



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

Board of Governors

Regular Meeting

Friday, January 8, 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, January 8, 2021
12:00 p.m. – 2:00 p.m.

Video Conference Call

Alameda, CA 94502

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

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

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

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

1. CALL TO ORDER

(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on January 8, 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) DECEMBER 11, 2020 BOARD OF GOVERNORS MEETING MINUTES

b) JANUARY 5, 2021 FINANCE COMMITTEE MEETING MINUTES

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY GROUP

b) FINANCE COMMITTEE

7. CEO UPDATE

8. BOARD BUSINESS

a) REVIEW AND APPROVE NOVEMBER 2020 MONTHLY FINANCIAL STATEMENTS

b) INPATIENT UTILIZATION AND COST TRENDS

9. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING COMMITTEE

b) PHARMACY AND THERAPEUTICS COMMITTEE

c) CONSUMER ADVISORY COMMITTEE

10. STAFF UPDATES

11. UNFINISHED BUSINESS

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

13. PUBLIC COMMENT (NON-AGENDA ITEMS)

14. CLOSED SESSION:

- a) **DISCUSSION AND DELIBERATION REGARDING TRADE SECRETS (HEALTH & SAFETY CODE SECTION 32106). DISCUSSION WILL CONCERN A NEW LINE OF BUSINESS; PROTECTION OF ECONOMIC BENEFIT TO THE DISTRICT. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF JUNE 2021.**

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 www.alamedaalliance.org

NOTICE TO THE PUBLIC

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

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

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

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

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

future, you wish to challenge in court any of the matters on this agenda for which a public hearing is to be conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Board at or before the hearing. **Board Business:** Items in this category are general in nature and may require Board action. Public input will be received on each item of Board Business.

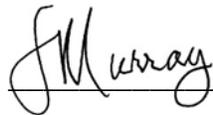
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org.

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

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

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

I hereby certify that the agenda for the Board of Governors January 5, 2021 by 12:00 p.m. as well as on the Alameda Alliance for Health's web page at www.alamedaalliance.org.



Clerk of the Board – Jeanette Murray



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

CONSENT CALENDAR

**ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
December 11, 2020
12:00 pm – 2:00 pm
(Video Conference Call)
Alameda, CA**

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice-Chair), Dr. Noha Aboelata, Aarondeep Basrai, Dr. Rollington Ferguson, Marty Lynch, Wilma Chan, Dr. Kelley Meade, Natalie Williams, Byron Lopez, Nicholas Peraino, David B. Vliet,
Alliance Staff Present: Scott Coffin, Dr. Sanjay Bhatt, Gil Riojas, Tiffany Cheang, Sasi Karaiyan, Anastacia Swift, Jeanette Murray, Ruth Watson, Richard Golfin, Matt Woodruff, Stephany Wakefield
Non Staff Present: Dr. D. Long
Alliance Staff Excused: Delvecchio Finley, Dr. Michael Marchiano

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Seevak	The regular board meeting was called to order by Dr. Seevak at 12:02 pm.	None	None
2. ROLL CALL			
Dr. Seevak	A telephonic roll call was taken of the Board Members and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Seevak	None	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
------------------------	-----------------------	--------	-----------

5. CONSENT CALENDAR

Dr. Seevak	<p>Dr. Seevak presented the Consent Calendar.</p> <ul style="list-style-type: none"> a) November 13, 2020, Board Of Governors Meeting Minutes b) Alameda Alliance Salary Survey Schedule 2015-2021 c) November 8, 2020, Finance Committee Meeting Minutes <p>Motion to Approve December 11, 2020, Board Of Governors Consent Calendar.</p> <p>A vote by roll call was taken, and the motion passed.</p>	<p><u>Motion to Approve December 11, 2020, Board Of Governors Consent Calendar.</u></p> <p><u>Motion:</u> R. Gebhart <u>Second:</u> N. Peraino</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	None
------------	--	--	------

6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE

R. Gebhart	<p>The Compliance Advisory Group was held telephonically on December 11, 2020, at 10:30 am.</p> <p>Rebecca Gebhart updated the Board on the current Compliance Advisory workbook.</p> <p>Compliance Dashboard had eight additional validations since the last meeting.</p> <ul style="list-style-type: none"> • Notice of Action (NOA) letters met compliance across the business. • Appeal notification letters had a finding of inaccurate information. The CAP involved training of staff and internal audit validation of accuracy. • A finding for the time frame for completion of health risk assessments was not met. The Alliance has implemented a tracking log. • A finding for validation of authorizations in UM took place without review by a medical director. Due to many plans asking for clarity, the DHCS recently removed this finding. 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
------------	--	--	------

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> • A finding for validation of authorizations because licensed vocational nurses were making decisions outside their scope of expertise and not having appropriate oversight. This has been corrected. • The Provider Directory not being accurate and up-to-date. The Alliance's internal audit recently validated that it is now accurate and complete. • Grievances did not capture all the expressions of complaints. This has been corrected. <p>DHCS Kindred Hospital Audit:</p> <ul style="list-style-type: none"> • We are in the process of exchanging information with the State. More updates in February. <p>Question:</p> <ul style="list-style-type: none"> • Did we have an outside agency look into the Kindred rate plan? <p>Answer:</p> <ul style="list-style-type: none"> • No, the Alliance did not want to pay for members who did not meet medical necessity. <p>Kaiser Audit:</p> <ul style="list-style-type: none"> • Kaiser Permanente has agreements to split audits among plan partners. Kaiser distributes their audits across plans regionally, and then that region shares the results. • We are currently in a Kaiser Permanente pharmacy audit, and we will share our results with 6 Northern California plans. <p>Question:</p> <ul style="list-style-type: none"> • Does the Alliance coordinate with other plans? <p>Answer:</p> <ul style="list-style-type: none"> • Yes. There is a coordination effort prior to the audit with the partner plans. <p>Delegation Oversight Committee:</p> <ul style="list-style-type: none"> • Delegation Oversight Committee launched on December 1, 2020. • The Committee reviewed infrastructure, delegation reporting, and a new Delegation Compliance Dashboard, which will bring various operations into one place. 		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> Eventually, the Compliance Advisory Committee will be reporting out the Delegation Oversight Committee report to the Board. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Ferguson	<p>The Finance Committee was held telephonically on Tuesday, December 8, 2020.</p> <p>Dr. Ferguson updated the Board on the Finance Committee Meeting.</p> <p>Highlights:</p> <ul style="list-style-type: none"> The medical expense for October was over budget, and the Finance Committee discussed this issue. The Alliance has been receiving a lower interest income on its investments. The Committee discussed extending the time the investments are left in our money savings program to obtain higher interest income and also inquired about other money programs. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
7. BERTRAM LUBIN QUALITY AWARD			
Dr. Meade	<p>The First Annual Bertram Lubin Quality Award was presented to Dr. Dayna Long by Dr. Meade.</p> <ul style="list-style-type: none"> Dr. Meade and Stephanie Wakefield introduced the first Annual Bertram Lubin Quality Award, which was awarded to Dr. Dayna Long, the Director for the Center for Child and Community Health and a pediatrician at UCSF Benioff Children's Hospital in Oakland. In the next few weeks, Dr. Dayna Long will receive a plaque. 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
8. CEO UPDATE			
S. Coffin	<p>Scott Coffin, Chief Executive Officer, presented the following updates:</p> <p>Operating Performance & First Quarter Financial Forecast:</p> <ul style="list-style-type: none"> • The pandemic situation has impacted the Alliance financially. • The Alliance is forecasted to exceed \$1.1B in revenue this year. • DHCS is providing rate adjustments to the Alliance. There has been an unusually high frequency of rate adjustments this year. • Alliance enrollment continues to grow, specifically in the Medi-Cal line of business by nearly 27,000 since March 2020. <p>COVID-19</p> <ul style="list-style-type: none"> • The Alliance is preparing for vaccine distribution and coordinating with the Alameda County Health Care Services Agency on communications to our members and providers. <p>Medi-Cal Pharmacy:</p> <ul style="list-style-type: none"> • The transition of pharmacy services to DHCS is delayed to April 1, 2021. • The Alliance project team is ready for the transition. • There is a 90-day membership notice to our members and providers that we will track and report findings back to the Board. <p>Operation Metrics:</p> <ul style="list-style-type: none"> • In terms of operating metrics, 2 regulatory measures are out of compliance on the Operations Dashboard. • Encounter reporting, there were 2300 claims that the encounter data was not submitted within a timely basis, but the Alliance paid the claims on time. We expect next month this metric to be green. • The other red metrics are internal, and we are working to return them to green within the next few months. 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>The Alameda Alliance Portal:</p> <ul style="list-style-type: none"> • The Alameda Alliance portal, which is the members and providers portal, has a new deployment. The providers portal was updated recently, and this weekend the members portal goes live. • The 3rd phase in 2021 will provide more capabilities for the members and providers. <p>CalAIM:</p> <ul style="list-style-type: none"> • The State of California recently reinstated CalAIM initiatives. • New Medi-Cal benefits become effective on January 1, 2022, which include Enhanced Care Management and In-Lieu of Services. • The Enhanced Care Management benefit has similar content as the Whole Person Care Program and Health Homes Program. The revised model has added children and youth with complex physical and behavioral conditions. Also included is the re-entry coordination. Re-entry coordination is incarcerated individuals returning into the system and how the re-entry population obtains and receives Medi-Cal benefits. In January, we will be working with partners to define the services. • In-Lieu of Services are voluntary services for members. We also need to define what will be in these services: housing, navigation, transition, long-term care, social services, and other services. • Some delivery dates for the Alliance are July and September of 2021. • There will be more updates to the Board of Governors. <p>Question:</p> <ul style="list-style-type: none"> • Could you give us more detail as the transition moves from Health Homes? <p>Answer:</p> <ul style="list-style-type: none"> • Yes, the Alliance has a new enterprise division, Projects & Programs, which will coordinate the planning and engagement. <p>Behavioral Health Integration (BHI)</p> <ul style="list-style-type: none"> • Behavioral Health Integration awarded pilots will launch on January 1, 2021, and continue until December 31, 2022. DHCS approved 4 projects. These projects' awardees are CHCN, Lifelong Medical, and Bay Area Community Health (awarded two projects). 		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
9. a. BOARD BUSINESS – REVIEW AND APPROVE OCTOBER 2020 MONTHLY FINANCIAL REPORT			
Gil Riojas	<p>Gil Riojas gave the following October Finance updates:</p> <p>Enrollment:</p> <ul style="list-style-type: none"> For the month ending October 31, 2020, the Alliance had an enrollment of 270,418 members, a net loss of \$7.8M, and the tangible net equity is 555%. Our enrollment has increased by 3,230 members since September 2020. <p>Net Operating Results:</p> <ul style="list-style-type: none"> For the month ending October 31, 2020, the actual net loss was \$7.8M, and the budgeted net loss was \$2.9M. The unfavorable variance is due to higher than anticipated medical expenses and lower than anticipated other income and expense. <p>Revenue:</p> <ul style="list-style-type: none"> For the month ending October 31, 2020, the actual revenue was \$85.7M vs. the budgeted revenue of \$81.9M. <p>Medical Expense:</p> <ul style="list-style-type: none"> For the month ending October 31, 2020, the actual medical expense was \$88.7M vs. the budgeted medical expense of \$77.8M. A large claim was received, and we have taken several internal actions since receiving this claim, which will help us understand and be ahead of these types of claims. We also engaged our reinsurance and a claims auditor. In the future, we do not anticipate claims similar to this. <p>Question:</p> <ul style="list-style-type: none"> When does the reinsurance start to pay a claim? 	<p><u>Motion to approve October 31, 2020, Monthly Financial Report as presented.</u></p> <p><u>Motion:</u> K. Meade <u>Second:</u> M. Lynch</p> <p>Motion passed by roll call.</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Answer:</p> <ul style="list-style-type: none"> The reinsurance starts with claims over \$600,000. <p>Medical Loss Ratio (MLR):</p> <ul style="list-style-type: none"> For the month ending October 31, 2020, the MLR was 103.5%, and the fiscal year-to-date of 98.9%. <p>Administrative Expense:</p> <ul style="list-style-type: none"> For the month ending October 31, 2020, the actual administrative expense was \$4.8M vs. the budgeted administrative expense of \$7.2M. <p>Other Income / (Expense):</p> <ul style="list-style-type: none"> As of October 31, 2020, our YTD interest income from investments is \$250,000, and YTD claims interest expense is \$113,000. <p>Tangible Net Equity (TNE):</p> <ul style="list-style-type: none"> Tangible net equity results continue to remain healthy, and at the end of October 31, 2020, the TNE was reported at 555% of the required amount. <p>Cash Position and Assets:</p> <ul style="list-style-type: none"> For the month ending October 31, 2020, the Alliance reported \$301.0M in cash; \$180.2M in uncommitted cash. Our current ratio is above the minimum required at 1.71 compared to the regulatory minimum of 1.0. <p>Question:</p> <ul style="list-style-type: none"> Can we schedule a deep dive into our Inpatient expense? <p>Answer:</p> <ul style="list-style-type: none"> Yes, we will come back with a date to present this information. <p>Motion to approve the October 31, 2020, Monthly Financial Report as presented.</p> <p>A vote by roll call was taken and the motion passed.</p>		
9. b. BOARD BUSINESS – FISCAL YEAR 2021 FIRST QUARTER FORECAST AND FINAL BUDGET PRESENTATION			
G. Riojas			None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Gil Riojas presented the Fiscal Year 2021 First Quarter Forecast and Final Budget Presentation.</p> <ul style="list-style-type: none"> • Gil gave an overview of the Fiscal Year 2021 First Quarter Forecast and Final Budget. • The presentation included detailed explanations of the following: <ul style="list-style-type: none"> ○ FY2021 Forecast Highlights ○ CY2021 Rate Process & Adjustments ○ Forecasting Considerations ○ Membership Forecast ○ Unit Cost & Utilization Trends ○ Forecast versus Preliminary Budget Results ○ Medical Loss Ratio by Line of Business ○ Administrative & Clinical Staffing <p>Motion to approve Fiscal Year 2021 First Quarter Forecast and Final Budget Presentation as presented.</p> <p>A vote by roll call was taken and the motion passed.</p>	<p><u>Motion to approve Fiscal Year 2021 First Quarter Forecast and Final Budget Presentation as presented.</u></p> <p><u>Motion:</u> Dr. Ferguson <u>Second:</u> N. Williams</p> <p>Motion passed by roll call.</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	
10. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. Bhatt	<p>The Peer Review and Credentialing Committee (PRCC) was held telephonically on November 17, 2020.</p> <p>Dr. Bhatt gave the following updates:</p> <ul style="list-style-type: none"> • There were twenty-nine (29) initial providers approved; including ten (10) Primary Care Providers, thirteen (13) specialists, one (1) ancillary providers, and five (5) mid-level providers. 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> Additionally, thirty-two (32) providers were re-credentialed at this meeting; ten (10) primary care providers, twelve (12) specialists, two (2) ancillary providers, and eight (8) mid-level providers. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
10. b. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE			
Dr. Bhatt	<p>The Health Care Quality Committee (HCQC) was held telephonically on November 19, 2020.</p> <ul style="list-style-type: none"> Kaiser presented their annual 2020 Q1 Program Description, 2019 Program Evaluation, and 2020 Work Description. Quality Improvement updates included an ongoing focus on the following: population health, PQI referrals, diligence and turnaround times, and changes and attention to the Initial Health Assessment (IHA). <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
11. STAFF UPDATES			
S. Coffin	<ul style="list-style-type: none"> None 	None	None
12. UNFINISHED BUSINESS			
S. Coffin	<ul style="list-style-type: none"> The Alliance has started the process of evaluation of the development of a Medi-Cal enrollment report. The assessment will include new Medi-Cal enrollees that date back to March 2020 through December 2020. In the future, a Medi-Cal enrollment report will be presented to the Board. The Alameda Alliance Bylaws are in the process of being updated due to the JPA dissolution. Changes in the Bylaws will also include a new Standing Committee. The Compliance Advisory Group will change to The Compliance Advisory Committee. 	None	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> The Strategy Committee, which is chaired by David Vliet, will resume in February. 		
13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
S. Coffin	The Inpatient Utilization and Cost Report will be presented to the Board at a future date.	None	None
14. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	None	None	None
15. CLOSED SESSION			
Dr. Seevak	<p>Dr. Seevak announced a Closed Session at 1:00 pm.</p> <p>All Guests and Staff departed from the conference line. The Board of Governors and Scott Coffin remained for the Closed Session pursuant to the following:</p> <ul style="list-style-type: none"> Report Involving Trade Secret (Government Code Section 37606; Health and Safety Code Section 32106): Report will Involve New Service Model. 	Closed Session Discussion.	None
16. ADJOURNMENT			
Dr. Seevak	Dr. Seevak adjourned the meeting at 2:00 pm.	None	None

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

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

January 5, 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, Gil Riojas

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

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER			
Dr. Rollington Ferguson	Dr. Ferguson called the Finance Committee meeting to order at 8:02 am and conducted Roll call.		
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. December 8, 2020, Finance Committee Minutes were approved at the Board of Governors meeting on December 11, 2020 and not presented today. There were no modifications to the Consent Calendar. No motion or vote required.		
a.) CEO Update			
Scott Coffin	S. Coffin gave updates to the committee on the following: CaAIM – CMS approved a one-year 1115 Waiver Extension, which extends the Whole Person Care program through December 31, 2021. The Alliance is particularly interested in the following changes:	Informational update to the Finance Committee Vote not required	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> ○ Enhanced Care Management & In Lieu Of Services begin in January 2022 <ul style="list-style-type: none"> ▪ Model of Care and Transition Plan is due by July 2021 ▪ Provider network submissions by September 2021 ▪ Whole Person Care (AC3) and Health Homes programs end 12/31/2021 ○ Public listening sessions are being scheduled in Alameda County during January and February ○ Alameda Alliance is actively coordinating with Alameda County Health Agencies (Health Care Services Agency, Social Services, others) <p>The development of the enhanced care management and in-lieu-of service benefits that take effect in January 2022 will require detailed planning to begin in early calendar year 2021. We will be planning to transition the Whole Person Care (WPC) initiative, which is operated by Alameda County under the “AC3” brand, and the Health Homes program, which the Alliance administers through DHCS into this new benefit in 2022. There is anticipated to be a fiscal impact to the current budget, as there is planning that is needed in early 2021. The two deliverables that we need to prepare and deliver by July 2021 are the Model of Care, and the Transition plan. Our team is coordinating with our committee partners and analyzing what work will be required. In a future meeting, the Alliance and the committee partners will meet to discuss the possible fiscal impacts.</p> <p><u>Pharmacy Transition</u> – The transition is on track and scheduled for April 1, 2021. Alameda Alliance project team is current on the deliverables for this and is planning for the April 1 transition to the State of California. The Alliance retains the administration for physician-administered drugs for Medi-Cal and will continue to administer the pharmacy services for the Group Care members.</p> <p><u>Behavioral Health Integration (BHI) Incentive Pilot</u> – This is a two-year program sponsored by DHCS that starts January 1, 2021, and concludes December 31, 2022. The Alliance submitted three (3) executive agreements to DHCS prior to the 12/31/2020 deadline. Selected entities awarded by the State to participate include Community Health Center Network (CHCN),</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Lifelong Medical, and Tri-City Health Center (now Bay Area Community Health).</p> <p>In January 2021, more than \$550,000 in grant payments will be distributed by the Alliance to the BHI pilot sites listed above to cover operational readiness expenses.</p> <p>COVID-19 – The Alliance is coordinating with Alameda County Health Care Services Agency to support communications to Medi-Cal and Group Care members for the vaccine distribution.</p> <p>Question: Dr. Ferguson asked how the Behavioral Health Integration Pilot would affect the Alliance’s plans for Behavioral Health in the future of the plan. Dr. O'Brien answered that the BHI Pilot will allow for greater communication and relationship building on the Behavioral Health side with some of our key clinic partners as we move forward with integrating mental health into primary care.</p>		
b.) Inpatient Trends Presentation			
<p>Gil Riojas / Dr. Steve O'Brien</p>	<p>G. Riojas and Dr. O'Brien led the committee through a detailed presentation to review the Inpatient Utilization and Cost Trends. G. Riojas led the first portion of the presentation, which focused on inpatient expenses related to emergency admissions and elective surgeries, including a detailed breakdown of utilization by category of aid and ethnicity.</p> <p>Dr. O'Brien followed up with the second half of the presentation discussing Access and Navigation of the Complex Care System. He further defined the role responsibilities each entity plays in a member’s transition of care, with the overall quality goal being increased access to Medically Necessary Care, and reduced Readmissions.</p> <p>Question: Dr. Ferguson asked why the length of stay was shown to be increasing and asked if this was representative of all of our contracted hospitals across the board or if it was the result of any one hospital “throwing off the curve.” Dr. O'Brien answered that the patient mix with COVID have impacted the average length of stay. G.Riojas followed up regarding the data for the average length of stay per hospital request.</p>	<p>Informational update to the Finance Committee</p> <p>Vote not required</p>	<p>G. Riojas to work with T. Cheang in Analytics to see if it is possible to provide data showing length of stay per hospital.</p>

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
c.) Review November 2020 Monthly Financial Statements			
G. Riojas	<p><u>November 2020 Financial Statement Summary</u></p> <p>Enrollment: Current enrollment continues to trend upward and has increased by 2,878 members from October 2020 and 16,551 members since June 2020. Current enrollment is 273,296, the highest ever in the history of the Alliance. We continue to show consistent increases in the Child, Adult, and Optional Expansion categories.</p> <p>Disenrollment and New Enrollment: The trends for new enrollment and disenrollment continue to remain stable since May. Disenrollments average around 2,000 (less than January to March), while new enrollments averaged around 4,000, which is basically unchanged from the prior periods.</p> <p>Net Income: For the month ending November 30, 2020, the Alliance reported a Net Income of \$367,000 (versus budgeted Net Loss of \$1.3 million). For the year-to-date, the Alliance recorded a Net Loss of \$15.4 million (versus a budgeted Net Loss of \$17.1 million). Factors creating the favorable variance were lower than anticipated Medical Expense and lower than anticipated Administrative Expense, offset slightly by lower than anticipated Revenue and lower than anticipated Other Income & Expense.</p> <p>Revenue: For the month ending November 30, 2020, actual Revenue was \$86.4 million vs. our budgeted amount of \$86.7 million.</p> <p>Medical Expense: Actual Medical Expenses for the month were \$81.5 million vs. our budgeted amount of \$82.7 million. For the year-to-date, actual Medical Expenses were \$413.3 million versus budgeted \$414.6 million. Drivers leading to the unfavorable variance can be seen on the tables on pages 10 and 11, with the explanation on pages 11 and 12. For the month, the variance is due to a decrease in our IBNP claims. We adjusted that liability downward to reduced it</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>by approximately \$846,000. The largest percentage variance is due to reinsurance.</p> <p>Question: Dr. Ferguson asked for an explanation of the reinsurance effect. G. Riojas referred to the table on page 10. The line for Net Reinsurance shows (\$462,000). We anticipated and budgeted that we would have \$19,000 in expense related to reinsurance. However, we collected \$462,000 in reinsurance money from our reinsurer so that offsets any expenses we had reported for July through November. Our Medical Expense was reduced by \$462,000 because we recouped money from our reinsurance.</p> <p>Medical Loss Ratio: We would expect our Medical Loss Ratio to be high as it is. Our MLR ratio for this month was reported at 94.3%. Year-to-date MLR was at 98.0% vs budgeted 95%. We will continue to monitor this.</p> <p>Administrative Expense: Actual Administrative Expenses for the month ending November 30, 2020 were \$4.6 million vs. our budgeted amount of \$5.4 million. We are also below budget for year-to-date at \$24.1 million vs. budgeted \$24.8 million. Our Administrative Expense represents 5.3% of our Revenue for the month, and 5.7% of Net Revenue for year-to-date. Reasons for the favorable variance are listed on page 13 of the presentation and remain consistent with prior periods.</p> <p>Other Income / (Expense): As of November 30, 2020, our YTD interest income from investments was \$363,000. YTD claims interest expense is \$156,000.</p> <p>TangibleNet Equity (TNE): We reported a TNE of 571%, with an excess of \$157.3 million. This remains to be a very healthy number.</p> <p>Cash and Cash Equivalents: We reported \$267.9 million in cash; \$186.0 million is uncommitted. Our current ratio is above the minimum required at 1.82 compared to regulatory minimum of 1.0.</p> <p>Capital Investments:</p>	<p><u>Motion to accept November 2020, Financial Statements</u></p> <p><u>Motion:</u> Dr. Marchiano <u>Seconded:</u> G. Riojas</p> <p><u>All in Favor</u> – pass</p> <p>No opposed or abstained</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	We have spent \$363,000 in Capital Investments, and our budget for the year is \$2.5 million.		
ADJOURNMENT			
Dr. Rollington Ferguson	Dr. Ferguson motioned to adjourn the meeting. The meeting adjourned at 8:54 am.	<u>Motion to adjourn:</u> Dr. Ferguson <u>Seconded:</u> Dr. Marchiano <u>All in Favor</u> – pass No opposed or abstained.	

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



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

CEO Update

Scott Coffin

To: Alameda Alliance for Health Board of Governors
From: Scott Coffin, Chief Executive Officer
Date: January 8, 2021
Subject: CEO Report

- **Operating Metrics**

- Net income of \$367,000 reported in November 2020, and year-to-date net loss of \$15.4 million with 7 months remaining in fiscal year 2021; Q1 2021 forecast estimates a fiscal year-end net loss of approximately \$15 million
- Membership exceeding 275,000 in December with a majority of enrollment growth in the Medi-Cal line of business; Medi-Cal enrollment has increased by nearly 30,000 (March to December 2020) due to changes in eligibility and deferred re-determinations
- Operating metrics being monitored: Member Call Center, Employee Vacancy Rate, and Provider Disputes (see Operations Dashboard)
- Risk-adjusted rates received from DHCS in late December and will be presenting revised financials to the Board of Governors in February 2021

- **California Advancing and Innovating Medi-Cal “CalAIM”**

- CMS approved the 1115 Waiver Extension, submitted by the DHCS, to extend the Whole Person Care program until December 31, 2021
- Enhanced Care Management & In Lieu Of Services begin in January 2022
 - Model of Care and Transition Plan is due by July 2021
 - Provider network submissions by September 2021
 - Whole Person Care (AC3) and Health Homes programs end 12/31/2021
- Public listening sessions are being scheduled in Alameda County during January and February
- Alameda Alliance is actively coordinating with Alameda County Health Agencies (Health Care Services Agency, Social Services, others)

- **Pharmacy transition to DHCS on schedule for April 1, 2021**

- Alameda Alliance project team is current on the deliverables for this transition, and is planning for the April 1st transition to the State of California
- Alameda Alliance retains the administration for physician-administered drugs for Medi-Cal, and continues to administer the pharmacy services for the Group Care members

- **Behavioral Health Integration (BHI) Incentive Pilot**
 - Alliance submitted the three (3) executed agreements to DHCS prior to the 12/31/2020 deadline
 - Selected entities include Community Health Center Network (CHCN), LifeLong Medical, and Tri-City Health Center (Bay Area Community Health)
 - In January 2021, more than \$550,000 in grant payments are being distributed by the Alliance to the BHI pilot sites to cover operational readiness expenses
 - BHI Pilot starts January 1, 2021, and concludes December 31, 2022

- **COVID-19**
 - Alameda Alliance is coordinating with the Alameda County Health Care Services Agency to support communications to Medi-Cal and Group Care members for the COVID-19 vaccine distribution

- **Regulatory & Accreditation Audits (Virtual)**
 - NCQA accreditation audit related to a corrective action plan and notices of action issued by the Alliance, starts February 15, 2021
 - DMHC focused audit (Kindred) starts April 12, 2021
 - DHCS routine full medical survey scheduled for June/July 2021

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

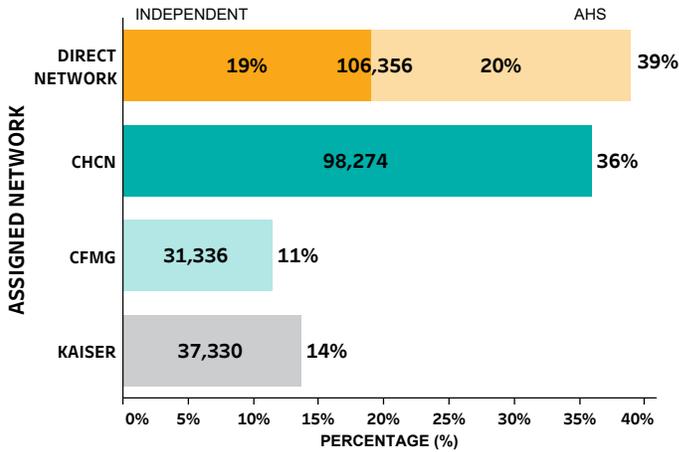
MEMBERSHIP**

273,296

TOTAL MEMBERSHIP

IHSS 5,982 MEDI-CAL 267,314

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**



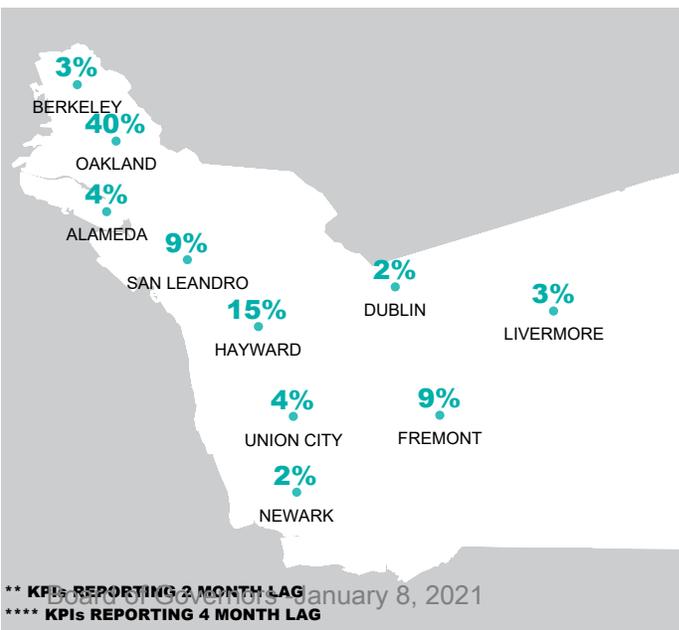
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%

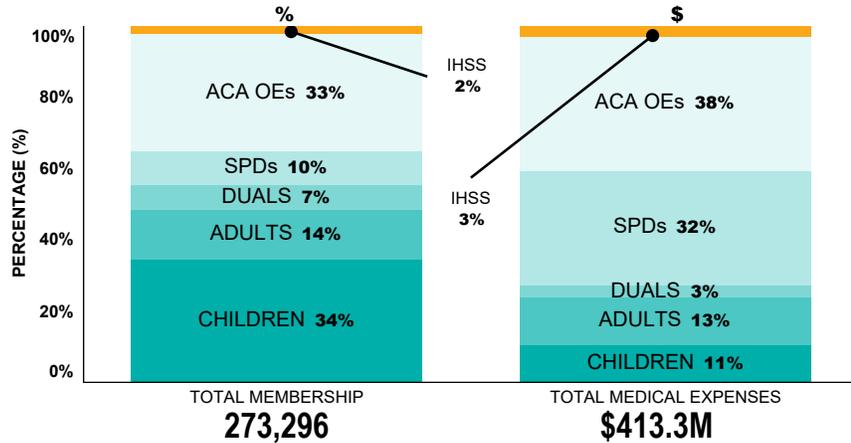
OF ALLIANCE MEMBERS LIVE IN 10 CITIES AND THE REMAINING 8% LIVE IN THE OTHER ALAMEDA COUNTY CITIES AND UNINCORPORATED AREAS

TEN CITIES

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

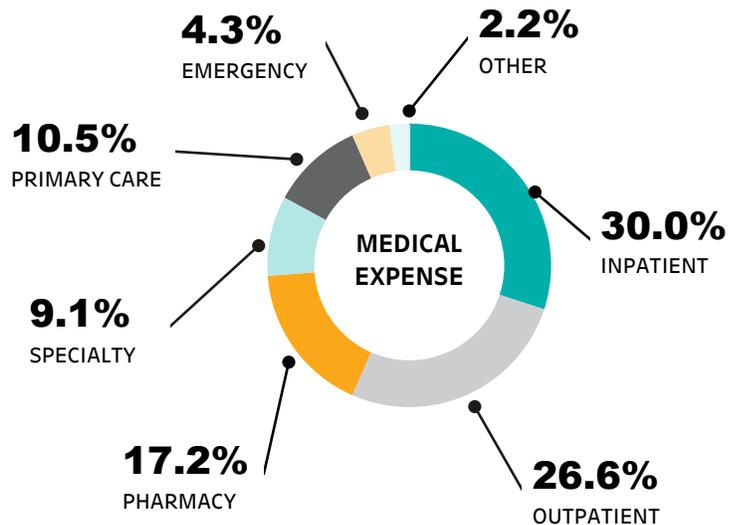


DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**



REVENUE & EXPENSES**

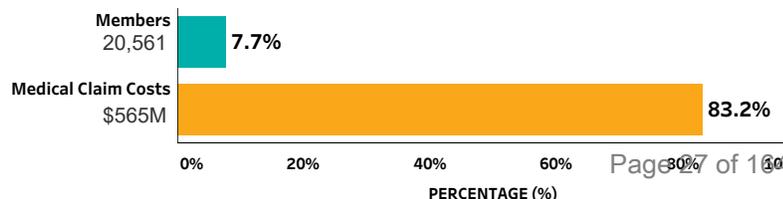
	NOVEMBER 2020	FISCAL YTD
REVENUE	\$86.4M	\$421.8M
MEDICAL EXPENSE	(\$81.5M)	(\$413.3M)
ADMIN EXPENSE	(\$4.6M)	(\$24.1M)
OTHER	\$31K	\$149K
NET INCOME	\$367K	(\$15.4M)



TANGIBLE NET EQUITY**

571% \$191M

HIGH UTILIZER DISTRIBUTION****



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

UTILIZATION**



4,092

INPATIENT
BED DAYS



6,103

EMERGENCY
ROOM VISITS



4.2 DAYS

AVERAGE
LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	200	572
COMPLEX CASE MANAGEMENT	52	87
Total	252	659

	NEW CASES	ENROLLED
HEALTH HOMES	9	762
WHOLE PERSON CARE (AC3)	0	239
Total	9	1,001

TOTAL CASE MANAGEMENT

261

TOTAL NEW CASES

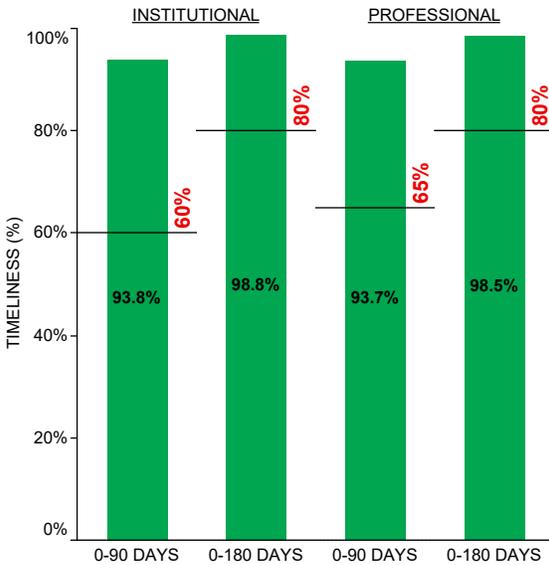
1,660

TOTAL OPEN CASES & ENROLLED

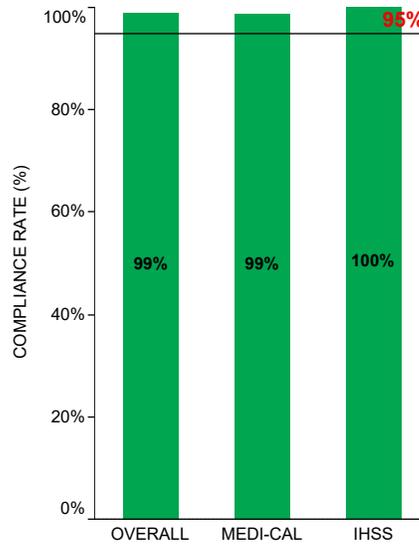
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

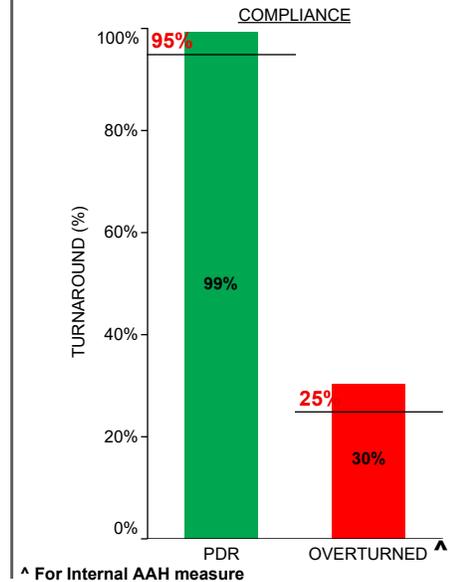
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



CALL CENTER



11,376

CALLS
RECEIVED



64%

ANSWERED IN
30 SECONDS



5%

CALLS
ABANDONED



133,246

PROCESSED
CLAIMS



75.9%

AUTO
ADJUDICATED



19 DAYS

PROCESSED
PAYMENTS

STAFF & RECRUITING



328

TOTAL
EMPLOYEES



6

HIRED IN THE
LAST 30 DAYS



16%

CURRENT
VACANCY

2021-2022 Legislative Tracking List

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

Medi-Cal (Medicaid)

- **AB 4 (Arambula – D) Medi-Cal: Eligibility**
 - **Introduced:** 12/8/2020
 - **Status:** 12/8/2020 – From printer. May be heard in committee on January 7.
 - **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:** 12/8/2020 – From printer. May be heard in committee on January 7.
 - **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems, and their subcontractors, that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth. The bill would authorize a provider to enroll or recertify an individual in Medi-Cal programs through telehealth and other forms of virtual communication, as specified.

- **AB 32 (Petrie-Norris – D) Substance use Disorder Treatment Services**
 - **Introduced:** 12/7/2020
 - **Status:** 12/8/2020 – From printer. May be heard in committee on January 7.
 - **Summary:** Current law provides for the Medi-Cal program, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded

by federal Medicaid program provisions. Current law provides for various benefits under the Medi-Cal program, including substance use disorder treatment and mental health services that are delivered through the Drug Medi-Cal Treatment Program, the Drug Medi-Cal organized delivery system, and the Medi-Cal Specialty Mental Health Services Program. This bill would declare the intent of the Legislature to enact Jarrod’s Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the department.

- **SB 56 (Durazo – D) Medi-Cal: Eligibility**

- **Introduced:** 12/7/2020
- **Status:** 12/8/2020 – From printer. May be enacted upon on or after January 7.
- **Summary:** Current law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing three fiscal years that exceed the cost of providing those individuals full-scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.

Other

- **AB 71 (Rivas – D) Statewide Homeless Solutions Program**

- **Introduced:** 12/7/2020
- **Status:** 12/8/2020 – From printer. May be heard in committee on January 7
- **Summary:** Would state the intent of the Legislature to enact legislation to create a comprehensive, statewide homelessness solutions program. This bill would create the Bring California Home Fund in the State Treasury for the purpose of providing at least \$2,400,000 annually to fund a comprehensive, statewide homeless solutions program upon appropriation by the Legislature. The bill would require the Bring California Home Fund to contain revenues derived from specified changes to the Personal Income Tax Law or the Corporation Tax Law that are enacted on or after the effective of the date of this bill.

- **AB 71 (Low – D) Employees: Bereavement Leave**

- **Introduced:** 12/7/2020
- **Status:** 12/8/2020 – From printer. May be heard in committee on January 7
- **Summary:** Would enact the Bereavement Leave Act of 2021. The bill would require an employer with 25 or more employees to grant an employee up to 10 business days of unpaid bereavement leave upon the death of a spouse, child, parent, sibling, grandparent, grandchild, or domestic partner, in accordance with certain procedures, and subject to certain exclusions. The bill would require an employer with fewer than 25 employees to grant up to 3 business days of leave, in accordance with these provisions. The bill would prohibit an employer from interfering with or restraining the exercise or attempt to exercise the employee’s right to take this leave.

- **AB 71 (Pan – D) Public Health Crisis: Racism**

- **Introduced:** 12/7/2020
- **Status:** 12/8/2020 – From printer. May be acted upon on or after January 7.

- **Status:** Current law requires the Office of Health Equity to develop department-wide plans to close the gaps in health status and access to care among the state's diverse racial and ethnic communities, women, persons with disabilities, and the lesbian, gay, bisexual, transgender, queer, and questioning communities, as specified. Current law requires the office to work with the Health in All Policies Task Force to assist state agencies and departments in developing policies, systems, programs, and environmental change strategies that have population health impacts by, among other things, prioritizing building cross-sectoral partnerships within and across departments and agencies to change policies and practices to advance health equity. This bill would state the intent of the Legislature to enact legislation to require the department, in collaboration with the Health in All Policies Program, the Office of Health Equity, and other relevant departments, agencies, and stakeholders, to address racism as a public health crisis.
- **SB 40 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
 - **Introduced:** 12/7/2020
 - **Status:** 12/8/2020 – From printer. May be acted upon on or after January 7.
 - **Summary:** Would create the California Medicine Scholars Program, a 5-year pilot program commencing January 1, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school, in an effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state. The bill would require the office to contract with a managing agency for the pilot program, as specified.
- **SB 100 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
 - **Introduced:** 12/29/2020
 - **Status:** 12/28/2020 – From printer. May be acted upon on or after January 28.
 - **Summary:** Would require the State Department of Social Services to convene a working group to examine the extended foster care program make recommendations for improvements to the program within six months. The bill would require that the working group include representatives from specified state agencies and stakeholders. The bill would require the working group to evaluate on provide recommendations on the overall functioning of the extended foster care system, higher education opportunities and supports for nonminor dependents, job training and employment opportunities and supports for nonminor dependents, housing access, and transition support for nonminor dependents exiting care.



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

Operations Dashboard

Alameda Alliance for Health Operations Dashboard

- January-2021 -

ID	Section	Subject Area	Category	Performance Metric				ID		
1	1	Financials			Nov-20 FYTD	%	Annual Budget	1		
2								2		
3			Income & Expenses	Revenue \$	\$421,841,411	40.9%	\$1,032,620,802	3		
4				Medical Expense \$	\$413,324,199	42.5%	\$973,018,833	4		
5				Inpatient (Hospital)	\$124,077,949	30.0%	\$290,478,364	5		
6				Outpatient/Ancillary	\$109,797,539	26.6%	\$271,207,346	6		
7				Emergency Department	\$17,907,943	4.3%	\$42,806,137	7		
8				Pharmacy	\$71,256,267	17.2%	\$142,752,282	8		
9				Primary Care	\$43,451,566	10.5%	\$108,272,493	9		
10				Specialty Care	\$37,673,407	9.1%	\$92,312,183	10		
11				Other	\$9,159,529	2.2%	\$25,190,028	11		
12				Admin Expense \$	\$24,076,884	31.9%	\$75,490,791	12		
13				Other Income / (Exp.) \$	\$148,529	0.2%	\$494,434	13		
14				Net Income \$	(\$15,411,141)		(\$15,394,389)	14		
15				Gross Margin %	2.0%		5.8%	15		
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	98.0%		94.2%	16		
17				Tangible Net Equity (TNE) %	570.8%		530.7%	17		
18				Tangible Net Equity (TNE) \$	\$190,763,674		\$184,022,772	18		
19			Reinsurance Cases	2020-2021 Cases Submitted	7			19		
20				2020-2021 New Cases Submitted	2			20		
21				2019-2020 Cases Submitted	21			21		
22				2019-2020 New Cases Submitted	1			22		
23			Balance Sheet	Cash Equivalents	\$267,906,499			23		
24				Pass-Through Liabilities	\$81,936,909			24		
25				Uncommitted Cash	\$185,969,590			25		
26				Working Capital	\$180,959,336			26		
27				Current Ratio %	181.7%		100%	27		
28								28		
29	2	Membership			Sep-21	Oct-20	Nov-20	%	Nov-20 Budget	29
30										30
31			Medi-Cal Members	Adults	36,301	37,071	37,638	14%	37,737	31
32				Children	93,378	93,982	94,620	34%	94,957	32
33				Seniors & Persons with Disabilities (SPDs)	26,178	26,250	26,314	10%	26,289	33
34				ACA Optional Expansion (ACA OE)	86,713	88,258	89,752	33%	89,853	34
35				Dual-Eligibles	18,607	18,848	18,990	7%	18,974	35
36										36
37				Total Medi-Cal	261,177	264,409	267,314	98%	267,809	37
38			IHSS Members	IHSS	6,011	6,009	5,982	2%	6,009	38
39			Total Membership	Medi-Cal and IHSS	267,188	270,418	273,296	100%	273,818	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	51,527	51,397	52,073	19%		41
42				Alameda Health System (Direct Assigned)	52,596	53,607	54,283	20%		42
43				Children's First Medical Group	30,803	31,173	31,336	11%		43
44				Community Health Center Network	96,219	97,528	98,274	36%		44
45				Kaiser Permanente	36,043	36,713	37,330	14%		45
46										46

Alameda Alliance for Health Operations Dashboard

- January-2021 -

ID	Section	Subject Area	Category	Performance Metric	Oct-20	Nov-20	Dec-20	%	Performance Goal	ID
47	3	Claims								47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	120,149	111,676	123,248			49
50				Number of Claims Paid	78,013	78,193	102,344			50
51				Number of Claims Denied	22,588	24,471	30,902			51
52				Inventory (Unfinalized Claims)	68,938	75,346	63,491			52
53				Pended Claims (Days)	14,349	17,103	20,580	32%		53
54				0-29 Calendar Days	14,240	16,834	20,083	32%		54
55				30-44 Calendar Days	107	237	492	1%		55
56				45-59 Calendar Days	2	32	4	0%		56
57				60-89 Calendar Days	0	0	1	0%		57
58				90-119 Calendar Days	0	0	0	0%		58
59				120 or more Calendar Days	0	0	0	0%		59
60				Total Claims Paid (dollars)	41,063,626	40,481,344	52,407,011			60
61				Interest Paid (Total Dollar)	22,564	43,302	24,896	0%		61
62				Auto Adjudication Rate (%)	78.5%	78.8%	75.9%		70%	62
63				Average Payment Turnaround (days)	18	18	19		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	1,814	1,774	2,769			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	99%	99%	98%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	100%		95%	67
68										68
69	4	Member Services								69
70										70
71			Member Call Center	Inbound Call Volume	14,759	11,678	11,376			71
72				Calls Answered in 30 Seconds %	65.0%	59.0%	64.0%		80.0%	72
73				Abandoned Call Rate %	5.0%	8.0%	5.0%		5.0% or less	73
74				Average Wait Time	01:07	01:46	01:11			74
75				Average Call Duration	06:55	07:00	06:44			75
76				Outbound Call Volume	9,425	8,139	8,264			76
77										77
78	5	Provider Services								78
79										79
80			Provider Call Center	Inbound Call Volume	5,982	4,463	5,479			80
81										81
82	6	Provider Contracting								82
83										83
84			Provider Network	Primary Care Physician	567	584	582			84
85				Specialist	6,933	6,952	6,960			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	63	63	63			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	10	10	10			89
90				Health Centers (FQHCs and Non-FQHCs)	67	67	67			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,445	1,463	1,457			92
93				Number of Providers Credentialed	1,445	1,463	1,457			93
94										94

Alameda Alliance for Health Operations Dashboard

- January-2021 -

ID	Section	Subject Area	Category	Performance Metric	Oct-20	Nov-20	Dec-20	%	Annual Budget	ID
95	7	Human Resources & Recruiting			Oct-20	Nov-20	Dec-20	%	Annual Budget	95
96										96
97			Employees	Total Employees	333	336	328		337	97
98				Full Time Employees	331	334	326	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	4	4	6			100
101				Separations	2	2	7			101
102				Open Positions	43	43	53	16%	10% or less	102
103				Signed Offer Letters Received	4	5	6			103
104				Recruiting in Process	39	38	47	13%		104
105										105
106			Non-Employee (Temps / Seasonal)		3	3	4			106
107										107
108	8	Compliance			Oct-20	Nov-20	Dec-20	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	100%	100%	99%		95%	110
111				% Overturned	24%	33%	30%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	99%	98%	99%		95%	113
114				Overall Expedited Grievance Compliance Rate % (3 calendar days)	100%	100%	100%		95%	114
115										115
116			Member Appeals	Overall Standard Appeal Compliance Rate (30 calendar days)	98%	100%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Oct-20	Nov-20	Dec-20		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	100.00%	100.00%	98.36%		99.99%	121
122				TruCare (Care Management System)	100.00%	100.00%	100.00%		99.99%	122
123				All Other Applications and Systems	100.00%	100.00%	100.00%		99.99%	123
124										124
125			Encounter Data	Inbound Trading Partners 837 (Trading Partner To AAH)						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				AAH Outbound 837 (AAH To DHCS)						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	93.7%	52.7%	93.8%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	98.4%	58.3%	98.8%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	93.1%	93.7%	93.7%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	96.7%	98.6%	98.5%		80.0%	132
133										133

Alameda Alliance for Health Operations Dashboard

- January-2021 -

ID	Section	Subject Area	Category	Performance Metric	Oct-20	Nov-20	Dec-20	Q4	Performance Goal	ID
134	10	Health Care Services								134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	99%	99%	99%	99%	95%	136
137				Medi-Cal %	99%	99%	99%	99%	95%	137
138				Group Care %	98%	97%	100%	98%	95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	3.5%	3.3%	2.9%			140
141				Denial Rate Excluding Partial Denials (%)	3.3%	3.2%	2.8%			141
142				Partial Denial Rate (%)	0.2%	0.1%	0.1%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	921	724	749	38%		144
145				Denied Prior Authorizations	689	540	663	34%		145
146				Closed Prior Authorizations	624	485	538	28%		146
147				Total Prior Authorizations	2,234	1,749	1,950			147
148										148
149					Sep-20	Oct-20	Nov-20			149
150										150
151			Inpatient Utilization	Days / 1000	244.4	225.5	209.1			151
152				Admits / 1000	54.9	50.5	49.7			152
153				Average Length of Stay	4.5	4.5	4.2			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	38.01	38.07	31.25			155
156										156
157			Case Management	<u>New Cases</u>						157
158				Care Coordination	244	251	200			158
159				Complex Case Management	33	32	52			159
160				Health Homes	13	7	9			160
161				Whole Person Care (AC3)	11	2	0			161
162				Total New Cases	301	292	261			162
163										163
164				<u>Open Cases</u>						164
165				Care Coordination	588	615	572			165
166				Complex Case Management	77	69	87			166
167				Total Open Cases	665	684	659			167
168										168
169				<u>Enrolled</u>						169
170				Health Homes	780	763	762			170
171				Whole Person Care (AC3)	244	241	239			171
172				Total Enrolled	1,024	1,004	1,001			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,689	1,688	1,660			174
175										175



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

Finance

Gil Riojas

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: January 8, 2021

Subject: Finance Report – November 2020

Executive Summary

- For the month ended November 30, 2020, the Alliance had enrollment of 273,296 members, a Net Income of \$367,000 and 571% of required Tangible Net Equity (TNE).

<u>Overall Results: (in Thousands)</u>		
	Month	YTD
Revenue	\$86,405	\$421,841
Medical Expense	81,470	413,324
Admin. Expense	4,600	24,077
Other Inc. / (Exp.)	31	149
Net Income	\$367	(\$15,411)

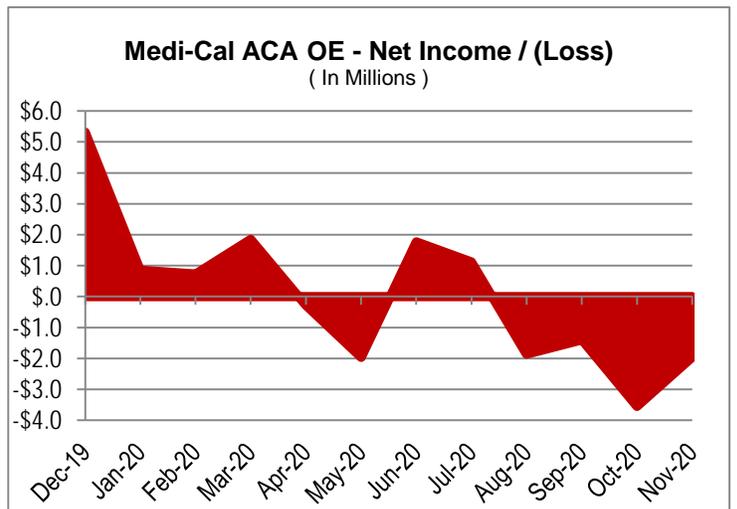
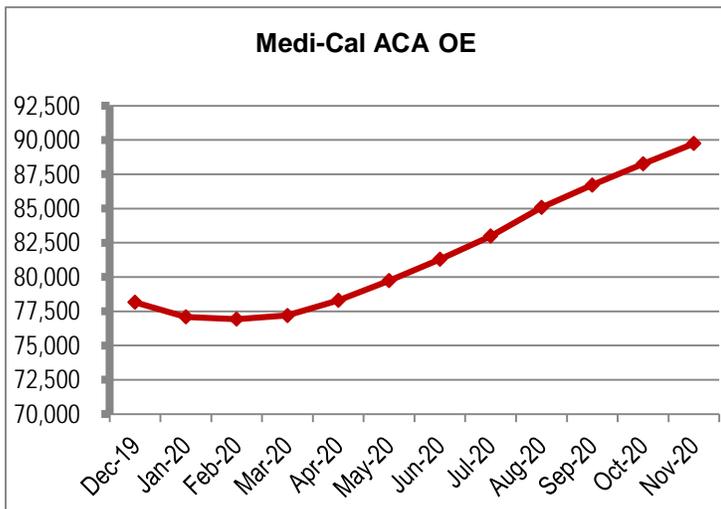
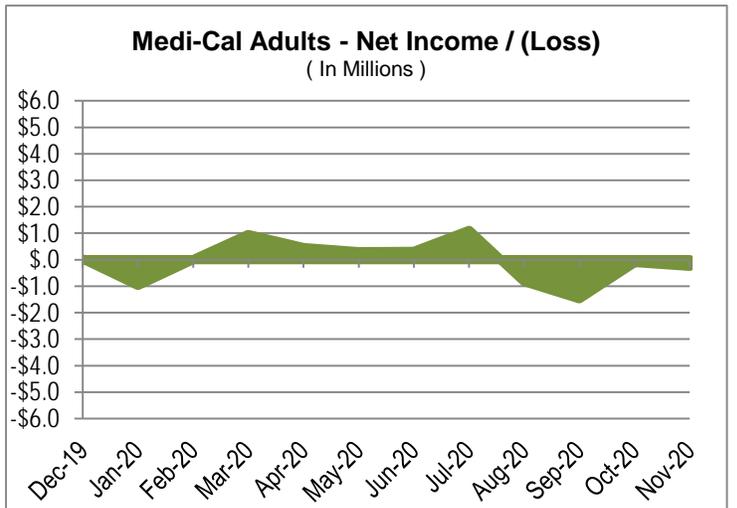
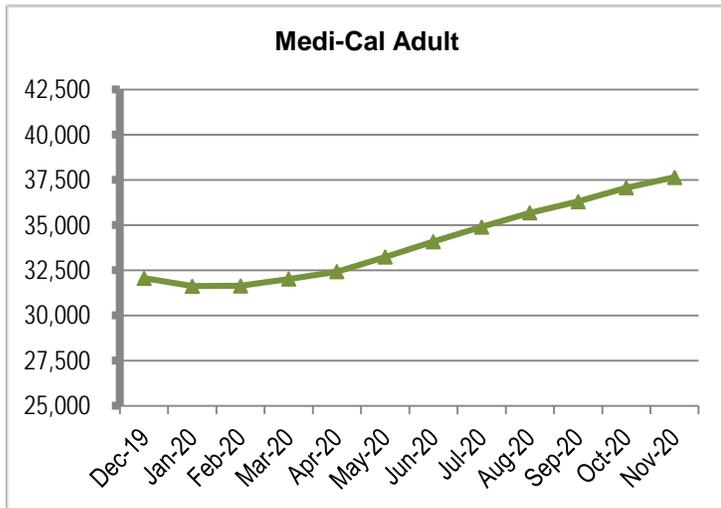
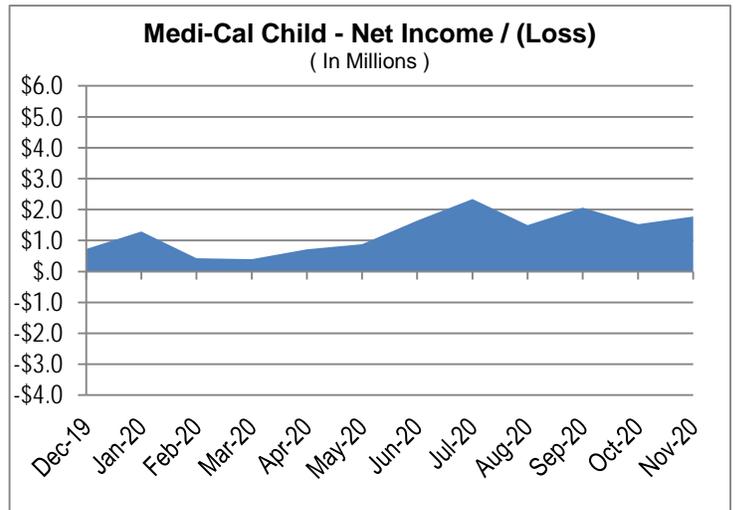
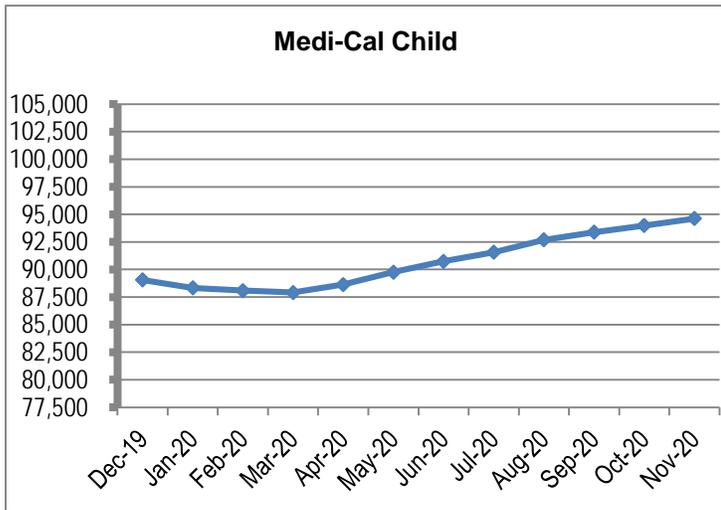
<u>Net Income by Program:</u>		
	Month	YTD
Medi-Cal	\$883	(\$14,479)
Group Care	(516)	(932)
	\$367	(\$15,411)

Enrollment

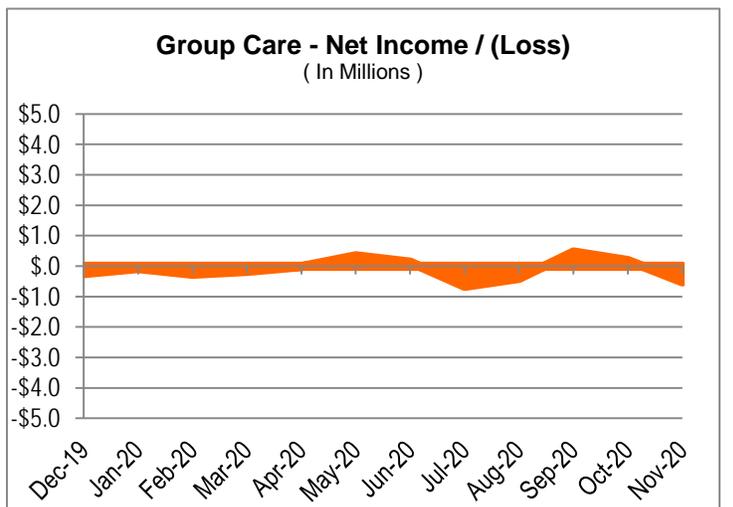
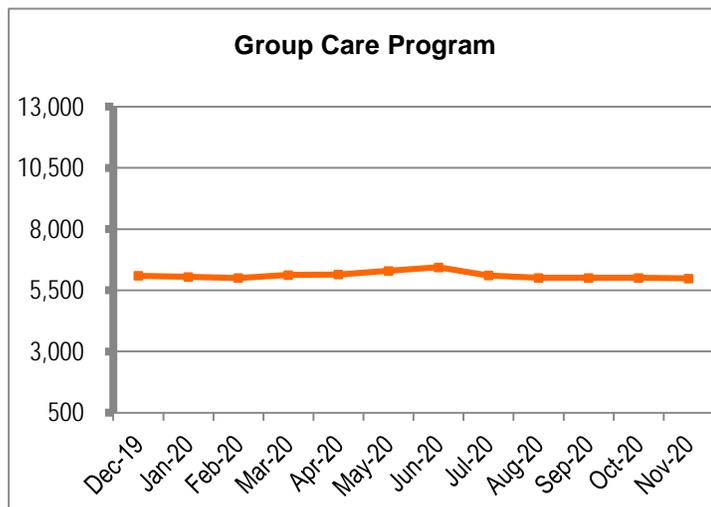
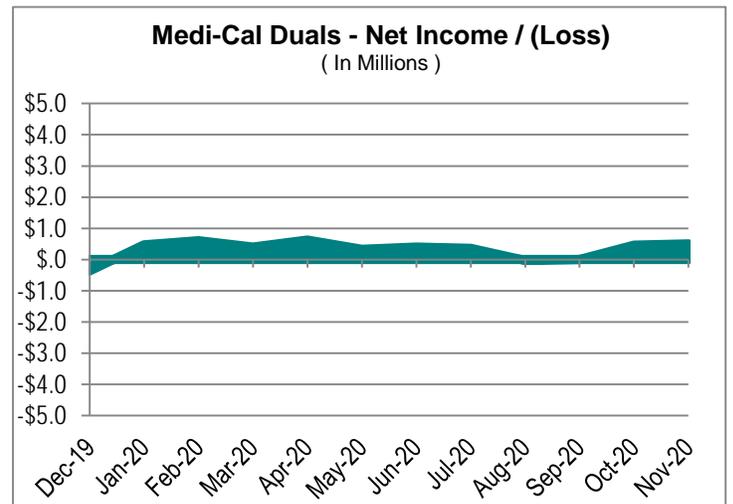
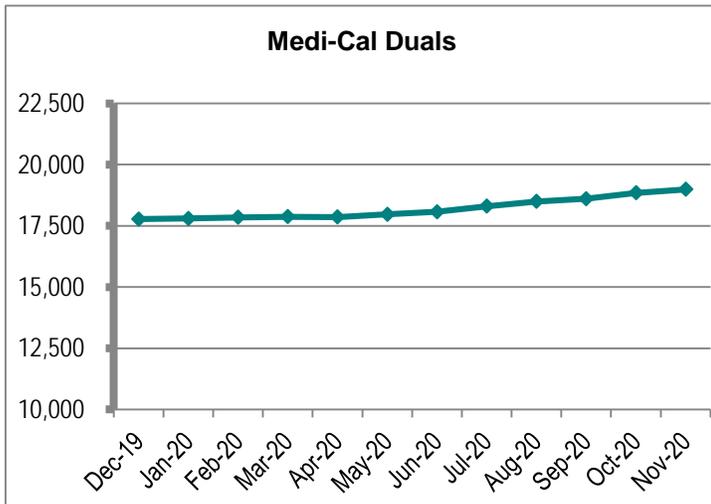
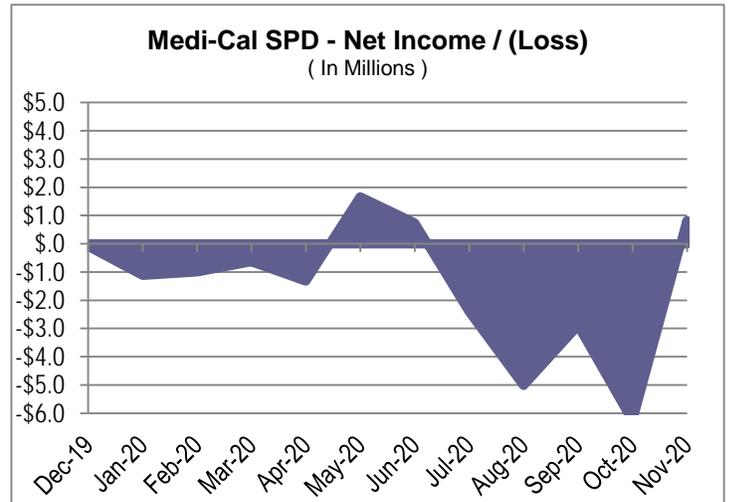
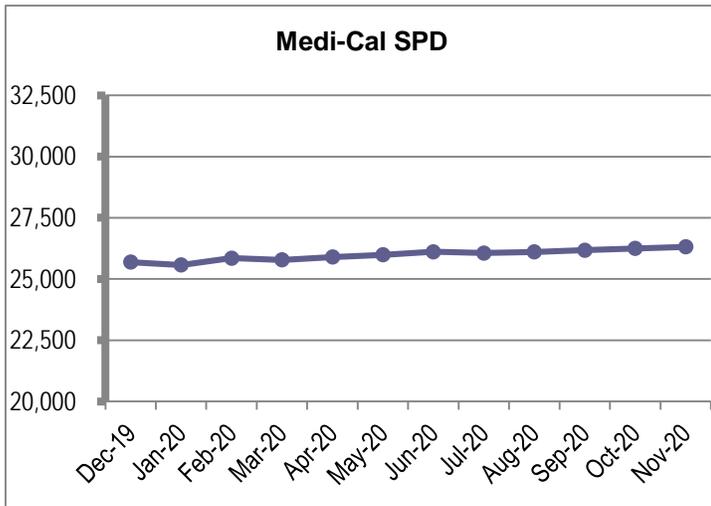
- Total enrollment increased by 2,878 members since October 2020.
- Total enrollment increased by 16,551 members since June 2020.

Monthly Membership and YTD Member Months								
Actual vs. Budget								
For the Month and Fiscal Year-to-Date								
Enrollment					Member Months			
November-2020					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
37,640	37,737	(97)	-0.3%	Medi-Cal:	181,612	181,709	(97)	-0.1%
94,620	94,957	(337)	-0.4%	Adult	466,242	466,579	(337)	-0.1%
26,314	26,289	25	0.1%	Child	130,880	130,855	25	0.0%
18,988	18,974	14	0.1%	SPD	93,233	93,219	14	0.0%
89,752	89,853	(101)	-0.1%	Duals	432,793	432,894	(101)	0.0%
267,314	267,809	(495)	-0.2%	ACA OE	1,304,760	1,305,255	(495)	0.0%
5,982	6,009	(27)	-0.4%	Medi-Cal Total	30,118	30,145	(27)	-0.1%
273,296	273,818	(522)	-0.2%	Group Care	1,334,878	1,335,400	(522)	0.0%
				Total				

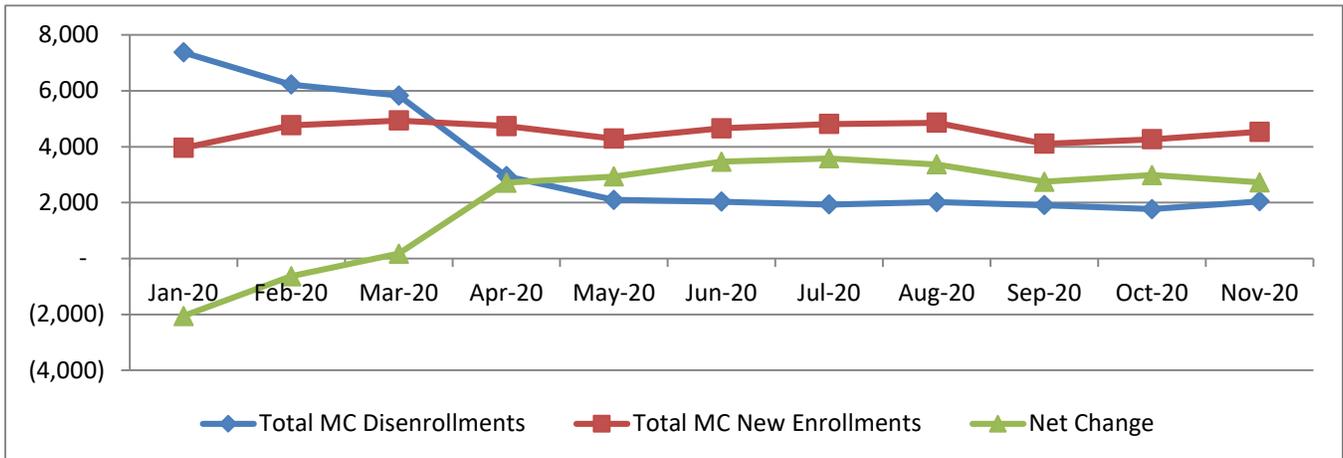
Enrollment and Profitability by Program and Category of Aid



Enrollment and Profitability by Program and Category of Aid



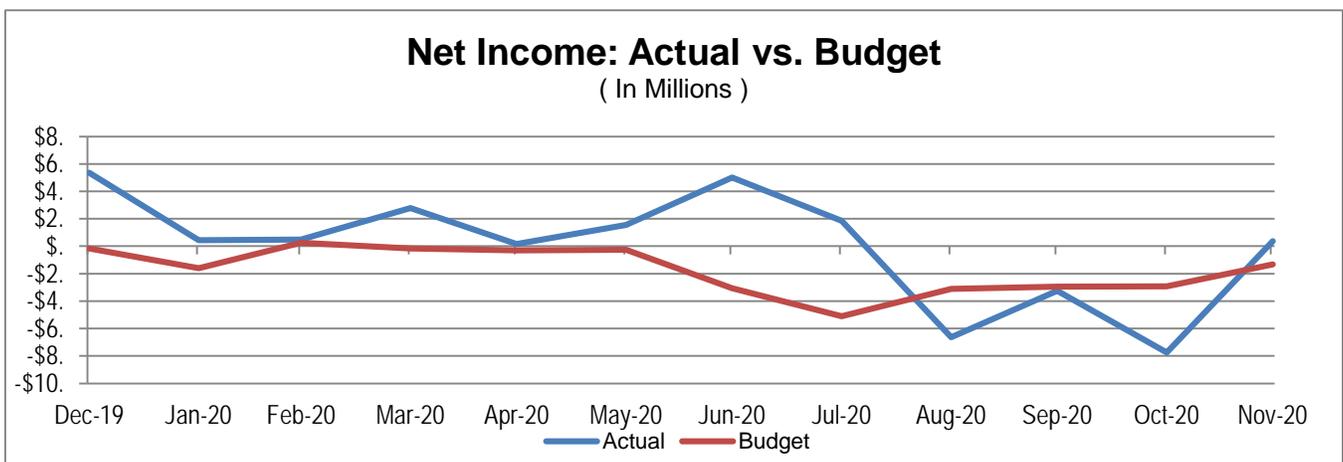
Disenrollment and New Enrollment



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

Net Income

- For the month ended November 30, 2020:
 - Actual Net Income: \$367,000 .
 - Budgeted Net Loss: \$1.3 million.
- For the fiscal YTD ended November 30, 2020:
 - Actual Net Loss: \$15.4 million.
 - Budgeted Net Loss: \$17.1 million.



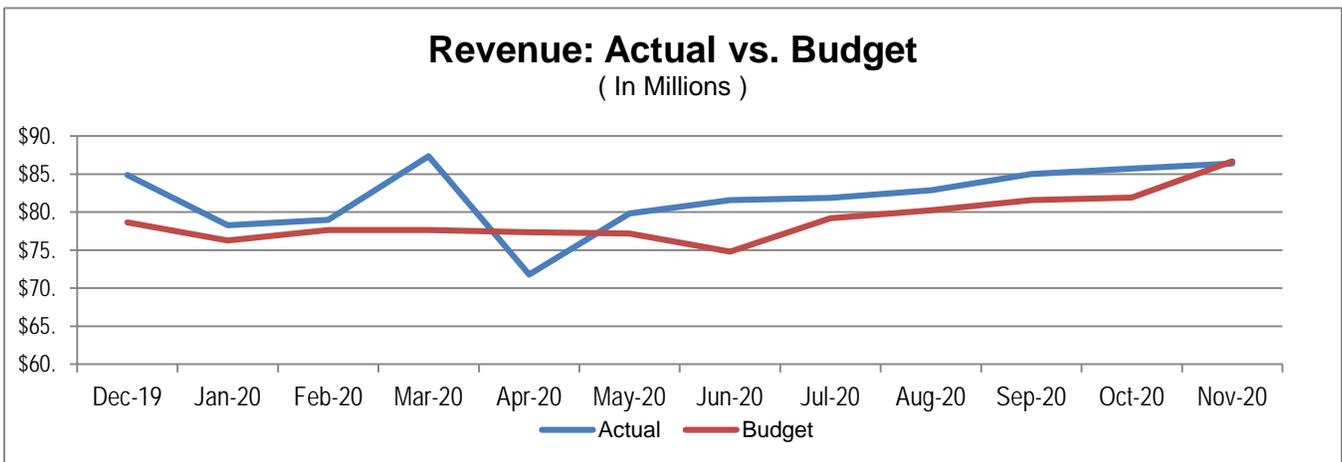
- The favorable variance of \$1.7 million in the current month is due to:

- Favorable \$1.2 million lower than anticipated Medical Expense.
- Favorable \$764,000 lower than anticipated Administrative Expense.
- Offset by:
- Unfavorable \$283,000 lower than anticipated Revenue.
- Unfavorable \$21,000 lower than anticipated Other Income & Expense.

Revenue

- For the month ended November 30, 2020:
 - Actual Revenue: \$86.4 million.
 - Budgeted Revenue: \$86.7 million.

- For the fiscal YTD ended November 30, 2020:
 - Actual Revenue: \$421.8 million.
 - Budgeted Revenue: \$422.1 million.

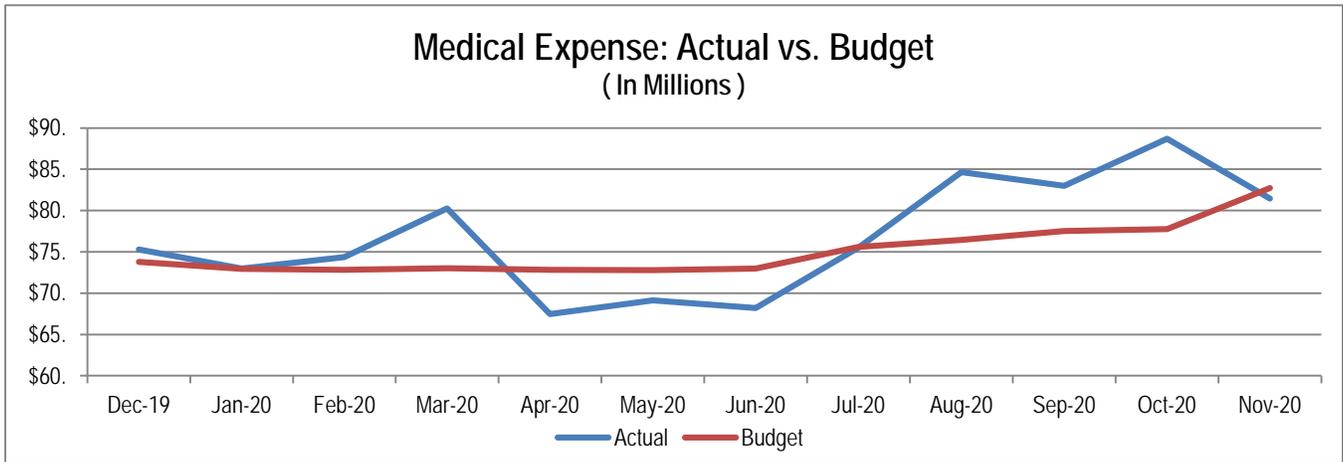


- For the month ended November 30, 2020, the unfavorable revenue variance of \$283,000 is mainly due to Actual Net Paid Enrollment below Budgeted Enrollment.

Medical Expense

- For the month ended November 30, 2020:
 - Actual Medical Expense: \$81.5 million.
 - Budgeted Medical Expense: \$82.7 million.

- For the fiscal YTD ended November 30, 2020:
 - Actual Medical Expense: \$413.3 million.
 - Budgeted Medical Expense: \$414.6 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 November, updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by \$846,000. Year-to-date, the estimate for prior years increased by \$349,000 (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	\$89,490,241	\$0	\$89,490,241	\$89,751,269	\$261,028	0.3%
Primary Care FFS	20,873,271	7,891	20,881,162	20,962,761	\$89,489	0.4%
Specialty Care FFS	22,054,143	175,586	22,229,729	21,832,305	(\$221,837)	-1.0%
Outpatient FFS	38,376,300	107,009	38,483,309	38,759,539	\$383,239	1.0%
Ancillary FFS	19,756,247	81,807	19,838,054	19,346,793	(\$409,454)	-2.1%
Pharmacy FFS	71,287,103	(30,836)	71,256,267	71,471,664	\$184,561	0.3%
ER Services FFS	17,906,302	1,641	17,907,943	17,940,705	\$34,403	0.2%
Inpatient Hospital & SNF FFS	124,072,239	5,709	124,077,948	124,427,183	\$354,944	0.3%
Other Benefits & Services	9,204,976	0	9,204,976	9,636,992	\$432,016	4.5%
Net Reinsurance	(462,113)	0	(462,113)	19,108	\$481,221	2518.5%
Provider Incentive	416,666	0	416,666	416,662	(\$4)	0.0%
	\$412,975,376	\$348,807	\$413,324,183	\$414,564,981	\$1,589,605	0.4%

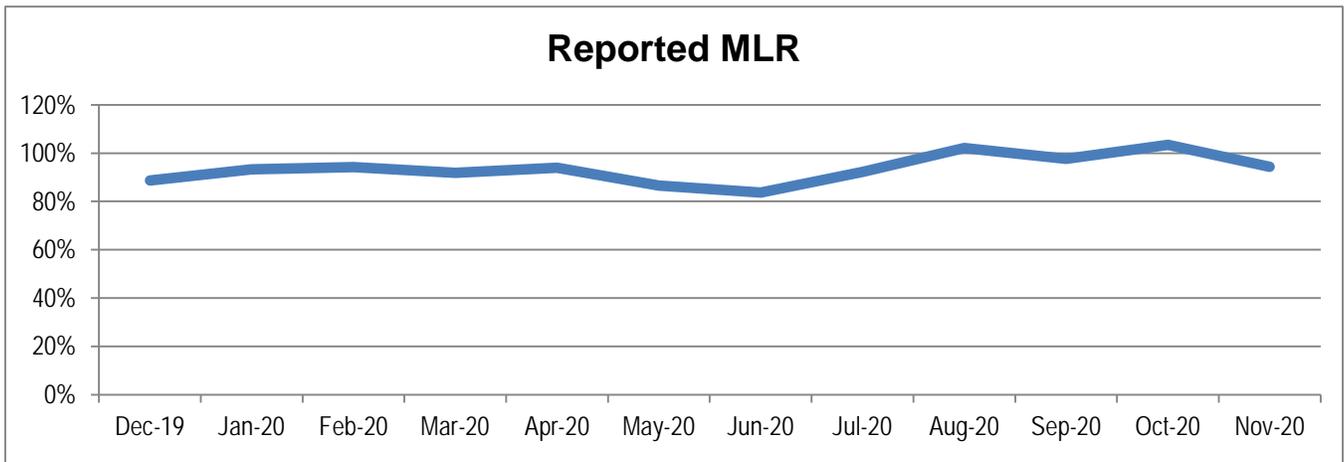
Medical Expense - Actual vs. Budget (Per Member Per Month)							
Adjusted to Eliminate the Impact of Prior Year IBNP Estimates							
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)		
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%	
Capitated Medical Expense	\$67.04	\$0.00	\$67.04	\$67.21	\$0.17	0.3%	
Primary Care FFS	15.64	0.01	15.64	15.70	0.06	0.4%	
Specialty Care FFS	16.52	0.13	16.65	16.35	(0.17)	-1.1%	
Outpatient FFS	28.75	0.08	28.83	29.02	0.28	1.0%	
Ancillary FFS	14.80	0.06	14.86	14.49	(0.31)	-2.2%	
Pharmacy FFS	53.40	(0.02)	53.38	53.52	0.12	0.2%	
ER Services FFS	13.41	0.00	13.42	13.43	0.02	0.2%	
Inpatient Hospital & SNF FFS	92.95	0.00	92.95	93.18	0.23	0.2%	
Other Benefits & Services	6.90	0.00	6.90	7.22	0.32	4.4%	
Net Reinsurance	(0.35)	0.00	(0.35)	0.01	0.36	2519.4%	
Provider Incentive	0.31	0.00	0.31	0.31	(0.00)	0.0%	
	\$309.37	\$0.26	\$309.63	\$310.44	\$1.07	0.3%	

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$1.6 million favorable to budget. On a PMPM basis, medical expense is favorable to budget by 0.4%.
 - Net Reinsurance is lower than budget due to substantial recoveries received, most of which are related to prior year.
 - Other Benefits & Services are under budget, primarily due to vacancies and Leave of Absences in the Clinical Organization, lower use of temps, delayed hiring of consultants, lower Care Connect utilization, lower interpreter services utilization, decrease in advanced medical reviews, and timing of member health education; partially offset by higher payouts for Health Homes driven by a higher % of enrollees in the Peak Tier.
 - Ancillary Expense is higher than budget, primarily due to Ambulance and Non-Emergency Transportation expenses, partially offset by favorability in all other expenses (Home Health, DME and Other Medical Supplies, Hospice, Lab & Radiology, CBAS). Overall utilization is unfavorable, partially offset by favorable unit cost.
 - Outpatient Expense is under budget, driven by favorable rate variance.
 - Behavioral Health: favorable due to favorable utilization, partially offset by unfavorable unit cost trends.
 - Lab & Radiology: favorable due to favorable utilization, partially offset by unfavorable unit cost trends.
 - Dialysis: unfavorable due to unfavorable unit cost, partially offset by favorable utilization.
 - Facility-Other: unfavorable due to unfavorable utilization, partially offset by favorable unit cost.

- Inpatient Expense is under budget, driven by favorable utilization, partially offset by favorable unit cost. SPD was substantially favorable driven by acute care expenses. ACA OE was substantially unfavorable due to unfavorable utilization and unit cost. Other COAs were favorable.
- Capitated Expense is under budget primarily due to Lower Transportation utilization.
- Specialty Care is higher than budget due to unfavorable utilization, partially offset by favorable unit costs. Expenses across all COAs are unfavorable except for DUALs and Child.
- Pharmacy Expense is lower than budget driven by favorable PBM and unfavorable Non-PBM expense. PBM favorable expense is driven by favorable unit cost across all COAs except for Child, partially offset by unfavorable utilization in Child, SPD, and Group Care. Non-PBM unfavorable expense is driven by unfavorable utilization across all COAs except for Child, partially offset by favorable unit cost across all member type except for Child.
- Primary Care Expense is under budget due to favorable utilization, partially offset by unfavorable unit cost across all categories.
- Emergency Room Expense is lower than planned, due to favorable utilization, partially offset by unfavorable unit cost across all COAs except for ACA OE (which has less favorable utilization and more unfavorable unit cost).

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 94.3% for the month and 98.0% for the fiscal year-to-date.



Administrative Expense

- For the month ended November 30, 2020:
 - Actual Administrative Expense: \$4.6 million.
 - Budgeted Administrative Expense: \$5.4 million.

- For the fiscal YTD ended November 30, 2020:
 - Actual Administrative Expense: \$24.1 million.
 - Budgeted Administrative Expense: \$24.8 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 %
\$2,693,045	\$2,639,993	(\$53,052)	-2.0%	Employee Expense	\$13,016,376	\$12,963,327	(\$53,048)	-0.4%
671,758	626,120	(45,638)	-7.3%	Medical Benefits Admin Expense	3,190,934	3,145,295	(45,639)	-1.5%
448,957	806,219	357,262	44.3%	Purchased & Professional Services	3,451,501	3,808,762	357,261	9.4%
785,861	1,290,834	504,973	39.1%	Other Admin Expense	4,418,073	4,923,049	504,976	10.3%
\$4,599,621	\$5,363,166	\$763,545	14.2%	Total Administrative Expense	\$24,076,884	\$24,840,433	\$763,550	3.1%

- The YTD favorable variance is primarily due to the postponement of the planned Provider Sustainability Fund payout of \$8.3 million (discussions with the Board regarding the Sustainability Fund continue, the budget will be moved to begin in January 2021).

- Additional favorable variances include:
 - Delayed timing of new project start dates in Consultants, Computer Support Services and Purchased Services.
 - Delay in Capital Expense purchases.
 - Savings in Licenses and Subscriptions as the result of the delay in new project starts.
 - Savings in Printing / Postage Activities.

- Administrative expense represented 5.3% of net revenue for the month and 5.7% of net revenue year-to-date.

Other Income / (Expense)

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

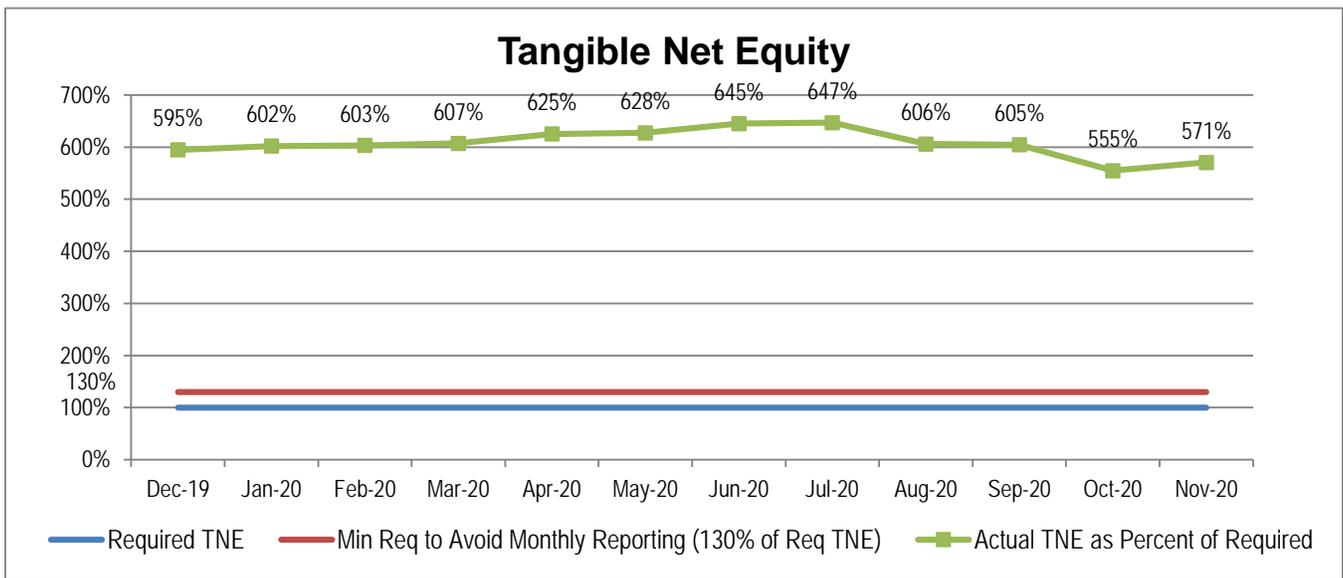
- Fiscal year-to-date interest income from investments is \$363,000.

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

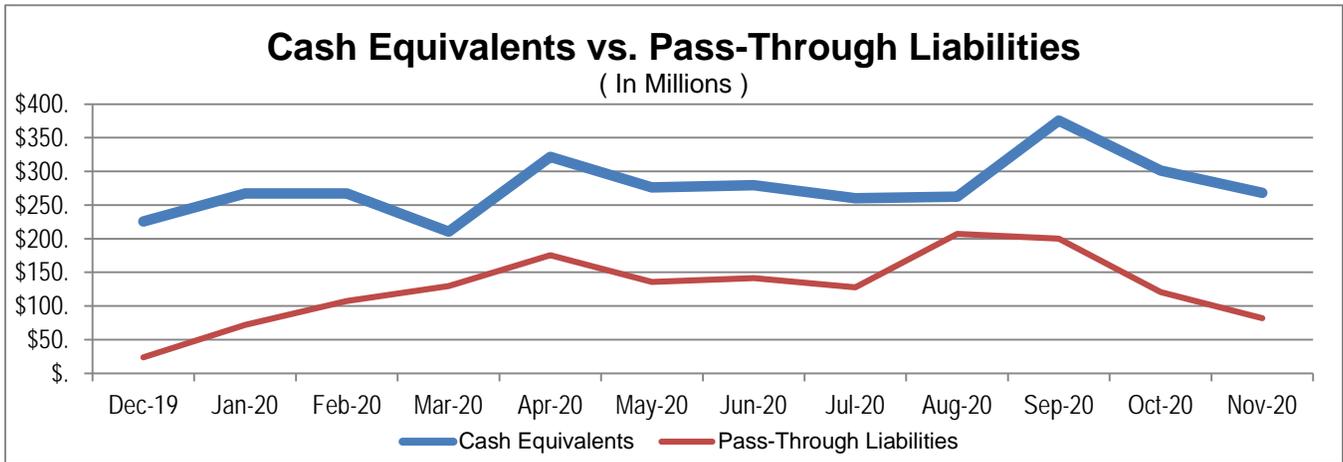
Tangible Net Equity (TNE)

- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company’s total tangible assets minus the company’s total liabilities. The Alliance exceeds DMHC’s required TNE.

- Required TNE \$33.4 million
- Actual TNE \$190.8 million
- Excess TNE \$157.3 million
- TNE as % of Required TNE 571%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments and highly liquid money market funds.
- Key Metrics
 - Cash & Cash Equivalents \$267.9 million
 - Pass-Through Liabilities \$81.9 million
 - Uncommitted Cash \$186.0 million
 - Working Capital \$181.0 million
 - Current Ratio 1.82 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: \$363,000.
- Annual capital budget: \$2.5 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2020

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
267,314	267,809	(495)	(0.2%)	MEMBERSHIP				
5,982	6,009	(27)	(0.4%)	1 - Medi-Cal	1,304,760	1,305,255	(495)	0.0%
				2 - Group Care	30,118	30,145	(27)	(0.1%)
273,296	273,818	(522)	(0.2%)	3 - Total Member Months	1,334,878	1,335,400	(522)	0.0%
				REVENUE				
\$86,404,868	\$86,688,183	(\$283,315)	(0.3%)	4 - TOTAL REVENUE	\$421,841,411	\$422,124,735	(\$283,324)	(0.1%)
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
18,750,376	19,011,342	260,966	1.4%	5 - Capitated Medical Expense	89,490,254	89,751,225	260,971	0.3%
				Fee for Service Medical Expenses:				
23,482,776	23,832,006	349,230	1.5%	6 - Inpatient Hospital & SNF FFS Expense	124,077,950	124,427,180	349,230	0.3%
4,124,010	4,205,612	81,602	1.9%	7 - Primary Care Physician FFS Expense	20,881,163	20,962,766	81,603	0.4%
4,755,505	4,358,084	(397,421)	(9.1%)	8 - Specialty Care Physician Expense	22,229,729	21,832,306	(397,423)	(1.8%)
3,852,722	3,361,465	(491,257)	(14.6%)	9 - Ancillary Medical Expense	19,838,050	19,346,793	(491,257)	(2.5%)
7,574,011	7,850,232	276,221	3.5%	10 - Outpatient Medical Expense	38,483,315	38,759,536	276,221	0.7%
3,464,250	3,497,010	32,760	0.9%	11 - Emergency Expense	17,907,942	17,940,703	32,761	0.2%
14,013,135	14,228,532	215,397	1.5%	12 - Pharmacy Expense	71,256,267	71,471,665	215,398	0.3%
61,266,410	61,332,941	66,531	0.1%	13 - Total Fee for Service Expense	314,674,415	314,740,949	66,534	0.0%
1,721,557	2,153,573	432,017	20.1%	14 - Other Benefits & Services	9,204,975	9,636,992	432,017	4.5%
(352,126)	129,091	481,217	372.8%	15 - Reinsurance Expense	(462,110)	19,109	481,219	2,518.3%
83,333	83,335	2	0.0%	16 - Risk Pool Distribution	416,665	416,667	2	0.0%
81,469,549	82,710,282	1,240,733	1.5%	17 - TOTAL MEDICAL EXPENSES	413,324,199	414,564,942	1,240,743	0.3%
4,935,319	3,977,901	957,418	24.1%	18 - GROSS MARGIN	8,517,213	7,559,794	957,419	12.7%
				ADMINISTRATIVE EXPENSES				
2,693,043	2,639,993	(53,049)	(2.0%)	19 - Personnel Expense	13,016,376	12,963,327	(53,050)	(0.4%)
671,758	626,120	(45,638)	(7.3%)	20 - Benefits Administration Expense	3,190,933	3,145,296	(45,638)	(1.5%)
448,956	806,218	357,263	44.3%	21 - Purchased & Professional Services	3,451,500	3,808,763	357,263	9.4%
785,860	1,290,835	504,975	39.1%	22 - Other Administrative Expense	4,418,074	4,923,049	504,975	10.3%
4,599,616	5,363,167	763,550	14.2%	23 -Total Administrative Expense	24,076,884	24,840,434	763,550	3.1%
335,702	(1,385,266)	1,720,968	124.2%	24 - NET OPERATING INCOME / (LOSS)	(15,559,671)	(17,280,640)	1,720,969	10.0%
				OTHER INCOME / EXPENSE				
31,004	52,163	(21,159)	(40.6%)	25 - Total Other Income / (Expense)	148,530	169,689	(21,159)	(12.5%)
\$366,707	(\$1,333,103)	\$1,699,810	127.5%	26 - NET INCOME / (LOSS)	(\$15,411,141)	(\$17,110,951)	\$1,699,811	9.9%
5.3%	6.2%	0.9%	14.0%	27 - Admin Exp % of Revenue	5.7%	5.9%	0.2%	3.0%

**ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2021
CURRENT MONTH VS. PRIOR MONTH
November 30, 2020**

	<u>November</u>	<u>October</u>	<u>Difference</u>	<u>% Difference</u>
CURRENT ASSETS:				
Cash & Equivalents				
Cash	\$28,377,620	\$43,911,665	(\$15,534,044)	-35.38%
Short-Term Investments	239,528,879	257,136,787	(17,607,908)	-6.85%
Interest Receivable	2,028	1,392	637	45.74%
Other Receivables - Net	126,524,935	124,924,615	1,600,320	1.28%
Prepaid Expenses	4,466,666	4,264,430	202,236	4.74%
Prepaid Inventoried Items	4,867	4,767	100	2.10%
CalPERS Net Pension Asset	(832,801)	(832,801)	0	0.00%
Deferred CalPERS Outflow	4,303,523	4,303,523	0	0.00%
TOTAL CURRENT ASSETS	402,375,718	433,714,378	(31,338,659)	-7.23%
OTHER ASSETS:				
Restricted Assets	350,000	350,000	0	0.00%
TOTAL OTHER ASSETS	350,000	350,000	0	0.00%
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,713,866	9,713,866	0	0.00%
Furniture And Equipment	15,124,880	15,088,671	36,210	0.24%
Leasehold Improvement	924,350	924,350	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	42,587,098	42,550,888	36,210	0.09%
Less: Accumulated Depreciation	(33,132,760)	(32,957,962)	(174,797)	0.53%
NET PROPERTY AND EQUIPMENT	9,454,338	9,592,926	(138,588)	-1.44%
TOTAL ASSETS	\$412,180,056	\$443,657,304	(\$31,477,247)	-7.09%
CURRENT LIABILITIES:				
Accounts Payable	\$3,238,831	\$2,618,202	\$620,629	23.70%
Pass-Through Liabilities	81,936,909	120,780,290	(38,843,382)	-32.16%
Claims Payable	18,197,868	17,911,449	286,419	1.60%
IBNP Reserves	97,909,168	92,015,919	5,893,249	6.40%
Payroll Liabilities	3,958,278	3,842,480	115,797	3.01%
CalPERS Deferred Inflow	1,627,670	1,627,670	0	0.00%
Risk Sharing	4,066,517	3,983,184	83,333	2.09%
Provider Grants/ New Health Program	10,481,143	10,481,143	0	0.00%
TOTAL CURRENT LIABILITIES	221,416,382	253,260,336	(31,843,954)	-12.57%
TOTAL LIABILITIES	221,416,382	253,260,336	(31,843,954)	-12.57%
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	205,334,582	205,334,582	0	0.00%
Year-to Date Net Income / (Loss)	(15,411,141)	(15,777,847)	366,707	-2.32%
TOTAL NET WORTH	190,763,674	190,396,968	366,707	0.19%
TOTAL LIABILITIES AND NET WORTH	\$412,180,056	\$443,657,304	(\$31,477,247)	-7.09%

CONFIDENTIAL
For Management and Internal Purposes Only.

BALSHEET 2021

12/22/20
REPORT #3

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 11/30/2020

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	\$82,736,194	\$369,408,938	\$514,180,076	\$530,391,382
Commercial Premium Revenue	2,256,782	7,164,602	13,481,479	11,281,714
Other Income	297,617	1,208,984	2,781,323	2,085,692
Investment Income	72,820	125,950	387,020	304,306
Cash Paid To:				
Medical Expenses	(75,691,742)	(233,846,914)	(450,538,368)	(387,014,176)
Vendor & Employee Expenses	(3,934,031)	(13,116,259)	(34,389,372)	(21,998,971)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	<u>5,737,640</u>	<u>130,945,301</u>	<u>45,902,158</u>	<u>135,049,947</u>
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(36,210)	(38,847)	(573,795)	(363,141)
Net Cash Provided By (Used In) Financing Activities	<u>(36,210)</u>	<u>(38,847)</u>	<u>(573,795)</u>	<u>(363,141)</u>
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	(38,843,382)	(125,251,991)	(53,679,230)	(146,455,393)
Net Cash Provided By (Used In) Investing Activities	<u>(38,843,382)</u>	<u>(125,251,991)</u>	<u>(53,679,230)</u>	<u>(146,455,393)</u>
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	(33,141,952)	5,654,463	(8,350,867)	(11,768,587)
Cash @ Beginning of Period	301,048,452	262,252,036	276,257,366	279,675,085
Subtotal	\$267,906,500	\$267,906,499	\$267,906,499	\$267,906,498
Rounding	(1)	0	0	1
Cash @ End of Period	\$267,906,499	\$267,906,499	\$267,906,499	\$267,906,499

RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:

Net Income / (Loss)	\$366,707	(\$10,626,470)	(\$10,384,725)	(\$15,411,141)
Depreciation	174,797	534,222	1,116,487	920,742
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(1,600,957)	120,549,068	25,719,748	121,271,040
Prepaid Expenses	(202,336)	77,148	1,357,183	481,775
Trade Payables	620,629	728,767	(4,004,711)	363,850
Claims payable & IBNP	6,263,002	20,612,991	22,440,599	25,325,961
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	115,797	(930,424)	9,657,577	2,097,721
Subtotal	<u>5,737,639</u>	<u>130,945,302</u>	<u>45,902,158</u>	<u>135,049,948</u>
Rounding	1	(1)	0	(1)
Cash Flows from Operating Activities	\$5,737,640	\$130,945,301	\$45,902,158	\$135,049,947
Rounding Difference	1	(1)	0	(1)

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 11/30/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	\$2,256,782	\$7,164,602	\$13,481,479	\$11,281,714
Total	2,256,782	7,164,602	13,481,479	11,281,714
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	83,851,319	248,740,491	487,629,666	408,473,658
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(1,115,125)	120,668,447	26,550,410	121,917,724
Total	82,736,194	369,408,938	514,180,076	530,391,382
Investment & Other Income Cash Flows				
Other Revenue (Grants)	297,617	1,208,984	2,781,323	2,085,692
Interest Income	73,457	126,015	377,778	305,052
Interest Receivable	(637)	(65)	9,242	(746)
Total	370,437	1,334,934	3,168,343	2,389,998
Medical & Hospital Cash Flows				
Total Medical Expenses	(81,469,549)	(253,165,591)	(482,027,383)	(413,324,199)
Other Receivable	(485,195)	(119,314)	(839,904)	(645,938)
Claims Payable	286,419	2,477,553	(634,051)	3,593,268
IBNP Payable	5,893,249	17,885,440	23,434,862	23,817,793
Risk Share Payable	83,333	249,999	(360,212)	(2,085,100)
Health Program	0	(1,175,000)	9,888,320	1,630,000
Other Liabilities	1	(1)	0	0
Total	(75,691,742)	(233,846,914)	(450,538,368)	(387,014,176)
Administrative Cash Flows				
Total Administrative Expenses	(4,642,918)	(14,700,972)	(32,627,588)	(24,233,059)
Prepaid Expenses	(202,336)	77,148	220,035	481,775
CalPERS Pension Asset	0	0	940,521	0
CalPERS Deferred Outflow	0	0	196,627	0
Trade Accounts Payable	620,629	728,767	(4,004,711)	363,850
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	115,797	244,576	(230,743)	467,721
Depreciation Expense	174,797	534,222	1,116,487	920,742
Total	(3,934,031)	(13,116,259)	(34,389,372)	(21,998,971)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	5,737,640	130,945,301	45,902,158	135,049,947

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 11/30/2020**

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(38,843,382)	(125,251,991)	(53,679,230)	(146,455,393)
Restricted Cash	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	(38,843,382)	(125,251,991)	(53,679,230)	(146,455,393)
Fixed Asset Cash Flows				
Depreciation expense	174,797	534,222	1,116,487	920,742
Fixed Asset Acquisitions	(36,210)	(38,847)	(573,795)	(363,141)
Change in A/D	<u>(174,797)</u>	<u>(534,222)</u>	<u>(1,116,487)</u>	<u>(920,742)</u>
	(36,210)	(38,847)	(573,795)	(363,141)
Total Cash Flows from Investing Activities	<u>(38,879,592)</u>	<u>(125,290,838)</u>	<u>(54,253,025)</u>	<u>(146,818,534)</u>
Financing Cash Flows				
Subordinated Debt Proceeds	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Cash Flows	<u>(33,141,952)</u>	<u>5,654,463</u>	<u>(8,350,867)</u>	<u>(11,768,587)</u>
Rounding	(1)	0	0	1
Cash @ Beginning of Period	<u>301,048,452</u>	<u>262,252,036</u>	<u>276,257,366</u>	<u>279,675,085</u>
Cash @ End of Period	<u>\$267,906,499</u>	<u>\$267,906,499</u>	<u>\$267,906,499</u>	<u>\$267,906,499</u>
Difference (rounding)	0	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 11/30/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	\$366,707	(\$10,626,470)	(\$10,384,725)	(\$15,411,141)
Add back: Depreciation	174,797	534,222	1,116,487	920,742
Receivables				
Premiums Receivable	(1,115,125)	120,668,447	26,550,410	121,917,724
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(637)	(65)	9,242	(746)
Other Receivable	(485,195)	(119,314)	(839,904)	(645,938)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	<u>(1,600,957)</u>	<u>120,549,068</u>	<u>25,719,748</u>	<u>121,271,040</u>
Prepaid Expenses	(202,336)	77,148	1,357,183	481,775
Trade Payables	620,629	728,767	(4,004,711)	363,850
Claims Payable, IBNR & Risk Share				
IBNP	5,893,249	17,885,440	23,434,862	23,817,793
Claims Payable	286,419	2,477,553	(634,051)	3,593,268
Risk Share Payable	83,333	249,999	(360,212)	(2,085,100)
Other Liabilities	1	(1)	0	0
Total	<u>6,263,002</u>	<u>20,612,991</u>	<u>22,440,599</u>	<u>25,325,961</u>
Unearned Revenue				
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	115,797	244,576	(230,743)	467,721
Health Program	0	(1,175,000)	9,888,320	1,630,000
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	<u>115,797</u>	<u>(930,424)</u>	<u>9,657,577</u>	<u>2,097,721</u>
Cash Flows from Operating Activities	<u>\$5,737,639</u>	<u>\$130,945,302</u>	<u>\$45,902,158</u>	<u>\$135,049,948</u>
Difference (rounding)	(1)	1	0	1

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

**GAAP BASIS
FOR THE MONTH OF NOVEMBER 2020**

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	94,620	37,640	26,314	89,752	18,988	267,314	5,982	273,296
Net Revenue	\$11,483,745	\$11,868,856	\$25,383,512	\$32,221,632	\$3,190,339	\$84,148,083	\$2,256,785	\$86,404,868
Medical Expense	\$9,314,640	\$11,530,249	\$23,038,891	\$32,440,528	\$2,541,710	\$78,866,018	\$2,603,531	\$81,469,549
Gross Margin	\$2,169,105	\$338,607	\$2,344,620	(\$218,896)	\$648,628	\$5,282,065	(\$346,746)	\$4,935,319
Administrative Expense	\$393,725	\$595,539	\$1,532,316	\$1,762,185	\$144,261	\$4,428,026	\$171,590	\$4,599,616
Operating Income / (Expense)	\$1,775,380	(\$256,932)	\$812,305	(\$1,981,081)	\$504,367	\$854,039	(\$518,336)	\$335,702
Other Income / (Expense)	\$4,986	\$4,480	\$8,316	\$14,714	(\$3,536)	\$28,960	\$2,044	\$31,004
Net Income / (Loss)	\$1,780,366	(\$252,452)	\$820,621	(\$1,966,367)	\$500,831	\$882,999	(\$516,292)	\$366,707
Revenue PMPM	\$121.37	\$315.33	\$964.64	\$359.01	\$168.02	\$314.79	\$377.26	\$316.16
Medical Expense PMPM	\$98.44	\$306.33	\$875.54	\$361.45	\$133.86	\$295.03	\$435.23	\$298.10
Gross Margin PMPM	\$22.92	\$9.00	\$89.10	(\$2.44)	\$34.16	\$19.76	(\$57.96)	\$18.06
Administrative Expense PMPM	\$4.16	\$15.82	\$58.23	\$19.63	\$7.60	\$16.56	\$28.68	\$16.83
Operating Income / (Expense) PMPM	\$18.76	(\$6.83)	\$30.87	(\$22.07)	\$26.56	\$3.19	(\$86.65)	\$1.23
Other Income / (Expense) PMPM	\$0.05	\$0.12	\$0.32	\$0.16	(\$0.19)	\$0.11	\$0.34	\$0.11
Net Income / (Loss) PMPM	\$18.82	(\$6.71)	\$31.19	(\$21.91)	\$26.38	\$3.30	(\$86.31)	\$1.34
Medical Loss Ratio	81.1%	97.1%	90.8%	100.7%	79.7%	93.7%	115.4%	94.3%
Gross Margin Ratio	18.9%	2.9%	9.2%	-0.7%	20.3%	6.3%	-15.4%	5.7%
Administrative Expense Ratio	3.4%	5.0%	6.0%	5.5%	4.5%	5.3%	7.6%	5.3%
Net Income Ratio	15.5%	-2.1%	3.2%	-6.1%	15.7%	1.0%	-22.9%	0.4%

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

**GAAP BASIS
FOR THE FISCAL YEAR TO DATE - NOVEMBER 2020**

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	466,242	181,612	130,880	432,793	93,233	1,304,760	30,118	1,334,878
Net Revenue	\$55,528,124	\$56,696,330	\$126,234,972	\$156,510,340	\$15,589,856	\$410,559,622	\$11,281,789	\$421,841,411
Medical Expense	\$44,410,551	\$55,053,365	\$133,785,812	\$155,164,271	\$13,511,248	\$401,925,248	\$11,398,951	\$413,324,199
Gross Margin	\$11,117,572	\$1,642,965	(\$7,550,840)	\$1,346,069	\$2,078,609	\$8,634,374	(\$117,162)	\$8,517,213
Administrative Expense	\$1,921,560	\$3,230,238	\$8,261,875	\$9,088,507	\$756,107	\$23,258,287	\$818,597	\$24,076,884
Operating Income / (Expense)	\$9,196,013	(\$1,587,273)	(\$15,812,716)	(\$7,742,438)	\$1,322,502	(\$14,623,913)	(\$935,758)	(\$15,559,672)
Other Income / (Expense)	\$17,377	\$20,412	\$49,643	\$67,489	(\$10,324)	\$144,596	\$3,935	\$148,530
Net Income / (Loss)	\$9,213,389	(\$1,566,861)	(\$15,763,073)	(\$7,674,949)	\$1,312,177	(\$14,479,317)	(\$931,823)	(\$15,411,141)
Revenue PMPM	\$119.10	\$312.18	\$964.51	\$361.63	\$167.21	\$314.66	\$374.59	\$316.01
Medical Expense PMPM	\$95.25	\$303.14	\$1,022.20	\$358.52	\$144.92	\$308.05	\$378.48	\$309.63
Gross Margin PMPM	\$23.85	\$9.05	(\$57.69)	\$3.11	\$22.29	\$6.62	(\$3.89)	\$6.38
Administrative Expense PMPM	\$4.12	\$17.79	\$63.13	\$21.00	\$8.11	\$17.83	\$27.18	\$18.04
Operating Income / (Expense) PMPM	\$19.72	(\$8.74)	(\$120.82)	(\$17.89)	\$14.18	(\$11.21)	(\$31.07)	(\$11.66)
Other Income / (Expense) PMPM	\$0.04	\$0.11	\$0.38	\$0.16	(\$0.11)	\$0.11	\$0.13	\$0.11
Net Income / (Loss) PMPM	\$19.76	(\$8.63)	(\$120.44)	(\$17.73)	\$14.07	(\$11.10)	(\$30.94)	(\$11.54)
Medical Loss Ratio	80.0%	97.1%	106.0%	99.1%	86.7%	97.9%	101.0%	98.0%
Gross Margin Ratio	20.0%	2.9%	-6.0%	0.9%	13.3%	2.1%	-1.0%	2.0%
Administrative Expense Ratio	3.5%	5.7%	6.5%	5.8%	4.8%	5.7%	7.3%	5.7%
Net Income Ratio	16.6%	-2.8%	-12.5%	-4.9%	8.4%	-3.5%	-8.3%	-3.7%

**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2020**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$2,693,043	\$2,639,993	(\$53,049)	(2.0%)	Personnel Expenses	\$13,016,376	\$12,963,327	(\$53,050)	(0.4%)
671,758	626,120	(45,638)	(7.3%)	Benefits Administration Expense	3,190,933	3,145,296	(45,638)	(1.5%)
448,956	806,218	357,263	44.3%	Purchased & Professional Services	3,451,500	3,808,763	357,263	9.4%
366,675	378,449	11,774	3.1%	Occupancy	1,866,846	1,878,619	11,774	0.6%
134,122	299,888	165,765	55.3%	Printing Postage & Promotion	493,565	659,330	165,766	25.1%
278,155	597,837	319,682	53.5%	Licenses Insurance & Fees	2,010,203	2,329,885	319,682	13.7%
6,908	14,662	7,754	52.9%	Supplies & Other Expenses	47,461	55,215	7,754	14.0%
1,906,574	2,723,174	816,600	30.0%	Total Other Administrative Expense	11,060,508	11,877,107	816,600	6.9%
\$4,599,616	\$5,363,167	\$763,550	14.2%	Total Administrative Expenses	\$24,076,884	\$24,840,434	\$763,550	3.1%

CONFIDENTIAL
For Management and Internal Purposes Only.

ADMIN YTD 2021
12/31/20
REPORT #6

**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2020**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
1,843,554	1,702,359	(\$141,195)	(8.3%)	Salaries & Wages	\$8,797,409	\$8,656,214	(\$141,195)	(1.6%)
172,320	182,172	9,853	5.4%	Paid Time Off	879,427	889,280	9,853	1.1%
1,400	3,692	2,292	62.1%	Incentives	3,416	5,707	2,292	40.2%
0	0	0	0.0%	Severance Pay	7,605	7,605	0	0.0%
29,770	37,258	7,488	20.1%	Payroll Taxes	140,343	147,831	7,488	5.1%
22,939	13,425	(9,514)	(70.9%)	Overtime	104,747	95,233	(9,513)	(10.0%)
133,724	143,997	10,273	7.1%	CalPERS ER Match	671,704	681,977	10,273	1.5%
0	0	0	0.0%	Sick Leave Pay	4,097	4,097	0	0.0%
433,609	453,591	19,983	4.4%	Employee Benefits	2,134,290	2,154,273	19,983	0.9%
16	0	(16)	0.0%	Personal Floating Holiday	1,469	1,453	(16)	(1.1%)
22,418	29,483	7,065	24.0%	Employee Relations	26,704	33,770	7,065	20.9%
6,750	7,020	270	3.8%	Work from Home Stipend	6,750	7,020	270	3.8%
25	270	245	90.7%	Transportation Reimbursement	778	1,023	245	23.9%
0	7,867	7,867	100.0%	Travel & Lodging	(615)	7,252	7,867	108.5%
10,144	12,272	2,128	17.3%	Temporary Help Services	90,690	92,818	2,128	2.3%
12,222	34,289	22,068	64.4%	Staff Development/Training	40,828	62,896	22,068	35.1%
4,154	12,298	8,144	66.2%	Staff Recruitment/Advertising	106,734	114,878	8,144	7.1%
2,693,043	2,639,993	(53,049)	(2.0%)	Total Employee Expenses	13,016,376	12,963,327	(53,050)	(0.4%)
				Benefit Administration Expense				
414,886	377,262	(37,623)	(10.0%)	RX Administration Expense	1,932,264	1,894,640	(37,623)	(2.0%)
240,362	230,962	(9,400)	(4.1%)	Behavioral Hlth Administration Fees	1,178,022	1,168,622	(9,400)	(0.8%)
16,510	17,896	1,386	7.7%	Telemedicine Admin Fees	80,648	82,033	1,386	1.7%
671,758	626,120	(45,638)	(7.3%)	Total Employee Expenses	3,190,933	3,145,296	(45,638)	(1.5%)
				Purchased & Professional Services				
117,940	249,696	131,756	52.8%	Consulting Services	652,387	784,142	131,756	16.8%
240,336	354,454	114,118	32.2%	Computer Support Services	1,646,409	1,760,528	114,118	6.5%
8,750	8,750	0	0.0%	Professional Fees-Accounting	42,937	42,937	0	0.0%
0	100	100	100.0%	Professional Fees-Medical	0	100	100	100.0%
20,307	44,325	24,018	54.2%	Other Purchased Services	115,210	139,228	24,018	17.3%
4,654	10,284	5,631	54.8%	Maint & Repair-Office Equipment	42,834	48,465	5,631	11.6%
20,992	29,900	8,908	29.8%	HMS Recovery Fees	138,113	147,020	8,908	6.1%
0	242	242	100.0%	MIS Software (Non-Capital)	0	242	242	100.0%
4,679	7,507	2,828	37.7%	Hardware (Non-Capital)	61,777	64,605	2,828	4.4%
11,902	14,195	2,293	16.2%	Provider Relations-Credentialing	48,929	51,221	2,293	4.5%
19,397	86,766	67,370	77.6%	Legal Fees	702,905	770,274	67,370	8.7%
448,956	806,218	357,263	44.3%	Total Purchased & Professional Services	3,451,500	3,808,763	357,263	9.4%
				Occupancy				
148,690	168,054	19,364	11.5%	Depreciation	790,204	809,569	19,364	2.4%
26,107	26,107	0	0.0%	Amortization	130,537	130,537	0	0.0%
67,855	67,855	0	0.0%	Building Lease	339,275	339,275	0	0.0%
2,780	2,780	0	0.0%	Leased and Rented Office Equipment	13,898	13,899	0	0.0%
10,481	13,625	3,144	23.1%	Utilities	58,174	61,319	3,144	5.1%
91,679	83,426	(8,253)	(9.9%)	Telephone	451,339	443,086	(8,253)	(1.9%)

CONFIDENTIAL
For Management and Internal Purposes Only.

ADMIN YTD 2021
12/31/20
REPORT #6

**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2020**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
\$19,084	\$16,601	(\$2,483)	(15.0%)	Building Maintenance	\$83,418	\$80,935	(\$2,483)	(3.1%)
366,675	378,449	11,774	3.1%	Total Occupancy	1,866,846	1,878,619	11,774	0.6%
				Printing Postage & Promotion				
54,138	93,194	39,057	41.9%	Postage	122,093	161,149	39,057	24.2%
17,850	3,250	(14,600)	(449.2%)	Design & Layout	28,700	14,100	(14,600)	(103.5%)
43,858	84,809	40,951	48.3%	Printing Services	169,466	210,417	40,951	19.5%
2,992	4,430	1,438	32.5%	Mailing Services	13,626	15,064	1,438	9.5%
2,114	2,316	202	8.7%	Courier/Delivery Service	11,873	12,075	202	1.7%
8	755	747	98.9%	Pre-Printed Materials and Publications	42	788	747	94.7%
0	0	0	0.0%	Promotional Products	18,221	18,221	0	0.0%
6,850	104,333	97,483	93.4%	Community Relations	101,235	198,718	97,483	49.1%
6,312	6,800	488	7.2%	Translation - Non-Clinical	28,309	28,797	488	1.7%
134,122	299,888	165,765	55.3%	Total Printing Postage & Promotion	493,565	659,330	165,766	25.1%
				Licenses Insurance & Fees				
21,509	19,100	(2,409)	(12.6%)	Bank Fees	98,575	96,167	(2,409)	(2.5%)
53,007	53,007	0	0.0%	Insurance	265,034	265,034	0	0.0%
148,157	465,295	317,138	68.2%	Licenses, Permits and Fees	1,339,273	1,656,411	317,138	19.1%
55,482	60,435	4,953	8.2%	Subscriptions & Dues	307,320	312,273	4,953	1.6%
278,155	597,837	319,682	53.5%	Total Licenses Insurance & Postage	2,010,203	2,329,885	319,682	13.7%
				Supplies & Other Expenses				
1,092	2,362	1,270	53.8%	Office and Other Supplies	8,562	9,832	1,270	12.9%
0	2,695	2,695	100.0%	Ergonomic Supplies	1,767	4,462	2,695	60.4%
148	3,555	3,407	95.8%	Commissary-Food & Beverage	2,975	6,382	3,407	53.4%
4,850	4,850	0	0.0%	Member Incentive Expense	24,250	24,250	0	0.0%
0	0	0	0.0%	Covid-19 IT Expenses	3,840	3,840	0	0.0%
818	1,200	382	31.8%	Covid-19 Non IT Expenses	6,067	6,449	382	5.9%
6,908	14,662	7,754	52.9%	Total Supplies & Other Expense	47,461	55,215	7,754	14.0%
\$4,599,616	\$5,363,167	\$763,550	14.2%	TOTAL ADMINISTRATIVE EXPENSE	\$24,076,884	\$24,840,434	\$763,550	3.1%

CONFIDENTIAL
For Management and Internal Purposes Only.

ADMIN YTD 2021
12/31/20
REPORT #6

ALAMEDA ALLIANCE FOR HEALTH
 CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
 ACTUAL VS. BUDGET
 FOR THE FISCAL YEAR-TO-DATE ENDED NOVEMBER 30, 2020

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	\$ Variance Fav/(Unf.)
1. Hardware:						
Computer Equipment (Laptop, Desktop, Tablets)	IT-FY21-01	\$ 166,425	\$ 3,191	\$ 169,616	\$ 300,000	\$ 130,384
Display Monitors	IT-FY21-02	\$ 30,302		\$ 30,302	\$ 40,000	\$ 9,698
Cisco Phones (Desk phone, Conference phone)	IT-FY21-03	\$ -		\$ -	\$ 30,000	\$ 30,000
Audio / Video Equipment	IT-FY21-04	\$ -		\$ -	\$ 60,000	\$ 60,000
APC UPS Batteries	IT-FY21-05	\$ -		\$ -	\$ 20,000	\$ 20,000
IT Cage Supplies and Tools	IT-FY21-06	\$ -		\$ -	\$ 10,000	\$ 10,000
Cisco Network Hardware (Switches, Routers, Firewalls, Wireless)	IT-FY21-07	\$ -		\$ -	\$ 350,000	\$ 350,000
Cisco UCS Blade RAM	IT-FY21-08	\$ -		\$ -	\$ 140,000	\$ 140,000
Pure Storage Shelf	IT-FY21-09	\$ -		\$ -	\$ 250,000	\$ 250,000
Security Hardware	IT-FY21-10	\$ -		\$ -	\$ 80,000	\$ 80,000
Call Center Hardware	IT-FY21-11	\$ -		\$ -	\$ 40,000	\$ 40,000
Computer Components (Memory, Hard drives)	IT-FY21-16	\$ -		\$ -	\$ 15,000	\$ 15,000
Computer Peripherals (Keyboards, Mouse, Speakers, Docks, Headsets)	IT-FY21-17	\$ -		\$ -	\$ 30,000	\$ 30,000
Network / AV Cabling	IT-FY21-18	\$ -		\$ -	\$ 250,000	\$ 250,000
Carryover from FY20 / unplanned	IT-FY21-19	\$ 111,868	\$ 21,403	\$ 133,271	\$ -	\$ (133,271)
Hardware Subtotal		\$ 308,595	\$ 24,594	\$ 333,189	\$ 1,615,000	\$ 1,281,811
2. Software:						
Security Software (SIEM Tool)	AC-FY21-01	\$ -		\$ -	\$ -	\$ -
Monitoring Software	AC-FY21-02	\$ -		\$ -	\$ 60,000	\$ 60,000
Windows Server OS (3rd payment)	AC-FY21-03	\$ -		\$ -	\$ 80,000	\$ 80,000
Carryover from FY20 / unplanned	AC-FY21-05	\$ 16,616	\$ 11,616	\$ 28,232	\$ -	\$ (28,232)
Software Subtotal		\$ 16,616	\$ 11,616	\$ 28,232	\$ 140,000	\$ 111,768
3. Building Improvement:						
Appliances over 1k new/replacement (all buildings/suites)	FA-FY21-01	\$ -		\$ -	\$ 5,000	\$ 5,000
ACME Security: Readers, HID boxes, Cameras, Doors (planned/unplanned Maintenance repairs)	FA-FY21-02	\$ -		\$ -	\$ 50,000	\$ 50,000
Seismic Improvements (Carryover from FY20)	FA-FY21-03	\$ -		\$ -	\$ 150,000	\$ 150,000
HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY21-04	\$ -		\$ -	\$ 65,000	\$ 65,000
Electrical work for projects, workstations requirement	FA-FY21-05	\$ -		\$ -	\$ 20,000	\$ 20,000
Construction work for various projects	FA-FY21-06	\$ -		\$ -	\$ 20,000	\$ 20,000
Building Improvement Subtotal		\$ -	\$ -	\$ -	\$ 310,000	\$ 310,000

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	\$ Variance Fav/(Unf.)
4. Furniture & Equipment:						
Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY21-19	\$ 1,721		\$ 1,721	\$ 100,000	\$ 98,279
Ergonomic Equipment - Sit/Stand desks	FA-FY21-20	\$ -		\$ -	\$ 40,000	\$ 40,000
Task Chairs: Various sizes, special order for Ergo/WC	FA-FY21-21	\$ -		\$ -	\$ 50,000	\$ 50,000
Replace, reconfigure, re-design workstations	FA-FY21-22	\$ -		\$ -	\$ 150,000	\$ 150,000
Furniture & Equipment Subtotal		\$ 1,721	\$ -	\$ 1,721	\$ 340,000	\$ 338,279
5. Leasehold Improvement:						
Electrical work for projects, workstations requirement	FA-FY21-26	\$ -		\$ -	\$ 50,000	\$ 50,000
Leasehold Improvement Subtotal		\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000
6. Contingency:						
Carryover from FY20 / Unplanned/ Contingency	FA-FY21-28	\$ -		\$ -	\$ -	\$ -
Contingency Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -
GRAND TOTAL		\$ 326,932	\$ 36,210	\$ 363,141	\$ 2,455,000	\$ 2,091,858

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost -11/30/20	\$ 42,587,098
Fixed Assets @ Cost - 6/30/20	\$ 42,223,957
Fixed Assets Acquired YTD	\$ 363,141

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

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

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

LIQUID TANGIBLE NET EQUITY

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

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

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	91,570	92,692	93,378	93,982	94,620								466,242
Adults*	34,909	35,689	36,302	37,072	37,640								181,612
SPD*	26,044	26,094	26,178	26,250	26,314								130,880
ACA OE	82,989	85,081	86,713	88,258	89,752								432,793
Duals	18,297	18,495	18,606	18,847	18,988								93,233
Medi-Cal Program	253,809	258,051	261,177	264,409	267,314								1,304,760
Group Care Program	6,109	6,007	6,011	6,009	5,982								30,118
Total	259,918	264,058	267,188	270,418	273,296								1,334,878

Month Over Month Enrollment Change:

Medi-Cal Monthly Change													
Child	825	1,122	686	604	638								3,875
Adults*	822	780	613	770	568								3,553
SPD*	(67)	50	84	72	64								203
ACA OE	1,693	2,092	1,632	1,545	1,494								8,456
Duals	228	198	111	241	141								919
Medi-Cal Program	3,501	4,242	3,126	3,232	2,905								17,006
Group Care Program	(328)	(102)	4	(2)	(27)								(455)
Total	3,173	4,140	3,130	3,230	2,878								16,551

Enrollment Percentages:

Medi-Cal Program:													
Child % of Medi-Cal	36.1%	35.9%	35.8%	35.5%	35.4%								35.7%
Adults % of Medi-Cal	13.8%	13.8%	13.9%	14.0%	14.1%								13.9%
SPD % of Medi-Cal	10.3%	10.1%	10.0%	9.9%	9.8%								10.0%
ACA OE % of Medi-Cal	32.7%	33.0%	33.2%	33.4%	33.6%								33.2%
Duals % of Medi-Cal	7.2%	7.2%	7.1%	7.1%	7.1%								7.1%
Medi-Cal Program % of Total	97.6%	97.7%	97.8%	97.8%	97.8%								97.7%
Group Care Program % of Total	2.4%	2.3%	2.2%	2.2%	2.2%								2.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%								100.0%

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

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	50,199	51,057	51,527	51,397	52,073								256,253
Alameda Health System	50,193	51,312	52,596	53,607	54,283								261,991
	<u>100,392</u>	<u>102,369</u>	<u>104,123</u>	<u>105,004</u>	<u>106,356</u>								<u>518,244</u>
Delegated:													
CFMG	30,742	31,072	30,803	31,173	31,336								155,126
CHCN	94,144	95,194	96,219	97,528	98,274								481,359
Kaiser	34,640	35,423	36,043	36,713	37,330								180,149
Delegated Subtotal	<u>159,526</u>	<u>161,689</u>	<u>163,065</u>	<u>165,414</u>	<u>166,940</u>								<u>816,634</u>
Total	<u>259,918</u>	<u>264,058</u>	<u>267,188</u>	<u>270,418</u>	<u>273,296</u>								<u>1,334,878</u>
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	1,402	1,977	1,754	881	1,352								7,366
Delegated:													
CFMG	317	330	(269)	370	163								911
CHCN	752	1,050	1,025	1,309	746								4,882
Kaiser	702	783	620	670	617								3,392
Delegated Subtotal	<u>1,771</u>	<u>2,163</u>	<u>1,376</u>	<u>2,349</u>	<u>1,526</u>								<u>9,185</u>
Total	<u>3,173</u>	<u>4,140</u>	<u>3,130</u>	<u>3,230</u>	<u>2,878</u>								<u>16,551</u>
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.6%	38.8%	39.0%	38.8%	38.9%								38.8%
Delegated:													
CFMG	11.8%	11.8%	11.5%	11.5%	11.5%								11.6%
CHCN	36.2%	36.1%	36.0%	36.1%	36.0%								36.1%
Kaiser	13.3%	13.4%	13.5%	13.6%	13.7%								13.5%
Delegated Subtotal	<u>61.4%</u>	<u>61.2%</u>	<u>61.0%</u>	<u>61.2%</u>	<u>61.1%</u>								<u>61.2%</u>
Total	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>								<u>100.0%</u>

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

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

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	91,570	92,692	93,378	93,982	94,957	95,931	96,740	97,550	98,359	98,261	98,015	97,525	1,148,959
Adult	34,909	35,689	36,302	37,072	37,737	38,401	39,151	39,900	40,650	40,609	40,508	40,305	461,232
SPD	26,044	26,094	26,178	26,250	26,289	26,327	26,359	26,390	26,422	26,395	26,329	26,198	315,275
ACA OE	82,989	85,081	86,713	88,258	89,853	91,449	93,189	94,930	96,670	96,574	96,332	95,851	1,097,889
Duals	18,297	18,495	18,606	18,847	18,974	19,101	19,296	19,490	19,685	19,665	19,616	19,518	229,588
Medi-Cal Program	253,809	258,051	261,177	264,409	267,809	271,209	274,735	278,260	281,785	281,503	280,800	279,396	3,252,943
Group Care Program	6,109	6,007	6,011	6,009	6,009	6,009	6,009	6,009	6,009	6,009	6,009	6,009	72,208
Total	259,918	264,058	267,188	270,418	273,818	277,218	280,744	284,269	287,794	287,512	286,809	285,405	3,325,151

Month Over Month Enrollment Change:

Medi-Cal Monthly Change													
Child	(5,955)	1,122	686	604	975	975	809	809	809	(98)	(246)	(490)	0
Adult	(31,594)	780	613	770	665	665	750	750	750	(41)	(102)	(203)	(26,198)
SPD	26,044	50	84	72	39	39	32	32	32	(26)	(66)	(132)	26,198
ACA OE	82,989	2,092	1,632	1,545	1,595	1,595	1,741	1,741	1,741	(97)	(241)	(482)	95,851
Duals	(1,221)	198	111	241	127	127	195	195	195	(20)	(49)	(98)	0
Medi-Cal Program	70,264	4,242	3,126	3,232	3,400	3,400	3,525	3,525	3,525	(282)	(704)	(1,404)	95,851
Group Care Program	(32,704)	(102)	4	(2)	0	0	0	0	0	0	0	0	(32,804)
Total	37,559	4,140	3,130	3,230	3,400	3,400	3,525	3,525	3,525	(282)	(704)	(1,404)	63,046

Enrollment Percentages:

Medi-Cal Program:													
Child % of Medi-Cal	36.1%	35.9%	35.8%	35.5%	35.5%	35.4%	35.2%	35.1%	34.9%	34.9%	34.9%	34.9%	35.3%
Adult % of Medi-Cal	13.8%	13.8%	13.9%	14.0%	14.1%	14.2%	14.3%	14.3%	14.4%	14.4%	14.4%	14.4%	14.2%
SPD % of Medi-Cal	10.3%	10.1%	10.0%	9.9%	9.8%	9.7%	9.6%	9.5%	9.4%	9.4%	9.4%	9.4%	9.7%
ACA OE % of Medi-Cal	32.7%	33.0%	33.2%	33.4%	33.6%	33.7%	33.9%	34.1%	34.3%	34.3%	34.3%	34.3%	33.8%
Duals % of Medi-Cal	7.2%	7.2%	7.1%	7.1%	7.1%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.1%
Medi-Cal Program % of Total	97.6%	97.7%	97.8%	97.8%	97.8%	97.8%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.8%
Group Care Program % of Total	2.4%	2.3%	2.2%	2.2%	2.2%	2.2%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	100,392	102,369	104,123	105,004	106,384	107,763	109,255	110,746	112,237	112,129	111,857	111,315	1,293,574
Delegated:													
CFMG	30,742	31,072	30,803	31,173	31,498	31,822	32,099	32,376	32,652	32,620	32,538	32,376	381,771
CHCN	94,144	95,194	96,219	97,528	98,744	99,960	101,226	102,493	103,759	103,658	103,405	102,900	1,199,229
Kaiser	34,640	35,423	36,043	36,713	37,193	37,673	38,164	38,655	39,145	39,106	39,009	38,813	450,578
Delegated Subtotal	159,526	161,689	163,065	165,414	167,435	169,455	171,489	173,523	175,557	175,384	174,951	174,089	2,031,577
Total	259,918	264,058	267,188	270,418	273,818	277,218	280,744	284,269	287,794	287,512	286,809	285,405	3,325,151
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(185,013)	1,977	1,754	881	1,380	1,380	1,491	1,491	1,491	(109)	(272)	(542)	(174,089)
Delegated:													
CFMG	30,742	330	(269)	370	325	325	277	277	277	(33)	(82)	(163)	32,376
CHCN	94,144	1,050	1,025	1,309	1,216	1,216	1,266	1,266	1,266	(101)	(253)	(505)	102,900
Kaiser	34,640	783	620	670	480	480	491	491	491	(39)	(98)	(195)	38,813
Delegated Subtotal	159,526	2,163	1,376	2,349	2,021	2,021	2,034	2,034	2,034	(173)	(432)	(862)	174,089
Total	(25,487)	4,140	3,130	3,230	3,400	3,400	3,525	3,525	3,525	(282)	(704)	(1,404)	(0)
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.6%	38.8%	39.0%	38.8%	38.9%	38.9%	38.9%	39.0%	39.0%	39.0%	39.0%	39.0%	38.9%
Delegated:													
CFMG	11.8%	11.8%	11.5%	11.5%	11.5%	11.5%	11.4%	11.4%	11.3%	11.3%	11.3%	11.3%	11.5%
CHCN	36.2%	36.1%	36.0%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%	36.1%
Kaiser	13.3%	13.4%	13.5%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%
Delegated Subtotal	61.4%	61.2%	61.0%	61.2%	61.1%	61.1%	61.1%	61.0%	61.0%	61.0%	61.0%	61.0%	61.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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

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

	Variance Jul-20	Variance Aug-20	Variance Sep-20	Variance Oct-20	Variance Nov-20	Variance Dec-20	Variance Jan-21	Variance Feb-21	Variance Mar-21	Variance Apr-21	Variance May-21	Variance Jun-21	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	(337)								(337)
Adults*	0	0	0	0	(97)								(97)
SPD*	0	0	0	0	25								25
ACA OE	0	0	0	0	(101)								(101)
Duals	0	0	0	0	14								14
Medi-Cal Program	0	0	0	0	(495)								(495)
Group Care Program	0	0	0	0	(27)								(27)
Total	0	0	0	0	(522)								(522)
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	(28)								(28)
Delegated:													
CFMG	0	0	0	0	(162)								(162)
CHCN	0	0	0	0	(470)								(470)
Kaiser	0	0	0	0	137								137
Delegated Subtotal	0	0	0	0	(495)								(494)
Total	0	0	0	0	(522)								(522)

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

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2020

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
\$1,789,492	\$1,796,522	\$7,030	0.4%	CAPITATED MEDICAL EXPENSES:	\$8,798,696	\$8,805,727	\$7,031	0.1%
2,795,501	2,819,011	23,510	0.8%	PCP-Capitation	13,771,711	13,795,220	23,509	0.2%
272,362	275,217	2,855	1.0%	PCP-Capitation - FQHC	1,350,719	1,353,574	2,855	0.2%
2,872,805	2,892,061	19,256	0.7%	Specialty-Capitation	14,092,959	14,112,214	19,255	0.1%
313,685	314,010	325	0.1%	Specialty-Capitation FQHC	1,543,096	1,543,421	325	0.0%
385,711	876,219	490,508	56.0%	Laboratory-Capitation	1,886,268	2,376,777	490,509	20.6%
203,731	260,708	56,978	21.9%	Transportation (Ambulance)-Cap	999,333	1,056,312	56,979	5.4%
79,338	80,073	735	0.9%	Vision Cap	393,118	393,853	735	0.2%
145,534	146,630	1,096	0.7%	CFMG Capitation	715,429	716,529	1,100	0.2%
8,060,206	7,938,004	(122,202)	(1.5%)	Anc IPA Admin Capitation FQHC	38,363,963	38,241,761	(122,202)	(0.3%)
834,332	682,537	(151,795)	(22.2%)	Kaiser Capitation	3,505,836	3,354,041	(151,795)	(4.5%)
20,504	12,229	(8,275)	(67.7%)	BHT Supplemental Expense	41,008	32,733	(8,275)	(25.3%)
462,403	356,566	(105,837)	(29.7%)	Hep-C Supplemental Expense	1,484,558	1,378,721	(105,837)	(7.7%)
514,771	561,554	46,783	8.3%	Maternity Supplemental Expense	2,543,559	2,590,342	46,783	1.8%
18,750,376	19,011,342	260,966	1.4%	DME - Cap	89,490,254	89,751,225	260,971	0.3%
				5-TOTAL CAPITATED EXPENSES				
				FREE FOR SERVICE MEDICAL EXPENSES:				
2,898,586	0	(2,898,586)	0.0%	IBNP-Inpatient Services	13,520,047	0	(13,520,047)	0.0%
86,957	0	(86,957)	0.0%	IBNP-Settlement (IP)	405,603	0	(405,603)	0.0%
231,889	0	(231,889)	0.0%	IBNP-Claims Fluctuation (IP)	1,081,606	0	(1,081,606)	0.0%
17,809,115	22,669,449	4,860,334	21.4%	Inpatient Hospitalization-FFS	94,273,623	119,597,282	25,323,659	21.2%
992,297	0	(992,297)	0.0%	IP OB - Mom & NB	5,940,113	0	(5,940,113)	0.0%
182,290	0	(182,290)	0.0%	IP Behavioral Health	1,001,577	0	(1,001,577)	0.0%
786,046	1,162,557	376,511	32.4%	IP - Long Term Care	4,453,388	4,829,898	376,510	7.8%
495,596	0	(495,596)	0.0%	IP - Facility Rehab FFS	3,401,993	0	(3,401,993)	0.0%
23,482,776	23,832,006	349,230	1.5%	6-Inpatient Hospital & SNF FFS Expense	124,077,950	124,427,180	349,230	0.3%
(5,963)	0	5,963	0.0%	IBNP-PCP	393,769	0	(393,769)	0.0%
(179)	0	179	0.0%	IBNP-Settlement (PCP)	11,812	0	(11,812)	0.0%
(476)	0	476	0.0%	IBNP-Claims Fluctuation (PCP)	31,503	0	(31,503)	0.0%
1,344	0	(1,344)	0.0%	Telemedicine FFS	5,796	0	(5,796)	0.0%
1,073,248	1,224,474	151,226	12.4%	Primary Care Non-Contracted FF	5,793,162	17,663,887	11,870,725	67.2%
56,818	74,400	17,582	23.6%	PCP FQHC FFS	251,913	392,141	140,228	35.8%
1,727,448	2,906,738	1,179,290	40.6%	Prop 56 Direct Payment Expenses	8,471,865	2,906,738	(5,565,127)	(191.5%)
74,061	0	(74,061)	0.0%	Prop 56-Trauma Expense	249,187	0	(249,187)	0.0%
99,034	0	(99,034)	0.0%	Prop 56-Dev. Screening Exp.	324,051	0	(324,051)	0.0%
582,735	0	(582,735)	0.0%	Prop 56-Fam. Planning Exp.	2,824,958	0	(2,824,958)	0.0%
515,939	0	(515,939)	0.0%	Prop 56-Value Based Purchasing	2,523,147	0	(2,523,147)	0.0%
4,124,010	4,205,612	81,602	1.9%	7-Primary Care Physician FFS Expense	20,881,163	20,962,766	81,603	0.4%
568,815	0	(568,815)	0.0%	IBNP-Specialist	1,775,907	0	(1,775,907)	0.0%
2,115,629	4,266,342	2,150,713	50.4%	Specialty Care-FFS	10,086,981	21,611,412	11,524,431	53.3%
191,667	0	(191,667)	0.0%	Anesthesiology - FFS	798,114	0	(798,114)	0.0%
600,125	0	(600,125)	0.0%	Spec Rad Therapy - FFS	3,419,538	0	(3,419,538)	0.0%
113,330	0	(113,330)	0.0%	Obstetrics-FFS	574,957	0	(574,957)	0.0%
256,256	0	(256,256)	0.0%	Spec IP Surgery - FFS	1,211,405	0	(1,211,405)	0.0%
460,242	0	(460,242)	0.0%	Spec OP Surgery - FFS	2,108,489	0	(2,108,489)	0.0%
362,556	0	(362,556)	0.0%	Spec IP Physician	1,905,515	0	(1,905,515)	0.0%
24,315	91,742	67,427	73.5%	SCP FQHC FFS	153,470	220,894	67,424	30.5%
17,065	0	(17,065)	0.0%	IBNP-Settlement (SCP)	53,278	0	(53,278)	0.0%
45,506	0	(45,506)	0.0%	IBNP-Claims Fluctuation (SCP)	142,074	0	(142,074)	0.0%
4,755,505	4,358,084	(397,421)	(9.1%)	8-Specialty Care Physician Expense	22,229,729	21,832,306	(397,423)	(1.8%)
448,853	0	(448,853)	0.0%	IBNP-Ancillary	1,774,003	0	(1,774,003)	0.0%
13,465	0	(13,465)	0.0%	IBNP Settlement (ANC)	53,218	0	(53,218)	0.0%
35,908	0	(35,908)	0.0%	IBNP Claims Fluctuation (ANC)	141,924	0	(141,924)	0.0%
240,614	0	(240,614)	0.0%	Acupuncture/Biofeedback	1,089,004	0	(1,089,004)	0.0%
49,674	0	(49,674)	0.0%	Hearing Devices	298,573	0	(298,573)	0.0%
14,221	0	(14,221)	0.0%	Imaging/MRI/CT Global	181,164	0	(181,164)	0.0%
40,035	0	(40,035)	0.0%	Vision FFS	196,016	0	(196,016)	0.0%
23,986	0	(23,986)	0.0%	Family Planning	104,190	0	(104,190)	0.0%
315,097	0	(315,097)	0.0%	Laboratory-FFS	1,456,033	0	(1,456,033)	0.0%
84,098	0	(84,098)	0.0%	ANC Therapist	452,562	0	(452,562)	0.0%
250,376	0	(250,376)	0.0%	Transportation (Ambulance)-FFS	1,435,643	0	(1,435,643)	0.0%
117,825	0	(117,825)	0.0%	Transportation (Other)-FFS	572,164	0	(572,164)	0.0%

CONFIDENTIAL
For Management & Internal Purposes Only.

MED FFS CAP 21

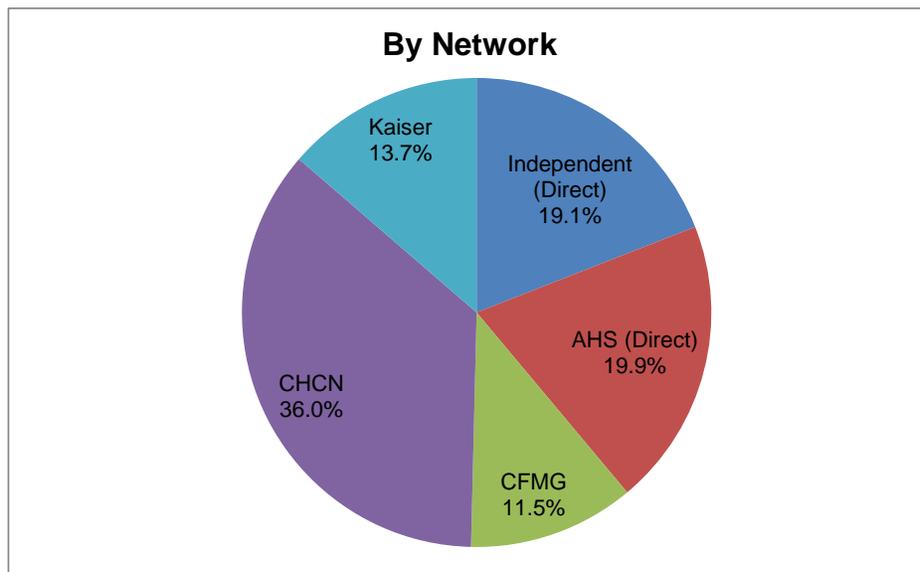
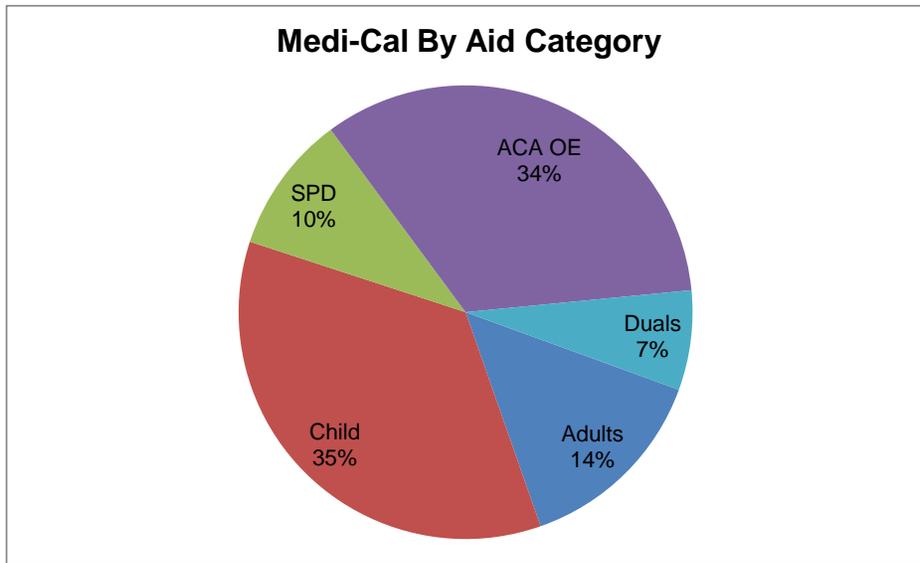
12/22/20
REPORT #8A

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2020

CURRENT MONTH					FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	
\$436,248	\$0	(\$436,248)	0.0%	Hospice	\$2,321,291	\$0	(\$2,321,291)	0.0%	
569,238	0	(569,238)	0.0%	Home Health Services	3,109,787	0	(3,109,787)	0.0%	
0	2,806,412	2,806,412	100.0%	Other Medical-FFS	0	16,605,774	16,605,774	100.0%	
0	0	0	0.0%	Denials	3,885	0	(3,885)	0.0%	
(59,234)	0	59,234	0.0%	HMS Medical Refunds	(2,988)	0	2,988	0.0%	
232,958	0	(232,958)	0.0%	DME & Medical Supplies	1,451,256	0	(1,451,256)	0.0%	
559,115	555,053	(4,062)	(0.7%)	GEMT Direct Payment Expense	2,745,079	2,741,019	(4,060)	(0.1%)	
480,247	0	(480,247)	0.0%	Community Based Adult Services (CBAS)	2,455,244	0	(2,455,244)	0.0%	
3,852,722	3,361,465	(491,257)	(14.6%)	9-Ancillary Medical Expense	19,838,050	19,346,793	(491,257)	(2.5%)	
568,077	0	(568,077)	0.0%	IBNP-Outpatient	1,278,526	0	(1,278,526)	0.0%	
17,044	0	(17,044)	0.0%	IBNP Settlement (OP)	38,357	0	(38,357)	0.0%	
45,445	0	(45,445)	0.0%	IBNP Claims Fluctuation (OP)	102,282	0	(102,282)	0.0%	
943,313	7,850,232	6,906,919	88.0%	Out-Patient FFS	5,068,280	38,759,536	33,691,256	86.9%	
934,763	0	(934,763)	0.0%	OP Ambul Surgery - FFS	5,363,318	0	(5,363,318)	0.0%	
758,472	0	(758,472)	0.0%	OP Fac Imaging Services-FFS	5,148,678	0	(5,148,678)	0.0%	
2,368,775	0	(2,368,775)	0.0%	Behav Health - FFS	10,947,655	0	(10,947,655)	0.0%	
394,072	0	(394,072)	0.0%	OP Facility - Lab FFS	1,932,139	0	(1,932,139)	0.0%	
81,653	0	(81,653)	0.0%	OP Facility - Cardio FFS	420,727	0	(420,727)	0.0%	
29,706	0	(29,706)	0.0%	OP Facility - PT/OT/ST FFS	142,404	0	(142,404)	0.0%	
1,432,691	0	(1,432,691)	0.0%	OP Facility - Dialysis FFS	8,040,950	0	(8,040,950)	0.0%	
7,574,011	7,850,232	276,221	3.5%	10-Outpatient Medical Expense Medical Expense	38,483,315	38,759,536	276,221	0.7%	
117,660	0	(117,660)	0.0%	IBNP-Emergency	1,028,673	0	(1,028,673)	0.0%	
3,531	0	(3,531)	0.0%	IBNP Settlement (ER)	30,862	0	(30,862)	0.0%	
9,413	0	(9,413)	0.0%	IBNP Claims Fluctuation (ER)	82,293	0	(82,293)	0.0%	
473,169	0	(473,169)	0.0%	Special ER Physician-FFS	2,603,792	0	(2,603,792)	0.0%	
2,860,478	3,497,010	636,532	18.2%	ER-Facility	14,162,322	17,940,703	3,778,381	21.1%	
3,464,250	3,497,010	32,760	0.9%	11-Emergency Expense	17,907,942	17,940,703	32,761	0.2%	
713,199	0	(713,199)	0.0%	IBNP-Pharmacy	1,686,533	0	(1,686,533)	0.0%	
21,398	0	(21,398)	0.0%	IBNP Settlement (RX)	50,599	0	(50,599)	0.0%	
57,056	0	(57,056)	0.0%	IBNP Claims Fluctuation (RX)	134,924	0	(134,924)	0.0%	
3,525,484	4,018,989	493,505	12.3%	RX - Non-PBM FFS	19,695,616	20,189,120	493,504	2.4%	
10,226,339	10,736,613	510,274	4.8%	Pharmacy-FFS	52,319,331	53,820,280	1,500,949	2.8%	
(3,270)	0	3,270	0.0%	HMS RX Refunds	(92,999)	0	92,999	0.0%	
(527,072)	(527,070)	2	0.0%	Pharmacy-Rebate	(2,537,737)	(2,537,735)	2	0.0%	
14,013,135	14,228,532	215,397	1.5%	12-Pharmacy Expense	71,256,267	71,471,665	215,398	0.3%	
61,266,410	61,332,941	66,531	0.1%	13-TOTAL FFS MEDICAL EXPENSES	314,674,415	314,740,949	66,534	0.0%	
0	(33,724)	(33,724)	100.0%	Clinical Vacancy	0	(33,724)	(33,724)	100.0%	
64,927	105,992	41,066	38.7%	Quality Analytics	325,176	366,242	41,066	11.2%	
372,912	404,651	31,739	7.8%	Health Plan Services Department Total	1,785,247	1,816,986	31,739	1.7%	
594,199	686,918	92,720	13.5%	Case & Disease Management Department Total	3,399,784	3,492,504	92,720	2.7%	
184,120	223,764	39,644	17.7%	Medical Services Department Total	874,433	914,077	39,644	4.3%	
372,381	506,267	133,886	26.4%	Quality Management Department Total	2,079,653	2,213,538	133,885	6.0%	
103,210	198,302	95,092	48.0%	Pharmacy Services Department Total	594,329	689,421	95,092	13.8%	
29,809	61,403	31,595	51.5%	Regulatory Readiness Total	146,354	177,948	31,595	17.8%	
1,721,557	2,153,573	432,017	20.1%	14-Other Benefits & Services	9,204,975	9,636,992	432,017	4.5%	
(798,336)	(369,229)	429,107	(116.2%)	Reinsurance Expense	(2,653,351)	(2,224,244)	429,107	(19.3%)	
446,210	498,320	52,110	10.5%	Reinsurance Recoveries	2,191,241	2,243,353	52,112	2.3%	
(352,126)	129,091	481,217	372.8%	15-Reinsurance Expense	(462,110)	19,109	481,219	2,518.3%	
83,333	83,335	2	0.0%	Preventive Health Services	416,665	416,667	2	0.0%	
83,333	83,335	2	0.0%	16-Risk Pool Distribution	416,665	416,667	2	0.0%	
81,469,549	82,710,282	1,240,733	1.5%	17-TOTAL MEDICAL EXPENSES	413,324,199	414,564,942	1,240,743	0.3%	

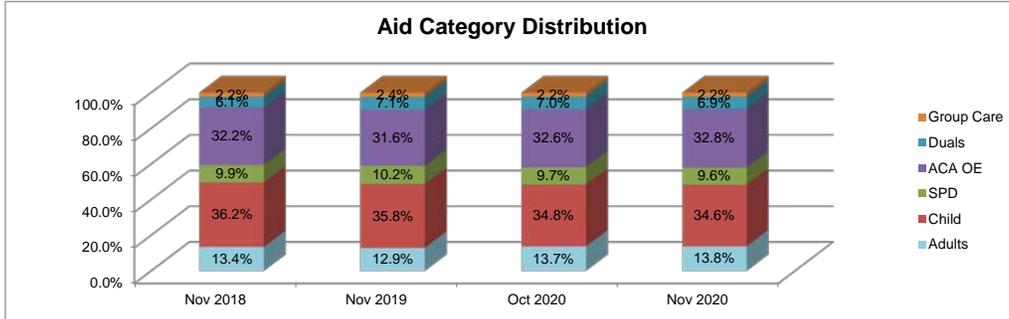
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	Nov 2020	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	37,638	14%	8,822	8,364	348	13,814	6,290
Child	94,620	35%	9,361	8,632	28,722	31,707	16,198
SPD	26,314	10%	8,559	3,966	1,123	10,723	1,943
ACA OE	89,752	34%	15,169	30,368	1,141	32,577	10,497
Duals	18,990	7%	7,573	2,050	2	6,963	2,402
Medi-Cal			49,484	53,380	31,336	95,784	37,330
Group Care			2,589	903	-	2,490	-
Total	273,296	100%	52,073	54,283	31,336	98,274	37,330
Medi-Cal %	97.8%		95.0%	98.3%	100.0%	97.5%	100.0%
Group Care %	2.2%		5.0%	1.7%	0.0%	2.5%	0.0%
<i>Network Distribution</i>			19.1%	19.9%	11.5%	36.0%	13.7%
			% Direct: 39%				% Delegated: 61%

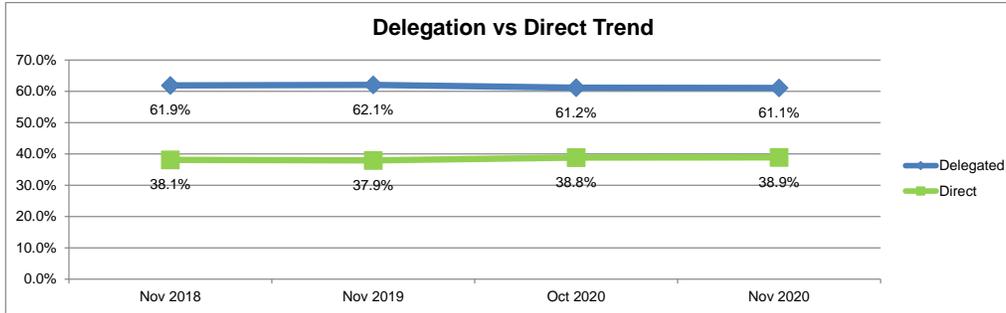


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

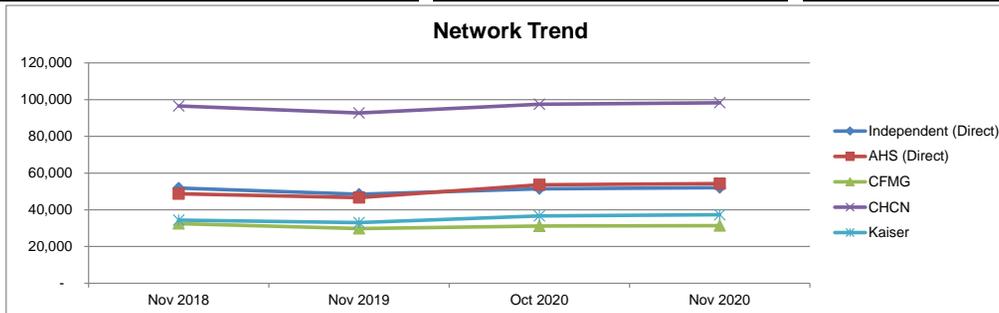
Category of Aid Trend												
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018 to Nov 2019	Nov 2019 to Nov 2020	Oct 2020 to Nov 2020	
Adults	35,502	32,357	37,071	37,638	13.4%	12.9%	13.7%	13.8%	-8.9%	16.3%	1.5%	
Child	95,498	89,711	93,982	94,620	36.2%	35.8%	34.8%	34.6%	-6.1%	5.5%	0.7%	
SPD	26,074	25,691	26,250	26,314	9.9%	10.2%	9.7%	9.6%	-1.5%	2.4%	0.2%	
ACA OE	85,157	79,104	88,258	89,752	32.2%	31.6%	32.6%	32.8%	-7.1%	13.5%	1.7%	
Duals	15,994	17,779	18,848	18,990	6.1%	7.1%	7.0%	6.9%	11.2%	6.8%	0.8%	
Medi-Cal Total	258,225	244,642	264,409	267,314	97.8%	97.6%	97.8%	97.8%	-5.3%	9.3%	1.1%	
Group Care	5,842	6,056	6,009	5,982	2.2%	2.4%	2.2%	2.2%	3.7%	-1.2%	-0.4%	
Total	264,067	250,698	270,418	273,296	100.0%	100.0%	100.0%	100.0%	-5.1%	9.0%	1.1%	



Delegation vs Direct Trend												
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018 to Nov 2019	Nov 2019 to Nov 2020	Oct 2020 to Nov 2020	
Delegated	163,461	155,564	165,414	166,940	61.9%	62.1%	61.2%	61.1%	-4.8%	7.3%	0.9%	
Direct	100,606	95,134	105,004	106,356	38.1%	37.9%	38.8%	38.9%	-5.4%	11.8%	1.3%	
Total	264,067	250,698	270,418	273,296	100.0%	100.0%	100.0%	100.0%	-5.1%	9.0%	1.1%	

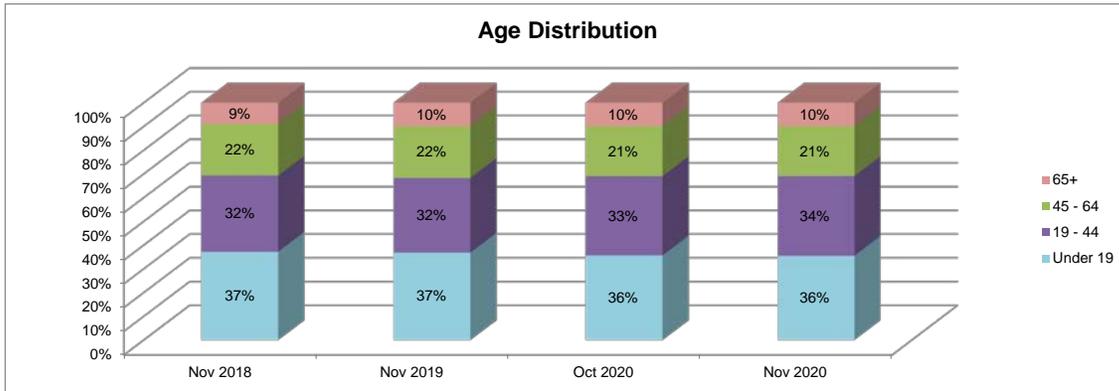


Network Trend												
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018 to Nov 2019	Nov 2019 to Nov 2020	Oct 2020 to Nov 2020	
Independent (Direct)	51,835	48,482	51,397	52,073	19.6%	19.3%	19.0%	19.1%	-6.5%	7.4%	1.3%	
AHS (Direct)	48,771	46,652	53,607	54,283	18.5%	18.6%	19.8%	19.9%	-4.3%	16.4%	1.3%	
CFMG	32,488	29,790	31,173	31,336	12.3%	11.9%	11.5%	11.5%	-8.3%	5.2%	0.5%	
CHCN	96,559	92,730	97,528	98,274	36.6%	37.0%	36.1%	36.0%	-4.0%	6.0%	0.8%	
Kaiser	34,414	33,044	36,713	37,330	13.0%	13.2%	13.6%	13.7%	-4.0%	13.0%	1.7%	
Total	264,067	250,698	270,418	273,296	100.0%	100.0%	100.0%	100.0%	-5.1%	9.0%	1.1%	

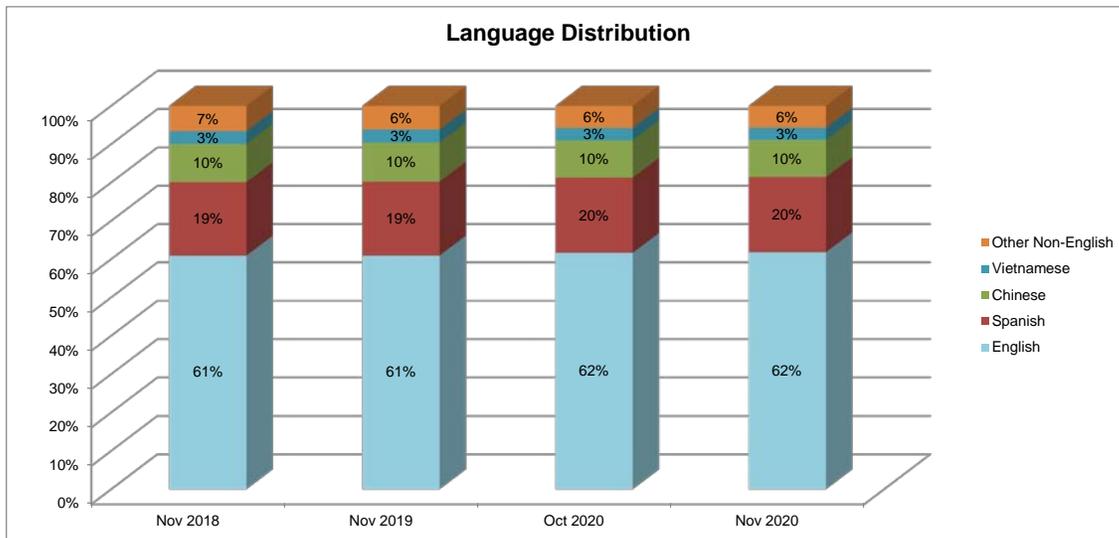


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend											
Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018 to Nov 2019	Nov 2019 to Nov 2020	Oct 2020 to Nov 2020
Under 19	98,326	92,318	96,441	97,068	37%	37%	36%	36%	-6%	5%	1%
19 - 44	84,644	79,016	90,430	91,897	32%	32%	33%	34%	-7%	16%	2%
45 - 64	57,360	54,703	56,947	57,413	22%	22%	21%	21%	-5%	5%	1%
65+	23,737	24,661	26,600	26,918	9%	10%	10%	10%	4%	9%	1%
Total	264,067	250,698	270,418	273,296	100%	100%	100%	100%	-5%	9%	1%



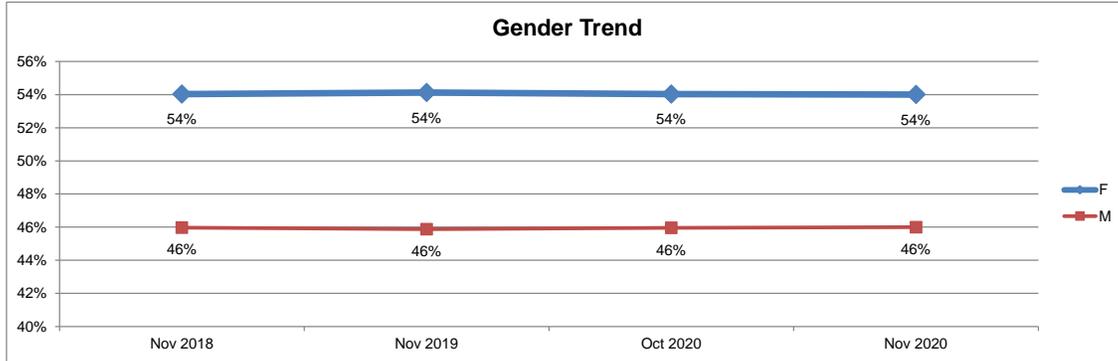
Language Trend											
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018 to Nov 2019	Nov 2019 to Nov 2020	Oct 2020 to Nov 2020
English	160,821	152,766	166,664	168,901	61%	61%	62%	62%	-5%	11%	1%
Spanish	50,621	48,296	53,075	53,619	19%	19%	20%	20%	-5%	11%	1%
Chinese	26,381	25,541	26,328	26,401	10%	10%	10%	10%	-3%	3%	0%
Vietnamese	8,709	8,519	8,612	8,632	3%	3%	3%	3%	-2%	1%	0%
Other Non-English	17,535	15,576	15,739	15,743	7%	6%	6%	6%	-11%	1%	0%
Total	264,067	250,698	270,418	273,296	100%	100%	100%	100%	-5%	9%	1%



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

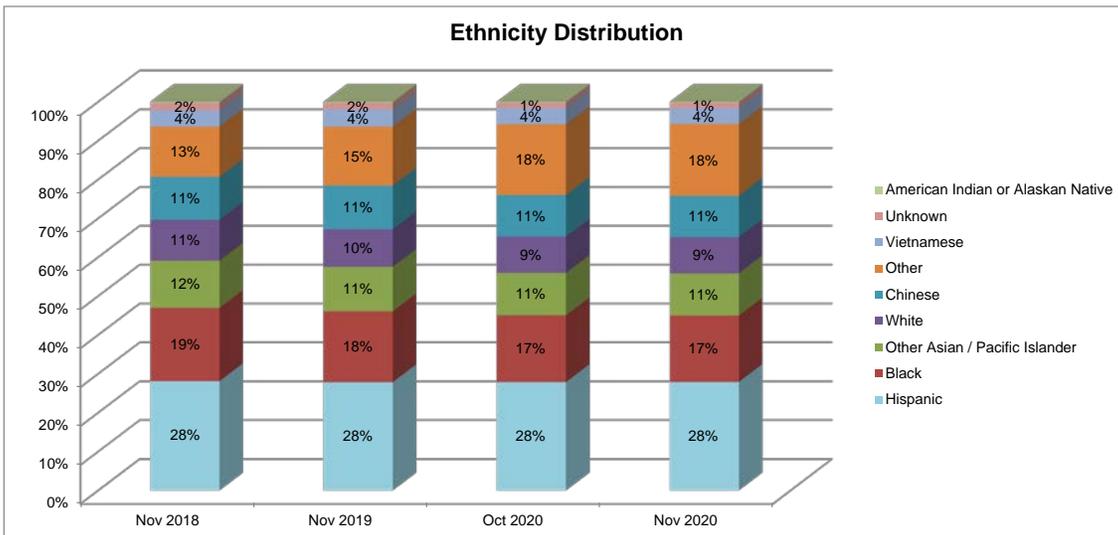
Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018 to Nov 2019	Nov 2019 to Nov 2020	Oct 2020 to Nov 2020
F	142,672	135,685	146,124	147,582	54%	54%	54%	54%	-5%	9%	1%
M	121,395	115,013	124,294	125,714	46%	46%	46%	46%	-5%	9%	1%
Total	264,067	250,698	270,418	273,296	100%	100%	100%	100%	-5%	9%	1%



Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018	Nov 2019	Oct 2020	Nov 2020	Nov 2018 to Nov 2019	Nov 2019 to Nov 2020	Oct 2020 to Nov 2020
Hispanic	74,185	69,763	75,337	76,210	28%	28%	28%	28%	-6%	9%	1%
Black	49,840	45,748	46,470	46,661	19%	18%	17%	17%	-8%	2%	0%
Other Asian / Pacific Islander	32,000	28,680	29,490	29,787	12%	11%	11%	11%	-10%	4%	1%
White	27,793	24,269	25,311	25,513	11%	10%	9%	9%	-13%	5%	1%
Chinese	29,189	28,113	28,874	29,036	11%	11%	11%	11%	-4%	3%	1%
Other	34,279	38,144	49,333	50,474	13%	15%	18%	18%	11%	32%	2%
Vietnamese	11,207	11,042	11,130	11,144	4%	4%	4%	4%	-1%	1%	0%
Unknown	4,894	4,318	3,866	3,867	2%	2%	1%	1%	-12%	-10%	0%
American Indian or Alaskan Native	680	621	607	604	0%	0%	0%	0%	-9%	-3%	0%
Total	264,067	250,698	270,418	273,296	100%	100%	100%	100%	-5%	9%	1%



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

Medi-Cal By City							
City	Nov 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	108,347	41%	12,364	25,614	13,949	45,734	10,686
Hayward	41,484	16%	8,764	8,975	4,732	11,986	7,027
Fremont	23,337	9%	9,227	3,519	759	6,158	3,674
San Leandro	23,747	9%	4,134	3,702	3,220	8,832	3,859
Union City	11,470	4%	4,283	1,700	361	2,953	2,173
Alameda	10,320	4%	2,025	1,570	1,623	3,628	1,474
Berkeley	9,343	3%	1,320	1,715	1,219	3,733	1,356
Livermore	7,899	3%	979	805	1,781	2,929	1,405
Newark	6,257	2%	1,716	2,000	184	1,231	1,126
Castro Valley	6,470	2%	1,302	1,066	1,019	1,848	1,235
San Lorenzo	5,559	2%	938	919	688	1,924	1,090
Pleasanton	4,167	2%	830	461	454	1,716	706
Dublin	4,439	2%	848	461	590	1,759	781
Emeryville	1,712	1%	288	357	273	515	279
Albany	1,603	1%	235	235	356	476	301
Piedmont	309	0%	47	75	25	82	80
Sunol	50	0%	6	9	7	14	14
Antioch	29	0%	5	10	3	7	4
Other	772	0%	173	187	93	259	60
Total	267,314	100%	49,484	53,380	31,336	95,784	37,330

Group Care By City							
City	Nov 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,056	34%	517	393	-	1,146	-
Hayward	666	11%	379	131	-	156	-
Fremont	660	11%	502	57	-	101	-
San Leandro	553	9%	220	75	-	258	-
Union City	323	5%	228	30	-	65	-
Alameda	273	5%	108	27	-	138	-
Berkeley	188	3%	59	18	-	111	-
Livermore	80	1%	31	-	-	49	-
Newark	138	2%	91	30	-	17	-
Castro Valley	191	3%	96	24	-	71	-
San Lorenzo	126	2%	52	19	-	55	-
Pleasanton	47	1%	26	4	-	17	-
Dublin	100	2%	45	5	-	50	-
Emeryville	32	1%	14	4	-	14	-
Albany	13	0%	4	1	-	8	-
Piedmont	12	0%	3	2	-	7	-
Sunol	-	0%	-	-	-	-	-
Antioch	24	0%	8	6	-	10	-
Other	500	8%	206	77	-	217	-
Total	5,982	100%	2,589	903	-	2,490	-

Total By City							
City	Nov 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	110,403	40%	12,881	26,007	13,949	46,880	10,686
Hayward	42,150	15%	9,143	9,106	4,732	12,142	7,027
Fremont	23,997	9%	9,729	3,576	759	6,259	3,674
San Leandro	24,300	9%	4,354	3,777	3,220	9,090	3,859
Union City	11,793	4%	4,511	1,730	361	3,018	2,173
Alameda	10,593	4%	2,133	1,597	1,623	3,766	1,474
Berkeley	9,531	3%	1,379	1,733	1,219	3,844	1,356
Livermore	7,979	3%	1,010	805	1,781	2,978	1,405
Newark	6,395	2%	1,807	2,030	184	1,248	1,126
Castro Valley	6,661	2%	1,398	1,090	1,019	1,919	1,235
San Lorenzo	5,685	2%	990	938	688	1,979	1,090
Pleasanton	4,214	2%	856	465	454	1,733	706
Dublin	4,539	2%	893	466	590	1,809	781
Emeryville	1,744	1%	302	361	273	529	279
Albany	1,616	1%	239	236	356	484	301
Piedmont	321	0%	50	77	25	89	80
Sunol	50	0%	6	9	7	14	14
Antioch	53	0%	13	16	3	17	4
Other	1,272	0%	379	264	93	476	60
Total	273,296	100%	52,073	54,283	31,336	98,274	37,330

Inpatient Utilization and Cost Trends

January 2019 – August 2020



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

Presentation to the Board of Governors

January 8, 2021



Inpatient Utilization and Cost Trends

Table of Contents

	<u>Slide</u>
■ Inpatient Utilization and Unit Cost Assumptions	2
■ Inpatient Expenses as a Percent of Total Medical Expenses	3
■ Inpatient Cost Trends by Category of Aid	4
■ Member Experience by Ethnicity	5
■ Average Length of Stay by Category of Aid	6
■ Average Length of Stay by Facility	7
■ Group Care Inpatient Expense Trend	8
■ TOC Program Overview and Services In Place	9
■ Access and Navigation	10
■ Acute Care Focus	11
■ Acute Care Volume	12
■ Role Responsibilities	13
■ Quality Goals	19
■ Inpatient Management Tools	20



Inpatient Utilization and Cost Trends

Inpatient Utilization and Unit Cost Assumptions

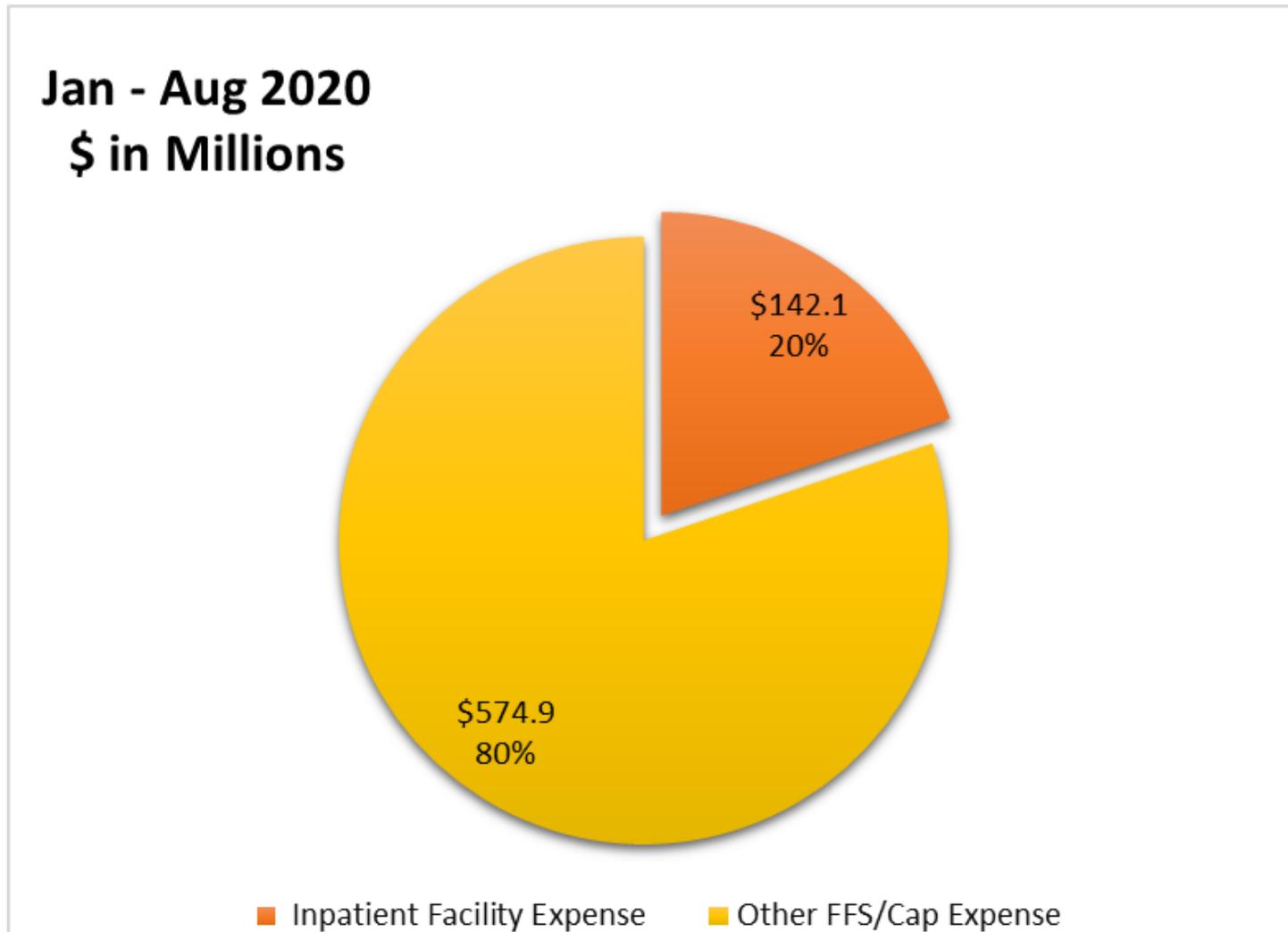
- This presentation focuses inpatient expenses related to emergency admissions and elective surgeries (1/1/19-8/31/20).
- Increasing enrollment is reflected in higher inpatient costs. On average, each new member adds over \$1,000 annually.
- Underlying trends for utilization and unit cost are assumed to remain moderate.
 - Utilization trend of 0.5%, unit cost trend of 0.4%.
- Changes to our hospital contracts increase the cost paid per day, adding over \$1 million each month to inpatient expense.
- COVID-related hospitalizations have added approximately \$5M to inpatient expense.
- DHCS is assuming that the new enrollees will have slightly lower acuity than current members.



Inpatient Utilization and Cost Trends

Inpatient Expenses as a Percent of Medical Expenses

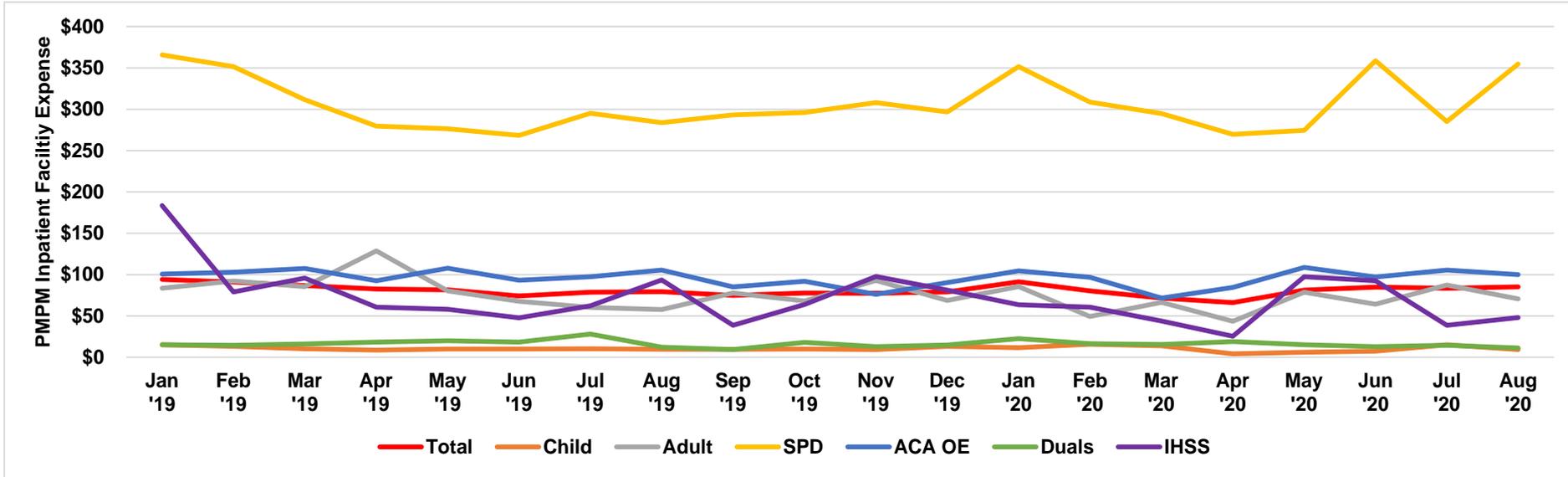
- Acute admissions make up a significant portion of our medical expense.



Inpatient Utilization and Cost Trends

Inpatient Cost Trends by Category of Aid

- SPDs have over twice the per-member-per-month Inpatient Facility expense as other populations.

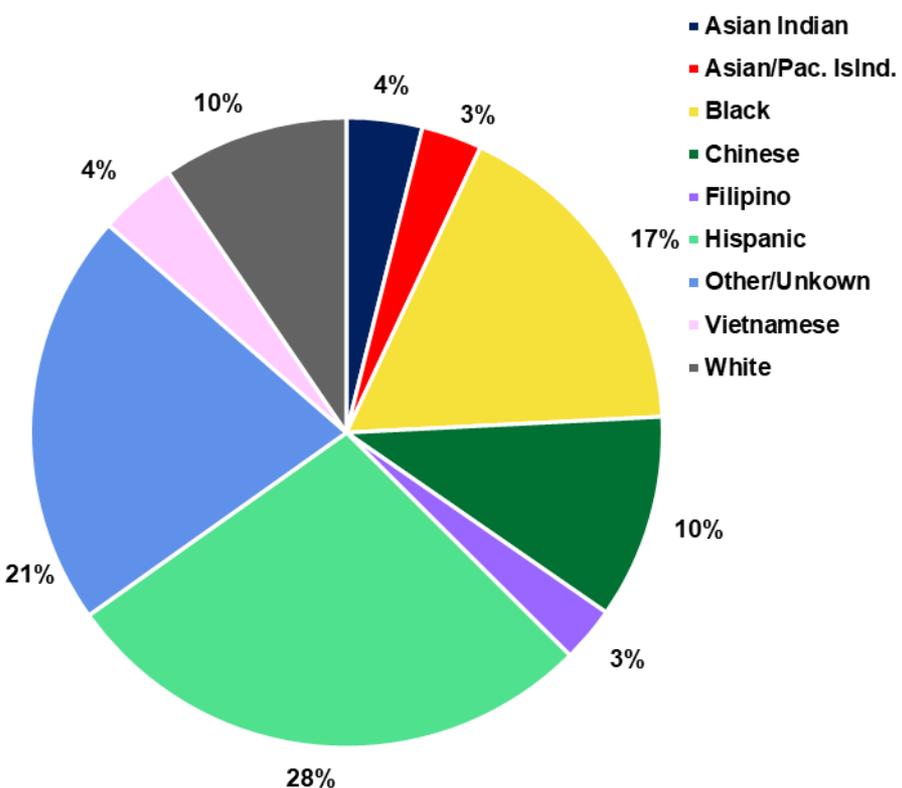


Inpatient Utilization and Cost Trends

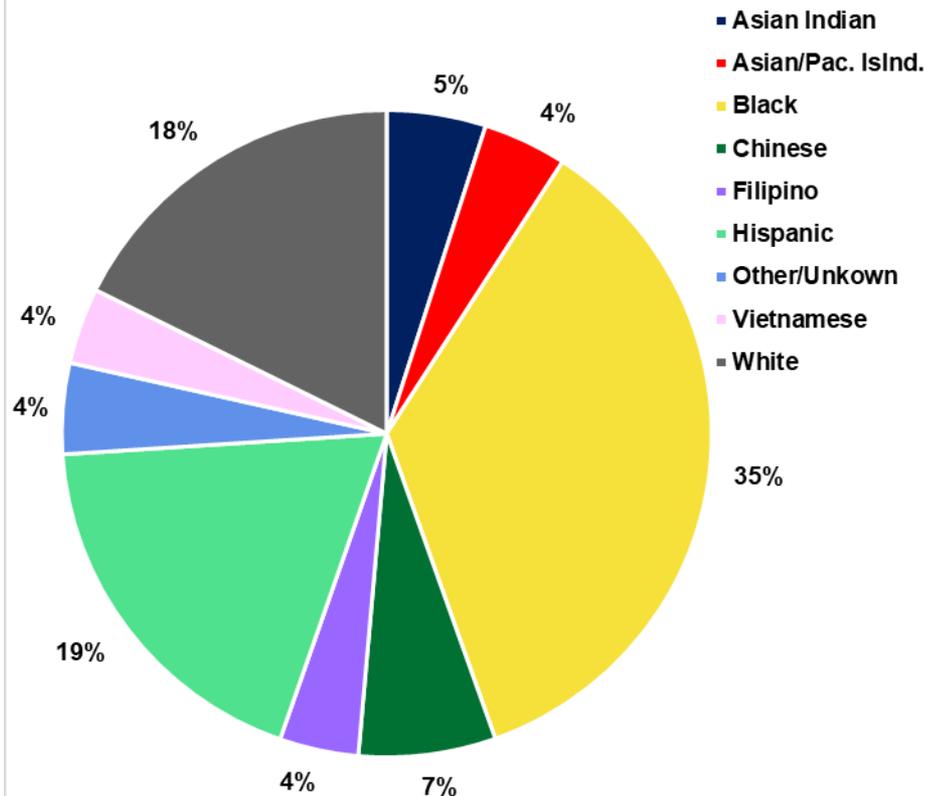
Member Experience by Ethnicity

- Health disparities exist in hospitalization rates in some ethnic groups.

MEMBERSHIP



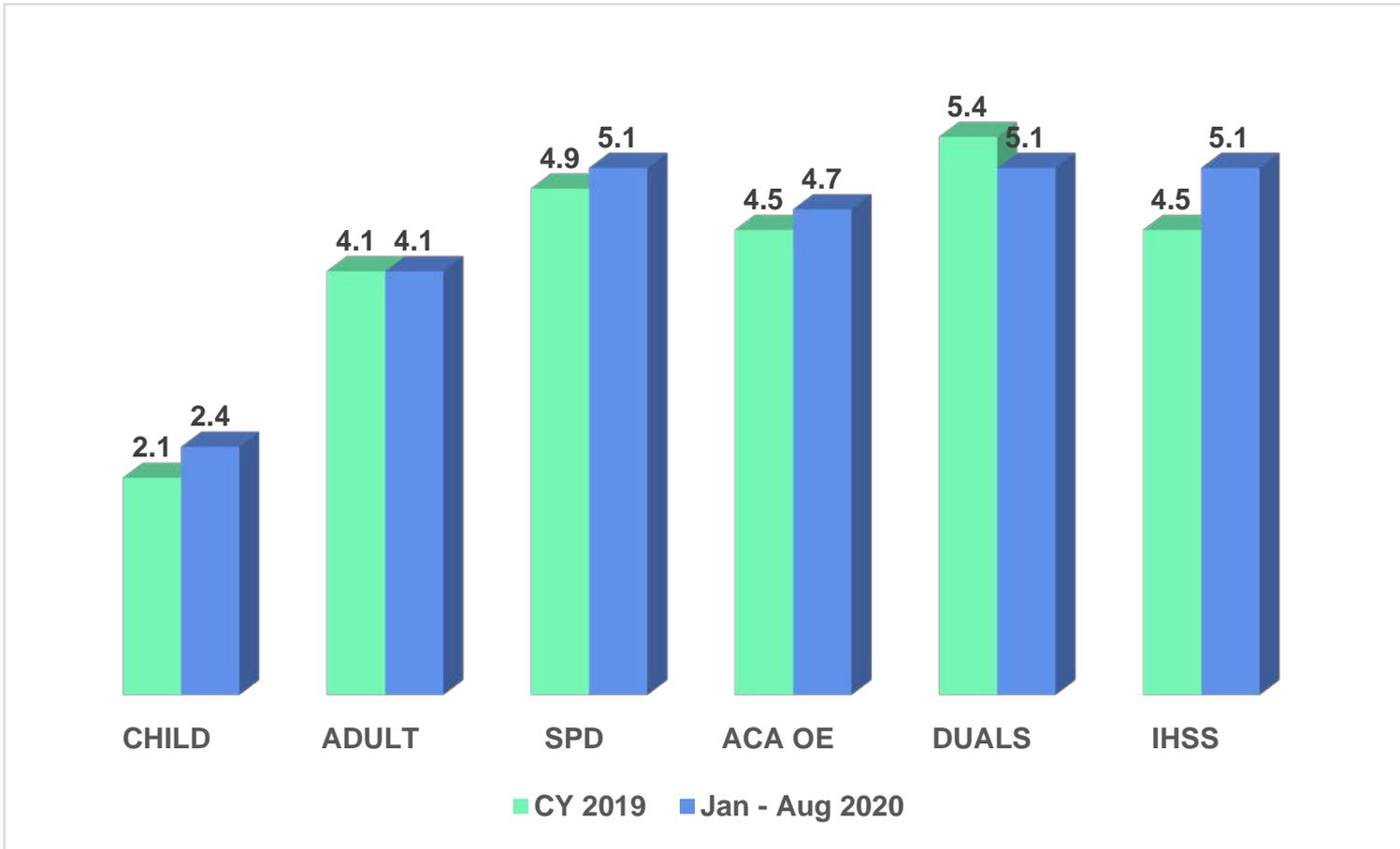
ACUTE INPATIENT DAYS



Inpatient Utilization and Cost Trends

Average Length of Stay by Category of Aid

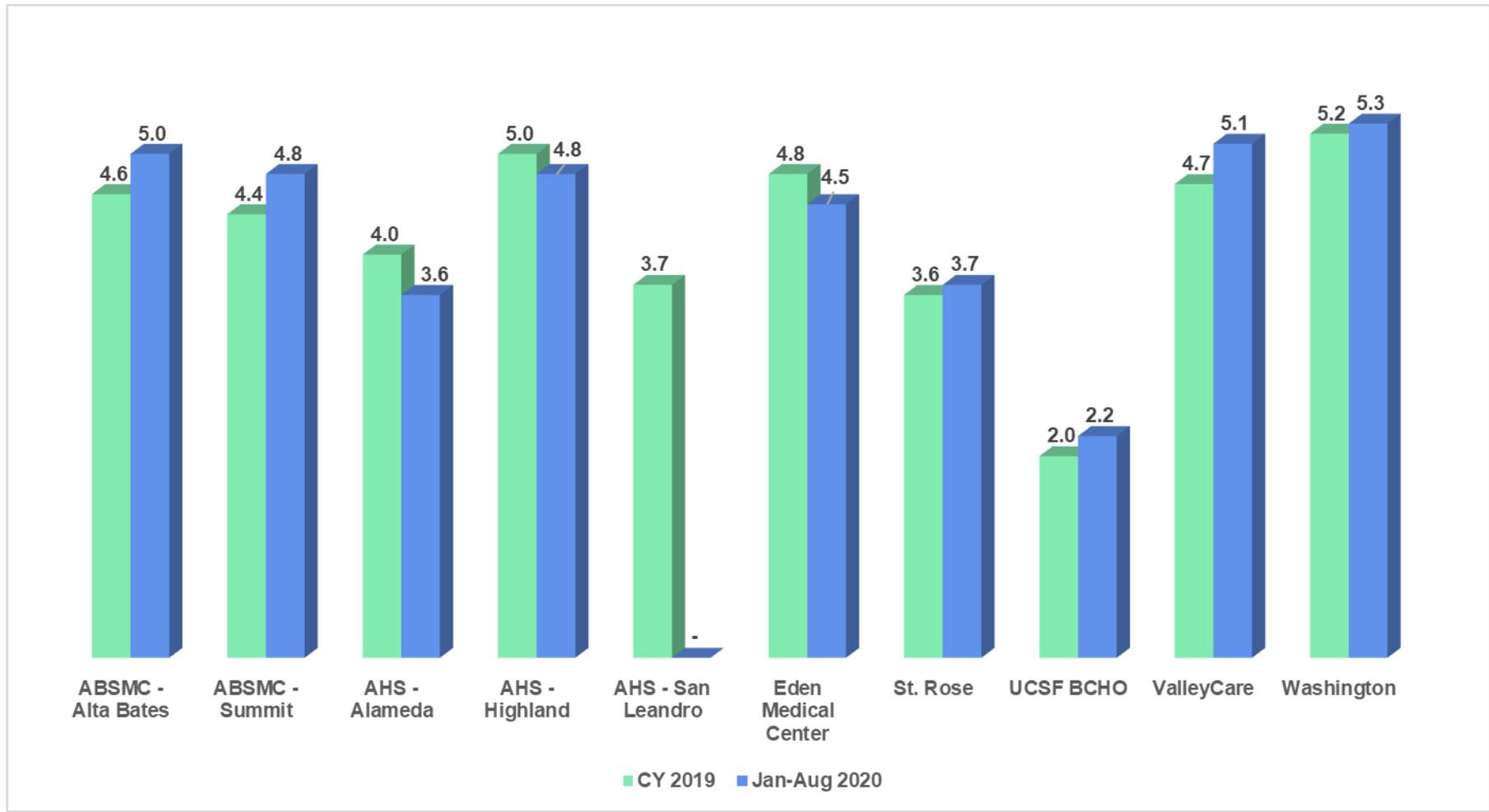
ACUTE INPATIENT AVERAGE DAYS PER STAY



Inpatient Utilization and Cost Trends

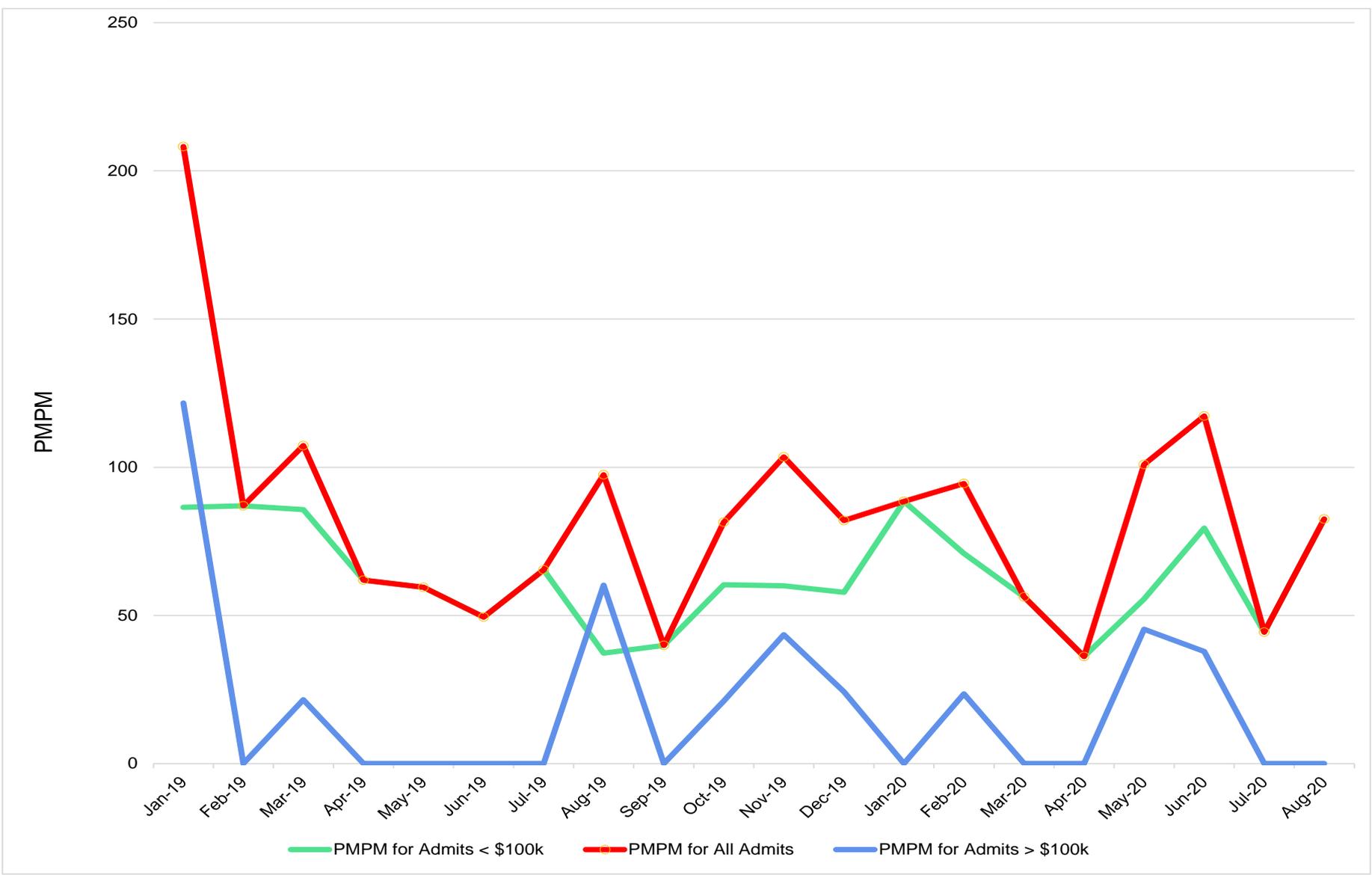
Average Length of Stay by Category of Aid

ACUTE INPATIENT AVERAGE DAYS PER STAY BY FACILITY



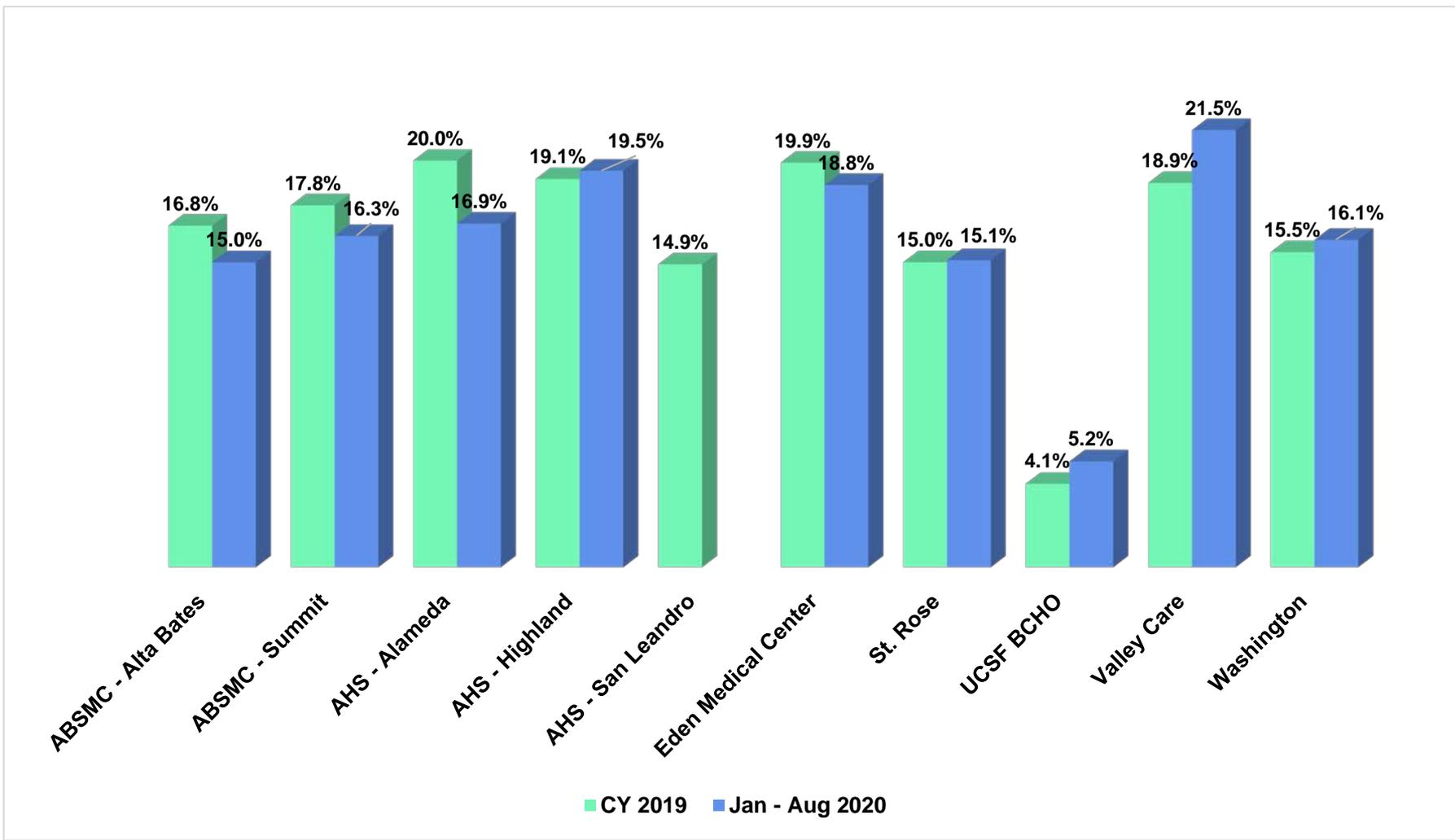
Inpatient Utilization and Cost Trends

Group Care Inpatient Expense Trend

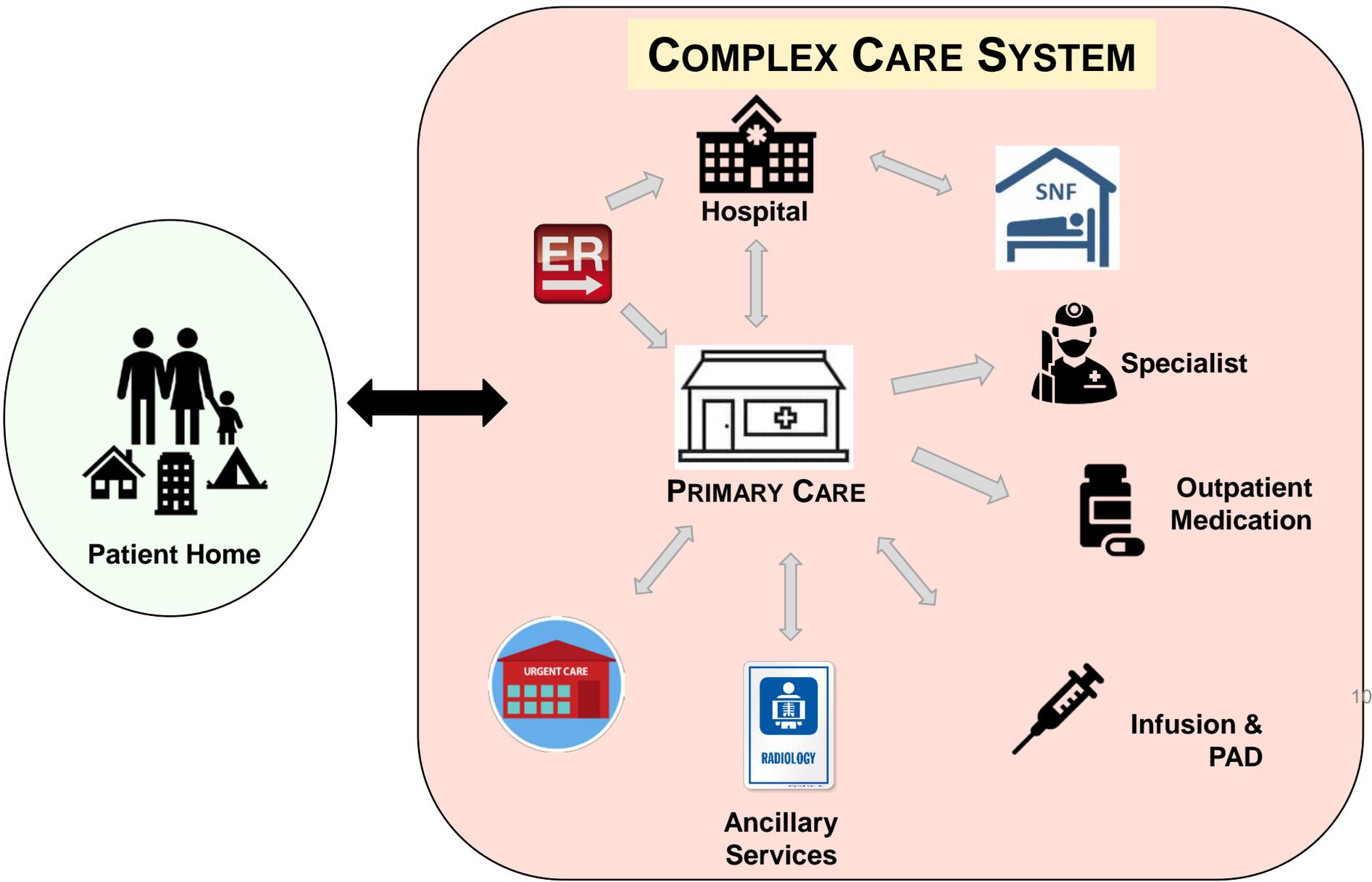


Inpatient Utilization and Cost Trends

Readmission Rates by Hospital



Access & Navigation





Acute Care Focus = Quality



Hospitalized
Patients
or at-risk



Physical



Emotional



SDOH

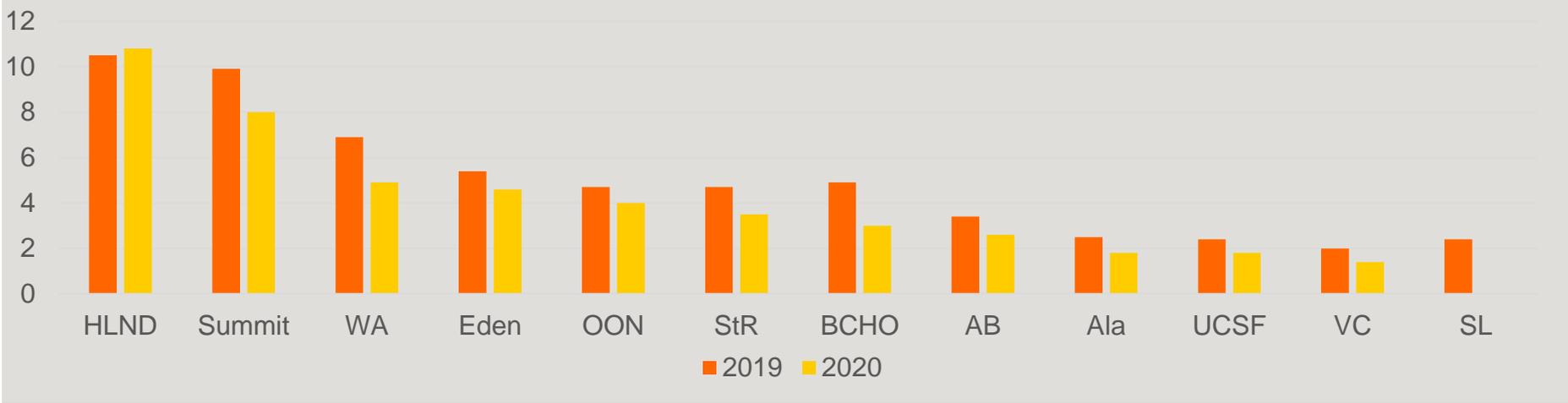
Readmissions = failed transitions of care





AAH Acute Care Volume

Medical Admissions* (~1,000/mo)



Maternity* (~200/mo)



*Admits/1000

ROLE RESPONSIBILITIES: **AAH (MCP)**

Function	AAH	
Concurrent review	XX	Evidenced based criteria Decisions, appeals, NOAs
Communication	X	TOC Planning & peer-to-peer long stay/complex patient rounds
Discharge Planning	X	Support hospital in discharge planning
Transitions of Care	XX	Coordinate TOC with hospital & PCP
Care Coordination	X	
Complex patients	XX	Lead agency for complex patients (CCM) with some managed in CB-CMEs
Claims	XX	
Quality	X	Monitoring hospital quality
G&A	X	



ROLE RESPONSIBILITIES: **Hospital**

Function	AAH	Hospital	
Concurrent review	XX	X	Contractually obligated
Communication	X	X	Notify of admission TOC planning
Discharge Planning	X	XX	Hospitals lead discharge planning
Transitions of Care	XX	X	Hospitals assist in TOC with aim to decrease readmissions
Care Coordination	X		
Complex patients	XX		
Claims	XX		
Quality	X	X	Hospitals responsible for quality of acute care
G&A	X		



ROLE RESPONSIBILITIES: Delegate

Function	AAH	Hospital	Delegate	
Concurrent review	XX	X	X	Delegates CHCN & CFMG perform these functions as part of their supervised delegation responsibilities
Communication	X	X	X	
Discharge Planning	X	XX	X	
Transitions of Care	XX	X	X	
Care Coordination	X		X	
Complex patients	XX			
Claims	XX		X (pro-fees)	
Quality	X	X		
G&A	X			



ROLE RESPONSIBILITIES: **CB-CME**

Function	AAH	Hospital	Delegate	CB-CME (~1,000 enrolled)	
Concurrent review	XX	X	X		
Communication	X	X	X		
Discharge Planning	X	XX	X		
Transitions of Care	XX	X	X	X	CB-CMEs focus on specific subsets of complex patients, including TOC
Care Coordination	X		X	X	
Complex patients	XX			X	
Claims	XX		X		
Quality	X	X			
G&A	X				



ROLE RESPONSIBILITIES: PCP

Function	AAH	Hospital	Delegate	CB-CME	PCP
Concurrent review	XX	X	X		
Communication	X	X	X		
Discharge Planning	X	XX	X		
Transitions of Care	XX	X	X	X	X
Care Coordination	X		X	X	X
Complex patients	XX			X	
Claims	XX		X		
Quality	X	X			
G&A	X				



ROLE RESPONSIBILITIES: Summary

Function	AAH	Hospital	Delegate	CB-CME	PCP
Concurrent review	XX	X	X		
Communication	X	X	X		
Discharge Planning	X	XX	X		
Transitions of Care	XX	X	X	X	X
Care Coordination	X		X	X	X
Complex patients	XX			X	
Claims	XX		X (pro-fees)		
Quality	X	X			
G&A	X				



Quality Goals

Access to Medically Necessary Care

Reduce Readmissions

Network

AHS, ABSMC,
 Eden
 St Rose, Valley
 Care, Washington,
 UCSF, Kindred,
 Stanford (oncology
 only)

Provider

Key focus of hospitals
 and patients so all
 parties have aligned
 incentives to reduce
 readmissions

 Support hospital efforts

Evidenced Based Criteria

Goal:
 ↓ Δ “approved”
 days and “actual”
 days (↓ LOS 0.25
 days)

TOC

Goal:
 Decrease
 readmission rate by
 1%



TOOLS: Transitions of Care

TOC Bundle

Elements

- Post d/c call
- Post d/c appt w/in 7d
- Medication access & reconciliation
- DME, home care
- Caregiver engagement
- SDOH assessment

Workforce

AAH: RNs, MSWs,
 navigators
 Delegates
 CB-CMEs

Hospital Partnerships

Provider

- Daily patient level communication (all hospitals)
- Weekly manager call re: long LOS & complex pts (*AHS, Sutter, Kindred*)
- Peer-to-peer

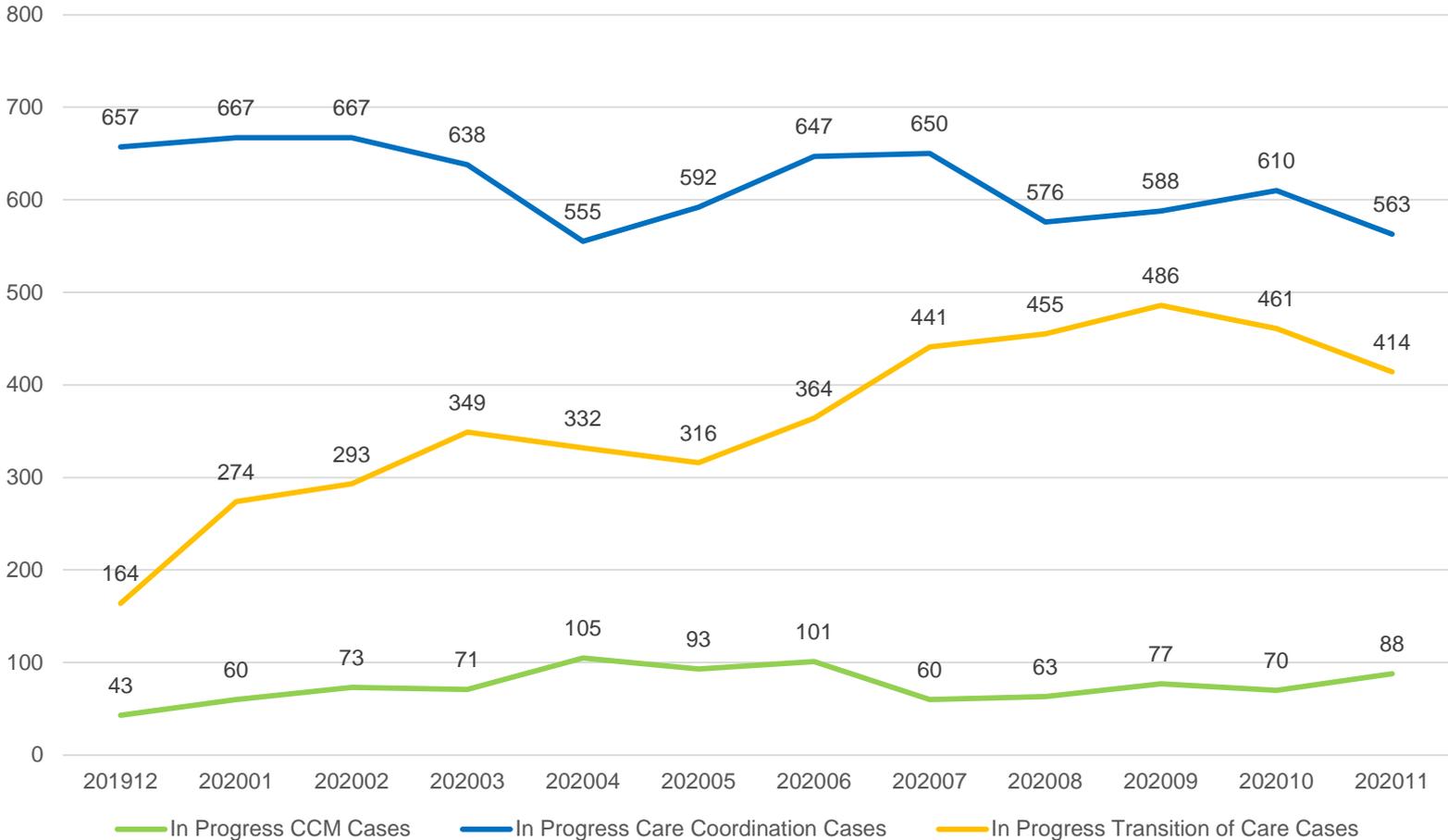
Future

ILOS in 2022



Increased TOC Focus

Total Cases by AAH staff



TOOLS: Hospital Avoidance

High Utilizer Management

- Complex Case Management
- CB-CMEs (target populations)
- Disease specific CM programs
 - Oncology
 - ESRD
 - Readmitted patients
 - Sickle cell (future)
- Pop Health directed Disease Management

Access

- Behavioral health
- CBAS
- Medical Respite
- Palliative Care
 - Outpatient pain management
- Hospice

Future

- ILOS/SDOH
- ED Level Interventions
 - Frequent utilizers
 - Hospital avoidance





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

Operations

Matt Woodruff

To: Alameda Alliance for Health Board of Governors
From: Matthew Woodruff, Chief Operating Officer
Date: January 8, 2021
Subject: Operations Report

Member Services

- 12-Month Trend Summary:
 - The Member Services Department received a twenty percent (20%) decrease in calls in December 2020, totaling 11,376 compared to 14,149 in December 2019.
 - The abandonment rate for December 2020 was five percent (5%), compared to nine percent (9%) in December 2019.
 - The Department's service level was sixty-four percent (64%) in December 2020, compared to seventy-nine percent (79%) in December 2019. Staffing challenges impact service levels. The Department continues to recruit to fill open positions.
 - 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 585 web-based requests in December 2020 compared to 431 in December 2019. The top three web reason requests were: 1). Change of PCP; 2). Update contact information; 3). ID Card Requests.
 - The top call reasons for December 2019 and December 2020 were: 1). Eligibility/Enrollment; 2). Change of PCP; 3). Kaiser; 4). Benefits; 5). ID Card Request.
 - The average talk time (ATT) was six minutes and forty-four seconds (06:44) for December 2020 compared to seven minutes and ten seconds (07:10) for December 2019.

- Training:
 - IT and Member Services continues to utilize existing call center solutions (through enhanced functionalities) and WebEx meetings to allow for remote training of new hires and existing staff using video, audio, and screen sharing. These integrated systems allow for virtual training and coaching of call center staff. The Department continues to work with IT to explore

existing system functionalities to enhance the training experience of our staff.

Claims

- 12-Month Trend Summary:
 - The Claims Department received 123,248 claims in December 2020 compared to 103,216 in December 2019.
 - The Auto Adjudication was 75.9% in December 2020 compared to 76.4% in December 2019.
 - Claims compliance for the 30-day turn-around time was 97.6% in December 2020 compared to 98.6% in December 2019. The 45-day turn-around time was 99.9% in December 2020 compared to 99.9% in December 2019.

- Training:
 - Routine and new hire training will continue to be conducted remotely by the managers/supervisors until staff returns to the office.

- Monthly Analysis:
 - In December, we received a total of 123,248 claims in the HEALTHsuite system. This represents an increase of 10.4% from November and is higher, albeit by 20,032 claims, than the number of claims received in December 2019; the higher volume of received claims remains attributed to COVID-19 and COBA implementation.
 - We received 78% of claims via EDI and 22% of claims via paper.
 - During December, 99.9% of our claims were processed within 45 working days.
 - The Auto Adjudication rate was 75.9% for December.

Provider Services

- 12-Month Trend Summary:
 - The Provider Services Department's call volume in December 2020 was 5,479 calls compared to 5,700 calls in December 2019.

- 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 215 visits during December 2020.
- The Provider Services department answered over 3,915 calls for December 2020 and made over 817 outbound calls.

Credentialing

- 12-Month Trend Summary:
 - At the Peer Review and Credentialing (PRCC) meeting held on December 15, 2020, there were eleven (11) initial providers approved; two (2) primary care providers, five (5) specialists, zero (0) ancillary providers, and four (4) midlevel providers. Additionally, thirty-five (35) providers were re-credentialed at this meeting; eight (8) primary care providers, eighteen (18) specialists, two (2) ancillary providers, and seven (7) 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 December 2020, the Provider Dispute Resolution (PDR) team received 724 PDRs versus 938 in December 2019.
 - The PDR team resolved 700 cases in December 2020 compared to 796 cases in December 2019.
 - In December 2020, the PDR team upheld 70% of cases versus 65% in December 2019.
 - The PDR team resolved 99.3% of cases within the compliance standard of 95% within 45 working days in December 2020 compared to 98% in December 2019.

- Monthly Analysis:
 - AAH received 724 PDRs in December 2020.
 - In December, 700 PDRs were resolved. Out of the 700 PDRs, 489 were upheld and 211 were overturned.

- Of the 211 overturned PDRs, it was determined that 64 cases were due to abnormal circumstances in that they were either related to unusual system issues or difficult to determine duplicate claims that could only be resolved with the documentation submitted with the PDRs. These claims do not indicate a new trend for processor or system issues and have been resolved. We would have been under the 25% overturn threshold if the system issues did not occur:
 - 11 Claims paid incorrectly due to Optum CES system edit issue and although this issue was previously resolved, we had some remaining claims that were impacted prior to the resolution and disputes filed. CES edit issues are typically timing issues. Over vendor Optum provides regular edit updates as the State makes regulation. Changes. There are going to be gaps on occasion in providing those updated, especially if they were retro-actively issued by the State. We work closely with Optum to narrow those timing gaps as much as possible.
 - 10 Claims were paid incorrectly due to new DHCS published rate changes for COVID19 before our system fee schedules could be updated. Our rates in our fee schedules have been updated.
 - 9 Claims were original denied for March Vision incorrectly. HealthSuite configuration has been corrected with the correct logic for March Vision.
 - 34 Claims were duplicate claims that could not be determined without the PDR documentation (i.e., two ER visits or Ambulance rides on the same day). The Claims Dept continues to strive to improve the difficult task of determining whether claims are duplicate or not. There are new enhancements in the HealthSuite upgrade that goes live this weekend that will help in this endeavor. In addition, these claims could have been resolved without a PDR, if the Provider had submitted the documentation with the original claim or even without a dispute.
- 37% of the overturned PDRs were attributed to “general” configuration issues; the re-design of the PDR database continues and will allow for more specificity of these configuration issues going forward.
- 695 out of 700 cases were resolved within 45 working days resulting in a 99.3% compliance rate.
- The average turn-around time for resolving PDRs in December was 43 days. There was one PDR with a 103 day turn-around time due to the original decision was determined to be incorrect. The Provider called and the case was reviewed and overturned past the resolution date.
- There were 1,587 PDRs pending resolution as of 12/31/2020, with no cases older than 45 working days.

Community Relations and Outreach

- The 2020 Year in Report:
 1. Alliance Member Connect Newsletter:
 - In 2020, the Alliance published a Spring/Summer 2020 and a Fall/Winter 2020 Alliance Member Connect Newsletter in our four (4) threshold languages: English, Spanish, Chinese and Vietnamese.
 - On average more than 163,000 copies of each publication were disseminated to member households to reach more than 270,000 members, and the publication was posted to the Alliance website.
 - Please see attached **Addendum A**.
 2. Provider Pulse Newsletter:
 - In 2020, the Alliance published a Summer / Fall 2020 Provider Pulse Newsletter
 - The publication was posted to the Alliance website and emailed to more than 320 Alliance providers in September 2020
 - Please see attached **Addendum B**.
 3. Print Ads:
 - In 2020, the Alliance published six print ads and two virtual videos in support of our community partners.
 - Please see attached **Addendum C**.
 4. Outreach:
 - 12-Month Trend Summary:
 - In 2020, the Alliance completed 65 community events throughout Alameda County and completed more than 6,000 member orientation outreach calls and 2,805 member orientations by phone. The Alliance participates in outreach events and activities to engage our members, providers, and community stakeholders to create awareness about who we are and how we help improve health in our community and to work towards becoming a household name in Alameda County.
 - The C&O Department reached 5,672 people (4,313 or 76% identified as Alliance members) during outreach activities.
 - The C&O Department spent a total of \$2,070 in donations, fees, and/or sponsorships.
 - The C&O Department reached members in more than 14 cities/unincorporated areas throughout Alameda County.

- Quarterly Analysis:
 - In Q2 2020, the C&O Department completed 630 member orientations by phone.
 - Among the 630 people reached, 100% identified as Alliance members.
 - In Q2 2020, the C&O Department reached members in 28 cities / unincorporated areas throughout Alameda County.
 - Please see attached **Addendum D**.

5. Social Media and Website Engagement

- In 2020, the Alliance website received 98,168 unique visits and 97,850 new user visits. The top 10 website page visits were as follows:
 - i. [Homepage](#)
 - ii. [Providers](#)
 - iii. [Find a Doctor](#)
 - iv. [Members](#)
 - v. [Members Medi-Cal](#)
 - vi. [Medi-Cal Benefits and Covered Services](#)
 - vii. [Contact Us](#)
 - viii. [Get a New ID Card](#)
 - ix. [Employee Access](#)
 - x. [Careers](#)
- The Alliance Glassdoor page maintained a 3.2 out of 5-star overall rating, an 83% CEO Approval, and received four (4) crowdsourced Glassdoor Reviews.
- The Alliance Facebook page had eight original posts and increased page likes to 532.
- The Alliance Twitter page had eight tweets and increased followers to 297.
- The Alliance LinkedIn page increased to 2.8K followers and received 190 clicks.
- The Alliance Yelp page appeared in Yelp searches 1,162 received five (5) crowdsourced reviews.
- Please see attached **Addendum E**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	December 2020
Incoming Calls (R/V)	11,376
Abandoned Rate (R/V)	5%
Answered Calls (R/V)	10,862
Average Speed to Answer (ASA)	01:11
Calls Answered in 30 Seconds (R/V)	64%
Average Talk Time (ATT)	06:44
Outbound Calls	8,264

Top 5 Call Reasons (Medi-Cal and Group Care) December 2020
Change of PCP
Kaiser
Eligibility/Enrollment
Benefits
ID Card Request

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) December 2020
Change of PCP
Update Contact Info
ID Card Request

Claims Department
November 2020 Final and December 2020 Final

METRICS		
Claims Compliance	Nov-20	Dec-20
90% of clean claims processed within 30 calendar days	98.8%	97.6%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	Nov-20	Dec-20
Paper claims	23,496	27,600
EDI claims	88,180	95,648
Claim Volume Total	111,676	123,248
Percentage of Claims Volume by Submission Method	Nov-20	Dec-20
% Paper	21.04%	22.39%
% EDI	78.96%	77.61%
Claims Processed	Nov-20	Dec-20
HEALTHsuite Paid (original claims)	78,193	102,344
HEALTHsuite Denied (original claims)	24,471	30,902
HEALTHsuite Original Claims Sub-Total	102,664	133,246
HEALTHsuite Adjustments	3,797	826
HEALTHsuite Total	106,461	134,072
Claims Expense	Nov-20	Dec-20
Medical Claims Paid	\$40,481,344	\$52,407,011
Interest Paid	\$43,302	\$24,896
Auto Adjudication	Nov-20	Dec-20
Claims Auto Adjudicated	80,901	101,094
% Auto Adjudicated	78.8%	75.9%
Average Days from Receipt to Payment	Nov-20	Dec-20
HEALTHsuite	18	19
Pended Claim Age	Nov-20	Dec-20
0-29 calendar days		
HEALTHsuite	16,834	20,083
30-59 calendar days		
HEALTHsuite	269	496
Over 60 calendar days		
HEALTHsuite	0	1
Overall Denial Rate	Nov-20	Dec-20
Claims denied in HEALTHsuite	24,471	30,902
% Denied	23.0%	23.0%

Claims Department

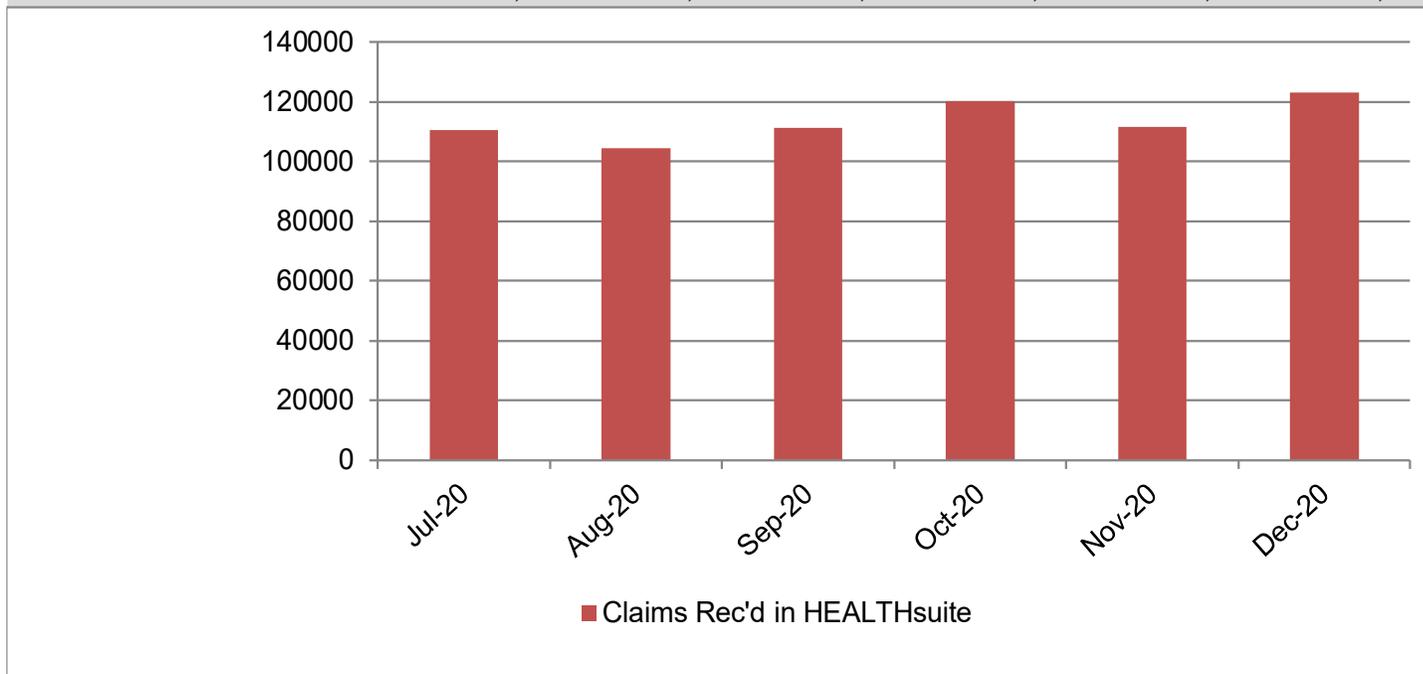
November 2020 Final and December 2020 Final

Dec-20

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	21%
Duplicate Claim	14%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	11%
Non-Covered Benefit for this Plan	10%
No Benefits Found For Dates of Service	9%
% Total of all denials	65%

Claims Received By Month

Claims Received Through	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Claims Rec'd in HEALTHsuite	110,462	104,293	111,255	120,149	111,676	123,248



Provider Relations Dashboard December 2020

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	6256	5179	6191	5630	5740	6281	6467	5547	5584	5982	4463	5479
Abandoned Calls	1354	566	921	981	781	1158	1612	889	1188	1883	911	1564
Answered Calls (PR)	4902	4613	5270	4649	4959	5123	4855	4658	4396	4099	3552	3915
Recordings/Voicemails	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (R/V)	680	309	517	563	376	588	747	405	632	1090	436	876
Abandoned Calls (R/V)												
Answered Calls (R/V)	680	309	517	563	376	588	747	405	632	1090	436	876
Outbound Calls	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Outbound Calls	1308	1187	1439	948	1032	1035	996	923	840	915	752	817
N/A												
Outbound Calls	1308	1187	1439	948	1032	1035	996	923	840	915	752	817
Totals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Incoming, R/V, Outbound Calls	8244	6675	8147	7141	7148	7904	8210	6875	7056	7987	5651	7172
Abandoned Calls	1354	566	921	981	781	1158	1612	889	1188	1883	911	1564
Total Answered Incoming, R/V, Outbound Calls	6890	6109	7226	6160	6367	6746	6598	5986	5868	6104	4740	5608

Provider Relations Dashboard December 2020

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	3.0%	3.3%	3.6%	2.1%	2.1%	1.6%	2.6%	1.9%	2.0%	2.0%	3.1%	3.8%
Benefits	4.7%	6.1%	0.6%	5.2%	4.3%	4.4%	7.2%	5.1%	2.5%	2.7%	3.9%	4.2%
Claims Inquiry	40.7%	39.7%	41.9%	51.7%	54.8%	46.2%	49.7%	46.6%	47.8%	46.0%	42.3%	40.1%
Change of PCP	3.2%	3.5%	3.7%	1.7%	2.1%	2.0%	2.5%	3.3%	2.3%	1.9%	4.0%	4.2%
Complaint/Grievance (includes PDR's)	2.7%	2.9%	2.4%	2.5%	2.9%	2.3%	0.0%	2.5%	2.6%	3.3%	4.5%	4.4%
Contracts	0.2%	0.4%	0.3%	0.3%	0.4%	0.4%	0.5%	0.5%	0.4%	0.4%	0.6%	0.7%
Correspondence Question/Followup	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Demographic Change	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%
Eligibility - Call from Provider	27.7%	24.3%	25.3%	14.0%	14.8%	15.0%	18.7%	20.2%	24.1%	24.3%	23.1%	23.5%
Exempt Grievance/ G&A	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.2%
General Inquiry/Non member	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Education	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intrepreter Services Request	2.0%	2.3%	2.8%	1.4%	1.6%	1.6%	2.3%	1.2%	1.7%	1.4%	1.9%	1.9%
Kaiser	0.1%	0.3%	0.0%	0.3%	0.2%	0.2%	0.1%	0.0%	0.2%	0.2%	0.3%	0.2%
Member bill	0.0%	0.0%	0.7%	0.8%	1.0%	0.9%	0.8%	0.7%	0.7%	3.2%	0.3%	0.3%
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Provider Portal Assistance	2.3%	3.4%	6.3%	7.6%	6.4%	3.7%	4.2%	3.9%	4.5%	6.2%	4.5%	4.2%
Pharmacy	0.8%	1.0%	0.7%	0.8%	0.8%	0.7%	0.5%	0.9%	0.8%	0.9%	1.1%	1.0%
Provider Network Info	0.1%	0.3%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	1.5%	1.4%	0.6%
Transferred Call	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%
All Other Calls	11.9%	12.1%	11.1%	11.2%	8.2%	20.7%	10.5%	12.7%	10.2%	5.9%	8.6%	10.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

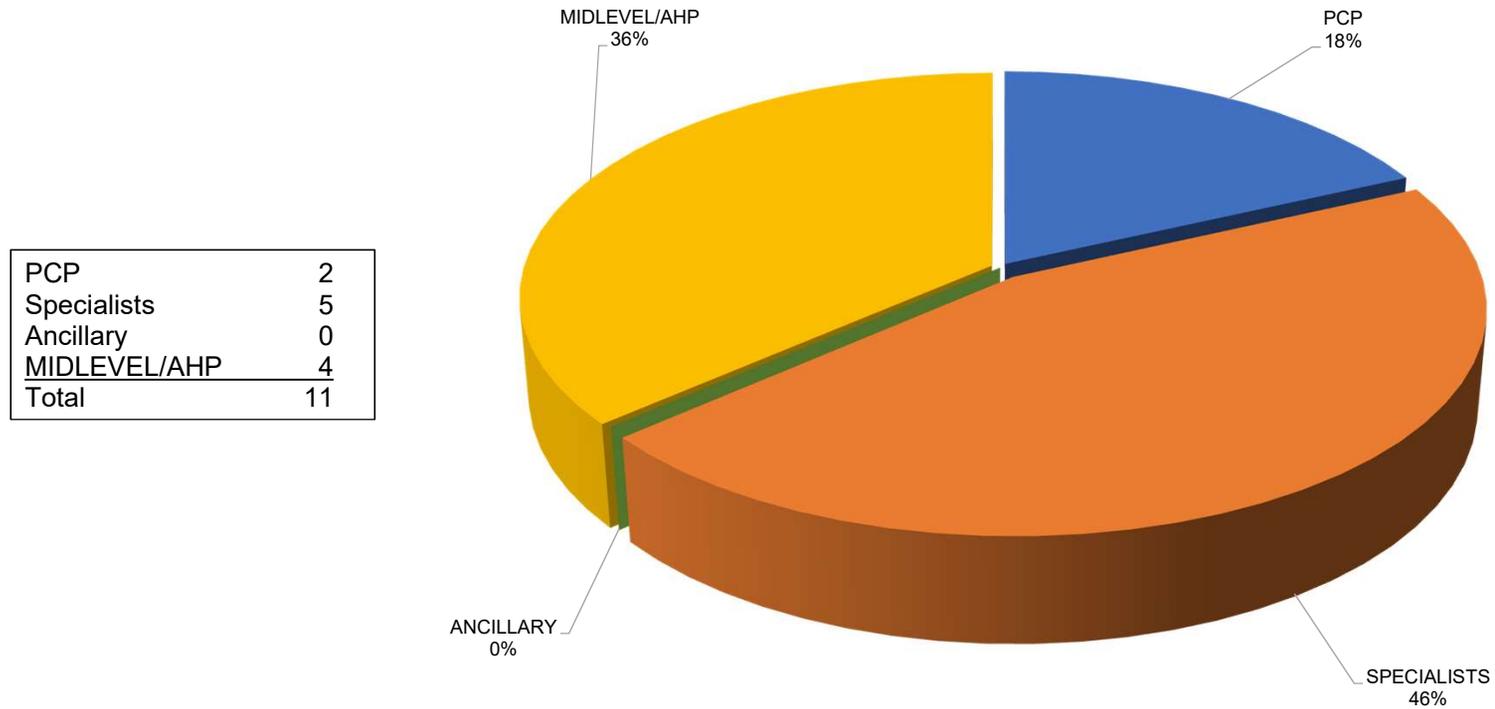
Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	8	3	6	31	33	11	4	4	12	13	7	19
Contracting/Credentialing	1	2	2	22	24	9	1	3	7	10	9	12
Drop-ins	12	6	48	6	0	0	0	0	0	0	0	0
JOM's	2	3	4	3	1	4	2	4	2	3	2	2
New Provider Orientation	17	3	3	22	23	11	4	7	1	27	40	42
Quarterly Visits	64	124	23	177	145	147	204	281	162	173	146	137
UM Issues	0	0	0	0	4	1	0	0	1	6	0	3
Total Field Visits	104	141	86	261	230	183	215	299	185	232	204	215

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALLED PRACTITIONERS					
Practitioners	AHP 410	PCP 369	SPEC 660	PCP/SPEC 18	
				COMBINATION OF GROUPS	
AAH/AHS/CHCN Breakdown	AAH 449	AHS 210	CHCN 441	357	
Facilities	268				
VENDOR SUMMARY					
Credentialing Verification Organization, Symply CVO					
	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	6	13	25	Y	Y
Recred Files in Process	42	24	25	Y	Y
Expirables updated					
Insurance, License, DEA, Board Certifications					Y
Files currently in process	48				
CAQH Applications Processed in December 2020					
		Invoice not received			
Standard Providers and Allied Health					
December 2020 Peer Review and Credentialing Committee Approvals					
	Initial Credentialing	Number			
	PCP	2			
	SPEC	5			
	ANCILLARY	0			
	MIDLEVEL/AHP	4			
		11			
	Recredentialing				
	PCP	8			
	SPEC	18			
	ANCILLARY	2			
	MIDLEVEL/AHP	7			
		35			
	TOTAL	46			
December 2020 Facility Approvals					
Initial Credentialing	1				
Recredentialing	6				
Facility Files in Process	30				
December 2020 Employee Metrics					
File Processing	Timely processing within 3 days of receipt	Y			
Credentialing Accuracy	<3% error rate	Y			
DHCS, DMHC, CMS, NCQA Compliant	98%	Y			
MBC Monitoring	Timely processing within 3 days of receipt	Y			

LAST NAME	FIRST NAME	CATEGORY	Initial/Recred	CRED DATE
Afzali	Payam	Specialist	Initial	12/15/2020
Agrawal	Priya	Specialist	Initial	12/15/2020
Benard	Robert	Allied Health	Initial	12/15/2020
Coates	Sarah	Specialist	Initial	12/15/2020
Coy-Chang	Ana	Allied Health	Initial	12/15/2020
Farrahi	Farinaz	Specialist	Initial	12/15/2020
Green	David	Specialist	Initial	12/15/2020
Jurado	Chrystal Joy	Allied Health	Initial	12/15/2020
Pina Gomes	Chantal	Primary Care Physician	Initial	12/15/2020
Ruben	Elizabeth	Allied Health	Initial	12/15/2020
Wells	Eric	Primary Care Physician	Initial	12/15/2020
Ahuja	Rajiv	Primary Care Physician	Recred	12/15/2020
Berry	Lyn	Primary Care Physician	Recred	12/15/2020
Bhandari	Bhupinder	Specialist	Recred	12/15/2020
Cohen	Arielle	Allied Health	Recred	12/15/2020
Cunningham	Emmett	Specialist	Recred	12/15/2020
Curtis	Natalie	Primary Care Physician	Recred	12/15/2020
De Unamuno	Melissa	Ancillary	Recred	12/15/2020
Dickey	Jan	Primary Care Physician	Recred	12/15/2020
Ferguson	Rollington	Specialist	Recred	12/15/2020
Galan	Igor	Specialist	Recred	12/15/2020
Guh	Emily	Primary Care Physician	Recred	12/15/2020
Hadilaksono	Matthew	Specialist	Recred	12/15/2020
Herscu	Gabriel	Specialist	Recred	12/15/2020
Landau	Claudia	Primary Care Physician and Specialist	Recred	12/15/2020
Lee	Michael	Specialist	Recred	12/15/2020
Lee	Sun Ik	Specialist	Recred	12/15/2020
Ludmer	Paul	Specialist	Recred	12/15/2020
Luo	Caesar	Specialist	Recred	12/15/2020
Moghaddam	Amennah	Allied Health	Recred	12/15/2020
Pham	Nancy	Allied Health	Recred	12/15/2020
Phan	Nghia	Ancillary	Recred	12/15/2020
Rausa	Katherine	Specialist	Recred	12/15/2020
Ringrose	Elizabeth	Specialist	Recred	12/15/2020
Romero	Denise	Specialist	Recred	12/15/2020
Sandhu	Ajit	Primary Care Physician	Recred	12/15/2020
Schapiro	Naomi	Allied Health	Recred	12/15/2020
Schiff	Carrie	Allied Health	Recred	12/15/2020
Silva	Suzanne	Allied Health	Recred	12/15/2020
Stelling	Carla	Specialist	Recred	12/15/2020
Swamy	Uma	Specialist	Recred	12/15/2020
Teran	Rafael	Allied Health	Recred	12/15/2020
Thomas	Jeffrey	Specialist	Recred	12/15/2020
Williams	Danielle	Primary Care Physician	Recred	12/15/2020
Wood	William	Specialist	Recred	12/15/2020
Zeme	Mark	Specialist	Recred	12/15/2020

DECEMBER PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALTY



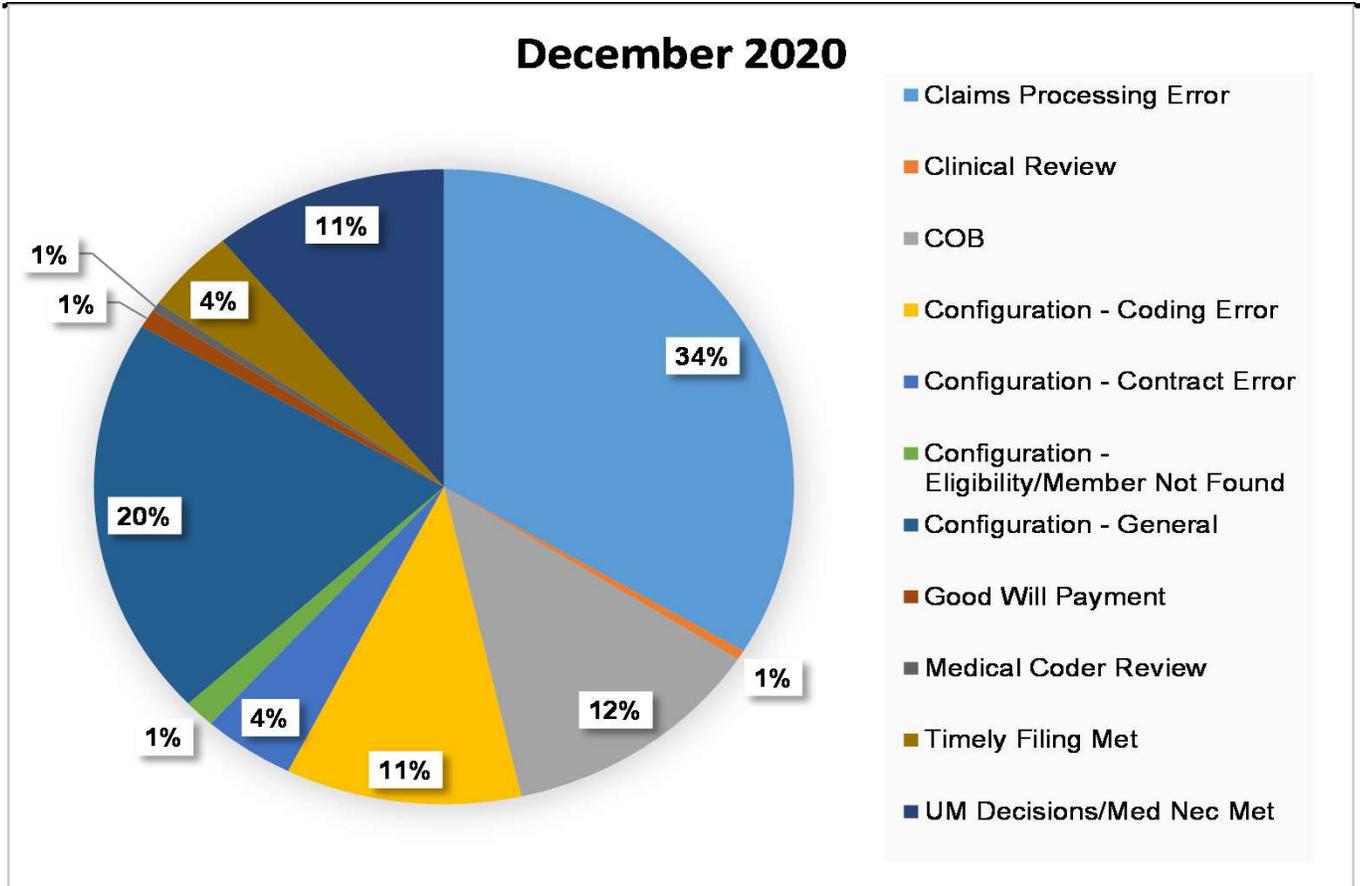
**Provider Dispute Resolution
November 2020 and December 2020**

METRICS		
PDR Compliance		
# of PDRs Resolved	Nov-20	Dec-20
	680	700
# Resolved Within 45 Working Days	679	695
% of PDRs Resolved Within 45 Working Days	99.9%	99.3%
PDRs Received		
# of PDRs Received	Nov-20	Dec-20
	790	724
PDR Volume Total	790	724
PDRs Resolved		
# of PDRs Upheld	Nov-20	Dec-20
	457	489
% of PDRs Upheld	67%	70%
# of PDRs Overturned	223	211
% of PDRs Overturned	33%	30%
Total # of PDRs Resolved	680	700
Average Turnaround Time		
Average # of Days to Resolve PDRs	Nov-20	Dec-20
	42	43
Oldest Unresolved PDR in Days	46	103
Unresolved PDR Age		
0-45 Working Days	Nov-20	Dec-20
	1,480	1,587
Over 45 Working Days	0	0
Total # of Unresolved PDRs	1,480	1,587

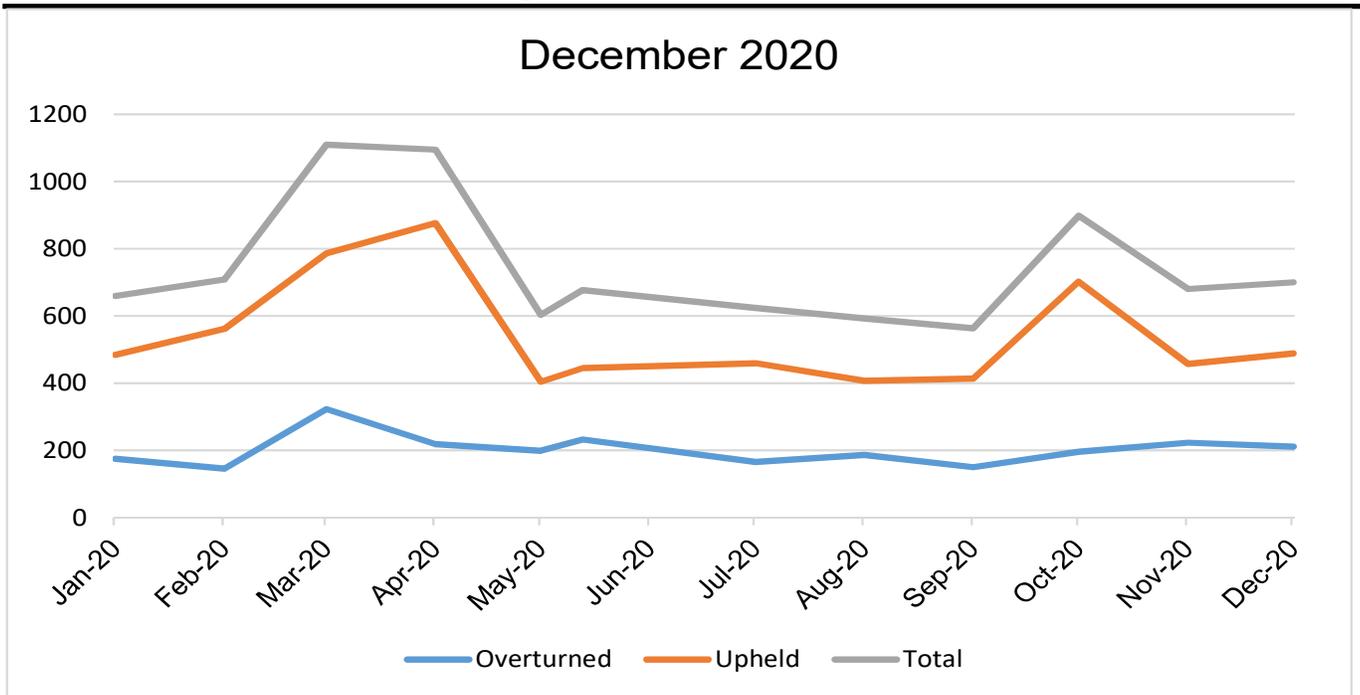
Provider Dispute Resolution November 2020 and December 2020

Dec-20

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line





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

Compliance

Richard Golfin III

To: Alameda Alliance for Health Board of Governors

From: Richard Golfin III, Chief Compliance & Privacy Officer

Date: January 8, 2021

Subject: Compliance & Legal Report

Compliance Activity Updates

- *2018 DHCS Medical Audit:*
 - The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of the Plan from June 11, 2018, through June 22, 2018. The audit covered the period of June 1, 2017, through March 31, 2018. On December 7, 2020, the Plan received a CAP closure letter. The CAP letter indicates that all identified Corrective Actions from the review period have been accepted, and the CAP process is closed.

- *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. This focused audit was triggered by complaints lodged with DHCS by Kindred Hospital. The review period for the audit is two years, from October 1, 2018, through September 30, 2020. The scope of the audit includes Administration, Utilization Management, Concurrent Review, Quality, Claims, and Provider Disputes. Initial documentation submissions were completed on November 9, 2020. There have been supplemental requests by the Department, but results or preliminary findings have not been communicated to the Plan or its delegate, CHCN.

- *2021 NCQA Survey:*
 - On July 1, 2020, the Plan received notification of a CAP resurvey to confirm completion of findings outlined in the 2019 Health Plan Accreditation survey. The review will be focused on UM 7B, a "must pass" element for continued status. A UM 7B review will consist of an evaluation of denial language and referenced criterion for UM decision-making. Materials are due January 12, 2021, with the virtual on-site survey scheduled for February 15, 2021.

- *2021 DMHC Full Medical Survey:*
 - On November 13, 2020, the DMHC sent a notice to the Plan of the 2021 DMHC Routine Medical Survey beginning April 12, 2021. Recently, the Plan completed its pre-audit submission, which includes multiple questionnaires, sample case files, logs, and an extensive document crosswalk. Responses were due on December 10, December 13, December 16, December 28, and December 30. Challenged by holiday time-off, staff rearranged pre-

approved vacation so the Plan could meet its objectives on time. The Plan successfully completed its Pre-Audit submission just after midnight on December 31.

- 2021 DHCS Routine Medical Survey:
 - The DHCS has rescheduled the previously delayed June 2020 Annual Medical Audit to June or July 2021. As a part of its modified audit approach during the public health emergency, the audit lookback period has been extended to include two years of Plan activity, potentially going back as far as Summer 2019. The review will likely be held virtually.
- 2020 Annual Network Certification Corrective Action Plan:
 - On November 10, 2020, the DHCS issued a Corrective Action Plan in response to the March 2020 Annual Network Certification submission. On December 23, 2020, the Plan completed its response to the Department's feedback, to include updated maps and analysis outlining the extent of the Plan's network; updated requests for Plan and delegate alternative access standards, and; revised out-of-network policies covering access, availability and authorization requests.

Regulatory Updates

- COVID-19 Network Metrics and Reporting to State Regulators [UPDATE]:
 - Since March 2020, the Plan has reported metrics of new COVID-19 positive tests and COVID-19 related hospitalizations. These reports are made daily to the DHCS by the Compliance Department. As of December 31, 2020, the Plan has had 1609 members test positive for COVID-19 and 1442 hospital admissions associated with COVID-19.
 - Beginning Tuesday, January 5, 2021, Plans are to report only on facility/service locations newly impacted by the COVID-19 public health emergency. This includes but is not limited to provider offices, clinics, medical offices, hospitals, and other facilities within the Plan's network where services or business operations have been impacted by COVID-19. Reportable impacts include Facility Closures, Facilities Operating at Reduced Capacity, and Facilities previously reported but with a change in current status.
- Network Certification – AB1642 Compliance:
 - Relative to the 2020 Network Certification Process, the Plan was recently held to be in compliance with AB 1642. The law requires that plans requesting alternative access from existing appointment travel time standards include a description of how the Plan intends to arrange access to covered services on its website. The Plans policies and procedures and website mock-up were found to be compliant with the law.

Plan Policy Development

- Privacy & Security Program Development:
 - Leadership from the Compliance and Security Departments have developed a strategy workgroup designed to organize and execute Privacy and Data Security initiatives across the Plan. These collaborative meetings, held monthly, set the tone for privacy and security policy and are critical to safeguarding member information and Plan infrastructure. In addition to setting and obtaining S.M.A.R.T. Goals, the privacy and security teams will embark on a year-long effort to train and educate staff on the importance of the HIPAA Privacy and Security Rules.



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

Health Care Services

Steve O'Brien, MD

To: Alameda Alliance for Health Board of Governors

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

Date: January 8, 2021

Subject: Health Care Services Report

Utilization Management: Outpatient

- The Outpatient UM team continues to maintain Turn-Around-Times (TAT) above benchmark.
- Trucare, the computer software used by the UM team, was upgraded to the web-based version on December 23 after considerable effort by the whole team.
- The UM team is receiving authorizations submitted online via the Provider Portal. About 30% of referrals are being received via the Portal, and plans are in development to increase usage by providers. Use of the Provider Portal is expected to increase accuracy, satisfaction of providers, and productivity in the UM team.
- NOA (Notice of Action) Letter improvements are continuing, with standard language being developed. Engagement with delegates on monitoring their NOAs is going well, with improvements noted.
- The UM team is working on automating the NOA letters within TruCare to drive standardization and efficiency.
- UM is collaborating with the Claims department on a project improvement on the interface between the authorizations and the claims system, Health Suite, to ensure payment integrity.

Outpatient Authorization Denial Rates			
Denial Rate Type	October 2020	November 2020	December 2020
Overall Denial Rate	3.5%	3.3%	2.9%
Denial Rate Excluding Partial Denials	3.3%	3.2%	2.8%
Partial Denial Rate	0.2%	0.1%	0.1%

Turn Around Time Compliance			
Line of Business	October 2020	November 2020	December 2020
Overall	99%	99%	99%
Medi-Cal	99%	99%	99%
IHSS	98%	97%	100%
<i>Benchmark</i>	<i>95%</i>	<i>95%</i>	<i>95%</i>

Utilization Management: Inpatient

- The IP UM team monitors and reports the hospitalizations of members with COVID-19 to AAH leadership, and these reports are sent to DHCS. COVID-19 admissions have started rising, and COVID patients have a significantly longer Length of Stay. The UM team works with Case Management to additional support members with COVID coming out of the hospital.
- Trucare, the software used by UM, successfully launched to the web-based version in December.
- The IP UM team is starting to take responsibility for post-discharge care authorizations as part of the increased focus on discharge planning support to our hospitals.
- The IP UM department is now working closely with Finance to improve the forecasting of high acuity members hospitalized with catastrophic diagnoses.
- IP UM is working actively with AHS, Sutter, Washington, and Kindred to partner regarding members with difficult discharge needs; we are meeting weekly with them.

Inpatient Utilization			
Total All Aid Categories			
Actuals (excludes Maternity)			
Metric	September 2020	October 2020	November 2020
Authorized LOS	4.5	4.5	4.2
Admits/1,000	54.9	50.5	49.7
Days/1,000	244.4	225.5	209.7

Pharmacy

- Pharmacy has met turn-around time compliance for Medical line of business and turn-around time compliance for Group Care line of business.
- Outpatient initial approval rate is 38%, and denial rates are 34%. The approval rate declined, and so did denial rates compared to previous reporting periods. Medications for pain, diabetes, acne, hypertriglyceridemia, and eczema share formulary issues as the most common reason for denials. AAH offers clinically equal and more cost-effective formulary alternatives.
- DHCS lengthens pharmacy carve-out transition to April 1, 2021. Magellan and DHCS sent out a communication to all enrolled providers and members in mid-December 2020. After the carve-out, the State of California will take back many pharmacy responsibilities, including drug coverage, rebate, utilization management, and pharmacy provider network. AAH is to maintain beneficiary care coordination, drug adherence, disease and medication management, in authorization, denial & appeals of physician administered drugs (PAD), and outpatient infusion drugs. The pharmacy team has worked closely with Project Management and other departments to prepare for the transition. Mailings informing members will be sent out in February 2021.

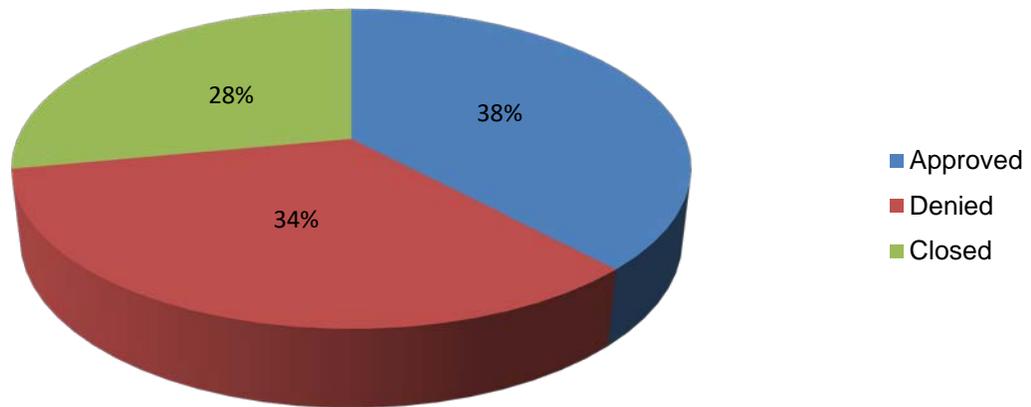
- Quality improvement and cost containment initiatives continue with a focus on effective formulary management, coordination of benefit & joint collaboration with quality and case management to improve drug adherence, disease and medication management, and generic utilization. Senior Pharmacy Director Helen Lee is also leading initiatives on Asthma Affinity Work Group, biosimilar optimization, PAD focused partnership, channel management, and site of care and infusion strategy.

Outpatient Pharmacy Prior Authorization Request Summary December 2020

Summary Table

Decisions	Number of PAs Processed
Approved	749
Denied	663
Closed	538
Total	1950

December 2020 Outpatient Pharmacy Auth by Decision Types



Top 10 Drug Categories by Number of Denials

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
3	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
4	OMEGA-3 ETHYL ESTERS 1 GM CAP	Hypertriglyceridemia	Criteria for approval not met
5	TRETINOIN 0.05% CREAM	Acne	Criteria for approval not met
6	TACROLIMUS 0.1% OINTMENT	Eczema	Criteria for approval not met
7	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Criteria for approval not met
8	FREESTYLE LIBRE 14 DAY READER	Diabetes	Criteria for approval not met
9	HUMALOG 100 UNIT/ML KWIKPEN	Diabetes	Criteria for approval not met
10	INVOKANA 100 MG TABLET	Diabetes	Criteria for approval not met

Case and Disease Management

- TruCare, the computer software used by the CM team, was upgraded to the latest web-based version in December.
- A focus for medical expense reduction is reducing readmissions, and the CM department has launched focused work in this area, now working with both AHS and Sutter.
- Case Management is widening the reach of the Transitions of Care Program from AHS hospitals to other Hospitals.
- CM is also participating with Project Open Hand (POH) on a research study for members with diabetes to see if tailored meals can demonstrate a measurable improvement in diabetes management.

Health Homes & Alameda County Care Connect (AC3)

- The State is relaunching parts of the CalAIM program in 2022, and this includes Enhanced Case Management (ECM). Preliminary planning for this transition began in December with the AAH Project Management Office to ensure successful integration of HHP and AC3 into ECM.
 - Early work on the ECM transition has started, with policy revisions, reviewing the Model of Care, consideration of potential In Lieu of Services, and development of a project plan.
- The quality improvement project for services to members who are homeless has launched, with the goal for the CB-CMEs to use best practice interventions for this vulnerable set of members. CB-CMEs have had specialized training and are tracking their efforts at housing stabilization.

Case Type	New Cases Opened in November 2020	Total Open Cases As of November 2020
Care Coordination	200	572
Complex Case Management	52	87
Transitions of Care	204	409

Grievances & Appeals

- All cases except expedited grievances were resolved within the goal of 95% within regulatory timeframes;
- Total grievances resolved in September went over our goal of less than 1 complaint per 1,000 members at 6.67 complaints per 1,000 members;
- The Alliance’s goal is to have an overturn rate of less than 25%, for the reporting period of December 2020; we did not meet our goal at 27.9% overturn rate.

December 2020 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	729	30 Calendar Days	95% compliance within standard	719	98.6%	2.65
Expedited Grievance	4	72 Hours	95% compliance within standard	4	100.0%	0.01
Exempt Grievance	1,056	Next Business Day	95% compliance within standard	1,055	99.9%	3.83
Standard Appeal	48	30 Calendar Days	95% compliance within standard	48	100.0%	0.17
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.0%	0.01
Total Cases:	1,838		95% compliance within standard	1,827	99.4 %	6.67

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

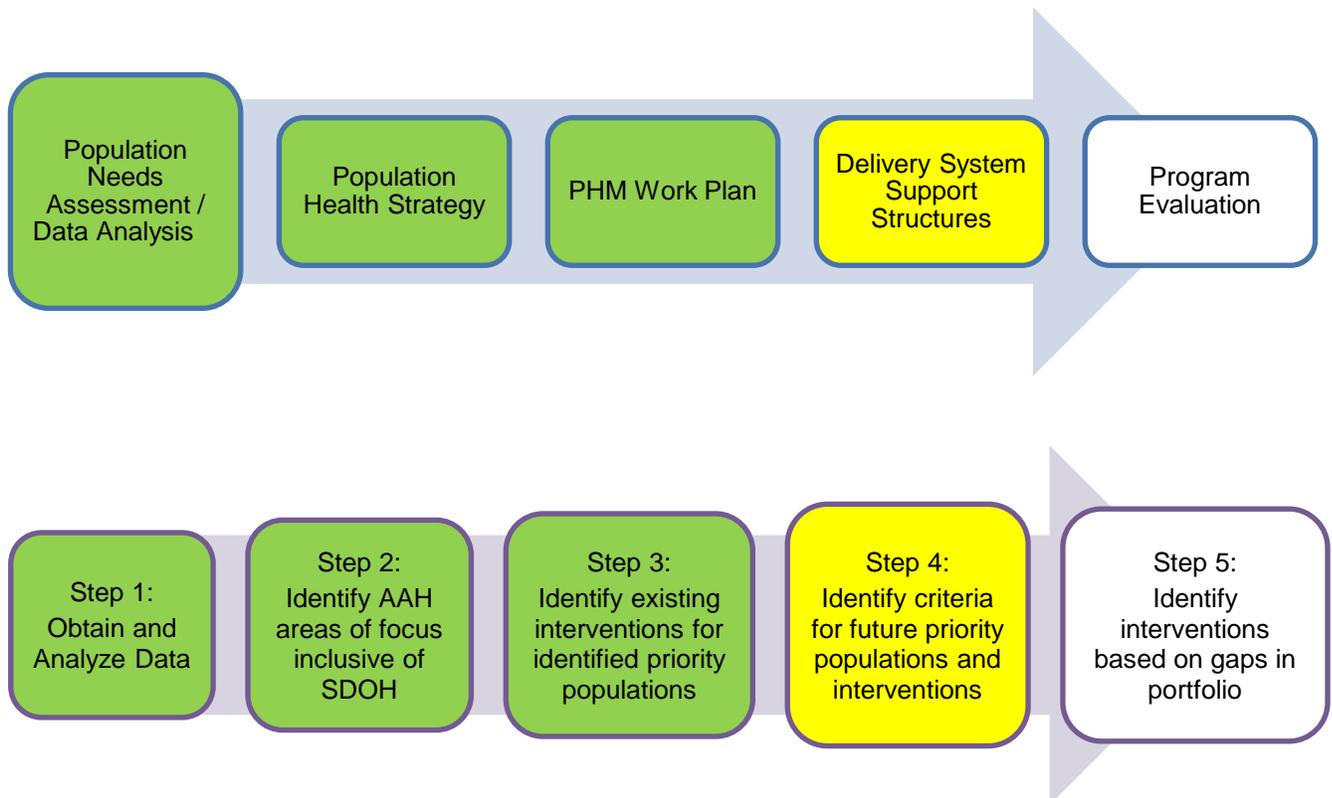
- Grievance tracking and trending by quarter:
 - There has been an overall decrease of cases received in the month of December; however, coverage disputes are still the highest numbers of cases resolved; examples of coverage disputes include:
 - Member calling to ask for reimbursement of monies paid, we used to capture as exempt and refer them to the website to complete the reimbursement form.
 - Member calling with regards to being balanced billed, member services used to contact the provider to bill the Alliance.
 - Denied pharmacy services at 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 Assurance

- The Alliance is currently in the process of preparing for our upcoming audits with DMHC, DHCS, and NCQA. NCQA will conduct their review of UM 7B in February 2021, and we are conducted routine monthly audits of NOAs both internally and with our delegates to ensure that we are meeting the requirements outlined in Element UM 7B.

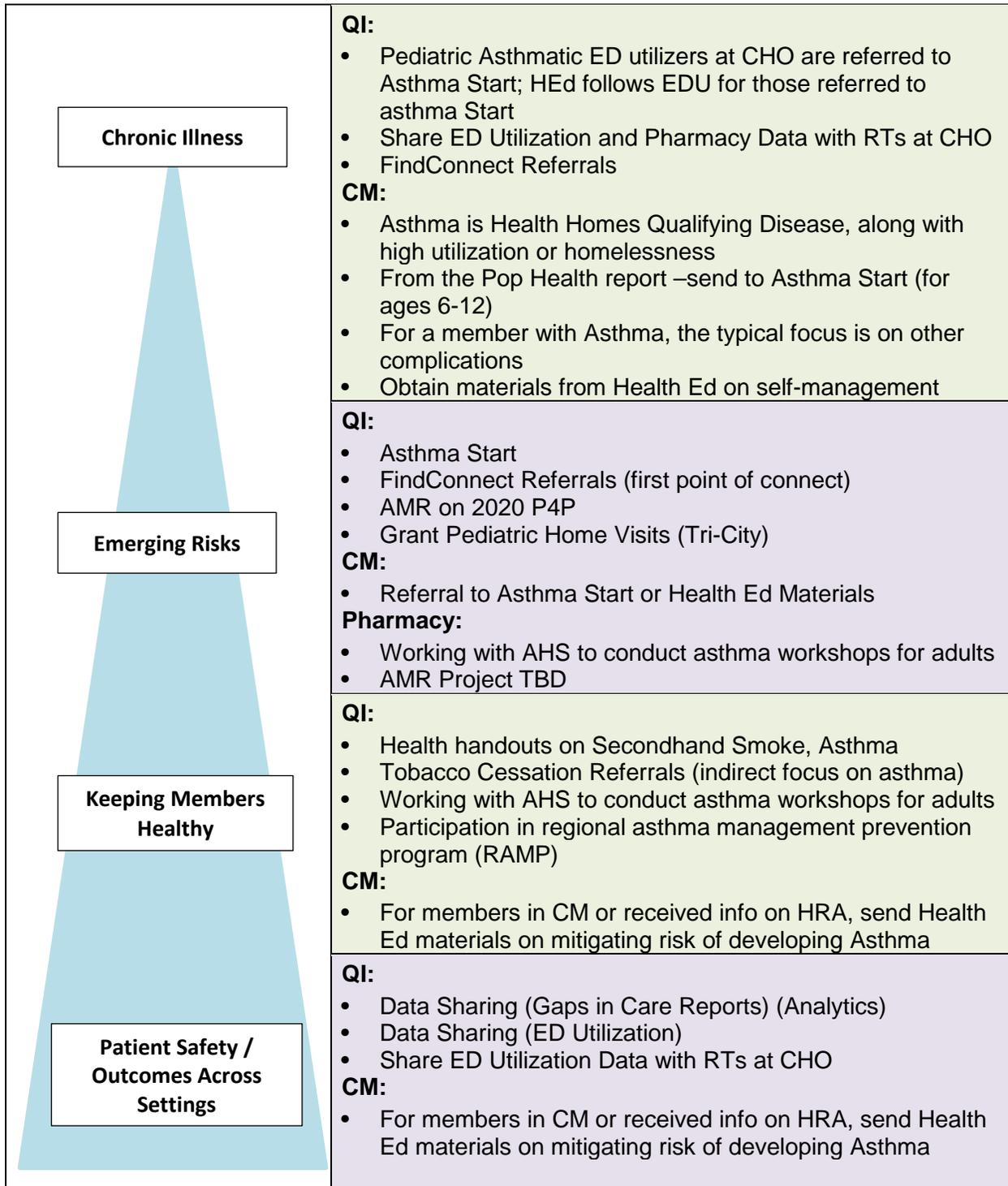
Quality

- Effective 12/31/2020, Quality submitted approximately 850 reports, files, and documents as part of the DMHC Pre-Audit Submission Request. HCS departments will undergo Mock Audit activities in preparation for the 2021 April virtual audit.
- Population Health Management (PHM) and the Population Needs Assessment (PNA) informs the Alliance strategies for managing the engagement, treatment, and clinical outcomes of selected populations. AAH is strengthening our PHM/PNA focus with increased organizational structure, based on NCQA/DHCS standards in addressing member needs across the continuum of care. Work Plan execution through related initiative and activity is currently underway.

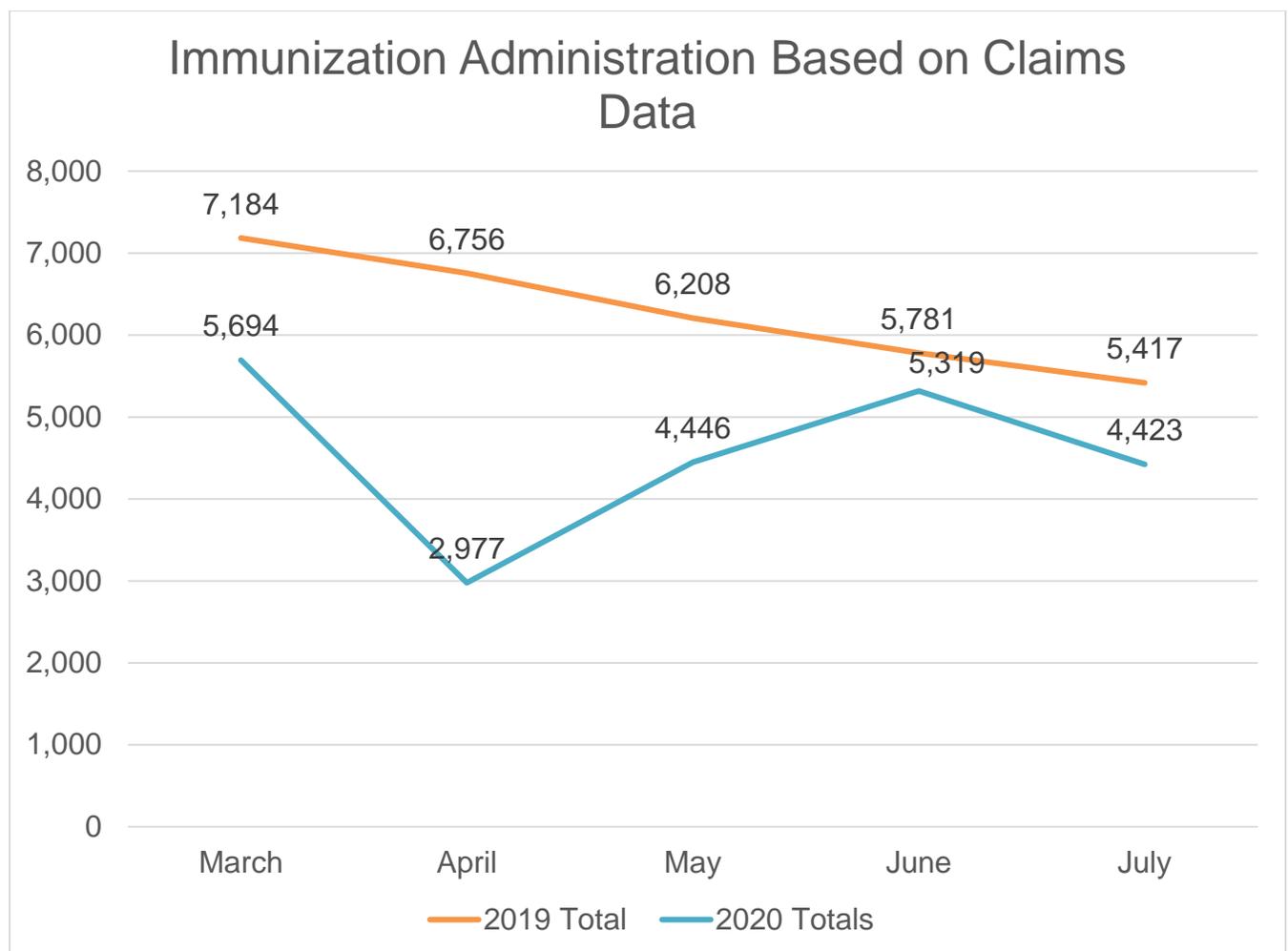


NCQA targeted focus goals for population health management include:

Figure 1: Example of Goals by Acuity



- AAH continues its commitment to Pediatric Care Coordination (PCC) as part of our pediatric strategy in FY21. Critical components of our three-prong approach to pediatric care and services include quality improvement initiatives, clinical care initiatives, and care coordination/management, in addition to member incentives for targeted measures. Improving access to care and services and efficacy of the EPSDT benefit for member's age 0-20, through enhanced collaboration with Alameda County healthcare CBO's, as well as direct and delegate pediatric providers, remains a focus of this exciting pilot for FY21. The targeted focus for the campaigns Well Child and Adolescent Care Visits, including 1) IZ and 2) Blood Lead Screening. There has been a 27.09% decrease in the number of vaccines given in 2020 compared to in 2019, as well as a decrease in pediatric well-child visits. Quality, Health Education, and Communications & Outreach departments continue outreach efforts to promote preventive care PCP visits for exams and screenings.



HEDIS Measure	2019 Compliance Rate	2020 Compliance Rate	Variance
W15 - well child visits for ages 0-15mo	33.92%	33.72%	-0.20%
W34 - well child visits for up to age 6	43.44%	26.61%	-16.82%
AWC - adolescent visits for ages 12-21	25.49%	14.71%	-10.78%

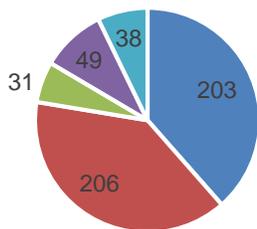
- The Alliance launched its Pediatric Preventive Care Outreach mailer campaign. This outreach campaign targets Alliance beneficiaries 0 up to age 7 who have not utilized or under-utilized preventive care services available to them as part of their EPSDT benefit. Phase 1 of the campaign began on November 2 and ended December 31, 2020, which outreached to approximately 9,400 members 0 up to age 3. Phase 2 of the campaign begins February 1 and ends March 31, 2021, and targets members age 3 and up to age 7. The Alliance also has Pediatric Care Coordination Pilots in place with Alameda County First Five and Community Health Center Network designed to assist us with outreach to our members promoting preventive care service exams and screenings via Well Child visits with an emphasis on receiving Immunizations and Blood Lead Level screenings.
- CBO Partnerships: As part of our quality improvement strategy to improve overall care and outcomes for members, as well as improve collaboration in the community, AAH is continuing its partnership with county and community initiatives including, Food as Medicine and Asthma Start (pediatric asthma case management), and Alameda County First 5 for FY21.
- Quality Improvement Projects: As part of our quality improvement strategy to improve our HEDIS rates, the QI Department has actively been developing interventions to improve health outcomes for our members for the following HEDIS measures:
 - Controlling Blood Pressure (CBP) - Reach 100 Asian members with hypertension assigned to Asian Health Services and have a controlled BP of <140/90 by December 31, 2020.
 - Well-Child Visits for Children (WCV) 3-21 years old - Currently working with 9 providers to improve WCV compliance rates by offering a member incentive.
 - Comprehensive Diabetic Care (CDC) - Targeted mailer and outreach to non-compliant African American male members to encourage them to receive their annual HbA1c test by offering a member incentive.
- **Access to Care:** Multiple member and provider surveys are completed throughout the year to assess member Access to Care. Access standards are established by

state/federal regulations and outlined within AAH internal Policy & Procedures. The policy requires the plan to issue Corrective Action Plans to providers found to be non-compliant with access standards. The Alliance understands that COVID-19 has changed the landscape of office visit care delivery with a shift to telephonic/telehealth visits as a new norm. Like many local and national HPs, the Alliance has seen a decline in members accessing care due to safety concerns on the part of the members and providers, as well as office staff shortages. The Quality department has revised its CAP tool and process to support and minimize the administrative burden on provider office resources while maintaining expected regulatory compliance with access standards.

Potential Quality Issues (PQI) Aging Report

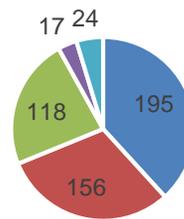
- A PQI is defined as a suspected deviation from expected provider performance, clinical care, or outcome of care that requires further investigation to determine whether an actual quality issue exists. The recent extension of PQI TAT from 90 days to 120 days (from receipt to resolution date) has afforded the department additional time to achieve and maintain compliance for 1) continued development and deployment of operation efficiencies, 2) procurement medical of records from provider offices with staffing shortages and 3) timely internal investigation and resolution in light of department staffing shortages.

PQI Aging Report as of 11/30/20
n=527



■ <=30 ■ >30<=60 ■ >60<=90 ■ >90<=120 ■ >120

PQI Aging Report as of 12/31/20
n=510



■ <=30 ■ >30<=60 ■ >60<=90 ■ >90<=120 ■ >120



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

Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors
From: Sasi Karaiyan, Chief Information & Information Security Officer
Date: January 8, 2021
Subject: Information Technology Report

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of December despite supporting 97% of staff working remotely.
- Overall, we are continuing to perform the following activities to optimize the call center eco-system (applications, backend integration, configuration, and network).
 - Upgrading the Call Center Application Environment:
 - Calabrio, Cisco Call Manager and Cisco Unity has been upgraded successfully.
 - 2 Ring and Cisco Unified Contact Center are now in progress.

Office 365 Project

- The Alliance completed the migration of all 340 staff members to the Office 365 Microsoft cloud platform. The scope of the Office 365 project includes migration of our current corporate email outlook and mobile device infrastructure to the Microsoft cloud services. Currently, we are rehydrating 100% of the archive email to Microsoft O365, and of that, the Phase 2 of Office 365 is complete.
- The Phase 3 of the Office 365 project is in progress focusing on completing the deployment of Office 365 Suite to replace and upgrade the version on Microsoft Office Suite which is 48% complete. It will also focus on the deployment of Microsoft Teams enterprise wide.

Encounter Data

- In the month of December, AAH submitted 85 encounter files to DHCS with a total of 250,867 encounters.

Enrollment

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

HealthSuite

- The HealthSuite system has been successfully upgraded to v20.01. This upgrade will enable the Alliance to use new capabilities and will match the current market version.
- After the upgrade of HealthSuite from v16.00 to v20.01 we had a performance issue and were forced to bring the application down multiple times. The issue was successfully fixed with an uptime of 98.36%.

TruCare

- The TruCare application continued to operate normally with an uptime of 99.99%. A total of 8,080 authorizations were loaded and processed in the TruCare application.
- In the month of December, TruCare V8.0 was successfully upgraded to the latest version of HTML (Hypertext Markup Language) version 5. HTML 5 enables a new look and feel with a better user experience of the TruCare application.

Web Portal

- The web portal usage for the month of November among our group providers and members remains consistent with prior months.
- In the month of December, the Alliance team completed the upgrade of Member portal redesign. The upgrade consists of a few additional features for Members to look up their Authorizations and Claims.

Information Security

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have increased with a return to a reputation-based block for a total of 69.7k.
- Attempted information leaks detected and blocked at the firewall are marginally higher from 156 to 167 for the month of December.
- Network scans returned a value of 0, which is in line with the previous month's data.
- Attempted User Privilege Gain is slightly higher at 650 from a previous six-month average of 574.1.

Data Warehouse

- The Data Warehouse project is aimed at bringing all critical health care data domains to the Data Warehouse and enabling the Data Warehouse to be the single source of truth for all reporting needs.
- In the month of December, the Alliance worked on adding the Magellan Prior Authorizations and Pharmacy Claims data and also Credentialing data into the Data Warehouse. As reported in November, due to a scope change, adding the Authorization data into the Data Warehouse will be finalized in January 2021. Case and Assessment data, Reference Drug Data, and Historical Kaiser and PerformerX data are on track for this Fiscal Year.
- As part of the fiscal year 2021, the Alliance has met one of its strategic goals and has added Authorization, Cases and Disease Management, ADT (Admit, Discharge and Transfer).

Data Governance

- As part of our Data Governance initiative, the Alliance is in the process of de-identifying PHI (Protected Health Information) data in a development environment for external vendors. Only the development environment is accessible to external vendors. This process shall reduce the risk of exposing PHI data to our external vendors and will stay in compliance with the regulatory terms. We have made significant progress as estimated for December 2020. We are currently implementing Operational processes for ongoing sustenance, and we are planning to complete this process before the end of February 2021.
- The Alliance is establishing a Data Governance Operating Committee by the end of February 2021.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medical and Group Care member enrollment in the month of December 2020”.
- Summary of Primary Care Physician (PCP) Auto-assignment in the month of December 2020.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of December 2020”.
- The following tables 1-1 and 1-2 are supporting documents from the enrollment summary section.
- Table 1-1 Summary of Medical and Group Care Member enrollment in the month of December 2020”.

Month	Total MC ¹	MC ¹ - Add/Reinstatements	MC ¹ - Terminated	Total GC ²	GC ² - Add/Reinstatements	GC ² - Terminated
December	275,585	4,126	1,949	5,955	134	160

1. MC – Medical Member

2. GC – Group Care Member

Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment For the Month of December 2020

Auto-Assignments	Member Count
Auto-assignments MC	1,624
Auto-assignments Expansion	1,534
Auto-assignments GC	46
PCP Changes (PCP Change Tool) Total	2,536

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of December 2020”.
- There were 8,080 authorizations (total authorizations loaded in TruCare production) processed through the system.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

Table 2-1 Summary of TruCare Authorizations for the Month of December 2020

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI Failure	New Auths Entered	Total Auths Loaded In TruCare Production
EDI-CHCN	4373	137	0	20	6	30	79	272	0	4101
Paper to EDI	2,617	0	0	0	0	0	0	0	0	2,617
Manual Entry	0	0	0	0	0	0	0	0	1,362	1,362
Total										8,080

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

Web Portal

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

Table 3-1 Web Portal Usage for the Month of November 2020

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	3,849	2,744	100,806	228
MCAL	67,637	2,005	4,218	724
IHSS	2,629	68	117	16
AAH Staff	165	41	558	1
Total	74,280	4,858	105,699	969

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

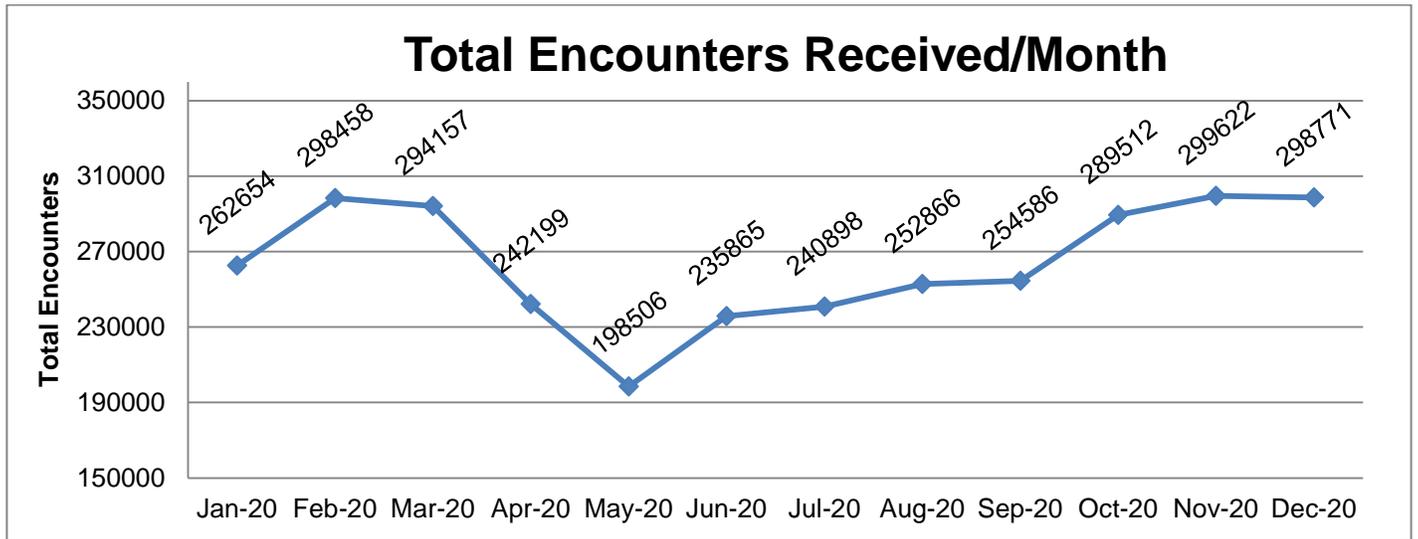
Top 25 Pages Viewed		
Category	Page Name	November-20
Provider	Member Eligibility	499,007
Provider	Claim Status	85,887
Member - Eligibility	Member Eligibility	5,955
Provider	Auth Submit	4,572
Member - Claims	Claims - Services	4,310
Member - Help Center	Member ID Card	2,209
Provider	Auth Search	2,149
Provider	Member Roster	1,772
Member - Help Center	Find a Doctor or Facility	1,293
Member - Help Center	Select/Change PCP	1,136
Member - Pharmacy	My Pharmacy Claims	691
Provider - Provider Directory	Provider Directory	471
Provider	Pharmacy	445
Provider - Home	Forms	310
Member - Pharmacy	Pharmacy - Drugs	281
Provider - Provider Directory	Instruction Guide	232
Member - Help Center	Update My Contact Info	223
Member - Help Center	Contact Us	179
Member - Help Center	Authorizations & Referrals	148
Provider - Provider Directory	Manual	141
Member - Forms/Resources	Authorized Representative Form	138
Member - Health/Wellness	Personal Health Record - intro	102
Member - Pharmacy	Pharmacy	85
Member - Pharmacy	Find a Drug	77
Member - Help Center	File a Grievance or Appeal	64

Encounter Data From Trading Partners 2020

- AHS:
December daily files (8,419 records) were received on time.
- Beacon:
December monthly files (21,326 records) were received on time
- CHCN:
December weekly files (66,473 records) were received on time.
- CHME:
December monthly file (4,388 records) were received on time
- CFMG:
December weekly files (12,819 records) were received on time.
- Docustream:
December weekly files (909 records) were received on time.
- PerformRx:
December monthly files (151,222 records) were received on time.
- Kaiser:
December monthly files (29,885 records) were received on time.
December monthly Kaiser Pharmacy files (18,130 records) were received on time.
- LogistiCare:
December weekly files (15,505 records) were received on time.
- March Vision:
December monthly file (2,361 records) were received on time.
- Quest Diagnostics:
December weekly files (13,406 records) were received on time.
- Teladoc:
December weekly files (32 records) were received on time.

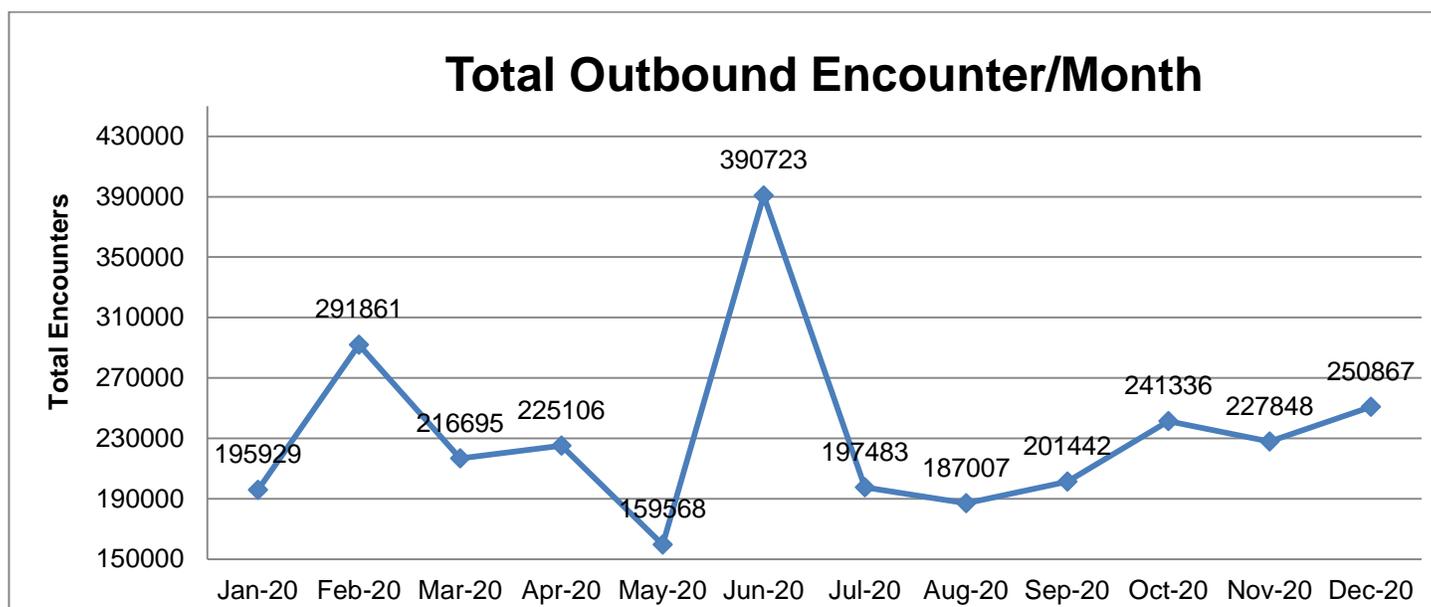
Trading Partner Encounter Inbound Submission History

Trading Partners	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec
HealthSuite	104147	118309	115716	86578	89063	95735	107093	104293	111255	120149	111676	123248
Kaiser	34890	35167	36334	33670	16030	19364	22508	26057	25829	29431	35590	29885
Logisticare	16911	19665	21375	10812	10893	10857	12865	10145	14821	11599	12665	15505
March Vision	5495	0	3127	3389	1395	1336	1839	2568	2270	3012	2928	2361
AHS	7385	4949	9907	9040	7698	7129	10154	9353	849	12762	16814	8419
Beacon	6407	14626	10010	12606	8546	9612	11413	10193	20434	14637	12673	21326
CHCN	60204	69402	76884	64623	45221	73144	53049	64935	54812	65094	85984	66473
CHME	7201	5604	3612	4346	7241	4903	4344	4987	3832	5814	5152	4388
Claimsnet	9027	16607	7317	12653	5484	6154	6545	6608	8787	11018	6504	12819
Quest	10509	13574	9334	3803	6072	6809	10135	12783	11005	15047	8724	13406
Docustream	478	555	541	679	863	822	912	919	640	926	865	909
Teladoc							41	25	52	23	47	32
Total	262654	298458	294157	242199	198506	235865	240898	252866	254586	289512	299622	298771



Outbound Encounter Submission

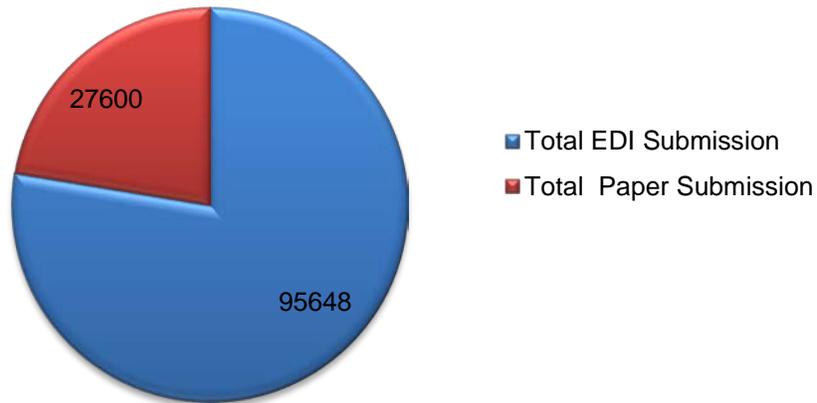
Trading Partners	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
HealthSuite	62186	141458	81483	79506	72631	60932	76561	73815	71394	97258	79162	100653
Kaiser	34583	34561	35565	32223	15191	15545	21968	25720	25666	29031	35096	29087
Logisticare	11883	24522	22887	12988	10513	10438	14934	9924	11134	14600	12263	14773
March Vision	2150	1672	2118	2362	813	803	1121	1909	1687	2665	2470	2013
AHS	8412	4711	8545	7880	8708	6727	10662	8083	353	11922	15980	7909
Beacon	5392	11058	6	19228	8464	7377	9507	7620	17466	13291	10580	16229
CHCN	51732	49459	43356	54436	27819	270473	43686	38537	52622	48065	50051	54860
CHME	3100	4981	3166	3847	6860	4640	4081	4663	3632	5232	4801	3696
Claimsnet	6295	8835	8788	7468	3266	5643	4792	6110	6611	7398	5707	8595
Quest	9757	10087	10331	4579	4566	7425	9331	9789	10236	11002	10743	12214
Docustream	439	517	450	589	737	720	799	812	609	849	969	807
Teladoc							41	25	32	23	26	31
Total	195929	291861	216695	225106	159568	390723	197483	187007	201442	241336	227848	250867



HealthSuite Paper vs EDI Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
20-DEC	95648	27600	123248

EDI vs Paper Submission, December 2020

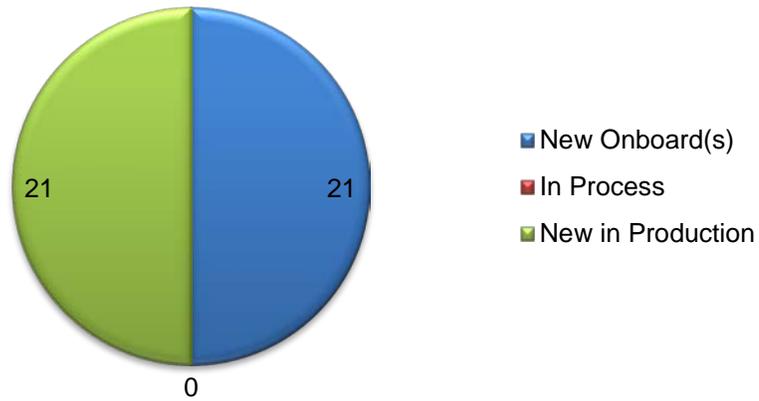


Onboarding EDI Providers - Updates

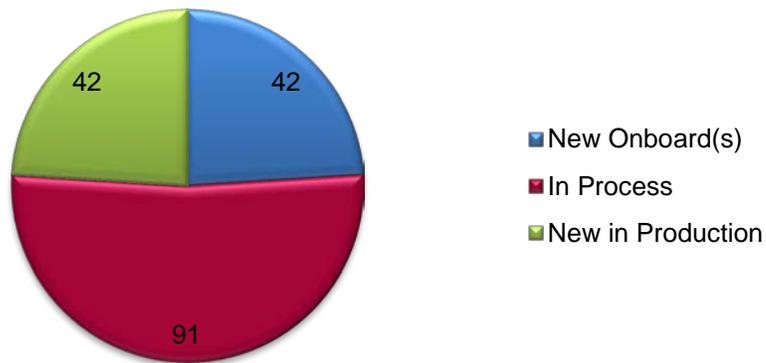
- December 2020 EDI Claims:
 - A total of 1038 new EDI submitters have been added since October 2015, with 21 added in December 2020.
 - The total number of EDI submitters is 1770 providers.
- December 2020 EDI Remittances (ERA):
 - A total of 237 new ERA receivers have been added since October 2015, with 42 added in December 2020.
 - The total number of ERA receivers is 276 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
Jan-20	11	2	9	1589	2	77	2	222
Feb-20	8	0	10	1599	1	77	1	223
Mar-20	9	0	9	1608	3	79	1	224
Apr-20	40	0	40	1648	2	80	1	225
May-20	15	0	15	1663	2	81	1	226
Jun-20	17	0	17	1680	2	82	1	227
Jul-20	11	0	11	1691	1	82	1	228
Aug-20	12	0	12	1703	0	82	0	228
Sep-20	8	0	8	1711	1	82	1	229
Oct-20	23	0	23	1734	7	86	3	232
Nov-20	15	0	15	1749	7	91	2	234
Dec-20	21	0	21	1770	42	91	42	276

837 EDI Submitters - December 2020



835 EDI Receivers - December 2020



EDSRF/Reconciliations

- EDSRF Submission: Below is the total number of encounter files that AAH submitted in the month of December 2020.

File Type	Dec-20
837 I Files	17
837 P Files	68
NCPDP	9
Total Files	94

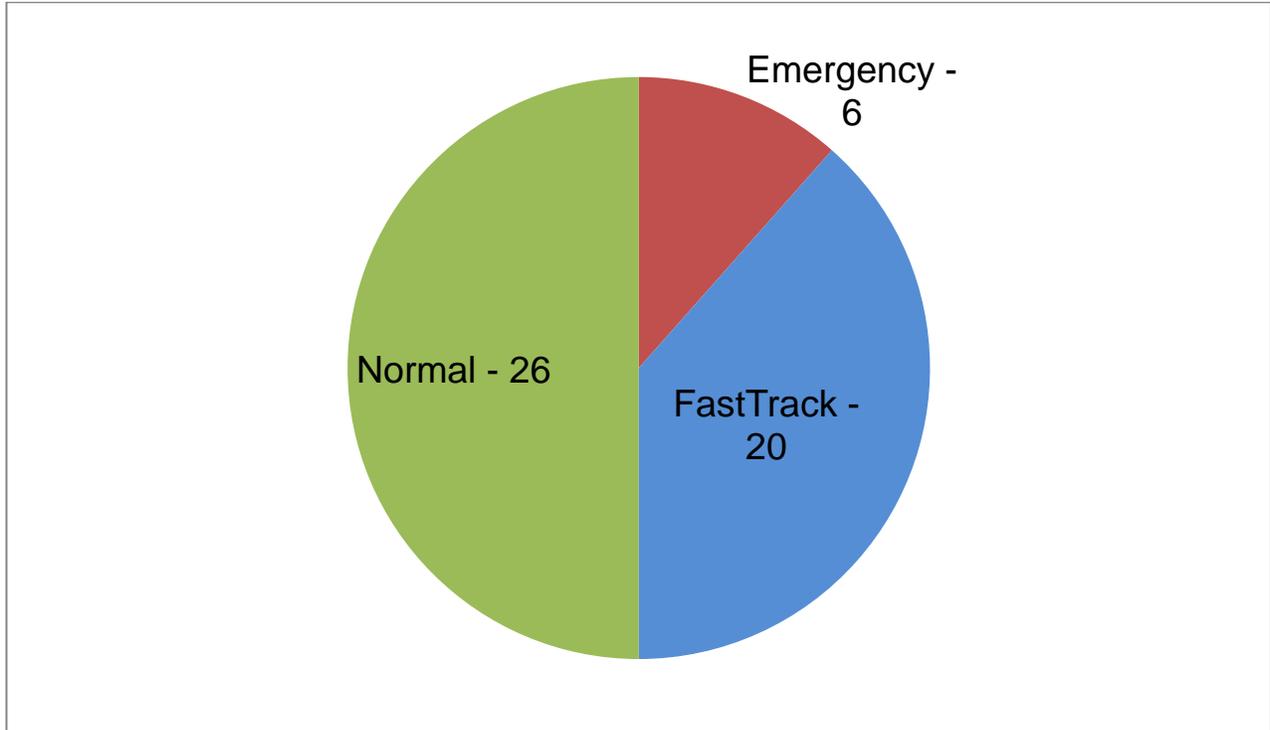
Lag-time Metrics/KPI's

AAH Encounters: Outbound 837	Dec-20	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	94%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	99%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	94%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	99%	80%

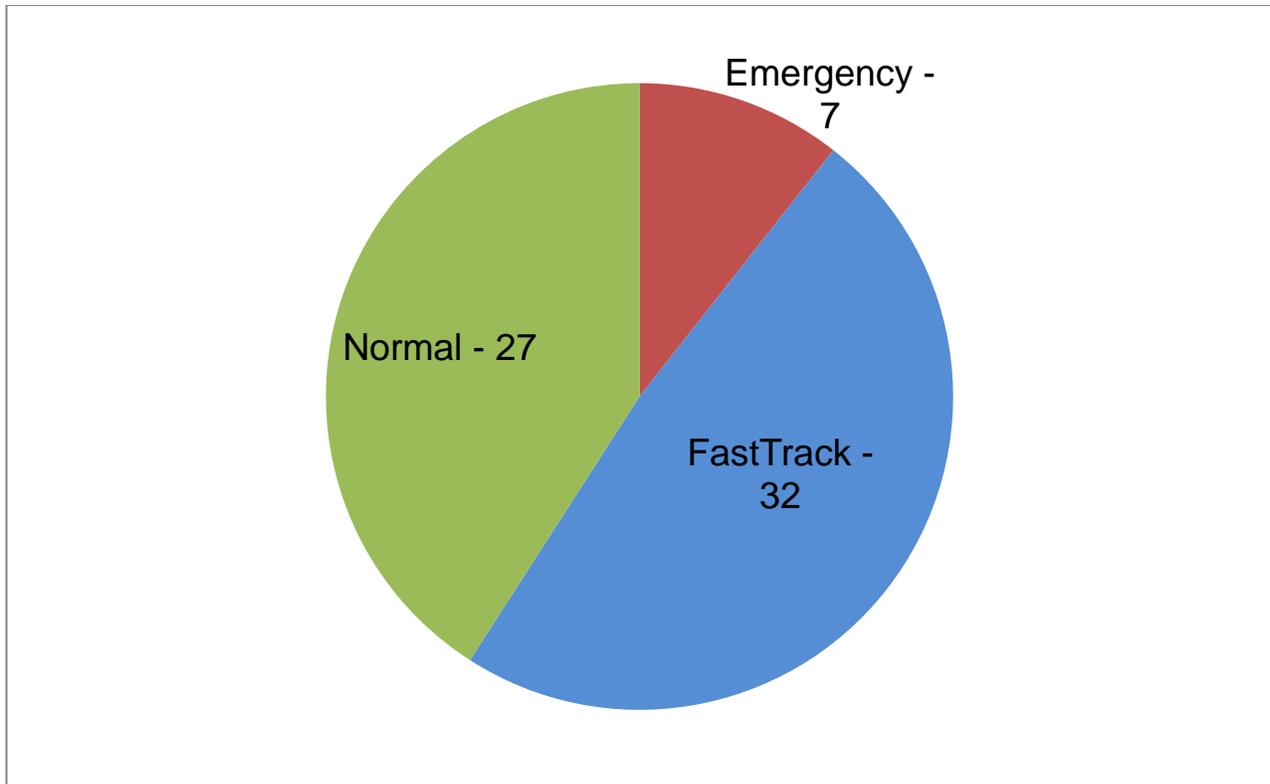
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of December 2020 KPI – Overall Summary.
 - 1,918 Changes Submitted.
 - 1,814 Changes, Completed, and Closed.
 - 102 Active Changes.
 - 203 Changes Cancelled and Rejected.

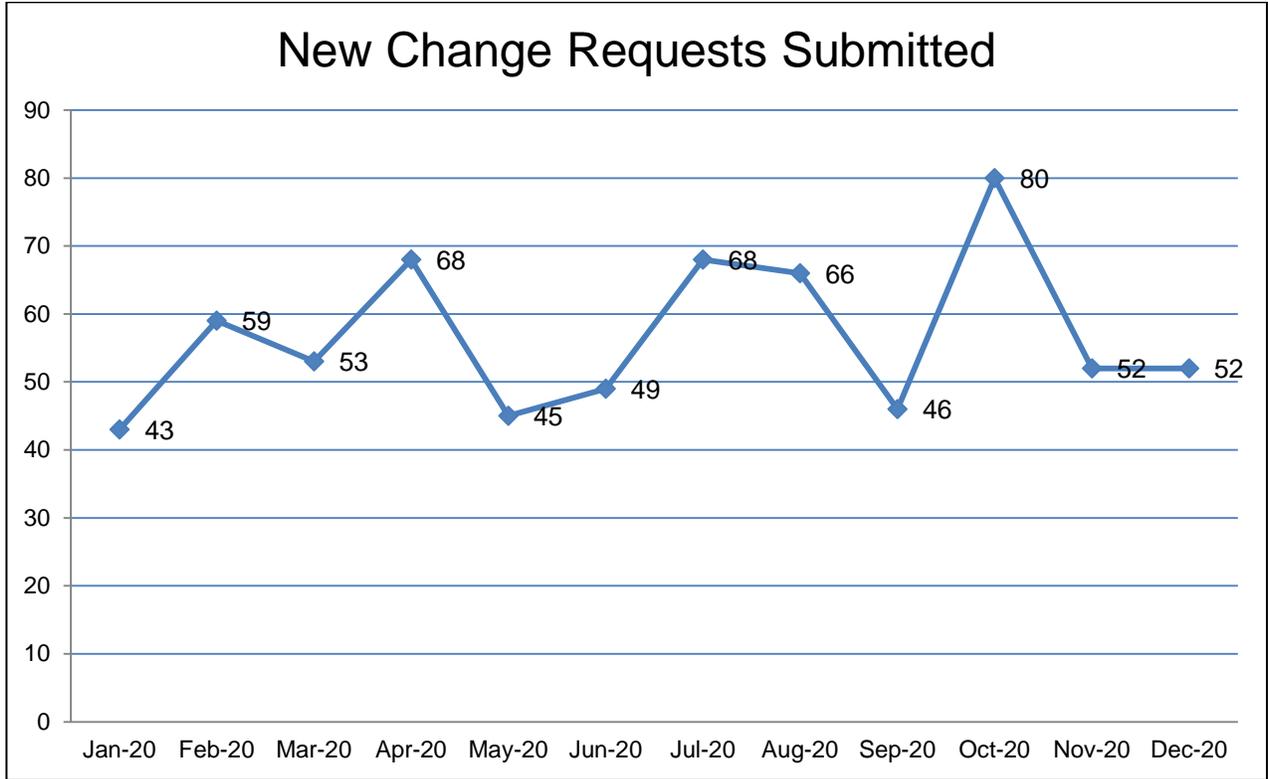
- 52 Change Requests Submitted/Logged in the month of December 2020



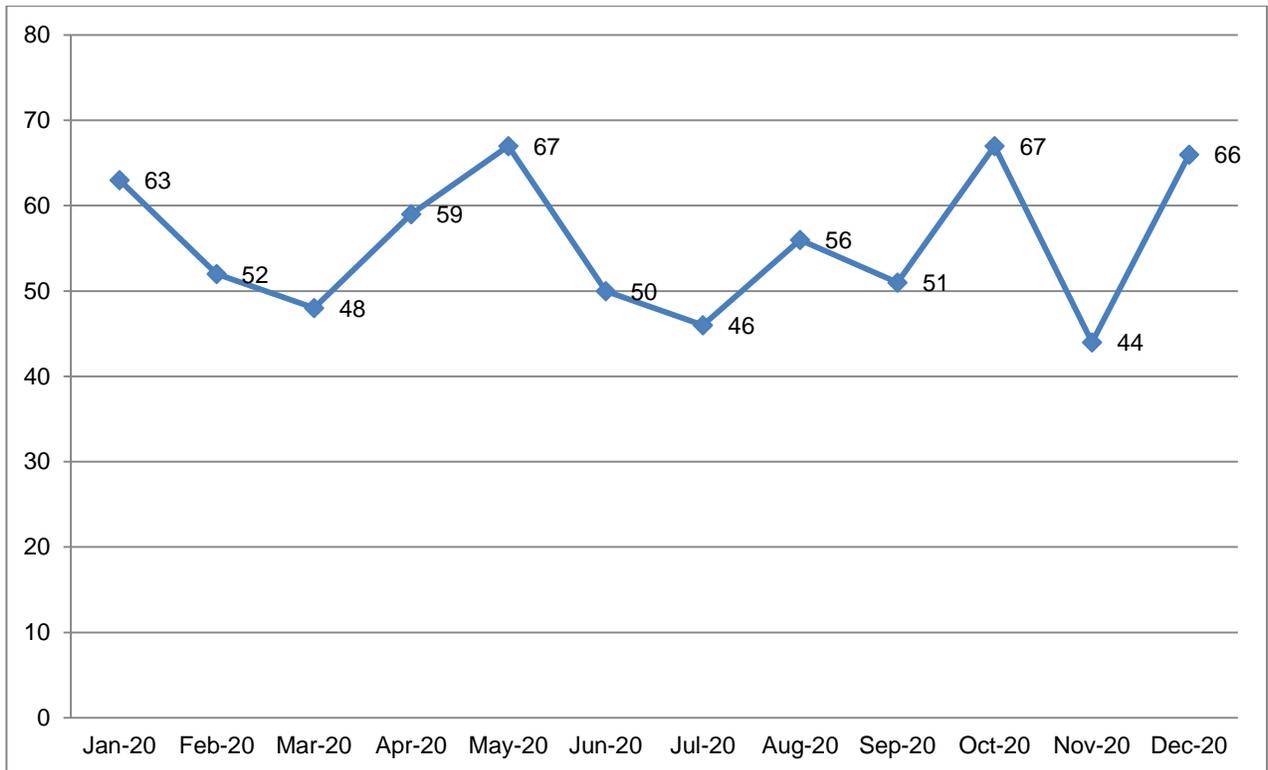
- 66 Change Requests Closed in the month of December 2020



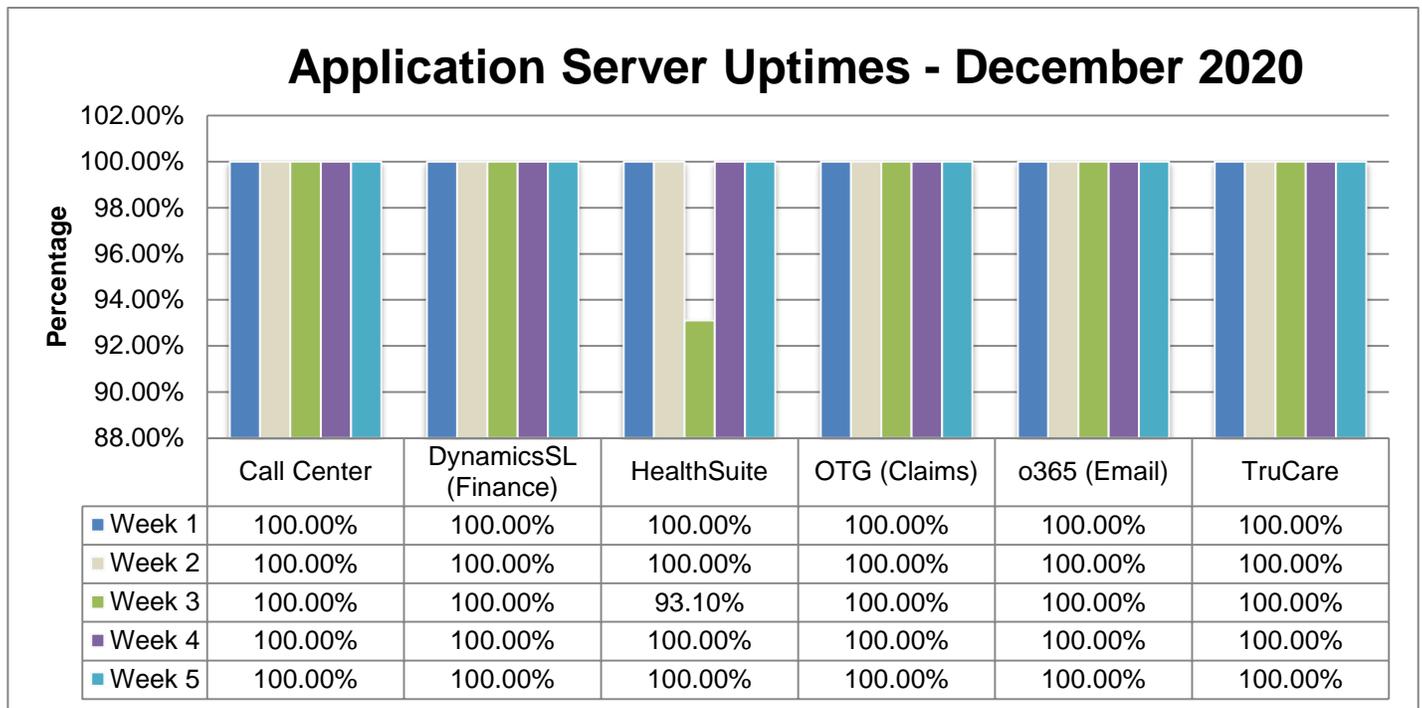
- Change Requests Submitted: Monthly Trend



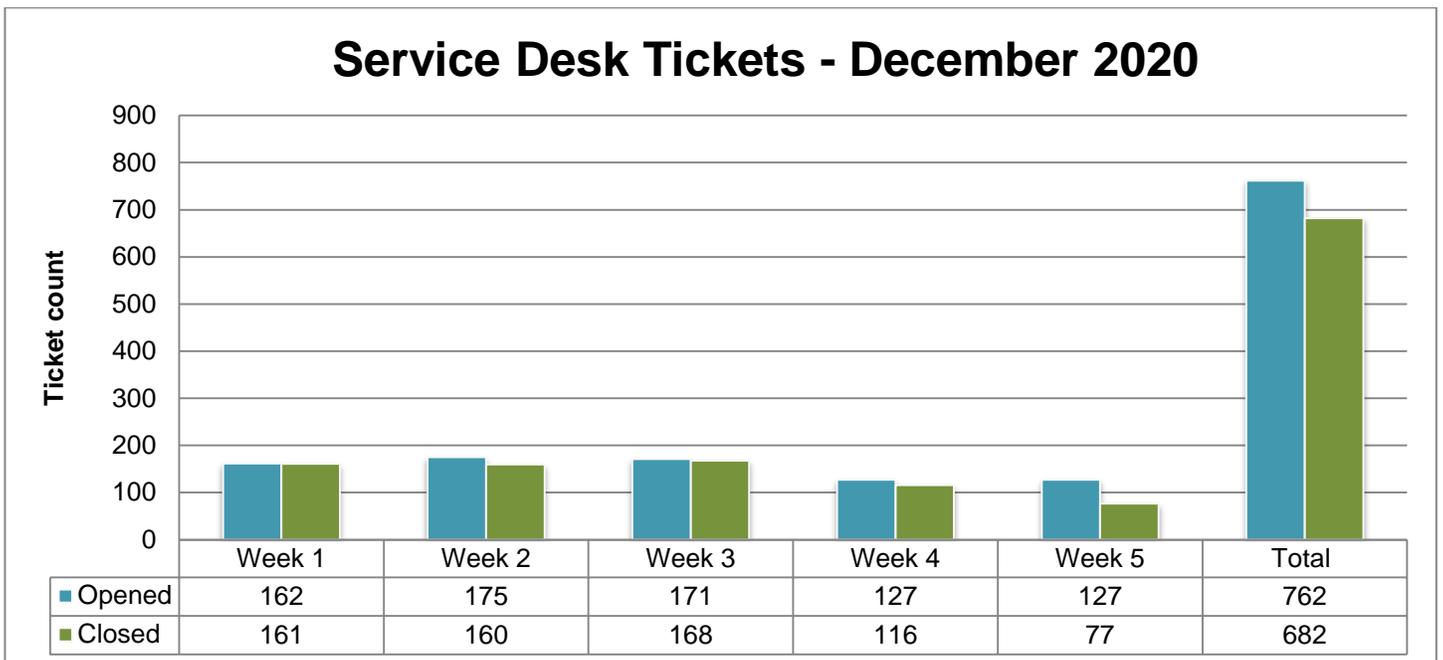
- Change Requests Closed: Monthly Trend



IT Stats: Infrastructure



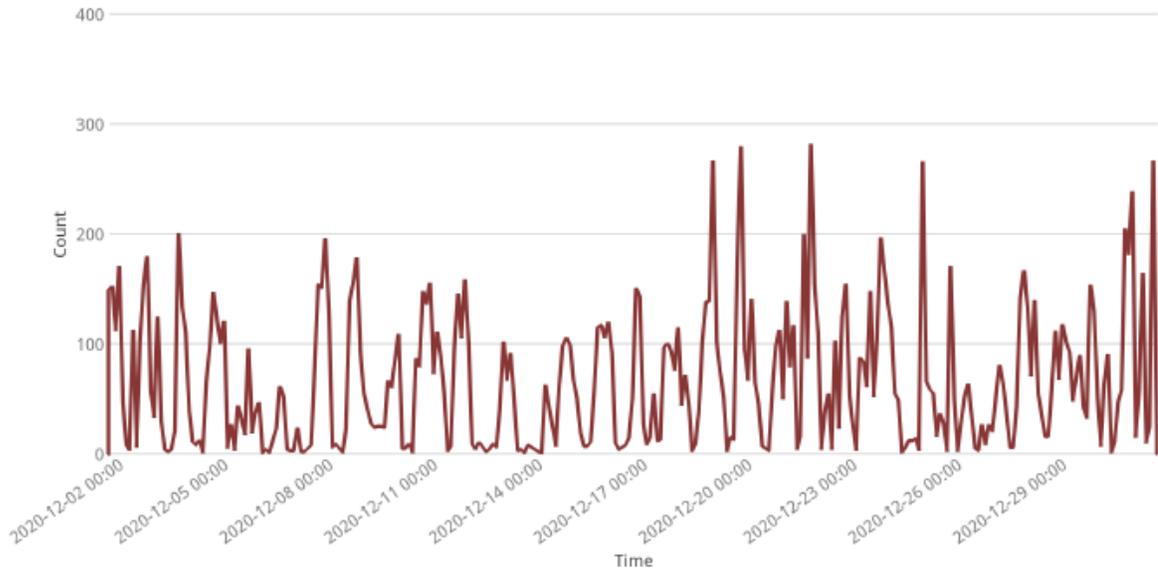
- All mission critical applications are monitored and managed thoroughly.
- Our HealthSuite Application experienced an outage of 2 hours and 46 minutes during the third week of December.
- All other applications maintained an uptime of 100% despite supporting 95% of staff working remotely.



- 762 Service Desk tickets were opened in the month of December, which is 5.8% lower than the previous month, and 682 Service Desk tickets were closed, which is 19.4% lower than the previous month. This decrease was due to the holiday schedule.

All Intrusion Events

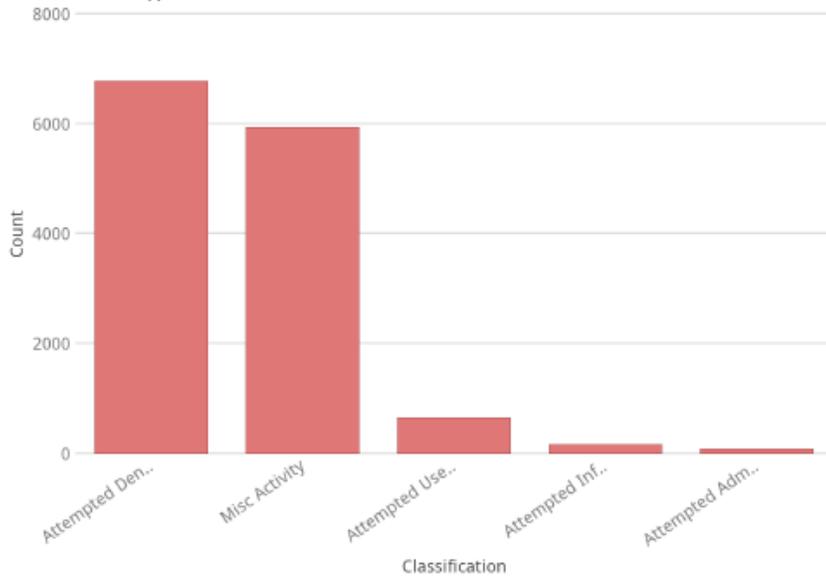
Time Window: 2020-12-01 09:29:00 - 2020-12-31 09:29:00



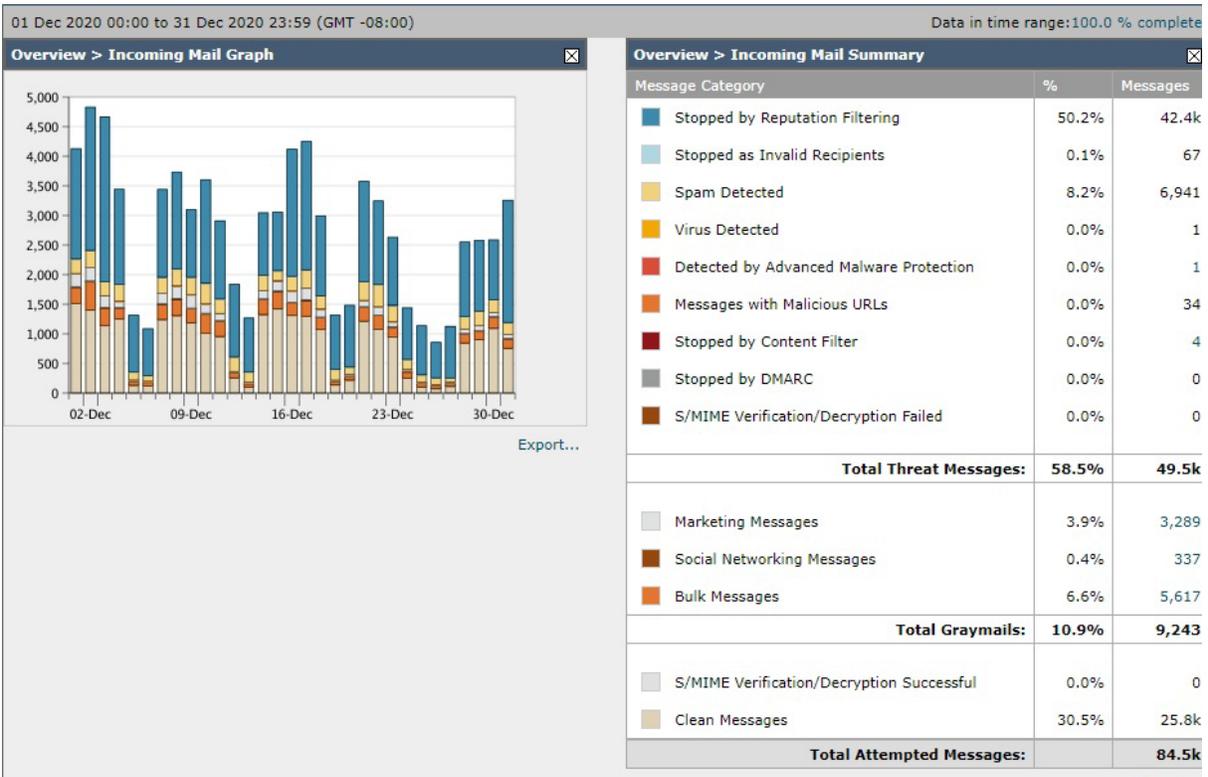
Dropped Intrusion Events

Time Window: 2020-12-01 09:30:00 - 2020-12-31 09:30:00

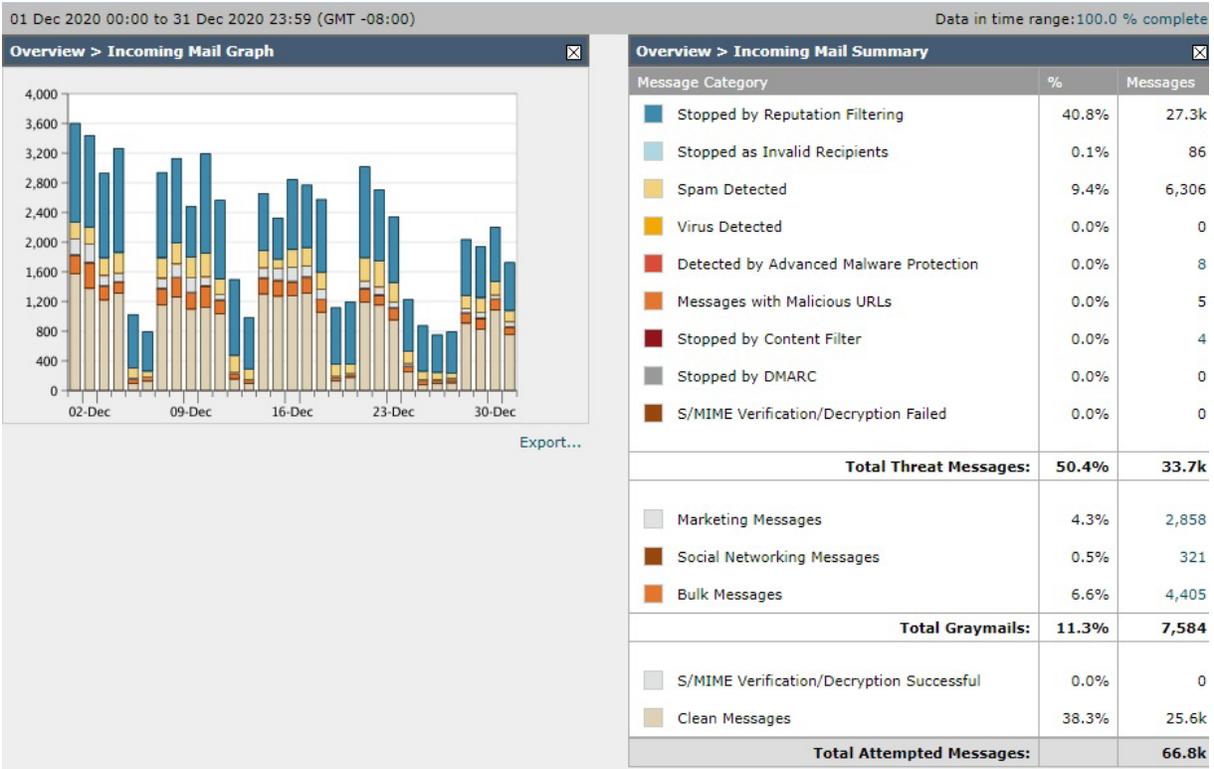
Constraints: Inline Result - dropped



Classification	Count
Attempted Denial of Service	6,775
Misc Activity	5,935
Attempted User Privilege Gain	650
Attempted Information Leak	167
Attempted Administrator Privilege Gain	84



MX9



Item / Date	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Stopped By Reputation	275.3k	306.6k	234.0k	280.8k	249.7k	278.0k	322.6k	237.0k	129.0k	74.7k	68.9k	69.7k
Invalid Recipients	4	0	4	56	39	55	50	612	2,582	1,120	883	153
Spam Detected	12.0k	13.6k	12.8k	16.4k	11.4k	17.1k	15.9k	16.9k	11.2k	15.4k	13.6k	13.2
Virus Detected	0	0	0	3	4	3	1	2	2	1	1	1
Advanced Malware	1	0	4	6	0	0	1	0	1	1	2	9
Malicious URLs	81	122	91	14	36	43	47	50	33	22	31	39
Content Filter	7	4	9	48	9	23	14	10	26	5	2	8
Marketing Messages	3,854	4,211	3,804	4,296	3,730	3,834	4,024	3,715	4,127	3,794	6,511	6,147
Attempted Admin Privilege Gain	1,425	704	518	596	1,064	1,292	2,573	33	1,865	314	285	84
Attempted User Privilege Gain	12	7	27	17	18	23	94	22	339	1,948	1,019	650
Attempted Information Leak	43	31	37	59	63	48	64	88	18	52	156	167
Potential Corp Policy Violation	25	29	10	77	21	32	19	59	210	0	0	0
Network Scans Detected	4	1	4	3	15	2	2	1	1	9	0	0
Web Application Attack	35	72	45	121	47	124	42	0	65	25	25	0
Attempted Denial of Service	0	0	0	0	0	0	0	0	0	0	11.2k	6,775
Misc. Attack	1	30	21	25	18	56	18	0	14	4,242	2,508	5,935

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have increased with a return to a reputation-based blocks for a total of 69.7k.
- Attempted information leaks detected and blocked at the firewall are marginally higher from 156 to 167 for the month of December.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is slightly higher at 650 from a previous six month average of 574.1.



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

Projects and Programs

Ruth Watson

To: Alameda Alliance for Health Board of Governors

From: Ruth Watson, Chief Projects and Programs Officer

Date: January 8, 2021

Subject: Projects & Programs Report

Project Management Office

- 42 projects currently on the Alliance enterprise-wide portfolio (includes PMO managed and department managed projects)
 - 19 active projects
 - 8 projects inactive
 - 5 department initiatives
 - 10 designated as future
 - 2 new requests will go through project intake process
- Key projects currently in-flight:
 - Pharmacy Carve-out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State; Department of Health Care Services (DHCS) has delayed the start date until April 1, 2021.
 - Transportation Policy Change – changing advance notice for requesting a non-standing non-medical transportation ride from 1 day to 3 days; target go-live is March 1, 2021.
 - Human Resources Information System (HRIS) – replacement of current HRIS system; target go-live is mid-June 2021.
- Projects completed in December
 - Alliance.org Phase 2 – rebuild of the Member portal; go-live occurred on December 11, 2020.
 - HealthSuite Upgrade – annual core system upgrade; go-live occurred on December 11, 2020.
 - TruCare HTML Upgrade – Adobe plugin upgrade; go-live occurred on December 23, 2020.
- Key projects commencing soon:
 - 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.
 - Enforcement date is July 1, 2021.

Integrated Planning

- Behavioral Health Integration (BHI) Incentive Program –DHCS program starting January 1, 2021 and continuing through December 31, 2022.
 - Completed draft MOU and reviewed with awardees.
 - Reviewed draft reporting templates and provided feedback to LHPC and CAHP for submission to DHCS.
 - Conducted meetings with CHCN, Bay Area Community Health (BACH, formerly Tri City Health Center), and LifeLong Medical Care to review program changes and discuss milestone revisions.
 - Executed MOUs with awardees and submitted fully executed MOUs with revised milestones to DHCS for approval.
- CalAIM Enhanced Care Management (ECM) and In-Lieu-Of Services (ILOS) – DHCS is moving forward with components of CalAIM with an effective date of January 1, 2022.
 - Transition of Whole Person Care (WPC) and Health Homes (HH) programs into ECM and ILOS

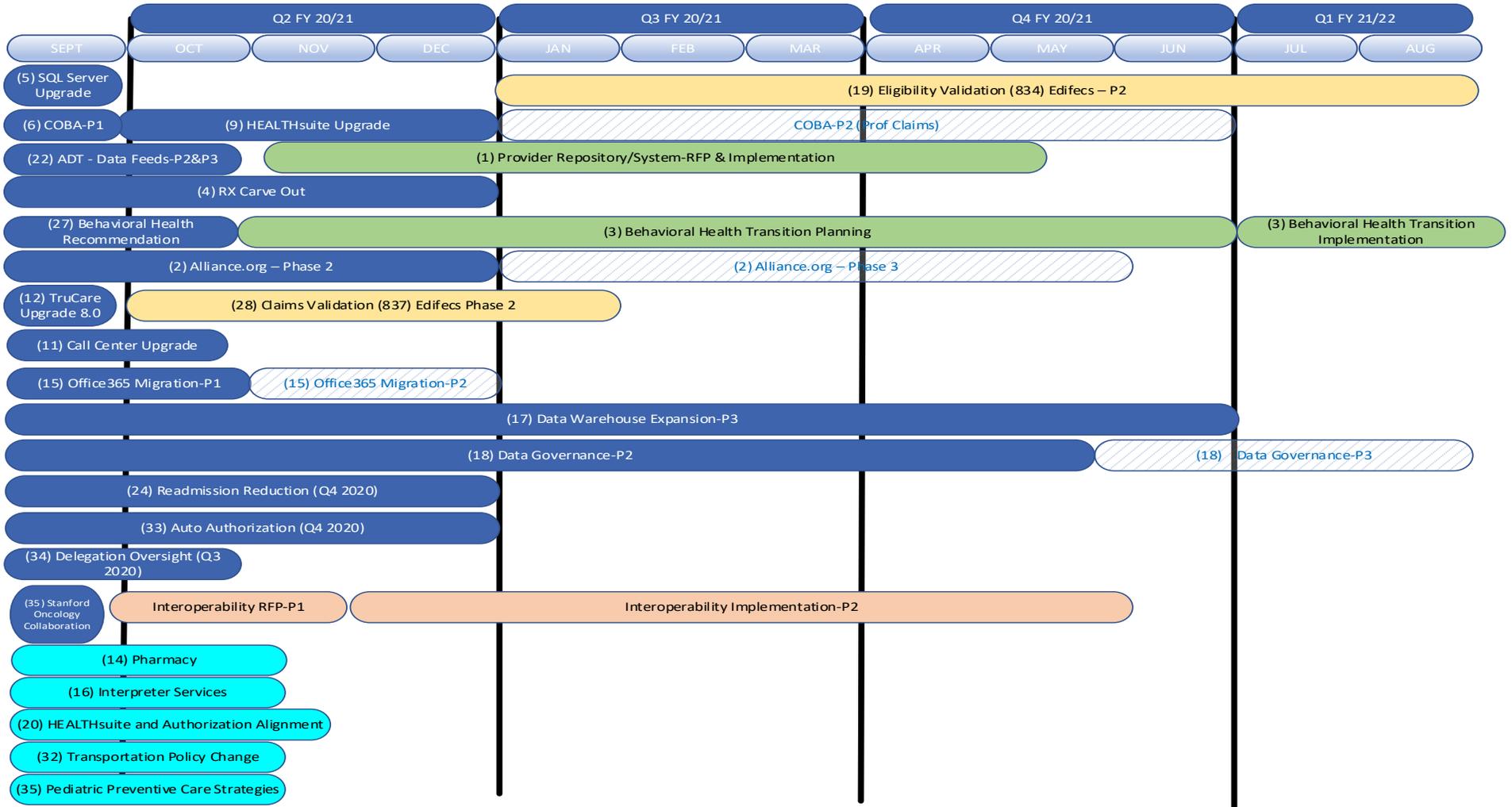
Recruiting and Staffing

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

Projects and Programs

Supporting Documents

AAH Project Portfolio - Active +





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

Analytics

Tiffany Cheang

To: Alameda Alliance for Health Board of Governors
From: Tiffany Cheang, Chief Analytics Officer
Date: January 8, 2021
Subject: Performance & Analytics Report

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
 - Current reporting period: Oct 2019 – Sept 2020 dates of service
 - Prior reporting period: Oct 2018 – Sept 2019 dates of service
(Note: Data excludes Kaiser membership data.)
- For the Current reporting period, the top 7.7% of members account for 83.2% of total costs.
- In comparison, the Prior reporting period saw no change at 7.7% of members accounting for 81.4% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
 - The SPD (non duals) and ACA OE categories of aid increased to account for 59.7% of the members, with SPDs accounting for 28.8% and ACA OE's at 30.9%.
 - The percent of members with costs \geq \$30K slightly increased from 1.5% to 1.6%.
 - Of those members with costs \geq \$100K, the percentage of total members remained consistent at 0.4%.
 - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 48.4%.
- Demographics for member city and gender for members with costs \geq \$30K follow the same distribution as the overall Alliance population.
- However, the age distribution of the top 7.7% is more concentrated in the 45-66 year old category (40.7%) compared to the overall population (21.0%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis

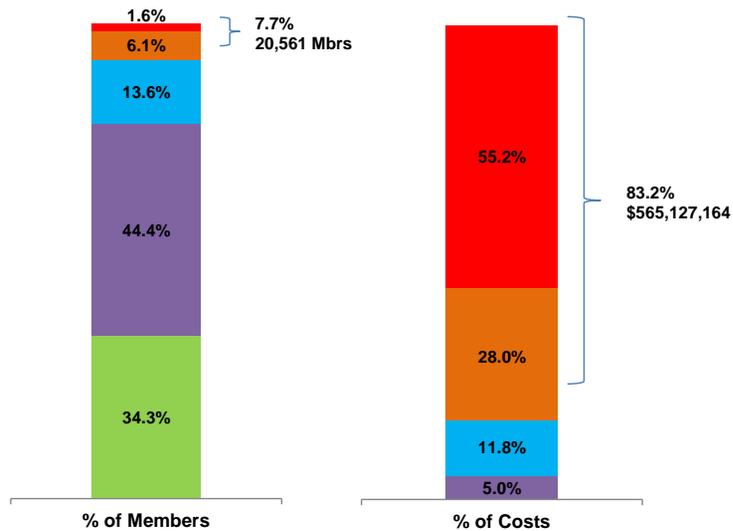
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Oct 2019 - Sep 2020

Note: Data incomplete due to claims lag

Run Date: 12/29/2020

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	4,302	1.6%	\$ 375,078,937	55.2%
\$5K - \$30K	16,259	6.1%	\$ 190,048,227	28.0%
\$1K - \$5K	36,321	13.6%	\$ 80,045,129	11.8%
< \$1K	118,927	44.4%	\$ 34,258,090	5.0%
\$0	91,758	34.3%	\$ -	0.0%
Totals	267,567	100.0%	\$ 679,430,382	100.0%

Top 7.7% of Members = 83.2% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	974	0.4%	\$ 195,085,278	28.7%
\$75K to \$100K	556	0.2%	\$ 48,018,232	7.1%
\$50K to \$75K	1,102	0.4%	\$ 67,617,621	10.0%
\$40K to \$50K	665	0.2%	\$ 29,739,522	4.4%
\$30K to \$40K	1,005	0.4%	\$ 34,618,284	5.1%
SubTotal	4,302	1.6%	\$ 375,078,937	55.2%
\$20K to \$30K	1,962	0.7%	\$ 47,926,519	7.1%
\$10K to \$20K	5,957	2.2%	\$ 82,490,443	12.1%
\$5K to \$10K	8,340	3.1%	\$ 59,631,265	8.8%
SubTotal	16,259	6.1%	\$ 190,048,227	28.0%
Total	20,561	7.7%	\$ 565,127,164	83.2%

Enrollment Status	Members	Total Costs
Still Enrolled as of Sep 2020	231,002	\$ 605,510,694
Dis-Enrolled During Year	36,565	\$ 73,919,688
Totals	267,567	\$ 679,430,382

Notes:

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

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis

7.7% of Members = 83.2% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Oct 2019 - Sep 2020

Note: Data incomplete due to claims lag

Run Date: 12/29/2020

7.7% of Members = 83.2% of Costs

28.8% of members are SPDs and account for 35.8% of costs.

30.9% of members are ACA OE and account for 30.1% of costs.

7.1% of members disenrolled as of Sep 2020 and account for 11.9% of costs.

Highest Cost Members: Cost Per Member >= \$100K

40.2% of members are SPDs and account for 41.2% of costs.

29.3% of members are ACA OE and account for 29.2% of costs.

18.3% of members disenrolled as of Sep 2020 and account for 18.5% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	115	542	657	3.2%
MCAL	MCAL - ADULT	435	2,984	3,419	16.6%
	MCAL - BCCTP	2	3	5	0.0%
	MCAL - CHILD	159	1,459	1,618	7.9%
	MCAL - ACA OE	1,337	5,011	6,348	30.9%
	MCAL - SPD	1,642	4,283	5,925	28.8%
	MCAL - DUALS	77	1,050	1,127	5.5%
Not Eligible	Not Eligible	535	927	1,462	7.1%
Total		4,302	16,259	20,561	100.0%

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	25	2.6%
MCAL	MCAL - ADULT	78	8.0%
	MCAL - BCCTP	2	0.2%
	MCAL - CHILD	6	0.6%
	MCAL - ACA OE	285	29.3%
	MCAL - SPD	392	40.2%
	MCAL - DUALS	8	0.8%
Not Eligible	Not Eligible	178	18.3%
Total		974	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 8,905,863	\$ 5,983,960	\$ 14,889,822	2.6%
MCAL	MCAL - ADULT	\$ 33,315,295	\$ 33,850,408	\$ 67,165,702	11.9%
	MCAL - BCCTP	\$ 343,153	\$ 38,670	\$ 381,823	0.1%
	MCAL - CHILD	\$ 8,421,507	\$ 16,642,337	\$ 25,063,844	4.4%
	MCAL - ACA OE	\$ 114,056,332	\$ 56,101,211	\$ 170,157,543	30.1%
	MCAL - SPD	\$ 149,294,128	\$ 52,742,319	\$ 202,036,447	35.8%
	MCAL - DUALS	\$ 4,682,391	\$ 13,220,107	\$ 17,902,498	3.2%
Not Eligible	Not Eligible	\$ 56,060,268	\$ 11,469,216	\$ 67,529,484	11.9%
Total		\$ 375,078,937	\$ 190,048,227	\$ 565,127,164	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 4,065,373	2.1%
MCAL	MCAL - ADULT	\$ 14,696,039	7.5%
	MCAL - BCCTP	\$ 343,153	0.2%
	MCAL - CHILD	\$ 1,438,834	0.7%
	MCAL - ACA OE	\$ 56,943,385	29.2%
	MCAL - SPD	\$ 80,280,333	41.2%
	MCAL - DUALS	\$ 1,285,019	0.7%
Not Eligible	Not Eligible	\$ 36,033,144	18.5%
Total		\$ 195,085,278	100.0%

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs
\$100K+	7%	0%	1%
\$75K to \$100K	5%	0%	4%
\$50K to \$75K	5%	0%	3%
\$40K to \$50K	6%	1%	3%
\$30K to \$40K	7%	1%	5%
\$20K to \$30K	7%	3%	6%
\$10K to \$20K	1%	1%	12%
\$5K to \$10K	0%	0%	12%
Total	5%	1%	5%

Breakout by Service Type/Location

Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
13%	56%	1%	14%	5%	2%	8%
18%	44%	3%	10%	5%	8%	12%
20%	40%	3%	8%	7%	10%	13%
17%	48%	4%	8%	7%	2%	14%
17%	41%	8%	9%	7%	1%	16%
18%	37%	9%	10%	7%	1%	18%
20%	35%	6%	13%	9%	3%	14%
25%	23%	9%	13%	14%	0%	17%
17%	44%	4%	12%	7%	4%	12%

Notes:

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



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

Human Resources

Anastacia Swift

To: Alameda Alliance for Health Board of Governors

From: Anastacia Swift, Chief Human Resources Officer

Date: January 8, 2021

Subject: Human Resources Report

Staffing

- As of January 1, 2021, the Alliance had 326 full time employees and 2-part time employees.
- On January 1, 2021, the Alliance had 53 open positions in which 6 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 47 positions open to date. The Alliance is actively recruiting for the remaining 47 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions January 1	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	10	3	7
Operations	21	2	19
Healthcare Analytics	5	0	5
Information Technology	5	0	5
Finance	6	0	6
Compliance	2	0	2
Human Resources	2	0	2
Projects & Programs	2	1	1
Total	53	6	47

- Our current recruitment rate is 16%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in December 2020 included:
 - 5 years:
 - Beverly Juan (Healthcare Services)
 - Guneet Wadhwa (IT-Applications)
 - 6 years:
 - Alexandria Moore-Johnson (Provider Services)
 - Tammia Jackson (CMDM)
 - Jenny Jiang (Healthcare Analytics)
 - 8 years:
 - Elizabeth Nunez (Member Services)
 - Katherine Gordon (IT-Applications)
 - 9 years:
 - Annie Lam (Provider Services)
 - Brian Beck (Facilities & Support Services)
 - Roxanne Eliscu (IT-Applications)
 - 10 years:
 - Loren Mariscal (Complaints & Resolutions)
 - 16 years:
 - Monica Cabral (Claims)
 - 22 years:
 - Famina Perry (Claims)