Board of Governors

Regular Meeting

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

Conference Call Only

1240 South Loop Road, Alameda, CA 94502

AGENDA

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

Video Conference Call

Alameda, CA 94502

IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING

PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH BOARD MEETINGS

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

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

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

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

1. **CALL TO ORDER**

   (A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on November 12, 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) **OCTOBER 8, 2021 BOARD OF GOVERNORS MEETING MINUTES**

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

6. **REMEMBERING SUPERVISOR WILMA CHAN**

7. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

   c) **STRATEGIC PLANNING COMMITTEE**

8. **CEO UPDATE**

9. **BOARD BUSINESS**

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

   b) **REVIEW AND APPROVE RESOLUTION #2021-15 NOMINATING AND REAPPOINTING DR. ABOELATA TO DESIGNATED PHYSICIAN MEMBER SEAT**

   c) **ALAMEDA POINT COLLABORATIVE PRESENTATION**

   d) **CALAIM PROGRESS REPORT**

   e) **COVID – 19 VACCINATION INCENTIVE PROGRAM UPDATE**

f) **REVIEW AND APPROVE RESOLUTION #2021-16 CREATING AN ADVISORY AD HOC FACILITY SEARCH COMMITTEE AND AUTHORIZING ALLIANCE STAFF TO CONDUCT RESEARCH ON POTENTIAL REAL ESTATE TRANSACTIONS**

10. STANDING COMMITTEE UPDATES

a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

11. STAFF UPDATES

12. UNFINISHED BUSINESS

13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

14. PUBLIC COMMENT (NON-AGENDA ITEMS)

15. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

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

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

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

Additions and Deletions to the Agenda: Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the agenda and must be acted

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

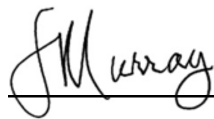
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org. You may also provide comment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

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

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

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamaedaalliance.org on November 8, 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
October 8th, 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), Marty Lynch, Wilma Chan, Natalie Williams, Byron Lopez, Nicholas Peraino, Dr. Rollington Ferguson, Dr. Kelley Meade, Dr. Michael Marchiano, James Jackson, David Vliet

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

Excused: Dr. Noha Aboelata, Aarondeep Basrai

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Evan Seevak	The regular board meeting was called to order by Dr. Seevak at 12:01 pm. The following public announcement was read. "The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County level, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed state of emergency." "Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."	None	None
2. ROLL CALL			
		None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Evan Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.		
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Evan Seevak	• A correction in the September minutes due to a misspelling of Byron Lopez's name. • A Board Member requested the Single Plan Model Update move to the top of the Board Business. Both agenda modifications were accepted.	Accepted	None
4. INTRODUCTIONS			
Dr. Evan Seevak	None	None	None
5. CONSENT CALENDAR			
Dr. Evan Seevak	Dr. Seevak presented the October 8th, 2021, Consent Calendar. a) September 10th, 2021, Board of Governors Meeting Minutes b) October 5th, 2021, Finance Committee Meeting Minutes Motion to Approve October 8th, 2021, Board of Governors Consent Calendar. A roll call vote was taken, and the motion passed.	Motion to Approve October 8th , 2021, Board of Governors Consent Calendar. Motion: M. Lynch Second: Dr. Meade Vote: Yes No opposed or abstained.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Rebecca Gebhart	The Compliance Advisory Committee was held telephonically on October 8th, 2021, at 10:30 am. Kindred Focus Audit: • Findings are in the process of completion. DHCS / DMHC 2021 Joint Audit DHCS Findings: • At the last Committee meeting, the High-Risk findings and repeat findings were discussed. • The Committee discussed the Medium-Risk findings at today's meeting. April 2020 Data Breach Update: • The Corrective Action Plan issued to the business associate has been resolved and closed. • Due to the breach, the Federal Office of Health and Human Services, Office of Civil Rights is auditing the Alliance. • We will update the Board as more information is received. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Rollington Ferguson	The Finance Committee was held telephonically on Tuesday, October 5th, 2021. Dr. Ferguson updated the Board on the Finance Committee Meeting. Highlights: • TNE, revenue, and membership are stable.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• The State has added $8.4M to revenues for outreach for the COVID-19 Vaccine program. A discussion on the distribution of the funds is needed. • The Alliance received $14.7M to incentivize the CalAIM program. A discussion on the distribution of the funds is needed. More information to come. • Moss Adam presented the Fiscal Year 2021 Audit findings at the Finance Committee Meeting. Moss Adam's will also present the Fiscal Year 2021 Audit findings at the Board meeting today. Informational update to the Board of Governors. Vote not required.		
7. CEO UPDATE			
Scott Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: Executive Summary: Today, the Board will be reviewing the following: • Financial performance for August 2021 and year-to-date results, which includes the first two months of Fiscal Year 2022. • Updates on COVID-19 Vaccination Incentive Program, CalAIM Progress Report, and Single Plan Model Update. • Moss Adams Fiscal Year 2021 Annual Audit review. The final budget for the Fiscal Year 2021/2022 and first-quarter forecast, to be presented to the Board of Governors for approval in December. Operations Dashboard – Key Performance Metrics: • One regulatory non-compliant metric is expedited grievances.	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• The internal non-regulatory metric that is below internal compliance is the member call center. A recovery plan has been implemented to bring our performance back within our target range. Medi-Cal Rx: • The administration of pharmacy services transitions to the State of California on January 1st, 2022. • Medi-Cal physician-administered drugs and outpatient infusion drugs will be administered by the Alliance Pharmacy Department. • The Alliance continues to administer all pharmacy services for Group Care Members, and the covered services and benefits related to pharmaceuticals will not change. • DHCS and the Alliance will mail Medi-Cal beneficiary pharmacy notification letters. Customer Service Week: • The Alliance celebrates Customer Service Week all next week. Informational update to the Board of Governors. Vote not required.		
8. a. BOARD BUSINESS – SINGLE PLAN MODEL UPDATE			
Scott Coffin	The Single Plan Model Update was moved to the first report (8. a.) on the Board Business. Scott Coffin presented the following updates: • The background and steps the Alliance has taken to be a Single Plan Model were discussed. • The Progress Report was discussed. The report is where we currently stand and what we need to do in the future.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• A discussion of the comparisons of the Single Plan and Two-Plan Models occurred. • A Statewide status of counties pursuing change in their Medi-Cal delivery model was displayed. Question: Is the $3.0M to $4.0M operation readiness a one-time or ongoing expense for the additional infrastructure? Answer: This amount is an estimate and a one-time expense for technology, software, and staffing costs for additional members, but not an ongoing annual amount. Question: At what point in the timeline would an assessment for the disruption of care happen? Answer: Contra Costa Health Plan and the Alameda Alliance are looking at a single plan model, and in 2022, we will be teaming with them to identify potential impacts on members and providers. Questions: The new patients that are being transferred from other physicians; how would we handle the disruption? Answer: Our provider network overlaps with Anthem by 95%, and access to the remaining 5% may be disrupted. Questions: What will the Boards involvement be regarding the assessment process? Answers: The Alliance would bring a consolidated summary of the findings from the impact assessment to the Board and ask for support to continue to move forward. Informational update to the Board of Governors. Vote not required.		
8. b. BOARD BUSINESS – MOSS ADAMS FISCAL YEAR 2021 AUDIT			
R. Suico, Chris Pritchard,	Rianne Suico, Chris Pritchard presented the Moss Adams Fiscal Year 2021 Audit findings.	Motion to Approve Moss Adams Fiscal Year 2021 Audit.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
and Gordon Lam	The final report of the Independent Auditors found the following. Unmodified Opinion: • Combined financial statements are presented fairly and in accordance with generally accepted accounting principles. Motion to Approve Moss Adams Fiscal Year 2021 Audit. A roll call vote was taken, and the motion passed.	Motion: N. Peraino Second: N. Williams Vote: Yes No opposed or abstained.	
8. c. BOARD BUSINESS – REVIEW AND APPROVE AUGUST 2021 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	Gil Riojas gave the following August 2021 Finance updates: Enrollment: • For the month ending August 31st, 2021, the Alliance had an enrollment of 291,207 members, a net income of $1.5M, and the tangible net equity is 564%. • Our enrollment has increased by 1,116 members since July 2021. Net Operating Results: • For the month ending August 31st, 2021, the actual net income was $1.5M, and the budgeted net income was $1.3M. • The favorable variances were due to higher than anticipated revenue and lower than anticipated administrative expense. Revenue: • For the month ending August 31st, 2021, the actual revenue was $98.1M vs. the budgeted revenue of $97.4M.	Motion to Approve August 2021, Monthly Financial Statements. Motion: Dr. Ferguson Second: D. Vliet Vote: Yes No opposed or abstained.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Medical Expense: • For the month ending August 31st, 2021, the actual medical expense was \$91.4M, and the budgeted medical expense was \$89.8M. Medical Loss Ratio (MLR): • For the month ending August 31st, 2021, the MLR was 93.2%. Administrative Expense: • For the month ending August 31st, 2021, the actual administrative expense was \$5.2M vs. the budgeted administrative expense of \$6.3M. Other Income / (Expense): • As of August 31st, 2021, our YTD interest income from investments is \$54,000, and YTD claims interest expense is \$72,000. Tangible Net Equity (TNE): • Tangible net equity results continue to remain healthy, and at the end of August 31st, 2021, the TNE was reported at 564% of the required amount. Cash Position and Assets: • For the month ending August 31st, 2021, the Alliance reported \$298.8M in cash; \$155.9M in uncommitted cash. Our current ratio is above the minimum required at 1.69 compared to the regulatory minimum of 1.0. Question: SPD population is higher than usual. Do we have an analysis of the members in the Whole Person Care Program or Health Homes Program? I'm trying to understand if these programs are helping us with appropriate care and expenditures. Answer: We are looking into this and analyzing it. Question: There is a \$51.0M pension obligation this year. Will this continue to grow, and where is it captured in our expenses.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Answer: Pension obligation is captured in administrative expense, and as we continue to add FTEs, that amount will increase. Motion to approve August 2021, Monthly Financial Statements as presented. A roll call vote was taken, and the motion passed.		
8. d. BOARD BUSINESS – RESOLUTION #2021-14 ALAMEDA ALLIANCE FOR HEALTH AMENDING THE ALLOWABLE MEMBERSHIP TO THE STRATEGIC PLANNING COMMITTEE			
David Vliet	David Vliet introduced Resolution #2021-14 Alameda Alliance for Health, Amending the Allowable Membership to the Strategic Planning Committee. • The Strategic Planning Committee Membership is changing from seven (7) Members to four (4) Members who will serve a term of two (2) years. Motion to Approve Resolution #2021-14 Alameda Alliance for Health Amending the Allowable Membership to the Strategic Planning Committee. A roll call vote was taken, and the motion passed.	Motion to Approve Resolution #2021-14 Alameda Alliance for Health Amending the Allowable Membership to the Strategic Planning Committee. Motion: M. Lynch Second: Dr. Marchiano Vote: Yes No opposed or abstained.	None
8. e. BOARD BUSINESS – MEMBER NOMINATIONS TO THE STRATEGIC PLANNING COMMITTEE			
David Vliet	David Vliet introduced the Member Nominations to the Strategic Planning Committee. Members nominated: • David Vliet (Chair) • Marty Lynch (Vice-Chair)	Motion to Approve Member Nominations to the Strategic Planning Committee Motion: N. Williams Second: M. Lynch	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Dr. Kelley Meade • Dr. Evan Seevak Appointments to the Strategic Planning Committee shall be for two (2) years. Motion to Approve Member Nominations to the Strategic Planning Committee. A roll call vote was taken, and the motion passed.	Vote: Yes No opposed or abstained.	
8. f. BOARD BUSINESS – CALAIM PROGRESS REPORT			
Scott Coffin	Scott Coffin presented the CalAIM Progress Report Update. Each month there will be an update to the Board of the key activities of CalAIM in preparation for the January 2022 deadline. In September, DHCS changed the name "In Lieu of Services" to "Community Supports." Topics discussed were: • Current Financial Projections • Funding Approach for 2022, 2023, and 2024 • Progress Report Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
8. g. BOARD BUSINESS – COVID-19 VACCINATIONS AND INCENTIVE PROGRESS UPDATE			
Matt Woodruff	Matt Woodruff presented the COVID-19 Vaccinations and Incentives Progress Update. The purpose is to update on the vaccinations to both Medi-Cal and Group Care lines of business and discuss the new incentive program.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP

	• 91% of Alameda County is Vaccinated
	• COVID-19 Incentives:
	  ◦ The State approved $8.4M to fund outreach activities and local investments in vaccination services.
	  ◦ DHCS increased the threshold set for vaccination rates to 85%.
	  ◦ The Alliance hired a part-time consultant to manage the work plan, coordinate resources to execute activities, monitor and report performance, and engage as our community liaison.
	  ◦ The final work plan will be completed the week of October 4th, 2021.
	
	Comment: I would like the communications to the members to reach directly into the communities and not at the bureaucratic level.
	Answer: Our goal is the grassroots levels.
	
	Informational update to the Board of Governors.
	
	Vote not required.		

9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. Steve O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on September 21st, 2021. Dr. Steve O'Brien gave the following Committee updates: • There were twenty-seven (27) initial providers approved. Additionally, thirty-one (31) providers were re-credentialed at this meeting. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
9. b. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE			
Dr. Steve O'Brien	The Health Care Quality Committee (HCQC) was held telephonically on September 16th, 2021. Dr. O'Brien gave the following Committee updates: • Report out of Internal Quality Improvement Committee (IQIC), Cultural & Linguistics (C&L), and Utilization Management (UM). • HEDIS results update. • Patient Needs Assessment 2021. • Blood lead screening update. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
9. c. STANDING COMMITTEE UPDATES – PHARMACY & THERAPEUTICS COMMITTEE			
Dr. Steve O'Brien	The Pharmacy & Therapeutics Committee (P&T) was held telephonically on September 21st, 2021. Dr. O'Brien gave the following Committee updates: The P&T Committee reviewed the efficacy, safety, cost, and utilization profiles of: • 6 Therapeutic categories and drug monographs. • 32 Generics. • 48 Prior Authorization (PA) guidelines. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	
9. d. STANDING COMMITTEE UPDATES – MEMBER ADVISORY COMMITTEE			
Scott Coffin	The Members Advisory Committee (MAC) was held telephonically on September 16th, 2021.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Natalie Williams & Melinda Mellos are the Chairpersons for this Committee. Scott Coffin gave the following Committee updates: • A financial update was presented, including the Fiscal Year-end result for 2021. • Presented the first month's financial results for FY 2022. • Medi-Cal enrollment trends were discussed, and enrollment is flatting out. • Dr. Donna Carey and Stephanie Wakefield presented the COVID - 19 Vaccinations and Boosters. • Matt Woodruff presented a COVID-19 Vaccination Response. • Alameda County First 5 presented the Pediatric Care Pilot. The Alliance is partnered with Alameda County First 5 on this pilot. • Grievances and Appeals report by Jennifer Karmelich. • Communications and Outreach report by Michelle Lewis. • Linda Ayala presented the Annual Population Needs Assessment. • The Committee discussed Health Disparities Action Plan. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	
10. STAFF UPDATES			
Scott Coffin	None	None	None
11. UNFINISHED BUSINESS			
Scott Coffin	None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Scott Coffin	None	None	None
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Scott Coffin	None	None	None
14. ADJOURNMENT			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Evan Seevak	Dr. Evan Seevak adjourned the meeting at 2:00 pm.	None	None

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

Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

November 9, 2021
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

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

Board of Governor members on Conference Call: James Jackson

Alliance Staff on Conference Call: Scott Coffin, Tiffany Cheang, Sandra Galindo, Richard Golfin III, Sasi Karaiyan, Shulin Lin, Dr. Steve O'Brien, Carol van Oosterwijk, Ruth Watson, Matt Woodruff, Christine Corpus

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER and INTRODUCTIONS			
Dr. Rollington Ferguson	Dr. Ferguson called the Finance Committee meeting to order at 8:00 am and Roll Call was conducted.		
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. October 5, 2021, Finance Committee Minutes were approved at the Board of Governors meeting October 8, 2021 and not presented today.	There were no modifications to the Consent Calendar, and no items to approve.	
a.) CEO Update			
Scott Coffin	Scott Coffin provided updates to the committee on the following: **Final Budget FY2022** – Fiscal year 2022 final budget will be presented to the Finance Committee and Board of Governors in December, and includes the first quarter forecast (July, August, September). The final budget includes revenue and cost projections for the CalAIM initiative which starts January 1st,	Informational update to the Finance Committee Vote not required	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	and the factors the impact on revenue and expense with the Medi-Cal Rx transition, also on January 1st, 2022. **COVID-19 Vaccine Response** – COVID-19 vaccination incentive. DHCS awarded the Alameda Alliance up to $8.4 million in incentive dollars to improve the COVID-19 vaccination rates for Medi-Cal Beneficiaries. The vaccination campaign is scheduled to run through February 28th, 2022. The incentive payments are contingent upon reaching 85%, and this represents a 15% gain over our current rate of 70% (at least one dose). At this time the DHCS has not clarified whether children 5 through 11 years of age. There is a financial risk to the Alliance if the 85% threshold is not met and could result in recoupment to the DHCS. **Question:** Nick Peraino asked what the timeline is for reaching the 85%. Scott Coffin answered that DHCS has given until the end of February 2022. **Question:** Dr. Ferguson asked if we have internal data points that we are looking at given there is a possibility of recoupment. Scott Coffin answered that the data points would be established next month, as the interventions have begun. We have an outbound call campaign that is starting, as well as advertisements and social media. Matt Woodruff added that the State has provided specific metrics that will need to be looked at and be reported on. This information will be included in the report on Friday at the Board of Governors meeting. **CalAIM** – CalAIM performance incentives. DHCS awarded the Alameda Alliance up to $14.7M in CalAIM incentive dollars for calendar year 2022. The funding is used for building delivery infrastructure, provider capacity, and community supports. Alameda Alliance and DHCS staff are coordinating to understand the performance measures, and how incentive dollars can be spent; there are more than 40 performance measures identified by the DHCS. Insourcing of mental health and autism spectrum services. A two-phased analysis on insourcing mental health and autism spectrum services was completed, and the results of this detailed analysis were presented to the Alliance Board of Governors for approval in April 2021. The insourcing for these services, and termination of Beacon Health Options as the service coordinator, is scheduled for October 2022. While the insourcing is scheduled for October 2022, which is in the FY2023 budget, the FY2022 final budget		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	includes administrative costs to prepare for the transition (such as hiring of staff and consultants). **Question:** Dr. Marchiano asked if the process to refer members seeking behavioral health services would become more efficient for Primary Care providers. Scott Coffin answered that is our goal to simplify the Administrative steps providers must take for these referrals; it also our goal to improve the timely access to care. We have identified longer term opportunities for improvements and will be staging them out after we make the conversion in October. **Question:** Dr. Ferguson asked if there have been any changes to the projected costs as previously discussed. Scott Coffin answered that the cost model that was built for the insourcing has not changed, and will be revised as the team advances into the detail planning in 2022, and will bring that back to the Finance Committee as an update when we resume the planning activities.		
b.) Review and approve September 2021 Monthly Financial Statements			
Gil Riojas	**<u>September 2021 Financial Statement Summary</u>** **Enrollment:** Current enrollment is 292,632 and continues to trend upward, Total enrollment has increased by 1,425 members from August 2021, and 4,078 members since June 2021. Consistent increases were primarily in the Child, Adult, and Optional Expansion categories of aid, and include slight increases in the Duals category of aid, with SPD and Group Care remaining relatively flat. Total Enrollment continues to increase month over month, however; as previously discussed, the rate of increase has fallen from a high of 4,140 members in August 2020. **Net Income:** For the month ending September 30, 2021, the Alliance reported a Net Income of $370,000 (versus budgeted Net Income of $609,000). The unfavorable variance is largely attributed to lower than anticipated Revenue and lower than anticipated Administrative Expense. These were somewhat offset by higher than anticipated Medical Expense. For the year-to-date, the Alliance recorded a Net Income of $4.5 million versus a budgeted Net Income of $3.2 million.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Revenue: For the month ending September 30, 2021, actual Revenue was $97.4 million vs. our budgeted amount of $97.6 million. For the month ended September 30, 2021, revenue is on budget and we anticipate that to remain steady for the remainder of this calendar year. We may see some variances with the changes of CalAIM starting in January, but for now we remain very steady as far as anticipated Revenue. **Medical Expense:** Actual Medical Expenses for the month were $91.9 million vs. our budgeted amount of $90.1 million. For the year-to-date, actual Medical Expenses were $273.2 million versus budgeted $269.6 million. Drivers leading to the unfavorable variance can be seen on the tables on page 11, with the greatest variances coming from the Inpatient Hospital expenses and ER Fee-For-Service expenses. Upon reviewing further research from the Finance team, we were able to identify that ER visits per thousand have been trending up over the last 12-14 months, so we are anticipating our ER expenses to go up as well. We will make adjustments in our Final Budget to reflect some of the upward trend we are seeing on a per thousand basis. Further explanation of the variances can be seen on pages 11 and 12. **Question:** Dr. Ferguson asked if there was a variance in terms of facilities or are we seeing equal increase across all ER facilities? Gil Riojas answered that he would take that back to the team and come back at the next meeting showing the visits per thousand on a facility basis **Medical Loss Ratio:** Our MLR ratio for this month was reported at 94.4%. Year-to-date MLR was at 93.3% vs our annual budgeted percentage 91.5%. **Administrative Expense:** Actual Administrative Expenses for the month ending September 30, 2021 were $5.1 million vs. our budgeted amount of $7.0 million. Our Administrative Expense represents 5.2% of our Revenue for the month, and 5.2% of Net Revenue for year-to-date. Reasons for the favorable month-end variances, as well as the favorable year-to-date variances are outlined on page 13 of the presentation.		Prepare per thousand visits on a facility basis.

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Other Income / (Expense): As of September 30, 2021, our YTD interest income from investments was $68,000. YTD claims interest expense is $88,000. **TangibleNet Equity (TNE):** We reported a TNE of 565%, with an excess of $172.7 million. This remains a healthy number in terms of our reserves. **Cash and Cash Equivalents:** We reported $307.6 million in cash; $208.3 million is uncommitted. Our current ratio is above the minimum required at 1.84 compared to regulatory minimum of 1.0. **Capital Investments:** We have spent $106,000 in Capital Assets year-to-date. Our annual capital budget is $1.4 million.	Motion to accept **September 2021 Financial Statements** Motion: N. Peraino Seconded: Dr. Marchiano Motion Carried No opposed or abstained	
c.) FY2022 Investment Strategy Update			
Gil Riojas	Gil Riojas gave a PowerPoint Presentation on our current investment strategy. Proposed changes to the Investment Portfolio: • Forecasting to sustain average daily balance ($300M). • Shorter-term: Maintain existing investment maturity strategy for $250M (83%) of investments. • Longer-term: Increase maturity date of a subset of investments to 12-24 months. Proposing $50M (17%). • Average Yield to Maturity estimated to increase fifty basis points from 0.10% to 0.60% for long-term investments. • Estimated net annual return of $550K, representing $250K more than current portfolio estimate. • Investments remain compliant with California Government Code 53600.	Motion to approve **Proposed changes to the Investment Strategy as outlined** Motion: N. Peraino Seconded: Dr. Marchiano All in Favor – pass	
d.) Facility Selection Committee			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Rollington Ferguson, Scott Coffin	Scott Coffin and Dr. Rollington Ferguson initiated a discussion with the Finance Committee to establish a Facility Search Committee to search for a new corporate facility. Currently the Alliance owns and leases a total of approximately 75,000 sq ft. of net usable space. Inadequate technology infrastructure (power, internet) and lack of public transportation were cited as drivers for seeking to relocate the corporate headquarters. In addition, the existing corporate headquarters is a warehouse facility, and nearly one-third of the office space is unusable for business operations. Richard Golfin, Chief Compliance Officer for Alameda Alliance detailed the structure for the Ad-Hoc Committee, purposed to conduct a search for property to serve as a new headquarters, and the potential sale of the current headquarters. This would be a two-pronged approach, first the Board of Governors would delegate the Board's oversight of real estate to Scott Coffin, and then an Ad-Hoc Facility Search Committee would be formed in accordance with Alliance by-laws. The CEO would appoint Staff to participate in the Search Committee, and the findings from the committee activities would be reported to the Board of Governors. Decision making authority would remain with the Board and the ad-hoc committee would serve in an advisory role.	Motion to bring suggested **Recommendation to the Board.** Motion: N. Peraino Seconded: Dr. Marchiano	
ADJOURNMENT			
Dr. Rollington Ferguson	Dr. Ferguson motioned to adjourn the meeting. The meeting adjourned at 9:04 am.	Motion to adjourn: Dr. Ferguson Seconded: J. Jackson No opposed or abstained.	

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

Board Member Reports

STRATEGIC PLANNING PROCESS

AAH Board of Governors
Strategic Planning Committee

November 12th, 2021

STRATEGIC PLANNING PROCESS

ALAMEDA Alliance FOR HEALTH

- **PROCESS**
  - Alliance Member Advisory Committee
  - Staff survey and Staff Advisory Focus Group
  - Executive Team met monthly
  - Community Stakeholder Interviews
  - STRATEGIC PLANNING COMMITTEE – monthly
    - David B. Vliet, Chair and AAH Board Members – Kelly Meade, MD, Marty Lynch and Evan Seevak, MD, AAH Board Chair

STAKEHOLDER INTERVIEWS

ALAMEDA Alliance FOR HEALTH

- Kerry Abbott, Director, Homeless Care and Coordination, Alameda County Health Care Services Agency
- Karen Baker, Assistant Chief of Administration, Alameda County Probation Department
- Wilma Chan, Alameda County Board of Supervisors
- Kathleen Clanon, MD, Alameda County Health Care Services Agency
- Keith Carson, Alameda County Board of Supervisors
- Marcus Dawal, Interim Chief Probation Officer, Alameda County Probation Department
- Andrea Ford, Alameda County Social Services Agency
- Karen Grimsich, Family Services Administrator, City of Fremont Human Services Department
- Bryan King, MD, UCSF Benioff Children's Hospital
- Wendy Peterson, Senior Services Coalition of Alameda County
- Laurie Soman, Senior Policy Analyst, Lucile Packard Children's Hospital/Stanford Children's Health
- Kristin Spanos, Executive Director, First 5 Alameda County
- Wendy Still, Former Alameda County Probation Chief

ALAMEDA Alliance FOR HEALTH

STRATEGIC PLANNING COMPONENTS

- ❑ **REVISED Vision, Mission and Values – *recommendation today***
- ❑ 10 Year Strategic Roadmap – *discussion at December Alliance Board meeting*
- ❑ 3 Year Strategic Plan – *discussion at December Alliance Board meeting*

ALAMEDA Alliance FOR HEALTH

REVISED VISION STATEMENT

A VISION statement describes the desired future state, audacious aspiration or dreams that we want to move forward

Current Alameda Alliance vision statement:
The vision of the Alliance is that we will be the most valued and respected managed care health plan in the state of California.

RECOMMENDATION:

Lifelong health and well-being for all the diverse residents of Alameda County.

REVISED MISSION STATEMENT

Alameda Alliance for Health

A MISSION statement typically describes the business that the organization is in, what its purpose is, what it does

Current Alameda Alliance mission statement:

We strive to improve the quality of life of our members and people throughout our diverse community by collaborating with our provider partners in delivering high quality, accessible and affordable health care services. As participants of the safety-net system, we recognize and seek to collaboratively address social determinants of health as we proudly serve Alameda County.

RECOMMENDATION:

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

ALAMEDA Alliance FOR HEALTH

REVISED ORGANIZATIONAL VALUES

***ORGANIZATIONAL VALUES** represent the core ethics that define what the organization stands for and guide how the organization operates as an organization and in the community*

Teamwork: We participate actively, remove barriers to effective collaboration and interact as a winning team.

RECOMMENDATION: **Teamwork**: We actively participate, support each other, develop local talent, and interact as one team.

Respect: We are courteous to others, embrace diversity and strive to create a positive work environment.

RECOMMENDATION: **Respect**: We put people first, embracing diversity and equity, striving to create a positive work environment, excellent customer service, and value all people's health and well-being.

REVISED ORGANIZATIONAL VALUES

ALAMEDA Alliance FOR HEALTH

Accountability: We take ownership of tasks and responsibilities, *both individually and collectively*, and maintain a high level of work quality *and efficiency*.

RECOMMENDATION: **Accountability**: We work to create and maintain efficient processes and systems that minimize barriers, maximize access and sustain high quality.

Commitment & Compassion: We collaborate with our providers and community partners to improve the wellbeing of our members, focus on quality in all we do and act as good stewards of resources.

RECOMMENDATION: **Commitment & Compassion**: We are empathic and care for the communities we serve including our members, providers, community partners and staff.

ALAMEDA Alliance FOR HEALTH

REVISED ORGANIZATIONAL VALUES

Knowledge & Innovation: We seek to understand and find better ways to help our members, providers, and community partners.

RECOMMENDATION: **Knowledge & Innovation**: We collaborate to find better ways to address the needs of our members and providers by proactively focusing innovative resources on population health and clinical quality.

VOTE: REVISED VISION AND MISSION

ALAMEDA Alliance FOR HEALTH

- **VISION RECOMMENDATION:** **Lifelong health and well-being for all the diverse residents of Alameda County.**

- **MISSION RECOMMENDATION:** **Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.**

VOTE: REVISED VALUES

Alameda Alliance for Health

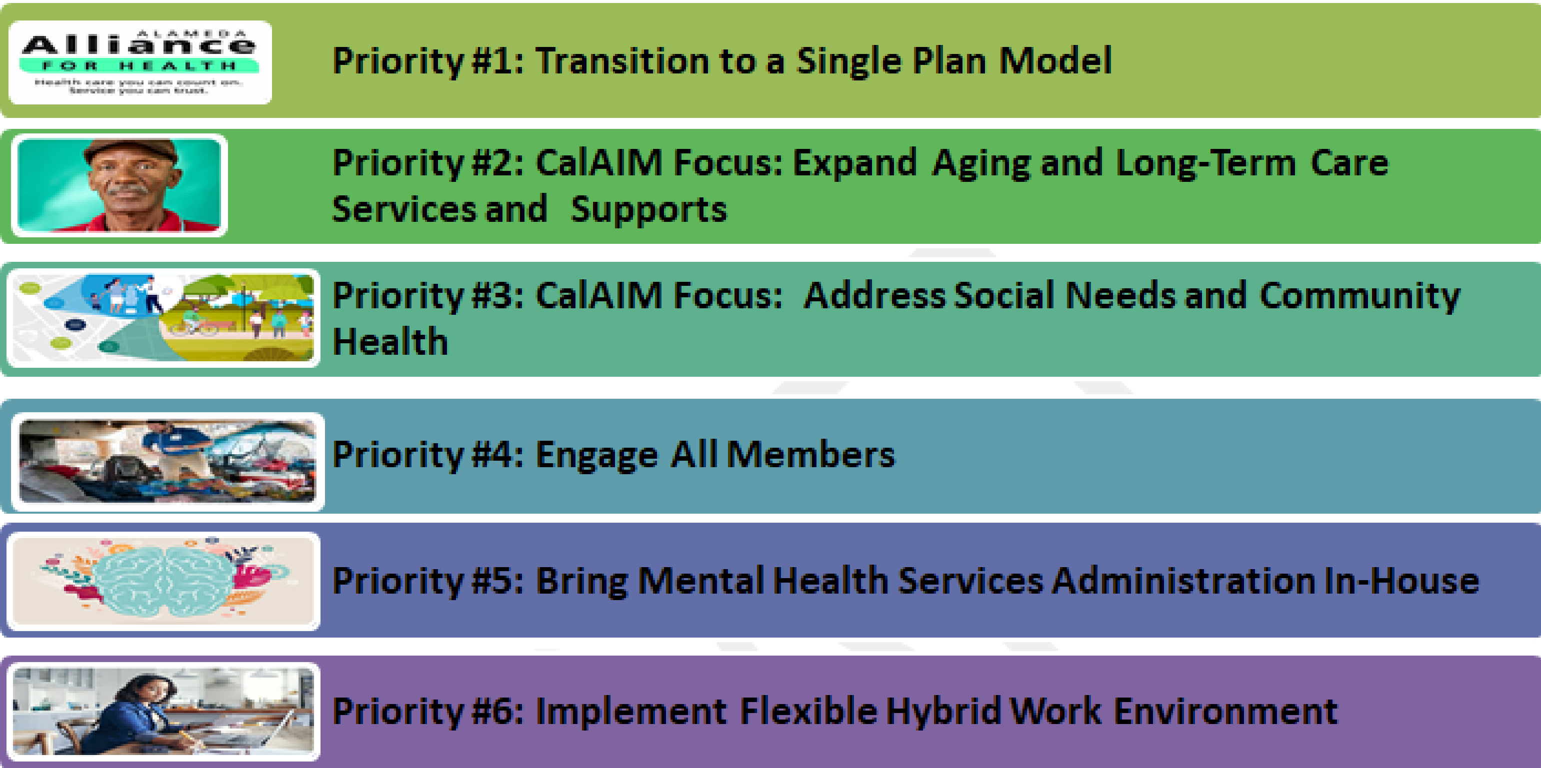
- RECOMMENDATION: **Teamwork**: We actively participate, support each other, develop local talent, and interact as one team.
- RECOMMENDATION: **Respect**: We put people first, embracing diversity and equity, striving to create a positive work environment, excellent customer service, and value all people's health and well-being.
- RECOMMENDATION: **Accountability**: We work to create and maintain efficient processes and systems that minimize barriers, maximize access and sustain high quality.
- RECOMMENDATION: **Commitment & Compassion**: We are empathic and care for the communities we serve including our members, providers, community partners and staff.
- RECOMMENDATION: **Knowledge & Innovation**: We collaborate to find better ways to address the needs of our members and providers by proactively focusing innovative resources on population health and clinical quality.

10 YEAR STRATEGIC ROADMAP

ALAMEDA Alliance FOR HEALTH

A 10-year Strategic Roadmap is a visual, often external facing depiction of an organization's long-term strategic thinking and positioning. A strong long-range framework is aspirational, designed to inspire stakeholders and demonstrate how the organization is working towards its vision, mission and values. The roadmap can help prioritize efforts and allocate resources and is executed via a cycle of shorter action-oriented strategic plans.

- **Assumptions for the Future**
- **Roadmap Drivers – *Sustainability/Financial Health, Growth/Expansion as Single Plan, People (Members, Providers, Community Partners, Staff), Interactive Data/Technology for Decision-Making, Diversity/Equity/Inclusion***
- **2022-2032 Strategic Pillars – *Workforce, Care Transformation, Universal Coverage and Health Equity***



Directional Anchors

Foundational Anchors

Questions/Discussion?

NEXT STEPS

ALAMEDA Alliance FOR HEALTH

- Send DRAFT 10 Year Strategic Roadmap and 3 Year Strategic Plan out to AAH Board of Governors early next week
- Discussion and Vote on 10 Year Strategic Roadmap and 3 Year Strategic Plan at AAH December Board meeting
- Meet with AAH Staff throughout organization to discuss revised statements and strategic roadmap/plan after Board votes
- Begin implementation planning at staff level for 3 Year Strategic Plan
- Identify implications of 3 Year Strategic Plan to annual budget

ALAMEDA
Alliance
FOR HEALTH

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

ALAMEDA COUNTY BOARD OF SUPERVISORS
District 3

Supervisor Wilma Chan

CEO Update

Scott Coffin

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

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

Date: **November 12, 2021**

Subject: **CEO Report**

- **Operational Performance**
  - Revenue $97.4 million in September, $292.8 million Year-to-Date (YTD).
  - Medical expenses are 93.3% for the month and average 94.4% in the first three months of the fiscal year, and 5.2% in administrative expenses.
  - Net Operating Performance:

	September	YTD	%
Medi-Cal	$246,619.	$4,340,198.	97%
Group Care	$123,558.	$130,633.	3%
Totals	**$370,178.**	**$4,470,832.**	**100%**

  - Total enrollment for both products has exceeded 296,000, and the Medi-Cal enrollment continues to increase by 1,000 – 1,500 per month.
  - Governor Newsom's Executive Order to suspend annual Medi-Cal redeterminations is expected to be removed in the first quarter of 2022; Following the termination of the Executive Order, Alameda County Social Services will resume annual Medi-Cal re-determinations on a normal schedule, and retroactive disenrollments are not anticipated to occur.
  - Key Performance Metrics (see the Operations Dashboard):
    - 100% of regulatory requirements were met in the month of October.
    - Non-regulatory operating metrics that did not meet internal performance thresholds included: 1) Member Services inbound calls "answered in 30 seconds or less" is 16% below target, and 2) Member Services call abandonment rate is over the target by 7%. 3) Vacancy rates for unfilled staffing positions is 3% above the internal target. Inbound member calls reduced to 12,566, and inbound

provider calls increased by 13% to 5,594 for the month. Corrective actions have been implemented to improve the experience in our Member Services call center.

- Final budget for fiscal year 2021/2022, including the first quarter forecast, to be presented to the Board of Governors for approval in December.

- **Medi-Cal Rx**
  - The administration of pharmacy services transitions to the State of California on January 1, 2022.
  - Medi-Cal physician-administered drugs and outpatient infusion drugs will be administered by the Alameda Alliance Pharmacy Department.
  - Medi-Cal beneficiary notification letters will be mailed by the DHCS and Alameda Alliance.
  - Alameda Alliance continues to administer all pharmacy services for Group Care Members, and the covered services and benefits related to pharmaceuticals do not change.

- **CalAIM Operational Readiness**
  - Enhanced Care Management (ECM) benefits, Community Supports (formerly "In Lieu Of Services"), and Major Organ Transplants (MOT) benefits begin January 1, 2022.
  - Operational readiness is organized into two phases: The first phase is the transition of the Whole Person Care Pilot (WPC/AC3) & Health Homes programs (HHP) ending 12/31/2021; phase one represents the highest-priority tasks to ensure continuity of care for patients being served in the pilot programs. The second phase includes the less urgent tasks that will be completed in the first 120 days following the program launch on January 1st, 2022, such as data exchange, reports, and other administrative functions.
  - Alameda Alliance and Alameda County Health Care Services Agency (HCSA) are negotiating a subcontracting arrangement for the administration of community-based organizations that deliver housing navigation, tenancy & sustaining services, coordination of housing deposits, and asthma remediation. The contract is scheduled to be presented to the Alameda County Board of Supervisors for approval in the month of December.
  - ALL IN "Recipe4Health" program is currently contracted with the Alameda Alliance and is transitioning services into the CalAIM Community Supports on July 1st, 2022. Other community supports and enhanced care management services will be deployed in July 2022 and January 2023.

- **Single Plan Model / County Organized Health System**
  - The California Department of Health Care Services (DHCS) delivered a conditional approval to the Alameda County Health Care Services Agency on August 31, 2021.
  - Alameda County Board of Supervisors approved the County Ordinance in September 2021, and a copy of the Ordinance was submitted to the California DHCS.
  - Alameda Alliance is preparing for the next submission on December 3rd, 2021; a provider network strategy that outlines the Alliance's approach to expanding the network of services to support the additional 70,000 – 120,000 Medi-Cal Beneficiaries by January 1, 2024.

- **COVID-19 Vaccinations**
  - Approximately 68.5% of members (12 years and older) in Medi-Cal and Group Care are partially or fully vaccinated; as of November 1st, approximately 72,000 of the eligible members in Group Care and Medi-Cal remain unvaccinated.
  - Alameda County vaccination rate exceeds 90% for all populations, includes residents ages 12 and older with at least one dose
  - The California Department of Health Care Services (DHCS) is funding $350 million to increase vaccination rates for Medi-Cal beneficiaries on a statewide basis. The vaccination outreach campaign starts in October and finishes on February 28, 2022.
  - Alameda Alliance was awarded a total of $8.4 million for incentive funding to increase the vaccination rates for Medi-Cal enrollees, ages 12 and older. $6 million in the first tranche and a second tranche of $2.4 million for member incentives; in order to retain 100% of the $8.4 million incentive dollars, the Alliance must reach an 85% vaccination rate, representing a 22.5% gain over the baseline vaccine rate of 62.2%.
  - Alameda Alliance is presenting to the DHCS in the month of December on the key activities and outcomes related to the vaccination campaign.

Operations Dashboard

OPERATIONS DASHBOARD

NOVEMBER 2021

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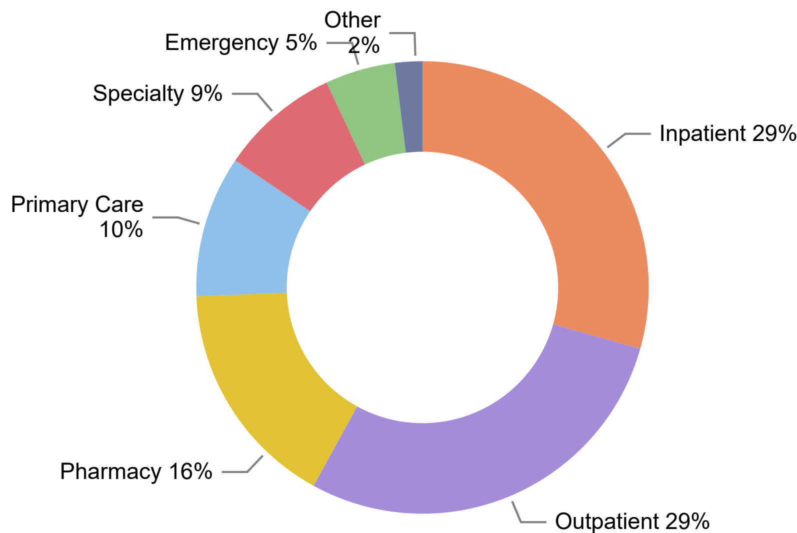
Financials

Income & Expenses

Revenue	Medical Expense
$292.8M	($273.2M)
Other Income/(Exp.)	**Admin Expense**
($14.3K)	($15.1M)
Net Income	**Gross Margin %**
$4.5M	6.7%

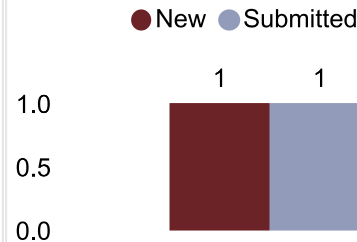
Medical Expenses



Liquid Reserves

MLR Net %	93.3%
TNE %	564.9%
TNE $	$209.9M

Reinsurance Cases



Balance Sheet

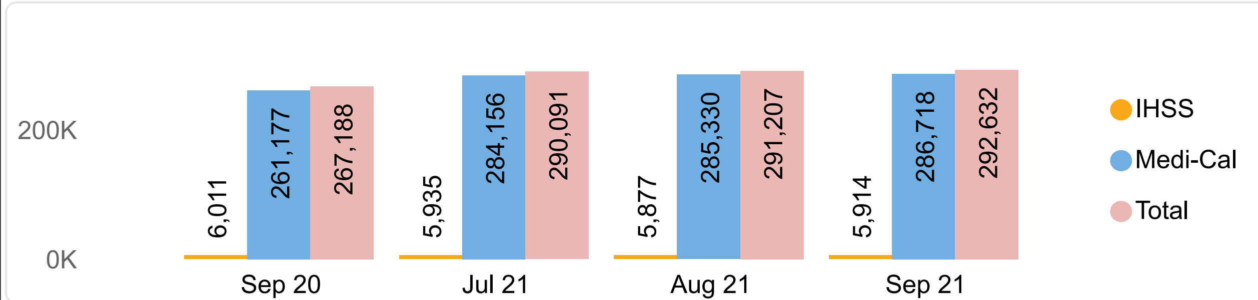
Cash Equivalents	$307.6M
Pass-Through Liabilities	$99.3M
Uncommitted Cash	$208.3M
Working Capital	$203.4M

Current Ratio %

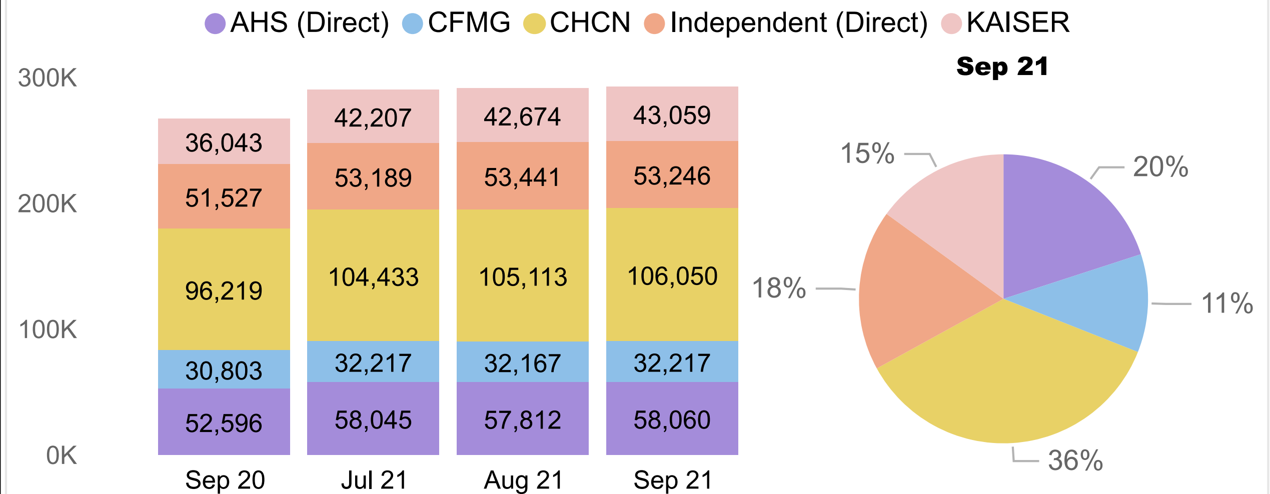
183.7%

Membership

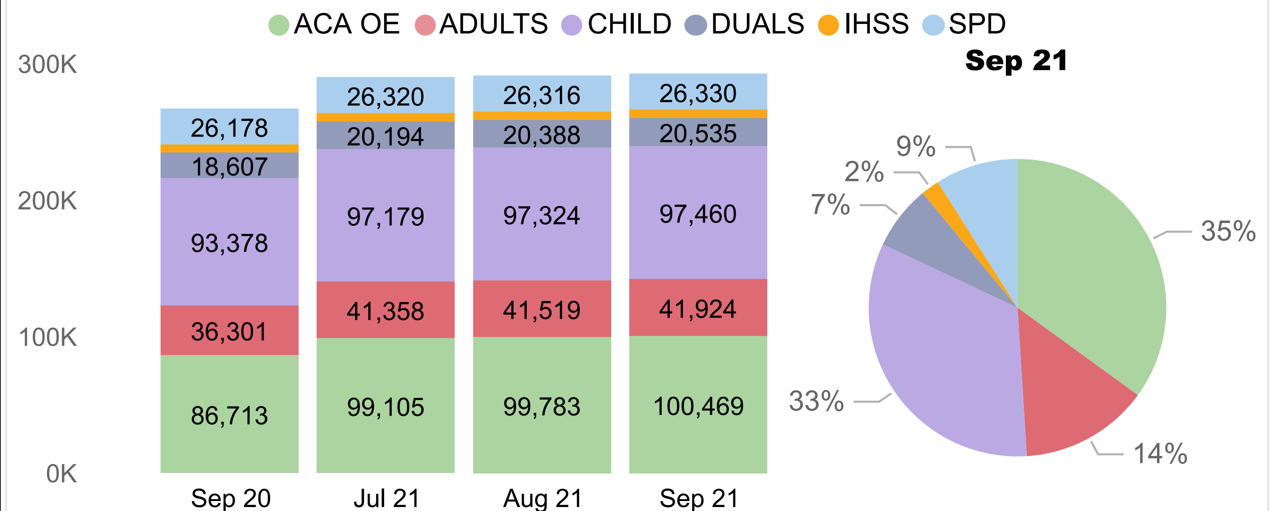
By Plan



By Network



By Category



OPERATIONS DASHBOARD

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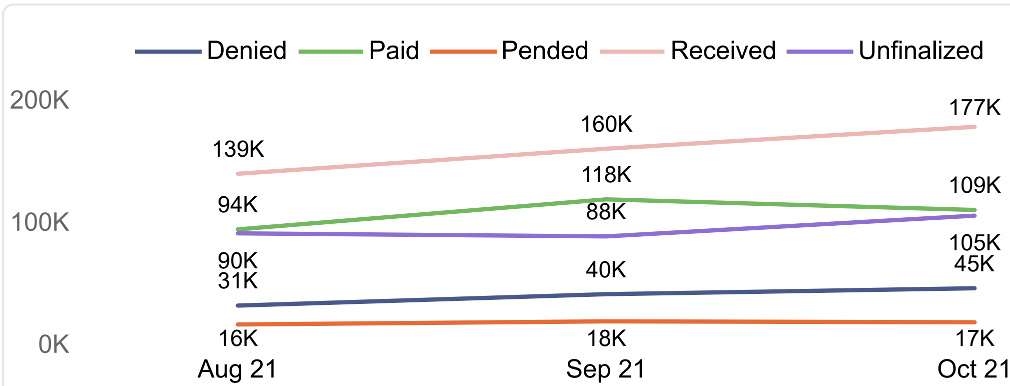
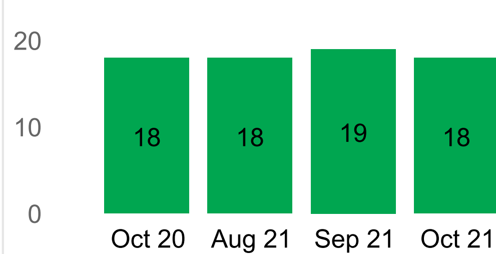
Claims

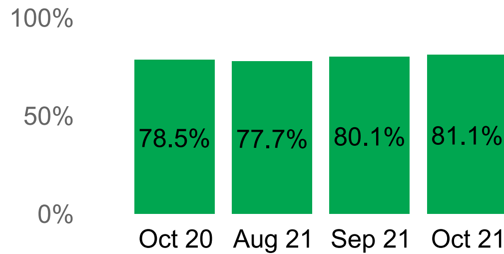
Claims Processing



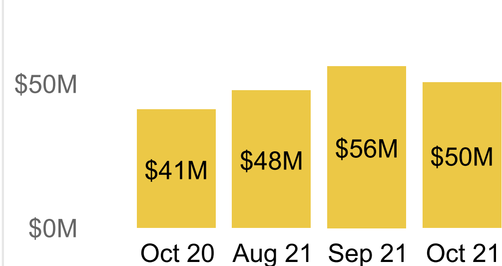
Average Payment TAT (Days)



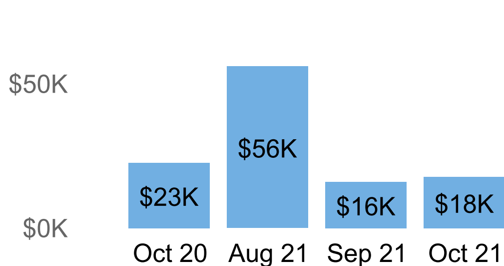
Auto Adjudication Rate (%)



Claims Paid (Dollars)

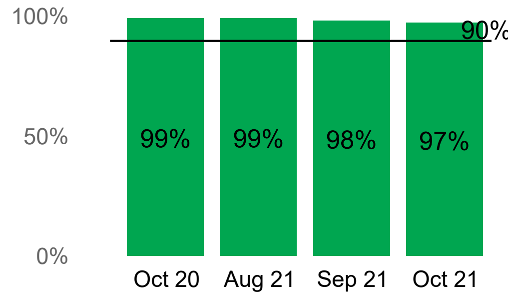


Interest Paid (Dollars)

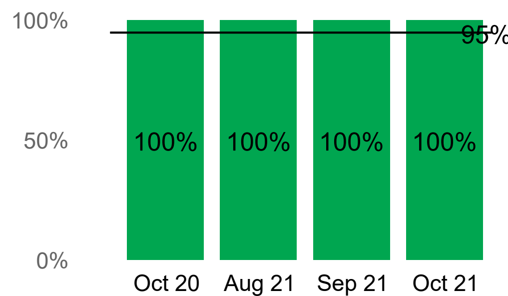


Claims Compliance

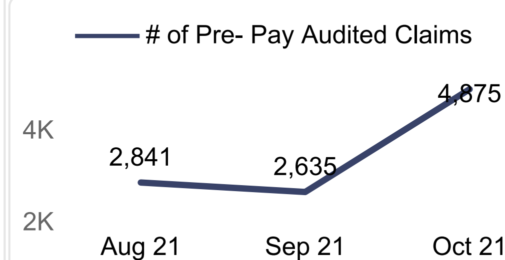
% Processed (30 Cal Days)



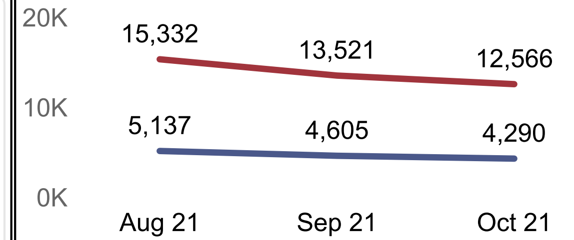
% Processed (45 Work Days)



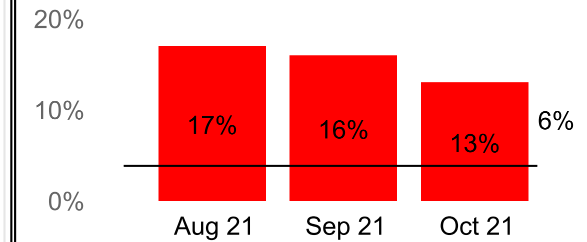
Claims Auditing



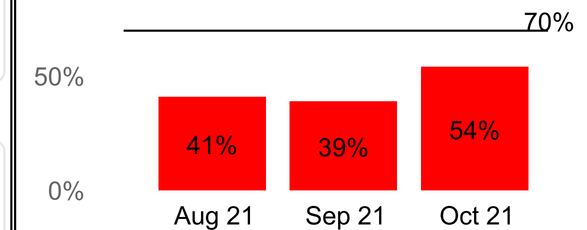
Member Services



Abandoned Call Rate %

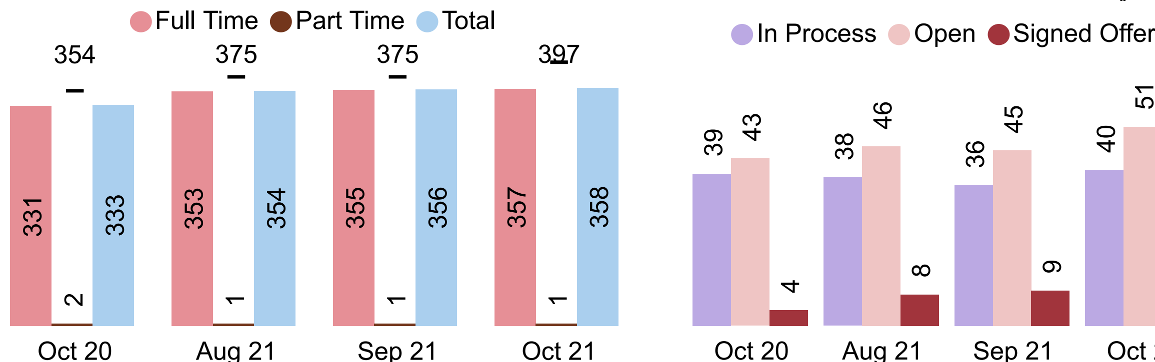


Calls Answered in 60 Seconds %



Average Call Times	Aug 21	Sep 21	Oct 21
Wait Time	03:48	03:33	02:42
Call Duration	07:15	06:18	06:43

Human Resources



Recruiting	Oct 20	Aug 21	Sep 21	Oct 21
New Hires	4	5	3	6
Separations	2	2	2	4
Temps / Seasonal	3	13	13	14

Current Vacancy

13%

OPERATIONS DASHBOARD

NOVEMBER 2021
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Provider Services

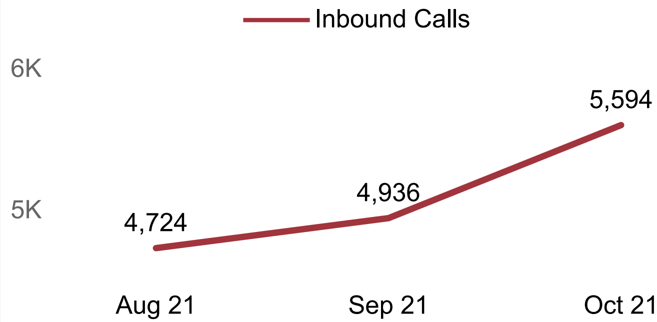
Provider Network

Primary Care Physician	706
Specialist	7,264
Hospital	17
Skilled Nursing Facility	65
Durable Medical Equipment	Capitated
Urgent Care	9
Health Centers (FQHCs and Non-FQHCs)	68
Transportation	380

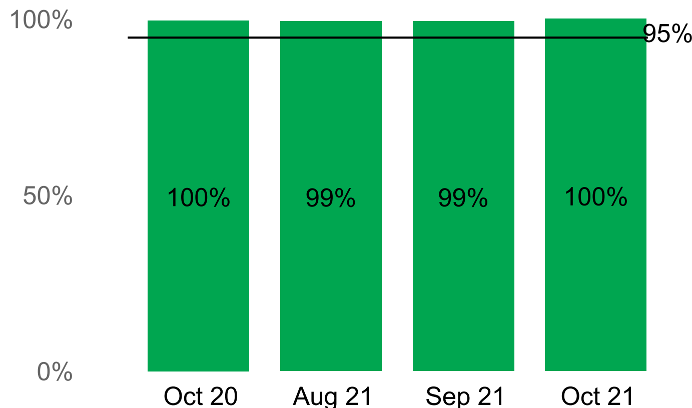
Provider Credentialing

1,397

Provider Call Center

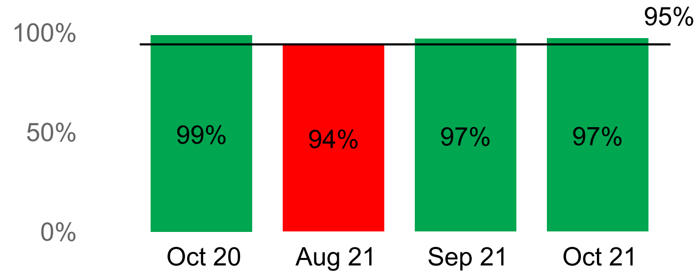


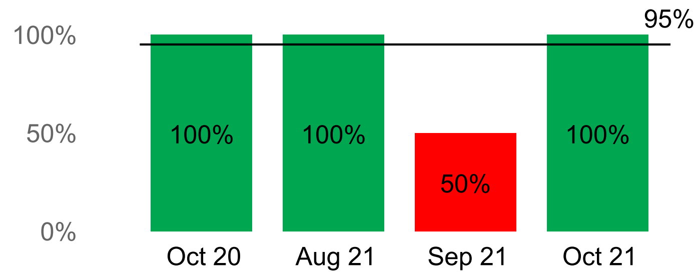
Provider Disputes & Resolutions



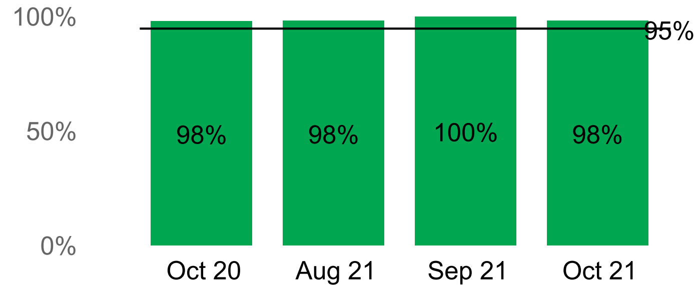
Compliance

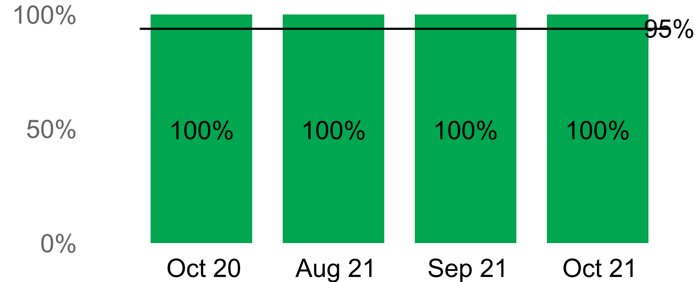
Member Grievances



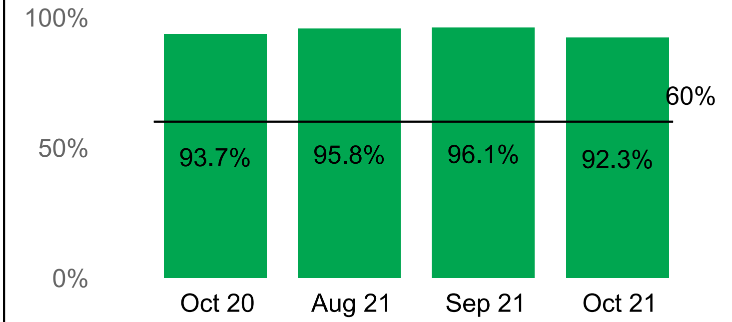


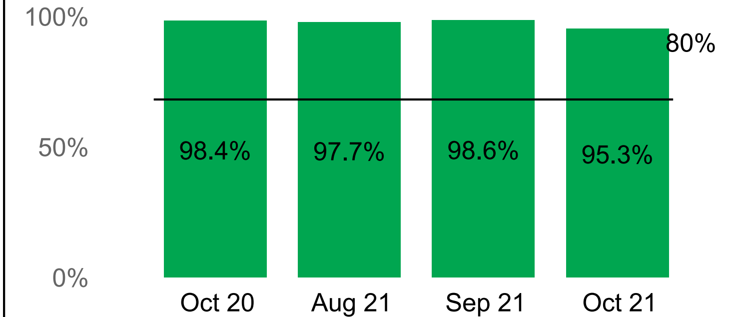
Member Appeals

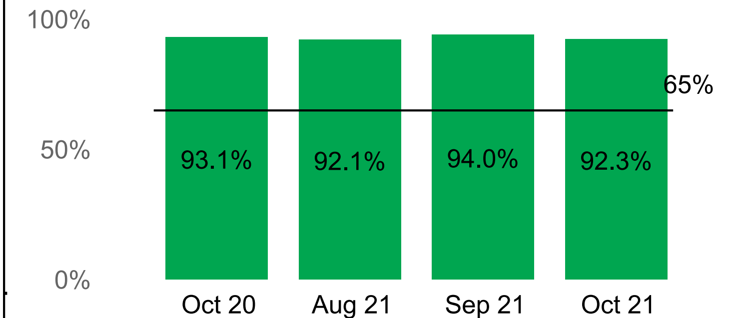


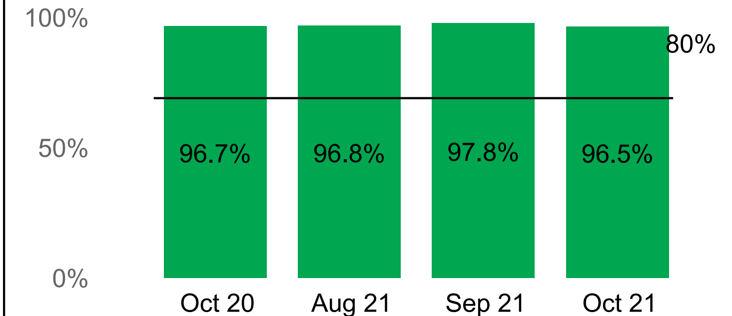


Encounter Data









OPERATIONS DASHBOARD

NOVEMBER 2021

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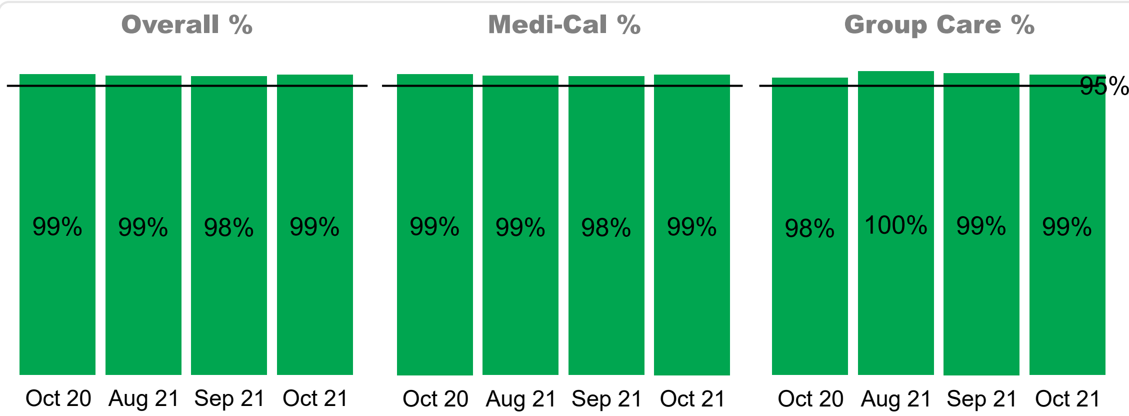
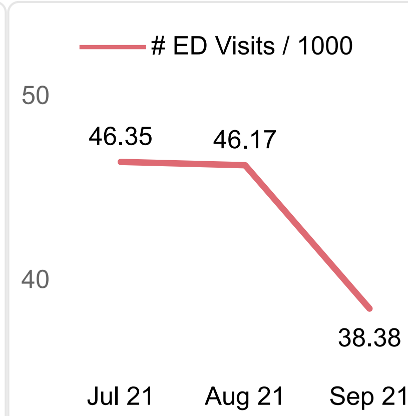
Health Care Services

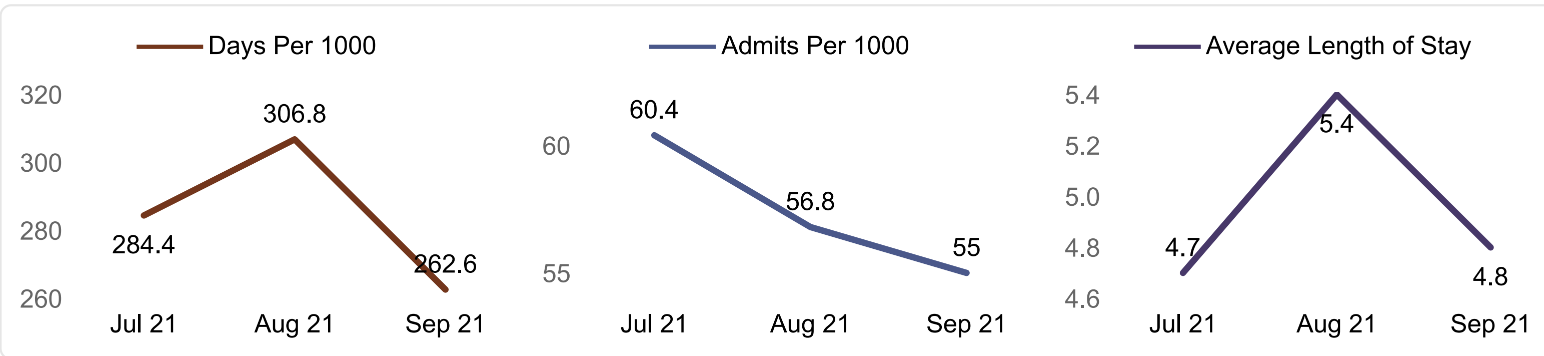
Authorization Turnaround



ED Utilization

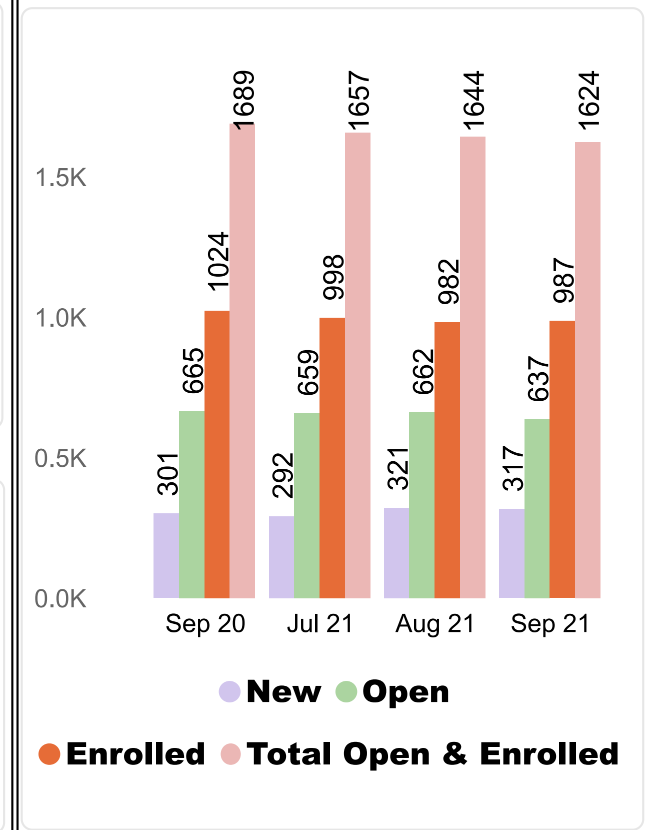


Inpatient Utilization



Case Management

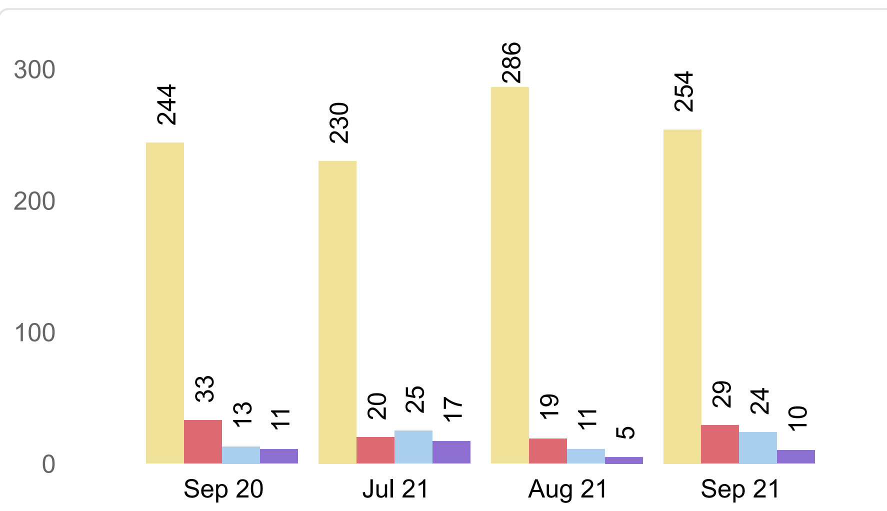
Total Cases



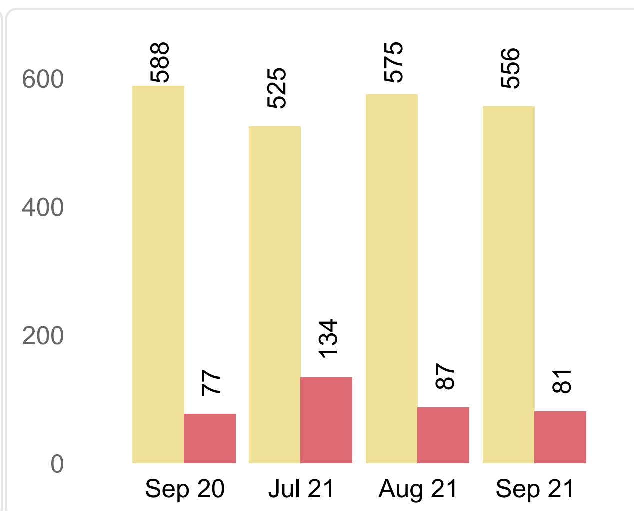
Case Management

Care Coordination Complex Cases Health Homes Whole Person Care

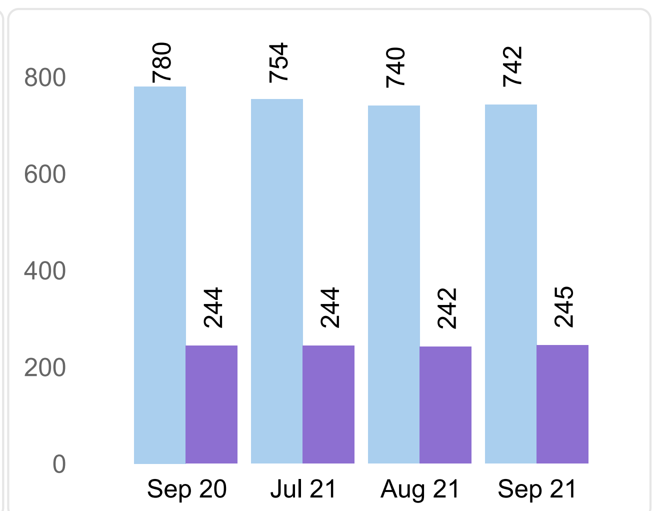
New Cases



Open Cases



Enrolled Cases



Technology (Business Availability)

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

Outpatient Authorization Denial Rates

OP Authorization Denial Rates	Oct 20	Aug ...	Sep 21	Oct 21
Denial Rate Excluding Partial Denials (%)	3.3%	4.5%	3.8%	3.1%
Overall Denial Rate (%)	3.5%	5.1%	4.4%	3.7%
Partial Denial Rate (%)	0.2%	0.6%	0.6%	0.6%

Pharmacy Authorizations

Authorizations	Oct 20	Aug 21	Sep 21	Oct 21
Approved Prior Authorizations	921	756	808	879
Closed Prior Authorizations	624	656	672	808
Denied Prior Authorizations	689	572	624	673
Total Prior Authorizations	2,234	1,984	2,104	2,360

Legislative Tracking

ALAMEDA
Alliance
FOR HEALTH

2021-2022 Legislative Tracking List

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

Medi-Cal (Medicaid)

Bills approved by the governor:

- **AB 382 (Kamlager – D) Whole Child Model Program**
    - **Introduced:** 2/2/2021
    - **Status:** 7/9/21 Approved by the Governor. Chaptered by Secretary of State - Chapter 51, Statutes of 2021.
    - **Summary:** Current law authorizes the State Department of Health Care Services to establish a Whole Child Model (WCM) program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties provide CCS services to Medi-Cal eligible CCS children and youth. Current law requires the department to establish a statewide WCM program stakeholder advisory group that includes specified persons, such as CCS case managers, to consult with that advisory group on the implementation of the WCM and to consider the advisory group's recommendations on prescribed matters. The existing law terminates the advisory group on December 31, 2021. This bill would instead terminate the advisory group on December 31, 2023.

- **AB 361 (Rivas – D) Open Meeting: Local Agencies: Teleconferences**
    - **Introduced:** 2/1/2021
    - **Status:** 9/16/21 Chaptered by Secretary of State - Chapter 165, Statutes of 2021.
    - **Summary:** Would, until January 1, 2024, authorize a local agency to use teleconferencing without complying with the teleconferencing requirements imposed by the Ralph M. Brown Act when a legislative body of a local agency holds a meeting during a declared state of emergency, as that term is defined, when state or local health officials have imposed or recommended measures to promote social distancing, during a proclaimed state of emergency held for the purpose of determining, by majority vote, whether meeting in person would present imminent risks to the health or safety of attendees, and during a proclaimed state of emergency when the legislative body has determined that meeting in person would present imminent risks to the health or safety of attendees, as provided.

- **AB 532 (Wood – D) Health Care: Fair Billing Practices**
    - **Introduced:** 2/1/2021
    - **Status:** 10/4/2021 Approved by the Governor**.** Chaptered by Secretary of State.

Updated 11/7/2021

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

- **AB 1104 (Grayson – D) Air Ambulance Services**
  - **Introduced:** 2/18/2021
  - **Status:** 10/4/2021 Approved by the Governor**.** Chaptered by Secretary of State.
  - **Summary:** Current law imposes a penalty of $4 until July 1, 2021, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Current law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2022, whichever occurs first. These provisions remain in effect until January 1, 2024, and are repealed effective January 1, 2025. This bill would extend the assessment of penalties pursuant to the above-described provisions until December 31, 2022, and would extend the collection and transfer of penalties until December 31, 2023.

- **SB 48 (Limon – D) Medi-Cal: Annual Cognitive Health Assessment**
  - **Introduced:** 1/28/2021
  - **Status:** 10/4/2021 Approved by the Governor**.** Chaptered by Secretary of State.
  - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Subject to an appropriation by the Legislature for this purpose, this bill would expand the schedule of benefits to include an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program.

- **SB 242 (Newman – D) Health Care Provider Reimbursements**
  - **Introduced:** 1/21/2021
  - **Status:** 10/5/2021 Approved by the Governor**.** Chaptered by Secretary of State.
  - **Summary:** Would require a health care service plan or health insurer to contract with its health care providers to reimburse, at a reasonable rate, their business expenses that are medically necessary to comply with a public health order to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

- **SB 428 (Hurtado – D) Health Care Coverage: Adverse Childhood Experiences Screenings**
  - **Introduced:** 2/12/2021
  - **Status:** 10/7/2021 Approved by the Governor**.** Chaptered by Secretary of State.
  - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage for adverse childhood experiences screenings. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

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

Vetoed Bills:

- **SB 365 (Caballero – D) E-consult Service**
  - **Introduced:** 2/17/2021
  - **Status:** 10/16/2021 Vetoed by the Governor
  - **Summary:** Would make electronic consultation services reimbursable under the Medi-Cal program for enrolled providers, including FQHCs or RHCs. The bill would require the department to seek federal waivers and approvals to implement this provision and would condition the implementation of the bill's provisions on the department obtaining necessary federal approval of federal matching funds. The bill would make related findings and declarations.

- **AB 369 (Kamlager – D) Medi-Cal Services: Persons Experiencing Homelessness**
  - **Introduced:** 2/1/2021
  - **Status:** 10/8/2021 Vetoed by the Governor
  - **Summary:** Would require the State Department of Health Care Services to implement a program of presumptive eligibility for persons experiencing homelessness, under which a person would receive full-scope Medi-Cal benefits without a share of cost. The bill would require the department to authorize an enrolled Medi-Cal provider to issue a temporary Medi-Cal benefits identification card to a person experiencing homelessness, and would prohibit the department from requiring a person

experiencing homelessness to present a valid California driver's license or identification card issued by the Department of Motor Vehicles to receive Medi-Cal services if the provider verifies the person's eligibility.

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

- **AB 368 (Bonta – D) Food Prescriptions**
    - **Introduced:** 2/1/2021
    - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2021) (May be acted upon Jan 2022)
    - **Summary:** Would require the State Department of Health Care Services to establish, no earlier than January 1, 2022, a pilot program for a 2-year period in the Counties of Alameda, Fresno, and San Bernardino to provide food prescriptions to eligible Medi-Cal beneficiaries, including individuals who have a specified chronic health condition, such as Type 2 diabetes and hypertension, when utilizing evidence-based practices that demonstrate the prevention, treatment, or reversal of those specified diseases. The bill would authorize the department, in consultation with stakeholders, to establish utilization controls, including the limitation on food prescriptions, and to enter into contracts for purposes of implementing the pilot program.

- **AB 4 (Arambula – D) Medi-Cal: Eligibility**
    - **Introduced:** 12/8/2020
    - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021) (May be acted upon Jan 2022)
    - **Summary:** Would, effective January 1, 2022, extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health care provider or Medi-Cal managed care health plan, and would require the department to provide monthly updates to the appropriate policy and fiscal committees of the Legislature on the status of the implementation of these provisions.

- **AB 32 (Aguilar-Curry – D) Telehealth**
    - **Introduced:** 12/7/2020
    - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/9/2021) (May be acted upon Jan 2022)
    - **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill

Updated 11/7/2021

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

- **AB 114 (Mainenschein – D) Medi-Cal Benefits: Rapid Whole Genome Sequencing**
  - **Introduced:** 12/17/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/16/2021) (May be acted upon Jan 2022)
  - **Summary:** Would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, as specified, for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. The bill would authorize the State Department of Health Care Services to implement this provision by various means without taking regulatory action.

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

- **AB 112 (Holden – D) Medi-Cal Eligibility**
  - **Introduced:** 12/17/2020
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
  - **Summary:** Current federal law prohibits a state from terminating Medi-Cal eligibility for an eligible juvenile if they are an inmate of a public institution, authorizes the suspension of Medicaid benefits to that eligible juvenile, and requires a state to conduct a redetermination of Medicaid eligibility or process an application for medical assistance under the Medicaid program for an eligible juvenile who is an inmate of a public institution. Under current state law, the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile, as defined in federal law, ends when the individual is no longer an eligible juvenile pursuant to federal law or one year from the date the individual becomes an inmate of a public institution, whichever is later. This bill would instead require the suspension of Medi-Cal benefits to an inmate of a public institution who is not a juvenile to end on the date they are no longer an inmate of a public institution or 3 years from the date they become an inmate of a public institution, whichever is sooner.

- **AB 265 (Petrie-Norris – D) Medi-Cal: Reimbursement Rates**

- **Introduced:** 1/15/2021
- **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/14/2021) (May be acted upon Jan 2022)
- **Summary:** Current law requires the State Department of Health Care Services to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services. This bill would delete provisions relating to the above-specified 80% standard and would make conforming changes.

- **AB 278 (Flora – R) Medi-Cal: Podiatric Services**
  - **Introduced:** 1/19/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/14/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires a health care provider applying for enrollment as a Medi-Cal services provider or a current Medi-Cal services provider applying for continuing enrollment, or a current Medi-Cal services provider applying for enrollment at a new location or a change in location, to submit a complete application package. Under current law, a licensed physician and surgeon practicing as an individual physician practice or a licensed dentist practicing as an individual dentist practice, who is in good standing and enrolled as a Medi-Cal services provider, and who is changing the location of that individual practice within the same county, is eligible to file instead a change of location form in lieu of submitting a complete application package. This bill would make conforming changes to the provisions that govern applying to be a provider in the Medi-Cal program, or for a change of location by an existing provider, to include a doctor of podiatric medicine licensed by the California Board of Podiatric Medicine.

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

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

- **AB 521 (Mathis – R) Medi-Cal: Unrecovered Payments: Interest Rate**
  - **Introduced:** 2/10/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires the Director of Health Care Services to establish administrative appeal processes to review grievances or complaints arising from the findings of an audit or examination. Under current law, if recovery of a disallowed

payment has been made by the department, a provider who prevails in an appeal of that payment is entitled to interest at the rate equal to the monthly average received on investments in the Surplus Money Investment Fund, or simple interest at the rate of 7% per annum, whichever is higher. Under current law, with exceptions, interest at that same rate is assessed against any unrecovered overpayment due to the department. In the case of an assessment against any unrecovered overpayment due to the department, this bill would authorize the director to waive any or all of the interest or penalties owed by a provider, after taking into account specified factors, including the importance of the provider to the health care safety net in the community and the impact of the repayment amounts on the fiscal solvency of the provider.

- **AB 540 (Petrie-Norris – D) Program of All-Inclusive Care for the Elderly**
  - **Introduced:** 2/10/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/15/2021) (May be acted upon Jan 2022)
  - **Summary:** Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal State Plan, as specified. Current law authorizes the State Department of Health Care Services to enter into contracts with various entities for the purpose of implementing the PACE program and fully implementing the single-state agency responsibilities assumed by the department in those contracts, as specified. This bill would exempt a Medi-Cal beneficiary who is enrolled in a PACE organization with a contract with the department from mandatory or passive enrollment in a Medi-Cal managed care plan, and would require persons enrolled in a PACE plan to receive all Medicare and Medi-Cal services from the PACE program.

- **AB 586 (O'Donnell – D) Pupil Health: Mental Health Services: School Health Demonstration Project**
  - **Introduced:** 2/11/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was ED. on 6/9/2021) (May be acted upon Jan 2022)
  - **Summary:** Would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided.

- **AB 601 (Fong – R) Medi-Cal: Reimbursement**
  - **Introduced:** 2/11/2021
  - **Status:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/11/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals to receive health care services, including clinical laboratory or laboratory services. The Medi-Cal program is, in part, governed by and funded pursuant to federal Medicaid program provisions. Current law requires the department to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according

to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare Program for the same or similar services. This bill would make a technical, non-substantive change to these provisions.

- **AB 671 (Wood – D) Medi-Cal: Pharmacy Benefits**
  - **Introduced:** 2/12/2021
  - **Status:** 6/4/21 Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 5/27/2021) (May be acted upon Jan 2022)
  - **Summary:** This bill would authorize the department to provide disease management or similar payment to a pharmacy that the department has contracted with to dispense a specialty drug to Medi-Cal beneficiaries in an amount necessary to ensure beneficiary access, as determined by the department based on the results of the survey completed during the 2020 calendar year.

- **AB 822 (Rodriguez – D) Medi-Cal: Psychiatric Emergency Medical Conditions**
  - **Introduced:** 2/16/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/19/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires the State Department of Health Care Services to implement managed mental health care for Medi-Cal beneficiaries through contracts with mental health plans. Under current law, mental health plans are responsible for providing specialty mental health services to enrollees, and Medi-Cal managed care plans deliver non-specialty mental health services to enrollees. Under existing law, emergency services and care, mental health benefits, substance use disorder benefits, and specialty mental health services are covered under the Medi-Cal program. This bill would specify that observation services for a psychiatric emergency medical condition, as defined, are covered under the Medi-Cal program, consistent with coverage under the above provisions and any other applicable law.

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

from $35 to $80 and would require the department to annually adjust that amount by the same percentage as the Consumer Price Index.

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

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

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

supervisors and jail administrators, the bill would impose a state-mandated local program.

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

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

- **AB 1132 (Wood – D) Medi-Cal**
  - **Introduced:** 2/18/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/16/2021) (May be acted upon Jan 2022)
  - **Summary:** The Medi-Cal 2020 Demonstration Project Act requires the State Department of Health Care Services to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program and the Whole Person Care pilot program, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, California Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. This bill would make specified portions of the CCI operative only through December 31, 2022, as specified, and would repeal its provisions on January 1, 2025.

- **AB 1050 (Gray – D) Medi-Cal: Application for Enrollment: Prescription Drugs**

- **Introduced:** 2/18/2021
- **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2021) (May be acted upon Jan 2022)
- **Summary:** The Telephone Consumer Protection Act, among other provisions, prohibits any person within the United States, or any person outside the United States if the recipient is within the United States, from making any call to any telephone number assigned to a paging service, cellular telephone service, specialized mobile radio service, or other radio common carrier service, or any service for which the called party is charged for the call, without the prior express consent of the called party, using an automatic telephone dialing system or an artificial or prerecorded voice. Under current case law, a text message is considered a call for purposes of those provisions. This bill would require the application for Medi-Cal enrollment to include a statement that if the applicant is approved for Medi-Cal benefits, the applicant agrees that the department, county welfare department, and a managed care organization or health care provider to which the applicant is assigned may communicate with them regarding appointment reminders or outreach efforts at no more than a 6th grade reading level through Free to End User text messaging unless the applicant opts out.

- **AB 1051 (Bennett D) Medi-Cal: specialty mental health services: foster youth.**
  - **Introduced:** 2/18/2021
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/1/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.

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

- **AB 1160 (Rubio, Blanca – D) Medically Supportive Food**
  - **Introduced:** 2/18/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).
  - **Summary:** Current law requires the State Department of Health Care Services to establish a Medically Tailored Meals Pilot Program to operate for a period of 4 years from the date the program is established, or until funding is no longer available,

whichever date is earlier, in specified counties to provide medically tailored meal intervention services to Medi-Cal participants with prescribed health conditions, such as diabetes and renal disease. Effective for contract periods commencing on or after January 1, 2022, this bill would authorize Medi-Cal managed care plans to provide medically tailored meals to enrollees. The bill would authorize the department to implement this provision by various means, including a plan or provider bulletins, and would require the department to seek federal approvals. The bill would condition the implementation of this provision on the department obtaining federal approval and the availability of federal financial participation.

- **AB 1355 (Levine – D) Medi-Cal: Independent Medical Review System**
  - **Introduced:** 2/19/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).
  - **Summary:** Would require the Department of Health Care Services to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1, 2022, which generally models the specified described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary grievance involving a disputed health care service is eligible for review under the IMRS and would define "disputed health care service" as any service covered under the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contractors that makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information on the IMRS to be included in specified material, including the "myMedi-Cal: How to Get the Health Care You Need" publication and on the department's internet website.

- **AB 1162 (Villapudua – D) Health Care Coverage: Claims Payments**
  - **Introduced:** 2/18/2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2021) (May be acted upon Jan 2022)
  - **Summary:** Would require a health care service plan or disability insurer that provides hospital, medical, or surgical coverage to provide access to medically necessary health care services to its enrollees or insureds that are displaced or otherwise affected by a state of emergency. The bill would allow the Department of Managed Health Care and the Department of Insurance to also suspend requirements for prior authorization during a state of emergency. The bill would authorize the respective departments to issue guidance to health care service plans and specified insurers regarding compliance with these provisions.

- **SB 56 (Durazno – D) Medi-Cal: Eligibility**
  - **Introduced:** 12/7/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/22/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those

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

- **SB 250 (Pan – D) Health Care Coverage**
  - **Introduced:** 1/25/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/10/2021) (May be acted upon Jan 2022)
  - **Summary:** Would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months, as specified.

- **SB 256 (Pan – D) California Advancing and Innovating Medi-Cal**
  - **Introduced:** 1/26/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/10/2021) (May be acted upon Jan 2022)
  - **Summary:** Current federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative and would condition its implementation on receipt of any necessary federal approvals and availability of federal financial participation.

- **SB 281 (Dodd – D) Medi-Cal: California Community Transitions Program**
  - **Introduced:** 2/1/2021
  - **Status:** 7/6/21 July 6 set for first hearing canceled at the request of author.
  - **Summary:** Current law requires the State Department of Health Care Services to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Current law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days and would make conforming changes. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030.

- **SB 293 (Limon – D) Medi-Cal: Specialty Mental Health Services**
  - **Introduced:** 2/1/2021

Updated 11/7/2021

- **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/6/2021) (May be acted upon Jan 2022)
- **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals to receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, this bill would require the department to develop standard forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California.

- **SB 316 (Eggman – D) Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics**
  - **Introduced:** 2/4/2021
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/9/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, “physician,” for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC’s or RHC’s rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.

- **SB 508 (Stern – D) Mental Health Coverage: School-based Services**
  - **Introduced:** 2/10/2021
  - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/25/2021) (May be acted upon Jan 2022).
  - **Summary:** Current law provides that specified services, including targeted case management services for children with an individual education plan or an individualized family service plan, provided by local educational agencies (LEAs), are covered Medi-Cal benefits, and authorizes an LEA to bill for those services. Existing law requires the department to perform various activities with respect to the billing option for services provided by LEAs. Current law authorizes a school district to require the parent or legal guardian of a pupil to keep current at the pupil’s school of attendance certain emergency information. This bill would authorize an LEA to have

an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils, including pupils with a health care service plan, health insurance, or coverage through a Medi-Cal managed care plan, but not those covered by a county mental health plan.

- **SB 523 (Leyva – D) Health Care Coverage: Contraceptives**
  - **Introduced:** 2/10/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/19/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law establishes health care coverage requirements for contraceptives, including, but not limited to, requiring a health care service plan, including a Medi-Cal managed care plan, or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2017, to cover up to a 12-month supply of federal Food and Drug Administration approved, self-administered hormonal contraceptives when dispensed at one time for an enrollee or insured by a provider or pharmacist, or at a location licensed or authorized to dispense drugs or supplies. This bill, the Contraceptive Equity Act of 2021, would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2022, including requiring a health care service plan or health insurer to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost-sharing or medical management restrictions.

<u>Other</u>

Bills approved by the governor:

- **AB 342 (Gipson – D) Health Care Coverage: Colorectal Cancer: Screening and Testing**
  - **Introduced:** 1/28/2021
  - **Status:** 10/1/21 Signed by the Governor
  - **Summary:** Would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for a colorectal cancer screening test, as specified. The bill would require the required colonoscopy for a positive result on a test or procedure to be provided without cost sharing, unless the underlying test or procedure was a colonoscopy, as specified. The bill would also provide that it does not require a health care service plan or health insurer to provide benefits for items or services delivered by an out-of-network provider and does not preclude a health care service plan or health insurer from imposing cost-sharing requirements for items or services that are delivered by an out-of-network provider.

- **AB 457 (Santiago – D) Protection of Patient Choice in Telehealth Provider Act**
  - **Introduced:** 2/8/2021
  - **Status:** 10/1/21 Signed by the Governor
  - **Summary:** Current law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under current law, it is unlawful for healing arts licensees, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage

dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, subject to certain exceptions. This bill would provide that the payment or receipt of consideration for internet-based advertising, appointment booking, or any service that provides information and resources to prospective patients of licensees does not constitute a referral of a patient if the internet-based service provider does not recommend, endorse, arrange for, or otherwise select a licensee for the prospective patient.

- **AB 644 (Waldron – R) California MAT Re-entry Incentive Program**
  - **Introduced:** 2/12/2021
  - **Status:** 7/9/21 Approved by the Governor. Chaptered by Secretary of State
  - **Summary:** Current law, contingent upon the appropriation of specified federal grant funds to the State Department of Health Care Services, establishes the California MAT Re-Entry Incentive Program, which makes a person released from prison on parole, with specified exceptions, eligible for a 30-day reduction in the period of parole for every six months of treatment, up to a maximum 90-day reduction. To receive the reduction to the period of parole, existing law requires that the parolee successfully participate in a substance abuse treatment program that employs a multifaceted approach to treatment, including medically assisted therapy (MAT), as specified, and to have been enrolled in, or successfully participated in, an institutional substance abuse program. This bill would, instead of requiring the person to have participated in an institutional substance abuse program, require the person to have been enrolled in, or successfully participated in, a post-release substance abuse program.

- **AB 309 (Gabriel – D) Pupil Mental Health: Model Referral Protocols**
  - **Introduced:** 1/25/2021
  - **Status:** 10/8/2021 Approved by the Governor. Chaptered by Secretary of State.
  - **Summary:** Would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers, administrators, pupils, and parents. The bill would require the department to post the model referral protocols on its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.

- **AB 326 (Rivas, Luz – D) Health Care Service Plans: Consumer Participation Program**
  - **Introduced:** 1/26/2021
  - **Status:** 10/9/2021 Approved by the Governor. Chaptered by Secretary of State.
  - **Summary:** Current law, until January 1, 2024, requires the Director of the Department of Managed Health Care to establish the Consumer Participation Program, which allows the director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. This bill would extend the operation of that program indefinitely.

- **AB 326 (Rivas, Luz – D) Health Care Service Plans: Consumer Participation Program**
  - **Introduced:** 1/26/2021

   - **Status:** 10/9/2021 Approved by the Governor. Chaptered by Secretary of State.
   - **Summary:** Current law, until January 1, 2024, requires the Director of the Department of Managed Health Care to establish the Consumer Participation Program, which allows the director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. This bill would extend the operation of that program indefinitely.

- **AB 347 (Arambula – D) Health Care Coverage: Step Therapy**
   - **Introduced:** 1/28/2021
   - **Status:** 10/9/2021 Approved by the Governor. Chaptered by Secretary of State.
   - **Summary:** Would clarify that a health care service plan that provides coverage for prescription drugs may require step therapy, as defined if there is more than one drug that is clinically appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if the health care provider submits justification and supporting clinical documentation if needed, that specified criteria are met. The bill would authorize an enrollee or insured, or their designee, guardian, health care provider, or prescribing provider to file an internal appeal of a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals.

- **AB 389 (Grayson – D) Ambulance Services**
   - **Introduced:** 2/2/2021
   - **Status:** 10/4/2021 Approved by the Governor. Chaptered by Secretary of State
   - **Summary:** Would authorize a county to contract for emergency ambulance services with a fire protection district that is governed by the county's board of supervisors and provides those services, in whole or in part, through a written subcontract with a private ambulance service. The bill would authorize a fire protection district to enter a written subcontract with a private ambulance service for these purposes.

- **AB 1064 (Fong – R) Pharmacy Practice: Vaccines: Independent Initiation and Administration**
   - **Introduced:** 2/18/2021
   - **Status:** 10/8/2021 Approved by the Governor. Chaptered by Secretary of State
   - **Summary:** Current law provides additional authority for the pharmacist to independently initiate and administer any COVID-19 vaccines approved or authorized by the federal Food and Drug Administration (FDA), or vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP), in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) for persons 3 years of age and older. This bill would recast this provision to instead authorize a pharmacist to independently initiate and administer any vaccine that has been approved or authorized by the FDA and received an ACIP individual vaccine recommendation published by the CDC for persons 3 years of age and older.

- **SB 306 (Pan – D) Sexually Transmitted Disease: Testing**

  - **Introduced:** 12/7/2020
  - **Status:** 10/4/2021 Approved by the Governor. Chaptered by Secretary of State
  - **Summary:** Current law authorizes a specified health care provider who diagnoses an STD, as specified, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. The Pharmacy Law requires a pharmacist to dispense a prescription in a container that, among other things, is correctly labeled with the name of the patient or patients. The current regulation requires a pharmacist to ensure that a patient receives written notice of their right to consult with a pharmacist when the patient or the patient's agent is not present. This bill would name the above practice "expedited partner therapy." The bill would require a health care provider to include "expedited partner therapy" or "EPT" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner, and would authorize a pharmacist to dispense an expedited partner therapy prescription and label the drug without an individual's name if the prescription includes "expedited partner therapy" or "EPT."

- **SB 221 (Wiener – D) Health Care Coverage: Timely Access to Care**
  - **Introduced:** 1/13/2021
  - **Status:** 10/8/2021 Approved by the Governor. Chaptered by Secretary of State
  - **Summary:** Would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements, as specified.

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

- **AB 71 (Rivas – D) Homeless Funding: Bring California Home Act**
  - **Introduced:** 12/7/2020
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 6/3/2021) (May be acted upon Jan 2022)
  - **Summary:** The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Current federal law, for purposes of determining a taxpayer's gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global intangible low-taxed income for that taxable year, as provided. This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global intangible low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions.

- **AB 93 (Garcia, Eduardo – D) Pandemic Response Practices**
  - **Introduced:** 12/7/2020

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

- **AB 95 (Low – D) Employees: Bereavement Leave**
  - **Introduced:** 12/7/2020
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
  - **Summary:** Would enact the Bereavement Leave Act of 2021. The bill would require an employer with 25 or more employees to grant a request made by any employee to take up to 10 business days of unpaid bereavement leave upon the death of a spouse, child, parent, sibling, grandparent, grandchild, or domestic partner, in accordance with certain procedures, and subject to certain exclusions. The bill would require an employer with fewer than 25 employees to grant a request by any employee to take up to 3 business days of leave, in accordance with these provisions. The bill would prohibit an employer from interfering with or restraining the exercise or attempt to exercise the employee's right to take this leave.

- **AB 97 (Nazarian – D) Health Care Coverage: Insulin affordability**
  - **Introduced:** 12/8/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 8/17/2021) (May be acted upon Jan 2022)
  - **Summary:** Would prohibit a health care service plan contract or a health disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **AB 240 (Rodriguez – D) Local Health Department Workforce Assessment**
  - **Introduced:** 1/13/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021) (May be acted upon Jan 2022)
  - **Summary:** This bill would require the State Department of Public Health to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources in order to accurately and adequately fund local public health. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2024. The bill would also require the department to convene an advisory group composed of

representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation.

- **AB 383 (Salas – D) Behavioral Health: Older Adults**
  - **Introduced:** 2/2/2021
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/16/2021) (May be acted upon Jan 2022)
  - **Summary:** Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022, and would require the report to be posted on the department's internet website.

- **AB 393 (Reyes – D) Early Childhood Development Act of 2020**
  - **Introduced:** 2/2/2021
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was APPR. SUSPENSE FILE on 5/5/2021) (May be acted upon Jan 2022)
  - **Summary:** Would make additional legislative findings and declarations regarding childcare supportive services. This bill would require the State Department of Social Services to report on various topics related to early childhood supports in light of the COVID-19 pandemic by October 1, 2021.

- **AB 454 (Rodriguez – D) Health Care Provider Emergency Payments**
  - **Introduced:** 2//2021
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2021) (May be acted upon Jan 2022)
  - **Summary:** This bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner to require a health care service plan or health insurer to provide specified payments and support to a provider during and at least 60 days after the end of a declared state of emergency or other circumstance if two conditions occur, as specified.

- **AB 493 (Wood – D) Health Insurance**
  - **Introduced:** 2/8/2021
  - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 5/12/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law provides for the regulation of health insurers by the Department of Insurance. Current federal law, the Patient Protection and Affordable

Care Act (PPACA), enacts various health care market reforms. Current law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to cover essential health benefits as prescribed, and provides that these provisions shall be implemented only to the extent essential health benefits are required pursuant to PPACA. This bill would delete the provision that conditions the implementation of that provision only to the extent essential health benefits are required pursuant to PPACA, and would make technical, non-substantive changes to that provision.

- **AB 507 (Kalra – D) Health care Service Plans: Review of Rate Increases**
  - **Introduced:** 2/9/2021
  - **Status:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/9/2021) (May be acted upon Jan 2022).
  - **Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law requires a health care service plan in the individual, small group, or large group markets to file rate information with the Department of Managed Health Care, as specified. Current law requires the information submitted to be made publicly available, except as specified, and requires the department and the health care service plan to make specified information, including a justification for an unreasonable rate increase, readily available to the public on their internet websites in plain language. This bill would make technical, non-substantive changes to those provisions.

- **AB 510 (Wood – D) Out-of-Network Health Care Benefits**
  - **Introduced:** 2/9/2021
  - **Status:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/9/2021) (May be acted upon Jan 2022).
  - **Summary:** Would authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

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

of infertility, thereby imposing these requirements on these employers, plans, and policies.

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

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

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

- **SB 40 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
  - **Introduced:** 12/7/2020
  - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/6/2021) (May be acted upon Jan 2022)
  - **Summary:** Would, contingent upon an appropriation by the Legislature, as specified, create the California Medicine Scholars Program, a 5-year pilot program commencing

January 1, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school in an effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state.

- **SB 100 (Hurtado – D) Extended Foster Care Program Working Group**
  - **Introduced:** 12/29/2020
  - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/20/2021) (May be acted upon Jan 2022)
  - **Summary:** Would require the State Department of Social Services to convene a working group to examine the extended foster care program and make recommendations for improvements to the program. The bill would require the working group to submit a report to the Legislature with the recommendations on or before July 1, 2022. The bill would require the working group to include representatives from specified state agencies and stakeholders. The bill would require the working group to evaluate and provide recommendations on the overall functioning of the extended foster care system, and on other specified components of the foster care system including higher education opportunities, job training, and employment opportunities for nonminor dependents, housing access, and access to health care and mental health services. The bill would require the recommendations to reflect a consensus of the working group, as specified.

Board Business

Finance

Gil Riojas

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: November 12, 2021

Subject: Finance Report – September 2021

Executive Summary

- For the month ended September 30, 2021, the Alliance had enrollment of 292,632 members, a Net Income of $370,000, and 565% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$97,418	$292,809
Medical Expense	91,949	273,182
Admin. Expense	5,100	15,143
Other Inc. / (Exp.)	2	(14)
Net Income	**$370**	**$4,471**

Net Income by Program:

	Month	YTD
Medi-Cal	$247	$4,340
Group Care	124	131
	$370	**$4,471**

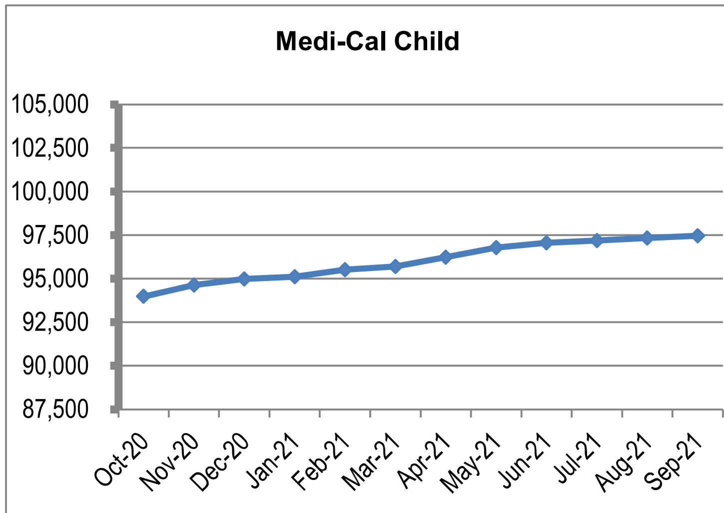
Enrollment

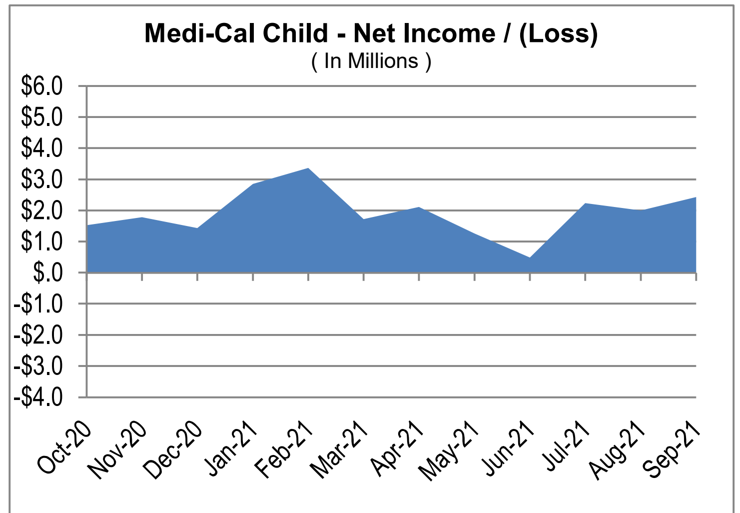
- Total enrollment increased by 1,425 members since August 2021.
- Total enrollment increased by 4,078 members since June 2021.

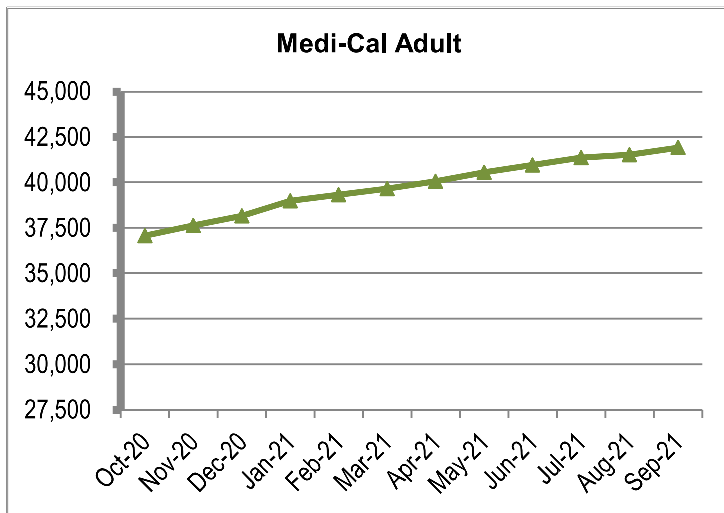
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

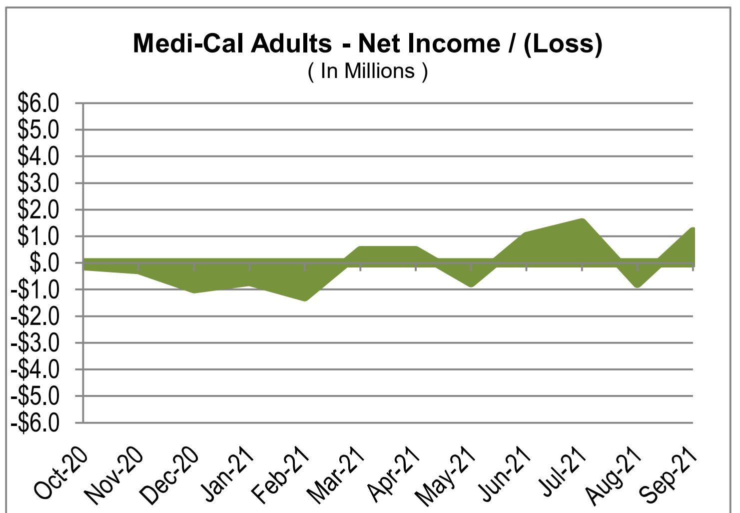
Enrollment September-2021 Actual	Budget	Variance	Variance %		Member Months Year-to-Date Actual	Budget	Variance	Variance %
				Medi-Cal:				
41,924	40,839	1,085	2.7%	Adult	124,801	122,366	2,435	2.0%
97,460	97,448	12	0.0%	Child	291,963	291,984	(21)	0.0%
26,330	26,427	(97)	-0.4%	SPD	78,966	79,183	(217)	-0.3%
20,535	20,062	473	2.4%	Duals	61,117	60,112	1,005	1.7%
100,469	98,549	1,920	1.9%	ACA OE	299,357	295,283	4,074	1.4%
286,718	**283,325**	**3,393**	**1.2%**	**Medi-Cal Total**	**856,204**	**848,928**	**7,276**	**0.9%**
5,914	5,939	(25)	-0.4%	Group Care	17,726	17,817	(91)	-0.5%
292,632	**289,264**	**3,368**	**1.2%**	**Total**	**873,930**	**866,745**	**7,185**	**0.8%**

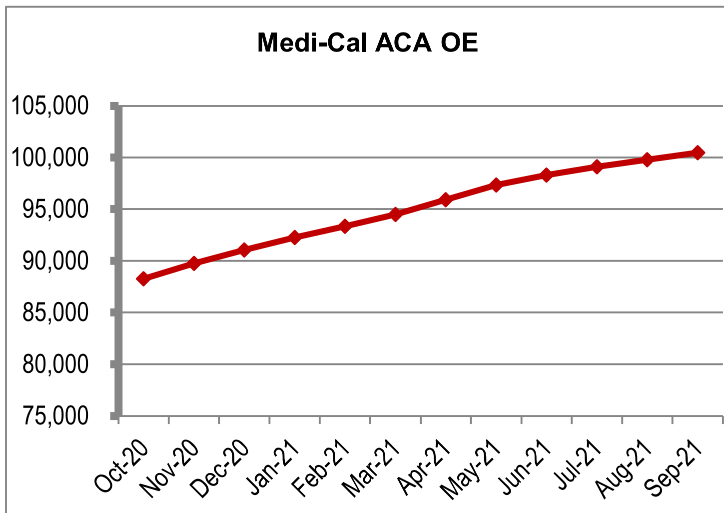
Enrollment and Profitability by Program and Category of Aid

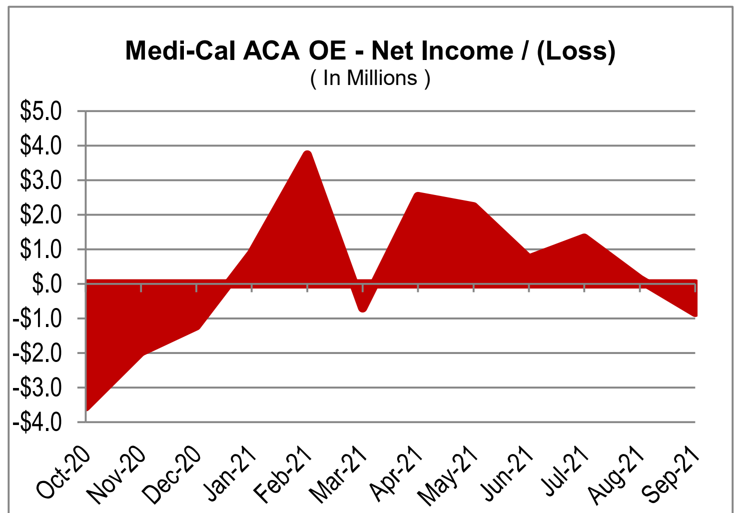




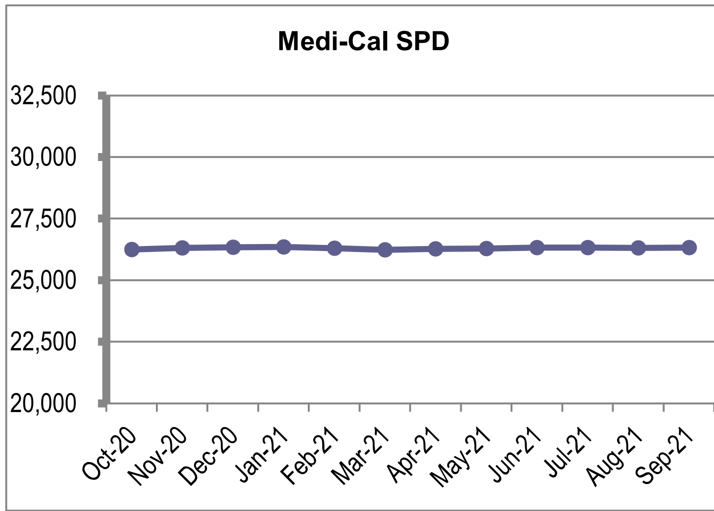


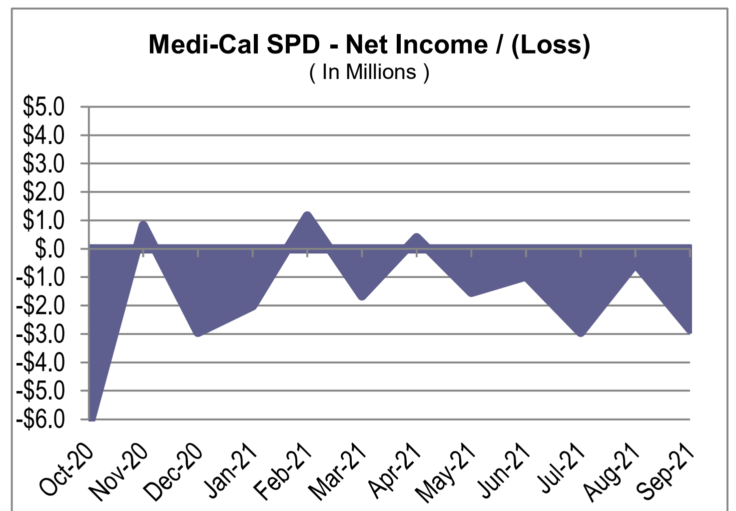


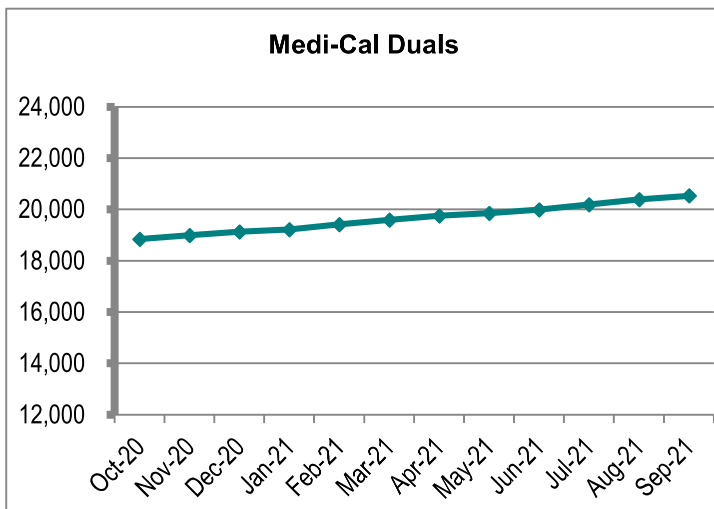


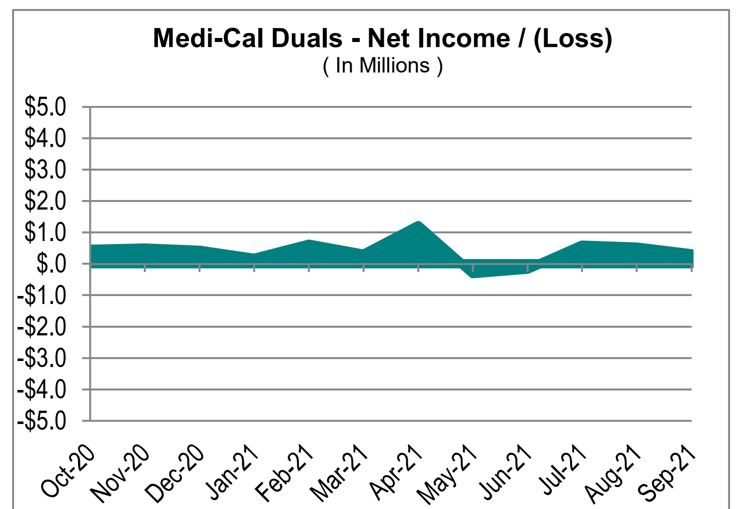


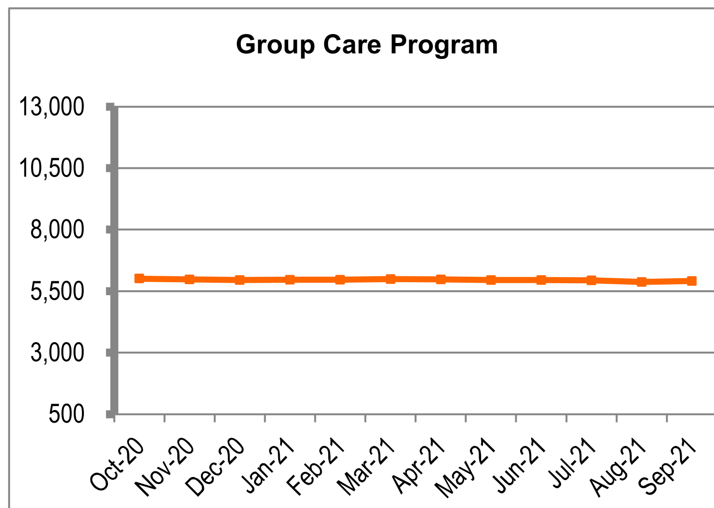
Enrollment and Profitability by Program and Category of Aid

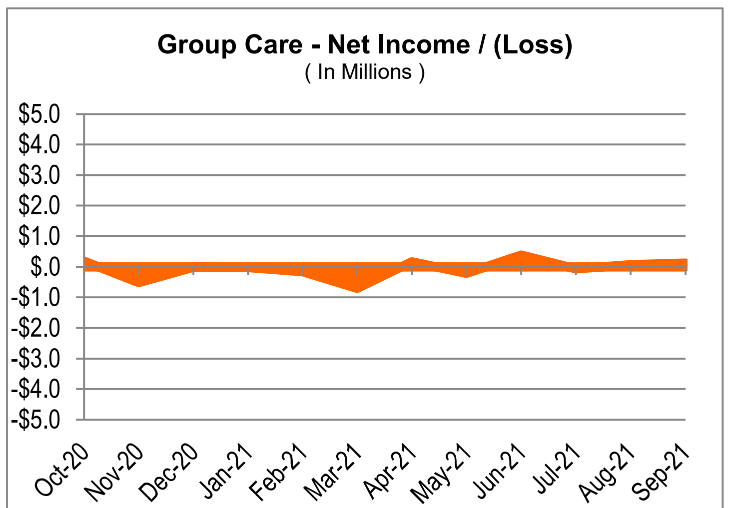




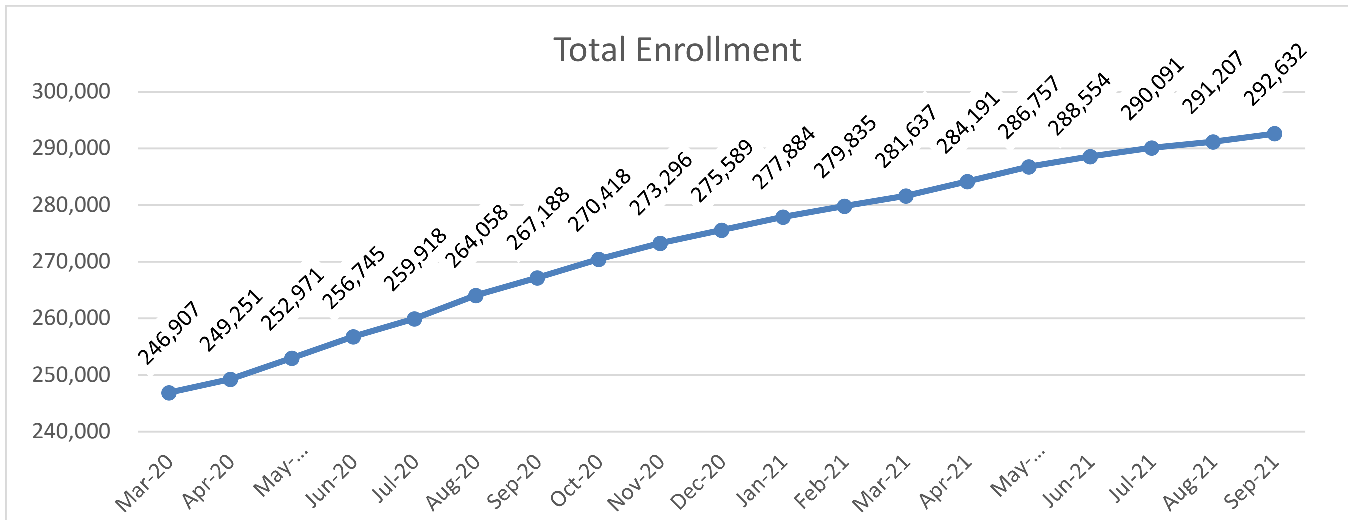


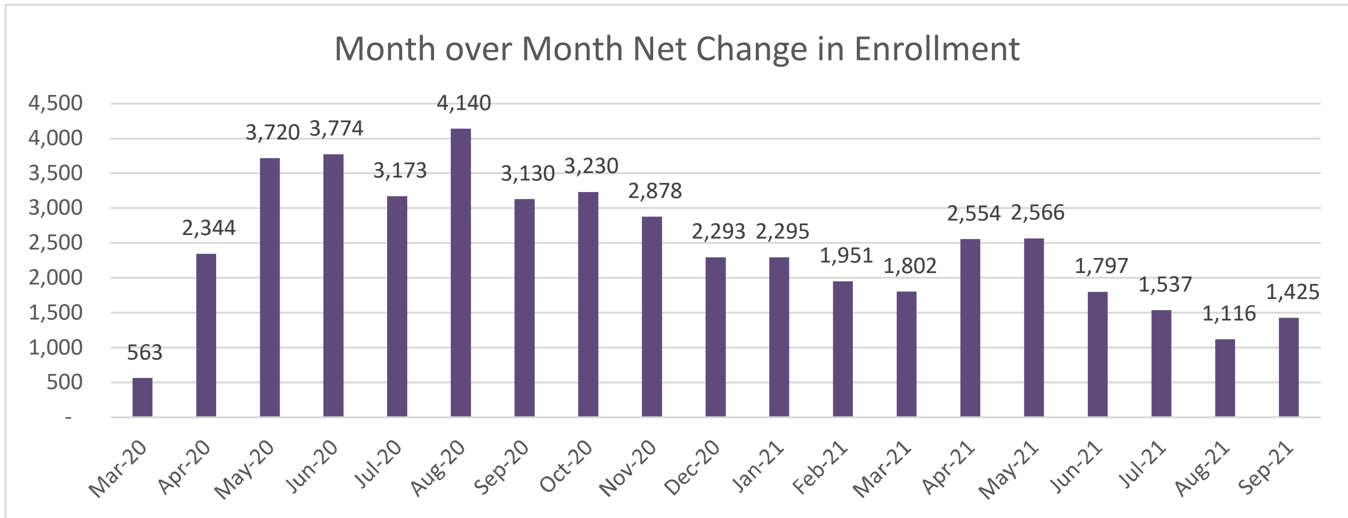






Net Change in Enrollment



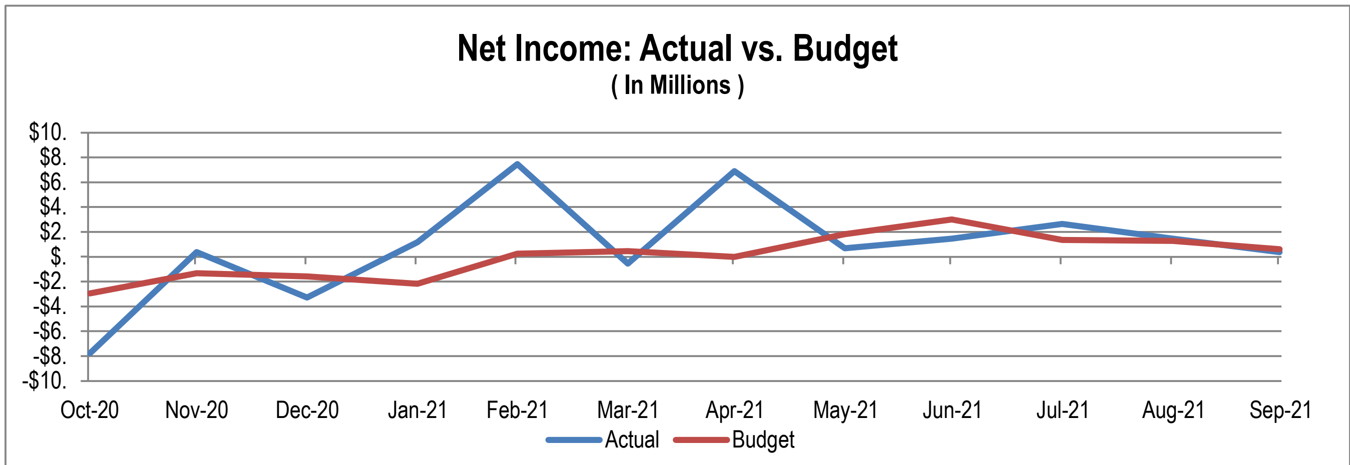


- Total Enrollment continues to increase however, the rate of increase has fallen from the high of 4,140 members in August 2020. The change in the rate of increase will be a considered in enrollment projections for the remainder of the fiscal and calendar year.

Net Income

- For the month ended September 30, 2021:
  - Actual Net Income: $370,000.
  - Budgeted Net Income: $609,000.

- For the fiscal YTD ended September 30, 2021:
  - Actual Net Income: $4.5 million.
  - Budgeted Net Income: $3.2 million.

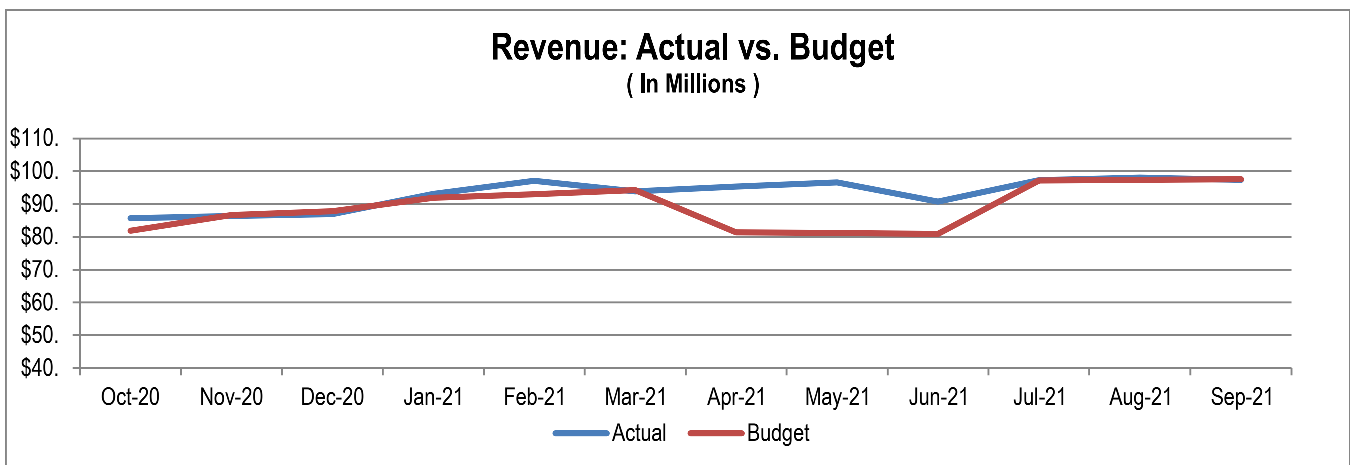


- The unfavorable variance of $239,000 in the current month is primarily due to:
  - Unfavorable $217,000 lower than anticipated Revenue.
  - Unfavorable $1.9 million higher than anticipated Medical Expense.
  - Favorable $1.9 million lower than anticipated Administrative Expense.

Revenue

- For the month ended September 30, 2021:
  - Actual Revenue: $97.4 million.
  - Budgeted Revenue: $97.6 million.

- For the fiscal YTD ended September 30, 2021:
  - Actual Revenue: $292.8 million.
  - Budgeted Revenue: $292.2 million.

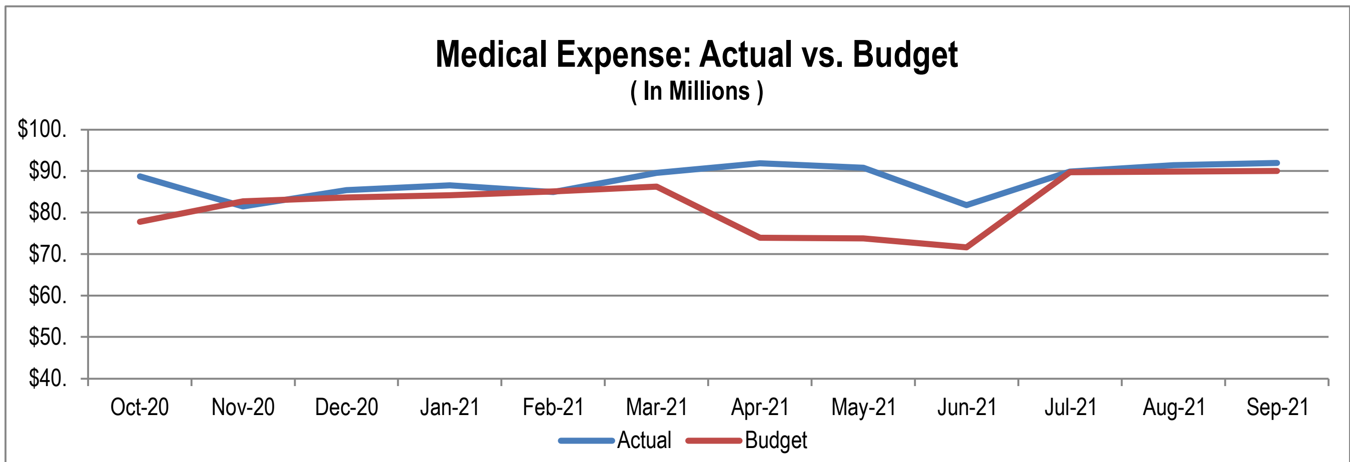


- For the month ended September 30, 2021, revenue is on budget.

Medical Expense

- For the month ended September 30, 2021:
    - Actual Medical Expense: $91.9 million.
    - Budgeted Medical Expense: $90.1 million.

- For the fiscal YTD ended September 30, 2021:
    - Actual Medical Expense: $273.2 million.
    - Budgeted Medical Expense: $269.6 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 September, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by $519,000. Year-to-date, the estimate for prior years decreased by $5.8 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	$66,341,259	$0	$66,341,259	$65,318,290	($1,022,969)	-1.6%
Primary Care FFS	13,443,986	(262,238)	13,181,748	13,371,252	($72,733)	-0.5%
Specialty Care FFS	13,296,123	(16,475)	13,279,648	14,019,600	$723,477	5.2%
Outpatient FFS	24,453,902	(622,222)	23,831,680	24,640,715	$186,813	0.8%
Ancillary FFS	12,637,687	(109,226)	12,528,461	11,382,880	($1,254,807)	-11.0%
Pharmacy FFS	46,254,188	(1,490,661)	44,763,527	46,275,203	$21,014	0.0%
ER Services FFS	13,546,157	119,885	13,666,042	11,070,918	($2,475,239)	-22.4%
Inpatient Hospital & SNF FFS	83,608,833	(3,382,605)	80,226,228	76,479,817	($7,129,015)	-9.3%
Other Benefits & Services	5,548,048	0	5,548,048	6,620,773	$1,072,725	16.2%
Net Reinsurance	(185,138)	0	(185,138)	396,840	$581,978	146.7%
Provider Incentive	0	0	0	0	$0	-
	$278,945,044	**($5,763,541)**	**$273,181,503**	**$269,576,288**	**($9,368,757)**	**-3.5%**

Medical Expense - Actual vs. Budget (Per Member Per Month)

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

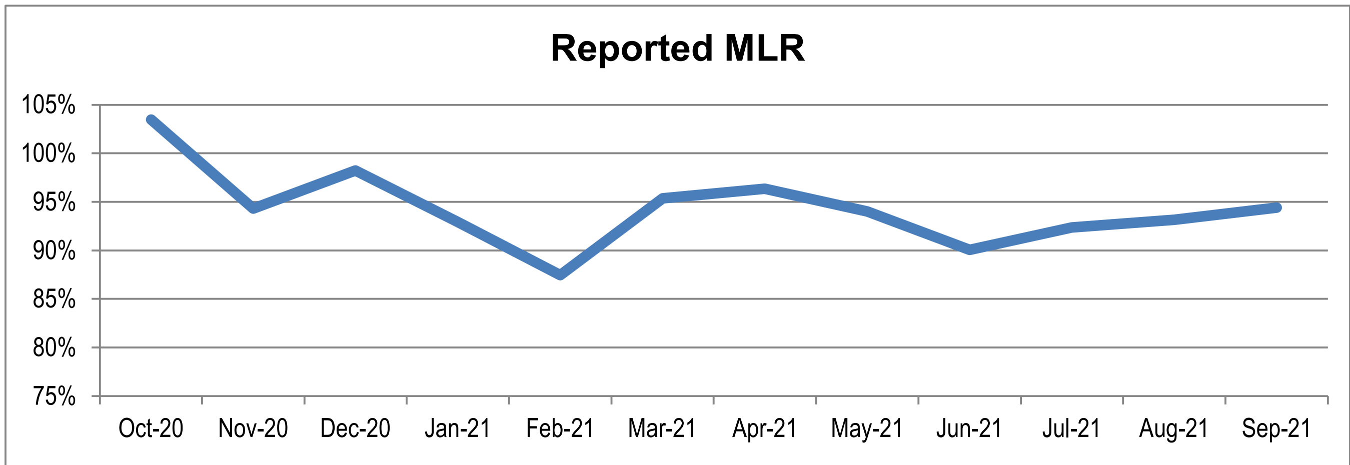
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$75.91	$0.00	$75.91	$75.36	($0.55)	-0.7%
Primary Care FFS	15.38	(0.30)	15.08	15.43	0.04	0.3%
Specialty Care FFS	15.21	(0.02)	15.20	16.17	0.96	5.9%
Outpatient FFS	27.98	(0.71)	27.27	28.43	0.45	1.6%
Ancillary FFS	14.46	(0.12)	14.34	13.13	(1.33)	-10.1%
Pharmacy FFS	52.93	(1.71)	51.22	53.39	0.46	0.9%
ER Services FFS	15.50	0.14	15.64	12.77	(2.73)	-21.4%
Inpatient Hospital & SNF FFS	95.67	(3.87)	91.80	88.24	(7.43)	-8.4%
Other Benefits & Services	6.35	0.00	6.35	7.64	1.29	16.9%
Net Reinsurance	(0.21)	0.00	(0.21)	0.46	0.67	146.3%
Provider Incentive	0.00	0.00	0.00	0.00	0.00	-
	$319.18	**($6.59)**	**$312.59**	**$311.02**	**($8.16)**	**-2.6%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $9.4 million unfavorable to budget. On a PMPM basis, medical expense is 3.5% unfavorable to budget.
  - Pharmacy Expense is slightly below budget driven by favorable PBM expense offset by unfavorable Non-PBM unit cost across all populations.

- Inpatient Expense is over budget due to unfavorable SPD, Group Care and ACA OE unit cost and utilization.
- Other Benefits & Services are favorable to budget, primarily due to open positions in the Health Care Services Organization.
- Net Reinsurance is favorable to budget. We continue to receive recoveries from last fiscal year.
- Ancillary Expense is above budget due to Home Heath, DME, Outpatient Therapy, Laboratory and Radiology, Ambulance, and Non-Emergency Transportation expense.
- Outpatient Expense is under budget, driven by favorable utilization offset by unfavorable unit cost.
  - Behavioral Health: unfavorable due to unfavorable utilization offset by favorable unit cost trends.
  - Lab & Radiology: favorable due to favorable utilization offset by unfavorable 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 slightly over budget primarily due to higher than budgeted enrollment with our global subcontractor along with retroactive payments to adjust payment to newly contracted rates.
- Emergency Room Expense is unfavorable, due to unfavorable unit cost across all member categories except for the Duals population.
- Specialty Care is favorable to budget due to lower than projected utilization. Expenses across all member groups are favorable except for the SPD population whose utilization is less favorable.
- Primary Care Expense is below budget driven by favorable unit cost, offset by unfavorable utilization with most of the favorability in the Child population.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 94.4% for the month and 93.3% for the fiscal year-to-date.



Administrative Expense

- For the month ended September 30, 2021:
    - Actual Administrative Expense: $5.1 million.
    - Budgeted Administrative Expense: $7.0 million.

- For the fiscal YTD ended September 30, 2021:
    - Actual Administrative Expense: $15.1 million.
    - Budgeted Administrative Expense: $19.4 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 %**
$2,971,715	$3,579,635	$607,920	17.0%	Employee Expense	$8,740,631	$10,473,320	$1,732,689	16.5%
688,947	645,186	(43,761)	-6.8%	Medical Benefits Admin Expense	2,023,729	1,939,185	(84,544)	-4.4%
649,078	1,592,986	943,908	59.3%	Purchased & Professional Services	1,948,482	3,757,541	1,809,059	48.1%
790,655	1,155,552	364,897	31.6%	Other Admin Expense	2,429,700	3,273,350	843,650	25.8%
$5,100,395	$6,973,359	$1,872,964	26.9%	Total Administrative Expense	$15,142,542	$19,443,396	$4,300,854	22.1%

The year-to-date variances include:

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

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

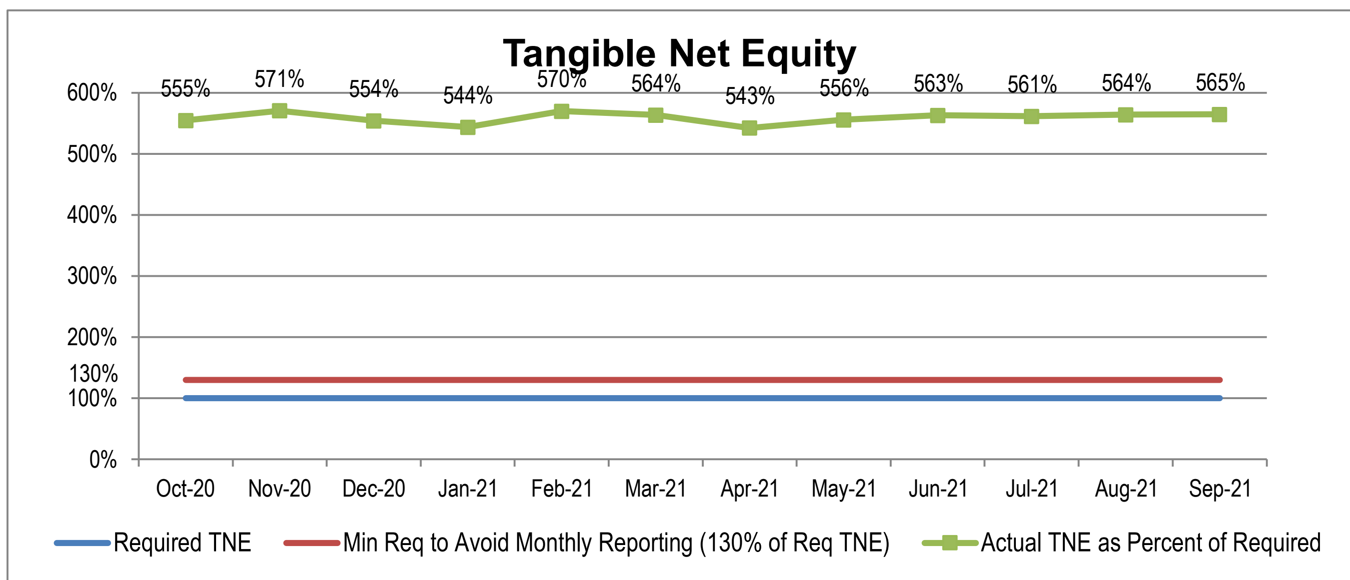
Other Income / (Expense)

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

- Fiscal year-to-date interest income from investments is $68,000.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $88,000.

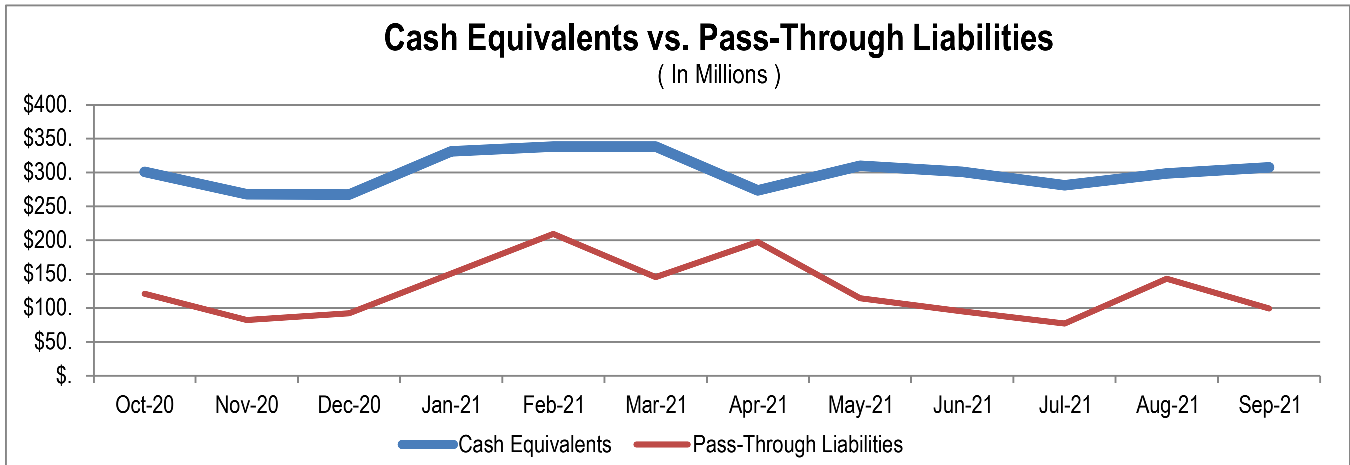
Tangible Net Equity (TNE)

- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.
  - Required TNE $37.2 million
  - Actual TNE $209.9 million
  - Excess TNE $172.7 million
  - TNE as % of Required TNE 565%



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

- Key Metrics
  - Cash & Cash Equivalents $307.6 million
  - Pass-Through Liabilities $99.3 million
  - Uncommitted Cash $208.3 million
  - Working Capital $203.4 million
  - Current Ratio 1.84 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: $106,000.
- Annual capital budget: $1.4 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
286,718	283,325	3,393	1.2%	1 - Medi-Cal	856,204	848,928	7,276	0.9%
5,914	5,939	(25)	(0.4%)	2 - Group Care	17,726	17,817	(91)	(0.5%)
292,632	**289,264**	**3,368**	**1.2%**	**3 - Total Member Months**	**873,930**	**866,745**	**7,185**	**0.8%**
				REVENUE				
$97,417,927	**$97,635,069**	**($217,143)**	**(0.2%)**	**4 - TOTAL REVENUE**	**$292,809,176**	**$292,214,575**	**$594,602**	**0.2%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
22,381,244	21,897,931	(483,313)	(2.2%)	5 - Capitated Medical Expense	66,341,261	65,318,296	(1,022,965)	(1.6%)
				Fee for Service Medical Expenses:				
29,307,530	25,520,009	(3,787,521)	(14.8%)	6 - Inpatient Hospital & SNF FFS Expense	80,226,227	76,479,816	(3,746,411)	(4.9%)
4,311,050	4,460,577	149,527	3.4%	7 - Primary Care Physician FFS Expense	13,181,749	13,371,249	189,500	1.4%
3,896,480	4,676,080	779,600	16.7%	8 - Specialty Care Physician Expense	13,279,647	14,019,599	739,952	5.3%
4,079,302	3,793,815	(285,487)	(7.5%)	9 - Ancillary Medical Expense	12,528,461	11,382,880	(1,145,581)	(10.1%)
7,856,008	8,197,800	341,792	4.2%	10 - Outpatient Medical Expense	23,831,678	24,640,716	809,038	3.3%
4,850,613	3,685,557	(1,165,056)	(31.6%)	11 - Emergency Expense	13,666,042	11,070,917	(2,595,125)	(23.4%)
13,823,885	15,459,882	1,635,997	10.6%	12 - Pharmacy Expense	44,763,528	46,275,203	1,511,675	3.3%
68,124,867	65,793,720	(2,331,147)	(3.5%)	13 - Total Fee for Service Expense	201,477,332	197,240,380	(4,236,952)	(2.1%)
1,920,655	2,237,654	316,999	14.2%	14 - Other Benefits & Services	5,548,046	6,620,773	1,072,727	16.2%
(477,518)	132,270	609,788	461.0%	15 - Reinsurance Expense	(185,138)	396,839	581,977	146.7%
91,949,248	**90,061,575**	**(1,887,673)**	**(2.1%)**	**17 - TOTAL MEDICAL EXPENSES**	**273,181,500**	**269,576,288**	**(3,605,212)**	**(1.3%)**
5,468,678	**7,573,494**	**(2,104,816)**	**(27.8%)**	**18 - GROSS MARGIN**	**19,627,676**	**22,638,287**	**(3,010,611)**	**(13.3%)**
				ADMINISTRATIVE EXPENSES				
2,971,715	3,579,635	607,920	17.0%	19 - Personnel Expense	8,740,631	10,473,320	1,732,689	16.5%
688,947	645,186	(43,761)	(6.8%)	20 - Benefits Administration Expense	2,023,729	1,939,185	(84,544)	(4.4%)
649,078	1,592,986	943,908	59.3%	21 - Purchased & Professional Services	1,948,482	3,757,541	1,809,059	48.1%
790,655	1,155,552	364,897	31.6%	22 - Other Administrative Expense	2,429,700	3,273,350	843,650	25.8%
5,100,395	**6,973,359**	**1,872,964**	**26.9%**	**23 -Total Administrative Expense**	**15,142,542**	**19,443,396**	**4,300,854**	**22.1%**
368,283	**600,135**	**(231,852)**	**(38.6%)**	**24 - NET OPERATING INCOME / (LOSS)**	**4,485,135**	**3,194,891**	**1,290,243**	**40.4%**
				OTHER INCOME / EXPENSE				
1,894	**8,750**	**(6,856)**	**(78.4%)**	**25 - Total Other Income / (Expense)**	**(14,303)**	**26,252**	**(40,555)**	**(154.5%)**
$370,178	**$608,885**	**($238,707)**	**(39.2%)**	**26 - NET INCOME / (LOSS)**	**$4,470,832**	**$3,221,143**	**$1,249,688**	**38.8%**
5.2%	7.1%	1.9%	26.7%	27 - Admin Exp % of Revenue	5.2%	6.7%	1.5%	22.3%

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

	September	August	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$26,582,753	$35,679,871	($9,097,118)	-25.50%
Short-Term Investments	281,008,371	263,127,849	17,880,521	6.80%
Interest Receivable	30,861	30,299	562	1.86%
Other Receivables - Net	130,547,022	188,695,221	(58,148,200)	-30.82%
Prepaid Expenses	5,554,665	6,061,240	(506,575)	-8.36%
Prepaid Inventoried Items	4,936	3,971	965	24.30%
CalPERS Net Pension Asset	(1,665,176)	(1,665,176)	0	0.00%
Deferred CalPERS Outflow	4,501,849	4,501,849	0	0.00%
TOTAL CURRENT ASSETS	**446,565,280**	**496,435,124**	**(49,869,844)**	**-10.05%**
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	9,605,191	9,605,191	0	0.00%
Furniture And Equipment	11,540,223	11,540,223	0	0.00%
Leasehold Improvement	902,447	902,447	0	0.00%
Construction in Process	169,640	63,615	106,025	166.67%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,041,503	36,935,478	106,025	0.29%
Less: Accumulated Depreciation	(30,948,164)	(30,861,700)	(86,465)	0.28%
NET PROPERTY AND EQUIPMENT	**6,093,339**	**6,073,778**	**19,561**	**0.32%**
TOTAL ASSETS	**$453,008,619**	**$502,858,902**	**($49,850,284)**	**-9.91%**
CURRENT LIABILITIES:				
Accounts Payable	$2,439,618	$2,937,058	($497,440)	-16.94%
Pass-Through Liabilities	99,279,111	142,886,342	(43,607,231)	-30.52%
Claims Payable	28,242,799	28,695,918	(453,119)	-1.58%
IBNP Reserves	98,708,978	102,625,801	(3,916,823)	-3.82%
Payroll Liabilities	5,064,897	4,575,329	489,568	10.70%
CalPERS Deferred Inflow	859,093	859,093	0	0.00%
Risk Sharing	8,124,932	10,349,849	(2,224,917)	-21.50%
Provider Grants/ New Health Program	408,318	418,818	(10,500)	-2.51%
TOTAL CURRENT LIABILITIES	**243,127,745**	**293,348,207**	**(50,220,461)**	**-17.12%**
TOTAL LIABILITIES	**243,127,745**	**293,348,207**	**(50,220,461)**	**-17.12%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	204,569,809	204,569,809	0	0.00%
Year-to Date Net Income / (Loss)	4,470,832	4,100,654	370,178	9.03%
TOTAL NET WORTH	**209,880,873**	**209,510,696**	**370,178**	**0.18%**
TOTAL LIABILITIES AND NET WORTH	**$453,008,619**	**$502,858,902**	**($49,850,284)**	**-9.91%**

CONFIDENTIAL
For Management and Internal Purposes Only.

9. BALSHEET 22

10/21/21
REPORT #3

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$152,304,738	$285,547,397	$564,323,200	$285,547,397
Commercial Premium Revenue	2,277,333	6,688,061	13,448,183	6,688,061
Other Income	321,163	716,636	1,972,929	716,636
Investment Income	19,894	58,374	158,891	58,374
Cash Paid To:				
Medical Expenses	(97,894,292)	(274,903,355)	(542,860,009)	(274,903,355)
Vendor & Employee Expenses	(4,532,175)	(15,892,271)	(27,554,255)	(15,892,271)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	52,496,661	2,214,842	9,488,939	2,214,842
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(106,025)	(106,025)	5,839,258	(106,025)
Net Cash Provided By (Used In) Financing Activities	(106,025)	(106,025)	5,839,258	(106,025)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	(43,607,231)	4,446,574	(46,354,865)	4,446,574
Net Cash Provided By (Used In) Investing Activities	(43,607,231)	4,446,574	(46,354,865)	4,446,574
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**8,783,405**	**6,555,391**	**(31,026,668)**	**6,555,391**
Cash @ Beginning of Period	298,807,721	301,035,735	338,617,793	301,035,735
Subtotal	$307,591,126	$307,591,126	$307,591,125	$307,591,126
Rounding	(2)	(2)	(1)	(2)
Cash @ End of Period	**$307,591,124**	**$307,591,124**	**$307,591,124**	**$307,591,124**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$370,177	$4,470,832	$14,298,751	$4,470,832
Depreciation	86,465	284,825	(2,882,825)	284,825
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	58,147,638	5,826,342	4,552,288	5,826,342
Prepaid Expenses	505,610	614,525	213,567	614,525
Trade Payables	(497,440)	(1,859,521)	146,492	(1,859,521)
Claims payable & IBNP	(6,594,858)	(7,377,967)	3,362,404	(7,377,967)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	479,068	255,806	(10,201,738)	255,806
Subtotal	52,496,660	2,214,842	9,488,939	2,214,842
Rounding	1	0	0	0
Cash Flows from Operating Activities	**$52,496,661**	**$2,214,842**	**$9,488,939**	**$2,214,842**
Rounding Difference	1	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,277,333	$6,688,061	$13,448,183	$6,688,061
Total	2,277,333	6,688,061	13,448,183	6,688,061
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	94,816,852	285,398,702	560,159,335	285,398,702
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	57,487,886	148,695	4,163,865	148,695
Total	152,304,738	285,547,397	564,323,200	285,547,397
Investment & Other Income Cash Flows				
Other Revenue (Grants)	321,163	716,636	1,972,929	716,636
Interest Income	20,456	79,664	182,458	79,664
Interest Receivable	(562)	(21,290)	(23,567)	(21,290)
Total	341,057	775,010	2,131,820	775,010
Medical & Hospital Cash Flows				
Total Medical Expenses	(91,949,248)	(273,181,500)	(536,561,578)	(273,181,500)
Other Receivable	660,314	5,698,937	411,990	5,698,937
Claims Payable	(453,119)	(5,221,471)	(1,555,590)	(5,221,471)
IBNP Payable	(3,916,823)	68,420	1,192,910	68,420
Risk Share Payable	(2,224,917)	(2,224,917)	3,725,083	(2,224,917)
Health Program	(10,500)	(42,825)	(10,072,825)	(42,825)
Other Liabilities	1	1	1	1
Total	(97,894,292)	(274,903,355)	(542,860,009)	(274,903,355)
Administrative Cash Flows				
Total Administrative Expenses	(5,116,378)	(15,230,731)	(24,902,576)	(15,230,731)
Prepaid Expenses	505,610	614,525	213,567	614,525
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(497,440)	(1,859,521)	146,492	(1,859,521)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	489,568	298,631	(128,913)	298,631
Depreciation Expense	86,465	284,825	(2,882,825)	284,825
Total	(4,532,175)	(15,892,271)	(27,554,255)	(15,892,271)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**52,496,661**	**2,214,842**	**9,488,939**	**2,214,842**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(43,607,231)	4,446,574	(46,354,865)	4,446,574
Restricted Cash	0	0	0	0
	(43,607,231)	4,446,574	(46,354,865)	4,446,574
Fixed Asset Cash Flows				
Depreciation expense	86,465	284,825	(2,882,825)	284,825
Fixed Asset Acquisitions	(106,025)	(106,025)	5,839,258	(106,025)
Change in A/D	(86,465)	(284,825)	2,882,825	(284,825)
	(106,025)	(106,025)	5,839,258	(106,025)
Total Cash Flows from Investing Activities	**(43,713,256)**	**4,340,549**	**(40,515,607)**	**4,340,549**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**8,783,405**	**6,555,391**	**(31,026,668)**	**6,555,391**
Rounding	(2)	(2)	(1)	(2)
Cash @ Beginning of Period	298,807,721	301,035,735	338,617,793	301,035,735
Cash @ End of Period	**$307,591,124**	**$307,591,124**	**$307,591,124**	**$307,591,124**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2021

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$370,177	$4,470,832	$14,298,751	$4,470,832
Add back: Depreciation	86,465	284,825	(2,882,825)	284,825
Receivables				
Premiums Receivable	57,487,886	148,695	4,163,865	148,695
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(562)	(21,290)	(23,567)	(21,290)
Other Receivable	660,314	5,698,937	411,990	5,698,937
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	58,147,638	5,826,342	4,552,288	5,826,342
Prepaid Expenses	505,610	614,525	213,567	614,525
Trade Payables	(497,440)	(1,859,521)	146,492	(1,859,521)
Claims Payable, IBNR & Risk Share				
IBNP	(3,916,823)	68,420	1,192,910	68,420
Claims Payable	(453,119)	(5,221,471)	(1,555,590)	(5,221,471)
Risk Share Payable	(2,224,917)	(2,224,917)	3,725,083	(2,224,917)
Other Liabilities	1	1	1	1
Total	(6,594,858)	(7,377,967)	3,362,404	(7,377,967)
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	489,568	298,631	(128,913)	298,631
Health Program	(10,500)	(42,825)	(10,072,825)	(42,825)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	479,068	255,806	(10,201,738)	255,806
Cash Flows from Operating Activities	**$52,496,660**	**$2,214,842**	**$9,488,939**	**$2,214,842**
Difference (rounding)	(1)	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF SEPTEMBER 2021

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	97,460	41,924	26,330	100,469	20,535	286,718	5,914	292,632
Net Revenue	$11,949,669	$13,921,507	$27,673,118	$38,055,275	$3,541,025	$95,140,594	$2,277,333	$97,417,927
Medical Expense	$9,104,673	$12,070,221	$28,753,640	$37,032,421	$3,062,502	$90,023,456	$1,925,792	$91,949,248
Gross Margin	$2,844,996	$1,851,286	($1,080,521)	$1,022,854	$478,523	$5,117,138	$351,541	$5,468,678
Administrative Expense	$418,937	$685,481	$1,754,418	$1,850,217	$163,053	$4,872,107	$228,288	$5,100,395
Operating Income / (Expense)	$2,426,059	$1,165,804	($2,834,939)	($827,363)	$315,470	$245,031	$123,253	$368,283
Other Income / (Expense)	($266)	$246	$1,220	$406	($17)	$1,588	$306	$1,894
Net Income / (Loss)	$2,425,792	$1,166,051	($2,833,719)	($826,958)	$315,453	$246,619	$123,558	$370,178
Revenue PMPM	$122.61	$332.07	$1,051.01	$378.78	$172.44	$331.83	$385.07	$332.90
Medical Expense PMPM	$93.42	$287.91	$1,092.05	$368.60	$149.14	$313.98	$325.63	$314.21
Gross Margin PMPM	$29.19	$44.16	($41.04)	$10.18	$23.30	$17.85	$59.44	$18.69
Administrative Expense PMPM	$4.30	$16.35	$66.63	$18.42	$7.94	$16.99	$38.60	$17.43
Operating Income / (Expense) PMPM	$24.89	$27.81	($107.67)	($8.24)	$15.36	$0.85	$20.84	$1.26
Other Income / (Expense) PMPM	($0.00)	$0.01	$0.05	$0.00	($0.00)	$0.01	$0.05	$0.01
Net Income / (Loss) PMPM	$24.89	$27.81	($107.62)	($8.23)	$15.36	$0.86	$20.89	$1.26
Medical Loss Ratio	76.2%	86.7%	103.9%	97.3%	86.5%	94.6%	84.6%	94.4%
Gross Margin Ratio	23.8%	13.3%	-3.9%	2.7%	13.5%	5.4%	15.4%	5.6%
Administrative Expense Ratio	3.5%	4.9%	6.3%	4.9%	4.6%	5.1%	10.0%	5.2%
Net Income Ratio	20.3%	8.4%	-10.2%	-2.2%	8.9%	0.3%	5.4%	0.4%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - SEPTEMBER 2021

			Medi-Cal					
	Child	Adult	SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	291,963	124,801	78,966	299,357	61,117	856,204	17,726	873,930
Net Revenue	$37,102,513	$41,329,293	$83,977,209	$113,195,238	$10,516,721	$286,120,976	$6,688,200	$292,809,176
Medical Expense	$29,194,218	$37,347,744	$84,990,992	$107,044,650	$8,593,067	$267,170,671	$6,010,829	$273,181,500
Gross Margin	$7,908,295	$3,981,550	($1,013,782)	$6,150,588	$1,923,654	$18,950,305	$677,371	$19,627,676
Administrative Expense	$1,248,425	$2,045,569	$5,273,652	$5,539,526	$487,914	$14,595,086	$547,456	$15,142,542
Operating Income / (Expense)	$6,659,870	$1,935,981	($6,287,434)	$611,062	$1,435,740	$4,355,219	$129,916	$4,485,135
Other Income / (Expense)	($3,325)	($25,986)	$2,513	$11,366	$411	($15,020)	$718	($14,303)
Net Income / (Loss)	$6,656,546	$1,909,995	($6,284,921)	$622,428	$1,436,150	$4,340,198	$130,633	$4,470,832
Revenue PMPM	$127.08	$331.16	$1,063.46	$378.13	$172.08	$334.17	$377.31	$335.05
Medical Expense PMPM	$99.99	$299.26	$1,076.30	$357.58	$140.60	$312.04	$339.10	$312.59
Gross Margin PMPM	$27.09	$31.90	($12.84)	$20.55	$31.47	$22.13	$38.21	$22.46
Administrative Expense PMPM	$4.28	$16.39	$66.78	$18.50	$7.98	$17.05	$30.88	$17.33
Operating Income / (Expense) PMPM	$22.81	$15.51	($79.62)	$2.04	$23.49	$5.09	$7.33	$5.13
Other Income / (Expense) PMPM	($0.01)	($0.21)	$0.03	$0.04	$0.01	($0.02)	$0.04	($0.02)
Net Income / (Loss) PMPM	$22.80	$15.30	($79.59)	$2.08	$23.50	$5.07	$7.37	$5.12
Medical Loss Ratio	78.7%	90.4%	101.2%	94.6%	81.7%	93.4%	89.9%	93.3%
Gross Margin Ratio	21.3%	9.6%	-1.2%	5.4%	18.3%	6.6%	10.1%	6.7%
Administrative Expense Ratio	3.4%	4.9%	6.3%	4.9%	4.6%	5.1%	8.2%	5.2%
Net Income Ratio	17.9%	4.6%	-7.5%	0.5%	13.7%	1.5%	2.0%	1.5%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,971,715	$3,579,635	$607,920	17.0%	Personnel Expenses	$8,740,631	$10,473,320	$1,732,689	16.5%
688,947	645,186	(43,761)	(6.8%)	Benefits Administration Expense	2,023,729	1,939,185	(84,544)	(4.4%)
649,078	1,592,986	943,908	59.3%	Purchased & Professional Services	1,948,482	3,757,541	1,809,059	48.1%
254,717	324,006	69,289	21.4%	Occupancy	800,410	1,004,798	204,388	20.3%
64,760	235,056	170,296	72.4%	Printing Postage & Promotion	227,244	520,555	293,312	56.3%
465,583	573,979	108,396	18.9%	Licenses Insurance & Fees	1,382,656	1,693,971	311,314	18.4%
5,594	22,511	16,917	75.1%	Supplies & Other Expenses	19,389	54,026	34,636	64.1%
2,128,680	3,393,724	1,265,044	37.3%	Total Other Administrative Expense	6,401,911	8,970,076	2,568,165	28.6%
$5,100,395	**$6,973,359**	**$1,872,964**	**26.9%**	**Total Administrative Expenses**	**$15,142,542**	**$19,443,396**	**$4,300,854**	**22.1%**

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5. ADMIN YTD 22
11/04/21
REPORT #6

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	**Budget**	**$ Variance (Unfavorable)**	**% Variance (Unfavorable)**	**Account Description**	**Actual**	**Budget**	**$ Variance (Unfavorable)**	**% Variance (Unfavorable)**
				Personnel Expenses				
$2,021,539	$2,253,809	$232,270	10.3%	Salaries & Wages	$5,764,168	$6,532,345	$768,178	11.8%
194,573	216,129	21,556	10.0%	Paid Time Off	643,264	623,063	(20,201)	(3.2%)
225	3,437	3,212	93.5%	Incentives	425	8,410	7,985	94.9%
0	25,000	25,000	100.0%	Severance Pay	0	75,000	75,000	100.0%
32,019	34,338	2,319	6.8%	Payroll Taxes	93,460	180,027	86,567	48.1%
34,018	13,417	(20,601)	(153.5%)	Overtime	98,944	39,750	(59,194)	(148.9%)
152,780	171,507	18,726	10.9%	CalPERS ER Match	456,087	496,831	40,744	8.2%
10,048	0	(10,048)	0.0%	Mandated Covid -19 Supplemental Sick Leave	13,494	0	(13,494)	0.0%
459,647	601,347	141,699	23.6%	Employee Benefits	1,385,391	1,751,811	366,420	20.9%
(11)	0	11	0.0%	Personal Floating Holiday	1,537	0	(1,537)	0.0%
199	27,342	27,143	99.3%	Employee Relations	1,356	59,945	58,589	97.7%
5,370	8,880	3,510	39.5%	Work from Home Stipend	19,650	26,340	6,690	25.4%
36	412	377	91.3%	Transportation Reimbursement	62	1,348	1,286	95.4%
516	5,400	4,884	90.4%	Travel & Lodging	1,133	24,900	23,767	95.5%
53,010	129,758	76,749	59.1%	Temporary Help Services	233,305	399,715	166,410	41.6%
2,353	77,388	75,035	97.0%	Staff Development/Training	11,828	219,417	207,590	94.6%
5,393	11,472	6,079	53.0%	Staff Recruitment/Advertising	16,527	34,417	17,890	52.0%
2,971,715	**3,579,635**	**607,920**	**17.0%**	**Total Employee Expenses**	**8,740,631**	**10,473,320**	**1,732,689**	**16.5%**
				Benefit Administration Expense				
418,430	385,853	(32,577)	(8.4%)	RX Administration Expense	1,230,660	1,160,920	(69,741)	(6.0%)
253,079	242,249	(10,830)	(4.5%)	Behavioral Hlth Administration Fees	740,883	727,066	(13,817)	(1.9%)
17,438	17,083	(355)	(2.1%)	Telemedicine Admin Fees	52,186	51,199	(987)	(1.9%)
688,947	**645,186**	**(43,761)**	**(6.8%)**	**Total Employee Expenses**	**2,023,729**	**1,939,185**	**(84,544)**	**(4.4%)**
				Purchased & Professional Services				
254,245	667,771	413,527	61.9%	Consulting Services	757,597	1,254,314	496,717	39.6%
298,247	579,149	280,902	48.5%	Computer Support Services	810,973	1,467,502	656,529	44.7%
9,916	9,916	0	0.0%	Professional Fees-Accounting	29,748	29,748	0	0.0%
0	10	10	100.0%	Professional Fees-Medical	0	30	30	100.0%
37,321	92,012	54,692	59.4%	Other Purchased Services	116,224	229,168	112,944	49.3%
3,818	5,000	1,182	23.6%	Maint.& Repair-Office Equipment	16,948	15,000	(1,948)	(13.0%)
12,000	90,861	78,861	86.8%	HMS Recovery Fees	36,168	272,583	236,415	86.7%
0	260	260	100.0%	MIS Software (Non-Capital)	0	50,780	50,780	100.0%
367	48,000	47,633	99.2%	Hardware (Non-Capital)	59,117	139,000	79,883	57.5%
11,851	21,192	9,341	44.1%	Provider Relations-Credentialing	32,620	62,972	30,352	48.2%
21,314	78,815	57,501	73.0%	Legal Fees	89,087	236,445	147,358	62.3%
649,078	**1,592,986**	**943,908**	**59.3%**	**Total Purchased & Professional Services**	**1,948,482**	**3,757,541**	**1,809,059**	**48.1%**
				Occupancy				
86,465	122,585	36,121	29.5%	Depreciation	284,825	386,572	101,748	26.3%
0	26,107	26,107	100.0%	Amortization	0	78,322	78,322	100.0%
70,286	69,890	(396)	(0.6%)	Building Lease	213,232	209,670	(3,561)	(1.7%)
2,017	2,002	(15)	(0.7%)	Leased and Rented Office Equipment	6,024	6,006	(18)	(0.3%)
14,505	11,850	(2,655)	(22.4%)	Utilities	41,450	35,550	(5,900)	(16.6%)
71,212	71,400	188	0.3%	Telephone	216,217	214,200	(2,017)	(0.9%)

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5. ADMIN YTD 22
11/04/21
REPORT #6

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$10,233	$20,171	$9,938	49.3%	Building Maintenance	$38,663	$74,477	$35,814	48.1%
254,717	**324,006**	**69,289**	**21.4%**	**Total Occupancy**	**800,410**	**1,004,798**	**204,388**	**20.3%**
				Printing Postage & Promotion				
19,188	71,324	52,136	73.1%	Postage	48,507	131,247	82,740	63.0%
5,100	7,000	1,900	27.1%	Design & Layout	14,390	23,500	9,110	38.8%
26,169	56,125	29,956	53.4%	Printing Services	79,731	131,640	51,909	39.4%
4,083	2,025	(2,058)	(101.6%)	Mailing Services	8,072	6,075	(1,997)	(32.9%)
2,840	3,204	364	11.4%	Courier/Delivery Service	12,296	9,613	(2,683)	(27.9%)
0	333	333	100.0%	Pre-Printed Materials and Publications	34	2,450	2,416	98.6%
1,138	89,844	88,706	98.7%	Community Relations	9,013	200,431	191,418	95.5%
6,242	5,200	(1,042)	(20.0%)	Translation - Non-Clinical	55,201	15,600	(39,601)	(253.9%)
64,760	**235,056**	**170,296**	**72.4%**	**Total Printing Postage & Promotion**	**227,244**	**520,555**	**293,312**	**56.3%**
				Licenses Insurance & Fees				
21,247	19,300	(1,947)	(10.1%)	Bank Fees	60,823	57,900	(2,923)	(5.0%)
61,376	63,033	1,657	2.6%	Insurance	184,129	189,099	4,970	2.6%
313,657	398,252	84,596	21.2%	Licenses, Permits and Fees	945,125	1,161,948	216,823	18.7%
69,303	93,394	24,091	25.8%	Subscriptions & Dues	192,580	285,024	92,444	32.4%
465,583	**573,979**	**108,396**	**18.9%**	**Total Licenses Insurance & Postage**	**1,382,656**	**1,693,971**	**311,314**	**18.4%**
				Supplies & Other Expenses				
4,461	2,282	(2,179)	(95.5%)	Office and Other Supplies	8,280	6,238	(2,042)	(32.7%)
132	12,400	12,268	98.9%	Ergonomic Supplies	3,537	27,050	23,513	86.9%
1,001	2,996	1,995	66.6%	Commissary-Food & Beverage	2,723	7,238	4,515	62.4%
0	4,000	4,000	100.0%	Member Incentive Expense	4,850	11,000	6,150	55.9%
0	100	100	100.0%	Covid-19 IT Expenses	0	300	300	100.0%
0	733	733	100.0%	Covid-19 Non IT Expenses	0	2,200	2,200	100.0%
5,594	**22,511**	**16,917**	**75.1%**	**Total Supplies & Other Expense**	**19,389**	**54,026**	**34,636**	**64.1%**
$5,100,395	**$6,973,359**	**$1,872,964**	**26.9%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$15,142,542**	**$19,443,396**	**$4,300,854**	**22.1%**

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

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Network Hardware	IT-FY22-07	$ -	$ -	**$ -**	$ 150,000	$ 150,000
	Cisco UCS Blade	IT-FY22-08	$ -		**$ -**	$ 100,000	$ 100,000
	Veeam Backup	IT-FY22-10	$ -		**$ -**	$ 60,000	$ 60,000
	Call Center Hardware	IT-FY22-11	$ -		**$ -**	$ 100,000	$ 100,000
	Network / AV Cabling	IT-FY22-13	$ -		**$ -**	$ 150,000	$ 150,000
Hardware Subtotal			**$ -**	**$ -**	**$ -**	**$ 560,000**	**$ 560,000**
2. Software:							
	Patch Management	AC-FY22-01	$ -		**$ -**	$ 20,000	$ 20,000
	Zerto Licenses (DR - Replication Orchestration)	AC-FY22-02	$ -		**$ -**	$ 50,000	$ 50,000
	Monitoring Software	AC-FY22-03	$ -		**$ -**	$ 40,000	$ 40,000
	Identity and Access Management (Security)	AC-FY22-04	$ -		**$ -**	$ 40,000	$ 40,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 150,000**	**$ 150,000**
3. Building Improvement:							
	1240 Emergency Generator (carryover from FY21)	FA-FY22-06	$ -	$ 106,025	**$ 106,025**	$ 360,800	$ 254,775
	1240 Electrical Requirements for EV Charging Stations (est.)	FA-FY22-07	$ -		**$ -**	$ 20,000	$ 20,000
	1240 EV Charging stations installation, fees (est. only)	FA-FY22-08	$ -		**$ -**	$ 50,000	$ 50,000
	1240 Seismic Improvements (carryover from FY21)	FA-FY22-09	$ -		**$ -**	$ 50,000	$ 50,000
	Contingency	FA-FY22-16	$ -		**$ -**	$ 100,000	$ 100,000
Building Improvement Subtotal			**$ -**	**$ 106,025**	**$ 106,025**	**$ 580,800**	**$ 474,775**
4. Furniture & Equipment:							
	Replace, reconfigure, re-design workstations/add barriers or plexiglass	FA-FY22-20	$ -		**$ -**	$ 125,000	$ 125,000
Furniture & Equipment Subtotal			**$ -**	**$ -**	**$ -**	**$ 125,000**	**$ 125,000**
GRAND TOTAL			**$ -**	**$ 106,025**	**$ 106,025**	**$ 1,415,800**	**$ 1,309,775**
5. Reconciliation to Balance Sheet:							
	Fixed Assets @ Cost -9/31/21				**$ 37,041,502**		
	Fixed Assets @ Cost - 6/30/21				**$ 36,935,477**		
	Fixed Assets Acquired YTD				**$ 106,025**		

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

TANGIBLE NET EQUITY (TNE)

	Jul-21	Aug-21	QTR. END Sep-21
Current Month Net Income / (Loss)	$2,645,613	$1,455,041	$370,178
YTD Net Income / (Loss)	$2,645,613	$4,100,654	$4,470,832
Actual TNE			
Net Assets	$208,055,654	$209,510,696	$209,880,873
Subordinated Debt & Interest	$0	$0	$0
Total Actual TNE	**$208,055,654**	**$209,510,696**	**$209,880,873**
Increase/(Decrease) in Actual TNE	$3,467,237	$1,455,042	$370,177
Required TNE[(1)]	**$37,061,269**	**$37,134,762**	**$37,155,961**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$48,179,650	$48,275,191	$48,302,749
TNE Excess / (Deficiency)	$170,994,385	$172,375,934	$172,724,912
Actual TNE as a Multiple of Required	**5.61**	**5.64**	**5.65**

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-21	Aug-21	Sep-21
Net Assets	$208,055,654	$209,510,696	$209,880,873
Fixed Assets at Net Book Value	(6,161,088)	(6,073,778)	(6,093,339)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	**$201,544,566**	**$203,086,918**	**$203,437,534**
Liquid TNE as Multiple of Required	**5.44**	**5.47**	**5.48**

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

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

	Actual Jul-21	Actual Aug-21	Actual Sep-21	Actual Oct-21	Actual Nov-21	Actual Dec-21	Actual Jan-22	Actual Feb-22	Actual Mar-22	Actual Apr-22	Actual May-22	Actual Jun-22	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,179	97,324	97,460										291,963
Adult	41,358	41,519	41,924										124,801
SPD*	26,320	26,316	26,330										78,966
ACA OE	99,105	99,783	100,469										299,357
Duals	20,194	20,388	20,535										61,117
Medi-Cal Program	284,156	285,330	286,718										856,204
Group Care Program	5,935	5,877	5,914										17,726
Total	**290,091**	**291,207**	**292,632**										**873,930**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	145	136										412
Adult	392	161	405										958
SPD*	(3)	(4)	14										7
ACA OE	824	678	686										2,188
Duals	206	194	147										547
Medi-Cal Program	1,550	1,174	1,388										4,112
Group Care Program	(13)	(58)	37										(34)
Total	**1,537**	**1,116**	**1,425**										**4,078**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	34.2%	34.1%	34.0%										34.1%
Adult % of Medi-Cal	14.6%	14.6%	14.6%										14.6%
SPD % of Medi-Cal	9.3%	9.2%	9.2%										9.2%
ACA OE % of Medi-Cal	34.9%	35.0%	35.0%										35.0%
Duals % of Medi-Cal	7.1%	7.1%	7.2%										7.1%
Medi-Cal Program % of Total	98.0%	98.0%	98.0%										98.0%
Group Care Program % of Total	2.0%	2.0%	2.0%										2.0%
Total	**100.0%**	**100.0%**	**100.0%**										**100.0%**

REPORT #9

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

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

	Actual Jul-21	**Actual Aug-21**	**Actual Sep-21**	**Actual Oct-21**	**Actual Nov-21**	**Actual Dec-21**	**Actual Jan-22**	**Actual Feb-22**	**Actual Mar-22**	**Actual Apr-22**	**Actual May-22**	**Actual Jun-22**	**YTD Member Months**
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	53,189	53,441	53,246										159,876
Alameda Health System	58,045	57,812	58,060										173,917
	111,234	111,253	111,306										333,793
Delegated:													
CFMG	32,217	32,167	32,217										96,601
CHCN	104,433	105,113	106,050										315,596
Kaiser	42,207	42,674	43,059										127,940
Delegated Subtotal	178,857	179,954	181,326										540,137
Total	**290,091**	**291,207**	**292,632**										**873,930**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(24)	19	53										48
Delegated:													
CFMG	20	(50)	50										20
CHCN	1,094	680	937										2,711
Kaiser	447	467	385										1,299
Delegated Subtotal	1,561	1,097	1,372										4,030
Total	**1,537**	**1,116**	**1,425**										**4,078**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.3%	38.2%	38.0%										38.2%
Delegated:													
CFMG	11.1%	11.0%	11.0%										11.1%
CHCN	36.0%	36.1%	36.2%										36.1%
Kaiser	14.5%	14.7%	14.7%										14.6%
Delegated Subtotal	61.7%	61.8%	62.0%										61.8%
Total	**100.0%**	**100.0%**	**100.0%**										**100.0%**

* BCCTP included in SPD Category of Aid

REPORT #9

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

	Preliminary Budget Jul-21	Preliminary Budget Aug-21	Preliminary Budget Sep-21	Preliminary Budget Oct-21	Preliminary Budget Nov-21	Preliminary Budget Dec-21	Preliminary Budget Jan-22	Preliminary Budget Feb-22	Preliminary Budget Mar-22	Preliminary Budget Apr-22	Preliminary Budget May-22	Preliminary Budget Jun-22	Preliminary YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,205	97,331	97,448	97,497	97,497	97,497	95,547	93,636	91,763	89,928	88,129	86,366	1,129,844
Adult	40,737	40,790	40,839	40,859	40,859	40,859	40,042	39,241	38,456	37,687	36,933	36,194	473,496
SPD	26,361	26,395	26,427	26,440	26,440	26,440	26,414	26,388	26,388	26,388	26,388	26,388	316,857
ACA OE	98,303	98,431	98,549	98,598	98,598	98,598	96,626	94,693	92,799	90,943	89,124	87,342	1,142,604
Duals	20,012	20,038	20,062	20,072	20,072	20,072	19,671	19,278	18,892	18,514	18,144	17,781	232,608
Medi-Cal Program	282,618	282,985	283,325	283,466	283,466	283,466	278,300	273,236	268,298	263,460	258,718	254,071	3,295,409
Group Care Program	5,939	5,939	5,939	5,942	5,942	5,942	5,942	5,942	5,942	5,942	5,942	5,942	71,295
Total	**288,557**	**288,924**	**289,264**	**289,408**	**289,408**	**289,408**	**284,242**	**279,178**	**274,240**	**269,402**	**264,660**	**260,013**	**3,366,704**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(320)	126	117	49	0	0	(1,950)	(1,911)	(1,873)	(1,835)	(1,799)	(1,763)	(11,159)
Adult	432	53	49	20	0	0	(817)	(801)	(785)	(769)	(754)	(739)	(4,111)
SPD	163	34	32	13	0	0	(26)	(26)	0	0	0	0	190
ACA OE	2,452	128	118	49	0	0	(1,972)	(1,933)	(1,894)	(1,856)	(1,819)	(1,782)	(8,509)
Duals	494	26	24	10	0	0	(401)	(393)	(386)	(378)	(370)	(363)	(1,737)
Medi-Cal Program	3,222	367	340	141	0	0	(5,166)	(5,064)	(4,938)	(4,838)	(4,742)	(4,647)	(25,325)
Group Care Program	(70)	0	0	3	0	0	0	0	0	0	0	0	(67)
Total	**3,152**	**367**	**340**	**144**	**0**	**0**	**(5,166)**	**(5,064)**	**(4,938)**	**(4,838)**	**(4,742)**	**(4,647)**	**(25,392)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	34.4%	34.4%	34.4%	34.4%	34.4%	34.4%	34.3%	34.3%	34.2%	34.1%	34.1%	34.0%	34.3%
Adult % of Medi-Cal	14.4%	14.4%	14.4%	14.4%	14.4%	14.4%	14.4%	14.4%	14.3%	14.3%	14.3%	14.2%	14.4%
SPD % of Medi-Cal	9.3%	9.3%	9.3%	9.3%	9.3%	9.3%	9.5%	9.7%	9.8%	10.0%	10.2%	10.4%	9.6%
ACA OE % of Medi-Cal	34.8%	34.8%	34.8%	34.8%	34.8%	34.8%	34.7%	34.7%	34.6%	34.5%	34.4%	34.4%	34.7%
Duals % of Medi-Cal	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.0%	7.0%	7.0%	7.0%	7.1%
Medi-Cal Program % of Total	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.8%	97.8%	97.8%	97.7%	97.9%
Group Care Program % of Total	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.2%	2.2%	2.2%	2.3%	2.1%
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 2022

	Preliminary Budget Jul-21	Preliminary Budget Aug-21	Preliminary Budget Sep-21	Preliminary Budget Oct-21	Preliminary Budget Nov-21	Preliminary Budget Dec-21	Preliminary Budget Jan-22	Preliminary Budget Feb-22	Preliminary Budget Mar-22	Preliminary Budget Apr-22	Preliminary Budget May-22	Preliminary Budget Jun-22	Preliminary YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	112,236	112,862	112,508	113,050	112,563	113,050	110,621	109,186	106,862	105,498	103,265	101,956	1,313,657
Delegated:													
CFMG	32,271	32,436	32,352	32,492	32,369	32,492	31,743	31,248	30,528	30,056	29,363	28,910	376,260
CHCN	102,840	103,586	103,090	103,758	103,141	103,758	101,332	100,151	97,835	96,706	94,484	93,397	1,204,078
Kaiser	41,210	40,040	41,314	40,108	41,335	40,108	40,546	38,593	39,015	37,142	37,548	35,750	472,709
Delegated Subtotal	176,321	176,062	176,756	176,358	176,845	176,358	173,621	169,992	167,378	163,904	161,395	158,057	2,053,047
Total	**288,557**	**288,924**	**289,264**	**289,408**	**289,408**	**289,408**	**284,242**	**279,178**	**274,240**	**269,402**	**264,660**	**260,013**	**3,366,704**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	921	626	(354)	542	(487)	487	(2,429)	(1,435)	(2,324)	(1,364)	(2,233)	(1,309)	(9,359)
Delegated:													
CFMG	(105)	165	(84)	140	(123)	123	(749)	(495)	(720)	(472)	(693)	(453)	(3,466)
CHCN	(60)	746	(496)	668	(617)	617	(2,426)	(1,181)	(2,316)	(1,129)	(2,222)	(1,087)	(9,503)
Kaiser	2,397	(1,170)	1,274	(1,206)	1,227	(1,227)	438	(1,953)	422	(1,873)	406	(1,798)	(3,063)
Delegated Subtotal	2,232	(259)	694	(398)	487	(487)	(2,737)	(3,629)	(2,614)	(3,474)	(2,509)	(3,338)	(16,032)
Total	**3,152**	**367**	**340**	**144**	**0**	**0**	**(5,166)**	**(5,064)**	**(4,938)**	**(4,838)**	**(4,742)**	**(4,647)**	**(25,392)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.9%	39.1%	38.9%	39.1%	38.9%	39.1%	38.9%	39.1%	39.0%	39.2%	39.0%	39.2%	39.0%
Delegated:													
CFMG	11.2%	11.2%	11.2%	11.2%	11.2%	11.2%	11.2%	11.2%	11.1%	11.2%	11.1%	11.1%	11.2%
CHCN	35.6%	35.9%	35.6%	35.9%	35.6%	35.9%	35.6%	35.9%	35.7%	35.9%	35.7%	35.9%	35.8%
Kaiser	14.3%	13.9%	14.3%	13.9%	14.3%	13.9%	14.3%	13.8%	14.2%	13.8%	14.2%	13.7%	14.0%
Delegated Subtotal	61.1%	60.9%	61.1%	60.9%	61.1%	60.9%	61.1%	60.9%	61.0%	60.8%	61.0%	60.8%	61.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

REPORT #9

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

	Variance Jul-21	Variance Aug-21	Variance Sep-21	Variance Oct-21	Variance Nov-21	Variance Dec-21	Variance Jan-22	Variance Feb-22	Variance Mar-22	Variance Apr-22	Variance May-22	Variance Jun-22	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	(26)	(7)	12										(21)
Adult	621	729	1,085										2,435
SPD	(41)	(79)	(97)										(217)
ACA OE	802	1,352	1,920										4,074
Duals	182	350	473										1,005
Medi-Cal Program	1,538	2,345	3,393										7,276
Group Care Program	(4)	(62)	(25)										(91)
Total	**1,534**	**2,283**	**3,368**										**7,185**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	(1,002)	(1,609)	(1,202)										(3,813)
Delegated:													
CFMG	(54)	(269)	(135)										(458)
CHCN	1,593	1,527	2,960										6,080
Kaiser	997	2,634	1,745										5,376
Delegated Subtotal	2,536	3,892	4,570										10,998
Total	**1,534**	**2,283**	**3,368**										**7,185**

REPORT #9

ALAMEDA ALLIANCE FOR HEALTH

MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2021

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,854,623	$1,822,499	($32,124)	(1.8%)	PCP-Capitation	$5,573,864	$5,464,882	($108,982)	(2.0%)
2,972,270	2,930,083	(42,187)	(1.4%)	PCP-Capitation - FQHC	8,872,819	8,795,260	(77,559)	(0.9%)
279,080	270,376	(8,704)	(3.2%)	Specialty-Capitation	838,942	811,016	(27,926)	(3.4%)
3,090,520	3,035,994	(54,526)	(1.8%)	Specialty-Capitation FQHC	9,215,135	9,110,046	(105,089)	(1.2%)
362,288	327,668	(34,620)	(10.6%)	Laboratory-Capitation	1,084,142	983,920	(100,222)	(10.2%)
876,513	1,012,422	135,909	13.4%	Transportation (Ambulance)-Cap	2,418,803	3,033,601	614,798	20.3%
213,928	273,445	59,517	21.8%	Vision Cap	641,095	820,709	179,614	21.9%
81,302	78,780	(2,522)	(3.2%)	CFMG Capitation	244,420	236,307	(8,113)	(3.4%)
155,659	153,174	(2,485)	(1.6%)	Anc IPA Admin Capitation FQHC	464,400	459,704	(4,696)	(1.0%)
10,985,212	10,252,803	(732,409)	(7.1%)	Kaiser Capitation	31,896,781	30,412,467	(1,484,314)	(4.9%)
603,206	725,162	121,956	16.8%	BHT Supplemental Expense	2,432,254	2,161,434	(270,820)	(12.5%)
17,123	11,309	(5,814)	(51.4%)	Hep-C Supplemental Expense	59,932	33,571	(26,361)	(78.5%)
348,077	429,636	81,559	19.0%	Maternity Supplemental Expense	976,313	1,272,330	296,017	23.3%
541,443	574,580	33,137	5.8%	DME - Cap	1,622,362	1,723,049	100,687	5.8%
22,381,244	**21,897,931**	**(483,313)**	**(2.2%)**	**5-TOTAL CAPITATED EXPENSES**	**66,341,261**	**65,318,296**	**(1,022,965)**	**(1.6%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
957,514	0	(957,514)	0.0%	IBNP-Inpatient Services	1,605,331	0	(1,605,331)	0.0%
28,725	0	(28,725)	0.0%	IBNP-Settlement (IP)	48,159	0	(48,159)	0.0%
76,602	0	(76,602)	0.0%	IBNP-Claims Fluctuation (IP)	128,426	0	(128,426)	0.0%
24,392,180	24,303,238	(88,942)	(0.4%)	Inpatient Hospitalization-FFS	67,616,736	72,842,368	5,225,632	7.2%
1,435,655	0	(1,435,655)	0.0%	IP OB - Mom & NB	3,818,367	0	(3,818,367)	0.0%
236,009	0	(236,009)	0.0%	IP Behavioral Health	566,879	0	(566,879)	0.0%
1,481,948	1,216,771	(265,177)	(21.8%)	IP - Long Term Care	3,742,027	3,637,448	(104,579)	(2.9%)
698,897	0	(698,897)	0.0%	IP - Facility Rehab FFS	2,700,302	0	(2,700,302)	0.0%
29,307,530	**25,520,009**	**(3,787,521)**	**(14.8%)**	**6-Inpatient Hospital & SNF FFS Expense**	**80,226,227**	**76,479,816**	**(3,746,411)**	**(4.9%)**
(256,469)	0	256,469	0.0%	IBNP-PCP	(82,479)	0	82,479	0.0%
(7,695)	0	7,695	0.0%	IBNP-Settlement (PCP)	(2,473)	0	2,473	0.0%
(20,517)	0	20,517	0.0%	IBNP-Claims Fluctuation (PCP)	(6,598)	0	6,598	0.0%
630	0	(630)	0.0%	Telemedicine FFS	2,226	0	(2,226)	0.0%
1,352,169	1,315,477	(36,692)	(2.8%)	Primary Care Non-Contracted FF	3,552,419	3,947,648	395,229	10.0%
51,023	80,737	29,714	36.8%	PCP FQHC FFS	169,220	241,849	72,629	30.0%
1,797,929	3,064,363	1,266,434	41.3%	Prop 56 Direct Payment Expenses	5,384,345	9,181,752	3,797,407	41.4%
77,565	0	(77,565)	0.0%	Prop 56-Trauma Expense	232,345	0	(232,345)	0.0%
102,258	0	(102,258)	0.0%	Prop 56-Dev. Screening Exp.	306,629	0	(306,629)	0.0%
654,224	0	(654,224)	0.0%	Prop 56-Fam. Planning Exp.	1,951,117	0	(1,951,117)	0.0%
559,932	0	(559,932)	0.0%	Prop 56-Value Based Purchasing	1,674,998	0	(1,674,998)	0.0%
4,311,050	**4,460,577**	**149,527**	**3.4%**	**7-Primary Care Physician FFS Expense**	**13,181,749**	**13,371,249**	**189,500**	**1.4%**
(1,222,756)	0	1,222,756	0.0%	IBNP-Specialist	(241,919)	0	241,919	0.0%
2,725,514	4,592,309	1,866,795	40.7%	Specialty Care-FFS	7,084,189	13,769,096	6,684,907	48.6%
99,841	0	(99,841)	0.0%	Anesthesiology - FFS	409,076	0	(409,076)	0.0%
829,073	0	(829,073)	0.0%	Spec Rad Therapy - FFS	2,004,047	0	(2,004,047)	0.0%
129,835	0	(129,835)	0.0%	Obstetrics-FFS	376,391	0	(376,391)	0.0%
321,003	0	(321,003)	0.0%	Spec IP Surgery - FFS	819,203	0	(819,203)	0.0%
663,820	0	(663,820)	0.0%	Spec OP Surgery - FFS	1,613,704	0	(1,613,704)	0.0%
446,935	0	(446,935)	0.0%	Spec IP Physician	1,140,553	0	(1,140,553)	0.0%
37,720	83,771	46,051	55.0%	SCP FQHC FFS	101,017	250,503	149,486	59.7%
(36,682)	0	36,682	0.0%	IBNP-Settlement (SCP)	(7,259)	0	7,259	0.0%
(97,821)	0	97,821	0.0%	IBNP-Claims Fluctuation (SCP)	(19,354)	0	19,354	0.0%
3,896,480	**4,676,080**	**779,600**	**16.7%**	**8-Specialty Care Physician Expense**	**13,279,647**	**14,019,599**	**739,952**	**5.3%**
(495,114)	0	495,114	0.0%	IBNP-Ancillary	(112,745)	0	112,745	0.0%
(14,853)	0	14,853	0.0%	IBNP Settlement (ANC)	(3,380)	0	3,380	0.0%
(39,608)	0	39,608	0.0%	IBNP Claims Fluctuation (ANC)	(9,019)	0	9,019	0.0%
412,031	0	(412,031)	0.0%	Acupuncture/Biofeedback	931,972	0	(931,972)	0.0%
73,420	0	(73,420)	0.0%	Hearing Devices	275,688	0	(275,688)	0.0%
33,400	0	(33,400)	0.0%	Imaging/MRI/CT Global	79,584	0	(79,584)	0.0%
53,034	0	(53,034)	0.0%	Vision FFS	148,684	0	(148,684)	0.0%
30,313	0	(30,313)	0.0%	Family Planning	73,018	0	(73,018)	0.0%
564,307	0	(564,307)	0.0%	Laboratory-FFS	1,687,529	0	(1,687,529)	0.0%
114,191	0	(114,191)	0.0%	ANC Therapist	271,612	0	(271,612)	0.0%
341,408	0	(341,408)	0.0%	Transportation (Ambulance)-FFS	913,725	0	(913,725)	0.0%
117,417	0	(117,417)	0.0%	Transportation (Other)-FFS	335,871	0	(335,871)	0.0%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	**Budget**	**$ Variance (Unfavorable)**	**% Variance (Unfavorable)**	**Account Description**	**Actual**	**Budget**	**$ Variance (Unfavorable)**	**% Variance (Unfavorable)**
$633,698	$0	($633,698)	0.0%	Hospice	$1,854,771	$0	($1,854,771)	0.0%
737,244	0	(737,244)	0.0%	Home Health Services	2,065,185	0	(2,065,185)	0.0%
0	3,220,310	3,220,310	100.0%	Other Medical-FFS	0	9,664,487	9,664,487	100.0%
(36,798)	0	36,798	0.0%	HMS Medical Refunds	(118,655)	0	118,655	0.0%
0	0	0	0.0%	Refunds-Medical Payments	160	0	(160)	0.0%
481,152	0	(481,152)	0.0%	DME & Medical Supplies	1,323,810	0	(1,323,810)	0.0%
167	0	(167)	0.0%	Denials	167	0	(167)	0.0%
579,508	573,505	(6,003)	(1.0%)	GEMT Direct Payment Expense	1,739,820	1,718,393	(21,427)	(1.2%)
494,384	0	(494,384)	0.0%	Community Based Adult Services (CBAS)	1,070,664	0	(1,070,664)	0.0%
4,079,302	**3,793,815**	**(285,487)**	**(7.5%)**	**9-Ancillary Medical Expense**	**12,528,461**	**11,382,880**	**(1,145,581)**	**(10.1%)**
(626,324)	0	626,324	0.0%	IBNP-Outpatient	(157,768)	0	157,768	0.0%
(18,789)	0	18,789	0.0%	IBNP Settlement (OP)	(4,733)	0	4,733	0.0%
(50,107)	0	50,107	0.0%	IBNP Claims Fluctuation (OP)	(12,623)	0	12,623	0.0%
1,376,131	8,197,800	6,821,669	83.2%	Out-Patient FFS	3,610,176	24,640,716	21,030,540	85.3%
1,350,761	0	(1,350,761)	0.0%	OP Ambul Surgery - FFS	3,949,458	0	(3,949,458)	0.0%
1,147,176	0	(1,147,176)	0.0%	OP Fac Imaging Services-FFS	3,006,846	0	(3,006,846)	0.0%
1,938,849	0	(1,938,849)	0.0%	Behav Health - FFS	6,220,180	0	(6,220,180)	0.0%
600,312	0	(600,312)	0.0%	OP Facility - Lab FFS	1,396,205	0	(1,396,205)	0.0%
111,673	0	(111,673)	0.0%	OP Facility - Cardio FFS	284,455	0	(284,455)	0.0%
47,762	0	(47,762)	0.0%	OP Facility - PT/OT/ST FFS	138,657	0	(138,657)	0.0%
1,978,565	0	(1,978,565)	0.0%	OP Facility - Dialysis FFS	5,400,825	0	(5,400,825)	0.0%
7,856,008	**8,197,800**	**341,792**	**4.2%**	**10-Outpatient Medical Expense Medical Expense**	**23,831,678**	**24,640,716**	**809,038**	**3.3%**
(576,235)	0	576,235	0.0%	IBNP-Emergency	497,978	0	(497,978)	0.0%
(17,288)	0	17,288	0.0%	IBNP Settlement (ER)	14,940	0	(14,940)	0.0%
(46,099)	0	46,099	0.0%	IBNP Claims Fluctuation (ER)	39,839	0	(39,839)	0.0%
706,601	0	(706,601)	0.0%	Special ER Physician-FFS	1,828,650	0	(1,828,650)	0.0%
4,783,634	3,685,557	(1,098,077)	(29.8%)	ER-Facility	11,284,635	11,070,917	(213,718)	(1.9%)
4,850,613	**3,685,557**	**(1,165,056)**	**(31.6%)**	**11-Emergency Expense**	**13,666,042**	**11,070,917**	**(2,595,125)**	**(23.4%)**
(1,309,284)	0	1,309,284	0.0%	IBNP-Pharmacy	(1,446,757)	0	1,446,757	0.0%
(39,278)	0	39,278	0.0%	IBNP Settlement (RX)	(43,403)	0	43,403	0.0%
(104,745)	0	104,745	0.0%	IBNP Claims Fluctuation (RX)	(115,743)	0	115,743	0.0%
5,313,931	4,420,866	(893,065)	(20.2%)	RX - Non-PBM FFFS	13,910,966	13,234,944	(676,022)	(5.1%)
10,633,686	11,608,909	975,223	8.4%	Pharmacy-FFS	34,266,430	34,745,973	479,543	1.4%
(100,532)	0	100,532	0.0%	HMS RX Refunds	(102,249)	0	102,249	0.0%
(569,893)	(569,893)	0	0.0%	Pharmacy-Rebate	(1,705,716)	(1,705,714)	2	0.0%
13,823,885	**15,459,882**	**1,635,997**	**10.6%**	**12-Pharmacy Expense**	**44,763,528**	**46,275,203**	**1,511,675**	**3.3%**
68,124,867	**65,793,720**	**(2,331,147)**	**(3.5%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**201,477,332**	**197,240,380**	**(4,236,952)**	**(2.1%)**
0	(9,653)	(9,653)	100.0%	Clinical Vacancy	0	(29,359)	(29,359)	100.0%
40,300	100,671	60,372	60.0%	Quality Analytics	193,091	278,251	85,160	30.6%
411,238	510,093	98,855	19.4%	Health Plan Services Department Total	1,244,665	1,489,355	244,689	16.4%
652,315	619,063	(33,253)	(5.4%)	Case & Disease Management Department Total	1,746,162	1,842,125	95,962	5.2%
181,212	224,618	43,406	19.3%	Medical Services Department Total	444,932	667,851	222,919	33.4%
453,775	582,021	128,246	22.0%	Quality Management Department Total	1,419,656	1,754,729	335,073	19.1%
28,843	29,654	811	2.7%	HCS Behavioral Health Department Total	92,697	87,294	(5,403)	(6.2%)
116,724	126,827	10,103	8.0%	Pharmacy Services Department Total	341,191	368,670	27,480	7.5%
36,249	54,362	18,113	33.3%	Regulatory Readiness Total	65,652	161,857	96,205	59.4%
1,920,655	**2,237,654**	**316,999**	**14.2%**	**14-Other Benefits & Services**	**5,548,046**	**6,620,773**	**1,072,727**	**16.2%**
				Reinsurance Expense				
(1,017,978)	(396,812)	621,166	(156.5%)	Reinsurance Recoveries	(1,802,211)	(1,190,521)	611,690	(51.4%)
540,460	529,082	(11,378)	(2.2%)	Stop-Loss Expense	1,617,072	1,587,360	(29,712)	(1.9%)
(477,518)	**132,270**	**609,788**	**461.0%**	**15-Reinsurance Expense**	**(185,138)**	**396,839**	**581,977**	**146.7%**
				Preventive Health Services				
91,949,248	**90,061,575**	**(1,887,673)**	**(2.1%)**	**17-TOTAL MEDICAL EXPENSES**	**273,181,500**	**269,576,288**	**(3,605,212)**	**(1.3%)**

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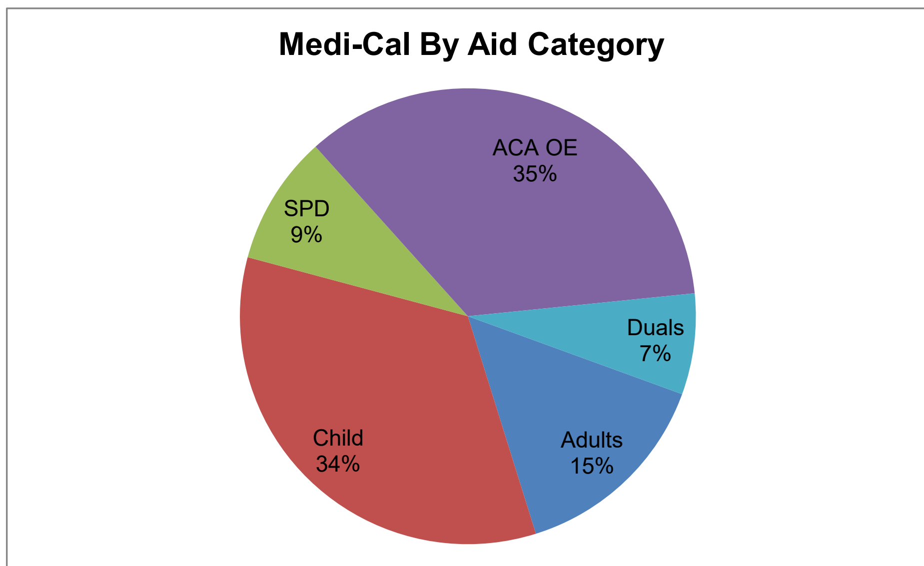
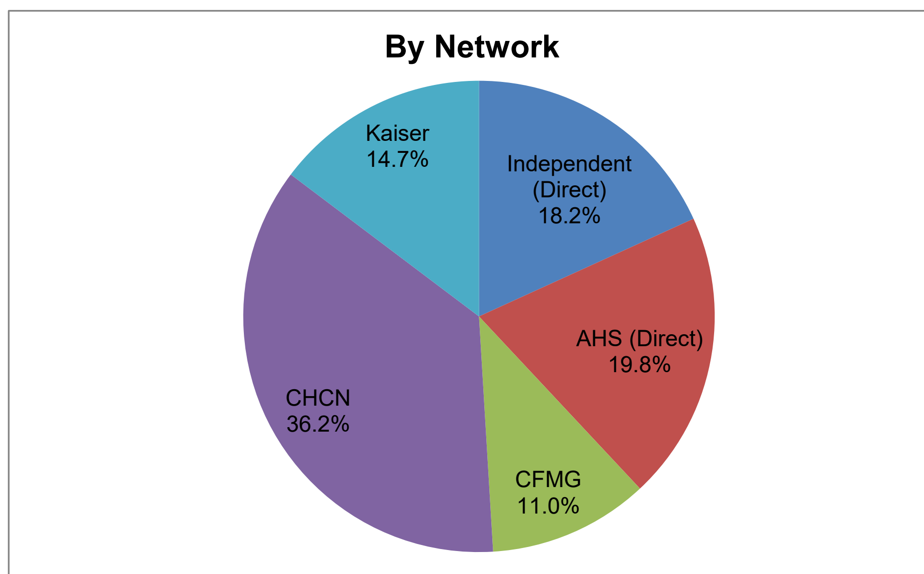
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Sep 2021**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	41,924	15%	9,019	8,930	608	15,814	7,553
Child	97,460	34%	9,329	8,740	29,400	32,380	17,611
SPD	26,330	9%	8,389	4,046	1,069	10,825	2,001
ACA OE	100,469	35%	15,909	33,235	1,139	37,159	13,027
Duals	20,535	7%	8,089	2,198	1	7,380	2,867
Medi-Cal	286,718		50,735	57,149	32,217	103,558	43,059
Group Care	5,914		2,511	911	-	2,492	-
Total	**292,632**	**100%**	**53,246**	**58,060**	**32,217**	**106,050**	**43,059**
Medi-Cal %	98.0%		95.3%	98.4%	100.0%	97.7%	100.0%
Group Care %	2.0%		4.7%	1.6%	0.0%	2.3%	0.0%
		Network Distribution	*18.2%*	*19.8%*	*11.0%*	*36.2%*	*14.7%*
			% Direct:	**38%**		**% Delegated:**	**62%**

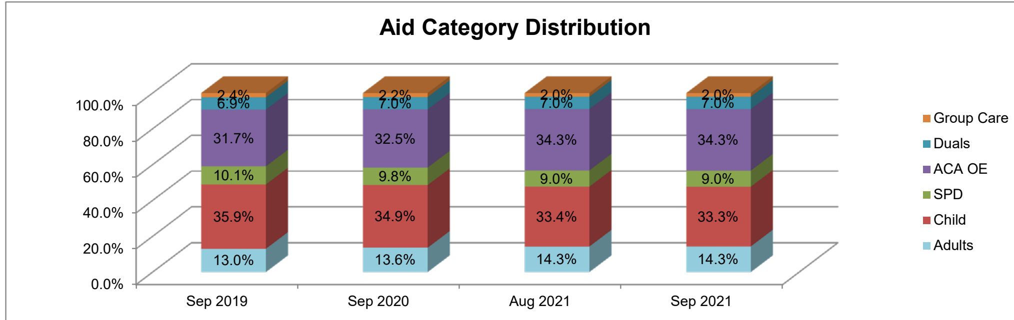




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

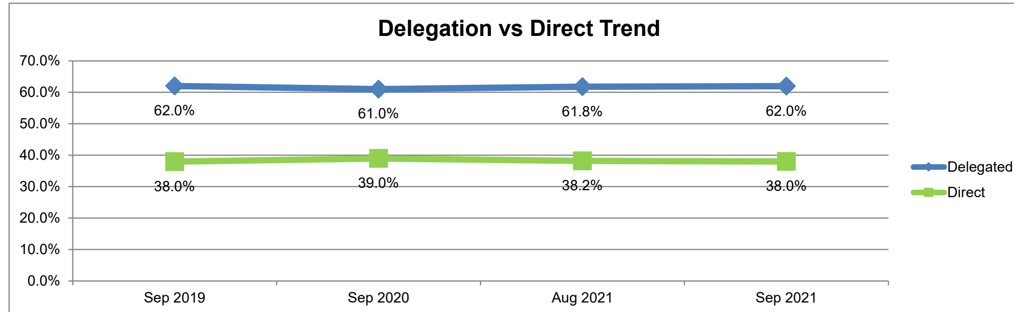
Category of Aid Trend

Category of Aid	Members Sep 2019	Members Sep 2020	Members Aug 2021	Members Sep 2021	% of Total (ie.Distribution) Sep 2019	Sep 2020	Aug 2021	Sep 2021	% Growth (Loss) Sep 2019 to Sep 2020	Sep 2020 to Sep 2021	Aug 2021 to Sep 2021
Adults	33,092	36,301	41,519	41,924	13.0%	13.6%	14.3%	14.3%	9.7%	15.5%	1.0%
Child	91,224	93,378	97,324	97,460	35.9%	34.9%	33.4%	33.3%	2.4%	4.4%	0.1%
SPD	25,727	26,178	26,316	26,330	10.1%	9.8%	9.0%	9.0%	1.8%	0.6%	0.1%
ACA OE	80,483	86,713	99,783	100,469	31.7%	32.5%	34.3%	34.3%	7.7%	15.9%	0.7%
Duals	17,666	18,607	20,388	20,535	6.9%	7.0%	7.0%	7.0%	5.3%	10.4%	0.7%
Medi-Cal Total	248,192	261,177	285,330	286,718	97.6%	97.8%	98.0%	98.0%	5.2%	9.8%	0.5%
Group Care	6,023	6,011	5,877	5,914	2.4%	2.2%	2.0%	2.0%	-0.2%	-1.6%	0.6%
Total	**254,215**	**267,188**	**291,207**	**292,632**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**5.1%**	**9.5%**	**0.5%**



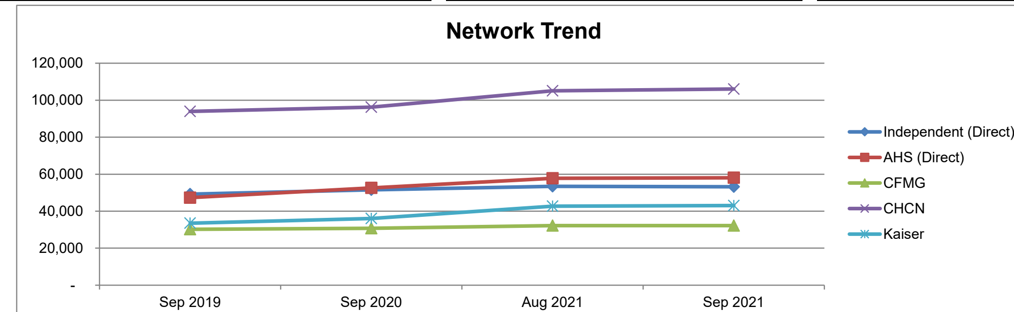
Delegation vs Direct Trend

Members	Members Sep 2019	Members Sep 2020	Members Aug 2021	Members Sep 2021	% of Total (ie.Distribution) Sep 2019	Sep 2020	Aug 2021	Sep 2021	% Growth (Loss) Sep 2019 to Sep 2020	Sep 2020 to Sep 2021	Aug 2021 to Sep 2021
Delegated	157,667	163,065	179,954	181,326	62.0%	61.0%	61.8%	62.0%	3.4%	11.2%	0.8%
Direct	96,548	104,123	111,253	111,306	38.0%	39.0%	38.2%	38.0%	7.8%	6.9%	0.0%
Total	**254,215**	**267,188**	**291,207**	**292,632**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**5.1%**	**9.5%**	**0.5%**



Network Trend

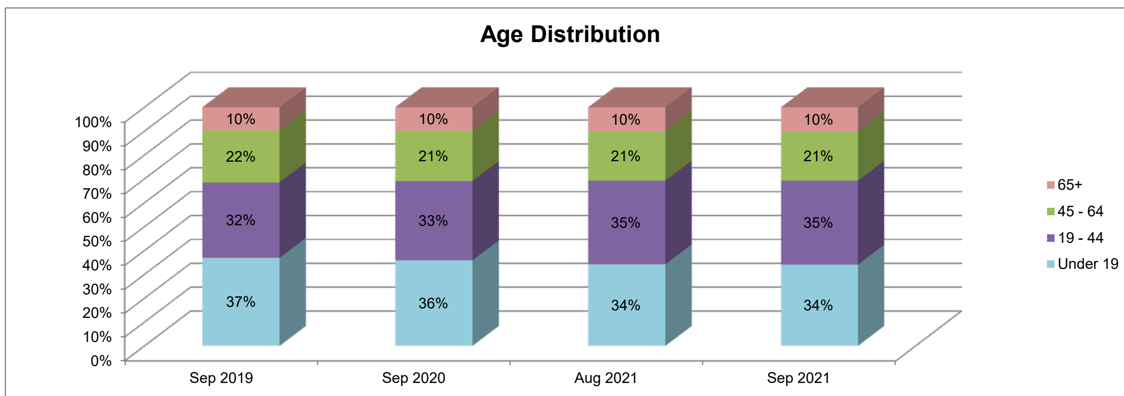
Network	Members Sep 2019	Members Sep 2020	Members Aug 2021	Members Sep 2021	% of Total (ie.Distribution) Sep 2019	Sep 2020	Aug 2021	Sep 2021	% Growth (Loss) Sep 2019 to Sep 2020	Sep 2020 to Sep 2021	Aug 2021 to Sep 2021
Independent (Direct)	49,220	51,527	53,441	53,246	19.4%	19.3%	18.4%	18.2%	4.7%	3.3%	-0.4%
AHS (Direct)	47,328	52,596	57,812	58,060	18.6%	19.7%	19.9%	19.8%	11.1%	10.4%	0.4%
CFMG	30,214	30,803	32,167	32,217	11.9%	11.5%	11.0%	11.0%	1.9%	4.6%	0.2%
CHCN	93,936	96,219	105,113	106,050	37.0%	36.0%	36.1%	36.2%	2.4%	10.2%	0.9%
Kaiser	33,517	36,043	42,674	43,059	13.2%	13.5%	14.7%	14.7%	7.5%	19.5%	0.9%
Total	**254,215**	**267,188**	**291,207**	**292,632**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**5.1%**	**9.5%**	**0.5%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

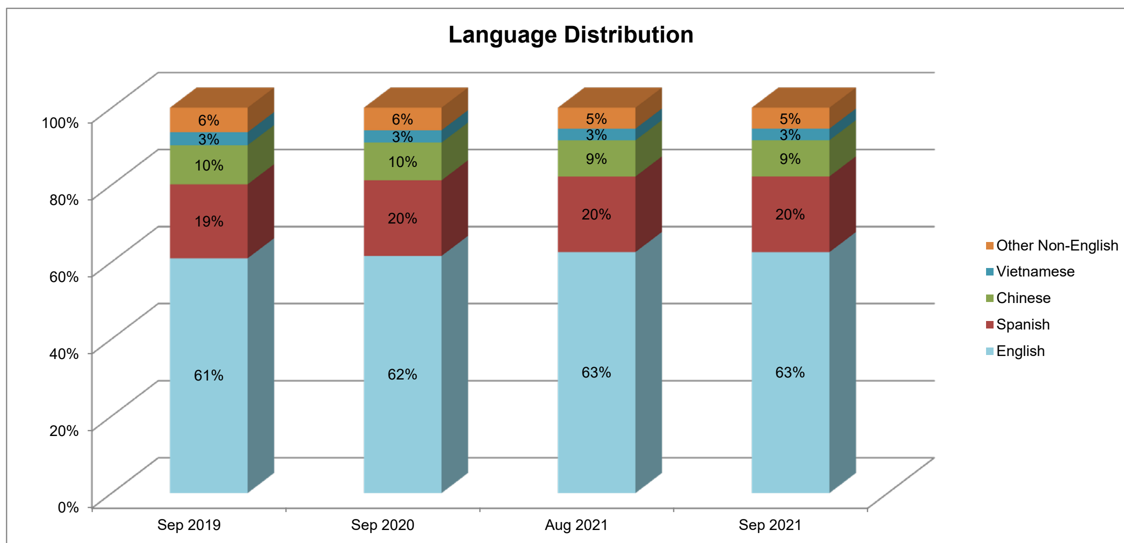
Age Category Trend

Age Category	Members Sep 2019	Members Sep 2020	Members Aug 2021	Members Sep 2021	% of Total (ie.Distribution) Sep 2019	% of Total Sep 2020	% of Total Aug 2021	% of Total Sep 2021	% Growth (Loss) Sep 2019 to Sep 2020	% Growth (Loss) Sep 2020 to Sep 2021	% Growth (Loss) Aug 2021 to Sep 2021
Under 19	93,853	95,849	99,634	99,751	37%	36%	34%	34%	2%	4%	0%
19 - 44	80,429	88,702	102,009	102,887	32%	33%	35%	35%	10%	16%	1%
45 - 64	55,417	56,396	60,200	60,370	22%	21%	21%	21%	2%	7%	0%
65+	24,516	26,241	29,364	29,624	10%	10%	10%	10%	7%	13%	1%
Total	**254,215**	**267,188**	**291,207**	**292,632**	**100%**	**100%**	**100%**	**100%**	**5%**	**10%**	**0%**



Language Trend

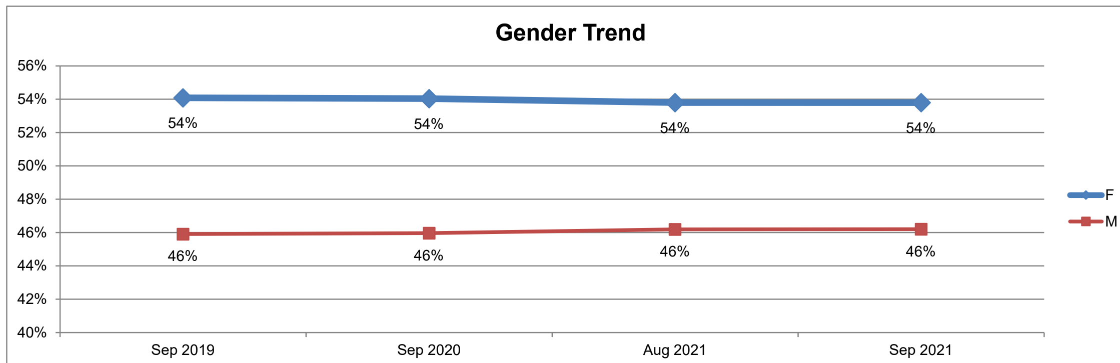
Language	Members Sep 2019	Members Sep 2020	Members Aug 2021	Members Sep 2021	% of Total (ie.Distribution) Sep 2019	% of Total Sep 2020	% of Total Aug 2021	% of Total Sep 2021	% Growth (Loss) Sep 2019 to Sep 2020	% Growth (Loss) Sep 2020 to Sep 2021	% Growth (Loss) Aug 2021 to Sep 2021
English	154,792	164,335	182,065	182,896	61%	62%	63%	63%	6%	11%	0%
Spanish	48,868	52,447	57,124	57,525	19%	20%	20%	20%	7%	10%	1%
Chinese	25,789	26,167	27,385	27,513	10%	10%	9%	9%	1%	5%	0%
Vietnamese	8,587	8,561	8,772	8,789	3%	3%	3%	3%	0%	3%	0%
Other Non-English	16,179	15,678	15,861	15,909	6%	6%	5%	5%	-3%	1%	0%
Total	**254,215**	**267,188**	**291,207**	**292,632**	**100%**	**100%**	**100%**	**100%**	**5%**	**10%**	**0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

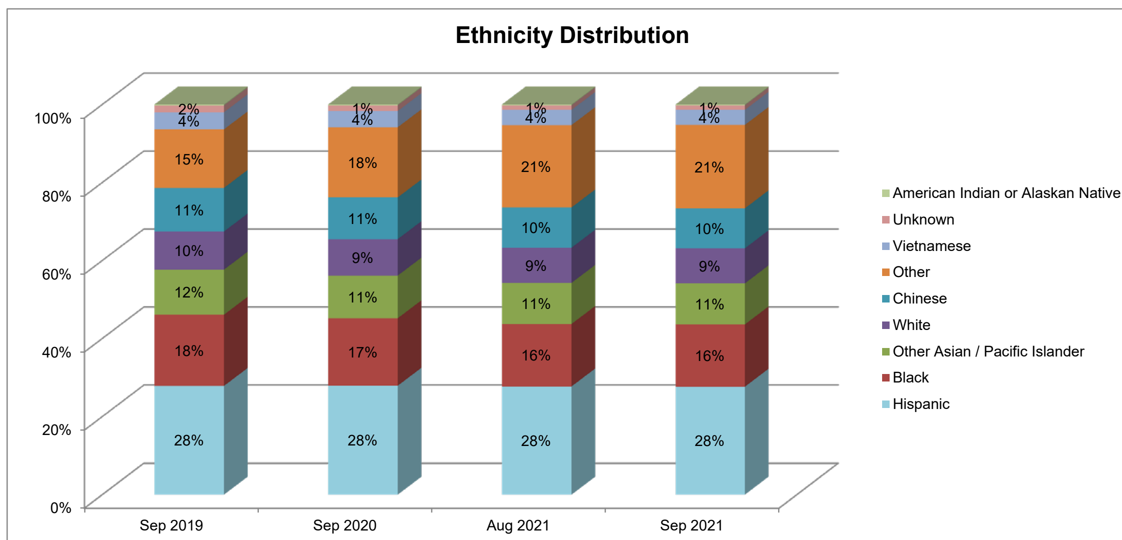
Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2019	Sep 2020	Aug 2021	Sep 2021	Sep 2019	Sep 2020	Aug 2021	Sep 2021	Sep 2019 to Sep 2020	Sep 2020 to Sep 2021	Aug 2021 to Sep 2021
F	137,500	144,383	156,688	157,426	54%	54%	54%	54%	5%	9%	0%
M	116,715	122,805	134,519	135,206	46%	46%	46%	46%	5%	10%	1%
Total	**254,215**	**267,188**	**291,207**	**292,632**	**100%**	**100%**	**100%**	**100%**	**5%**	**10%**	**0%**



Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2019	Sep 2020	Aug 2021	Sep 2021	Sep 2019	Sep 2020	Aug 2021	Sep 2021	Sep 2019 to Sep 2020	Sep 2020 to Sep 2021	Aug 2021 to Sep 2021
Hispanic	70,762	74,516	80,668	80,857	28%	28%	28%	28%	5%	9%	0%
Black	46,400	46,219	46,640	46,756	18%	17%	16%	16%	0%	1%	0%
Other Asian / Pacific Islander	29,357	29,208	30,667	30,769	12%	11%	11%	11%	-1%	5%	0%
White	24,895	25,003	26,303	26,326	10%	9%	9%	9%	0%	5%	0%
Chinese	28,441	28,577	30,056	29,994	11%	11%	10%	10%	0%	5%	0%
Other	38,120	48,054	61,466	62,583	15%	18%	21%	21%	26%	30%	2%
Vietnamese	11,151	11,084	11,324	11,278	4%	4%	4%	4%	-1%	2%	0%
Unknown	4,467	3,924	3,468	3,446	2%	1%	1%	1%	-12%	-12%	-1%
American Indian or Alaskan Native	622	603	615	623	0%	0%	0%	0%	-3%	3%	1%
Total	**254,215**	**267,188**	**291,207**	**292,632**	**100%**	**100%**	**100%**	**100%**	**5%**	**10%**	**0%**



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

Medi-Cal By City

City	Sep 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	113,893	40%	12,320	27,479	13,978	47,822	12,294
Hayward	44,636	16%	8,806	9,494	4,917	13,528	7,891
Fremont	25,667	9%	9,704	3,929	854	6,886	4,294
San Leandro	25,809	9%	4,337	4,005	3,356	9,527	4,584
Union City	12,232	4%	4,391	1,870	392	3,228	2,351
Alameda	10,932	4%	2,004	1,743	1,610	3,818	1,757
Berkeley	10,303	4%	1,502	1,698	1,288	4,219	1,596
Livermore	8,751	3%	1,007	821	1,905	3,416	1,602
Newark	6,577	2%	1,777	2,078	195	1,264	1,263
Castro Valley	7,067	2%	1,328	1,153	1,046	2,083	1,457
San Lorenzo	6,103	2%	920	1,047	722	2,116	1,298
Pleasanton	4,670	2%	896	458	478	2,026	812
Dublin	4,994	2%	895	472	638	2,045	944
Emeryville	1,909	1%	321	358	305	598	327
Albany	1,739	1%	267	223	352	536	361
Piedmont	338	0%	47	84	27	91	89
Sunol	61	0%	9	11	7	21	13
Antioch	25	0%	6	5	4	8	2
Other	1,012	0%	198	221	143	326	124
Total	**286,718**	**100%**	**50,735**	**57,149**	**32,217**	**103,558**	**43,059**

Group Care By City

City	Sep 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,005	34%	490	379	-	1,136	-
Hayward	655	11%	368	132	-	155	-
Fremont	616	10%	457	58	-	101	-
San Leandro	569	10%	224	88	-	257	-
Union City	320	5%	230	31	-	59	-
Alameda	285	5%	109	27	-	149	-
Berkeley	173	3%	54	13	-	106	-
Livermore	84	1%	30	1	-	53	-
Newark	142	2%	87	37	-	18	-
Castro Valley	186	3%	97	20	-	69	-
San Lorenzo	131	2%	58	17	-	56	-
Pleasanton	51	1%	26	1	-	24	-
Dublin	105	2%	38	12	-	55	-
Emeryville	27	0%	12	3	-	12	-
Albany	14	0%	6	2	-	6	-
Piedmont	14	0%	4	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	29	0%	8	10	-	11	-
Other	508	9%	213	80	-	215	-
Total	**5,914**	**100%**	**2,511**	**911**	**-**	**2,492**	**-**

Total By City

City	Sep 2021	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	115,898	40%	12,810	27,858	13,978	48,958	12,294
Hayward	45,291	15%	9,174	9,626	4,917	13,683	7,891
Fremont	26,283	9%	10,161	3,987	854	6,987	4,294
San Leandro	26,378	9%	4,561	4,093	3,356	9,784	4,584
Union City	12,552	4%	4,621	1,901	392	3,287	2,351
Alameda	11,217	4%	2,113	1,770	1,610	3,967	1,757
Berkeley	10,476	4%	1,556	1,711	1,288	4,325	1,596
Livermore	8,835	3%	1,037	822	1,905	3,469	1,602
Newark	6,719	2%	1,864	2,115	195	1,282	1,263
Castro Valley	7,253	2%	1,425	1,173	1,046	2,152	1,457
San Lorenzo	6,234	2%	978	1,064	722	2,172	1,298
Pleasanton	4,721	2%	922	459	478	2,050	812
Dublin	5,099	2%	933	484	638	2,100	944
Emeryville	1,936	1%	333	361	305	610	327
Albany	1,753	1%	273	225	352	542	361
Piedmont	352	0%	51	84	27	101	89
Sunol	61	0%	9	11	7	21	13
Antioch	54	0%	14	15	4	19	2
Other	1,520	1%	411	301	143	541	124
Total	**292,632**	**100%**	**53,246**	**58,060**	**32,217**	**106,050**	**43,059**

Resolution #2021-15

RESOLUTION NO. 2021-15

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, Dr. Noha Aboelata's initial four-year term as an Alameda Alliance for Health (Alliance) Board of Governors member, in a physician member seat representing the Alameda County medical community, will expire on 12/19/2021, and

WHEREAS, the Alliance Chief Executive Officer recommends that the Alliance Board of Governors reappoint Dr. Aboelata to the physician member seat pursuant to Section 3.C of the Bylaws of the Alliance; 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 Dr. Aboelata to the 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 to reappoint Dr. Aboelata as a physician seat member 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 Dr. Aboelata as a 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 12th day of November 2021.

____
CHAIR, BOARD OF GOVERNORS

ATTEST:

____
Secretary

Alameda Point Collaborative Presentation

Alameda Point Collaborative
LifeLong Medical Care
Health Services For All Ages
mercy HOUSING

ALAMEDA WELLNESS CAMPUS

VISION

The Alameda Wellness Campus (AWC) will be one of the first projects in the nation to offer an integrated model of housing, healthcare, medical respite and services for unhoused seniors and adults with complex health conditions. Opening in 2023, the Campus features:

- 100 permanent supportive housing units for unhoused seniors in Alameda County
- 50-bed Medical Respite for unhoused adults with acute health conditions or in need of hospice care
- Health Clinic for medical care, behavioral health and palliative care
- Homeless prevention and housing placement services
- Healing campus that promotes health recovery, housing stability and dignified end-of-life care
- 3.6-acre campus with attractive buildings and landscaping adjacent to a shoreline park in Alameda

PROJECT PARTNERS

- Alameda Point Collaborative, Project Lead, operates supportive housing communities for homeless families
- LifeLong Medical Care, a Federally Qualified Health Center, provides primary care, medical respite, services and street medicine for low-income and unhoused residents
- Mercy Housing, one of the nation's largest affordable housing organizations, provides development and property management services

Medical Respite Center – Ankrom Moisan Architects

ACHIEVEMENTS

√ Funding partners: Alameda County Health Care Services Agency, Alameda County Housing and Community Development, Kaiser Permanente, California Health Care Foundation, California Wellness Foundation, Anthem Foundation, Sutter Health, Stupski Foundation and the Arlene and Michael Rosen Foundation

√ Awarded $15 million in the 2021-2022 state budget

√ Plan for post-acute medical care, behavioral health, wellness, trauma recovery and hospice care

√ Attractive building design and landscaping that fosters healing

√ Broad support: elected officials, community leaders, labor unions, consumers and health providers

BENEFICIAL OUTCOMES

700 unhoused clients served yearly:

- 100 unhoused Alameda County seniors gain permanent housing
- 400 unhoused Alameda County clients gain recuperative stays and housing assistance
- Homeless prevention for 200 residents of the City of Alameda

"The Wellness Campus is a life-saving and pathbreaking project that will offer a home, health care and dignity to our unhoused relatives."

Arnold Perkins, AWC Project Champion, Former Director, Alameda County Public Health Department

CAPITAL CAMPAIGN

With significant funding raised, we are seeking new funding partners to complete the final stretch of our capital campaign for the Medical Respite/Health Clinic Center.

For more information please contact:

Bonnie Wolf, *Project Director* — bonniewolf@att.net

Doug Biggs, *APC Executive Director* — dbiggs@apcollaborative.org

FUNDING PARTNERS

Alameda County Health Care Services Agency

ALAMEDA WELLNESS CAMPUS

Project Description:

The Alameda Wellness Campus (AWC) will be one of the nation's first integrated centers to co-locate supportive housing for seniors, medical respite, health services, and homelessness prevention. The 3.6-acre campus is in a healing environment, located across from Alameda's Crown Memorial State Beach. Attached are links to our video, the AWC website, and project description.

Opening in 2023, the Wellness Campus will promote health recovery, housing stability, and dignified end-of-life care for an estimated 700 unhoused and medically vulnerable Alameda County residents annually. Project partners are Alameda Point Collaborative (APC), LifeLong Medical Care, and Mercy Housing.

The campus will feature:

- **100 permanent homes** for unhoused Alameda County older adults ages 55+ with case management, assistance with daily living, palliative and hospice care, and on-site health care;
- **50-bed medical respite center** with recuperative stays for an estimated 400 unhoused Alameda County residents annually 18 years+ with acute medical conditions or in need of hospice-level care. Short-term housing with health services, case management and linkages to housing and primary care;
- **A health center** with integrative medical care, geriatric and behavioral health care, recovery counseling, palliative care, and trauma recovery for Wellness Campus clients;
- **Homelessness prevention and housing placement center** serving an estimated 200 vulnerably housed and unsheltered City of Alameda residents yearly

Capital Campaign for Medical Respite Center

TOTAL PROJECT COST	$ 42.6 million
TOTAL RAISED	$ 27.5 million
Active Discussion with Prominent Funder	$ 3.0 million
Anticipated New Market Tax Credit (net)	3.5 million
REMAINING FUNDS NEEDED	**$ 8.6 million**

Funding Partners for Capital Campaign

- State of California (Department of Health Care Services): $15 million
- Kaiser Permanente: $2.5 million
- Alameda County Health Care Services Agency: $3.5 million
- Alameda County Housing and Community Development: $6.5 million

Capital Campaign Strategy:

APC, LifeLong, and our Project Champions are inviting aligned funders to partner with us in creating this precedent-setting project. Construction for the medical respite/health clinic is planned for July 2022.

Senator Skinner affirmed: *"I'm so pleased we secured state funding to support the Alameda Wellness Campus. This first-of-its-kind project providing healthcare, permanent supportive housing, and end-of-life care for our county's homeless residents, medically vulnerable and low-income seniors is an effort we can all be proud of."*

Arnold Perkins, Community Leader, former Director of the Alameda Public Health Department, and Project Champion inspires us to ask: *"Are we not our sisters and brothers' keepers? The Wellness Campus is a new model of care that will provide housing, health care, and dignity for our unsheltered relatives living and dying on our streets. Let's come together to create the world we envision."*

CalAIM Progress Report

CalAIM Implementation Readiness

Progress Report

Presented to the Alameda Alliance Board of Governors

Scott Coffin, Chief Executive Officer

November 12th, 2021

Progress Report

ALAMEDA Alliance FOR HEALTH

- **CalAIM Operational Readiness is divided into two phases, and includes all of our community-based organizations & other contracted entities for ECM, Community Supports and MOT**
- **Phase One "Day One"**
  - CalAIM Operational Readiness in November & December focuses on the transition of Whole Person Care (WPC) and Health Home Pilot Program (HHP) Participants and MOT readiness
  - Approximately 1,000 members (232 currently being served in WPC and 717 in HHP may be eligible to transition to ECM on January 1, 2022 if still enrolled in WPC or HHP on December 31st
    - 100% of members enrolled on December 31st will be transitioned on January 1st
    - Some of these members will also be eligible for housing community supports if currently receiving similar services under WPC or HHP
  - Includes highest-priority tasks to ensure continuity of care for patients being served in the pilot programs, training and support, and other resources
- **Phase Two "Day Two & Beyond"**
  - Includes the less urgent tasks, encounter reporting, reporting of outcomes, additional trainings
  - First 120 days of the calendar year is "post go-live stabilization" period, focus on supporting our Members, Providers, and community-based organizations.

Progress Report (cont'd)

ALAMEDA Alliance FOR HEALTH

- **Contract negotiations between Alliance & Alameda County Health Care Services Agency (HCSA)** nearing finalization for housing deposits, navigation & tenancy sustaining services and asthma remediation; presentation of the contract to the Alameda County Board of Supervisors is scheduled in December
- **Operational Readiness includes the following activities**:
  - Complete documentation of End-to-End (E2E) Workflows & Business Requirements
  - Negotiating and executing contracts for Enhanced Care Management (ECM), Major Organ Transplants (MOT), medical respite and food & nutrition
  - Communications to Members and Providers before and after the 1/1/2022 transition
  - Verification of Operational Readiness for Community-Based Organizations (ECM and CS Providers)
    - Submitting Authorizations
    - Provider Directory or Information Data Exchange (e.g. exchanging service utilization data)
    - Eligibility information
    - Credentialing
    - Training
    - Contact lists and escalation pathways
- **Readiness Go-Live Check in December**

Rate Projections: Revenue & Expense in FY2022

ALAMEDA Alliance FOR HEALTH

- **The following benefits and optional services are scheduled by DHCS to launch on January 1st, 2022**
  - **Enhanced Care Management "ECM"**
    - Reimbursements to providers range from $304.90 to $450.26 per enrollee, per month
    - Outreach ranges $50 to $150 per member interaction
    - Forecasting $4.9M in revenue and $4.4M in expenses for the first six months of the CalAIM program year
  - **"Community Supports", formerly In-Lieu Of Services "ILOS"**
    - Includes housing, asthma remediation, medically tailored and supportive food, and medical respite
    - Recipe4Health program is aiming to start July 2022
    - A potential of $14.7 million in CalAIM incentives may be earned to build capacity and infrastructure
    - Forecasting $8.1M in revenue and $9.7M in expenses for the first six months of the CalAIM program year
  - **Departmental Expense**
    - Approximately $2 to $3 million to be included in the Alliance's Clinical and Administrative Department Budgets for CalAIM projects
  - **Major Organ Transplants**
    - DHCS has not issued reimbursement rates, and the payment methodology is under consideration
    - CY2022 risk corridor may be added by the DHCS
- **FY2022 Final Budget in December includes six months of revenue and expense (January through June 2022)**

COVID - 19 Vaccination Incentive Program Update

COVID-19 Vaccinations & Incentives

Progress Report

Presented to the Alameda Alliance Board of Governors

Matthew Woodruff, Chief Operations Officer

November 12th, 2021

ALAMEDA Alliance FOR HEALTH

Progress Report
Vaccination Incentives

- State Vaccine Response Plan
  - The Alliance was awarded up to $8.4 million dollars to fund outreach activities and local investments in vaccination services, leveraging vaccination resources administered by Alameda County and local health centers.
  - The Alliance must achieve an 85% overall vaccination rate of at least one dose to receive full funding.
  - Reporting dates are October 31, 2021, January 2, 2022, and March 6, 2022

Progress Report

Baseline Rates

ALAMEDA Alliance FOR HEALTH

Measure (*and* weight)	**Baseline Rate (as of Aug 29, 2021)**	Reported by
Percent of homebound Medi-Cal beneficiaries who received at least one dose of a COVID-19 vaccine (5% weight).	**68.9%**	Alliance
Percent of Medi-Cal beneficiaries ages 50-64 years of age with one or more chronic diseases who received at least one dose of a COVID-19 vaccine (5% weight).	**79%**	Alliance
Percent of Medi-Cal beneficiaries ages 12 years and older who received at least one dose of a COVID-19 vaccine (35% weight).	**62.5%**	DHCS
Percent of Medi-Cal beneficiaries ages 12-25 years who received at least one dose of a COVID-19 vaccine (10% weight).	57.1%	DHCS
Percent of Medi-Cal beneficiaries ages 26-49 years who received at least one dose of a COVID-19 vaccine (5% weight).	58.4%	DHCS
Percent of Medi-Cal beneficiaries ages 50-64 years who received at least one dose of a COVID-19 vaccine (5% weight).	70.2%	DHCS
Percent of Medi-Cal beneficiaries ages 65+ years who received at least one dose of a COVID-19 vaccine (5% weight).	75.9%	DHCS
Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine (15% weight).	42.4% (Black/African American)	DHCS
Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the second-lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine (15% weight).	59.3% (American Indian/Alaskan Native)	DHCS

ALAMEDA Alliance FOR HEALTH

Progress Report

COVID-19 Vaccinations

- Alameda County average is 90.2% vaccinated (one dose)
- The Alliance as of November 8th, 2021:
  - 68.5% of Medi-Cal members 12 years and older are vaccinated (fully/partially) based on CAIR, encounter, claim, and HEDIS data
    - → Medi-Cal:156,820 of 229,006 persons
  - 79.9% of older adults (65 and older) are vaccinated
  - 75.5% of members 50 – 64 are vaccinated
  - 64.5% member 26 – 49 are vaccinated
  - 64.3% members 12 – 25 are vaccinated
  - 63.8% American Indian Alaskan Native
  - 49.0% Black/African American Members

ALAMEDA Alliance FOR HEALTH

Progress Report

Vaccine Response Plan Strategies

- The Alliance is partnering with Alameda County Health Care Services Agency (HCSA) and Public Health Department (ACPHD), Alameda Health System (AHS), Community Health Center Network (CHCN) , Children's First Medical Group (CFMG), Kaiser, UCSF, and Haller's and CVS pharmacies, and Alameda County Care Alliance (ACCA)
- Current Member and Provider Vaccine Outreach Activities:
  - In September 2021, the Alliance began and will continue to share monthly unvaccinated patient gap reports with providers.
  - The first Alliance COVID-19 vaccine billboard appeared on October 18, 2021. The billboard will continue to run for at least 12-weeks through January 10, 2021.
  - The Alliance conducted two (2) focus groups with vaccinated and unvaccinated members and continues to review misinformation trends every week to address in ongoing member communications.
  - The Alliance continues to review and incorporate evidence-based public health official federal, state, and local county messaging in all Alliance communication collateral.
    - Vaccine FAQs
    - Vaccine facts
    - Vaccine conversation tools for members with families and providers

Progress Report

Vaccine Response Plan Strategies

- The Alliance is issuing state-sponsored $50 grocery gift cards to members who complete the vaccine between September 21, 2021, and February 28, 2022
  - To date we have sent five (5) $50 gift cards
- The Alliance will also issue a $25 grocery gift card for members who refer other members to complete their vaccine
- The Alliance interactive voice response (IVR) calls:
  - October 22, 2021, to more than 73,000 unvaccinated members
  - November 5, 2021, to more than 73,000 number of unvaccinated members
- The Alliance will conduct one (1) IVR call each month through February 28, 2021. Each month the IVR call message will use best practices and be updated to encourage vaccine uptake. For example, The November 5th call reminded members to celebrate the holiday's safely with their friends and family by getting the COVID-19 vaccine.

Progress Report

Vaccine Response Plan Strategies

- Postcard Mailings:
  - October 29, 2021, to more than 73,000 unvaccinated member households
- Call Center Scripts:
  - On November 1, 2021, the Alliance Call Center Script to help increase access to vaccine information and answer member questions
  - The script will be used to create a tool for all member encounter touchpoints: Pharmacy, Behavioral Health, DME
- Newsletters:
  - The Alliance Member Connect Newsletter will be mailed on December 30, 2021, to more than 150K+ member households, and will include unvaccinated member incentive and member referral incentive information.
  - The Alliance Provider Pulse Connect Newsletter will also include vaccine incentive information and be shared with providers via Constant Contact in December 2021.

Progress Report

Vaccine Response Plan Strategies

- Social Media:
  - → The Alliance continues to promote vaccine uptake and dispel misinformation and myths on social media Facebook, Instagram, and Twitter platforms.
  - → The Alliance completed more than 50 posts and reshares in October 2021, including the OUSD Halloween, and the Oakland Día de los Muertos vaccine opportunity events
  - → Since October 1, 2021, the Alliance has published an average of 1.5 messages a day:
    - – Facebook: 13 messages (4 original posts and 9 reshares from CDC, CDPH, ACPHD Dare2BWell)
    - – Instagram: 15 messages including 2 multiple slide stories
    - – Twitter: 27 messages (4 original posts and 23 reshares from CDC, CDPH, ACPHD Dare2Well)
  - → Starting in November 2021, the Alliance began sharing messaging about the vaccine approval for children 5 to 11 years old
  - → The Alliance will continue to publish messages on social media.

Progress Report

Vaccine Response Plan Strategies

- Provider Incentive:
  - → Finalized on October 29, 2021
  - → The Alliance will reward providers $50 for every assigned patient who completes their vaccine between October 1, 2021, and February 28, 2022
  - → ACCMA presentation, Fax Blast Communication, and Provider Website
  - → The Alliance on the advice of ACCMA is calling providers and giving them their total potential incentive.

ALAMEDA Alliance FOR HEALTH

Progress Report

Vaccine Response Plan Strategies

- Future Member and Provider Vaccine Outreach Activities:
  - The Alliance live after-hours outbound calls will start mid to late November 2021
  - The Alliance is working with Alameda County Public Health Department, and Haller's pharmacy to explore upcoming holiday and other large-scale community events to distribute the vaccine.
    - → Santa Rita Jail vaccine distribution mid-December through February 28, 2022
    - → Hyperlocal neighborhood outreach, including County door to door outreach mid-December through February 28, 2022
    - → Barbershops mid-December through February 28, 2022
    - → Grocery Stores mid-December through February 28, 2022
  - The Alliance will also partner with providers, Alameda Contra Costa Medical Association (ACCMA), Sinkler Miller Medical Association (SMMA), Alameda County Care Alliance, and faith-based organizations
    - → Support from ACCMA Board Members

Progress Report

Vaccine Response Plan Strategies

- → Counter vaccine hesitancy and misinformation in disparate member populations
- → Trusted physician conversations with patients and community forums early to mid-December through February 28, 2022
- → Modeling evidence-based interventions such as "Hypertension Sunday" early to mid-December through February 28, 2022

- The Alliance will work with the CVS Pharmacy "bag tagging" program to promote vaccine uptake.
  - → Program to begin mid-November 2021 through February 2022
  - → Projected to reach 10K+ members at CVS stores throughout Oakland, San Leandro, and Hayward
- The Alliance multi-media Bart, bus, digital geofence billboard, radio, and social media boost advertising contracts are being reviewed.
  - → 8-week Bart and bus campaign aiming to begin by the end of November 2021
  - → Digital geofence will send banner ads to mobile device weather, news, and radio apps within a ¼ mile range of the billboard
  - → The Alliance will pay Facebook and Instagram social media platforms to boost posts that encourage vaccine uptake and counter misinformation in disparate zip codes and census tract neighborhoods, mid to late November 2021 through February 28, 2022.

ALAMEDA Alliance FOR HEALTH

Progress Report

Vaccine Response Plan Strategies

- The Alliance is partnering with UCSF to reach pediatric patients through school forums and text messaging campaigns.
  - → Dr. Meade will participate in school forums to help answer parent and caregiver questions about the vaccine for children 5 to 11 years old.
  - → UCSF will send text messages to encourage vaccine uptake
  - → Program projected to begin by the end of November through February 28, 2022
  - → 5,000K+ pediatric patients and families
- The Alliance is exploring partnerships with Health Care Services Agency (HCSA) Center for Healthy Schools and Communities, and the Peralta Community College District
  - → Aiming to begin school-based clinic vaccine sites and events by late November 2021 through February 28, 2022
  - → The Alliance will distribute 1,000+ Back to School Safe Starter Kits with information to promote vaccine uptake and counter misinformation, reusable face masks, hand sanitizer, and school supplies. The distribution will begin between late November and early December 2021.

Progress Report

Vaccine Response Plan Strategies

- The Alliance is working with Alameda County Care Alliance (ACCA) to reach unvaccinated homebound members and their families and friends.
  - Program projected to begin by the beginning in December 2021 through February 28, 2022
  - 1,200 unvaccinated homebound members
  - Trusted conversations with faith-based leaders and caregiver providers beginning in December 2021 through February 28, 2022.
  - Caregiver providers taking the vaccine to homebound clients beginning December 2021 through February 28, 2022

Resolution #2021-16

TO: Alameda Alliance for Health Board of Governors

FROM: Rollington Ferguson M.D.

DATE: November 12, 2021

SUBJECT: Formation of an Advisory Ad Hoc Facility Selection Committee

RECOMMENDED ACTION

1. Adopt Resolution No. 2021-16 titled "A Resolution Of Alameda Alliance For Health Creating An Ad Hoc Facility Search Committee And Authorizing Alliance Staff To Conduct Research On Potential Real Estate Transactions"

DISCUSSION

The interest in potential relocation arose due to the desire to make the principal executive offices ("headquarters") of the Alameda Alliance for Health ("Alliance") easily accessible to members and staff via-public transit. In addition, the Alliance has experienced significant growth in Staff over the years and has outgrown its current headquarters. As a result, the Alliance has expanded into leased spaces outside of its current headquarters to house an overflow of staff. As such, a proposal to create an Advisory Ad Hoc Facility Search Committee to review the need for new headquarters that is accessible to members and Staff by public transit, and could potentially accommodate present and future spatial needs, and further, to make recommendations to the Bord of Governors on the potential sale, purchase, acquisition or lease of real estate is recommended.

Resolution 2021-16 does the following:

- Establishes an Advisory Ad Hoc Facility Search Committee to review subject matter findings made by Alliance staff and provide advice to the Board of Governors on potential sale, purchase, acquisition or lease of real estate and other relatable subject matter authorized under the resolution.
- The Advisory Ad Hoc Facility Search Committee will consist of no more than five (5) Board Members as appointed by the Board of Governors.
- Gives the Advisory Ad Hoc Facility Search Committee discretion to meet as its members deem necessary under the bylaws of Article 7.A.2.
- Delegates to the Alliance Chief Executive Officer authority to commence research on potential real estate transactions related to the change in location of the

principal executive offices of the Alliance and to present those findings to the Advisory Ad Hoc Facility Search Committee.

As an advisory committee with a limited purpose, whose body is composed solely of Alliance Board Members, and whose meeting schedule is not set by the Board of Governors, the Advisory Ad Hoc Facility Search Committee will not be subject to Brown Act open meeting requirements pursuant to the Alliance bylaws.

FISCAL IMPACT

Adoption of the resolution will have no fiscal impact.

ATTACHMENTS

1. Resolution No. 2021-16 titled "A Resolution A Resolution Of Alameda Alliance For Health Creating An Ad Hoc Facility Search Committee And Authorizing Alliance Staff To Conduct Research On Potential Real Estate Transactions"

RESOLUTION NO. 2021-16

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH CREATING AN AD HOC FACILITY SEARCH COMMITTEE AND AUTHORIZING ALLIANCE STAFF TO CONDUCT RESEARCH ON POTENTIAL REAL ESTATE TRANSACTIONS

WHEREAS, Article 1 of the Alameda Alliance for Health ("Alliance") Bylaws grants the Board of Governors the full power and authority to change the location of the principal executive office of the Alliance within the County of Alameda; and

WHEREAS, pursuant to Section 14087.54 of the California Welfare and Institutions Code, the Alliance has the power to acquire, possess, and dispose of real or personal property, as may be necessary for the performance of its functions; and

WHEREAS, the Board of Governors has determined that it is an opportune time to explore potential change in the location of the principal executive office of the Alliance via real estate transactions; and

WHEREAS, Article 7 of the Bylaws allow for the creation of Ad Hoc committees by way of resolution to carry out the purposes of the Board of Governors; and

WHEREAS, the Board of Governors has determined that the creation of an Ad Hoc Facility Search Committee to advise on the search for a new facility to serve as the principal executive office of the Alliance is necessary; and

WHEREAS, the Board of Governors desires for the Chief Executive Officer and Alliance staff, as determined by the Chief Executive Officer, to conduct a search supporting the Ad Hoc Facility Search Committee.

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

SECTION 1. The creation of an Ad Hoc Facility Search Committee is approved by the Board of Governors pursuant to Article 7 of the bylaws.

SECTION 2. The Ad Hoc Facility Search Committee shall be advisory only for the purpose of reviewing findings and recommendations from Alliance staff and to make recommendations to the Board of Governors on the potential sale, purchase, acquisition, or lease of real estate.

SECTION 3. The Ad Hoc Facility Search Committee shall be composed of no more than five (5) board members to be appointed by the Board of Governors.

SECTION 4. The meeting schedule of the Ad Hoc Facility Search Committee shall be determined by its members and scheduled as needed.

SECTION 5. The Chief Executive Officer and Alliance staff, as determined by the Chief Executive Officer, are authorized to conduct research on potential sale, purchase, acquisition or lease and other relatable real estate transactions related to the change in location of the principal executive offices of the Alliance and present their findings to the Ad Hoc Facility Search Committee.

SECTION 6. The Alliance Secretary shall certify the adoption of this resolution.

PASSED AND ADOPTED by the Board of Governors at a meeting held on the 12th day of November 2021.

____
CHAIR, BOARD OF GOVERNORS

ATTEST:

____
Secretary

Operations

Matt Woodruff

To: Alameda Alliance for Health Board of Governors

From: Matthew Woodruff, Chief Operating Officer

Date: November 12, 2021

Subject: Operations Report

Member Services

- 12-Month Trend Summary:
  - The Member Services Department received a fifteen percent (15%) decrease in calls in October 2021, totaling 12,566 compared to 14,759 in October 2020. Call volume pre-pandemic in October 2019 was 14,208, which is twelve percent (12%) higher than the current call volume.
  - October utilization for the member automated eligibility IVR system totaled seven hundred-fifteen (715).
  - The abandonment rate for October 2021 was thirteen percent (13%), compared to five percent (5%) in October 2020.
  - The Department's service level was fifty-four percent (54%) in October 2021, compared to sixty-four percent (64%) in October 2020. The Department continues to recruit to fill open positions.
  - The average talk time (ATT) was six minutes and forty-three seconds (06:43) for October 2021 compared to six minutes and fifty-five seconds (06:55) for October 2020.
  - The top five call reasons for October 2021 were: 1). Eligibility/Enrollment, 2). Change of PCP 3). Kaiser, 4). Benefits, 5). ID Card Request. The top five call reasons for October 2020 were: 1). Change of PCP, 2). Kaiser, 3). Eligibility/Enrollment 4). Benefits, 5). ID Card Requests.
  - The Department continues to service members via multiple non-contact communication channels (telephonic, email, web-based requests) while honoring the 'shelter in place" order. The Department responded to 666 web-based requests in October 2021 compared to 587 in October 2020. The top three web reason requests for October 2021 were: 1). Change of PCP 2). ID Card Requests, 3). Update Contact Information.

- Training:
  - Routine and new hire training are conducted via a hybrid (Onsite/remote) model by the MS Trainer/manager/supervisors until staff returns to the office.

Claims

- 12-Month Trend Summary:
  - The Claims Department received 177,483 claims in October 2021 compared to 120,149 in October 2020.
  - The Auto Adjudication was 81.1% in October 2021 compared to 78.5% in October 2020.
  - Claims compliance for the 30-day turn-around time was 97.4% in October 2021 compared to 99.1% in October 2020. The 45-day turn-around time was 99.9% in October 2021 compared to 99.9% in October 2020.

- Monthly Analysis:
  - In October, we received a total of 177,483 claims in the HEALTHsuite system. This represents an increase of 11.23% from September and is higher, by 57,334 claims, than the number of claims received in October 2020; the higher volume of received claims remains attributed to COVID-19 and COBA implementation.
  - We received 86% of claims via EDI and 14% of claims via paper.
  - During October, 99.9% of our claims were processed within 45 working days.
  - The Auto Adjudication rate was 81.1% for October.

Provider Services

- 12-Month Trend Summary:
  - The Provider Services department's call volume in October 2021 was 5,594 calls compared to 5,982 calls in October 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 275 outbound calls during October 2021.
- The Provider Services department answered over 4,681 calls for October 2021 and made over 735 outbound calls.

Credentialing

- 12-Month Trend Summary:

  - At the Peer Review and Credentialing (PRCC) meeting held on October 19, 2021, there were thirty-two (32) initial providers approved; eight (8) primary care providers, seventeen (17) specialists, two (2) ancillary providers, and five (5) midlevel providers. Additionally, eighteen (18) providers were re-credentialed at this meeting; six (6) primary care providers, nine (9) specialists, one (1) ancillary provider, and two (2) 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 October 2021, the Provider Dispute Resolution (PDR) team received 729 PDRs versus 680 in October 2020.
  - The PDR team resolved 603 cases in October 2021 compared to 898 cases in October 2020.
  - In October 2021, the PDR team upheld 67% of cases versus 78% in October 2020.
  - The PDR team resolved 100% of cases within the compliance standard of 95% within 45 working days in October 2021 compared to 99.6% in October 2020.

- Monthly Analysis:

  - AAH received 729 PDRs in October 2021.
  - In October, 603 PDRs were resolved. Out of the 603 PDRs, 404 were upheld, and 199 were overturned.
  - The overturn rate for PDRs was 33% which did not meet our goal of 25% or less.

- Below is a breakdown of the various causes for the 199 overturned PDRs. Please note that there were two primary areas that caused the Department to miss its goal of 25% or less. The first, a larger than normal volume of overturns due to authorization, representing 18% or 35 cases. The 17 cases were overturned due to coding correction for Radiology services, 8 cases due to no authorization on file, and 10 retro authorizations. The second is the duplicate denials, with 53 cases representing 27%. With 30 cases or 15% is due to incorrect processing and 23 or 12% is due to provider documentation with the PDR. The combined rise in the volume of the two primary issues for overturned PDRs this month stopped us from achieving the goal of 25% or less.

Community Relations and Outreach

- 12-Month Trend Summary:
    - In October 2021, the Alliance completed 700 member orientation outreach calls and 162 member orientations by phone.
    - The C&O Department reached 162 people (100% identified as Alliance members) during outreach activities, compared to 273 individuals (100% self-identified as Alliance members) in October 2020.
    - The C&O Department spent a total of $0 in donations, fees, and/or sponsorships, compared to $0 in October 2020.
    - The C&O Department reached members in 21 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 19 cities in October 2020.

- Monthly Analysis:
    - In October 2021, the C&O Department completed 700 member orientation outreach calls and 162 member orientations by phone, and 28 Alliance website inquiries.
    - Among the 162 people reached, 100% identified as Alliance members.
    - In October 2021, the C&O Department reached members in 21 locations throughout Alameda County, Bay Area, and the U.S.
    - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	October 2021
Incoming Calls (R/V)	12,566
Abandoned Rate (R/V)	13%
Answered Calls (R/V)	10,960
Average Speed to Answer (ASA)	02:42
Calls Answered in 60 Seconds (R/V)	54%
Average Talk Time (ATT)	06:43
Outbound Calls	4,290

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

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

Claims Department
September 2021 Final and October 2021 Final

METRICS

Claims Compliance	Sep-21	Oct-21
90% of clean claims processed within 30 calendar days	98.0%	97.4%
95% of all claims processed within 45 working days	99.9%	99.9%

Claims Volume (Received)	Sep-21	Oct-21
Paper claims	27,209	24,999
EDI claims	132,349	152,484
Claim Volume Total	**159,558**	**177,483**

Percentage of Claims Volume by Submission Method	Sep-21	Oct-21
% Paper	17.05%	14.09%
% EDI	82.95%	85.91%

Claims Processed	Sep-21	Oct-21
HEALTHsuite Paid (original claims)	118,093	109,410
HEALTHsuite Denied (original claims)	40,454	45,295
HEALTHsuite Original Claims Sub-Total	**158,547**	**154,705**
HEALTHsuite Adjustments	2,273	2,061
HEALTHsuite Total	**160,820**	**156,766**

Claims Expense	Sep-21	Oct-21
Medical Claims Paid	$56,092,911	$50,462,124
Interest Paid	$15,983	$17,723

Auto Adjudication	Sep-21	Oct-21
Claims Auto Adjudicated	112,382	125,466
% Auto Adjudicated	80.1%	81.1%

Average Days from Receipt to Payment	Sep-21	Oct-21
HEALTHsuite	19	18

Pended Claim Age	Sep-21	Oct-21
0-29 calendar days		
HEALTHsuite	18,041	17,200
30-59 calendar days		
HEALTHsuite	158	258
Over 60 calendar days		
HEALTHsuite	0	0

Overall Denial Rate	Sep-21	Oct-21
Claims denied in HEALTHsuite	40,454	45,295
% Denied	25.2%	28.9%

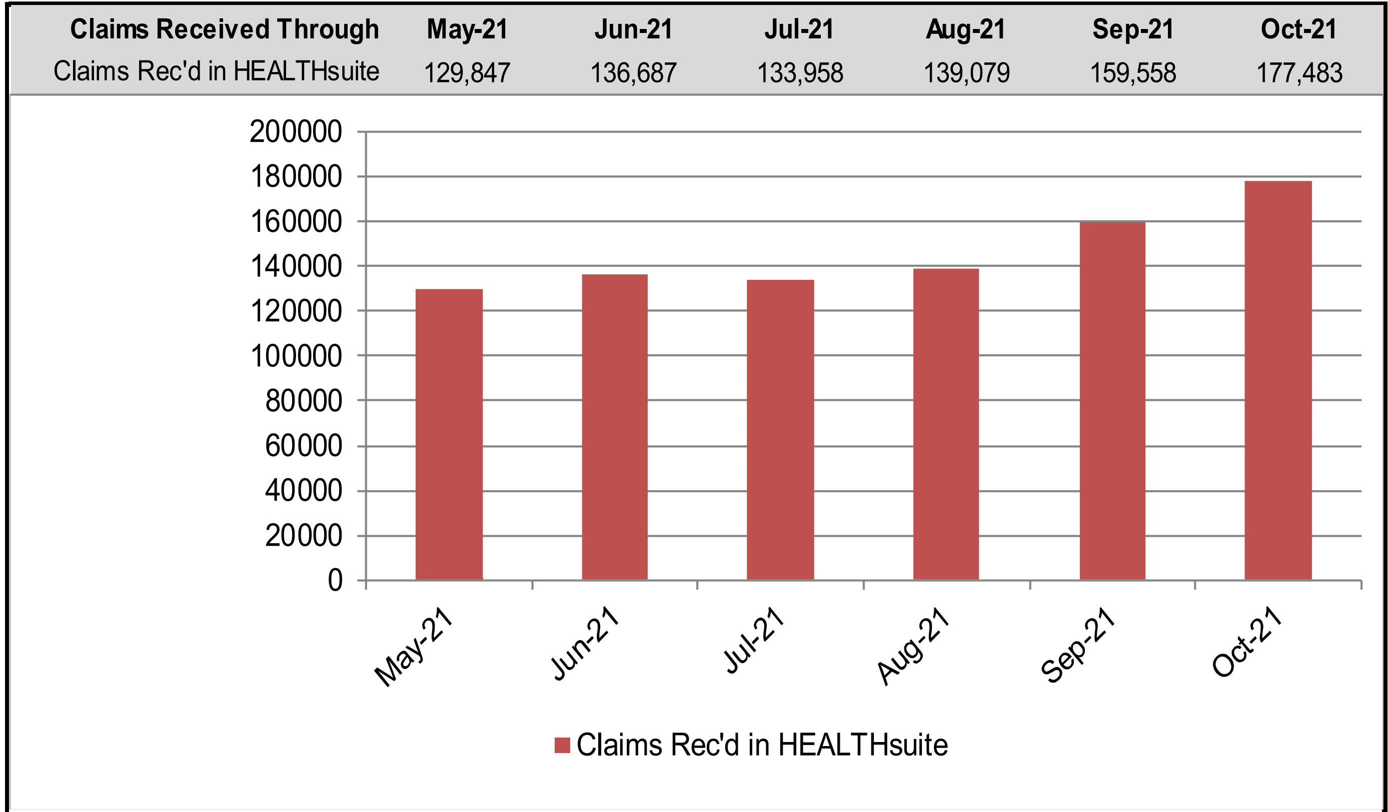
Claims Department
September 2021 Final and October 2021 Final

Oct-21

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	26%
No Benefits Found For Dates of Service	13%
Non-Covered Benefit for this Plan	11%
Duplicate Claim	10%
This is a Capitated Service	5%
% Total of all denials	**65%**

Claims Received By Month

Claims Received Through	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Claims Rec'd in HEALTHsuite	129,847	136,687	133,958	139,079	159,558	177,483



Provider Relations Dashboard October 2021

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

Provider Relations Dashboard October 2021

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	2.8%	3.9%	3.1%	3.0%	2.7%	3.5%	3.8%	4.6%	4.0%	3.2%		
Benefits	4.9%	3.4%	3.7%	3.1%	3.4%	2.8%	1.9%	0.3%	3.1%	2.8%		
Claims Inquiry	38.8%	36.8%	39.4%	38.1%	40.6%	40.4%	41.6%	39.6%	40.2%	40.0%		
Change of PCP	1.3%	3.6%	4.8%	4.1%	4.8%	5.3%	4.9%	5.5%	4.6%	4.9%		
Complaint/Grievance (includes PDR's)	3.5%	3.6%	3.8%	3.6%	2.8%	3.1%	2.7%	2.8%	3.7%	3.9%		
Contracts	0.5%	0.6%	0.3%	0.6%	0.5%	0.4%	0.6%	0.6%	0.8%	0.8%		
Correspondence Question/Followup	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%		
Demographic Change	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%		
Eligibility - Call from Provider	25.0%	25.8%	24.3%	24.4%	25.1%	23.2%	25.8%	24.6%	22.3%	18.8%		
Exempt Grievance/ G&A	0.2%	0.2%	0.2%	0.0%	0.4%	0.4%	0.2%	0.3%	0.0%	0.1%		
General Inquiry/Non member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Health Education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Intrepreter Services Request	2.0%	1.8%	1.3%	1.2%	1.1%	1.1%	1.1%	1.3%	1.5%	2.3%		
Kaiser	3.7%	0.2%	0.2%	0.4%	0.3%	0.3%	0.1%	0.2%	0.1%	0.1%		
Member bill	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Provider Portal Assistance	3.6%	4.3%	4.0%	3.9%	4.3%	4.1%	4.0%	4.1%	6.9%	11.1%		
Pharmacy	0.9%	0.9%	1.0%	1.1%	1.2%	0.7%	0.8%	0.8%	0.8%	1.0%		
Provider Network Info	0.2%	0.1%	0.2%	0.2%	0.3%	0.5%	0.1%	0.1%	0.1%	0.3%		
Transferred Call	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
All Other Calls	12.3%	14.4%	13.6%	16.0%	12.7%	14.0%	12.3%	15.0%	11.7%	10.7%		
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	#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	8	15	7	15	5	5		
Contracting/Credentialing	11	19	30	21	11	14	3	20	14	12		
Drop-ins	0	0	0	0	0	0	0	0	0	0		
JOM's	2	3	2	0	4	3	2	1	3	2		
New Provider Orientation	11	31	12	10	10	19		16	0	26		
Quarterly Visits	202	206	269	230	241	221	193	236	167	230		
UM Issues	2	2	3	0	1	0	0	2	1	0		
Total Field Visits	239	272	332	273	275	272	205	290	190	275	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS					
Practitioners		AHP 393	PCP 351	SPEC 636	PCP/SPEC 17
AAH/AHS/CHCN Breakdown		AAH 394	AHS 167	CHCN 427	COMBINATION OF GROUPS 409
Facilities	**280**				

VENDOR SUMMARY **Credentialing Verification Organization, Symply CVO**					
	Number	**Average Calendar Days in Process**	**Goal - Business Days**	**Goal - 98% Accuracy**	**Compliant**
Initial Files in Process	26	6	25	Y	Y
Recred Files in Process	97	5	25	Y	Y
Expirables updated **Insurance, License, DEA, Board Certifications**					Y
Files currently in process	**123**				
CAQH Applications Processed in October 2021					
Standard Providers and Allied Health	**Invoice not received**				

October 2021 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	8
SPEC	17
ANCILLARY	2
MIDLEVEL/AHP	5
	32
Recredentialing	
PCP	6
SPEC	9
ANCILLARY	1
MIDLEVEL/AHP	2
	18
TOTAL	**50**

October 2021 Facility Approvals

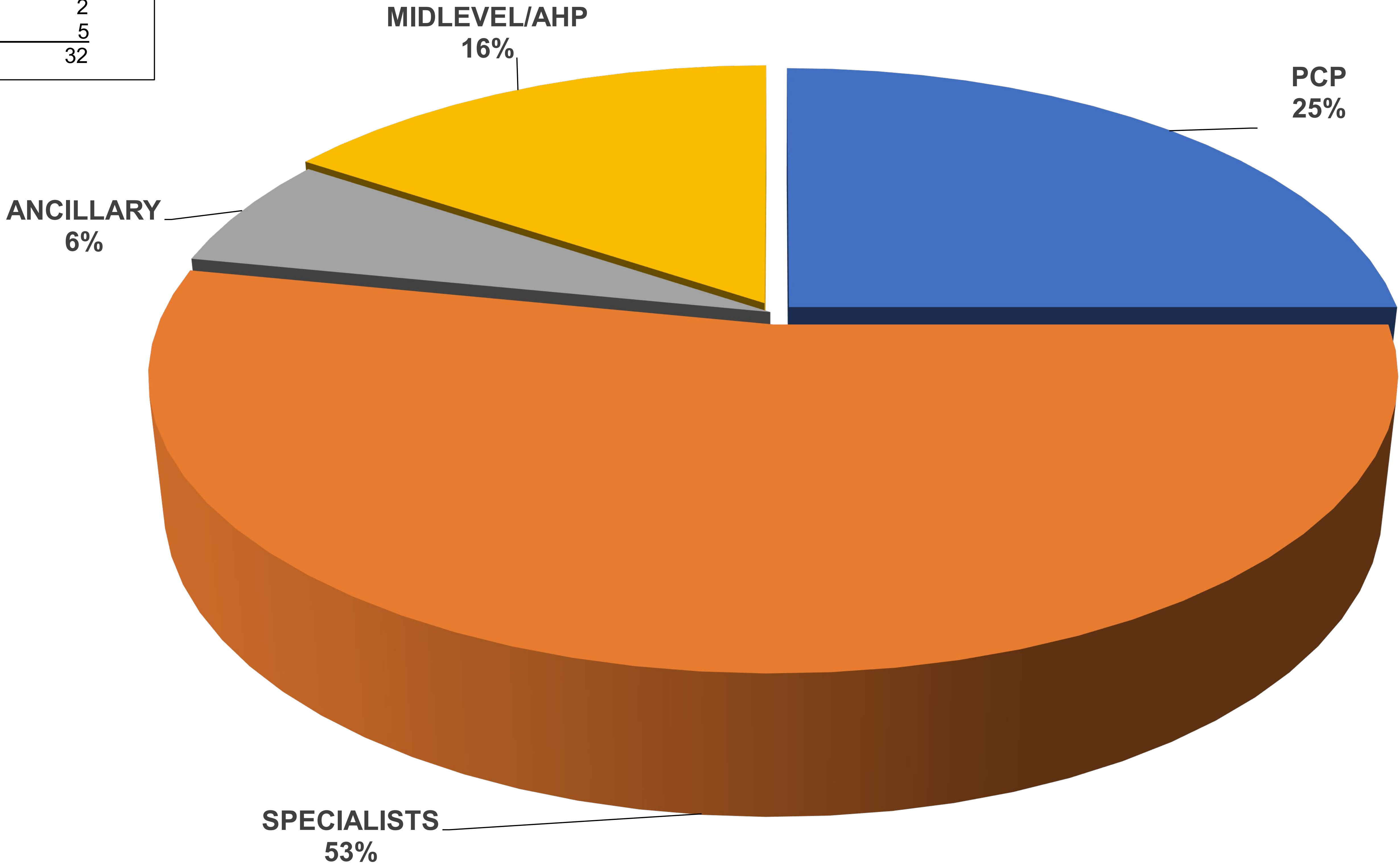
Initial Credentialing	3
Recredentialing	5
	8
Facility Files in Process	**34**

October 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
Amin	Krina	Primary Care Physician	Initial	10/19/2021
Andhavarapu	Swati	Specialist	Initial	10/19/2021
Attawia	Mariam	Allied Health	Initial	10/19/2021
Bahrani	Yalda	Allied Health	Initial	10/19/2021
Blankenship	LeAnn	Specialist	Initial	10/19/2021
Burri	Robert	Specialist	Initial	10/19/2021
Choudhary	Abhishek	Specialist	Initial	10/19/2021
Elgart	Sarah	Allied Health	Initial	10/19/2021
Gellman	Richard	Specialist	Initial	10/19/2021
Gutierrez	Elisa	Primary Care Physician	Initial	10/19/2021
Gutierrez	Susan	Specialist	Initial	10/19/2021
Harbour	Leia	Specialist	Initial	10/19/2021
Hsu	Senzan	Specialist	Initial	10/19/2021
Hubbard	Ashley	Primary Care Physician	Initial	10/19/2021
Jobson	Meghan	Specialist	Initial	10/19/2021
Kahal	Amandeep	Primary Care Physician	Initial	10/19/2021
Leong	Elizabeth	Ancillary	Initial	10/19/2021
Liptak	Alayna	Allied Health	Initial	10/19/2021
Mugo	Mutuhi	Primary Care Physician	Initial	10/19/2021
Njenga	Kera	Allied Health	Initial	10/19/2021
Ochalek	Daniel	Specialist	Initial	10/19/2021
Oven	Sarah	Primary Care Physician	Initial	10/19/2021
Rico	Ramona	Primary Care Physician	Initial	10/19/2021
Rodriguez	Geoffrey	Specialist	Initial	10/19/2021
Sidhu	Rajbir	Specialist	Initial	10/19/2021
Singh	Richa	Specialist	Initial	10/19/2021
Smeester	Daniel	Specialist	Initial	10/19/2021
Tesfalul	Martha	Specialist	Initial	10/19/2021
Ugarte	Shannon	Primary Care Physician	Initial	10/19/2021
Watson	Eric	Specialist	Initial	10/19/2021
White	Kasandra	Specialist	Initial	10/19/2021
Wuu	Rrobert-Jim	Ancillary	Initial	10/19/2021
Byrne	Nicholas	Specialist	Recred	10/19/2021
De Niro	Jennifer	Specialist	Recred	10/19/2021
Eichbaum	Eldan	Specialist	Recred	10/19/2021
Hwang	Dennis	Specialist	Recred	10/19/2021
Lou	Lay-Hwa	Primary Care Physician	Recred	10/19/2021
McDonald	Henry	Specialist	Recred	10/19/2021
Mirmira	Vijay	Primary Care Physician	Recred	10/19/2021
Monnin	Tev	Allied Health	Recred	10/19/2021
Pal	Meenakshi	Ancillary	Recred	10/19/2021
Puranam	Srilekha	Primary Care Physician	Recred	10/19/2021
Ramdall	Risha	Specialist	Recred	10/19/2021
Saini	Manoj	Allied Health	Recred	10/19/2021
Siddiq	Simin	Primary Care Physician	Recred	10/19/2021
Simms- Edwards	Erin	Specialist	Recred	10/19/2021
Singh	Charan	Specialist	Recred	10/19/2021
Vujjeni	Valli	Specialist	Recred	10/19/2021
Watson	Henry	Primary Care Physician	Recred	10/19/2021
Zheng	Hui	Primary Care Physician	Recred	10/19/2021

OCTOBER PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALTY

PCP	8
Specialists	17
Ancillary	2
MIDLEVEL/AHP	5
Total	32



Provider Dispute Resolution
September 2021 and October 2021

METRICS

PDR Compliance	Sep-21	Oct-21
# of PDRs Resolved	860	603
# Resolved Within 45 Working Days	855	603
% of PDRs Resolved Within 45 Working Days	99.4%	100.0%

PDRs Received	Sep-21	Oct-21
# of PDRs Received	662	729
PDR Volume Total	**662**	**729**

PDRs Resolved	Sep-21	Oct-21
# of PDRs Upheld	542	404
% of PDRs Upheld	63%	67%
# of PDRs Overturned	318	199
% of PDRs Overturned	37%	33%
Total # of PDRs Resolved	**860**	**603**

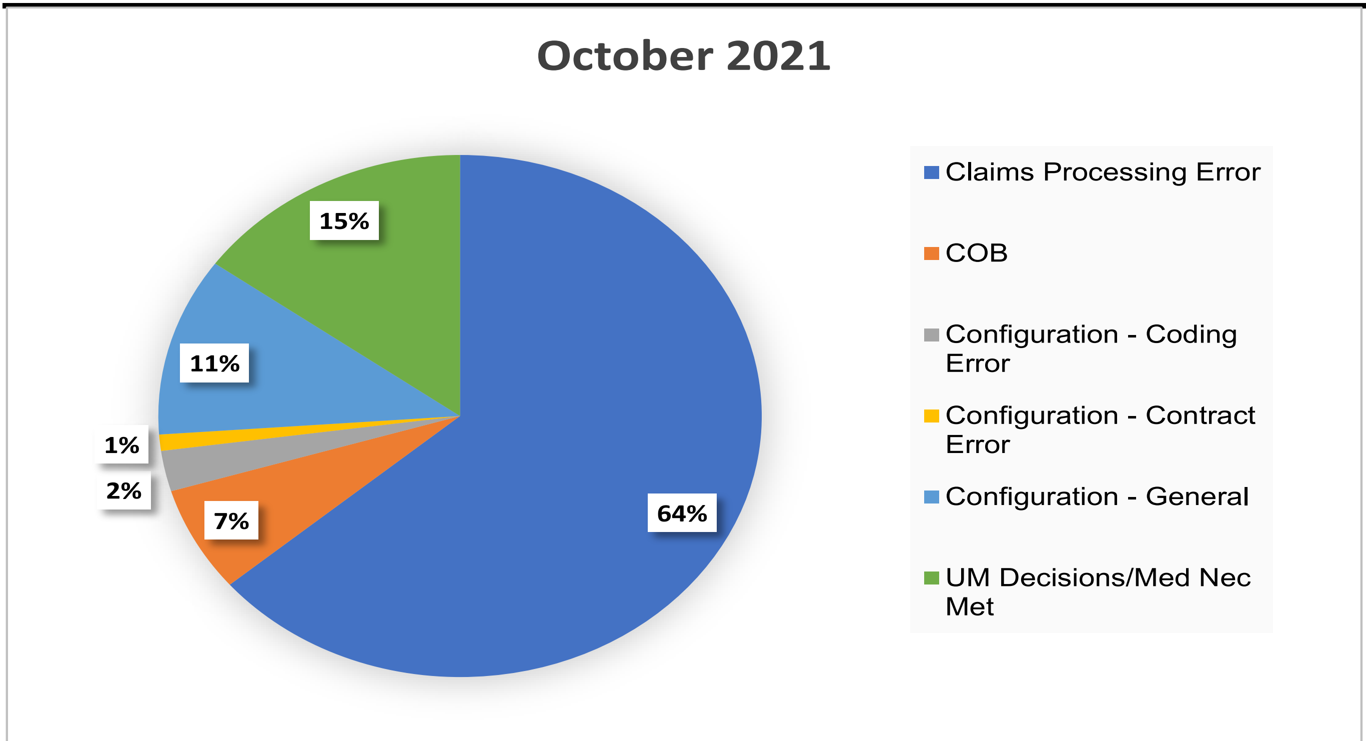
Average Turnaround Time	Sep-21	Oct-21
Average # of Days to Resolve PDRs	37	36
Oldest Unresolved PDR in Days	45	45

Unresolved PDR Age	Sep-21	Oct-21
0-45 Working Days	1,327	1,365
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**1,327**	**1,365**

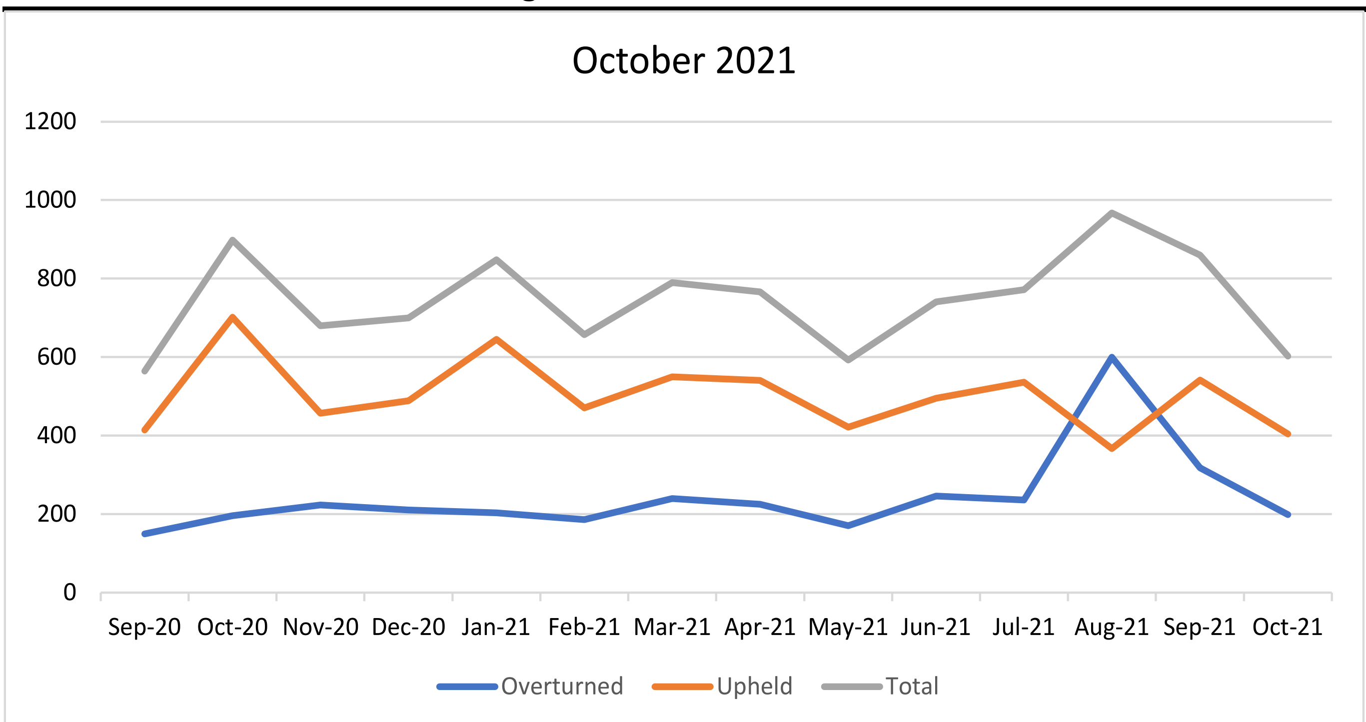
Provider Dispute Resolution
September 2021 and October 2021

Oct-21

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2021-2022 | OCTOBER 2021 OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2021-2022 | OCTOBER 2021 OUTREACH REPORT

During October 2021, the Alliance completed **700** member orientation outreach calls and conducted **162** member orientations (**23%** member participation rate). In addition, in October 2021, the Outreach team completed **28** Alliance website inquiries.

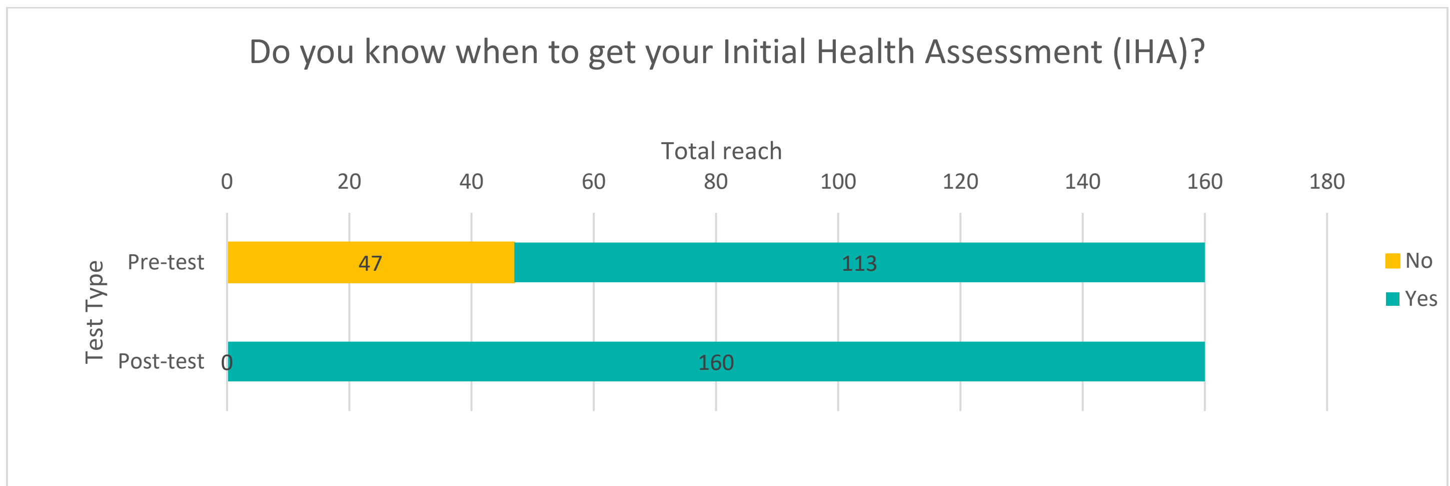
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **24,317** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began helping 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. As of October 31st, 2021, the Outreach Team completed **15,877**-member orientation outreach calls and conducted **4,541** member orientations (29% member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between October 1st, through October 31st 2021 (21 working days) – **162** net new members completed a MO by phone.

After completing a MO **100%** of members who completed the post-test survey in October 2021 reported knowing when to get their IHA, compared to only **71%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 21-22\Q2\1. October 2021**

ALLIANCE IN THE COMMUNITY

FY 2021-2022 | OCTOBER 2021 OUTREACH REPORT

FY 2020-2021 OCTOBER 2020 TOTALS

Events		Cities	Reached		Spent
0	COMMUNITY EVENTS	19 CITIES	0	TOTAL REACHED AT COMMUNITY EVENTS	$0.00 TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*
3	MEMBER EDUCATION EVENTS	Alameda, *Berkeley*, *Brentwood*, Castro Valley, Dublin, *Emeryville*, *Fairfield*, Fremont, Hayward, Livermore, Newark, Oakland, Pleasanton, *San Jose*, San Leandro, San Lorenzo, Union City, *Visalia*, *Westminster*	0	TOTAL REACHED AT MEMBER EDUCATION EVENTS	
18	MEMBER ORIENTATIONS		273	TOTAL REACHED AT MEMBER ORIENTATIONS	
0	MEETINGS/ PRESENTATIONS/		0	TOTAL REACHED AT MEETINGS/PRESENTATIONS	
0	COMMUNITY TRAINING		0	TOTAL REACHED AT COMMUNITY TRAINING	
21	TOTAL INITIATED/ INVITED EVENTS		273	MEMBERS REACHED AT ALL EVENTS	
0	**TOTAL COMPLETED EVENTS**		**273**	**TOTAL REACHED AT ALL EVENTS**	

FY 2021-2022 OCTOBER 2021 TOTALS

Events		Cities	Reached		Spent
1	COMMUNITY EVENTS	21 CITIES*	0	TOTAL REACHED AT COMMUNITY EVENTS	$0.00 TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*
0	MEMBER EDUCATION EVENTS	Alameda, Albany, Berkeley, Castro Valley, *Dallas*, Dublin, *Emeryville*, Fremont, *Harrisburg*, Hayward, Livermore, Newark, Oakland, Pleasanton, *Richardson*, *Richmond*, San Leandro, San Lorenzo, *San Pablo*, Union City, *Willits*	0	TOTAL REACHED AT MEMBER EDUCATION EVENTS	
162	MEMBER ORIENTATIONS		162	TOTAL REACHED AT MEMBER ORIENTATIONS	
0	MEETINGS/ PRESENTATIONS/		0	TOTAL REACHED AT MEETINGS/PRESENTATIONS	
0	COMMUNITY TRAINING		0	COMMUNITY TRAINING	
0	TOTAL INITIATED/ INVITED EVENTS		162	MEMBERS REACHED AT ALL EVENTS	
163	**TOTAL COMPLETED EVENTS**		**162**	**TOTAL REACHED AT ALL EVENTS**	

**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 Q3 FY21 Outreach Report.*

Compliance

Richard Golfin III

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

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

Date: **November 12, 2021**

Subject: **Compliance Division 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. 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 finalized payment of claims that were in arbitration with Kindred. Additionally, the Plan completed initial audits of the revised Concurrent Review Process and Notice of Action letters. The Plan also worked with the delegate, CHCN, to update their processes, and completed an initial audit of their updated Concurrent Review Process. Audits of the Plan and delegate's Concurrent Review Process and Notice of Action letters will continue through Q4 2021.

- 2021 DMHC Full Medical Survey:
  - On November 13, 2020, the DMHC sent notice to the Plan of the 2021 DMHC Routine Medical Survey beginning April 12, 2021. DMHC conducted virtual audit interviews on April 13, 2021, through April 16, 2021. The Plan has not received a preliminary audit report but anticipates receiving the report in December 2021.

- 2021 DHCS Routine Medical Survey:
  - On January 13, 2021, the DHCS sent notice to the Plan of the 2021 DHCS Routine Medical Survey beginning April 12, 2021. The audit 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. The Plan received the final audit report on August 24, 2021, which had a total of 33 findings and four (4) were repeat findings. The Corrective Action Plan response was submitted to DHCS on September 23, 2021. The Plan is working to remediate the audit findings. Currently, the Plan has a total of 96 deliverables for the CAP, of which 47 are either completed or remain in progress.

- 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 was due within ninety (90) calendar days following the date of issuance, May 26, 2021, and the Plan successfully submitted its CAP response to the DMHC on May 26, 2021. The Plan is awaiting response from DMHC.

- 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. On May 26, 2021, the Plan received notice from OCR of its investigation on whether the Plan is in compliance with the applicable Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information. Specifically, the OCR will investigate whether the Business Associate is in compliance with Plan Business Associate Contracts and applicable policies and procedures. The Plan submitted its response and supporting documents to the OCR on June 15, 2021.

2021 Annual Corporate Training

- Compliance training is the process of ensuring employees understand all the relevant laws, regulations, and internal policies that govern the function of the Alliance. It also ensures that employees know how – and why – they need to adhere to them in their work. The 2021 Annual Compliance training was assigned to all staff on November 1, 2021. All staff are required to complete the training by January 31, 2022. Annual Training includes:

  - Health Insurance Portability and Accountability Act (HIPAA)
  - Medicare- Fraud Waste and Abuse
  - Cultural Sensitivity Training
  - Anti- Harassment / Sexual Harassment

Delegation Oversight Auditing Activities 2020

- The Plan conducts annual audits of its delegated entities to monitor compliance with regulatory and contractual requirements. The Plan delegates were audited during the previous calendar year. The Plan issued Final Audit Reports and CAPs to each delegate. The last CAP was closed on September 2021. 2020 Audit season is officially closed.

Delegation Oversight Auditing Activities 2021

- On April 27, 2021, the Plan launched 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 took place on August 10, 2021, and was performed by the Plan's consultant, PillarRx, in collaboration with Plan staff. The Final Audit Report was received by the Plan on September 16, 2021. PerformRx was issued the Report on October 4, 2021. There were no findings identified in the Final Audit Report.

- In collaboration with Northern California Medi-Cal Health Plans, Kaiser Foundation Health Plan received notice of the 2021 Joint Annual Delegation Oversight Audit. The audit review period is July 1, 2020, through May 31, 2021. The Alliance is responsible for reviewing policies and procedures for the Kaiser Population Health Management Program, Provider Dispute Resolution Program, and Claims Administration Programs. The audit is complete, and the Preliminary findings were provided to Kaiser on October 29, 2021; the Final Audit report is due to Kaiser on February 4, 2022.

- On September 16, 2021, the Plan sent notice to March Vision notifying them of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal line of business. The audit review period is July 1, 2020, through June 30, 2021. The virtual audit is scheduled to take place from November 16 through November 17, 2021.

- On November 2, 2021, the Plan sent notice to CFMG notifying them of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal line of business. The audit review period is July 1, 2020, through June 30, 2021. The virtual audit is scheduled to take place from December 14 through December 16, 2021.

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	21-002	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.
3	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).
4	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.
5	DMHC	21-003	1/6/2021	TRANSFER OF ENROLLEES PER STATE PUBLIC HEALTH OFFICER ORDER	GROUP CARE	The State of California is experiencing a surge in COVID-19 positive cases and hospitalizations. This surge is causing many hospitals in the state to meet or exceed their usual capacity to serve patients, which can jeopardize the health and lives of the patients and staff. Accordingly, to provide care to all patients in need, it is imperative to maximize the capacity of hospitals in the state by allowing for 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.
6	DMHC	21-004	1/6/2021	TRANSFERS OF UNSTABLE OR DESTABILIZED ENROLLEES	GROUP CARE	This All Plan Letter reminds plans of their continuing obligations under Health and Safety Code section 1371.4 to cover emergency services and care provided to plan enrollees. Such coverage includes reimbursement for appropriate transfers of unstable enrollees between hospitals in conformance with the requirements of the federal Emergency Medical Treatment and Labor Act (EMTALA).
7	DHCS	21-005	4/15/2021	CALIFORNIA CHILDREN'S SERVICES WHOLD CHILD MODEL PROGRAM	MEDI-CAL	The purpose of this All Plan Letter is to provide direction and guidance to Medi-Cal managed care health plans (MCPs) participating in the California Children's Services (CCS) Whole Child Model (WCM) program. This APL conforms with CCS Numbered Letter (N.L.) 03-0421, which provides direction and guidance to county CCS programs on requirements pertaining to the WCM program. This APL supersedes APL 18-023.
8	DHCS	21-006	4/27/2021	NETWORK CERTIFICATION REQUIREMENTS	MEDI-CAL	This APL provides guidance to Medi-Cal managed care health plans (MCPs) on the Annual Network Certification (ANC) requirements pursuant to Title 42 of the Code of Federal Regulations (CFR) sections 438.68, 438.206, and 438.207, and Welfare and Institutions Code (WIC) section 14197.
9	DHCS	21-007	5/10/2021	THIRD PARTY TORT LIABILITY REPORTING REQUIREMENTS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on the updated process for submitting service and utilization information and copies of paid invoices/claims for covered services related to third party liability (TPL) torts to the Department of Health Care Services (DHCS).

APL/PL IMPLEMENTATION TRACKING LIST						
#	**Regulatory Agency**	**APL/PL #**	**Date Released**	**APL/PL Title**	**LOB**	**APL Purpose Summary**
10	DHCS	21-008	5/12/2021	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER PROVIDERS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with information regarding the implementation of the Tribal Federally Qualified Health Center (Tribal FQHC) provider type in Medi-Cal with an effective date of January 1, 2021. This APL also provides guidance regarding reimbursement requirements for Tribal FQHC provider types.
11	DHCS	21-009	8/10821	COLLECTING SOCIAL DETERMINANTS OF HEALTH DATA	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on using the Department of Health Care Services (DHCS) Priority Social Determinants of Health (SDOH) Codes to collect reliable SDOH data.
12	DHCS	21-010	8/13/2021	MEDI-CAL COVID-19 VACCINATION INCENTIVE PROGRAM	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the Medi-Cal COVID-19 Vaccination Incentive Program. For the purposes of this APL, MCPs include Cal MediConnect Medicare-Medicaid Plans (MMPs).
13	DHCS	21-011	8/31/2021	GRIEVANCE AND APPEALS REQUIREMENTS, NOTICE AND "YOUR RIGHTS" TEMPLATES	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with clarification and guidance regarding the application of federal and state legal requirements for processing grievances and appeals. This APL supersedes APL 17-006 and includes member notification templates developed by the Department of Health Care Services (DHCS), as well as updated DHCS templates for the attachments that must accompany member notifications.
14	DHCS	21-012	9/15/2021	ENHANCED CARE MANAGEMENT REQUIREMENTS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to all Medi-Cal managed care health plans (MCPs) regarding the provision of the Enhanced Care Management (ECM) benefit
15	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.
16	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.
17	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.
18	DMHC	21-015	6/7/2021	BLOCK TRANSFER PORTAL UPDATES	MEDI-CAL	The Block Transfer team has updated the Block Transfer portal in an effort to streamline the Block Transfer filing submission process for Health Plans as well as the review process for the Department of Managed Health Care (Department).
19	DMHC	21-016	6/7/2021	CONTINUED COVERAGE OF COVID-19 DIAGNOSTIC TESTING	MEDI-CAL & GROUP CARE	On May 15, 2021, the DMHC's emergency regulation regarding COVID-19 testing expired. However, health plans must continue to cover certain COVID-19 testing for their enrollees pursuant to federal law.
20	DMHC	21-017	7/6/2021	LARGE GROUP RENEWAL NOTICE REQUIREMENTS	GROUP CARE	California Health and Safety Code section 1374.21, subdivision (a)(2) requires all commercial full-service health care service plans (“plans”) to comply with disclosure requirements relating to large group renewal notices. In addition Health and Safety Code section 1385.046, subdivision (a) specifies that a large roup contractholder has 60 days from receipt of their renewal notice to request the DMHC to review their rates to determine whether the rate change is unreasonable or not justified.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
APL/PL IMPLEMENTATION TRACKING LIST						
21	DMHC	21-018	7/6/2021	GUIDANCE REGARDING PREVENTIVE HEALTH SERVICES COVERAGE FOR HIV PREEXPOSURE PROPHYLAXIS (PrEP)	MEDI-CAL & GROUP CARE	The Department of Managed Health Care issued this All Plan Letter (APL) to provide additional guidance to health care service plans regarding coverage for Human Immunodeficiency Virus (HIV) antiretroviral drugs, including preexposure prophylaxis or postexposure prophylaxis. This APL includes guidance on prior authorization and step therapy as well as preventative health services and cost sharing.
22	DMHC	21-019	7/13/2021	GUIDANCE REGARDING ASSEMBLY BILL (AB) 2118 REPORTING REQUIREMENTS	MEDI-CAL & GROUP CARE	AB 2118 added section 1385.043 to the California Health and Safety Code. This bill requires health plans to annually report specified rate information on premiums, cost sharing, benefit, enrollment, and trend factors for products in the individual and small group markets for all grandfathered and non-grandfathered products.
23	DMHC	21-020	7/26/2021	CONTINUED COVERAGE OF COVID-19 DIAGNOSTIC TESTING	MEDI-CAL & GROUP CARE	On July 26, 2021, the California Department of Public Health (CDPH) issued COVID-19 diagnostic testing requirements for employees in health care, long-term care, congregate living, and similar typesof facilities who are not fully vaccinated against COVID-19.
24	DMHC	21-021	8/17/2021	TRANSFER OF HOSPITALIZED ENROLLEES PER REGULATION SECTION 1300.67.02	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) reminds health plans of their obligations to comply with California Code of Regulations, title 28, section 1300.67.02. That section directs plans to remove certain barriers to enrollee transfers between hospitals when such transfers are made pursuant to a public health order. Section 1300.67.02 also specifies how plans must reimburse for the transfer and continued hospitalization of enrollees transferred pursuant to a public health order.
25	DHCS	21-013	10/4/2021	DISPUTE RESOLUTION PROCESS BETWEEN MENTAL HEALTH PLANS AND MEDI-CAL MANAGED CARE HEALTH PLANS	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on how to submit a service delivery dispute to the Department of Health Care Services (DHCS) when the dispute cannot be resolved at the local level with a Mental Health Plan (MHP). Guidance to MHPs is provided in Behavioral Health Information Notice (BHIN) No: 21-034.
26	DHCS	21-014	10/11/2021	ALCOHOL AND DRUG SCREENING, ASSESSMENT, BRIEF INTERVENTIONS AND REFERRAL TO TREATMENT	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify the Medi-Cal managed care health plans' (MCP) primary care requirement to provide Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to members ages 11 years and older, including pregnant women. This APL was formerly named "Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care." This APL aligns with the November 2018 and June 2020 updates to the United States Preventive Services Task Force (USPSTF) recommendations and supersedes APL18-014.
27	DHCS	21-015	10/18/2021	BENEFIT STANDARDIZATION AND MANDATORY MANAGED CARE ENROLLMENT PROVISINS OF THE CALIFORNIA ADVANCING AND INNOVATING Medi-CAL INITIATIVE	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to all Medi-Cal managed care health plans (MCPs) on the Benefit Standardization and Mandatory Managed Care Enrollment (MMCE) provisions of the California Advancing and Innovating Medi-Cal (CALAIM) initiative.
28	DMHC	21-022	10/26/2021	CONTINUED APPLICABILITY OF COVID-19 REQUIREMENTS	MEDI-CAL & GROUP CARE	The accessibility standards in the Knox-Keene Health Care Service Plan Act (KnoxKeene Act) require plans to have adequate staff to ensure services are provided to enrollees in a timely manner. Additionally, plans must ensure their "plan and provider processes necessary to obtain covered health care services, including but not limited to prior authorization processes, are completed in a manner that assures the provision of covered health care services to enrollees in a timely manner.
29	DHCS	21-016	10/27/2021	CALIFORNIA ADVANCING AND INNOVTING MEDI-CAL INCENTIVE PAYMENT PROGRAM	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the incentive payments linked to the Enhanced Care Management (ECM) and Community Supports (In Lieu of Services [ILOS]) programs implemented by the California Advancing and Innovating Medi-Cal (CalAIM) initiative.
30	DMHC	21-023	11/1/2021	FLU VACCINES; PREPARATION FOR COVID-19 VACCINES	MEDI-CAL & GROUP CARE	this All Plan Letter (APL) reminds health plans of their obligation to cover influenza vaccinations. The APL also encourages plans to take steps now so they can proactively prepare for the administration of COVID-19 vaccines to children between age 5 to 11 years as soon as the vaccine is approved for use in that population.

Health Care Services

Steve O'Brien, MD

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

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

Date: **November 12, 2021**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- DMHC/DHCS combined audit: Action Plans on UM findings from the DHCS audit are launching, including workflow improvement and staff training and monitoring.

- Significant progress continues UM/Claims/Configuration collaboration and improved alignment, and the work is ongoing. This standardization improves the accuracy and timeliness of claims payment.

- 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 improving to 45-50%. Work is being done to continue to identify providers with low usage of the Portal for provider outreach and training on the portal system.

- Major Organ Transplant (MOT) workgroups developed to meet DHCS MOT certification for 1/1/2022 implementation. Focused work is being done on network certification requirements, workflows, prior authorization, and coding.

- Enhancements for CCS process are in process, with development of reports and workflows to identify members who would benefit from referrals to CCS.

Outpatient Authorization Denial Rates			
Denial Rate Type	**Aug**	**Sep**	**Oct**
Overall Denial Rate	**5.0%**	**5.5%**	**3.7%**
Denial Rate Excluding Partial Denials	**4.2%**	**4.6%**	**2.0%**
Partial Denial Rate	**0.8%**	**0.9%**	**1.2%**

Turn Around Time Compliance			
Line of Business	**Aug 2021**	**Sept 2021**	**Oct 2021**
Overall	**99%**	**98%**	**99%**
Medi-Cal	**99%**	**98%**	**99%**
IHSS	**100%**	**100%**	**100%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- With the spread of the Delta variant, acute COVID hospitalizations had sharply increased during the months of July and August and remain declining. Inpatient department is tracking these admissions, along with vaccination status, and referring members with acute COVID admission to the Case Management team for TOC follow up.

- Weekly complex/long stay patient rounds continue with Sutter, AHS, Washington, Kindred, and Kentfield hospitals with a goal of removing barriers to discharge. Focus is on longer lengths of stay and challenging placement patients, including COVID.

- Ongoing work with UM MD Rosalia Mendoza includes refinement of policies and procedures related to NOA language, administrative day processing, and case escalations to medical directors.

- Partnerships in TOC continues with Alameda Health System (AHS). The decline in the AHS Readmission rate is continuing since the launch of the TOC program with them.

- Partnership with denial management continues with Alameda Health System to ensure accurate communication about denials, as well as appropriate and timely payment to this safety net partner.

Inpatient Med-Surg Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**June 2021**	**July 2021**	**Aug 2021**
Authorized LOS	**5.0**	**4.7**	**4.7**
Admits/1,000	**60.0**	**64.8**	**55.5**
Days/1,000	**297.9**	**305.9**	**259.2**

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	879
Denied	673
Closed	808
Total	**2,360**

Line of Business	Turn Around Rate compliance (%)
MediCAL	99
GroupCare	100
Wrap	100

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

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
3	JARDIANCE 10 MG TABLET	Diabetes	Criteria for approval not met
4	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
5	BASAGLAR 100 UNIT/ML KWIKPEN	Diabetes	Criteria for approval not met
6	TACROLIMUS 0.1% OINTMENT	Atopic Dermatitis	Criteria for approval not met
7	TRETINOIN 0.05% CREAM	Acne	Criteria for approval not met
8	JANUVIA 50 MG TABLET	Diabetes	Criteria for approval not met
9	JARDIANCE 25 MG TABLET	Diabetes	Criteria for approval not met
10	DUPIXENT 300 MG/2 ML SAFE SYRG	Atopic Dermatitis	Criteria for approval not met

- DHCS announced MediCAL RX go-live date of 1/1/2022.
- AAH is on track for the MediCal RX.
  - Magellan completed “Medi-Cal Rx 101 Webinar w/ Alameda Alliance for Health” training series - AAH Pharmacy Staff attended to help address questions for providers and ask relevant questions to Magellan for transition preparation
  - Pharmacy finished meeting with all departments to review potential pharmacy deliverables post-Carve Out

- Pharmacy now working with Analytics to create reports necessary for pharmacy project functions post-Cave Out
  - External Cheat Sheet for Delegate Partners created/updated – using in Fax Blast after 12/1/2021
  - Creating Internal Cheat Sheet for Carve Out
  - Creating In-Service for AAH Training
  - AAH will be doing a Fax Blast to Providers (30 day and 15 day fax blasts) and Q4 Provider Packet Carve Out Notification.
  - AAH will be sending out the 30 day member letter by 12/1/2021
  - Mail list is being compiled by 11/3 and submitted to C&O for member letter
  - ID cards will be getting updated by IT to be distributed also at same time as letter - updating Bin and PCN

- Pharmacy Services collaborates with other Health Care Services teams for member on use of opioids and/or benzodiazepines.
  - > 300 morphine milligram equivalents (MME) users remain about the same. There was an increase in the utilization of 50 MME and 90 MME, while 120 MME and 200 MME remain around the same. No drastic increase or decrease in any MME.

Q3 2021

MME	IHSS	MCAL	Total
July			**240**
50	39	124	129
90	27	37	39
120	28	26	27
200	3	28	28
300	14	2	3
400	129	14	14
August			**288**
50	42	161	172
90	25	40	42
120	27	23	25
200	6	27	27
300	16	5	6
400	172	15	16
September			**227**
50	5	119	124
90	1	33	34
120	1	24	25
200	2	26	28
300	0	3	3
400	0	13	13

- Pharmacy Services, QI, HealthEd, and Case Management work together to improve drug adherence for 200 Black adults with asthma between 21 to 44 years of age with an asthma medication possession rate 50% or below.
    - Completed 2nd pilot group outreach attempts
    - Follow-up call made for provider alert, but PCP coordination likely needed
    - Working to incorporate smoking cessation into Pharmacy TOC program
    - Met to discuss results of 1st and 2nd pilot groups
    - 3rd pilot group will likely be targeted shortly

- Pharmacy is leading initiatives on PAD focused internal and external partnership and biosimilar optimization.
    - Biosimilar utilization average was 72.7% in July 2021.
    - Fiscal year savings $126k (July 2021)
    - Percentage of savings per drug type Oncology ($73k), White Blood Cell Stimulator ($19k), and Immunology ($34k) drugs

- Pharmacy Services, Operations, and QI are collaborating to identify unvaccinated members who fill their medications in San Leandro, Oakland, and Hayward with CVS pharmacies to offer vaccines during member prescription pick-ups thru bag tagging with tailored messages for members and a reminder by pharmacists.

Case and Disease Management

- Population health-driven, disease-specific case management bundles continue development. CM Bundles are standard sets of actions developed to address the specific needs of members with significant diseases. Oncology Bundle is deployed. Planning for Major Organ Transplant (MOT) CM bundle continues, with workflows and assessments in development, including embedding them in TruCare CM software.

- For CalAIM program planning for Community Supports and MOT planning: CM is refining current policies and procedures, creating workflows, and configuration into TruCare CM software. CM is in collaboration with Community Supports providers and the AAH HHP team to develop processes and procedures.

- Continued collaboration with AAH Health Education to optimize Disease Management and enhance the Diabetes and Asthma Disease Management programs. Collaborative efforts also include incorporating the Asthma CS services into the care continuum.

- Readmission reduction: CM continuing to collaborate with hospital partners at AHS and Sutter to focus on readmission reduction aligned with their readmission reduction goals. The readmission rate at AHS continues to the initiation of the TOC program there. Monthly meetings to discuss members with avoidable hospitalizations and readmissions continue.

- Clinical Initiatives: Health disparities have been identified in members with diabetes, and so Project Open Hand will become part of the Community Supports services.

- DMHC/DHCS combined audit: Action Plans on CM findings from the DHCS audit have launched, including workflow improvement, staff training and monitoring. Workflow improvement and staff training has been completed. Monitoring of cases is showing positive results as staff have responded well to the training and specific feedback on standard work.

<u>Health Homes Program (HHP) & Alameda County Care Connect (AC3)</u>

- Enhanced Case Management (ECM): Planning continues with the AAH Project and Programs Department (PPD) to ensure a successful integration of HHP and AC3 into ECM. AAH CM and PPD are working closely with Alameda County HCSA on the transition of AC3 members into ECM. Parts 1, 2, and 3 of the Model of Care and Transitions documents have been submitted, all within the deadlines. The plan is only receiving a few final clarifying questions back from DHCS and are providing the clarifications as requested.

- Community Supports (CS) are services not typically provided by managed health plans, to be provided in lieu of higher cost medical services. Working closely with the Project Office AAH/CM is operationalizing the 6 services to be provided starting January 2022 (Phase 1). The ILOS selections are focused on services that will have the most impact on members to reduce unnecessary hospitalizations and ED visits. The six initial CS services are:
    - Housing Navigation
    - Housing Deposits
    - Tenancy Sustaining Services
    - Medical Respite
    - Medically Tailored/Supportive meals
    - Asthma Remediation

- Work with community providers to operationalize the six services is well under way, with contracting, workflows, and authorization processes in development to meet the 1/1/22 launch.

Case Type	New Cases Opened in Sept 2021	Total Open Cases as of Sept 2021	New Cases Opened in Oct 2021	Total Open Cases as of Oct 2021
Care Coordination	254	556	246	523
Complex Case Management	29	81	61	109
Transitions of Care (TOC)	239	461	251	486
Health Homes Program	11	742	TBD	TBD
Whole Person Care	8	243	1	241

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes.
- Total grievances resolved in September were 6.73 complaints per 1,000 members.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of October 2021; we did not meet our goal at 31.1% overturn rate.

October 2021 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	816	30 Calendar Days	95% compliance within standard	792	97.06%	2.78
Expedited Grievance	1	72 Hours	95% compliance within standard	1	100.0%	0.003
Exempt Grievance	1101	Next Business Day	95% compliance within standard	1101	100.0%	3.75
Standard Appeal	56	30 Calendar Days	95% compliance within standard	55	98.21%	0.19
Expedited Appeal	4	72 Hours	95% compliance within standard	4	100.0%	0.01
Total Cases:	1978		95% compliance within standard	1953	98.7%	6.73

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

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

Quality

Quality COVID Vaccination Outreach Focus Group:

- 9/16/21 Seven (7) MAC Members – Coordinated and Facilitated by Alliance Staff Linda Ayala, Karina Rivera, and Dr. D Carey
  - Almost all vaccinated and older, one (1) unvaccinated and younger
  - Almost all women
  - Diverse ethnicities

- 10/4/21 Four (4) Oakland African American/Black Alliance members – Coordinated and Facilitated by Linda Ayala and Dr. D. Carey
  - Unvaccinated
  - All women
  - Ages 19 – 47

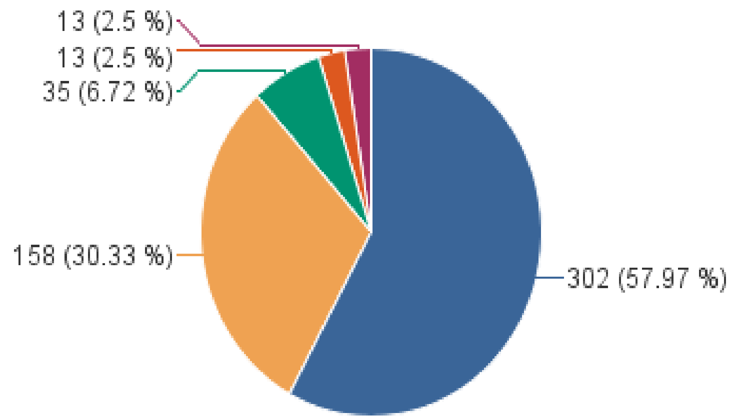
Findings:

- What has motivated people to get the vaccine?
  - Feeling susceptible to health effects of COVID
  - Feeling reassured
  - The science
  - Seeing other people get the vaccine
  - Believing the vaccine can protect people
  - Requirements from workplace or businesses
  - Ease of getting the vaccine
  - Incentive

- Why haven't people gotten the vaccine?
  - Feeling scared of health effects of vaccine
  - Side effects, believing vaccine may not be safe or effective
  - Allergies
  - Feeling fine as is
  - Mistrust of government, companies, and/or incentives, vaccine made too quickly, not all are FDA approved
  - History of experimentation on colored people
  - Vaccinated people still get COVID
  - Conflicting information from doctors
  - Transportation
  - Dislike feeling shamed or bullied into getting vaccine

- What would help motivate people to get the vaccine?
  - Being able to talk to a doctor about individual health issues and concerns
  - Hearing from scientists about the science behind the vaccine and the trials
  - News and social media
  - Focus Group findings utilized to inform next steps of the Alliance COVID Vaccination Strategy

PQI Aging Report as of 09/30/2021 N= 521



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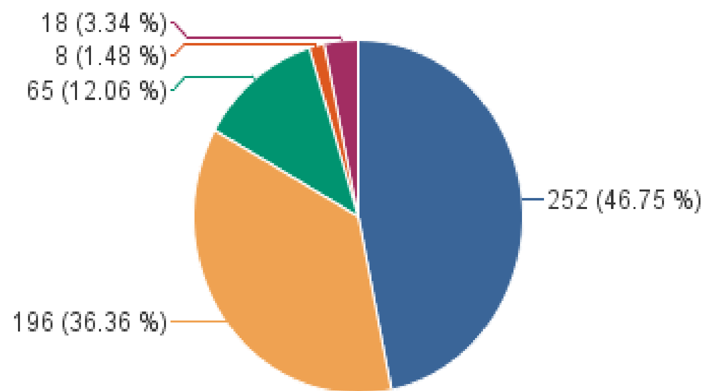
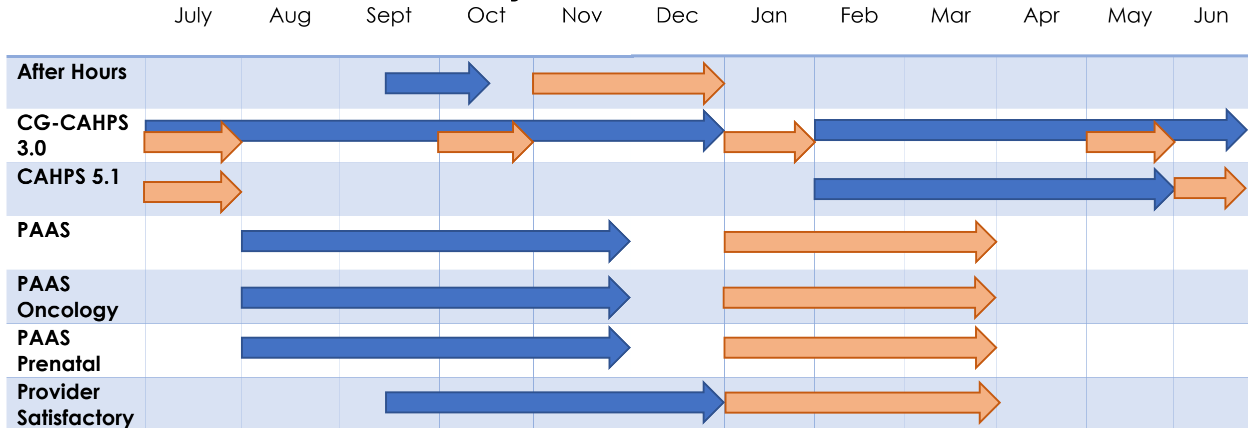
1. <=30 2. >30<=60 3. >60<=90 4. >90<=120 5. >120

PQI Aging Report as of 10/31/2021 N= 539



TAT_Bracket

1. <=30 2. >30<=60 3. >60<=90 4. >90<=120 5. >120



Key: Fielding = ● Reporting = ●

Survey Name	Purpose	Frequency	Required By
After Hours	Access provider compliance with after-hours access and emergency instructions standards	Annually	DMHC NCQA
CG-CAHPS 3.0	Measures member experience with health care providers and their staff	Quarterly	DMHC
CAHPS 5.1 - Consumer Assessment of Healthcare Providers and Systems	Measures member experience with health plan and affiliated providers	Annually	DMHC
PAAS - Provider Appointment Availability Survey	Access availability of provider urgent and non-urgent appointments	Annually	DMHC
PAAS Oncology	Access Oncology provider compliance with timely access	Annually	DHCS
PAAS Prenatal	Access OB/GYN provider compliance with timeliness of first prenatal visit	Annually	DHCS
Provider Satisfaction	Measures network provider satisfaction with the health plan	Annually	NCQA

Legend

DHCS – Dept. of Health Care Services	**DMHC** – Dept. of Health Care Services	**NCQA** – National Committee for Quality Assurance

Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors

From: Sasi Karaiyan, Chief Information & Security Officer

Date: November 12, 2021

Subject: Information Technology Report

Call Center System Availability

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

Office 365 Initiative

- The Alliance continues to enhance and expand the Microsoft Office 365 platform to the maximum potential as part of the cloud migration strategy. One of our goals is to move away from the silo operated platform to a consolidated shared services platform that will allow the technology team to manage and maintain efficiently. As part of this implementation, the Alliance will deploy Microsoft TEAMS to enable and offer the following newly updated capabilities. With adjusted timelines due to conflicting priorities, we anticipate completing this project by March 2022.

    - **A chat function:** The basic chat function is commonly found within most collaboration apps and can take place between teams, groups, and individuals.

    - **Online video calling and screen sharing:** Enjoy seamless and fast video calls to employees within the Alliance.

    - **Online meetings**: This feature can help enhance your communications, company-wide meetings, and even training with an online meetings function that can host up to 10,000 users.

    - **Conversations within channels and teams:** All team members can view and add to different conversations in the General channel and can use an @ function to invite other members to different conversations.

    - **Apps Integration:** The tool shall help directly integrate with applications like Webex, Power Business Intelligence (BI), Smartsheet, etc.

    - **Full telephony:** Microsoft 365 Business Voice can completely replace your business' existing phone system or internally integrate with our existing Cisco Voice Over Internet Protocol (VOIP).

Disaster Recovery and Business Continuity

- One of the Alliance primary objectives for the fiscal year 2022 is the implementation of enterprise IT Disaster Recovery and Business Recovery to enable our core business areas to restore and continue when there is any disaster.

- IT Disaster Recovery involves a set of policies, tools, and procedures to enable the recovery or continuation of vital technology infrastructure and systems following a natural or human-induced disaster. IT Disaster Recovery focuses on technology systems supporting critical business functions, which involve keeping all essential aspects of the business functioning, despite significant disruptive events. This initiative was planned to start in August 2021 and complete before the end of December 2021 but encountered contractual challenges that forced us to proceed with another vendor. This delay will move our target date to complete to March 2022.

Multi-Factor Authentication (MFA) Rollout (Security)

- The Alliance has successfully completed the Multi-Factor Authentication (MFA) rollout, which is designed to increase security for Virtual Protocol Network (VPN) access to our network.

- Multi-Factor Authentication (MFA) is part of a comprehensive strategy to enhance security with more robust authentication methods to access the Alliance assets, data, and information. The Alliance migrated 80% of our staff to use Multi-Factor Authentication (MFA). Token hardware deployment and remaining migrations have been completed in mid-October 2021.

- The next phase of this project is to apply Multi-Factor Authentication (MFA) for email (Office 365) access across the enterprise.

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

- Secure File Transfer Protocol (SFTP) is a network protocol that provides file access, file transfer (data exchange), and file management over any reliable data stream.

- The Secure File Transfer Protocol (SFTP) Server Upgrade, which is designed to expand its capabilities and provide redundancy for improved availability, is now 99% completed. Final cleanup and decommission efforts of the old server will be completed by mid-November 2021.

- The next phase of the project will focus on configuring and implementing the Disaster Recovery (DR) environment for the new Secure File Transfer Protocol (SFTP) Server. We expect to complete this phase by February 2022.

Encounter Data

- In the month of October 2021, the Alliance submitted 101 encounter files to the Department of Health Care Services (DHCS), with a total of 292,726 encounters.

Enrollment

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

HealthSuite

- A total of 154,705 claims were processed in the month of October, out of which 125,466 claims were auto adjudicated. This sets the auto-adjudication rate for this period to 81.1%.

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

TruCare

- A total of 11,243 authorizations were loaded and processed in the TruCare application.

- The TruCare application continues to operate normally with an uptime of 99.99%.

Consumer and the Alliance Public Portal

- The provider and member consumer portal utilization for the month of September 2021 remains consistent with prior months.

- As a part of the customer channel optimization, the Alliance is enhancing the customer channels. The new features and capabilities include Mobile Application on smartphones and Tagalog as additional threshold Language on the Member channel. Tagalog went live on September 28th. The Mobile version of the Member channel is estimated to go-live by April 2022.

Data Warehouse

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

- In the month of October 2021, the Alliance continued work on integrating Authorization data into the Data Warehouse. The Authorization and Case Management data domains will be added to the Data Warehouse, and the project is expected to be completed in the month of January 2022.

Information Technology

Supporting Documents

Enrollment

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

Table 1-1 Summary of Medi-Cal and Group Care Member enrollment in the month of October 2021

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
October	287,696	3,476	2,679	5,880	93	127

1. MC – Medi-Cal Member 2. GC – Group Care Member

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

Auto-Assignments	Member Count
Auto-assignments MC	1,201
Auto-assignments Expansion	952
Auto-assignments GC	38
PCP Changes (PCP Change Tool) Total	2,479

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of October 2021”.
- There were 11,243 authorizations processed into TruCare application.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

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

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded In TruCare
EDI	4,761	915	4,526
Paper to EDI	2,840	1,741	1,258
Provider Portal	2,083	314	2,048
Manual Entry	0	0	1,289
Total			9,121

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

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

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

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	3,805	3,084	152,827	354
MCAL	76,431	2,215	5,156	881
IHSS	2,887	72	167	22
AAH Staff	141	46	818	4
Total	**83,264**	**5,417**	**158,968**	**1,261**

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

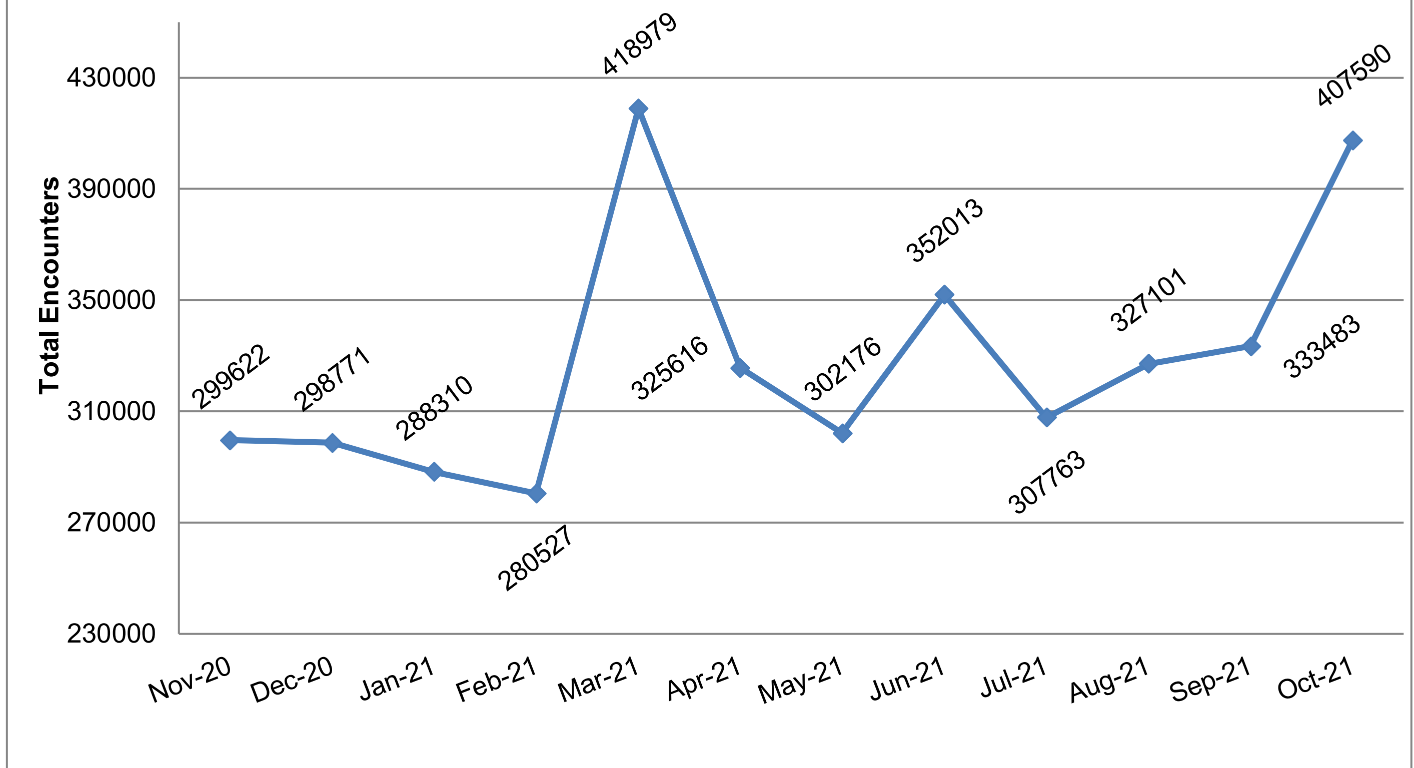
Top 25 Pages Viewed		
Category	**Page Name**	**September - 21**
Provider	Member Eligibility	698,470
Provider	Claim Status	141,915
Provider - Authorizations	Auth Submit	6,770
Member My Care	Member Eligibility	3,045
Provider - Authorizations	Auth Search	2,815
Member Help Resources	Find a Doctor or Hospital	1,608
Member Help Resources	ID Card	1,453
Member Help Resources	Select or Change Your PCP	1,115
Provider	Member Roster	1,027
Provider	Pharmacy	853
Member My Care	MC ID Card	778
Member My Care	My Claims Services	729
Provider - Provider Directory	Provider Directory	655
Member Help Resources	Request Kaiser as my Provider	553
Member My Care	Authorization	409
Provider - Home	Forms	338
Member My Care	My Pharmacy Medication Benefits	333
Member Help Resources	FAQs	272
Provider - Provider Directory	Instruction Guide	224
Member My Care	Member Benefits Materials	207
Member My Care	My Pharmacy Argus	191
Member Help Resources	Authorizations Referrals	144
Member Help Resources	Contact Us	142
Provider - Provider Directory	Manual	138
Member Help Resources	Forms Resources	137

Encounter Data from Trading Partners 2021

- **AHS**: October weekly files (10,625 records) were received on time.
- **Beacon**: October weekly files (13,693 records) were received on time
- **CHCN**: October weekly files (71,581 records) were received on time.
- **CHME**: October monthly file (4,814 records) were received on time.
- **CFMG**: October weekly files (15,598 records) were received on time.
- **Docustream**: October monthly files (1,474 records) were received on time.
- **PerformRx**: October monthly files (164,660 records) were received on time.
- **Kaiser**: October bi-weekly files (75,112 records) and monthly Kaiser Pharmacy files (24,322 records) were received on time.
- **LogistiCare**: October weekly files (16,977 records) were received on time.
- **March Vision**: October monthly file (3,377 records) were received on time.
- **Quest Diagnostics**: October weekly files (16,841 records) were received on time.
- **Teladoc**: October monthly files (15 records) were received on time.

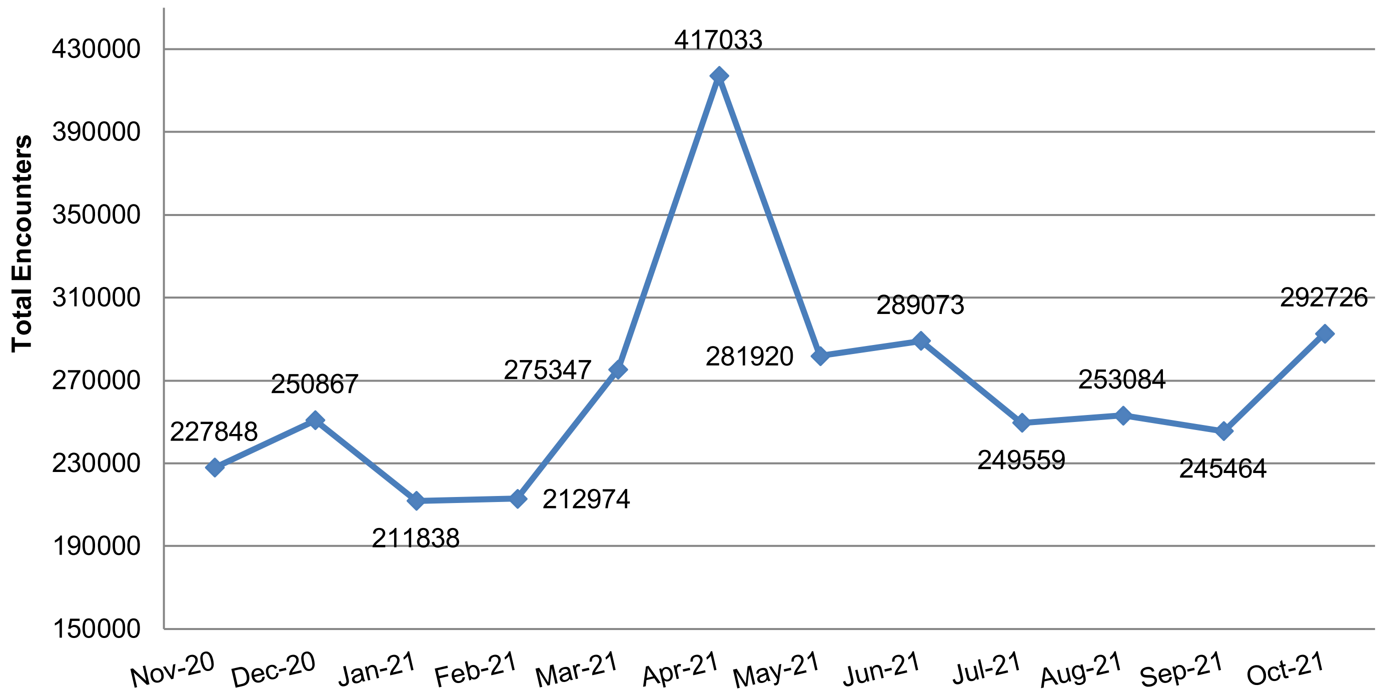
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
HealthSuite	111676	123248	116784	119001	143171	140678	129847	136687	133958	139079	159558	177483
AHS	16814	8419	9404	9702	9326	11166	9074	10138	8913	7869	7640	10625
Beacon	12673	21326	15812	14616	13002	19247	14951	17079	15236	13320	14618	13693
CHCN	85984	66473	59612	62867	89453	69080	66260	82211	63905	80862	60227	71581
CHME	5152	4388	6143	6548	5776	5497	4885	4700	4960	4926	5393	4814
Claimsnet	6504	12819	7693	12059	10905	8835	10834	8129	9774	7712	9880	15598
Docustream	865	909	803	1160	935	1166	1445	1218	1296	1568	1594	1474
Kaiser	35590	29885	43639	25903	112545	39632	30039	60081	39398	35165	44366	75112
Logisticare	12665	15505	12603	14208	16924	12945	14399	15473	14415	17306	13803	16977
March Vision	2928	2361	3103	1917	2230	3156	3708	3306	3303	3531	3297	3377
Quest	8724	13406	12665	12515	14699	14203	16718	12979	12563	15746	13084	16841
Teladoc	47	32	49	31	13	11	16	12	42	17	23	15
Total	299622	298771	288310	280527	418979	325616	302176	352013	307763	327101	333483	407590



Outbound Encounter Submission

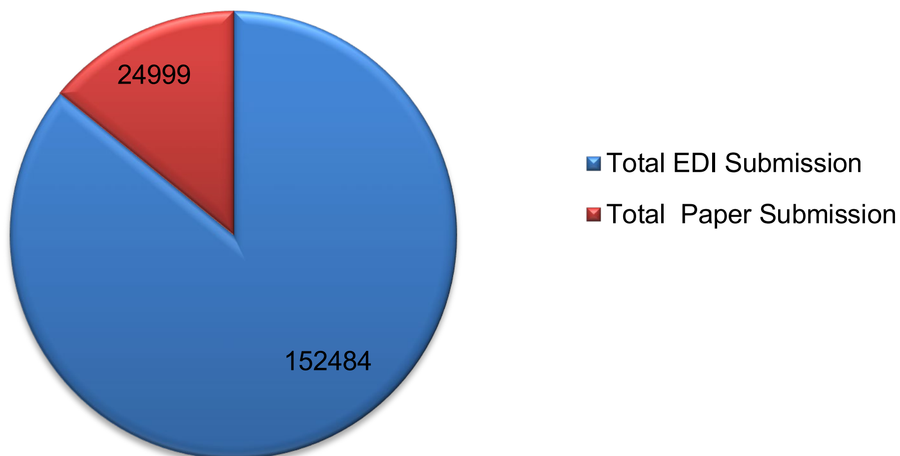
Trading Partners	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
HealthSuite	79162	100653	70368	81305	84220	216640	130885	128980	85346	109070	83690	100925
AHS	15980	7909	8729	9089	8655	8812	10762	9912	7163	9172	7476	10176
Beacon	10580	16229	13315	11631	10171	14881	12347	11746	12684	10959	9355	11423
CHCN	50051	54860	41461	45137	64275	49446	48573	58519	45338	46573	54958	49171
CHME	4801	3696	5327	5508	5283	5136	4767	4586	4753	4820	5280	4587
Claimsnet	5707	8595	5160	8578	7964	6489	8110	5993	5625	7335	7452	10829
Docustream	969	807	764	1071	860	1070	1286	1016	1120	1273	1209	1094
Kaiser	35096	29087	42638	23810	59157	89295	29570	38443	59215	33798	43779	73264
Logisticare	12263	14773	12315	13881	16652	9705	17299	15178	14008	12751	17657	16231
March Vision	2470	2013	2655	1686	1930	2455	2850	2624	2596	2665	2483	2608
Quest	10743	12214	9085	11247	16169	13093	15455	12066	11711	14632	12102	12403
Teladoc	26	31	21	31	11	11	16	10	0	36	23	15
Total	227848	250867	211838	212974	275347	417033	281920	289073	249559	253084	245464	292726



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total claims
21-Oct	152,484	24,999	177,483

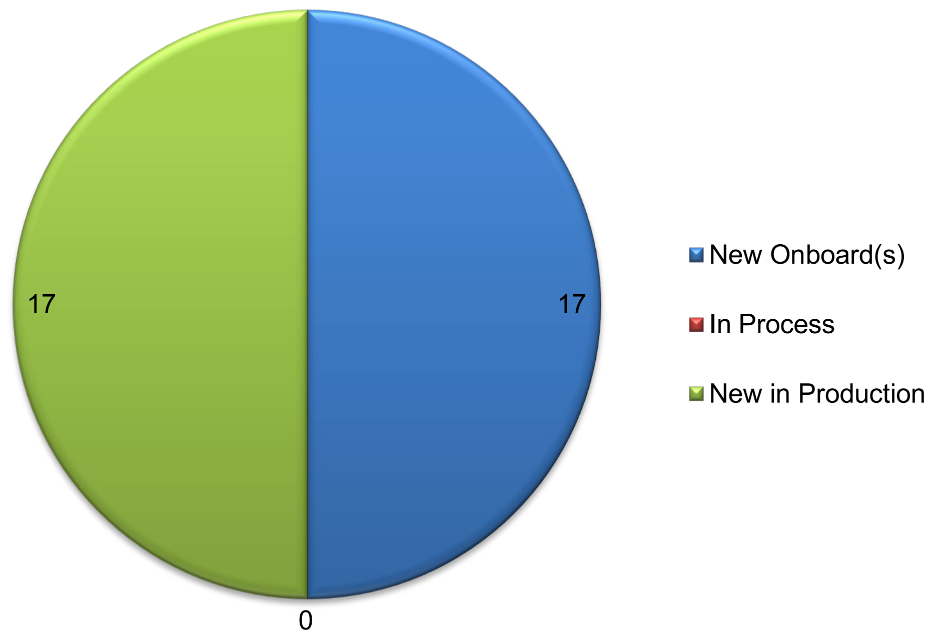
Key: EDI – Electronic Data Interchange

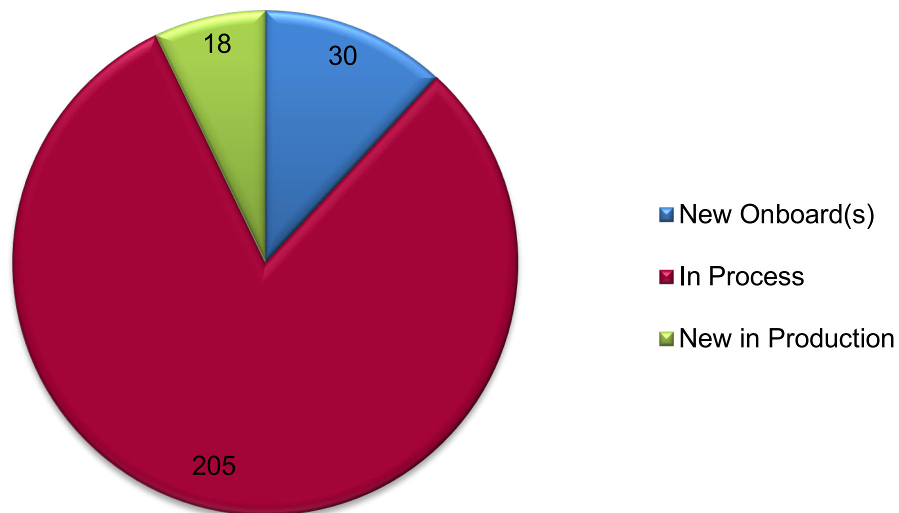


Onboarding EDI Providers – Updates

- October 2021 EDI Claims:
  - A total of 1224 new EDI submitters have been added since October 2015, with 17 added in October 2021.
  - The total number of EDI submitters is 1956 providers.
- October 2039 EDI Remittances (ERA):
  - A total of 324 new ERA receivers have been added since October 2015, with 18 added in October 2021.
  - The total number of ERA receivers is 381 providers.

	837				835			
	New On Boards	In Process	New In Production	Total In Production	New On Boards	In Process	New In Production	Total in Production
Nov-20	15	0	15	1749	7	91	2	234
Dec-20	21	0	21	1770	42	91	42	276
Jan-21	15	0	15	1785	19	92	18	294
Feb-21	22	0	22	1807	14	101	5	299
Mar-21	20	2	18	1825	23	117	7	306
Apr-21	5	0	5	1830	20	126	11	317
May-21	32	0	32	1862	20	134	12	329
Jun-21	13	0	13	1875	17	136	15	344
Jul-21	30	3	27	1902	14	138	12	356
Aug-21	17	0	17	1919	47	178	7	363
Sep-21	21	1	20	1939	15	193	0	363
Oct-21	17	0	17	1956	30	205	18	381


837 EDI Submitters - October 2021
17
17
0
New Onboard(s)
In Process
New in Production


835 EDI Receivers - October 2021
18
30
205
New Onboard(s)
In Process
New in Production

Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

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

File Type	Oct-21
837 I Files	26
837 P Files	75
NCPDP	9
Total Files	110

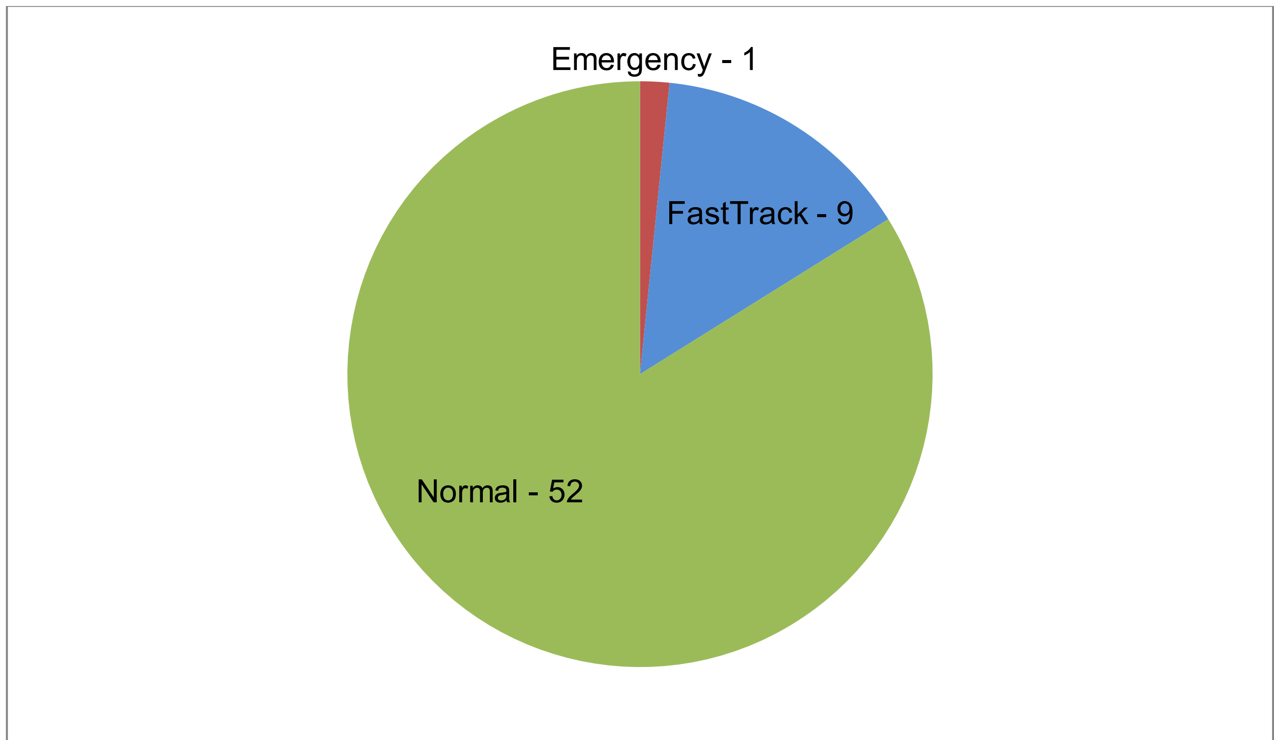
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	Oct-21	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	92%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	96%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	92%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

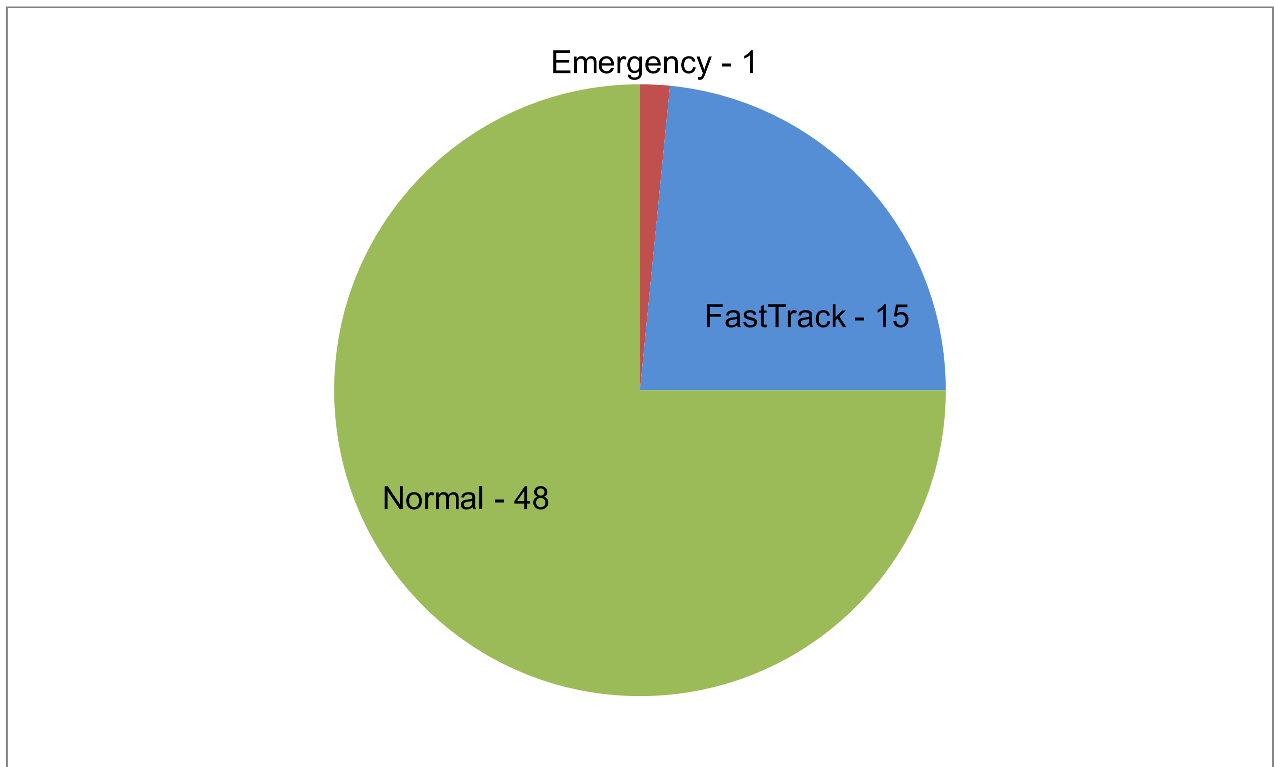
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of October 2021 KPI:
    - 62 Changes Submitted.
    - 64 Changes Completed and Closed.
    - 145 Active Changes.
    - 3 Changes Cancelled or Rejected.

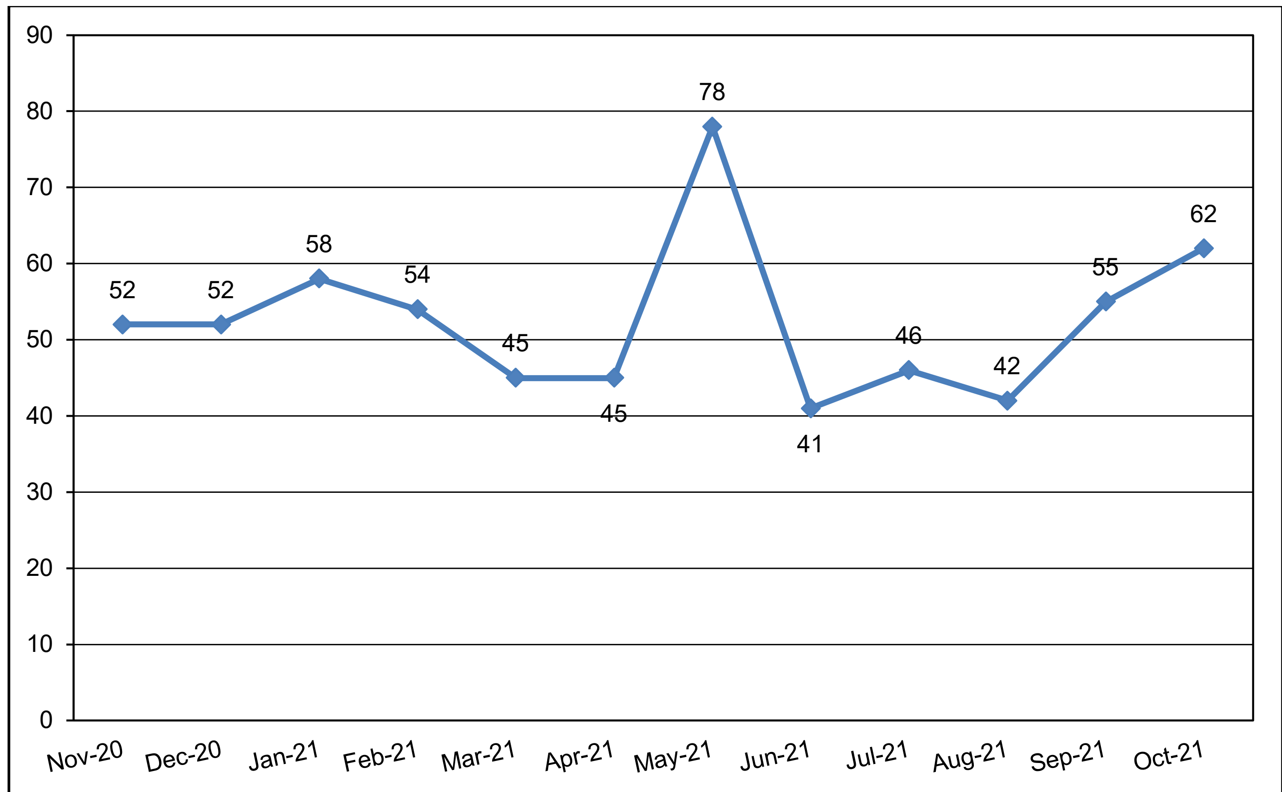
- 62 Change Requests Submitted/Logged in the month of October 2021



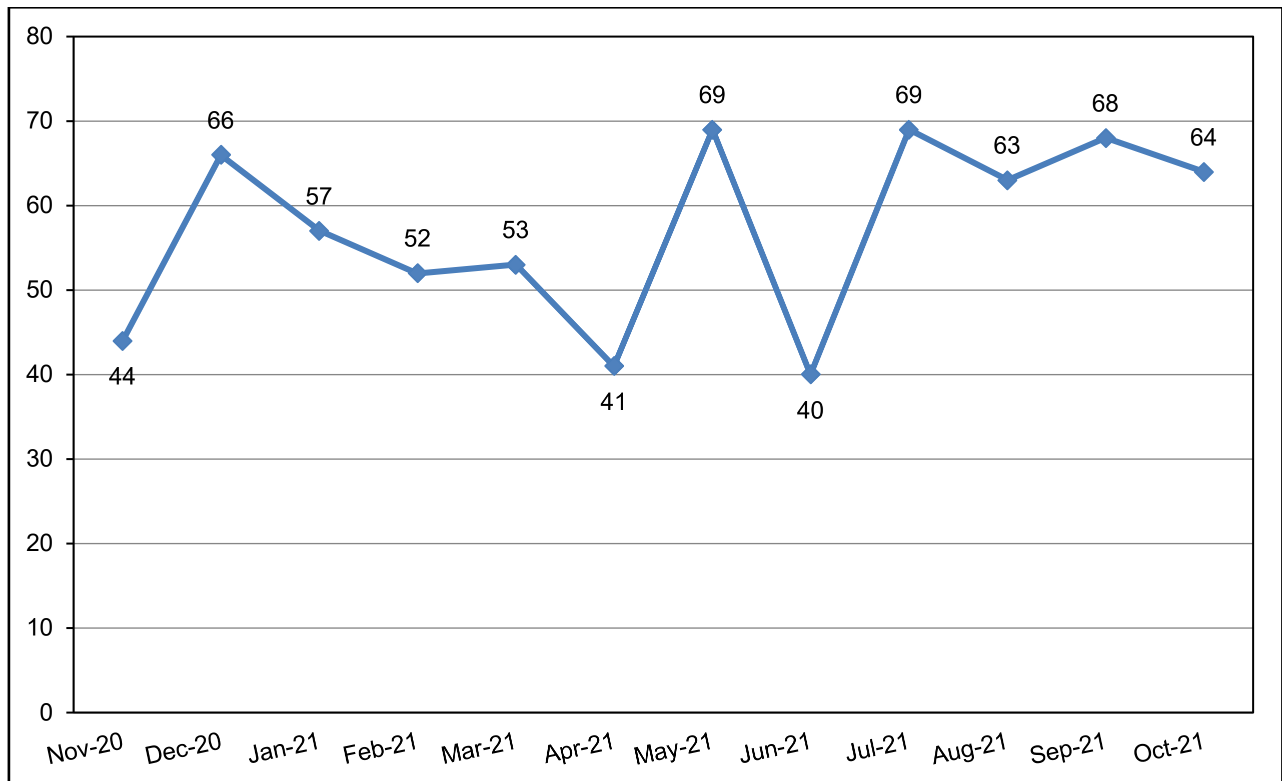
- 64 Change Requests Closed in the month of October 2021



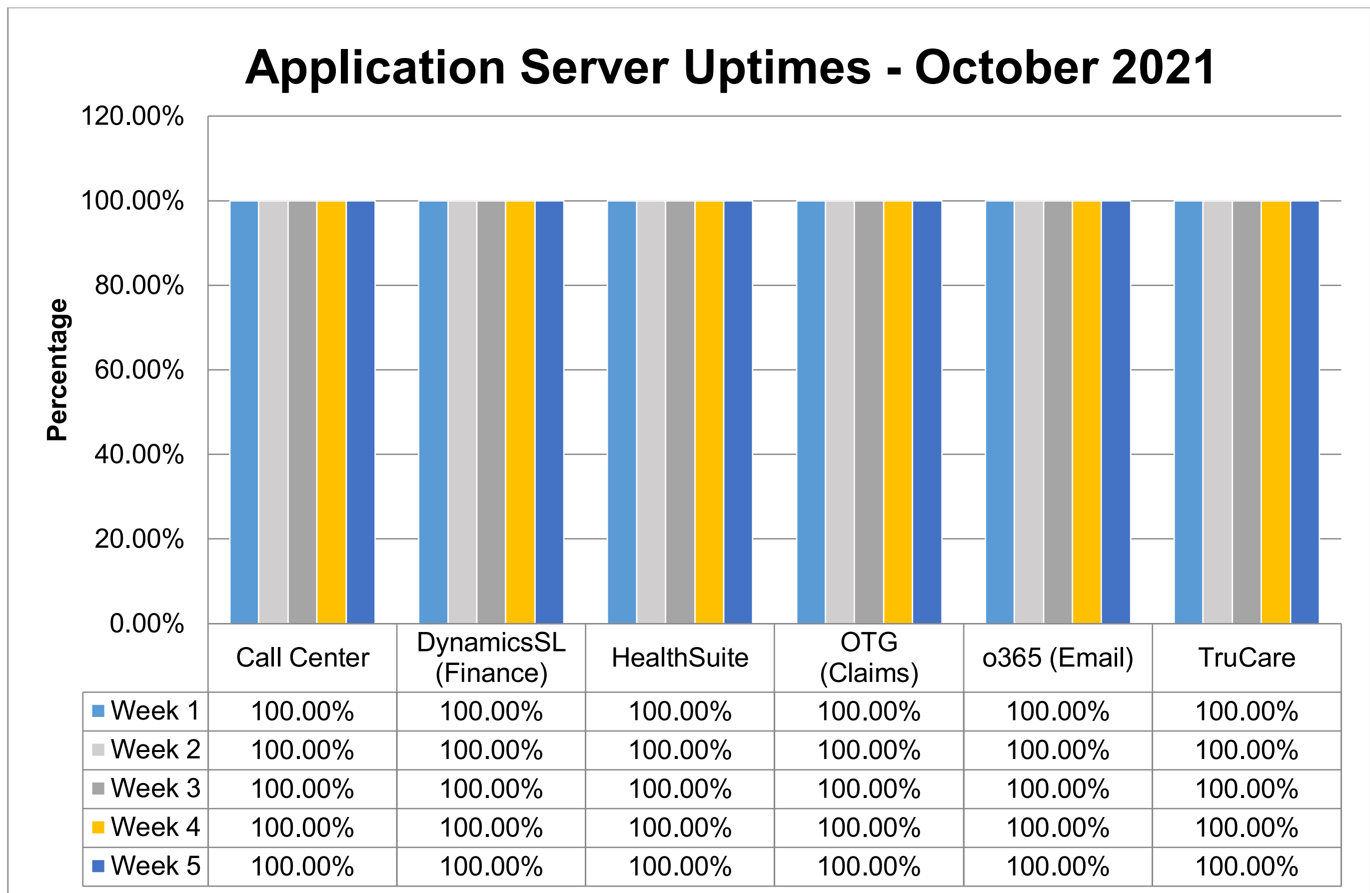
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend

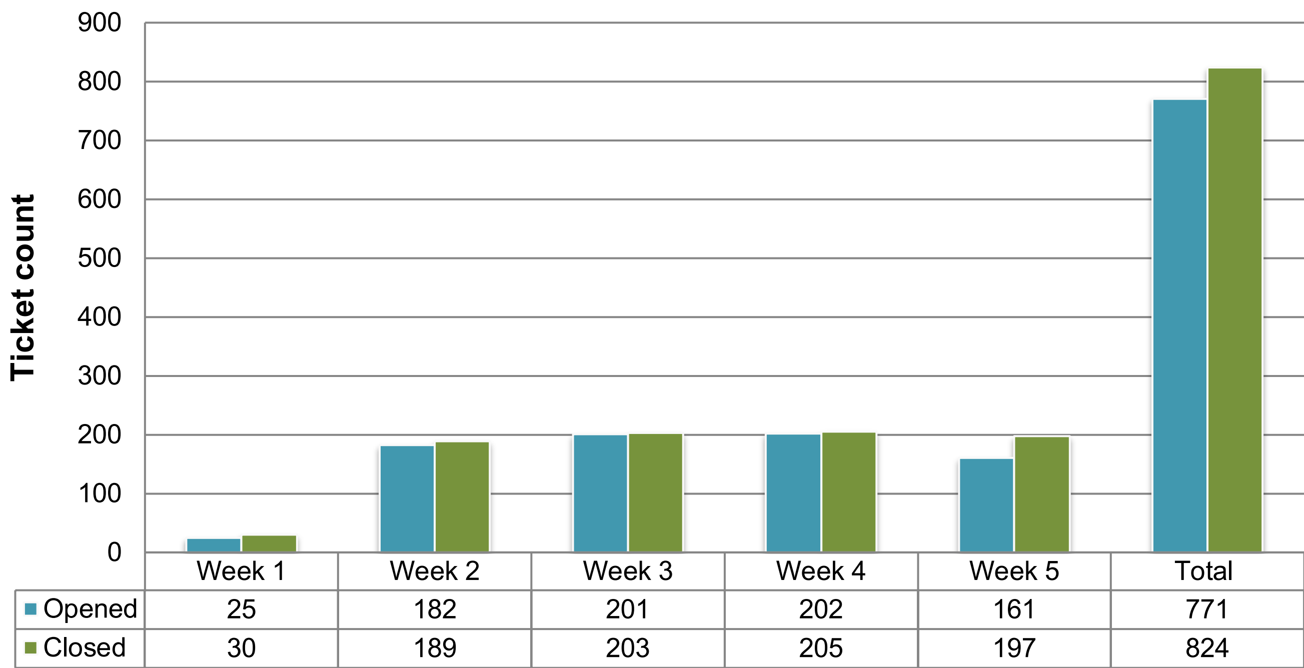


IT Stats: Infrastructure



	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%

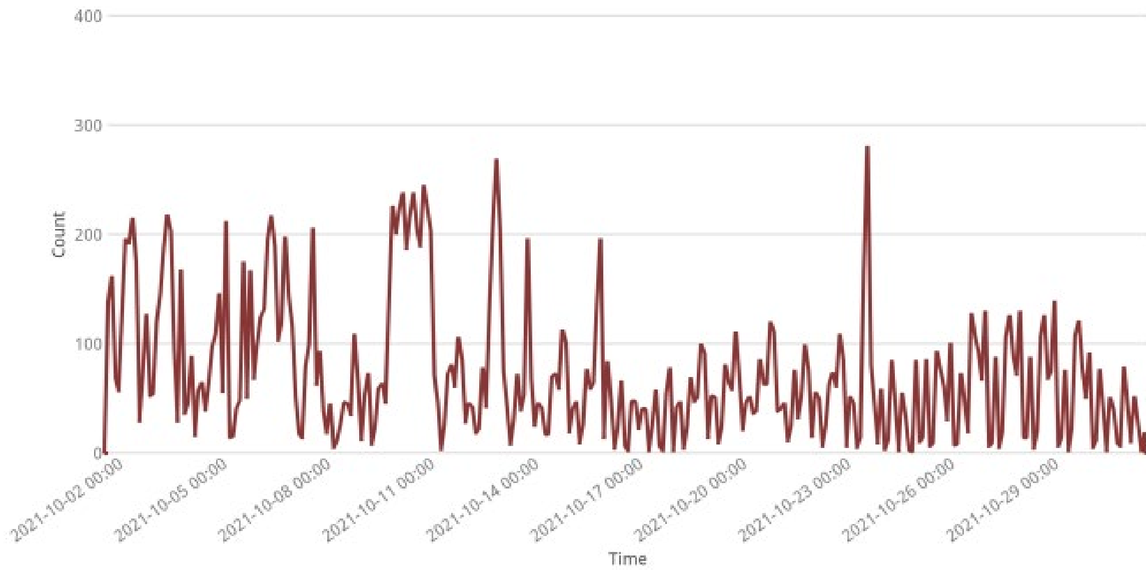
- All mission critical applications are monitored and managed thoroughly.
- There were no major outages experienced in the month of October 2021 despite supporting 97% of staff working remotely.



- 771 Service Desk tickets were opened in the month of October 2021, which is 3.51% lower than the previous month and 824 Service Desk tickets were closed, which is 7.2% higher than the previous month.
    - The open ticket count for the month of October is slightly higher and within the 3-month average of 720.
    - As expected, the ticket count slightly increased as we begin the 2nd quarter of the fiscal year. We have ramped up efforts to complete the deployment of Multi-Factor Authentication (MFA) tokens in October which helped us to reach our goal to close the project in mid-October 2021.

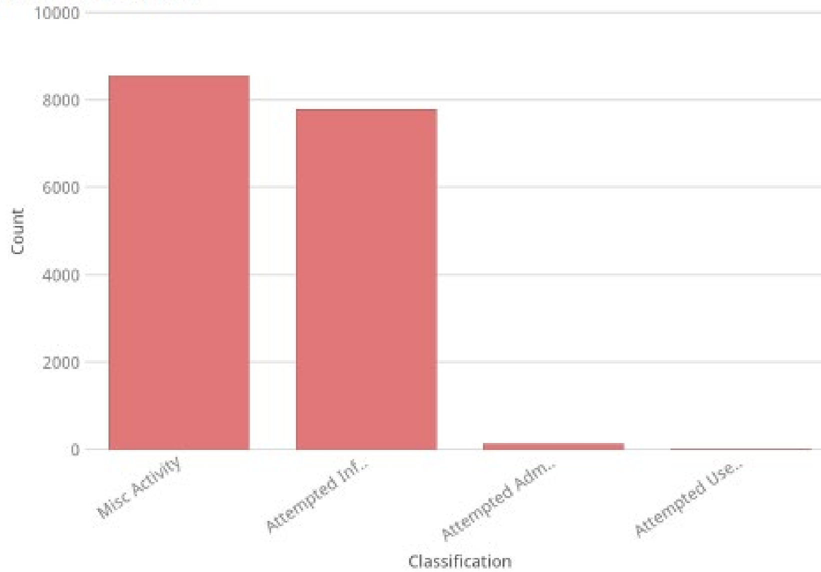
All Intrusion Events

Time Window: *2021-10-01 09:29:00 - 2021-10-31 09:29:00*



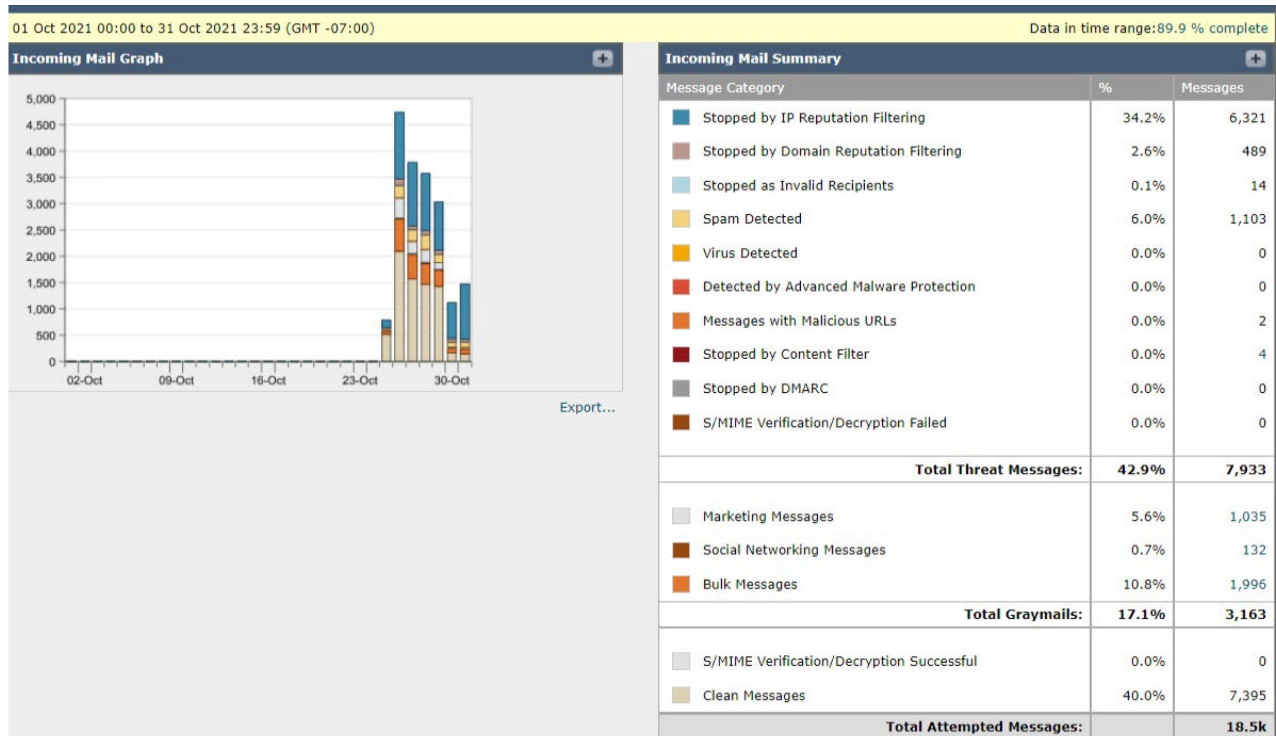
Dropped Intrusion Events

Time Window: *2021-10-01 09:30:00 - 2021-10-31 09:30:00*
Constraints: *Inline Result = dropped*



Classification	Count
Misc Activity	8,550
Attempted Information Leak	7,782
Attempted Administrator Privilege Gain	128
Attempted User Privilege Gain	6

MX4

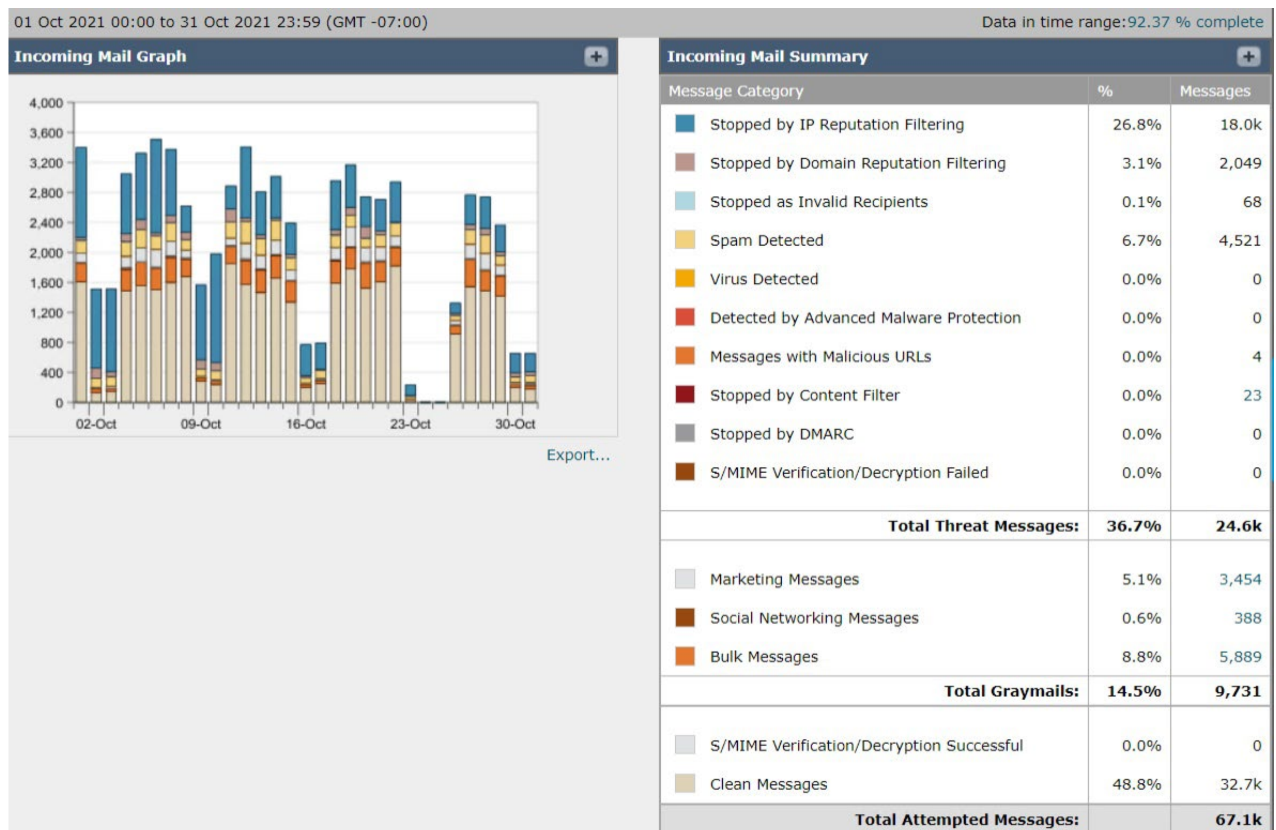


01 Oct 2021 00:00 to 31 Oct 2021 23:59 (GMT -07:00) — Data in time range: 89.9 % complete

Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	34.2%	6,321
Stopped by Domain Reputation Filtering	2.6%	489
Stopped as Invalid Recipients	0.1%	14
Spam Detected	6.0%	1,103
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	2
Stopped by Content Filter	0.0%	4
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**42.9%**	**7,933**
Marketing Messages	5.6%	1,035
Social Networking Messages	0.7%	132
Bulk Messages	10.8%	1,996
Total Graymails:	**17.1%**	**3,163**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	40.0%	7,395
Total Attempted Messages:		**18.5k**

MX9



01 Oct 2021 00:00 to 31 Oct 2021 23:59 (GMT -07:00) — Data in time range: 92.37 % complete

Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	26.8%	18.0k
Stopped by Domain Reputation Filtering	3.1%	2,049
Stopped as Invalid Recipients	0.1%	68
Spam Detected	6.7%	4,521
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	4
Stopped by Content Filter	0.0%	23
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**36.7%**	**24.6k**
Marketing Messages	5.1%	3,454
Social Networking Messages	0.6%	388
Bulk Messages	8.8%	5,889
Total Graymails:	**14.5%**	**9,731**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	48.8%	32.7k
Total Attempted Messages:		**67.1k**

Item / Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Stopped By Reputation	74.7k	68.9k	69.7k	43.8k	149k	60.7k	79.9k	65.4	78.8k	62.7k	43.1k	41.5k	***24.3k***
Invalid Recipients	1,120	883	153	62	242	384	1,776	99	1,982	742	185	132	***82***
Spam Detected	15.4k	13.6k	13.2	8,650	30.2k	19.2k	19.2k	18	17.4k	27	12.8k	10.8k	***5.6k***
Virus Detected	1	1	1	0	9	3	5	2	2	9	14	14	***0***
Advanced Malware	1	2	9	10	10	0	6	6	0	1	3	2	***0***
Malicious URLs	22	31	39	3	6	14	0	264	30	12	9	7	***6***
Content Filter	5	2	8	18	189	56	151	264	167	78	58	89	***27***
Marketing Messages	3,794	6,511	6,147	3,203	68	68	6,707	6,366	6,357	6,256	6,710	7,383	***4,489***
Attempted Admin Privilege Gain	314	285	84	42	160	89	96	95	109	101	129	157	***128***
Attempted User Privilege Gain	1,948	1,019	650	37	6	64	10	1	0	3	7	6	***6***
Attempted Information Leak	52	156	167	44	11	3	20	18	38	15	32	3,700	***7,782***
Potential Corp Policy Violation	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Network Scans Detected	9	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	25	25	0	0	0	24	11	0	3	1	0	0	***0***
Attempted Denial of Service	0	11.2k	6,775	15,163	2,788	0	1	0	0	0	0	0	***0***
Misc. Attack	4,242	2,508	5,935	2,390	13,836	6,870	4,395	3,851	1,516	975	446	5,733	***8,550***

- 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 decreased with a return to a reputation-based block for a total of 24.3k.
- Attempted information leaks detected and blocked at the firewall are significantly higher from 3.7k to 7.7k for the month of October 2021.
- Network scans returned a value of 0, which is in line with previous month’s data.
- Attempted User Privilege Gain is slightly lower at 6 from a previous six-month average of 3.8.

Projects and Programs

Ruth Watson

To: Alameda Alliance for Health Board of Governors

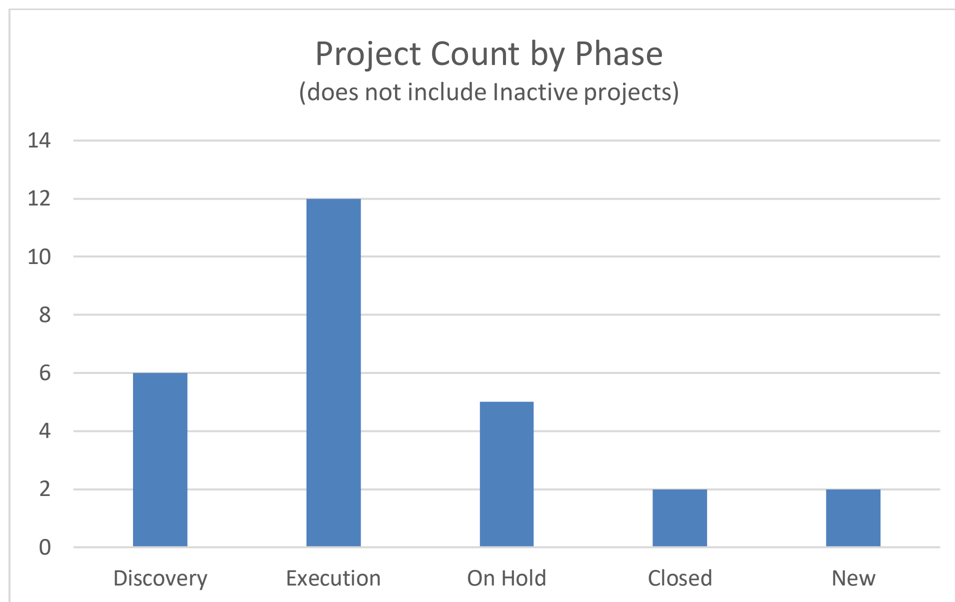
From: Ruth Watson, Chief Projects and Programs Officer

Date: November 12, 2021

Subject: Projects & Programs Report

Project Management Office

- 33 projects currently on the Alliance enterprise-wide portfolio
  - 18 Active projects (discovery, initiation, planning, execution, warranty)
  - 5 On Hold projects
  - 2 New projects (approved at October Portfolio Governance Committee)
  - 2 Closed projects
  - 8 Inactive projects (**not included on the chart as Inactive is not a phase**)



Integrated Planning

- CalAIM Enhanced Care Management (ECM) and Community Supports (CS)
  - Model of Care (MOC) Part 3 was submitted to the Department of Health Care Services (DHCS) on October 1, 2021
    - Consisted of five (5) required responses, including narrative responses, updated CS Policies & Procedures (P&Ps), ECM and CS Network Capacity spreadsheets, and the draft Community Supports Provider Contract boilerplate

        - Eight (8) Additional Information Requests (AIRs) have been received from DHCS in response to the MOC Part 2 submission and one (1) for MOC Part 3
            - DHCS is requesting additional language be added to the P&Ps or ECM draft contract to reflect the Standard Terms and Conditions for ECM/CS or DHCS-MCP contractual requirements
            - All AIR responses have been submitted to DHCS on the designated due dates
    - The MOC will require periodic updating going forward to account for the additional ECM Populations of Focus that will be phased-in beginning in January 2023
    - ECM and CS Provider Contract Boilerplates were approved by the DHCS on October 7, 2021
    - Finalized the following Member Notifications:
        - HHP to ECM Transition Notice
        - HHP to CS Transition Notice
        - WPC Transition to ECM/CS Notice (joint letter with HCSA)
        - ECM New Benefit Notice
        - ECM Welcome Letter
    - Operational Readiness activities are on-going
        - Separate workgroup meetings with Health Care Services, Provider Services, Analytics, Member Services/Outreach & Communications, and Finance occur weekly or more, as needed
        - Contract discussions continued with Health Care Services Agency (HCSA) as the provider for CS Housing services and Asthma Remediation
        - ECM contracts were sent to current HHP providers on October 18, 2021; 3 contracts have been fully executed to date
        - Contract discussions are underway with potential CS Providers
            - Recuperative Care (Medical Respite) – LifeLong Medical Care (Adeline Respite) and Cardea Health (Fairmont)
            - Medically Supportive Food / Meals / Medically Tailored Meals – Project Open Hand
                - ALL IN has indicated they will not be ready to provide services until July 2022
        - Updates to bi-directional data feeds (DHCS-MCP-delegate) are in progress

- CalAIM Major Organ Transplants (MOT)
    - Updated MOT Network Certification was due to DHCS on October 15
        - No updated certification was provided as AAH does not have an executed contract with a Center of Excellence (COE)
        - A contract with at least one COE is required by DHCS
            - Supplemental information was provided to DHCS on October 28, indicating AAH has an LOA in place with Stanford demonstrating good faith contract negotiations

    - Contract discussions continue with Stanford and expect to be finalized in early November
    - Contract proposal from UCSF received and is currently being reviewed by Finance
    - Additional Information Requests (AIRs) related to MOT Deliverables were received from DHCS and submitted back to DHCS on October 13
    - Deliverables for MOT 3 was submitted to DHCS on October 20
    - Received DHCS approval for MOT 5 and 6
    - Detailed technical requirements were completed in October

  - CalAIM Incentive Payment Program – three-year DHCS program to provide funding for the support of ECM and CS in the following areas:
    - 1) Delivery System Infrastructure
    - 2) ECM Provider Capacity Building
    - 3) Community Supports Provider Capacity Building and Community Supports Take-Up
    - Need Assessment and Gap Filling Plan due to DHCS on December 22, 2021

  - Behavioral Health Integration (BHI) Incentive Program – DHCS pilot program commenced January 1, 2021, and continues through December 31, 2022
    - 3Q2021 Milestone reports were received from Bay Area Community Health, Community Health Center Network, and LifeLong Medical Care on October 29, 2021
      - Reports will be reviewed and validated by the Quality team and submitted to DHCS in November

- Student Behavioral Health Incentive Program (SBHIP) – received draft scope of work for consulting services to assist with implementation of the program

Recruiting and Staffing

  - Project Management Open position(s):
    - Recruitment to commence for the following positions:
      - Manager, Project Management Office (PMO)
      - Senior Business Analyst
      - Project Manager (2)
      - Business Analyst, Integrated Planning

Projects and Programs

Supporting Documents

Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
    - Enhanced Care Management (ECM) effective January 1, 2022 – ECM will target seven (7) specific populations of vulnerable and high-risk children and adults
        - Members currently receiving Whole Person Care (WPC) care management or Health Homes Program (HHP) services will transition into ECM
        - Model of Care Part 1 submitted to DHCS on June 30, 2021 and approved on August 9, 2021
        - Model of Care Part 2 submitted to DHCS on August 27, 2021
        - Model of Care Part 3 submitted to DHCS on October 1, 2021
    - Community Supports (CS) effective January 1, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
        - Six Community Supports options have been selected for implementation on January 1, 2022
    - Major Organ Transplants (MOT) – currently not within the scope of many Medi-Cal managed care plans (MCPs); will be carved into all MCPs effective January 1, 2022.
        - Applicable to adults; also applicable to children for transplants not covered by California Children's Services
    - CalAIM Incentive Payment Program – CalAIM's ECM and CS programs will require significant new investments in care management capabilities, ECM and CS infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers and other community-based organizations. CalAIM incentive payments are intended to:
        - Build appropriate and sustainable ECM and ILOS capacity
        - Drive MCP investment in necessary delivery system infrastructure
        - Incentivize MCP take-up of ILOS
        - Bridge current silos across physical and behavioral health care service delivery
        - Reduce health disparities and promote health equity
        - Achieve improvements in quality performance.

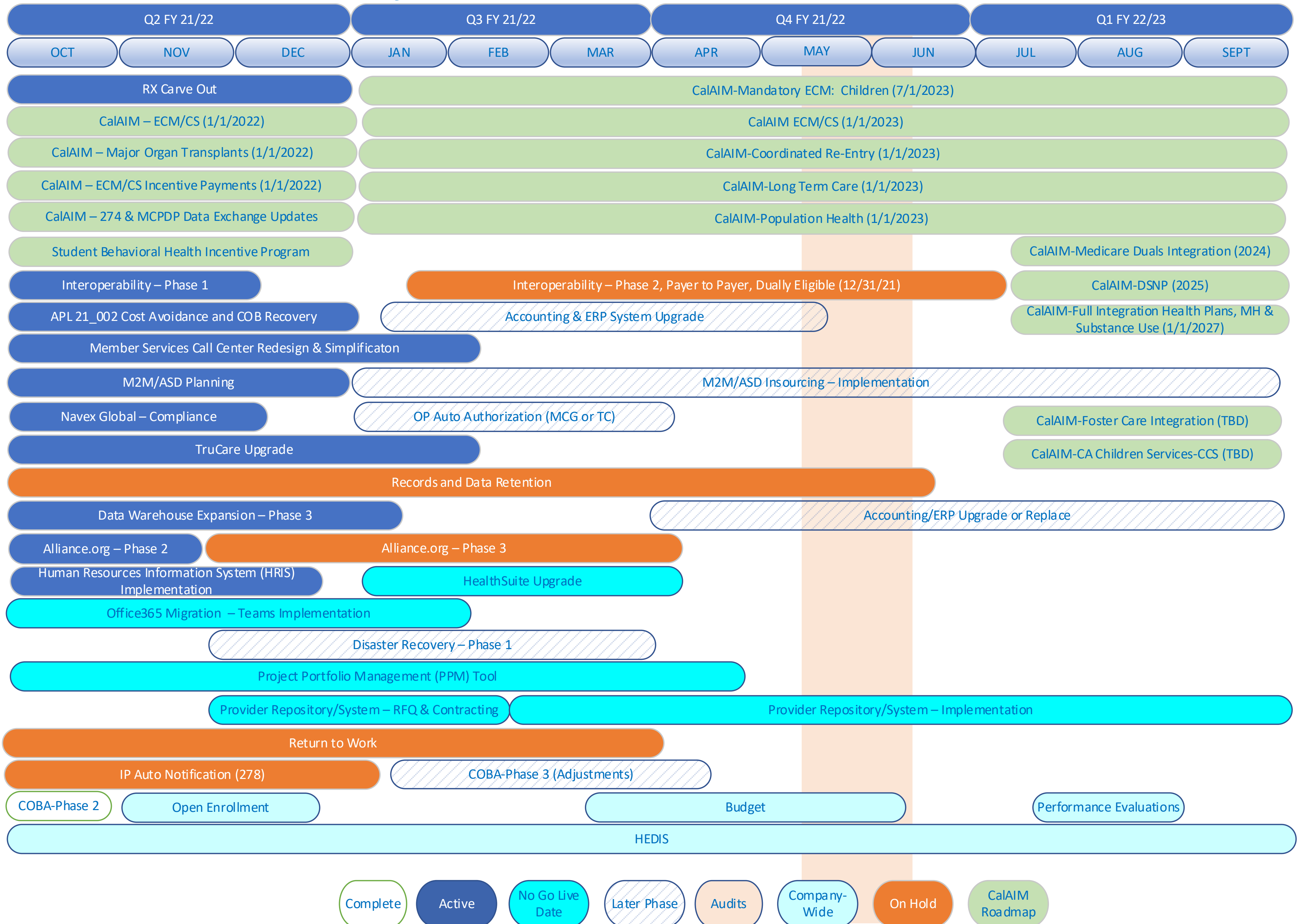
- Interoperability Phase 1 – regulatory mandate to implement the following:
    - Patient Access API – provide members with the ability to access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their 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
- Return to Work – assessment of current state work environment and recommendations for future configurations (remote/onsite/hybrid)
- Human Resources Information System (HRIS) – replacement of current HRIS system; project went live on October 1, 2021
- Pharmacy Carve-Out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State; DHCS announced the new start date of January 1, 2022
- Project Portfolio Management (PPM) Tool – vendor demonstrations are underway
- All Plan Letter (APL) 21-002 (formerly APL 20-010) Cost Avoidance, Other Health Coverage
  - New notification requirements between health plans and providers regarding other health coverage as required by DHCS
  - Implementation date of January 1, 2022
- APL 20-017 Managed Care Program Data Improvement
  - DHCS will require Managed Care Plans (MCPs) to report program data using new, standardized reporting formats
    - Additional requirements for data reporting related to grievances, appeals, monthly Medical Exemption Requests (MER) and other continuity of care requests, out-of-Network requests, and Primary Care Provider (PCP) assignments for all MCPs
    - MCPs are required to meet all requirements in this APL no later than July 1, 2021
- Navex Global – implementation of a single, centralized repository to manage and store policies and procedures as well as a new hotline and web intake process for FWA/HIPAA case management
- Member Services Call Center Redesign & Simplification – update call center to minimize member confusion, introduce self service options and update with Regulatory member instructions
- Accounting & ERP System Upgrade – upgrade current system to supported platform
- Student Behavioral Health Incentive Program (SBHIP) – program will launch in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships and capacity, statewide, for school behavioral health services.

Projects on Hold:

- In Patient (IP) Auto Notification (278 Data File) – pilot hospitals are not ready to start implementation
- Records and Data Retention – on hold due to internal resource constraints re-directed to regulatory required projects

AAH Project Portfolio - Active + (updated 11/9/2021)



Analytics

Tiffany Cheang

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

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

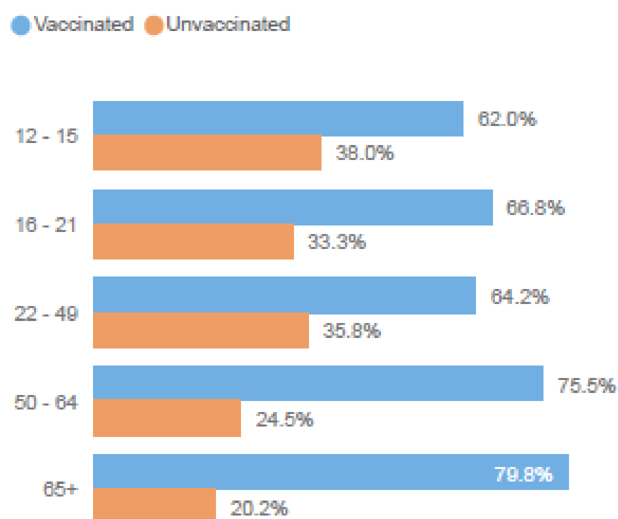
Date: **November 12, 2021**

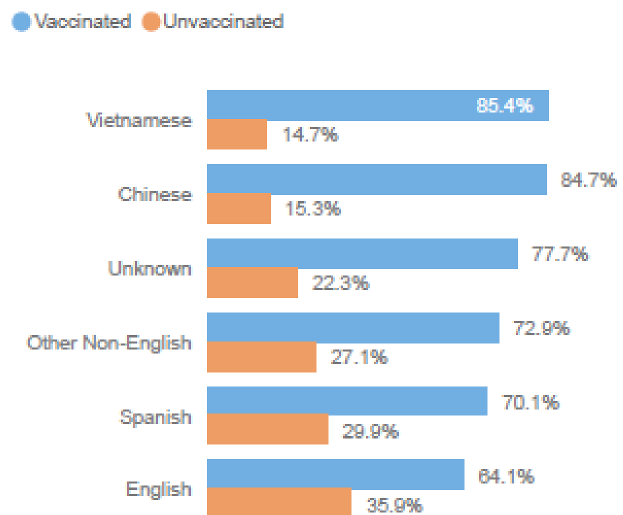
Subject: **Performance & Analytics Report**

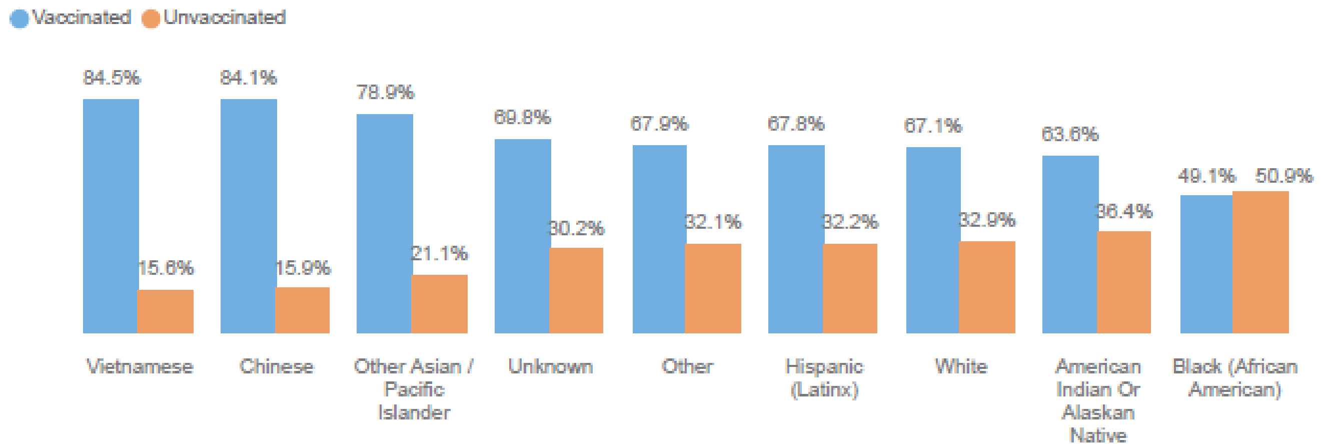
COVID-19 Vaccination Rate

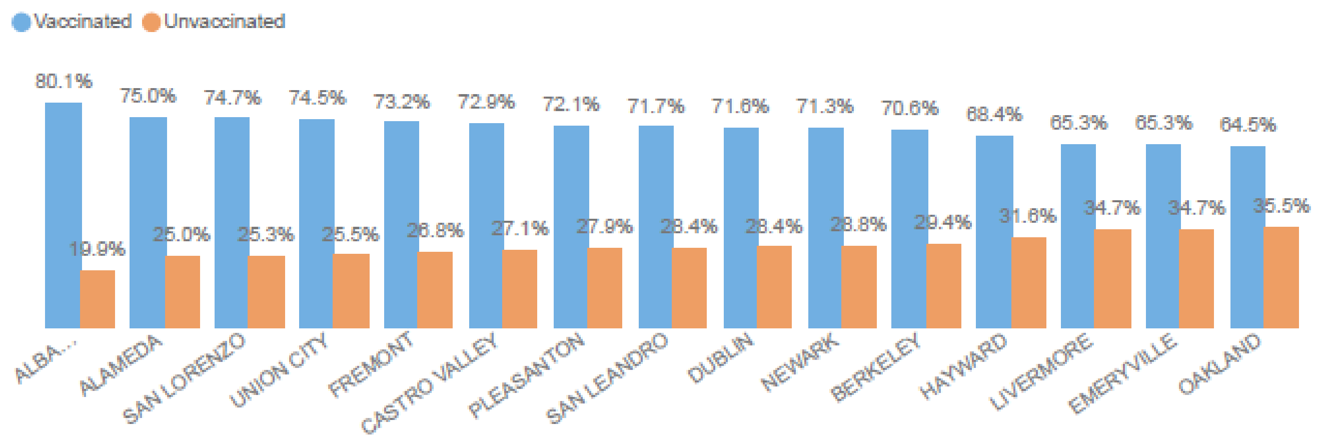
- The Alliance COVID-19 Vaccination rate is 68.6% for fully and partially vaccinated members aged 12 years and older.
  - 64.3% are fully vaccinated
  - 4.3% are partially vaccinated

- A comparison of the Alliance's vaccinated vs. unvaccinated members (31.4%) shows the following demographic results:









Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
    - Current reporting period: August 2020 – July 2021 dates of service
    - Prior reporting period: August 2019 – July 2020 dates of service
      (Note: Data excludes Kaiser membership data.)

- For the current reporting period, the top 8.6% of members account for 84.0% of total costs.

- In comparison, the Prior reporting period was lower at 7.6% of members accounting for 82.4% 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 60.6% of the members, with SPDs accounting for 27.3% and ACA OE's at 33.3%.

- The percent of members with costs >= $30K slightly increased from 1.6% to 1.8%.
- 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 49.7%.

- 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 8.6% is more concentrated in the 45-66-year-old category (40.6%) compared to the overall population (20.6%).

Human Resources

Anastacia Swift

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

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

Date: **November 12, 2021**

Subject: **Human Resources Report**

Staffing

- As of November 1, 2021, the Alliance had 357 full-time employees and 1-part time employee.

- On November 1, 2021, the Alliance had 51 open positions in which 11 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 40 positions open to date. The Alliance is actively recruiting for the remaining 40 positions, and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions November 1, 2021	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	11	1	10
Operations	24	5	19
Healthcare Analytics	1	0	1
Information Technology	5	3	2
Finance	4	0	4
Regulatory Compliance	4	2	2
Human Resources	1	0	1
Projects & Programs	1	0	1
Total	51	11	40

- Our current recruitment rate is 13%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in October 2021 included:
  - 5 years:
    - Elizabeth Olson (Vendor Management)
    - Jasdeep Joga (IT Applications)
    - Fernando Izaguirre (Claims)
    - Tina Vuu (Member Services)
  - 6 years:
    - Katrina Madriz (Provider Relation)
  - 7 years:
    - Cynthia Ngo (Claims)
  - 9 years:
    - Soniya Gupta (IT Applications)
  - 13 years:
    - Gia DeGrano (Member Services)
  - 15 years:
    - Esperanza Lopez (Member Services)