ALAMEDA Alliance FOR HEALTH

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

Board of Governors

Regular Meeting

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

Conference Call Only

1240 South Loop Road, Alameda, CA 94502

AGENDA

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

Video Conference Call

Alameda, CA 94502

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

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

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

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

1. **CALL TO ORDER**

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

2. **ROLL CALL**

3. **AGENDA APPROVAL OR MODIFICATIONS**

4. **INTRODUCTIONS**

5. **CONSENT CALENDAR**

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

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

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

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY GROUP**

   b) **FINANCE COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

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

   b) **CLAIMS INTEREST ANALYSIS**

   c) **COVID-19 COST AND UTILIZATION**

   d) **FISCAL YEAR 2021 SECOND QUARTER FORECAST**

   e) **HEDIS UPDATE**

   f) **MEDI-CAL DELIVERY SYSTEM**

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

   b) **PHARMACY & 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 www.alamedaalliance.org

NOTICE TO THE PUBLIC

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

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

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

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

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

Business: Items in this category are general in nature and may require Board action. Public input will be received on each item of Board Business.

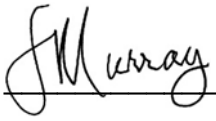
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org.

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

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

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

I hereby certify that the agenda for the Board of Governors March 9, 2021 by 12:00 p.m. as well as on the Alameda Alliance for Health's web page at www.alamaedaalliance.org.



_____Clerk of the Board – Jeanette Murray

CONSENT CALENDAR

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

SUMMARY OF PROCEEDINGS

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

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

Alliance Staff and Board of Governors Excused: Aarondeep Basrai, Tiffany Cheang, Matt Woodruff

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

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
5. CONSENT CALENDAR			
S. Coffin	Scott Coffin presented the Consent Calendar. a) January 8, 2021, Board of Governors Meeting Minutes b) February 9, 2021, Finance Committee Meeting Minutes Motion to Approve February 12, 2021, Board of Governors Consent Calendar. A vote by roll call was taken, and the motion passed.	Motion to Approve February 12, 2021, Board of Governors Consent Calendar. Motion: M. Lynch Second: D. Vliet Vote: Approved No opposed or abstained.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY GROUP			
R. Gebhart	The Compliance Advisory Group was held telephonically on February 12, 2021, at 10:30 am. Rebecca Gebhart updated the Board on the current Compliance Advisory workbook. Compliance Dashboard Findings: • The Compliance Advisory Group is continuing to review files to ensure that documentation and validation are identified in files. County MOU: • The Board of Supervisors will receive the MOU in March. Annual Network Certification (2020) required by DHCS: • This is an annual certification of Member access time and distance standards. • Submitted Annual Network Certification received feedback on January 26 and submitted additional information on February 8. • The Alliance is waiting for the State to review.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP

	DHCS Kindred Hospital Audit:
	• The Alliance and our delegate CHCN were found deficient in 3 areas.
	  ○ Medical necessary covered services.
	  ○ Current reviews.
	  ○ Delegation of utilization management.
	• Staff is working with the State to provide documentation and clarification.
	
	NCQA Survey:
	• Re-survey to be completed by February 16.
	• There are 30 files to be assessed.
	• There will be more information by the March Board Meeting.
	
	DMHC and DHCS:
	• DMHC and DHCS medical audits to take place in April.
	• The review periods are different.
	
	Delegation Oversight Committee:
	• The Committee has a second meeting coming up, and they are continuing to develop their dashboard.
	
	JPA Dissolution:
	• Today we are voting on new bylaws, which will be removing the JPA from the bylaws.
	• The Alameda County Board of Supervisors will vote on the new bylaws at their March Board Meeting.
	
	Anti-Fraud:
	• The Alliance has submitted a program report, which is submitted annually.
	
	Informational update to the Board of Governors.
	
	Vote not required.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Ferguson	The Finance Committee was held telephonically on Tuesday, February 9, 2021. Dr. Ferguson updated the Board on the Finance Committee Meeting. Highlights: • The Committee reviewed December 2020 Finance reports. • The sustainability Fund was discussed and will be discussed in further detail later in the Board meeting. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
7. CEO UPDATE			
S. Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: Pharmacy Transition to DHCS "Medi-Cal Rx": • Effective February 10, 2021, the DHCS postponed the transition of Medi-Cal pharmacy services to April 1, 2021. • DHCS formally requested for managed care health plans to temporarily hold sending out any notices, updated member identification (ID) cards, etc., until further noticed by DHCS. • The April 1 roll-out date is delayed indefinitely. • Health Plans are writing a letter to the Governor to postpone the transition in 2021 due to the COVID-19 and the current issues and priorities. Question: Can you add, it is important funding for the Health Care Safety-Net System infrastructure. Answer: Yes, this will be included in the response.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	COVID-19 Vaccinations: • Alameda Alliance is coordinating with the Alameda County Health Care Services Agency (HCSA) to support communications to Medi-Cal and Group Care members for the COVID-19 vaccine distribution. • Communications to Group Care members have been mailed. Automated phone calls are being arranged, inviting members to schedule a vaccination appointment at one of the fourteen Health Center locations in the Community Health Center Network. • The Alliance is preparing to outreach through mailings and phone calls to Medi-Cal members 65 years and older, followed by outreach to members 64 years and younger with specific medical conditions. • FEMA and Cal OES are launching a vaccination site at Oakland Coliseum on February 16, with the capacity to administer 6,000 vaccine doses per day. Question: There is confusion regarding the definition of home health care workers. Is the Alliance aware of this? Answer: Yes, we will be meeting next week with the Health Care Services Agency to discuss this. Question: We need trusted locations that underserved people can go for vaccines. Answer: There are many locations, Alameda County Community Clinics, the Coliseum. We are aware that there needs to be more locations and working on establishing more. Informational update to the Board of Governors. Vote not required.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
8. a. BOARD BUSINESS – REVIEW AND APPROVE DECEMBER 2020 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	Gil Riojas gave the following December 2020 Finance updates: Enrollment: • For the month ending December 31, 2020, the Alliance had an enrollment of 275,589 members, a net loss of $3.3M, and the tangible net equity is 554%. • Our enrollment has increased by 2,293 members since November 2020. Net Operating Results: • For the month ending December 31, 2020, the actual net loss was $3.3M, and the budgeted net loss was $1.6M. • The unfavorable variances were due to lower than anticipated revenue, other income & expense, plus higher than an anticipated medical expense. Revenue: • For the month ending December 31, 2020, the actual revenue was $86.9M vs. the budgeted revenue of $87.8M. Medical Expense: • For the month ending December 31, 2020, the actual medical expense was $85.4M vs. the budgeted medical expense of $83.6M. Medical Loss Ratio (MLR): • For the month ending December 31, 2020, the MLR was 98.2%, and the fiscal year-to-date of 98.0%. Administrative Expense: • For the month ending December 31, 2020, the actual administrative expense was $4.8M vs. the budgeted administrative expense of $5.9M. Other Income / (Expense): • As of December 31, 2020, our YTD interest income from investments is $406,000, and YTD claims interest expense is $181,000.	Motion to approve December 2020, Monthly Financial Statements as presented. Motion: N. Williams Second: Dr. Seevak Motion passed by roll call. Vote: Approved No opposed or abstained.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Tangible Net Equity (TNE): • Tangible net equity results continue to remain healthy, and at the end of December 31, 2020, the TNE was reported at 554% of the required amount. Cash Position and Assets: • For the month ending December 31, 2020, the Alliance reported $267.7M in cash; $175.5M in uncommitted cash. Our current ratio is above the minimum required at 1.79 compared to the regulatory minimum of 1.0. Motion to approve December 31, 2020, Monthly Financial Statements as presented. A vote by roll call was taken, and the motion passed.		
8. b. BOARD BUSINESS – CALENDAR YEAR 2021 MEDI-CAL RATES UPDATE PRESENTATION			
G. Riojas	Gil Riojas presented the Calendar Year 2021 Medi-Cal Rates Update Presentation. • Final rates vs. estimated rates: ○ The presentation explained the difference between the Alliance estimated rates and the final Medi-Cal rates. Informational update to the Board of Governors.	Informational update to the Board of Governors. Vote not required.	None
8. c. BOARD BUSINESS – RESOLUTION 2021-01 BYLAWS OF THE ALAMEDA ALLIANCE FOR HEALTH			
S. Coffin	Scott Coffin introduced Resolution 2021-01 Bylaws of the Alameda Alliance for Health. • The packet contains the proposed amended Bylaws as presented.	Motion to approve Resolution 2021-01 Bylaws of the Alameda Alliance for Health with the recommended language adding the	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	A discussion regarding adding the word purchase "to lease real property and improvements" to "to lease and purchase real property and improvements" (3.A. Powers, paragraph 2, adding the word "purchase"). Motion to approve Resolution 2021-01 Bylaws of the Alameda Alliance for Health with the recommended language adding the word "purchase" as stated above. A vote by roll call was taken, and the motion passed.	word "purchase" as stated above. Motion: Dr. Ferguson Second: D. Vliet Motion passed by roll call. Vote: Approved No opposed or abstained.	
8. d. BOARD BUSINESS – RESOLUTION 2021-02 BOARD MEMBER AT LARGE SEAT			
S. Coffin	Scott Coffin introduced Resolution 2021-02 Board Member At Large Seat. Dr. Seevak stepped out of the conversation and vote. • The Board voted to place Dr. Seevak in the At Large Seat. Motion to approve Resolution 2021-02 Board Member At Large Seat. A vote by roll call was taken, and the motion passed.	Motion to approve Resolution 2021-02 Board Member At Large Seat. Motion: N. Williams Second: M. Lynch Motion passed by roll call. Vote: Approved No opposed or abstained.	None
8. e. BOARD BUSINESS – SAFETY-NET SUSTAINABILITY FUND			
S. Coffin	Scott Coffin presented on the Safety-Net Sustainability Fund.	Motion to approve No vote was taken.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• At the July 2020 Board meeting, the Board of Governors decided to suspend the Sustainability Fund and to revisit after the Medi-Cal rates are finalized by DHCS (Q1-2021). • $8.3 million remains available for consideration in Fiscal Year 2021. Motion to suspend the Sustainability Fund for the rest of the Fiscal Year 2021. • Motion: Dr. Ferguson • Second: N. Williams The Chair opened for discussion to the Board. • The Board discussed the future of the Sustainability Fund and after this discussion: o Dr. Ferguson withdrew his original motion of the Sustainability Fund. o The Board agreed to postpone a decision until after the federal funding, through the CARES Act, is approved by President Biden.	Motion: Dr. Ferguson Second: N. Williams Vote: A vote was not taken, motion withdrawn	
8. f. BOARD BUSINESS – RESOLUTION 2021-03 FREQUENCY OF REGULAR BOARD MEETINGS			
S. Coffin	Scott Coffin introduced Resolution 2021-03 Frequency of Regular Board Meetings. • The Board discussed the monthly Board of Governors meetings changing to b-monthly meetings. • Several Board members expressed that changing the board meeting frequency at this time was not suitable due to the COVID-19 situation. • After a discussion, a vote was taken. • It was decided by vote, not to change at this time. Motion to approve Resolution 2021-03 Frequency of Regular Board Meetings.	Motion to approve Resolution 2021-03 Frequency of Regular Board Meetings. Motion: N. Williams Second: Dr. Marchiano Motion did not pass by roll call. Vote: Not Approved	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	A vote by roll call was taken, and the motion did not pass.	5 Opposed (No) 2 Abstained 4 Yes 1 Unavailable	
9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on January 19, 2021. Dr. O'Brien gave the following updates: • There were thirty-two (32) initial providers approved, including ten (10) Primary Care Providers, ten (10) specialists, two (2) ancillary providers, and ten (10) mid-level providers. • Additionally, twenty-seven (27) providers were re-credentialed at this meeting; eight (8) primary care providers, nine (9) specialists, zero (0) ancillary providers, and ten (10) mid-level providers. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
9. b. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY MEETING			
Dr. O'Brien	The Health Care Quality Committee (HCQC) was held telephonically on January 21, 2021. The Health Care Quality Committee Discussed the following: • CalAIM Initiative update by Dr. O'Brien.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Compliance Update – by R. Golfin and K. Vitocruz. • COVID-19 update by Dr. Bhatt. • Health Care Services Department Q1/UM/G&A/CLS P&P annual updates and revisions were reviewed and approved. • Population Needs Assessment Update by L. Ayala. • UM Updates by Dr. Juan. • Q1 Work Plan Activities Update by S. Wakefield and Jessica Pedden. • RX Updates by Dr. H. Lee. Informational update to the Board of Governors. Vote not required.		
10. STAFF UPDATES			
S. Coffin	• None	None	None
11. UNFINISHED BUSINESS			
S. Coffin	• None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
S. Coffin	• Financial Report: Pre COVID-19 vs. COVID utilization of hospital inpatient expense.	None	None
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
S. Coffin	• None	None	None
15. ADJOURNMENT			
S. Coffin	Scott Coffin adjourned the meeting at 2:13 pm.	None	None

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

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

March 9, 2021
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

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

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

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER and INTRODUCTIONS			
Dr. Rollington Ferguson	Dr. Ferguson called the Finance Committee meeting to order at 8:00 am and conducted the roll call. G. Riojas introduced Liliana Wang, our new Senior Manager Financial Planning & Analysis.		
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. February 9, 2021, Finance Committee Minutes were approved at the Board of Governors meeting on February 12, 2021 and not presented today. There were no modifications to the Consent Calendar. No motion or vote required.		
a.) CEO Update			
Scott Coffin	S. Coffin gave updates to the Committee on the following: **<u>American Rescue Plan Act (ARPA) 2021</u>** – The American Rescue Plan Act is the second part to the CARES Act in 2020. $1.9 Trillion has been approved by the Senate and the House, and is pending a vote from the House of	Informational update to the Finance Committee Vote not required	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Representatives before it advances to President Biden for final approval. This is an economic stimulus fund, and there is a significant amount of dollars allocated to the healthcare sector. We will be learning more about the specifics of what it will mean to Alameda County Safety Net providers in the coming weeks. **Medi-Cal Eligibility** – The number of eligible people enrolling into the Medi-Cal Managed Care program is starting to plateau. The numbers that we were seeing each month; 2,000-3,000 new members are declining. The Alliance verified with Alameda County Social Services, and they confirmed their new applications are also declining. The numbers are still increasing, but the growth is beginning to slow down. The Alliance is at a historically high enrollment of nearly 278,000 members. **Medi-Cal Pharmacy Transition** – As was announced at the last Board meeting, we have an indefinite deferral of this transition. It is unclear what the State is going to do as a final action, and there are no dates in the future that have been confirmed for the transition. We continue with our planning efforts for a transition and await further instruction from the State.		
b.) Review January 2021 Monthly Financial Statements			
Gil Riojas	**January 2021 Financial Statement Summary** **Enrollment:** Current Enrollment is 277,884 and continues to trend upward. Enrollment has increased by 2,295 members from December 2020, and 21,139 members since June 2020. While membership continues to increase, we are beginning to see a decline in the rate of increase month over month. We continue to show consistent increases in the Child, Adult, and Optional Expansion categories. Other categories of aid continue to be relatively flat over the last twelve months. **Net Income:** For the month ending January 31, 2021, the Alliance reported a Net Income of $1.2 million (versus budgeted Net Loss of $2.2 million). For the year-to-date, the Alliance recorded a Net Loss of $17.5 million versus a budgeted Net Loss of $20.9 million. Factors creating the favorable variance were lower than		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	anticipated Administrative Expense, higher than anticipated Revenue, offset by higher than anticipated Medical Expense. **Revenue:** For the month ending January 31, 2021, actual Revenue was $93.1 million vs. our budgeted amount of $92.0 million. The slight favorable variance can be attributed to the final rates received from DHCS. **Medical Expense:** Actual Medical Expenses for the month were $86.5 million vs. our budgeted amount of $84.2 million. For the year-to-date, actual Medical Expenses were $585.2 million versus budgeted $582.4 million. Drivers leading to the unfavorable variance can be seen on the tables on pages 10 and 11, with the explanation on pages 11 and 12. For the month, the unfavorable variance is due mainly due to inpatient expense. We had a surge in COVID hospital admits in the months of December and January. More explained in the COVID-19 presentation. Other factors leading to the unfavorable variance relate to Pharmacy expenses, as well as Ancillary Fee for Service – specifically non-medical and ambulance transportation being higher than budget. Offset by favorable capitated medical expenses. **Medical Loss Ratio:** Our MLR ratio for this month was reported at 92.9%. Year-to-date MLR was at 97.2% vs our annual budgeted percentage 94.2%. In previous months we were reporting our MLR in the 97%-99% and that resulted in Net Loss for us, whereas this month we reported 92.9% and show a Net Income. **Administrative Expense:** Actual Administrative Expenses for the month ending January 31, 2021 were $5.4 million vs. our budgeted amount of $10.0 million. We are also below budget for year-to-date at $34.4 million vs. budgeted $40.7 million. Our Administrative Expense represents 5.6% of our Revenue for the month, and 5.7% of Net Revenue for year-to-date. The main reason for the favorable variance is the delay of the Sustainability Fund. Other reasons for the favorable variance are listed on page 13 of the presentation and remain consistent with prior periods.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Other Income / (Expense): As of January 31, 2021, our YTD interest income from investments was $429,000. We continue to discuss strategy with our investment manager to see if there is a way to increase our return. YTD claims interest expense is $205,000. **TangibleNet Equity (TNE):** We reported a TNE of 544%, with an excess of $154.0 million. This remains a healthy number in terms of our reserves. **Cash and Cash Equivalents:** We reported $331.4 million in cash; $180.8 million is uncommitted. Our current ratio is above the minimum required at 1.60 compared to regulatory minimum of 1.0. **Capital Investments:** We have spent $380,000 in Capital Investments, and our budget for the year is $2.4 million.	Motion to accept **January 2021, Financial Statements** Motion: Dr. Marchiano Seconded: N. Peraino All in Favor – pass No opposed or abstained	
c.) Claims Interest Analysis			
Matt Woodruff	M. Woodruff led the Committee through a detailed Claims Interest Analysis presentation discussing the following: • Review current fiscal year interest payments • Review primary sources and causes for interest incurred • Review year-end cost comparison to budget • Top Ten Providers Paid Interest • Conclusions and next steps	Informational update to the Finance Committee. Presentation will be brought to Board of Governors meeting on Friday. Vote not required	
d.) Fiscal Year 2021 Second Quarter Forecast			
Gil Riojas	G. Riojas led the Committee through a presentation to review the Q2 Forecast results of actual versus budget and discussed: • FY2021 Forecast Highlights • Membership • Revenue	Informational update to the Finance Committee. Presentation will be brought to Board of Governors meeting on Friday.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Medical Expense • Forecast versus Budget Results • Medical Loss Ratio by Population • Administrative & Clinical Staffing	Vote not required	
e.) COVID-19 Cost and Utilization			
Gil Riojas	G. Riojas gave a COVID Impact Update presentation and led the Committee through the following topics: • Projection Assumptions and Challenges • Costs by Population and Category of Service • Admission Trends	Informational update to the Finance Committee. Presentation will be brought to Board of Governors meeting on Friday. Vote not required	
Dr. Rollington Ferguson	Dr. Ferguson motioned to adjourn the meeting. The meeting adjourned at 9:01 am.	Motion to adjourn: Dr. Ferguson Seconded: Dr. Marchiano No opposed or abstained.	

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

ALAMEDA Alliance FOR HEALTH

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

CEO Update

Scott Coffin

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

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

Date: **March 12, 2021**

Subject: **CEO Report**

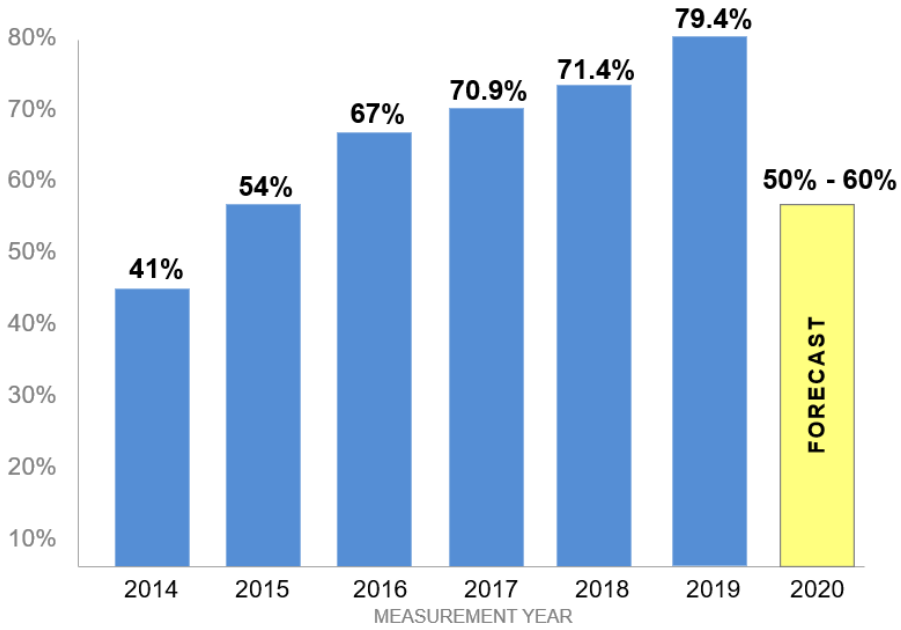
- **COVID-19 Vaccinations**
  - Alameda Alliance for Health is coordinating with the Alameda County Health Care Services Agency (HCSA), and local safety-net providers, to outreach to Medi-Cal and Group Care members about vaccination resources
  - A series of mailings and automated calling has been arranged over the next 6-8 weeks for Medi-Cal and Group Care members. Higher-risk members, 65 years and older, enrolled in Medi-Cal are being contacted through phases about scheduling their vaccinations across the county
  - Coordinating with local Community Health Centers and Federally Qualified Health Centers (FQHC) for vaccination scheduling, and with Alameda County vaccination PODS including Fremont High School, Oakland Coliseum (FEMA/CalOES), Golden Gate Fields, Alameda County Fairgrounds, Alameda Health System, Kaiser Permanente, Roots Community Health Center, and other locations

- **American Rescue Plan Act of 2021**
  - $1.9 trillion dollars in COVID-19 relief funding is approaching a vote by the House of Representatives, and following a passing vote, President Biden would be signing into law
  - American Rescue Plan Act includes 15 provisions for health care providers to expand COVID-19 vaccinations at hospitals, health centers (e.g. Indian Health Services, FQHCs, community clinics), and other providers

- **Enrollment & Operations**
  - Medi-Cal membership continues to increase monthly at a lower rate, indicating a shift in eligibility determinations
  - Governor Newsom's Executive Order to suspend annual Medi-Cal redeterminations continues in full force, and a correction to the Medi-Cal enrollment is expected after the order is removed
  - Member call center and claims operations experiencing higher volumes and staffing shortages, and a remediation plan has been implemented to return metrics to trended range; claims interest expense tracking unfavorable to budget, year-to-date $205,000 incurred with forecast to spend $360,000 by end of fiscal year
  - Please refer to the Alliance's Operations Dashboard to reference February's operating metrics

- **Workplace Assessment**
  - Alliance has engaged with a professional services organization to assess the current and future state of the Alliance workplace, and to recommend solutions for reopening the Alliance's corporate offices (e.g. full-time teleworking, part-time remote working, compensation and tax implications)
  - Initial phase of engagement includes an employee survey that addresses productivity, satisfaction, and other metrics related to home-office productivity, customer service experience, and time management
  - "Return to Work" Task Force formed in May 2020, comprised of staff from each division, purposed to guide the decision-making and safety controls for returning to the office
  - Approximately 95% of staff are working remote, and remote working will continue through the end of calendar year 2021

- **HEDIS MY2021**
  - Approximately 51% of the 3,960 medical records retrieved since mid-February; average retrieval rates above 90% in prior years, forecasting lower retrieval rates in Measurement Year (MY) 2020 due to virtual collection process
  - 100% virtual collection this year and the project team is tracking to complete the DHCS & NCQA audits by end of March, and to complete the record chasing by end of May
  - Forecast to complete measure year 2020 with AQFS score between 50% to 60%
  - Historical AQFS scores and forecast for MY2020 are as follows:



- **Fiscal Year 2022**
  - Budget planning for Fiscal Year 2022 began in February
  - Preliminary budget to be delivered to the Board of Governors during the first week in June
  - Final budget in December 2021 following the delivery of preliminary Medi-Cal rates from DHCS
  - Medi-Cal county-wide averaging and risk adjustments due by mid-December from DHCS, and results will be included in the Q1-2022 forecast

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

- **CalAIM Initiatives – 2021 and 2022**
  - Whole Person Care & Health Homes programs end on December 31, 2021
  - Enhanced Care Management (target populations) & In Lieu Of Services begin January 1, 2022
    - Model of Care and Transition Plan is due by July 2021
    - Provider network submissions is due by September 2021
  - Major Organ Transplant benefit begins January 1, 2022
  - Community Sessions scheduled with safety-net partners to inventory services

- **Regulatory & Accreditation Audits**
  - NCQA focus audit on the second corrective action plan has completed, and the Alliance passed the audit. NCQA is removing the corrective action plan related to Notices of Action
  - Joint DMHC/DHCS full medical survey is scheduled for April 12-23, 2021
  - U.S. Department of Health & Human Services, Office of Civil Rights, announced a focused audit on privacy matters involving a contracted hospital, and the actual date of this audit is pending

EXECUTIVE DASHBOARD
MARCH 2021

ALAMEDA Alliance FOR HEALTH

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

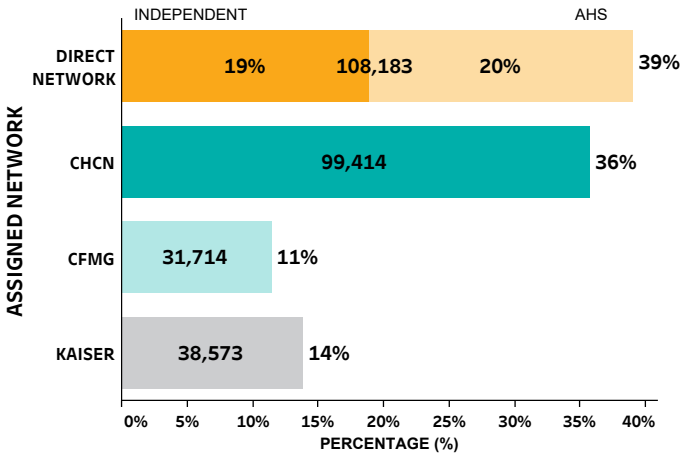
MEMBERSHIP**

277,884

TOTAL MEMBERSHIP

IHSS 5,961 **MEDI-CAL** 271,923

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**



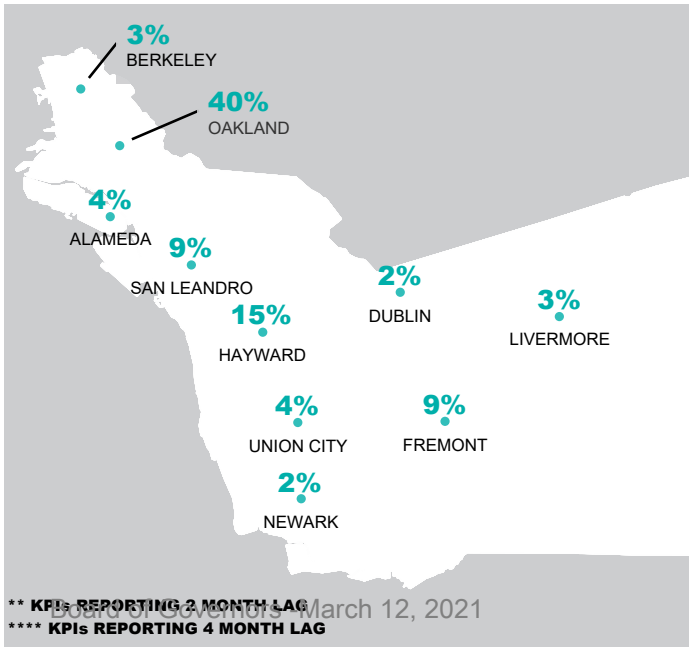
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%

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

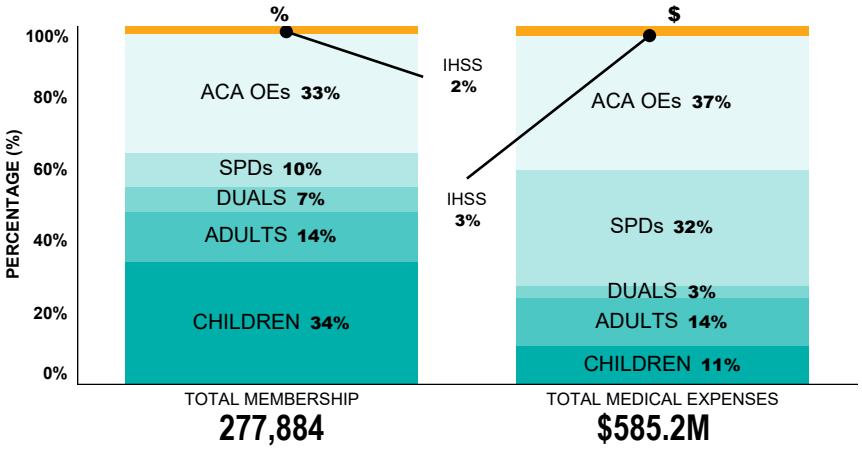
TEN CITIES

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



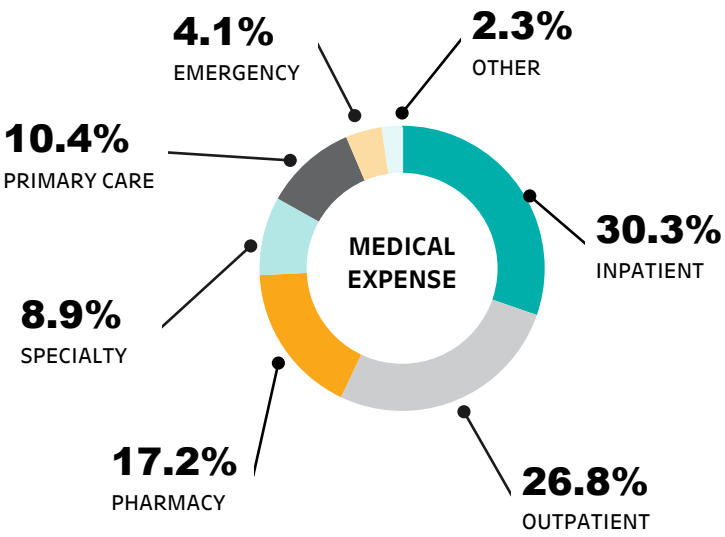
** KPIs REPORTING 2 MONTH LAG
**** KPIs REPORTING 4 MONTH LAG

DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**



REVENUE & EXPENSES**

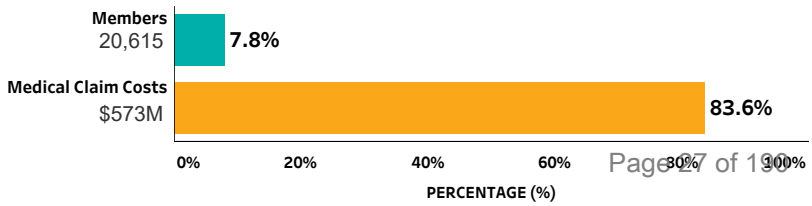
	JANUARY 2021	FISCAL YTD
REVENUE	$93.1M	$601.9M
MEDICAL EXPENSE	($86.5M)	($585.2M)
ADMIN EXPENSE	($5.4M)	($34.4M)
OTHER	$29K	$204K
NET INCOME	**$1.2M**	**($17.5M)**



TANGIBLE NET EQUITY**

544% **$189M**

HIGH UTILIZER DISTRIBUTION****



UTILIZATION**

5,572
INPATIENT BED DAYS

5,769
EMERGENCY ROOM VISITS

5.3 DAYS
AVERAGE LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	233	631
COMPLEX CASE MANAGEMENT	22	66
Total	255	697

	NEW CASES	ENROLLED
HEALTH HOMES	15	762
WHOLE PERSON CARE (AC3)	2	240
Total	17	1,002

TOTAL CASE MANAGEMENT

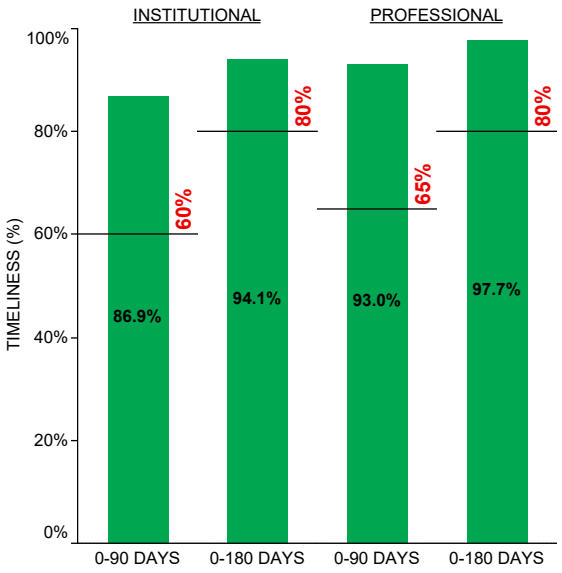
272
TOTAL NEW CASES

1,699
TOTAL OPEN CASES & ENROLLED

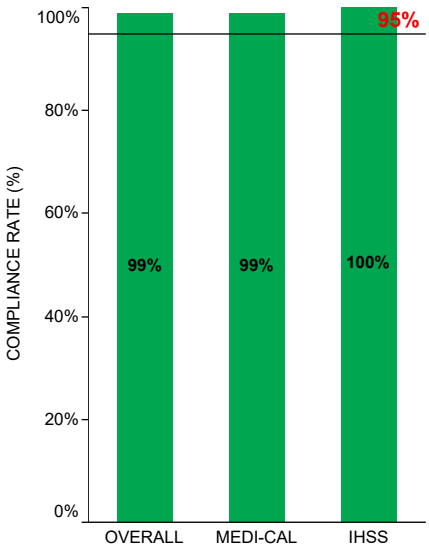
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

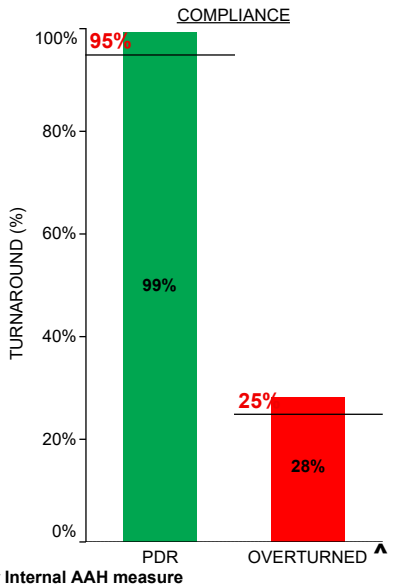
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



^ For Internal AAH measure

CALL CENTER

13,078
CALLS RECEIVED

70%
ANSWERED IN 30 SECONDS

8%
CALLS ABANDONED

CLAIMS

114,956
PROCESSED CLAIMS

73.6%
AUTO ADJUDICATED

20 DAYS
PROCESSED PAYMENTS

STAFF & RECRUITING

339
TOTAL EMPLOYEES

4
HIRED IN THE LAST 30 DAYS

13%
CURRENT VACANCY

2021-2022 Legislative Tracking List

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

Medi-Cal (Medicaid)

- **AB 368 (Bonta – D) Medically Supportive Food**
  - **Introduced:** 2/1/2021
  - **Status:** 2/12/2021 – Referred to Committee on Health.
  - **Summary:** Would require the State Department of Health Care Services to establish, no earlier than January 1, 2022, a pilot program for a 2-year period in 3 counties, including the County of Alameda, to provide food prescriptions for medically supportive food, such as healthy food vouchers or renewable food prescriptions, to eligible Medi-Cal beneficiaries, including individuals who have a specified chronic health condition, such as diabetes and hypertension, when utilizing evidence-based practices that demonstrate the prevention, reduction, or reversal of those specified diseases.

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

- **AB 32 (Aguilar-Curry – D) Telehealth**
  - **Introduced:** 12/7/2020
  - **Status:** 2/16/2021 Re-referred to committee on Health.
  - **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as

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

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

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

- **AB 114 (Mainenschein – D) Medi-Cal Benefits: Rapid Whole Genome Sequencing**
  - **Introduced:** 12/17/2020
  - **Status:** 2/242021 – Re-referred to committee on Health.
  - **Summary:** Would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, including individual sequencing, trio sequencing, and ultra-rapid sequencing. The bill would authorize the department to implement this provision by various means without taking regulatory action.

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

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

- **Summary:** Current law requires a health care provider applying for enrollment as a Medi-Cal services provider or a current Medi-Cal services provider applying for continuing enrollment, or a current Medi-Cal services provider applying for enrollment at a new location or a change in location, to submit a complete application package. Under current law, a licensed physician and surgeon practicing as an individual physician practice or a licensed dentist practicing as an individual dentist practice, who is in good standing and enrolled as a Medi-Cal services provider, and who is changing the location of that individual practice within the same county, is eligible to 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 369 (Kamlager – D) Medi-Cal: Street Medicine and Utilization Controls**
  - **Introduced:** 2/1/2021
  - **Status:** 2/12/2021 – Referred to Committee on Health.
  - **Summary:** Would, until January 1, 2026, prohibit the Director of the State Department of Health Care Services from imposing prior authorization or other utilization controls on an item, service, or immunization that is intended to test for, prevent, treat, or mitigate COVID-19.

- **AB 382 (Kamlager – D) Whole Child Model Program**
  - **Introduced:** 2/2/2021
  - **Status:** 2/12/2021 – Referred to Committee on Health.
  - **Summary:** Current law authorizes the State Department of Health Care Services to establish a Whole Child Model (WCM) program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties provide CCS services to Medi-Cal eligible CCS children and youth. Current law requires the department to establish a statewide WCM program stakeholder advisory group that includes specified persons, such as CCS case managers, to consult with that advisory group on the implementation of the WCM and to consider the advisory group's recommendations on prescribed matters. The existing law terminates the advisory group on December 31, 2021. This bill would instead terminate the advisory group on December 31, 2023.

- **AB 470 (Carillo – D) Medi-Cal: Eligibility**
  - **Introduced:** 2/8/2021
  - **Status:** 2/9/2021 - From printer. May be heard in committee March 11.
  - **Summary:** Would declare the intent of the Legislature to enact legislation to eliminate the consideration of assets for the purpose of determining Medi-Cal eligibility.

- **AB 521 (Mathis – R) Medi-Cal: Unrecovered Payments: Interest Rate**
  - **Introduced:** 2/10/2021
  - **Status:** 2/18/2021 – Referred to Committee on Health.
  - **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 existing 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 existing 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 as part of a repayment agreement entered into with the provider for up to 12 months or 24 months for a large clinic, as defined, if the director determines that specified factors apply, including a demonstration that imposing the interest or penalties would have a high likelihood of creating a financial hardship for the provider or a significant danger of reducing the provision of needed health care services, a finding that the overpayment is due to a change in rate for a particular service that is not the fault of the provider, or for any situation in which the department recoups an overpayment pursuant to an audit or examination for specified reasons, and the first statement of account status or demand for repayment is issued on or after July 1, 2020.

- **AB 586 (O'Donnell – D) Pupil Health: Mental Health Services: Funding**
  - **Introduced:** 2/11/2021
  - **Status:** 2/12/2021 – From printer. May be heard in committee on March 14.
  - **Summary:** Would express the intent of the Legislature to enact legislation that would develop a two-year grant program to assist local educational agencies in building infrastructure and partnerships to secure ongoing federal Medi-Cal funding for mental health services, as provided. The bill would make various findings and declarations regarding pupil mental health.

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

- **AB 671 (Wood – D) Medi-Cal: Pharmacy Benefits**
  - **Introduced:** 2/12/2021
  - **Status:** 2/25/2021 – Referred to Committee on Health.
  - **Summary:** This bill would authorize the department to provide disease management or similar payment to a pharmacy that the department has contracted with to dispense a specialty drug to Medi-Cal beneficiaries in an amount necessary to ensure beneficiary access, as determined by the department based on the results of the survey completed during the 2020 calendar year.

- **AB 822 (Rodriguez – D) Observation Services**
  - **Introduced:** 2/16/2021
  - **Status:** 2/12/2021 – Referred to Committee on Health. From committee chair with author's amendments: Amend and re-refer to Committee on Health. Read the second time and amended.
  - **Summary:** Under current law, mental health plans provide specialty mental health services, and Medi-Cal managed health care plans, and the fee-for-service Medi-Cal program provide non-specialty mental health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. To the extent funds are made available in the annual Budget Act, this bill would expand mental health services to include observation services, as defined, for emergency psychiatric treatment when provided in an observation unit, as defined, subject to utilization controls.

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

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

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

rates for specified Medi-Cal managed care plan contracts to include in lieu of services and settings provided by the Medi-Cal managed care plan.

- **AB 1050 (Gray – D) Medi-Cal: Application for Enrollment: Prescription Drugs**
  - **Introduced:** 2/18/2021
  - **Status:** 3/4/2021 – Referred to Committee on Health.
  - **Summary:** The Telephone Consumer Protection Act, among other provisions, prohibits any person within the United States, or any person outside the United States if the recipient is within the United States, from making any call to any telephone number assigned to a paging service, cellular telephone service, specialized mobile radio service, or other radio common carrier service, or any service for which the called party is charged for the call, without the prior express consent of the called party, using 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 enrollment to include a statement that if the applicant is approved for Medi-Cal benefits, the applicant agrees that the department, county welfare department, and a managed care organization or health care provider to which the applicant is assigned may communicate with them regarding their care or benefits through all standard forms of communication, including, but not limited to, Free to End User text messaging.

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

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

- **AB 1051 (Bennett D) Medi-Cal: specialty mental health services: foster youth.**
  - **Introduced:** 2/18/2021
  - **Status:** Referred to Committee on Human Services and Health.
  - **Summary:** Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a group home or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.

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

- **SB 242 (Newman – D) Health Care Provider Reimbursements**
  - **Introduced:** 1/21/2021
  - **Status:** 2/17/2021 – Set for hearing March 10.
  - **Summary:** Would require a health care service plan or health insurer to contract with its health care providers to reimburse, at a reasonable rate, their business expenses that are medically necessary to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies. The bill would require the State Department of Health Care Services to similarly reimburse a Medi-Cal provider after undertaking a process to set a reasonable rate in consultation with provider groups. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

- **SB 250 (Pan – D) Health Care Coverage**
  - **Introduced:** 1/25/2021
  - **Status:** 2/22/2021 – Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.) Joint Rule 55 suspended. (Ayes 32. Noes 4.)
  - **Summary:** Would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months.

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

- **SB 281 (Dodd – D) Medi-Cal: California Community Transitions Program**
  - **Introduced:** 2/1/2021
  - **Status:** 3/31/2021 – Set for hearing March 17. From committee with author's amendments. Read the second time and amended. Re-referred to Committee on Health.
  - **Summary:** Current law requires the State Department of Health Care Services to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Current law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days and would make conforming changes. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030.

- **SB 293 (Limon – D) Medi-Cal: Specialty Mental Health Services**
  - **Introduced:** 2/1/2021
  - **Status:** 3/3/2021 – Set for hearing March 17.
  - **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. This bill would require, on or before January 1, 2023, the department, in consultation with specified groups, including representatives from the County Welfare Directors Association of California, to identify all forms currently used by each county mental health plan contractor for purposes of determining eligibility and reimbursement for specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, and to develop standard forms for the intake of, assessment of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services to be used by all counties.

- **SB 316 (Eggman – D) Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics**
  - **Introduced:** 2/4/2021
  - **Status:** 2/25/2021 – Set for hearing March 10.
  - **Summary:** Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law,

"physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.

Other

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

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

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

- **AB 97 (Nazarian – D) Health Care Coverage: Insulin affordability**
  - **Introduced:** 12/8/2020
  - **Status:** 2/17/2021 – Re-referred to committee on Health.
  - **Summary:** Would express the intent of the Legislature to enact legislation to make insulin more affordable for Californians.

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

- **AB 309 (Gabriel – D) Pupil Mental Health: Model Referral Protocols**
  - **Introduced:** 1/25/2021
  - **Status:** 2/12/2021 – Referred to Committee on Education.
  - **Summary:** Would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers and administrators. The bill would require the department to post the model referral protocols on its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation or state, federal, or private funds being allocated for this purpose.

- **AB 326 (Rivas, Luz – D) Health Care Service Plans: Consumer Participation Program**
  - **Introduced:** 1/26/2021
  - **Status:** 2/12/2021 – Referred to Committee on Health.
  - **Summary:** Current law, until January 1, 2024, requires the Director of the Department of Managed Health Care to establish the Consumer Participation Program, which allows the director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. This bill would extend the operation of that program indefinitely.

- **AB 342 (Gipson – D) Health Care Coverage: Colorectal Cancer: Screening and Testing**
  - **Introduced:** 1/28/2021
  - **Status:** 2/12/2021 – Referred to Committee on Health.
  - **Summary:** Would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for colorectal cancer screening examinations and laboratory tests, as specified. The bill would require the coverage to include additional colorectal cancer screening examinations as listed by the United States Preventive Services Task Force as a recommended screening strategy and at least at the frequency established pursuant to regulations issued by the federal Centers for

Medicare and Medicaid Services for the Medicare program if the individual is at high risk for colorectal cancer. The bill would prohibit a health care service plan contract or a health insurance policy from imposing cost sharing on an individual who is between 50 and 75 years of age for colonoscopies conducted for specified purposes.

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

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

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

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

- **AB 454 (Rodriguez – D) Health Care Provider Emergency Payments**
  - **Introduced:** 2//2021
  - **Status:** 2/18/2021 – Referred to Committee on Health.

- **Summary:** Would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner to require a health care service plan or health insurer to provide specified payments and support to a provider during and at least 60 days after the end of a declared state of emergency, as specified. The bill would require a health care service plan or health insurer to provide all contracted capitation payments to its contracted network providers in the area of the declared emergency for the duration of the emergency and at least 60 days after its end.

- **AB 457 (Santiago – D) Telehealth Patient Bill of Rights**
  - **Introduced:** 2/8/2021
  - **Status:** 2/18/2021 – Referred to Committee on Health.
  - **Summary:** Would create the TeleHealth Patient Bill of Rights, which would, among other things, protect the rights of a patient using telehealth to been seen by a health care provider with a physical presence within a reasonable geographic distance from the patient's home, unless specified exceptions apply. The bill would require a health plan, as defined, to comply with the requirements in the Telehealth Patient Bill of Rights and to provide written notice to patients of all their rights under the Telehealth Bill of Rights. The bill would also exempt a health care service plan or a health insurer from the existing telehealth payment parity provisions for any interaction where the health care provider is not located within a reasonable geographic distance of the patient's home unless that provider holds specialized knowledge not available in the patient's region.

- **AB 493 (Wood – D) Health Insurance**
  - **Introduced:** 2/8/2021
  - **Status:** 2/18/2021 – Referred to Committee on Health.
  - **Summary:** Current law provides for the regulation of health insurers by the Department of Insurance. Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Current law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to cover essential health benefits as prescribed, and provides that these provisions shall be implemented only to the extent essential health benefits are required pursuant to PPACA. This bill would delete the provision that conditions the implementation of that provision only to the extent essential health benefits are required pursuant to PPACA and would make technical, non-substantive changes to that provision.

- **AB 507 (Kalra – D) Health care Service Plans: Review of Rate Increases**
  - **Introduced:** 2/9/2021
  - **Status:** 2/10/2021 – From printer. May be heard in committee on March 12.
  - **Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law requires a health care service plan in the individual, small group, or large group markets to file rate information with the Department of Managed Health Care, as specified. Current law requires the information submitted to be made publicly available, except as specified, and requires the department and the health care service plan to make specified information, including a justification for an unreasonable rate increase, readily available to the public on their internet websites in plain language. This bill would make technical, non-substantive changes to those provisions.

- **AB 510 (Wood – D) Out-of-Network Health Care Benefits**
  - **Introduced:** 2/9/2021
  - **Status:** 2/18/2021 – Referred to Committee on Health.

- **Summary:** Would authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

- **AB 797 (Wicks – D) Health Care Coverage: Treatment for Infertility**
  - **Introduced:** 2/16/2021
  - **Status:** 2/25/2021 – Referred to Committee on Health.
  - **Summary:** Would require every health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for the treatment of infertility. The bill would revise the definition of infertility and would remove the exclusion of in vitro fertilization from coverage. The bill would delete the exemption for religiously affiliated employers, health care service plans, and health insurance policies from the requirements relating to coverage for the treatment of infertility, thereby imposing these requirements on these employers, plans, and policies.

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

- **SB 17 (Pan – D) Office of Racial Equity**
  - **Introduced:** 12/7/2020
  - **Status:** 2/25/2021 – From committee with author's amendments. Re-referred to Committee on RLS.
  - **Status:** Would establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, that shall be governed by a Racial Equity Advisory and Accountability Council. The bill would authorize the council to hire an executive director to organize, administer, and manage the operations of the office. The bill would task the office with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor. The bill would require the office to develop a statewide Racial Equity Framework providing guidelines for inclusive policies and practices that reduce racial inequities, promote racial equity, address individual, institutional, and structural racism, and establish goals and strategies to advance racial equity and address structural racism and racial inequities.

- **SB 40 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
  - **Introduced:** 12/7/2020
  - **Status:** 2/25/2021 – From committee with author's amendments. Re-referred to Committee on Health.

- **Summary:** Would create the California Medicine Scholars Program, a 5-year pilot program commencing January 1, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school in an effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state. The bill would require the office to contract with a managing agency for the pilot program, as specified.

- **SB 306 (Pan – D) Sexually Transmitted Disease: Testing**
  - **Introduced:** 12/7/2020
  - **Status:** 2/22/2021 – Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 32. Noes 4.) Joint Rule 55 suspended. (Ayes 32. Noes 4.)
  - **Summary:** Current law authorizes a specified health care provider who diagnoses an STD, as specified, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. The Pharmacy Law requires a pharmacist to dispense a prescription in a container that, among other things, is correctly labeled with the name of the patient or patients. This bill would name the above practice "expedited partner therapy." The bill would require a health care provider to include "expedited partner therapy" or "EPT" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner, and would authorize a pharmacist to dispense an expedited partner therapy prescription and label the drug without an individual's name if the prescription includes "expedited partner therapy" or "EPT."

- **SB 100 (Hurtado – D) Extended Foster Care Program Working Group**
  - **Introduced:** 12/29/2020
  - **Status:** 2/25/2021 – Referred to committee on Human Services.
  - **Summary:** Would require the State Department of Social Services to convene a working group to examine the extended foster care program make recommendations for improvements to the program within six months. The bill would require that the working group include representatives from specified state agencies and stakeholders. The bill would require the working group to evaluate on provide recommendations on the overall functioning of the extended foster care system, higher education opportunities and supports for nonminor dependents, job training, and employment opportunities and supports for nonminor dependents, housing access, and transition support for nonminor dependents exiting care.

- **SB 221 (Wiener – D) Health Care Coverage: Timely Access to Care**
  - **Introduced:** 1/13/2021
  - **Status:** 3/3/2021 – Set for hearing on March 17.
  - **Summary:** Current regulations require a health care service plan or an insurer to ensure that their contracted provider networks have adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Current regulations require a health care service plan or an insurer to ensure that for an enrollee requesting a nonurgent appointment with a nonphysician mental health care provider, or an insured requesting a nonurgent appointment with a nonphysician mental health care or substance use disorder provider, appointments are offered within ten business days of the request for an appointment. Current regulations also authorize appointments for preventive care services and periodic follow up care, including periodic office visits to monitor and treat mental health or

substance use disorder conditions, as specified, to be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the provider's scope of practice. These regulations of the Department of Managed Care are limited in application to mental health care providers, while those regulations of the Department of Insurance are applicable to both mental health care and substance use disorder providers. This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services.

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Finance

Gil Riojas

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

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

Date: **March 12, 2021**

Subject: **Finance Report – January 2021**

Executive Summary

- For the month ended January 31, 2021, the Alliance had enrollment of 277,884 members, a Net Income of $1.2 million, and 544% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$93,111	$601,851
Medical Expense	86,531	585,215
Admin. Expense	5,439	34,358
Other Inc. / (Exp.)	29	204
Net Income	**$1,170**	**($17,518)**

Net Income by Program:

	Month	YTD
Medi-Cal	$1,190	($16,557)
Group Care	(20)	(961)
	$1,170	**($17,518)**

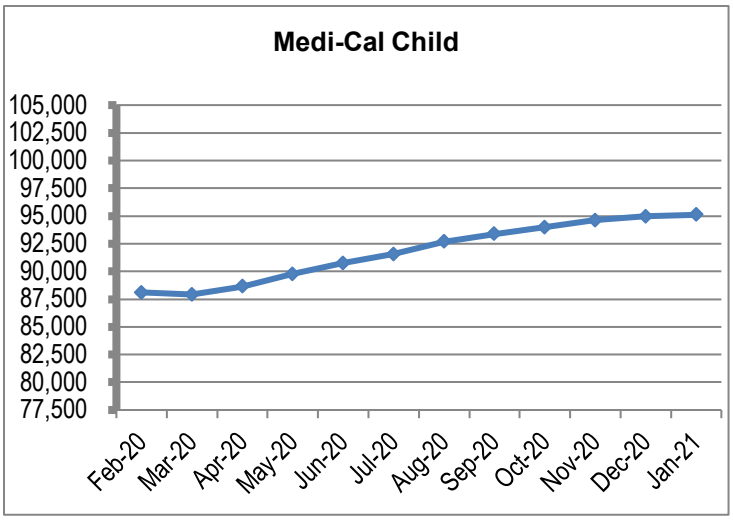
Enrollment

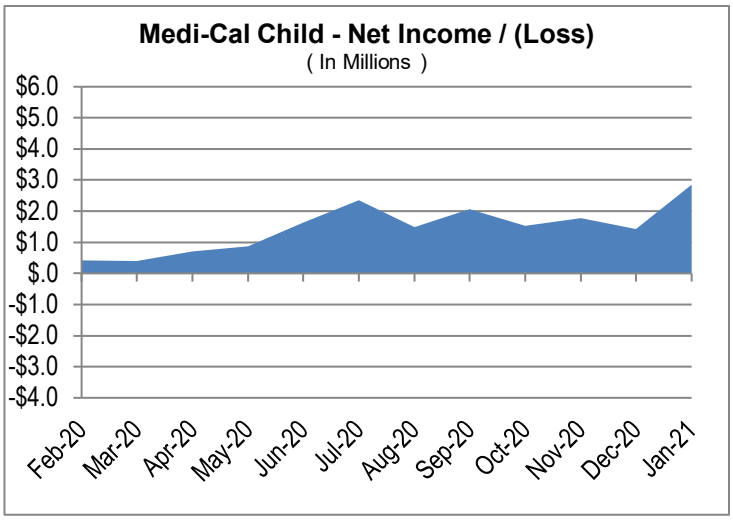
- Total enrollment increased by 2,295 members since December 2020.
- Total enrollment increased by 21,139 members since June 2020.

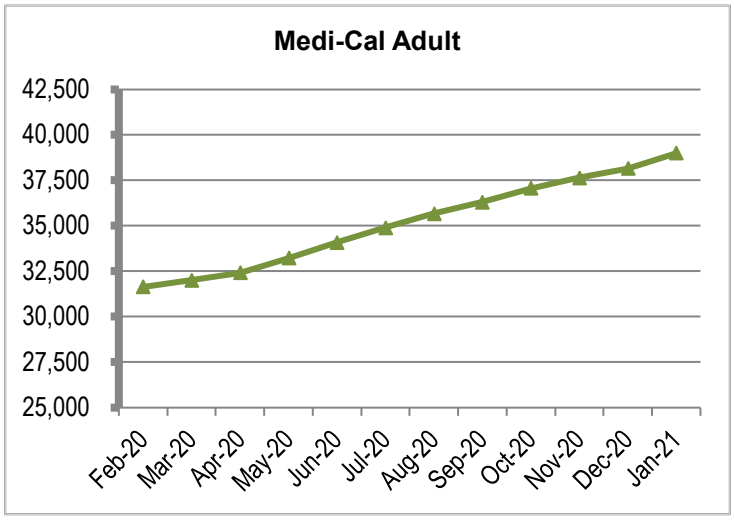
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

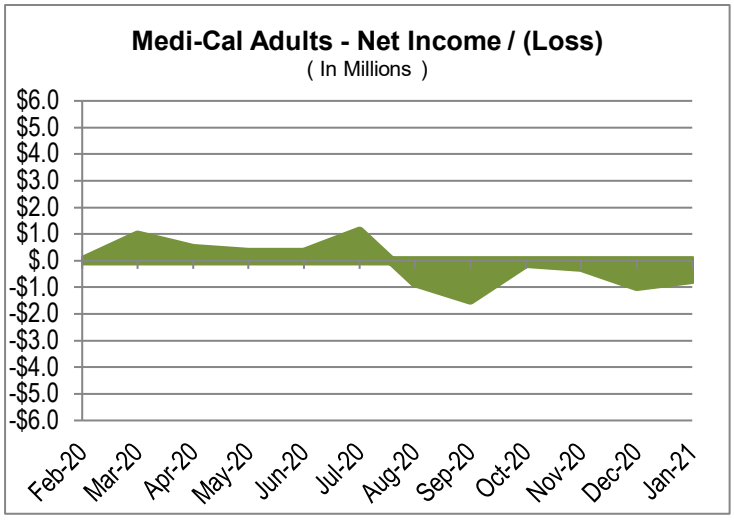
Enrollment					Member Months			
January-2021					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
38,994	39,151	(157)	-0.4%	Adult	258,758	259,261	(503)	-0.2%
95,103	96,740	(1,637)	-1.7%	Child	656,314	659,250	(2,936)	-0.4%
26,354	26,359	(5)	-0.1%	SPD	183,573	183,541	33	0.0%
19,215	19,296	(81)	-0.4%	Duals	131,573	131,616	(43)	0.0%
92,257	93,189	(932)	-1.0%	ACA OE	616,100	617,533	(1,433)	-0.2%
271,923	**274,735**	**(2,812)**	**-1.0%**	**Medi-Cal Total**	**1,846,318**	**1,851,199**	**(4,881)**	**-0.3%**
5,961	6,009	(48)	-0.8%	Group Care	42,033	42,163	(130)	-0.3%
277,884	**280,744**	**(2,860)**	**-1.0%**	**Total**	**1,888,351**	**1,893,362**	**(5,011)**	**-0.3%**

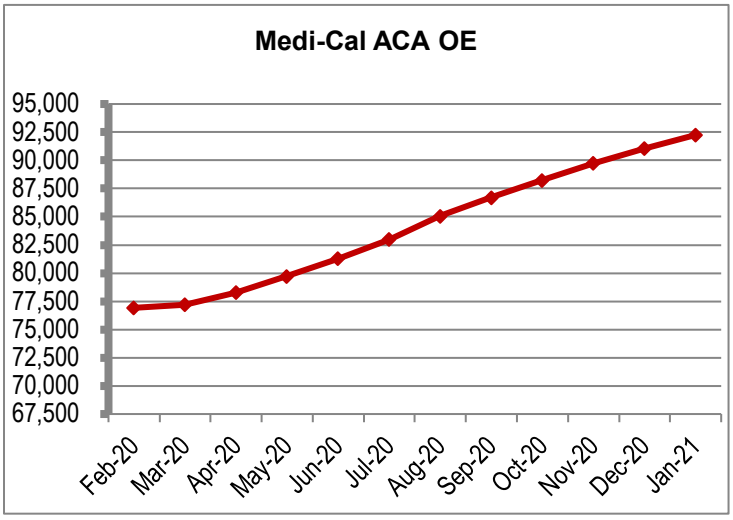
Enrollment and Profitability by Program and Category of Aid

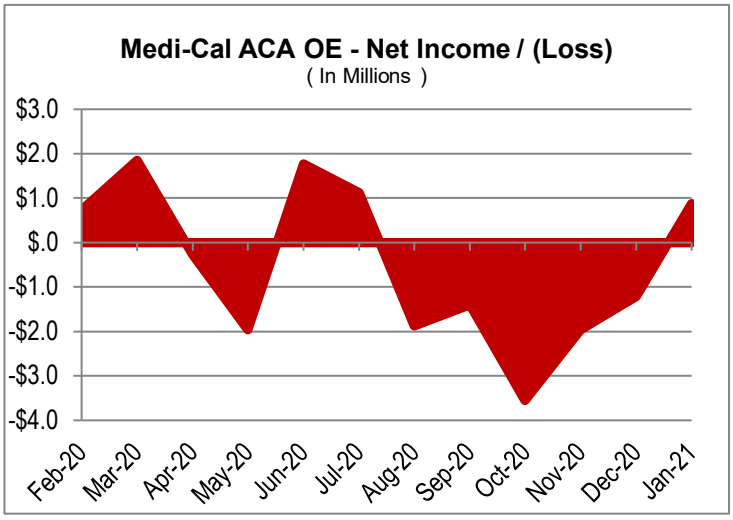




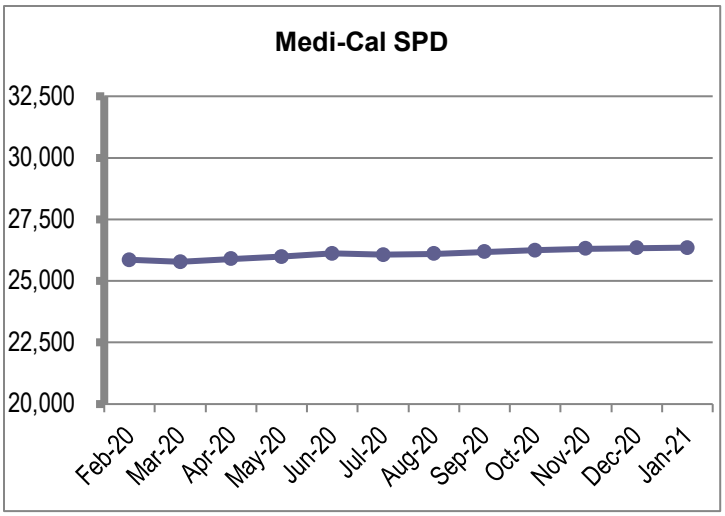


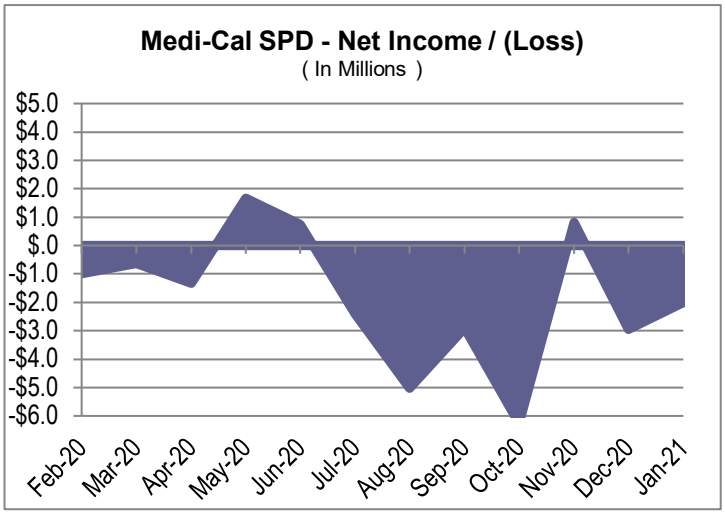


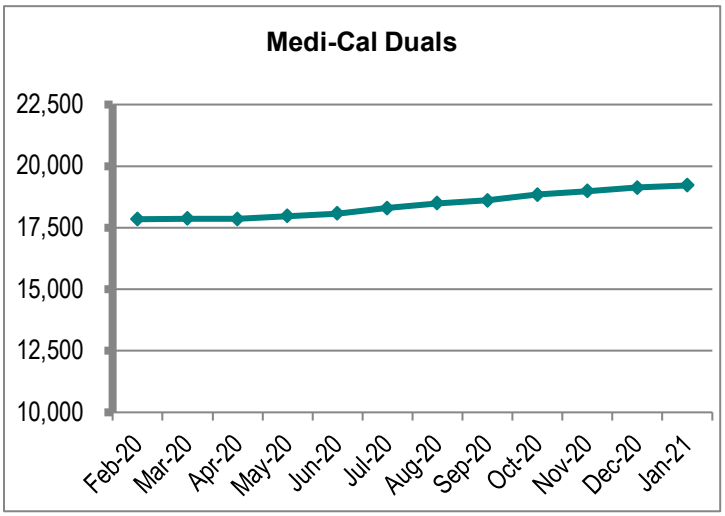


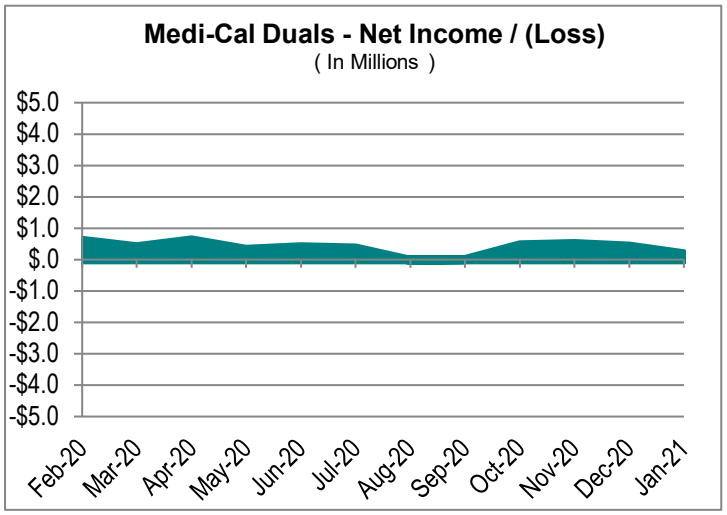


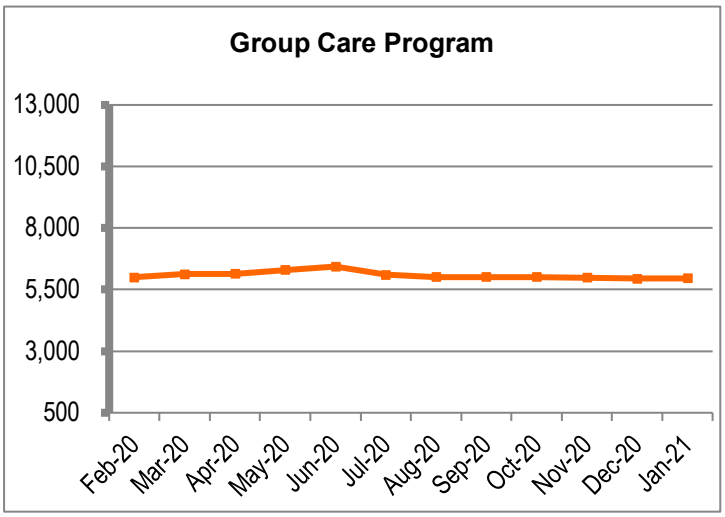
Enrollment and Profitability by Program and Category of Aid

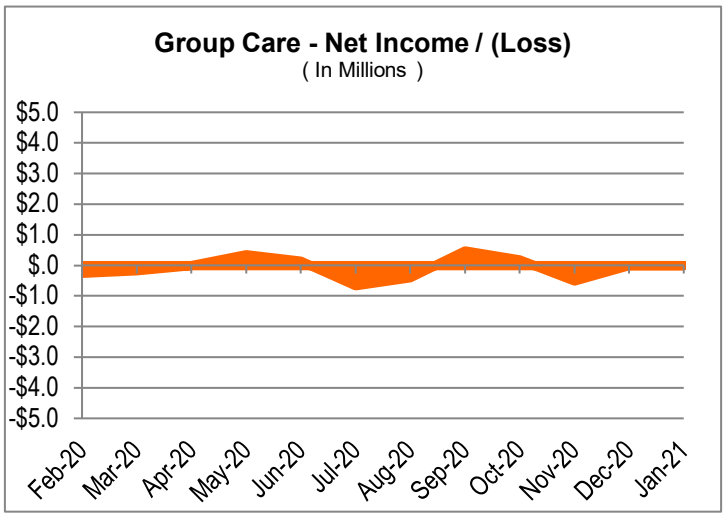


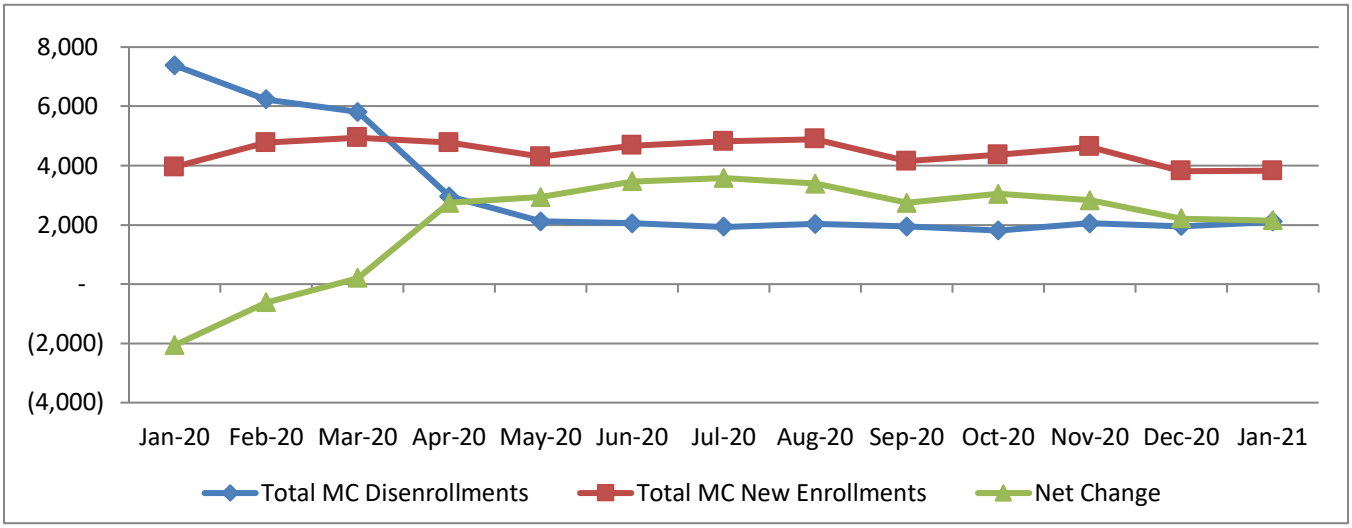










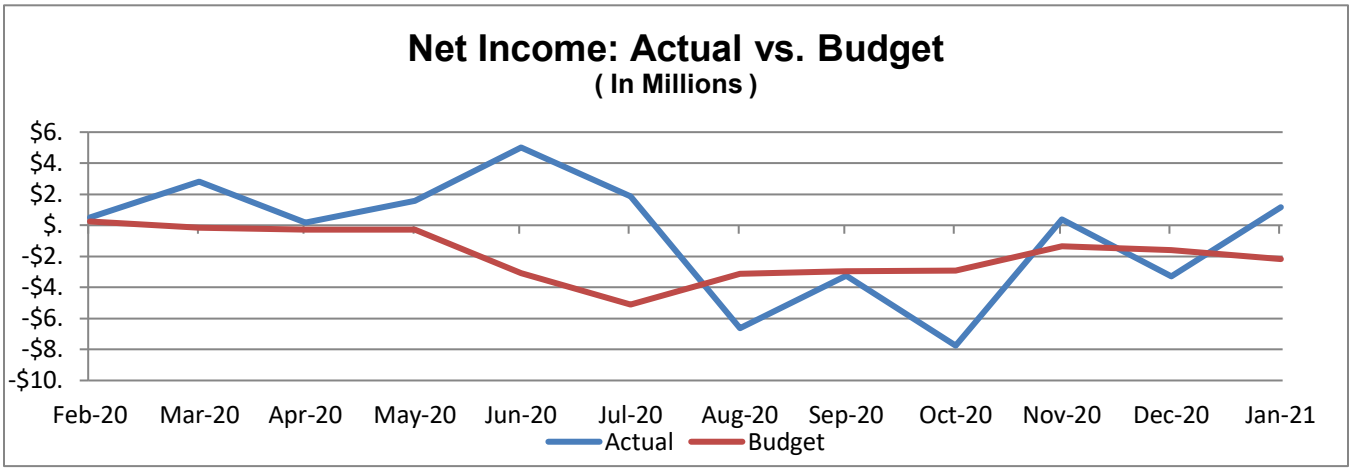


- Newsom signed an executive order (EO N-29-20) in March 2020 to suspend redeterminations in the Medi-Cal program during the public health crisis. Guidelines have been issued by DHCS to the County Public Health Directors on two occasions (MEDIL I-20-07, MEDIL I-20-08).
- Disenrollment and new enrollment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

Net Income

- For the month ended January 31, 2021:
  - Actual Net Income: $1.2 million.
  - Budgeted Net Loss: $2.2 million.

- For the fiscal YTD ended January 31, 2021:
  - Actual Net Loss: $17.5 million.
  - Budgeted Net Loss: $20.9 million.



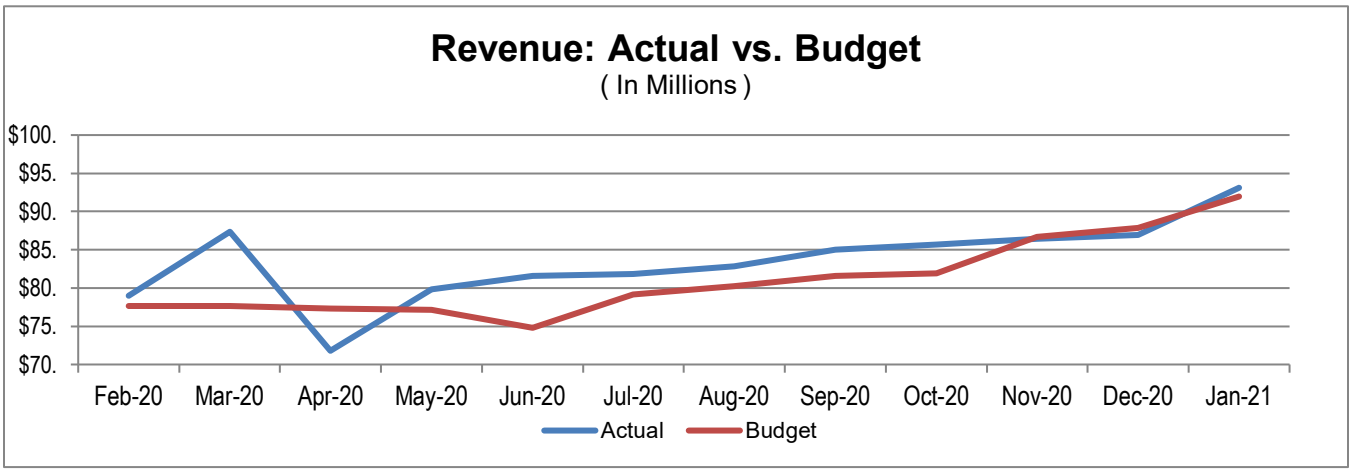
- The favorable variance of $3.4 million in the current month is due to:
  - Favorable $4.6 million lower than anticipated Administrative Expense.
  - Favorable $1.1 million higher than anticipated Revenue.

  Offset by:
  - Unfavorable $2.3 million higher than anticipated Medical Expense.

Revenue

- For the month ended January 31, 2021:
  - Actual Revenue: $93.1 million.
  - Budgeted Revenue: $92.0 million.

- For the fiscal YTD ended January 31, 2021:
  - Actual Revenue: $601.9 million.
  - Budgeted Revenue: $601.9 million.

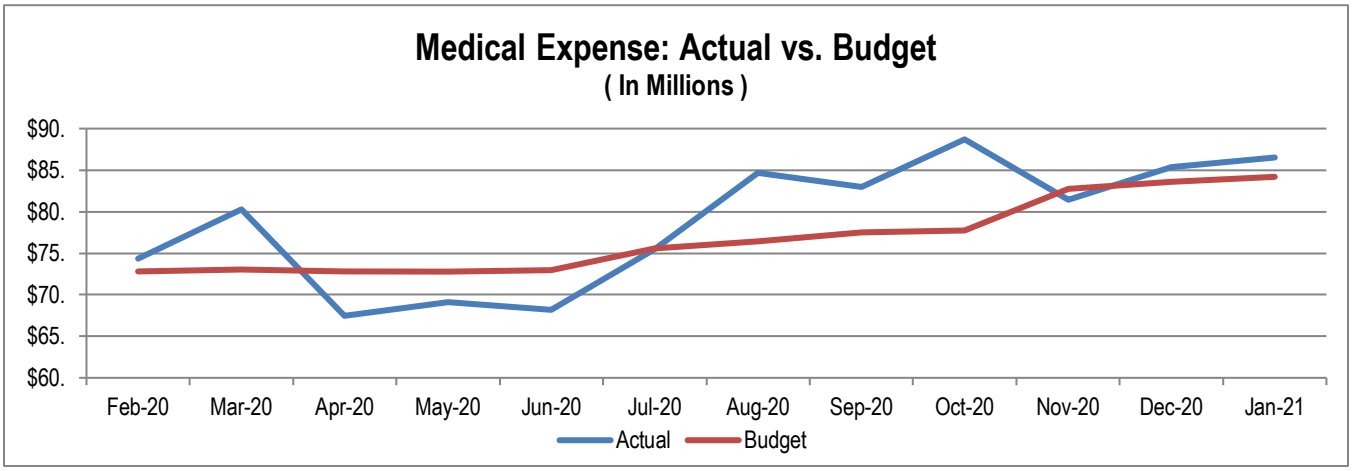


  - For the month ended January 31, 2021, the favorable revenue variance of $1.1 million is mainly due to higher final DHCS rates resulting from smaller than anticipated acuity adjustment decrease and increase for COVID, partially offset by reduced submissions received from our global delegate.

Medical Expense

- For the month ended January 31, 2021:
  - Actual Medical Expense: $86.5 million.
  - Budgeted Medical Expense: $84.2 million.

- For the fiscal YTD ended January 31, 2021:
  - Actual Medical Expense: $585.2 million.
  - Budgeted Medical Expense: $582.4 million.



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

- For January, updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by $1.4 million. Year-to-date, the estimate for prior years increased by $1.4 million (per table below).

Medical Expense - Actual vs. Budget (In Dollars)
Adjusted to Eliminate the Impact of Prior Period IBNP Estimates

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$128,422,843	$0	$128,422,843	$129,657,858	$1,235,015	1.0%
Primary Care FFS	29,424,361	(1,462)	29,422,899	29,565,348	$140,987	0.5%
Specialty Care FFS	30,338,093	101,469	30,439,562	30,630,821	$292,728	1.0%
Outpatient FFS	54,230,466	335,018	54,565,484	54,334,845	$104,379	0.2%
Ancillary FFS	26,891,102	96,009	26,987,111	26,072,900	($818,202)	-3.1%
Pharmacy FFS	100,542,086	(37,518)	100,504,568	100,159,218	($382,869)	-0.4%
ER Services FFS	24,082,515	56,372	24,138,887	24,977,425	$894,910	3.6%
Inpatient Hospital & SNF FFS	176,527,697	883,777	177,411,474	172,019,317	($4,508,380)	-2.6%
Other Benefits & Services	13,218,146	0	13,218,146	14,108,262	$890,116	6.3%
Net Reinsurance	(479,018)	0	(479,018)	240,743	$719,761	299.0%
Provider Incentive	583,331	0	583,331	583,332	$1	0.0%
	$583,781,623	**$1,433,664**	**$585,215,287**	**$582,350,069**	**($1,431,554)**	**-0.2%**

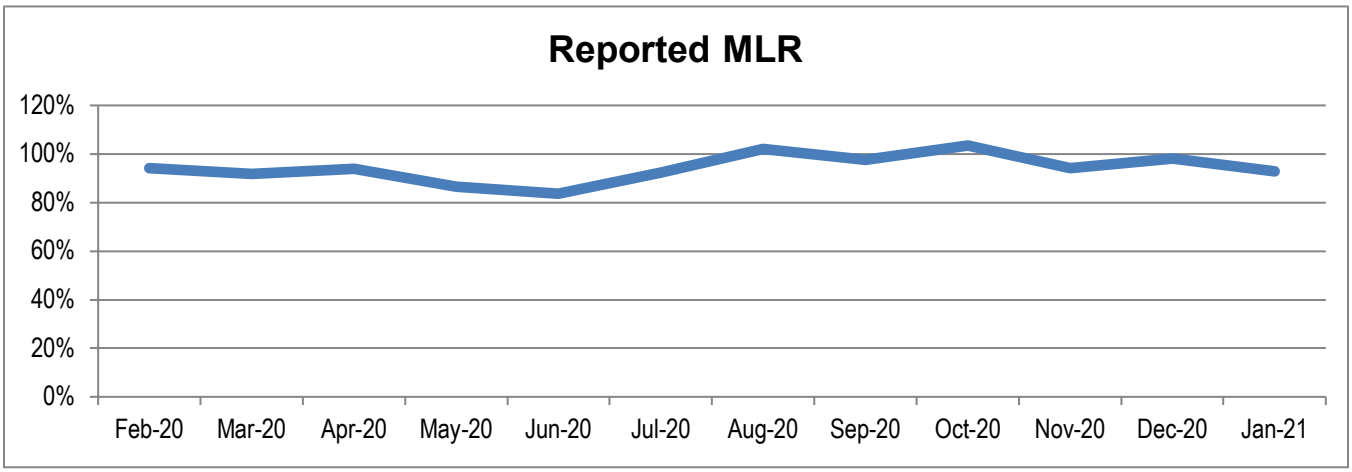
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$68.01	$0.00	$68.01	$68.48	$0.47	0.7%
Primary Care FFS	15.58	(0.00)	15.58	15.62	0.03	0.2%
Specialty Care FFS	16.07	0.05	16.12	16.18	0.11	0.7%
Outpatient FFS	28.72	0.18	28.90	28.70	(0.02)	-0.1%
Ancillary FFS	14.24	0.05	14.29	13.77	(0.47)	-3.4%
Pharmacy FFS	53.24	(0.02)	53.22	52.90	(0.34)	-0.6%
ER Services FFS	12.75	0.03	12.78	13.19	0.44	3.3%
Inpatient Hospital & SNF FFS	93.48	0.47	93.95	90.85	(2.63)	-2.9%
Other Benefits & Services	7.00	0.00	7.00	7.45	0.45	6.1%
Net Reinsurance	(0.25)	0.00	(0.25)	0.13	0.38	299.5%
Provider Incentive	0.31	0.00	0.31	0.31	(0.00)	-0.3%
	$309.15	**$0.76**	**$309.91**	**$307.57**	**($1.57)**	**-0.5%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $1.4 million unfavorable to budget. On a PMPM basis, medical expense is on target with budget (0.2% unfavorable to budget).
    - Inpatient Expense is over budget due to significantly higher than average COVID admissions in January and December. Overall unit cost is unfavorable, partially offset by favorable utilization. The variance is largely driven by the ACA OE and SPD Categories of Aid, and to a lesser degree, the Adult and Group Care populations.
    - Other Benefits & Services are under budget, primarily due to open positions in the Clinical Organization, delayed hiring of consultants, delayed employee training, lower Care Connect utilization, lower interpreter services utilization, delayed medical professional projects, a decrease in mailing services, and timing of member health education.
    - Net Reinsurance is lower than budget due to the receipt of more recoveries than expected.
    - Pharmacy Expense is slightly higher than budget driven by Non-PBM expense, where higher utilization by all populations was partially offset by lower unit cost. PBM expense was favorable due to lower utilization offset by higher unit cost trends, mainly in the ACA OE, SPD and Adult populations.
    - Ancillary Expense is higher than budget due to Ambulance and Non-Emergency Transportation expenses offset by favorability in all other expense categories (Other Medical Professional, Home Health, DME and Medical Supplies, Hospice, Lab & Radiology, CBAS). Overall utilization is unfavorable across all populations offset by favorable unit cost.

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

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 92.9% for the month and 97.2% for the fiscal year-to-date.



Administrative Expense

- For the month ended January 31, 2021:
  - Actual Administrative Expense: $5.4 million.
  - Budgeted Administrative Expense: $10.0 million.

- For the fiscal YTD ended January 31, 2021:
  - Actual Administrative Expense: $34.4 million.
  - Budgeted Administrative Expense: $40.7 million.

Summary of Administrative Expense (In Dollars)
For the Month and Fiscal Year-to-Date
Favorable/(Unfavorable)

Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$2,806,841	$3,099,229	$292,387	9.4%	Employee Expense	$18,454,176	$18,798,606	$344,430	1.8%
630,423	649,847	19,424	3.0%	Medical Benefits Admin Expense	4,471,338	4,427,402	(43,936)	-1.0%
649,240	1,506,305	857,066	56.9%	Purchased & Professional Services	4,650,300	6,294,494	1,644,195	26.1%
1,352,434	4,738,872	3,386,438	71.5%	Other Admin Expense	6,781,800	11,185,467	4,403,667	39.4%
$5,438,938	$9,994,253	$4,555,315	45.6%	Total Administrative Expense	$34,357,614	$40,705,969	$6,348,355	15.6%

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

- Administrative expense represented 5.8% of net revenue for the month and 5.7% of net revenue year-to-date.

Other Income / (Expense)

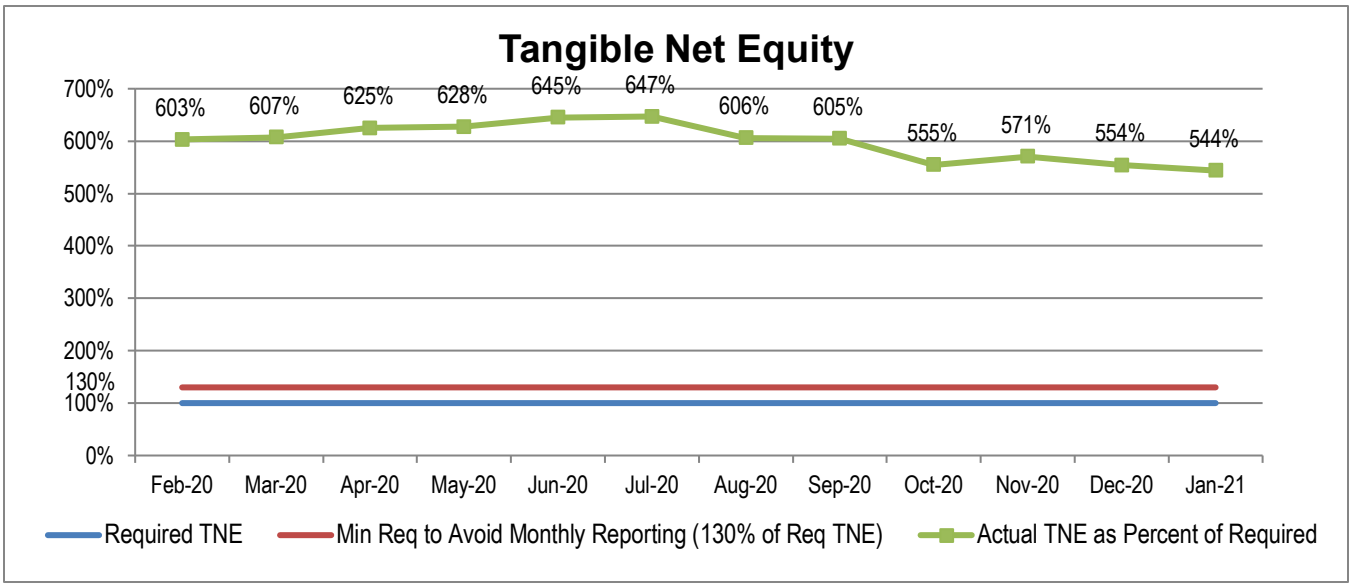
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date interest income from investments is $429,000.

- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $205,000.

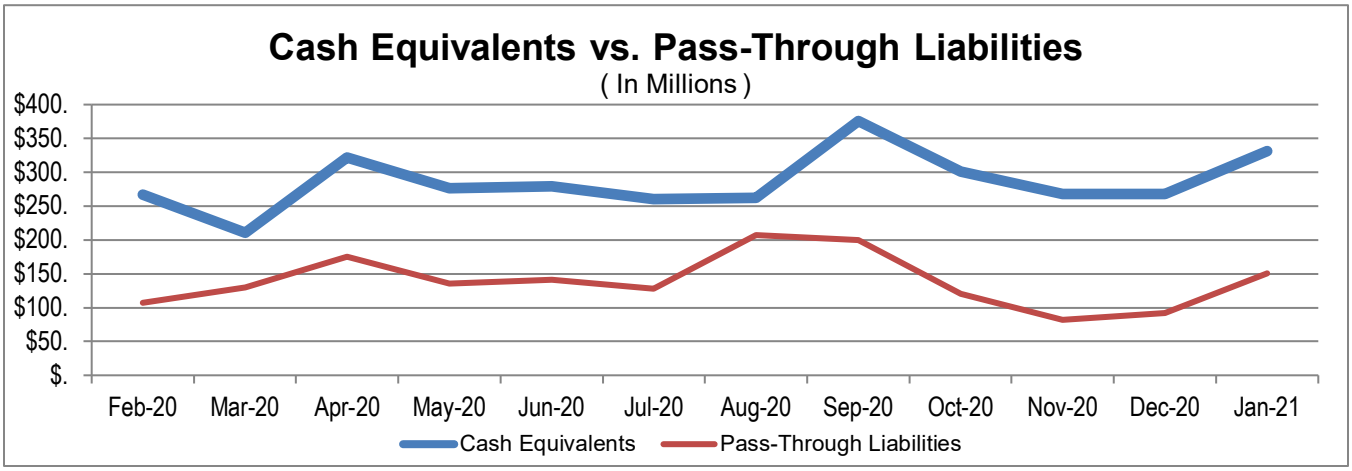
Tangible Net Equity (TNE)

- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.
    - Required TNE $34.7 million
    - Actual TNE $188.7 million
    - Excess TNE $154.0 million
    - TNE as % of Required TNE 544%



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

- Key Metrics
    - Cash & Cash Equivalents $331.4 million
    - Pass-Through Liabilities $150.6 million
    - Uncommitted Cash $180.8 million
    - Working Capital $179.2 million
    - Current Ratio 1.60 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: $380,000.
- Annual capital budget: $2.4 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
271,923	274,735	(2,812)	(1.0%)	1 - Medi-Cal	1,846,318	1,851,199	(4,881)	(0.3%)
5,961	6,009	(48)	(0.8%)	2 - Group Care	42,033	42,163	(130)	(0.3%)
277,884	**280,744**	**(2,860)**	**(1.0%)**	**3 - Total Member Months**	**1,888,351**	**1,893,362**	**(5,011)**	**(0.3%)**
				REVENUE				
$93,110,879	**$91,962,564**	**$1,148,314**	**1.2%**	**4 - TOTAL REVENUE**	**$601,851,389**	**$601,910,268**	**($58,879)**	**0.0%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
19,778,520	20,668,700	890,180	4.3%	5 - Capitated Medical Expense	128,422,849	129,657,858	1,235,009	1.0%
				Fee for Service Medical Expenses:				
27,019,000	23,516,018	(3,502,982)	(14.9%)	6 - Inpatient Hospital & SNF FFS Expense	177,411,474	172,019,313	(5,392,161)	(3.1%)
4,366,486	4,344,795	(21,691)	(0.5%)	7 - Primary Care Physician FFS Expense	29,422,900	29,565,351	142,451	0.5%
4,347,010	4,388,387	41,377	0.9%	8 - Specialty Care Physician Expense	30,439,559	30,630,821	191,262	0.6%
3,998,033	3,337,550	(660,483)	(19.8%)	9 - Ancillary Medical Expense	26,987,108	26,072,900	(914,208)	(3.5%)
7,466,065	7,669,311	203,246	2.7%	10 - Outpatient Medical Expense	54,565,483	54,334,841	(230,642)	(0.4%)
2,929,397	3,505,508	576,111	16.4%	11 - Emergency Expense	24,138,885	24,977,427	838,542	3.4%
14,363,038	14,290,029	(73,009)	(0.5%)	12 - Pharmacy Expense	100,504,569	100,159,220	(345,349)	(0.3%)
64,489,029	61,051,598	(3,437,431)	(5.6%)	13 - Total Fee for Service Expense	443,469,978	437,759,873	(5,710,105)	(1.3%)
2,139,437	2,259,864	120,427	5.3%	14 - Other Benefits & Services	13,218,144	14,108,261	890,117	6.3%
40,754	131,630	90,876	69.0%	15 - Reinsurance Expense	(479,017)	240,747	719,764	299.0%
83,333	83,333	0	0.0%	16 - Risk Pool Distribution	583,331	583,333	2	0.0%
86,531,072	**84,195,125**	**(2,335,948)**	**(2.8%)**	**17 - TOTAL MEDICAL EXPENSES**	**585,215,284**	**582,350,072**	**(2,865,212)**	**(0.5%)**
6,579,807	**7,767,440**	**(1,187,633)**	**(15.3%)**	**18 - GROSS MARGIN**	**16,636,105**	**19,560,196**	**(2,924,091)**	**(14.9%)**
				ADMINISTRATIVE EXPENSES				
2,806,841	3,099,229	292,387	9.4%	19 - Personnel Expense	18,454,176	18,798,606	344,430	1.8%
630,423	649,847	19,424	3.0%	20 - Benefits Administration Expense	4,471,338	4,427,402	(43,936)	(1.0%)
649,240	1,506,305	857,066	56.9%	21 - Purchased & Professional Services	4,650,300	6,294,494	1,644,195	26.1%
1,352,434	4,738,872	3,386,438	71.5%	22 - Other Administrative Expense	6,781,800	11,185,467	4,403,667	39.4%
5,438,938	**9,994,253**	**4,555,315**	**45.6%**	**23 -Total Administrative Expense**	**34,357,614**	**40,705,969**	**6,348,355**	**15.6%**
1,140,869	**(2,226,813)**	**3,367,682**	**151.2%**	**24 - NET OPERATING INCOME / (LOSS)**	**(17,721,509)**	**(21,145,773)**	**3,424,264**	**16.2%**
				OTHER INCOME / EXPENSE				
28,978	**44,585**	**(15,607)**	**(35.0%)**	**25 - Total Other Income / (Expense)**	**203,761**	**258,597**	**(54,836)**	**(21.2%)**
$1,169,847	**($2,182,228)**	**$3,352,075**	**153.6%**	**26 - NET INCOME / (LOSS)**	**($17,517,747)**	**($20,887,176)**	**$3,369,429**	**16.1%**
5.8%	10.9%	5.0%	46.3%	27 - Admin Exp % of Revenue	5.7%	6.8%	1.1%	15.6%

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

	January	December	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$21,728,776	$15,465,789	$6,262,987	40.50%
Short-Term Investments	309,681,571	252,215,470	57,466,101	22.78%
Interest Receivable	5,108	5,347	(238)	-4.46%
Other Receivables - Net	136,005,709	128,488,623	7,517,086	5.85%
Prepaid Expenses	5,169,141	4,679,492	489,649	10.46%
Prepaid Inventoried Items	3,961	3,930	31	0.79%
CalPERS Net Pension Asset	(832,801)	(832,801)	0	0.00%
Deferred CalPERS Outflow	4,303,523	4,303,523	0	0.00%
TOTAL CURRENT ASSETS	**476,064,987**	**404,329,372**	**71,735,616**	**17.74%**
OTHER ASSETS:				
Restricted Assets	350,000	350,000	0	0.00%
TOTAL OTHER ASSETS	**350,000**	**350,000**	**0**	**0.00%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,714,736	9,713,866	870	0.01%
Furniture And Equipment	15,140,847	15,140,847	0	0.00%
Leasehold Improvement	924,350	924,350	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	42,603,934	42,603,064	870	0.00%
Less: Accumulated Depreciation	(33,482,950)	(33,307,817)	(175,134)	0.53%
NET PROPERTY AND EQUIPMENT	**9,120,984**	**9,295,248**	**(174,264)**	**-1.87%**
TOTAL ASSETS	**$485,535,971**	**$413,974,619**	**$71,561,352**	**17.29%**
CURRENT LIABILITIES:				
Accounts Payable	$2,820,437	$2,000,118	$820,319	41.01%
Pass-Through Liabilities	150,564,281	92,239,524	58,324,757	63.23%
Claims Payable	15,028,841	18,105,250	(3,076,409)	-16.99%
IBNP Reserves	107,899,307	93,849,600	14,049,707	14.97%
Payroll Liabilities	4,224,043	3,968,840	255,203	6.43%
CalPERS Deferred Inflow	1,627,670	1,627,670	0	0.00%
Risk Sharing	4,233,183	4,149,850	83,333	2.01%
Provider Grants/ New Health Program	10,481,143	10,546,548	(65,406)	-0.62%
TOTAL CURRENT LIABILITIES	**296,878,904**	**226,487,399**	**70,391,505**	**31.08%**
TOTAL LIABILITIES	**296,878,904**	**226,487,399**	**70,391,505**	**31.08%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	205,334,582	205,334,582	0	0.00%
Year-to Date Net Income / (Loss)	(17,517,747)	(18,687,595)	1,169,847	-6.26%
TOTAL NET WORTH	**188,657,068**	**187,487,220**	**1,169,847**	**0.62%**
TOTAL LIABILITIES AND NET WORTH	**$485,535,971**	**$413,974,619**	**$71,561,352**	**17.29%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$83,420,953	$249,236,261	$539,225,518	$696,891,450
Commercial Premium Revenue	2,235,437	6,715,626	13,662,172	15,740,558
Other Income	328,901	1,207,143	2,585,428	2,995,218
Investment Income	54,495	174,390	276,636	405,876
Cash Paid To:				
Medical Expenses	(75,932,230)	(241,934,413)	(479,562,378)	(553,256,845)
Vendor & Employee Expenses	(4,702,355)	(14,768,057)	(27,509,347)	(32,832,999)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	5,405,201	630,950	48,678,029	129,943,258
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(870)	(53,046)	(220,086)	(379,977)
Net Cash Provided By (Used In) Financing Activities	(870)	(53,046)	(220,086)	(379,977)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	58,324,757	29,783,991	22,874,065	(77,828,020)
Net Cash Provided By (Used In) Investing Activities	58,324,757	29,783,991	22,874,065	(77,828,020)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**63,729,088**	**30,361,895**	**71,332,008**	**51,735,261**
Cash @ Beginning of Period	267,681,259	301,048,452	260,078,338	279,675,086
Subtotal	$331,410,347	$331,410,347	$331,410,346	$331,410,347
Rounding	0	0	1	0
Cash @ End of Period	**$331,410,347**	**$331,410,347**	**$331,410,347**	**$331,410,347**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$1,169,847	($1,739,900)	($19,380,172)	($17,517,748)
Depreciation	175,134	524,988	1,077,260	1,270,932
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(7,516,848)	(11,084,809)	33,596,082	111,787,187
Prepaid Expenses	(489,680)	(903,905)	187,799	(219,794)
Trade Payables	820,319	202,235	460,883	(54,545)
Claims payable & IBNP	11,056,632	13,250,779	38,582,371	32,313,740
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	189,797	381,563	(5,846,193)	2,363,486
Subtotal	5,405,201	630,951	48,678,030	129,943,258
Rounding	0	(1)	(1)	0
Cash Flows from Operating Activities	**$5,405,201**	**$630,950**	**$48,678,029**	**$129,943,258**
Rounding Difference	0	(1)	(1)	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,235,437	$6,715,626	$13,662,172	$15,740,558
Total	2,235,437	6,715,626	13,662,172	15,740,558
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	90,545,655	258,492,797	503,745,896	583,115,137
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(7,124,702)	(9,256,536)	35,479,622	113,776,313
Total	83,420,953	249,236,261	539,225,518	696,891,450
Investment & Other Income Cash Flows				
Other Revenue (Grants)	328,901	1,207,143	2,585,428	2,995,218
Interest Income	54,257	178,106	279,869	409,701
Interest Receivable	238	(3,716)	(3,233)	(3,825)
Total	383,396	1,381,533	2,862,064	3,401,094
Medical & Hospital Cash Flows				
Total Medical Expenses	(86,531,072)	(253,360,635)	(509,694,442)	(585,215,284)
Other Receivable	(392,384)	(1,824,557)	(1,880,307)	(1,985,301)
Claims Payable	(3,076,409)	(2,882,608)	(626,313)	424,241
IBNP Payable	14,049,707	15,883,388	38,580,024	33,807,932
Risk Share Payable	83,333	249,999	628,661	(1,918,434)
Health Program	(65,406)	0	(6,570,000)	1,630,000
Other Liabilities	1	0	(1)	1
Total	(75,932,230)	(241,934,413)	(479,562,378)	(553,256,845)
Administrative Cash Flows				
Total Administrative Expenses	(5,463,331)	(14,972,938)	(29,959,096)	(34,563,078)
Prepaid Expenses	(489,680)	(903,905)	187,799	(219,794)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	820,319	202,235	460,883	(54,545)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	255,203	381,563	723,807	733,486
Depreciation Expense	175,134	524,988	1,077,260	1,270,932
Total	(4,702,355)	(14,768,057)	(27,509,347)	(32,832,999)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**5,405,201**	**630,950**	**48,678,029**	**129,943,258**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	58,324,757	29,783,991	22,874,065	(77,828,020)
Restricted Cash	0	0	0	0
	58,324,757	29,783,991	22,874,065	(77,828,020)
Fixed Asset Cash Flows				
Depreciation expense	175,134	524,988	1,077,260	1,270,932
Fixed Asset Acquisitions	(870)	(53,046)	(220,086)	(379,977)
Change in A/D	(175,134)	(524,988)	(1,077,260)	(1,270,932)
	(870)	(53,046)	(220,086)	(379,977)
Total Cash Flows from Investing Activities	**58,323,887**	**29,730,945**	**22,653,979**	**(78,207,997)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**63,729,088**	**30,361,895**	**71,332,008**	**51,735,261**
Rounding	0	0	1	0
Cash @ Beginning of Period	267,681,259	301,048,452	260,078,338	279,675,086
Cash @ End of Period	**$331,410,347**	**$331,410,347**	**$331,410,347**	**$331,410,347**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$1,169,847	($1,739,900)	($19,380,172)	($17,517,748)
Add back: Depreciation	175,134	524,988	1,077,260	1,270,932
Receivables				
Premiums Receivable	(7,124,702)	(9,256,536)	35,479,622	113,776,313
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	238	(3,716)	(3,233)	(3,825)
Other Receivable	(392,384)	(1,824,557)	(1,880,307)	(1,985,301)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(7,516,848)	(11,084,809)	33,596,082	111,787,187
Prepaid Expenses	(489,680)	(903,905)	187,799	(219,794)
Trade Payables	820,319	202,235	460,883	(54,545)
Claims Payable, IBNR & Risk Share				
IBNP	14,049,707	15,883,388	38,580,024	33,807,932
Claims Payable	(3,076,409)	(2,882,608)	(626,313)	424,241
Risk Share Payable	83,333	249,999	628,661	(1,918,434)
Other Liabilities	1	0	(1)	1
Total	11,056,632	13,250,779	38,582,371	32,313,740
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	255,203	381,563	723,807	733,486
Health Program	(65,406)	0	(6,570,000)	1,630,000
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	189,797	381,563	(5,846,193)	2,363,486
Cash Flows from Operating Activities	**$5,405,201**	**$630,951**	**$48,678,030**	**$129,943,258**
Difference (rounding)	0	1	1	0

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF JANUARY 2021

	Child	Adults*	Medi-Cal SPD*	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	95,103	38,994	26,354	92,257	19,215	271,923	5,961	277,884
Net Revenue	$11,926,620	$12,730,438	$28,103,896	$34,796,959	$3,317,529	$90,875,443	$2,235,436	$93,110,879
Medical Expense	$8,691,993	$12,664,739	$28,269,045	$31,859,814	$2,955,677	$84,441,268	$2,089,804	$86,531,072
Gross Margin	$3,234,628	$65,699	($165,148)	$2,937,145	$361,852	$6,434,175	$145,631	$6,579,807
Administrative Expense	$386,508	$766,709	$1,856,178	$2,077,565	$186,367	$5,273,327	$165,610	$5,438,938
Operating Income / (Expense)	$2,848,119	($701,010)	($2,021,326)	$859,580	$175,485	$1,160,848	($19,979)	$1,140,869
Other Income / (Expense)	$2,664	$5,371	$7,176	$13,462	$334	$29,007	($29)	$28,978
Net Income / (Loss)	$2,850,784	($695,639)	($2,014,150)	$873,042	$175,818	$1,189,855	($20,007)	$1,169,847
Revenue PMPM	$125.41	$326.47	$1,066.40	$377.17	$172.65	$334.20	$375.01	$335.07
Medical Expense PMPM	$91.40	$324.79	$1,072.67	$345.34	$153.82	$310.53	$350.58	$311.39
Gross Margin PMPM	$34.01	$1.68	($6.27)	$31.84	$18.83	$23.66	$24.43	$23.68
Administrative Expense PMPM	$4.06	$19.66	$70.43	$22.52	$9.70	$19.39	$27.78	$19.57
Operating Income / (Expense) PMPM	$29.95	($17.98)	($76.70)	$9.32	$9.13	$4.27	($3.35)	$4.11
Other Income / (Expense) PMPM	$0.03	$0.14	$0.27	$0.15	$0.02	$0.11	($0.00)	$0.10
Net Income / (Loss) PMPM	$29.98	($17.84)	($76.43)	$9.46	$9.15	$4.38	($3.36)	$4.21
Medical Loss Ratio	72.9%	99.5%	100.6%	91.6%	89.1%	92.9%	93.5%	92.9%
Gross Margin Ratio	27.1%	0.5%	-0.6%	8.4%	10.9%	7.1%	6.5%	7.1%
Administrative Expense Ratio	3.2%	6.0%	6.6%	6.0%	5.6%	5.8%	7.4%	5.8%
Net Income Ratio	23.9%	-5.5%	-7.2%	2.5%	5.3%	1.3%	-0.9%	1.3%

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

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - JANUARY 2021

	Child	Adult*	Medi-Cal SPD*	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	656,314	258,758	183,573	616,100	131,573	1,846,318	42,033	1,888,351
Net Revenue	$78,902,094	$81,257,589	$179,788,285	$224,038,641	$22,124,150	$586,110,759	$15,740,630	$601,851,389
Medical Expense	$62,743,065	$79,915,872	$188,634,279	$219,273,462	$19,072,024	$569,638,702	$15,576,582	$585,215,284
Gross Margin	$16,159,029	$1,341,717	($8,845,995)	$4,765,180	$3,052,126	$16,472,057	$164,048	$16,636,105
Administrative Expense	$2,689,279	$4,606,798	$11,945,937	$12,869,232	$1,119,158	$33,230,405	$1,127,209	$34,357,614
Operating Income / (Expense)	$13,469,750	($3,265,081)	($20,791,932)	($8,104,053)	$1,932,968	($16,758,348)	($963,161)	($17,721,509)
Other Income / (Expense)	$23,011	$30,623	$66,048	$91,104	($9,186)	$201,600	$2,161	$203,761
Net Income / (Loss)	$13,492,761	($3,234,459)	($20,725,884)	($8,012,949)	$1,923,782	($16,556,748)	($961,000)	($17,517,747)
Revenue PMPM	$120.22	$314.03	$979.38	$363.64	$168.15	$317.45	$374.48	$318.72
Medical Expense PMPM	$95.60	$308.84	$1,027.57	$355.91	$144.95	$308.53	$370.58	$309.91
Gross Margin PMPM	$24.62	$5.19	($48.19)	$7.73	$23.20	$8.92	$3.90	$8.81
Administrative Expense PMPM	$4.10	$17.80	$65.07	$20.89	$8.51	$18.00	$26.82	$18.19
Operating Income / (Expense) PMPM	$20.52	($12.62)	($113.26)	($13.15)	$14.69	($9.08)	($22.91)	($9.38)
Other Income / (Expense) PMPM	$0.04	$0.12	$0.36	$0.15	($0.07)	$0.11	$0.05	$0.11
Net Income / (Loss) PMPM	$20.56	($12.50)	($112.90)	($13.01)	$14.62	($8.97)	($22.86)	($9.28)
Medical Loss Ratio	79.5%	98.3%	104.9%	97.9%	86.2%	97.2%	99.0%	97.2%
Gross Margin Ratio	20.5%	1.7%	-4.9%	2.1%	13.8%	2.8%	1.0%	2.8%
Administrative Expense Ratio	3.4%	5.7%	6.6%	5.7%	5.1%	5.7%	7.2%	5.7%
Net Income Ratio	17.1%	-4.0%	-11.5%	-3.6%	8.7%	-2.8%	-6.1%	-2.9%

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

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,806,841	$3,099,229	$292,387	9.4%	Personnel Expenses	$18,454,176	$18,798,606	$344,430	1.8%
630,423	649,847	19,424	3.0%	Benefits Administration Expense	4,471,338	4,427,402	(43,936)	(1.0%)
649,240	1,506,305	857,066	56.9%	Purchased & Professional Services	4,650,300	6,294,494	1,644,195	26.1%
338,654	389,504	50,850	13.1%	Occupancy	2,557,521	2,658,569	101,049	3.8%
476,679	3,607,217	3,130,538	86.8%	Printing Postage & Promotion	1,209,361	4,616,731	3,407,370	73.8%
528,628	722,126	193,498	26.8%	Licenses Insurance & Fees	2,953,512	3,820,640	867,128	22.7%
8,472	20,024	11,552	57.7%	Supplies & Other Expenses	61,406	89,526	28,121	31.4%
2,632,096	6,895,024	4,262,928	61.8%	Total Other Administrative Expense	15,903,438	21,907,363	6,003,925	27.4%
$5,438,938	**$9,994,253**	**$4,555,315**	**45.6%**	**Total Administrative Expenses**	**$34,357,614**	**$40,705,969**	**$6,348,355**	**15.6%**

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ADMIN YTD 2021
02/23/21
REPORT #6

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,786,817	$1,837,003	$50,185	2.7%	Salaries & Wages	$12,384,507	$12,223,340	($161,167)	(1.3%)
154,966	199,459	44,493	22.3%	Paid Time Off	1,200,599	1,275,945	75,346	5.9%
125	3,292	3,167	96.2%	Incentives	5,331	13,291	7,960	59.9%
0	0	0	0.0%	Severance Pay	7,605	7,605	0	0.0%
115,347	151,822	36,476	24.0%	Payroll Taxes	285,240	334,287	49,047	14.7%
14,694	10,285	(4,409)	(42.9%)	Overtime	141,586	119,303	(22,282)	(18.7%)
155,515	155,606	91	0.1%	CalPERS ER Match	954,446	984,086	29,640	3.0%
0	0	0	0.0%	Sick Leave Pay	4,097	4,097	0	0.0%
454,697	547,262	92,566	16.9%	Employee Benefits	3,041,580	3,172,415	130,836	4.1%
86,890	93,991	7,100	7.6%	Personal Floating Holiday	88,199	95,444	7,245	7.6%
1,559	12,507	10,948	87.5%	Employee Relations	32,220	72,892	40,672	55.8%
6,840	7,410	570	7.7%	Work from Home Stipend	20,400	21,600	1,200	5.6%
63	2,337	2,274	97.3%	Transportation Reimbursement	841	3,830	2,989	78.0%
51	8,409	8,358	99.4%	Travel & Lodging	(564)	25,377	25,942	102.2%
10,808	12,272	1,464	11.9%	Temporary Help Services	111,546	117,362	5,816	5.0%
13,370	48,538	35,168	72.5%	Staff Development/Training	60,160	150,718	90,558	60.1%
5,101	9,038	3,937	43.6%	Staff Recruitment/Advertising	116,384	177,013	60,629	34.3%
2,806,841	**3,099,229**	**292,387**	**9.4%**	**Total Employee Expenses**	**18,454,176**	**18,798,606**	**344,430**	**1.8%**
				Benefit Administration Expense				
369,834	395,715	25,881	6.5%	RX Administration Expense	2,693,823	2,671,064	(22,759)	(0.9%)
243,837	235,789	(8,048)	(3.4%)	Behavioral Hlth Administration Fees	1,663,499	1,637,770	(25,729)	(1.6%)
16,752	18,343	1,591	8.7%	Telemedicine Admin Fees	114,017	118,568	4,551	3.8%
630,423	**649,847**	**19,424**	**3.0%**	**Total Employee Expenses**	**4,471,338**	**4,427,402**	**(43,936)**	**(1.0%)**
				Purchased & Professional Services				
123,570	366,692	243,122	66.3%	Consulting Services	885,687	1,481,070	595,384	40.2%
275,683	661,793	386,110	58.3%	Computer Support Services	2,166,929	2,892,921	725,992	25.1%
8,750	8,750	0	0.0%	Professional Fees-Accounting	60,437	60,437	0	0.0%
0	100	100	100.0%	Professional Fees-Medical	0	300	300	100.0%
7,427	50,359	42,932	85.3%	Other Purchased Services	158,228	219,840	61,612	28.0%
4,108	10,284	6,176	60.1%	Maint.& Repair-Office Equipment	50,981	69,033	18,052	26.1%
38,747	8,050	(30,697)	(381.3%)	HMS Recovery Fees	217,393	184,970	(32,422)	(17.5%)
0	300,242	300,242	100.0%	MIS Software (Non-Capital)	0	300,725	300,725	100.0%
6,371	7,507	1,136	15.1%	Hardware (Non-Capital)	70,551	79,620	9,068	11.4%
14,138	14,195	57	0.4%	Provider Relations-Credentialing	83,232	79,636	(3,596)	(4.5%)
170,446	78,333	(92,112)	(117.6%)	Legal Fees	956,861	925,941	(30,920)	(3.3%)
649,240	**1,506,305**	**857,066**	**56.9%**	**Total Purchased & Professional Services**	**4,650,300**	**6,294,494**	**1,644,195**	**26.1%**
				Occupancy				
149,026	178,658	29,632	16.6%	Depreciation	1,088,180	1,161,481	73,301	6.3%
26,107	26,107	0	0.0%	Amortization	182,752	182,752	0	0.0%
67,855	67,855	0	0.0%	Building Lease	474,986	474,986	0	0.0%
2,780	2,780	0	0.0%	Leased and Rented Office Equipment	19,457	19,459	1	0.0%
12,566	14,608	2,042	14.0%	Utilities	84,484	88,796	4,312	4.9%
69,309	83,300	13,991	16.8%	Telephone	601,162	609,686	8,524	1.4%

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ADMIN YTD 2021
02/23/21
REPORT #6

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$11,010	$16,196	$5,186	32.0%	Building Maintenance	$106,500	$121,411	$14,911	12.3%
338,654	**389,504**	**50,850**	**13.1%**	**Total Occupancy**	**2,557,521**	**2,658,569**	**101,049**	**3.8%**
				Printing Postage & Promotion				
90,116	38,011	(52,105)	(137.1%)	Postage	227,456	278,172	50,716	18.2%
1,105	5,750	4,645	80.8%	Design & Layout	43,065	23,100	(19,965)	(86.4%)
134,249	43,420	(90,829)	(209.2%)	Printing Services	412,956	379,587	(33,369)	(8.8%)
3,506	5,440	1,934	35.6%	Mailing Services	21,723	26,474	4,752	17.9%
3,008	2,482	(526)	(21.2%)	Courier/Delivery Service	17,866	16,873	(993)	(5.9%)
8	1,480	1,472	99.4%	Pre-Printed Materials and Publications	59	2,573	2,515	97.7%
0	0	0	0.0%	Promotional Products	27,369	29,471	2,102	7.1%
241,254	3,504,333	3,263,080	93.1%	Community Relations	422,667	3,817,405	3,394,738	88.9%
3,433	6,300	2,867	45.5%	Translation - Non-Clinical	36,200	43,075	6,875	16.0%
476,679	**3,607,217**	**3,130,538**	**86.8%**	**Total Printing Postage & Promotion**	**1,209,361**	**4,616,731**	**3,407,370**	**73.8%**
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	0	50,000	50,000	100.0%
18,866	19,100	234	1.2%	Bank Fees	135,796	134,367	(1,430)	(1.1%)
53,007	108,715	55,708	51.2%	Insurance	371,048	426,756	55,708	13.1%
397,471	513,647	116,176	22.6%	Licenses, Permits and Fees	2,023,473	2,752,522	729,050	26.5%
59,283	80,664	21,381	26.5%	Subscriptions & Dues	423,196	456,995	33,799	7.4%
528,628	**722,126**	**193,498**	**26.8%**	**Total Licenses Insurance & Postage**	**2,953,512**	**3,820,640**	**867,128**	**22.7%**
				Supplies & Other Expenses				
1,972	7,154	5,181	72.4%	Office and Other Supplies	12,763	19,580	6,818	34.8%
416	2,695	2,279	84.6%	Ergonomic Supplies	2,182	9,852	7,669	77.8%
251	4,126	3,874	93.9%	Commissary-Food & Beverage	4,452	13,455	9,002	66.9%
4,850	4,850	0	0.0%	Member Incentive Expense	29,100	33,950	4,850	14.3%
0	0	0	0.0%	Covid-19 IT Expenses	3,840	3,840	0	0.0%
983	1,200	217	18.1%	Covid-19 Non IT Expenses	9,068	8,849	(219)	(2.5%)
8,472	**20,024**	**11,552**	**57.7%**	**Total Supplies & Other Expense**	**61,406**	**89,526**	**28,121**	**31.4%**
$5,438,938	**$9,994,252**	**$4,555,315**	**45.6%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$34,357,614**	**$40,705,969**	**$6,348,355**	**15.6%**

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ADMIN YTD 2021
02/23/21
REPORT #6

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

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Computer Equipment (Laptop, Desktop, Tablets)	IT-FY21-01	$ 185,583		**$ 185,583**	$ 300,000	$ 114,417
	Display Monitors	IT-FY21-02	$ 30,302		**$ 30,302**	$ 40,000	$ 9,698
	Cisco Phones (Desk phone, Conference phone)	IT-FY21-03	$ -		**$ -**	$ 30,000	$ 30,000
	Audio / Video Equipment	IT-FY21-04	$ -		**$ -**	$ 60,000	$ 60,000
	APC UPS Batteries	IT-FY21-05	$ -		**$ -**	$ 20,000	$ 20,000
	IT Cage Supplies and Tools	IT-FY21-06	$ -		**$ -**	$ 10,000	$ 10,000
	Cisco Network Hardware (Switches, Routers, Firewalls, Wireless)	IT-FY21-07	$ -		**$ -**	$ 150,000	$ 150,000
	Cisco UCS Blade RAM	IT-FY21-08	$ -		**$ -**	$ 140,000	$ 140,000
	Pure Storage Shelf	IT-FY21-09	$ -		**$ -**	$ 250,000	$ 250,000
	Security Hardware	IT-FY21-10	$ -		**$ -**	$ 80,000	$ 80,000
	Call Center Hardware	IT-FY21-11	$ -		**$ -**	$ 40,000	$ 40,000
	Computer Components (Memory, Hard drives)	IT-FY21-16	$ -		**$ -**	$ 15,000	$ 15,000
	Network / AV Cabling	IT-FY21-18	$ -		**$ -**	$ 250,000	$ 250,000
	Carryover from FY20 / unplanned	IT-FY21-19	$ 133,271		**$ 133,271**	$ -	$ (133,271)
Hardware Subtotal			**$ 349,156**	**$ -**	**$ 349,156**	**$ 1,385,000**	**$ 1,035,844**
2. Software:							
	Monitoring Software	AC-FY21-02	$ -		**$ -**	$ 60,000	$ 60,000
	Windows Server OS (3rd payment)	AC-FY21-03	$ -		**$ -**	$ 80,000	$ 80,000
	Adobe Acrobat Licenses	AC-FY21-04	$ -		**$ -**	$ 12,000	$ 12,000
	Carryover from FY20 / unplanned	AC-FY21-05	$ 28,232		**$ 28,232**	$ -	$ (28,232)
Software Subtotal			**$ 28,232**	**$ -**	**$ 28,232**	**$ 152,000**	**$ 123,768**
3. Building Improvement:							
	Appliances over 1k new/replacement (all buildings/suites)	FA-FY21-01	$ -		**$ -**	$ 5,000	$ 5,000
	ACME Security: Readers, HID boxes, Cameras, Doors (planned/unplanned Maintenance repairs)	FA-FY21-02	$ -		**$ -**	$ 50,000	$ 50,000
	Seismic Improvements (Carryover from FY20)	FA-FY21-03	$ -		**$ -**	$ 150,000	$ 150,000
	HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY21-04	$ -		**$ -**	$ 65,000	$ 65,000
	Electrical work for projects, workstations requirement	FA-FY21-05	$ -		**$ -**	$ 20,000	$ 20,000
	Construction work for various projects	FA-FY21-06	$ -		**$ -**	$ 20,000	$ 20,000
	1240 Emergency Generator	FA-FY21-07	$ -		**$ -**	$ 318,000	$ 318,000
Building Improvement Subtotal			**$ -**	**$ -**	**$ -**	**$ 628,000**	**$ 628,000**

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
4. Furniture & Equipment:							
	Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY21-19	$ 1,721		**$ 1,721**	$ 50,000	$ 48,279
	Ergonomic Equipment - Sit/Stand desks	FA-FY21-20	$ -		**$ -**	$ 40,000	$ 40,000
	Task Chairs: Various sizes, special order for Ergo/WC	FA-FY21-21	$ -		**$ -**	$ 50,000	$ 50,000
	Replace, reconfigure, re-design workstations	FA-FY21-22	$ -		**$ -**	$ 50,000	$ 50,000
Furniture & Equipment Subtotal			**$ 1,721**	**$ -**	**$ 1,721**	**$ 190,000**	**$ 188,279**
5. Leasehold Improvement:							
	Electrical work for projects, workstations requirement	FA-FY21-26	$ -		**$ -**	$ 20,000	$ 20,000
Leasehold Improvement Subtotal			**$ -**	**$ -**	**$ -**	**$ 20,000**	**$ 20,000**
6. Contingency:							
	Carryover from FY20 / Unplanned/ Contingency	FA-FY21-28	$ -	$ 870	**$ 870**	$ -	$ (870)
Contingency Subtotal			**$ -**	**$ 870**	**$ 870**	**$ -**	**$ (870)**
GRAND TOTAL			**$ 379,109**	**$ 870**	**$ 379,978**	**$ 2,375,000**	**$ 1,995,021**

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost -1/31/21	**$ 42,603,934**
Fixed Assets @ Cost - 6/30/20	**$ 42,223,957**
Fixed Assets Acquired YTD	**$ 379,977**

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

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

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

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

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

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

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	91,570	92,692	93,378	93,982	94,620	94,969	95,103						656,314
Adults*	34,909	35,689	36,302	37,072	37,640	38,152	38,994						258,758
SPD*	26,044	26,094	26,178	26,250	26,314	26,339	26,354						183,573
ACA OE	82,989	85,081	86,713	88,258	89,752	91,050	92,257						616,100
Duals	18,297	18,495	18,606	18,847	18,988	19,125	19,215						131,573
Medi-Cal Program	253,809	258,051	261,177	264,409	267,314	269,635	271,923						1,846,318
Group Care Program	6,109	6,007	6,011	6,009	5,982	5,954	5,961						42,033
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,296**	**275,589**	**277,884**						**1,888,351**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	825	1,122	686	604	638	349	134						4,358
Adults*	822	780	613	770	568	512	842						4,907
SPD*	(67)	50	84	72	64	25	15						243
ACA OE	1,693	2,092	1,632	1,545	1,494	1,298	1,207						10,961
Duals	228	198	111	241	141	137	90						1,146
Medi-Cal Program	3,501	4,242	3,126	3,232	2,905	2,321	2,288						21,615
Group Care Program	(328)	(102)	4	(2)	(27)	(28)	7						(476)
Total	**3,173**	**4,140**	**3,130**	**3,230**	**2,878**	**2,293**	**2,295**						**21,139**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.1%	35.9%	35.8%	35.5%	35.4%	35.2%	35.0%						35.5%
Adults % of Medi-Cal	13.8%	13.8%	13.9%	14.0%	14.1%	14.1%	14.3%						14.0%
SPD % of Medi-Cal	10.3%	10.1%	10.0%	9.9%	9.8%	9.8%	9.7%						9.9%
ACA OE % of Medi-Cal	32.7%	33.0%	33.2%	33.4%	33.6%	33.8%	33.9%						33.4%
Duals % of Medi-Cal	7.2%	7.2%	7.1%	7.1%	7.1%	7.1%	7.1%						7.1%
Medi-Cal Program % of Total	97.6%	97.7%	97.8%	97.8%	97.8%	97.8%	97.9%						97.8%
Group Care Program % of Total	2.4%	2.3%	2.2%	2.2%	2.2%	2.2%	2.1%						2.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**						**100.0%**

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

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

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	50,199	51,057	51,527	51,397	52,073	51,937	52,336						360,526
Alameda Health System	50,193	51,312	52,596	53,607	54,283	55,240	55,847						373,078
	100,392	102,369	104,123	105,004	106,356	107,177	108,183						733,604
Delegated:													
CFMG	30,742	31,072	30,803	31,173	31,336	31,529	31,714						218,369
CHCN	94,144	95,194	96,219	97,528	98,274	98,920	99,414						679,693
Kaiser	34,640	35,423	36,043	36,713	37,330	37,963	38,573						256,685
Delegated Subtotal	159,526	161,689	163,065	165,414	166,940	168,412	169,701						1,154,747
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,296**	**275,589**	**277,884**						**1,888,351**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	1,402	1,977	1,754	881	1,352	821	1,006						9,193
Delegated:													
CFMG	317	330	(269)	370	163	193	185						1,289
CHCN	752	1,050	1,025	1,309	746	646	494						6,022
Kaiser	702	783	620	670	617	633	610						4,635
Delegated Subtotal	1,771	2,163	1,376	2,349	1,526	1,472	1,289						11,946
Total	**3,173**	**4,140**	**3,130**	**3,230**	**2,878**	**2,293**	**2,295**						**21,139**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.6%	38.8%	39.0%	38.8%	38.9%	38.9%	38.9%						38.8%
Delegated:													
CFMG	11.8%	11.8%	11.5%	11.5%	11.5%	11.4%	11.4%						11.6%
CHCN	36.2%	36.1%	36.0%	36.1%	36.0%	35.9%	35.8%						36.0%
Kaiser	13.3%	13.4%	13.5%	13.6%	13.7%	13.8%	13.9%						13.6%
Delegated Subtotal	61.4%	61.2%	61.0%	61.2%	61.1%	61.1%	61.1%						61.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**						**100.0%**

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

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

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

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

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

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

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

	Variance Jul-20	Variance Aug-20	Variance Sep-20	Variance Oct-20	Variance Nov-20	Variance Dec-20	Variance Jan-21	Variance Feb-21	Variance Mar-21	Variance Apr-21	Variance May-21	Variance Jun-21	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	(337)	(962)	(1,637)						(2,936)
Adults*	0	0	0	0	(97)	(249)	(157)						(503)
SPD*	0	0	0	0	25	12	(5)						33
ACA OE	0	0	0	0	(101)	(399)	(932)						(1,432)
Duals	0	0	0	0	14	24	(81)						(43)
Medi-Cal Program	0	0	0	0	(495)	(1,574)	(2,812)						(4,881)
Group Care Program	0	0	0	0	(27)	(55)	(48)						(130)
Total	**0**	**0**	**0**	**0**	**(522)**	**(1,629)**	**(2,860)**						**(5,011)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	(28)	(586)	(1,072)						(1,685)
Delegated:													
CFMG	0	0	0	0	(162)	(293)	(385)						(840)
CHCN	0	0	0	0	(470)	(1,039)	(1,812)						(3,322)
Kaiser	0	0	0	0	137	290	409						836
Delegated Subtotal	0	0	0	0	(495)	(1,043)	(1,788)						(3,326)
Total	**0**	**0**	**0**	**0**	**(522)**	**(1,629)**	**(2,860)**						**(5,011)**

Notes:

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

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

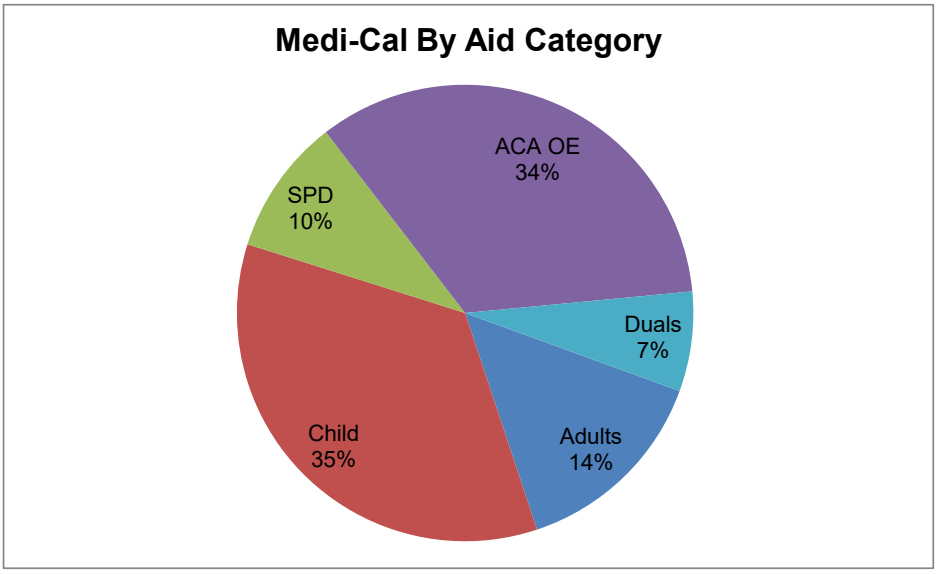
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,764,630	$1,805,068	$40,438	2.2%	PCP-Capitation	$12,367,877	$12,427,973	$60,096	0.5%
2,754,774	3,008,267	253,493	8.4%	PCP-Capitation - FQHC	19,336,933	19,655,738	318,805	1.6%
261,979	272,051	10,072	3.7%	Specialty-Capitation	1,886,594	1,903,676	17,082	0.9%
2,854,031	3,090,915	236,884	7.7%	Specialty-Capitation FQHC	19,836,874	20,131,043	294,169	1.5%
317,073	321,423	4,350	1.4%	Laboratory-Capitation	2,174,641	2,182,511	7,870	0.4%
587,152	898,380	311,228	34.6%	Transportation (Ambulance)-Cap	3,393,616	4,162,256	768,640	18.5%
206,654	267,407	60,753	22.7%	Vision Cap	1,410,774	1,587,719	176,945	11.1%
76,362	79,151	2,789	3.5%	CFMG Capitation	549,273	553,901	4,628	0.8%
144,004	156,595	12,591	8.0%	Anc IPA Admin Capitation FQHC	1,005,789	1,021,528	15,739	1.5%
9,198,438	9,099,487	(98,951)	(1.1%)	Kaiser Capitation	55,661,329	55,378,700	(282,629)	(0.5%)
752,508	703,248	(49,260)	(7.0%)	BHT Supplemental Expense	4,949,917	4,744,584	(205,333)	(4.3%)
10,252	11,875	1,623	13.7%	Hep-C Supplemental Expense	71,764	56,967	(14,797)	(26.0%)
316,381	386,998	70,617	18.2%	Maternity Supplemental Expense	2,092,984	2,128,526	35,542	1.7%
534,281	567,835	33,554	5.9%	DME - Cap	3,684,484	3,722,736	38,252	1.0%
19,778,520	**20,668,700**	**890,180**	**4.3%**	**5-TOTAL CAPITATED EXPENSES**	**128,422,849**	**129,657,858**	**1,235,009**	**1.0%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
9,520,409	0	(9,520,409)	0.0%	IBNP-Inpatient Services	23,564,900	0	(23,564,900)	0.0%
285,613	0	(285,613)	0.0%	IBNP-Settlement (IP)	706,947	0	(706,947)	0.0%
761,632	0	(761,632)	0.0%	IBNP-Claims Fluctuation (IP)	1,885,196	0	(1,885,196)	0.0%
13,776,849	22,357,709	8,580,860	38.4%	Inpatient Hospitalization-FFS	130,365,670	164,857,278	34,491,608	20.9%
1,044,652	0	(1,044,652)	0.0%	IP OB - Mom & NB	8,082,848	0	(8,082,848)	0.0%
65,828	0	(65,828)	0.0%	IP Behavioral Health	1,216,518	0	(1,216,518)	0.0%
894,001	1,158,309	264,308	22.8%	IP - Long Term Care	6,718,608	7,162,035	443,427	6.2%
670,016	0	(670,016)	0.0%	IP - Facility Rehab FFS	4,870,788	0	(4,870,788)	0.0%
27,019,000	**23,516,018**	**(3,502,982)**	**(14.9%)**	**6-Inpatient Hospital & SNF FFS Expense**	**177,411,474**	**172,019,313**	**(5,392,161)**	**(3.1%)**
330,107	0	(330,107)	0.0%	IBNP-PCP	422,847	0	(422,847)	0.0%
9,904	0	(9,904)	0.0%	IBNP-Settlement (PCP)	12,685	0	(12,685)	0.0%
26,407	0	(26,407)	0.0%	IBNP-Claims Fluctuation (PCP)	33,827	0	(33,827)	0.0%
1,302	0	(1,302)	0.0%	Telemedicine FFS	8,022	0	(8,022)	0.0%
913,613	1,294,355	380,742	29.4%	Primary Care Non-Contracted FF	8,106,522	20,196,506	12,089,984	59.9%
53,493	79,034	25,541	32.3%	PCP FQHC FFS	390,306	546,535	156,229	28.6%
1,716,969	2,971,406	1,254,437	42.2%	Prop 56 Direct Payment Expenses	11,928,776	8,822,310	(3,106,466)	(35.2%)
74,821	0	(74,821)	0.0%	Prop 56-Trauma Expense	398,523	0	(398,523)	0.0%
99,719	0	(99,719)	0.0%	Prop 56-Dev. Screening Exp.	523,245	0	(523,245)	0.0%
608,806	0	(608,806)	0.0%	Prop 56-Fam. Planning Exp.	4,023,365	0	(4,023,365)	0.0%
531,346	0	(531,346)	0.0%	Prop 56-Value Based Purchasing	3,574,781	0	(3,574,781)	0.0%
4,366,486	**4,344,795**	**(21,691)**	**(0.5%)**	**7-Primary Care Physician FFS Expense**	**29,422,900**	**29,565,351**	**142,451**	**0.5%**
943,046	0	(943,046)	0.0%	IBNP-Specialist	1,993,488	0	(1,993,488)	0.0%
1,551,728	4,295,503	2,743,775	63.9%	Specialty Care-FFS	13,877,750	30,224,043	16,346,293	54.1%
144,646	0	(144,646)	0.0%	Anesthesiology - FFS	1,181,115	0	(1,181,115)	0.0%
556,638	0	(556,638)	0.0%	Spec Rad Therapy - FFS	4,779,274	0	(4,779,274)	0.0%
104,111	0	(104,111)	0.0%	Obstetrics-FFS	849,133	0	(849,133)	0.0%
236,732	0	(236,732)	0.0%	Spec IP Surgery - FFS	1,691,015	0	(1,691,015)	0.0%
343,752	0	(343,752)	0.0%	Spec OP Surgery - FFS	2,965,464	0	(2,965,464)	0.0%
335,767	0	(335,767)	0.0%	Spec IP Physician	2,661,018	0	(2,661,018)	0.0%
26,856	92,884	66,028	71.1%	SCP FQHC FFS	222,016	406,778	184,762	45.4%
28,291	0	(28,291)	0.0%	IBNP-Settlement (SCP)	59,805	0	(59,805)	0.0%
75,444	0	(75,444)	0.0%	IBNP-Claims Fluctuation (SCP)	159,481	0	(159,481)	0.0%
4,347,010	**4,388,387**	**41,377**	**0.9%**	**8-Specialty Care Physician Expense**	**30,439,559**	**30,630,821**	**191,262**	**0.6%**
695,087	0	(695,087)	0.0%	IBNP-Ancillary	1,246,393	0	(1,246,393)	0.0%
20,852	0	(20,852)	0.0%	IBNP Settlement (ANC)	37,390	0	(37,390)	0.0%
55,606	0	(55,606)	0.0%	IBNP Claims Fluctuation (ANC)	99,713	0	(99,713)	0.0%
212,983	0	(212,983)	0.0%	Acupuncture/Biofeedback	1,610,369	0	(1,610,369)	0.0%
65,271	0	(65,271)	0.0%	Hearing Devices	455,544	0	(455,544)	0.0%
38,682	0	(38,682)	0.0%	Imaging/MRI/CT Global	265,735	0	(265,735)	0.0%
29,335	0	(29,335)	0.0%	Vision FFS	279,028	0	(279,028)	0.0%
24,802	0	(24,802)	0.0%	Family Planning	152,093	0	(152,093)	0.0%
408,195	0	(408,195)	0.0%	Laboratory-FFS	2,315,137	0	(2,315,137)	0.0%
77,300	0	(77,300)	0.0%	ANC Therapist	644,531	0	(644,531)	0.0%
218,589	0	(218,589)	0.0%	Transportation (Ambulance)-FFS	1,940,403	0	(1,940,403)	0.0%
162,400	0	(162,400)	0.0%	Transportation (Other)-FFS	834,952	0	(834,952)	0.0%

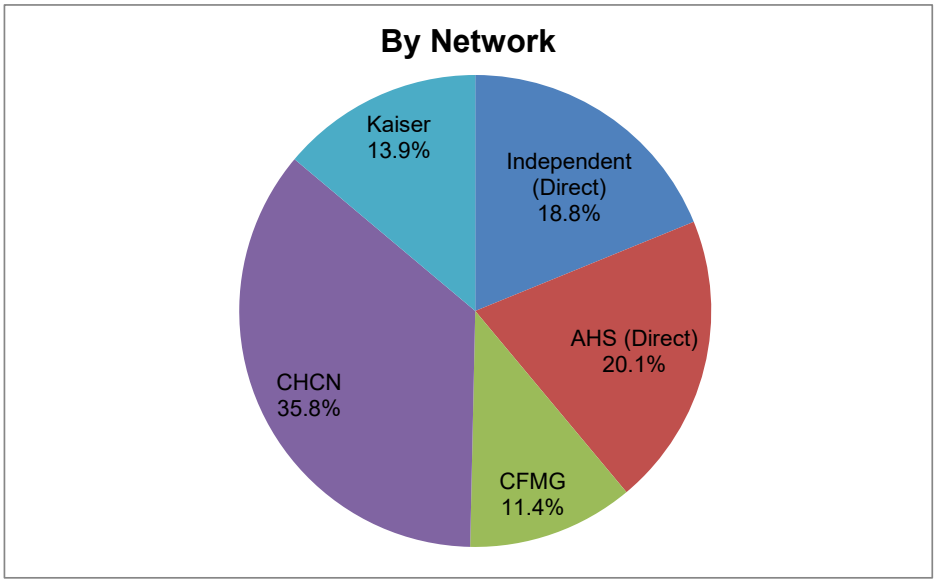
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$297,777	$0	($297,777)	0.0%	Hospice	$3,103,646	$0	($3,103,646)	0.0%
648,879	0	(648,879)	0.0%	Home Health Services	4,482,726	0	(4,482,726)	0.0%
0	2,818,765	2,818,765	100.0%	Other Medical-FFS	0	22,252,324	22,252,324	100.0%
0	0	0	0.0%	Denials	3,885	0	(3,885)	0.0%
(81,371)	0	81,371	0.0%	HMS Medical Refunds	(81,743)	0	81,743	0.0%
0	0	0	0.0%	Refunds-Medical Payments	17	0	(17)	0.0%
309,629	0	(309,629)	0.0%	DME & Medical Supplies	2,138,504	0	(2,138,504)	0.0%
556,717	518,785	(37,932)	(7.3%)	GEMT Direct Payment Expense	3,864,316	3,820,576	(43,740)	(1.1%)
257,300	0	(257,300)	0.0%	Community Based Adult Services (CBAS)	3,594,468	0	(3,594,468)	0.0%
3,998,033	**3,337,550**	**(660,483)**	**(19.8%)**	**9-Ancillary Medical Expense**	**26,987,108**	**26,072,900**	**(914,208)**	**(3.5%)**
620,274	0	(620,274)	0.0%	IBNP-Outpatient	1,213,382	0	(1,213,382)	0.0%
18,607	0	(18,607)	0.0%	IBNP Settlement (OP)	36,401	0	(36,401)	0.0%
49,622	0	(49,622)	0.0%	IBNP Claims Fluctuation (OP)	97,070	0	(97,070)	0.0%
814,439	7,669,311	6,854,872	89.4%	Out-Patient FFS	7,241,286	54,334,841	47,093,555	86.7%
900,225	0	(900,225)	0.0%	OP Ambul Surgery - FFS	7,711,274	0	(7,711,274)	0.0%
1,079,283	0	(1,079,283)	0.0%	OP Fac Imaging Services-FFS	7,815,505	0	(7,815,505)	0.0%
1,819,940	0	(1,819,940)	0.0%	Behav Health - FFS	15,110,988	0	(15,110,988)	0.0%
474,361	0	(474,361)	0.0%	OP Facility - Lab FFS	2,938,705	0	(2,938,705)	0.0%
83,112	0	(83,112)	0.0%	OP Facility - Cardio FFS	638,585	0	(638,585)	0.0%
35,743	0	(35,743)	0.0%	OP Facility - PT/OT/ST FFS	218,319	0	(218,319)	0.0%
1,570,459	0	(1,570,459)	0.0%	OP Facility - Dialysis FFS	11,543,967	0	(11,543,967)	0.0%
7,466,065	**7,669,311**	**203,246**	**2.7%**	**10-Outpatient Medical Expense Medical Expense**	**54,565,483**	**54,334,841**	**(230,642)**	**(0.4%)**
114,487	0	(114,487)	0.0%	IBNP-Emergency	742,076	0	(742,076)	0.0%
3,435	0	(3,435)	0.0%	IBNP Settlement (ER)	22,265	0	(22,265)	0.0%
9,158	0	(9,158)	0.0%	IBNP Claims Fluctuation (ER)	59,365	0	(59,365)	0.0%
461,416	0	(461,416)	0.0%	Special ER Physician-FFS	3,653,383	0	(3,653,383)	0.0%
2,340,900	3,505,508	1,164,608	33.2%	ER-Facility	19,661,796	24,977,427	5,315,631	21.3%
2,929,397	**3,505,508**	**576,111**	**16.4%**	**11-Emergency Expense**	**24,138,885**	**24,977,427**	**838,542**	**3.4%**
433,988	0	(433,988)	0.0%	IBNP-Pharmacy	1,274,502	0	(1,274,502)	0.0%
13,019	0	(13,019)	0.0%	IBNP Settlement (RX)	38,237	0	(38,237)	0.0%
34,719	0	(34,719)	0.0%	IBNP Claims Fluctuation (RX)	101,962	0	(101,962)	0.0%
4,005,644	4,018,886	13,242	0.3%	RX - Non-PBM FFFS	28,583,275	28,272,819	(310,456)	(1.1%)
10,430,379	10,801,394	371,015	3.4%	Pharmacy-FFS	74,315,986	75,487,818	1,171,832	1.6%
(24,459)	0	24,459	0.0%	HMS RX Refunds	(207,974)	0	207,974	0.0%
(530,252)	(530,251)	1	0.0%	Pharmacy-Rebate	(3,601,419)	(3,601,417)	2	0.0%
14,363,038	**14,290,029**	**(73,009)**	**(0.5%)**	**12-Pharmacy Expense**	**100,504,569**	**100,159,220**	**(345,349)**	**(0.3%)**
64,489,029	**61,051,598**	**(3,437,431)**	**(5.6%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**443,469,978**	**437,759,873**	**(5,710,105)**	**(1.3%)**
0	(70,986)	(70,986)	100.0%	Clinical Vacancy	0	(148,957)	(148,957)	100.0%
69,891	117,795	47,905	40.7%	Quality Analytics	468,460	584,568	116,108	19.9%
380,369	473,227	92,858	19.6%	Health Plan Services Department Total	2,528,456	2,716,117	187,661	6.9%
638,070	751,188	113,118	15.1%	Case & Disease Management Department Total	4,753,316	5,099,214	345,898	6.8%
403,438	238,101	(165,337)	(69.4%)	Medical Services Department Total	1,480,726	1,378,070	(102,656)	(7.4%)
474,857	563,594	88,737	15.7%	Quality Management Department Total	2,935,522	3,249,312	313,790	9.7%
118,418	144,805	26,387	18.2%	Pharmacy Services Department Total	823,348	970,070	146,723	15.1%
54,395	42,139	(12,256)	(29.1%)	Regulatory Readiness Total	228,317	259,868	31,551	12.1%
2,139,437	**2,259,864**	**120,427**	**5.3%**	**14-Other Benefits & Services**	**13,218,144**	**14,108,261**	**890,117**	**6.3%**
				Reinsurance Expense				
(410,795)	(376,860)	33,935	(9.0%)	Reinsurance Recoveries	(3,570,661)	(3,014,652)	556,009	(18.4%)
451,548	508,490	56,942	11.2%	Stop-Loss Expense	3,091,643	3,255,399	163,756	5.0%
40,754	**131,630**	**90,876**	**69.0%**	**15-Reinsurance Expense**	**(479,017)**	**240,747**	**719,764**	**299.0%**
				Preventive Health Services				
83,333	83,333	0	0.0%	Risk Sharing PCP	583,331	583,333	2	0.0%
83,333	**83,333**	**0**	**0.0%**	**16-Risk Pool Distribution**	**583,331**	**583,333**	**2**	**0.0%**
86,531,072	**84,195,125**	**(2,335,948)**	**(2.8%)**	**17-TOTAL MEDICAL EXPENSES**	**585,215,284**	**582,350,072**	**(2,865,212)**	**(0.5%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Jan 2021**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	38,994	14%	8,906	8,686	483	14,238	6,681
Child	95,103	35%	9,415	8,614	28,987	31,715	16,372
SPD	26,354	10%	8,540	4,022	1,116	10,729	1,947
ACA OE	92,257	34%	15,229	31,539	1,126	33,276	11,087
Duals	19,215	7%	7,655	2,061	2	7,011	2,486
Medi-Cal	271,923		49,745	54,922	31,714	96,969	38,573
Group Care	5,961		2,591	925	-	2,445	-
Total	**277,884**	**100%**	**52,336**	**55,847**	**31,714**	**99,414**	**38,573**
Medi-Cal %	97.9%		95.0%	98.3%	100.0%	97.5%	100.0%
Group Care %	2.1%		5.0%	1.7%	0.0%	2.5%	0.0%
	Network Distribution		*18.8%*	*20.1%*	*11.4%*	*35.8%*	*13.9%*
			% Direct:	**39%**		**% Delegated:**	**61%**

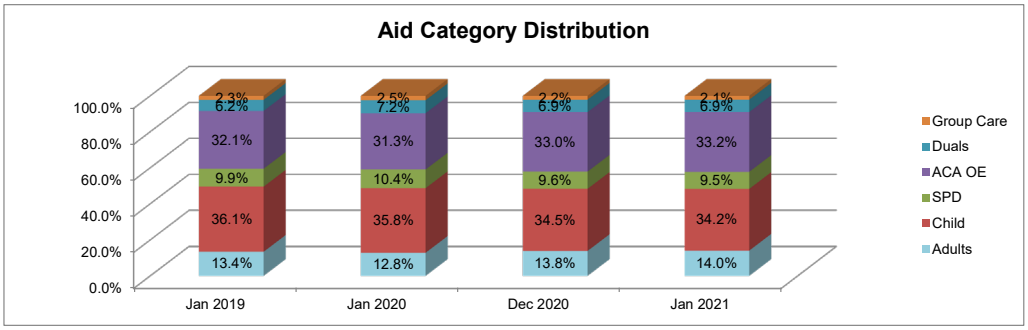




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

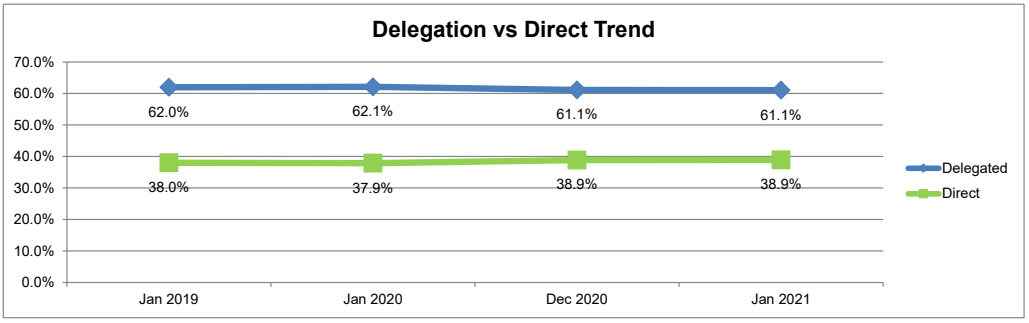
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Jan 2019	Jan 2020	Dec 2020	Jan 2021	Jan 2019	Jan 2020	Dec 2020	Jan 2021	Jan 2019 to Jan 2020	Jan 2020 to Jan 2021	Dec 2020 to Jan 2021
Adults	35,034	31,620	38,150	38,994	13.4%	12.8%	13.8%	14.0%	-9.7%	23.3%	2.2%
Child	94,491	88,329	94,969	95,103	36.1%	35.8%	34.5%	34.2%	-6.5%	7.7%	0.1%
SPD	26,002	25,571	26,339	26,354	9.9%	10.4%	9.6%	9.5%	-1.7%	3.1%	0.1%
ACA OE	84,010	77,093	91,050	92,257	32.1%	31.3%	33.0%	33.2%	-8.2%	19.7%	1.3%
Duals	16,099	17,800	19,127	19,215	6.2%	7.2%	6.9%	6.9%	10.6%	7.9%	0.5%
Medi-Cal Total	255,636	240,413	269,635	271,923	97.7%	97.5%	97.8%	97.9%	-6.0%	13.1%	0.8%
Group Care	5,890	6,048	5,954	5,961	2.3%	2.5%	2.2%	2.1%	2.7%	-1.4%	0.1%
Total	**261,526**	**246,461**	**275,589**	**277,884**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-5.8%**	**12.7%**	**0.8%**



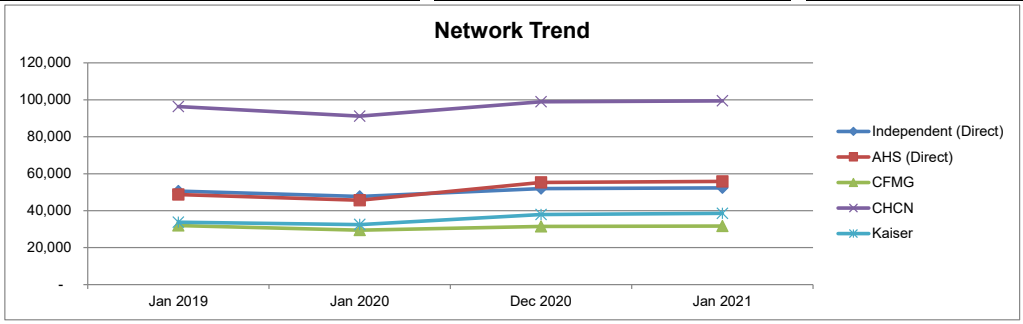
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Jan 2019	Jan 2020	Dec 2020	Jan 2021	Jan 2019	Jan 2020	Dec 2020	Jan 2021	Jan 2019 to Jan 2020	Jan 2020 to Jan 2021	Dec 2020 to Jan 2021
Delegated	162,124	153,096	168,412	169,701	62.0%	62.1%	61.1%	61.1%	-5.6%	10.8%	0.8%
Direct	99,402	93,365	107,177	108,183	38.0%	37.9%	38.9%	38.9%	-6.1%	15.9%	0.9%
Total	**261,526**	**246,461**	**275,589**	**277,884**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-5.8%**	**12.7%**	**0.8%**



Network Trend

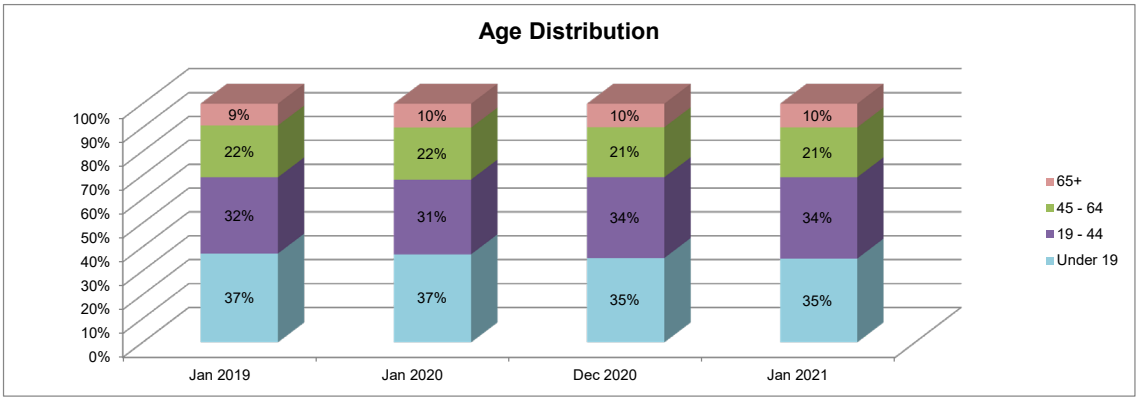
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Jan 2019	Jan 2020	Dec 2020	Jan 2021	Jan 2019	Jan 2020	Dec 2020	Jan 2021	Jan 2019 to Jan 2020	Jan 2020 to Jan 2021	Dec 2020 to Jan 2021
Independent (Direct)	50,615	47,700	51,937	52,336	19.4%	19.4%	18.8%	18.8%	-5.8%	9.7%	0.8%
AHS (Direct)	48,787	45,665	55,240	55,847	18.7%	18.5%	20.0%	20.1%	-6.4%	22.3%	1.1%
CFMG	31,962	29,460	31,529	31,714	12.2%	12.0%	11.4%	11.4%	-7.8%	7.7%	0.6%
CHCN	96,389	91,165	98,920	99,414	36.9%	37.0%	35.9%	35.8%	-5.4%	9.0%	0.5%
Kaiser	33,773	32,471	37,963	38,573	12.9%	13.2%	13.8%	13.9%	-3.9%	18.8%	1.6%
Total	**261,526**	**246,461**	**275,589**	**277,884**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-5.8%**	**12.7%**	**0.8%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

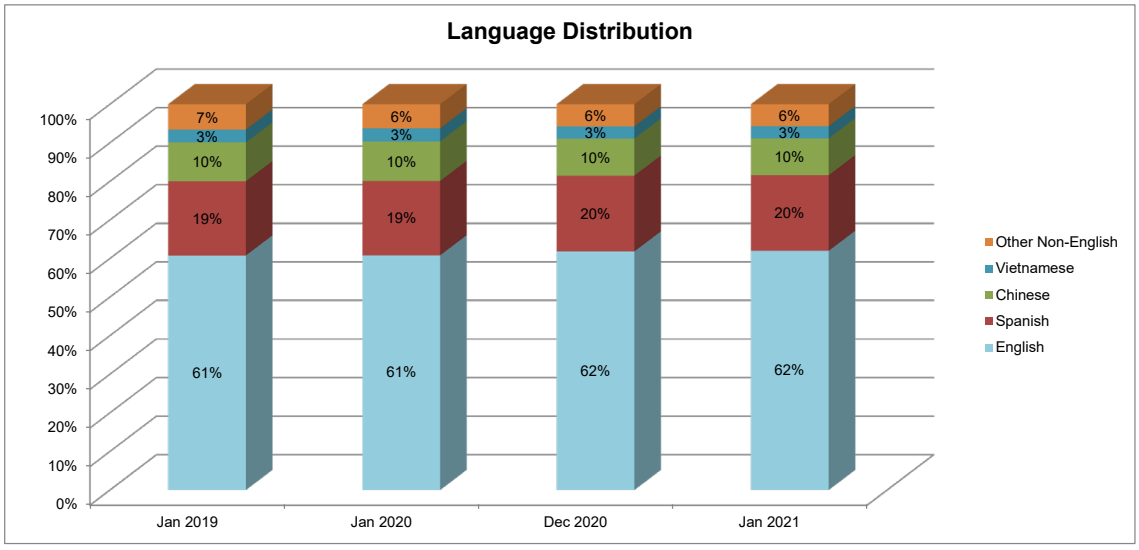
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Jan 2019	Jan 2020	Dec 2020	Jan 2021	Jan 2019	Jan 2020	Dec 2020	Jan 2021	Jan 2019 to Jan 2020	Jan 2020 to Jan 2021	Dec 2020 to Jan 2021
Under 19	97,304	90,897	97,399	97,507	37%	37%	35%	35%	-7%	7%	0%
19 - 44	83,556	77,224	93,280	94,684	32%	31%	34%	34%	-8%	23%	2%
45 - 64	56,766	53,632	57,679	58,017	22%	22%	21%	21%	-6%	8%	1%
65+	23,900	24,708	27,231	27,676	9%	10%	10%	10%	3%	12%	2%
Total	**261,526**	**246,461**	**275,589**	**277,884**	**100%**	**100%**	**100%**	**100%**	**-6%**	**13%**	**1%**



Language Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Jan 2019	Jan 2020	Dec 2020	Jan 2021	Jan 2019	Jan 2020	Dec 2020	Jan 2021	Jan 2019 to Jan 2020	Jan 2020 to Jan 2021	Dec 2020 to Jan 2021
English	158,970	149,918	170,388	172,244	61%	61%	62%	62%	-6%	15%	1%
Spanish	50,384	47,516	54,148	54,485	19%	19%	20%	20%	-6%	15%	1%
Chinese	26,286	25,284	26,521	26,616	10%	10%	10%	10%	-4%	5%	0%
Vietnamese	8,696	8,360	8,688	8,707	3%	3%	3%	3%	-4%	4%	0%
Other Non-English	17,190	15,383	15,844	15,832	7%	6%	6%	6%	-11%	3%	0%
Total	**261,526**	**246,461**	**275,589**	**277,884**	**100%**	**100%**	**100%**	**100%**	**-6%**	**13%**	**1%**



Claims Interest Analysis

Purpose and Outcome

- Review current fiscal year interest payments
- Review primary sources and causes for interest incurred
- Review year-end cost comparison to budget
- Top Ten Providers Paid Interest
- Conclusions and next steps

Current Fiscal Year Interest Payments

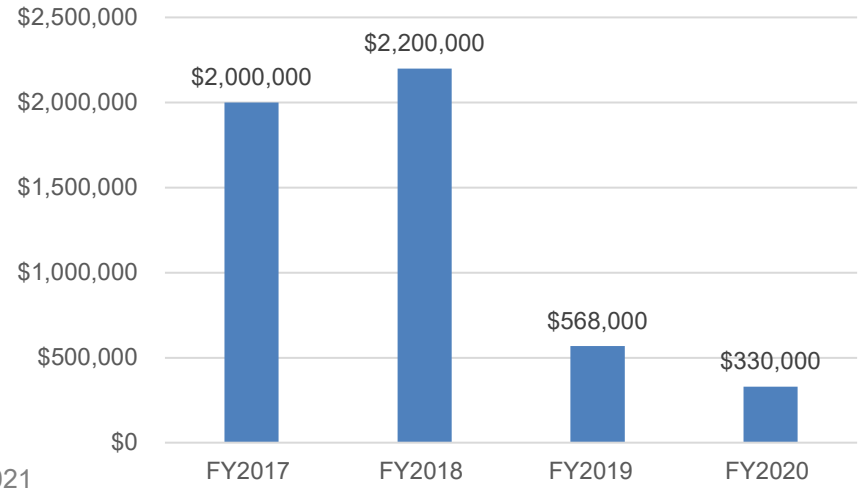
- Goal for Fiscal Year 2021: $18,333 per month or $220,000 by June 2021
- Actual average for Fiscal Year 2021 to date is currently $29,354 per month or $205,500 through January 2021
- Claims volume averages 1.4 million claims per year, approx. 115,000 per month
- Average payment turnaround time is 19 days
- Fiscal year-to-date, ~5,400 claims have incurred interest or about 675 per month
- Average Medical Expense per month is $43.7 million with interest payments representing .07% of the Medical Expense

Projected Year End vs. Budget

- FY2021 average monthly expense is $30,000
- Forecasting to complete this year at $360,000, approx.

$140K over current budget

- Actual interest paid last year (FY2020) was $333,000
- Claims interest paid has reduced steadily for past 4 years



Primary Source & Root Cause of Interest:

- Most interest is a result of a Provider Disputes or a Provider Service Ticket. The three primary causes for the disputes or tickets are as follows:
  - The primary cause of payment corrections is due to manual workflow errors
  - The secondary cause is claims system configuration issues
  - The tertiary cause is related to authorization issues

Top Ten Providers Represent 61% of Interest Paid

- Top ten providers that Alliance paid interest to represents 61% of all interest payments. They consist of the following:
  - 8 Hospitals and 2 provider groups

Conclusions:

- **Staffing shortages** impacted response time of Service Requests
- **Service Request delays** – processing time went from 2 weeks to 11 weeks
- **Staff training delays** – the department cannot respond to training issues as fast without a Trainer
- **Over-turned Provider Disputes** make up a significant percentage of interest paid out and the data on disputes is used to identify issues that need correcting

Next Steps:

- **Hired new Claims Trainer in February**
- **Claims staff to work closely** with Health Care Services and IT Departments to reduce the volume of authorization and configuration issues, especially in areas that result in interest payments

Questions?

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COVID 19 COST AND UTLIZATION UPDATE

March 12, 2021

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COVID Impact Update

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COVID-19 Cost and Utilization Update

Projection Assumptions and Challenges

- From January through December 2020, AAH incurred $17.1 million for claims with the COVID-19 diagnosis codes U07.1 and/or B34.2. There were no premium rate adjustments for CY 2020.
- DHCS included a premium rate adjustment of $4.3 million for the period from January – June 2021. For this period, the Final Budget assumed $4.9 million for COVID expenses; an additional $6.7 million has been added in the Q2 Forecast.
- No premium rate adjustments were made for Group Care. CY 2020 COVID-19 expenses incurred total $574 thousand. Total medical expenses for Group Care were $25.1 million.
- Continued uncertainties related to COVID make impacts difficult to project:
  - Enrollment – Due to the Public Health Emergency (PHE), Medi-Cal disenrollments remain on hold for an undetermined amount of time. Membership levels are also dependent on the general health of the economy, as the unemployment situation fluctuates.
  - Vaccines – Progress is being made. However, the vaccination schedule of our members is still unclear.
  - New COVID strains and additional "waves" – Variants of the virus and the relaxing of current restrictions increase the potential for new surges. These events increase the number of cases and are difficult to predict and quantify.

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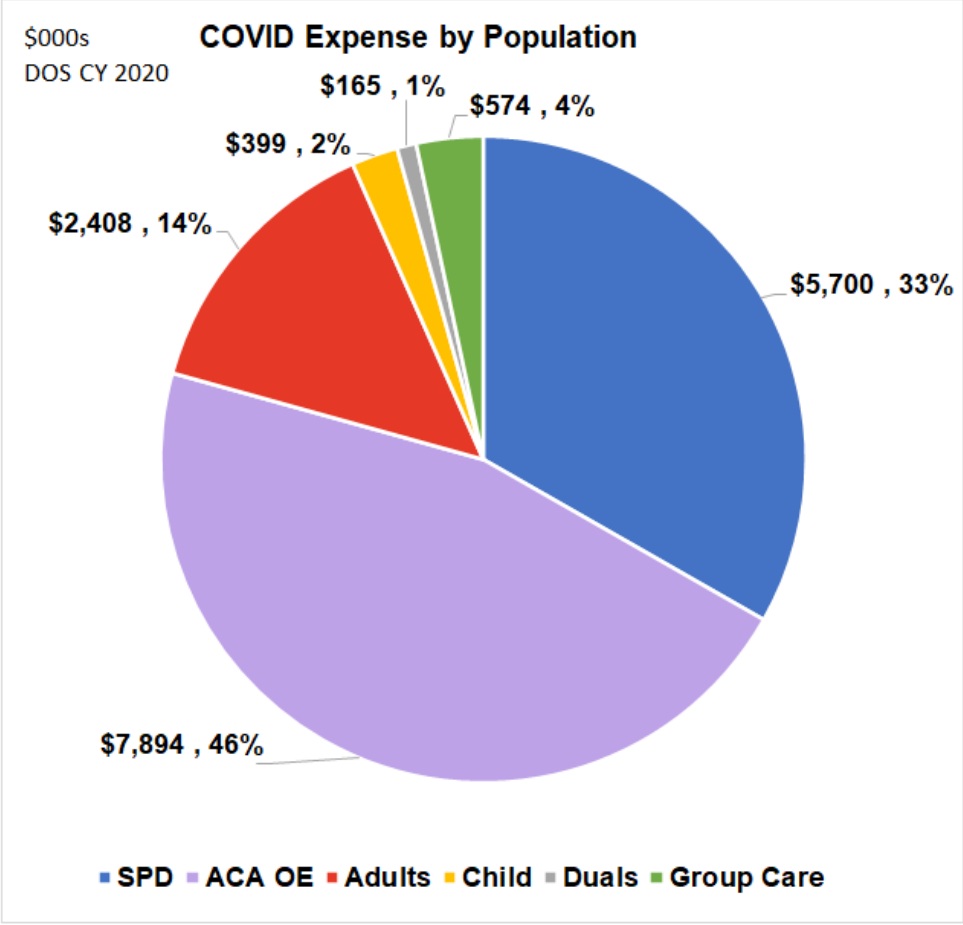
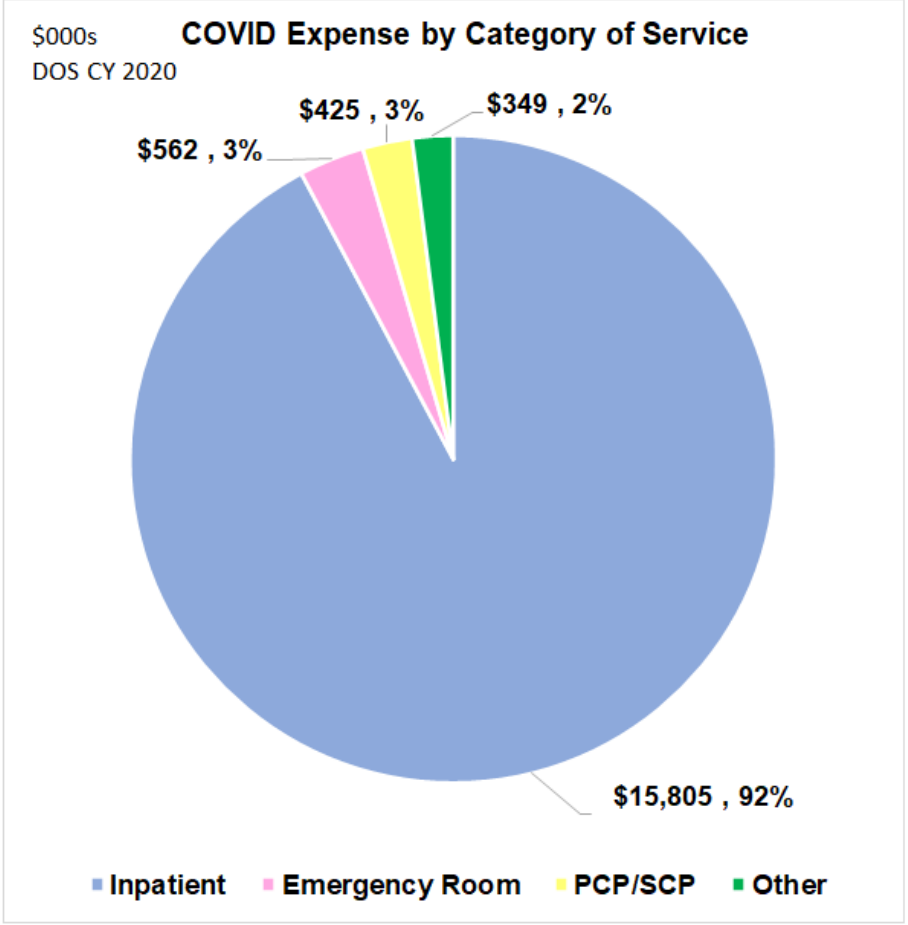
COVID-19 Cost and Utilization Update

Cost by Population and Category of Service





The majority of COVID expenses are for Inpatient Expense for the ACA OE and SPD Populations.

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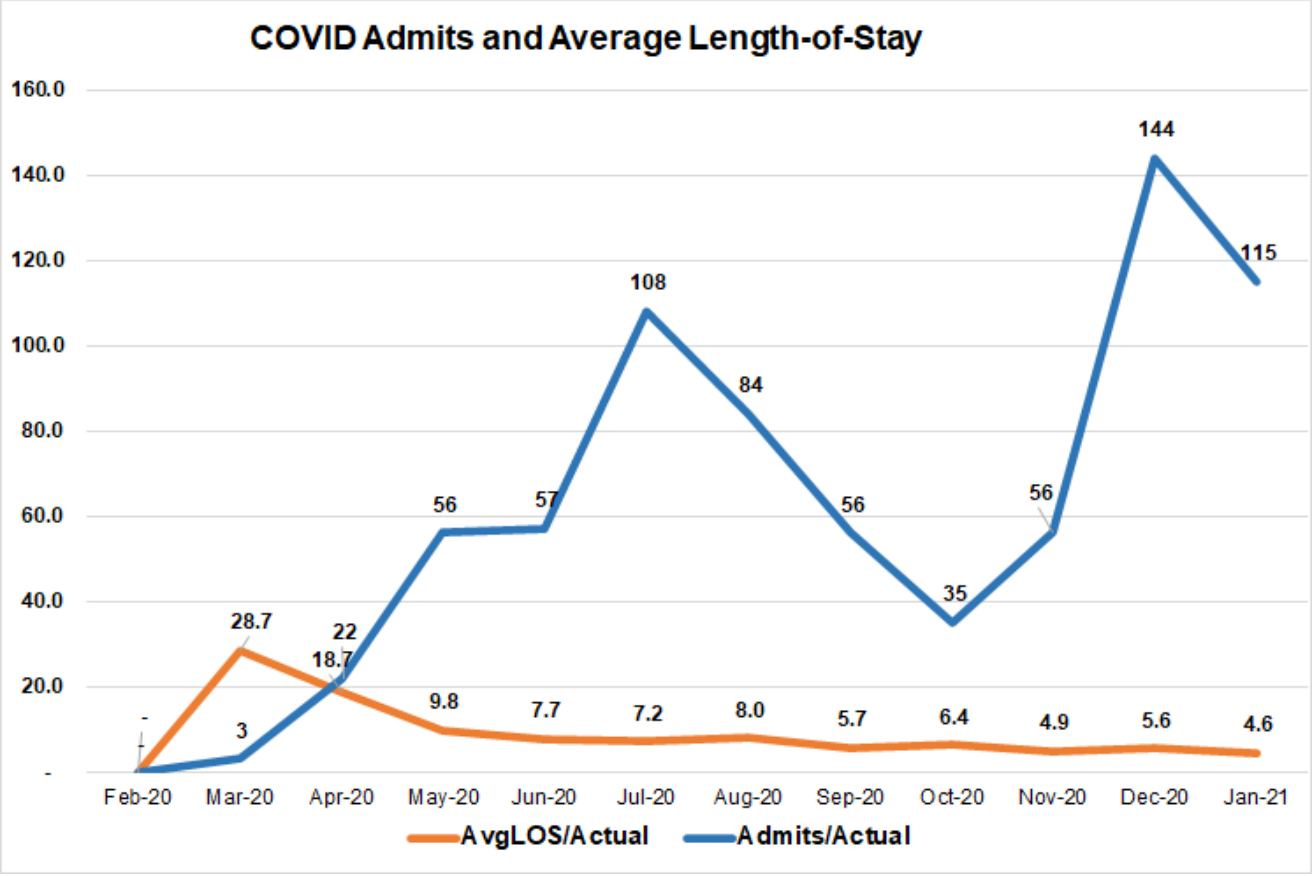
COVID-19 Cost and Utilization Update
Hospital Admission Trends

- AAH had a total of 738 paid admissions over the past 12 months.
- 15 of the admissions were for Group Care members, representing 2% of the total.
- 19% of days were in the Intensive Care Unit.
- The average length-of-stay for Medi-Cal was 6.8 days, Group Care 18.9 days.
- The average cost-per-admit was $23,670.



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Fiscal Year 2021
Second Quarter Forecast

March 9, 2021

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FY2021 Second Quarter Forecast
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FY2021 Second Quarter Forecast
Highlights

- Q2 FY2021 Forecast includes seven months of actual results and five months of projected results (February – June 2021).
- Projected Net Loss of $9.5M; Medi-Cal ($8.2M), Group Care ($1.3M).
- Net Loss is $5.9 million favorable to Budget.
- TNE is 531% of Required TNE at year-end.
- Year-end enrollment is approximately 280,000.
- The further delay of the Medi-Cal Pharmacy Carve-out has a $1.1 million net favorable impact.
- Projected increases to COVID-related expense outweigh increased revenue.
- DHCS has increased the acuity assumptions for new enrollees. Higher revenue is offset by corresponding higher expense.
- Departmental expense is $10.3 million favorable, as no additional accruals will be necessary for Provider Sustainability Grants.

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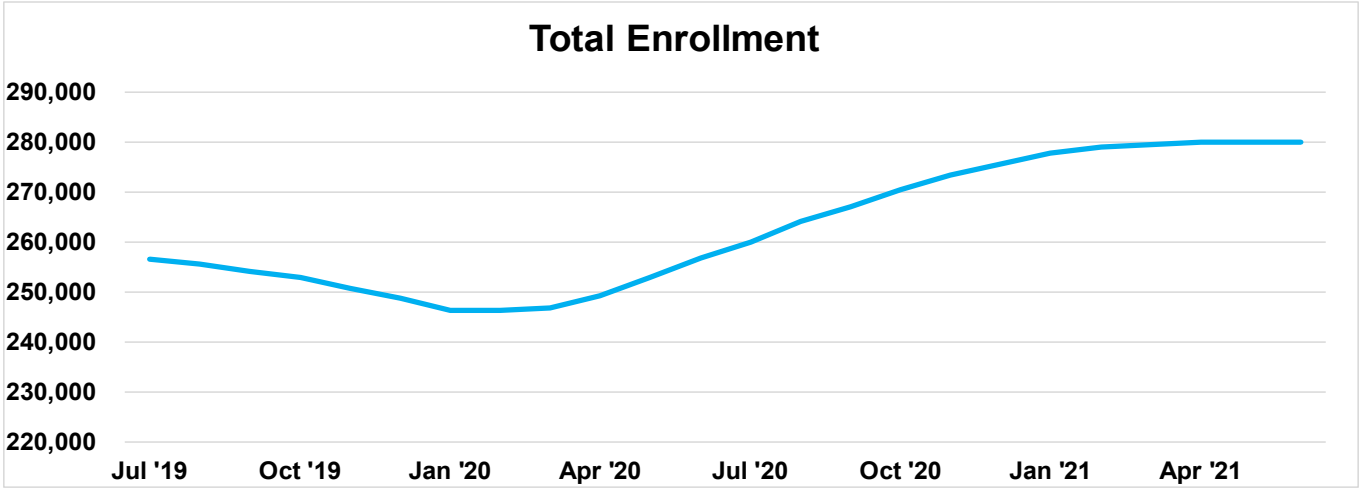
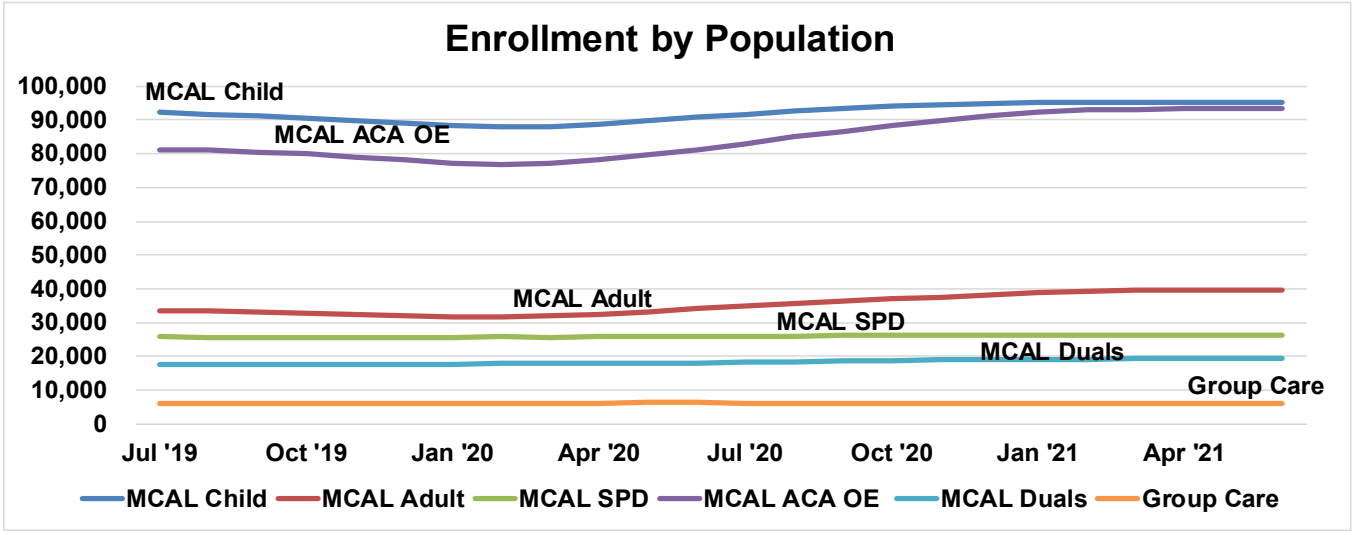
FY2021 Second Quarter Forecast
Membership Projections

- Total member months are 38,000 lower than budget.
- The Public Health Emergency (PHE) is projected to continue past June.
- Medi-Cal redeterminations and disenrollments will be postponed until after the PHE has ended.
- Year-end enrollment is 5,300 lower than budget.





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FY2021 Second Quarter Forecast
Revenue Projections

Total Revenue has increased by $40.7 million versus Budget for the January – June 2021 time period. These items are largely offset by corresponding changes to Medical Expense.

- Pharmacy Carve-Out Delay
  - The continued postponement of the Pharmacy Carve-out adds $36.4 million (April - June).
- COVID-19 Dollars
  - The State has included approximately $4.3 million to cover increased COVID-related costs (January - June).
- Acuity Adjustment
  - DHCS has modified their assumption that new enrollees will be significantly healthier that existing members. This decreases Medi-Cal Revenue by $8.1 million.
- Lower Membership
  - Decreased enrollment results in lower Revenue versus Budget.

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FY2021 Second Quarter Forecast

Medical Expense Projections

Total Fee-for-Service and Capitation Expense has increased by $45.8 million versus Budget.

- Increases to Expense:
  - Pharmacy Carve-Out Delay
    - The continued postponement of the Pharmacy carve-out adds $30.3 million to Fee-for-service expense and $4.1 million to Capitated expense.
  - COVID-19 Dollars
    - High COVID-related hospital admission trends over the past few months add $6.7 million, mainly in Inpatient Expense, over what was included in the Budget.
  - Capitation Contracts
    - Provider rate changes contribute $2.4 million to capitated expense, reflecting increased premium received from DHCS.
  - Acuity Adjustment
    - Higher fee-for-service expense of $8.1 million reflects the lower acuity adjustment in the final DHCS rates.

FY2021 Second Quarter Forecast

Medical Expense Projections (continued)

- Offsetting reductions to Expense:
  - Lower enrollment
    - Fewer members reduces expense projections.
  - Clinical and Operational Initiatives
    - $2.1 million in FY2021 savings, including:

Human Arc Conversion of Members with ESRD	$200,000
HealthSUITE Authorization Alignment	$400,000
HMS Recoupment for Other Insurance	$700,000
Biosimilar Pharmaceuticals Conversion	$800,000

  - Incurred But Not Paid Claims
    - Estimates for prior year IBNP has been decreased.

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FY2021 Second Quarter Forecast

Forecast versus Budget

$ in Thousands	FY 2021 Q2 Forecast			FY 2021 Budget			Variance F/(U)		
	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total
Enrollment at Year-End	**274,140**	**5,968**	**280,107**	**279,396**	**6,009**	**285,405**	**(5,256)**	**(41)**	**(5,297)**
Member Months	**3,215,157**	**71,866**	**3,287,023**	**3,252,943**	**72,208**	**3,325,151**	**(37,786)**	**(342)**	**(38,128)**
Revenues	$1,046,439	$26,895	$1,073,334	$1,005,622	$26,999	$1,032,621	$40,817	($104)	$40,714
Medical Expense	990,888	26,031	1,016,918	947,414	25,605	973,019	(43,474)	(425)	(43,900)
Gross Margin	**55,551**	**865**	**56,416**	**58,208**	**1,394**	**59,602**	**(2,657)**	**(529)**	**(3,186)**
Administrative Expense	64,127	2,179	66,306	73,015	2,476	75,491	8,888	297	9,184
Operating Margin	**(8,576)**	**(1,315)**	**(9,890)**	**(14,807)**	**(1,082)**	**(15,889)**	**6,231**	**(232)**	**5,998**
Other Income / (Expense)	395	8	403	481	13	494	(87)	(5)	(92)
Net Income / (Loss)	**($8,181)**	**($1,306)**	**($9,488)**	**($14,325)**	**($1,069)**	**($15,394)**	**$6,144**	**($237)**	**$5,907**
Administrative Expense % of Revenue	**6.1%**	**8.1%**	**6.2%**	**7.3%**	**9.2%**	**7.3%**	**1.1%**	**1.1%**	**1.1%**
Medical Loss Ratio	**94.7%**	**96.8%**	**94.7%**	**94.2%**	**94.8%**	**94.2%**	**-0.5%**	**-1.9%**	**-0.5%**
TNE at Year-End			**$156,661**			**$150,951**			**$5,711**
TNE Percent of Required at Year-End			**531%**			**535%**			**(4.3%)**

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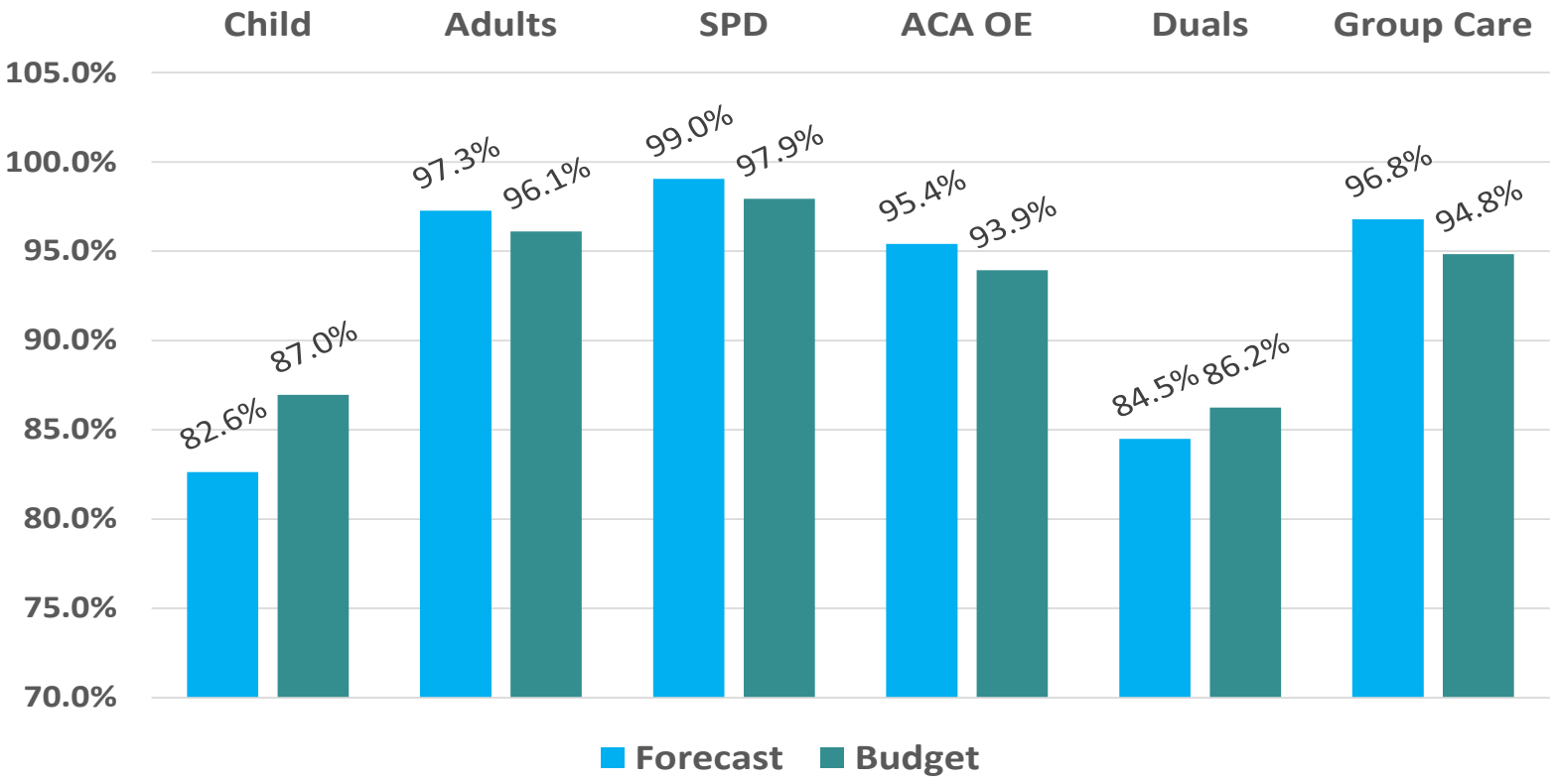
FY2021 Second Quarter Forecast

Medical Loss Ratio by Population



The MLR has improved for the Child and Duals COAs. It is less favorable for the Adults, SPD and Group Care populations, driven by higher inpatient expense.

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FY2021 Second Quarter Forecast
Departmental Staffing

Administrative FTEs/Temps	FY21 YE Q2 Forecast	FY 21 YE Budget	Increase/ Decrease
Administrative Vacancy	(29.9)	(29.5)	(0.4)
Operations	3.0	3.0	0.0
Executive	2.0	3.0	(1.0)
Finance	23.0	23.0	0.0
Healthcare Analytics	13.0	13.0	0.0
Claims	40.0	40.0	0.0
Information Technology	3.0	2.0	1.0
IT Infrastructure	13.0	13.0	0.0
IT Applications	21.0	22.0	(1.0)
IT Development	14.0	14.0	0.0
IT Data Exchange	8.0	8.0	0.0
Member Services	56.5	53.5	3.0
Provider Relations	25.0	26.0	(1.0)
Credentialing	3.0	3.0	0.0
Health Plan Operations	1.0	1.0	0.0
Human Resources	11.0	11.0	0.0
Vendor Management	4.0	4.0	0.0
Legal	4.0	2.0	2.0
Facilities	6.0	7.0	(1.0)
Community Relations	8.0	8.0	0.0
Regulatory Compliance	18.0	18.0	0.0
Delegation Oversight and G&A	13.0	11.0	2.0
Projects & Programs	10.0	10.0	0.0
Total Administrative Staff	**269.5**	**265.9**	**3.6**

Clinical FTEs/Temps	FY21 YE Q2 Forecast	FY 21 YE Budget	Increase/ Decrease
Clinical Vacancy	(3.4)	(3.3)	(0.1)
Quality Analytics	6.0	6.0	0.0
Utilization Management	39.4	37.4	2.0
Disease Mgmt. / Care Mgmt.	27.0	27.0	0.0
Medical Services	7.0	7.5	(0.5)
Quality Management	21.0	20.0	1.0
Pharmacy Services	10.0	9.0	1.0
Regulatory Readiness	2.0	2.0	0.0
Total Clinical Staff	**109.0**	**105.6**	**3.4**

Total Staff	**378.5**	**371.5**	**7.0**

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

HEDIS Update
Measurement Year (MY) 2020

Tiffany Cheang, Chief of Performance & Analytics

Alameda Alliance for Health

March 12, 2021

What is HEDIS?

- **HEDIS** = **H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et
- NCQA standard metrics designed to measure quality improvement and performance
- NCQA accreditation requirement
- Comprised of 90+ measures across 6 domains:
  - Effectiveness of Care
  - Access/Availability of Care
  - Experience of Care
  - Utilization and Risk Adjusted Utilization
  - Health Plan Description Information
  - Measures Collected Using Electronic Clinical Data Systems
- Includes Administrative and Hybrid measures
- HEDIS is measured against a Minimum Performance Level (MPL), and a High Performance Level (HPL)

Current Status

- HEDIS Medical Record Retrieval (MRR) project:
  - Collection of medical records for services not captured in the administrative data
  - Applies to Hybrid measures only
  - Chase timeframe: February 17th – May 7th
  - Total chases/medical records = 3,960
  - Number of retrieval locations = 183
  - **As of March 9th, 50.8% of chases have been retrieved**
- Dual HEDIS audits scheduled in March (DHCS & NCQA)
- Final rates must be submitted by June 1st

Changes in HEDIS measures

Measurement years 2019 to 2020

Retired Measures

- Adult BMI Assessment (ABA)
- Medication Management for People With Asthma (MMA)
- Children and Adolescents' Access to Primary Care Practitioners (CAP)

Revised Measures

- The former Well-Child Visits in the First 15 Months of Life (W15) measure was revised to Well-Child Visits in the First 30 Months of Life (W30).
- The former Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures have been combined into Child and Adolescent Well-Care Visits (WCV).

  W34: Ages 3 – 6, AWC: Ages 12 – 21 => WCV: Ages 3 – 21

  W30 and WCV are admin measures. W15, W34, AWC were hybrid measures.

Changes in HEDIS measures

Measurement years 2019 to 2020

(Continued)

Measures Added to DHCS MCAS* List

- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

*MCAS = Managed Care Accountability Set

MCAS Measure Comparison

MY2019 *MCAS*

- 37 measures
- 13 Hybrid and 24 Admin
- 26 NCQA HEDIS + 11 Other Measure Stewards
- 18 measures held to MPL at 50th percentile
- 21 new measures

MY2020 *MCAS*

- 33 measures
- 10 Hybrid and 23 Admin
- 23 NCQA HEDIS + 10 Other Measure Stewards
- 19 measures held to MPL at 50th percentile
- 4 new measures

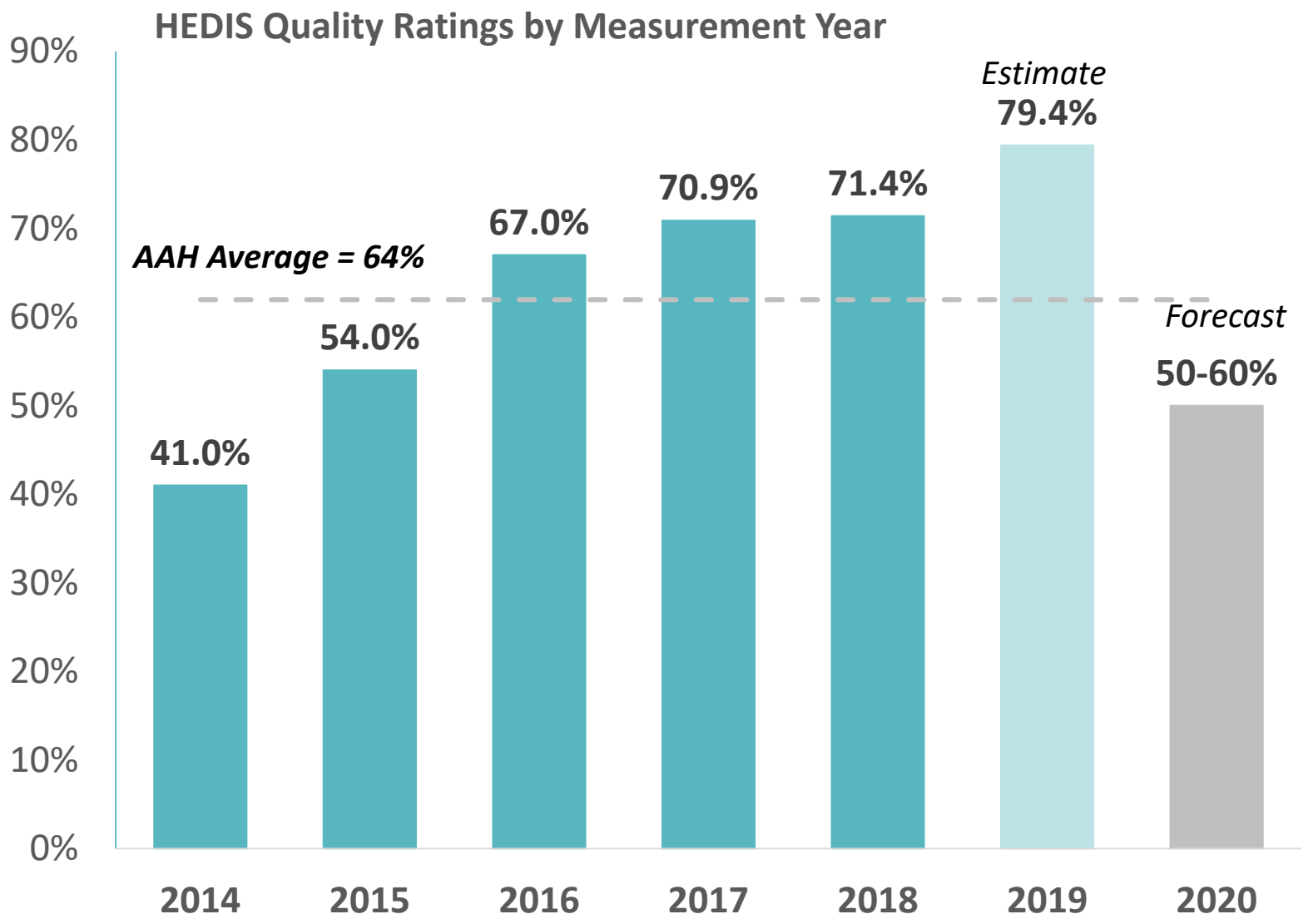
*MCAS = Managed Care Accountability Set

COVID-19 impacts to HEDIS

- **Significant decrease in office visits**
  - January to March 15th: pre-pandemic, normal utilization
  - Mid-March through December: elective procedures and wellness visits cancelled following public health orders, and started to resume in Q3-2020 and decreased again in Q4
  - Offset by telehealth visits increased in May 2020
- **No onsite Medical Record Retrieval**
  - Inability to collect records from some previously onsite offices who have stated capacity/resource constraints to pull records themselves
  - Implemented remote access retrieval to provider's health record systems when possible
- For MY2020, NCQA and DHCS have not communicated changes to 'measure rotation allowances' or MPL requirements; last year changes were announced in April

HEDIS Performance

2014 - 2020



Definitions

- MY = Measurement Year
- HEDIS = Healthcare Effectiveness Data and Information Set
- AQFS = Aggregated Quality Factor Score
- MRR = Medical Record Retrieval
- NCQA = National Committee for Quality Assurance
- MCAS = Managed Care Accountability Set
- EAS = External Accountability Set
- MPL = Minimum Performance Level
- HPL = High Performance Level
- P4P = Pay for Performance

MY2020 MCAS Measure List

Measures in orange are held to the MPL

1	Cervical Cancer Screening (CCS)
2	Childhood Immunization Status: Combination 10 (CIS-10)
3	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC-H9)
4	Controlling High Blood Pressure (CBP)
5	Immunizations for Adolescents: Combination 2 (IMA-2)
6	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)
7	Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)
8	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents (WCC-BMI)
9	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition (WCC-N)
10	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity (WCC-PA)
11	Antidepressant Medication Management: Acute Phase Treatment (AMM-Acute)
12	Antidepressant Medication Management: Continuation Phase Treatment (AMM-Cont)
13	Asthma Medication Ratio (AMR)
14	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
15	Breast Cancer Screening (BCS)
16	Chlamydia Screening in Women (CHL)
17	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
18	Child and Adolescent Well-Care Visits (WCV)
19	Well-Child Visits in the First 30 Months of Life (W30)
20	Ambulatory Care: Emergency Department (ED) Visits (AMB-ED)
21	Concurrent Use of Opioids and Benzodiazepines (COB)
22	Contraceptive Care—All Women: Long Acting Reversible Contraception (LARC) ii (CCW-LARC)
23	Contraceptive Care—All Women: Most or Moderately Effective Contraception ii (CCW-MMEC)
24	Contraceptive Care—Postpartum Women: LARC—3 Days ii (CCP-LARC3)
25	Contraceptive Care—Postpartum Women: LARC—60 Days ii (CCP-LARC60)
26	Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—3 Days ii (CCP-MMEC3)
27	Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—60 Days ii (CCP-MMEC60)
28	Developmental Screening in the First Three Years of Life (DEV)
29	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase (ADD-C&M)
30	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Initiation Phase (ADD-Init)
31	Plan All-Cause Readmissions (PCR)
32	Screening for Depression and Follow-Up Plan ii (CDF)
33	Use of Opioids at High Dosage in Persons Without Cancer (OHD)

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Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- March-2021 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Jan-21 FYTD			%	Annual Budget	1
2										2
3			Income & Expenses	Revenue $	$601,851,389			58.3%	$1,032,620,802	3
4				Medical Expense $	$585,215,284			60.1%	$973,018,833	4
5				*Inpatient (Hospital)*	$177,411,475			*30.3%*	$290,478,364	5
6				*Outpatient/Ancillary*	$156,547,164			*26.8%*	$271,207,346	6
7				*Emergency Department*	$24,138,887			*4.1%*	$42,806,137	7
8				*Pharmacy*	$100,504,568			*17.2%*	$142,752,282	8
9				*Primary Care*	$61,127,709			*10.4%*	$108,272,493	9
10				*Specialty Care*	$52,163,029			*8.9%*	$92,312,183	10
11				*Other*	$13,322,452			*2.3%*	$25,190,028	11
12				Admin Expense $	$34,357,614			45.5%	$75,490,791	12
13				Other Income / (Exp.) $	$203,761			0.3%	$494,434	13
14				Net Income $	($17,517,747)				($15,394,389)	14
15				Gross Margin %	2.8%				5.8%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	97.2%				94.2%	16
17				Tangible Net Equity (TNE) %	543.8%				530.7%	17
18				Tangible Net Equity (TNE) $	$188,657,068				$184,022,772	18
19			Reinsurance Cases	2020-2021 Cases Submitted	14					19
20				2020-2021 New Cases Submitted	5					20
21				2019-2020 Cases Submitted	23					21
22				2019-2020 New Cases Submitted	2					22
23			Balance Sheet	Cash Equivalents	$331,410,347					23
24				Pass-Through Liabilities	$150,564,281					24
25				Uncommitted Cash	$180,846,066					25
26				Working Capital	$179,186,083					26
27				Current Ratio %	160.4%				100%	27
28										28
29	2	Membership			Nov-21	Dec-20	Jan-21	%	Jan-21 Budget	29
30										30
31			Medi-Cal Members	Adults	37,638	38,150	38,994	14%	39,151	31
32				Children	94,620	94,969	95,103	34%	96,740	32
33				Seniors & Persons with Disabilities (SPDs)	26,314	26,339	26,354	10%	26,359	33
34				ACA Optional Expansion (ACA OE)	89,752	91,050	92,257	33%	93,189	34
35				Dual-Eligibles	18,990	19,127	19,215	7%	19,296	35
36										36
37				Total Medi-Cal	267,314	269,635	271,923	98%	274,735	37
38			IHSS Members	IHSS	5,982	5,954	5,961	2%	6,009	38
39			Total Membership	Medi-Cal and IHSS	273,296	275,589	277,884	100%	280,744	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	52,073	51,937	52,336	19%		41
42				Alameda Health System (Direct Assigned)	54,283	55,240	55,847	20%		42
43				Children's First Medical Group	31,336	31,529	31,714	11%		43
44				Community Health Center Network	98,274	98,920	99,414	36%		44
45				Kaiser Permanente	37,330	37,963	38,573	14%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- March-2021 -

ID	Section	Subject Area	Category	Performance Metric						ID
47	3	**Claims**			**Dec-20**	**Jan-21**	**Feb-21**	**%**	**Performance Goal**	47
48										48
49			**HEALTHsuite Claims Processing**	Number of Claims Received	123,248	116,784	119,001			49
50				Number of Claims Paid	102,344	75,672	86,386			50
51				Number of Claims Denied	30,902	24,465	28,570			51
52				Inventory (Unfinalized Claims)	63,491	78,165	77,415			52
53				Pended Claims (Days)	20,580	20,462	19,428	25%		53
54				*0-29 Calendar Days*	20,083	18,781	18,939	24%		54
55				*30-44 Calendar Days*	492	1,666	480	1%		55
56				*45-59 Calendar Days*	4	15	9	0%		56
57				*60-89 Calendar Days*	1	0	0	0%		57
58				*90-119 Calendar Days*	0	0	0	0%		58
59				*120 or more Calendar Days*	0	0	0	0%		59
60				Total Claims Paid (dollars)	52,407,011	35,819,778	44,972,795			60
61				Interest Paid (Total Dollar)	24,896	24,406	35,461	0%		61
62				Auto Adjudication Rate (%)	75.9%	73.8%	73.6%		70%	62
63				Average Payment Turnaround (days)	19	19	20		25 days or less	63
64			**Claims Auditing**	# of Pre-Pay Audited Claims	2,769	3,138	2,185			64
65			**Claims Compliance**	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	98%	91%	90%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	100%		95%	67
68										68
69	4	**Member Services**			**Dec-20**	**Jan-21**	**Feb-21**	**%**	**Performance Goal**	69
70										70
71			**Member Call Center**	Inbound Call Volume	11,376	12,443	13,078			71
72				Calls Answered in 30 Seconds %	64.0%	62.0%	70.0%		80.0%	72
73				Abandoned Call Rate %	5.0%	6.0%	8.0%		5.0% or less	73
74				Average Wait Time	01:11	01:33	00:59			74
75				Average Call Duration	06:44	06:25	07:48			75
76				Outbound Call Volume	8,264	8,550	7,719			76
77										77
78	5	**Provider Services**			**Dec-20**	**Jan-21**	**Feb-21**	**%**	**Performance Goal**	78
79										79
80			**Provider Call Center**	Inbound Call Volume	5,479	5,343	4,884			80
81										81
82	6	**Provider Contracting**			**Dec-20**	**Jan-21**	**Feb-21**	**%**	**Performance Goal**	82
83										83
84			**Provider Network**	Primary Care Physician	582	592	590			84
85				Specialist	6,960	7,015	7,019			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	63	64	64			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	10	10	10			89
90				Health Centers (FQHCs and Non-FQHCs)	67	67	67			90
91				Transportation	380	380	380			91
92			**Provider Credentialing**	Number of Providers in Credentialing	1,457	1,462	1,446			92
93				Number of Providers Credentialed	1,457	1,462	1,446			93
94										94

Alameda Alliance for Health
Operations Dashboard
- March-2021 -

ID	Section	Subject Area	Category	Performance Metric						ID
95	7	Human Resources & Recruiting			Dec-20	Jan-21	Feb-21	%	Annual Budget	95
96										96
97			Employees	Total Employees	328	337	339		375	97
98				Full Time Employees	326	335	337	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	6	4	4			100
101				Separations	7	2	1			101
102				Open Positions	53	50	49	13%	10% or less	102
103				Signed Offer Letters Received	6	7	11			103
104				Recruiting in Process	47	43	38	10%		104
105										105
106			Non-Employee (Temps / Seasonal)		4	2	4			106
107										107
108	8	Compliance			Dec-20	Jan-21	Feb-21	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	99%	100%	99%		95%	110
111				% Overturned	30%	24%	28%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	99%	99%	99%		95%	113
114				Overall Expedited Grievance Compliance Rate % (3 calendar days)	100%	100%	100%		95%	114
115										115
116			Member Appeals	Overall Standard Appeal Compliance Rate (30 calendar days)	100%	100%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Dec-20	Jan-21	Feb-21		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	98.36%	100.00%	100.00%		99.99%	121
122				TruCare (Care Management System)	100.00%	100.00%	100.00%		99.99%	122
123				All Other Applications and Systems	100.00%	100.00%	100.00%		99.99%	123
124										124
125			Encounter Data	**Inbound Trading Partners 837 (Trading Partner To AAH)**						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				**AAH Outbound 837 (AAH To DHCS)**						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	93.8%	95.2%	86.9%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	98.8%	98.7%	94.1%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	93.7%	94.0%	93.0%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	98.5%	98.4%	97.7%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- March-2021 -

ID	Section	Subject Area	Category	Performance Metric					Performance Goal	ID
134	10	Health Care Services			Dec-20	Jan-21	Feb-21			134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	99%	99%	99%		95%	136
137				Medi-Cal %	99%	99%	99%		95%	137
138				Group Care %	100%	99%	100%		95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	3.5%	3.6%	3.7%			140
141				Denial Rate Excluding Partial Denials (%)	3.4%	3.4%	3.6%			141
142				Partial Denial Rate (%)	0.1%	0.2%	0.1%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	749	698	795	39%		144
145				Denied Prior Authorizations	663	651	662	33%		145
146				Closed Prior Authorizations	538	543	577	28%		146
147				Total Prior Authorizations	1,950	1,892	2,034			147
148										148
149					Nov-20	Dec-20	Jan-21			149
150										150
151			Inpatient Utilization	Days / 1000	223.0	310.3	280.9			151
152				Admits / 1000	50.5	52.2	53.1			152
153				Average Length of Stay	4.4	5.9	5.3			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	36.59	35.77	29.13			155
156										156
157			Case Management	**New Cases**						157
158				Care Coordination	206	235	233			158
159				Complex Case Management	52	25	22			159
160				Health Homes	9	19	15			160
161				Whole Person Care (AC3)	0	3	2			161
162				**Total New Cases**	**267**	**282**	**272**			162
163										163
164				**Open Cases**						164
165				Care Coordination	579	578	631			165
166				Complex Case Management	87	81	66			166
167				**Total Open Cases**	**666**	**659**	**697**			167
168										168
169				**Enrolled**						169
170				Health Homes	762	791	762			170
171				Whole Person Care (AC3)	239	242	240			171
172				**Total Enrolled**	**1,001**	**1,033**	**1,002**			172
173										173
174				**Total Case Management (Open Cases & Enrolled)**	**1,667**	**1,692**	**1,699**			174
175										175

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Operations

Matt Woodruff

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

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

Date: **March 12, 2021**

Subject: **Operations Report**

Member Services

- 12-Month Trend Summary:

    - The Member Services Department received an eight percent (8%) decrease in calls in February 2021, totaling 13,078 compared to 14,243 in February 2020.
    - The new interactive voice response (IVR) feature that was launched on January 1, 2021, is being effectively utilized by our members. This new feature allows members to check their eligibility status through an automated eligibility system. Seven hundred sixteen members utilized this new feature in February.
    - The abandonment rate for February 2021 was eight percent (8%), compared to six percent (6%) in February 2020.
    - The Department's service level was seventy percent (70%) in February 2021, compared to sixty-eight percent (68%) in February 2020. The Department continues to recruit to fill open positions. Three new hires are expected to come on board in March.
    - The average talk time (ATT) was seven minutes and forty-eight seconds (07:48) for February 2021 compared to six minutes and forty seconds (06:40) for February 2020.
    - The top five call reasons for February 2021 were: 1) Eligibility/Enrollment, 2) Kaiser, 3) Change of PCP, 4) Benefits, 5) ID Card Request. The second and third call reasons in February 2020 were: 2) Change of PCP and 3) Kaiser. The first, fourth, and fifth call reasons were the same for 2020 and 2021.
    - The Department continues to service members via multiple non-contact communication channels (telephonic, email, web-based requests) while honoring the 'shelter in place" order. The Department responded to 611 web-based requests in February 2021 compared to 428 in February 2020. The top three web reason requests for 2021 were: 1) ID Card Requests 2) Change of PCP 3) Update contact information.

- Training:

    - Routine and new hire training are conducted remotely by the managers/supervisors until staff returns to the office. Member Services Supervisors successfully completed a Contact Center Supervisor Certification course on February 18, 2021.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 119,001 claims in February 2021 compared to 118,309 in February 2020.
    - The Auto Adjudication was 73.6% in February 2021 compared to 79.6% in February 2020.
    - Claims compliance for the 30-day turn-around time was 89.6% in February 2021 compared to 97.9% in February 2020. The 45-day turn-around time was 99.9% in February 2021 compared to 99.9% in February 2020.

- Training:

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

- Monthly Analysis:

    - In February, we received a total of 119,001 claims in the HEALTHsuite system. This represents an increase of 1.9% from January and is lower, albeit by 692 claims, than the number of claims received in February 2020; the lower volume of received claims remains attributed to COVID-19 and COBA implementation.
    - We received 80% of claims via EDI and 20% of claims via paper.
    - During February, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 73.6% for February.

Provider Services

- 12-Month Trend Summary:

- The Provider Services Department's call volume in February 2021 was 4,884 calls compared to 5,179 calls in February 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 272 visits during February 2021.
- The Provider Services department answered over 4,128 calls for February 2021 and made over 689 outbound calls.

Credentialing

- 12-Month Trend Summary:

  - At the Peer Review and Credentialing (PRCC) meeting held on February 16, 2021, there were twelve (12) initial providers approved; one (1) primary care provider, four (4) specialists, one (1) ancillary provider, and six (6) midlevel providers. Additionally, forty-one (41) providers were re-credentialed at this meeting; eighteen (18) primary care providers, sixteen (16) specialists, three (3) ancillary providers, and four (4) midlevel providers.
  - For more information, please refer to the Credentialing charts and graphs located in the Operations supporting documentation.

Provider Dispute Resolution

- 12-Month Trend Summary:

  - In February 2021, the Provider Dispute Resolution (PDR) team received 674 PDRs versus 786 in February 2020.
  - The PDR team resolved 657 cases in February 2021 compared to 708 cases in February 2020.
  - In February 2021, the PDR team upheld 72% of cases versus 79% in February 2020.
  - The PDR team resolved 99.2% of cases within the compliance standard of 95% within 45 working days in February 2021 compared to 88% in February 2020.

- Monthly Analysis:

    - AAH received 674 PDRs in February 2021.
    - In February, 657 PDRs were resolved. Out of the 657 PDRs, 471 were upheld, and 186 were overturned.
    - The actual overturn rate for PDRs was 28%, which did not meet our goal of 25% or less.
    - Below is a breakdown of the various causes for the 186 overturned PDRs. Please note that system issues were a significant cause (representing 44%) of overturned PDRs this month and without them, the 25% or less goal would have been achieved:
        - System Related Issues 44% (81 cases):
            - 25 cases: CPT Code not configured.
            - 17 cases: CES edit Update.
            - 14 cases: Incorrect member eligibility.
            - 13 cases: General configuration issues, like modifiers.
            - 12 cases: Incorrect rate paid.
        - Authorization Related Issues 16% (29 cases):
            - 14 cases: Processor errors when auth on file.
            - 5 cases: ER claim split billing should be paid.
            - 8 cases: Retro or late authorization due to PDR.
            - 2 cases: Length of stay on auth updated.
        - Additional Documentation Provided 19% (36 cases):
            - 36 cases: Duplicate claim documentation that allows for claims to be adjusted.
        - Claim Processing Errors 22% (40 cases)
            - 5 cases: APRDRG pricing on non-contracted facilities.
            - 14 cases: Timely filing.
            - 7 cases: Coordination of benefits with OHC issues.
            - 14 cases: Various Processor errors.
    - 652 out of 657 cases were resolved within 45 working days resulting in a 99.2% compliance rate.
    - The average turn-around time for resolving PDRs in February was 42 days. There were three PDR cases identified via an audit, with the original decision was determined to be incorrect. The cases were re-reviewed with this new information and overturned past the resolution date.
        - Case 603857 184 days
        - Case 630392 137 days
        - Case 657776 126 days
    - There were 1,406 PDRs pending resolution as of February 26, 2021, with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:
    - In February 2021, the Alliance completed 800 member orientation outreach calls and 209 member orientations by phone.
    - The C&O Department reached 209 people (100% identified as Alliance members) during outreach activities, compared to 855 people (31% identified as Alliance members) in February 2020.
    - The C&O Department spent a total of $0 in donations, fees, and/or sponsorships, compared to $220.00 in February 2020.
    - The C&O Department reached members in 18 cities/unincorporated areas throughout Alameda County and the Bay Area, compared to 9 cities in February 2020.

- Monthly Analysis:
    - In February 2021, the C&O Department completed 800 member orientation outreach calls and 209 member orientations by phone.
    - Among the 209 people reached, 100% identified as Alliance members.
    - In February 2021, the C&O Department reached members in 18 cities / unincorporated areas throughout Alameda County and Bay Area.
    - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	February 2021
Incoming Calls (R/V)	13,078
Abandoned Rate (R/V)	8%
Answered Calls (R/V)	12,266
Average Speed to Answer (ASA)	00:59
Calls Answered in 30 Seconds (R/V)	70%
Average Talk Time (ATT)	07:48
Outbound Calls	7,719

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

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

Claims Department
January 2021 Final and February 2021 Final

METRICS

Claims Compliance	Jan-21	Feb-21
90% of clean claims processed within 30 calendar days	91.6%	89.6%
95% of all claims processed within 45 working days	99.9%	99.9%

Claims Volume (Received)	Jan-21	Feb-21
Paper claims	23,549	23,707
EDI claims	93,235	95,294
Claim Volume Total	**116,784**	**119,001**

Percentage of Claims Volume by Submission Method	Jan-21	Feb-21
% Paper	20.16%	19.92%
% EDI	79.84%	80.08%

Claims Processed	Jan-21	Feb-21
HEALTHsuite Paid (original claims)	75,672	86,386
HEALTHsuite Denied (original claims)	24,465	28,570
HEALTHsuite Original Claims Sub-Total	**100,137**	**114,956**
HEALTHsuite Adjustments	1,160	1,429
HEALTHsuite Total	**101,297**	**116,385**

Claims Expense	Jan-21	Feb-21
Medical Claims Paid	$35,819,778	$44,972,795
Interest Paid	$24,406	$35,461

Auto Adjudication	Jan-21	Feb-21
Claims Auto Adjudicated	73,904	84,630
% Auto Adjudicated	73.8%	73.6%

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

Pended Claim Age	Jan-21	Feb-21
0-29 calendar days		
HEALTHsuite	18,781	18,939
30-59 calendar days		
HEALTHsuite	1,681	489
Over 60 calendar days		
HEALTHsuite	0	0

Overall Denial Rate	Jan-21	Feb-21
Claims denied in HEALTHsuite	24,465	28,570
% Denied	24.2%	24.5%

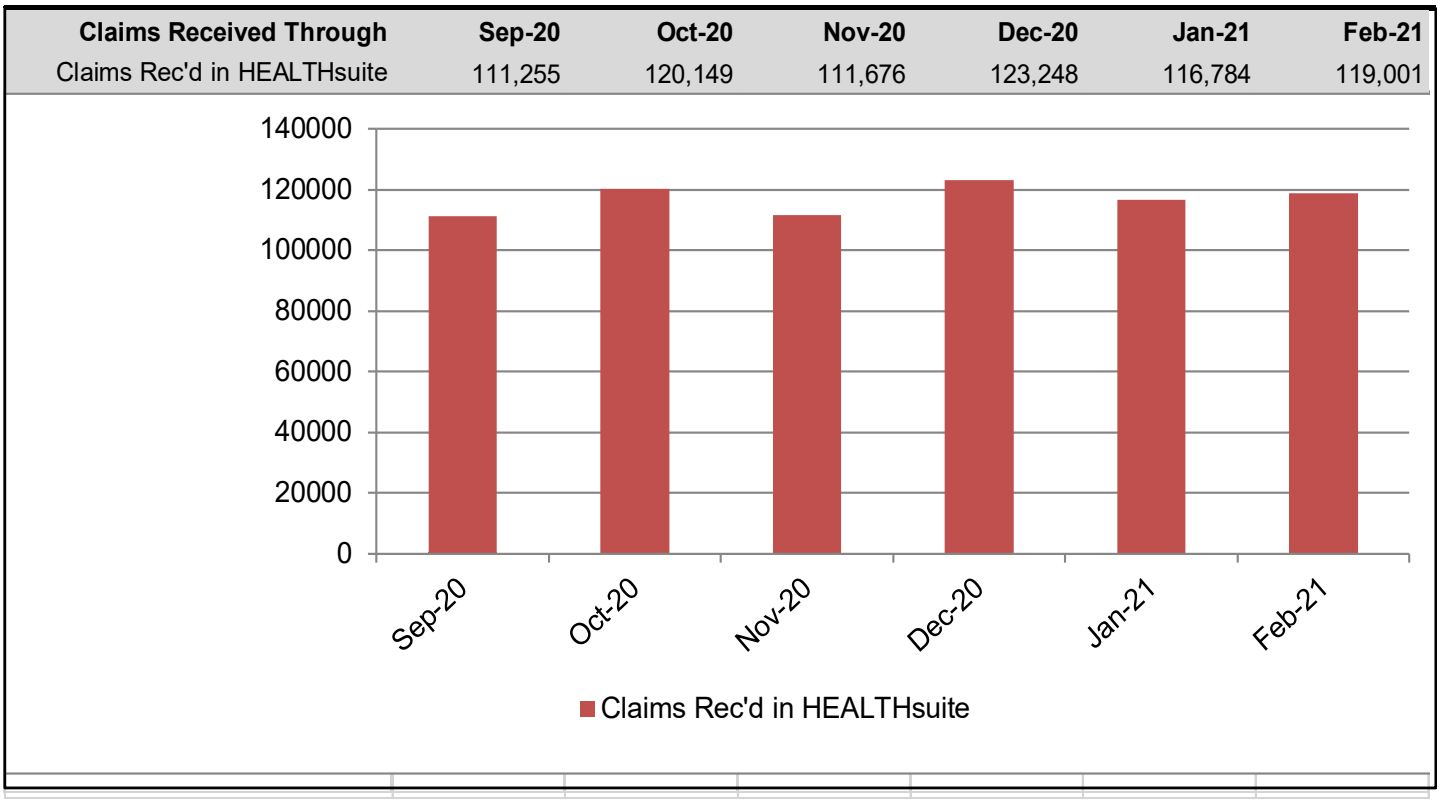
Claims Department
January 2021 Final and February 2021 Final

Feb-21

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	24%
Duplicate Claim	13%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	11%
Non-Covered Benefit for this Plan	9%
No Benefits Found For Dates of Service	8%
% Total of all denials	**65%**

Claims Received By Month

Claims Received Through	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Claims Rec'd in HEALTHsuite	111,255	120,149	111,676	123,248	116,784	119,001



Provider Relations Dashboard February 2021

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

Provider Relations Dashboard February 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%										
Benefits	4.9%	3.4%										
Claims Inquiry	38.8%	36.8%										
Change of PCP	1.3%	3.6%										
Complaint/Grievance (includes PDR's)	3.5%	3.6%										
Contracts	0.5%	0.6%										
Correspondence Question/Followup	0.0%	0.0%										
Demographic Change	0.1%	0.1%										
Eligibility - Call from Provider	25.0%	25.8%										
Exempt Grievance/ G&A	0.2%	0.2%										
General Inquiry/Non member	0.0%	0.0%										
Health Education	0.0%	0.0%										
Intrepreter Services Request	2.0%	1.8%										
Kaiser	3.7%	0.2%										
Member bill	0.0%	0.0%										
Mystery Shopper Call	0.0%	0.0%										
Provider Portal Assistance	3.6%	4.3%										
Pharmacy	0.9%	0.9%										
Provider Network Info	0.2%	0.1%										
Transferred Call	0.2%	0.1%										
All Other Calls	12.3%	14.4%										
TOTAL	100.0%	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Field Visit Activity Details

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

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		AHP 404	PCP 372	SPEC 653	PCP/SPEC 17
AAH/AHS/CHCN Breakdown		AAH 445	AHS 212	CHCN 434	COMBINATION OF GROUPS 355
Facilities	**268**				

VENDOR SUMMARY
Credentialing Verification Organization, Symply CVO

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	11	11	25	Y	Y
Recred Files in Process	53	16	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**64**				

CAQH Applications Processed in February 2021

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

February 2021 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	1
SPEC	4
ANCILLARY	1
MIDLEVEL/AHP	6
	12
Recredentialing	
PCP	18
SPEC	16
ANCILLARY	3
MIDLEVEL/AHP	4
	41
TOTAL	**53**

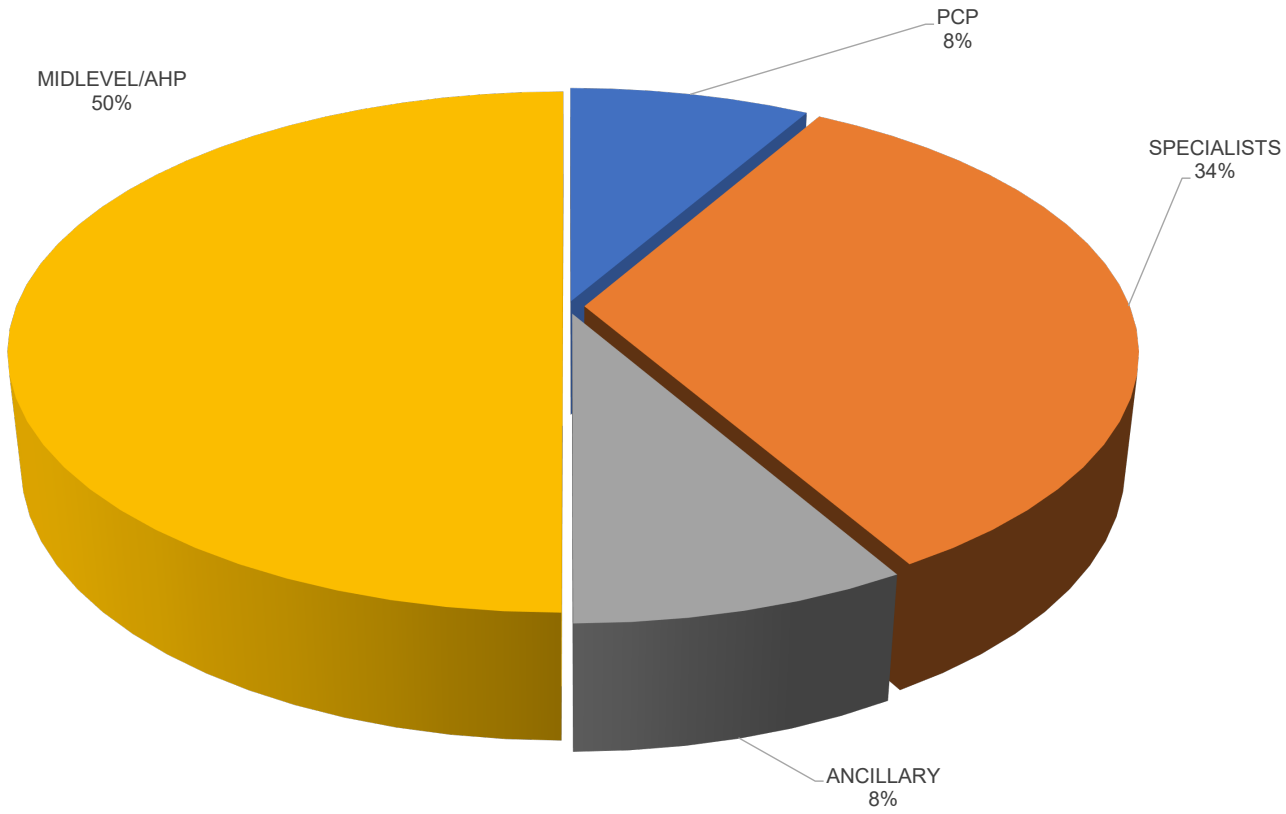
February 2021 Facility Approvals	
Initial Credentialing	**0**
Recredentialing	**0**
Facility Files in Process	**34**

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

LAST NAME	FIRST NAME	CATEGORY	Initial/Recred	CRED DATE
Anderson	Ryan	Specialist	Initial	2/16/2021
Burckhard	Braden	Specialist	Initial	2/16/2021
Butler	Ashli	Allied Health	Initial	2/16/2021
Ma	Fajie	Specialist	Initial	2/16/2021
Mead	Alexandra	Allied Health	Initial	2/16/2021
Plate	Lauren	Allied Health	Initial	2/16/2021
Pontell	Sarah	Allied Health	Initial	2/16/2021
Sohal	Rajvir	Allied Health	Initial	2/16/2021
Stern	Ken	Specialist	Initial	2/16/2021
Wechter	Elizabeth	Primary Care Physician	Initial	2/16/2021
Weir	Sierra	Ancillary	Initial	2/16/2021
Yang	Eilly	Allied Health	Initial	2/16/2021
Allen	Daniel	Specialist	Recred	2/16/2021
Al-Mufti	Haseeb	Specialist	Recred	2/16/2021
Banks	Norman	Primary Care Physician	Recred	2/16/2021
Barakat	Suzanne	Primary Care Physician	Recred	2/16/2021
Barbant	Sophie	Specialist	Recred	2/16/2021
Batra	Vineet	Specialist	Recred	2/16/2021
Chen	Benjamin	Primary Care Physician	Recred	2/16/2021
Chen	Ji	Primary Care Physician	Recred	2/16/2021
Chin	Catherine	Primary Care Physician	Recred	2/16/2021
Crawford	Douglass	Primary Care Physician	Recred	2/16/2021
Drager	Sharon	Specialist	Recred	2/16/2021
El-Isa	Zaina	Primary Care Physician	Recred	2/16/2021
Fisher	Pascale	Allied Health	Recred	2/16/2021
Jannapureddy	Deepika	Primary Care Physician	Recred	2/16/2021
Khoury	Amal	Specialist	Recred	2/16/2021
Khyne	Aye	Specialist	Recred	2/16/2021
Klosterman	Tristan	Specialist	Recred	2/16/2021
Leong	Craig	Specialist	Recred	2/16/2021
Leung	Jessica	Primary Care Physician	Recred	2/16/2021
Liao	Richard	Ancillary	Recred	2/16/2021
Li-Bland	Esther	Primary Care Physician	Recred	2/16/2021
Lin	James	Specialist	Recred	2/16/2021
Liu	Aiming	Ancillary	Recred	2/16/2021
Loo	Amelia	Ancillary	Recred	2/16/2021
Macdonald	Michael	Specialist	Recred	2/16/2021
Manthiram	Vanni	Specialist	Recred	2/16/2021
Maurer	Toby	Specialist	Recred	2/16/2021
Nguyen	Suzanne	Primary Care Physician	Recred	2/16/2021
Nguyen	Tuyet Van	Allied Health	Recred	2/16/2021
Ortiz Soto	Xaviera	Primary Care Physician	Recred	2/16/2021
Polon	Lynn	Allied Health	Recred	2/16/2021
Porciuncula	Generoso	Primary Care Physician	Recred	2/16/2021
Reen	Ranjit	Primary Care Physician	Recred	2/16/2021
Rikleen	Daniel	Primary Care Physician	Recred	2/16/2021
Riordan	Margaret	Specialist	Recred	2/16/2021
Rosenthal	Monique	Allied Health	Recred	2/16/2021
Rubenstein	Ronald	Specialist	Recred	2/16/2021
Ruiz	Anabel	Primary Care Physician	Recred	2/16/2021
Sood	Veronica	Primary Care Physician	Recred	2/16/2021
Srivastava	Rupa	Primary Care Physician	Recred	2/16/2021
Villagomez	Silvia	Specialist	Recred	2/16/2021

FEBRUARY PEER REVEW AND CREDENTAILING INITIAL APPROVALS BY SPECIALTY

PCP	1
Specialists	4
Ancillary	1
MIDLEVEL/AHP	6
Total	12



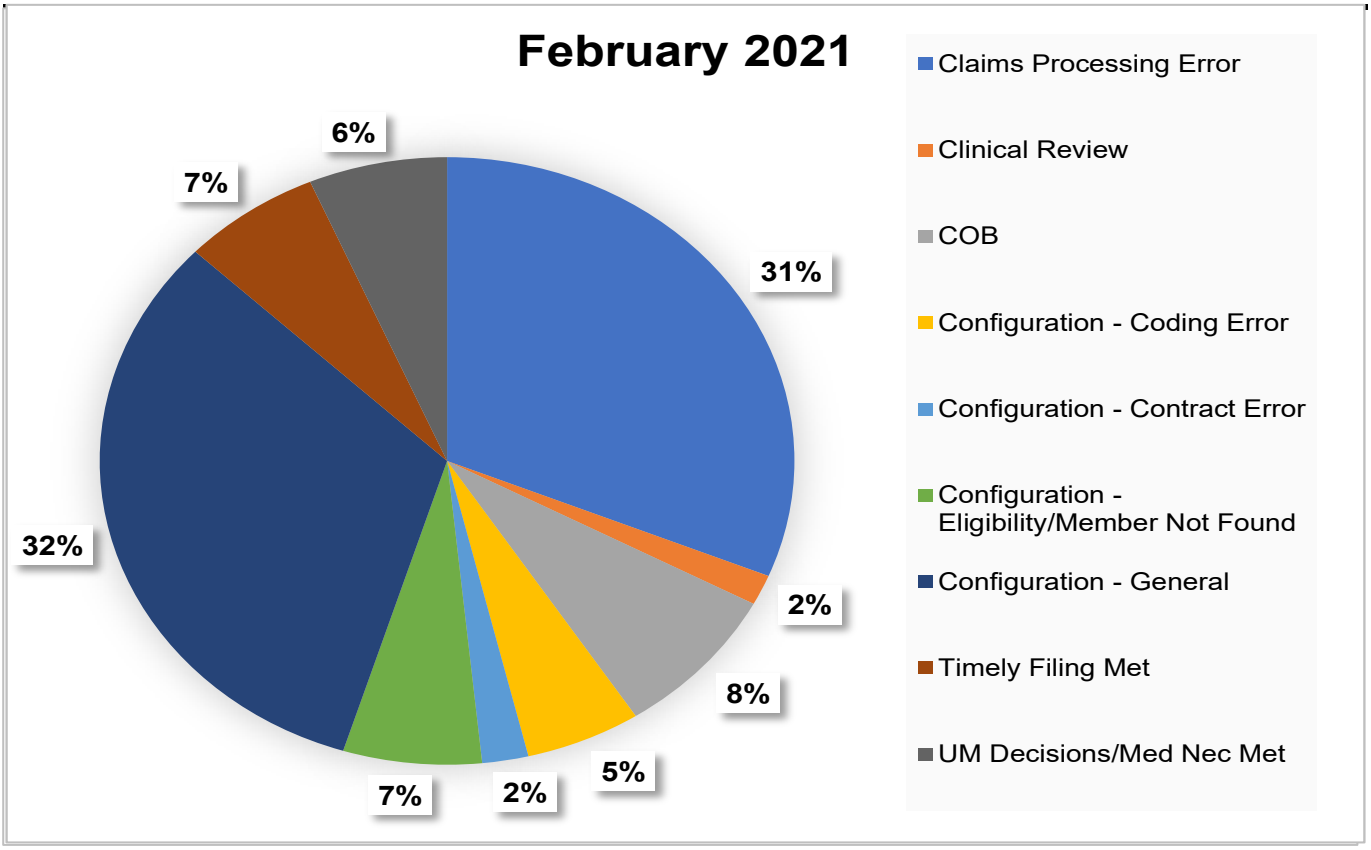
Provider Dispute Resolution
January 2021 and February 2021

METRICS		
PDR Compliance	**Jan-21**	**Feb-21**
# of PDRs Resolved	848	657
# Resolved Within 45 Working Days	846	652
% of PDRs Resolved Within 45 Working Days	99.8%	99.2%
PDRs Received	**Jan-21**	**Feb-21**
# of PDRs Received	738	674
PDR Volume Total	**738**	**674**
PDRs Resolved	**Jan-21**	**Feb-21**
# of PDRs Upheld	645	471
% of PDRs Upheld	76%	72%
# of PDRs Overturned	203	186
% of PDRs Overturned	24%	28%
Total # of PDRs Resolved	**848**	**657**
Average Turnaround Time	**Jan-21**	**Feb-21**
Average # of Days to Resolve PDRs	42	42
Oldest Unresolved PDR in Days	95	44
Unresolved PDR Age	**Jan-21**	**Feb-21**
0-45 Working Days	1,432	1,406
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**1,432**	**1,406**

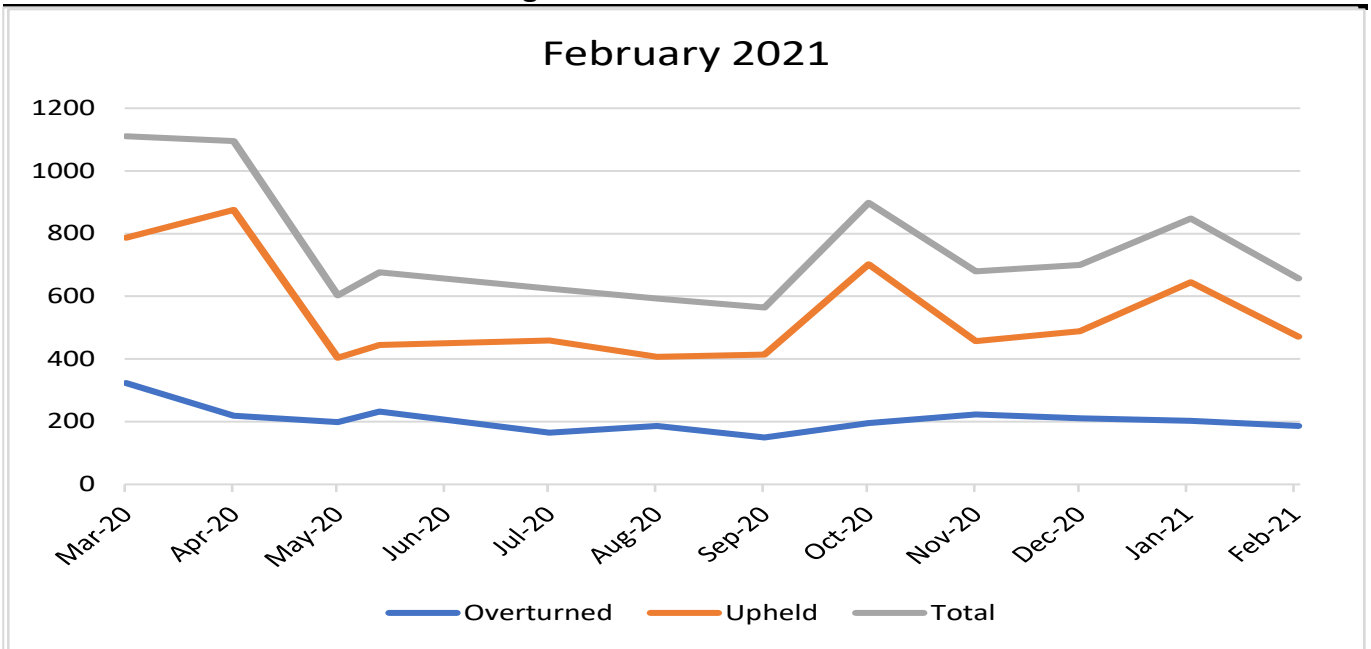
Provider Dispute Resolution
January 2021 and February 2021

Feb-21

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

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

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | FEBRUARY 2021 OUTREACH REPORT

During February 2021, the Alliance completed **800** member orientation outreach calls and conducted **209** member orientations (**26%** member participation rate).

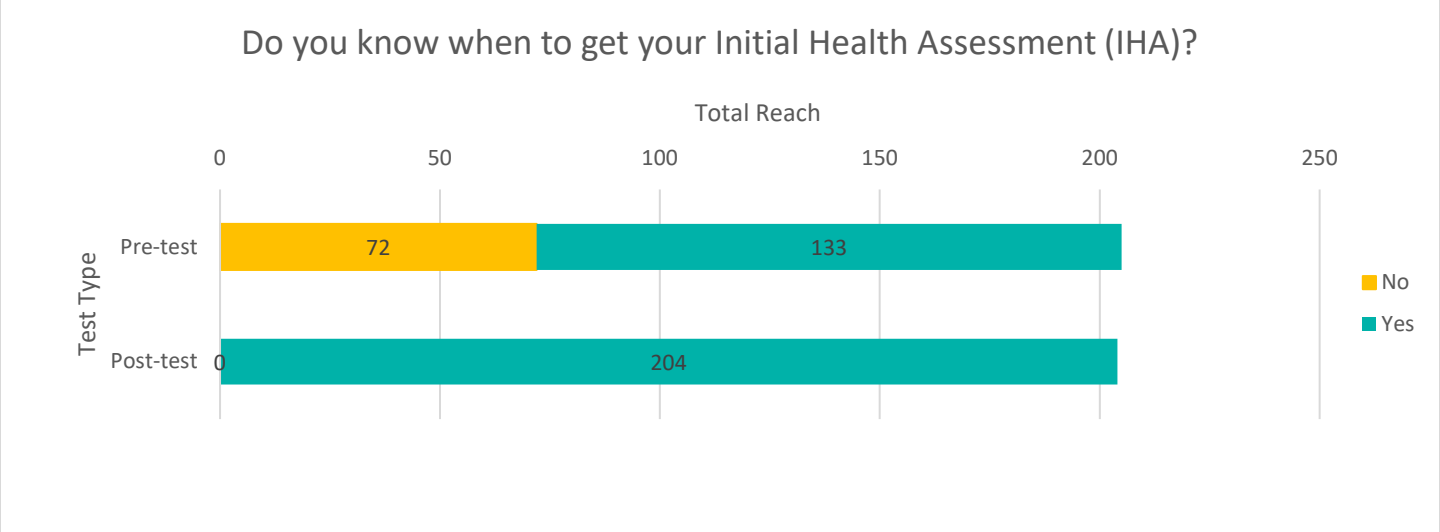
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **22,402** self-identified Alliance members have been reached during outreach activities.

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

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

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between February 1, through February 28, 2021 (19 working days) – **209** net new members completed a MO by phone.

After completing a MO **100%** of members who completed the post-test survey in February 2021 reported knowing when to get their IHA, compared to only **65%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 20-21\Q3\2. February 2021**

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | FEBRUARY 2021 OUTREACH REPORT

FY 2019-2020 FEBRUARY 2020 TOTALS

6 COMMUNITY EVENTS
6 MEMBER EDUCATION EVENTS
18 MEMBER ORIENTATIONS
3 MEETINGS/ PRESENTATIONS/ COMMUNITY TRAINING
33 TOTAL INITIATED/ INVITED EVENTS
28 TOTAL COMPLETED **EVENTS**

9 CITIES

ALAMEDA
BERKELEY
FREMONT
HAYWARD
OAKLAND
PLEASANTON
SAN LEANDRO
NEWARK
UNION CITY

315 TOTAL REACHED AT COMMUNITY EVENTS
265 TOTAL REACHED AT MEMBER EDUCATION EVENTS
135 TOTAL REACHED AT MEMBER ORIENTATIONS
140 TOTAL REACHED AT MEETINGS/PRESENTATIONS
TOTAL REACHED AT COMMUNITY TRAINING
266 MEMBERS REACHED AT ALL EVENTS
855 **TOTAL REACHED AT ALL EVENTS**

$220.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2020-2021 FEBRUARY 2021 TOTALS

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

18 CITIES*

Alameda
Albany
Berkeley
Castro Valley
Dublin
El Cerrito
Fremont
Hayward
Newark
Nolensville
Oakland
Piedmont
Pittsburg
Pleasanton
Richmond
San Leandro
San Lorenzo
Union City

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

$0
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

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

Compliance & Legal

Richard Golfin III

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

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

Date: **March 12, 2021**

Subject: **Compliance & Legal Report**

Compliance Activity Updates

- 2020 DHCS Kindred Focused Audit:
    - On October 23, 2020, the DHCS sent a notice to the Plan of a focused audit involving the Plan's delegate, CHCN, and members at Kindred facilities. This focused audit was triggered by complaints lodged with DHCS by Kindred Hospital. The review period for the audit was two (2) years, from October 1, 2018, through September 30, 2020. The DHCS provided a copy of the draft audit report on February 1, 2021, and held a virtual Exit Conference on February 4, 2021. The DHCS found the Plan and its delegate were deficient in areas such as in providing Medically Necessary Covered Services; in conducting Concurrent Reviews; and in Delegation of Utilization Management. The Plan responded and provided additional documentation for consideration to the DHCS on February 19, 2021. On March 5, 2021, the DHCS issued the Final Report and Corrective Action Plan (CAP). The Plan's CAP response is due to the DHCS on April 5, 2021. The Compliance Team will work closely with internal departments on identifying and describing the plan of action to correct deficiencies found by the Department.

- 2021 NCQA Focused Survey:
    - On July 1, 2020, the Plan received notification of a CAP resurvey to confirm remediation of findings outlined in the 2019 NCQA Health Plan Accreditation Survey. The review consisted of an evaluation of Plan denial language and referenced criterion for UM decision-making. Pre-audit materials were due January 12, 2021, and the virtual on-site survey occurred on February 19, 2021. The Plan successfully presented our letters to the NCQA reviewer, and during their review they found that our letters were compliant with the requirements.

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

Denials, and Potential Quality Issues. The case files were submitted to the DMHC on February 12, 2021, and on February 18, 2021.

- 2021 DHCS Routine Medical Survey:
    - On January 13, 2021, the DHCS sent notice to the Plan of the 2021 DHCS Routine Medical Survey beginning April 12, 2021. The audit will be conducted jointly with DMHC from April 12, 2021, through April 23, 2021.The review period for this audit is from June 1, 2019, through March 31, 2021. The Plan will be evaluated in the following areas:
        - 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 was submitted to the DHCS on time and with no extension requests on February 26, 2021.

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

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

On March 3, 2021, the Plan met with an OCR investigator and was informed of their intent to conduct a Limited Compliance Review of HIPAA related activity. Notice will be provided to the Plan within the coming weeks. The Plan is required to respond within 20 days of receipt.

Delegation Oversight Auditing Activities

- The Plan conducts annual audits of its delegated entities to monitor compliance with regulatory and contractual requirements. The Plan has seven (7) delegates with various delegated activities and all seven (7) were audited during the previous calendar year (CY). In 2020, the Plan issued Corrective Action Plans to four (4) delegates. Of the four (4) CAPs issued, three (3) have been closed. In January 2021, the Plan issued preliminary audit reports to the remaining three (3) delegates. The preliminary audit report allows the delegate to review findings found during the audit and submit relevant information for consideration before the Plan issues the final audit report and CAP request. The Plan received responses and supporting documentation for consideration from the three (3) delegates and the Plan is working toward issuing a final audit report and CAP. The Compliance Team works closely with delegates and department leaders to review and monitor CAP responses; supporting documentation; CAP implementation, and CAP verification.

Compliance

Supporting Documents

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
1	DMHC	21-001	1/5/2021	MODEL NOTICES; COMPLIANCE WITH SB 260	GROUP CARE	Section 1366.50, as amended in 2019, requires a health plan to inform enrollees who cease to be enrolled with the health plan that they may be eligible for reduced-cost coverage through the California Health Benefit Exchange (Covered California) or no-cost coverage through Medi-Cal. Section 1366.50 does not apply to Medi-Cal Managed Care products. Additionally, section 1366.50 requires health plans to provide Covered California with information regarding enrollees who cease to be covered by the health plan. That information includes enrollees'
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	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 the 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
6	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).
7	DMHC	21-010	3/4/2021	PROVIDER DIRECTORY ANNUAL FILING REQUIREMENTS	MEDI-CAL & GROUP CARE	California Health and Safety Code section 1367.27, subdivision (m), requires health care service plans to annually submit provider directory policies and procedures to the Department of Managed Health Care (Department).

ALAMEDA Alliance FOR HEALTH

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Health Care Services

Steve O'Brien, MD

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

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

Date: **March 12, 2021**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- Provider Portal prior authorization submissions: The UM team is receiving authorizations submitted online via the Provider Portal. The percentage of referrals being received via the Portal is increasing slowly (up to 40%) and plans are in development to increase usage by providers. Use of the Provider Portal is expected to increase satisfaction of provider, improve accuracy and efficiency for members and improve productivity in the UM team.

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

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

- Clinical Initiatives: Significant progress has been made on the UM collaboration with the Claims and Config departments to improve the interface between the authorizations and the claims system (Health Suite) to ensure payment integrity. UM is leading the standardization of transportation requests that launched March 1 to improve ride quality and decrease expenses.

Outpatient Authorization Denial Rates			
Denial Rate Type	**December 2020**	**January 2020**	**February 2021**
Overall Denial Rate	3.5%	3.6%	3.7%
Denial Rate Excluding Partial Denials	3.4%	3.4%	3.6%
Partial Denial Rate	0.1%	0.2%	0.1%

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

Utilization Management: Inpatient

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

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

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

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

Inpatient Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**November 2020**	**December 2020**	**January 2021**
Authorized LOS	4.4	5.9	5.3
Admits/1,000	50.5	52.2	53.1
Days/1,000	223.0	310.3	280.9

Pharmacy

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

Decisions	Number of PAs Processed
Approved	795
Denied	662
Closed	577
Total	**2034**

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

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

Rank	Drug Name	Common Use	Common Denial Reason
1	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
2	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
3	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Criteria for approval not met
4	JARDIANCE 10 MG TABLET	Diabetes	Criteria for approval not met
5	VYVANSE 30 MG CAPSULE	Attention deficit hyperactivity disorder	Criteria for approval not met
6	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
7	RESTASIS 0.05% EYE EMULSION	Tear production	Criteria for approval not met
8	OXYCODONE HCL 5 MG TABLET	Pain	Criteria for approval not met
9	FREESTYLE LIBRE 2 SENSOR	Diabetes	Criteria for approval not met
10	TALICIA DR 10-250-12.5 MG CAP	Peptic ulcers	Criteria for approval not met

- Pharmacy services collaborates with other health care services teams for members on use of opioids and/or benzodiazepines, transitions of care, education on active smokers, and drug adherence improvement and asthma care improvement

- DHCS announced a indefinite delay in MediCAL RX but do state they plan to implement eventually when State of California will take back drug coverage, rebate, utilization management and pharmacy provider network. The plan pharmacy services are to maintain beneficiary care coordination, drug adherence, disease and medication management, physician administered drugs (PAD) and outpatient infusion drugs.

- A new voting member of AAH Pharmacy & Therapeutics (P&T) Committee has been recruited - Dr. Bao Dao, This is to back-fill one of two of vacancies at AAH P & T committee. Dr. Bao Dao is an oncologist at EpiCare and will be a great addition to AAH P&T Committee with his expertise in cancer and physician administered drugs.

- The current voting members serving on the P & T Committee include:

    - Paul J. Bayard, MD, MPH
    - Aarondeep Basrai, PharmD
    - Pamela Gumbs, PharmD
    - Ivan Y. Lee, MD
    - Helen Lee, PharmD, MBA
    - Steven O'Brien, MD
    - Bao Dao, MD

Case and Disease Management

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

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

- Readmission reduction: CM is partnering with hospital partners at AHS and Sutter to focus on readmission reduction aligned with their readmission reduction goals. Standard work for Transitions of Care has been developed to stabilize members after hospitalization to prevent re-admissions.

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

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

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

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

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

Case Type	New Cases Opened in January 2021	Total Open Cases As of January 2021
Care Coordination	233	631
Complex Case Management	22	66
Transitions of Care	271	570

Grievances & Appeals

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

- Total grievances resolved in February went over our goal of less than 1 complaint per 1,000 members at 7.15 complaints per 1,000 members.

- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of February 2021; we were close but did not meet our goal at 25.6% overturn rate.

February 2021 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	757	30 Calendar Days	95% compliance within standard	753	99.5%	2.70
Expedited Grievance	3	72 Hours	95% compliance within standard	3	100.0%	0.01
Exempt Grievance	1,198	Next Business Day	95% compliance within standard	1,198	100.0%	4.28
Standard Appeal	2	30 Calendar Days	95% compliance within standard	2	100.0%	0.01
Expedited Appeal	41	72 Hours	95% compliance within standard	41	100.0%	0.15
Total Cases:	2,001		95% compliance within standard	1,997	99.8%	7.15

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

- Grievance tracking and trending by quarter:
  - There has been an overall increase of cases received in the month of January; however, coverage disputes are still the highest numbers of cases resolved, examples of coverage disputes include:
    - Member calling to ask for reimbursement of money paid, we used to capture these as exempt grievances and refer them to the website to complete the reimbursement form but now process them as standard
    - 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 and now G&A does that
    - 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 but is now processes as standard grievance

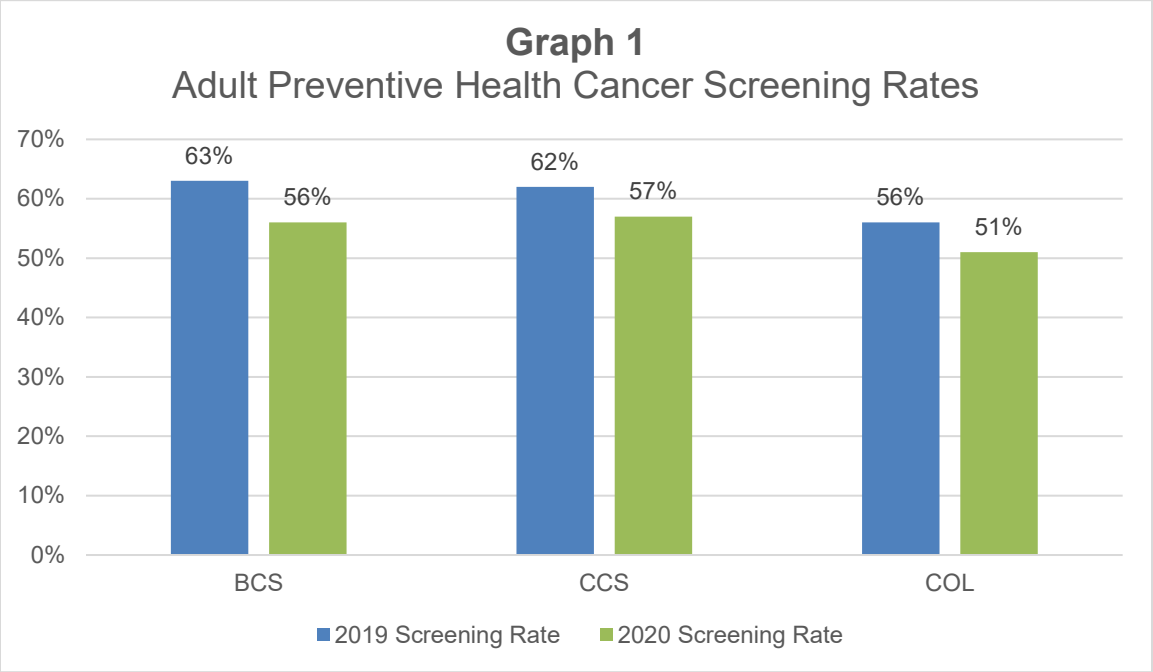
Quality

COVID-19 Impact on Preventive Health Care Services

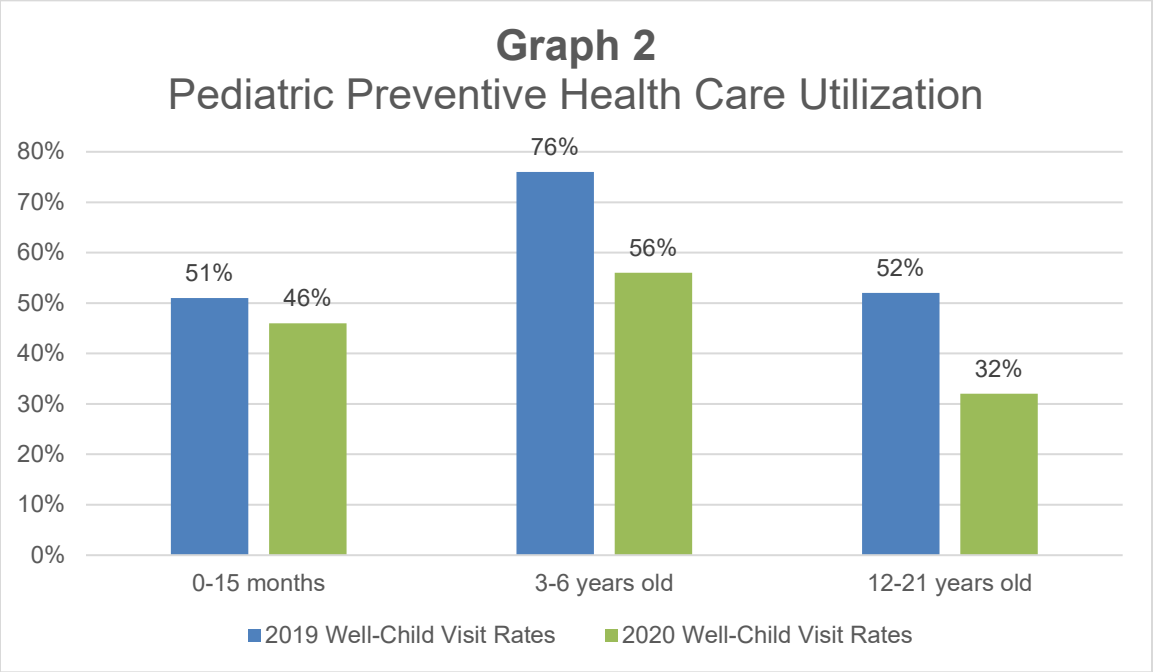
- Alameda Alliance for Health (the Alliance) utilizes HEDIS® (Healthcare Effectiveness Data and Information Set) as a mechanism to access the quality of care provided to its members. HEDIS® standards are established by the National Committee for Quality Assurance (NCQA) to measure quality to improve healthcare and health outcomes. HEDIS® consists of performance measures used by most health plans that compare how a plan performs in quality, access to care, and member satisfaction.

- During the current pandemic, the Alliance has utilized several HEDIS® measures to assess the impact COVID-19 has had on the utilization of preventive care services for both its adult and pediatric population. **Graph 1** displays the HEDIS® administrative rates for MY 2019 and 2020 for Breast Cancer Screening (BCS) rates in women ages 50-64 and cervical cancer screening (CCS) rates in women ages 21-64 for HEDIS MY 2019 and 2020. The graph also shows the rates of Colon Cancer Screening (COL) for member's ages 50-75 in the Group Care line of business.

- Noted is a decrease of 7% in BCS rates from 63% to 56% and a 5% decrease in CCS rate from 62% to 57%. It is important to note that these cancer screening decreases are present despite an **increase** in the eligible population for both measures. Additionally, the Alliance notes a decline of 5% from 2019 to 2020 in members ages 50-75 receiving appropriate screening for colon cancer.



- Similarly, to the adult population, the Alliance has seen a decline in pediatric utilization of preventive care services. **Graph 2** illustrates the decline in children receiving the appropriate preventive well-child exams by age bands.



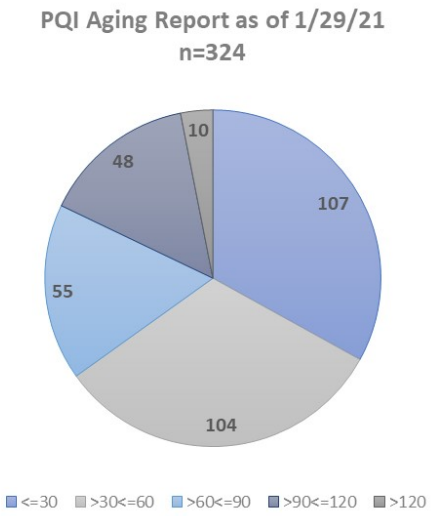
- Children ages 3-6 and 12-21 for the MCL line of business, a 20% decrease in utilization of preventive care in 2020 compared to 2019 due to COVID-19 was identified.

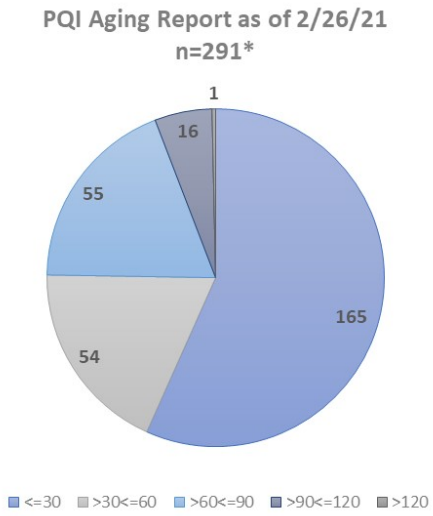
- Through quality improvement surveillance and analysis of our member data, for both the adult and pediatric population there is clear evidence of underutilization of preventive care services. The Alliance remains committed to a continued targeted focus of outreach activities to engage members in partnering with their PCPs to receive appropriate preventive care and screening services. The Alliance is actively working with its provider, delegate, and community partners to develop strategies and appropriate interventions that lead to gap-in-care closures both now and post the PHE brought on by the current COVID-19 pandemic. These strategies include but, are not limited to:

    - Pediatric Mailing Outreach reminders regarding EPSDT benefit coverage
    - Member gift card incentives for completion of well-child visits
    - Member gift card incentives for completion of targeted preventive care screenings for the adult population
    - The Alliance 2021 P4P Program

Potential Quality Issues Comparative Aging Report: Jan. 2020 – Feb. 2021

- Noted improvement in TAT processing with fewer case files exceeding 90 days. Case file closure TAT improved due to better provider engagement and response to timely forwarding of medical records to the Quality Dept.





* 16 PQI Cases have been reopened for further review and are not included in the report.

ALAMEDA Alliance FOR HEALTH

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Information Technology

Sasikumar Karaiyan

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

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

Date: **March 12, 2021**

Subject: **Information Technology Report**

Call Center System Availability

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

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

    - Upgrading the Call Center Application Environment:
        - Calabrio, Cisco Call Manager, and Cisco Unity have been upgraded successfully.
        - 2 Ring and Cisco Unified Contact Center upgrades are now in progress and planning to complete before the end of March 2021.

Office 365 Project

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

- Phase 3 of the Office 365 project is in progress focusing on completing the deployment of Office 365 Suite to replace and upgrade the version on Microsoft Office Suite, which is 80% complete. It will also focus on the deployment of Microsoft Teams enterprise wide.

Encounter Data

- In the month of February, the Alliance submitted 79 encounter files to the Department of Health Care Services (DHCS) with a total of 212,974 encounters.

Enrollment

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

HealthSuite

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

TruCare

- A total of 8,109 authorizations were loaded and processed in the TruCare application. The TruCare application continued to operate normally with an uptime of 99.99%.

Web Portal

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

- As a part of the Customer Channel upgrades, the Alliance is enhancing the Member and Provider portal to support new features and capabilities. The new features and capabilities include, Secure Communications, Mobile Application on smartphones and Multiple Languages. This is estimated to go live before the month of May 2021.

Information Security

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

- Email based metrics currently monitored have increased with a return to a reputation-based block for a total of 149k.

- Attempted information leaks detected and blocked at the firewall are lower from 44 to 11 for the month of February.

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

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

Data Warehouse

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

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

- As part of the Fiscal Year 2021, the Alliance is on target to meet one of its strategic goals to ingest the ADT (Admit, Discharge and Transfer), Magellan Prior Authorizations and Pharmacy Claims, Kaiser and PerformRx historical data and Credentialing data into the Data Warehouse with the assumption that Magellan decisions are available timely to complete the stated objective for this fiscal year.

Data Governance

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

- In the month of February, the Alliance collaborated with the Pharmacy team to validate the Pharmacy Data Dictionary. We launched an onsite non-production environment data masking and established meetings with organization-wide stakeholders for obtaining consensus on the Data Governance Committee Structure. The current forecast is that the Alliance will successfully complete the onsite Data Masking Pilot by the end of March 2021, and the operational process will consistently comply with the regulatory compliance. The Data Governance Operating Model was socialized in focus meetings with all business leaders and based on the consensus. The First Data Governance Committee Meeting is expected to be held in April 2021, rescheduled from the prior goal of March 2021. Over the next 18 months, the goal is to establish a unique, agile, and collaborative Data Governance Operating Model that meets or exceeds the established guidelines for the capability maturity model.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
February	273,836	3,982	2,186	5,969	134	122

1. MC – Medical Member

2. GC – Group Care Member

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

Auto-Assignments	Member Count
Auto-assignments MC	1,450
Auto-assignments Expansion	1,210
Auto-assignments GC	50
PCP Changes (PCP Change Tool) Total	2,347

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of February 2021”.
- There were 8,109 authorizations (total authorizations loaded in TruCare production) processed through the system.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

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

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI Failure	New Auths Entered	Total Auths Loaded In TruCare Production
EDI-CHCN	4,460	126	3	17	5	28	12	191	0	4,269
Paper to EDI	2,671	0	0	0	0	0	0	0	0	2,671
Manual Entry	0	0	0	0	0	0	0	0	1,169	1,169
Total										8,109

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

Web Portal

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

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

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	4,433	2,830	120,020	260
MCAL	69,331	2,563	6,134	929
IHSS	2,687	116	262	40
AAH Staff	168	47	593	1
Total	**76,619**	**5,556**	**127,009**	**1,230**

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

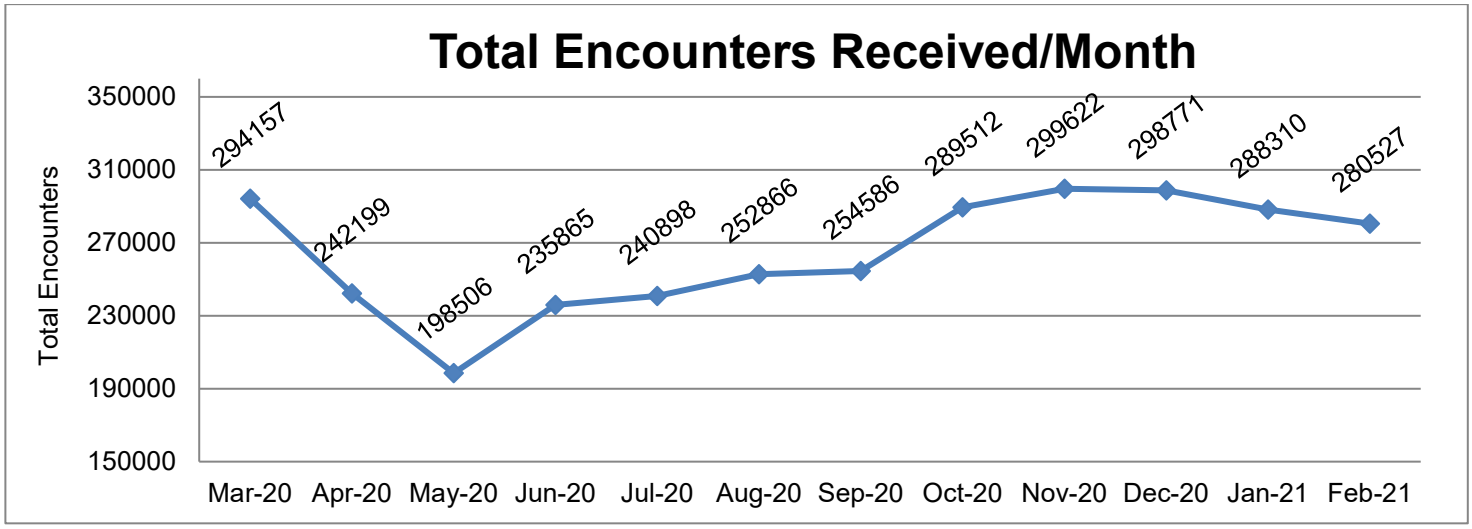
Top 25 Pages Viewed		
Category	**Page Name**	**January-21**
Provider	Member Eligibility	578,184
Provider	Claim Status	120,135
Provider	Auth Submit	4,576
Member My Care	Member Eligibility	3,469
Provider	Auth Search	1,838
Member Help Resources	ID Card	1,479
Member Help Resources	Find a Doctor or Hospital	1,354
Member My Care	My Claims Services	1,021
Member Help Resources	Select or Change Your PCP	977
Provider	Member Roster	942
Member Help Resources	Request Kaiser as my Provider	792
Member Home	MC ID Card	785
Provider - Provider Directory	Provider Directory	523
Member My Care	Authorization	435
Member My Care	My Pharmacy Medication Benefits	411
Provider - Home	Forms	373
Provider	Pharmacy	328
Provider - Provider Directory	Instruction Guide	234
Member My Care	My Pharmacy Argus	219
Member My Care	Member Benefits Materials	180
Member Help Resources	FAQs	177
Member Help Resources	Contact Us	175
Member Help Resources	Authorizations Referrals	160
Provider - Provider Directory	Manual	145
Member Help Resources	Forms Resources	115

Encounter Data From Trading Partners 2021

- AHS:
  February daily files (9,702 records) were received on time.
- Beacon:
  February monthly files (14,616 records) were received on time.
- CHCN:
  February weekly files (62,867 records) were received on time.
- CHME:
  February monthly file (6,548 records) were received on time.
- CFMG:
  February weekly files (12,059 records) were received on time.
- Docustream:
  February weekly files (1,160 records) were received on time.
- PerformRx:
  February monthly files (155,644 records) were received on time.
- Kaiser:
  February monthly files (25,903 records) were received on time.
  February monthly Kaiser Pharmacy files (20,145 records) were received on time.
- LogistiCare:
  February weekly files (14,208 records) were received on time.
- March Vision:
  February monthly file (1,917 records) were received on time.
- Quest Diagnostics:
  February weekly files (12,515 records) were received on time.
- Teladoc:
  February weekly files (31 records) were received on time.

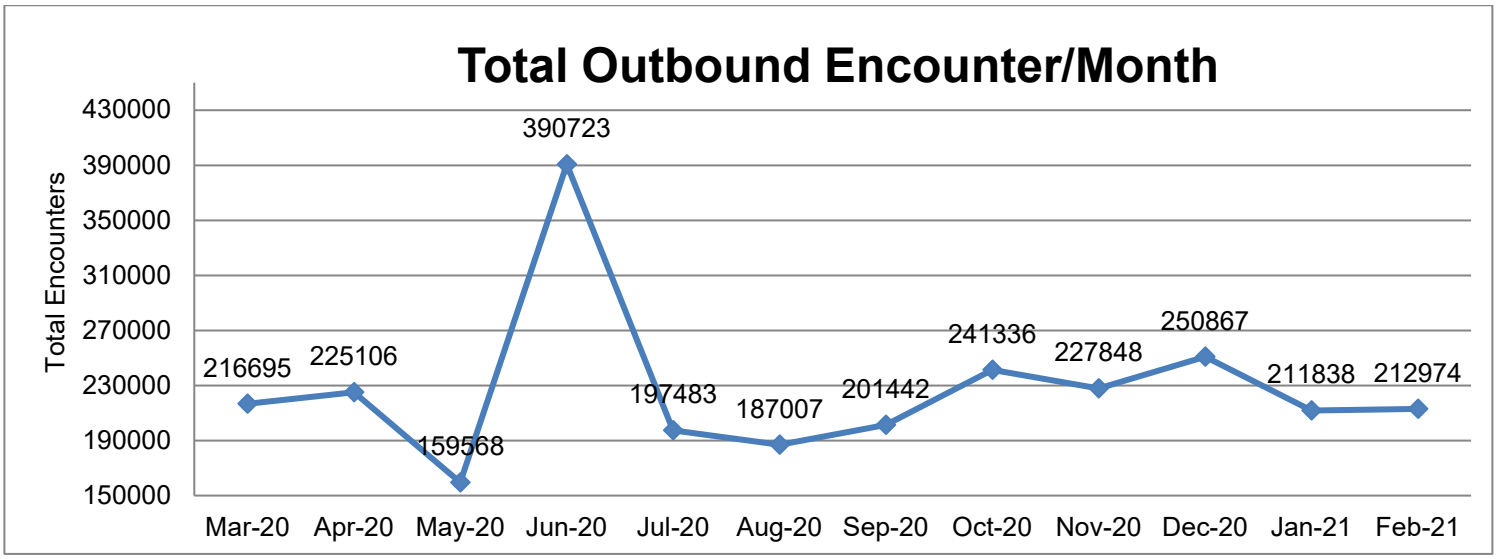
Trading Partner Encounter Inbound Submission History

Trading Partners	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
HealthSuite	115716	86578	89063	95735	107093	104293	111255	120149	111676	123248	116784	119001
AHS	9907	9040	7698	7129	10154	9353	849	12762	16814	8419	9404	9702
Beacon	10010	12606	8546	9612	11413	10193	20434	14637	12673	21326	15812	14616
CHCN	76884	64623	45221	73144	53049	64935	54812	65094	85984	66473	59612	62867
CHME	3612	4346	7241	4903	4344	4987	3832	5814	5152	4388	6143	6548
Claimsnet	7317	12653	5484	6154	6545	6608	8787	11018	6504	12819	7693	12059
Docustream	541	679	863	822	912	919	640	926	865	909	803	1160
Kaiser	36334	33670	16030	19364	22508	26057	25829	29431	35590	29885	43639	25903
Logisticare	21375	10812	10893	10857	12865	10145	14821	11599	12665	15505	12603	14208
March Vision	3127	3389	1395	1336	1839	2568	2270	3012	2928	2361	3103	1917
Quest	9334	3803	6072	6809	10135	12783	11005	15047	8724	13406	12665	12515
Teladoc					41	25	52	23	47	32	49	31
Total	294157	242199	198506	235865	240898	252866	254586	289512	299622	298771	288310	280527



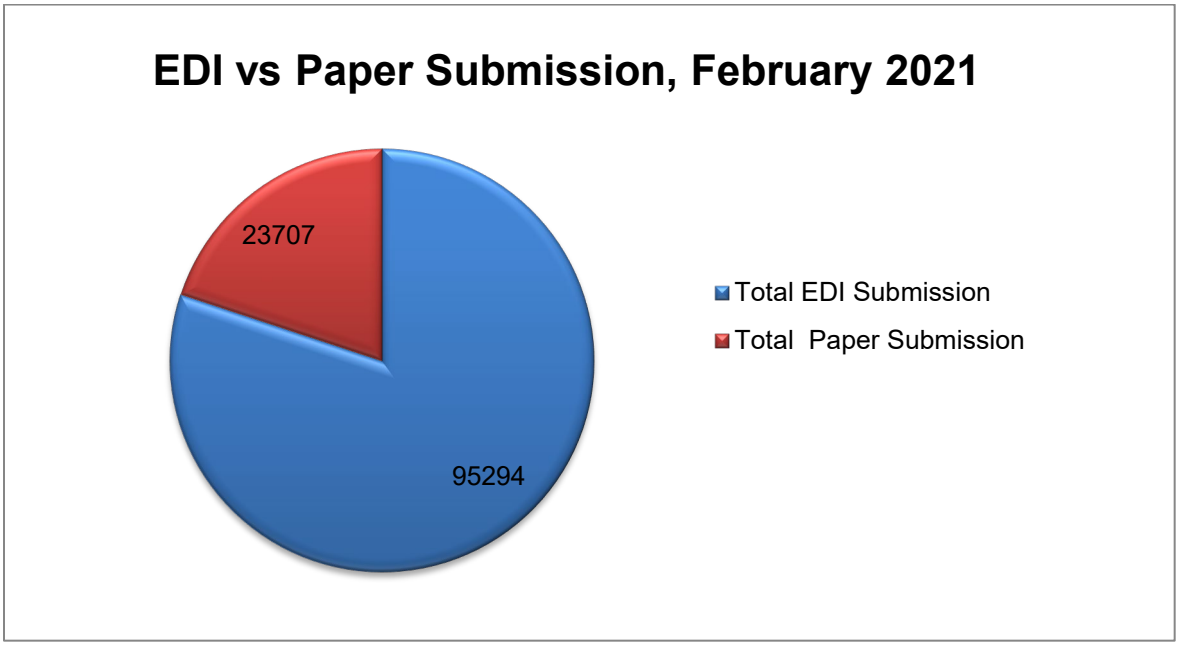
Outbound Encounter Submission

Trading Partners	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
HealthSuite	81483	79506	72631	60932	76561	73815	71394	97258	79162	100653	70368	81305
AHS	8545	7880	8708	6727	10662	8083	353	11922	15980	7909	8729	9089
Beacon	6	19228	8464	7377	9507	7620	17466	13291	10580	16229	13315	11631
CHCN	43356	54436	27819	270473	43686	38537	52622	48065	50051	54860	41461	45137
CHME	3166	3847	6860	4640	4081	4663	3632	5232	4801	3696	5327	5508
Claimsnet	8788	7468	3266	5643	4792	6110	6611	7398	5707	8595	5160	8578
Docustream	450	589	737	720	799	812	609	849	969	807	764	1071
Kaiser	35565	32223	15191	15545	21968	25720	25666	29031	35096	29087	42638	23810
Logisticare	22887	12988	10513	10438	14934	9924	11134	14600	12263	14773	12315	13881
March Vision	2118	2362	813	803	1121	1909	1687	2665	2470	2013	2655	1686
Quest	10331	4579	4566	7425	9331	9789	10236	11002	10743	12214	9085	11247
Teladoc					41	25	32	23	26	31	21	31
Total	216695	225106	159568	390723	197483	187007	201442	241336	227848	250867	211838	212974



HealthSuite Paper vs EDI Breakdown

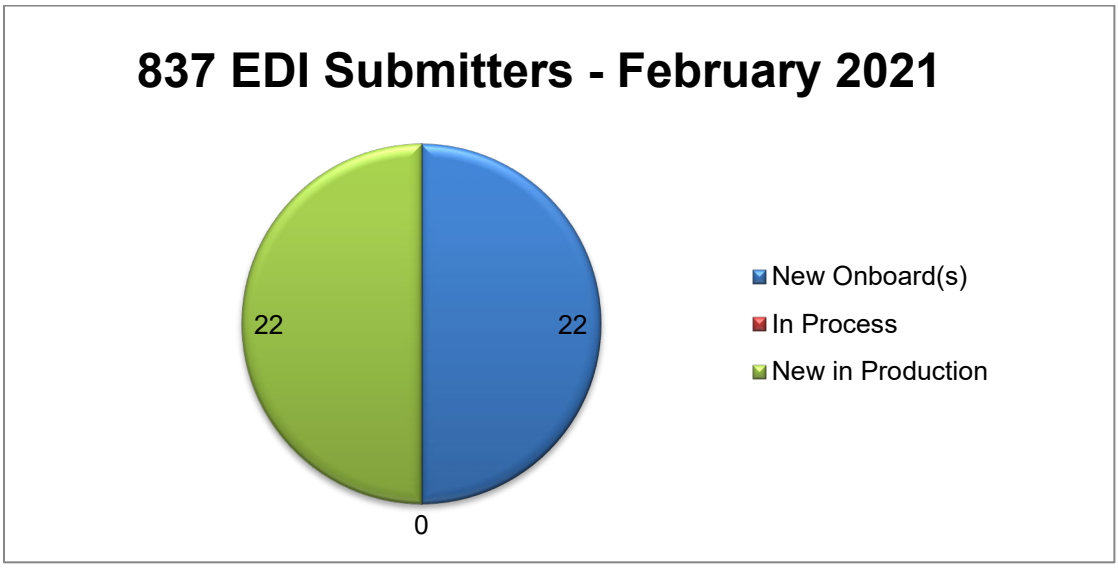
Period	Total EDI Submission	Total Paper Submission	Total Claims
21-FEB	95294	23707	119001

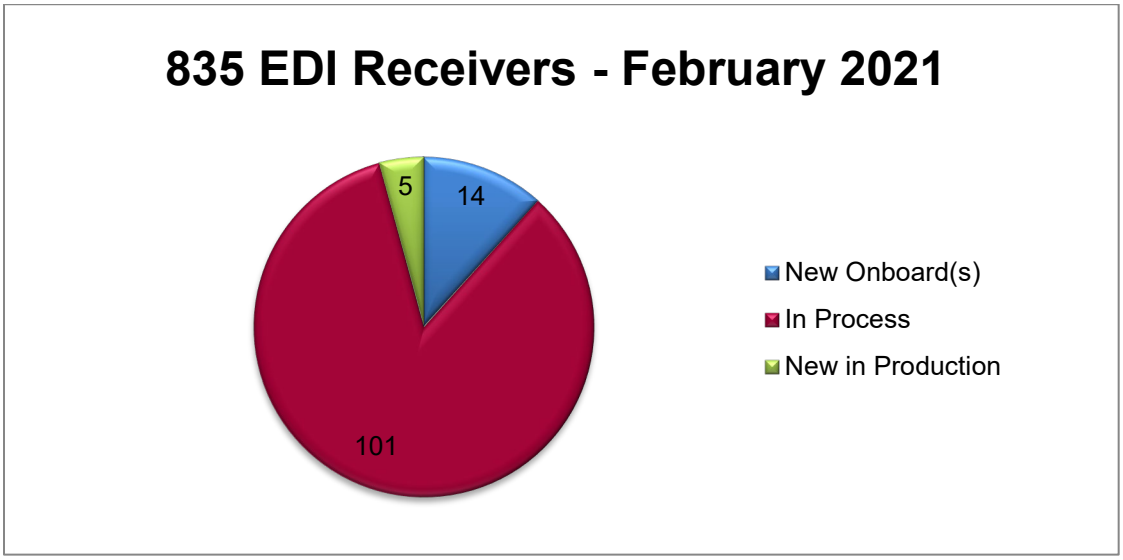


Onboarding EDI Providers - Updates

- February 2021 EDI Claims:
  - A total of 1075 new EDI submitters have been added since October 2015, with 22 added in February 2021.
  - The total number of EDI submitters is 1807 providers.
- February 2021 EDI Remittances (ERA):
  - A total of 260 new ERA receivers have been added since October 2015, with 5 added in February 2021.
  - The total number of ERA receivers is 299 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
Mar-20	9	0	9	1608	3	79	1	224
Apr-20	40	0	40	1648	2	80	1	225
May-20	15	0	15	1663	2	81	1	226
Jun-20	17	0	17	1680	2	82	1	227
Jul-20	11	0	11	1691	1	82	1	228
Aug-20	12	0	12	1703	0	82	0	228
Sep-20	8	0	8	1711	1	82	1	229
Oct-20	23	0	23	1734	7	86	3	232
Nov-20	15	0	15	1749	7	91	2	234
Dec-20	21	0	21	1770	42	91	42	276
Jan-21	15	0	15	1785	19	92	18	294
Feb-21	22	0	22	1807	14	101	5	299


837 EDI Submitters - February 2021
22
22
0
New Onboard(s)
In Process
New in Production


835 EDI Receivers - February 2021
5
14
101
New Onboard(s)
In Process
New in Production

EDSRF/Reconciliations

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

File Type	Feb-21
837 I Files	18
837 P Files	61
NCPDP	9
Total Files	88

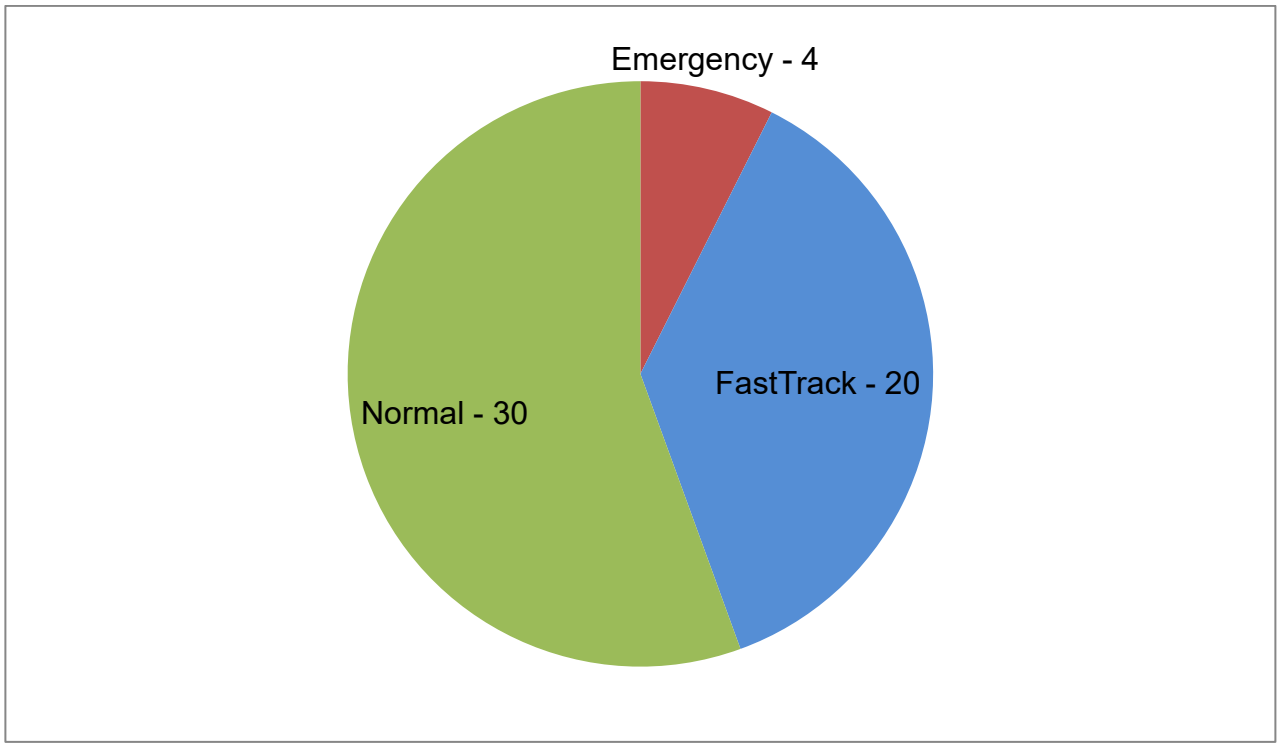
Lag-time Metrics/KPI's

AAH Encounters: Outbound 837	Feb-21	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	87%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	94%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	93%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	80%

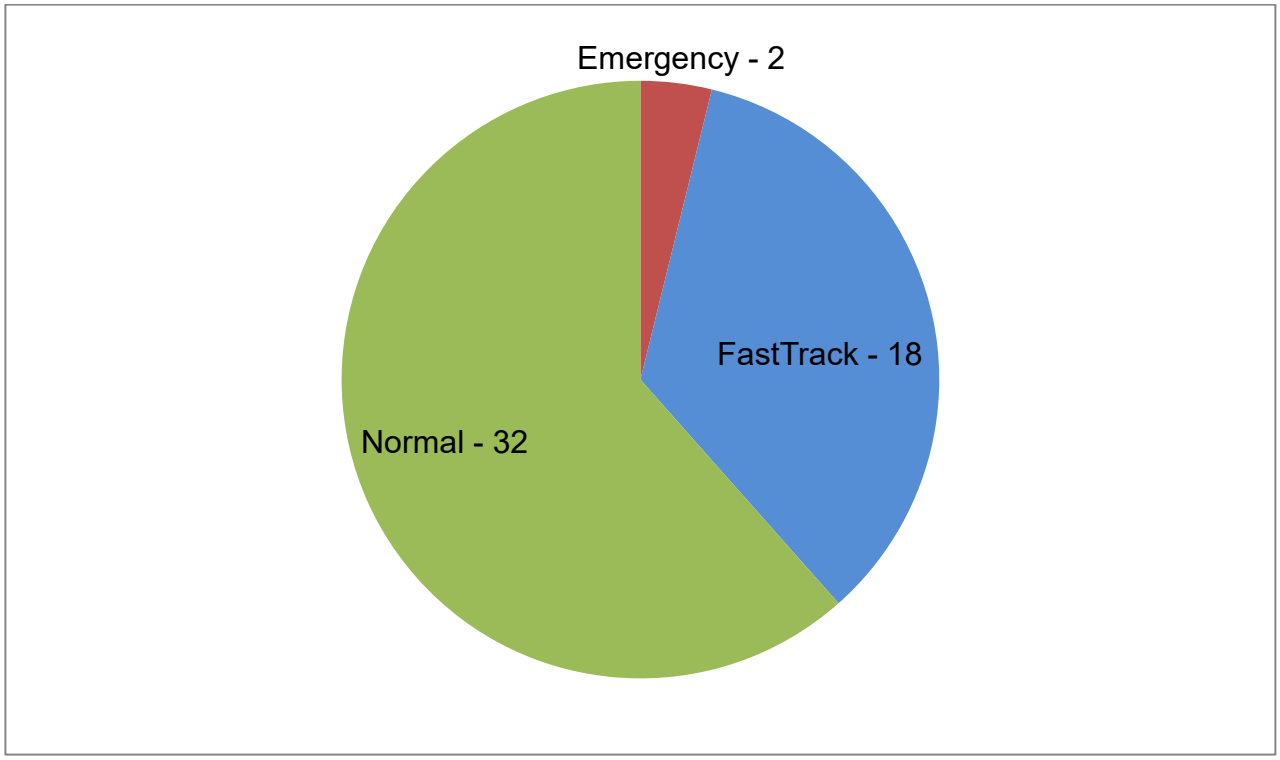
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of February 2021 KPI – Overall Summary.
    - 2,031 Changes Submitted.
    - 1,924 Changes, Completed, and Closed.
    - 103 Active Changes.
    - 217 Changes Cancelled and Rejected.

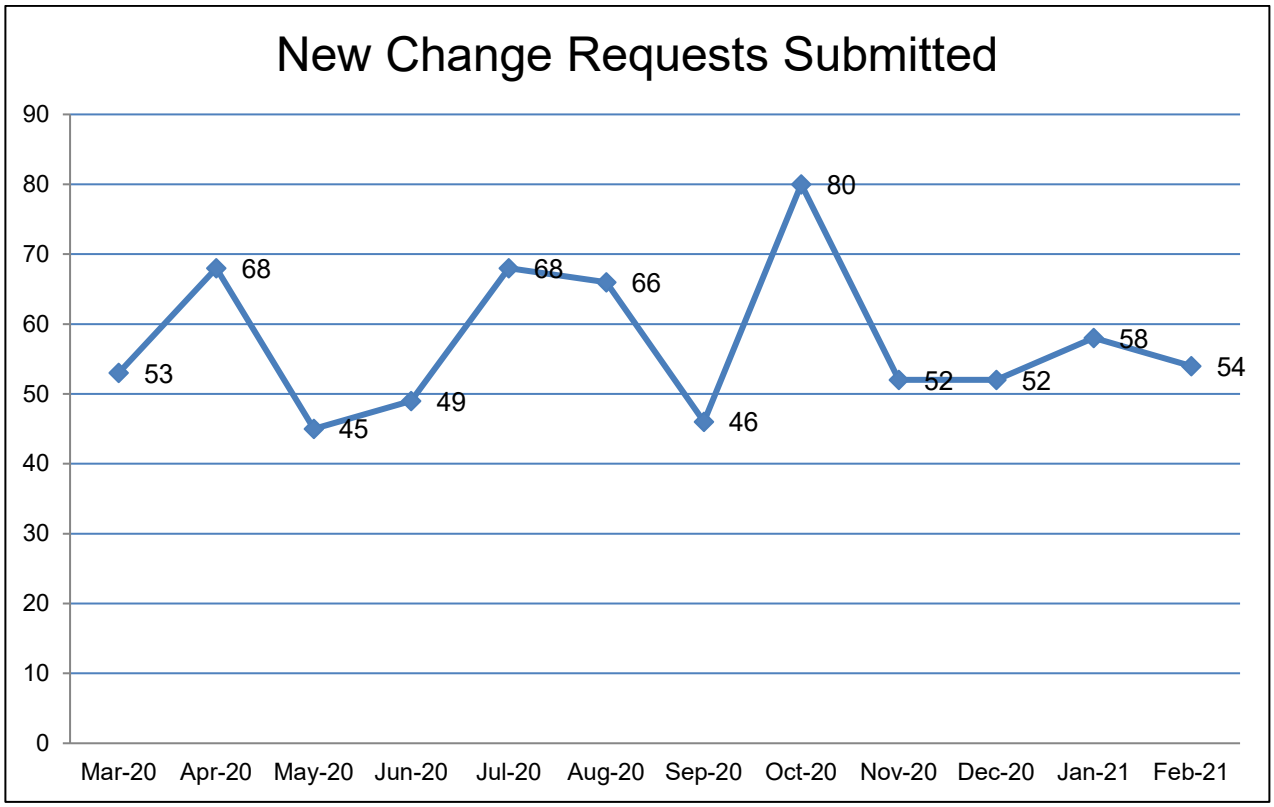
- 54 Change Requests Submitted/Logged in the month of February 2021



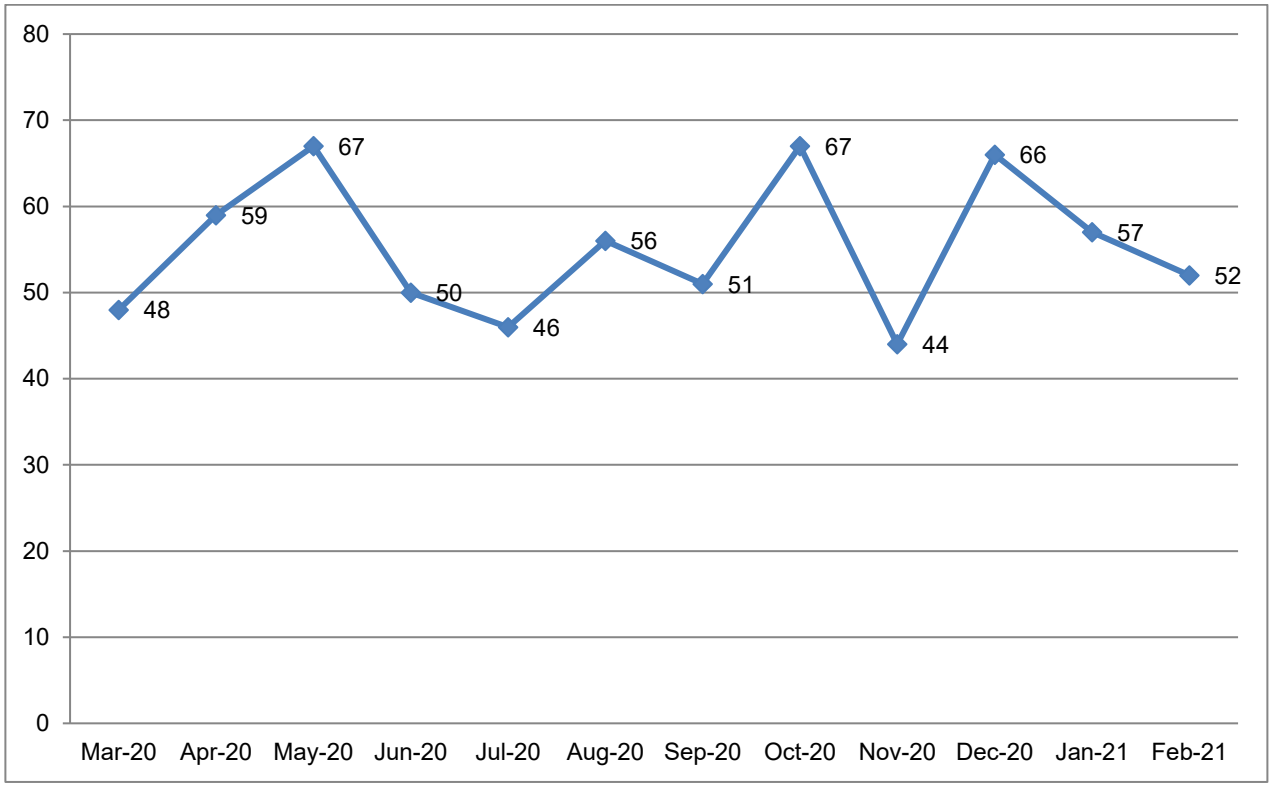
- 52 Change Requests Closed in the month of February 2021



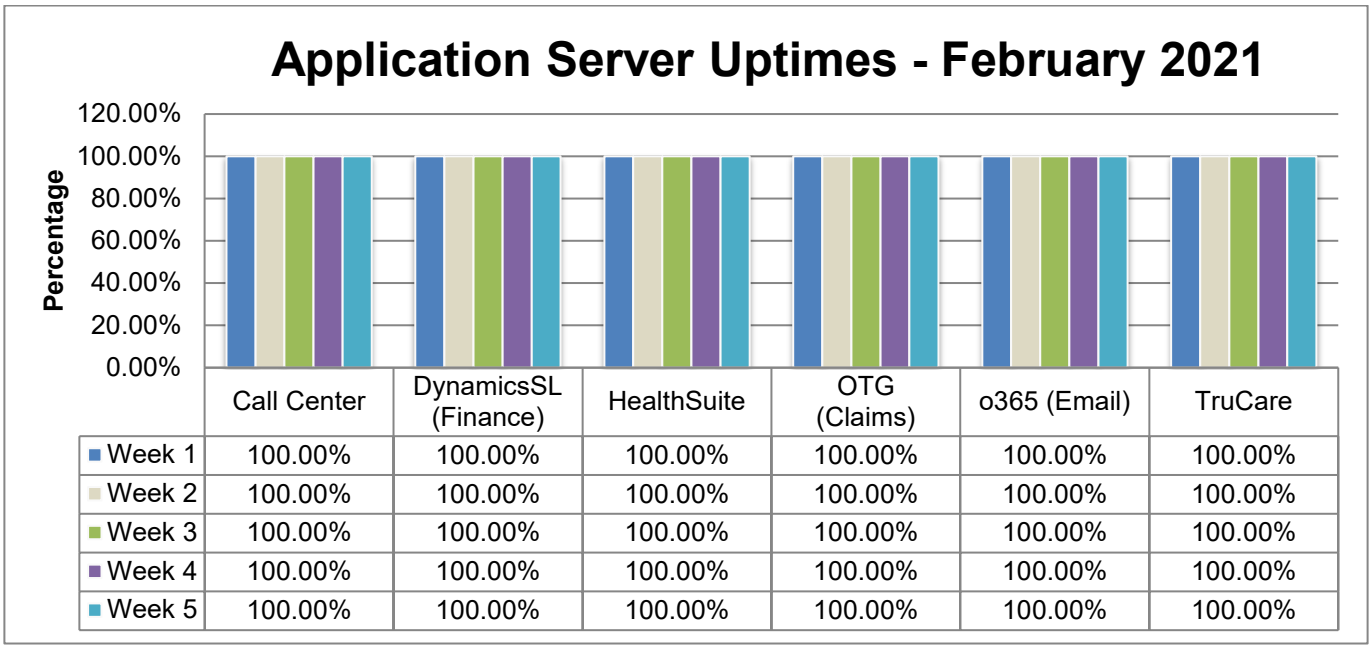
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend

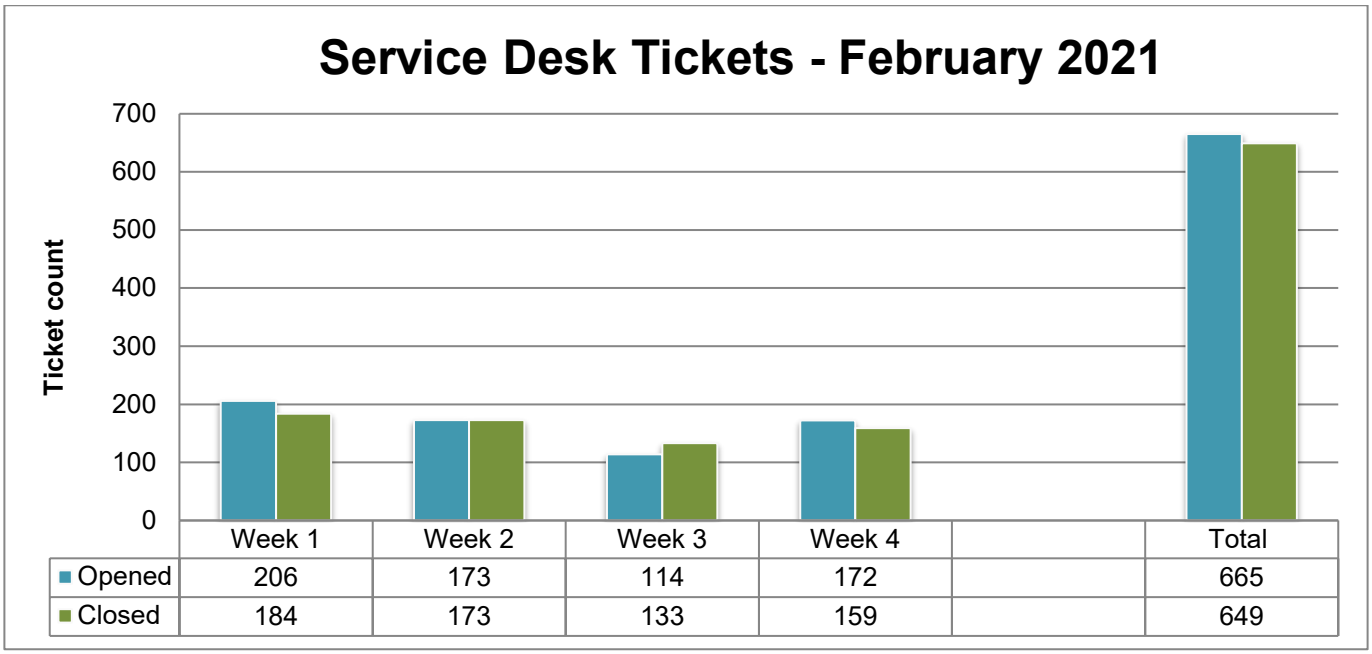


IT Stats: Infrastructure



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

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

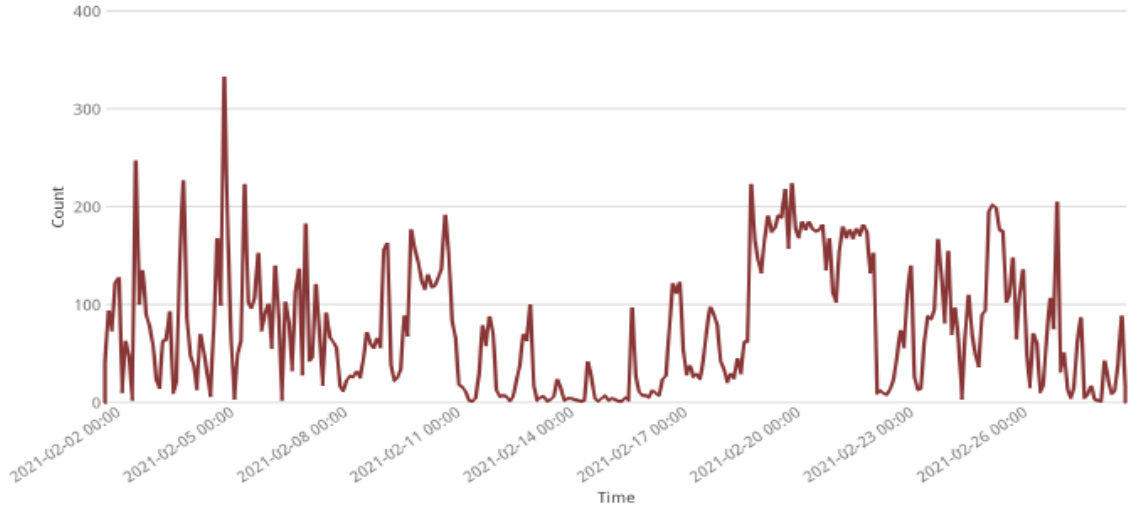


	Week 1	Week 2	Week 3	Week 4		Total
Opened	206	173	114	172		665
Closed	184	173	133	159		649

- 665 Service Desk tickets were opened in the month of **February**, which is 14% higher than the previous month and 649 Service Desk tickets were closed, which is 9.9% higher than the previous month.

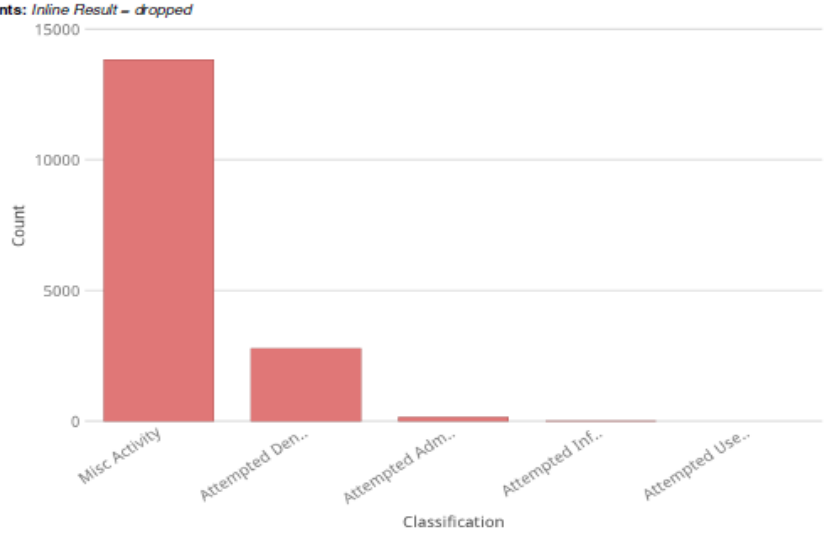
All Intrusion Events

Time Window: *2021-02-01 09:29:00 - 2021-02-28 09:29:00*



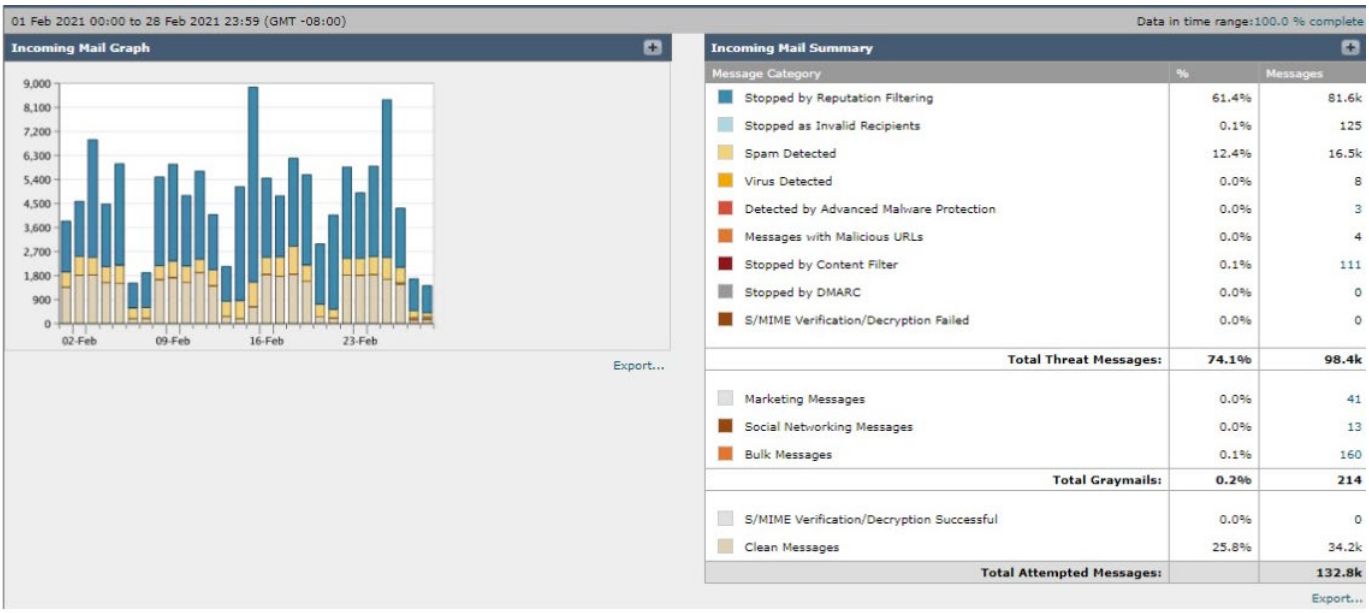
Dropped Intrusion Events

Time Window: *2021-02-01 09:30:00 - 2021-02-28 09:30:00*
Constraints: *Inline Result = dropped*

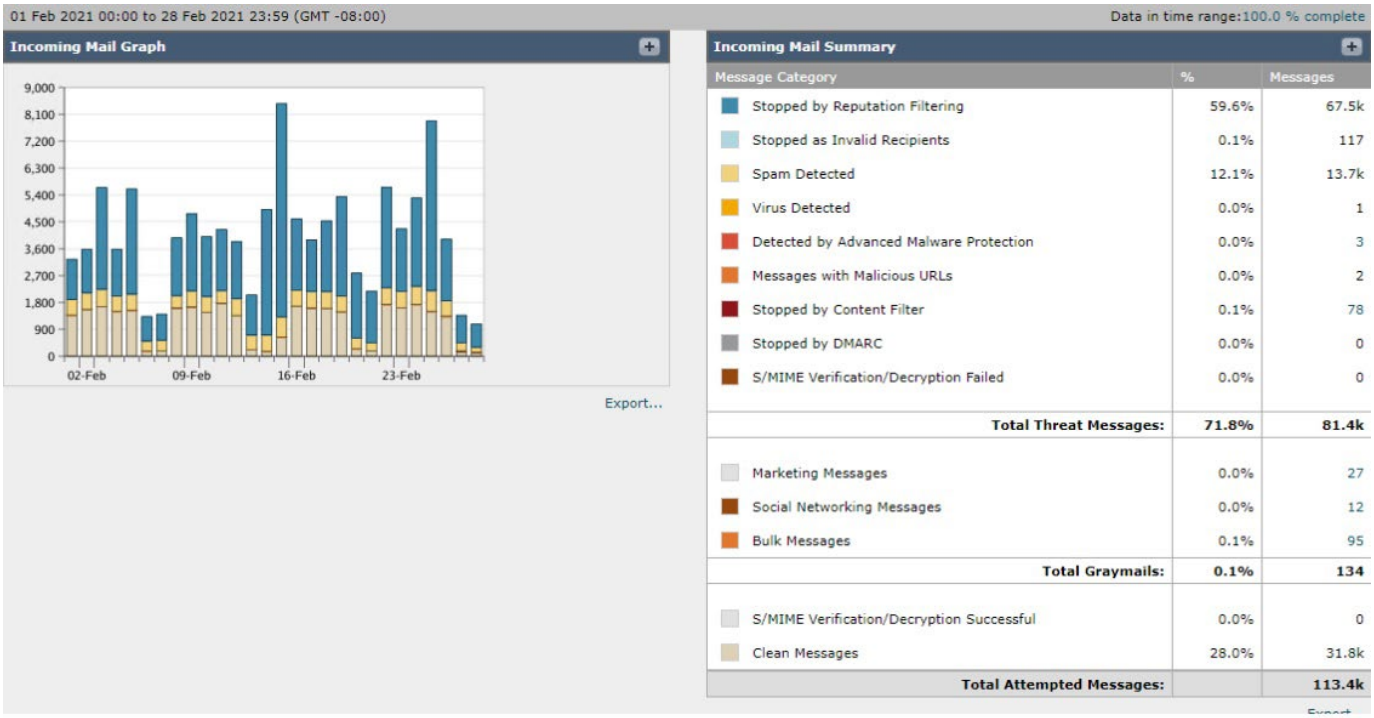


Classification	Count
Misc Activity	13,836
Attempted Denial of Service	2,788
Attempted Administrator Privilege Gain	160
Attempted Information Leak	11
Attempted User Privilege Gain	6

MX4


01 Feb 2021 00:00 to 28 Feb 2021 23:59 (GMT -08:00)
Data in time range:100.0 % complete
Incoming Mail Graph
9,000
8,100
7,200
6,300
5,400
4,500
3,600
2,700
1,800
900
0
02-Feb
09-Feb
16-Feb
23-Feb
Export...
Incoming Mail Summary
Message Category | % | Messages
Stopped by Reputation Filtering | 61.4% | 81.6k
Stopped as Invalid Recipients | 0.1% | 125
Spam Detected | 12.4% | 16.5k
Virus Detected | 0.0% | 8
Detected by Advanced Malware Protection | 0.0% | 3
Messages with Malicious URLs | 0.0% | 4
Stopped by Content Filter | 0.1% | 111
Stopped by DMARC | 0.0% | 0
S/MIME Verification/Decryption Failed | 0.0% | 0
Total Threat Messages: | 74.1% | 98.4k
Marketing Messages | 0.0% | 41
Social Networking Messages | 0.0% | 13
Bulk Messages | 0.1% | 160
Total Graymails: | 0.2% | 214
S/MIME Verification/Decryption Successful | 0.0% | 0
Clean Messages | 25.8% | 34.2k
Total Attempted Messages: | | 132.8k
Export...

MX9


01 Feb 2021 00:00 to 28 Feb 2021 23:59 (GMT -08:00)
Data in time range:100.0 % complete
Incoming Mail Graph
9,000
8,100
7,200
6,300
5,400
4,500
3,600
2,700
1,800
900
0
02-Feb
09-Feb
16-Feb
23-Feb
Export...
Incoming Mail Summary
Message Category | % | Messages
Stopped by Reputation Filtering | 59.6% | 67.5k
Stopped as Invalid Recipients | 0.1% | 117
Spam Detected | 12.1% | 13.7k
Virus Detected | 0.0% | 1
Detected by Advanced Malware Protection | 0.0% | 3
Messages with Malicious URLs | 0.0% | 2
Stopped by Content Filter | 0.1% | 78
Stopped by DMARC | 0.0% | 0
S/MIME Verification/Decryption Failed | 0.0% | 0
Total Threat Messages: | 71.8% | 81.4k
Marketing Messages | 0.0% | 27
Social Networking Messages | 0.0% | 12
Bulk Messages | 0.1% | 95
Total Graymails: | 0.1% | 134
S/MIME Verification/Decryption Successful | 0.0% | 0
Clean Messages | 28.0% | 31.8k
Total Attempted Messages: | | 113.4k

Item / Date	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	***Feb-21***
Stopped By Reputation	234.0k	280.8k	249.7k	278.0k	322.6k	237.0k	129.0k	74.7k	68.9k	69.7k	43.8k	***149k***
Invalid Recipients	4	56	39	55	50	612	2,582	1,120	883	153	62	***242***
Spam Detected	12.8k	16.4k	11.4k	17.1k	15.9k	16.9k	11.2k	15.4k	13.6k	13.2	8,650	***30.2k***
Virus Detected	0	3	4	3	1	2	2	1	1	1	0	***9***
Advanced Malware	4	6	0	0	1	0	1	1	2	9	10	***10***
Malicious URLs	91	14	36	43	47	50	33	22	31	39	3	***6***
Content Filter	9	48	9	23	14	10	26	5	2	8	18	***189***
Marketing Messages	3,804	4,296	3,730	3,834	4,024	3,715	4,127	3,794	6,511	6,147	3,203	***68***
Attempted Admin Privilege Gain	518	596	1,064	1,292	2,573	33	1,865	314	285	84	42	***160***
Attempted User Privilege Gain	27	17	18	23	94	22	339	1,948	1,019	650	37	***6***
Attempted Information Leak	37	59	63	48	64	88	18	52	156	167	44	***11***
Potential Corp Policy Violation	10	77	21	32	19	59	210	0	0	0	0	***0***
Network Scans Detected	4	3	15	2	2	1	1	9	0	0	0	***0***
Web Application Attack	45	121	47	124	42	0	65	25	25	0	0	***0***
Attempted Denial of Service	0	0	0	0	0	0	0	0	11.2k	6,775	15,163	***2,788***
Misc. Attack	21	25	18	56	18	0	14	4,242	2,508	5,935	2,390	***13,836***

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

- Email based metrics currently monitored have increased with a return to a reputation-based blocks for a total of 149k.

- Attempted information leaks detected and blocked at the firewall are lower from 44 to 11 for the month of **February.**

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

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

Projects and Programs

Ruth Watson

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

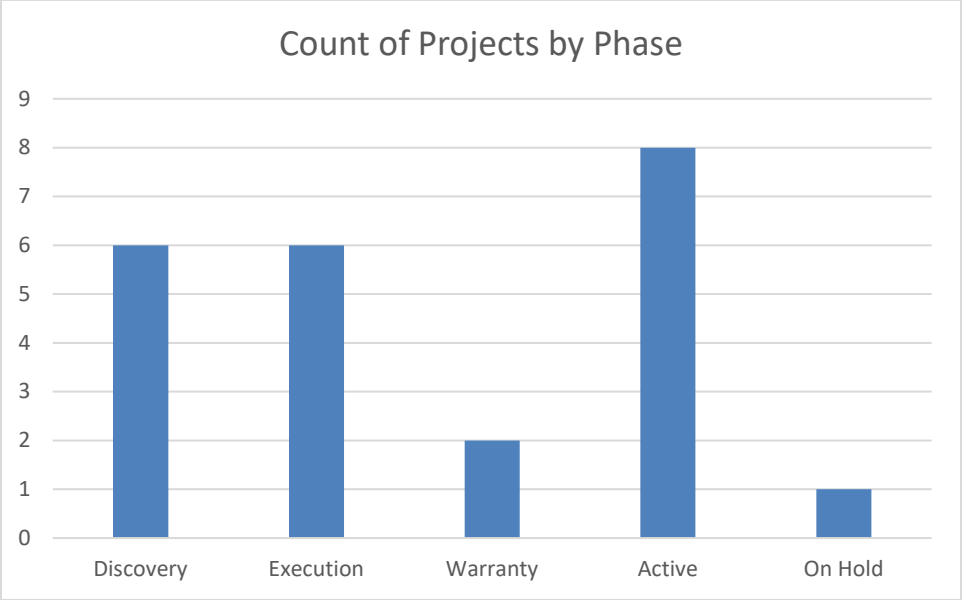
From: **Ruth Watson, Chief Projects and Programs Officer**

Date: **March 12, 2021**

Subject: **Projects & Programs Report**

Project Management Office

- 27 projects currently on the Alliance enterprise-wide portfolio.
    - 22 active projects (discovery, initiation, planning, execution, warranty).



    - 4 projects Inactive
    - 1 project On Hold

- Key projects currently in-flight:
    - California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs.
        - Enhanced Care Management (ECM) effective January 1, 2022 – ECM will target seven specific populations of vulnerable and high-risk children and adults.
            - Members currently receiving Whole Person Care (WPC) and/or Health Homes Program (HHP) services will transition into ECM.

- Reviewing draft DHCS documents.
- Established team to draft Model of Care.
- Weekly meetings to include AC3 starting March 2021.

- In Lieu of Services (ILOS) effective January 1, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays.
  - Assessing current capabilities & capacity with current providers.
  - Developing draft Member eligibility criteria and service offerings.
  - Weekly meetings to include AC3 starting March 2021.

- Major Organ Transplants (MOT) – currently not within the scope of many Medi-Cal managed care plans (MCPs), will be carved into all MCPs effective January 1, 2022.
  - Applicable to adults only, transplants for children will remain with California Children's Services.
  - Assessing Transplant network and potential to contract with several out of area transplant centers/providers.

- Pharmacy Carve-out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State; the Department of Health Care Services (DHCS) has further delayed the start with no new go-live date indicated.
- Transportation Policy Change – changing the advance notice time frame for requesting a non-standing non-medical transportation ride from 1 day to 3 days.
  - 30-day member notification letter mailed on January 29; benefit policy change will be effective March 1, 2021.
  - Project to close out March 5, 2021.
- Interoperability Phase 1 – regulatory mandate to implement the following:
  - Patient Access API – provide members with the ability to access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their choice.
  - Provider Directory API – requires payers to make provider directory information publicly available.
  - Enforcement date is July 1, 2021.
  - Engaged consultant services to provide Business Analysis support
- Human Resources Information System (HRIS) – replacement of current HRIS system; target go-live is mid-June 2021.
- ADT Project Closed.

- Project Portfolio Governance structure being implemented; the first meeting is scheduled for March 8, 2021.

Integrated Planning

- Behavioral Health Integration (BHI) Incentive Program – DHCS pilot program commenced January 1, 2021, and continues through December 31, 2022:
    - Provided grantees with the two-year reporting schedule.
    - Quarterly reports are due to DHCS within 60 days from the end of the quarter; the first report due May 28, 2021.

- CalAIM ECM and ILOS:
    - Model of Care due to DHCS by July 1, 2021.
    - Network Assessment due to DHCS by September 1, 2021.
    - Listening sessions with community partners and stakeholders are being schedule for March and April.
    - Engaged consultant services to provide CalAIM program support.

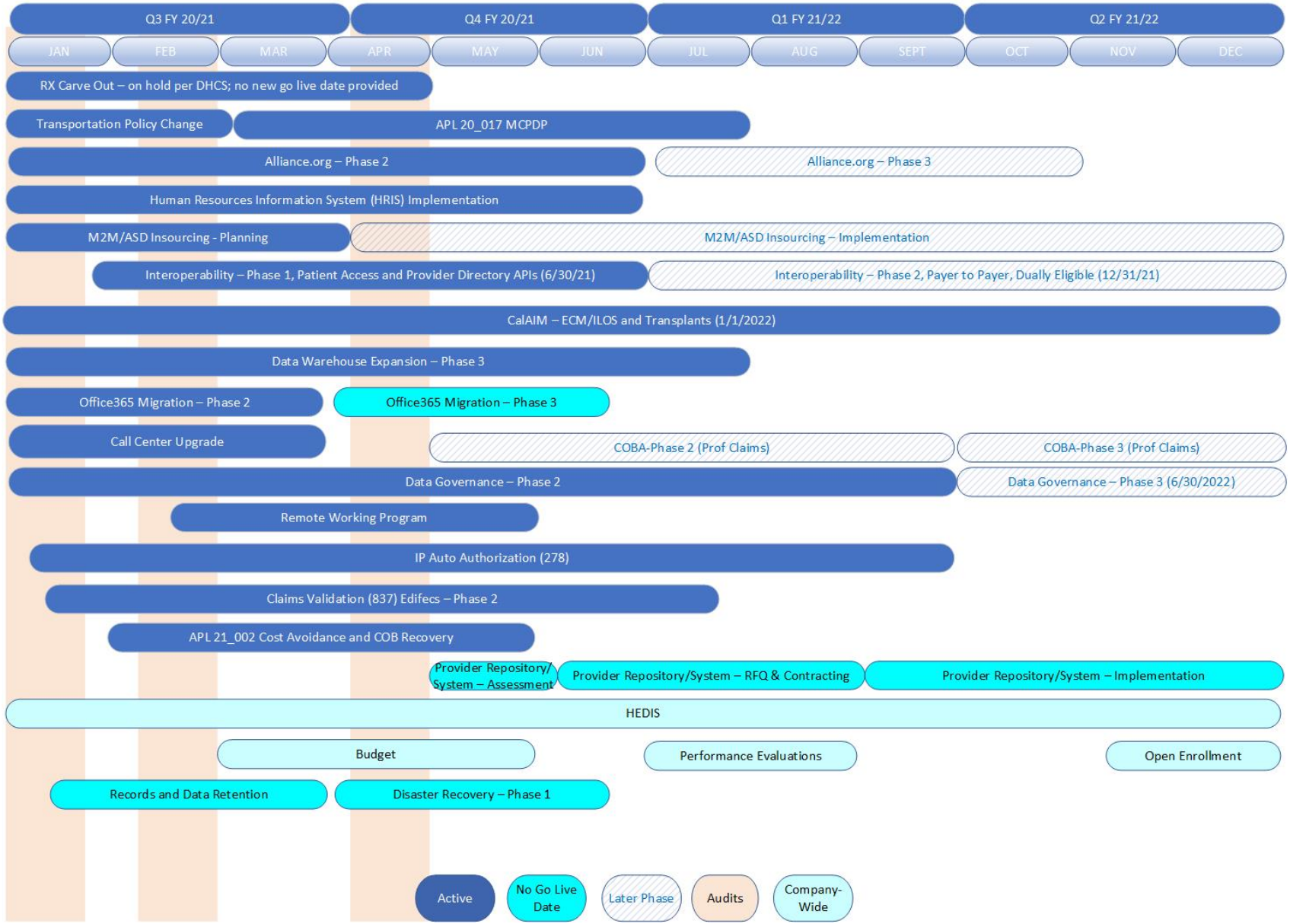
Recruiting and Staffing

- Project Management Open position(s):
    - Senior Project Manager hired and starts mid-March.
    - Sr. Technical Project Manager; recruitment is underway.

Projects and Programs

Supporting Documents

AAH Project Portfolio - Active + (updated 3/4/2021)



ALAMEDA Alliance FOR HEALTH

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

Analytics

Tiffany Cheang

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

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

Date: **March 12, 2021**

Subject: **Performance & Analytics Report**

Member Cost Analysis

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

- For the Current reporting period, the top 7.8% of members account for 83.6% of total costs.

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

- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
  - The SPD (non-duals) and ACA OE categories of aid increased to account for 59.7% of the members, with SPDs accounting for 28.6% and ACA OE's at 31.1%.
  - The percent of members with costs >= $30K slightly increased from 1.5% to 1.6%.
  - Of those members with costs >= $100K, the percentage of total members remained consistent at 0.4%.
    - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 49.5%.

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

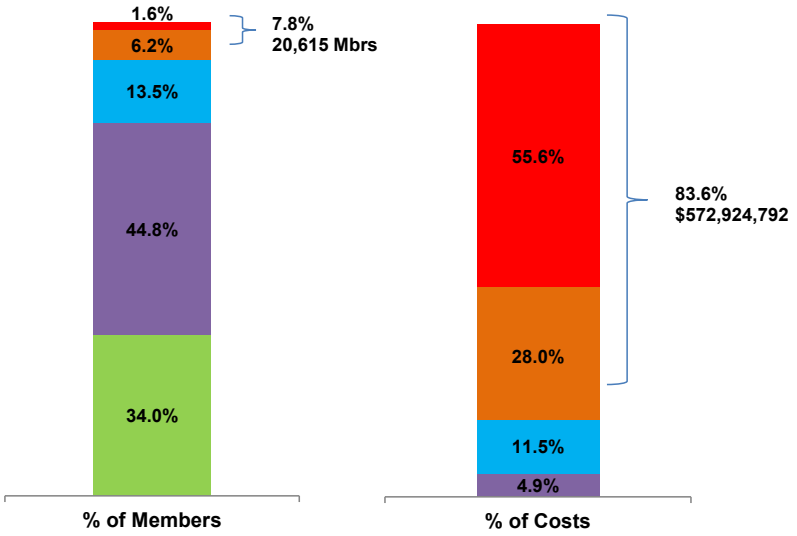
- However, the age distribution of the top 7.8% is more concentrated in the 45-66 year old category (40.5%) compared to the overall population (20.9%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Dec 2019 - Nov 2020
Note: Data incomplete due to claims lag
Run Date: 03/01/2021

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,305	1.6%	$ 380,964,476	55.6%
$5K - $30K	16,310	6.2%	$ 191,960,316	28.0%
$1K - $5K	35,682	13.5%	$ 79,111,164	11.5%
< $1K	118,500	44.8%	$ 33,684,535	4.9%
$0	89,923	34.0%	$ -	0.0%
Totals	**264,720**	**100.0%**	**$ 685,720,491**	**100.0%**

Top 7.8% of Members = 83.6% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	974	0.4%	$ 201,428,937	29.4%
$75K to $100K	560	0.2%	$ 48,099,112	7.0%
$50K to $75K	1,083	0.4%	$ 66,525,505	9.7%
$40K to $50K	651	0.2%	$ 29,090,395	4.2%
$30K to $40K	1,037	0.4%	$ 35,820,527	5.2%
SubTotal	***4,305***	***1.6%***	***$ 380,964,476***	***55.6%***
$20K to $30K	2,045	0.8%	$ 50,035,533	7.3%
$10K to $20K	5,925	2.2%	$ 82,211,814	12.0%
$5K to $10K	8,340	3.2%	$ 59,712,969	8.7%
SubTotal	***16,310***	***6.2%***	***$ 191,960,316***	***28.0%***
Total	**20,615**	***7.8%***	**$ 572,924,792**	***83.6%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Nov 2020	235,694	$ 613,922,226
Dis-Enrolled During Year	29,026	$ 71,798,265
Totals	**264,720**	**$ 685,720,491**

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

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
7.8% of Members = 83.6% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Dec 2019 - Nov 2020
Note: Data incomplete due to claims lag
Run Date: 03/01/2021

7.8% of Members = 83.6% of Costs
28.6% of members are SPDs and account for 35.9% of costs.
31.1% of members are ACA OE and account for 30.3% of costs.
6.9% of members disenrolled as of Nov 2020 and account for 11.5% of costs.

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

Member Breakout by LOB

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

Member Breakout by LOB

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

Cost Breakout by LOB

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

Cost Breakout by LOB

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

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs
$100K+	6%	0%	1%
$75K to $100K	6%	0%	3%
$50K to $75K	5%	0%	3%
$40K to $50K	6%	0%	3%
$30K to $40K	8%	1%	4%
$20K to $30K	8%	3%	6%
$10K to $20K	1%	0%	12%
$5K to $10K	0%	0%	12%
Total	**5%**	**0%**	**5%**

Breakout by Service Type/Location

Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
13%	57%	1%	14%	5%	2%	8%
18%	44%	3%	11%	4%	8%	12%
20%	39%	2%	8%	7%	10%	13%
18%	47%	5%	7%	5%	2%	16%
15%	42%	8%	9%	7%	2%	18%
18%	36%	10%	10%	7%	1%	18%
20%	35%	6%	12%	9%	3%	14%
25%	23%	9%	12%	14%	0%	17%
17%	**44%**	**4%**	**12%**	**7%**	**3%**	**13%**

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

ALAMEDA Alliance FOR HEALTH

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

Human Resources

Anastacia Swift

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

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

Date: **March 12, 2021**

Subject: **Human Resources Report**

Staffing

- As of March 1, 2021, the Alliance had 337 full-time employees and 2-part time employees.

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

- Summary of open positions by department:

Department	Open Positions March 1	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	8	2	6
Operations	22	5	17
Healthcare Analytics	4	0	4
Information Technology	4	0	4
Finance	4	1	3
Compliance	3	1	2
Human Resources	2	1	1
Projects & Programs	2	1	1
Total	49	11	38

- Our current recruitment rate is 13%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in February 2021 included:
    - 5 years:
        - Sharanjit Kaur (IT)
        - Roxana Beltran Murillo (Claims)
        - Arwyn Gonzales (IT-Infrastructure)
        - Anna Sagapolutele (Grievance & Appeals)
    - 6 years:
        - Errin Poston-McDaniels (Provider Services)
        - Andre Morgan (IT-Applications)
    - 8 years:
        - Tiffany Cheang (Healthcare Analytics)
        - Sandra Galindo (Legal)
    - 10 years:
        - Judy Rosas (Member Services)
    - 17 years:
        - Eric Val Verde (Finance)