of these services by MCPs implementing Community Supports (ILOS).
31	DHCS	21-018	12/23/2021	PUBLIC AND PRIVATE HOSPITAL DIRECTED PAYMENT PROGRAMS FOR STATE FISCAL YEARS 2017-18 AND 2018-19, THE BRIDGE PERIOD, AND CALENDAR YEAR 2021	MEDI-CAL	In an effort to support public and private hospitals serving Medi-Cal beneficiaries and to maintain access and improve the quality of care for Medi-Cal beneficiaries, the Department of Health Care Services (DHCS), pursuant to Title 42 of the Code of Federal Regulations (CFR) section 438.6(c), is implementing two statewide directed payment programs for DPHs (i.e., DPH EPP and DPH QIP), one statewide directed payment program for DMPHs (i.e., DMPH QIP), and one statewide directed payment program for private hospitals (i.e., PHDP).
32	DMHC	21-018	7/6/2021	GUIDANCE REGARDING PREVENTIVE HEALTH SERVICES COVERAGE FOR HIV PREEXPOSURE PROPHYLAXIS (PrEP)	MEDI-CAL & GROUP CARE	The Department of Managed Health Care issued this All Plan Letter (APL) to provide additional guidance to health care service plans regarding coverage for Human Immunodeficiency Virus (HIV) antiretroviral drugs, including preexposure prophylaxis or postexposure prophylaxis. This APL includes guidance on prior authorization and step therapy as well as preventative health services and cost sharing.
33	DMHC	21-019	7/13/2021	GUIDANCE REGARDING ASSEMBLY BILL (AB) 2118 REPORTING REQUIREMENTS	MEDI-CAL & GROUP CARE	AB 2118 added section 1385.043 to the California Health and Safety Code. This bill requires health plans to annually report specified rate information on premiums, cost sharing, benefit, enrollment, and trend factors for products in the individual and small group markets for all grandfathered and non-grandfathered products.
34	DMHC	21-020	7/26/2021	CONTINUED COVERAGE OF COVID-19 DIAGNOSTIC TESTING	MEDI-CAL & GROUP CARE	On July 26, 2021, the California Department of Public Health (CDPH) issued COVID-19 diagnostic testing requirements for employees in health care, long-term care, congregate living, and similar types of facilities who are not fully vaccinated against COVID-19.
35	DMHC	21-021	8/17/2021	TRANSFER OF HOSPITALIZED ENROLLEES PER REGULATION SECTION 1300.67.02	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) reminds health plans of their obligations to comply with California Code of Regulations, title 28, section 1300.67.02. That section directs plans to remove certain barriers to enrollee transfers between hospitals when such transfers are made pursuant to a public health order. Section 1300.67.02 also specifies how plans must reimburse for the transfer and continued hospitalization of enrollees transferred pursuant to a public health order.
36	DMHC	21-022	10/26/2021	CONTINUED APPLICABILITY OF COVID-19 REQUIREMENTS	MEDI-CAL & GROUP CARE	The accessibility standards in the Knox-Keene Health Care Service Plan Act (Knox-Keene Act) require plans to have adequate staff to ensure services are provided to enrollees in a timely manner. Additionally, plans must ensure their "plan and provider processes necessary to obtain covered health care services, including but not limited to prior authorization processes, are completed in a manner that assures the provision of covered health care services to enrollees in a timely manner.
37	DMHC	21-023	11/1/2021	FLU VACCINES; PREPARATION FOR COVID-19 VACCINES	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) reminds health plans of their obligation to cover influenza vaccinations. The APL also encourages plans to take steps now so they can proactively prepare for the administration of COVID-19 vaccines to children between age 5 to 11 years as soon as the vaccine is approved for use in that population.
38	DMHC	21-024	11/18/2021	RISK-BEARING ARRANGEMENT DISCLOSURES	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) to remind health care service plans to comply with contract and disclosure requirements applicable to risk bearing arrangements.
39	DMHC	21-025	12/20/2021	NEWLY ENACTED STATUTES IMPACTING HEALTH PLANS (2021 LEGISLATIVE SESSION)	MEDI-CAL & GROUP CARE	In this APL, the Office of Plan Licensing (OPL) identifies and discusses 15 bills enacted this session that may require plans to update Evidences of Coverage (EOCs), disclosure forms, provider contracts and/or other plan documents. Plans must review relevant plan documents to ensure those documents comply with newly enacted legislation. The DMHC expects plans to comply with all applicable statutes upon the statutes' effective dates.

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
1	DMHC	22-001	1/4/2022	LARGE GROUP RENEWAL NOTICE REQUIREMENTS	GROUP CARE	California Health and Safety Code (HSC) section 1374.21, subdivision (a)(2) requires all commercial full-service health care service plans ("plans") to comply with disclosure requirements relating to large group renewal notices. Specifically, no change in premium rates or changes in coverage stated in a large group health care service plan contract shall become effective unless the plan has delivered in writing a notice indicating the change or changes at least 120 days prior to the contract renewal effective date.



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: January 14th, 2022

Subject: Health Care Services Report

Utilization Management: Outpatient

- DHCS 2022 audit preparation: Action Plans on UM findings from the DHCS audit are being monitored and showing good outcomes.
- UM staff have been retrained on identifying members under 21 who would benefit from care coordination and are making referrals to Case Management for EPSDT follow up.
- Progress continues on the UM/Claims/Configuration collaboration and improved alignment. This standardization improves accuracy and timeliness of claims payment.
- OP UM has implemented the carve in of Major Organ Transplant including Bone Marrow Transplant (MOT/BMT) as of 1/1/2022. Work has been completed on network certification requirements, workflows, prior authorization, and coding. Slow ramp up of cases is expected.
- Planning for enhancements to our current relationship being integrated into the larger EPSDT strategy are in process. Reports and workflows are in development with a goal of improving coordination of care for CCS eligible members with our CCS partners

Outpatient Authorization Denial Rates			
Denial Rate Type	Sep 2021	Oct 2021	Nov 2021
Overall Denial Rate	4.8%	4.2%	3.9%
Denial Rate Excluding Partial Denials	4.3%	3.6%	3.4%
Partial Denial Rate	0.6%	0.7%	0.6%

Turn Around Time Compliance			
Line of Business	Sep 2021	Oct 2021	Nov 2021
Overall	98%	99%	98%
Medi-Cal	98%	99%	98%
IHSS	99%	98%	97%
<i>Benchmark</i>	<i>95%</i>	<i>95%</i>	<i>95%</i>

Utilization Management: Inpatient

- Inpatient UM team continues to track COVID admissions, along with vaccination status, and referring members with acute COVID admission to the Case Management team for TOC follow up.
- Weekly complex/long stay patient rounds continue with Sutter, AHS, Washington, Kindred and Kentfield hospitals with a goal of removing barriers to discharge. Focus is on longer lengths of stay and challenging placement patients. Case Management is being invited to rounds to ensure the smooth movement of members through the care continuum.
- Readmission reduction: CM is continuing to collaborate with hospital partners at AHS and Sutter to focus on readmission reduction aligned with their readmission reduction goals. The readmission rate at AHS continues to decline after the initiation of the TOC program there. Sutter has had recent success in reducing readmissions, and AHS has hired a Medical Director for TOC. AAH will work with both entities to achieve the mutual goal of readmission reductions.
- Partnerships in TOC continues with Alameda Health System (AHS). The decline in the AHS Readmission rate is continuing since the launch of the TOC program with them.
- AAH is engaging with CHCN to fund the Care Transition RN program to enable quick access to follow up care with the FQHC clinics.
- Partnership with denial management continues with Alameda Health System to ensure accurate communication about denials, as well as appropriate and timely payment to this safety net partner. Claim case reviews also assists by identifying system problems to resolve them.

Inpatient Med-Surg Utilization to Update Total All Aid Categories Actuals (excludes Maternity)			
Metric	Aug 2021	Sept 2021	Oct 2021
Authorized LOS	5.3	5.1	4.8
Admits/1,000	54.6	55.7	60.3
Days/1,000	299.3	283.7	288.2

Pharmacy

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

Decisions	Number of PAs Processed
Approved	763
Denied	566
Closed	705
Total	2034

Line of Business	Turn Around Rate compliance (%)
Medi-Cal	100
Group Care	100
Wrap	100

- Medications for pain, diabetes, atopic dermatitis, acne, hypertriglyceridemia, and actinic keratoses are top 10 categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
3	DUPIXENT 300 MG/2 ML PEN	Atopic Dermatitis	Criteria for approval not met
4	JARDIANCE 10 MG TABLET	Diabetes	Criteria for approval not met
5	RYBELSUS 3 MG TABLET	Diabetes	Criteria for approval not met
6	TRETINOIN 0.05% CREAM	Acne	Criteria for approval not met
7	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
8	TRETINOIN 0.1% CREAM	Acne	Criteria for approval not met
9	OMEGA-3 ETHYL ESTERS 1 GM CAP	Hypertriglyceridemia	Criteria for approval not met
10	DICLOFENAC SODIUM 3% GEL	Actinic Keratoses	Criteria for approval not met

- Medi-Cal RX went live as of 1/4/2022.
Medi-Cal RX is now owned by the state and run by CA's PBA: Magellan

- Medi-Cal RX website is up and running without errors.
 - There are questions coming through from Providers, Pharmacies and Members – they are being educated and routed appropriately to Magellan’s customer service line (1.800.977.2273).
 - Calls are being effectively handled by member services
 - Our PBM, PerformRX, is closing out submitted Medi-Cal PAs and informing doctor offices to submitted to Magellan.
 - Our AAH Website has been updated as of 1/1/2022, so that a Medi-Cal banner is the first thing to show, and clicking on this banner navigates the user to all the necessary information needed in order to understand the basics of Medi-Cal RX as well as the Magellan customer phone number.
 - Final Provider Carve Out notification sent out successfully via fax on December 15th, 2021.
- Pharmacy Services, QI, HealthEd, and Case Management work together to improve drug adherence for 200 Black adults with asthma between 21 to 44 years of age with asthma medication possession rate 50% or below.
 - Following 2nd pilot group for AMR impact trend
 - Established new 3rd pilot group strategies for outbound calls
 - Will coordinate with Pharmacy, HealthEd and QI for 3rd pilot group outreach
- Pharmacy is leading initiatives on PAD focused internal and external partnership and biosimilar optimization (from July 2021 to October 2021).
 - Biosimilar utilization average was 66.4%
 - Fiscal year savings \$443,805
 - Percentage of savings per drug type Oncology (\$235k), Immunology (\$128k) drugs and White Blood Cell Stimulator (\$78k)
- Pharmacy Services, Operations and QI identified unvaccinated 43 members in Haller’s pharmacy to offer vaccines by outreaching thru pop up clinics in December 2021 while as unvaccinated 4,368 members who filled their medications in San Leandro, Oakland, Hayward with CVS pharmacies to offer vaccines during member prescription pick-ups thru bag tagging with tailored messages for members and reminder by pharmacists starting January 2022.
- Pharmacy team will provide support to Director of Quality Assurance to prepare for our upcoming NCQA audit.

Pharmacy & Therapeutics (P&T) Committee Decisions

- The P&T Committee reviewed the efficacy, safety, cost, and utilization profiles of the following therapeutic categories and drug monographs at the December 21, 2021 meeting:

Therapeutic/Monograph Class Reviews	
<ul style="list-style-type: none"> Androgens Wegovy monograph Pneumonia vaccine monograph/comparator Urinary antispasmodics 	<ul style="list-style-type: none"> Ketone test strips (abbrev) Topical Agents for Actinic Keratosis Multi vitamins with fluoride Gout Fluoride dental preps

- The P&T Committee approved the following modifications to the formulary for the Alliance's **Group Care** programs.

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
Wegovy 1.7 mg/0.75 mL solution in single-dose pen injector	Wegovy	Add to formulary with Prior Authorization
Wegovy 2.4 mg/0.75 mL solution in single-dose pen injector	Wegovy	Add to formulary with Prior Authorization
Wegovy 1mg/0.5ml solution in single-dose pen injector	Wegovy	Add to formulary with Prior Authorization
Wegovy 0.5mg/0.5ml solution in single-dose pen injector	Wegovy	Add to formulary with Prior Authorization
Wegovy 0.25mg/0.5ml solution in single-dose pen injector	Wegovy	Add to formulary with Prior Authorization
naltrexone/bupropion 8 mg-90 mg tablet	Contrave	Add to formulary with Prior Authorization

Generic Name & Strength/Dosage Form	Brand Name	Committee Actions
Saxenda 3 mg/0.5 mL (18 mg/3 mL) subcutaneous pen injector	Saxenda	Add to formulary with Prior Authorization
Testosterone 20.25 mg/1.25 gram (1.62 %) transdermal gel pump	AndroGel	Add to formulary with Quantity limit #150/30 days
pneumococcal 20-valent conjugate vaccine (PF) 0.5 mL intramuscular syringe	Prevnar 20	Add to formulary with Quantity limit 0.5 per fill. 1 Fill per lifetime. Age limit min. 19 years.
pneumococcal 15-valent conjugate vaccine crm197 protein adsorbed /0.5 mL injection suspension	Vaxneuvance	Add to formulary with Quantity limit 0.5 per fill. 1 Fill per lifetime. Age limit min. 19 years.
Solifenacin 5 mg tablet	Vesicare	Add to Formulary
Solifenacin 10 mg tablet	Vesicare	Add to Formulary
tolterodine 1 mg tablet	Detrol	Add solifenacin as Step Therapy option. Formulary with Step Therapy. Trial & Failure of oxybutynin IR or ER or Solifenacin
tolterodine 2 mg tablet	Detrol	Add solifenacin as Step Therapy option. Formulary with Step Therapy. Trial & Failure of oxybutynin IR or ER or Solifenacin
Tolterodine 2 mg ER capsule 24 hr	Detrol LA	Add solifenacin as Step Therapy option. Formulary with Step Therapy. Trial & Failure of oxybutynin IR or ER or Solifenacin
tolterodine 4 mg ER capsule 24 hr	Detrol LA	Add solifenacin as Step Therapy option. Formulary with Step Therapy. Trial & Failure of oxybutynin IR or ER or Solifenacin
nafarelin acetate 2mg/ml nasal spray	Synarel	Add to formulary with Prior Authorization

Prior Authorization Guideline Updates	
Biologic Agents for Nasal Polyps	Injectable Methotrexate
Interleukin Receptor Antagonists for Asthma	Agents for Atopic Dermatitis
Isotretinoin capsules	Oral Anti-Fungals
Lupron Depot and Lupron Depot-Ped	Growth Hormone
Diclofenac sodium (Solaraze) 3% gel	Oral and Injectable Oncology Medications
Injectable/Specialty Medications	Brand Medications When a Generic or Biosimilar is Available
Otezla (apremilast) for Bechet Disease	Fentanyl Citrate
dalfampridine (Ampyra)	Prior Authorization Exception
Proton Pump Inhibitors (PPIs)	Endari
Topical Diclofenac	Testosterone Agents
Drugs for Gender Dysphoria for less than 21 Years Old	Drugs for Gender Dysphoria for at least 21 Years Old
Anti-Obesity Medications	Immunizations
Urinary Incontinence Agents	Biological Agents for Nasal Polyposis
Interleukin Receptor Antagonists for Asthma	Isotretinoin capsules
Lupron Depot and Lupron Depot-Ped	Injectable Methotrexate
Agents for Atopic Dermatitis	Oral Anti-Fungals
Growth Hormone	

Prior Authorization Guidelines Reviewed (No Updates)	
Step Therapy Exception	Temazepam (Restoril)
Botulinum Toxins A&B	Thalomid (thalidomide)
Blood Glucose Testing Supplies	Royaldee (calcifediol ER)
Oral and Non-Oral Contraceptives	Korlym (mifepristone)
Acthar Gel Criteria	Butorphanol (Stadol NS)
Ranolazine ER (Ranexa)	

Case and Disease Management

- Population health-driven, disease-specific case management bundles continue to be developed. CM Bundles are standard sets of actions developed to address the specific needs of members with significant diseases. Oncology Bundle is deployed. Major Organ Transplant (MOT) CM bundle was deployed on 1/1/2022. Slow ramp up is occurring.
- CalAIM Community Supports and MOT: Policy and procedures and workflows have been configured into TruCare CM software and staff trained on their roles so that the launch is successful.
- Continued collaboration with AAH Health Education to optimize Disease Management and enhance the Diabetes and Asthma Disease Management programs. Collaborative efforts also include incorporating the Asthma CS services into the care continuum.
- Clinical Initiatives: Health disparities have been identified in members with diabetes, and so Project Open Hand has become part of the Community Supports services and launched as of 1/1/2022 to provide medically tailored and medically supportive meals.
- DHCS audit: Action Plans on CM findings from the DHCS audit are entering the monitoring phase after workflow improvement and staff training had been completed. Monitoring is showing positive results.

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

- Enhanced Case Management (ECM): Members receiving HHP/WPC have been successfully moved to ECM and/or Community Support Services. The AAH Project and Programs Department (PPD) project structure led to this successful integration of HHP and AC3 into ECM. The close work with former HHP, (now ECM or CS) providers continues to ensure the smooth transition of our members into the new program structure.
- Community Supports, (CS) are services not typically provided by managed health plans, to be provided in lieu of higher cost medical services. The CS selections are focused on services to reduce unnecessary hospitalizations and ED visits. The six initial CS services launched on 1/1/2022 are:
 - Housing Navigation
 - Housing Deposits
 - Tenancy Sustaining Services
 - Medical Respite
 - Medically Tailored/Supportive meals

- Asthma Remediation

- Work with community providers to operationalize the six services was completed for the initial 1/1/2022 launch, including contracting, workflows, and authorization processes.

Case Type	New Cases Opened in Sep 2021	Total Open Cases as of Sep 2021	New Cases Opened in Oct 2021	Total Open Cases as of Oct 2021
Care Coordination	256	559	250	530
Complex Case Management	29	81	60	108
Transitions of Care (TOC)	239	461	251	486
Health Homes Program	11	741	3	744
Whole Person Care	10	264	1	244

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes.
- Total grievances resolved in December were 6.07 complaints per 1,000 members.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of December 2021; we did not meet our goal at 36.4% overturn rate.
- We are expecting a significant drop in our grievances as pharmacy related grievances for Medi-Cal will be referred to MediCal Rx run by Magellan.

December 2021 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	844	30 Calendar Days	95% compliance within standard	795	94.2%	2.84
Expedited Grievance	0	72 Hours	95% compliance within standard	0	NA	NA
Exempt Grievance	892	Next Business Day	95% compliance within standard	892	100.0%	3.01
Standard Appeal	55	30 Calendar Days	95% compliance within standard	55	100.0%	0.19
Expedited Appeal	10	72 Hours	95% compliance within standard	10	100.0%	0.03
Total Cases:	1,801		95% compliance within standard	1,752	97.97%	6.07

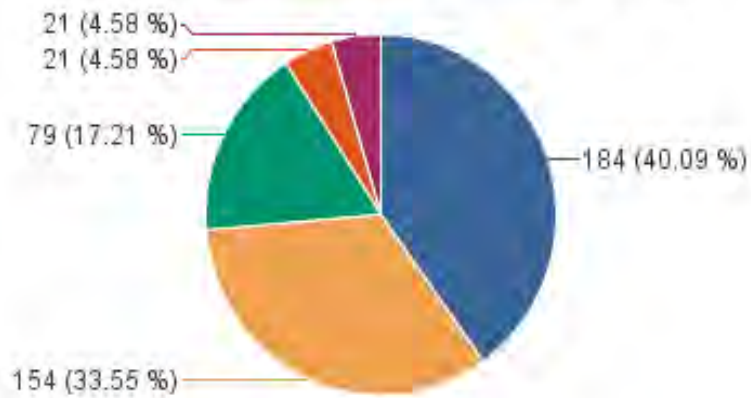
*Calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.

- Grievance tracking and trending by quarter:
 - There has been an overall increase of cases received throughout 2021; however, coverage disputes are still the highest numbers of cases resolved, examples of coverage disputes include:
 - Member calling to ask for reimbursement of monies paid, we used to capture as exempt and refer them to the website to complete the reimbursement form.
 - Member calling with regards to receiving a bill for services that are covered.
 - Member calling with regards to being balanced billed, member services used to contact the provider to bill the Alliance.
 - Denied pharmacy services at point of sale, member services used to educate the member that they were either OON or the medication required a PA and close as an exempt grievance.

Quality

- Quality continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our aging report month-to-month goal is closure of PQIs within 120 days from receipt to resolution via nurse investigation and collection of medical records. November to December 2021 TAT for cases > 120 days increased by 2.5%. Cases >120 days are primarily related to delay in submission of medical records by specific providers. Quality continues to work with identified providers and identify operations barriers to maintain a TAT goal of < 5% for cases >120 days. TAT for cases at 90 and 120 days decreased by 1.34% and 5.88% due to improvements in Quality of Access PQI referral processing.

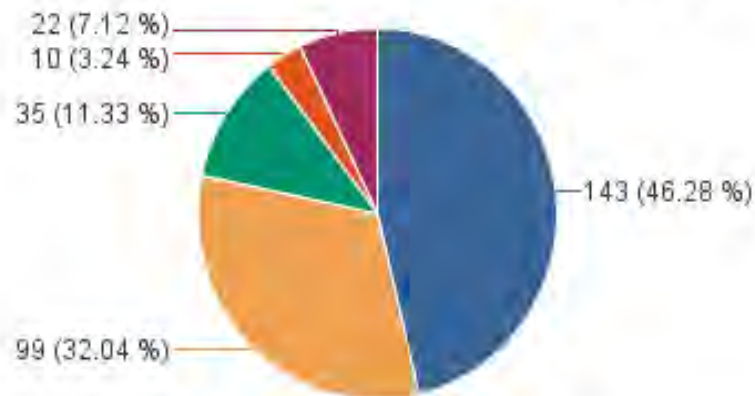
PQI Aging Report as of 11/30/2021 N= 459



TAT_Bracket

■ 1. ≤30 ■ 2. >30≤60 ■ 3. >60≤90 ■ 4. >90≤120 ■ 5. >120

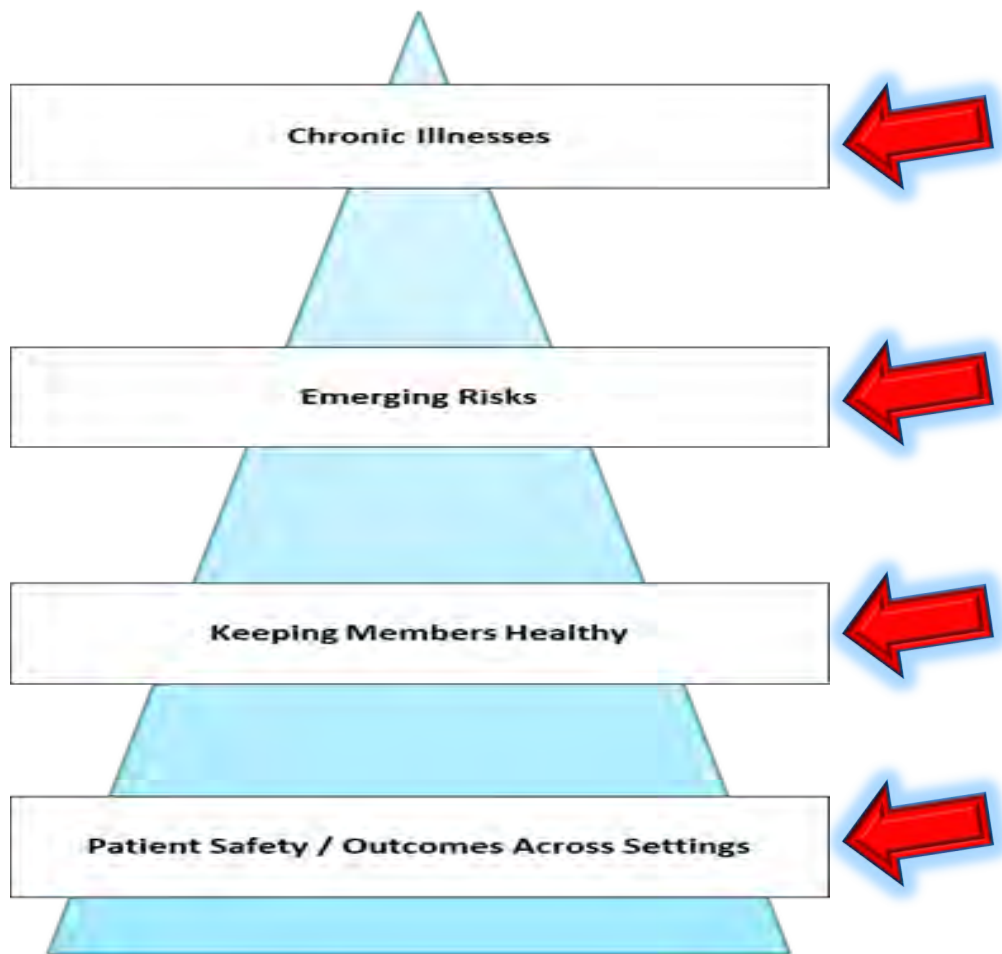
PQI Aging Report as of 12/31/2021 N= 309



TAT_Bracket

■ 1. ≤30 ■ 2. >30≤60 ■ 3. >60≤90 ■ 4. >90≤120 ■ 5. >120

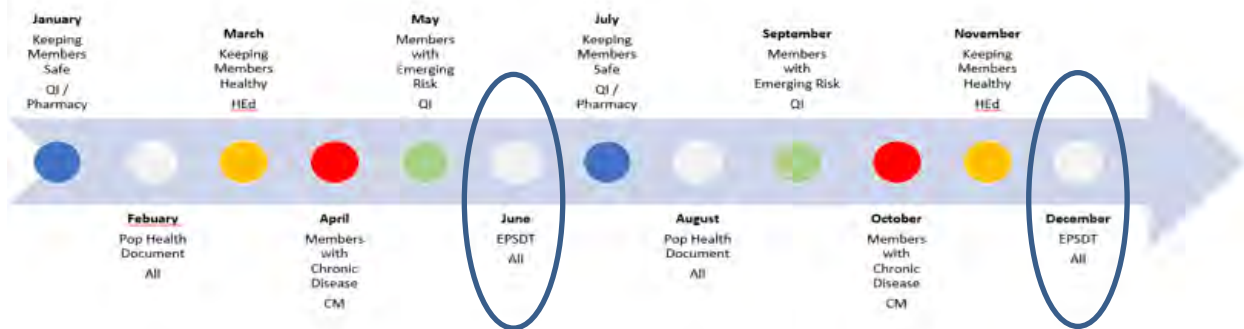
- Population Health – Early & Periodic Screening, Diagnosis & Treatment (EPSDT)
 - The Alliance covers and ensures the provision of medically necessary EPSDT services for members under 21 years of age. These services include:
 - Physical Exams
 - Immunizations
 - Lead testing
 - Nutrition
 - **Screenings:** Substance Use Disorder, Dental or Oral health, Vision, Hearing and Mental Health
 - Other issues or problems found during exams
- Population Health Pyramid
 - EPSDT services are important to and impact members at every level of the Pop Health Pyramid. Timely and appropriate care and services are critical to members health and wellbeing and to minimize risking risk.



- Strategic Framework
 - Health Care Services cross-functional units, along with select delegate partners, have developed and/or implemented the following strategies to promote and improve ongoing EPSDT benefit/service utilization into 2022.

Quality/Pharmacy/ Health Education	Case Management	Utilization Management
<p>Pediatric Preventive Health HEDIS & Non-HEDIS Initiatives</p> <ul style="list-style-type: none"> -Well Child Visits First 30 months of life (W30) -Child and Adolescent Well-Care Visits (WCV) - Blood Lead Level Screening - IHA Performance - Asthma Remediation - COVID/Flu Vaccination - Immunizations <p>Pediatric Care Management Program with Alameda County First 5</p> <ul style="list-style-type: none"> - WCV – Age 6 - W30 - ACES Attestation - Care Management Outreach and Referral <p>Pediatric Care Program with Delegate CHCN</p> <ul style="list-style-type: none"> - W30 - WCV <p>Timely Access to Care Surveys</p> <ul style="list-style-type: none"> -Member Satisfaction Surveys CG-CHAPS, CAHPS <p>Data Dive to better understand Non and Under service utilization</p>	<p>Collaboration with Regional Center of East Bay (RCEB)</p> <ul style="list-style-type: none"> -identification of Children with Special Needs Increase California <p>Children’s Services</p> <ul style="list-style-type: none"> -improve bi-directional identification of kids who are connected to CCS and those who are not -improve Access to Care & services via improved identification of kids that need more care coordination that we may be missing who are CCS eligible. -better identification of kids without a CCS Dx yet, who need care coordination services. <p>Collaboration with local school district and education agencies</p> <ul style="list-style-type: none"> - identify kids >3 years who transition from RCEB to School district for services. 	<p>Care Coordination</p> <ul style="list-style-type: none"> -identify kids via a referral process to ensure appropriate referrals to CM for care coordination of EPSDT related needs. <p>Staff Training</p> <ul style="list-style-type: none"> -UM Team receiving training on identification of members with care coordination needs. -better understand reason for health service Under and Non-Utilization.

- Population Health Workgroup
 - Health Care Services and cross-functional staff discuss EPSDT services regularly at our internal Population Health Workgroup meetings to ensure collaborative input into our initiatives that ensure EPSDT services are accessible for eligible members.





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Service you can trust.

Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors

From: Sasi Karaiyan, Chief Information & Security Officer

Date: January 14th, 2022

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.

Office 365 Initiative

- The Alliance continues to enhance and expand the Microsoft Office 365 platform to the maximum potential as part of the cloud migration strategy. One of our goals is to move away from the silo operated platform to a consolidated shared services platform which will allow technology team to manage and maintain efficiently. As part of this implementation, the Alliance will deploy Microsoft TEAMS to enable and offer the following newly updated capabilities. With adjusted timelines due to conflicting priorities, we anticipate completing this project by the end of March 2022. Continued product testing is in progress along with application policy implementation. Product training sessions are scheduled to start at the end of January 2022.
 - **A chat function:** The basic chat function is commonly found within most collaboration apps and can take place between teams, groups, and individuals.
 - **Online video calling and screen sharing:** Enjoy seamless and fast video calls to employees within the Alliance.
 - **Online meetings:** This feature can help enhance your communications, company-wide meetings, and even training with an online meetings function that can host up to 10,000 users.
 - **Conversations within channels and teams:** All team members can view and add to different conversations in the General channel and can use an @ function to invite other members to different conversations.
 - **Apps Integration:** The tool shall help directly integrate with applications like Webex, Power Business Intelligence (BI), Smartsheet etc.

- **Full telephony:** Microsoft TEAMS will be integrated with our existing Cisco VOIP to allow for flexible voice communications without the use of physical phones.

Disaster Recovery and Business Continuity

- One of the Alliance primary objectives for the fiscal year 2022 is the implementation of enterprise IT Disaster Recovery and Business Recovery to enable our core business areas to restore and continue when there is any disaster.
- IT Disaster Recovery involves a set of policies, tools, and procedures to enable the recovery or continuation of vital technology infrastructure and systems following a natural or human-induced disaster. IT Disaster Recovery focuses on technology systems supporting critical business functions, which involve keeping all essential aspects of the business functioning, despite significant disruptive events. The vendor procurement and implementation support contract execution are in progress and anticipated to start the project in mid-January 2022.

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

- Secure File Transfer Protocol (SFTP) is a network protocol that provides file access, file transfer (data exchange), and file management over any reliable data stream.
- The Secure File Transfer Protocol (SFTP) Server Upgrade which is designed to expand its capabilities and provide redundancy for improved availability is now 100% completed. Final cleanup and decommission efforts of the old server has completed.
- Configuring and implementing the Disaster Recovery (DR) environment for the new Secure File Transfer Protocol (SFTP) Server is now in progress and we expect to complete this phase by February 2022.

IT Security Program

- IT Security 2.0 initiative is one of Alliance's top priority for fiscal year 2022. Our goal is to elevate and further improve our security posture, ensure that our network perimeter is secure from threats and vulnerabilities, and to improve and strengthen our security policies and procedures.
- This program will include multiple phases and remediation efforts are now in progress.
 - **Key initiatives include:**
 - Remediating issues from security assessments. (e.g. Cyber, Microsoft Office 365, & Azure Cloud)

- Create, update, and implement policies and procedures to operationalize and maintain security level after remediation.
- Set up extended support for monitoring, alerting and supplementary support in cases of security issues.
- Implement Security Information and Event Management (SIEM) tool for the enterprise to provide real-time visibility across the organization's information security systems.

Encounter Data

- In the month of December 2021, the Alliance submitted 121 encounter files to the Department of Health Care Services (DHCS) with a total of 276,557 encounters.

Enrollment

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

HealthSuite

- A total of 185,817 claims were processed in the month of December out of which 155,739 claims auto adjudicated. This sets the auto-adjudication rate for this period to 83.8%.
- HealthSuite application continues to operate with an uptime of 99.99%.

TruCare

- A total of 12,149 authorizations were loaded and processed in the TruCare application.
- TruCare application continues to operate with an uptime of 99.99%.
- IT has started the process of upgrade to TruCare 9.1 version. This upgrade is expected to go-live by June 2022. This version has additional features and is also compatible with Milliman Care Guideline v25. However, the plan is also to have the latest version of Milliman Care Guideline v26 by August 2022. Support for this version is being released by the vendor in July 2022.

Consumer and the Alliance Public Portal

- The provider and member consumer portal utilization for the month of November 2021 remains consistent with prior months.
- As a part of the customer channel optimization, the Alliance is enhancing the customer channels. The new features and capabilities include Mobile Application on smartphones and Tagalog as additional threshold Language on Member channel. Tagalog went live on September 28th, 2021. The Mobile version of the member channel is estimated to go-live by April 2022.

Data Warehouse

- The Data Warehouse project is aimed at bringing all critical health care data domains to the Data Warehouse and enabling the Data Warehouse to be the single source of truth for all reporting needs and requirements.
- In the month of December 2021, the Alliance experienced unforeseen resource challenges that impacted the work on Data Warehouse. The scope to add the Case Management data domains to the Data Warehouse was put on hold due to focus on other mandate projects and the project is expected to resume in the month of February 2022.

California Advancing & Innovating Medi-Cal (CalAIM) – Enhanced Care Management (ECM) & Community Support (CS)

- Goals of this initiative is to Implement a whole-person care approach and address social drivers of health. It also includes improving quality outcomes, reduce health disparities, drive system transformation, creating a consistent, efficient, and seamless Medi-Cal system.
- This went live on January 1st, 2022. This go-live included changes to multiple applications/systems to accept authorizations, Provider Services, Provider Directory, Provider Contracts, and Interactive Voice Response for Member Services.

California Advancing & Innovating Medi-Cal (CalAIM) – Major Organ Transplant (MOT)

- Effective January 1st, 2022, all Medi-Cal managed care health plans (MCPs) are required to cover the Major Organ Transplant (MOT) benefit for adult and pediatric transplant recipients and donors, including related services such as organ procurement and living donor care.
- This went live on January 1st, 2022. Changes were made to multiple applications like TruCare, HealthSuite, Quality Suite, Operational Data Store, Data Warehouse, Provider Repository.

Information Technology

Supporting Documents

Enrollment

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

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

Month	Total MC ¹	MC ¹ - Add/ Reinstatements	MC ¹ - Terminated	Total GC ²	GC ² - Add/ Reinstatements	GC ² - Terminated
December	290,867	3,639	2,229	5,824	127	127

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

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

Auto-Assignments	Member Count
Auto-assignments MC	2,358
Auto-assignments Expansion	1,300
Auto-assignments GC	37
PCP Changes (PCP Change Tool) Total	2,037

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of December 2021”.
- There were 12,419 authorizations processed into TruCare application.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

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

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
EDI	3,487	439	3,557
Paper to EDI	2,618	1,768	1,263
Provider Portal	2,070	326	2,000
Manual Entry			1,367
Total			8,187

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

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

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

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	3,797	3,192	145,106	478
MCAL	77,977	2,024	4,591	791
IHSS	2,946	84	193	29
AAH Staff	155	48	802	11
Total	84,875	5,348	150,692	1,309

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

Top 25 Pages Viewed		
Category	Page Name	November - 21
Provider	Member Eligibility	818,895
Provider	Claim Status	164,936
Provider - Authorizations	Auth Submit	6,976
Provider - Authorizations	Auth Search	2,980
Member My Care	Member Eligibility	2,757
Member Help Resources	ID Card	1,276
Member Help Resources	Find a Doctor or Hospital	1,275
Provider	Member Roster	1,204
Member Help Resources	Select or Change Your PCP	909
Member My Care	MC ID Card	719
Member My Care	My Claims Services	687
Provider - Provider Directory	Provider Directory	539
Member Help Resources	Request Kaiser as my Provider	518
Provider - Home	Forms	355
Member My Care	My Pharmacy Medication Benefits	329
Member My Care	Authorization	319
Provider	Pharmacy	275
Provider - Provider Directory	Instruction Guide	186
Member Help Resources	FAQs	174
Member My Care	Member Benefits Materials	165
Member Help Resources	Authorizations Referrals	161
Member My Care	My Pharmacy Argus	142
Provider - Provider Directory	Manual	128
Member Help Resources	Forms Resources	123
Member Help Resources	Contact Us	118

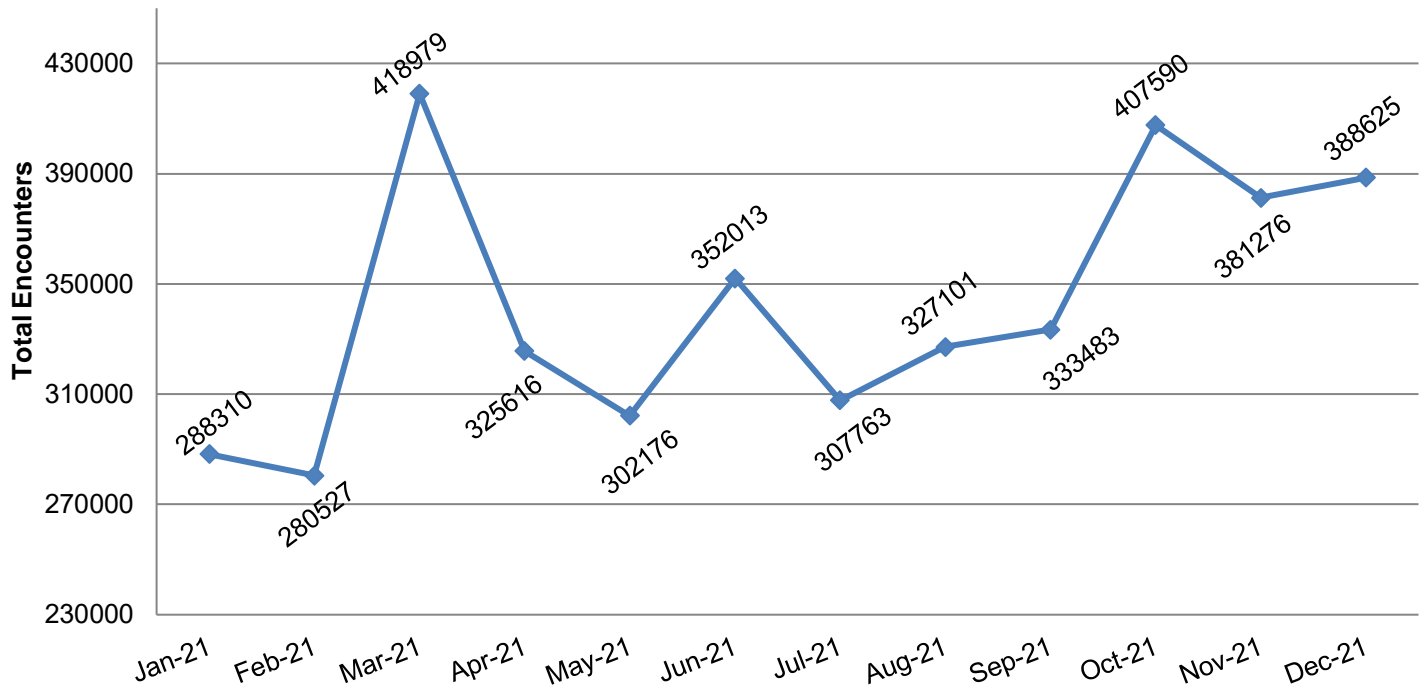
Encounter Data from Trading Partners 2021

- **AHS:** December weekly files (9,314 records) were received on time.
- **Beacon:** December weekly files (14,899 records) were received on time
- **CHCN:** December weekly files (73,269 records) were received on time.
- **CHME:** December monthly file (4,908 records) were received on time.
- **CFMG:** December weekly files (12,410 records) were received on time.
- **Docustream:** December monthly files (1,586 records) were received on time.
- **PerformRx:** December monthly files (159,074 records) were received on time.
- **Kaiser:** December bi-weekly files (63,939 records) and monthly Kaiser Pharmacy files (23,455 records) were received on time.
- **LogistiCare:** December weekly files (17,125 records) were received on time.
- **March Vision:** December monthly file (3,220 records) were received on time.
- **Quest Diagnostics:** December weekly files (12,494 records) were received on time.
- **Teladoc:** December monthly files (20 records) were received on time.

Trading Partner Medical Encounter Inbound Submission History

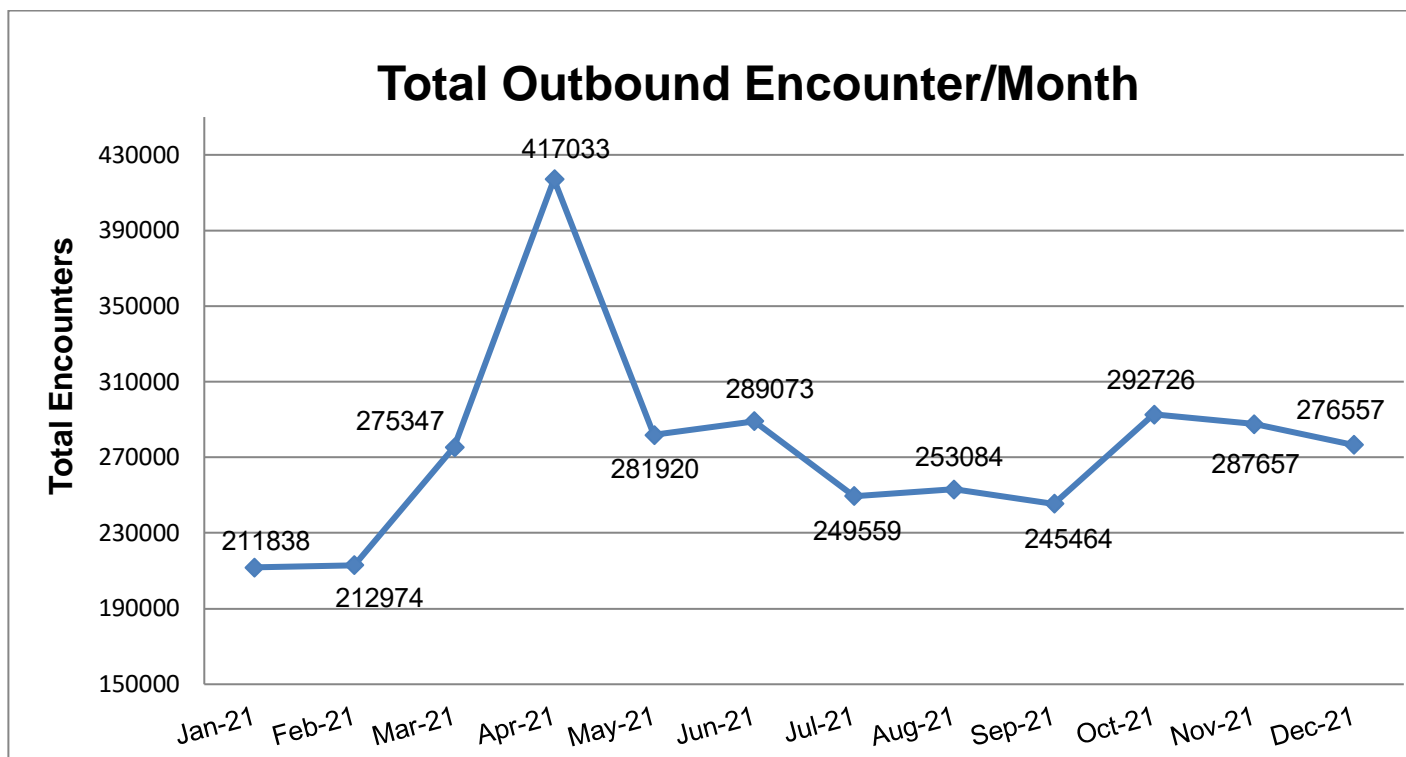
Trading Partners	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
HealthSuite	116784	119001	143171	140678	129847	136687	133958	139079	159558	177483	167057	175441
AHS	9404	9702	9326	11166	9074	10138	8913	7869	7640	10625	8791	9314
Beacon	15812	14616	13002	19247	14951	17079	15236	13320	14618	13693	12456	14899
CHCN	59612	62867	89453	69080	66260	82211	63905	80862	60227	71581	99117	73269
CHME	6143	6548	5776	5497	4885	4700	4960	4926	5393	4814	5003	4908
Claimsnet	7693	12059	10905	8835	10834	8129	9774	7712	9880	15598	11032	12410
Docustream	803	1160	935	1166	1445	1218	1296	1568	1594	1474	1185	1586
Kaiser	43639	25903	112545	39632	30039	60081	39398	35165	44366	75112	38085	63939
Logisticare	12603	14208	16924	12945	14399	15473	14415	17306	13803	16977	22403	17125
March Vision	3103	1917	2230	3156	3708	3306	3303	3531	3297	3377	3584	3220
Quest	12665	12515	14699	14203	16718	12979	12563	15746	13084	16841	12542	12494
Teladoc	49	31	13	11	16	12	42	17	23	15	21	20
Total	288310	280527	418979	325616	302176	352013	307763	327101	333483	407590	381276	388625

Total Encounters Received/Month



Outbound Medical Encounter Submission

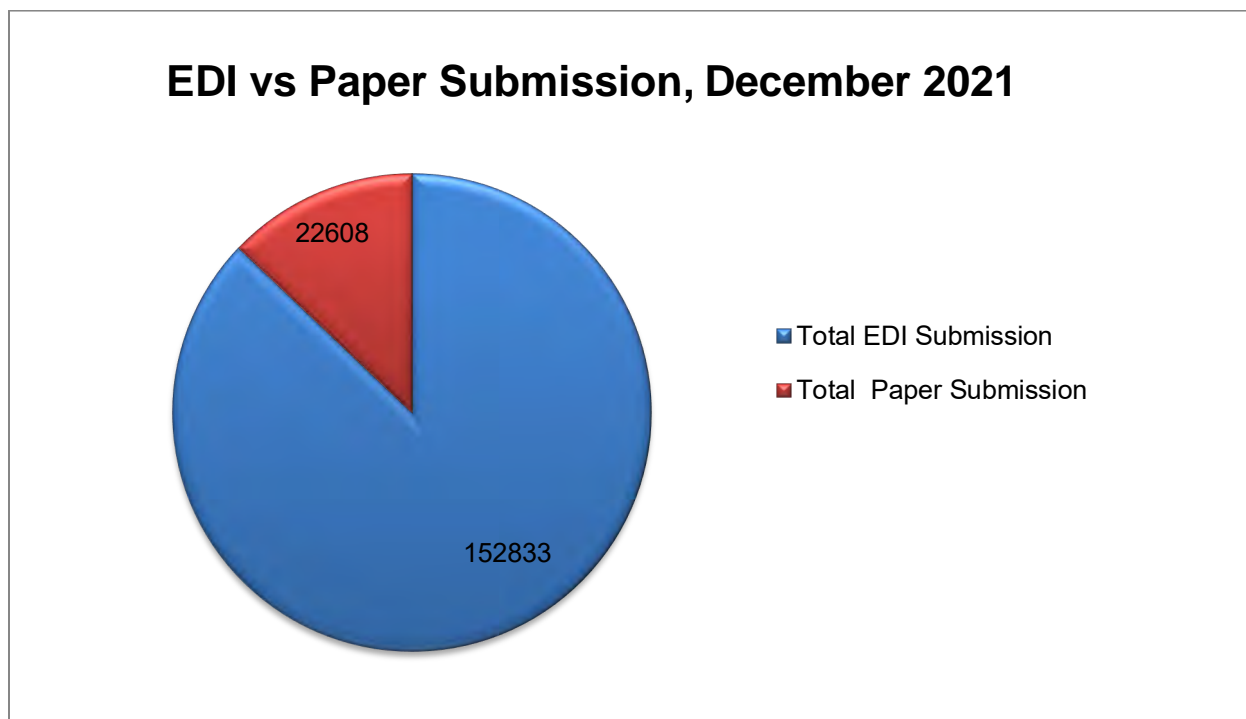
Trading Partners	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
HealthSuite	70368	81305	84220	216640	130885	128980	85346	109070	83690	100925	114507	95489
AHS	8729	9089	8655	8812	10762	9912	7163	9172	7476	10176	8541	7728
Beacon	13315	11631	10171	14881	12347	11746	12684	10959	9355	11423	9969	12659
CHCN	41461	45137	64275	49446	48573	58519	45338	46573	54958	49171	67383	49080
CHME	5327	5508	5283	5136	4767	4586	4753	4820	5280	4587	4849	4691
Claimsnet	5160	8578	7964	6489	8110	5993	5625	7335	7452	10829	7406	8465
Docustream	764	1071	860	1070	1286	1016	1120	1273	1209	1094	981	1185
Kaiser	42638	23810	59157	89295	29570	38443	59215	33798	43779	73264	37473	63433
Logisticare	12315	13881	16652	9705	17299	15178	14008	12751	17657	16231	19240	19787
March Vision	2655	1686	1930	2455	2850	2624	2596	2665	2483	2608	2831	2490
Quest	9085	11247	16169	13093	15455	12066	11711	14632	12102	12403	14457	11531
Teladoc	21	31	11	11	16	10	0	36	23	15	20	19
Total	211838	212974	275347	417033	281920	289073	249559	253084	245464	292726	287657	276557



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total claims
21-DEC	152,833	22,608	175,441

Key: EDI – Electronic Data Interchange

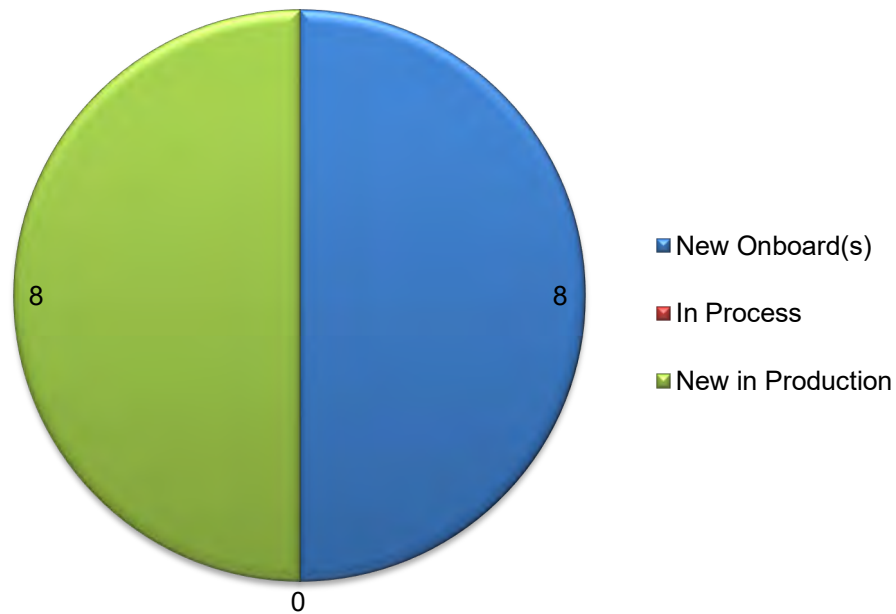


Onboarding EDI Providers - Updates

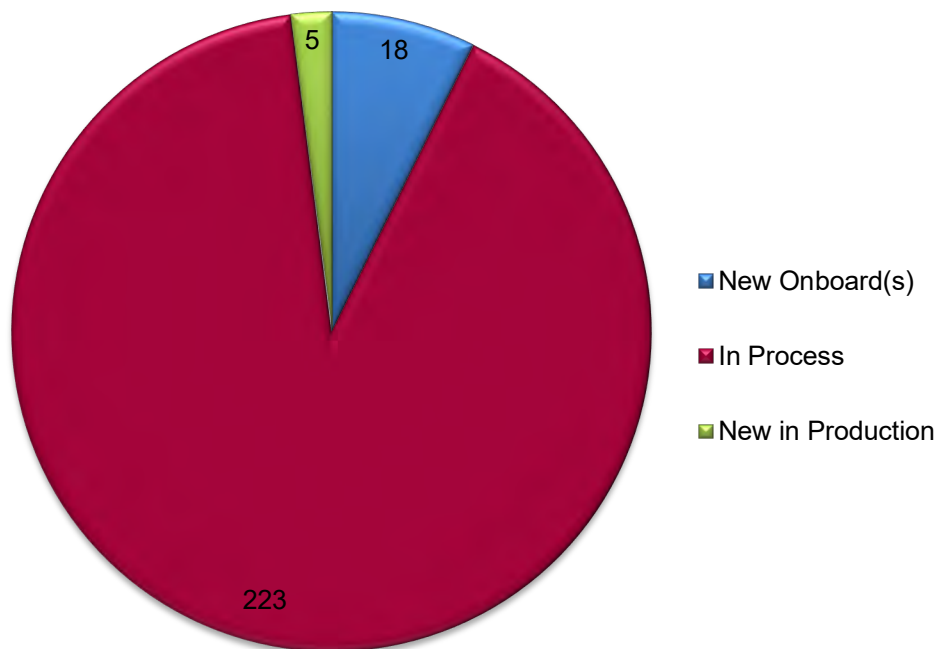
- December 2021 EDI Claims:
 - A total of 1246 new EDI submitters have been added since October 2015, with 8 added in December 2021.
 - The total number of EDI submitters is 1978 providers.
- December 2021 EDI Remittances (ERA):
 - A total of 343 new ERA receivers have been added since October 2015, with 5 added in December 2021.
 - The total number of ERA receivers is 400 providers.

	837				835			
	New on Boards	In Process	New In Production	Total in Production	New on Boards	In Process	New In Production	Total in Production
Nov-20	15	0	15	1749	7	91	2	234
Dec-20	21	0	21	1770	42	91	42	276
Jan-21	15	0	15	1785	19	92	18	294
Feb-21	22	0	22	1807	14	101	5	299
Mar-21	20	2	18	1825	23	117	7	306
Apr-21	5	0	5	1830	20	126	11	317
May-21	32	0	32	1862	20	134	12	329
Jun-21	13	0	13	1875	17	136	15	344
Jul-21	30	3	27	1902	14	138	12	356
Aug-21	17	0	17	1919	47	178	7	363
Sep-21	21	1	20	1939	15	193	0	363
Oct-21	17	0	17	1956	30	205	18	381
Nov-21	14	0	14	1970	19	210	14	395
Dec-21	8	0	8	1978	18	223	5	400

837 EDI Submitters - December 2021



835 EDI Receivers - December 2021



Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

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

File Type	DEC-21
837 I Files	22
837 P Files	99
NCPDP	9
Total Files	130

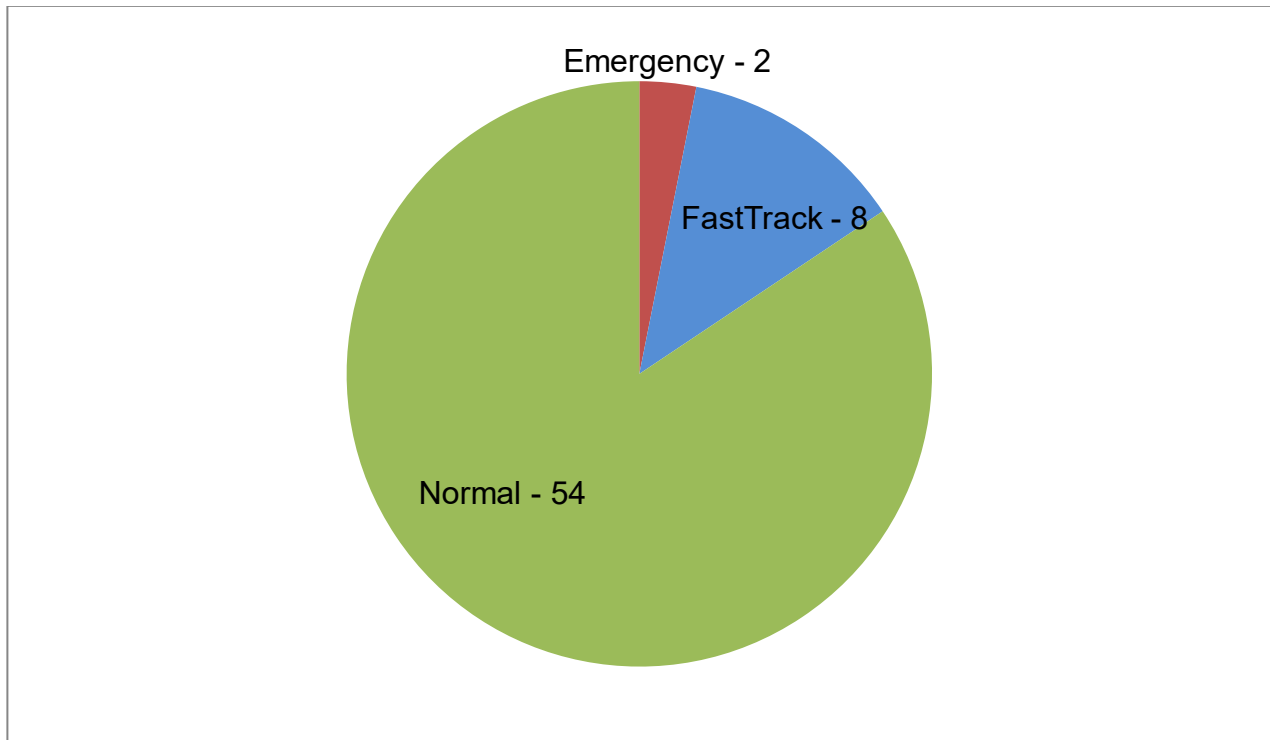
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	Dec-21	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	96%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	91%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	96%	80%

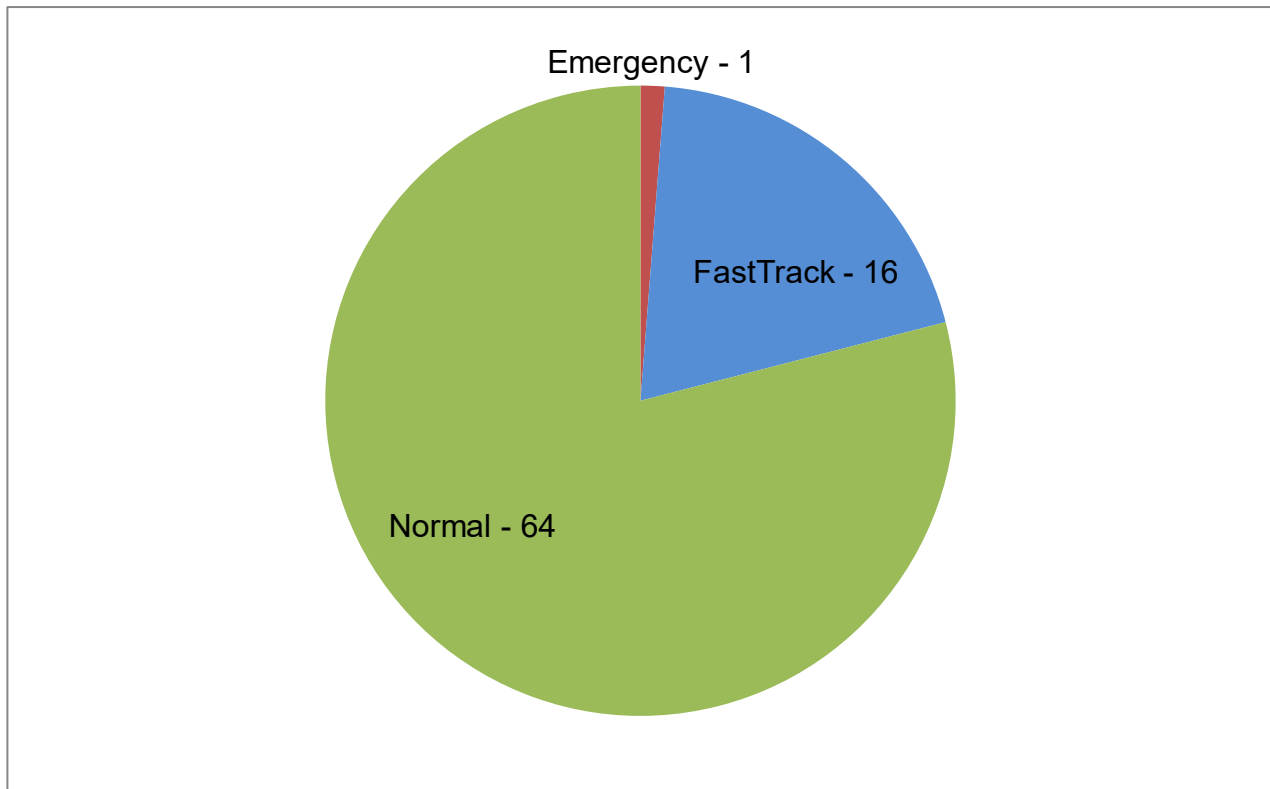
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of December 2021 KPI:
 - 64 Changes Submitted.
 - 81 Changes Completed and Closed.
 - 153 Active Change Requests in our pipeline.
 - 6 Change Requests Cancelled or Rejected.

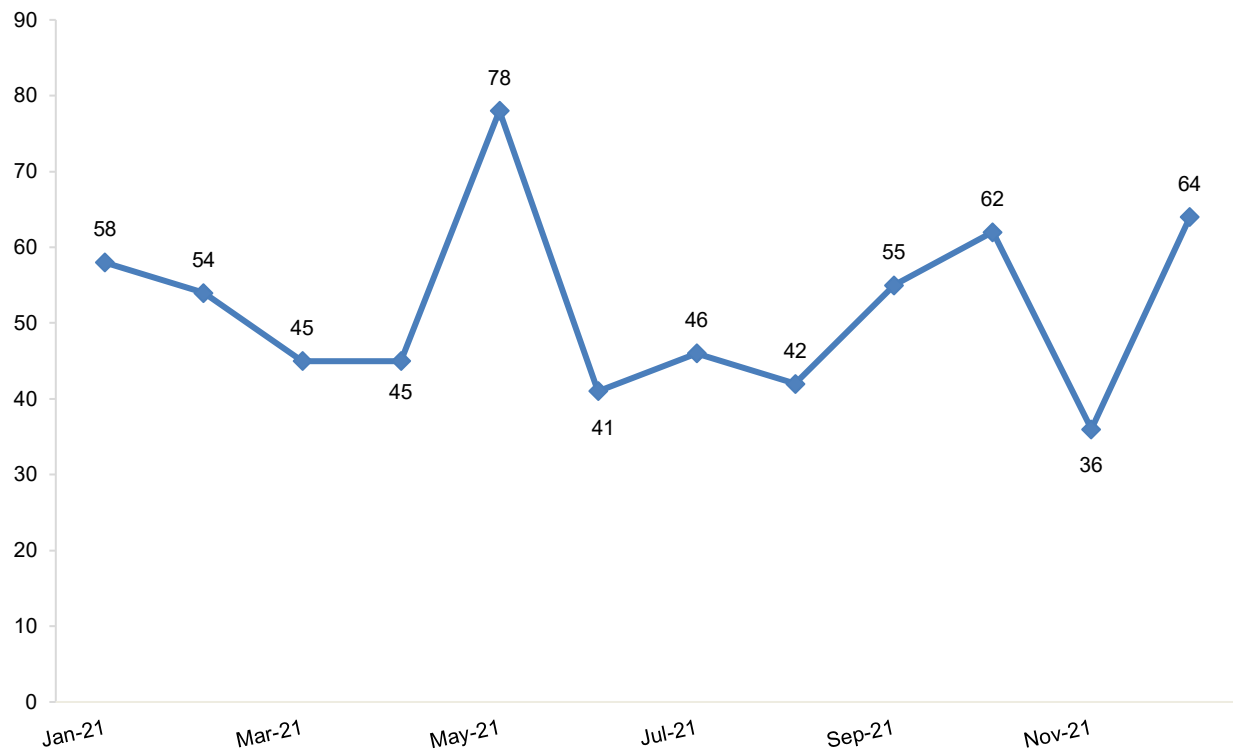
- 64 Change Requests Submitted/Logged in the month of December 2021



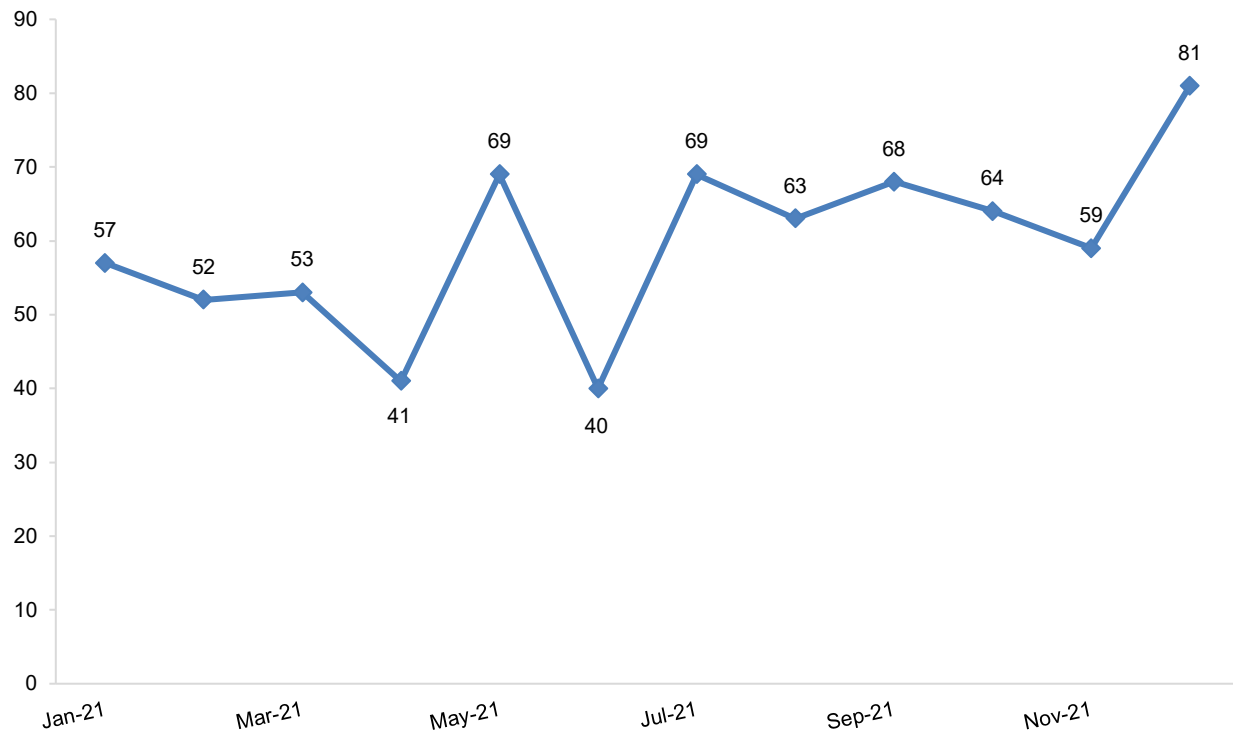
- 81 Change Requests Closed in the month of December 2021



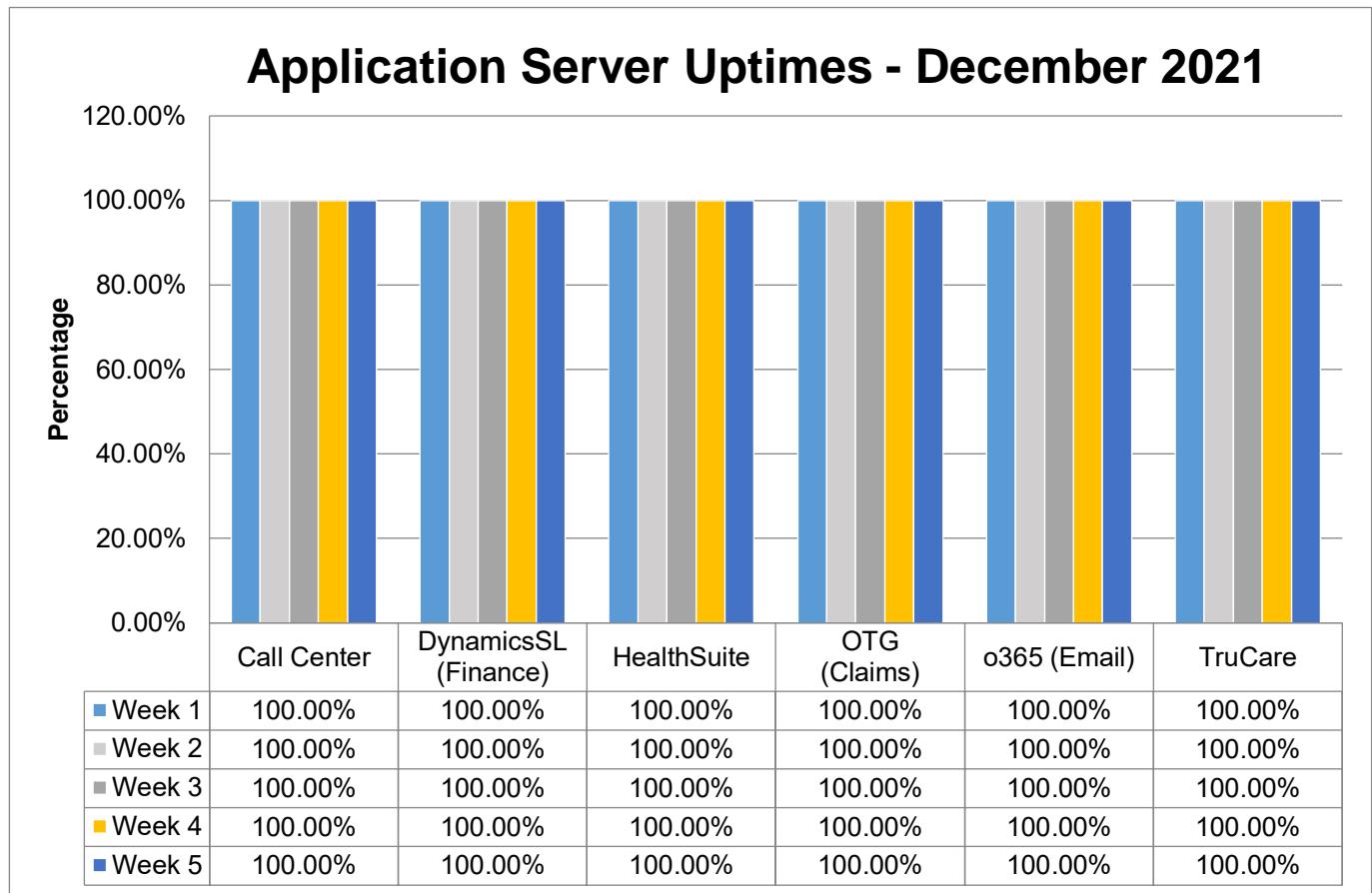
- Change Requests Submitted: Monthly Trend



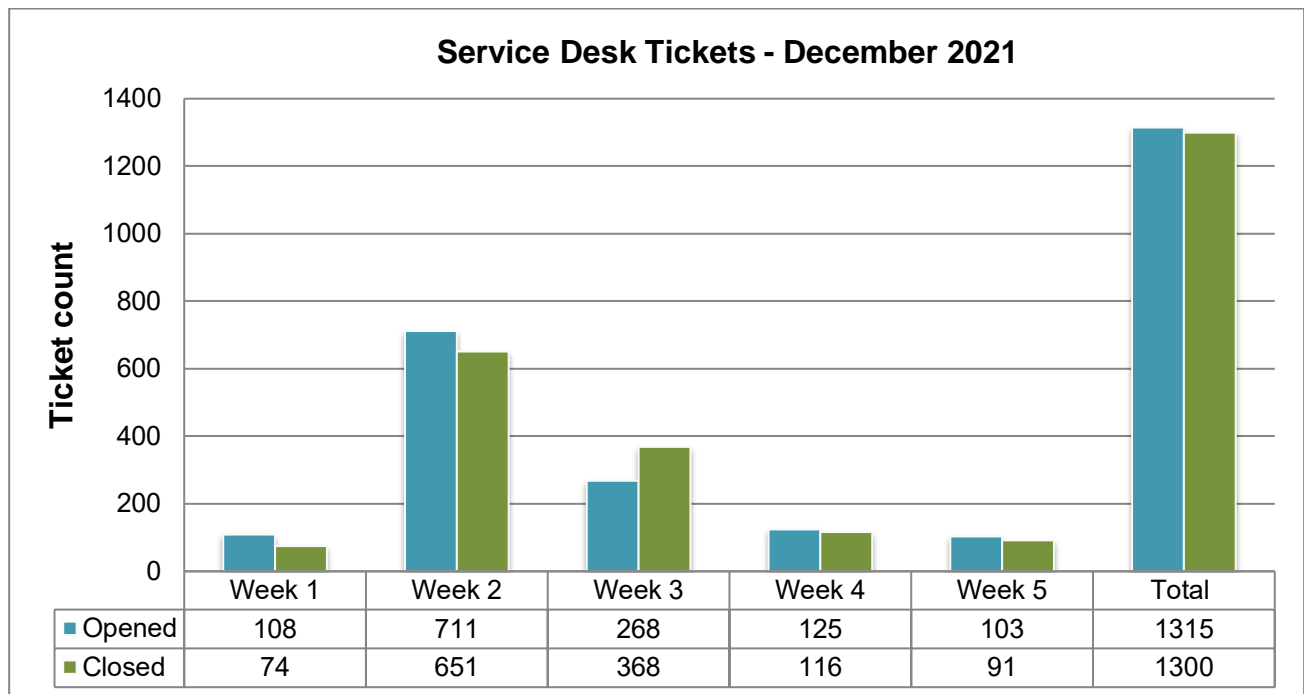
- Change Requests Closed: Monthly Trend



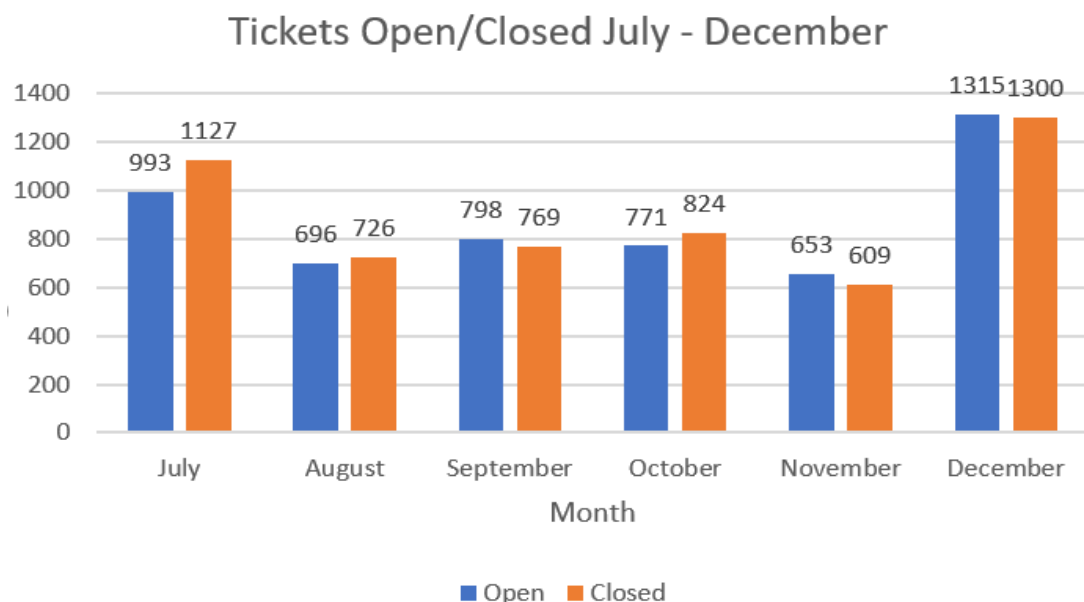
IT Stats: Infrastructure



- All mission critical applications are monitored and managed thoroughly.
- There were no major outages experienced in the month of December 2021 despite supporting 97% of staff working remotely.
- Responded to the Log4j Vulnerabilities.
 - Log4j is software is used to record all manner of activities that go on under the hood in a wide range of computer systems.
 - The vulnerability affects any systems and services that use the Java logging library.
 - Our security team has patched 90% of the systems in the enterprise affected by this vulnerability and has been actively monitoring new releases.

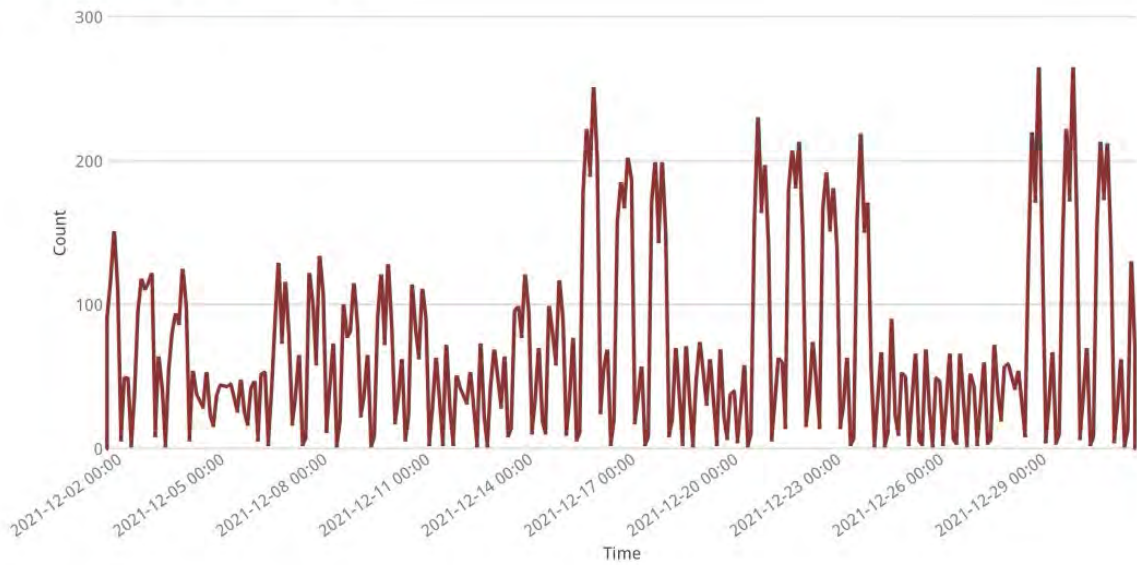


- 1,315 Service Desk tickets were opened in the month of December 2021, which is 101.5% higher than the previous month and 1,300 Service Desk tickets were closed, which is 113.5% higher than the previous month.
 - The open ticket count for the month of December is higher and significantly above the 3-month average of 750.
 - The ticket count increased during the 2nd and 3rd week of the month of December due to year-end clean-up tickets submitted by HR to disable accounts for contractors and consultants.



All Intrusion Events

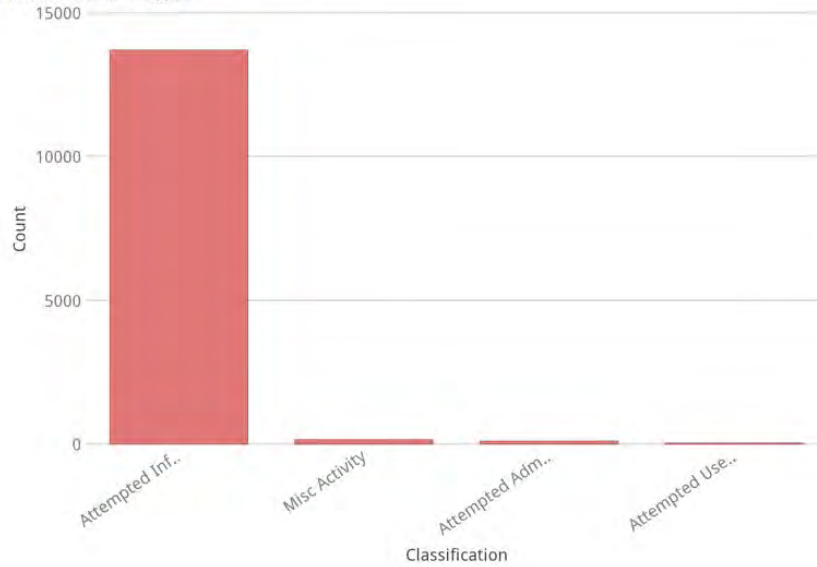
Time Window: 2021-12-01 09:29:00 - 2021-12-31 09:29:00



Dropped Intrusion Events

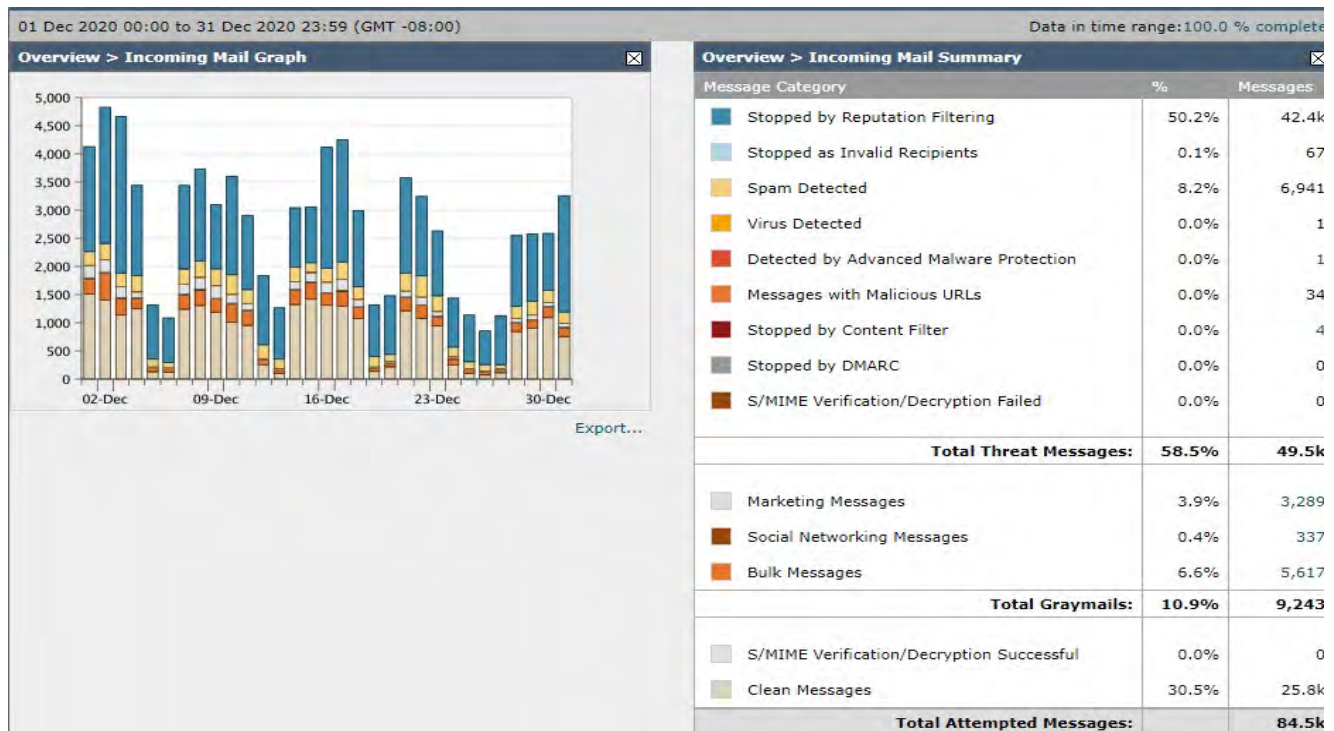
Time Window: 2021-12-01 09:30:00 - 2021-12-31 09:30:00

Constraints: Inline Result = dropped



Classification	Count
Attempted Information Leak	13,704
Misc Activity	161
Attempted Administrator Privilege Gain	116
Attempted User Privilege Gain	49

MX4



MX9



Item / Date	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Stopped By Reputation	69.7k	43.8k	149k	60.7k	79.9k	65.4k	78.8k	62.7k	43.1k	41.5k	24.3k	39.3k	69.7k
Invalid Recipients	153	62	242	384	1,776	99	1,982	742	185	132	82	92	153
Spam Detected	13.2	8,650	30.2k	19.2k	19.2k	18	17.4k	27	12.8k	10.8k	5.6k	9,684	13.2k
Virus Detected	1	0	9	3	5	2	2	9	14	14	0	1	1
Advanced Malware	9	10	10	0	6	6	0	1	3	2	0	0	9
Malicious URLs	39	3	6	14	0	264	30	12	9	7	6	43	39
Content Filter	8	18	189	56	151	264	167	78	58	89	27	27	8
Marketing Messages	6,147	3,203	68	68	6,707	6,366	6,357	6,256	6,710	7,383	4,489	9,221	6,147
Attempted Admin Privilege Gain	84	42	160	89	96	95	109	101	129	157	128	124	116
Attempted User Privilege Gain	650	37	6	64	10	1	0	3	7	6	6	13	49
Attempted Information Leak	167	44	11	3	20	18	38	15	32	3,700	7,782	9,376	13.7k
Potential Corp Policy Violation	0	0	0	0	0	0	0	0	0	0	0	0	0
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	0
Web Application Attack	0	0	0	24	11	0	3	1	0	0	0	0	0
Attempted Denial of Service	6,775	15,163	2,788	0	1	0	0	0	0	0	0	0	0
Misc. Attack	5,935	2,390	13,836	6,870	4,395	3,851	1,516	975	446	5,733	8,550	76	161

- 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 69.7k.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 9.3k to 13.7 for the month of December 2021.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is higher at 49 from a previous six-month average of 14.



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

Projects and Programs

Ruth Watson

To: Alameda Alliance for Health Board of Governors

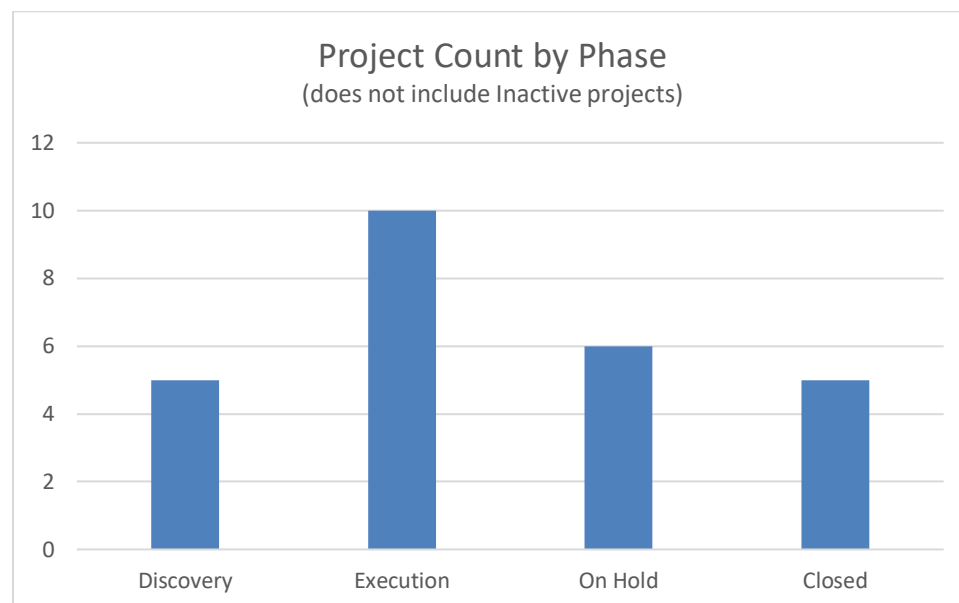
From: Ruth Watson, Chief Projects and Programs Officer

Date: January 14, 2022

Subject: Projects & Programs Report

Project Management Office

- 35 projects currently on the Alliance enterprise-wide portfolio
 - 16 Active projects (discovery, initiation, planning, execution, warranty)
 - 6 On Hold projects
 - 4 Closed projects
 - 9 Inactive projects (**not included on chart as Inactive is not a phase**)



Integrated Planning

- CalAIM Enhanced Care Management (ECM) and Community Supports (CS)
 - Launched ECM and CS on January 1st, 2022!
 - Requires daily reporting of any Member or Provider issues from January 4th through January 18th
 - ECM portion of the Model of Care (MOC) fully approved
 - DHCS is now requiring all Managed Care Plans (MCPs) to revise ECM Policies & Procedures (P&Ps) to reflect updated guidance regarding authorization of ECM for members who were receiving

- ECM with a prior MCP; revisions due to DHCS by February 15th, 2022
- CS portion of the MOC fully approved for Parts 1 and 2 and conditionally approved for Part 3
 - Requires an update to all CS P&Ps to include service discontinuation language; revisions due to DHCS by January 14, 2022
- The MOC will require periodic updating going forward to account for the additional ECM Populations of Focus that will be phased-in beginning in January 2023
- Whole Person Care (WPC) and Health Homes Program (HHP) Member Transition on December 31, 2021
 - Transitioned 1,178 members from WPC to ECM/CS
 - Transitioned 748 members from HHP to ECM/CS
- Operational Readiness Activities – Day 1
 - Separate workgroup meetings with all departments continue once per week or more, as needed
 - ECM contracts
 - All ten (10) were fully executed prior to December 31st
 - CS contracts
 - HCSA contract for Housing services and Asthma Remediation was approved by the Board of Supervisors on December 14th
 - Medically Supportive Food/Meals/Medically Tailored Meals – contract with Project Open Hand was fully executed on December 3, 2021
 - Recuperative Care (Medical Respite)
 - BACS – contract fully executed on December 28, 2021
 - Cardea Health – contract fully executed on December 15, 2021
 - LifeLong – contract fully executed on December 22, 2021
 - User Acceptance Testing (UAT) for system and business processes needed for Day 1 was completed on December 30, 2021
- Operational Readiness Activities – Day 2 (30/60/90/120 days)
 - Scope document defining upcoming tasks is being finalized
- CalAIM Major Organ Transplants (MOT)
 - Received Corrective Action Plan (CAP) from DHCS on December 10th for lack of a certified MOT network; CAP will be remediated once we have a signed contract with a Center of Excellence (COE)
 - Contract with Stanford, who is a COE, was fully executed on December 20, 2021
 - Letter of Intent fully executed with UCSF on December 22, 2021
 - DHCS rate negotiations with public hospitals have not been completed

- CalAIM Incentive Payment Program – three year DHCS program to provide funding for the support of ECM and CS in the following areas:
 - Delivery System Infrastructure
 - ECM Provider Capacity Building
 - Community Supports Provider Capacity Building and Community Supports Take-Up
 - Completion of the Needs Assessment and Gap Filling Plan is being finalized; DHCS extended the deadline for submission to January 12, 2022
- Behavioral Health Integration (BHI) Incentive Program – DHCS pilot program commenced January 1, 2021 and continues through December 31, 2022
 - 2Q2021 Milestone payments were sent to grantees on December 30, 2021
 - Q42021 Milestone reports are due from grantees January 31, 2022
- Student Behavioral Health Incentive Program (SBHIP) – finalized contract for consulting services to assist with implementation of the program
 - Letter of Intent to participate in the program is due to DHCS by January 31, 2022

Recruiting and Staffing

- Project Management Open position(s):
 - New Project Manager starts January 4th
 - Recruitment to commence/continue for the following positions:
 - Manager, Project Management Office (PMO)
 - Senior Business Analyst
 - Project Manager
 - Business Analyst, Integrated Planning

Projects and Programs

Supporting Documents

Project Descriptions

Key projects currently in-flight:

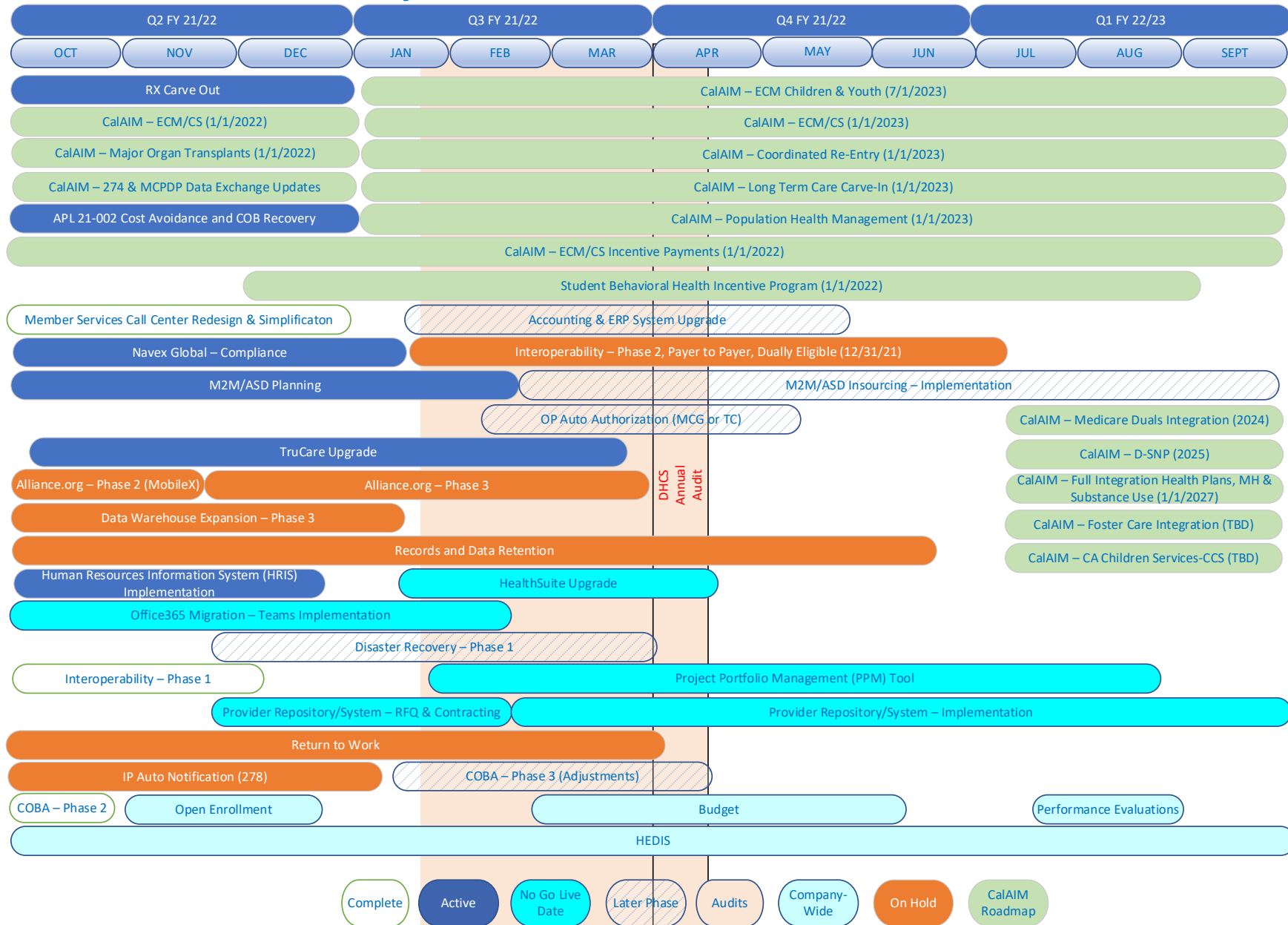
- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
 - Enhanced Care Management (ECM) effective January 1, 2022 – ECM will target seven (7) specific populations of vulnerable and high-risk children and adults
 - Members currently receiving Whole Person Care (WPC) care management or Health Homes Program (HHP) services will transition into ECM
 - Community Supports (CS) effective January 1, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
 - Six (6) Community Supports options have been selected for implementation on January 1, 2022
 - Major Organ Transplants (MOT) – currently not within the scope of many Medi-Cal managed care plans (MCPs); will be carved into all MCPs effective January 1, 2022.
 - Applicable to adults; also applicable to children for transplants not covered by California Children's Services
 - CalAIM Incentive Payment Program – CalAIM's ECM and CS programs will require significant new investments in care management capabilities, ECM and CS infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers and other community-based organizations. CalAIM incentive payments are intended to:
 - Build appropriate and sustainable ECM and ILOS capacity
 - Drive MCP investment in necessary delivery system infrastructure
 - Incentivize MCP take-up of ILOS
 - Bridge current silos across physical and behavioral health care service delivery
 - Reduce health disparities and promote health equity
 - Achieve improvements in quality performance
- Return to Work – assessment of current state work environment and recommendations for future configurations (remote/onsite/hybrid)
- Pharmacy Carve-Out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State occurs on January 1, 2022
- Project Portfolio Management (PPM) Tool – vendor demonstrations complete
- All Plan Letter (APL) 21-002 (formerly APL 20-010) Cost Avoidance, Other Health Coverage
 - New notification requirements between health plans and providers regarding other health coverage as required by DHCS
 - Implementation date of January 1, 2022
- APL 20-017 Managed Care Program Data Improvement

- DHCS will require Managed Care Plans (MCPs) to report program data using new, standardized reporting formats
 - Additional requirements for data reporting related to grievances, appeals, monthly Medical Exemption Requests (MER) and other continuity of care requests, out-of-Network requests, and Primary Care Provider (PCP) assignments for all MCPs
 - MCPs are required to meet all requirements in this APL no later than July 1, 2021
- Navex Global – implementation of a single, centralized repository to manage and store policies and procedures as well as a new hotline and web intake process for FWA/HIPAA case management
- Member Services Call Center Redesign & Simplification – update call center to minimize member confusion, introduce self-service options and update with Regulatory member instructions
- Accounting & Enterprise Resource Planning (ERP) System Upgrade – upgrade current system to supported platform
- Student Behavioral Health Incentive Program (SBHIP) – program will launch in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships and capacity, statewide, for school behavioral health services.

Key Projects on Hold:

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

AAH Project Portfolio - Active + (updated 1/6/2022)





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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: January 14th 2022

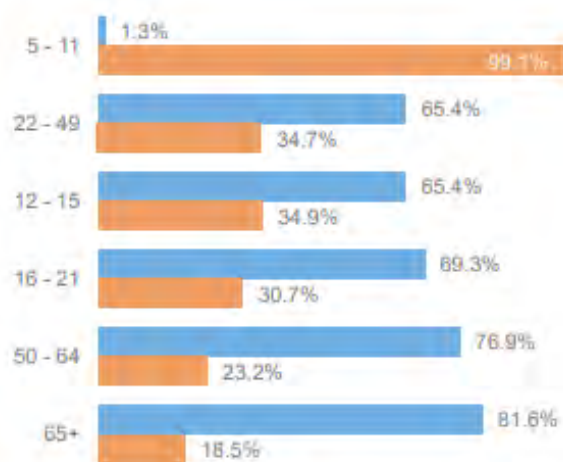
Subject: Performance & Analytics Report

COVID-19 Vaccination Rate

- The Alliance COVID-19 Vaccination rate is 60.7% for fully and partially vaccinated members aged 5 years and older.
 - 57.0% are fully vaccinated
 - 3.7% are partially vaccinated
- A comparison of the Alliance's vaccinated vs unvaccinated members (39.3%) shows the following demographic results:

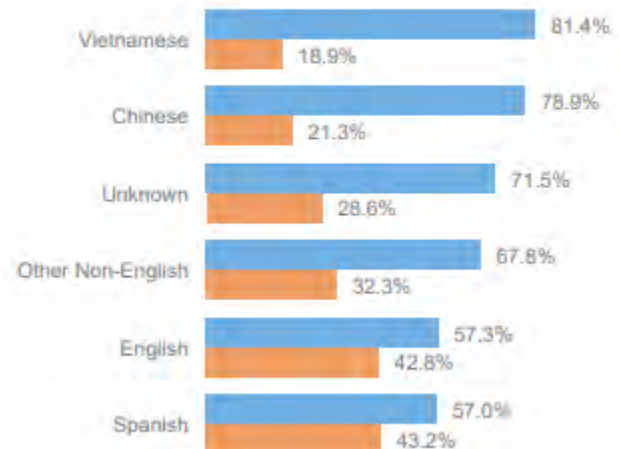
By AgeBand

● Vaccinated ● Unvaccinated



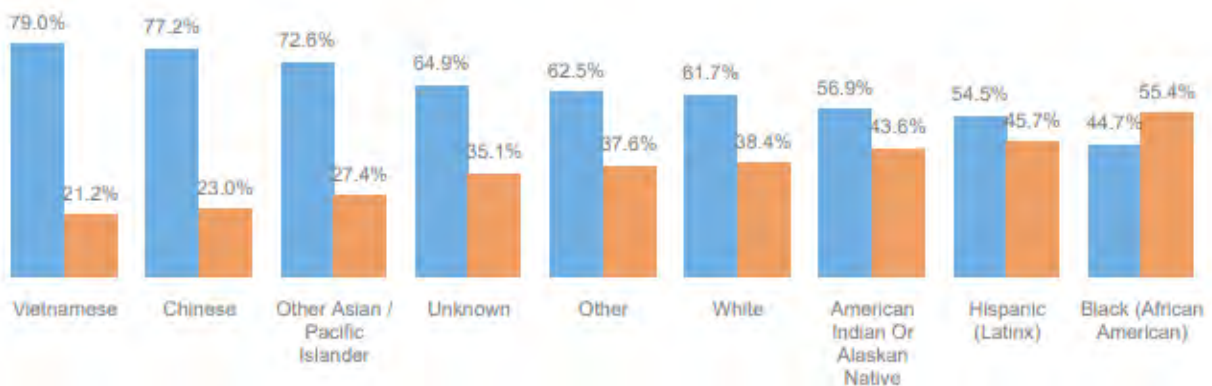
By Language

● Vaccinated ● Unvaccinated



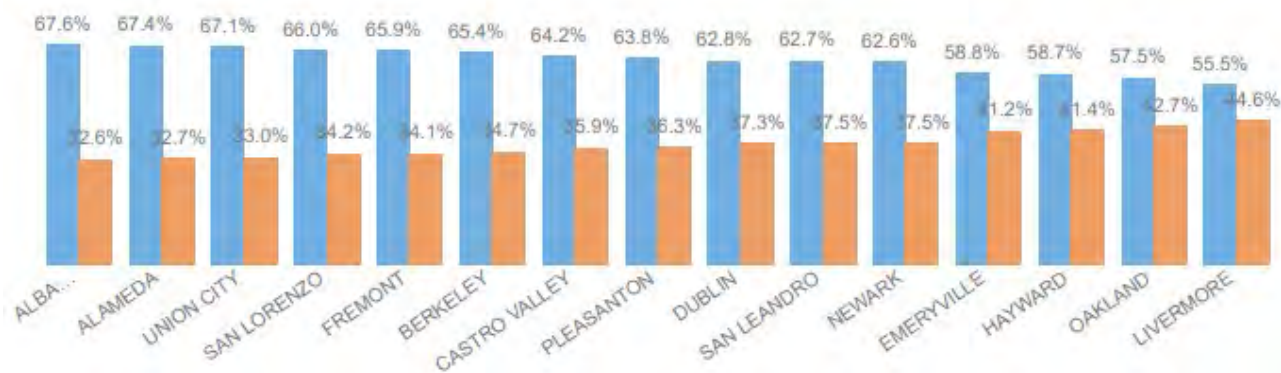
By Ethnicity

● Vaccinated ● Unvaccinated



By City

● Vaccinated ● Unvaccinated



Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
 - Current reporting period: Current reporting period: October 2020
 -
 - September 2021 dates of service
 - Prior reporting period: October 2019 – September 2020 dates of service
 - service
 (Note: Data excludes Kaiser membership data.)
- For the Current reporting period, the top 8.6% of members account for 83.8% of total costs.
- In comparison, the Prior reporting period was lower at 7.7% of members accounting for 83.2% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
 - The SPD (non duals) and ACA OE categories of aid increased to account for 60.2% of the members, with SPDs accounting for 26.9% and ACA OE's at 33.3%.
 - The percent of members with costs \geq \$30K slightly increased from 1.6% to 1.9%.
 - Of those members with costs \geq \$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, increasing to 50.2%.
- Demographics for member city and gender for members with costs \geq \$30K follow the same distribution as the overall Alliance population.
- However, the age distribution of the top 8.6% is more concentrated in the 45-66 year old category (40.3%) compared to the overall population (20.5%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis

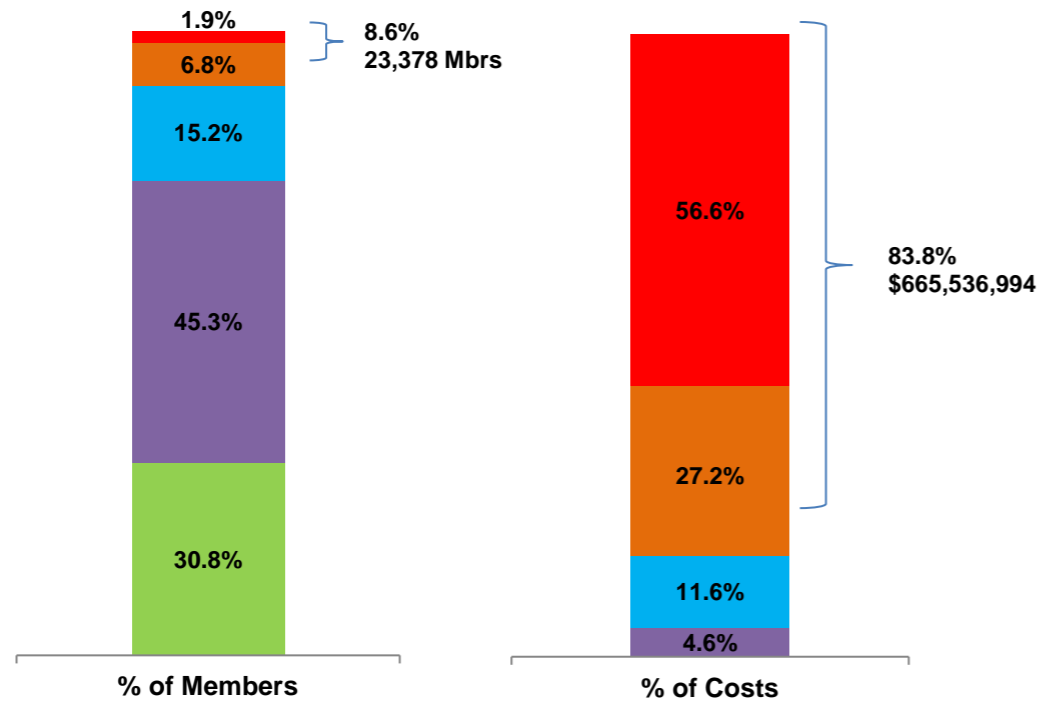
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Oct 2020 - Sep 2021

Note: Data incomplete due to claims lag

Run Date: 12/29/2021

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	5,065	1.9%	\$ 449,326,140	56.6%
\$5K - \$30K	18,313	6.8%	\$ 216,210,854	27.2%
\$1K - \$5K	41,293	15.2%	\$ 92,418,077	11.6%
< \$1K	122,822	45.3%	\$ 36,486,602	4.6%
\$0	83,347	30.8%	\$ -	0.0%
Totals	270,840	100.0%	\$ 794,441,673	100.0%

Top 8.6% of Members = 83.8% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	1,174	0.4%	\$ 241,626,644	30.4%
\$75K to \$100K	620	0.2%	\$ 53,314,608	6.7%
\$50K to \$75K	1,250	0.5%	\$ 76,532,125	9.6%
\$40K to \$50K	798	0.3%	\$ 35,629,233	4.5%
\$30K to \$40K	1,223	0.5%	\$ 42,223,531	5.3%
SubTotal	5,065	1.9%	\$ 449,326,140	56.6%
\$20K to \$30K	2,338	0.9%	\$ 56,975,486	7.2%
\$10K to \$20K	6,634	2.4%	\$ 92,701,985	11.7%
\$5K to \$10K	9,341	3.4%	\$ 66,533,383	8.4%
SubTotal	18,313	6.8%	\$ 216,210,854	27.2%
Total	23,378	8.6%	\$ 665,536,994	83.8%

Enrollment Status	Members	Total Costs
Still Enrolled as of Sep 2021	249,228	\$ 703,754,555
Dis-Enrolled During Year	21,612	\$ 90,687,118
Totals	270,840	\$ 794,441,673

Notes:

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

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis

8.6% of Members = 83.8% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Oct 2020 - Sep 2021

Note: Data incomplete due to claims lag

Run Date: 12/29/2021

8.6% of Members = 83.8% of Costs

26.9% of members are SPDs and account for 32.9% of costs.

33.3% of members are ACA OE and account for 32.0% of costs.

6.7% of members disenrolled as of Sep 2021 and account for 12.8% of costs.

Highest Cost Members: Cost Per Member >= \$100K

37.7% of members are SPDs and account for 36.8% of costs.

29.6% of members are ACA OE and account for 30.8% of costs.

20.4% of members disenrolled as of Sep 2021 and account for 20.9% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	134	597	731	3.1%
MCAL	MCAL - ADULT	539	3,481	4,020	17.2%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	223	1,473	1,696	7.3%
	MCAL - ACA OE	1,634	6,153	7,787	33.3%
	MCAL - SPD	1,766	4,527	6,293	26.9%
	MCAL - DUALS	117	1,177	1,294	5.5%
Not Eligible	Not Eligible	652	905	1,557	6.7%
Total		5,065	18,313	23,378	100.0%

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	14	1.2%
MCAL	MCAL - ADULT	104	8.9%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	5	0.4%
	MCAL - ACA OE	348	29.6%
	MCAL - SPD	443	37.7%
	MCAL - DUALS	21	1.8%
Not Eligible	Not Eligible	239	20.4%
Total		1,174	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 9,304,923	\$ 6,670,049	\$ 15,974,972	2.4%
MCAL	MCAL - ADULT	\$ 40,738,095	\$ 40,340,317	\$ 81,078,412	12.2%
	MCAL - BCCTP	\$ -	\$ -	\$ -	0.0%
	MCAL - CHILD	\$ 10,577,626	\$ 16,870,287	\$ 27,447,913	4.1%
	MCAL - ACA OE	\$ 142,415,493	\$ 70,603,851	\$ 213,019,344	32.0%
	MCAL - SPD	\$ 162,548,628	\$ 56,082,120	\$ 218,630,748	32.9%
	MCAL - DUALS	\$ 10,087,533	\$ 14,217,586	\$ 24,305,119	3.7%
Not Eligible	Not Eligible	\$ 73,653,842	\$ 11,426,645	\$ 85,080,487	12.8%
Total		\$ 449,326,140	\$ 216,210,854	\$ 665,536,994	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 2,932,859	1.2%
MCAL	MCAL - ADULT	\$ 18,624,381	7.7%
	MCAL - BCCTP	\$ -	0.0%
	MCAL - CHILD	\$ 1,055,286	0.4%
	MCAL - ACA OE	\$ 74,460,434	30.8%
	MCAL - SPD	\$ 88,893,819	36.8%
	MCAL - DUALS	\$ 5,166,403	2.1%
Not Eligible	Not Eligible	\$ 50,493,461	20.9%
Total		\$ 241,626,644	100.0%

% of Total Costs By Service Type

				Breakout by Service Type/Location						
Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	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+	6%	0%	0%	12%	57%	2%	14%	5%	3%	8%
\$75K to \$100K	7%	0%	1%	17%	45%	3%	8%	5%	9%	14%
\$50K to \$75K	6%	0%	1%	19%	40%	3%	7%	7%	8%	15%
\$40K to \$50K	6%	1%	1%	15%	44%	5%	9%	7%	2%	19%
\$30K to \$40K	13%	1%	1%	16%	38%	12%	7%	6%	1%	19%
\$20K to \$30K	7%	2%	1%	19%	34%	11%	10%	8%	1%	18%
\$10K to \$20K	1%	0%	1%	21%	33%	6%	13%	10%	1%	16%
\$5K to \$10K	0%	0%	0%	24%	19%	9%	13%	15%	1%	20%
Total	6%	0%	1%	17%	43%	5%	12%	7%	3%	14%

Notes:

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



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Human Resources

Anastacia Swift

To: Alameda Alliance for Health Board of Governors

From: Anastacia Swift, Chief Human Resources Officer

Date: January 14th, 2022

Subject: Human Resources Report

Staffing

- As of January 1st, 2022, the Alliance had 359 full time employees and 1-part time employees.
- On January 1st, 2022, the Alliance had 59 open positions in which 15 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 44 positions open to date. The Alliance is actively recruiting for the remaining 44 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions January 1 st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	17	3	14
Operations	29	8	21
Healthcare Analytics	1	0	1
Information Technology	1	0	1
Finance	2	1	1
Regulatory Compliance	3	2	1
Human Resources	4	0	4
Projects & Programs	2	1	1
Total	59	15	44

- Our current recruitment rate is 14%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in December 2021 included:
 - 5 years:
 - Gilbert Riojas (Finance)
 - 6 years:
 - Guneet Wadhwa (IT Operations & Quality Apps Management)
 - Beverly Juan (Medical Management)
 - 7 years:
 - Alexandria Moore-Johnson (Provider Relation)
 - Jenny Jiang (Healthcare Analytics)
 - Tammia Jackson (Case & Disease Management)
 - 8 years:
 - Ann Chu (Case & Disease Management)
 - 9 years:
 - Elizabeth Nunez (Member Services)
 - Katherine Gordon (Application Mgmt., IT Quality & Process Improvement)
 - 10 years:
 - Annie Lam (Provider Relation)
 - Roxanne Eliscu (Application Mgmt., IT Quality & Process Improvement)
 - 17 years:
 - Monica Cabral (Claims)
 - 23 years:
 - Famina Perry (Claims)