Board of Governors

Regular Meeting

Friday, May 14, 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, May 14, 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 May 14, 2021, at 12:00 p.m. in Alameda County, California, by Dr. Evan Seevak, Presiding Officer. This meeting to take place by video conference call.)

2. **ROLL CALL**

3. **AGENDA APPROVAL OR MODIFICATIONS**

4. **INTRODUCTIONS**

5. **CONSENT CALENDAR**

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

   a) **APRIL 9, 2021 BOARD OF GOVERNORS MEETING MINUTES**

   b) **MAY 11, 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 MARCH 2021 MONTHLY FINANCIAL STATEMENTS**

   b) **REVIEW AND APPROVE RESOLUTION 2021-06 BOARD MEMBER (DR. MICHAEL MARCHIANO) ALAMEDA COUNTY HOSPITAL MEMBER SEAT**

   c) **REVIEW AND APPROVE RESOLUTION 2021-07 BOARD MEMBER (DR. ROLLINGTON FERGUSON) PHYSICIAN MEMBER SEAT**

   d) **REVIEW AND APPROVE RESOLUTION 2021-08 BOARD MEMBER (AARONDEEP BASRAI) AT-LARGE PHARMACIST MEMBER SEAT**

   e) **REVIEW AND APPROVE RESOLUTION 2021-09 CREATING EXECUTIVE COMMITTEE**

   f) **PROVIDER SATISFACTION UPDATE**

   g) **CALAIM IMPLEMENTATION UPDATE FOR JANUARY 1, 2022**

   h) **REAL ESTATE ACQUISITION**

9. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING 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 the pandemic (COVID-19), 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 lists the items submitted for consideration. Prior to the listed agenda items, the Board may hold a study session to receive information or meet with another committee. A study session is open to the public; however, no public testimony is taken, and no decisions are made. Following a study session, the regular meeting will begin at 12:00 noon. At this time, the Board allows oral communications from the public to address the Board on items NOT listed on the agenda. Oral comments to address the Board of Governors are limited to three minutes per person.

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

Additions and Deletions to the Agenda: Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the Agenda and must be acted upon prior to the next Board meeting. For special meeting agendas, only those items listed on the published agenda may be discussed. The items on the agenda are arranged in three categories. **Consent Calendar:** These are relatively minor in nature, do not have any outstanding issues or concerns, and do not require a

public hearing. All consent calendar items are considered by the Board as one item, and a single vote is taken for their approval unless an item is pulled from the consent calendar for individual discussion. There is no public discussion of consent calendar items unless requested by the Board of Governors. **Public Hearings:** This category is for matters that require, by law, a hearing open to public comment because of the particular nature of the request. Public hearings are formally conducted, and public input/testimony is requested at a specific time. This is your opportunity to speak on the item(s) that concern you. If in the future, you wish to challenge in court any of the matters on this agenda for which a public hearing is to be conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Board at or before the hearing. **Board Business:** Items in this category are general in nature and may require Board action. Public input will be received on each item of Board Business.

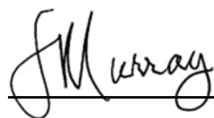
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org

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

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

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamaedaalliance.org on May 11, 2021, by 12:00 p.m.


______________________________Clerk of the Board – Jeanette Murray

CONSENT CALENDAR

Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
April 9, 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, Natalie Williams, Byron Lopez, Nicholas Peraino, Dr. Rollington Ferguson, Dr. Michael Marchiano, Aarondeep Basrai, David B. Vliet, Dr. Kelley Meade

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

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Seevak	The regular board meeting was called to order by Dr. Seevak at 12:00 pm.	None	None
2. ROLL CALL			
Dr. Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Seevak	None	None	None
5. CONSENT CALENDAR			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Seevak	Dr. Seevak presented the Consent Calendar. a) March 12, 2021, Board of Governors Meeting Minutes b) April 6, 2021, Finance Committee Meeting Minutes Motion to Approve April 9, 2021, Board of Governors Consent Calendar with the word CARES changed to CAIRS (page 15 in the Board of Governor's packet). A vote by roll call was taken, and the motion passed.	Motion to Approve April 9, 2021, Board of Governors Consent Calendar with the word CARES changed to CAIRS (page 15 of the minutes in the Board of Governor's packet). Motion: M. Lynch Second: D. Vliet Vote: Yes No opposed or abstained.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY GROUP			
R. Gebhart	The Compliance Advisory Group was held telephonically on April 9, 2021, at 10:30 am. Rebecca Gebhart updated the Board on the current Compliance Advisory workbook. Compliance Dashboard: • Teams are going through past Corrective Action Plans (CAPs) and making sure they are still working properly. • We are validating approved Corrective Action Plans. • Two of the six CAPs are still being validated. Kindred Focused Audit: • There are several Corrective Action Plans, and we are in the process of implementing the CAPs. • We will continue to report to the Board on the progress.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Dashboards: • We will be changing the layout of the Dashboard. • There will be a report out by year and the summary will roll up to one master summary page. DHCS and DMHC Medical Services Survey Joint Audit – April: • The Alliance has been preparing for the audit and submitting files. • We are also holding mock reviews. • Improvement has been noted by staff of Potential Quality Issues (PQIs). • 2020 implemented change and potential improvement related to PQIs for this year. • 2018 and 2019 we had not yet implemented the change in PQIs. Annual Network Certification: • 2021 we will certify our network as we do each year to meet time and distance standards. • The certification is due on May 1. • The State has changed from time and distance to time or distance. • The Alliance will need to meet one of these standards, time or distance. JPA Dissolution: • The JPA is in the process of being dissolved, but the DMHC must approve, and there are licensing issues. • We found that the 2020 timely access filing had to be filed under both licenses, and after approval of both, the State will approve the dissolution. County MOU: • Approved April 6 by Alameda County Board of Supervisors. 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, April 6, 2021. Dr. Ferguson updated the Board on the Finance Committee Meeting. Highlights: • The Committee reviewed February 2021 Finance reports and discussed the Safety-Net Sustainability Fund. • A recommendation from the Finance Committee regarding the Safety-Net Sustainability Fund was to discontinue the fund and transfer the remaining funds into the operating budget. • During Board Business, a presentation, discussion, and vote to continue or not to continue the Safety-Net Sustainability Fund will take place. 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: Joint DMHC/DHCS Audit: • The Alliance Staff are recognized and appreciated for their involvement and performance in the audit. • We will be reporting back to the Board on the progress of the audits. CalAIM Initiatives – 2021 and 2022: • Timelines are:	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	○ Model of Care and Transition Plan is due by July 1, 2021. ▪ Alameda County and Alliance staff are working together on Model of Care documents to deliver by July 1 to the DHCS. ▪ Documents to be submitted to the DHCS detail the Enhanced Care Management and In Lieu of Services ▪ In May and June, the Alliance will be presenting to the Alliance Board updates of CalAIM with the latest guidance from the State. ▪ The Alliance and Alameda County are partnering on key decisions related to the transition of the Whole Person Care initiative. ▪ There will be updates to the Board in the future. ○ For information on the CalAIM program visit: https://alamedaalliance.org/providers/calaim/ 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 Rx project implementation team is current on deliverables to the State of California and is awaiting further direction on this initiative. Informational update to the Board of Governors. Vote not required.		
8. a BOARD BUSINESS – FEBRUARY 2021 MONTHLY FINANCIAL STATEMENTS			
G. Riojas	Gil Riojas gave the following February 2021 Finance updates: Enrollment:	Motion to Approve February 2021, Monthly Financial Statements.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• For the month ending February 28, 2021, the Alliance had an enrollment of 279,835 members, a net income of $7.5M, and the tangible net equity is 570%. • Our enrollment has increased by 1,951 members since January 2021. Net Operating Results: • For the month ending February 28, 2021, the actual net income was $7.5M, and the budgeted net income was $249,000. • The favorable variances were due to higher than anticipated income, lower than anticipated administrative expense and medical expense. Revenue: • For the month ending February 28, 2021, the actual revenue was $97.1M vs. the budgeted revenue of $93.0M. Medical Expense: • For the month ending February 28, 2021, the actual medical expense was $84.9M vs. the budgeted medical expense of $85.1M. Medical Loss Ratio (MLR): • For the month ending February 28, 2021, the MLR was 87.5%, and the fiscal year-to-date of 95.9%. Administrative Expense: • For the month ending February 28, 2021, the actual administrative expense was $4.7M vs. the budgeted administrative expense of $7.7M. Other Income / (Expense): • As of February 28, 2021, our YTD interest income from investments is $490,000, and YTD claims interest expense is $241,000. Tangible Net Equity (TNE): • Tangible net equity results continue to remain healthy, and at the end of February 28, 2021, the TNE was reported at 570% of the required amount. Cash Position and Assets:	Motion: M. Lynch Second: D. Vliet Vote: Yes No opposed or abstained.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• For the month ending February 28, 2021, the Alliance reported $338.3M in cash; $128.8M in uncommitted cash. Our current ratio is above the minimum required at 1.52 compared to the regulatory minimum of 1.0. Question: A Board Member voiced concern about administrative costs running under budget because of all the new programs to come. Answer: At present, we are working on the budget for next year, and these programs are being considered, and the budget for next year will show this. Motion to approve February 2021, Monthly Financial Statements as presented. A vote by roll call was taken, and the motion passed.		
8. b. BOARD BUSINESS – REVIEW AND APPROVE RESOLUTION 2021-04 BOARD MEMBER SEAT			
S. Coffin	Scott Coffin introduced Resolution 2021-04 to reappoint Board Member Rebecca Gebhart to the At Large Seat. R. Gebhart stepped out of the conversation and vote. • The Board voted to reappoint Rebecca Gebhart to the At Large Seat. Motion to approve Resolution 2021-04 Board Member Rebecca Gebhart to the At Large Seat. A vote by roll call was taken, and the motion passed.	Motion to approve Resolution 2021-04 Board Member Rebecca Gebhart to the At Large Seat. Motion: S. Coffin Second: M. Lynch Motion passed by roll call. Vote: Yes No opposed. 1 abstained (Rebecca Gebhart).	None
8. c. BOARD BUSINESS – REVIEW AND APPROVE RESOLUTION 2021-05 BOARD MEMBER SEAT			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
S. Coffin	Scott Coffin introduced Resolution 2021-05 to reappoint Board Member Nicholas Peraino to the Labor At Large Seat. N. Peraino stepped out of the conversation and vote. • The Board voted to reappoint Nicolas Peraino to the Labor At Large Seat. Motion to approve Resolution 2021-05 Board Member Nicholas Peraino to the Labor At Large Seat. A vote by roll call was taken, and the motion passed.	<u>Motion to approve</u> Resolution 2021-05 Board Member Nicholas Peraino to the Labor At Large Seat. <u>Motion</u>: Dr. Ferguson <u>Second</u>: K. Meade Motion passed by roll call. <u>Vote</u>: Yes No opposed. 1 abstained (Nicholas Peraino).	None
8. d. BOARD BUSINESS – REVIEW AND APPROVE STATEMENT IN SOLIDARITY WITH OUR ASIAN AMERICAN PACIFIC ISLANDER COMMUNITIES			
S. Coffin	Scott Coffin introduced the Statement in Solidarity with Our Asian American Pacific Islander Communities. The following Staff will read the statement at the meeting: • Stephanie Wakefield, • Christine Corpus, • Yemaya Teague, • Karina Rivera Motion to approve Statement in Solidarity with Our Asian American Pacific Islander Communities. A vote by roll call was taken, and the motion passed.	<u>Motion to approve</u> Statement in Solidarity with Our Asian American Pacific Islander Communities. <u>Motion</u>: W. Chan <u>Second</u>: D. Vliet Motion passed by roll call. <u>Vote</u>: Yes	None

<table>
<tr><th>AGENDA ITEM
SPEAKER</th><th>DISCUSSION HIGHLIGHTS</th><th>ACTION</th><th>FOLLOW UP</th></tr>
<tr><td></td><td></td><td>No opposed or abstained.</td><td></td></tr>
<tr><td colspan="4">8. e. BOARD BUSINESS – REVIEW AND APPROVE PROVIDER SAFETY-NET SUSTAINABILITY FUND</td></tr>
<tr><td>S. Coffin</td><td>Scott Coffin presented the Safety-Net Sustainability Fund Update.

The discussion included:

• Background of the origination and creation of the fund to support safety-net providers serving people on the front lines
• Actual payout of $6.6 million in Fiscal Year 2020
• American Rescue Plan Act (ARPA) highlights and awards.
• The Finance Committee was held on April 6, 2021 and included a discussion on the Safety-Net Sustainability Fund.
  o Approximately $8.3 million remains budgeted in Fiscal Year 2021
  o The Finance Committee reviewed the following four options:
    1) Release the $8.3 million dollars and distribute the funds, or
    2) Revise the dollar allocation being awarded to a lower amount, or
    3) Re-appropriate the dollars to other programs (e.g., P4P program), or
    4) Terminate the program & transfer the dollars into the operating budget (reduces our projected net operating loss).
  o The Finance Committee agreed to recommend Option #4, terminating the provider sustainability fund and transfering $8.3 million dollars into the operating budget.
  o The recommendation was carried to the full Board of Governors on April 9, 2021, for discussion and vote.

• After a discussion of the Safety-Net Sustainability Fund, the Board voted on the following motion, and approved.</td><td><u>Motion to approve</u> the Finance Committee recommendation to terminate the Provider Safety-Net Sustainability Fund program and transfer the $8.3M back to the operating budget.

<u>Motion: </u>Dr. Ferguson

<u>Second</u>: R. Gebhart

Motion passed by roll call.

<u>Vote</u>: Yes

No opposed or abstained.</td><td>None</td></tr>
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Motion to approve the Finance Committee recommendation to terminate the Provider Safety-Net Sustainability Fund program and transfer the $8.3 million into the operating budget. A vote by roll call was taken, and the motion passed.		
9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. O'Brien	The Peer Review and Credentialing Committee (PRCC) held telephonically on March 16, 2021. Dr. O'Brien gave the following updates: • There were twelve (12) initial providers approved, including five (5) Primary Care Providers, two (2) specialists, zero (0) ancillary providers, and five (5) mid-level providers. • Additionally, thirty-three (33) providers were re-credentialed at this meeting; seven (7) primary care providers, nineteen (19) specialists, one (1) ancillary provider, and six (6) 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 – PHARMACY & THERAPEUTICS COMMITTEE			
Dr. O'Brien	Dr. O'Brien gave an update on the Pharmacy & Therapeutics Committee held telephonically on March 16, 2021. Dr. O'Brien gave the following updates: • Reviewed 7 therapeutic class reviews • Reviewed most prescribed and most extensive cost drugs	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Added 14 drugs to the formulary • Welcomed Dr. Dao – new committee member Informational update to the Board of Governors. Vote not required.		
9. c. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE			

Dr. O'Brien	Dr. O'Brien gave an update on the Health Care Quality Committee held telephonically on March 18, 2021.
	
	Dr. O'Brien gave the following updates:
	
	• Annual and Newly Revised P&P Review & Approval
	• G&A Report – Jenifer Karmelich
	    ○ The plan is no longer on its NCQA Corrective Action Plan.
	• QI & CLS, 2021 Program Description
	    ○ UM & CM 2020 Program Eval
	    ○ 2021 UM & CM Program Description and Work Plan
	    ○ Dr. Bhatt
	• Clinical staff PQI Case File Inter-rater reliability – 100%
	• Q4 2020 CG-CAHPS results –
	    ○ In-office Wait Times 92 % - Exceed 80% threshold
	    ○ Time to answer call 81% - Exceed 80% threshold
	    ○ Return Call time 76% - Below 80% threshold – PDSA for improvement
	• Impact of COVID-19 on Preventive Care
	
	Informational update to the Board of Governors.
		Informational update to the Board of Governors.
		
		Vote not required.
			None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Vote not required.		
9. d. STANDING COMMITTEE UPDATES – CONSUMER ADVISORY COMMITTEE			
S. Coffin	Scott Coffin gave an update on the Consumer Advisory Committee held telephonically on March 18, 2021. Scott gave the following updates: • Dr. Julianne Davis who passed away last year was honored for 20-years of service to the Alliance • Medi-Cal Rx transition delayed indefinitely • COVID-19 Community outreach update presented • Dr. O'Brien and Dr. Carey presented on COVID-19 disparities and how disparities are being addressed to meet more needs • Grievance and Appeals 4th quarter 2020 report was presented • 2020 population needs assessment report presented • Discussion on the decrease of well-child and adult preventative care for 2020 related to pandemic. • Transition of Care program was presented to the MAC Members • A pilot program with Stanford Health for cancer treatment was presented • New MAC Member introduction, Amy Sholinbeck Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
10. STAFF UPDATES			
S. Coffin	• None	None	None
11. UNFINISHED BUSINESS			
S. Coffin	• None	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
S. Coffin	• None	None	None
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	• None	None	None
14. CLOSED SESSION			
Dr. Seevak	Dr. Seevak announced a Closed Session at 1:35 pm. All Guests and Staff departed from the conference line. The Board of Governors, Scott Coffin, the Senior Leadership, and C. VanOosterwijk, S. Lin, C. Keenan, T. Lewis, Dr, Bhatt, J. A. Miller remained for the Closed Session pursuant to the following: • Discussion and Deliberation regarding Trade Secrets (Health & Safety Code Section 32106).	Closed Session Discussion.	None
15. ADJOURNMENT			
Dr. Seevak	Dr. Seevak adjourned the meeting at 2:34 pm.	None	None

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

Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

May 11, 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, Dr. Steve O'Brien, Anastacia Swift, Tiffany Cheang, Richard Golfin III, Carol vanOosterwijk, Ruth Watson, Shulin Lin, 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 8:02 am and Roll call was conducted.		
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. April 6, 2021, Finance Committee Minutes were approved at the Board of Governors meeting April 9, 2021 and not presented today. There were no modifications to the Consent Calendar.	Motion to accept **Consent Calendar** Motion: N. Peraino Seconded: G. Riojas Pass by Consent	
a.) CEO Update			
Scott Coffin	S. Coffin gave updates to the committee on the following: **Anniversary** – Alameda Alliance formed in 1996 and recognizes 25 years of service to Alameda County residents. **Fiscal Year 2022 Budget** – Budget planning for Fiscal Year 2022 began in February, and the Preliminary FY2022 budget is on schedule to be presented	Informational update to the Finance Committee Vote not required	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP

	to the Board of Governors during the first week in June. The final budget will be presented in December 2021 following the delivery of preliminary Medi-Cal rates from DHCS.
	
	CalAIM – CalAIM is a standing agenda item on the agenda for the Finance Committee and Board Meeting, and each month a discussion will be facilitated to update the Board Members and Committee Members. In the month of May, the CalAIM services that are transitioning on 1/1/2022 will be presented for discussion to the full Board, and in June the financial implications of these services will be presented that forecasts the expenditures in FY2022.
	• Whole Person Care & Health Homes programs end on December 31, 2021
	• Enhanced Care Management benefits, In Lieu Of Services, and Major Organ Transplant benefits begin January 1, 2022
	  ○ Model of Care and Transition Plan is due by July 2021
	  ○ Provider network submissions is due by September 2021
	  ○ Whole Person Care (AC3) & Health Homes programs end 12/31/2021
	• Community Listening Sessions started in the month of May with safety-net partners to inventory services
	
	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. Approximately 37% of eligible members are partially or fully vaccinated, as compared to statewide average of 49.1% who have received at least one dose.
	
	Our first phase of communication consisted of 22,000 mailings and phone calls to “high-risk” members followed by “low to medium risk” members in Medi-Cal and Group Care. By the end of May 2021, a second round of mailings are being sent to approximately 131,000 members to encourage seeking the vaccine, and to supply a list of vaccination sites in Alameda County.
	
	Question: Dr. Marchiano asked how we collected the data giving vaccination status of our members. T.Cheang answered that the majority of our data comes from the CAIR (California Immunization Registry) system.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	HEDIS Measurement Year(MY) 2021 – Approximately 91% of the 3,960 medical records have been retrieved and identified with a disposition. Collection of medical records ended May 7, 2021 and the audited records will be submitted to NCQA on schedule by June 15. For Measurement Year 2020, there are a total of 33 MCAS measures, and 19 of these measures are held to a minimum performance level; it is estimated that 37% of the measures are below the minimum performance level. Our forecast is to complete measurement year 2020 with AQFS score between 50%-60%. Additionally, DHCS announced the penalties and sanctions are being waived for measurement year 2020; penalties and sanctions will be reinstated for measurement year 2021.		
b.) Review March 2021 Monthly Financial Statements			
Gil Riojas	**March 2021 Financial Statement Summary** **Enrollment:** Current enrollment is 281,637 and continues to trend upward, total enrollment has increased by 1,802 members from February 2021, and 24,892 members since June 2020. As in previous months, increases are primarily in the Child, Adult, and Optional Expansion categories of aid. While membership continues to increase, we now see the continued decline in the rate of increase month over month. This change in the rate of increase will affect our forecast for the rest of this year, and the budget process into next fiscal year. In addition, we do expect to see further decreases in the rate of enrollment once the public health state of emergency is ended. **Discussion** – The scale of the graph displaying the net growth month over month is being separated into two graphs to improve the visual representation of membership versus new enrollment by month. *Action item.* **Net Income:** For the month ending March 31, 2021, the Alliance reported a Net Loss of $546,000 (versus budgeted Net Income of 443,000). For the year-to-date, the Alliance recorded a Net Loss of $10.6 million versus a budgeted Net Loss of $20.2 million. Factors creating the unfavorable variance were higher than anticipated Medical Expense, lower than anticipated Revenue, and lower than	***Display data in two graphs, one showing Total Medi-Cal Enrollment and the second showing Net Change in Enrollment.***	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	anticipated Other Revenue, which was offset somewhat by lower than anticipated Administrative Expenses. **Revenue:** For the month ending March 31, 2021, actual Revenue was $93.9 million vs. our budgeted amount of $94.3 million. The unfavorable variance can be attributed to timing and lower paid membership. **Medical Expense:** Actual Medical Expenses for the month were very close to target at $89.5 million vs. our budgeted amount of $86.2 million. For the year-to-date, actual Medical Expenses were $759.7 million versus budgeted $753.7 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. **Medical Loss Ratio:** Our MLR ratio for this month was reported at 95.4%. Year-to-date MLR was at 95.8% vs our annual budgeted percentage 94.2%. **Administrative Expense:** Actual Administrative Expenses for the month ending March 31, 2021 were $4.9 million vs. our budgeted amount of $7.6 million. We are also below budget for year-to-date at $44.0 million vs. budgeted $56.1 million. Our Administrative Expense represents 5.2% of our Revenue for the month, and 5.5% of Net Revenue for year-to-date. The reasons for the favorable variance are listed on page 13 of the presentation and remain consistent with prior periods. **Other Income / (Expense):** As of March 31, 2021, our YTD interest income from investments was $512,000. 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 $271,000. **Question:** Dr. Marchiano asked what the greatest factors were regarding the continued favorable variance. G.Riojas answered that the single greatest influencing factor is the discontinuence of the Sustainability Fund, with the second largest being the delay of Purchased Services and Consultants.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Question: Dr. Ferguson asked if could foresee reducing our interest expense to under $100,000 annually. M.Woodruff answered that our current reduced target is $30,000 per month or $360,000 annually and that it is unlikely that we would be able to further reduce that to roughly $8,000 per month. He further explained that in the process of polling other plans about their experience, we discovered they are paying similar amounts, if not more annually. **TangibleNet Equity (TNE):** We reported a TNE of 564%, with an excess of $160.9 million. This remains a healthy number in terms of our reserves. **Cash and Cash Equivalents:** We reported $338.3 million in cash; $193.0 million is uncommitted. Our current ratio is above the minimum required at 1.36 compared to regulatory minimum of 1.0. **Capital Investments:** We have spent $657,000 in Capital Investments, and our budget for the year is $2.4 million.	Motion to accept **March 2021, Financial Statements** Motion: N. Peraino Seconded: Dr. Marchiano All in Favor – pass No opposed or abstained	
Dr. Rollington Ferguson	Dr. Ferguson motioned to adjourn the meeting. The meeting adjourned at 8:41 am.	Motion to adjourn: Dr. Ferguson Seconded: Dr. Marchiano No opposed or abstained.	

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

CEO Update

Scott Coffin

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

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

Date: **May 14, 2021**

Subject: **CEO Report**

- **Executive Summary**
    - Alameda Alliance formed in 1996 and recognizes 25 years of service to Alameda County residents
    - Net loss reported in March 2021 of $546,000; Medi-Cal reporting a net income of $148,000 is offset by a $694,000 net loss in Group Care
    - Key performance indicators underperforming include the encounters and provider dispute resolutions.
        - Kaiser Permanente submitted encounters for 2018-2021, and Alliance submitted adjusted claims; encounter metrics are anticipated to resume to compliance by end of June
        - Provider disputes exceeded the performance goal by 4% (internal goal), related to the overturn rate of a decision to pay for services; driven by automation and manual processing deficiencies, and is under review for remediation by the Claims Department
    - Total enrollment exceeded 284,000 for both lines of business, led by increasing Medi-Cal eligibility, and Group Care enrollment remains steady
    - 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

- **Fiscal Year 2022 Budget**
    - 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
    - County Wide Averaging and risk adjustments due by mid-December from DHCS, and results will be included in the first quarter forecast

- **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, and Major Organ Transplant benefits begin January 1, 2022
        - Model of Care and Transition Plan is due by July 2021

    - Provider network submissions is due by September 2021
    - Whole Person Care (AC3) & Health Homes programs end 12/31/2021
  - Community Listening Sessions started in the month of May with safety-net partners to inventory services
  - CalAIM is a standing item on the agenda for the Finance Committee and Board Meeting, and each month a discussion will be facilitated to update the Board Members and Committee Members

- **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
  - Approximately 37% of members (above the age of 15) in Medi-Cal and Group Care are partially or fully vaccinated, as compared to statewide average of 49.1% who have received at least one dose
  - First phase of 22,000 mailings and phone calls to "high-risk" members followed by "low to medium risk" members in Medi-Cal and Group Care
  - A second round of mailings are being sent to approximately 131,000 members to encourage seeking the vaccine and to supply a list of vaccination sites in Alameda 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

- **HEDIS MY2021**
  - Approximately 91% of the 3,960 medical records retrieved and identified a disposition
  - Collection of medical records ended May 7, 2021, and the audited records will be submitted to NCQA on schedule by June 15
  - For Measurement Year 2020 there are a total of 33 MCAS measures, and 19 of these measures are held to a minimum performance level; it is estimated that 37% of the 19 measures are below the minimum performance level, including:
    - Cervical Cancer Screening
    - Comprehensive Diabetes Care – HbA1c Poor Control
    - Controlling High Blood Pressure
    - Weight Assessment and Counseling – BMI
    - Weight Assessment and Counseling – Counseling for Nutrition
    - Breast Cancer Screening
    - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- Forecast to complete measurement year 2020 with AQFS score between 50% to 60%
- DHCS announced the penalties and sanctions are being waived for measurement year 2020; penalties and sanctions will be reinstated for measurement year 2021

- **Regulatory & Accreditation Audits**
  - Joint DMHC/DHCS full medical survey completed on April 23, 2021

EXECUTIVE DASHBOARD

MAY 2021

ALAMEDA Alliance FOR HEALTH

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

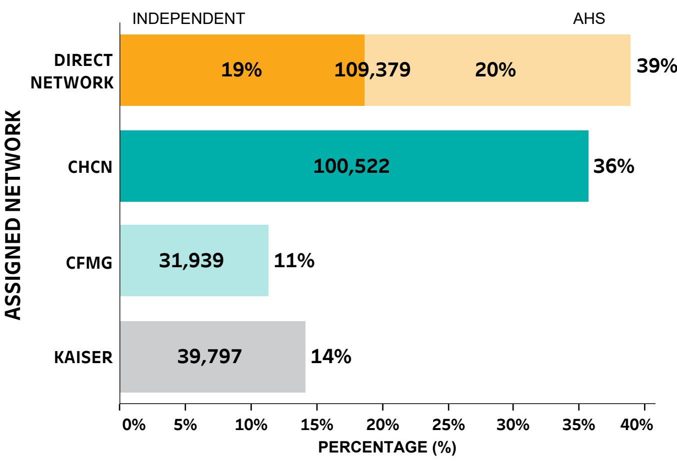
MEMBERSHIP**

281,637

TOTAL MEMBERSHIP

IHSS 5,993 **MEDI-CAL** 275,644

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**



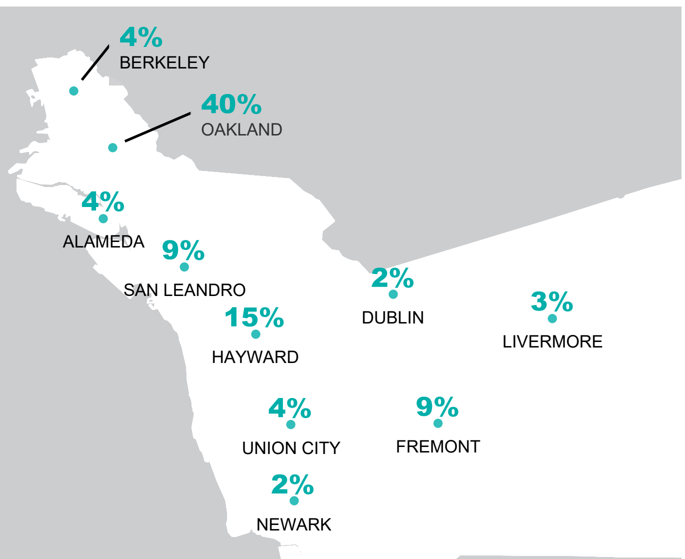
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%

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

TEN CITIES

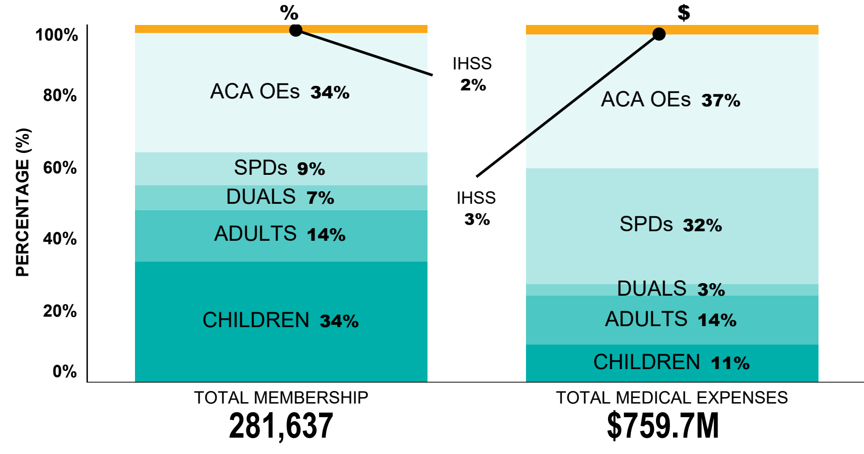
- ALAMEDA
- BERKELEY
- DUBLIN
- FREMONT
- HAYWARD
- LIVERMORE
- NEWARK
- OAKLAND
- SAN LEANDRO
- UNION CITY



** KPIs REPORTING 2 MONTH LAG

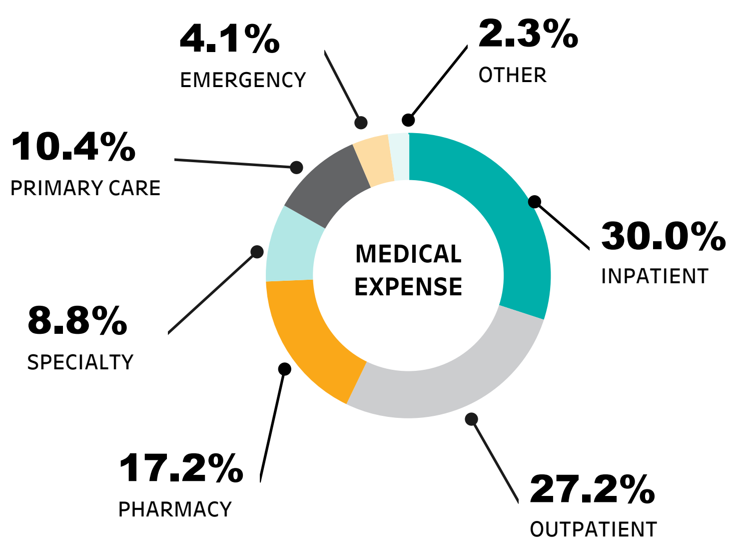
**** KPIs REPORTING 4 MONTH LAG

DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**



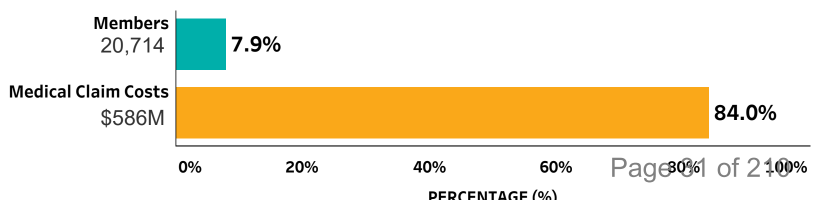
REVENUE & EXPENSES**

	MARCH 2021	FISCAL YTD
REVENUE	$93.9M	$792.9M
MEDICAL EXPENSE	($89.5M)	($759.7M)
ADMIN EXPENSE	($4.9M)	($44.0M)
OTHER	($7K)	$212K
NET INCOME	**($546K)**	**($10.6M)**



TANGIBLE NET EQUITY**

HIGH UTILIZER DISTRIBUTION****



UTILIZATION**

5,076
INPATIENT BED DAYS

6,764
EMERGENCY ROOM VISITS

4.5 DAYS
AVERAGE LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	269	661
COMPLEX CASE MANAGEMENT	44	80
Total	313	741

	NEW CASES	ENROLLED
HEALTH HOMES	14	788
WHOLE PERSON CARE (AC3)	6	249
Total	20	1,037

TOTAL CASE MANAGEMENT

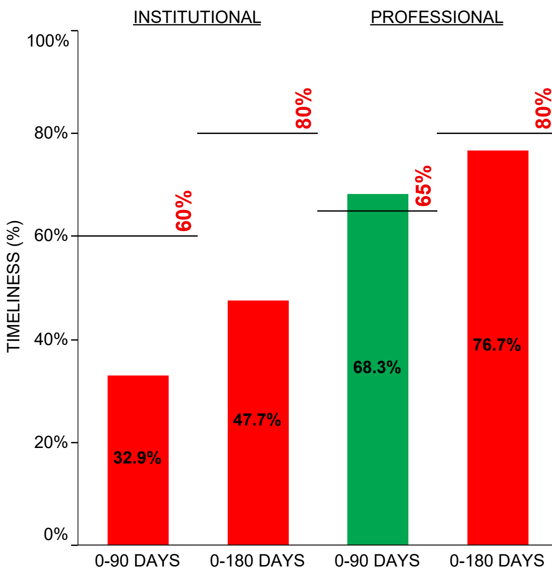
333
TOTAL NEW CASES

1,778
TOTAL OPEN CASES & ENROLLED

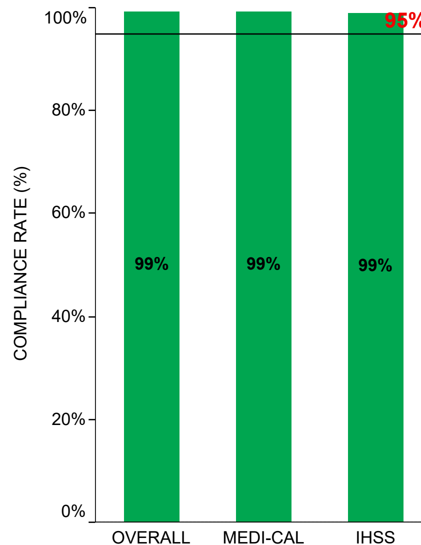
REGULATORY COMPLIANCE

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

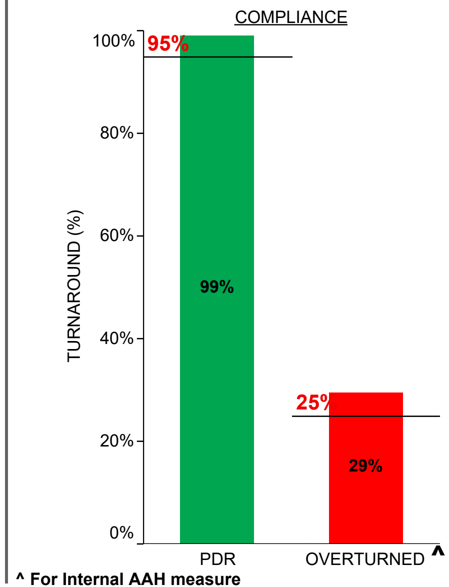
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



^ For Internal AAH measure

CALL CENTER

13,967
CALLS RECEIVED

71%
ANSWERED IN 60 SECONDS

6%
CALLS ABANDONED

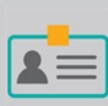
CLAIMS

119,982
PROCESSED CLAIMS

74.5%
AUTO ADJUDICATED

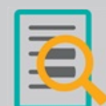
19 DAYS
PROCESSED PAYMENTS

STAFF & RECRUITING



348
TOTAL EMPLOYEES

3
HIRED IN THE LAST 30 DAYS



9%
CURRENT VACANCY

COVID-19 Vaccination Summary

ALAMEDA Alliance FOR HEALTH

COVID-19 Vaccination Summary as % of Population Ages >= 16 Years

Data as of: 4/30/2021

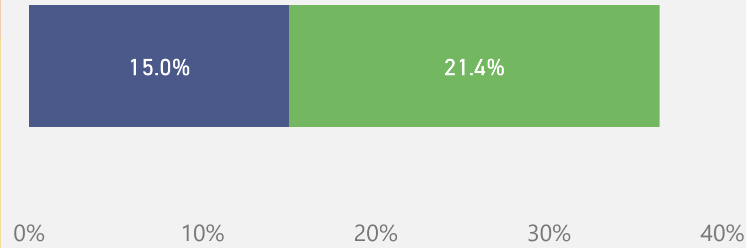
Members Fully Vaccinated Or At Least 1 Dose:

73,220

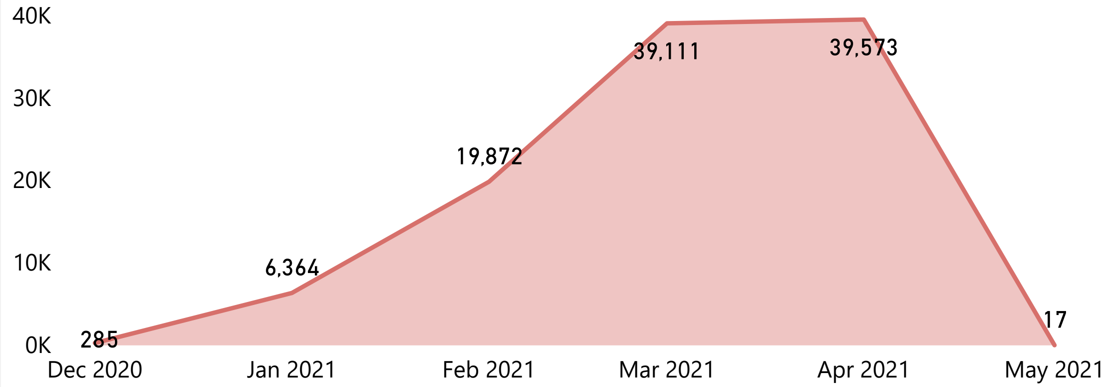
% Fully Vaccinated Or At Least 1 Dose:

36.3%

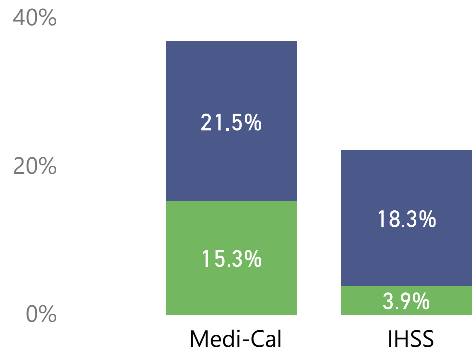
Breakout by Status



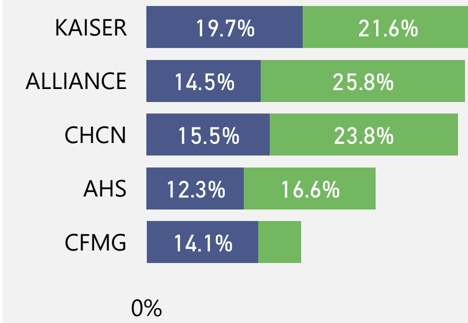
Monthly Trend



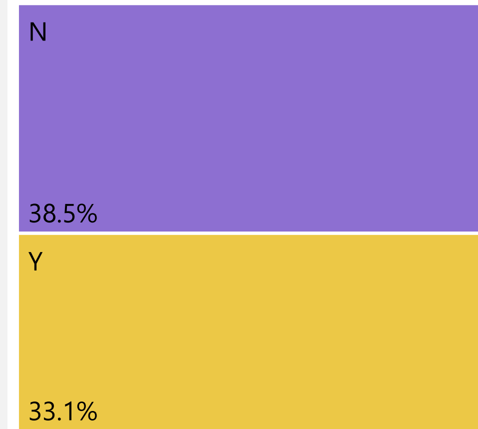
Medi-Cal vs IHSS



Network

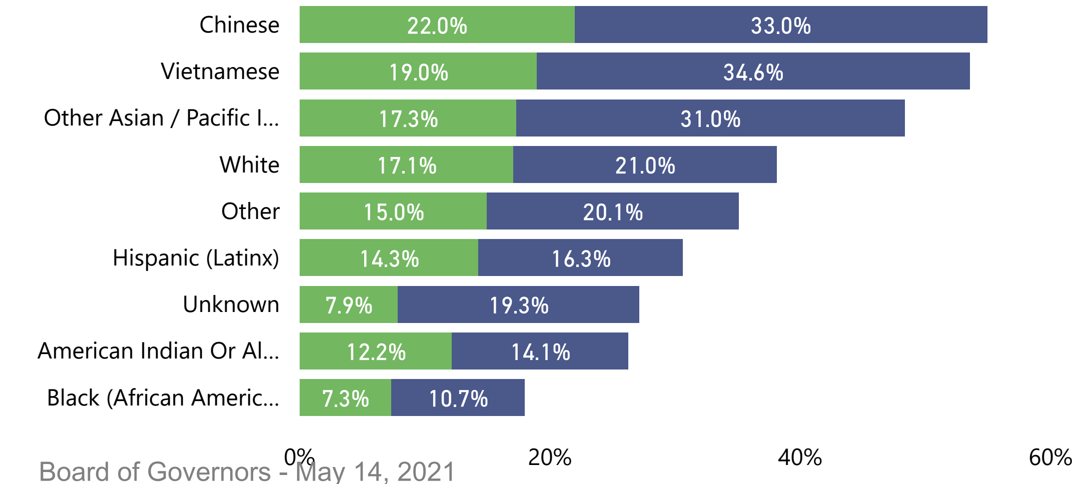


High Risk Zip Code

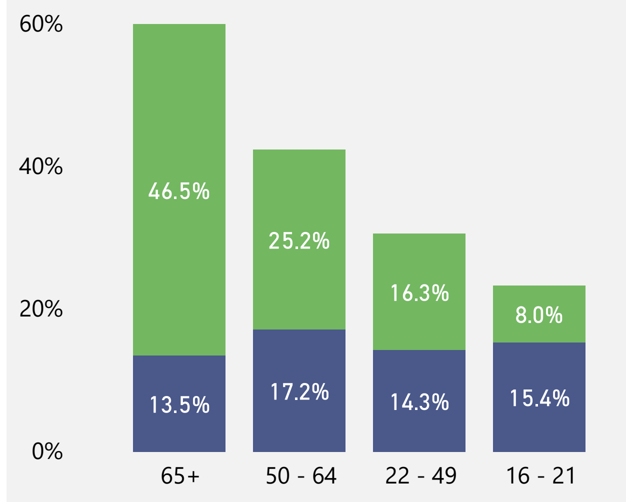


Top 15 Cities	At Least 1 Dose	Fully Vaccinated
ALAMEDA	18.3%	25.6%
ALBANY	23.3%	29.7%
BERKELEY	19.5%	23.5%
CASTRO VALLEY	17.8%	22.9%
DUBLIN	18.0%	26.9%
EMERYVILLE	15.5%	18.2%
FREMONT	17.3%	25.2%
HAYWARD	14.6%	19.6%
LIVERMORE	17.8%	19.4%
NEWARK	17.2%	21.2%
OAKLAND	12.3%	18.9%
PLEASANTON	18.0%	25.9%
SAN LEANDRO	15.9%	23.3%
SAN LORENZO	16.6%	25.3%
UNION CITY	17.5%	26.2%

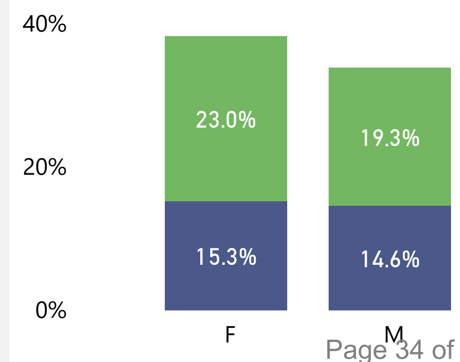
Ethnicity



Age Category



Gender



CalAIM Implementation Planning Update

CalAIM
Implementation Planning Update

Presented to the Alameda Alliance Board of Governors

May 14, 2021

ALAMEDA Alliance FOR HEALTH

ALAMEDA Alliance FOR HEALTH

CalAIM Overview

1. Multi-year initiative (2022-2027) funded through a combination of federal match and state funding
2. Whole Person Care (1115 Waiver) & Health Homes programs end on 12/31/2021
3. Enhanced Care Management (ECM) is a defined benefit
   - Separated into seven populations of focus
4. In Lieu Of Service (ILOS) is an optional service
   - Cost-effective substitute & medically-appropriate
5. Major Organ Transplant is a defined benefit
6. DHCS issuing a State Plan Amendment to authorize ECM as a defined benefit

ALAMEDA Alliance FOR HEALTH

Implementation Approach

1. Priority to maintain continuity of care management for Medi-Cal Members in Whole Person Care and Health Homes programs
2. Phased-based implementation, initial focus to crosswalk directly overlapping services from Whole Person Care into ECM & ILOS
3. Leverage current infrastructure & community providers
4. Operational readiness by December, continual improvement process in 2022, completing the first and second phases

Alameda Alliance for Health

Considerations & Opportunities

1. ECM and ILOS reimbursement rates to be released by early June, limited time to quantify financial exposure in FY2022
2. Low vs. High Utilizers, and the pending guidance from DHCS
3. Intensive planning to prepare for long-term care services
4. Directed funding by DHCS to build capacity in local community providers (PATH funds for County Health Agencies & Public Hospitals)
5. DHCS preparing 1115 and 1915(b) waiver extensions to address CalAIM (ECM, ILOS, etc.), specialty mental health, drug Medi-Cal delivery, and other services
6. $600 million in statewide incentive dollars over 2.5 years, allocation methodology is pending release by DHCS
7. Extensive administrative & reporting requirements
8. Governor Newsom's May Revise

Progress Report

1. Joint listening sessions completed with safety-net partners include the Alameda County/AC3, Alameda Health System, CHCN, Senior Services Coalition, Special Needs Committee, Children's First Medical Group, and CB-CMEs); additional sessions are scheduled with Alameda County Probation, Alameda County ALL IN / Food As Medicine, Sheriff's Office, Roots Community Health, Alameda County Behavioral Health, and Social Services Agency. Public stakeholder listening sessions are scheduled for May 20th and May 26th

    - Key "lessons learned" include the capacity of services being offered by the community partners, their technology platforms, billing and reporting infrastructure, staffing and organizational structures, applying capitated reimbursement rates as compared to traditional fee-for-service or grant-based funding, member outreach services, data sharing & use of the Community Health Record / Health Information Exchange, and alignment between the managed care plans to simplify the administration of the CalAIM services (e.g. utilization, outcome reporting)

Alameda Alliance for Health

Progress Report (cont'd)

2. Alameda County AC3 proposals under review for delegation of housing services, and oversight of street medicine services
3. Detailed planning sessions and multiple leadership meetings with Alameda County Health Care Services Agency (HCSA) and AC3 staff on the proposed ILOS services that facilitate the transfer of the infrastructure developed by the Whole Person Care pilot
4. Alameda County and Alameda Alliance jointly making decisions about the transition of Whole Person Care into CalAIM, considering specific recommendations about proposed ILOS services and functional roles of the County in the structure of ILOS services, negotiations are underway and expected to complete in June and will be communicated to the Board
5. Continued conversations with Alameda County about the use of the County Social Health Information Exchange to facilitate data sharing related to ECM and ILOS services
6. Coordinating with Anthem Blue Cross to align the ILOS services for program continuity, and minimize the differences in reporting requirements

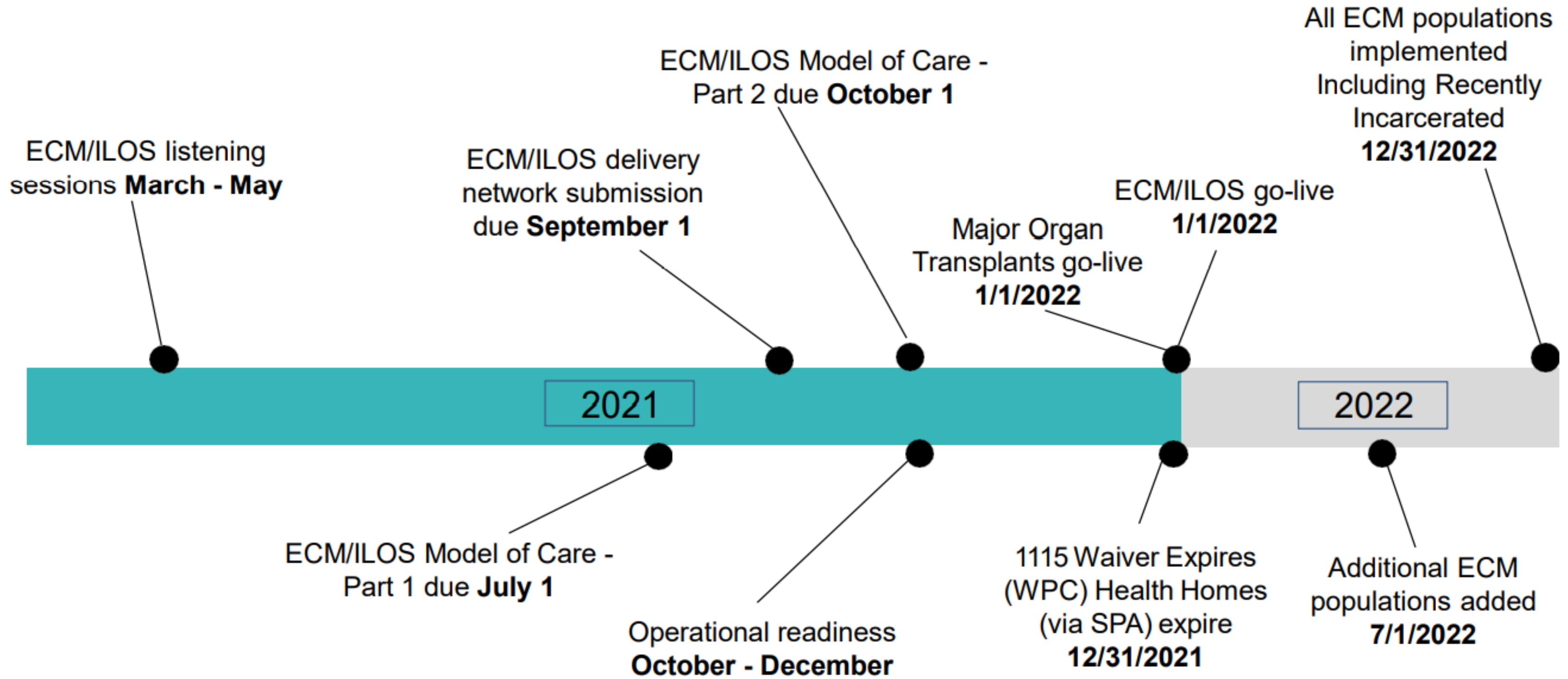
Deliverables & Timelines

1. Finalize ECM & ILOS for Phase One by May 18th
2. Model of Care & Transition Plan is due by July 1st
3. Provider network submission to State Regulators by October 1st
4. Complete operational readiness for ECM and ILOS (Phase One), and Major Organ Transplants by mid-December
5. Go-Live is January 1st, 2022, for ECM, ILOS, and Major Organ Transplant services

ALAMEDA Alliance FOR HEALTH

Appendix

CalAIM Timeline 2021-2022



Alameda Alliance for Health

Functional Roles (abbreviated)

- Service eligibility criteria & determination
- Provider contracting & credentialing
- Encounter reporting
- Regulatory reporting & audits
- Service authorizations
- Billing for services (ECM, ILOS)
- Claims Processing & Provider Payments
- Grievances & Appeals
- Provider Disputes & Resolutions
- Quality Improvement & HEDIS
- Policies & Procedures
- Health Information Exchange (CHR/SHIE)
- Outcome Measures & Benefit Realization
- Service Accumulators (tracking number of services by individual, by time)
- Member Communications, Evidence of Coverage, and Member Rights
- Cultural & Linguistics, Language Translation
- NCQA Accreditation & Reporting
- Programmatic oversight of ECM/ILOS
- Justification for ILOS services (e.g. cost effectiveness)

Enhanced Care Management
Populations of Focus

1. Children or youth with complex physical, behavioral, developmental and oral health needs (i.e. California Children Services, foster care, youth with Clinical High-Risk syndrome or first episode of psychosis)
2. Individuals experiencing homelessness, chronic homelessness or who are at risk of becoming homeless
3. High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits
4. Individuals at risk for institutionalization, eligible for long-term care
5. Nursing facility residents who want to transition to the community
6. Individuals at risk for institutionalization with Serious Mental Illness (SMI), children with Serious Emotional Disturbance (SED) or Substance Use Disorder (SUD) with co-occurring chronic health conditions
7. Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community

Alameda Alliance for Health

In Lieu Of Services

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-term Post-Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Respite
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly & Adult and Adult Residential Facilities
9. Nursing Facility Transition to a Home
10. Personal Care (beyond In Home Services and Supports) and Homemaker Services
11. Environmental Accessibility Adaptations (Home Modifications)
12. Meals/Medically Tailored Meals
13. Sobering Centers
14. Asthma Remediation

Alameda Alliance for Health

Major Organ Transplants

1. Kidney & cornea covered today by managed care
2. Addition of transplants for heart, liver & intestinal, lung, pancreas, and combined organs (e.g. heart/lung)
3. Includes bone marrow transplants
4. DHCS released initial dataset last week of actual experience for Medi-Cal patients (2018-2020)

Legislative Tracking List

ALAMEDA
Alliance
FOR HEALTH

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) Food Prescriptions**
  - **Introduced:** 2/1/2021
  - **Status:** 4/28/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Would require the State Department of Health Care Services to establish, no earlier than January 1, 2022, a pilot program for a 2-year period in the Counties of Alameda, Fresno, and San Bernardino to provide food prescriptions to eligible Medi-Cal beneficiaries, including individuals who have a specified chronic health condition, such as Type 2 diabetes and hypertension, when utilizing evidence-based practices that demonstrate the prevention, treatment, or reversal of those specified diseases. The bill would authorize the department, in consultation with stakeholders, to establish utilization controls, including the limitation on food prescriptions, and to enter into contracts for purposes of implementing the pilot program.

- **AB 4 (Arambula – D) Medi-Cal: Eligibility**
  - **Introduced:** 12/8/2020
  - **Status:** 4/14/21 From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 3.) (April 13). Re-referred to Com. on APPR.
  - **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:** 4/28/21 From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (April 27). Re-referred to Com. on APPR.
  - **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions and generally exempts county organized health systems

that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems and their subcontractors that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth.

- **AB 77 (Petrie-Norris – D) Substance use Disorder Treatment Services**
  - **Introduced:** 12/7/2020
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/25/2021) (May be acted upon Jan 2022).
  - **Summary:** This bill, commencing January 1, 2026, would require any substance use disorder treatment program to be licensed by the State Department of Health Care Services, except as specified. The bill would require the department, in administering these provisions, to issue licenses for a period of 2 years for substance use disorder treatment programs that meet the requirements in these provisions. The bill would require the department to issue a license to a substance use disorder program once various requirements have been met, including an onsite review. The bill would authorize the department to renew a license, as provided. The bill would prohibit providing substance use disorder treatment services to individuals without a license.

- **AB 112 (Holden – D) Medi-Cal Eligibility**
  - **Introduced:** 12/17/2020
  - **Status:** 4/21/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Current federal law prohibits a state from terminating Medi-Cal eligibility for an eligible juvenile if they are an inmate of a public institution, authorizes the suspension of Medicaid benefits to that eligible juvenile, and requires a state to conduct a redetermination of Medicaid eligibility or process an application for medical assistance under the Medicaid program for an eligible juvenile who is an inmate of a public institution. Under current state law, the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile, as defined in federal law, ends when the individual is no longer an eligible juvenile pursuant to federal law or one year from the date the individual becomes an inmate of a public institution, whichever is later. This bill would instead require the suspension of Medi-Cal benefits to an inmate of a public institution who is not a juvenile to end on the date they are no longer an inmate of a public institution or 3 years from the date they become an inmate of a public institution, whichever is sooner.

- **AB 114 (Mainenschein – D) Medi-Cal Benefits: Rapid Whole Genome Sequencing**
  - **Introduced:** 12/17/2020
  - **Status:** 4/21/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, as specified, for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. The bill would authorize the State Department of Health Care Services to implement this provision by various means without taking regulatory action.

- **AB 265 (Petrie-Norris – D) Medi-Cal: Reimbursement Rates**
  - **Introduced:** 1/15/2021
  - **Status:** 4/14/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **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:** 4/14/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **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 Services: Persons Experiencing Homelessness**
  - **Introduced:** 2/1/2021
  - **Status:** 4/27/21 Re-referred to Com. on APPR.
  - **Summary:** Would require the State Department of Health Care Services to implement a program of presumptive eligibility for persons experiencing homelessness, under which a person would receive full-scope Medi-Cal benefits without a share of cost. The bill would require the department to authorize an enrolled Medi-Cal provider to issue a temporary Medi-Cal benefits identification card to a person experiencing homelessness, and would prohibit the department from requiring a person experiencing homelessness to present a valid California driver's license or identification card issued by the Department of Motor Vehicles to receive Medi-Cal services if the provider verifies the person's eligibility.

- **AB 382 (Kamlager – D) Whole Child Model Program**
  - **Introduced:** 2/2/2021
  - **Status:** 4/29/21 Read third time and amended. Ordered to third reading.
  - **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:** 4/28/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Would prohibit the use of resources, including property or other assets, to determine eligibility under the Medi-Cal program to the extent permitted by federal law, and would require the department to seek federal authority to disregard all resources as authorized by the flexibilities

provided pursuant to federal law. The bill would authorize the State Department of Health Care Services to implement this prohibition by various means, including provider bulletins, without taking regulatory authority. By January 1, 2023, the bill would require the department to adopt, amend, or repeal regulations on the prohibition, and to update its notices and forms to delete any reference to limitations on resources or assets.

- **AB 521 (Mathis – R) Medi-Cal: Unrecovered Payments: Interest Rate**
  - **Introduced:** 2/10/2021
  - **Status:** 4/21/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Current law requires the Director of Health Care Services to establish administrative appeal processes to review grievances or complaints arising from the findings of an audit or examination. Under current law, if recovery of a disallowed payment has been made by the department, a provider who prevails in an appeal of that payment is entitled to interest at the rate equal to the monthly average received on investments in the Surplus Money Investment Fund, or simple interest at the rate of 7% per annum, whichever is higher. Under current law, with exceptions, interest at that same rate is assessed against any unrecovered overpayment due to the department. In the case of an assessment against any unrecovered overpayment due to the department, this bill would authorize the director to waive any or all of the interest or penalties owed by a provider, after taking into account specified factors, including the importance of the provider to the health care safety net in the community and the impact of the repayment amounts on the fiscal solvency of the provider.

- **AB 540 (Petrie-Norris – D) Program of All-Inclusive Care for the Elderly**
  - **Introduced:** 2/10/2021
  - **Status:** 4/28/21 Re-referred to Com. on APPR.
  - **Summary:** Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal State Plan, as specified. Current law authorizes the State Department of Health Care Services to enter into contracts with various entities for the purpose of implementing the PACE program and fully implementing the single-state agency responsibilities assumed by the department in those contracts, as specified. This bill would exempt a beneficiary who is enrolled in a PACE organization with a contract with the department from mandatory or passive enrollment in a Medi-Cal managed care plan.

- **AB 586 (O'Donnell – D) Pupil Health: Mental Health Services: School Health Demonstration Project**
  - **Introduced:** 2/11/2021
  - **Status:** 4/20/21 Re-referred to Com. on APPR.
  - **Summary:** Would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided.

- **AB 601 (Fong – R) Medi-Cal: Reimbursement**
  - **Introduced:** 2/11/2021
  - **Status:** 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:** 3/24/2021 – From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (March 23). Re-referred to Com. on APPR.
  - **Summary:** This bill would authorize the department to provide disease management or similar payment to a pharmacy that the department has contracted with to dispense a specialty drug to Medi-Cal beneficiaries in an amount necessary to ensure beneficiary access, as determined by the department based on the results of the survey completed during the 2020 calendar year.

- **AB 822 (Rodriguez – D) Medi-Cal: Psychiatric Emergency Medical Conditions**
  - **Introduced:** 2/16/2021
  - **Status:** 4/28/21 From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 27). Re-referred to Com. on APPR.
  - **Summary:** Current law requires the State Department of Health Care Services to implement managed mental health care for Medi-Cal beneficiaries through contracts with mental health plans. Under current law, mental health plans are responsible for providing specialty mental health services to enrollees, and Medi-Cal managed care plans deliver non-specialty mental health services to enrollees. Under existing law, emergency services and care, mental health benefits, substance use disorder benefits, and specialty mental health services are covered under the Medi-Cal program. This bill would specify that observation services for a psychiatric emergency medical condition, as defined, are covered under the Medi-Cal program, consistent with coverage under the above provisions and any other applicable law.

- **AB 848 (Calderon – D) Medi-Cal: Monthly Maintenance Amount: Personal and Incidental Needs**
  - **Introduced:** 2/17/2021
  - **Status:** 4/28/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **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.

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- **AB 852 (Wood – D) Nurse Practitioners: Scope of Practice: Practice without Standardized Procedures**
  - **Introduced:** 2/17/2021
  - **Status:** 5/6/21 Read second time. Ordered to third reading.
  - **Summary:** This bill would refer to practice protocols, as defined, instead of individual protocols and would delete the requirement to obtain physician consultation in the case of acute decompensation of patient situation. The bill would revise the requirement to establish a referral plan, as described above, by requiring it to address the situation of a patient who is acutely decompensating in a manner that is not consistent with the progression of the disease and corresponding treatment plan.

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

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

- **AB 935 (Maienschein – D) Telehealth: Mental Health**
  - **Introduced:** 2/17/2021
  - **Status:** 5/5/21 Re-referred to Com. on APPR.
  - **Summary:** Would require health care service plans and health insurers, including Medi-Cal managed care plans, by July 1, 2022, to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. The bill

would require the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. The bill would add mental health consultations through this program to the Medi-Cal schedule of benefits.

- **AB 1104 (Grayson – D) Air Ambulance Services**
  - **Introduced:** 2/18/2021
  - **Status:** 4/28/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Current law imposes a penalty of $4 until July 1, 2021, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Current law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2022, whichever occurs first. These provisions remain in effect until January 1, 2024 and are repealed effective January 1, 2025. This bill would extend the assessment of penalties pursuant to the above-described provisions until December 31, 2022 and would extend the collection and transfer of penalties until December 31, 2023.

- **AB 1131 (Wood – D) Health Information Network**
  - **Introduced:** 2/18/2021
  - **Status:** 4/28/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Would establish the statewide health information network (statewide HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. The bill would require the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities to support the electronic exchange of health information between, and aggregate and integrate data from multiple sources within, the State of California, among other responsibilities. The bill would require the statewide HIN to take specified actions with respect to reporting on, and auditing the security and finances of, the health information network.

- **AB 1132 (Wood – D) Medi-Cal**
  - **Introduced:** 2/18/2021
  - **Status:** 5/3/21 Re-referred to Com. on APPR.
  - **Summary:** The Medi-Cal 2020 Demonstration Project Act requires the State Department of Health Care Services to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program and the Whole Person Care pilot program, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. This bill would make specified portions of the CCI operative only through December 31, 2022, as specified, and would repeal its provisions on January 1, 2025.

- **AB 1050 (Gray – D) Medi-Cal: Application for Enrollment: Prescription Drugs**
  - **Introduced:** 2/18/2021
  - **Status:** 4/28/21 From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 27). Re-referred to Com. on APPR.

- **Summary:** The Telephone Consumer Protection Act, among other provisions, prohibits any person within the United States, or any person outside the United States if the recipient is within the United States, from making any call to any telephone number assigned to a paging service, cellular telephone service, specialized mobile radio service, or other radio common carrier service, or any service for which the called party is charged for the call, without the prior express consent of the called party, using any automatic telephone dialing system or an artificial or prerecorded voice. Under current case law, a text message is considered a call for purposes of those provisions. This bill would require the application for Medi-Cal enrollment to include a statement that if the applicant is approved for Medi-Cal benefits, the applicant agrees that the department, county welfare department, and a managed care organization or health care provider to which the applicant is assigned may communicate with them regarding appointment reminders or outreach efforts at no more than a 6th grade reading level through Free to End User text messaging unless the applicant opts out.

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

- **AB 1160 (Rubio, Blanca – D) Medically Supportive Food**
  - **Introduced:** 2/18/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).
  - **Summary:** Current law requires the State Department of Health Care Services to establish a Medically Tailored Meals Pilot Program to operate for a period of 4 years from the date the program is established, or until funding is no longer available, whichever date is earlier, in specified counties to provide medically tailored meal intervention services to Medi-Cal participants with prescribed health conditions, such as diabetes and renal disease. Effective for contract periods commencing on or after January 1, 2022, this bill would authorize Medi-Cal managed care plans to provide medically tailored meals to enrollees. The bill would authorize the department to implement this provision by various means, including a plan or provider bulletins, and would require the department to seek federal approvals. The bill would condition the implementation of this provision on the department obtaining federal approval and the availability of federal financial participation.

- **AB 1355 (Levine – D) Medi-Cal: Independent Medical Review System**
  - **Introduced:** 2/19/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).
  - **Summary:** Would require the Department of Health Care Services to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1, 2022, which generally models the specified described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary grievance involving a disputed health care service is eligible for review under the IMRS and would define "disputed

health care service" as any service covered under the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contractors that makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information on the IMRS to be included in specified material, including the "myMedi-Cal: How to Get the Health Care You Need" publication and on the department's internet website.

- **AB 1051 (Bennett D) Medi-Cal: specialty mental health services: foster youth.**
  - **Introduced:** 2/18/2021
  - **Status:** 4/21/21 From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 20). Re-referred to Com. on APPR.
  - **Summary:** Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.

- **AB 1162 (Villapudua – D) Health Care Coverage: Claims Payments**
  - **Introduced:** 2/18/2021
  - **Status:** 5/5/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Would require a health care service plan or disability insurer that provides hospital, medical, or surgical coverage to provide access to medically necessary health care services to its enrollees or insureds that are displaced or otherwise affected by a state of emergency. The bill would allow the Department of Managed Health Care and the Department of Insurance to also suspend requirements for prior authorization during a state of emergency. The bill would authorize the respective departments to issue guidance to health care service plans and specified insurers regarding compliance with these provisions.

- **SB 56 (Durazno – D) Medi-Cal: Eligibility**
  - **Introduced:** 12/7/2020
  - **Status:** 3/22/2021 – March 22 hearing: Placed on APPR suspense file.
  - **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:** 4/20/21 April 19 hearing: Placed on APPR suspense file.
  - **Summary:** Would require a health care service plan or health insurer to contract with its health care providers to reimburse, at a reasonable rate, their business expenses that are medically

necessary to comply with a public health order to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

- **SB 250 (Pan – D) Health Care Coverage**
  - **Introduced:** 1/25/2021
  - **Status:** 4/20/21 April 19 hearing: Placed on APPR suspense file.
  - **Summary:** Would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months, as specified.

- **SB 256 (Pan – D) California Advancing and Innovating Medi-Cal**
  - **Introduced:** 1/26/2021
  - **Status:** 5/6/21 May 10 hearing postponed by committee.
  - **Summary:** Current federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative and would condition its implementation on receipt of any necessary federal approvals and availability of federal financial participation.

- **SB 281 (Dodd – D) Medi-Cal: California Community Transitions Program**
  - **Introduced:** 2/1/2021
  - **Status:** 5/5/21 Read second time. Ordered to consent calendar.
  - **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:** 5/4/21 May 3 hearing: Placed on APPR suspense file.
  - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. With respect to

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

- **SB 316 (Eggman – D) Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics**
  - **Introduced:** 2/4/2021
  - **Status:** 3/22/2021 – March 22 hearing: Placed on APPR suspense file.
  - **Summary:** Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.

- **SB 365 (Caballero – D) E-consult Service**
  - **Introduced:** 2/17/2021
  - **Status:** 5/6/21 May 10 hearing postponed by committee.
  - **Summary:** Would make electronic consultation services reimbursable under the Medi-Cal program for enrolled providers, including FQHCs or RHCs. The bill would require the department to seek federal waivers and approvals to implement this provision and would condition the implementation of the bill's provisions on the department obtaining necessary federal approval of federal matching funds. The bill would make related findings and declarations.

- **SB 428 (Hurtado – D)**
  - **Introduced:** 2/12/2021
  - **Status:** 5/6/21 May 10 hearing postponed by committee.
  - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage for adverse childhood experiences screenings. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **SB 508 (Stern – D) Mental Health Coverage: School-based Services**
  - **Introduced:** 2/10/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/25/2021) (May be acted upon Jan 2022).
  - **Summary:** Current law provides that specified services, including targeted case management services for children with an individual education plan or an individualized family service plan,

provided by local educational agencies (LEAs), are covered Medi-Cal benefits, and authorizes an LEA to bill for those services. Existing law requires the department to perform various activities with respect to the billing option for services provided by LEAs. Current law authorizes a school district to require the parent or legal guardian of a pupil to keep current at the pupil's school of attendance certain emergency information. This bill would authorize an LEA to have an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils, including pupils with a health care service plan, health insurance, or coverage through a Medi-Cal managed care plan, but not those covered by a county mental health plan.

- **SB 523 (Leyva – D) Health Care Coverage: Contraceptives**
  - **Introduced:** 2/10/2021
  - **Status:** 5/3/21 Read second time and amended. Re-referred to Com. on APPR.
  - **Summary:** This bill, the Contraceptive Equity Act of 2021, would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2022, including requiring a health care service plan or health insurer to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost-sharing or medical management restrictions.

Other

- **AB 71 (Rivas – D) Homeless Funding: Bring California Home Act**
  - **Introduced:** 12/7/2020
  - **Status:** 5/5/21 Re-referred to Com. on APPR.
  - **Summary:** The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Current federal law, for purposes of determining a taxpayer's gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global intangible low-taxed income for that taxable year, as provided. This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global intangible low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions.

- **AB 95 (Low – D) Employees: Bereavement Leave**
  - **Introduced:** 12/7/2020
  - **Status:** 4/21/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Would enact the Bereavement Leave Act of 2021. The bill would require an employer with 25 or more employees to grant a request made by any employee to take up to 10 business days of unpaid bereavement leave upon the death of a spouse, child, parent, sibling, grandparent, grandchild, or domestic partner, in accordance with certain procedures, and subject to certain exclusions. The bill would require an employer with fewer than 25 employees to grant a request by any employee to take up to 3 business days of leave, in accordance with these provisions. The bill would prohibit an employer from interfering with or restraining the exercise or attempt to exercise the employee's right to take this leave.

- **AB 93 (Garcia, Eduardo – D) Pandemics: Priority for medical treatment: food supply industry workers**
  - **Introduced:** 12/7/2020
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/25/2021) (May be acted upon Jan 2022).
  - **Summary:** Would require the Legislative Analyst's Office to conduct a comprehensive review and analysis of issues related to the state's response to the COVID-19 pandemic, including, among others, whether local public health departments were sufficiently staffed and funded to handle specified pandemic-related responsibilities, and what specific measures of accountability the state applied to monitor and confirm that local public health departments were following state directives related to any dedicated COVID-19 funds allocated to counties. The bill would require the office to report to the Joint Legislative Audit Committee and the health committees of the Legislature by June 30, 2022. This bill contains other related provisions.

- **AB 97 (Nazarian – D) Health Care Coverage: Insulin affordability**
  - **Introduced:** 12/8/2020
  - **Status:** 5/5/21 Coauthors revised. In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Would prohibit a health care service plan contract or a health disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **AB 240 (Rodriguez – D) Local Health Department Workforce Assessment**
  - **Introduced:** 1/13/2021
  - **Status:** 4/14/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **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:** 4/28/21 Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 28). Re-referred to Com. on APPR.
  - **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:** 4/15/21 Read second time. Ordered to third reading.
  - **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:** 4/14/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for a colorectal cancer screening examination and laboratory test, 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:** 4/28/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Would clarify that a health care service plan that provides coverage for prescription drugs may require step therapy, as defined, if there is more than one drug that is appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if the health care provider submits justification and supporting clinical documentation, if needed, that specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal of a prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals.

- **AB 383 (Salas – D) Mental Health: Older Adults**
  - **Introduced:** 2/2/2021
  - **Status:** 4/26/21 Re-referred to Com. on APPR.
  - **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:** 4/15/21 Read second time. Ordered to third reading.
  - **Summary:** Would authorize a county to contract for emergency ambulance services with a fire protection district that is governed by the county's board of supervisors and provides those services, in whole or in part, through a written subcontract with a private ambulance service. The bill would authorize a fire protection district to enter a written subcontract with a private ambulance service for these purposes.

- **AB 393 (Reyes – D) Early Childhood Development Act of 2020**
  - **Introduced:** 2/2/2021
  - **Status:** 5/5/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Would make additional legislative findings and declarations regarding childcare supportive services. This bill would require the State Department of Social Services to report on various topics related to early childhood supports in light of the COVID-19 pandemic by October 1, 2021.

- **AB 454 (Rodriguez – D) Health Care Provider Emergency Payments**
  - **Introduced:** 2//2021
  - **Status:** 5/4/21 Re-referred to Com. on APPR.
  - **Summary:** This bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner to require a health care service plan or health insurer to provide specified payments and support to a provider during and at least 60 days after the end of a declared state of emergency or other circumstance if two conditions occur, as specified.

- **AB 457 (Santiago – D) Telehealth Patient Bill of Rights**
  - **Introduced:** 2/8/2021
  - **Status:** 4/28/21 Re-referred to Com. on APPR.
  - **Summary:** Would enact the Protection of Patient Choice in Telehealth Provider Act, which would require a health care service plan and a health insurer to arrange for the provision of a service via telehealth to an enrollee or an insured through a third-party corporate telehealth provider, as defined, only if specified notice conditions are met and the enrollee or insured, once notified as specified, elects to receive the service via telehealth through a third-party corporate telehealth provider. For an enrollee or insured that is currently receiving specialty telehealth services for a mental or behavioral health condition, the bill would require that the enrollee or insured be given the option of continuing to receive that service with the contracting individual health professional, a contracting clinic, or a contracting health facility.

- **AB 493 (Wood – D) Health Insurance**
  - **Introduced:** 2/8/2021
  - **Status:** 4/8/21 Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
  - **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:** 4/20/21 In committee: Set, first hearing. Hearing canceled at the request of author.
  - **Summary:** Would authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

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

- **AB 1130 (Wood D) California Health Care Quality and Affordability Act**
  - **Introduced:** 2/18/2021
  - **Status:** 4/28/21 In committee: Set, first hearing. Referred to APPR. suspense file.
  - **Summary:** Current law establishes the Office of Statewide Health Planning and Development (OSHPD) to oversee various aspects of the health care market, including oversight of hospital facilities anZZd community benefit plans. This bill would establish, within OSHPD, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers.

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

- **SB 17 (Pan – D) Office of Racial Equity**
  - **Introduced:** 12/7/2020
  - **Status:** 5/4/21 May 3 hearing: Placed on APPR suspense file.
  - **Status:** Would, until January 1, 2029, establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, governed by a Racial Equity Advisory and Accountability Council. The bill would authorize the council to hire an executive director to organize, administer, and manage the operations of the office. The bill would task the office with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor. The bill would require the office to develop a statewide Racial Equity Framework providing guidelines for inclusive policies and practices that reduce racial inequities, promote racial equity, address individual, institutional, and structural racism, and establish goals and strategies to advance racial equity and address structural racism and racial inequities.

- **SB 40 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
  - **Introduced:** 12/7/2020
  - **Status:** 4/20/21 April 19 hearing: Placed on APPR suspense file.
  - **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:** 4/30/21 Set for hearing May 10.
  - **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:** 4/20/21 April 19 hearing: Placed on APPR suspense file.
  - **Summary:** Would require the State Department of Social Services to convene a working group to examine the extended foster care program and make recommendations for improvements to the program. The bill would require the working group to submit a report to the Legislature with the recommendations on or before July 1, 2022. The bill would require the working group to include representatives from specified state agencies and stakeholders. The bill would require the working group to evaluate and provide recommendations on the overall functioning of the extended foster care system, and on other specified components of the foster care system, including higher education opportunities, job training, and employment opportunities for nonminor dependents, housing access, and access to health care and mental health services. The bill would require the recommendations to reflect a consensus of the working group, as specified.

- **SB 221 (Wiener – D) Health Care Coverage: Timely Access to Care**
  - **Introduced:** 1/13/2021
  - **Status:** 5/4/21 May 3 hearing: Placed on APPR suspense file.
  - **Summary:** Would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a follow-up appointment with a nonphysician mental health care or substance use disorder provider within ten business days of the prior appointment. The bill would require that a referral to a specialist by another provider meet the timely access standards.

Board Business

Finance

Gil Riojas

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

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

Date: **May 14, 2021**

Subject: **Finance Report – March 2021**

Executive Summary

- For the month ended March 31, 2021, the Alliance had enrollment of 281,637 members, a Net Loss of $546,000, and 564% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$93,881	$792,858
Medical Expense	89,524	759,680
Admin. Expense	4,896	43,982
Other Inc. / (Exp.)	(7)	212
Net Income	**($546)**	**($10,593)**

Net Income by Program:

	Month	YTD
Medi-Cal	$148	($8,779)
Group Care	(694)	(1,814)
	($546)	**($10,593)**

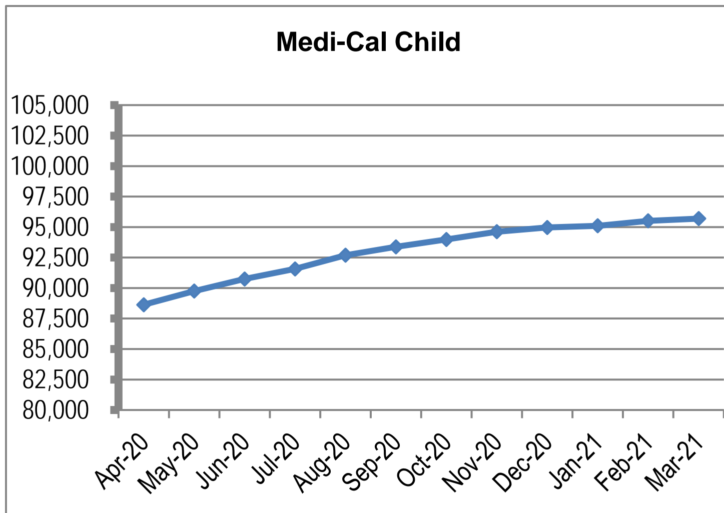
Enrollment

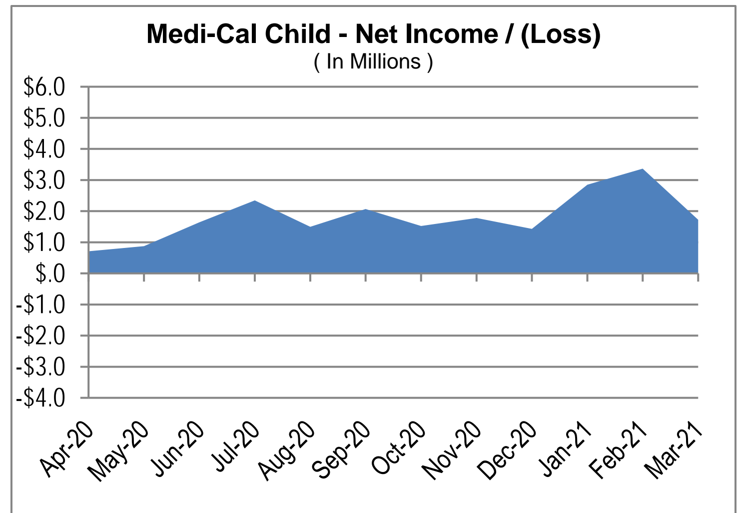
- Total enrollment increased by 1,802 members since February 2021.
- Total enrollment increased by 24,892 members since June 2020.

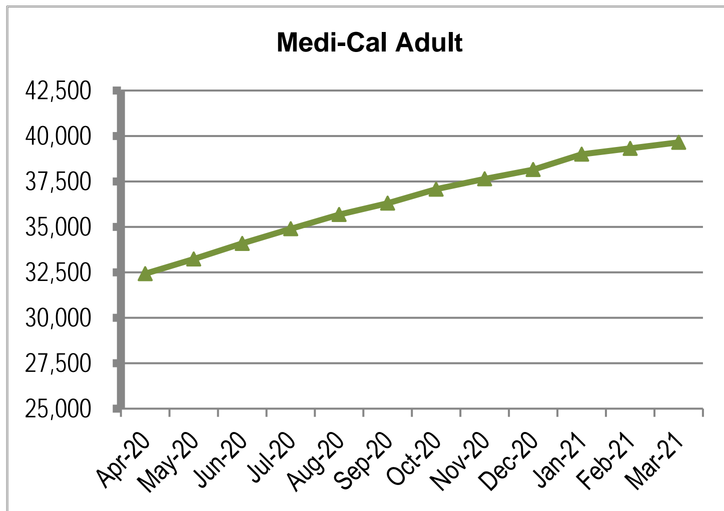
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

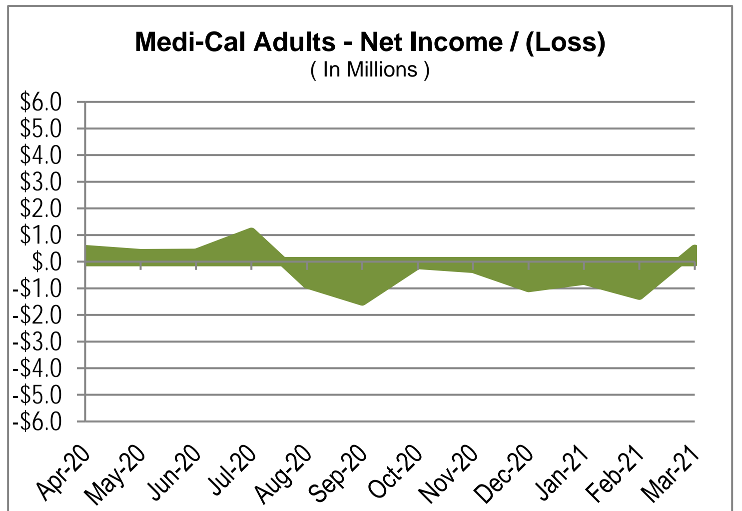
Enrollment					Member Months			
March-2021					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
39,649	40,650	(1,001)	-2.5%	Adult	337,722	339,810	(2,088)	-0.6%
95,692	98,359	(2,667)	-2.7%	Child	847,516	855,159	(7,643)	-0.9%
26,234	26,422	(188)	-0.7%	SPD	236,101	236,352	(251)	-0.1%
19,596	19,685	(89)	-0.4%	Duals	170,584	170,790	(206)	-0.1%
94,473	96,670	(2,197)	-2.3%	ACA OE	803,905	809,133	(5,228)	-0.6%
275,644	**281,785**	**(6,141)**	**-2.2%**	**Medi-Cal Total**	**2,395,828**	**2,411,244**	**(15,416)**	**-0.6%**
5,993	6,009	(16)	-0.3%	Group Care	53,995	54,181	(186)	-0.3%
281,637	**287,794**	**(6,157)**	**-2.1%**	**Total**	**2,449,823**	**2,465,425**	**(15,602)**	**-0.6%**

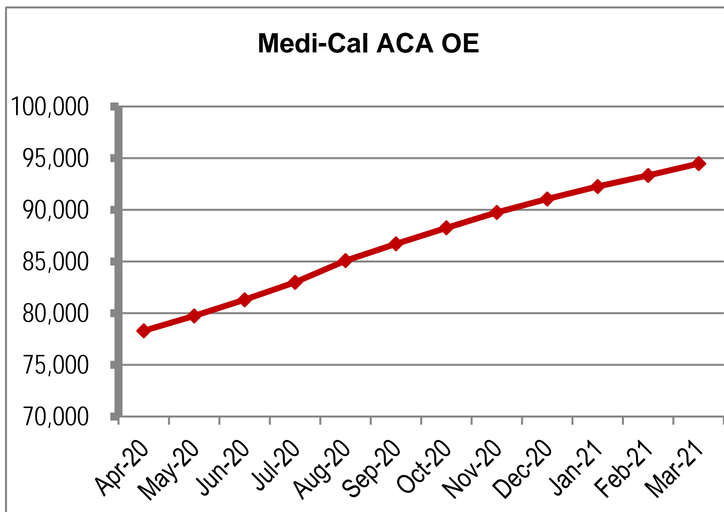
Enrollment and Profitability by Program and Category of Aid

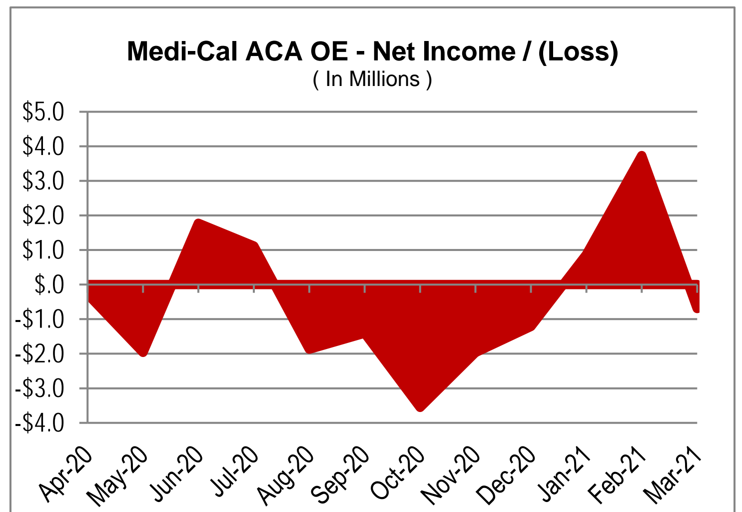




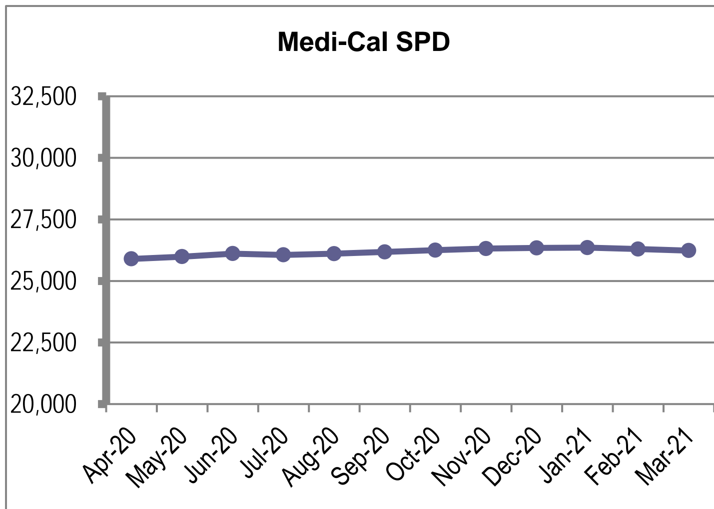


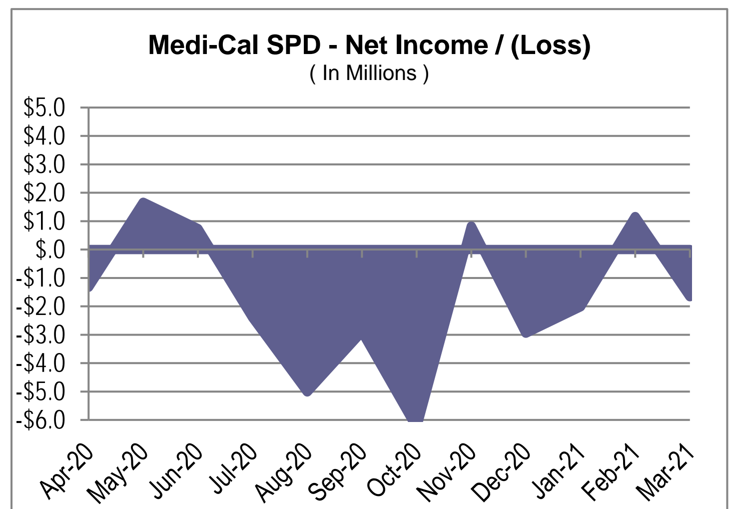


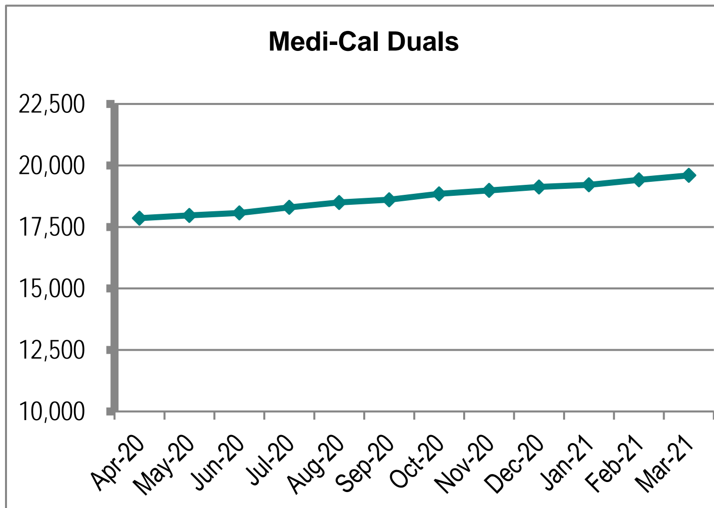


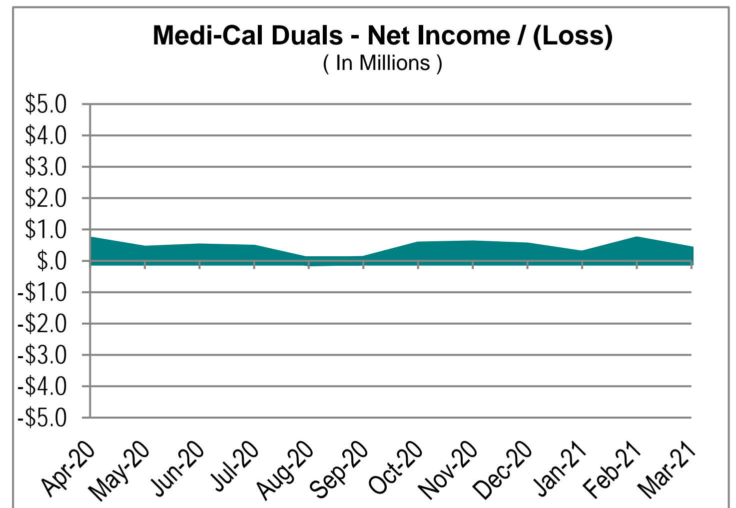


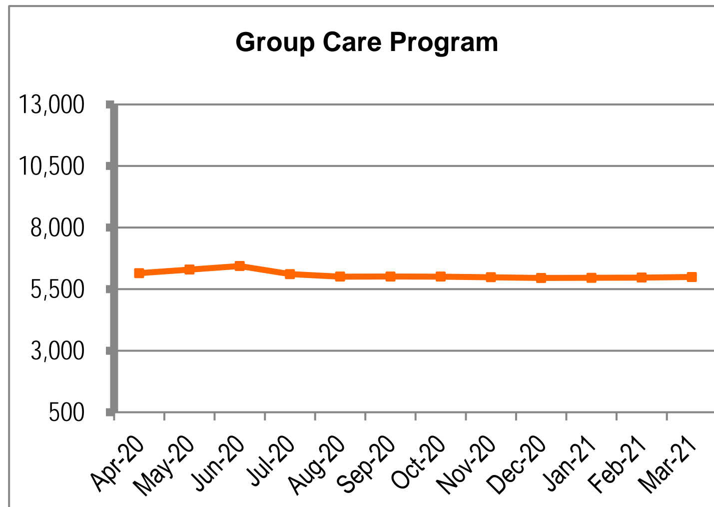
Enrollment and Profitability by Program and Category of Aid

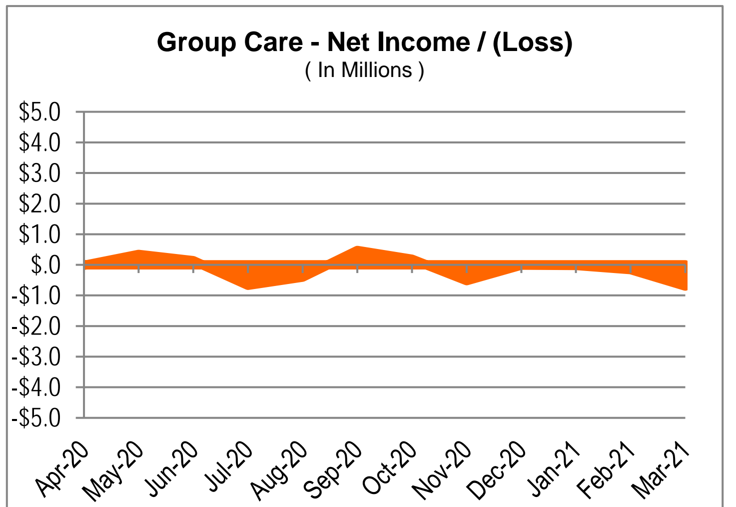




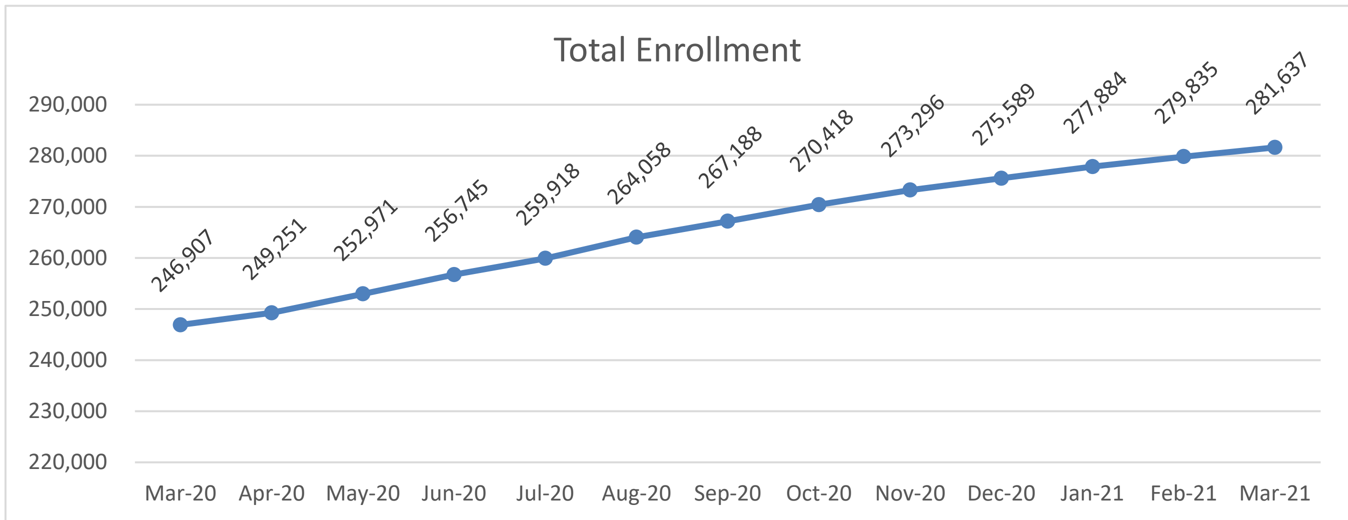


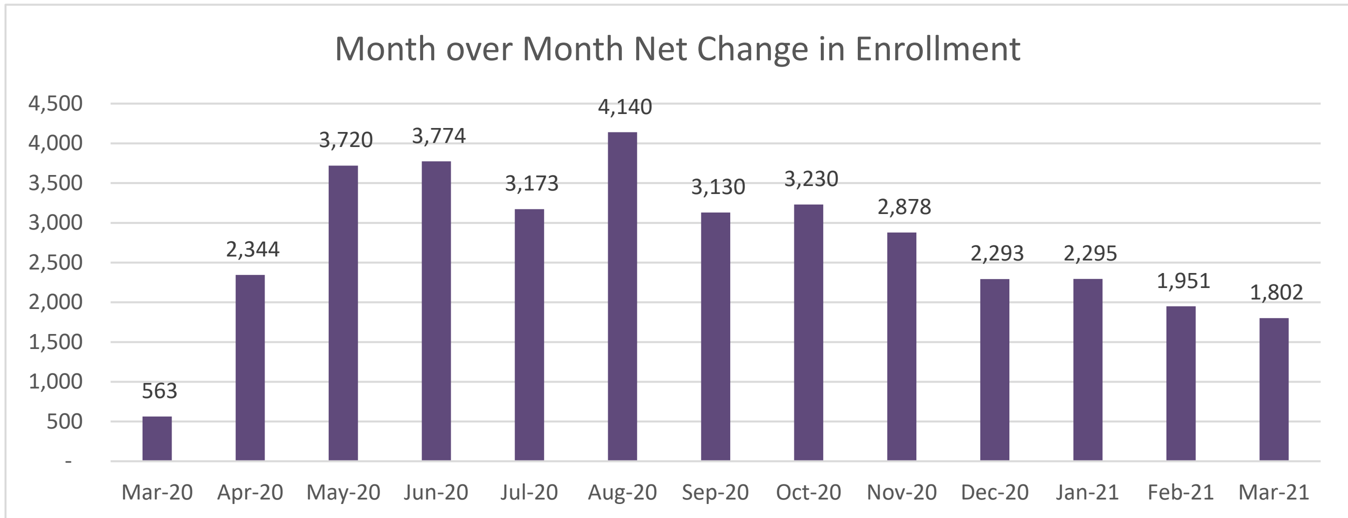






Net Change in Enrollment



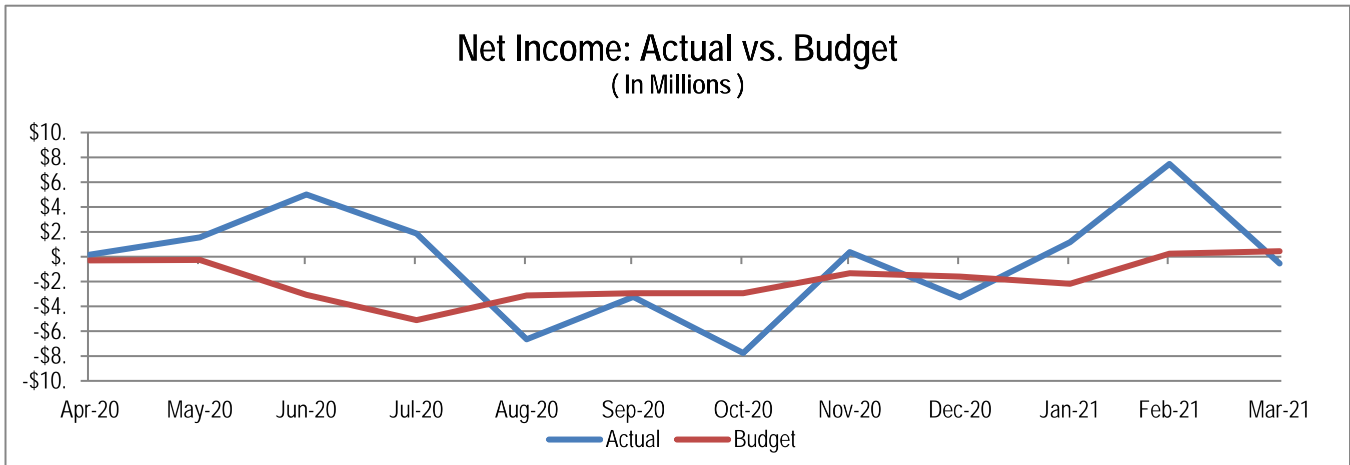


- Total Enrollment continues to increase month over month, however; as discussed last month, the rate of increase has fallen from a high of 4,140 members in August 2020 to a low of 1,802 members for March 2021. The change in the rate of increase will impact our future forecast and enrollment projections for the remainder of the fiscal and calendar year.

<u>Net Income</u>

- For the month ended March 31, 2021:
  - Actual Net Loss: $546,000.
  - Budgeted Net Income: $443,000.

- For the fiscal YTD ended March 31, 2021:
  - Actual Net Loss: $10.6 million.
  - Budgeted Net Loss: $20.2 million.

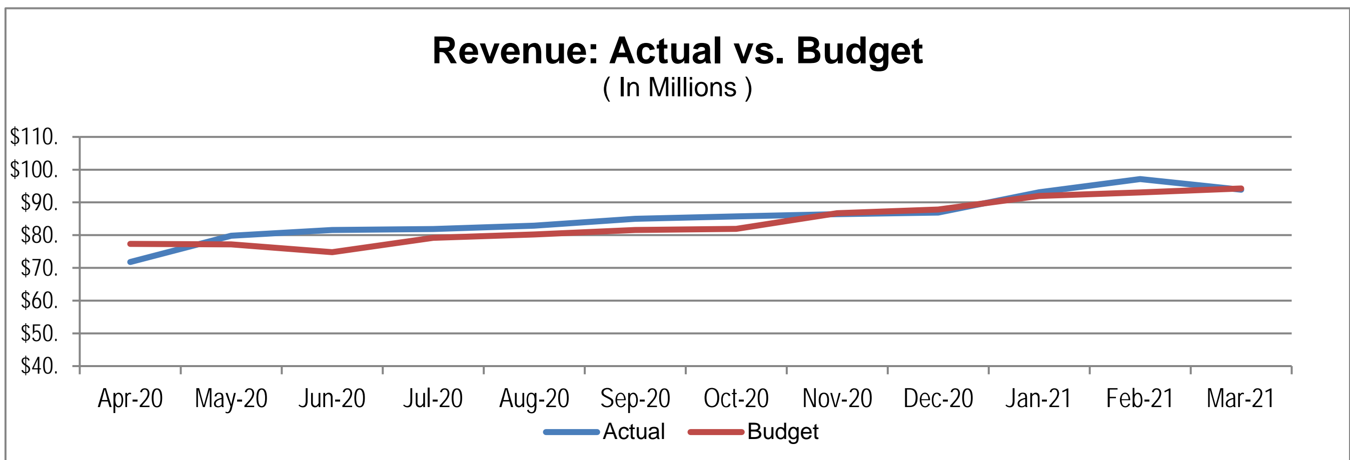


- The unfavorable variance of $989,000 in the current month is due to:
  - Unfavorable $3.3 million higher than anticipated Medical Expense.
  - Unfavorable $373,000 lower than anticipated Revenue.
  - Unfavorable $51,000 lower than anticipated Other Revenue.
  - Favorable $2.7 million lower than anticipated Administrative Expense.

Revenue

- For the month ended March 31, 2021:
  - Actual Revenue: $93.9 million.
  - Budgeted Revenue: $94.3 million.

- For the fiscal YTD ended March 31, 2021:
  - Actual Revenue: $792.9 million.
  - Budgeted Revenue: $789.2 million.

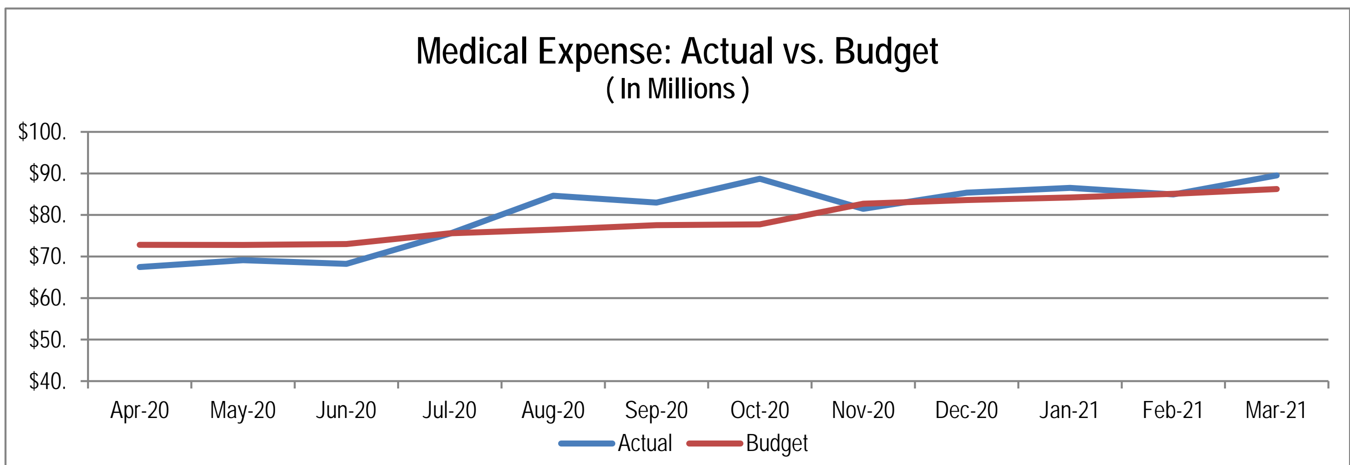


- For the month ended March 31, 2021, the unfavorable revenue variance of $373,000 is mainly due to unfavorable supplemental maternity, supplemental Hepatitis C and Care Connect revenue due to timing, and unfavorable Prop. 56 revenue largely due to lower paid membership, offset by higher final DHCS rates for FY21 resulting from smaller than anticipated acuity adjustment reduction and increase for COVID.

<u>Medical Expense</u>

- For the month ended March 31, 2021:
    - Actual Medical Expense: $89.5 million.
    - Budgeted Medical Expense: $86.2 million.

- For the fiscal YTD ended March 31, 2021:
    - Actual Medical Expense: $759.7 million.
    - Budgeted Medical Expense: $753.7 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 March, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by $158,000. Year-to-date, the estimate for prior years increased by $2.3 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	$169,718,016	$0	$169,718,016	$171,752,836	$2,034,820	1.2%
Primary Care FFS	37,905,786	(408)	37,905,378	38,427,586	$521,800	1.4%
Specialty Care FFS	38,808,226	138,926	38,947,152	39,592,656	$784,430	2.0%
Outpatient FFS	70,214,432	371,056	70,585,488	69,865,749	($348,683)	-0.5%
Ancillary FFS	35,198,120	149,811	35,347,931	32,846,724	($2,351,395)	-7.2%
Pharmacy FFS	130,645,144	18,855	130,663,999	129,326,756	($1,318,388)	-1.0%
ER Services FFS	31,148,054	70,023	31,218,077	32,111,487	$963,433	3.0%
Inpatient Hospital & SNF FFS	226,341,949	1,570,907	227,912,856	219,947,479	($6,394,470)	-2.9%
Other Benefits & Services	16,972,397	0	16,972,397	18,545,973	$1,573,576	8.5%
Net Reinsurance	(341,259)	0	(341,259)	508,034	$849,293	167.2%
Provider Incentive	749,997	0	749,997	749,999	$2	0.0%
	$757,360,862	**$2,319,170**	**$759,680,032**	**$753,675,279**	**($3,685,583)**	**-0.5%**

Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$69.28	$0.00	$69.28	$69.66	$0.39	0.6%
Primary Care FFS	15.47	0.00	15.47	15.59	0.11	0.7%
Specialty Care FFS	15.84	0.06	15.90	16.06	0.22	1.4%
Outpatient FFS	28.66	0.15	28.81	28.34	(0.32)	-1.1%
Ancillary FFS	14.37	0.06	14.43	13.32	(1.04)	-7.8%
Pharmacy FFS	53.33	0.01	53.34	52.46	(0.87)	-1.7%
ER Services FFS	12.17	0.03	12.74	13.02	0.31	2.4%
Inpatient Hospital & SNF FFS	92.39	0.64	93.03	89.21	(3.18)	-3.6%
Other Benefits & Services	6.93	0.00	6.93	7.52	0.59	7.9%
Net Reinsurance	(0.14)	0.00	(0.14)	0.21	0.35	167.6%
Provider Incentive	0.31	0.00	0.31	0.30	0.00	-0.6%
	$309.15	**$0.95**	**$310.10**	**$305.70**	**($3.45)**	**-1.1%**

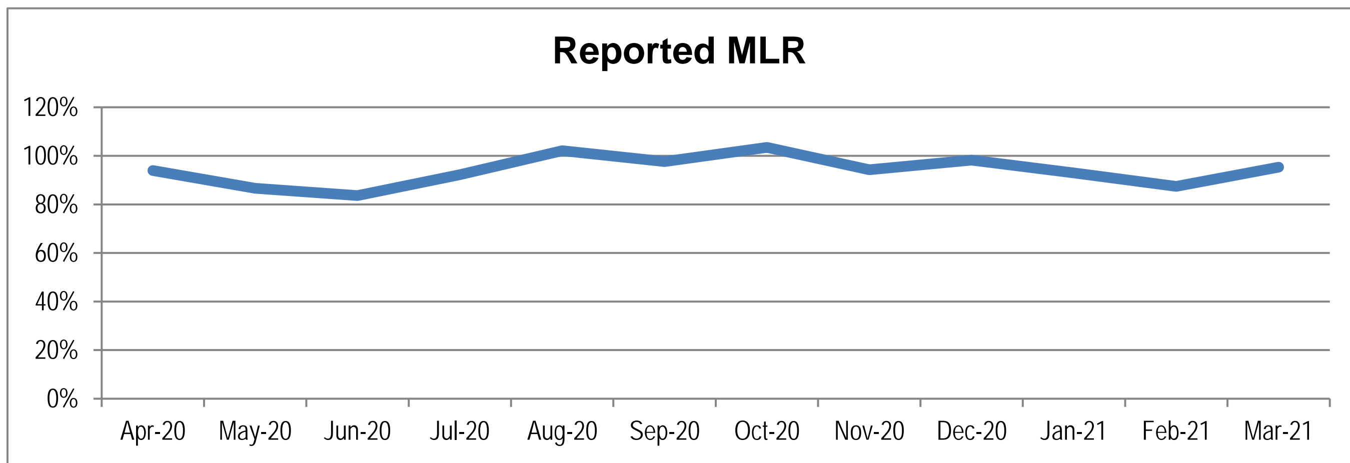
- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $3.7 million unfavorable to budget. On a PMPM basis, medical expense is 1.1% unfavorable to budget.
  - Inpatient Expense is over budget due to significantly higher than average COVID admissions in December 2020 and January 2021 along with a spike in admission in March 2021. 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 Group Care population.

- Other Benefits & Services are under budget, primarily due to open positions in the Clinical Organization, unused paid time off, delayed hiring of consultants, delayed employee training, lower Care Connect utilization, lower interpreter services utilization, delayed implementation of medical professional projects, a decrease in mailing services, and timing of member health education and incentives.
- Net Reinsurance is lower than budget due to the receipt of more recoveries than expected.
- Pharmacy Expense is slightly above budget driven by Non-PBM expense which was unfavorable due to higher utilization offset by lower unit cost trends. PBM expense utilization is lower than budget with flat unit cost. Overall, the ACA OE, SPD, DUAL, Adult and Group Care populations are unfavorable, and the Child population is favorable.
- Ancillary Expense is higher than budget due to Home Heath, DME, Outpatient Therapy, CBAS, Hospice, Non-Emergency Transportation, Laboratory and Radiology expense offset by favorability in all other expense categories (Other Medical Professional and Ambulance). Overall utilization is unfavorable across all populations offset by favorable unit cost.
- Outpatient Expense is slightly over budget, driven by unfavorable utilization offset by favorable unit cost.
    - Behavioral Health: unfavorable due to unfavorable utilization offset by favorable unit cost trends.
    - Lab & Radiology: unfavorable due to unfavorable utilization offset by favorable unit cost trends.
    - Dialysis: favorable due to favorable utilization offset by unfavorable unit cost trends.
    - Facility-Other: favorable due to favorable utilization offset by unfavorable unit cost trends.
- 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.
- Emergency Room Expense is lower than planned, due to favorable utilization 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 utilization. Expenses across all populations are favorable except for SPD.
- Primary Care Expense is slightly 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 95.4% for the month and 95.8% for the fiscal year-to-date.



Administrative Expense

- For the month ended March 31, 2021:
    - Actual Administrative Expense: $4.9 million.
    - Budgeted Administrative Expense: $7.6 million.

- For the fiscal YTD ended March 31, 2021:
    - Actual Administrative Expense: $44.0 million.
    - Budgeted Administrative Expense: $56.1 million.

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

Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$2,854,065	$3,037,464	$183,399	6.0%	Employee Expense	$24,075,484	$24,779,187	$703,704	2.8%
204,258	644,009	439,751	68.3%	Medical Benefits Admin Expense	5,294,435	5,721,151	426,716	7.5%
783,996	972,296	188,300	19.4%	Purchased & Professional Services	5,907,905	8,490,063	2,582,158	30.4%
1,053,779	2,961,762	1,907,983	64.4%	Other Admin Expense	8,704,664	17,065,358	8,360,694	49.0%
$4,896,098	$7,615,531	$2,719,433	35.7%	Total Administrative Expense	$43,982,488	$56,055,759	$12,073,272	21.5%

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.

- Administrative expense represented 5.2% of net revenue for the month and 5.5% of net revenue year-to-date.

Other Income / (Expense)

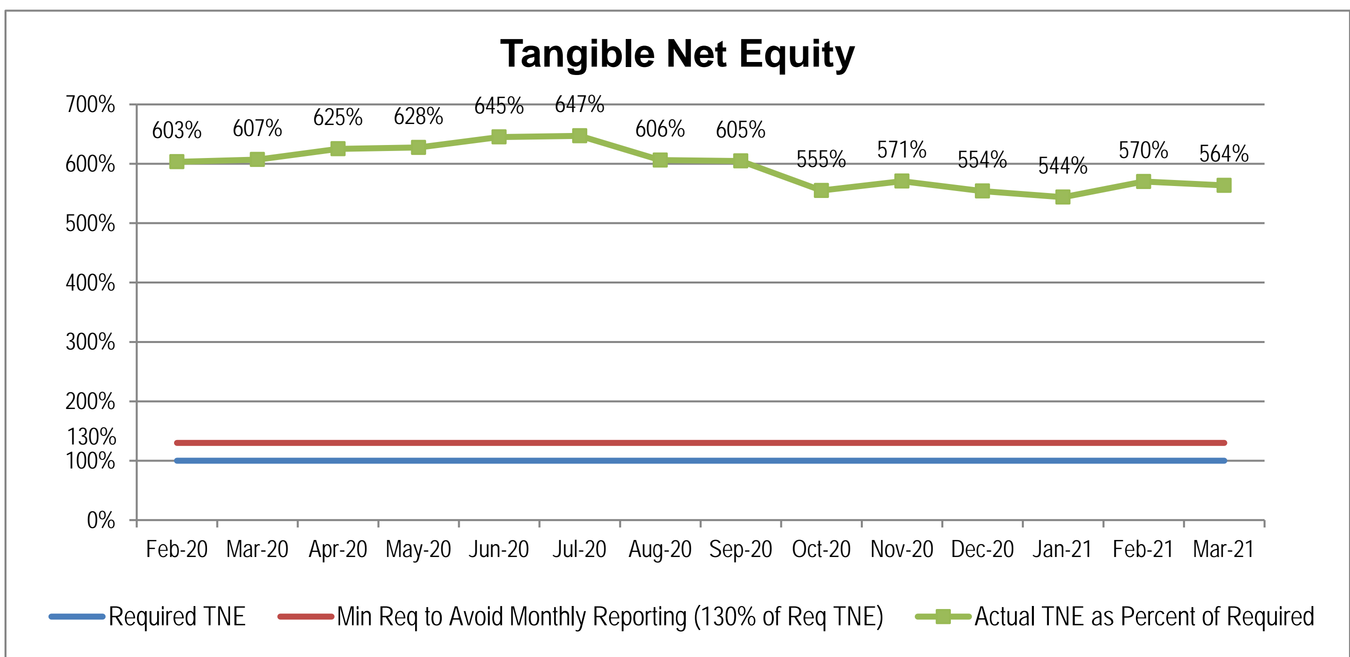
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date interest income from investments is $512,000.

- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $271,000.

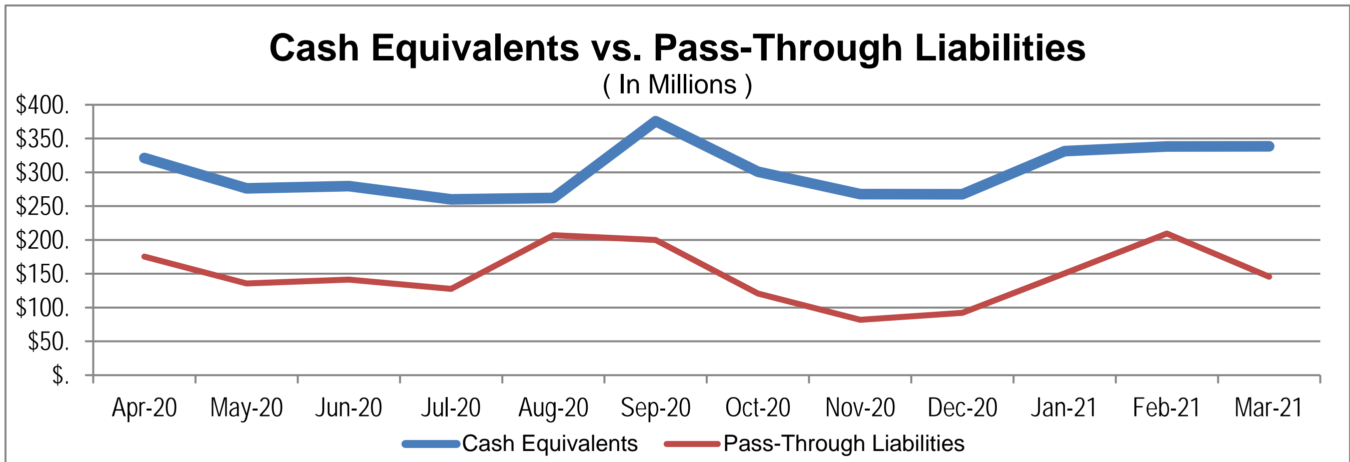
Tangible Net Equity (TNE)

- 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 $195.6 million
  - Excess TNE $160.9 million
  - TNE as % of Required TNE 564%



- 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 $338.6 million
  - Pass-Through Liabilities $145.6 million
  - Uncommitted Cash $193.0 million
  - Working Capital $186.2 million
  - Current Ratio 1.63 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: $657,000.

- 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 March 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
275,644	281,785	(6,141)	(2.2%)	1 - Medi-Cal	2,395,828	2,411,244	(15,416)	(0.6%)
5,993	6,009	(16)	(0.3%)	2 - Group Care	53,995	54,181	(186)	(0.3%)
281,637	**287,794**	**(6,157)**	**(2.1%)**	**3 - Total Member Months**	**2,449,823**	**2,465,425**	**(15,602)**	**(0.6%)**
				REVENUE				
$93,881,416	**$94,254,724**	**($373,308)**	**(0.4%)**	**4 - TOTAL REVENUE**	**$792,858,260**	**$789,188,801**	**$3,669,459**	**0.5%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
20,548,484	21,173,751	625,267	3.0%	5 - Capitated Medical Expense	169,718,021	171,752,832	2,034,811	1.2%
				Fee for Service Medical Expenses:				
25,410,493	24,128,690	(1,281,803)	(5.3%)	6 - Inpatient Hospital & SNF FFS Expense	227,912,857	219,947,472	(7,965,385)	(3.6%)
4,368,417	4,459,911	91,494	2.1%	7 - Primary Care Physician FFS Expense	37,905,380	38,427,589	522,209	1.4%
4,502,224	4,511,839	9,615	0.2%	8 - Specialty Care Physician Expense	38,947,148	39,592,656	645,508	1.6%
4,162,028	3,403,363	(758,665)	(22.3%)	9 - Ancillary Medical Expense	35,347,929	32,846,725	(2,501,204)	(7.6%)
8,132,921	7,797,383	(335,538)	(4.3%)	10 - Outpatient Medical Expense	70,585,486	69,865,746	(719,740)	(1.0%)
3,957,914	3,587,501	(370,413)	(10.3%)	11 - Emergency Expense	31,218,075	32,111,490	893,415	2.8%
16,513,798	14,681,927	(1,831,871)	(12.5%)	12 - Pharmacy Expense	130,664,001	129,326,758	(1,337,243)	(1.0%)
67,047,795	62,570,614	(4,477,181)	(7.2%)	13 - Total Fee for Service Expense	572,580,875	562,118,436	(10,462,439)	(1.9%)
1,774,301	2,277,895	503,594	22.1%	14 - Other Benefits & Services	16,972,394	18,545,973	1,573,579	8.5%
70,136	134,183	64,047	47.7%	15 - Reinsurance Expense	(341,259)	508,036	849,295	167.2%
83,333	83,334	1	0.0%	16 - Risk Pool Distribution	749,997	750,001	4	0.0%
89,524,049	**86,239,777**	**(3,284,271)**	**(3.8%)**	**17 - TOTAL MEDICAL EXPENSES**	**759,680,029**	**753,675,278**	**(6,004,751)**	**(0.8%)**
4,357,368	**8,014,947**	**(3,657,579)**	**(45.6%)**	**18 - GROSS MARGIN**	**33,178,231**	**35,513,523**	**(2,335,292)**	**(6.6%)**
				ADMINISTRATIVE EXPENSES				
2,854,065	3,037,462	183,398	6.0%	19 - Personnel Expense	24,075,484	24,779,187	703,703	2.8%
204,258	644,009	439,751	68.3%	20 - Benefits Administration Expense	5,294,435	5,721,151	426,716	7.5%
783,996	972,297	188,301	19.4%	21 - Purchased & Professional Services	5,907,906	8,490,063	2,582,157	30.4%
1,053,779	2,961,764	1,907,985	64.4%	22 - Other Administrative Expense	8,704,665	17,065,358	8,360,693	49.0%
4,896,097	**7,615,532**	**2,719,435**	**35.7%**	**23 -Total Administrative Expense**	**43,982,490**	**56,055,759**	**12,073,269**	**21.5%**
(538,729)	**399,415**	**(938,144)**	**(234.9%)**	**24 - NET OPERATING INCOME / (LOSS)**	**(10,804,259)**	**(20,542,235)**	**9,737,977**	**47.4%**
				OTHER INCOME / EXPENSE				
(7,163)	**43,995**	**(51,158)**	**(116.3%)**	**25 - Total Other Income / (Expense)**	**211,566**	**347,143**	**(135,577)**	**(39.1%)**
($545,892)	**$443,410**	**($989,302)**	**(223.1%)**	**26 - NET INCOME / (LOSS)**	**($10,592,692)**	**($20,195,092)**	**$9,602,400**	**47.5%**
5.2%	8.1%	2.9%	35.5%	27 - Admin Exp % of Revenue	5.5%	7.1%	1.6%	21.9%

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

	March	February	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$21,101,161	$16,244,347	$4,856,814	29.90%
Short-Term Investments	317,516,632	322,018,940	(4,502,308)	-1.40%
Interest Receivable	7,294	6,448	846	13.12%
Other Receivables - Net	135,122,876	200,905,544	(65,782,668)	-32.74%
Prepaid Expenses	5,135,147	4,917,238	217,909	4.43%
Prepaid Inventoried Items	3,971	3,971	0	0.00%
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	**482,357,804**	**547,567,210**	**(65,209,406)**	**-11.91%**
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	9,751,302	9,714,736	36,566	0.38%
Furniture And Equipment	15,314,402	15,209,750	104,653	0.69%
Leasehold Improvement	927,440	927,440	0	0.00%
Construction in Process	63,615	91,040	(27,424)	-30.12%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	42,880,761	42,766,966	113,794	0.27%
Less: Accumulated Depreciation	(33,830,989)	(33,656,761)	(174,228)	0.52%
NET PROPERTY AND EQUIPMENT	**9,049,771**	**9,110,205**	**(60,434)**	**-0.66%**
TOTAL ASSETS	**$491,757,575**	**$557,027,415**	**($65,269,840)**	**-11.72%**
CURRENT LIABILITIES:				
Accounts Payable	$2,293,126	$2,667,313	($374,186)	-14.03%
Pass-Through Liabilities	145,633,975	209,500,312	(63,866,336)	-30.49%
Claims Payable	29,798,389	17,904,295	11,894,093	66.43%
IBNP Reserves	97,516,068	109,784,970	(12,268,902)	-11.18%
Payroll Liabilities	4,425,233	4,617,182	(191,950)	-4.16%
CalPERS Deferred Inflow	1,627,670	1,627,670	0	0.00%
Risk Sharing	4,399,849	4,316,516	83,333	1.93%
Provider Grants/ New Health Program	10,481,143	10,481,143	0	0.00%
TOTAL CURRENT LIABILITIES	**296,175,452**	**360,899,400**	**(64,723,948)**	**-17.93%**
TOTAL LIABILITIES	**296,175,452**	**360,899,400**	**(64,723,948)**	**-17.93%**
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)	(10,592,692)	(10,046,800)	(545,892)	5.43%
TOTAL NET WORTH	**195,582,123**	**196,128,015**	**(545,892)**	**-0.28%**
TOTAL LIABILITIES AND NET WORTH	**$491,757,575**	**$557,027,415**	**($65,269,840)**	**-11.72%**

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BALSHEET 2021

04/20/21
REPORT #3

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 3/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$157,490,112	$271,202,658	$519,408,224	$884,673,156
Commercial Premium Revenue	2,239,700	6,700,607	13,432,137	20,205,728
Other Income	182,956	767,711	2,203,890	3,434,029
Investment Income	22,805	126,846	274,339	478,226
Cash Paid To:				
Medical Expenses	(90,064,731)	(246,640,964)	(487,802,829)	(723,965,579)
Vendor & Employee Expenses	(5,536,205)	(14,337,080)	(30,019,092)	(42,467,724)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	64,334,637	17,819,778	17,496,669	142,357,836
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(113,794)	(277,696)	(329,872)	(656,804)
Net Cash Provided By (Used In) Financing Activities	(113,794)	(277,696)	(329,872)	(656,804)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	(63,866,336)	53,394,451	(54,248,766)	(82,758,326)
Net Cash Provided By (Used In) Investing Activities	(63,866,336)	53,394,451	(54,248,766)	(82,758,326)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**354,507**	**70,936,533**	**(37,081,969)**	**58,942,706**
Cash @ Beginning of Period	338,263,287	267,681,259	375,699,761	279,675,085
Subtotal	$338,617,794	$338,617,792	$338,617,792	$338,617,791
Rounding	(1)	1	1	2
Cash @ End of Period	**$338,617,793**	**$338,617,793**	**$338,617,793**	**$338,617,793**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	($545,892)	$8,094,903	($2,570,322)	($10,592,692)
Depreciation	174,228	523,173	1,050,691	1,618,971
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	65,781,822	(6,636,202)	(10,425,405)	112,667,833
Prepaid Expenses	(217,909)	(455,696)	(518,163)	(185,810)
Trade Payables	(374,186)	293,009	(1,540,506)	(581,855)
Claims payable & IBNP	(291,476)	15,609,606	31,049,638	36,866,714
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(191,950)	390,987	450,737	2,564,676
Subtotal	64,334,637	17,819,780	17,496,670	142,357,837
Rounding	0	(2)	(1)	(1)
Cash Flows from Operating Activities	**$64,334,637**	**$17,819,778**	**$17,496,669**	**$142,357,836**
Rounding Difference	0	(2)	(1)	(1)

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 3/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,239,700	$6,700,607	$13,432,137	$20,205,728
Total	2,239,700	6,700,607	13,432,137	20,205,728
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	91,458,238	276,647,565	527,506,183	769,217,047
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	66,031,874	(5,444,907)	(8,097,959)	115,456,109
Total	157,490,112	271,202,658	519,408,224	884,673,156
Investment & Other Income Cash Flows				
Other Revenue (Grants)	182,956	767,711	2,203,890	3,434,029
Interest Income	23,651	128,794	279,575	484,238
Interest Receivable	(846)	(1,948)	(5,236)	(6,012)
Total	205,761	894,557	2,478,229	3,912,255
Medical & Hospital Cash Flows				
Total Medical Expenses	(89,524,049)	(260,995,817)	(516,530,257)	(759,680,029)
Other Receivable	(249,206)	(1,189,347)	(2,322,210)	(2,782,264)
Claims Payable	11,894,093	11,693,139	12,816,606	15,193,789
IBNP Payable	(12,268,902)	3,666,468	17,733,034	23,424,693
Risk Share Payable	83,333	249,999	499,998	(1,751,768)
Health Program	0	(65,406)	0	1,630,000
Other Liabilities	0	0	0	0
Total	(90,064,731)	(246,640,964)	(487,802,829)	(723,965,579)
Administrative Cash Flows				
Total Administrative Expenses	(4,926,388)	(15,153,959)	(29,461,851)	(44,253,706)
Prepaid Expenses	(217,909)	(455,696)	(518,163)	(185,810)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(374,186)	293,009	(1,540,506)	(581,855)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(191,950)	456,393	450,737	934,676
Depreciation Expense	174,228	523,173	1,050,691	1,618,971
Total	(5,536,205)	(14,337,080)	(30,019,092)	(42,467,724)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**64,334,637**	**17,819,778**	**17,496,669**	**142,357,836**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 3/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(63,866,336)	53,394,451	(54,248,766)	(82,758,326)
Restricted Cash	0	0	0	0
	(63,866,336)	53,394,451	(54,248,766)	(82,758,326)
Fixed Asset Cash Flows				
Depreciation expense	174,228	523,173	1,050,691	1,618,971
Fixed Asset Acquisitions	(113,794)	(277,696)	(329,872)	(656,804)
Change in A/D	(174,228)	(523,173)	(1,050,691)	(1,618,971)
	(113,794)	(277,696)	(329,872)	(656,804)
Total Cash Flows from Investing Activities	**(63,980,130)**	**53,116,755**	**(54,578,638)**	**(83,415,130)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**354,507**	**70,936,533**	**(37,081,969)**	**58,942,706**
Rounding	(1)	1	1	2
Cash @ Beginning of Period	338,263,287	267,681,259	375,699,761	279,675,085
Cash @ End of Period	**$338,617,793**	**$338,617,793**	**$338,617,793**	**$338,617,793**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 3/31/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	($545,892)	$8,094,903	($2,570,322)	($10,592,692)
Add back: Depreciation	174,228	523,173	1,050,691	1,618,971
Receivables				
Premiums Receivable	66,031,874	(5,444,907)	(8,097,959)	115,456,109
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(846)	(1,948)	(5,236)	(6,012)
Other Receivable	(249,206)	(1,189,347)	(2,322,210)	(2,782,264)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	65,781,822	(6,636,202)	(10,425,405)	112,667,833
Prepaid Expenses	(217,909)	(455,696)	(518,163)	(185,810)
Trade Payables	(374,186)	293,009	(1,540,506)	(581,855)
Claims Payable, IBNR & Risk Share				
IBNP	(12,268,902)	3,666,468	17,733,034	23,424,693
Claims Payable	11,894,093	11,693,139	12,816,606	15,193,789
Risk Share Payable	83,333	249,999	499,998	(1,751,768)
Other Liabilities	0	0	0	0
Total	(291,476)	15,609,606	31,049,638	36,866,714
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(191,950)	456,393	450,737	934,676
Health Program	0	(65,406)	0	1,630,000
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(191,950)	390,987	450,737	2,564,676
Cash Flows from Operating Activities	**$64,334,637**	**$17,819,780**	**$17,496,670**	**$142,357,837**
Difference (rounding)	0	2	1	1

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF MARCH 2021

	Child	Adults*	Medi-Cal SPD*	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	95,692	39,649	26,234	94,473	19,596	275,644	5,993	281,637
Net Revenue	$11,989,019	$12,954,307	$27,675,315	$35,611,195	$3,411,879	$91,641,715	$2,239,702	$93,881,416
Medical Expense	$9,913,053	$11,896,407	$27,638,755	$34,414,027	$2,928,781	$86,791,023	$2,733,026	$89,524,049
Gross Margin	$2,075,966	$1,057,900	$36,560	$1,197,167	$483,098	$4,850,692	($493,324)	$4,357,368
Administrative Expense	$351,475	$593,414	$1,695,520	$1,886,636	$169,231	$4,696,275	$199,822	$4,896,097
Operating Income / (Expense)	$1,724,491	$464,487	($1,658,960)	($689,468)	$313,867	$154,417	($693,146)	($538,729)
Other Income / (Expense)	$523	$797	($3,464)	($4,113)	$130	($6,128)	($1,035)	($7,163)
Net Income / (Loss)	$1,725,014	$465,284	($1,662,424)	($693,582)	$313,997	$148,289	($694,182)	($545,892)
Revenue PMPM	$125.29	$326.72	$1,054.94	$376.95	$174.11	$332.46	$373.72	$333.34
Medical Expense PMPM	$103.59	$300.04	$1,053.55	$364.27	$149.46	$314.87	$456.04	$317.87
Gross Margin PMPM	$21.69	$26.68	$1.39	$12.67	$24.65	$17.60	($82.32)	$15.47
Administrative Expense PMPM	$3.67	$14.97	$64.63	$19.97	$8.64	$17.04	$33.34	$17.38
Operating Income / (Expense) PMPM	$18.02	$11.71	($63.24)	($7.30)	$16.02	$0.56	($115.66)	($1.91)
Other Income / (Expense) PMPM	$0.01	$0.02	($0.13)	($0.04)	$0.01	($0.02)	($0.17)	($0.03)
Net Income / (Loss) PMPM	$18.03	$11.74	($63.37)	($7.34)	$16.02	$0.54	($115.83)	($1.94)
Medical Loss Ratio	82.7%	91.8%	99.9%	96.6%	85.8%	94.7%	122.0%	95.4%
Gross Margin Ratio	17.3%	8.2%	0.1%	3.4%	14.2%	5.3%	-22.0%	4.6%
Administrative Expense Ratio	2.9%	4.6%	6.1%	5.3%	5.0%	5.1%	8.9%	5.2%
Net Income Ratio	14.4%	3.6%	-6.0%	-1.9%	9.2%	0.2%	-31.0%	-0.6%

* 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 - MARCH 2021

	Child	Adult*	Medi-Cal SPD*	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	847,516	337,722	236,101	803,905	170,584	2,395,828	53,995	2,449,823
Net Revenue	$103,227,462	$106,085,111	$238,730,749	$295,544,193	$29,064,944	$772,652,459	$20,205,801	$792,858,260
Medical Expense	$81,273,712	$104,266,860	$244,769,812	$284,048,612	$24,762,521	$739,121,518	$20,558,511	$759,680,029
Gross Margin	$21,953,749	$1,818,251	($6,039,063)	$11,495,581	$4,302,423	$33,530,941	($352,709)	$33,178,231
Administrative Expense	$3,395,316	$5,884,897	$15,263,849	$16,548,918	$1,426,528	$42,519,509	$1,462,980	$43,982,490
Operating Income / (Expense)	$18,558,433	($4,066,647)	($21,302,912)	($5,053,338)	$2,875,895	($8,988,569)	($1,815,690)	($10,804,259)
Other Income / (Expense)	$25,992	$36,742	$75,981	$80,068	($9,059)	$209,725	$1,842	$211,566
Net Income / (Loss)	$18,584,425	($4,029,904)	($21,226,931)	($4,973,270)	$2,866,836	($8,778,844)	($1,813,848)	($10,592,692)
Revenue PMPM	$121.80	$314.12	$1,011.14	$367.64	$170.38	$322.50	$374.22	$323.64
Medical Expense PMPM	$95.90	$308.74	$1,036.72	$353.34	$145.16	$308.50	$380.75	$310.10
Gross Margin PMPM	$25.90	$5.38	($25.58)	$14.30	$25.22	$14.00	($6.53)	$13.54
Administrative Expense PMPM	$4.01	$17.43	$64.65	$20.59	$8.36	$17.75	$27.09	$17.95
Operating Income / (Expense) PMPM	$21.90	($12.04)	($90.23)	($6.29)	$16.86	($3.75)	($33.63)	($4.41)
Other Income / (Expense) PMPM	$0.03	$0.11	$0.32	$0.10	($0.05)	$0.09	$0.03	$0.09
Net Income / (Loss) PMPM	$21.93	($11.93)	($89.91)	($6.19)	$16.81	($3.66)	($33.59)	($4.32)
Medical Loss Ratio	78.7%	98.3%	102.5%	96.1%	85.2%	95.7%	101.7%	95.8%
Gross Margin Ratio	21.3%	1.7%	-2.5%	3.9%	14.8%	4.3%	-1.7%	4.2%
Administrative Expense Ratio	3.3%	5.5%	6.4%	5.6%	4.9%	5.5%	7.2%	5.5%
Net Income Ratio	18.0%	-3.8%	-8.9%	-1.7%	9.9%	-1.1%	-9.0%	-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
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED March 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				
$2,854,065	$3,037,462	$183,398	6.0%	Personnel Expenses	$24,075,484	$24,779,187	$703,703	2.8%
204,258	644,009	439,751	68.3%	Benefits Administration Expense	5,294,435	5,721,151	426,716	7.5%
783,996	972,297	188,301	19.4%	Purchased & Professional Services	5,907,906	8,490,063	2,582,157	30.4%
342,801	411,907	69,106	16.8%	Occupancy	3,226,930	3,468,158	241,228	7.0%
173,601	1,830,365	1,656,764	90.5%	Printing Postage & Promotion	1,445,716	8,304,113	6,858,396	82.6%
534,015	694,542	160,528	23.1%	Licenses Insurance & Fees	3,964,174	5,155,845	1,191,671	23.1%
3,362	24,950	21,587	86.5%	Supplies & Other Expenses	67,845	137,242	69,397	50.6%
2,042,033	4,578,070	2,536,038	55.4%	Total Other Administrative Expense	19,907,006	31,276,572	11,369,566	36.4%
$4,896,097	**$7,615,532**	**$2,719,435**	**35.7%**	**Total Administrative Expenses**	**$43,982,490**	**$56,055,759**	**$12,073,269**	**21.5%**

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ADMIN YTD 2021
04/20/21
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ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED March 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,926,050	$1,896,692	($29,357)	(1.5%)	Salaries & Wages	$16,193,334	$15,986,949	($206,385)	(1.3%)
167,830	208,249	40,419	19.4%	Paid Time Off	1,549,729	1,687,859	138,130	8.2%
2,175	3,992	1,817	45.5%	Incentives	9,469	20,249	10,779	53.2%
0	0	0	0.0%	Severance Pay	7,605	7,605	0	0.0%
30,175	31,678	1,502	4.7%	Payroll Taxes	347,748	419,695	71,948	17.1%
22,108	11,755	(10,353)	(88.1%)	Overtime	180,475	141,143	(39,332)	(27.9%)
157,734	160,839	3,105	1.9%	CalPERS ER Match	1,267,064	1,303,138	36,074	2.8%
0	0	0	0.0%	Sick Leave Pay	4,097	4,097	0	0.0%
442,587	570,463	127,876	22.4%	Employee Benefits	3,930,049	4,301,691	371,642	8.6%
(4)	0	4	0.0%	Personal Floating Holiday	88,669	95,444	6,775	7.1%
1,055	41,913	40,858	97.5%	Employee Relations	34,160	121,228	87,068	71.8%
6,990	7,680	690	9.0%	Work from Home Stipend	34,260	36,840	2,580	7.0%
30	2,887	2,857	99.0%	Transportation Reimbursement	876	9,153	8,277	90.4%
0	16,707	16,707	100.0%	Travel & Lodging	(564)	46,443	47,008	101.2%
62,172	12,272	(49,900)	(406.6%)	Temporary Help Services	201,539	141,906	(59,633)	(42.0%)
19,147	62,500	43,353	69.4%	Staff Development/Training	87,090	259,859	172,769	66.5%
16,016	9,837	(6,179)	(62.8%)	Staff Recruitment/Advertising	139,884	195,888	56,004	28.6%
2,854,065	**3,037,462**	**183,398**	**6.0%**	**Total Employee Expenses**	**24,075,484**	**24,779,187**	**703,703**	**2.8%**
				Benefit Administration Expense				
15,742	391,979	376,237	96.0%	RX Administration Expense	3,066,833	3,458,573	391,740	11.3%
171,611	233,531	61,920	26.5%	Behavioral Hlth Administration Fees	2,079,842	2,107,090	27,248	1.3%
16,905	18,499	1,594	8.6%	Telemedicine Admin Fees	147,760	155,488	7,728	5.0%
204,258	**644,009**	**439,751**	**68.3%**	**Total Employee Expenses**	**5,294,435**	**5,721,151**	**426,716**	**7.5%**
				Purchased & Professional Services				
150,483	260,498	110,016	42.2%	Consulting Services	1,183,214	2,215,892	1,032,678	46.6%
241,776	551,978	310,202	56.2%	Computer Support Services	2,637,972	4,031,708	1,393,736	34.6%
20,818	8,750	(12,068)	(137.9%)	Professional Fees-Accounting	103,005	90,937	(12,068)	(13.3%)
0	100	100	100.0%	Professional Fees-Medical	0	500	500	100.0%
9,774	32,334	22,560	69.8%	Other Purchased Services	184,391	273,852	89,461	32.7%
3,412	10,284	6,872	66.8%	Maint.& Repair-Office Equipment	58,630	89,602	30,972	34.6%
38,087	8,050	(30,037)	(373.1%)	HMS Recovery Fees	289,592	201,071	(88,522)	(44.0%)
0	242	242	100.0%	MIS Software (Non-Capital)	0	301,208	301,208	100.0%
4,094	7,507	3,414	45.5%	Hardware (Non-Capital)	75,678	94,634	18,956	20.0%
12,140	14,220	2,080	14.6%	Provider Relations-Credentialing	112,284	108,051	(4,233)	(3.9%)
303,412	78,333	(225,079)	(287.3%)	Legal Fees	1,263,139	1,082,608	(180,531)	(16.7%)
783,996	**972,297**	**188,301**	**19.4%**	**Total Purchased & Professional Services**	**5,907,906**	**8,490,063**	**2,582,157**	**30.4%**
				Occupancy				
148,121	186,354	38,234	20.5%	Depreciation	1,385,327	1,529,847	144,520	9.4%
26,108	26,107	(1)	0.0%	Amortization	234,967	234,966	(2)	0.0%
67,855	67,855	0	0.0%	Building Lease	610,696	610,696	0	0.0%
(1,180)	2,002	3,182	158.9%	Leased and Rented Office Equipment	20,313	23,463	3,150	13.4%
11,088	14,608	3,520	24.1%	Utilities	104,929	115,814	10,885	9.4%
69,929	83,300	13,371	16.1%	Telephone	729,742	776,286	46,544	6.0%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$20,880	$31,680	$10,800	34.1%	Building Maintenance	$140,956	$177,087	$36,131	20.4%
342,801	**411,907**	**69,106**	**16.8%**	**Total Occupancy**	**3,226,930**	**3,468,158**	**241,228**	**7.0%**
				Printing Postage & Promotion				
39,405	42,749	3,344	7.8%	Postage	267,233	390,608	123,375	31.6%
4,760	3,250	(1,510)	(46.5%)	Design & Layout	52,515	29,600	(22,915)	(77.4%)
66,101	36,900	(29,201)	(79.1%)	Printing Services	483,873	480,652	(3,221)	(0.7%)
3,066	4,470	1,404	31.4%	Mailing Services	24,789	35,414	10,625	30.0%
2,434	2,482	49	2.0%	Courier/Delivery Service	23,053	21,838	(1,215)	(5.6%)
9	630	621	98.5%	Pre-Printed Materials and Publications	634	4,283	3,649	85.2%
0	1,250	1,250	100.0%	Promotional Products	27,369	31,971	4,602	14.4%
45,928	1,722,333	1,676,406	97.3%	Community Relations	506,481	7,244,071	6,737,591	93.0%
11,898	16,300	4,402	27.0%	Translation - Non-Clinical	59,769	65,675	5,906	9.0%
173,601	**1,830,365**	**1,656,764**	**90.5%**	**Total Printing Postage & Promotion**	**1,445,716**	**8,304,113**	**6,858,396**	**82.6%**
				Licenses Insurance & Fees				
0	50,000	50,000	100.0%	Regulatory Penalties	0	100,000	100,000	100.0%
21,699	19,100	(2,599)	(13.6%)	Bank Fees	178,956	172,567	(6,390)	(3.7%)
51,908	53,715	1,807	3.4%	Insurance	475,963	534,187	58,224	10.9%
388,160	490,599	102,439	20.9%	Licenses, Permits and Fees	2,738,993	3,737,003	998,010	26.7%
72,248	81,128	8,880	10.9%	Subscriptions & Dues	570,261	612,088	41,827	6.8%
534,015	**694,542**	**160,528**	**23.1%**	**Total Licenses Insurance & Postage**	**3,964,174**	**5,155,845**	**1,191,671**	**23.1%**
				Supplies & Other Expenses				
1,318	5,387	4,069	75.5%	Office and Other Supplies	16,581	29,904	13,322	44.6%
49	2,695	2,646	98.2%	Ergonomic Supplies	2,232	15,242	13,010	85.4%
132	10,818	10,687	98.8%	Commissary-Food & Beverage	5,160	33,357	28,197	84.5%
0	4,850	4,850	100.0%	Member Incentive Expense	29,100	43,650	14,550	33.3%
0	0	0	0.0%	Covid-19 IT Expenses	3,840	3,840	0	0.0%
1,863	1,200	(663)	(55.3%)	Covid-19 Non IT Expenses	10,932	11,249	318	2.8%
3,362	**24,950**	**21,587**	**86.5%**	**Total Supplies & Other Expense**	**67,845**	**137,242**	**69,397**	**50.6%**
$4,896,097	**$7,615,532**	**$2,719,435**	**35.7%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$43,982,490**	**$56,055,759**	**$12,073,269**	**21.5%**

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ADMIN YTD 2021
04/20/21
REPORT #6

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED MARCH 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	$ 206,536	$ 65,345	**$ 271,881**	$ 300,000	$ 28,119
	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	$ 32,546		**$ 32,546**	$ 150,000	$ 117,454
	Cisco UCS Blade RAM	IT-FY21-08	$ -		**$ -**	$ 140,000	$ 140,000
	Pure Storage Shelf	IT-FY21-09	$ 24,232		**$ 24,232**	$ 250,000	$ 225,768
	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	$ 124,443	$ 39,308	**$ 163,751**	$ -	$ (163,751)
Hardware Subtotal			**$ 418,059**	**$ 104,653**	**$ 522,712**	**$ 1,385,000**	**$ 862,288**
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	$ 63,615		**$ 63,615**	$ 318,000	$ 254,385
Building Improvement Subtotal			**$ 63,615**	**$ -**	**$ 63,615**	**$ 628,000**	**$ 564,385**

		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	$ 27,424	$ 9,141	**$ 36,565**	$ 50,000	$ 13,435
Furniture & Equipment Subtotal			**$ 29,145**	**$ 9,141**	**$ 38,286**	**$ 190,000**	**$ 151,714**
5. Leasehold Improvement:							
	Electrical work for projects, workstations requirement	FA-FY21-26	$ 3,090		**$ 3,090**	$ 20,000	$ 16,910
Leasehold Improvement Subtotal			**$ 3,090**	**$ -**	**$ 3,090**	**$ 20,000**	**$ 16,910**
6. Contingency:							
	Carryover from FY20 / Unplanned/ Contingency	FA-FY21-28	$ 870		**$ 870**	$ -	$ (870)
Contingency Subtotal			**$ 870**	**$ -**	**$ 870**	**$ -**	**$ (870)**
GRAND TOTAL			**$ 543,011**	**$ 113,794**	**$ 656,804**	**$ 2,375,000**	**$ 1,718,195**
7. Reconciliation to Balance Sheet:							
	Fixed Assets @ Cost -3/31/21				**$ 42,880,761**		
	Fixed Assets @ Cost - 6/30/20				**$ 42,223,957**		
	Fixed Assets Acquired YTD				**$ 656,804**		

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	Feb-21	QTR. END Mar-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	$7,470,948	($545,892)
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)	($10,046,800)	($10,592,692)
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	$196,128,015	$195,582,123
Subordinated Debt & Interest	$0	$0	$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**	**$196,128,015**	**$195,582,123**
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	$7,470,947	($545,892)
Required TNE[(1)]	**$32,152,830**	**$33,226,635**	**$32,768,500**	**$34,310,349**	**$33,421,093**	**$33,839,117**	**$34,693,839**	**$34,402,727**	**$34,699,152**
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	$44,723,545	$45,108,898
TNE Excess / (Deficiency)	$175,884,410	$168,163,510	$165,383,945	$156,086,619	$157,342,581	$153,648,103	$153,963,229	$161,725,288	$160,882,971
Actual TNE as a Multiple of Required	**6.47**	**6.06**	**6.05**	**5.55**	**5.71**	**5.54**	**5.44**	**5.70**	**5.64**

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

LIQUID TANGIBLE NET EQUITY

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Net Assets	$208,037,240	$201,390,145	$198,152,445	$190,396,968	$190,763,674	$187,487,220	$188,657,068	$196,128,015	$195,582,123
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)	(9,110,205)	(9,049,771)
CD Pledged to DMHC	(350,000)	(350,000)	(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**	**$186,667,810**	**$186,182,352**
Liquid TNE as Multiple of Required	**6.15**	**5.75**	**5.74**	**5.26**	**5.41**	**5.26**	**5.16**	**5.43**	**5.37**

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	95,510	95,692				847,516
Adults*	34,909	35,689	36,302	37,072	37,640	38,152	38,994	39,315	39,649				337,722
SPD*	26,044	26,094	26,178	26,250	26,314	26,339	26,354	26,294	26,234				236,101
ACA OE	82,989	85,081	86,713	88,258	89,752	91,050	92,257	93,332	94,473				803,905
Duals	18,297	18,495	18,606	18,847	18,988	19,125	19,215	19,415	19,596				170,584
Medi-Cal Program	253,809	258,051	261,177	264,409	267,314	269,635	271,923	273,866	275,644				2,395,828
Group Care Program	6,109	6,007	6,011	6,009	5,982	5,954	5,961	5,969	5,993				53,995
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,296**	**275,589**	**277,884**	**279,835**	**281,637**				**2,449,823**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	825	1,122	686	604	638	349	134	407	182				4,947
Adults*	822	780	613	770	568	512	842	321	334				5,562
SPD*	(67)	50	84	72	64	25	15	(60)	(60)				123
ACA OE	1,693	2,092	1,632	1,545	1,494	1,298	1,207	1,075	1,141				13,177
Duals	228	198	111	241	141	137	90	200	181				1,527
Medi-Cal Program	3,501	4,242	3,126	3,232	2,905	2,321	2,288	1,943	1,778				25,336
Group Care Program	(328)	(102)	4	(2)	(27)	(28)	7	8	24				(444)
Total	**3,173**	**4,140**	**3,130**	**3,230**	**2,878**	**2,293**	**2,295**	**1,951**	**1,802**				**24,892**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.1%	35.9%	35.8%	35.5%	35.4%	35.2%	35.0%	34.9%	34.7%				35.4%
Adults % of Medi-Cal	13.8%	13.8%	13.9%	14.0%	14.1%	14.1%	14.3%	14.4%	14.4%				14.1%
SPD % of Medi-Cal	10.3%	10.1%	10.0%	9.9%	9.8%	9.8%	9.7%	9.6%	9.5%				9.9%
ACA OE % of Medi-Cal	32.7%	33.0%	33.2%	33.4%	33.6%	33.8%	33.9%	34.1%	34.3%				33.6%
Duals % of Medi-Cal	7.2%	7.2%	7.1%	7.1%	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%	97.9%	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%				2.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**				**100.0%**

REPORT #9

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

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	52,451	52,524				465,501
Alameda Health System	50,193	51,312	52,596	53,607	54,283	55,240	55,847	56,285	56,855				486,218
	100,392	102,369	104,123	105,004	106,356	107,177	108,183	108,736	109,379				951,719
Delegated:													
CFMG	30,742	31,072	30,803	31,173	31,336	31,529	31,714	31,907	31,939				282,215
CHCN	94,144	95,194	96,219	97,528	98,274	98,920	99,414	100,003	100,522				880,218
Kaiser	34,640	35,423	36,043	36,713	37,330	37,963	38,573	39,189	39,797				335,671
Delegated Subtotal	159,526	161,689	163,065	165,414	166,940	168,412	169,701	171,099	172,258				1,498,104
Total	**259,918**	**264,058**	**267,188**	**270,418**	**273,296**	**275,589**	**277,884**	**279,835**	**281,637**				**2,449,823**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	1,402	1,977	1,754	881	1,352	821	1,006	553	643				10,389
Delegated:													
CFMG	317	330	(269)	370	163	193	185	193	32				1,514
CHCN	752	1,050	1,025	1,309	746	646	494	589	519				7,130
Kaiser	702	783	620	670	617	633	610	616	608				5,859
Delegated Subtotal	1,771	2,163	1,376	2,349	1,526	1,472	1,289	1,398	1,159				14,503
Total	**3,173**	**4,140**	**3,130**	**3,230**	**2,878**	**2,293**	**2,295**	**1,951**	**1,802**				**24,892**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.6%	38.8%	39.0%	38.8%	38.9%	38.9%	38.9%	38.9%	38.8%				38.8%
Delegated:													
CFMG	11.8%	11.8%	11.5%	11.5%	11.5%	11.4%	11.4%	11.4%	11.3%				11.5%
CHCN	36.2%	36.1%	36.0%	36.1%	36.0%	35.9%	35.8%	35.7%	35.7%				35.9%
Kaiser	13.3%	13.4%	13.5%	13.6%	13.7%	13.8%	13.9%	14.0%	14.1%				13.7%
Delegated Subtotal	61.4%	61.2%	61.0%	61.2%	61.1%	61.1%	61.1%	61.1%	61.2%				61.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**				**100.0%**

* BCCTP included in Adults Category of Aid (COA) July - December 2020. BCCTP included in SPD COA January - June 2021.

REPORT #9

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

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	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%**

REPORT #9

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

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	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%**

REPORT #9

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

	Variance Jul-20	Variance Aug-20	Variance Sep-20	Variance Oct-20	Variance Nov-20	Variance Dec-20	Variance Jan-21	Variance Feb-21	Variance Mar-21	Variance Apr-21	Variance May-21	Variance Jun-21	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	(337)	(962)	(1,637)	(2,040)	(2,667)				(7,643)
Adults*	0	0	0	0	(97)	(249)	(157)	(585)	(1,001)				(2,088)
SPD*	0	0	0	0	25	12	(5)	(96)	(188)				(251)
ACA OE	0	0	0	0	(101)	(399)	(932)	(1,598)	(2,197)				(5,228)
Duals	0	0	0	0	14	24	(81)	(75)	(89)				(206)
Medi-Cal Program	0	0	0	0	(495)	(1,574)	(2,812)	(4,394)	(6,141)				(15,416)
Group Care Program	0	0	0	0	(27)	(55)	(48)	(40)	(16)				(186)
Total	**0**	**0**	**0**	**0**	**(522)**	**(1,629)**	**(2,860)**	**(4,434)**	**(6,157)**				**(15,602)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	(28)	(586)	(1,072)	(2,010)	(2,858)				(6,553)
Delegated:													
CFMG	0	0	0	0	(162)	(293)	(385)	(469)	(713)				(2,022)
CHCN	0	0	0	0	(470)	(1,039)	(1,812)	(2,490)	(3,237)				(9,048)
Kaiser	0	0	0	0	137	290	409	534	652				2,022
Delegated Subtotal	0	0	0	0	(495)	(1,043)	(1,788)	(2,424)	(3,299)				(9,048)
Total	**0**	**0**	**0**	**0**	**(522)**	**(1,629)**	**(2,860)**	**(4,434)**	**(6,157)**				**(15,602)**

Notes:

Variance based on FY21 Preliminary Budget July 20 to October 20 and FY21 Final Budget November 20 to June 21.

REPORT #9

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

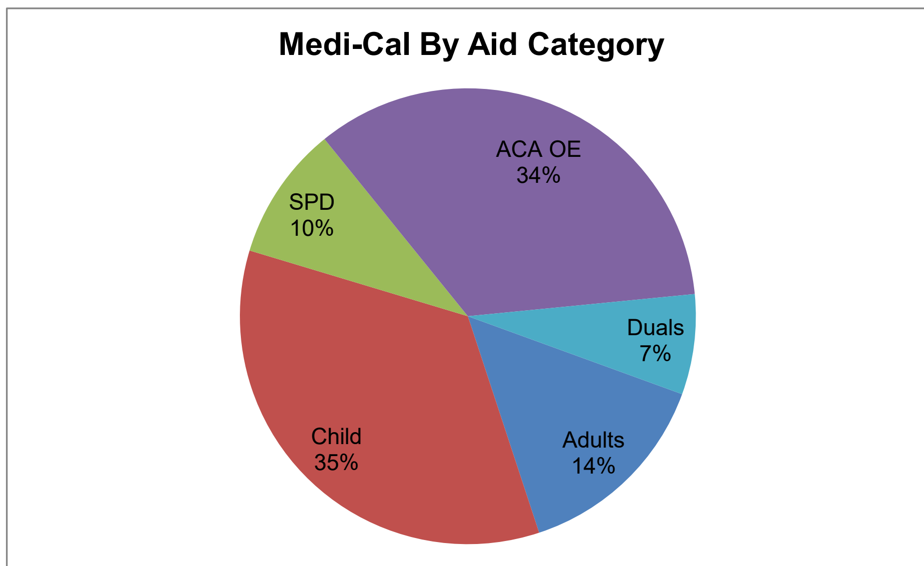
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,848,597	$1,843,681	($4,916)	(0.3%)	PCP-Capitation	$16,091,747	$16,096,028	$4,281	0.0%
2,856,250	3,079,231	222,981	7.2%	PCP-Capitation - FQHC	25,080,503	25,778,717	698,214	2.7%
277,504	276,734	(770)	(0.3%)	Specialty-Capitation	2,454,781	2,454,802	21	0.0%
2,946,799	3,171,003	224,204	7.1%	Specialty-Capitation FQHC	25,738,262	26,433,004	694,742	2.6%
318,996	328,931	9,935	3.0%	Laboratory-Capitation	2,813,303	2,836,619	23,316	0.8%
664,803	920,941	256,138	27.8%	Transportation (Ambulance)-Cap	4,648,875	5,992,858	1,343,983	22.4%
208,171	274,225	66,054	24.1%	Vision Cap	1,826,333	2,132,761	306,428	14.4%
80,832	80,515	(317)	(0.4%)	CFMG Capitation	714,694	714,249	(445)	(0.1%)
148,992	160,472	11,480	7.2%	Anc IPA Admin Capitation FQHC	1,304,774	1,340,533	35,759	2.7%
9,778,270	9,338,551	(439,719)	(4.7%)	Kaiser Capitation	75,266,471	73,936,269	(1,330,202)	(1.8%)
567,082	711,310	144,228	20.3%	BHT Supplemental Expense	6,223,202	6,163,174	(60,028)	(1.0%)
(29,673)	12,141	41,814	344.4%	Hep-C Supplemental Expense	59,215	81,116	21,901	27.0%
347,322	401,628	54,306	13.5%	Maternity Supplemental Expense	2,743,670	2,924,467	180,797	6.2%
534,538	574,388	39,850	6.9%	DME - Cap	4,752,191	4,868,235	116,044	2.4%
20,548,484	**21,173,751**	**625,267**	**3.0%**	**5-TOTAL CAPITATED EXPENSES**	**169,718,021**	**171,752,832**	**2,034,811**	**1.2%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
(6,185,329)	0	6,185,329	0.0%	IBNP-Inpatient Services	17,983,712	0	(17,983,712)	0.0%
(185,560)	0	185,560	0.0%	IBNP-Settlement (IP)	539,511	0	(539,511)	0.0%
(494,827)	0	494,827	0.0%	IBNP-Claims Fluctuation (IP)	1,438,702	0	(1,438,702)	0.0%
28,687,460	22,944,497	(5,742,963)	(25.0%)	Inpatient Hospitalization-FFS	181,069,349	210,430,024	29,360,675	14.0%
1,298,272	0	(1,298,272)	0.0%	IP OB - Mom & NB	10,328,700	0	(10,328,700)	0.0%
50,122	0	(50,122)	0.0%	IP Behavioral Health	1,311,635	0	(1,311,635)	0.0%
1,080,329	1,184,193	103,864	8.8%	IP - Long Term Care	8,740,310	9,517,448	777,138	8.2%
1,160,026	0	(1,160,026)	0.0%	IP - Facility Rehab FFS	6,500,937	0	(6,500,937)	0.0%
25,410,493	**24,128,690**	**(1,281,803)**	**(5.3%)**	**6-Inpatient Hospital & SNF FFS Expense**	**227,912,857**	**219,947,472**	**(7,965,385)**	**(3.6%)**
(176,333)	0	176,333	0.0%	IBNP-PCP	92,158	0	(92,158)	0.0%
(5,291)	0	5,291	0.0%	IBNP-Settlement (PCP)	2,764	0	(2,764)	0.0%
(14,106)	0	14,106	0.0%	IBNP-Claims Fluctuation (PCP)	7,372	0	(7,372)	0.0%
462	0	(462)	0.0%	Telemedicine FFS	8,946	0	(8,946)	0.0%
1,415,150	1,328,406	(86,744)	(6.5%)	Primary Care Non-Contracted FF	10,695,583	22,836,268	12,140,685	53.2%
81,038	81,389	351	0.4%	PCP FQHC FFS	528,529	708,134	179,605	25.4%
1,734,472	3,050,116	1,315,644	43.1%	Prop 56 Direct Payment Expenses	15,391,651	14,883,187	(508,464)	(3.4%)
75,386	0	(75,386)	0.0%	Prop 56-Trauma Expense	549,171	0	(549,171)	0.0%
100,174	0	(100,174)	0.0%	Prop 56-Dev. Screening Exp.	723,629	0	(723,629)	0.0%
619,695	0	(619,695)	0.0%	Prop 56-Fam. Planning Exp.	5,257,809	0	(5,257,809)	0.0%
537,770	0	(537,770)	0.0%	Prop 56-Value Based Purchasing	4,647,767	0	(4,647,767)	0.0%
4,368,417	**4,459,911**	**91,494**	**2.1%**	**7-Primary Care Physician FFS Expense**	**37,905,380**	**38,427,589**	**522,209**	**1.4%**
(1,020,622)	0	1,020,622	0.0%	IBNP-Specialist	872,102	0	(872,102)	0.0%
2,964,839	4,415,907	1,451,068	32.9%	Specialty Care-FFS	18,790,333	38,995,541	20,205,208	51.8%
174,080	0	(174,080)	0.0%	Anesthesiology - FFS	1,645,788	0	(1,645,788)	0.0%
909,277	0	(909,277)	0.0%	Spec Rad Therapy - FFS	6,266,543	0	(6,266,543)	0.0%
137,593	0	(137,593)	0.0%	Obstetrics-FFS	1,157,441	0	(1,157,441)	0.0%
316,567	0	(316,567)	0.0%	Spec IP Surgery - FFS	2,185,045	0	(2,185,045)	0.0%
629,626	0	(629,626)	0.0%	Spec OP Surgery - FFS	4,183,141	0	(4,183,141)	0.0%
462,990	0	(462,990)	0.0%	Spec IP Physician	3,469,713	0	(3,469,713)	0.0%
40,144	95,932	55,788	58.2%	SCP FQHC FFS	281,112	597,115	316,004	52.9%
(30,620)	0	30,620	0.0%	IBNP-Settlement (SCP)	26,162	0	(26,162)	0.0%
(81,649)	0	81,649	0.0%	IBNP-Claims Fluctuation (SCP)	69,770	0	(69,770)	0.0%
4,502,224	**4,511,839**	**9,615**	**0.2%**	**8-Specialty Care Physician Expense**	**38,947,148**	**39,592,656**	**645,508**	**1.6%**
(644,462)	0	644,462	0.0%	IBNP-Ancillary	836,790	0	(836,790)	0.0%
(19,334)	0	19,334	0.0%	IBNP Settlement (ANC)	25,102	0	(25,102)	0.0%
(51,556)	0	51,556	0.0%	IBNP Claims Fluctuation (ANC)	66,945	0	(66,945)	0.0%
353,837	0	(353,837)	0.0%	Acupuncture/Biofeedback	2,269,048	0	(2,269,048)	0.0%
88,213	0	(88,213)	0.0%	Hearing Devices	646,619	0	(646,619)	0.0%
33,115	0	(33,115)	0.0%	Imaging/MRI/CT Global	320,286	0	(320,286)	0.0%
46,823	0	(46,823)	0.0%	Vision FFS	359,658	0	(359,658)	0.0%
22,274	0	(22,274)	0.0%	Family Planning	189,447	0	(189,447)	0.0%
789,037	0	(789,037)	0.0%	Laboratory-FFS	3,686,937	0	(3,686,937)	0.0%
144,220	0	(144,220)	0.0%	ANC Therapist	896,702	0	(896,702)	0.0%
339,842	0	(339,842)	0.0%	Transportation (Ambulance)-FFS	2,529,695	0	(2,529,695)	0.0%
23,796	0	(23,796)	0.0%	Transportation (Other)-FFS	959,402	0	(959,402)	0.0%

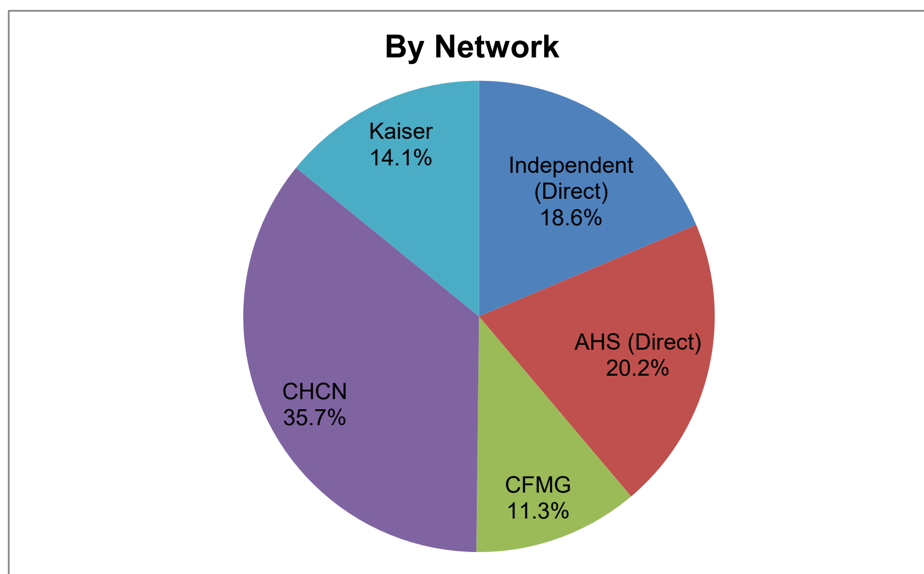
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED March 31, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$466,612	$0	($466,612)	0.0%	Hospice	$4,079,745	$0	($4,079,745)	0.0%
830,341	0	(830,341)	0.0%	Home Health Services	5,974,956	0	(5,974,956)	0.0%
0	2,873,059	2,873,059	100.0%	Other Medical-FFS	0	27,971,301	27,971,301	100.0%
0	0	0	0.0%	Denials	3,885	0	(3,885)	0.0%
13,702	0	(13,702)	0.0%	HMS Medical Refunds	(38,403)	0	38,403	0.0%
(1,100)	0	1,100	0.0%	Refunds-Medical Payments	(973)	0	973	0.0%
458,477	0	(458,477)	0.0%	DME & Medical Supplies	2,964,483	0	(2,964,483)	0.0%
561,295	530,304	(30,991)	(5.8%)	GEMT Direct Payment Expense	4,985,404	4,875,424	(109,980)	(2.3%)
706,897	0	(706,897)	0.0%	Community Based Adult Services (CBAS)	4,592,202	0	(4,592,202)	0.0%
4,162,028	**3,403,363**	**(758,665)**	**(22.3%)**	**9-Ancillary Medical Expense**	**35,347,929**	**32,846,725**	**(2,501,204)**	**(7.6%)**
(1,273,268)	0	1,273,268	0.0%	IBNP-Outpatient	827,461	0	(827,461)	0.0%
(38,196)	0	38,196	0.0%	IBNP Settlement (OP)	24,825	0	(24,825)	0.0%
(101,863)	0	101,863	0.0%	IBNP Claims Fluctuation (OP)	66,196	0	(66,196)	0.0%
1,511,481	7,797,383	6,285,902	80.6%	Out-Patient FFS	9,764,558	69,865,746	60,101,188	86.0%
1,574,150	0	(1,574,150)	0.0%	OP Ambul Surgery - FFS	10,441,522	0	(10,441,522)	0.0%
1,043,512	0	(1,043,512)	0.0%	OP Fac Imaging Services-FFS	9,610,665	0	(9,610,665)	0.0%
2,280,115	0	(2,280,115)	0.0%	Behav Health - FFS	19,963,860	0	(19,963,860)	0.0%
584,396	0	(584,396)	0.0%	OP Facility - Lab FFS	3,955,596	0	(3,955,596)	0.0%
95,265	0	(95,265)	0.0%	OP Facility - Cardio FFS	814,893	0	(814,893)	0.0%
53,110	0	(53,110)	0.0%	OP Facility - PT/OT/ST FFS	301,542	0	(301,542)	0.0%
2,404,220	0	(2,404,220)	0.0%	OP Facility - Dialysis FFS	14,814,369	0	(14,814,369)	0.0%
8,132,921	**7,797,383**	**(335,538)**	**(4.3%)**	**10-Outpatient Medical Expense Medical Expense**	**70,585,486**	**69,865,746**	**(719,740)**	**(1.0%)**
(747,353)	0	747,353	0.0%	IBNP-Emergency	(1,586)	0	1,586	0.0%
(22,420)	0	22,420	0.0%	IBNP Settlement (ER)	(45)	0	45	0.0%
(59,790)	0	59,790	0.0%	IBNP Claims Fluctuation (ER)	(131)	0	131	0.0%
618,142	0	(618,142)	0.0%	Special ER Physician-FFS	4,723,958	0	(4,723,958)	0.0%
4,169,335	3,587,501	(581,834)	(16.2%)	ER-Facility	26,495,879	32,111,490	5,615,611	17.5%
3,957,914	**3,587,501**	**(370,413)**	**(10.3%)**	**11-Emergency Expense**	**31,218,075**	**32,111,490**	**893,415**	**2.8%**
(1,005,697)	0	1,005,697	0.0%	IBNP-Pharmacy	492,684	0	(492,684)	0.0%
(30,171)	0	30,171	0.0%	IBNP Settlement (RX)	14,782	0	(14,782)	0.0%
(80,455)	0	80,455	0.0%	IBNP Claims Fluctuation (RX)	39,417	0	(39,417)	0.0%
5,985,503	4,126,115	(1,859,388)	(45.1%)	RX - Non-PBM FFFS	38,289,504	36,471,334	(1,818,170)	(5.0%)
12,237,802	11,100,759	(1,137,043)	(10.2%)	Pharmacy-FFS	96,805,617	97,539,375	733,758	0.8%
(48,236)	0	48,236	0.0%	HMS RX Refunds	(294,050)	0	294,050	0.0%
(544,948)	(544,947)	1	0.0%	Pharmacy-Rebate	(4,683,953)	(4,683,951)	2	0.0%
16,513,798	**14,681,927**	**(1,831,871)**	**(12.5%)**	**12-Pharmacy Expense**	**130,664,001**	**129,326,758**	**(1,337,243)**	**(1.0%)**
67,047,795	**62,570,614**	**(4,477,181)**	**(7.2%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**572,580,875**	**562,118,436**	**(10,462,439)**	**(1.9%)**
0	(52,890)	(52,890)	100.0%	Clinical Vacancy	0	(255,313)	(255,313)	100.0%
72,060	114,565	42,506	37.1%	Quality Analytics	611,846	811,662	199,816	24.6%
358,631	439,427	80,796	18.4%	Health Plan Services Department Total	3,252,959	3,597,564	344,605	9.6%
493,077	897,475	404,398	45.1%	Case & Disease Management Department Total	5,814,933	6,725,008	910,075	13.5%
206,919	242,541	35,622	14.7%	Medical Services Department Total	2,168,771	1,863,152	(305,619)	(16.4%)
501,423	462,857	(38,566)	(8.3%)	Quality Management Department Total	3,793,185	4,224,268	431,084	10.2%
110,865	133,992	23,127	17.3%	Pharmacy Services Department Total	1,039,285	1,239,909	200,624	16.2%
31,327	39,928	8,601	21.5%	Regulatory Readiness Total	291,415	339,723	48,308	14.2%
1,774,301	**2,277,895**	**503,594**	**22.1%**	**14-Other Benefits & Services**	**16,972,394**	**18,545,973**	**1,573,579**	**8.5%**
				Reinsurance Expense				
(385,324)	(385,125)	199	(0.1%)	Reinsurance Recoveries	(4,341,772)	(3,780,376)	561,396	(14.9%)
455,460	519,308	63,848	12.3%	Stop-Loss Expense	4,000,514	4,288,412	287,898	6.7%
70,136	**134,183**	**64,047**	**47.7%**	**15-Reinsurance Expense**	**(341,259)**	**508,036**	**849,295**	**167.2%**
				Preventive Health Services				
83,333	83,334	1	0.0%	Risk Sharing PCP	749,997	750,001	4	0.0%
83,333	**83,334**	**1**	**0.0%**	**16-Risk Pool Distribution**	**749,997**	**750,001**	**4**	**0.0%**
89,524,049	**86,239,777**	**(3,284,271)**	**(3.8%)**	**17-TOTAL MEDICAL EXPENSES**	**759,680,029**	**753,675,278**	**(6,004,751)**	**(0.8%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Mar 2021**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	39,649	14%	8,968	8,852	508	14,423	6,898
Child	95,692	35%	9,270	8,624	29,206	31,897	16,695
SPD	26,234	10%	8,436	4,030	1,098	10,722	1,948
ACA OE	94,473	34%	15,458	32,312	1,125	33,917	11,661
Duals	19,596	7%	7,795	2,094	2	7,110	2,595
Medi-Cal	275,644		49,927	55,912	31,939	98,069	39,797
Group Care	5,993		2,597	943	-	2,453	-
Total	**281,637**	**100%**	**52,524**	**56,855**	**31,939**	**100,522**	**39,797**
Medi-Cal %	97.9%		95.1%	98.3%	100.0%	97.6%	100.0%
Group Care %	2.1%		4.9%	1.7%	0.0%	2.4%	0.0%
		Network Distribution	*18.6%*	*20.2%*	*11.3%*	*35.7%*	*14.1%*
			% Direct:	**39%**		**% Delegated:**	**61%**

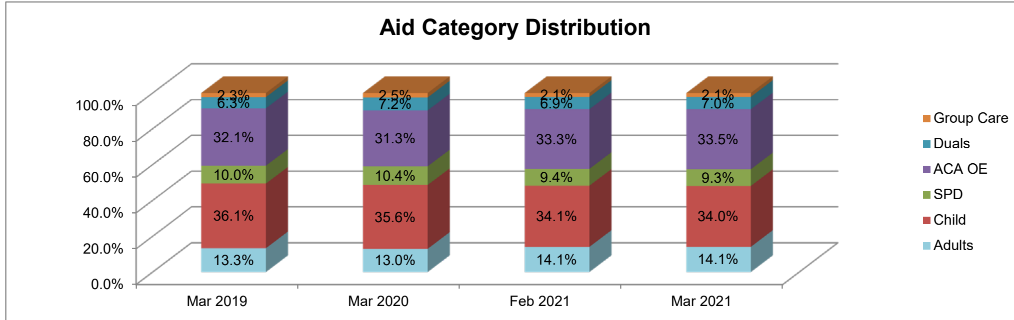




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

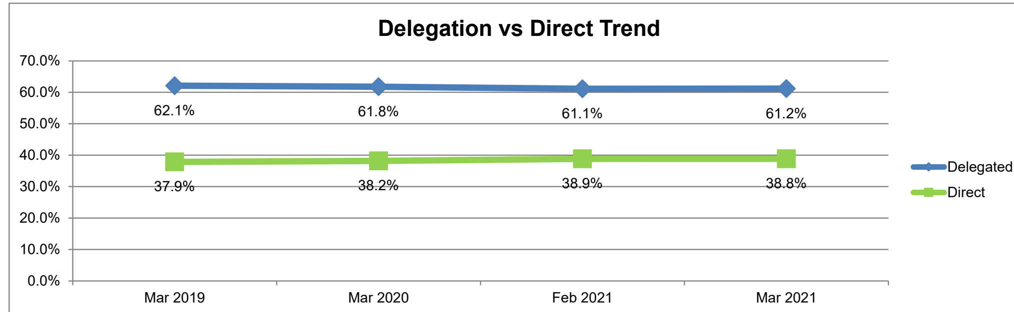
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	**Mar 2019**	**Mar 2020**	**Feb 2021**	**Mar 2021**	**Mar 2019**	**Mar 2020**	**Feb 2021**	**Mar 2021**	**Mar 2019 to Mar 2020**	**Mar 2020 to Mar 2021**	**Feb 2021 to Mar 2021**
Adults	34,525	32,017	39,318	39,649	13.3%	13.0%	14.1%	14.1%	-7.3%	23.8%	0.8%
Child	93,457	87,919	95,514	95,692	36.1%	35.6%	34.1%	34.0%	-5.9%	8.8%	0.2%
SPD	25,855	25,778	26,290	26,234	10.0%	10.4%	9.4%	9.3%	-0.3%	1.8%	-0.2%
ACA OE	83,189	77,199	93,322	94,473	32.1%	31.3%	33.3%	33.5%	-7.2%	22.4%	1.2%
Duals	16,229	17,869	19,429	19,596	6.3%	7.2%	6.9%	7.0%	10.1%	9.7%	0.9%
Medi-Cal Total	253,255	240,782	273,873	275,644	97.7%	97.5%	97.9%	97.9%	-4.9%	14.5%	0.6%
Group Care	5,892	6,125	5,969	5,993	2.3%	2.5%	2.1%	2.1%	4.0%	-2.2%	0.4%
Total	**259,147**	**246,907**	**279,842**	**281,637**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-4.7%**	**14.1%**	**0.6%**



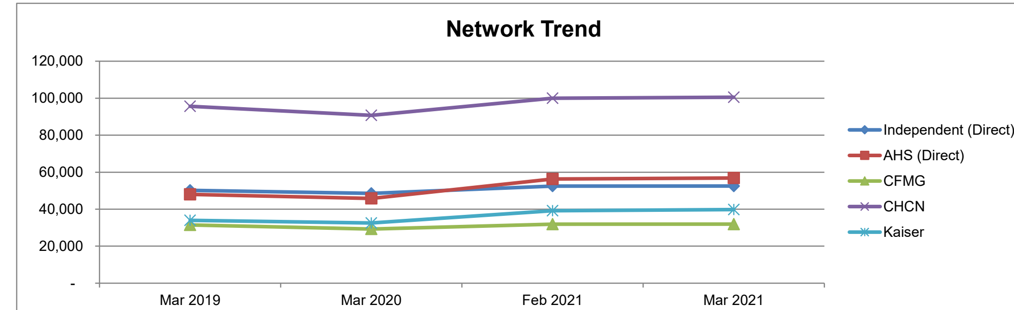
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	**Mar 2019**	**Mar 2020**	**Feb 2021**	**Mar 2021**	**Mar 2019**	**Mar 2020**	**Feb 2021**	**Mar 2021**	**Mar 2019 to Mar 2020**	**Mar 2020 to Mar 2021**	**Feb 2021 to Mar 2021**
Delegated	160,993	152,555	171,098	172,258	62.1%	61.8%	61.1%	61.2%	-5.2%	12.9%	0.7%
Direct	98,154	94,352	108,744	109,379	37.9%	38.2%	38.9%	38.8%	-3.9%	15.9%	0.6%
Total	**259,147**	**246,907**	**279,842**	**281,637**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-4.7%**	**14.1%**	**0.6%**



Network Trend

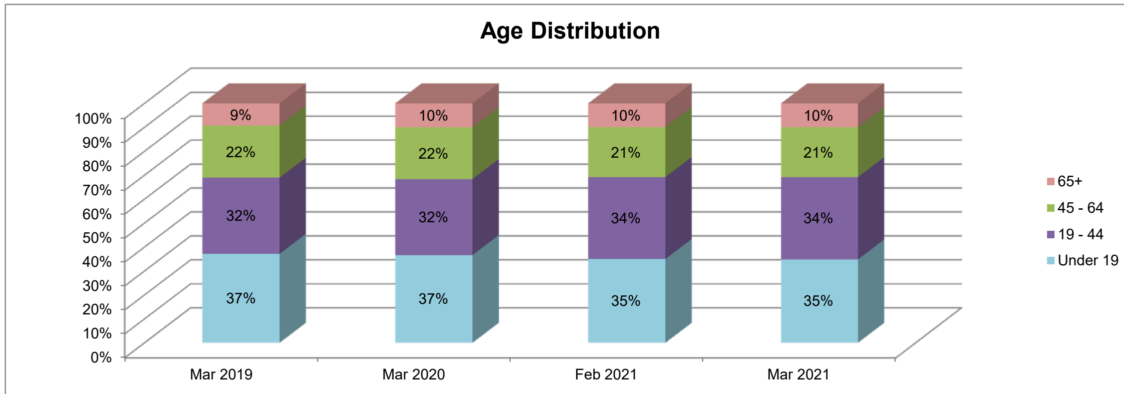
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	**Mar 2019**	**Mar 2020**	**Feb 2021**	**Mar 2021**	**Mar 2019**	**Mar 2020**	**Feb 2021**	**Mar 2021**	**Mar 2019 to Mar 2020**	**Mar 2020 to Mar 2021**	**Feb 2021 to Mar 2021**
Independent (Direct)	50,169	48,546	52,462	52,524	19.4%	19.7%	18.7%	18.6%	-3.2%	8.2%	0.1%
AHS (Direct)	47,985	45,806	56,282	56,855	18.5%	18.6%	20.1%	20.2%	-4.5%	24.1%	1.0%
CFMG	31,480	29,278	31,907	31,939	12.1%	11.9%	11.4%	11.3%	-7.0%	9.1%	0.1%
CHCN	95,566	90,726	100,003	100,522	36.9%	36.7%	35.7%	35.7%	-5.1%	10.8%	0.5%
Kaiser	33,947	32,551	39,188	39,797	13.1%	13.2%	14.0%	14.1%	-4.1%	22.3%	1.6%
Total	**259,147**	**246,907**	**279,842**	**281,637**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-4.7%**	**14.1%**	**0.6%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

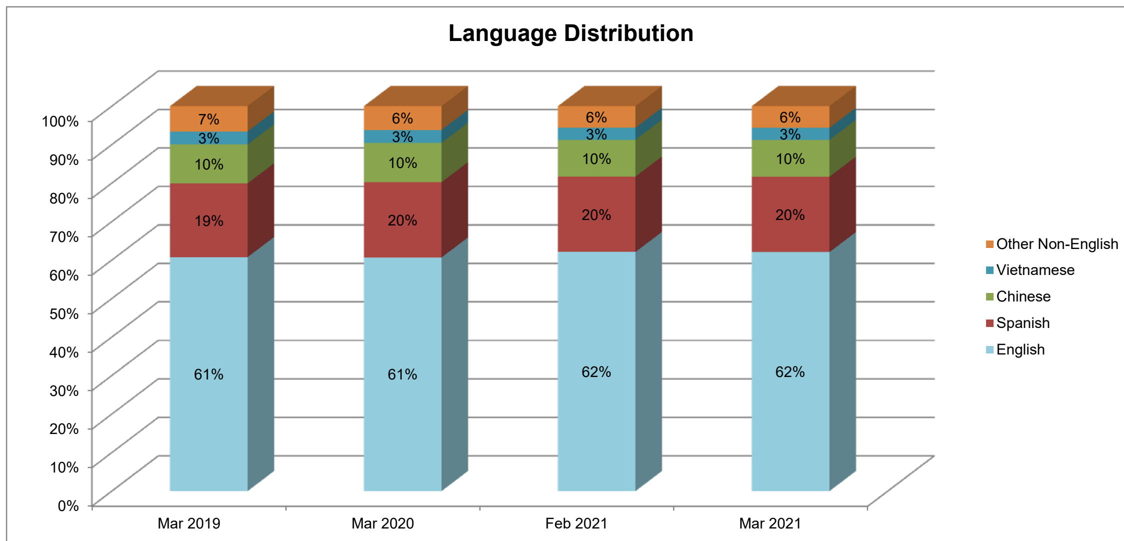
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	**Mar 2019**	**Mar 2020**	**Feb 2021**	**Mar 2021**	**Mar 2019**	**Mar 2020**	**Feb 2021**	**Mar 2021**	**Mar 2019 to Mar 2020**	**Mar 2020 to Mar 2021**	**Feb 2021 to Mar 2021**
Under 19	96,240	90,475	97,915	98,054	37%	37%	35%	35%	-6%	8%	0%
19 - 44	82,436	78,297	95,719	96,750	32%	32%	34%	34%	-5%	24%	1%
45 - 64	56,392	53,374	58,334	58,732	22%	22%	21%	21%	-5%	10%	1%
65+	24,079	24,761	27,874	28,101	9%	10%	10%	10%	3%	13%	1%
Total	**259,147**	**246,907**	**279,842**	**281,637**	**100%**	**100%**	**100%**	**100%**	**-5%**	**14%**	**1%**



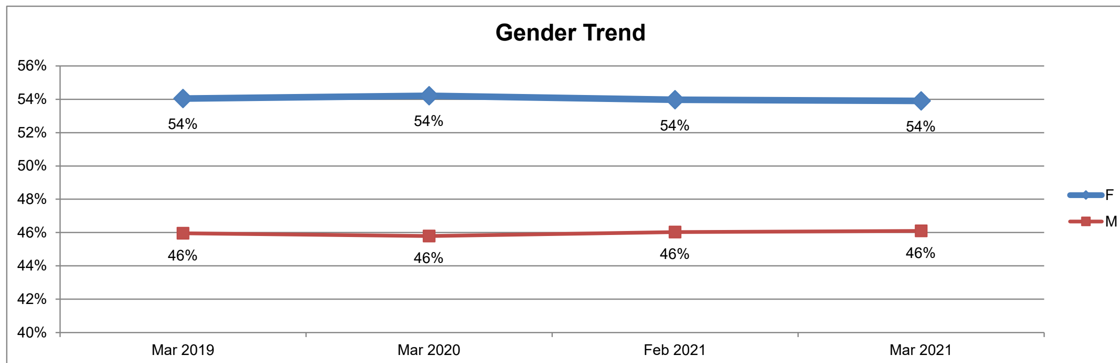
Language Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	**Mar 2019**	**Mar 2020**	**Feb 2021**	**Mar 2021**	**Mar 2019**	**Mar 2020**	**Feb 2021**	**Mar 2021**	**Mar 2019 to Mar 2020**	**Mar 2020 to Mar 2021**	**Feb 2021 to Mar 2021**
English	157,481	149,817	173,798	174,804	61%	61%	62%	62%	-5%	17%	1%
Spanish	49,653	48,269	54,775	55,172	19%	20%	20%	20%	-3%	14%	1%
Chinese	26,190	25,274	26,772	26,957	10%	10%	10%	10%	-3%	7%	1%
Vietnamese	8,736	8,259	8,730	8,791	3%	3%	3%	3%	-5%	6%	1%
Other Non-English	17,087	15,288	15,767	15,913	7%	6%	6%	6%	-11%	4%	1%
Total	**259,147**	**246,907**	**279,842**	**281,637**	**100%**	**100%**	**100%**	**100%**	**-5%**	**14%**	**1%**

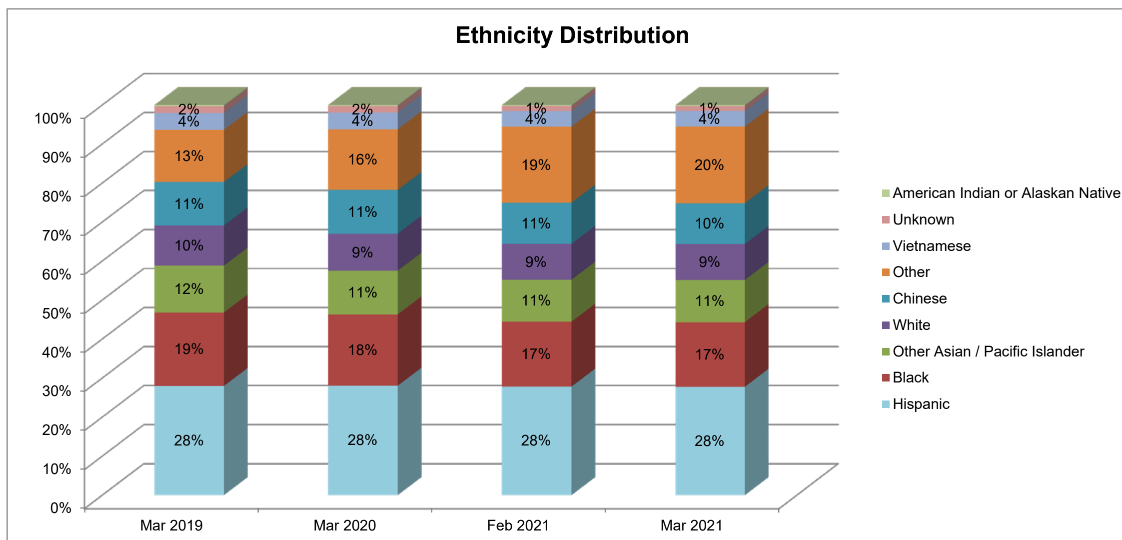


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Gender Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Mar 2019	Mar 2020	Feb 2021	Mar 2021	Mar 2019	Mar 2020	Feb 2021	Mar 2021	Mar 2019 to Mar 2020	Mar 2020 to Mar 2021	Feb 2021 to Mar 2021
F	140,059	133,844	151,018	151,807	54%	54%	54%	54%	-4%	13%	1%
M	119,088	113,063	128,824	129,830	46%	46%	46%	46%	-5%	15%	1%
Total	**259,147**	**246,907**	**279,842**	**281,637**	**100%**	**100%**	**100%**	**100%**	**-5%**	**14%**	**1%**



Ethnicity Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Mar 2019	Mar 2020	Feb 2021	Mar 2021	Mar 2019	Mar 2020	Feb 2021	Mar 2021	Mar 2019 to Mar 2020	Mar 2020 to Mar 2021	Feb 2021 to Mar 2021
Hispanic	72,470	69,186	77,793	78,149	28%	28%	28%	28%	-5%	13%	0%
Black	48,784	45,120	46,546	46,663	19%	18%	17%	17%	-8%	3%	0%
Other Asian / Pacific Islander	31,190	27,695	30,152	30,465	12%	11%	11%	11%	-11%	10%	1%
White	26,649	23,400	25,716	25,931	10%	9%	9%	9%	-12%	11%	1%
Chinese	28,913	27,724	29,512	29,519	11%	11%	11%	10%	-4%	6%	0%
Other	34,595	38,390	54,528	55,311	13%	16%	19%	20%	11%	44%	1%
Vietnamese	11,211	10,722	11,249	11,298	4%	4%	4%	4%	-4%	5%	0%
Unknown	4,647	4,103	3,738	3,680	2%	2%	1%	1%	-12%	-10%	-2%
American Indian or Alaskan Native	688	567	608	621	0%	0%	0%	0%	-18%	10%	2%
Total	**259,147**	**246,907**	**279,842**	**281,637**	**100%**	**100%**	**100%**	**100%**	**-5%**	**14%**	**1%**



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

Medi-Cal By City

City	Mar 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	110,596	40%	12,416	26,646	13,955	46,251	11,328
Hayward	42,891	16%	8,762	9,301	4,838	12,588	7,402
Fremont	24,338	9%	9,398	3,799	819	6,375	3,947
San Leandro	24,634	9%	4,179	3,883	3,313	9,086	4,173
Union City	11,796	4%	4,366	1,790	372	3,035	2,233
Alameda	10,583	4%	1,994	1,678	1,630	3,682	1,599
Berkeley	9,682	4%	1,385	1,791	1,247	3,810	1,449
Livermore	8,299	3%	981	894	1,869	3,067	1,488
Newark	6,404	2%	1,718	2,022	200	1,257	1,207
Castro Valley	6,804	2%	1,301	1,129	1,073	1,951	1,350
San Lorenzo	5,807	2%	943	986	709	1,980	1,189
Pleasanton	4,365	2%	855	515	465	1,781	749
Dublin	4,705	2%	843	523	652	1,829	858
Emeryville	1,786	1%	292	387	289	515	303
Albany	1,693	1%	265	254	356	477	341
Piedmont	326	0%	49	74	31	82	90
Sunol	59	0%	8	14	7	16	14
Antioch	13	0%	4	2	2	5	-
Other	863	0%	168	224	112	282	77
Total	**275,644**	**100%**	**49,927**	**55,912**	**31,939**	**98,069**	**39,797**

Group Care By City

City	Mar 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,036	34%	517	394	-	1,125	-
Hayward	670	11%	380	138	-	152	-
Fremont	643	11%	481	59	-	103	-
San Leandro	580	10%	233	89	-	258	-
Union City	333	6%	241	34	-	58	-
Alameda	280	5%	109	31	-	140	-
Berkeley	185	3%	51	20	-	114	-
Livermore	79	1%	32	1	-	46	-
Newark	138	2%	88	33	-	17	-
Castro Valley	191	3%	97	22	-	72	-
San Lorenzo	124	2%	53	18	-	53	-
Pleasanton	50	1%	27	2	-	21	-
Dublin	102	2%	43	10	-	49	-
Emeryville	28	0%	11	4	-	13	-
Albany	14	0%	5	1	-	8	-
Piedmont	14	0%	5	-	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	27	0%	7	9	-	11	-
Other	499	8%	217	78	-	204	-
Total	**5,993**	**100%**	**2,597**	**943**	**-**	**2,453**	**-**

Total By City

City	Mar 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	112,632	40%	12,933	27,040	13,955	47,376	11,328
Hayward	43,561	15%	9,142	9,439	4,838	12,740	7,402
Fremont	24,981	9%	9,879	3,858	819	6,478	3,947
San Leandro	25,214	9%	4,412	3,972	3,313	9,344	4,173
Union City	12,129	4%	4,607	1,824	372	3,093	2,233
Alameda	10,863	4%	2,103	1,709	1,630	3,822	1,599
Berkeley	9,867	4%	1,436	1,811	1,247	3,924	1,449
Livermore	8,378	3%	1,013	895	1,869	3,113	1,488
Newark	6,542	2%	1,806	2,055	200	1,274	1,207
Castro Valley	6,995	2%	1,398	1,151	1,073	2,023	1,350
San Lorenzo	5,931	2%	996	1,004	709	2,033	1,189
Pleasanton	4,415	2%	882	517	465	1,802	749
Dublin	4,807	2%	886	533	652	1,878	858
Emeryville	1,814	1%	303	391	289	528	303
Albany	1,707	1%	270	255	356	485	341
Piedmont	340	0%	54	74	31	91	90
Sunol	59	0%	8	14	7	16	14
Antioch	40	0%	11	11	2	16	-
Other	1,362	0%	385	302	112	486	77
Total	**281,637**	**100%**	**52,524**	**56,855**	**31,939**	**100,522**	**39,797**

Resolutions

RESOLUTION NO. 2021-06

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH RECOMMENDING THAT THE ALAMEDA COUNTY BOARD OF SUPERVISORS REAPPOINT A MEMBER TO THE BOARD OF GOVERNORS OF ALAMEDA ALLIANCE FOR HEALTH

WHEREAS, Michael Marchiano's initial four (4) year term as an Alameda Alliance for Health (Alliance) Board of Governors member in the Alameda County hospital seat has expired; and

WHEREAS, pursuant to Section 3.F of the Alliance Bylaws, Michael Marchiano has remained in service as no successor has been selected; and

WHEREAS, the Alliance Chief Executive Officer recommends that the Alliance Board of Governors reappoint Michael Marchiano to the Alameda County hospital seat pursuant to Section 3.D of the Alliance Bylaws; and

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

WHEREAS, the Alliance Board of Governors desires to reappoint Michael Marchiano to the Alameda County hospital seat; and

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

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

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

SECTION 1. That the Alliance Board of Governors approves the Chief Executive Officer's recommendation to reappoint Michael Marchiano to the Alameda County hospital seat on the Alliance Board of Governors, as created pursuant to Section 3.D.3 of the Alliance Bylaws.

SECTION 2. The Alliance Board of Governors hereby recommends that the Alameda County Board of Supervisors reappoint by majority vote Michael Marchiano as an Alameda County hospital seat member of the Alliance Board of Governors.

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

PASSED AND ADOPTED by the Board at a meeting held on the 14th day of May 2021.

____
CHAIR, BOARD OF GOVERNORS

ATTEST:

____
Secretary

RESOLUTION NO. 2021-07

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH RECOMMENDING THAT THE ALAMEDA COUNTY BOARD OF SUPERVISORS REAPPOINT A MEMBER TO THE BOARD OF GOVERNORS OF ALAMEDA ALLIANCE FOR HEALTH

WHEREAS, Rollington Ferguson's initial four (4) year term as an Alameda Alliance for Health (Alliance) Board of Governors member in the Alameda County physician seat has expired; and

WHEREAS, pursuant to Section 3.F of the Bylaws of the Alliance, Rollington Ferguson has remained in service as no successor has been selected; and

WHEREAS, the Alliance Chief Executive Officer recommends that the Alliance Board of Governors reappoint Rollington Ferguson to the Alameda County physician seat pursuant to Section 3.D of the Alliance Bylaws; and

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

WHEREAS, the Alliance Board of Governors desires to reappoint Rollington Ferguson to the Alameda County physician seat; and

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

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

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

SECTION 1. That the Alliance Board of Governors approves the Chief Executive Officer's recommendation and reappoints Rollington Ferguson to the Alameda County physician seat on the Alliance Board of Governors as created pursuant to Section 3.D.2 of the Bylaws of the Alliance.

SECTION 2. The Alliance Board of Governors hereby recommends that the Alameda County Board of Supervisors reappoint by majority vote Rollington Ferguson as an Alameda County physician seat member of the Alliance Board of Governors.

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

PASSED AND ADOPTED by the Board at a meeting held on the 14th day of May 2021.

____
CHAIR, BOARD OF GOVERNORS

ATTEST:

____
Secretary

RESOLUTION NO. 2021-08

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH RECOMMENDING THAT THE ALAMEDA COUNTY BOARD OF SUPERVISORS REAPPOINT A MEMBER TO THE BOARD OF GOVERNORS OF ALAMEDA ALLIANCE FOR HEALTH

WHEREAS, Aarondeep Basrai's initial four (4) year term as an Alameda Alliance for Health (Alliance) Board of Governors member in the "at large" pharmacist seat has expired; and

WHEREAS, pursuant to Section 3.F of the Alliance Bylaws, Aarondeep Basrai has remained in service as no successor has been selected; and

WHEREAS, the Alliance Chief Executive Officer recommends that the Alliance Board of Governors reappoint Aarondeep Basrai to the "at large" pharmacist seat pursuant to Section 3.D of the Alliance Bylaws; and

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

WHEREAS, the Alliance Board of Governors desires to reappoint Aarondeep Basrai to the "at large" pharmacist seat; and

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

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

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

SECTION 1. That the Alliance Board of Governors approves the Chief Executive Officer's recommendation to reappoint Aarondeep Basrai to the "at large" pharmacist seat on the Alliance Board of Governors, as created pursuant to Section 3.D.8 of the Bylaws of the Alliance.

SECTION 2. The Alliance Board of Governors hereby recommends that the Alameda County Board of Supervisors reappoint by majority vote Aarondeep Basrai as the "at large" pharmacist seat member of the Alliance Board of Governors.

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

PASSED AND ADOPTED by the Board at a meeting held on the 14th day of May 2021.

____
CHAIR, BOARD OF GOVERNORS

ATTEST:

____
Secretary

RESOLUTION NO. 2021-09

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH CREATING A STANDING EXECUTIVE COMMITTEE

WHEREAS, the Alameda Alliance for Health (Alliance) Board of Governors has adopted bylaws, article 7 of which, allow for the creation of standing committees by way of resolution; and

WHEREAS, the Alliance Board of Governors has determined that the creation of a standing Executive Committee is necessary to address and triage administrative topics affecting the Alliance and relatable subject matter, including but not limited to making recommendations to the Alliance Board of Governors for approval; and

WHEREAS, Section 7.A.1 of the Bylaws requires that the frequency, composition, compensation, terms, and nomination of members of standing committees shall be as set forth by resolution; and

WHEREAS, Section 7.A.3 of the Bylaws requires that the standing Executive Committee must include two (2) or more members of the Board of Governors in its membership; and

WHEREAS, Section 7.C.3 of the Bylaws requires that the Chair and Vice Chair of the standing Executive Committee shall be Board of Governors members selected and approved by the Board of Governors; and

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

SECTION 1. A standing Executive Committee shall be created pursuant to this Resolution No. 2021-09.

SECTION 2. The standing Executive Committee shall meet on an as-needed basis at the Alliance Headquarters, located at 1240 S. Loop Rd, Alameda CA 94502, or shall meet by teleconference if deemed necessary.

SECTION 3. The standing Executive Committee members shall be recommended to the Board of Governors and shall be approved by majority vote of the Board of Governors.

SECTION 4. The Executive Committee Chair and Vice Chair shall be members of the Board of Governors selected and approved by the Board of Governors.

SECTION 5. Appointments to the standing Executive Committee shall be for a term of two (2) years, and members may be reappointed to additional terms by Board of Governors approval.

SECTION 6. The voting membership of the standing Executive Committee shall be as follows:

Five (5) Members of the Board of Governors

SECTION 7. The Chief Executive Officer shall serve ex officio as a non-voting member of the Executive Committee and shall not be counted towards determining whether a quorum is present.

SECTION 8. The meetings of the standing Executive Committee shall be conducted according to Roberts Rules of Order to the extent adopted by the Board of Governors; under no circumstance shall the Executive Committee be bound by all provisions of Roberts Rules of Order.

SECTION 9. Members of the standing Executive Committee shall not receive compensation.

SECTION 10. The Alliance Secretary shall certify the adoption of this resolution.

PASSED AND ADOPTED by the Board of Governors at a meeting held on the 14th day of May 2021.

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CHAIR, BOARD OF GOVERNORS

ATTEST:

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Secretary

Provider Satisfaction Update

Provider Satisfaction

Presented by: Matthew Woodruff, Chief Operating Officer
Darryl Crowder, Director Provider Services
Stephanie Wakefield, Sr. Director Quality

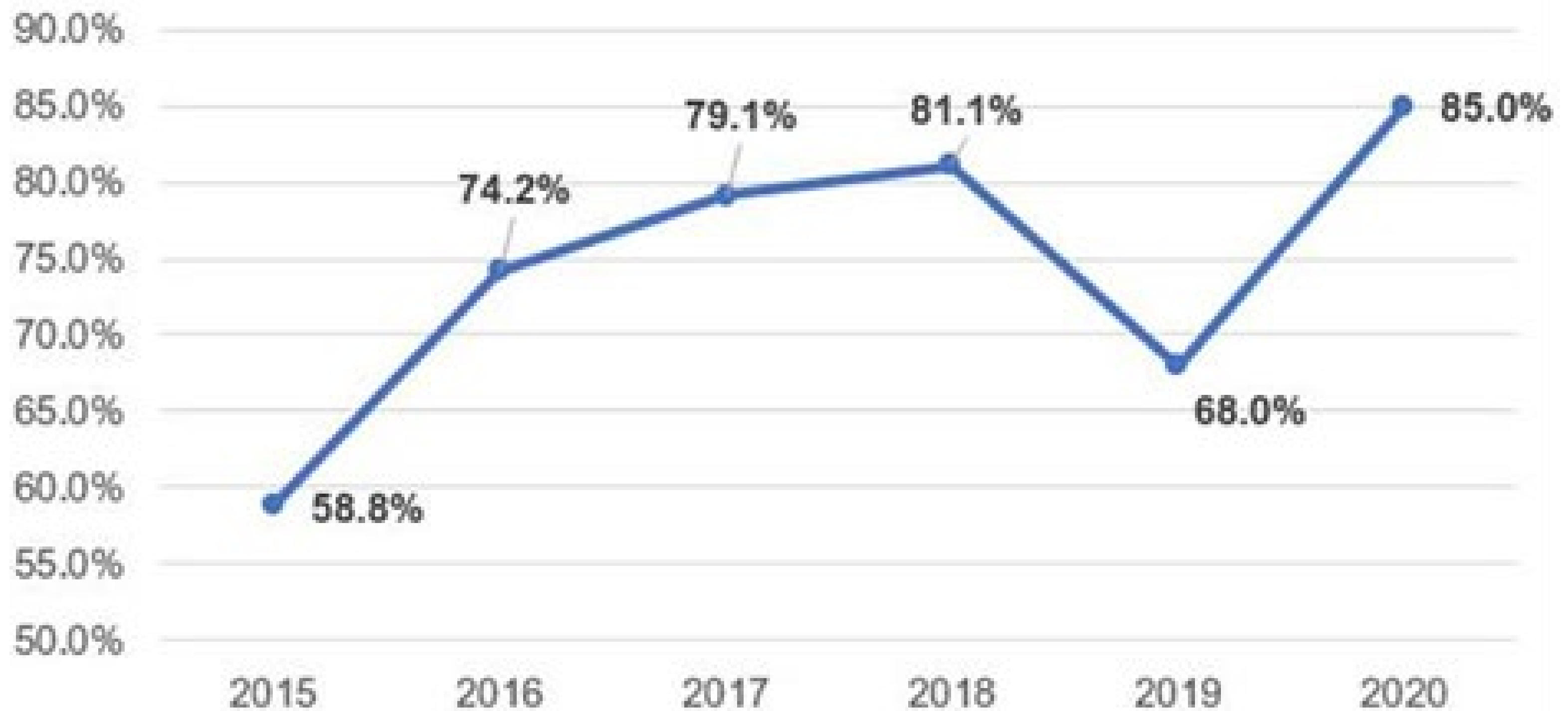
May 14, 2021

ALAMEDA Alliance FOR HEALTH

Alameda Alliance for Health

Provider Satisfaction Survey Overview

- Alameda Alliance for Health (the Alliance) contracted with an independent vendor to conduct the Provider Satisfaction Survey for measurement year 2020.
- The vendor followed a two-wave mail/internet and telephone follow-up survey methodology to administer the Provider Satisfaction Survey from October to December of 2020.
- The survey vendor chose a statistically valid and stratified sample of the Alliance’s providers from the Alliance’s provider database. The Alliance’s sample size was 815 for mail/internet and 325 for telephone.
- A total of 147 surveys were completed (87 mail, 34 Internet, and 26 phone), yielding a response rate of 15% for the mail/Internet data component and 9% for the telephone data component. All statistical testing is performed at the 95% confidence level.


Provider Overall Satisfaction
2015-2020
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
50.0%
58.8%
74.2%
79.1%
81.1%
68.0%
85.0%
2015
2016
2017
2018
2019
2020

Survey Distribution & Response Rates

	2020		2019	
	Distribution	Response	Distribution	Response
➢ Primary care	65%	39%	60%	58%
➢ Specialist	25%	48%	25%	28%
➢ Behavioral Health	10%	19%	15%	29%

2020 increased the Primary Care surveys and decreased the surveys of Behavioral Health Providers to increase the focus on Primary Care.

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Provider Satisfaction Composite Score (Table 1)

Composite	MY 2020 Result	Variance Compared to Previous Year	Variance Compared to SPH Commercial Benchmark BoB/Aggregate	MY 2019 Result	MY 2018 Result
Overall Satisfaction	85%	Significantly Higher	Significantly Higher	67.8%	81.1%
All Other Plans (Comparative Rating)	56%	Significantly Higher	Significantly Higher	43.8%	49.8%
Finance Issues (Claims)	45%	Higher	Significantly Higher	36.2%	41.7%
Utilization and Quality Management	51%	Higher	Significantly Higher	48.2%	45.2%
Network/Coordination of Care	39%	Higher	Significantly Higher (Aggregate)	36.6%	40.9%
Health Plan Call Center Service Staff	54%	Higher	Significantly Higher	52.8%	55.4%
Provider Relations	62%	Higher	Significantly Higher	53.5%	54.8%

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Individual Questions Related to Interpreter Services

In addition to the standard provider satisfaction composites, the vendor asked additional questions related to providers' perceptions of interpreter services for patients including: availability of interpreters that speak the patients' language, coordination of interpreter services at the time of scheduling, and provider satisfaction with the quality of the interpreters provided by the Alliance.

Survey Question	MY 2020 Result	Variance Compared to Previous Year	MY 2019 Result	MY 2018 Result
Interpreters that speak my patients' language are available from the Alliance when needed	94%	Significantly Higher	49.8%	63.4%
Interpreting services are coordinated at the time of scheduling the appointment	82%	Significantly Higher	44.1%	56.5%
I am satisfied with the quality of the interpreters provided by the Alliance	94%	Significantly Higher	45.8%	NA

The 2020 survey results when compared to 2019, show an overall significantly higher rate of provider satisfaction with interpreter services.

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Provider Satisfaction Survey Results

Provider Services

- Worked with Quality team on "Did you know Provider campaign"
- Messages about; compliance, performance metrics and how to ask or receive help from the Alliance
- Provider Portal Upgrades in early 2020

Claims Compliance/Payment

- Consistently paid 99.9% of claims accurately and under 45 days for the past two years
- Reduced payment time to 19 days at the start of the pandemic

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Provider Satisfaction Survey Results

Provider Relations Provider Representatives

- Provider Relations Representatives calls/contact with providers during 2020
- Provider Quarterly packet - 500 per quarter during 2020
- Continuous Provider Relations Representatives presence and on-going support during pandemic

Provider Call Center

- Reduced the provider call center hold time and abandonment rate
- Implemented a 24-hour automated member eligibility verification feature in the Call Center
- Provider Services Call Center after hour access to telephonic Interpreter Services (24/7)

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Provider Satisfaction Survey Results

Case Management

- Case management increased to over 1,800 members in the last two years.

Quality Improvement Initiatives

- In 2020, partnered with 9 providers to offer member incentives for well-child visits for ages 0-15 months, 3-6 years of age, 12-21 years of age.
- Quality team sends education on the gaps-in-care reports and Quality team works with front office staff to use the reports as a method to outreach to patients who need care.
- Quality team gifted 24 All Purpose Built in Vaccine refrigerator/freezers to providers to assist with meeting the DHCS 2020 vaccine storage requirements.

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Conclusions:

- Alliance goal is 90% provider satisfaction
- Faster Payment of Claims has increased Provider Satisfaction (not just compliance)
- Increased Provider engagement from Quality and Case Management
- Provider Services contacts changed from in person to phone and email because of the pandemic but did not decline
- Provider Portal
- Inbound and outbound call center

ALAMEDA Alliance FOR HEALTH

Questions?

Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- May-2021 -

ID	Section	Subject Area	Category	Performance Metric				ID
1	1	Financials			Mar-21 FYTD	%	Annual Budget	1
2								2
3			Income & Expenses	Revenue $	$792,858,260	76.8%	$1,032,620,802	3
4				Medical Expense $	$759,680,029	78.1%	$973,018,833	4
5				*Inpatient (Hospital)*	$227,912,856	*30.0%*	$290,478,364	5
6				*Outpatient/Ancillary*	$206,286,144	*27.2%*	$271,207,346	6
7				*Emergency Department*	$31,218,077	*4.1%*	$42,806,137	7
8				*Pharmacy*	$130,663,999	*17.2%*	$142,752,282	8
9				*Primary Care*	$79,077,626	*10.4%*	$108,272,493	9
10				*Specialty Care*	$67,140,195	*8.8%*	$92,312,183	10
11				*Other*	$17,381,132	*2.3%*	$25,190,028	11
12				Admin Expense $	$43,982,490	58.3%	$75,490,791	12
13				Other Income / (Exp.) $	$211,566	0.3%	$494,434	13
14				Net Income $	($10,592,693)		($15,394,389)	14
15				Gross Margin %	4.2%		5.8%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	95.8%		94.2%	16
17				Tangible Net Equity (TNE) %	563.7%		530.7%	17
18				Tangible Net Equity (TNE) $	$195,582,123		$184,022,772	18
19			Reinsurance Cases	2020-2021 Cases Submitted	20			19
20				2020-2021 New Cases Submitted	4			20
21				2019-2020 Cases Submitted	23			21
22				2019-2020 New Cases Submitted	0			22
23			Balance Sheet	Cash Equivalents	$338,617,793			23
24				Pass-Through Liabilities	$145,633,975			24
25				Uncommitted Cash	$192,983,818			25
26				Working Capital	$186,182,352			26
27				Current Ratio %	162.9%		100%	27
28								28

ID	Section	Subject Area	Category	Performance Metric	Jan-21	Feb-21	Mar-21	%	Mar-21 Budget	ID
29	2	Membership			Jan-21	Feb-21	Mar-21	%	Mar-21 Budget	29
30										30
31			Medi-Cal Members	Adults	38,994	39,318	39,649	14%	40,650	31
32				Children	95,103	95,514	95,692	34%	98,359	32
33				Seniors & Persons with Disabilities (SPDs)	26,354	26,290	26,234	9%	26,422	33
34				ACA Optional Expansion (ACA OE)	92,257	93,322	94,473	34%	96,670	34
35				Dual-Eligibles	19,215	19,429	19,596	7%	19,685	35
36										36
37				Total Medi-Cal	271,923	273,873	275,644	98%	281,785	37
38			IHSS Members	IHSS	5,961	5,969	5,993	2%	6,009	38
39			Total Membership	Medi-Cal and IHSS	277,884	279,842	281,637	100%	287,794	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	52,336	52,462	52,524	19%		41
42				Alameda Health System (Direct Assigned)	55,847	56,282	56,855	20%		42
43				Children's First Medical Group	31,714	31,907	31,939	11%		43
44				Community Health Center Network	99,414	100,003	100,522	36%		44
45				Kaiser Permanente	38,573	39,188	39,797	14%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- May-2021 -

ID	Section	Subject Area	Category	Performance Metric	Feb-21	Mar-21	Apr-21	%	Performance Goal	ID
47	3	**Claims**			**Feb-21**	**Mar-21**	**Apr-21**	**%**	**Performance Goal**	47
48										48
49			**HEALTHsuite Claims Processing**	Number of Claims Received	119,001	143,171	140,678			49
50				Number of Claims Paid	86,386	113,873	89,994			50
51				Number of Claims Denied	28,570	36,982	29,988			51
52				Inventory (Unfinalized Claims)	77,415	67,170	85,332			52
53				Pended Claims (Days)	19,428	17,238	20,412	24%		53
54				*0-29 Calendar Days*	18,939	17,211	19,959	23%		54
55				*30-44 Calendar Days*	480	27	447	1%		55
56				*45-59 Calendar Days*	9	0	1	0%		56
57				*60-89 Calendar Days*	0	0	5	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)	44,972,795	62,726,408	45,400,241			60
61				Interest Paid (Total Dollar)	35,461	30,291	13,115	0%		61
62				Auto Adjudication Rate (%)	73.6%	73.8%	74.5%		70%	62
63				Average Payment Turnaround (days)	20	19	19		25 days or less	63
64			**Claims Auditing**	# of Pre-Pay Audited Claims	2,185	3,189	3,815			64
65			**Claims Compliance**	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	90%	95%	98%		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**			**Feb-21**	**Mar-21**	**Apr-21**	**%**	**Performance Goal**	69
70										70
71			**Member Call Center**	Inbound Call Volume	13,078	14,899	13,967			71
72				Calls Answered in 60 Seconds %	70.0%	78.0%	71.0%		70.0%	72
73				Abandoned Call Rate %	6.0%	4.0%	6.0%		6.0% or less	73
74				Average Wait Time	00:59	00:37	00:54			74
75				Average Call Duration	07:48	06:26	06:33			75
76				Outbound Call Volume	7,719	9,134	7,762			76
77										77
78	5	**Provider Services**			**Feb-21**	**Mar-21**	**Apr-21**	**%**	**Performance Goal**	78
79										79
80			**Provider Call Center**	Inbound Call Volume	4,884	5,816	5,501			80
81										81
82	6	**Provider Contracting**			**Feb-21**	**Mar-21**	**Apr-21**	**%**	**Performance Goal**	82
83										83
84			**Provider Network**	Primary Care Physician	590	592	692			84
85				Specialist	7,019	6,971	7,005			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	64	63	63			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	10	10	10			89
90				Health Centers (FQHCs and Non-FQHCs)	67	67	67			90
91				Transportation	380	380	380			91
92			**Provider Credentialing**	Number of Providers in Credentialing	1,446	1,442	1,433			92
93				Number of Providers Credentialed	1,446	1,442	1,433			93
94										94

Alameda Alliance for Health
Operations Dashboard
- May-2021 -

ID	Section	Subject Area	Category	Performance Metric						ID
95	7	Human Resources & Recruiting			Feb-21	Mar-21	Apr-21	%	Annual Budget	95
96										96
97			**Employees**	Total Employees	339	348	348		375	97
98				Full Time Employees	337	346	346	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	4	8	3			100
101				Separations	1	0	3			101
102				Open Positions	49	37	35	9%	10% or less	102
103				Signed Offer Letters Received	11	7	11			103
104				Recruiting in Process	38	30	24	6%		104
105										105
106			**Non-Employee (Temps / Seasonal)**		4	7	6			106
107										107
108	8	Compliance			Feb-21	Mar-21	Apr-21	%	Performance Goal	108
109										109
110			**Provider Disputes & Resolutions**	Turnaround Compliance (45 business days)	99%	100%	99%		95%	110
111				% Overturned	30%	30%	29%		25% or less	111
112										112
113			**Member Grievances**	Overall Standard Grievance Compliance Rate % (30 calendar days)	99%	99%	97%		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%	98%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Feb-21	Mar-21	Apr-21		Performance Goal	119
120										120
121			**Business Availability**	HEALTHsuite (Claims and Membership System)	100.00%	100.00%	100.00%		99.99%	121
122				TruCare (Care Management System)	100.00%	100.00%	100.00%		99.99%	122
123				All Other Applications and Systems	100.00%	100.00%	100.00%		99.99%	123
124										124
125			**Encounter Data**	**Inbound Trading Partners 837 (Trading Partner To AAH)**						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				**AAH Outbound 837 (AAH To DHCS)**						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	86.9%	95.8%	32.9%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	94.1%	98.9%	47.7%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	93.0%	85.5%	68.3%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	97.7%	90.5%	76.7%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- May-2021 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10	Health Care Services			Feb-21	Mar-21	Apr-21		Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	99%	100%	99%		95%	136
137				Medi-Cal %	99%	100%	99%		95%	137
138				Group Care %	100%	100%	99%		95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	4.4%	3.5%	2.9%			140
141				Denial Rate Excluding Partial Denials (%)	4.4%	3.5%	2.8%			141
142				Partial Denial Rate (%)	0.1%	0.0%	0.1%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	795	861	954	43%		144
145				Denied Prior Authorizations	662	771	655	30%		145
146				Closed Prior Authorizations	577	638	589	27%		146
147				Total Prior Authorizations	2,034	2,270	2,198			147
148										148
149					Jan-21	Feb-21	Mar-21			149
150										150
151			Inpatient Utilization	Days / 1000	289.3	232.3	253.3			151
152				Admits / 1000	53.3	49.7	56.1			152
153				Average Length of Stay	5.4	4.7	4.5			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	36.77	33.01	33.82			155
156										156
157			Case Management	**New Cases**						157
158				Care Coordination	235	193	269			158
159				Complex Case Management	21	21	44			159
160				Health Homes	15	12	14			160
161				Whole Person Care (AC3)	2	5	6			161
162				**Total New Cases**	**273**	**231**	**333**			162
163										163
164				**Open Cases**						164
165				Care Coordination	633	590	661			165
166				Complex Case Management	64	48	80			166
167				**Total Open Cases**	**697**	**638**	**741**			167
168										168
169				**Enrolled**						169
170				Health Homes	762	792	788			170
171				Whole Person Care (AC3)	240	245	249			171
172				**Total Enrolled**	**1,002**	**1,037**	**1,037**			172
173										173
174				**Total Case Management (Open Cases & Enrolled)**	**1,699**	**1,675**	**1,778**			174
175										175

Operations

Matt Woodruff

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

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

Date: **May 14, 2021**

Subject: **Operations Report**

Member Services

- 12-Month Trend Summary:
  - The Member Services Department received a thirty-six percent (36%) increase in calls in April 2021, totaling 13,967 compared to 8,894 in April 2020. Call volume pre-pandemic in April 2019 was 14,911, which is 6% lower than the current call volume.
  - April utilization for the member automated eligibility IVR system totaled six hundred ninety-one (691).
  - The abandonment rate for April 2021 was six percent (6%), compared to two percent (2%) in April 2020.
  - The Department's service level was seventy-one percent (71%) in April 2021, compared to eighty-nine percent (89%) in April 2020. The Department continues to recruit to fill open positions.
  - The average talk time (ATT) was six minutes and thirty-three seconds (06:33) for April 2021 compared to six minutes and forty-six seconds (06:46) for April 2020.
  - The top five call reasons for April 2021 were: 1). Eligibility/Enrollment, 2). Kaiser, 3). Change of PCP, 4). Benefits, 5). ID Card Request. The fifth call reason in April 2020 was 5) Pharmacy. The first, second, third, and fourth 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 595 web-based requests in April 2021 compared to 364 in April 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.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 140,678 claims in April 2021 compared to 86,578 in April 2020.
    - The Auto Adjudication was 74.5% in April 2021 compared to 74.7% in April 2020.
    - Claims compliance for the 30-day turn-around time was 98.3% in April 2021 compared to 96.7% in April 2020. The 45-day turn-around time was 99.9% in April 2021 compared to 99.9% in April 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 April, we received a total of 140,678 claims in the HEALTHsuite system. This represents a decrease of 1.74% from March and is Higher, albeit by 54,100 claims, than the number of claims received in April 2020. The higher volume of received claims remains attributed to COVID-19 and COBA implementation.
    - We received 81% of claims via EDI and 19% of claims via paper.
    - During April, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 74.5% for April.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services Department's call volume in April 2021 was 5,501 calls compared to 5,630 calls in April 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 273 visits during April 2021.
    - The Provider Services department answered over 4,713 calls for April 2021 and made over 1,048 outbound calls.

Credentialing

- 12-Month Trend Summary:

    - At the Peer Review and Credentialing (PRCC) meeting held on April 20, 2021, there were ten (10) initial providers approved; two (2) primary care provider, four (4) specialists, zero (0) ancillary providers, and four (4) midlevel providers. Additionally, forty-seven (47) providers were re-credentialed at this meeting; nine (9) primary care providers, twenty-four (24) specialists, one (1) ancillary provider, and thirteen (13) 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 April 2021, the Provider Dispute Resolution (PDR) team received 784 PDRs versus 721 in April 2020.
    - The PDR team resolved 766 cases in April 2021 compared to 1095 cases in April 2020.
    - In April 2021, the PDR team upheld 71% of cases versus 80% in April 2020.
    - The PDR team resolved 99% of cases within the compliance standard of 95% within 45 working days in April 2021 compared to 100% in April 2020.

- Monthly Analysis:

    - AAH received 784 PDRs in April 2021.
    - In April, 766 PDRs were resolved. Out of the 766 PDRs, 541 were upheld, and 225 were overturned.
    - The overturn rate for PDRs was 29% which did not meet our goal of 25% or less.
    - Below is a breakdown of the various causes for the 225 overturned PDRs. Please note that system issues were a significant cause (representing 43%) of overturned PDRs this month, and without them, the 25% or less goal would have been achieved:

- System Related Issues 43% (96 cases):
  - 17 cases: CES edit Update.
  - 6 cases: Incorrect member eligibility.
  - 53 cases: General configuration issues, like Not Covered, Modifier, Delegated.
  - 20 cases: Incorrect rate paid.

- Authorization Related Issues 17% (38 cases):
  - 21 cases: Processor errors when auth on file.
  - 17 cases: UM Decisions/Med Nec Met

- Additional Documentation Provided 15% (34 cases):
  - 34 cases: Duplicate claim documentation that allows for claims to be adjusted.

- Claim Processing Errors 25% (57 cases)
  - 6 cases: Timely filing.
  - 28 cases: Duplicate
  - 23 cases: Various Processor errors.

- 758 out of 766 cases were resolved within 45 working days resulting in a 99% compliance rate.
- The average turn-around time for resolving PDRs in April was 42 days.
- There were 1228 PDRs pending resolution as of 04/30/2021, with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:
  - In April 2021, the Alliance completed 916 member orientation outreach calls and 217 member orientations by phone.
  - The C&O Department reached 217 people (100% identified as Alliance members) during outreach activities, compared to 344 individuals who all identified as Alliance members in April 2020.
  - The C&O Department spent a total of $0 in donations, fees, and/or sponsorships, compared to $0 in April 2020.
  - The C&O Department reached members in 19 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 0 reported cities in April 2020.

- Monthly Analysis:
  - In April 2021, the C&O Department completed 916 member orientation outreach calls and 217 member orientations by phone, and 34 Alliance website inquiries.
  - Among the 217 people reached, 100% identified as Alliance members.
  - In April 2021, the C&O Department reached members in 19 locations throughout Alameda County, the Bay Area, and the U.S.
  - Please see attached Addendum A.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	April 2021
Incoming Calls (R/V)	13,967
Abandoned Rate (R/V)	6%
Answered Calls (R/V)	13,192
Average Speed to Answer (ASA)	00:54
Calls Answered in 30 Seconds (R/V)	71%
Average Talk Time (ATT)	06:33
Outbound Calls	7,762

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

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

Claims Department
March 2021 Final and April 2021 Final

METRICS

Claims Compliance	Mar-21	Apr-21
90% of clean claims processed within 30 calendar days	94.9%	98.3%
95% of all claims processed within 45 working days	99.9%	99.9%

Claims Volume (Received)	Mar-21	Apr-21
Paper claims	31,535	26,546
EDI claims	111,636	114,132
Claim Volume Total	**143,171**	**140,678**

Percentage of Claims Volume by Submission Method	Mar-21	Apr-21
% Paper	22.03%	18.87%
% EDI	77.97%	81.13%

Claims Processed	Mar-21	Apr-21
HEALTHsuite Paid (original claims)	113,873	89,994
HEALTHsuite Denied (original claims)	36,982	29,988
HEALTHsuite Original Claims Sub-Total	**150,855**	**119,982**
HEALTHsuite Adjustments	21,392	848
HEALTHsuite Total	**172,247**	**120,830**

Claims Expense	Mar-21	Apr-21
Medical Claims Paid	$62,726,408	$45,400,241
Interest Paid	$30,291	$13,115

Auto Adjudication	Mar-21	Apr-21
Claims Auto Adjudicated	111,297	89,387
% Auto Adjudicated	73.8%	74.5%

Average Days from Receipt to Payment	Mar-21	Apr-21
HEALTHsuite	19	19

Pended Claim Age	Mar-21	Apr-21
0-29 calendar days		
HEALTHsuite	17,211	19,959
30-59 calendar days		
HEALTHsuite	27	448
Over 60 calendar days		
HEALTHsuite	0	5

Overall Denial Rate	Mar-21	Apr-21
Claims denied in HEALTHsuite	36,982	29,988
% Denied	21.5%	24.8%

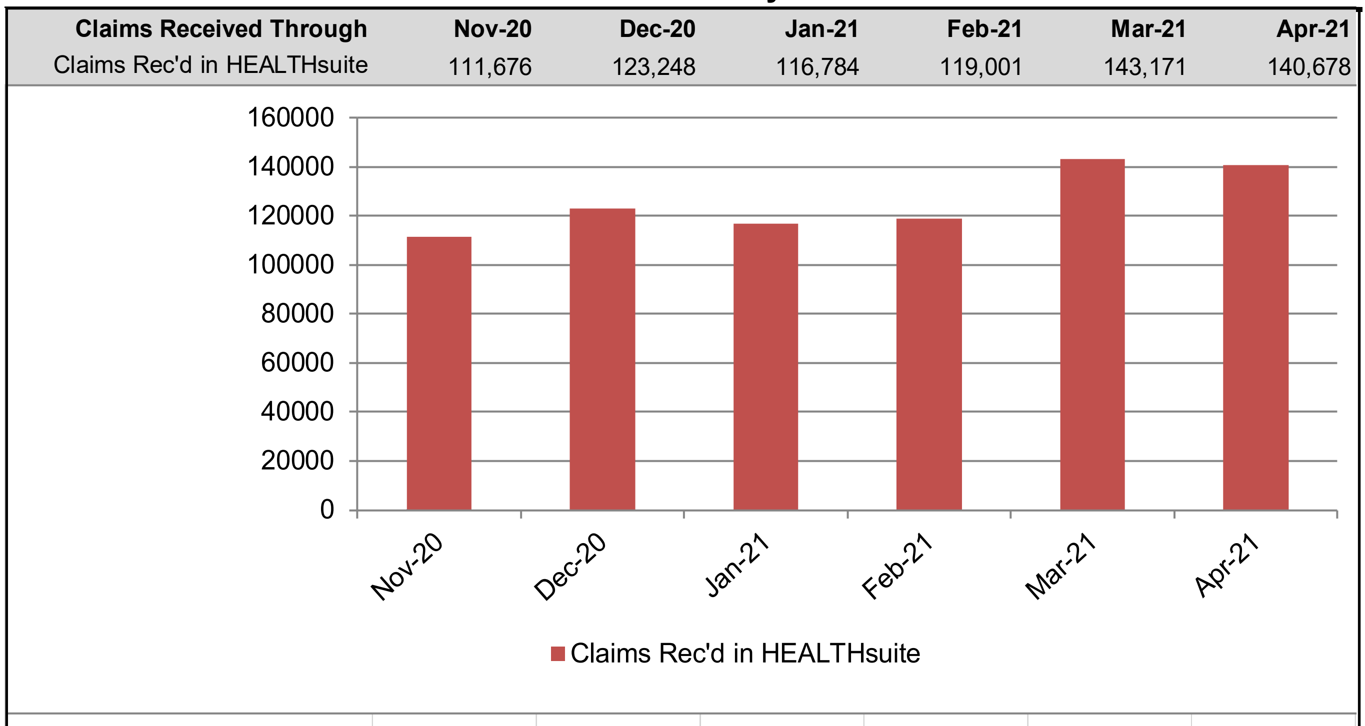
Claims Department
March 2021 Final and April 2021 Final

Apr-21

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	21%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	13%
Duplicate Claim	10%
Non-Covered Benefit for this Plan	9%
No Benefits Found For Dates of Service	7%
% Total of all denials	**60%**

Claims Received By Month

Claims Received Through	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Claims Rec'd in HEALTHsuite	111,676	123,248	116,784	119,001	143,171	140,678



Provider Relations Dashboard April 2021

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5343	4884	5816	5501								
Abandoned Calls	1060	756	815	788								
Answered Calls (PR)	4283	4128	5001	4713								
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	611	533	511	464								
Abandoned Calls (R/V)												
Answered Calls (R/V)	611	533	511	464								
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	881	689	1062	1048								
N/A												
Outbound Calls	881	689	1062	1048								
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	6835	6106	7389	7013								
Abandoned Calls	1060	756	815	788								
Total Answered Incoming, R/V, Outbound Calls	5775	5350	6574	6225								

Provider Relations Dashboard April 2021

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	2.8%	3.9%	3.1%	3.0%								
Benefits	4.9%	3.4%	3.7%	3.1%								
Claims Inquiry	38.8%	36.8%	39.4%	38.1%								
Change of PCP	1.3%	3.6%	4.8%	4.1%								
Complaint/Grievance (includes PDR's)	3.5%	3.6%	3.8%	3.6%								
Contracts	0.5%	0.6%	0.3%	0.6%								
Correspondence Question/Followup	0.0%	0.0%	0.0%	0.0%								
Demographic Change	0.1%	0.1%	0.1%	0.2%								
Eligibility - Call from Provider	25.0%	25.8%	24.3%	24.4%								
Exempt Grievance/ G&A	0.2%	0.2%	0.2%	0.0%								
General Inquiry/Non member	0.0%	0.0%	0.0%	0.0%								
Health Education	0.0%	0.0%	0.0%	0.0%								
Intrepreter Services Request	2.0%	1.8%	1.3%	1.2%								
Kaiser	3.7%	0.2%	0.2%	0.4%								
Member bill	0.0%	0.0%	0.0%	0.0%								
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%								
Provider Portal Assistance	3.6%	4.3%	4.0%	3.9%								
Pharmacy	0.9%	0.9%	1.0%	1.1%								
Provider Network Info	0.2%	0.1%	0.2%	0.2%								
Transferred Call	0.2%	0.1%	0.1%	0.0%								
All Other Calls	12.3%	14.4%	13.6%	16.0%								
TOTAL	100.0%	100.0%	100.0%	100.0%	#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	16	12								
Contracting/Credentialing	11	19	30	21								
Drop-ins	0	0	0	0								
JOM's	2	3	2	0								
New Provider Orientation	11	31	12	10								
Quarterly Visits	202	206	269	230								
UM Issues	2	2	3	0								
Total Field Visits	239	272	332	273	0	0	0	0	0	0	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		AHP 399	PCP 370	SPEC 647	PCP/SPEC 17
AAH/AHS/CHCN Breakdown		AAH 445	AHS 207	CHCN 432	COMBINATION OF GROUPS 349
Facilities	**269**				

VENDOR SUMMARY
Credentialing Verification Organization, Symply CVO

	Number	**Average Calendar Days in Process**	**Goal - Business Days**	**Goal - 98% Accuracy**	**Compliant**
Initial Files in Process	18	2	25	Y	Y
Recred Files in Process	19	11	25	Y	Y
Expirables updated **Insurance, License, DEA, Board Certifications**					Y
Files currently in process	**37**				

CAQH Applications Processed in April 2021

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

April 2021 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	2
SPEC	4
ANCILLARY	0
MIDLEVEL/AHP	4
	10
Recredentialing	
PCP	9
SPEC	24
ANCILLARY	1
MIDLEVEL/AHP	13
	47
TOTAL	**57**

April 2021 Facility Approvals

Initial Credentialing	0
Recredentialing	9
	9
Facility Files in Process	**26**

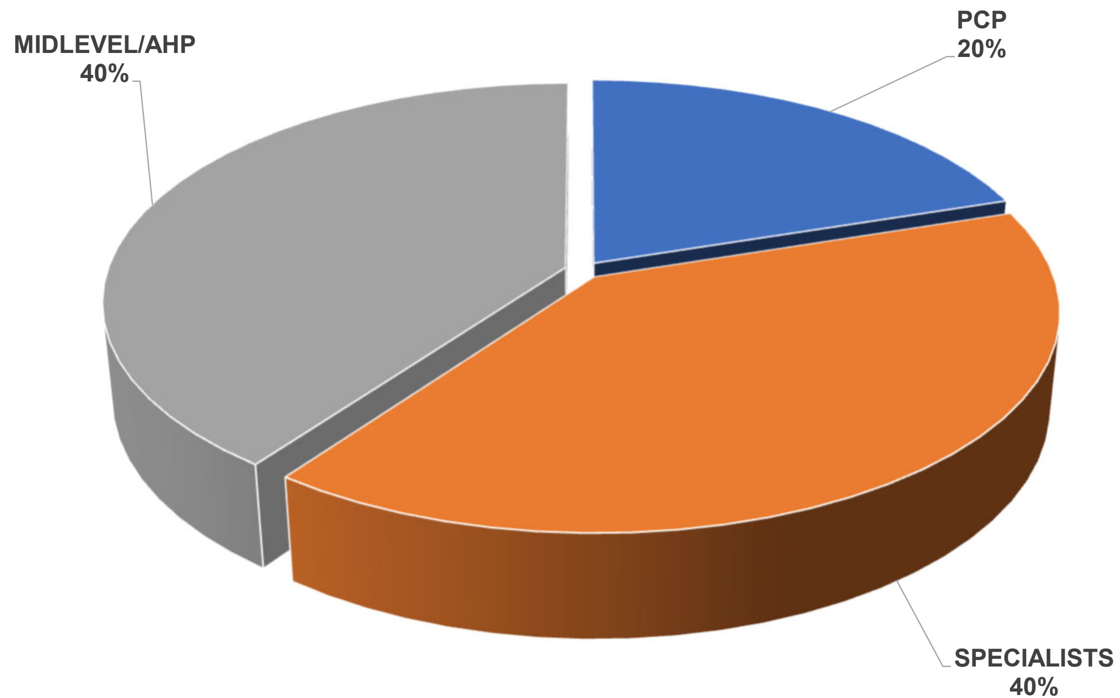
April 2021 Employee Metrics

April 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
Billings, Jr.	William	Specialist	Initial	4/20/2021
Brimmer	Jenna	Primary Care Physician	Initial	4/20/2021
Chan	Naomi	Allied Health	Initial	4/20/2021
Crystal-Ornelas	Lara	Primary Care Physician	Initial	4/20/2021
Freitas	Rachel	Allied Health	Initial	4/20/2021
Friedrich	Cassy	Specialist	Initial	4/20/2021
Gerard	Stephen	Specialist	Initial	4/20/2021
Gladstone	Hayes	Specialist	Initial	4/20/2021
Ong	Stephanie	Allied Health	Initial	4/20/2021
Tinsley	Ebony	Allied Health	Initial	4/20/2021
Adams	Auther	Specialist	Recred	4/20/2021
Ahuja	Neha	Specialist	Recred	4/20/2021
Auker	Todd	Specialist	Recred	4/20/2021
Bernstein	Laurel	Allied Health	Recred	4/20/2021
Brown-Lechner	Mindy	Allied Health	Recred	4/20/2021
Burroughs	Sweena	Allied Health	Recred	4/20/2021
Burroughs Pena	Melissa	Specialist	Recred	4/20/2021
Chard	Paul	Specialist	Recred	4/20/2021
Chen	Alycia	Specialist	Recred	4/20/2021
Chen	Ya-Kuan	Specialist	Recred	4/20/2021
Chennupati	Sravana	Specialist	Recred	4/20/2021
Chiu	John	Specialist	Recred	4/20/2021
Dierks	Ole	Specialist	Recred	4/20/2021
Entwisle	Christopher	Specialist	Recred	4/20/2021
Galhotra	Anita	Allied Health	Recred	4/20/2021
Griffin	Michael	Specialist	Recred	4/20/2021
Gwynn	Robert	Specialist	Recred	4/20/2021
Hoffman	David	Primary Care Physician	Recred	4/20/2021
Holman	Herbert	Specialist	Recred	4/20/2021
Huffner	Christine	Allied Health	Recred	4/20/2021
Ingegno	Michael	Specialist	Recred	4/20/2021
Johnson	Wanda	Allied Health	Recred	4/20/2021
Kallem	Priyanka	Primary Care Physician	Recred	4/20/2021
Kirman	Christian	Specialist	Recred	4/20/2021
Knopf	Kevin	Specialist	Recred	4/20/2021
Kopelnik	Alexander	Specialist	Recred	4/20/2021
Kumar	Suksham	Primary Care Physician	Recred	4/20/2021
Lo	Susan	Primary Care Physician	Recred	4/20/2021
Loman	Jane	Specialist	Recred	4/20/2021
Mandel	Mark	Specialist	Recred	4/20/2021
Minahan	Sara	Allied Health	Recred	4/20/2021
Mogri	Durriyah	Primary Care Physician	Recred	4/20/2021
Nazneen	Nikhat	Primary Care Physician	Recred	4/20/2021
Ng	Christina	Primary Care Physician	Recred	4/20/2021
Nishiike	Yui	Allied Health	Recred	4/20/2021
Praver	Susana	Allied Health	Recred	4/20/2021
Rhode	Nada	Allied Health	Recred	4/20/2021
Riseman	Rebecca	Allied Health	Recred	4/20/2021
Shein	May	Primary Care Physician	Recred	4/20/2021
Snyder	Barry	Specialist	Recred	4/20/2021
Splitter	Amy	Specialist	Recred	4/20/2021
Swartz	Alicia	Allied Health	Recred	4/20/2021
Van Braden	Sonia	Allied Health	Recred	4/20/2021
Venturelli	Angela	Primary Care Physician	Recred	4/20/2021
Wong	Sammuel	Specialist	Recred	4/20/2021
Wright	Randolph	Specialist	Recred	4/20/2021
Zhong	Qinghui	Ancillary	Recred	4/20/2021

APRIL PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY

PCP	4
Specialists	2
Ancillary	0
MIDLEVEL/AHP	4
Total	10



Provider Dispute Resolution
March 2021 and April 2021

METRICS

PDR Compliance	Mar-21	Apr-21
# of PDRs Resolved	790	766
# Resolved Within 45 Working Days	787	758
% of PDRs Resolved Within 45 Working Days	99.6%	99.0%

PDRs Received	Mar-21	Apr-21
# of PDRs Received	599	784
PDR Volume Total	**599**	**784**

PDRs Resolved	Mar-21	Apr-21
# of PDRs Upheld	550	541
% of PDRs Upheld	70%	71%
# of PDRs Overturned	240	225
% of PDRs Overturned	30%	29%
Total # of PDRs Resolved	**790**	**766**

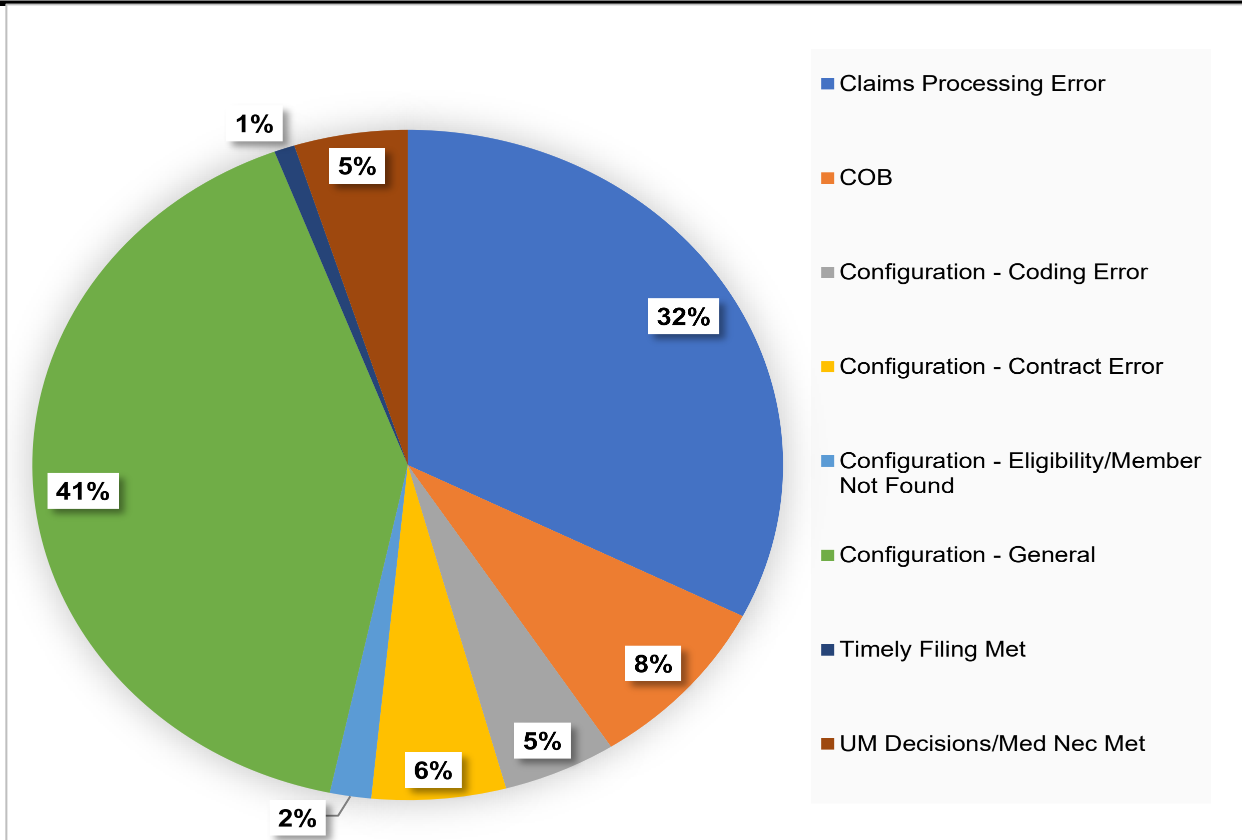
Average Turnaround Time	Mar-21	Apr-21
Average # of Days to Resolve PDRs	41	42
Oldest Unresolved PDR in Days	44	79

Unresolved PDR Age	Mar-21	Apr-21
0-45 Working Days	1,254	1,228
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**1,254**	**1,228**

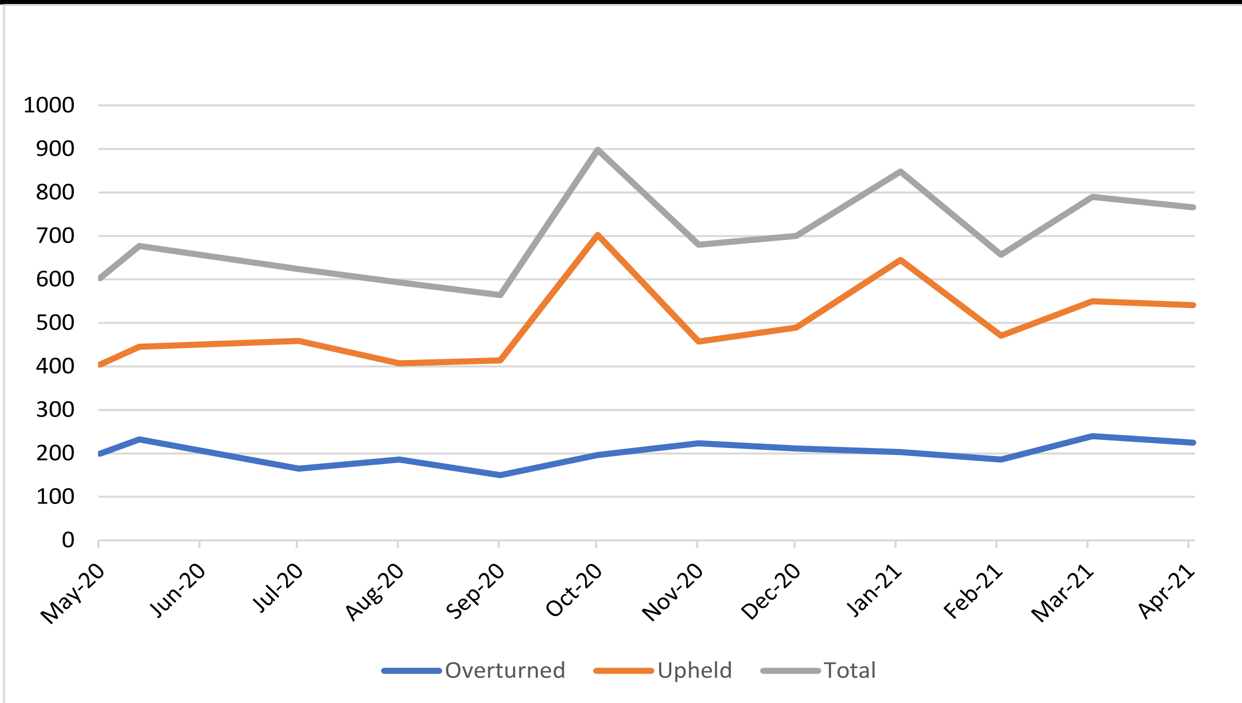
Provider Dispute Resolution
March 2021 and April 2021

Apr-21

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

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

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | APRIL 2021 OUTREACH REPORT

During April 2021, the Alliance completed **916** member orientation outreach calls and conducted **217** member orientations (**24%** member participation rate). In addition, in April 2021, the Outreach team completed **34** Alliance website inquiries.

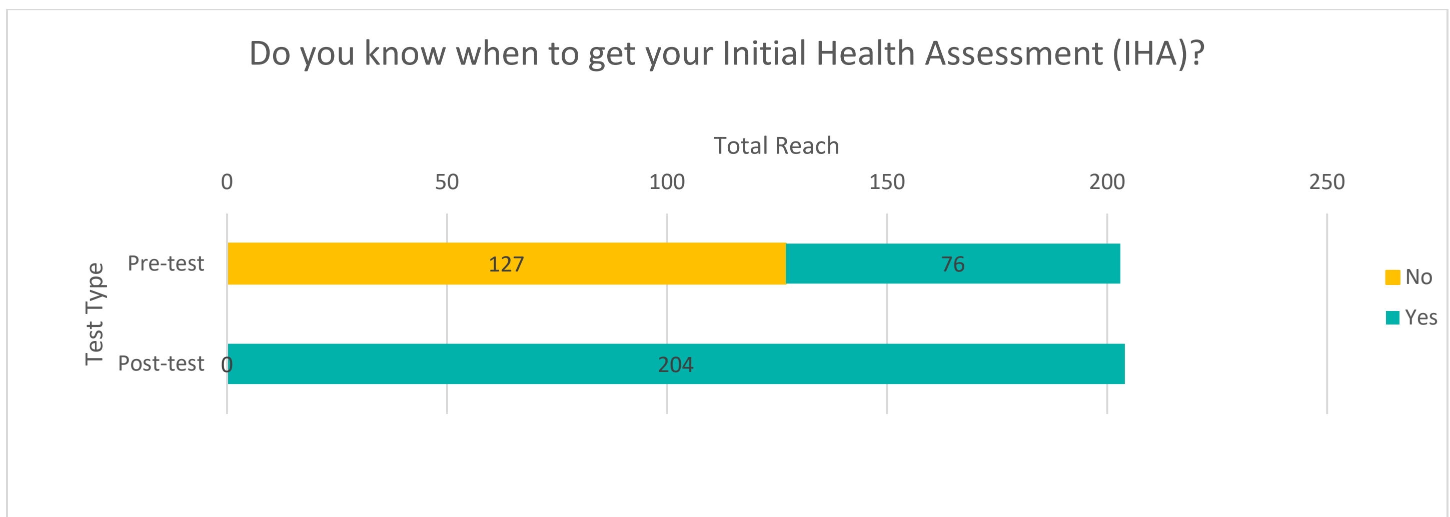
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **22,873** self-identified Alliance members have been reached during outreach activities.

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 April 1, through April 30, 2021 (22 working days) – **217** net new members completed a MO by phone.

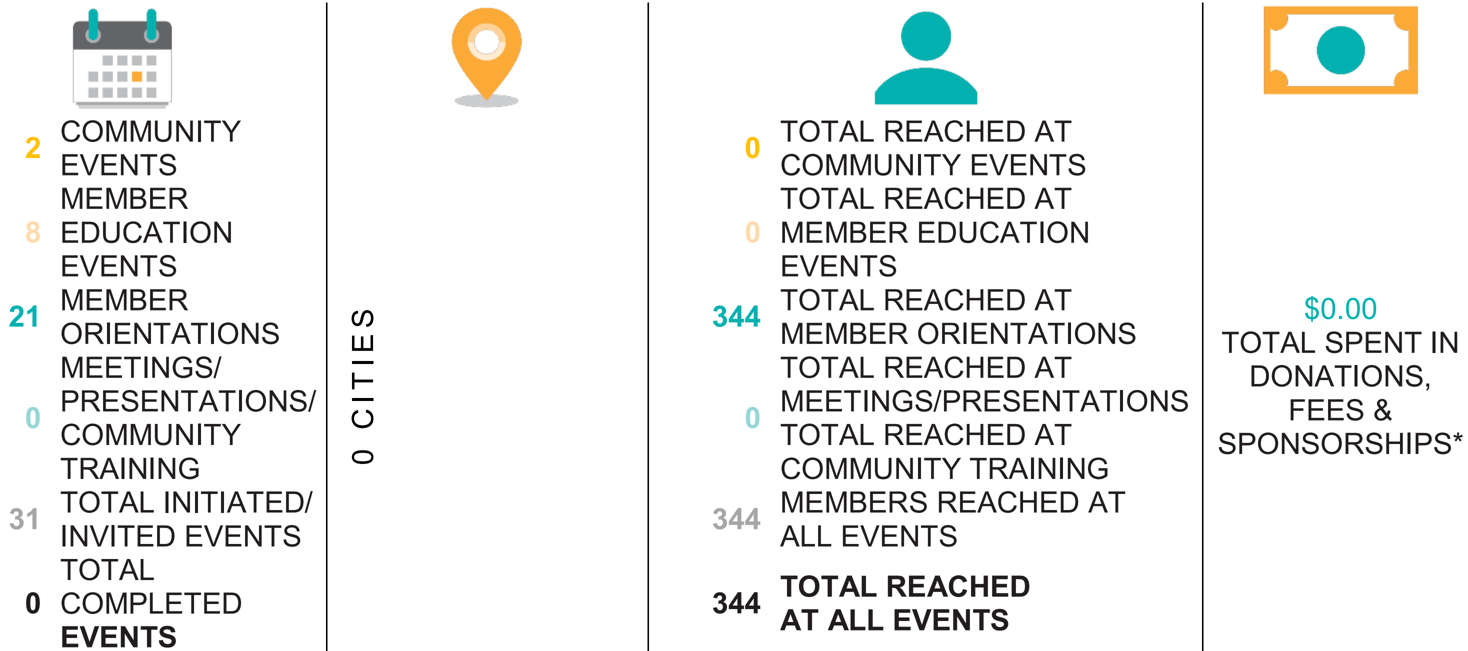
After completing a MO **100%** of members who completed the post-test survey in April 2021 reported knowing when to get their IHA, compared to only **63%** of members knowing when to get their IHA in the pre-test survey.

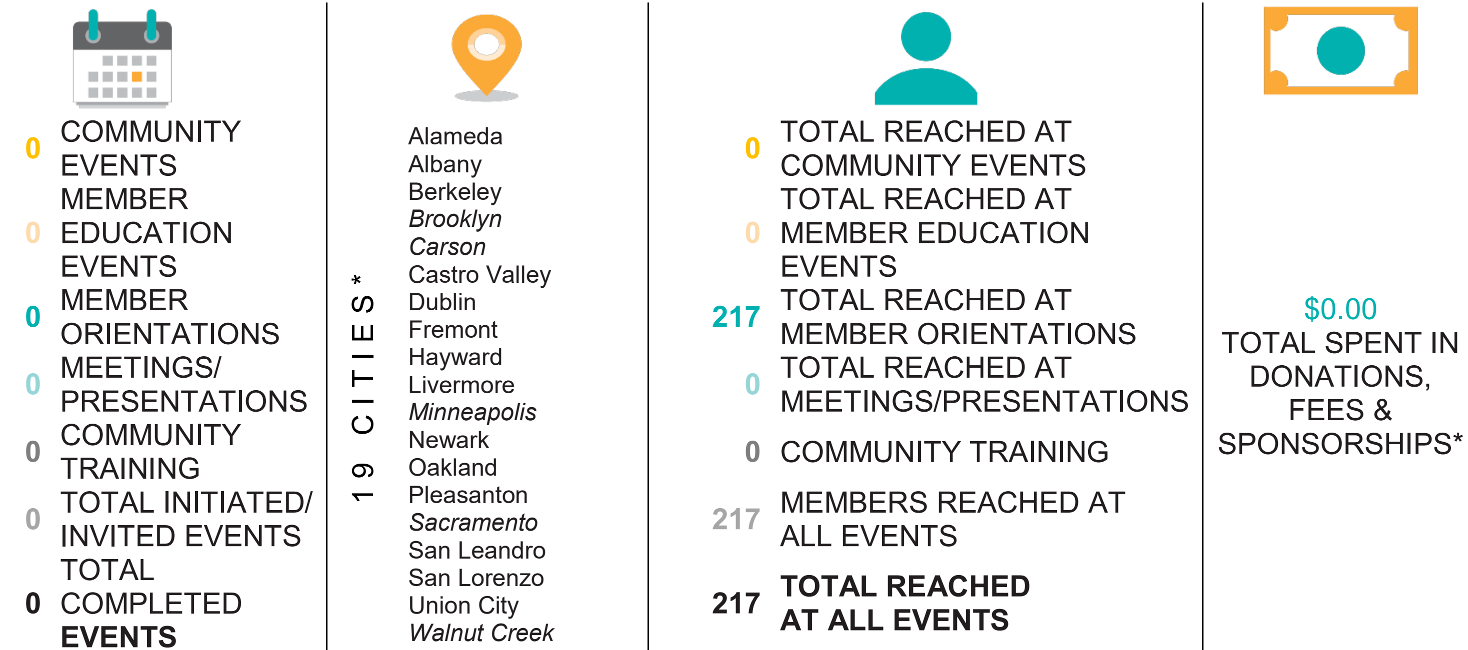


All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 20-21\Q4\1. April 2021**

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | APRIL 2021 OUTREACH REPORT





**Cities represent the mailing address designations for members who completed a member orientation by phone. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the Q4 FY21 Outreach Report.*

Compliance

Richard Golfin III

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

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

Date: **May 14, 2021**

Subject: **Compliance Report**

Compliance Activity Updates

- 2020 DHCS Kindred Focused Audit:
    - On October 23, 2020, the DHCS sent notice to the Plan of a focused audit involving the Plan's delegate, CHCN, and Kindred facilities. The DHCS found the Plan and its delegate were deficient in providing Medically Necessary Covered Services, in conducting Concurrent Reviews, and in Delegation of Utilization Management. On March 5, 2021, the DHCS issued the Final Report and Corrective Action Plan (CAP). The Plan submitted its CAP response and available supporting documents to DHCS on April 6, 2021. The Plan continues to meet milestones in its implementation of corrective measures as outlined in its CAP to the State.

- 2021 DMHC Full Medical Survey:
    - On November 13, 2020, the DMHC sent notice to the Plan of the 2021 DMHC Routine Medical Survey beginning April 12, 2021. In December 2020, 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. DMHC conducted its virtual audit interview on April 13, 2021, through April 16, 2021. The DMHC requested additional documents discussed during the interview sessions (123 requests) by April 23, 2021, and April 28, 2021. The Plan expects to receive the preliminary audit report within 90-days of addressing all additional requests.

- 2021 DHCS Routine Medical Survey:
    - On January 13, 2021, the DHCS sent notice to the Plan of the 2021 DHCS Routine Medical Survey beginning April 12, 2021. The audit was conducted jointly with the DMHC from April 13, 2021, through April 23, 2021. The review period was June 1, 2019, through March 31, 2021, and covered:

        1) Utilization Management;
        2) Case Management & Care Coordination;
        3) Access & Availability;

4) Member's Rights & Responsibilities;
5) Quality Improvement System, and;
6) Organization and Administration.

- On February 26, 2021, the Plan's Pre-Audit documents were submitted to the DHCS on time and with no extension requests. On March 23, 2021, the Plan submitted its case file selections to the DHCS. The DHCS requested the Plan submit additional documents discussed during the interview sessions (256 requests) from April 30, 2021, through May 11, 2021. The Plan expects to receive the preliminary audit report within 90-days of addressing all additional requests.

- 2020 Annual Network Certification Corrective Action Plan:
  - On November 10, 2020, the DHCS issued a Corrective Action Plan in response to the 2020 Annual Network Certification submission completed in March 2020. 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 Plan worked closely with DHCS on updated maps and analysis between the months of January 2021, through April 2021. On April 2, 2021, the Plan received notice of the DHCS' approval of the Plans 130 Alternative Access requests.

- 2021 Annual Network Certification:
  - In order to demonstrate compliance with network adequacy requirements, the Plan annually submits its network for certification to the DHCS. The 2021 Annual Network Certification was submitted on April 30, 2021. The Alternative Access Standards requests for the 2021 submission has drastically reduced from 290 requests to 5 requests. This is due to a change in requirements where time *or* distance must be met within the network, instead of time *and* distance.

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

- OCR Limited Compliance Review:
  - On February 26, 2021, the Plan notified the U.S. Department of Health and Human Services Office for Civil Rights (OCR) of a breach that occurred with the Plan's Business Associate. After notification of the breach, the Plan received a meeting request from an OCR investigator to discuss details of

the incident. On March 3, 2021, the Plan met with an OCR investigator and was informed of their intent to conduct a Limited Compliance Review of HIPAA related activity. The Plan has not received official notice from the OCR.

<u>Delegation Oversight Auditing Activities 2020</u>

- The Plan conducts annual audits of its delegated entities to monitor compliance with regulatory and contractual requirements. The Plan has seven (7) delegates, and all seven (7) delegates were audited during the previous calendar year. In January 2021, the Plan issued preliminary audit reports to the three (3) delegates with open CAPs. The Plan issued a Final Audit Report and CAP to two (2) delegates in March 2021. The Compliance Department continues to work closely with delegates to review CAP responses, monitor implementation milestones, and perform CAP verification.

<u>Delegation Oversight Auditing Activities 2021</u>

- The Plan conducts annual audits of its delegated entities to monitor compliance with regulatory and contractual requirements. The Plan has seven (7) delegates. On April 27, 2021, the Plan began its 2021 audit season by notifying its Pharmacy Benefits Manager, Perform Rx, of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal and IHSS lines of business. The audit review period is January 1, 2020, through December 31, 2020. The audit will be conducted by the Plan's consultant, PillarRx, in collaboration with Plan staff in June 2021.

- In collaboration with Bay Area and Northern California Medi-Cal Health Plans, Kaiser Foundation Health Plan received notice of the 2021 Joint Annual Delegation Oversight Audit. The audit review period is July 1, 2020, through May 31, 2021. Pre-audit documents are due to participating health plans on June 23, 2021. Staff held an internal kick-off meeting on May 6, 2021, to discuss the scope, timing, expectations, and key dates.

<u>HIPAA Privacy and Security</u>

- In collaboration with the Information Technology/Security and Human Resources Departments, the Privacy Team issued the *HIPAA Guidelines for Working from Home* memo. The memo summarizes a collection of guidance released over the past year meant to guide the Plan's personnel while working from home during the COVID-19 public health emergency. Topics covered computer use; securing protected health information (PHI); printing/disposing of documents containing PHI; *what to do* if there is an actual or suspected incident/breach, and; how to report an incident/breach.

Compliance

Supporting Documents

APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
1	DMHC	21-001	1/5/2021	MODEL NOTICES; COMPLIANCE WITH SB 260	GROUP CARE	Section 1366.50, as amended in 2019, requires a health plan to inform enrollees who cease to be enrolled with the health plan that they may be eligible for reduced-cost coverage through the California Health Benefit Exchange (Covered California) or no-cost coverage through Medi-Cal. Section 1366.50 does not apply to Medi-Cal Managed Care products. Additionally, section 1366.50 requires health plans to provide Covered California with information regarding enrollees who cease to be covered by the health plan. That information includes enrollees' names, addresses, and other contact information.
2	DHCS	21-001	1/7/2021	2021-2022 MEDI-CAL MANAGED CARE HEALTH PLAN MEDS/834 CUTOFF AND PROCESSING SCHEDULE	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the 2021-2022 Medi-Cal Eligibility Data System (MEDS/834) cutoff and processing schedule.
3	DHCS	21-002	2/25/2021	COST AVOIDANCE AND POST-PAYMENT RECOVERY FOR OTHER HEALTH COVERAGE	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification and guidance to Medi-Cal managed care health plans (MCP) for cost avoidance and post-payment recovery requirements when an MCP member has other health coverage (OHC). In addition, the APL provides instructions on using the Department of Health Care Services' (DHCS) Medi-Cal Eligibility Record for processing claims, as well as reporting requirements.
4	DMHC	21-002	1/5/2021	IMPLEMENTATION OF SENATE BILL 855, MENTAL HEALTH AND SUBSTANCE USE DISORDER COVERAGE	GROUP CARE	This All Plan Letter (APL) provides guidance regarding implementation of this new legislation as well as filing and compliance requirements for all full service and certain specialized health care service plans (plan or plans).
5	DHCS	21-003	3/5/2021	MEDI-CAL NETWORK PROVIDER AND SUBCONTRACTOR TERMINATIONS	GROUP CARE	This All Plan Letter (APL) clarifies the obligations of Medi-Cal managed care health plans (MCPs) when terminating or initiating terminations of contractual relationships between MCPs, Network Providers, and Subcontractors. This APL also establishes MCPs' obligations to check exclusionary databases and terminate contracts with Network Providers and Subcontractors who have been suspended or excluded from participation in the Medi-Cal/Medicare programs.
6	DMHC	21-003	1/6/2021	TRANSFER OF ENROLLEES PER STATE PUBLIC HEALTH OFFICER ORDER	GROUP CARE	The State of California is experiencing a surge in COVID-19 positive cases and hospitalizations. This surge is causing many hospitals in the state to meet or exceed their usual capacity to serve patients, which can jeopardize the health and lives of the patients and staff. Accordingly, to provide care to all patients in need, it is imperative to maximize the capacity of hospitals in the state by allowing for expeditious transfer of patients from the most highly impacted hospitals to hospitals with more available capacity. This regional approach is central to an ethical and equitable response to the COVID-19 pandemic. Health plan prior authorization requirements for transfers between hospitals can cause unnecessary delays in effectuating such transfers
7	DMHC	21-004	1/6/2021	TRANSFERS OF UNSTABLE OR DESTABILIZED ENROLLEES	GROUP CARE	This All Plan Letter reminds plans of their continuing obligations under Health and Safety Code section 1371.4 to cover emergency services and care provided to plan enrollees. Such coverage includes reimbursement for appropriate transfers of unstable enrollees between hospitals in conformance with the requirements of the federal Emergency Medical Treatment and Labor Act (EMTALA).
8	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).
9	DMHC	21-011	3/10/2021	NEW FEDERAL GUIDANCE REGARDING COVID-19 TESTING	MEDI-CAL & GROUP CARE	The federal Centers for Medicare & Medicaid Services (CMS) in conjunction with the Department of Labor and the Department of the Treasury, issued new guidance making it easier for enrollees to obtain diagnostic COVID-19 testing and clarifying when health plans must cover such testing for their enrollees.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
				APL/PL IMPLEMENTATION TRACKING LIST		
10	DMHC	21-012	3/12/2021	COVID-19 VACCINE PRIORITIZATION FOR INDIVIDUALS WITH HIGH-RISK HEALTH CONDITIONS AND/OR DISABILITIES	MEDI-CAL & GROUP CARE	On February 12, 2021, the California Department of Public Health (CDPH) issued a Provider Bulletin regarding vaccine prioritization for individuals deemed to be at the very highest risk to get very sick from COVID-19 either because the individual has one or more enumerated severe health conditions and/or a developmental or other significant, high-risk disability. On March 11, 2021, the CDPH issued guidance to the public regarding how people at the very highest risk, as described in the Provider Bulletin, can gain access to COVID-19 vaccinations beginning March 15, 2021.
11	DMHC	21-013	4/1/2021	2021 ANNUAL ASSESSMENTS	MEDI-CAL & GROUP CARE	All Health Care Service Plans must file the Report of Enrollment Plan on or before May 15, 2021, as required by Health and Safety Code section 1356 and the California Code of Regulations, title 28, section 1300.84.6(a). The Report of Enrollment Plan is an online form to be filed electronically, via the Department's eFiling web portal.
12	DMHC	21-012	3/12/2021	COVID-19 VACCINE PRIORITIZATION FOR INDIVIDUALS WITH HIGH-RISK HEALTH CONDITIONS AND/OR DISABILITIES	MEDI-CAL & GROUP CARE	On February 12, 2021, the California Department of Public Health (CDPH) issued a Provider Bulletin regarding vaccine prioritization for individuals deemed to be at the very highest risk to get very sick from COVID-19 either because the individual has one or more enumerated severe health conditions and/or a developmental or other significant, high-risk disability. On March 11, 2021, the CDPH issued guidance to the public regarding how people at the very highest risk, as described in the Provider Bulletin, can gain access to COVID-19 vaccinations beginning March 15, 2021.
13	DMHC	21-013	4/1/2021	2021 ANNUAL ASSESSMENTS	MEDI-CAL & GROUP CARE	All Health Care Service Plans must file the Report of Enrollment Plan on or before May 15, 2021, as required by Health and Safety Code section 1356 and the California Code of Regulations, title 28, section 1300.84.6(a). The Report of Enrollment Plan is an online form to be filed electronically, via the Department's eFiling web portal.
14	DMHC	21-014	5/3/2021	COVID-19 VACCINATIONS FOR HOMEBOUND ENROLLEES; TRANSPORTATION ASSISTANCE TO OBTAIN COVID-19 VACCINES	GROUP CARE	This APL does not apply to Medi-Cal Managed Care Plans. The California Department of Health Care Services will be providing guidance to the managed care plans. This All Plan Letter applies to full-service commercial or Medicare Advantage health plans holding a restricted or limited license to the extent the plan is responsible for covering the administration of COVID-19 vaccinations for enrollees assigned to the plan.

As Presented to the Alameda Alliance Board of Governors on 5/14/21

ALAMEDA Alliance FOR HEALTH

ALAMEDA Alliance FOR HEALTH

Joint Audit Overview

DMHC

Virtual On-Site: April 13 – April 16, 2021

Review Period: November 1, 2018 – October 31, 2020

Scope:

1) Utilization Management;
2) Case Management & Care Coordination;
3) Access & Availability;
4) Member's Rights & Responsibilities;
5) Quality Improvement System, and;
6) Organization and Administration

DHCS

Virtual On-Site: April 13 – April 23, 2021

Review Period: June 1, 2019 – March 31, 2021

Scope:

1) Utilization Management;
2) Case Management & Care Coordination;
3) Access & Availability;
4) Member's Rights & Responsibilities;
5) Quality Improvement System, and;
6) Organization and Administration

Alameda Alliance for Health

Initial Observations*

1. Notice of Action (NOA) letters at the Plan and its delegates were observed by auditors to have improved but require continued development.
2. System configuration for processing emergency & family planning claims should be revisited to capture all claim types for processing.
3. The Plan must expand its oversight of drivers at its transportation provider.
4. The Plan's grievance classification system may have issues with translating letters into the required threshold languages.
5. The Plan's fraud and privacy reporting mechanisms must be improved to routinely meet regulatory turnaround times.
6. The Plan's system for capturing Potential Quality Issues must be appropriately classified and clearly indicate MD Review.

**The observations listed above are preliminary. The State has not completed its cursory review of information submitted as a part of the audit. By the release of the final public report, the Plan may resolve some or all of the initial observations.*

Alameda Alliance for Health

Next Steps

- Expect a Preliminary Audit Report within 90-days.
- The Final Audit Report* is issued 15-days after the Preliminary Report.
- The Plan will have 30-days to submit its CAP response to the Final Audit Report.

**The Final Audit Report will be the State's publicly available report.*

Health Care Services

Steve O'Brien, MD

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

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

Date: **May 14, 2021**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- The Utilization Management (UM) team welcomed a new UM Medical Director: Rosalia Mendoza. Dr. Mendoza is an experienced family practice physician with extensive work in inpatient UM settings. She has worked at Sutter, UCSF and Stanford.
- UM Outpatient Manager (Hope Desrocher), Senior Director HCS (Julie Anne Miller) and UM Medical Director presented successfully during the DMHC/DHCS audits. Auditors noted improvements seen in several areas. The team has already begun working on the few areas of interest that were identified during the audit
- Significant progress has been made on UM/Claims/Configuration collaboration and improved alignment. This standardization and review will improve accuracy and timeliness of claims payment
- We have successfully implemented the change in notification time required for non-urgent, outpatient transportation from 5 days to 3 days.
- 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 holding steady at 34%.
- Continuous Glucose Monitoring (CGM) services will remain with the Alliance for management per DHCS, even after the implementation of MediCalRx. All models of CGM are now being covered under the member's medical benefit and is being managed by our Vendor CHME as of 5/1/21. Extensive outreach to members currently receiving services and ordering Physicians was conducted by CHME to ensure a smooth transition of services. Initial feedback from our members has been overwhelmingly positive.
- Notice of Action (NOA) letters: The UM team continues to build out the NOA letter templates to drive standardization and efficiency.
- UCSF PCP Pilot: the launching of our UCSF PCP pilot was effective 5/1/21. A maximum of 400 members will be transitioning from Anthem Blue Cross to the Alliance for services. The finalized volume is still pending. Members will continue to receive all services at UCSF. The prior authorization process for the pilot is being mirrored to our current processes with UCSF for specialty services.
- Stanford Oncology: our pilot with Stanford for Oncology services continues to be successful. We have a total of 72 members in the program.

Outpatient Authorization Denial Rates			
Denial Rate Type	**February 2021**	**March 2021**	**April 2021**
Overall Denial Rate	4.4%	3.5%	2.9%
Denial Rate Excluding Partial Denials	4.3%	3.5%	2.8%
Partial Denial Rate	0.1%	0.0%	0.1%

Turn Around Time Compliance			
Line of Business	**February 2021**	**March 2021**	**April 2021**
Overall	99%	100%	99%
Medi-Cal	99%	100%	99%
IHSS	100%	100%	99%
Benchmark	*95%*	*95%*	*95%*

Utilization Management: Inpatient

- COVID hospitalizations remain quite low in acute hospitals and skilled nursing facilities.
- To assure effective communication and coordination of discharge efforts,
- UM Inpatient Manager (Carla HealyLondon), Senior Director HCS (Julie Anne Miller) and UM Medical Director presented successfully during the DMHC/DHCS audits
- Weekly complex/long stay patient rounds continue with Sutter, AHS, Washington and Kindred hospitals with a goal of removing barriers to discharge.
- 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.

Inpatient Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**January 2021**	**February 2021**	**March 2021**
Authorized LOS	5.4	4.7	4.5
Admits/1,000	53.3	49.7	56.1
Days/1,000	289.3	232.3	253.3

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	954
Denied	655
Closed	589
Total	**2198**

Line of Business	Turn Around Rate compliance (%)
Medi-Cal	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	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
3	JARDIANCE 10 MG TABLET	Diabetes	Criteria for approval not met
4	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Criteria for approval not met
5	JANUVIA 50 MG TABLET	Diabetes	Criteria for approval not met
6	ALPRAZOLAM 0.5 MG TABLET	Anxiety	Criteria for approval not met
7	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
8	FREESTYLE LIBRE 14 DAY READER	Diabetes	Criteria for approval not met
9	OZEMPIC 0.25-0.5 MG DOSE PEN	Diabetes	Criteria for approval not met
10	TRETINOIN 0.05% CREAM	Acne	Criteria for approval not met

- DHCS has indefinitely postponed the Medi-Cal RX implementation but planning and communication with DHCS and Magellan continue in order to assure continued readiness for the transition
- After post carve-out, the State of California will take back many pharmacy responsibilities including drug coverage, rebate, utilization management and pharmacy provider network. AAH is to maintain beneficiary care coordination, drug adherence, disease, and medication management, in authorization, denial & appeals of physician administered drugs (PAD) and outpatient infusion drugs. The pharmacy team has worked closely with Project Management, IT, and other departments to prepare for the transition.

- Pharmacy services collaborates with other health care services teams for member on use of opioids and/or benzodiazepine, transitions of care, education on active smokers and asthma medication starters.
- Pharmacy services, QI, HeathEd and Case Management work together to improve drug adherence for 200 Black adult members with asthma between 21 to 44 years of age under asthma medication possession rate 50% or below.
- Quality improvement and cost containment initiatives continue with focus on effective formulary management, coordination of benefit & collaboration with Quality and case management to improve drug adherence, disease medication management, and generic utilization. Senior Pharmacy Director Helen Lee is also leading initiatives on PAD focused internal and external partnership, biosimilar optimization, vaccination and channel management, and infusion strategy.

Case and Disease Management

- Population health driven, disease-specific case management bundles continue development with the expansion of the oncology bundle. Early research and planning for transplant CM bundle has begun
- 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 (TOC) has been developed to stabilize members after hospitalization to prevent re-admissions, currently at AHS and Covid discharges.
- 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): Planning continues 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, continuing through early June. Model of Care and Transitions documents due are 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 through June. Determination of ILOS categories for launch January 2022 will be completed soon in order to complete the Model of Care document by its due date.

Case Type	New Cases Opened in March 2021	Total Open Cases As of March 2021
Care Coordination	269	661
Complex Case Management	44	80
Transitions of Care	258	530

Grievances & Appeals

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

- Total grievances resolved in April went over our goal of less than 1 complaint per 1,000 members at 7.42 complaints per 1,000 members.

- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of April 2021; we did meet our goal at 21.4% overturn rate.

April 2021 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	886	30 Calendar Days	95% compliance within standard	863	98.9%	3.11
Expedited Grievance	2	72 Hours	95% compliance within standard	2	100.0%	0.007
Exempt Grievance	1,169	Next Business Day	95% compliance within standard	1,167	99.8%	4.10
Standard Appeal	55	30 Calendar Days	95% compliance within standard	55	100.0%	0.19
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.0%	0.003
Total Cases:	2,113		95% compliance within standard	2,088	99.3%	7.42

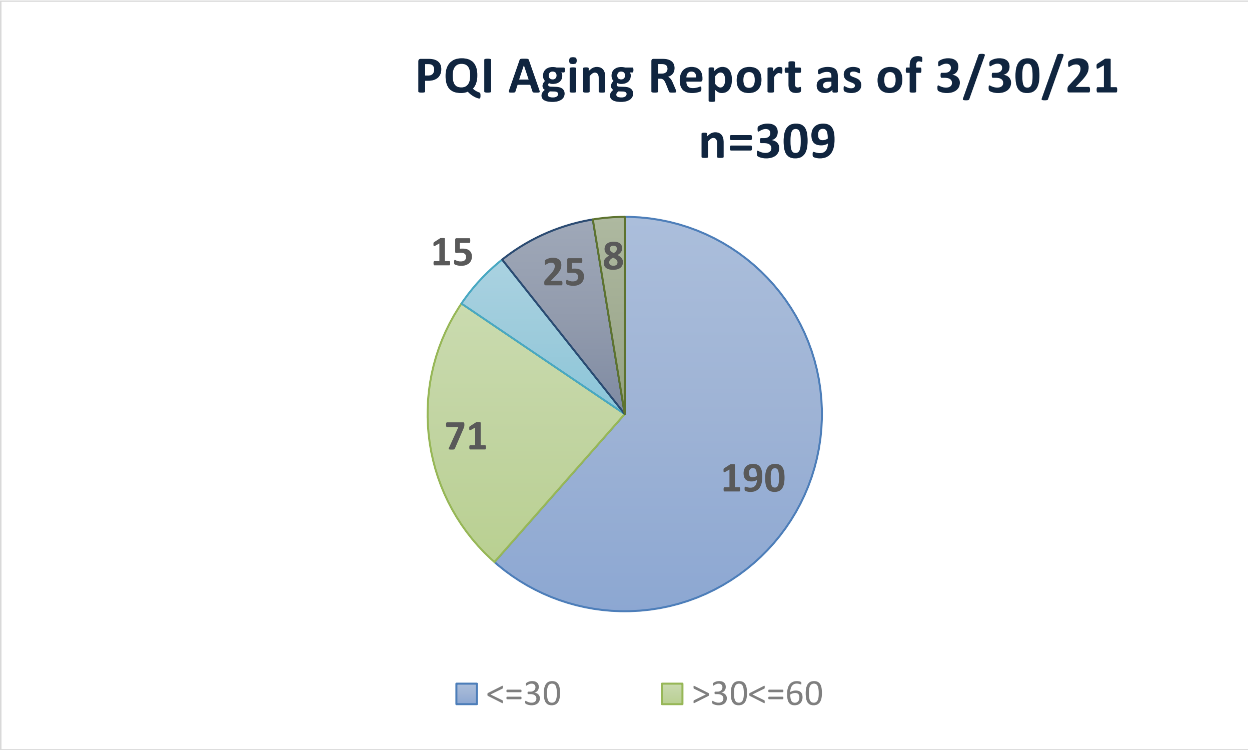
*Goal is to have less than 1 complaint (Grievance and Appeals) per 1,000 members (calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.)

Quality

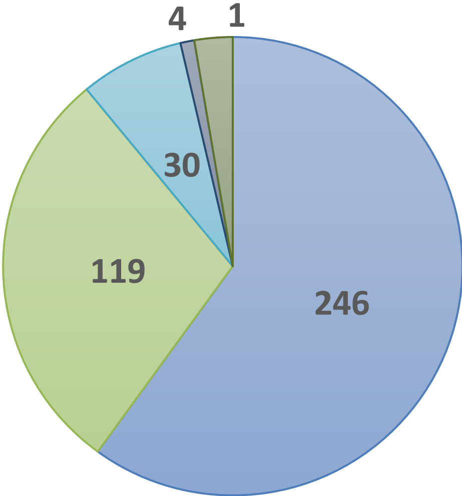
- Pediatric Preventive Care Outreach – Promoting EPSDT Services
- Purpose: To contact all Alliance Medi-Cal beneficiaries under age 7, in 2 separate phases:
  - Those who have not used.
  - Those who have under-utilized, preventive care services (EPSDT).
- Goal: Educate the child's parent/guardian EPSDT services and encourage parent/guardian seek care with their PCP in accordance with APL 19-010.

- Phase 1: 11/02/20 – 12/31/20 (Infants and Toddlers up to their 3rd birthday)
- Phase 2: 2/1/21 – 3/31/21 (Children ages 3 up to their 7th birthday)
- Phase 3: 5/15/21 – 6/30/21 (Members 7 through 21)

- Outcomes as of 4/14/21:
  - Phase 1:
    - 9,423 direct member mailings sent.
    - 1,023 who received the mailer received EPSDT services after the direct mailing was sent.
  - Phase 2:
    - 16,054 direct member mailings sent.
    - 611* members who received the mailer received EPSDT services after the direct mailing was sent.



PQI Aging Report as of 4/28/21
n=410



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Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors

From: Sasi Karaiyan, Chief Information Officer & Security Officer

Date: May 14, 2021

Subject: Information Technology Report

Call Center System Availability

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

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

    - The Call Center Application Environment upgrade:
        - Calabrio, Cisco Call Manager and Cisco Unity has been upgraded successfully.
        - 2 Ring and Cisco Unified Contact Center has been upgraded successfully.
    - Anticipating project phase closure by June 2021.

- The Alliance has optimized and enhanced the Interactive Voice Response (IVR) automated telephony infrastructure to allow the system to automatically execute 12,000 outbound robocalls per day.

Encounter Data

- In the month of April, the Alliance submitted 120 encounter files to the Department of Health Care Services (DHCS) with a total of 417,033 encounters.

- The Alliance received 116K historical encounters from Kaiser. Kaiser did a massive 4-year historical encounter clean-up because DHCS is planning to utilize the last three years of encounter data for CY 2022 rates adjustment (Medicaid Rx or CDPS + Rx). Furthermore, as part of encounter data quality process improvement, the Alliance resubmitted 60K replacement/void encounters that were not meeting DHCS encounter data submission standards. Encounter quality monitoring and fixing data error is an ongoing effort, and our goal is to continue to keep the encounter data quality at high standards and ensure our delegates are submitting 90% of the encounters on time. For the next two months, our encounter timely submission metric may continue to remain in the red as the team continues to diligently work on this clean-up effort.

Enrollment

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

HealthSuite

- A total of 119,982 claims were processed in the month of April out of which 89,387 claims auto adjudicated. This sets the auto-adjudication rate for this period to 74.5%.

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

TruCare

- A total of 9,073 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 provider and member consumer portal utilization for the month of March remains consistent with prior months. Additionally, there is an increase in the medical authorization submission using the Provider portal.

- As a part of the customer channel optimization, 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 Threshold Languages. Secure Communications went live the month of February without any defects. The Threshold Languages function and the Mobile Application are estimated to go-live during May and June of 2021, respectively.

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 79.9k.

- Attempted information leaks detected and blocked at the firewall are higher from 3 to 20 for the month of April 2021.

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

- Attempted User Privilege Gain is lower at 10 from a previous six-month average of 298.

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 April 2021, the Alliance continued to work on integrating Kaiser and PerformRx historical pharmacy, Admission, Discharge and Transfer (ADT) data into the Data Warehouse which is planned to complete before end of June 2021. The Credentialing, Authorization and Case Management are the remaining data domains to be added to the Data Warehouse.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medical and Group Care member enrollment in the month of April 2021”.
- Summary of Primary Care Physician (PCP) Auto-assignment in the month of April 2021.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of April 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 April 2021”.

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
April	278,204	4,580	2,147	5,971	127	155

1. MC – Medical Member

2. GC – Group Care Member

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

Auto-Assignments	Member Count
Auto-assignments MC	1,153
Auto-assignments Expansion	1,176
Auto-assignments GC	69
PCP Changes (PCP Change Tool) Total	2,652

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of April 2021”.
- There were 9,073 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 April 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
EDI-CHCN	4,969	135	0	24	3	44	68	274	0	4,695
Docustream/ Auth Review	1,285	0	0	0	0	0	0	0	0	1,285
HealthX	1,615	0	0	0	0	0	0	0	0	1,615
Manual Entry	0	0	0	0	0	0	0	0	1,478	1,478
Total										9,073

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 March 2021

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	5,197	3,177	151,957	372
MCAL	71,074	2,410	5,563	865
IHSS	2,759	106	215	33
AAH Staff	170	53	693	-
Total	**79,200**	**5,746**	**158,428**	**1,270**

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

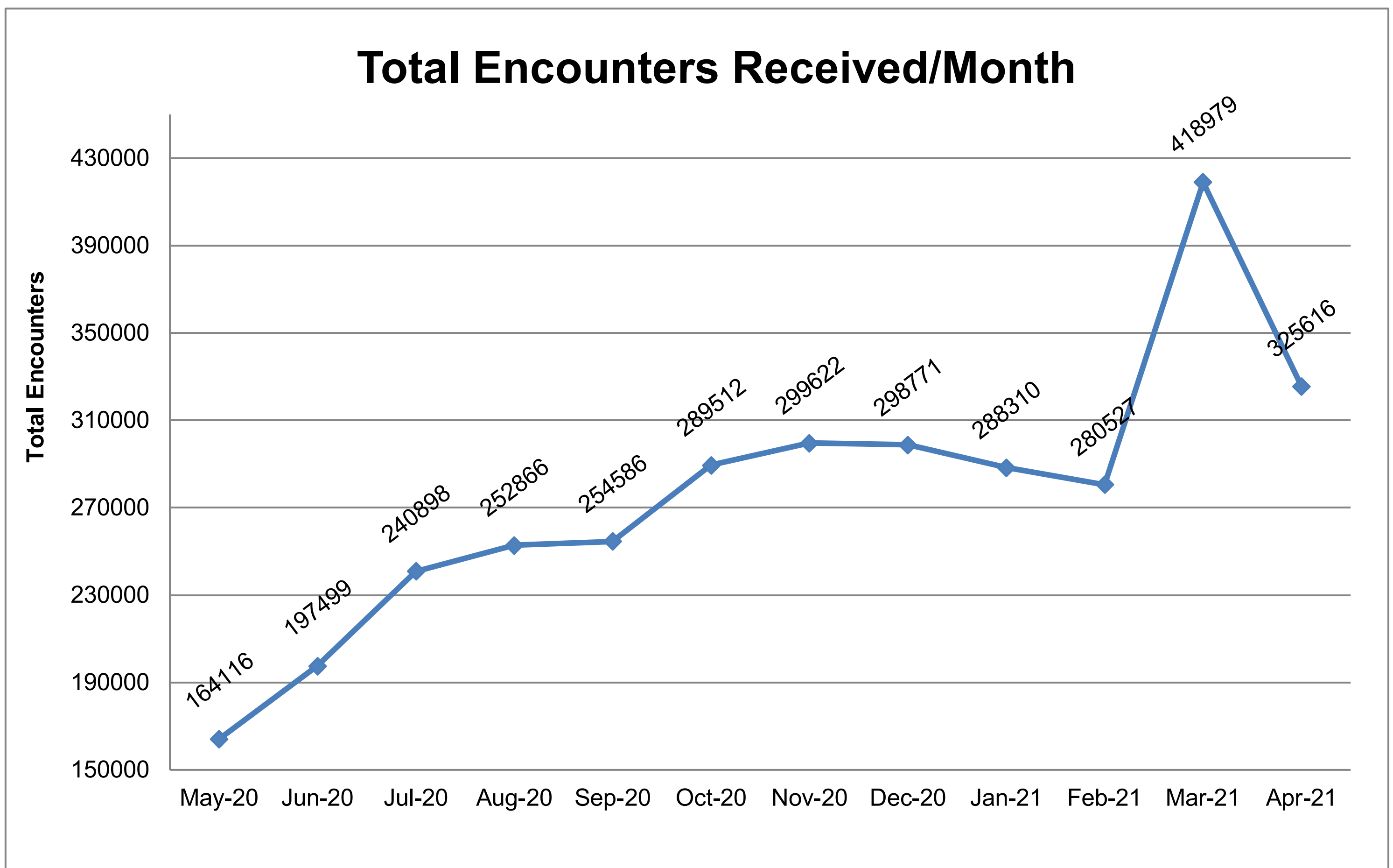
Top 25 Pages Viewed		
Category	**Page Name**	**March-21**
Provider	Member Eligibility	873,295
Provider	Claim Status	166,049
Provider	Auth Submit	6,043
Member My Care	Member Eligibility	3,233
Provider	Auth Search	2,192
Provider	Member Roster	1,642
Member Help Resources	ID Card	1,565
Member Help Resources	Find a Doctor or Hospital	1,492
Member Help Resources	Select or Change Your PCP	928
Member My Care	My Claims Services	819
Member Home	MC ID Card	786
Member Help Resources	Request Kaiser as my Provider	652
Provider - Provider Directory	Provider Directory 2019	587
Provider	Pharmacy	486
Member My Care	Authorization	410
Member My Care	My Pharmacy Medication Benefits	379
Provider - Home	Forms	360
Provider - Provider Directory	Instruction Guide	220
Member My Care	Member Benefits Materials	217
Member Help Resources	FAQs	192
Member Help Resources	Forms Resources	175
Provider - Provider Directory	Manual	167
Member Help Resources	Authorizations Referrals	163
Member Help Resources	Contact Us	150
Member My Care	My Pharmacy Argus	129

Encounter Data From Trading Partners 2021

- AHS:
  April daily files (11,166 records) were received on time.
- Beacon:
  April monthly files (19,247 records) were received on time.
- CHCN:
  April weekly files (69,080 records) were received on time.
- CHME:
  April monthly file (5,497 records) were received on time.
- CFMG:
  April weekly files (8,835 records) were received on time.
- Docustream:
  April weekly files (1,166 records) were received on time.
- PerformRx:
  April monthly files (171,680 records) were received on time.
- Kaiser:
  April monthly files (39,632 records) were received on time.
  April monthly Kaiser Pharmacy files (21,994 records) were received on time.
- LogistiCare:
  April weekly files (12,945 records) were received on time.
- March Vision:
  April monthly file (3,156 records) were received on time.
- Quest Diagnostics:
  April weekly files (14,203 records) were received on time.
- Teladoc:
  April weekly files (11 records) were received on time.

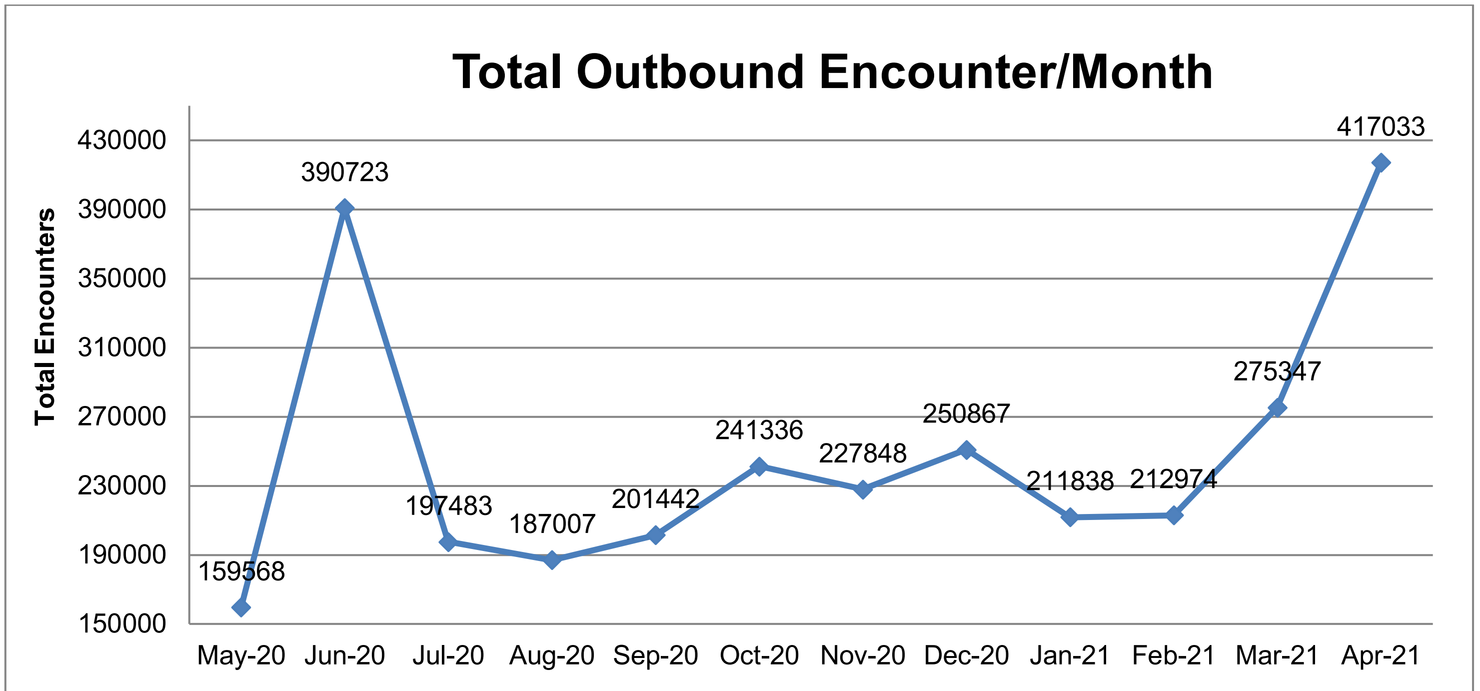
Trading Partner Encounter Inbound Submission History

Trading Partners	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
HealthSuite	89063	95735	107093	104293	111255	120149	111676	123248	116784	119001	143171	140678
AHS	7698	7129	10154	9353	849	12762	16814	8419	9404	9702	9326	11166
Beacon	8546	9612	11413	10193	20434	14637	12673	21326	15812	14616	13002	19247
CHCN	45221	73144	53049	64935	54812	65094	85984	66473	59612	62867	89453	69080
CHME	7241	4903	4344	4987	3832	5814	5152	4388	6143	6548	5776	5497
Claimsnet	5484	6154	6545	6608	8787	11018	6504	12819	7693	12059	10905	8835
Docustream	863	822	912	919	640	926	865	909	803	1160	935	1166
Kaiser	16030	19364	22508	26057	25829	29431	35590	29885	43639	25903	112545	39632
Logisticare	10893	10857	12865	10145	14821	11599	12665	15505	12603	14208	16924	12945
March Vision	1395	1336	1839	2568	2270	3012	2928	2361	3103	1917	2230	3156
Quest	6072	6809	10135	12783	11005	15047	8724	13406	12665	12515	14699	14203
Teladoc			41	25	52	23	47	32	49	31	13	11
Total	164116	197499	240898	252866	254586	289512	299622	298771	288310	280527	418979	325616



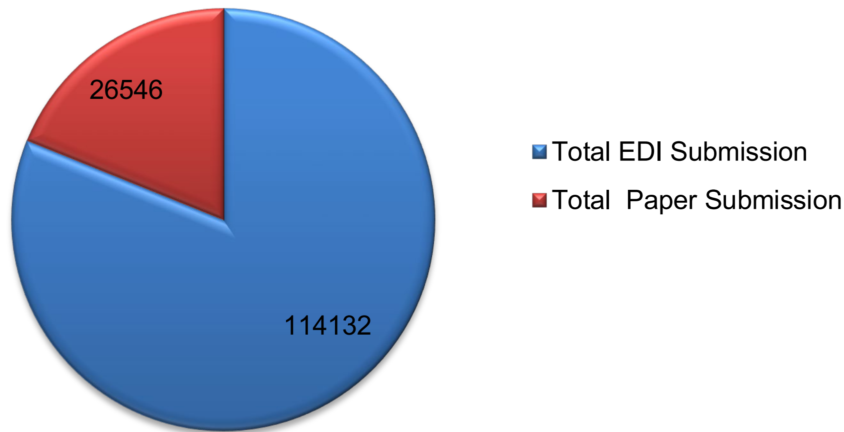
Outbound Encounter Submission

Trading Partners	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
HealthSuite	72631	60932	76561	73815	71394	97258	79162	100653	70368	81305	84220	216640
AHS	8708	6727	10662	8083	353	11922	15980	7909	8729	9089	8655	8812
Beacon	8464	7377	9507	7620	17466	13291	10580	16229	13315	11631	10171	14881
CHCN	27819	270473	43686	38537	52622	48065	50051	54860	41461	45137	64275	49446
CHME	6860	4640	4081	4663	3632	5232	4801	3696	5327	5508	5283	5136
Claimsnet	3266	5643	4792	6110	6611	7398	5707	8595	5160	8578	7964	6489
Docustream	737	720	799	812	609	849	969	807	764	1071	860	1070
Kaiser	15191	15545	21968	25720	25666	29031	35096	29087	42638	23810	59157	89295
Logisticare	10513	10438	14934	9924	11134	14600	12263	14773	12315	13881	16652	9705
March Vision	813	803	1121	1909	1687	2665	2470	2013	2655	1686	1930	2455
Quest	4566	7425	9331	9789	10236	11002	10743	12214	9085	11247	16169	13093
Teladoc			41	25	32	23	26	31	21	31	11	11
Total	159568	390723	197483	187007	201442	241336	227848	250867	211838	212974	275347	417033



Health Suite Paper vs EDI breakdown

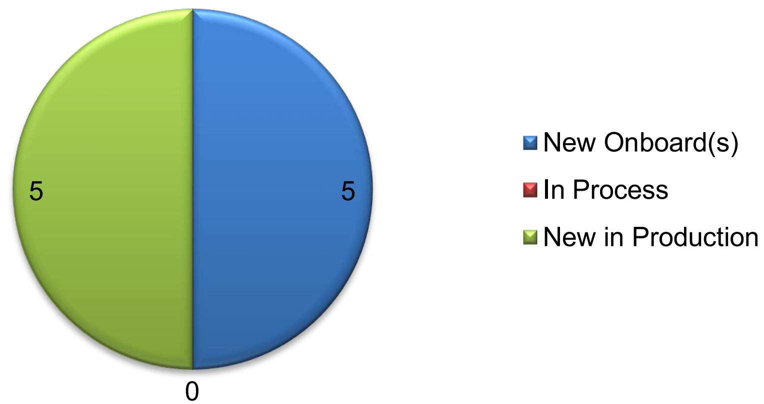
Period	Total EDI Submission	Total Paper Submission	Total Claims
21-Apr	114132	26546	140678

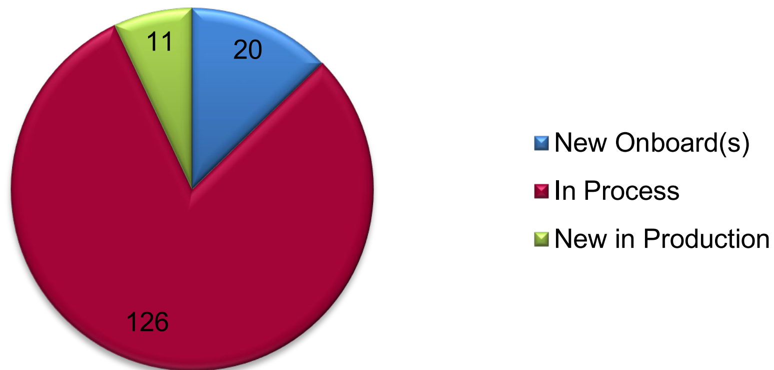


Onboarding EDI Providers - Updates

- April 2021 EDI Claims:
  - A total of 1098 new EDI submitters have been added since October 2015, with 5 added in April 2021.
  - The total number of EDI submitters is 1830 providers.
- April 2021 EDI Remittances (ERA):
  - A total of 278 new ERA receivers have been added since October 2015, with 11 added in April 2021.
  - The total number of ERA receivers is 317 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
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
Mar-21	20	2	18	1825	23	117	7	306
Apr-21	5	0	5	1830	20	126	11	317


837 EDI Submitters - April 2021
5
5
0
New Onboard(s)
In Process
New in Production


835 EDI Receivers - April 2021
11
20
126
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 April 2021.

File Type	Apr-21
837 I Files	23
837 P Files	97
NCPDP	9
Total Files	129

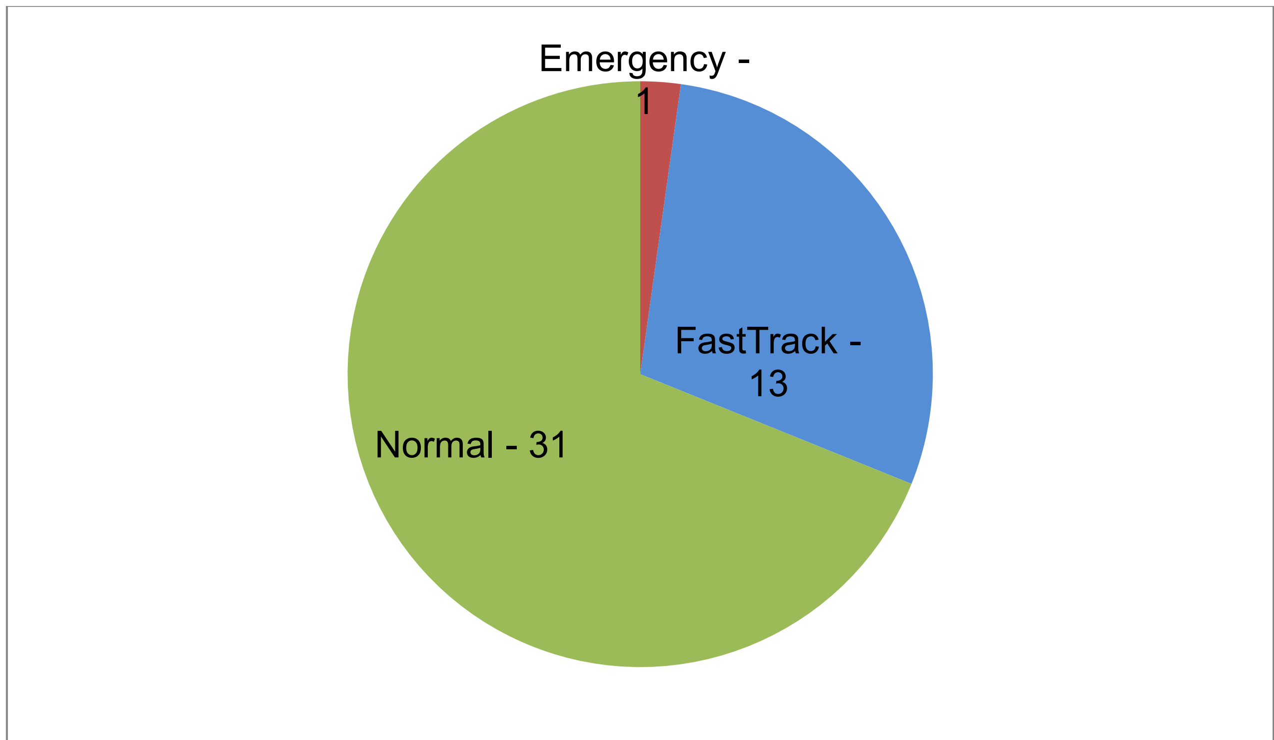
Lag-time Metrics/KPI's

AAH Encounters: Outbound 837	Apr-21	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	33%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	48%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	68%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	77%	80%

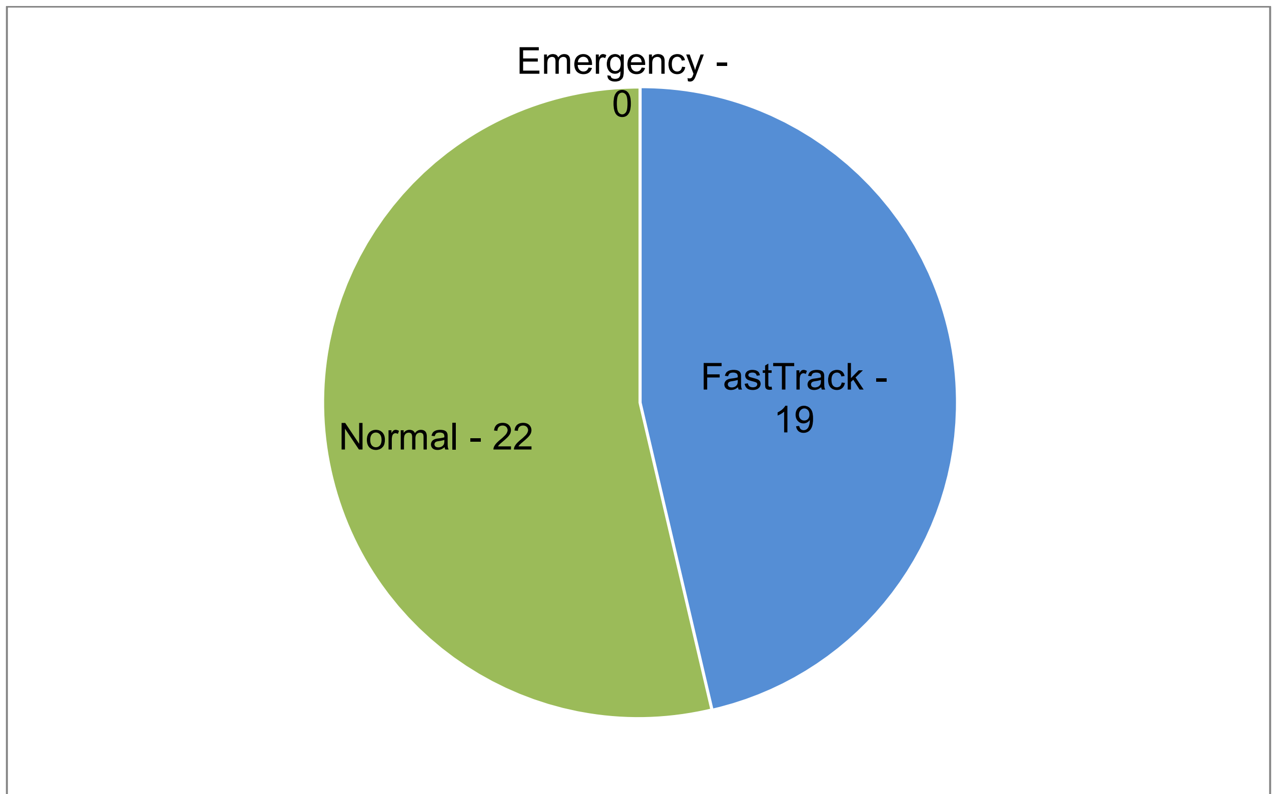
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of April 2021 KPI – Overall Summary.
    - 2,124 Changes Submitted.
    - 2,012 Changes, Completed, and Closed.
    - 108 Active Changes.
    - 231 Changes Cancelled and Rejected.

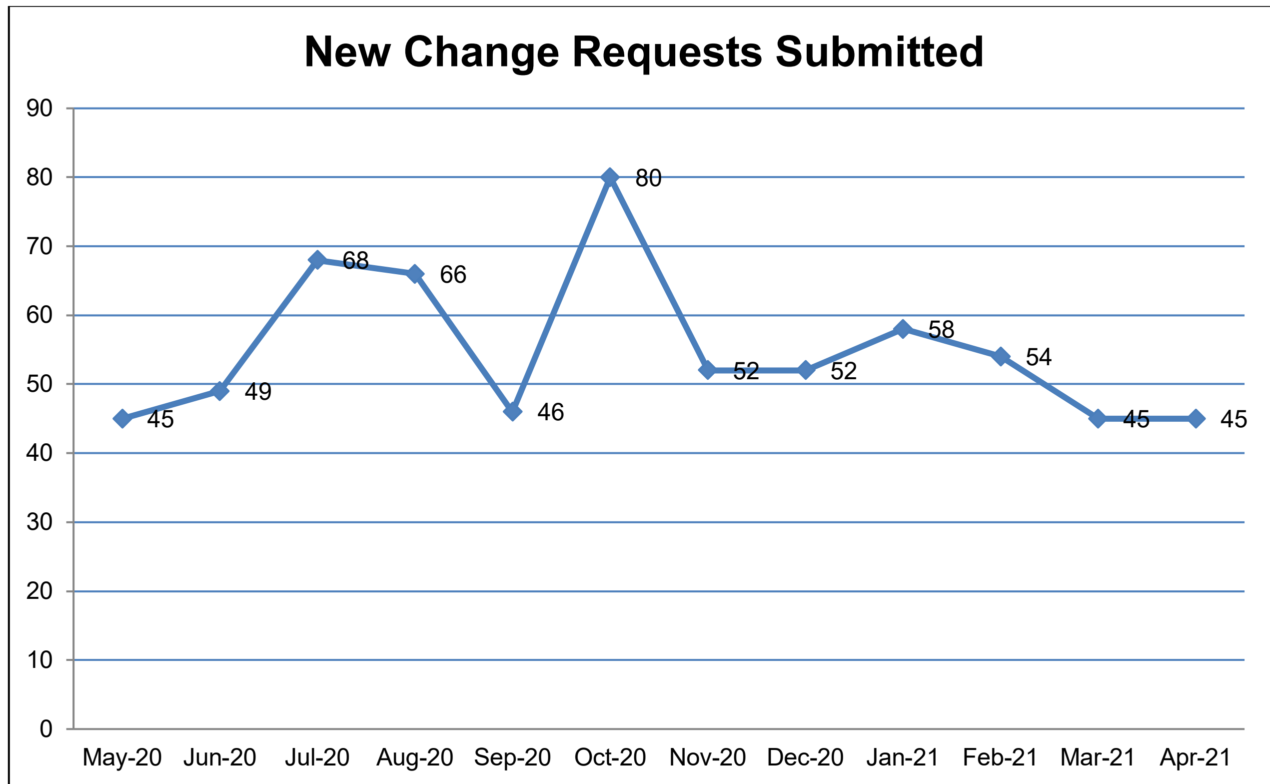
- 45 Change Requests Submitted/Logged in the month of April 2021



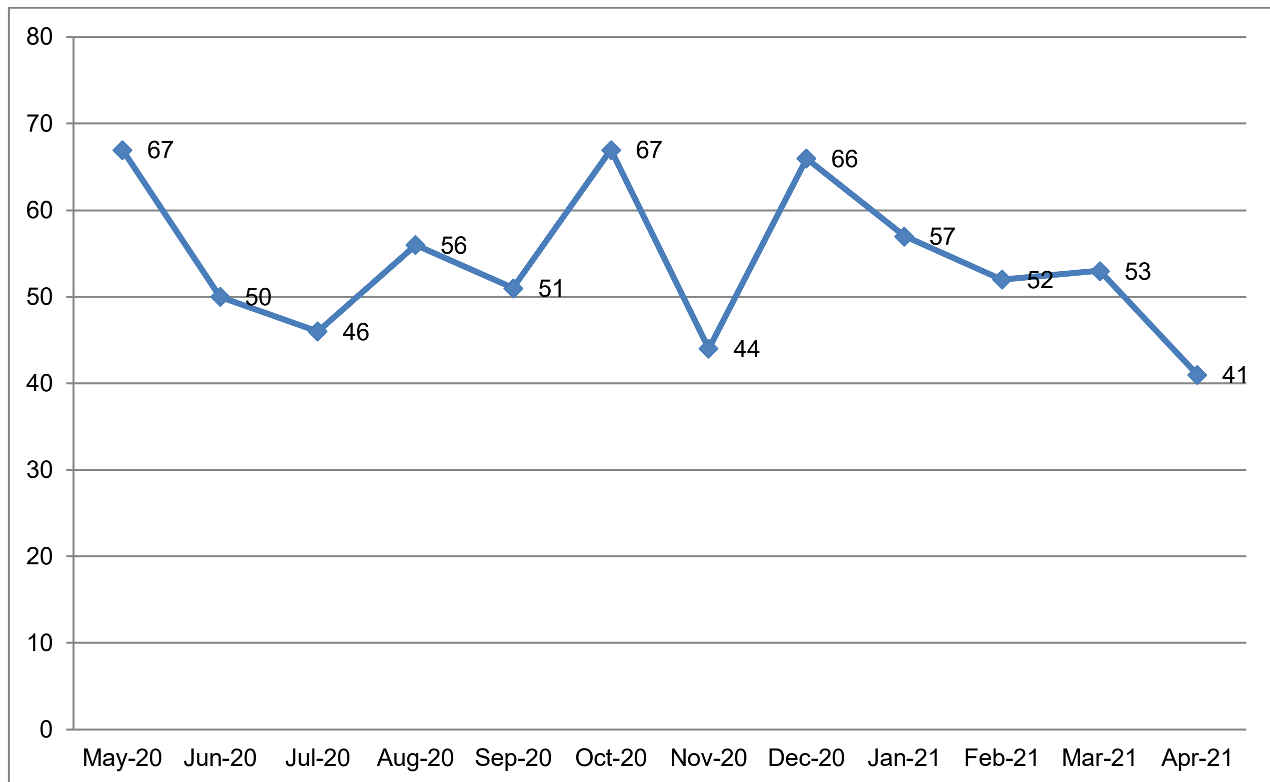
- 41 Change Requests Closed in the month of April 2021



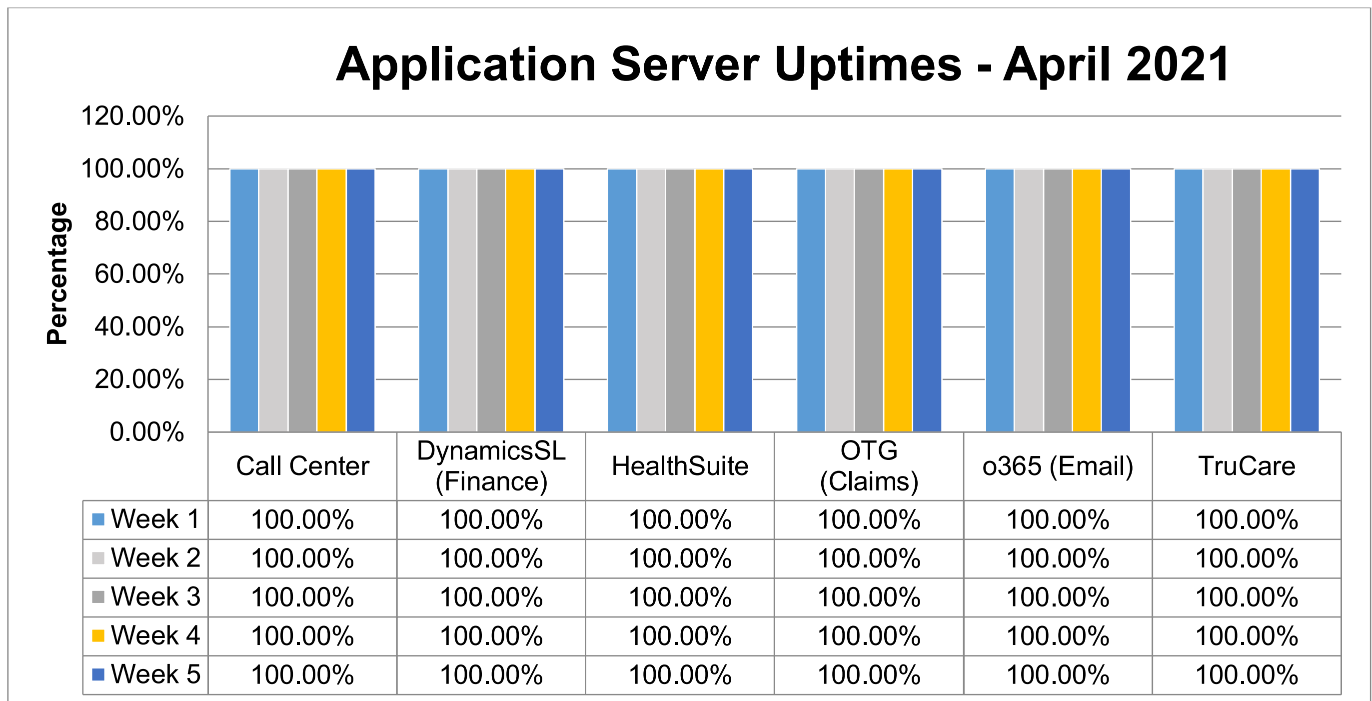
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend

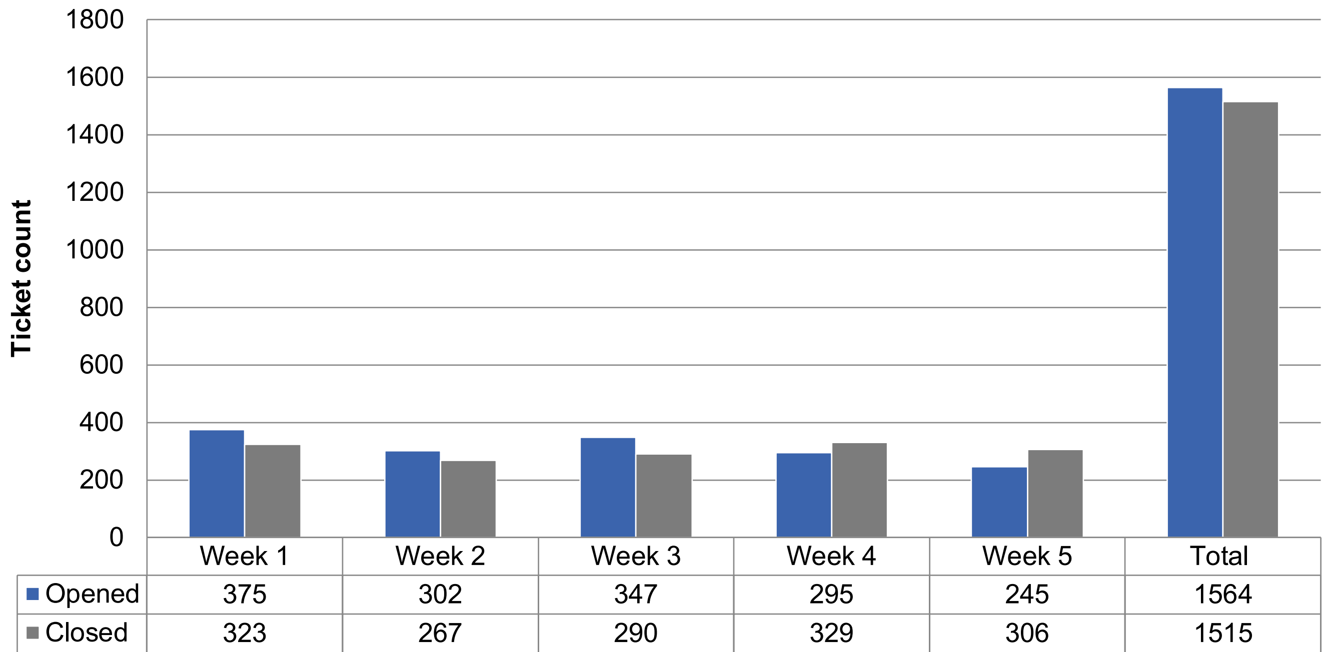


IT Stats: Infrastructure



	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 **April** despite supporting 97% of staff working remotely.

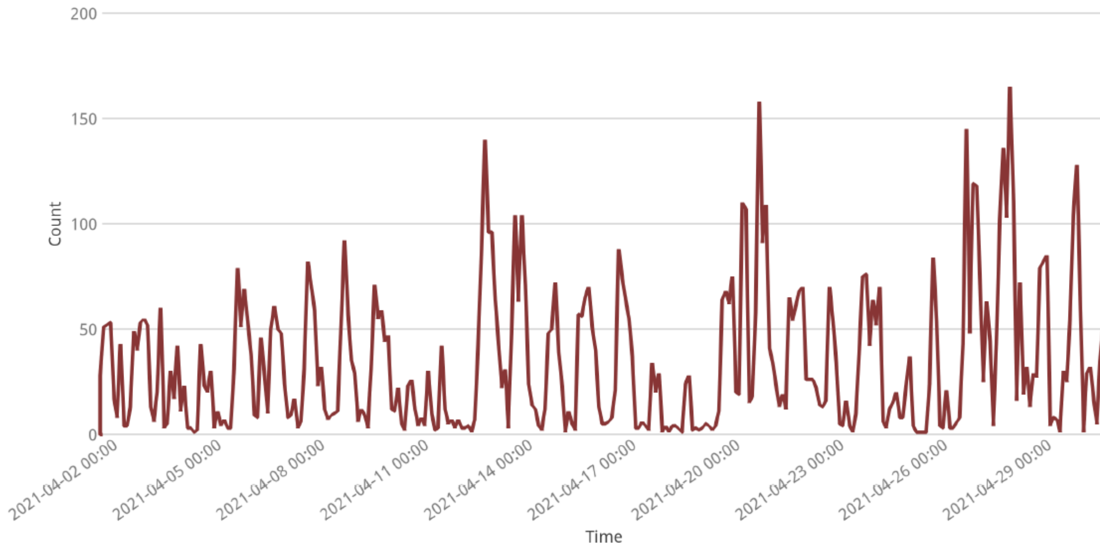


	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	375	302	347	295	245	1564
Closed	323	267	290	329	306	1515

- 1564 Service Desk tickets were opened in the month of **April**, which is 36.5% higher than the previous month and 1515 Service Desk tickets were closed, which is 39.9% higher than the previous month.
    - February is a shorter month and typically produces lower ticket counts.
    - **CSP Project:** Ramped up during the months of March and April. We received a shipment of 100 laptops. Each deployment is about 7 tickets.
    - **Password Resets:** Last October we reset everyone's password due to a security phishing incident and passwords expired last month and we received calls for assistance.
    - **New Hires:** We had 8 new hires in April which averages about 10 tickets each.
    - We expect it to be within this average until the CSP project completes.

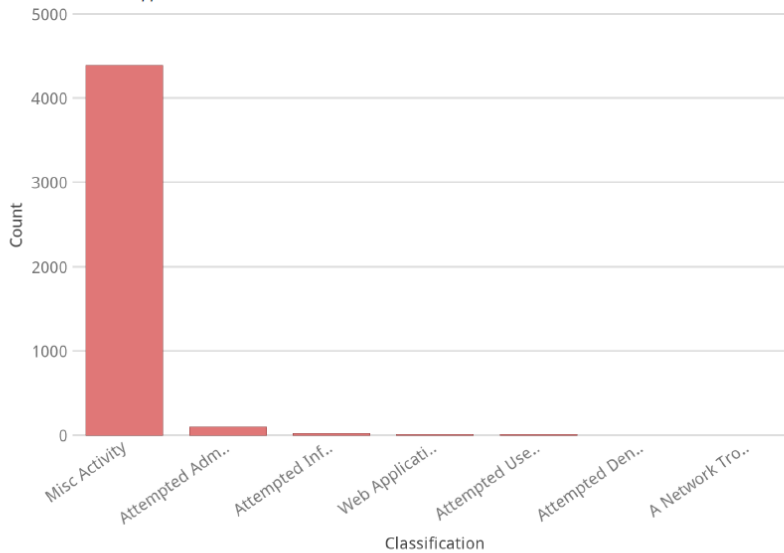
All Intrusion Events

Time Window: *2021-04-01 09:29:00 - 2021-04-30 09:29:00*



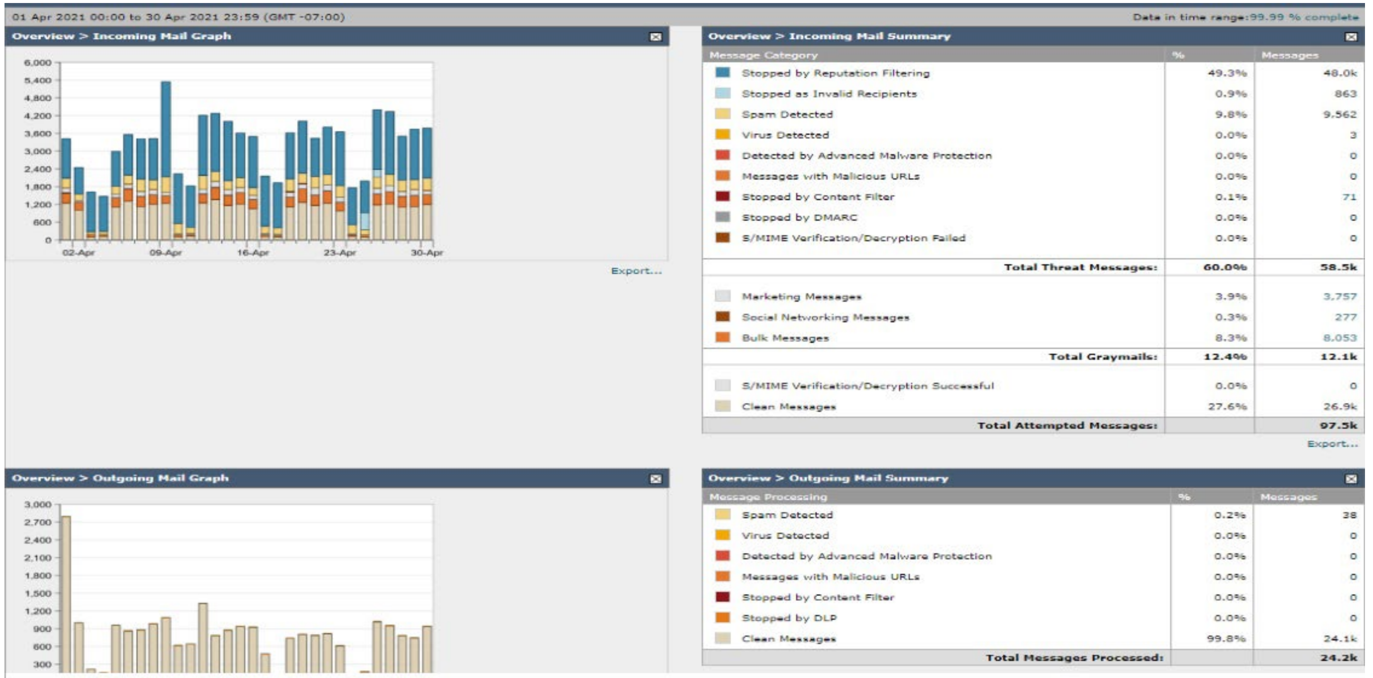
Dropped Intrusion Events

Time Window: *2021-04-01 09:30:00 - 2021-04-30 09:30:00*
Constraints: *Inline Result = dropped*



Classification	Count
Misc Activity	4,395
Attempted Administrator Privilege Gain	96
Attempted Information Leak	20
Web Application Attack	11
Attempted User Privilege Gain	10
Attempted Denial of Service	1
A Network Trojan was Detected	1

MX4



01 Apr 2021 00:00 to 30 Apr 2021 23:59 (GMT -07:00)

Data in time range: 99.99 % complete

Overview > Incoming Mail Graph

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by Reputation Filtering	49.3%	48.0k
Stopped as Invalid Recipients	0.9%	863
Spam Detected	9.8%	9,562
Virus Detected	0.0%	3
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	0
Stopped by Content Filter	0.1%	71
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**60.0%**	**58.5k**
Marketing Messages	3.9%	3,757
Social Networking Messages	0.3%	277
Bulk Messages	8.3%	8,053
Total Graymails:	**12.4%**	**12.1k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	27.6%	26.9k
Total Attempted Messages:		**97.5k**

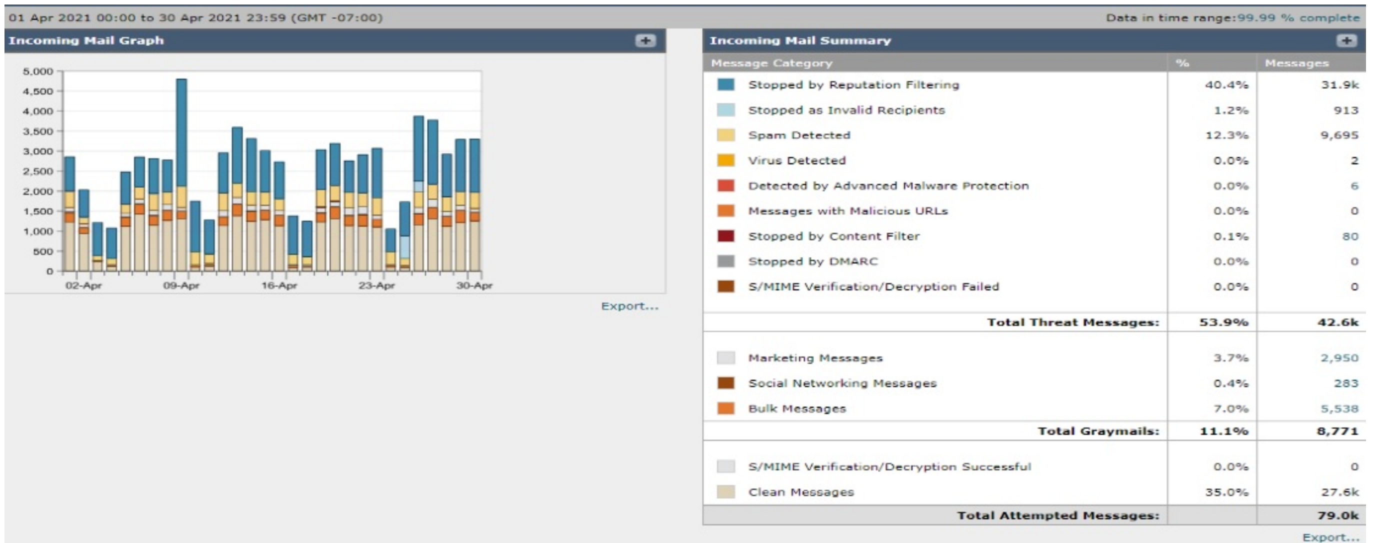
Export...

Overview > Outgoing Mail Graph

Overview > Outgoing Mail Summary

Message Processing	%	Messages
Spam Detected	0.2%	38
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	0
Stopped by Content Filter	0.0%	0
Stopped by DLP	0.0%	0
Clean Messages	99.8%	24.1k
Total Messages Processed:		**24.2k**

MX9



01 Apr 2021 00:00 to 30 Apr 2021 23:59 (GMT -07:00)

Data in time range: 99.99 % complete

Incoming Mail Graph

Incoming Mail Summary

Message Category	%	Messages
Stopped by Reputation Filtering	40.4%	31.9k
Stopped as Invalid Recipients	1.2%	913
Spam Detected	12.3%	9,695
Virus Detected	0.0%	2
Detected by Advanced Malware Protection	0.0%	6
Messages with Malicious URLs	0.0%	0
Stopped by Content Filter	0.1%	80
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**53.9%**	**42.6k**
Marketing Messages	3.7%	2,950
Social Networking Messages	0.4%	283
Bulk Messages	7.0%	5,538
Total Graymails:	**11.1%**	**8,771**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	35.0%	27.6k
Total Attempted Messages:		**79.0k**

Export...

Item / Date	Apr-20	May-20	Jun-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	*Apr-21*
Stopped By Reputation	249.7k	278.0k	322.6k	237.0k	129.0k	74.7k	68.9k	69.7k	43.8k	149k	60.7k	***79.9k***
Invalid Recipients	39	55	50	612	2,582	1,120	883	153	62	242	384	***1,776***
Spam Detected	11.4k	17.1k	15.9k	16.9k	11.2k	15.4k	13.6k	13.2	8,650	30.2k	19.2k	***19.2k***
Virus Detected	4	3	1	2	2	1	1	1	0	9	3	***5***
Advanced Malware	0	0	1	0	1	1	2	9	10	10	0	***6***
Malicious URLs	36	43	47	50	33	22	31	39	3	6	14	***0***
Content Filter	9	23	14	10	26	5	2	8	18	189	56	***151***
Marketing Messages	3,730	3,834	4,024	3,715	4,127	3,794	6,511	6,147	3,203	68	68	***6,707***
Attempted Admin Privilege Gain	1,064	1,292	2,573	33	1,865	314	285	84	42	160	89	***96***
Attempted User Privilege Gain	18	23	94	22	339	1,948	1,019	650	37	6	64	***10***
Attempted Information Leak	63	48	64	88	18	52	156	167	44	11	3	***20***
Potential Corp Policy Violation	21	32	19	59	210	0	0	0	0	0	0	***0***
Network Scans Detected	15	2	2	1	1	9	0	0	0	0	0	***0***
Web Application Attack	47	124	42	0	65	25	25	0	0	0	24	***11***
Attempted Denial of Service	0	0	0	0	0	0	11.2k	6,775	15,163	2,788	0	***1***
Misc. Attack	18	56	18	0	14	4,242	2,508	5,935	2,390	13,836	6,870	***4,395***

- 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 79.9k.

- Attempted information leaks detected and blocked at the firewall are higher from 3 to 20 for the month of **April.**

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

- Attempted User Privilege Gain is lower at 10 from a previous six-month average of 298.

Projects and Programs

Ruth Watson

To: Alameda Alliance for Health Board of Governors

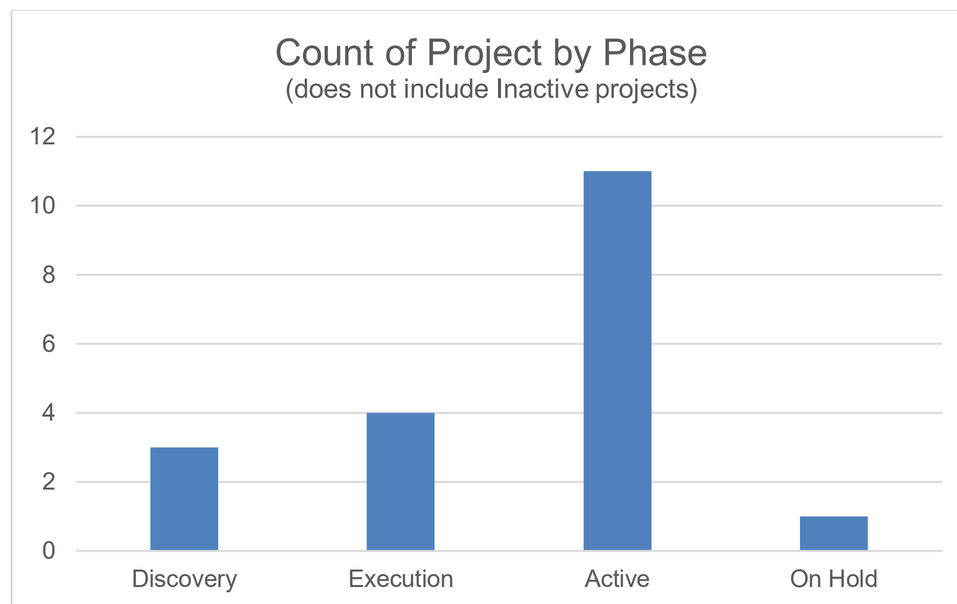
From: Ruth Watson, Chief Projects and Programs Officer

Date: May 14, 2021

Subject: Projects & Programs Report

Project Management Office:

- 23 projects currently on the Alliance enterprise-wide portfolio
    - 18 active projects (discovery, initiation, planning, execution, warranty)
    - 1 project On Hold
    - 4 projects Inactive (**not included on chart as Inactive is not a phase**)



- Project Portfolio Governance structure in process
    - Project Governance Committee – comprised of department/division leadership
        - Responsibilities include portfolio prioritization, business case review and resolution of escalation issues referred by a project steering committee
        - Meetings occur monthly
    - Portfolio Governance Committee – comprised of Senior Leadership Team
        - Functions as the oversight, funding and approval body
        - Ensures alignment of recommendations to strategic goals

        - Final level for escalated issues
        - First meeting scheduled for May 18, 2021

Integrated Planning:

- Behavioral Health Integration (BHI) Incentive Program – Department of Health Care (DHCS) pilot program commenced January 1, 2021 and continues through December 31, 2022
    - Quarterly milestone reports must be submitted to DHCS within 60 days from the end of the quarter; 1Q2021 report due to DHCS no later than May 28, 2021
        - Reports and supporting documentation have been received from all three grantees and are being reviewed by Quality Improvement staff
        - Quarterly Milestone Report, including invoice, is targeted for submission to DHCS the week of May 17
        - Q1 amount to be invoiced to DHCS will be $281,150 if all grantees meet their milestones

- CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS)
    - Core project team meeting twice per week; second meeting includes Alameda Care Connect (AC3) staff
    - Model of Care (MOC) development is underway
        - Part 1, due to DHCS by July 1, 2021
            - Managed Care Plans (MCPs) must describe how they will meet each requirement for ECM (and any ILOS) contained in the MCP ECM and ILOS Contract and submit Policies and Procedures describing how the MCP will administer ECM and ILOS
        - Part 2, due to DHCS by October 1, 2021
            - MCPs must submit detailed information on its ECM and ILOS Provider capacity and the contract language they are using in their agreements with ECM and ILOS Providers
            - Network Assessment is now part of MOC Part 2
        - The MOC must be updated, as necessary, at each six-month interval to account for phased implementation of ECM target populations
    - Listening sessions with community partners and stakeholders continue
        - Seven sessions completed through May 11
        - Four additional sessions have been scheduled
        - Two town hall sessions are scheduled for May 20 and May 26; registration information is posted on the Alameda Alliance website
- Integrated Planning Grid – manual process to analyze resource information for portfolio projects and department activities originally gathered from each senior leader
    - Consolidated information into two views – division view and project view
    - Division view sent to department heads (Senior Directors, Directors, Managers) to update the information, as needed

    - Procurement process for a Project Portfolio Management (PPM) tool to assist in resource planning commencing soon
- Project Portfolio budgeting – ongoing meetings with Finance to confirm project level budgeting in order to track the cost of portfolio projects

Recruiting and Staffing:

- Project Management Open position(s):
    - Sr. Technical Project Manager – position offered but declined by identified candidate due to salary issue; recruitment has been re-started
    - Technical Business Analyst – backfill due to promotion; recruitment underway

Projects and Programs

Supporting Documents

Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
    - Enhanced Care Management (ECM) effective January 1, 2022 – ECM will target seven 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
- 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
- All Plan Letter (APL) 21-002 (formerly APL 20-010) Cost Avoidance, Other Health Coverage
    - New notification requirements between health plans and providers regarding other health coverage as required by DHCS; effective April 1, 2021

- APL 20-017 Managed Care Program Data Improvement
    - DHCS will require Managed Care Plans (MCPs) to report program data using new, standardized reporting formats
        - Additional requirements for data reporting related to grievances, appeals, monthly Medical Exemption Requests (MER) and other continuity of care requests, out-of-Network requests, and Primary Care Provider (PCP) assignments for all MCPs
        - MCPs are required to meet all requirements in this APL no later than July 1, 2021

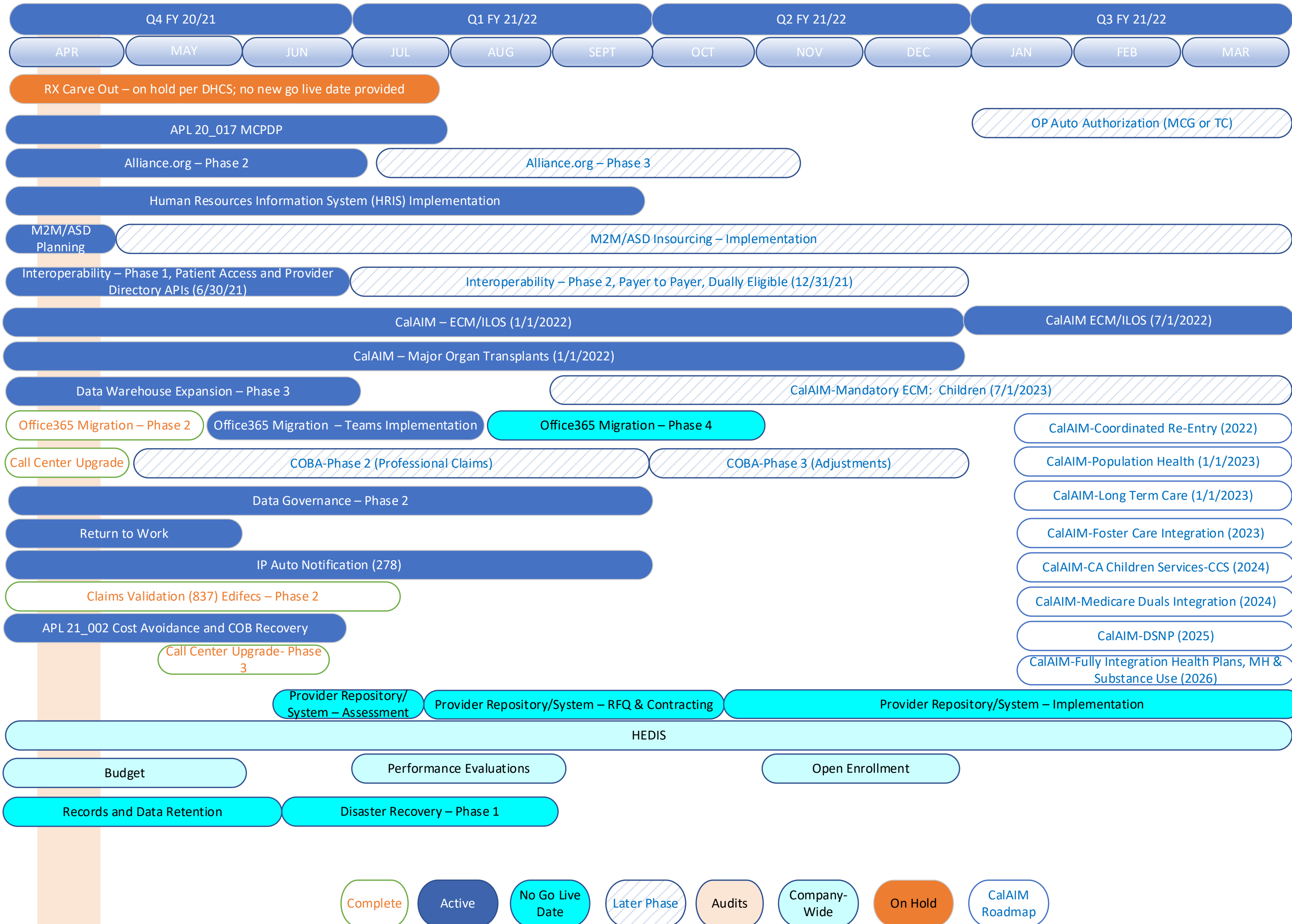
Projects on Hold:

- 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

Projects Closed During Reporting Period:

- Call Center Upgrade, Phases 2 and 3
- Office 365 Migration, Phase 2
- Claims Validation, Phase 2

AAH Project Portfolio – Active + (updated 5/4/2021)



Analytics

Tiffany Cheang

To: Alameda Alliance for Health Board of Governors

From: Tiffany Cheang, Chief Analytics Officer

Date: May 14, 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: Feb 2020 – Jan 2021 dates of service
- Prior reporting period: Feb 2019 – Jan 2020 dates of service
  (Note: Data excludes Kaiser membership data.)

- For the current reporting period, the top 7.9% of members account for 84.0% 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 60.4% of the members, with SPDs accounting for 28.2% and ACA OE's at 32.1%.
  - The percent of members with costs >= $30K slightly increased from 1.6% to 1.7%.
  - 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, increasing to 50.0%.

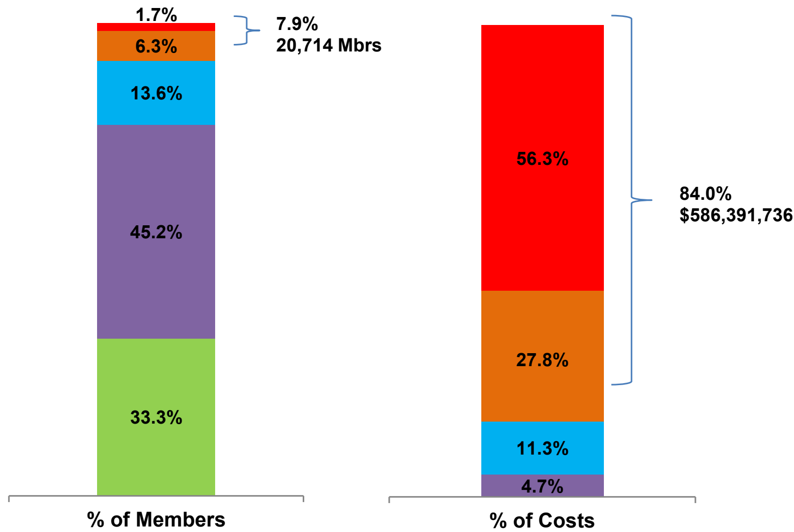
- Demographics for member city and gender for members with costs >= $30K follow the same distribution as the overall Alliance population.

- However, the age distribution of the top 7.9% is more concentrated in the 45-66 year old category (41.0%) 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: Feb 2020 - Jan 2021
Note: Data incomplete due to claims lag
Run Date: 04/29/2021



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,359	1.7%	$ 392,717,392	56.3%
$5K - $30K	16,355	6.3%	$ 193,674,344	27.8%
$1K - $5K	35,380	13.6%	$ 78,600,372	11.3%
< $1K	117,736	45.2%	$ 32,926,230	4.7%
$0	86,726	33.3%	$ -	0.0%
Totals	**260,556**	**100.0%**	**$ 697,918,338**	**100.0%**

Top 7.9% of Members = 84.0% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	998	0.4%	$ 211,521,271	30.3%
$75K to $100K	562	0.2%	$ 48,280,992	6.9%
$50K to $75K	1,094	0.4%	$ 67,308,620	9.6%
$40K to $50K	664	0.3%	$ 29,577,106	4.2%
$30K to $40K	1,041	0.4%	$ 36,029,402	5.2%
SubTotal	***4,359***	***1.7%***	***$ 392,717,392***	***56.3%***
$20K to $30K	2,128	0.8%	$ 52,009,550	7.5%
$10K to $20K	5,948	2.3%	$ 82,451,049	11.8%
$5K to $10K	8,279	3.2%	$ 59,213,746	8.5%
SubTotal	***16,355***	***6.3%***	***$ 193,674,344***	***27.8%***
Total	**20,714**	***7.9%***	**$ 586,391,736**	***84.0%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Jan 2021	238,970	$ 624,657,499
Dis-Enrolled During Year	21,586	$ 73,260,839
Totals	**260,556**	**$ 697,918,338**

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
7.9% of Members = 84.0% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Feb 2020 - Jan 2021
Note: Data incomplete due to claims lag
Run Date: 04/29/2021

7.9% of Members = 84.0% of Costs
28.2% of members are SPDs and account for 35.4% of costs.
32.1% of members are ACA OE and account for 30.9% of costs.
6.7% of members disenrolled as of Jan 2021 and account for 11.7% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	104	546	650	3.1%
MCAL	MCAL - ADULT	459	3,093	3,552	17.1%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	181	1,317	1,498	7.2%
	MCAL - ACA OE	1,363	5,291	6,654	32.1%
	MCAL - SPD	1,656	4,191	5,847	28.2%
	MCAL - DUALS	79	1,049	1,128	5.4%
Not Eligible	Not Eligible	517	868	1,385	6.7%
Total		**4,359**	**16,355**	**20,714**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 8,003,237	$ 5,938,125	$ 13,941,362	2.4%
MCAL	MCAL - ADULT	$ 35,666,521	$ 35,549,865	$ 71,216,386	12.1%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 9,782,727	$ 15,140,339	$ 24,923,067	4.3%
	MCAL - ACA OE	$ 119,998,456	$ 60,945,887	$ 180,944,344	30.9%
	MCAL - SPD	$ 155,852,526	$ 51,940,993	$ 207,793,519	35.4%
	MCAL - DUALS	$ 5,665,242	$ 13,108,467	$ 18,773,709	3.2%
Not Eligible	Not Eligible	$ 57,748,682	$ 11,050,668	$ 68,799,350	11.7%
Total		**$ 392,717,392**	**$ 193,674,344**	**$ 586,391,736**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
39.8% of members are SPDs and account for 40.7% of costs.
28.9% of members are ACA OE and account for 29.2% of costs.
18.3% of members disenrolled as of Jan 2021 and account for 18.4% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	19	1.9%
MCAL	MCAL - ADULT	87	8.7%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	9	0.9%
	MCAL - ACA OE	288	28.9%
	MCAL - SPD	397	39.8%
	MCAL - DUALS	15	1.5%
Not Eligible	Not Eligible	183	18.3%
Total		**998**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 3,316,762	1.6%
MCAL	MCAL - ADULT	$ 16,911,989	8.0%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 2,068,061	1.0%
	MCAL - ACA OE	$ 61,785,303	29.2%
	MCAL - SPD	$ 86,174,956	40.7%
	MCAL - DUALS	$ 2,351,557	1.1%
Not Eligible	Not Eligible	$ 38,912,643	18.4%
Total		**$ 211,521,271**	**100.0%**

% of Total Costs By Service Type

				Breakout by Service Type/Location						
Cost Range	**Trauma Costs**	**Hep C Rx Costs**	**Pregnancy, Childbirth & Newborn Related Costs**	**Pharmacy Costs**	**Inpatient Costs (POS 21)**	**ER Costs (POS 23)**	**Outpatient Costs (POS 22)**	**Office Costs (POS 11)**	**Dialysis Costs (POS 65)**	**Other Costs (All Other POS)**
$100K+	7%	0%	1%	13%	58%	1%	14%	5%	2%	7%
$75K to $100K	5%	0%	1%	17%	44%	3%	10%	5%	7%	14%
$50K to $75K	6%	0%	2%	20%	39%	2%	8%	6%	10%	14%
$40K to $50K	7%	0%	3%	17%	43%	5%	8%	7%	3%	17%
$30K to $40K	9%	1%	4%	16%	41%	9%	9%	6%	2%	17%
$20K to $30K	8%	2%	6%	19%	35%	10%	9%	7%	2%	17%
$10K to $20K	1%	0%	13%	20%	34%	6%	12%	9%	3%	15%
$5K to $10K	0%	0%	12%	25%	22%	8%	12%	13%	1%	18%
Total	**5%**	**0%**	**5%**	**17%**	**44%**	**4%**	**11%**	**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

Human Resources

Anastacia Swift

To: Alameda Alliance for Health Board of Governors

From: Anastacia Swift, Chief Human Resources Officer

Date: May 14, 2021

Subject: Human Resources Report

Staffing

- As of May 1, 2021, the Alliance had 346 full time employees and 2-part time employees.
- On May 1, 2021, the Alliance had 35 open positions in which 11 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 24 positions open to date. The Alliance is actively recruiting for the remaining 24 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions May 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	5	0	5
Operations	17	5	12
Healthcare Analytics	4	1	3
Information Technology	4	2	2
Finance	2	1	1
Compliance	2	2	0
Human Resources	0	0	0
Projects & Programs	1	0	1
Total	35	11	24

- Our current recruitment rate is 9%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in April 2021 included:
    - 5 years:
        - Junaid Godil (Information Technology)
        - Remy Sagayo (Finance)
        - Tanisha Lipscomb-Shepard (Compliance)
        - Diego Loira (Member Services)
        - Maria Radona (Utilization Management)
        - Kristel Rusiana (Utilization Management)
        - Sona Spears (Quality Analytics)
    - 6 years:
        - Christine Rosal (Utilization Management)
        - Janese Jacques-Davis (Projects & Programs)
        - Paris Hawkins (Claims)
    - 9 years:
        - Elsa Guzman (CMDM)
        - Christine Rattray (Quality Improvement)
    - 11 years:
        - Latrina Brodnax (Claims)
        - Marlowe West (Claims)
    - 12 years:
        - Tyisha Pierce (Claims)
    - 13 years:
        - Ed Sanares (IT-Infrastructure)
    - 19 years:
        - Mandy Gutierrez (Community Relations)
    - 20 years:
        - Teresa Corral (Claims)