



Health care you can count on.
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Board of Governors

Regular Meeting

Friday, September 10, 2021
12:00 p.m. – 2:00 p.m.

Video Conference Call Only

1240 South Loop Road, Alameda, CA 94502



AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, September 10, 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 September 10, 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) JULY 9, 2021 BOARD OF GOVERNORS MEETING MINUTES

b) SEPTEMBER 7, 2021 FINANCE COMMITTEE MEETING MINUTES

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

b) FINANCE COMMITTEE

c) STRATEGIC PLANNING COMMITTEE

7. CEO UPDATE

8. BOARD BUSINESS

a) REVIEW AND APPROVE JUNE 2021 MONTHLY FINANCIAL STATEMENTS

b) REVIEW AND APPROVE JULY 2021 MONTHLY FINANCIAL STATEMENTS

c) CALAIM PROGRESS REPORT: IN-LIEU OF SERVICES

d) COVID-19 VACCINATIONS & INCENTIVES

9. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING COMMITTEE

b) HEALTH CARE QUALITY 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.**

15. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

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

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

Additions and Deletions to the Agenda: Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the Agenda and must be acted upon prior to the next Board meeting. For special meeting agendas, only those items listed on the published agenda may be discussed. The items on the agenda are arranged in three categories. **Consent Calendar:** These are relatively minor in nature, do not have any outstanding issues or concerns, and do not require a public hearing. All consent calendar items are considered by the Board as one item, and a single vote is taken for their approval unless an item is pulled from the consent calendar for individual discussion. There

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

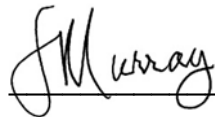
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org.

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

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

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org on September 3, 2021, by 12:00 p.m.



Clerk of the Board – Jeanette Murray



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CONSENT CALENDAR



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Board of Governors Meeting Minutes

**ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
July 9, 2021
12:00 pm – 2:00 pm
(Video Conference Call)
Alameda, CA**

SUMMARY OF PROCEEDINGS

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

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

Excused:

| 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 12:03 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 |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|--|--|---|-----------|
| 4. INTRODUCTIONS | | | |
| Dr. Seevak | James Jackson, the CEO of Alameda Health System, introduced himself as a new Alliance Board Member. After taking his Oath of Office, he will officially be a voting member. | None | None |
| 5. CONSENT CALENDAR | | | |
| Dr. Seevak | <p>Dr. Seevak presented the Consent Calendar.</p> <ul style="list-style-type: none"> a) June 11, 2021, Board of Governors Meeting Minutes b) July 6, 2021, Finance Committee Meeting Minutes c) 2020 Quality Improvement – Program Evaluation d) 2021 Quality Improvement – Program Description e) 2021 Cultural and Linguistic – Program Description <p>Motion to Approve July 9, 2021, Board of Governors Consent Calendar.</p> <p>A roll call vote was taken, and the motion passed.</p> | <p><u>Motion to Approve</u> July 9, 2021, Board of Governors Consent Calendar.</p> <p><u>Motion:</u> M. Lynch <u>Second:</u> Dr. Ferguson</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 Committee was held telephonically on July 9, 2021, at 10:30 am.</p> <p>Rebecca Gebhart announced that today's Compliance Advisory Committee Meeting was the first Official Committee meeting. The prior meetings were Ad-hoc Group meetings.</p> <p>Committee Board Members that attended today's meeting were Dr. K. Meade, B. Lopez, Dr. N. Aboelata. Board Member J. Jackson also attended today's meeting.</p> | <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | None |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|------------------------|---|--------|-----------|
| | <p>Revised Dashboard:</p> <ul style="list-style-type: none"> The revised dashboard is a summary of all the findings. The Alliance staff created this dashboard. This revised dashboard contains more details such as year, findings by the Alliance or regulatory agency, completion status, total findings per year, etc. The CAP findings are decreasing per year due to overall staff work. In 2018 there were 50 CAP findings, in 2019: 33 CAP findings, in 2020:15 CAP findings, and in 2021 there were 6 CAP findings <p>DMHC and DHCS Joint Audit:</p> <ul style="list-style-type: none"> Preparing for the audits and following-up was a large amount of work for the staff, and a report is expected in 11 days After receiving the report, the Alliance will have 15 days to dispute the findings, and then the regulatory agency will issue a final report to the Alliance More details to come at the September Board meeting <p>Delegation Oversight Committee:</p> <ul style="list-style-type: none"> The Delegation Oversight Committee's first meeting was last September The Committee has met three (3) times The Alliance is the regulatory agency over our delegates The purpose of the Committee is to ensure our delegates are compliant There are nine (9) delegates; Community Health Center Network (CHCN), Beacon Health Strategies LLC, Kaiser, March Vision Care Group, Inc., UCSF, Children's First Medical Group (CFMG), PerformRx, Physical Therapy PN, Lucille Packard The Committee is creating a tracking dashboard of the delegates Two delegate audits for 2021, Pharmacy Benefit Manager (PBM) and Kaiser <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | | |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
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| 6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE | | | |
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| <p>Dr. Ferguson</p> | <p>The Finance Committee was held telephonically on Tuesday, July 6, 2021.</p> <p>Dr. Ferguson updated the Board on the Finance Committee Meeting.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • The discussion centered around CalAIM In Lieu of Services and the high possibility of cost overruns. The Committee discussed restricting the amount spent in the first two years • The Board can discuss this issue during the CalAIM report • Both the budget and enrollment continue to do better than anticipated • TNE is stable at 556%, and enrollment is positive • There is a change in our loss prediction, and the Board will be updated in the Finance Report <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> | <p>None</p> |
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| 6. c. BOARD MEMBER REPORT – STRATEGIC PLANNING COMMITTEE | | | |
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| <p>D. Vliet</p> | <p>The Strategic Planning Committee was held telephonically on May 27, 2021.</p> <p>David Vliet updated the Board on the Strategic Planning Committee Meeting.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Bobbie Wunsch, Pacific Health Consulting Group, has been engaged to support the Alliance Strategic Planning • May 27 was the kick-off meeting to review the scope, timeline, and deliverables • The work will take us through December of this year • The strategy is organized into two (2) parts, 1) a short term strategic plan, which is 1 to 3-years, 2) a long-term framework 4 to 6 years | <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | <p>None</p> |
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| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
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| | <ul style="list-style-type: none"> • There was a staff survey sent out and it is completed; 180 employees responded • Pacific Health Consulting Group is engaging the Executive Team through December on the Strategic Planning • Pacific Health Consulting Group is interviewing agencies, organizations, etc. To date, 12 interviews have been completed • Bobbie Wunsch gave a presentation of the Strategic Plan to the Members Advisory Committee on June 17 • Updates of the Strategic Planning Committee to occur at future Board meetings <p>Question: Are we thinking long-term about one office building that will house all Alliance staff?</p> <p>Answer: The Alliance is currently focused on the corporate side, but will later include that issue. We do have a walkthrough at the Raiders HQ for July 16 at 1:00 pm and will report the findings to the Board. Board Members are welcome to attend.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | | |
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7. CEO UPDATE

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| S. Coffin | <p>Scott Coffin, Chief Executive Officer, presented the following updates:</p> <p>Executive Summary:</p> <ul style="list-style-type: none"> • On June 21, Governor Newsom issued executive order's ending parts of the public health emergency • Medi-Cal redetermination process is continuing to be deferred and most probably be continued through this calendar year | <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | None |
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| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|------------------------|--|--------|-----------|
| | <p>Cal-AIM:</p> <ul style="list-style-type: none"> On June 29, the Alliance Team completed the first Model of Care submission <p>Single Plan Model / County Organized Health System:</p> <ul style="list-style-type: none"> Countywide impact assessment being conducted to identify costs, benefits, risks, and opportunities to changing Alameda County's Medi-Cal delivery model into a single plan model; safety net partners include Alameda County HCSA, Community Health Center Network, Alameda Health System, and Alameda Alliance for Health September 21, 2021 is the target date to complete the assessment. A progress report will be presented to the Alameda County Board of Supervisors DHCS to launch Medi-Cal procurement for two-plan counties in November 2021 and concludes by December 2023 <p>COVID-19 Vaccinations:</p> <ul style="list-style-type: none"> Approximately 54% of members (12 years and older) in Medi-Cal and Group Care are partially or fully vaccinated, representing a total of 122,292 members in Group Care and Medi-Cal; approximately 7% higher than the previous month, representing an additional 15,000 members; Alameda County is approximately 81% vaccinated, and statewide the vaccination rate exceeds 69% Fifty-four (54%) of the "Low and No Utilization" members are vaccinated, whereas sixty-one (61%) of the "Medium to High" Utilization members are vaccinated; based on members 12 years and older (approx. 230,000 members) <p>Question: Will we be talking more about interventions? Answer: On slides 339 to 340 show utilization. We have a COVID \$10.00 incentive for all members receiving their vaccine during a specific date. There are disparities in our membership. The Latin and African American communities are under-vaccinated. The quality team and operations are working to develop strategies to target providers in which members underutilize vaccinations. Also, Operations will</p> | | |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|---|---|--|-----------|
| | <p>be working with the County and their detailed data to target providers in areas where there is a need for vaccines. Comment: Alliance could help with its communications to members and an update each week.</p> <p>Question: Kaiser Health News is stating that employees must be vaccinated. Are any other local employers requiring that staff be vaccinated? Answer: The University of California, San Francisco, School of Medicine (UCSF) requires vaccination for their staff. Alameda Health System has informed staff that mandatory vaccinations will occur in the future.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | | |
| 8. a BOARD BUSINESS – REVIEW AND APPROVE MAY 2021 MONTHLY FINANCIAL STATEMENTS | | | |
| G. Riojas | <p>Gil Riojas gave the following May 2021 Finance updates:</p> <p>Enrollment:</p> <ul style="list-style-type: none"> • For the month ending May 31, 2021, the Alliance had an enrollment of 287,757 members, a net income of \$682,000, and the tangible net equity is 556%. • Our enrollment has increased by 2,566 members since April 2021. <p>Net Operating Results:</p> <ul style="list-style-type: none"> • For the month ending May 31, 2021, the actual net income was \$682,000, and the budgeted net income was \$1.8M. • The favorable variances were due to higher than anticipated revenue and lower than anticipated administrative expense. <p>Revenue:</p> <ul style="list-style-type: none"> • For the month ending May 31, 2021, the actual revenue was \$96.6M vs. the budgeted revenue of \$81.2M. | <p><u>Motion to Approve</u> May 2021, Monthly Financial Statements.</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p> | None |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|--|---|---|-----------|
| | <p>Medical Expense:</p> <ul style="list-style-type: none"> For the month ending May 31, 2021, the actual medical expense was \$90.8M vs. the budgeted medical expense of \$73.8M. <p>Medical Loss Ratio (MLR):</p> <ul style="list-style-type: none"> For the month ending May 31, 2021, the MLR was 94.0%, and the fiscal year-to-date of 95.7%. <p>Administrative Expense:</p> <ul style="list-style-type: none"> For the month ending May 31, 2021, the actual administrative expense was \$5.1M vs. the budgeted administrative expense of \$5.6M. <p>Other Income / (Expense):</p> <ul style="list-style-type: none"> As of May 31, 2021, our YTD interest income from investments is \$615,000, and YTD claims interest expense is \$309,000. <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 May 31, 2021, the TNE was reported at 556% of the required amount. <p>Cash Position and Assets:</p> <ul style="list-style-type: none"> For the month ending May 31, 2021, the Alliance reported \$309.8M in cash; \$195.5M in uncommitted cash. Our current ratio is above the minimum required at 1.74 compared to the regulatory minimum of 1.0. <p>Motion to approve May 2021, Monthly Financial Statements as presented.</p> <p>A roll call vote was taken, and the motion passed.</p> | | |
| 8. b BOARD BUSINESS – REVIEW AND APPROVE RESOLUTION 2021-13 BOARD REAPPOINTMENT MEMBER SEAT | | | |
| S. Coffin | <p>Scott Coffin introduced Resolution 2021-13 to reappoint Board Member Marty Lynch to the At Large Health Services for Seniors and Persons with Disabilities Member Seat.</p> <p>Marty Lynch recused himself from the conversation and vote.</p> | <p><u>Motion to Approve</u> Resolution 2021-13 to reappoint Board Member Marty Lynch to the At Large Health</p> | None |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|---|---|--|-----------|
| | <ul style="list-style-type: none"> The Board voted to reappoint Board Member Marty Lynch to the At Large Health Services for Seniors and Persons with Disabilities Member Seat <p>Motion to approve Resolution 2021-13 to reappoint Board Member Marty Lynch to the At Large Health Services for Seniors and Persons with Disabilities Member Seat.</p> <p>A roll call vote was taken, and the motion passed.</p> | <p>Services for Seniors and Persons with Disabilities Member Seat.</p> <p>Motion: S. Coffin Second: Dr. Ferguson</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p> | |
| 8. c. BOARD BUSINESS – CALAIM PROGRESS REPORT: IN-LIEU OF SERVICES | | | |
| S. Coffin | <p>Scott Coffin presented the CalAIM Progress Report: In-Lieu of Services Update.</p> <p>Each month there will be an update and group discussion of the CalAIM, In Lieu of Services, and topics in preparation for the January 2022 deadline.</p> <p>A discussion and update of the following CalAIM In Lieu of Services topics (pages 260 to 270 of the Board packet).</p> <ul style="list-style-type: none"> Financial Projections Progress Report Request to the DHCS Next Steps Appendices <p>Questions: How will it be determined what is allowable in the ILOS Services? Answer: We have asked the State for direction, but they have not provided the details. Hopefully, there will be more clarity as we continue to meet with the State.</p> | <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | None |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|---|---|--|-----------|
| | <p>Question: Are we going to ask the State for \$10.0M, and then the Alliance would also match the \$10.0M? There should be a cap on what we spend in each of the first 2-3 years. Answer: We are looking into identifying funds each year beyond the \$10.0M. Next week, we have a 3-way meeting with HCSA, Alameda County, and the Alliance, and the discussion is focused on funding.</p> <p>Questions: What are the restrictions for ILOS? Answer: The restrictions are vague, and we are working with HCSA and asking the State for answers and guidance.</p> <p>Comment: The financial concerns are real, and we will continue to monitor them, but this work represents cutting-edge efforts to help our beneficiaries in new and different ways.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | | |
| 9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE | | | |
| Dr. O'Brien | <p>The Peer Review and Credentialing Committee (PRCC) was held telephonically on June 15, 2021.</p> <p>Dr. O'Brien gave the following Committee update:</p> <ul style="list-style-type: none"> • There were seven (7) initial providers approved. Additionally, thirty-six (36) providers were re-credentialed at this meeting. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | |
| 9. a. STANDING COMMITTEE UPDATES – PHARMACY AND THERAPEUTICS COMMITTEE | | | |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|---|---|--|-----------|
| Dr. O'Brien | <p>The Pharmacy and Therapeutics Committee was held telephonically on June 15, 2021.</p> <p>Dr. O'Brien gave the following Committee updates:</p> <ul style="list-style-type: none"> • Efficacy, safety, cost of utilization profiles of 12 therapeutic categories, and 48 prior guidelines were revised and approved. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | None |
| 9. c. STANDING COMMITTEE UPDATES – CONSUMER ADVISORY COMMITTEE | | | |
| S. Coffin | <p>The Consumer Advisory Committee was held telephonically on June 17, 2021.</p> <p>Scott Coffin gave the following Consumer Advisory Committee updates. The Committee is also known as the Members Advisory Committee (MAC):</p> <ul style="list-style-type: none"> • Scott Coffin and the Executive Team presented a CalAIM Initiatives presentation • MAC Members were invited to participate in the development of the Alliance's multi-year Strategic Plan • Bobbie Wunsch facilitated the five (5) questions asked at the MAC Meeting regarding the Strategic Plan • COVID-19 update • Grievance and Appeals report • Communications and Outreach report • Cultural and Linguistic report <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p> | None |
| 10. STAFF UPDATES | | | |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|---|--|--|-----------|
| S. Coffin | None | None | None |
| 11. UNFINISHED BUSINESS | | | |
| S. Coffin | <p>The four unfinished business follow-up items from the June Board Meeting. Scott Coffin directed the Board to the following pages in the Board packet.</p> <ul style="list-style-type: none"> • Telehealth Utilization Summary, page 244 • Interpreter Services, Utilization, and Cost Update, page 248 • Vaccination Rates for Members Not Vaccinated Compared to Health Utilization, page 345 • Enhanced Case Management – Case Management and Whole Person Care Summary of Revenue and Expense, page 252 <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 |
| 12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS | | | |
| S. Coffin | None | None | None |
| 13. PUBLIC COMMENTS (NON-AGENDA ITEMS) | | | |
| Dr. Seevak | None | None | None |
| 14. ADJOURNMENT | | | |
| Dr. Seevak | <p>Dr. Seevak adjourned the meeting at 1:51 pm.</p> <ul style="list-style-type: none"> • Due to the August recess, the Board of Governors, the Finance Committee, and the Compliance Advisory Committee will not meet in August. The Operational Committees will continue to meet. | None | None |

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



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Finance Committee Meeting Minutes

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

September 7, 2021
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

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

Board of Governor members on Conference Call: James Jackson

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

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|--|--|---|--------------|
| CALL TO ORDER and INTRODUCTIONS | | | |
| Dr. Rollington Ferguson | <p>Dr. Ferguson was delayed, in his absence, Scott Coffin called the Finance Committee meeting to order at 8:00 am and Roll Call was conducted.</p> <p>Scott Coffin introduced Alameda Health Systems new CEO James Jackson as the newest Board of Governors member in attendance.</p> | | |
| CONSENT CALENDAR | | | |
| Dr. Rollington Ferguson | <p>Dr. Ferguson presented the Consent Calendar.</p> <p>July 6, 2021, Finance Committee Minutes were approved at the Board of Governors meeting July 9, 2021 and not presented today.</p> <p>There were no modifications to the Consent Calendar.</p> | <p><u>Motion to accept Consent Calendar</u></p> <p><u>Motion:</u> Dr. Marchiano <u>Seconded:</u> G. Riojas</p> <p><u>Pass by Consent</u></p> | |
| a.) CEO Update | | | |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|----------------------------|--|---|--------------|
| <p>Scott Coffin</p> | <p>Scott Coffin gave updates to the committee on the following:</p> <p>CalAIM – As discussed at the last Board of Governors meeting in July 2021, Enhanced Care Management (ECM), In-Lieu-Of Services (ILOS), and Major Organ Transplant (MOT) services all start on January 1, 2022. ILOS are not a defined benefit, they are optional services. We had originally identified seven ILOS service categories and have now reduced to six. The six categories of service that the Alliance will focus on are: Three Housing Services Benefits, Medically Tailored and Medically Supported Meals (Food), Recuperative Care (Medical Respite), and Asthma Remediation.</p> <p>As a reminder, we also discussed the estimated costs at last meeting and anticipate receiving final rates from the State (DHCS) by the end of this month and we anticipate that in November we will have our rate analysis complete and be able to clarify the impact to budgeted revenue and expenses.</p> <p>We remain on track with our regulatory submissions that are due to the State, as we remain focused on operational readiness.</p> <p>Single Plan Model –The Board will be talking on Friday under closed session. We did receive approval from DHCS as part of the Letter of Intent process to continue moving forward. We are also working on some of the estimated costs that will be related to this transition, as well as defining some of the roles and responsibilities between the Alliance and the County of Alameda.</p> <p>COVID-19 Vaccination Progress Report –Alameda County is reporting about 76% vaccination rate among those 12 years and older across the county. DHCS released a report last month that highlighted the discrepancy between County rates and Medi-Cal rates of vaccination, with Medi-Cal being significantly lower. The Alliance’s Medi-Cal and Group Care members (aged 12+) rate of vaccination is currently 67%. There is currently a 9% gap between our members and the County average. This type of variance is common throughout the state. As a result, the State created an incentive program and announced an offer of application to participate. The Alliance submitted our application on August 31, and DHCS is expected to approve by September 21. This is to address the number of people who remain unvaccinated. The State is offering significant incentive funding to conduct a combination of outreach efforts to reach those members and increase the overall rate of vaccination</p> | <p>Informational update to the Finance Committee</p> <p>Vote not required</p> | |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|--|---|--------|--------------|
| | <p>amongst our members. If accepted, we will bring more details along with an estimate of what we think some of the expenditures might be.</p> <p>Question: Dr. Ferguson asked if we have a point person at the Alliance for our vaccination effort. Scott Coffin has appointed Matt Woodruff, our Chief Operating Officer, as the lead person for this effort. In addition, we are in the process of identifying a community lead that would be in the field. Matt Woodruff provided a summary of the program to the committee.</p> | | |
| b.) Review June 2021 and July 2021 Monthly Financial Statements | | | |
| <p>Gil Riojas</p> | <p><u>June 2021 (Pre-Audit) Financial Statement Summary</u></p> <p>Enrollment: Current enrollment is 288,554 and continues to trend upward, Total enrollment has increased by 1,797 members from May 2021, and looking at the full fiscal year, we can see that our membership grew by almost 32,000 members since June 2020. Consistent increases were primarily in the Child, Adult, and Optional Expansion categories of aid, and include slight increases in the Duals category of aid, with SPD and Group Care remaining relatively flat for the full fiscal year.</p> <p>Total Enrollment continues to increase month over month, however; as previously discussed, the rate of increase has fallen from a high of 4,140 members in August 2020. While we did see an uptick in the rate of increase for April and May, our June numbers are lower.</p> <p>Net Income: For the month ending June 30, 2021, the Alliance reported a Net Income of \$1.4 million (versus budgeted Net Income of \$3.0 million). For the year-to-date, the Alliance recorded a Net Loss of \$1.6 million versus a budgeted Net Loss of \$15.4 million. The unfavorable variance is largely attributed to higher than anticipated Medical Expense and higher than anticipated Administrative Expense. These were somewhat offset by higher than anticipated Revenue.</p> <p>Revenue: For the month ending June 30, 2021, actual Revenue was \$90.8 million vs. our budgeted amount of \$80.9 million. Factors creating the favorable variance were mainly due to delay of pharmacy carve-out. We will see the variance for</p> | | |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|------------------------|--|--------|--------------|
| | <p>Revenue and Medical Expense for the rest of the fiscal year due to indefinite delay status of pharmacy carve-out. As a fiscal year end summary, our actual Revenue was \$1.1 billion vs. a budgeted amount of \$1.0 billion.</p> <p>Medical Expense: Actual Medical Expenses for the month were \$81.8 million vs. our budgeted amount of \$71.7 million. For the year-to-date, actual Medical Expenses were \$1.0 billion versus budgeted \$973.0 million. Drivers leading to the unfavorable variance can be seen on the tables on page 12, with the greatest variances coming from the pharmacy carve-out and Inpatient Hospital expenses. Further explanation on pages 12 and 13. As a summary, the largest categories of services that drove our expenses were Inpatient Hospital FFS Expense, Capitated Medical Expenses, Pharmacy Expense, and Outpatient Expense. We do anticipate these to continue to be the largest expenses in the new fiscal year.</p> <p>Medical Loss Ratio: Our MLR ratio for this month was reported at 90.9%. Year-to-date MLR was at 95.2% vs our annual budgeted percentage 94.2%. As a reminder we want our MLR to be below 95%.</p> <p>Administrative Expense: Actual Administrative Expenses for the month ending June 30, 2021 were \$7.6 million vs. our budgeted amount of \$6.3 million. Our Administrative Expense represents 8.4% of our Revenue for the month, and 5.0% of Net Revenue for year-to-date. Reasons for the unfavorable month-end variances, as well as the favorable year-to-date variances are outlined on page 15 of the presentation.</p> <p>Other Income / (Expense): As of June 30, 2021, our YTD interest income from investments was \$649,000. We continue to discuss strategy with our investment manager to see if there is a way to increase our return.</p> <p>YTD claims interest expense is \$329,000.</p> <p>TangibleNet Equity (TNE): We reported a TNE of 560%, with an excess of \$168.1 million. This remains a healthy number in terms of our reserves.</p> | | |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|------------------------|--|--|--|
| | <p>Cash and Cash Equivalents: We reported \$301.0 million in cash; \$206.2 million is uncommitted. Our current ratio is above the minimum required at 1.80 compared to regulatory minimum of 1.0.</p> <p>Capital Investments: Fiscal year-to-date Capital Assets acquired less Capital Assets retired is negative \$5.3 million. Total fixed assets acquitted fiscal year-to-date of \$1.2 million are offset by an accounting policy threshold change (negative \$4.5 million) and retirement of Trizetto software (negative \$2.0 million). Our annual capital budget is \$2.4 million.</p> <p>Question: Dr. Marchiano asked if the Alliance has any recruiting efforts and asked if other plans are seeing the increases in enrollment that we are. Gil Riojas explained that under State regulation we are not allowed to recruit, but that yes, plans across the state are seeing similar increases in enrollment. Scott Coffin further explained the process by which the Alliance obtains new members.</p> <p>Question: Dr. Ferguson asked how often we should revisit our investment plan to bring up to date or make changes at the committee level. Gil Riojas expressed that an annual report would be welcomed and furthered offered more detailed discussion regarding the investment strategy depending on the interest of the committee. Board members in attendance each offered their voice of support for an annual update.</p> | <p><u>Motion to accept June 2021, Financial Statements</u></p> <p><u>Motion:</u> Dr. Marchiano <u>Seconded:</u> N. Peraino</p> <p><u>Motion Carried</u></p> <p>No opposed or abstained</p> | <p>Prepare Report of annual Investment Strategy update</p> |
| Gil Riojas | <p><u>July 2021 Financial Statement Summary</u></p> <p>Enrollment: Current enrollment is 290,091 and continues to increase. Total enrollment has increased by 1,537 members from June 2021. As in previous months, increases are primarily in the Child, Adult, and Optional Expansion categories of aid, and include slight increases in the Duals category of aid.</p> <p>Total Enrollment continues to increase month over month. While we did see an uptick in the rate of increase for April and May, our June and July numbers appear to be back in line with the previous decline in rate of increase. We do anticipate once the Health Emergency ends, it should begin to decline.</p> | | |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|------------------------|--|--------|--------------|
| | <p>Net Income: For the month and fiscal year-to-date ending July 31, 2021, the Alliance reported a Net Income of \$2.6 million (versus budgeted Net Income of \$1.4 million). The favorable variance is attributed to higher than anticipated Revenue and lower than anticipated Administrative Expense.</p> <p>Revenue: For the month and fiscal year-to-date ending July 31, 2021, actual Revenue was \$97.3 million was nearly spot on our budgeted amount of \$97.2 million.</p> <p>Medical Expense: Actual Medical Expenses for the month and fiscal year-to-date were \$89.8 million vs. our budgeted amount of \$89.7 million. Details of categorized expenses can be seen on the tables on page 52 with further explanation on page 53.</p> <p>Medical Loss Ratio: Our MLR ratio for the month and fiscal year-to-date was reported at 92.4%. vs our annual budgeted percentage 92.0%. As a reminder we want our MLR to be below 95%.</p> <p>Administrative Expense: Actual Administrative Expenses for the month ending July 31, 2021 were \$4.8 million vs. our budgeted amount of \$6.2 million. Our Administrative Expense represents 4.9% of our Revenue for the month and year-to-date. Reasons for the favorable variance can be seen on page 54.</p> <p>Other Income / (Expense): As of July 31, 2021, our YTD interest income from investments was \$22,000. We continue to discuss strategy with our investment manager to see if there is a way to increase our return.</p> <p>YTD claims interest expense is \$16,000.</p> <p>TangibleNet Equity (TNE): We reported a TNE of 558%, with an excess of \$170.1 million. This remains a healthy number in terms of our reserves.</p> | | |

| AGENDA ITEM SPEAKER | DISCUSSION HIGHLIGHTS | ACTION | FOLLOW UP |
|---|---|---|--------------|
| | <p>Cash and Cash Equivalents: We reported \$281.0 million in cash; \$204.0 million is uncommitted. Our current ratio is well above the minimum required at 1.90 compared to regulatory minimum of 1.0.</p> <p>Capital Investments: No new fixed assets were acquired in the month of July. Our annual capital budget is \$1.4 million.</p> <p>Question: Dr. Ferguson asked if the pharmacy component of transplant patients would be carved out once the Major Organ Transplant benefit takes effect or if we will be responsible for that. Dr. Steve O'Brien answered that anything that a patient picks up at a pharmacy, regardless of health condition, would be carved out of the Plan, and would be the responsibility of the State, and any medication administered by a physician or in an outpatient infusion center would be the responsibility of the Plan.</p> | <p><u>Motion to accept July 2021, Financial Statements</u></p> <p><u>Motion:</u> N. Peraino <u>Seconded:</u> J. Jackson</p> <p><u>Motion Carried</u></p> <p>No opposed or abstained</p> | |
| <p>c.) CalAIM Progress Report: In-Lieu of Services d.) Single Plan Model Update e.) Vaccination Incentive Program</p> | | | |
| Scott Coffin | Scott Coffin consolidated these briefings in his CEO Update. | | |
| <p>ADJOURNMENT</p> | | | |
| Dr. Rollington Ferguson | <p>Dr. Ferguson motioned to adjourn the meeting.</p> <p>The meeting adjourned at 8:59 am.</p> | <p><u>Motion to adjourn:</u> Dr. Marchiano <u>Seconded:</u> J. Jackson</p> <p>No opposed or abstained.</p> | |

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



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CEO Update

Scott Coffin

To: Alameda Alliance for Health Board of Governors
From: Scott Coffin, Chief Executive Officer
Date: September 10, 2021
Subject: CEO Report

- **Operational Performance**

- \$2.6 million net income reported in July 2021; Medi-Cal reporting a net income of \$2.7 million, offset by a \$69,000 net loss in Group Care for the month
- Enrollment has exceeded 292,000 and over the last four months has averaged 1,300 new Medi-Cal members per month; Governor Newsom's Executive Order to suspend annual Medi-Cal redeterminations is expected to continue into calendar year 2022, and a correction to the Medi-Cal enrollment is expected after the order is removed
- Key Performance Metrics:
 - Regulatory operating metrics that did not meet thresholds included: 1) standard grievances turnaround time was 1% below the target in August, and corrective actions have begun to restore turnaround time into full compliance
 - Non-regulatory operating metrics that did not meet internal performance thresholds included 1) Provider Disputes, 2) Member Services inbound calls answered in 30 seconds or less is 29% below target, 3) calls abandonment rate is over target by 11%. 4) Vacancy rates for unfilled staffing positions is 2% above internal target. Inbound call volumes have returned to pre-pandemic levels, averaging 15,000 or more calls per month; additional 40,000+ Medi-Cal members have enrolled since March 2020. Corrective actions have been implemented to reduce the provider overturn rate and to improve the response time in the Member Services call center
- Final budget for fiscal year 2021/2022 to be presented to the Board of Governors for approval in December

- **Whole Person Care – Health Homes – CalAIM**
 - Whole Person Care Pilot (WPC/AC3) ends 12/31/2021, and is funded through the 1115 Waiver
 - Health Homes programs (HHP) ends 12/31/2021, and is funded by the Department of Health Care Services
 - Enhanced Care Management (ECM) benefits, In Lieu Of Services (ILOS), and Major Organ Transplants (MOT) benefits begin January 1, 2022
 - CalAIM “Model of Care” submissions are due to the DHCS in 2021:
 - First submission delivered to DHCS on June 29, two days ahead of schedule; includes preliminary set of ILOS and approach to provider network development, and outlines the approach to transitioning the Members in Whole Person Care and Health Homes programs
 - Second submission is due to DHCS by September 1, and was delivered on August 31
 - Third submission is due to DHCS by October 1; includes the transition of WPC and HHP members, provider network for ECM and ILOS, and member notification materials
 - Alameda Alliance submitted the provider network response for the Major Organ Transplant services to the DHCS on August 31
 - Alameda Alliance and Alameda County Health Care Services Agency (HCSA) are negotiating a subcontracting arrangement for the administration of community-based organizations that deliver housing navigation, tenancy & sustaining services, coordination of housing deposits, medical respite, asthma remediation, and other services

- **Medi-Cal Rx**
 - The administration of Medi-Cal pharmacy services is scheduled to transition to the State of California on January 1, 2022; the Alliance’s project team has met the deadlines and is on schedule
 - Alameda Alliance will continue to administer the full range of pharmacy services for Group Care (IHSS) members, and there is no change in services or benefits
 - Medi-Cal physician-administered drugs and outpatient infusion drugs will be administered by the Alameda Alliance Pharmacy Department
 - Medi-Cal beneficiary notification letters will be mailed by the DHCS and Alameda Alliance (60 days and 30 days, respectively)
 - Provider notifications are being sequenced with the member letters; providers will be updated through newsletters, fax-blasts, provider packets, and through alerts on the provider portal

- **Single Plan Model – County Organized Health System**
 - The California Department of Health Care Services (DHCS) delivered a conditional approval to the Alameda County Health Care Services Agency on August 31, 2021
 - Presentation to the Alameda County Board of Supervisor’s Health Committee on September 13, 2021
 - A new County ordinance is being presented to the Board of Supervisors for approval in the month of September; a new ordinance is required to establish Alameda Alliance as the single health authority in Alameda County
 - DHCS to pending release of a revised timeline and to define the required approvals in calendar years 2021 and 2022 related to changing the Medi-Cal delivery model from a two-plan to a single plan model

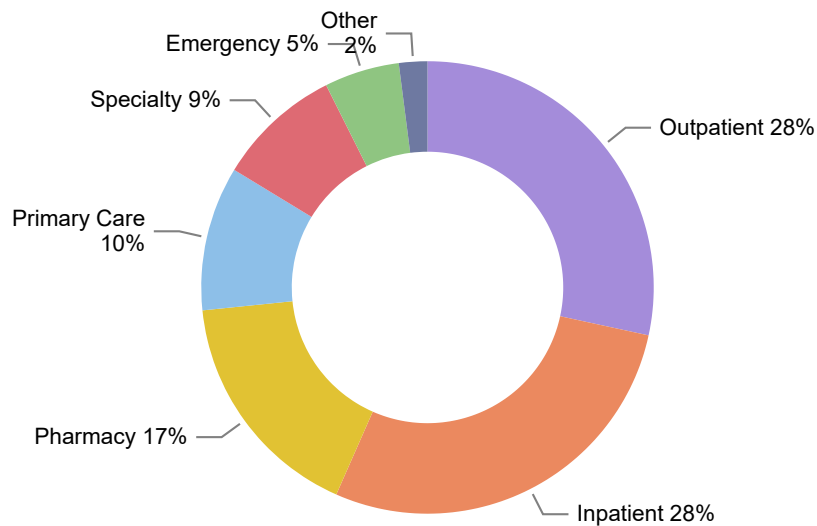
- **COVID-19 Vaccinations**
 - Approximately 64% of members (12 years and older) in Medi-Cal and Group Care are partially or fully vaccinated; approximately 84,000 of the eligible members in Group Care and Medi-Cal remain unvaccinated
 - Alameda County vaccination rate exceeds 89% for all populations (ages 12 and older), and an outreach campaign is being developed to increase the vaccination rate for Medi-Cal beneficiaries
 - The California Department of Health Care Services (DHCS) is funding \$350 million to increase vaccination rates for Medi-Cal beneficiaries on a statewide basis
 - The vaccination outreach campaign starts in October and finishes on February 28, 2022
 - Alameda Alliance submitted a proposal on August 31, 2021, and is awaiting approval from the DHCS to begin the fourth phase of this outreach campaign
 - Includes a combination of outreach efforts designed to increase the vaccination rates, including member and provider incentives, social media, texting, live calls, health education materials, and funding for mobile & pop-up vaccination clinics; partnerships with county agencies, safety-net providers, onsite visits to low-income housing units, and faith-based organizations are included in the proposal

Financials

Income & Expenses

| | |
|---------------------|------------------|
| Revenue | Medical Expense |
| \$97.3M | (\$89.8M) |
| Other Income/(Exp.) | Admin Expense |
| \$10.4K | (\$4.8M) |
| Net Income | Gross Margin % |
| \$2.6M | 7.6% |

Medical Expenses



Liquid Reserves

| | |
|-----------|-----------------|
| MLR Net % | 92.4% |
| TNE % | 558.4% |
| TNE \$ | \$207.2M |

Reinsurance Cases

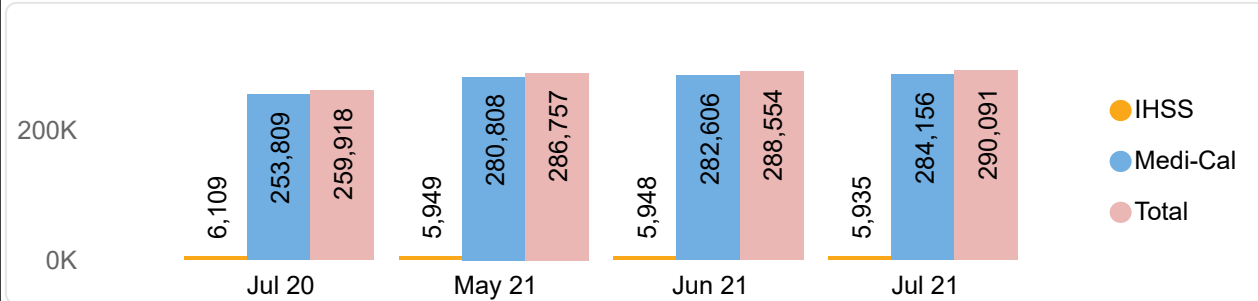
| | New | Submitted |
|-----|-----|-----------|
| 0.0 | 0 | 0 |
| 0.5 | | |
| 1.0 | | |

Balance Sheet

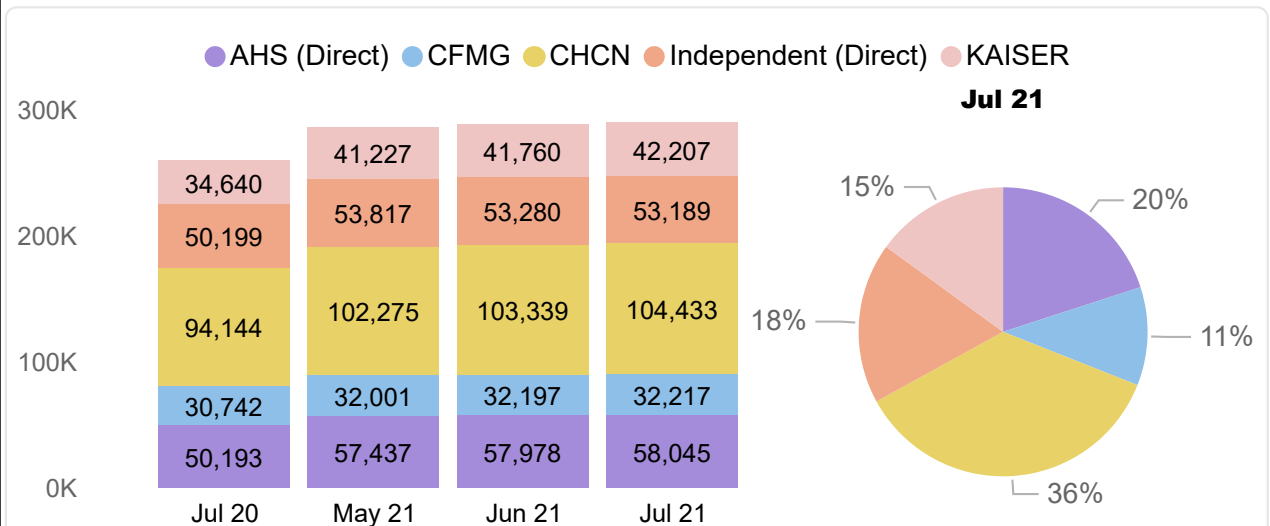
| | | |
|--------------------------|-----------------|----------------------------------|
| Cash Equivalents | \$281.0M | Current Ratio % 190.1% |
| Pass-Through Liabilities | \$77.0M | |
| Uncommitted Cash | \$204.0M | |
| Working Capital | \$200.7M | |

Membership

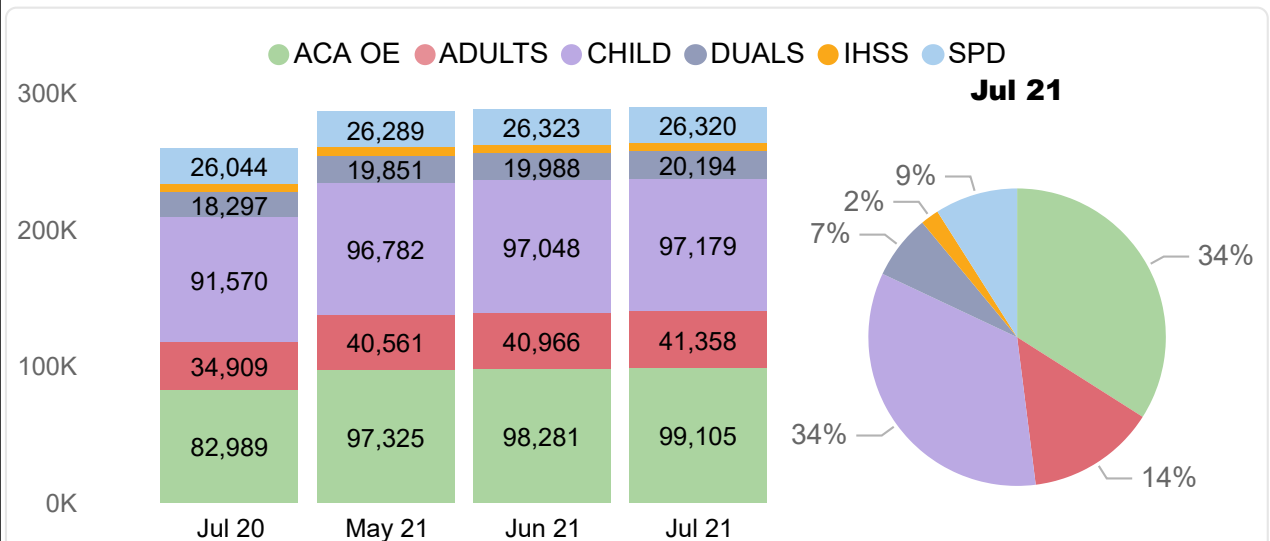
By Plan



By Network

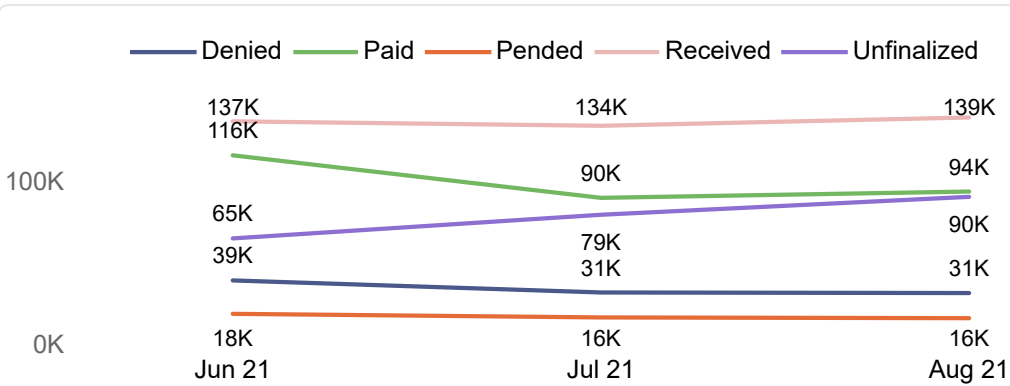


By Category

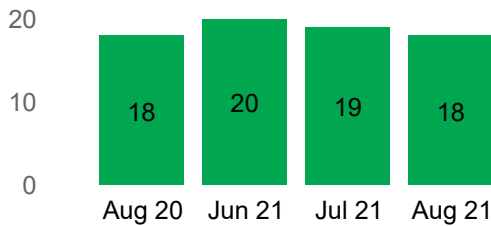


Claims

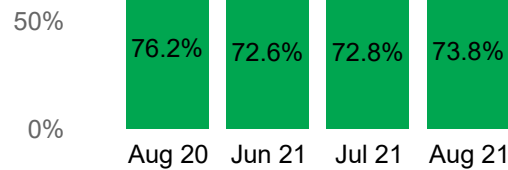
Claims Processing



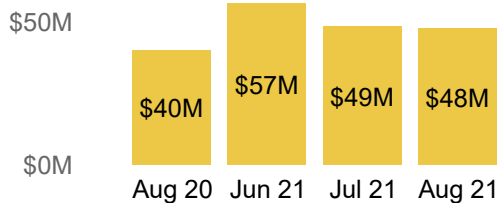
Average Payment TAT (Days)



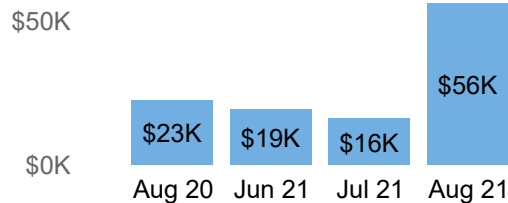
Auto Adjudication Rate (%)



Claims Paid (Dollars)

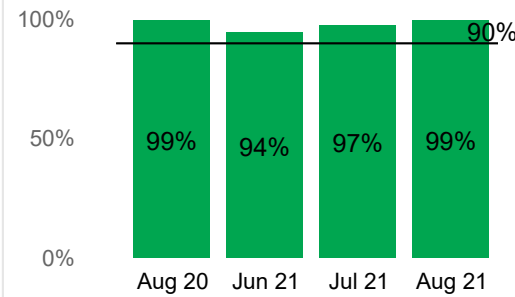


Interest Paid (Dollars)

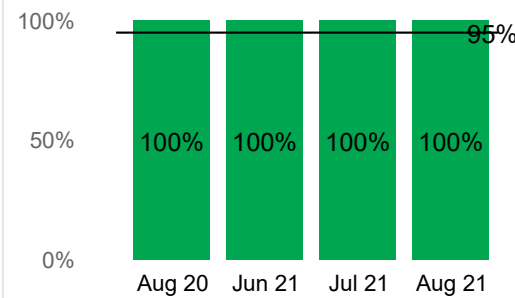


Claims Compliance

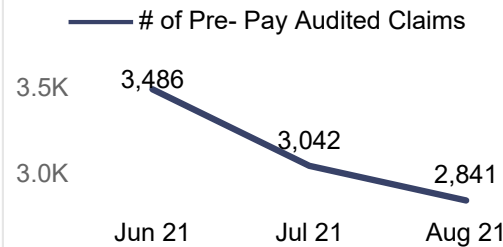
% Processed (30 Cal Days)



% Processed (45 Work Days)

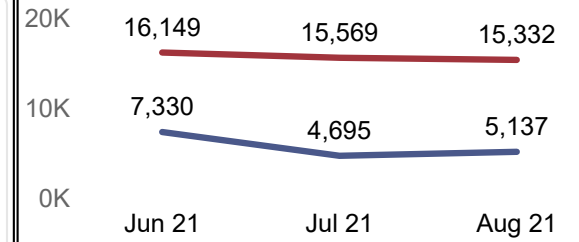


Claims Auditing

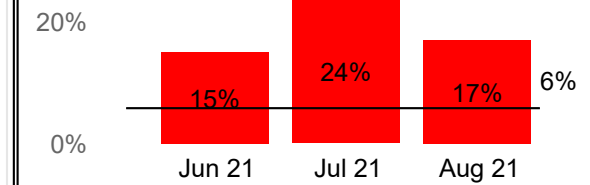


Member Services

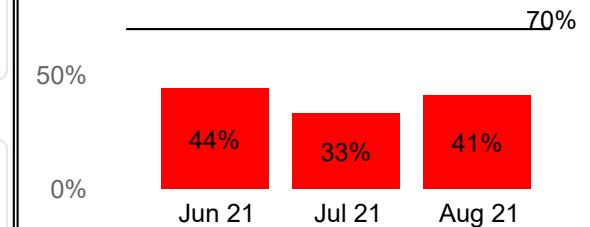
Inbound Calls / Outbound Calls



Abandoned Call Rate %

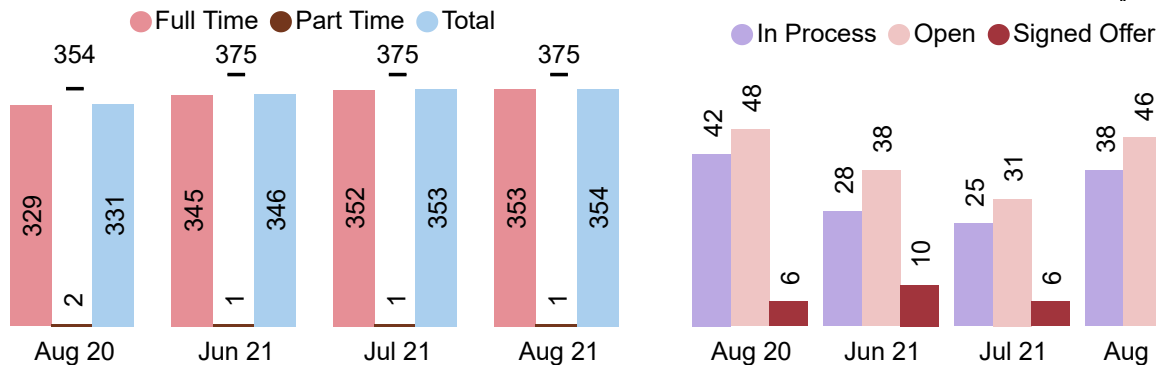


Calls Answered in 60 Seconds %



| Average Call Times | Jun 21 | Jul 21 | Aug 21 |
|--------------------|--------|--------|--------|
| Wait Time | 02:23 | 04:35 | 03:48 |
| Call Duration | 06:23 | 07:57 | 07:15 |

Human Resources



| Recruiting | Aug 20 | Jun 21 | Jul 21 | Aug 21 |
|------------------|--------|--------|--------|--------|
| New Hires | 8 | 2 | 7 | 5 |
| Separations | 2 | 5 | 2 | 2 |
| Temps / Seasonal | 2 | 7 | 14 | 13 |

Current Vacancy
12%

Provider Services

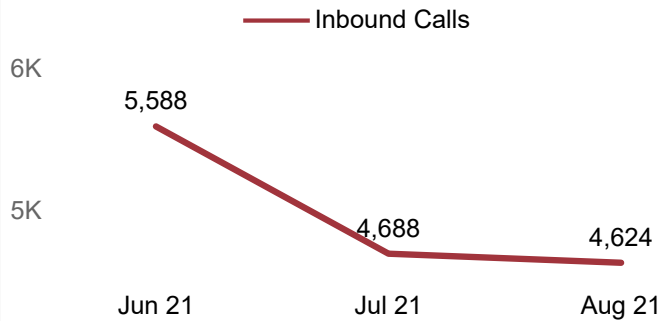
Provider Network

| | |
|--------------------------------------|-----------|
| Primary Care Physician | 707 |
| Specialist | 7,123 |
| Hospital | 17 |
| Skilled Nursing Facility | 65 |
| Durable Medical Equipment | Capitated |
| Urgent Care | 9 |
| Health Centers (FQHCs and Non-FQHCs) | 67 |
| Transportation | 380 |

Provider Credentialing

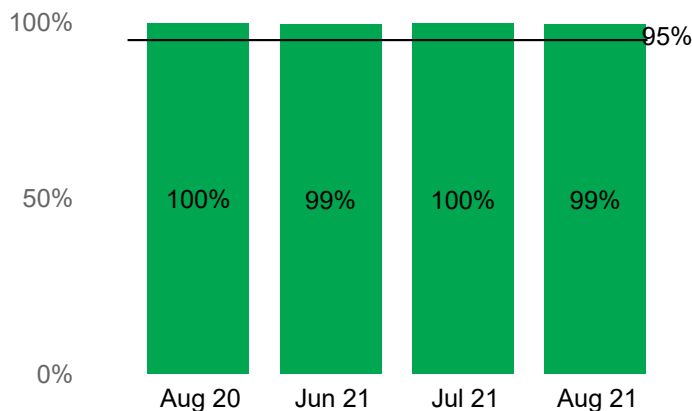
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Provider Call Center



Provider Disputes & Resolutions

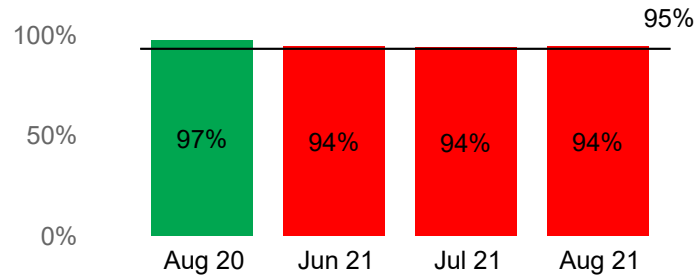
Turnaround Compliance (45 business days)



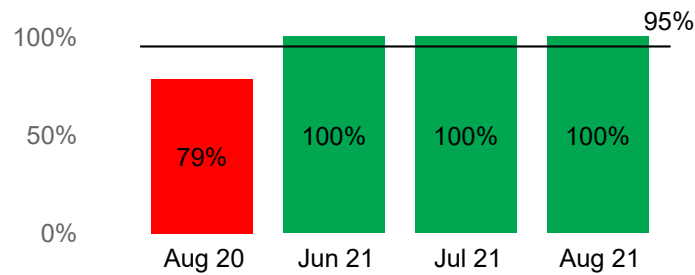
Compliance

Member Grievances

Standard (30 calendar days)

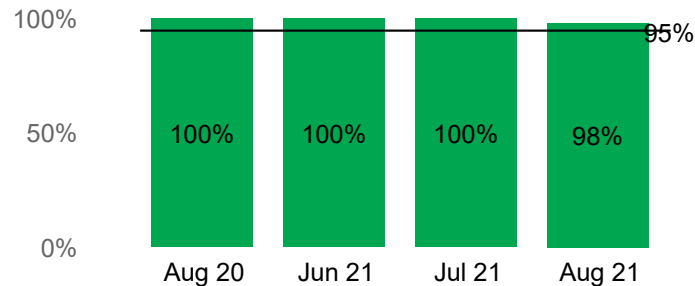


Expedited (3 calendar days)

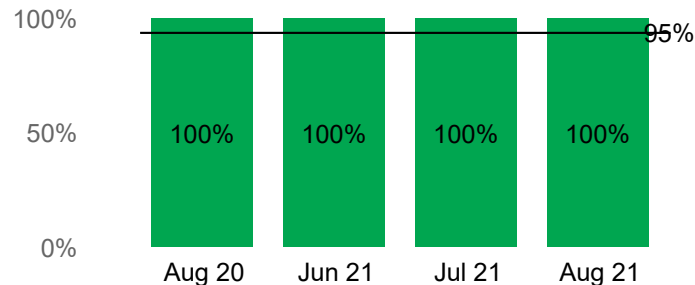


Member Appeals

Standard (30 calendar days)

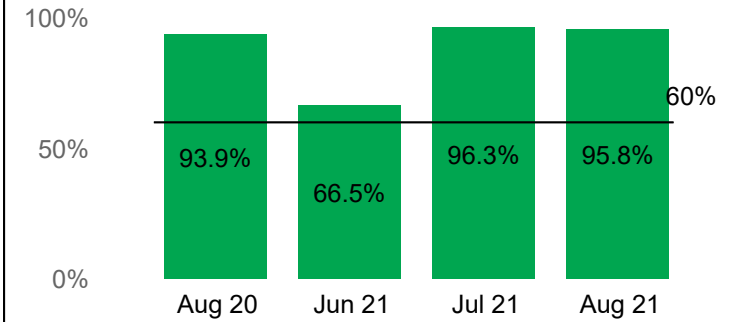


Expedited (3 calendar days)

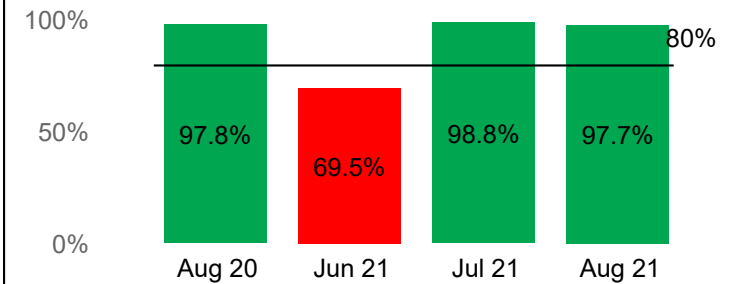


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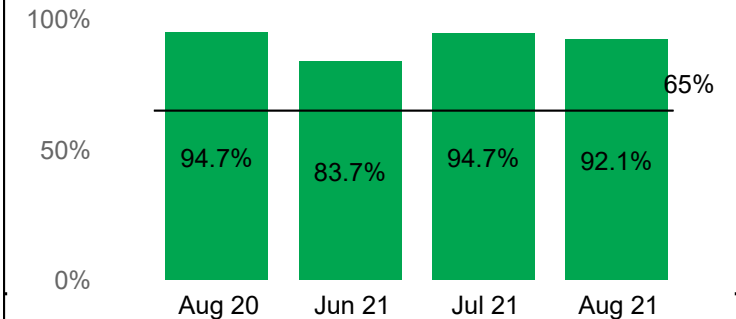
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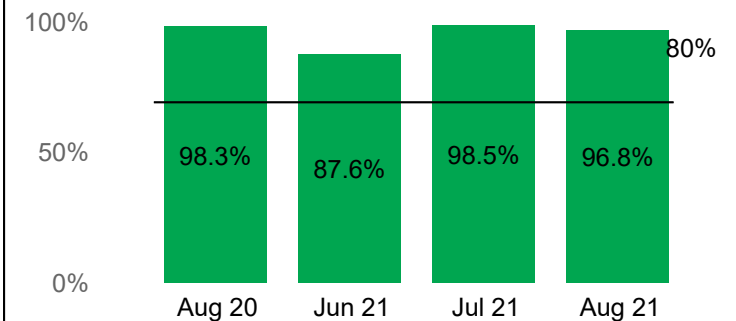
Institutional 0-180 days



Professional 0-90 days

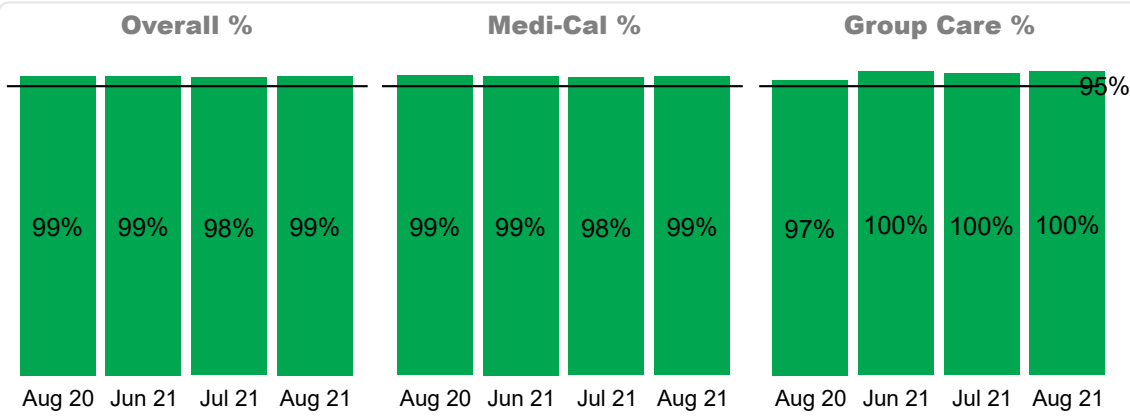


Professional 0-180 days

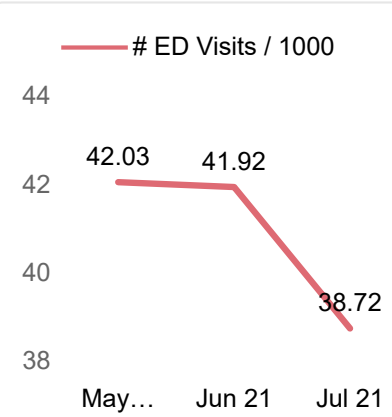


Health Care Services

Authorization Turnaround

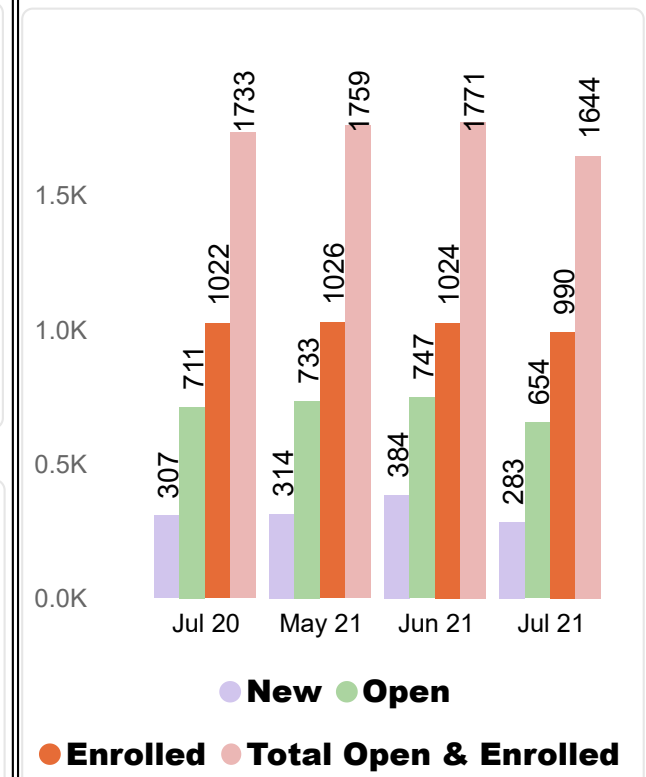


ED Utilization

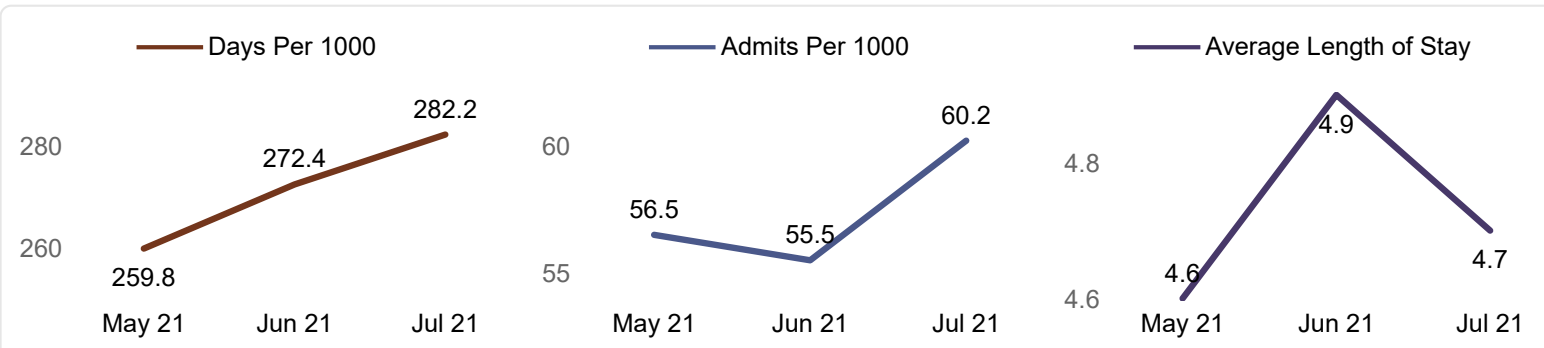


Case Management

Total Cases



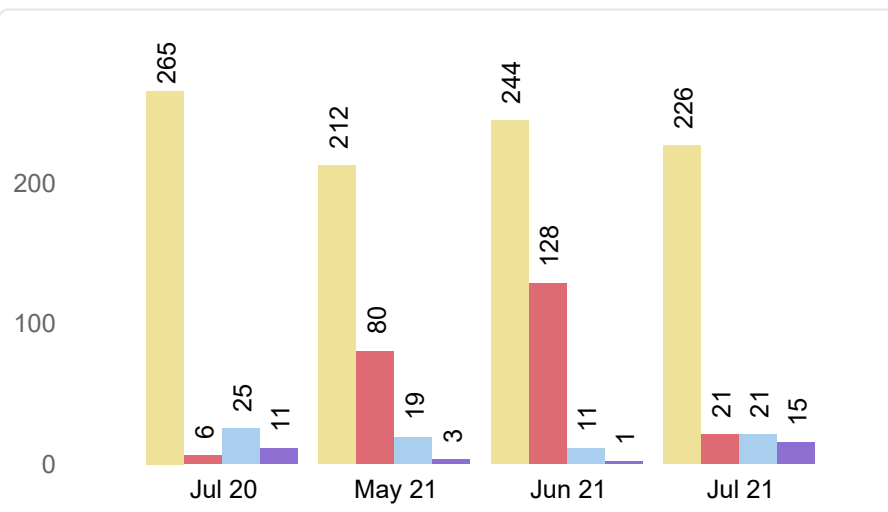
Inpatient Utilization



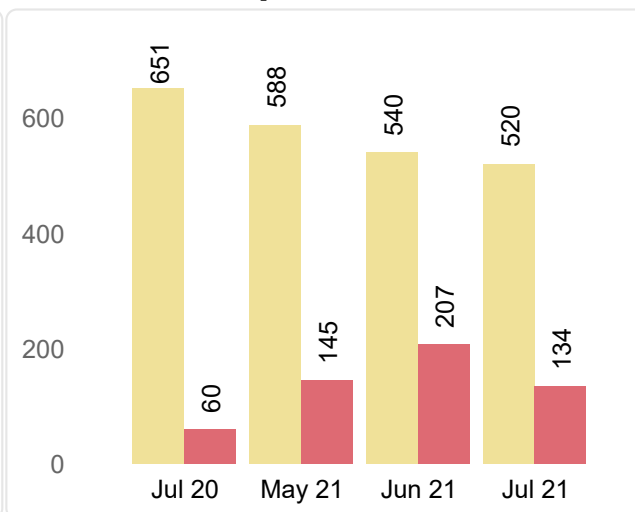
Case Management

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

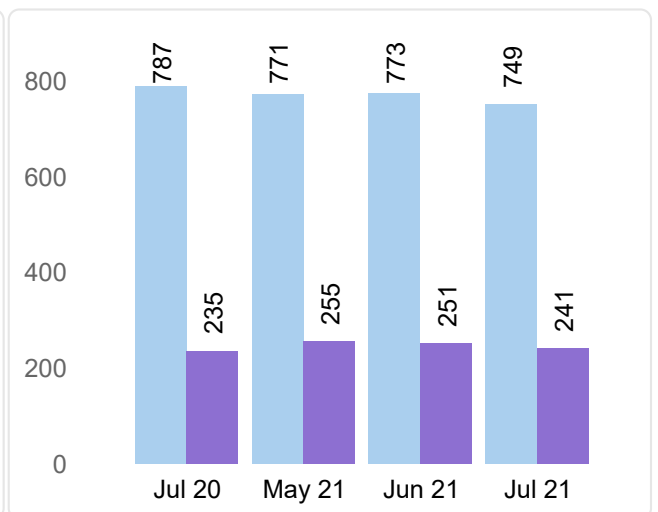
New Cases



Open Cases



Enrolled Cases



Technology (Business Availability)

| Applications | Aug 20 | Jun 21 | Jul 21 | Aug 21 |
|--------------------|--------|--------|--------|--------|
| HEALTHsuite System | 100.0% | 100.0% | 100.0% | 100.0% |
| Other Applications | 100.0% | 100.0% | 100.0% | 100.0% |
| TruCare System | 100.0% | 100.0% | 100.0% | 100.0% |

Outpatient Authorization Denial Rates

| OP Authorization Denial Rates | Aug 20 | Jun 21 | Jul 21 | Aug 21 |
|---|--------|--------|--------|--------|
| Denial Rate Excluding Partial Denials (%) | 4.1% | 4.3% | 3.6% | 3.5% |
| Overall Denial Rate (%) | 4.3% | 4.4% | 3.8% | 3.8% |
| Partial Denial Rate (%) | 0.2% | 0.1% | 0.2% | 0.2% |

Pharmacy Authorizations

| Authorizations ▲ | Aug 20 | Jun 21 | Jul 21 | Aug 21 |
|-------------------------------|--------|--------|--------|--------|
| Approved Prior Authorizations | 718 | 826 | 713 | 756 |
| Closed Prior Authorizations | 523 | 559 | 643 | 656 |
| Denied Prior Authorizations | 649 | 693 | 635 | 572 |
| Total Prior Authorizations | 1,890 | 2,078 | 1,991 | 1,984 |



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Legislative Tracking

2021-2022 Legislative Tracking List

The following is a list of state bills currently tracked by the Public Affairs Department that have been introduced during the 2021-2022 Legislative Session that is of interest to and could have a direct impact on Alameda Alliance for Health and its membership. September 10, 2021 will be the last day for each house to pass bills. The October 2021 legislative tracking list will include a final summary of bills passed during the 2021 legislative session.

Medi-Cal (Medicaid)

Bills approved by the governor:

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

Bills in process in house of origin:

- **SB 281 (Dodd – D) Medi-Cal: California Community Transitions Program**
 - **Introduced:** 2/1/2021
 - **Status:** 7/6/21 July 6 set for first hearing canceled at the request of the author.
 - **Summary:** Current law requires the State Department of Health Care Services to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Current law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days and would make conforming changes. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030.
- **SB 365 (Caballero – D) E-consult Service**
 - **Introduced:** 2/17/2021
 - **Status:** 9/1/21 Read third time. Passed. (Ayes 66. Noes 0.) Ordered to the Senate. In Senate. Ordered to engrossing and enrolling.
 - **Summary:** Would make electronic consultation services reimbursable under the Medi-Cal program for enrolled providers, including FQHCs or RHCs. The bill would require the department

to seek federal waivers and approvals to implement this provision and would condition the implementation of the bill's provisions on the department obtaining necessary federal approval of federal matching funds. The bill would make related findings and declarations.

Bills moved for action in second house:

- **AB 361 (Rivas – D) Open Meeting: Local Agencies: Teleconferences**
 - **Introduced:** 2/1/2021
 - **Status:** 8/31/21 Read second time. Ordered to third reading.
 - **Summary:** Would, until January 1, 2024, authorize a local agency to use teleconferencing without complying with the teleconferencing requirements imposed by the Ralph M. Brown Act when a legislative body of a local agency holds a meeting during a declared state of emergency, as that term is defined when state or local health officials have imposed or recommended measures to promote social distancing, during a proclaimed state of emergency held for the purpose of determining, by majority vote, whether meeting in person would present imminent risks to the health or safety of attendees, and during a proclaimed state of emergency when the legislative body has determined that meeting in person would present imminent risks to the health or safety of attendees, as provided.

- **AB 369 (Kamlager – D) Medi-Cal Services: Persons Experiencing Homelessness**
 - **Introduced:** 2/1/2021
 - **Status:** 9/2/21 Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 72. Noes 0.).
 - **Summary:** Would require the State Department of Health Care Services to implement a program of presumptive eligibility for persons experiencing homelessness, under which a person would receive full-scope Medi-Cal benefits without a share of cost. The bill would require the department to authorize an enrolled Medi-Cal provider to issue a temporary Medi-Cal benefits identification card to a person experiencing homelessness and would prohibit the department from requiring a person experiencing homelessness to present a valid California driver's license or identification card issued by the Department of Motor Vehicles to receive Medi-Cal services if the provider verifies the person's eligibility.

- **AB 1051 (Bennett D) Medi-Cal: specialty mental health services: foster youth.**
 - **Introduced:** 2/18/2021
 - **Status:** 9/1/21 Ordered to inactive file at the request of Senator Hertzberg.
 - **Summary:** Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.

- **AB 1104 (Grayson – D) Air Ambulance Services**
 - **Introduced:** 2/18/2021
 - **Status:** 9/2/21 Assembly Rule 77 suspended. (Ayes 43. Noes 12.) Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 77. Noes 0.).
 - **Summary:** Current law imposes a penalty of \$4 until July 1, 2021, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other

than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children’s Coverage Fund. Current law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2022, whichever occurs first. These provisions remain in effect until January 1, 2024, and are repealed effective January 1, 2025. This bill would extend the assessment of penalties pursuant to the above-described provisions until December 31, 2022, and would extend the collection and transfer of penalties until December 31, 2023.

- **SB 242 (Newman – D) Health Care Provider Reimbursements**
 - **Introduced:** 1/21/2021
 - **Status:** 8/31/21 Read second time. Ordered to third reading.
 - **Summary:** Would require a health care service plan or health insurer to contract with its health care providers to reimburse, at a reasonable rate, their business expenses that are medically necessary to comply with a public health order to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

- **SB 316 (Eggman – D) Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics**
 - **Introduced:** 2/4/2021
 - **Status:** 8/30/21 Read second time. Ordered to third reading.
 - **Summary:** Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, “physician,” for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC’s or RHC’s rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.

- **SB 428 (Hurtado – D) Health Care Coverage: Adverse Childhood Experiences Screenings**
 - **Introduced:** 2/12/2021
 - **Status:** 8/30/21 Read second time. Ordered to third reading.
 - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage for adverse childhood experiences screenings. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **SB 510 (Pan – D) Health Care Coverage: COVID-19 cost sharing**
 - **Introduced:** 2/17/2021
 - **Status:** 9/2/21 Read third time. Urgency clause refused adoption. (Ayes 45. Noes 17.) Motion to reconsider made by Assembly Member Aguiar-Curry.

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

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

- **AB 368 (Bonta – D) Food Prescriptions**
 - **Introduced:** 2/1/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2021) (May be acted upon Jan 2022)
 - **Summary:** Would require the State Department of Health Care Services to establish, no earlier than January 1, 2022, a pilot program for a 2-year period in the Counties of Alameda, Fresno, and San Bernardino to provide food prescriptions to eligible Medi-Cal beneficiaries, including individuals who have a specified chronic health condition, such as Type 2 diabetes and hypertension, when utilizing evidence-based practices that demonstrate the prevention, treatment, or reversal of those specified diseases. The bill would authorize the department, in consultation with stakeholders, to establish utilization controls, including the limitation on food prescriptions, and to enter into contracts for purposes of implementing the pilot program.
- **AB 4 (Arambula – D) Medi-Cal: Eligibility**
 - **Introduced:** 12/8/2020
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021) (May be acted upon Jan 2022)
 - **Summary:** Would, effective January 1, 2022, extend eligibility for full scope Medi-Cal benefits to anyone regardless of age and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health care provider or Medi-Cal managed care health plan, and would require the department to provide monthly updates to the appropriate policy and fiscal committees of the Legislature on the status of the implementation of these provisions.
- **AB 32 (Aguilar-Curry – D) Telehealth**
 - **Introduced:** 12/7/2020
 - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 6/9/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the

same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems and their subcontractors that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth.

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

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

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

- **AB 265 (Petrie-Norris – D) Medi-Cal: Reimbursement Rates**
 - **Introduced:** 1/15/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/14/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law requires the State Department of Health Care Services to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services. This bill would delete provisions relating to the above-specified 80% standard and would make conforming changes.

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

- **AB 470 (Carillo – D) Medi-Cal: Eligibility**
 - **Introduced:** 2/8/2021
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/15/2021) (May be acted upon Jan 2022)
 - **Summary:** Would prohibit the use of resources, including property or other assets, to determine eligibility under the Medi-Cal program to the extent permitted by federal law, and would require the department to seek federal authority to disregard all resources as authorized by the flexibilities provided pursuant to federal law. The bill would authorize the State Department of Health Care Services to implement this prohibition by various means, including provider bulletins, without taking regulatory authority. By January 1, 2023, the bill would require the department to adopt, amend, or repeal regulations on the prohibition, and to update its notices and forms to delete any reference to limitations on resources or assets.

- **AB 521 (Mathis – R) Medi-Cal: Unrecovered Payments: Interest Rate**
 - **Introduced:** 2/10/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law requires the Director of Health Care Services to establish administrative appeal processes to review grievances or complaints arising from the findings of an audit or examination. Under current law, if recovery of a disallowed payment has been made by the department, a provider who prevails in an appeal of that payment is entitled to interest at the rate equal to the monthly average received on investments in the Surplus Money Investment

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

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

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

- **AB 601 (Fong – R) Medi-Cal: Reimbursement**
 - **Introduced:** 2/11/2021
 - **Status:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/11/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals to receive health care services, including clinical laboratory or laboratory services. The Medi-Cal program is, in part, governed by and funded pursuant to federal Medicaid program provisions. Current law requires the department to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services. This bill would make a technical, non-substantive change to these provisions.

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

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

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

- **AB 852 (Wood – D) Nurse Practitioners: Scope of Practice: Practice without Standardized Procedures**
 - **Introduced:** 2/17/2021
 - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was B., P. & E.D. on 6/3/2021) (May be acted upon Jan 2022)
 - **Summary:** This bill would refer to practice protocols, as defined, instead of individual protocols and would delete the requirement to obtain physician consultation in the case of acute decompensation of patient situation. The bill would revise the requirement to establish a referral plan, as described above, by requiring it to address the situation of a patient who is acutely

decompensating in a manner that is not consistent with the progression of the disease and corresponding treatment plan.

- **AB 862 (Chen – R) Medi-Cal: Emergency Medical Transportation Services**

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

- **AB 875 (Wood – D) Medi-Cal: Demonstration Project**

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

- **AB 935 (Maienschein – D) Telehealth: Mental Health**

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

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

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

- **AB 1050 (Gray – D) Medi-Cal: Application for Enrollment: Prescription Drugs**
 - **Introduced:** 2/18/2021
 - **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2021) (May be acted upon Jan 2022)
 - **Summary:** The Telephone Consumer Protection Act, among other provisions, prohibits any person within the United States, or any person outside the United States if the recipient is within the United States, from making any call to any telephone number assigned to a paging service, cellular telephone service, specialized mobile radio service, or other radio common carrier service, or any service for which the called party is charged for the call, without the prior express consent of the called party, using any automatic telephone dialing system or an artificial or prerecorded voice. Under current case law, a text message is considered a call for purposes of those provisions. This bill would require the application for Medi-Cal enrollment to include a statement that if the applicant is approved for Medi-Cal benefits, the applicant agrees that the department, county welfare department, and a managed care organization or health care provider to which the applicant is assigned may communicate with them regarding appointment reminders or outreach efforts at no more than a 6th grade reading level through Free to End User text messaging unless the applicant opts out.

- **AB 1107 (Boerner Horvath – D)**
 - **Introduced:** 2/18/2021
 - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/4/2021) (May be acted upon Jan 2022).

- **Summary:** Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, that offers coverage for emergency ground medical transportation services to include those services as in-network services and would require the plan or insurer to pay those services at the contracted rate pursuant to the plan contract or policy. Because a willful violation of the bill’s requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program.

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

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

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

- **SB 56 (Durazno – D) Medi-Cal: Eligibility**
 - **Introduced:** 12/7/2020
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 6/22/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceed the cost of providing those individuals with full-scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 60 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.

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

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

- **SB 293 (Limon – D) Medi-Cal: Specialty Mental Health Services**
 - **Introduced:** 2/1/2021
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/6/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals to receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. With respect to specialty mental health services provided under the Early and Periodic Screening,

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

- **SB 508 (Stern – D) Mental Health Coverage: School-based Services**
 - **Introduced:** 2/10/2021
 - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/25/2021) (May be acted upon Jan 2022).
 - **Summary:** Current law provides that specified services, including targeted case management services for children with an individual education plan or an individualized family service plan, provided by local educational agencies (LEAs), are covered Medi-Cal benefits, and authorizes an LEA to bill for those services. Existing law requires the department to perform various activities with respect to the billing option for services provided by LEAs. Current law authorizes a school district to require the parent or legal guardian of a pupil to keep current at the pupil's school of attendance certain emergency information. This bill would authorize an LEA to have an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils, including pupils with a health care service plan, health insurance, or coverage through a Medi-Cal managed care plan, but not those covered by a county mental health plan.

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

Other

Bills in process in house of origin:

- **AB 393 (Reyes – D) Early Childhood Development Act of 2020**
 - **Introduced:** 2/2/2021
 - **Status:** 5/20/21 In committee: Held under submission.

- **Summary:** Would make additional legislative findings and declarations regarding childcare supportive services. This bill would require the State Department of Social Services to report on various topics related to early childhood supports in light of the COVID-19 pandemic by October 1, 2021.
- **AB 71 (Rivas – D) Homeless Funding: Bring California Home Act**
 - **Introduced:** 12/7/2020
 - **Status:** 6/3/21 Ordered to inactive file at the request of Assembly Member Luz Rivas.
 - **Summary:** The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Current federal law, for purposes of determining a taxpayer’s gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global intangible low-taxed income for that taxable year, as provided. This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer’s global intangible low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions.

Bills moved for action in second house:

- **AB 97 (Nazarian – D) Health Care Coverage: Insulin affordability**
 - **Introduced:** 12/8/2020
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 8/17/2021) (May be acted upon Jan 2022)
 - **Summary:** Would prohibit a health care service plan contract or a health disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.
- **AB 309 (Gabriel – D) Pupil Mental Health: Model Referral Protocols**
 - **Introduced:** 1/25/2021
 - **Status:** 8/23/21 From Consent Calendar. Ordered to third reading.
 - **Summary:** Would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers, administrators, pupils, and parents. The bill would require the department to post the model referral protocols on its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.
- **AB 326 (Rivas, Luz – D) Health Care Service Plans: Consumer Participation Program**
 - **Introduced:** 1/26/2021
 - **Status:** 8/26/21 From committee: Do pass. (Ayes 5. Noes 2.) (August 26). Read second time. Ordered to third reading.
 - **Summary:** Current law, until January 1, 2024, requires the Director of the Department of Managed Health Care to establish the Consumer Participation Program, which allows the director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a

regulation or with regard to an order or decision impacting a significant number of enrollees. This bill would extend the operation of that program indefinitely.

- **AB 342 (Gipson – D) Health Care Coverage: Colorectal Cancer: Screening and Testing**
 - **Introduced:** 1/28/2021
 - **Status:** 9/2/21 Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 69. Noes 0.).
 - **Summary:** Would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for a colorectal cancer screening test, as specified. The bill would require the required colonoscopy for a positive result on a test or procedure to be provided without cost sharing, unless the underlying test or procedure was a colonoscopy, as specified. The bill would also provide that it does not require a health care service plan or health insurer to provide benefits for items or services delivered by an out-of-network provider and does not preclude a health care service plan or health insurer from imposing cost-sharing requirements for items or services that are delivered by an out-of-network provider.

- **AB 347 (Arambula – D) Health Care Coverage: Step Therapy**
 - **Introduced:** 1/28/2021
 - **Status:** 8/30/21 Read second time. Ordered to third reading.
 - **Summary:** Would clarify that a health care service plan that provides coverage for prescription drugs may require step therapy, as defined, if there is more than one drug that is clinically appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if the health care provider submits justification and supporting clinical documentation, if needed, that specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, health care provider, or prescribing provider to file an internal appeal of a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals.

- **AB 389 (Grayson – D) Ambulance Services**
 - **Introduced:** 2/2/2021
 - **Status:** 8/16/21 Read second time and amended. Ordered to third reading.
 - **Summary:** Would authorize a county to contract for emergency ambulance services with a fire protection district that is governed by the county’s board of supervisors and provides those services, in whole or in part, through a written subcontract with a private ambulance service. The bill would authorize a fire protection district to enter a written subcontract with a private ambulance service for these purposes.

- **AB 457 (Santiago – D) Protection of Patient Choice in Telehealth Provider Act**
 - **Introduced:** 2/8/2021
 - **Status:** 8/26/21 From committee: Do pass. (Ayes 5. Noes 2.) (August 26). Read second time. Ordered to third reading.
 - **Summary:** Current law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under current law, it is unlawful for healing arts licensees, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, subject to certain exceptions. This bill would provide that the payment

or receipt of consideration for internet-based advertising, appointment booking, or any service that provides information and resources to prospective patients of licensees does not constitute a referral of a patient if the internet-based service provider does not recommend, endorse, arrange for, or otherwise select a licensee for the prospective patient.

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

- **SB 306 (Pan – D) Sexually Transmitted Disease: Testing**
 - **Introduced:** 12/7/2020
 - **Status:** 8/31/21 Read second time. Ordered to third reading.
 - **Summary:** Current law authorizes a specified health care provider who diagnoses an STD, as specified, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. The Pharmacy Law requires a pharmacist to dispense a prescription in a container that, among other things, is correctly labeled with the name of the patient or patients. Current regulation requires a pharmacist to ensure that a patient receives written notice of their right to consult with a pharmacist when the patient or the patient's agent is not present. This bill would name the above practice "expedited partner therapy." The bill would require a health care provider to include "expedited partner therapy" or "EPT" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner, and would authorize a pharmacist to dispense an expedited partner therapy prescription and label the drug without an individual's name if the prescription includes "expedited partner therapy" or "EPT."

- **SB 221 (Wiener – D) Health Care Coverage: Timely Access to Care**
 - **Introduced:** 1/13/2021
 - **Status:** 9/1/21 Read third time and amended. Ordered to third reading.
 - **Summary:** Would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements, as specified.

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

- **AB 95 (Low – D) Employees: Bereavement Leave**
 - **Introduced:** 12/7/2020

- **Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021) (May be acted upon Jan 2022)
 - **Summary:** Would enact the Bereavement Leave Act of 2021. The bill would require an employer with 25 or more employees to grant a request made by any employee to take up to 10 business days of unpaid bereavement leave upon the death of a spouse, child, parent, sibling, grandparent, grandchild, or domestic partner, in accordance with certain procedures, and subject to certain exclusions. The bill would require an employer with fewer than 25 employees to grant a request by any employee to take up to 3 business days of leave, in accordance with these provisions. The bill would prohibit an employer from interfering with or restraining the exercise or attempt to exercise the employee's right to take this leave.
- **AB 93 (Garcia, Eduardo – D) Pandemics: Priority for medical treatment: food supply industry workers**
 - **Introduced:** 12/7/2020
 - **Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/25/2021) (May be acted upon Jan 2022).
 - **Summary:** Would require the Legislative Analyst's Office to conduct a comprehensive review and analysis of issues related to the state's response to the COVID-19 pandemic, including, among others, whether local public health departments were sufficiently staffed and funded to handle specified pandemic-related responsibilities, and what specific measures of accountability the state applied to monitor and confirm that local public health departments were following state directives related to any dedicated COVID-19 funds allocated to counties. The bill would require the office to report to the Joint Legislative Audit Committee and the health committees of the Legislature by June 30, 2022. This bill contains other related provisions.
- **AB 240 (Rodriguez – D) Local Health Department Workforce Assessment**
 - **Introduced:** 1/13/2021
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 7/5/2021) (May be acted upon Jan 2022)
 - **Summary:** This bill would require the State Department of Public Health to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2024. The bill would also require the department to convene an advisory group, composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation.
- **AB 383 (Salas – D) Behavioral Health: Older Adults**
 - **Introduced:** 2/2/2021
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/16/2021) (May be acted upon Jan 2022)
 - **Summary:** Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the

quality of programs for those adults, and guiding decision making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSAs on those outcome and related indicators by July 1, 2022, and would require the report to be posted on the department's internet website.

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

- **AB 493 (Wood – D) Health Insurance**
 - **Introduced:** 2/8/2021
 - **Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was HEALTH on 5/12/2021) (May be acted upon Jan 2022)
 - **Summary:** Current law provides for the regulation of health insurers by the Department of Insurance. Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Current law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to cover essential health benefits as prescribed, and provides that these provisions shall be implemented only to the extent essential health benefits are required pursuant to PPACA. This bill would delete the provision that conditions the implementation of that provision only to the extent essential health benefits are required pursuant to PPACA, and would make technical, non-substantive changes to that provision.

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

- **AB 510 (Wood – D) Out-of-Network Health Care Benefits**
 - **Introduced:** 2/9/2021
 - **Status:** 5/7/21 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/9/2021) (May be acted upon Jan 2022).
 - **Summary:** Would authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy

issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

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

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

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

- **SB 40 (Hurtado – D) Health Care Workforce Development: California Medicine Scholars Program**
 - **Introduced:** 12/7/2020
 - **Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/6/2021) (May be acted upon Jan 2022)
 - **Summary:** Would, contingent upon an appropriation by the Legislature, as specified, create the California Medicine Scholars Program, a 5-year pilot program commencing January 1, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school, in an

effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state.

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



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Board Business



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Finance

Gil Riojas



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Finance Report

**For the month ending
June 30, 2021 (Pre-Audit)**

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: August Recess

Subject: Finance Report – June 2021 (Pre-Audit)

Executive Summary

- For the month ended June 30, 2021, the Alliance had enrollment of 288,554 members, a Net Income of \$1.4 million, and 560% of required Tangible Net Equity (TNE).

| Overall Results: (in Thousands) | | |
|--|----------------|------------------|
| | Month | YTD |
| Revenue | \$90,798 | \$1,075,566 |
| Medical Expense | 81,771 | 1,024,098 |
| Admin. Expense | 7,585 | 53,309 |
| Other Inc. / (Exp.) | (0) | 255 |
| Net Income | \$1,442 | (\$1,586) |

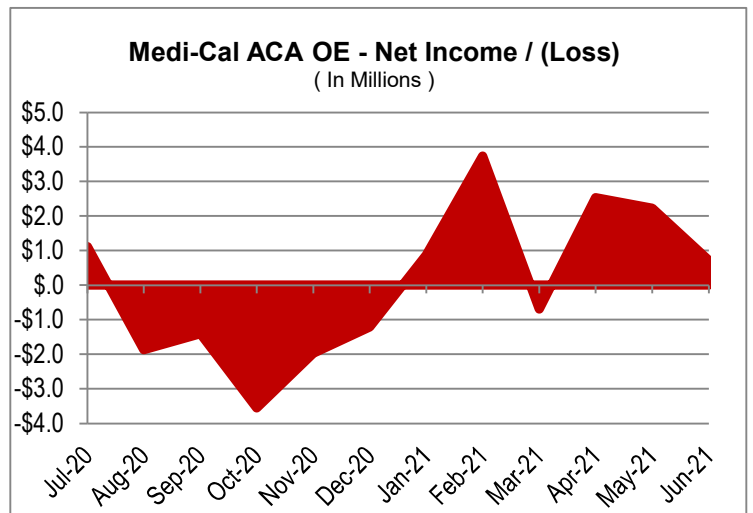
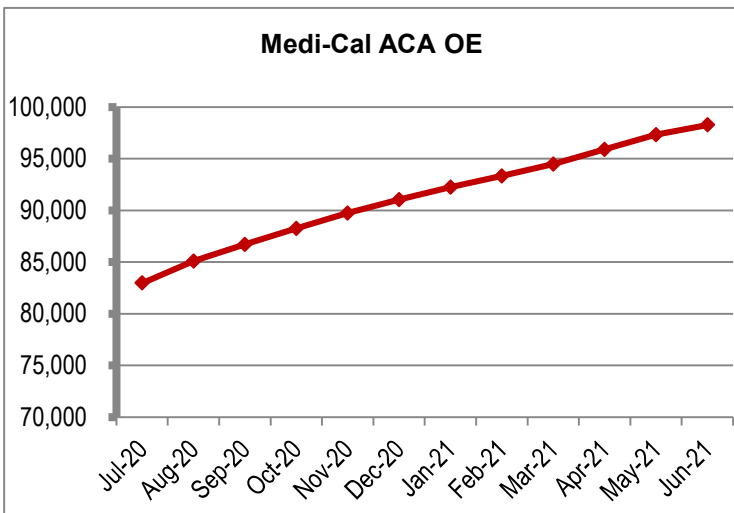
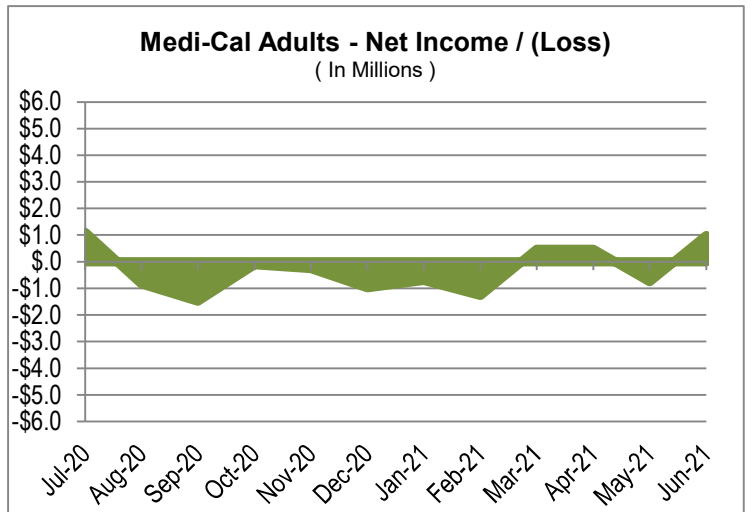
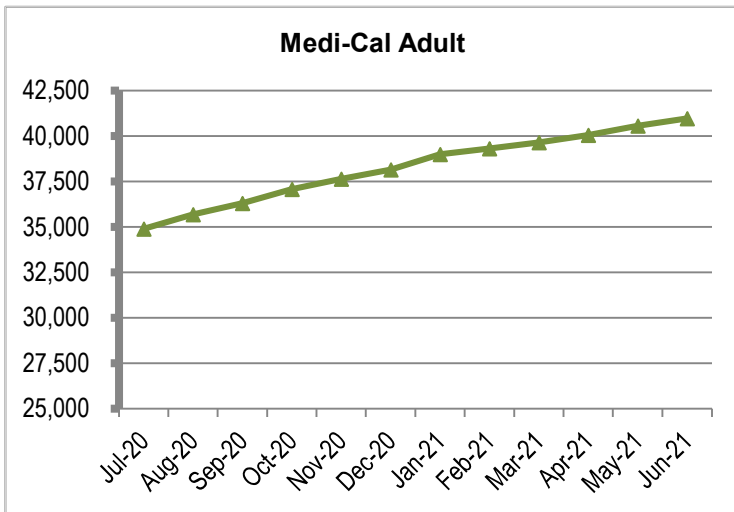
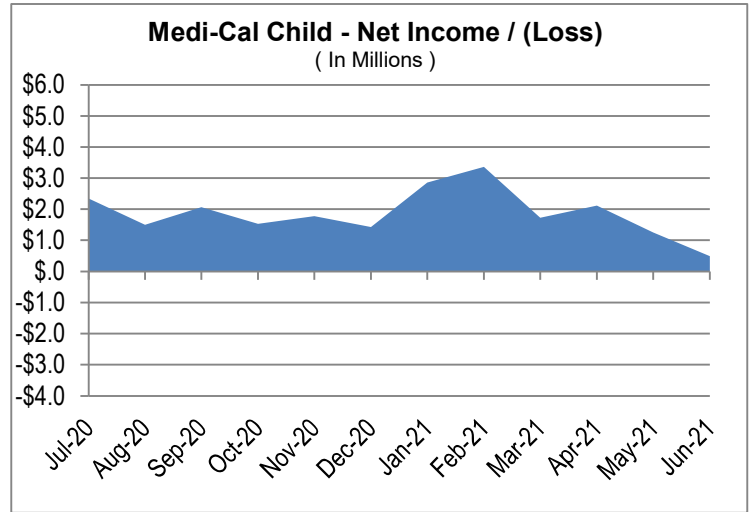
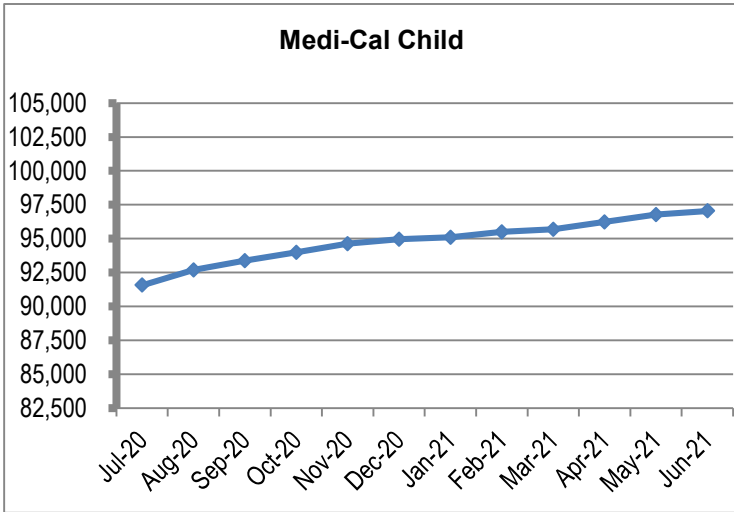
| Net Income by Program: | | |
|-------------------------------|----------------|------------------|
| | Month | YTD |
| Medi-Cal | \$1,052 | (\$117) |
| Group Care | 390 | (1,470) |
| | \$1,442 | (\$1,586) |

Enrollment

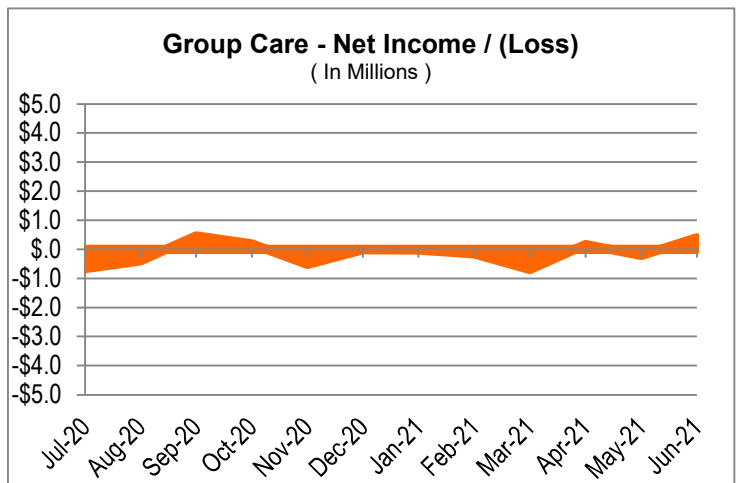
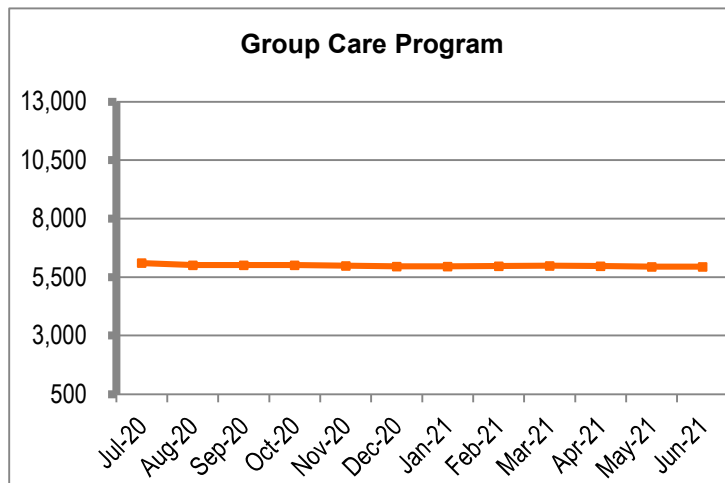
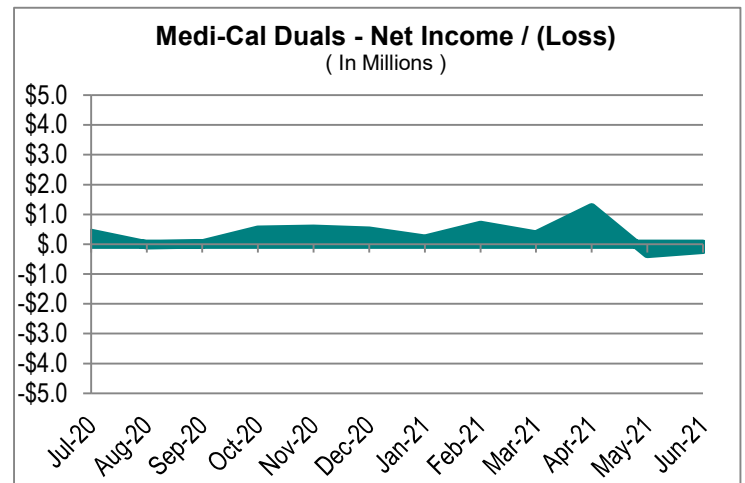
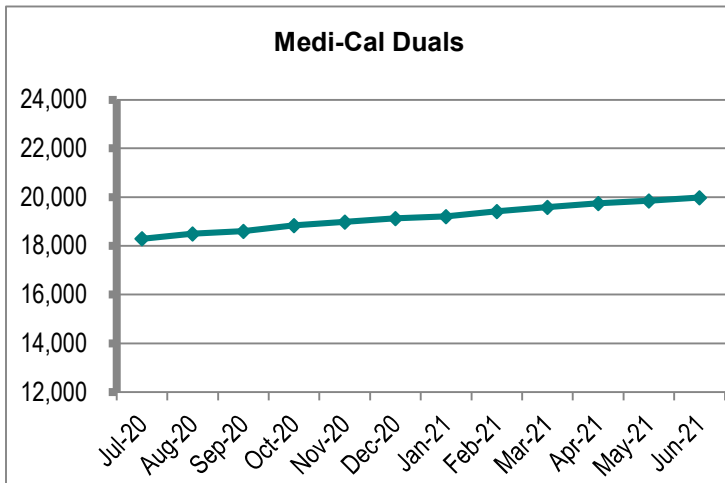
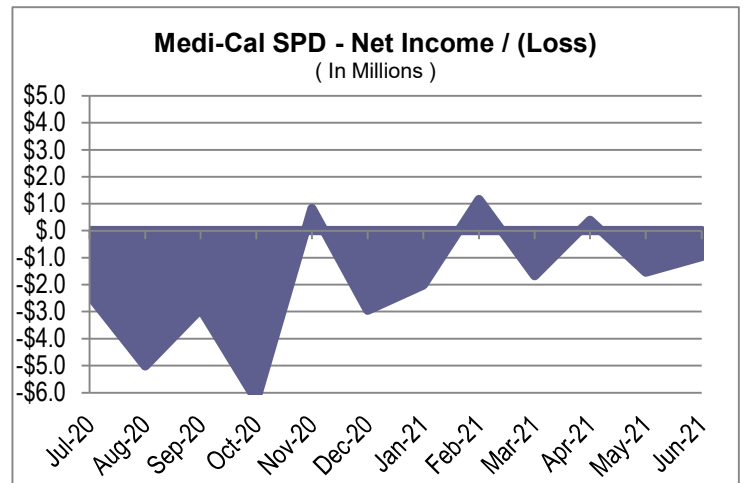
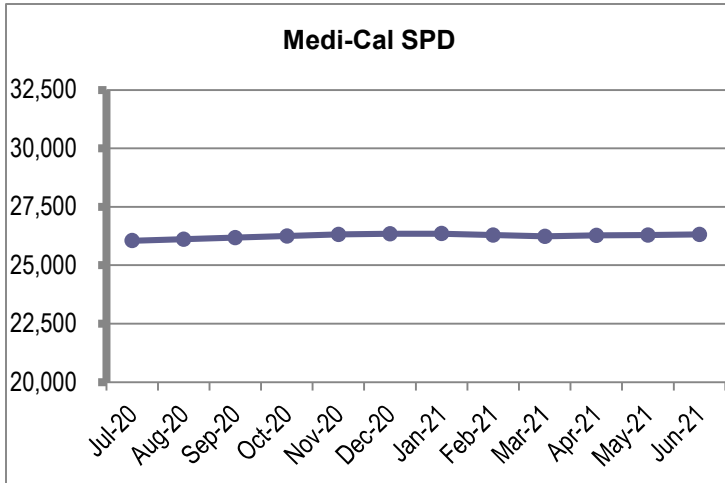
- Total enrollment increased by 1,797 members since May 2021.
- Total enrollment increased by 31,809 members since June 2020.

| Monthly Membership and YTD Member Months | | | | | | | | | |
|---|----------------|--------------|-------------|-----------------------|------------------|----------------------|-----------------|--------------|------------|
| Actual vs. Budget | | | | | | | | | |
| For the Month and Fiscal Year-to-Date | | | | | | | | | |
| Enrollment | | | | | | Member Months | | | |
| June-2021 | | | | | | Year-to-Date | | | |
| Actual | Budget | Variance | Variance % | | | Actual | Budget | Variance | Variance % |
| 40,966 | 40,305 | 661 | 1.6% | Medi-Cal: | 459,301 | 461,232 | (1,931) | -0.4% | |
| 97,048 | 97,525 | (477) | -0.5% | Adult | 1,137,579 | 1,148,959 | (11,380) | -1.0% | |
| 26,323 | 26,198 | 125 | 0.5% | Child | 314,983 | 315,275 | (292) | -0.1% | |
| 19,988 | 19,518 | 470 | 2.4% | SPD | 230,171 | 229,588 | 583 | 0.3% | |
| 98,281 | 95,851 | 2,430 | 2.5% | Duals | 1,095,427 | 1,097,889 | (2,462) | -0.2% | |
| 282,606 | 279,396 | 3,210 | 1.1% | ACA OE | 3,237,461 | 3,252,943 | (15,482) | -0.5% | |
| 5,948 | 6,009 | (61) | -1.0% | Medi-Cal Total | 71,864 | 72,208 | (344) | -0.5% | |
| 288,554 | 285,405 | 3,149 | 1.1% | Group Care | 3,309,325 | 3,325,151 | (15,826) | -0.5% | |
| | | | | Total | | | | | |

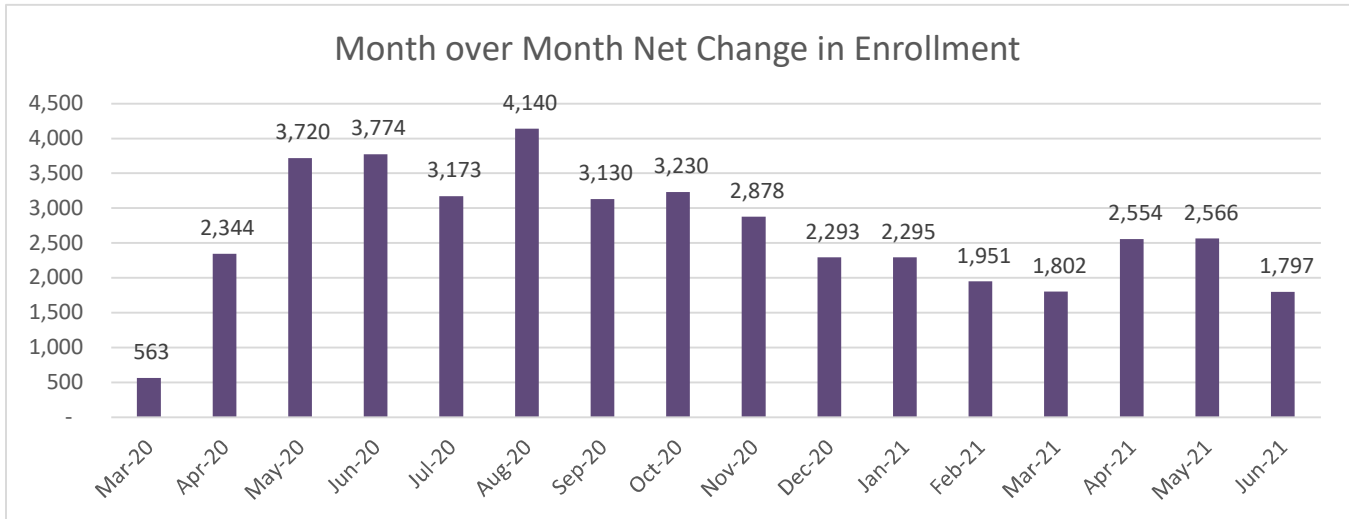
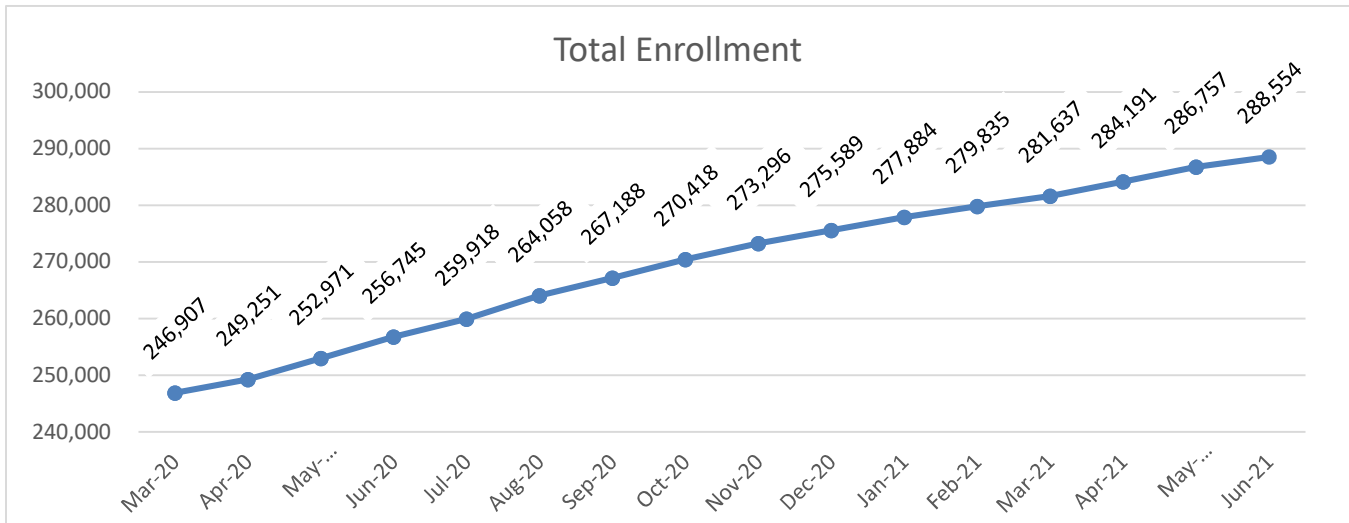
Enrollment and Profitability by Program and Category of Aid



Enrollment and Profitability by Program and Category of Aid



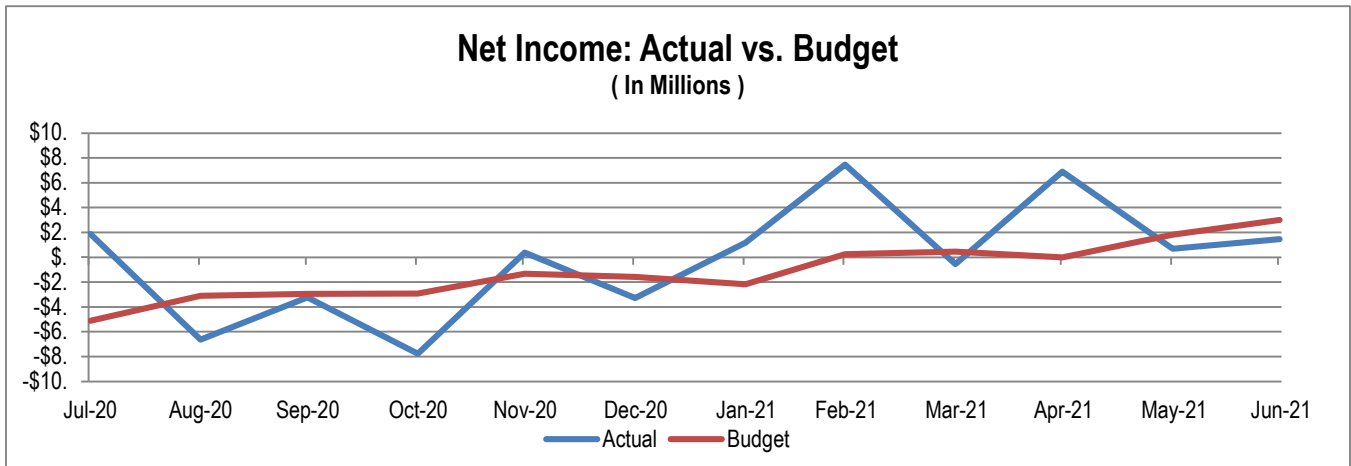
Net Change in Enrollment



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

Net Income

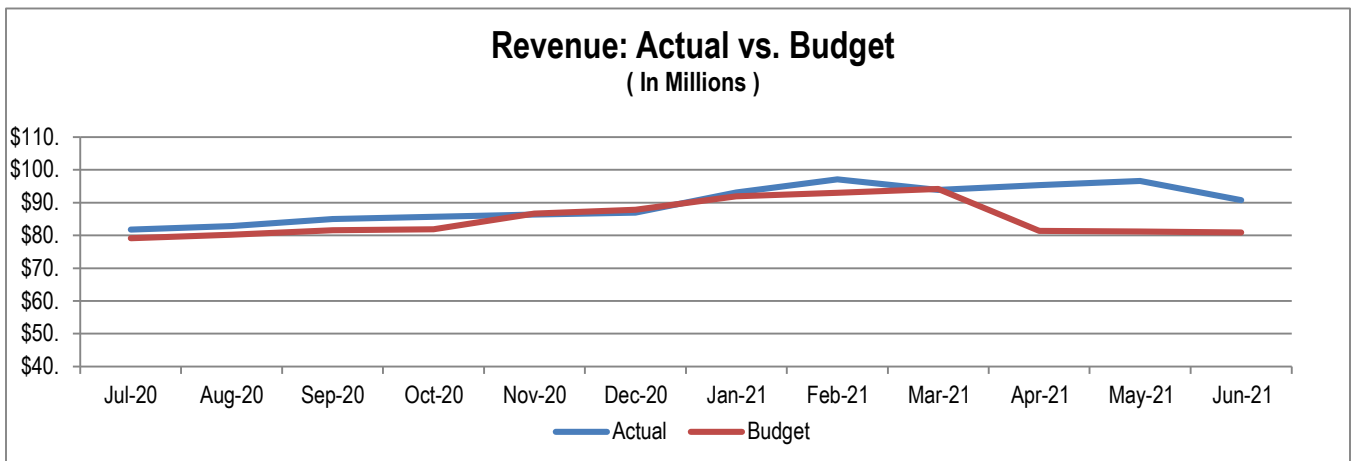
- For the month ended June 30, 2021:
 - Actual Net Income: \$1.4 million.
 - Budgeted Net Income: \$3.0 million.
- For the fiscal YTD ended June 30, 2021:
 - Actual Net Loss: \$1.6 million.
 - Budgeted Net Loss: \$15.4 million.



- The unfavorable variance of \$1.6 million in the current month is due to:
 - Favorable \$9.9 million higher than anticipated Revenue.
 - Unfavorable \$10.1 million higher than anticipated Medical Expense.
 - Unfavorable \$1.3 million higher than anticipated Administrative Expense.
 - Unfavorable \$43,000 lower than anticipated Other Revenue.

Revenue

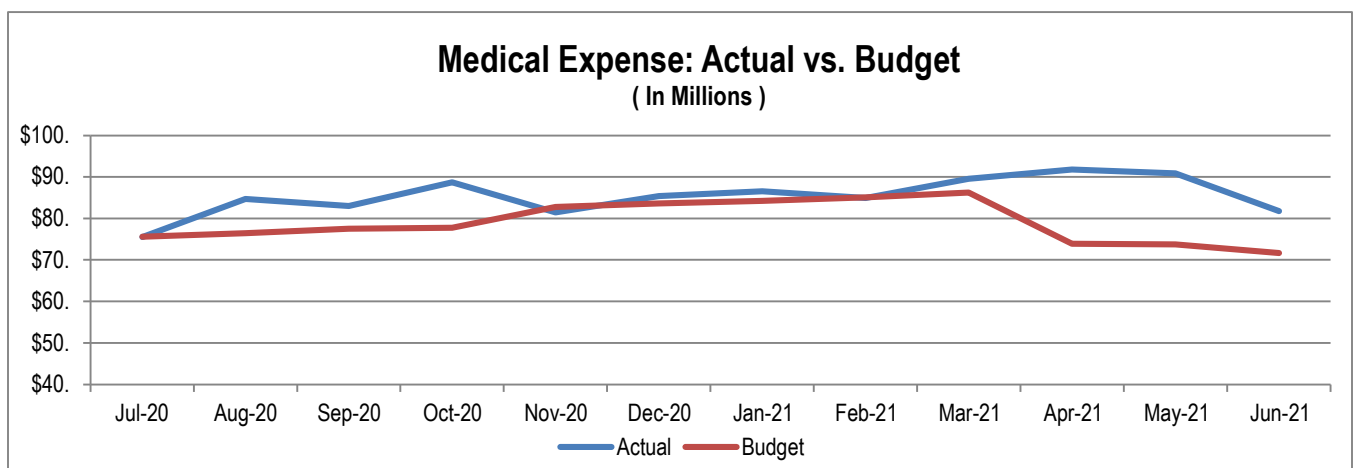
- For the month ended June 30, 2021:
 - Actual Revenue: \$90.8 million.
 - Budgeted Revenue: \$80.9 million.
- For the fiscal YTD ended June 30, 2021:
 - Actual Revenue: \$1.1 billion.
 - Budgeted Revenue: \$1.0 billion.



- For the month ended June 30, 2021, the favorable revenue variance of \$9.9 million is mainly due to delay of Pharmacy Carve-out offset by unfavorable Prop-56 revenue resulting from reconciliation of prior periods. This reduction to revenue is offset by a reduction in the accrual for Prop-56 payments.

Medical Expense

- For the month ended June 30, 2021:
 - Actual Medical Expense: \$81.8 million.
 - Budgeted Medical Expense: \$71.7 million.
- For the fiscal YTD ended June 30, 2021:
 - Actual Medical Expense: \$1.0 billion.
 - Budgeted Medical Expense: \$973.0 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 June, updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by \$2.7 million. Year-to-date, the estimate for prior years increased by \$3.0 million vs. Budget (per table below).

| Medical Expense - Actual vs. Budget (In Dollars) | | | | | | |
|---|----------------------------------|-----------------------|------------------------|----------------------|--|--------------|
| Adjusted to Eliminate the Impact of Prior Period IBNP Estimates | | | | | | |
| | Actual | | | Budget | Variance Actual vs. Budget Favorable/(Unfavorable) | |
| | <u>Excluding IBNP Change</u> | <u>Change in IBNP</u> | <u>Reported</u> | | \$ | % |
| Capitated Medical Expense | \$233,622,192 | \$0 | \$233,622,192 | \$230,889,597 | (\$2,732,595) | -1.2% |
| Primary Care FFS | 42,823,978 | 5,154 | 42,829,132 | 51,691,013 | \$8,867,035 | 17.2% |
| Specialty Care FFS | 52,405,342 | 189,398 | 52,594,740 | 53,124,753 | \$719,412 | 1.4% |
| Outpatient FFS | 95,431,361 | 416,138 | 95,847,499 | 93,073,767 | (\$2,357,594) | -2.5% |
| Ancillary FFS | 49,316,800 | 217,073 | 49,533,873 | 43,012,892 | (\$6,303,908) | -14.7% |
| Pharmacy FFS | 181,291,683 | 28,368 | 181,320,051 | 142,752,282 | (\$38,539,400) | -27.0% |
| ER Services FFS | 43,156,196 | 85,005 | 43,241,201 | 42,806,137 | (\$350,059) | -0.8% |
| Inpatient Hospital & SNF FFS | 295,923,546 | 2,100,318 | 298,023,864 | 290,478,364 | (\$5,445,182) | -1.9% |
| Other Benefits & Services | 22,433,700 | 0 | 22,433,700 | 25,286,033 | \$2,852,333 | 11.3% |
| Net Reinsurance | (2,048,340) | 0 | (2,048,340) | (1,096,004) | \$952,336 | 86.9% |
| Provider Incentive | 6,699,996 | 0 | 6,699,996 | 999,999 | (\$5,699,997) | -570.0% |
| | \$1,021,056,453 | \$3,041,455 | \$1,024,097,908 | \$973,018,833 | (\$48,037,620) | -4.9% |

| 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 | \$70.60 | \$0.00 | \$70.60 | \$69.44 | (\$1.16) | -1.7% |
| Primary Care FFS | 12.94 | 0.00 | 12.94 | 15.55 | 2.61 | 16.8% |
| Specialty Care FFS | 15.84 | 0.06 | 15.89 | 15.98 | 0.14 | 0.9% |
| Outpatient FFS | 28.84 | 0.13 | 28.96 | 27.99 | (0.85) | -3.0% |
| Ancillary FFS | 14.90 | 0.07 | 14.97 | 12.94 | (1.97) | -15.2% |
| Pharmacy FFS | 54.78 | 0.01 | 54.79 | 42.93 | (11.85) | -27.6% |
| ER Services FFS | 13.04 | 0.03 | 13.07 | 12.87 | (0.17) | -1.3% |
| Inpatient Hospital & SNF FFS | 89.42 | 0.63 | 90.06 | 87.36 | (2.06) | -2.4% |
| Other Benefits & Services | 6.78 | 0.00 | 6.78 | 7.60 | 0.83 | 10.9% |
| Net Reinsurance | (0.62) | 0.00 | (0.62) | (0.33) | 0.29 | 87.8% |
| Provider Incentive | 2.02 | 0.00 | 2.02 | 0.30 | (1.72) | -573.2% |
| | \$308.54 | \$0.92 | \$309.46 | \$292.62 | (\$15.92) | -5.4% |

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$48.0 million unfavorable to budget. On a PMPM basis, medical expense is 5.4% unfavorable to budget.
 - Pharmacy Expense is significantly higher than budget driven by PBM expense. Financial responsibility for prescription drugs was scheduled to shift to DHCS beginning April 2021. This has been postponed and the

Alliance continues to carry the expense which drives \$38.5 million of the year-to-date variance. Non-PBM expense was unfavorable due to higher utilization offset by lower unit cost trends. Overall, all populations are unfavorable except for the Child population which remains favorable.

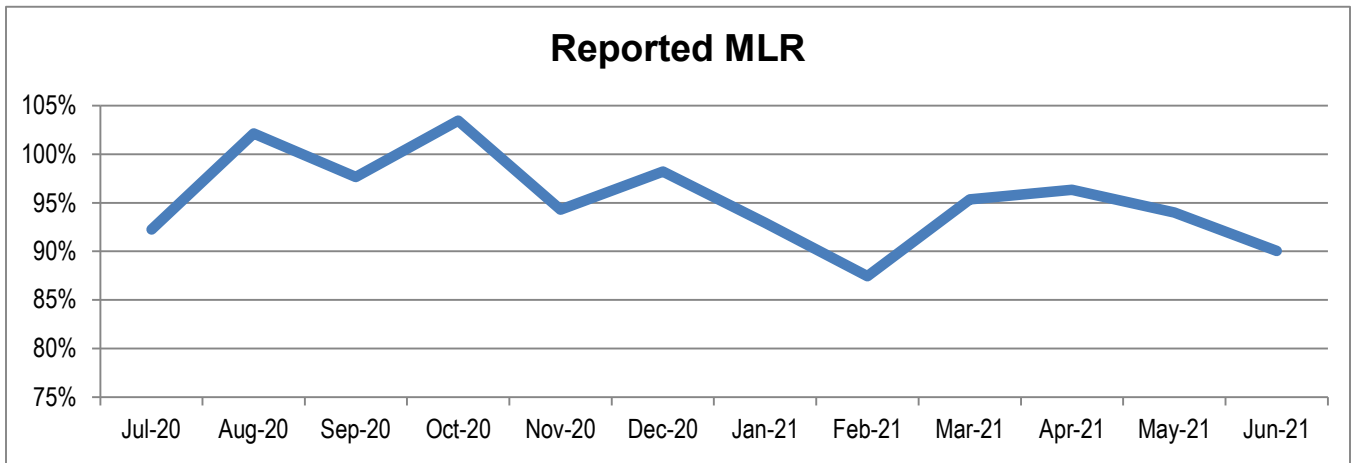
- Inpatient Expense is over budget due in part to higher-than-average COVID admissions in December 2020 and January 2021, along with admission increases from March through June 2021. The unfavorable variance is driven by unfavorable acute care unit cost and utilization variance in the SPD Category of Aid, and to a lesser degree the Group Care population. All other populations are favorable, generally driven by favorable acute care utilization.
- Other Benefits & Services are under budget, primarily due to open positions in the Clinical Organization, unused paid time off, delayed hiring of consultants, delayed employee training and travel, lower Care Connect utilization, delayed implementation of medical professional projects, a decrease in mailing services, and timing of member health education and incentives.
- Net Reinsurance is lower than budget due to the receipt of more recoveries than expected.
- Provider Incentive expense is over budget due to an addition of \$5.7 million to the Measurement Year 2021 incentive pool.
- Ancillary Expense is above budget due to Home Health, DME, Outpatient Therapy, Hospice, CBAS, Non-Emergency Transportation, Laboratory and Radiology and Ambulance expense, offset by favorability in the Other Medical Professional service category. Overall utilization is unfavorable across all populations, offset by favorable unit cost.
- Outpatient Expense is slightly over budget, driven by unfavorable utilization offset by favorable unit cost.
 - Behavioral Health: unfavorable due to unfavorable utilization offset by favorable unit cost trends.
 - Lab & Radiology: unfavorable due to unfavorable utilization offset by favorable unit cost trends.
 - Dialysis: slightly unfavorable due to unfavorable unit cost trends offset by favorable utilization.
 - Facility-Other: favorable due to favorable utilization offset by unfavorable unit cost trends.
- Capitated Expense overall is slightly over budget. Globally subcapitated expense is over budget due to changes in PMPM rates, mainly due to the delay of the Pharmacy carve-out and slightly higher rates from DHCS in other categories of service. Transportation Expense is under budget due to lower average trip cost and lower utilization levels than budget. Maternity capitation is under budget because of the timing of the June submission from our globally subcapitated partner.
- Emergency Room Expense is slightly unfavorable, due to unfavorable unit cost, offset by favorable utilization across all COAs except ACA OE, SPD,

and Dual populations (which have less favorable utilization and more unfavorable unit cost).

- Specialty Care is slightly below budget due to favorable utilization. Expenses across all populations are favorable except for the SPD population.
- Primary Care Expense is under budget mainly driven by Prop-56. This represents the offset to increased revenue from a reconciliation for prior periods. Non-Prop-56 expense is also favorable due to lower utilization, partially offset by unfavorable unit cost across all populations.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 90.1% for the month and 95.2% for the fiscal year-to-date.



Administrative Expense

- For the month ended June 30, 2021:
 - Actual Administrative Expense: \$7.6 million.
 - Budgeted Administrative Expense: \$6.3 million.
- For the fiscal YTD ended June 30, 2021:
 - Actual Administrative Expense: \$53.3 million.
 - Budgeted Administrative Expense: \$75.5 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 % |
| \$3,026,406 | \$3,081,070 | \$54,664 | 1.8% | Employee Expense | \$32,848,812 | \$33,929,255 | \$1,080,443 | 3.2% |
| 666,877 | 330,919 | (335,958) | -101.5% | Medical Benefits Admin Expense | 7,333,755 | 6,721,848 | (611,907) | -9.1% |
| 2,253,147 | 1,273,472 | (979,674) | -76.9% | Purchased & Professional Services | 10,974,332 | 11,870,289 | 895,957 | 7.5% |
| 1,638,109 | 1,603,212 | (34,898) | -2.2% | Other Admin Expense | 2,152,179 | 22,969,398 | 20,817,219 | 90.6% |
| \$7,584,539 | \$6,288,673 | (\$1,295,866) | -20.6% | Total Administrative Expense | \$53,309,079 | \$75,490,790 | \$22,181,711 | 29.4% |

Favorable year-to-date variances include:

- Elimination and release of Sustainability Fund Reserves.
- Delayed timing of new project start dates in Consultants, Computer Support Services and Purchased Services.
- Savings in Licenses and Subscriptions resulting from the delay in new project starts.
- Delay of hiring staff and employee related activities.
- Savings in Building & Occupancy; a result of savings in Depreciation delay of Capital Expense purchases and reduced Telephone and Building Maintenance.

Offset by unfavorable variances:

- Retirement of Trizetto software.
 - Implementation of new capital assets thresholds.
 - Increased Medical Benefit Administration Fees resulting from pharmacy carve-out delay.
 - Increased or unbudgeted Printing / Postage Activities including Covid vaccination reminders.
- Administrative expense represented 8.4% of net revenue for the month and 5.0% of net revenue year-to-date.

Other Income / (Expense)

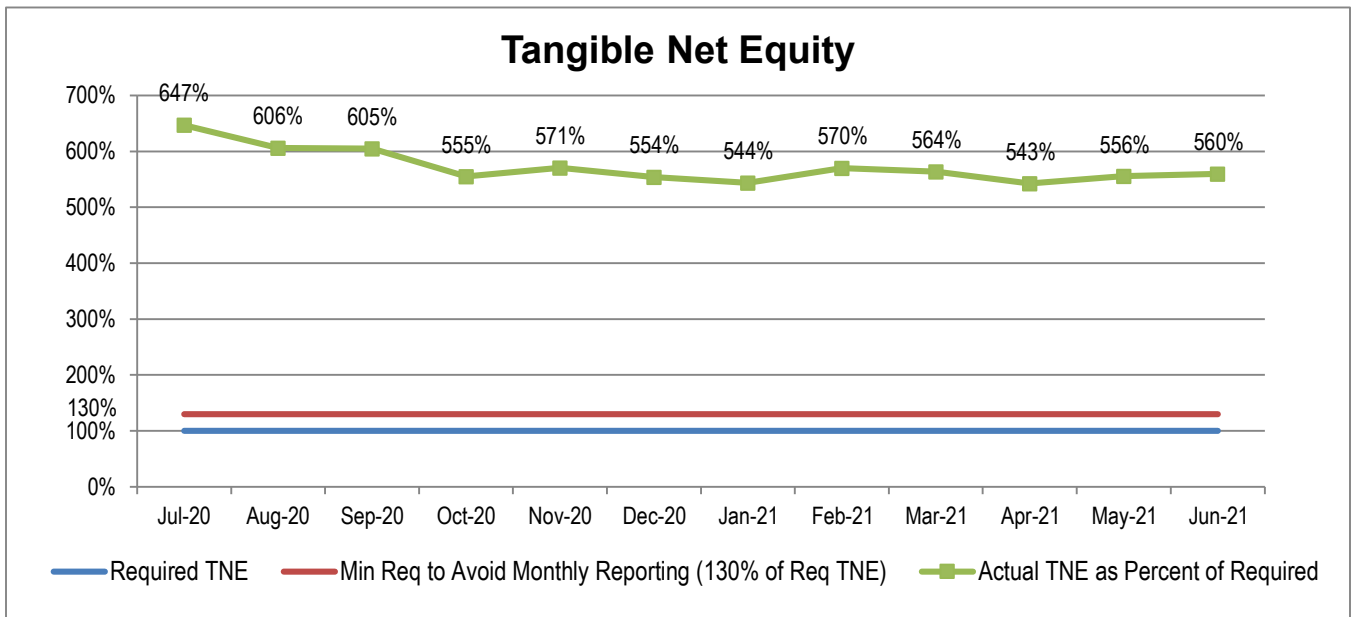
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date interest income from investments is \$649,000.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is \$329,000.

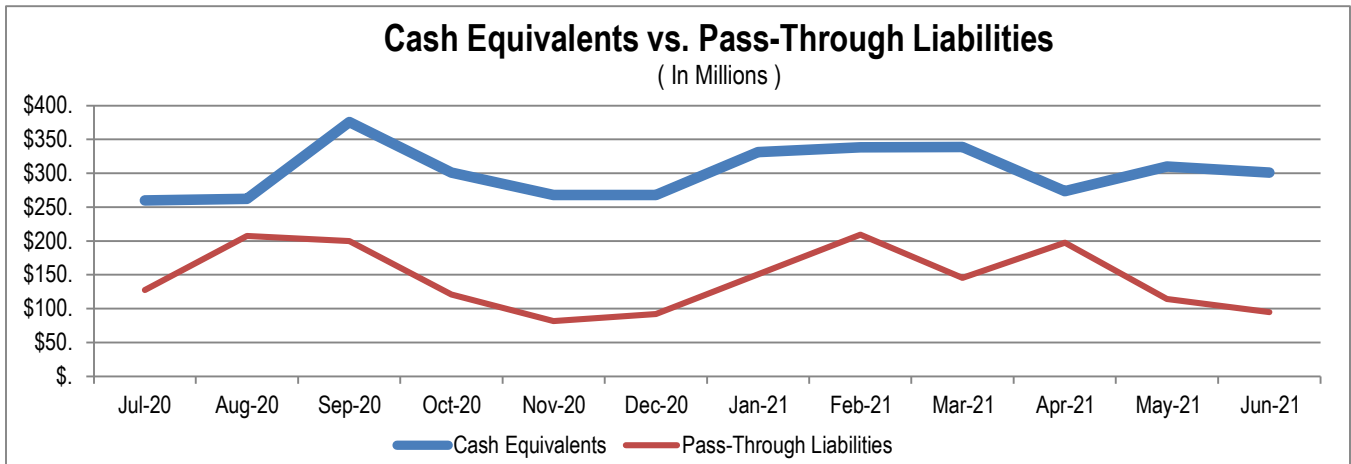
Tangible Net Equity (TNE)

- 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 \$36.5 million
- Actual TNE \$204.6 million
- Excess TNE \$168.1 million
- TNE as % of Required TNE 560%



- 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 \$301.0 million
 - Pass-Through Liabilities \$94.8 million
 - Uncommitted Cash \$206.2 million
 - Working Capital \$198.0 million
 - Current Ratio 1.80 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital Assets is negative \$5.3 million. Total fixed assets acquired fiscal year-to-date of \$1.2 million are offset by an accounting policy threshold change (negative \$4.5 million) and retirement of Trizetto software (negative \$2.0 million).
- Annual capital budget: \$2.4 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|---------------------|---------------------|------------------------------|-----------------------------|--|------------------------|------------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| 282,606 | 279,396 | 3,210 | 1.1% | MEMBERSHIP | | | | |
| 5,948 | 6,009 | (61) | (1.0%) | 1 - Medi-Cal | 3,237,461 | 3,252,943 | (15,482) | (0.5%) |
| | | | | 2 - Group Care | 71,864 | 72,208 | (344) | (0.5%) |
| 288,554 | 285,405 | 3,149 | 1.1% | 3 - Total Member Months | 3,309,325 | 3,325,151 | (15,826) | (0.5%) |
| | | | | REVENUE | | | | |
| \$90,797,925 | \$80,928,462 | \$9,869,463 | 12.2% | 4 - TOTAL REVENUE | \$1,075,565,633 | \$1,032,620,804 | \$42,944,829 | 4.2% |
| | | | | MEDICAL EXPENSES | | | | |
| | | | | Capitated Medical Expenses: | | | | |
| 21,161,949 | 19,631,142 | (1,530,807) | (7.8%) | 5 - Capitated Medical Expense | 233,622,197 | 230,889,590 | (2,732,607) | (1.2%) |
| | | | | Fee for Service Medical Expenses: | | | | |
| 22,935,746 | 23,430,283 | 494,537 | 2.1% | 6 - Inpatient Hospital & SNF FFS Expense | 298,023,864 | 290,478,357 | (7,545,507) | (2.6%) |
| (4,119,611) | 4,404,723 | 8,524,334 | 193.5% | 7 - Primary Care Physician FFS Expense | 42,829,134 | 51,691,013 | 8,861,879 | 17.1% |
| 4,571,867 | 4,501,585 | (70,282) | (1.6%) | 8 - Specialty Care Physician Expense | 52,594,735 | 53,124,752 | 530,017 | 1.0% |
| 4,509,568 | 3,374,767 | (1,134,801) | (33.6%) | 9 - Ancillary Medical Expense | 49,533,876 | 43,012,892 | (6,520,984) | (15.2%) |
| 8,421,983 | 7,690,478 | (731,505) | (9.5%) | 10 - Outpatient Medical Expense | 95,847,499 | 93,073,765 | (2,773,734) | (3.0%) |
| 3,932,204 | 3,546,668 | (385,536) | (10.9%) | 11 - Emergency Expense | 43,241,199 | 42,806,140 | (435,059) | (1.0%) |
| 16,769,547 | 4,467,690 | (12,301,857) | (275.4%) | 12 - Pharmacy Expense | 181,320,054 | 142,752,286 | (38,567,768) | (27.0%) |
| 57,021,303 | 51,416,194 | (5,605,109) | (10.9%) | 13 - Total Fee for Service Expense | 763,390,361 | 716,939,205 | (46,451,156) | (6.5%) |
| 1,731,700 | 2,415,799 | 684,099 | 28.3% | 14 - Other Benefits & Services | 22,433,695 | 25,286,033 | 2,852,338 | 11.3% |
| (1,927,288) | (1,872,924) | 54,364 | (2.9%) | 15 - Reinsurance Expense | (2,048,340) | (1,095,997) | 952,343 | (86.9%) |
| 3,783,333 | 83,334 | (3,699,999) | (4,440.0%) | 16 - Risk Pool Distribution | 6,699,997 | 1,000,002 | (5,699,995) | (570.0%) |
| 81,770,998 | 71,673,545 | (10,097,452) | (14.1%) | 17 - TOTAL MEDICAL EXPENSES | 1,024,097,909 | 973,018,833 | (51,079,076) | (5.2%) |
| 9,026,927 | 9,254,917 | (227,990) | (2.5%) | 18 - GROSS MARGIN | 51,467,724 | 59,601,971 | (8,134,247) | (13.6%) |
| | | | | ADMINISTRATIVE EXPENSES | | | | |
| 3,026,406 | 3,081,070 | 54,664 | 1.8% | 19 - Personnel Expense | 32,848,812 | 33,929,255 | 1,080,443 | 3.2% |
| 666,877 | 330,919 | (335,958) | (101.5%) | 20 - Benefits Administration Expense | 7,333,755 | 6,721,848 | (611,907) | (9.1%) |
| 2,253,147 | 1,273,472 | (979,674) | (76.9%) | 21 - Purchased & Professional Services | 10,974,332 | 11,870,289 | 895,957 | 7.5% |
| 1,638,109 | 1,603,212 | (34,898) | (2.2%) | 22 - Other Administrative Expense | 2,152,179 | 22,969,398 | 20,817,219 | 90.6% |
| 7,584,539 | 6,288,673 | (1,295,866) | (20.6%) | 23 -Total Administrative Expense | 53,309,079 | 75,490,790 | 22,181,711 | 29.4% |
| 1,442,389 | 2,966,244 | (1,523,855) | (51.4%) | 24 - NET OPERATING INCOME / (LOSS) | (1,841,355) | (15,888,819) | 14,047,464 | 88.4% |
| | | | | OTHER INCOME / EXPENSE | | | | |
| (390) | 43,012 | (43,402) | (100.9%) | 25 - Total Other Income / (Expense) | 254,956 | 494,436 | (239,480) | (48.4%) |
| \$1,441,999 | \$3,009,256 | (\$1,567,257) | (52.1%) | 26 - NET INCOME / (LOSS) | (\$1,586,398) | (\$15,394,383) | \$13,807,985 | 89.7% |
| 8.4% | 7.8% | -0.6% | -7.5% | 27 - Admin Exp % of Revenue | 5.0% | 7.3% | 2.4% | 32.2% |

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

| | <u>June</u> | <u>May</u> | <u>Difference</u> | <u>% Difference</u> |
|--|----------------------|----------------------|-----------------------|---------------------|
| CURRENT ASSETS: | | | | |
| Cash & Equivalents | | | | |
| Cash | \$37,087,422 | \$6,747,238 | \$30,340,184 | 449.67% |
| Short-Term Investments | 263,948,313 | 303,019,090 | (39,070,777) | -12.89% |
| Interest Receivable | 9,571 | 9,582 | (11) | -0.12% |
| Other Receivables - Net | 135,091,213 | 139,058,439 | (3,967,227) | -2.85% |
| Prepaid Expenses | 6,062,212 | 5,504,553 | 557,659 | 10.13% |
| Prepaid Inventoried Items | 19,006 | 4,971 | 14,035 | 282.35% |
| 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 | 445,688,458 | 457,814,595 | (12,126,137) | -2.65% |
| OTHER ASSETS: | | | | |
| Restricted Assets | 350,000 | 349,971 | 29 | 0.01% |
| TOTAL OTHER ASSETS | 350,000 | 349,971 | 29 | 0.01% |
| PROPERTY AND EQUIPMENT: | | | | |
| Land, Building & Improvements | 9,605,191 | 9,751,302 | (146,111) | -1.50% |
| Furniture And Equipment | 11,540,223 | 15,793,745 | (4,253,521) | -26.93% |
| Leasehold Improvement | 902,447 | 927,440 | (24,993) | -2.69% |
| Construction in Process | 63,615 | 63,615 | 0 | 0.00% |
| Internally-Developed Software | 14,824,002 | 14,824,002 | 0 | 0.00% |
| Fixed Assets at Cost | 36,935,478 | 41,360,103 | (4,424,625) | -10.70% |
| Less: Accumulated Depreciation | (30,663,340) | (33,637,990) | 2,974,650 | -8.84% |
| NET PROPERTY AND EQUIPMENT | 6,272,138 | 7,722,113 | (1,449,975) | -18.78% |
| TOTAL ASSETS | \$452,310,596 | \$465,886,679 | (\$13,576,083) | -2.91% |
| CURRENT LIABILITIES: | | | | |
| Accounts Payable | \$3,939,656 | \$3,036,260 | \$903,396 | 29.75% |
| Pass-Through Liabilities | 94,838,408 | 114,334,306 | (19,495,898) | -17.05% |
| Claims Payable | 33,041,584 | 24,190,933 | 8,850,650 | 36.59% |
| IBNP Reserves | 98,640,558 | 107,940,198 | (9,299,640) | -8.62% |
| Payroll Liabilities | 4,833,313 | 4,593,237 | 240,075 | 5.23% |
| CalPERS Deferred Inflow | 1,627,670 | 1,627,670 | 0 | 0.00% |
| Risk Sharing | 10,349,849 | 6,566,515 | 3,783,333 | 57.62% |
| Provider Grants/ New Health Program | 451,143 | 451,143 | 0 | 0.00% |
| TOTAL CURRENT LIABILITIES | 247,722,179 | 262,740,262 | (15,018,082) | -5.72% |
| TOTAL LIABILITIES | 247,722,179 | 262,740,262 | (15,018,082) | -5.72% |
| 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) | (1,586,398) | (3,028,397) | 1,441,999 | -47.62% |
| TOTAL NET WORTH | 204,588,417 | 203,146,418 | 1,441,999 | 0.71% |
| TOTAL LIABILITIES AND NET WORTH | \$452,310,596 | \$465,886,679 | (\$13,576,083) | -2.91% |

CONFIDENTIAL
For Management and Internal Purposes Only.

BALSHEET 2021

07/26/21
REPORT #3

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

PRE-AUDIT

FOR THE MONTH AND FISCAL YTD ENDED 6/30/2021

| | MONTH | 3 MONTHS | 6 MONTHS | YTD |
|---|----------------------|----------------------|----------------------|----------------------|
| CASH FLOW STATEMENT: | | | | |
| Cash Flows from Operating Activities: | | | | |
| Cash Received From: | | | | |
| Capitation Received from State of CA | \$94,736,684 | \$279,074,719 | \$550,277,377 | \$1,163,747,875 |
| Commercial Premium Revenue | 2,234,981 | 6,760,122 | 13,460,729 | 26,965,850 |
| Other Income | 198,746 | 957,377 | 1,725,088 | 4,391,406 |
| Investment Income | 19,759 | 100,518 | 227,364 | 578,745 |
| Cash Paid To: | | | | |
| Medical Expenses | (80,842,794) | (268,185,470) | (514,826,433) | (992,151,049) |
| Vendor & Employee Expenses | (10,006,667) | (11,439,041) | (25,776,121) | (53,906,763) |
| Interest Paid | 0 | 0 | 0 | 0 |
| Net Cash Provided By (Used In) Operating Activities | 6,340,709 | 7,268,225 | 25,088,004 | 149,626,064 |
| Cash Flows from Financing Activities: | | | | |
| Purchases of Fixed Assets | 4,424,625 | 5,945,283 | 5,667,587 | 5,288,479 |
| Net Cash Provided By (Used In) Financing Activities | 4,424,625 | 5,945,283 | 5,667,587 | 5,288,479 |
| Cash Flows from Investing Activities: | | | | |
| Changes in Investments | 0 | 0 | 0 | 0 |
| Restricted Cash | (19,495,927) | (50,795,567) | 2,598,884 | (133,553,893) |
| Net Cash Provided By (Used In) Investing Activities | (19,495,927) | (50,795,567) | 2,598,884 | (133,553,893) |
| Financial Cash Flows | | | | |
| Subordinated Debt Proceeds | 0 | 0 | 0 | 0 |
| Net Change in Cash | (8,730,593) | (37,582,059) | 33,354,475 | 21,360,650 |
| Cash @ Beginning of Period | 309,766,328 | 338,617,794 | 267,681,259 | 279,675,086 |
| Subtotal | \$301,035,735 | \$301,035,735 | \$301,035,734 | \$301,035,736 |
| Rounding | 0 | 0 | 1 | (1) |
| Cash @ End of Period | \$301,035,735 | \$301,035,735 | \$301,035,735 | \$301,035,735 |
| RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES: | | | | |
| Net Income / (Loss) | \$1,441,999 | \$9,006,294 | \$17,101,196 | (\$1,586,398) |
| Depreciation | (2,974,650) | (3,167,650) | (2,644,477) | (1,548,678) |
| Net Change in Operating Assets & Liabilities: | | | | |
| Premium & Other Receivables | 3,967,238 | 29,387 | (6,606,815) | 112,697,221 |
| Prepaid Expenses | (571,694) | (942,100) | (1,397,796) | (1,127,910) |
| Trade Payables | 903,396 | 1,646,530 | 1,939,538 | 1,064,675 |
| Claims payable & IBNP | 3,334,345 | 10,317,684 | 25,927,291 | 47,184,398 |
| Deferred Revenue | 0 | 0 | 0 | 0 |
| Accrued Interest | 0 | 0 | 0 | 0 |
| Other Liabilities | 240,075 | (9,621,920) | (9,230,933) | (7,057,244) |
| Subtotal | 6,340,709 | 7,268,225 | 25,088,004 | 149,626,064 |
| Rounding | 0 | 0 | 0 | 0 |
| Cash Flows from Operating Activities | \$6,340,709 | \$7,268,225 | \$25,088,004 | \$149,626,064 |
| Rounding Difference | 0 | 0 | 0 | 0 |

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

PRE-AUDIT

FOR THE MONTH AND FISCAL YTD ENDED **6/30/2021**

| | MONTH | 3 MONTHS | 6 MONTHS | YTD |
|---|------------------|------------------|-------------------|--------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | | |
| Commercial Premium Cash Flows | | | | |
| Commercial Premium Revenue | \$2,234,981 | \$6,760,122 | \$13,460,729 | \$26,965,850 |
| Total | 2,234,981 | 6,760,122 | 13,460,729 | 26,965,850 |
| Medi-Cal Premium Cash Flows | | | | |
| Medi-Cal Revenue | 88,363,316 | 274,987,781 | 551,635,346 | 1,044,204,828 |
| Allowance for Doubtful Accounts | 0 | 0 | 0 | 0 |
| Deferred Premium Revenue | 0 | 0 | 0 | 0 |
| Premium Receivable | 6,373,368 | 4,086,938 | (1,357,969) | 119,543,047 |
| Total | 94,736,684 | 279,074,719 | 550,277,377 | 1,163,747,875 |
| Investment & Other Income Cash Flows | | | | |
| Other Revenue (Grants) | 198,746 | 957,377 | 1,725,088 | 4,391,406 |
| Interest Income | 19,748 | 102,795 | 231,589 | 587,033 |
| Interest Receivable | 11 | (2,277) | (4,225) | (8,288) |
| Total | 218,505 | 1,057,895 | 1,952,452 | 4,970,151 |
| Medical & Hospital Cash Flows | | | | |
| Total Medical Expenses | (81,770,998) | (264,417,880) | (525,413,697) | (1,024,097,909) |
| Other Receivable | (2,406,141) | (4,055,274) | (5,244,621) | (6,837,538) |
| Claims Payable | 8,850,650 | 3,243,195 | 14,936,334 | 18,436,984 |
| IBNP Payable | (9,299,640) | 1,124,490 | 4,790,958 | 24,549,183 |
| Risk Share Payable | 3,783,333 | 5,950,000 | 6,199,999 | 4,198,232 |
| Health Program | 0 | (10,030,000) | (10,095,406) | (8,400,000) |
| Other Liabilities | 2 | (1) | 0 | (1) |
| Total | (80,842,794) | (268,185,470) | (514,826,433) | (992,151,049) |
| Administrative Cash Flows | | | | |
| Total Administrative Expenses | (7,603,794) | (9,383,901) | (24,537,859) | (53,637,606) |
| Prepaid Expenses | (571,694) | (942,100) | (1,397,796) | (1,127,910) |
| CalPERS Pension Asset | 0 | 0 | 0 | 0 |
| CalPERS Deferred Outflow | 0 | 0 | 0 | 0 |
| Trade Accounts Payable | 903,396 | 1,646,530 | 1,939,538 | 1,064,675 |
| Other Accrued Liabilities | 0 | 0 | 0 | 0 |
| Payroll Liabilities | 240,075 | 408,080 | 864,473 | 1,342,756 |
| Depreciation Expense | (2,974,650) | (3,167,650) | (2,644,477) | (1,548,678) |
| Total | (10,006,667) | (11,439,041) | (25,776,121) | (53,906,763) |
| Interest Paid | | | | |
| Debt Interest Expense | 0 | 0 | 0 | 0 |
| Total Cash Flows from Operating Activities | 6,340,709 | 7,268,225 | 25,088,004 | 149,626,064 |

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

PRE-AUDIT

FOR THE MONTH AND FISCAL YTD ENDED **6/30/2021**

| | MONTH | 3 MONTHS | 6 MONTHS | YTD |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| CASH FLOWS FROM INVESTING ACTIVITIES | | | | |
| Restricted Cash & Other Asset Cash Flows | | | | |
| Provider Pass-Thru-Liabilities | (19,495,898) | (50,795,567) | 2,598,884 | (133,553,893) |
| Restricted Cash | (29) | 0 | 0 | 0 |
| | <u>(19,495,927)</u> | <u>(50,795,567)</u> | <u>2,598,884</u> | <u>(133,553,893)</u> |
| Fixed Asset Cash Flows | | | | |
| Depreciation expense | (2,974,650) | (3,167,650) | (2,644,477) | (1,548,678) |
| Fixed Asset Acquisitions | 4,424,625 | 5,945,283 | 5,667,587 | 5,288,479 |
| Change in A/D | 2,974,650 | 3,167,650 | 2,644,477 | 1,548,678 |
| | <u>4,424,625</u> | <u>5,945,283</u> | <u>5,667,587</u> | <u>5,288,479</u> |
| Total Cash Flows from Investing Activities | <u>(15,071,302)</u> | <u>(44,850,284)</u> | <u>8,266,471</u> | <u>(128,265,414)</u> |
| Financing Cash Flows | | | | |
| Subordinated Debt Proceeds | 0 | 0 | 0 | 0 |
| Total Cash Flows | <u>(8,730,593)</u> | <u>(37,582,059)</u> | <u>33,354,475</u> | <u>21,360,650</u> |
| Rounding | 0 | 0 | 1 | (1) |
| Cash @ Beginning of Period | <u>309,766,328</u> | <u>338,617,794</u> | <u>267,681,259</u> | <u>279,675,086</u> |
| Cash @ End of Period | <u>\$301,035,735</u> | <u>\$301,035,735</u> | <u>\$301,035,735</u> | <u>\$301,035,735</u> |
| Difference (rounding) | 0 | 0 | 0 | 0 |

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

PRE-AUDIT

FOR THE MONTH AND FISCAL YTD ENDED 6/30/2021

| | MONTH | 3 MONTHS | 6 MONTHS | YTD |
|--|---------------------------|---------------------------|----------------------------|-----------------------------|
| NET INCOME RECONCILIATION | | | | |
| Net Income / (Loss) | \$1,441,999 | \$9,006,294 | \$17,101,196 | (\$1,586,398) |
| Add back: Depreciation | (2,974,650) | (3,167,650) | (2,644,477) | (1,548,678) |
| Receivables | | | | |
| Premiums Receivable | 6,373,368 | 4,086,938 | (1,357,969) | 119,543,047 |
| First Care Receivable | 0 | 0 | 0 | 0 |
| Family Care Receivable | 0 | 0 | 0 | 0 |
| Healthy Kids Receivable | 0 | 0 | 0 | 0 |
| Interest Receivable | 11 | (2,277) | (4,225) | (8,288) |
| Other Receivable | (2,406,141) | (4,055,274) | (5,244,621) | (6,837,538) |
| FQHC Receivable | 0 | 0 | 0 | 0 |
| Allowance for Doubtful Accounts | 0 | 0 | 0 | 0 |
| Total | <u>3,967,238</u> | <u>29,387</u> | <u>(6,606,815)</u> | <u>112,697,221</u> |
| Prepaid Expenses | (571,694) | (942,100) | (1,397,796) | (1,127,910) |
| Trade Payables | 903,396 | 1,646,530 | 1,939,538 | 1,064,675 |
| Claims Payable, IBNR & Risk Share | | | | |
| IBNP | (9,299,640) | 1,124,490 | 4,790,958 | 24,549,183 |
| Claims Payable | 8,850,650 | 3,243,195 | 14,936,334 | 18,436,984 |
| Risk Share Payable | 3,783,333 | 5,950,000 | 6,199,999 | 4,198,232 |
| Other Liabilities | 2 | (1) | 0 | (1) |
| Total | <u>3,334,345</u> | <u>10,317,684</u> | <u>25,927,291</u> | <u>47,184,398</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 | 240,075 | 408,080 | 864,473 | 1,342,756 |
| Health Program | 0 | (10,030,000) | (10,095,406) | (8,400,000) |
| Accrued Sub Debt Interest | 0 | 0 | 0 | 0 |
| Total Change in Other Liabilities | <u>240,075</u> | <u>(9,621,920)</u> | <u>(9,230,933)</u> | <u>(7,057,244)</u> |
| Cash Flows from Operating Activities | <u>\$6,340,709</u> | <u>\$7,268,225</u> | <u>\$25,088,004</u> | <u>\$149,626,064</u> |
| Difference (rounding) | 0 | 0 | 0 | 0 |

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

PRE-AUDIT

GAAP BASIS
FOR THE MONTH OF JUNE 2021

| | Child | Adults* | Medi-Cal SPD* | ACA OE | Duals | Medi-Cal Total | Group Care | Grand Total |
|-----------------------------------|--------------|--------------|------------------|--------------|-------------|-------------------|---------------|----------------|
| Enrollment | 97,048 | 40,966 | 26,323 | 98,281 | 19,988 | 282,606 | 5,948 | 288,554 |
| Net Revenue | \$10,526,389 | \$11,292,798 | \$27,757,295 | \$35,532,578 | \$3,453,887 | \$88,562,947 | \$2,234,978 | \$90,797,925 |
| Medical Expense | \$9,588,641 | \$9,399,799 | \$25,833,930 | \$31,954,283 | \$3,360,961 | \$80,137,615 | \$1,633,382 | \$81,770,998 |
| Gross Margin | \$937,747 | \$1,892,999 | \$1,923,365 | \$3,578,295 | \$92,926 | \$8,425,332 | \$601,595 | \$9,026,927 |
| Administrative Expense | \$451,553 | \$910,965 | \$2,883,361 | \$2,860,978 | \$265,377 | \$7,372,235 | \$212,304 | \$7,584,539 |
| Operating Income / (Expense) | \$486,194 | \$982,034 | (\$959,997) | \$717,316 | (\$172,450) | \$1,053,097 | \$389,292 | \$1,442,389 |
| Other Income / (Expense) | (\$994) | \$236 | \$1,596 | (\$1,622) | \$161 | (\$624) | \$234 | (\$390) |
| Net Income / (Loss) | \$485,199 | \$982,270 | (\$958,401) | \$715,694 | (\$172,289) | \$1,052,473 | \$389,526 | \$1,441,999 |
| Revenue PMPM | \$108.47 | \$275.66 | \$1,054.49 | \$361.54 | \$172.80 | \$313.38 | \$375.75 | \$314.67 |
| Medical Expense PMPM | \$98.80 | \$229.45 | \$981.42 | \$325.13 | \$168.15 | \$283.57 | \$274.61 | \$283.38 |
| Gross Margin PMPM | \$9.66 | \$46.21 | \$73.07 | \$36.41 | \$4.65 | \$29.81 | \$101.14 | \$31.28 |
| Administrative Expense PMPM | \$4.65 | \$22.24 | \$109.54 | \$29.11 | \$13.28 | \$26.09 | \$35.69 | \$26.28 |
| Operating Income / (Expense) PMPM | \$5.01 | \$23.97 | (\$36.47) | \$7.30 | (\$8.63) | \$3.73 | \$65.45 | \$5.00 |
| Other Income / (Expense) PMPM | (\$0.01) | \$0.01 | \$0.06 | (\$0.02) | \$0.01 | (\$0.00) | \$0.04 | (\$0.00) |
| Net Income / (Loss) PMPM | \$5.00 | \$23.98 | (\$36.41) | \$7.28 | (\$8.62) | \$3.72 | \$65.49 | \$5.00 |
| Medical Loss Ratio | 91.1% | 83.2% | 93.1% | 89.9% | 97.3% | 90.5% | 73.1% | 90.1% |
| Gross Margin Ratio | 8.9% | 16.8% | 6.9% | 10.1% | 2.7% | 9.5% | 26.9% | 9.9% |
| Administrative Expense Ratio | 4.3% | 8.1% | 10.4% | 8.1% | 7.7% | 8.3% | 9.5% | 8.4% |
| Net Income Ratio | 4.6% | 8.7% | -3.5% | 2.0% | -5.0% | 1.2% | 17.4% | 1.6% |

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

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

PRE-AUDIT

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - JUNE 2021

| | Child | Adult* | Medi-Cal SPD* | ACA OE | Duals | Medi-Cal Total | Group Care | Grand Total |
|-----------------------------------|---------------|---------------|------------------|---------------|--------------|-------------------|---------------|-----------------|
| Member Months | 1,137,579 | 459,301 | 314,983 | 1,095,427 | 230,171 | 3,237,461 | 71,864 | 3,309,325 |
| Net Revenue | \$137,674,671 | \$144,016,530 | \$322,415,471 | \$405,037,034 | \$39,455,851 | \$1,048,599,556 | \$26,966,077 | \$1,075,565,633 |
| Medical Expense | \$111,148,300 | \$140,316,954 | \$327,294,275 | \$384,542,096 | \$34,078,061 | \$997,379,686 | \$26,718,223 | \$1,024,097,909 |
| Gross Margin | \$26,526,372 | \$3,699,576 | (\$4,878,804) | \$20,494,938 | \$5,377,789 | \$51,219,870 | \$247,854 | \$51,467,724 |
| Administrative Expense | \$4,122,023 | \$7,068,019 | \$18,544,696 | \$20,096,664 | \$1,757,268 | \$51,588,671 | \$1,720,408 | \$53,309,079 |
| Operating Income / (Expense) | \$22,404,349 | (\$3,368,443) | (\$23,423,501) | \$398,274 | \$3,620,521 | (\$368,801) | (\$1,472,554) | (\$1,841,355) |
| Other Income / (Expense) | \$29,524 | \$38,803 | \$94,004 | \$97,780 | (\$8,059) | \$252,053 | \$2,904 | \$254,956 |
| Net Income / (Loss) | \$22,433,873 | (\$3,329,641) | (\$23,329,497) | \$496,054 | \$3,612,463 | (\$116,748) | (\$1,469,650) | (\$1,586,398) |
| Revenue PMPM | \$121.02 | \$313.56 | \$1,023.60 | \$369.75 | \$171.42 | \$323.90 | \$375.24 | \$325.01 |
| Medical Expense PMPM | \$97.71 | \$305.50 | \$1,039.09 | \$351.04 | \$148.06 | \$308.07 | \$371.79 | \$309.46 |
| Gross Margin PMPM | \$23.32 | \$8.05 | (\$15.49) | \$18.71 | \$23.36 | \$15.82 | \$3.45 | \$15.55 |
| Administrative Expense PMPM | \$3.62 | \$15.39 | \$58.88 | \$18.35 | \$7.63 | \$15.93 | \$23.94 | \$16.11 |
| Operating Income / (Expense) PMPM | \$19.69 | (\$7.33) | (\$74.36) | \$0.36 | \$15.73 | (\$0.11) | (\$20.49) | (\$0.56) |
| Other Income / (Expense) PMPM | \$0.03 | \$0.08 | \$0.30 | \$0.09 | (\$0.04) | \$0.08 | \$0.04 | \$0.08 |
| Net Income / (Loss) PMPM | \$19.72 | (\$7.25) | (\$74.07) | \$0.45 | \$15.69 | (\$0.04) | (\$20.45) | (\$0.48) |
| Medical Loss Ratio | 80.7% | 97.4% | 101.5% | 94.9% | 86.4% | 95.1% | 99.1% | 95.2% |
| Gross Margin Ratio | 19.3% | 2.6% | -1.5% | 5.1% | 13.6% | 4.9% | 0.9% | 4.8% |
| Administrative Expense Ratio | 3.0% | 4.9% | 5.8% | 5.0% | 4.5% | 4.9% | 6.4% | 5.0% |
| Net Income Ratio | 16.3% | -2.3% | -7.2% | 0.1% | 9.2% | 0.0% | -5.4% | -0.1% |

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

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|---------------------------------------|--------------------|------------------------------|-----------------------------|--------------------------------------|---------------------|---------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| ADMINISTRATIVE EXPENSE SUMMARY | | | | | | | | |
| \$3,026,406 | \$3,081,070 | \$54,664 | 1.8% | Personnel Expenses | \$32,848,812 | \$33,929,255 | \$1,080,443 | 3.2% |
| 666,877 | 330,919 | (335,958) | (101.5%) | Benefits Administration Expense | 7,333,755 | 6,721,848 | (611,907) | (9.1%) |
| 2,253,147 | 1,273,472 | (979,674) | (76.9%) | Purchased & Professional Services | 10,974,332 | 11,870,289 | 895,957 | 7.5% |
| 309,976 | 409,220 | 99,244 | 24.3% | Occupancy | 4,171,194 | 4,690,016 | 518,823 | 11.1% |
| 694,372 | 312,118 | (382,254) | (122.5%) | Printing Postage & Promotion | (7,711,001) | 10,735,905 | 18,446,906 | 171.8% |
| 497,259 | 851,431 | 354,172 | 41.6% | Licenses Insurance & Fees | 5,455,093 | 7,325,321 | 1,870,228 | 25.5% |
| 136,502 | 30,442 | (106,060) | (348.4%) | Supplies & Other Expenses | 236,894 | 218,155 | (18,738) | (8.6%) |
| 4,558,133 | 3,207,603 | (1,350,530) | (42.1%) | Total Other Administrative Expense | 20,460,266 | 41,561,535 | 21,101,269 | 50.8% |
| \$7,584,539 | \$6,288,673 | (\$1,295,866) | (20.6%) | Total Administrative Expenses | \$53,309,079 | \$75,490,790 | \$22,181,711 | 29.4% |

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ADMIN YTD 2021
07/26/21
REPORT #6

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|------------------|------------------|------------------------------|-----------------------------|--|-------------------|-------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| | | | | Personnel Expenses | | | | |
| \$1,920,509 | \$1,945,115 | \$24,606 | 1.3% | Salaries & Wages | \$21,927,116 | \$21,797,324 | (\$129,792) | (0.6%) |
| 178,261 | 215,873 | 37,613 | 17.4% | Paid Time Off | 2,097,120 | 2,331,099 | 233,979 | 10.0% |
| 8,030 | 4,492 | (3,538) | (78.8%) | Incentives | 19,399 | 30,673 | 11,274 | 36.8% |
| 0 | 0 | 0 | 0.0% | Severance Pay | 7,605 | 7,605 | 0 | 0.0% |
| 34,250 | 31,501 | (2,749) | (8.7%) | Payroll Taxes | 431,696 | 515,086 | 83,390 | 16.2% |
| 21,093 | 7,720 | (13,373) | (173.2%) | Overtime | 247,493 | 163,163 | (84,330) | (51.7%) |
| 269,299 | 165,121 | (104,178) | (63.1%) | CalPERS ER Match | 1,853,623 | 1,796,258 | (57,365) | (3.2%) |
| 4,375 | 0 | (4,375) | 0.0% | Mandated Covid -19 Supplemental Sick Leave | 8,472 | 4,097 | (4,375) | (106.8%) |
| 381,976 | 587,981 | 206,005 | 35.0% | Employee Benefits | 5,242,975 | 6,057,296 | 814,321 | 13.4% |
| (1) | 0 | 1 | 0.0% | Personal Floating Holiday | 89,035 | 95,444 | 6,409 | 6.7% |
| 4,868 | 23,047 | 18,179 | 78.9% | Employee Relations | 42,448 | 171,982 | 129,534 | 75.3% |
| 9,060 | 7,950 | (1,110) | (14.0%) | Work from Home Stipend | 57,750 | 60,540 | 2,790 | 4.6% |
| 258 | 3,637 | 3,379 | 92.9% | Transportation Reimbursement | 1,186 | 19,933 | 18,747 | 94.1% |
| 0 | 16,857 | 16,857 | 100.0% | Travel & Lodging | (548) | 87,098 | 87,647 | 100.6% |
| 170,373 | 6,032 | (164,341) | (2,724.5%) | Temporary Help Services | 496,955 | 160,002 | (336,953) | (210.6%) |
| 18,609 | 55,906 | 37,298 | 66.7% | Staff Development/Training | 168,485 | 407,853 | 239,368 | 58.7% |
| 5,447 | 9,838 | 4,391 | 44.6% | Staff Recruitment/Advertising | 158,003 | 223,801 | 65,798 | 29.4% |
| 3,026,406 | 3,081,070 | 54,664 | 1.8% | Total Employee Expenses | 32,848,812 | 33,929,255 | 1,080,443 | 3.2% |
| | | | | Benefit Administration Expense | | | | |
| 398,904 | 85,428 | (313,476) | (366.9%) | RX Administration Expense | 4,309,280 | 3,716,302 | (592,979) | (16.0%) |
| 250,722 | 226,893 | (23,829) | (10.5%) | Behavioral Hlth Administration Fees | 2,825,241 | 2,794,363 | (30,878) | (1.1%) |
| 17,251 | 18,598 | 1,347 | 7.2% | Telemedicine Admin Fees | 199,234 | 211,183 | 11,949 | 5.7% |
| 666,877 | 330,919 | (335,958) | (101.5%) | Total Employee Expenses | 7,333,755 | 6,721,848 | (611,907) | (9.1%) |
| | | | | Purchased & Professional Services | | | | |
| 332,335 | 300,955 | (31,380) | (10.4%) | Consulting Services | 1,990,450 | 3,189,978 | 1,199,527 | 37.6% |
| 392,018 | 736,492 | 344,473 | 46.8% | Computer Support Services | 3,597,424 | 5,782,190 | 2,184,765 | 37.8% |
| 8,750 | 8,750 | 0 | 0.0% | Professional Fees-Accounting | 129,255 | 117,187 | (12,068) | (10.3%) |
| 0 | 72,350 | 72,350 | 100.0% | Professional Fees-Medical | 0 | 73,050 | 73,050 | 100.0% |
| 17,029 | 32,289 | 15,260 | 47.3% | Other Purchased Services | 213,672 | 462,852 | 249,180 | 53.8% |
| 4,371 | 10,284 | 5,913 | 57.5% | Maint & Repair-Office Equipment | 72,039 | 120,454 | 48,415 | 40.2% |
| 8,840 | 8,050 | (790) | (9.8%) | HMS Recovery Fees | 349,829 | 225,221 | (124,608) | (55.3%) |
| 520 | 4,242 | 3,722 | 87.7% | MIS Software (Non-Capital) | 1,500,520 | 313,933 | (1,186,586) | (378.0%) |
| 1,430,401 | 7,507 | (1,422,894) | (18,953.7%) | Hardware (Non-Capital) | 1,568,917 | 117,156 | (1,451,761) | (1,239.2%) |
| 10,655 | 14,220 | 3,565 | 25.1% | Provider Relations-Credentialing | 140,385 | 150,661 | 10,276 | 6.8% |
| 48,227 | 78,333 | 30,107 | 38.4% | Legal Fees | 1,411,840 | 1,317,608 | (94,233) | (7.2%) |
| 2,253,147 | 1,273,472 | (979,674) | (76.9%) | Total Purchased & Professional Services | 10,974,332 | 11,870,289 | 895,957 | 7.5% |
| | | | | Occupancy | | | | |
| 110,806 | 196,424 | 85,617 | 43.6% | Depreciation | 1,790,640 | 2,111,072 | 320,432 | 15.2% |
| 0 | 26,107 | 26,107 | 100.0% | Amortization | 247,461 | 313,287 | 65,825 | 21.0% |
| 69,890 | 67,855 | (2,035) | (3.0%) | Building Lease | 816,296 | 814,261 | (2,035) | (0.2%) |
| 2,002 | 2,002 | 0 | 0.0% | Leased and Rented Office Equipment | 27,945 | 29,470 | 1,525 | 5.2% |
| 10,783 | 11,886 | 1,103 | 9.3% | Utilities | 140,447 | 152,752 | 12,305 | 8.1% |
| 77,196 | 83,300 | 6,104 | 7.3% | Telephone | 945,197 | 1,026,186 | 80,990 | 7.9% |

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ADMIN YTD 2021
07/26/21
REPORT #6

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|--------------------|--------------------|------------------------------|-----------------------------|---|---------------------|---------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| \$39,299 | \$21,646 | (\$17,653) | (81.6%) | Building Maintenance | \$203,208 | \$242,989 | \$39,781 | 16.4% |
| 309,976 | 409,220 | 99,244 | 24.3% | Total Occupancy | 4,171,194 | 4,690,016 | 518,823 | 11.1% |
| | | | | Printing Postage & Promotion | | | | |
| 241,174 | 52,603 | (188,571) | (358.5%) | Postage | 553,589 | 560,118 | 6,529 | 1.2% |
| 7,313 | 3,250 | (4,063) | (125.0%) | Design & Layout | 67,138 | 39,350 | (27,788) | (70.6%) |
| 422,360 | 65,165 | (357,195) | (548.1%) | Printing Services | 970,898 | 701,702 | (269,196) | (38.4%) |
| 6,974 | 5,970 | (1,004) | (16.8%) | Mailing Services | 38,338 | 50,324 | 11,986 | 23.8% |
| 1,139 | 2,533 | 1,394 | 55.0% | Courier/Delivery Service | 31,137 | 29,337 | (1,800) | (6.1%) |
| 294 | 630 | 336 | 53.4% | Pre-Printed Materials and Publications | 961 | 5,873 | 4,911 | 83.6% |
| 0 | 15,000 | 15,000 | 100.0% | Promotional Products | 32,713 | 48,221 | 15,508 | 32.2% |
| 4,813 | 160,667 | 155,854 | 97.0% | Community Relations | (9,497,185) | 9,216,405 | 18,713,589 | 203.0% |
| 0 | 0 | 0 | 0.0% | Health Education-Member | (17) | 0 | 17 | 0.0% |
| 10,306 | 6,300 | (4,006) | (63.6%) | Translation - Non-Clinical | 91,426 | 84,575 | (6,851) | (8.1%) |
| 694,372 | 312,118 | (382,254) | (122.5%) | Total Printing Postage & Promotion | (7,711,001) | 10,735,905 | 18,446,906 | 171.8% |
| | | | | Licenses Insurance & Fees | | | | |
| 0 | 50,000 | 50,000 | 100.0% | Regulatory Penalties | 0 | 150,000 | 150,000 | 100.0% |
| 22,482 | 20,700 | (1,782) | (8.6%) | Bank Fees | 244,118 | 234,667 | (9,451) | (4.0%) |
| 61,590 | 53,715 | (7,875) | (14.7%) | Insurance | 659,900 | 695,332 | 35,432 | 5.1% |
| 370,247 | 648,484 | 278,236 | 42.9% | Licenses, Permits and Fees | 3,796,578 | 5,394,627 | 1,598,050 | 29.6% |
| 42,939 | 78,532 | 35,593 | 45.3% | Subscriptions & Dues | 754,498 | 850,695 | 96,198 | 11.3% |
| 497,259 | 851,431 | 354,172 | 41.6% | Total Licenses Insurance & Postage | 5,455,093 | 7,325,321 | 1,870,228 | 25.5% |
| | | | | Supplies & Other Expenses | | | | |
| 5,525 | 10,504 | 4,979 | 47.4% | Office and Other Supplies | 27,346 | 50,381 | 23,035 | 45.7% |
| 124,525 | 0 | (124,525) | 0.0% | Furniture and Equipment | 124,525 | 0 | (124,525) | 0.0% |
| 108 | 2,695 | 2,587 | 96.0% | Ergonomic Supplies | 20,299 | 23,327 | 3,027 | 13.0% |
| 1,401 | 11,193 | 9,793 | 87.5% | Commissary-Food & Beverage | 7,572 | 67,559 | 59,987 | 88.8% |
| 0 | 4,850 | 4,850 | 100.0% | Member Incentive Expense | 34,475 | 58,200 | 23,725 | 40.8% |
| 0 | 0 | 0 | 0.0% | Covid-19 IT Expenses | 3,840 | 3,840 | 0 | 0.0% |
| 4,942 | 1,200 | (3,742) | (311.9%) | Covid-19 Non IT Expenses | 18,836 | 14,849 | (3,987) | (26.9%) |
| 136,502 | 30,442 | (106,060) | (348.4%) | Total Supplies & Other Expense | 236,894 | 218,155 | (18,738) | (8.6%) |
| \$7,584,539 | \$6,288,673 | (\$1,295,866) | (20.6%) | TOTAL ADMINISTRATIVE EXPENSE | \$53,309,079 | \$75,490,790 | \$22,181,711 | 29.4% |

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ADMIN YTD 2021
07/26/21
REPORT #6

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

| | Project ID | Prior YTD Acquisitions | Current Month Acquisitions | Fiscal YTD Acquisitions | Capital Budget Total | \$ Variance Fav/(Unf.) |
|---|------------|------------------------|----------------------------|-------------------------|----------------------|------------------------|
| 1. Hardware: | | | | | | |
| Computer Equipment (Laptop, Desktop, Tablets) | IT-FY21-01 | \$ 271,881 | \$ - | \$ 271,881 | \$ 300,000 | \$ 28,119 |
| Display Monitors | IT-FY21-02 | \$ 30,302 | | \$ 30,302 | \$ 40,000 | \$ 9,698 |
| Cisco Phones (Desk phone, Conference phone) | IT-FY21-03 | \$ - | | \$ - | \$ 30,000 | \$ 30,000 |
| Audio / Video Equipment | IT-FY21-04 | \$ - | | \$ - | \$ 60,000 | \$ 60,000 |
| APC UPS Batteries | IT-FY21-05 | \$ - | | \$ - | \$ 20,000 | \$ 20,000 |
| IT Cage Supplies and Tools | IT-FY21-06 | \$ - | | \$ - | \$ 10,000 | \$ 10,000 |
| Cisco Network Hardware (Switches, Routers, Firewalls, Wireless) | IT-FY21-07 | \$ 32,546 | \$ 60,476 | \$ 93,022 | \$ 150,000 | \$ 56,978 |
| Cisco UCS Blade RAM | IT-FY21-08 | \$ - | | \$ - | \$ 140,000 | \$ 140,000 |
| Pure Storage Shelf | IT-FY21-09 | \$ 437,128 | | \$ 437,128 | \$ 250,000 | \$ (187,128) |
| Security Hardware | IT-FY21-10 | \$ - | | \$ - | \$ 80,000 | \$ 80,000 |
| Call Center Hardware | IT-FY21-11 | \$ - | | \$ - | \$ 40,000 | \$ 40,000 |
| Computer Components (Memory, Hard drives) | IT-FY21-16 | \$ - | | \$ - | \$ 15,000 | \$ 15,000 |
| Network / AV Cabling | IT-FY21-18 | \$ 66,447 | | \$ 66,447 | \$ 250,000 | \$ 183,553 |
| Carryover from FY20 / unplanned | IT-FY21-19 | \$ 163,751 | | \$ 163,751 | \$ - | \$ (163,751) |
| Fixed Assets Threshold change from \$1K -\$5K | NA | \$ - | \$ (3,387,278) | \$ (3,387,278) | \$ - | \$ 3,387,278 |
| Hardware Subtotal | | \$ 1,002,055 | \$ (3,326,802) | \$ (2,324,747) | \$ 1,385,000 | \$ 3,709,747 |
| 2. Software: | | | | | | |
| Monitoring Software | AC-FY21-02 | \$ - | | \$ - | \$ 60,000 | \$ 60,000 |
| Windows Server OS (3rd payment) | AC-FY21-03 | \$ - | | \$ - | \$ 80,000 | \$ 80,000 |
| Adobe Acrobat Licenses | AC-FY21-04 | \$ - | | \$ - | \$ 12,000 | \$ 12,000 |
| Carryover from FY20 / unplanned | AC-FY21-05 | \$ 28,232 | | \$ 28,232 | \$ - | \$ (28,232) |
| Write off of Internally Developed Software (Trizetto) | NA | \$ (2,000,000) | | \$ (2,000,000) | \$ - | \$ 2,000,000 |
| Fixed Assets Threshold change from \$1K -\$5K | NA | \$ - | \$ (152,588) | \$ (152,588) | \$ - | \$ 152,588 |
| Software Subtotal | | \$ (1,971,768) | \$ (152,588) | \$ (2,124,356) | \$ 152,000 | \$ 2,276,356 |
| 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 |

| | Project ID | Prior YTD Acquisitions | Current Month Acquisitions | Fiscal YTD Acquisitions | Capital Budget Total | \$ Variance Fav/(Unf.) |
|--|------------|------------------------|----------------------------|-------------------------|----------------------|------------------------|
| 1240 Emergency Generator | FA-FY21-07 | \$ 63,615 | | \$ 63,615 | \$ 318,000 | \$ 254,385 |
| Fixed Assets Threshold change from \$1K -\$5K | NA | \$ - | \$ (146,111) | \$ (146,111) | \$ - | \$ 146,111 |
| Building Improvement Subtotal | | \$ 63,615 | \$ (146,111) | \$ (82,496) | \$ 628,000 | \$ 710,496 |
| 4. Furniture & Equipment: | | | | | | |
| Office desks, cabinets, shelving (all building/suites: new or replacement) | FA-FY21-19 | \$ 1,721 | | \$ 1,721 | \$ 50,000 | \$ 48,279 |
| Ergonomic Equipment - Sit/Stand desks | FA-FY21-20 | \$ - | | \$ - | \$ 40,000 | \$ 40,000 |
| Task Chairs: Various sizes, special order for Ergo/WC | FA-FY21-21 | \$ - | | \$ - | \$ 50,000 | \$ 50,000 |
| Replace, reconfigure, re-design workstations | FA-FY21-22 | \$ 36,565 | | \$ 36,565 | \$ 50,000 | \$ 13,435 |
| Fixed Assets Threshold change from \$1K -\$5K | NA | \$ - | \$ (774,132) | \$ (774,132) | \$ - | \$ 774,132 |
| Furniture & Equipment Subtotal | | \$ 38,286 | \$ (774,132) | \$ (735,846) | \$ 190,000 | \$ 925,846 |
| 5. Leasehold Improvement: | | | | | | |
| Electrical work for projects, workstations requirement | FA-FY21-26 | \$ 3,090 | | \$ 3,090 | \$ 20,000 | \$ 16,910 |
| Fixed Assets Threshold change from \$1K -\$5K | NA | \$ - | \$ (24,993) | \$ (24,993) | \$ - | \$ 24,993 |
| Leasehold Improvement Subtotal | | \$ 3,090 | \$ (24,993) | \$ (21,903) | \$ 20,000 | \$ 41,903 |
| 6. Contingency: | | | | | | |
| Carryover from FY20 / Unplanned/ Contingency | FA-FY21-28 | \$ 870 | | \$ 870 | \$ - | \$ (870) |
| Contingency Subtotal | | \$ 870 | \$ - | \$ 870 | \$ - | \$ (870) |
| GRAND TOTAL | | \$ (863,852) | \$ (4,424,625) | \$ (5,288,480) | \$ 2,375,000 | \$ 7,663,478 |

7. Reconciliation to Balance Sheet:

| | |
|----------------------------------|-----------------------|
| Fixed Assets @ Cost -6/30/21 | \$ 36,935,477 |
| Fixed Assets @ Cost - 6/30/20 | \$ 42,223,957 |
| Fixed Assets Acquired YTD | \$ (5,288,480) |

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

| TANGIBLE NET EQUITY (TNE) | QTR. END | | | | | QTR. END | | | | | UNAUDITED | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------------|
| | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | QTR. END Jun-21 |
| Current Month Net Income / (Loss) | \$1,862,425 | (\$6,647,096) | (\$3,237,699) | (\$7,755,478) | \$366,707 | (\$3,276,454) | \$1,169,847 | \$7,470,948 | (\$545,892) | \$6,882,121 | \$682,173 | \$1,441,999 |
| YTD Net Income / (Loss) | \$1,862,425 | (\$4,784,670) | (\$8,022,369) | (\$15,777,847) | (\$15,411,141) | (\$18,687,595) | (\$17,517,747) | (\$10,046,800) | (\$10,592,692) | (\$3,710,571) | (\$3,028,397) | (\$1,586,398) |
| Actual TNE | | | | | | | | | | | | |
| Net Assets | \$208,037,240 | \$201,390,145 | \$198,152,445 | \$190,396,968 | \$190,763,674 | \$187,487,220 | \$188,657,068 | \$196,128,015 | \$195,582,123 | \$202,464,244 | \$203,146,418 | \$204,588,417 |
| Subordinated Debt & Interest | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Actual TNE | \$208,037,240 | \$201,390,145 | \$198,152,445 | \$190,396,968 | \$190,763,674 | \$187,487,220 | \$188,657,068 | \$196,128,015 | \$195,582,123 | \$202,464,244 | \$203,146,418 | \$204,588,417 |
| Increase/(Decrease) in Actual TNE | \$1,862,425 | (\$6,647,095) | (\$3,237,700) | (\$7,755,477) | \$366,706 | (\$3,276,454) | \$1,169,848 | \$7,470,947 | (\$545,892) | \$6,882,121 | \$682,174 | \$1,441,999 |
| Required TNE⁽¹⁾ | \$32,152,830 | \$33,226,635 | \$32,768,500 | \$34,310,349 | \$33,421,093 | \$33,839,117 | \$34,693,839 | \$34,402,727 | \$34,699,152 | \$37,303,381 | \$36,557,671 | \$36,535,614 |
| Min. Req'd to Avoid Monthly Reporting (130% of Required TNE) | \$41,798,679 | \$43,194,626 | \$42,599,050 | \$44,603,454 | \$43,447,421 | \$43,990,852 | \$45,101,990 | \$44,723,545 | \$45,108,898 | \$48,494,395 | \$47,524,972 | \$47,496,299 |
| TNE Excess / (Deficiency) | \$175,884,410 | \$168,163,510 | \$165,383,945 | \$156,086,619 | \$157,342,581 | \$153,648,103 | \$153,963,229 | \$161,725,288 | \$160,882,971 | \$165,160,863 | \$166,588,747 | \$168,052,803 |
| Actual TNE as a Multiple of Required | 6.47 | 6.06 | 6.05 | 5.55 | 5.71 | 5.54 | 5.44 | 5.70 | 5.64 | 5.43 | 5.56 | 5.60 |

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

LIQUID TANGIBLE NET EQUITY

| | | | | | | | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Net Assets | \$208,037,240 | \$201,390,145 | \$198,152,445 | \$190,396,968 | \$190,763,674 | \$187,487,220 | \$188,657,068 | \$196,128,015 | \$195,582,123 | \$202,464,244 | \$203,146,418 | \$204,588,417 |
| Fixed Assets at Net Book Value | (9,978,158) | (9,949,713) | (9,770,590) | (9,592,926) | (9,454,338) | (9,295,248) | (9,120,984) | (9,110,205) | (9,049,771) | (7,390,862) | (7,722,113) | (6,272,138) |
| CD Pledged to DMHC | (350,000) | (350,000) | (350,000) | (350,000) | (350,000) | (350,000) | (350,000) | (350,000) | (350,000) | (350,000) | (349,971) | (350,000) |
| Liquid TNE (Liquid Reserves) | \$197,709,082 | \$191,090,432 | \$188,031,855 | \$180,454,042 | \$180,959,336 | \$177,841,972 | \$179,186,084 | \$186,667,810 | \$186,182,352 | \$194,723,382 | \$195,074,334 | \$197,966,279 |
| Liquid TNE as Multiple of Required | 6.15 | 5.75 | 5.74 | 5.26 | 5.41 | 5.26 | 5.16 | 5.43 | 5.37 | 5.22 | 5.34 | 5.42 |

**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 | 94,969 | 95,103 | 95,510 | 95,692 | 96,233 | 96,782 | 97,048 | 1,137,579 |
| Adults* | 34,909 | 35,689 | 36,302 | 37,072 | 37,640 | 38,152 | 38,994 | 39,315 | 39,649 | 40,052 | 40,561 | 40,966 | 459,301 |
| SPD* | 26,044 | 26,094 | 26,178 | 26,250 | 26,314 | 26,339 | 26,354 | 26,294 | 26,234 | 26,270 | 26,289 | 26,323 | 314,983 |
| ACA OE | 82,989 | 85,081 | 86,713 | 88,258 | 89,752 | 91,050 | 92,257 | 93,332 | 94,473 | 95,916 | 97,325 | 98,281 | 1,095,427 |
| Duals | 18,297 | 18,495 | 18,606 | 18,847 | 18,988 | 19,125 | 19,215 | 19,415 | 19,596 | 19,748 | 19,851 | 19,988 | 230,171 |
| Medi-Cal Program | 253,809 | 258,051 | 261,177 | 264,409 | 267,314 | 269,635 | 271,923 | 273,866 | 275,644 | 278,219 | 280,808 | 282,606 | 3,237,461 |
| Group Care Program | 6,109 | 6,007 | 6,011 | 6,009 | 5,982 | 5,954 | 5,961 | 5,969 | 5,993 | 5,972 | 5,949 | 5,948 | 71,864 |
| Total | 259,918 | 264,058 | 267,188 | 270,418 | 273,296 | 275,589 | 277,884 | 279,835 | 281,637 | 284,191 | 286,757 | 288,554 | 3,309,325 |

| | | | | | | | | | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Month Over Month Enrollment Change: | | | | | | | | | | | | | |
| Medi-Cal Monthly Change | | | | | | | | | | | | | |
| Child | 825 | 1,122 | 686 | 604 | 638 | 349 | 134 | 407 | 182 | 541 | 549 | 266 | 6,303 |
| Adults* | 822 | 780 | 613 | 770 | 568 | 512 | 842 | 321 | 334 | 403 | 509 | 405 | 6,879 |
| SPD* | (67) | 50 | 84 | 72 | 64 | 25 | 15 | (60) | (60) | 36 | 19 | 34 | 212 |
| ACA OE | 1,693 | 2,092 | 1,632 | 1,545 | 1,494 | 1,298 | 1,207 | 1,075 | 1,141 | 1,443 | 1,409 | 956 | 16,985 |
| Duals | 228 | 198 | 111 | 241 | 141 | 137 | 90 | 200 | 181 | 152 | 103 | 137 | 1,919 |
| Medi-Cal Program | 3,501 | 4,242 | 3,126 | 3,232 | 2,905 | 2,321 | 2,288 | 1,943 | 1,778 | 2,575 | 2,589 | 1,798 | 32,298 |
| Group Care Program | (328) | (102) | 4 | (2) | (27) | (28) | 7 | 8 | 24 | (21) | (23) | (1) | (489) |
| Total | 3,173 | 4,140 | 3,130 | 3,230 | 2,878 | 2,293 | 2,295 | 1,951 | 1,802 | 2,554 | 2,566 | 1,797 | 31,809 |

| | | | | | | | | | | | | | |
|--------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Enrollment Percentages: | | | | | | | | | | | | | |
| Medi-Cal Program: | | | | | | | | | | | | | |
| Child % of Medi-Cal | 36.1% | 35.9% | 35.8% | 35.5% | 35.4% | 35.2% | 35.0% | 34.9% | 34.7% | 34.6% | 34.5% | 34.3% | 35.1% |
| Adults % of Medi-Cal | 13.8% | 13.8% | 13.9% | 14.0% | 14.1% | 14.1% | 14.3% | 14.4% | 14.4% | 14.4% | 14.4% | 14.5% | 14.2% |
| SPD % of Medi-Cal | 10.3% | 10.1% | 10.0% | 9.9% | 9.8% | 9.8% | 9.7% | 9.6% | 9.5% | 9.4% | 9.4% | 9.3% | 9.7% |
| ACA OE % of Medi-Cal | 32.7% | 33.0% | 33.2% | 33.4% | 33.6% | 33.8% | 33.9% | 34.1% | 34.3% | 34.5% | 34.7% | 34.8% | 33.8% |
| Duals % of Medi-Cal | 7.2% | 7.2% | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% |
| Medi-Cal Program % of Total | 97.6% | 97.7% | 97.8% | 97.8% | 97.8% | 97.8% | 97.9% | 97.9% | 97.9% | 97.9% | 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**

| | Actual Jul-20 | Actual Aug-20 | Actual Sep-20 | Actual Oct-20 | Actual Nov-20 | Actual Dec-20 | Actual Jan-21 | Actual Feb-21 | Actual Mar-21 | Actual Apr-21 | Actual May-21 | Actual Jun-21 | YTD Member Months |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
| Current Direct/Delegate Enrollment: | | | | | | | | | | | | | |
| Directly-Contracted | | | | | | | | | | | | | |
| Directly Contracted (DCP) | 50,199 | 51,057 | 51,527 | 51,397 | 52,073 | 51,937 | 52,336 | 52,451 | 52,524 | 53,300 | 53,817 | 53,280 | 625,898 |
| Alameda Health System | 50,193 | 51,312 | 52,596 | 53,607 | 54,283 | 55,240 | 55,847 | 56,285 | 56,855 | 57,087 | 57,437 | 57,978 | 658,720 |
| | 100,392 | 102,369 | 104,123 | 105,004 | 106,356 | 107,177 | 108,183 | 108,736 | 109,379 | 110,387 | 111,254 | 111,258 | 1,284,618 |
| Delegated: | | | | | | | | | | | | | |
| CFMG | 30,742 | 31,072 | 30,803 | 31,173 | 31,336 | 31,529 | 31,714 | 31,907 | 31,939 | 31,935 | 32,001 | 32,197 | 378,348 |
| CHCN | 94,144 | 95,194 | 96,219 | 97,528 | 98,274 | 98,920 | 99,414 | 100,003 | 100,522 | 101,289 | 102,275 | 103,339 | 1,187,121 |
| Kaiser | 34,640 | 35,423 | 36,043 | 36,713 | 37,330 | 37,963 | 38,573 | 39,189 | 39,797 | 40,580 | 41,227 | 41,760 | 459,238 |
| Delegated Subtotal | 159,526 | 161,689 | 163,065 | 165,414 | 166,940 | 168,412 | 169,701 | 171,099 | 172,258 | 173,804 | 175,503 | 177,296 | 2,024,707 |
| Total | 259,918 | 264,058 | 267,188 | 270,418 | 273,296 | 275,589 | 277,884 | 279,835 | 281,637 | 284,191 | 286,757 | 288,554 | 3,309,325 |
| Direct/Delegate Month Over Month Enrollment Change: | | | | | | | | | | | | | |
| Directly-Contracted | 1,402 | 1,977 | 1,754 | 881 | 1,352 | 821 | 1,006 | 553 | 643 | 1,008 | 867 | 4 | 12,268 |
| Delegated: | | | | | | | | | | | | | |
| CFMG | 317 | 330 | (269) | 370 | 163 | 193 | 185 | 193 | 32 | (4) | 66 | 196 | 1,772 |
| CHCN | 752 | 1,050 | 1,025 | 1,309 | 746 | 646 | 494 | 589 | 519 | 767 | 986 | 1,064 | 9,947 |
| Kaiser | 702 | 783 | 620 | 670 | 617 | 633 | 610 | 616 | 608 | 783 | 647 | 533 | 7,822 |
| Delegated Subtotal | 1,771 | 2,163 | 1,376 | 2,349 | 1,526 | 1,472 | 1,289 | 1,398 | 1,159 | 1,546 | 1,699 | 1,793 | 19,541 |
| Total | 3,173 | 4,140 | 3,130 | 3,230 | 2,878 | 2,293 | 2,295 | 1,951 | 1,802 | 2,554 | 2,566 | 1,797 | 31,809 |
| Direct/Delegate Enrollment Percentages: | | | | | | | | | | | | | |
| Directly-Contracted | 38.6% | 38.8% | 39.0% | 38.8% | 38.9% | 38.9% | 38.9% | 38.9% | 38.8% | 38.8% | 38.8% | 38.6% | 38.8% |
| Delegated: | | | | | | | | | | | | | |
| CFMG | 11.8% | 11.8% | 11.5% | 11.5% | 11.5% | 11.4% | 11.4% | 11.4% | 11.3% | 11.2% | 11.2% | 11.2% | 11.4% |
| CHCN | 36.2% | 36.1% | 36.0% | 36.1% | 36.0% | 35.9% | 35.8% | 35.7% | 35.7% | 35.6% | 35.7% | 35.8% | 35.9% |
| Kaiser | 13.3% | 13.4% | 13.5% | 13.6% | 13.7% | 13.8% | 13.9% | 14.0% | 14.1% | 14.3% | 14.4% | 14.5% | 13.9% |
| Delegated Subtotal | 61.4% | 61.2% | 61.0% | 61.2% | 61.1% | 61.1% | 61.1% | 61.1% | 61.2% | 61.2% | 61.2% | 61.4% | 61.2% |
| 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% |

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

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

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

Month Over Month Enrollment Change:

| | | | | | | | | | | | | | |
|-------------------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|---------------|
| Medi-Cal Monthly Change | | | | | | | | | | | | | |
| Child | 2,358 | 1,122 | 686 | 604 | 975 | 975 | 809 | 809 | 809 | (98) | (246) | (490) | 8,313 |
| Adult | 2,399 | 780 | 613 | 770 | 665 | 665 | 750 | 750 | 750 | (41) | (102) | (203) | 7,795 |
| SPD | 1,130 | 50 | 84 | 72 | 39 | 39 | 32 | 32 | 32 | (26) | (66) | (132) | 1,284 |
| ACA OE | 4,247 | 2,092 | 1,632 | 1,545 | 1,595 | 1,595 | 1,741 | 1,741 | 1,741 | (97) | (241) | (482) | 17,109 |
| Duals | 1,279 | 198 | 111 | 241 | 127 | 127 | 195 | 195 | 195 | (20) | (49) | (98) | 2,500 |
| Medi-Cal Program | 11,413 | 4,242 | 3,126 | 3,232 | 3,400 | 3,400 | 3,525 | 3,525 | 3,525 | (282) | (704) | (1,404) | 37,000 |
| Group Care Program | 133 | (102) | 4 | (2) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 33 |
| Total | 11,546 | 4,140 | 3,130 | 3,230 | 3,400 | 3,400 | 3,525 | 3,525 | 3,525 | (282) | (704) | (1,404) | 37,033 |

Enrollment Percentages:

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

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

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

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

| | Variance Jul-20 | Variance Aug-20 | Variance Sep-20 | Variance Oct-20 | Variance Nov-20 | Variance Dec-20 | Variance Jan-21 | Variance Feb-21 | Variance Mar-21 | Variance Apr-21 | Variance May-21 | Variance Jun-21 | Member Month Variance |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|-----------------------------|
| Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable) | | | | | | | | | | | | | |
| Medi-Cal Program: | | | | | | | | | | | | | |
| Child | 0 | 0 | 0 | 0 | (337) | (962) | (1,637) | (2,040) | (2,667) | (2,028) | (1,233) | (477) | (11,380) |
| Adults* | 0 | 0 | 0 | 0 | (97) | (249) | (157) | (585) | (1,001) | (557) | 53 | 661 | (1,931) |
| SPD* | 0 | 0 | 0 | 0 | 25 | 12 | (5) | (96) | (188) | (125) | (40) | 125 | (292) |
| ACA OE | 0 | 0 | 0 | 0 | (101) | (399) | (932) | (1,598) | (2,197) | (658) | 993 | 2,430 | (2,462) |
| Duals | 0 | 0 | 0 | 0 | 14 | 24 | (81) | (75) | (89) | 83 | 235 | 470 | 583 |
| Medi-Cal Program | 0 | 0 | 0 | 0 | (495) | (1,574) | (2,812) | (4,394) | (6,141) | (3,284) | 8 | 3,210 | (15,482) |
| Group Care Program | 0 | 0 | 0 | 0 | (27) | (55) | (48) | (40) | (16) | (37) | (60) | (61) | (344) |
| Total | 0 | 0 | 0 | 0 | (522) | (1,629) | (2,860) | (4,434) | (6,157) | (3,321) | (52) | 3,149 | (15,826) |
| Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable) | | | | | | | | | | | | | |
| Directly-Contracted | 0 | 0 | 0 | 0 | (28) | (586) | (1,072) | (2,010) | (2,858) | (1,742) | (603) | (57) | (8,956) |
| Delegated: | | | | | | | | | | | | | |
| CFMG | 0 | 0 | 0 | 0 | (162) | (293) | (385) | (469) | (713) | (685) | (537) | (179) | (3,423) |
| CHCN | 0 | 0 | 0 | 0 | (470) | (1,039) | (1,812) | (2,490) | (3,237) | (2,369) | (1,130) | 439 | (12,107) |
| Kaiser | 0 | 0 | 0 | 0 | 137 | 290 | 409 | 534 | 652 | 1,474 | 2,218 | 2,947 | 8,660 |
| Delegated Subtotal | 0 | 0 | 0 | 0 | (495) | (1,043) | (1,788) | (2,424) | (3,299) | (1,580) | 552 | 3,207 | (6,870) |
| Total | 0 | 0 | 0 | 0 | (522) | (1,629) | (2,860) | (4,434) | (6,157) | (3,321) | (52) | 3,149 | (15,826) |

Notes:

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

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|--------------------|-------------------|------------------------------|-----------------------------|---|--------------------|--------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| \$1,857,359 | \$1,828,493 | (\$28,866) | (1.6%) | CAPITATED MEDICAL EXPENSES: | \$21,637,161 | \$21,603,828 | (\$33,333) | (0.2%) |
| 2,911,126 | 3,053,902 | 142,776 | 4.7% | PCP-Capitation | 33,745,206 | 34,977,649 | 1,232,443 | 3.5% |
| 279,210 | 274,387 | (4,823) | (1.8%) | PCP-Capitation - FQHC | 3,289,587 | 3,281,413 | (8,174) | (0.2%) |
| 3,015,760 | 3,144,865 | 129,105 | 4.1% | Specialty-Capitation | 34,701,150 | 35,906,012 | 1,204,862 | 3.4% |
| 325,614 | 326,216 | 602 | 0.2% | Specialty-Capitation FQHC | 3,785,551 | 3,819,258 | 33,707 | 0.9% |
| 663,426 | 913,295 | 249,869 | 27.4% | Laboratory-Capitation | 6,894,577 | 8,743,981 | 1,849,404 | 21.2% |
| 212,140 | 271,900 | 59,760 | 22.0% | Transportation (Ambulance)-Cap | 2,459,521 | 2,951,878 | 492,357 | 16.7% |
| 81,337 | 79,832 | (1,505) | (1.9%) | Vision Cap | 957,897 | 954,749 | (3,148) | (0.3%) |
| 152,170 | 159,149 | 6,979 | 4.4% | CFMG Capitation | 1,757,356 | 1,819,925 | 62,569 | 3.4% |
| 10,364,316 | 7,906,034 | (2,458,282) | (31.1%) | Anc IPA Admin Capitation FQHC | 105,689,516 | 97,753,745 | (7,915,771) | (8.1%) |
| 735,531 | 705,278 | (30,253) | (4.3%) | Kaiser Capitation | 8,556,448 | 8,287,873 | (268,575) | (3.2%) |
| 25,685 | 0 | (25,685) | 0.0% | BHT Supplemental Expense | 102,023 | 81,116 | (20,907) | (25.8%) |
| 0 | 398,223 | 398,223 | 100.0% | Hep-C Supplemental Expense | 3,703,004 | 4,124,140 | 421,136 | 10.2% |
| 538,275 | 569,568 | 31,293 | 5.5% | Maternity Supplemental Expense | 6,363,197 | 6,584,026 | 220,826 | 3.4% |
| 21,161,949 | 19,631,142 | (1,530,807) | (7.8%) | DME - Cap | 233,622,197 | 230,889,590 | (2,732,607) | (1.2%) |
| | | | | 5-TOTAL CAPITATED EXPENSES | | | | |
| | | | | FREE FOR SERVICE MEDICAL EXPENSES: | | | | |
| (5,466,816) | 0 | 5,466,816 | 0.0% | IBNP-Inpatient Services | 15,432,900 | 0 | (15,432,900) | 0.0% |
| (164,004) | 0 | 164,004 | 0.0% | IBNP-Settlement (IP) | 462,989 | 0 | (462,989) | 0.0% |
| (437,346) | 0 | 437,346 | 0.0% | IBNP-Claims Fluctuation (IP) | 1,234,633 | 0 | (1,234,633) | 0.0% |
| 24,596,689 | 22,245,610 | (2,351,079) | (10.6%) | Inpatient Hospitalization-FFS | 244,624,484 | 277,402,677 | 32,778,193 | 11.8% |
| 1,298,238 | 0 | (1,298,238) | 0.0% | IP OB - Mom & NB | 13,643,279 | 0 | (13,643,279) | 0.0% |
| 413,084 | 0 | (413,084) | 0.0% | IP Behavioral Health | 1,859,864 | 0 | (1,859,864) | 0.0% |
| 1,667,621 | 1,184,673 | (482,948) | (40.8%) | IP - Long Term Care | 12,397,776 | 13,075,680 | 677,904 | 5.2% |
| 1,028,280 | 0 | (1,028,280) | 0.0% | IP - Facility Rehab FFS | 8,367,939 | 0 | (8,367,939) | 0.0% |
| 22,935,746 | 23,430,283 | 494,537 | 2.1% | 6-Inpatient Hospital & SNF FFS Expense | 298,023,864 | 290,478,357 | (7,545,507) | (2.6%) |
| (221,809) | 0 | 221,809 | 0.0% | IBNP-PCP | 289,630 | 0 | (289,630) | 0.0% |
| (6,655) | 0 | 6,655 | 0.0% | IBNP-Settlement (PCP) | 8,689 | 0 | (8,689) | 0.0% |
| (17,745) | 0 | 17,745 | 0.0% | IBNP-Claims Fluctuation (PCP) | 23,171 | 0 | (23,171) | 0.0% |
| 882 | 0 | (882) | 0.0% | Telemedicine FFS | 10,962 | 0 | (10,962) | 0.0% |
| 1,400,626 | 1,300,779 | (99,847) | (7.7%) | Primary Care Non-Contracted FF | 14,305,233 | 26,749,197 | 12,443,964 | 46.5% |
| 71,265 | 79,693 | 8,428 | 10.6% | PCP FQHC FFS | 735,337 | 947,863 | 212,526 | 22.4% |
| 1,777,964 | 3,024,251 | 1,246,287 | 41.2% | Prop 56 Direct Payment Expenses | 20,690,776 | 23,993,953 | 3,303,177 | 13.8% |
| (131,897) | 0 | 131,897 | 0.0% | Prop 56-Trauma Expense | 569,978 | 0 | (569,978) | 0.0% |
| (320,889) | 0 | 320,889 | 0.0% | Prop 56-Dev. Screening Exp. | 605,219 | 0 | (605,219) | 0.0% |
| (3,458,113) | 0 | 3,458,113 | 0.0% | Prop 56-Fam. Planning Exp. | 3,062,725 | 0 | (3,062,725) | 0.0% |
| (3,213,241) | 0 | 3,213,241 | 0.0% | Prop 56-Value Based Purchasing | 2,527,415 | 0 | (2,527,415) | 0.0% |
| (4,119,611) | 4,404,723 | 8,524,334 | 193.5% | 7-Primary Care Physician FFS Expense | 42,829,134 | 51,691,013 | 8,861,879 | 17.1% |
| (672,280) | 0 | 672,280 | 0.0% | IBNP-Specialist | 951,356 | 0 | (951,356) | 0.0% |
| 2,795,357 | 4,405,892 | 1,610,535 | 36.6% | Specialty Care-FFS | 26,052,156 | 52,239,945 | 26,187,789 | 50.1% |
| 124,945 | 0 | (124,945) | 0.0% | Anesthesiology - FFS | 2,007,905 | 0 | (2,007,905) | 0.0% |
| 862,482 | 0 | (862,482) | 0.0% | Spec Rad Therapy - FFS | 8,319,811 | 0 | (8,319,811) | 0.0% |
| 135,095 | 0 | (135,095) | 0.0% | Obstetrics-FFS | 1,517,543 | 0 | (1,517,543) | 0.0% |
| 342,454 | 0 | (342,454) | 0.0% | Spec IP Surgery - FFS | 2,997,661 | 0 | (2,997,661) | 0.0% |
| 592,818 | 0 | (592,818) | 0.0% | Spec OP Surgery - FFS | 5,702,085 | 0 | (5,702,085) | 0.0% |
| 412,513 | 0 | (412,513) | 0.0% | Spec IP Physician | 4,538,704 | 0 | (4,538,704) | 0.0% |
| 52,434 | 95,693 | 43,259 | 45.2% | SCP FQHC FFS | 402,862 | 884,807 | 481,945 | 54.5% |
| (20,169) | 0 | 20,169 | 0.0% | IBNP-Settlement (SCP) | 28,539 | 0 | (28,539) | 0.0% |
| (53,781) | 0 | 53,781 | 0.0% | IBNP-Claims Fluctuation (SCP) | 76,113 | 0 | (76,113) | 0.0% |
| 4,571,867 | 4,501,585 | (70,282) | (1.5%) | 8-Specialty Care Physician Expense | 52,594,735 | 53,124,752 | 530,017 | 1.0% |
| (111,437) | 0 | 111,437 | 0.0% | IBNP-Ancillary | 2,009,835 | 0 | (2,009,835) | 0.0% |
| (3,343) | 0 | 3,343 | 0.0% | IBNP Settlement (ANC) | 60,295 | 0 | (60,295) | 0.0% |
| (8,916) | 0 | 8,916 | 0.0% | IBNP Claims Fluctuation (ANC) | 160,787 | 0 | (160,787) | 0.0% |
| 304,713 | 0 | (304,713) | 0.0% | Acupuncture/Biofeedback | 3,083,573 | 0 | (3,083,573) | 0.0% |
| 124,193 | 0 | (124,193) | 0.0% | Hearing Devices | 972,400 | 0 | (972,400) | 0.0% |
| 27,948 | 0 | (27,948) | 0.0% | Imaging/MRI/CT Global | 387,058 | 0 | (387,058) | 0.0% |
| 48,051 | 0 | (48,051) | 0.0% | Vision FFS | 507,270 | 0 | (507,270) | 0.0% |
| 29,231 | 0 | (29,231) | 0.0% | Family Planning | 258,141 | 0 | (258,141) | 0.0% |
| 503,821 | 0 | (503,821) | 0.0% | Laboratory-FFS | 5,428,357 | 0 | (5,428,357) | 0.0% |
| 104,540 | 0 | (104,540) | 0.0% | ANC Therapist | 1,195,946 | 0 | (1,195,946) | 0.0% |
| 402,949 | 0 | (402,949) | 0.0% | Transportation (Ambulance)-FFS | 3,423,627 | 0 | (3,423,627) | 0.0% |
| 313,117 | 0 | (313,117) | 0.0% | Transportation (Other)-FFS | 1,392,854 | 0 | (1,392,854) | 0.0% |

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MED FFS CAP 21

07/26/21
REPORT #8A

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|--------------------|--------------------|------------------------------|-----------------------------|--|----------------------|--------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| \$405,257 | \$0 | (\$405,257) | 0.0% | Hospice | \$5,236,427 | \$0 | (\$5,236,427) | 0.0% |
| 783,730 | 0 | (783,730) | 0.0% | Home Health Services | 8,092,230 | 0 | (8,092,230) | 0.0% |
| 0 | 2,848,961 | 2,848,961 | 100.0% | Other Medical-FFS | 0 | 36,553,440 | 36,553,440 | 100.0% |
| 0 | 0 | 0 | 0.0% | Denials | 3,885 | 0 | (3,885) | 0.0% |
| (5,959) | 0 | 5,959 | 0.0% | HMS Medical Refunds | 117,695 | 0 | (117,695) | 0.0% |
| (68) | 0 | 68 | 0.0% | Refunds-Medical Payments | 60 | 0 | (60) | 0.0% |
| 549,584 | 0 | (549,584) | 0.0% | DME & Medical Supplies | 4,256,067 | 0 | (4,256,067) | 0.0% |
| 574,449 | 525,806 | (48,643) | (9.3%) | GEMT Direct Payment Expense | 6,698,527 | 6,459,452 | (239,075) | (3.7%) |
| 467,706 | 0 | (467,706) | 0.0% | Community Based Adult Services (CBAS) | 6,248,843 | 0 | (6,248,843) | 0.0% |
| 4,509,568 | 3,374,767 | (1,134,801) | (33.6%) | 9-Ancillary Medical Expense | 49,533,876 | 43,012,892 | (6,520,984) | (15.2%) |
| (1,326,421) | 0 | 1,326,421 | 0.0% | IBNP-Outpatient | 401,151 | 0 | (401,151) | 0.0% |
| (39,793) | 0 | 39,793 | 0.0% | IBNP Settlement (OP) | 12,037 | 0 | (12,037) | 0.0% |
| (106,113) | 0 | 106,113 | 0.0% | IBNP Claims Fluctuation (OP) | 32,095 | 0 | (32,095) | 0.0% |
| 1,540,138 | 7,690,478 | 6,150,340 | 80.0% | Out-Patient FFS | 13,481,276 | 93,073,765 | 79,592,489 | 85.5% |
| 1,600,630 | 0 | (1,600,630) | 0.0% | OP Ambul Surgery - FFS | 14,682,056 | 0 | (14,682,056) | 0.0% |
| 1,081,430 | 0 | (1,081,430) | 0.0% | OP Fac Imaging Services-FFS | 11,992,178 | 0 | (11,992,178) | 0.0% |
| 2,573,816 | 0 | (2,573,816) | 0.0% | Behav Health - FFS | 28,172,540 | 0 | (28,172,540) | 0.0% |
| 554,418 | 0 | (554,418) | 0.0% | OP Facility - Lab FFS | 5,434,189 | 0 | (5,434,189) | 0.0% |
| 122,432 | 0 | (122,432) | 0.0% | OP Facility - Cardio FFS | 1,129,056 | 0 | (1,129,056) | 0.0% |
| 53,661 | 0 | (53,661) | 0.0% | OP Facility - PT/OT/ST FFS | 439,239 | 0 | (439,239) | 0.0% |
| 2,367,784 | 0 | (2,367,784) | 0.0% | OP Facility - Dialysis FFS | 20,071,683 | 0 | (20,071,683) | 0.0% |
| 8,421,983 | 7,690,478 | (731,505) | (9.5%) | 10-Outpatient Medical Expense Medical Expense | 95,847,499 | 93,073,765 | (2,773,734) | (3.0%) |
| (583,146) | 0 | 583,146 | 0.0% | IBNP-Emergency | 589,398 | 0 | (589,398) | 0.0% |
| (17,494) | 0 | 17,494 | 0.0% | IBNP Settlement (ER) | 17,686 | 0 | (17,686) | 0.0% |
| (46,652) | 0 | 46,652 | 0.0% | IBNP Claims Fluctuation (ER) | 47,146 | 0 | (47,146) | 0.0% |
| 653,006 | 0 | (653,006) | 0.0% | Special ER Physician-FFS | 6,387,986 | 0 | (6,387,986) | 0.0% |
| 3,926,490 | 3,546,668 | (379,822) | (10.7%) | ER-Facility | 36,198,983 | 42,806,140 | 6,607,157 | 15.4% |
| 3,932,204 | 3,546,668 | (385,536) | (10.9%) | 11-Emergency Expense | 43,241,199 | 42,806,140 | (435,059) | (1.0%) |
| 3,855 | 0 | (3,855) | 0.0% | IBNP-Pharmacy | 2,442,095 | 0 | (2,442,095) | 0.0% |
| 117 | 0 | (117) | 0.0% | IBNP Settlement (RX) | 73,267 | 0 | (73,267) | 0.0% |
| 308 | 0 | (308) | 0.0% | IBNP Claims Fluctuation (RX) | 195,371 | 0 | (195,371) | 0.0% |
| 4,426,743 | 4,117,769 | (308,974) | (7.5%) | RX - Non-PBM FFS | 52,421,166 | 48,848,829 | (3,572,337) | (7.3%) |
| 12,378,098 | 367,986 | (12,010,112) | (3,263.7%) | Pharmacy-FFS | 131,333,319 | 98,641,513 | (32,691,806) | (33.1%) |
| (21,510) | 0 | 21,510 | 0.0% | HMS RX Refunds | (407,107) | 0 | 407,107 | 0.0% |
| (18,065) | (18,065) | 0 | 0.0% | Pharmacy-Rebate | (4,738,058) | (4,738,056) | 2 | 0.0% |
| 16,769,547 | 4,467,690 | (12,301,857) | (275.4%) | 12-Pharmacy Expense | 181,320,054 | 142,752,286 | (38,567,768) | (27.0%) |
| 57,021,303 | 51,416,194 | (5,605,109) | (10.9%) | 13-TOTAL FFS MEDICAL EXPENSES | 763,390,361 | 716,939,205 | (46,451,156) | (6.5%) |
| 0 | (39,637) | (39,637) | 100.0% | Clinical Vacancy | 0 | (374,269) | (374,269) | 100.0% |
| 63,000 | 122,030 | 59,030 | 48.4% | Quality Analytics | 816,359 | 1,164,268 | 347,909 | 29.9% |
| 391,366 | 432,237 | 40,871 | 9.5% | Health Plan Services Department Total | 4,376,099 | 4,893,375 | 517,275 | 10.6% |
| 512,113 | 897,425 | 385,312 | 42.9% | Case & Disease Management Department Total | 7,521,275 | 9,076,791 | 1,555,515 | 17.1% |
| 179,933 | 258,174 | 78,241 | 30.3% | Medical Services Department Total | 2,857,844 | 2,606,252 | (251,592) | (9.7%) |
| 450,176 | 569,150 | 118,974 | 20.9% | Quality Management Department Total | 5,154,327 | 5,820,675 | 666,348 | 11.4% |
| 124,439 | 136,467 | 12,028 | 8.8% | Pharmacy Services Department Total | 1,368,539 | 1,637,910 | 269,371 | 16.4% |
| 10,674 | 39,953 | 29,279 | 73.3% | Regulatory Readiness Total | 339,251 | 461,032 | 121,781 | 26.4% |
| 1,731,700 | 2,415,799 | 684,099 | 28.3% | 14-Other Benefits & Services | 22,433,695 | 25,286,033 | 2,852,338 | 11.3% |
| (2,390,816) | (2,390,815) | 1 | 0.0% | Reinsurance Expense | | | | |
| 463,528 | 517,891 | 54,363 | 10.5% | Reinsurance Recoveries | (7,432,248) | (6,940,777) | 491,471 | (7.1%) |
| (1,927,288) | (1,872,924) | 54,364 | (2.9%) | Stop-Loss Expense | 5,383,908 | 5,844,780 | 460,872 | 7.9% |
| 3,783,333 | 83,334 | (3,699,999) | (4,440.0%) | 15-Reinsurance Expense | (2,048,340) | (1,095,997) | 952,343 | (86.9%) |
| 3,783,333 | 83,334 | (3,699,999) | (4,440.0%) | Preventive Health Services | 6,699,997 | 1,000,002 | (5,699,995) | (570.0%) |
| | | | | Risk Sharing PCP | 6,699,997 | 1,000,002 | (5,699,995) | (570.0%) |
| 81,770,998 | 71,673,545 | (10,097,452) | (14.1%) | 16-Risk Pool Distribution | 6,699,997 | 1,000,002 | (5,699,995) | (570.0%) |
| | | | | 17-TOTAL MEDICAL EXPENSES | 1,024,097,909 | 973,018,833 | (51,079,076) | (5.2%) |

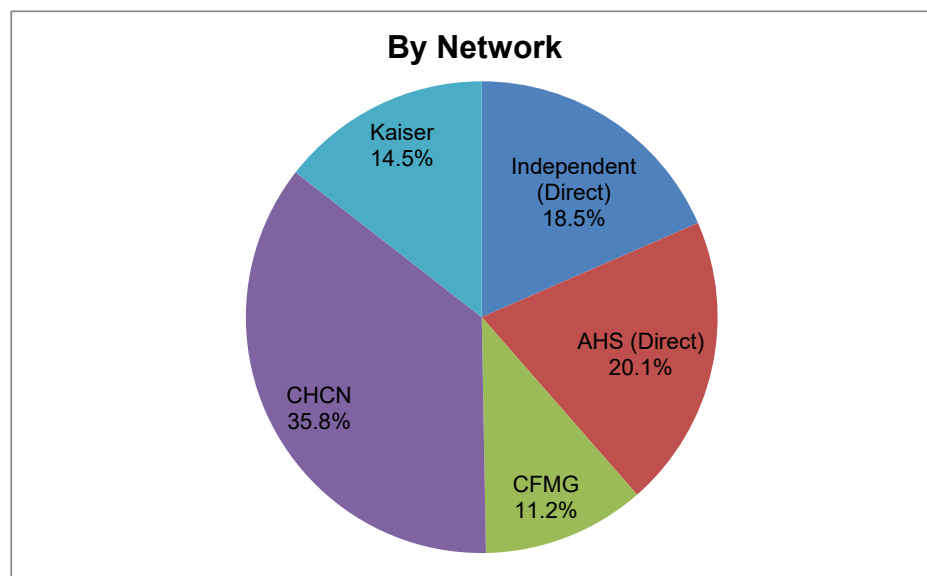
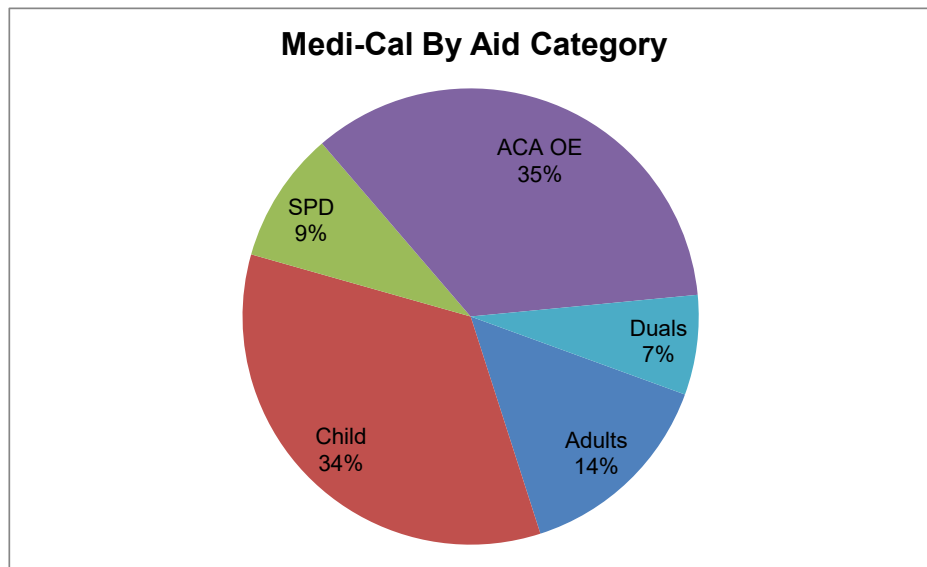
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MED FFS CAP 21

07/26/21
REPORT #8A

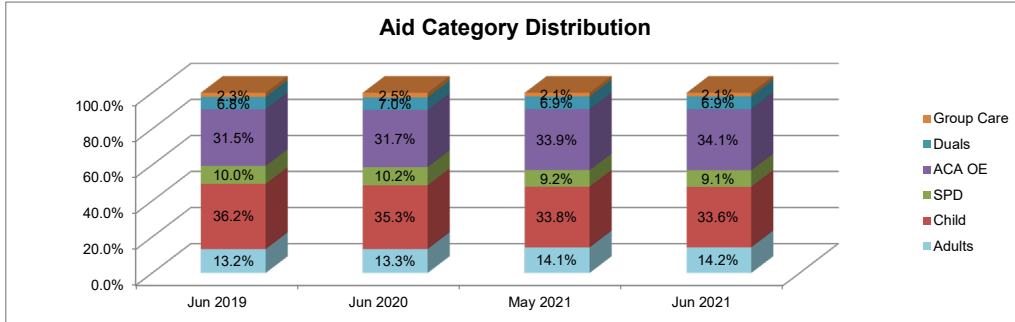
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

| Current Membership by Network By Category of Aid | | | | | | | |
|--|----------------|---------------|----------------------|---------------|---------------|----------------|-------------------------|
| Category of Aid | Jun 2021 | % of Medi-Cal | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser |
| Adults | 40,966 | 14% | 9,139 | 9,116 | 569 | 14,863 | 7,279 |
| Child | 97,048 | 34% | 9,407 | 8,773 | 29,393 | 32,179 | 17,296 |
| SPD | 26,323 | 9% | 8,427 | 4,046 | 1,098 | 10,772 | 1,980 |
| ACA OE | 98,281 | 35% | 15,871 | 32,933 | 1,136 | 35,851 | 12,490 |
| Duals | 19,988 | 7% | 7,901 | 2,158 | 1 | 7,213 | 2,715 |
| Medi-Cal | 282,606 | | 50,745 | 57,026 | 32,197 | 100,878 | 41,760 |
| Group Care | 5,948 | | 2,535 | 952 | - | 2,461 | - |
| Total | 288,554 | 100% | 53,280 | 57,978 | 32,197 | 103,339 | 41,760 |
| Medi-Cal % | 97.9% | | 95.2% | 98.4% | 100.0% | 97.6% | 100.0% |
| Group Care % | 2.1% | | 4.8% | 1.6% | 0.0% | 2.4% | 0.0% |
| <i>Network Distribution</i> | | | 18.5% | 20.1% | 11.2% | 35.8% | 14.5% |
| | | | % Direct: 39% | | | | % Delegated: 61% |

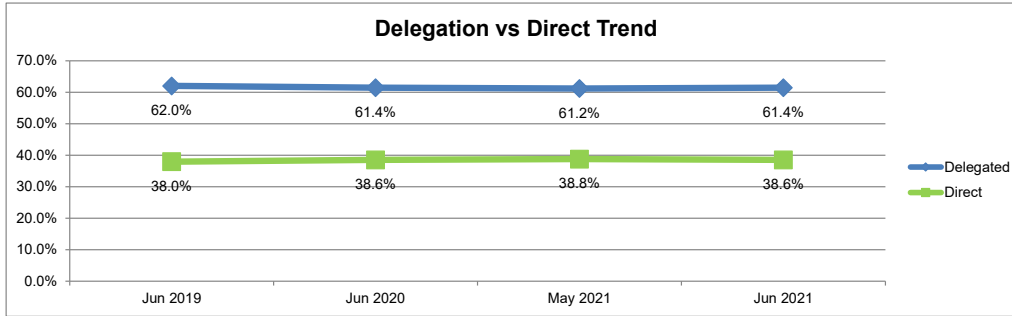


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

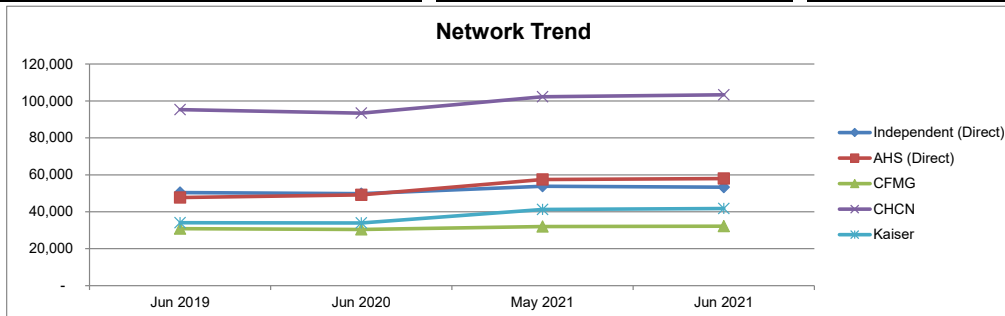
| Category of Aid Trend | | | | | | | | | | | | |
|-----------------------|----------------|----------------|----------------|----------------|------------------------------|---------------|---------------|---------------|----------------------|----------------------|----------------------|--|
| Category of Aid | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | | |
| | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 to Jun 2020 | Jun 2020 to Jun 2021 | May 2021 to Jun 2021 | |
| Adults | 34,175 | 34,087 | 40,561 | 40,966 | 13.2% | 13.3% | 14.1% | 14.2% | -0.3% | 20.2% | 1.0% | |
| Child | 93,436 | 90,745 | 96,782 | 97,048 | 36.2% | 35.3% | 33.8% | 33.6% | -2.9% | 6.9% | 0.3% | |
| SPD | 25,882 | 26,111 | 26,289 | 26,323 | 10.0% | 10.2% | 9.2% | 9.1% | 0.9% | 0.8% | 0.1% | |
| ACA OE | 81,372 | 81,296 | 97,325 | 98,281 | 31.5% | 31.7% | 33.9% | 34.1% | -0.1% | 20.9% | 1.0% | |
| Duals | 17,557 | 18,069 | 19,851 | 19,988 | 6.8% | 7.0% | 6.9% | 6.9% | 2.9% | 10.6% | 0.7% | |
| Medi-Cal Total | 252,422 | 250,308 | 280,808 | 282,606 | 97.7% | 97.5% | 97.9% | 97.9% | -0.8% | 12.9% | 0.6% | |
| Group Care | 5,963 | 6,437 | 5,949 | 5,948 | 2.3% | 2.5% | 2.1% | 2.1% | 7.9% | -7.6% | 0.0% | |
| Total | 258,385 | 256,745 | 286,757 | 288,554 | 100.0% | 100.0% | 100.0% | 100.0% | -0.6% | 12.4% | 0.6% | |



| Delegation vs Direct Trend | | | | | | | | | | | | |
|----------------------------|----------------|----------------|----------------|----------------|------------------------------|---------------|---------------|---------------|----------------------|----------------------|----------------------|--|
| Members | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | | |
| | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 to Jun 2020 | Jun 2020 to Jun 2021 | May 2021 to Jun 2021 | |
| Delegated | 160,296 | 157,755 | 175,503 | 177,296 | 62.0% | 61.4% | 61.2% | 61.4% | -1.6% | 12.4% | 1.0% | |
| Direct | 98,089 | 98,990 | 111,254 | 111,258 | 38.0% | 38.6% | 38.8% | 38.6% | 0.9% | 12.4% | 0.0% | |
| Total | 258,385 | 256,745 | 286,757 | 288,554 | 100.0% | 100.0% | 100.0% | 100.0% | -0.6% | 12.4% | 0.6% | |

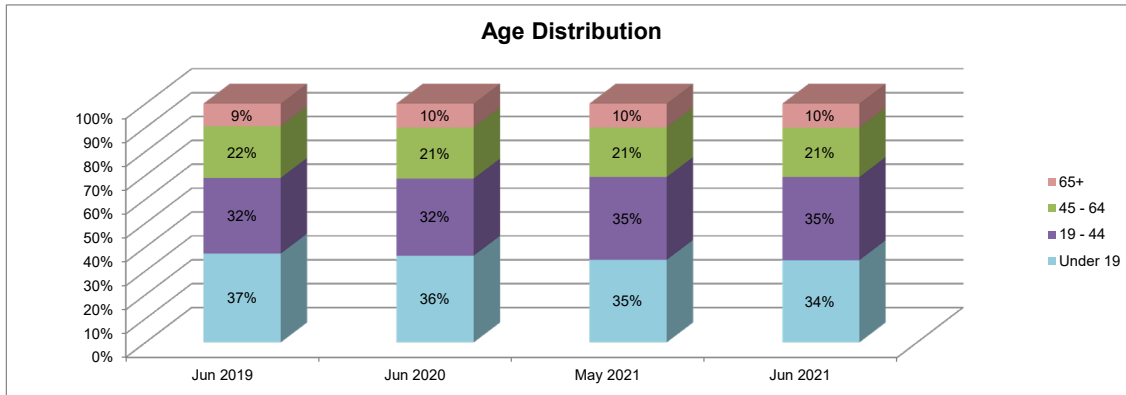


| Network Trend | | | | | | | | | | | | |
|----------------------|----------------|----------------|----------------|----------------|------------------------------|---------------|---------------|---------------|----------------------|----------------------|----------------------|--|
| Network | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | | |
| | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 to Jun 2020 | Jun 2020 to Jun 2021 | May 2021 to Jun 2021 | |
| Independent (Direct) | 50,374 | 49,813 | 53,817 | 53,280 | 19.5% | 19.4% | 18.8% | 18.5% | -1.1% | 7.0% | -1.0% | |
| AHS (Direct) | 47,715 | 49,177 | 57,437 | 57,978 | 18.5% | 19.2% | 20.0% | 20.1% | 3.1% | 17.9% | 0.9% | |
| CFMG | 30,891 | 30,425 | 32,001 | 32,197 | 12.0% | 11.9% | 11.2% | 11.2% | -1.5% | 5.8% | 0.6% | |
| CHCN | 95,329 | 93,392 | 102,275 | 103,339 | 36.9% | 36.4% | 35.7% | 35.8% | -2.0% | 10.7% | 1.0% | |
| Kaiser | 34,076 | 33,938 | 41,227 | 41,760 | 13.2% | 13.2% | 14.4% | 14.5% | -0.4% | 23.0% | 1.3% | |
| Total | 258,385 | 256,745 | 286,757 | 288,554 | 100.0% | 100.0% | 100.0% | 100.0% | -0.6% | 12.4% | 0.6% | |

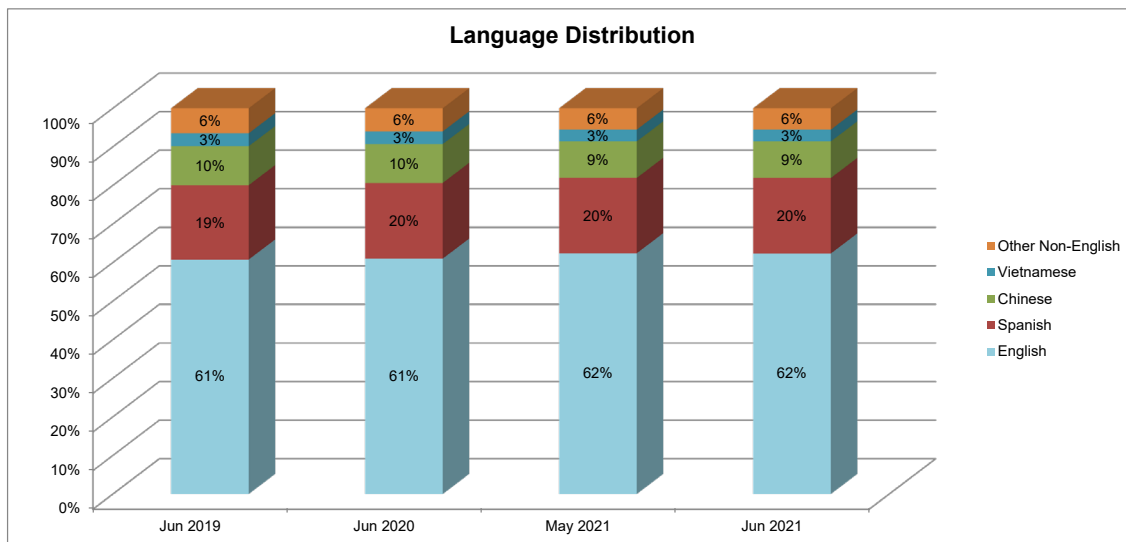


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

| Age Category Trend | | | | | | | | | | | |
|--------------------|----------------|----------------|----------------|----------------|------------------------------|-------------|-------------|-------------|----------------------|----------------------|----------------------|
| Age Category | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
| | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 to Jun 2020 | Jun 2020 to Jun 2021 | May 2021 to Jun 2021 |
| Under 19 | 96,137 | 93,270 | 99,140 | 99,380 | 37% | 36% | 35% | 34% | -3% | 7% | 0% |
| 19 - 44 | 81,952 | 83,006 | 99,528 | 100,530 | 32% | 32% | 35% | 35% | 1% | 21% | 1% |
| 45 - 64 | 55,929 | 54,927 | 59,512 | 59,806 | 22% | 21% | 21% | 21% | -2% | 9% | 0% |
| 65+ | 24,367 | 25,542 | 28,577 | 28,838 | 9% | 10% | 10% | 10% | 5% | 13% | 1% |
| Total | 258,385 | 256,745 | 286,757 | 288,554 | 100% | 100% | 100% | 100% | -1% | 12% | 1% |



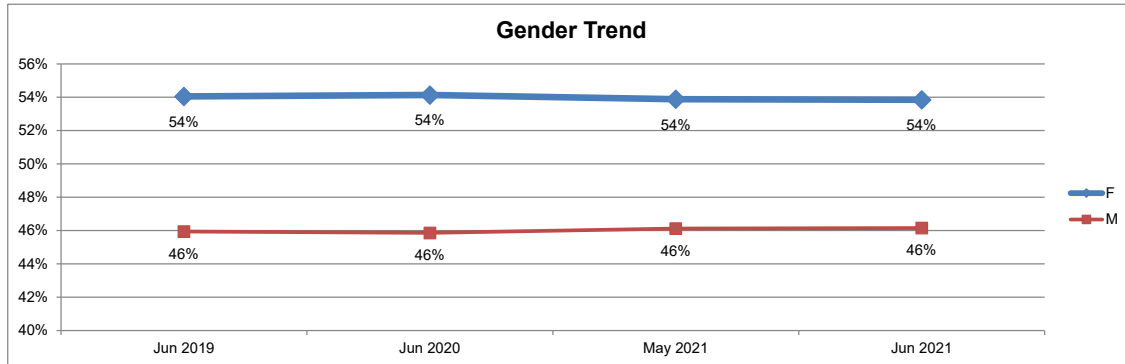
| Language Trend | | | | | | | | | | | |
|-------------------|----------------|----------------|----------------|----------------|------------------------------|-------------|-------------|-------------|----------------------|----------------------|----------------------|
| Language | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
| | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 to Jun 2020 | Jun 2020 to Jun 2021 | May 2021 to Jun 2021 |
| English | 157,008 | 156,593 | 178,901 | 179,840 | 61% | 61% | 62% | 62% | 0% | 15% | 1% |
| Spanish | 49,830 | 50,437 | 56,029 | 56,529 | 19% | 20% | 20% | 20% | 1% | 12% | 1% |
| Chinese | 26,104 | 25,843 | 27,121 | 27,322 | 10% | 10% | 9% | 9% | -1% | 6% | 1% |
| Vietnamese | 8,649 | 8,437 | 8,787 | 8,826 | 3% | 3% | 3% | 3% | -2% | 5% | 0% |
| Other Non-English | 16,794 | 15,435 | 15,919 | 16,037 | 6% | 6% | 6% | 6% | -8% | 4% | 1% |
| Total | 258,385 | 256,745 | 286,757 | 288,554 | 100% | 100% | 100% | 100% | -1% | 12% | 1% |



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

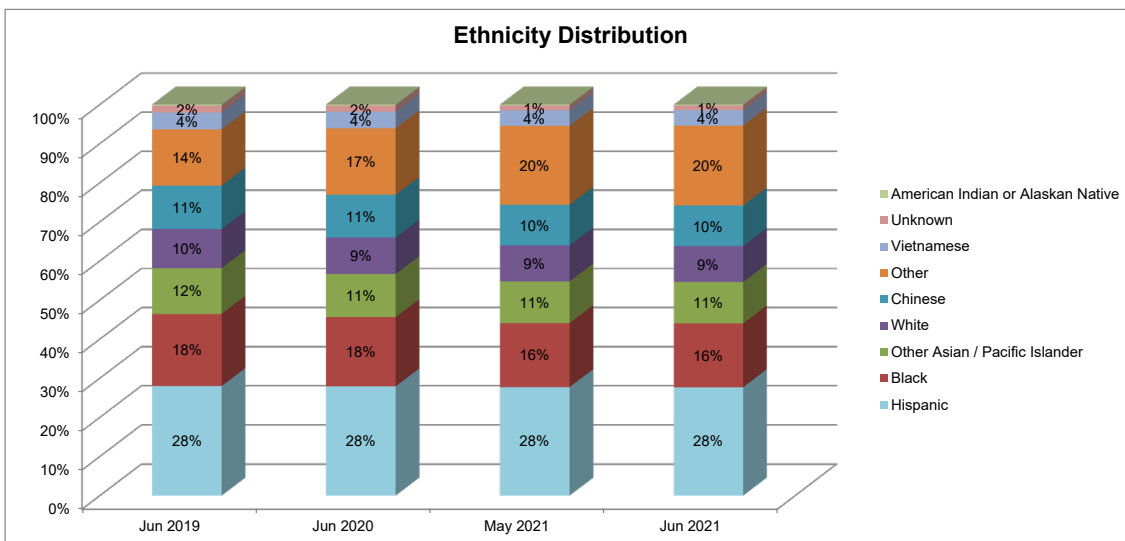
Gender Trend

| Gender | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
|--------------|----------------|----------------|----------------|----------------|------------------------------|-------------|-------------|-------------|----------------------|----------------------|----------------------|
| | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 to Jun 2020 | Jun 2020 to Jun 2021 | May 2021 to Jun 2021 |
| F | 139,674 | 138,995 | 154,516 | 155,381 | 54% | 54% | 54% | 54% | 0% | 12% | 1% |
| M | 118,711 | 117,750 | 132,241 | 133,173 | 46% | 46% | 46% | 46% | -1% | 13% | 1% |
| Total | 258,385 | 256,745 | 286,757 | 288,554 | 100% | 100% | 100% | 100% | -1% | 12% | 1% |



Ethnicity Trend

| Ethnicity | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
|-----------------------------------|----------------|----------------|----------------|----------------|------------------------------|-------------|-------------|-------------|----------------------|----------------------|----------------------|
| | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 | Jun 2020 | May 2021 | Jun 2021 | Jun 2019 to Jun 2020 | Jun 2020 to Jun 2021 | May 2021 to Jun 2021 |
| Hispanic | 72,350 | 71,641 | 79,509 | 79,920 | 28% | 28% | 28% | 28% | -1% | 12% | 1% |
| Black | 47,663 | 45,453 | 46,929 | 47,000 | 18% | 18% | 16% | 16% | -5% | 3% | 0% |
| Other Asian / Pacific Islander | 30,289 | 28,304 | 30,597 | 30,688 | 12% | 11% | 11% | 11% | -7% | 8% | 0% |
| White | 25,790 | 23,922 | 26,358 | 26,407 | 10% | 9% | 9% | 9% | -7% | 10% | 0% |
| Chinese | 28,733 | 28,101 | 29,855 | 30,015 | 11% | 11% | 10% | 10% | -2% | 7% | 1% |
| Other | 37,132 | 43,770 | 57,913 | 59,005 | 14% | 17% | 20% | 20% | 18% | 35% | 2% |
| Vietnamese | 11,197 | 10,860 | 11,322 | 11,343 | 4% | 4% | 4% | 4% | -3% | 4% | 0% |
| Unknown | 4,591 | 4,102 | 3,648 | 3,549 | 2% | 2% | 1% | 1% | -11% | -13% | -3% |
| American Indian or Alaskan Native | 640 | 592 | 626 | 627 | 0% | 0% | 0% | 0% | -8% | 6% | 0% |
| Total | 258,385 | 256,745 | 286,757 | 288,554 | 100% | 100% | 100% | 100% | -1% | 12% | 1% |



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

| Medi-Cal By City | | | | | | | | |
|------------------|----------------|-------------|----------------------|---------------|---------------|----------------|---------------|--|
| City | Jun 2021 | % of Total | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser | |
| Oakland | 112,892 | 40% | 12,606 | 27,267 | 14,031 | 47,065 | 11,923 | |
| Hayward | 44,007 | 16% | 8,817 | 9,525 | 4,894 | 13,057 | 7,714 | |
| Fremont | 25,125 | 9% | 9,563 | 3,907 | 853 | 6,643 | 4,159 | |
| San Leandro | 25,296 | 9% | 4,300 | 3,975 | 3,302 | 9,311 | 4,408 | |
| Union City | 12,135 | 4% | 4,427 | 1,870 | 389 | 3,141 | 2,308 | |
| Alameda | 10,839 | 4% | 1,993 | 1,743 | 1,625 | 3,772 | 1,706 | |
| Berkeley | 10,028 | 4% | 1,447 | 1,764 | 1,267 | 4,030 | 1,520 | |
| Livermore | 8,584 | 3% | 1,008 | 870 | 1,891 | 3,248 | 1,567 | |
| Newark | 6,463 | 2% | 1,746 | 2,041 | 194 | 1,260 | 1,222 | |
| Castro Valley | 7,023 | 2% | 1,336 | 1,158 | 1,082 | 2,018 | 1,429 | |
| San Lorenzo | 6,014 | 2% | 952 | 1,030 | 741 | 2,037 | 1,254 | |
| Pleasanton | 4,527 | 2% | 861 | 492 | 478 | 1,934 | 762 | |
| Dublin | 4,853 | 2% | 903 | 482 | 644 | 1,922 | 902 | |
| Emeryville | 1,830 | 1% | 297 | 366 | 298 | 562 | 307 | |
| Albany | 1,760 | 1% | 279 | 245 | 358 | 515 | 363 | |
| Piedmont | 335 | 0% | 43 | 81 | 32 | 88 | 91 | |
| Sunol | 58 | 0% | 12 | 12 | 7 | 14 | 13 | |
| Antioch | 23 | 0% | 2 | 10 | 5 | 5 | 1 | |
| Other | 814 | 0% | 153 | 188 | 106 | 256 | 111 | |
| Total | 282,606 | 100% | 50,745 | 57,026 | 32,197 | 100,878 | 41,760 | |

| Group Care By City | | | | | | | | |
|--------------------|--------------|-------------|----------------------|--------------|----------|--------------|----------|--|
| City | Jun 2021 | % of Total | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser | |
| Oakland | 2,013 | 34% | 496 | 393 | - | 1,124 | - | |
| Hayward | 661 | 11% | 374 | 139 | - | 148 | - | |
| Fremont | 631 | 11% | 469 | 62 | - | 100 | - | |
| San Leandro | 578 | 10% | 224 | 93 | - | 261 | - | |
| Union City | 322 | 5% | 237 | 34 | - | 51 | - | |
| Alameda | 282 | 5% | 111 | 28 | - | 143 | - | |
| Berkeley | 179 | 3% | 51 | 13 | - | 115 | - | |
| Livermore | 82 | 1% | 31 | 1 | - | 50 | - | |
| Newark | 141 | 2% | 87 | 36 | - | 18 | - | |
| Castro Valley | 185 | 3% | 91 | 22 | - | 72 | - | |
| San Lorenzo | 129 | 2% | 57 | 19 | - | 53 | - | |
| Pleasanton | 50 | 1% | 26 | 1 | - | 23 | - | |
| Dublin | 105 | 2% | 40 | 13 | - | 52 | - | |
| Emeryville | 29 | 0% | 11 | 4 | - | 14 | - | |
| Albany | 15 | 0% | 4 | 2 | - | 9 | - | |
| Piedmont | 15 | 0% | 5 | 1 | - | 9 | - | |
| Sunol | - | 0% | - | - | - | - | - | |
| Antioch | 27 | 0% | 7 | 10 | - | 10 | - | |
| Other | 504 | 8% | 214 | 81 | - | 209 | - | |
| Total | 5,948 | 100% | 2,535 | 952 | - | 2,461 | - | |

| Total By City | | | | | | | | |
|---------------|----------------|-------------|----------------------|---------------|---------------|----------------|---------------|--|
| City | Jun 2021 | % of Total | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser | |
| Oakland | 114,905 | 40% | 13,102 | 27,660 | 14,031 | 48,189 | 11,923 | |
| Hayward | 44,668 | 15% | 9,191 | 9,664 | 4,894 | 13,205 | 7,714 | |
| Fremont | 25,756 | 9% | 10,032 | 3,969 | 853 | 6,743 | 4,159 | |
| San Leandro | 25,874 | 9% | 4,524 | 4,068 | 3,302 | 9,572 | 4,408 | |
| Union City | 12,457 | 4% | 4,664 | 1,904 | 389 | 3,192 | 2,308 | |
| Alameda | 11,121 | 4% | 2,104 | 1,771 | 1,625 | 3,915 | 1,706 | |
| Berkeley | 10,207 | 4% | 1,498 | 1,777 | 1,267 | 4,145 | 1,520 | |
| Livermore | 8,666 | 3% | 1,039 | 871 | 1,891 | 3,298 | 1,567 | |
| Newark | 6,604 | 2% | 1,833 | 2,077 | 194 | 1,278 | 1,222 | |
| Castro Valley | 7,208 | 2% | 1,427 | 1,180 | 1,082 | 2,090 | 1,429 | |
| San Lorenzo | 6,143 | 2% | 1,009 | 1,049 | 741 | 2,090 | 1,254 | |
| Pleasanton | 4,577 | 2% | 887 | 493 | 478 | 1,957 | 762 | |
| Dublin | 4,958 | 2% | 943 | 495 | 644 | 1,974 | 902 | |
| Emeryville | 1,859 | 1% | 308 | 370 | 298 | 576 | 307 | |
| Albany | 1,775 | 1% | 283 | 247 | 358 | 524 | 363 | |
| Piedmont | 350 | 0% | 48 | 82 | 32 | 97 | 91 | |
| Sunol | 58 | 0% | 12 | 12 | 7 | 14 | 13 | |
| Antioch | 50 | 0% | 9 | 20 | 5 | 15 | 1 | |
| Other | 1,318 | 0% | 367 | 269 | 106 | 465 | 111 | |
| Total | 288,554 | 100% | 53,280 | 57,978 | 32,197 | 103,339 | 41,760 | |



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

Finance Report

**For the month ending
July 31, 2021**

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: September 10, 2021

Subject: Finance Report – July 2021

Executive Summary

- For the month ended July 31, 2021, the Alliance had enrollment of 290,091 members, a Net Income of \$2.6 million, and 558% of required Tangible Net Equity (TNE).

| Overall Results: (in Thousands) | | |
|--|----------------|----------------|
| | Month | YTD |
| Revenue | \$97,263 | \$97,263 |
| Medical Expense | 89,826 | 89,826 |
| Admin. Expense | 4,802 | 4,802 |
| Other Inc. / (Exp.) | 10 | 10 |
| Net Income | \$2,646 | \$2,646 |

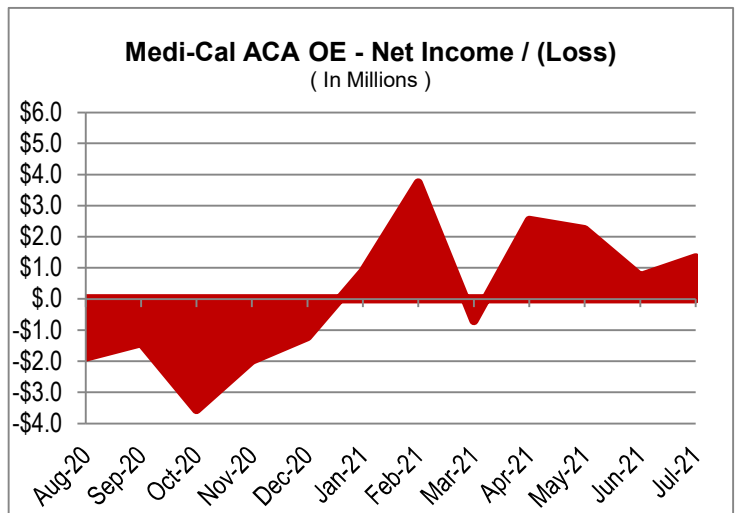
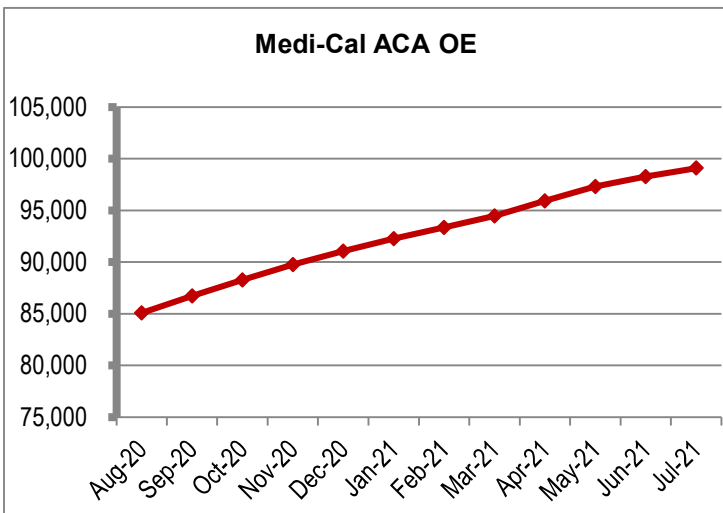
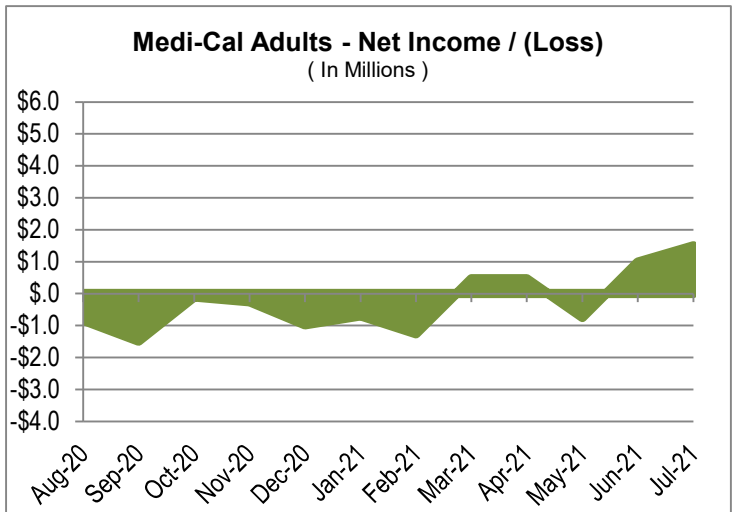
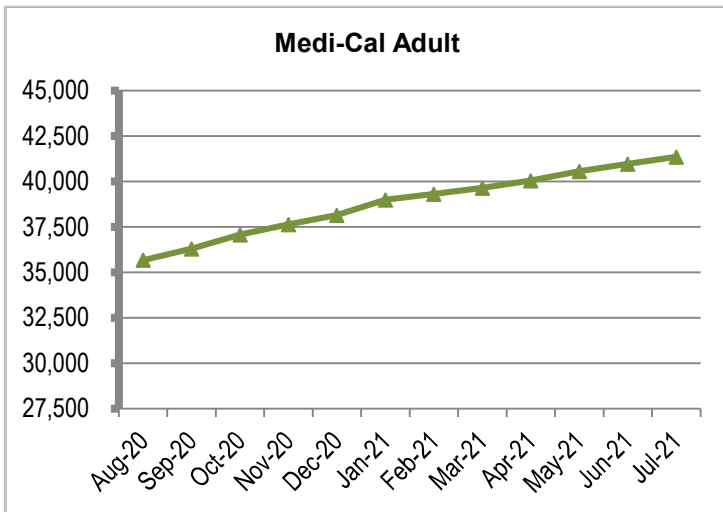
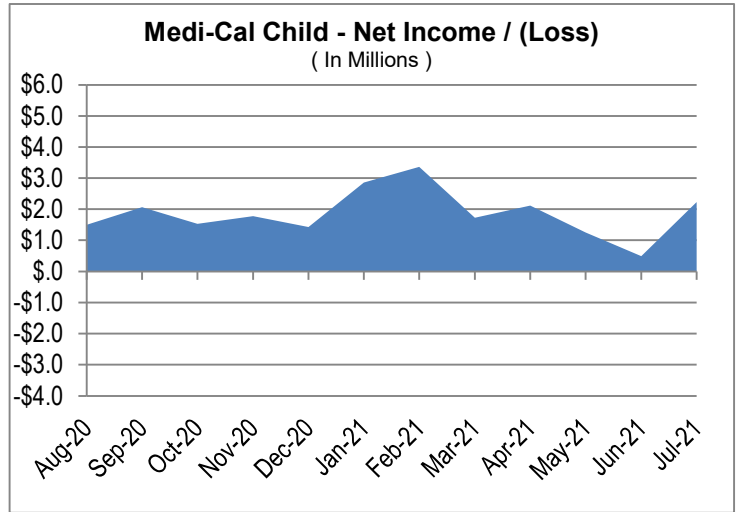
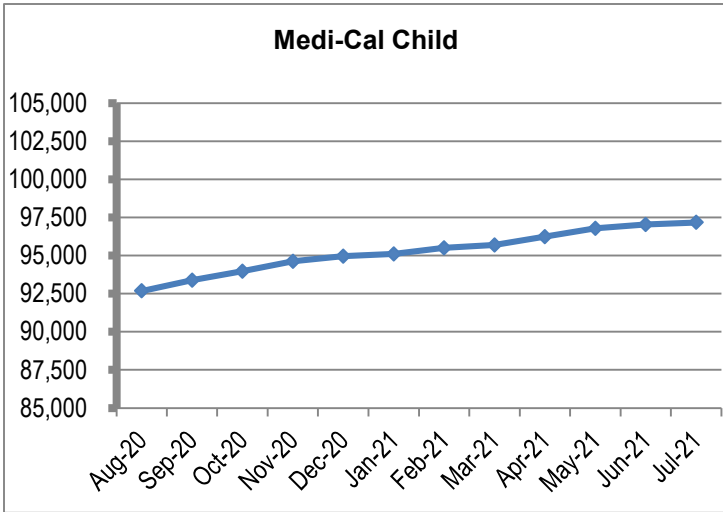
| Net Income by Program: | | |
|-------------------------------|----------------|----------------|
| | Month | YTD |
| Medi-Cal | \$2,713 | \$2,713 |
| Group Care | (67) | (67) |
| | \$2,646 | \$2,646 |

Enrollment

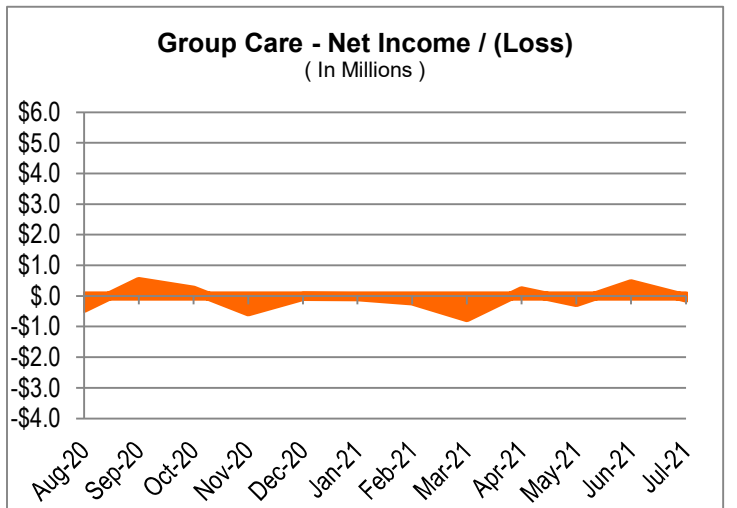
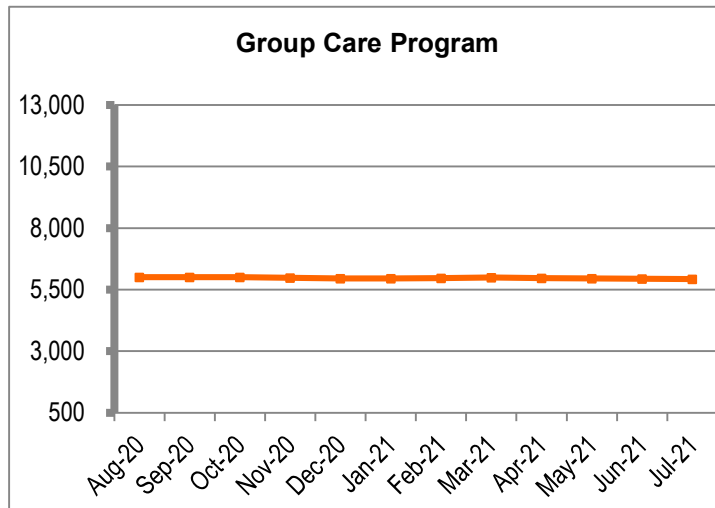
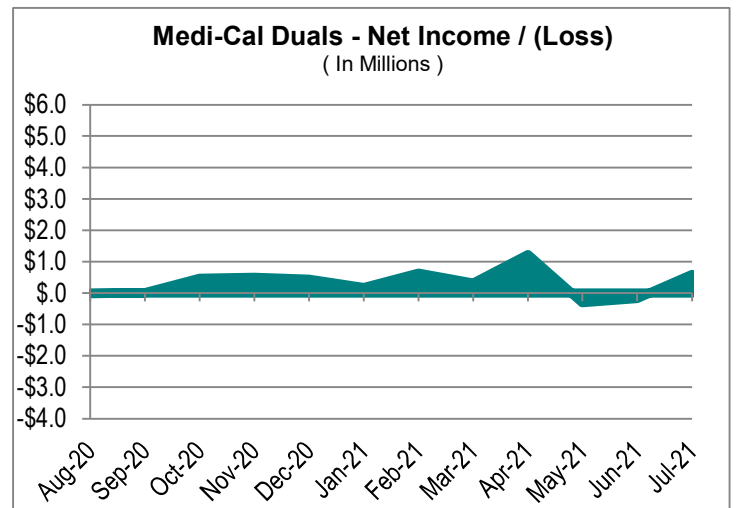
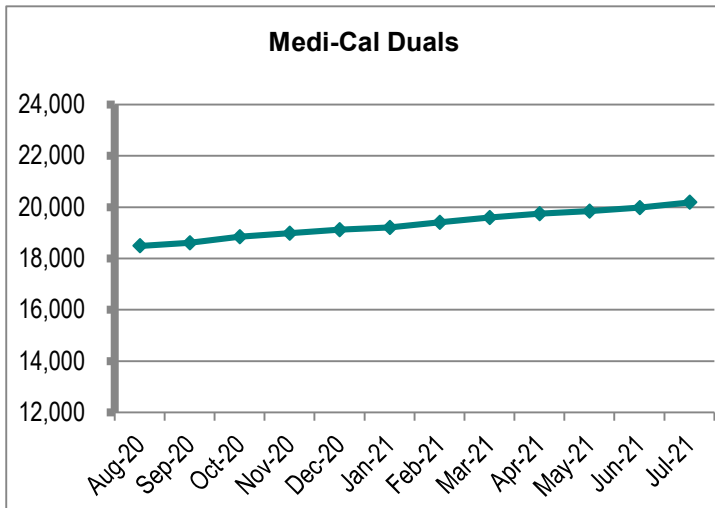
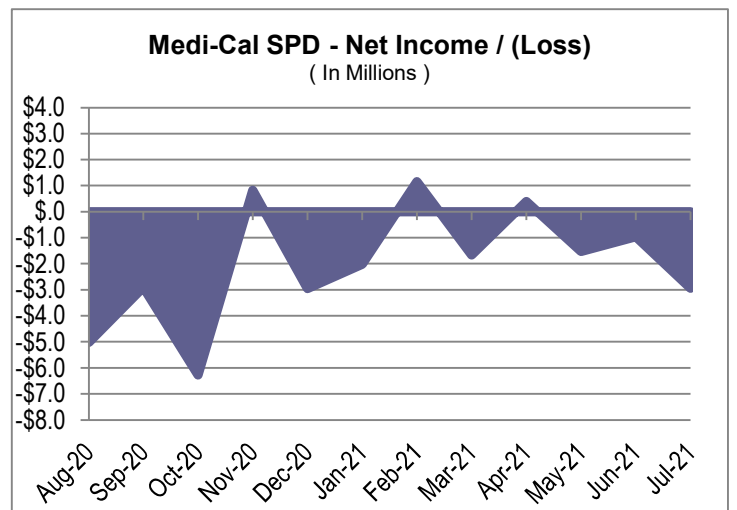
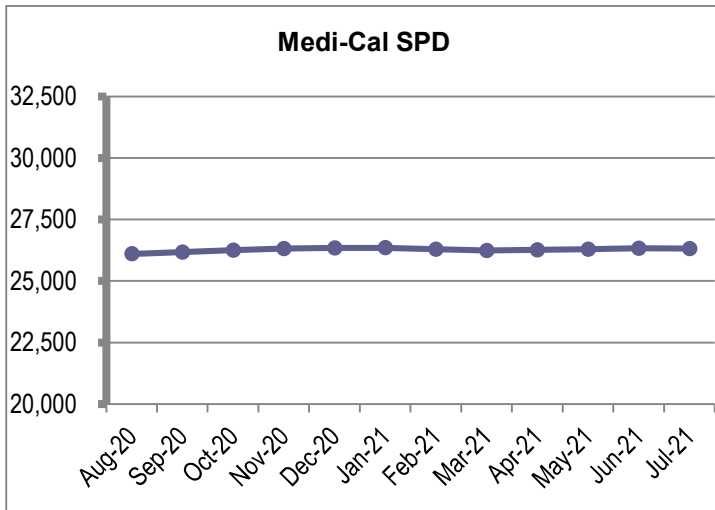
- Total enrollment increased by 1,537 members since June 2021.

| Monthly Membership and YTD Member Months | | | | | | | | | |
|---|----------------|--------------|-------------|-----------------------|----------------------|----------------|--------------|-------------|--|
| Actual vs. Budget | | | | | | | | | |
| For the Month and Fiscal Year-to-Date | | | | | | | | | |
| Enrollment | | | | | Member Months | | | | |
| July-2021 | | | | | Year-to-Date | | | | |
| Actual | Budget | Variance | Variance % | | Actual | Budget | Variance | Variance % | |
| | | | | Medi-Cal: | | | | | |
| 41,358 | 40,737 | 621 | 1.5% | Adult | 41,358 | 40,737 | 621 | 1.5% | |
| 97,179 | 97,205 | (26) | 0.0% | Child | 97,179 | 97,205 | (26) | 0.0% | |
| 26,320 | 26,361 | (41) | -0.2% | SPD | 26,320 | 26,361 | (41) | -0.2% | |
| 20,194 | 20,012 | 182 | 0.9% | Duals | 20,194 | 20,012 | 182 | 0.9% | |
| 99,105 | 98,303 | 802 | 0.8% | ACA OE | 99,105 | 98,303 | 802 | 0.8% | |
| 284,156 | 282,618 | 1,538 | 0.5% | Medi-Cal Total | 284,156 | 282,618 | 1,538 | 0.5% | |
| 5,935 | 5,939 | (4) | -0.1% | Group Care | 5,935 | 5,939 | (4) | -0.1% | |
| 290,091 | 288,557 | 1,534 | 0.5% | Total | 290,091 | 288,557 | 1,534 | 0.5% | |

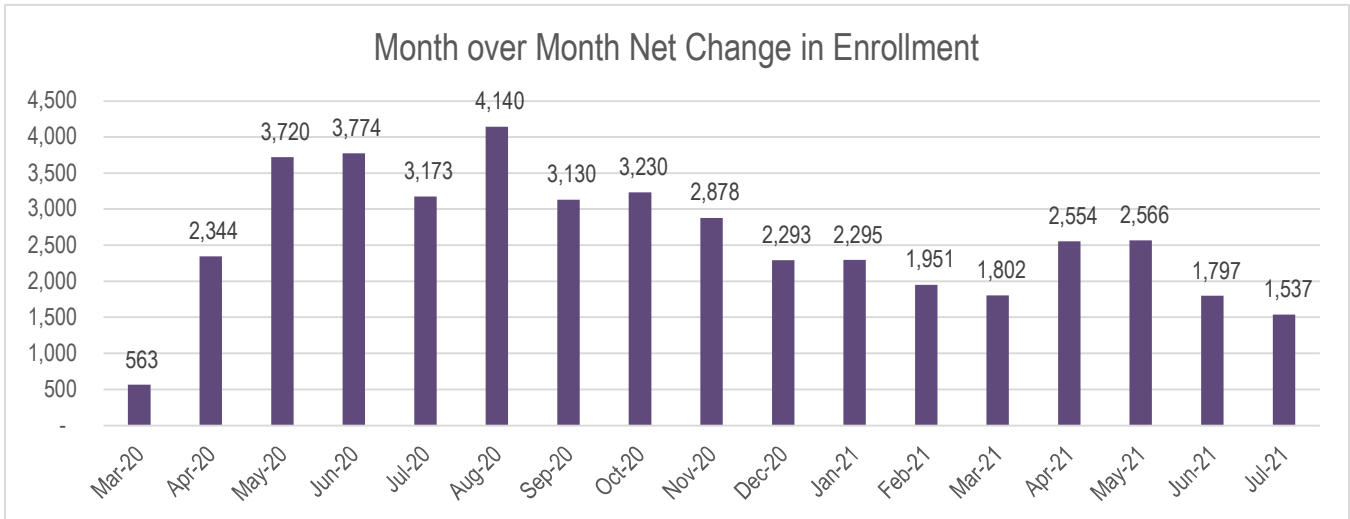
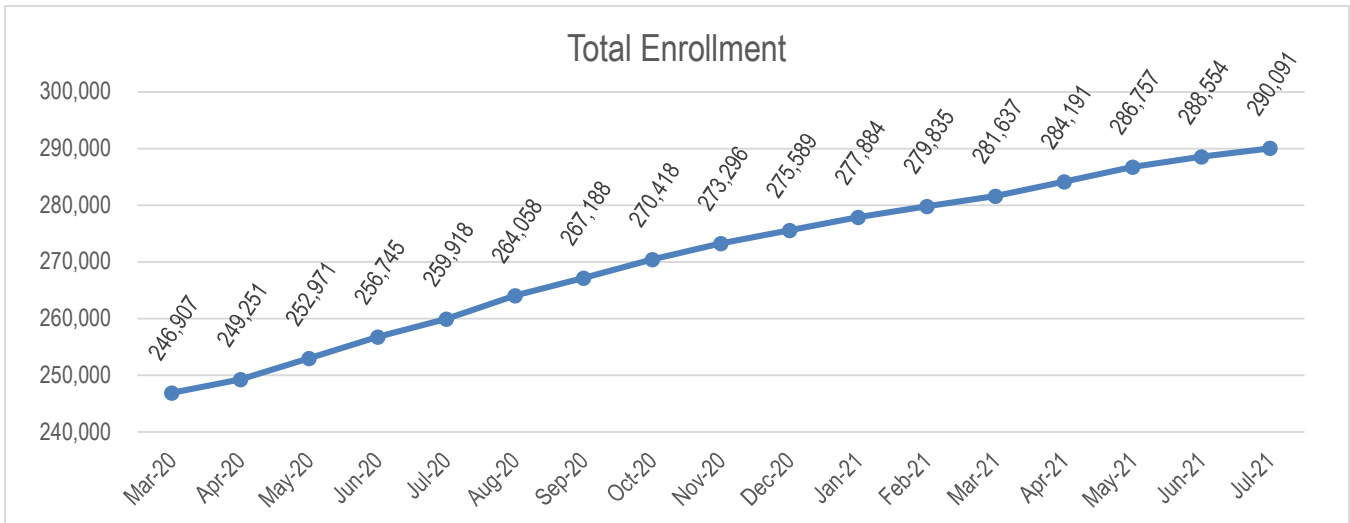
Enrollment and Profitability by Program and Category of Aid



Enrollment and Profitability by Program and Category of Aid



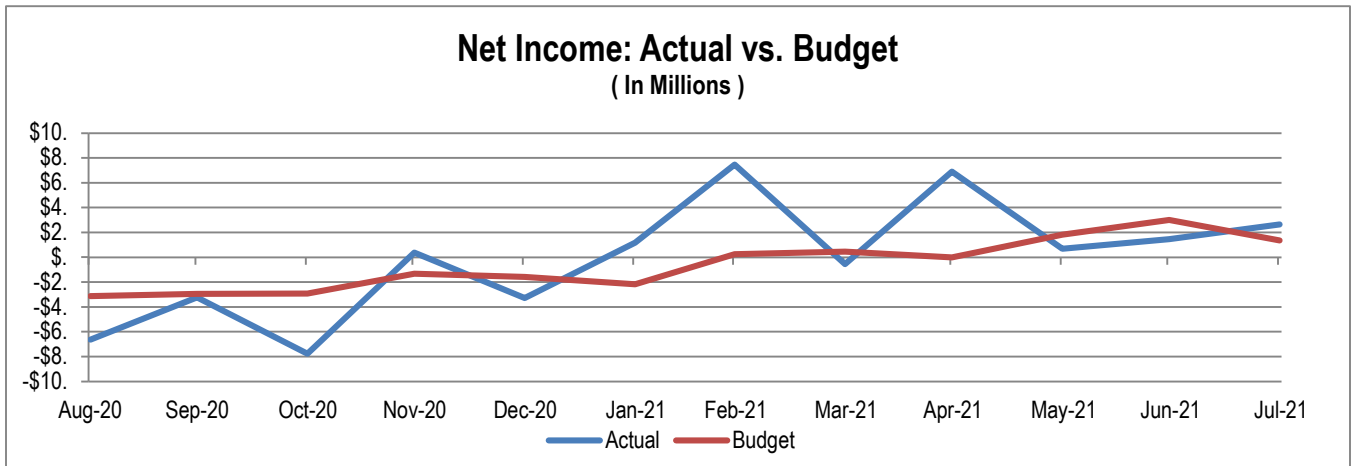
Net Change in Enrollment



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

Net Income

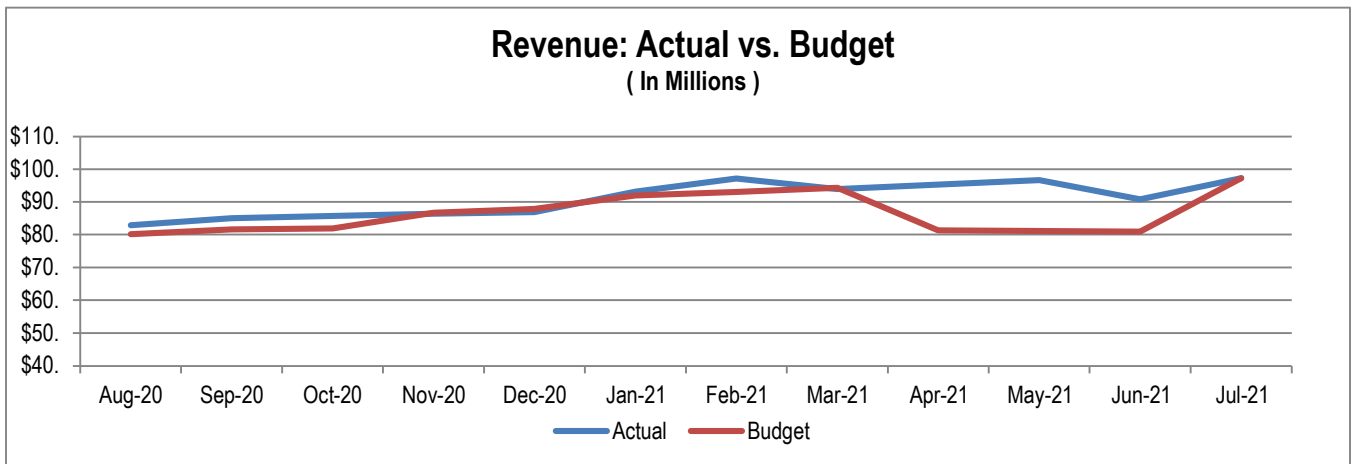
- For the month and fiscal YTD ended July 31, 2021:
 - Actual Net Income: \$2.6 million.
 - Budgeted Net Income: \$1.4 million.



- The favorable variance of \$1.3 million in the current month is due to:
 - Favorable \$35,000 higher than anticipated Revenue.
 - Unfavorable \$158,000 higher than anticipated Medical Expense.
 - Favorable \$1.4 million lower than anticipated Administrative Expense.

Revenue

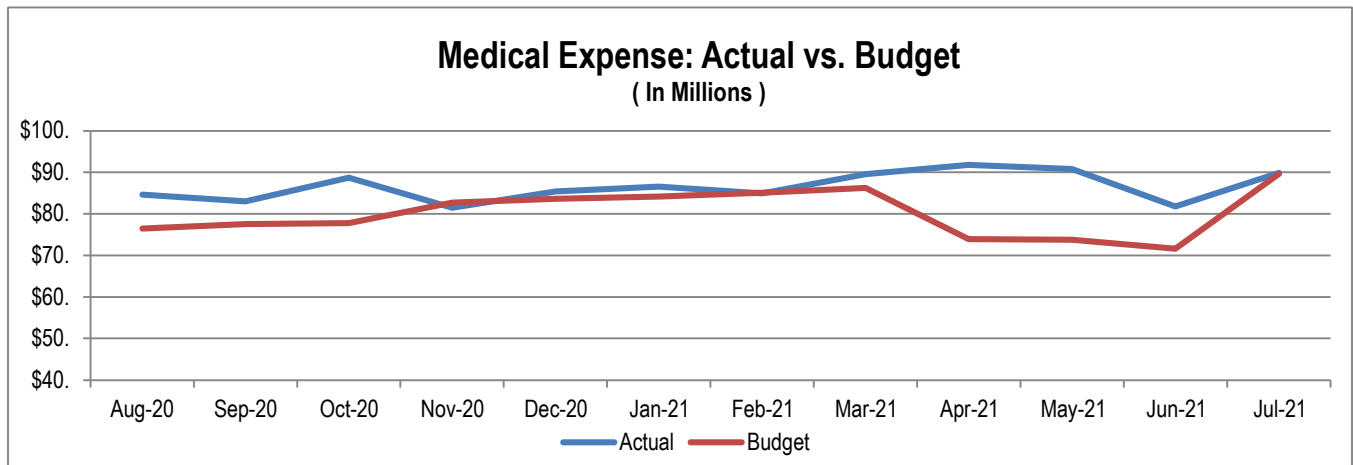
- For the month and fiscal YTD ended July 31, 2021:
 - Actual Revenue: \$97.3 million.
 - Budgeted Revenue: \$97.2 million.



- For the month ended July 31, 2021, the Operational Revenue is on budget. Favorable Behavioral Health Supplemental revenue is offset by slightly unfavorable Medi-Cal Base Capitation revenue.

Medical Expense

- For the month and fiscal YTD ended July 31, 2021:
 - Actual Medical Expense: \$89.8 million.
 - Budgeted Medical Expense: \$89.7 million.



- Reported financial results include Medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance’s IBNP reserves are reviewed on a quarterly basis by the company’s external actuaries.
- Updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by \$2.1 million (per table below).

| Medical Expense - Actual vs. Budget (In Dollars) | | | | | | |
|---|-----------------------|-----------------------|---------------------|---------------------|--|--------------|
| Adjusted to Eliminate the Impact of Prior Period IBNP Estimates | | | | | | |
| | Actual | | | Budget | Variance Actual vs. Budget Favorable/(Unfavorable) | |
| | <u>Excluding IBNP</u> | | | | | |
| | <u>Change</u> | <u>Change in IBNP</u> | <u>Reported</u> | | <u>\$</u> | <u>%</u> |
| Capitated Medical Expense | \$21,631,299 | \$0 | \$21,631,299 | \$21,843,617 | \$212,318 | 1.0% |
| Primary Care FFS | 4,522,079 | (60,285) | 4,461,794 | 4,445,997 | (\$76,081) | -1.7% |
| Specialty Care FFS | 4,669,019 | (442) | 4,668,577 | 4,647,025 | (\$21,994) | -0.5% |
| Outpatient FFS | 8,717,166 | (1,110,153) | 7,607,013 | 8,207,115 | (\$510,051) | -6.2% |
| Ancillary FFS | 4,354,485 | 54,473 | 4,408,958 | 3,784,648 | (\$569,836) | -15.1% |
| Pharmacy FFS | 15,952,795 | (881,621) | 15,071,174 | 15,351,619 | (\$601,176) | -3.9% |
| ER Services FFS | 4,418,785 | 397,589 | 4,816,374 | 3,684,181 | (\$734,603) | -19.9% |
| Inpatient Hospital & SNF FFS | 25,795,287 | (459,164) | 25,336,123 | 25,400,135 | (\$395,151) | -1.6% |
| Other Benefits & Services | 1,682,336 | 0 | 1,682,336 | 2,171,356 | \$489,020 | 22.5% |
| Net Reinsurance | 142,055 | 0 | 142,055 | 131,970 | (\$10,085) | -7.6% |
| Provider Incentive | 0 | 0 | 0 | 0 | \$0 | - |
| | \$91,885,304 | (\$2,059,601) | \$89,825,703 | \$89,667,665 | (\$2,217,639) | -2.5% |

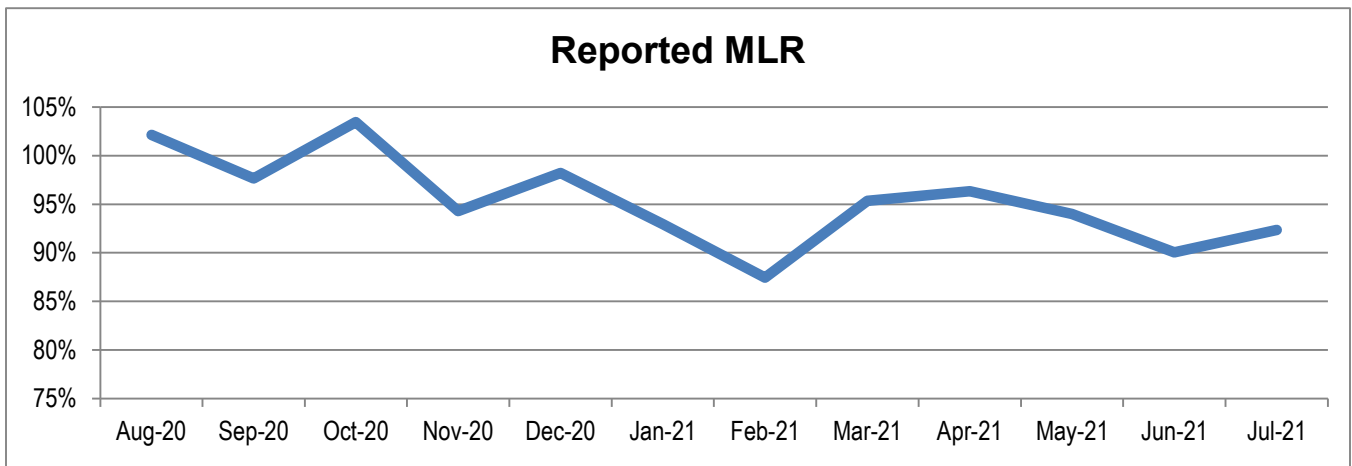
| Medical Expense - Actual vs. Budget (Per Member Per Month) | | | | | | |
|---|-----------------------|-----------------------|-----------------|-----------------|--|--------------|
| Adjusted to Eliminate the Impact of Prior Year IBNP Estimates | | | | | | |
| | Actual | | | Budget | Variance Actual vs. Budget Favorable/(Unfavorable) | |
| | <u>Excluding IBNP</u> | | | | | |
| | <u>Change</u> | <u>Change in IBNP</u> | <u>Reported</u> | | <u>\$</u> | <u>%</u> |
| Capitated Medical Expense | \$74.57 | \$0.00 | \$74.57 | \$75.70 | \$1.13 | 1.5% |
| Primary Care FFS | 15.59 | (0.21) | 15.38 | 15.41 | (0.18) | -1.2% |
| Specialty Care FFS | 16.10 | (0.00) | 16.09 | 16.10 | 0.01 | 0.1% |
| Outpatient FFS | 30.05 | (3.83) | 26.22 | 28.44 | (1.61) | -5.7% |
| Ancillary FFS | 15.01 | 0.19 | 15.20 | 13.12 | (1.89) | -14.4% |
| Pharmacy FFS | 54.99 | (3.04) | 51.95 | 53.20 | (1.79) | -3.4% |
| ER Services FFS | 15.23 | 1.37 | 16.60 | 12.77 | (2.46) | -19.3% |
| Inpatient Hospital & SNF FFS | 88.92 | (1.58) | 87.34 | 88.02 | (0.90) | -1.0% |
| Other Benefits & Services | 5.80 | 0.00 | 5.80 | 7.52 | 1.73 | 22.9% |
| Net Reinsurance | 0.49 | 0.00 | 0.49 | 0.46 | (0.03) | -7.1% |
| Provider Incentive | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | - |
| | \$316.75 | (\$7.10) | \$309.65 | \$310.75 | (\$6.00) | -1.9% |

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$2.2 million unfavorable to budget. On a PMPM basis, medical expense is 1.9% unfavorable to budget.
 - Pharmacy Expense is slightly over budget driven by unfavorable PBM unit cost and Non-PBM utilization in the SPD, ACA OE, Adult, and Group Care populations.
 - Inpatient Expense overall is close to budget.

- Other Benefits & Services are favorable to budget, primarily due to open positions in the Clinical Organization.
- Ancillary Expense is above budget due to Home Health, DME, Outpatient Therapy, CBAS, Non-Emergency Transportation, Laboratory and Radiology and Ambulance expense, offset by favorability in the Other Medical Professional and Hospice service categories. Overall utilization is unfavorable offset by favorable unit cost.
- Outpatient Expense is over budget, driven by unfavorable utilization and unit cost.
 - Behavioral Health: unfavorable due to unfavorable utilization partially offset by favorable unit cost trends.
 - Lab & Radiology: unfavorable due to favorable utilization partially offset by unfavorable unit cost trends.
 - Dialysis: unfavorable due to unfavorable utilization partially offset by favorable unit cost trends.
 - Facility-Other: favorable due to favorable utilization partially offset by unfavorable unit cost trends.
- Capitated Expense overall is on budget.
- Emergency Room Expense is unfavorable, due to unfavorable utilization, partially offset by favorable unit cost across all member categories except for the Child population for which unit cost is unfavorable.
- Specialty Care is overall close to budget.
- Primary Care Expense is overall close to budget.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 92.4%.



Administrative Expense

- For the month and fiscal YTD ended July 31, 2021:
 - Actual Administrative Expense: \$4.8 million.
 - Budgeted Administrative Expense: \$6.2 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 % |
| \$2,775,715 | \$3,385,051 | \$609,336 | 18.0% | Employee Expense | \$2,775,715 | \$3,385,051 | \$609,336 | 18.0% |
| 677,305 | 646,671 | (30,634) | -4.7% | Medical Benefits Admin Expense | 677,305 | 646,671 | (30,634) | -4.7% |
| 561,466 | 1,111,800 | 550,334 | 49.5% | Purchased & Professional Services | 561,466 | 1,111,800 | 550,334 | 49.5% |
| 787,808 | 1,074,926 | 287,119 | 26.7% | Other Admin Expense | 787,808 | 1,074,926 | 287,118 | 26.7% |
| \$4,802,294 | \$6,218,448 | \$1,416,154 | 22.8% | Total Administrative Expense | \$4,802,294 | \$6,218,448 | \$1,416,154 | 22.8% |

The favorable variances is primarily due to:

- Delayed hiring of new employees.
- Delayed timing of new project start dates for Consultants, Computer Support Services and Purchased Services.
- Administrative expense represented 4.9% of net revenue.

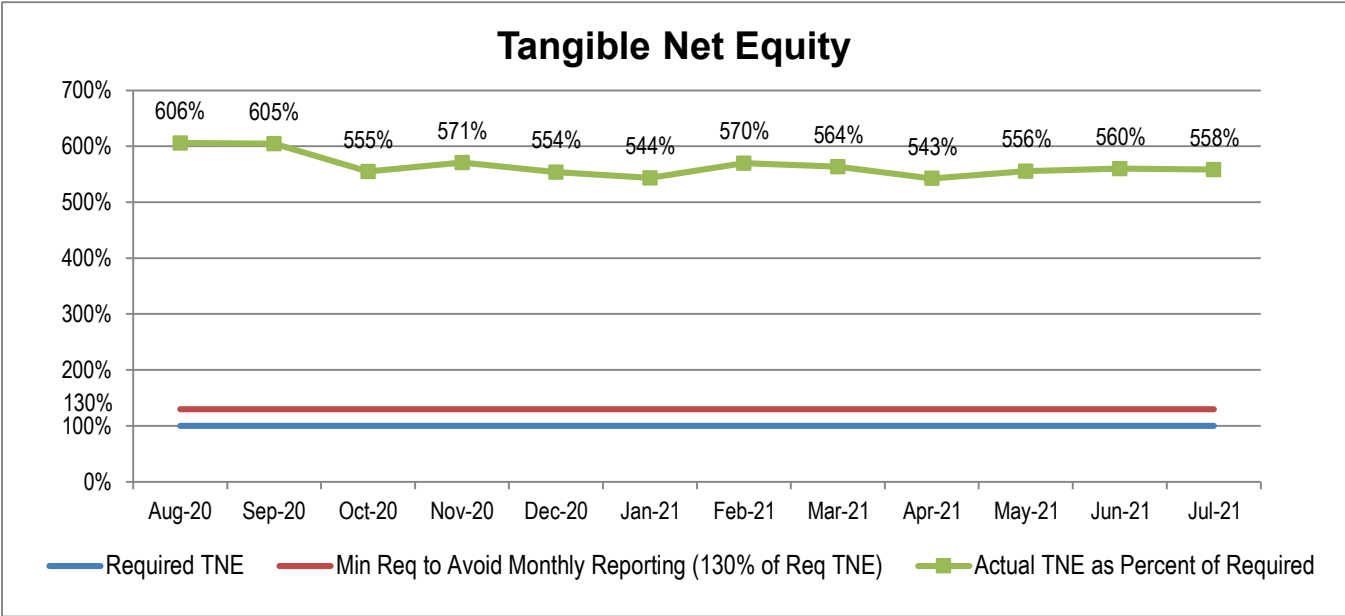
Other Income / (Expense)

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

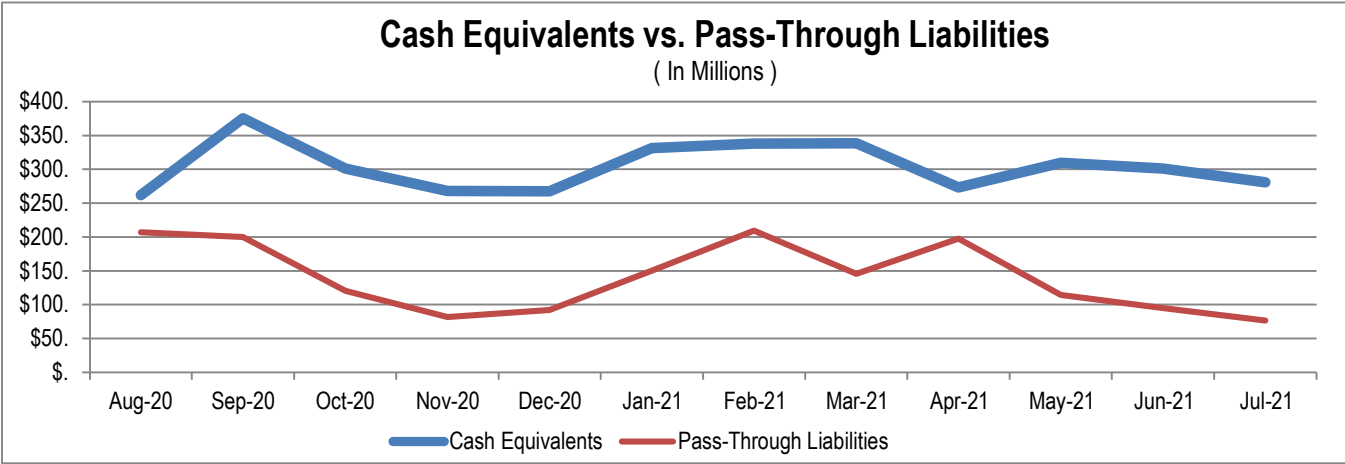
- Fiscal year-to-date interest income from investments is \$22,000.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is \$16,000.

Tangible Net Equity (TNE)

- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.
 - Required TNE \$37.1 million
 - Actual TNE \$207.2 million
 - Excess TNE \$170.1 million
 - TNE as % of Required TNE 558%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments.
- Key Metrics
 - Cash & Cash Equivalents \$281.0 million
 - Pass-Through Liabilities \$77.0 million
 - Uncommitted Cash \$204.0 million
 - Working Capital \$200.7 million
 - Current Ratio 1.90 (regulatory minimum is 1.0)



Capital Investment

- No new fixed assets were acquired in the month of July.
- Annual capital budget: \$1.4 million.

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

Caveats to Financial Statements

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

Finance

Supporting Documents

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|---------------------|---------------------|------------------------------|-----------------------------|--|---------------------|---------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| 284,156 | 282,618 | 1,538 | 0.5% | MEMBERSHIP | 284,156 | 282,618 | 1,538 | 0.5% |
| 5,935 | 5,939 | (4) | (0.1%) | 1 - Medi-Cal | 5,935 | 5,939 | (4) | (0.1%) |
| 290,091 | 288,557 | 1,534 | 0.5% | 2 - Group Care | 290,091 | 288,557 | 1,534 | 0.5% |
| | | | | 3 - Total Member Months | | | | |
| | | | | REVENUE | | | | |
| \$97,263,181 | \$97,228,286 | \$34,895 | 0.0% | 4 - TOTAL REVENUE | \$97,263,181 | \$97,228,286 | \$34,895 | 0.0% |
| | | | | MEDICAL EXPENSES | | | | |
| | | | | Capitated Medical Expenses: | | | | |
| 21,631,299 | 21,843,618 | 212,319 | 1.0% | 5 - Capitated Medical Expense | 21,631,299 | 21,843,618 | 212,319 | 1.0% |
| | | | | Fee for Service Medical Expenses: | | | | |
| 25,336,122 | 25,400,134 | 64,012 | 0.3% | 6 - Inpatient Hospital & SNF FFS Expense | 25,336,122 | 25,400,134 | 64,012 | 0.3% |
| 4,461,794 | 4,445,997 | (15,797) | (0.4%) | 7 - Primary Care Physician FFS Expense | 4,461,794 | 4,445,997 | (15,797) | (0.4%) |
| 4,668,577 | 4,647,025 | (21,552) | (0.5%) | 8 - Specialty Care Physician Expense | 4,668,577 | 4,647,025 | (21,552) | (0.5%) |
| 4,408,957 | 3,784,648 | (624,309) | (16.5%) | 9 - Ancillary Medical Expense | 4,408,957 | 3,784,648 | (624,309) | (16.5%) |
| 7,607,013 | 8,207,115 | 600,102 | 7.3% | 10 - Outpatient Medical Expense | 7,607,013 | 8,207,115 | 600,102 | 7.3% |
| 4,816,374 | 3,684,181 | (1,132,193) | (30.7%) | 11 - Emergency Expense | 4,816,374 | 3,684,181 | (1,132,193) | (30.7%) |
| 15,071,174 | 15,351,619 | 280,445 | 1.8% | 12 - Pharmacy Expense | 15,071,174 | 15,351,619 | 280,445 | 1.8% |
| 66,370,012 | 65,520,719 | (849,293) | (1.3%) | 13 - Total Fee for Service Expense | 66,370,012 | 65,520,719 | (849,293) | (1.3%) |
| 1,682,336 | 2,171,356 | 489,021 | 22.5% | 14 - Other Benefits & Services | 1,682,336 | 2,171,356 | 489,021 | 22.5% |
| 142,054 | 131,970 | (10,084) | (7.6%) | 15 - Reinsurance Expense | 142,054 | 131,970 | (10,084) | (7.6%) |
| 89,825,702 | 89,667,663 | (158,038) | (0.2%) | 17 - TOTAL MEDICAL EXPENSES | 89,825,702 | 89,667,663 | (158,038) | (0.2%) |
| 7,437,479 | 7,560,622 | (123,143) | (1.6%) | 18 - GROSS MARGIN | 7,437,479 | 7,560,622 | (123,143) | (1.6%) |
| | | | | ADMINISTRATIVE EXPENSES | | | | |
| 2,775,715 | 3,385,051 | 609,336 | 18.0% | 19 - Personnel Expense | 2,775,715 | 3,385,051 | 609,336 | 18.0% |
| 677,305 | 646,671 | (30,634) | (4.7%) | 20 - Benefits Administration Expense | 677,305 | 646,671 | (30,634) | (4.7%) |
| 561,466 | 1,111,800 | 550,334 | 49.5% | 21 - Purchased & Professional Services | 561,466 | 1,111,800 | 550,334 | 49.5% |
| 787,808 | 1,074,926 | 287,119 | 26.7% | 22 - Other Administrative Expense | 787,808 | 1,074,926 | 287,119 | 26.7% |
| 4,802,294 | 6,218,448 | 1,416,154 | 22.8% | 23 -Total Administrative Expense | 4,802,294 | 6,218,448 | 1,416,154 | 22.8% |
| 2,635,186 | 1,342,175 | (1,293,011) | 96.3% | 24 - NET OPERATING INCOME / (LOSS) | 2,635,186 | 1,342,175 | (1,293,011) | 96.3% |
| | | | | OTHER INCOME / EXPENSE | | | | |
| 10,427 | 8,752 | (1,675) | 19.1% | 25 - Total Other Income / (Expense) | 10,427 | 8,752 | (1,675) | 19.1% |
| \$2,645,613 | \$1,350,927 | \$1,294,686 | 95.8% | 26 - NET INCOME / (LOSS) | \$2,645,613 | \$1,350,927 | \$1,294,686 | 95.8% |
| 4.9% | 6.4% | 1.5% | 22.8% | 27 - Admin Exp % of Revenue | 4.9% | 6.4% | 1.5% | 22.8% |

**ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2022
CURRENT MONTH VS. PRIOR MONTH
July 31, 2021**

| | <u>July</u> | <u>June</u> | <u>Difference</u> | <u>% Difference</u> |
|--|----------------------|----------------------|-----------------------|---------------------|
| CURRENT ASSETS: | | | | |
| Cash & Equivalents | | | | |
| Cash | \$42,829,684 | \$37,087,422 | \$5,742,262 | 15.48% |
| Short-Term Investments | 238,125,431 | 263,948,313 | (25,822,882) | -9.78% |
| Interest Receivable | 17,721 | 9,571 | 8,150 | 85.16% |
| Other Receivables - Net | 132,966,302 | 135,091,213 | (2,124,911) | -1.57% |
| Prepaid Expenses | 6,061,274 | 6,062,212 | (938) | -0.02% |
| Prepaid Inventoried Items | 34,971 | 19,006 | 15,965 | 84.00% |
| CalPERS Net Pension Asset | (832,801) | (832,801) | 0 | 0.00% |
| Deferred CalPERS Outflow | 4,303,523 | 4,303,523 | 0 | 0.00% |
| TOTAL CURRENT ASSETS | 423,506,105 | 445,688,458 | (22,182,353) | -4.98% |
| OTHER ASSETS: | | | | |
| Restricted Assets | 350,000 | 350,000 | 0 | 0.00% |
| TOTAL OTHER ASSETS | 350,000 | 350,000 | 0 | 0.00% |
| PROPERTY AND EQUIPMENT: | | | | |
| Land, Building & Improvements | 9,605,191 | 9,605,191 | 0 | 0.00% |
| Furniture And Equipment | 11,540,223 | 11,540,223 | 0 | 0.00% |
| Leasehold Improvement | 902,447 | 902,447 | 0 | 0.00% |
| Construction in Process | 63,615 | 63,615 | 0 | 0.00% |
| Internally-Developed Software | 14,824,002 | 14,824,002 | 0 | 0.00% |
| Fixed Assets at Cost | 36,935,478 | 36,935,478 | 0 | 0.00% |
| Less: Accumulated Depreciation | (30,774,390) | (30,663,340) | (111,050) | 0.36% |
| NET PROPERTY AND EQUIPMENT | 6,161,088 | 6,272,138 | (111,050) | -1.77% |
| TOTAL ASSETS | \$430,017,193 | \$452,310,596 | (\$22,293,403) | -4.93% |
| CURRENT LIABILITIES: | | | | |
| Accounts Payable | \$2,332,301 | \$3,939,656 | (\$1,607,355) | -40.80% |
| Pass-Through Liabilities | 76,992,628 | 94,838,408 | (17,845,780) | -18.82% |
| Claims Payable | 26,143,877 | 33,041,584 | (6,897,707) | -20.88% |
| IBNP Reserves | 100,447,275 | 98,640,558 | 1,806,717 | 1.83% |
| Payroll Liabilities | 4,438,423 | 4,833,313 | (394,890) | -8.17% |
| CalPERS Deferred Inflow | 1,627,670 | 1,627,670 | 0 | 0.00% |
| Risk Sharing | 10,349,849 | 10,349,849 | 0 | 0.00% |
| Provider Grants/ New Health Program | 451,143 | 451,143 | 0 | 0.00% |
| TOTAL CURRENT LIABILITIES | 222,783,164 | 247,722,179 | (24,939,015) | -10.07% |
| TOTAL LIABILITIES | 222,783,164 | 247,722,179 | (24,939,015) | -10.07% |
| NET WORTH: | | | | |
| Contributed Capital | 840,233 | 840,233 | 0 | 0.00% |
| Restricted & Unrestricted Funds | 203,748,184 | 205,334,582 | (1,586,398) | -0.77% |
| Year-to Date Net Income / (Loss) | 2,645,613 | (1,586,398) | 4,232,011 | -266.77% |
| TOTAL NET WORTH | 207,234,029 | 204,588,417 | 2,645,613 | 1.29% |
| TOTAL LIABILITIES AND NET WORTH | \$430,017,193 | \$452,310,596 | (\$22,293,403) | -4.93% |

CONFIDENTIAL
For Management and Internal Purposes Only.

9. BALSHEET 22

08/19/21
REPORT #3

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

PRE-AUDIT

FOR THE MONTH AND FISCAL YTD ENDED 7/31/2021

| | MONTH | 3 MONTHS | 6 MONTHS | YTD |
|---|----------------------|----------------------|----------------------|----------------------|
| CASH FLOW STATEMENT: | | | | |
| Cash Flows from Operating Activities: | | | | |
| Cash Received From: | | | | |
| Capitation Received from State of CA | \$93,652,570 | \$395,705,623 | \$560,508,994 | \$93,652,570 |
| Commercial Premium Revenue | 2,215,198 | 6,682,747 | 13,440,490 | 2,215,198 |
| Other Income | 196,776 | 686,361 | 1,592,964 | 196,776 |
| Investment Income | 19,555 | 78,105 | 192,423 | 19,555 |
| Cash Paid To: | | | | |
| Medical Expenses | (91,594,254) | (257,341,798) | (530,488,455) | (91,594,254) |
| Vendor & Employee Expenses | (6,724,684) | (21,815,108) | (27,798,450) | (6,724,684) |
| Interest Paid | 0 | 0 | 0 | 0 |
| Net Cash Provided By (Used In) Operating Activities | (2,234,839) | 123,995,930 | 17,447,966 | (2,234,839) |
| Cash Flows from Financing Activities: | | | | |
| Purchases of Fixed Assets | 0 | 3,945,283 | 5,668,457 | 0 |
| Net Cash Provided By (Used In) Financing Activities | 0 | 3,945,283 | 5,668,457 | 0 |
| Cash Flows from Investing Activities: | | | | |
| Changes in Investments | 0 | 0 | 0 | 0 |
| Restricted Cash | (17,845,780) | (120,401,260) | (73,571,654) | (17,845,780) |
| Net Cash Provided By (Used In) Investing Activities | (17,845,780) | (120,401,260) | (73,571,654) | (17,845,780) |
| Financial Cash Flows | | | | |
| Subordinated Debt Proceeds | 0 | 0 | 0 | 0 |
| Net Change in Cash | (20,080,619) | 7,539,953 | (50,455,231) | (20,080,619) |
| Cash @ Beginning of Period | 301,035,734 | 273,415,162 | 331,410,346 | 301,035,734 |
| Subtotal | \$280,955,115 | \$280,955,115 | \$280,955,115 | \$280,955,115 |
| Rounding | 0 | 0 | 0 | 0 |
| Cash @ End of Period | \$280,955,115 | \$280,955,115 | \$280,955,115 | \$280,955,115 |

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

| | | | | |
|---|----------------------|----------------------|---------------------|----------------------|
| Net Income / (Loss) | \$2,645,612 | \$4,769,786 | \$18,576,962 | \$2,645,612 |
| Depreciation | 111,050 | (2,715,509) | (2,708,560) | 111,050 |
| Net Change in Operating Assets & Liabilities: | | | | |
| Premium & Other Receivables | 2,116,761 | 116,842,913 | 3,026,794 | 2,116,761 |
| Prepaid Expenses | (15,027) | (302,695) | (923,143) | (15,027) |
| Trade Payables | (1,607,355) | (927,610) | (488,136) | (1,607,355) |
| Claims payable & IBNP | (5,090,990) | 6,628,983 | 9,779,670 | (5,090,990) |
| Deferred Revenue | 0 | 0 | 0 | 0 |
| Accrued Interest | 0 | 0 | 0 | 0 |
| Other Liabilities | (394,890) | (299,938) | (9,815,620) | (394,890) |
| Subtotal | (2,234,839) | 123,995,930 | 17,447,967 | (2,234,839) |
| Rounding | 0 | 0 | (1) | 0 |
| Cash Flows from Operating Activities | (\$2,234,839) | \$123,995,930 | \$17,447,966 | (\$2,234,839) |
| Rounding Difference | 0 | 0 | (1) | 0 |

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

PRE-AUDIT

FOR THE MONTH AND FISCAL YTD ENDED 7/31/2021

| | MONTH | 3 MONTHS | 6 MONTHS | YTD |
|---|--------------------|--------------------|-------------------|--------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | | |
| Commercial Premium Cash Flows | | | | |
| Commercial Premium Revenue | \$2,215,198 | \$6,682,747 | \$13,440,490 | \$2,215,198 |
| Total | 2,215,198 | 6,682,747 | 13,440,490 | 2,215,198 |
| Medi-Cal Premium Cash Flows | | | | |
| Medi-Cal Revenue | 94,850,097 | 277,292,522 | 555,939,788 | 94,850,097 |
| Allowance for Doubtful Accounts | 0 | 0 | 0 | 0 |
| Deferred Premium Revenue | 0 | 0 | 0 | 0 |
| Premium Receivable | (1,197,527) | 118,413,101 | 4,569,206 | (1,197,527) |
| Total | 93,652,570 | 395,705,623 | 560,508,994 | 93,652,570 |
| Investment & Other Income Cash Flows | | | | |
| Other Revenue (Grants) | 196,776 | 686,361 | 1,592,964 | 196,776 |
| Interest Income | 27,705 | 92,371 | 205,036 | 27,705 |
| Interest Receivable | (8,150) | (14,266) | (12,613) | (8,150) |
| Total | 216,331 | 764,466 | 1,785,387 | 216,331 |
| Medical & Hospital Cash Flows | | | | |
| Total Medical Expenses | (89,825,702) | (262,414,859) | (528,708,326) | (89,825,702) |
| Other Receivable | 3,322,438 | (1,555,922) | (1,529,799) | 3,322,438 |
| Claims Payable | (6,897,707) | 5,554,766 | 11,115,036 | (6,897,707) |
| IBNP Payable | 1,806,717 | (4,792,450) | (7,452,032) | 1,806,717 |
| Risk Share Payable | 0 | 5,866,667 | 6,116,666 | 0 |
| Health Program | 0 | 0 | (10,030,000) | 0 |
| Other Liabilities | 0 | 0 | 0 | 0 |
| Total | (91,594,254) | (257,341,798) | (530,488,455) | (91,594,254) |
| Administrative Cash Flows | | | | |
| Total Administrative Expenses | (4,818,462) | (17,569,356) | (23,892,991) | (4,818,462) |
| Prepaid Expenses | (15,027) | (302,695) | (923,143) | (15,027) |
| CalPERS Pension Asset | 0 | 0 | 0 | 0 |
| CalPERS Deferred Outflow | 0 | 0 | 0 | 0 |
| Trade Accounts Payable | (1,607,355) | (927,610) | (488,136) | (1,607,355) |
| Other Accrued Liabilities | 0 | 0 | 0 | 0 |
| Payroll Liabilities | (394,890) | (299,938) | 214,380 | (394,890) |
| Depreciation Expense | 111,050 | (2,715,509) | (2,708,560) | 111,050 |
| Total | (6,724,684) | (21,815,108) | (27,798,450) | (6,724,684) |
| Interest Paid | | | | |
| Debt Interest Expense | 0 | 0 | 0 | 0 |
| Total Cash Flows from Operating Activities | (2,234,839) | 123,995,930 | 17,447,966 | (2,234,839) |

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

PRE-AUDIT

FOR THE MONTH AND FISCAL YTD ENDED 7/31/2021

| | MONTH | 3 MONTHS | 6 MONTHS | YTD |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| CASH FLOWS FROM INVESTING ACTIVITIES | | | | |
| Restricted Cash & Other Asset Cash Flows | | | | |
| Provider Pass-Thru-Liabilities | (17,845,780) | (120,401,260) | (73,571,654) | (17,845,780) |
| Restricted Cash | 0 | 0 | 0 | 0 |
| | <u>(17,845,780)</u> | <u>(120,401,260)</u> | <u>(73,571,654)</u> | <u>(17,845,780)</u> |
| Fixed Asset Cash Flows | | | | |
| Depreciation expense | 111,050 | (2,715,509) | (2,708,560) | 111,050 |
| Fixed Asset Acquisitions | 0 | 3,945,283 | 5,668,457 | 0 |
| Change in A/D | (111,050) | 2,715,509 | 2,708,560 | (111,050) |
| | <u>0</u> | <u>3,945,283</u> | <u>5,668,457</u> | <u>0</u> |
| Total Cash Flows from Investing Activities | <u>(17,845,780)</u> | <u>(116,455,977)</u> | <u>(67,903,197)</u> | <u>(17,845,780)</u> |
| Financing Cash Flows | | | | |
| Subordinated Debt Proceeds | 0 | 0 | 0 | 0 |
| | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Total Cash Flows | <u>(20,080,619)</u> | <u>7,539,953</u> | <u>(50,455,231)</u> | <u>(20,080,619)</u> |
| Rounding | 0 | 0 | 0 | 0 |
| Cash @ Beginning of Period | 301,035,734 | 273,415,162 | 331,410,346 | 301,035,734 |
| Cash @ End of Period | <u>\$280,955,115</u> | <u>\$280,955,115</u> | <u>\$280,955,115</u> | <u>\$280,955,115</u> |
| Difference (rounding) | 0 | 0 | 0 | 0 |

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

PRE-AUDIT

FOR THE MONTH AND FISCAL YTD ENDED 7/31/2021

| | MONTH | 3 MONTHS | 6 MONTHS | YTD |
|--|----------------------|----------------------|---------------------|----------------------|
| NET INCOME RECONCILIATION | | | | |
| Net Income / (Loss) | \$2,645,612 | \$4,769,786 | \$18,576,962 | \$2,645,612 |
| Add back: Depreciation | 111,050 | (2,715,509) | (2,708,560) | 111,050 |
| Receivables | | | | |
| Premiums Receivable | (1,197,527) | 118,413,101 | 4,569,206 | (1,197,527) |
| First Care Receivable | 0 | 0 | 0 | 0 |
| Family Care Receivable | 0 | 0 | 0 | 0 |
| Healthy Kids Receivable | 0 | 0 | 0 | 0 |
| Interest Receivable | (8,150) | (14,266) | (12,613) | (8,150) |
| Other Receivable | 3,322,438 | (1,555,922) | (1,529,799) | 3,322,438 |
| FQHC Receivable | 0 | 0 | 0 | 0 |
| Allowance for Doubtful Accounts | 0 | 0 | 0 | 0 |
| Total | 2,116,761 | 116,842,913 | 3,026,794 | 2,116,761 |
| Prepaid Expenses | (15,027) | (302,695) | (923,143) | (15,027) |
| Trade Payables | (1,607,355) | (927,610) | (488,136) | (1,607,355) |
| Claims Payable, IBNR & Risk Share | | | | |
| IBNP | 1,806,717 | (4,792,450) | (7,452,032) | 1,806,717 |
| Claims Payable | (6,897,707) | 5,554,766 | 11,115,036 | (6,897,707) |
| Risk Share Payable | 0 | 5,866,667 | 6,116,666 | 0 |
| Other Liabilities | 0 | 0 | 0 | 0 |
| Total | (5,090,990) | 6,628,983 | 9,779,670 | (5,090,990) |
| Unearned Revenue | | | | |
| Total | 0 | 0 | 0 | 0 |
| Other Liabilities | | | | |
| Accrued Expenses | 0 | 0 | 0 | 0 |
| Payroll Liabilities | (394,890) | (299,938) | 214,380 | (394,890) |
| Health Program | 0 | 0 | (10,030,000) | 0 |
| Accrued Sub Debt Interest | 0 | 0 | 0 | 0 |
| Total Change in Other Liabilities | (394,890) | (299,938) | (9,815,620) | (394,890) |
| Cash Flows from Operating Activities | (\$2,234,839) | \$123,995,930 | \$17,447,967 | (\$2,234,839) |
| Difference (rounding) | 0 | 0 | 1 | 0 |

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

**GAAP BASIS
FOR THE MONTH & FISCAL YEAR TO DATE - JULY 2021**

| | Child | Adult | Medi-Cal SPD | ACA OE | Duals | Medi-Cal Total | Group Care | Grand Total |
|-----------------------------------|--------------|--------------|-----------------|--------------|-------------|-------------------|---------------|----------------|
| Enrollment | 97,179 | 41,358 | 26,320 | 99,105 | 20,194 | 284,156 | 5,935 | 290,091 |
| Net Revenue | \$12,582,704 | \$13,525,543 | \$27,961,116 | \$37,497,660 | \$3,480,959 | \$95,047,983 | \$2,215,198 | \$97,263,181 |
| Medical Expense | \$9,952,832 | \$11,377,609 | \$29,222,050 | \$34,411,935 | \$2,734,443 | \$87,698,868 | \$2,126,833 | \$89,825,702 |
| Gross Margin | \$2,629,872 | \$2,147,935 | (\$1,260,934) | \$3,085,725 | \$746,516 | \$7,349,115 | \$88,365 | \$7,437,479 |
| Administrative Expense | \$399,051 | \$645,445 | \$1,681,487 | \$1,764,116 | \$156,257 | \$4,646,355 | \$155,939 | \$4,802,294 |
| Operating Income / (Expense) | \$2,230,821 | \$1,502,490 | (\$2,942,421) | \$1,321,609 | \$590,260 | \$2,702,760 | (\$67,574) | \$2,635,186 |
| Other Income / (Expense) | \$1,470 | \$3,085 | \$2,230 | \$3,179 | \$278 | \$10,242 | \$185 | \$10,427 |
| Net Income / (Loss) | \$2,232,291 | \$1,505,575 | (\$2,940,191) | \$1,324,789 | \$590,538 | \$2,713,001 | (\$67,389) | \$2,645,613 |
| Revenue PMPM | \$129.48 | \$327.04 | \$1,062.35 | \$378.36 | \$172.38 | \$334.49 | \$373.24 | \$335.29 |
| Medical Expense PMPM | \$102.42 | \$275.10 | \$1,110.26 | \$347.23 | \$135.41 | \$308.63 | \$358.35 | \$309.65 |
| Gross Margin PMPM | \$27.06 | \$51.94 | (\$47.91) | \$31.14 | \$36.97 | \$25.86 | \$14.89 | \$25.64 |
| Administrative Expense PMPM | \$4.11 | \$15.61 | \$63.89 | \$17.80 | \$7.74 | \$16.35 | \$26.27 | \$16.55 |
| Operating Income / (Expense) PMPM | \$22.96 | \$36.33 | (\$111.79) | \$13.34 | \$29.23 | \$9.51 | (\$11.39) | \$9.08 |
| Other Income / (Expense) PMPM | \$0.02 | \$0.07 | \$0.08 | \$0.03 | \$0.01 | \$0.04 | \$0.03 | \$0.04 |
| Net Income / (Loss) PMPM | \$22.97 | \$36.40 | (\$111.71) | \$13.37 | \$29.24 | \$9.55 | (\$11.35) | \$9.12 |
| Medical Loss Ratio | 79.1% | 84.1% | 104.5% | 91.8% | 78.6% | 92.3% | 96.0% | 92.4% |
| Gross Margin Ratio | 20.9% | 15.9% | -4.5% | 8.2% | 21.4% | 7.7% | 4.0% | 7.6% |
| Administrative Expense Ratio | 3.2% | 4.8% | 6.0% | 4.7% | 4.5% | 4.9% | 7.0% | 4.9% |
| Net Income Ratio | 17.7% | 11.1% | -10.5% | 3.5% | 17.0% | 2.9% | -3.0% | 2.7% |

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|---------------------------------------|---------------------------|------------------------------|-----------------------------|--------------------------------------|---------------------------|---------------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| ADMINISTRATIVE EXPENSE SUMMARY | | | | | | | | |
| \$2,801,121 | \$3,413,307 | \$612,185 | 17.9% | Personnel Expenses | \$2,801,121 | \$3,413,307 | \$612,185 | 17.9% |
| 677,305 | 646,671 | (30,634) | (4.7%) | Benefits Administration Expense | 677,305 | 646,671 | (30,634) | (4.7%) |
| 561,466 | 1,111,800 | 550,334 | 49.5% | Purchased & Professional Services | 561,466 | 1,111,800 | 550,334 | 49.5% |
| 278,225 | 360,554 | 82,329 | 22.8% | Occupancy | 278,225 | 360,554 | 82,329 | 22.8% |
| 25,049 | 131,472 | 106,423 | 80.9% | Printing Postage & Promotion | 25,049 | 131,472 | 106,423 | 80.9% |
| 479,870 | 561,489 | 81,619 | 14.5% | Licenses Insurance & Fees | 479,870 | 561,489 | 81,619 | 14.5% |
| 4,664 | 21,411 | 16,747 | 78.2% | Supplies & Other Expenses | 4,664 | 21,411 | 16,747 | 78.2% |
| <u>2,026,578</u> | <u>2,833,397</u> | <u>806,819</u> | <u>28.5%</u> | Total Other Administrative Expense | <u>2,026,578</u> | <u>2,833,397</u> | <u>806,819</u> | <u>28.5%</u> |
| <u>\$4,827,700</u> | <u>\$6,246,704</u> | <u>\$1,419,004</u> | <u>22.7%</u> | Total Administrative Expenses | <u>\$4,827,700</u> | <u>\$6,246,704</u> | <u>\$1,419,004</u> | <u>22.7%</u> |

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ADMIN YTD 2021
08/19/21
REPORT #6

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|------------------|------------------|------------------------------|-----------------------------|--|------------------|------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| | | | | Personnel Expenses | | | | |
| \$1,776,635 | \$2,098,307 | \$321,672 | 15.3% | Salaries & Wages | \$1,776,635 | \$2,098,307 | \$321,672 | 15.3% |
| 209,431 | 198,541 | (10,890) | (5.5%) | Paid Time Off | 209,431 | 198,541 | (10,890) | (5.5%) |
| 25 | 2,487 | 2,462 | 99.0% | Incentives | 25 | 2,487 | 2,462 | 99.0% |
| 0 | 25,000 | 25,000 | 100.0% | Severance Pay | 0 | 25,000 | 25,000 | 100.0% |
| 28,479 | 90,107 | 61,629 | 68.4% | Payroll Taxes | 28,479 | 90,107 | 61,629 | 68.4% |
| 36,391 | 13,417 | (22,975) | (171.2%) | Overtime | 36,391 | 13,417 | (22,975) | (171.2%) |
| 144,600 | 159,642 | 15,043 | 9.4% | CalPERS ER Match | 144,600 | 159,642 | 15,043 | 9.4% |
| 862 | 0 | (862) | 0.0% | Mandated Covid -19 Supplemental Sick Leave | 862 | 0 | (862) | 0.0% |
| 461,940 | 563,705 | 101,765 | 18.1% | Employee Benefits | 461,940 | 563,705 | 101,765 | 18.1% |
| (17) | 0 | 17 | 0.0% | Personal Floating Holiday | (17) | 0 | 17 | 0.0% |
| 92 | 20,588 | 20,496 | 99.6% | Employee Relations | 92 | 20,588 | 20,496 | 99.6% |
| 7,080 | 8,670 | 1,590 | 18.3% | Work from Home Stipend | 7,080 | 8,670 | 1,590 | 18.3% |
| 0 | 623 | 623 | 100.0% | Transportation Reimbursement | 0 | 623 | 623 | 100.0% |
| 0 | 10,600 | 10,600 | 100.0% | Travel & Lodging | 0 | 10,600 | 10,600 | 100.0% |
| 122,709 | 136,718 | 14,009 | 10.2% | Temporary Help Services | 122,709 | 136,718 | 14,009 | 10.2% |
| 7,032 | 73,430 | 66,398 | 90.4% | Staff Development/Training | 7,032 | 73,430 | 66,398 | 90.4% |
| 5,862 | 11,472 | 5,610 | 48.9% | Staff Recruitment/Advertising | 5,862 | 11,472 | 5,610 | 48.9% |
| 2,801,121 | 3,413,307 | 612,185 | 17.9% | Total Employee Expenses | 2,801,121 | 3,413,307 | 612,185 | 17.9% |
| | | | | Benefit Administration Expense | | | | |
| 407,758 | 387,951 | (19,806) | (5.1%) | RX Administration Expense | 407,758 | 387,951 | (19,806) | (5.1%) |
| 252,202 | 241,670 | (10,532) | (4.4%) | Behavioral Hlth Administration Fees | 252,202 | 241,670 | (10,532) | (4.4%) |
| 17,345 | 17,050 | (296) | (1.7%) | Telemedicine Admin Fees | 17,345 | 17,050 | (296) | (1.7%) |
| 677,305 | 646,671 | (30,634) | (4.7%) | Total Employee Expenses | 677,305 | 646,671 | (30,634) | (4.7%) |
| | | | | Purchased & Professional Services | | | | |
| 241,644 | 282,271 | 40,628 | 14.4% | Consulting Services | 241,644 | 282,271 | 40,628 | 14.4% |
| 252,760 | 444,176 | 191,417 | 43.1% | Computer Support Services | 252,760 | 444,176 | 191,417 | 43.1% |
| 9,916 | 9,916 | 0 | 0.0% | Professional Fees-Accounting | 9,916 | 9,916 | 0 | 0.0% |
| 0 | 10 | 10 | 100.0% | Professional Fees-Medical | 0 | 10 | 10 | 100.0% |
| 26,512 | 81,603 | 55,091 | 67.5% | Other Purchased Services | 26,512 | 81,603 | 55,091 | 67.5% |
| 3,818 | 5,000 | 1,182 | 23.6% | Maint & Repair-Office Equipment | 3,818 | 5,000 | 1,182 | 23.6% |
| 17,547 | 90,861 | 73,314 | 80.7% | HMS Recovery Fees | 17,547 | 90,861 | 73,314 | 80.7% |
| 0 | 50,260 | 50,260 | 100.0% | MIS Software (Non-Capital) | 0 | 50,260 | 50,260 | 100.0% |
| 80 | 48,000 | 47,920 | 99.8% | Hardware (Non-Capital) | 80 | 48,000 | 47,920 | 99.8% |
| 9,189 | 20,888 | 11,699 | 56.0% | Provider Relations-Credentialing | 9,189 | 20,888 | 11,699 | 56.0% |
| 0 | 78,815 | 78,815 | 100.0% | Legal Fees | 0 | 78,815 | 78,815 | 100.0% |
| 561,466 | 1,111,800 | 550,334 | 49.5% | Total Purchased & Professional Services | 561,466 | 1,111,800 | 550,334 | 49.5% |
| | | | | Occupancy | | | | |
| 111,050 | 142,525 | 31,475 | 22.1% | Depreciation | 111,050 | 142,525 | 31,475 | 22.1% |
| 0 | 26,107 | 26,107 | 100.0% | Amortization | 0 | 26,107 | 26,107 | 100.0% |
| 69,890 | 69,890 | 0 | 0.0% | Building Lease | 69,890 | 69,890 | 0 | 0.0% |
| 2,002 | 2,002 | 0 | 0.0% | Leased and Rented Office Equipment | 2,002 | 2,002 | 0 | 0.0% |
| 14,349 | 11,850 | (2,499) | (21.1%) | Utilities | 14,349 | 11,850 | (2,499) | (21.1%) |
| 73,137 | 71,400 | (1,737) | (2.4%) | Telephone | 73,137 | 71,400 | (1,737) | (2.4%) |

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ADMIN YTD 2021
08/19/21
REPORT #6

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|--------------------|--------------------|------------------------------|-----------------------------|---|--------------------|--------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| \$7,797 | \$36,780 | \$28,983 | 78.8% | Building Maintenance | \$7,797 | \$36,780 | \$28,983 | 78.8% |
| 278,225 | 360,554 | 82,329 | 22.8% | Total Occupancy | 278,225 | 360,554 | 82,329 | 22.8% |
| | | | | Printing Postage & Promotion | | | | |
| 221 | 29,961 | 29,740 | 99.3% | Postage | 221 | 29,961 | 29,740 | 99.3% |
| 3,060 | 9,500 | 6,440 | 67.8% | Design & Layout | 3,060 | 9,500 | 6,440 | 67.8% |
| 0 | 36,125 | 36,125 | 100.0% | Printing Services | 0 | 36,125 | 36,125 | 100.0% |
| 0 | 2,025 | 2,025 | 100.0% | Mailing Services | 0 | 2,025 | 2,025 | 100.0% |
| 6,012 | 3,204 | (2,808) | (87.6%) | Courier/Delivery Service | 6,012 | 3,204 | (2,808) | (87.6%) |
| 34 | 333 | 299 | 89.8% | Pre-Printed Materials and Publications | 34 | 333 | 299 | 89.8% |
| 5,513 | 45,123 | 39,611 | 87.8% | Community Relations | 5,513 | 45,123 | 39,611 | 87.8% |
| 10,209 | 5,200 | (5,009) | (96.3%) | Translation - Non-Clinical | 10,209 | 5,200 | (5,009) | (96.3%) |
| 25,049 | 131,472 | 106,423 | 80.9% | Total Printing Postage & Promotion | 25,049 | 131,472 | 106,423 | 80.9% |
| | | | | Licenses Insurance & Fees | | | | |
| 21,318 | 19,300 | (2,018) | (10.5%) | Bank Fees | 21,318 | 19,300 | (2,018) | (10.5%) |
| 54,293 | 63,033 | 8,740 | 13.9% | Insurance | 54,293 | 63,033 | 8,740 | 13.9% |
| 350,664 | 381,598 | 30,934 | 8.1% | Licenses, Permits and Fees | 350,664 | 381,598 | 30,934 | 8.1% |
| 53,595 | 97,557 | 43,963 | 45.1% | Subscriptions & Dues | 53,595 | 97,557 | 43,963 | 45.1% |
| 479,870 | 561,489 | 81,619 | 14.5% | Total Licenses Insurance & Postage | 479,870 | 561,489 | 81,619 | 14.5% |
| | | | | Supplies & Other Expenses | | | | |
| 6 | 2,082 | 2,076 | 99.7% | Office and Other Supplies | 6 | 2,082 | 2,076 | 99.7% |
| 3,385 | 12,400 | 9,015 | 72.7% | Ergonomic Supplies | 3,385 | 12,400 | 9,015 | 72.7% |
| 1,273 | 2,596 | 1,323 | 50.9% | Commissary-Food & Beverage | 1,273 | 2,596 | 1,323 | 50.9% |
| 0 | 3,500 | 3,500 | 100.0% | Member Incentive Expense | 0 | 3,500 | 3,500 | 100.0% |
| 0 | 100 | 100 | 100.0% | Covid-19 IT Expenses | 0 | 100 | 100 | 100.0% |
| 0 | 733 | 733 | 100.0% | Covid-19 Non IT Expenses | 0 | 733 | 733 | 100.0% |
| 4,664 | 21,411 | 16,747 | 78.2% | Total Supplies & Other Expense | 4,664 | 21,411 | 16,747 | 78.2% |
| \$4,827,700 | \$6,246,704 | \$1,419,004 | 22.7% | TOTAL ADMINISTRATIVE EXPENSE | \$4,827,700 | \$6,246,704 | \$1,419,004 | 22.7% |

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ADMIN YTD 2021
08/19/21
REPORT #6

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

| | Project ID | Prior YTD Acquisitions | Current Month Acquisitions | Fiscal YTD Acquisitions | Capital Budget Total | \$ Variance Fav/(Unf.) |
|--|---|------------------------|----------------------------|-------------------------|----------------------|------------------------|
| 1. Hardware: | | | | | | |
| | Cisco Network Hardware | IT-FY22-07 | \$ - | \$ - | \$ 150,000 | \$ 150,000 |
| | Cisco UCS Blade | IT-FY22-08 | \$ - | \$ - | \$ 100,000 | \$ 100,000 |
| | Veeam Backup | IT-FY22-10 | \$ - | \$ - | \$ 60,000 | \$ 60,000 |
| | Call Center Hardware | IT-FY22-11 | \$ - | \$ - | \$ 100,000 | \$ 100,000 |
| | Network / AV Cabling | IT-FY22-13 | \$ - | \$ - | \$ 150,000 | \$ 150,000 |
| | Hardware Subtotal | | \$ - | \$ - | \$ 560,000 | \$ 560,000 |
| 2. Software: | | | | | | |
| | Patch Management | AC-FY22-01 | \$ - | \$ - | \$ 20,000 | \$ 20,000 |
| | Zerto Licenses (DR - Replication Orchestration) | AC-FY22-02 | \$ - | \$ - | \$ 50,000 | \$ 50,000 |
| | Monitoring Software | AC-FY22-03 | \$ - | \$ - | \$ 40,000 | \$ 40,000 |
| | Identity and Access Management (Security) | AC-FY22-04 | \$ - | \$ - | \$ 40,000 | \$ 40,000 |
| | Software Subtotal | | \$ - | \$ - | \$ 150,000 | \$ 150,000 |
| 3. Building Improvement: | | | | | | |
| | 1240 Emergency Generator (carryover from FY21) | FA-FY22-06 | \$ - | \$ - | \$ 360,800 | \$ 360,800 |
| | 1240 Electrical Requirements for EV Charging Stations (est.) | FA-FY22-07 | \$ - | \$ - | \$ 20,000 | \$ 20,000 |
| | 1240 EV Charging stations installation, fees (est. only) | FA-FY22-08 | \$ - | \$ - | \$ 50,000 | \$ 50,000 |
| | 1240 Seismic Improvements (carryover from FY21) | FA-FY22-09 | \$ - | \$ - | \$ 50,000 | \$ 50,000 |
| | Contingency | FA-FY22-16 | \$ - | \$ - | \$ 100,000 | \$ 100,000 |
| | Building Improvement Subtotal | | \$ - | \$ - | \$ 580,800 | \$ 580,800 |
| 4. Furniture & Equipment: | | | | | | |
| | Replace, reconfigure, re-design workstations/add barriers or plexiglass | FA-FY22-20 | \$ - | \$ - | \$ 125,000 | \$ 125,000 |
| | Furniture & Equipment Subtotal | | \$ - | \$ - | \$ 125,000 | \$ 125,000 |
| | GRAND TOTAL | | \$ - | \$ - | \$ 1,415,800 | \$ 1,415,800 |
| 5. Reconciliation to Balance Sheet: | | | | | | |
| | Fixed Assets @ Cost -7/31/21 | | | \$ 36,935,477 | | |
| | Fixed Assets @ Cost - 6/30/21 | | | \$ 36,935,477 | | |
| | Fixed Assets Acquired YTD | | | \$ - | | |

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

TANGIBLE NET EQUITY (TNE)

| | Jul-21 |
|---|----------------------|
| Current Month Net Income / (Loss) | \$2,645,613 |
| YTD Net Income / (Loss) | \$2,645,613 |
| Actual TNE | |
| Net Assets | \$207,234,029 |
| Subordinated Debt & Interest | \$0 |
| Total Actual TNE | \$207,234,029 |
| Increase/(Decrease) in Actual TNE | \$2,645,612 |
| Required TNE⁽¹⁾ | \$37,110,771 |
| Min. Req'd to Avoid Monthly Reporting (130% of Required TNE) | \$48,244,002 |
| TNE Excess / (Deficiency) | \$170,123,258 |
| Actual TNE as a Multiple of Required | 5.58 |

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 | \$207,234,029 |
| Fixed Assets at Net Book Value | (6,161,088) |
| CD Pledged to DMHC | (350,000) |
| Liquid TNE (Liquid Reserves) | \$200,722,941 |
| Liquid TNE as Multiple of Required | 5.41 |

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

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

| | Actual Jul-21 | Actual Aug-21 | Actual Sep-21 | Actual Oct-21 | Actual Nov-21 | Actual Dec-21 | Actual Jan-22 | Actual Feb-22 | Actual Mar-22 | Actual Apr-22 | Actual May-22 | Actual Jun-22 | YTD Member Months |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
| Enrollment by Plan & Aid Category: | | | | | | | | | | | | | |
| Medi-Cal Program: | | | | | | | | | | | | | |
| Child | 97,179 | | | | | | | | | | | | 97,179 |
| Adult | 41,358 | | | | | | | | | | | | 41,358 |
| SPD* | 26,320 | | | | | | | | | | | | 26,320 |
| ACA OE | 99,105 | | | | | | | | | | | | 99,105 |
| Duals | 20,194 | | | | | | | | | | | | 20,194 |
| Medi-Cal Program | 284,156 | | | | | | | | | | | | 284,156 |
| Group Care Program | 5,935 | | | | | | | | | | | | 5,935 |
| Total | 290,091 | | | | | | | | | | | | 290,091 |
| Month Over Month Enrollment Change: | | | | | | | | | | | | | |
| Medi-Cal Monthly Change | | | | | | | | | | | | | |
| Child | 131 | | | | | | | | | | | | 131 |
| Adult | 392 | | | | | | | | | | | | 392 |
| SPD* | (3) | | | | | | | | | | | | (3) |
| ACA OE | 824 | | | | | | | | | | | | 824 |
| Duals | 206 | | | | | | | | | | | | 206 |
| Medi-Cal Program | 1,550 | | | | | | | | | | | | 1,550 |
| Group Care Program | (13) | | | | | | | | | | | | (13) |
| Total | 1,537 | | | | | | | | | | | | 1,537 |
| Enrollment Percentages: | | | | | | | | | | | | | |
| Medi-Cal Program: | | | | | | | | | | | | | |
| Child % of Medi-Cal | 34.2% | | | | | | | | | | | | 34.2% |
| Adult % of Medi-Cal | 14.6% | | | | | | | | | | | | 14.6% |
| SPD % of Medi-Cal | 9.3% | | | | | | | | | | | | 9.3% |
| ACA OE % of Medi-Cal | 34.9% | | | | | | | | | | | | 34.9% |
| Duals % of Medi-Cal | 7.1% | | | | | | | | | | | | 7.1% |
| Medi-Cal Program % of Total | 98.0% | | | | | | | | | | | | 98.0% |
| Group Care Program % of Total | 2.0% | | | | | | | | | | | | 2.0% |
| Total | 100.0% | | | | | | | | | | | | 100.0% |

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

| | Actual Jul-21 | Actual Aug-21 | Actual Sep-21 | Actual Oct-21 | Actual Nov-21 | Actual Dec-21 | Actual Jan-22 | Actual Feb-22 | Actual Mar-22 | Actual Apr-22 | Actual May-22 | Actual Jun-22 | YTD Member Months |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
| Current Direct/Delegate Enrollment: | | | | | | | | | | | | | |
| Directly-Contracted | | | | | | | | | | | | | |
| Directly Contracted (DCP) | 53,189 | | | | | | | | | | | | 53,189 |
| Alameda Health System | 58,045 | | | | | | | | | | | | 58,045 |
| | 111,234 | | | | | | | | | | | | 111,234 |
| Delegated: | | | | | | | | | | | | | |
| CFMG | 32,217 | | | | | | | | | | | | 32,217 |
| CHCN | 104,433 | | | | | | | | | | | | 104,433 |
| Kaiser | 42,207 | | | | | | | | | | | | 42,207 |
| Delegated Subtotal | 178,857 | | | | | | | | | | | | 178,857 |
| Total | 290,091 | | | | | | | | | | | | 290,091 |
| Direct/Delegate Month Over Month Enrollment Change: | | | | | | | | | | | | | |
| Directly-Contracted | (24) | | | | | | | | | | | | (24) |
| Delegated: | | | | | | | | | | | | | |
| CFMG | 20 | | | | | | | | | | | | 20 |
| CHCN | 1,094 | | | | | | | | | | | | 1,094 |
| Kaiser | 447 | | | | | | | | | | | | 447 |
| Delegated Subtotal | 1,561 | | | | | | | | | | | | 1,561 |
| Total | 1,537 | | | | | | | | | | | | 1,537 |
| Direct/Delegate Enrollment Percentages: | | | | | | | | | | | | | |
| Directly-Contracted | 38.3% | | | | | | | | | | | | 38.3% |
| Delegated: | | | | | | | | | | | | | |
| CFMG | 11.1% | | | | | | | | | | | | 11.1% |
| CHCN | 36.0% | | | | | | | | | | | | 36.0% |
| Kaiser | 14.5% | | | | | | | | | | | | 14.5% |
| Delegated Subtotal | 61.7% | | | | | | | | | | | | 61.7% |
| Total | 100.0% | | | | | | | | | | | | 100.0% |

* BCCTP included in SPD Category of Aid

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

| | Preliminary Budget Jul-21 | Preliminary Budget Aug-21 | Preliminary Budget Sep-21 | Preliminary Budget Oct-21 | Preliminary Budget Nov-21 | Preliminary Budget Dec-21 | Preliminary Budget Jan-22 | Preliminary Budget Feb-22 | Preliminary Budget Mar-22 | Preliminary Budget Apr-22 | Preliminary Budget May-22 | Preliminary Budget Jun-22 | Preliminary YTD Member Months |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| Enrollment by Plan & Aid Category: | | | | | | | | | | | | | |
| Medi-Cal Program: | | | | | | | | | | | | | |
| Child | 97,205 | 97,331 | 97,448 | 97,497 | 97,497 | 97,497 | 95,547 | 93,636 | 91,763 | 89,928 | 88,129 | 86,366 | 1,129,844 |
| Adult | 40,737 | 40,790 | 40,839 | 40,859 | 40,859 | 40,859 | 40,042 | 39,241 | 38,456 | 37,687 | 36,933 | 36,194 | 473,496 |
| SPD | 26,361 | 26,395 | 26,427 | 26,440 | 26,440 | 26,440 | 26,414 | 26,388 | 26,388 | 26,388 | 26,388 | 26,388 | 316,857 |
| ACA OE | 98,303 | 98,431 | 98,549 | 98,598 | 98,598 | 98,598 | 96,626 | 94,693 | 92,799 | 90,943 | 89,124 | 87,342 | 1,142,604 |
| Duals | 20,012 | 20,038 | 20,062 | 20,072 | 20,072 | 20,072 | 19,671 | 19,278 | 18,892 | 18,514 | 18,144 | 17,781 | 232,608 |
| Medi-Cal Program | 282,618 | 282,985 | 283,325 | 283,466 | 283,466 | 283,466 | 278,300 | 273,236 | 268,298 | 263,460 | 258,718 | 254,071 | 3,295,409 |
| Group Care Program | 5,939 | 5,939 | 5,939 | 5,942 | 5,942 | 5,942 | 5,942 | 5,942 | 5,942 | 5,942 | 5,942 | 5,942 | 71,295 |
| Total | 288,557 | 288,924 | 289,264 | 289,408 | 289,408 | 289,408 | 284,242 | 279,178 | 274,240 | 269,402 | 264,660 | 260,013 | 3,366,704 |

Month Over Month Enrollment Change:

| | | | | | | | | | | | | | |
|-------------------------|--------------|------------|------------|------------|----------|----------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|
| Medi-Cal Monthly Change | | | | | | | | | | | | | |
| Child | (320) | 126 | 117 | 49 | 0 | 0 | (1,950) | (1,911) | (1,873) | (1,835) | (1,799) | (1,763) | (11,159) |
| Adult | 432 | 53 | 49 | 20 | 0 | 0 | (817) | (801) | (785) | (769) | (754) | (739) | (4,111) |
| SPD | 163 | 34 | 32 | 13 | 0 | 0 | (26) | (26) | 0 | 0 | 0 | 0 | 190 |
| ACA OE | 2,452 | 128 | 118 | 49 | 0 | 0 | (1,972) | (1,933) | (1,894) | (1,856) | (1,819) | (1,782) | (8,509) |
| Duals | 494 | 26 | 24 | 10 | 0 | 0 | (401) | (393) | (386) | (378) | (370) | (363) | (1,737) |
| Medi-Cal Program | 3,222 | 367 | 340 | 141 | 0 | 0 | (5,166) | (5,064) | (4,938) | (4,838) | (4,742) | (4,647) | (25,325) |
| Group Care Program | (70) | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (67) |
| Total | 3,152 | 367 | 340 | 144 | 0 | 0 | (5,166) | (5,064) | (4,938) | (4,838) | (4,742) | (4,647) | (25,392) |

Enrollment Percentages:

| | | | | | | | | | | | | | |
|-------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Medi-Cal Program: | | | | | | | | | | | | | |
| Child % of Medi-Cal | 34.4% | 34.4% | 34.4% | 34.4% | 34.4% | 34.4% | 34.3% | 34.3% | 34.2% | 34.1% | 34.1% | 34.0% | 34.3% |
| Adult % of Medi-Cal | 14.4% | 14.4% | 14.4% | 14.4% | 14.4% | 14.4% | 14.4% | 14.4% | 14.3% | 14.3% | 14.3% | 14.2% | 14.4% |
| SPD % of Medi-Cal | 9.3% | 9.3% | 9.3% | 9.3% | 9.3% | 9.3% | 9.5% | 9.7% | 9.8% | 10.0% | 10.2% | 10.4% | 9.6% |
| ACA OE % of Medi-Cal | 34.8% | 34.8% | 34.8% | 34.8% | 34.8% | 34.8% | 34.7% | 34.7% | 34.6% | 34.5% | 34.4% | 34.4% | 34.7% |
| Duals % of Medi-Cal | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% | 7.1% | 7.0% | 7.0% | 7.0% | 7.0% | 7.1% |
| Medi-Cal Program % of Total | 97.9% | 97.9% | 97.9% | 97.9% | 97.9% | 97.9% | 97.9% | 97.9% | 97.8% | 97.8% | 97.8% | 97.7% | 97.9% |
| Group Care Program % of Total | 2.1% | 2.1% | 2.1% | 2.1% | 2.1% | 2.1% | 2.1% | 2.1% | 2.2% | 2.2% | 2.2% | 2.3% | 2.1% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

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

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

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

| | Variance | Variance | Variance | Variance | Variance | Variance | Variance | Variance | Variance | Variance | Variance | Variance | Member Month |
|---|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------------|
| | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Variance |
| Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable) | | | | | | | | | | | | | |
| Medi-Cal Program: | | | | | | | | | | | | | |
| Child | (26) | | | | | | | | | | | | (26) |
| Adult | 621 | | | | | | | | | | | | 621 |
| SPD | (41) | | | | | | | | | | | | (41) |
| ACA OE | 802 | | | | | | | | | | | | 802 |
| Duals | 182 | | | | | | | | | | | | 182 |
| Medi-Cal Program | 1,538 | | | | | | | | | | | | 1,538 |
| Group Care Program | (4) | | | | | | | | | | | | (4) |
| Total | 1,534 | | | | | | | | | | | | 1,534 |
| Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable) | | | | | | | | | | | | | |
| Directly-Contracted | (1,002) | | | | | | | | | | | | (1,002) |
| Delegated: | | | | | | | | | | | | | |
| CFMG | (54) | | | | | | | | | | | | (54) |
| CHCN | 1,593 | | | | | | | | | | | | 1,593 |
| Kaiser | 997 | | | | | | | | | | | | 997 |
| Delegated Subtotal | 2,536 | | | | | | | | | | | | 2,536 |
| Total | 1,534 | | | | | | | | | | | | 1,533 |

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

| CURRENT MONTH | | | | | FISCAL YEAR TO DATE | | | | |
|-------------------|-------------------|------------------------------|-----------------------------|---|---------------------|-------------------|------------------------------|-----------------------------|--|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | |
| \$1,862,915 | \$1,818,073 | (\$44,842) | (2.5%) | CAPITATED MEDICAL EXPENSES: | \$1,862,915 | \$1,818,073 | (\$44,842) | (2.5%) | |
| 2,942,589 | 2,922,990 | (19,599) | (0.7%) | PCP-Capitation | 2,942,589 | 2,922,990 | (19,599) | (0.7%) | |
| 280,333 | 269,699 | (10,634) | (3.9%) | PCP-Capitation - FQHC | 280,333 | 269,699 | (10,634) | (3.9%) | |
| 3,052,303 | 3,028,609 | (23,694) | (0.8%) | Specialty-Capitation | 3,052,303 | 3,028,609 | (23,694) | (0.8%) | |
| 360,164 | 326,871 | (33,293) | (10.2%) | Specialty-Capitation FQHC | 360,164 | 326,871 | (33,293) | (10.2%) | |
| 668,042 | 1,009,944 | 341,902 | 33.9% | Laboratory-Capitation | 668,042 | 1,009,944 | 341,902 | 33.9% | |
| 213,370 | 272,763 | 59,393 | 21.8% | Transportation (Ambulance)-Cap | 213,370 | 272,763 | 59,393 | 21.8% | |
| 81,674 | 78,582 | (3,092) | (3.9%) | Vision Cap | 81,674 | 78,582 | (3,092) | (3.9%) | |
| 153,916 | 152,802 | (1,114) | (0.7%) | CFMG Capitation | 153,916 | 152,802 | (1,114) | (0.7%) | |
| 10,367,677 | 10,226,944 | (140,733) | (1.4%) | Anc IPA Admin Capitation FQHC | 10,367,677 | 10,226,944 | (140,733) | (1.4%) | |
| 743,352 | 723,339 | (20,013) | (2.8%) | Kaiser Capitation | 743,352 | 723,339 | (20,013) | (2.8%) | |
| 17,123 | 11,280 | (5,843) | (51.8%) | BHT Supplemental Expense | 17,123 | 11,280 | (5,843) | (51.8%) | |
| 348,077 | 428,558 | 80,481 | 18.8% | Hep-C Supplemental Expense | 348,077 | 428,558 | 80,481 | 18.8% | |
| 539,764 | 573,164 | 33,400 | 5.8% | Maternity Supplemental Expense | 539,764 | 573,164 | 33,400 | 5.8% | |
| | | | | DME - Cap | | | | | |
| 21,631,299 | 21,843,618 | 212,319 | 1.0% | 5-TOTAL CAPITATED EXPENSES | 21,631,299 | 21,843,618 | 212,319 | 1.0% | |
| | | | | FEE FOR SERVICE MEDICAL EXPENSES: | | | | | |
| (385,809) | 0 | 385,809 | 0.0% | IBNP-Inpatient Services | (385,809) | 0 | 385,809 | 0.0% | |
| (11,573) | 0 | 11,573 | 0.0% | IBNP-Settlement (IP) | (11,573) | 0 | 11,573 | 0.0% | |
| (30,865) | 0 | 30,865 | 0.0% | IBNP-Claims Fluctuation (IP) | (30,865) | 0 | 30,865 | 0.0% | |
| 22,083,170 | 24,193,458 | 2,110,288 | 8.7% | Inpatient Hospitalization-FFS | 22,083,170 | 24,193,458 | 2,110,288 | 8.7% | |
| 1,138,202 | 0 | (1,138,202) | 0.0% | IP OB - Mom & NB | 1,138,202 | 0 | (1,138,202) | 0.0% | |
| 139,820 | 0 | (139,820) | 0.0% | IP Behavioral Health | 139,820 | 0 | (139,820) | 0.0% | |
| 1,085,206 | 1,206,676 | 121,470 | 10.1% | IP - Long Term Care | 1,085,206 | 1,206,676 | 121,470 | 10.1% | |
| 1,317,972 | 0 | (1,317,972) | 0.0% | IP - Facility Rehab FFS | 1,317,972 | 0 | (1,317,972) | 0.0% | |
| 25,336,122 | 25,400,134 | 64,012 | 0.3% | 6-Inpatient Hospital & SNF FFS Expense | 25,336,122 | 25,400,134 | 64,012 | 0.3% | |
| 116,581 | 0 | (116,581) | 0.0% | IBNP-PCP | 116,581 | 0 | (116,581) | 0.0% | |
| 3,499 | 0 | (3,499) | 0.0% | IBNP-Settlement (PCP) | 3,499 | 0 | (3,499) | 0.0% | |
| 9,325 | 0 | (9,325) | 0.0% | IBNP-Claims Fluctuation (PCP) | 9,325 | 0 | (9,325) | 0.0% | |
| 714 | 0 | (714) | 0.0% | Telemedicine FFS | 714 | 0 | (714) | 0.0% | |
| 1,101,017 | 1,308,951 | 207,934 | 15.9% | Primary Care Non-Contracted FF | 1,101,017 | 1,308,951 | 207,934 | 15.9% | |
| 56,525 | 80,341 | 23,816 | 29.6% | PCP FQHC FFS | 56,525 | 80,341 | 23,816 | 29.6% | |
| 1,789,847 | 3,056,705 | 1,266,858 | 41.4% | Prop 56 Direct Payment Expenses | 1,789,847 | 3,056,705 | 1,266,858 | 41.4% | |
| 77,364 | 0 | (77,364) | 0.0% | Prop 56-Trauma Expense | 77,364 | 0 | (77,364) | 0.0% | |
| 102,224 | 0 | (102,224) | 0.0% | Prop 56-Dev. Screening Exp. | 102,224 | 0 | (102,224) | 0.0% | |
| 648,036 | 0 | (648,036) | 0.0% | Prop 56-Fam. Planning Exp. | 648,036 | 0 | (648,036) | 0.0% | |
| 556,662 | 0 | (556,662) | 0.0% | Prop 56-Value Based Purchasing | 556,662 | 0 | (556,662) | 0.0% | |
| 4,461,794 | 4,445,997 | (15,797) | (0.4%) | 7-Primary Care Physician FFS Expense | 4,461,794 | 4,445,997 | (15,797) | (0.4%) | |
| 393,923 | 0 | (393,923) | 0.0% | IBNP-Specialist | 393,923 | 0 | (393,923) | 0.0% | |
| 2,238,172 | 4,563,842 | 2,325,670 | 51.0% | Specialty Care-FFS | 2,238,172 | 4,563,842 | 2,325,670 | 51.0% | |
| 129,757 | 0 | (129,757) | 0.0% | Anesthesiology - FFS | 129,757 | 0 | (129,757) | 0.0% | |
| 566,793 | 0 | (566,793) | 0.0% | Spec Rad Therapy - FFS | 566,793 | 0 | (566,793) | 0.0% | |
| 122,194 | 0 | (122,194) | 0.0% | Obstetrics-FFS | 122,194 | 0 | (122,194) | 0.0% | |
| 243,183 | 0 | (243,183) | 0.0% | Spec IP Surgery - FFS | 243,183 | 0 | (243,183) | 0.0% | |
| 550,127 | 0 | (550,127) | 0.0% | Spec OP Surgery - FFS | 550,127 | 0 | (550,127) | 0.0% | |
| 350,342 | 0 | (350,342) | 0.0% | Spec IP Physician | 350,342 | 0 | (350,342) | 0.0% | |
| 30,756 | 83,183 | 52,427 | 63.0% | SCP FQHC FFS | 30,756 | 83,183 | 52,427 | 63.0% | |
| 11,816 | 0 | (11,816) | 0.0% | IBNP-Settlement (SCP) | 11,816 | 0 | (11,816) | 0.0% | |
| 31,514 | 0 | (31,514) | 0.0% | IBNP-Claims Fluctuation (SCP) | 31,514 | 0 | (31,514) | 0.0% | |
| 4,668,577 | 4,647,025 | (21,552) | (0.5%) | 8-Specialty Care Physician Expense | 4,668,577 | 4,647,025 | (21,552) | (0.5%) | |
| 416,960 | 0 | (416,960) | 0.0% | IBNP-Ancillary | 416,960 | 0 | (416,960) | 0.0% | |
| 12,510 | 0 | (12,510) | 0.0% | IBNP Settlement (ANC) | 12,510 | 0 | (12,510) | 0.0% | |
| 33,356 | 0 | (33,356) | 0.0% | IBNP Claims Fluctuation (ANC) | 33,356 | 0 | (33,356) | 0.0% | |
| 254,555 | 0 | (254,555) | 0.0% | Acupuncture/Biofeedback | 254,555 | 0 | (254,555) | 0.0% | |
| 123,874 | 0 | (123,874) | 0.0% | Hearing Devices | 123,874 | 0 | (123,874) | 0.0% | |
| 14,245 | 0 | (14,245) | 0.0% | Imaging/MRI/CT Global | 14,245 | 0 | (14,245) | 0.0% | |
| 54,108 | 0 | (54,108) | 0.0% | Vision FFS | 54,108 | 0 | (54,108) | 0.0% | |
| 22,298 | 0 | (22,298) | 0.0% | Family Planning | 22,298 | 0 | (22,298) | 0.0% | |
| 537,899 | 0 | (537,899) | 0.0% | Laboratory-FFS | 537,899 | 0 | (537,899) | 0.0% | |
| 78,444 | 0 | (78,444) | 0.0% | ANC Therapist | 78,444 | 0 | (78,444) | 0.0% | |
| 278,540 | 0 | (278,540) | 0.0% | Transportation (Ambulance)-FFS | 278,540 | 0 | (278,540) | 0.0% | |
| 112,884 | 0 | (112,884) | 0.0% | Transportation (Other)-FFS | 112,884 | 0 | (112,884) | 0.0% | |

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7. MED FFS CAP22

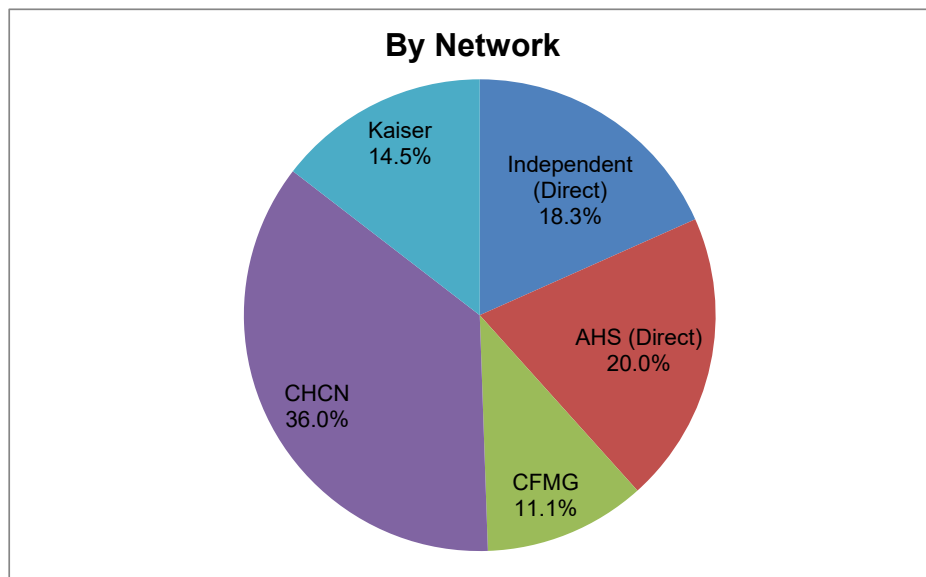
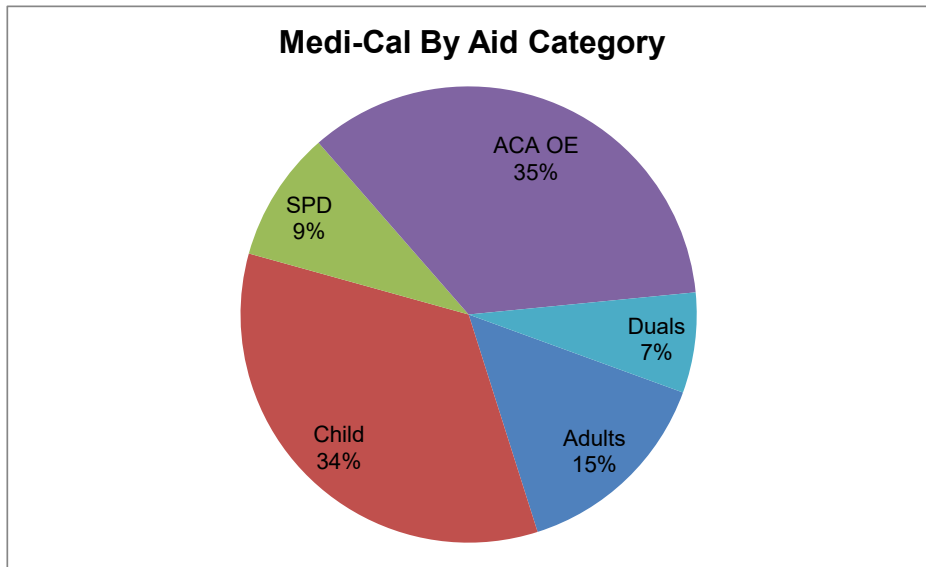
08/19/21
REPORT #8A

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

| CURRENT MONTH | | | | FISCAL YEAR TO DATE | | | | |
|-------------------|-------------------|------------------------------|-----------------------------|--|-------------------|-------------------|------------------------------|-----------------------------|
| Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) | Account Description | Actual | Budget | \$ Variance (Unfavorable) | % Variance (Unfavorable) |
| \$520,430 | \$0 | (\$520,430) | 0.0% | Hospice | \$520,430 | \$0 | (\$520,430) | 0.0% |
| 747,369 | 0 | (747,369) | 0.0% | Home Health Services | 747,369 | 0 | (747,369) | 0.0% |
| 0 | 3,212,576 | 3,212,576 | 100.0% | Other Medical-FFS | 0 | 3,212,576 | 3,212,576 | 100.0% |
| (77,568) | 0 | 77,568 | 0.0% | HMS Medical Refunds | (77,568) | 0 | 77,568 | 0.0% |
| 372,411 | 0 | (372,411) | 0.0% | DME & Medical Supplies | 372,411 | 0 | (372,411) | 0.0% |
| 577,801 | 572,072 | (5,729) | (1.0%) | GEMT Direct Payment Expense | 577,801 | 572,072 | (5,729) | (1.0%) |
| 328,842 | 0 | (328,842) | 0.0% | Community Based Adult Services (CBAS) | 328,842 | 0 | (328,842) | 0.0% |
| 4,408,957 | 3,784,648 | (624,309) | (16.5%) | 9-Ancillary Medical Expense | 4,408,957 | 3,784,648 | (624,309) | (16.5%) |
| 468,476 | 0 | (468,476) | 0.0% | IBNP-Outpatient | 468,476 | 0 | (468,476) | 0.0% |
| 14,054 | 0 | (14,054) | 0.0% | IBNP Settlement (OP) | 14,054 | 0 | (14,054) | 0.0% |
| 37,477 | 0 | (37,477) | 0.0% | IBNP Claims Fluctuation (OP) | 37,477 | 0 | (37,477) | 0.0% |
| 1,108,350 | 8,207,115 | 7,098,765 | 86.5% | Out-Patient FFS | 1,108,350 | 8,207,115 | 7,098,765 | 86.5% |
| 1,124,564 | 0 | (1,124,564) | 0.0% | OP Ambul Surgery - FFS | 1,124,564 | 0 | (1,124,564) | 0.0% |
| 921,563 | 0 | (921,563) | 0.0% | OP Fac Imaging Services-FFS | 921,563 | 0 | (921,563) | 0.0% |
| 1,682,101 | 0 | (1,682,101) | 0.0% | Behav Health - FFS | 1,682,101 | 0 | (1,682,101) | 0.0% |
| 379,910 | 0 | (379,910) | 0.0% | OP Facility - Lab FFS | 379,910 | 0 | (379,910) | 0.0% |
| 75,368 | 0 | (75,368) | 0.0% | OP Facility - Cardio FFS | 75,368 | 0 | (75,368) | 0.0% |
| 49,401 | 0 | (49,401) | 0.0% | OP Facility - PT/OT/ST FFS | 49,401 | 0 | (49,401) | 0.0% |
| 1,745,749 | 0 | (1,745,749) | 0.0% | OP Facility - Dialysis FFS | 1,745,749 | 0 | (1,745,749) | 0.0% |
| 7,607,013 | 8,207,115 | 600,102 | 7.3% | 10-Outpatient Medical Expense Medical Expense | 7,607,013 | 8,207,115 | 600,102 | 7.3% |
| 838,156 | 0 | (838,156) | 0.0% | IBNP-Emergency | 838,156 | 0 | (838,156) | 0.0% |
| 25,145 | 0 | (25,145) | 0.0% | IBNP Settlement (ER) | 25,145 | 0 | (25,145) | 0.0% |
| 67,052 | 0 | (67,052) | 0.0% | IBNP Claims Fluctuation (ER) | 67,052 | 0 | (67,052) | 0.0% |
| 550,937 | 0 | (550,937) | 0.0% | Special ER Physician-FFS | 550,937 | 0 | (550,937) | 0.0% |
| 3,335,084 | 3,684,181 | 349,097 | 9.5% | ER-Facility | 3,335,084 | 3,684,181 | 349,097 | 9.5% |
| 4,816,374 | 3,684,181 | (1,132,193) | (30.7%) | 11-Emergency Expense | 4,816,374 | 3,684,181 | (1,132,193) | (30.7%) |
| (220,613) | 0 | 220,613 | 0.0% | IBNP-Pharmacy | (220,613) | 0 | 220,613 | 0.0% |
| (6,618) | 0 | 6,618 | 0.0% | IBNP Settlement (RX) | (6,618) | 0 | 6,618 | 0.0% |
| (17,649) | 0 | 17,649 | 0.0% | IBNP Claims Fluctuation (RX) | (17,649) | 0 | 17,649 | 0.0% |
| 4,064,982 | 4,392,617 | 327,635 | 7.5% | RX - Non-PBM FFFS | 4,064,982 | 4,392,617 | 327,635 | 7.5% |
| 11,816,835 | 11,524,764 | (292,071) | (2.5%) | Pharmacy-FFS | 11,816,835 | 11,524,764 | (292,071) | (2.5%) |
| (565,763) | (565,762) | 1 | 0.0% | Pharmacy-Rebate | (565,763) | (565,762) | 1 | 0.0% |
| 15,071,174 | 15,351,619 | 280,445 | 1.8% | 12-Pharmacy Expense | 15,071,174 | 15,351,619 | 280,445 | 1.8% |
| 66,370,012 | 65,520,719 | (849,293) | (1.3%) | 13-TOTAL FFS MEDICAL EXPENSES | 66,370,012 | 65,520,719 | (849,293) | (1.3%) |
| 0 | (9,962) | (9,962) | 100.0% | Clinical Vacancy | 0 | (9,962) | (9,962) | 100.0% |
| 65,825 | 89,370 | 23,545 | 26.3% | Quality Analytics | 65,825 | 89,370 | 23,545 | 26.3% |
| 369,421 | 477,499 | 108,077 | 22.6% | Health Plan Services Department Total | 369,421 | 477,499 | 108,077 | 22.6% |
| 508,353 | 604,550 | 96,196 | 15.9% | Case & Disease Management Department Total | 508,353 | 604,550 | 96,196 | 15.9% |
| 111,778 | 218,765 | 106,988 | 48.9% | Medical Services Department Total | 111,778 | 218,765 | 106,988 | 48.9% |
| 475,848 | 591,332 | 115,484 | 19.5% | Quality Management Department Total | 475,848 | 591,332 | 115,484 | 19.5% |
| 25,406 | 28,256 | 2,850 | 10.1% | HCS Behavioral Health Department Total | 25,406 | 28,256 | 2,850 | 10.1% |
| 112,700 | 118,308 | 5,608 | 4.7% | Pharmacy Services Department Total | 112,700 | 118,308 | 5,608 | 4.7% |
| 13,005 | 53,238 | 40,234 | 75.6% | Regulatory Readiness Total | 13,005 | 53,238 | 40,234 | 75.6% |
| 1,682,336 | 2,171,356 | 489,021 | 22.5% | 14-Other Benefits & Services | 1,682,336 | 2,171,356 | 489,021 | 22.5% |
| (395,911) | (395,911) | 0 | 0.0% | Reinsurance Expense | (395,911) | (395,911) | 0 | 0.0% |
| 537,966 | 527,881 | (10,085) | (1.9%) | Reinsurance Recoveries | 537,966 | 527,881 | (10,085) | (1.9%) |
| 142,054 | 131,970 | (10,084) | (7.6%) | 15-Reinsurance Expense | 142,054 | 131,970 | (10,084) | (7.6%) |
| | | | | Preventive Health Services | | | | |
| 89,825,702 | 89,667,663 | (158,038) | (0.2%) | 17-TOTAL MEDICAL EXPENSES | 89,825,702 | 89,667,663 | (158,038) | (0.2%) |

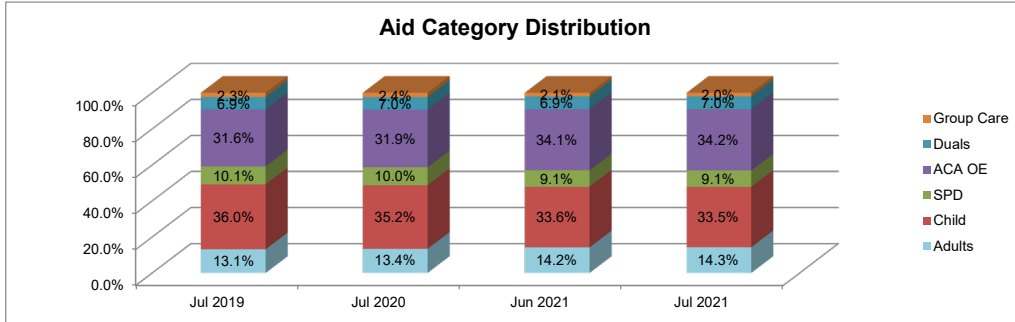
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

| Current Membership by Network By Category of Aid | | | | | | | |
|--|----------------|---------------|----------------------|---------------|---------------|----------------|-------------------------|
| Category of Aid | Jul 2021 | % of Medi-Cal | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser |
| Adults | 41,358 | 15% | 9,090 | 9,020 | 604 | 15,224 | 7,420 |
| Child | 97,179 | 34% | 9,372 | 8,759 | 29,384 | 32,283 | 17,381 |
| SPD | 26,320 | 9% | 8,390 | 4,035 | 1,089 | 10,811 | 1,995 |
| ACA OE | 99,105 | 35% | 15,824 | 33,127 | 1,139 | 36,364 | 12,651 |
| Duals | 20,194 | 7% | 7,986 | 2,177 | 1 | 7,270 | 2,760 |
| Medi-Cal | 284,156 | | 50,662 | 57,118 | 32,217 | 101,952 | 42,207 |
| Group Care | 5,935 | | 2,527 | 927 | - | 2,481 | - |
| Total | 290,091 | 100% | 53,189 | 58,045 | 32,217 | 104,433 | 42,207 |
| Medi-Cal % | 98.0% | | 95.2% | 98.4% | 100.0% | 97.6% | 100.0% |
| Group Care % | 2.0% | | 4.8% | 1.6% | 0.0% | 2.4% | 0.0% |
| <i>Network Distribution</i> | | | 18.3% | 20.0% | 11.1% | 36.0% | 14.5% |
| | | | % Direct: 38% | | | | % Delegated: 62% |

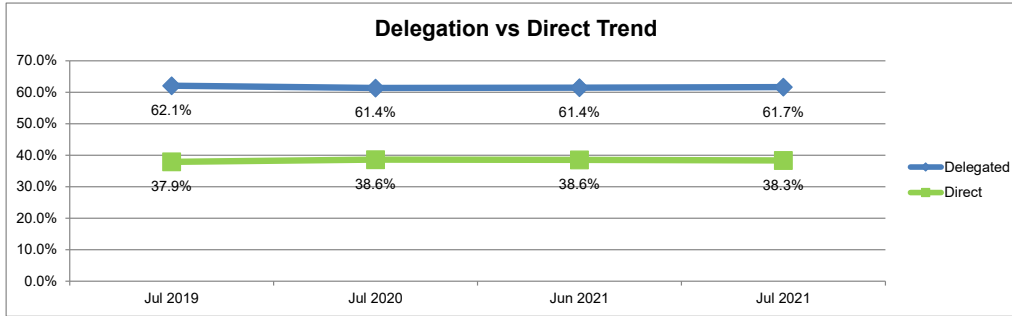


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

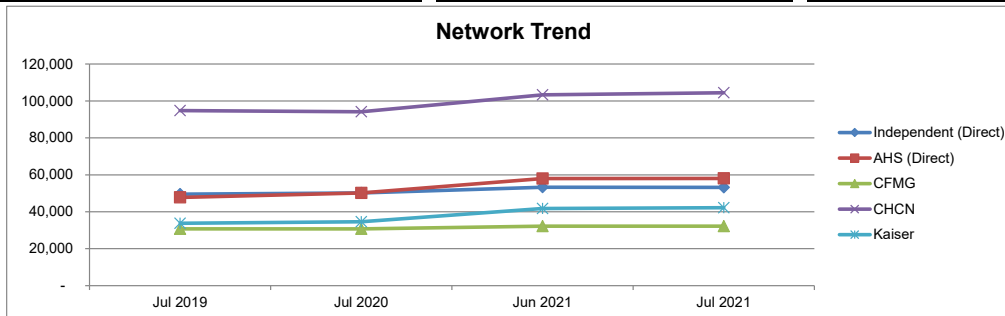
| Category of Aid Trend | | | | | | | | | | | | |
|-----------------------|----------------|----------------|----------------|----------------|------------------------------|---------------|---------------|---------------|----------------------|----------------------|----------------------|--|
| Category of Aid | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | | |
| | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 to Jul 2020 | Jul 2020 to Jul 2021 | Jun 2021 to Jul 2021 | |
| Adults | 33,670 | 34,909 | 40,966 | 41,358 | 13.1% | 13.4% | 14.2% | 14.3% | 3.7% | 18.5% | 1.0% | |
| Child | 92,397 | 91,570 | 97,048 | 97,179 | 36.0% | 35.2% | 33.6% | 33.5% | -0.9% | 6.1% | 0.1% | |
| SPD | 25,804 | 26,044 | 26,323 | 26,320 | 10.1% | 10.0% | 9.1% | 9.1% | 0.9% | 1.1% | 0.0% | |
| ACA OE | 81,171 | 82,989 | 98,281 | 99,105 | 31.6% | 31.9% | 34.1% | 34.2% | 2.2% | 19.4% | 0.8% | |
| Duals | 17,627 | 18,297 | 19,988 | 20,194 | 6.9% | 7.0% | 6.9% | 7.0% | 3.8% | 10.4% | 1.0% | |
| Medi-Cal Total | 250,669 | 253,809 | 282,606 | 284,156 | 97.7% | 97.6% | 97.9% | 98.0% | 1.3% | 12.0% | 0.5% | |
| Group Care | 5,976 | 6,109 | 5,948 | 5,935 | 2.3% | 2.4% | 2.1% | 2.0% | 2.2% | -2.8% | -0.2% | |
| Total | 256,645 | 259,918 | 288,554 | 290,091 | 100.0% | 100.0% | 100.0% | 100.0% | 1.3% | 11.6% | 0.5% | |



| Delegation vs Direct Trend | | | | | | | | | | | | |
|----------------------------|----------------|----------------|----------------|----------------|------------------------------|---------------|---------------|---------------|----------------------|----------------------|----------------------|--|
| Members | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | | |
| | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 to Jul 2020 | Jul 2020 to Jul 2021 | Jun 2021 to Jul 2021 | |
| Delegated | 159,355 | 159,526 | 177,296 | 178,857 | 62.1% | 61.4% | 61.4% | 61.7% | 0.1% | 12.1% | 0.9% | |
| Direct | 97,290 | 100,392 | 111,258 | 111,234 | 37.9% | 38.6% | 38.6% | 38.3% | 3.2% | 10.8% | 0.0% | |
| Total | 256,645 | 259,918 | 288,554 | 290,091 | 100.0% | 100.0% | 100.0% | 100.0% | 1.3% | 11.6% | 0.5% | |

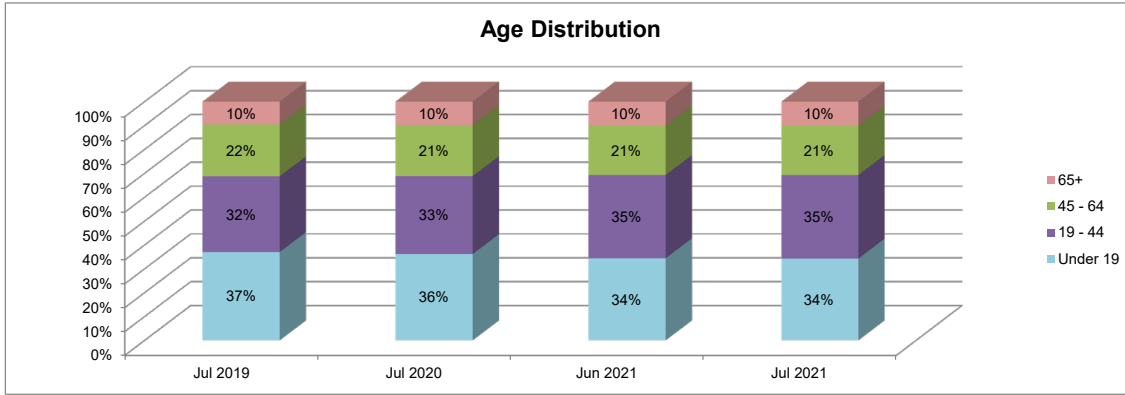


| Network Trend | | | | | | | | | | | | |
|----------------------|----------------|----------------|----------------|----------------|------------------------------|---------------|---------------|---------------|----------------------|----------------------|----------------------|--|
| Network | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | | |
| | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 to Jul 2020 | Jul 2020 to Jul 2021 | Jun 2021 to Jul 2021 | |
| Independent (Direct) | 49,531 | 50,199 | 53,280 | 53,189 | 19.3% | 19.3% | 18.5% | 18.3% | 1.3% | 6.0% | -0.2% | |
| AHS (Direct) | 47,759 | 50,193 | 57,978 | 58,045 | 18.6% | 19.3% | 20.1% | 20.0% | 5.1% | 15.6% | 0.1% | |
| CFMG | 30,752 | 30,742 | 32,197 | 32,217 | 12.0% | 11.8% | 11.2% | 11.1% | 0.0% | 4.8% | 0.1% | |
| CHCN | 94,820 | 94,144 | 103,339 | 104,433 | 36.9% | 36.2% | 35.8% | 36.0% | -0.7% | 10.9% | 1.1% | |
| Kaiser | 33,783 | 34,640 | 41,760 | 42,207 | 13.2% | 13.3% | 14.5% | 14.5% | 2.5% | 21.8% | 1.1% | |
| Total | 256,645 | 259,918 | 288,554 | 290,091 | 100.0% | 100.0% | 100.0% | 100.0% | 1.3% | 11.6% | 0.5% | |

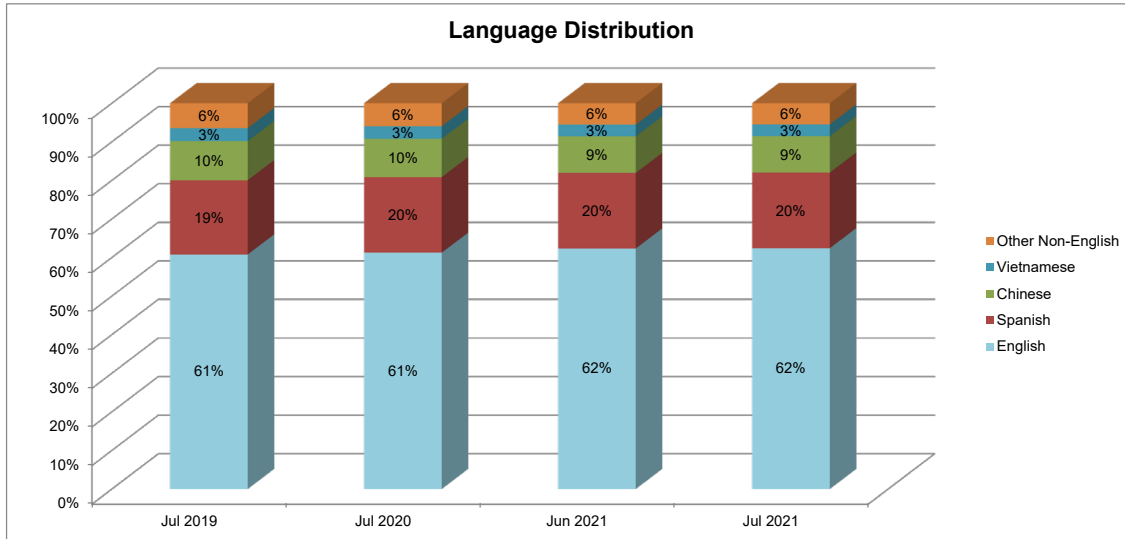


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

| Age Category Trend | | | | | | | | | | | | |
|--------------------|----------------|----------------|----------------|----------------|------------------------------|-------------|-------------|-------------|----------------------|----------------------|----------------------|--|
| Age Category | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | | |
| | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 to Jul 2020 | Jul 2020 to Jul 2021 | Jun 2021 to Jul 2021 | |
| Under 19 | 95,067 | 94,074 | 99,380 | 99,517 | 37% | 36% | 34% | 34% | -1% | 6% | 0% | |
| 19 - 44 | 81,411 | 84,828 | 100,530 | 101,407 | 32% | 33% | 35% | 35% | 4% | 20% | 1% | |
| 45 - 64 | 55,782 | 55,293 | 59,806 | 60,069 | 22% | 21% | 21% | 21% | -1% | 9% | 0% | |
| 65+ | 24,385 | 25,723 | 28,838 | 29,098 | 10% | 10% | 10% | 10% | 5% | 13% | 1% | |
| Total | 256,645 | 259,918 | 288,554 | 290,091 | 100% | 100% | 100% | 100% | 1% | 12% | 1% | |

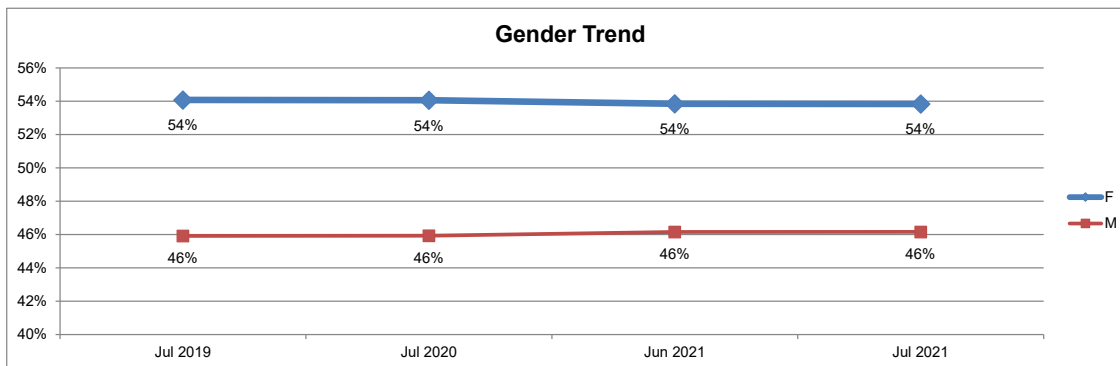


| Language Trend | | | | | | | | | | | | |
|-------------------|----------------|----------------|----------------|----------------|------------------------------|-------------|-------------|-------------|----------------------|----------------------|----------------------|--|
| Language | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | | |
| | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 to Jul 2020 | Jul 2020 to Jul 2021 | Jun 2021 to Jul 2021 | |
| English | 156,015 | 159,176 | 179,840 | 181,065 | 61% | 61% | 62% | 62% | 2% | 14% | 1% | |
| Spanish | 49,412 | 50,932 | 56,529 | 56,862 | 19% | 20% | 20% | 20% | 3% | 12% | 1% | |
| Chinese | 25,986 | 25,833 | 27,322 | 27,378 | 10% | 10% | 9% | 9% | -1% | 6% | 0% | |
| Vietnamese | 8,642 | 8,463 | 8,826 | 8,828 | 3% | 3% | 3% | 3% | -2% | 4% | 0% | |
| Other Non-English | 16,590 | 15,514 | 16,037 | 15,958 | 6% | 6% | 6% | 6% | -6% | 3% | 0% | |
| Total | 256,645 | 259,918 | 288,554 | 290,091 | 100% | 100% | 100% | 100% | 1% | 12% | 1% | |

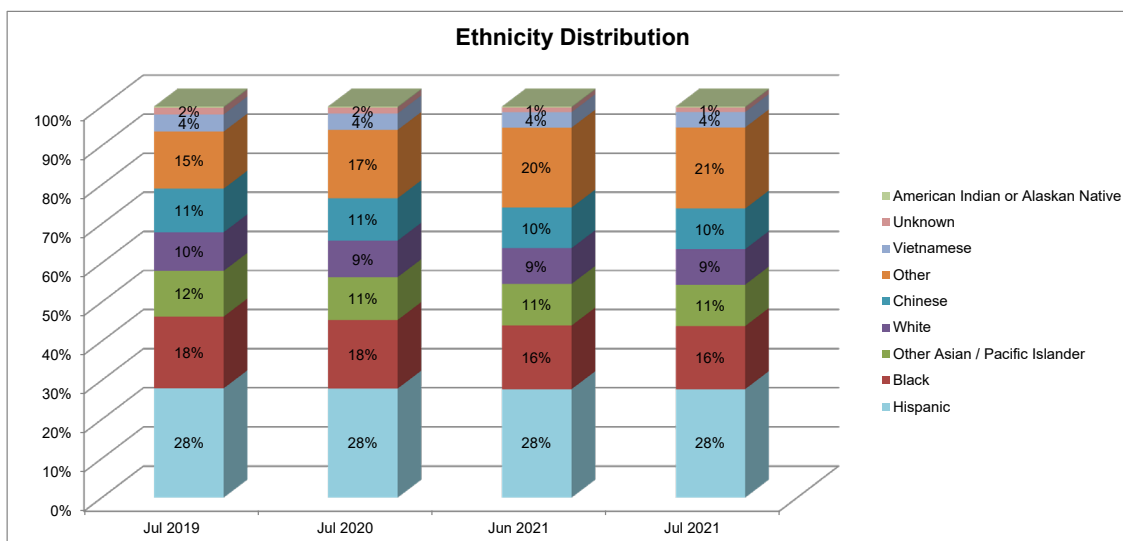


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

| Gender Trend | | | | | | | | | | | | |
|--------------|----------------|----------------|----------------|----------------|------------------------------|-------------|-------------|-------------|----------------------|----------------------|----------------------|--|
| Gender | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | | |
| | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 to Jul 2020 | Jul 2020 to Jul 2021 | Jun 2021 to Jul 2021 | |
| F | 138,795 | 140,532 | 155,381 | 156,178 | 54% | 54% | 54% | 54% | 1% | 11% | 1% | |
| M | 117,850 | 119,386 | 133,173 | 133,913 | 46% | 46% | 46% | 46% | 1% | 12% | 1% | |
| Total | 256,645 | 259,918 | 288,554 | 290,091 | 100% | 100% | 100% | 100% | 1% | 12% | 1% | |



| Ethnicity Trend | | | | | | | | | | | | |
|-----------------------------------|----------------|----------------|----------------|----------------|------------------------------|-------------|-------------|-------------|----------------------|----------------------|----------------------|--|
| Ethnicity | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | | |
| | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 | Jul 2020 | Jun 2021 | Jul 2021 | Jul 2019 to Jul 2020 | Jul 2020 to Jul 2021 | Jun 2021 to Jul 2021 | |
| Hispanic | 71,630 | 72,376 | 79,920 | 80,361 | 28% | 28% | 28% | 28% | 1% | 11% | 1% | |
| Black | 47,138 | 45,622 | 47,000 | 46,843 | 18% | 18% | 16% | 16% | -3% | 3% | 0% | |
| Other Asian / Pacific Islander | 29,964 | 28,453 | 30,688 | 30,700 | 12% | 11% | 11% | 11% | -5% | 8% | 0% | |
| White | 25,392 | 24,309 | 26,407 | 26,392 | 10% | 9% | 9% | 9% | -4% | 9% | 0% | |
| Chinese | 28,595 | 28,189 | 30,015 | 30,090 | 11% | 11% | 10% | 10% | -1% | 7% | 0% | |
| Other | 37,514 | 45,429 | 59,005 | 60,195 | 15% | 17% | 20% | 21% | 21% | 33% | 2% | |
| Vietnamese | 11,231 | 10,933 | 11,343 | 11,369 | 4% | 4% | 4% | 4% | -3% | 4% | 0% | |
| Unknown | 4,539 | 4,020 | 3,549 | 3,523 | 2% | 2% | 1% | 1% | -11% | -12% | -1% | |
| American Indian or Alaskan Native | 642 | 587 | 627 | 618 | 0% | 0% | 0% | 0% | -9% | 5% | -1% | |
| Total | 256,645 | 259,918 | 288,554 | 290,091 | 100% | 100% | 100% | 100% | 1% | 12% | 1% | |



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

| Medi-Cal By City | | | | | | | |
|------------------|----------------|-------------|----------------------|---------------|---------------|----------------|---------------|
| City | Jul 2021 | % of Total | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser |
| Oakland | 113,318 | 40% | 12,515 | 27,335 | 14,053 | 47,374 | 12,041 |
| Hayward | 44,114 | 16% | 8,703 | 9,493 | 4,901 | 13,227 | 7,790 |
| Fremont | 25,310 | 9% | 9,610 | 3,917 | 830 | 6,743 | 4,210 |
| San Leandro | 25,544 | 9% | 4,328 | 4,002 | 3,339 | 9,406 | 4,469 |
| Union City | 12,158 | 4% | 4,403 | 1,856 | 382 | 3,180 | 2,337 |
| Alameda | 10,915 | 4% | 2,022 | 1,754 | 1,606 | 3,812 | 1,721 |
| Berkeley | 10,111 | 4% | 1,447 | 1,745 | 1,275 | 4,094 | 1,550 |
| Livermore | 8,629 | 3% | 977 | 860 | 1,900 | 3,318 | 1,574 |
| Newark | 6,541 | 2% | 1,784 | 2,054 | 198 | 1,260 | 1,245 |
| Castro Valley | 7,053 | 2% | 1,345 | 1,157 | 1,064 | 2,048 | 1,439 |
| San Lorenzo | 6,042 | 2% | 944 | 1,051 | 731 | 2,056 | 1,260 |
| Pleasanton | 4,583 | 2% | 895 | 474 | 471 | 1,973 | 770 |
| Dublin | 4,929 | 2% | 884 | 483 | 647 | 1,987 | 928 |
| Emeryville | 1,840 | 1% | 305 | 364 | 296 | 562 | 313 |
| Albany | 1,756 | 1% | 268 | 240 | 361 | 520 | 367 |
| Piedmont | 327 | 0% | 39 | 81 | 29 | 89 | 89 |
| Sunol | 60 | 0% | 12 | 12 | 9 | 14 | 13 |
| Antioch | 28 | 0% | 5 | 7 | 1 | 9 | 6 |
| Other | 898 | 0% | 176 | 233 | 124 | 280 | 85 |
| Total | 284,156 | 100% | 50,662 | 57,118 | 32,217 | 101,952 | 42,207 |

| Group Care By City | | | | | | | |
|--------------------|--------------|-------------|----------------------|--------------|----------|--------------|----------|
| City | Jul 2021 | % of Total | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser |
| Oakland | 2,012 | 34% | 504 | 380 | - | 1,128 | - |
| Hayward | 658 | 11% | 371 | 135 | - | 152 | - |
| Fremont | 627 | 11% | 466 | 59 | - | 102 | - |
| San Leandro | 581 | 10% | 226 | 94 | - | 261 | - |
| Union City | 327 | 6% | 236 | 32 | - | 59 | - |
| Alameda | 280 | 5% | 108 | 26 | - | 146 | - |
| Berkeley | 174 | 3% | 52 | 12 | - | 110 | - |
| Livermore | 82 | 1% | 32 | 1 | - | 49 | - |
| Newark | 142 | 2% | 87 | 37 | - | 18 | - |
| Castro Valley | 184 | 3% | 89 | 22 | - | 73 | - |
| San Lorenzo | 128 | 2% | 57 | 19 | - | 52 | - |
| Pleasanton | 50 | 1% | 26 | 1 | - | 23 | - |
| Dublin | 105 | 2% | 39 | 13 | - | 53 | - |
| Emeryville | 27 | 0% | 9 | 4 | - | 14 | - |
| Albany | 16 | 0% | 6 | 2 | - | 8 | - |
| Piedmont | 15 | 0% | 4 | 1 | - | 10 | - |
| Sunol | - | 0% | - | - | - | - | - |
| Antioch | 27 | 0% | 6 | 10 | - | 11 | - |
| Other | 500 | 8% | 209 | 79 | - | 212 | - |
| Total | 5,935 | 100% | 2,527 | 927 | - | 2,481 | - |

| Total By City | | | | | | | |
|---------------|----------------|-------------|----------------------|---------------|---------------|----------------|---------------|
| City | Jul 2021 | % of Total | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser |
| Oakland | 115,330 | 40% | 13,019 | 27,715 | 14,053 | 48,502 | 12,041 |
| Hayward | 44,772 | 15% | 9,074 | 9,628 | 4,901 | 13,379 | 7,790 |
| Fremont | 25,937 | 9% | 10,076 | 3,976 | 830 | 6,845 | 4,210 |
| San Leandro | 26,125 | 9% | 4,554 | 4,096 | 3,339 | 9,667 | 4,469 |
| Union City | 12,485 | 4% | 4,639 | 1,888 | 382 | 3,239 | 2,337 |
| Alameda | 11,195 | 4% | 2,130 | 1,780 | 1,606 | 3,958 | 1,721 |
| Berkeley | 10,285 | 4% | 1,499 | 1,757 | 1,275 | 4,204 | 1,550 |
| Livermore | 8,711 | 3% | 1,009 | 861 | 1,900 | 3,367 | 1,574 |
| Newark | 6,683 | 2% | 1,871 | 2,091 | 198 | 1,278 | 1,245 |
| Castro Valley | 7,237 | 2% | 1,434 | 1,179 | 1,064 | 2,121 | 1,439 |
| San Lorenzo | 6,170 | 2% | 1,001 | 1,070 | 731 | 2,108 | 1,260 |
| Pleasanton | 4,633 | 2% | 921 | 475 | 471 | 1,996 | 770 |
| Dublin | 5,034 | 2% | 923 | 496 | 647 | 2,040 | 928 |
| Emeryville | 1,867 | 1% | 314 | 368 | 296 | 576 | 313 |
| Albany | 1,772 | 1% | 274 | 242 | 361 | 528 | 367 |
| Piedmont | 342 | 0% | 43 | 82 | 29 | 99 | 89 |
| Sunol | 60 | 0% | 12 | 12 | 9 | 14 | 13 |
| Antioch | 55 | 0% | 11 | 17 | 1 | 20 | 6 |
| Other | 1,398 | 0% | 385 | 312 | 124 | 492 | 85 |
| Total | 290,091 | 100% | 53,189 | 58,045 | 32,217 | 104,433 | 42,207 |



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CaAIM Progress Report

CalAIM Implementation Readiness

Progress Report



Presented to the Alameda Alliance Board of Governors

Scott Coffin, Chief Executive Officer

September 10th, 2021

Progress Report

CalAIM

- ▶ Model of Care #2 submitted to DHCS, and the final model of care submission is due by October 1st
- ▶ DHCS to release final rates for ECM, ILOS, and transplants by September 30th
- ▶ Revised ILOS revenue & cost projections to be communicated to the Board in November
- ▶ Operational readiness phase initiated and continues over the next four months
- ▶ Meeting held with DHCS, Alameda County HCSA, and Alameda Alliance in mid-July
- ▶ Go-Live for ECM, ILOS, and major organ transplants is January 1, 2022

In Lieu Of Services

Medi-Cal services begin 1/1/2022

- ▶ Asthma Remediation
- ▶ High Utilizer – Homeless Housing Transition Navigation Services
- ▶ High Utilizer – Housing Deposits
- ▶ High Utilizer – Housing Tenancy and Sustaining Services
- ▶ Meals: Medically Tailored Meals and medically supportive meals
- ▶ Recuperative Care (Medical Respite)

Enhanced Care Management

Medi-Cal benefits begin 1/1/2022

- ▶ Individuals experiencing homelessness, chronic homelessness or who are at risk of becoming homeless
- ▶ High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits
- ▶ Individuals at risk for institutionalization with Serious Mental Illness (SMI), Substance Use Disorder (SUD) with co-occurring chronic health conditions

Major Organ Transplant

Medi-Cal benefits begin 1/1/2022

- ▶ Kidney & cornea covered today by managed care health plans, and all other transplants are covered under the Medi-Cal “Fee for Service” system
- ▶ Effective 1/1/2022, transplants for heart, liver & intestinal, lung, pancreas, and combined organs (e.g. heart/lung) administered by Alameda Alliance
- ▶ Includes bone marrow transplants



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COVID-19 Vaccinations & Incentives

COVID-19 Vaccinations & Incentives

Progress Report



Presented to the Alameda Alliance Board of Governors

*Scott Coffin, Chief Executive Officer
Matt Woodruff, Chief Operations Officer*

September 10th, 2021

Progress Report

COVID-19 Vaccinations

- ▶ 64% of members 12 years and older are vaccinated (fully/partially)
 - ▶ Medi-Cal: 144,651 of 226,017 persons
 - ▶ Group Care: 3,971 of 6,000 persons
- ▶ 78% of older adults (65 and older) are vaccinated
- ▶ Alameda County average is 89%

Progress Report

Vaccination Incentives

- ▶ California Department of Health Care Services (DHCS) funded over \$300 million statewide
- ▶ Vaccination campaign targeting improvements in Medi-Cal populations over next five months (October 2021 – February 2022)
- ▶ Alameda Alliance submitted a proposal to DHCS, partnering with Alameda County Public Health and clinic leaders on the vaccination outreach strategy and implementation
- ▶ Forecasting award of \$6 million to fund outreach activities and local investments in vaccination services, leveraging vaccination resources administered by Alameda County and local health centers
- ▶ 80% of funding based on outcome measures, driven through a combination of member and provider incentives
- ▶ Outreach includes member texting, social media, billboards, mobile vaccination clinics, and coordination with faith-based organizations

COVID-19 Vaccination Summary as % of Population Ages >= 12 Years v3

Data as of: 2021-09-07

LOB:

All

Members Fully Or Partially Vaccinated:

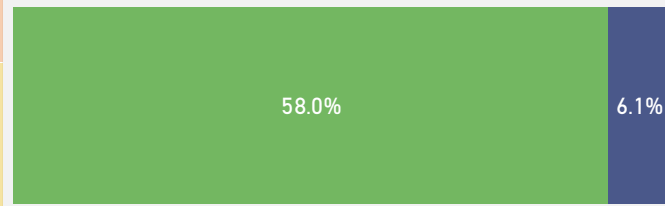
148,622

% Fully Or Partially Vaccinated:

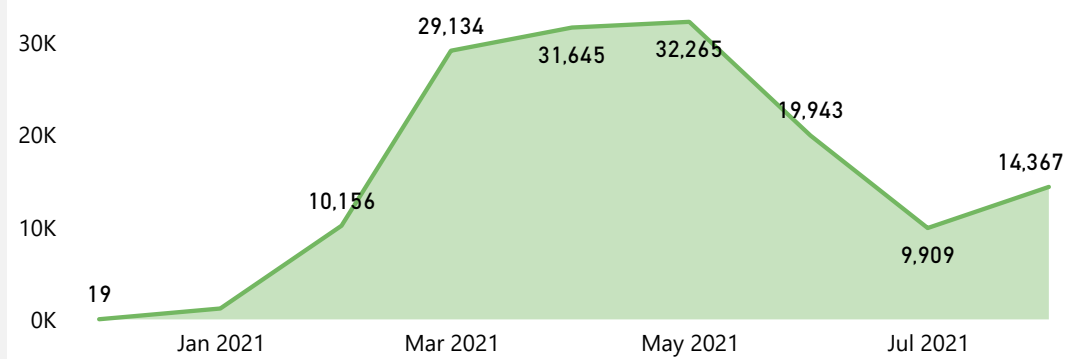
64.0%

Breakout by Status

Fully Vaccinated Partially Vaccinated

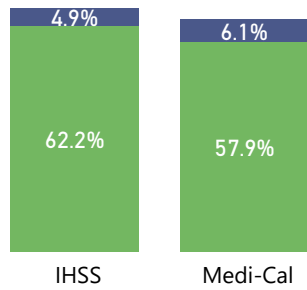


Monthly Trend



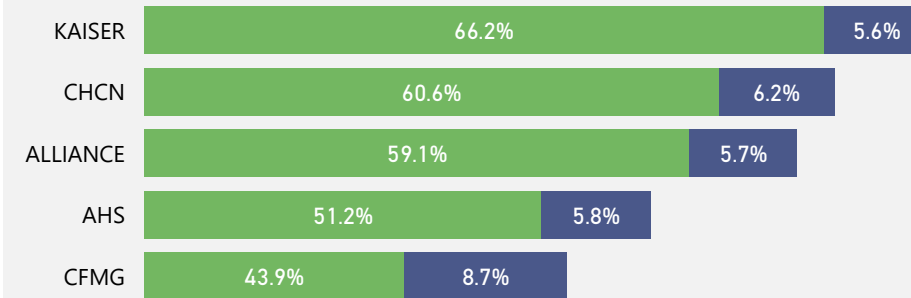
Medi-Cal vs IHSS

Fully Vaccinated Partially Vaccinated



Network

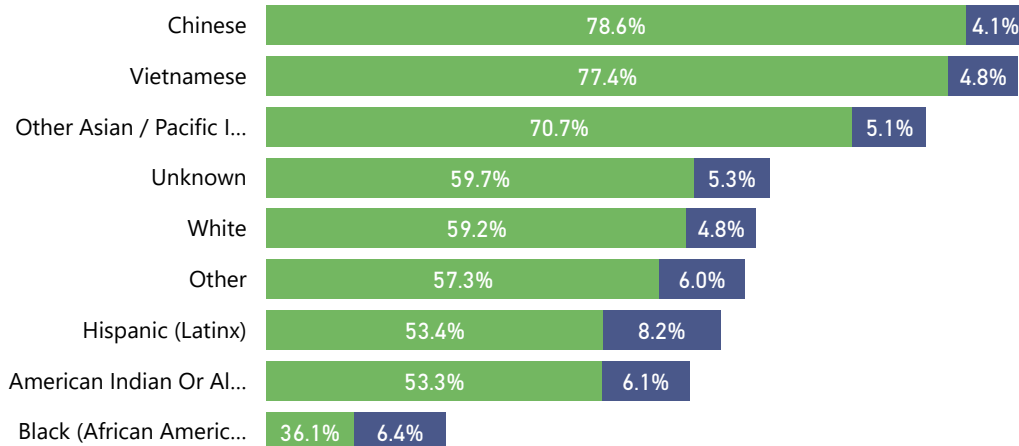
Fully Vaccinated Partially Vaccinated



| Top 15 Cities | Fully Vaccinated | Partially Vaccinated |
|---------------|------------------|----------------------|
| ALAMEDA | 67.2% | 5.0% |
| ALBANY | 73.2% | 4.6% |
| BERKELEY | 61.5% | 5.5% |
| CASTRO VALLEY | 63.4% | 5.9% |
| DUBLIN | 62.4% | 5.7% |
| EMERYVILLE | 54.1% | 6.7% |
| FREMONT | 64.5% | 5.5% |
| HAYWARD | 56.2% | 6.8% |
| LIVERMORE | 54.4% | 6.5% |
| NEWARK | 61.5% | 6.1% |
| OAKLAND | 52.8% | 6.3% |
| PLEASANTON | 63.3% | 5.3% |
| SAN LEANDRO | 62.2% | 5.6% |
| SAN LORENZO | 65.6% | 5.6% |
| UNION CITY | 65.3% | 5.7% |

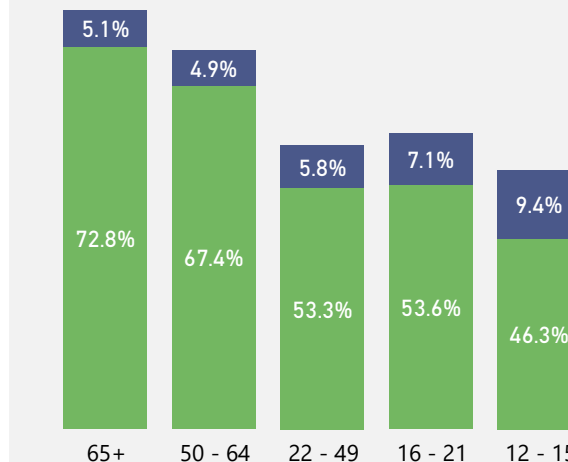
Ethnicity

Fully Vaccinated Partially Vaccinated



Age Category

Fully Vaccinated Partially Vaccinated



Gender

Fully Vaccinated Partially Vaccinated





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Operations

Matt Woodruff

To: Alameda Alliance for Health Board of Governors
From: Matthew Woodruff, Chief Operating Officer
Date: September 10, 2021
Subject: Operations Report

Member Services

- 12-Month Trend Summary:
 - The Member Services Department received a fifteen percent (15%) increase in calls in August 2021, totaling 15,332 compared to 13,024 in August 2020. Call volume pre-pandemic in August 2019 was 15,318, which is 1% percent lower than the current call volume.
 - August utilization for the member automated eligibility IVR system totaled nine hundred ninety-five (995).
 - The abandonment rate for August 2021 was seventeen percent (17%), compared to two percent (2%) in August 2020.
 - The Department's service level was forty-one percent (41%) in August 2021, compared to sixty-one percent (61%) in August 2020. The Department continues to recruit to fill open positions.
 - The average talk time (ATT) was seven minutes and fifteen seconds (07:15) for August 2021 compared to six minutes and fifty-four seconds (06:54) for August 2020.
 - The top five call reasons for August 2021 were: 1). Eligibility/Enrollment, 2). Change of PCP 3). Kaiser, 4). Benefits, 5). ID Card Request. The top five call reasons for August 2020 were: 1). Change of PCP, 2). Eligibility/Enrollment, 3). Kaiser 4). Benefits, 5). ID Card Requests.
 - The Department continues to service members via multiple non-contact communication channels including, telephonic, email and web-based requests. The Department responded to 727 web-based requests in August 2021 compared to 744 in August 2020. The top three web reason requests for August 2021 were: 1). ID Card Requests 2). Change of PCP, 3). Update Contact Information.

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

Claims

- 12-Month Trend Summary:
 - The Claims Department received 139,079 claims in August 2021 compared to 104,293 in August 2020.
 - The Auto Adjudication was 73.8% in August 2021 compared to 76.2% in August 2020.
 - Claims compliance for the 30-day turn-around time was 98.9% in August 2021 compared to 99.4% in August 2020. The 45-day turn-around time was 99.9% in August 2021 compared to 99.9% in August 2020.
- Monthly Analysis:
 - In August, we received a total of 139,079 claims in the HEALTHsuite system. This represents an increase of 3.8% from July and is higher, by 34,786 claims, than the number of claims received in August 2020; the higher volume of received claims remains attributed to COVID-19 and COBA implementation.
 - We received 80% of claims via EDI and 20% of claims via paper.
 - During August, 99.9% of our claims were processed within 45 working days.
 - The Auto Adjudication rate was 73.8% for August.

Provider Services

- 12-Month Trend Summary:
 - The Provider Services Department's call volume in August 2021 was 4,724 calls compared to 5,547 calls in August 2020.
 - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.
 - The Provider Services department completed 290 remote visits during August 2021.

- The Provider Services department answered over 4,383 calls for August 2021 and made over 734 outbound calls.

Credentialing

- 12-Month Trend Summary:
 - No Credentialing Committee meeting in August.

Provider Dispute Resolution

- 12-Month Trend Summary:
 - In June 2021, the Provider Dispute Resolution (PDR) team received 658 PDRs versus 950 in June 2020.
 - The PDR team resolved 741 cases in June 2021 compared to 677 cases in June 2020.
 - In June 2021, the PDR team upheld 67% of cases versus 66% in June 2020.
 - The PDR team resolved 99.1% of cases within the compliance standard of 95% within 45 working days in June 2021 compared to 99% in June 2020.
- Monthly Analysis:
 - AAH received 658 PDRs in June 2021.
 - In June, 741 PDRs were resolved. Out of the 741 PDRs, 495 were upheld, and 246 were overturned.
 - The overturn rate for PDRs was 33% which did not meet our goal of 25% or less.
 - Below is a breakdown of the various causes for the 246 overturned PDRs. Please note that there were two primary areas that caused the Department to miss their goal of 25% or less. First were the system issues listed below represented a higher than normal percentage of overturned cases (representing 102 cases). Out of the 70 incorrect rates, 40 cases were due to DHCS Hospice rates published on 03/23/2021 were retro-back Hospice rates to 10/01/2020. The second, a larger than normal volume of overturns due to processor errors claims (representing 27% or 66 cases). The combined rise in the volume of the two primary issues for overturned PDRs this month stopped us from achieving the goal of 25% or less.

- System Related Issues 38% (141 cases):
 - Authorization Related Issues 29% (108 cases). These cases are reviewed by Health Care Services (HCS) and again in two ongoing collaborative meetings between Claims, HCS, and HS Configuration teams.
 - Additional Documentation Provided 11% (41 cases). We will ask Provider Services to do outreach to these Providers to ensure they submit their additional documentation with the original claims submissions.
 - Claim Processing Errors 22% (77 cases). Any Processor errors are turned over to the new Claims Trainer for further review and to reach out to Processors for additional training. These are combined with hi-dollar Interest and Audit findings resulting from Processor errors.
- 961 out of 967 cases were resolved within 45 working days resulting in a 99.4% compliance rate.
- The average turnaround time for resolving PDRs in August was 37 days.
- There were 1289 PDRs pending resolution as of 08/31/2021, with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:
 - In August 2021, the Alliance completed 718 member orientation outreach calls and 155 member orientations by phone.
 - The C&O Department reached 156 people (100% identified as Alliance members) during outreach activities, compared to 414 individuals (100% self-identified as Alliance members) in August 2020.
 - The C&O Department reached members in 18 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 17 cities in August 2021.

- Monthly Analysis:
 - In August 2021, the C&O Department completed 718 member orientation outreach calls and 155 member orientations by phone, 60 Alliance website inquiries, and one virtual community presentation.
 - Among the 156 people reached, 100% identified as Alliance members.
 - In August 2021, the C&O Department reached members in 18 locations throughout Alameda County, Bay Area, and the U.S.
 - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

| Blended Results | August 2021 |
|------------------------------------|--------------------|
| Incoming Calls (R/V) | 15,332 |
| Abandoned Rate (R/V) | 17% |
| Answered Calls (R/V) | 12,657 |
| Average Speed to Answer (ASA) | 03:48 |
| Calls Answered in 30 Seconds (R/V) | 41% |
| Average Talk Time (ATT) | 07:15 |
| Outbound Calls | 5,137 |

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

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

Claims Department
July 2021 Final and August 2021 Final

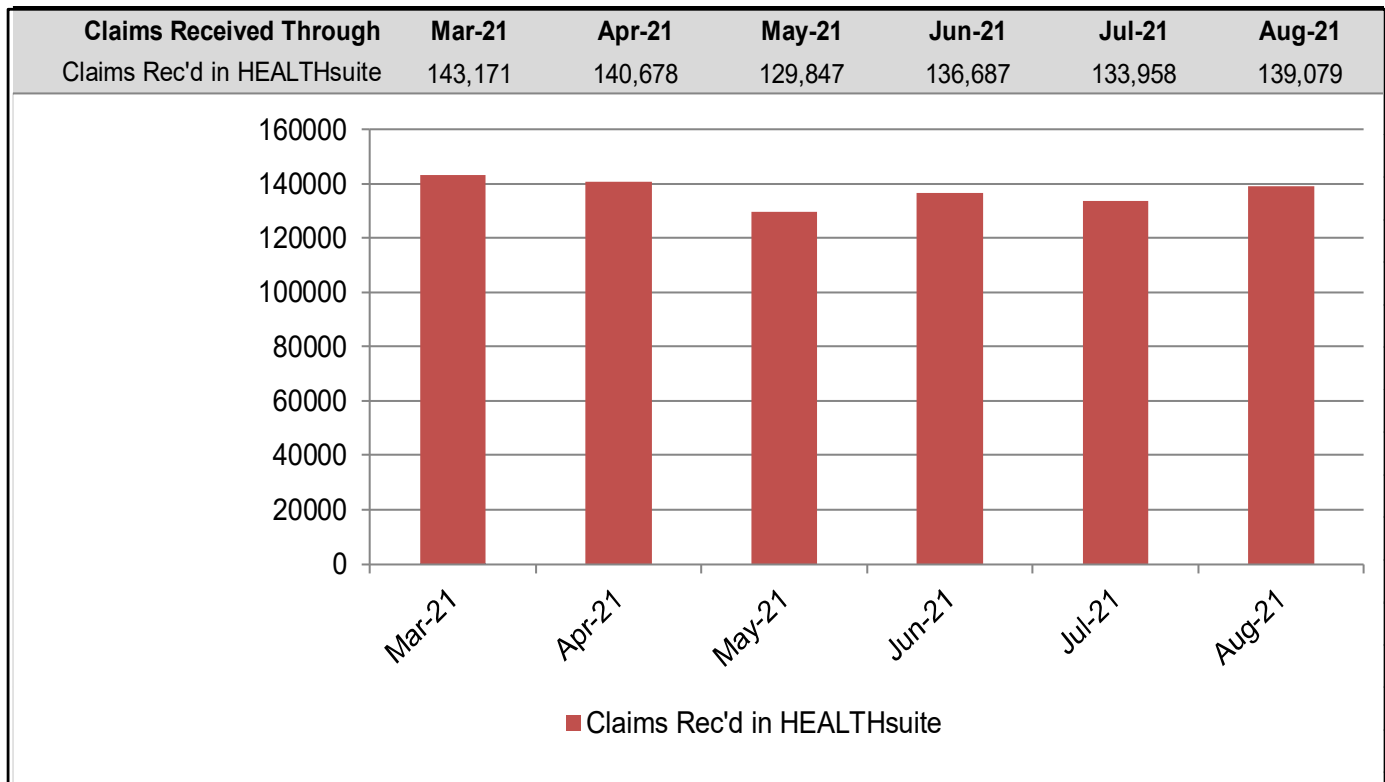
| METRICS | | |
|---|----------------|----------------|
| Claims Compliance | Jul-21 | Aug-21 |
| 90% of clean claims processed within 30 calendar days | 97.1% | 98.9% |
| 95% of all claims processed within 45 working days | 99.9% | 99.9% |
| Claims Volume (Received) | Jul-21 | Aug-21 |
| Paper claims | 25,757 | 28,325 |
| EDI claims | 108,201 | 110,754 |
| Claim Volume Total | 133,958 | 139,079 |
| Percentage of Claims Volume by Submission Method | Jul-21 | Aug-21 |
| % Paper | 19.23% | 20.37% |
| % EDI | 80.77% | 79.63% |
| Claims Processed | Jul-21 | Aug-21 |
| HEALTHsuite Paid (original claims) | 89,651 | 93,515 |
| HEALTHsuite Denied (original claims) | 31,463 | 31,108 |
| HEALTHsuite Original Claims Sub-Total | 121,114 | 124,623 |
| HEALTHsuite Adjustments | 2,041 | 1,081 |
| HEALTHsuite Total | 123,155 | 125,704 |
| Claims Expense | Jul-21 | Aug-21 |
| Medical Claims Paid | \$48,541,506 | \$47,683,221 |
| Interest Paid | \$16,235 | \$56,038 |
| Auto Adjudication | Jul-21 | Aug-21 |
| Claims Auto Adjudicated | 88,168 | 91,915 |
| % Auto Adjudicated | 72.8% | 73.8% |
| Average Days from Receipt to Payment | Jul-21 | Aug-21 |
| HEALTHsuite | 19 | 18 |
| Pended Claim Age | Jul-21 | Aug-21 |
| 0-29 calendar days | | |
| HEALTHsuite | 15,904 | 15,523 |
| 30-59 calendar days | | |
| HEALTHsuite | 207 | 128 |
| Over 60 calendar days | | |
| HEALTHsuite | 1 | 1 |
| Overall Denial Rate | Jul-21 | Aug-21 |
| Claims denied in HEALTHsuite | 31,463 | 31,108 |
| % Denied | 25.5% | 24.7% |

**Claims Department
July 2021 Final and August 2021 Final**

Aug-21

| Top 5 HEALTHsuite Denial Reasons | % of all denials |
|---|-------------------------|
| Responsibility of Provider | 19% |
| Must Submit as a Paper Claim with Copy of Primary Payer EOB | 14% |
| Duplicate Claim | 13% |
| Non-Covered Benefit for this Plan | 10% |
| No Benefits Found For Dates of Service | 7% |
| % Total of all denials | 63% |

Claims Received By Month



Provider Relations Dashboard August 2021

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

Provider Relations Dashboard August 2021

Call Reasons (Medi-Cal and Group Care)

| Category | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|
| Authorizations | 2.8% | 3.9% | 3.1% | 3.0% | 2.7% | 3.5% | 3.8% | 4.6% | | | | |
| Benefits | 4.9% | 3.4% | 3.7% | 3.1% | 3.4% | 2.8% | 1.9% | 0.3% | | | | |
| Claims Inquiry | 38.8% | 36.8% | 39.4% | 38.1% | 40.6% | 40.4% | 41.6% | 39.6% | | | | |
| Change of PCP | 1.3% | 3.6% | 4.8% | 4.1% | 4.8% | 5.3% | 4.9% | 5.5% | | | | |
| Complaint/Grievance (includes PDR's) | 3.5% | 3.6% | 3.8% | 3.6% | 2.8% | 3.1% | 2.7% | 2.8% | | | | |
| Contracts | 0.5% | 0.6% | 0.3% | 0.6% | 0.5% | 0.4% | 0.6% | 0.6% | | | | |
| Correspondence Question/Followup | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | 0.0% | 0.0% | | | | |
| Demographic Change | 0.1% | 0.1% | 0.1% | 0.2% | 0.1% | 0.1% | 0.1% | 0.2% | | | | |
| Eligibility - Call from Provider | 25.0% | 25.8% | 24.3% | 24.4% | 25.1% | 23.2% | 25.8% | 24.6% | | | | |
| Exempt Grievance/ G&A | 0.2% | 0.2% | 0.2% | 0.0% | 0.4% | 0.4% | 0.2% | 0.3% | | | | |
| General Inquiry/Non member | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | | |
| Health Education | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | | |
| Intrepreter Services Request | 2.0% | 1.8% | 1.3% | 1.2% | 1.1% | 1.1% | 1.1% | 1.3% | | | | |
| Kaiser | 3.7% | 0.2% | 0.2% | 0.4% | 0.3% | 0.3% | 0.1% | 0.2% | | | | |
| Member bill | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | | |
| Mystery Shopper Call | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | | |
| Provider Portal Assistance | 3.6% | 4.3% | 4.0% | 3.9% | 4.3% | 4.1% | 4.0% | 4.1% | | | | |
| Pharmacy | 0.9% | 0.9% | 1.0% | 1.1% | 1.2% | 0.7% | 0.8% | 0.8% | | | | |
| Provider Network Info | 0.2% | 0.1% | 0.2% | 0.2% | 0.3% | 0.5% | 0.1% | 0.1% | | | | |
| Transferred Call | 0.2% | 0.1% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | | |
| All Other Calls | 12.3% | 14.4% | 13.6% | 16.0% | 12.7% | 14.0% | 12.3% | 15.0% | | | | |
| TOTAL | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |

Field Visit Activity Details

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

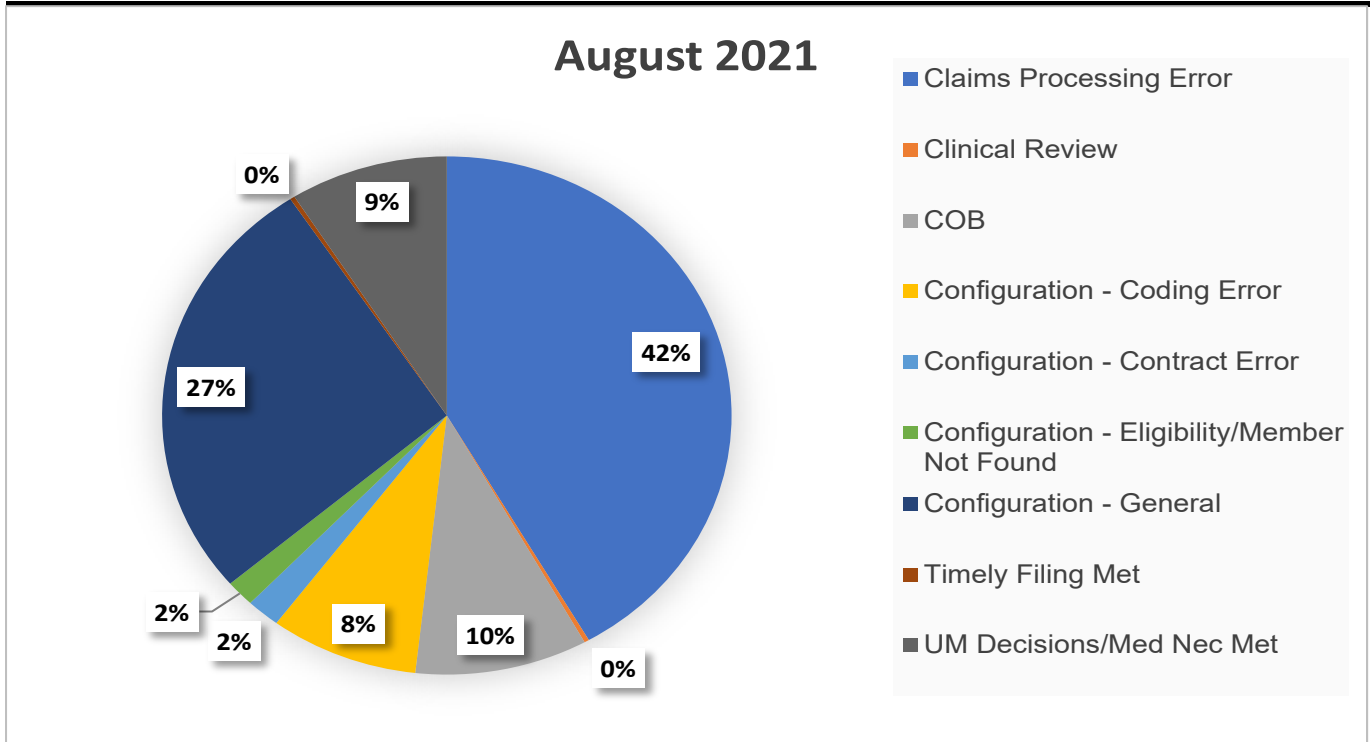
**Provider Dispute Resolution
July 2021 and August 2021**

| METRICS | | | |
|---|--|---------------|---------------|
| PDR Compliance | | Jul-21 | Aug-21 |
| # of PDRs Resolved | | 772 | 967 |
| # Resolved Within 45 Working Days | | 769 | 961 |
| % of PDRs Resolved Within 45 Working Days | | 99.6% | 99.4% |
| PDRs Received | | Jul-21 | Aug-21 |
| # of PDRs Received | | 722 | 805 |
| PDR Volume Total | | 722 | 805 |
| PDRs Resolved | | Jul-21 | Aug-21 |
| # of PDRs Upheld | | 536 | 600 |
| % of PDRs Upheld | | 69% | 62% |
| # of PDRs Overturned | | 236 | 367 |
| % of PDRs Overturned | | 31% | 38% |
| Total # of PDRs Resolved | | 772 | 967 |
| Average Turnaround Time | | Jul-21 | Aug-21 |
| Average # of Days to Resolve PDRs | | 43 | 37 |
| Oldest Unresolved PDR in Days | | 45 | 46 |
| Unresolved PDR Age | | Jul-21 | Aug-21 |
| 0-45 Working Days | | 1,416 | 1,289 |
| Over 45 Working Days | | 0 | 0 |
| Total # of Unresolved PDRs | | 1,416 | 1,289 |

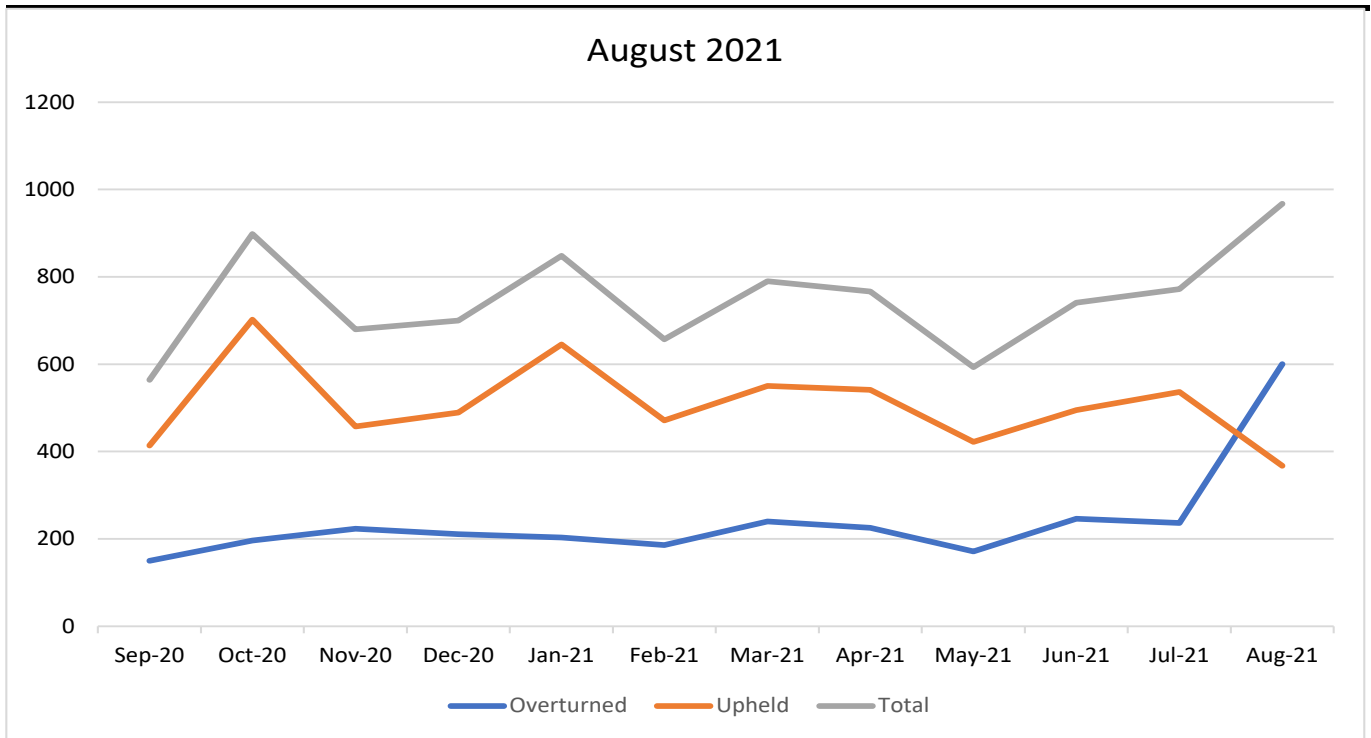
Provider Dispute Resolution July 2021 and August 2021

Aug-21

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2021-2022 | **AUGUST 2021** OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2021-2022 | AUGUST 2021 OUTREACH REPORT

During August 2021, the Alliance completed **718** member orientation outreach calls and conducted **155** member orientations by phone (**22%** member participation rate). In addition, in August 2021, the Outreach team completed **60** Alliance website inquiries and reached **one (1)** person at a virtual community presentation.

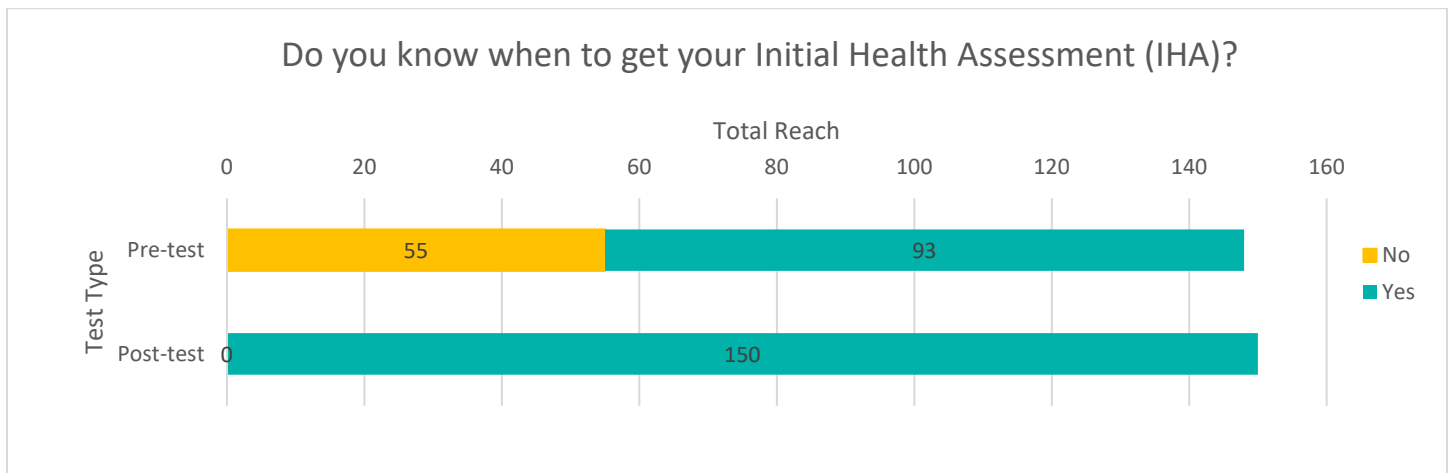
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **23,482** self-identified Alliance members were reached during outreach activities.

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

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of August 31, 2021, the Outreach Team completed **14,465** member orientation outreach calls and conducted **4,232** member orientations (**29%** member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between August 1, through August 31, 2021 (22 working days) – **155** net new members completed a MO by phone.

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







All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 21-22\Q1\2. August 2021**





ALLIANCE IN THE COMMUNITY

FY 2021-2022 | AUGUST 2021 OUTREACH REPORT

FY 2020-2021 AUGUST 2020 TOTALS

| | | | |
|--|---|--|--|
|  <p>5 COMMUNITY EVENTS 3 MEMBER EDUCATION EVENTS 15 MEMBER ORIENTATIONS MEETINGS/PRESENTATIONS/ 0 COMMUNITY TRAINING 23 TOTAL INITIATED/INVITED EVENTS 0 TOTAL COMPLETED EVENTS</p> |  <p>17 CITIES</p> <p>Alameda Albany Berkeley Castro Valley Dublin El Sobrante Fremont Hayward Livermore Newark Oakland Piedmont Pleasanton Richmond San Leandro San Lorenzo Union City</p> |  <p>0 TOTAL REACHED AT COMMUNITY EVENTS 0 TOTAL REACHED AT MEMBER EDUCATION EVENTS 414 TOTAL REACHED AT MEMBER ORIENTATIONS MEETINGS/PRESENTATIONS 0 TOTAL REACHED AT COMMUNITY TRAINING 414 MEMBERS REACHED AT ALL EVENTS 414 TOTAL REACHED AT ALL EVENTS</p> |  <p>\$0.00 TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*</p> |
|--|---|--|--|

FY 2021-2022 AUGUST 2021 TOTALS

| | | | |
|---|--|---|--|
|  <p>0 COMMUNITY EVENTS 0 MEMBER EDUCATION EVENTS 155 MEMBER ORIENTATIONS MEETINGS/PRESENTATIONS 1 COMMUNITY TRAINING 0 TOTAL INITIATED/INVITED EVENTS 156 TOTAL COMPLETED EVENTS</p> |  <p>18 CITIES *</p> <p>Alameda Berkeley Castro Valley Dublin Emeryville Fremont Hayward Livermore <i>Longview</i> <i>Los Angeles</i> Newark Oakland Pleasanton <i>San Francisco</i> San Leandro San Lorenzo <i>Seattle</i> Union City</p> |  <p>0 TOTAL REACHED AT COMMUNITY EVENTS 0 TOTAL REACHED AT MEMBER EDUCATION EVENTS 155 TOTAL REACHED AT MEMBER ORIENTATIONS MEETINGS/PRESENTATIONS 1 COMMUNITY TRAINING 155 MEMBERS REACHED AT ALL EVENTS 155 TOTAL REACHED AT ALL EVENTS</p> |  <p>\$0.00 TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*</p> |
|---|--|---|--|

*Cities represent the mailing address designations for members who completed a member orientation by phone. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the Q1 FY22 Outreach Report.



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Compliance

Richard Golfin III

To: Alameda Alliance for Health Board of Governors

From: Richard Golfin III, Chief Compliance & Privacy Officer

Date: September 10, 2021

Subject: Compliance Division Report

Compliance Activity Updates

- 2020 DHCS Kindred Focused Audit:
 - On October 23, 2020, the DHCS sent notice to the Plan of a focused audit involving the Plan's delegate, CHCN, and Kindred facilities. On March 5, 2021, the DHCS issued the Final Report and Corrective Action Plan (CAP). The Plan submitted its CAP response and available supporting documents to DHCS on April 6, 2021. The Plan and CHCN continue to pursue milestones in its implementation of corrective measures as well as address follow-up items from the State.

- 2021 DMHC Full Medical Survey:
 - On November 13, 2020, the DMHC sent notice to the Plan of the 2021 DMHC Routine Medical Survey beginning April 12, 2021. DMHC conducted virtual audit interviews on April 13, 2021, through April 16, 2021. The Plan has not received a preliminary audit report, which is typically due within 90-days from the last day of the audit. The last request for additional audit-related documentation was received on June 22, 2021. The Plan is on standby to comment on the preliminary report.

- 2021 DHCS Routine Medical Survey:
 - On January 13, 2021, the DHCS sent notice to the Plan of the 2021 DHCS Routine Medical Survey beginning April 12, 2021. The audit was conducted jointly with the DMHC from April 13, 2021, through April 23, 2021. The review period was June 1, 2019, through March 31, 2021, and covered the following:
 - 1) Utilization Management;
 - 2) Case Management & Care Coordination;
 - 3) Access & Availability;
 - 4) Member's Rights & Responsibilities;
 - 5) Quality Improvement System, and;
 - 6) Organization and Administration

 - The Plan received the preliminary audit report on July 15, 2021, and the Plan submitted its response to the preliminary findings on August 4, 2021. The Plan received the final audit report on August 24, 2021 which had a total of 33 findings. The Corrective Action Plan response is due to DHCS on September 23, 2021.

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

- OCR Limited Compliance Review:
 - On February 26, 2021, the Plan notified the U.S. Department of Health and Human Services Office for Civil Rights (OCR) of a breach that occurred with the Plan's Business Associate. After notification of the breach, the Plan received a meeting request from an OCR investigator to discuss details of the incident. On March 3, 2021, the Plan met with an OCR investigator and was informed of their intent to conduct a Limited Compliance Review of HIPAA related activity. On May 26, 2021, the Plan received notice from OCR of its investigation on whether the Plan is in compliance with the applicable Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information. Specifically, the OCR will investigate whether the Business Associate is in compliance with Plan Business Associate Contracts and applicable policies and procedures. The Plan submitted its response and supporting documents to the OCR on June 15, 2021.

- Privacy Training:
 - The Compliance Department's Privacy Team developed an in-person Fraud, Waste, and Abuse (FWA) and HIPAA basics training. That training was presented at the All-Staff meeting on July 28, 2021. In addition, the Privacy team also developed a HIPAA and Security training focused on best practices and reporting pipelines. The training is currently provided across the Plan via-Webex virtual presentations during inter-departmental meetings. The training will take place from July through December 2021.

Delegation Oversight Auditing Activities 2020

- The Plan conducts annual audits of its delegated entities to monitor compliance with regulatory and contractual requirements. The Plan has seven (7) delegates, and all seven (7) delegates were audited during the previous calendar year. The Plan issued Final Audit Report and CAP to each delegate. One (1) CAP remains open, all others have been closed. The Compliance Department continues to work closely with the delegate and Plan staff to close the remaining CAP.

Delegation Oversight Auditing Activities 2021

- On April 27, 2021, the Plan launched its 2021 audit season by notifying its Pharmacy Benefits Manager, Perform Rx, of the Plan's intent to perform an annual delegation oversight audit for the Medi-Cal and IHSS lines of business. The audit review period is January 1, 2020, through December 31, 2020. The audit took place on August 10, 2021, and was performed by the Plan's consultant, PillarRx, in collaboration with Plan staff. The preliminary audit report is expected on August 19, 2021, the response to the preliminary findings are due on September 3, 2021, with the final report due on September 17, 2021.
- In collaboration with Bay Area and Northern California Medi-Cal Health Plans, Kaiser Foundation Health Plan received notice of the 2021 Joint Annual Delegation Oversight Audit. The audit review period is July 1, 2020, through May 31, 2021. Alliance Staff held an internal kick-off meeting on May 6, 2021, to discuss scope, timing, expectations, and key dates. The Alliance is responsible for reviewing policies and procedures for the Kaiser Population Health Management Program, Provider Dispute Resolution Program and Claims Administration Programs. On June 23, 2021, the Plan received pre-audit documentation.
- On August 17, 2021, the Delegation Oversight Committee approved the 2021 Annual Delegation Audit Schedule.



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Health Care Services

Steve O'Brien, MD

To: Alameda Alliance for Health Board of Governors

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

Date: September 10, 2021

Subject: Health Care Services Report

Utilization Management: Outpatient

- The team is working on opportunities for improvement (policy clarifications, report development) that were identified during the DMHC/DHCS audit. Initial findings from the DHCS audit have been received and action plans are being developed.
- Significant progress continues on UM/Claims/Configuration collaboration and improved alignment, and the work is ongoing. This standardization improves accuracy and timeliness of claims payment.
- Provider Portal prior authorization submissions: The UM team is receiving authorizations submitted online via the Provider Portal. The percentage of referrals being received via the Portal has increased to approximately 40%. Ongoing work is being done to continue to identify providers with low usage of the portal for provider outreach and training on the portal system.
- Notice of Action letters: The UM team continues to focus on the NOA letters to drive standardization and efficiency. Of note, there were no DHCS findings for the AAH NOA letters, reflecting the solid work of the team.
- Major Organ Transplant (MOT) workgroups developed to meet DHCS MOT certification for 1/1/22 implementation. Phase 1 is working on network certification requirements which includes policies and procedures, prior authorization, and coding.
- Enhancements for CCS process are being developed, such as improved systems to better identify members who would benefit from referrals to CCS.

| Outpatient Authorization Denial Rates | | | |
|--|-----------------|------------------|------------------|
| Denial Rate Type | May 2021 | June 2021 | July 2021 |
| Overall Denial Rate | 4.2% | 4.1% | 3.4% |
| Denial Rate Excluding Partial Denials | 4.1% | 3.9% | 3.2% |
| Partial Denial Rate | 0.1% | 0.1% | 0.2% |

| Turn Around Time Compliance | | | |
|-----------------------------|------------|------------|------------|
| Line of Business | May 2021 | June 2021 | July 2021 |
| Overall | 99% | 99% | 98% |
| Medi-Cal | 99% | 99% | 98% |
| IHSS | 98% | 100% | 100% |
| <i>Benchmark</i> | <i>95%</i> | <i>95%</i> | <i>95%</i> |

Utilization Management: Inpatient

- With the spread of the Delta variant, acute COVID hospitalizations sharply increased during the months of July and August. Inpatient department is tracking these admissions, along with vaccination status, and referring members with acute COVID admission to the Case Management team for TOC follow up.
- To assure effective communication and coordination of discharge efforts, weekly complex/long stay patient rounds continue with Sutter, AHS, Washington, Kindred and Kentfield hospitals, with a goal of removing barriers to discharge. Focus is on longer lengths of stay and challenging placement patients, including COVID.
- Ongoing work with UM Medical Director Rosalia Mendoza includes refinement of policies and procedures related to NOA language, case escalations to medical directors and facility transfers.
- Transitions of Care (TOC): The IP UM team is starting to take responsibility for post discharge care authorizations as part of the increased focus on discharge planning support to our hospitals.
- Partnerships in TOC continues with Alameda Health System (AHS). It is noted that the AHS Readmission rate has been steadily decreasing since the launch of the TOC program with them.
- Partnership with denial management continues with Alameda Health System to ensure accurate communication about denials, as well as appropriate and timely payment to our safety net partner.

| Inpatient Med-Surg Utilization Total All Aid Categories Actuals (excludes Maternity) | | | |
|--|----------|-----------|-----------|
| Metric | May 2021 | June 2021 | July 2021 |
| Authorized LOS | 4.6 | 4.9 | 4.7 |
| Admits/1,000 | 56.5 | 55.5 | 60.2 |
| Days/1,000 | 259.8 | 272.4 | 282.2 |

Pharmacy

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

| Decisions | Number of PAs Processed |
|-----------|-------------------------|
| Approved | 756 |
| Denied | 572 |
| Closed | 656 |
| Total | 1991 |

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

- Medications for diabetes, acne, atopic dermatitis, pain, dry eyes, and serum phosphorus controller are top 10 categories for denials.

| Rank | Drug Name | Common Use | Common Denial Reason |
|------|--------------------------------|---|-------------------------------|
| 1 | LIDOCAINE 5% PATCH | Pain | Criteria for approval not met |
| 2 | JANUVIA 100 MG TABLET | Diabetes | Criteria for approval not met |
| 3 | JARDIANCE 10 MG TABLET | Diabetes | Criteria for approval not met |
| 4 | TRETINOIN 0.025% CREAM | Acne | Criteria for approval not met |
| 5 | RESTASIS 0.05% EYE EMULSION | Dry eyes | Criteria for approval not met |
| 6 | TRETINOIN 0.05% CREAM | Acne | Criteria for approval not met |
| 7 | DUPIXENT 300 MG/2 ML SAFE SYRG | Atopic Dermatitis | Criteria for approval not met |
| 8 | VELPHORO 500 MG CHEWABLE TAB | Control of serum phosphorus levels in adult chronic kidney disease patients on dialysis | Criteria for approval not met |
| 9 | JANUVIA 50 MG TABLET | Diabetes | Criteria for approval not met |
| 10 | PIMECROLIMUS 1% CREAM | Atopic Dermatitis | Criteria for approval not met |

- DHCS announced MediCAL RX go-live date of 1/1/2022.
- After post carve-out, the State of California will take back many pharmacy responsibilities including drug coverage, rebate, utilization management and pharmacy provider network.

- AAH is to maintain beneficiary care coordination, drug adherence, disease, and medication management, in authorization, denial & appeals of physician administered drugs (PAD) and outpatient infusion drugs. The pharmacy team has worked closely with Project Management, IT, and other departments to prepare for the transition.
- Pharmacy Services collaborates with other Health Care Services teams for member on use of opioids and/or benzodiazepines.
 - > 300 morphine milligram equivalents (MME) users remain about the same. There was increase in utilization of and 50 MME and 90 MME, while 120 MME and 200 MME remain around the same. No drastic increase or decrease in any MME.

Q2 2021

| MME | IHSS | MCAL | Total |
|--------------|-------------|-------------|--------------|
| April | | | 251 |
| 50 | 7 | 142 | 149 |
| 90 | 1 | 32 | 33 |
| 120 | 0 | 23 | 23 |
| 200 | 0 | 27 | 27 |
| 300 | 1 | 4 | 5 |
| 400 | 0 | 14 | 14 |
| May | | | 243 |
| 50 | 8 | 127 | 135 |
| 90 | 0 | 36 | 36 |
| 120 | 1 | 25 | 26 |
| 200 | 0 | 28 | 28 |
| 300 | 1 | 5 | 6 |
| 400 | 0 | 12 | 12 |
| June | | | 274 |
| 50 | 9 | 145 | 154 |
| 90 | 0 | 46 | 46 |
| 120 | 2 | 25 | 27 |
| 200 | 0 | 28 | 28 |
| 300 | 1 | 5 | 6 |
| 400 | 0 | 13 | 13 |

- Pharmacy Services, QI, HealthEd and Case Management work together to improve drug adherence for 200 Black adults with asthma between 21 to 44 years of age with asthma medication possession rate 50% or below.
 - Next pilot is to target 15 members with HealthEd outreach (plus Pharmacy Services support). HealthEd has initiated outreach to 15 members for continued initiative expansion.

- Follow-up calls to survey member status have also been made to 1st pilot group with HealthEd and CCM
- Pharmacy is leading initiatives on PAD focused internal and external partnership and biosimilar optimization.
 - Between the months of July 2020-June 2021 the biosimilar utilization average was 54.1%
 - Fiscal year savings \$1.3 million (July 2020-June 2021)
 - Percentage of savings per drug type Oncology (\$676k), White Blood Cell Stimulator (\$378k) and Immunology (\$245k) drugs
- Pharmacy Services and QI explore sharing member vaccination status with network pharmacies to offer vaccines during member prescription pick-ups thru bag tagging with tailored messages for members and reminder by pharmacy technicians and/or pharmacists.

Case and Disease Management

- Population health-driven, disease-specific case management bundles continue development. CM Bundles are standard sets of actions developed to address the specific needs of members with significant diseases. Planning for Major Organ Transplant (MOT) CM bundle has begun.
- For CalAIM program planning for In Lieu of Services (ILOS) and MOT planning: CM is refining current policies and procedures, creating workflows, and collaborative efforts to implement into TruCare CM software.
- Continued collaboration with AAH Health Education to optimize Disease Management and re-energize the Diabetes and Asthma Disease Management programs.
- The CM department continues its focused work on Oncology services in conjunction with Stanford and EpicCare, including using the CM Oncology bundle.
- Readmission reduction: CM continuing to collaborate with hospital partners at AHS and Sutter to focus on readmission reduction aligned with their readmission reduction goals. Standard work for Transitions of Care (TOC) has been developed to stabilize members after hospitalization to prevent re-admissions, currently at AHS and COVID discharges. The readmission rate at AHS has steadily declined since the initiation of the TOC program there. CM is also having monthly meetings to discuss members with avoidable hospitalizations and readmissions

- Clinical Initiatives: Health disparities have been identified in members with diabetes. A new UCSF/Project Open Hand research study provides 6 months of medically tailored meals to improve diabetes outcomes for interested and eligible members. The CM department is working on an initiative with Pharmacy on members with Asthma to improve adherence to Asthma medication recommendations.
- DMHC/DHCS combined audit: Initial findings from the DHCS audit have been received and action plans based on the findings are in development.

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

- Enhanced Case Management (ECM): Planning continues with the AAH Project Management Office (PMO) to ensure a successful integration of HHP and AC3 into ECM. AAH CM and PMO are working closely with Alameda County HCSA on the transition of AC3 members into ECM. Part One of the Model of Care and Transitions documents were submitted on June 30, Part Two was submitted before the September deadline, and the team is working on the Part Three submission, focused on network capacity, due in October.
- In Lieu of Services: In Lieu of Services (ILOS) are services not typically provided by managed health plans, to be provided in lieu of higher cost medical services. Working closely with the Project Office AAH/CM has finalized 6 services to be provided starting January 2022 (Phase 1). The ILOS selections are focused on services that will have the most impact on members to reduce unnecessary hospitalizations and ED visits.

| Case Type | New Cases Opened in May 2021 | Total Open Cases as of May 2021 | New Cases Opened in June 2021 | Total Open Cases as of June 2021 |
|-------------------------|------------------------------|---------------------------------|-------------------------------|----------------------------------|
| Care Coordination | 212 | 588 | 242 | 538 |
| Complex Case Management | 80 | 145 | 130 | 209 |
| Health Homes Program | 16 | 768 | 11 | 770 |
| Whole Person Care | 3 | 255 | 1 | 251 |

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes except standard grievances. Very high grievance volume, paired with temporary staffing challenges, caused the team to miss TAT in multiple cases. A temporary and longer-term staffing plan has already been implemented.
- Total grievances resolved in August were 5.45 complaints per 1,000 members.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of August 2021; we did not meet our goal at 32.1% overturn rate.

| August 2021 Cases | Total Cases | TAT Standard | Benchmark | Total in Compliance | Compliance Rate | Per 1,000 Members* |
|---------------------|-------------|-------------------|--------------------------------|---------------------|-----------------|--------------------|
| Standard Grievance | 770 | 30 Calendar Days | 95% compliance within standard | 726 | 94.3% | 2.64 |
| Expedited Grievance | 1 | 72 Hours | 95% compliance within standard | 1 | 100.0% | 0.003 |
| Exempt Grievance | 760 | Next Business Day | 95% compliance within standard | 757 | % | 2.61 |
| Standard Appeal | 52 | 30 Calendar Days | 95% compliance within standard | 51 | 98.1% | 0.18 |
| Expedited Appeal | 4 | 72 Hours | 95% compliance within standard | 4 | 100.0% | 0.01 |
| Total Cases: | 1,587 | | 95% compliance within standard | 1,539 | 96.9% | 5.45 |

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

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

Quality

- The 2021 Population Needs Assessment (PNA) was completed and received State approval on July 26. This report is an annual requirement from the Department of Health Care Services (DHCS). The goal of the PNA is to improve health outcomes and ensure that the Alliance is meeting the needs of all its Medi-Cal members by addressing gaps in health education, cultural and linguistic services, and quality improvement.
 - The PNA uses diverse data sources, including member utilization and demographic data, the Consumer Assessment of Health Care Providers and Systems (CAHPS) results, DHCS managed care health plan specific health disparities data from Healthcare Effectiveness Data and Information Set (HEDIS) results and Member Advisory Committee input.
 - Each year the plan develops an action plan based on the assessment of member needs.

| 2021 PNA Action Plan Objectives | |
|--|---|
| 1 | Increase annual participation of Hispanic (Latino) and Black (African American) children ages 0 to 18 in Asthma Start in-home case management program by 25% from 209 (2019) to 261 members by December 31, 2021. |
| 2 | Increase HEDIS Asthma Medication Ratio (AMR) measure from 49.17% in Measurement Year 2020 to the Measurement Year 2020 MPL of 62.43% for Black (African American) adults ages 19 to 64 by December 31, 2022. |
| 3 | Improve CAHPS rate for getting checkup or routine care appointment as soon as needed to pre-COVID 2019 rates from 65.2% to 70.3% for adults and 82.0% to 85.6% for children by December 31, 2022. |
| 4 | Increase HEDIS Child and Adolescent Well-Care Visits (WCV) measure from 49.3% to 55% for two identified providers by December 31, 2022. |
| 5 | Improve HEDIS Breast Cancer Screening (BCS) measure among Black (African American) women ages 52 to 74 from 46.76% in Measurement Year 2020 to 53.76% by December 31, 2022. |

- Health education, quality improvement, access, pharmacy and case management will contribute to implementing the 2021 PNA Action Plan objectives.
- Results of the PNA will be shared with Alliance providers, members and staff.

- COVID-19 vaccine focus groups:
 - The first focus group, comprised of Alliance Member Advisory Committee (MAC) members, met on August 19 to discuss motivators and barriers to getting the COVID-19 vaccine. The Alliance plans to recruit unvaccinated African American members from high-risk zip codes for a second focus group to be held mid-September.
 - Barriers to receiving the vaccine included issues of history of discrimination causing mistrust of medical community/government, conflicting recommendations from the medical community, division between those who support and don't support vaccination, transportation, language access, and concern about physical side effects.
 - Motivators to receiving the vaccine included concern about the health of family and one's own health, trusted recommendation, and making vaccines accessible.
 - A complete summary of findings will be available after the 2nd focus group is completed.
 - The Alliance is slated to present our COVID Vaccination Strategy to DHCS on Wednesday Nov. 24, 2021.



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Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors

From: Sasi Karaiyan, Chief Information & Security Officer

Date: September 10, 2021

Subject: Information Technology Report

Call Center System Availability

- The Alliance's phone systems and call center applications performed at 100% availability during the month of August despite supporting 97% of staff working remotely.
- Overall, we are continuing to perform activities to optimize the call center ecosystem (applications, backend integration, configuration, and network).
 - The Call Center Application Environment upgrade:
 - Calabrio, Cisco Call Manager and Cisco Unity has been upgraded successfully.
 - 2 Ring and Cisco Unified Contact Center has been upgraded successfully.
 - The overall project has been completed successfully and all operational functionality and features have been tested and validated.

Office 365 Initiative

- The Alliance continues to enhance and expand the Microsoft Office 365 platform to the maximum potential as part of the cloud migration strategy. One of our goals is to move away from the silo operated platform to a consolidated shared services platform which will allow technology team to manage and maintain efficiently. As part of this implementation, the Alliance will deploy Microsoft TEAMS to enable and offer the following newly updated capabilities and we expect to complete this project by December 2021.
 - **A chat function:** The basic chat function is commonly found within most collaboration apps and can take place between teams, groups, and individuals.
 - **Online video calling and screen sharing:** Enjoy seamless and fast video calls to employees within the Alliance.
 - **Online meetings:** This feature can help enhance your communications, company-wide meetings, and even training with an online meetings function that can host up to 10,000 users.

- **Conversations within channels and teams:** All team members can view and add to different conversations in the General channel and can use an @ function to invite other members to different conversations.
- **Apps Integration:** The tool shall help directly integrate with applications like Webex, Power Business Intelligence (BI), Smartsheet etc.
- **Full telephony:** Microsoft 365 Business Voice can completely replace your business' existing phone system or internally integrate with our existing Cisco Voice Over Internet Protocol (VOIP).

Disaster Recovery and Business Continuity

- One of the Alliance primary objectives for the fiscal year 2022 is the implementation of enterprise IT Disaster Recovery and Business Recovery to enable our core business areas to restore and continue when there is any disaster.
- IT Disaster Recovery involves a set of policies, tools, and procedures to enable the recovery or continuation of vital technology infrastructure and systems following a natural or human-induced disaster. IT Disaster Recovery focuses on technology systems supporting critical business functions, which involve keeping all essential aspects of the business functioning, despite significant disruptive events. This initiative was planned to start in August 2021 and complete before the end of December 2021 but encountered contractual challenges that forced us to proceed with another vendor. This delay will move our target date to complete to February 2022.

Multi-Factor Authentication (MFA) Rollout (Security)

- The Alliance has embarked on the Multi-Factor Authentication (MFA) rollout which is designed to increase security for Virtual Protocol Network (VPN) access to our network.
- Multi-Factor Authentication (MFA) is part of a comprehensive strategy to enhance security with more robust authentication methods to access the Alliance assets, data, and information. The Alliance migrated 70% of our staff to use Multi-Factor Authentication (MFA). We encountered delays in token hardware delivery and the remaining migration shall be completed before mid-October 2021 instead of the planned August 2021 completion.

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

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

- The Alliance is in full motion on this Secure File Transfer Protocol (SFTP) Server Upgrade which is designed to expand its capabilities and provide redundancy for improved availability. In the month of August 2021, 75% of our trading Partners have been migrated to the new Secure File Transfer Protocol (SFTP) Environment. We are on target to complete the project by the end of September 2021.

Encounter Data

- In the month of August 2021, the Alliance submitted 100 encounter files to the Department of Health Care Services (DHCS) with a total of 253,084 encounters.

Enrollment

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

HealthSuite

- A total of 124,623 claims were processed in the month of August 2021 out of which 91,915 claims auto adjudicated. This sets the auto-adjudication rate for this period to 73.8%.
- HealthSuite application continues to operate with an uptime of 99.99%.

TruCare

- A total of 9,563 authorizations were loaded and processed in the TruCare application.
- The TruCare application continues to operate normally with an uptime of 99.99%.

Consumer and the Alliance Public Portal

- The provider and member consumer portal utilization for the month of July 2021 remains consistent with prior months.
- As a part of the customer channel optimization, the Alliance is enhancing the Member and Provider portal to support new features and capabilities. The new features and capabilities include Mobile Application on smartphones and Tagalog as additional Threshold Languages. Tagalog is planned to go-live by October 2021. The Mobile version of the member portal is proposed to go-live by December 2021.

Information Security

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have increased with a return to a reputation-based block for a total of 43.1k.
- Attempted information leaks detected and blocked at the firewall are higher from 15 to 32 for the month of August 2021.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is higher at 7 from a previous six-month average of 14.1.

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 and requirements.
- In the month of August 2021, the Alliance completed work on integrating Credentialing data into the Data Warehouse. The Authorization and Case Management are the remaining data domains to be added to the Data Warehouse which is expected to be completed before end of December 2021. However, there has been an increase in scope of work and there is a risk that the project completes in the month of January 2022.

Information Technology

Supporting Documents

Enrollment

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

| Month | Total MC¹ | MC¹ - Add/ Reinstatements | MC¹ - Terminated | Total GC² | GC² - Add/ Reinstatements | GC²- Terminated |
|--------------|-----------------------------|---|------------------------------------|-----------------------------|---|-----------------------------------|
| August | 285,270 | 3,810 | 2,816 | 5,878 | 92 | 151 |

1. MC – Medical Member

2. GC – Group Care Member

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

| Auto-Assignments | Member Count |
|-------------------------------------|---------------------|
| Auto-assignments MC | 1,280 |
| Auto-assignments Expansion | 1,117 |
| Auto-assignments GC | 39 |
| PCP Changes (PCP Change Tool) Total | 2,696 |

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of August 2021”.
- There were 9,563 authorizations (total authorizations loaded and processed into TruCare production).
- 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 August 2021

| Transaction Type | Inbound EDI Auths | Failed PP-Already In TC | Failed PP-MNF | Failed PP-PNF | Failed PP-Procedure Code | Failed PP-Diagnosis Code | Misc | Total EDI Failure | New Auths Entered | Total Auths Loaded In TruCare |
|------------------|-------------------|-------------------------|---------------|---------------|--------------------------|--------------------------|------|-------------------|-------------------|-------------------------------|
| EDI-CHCN | 5265 | 208 | 0 | 22 | 4 | 41 | 74 | 349 | 0 | 4916 |
| Paper to EDI | 1247 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1247 |
| Provider Portal | 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2018 |
| Manual Entry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1382 | 1382 |
| Total | | | | | | | | | | 9,563 |

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 July 2021

| Group | Individual User Accounts | Individual User Accounts Accessed | Total Logins | New Users |
|--------------|--------------------------|-----------------------------------|----------------|--------------|
| Provider | 6,665 | 3,259 | 148,316 | 322 |
| MCAL | 74,457 | 2,291 | 5,536 | 1,016 |
| IHSS | 2,841 | 76 | 152 | 23 |
| AAH Staff | 180 | 47 | 671 | 5 |
| Total | 84,143 | 5,673 | 154,675 | 1,366 |

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

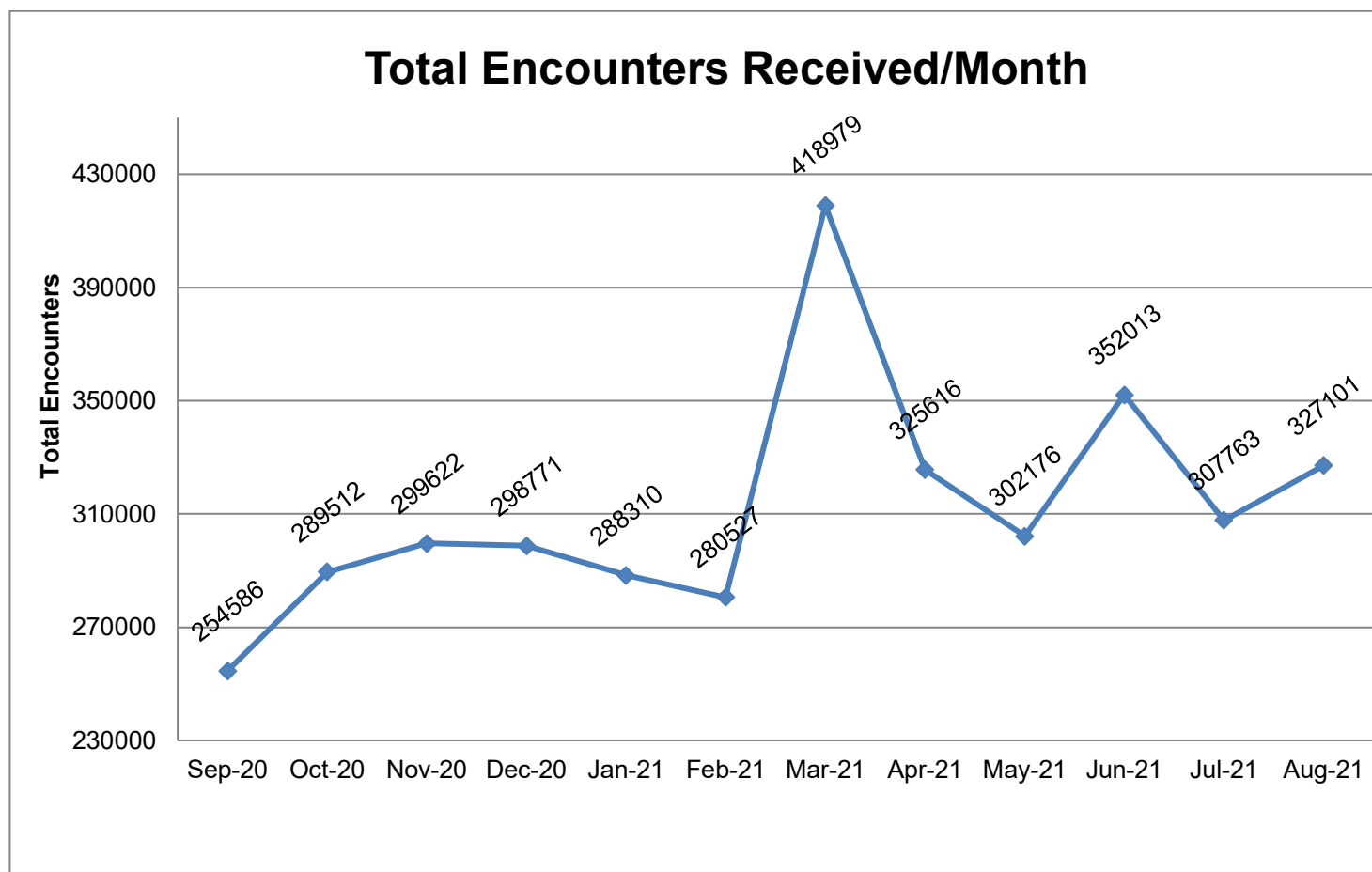
| Top 25 Pages Viewed | | |
|--------------------------------------|---------------------------------|------------------|
| Category | Page Name | July - 21 |
| Provider | Member Eligibility | 639,913 |
| Provider | Claim Status | 145,231 |
| Provider - Authorizations | Auth Submit | 6,332 |
| Member My Care | Member Eligibility | 3,322 |
| Provider - Authorizations | Auth Search | 2,471 |
| Member Help Resources | Find a Doctor or Hospital | 1,581 |
| Member Help Resources | ID Card | 1,579 |
| Provider | Member Roster | 1,255 |
| Member Help Resources | Select or Change Your PCP | 965 |
| Member My Care | MC ID Card | 823 |
| Member Help Resources | Request Kaiser as my Provider | 628 |
| Provider - Provider Directory | Provider Directory | 622 |
| Member My Care | My Claims Services | 604 |
| Provider | Pharmacy | 548 |
| Provider - Home | Forms | 363 |
| Member My Care | Authorization | 324 |
| Member My Care | My Pharmacy Medication Benefits | 284 |
| Provider - Provider Directory | Instruction Guide | 247 |
| Member Help Resources | Forms Resources | 201 |
| Member Help Resources | FAQs | 192 |
| Member Help Resources | Authorizations Referrals | 174 |
| Provider - Provider Directory | Manual | 169 |
| Member My Care | Member Benefits Materials | 165 |
| Member Help Resources | Contact Us | 123 |
| Member My Care | My Pharmacy Argus | 100 |

Encounter Data From Trading Partners 2021

- AHS:
August weekly files (7,869 records) were received on time.
- Beacon:
August weekly files (13,320 records) were received on time.
- CHCN:
August weekly files (80,862 records) were received on time.
- CHME:
August monthly file (4,926 records) were received on time.
- CFMG:
August weekly files (7,712 records) were received on time.
- Docustream:
August monthly files (1,568 records) were received on time.
- PerformRx:
August monthly files (161,340 records) were received on time.
- Kaiser:
August bi-weekly files (35,165 records) were received on time.
August monthly Kaiser Pharmacy files (22,337 records) were received on time.
- LogistiCare:
August weekly files (17,306 records) were received on time.
- March Vision:
August monthly file (3,531 records) were received on time.
- Quest Diagnostics:
August weekly files (15,746 records) were received on time.
- Teladoc:
August monthly files (17 records) were received on time.

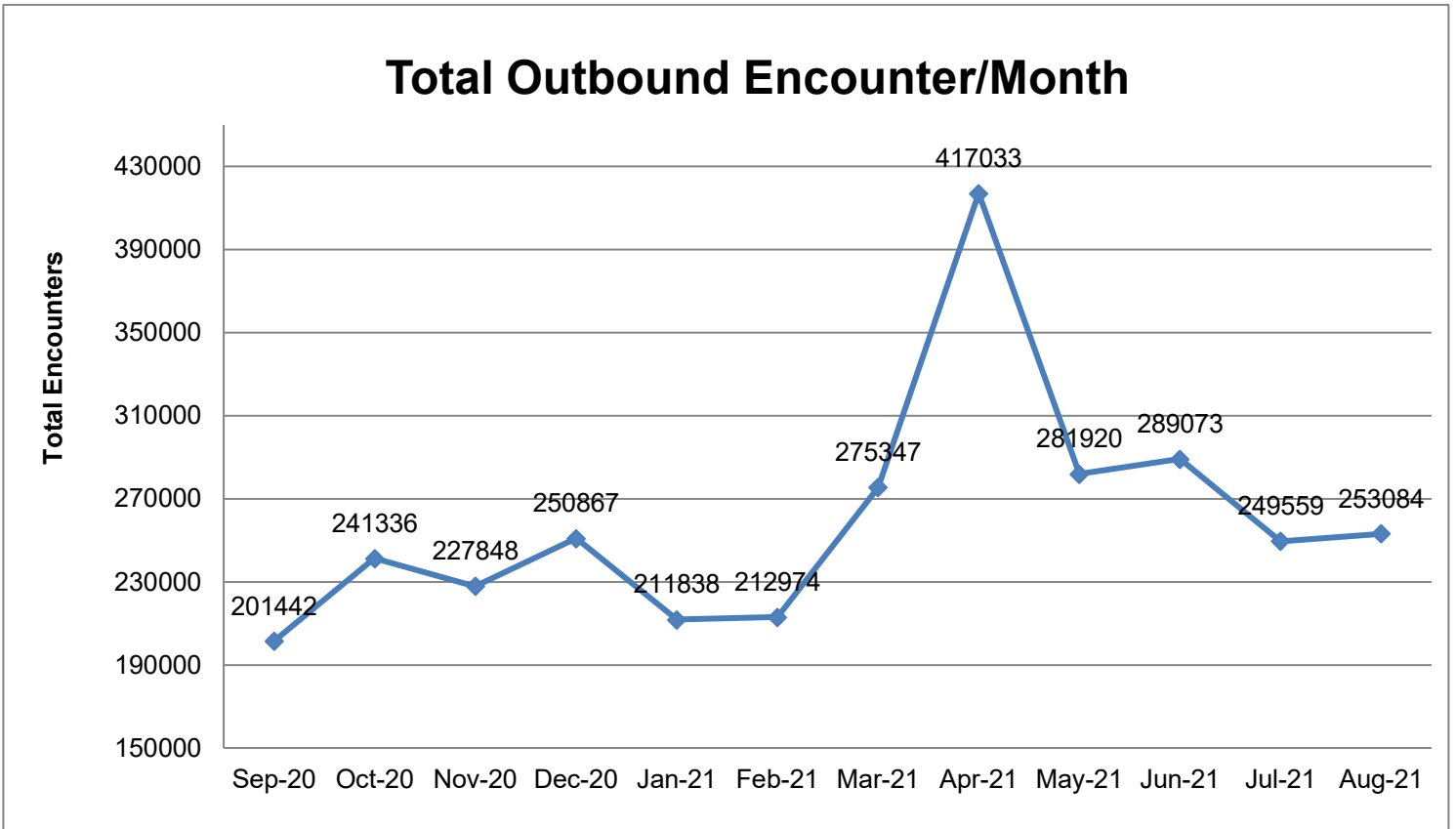
Trading Partner Encounter Inbound Submission History

| Trading Partners | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| HealthSuite | 111255 | 120149 | 111676 | 123248 | 116784 | 119001 | 143171 | 140678 | 129847 | 136687 | 133958 | 139079 |
| AHS | 849 | 12762 | 16814 | 8419 | 9404 | 9702 | 9326 | 11166 | 9074 | 10138 | 8913 | 7869 |
| Beacon | 20434 | 14637 | 12673 | 21326 | 15812 | 14616 | 13002 | 19247 | 14951 | 17079 | 15236 | 13320 |
| CHCN | 54812 | 65094 | 85984 | 66473 | 59612 | 62867 | 89453 | 69080 | 66260 | 82211 | 63905 | 80862 |
| CHME | 3832 | 5814 | 5152 | 4388 | 6143 | 6548 | 5776 | 5497 | 4885 | 4700 | 4960 | 4926 |
| Claimsnet | 8787 | 11018 | 6504 | 12819 | 7693 | 12059 | 10905 | 8835 | 10834 | 8129 | 9774 | 7712 |
| Docustream | 640 | 926 | 865 | 909 | 803 | 1160 | 935 | 1166 | 1445 | 1218 | 1296 | 1568 |
| Kaiser | 25829 | 29431 | 35590 | 29885 | 43639 | 25903 | 112545 | 39632 | 30039 | 60081 | 39398 | 35165 |
| Logisticare | 14821 | 11599 | 12665 | 15505 | 12603 | 14208 | 16924 | 12945 | 14399 | 15473 | 14415 | 17306 |
| March Vision | 2270 | 3012 | 2928 | 2361 | 3103 | 1917 | 2230 | 3156 | 3708 | 3306 | 3303 | 3531 |
| Quest | 11005 | 15047 | 8724 | 13406 | 12665 | 12515 | 14699 | 14203 | 16718 | 12979 | 12563 | 15746 |
| Teladoc | 52 | 23 | 47 | 32 | 49 | 31 | 13 | 11 | 16 | 12 | 42 | 17 |
| Total | 254586 | 289512 | 299622 | 298771 | 288310 | 280527 | 418979 | 325616 | 302176 | 352013 | 307763 | 327101 |



Outbound Encounter Submission

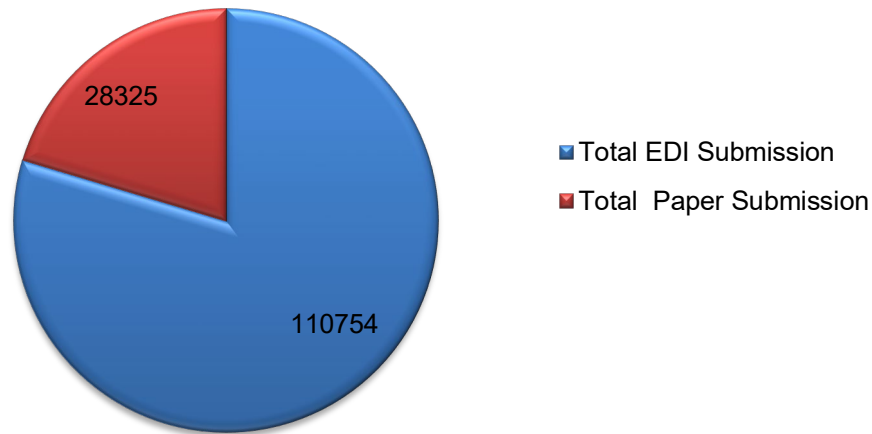
| Trading Partners | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| HealthSuite | 71394 | 97258 | 79162 | 100653 | 70368 | 81305 | 84220 | 216640 | 130885 | 128980 | 85346 | 109070 |
| AHS | 353 | 11922 | 15980 | 7909 | 8729 | 9089 | 8655 | 8812 | 10762 | 9912 | 7163 | 9172 |
| Beacon | 17466 | 13291 | 10580 | 16229 | 13315 | 11631 | 10171 | 14881 | 12347 | 11746 | 12684 | 10959 |
| CHCN | 52622 | 48065 | 50051 | 54860 | 41461 | 45137 | 64275 | 49446 | 48573 | 58519 | 45338 | 46573 |
| CHME | 3632 | 5232 | 4801 | 3696 | 5327 | 5508 | 5283 | 5136 | 4767 | 4586 | 4753 | 4820 |
| Claimsnet | 6611 | 7398 | 5707 | 8595 | 5160 | 8578 | 7964 | 6489 | 8110 | 5993 | 5625 | 7335 |
| Docustream | 609 | 849 | 969 | 807 | 764 | 1071 | 860 | 1070 | 1286 | 1016 | 1120 | 1273 |
| Kaiser | 25666 | 29031 | 35096 | 29087 | 42638 | 23810 | 59157 | 89295 | 29570 | 38443 | 59215 | 33798 |
| Logisticare | 11134 | 14600 | 12263 | 14773 | 12315 | 13881 | 16652 | 9705 | 17299 | 15178 | 14008 | 12751 |
| March Vision | 1687 | 2665 | 2470 | 2013 | 2655 | 1686 | 1930 | 2455 | 2850 | 2624 | 2596 | 2665 |
| Quest | 10236 | 11002 | 10743 | 12214 | 9085 | 11247 | 16169 | 13093 | 15455 | 12066 | 11711 | 14632 |
| Teladoc | 32 | 23 | 26 | 31 | 21 | 31 | 11 | 11 | 16 | 10 | 0 | 36 |
| Total | 201442 | 241336 | 227848 | 250867 | 211838 | 212974 | 275347 | 417033 | 281920 | 289073 | 249559 | 253084 |



HealthSuite Paper vs EDI Breakdown

| Period | Total EDI Submission | Total Paper Submission | Total Claims |
|--------|----------------------|------------------------|--------------|
| 21-Aug | 110754 | 28325 | 139079 |

EDI vs Paper Submission, August 2021

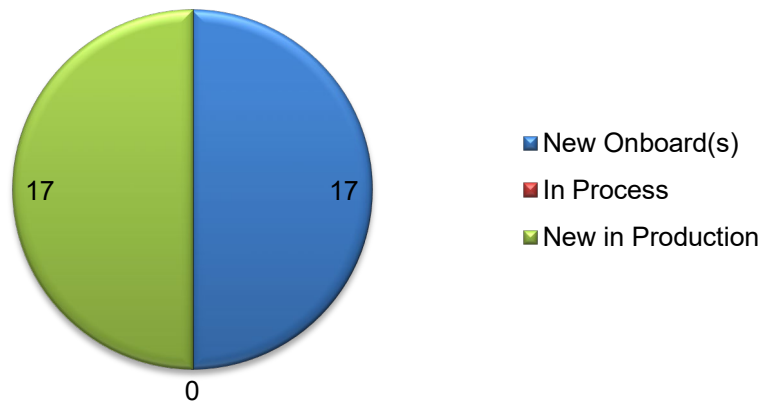


Onboarding EDI Providers - Updates

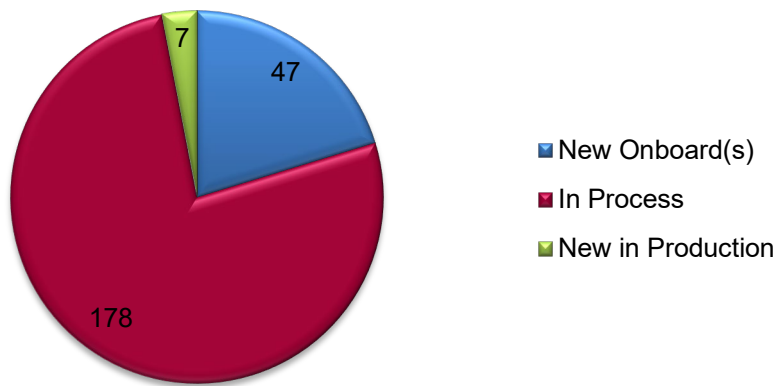
- August 2021 EDI Claims:
 - A total of 1187 new EDI submitters have been added since October 2015, with 17 added in August 2021.
 - The total number of EDI submitters is 1919 providers.
- August 2021 EDI Remittances (ERA):
 - A total of 324 new ERA receivers have been added since October 2015, with 7 added in August 2021.
 - The total number of ERA receivers is 363 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 |
| Aug-20 | 12 | 0 | 12 | 1703 | 0 | 82 | 0 | 228 |
| Sep-20 | 8 | 0 | 8 | 1711 | 1 | 82 | 1 | 229 |
| Oct-20 | 23 | 0 | 23 | 1734 | 7 | 86 | 3 | 232 |
| Nov-20 | 15 | 0 | 15 | 1749 | 7 | 91 | 2 | 234 |
| Dec-20 | 21 | 0 | 21 | 1770 | 42 | 91 | 42 | 276 |
| Jan-21 | 15 | 0 | 15 | 1785 | 19 | 92 | 18 | 294 |
| Feb-21 | 22 | 0 | 22 | 1807 | 14 | 101 | 5 | 299 |
| Mar-21 | 20 | 2 | 18 | 1825 | 23 | 117 | 7 | 306 |
| Apr-21 | 5 | 0 | 5 | 1830 | 20 | 126 | 11 | 317 |
| May-21 | 32 | 0 | 32 | 1862 | 20 | 134 | 12 | 329 |
| Jun-21 | 13 | 0 | 13 | 1875 | 17 | 136 | 15 | 344 |
| Jul-21 | 30 | 3 | 27 | 1902 | 14 | 138 | 12 | 356 |
| Aug-21 | 17 | 0 | 17 | 1919 | 47 | 178 | 7 | 363 |

837 EDI Submitters - August 2021



835 EDI Receivers - August 2021



EDSRF/Reconciliations

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

| File Type | Aug-21 |
|------------------|---------------|
| 837 I Files | 22 |
| 837 P Files | 69 |
| NCPDP | 9 |
| Total Files | 100 |

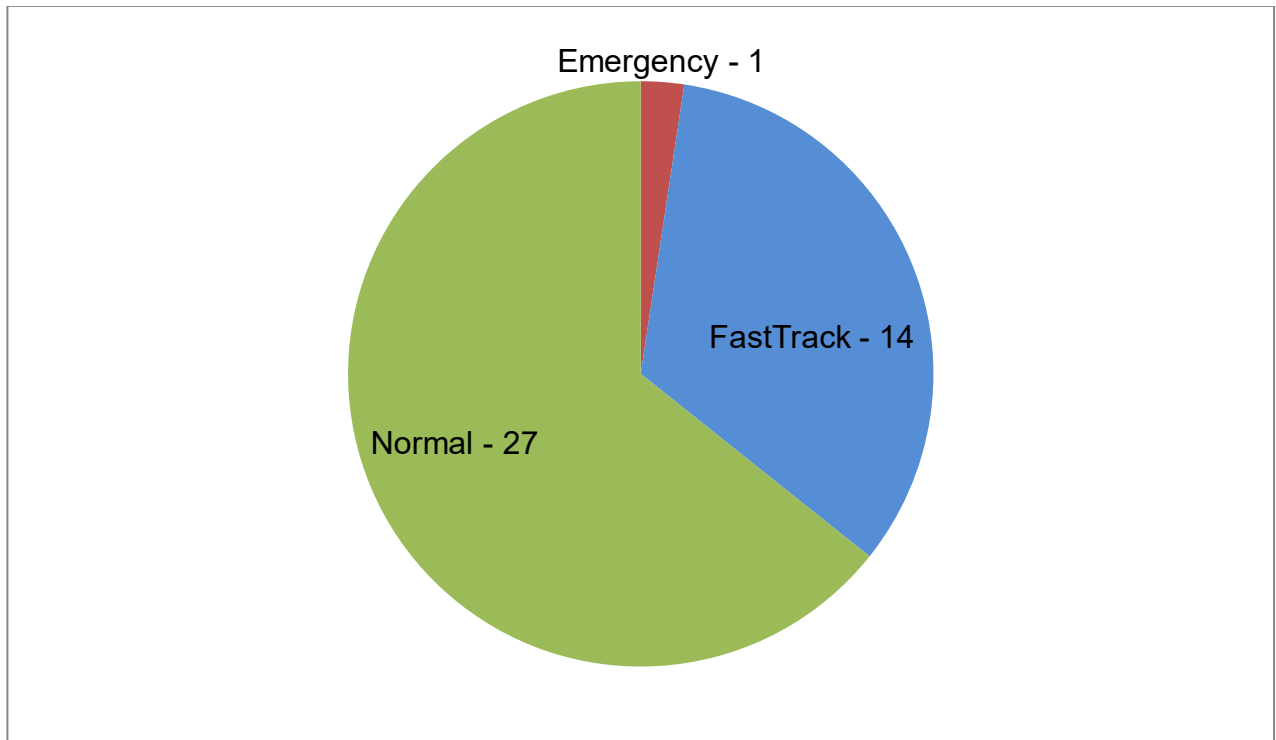
Lag-time Metrics/KPI's

| Alliance Encounters: Outbound 837 | Aug-21 | Target |
|---|---------------|---------------|
| Timeliness-% Within Lag Time - Institutional 0-90 days | 95% | 60% |
| Timeliness-% Within Lag Time - Institutional 0-180 days | 97% | 80% |
| Timeliness-% Within Lag Time - Professional 0-90 days | 92% | 65% |
| Timeliness-% Within Lag Time - Professional 0-180 days | 97% | 80% |

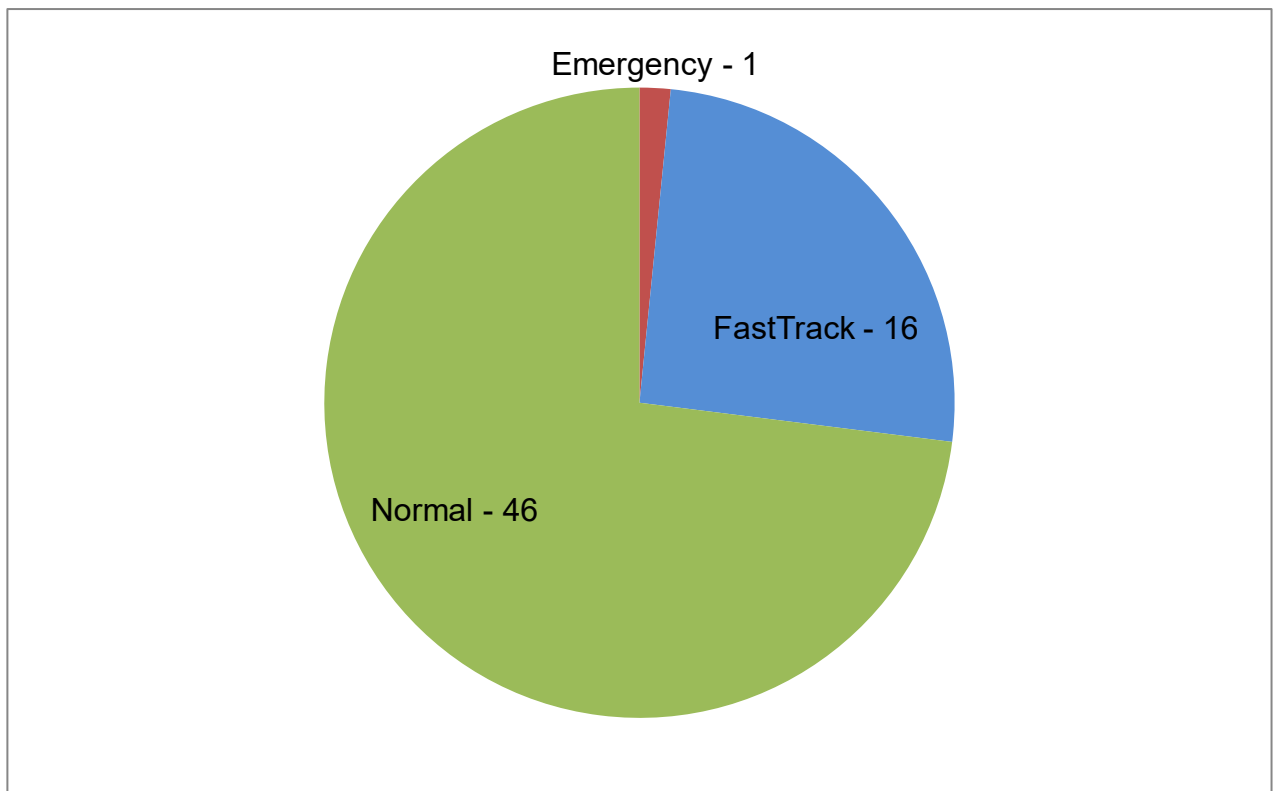
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of August 2021 KPI – Overall Summary.
 - 42 Changes Submitted.
 - 63 Changes Completed and Closed.
 - 123 Active Changes.
 - 5 Changes Cancelled or Rejected.

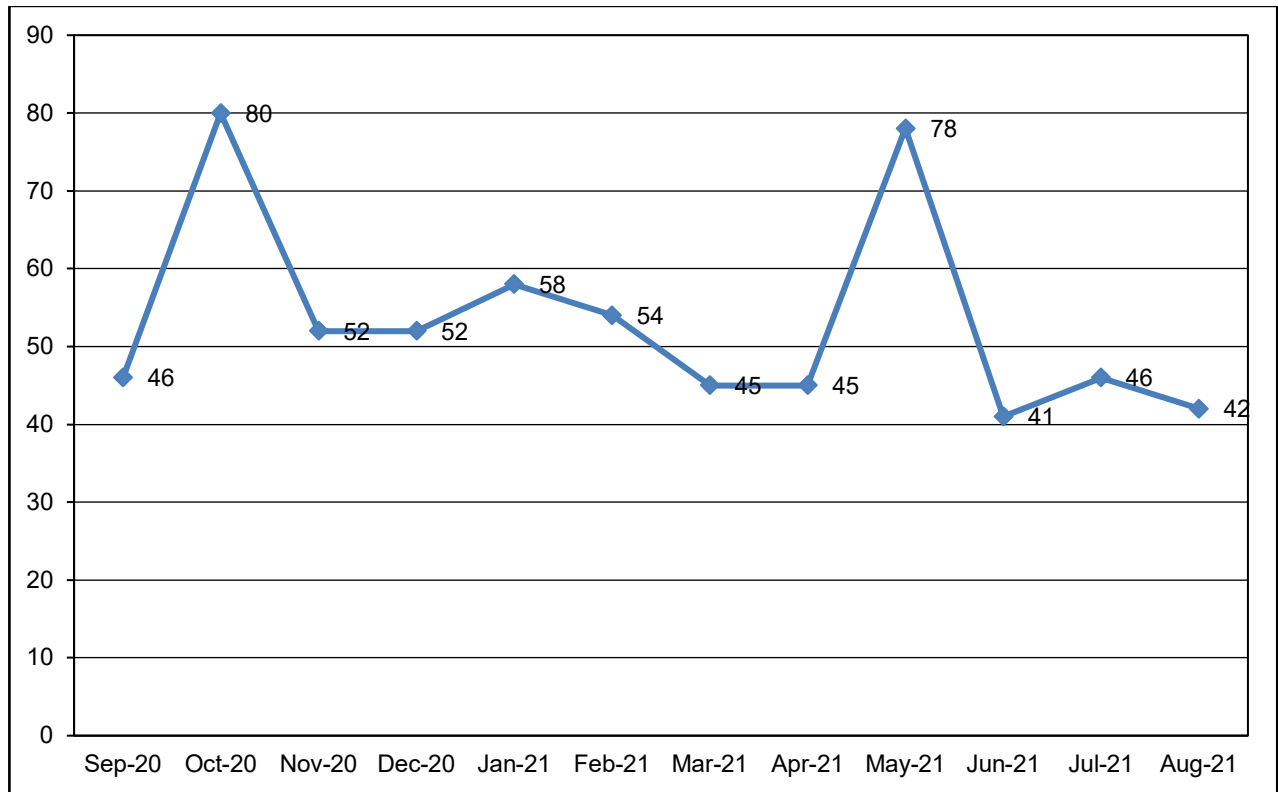
- 42 Change Requests Submitted/Logged in the month of August 2021



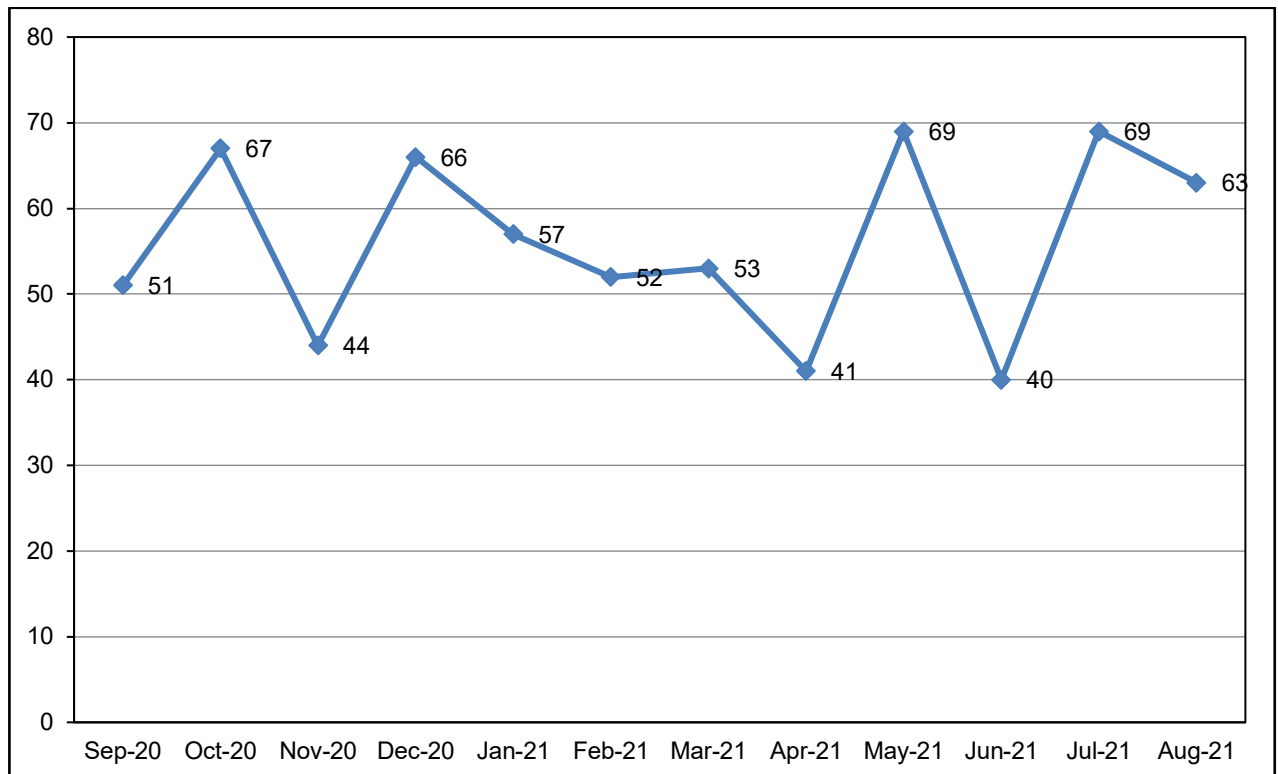
- 63 Change Requests Closed in the month of August 2021



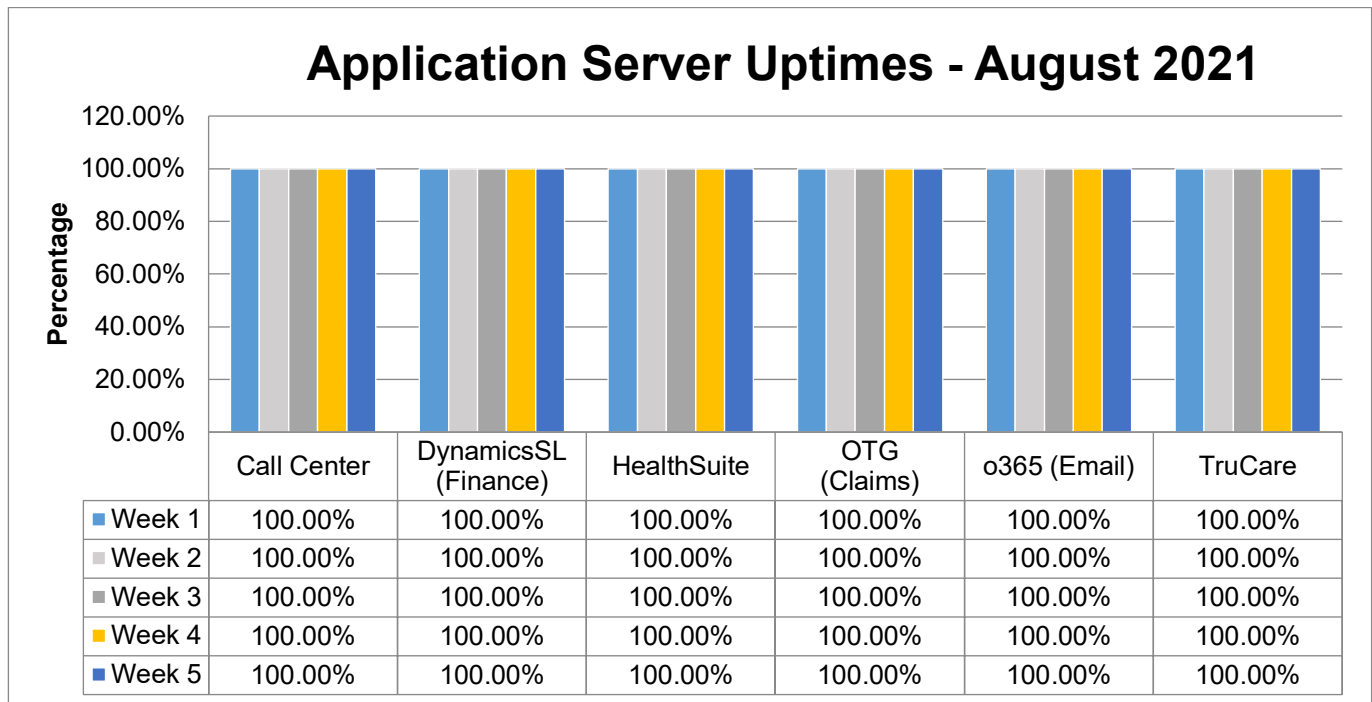
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend

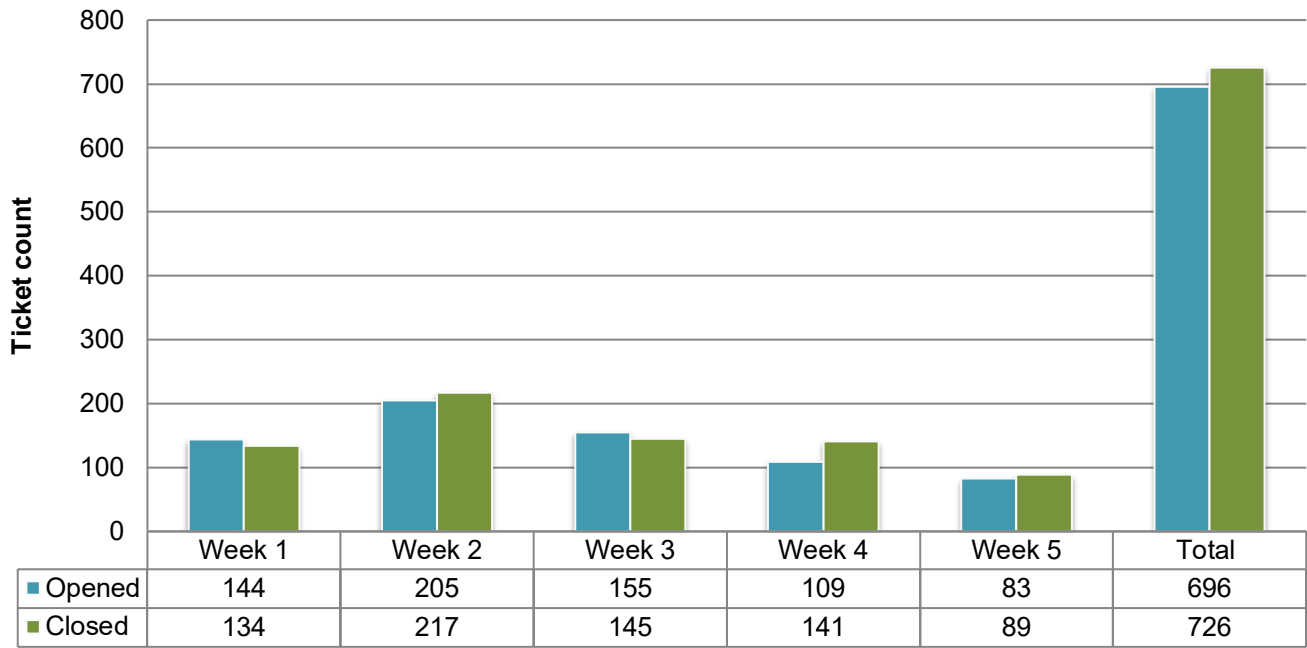


IT Stats: Infrastructure



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

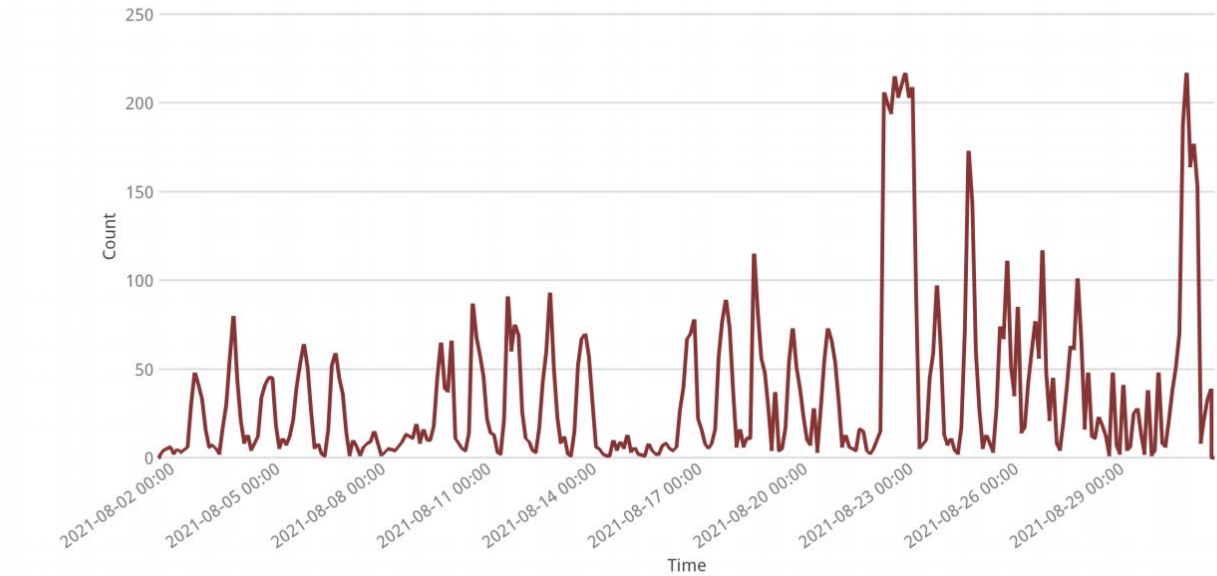
Service Desk Tickets - August 2021



- 696 Service Desk tickets were opened in the month of August 2021, which is 1% higher than the previous month and 726 Service Desk tickets were closed, which is 4.8% higher than the previous month.
 - The ticket count for the month of August 2021 is within the 3-month average of 690.
 - This average is a result of the near completion of the Computer Standardization Project, low IT Service Desk staffing, and the end of summer months. We expect the ticket counts to increase as we move into the end of the 1st quarter of the fiscal year.

All Intrusion Events

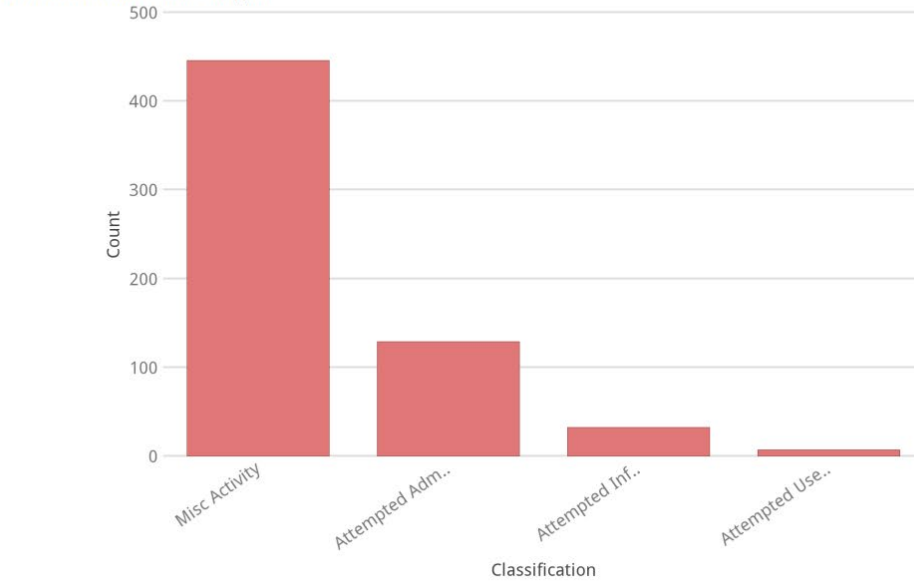
Time Window: 2021-08-01 09:29:00 - 2021-08-31 09:29:00



Dropped Intrusion Events

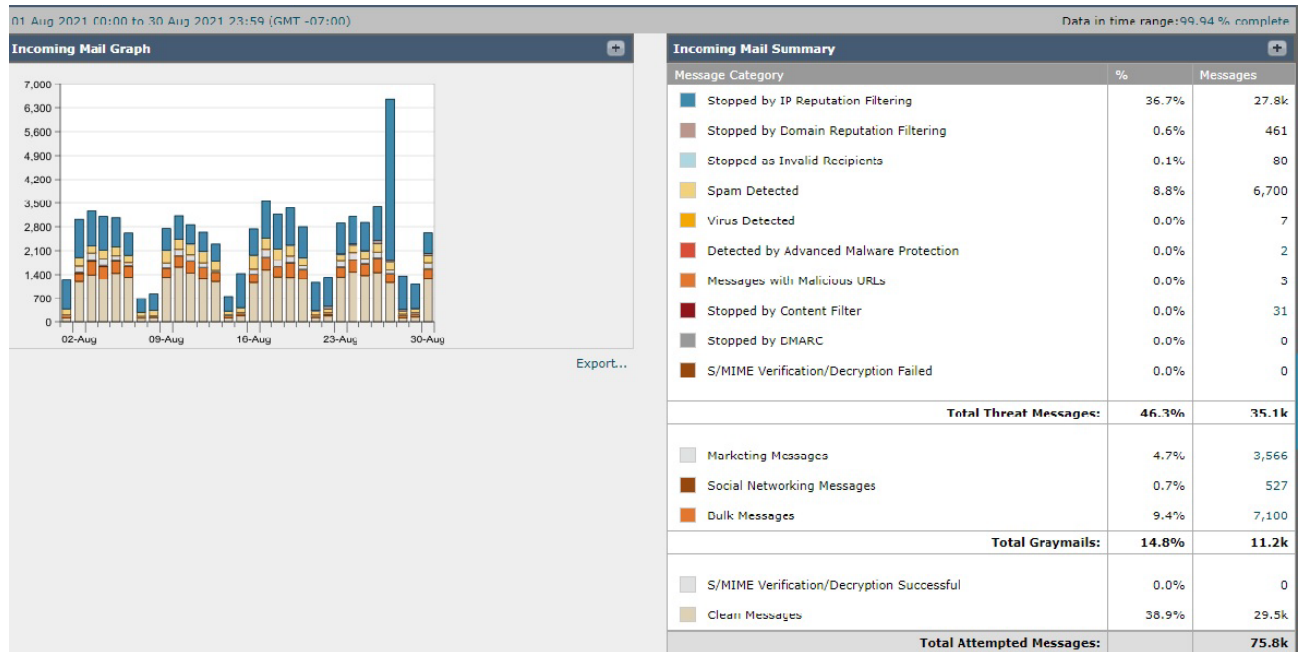
Time Window: 2021-08-01 09:30:00 - 2021-08-31 09:30:00

Constraints: Inline Result = dropped

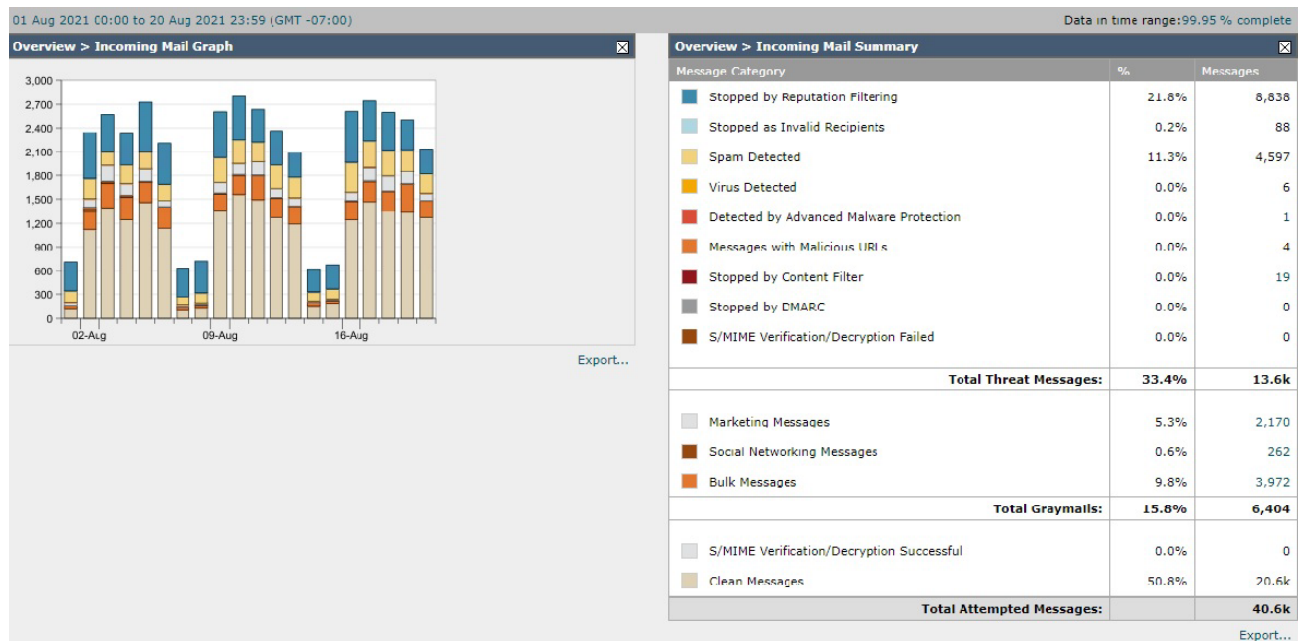


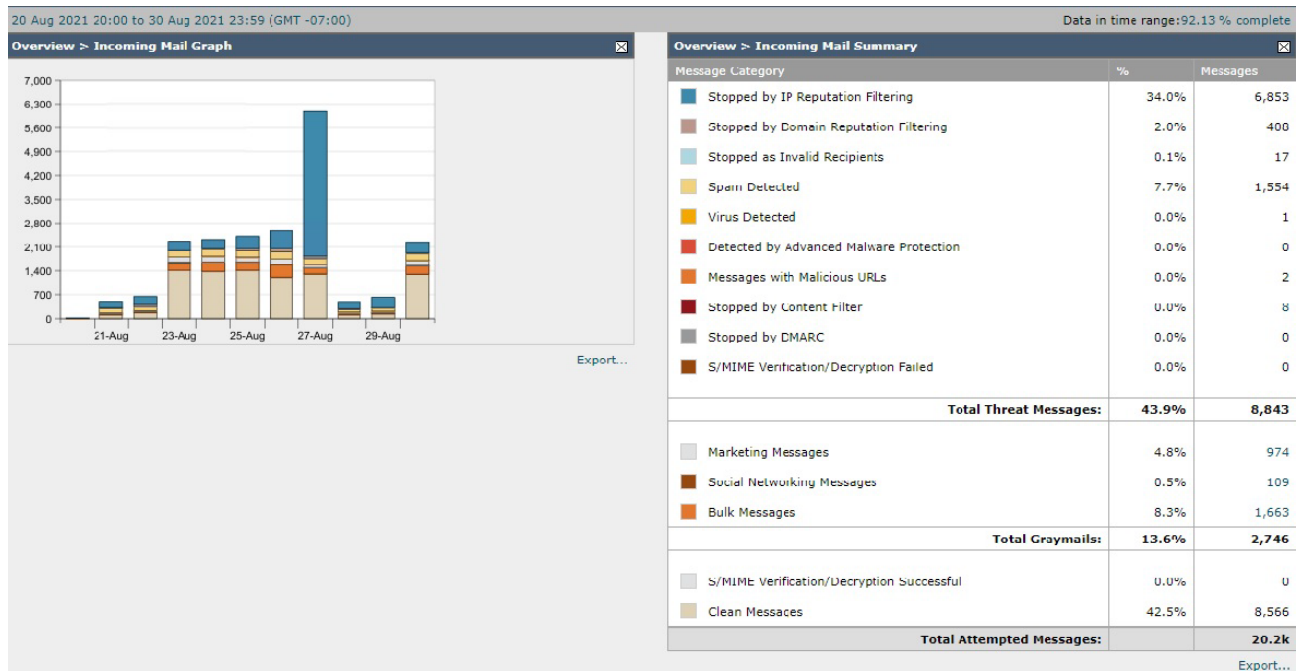
| Classification | Count |
|--|-------|
| Misc Activity | 446 |
| Attempted Administrator Privilege Gain | 129 |
| Attempted Information Leak | 32 |
| Attempted User Privilege Gain | 7 |

MX4



MX9





| Item / Date | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|
| Stopped By Reputation | 237.0k | 129.0k | 74.7k | 68.9k | 69.7k | 43.8k | 149k | 60.7k | 79.9k | 65.4 | 78.8k | 62.7k | 43.1k |
| Invalid Recipients | 612 | 2,582 | 1,120 | 883 | 153 | 62 | 242 | 384 | 1,776 | 99 | 1,982 | 742 | 185 |
| Spam Detected | 16.9k | 11.2k | 15.4k | 13.6k | 13.2 | 8,650 | 30.2k | 19.2k | 19.2k | 18 | 17.4k | 27 | 12.8k |
| Virus Detected | 2 | 2 | 1 | 1 | 1 | 0 | 9 | 3 | 5 | 2 | 2 | 9 | 14 |
| Advanced Malware | 0 | 1 | 1 | 2 | 9 | 10 | 10 | 0 | 6 | 6 | 0 | 1 | 3 |
| Malicious URLs | 50 | 33 | 22 | 31 | 39 | 3 | 6 | 14 | 0 | 264 | 30 | 12 | 9 |
| Content Filter | 10 | 26 | 5 | 2 | 8 | 18 | 189 | 56 | 151 | 264 | 167 | 78 | 58 |
| Marketing Messages | 3,715 | 4,127 | 3,794 | 6,511 | 6,147 | 3,203 | 68 | 68 | 6,707 | 6,366 | 6,357 | 6,256 | 6,710 |
| Attempted Admin Privilege Gain | 33 | 1,865 | 314 | 285 | 84 | 42 | 160 | 89 | 96 | 95 | 109 | 101 | 129 |
| Attempted User Privilege Gain | 22 | 339 | 1,948 | 1,019 | 650 | 37 | 6 | 64 | 10 | 1 | 0 | 3 | 7 |
| Attempted Information Leak | 88 | 18 | 52 | 156 | 167 | 44 | 11 | 3 | 20 | 18 | 38 | 15 | 32 |
| Potential Corp Policy Violation | 59 | 210 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Network Scans Detected | 1 | 1 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Web Application Attack | 0 | 65 | 25 | 25 | 0 | 0 | 0 | 24 | 11 | 0 | 3 | 1 | 0 |
| Attempted Denial of Service | 0 | 0 | 0 | 11.2k | 6,775 | 15,163 | 2,788 | 0 | 1 | 0 | 0 | 0 | 0 |
| Misc. Attack | 0 | 14 | 4,242 | 2,508 | 5,935 | 2,390 | 13,836 | 6,870 | 4,395 | 3,851 | 1,516 | 975 | 446 |

- 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 43.1k.
- Attempted information leaks detected and blocked at the firewall are higher from 15 to 32 for the month of August 2021.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is higher at 7 from a previous six-month average of 14.1.



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

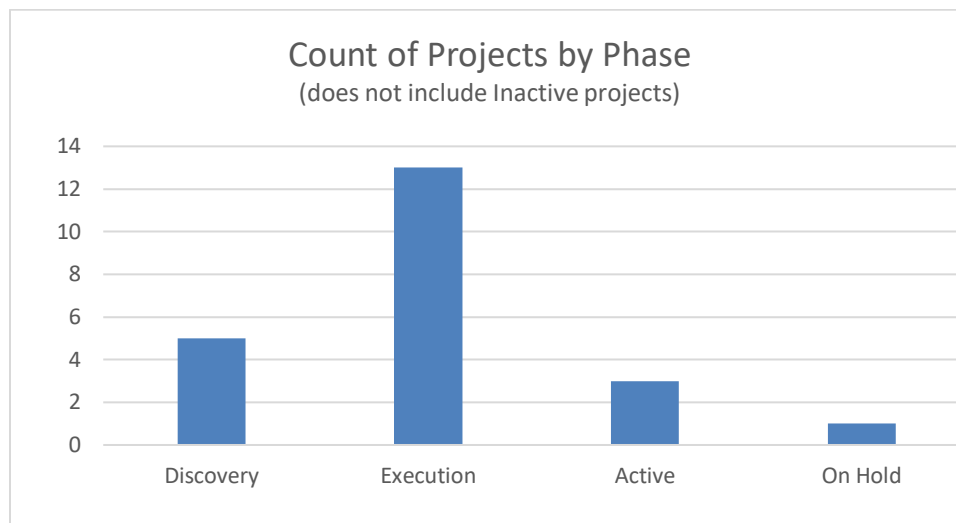
Projects and Programs

Ruth Watson

To: Alameda Alliance for Health Board of Governors
From: Ruth Watson, Chief Projects and Programs Officer
Date: September 10, 2021
Subject: Projects & Programs Report

Project Management Office

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



Integrated Planning

- CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS)
 - Core project team meeting twice per week; second meeting includes Alameda Care Connect (AC3) staff
 - Model of Care (MOC) Part 1 was approved by DHCS on August 9, 2021
 - MOC Part 2, due to the Department of Health Care Services (DHCS) on September 1, 2021 was submitted on August 27, 2021
 - Consists of 56 requirements which are a combination of narrative responses, Policies & Procedures (P&Ps), updated spreadsheets, member notices, and the draft ECM Provider contract template
 - P&Ps
 - Twelve (12) ECM P&P
 - Nine (9) ILOS P&Ps
 - Three (3) Excel Spreadsheets

- Final ILOS Elections
 - Refreshed data about contracting with WPC and HHP entities for ECM
 - Refreshed data about contracting with WPC and HHP entities for ILOS
- Member Notices
 - Members transitioning from Health Homes Program (HHP) to ECM
 - ECM New Benefit
- Draft ECM Provider contract template
- Final ILOS Elections – the Alliance will offer six (6) ILOS services instead of seven (7) on January 1, 2022; removed Home Modifications
- MOC Part 3 is due to DHCS on October 1, 2021
 - Final ECM & ILOS Provider Capacity/Network
 - Member transition notices
 - Whole Person Care (WPC) to ILOS
 - HHP to ILOS
 - Updated ILOS Policies and Procedures
 - Draft ILOS Provider Contract boilerplate
- The MOC will require updating to account for the additional ECM Populations of Focus that will be phased-in beginning in January 2023
- Operational Readiness planning is on-going
 - Separate workgroup meetings with Health Care Services, Provider Services, Analytics, Member Services/Outreach & Communications and Finance occur weekly or more, as needed
 - Preparation for contract discussions with Health Care Services Agency (HCSA) as the provider for ILOS Housing services underway
- All scheduled listening sessions with community partners, stakeholders and the public were completed
 - Fifteen (15) sessions completed through the end of August
- Behavioral Health Integration (BHI) Incentive Program – DHCS pilot program commenced January 1, 2021 and continues through December 31, 2022
 - CY 2020 Baseline report was submitted to DHCS on August 27th
 - 2Q2021 quarterly milestone report was submitted to DHCS on August 27, 2021

Recruiting and Staffing

- Project Management Open position(s):
 - Sr. Technical Project Manager – new employee started August 23rd
 - Recruitment to commence for the following positions:
 - Manager, Project Management Office (PMO)
 - Senior Business Analyst
 - Project Manager
 - Business Analyst, Integrated Planning

Projects and Programs

Supporting Documents

Project Descriptions

Key projects currently in-flight:

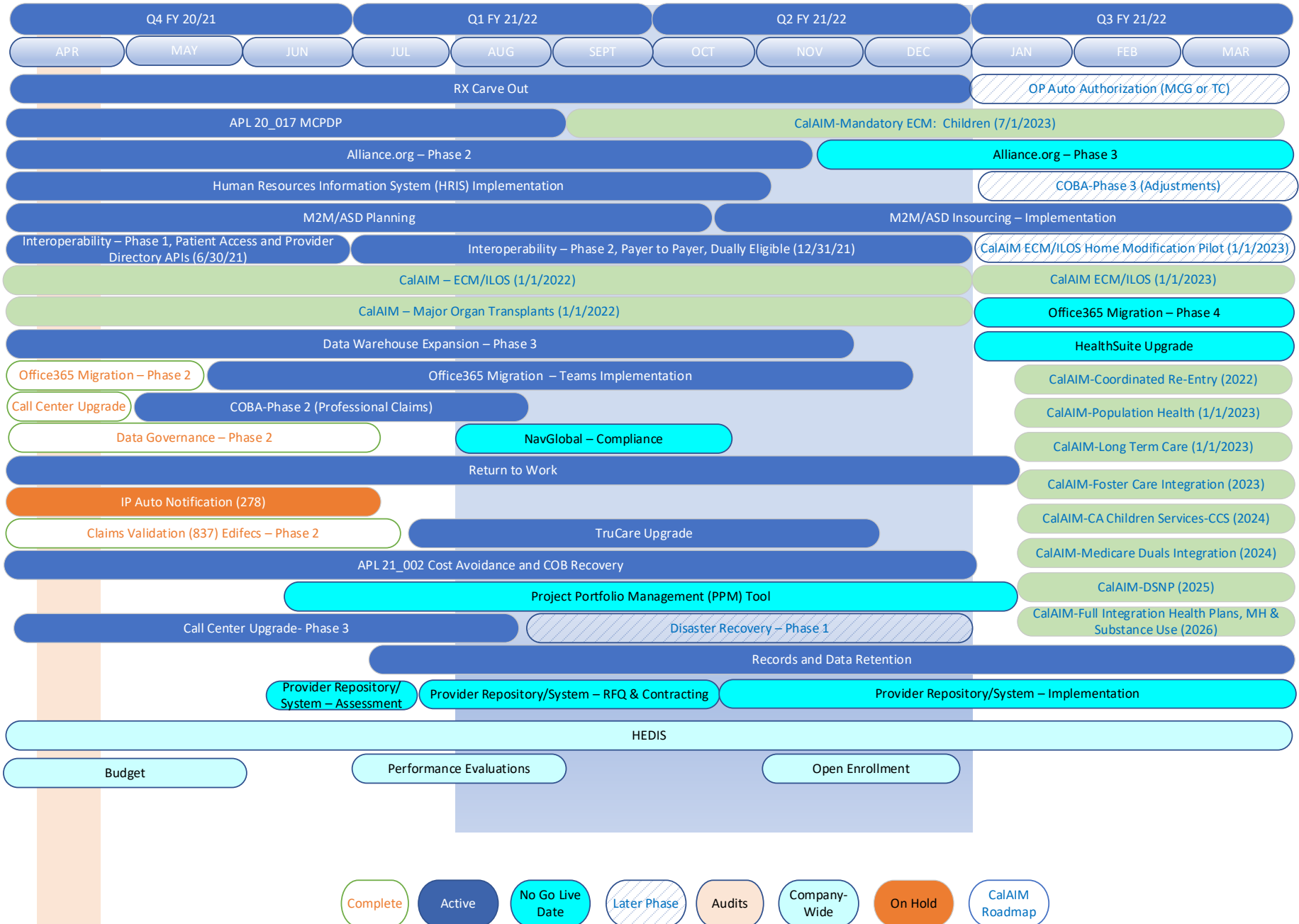
- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
 - Enhanced Care Management (ECM) effective January 1, 2022 – ECM will target seven (7) specific populations of vulnerable and high-risk children and adults
 - Members currently receiving Whole Person Care (WPC) care management or Health Homes Program (HHP) services will transition into ECM
 - Model of Care Part 1 submitted to DHCS on June 30, 2021
 - Model of Care Part 2 submitted to DHCS on August 27, 2021
 - In Lieu of Services (ILOS) effective January 1, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
 - Six ILOS options have been selected for implementation on January 1, 2022
 - Major Organ Transplants (MOT) – currently not within the scope of many Medi-Cal managed care plans (MCPs); will be carved into all MCPs effective January 1, 2022.
 - Applicable to adults only; transplants for children will remain with California Children’s Services
 - DHCS working to update “trailer bill legislation” to make Managed Medi-Cal rate protections applicable to contracted *and* non-contracted providers
 - Requires CMS approval
 - MOT Network Certification was submitted to DHCS as required on 9/2/2021
- Interoperability Phase 1 – regulatory mandate to implement the following:
 - Patient Access API – provide members with the ability to access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their choice
 - Provider Directory API – requires payers to make provider directory information publicly available
 - Enforcement date is July 1, 2021
 - Engaged consultant services to provide Business Analysis support
- Return to Work – assessment of current state work environment and recommendations for future configurations (remote/onsite/hybrid)
- Human Resources Information System (HRIS) – replacement of current HRIS system; target go-live is October 2021
- Pharmacy Carve-Out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State; DHCS announced the new start date of January 1, 2022

- Project Portfolio Management (PPM) Tool – vendor demonstrations are underway
- All Plan Letter (APL) 21-002 (formerly APL 20-010) Cost Avoidance, Other Health Coverage
 - New notification requirements between health plans and providers regarding other health coverage as required by DHCS; pending release of new APL
- APL 20-017 Managed Care Program Data Improvement
 - DHCS will require Managed Care Plans (MCPs) to report program data using new, standardized reporting formats
 - Additional requirements for data reporting related to grievances, appeals, monthly Medical Exemption Requests (MER) and other continuity of care requests, out-of-Network requests, and Primary Care Provider (PCP) assignments for all MCPs
 - MCPs are required to meet all requirements in this APL no later than July 1, 2021

Projects on Hold:

- In Patient (IP) Auto Notification (278 Data File) – pilot hospitals are not ready to start implementation

AAH Project Portfolio - Active + (updated 9/3/2021)





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Analytics

Tiffany Cheang

To: Alameda Alliance for Health Board of Governors

From: Tiffany Cheang, Chief Analytics Officer

Date: September 10, 2021

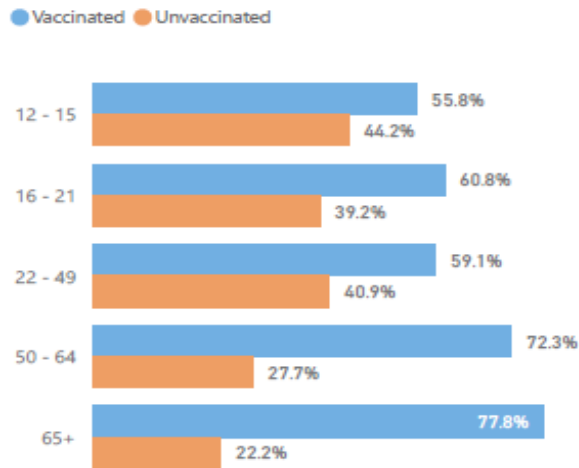
Subject: Performance & Analytics Report

COVID-19 Vaccination Rate

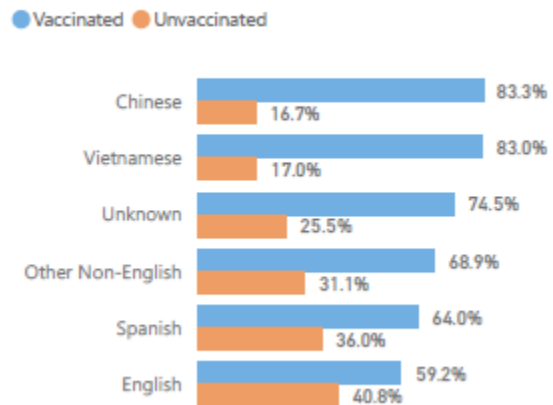
- The Alliance COVID-19 Vaccination rate is 64.0% for fully and partially vaccinated members aged 12 years and older.
 - 58.0% are fully vaccinated
 - 6.1% are partially vaccinated

- A comparison of the Alliance’s vaccinated vs unvaccinated members (36.0%) shows the following demographic results:

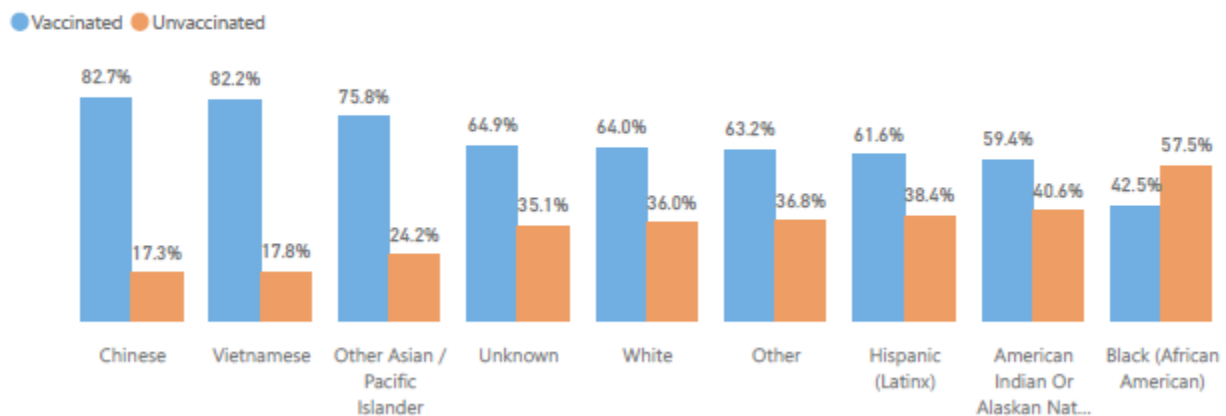
By AgeBand



By Language

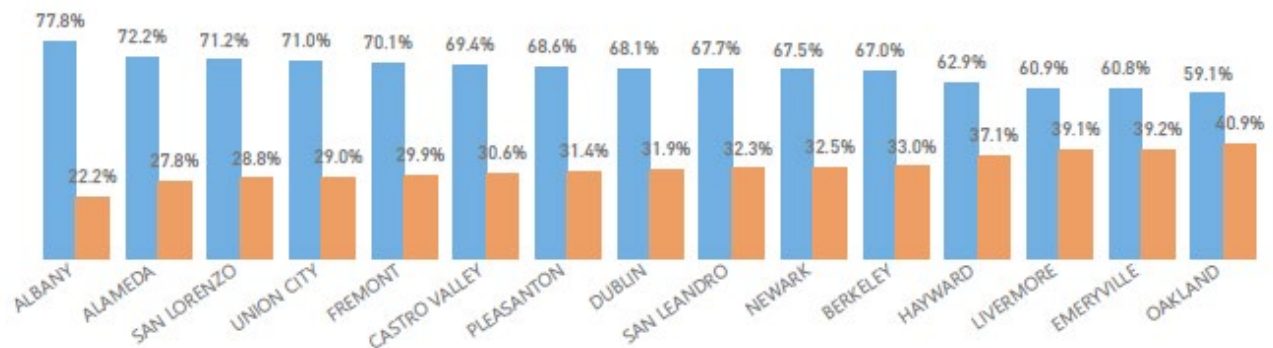


By Ethnicity



By City

● Vaccinated ● Unvaccinated



Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
 - Current reporting period: June 2020 – May 2021 dates of service
 - Prior reporting period: June 2019 – May 2020 dates of service
(Note: Data excludes Kaiser membership data.)
- For the Current reporting period, the top 8.4% of members account for 84.2% of total costs.
- In comparison, the Prior reporting period was lower at 7.7% of members accounting for 81.4% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
 - The SPD (non duals) and ACA OE categories of aid increased to account for 60.6% of the members, with SPDs accounting for 28.0% and ACA OE's at 32.6%.
 - The percent of members with costs \geq \$30K slightly increased from 1.6% to 1.8%.
 - Of those members with costs \geq \$100K, the percentage of total members remained consistent at 0.4%.
 - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, increasing to 49.8%.
- Demographics for member city and gender for members with costs \geq \$30K follow the same distribution as the overall Alliance population.
- However, the age distribution of the top 8.4% is more concentrated in the 45-66 year old category (40.9%) compared to the overall population (21.4%).

Analytics

Supporting Documents

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

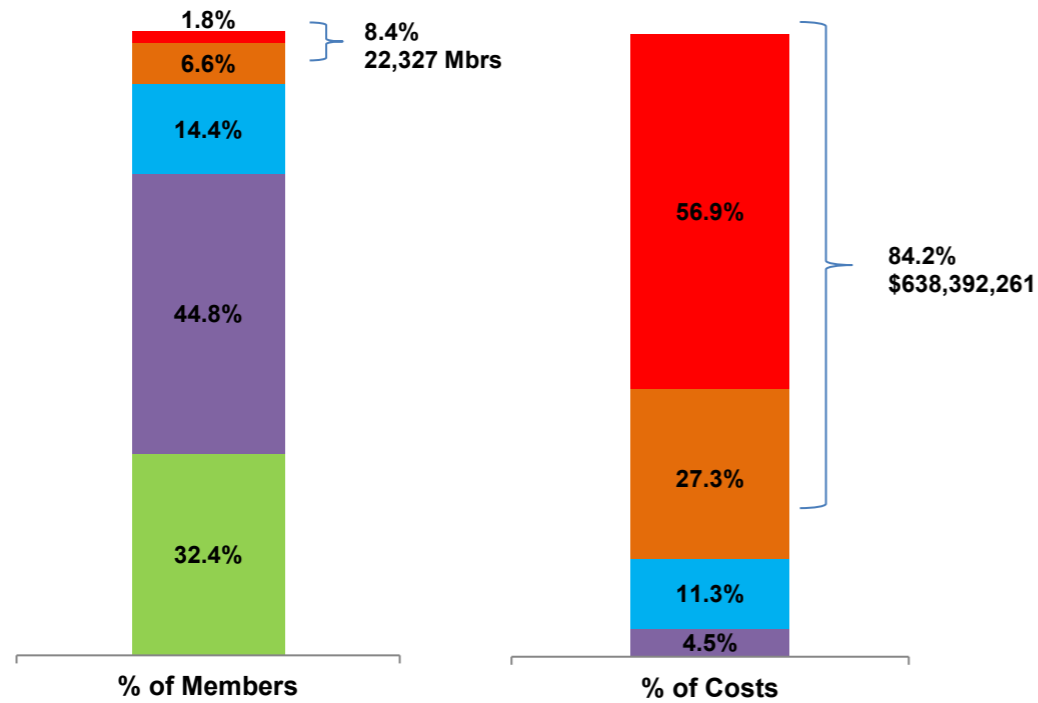
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Jun 2020 - May 2021

Note: Data incomplete due to claims lag

Run Date: 08/30/2021

Member Cost Distribution



Top 8.4% of Members = 84.2% of Costs

| Cost Range | Members | % of Total Members | Costs | % of Total Costs |
|-----------------|---------------|--------------------|-----------------------|------------------|
| \$100K+ | 1,129 | 0.4% | \$ 234,703,303 | 31.0% |
| \$75K to \$100K | 618 | 0.2% | \$ 53,489,829 | 7.1% |
| \$50K to \$75K | 1,140 | 0.4% | \$ 69,877,148 | 9.2% |
| \$40K to \$50K | 714 | 0.3% | \$ 31,959,375 | 4.2% |
| \$30K to \$40K | 1,196 | 0.5% | \$ 41,445,518 | 5.5% |
| SubTotal | 4,797 | 1.8% | \$ 431,475,174 | 56.9% |
| \$20K to \$30K | 2,253 | 0.8% | \$ 54,957,226 | 7.3% |
| \$10K to \$20K | 6,321 | 2.4% | \$ 87,913,852 | 11.6% |
| \$5K to \$10K | 8,956 | 3.4% | \$ 64,046,009 | 8.4% |
| SubTotal | 17,530 | 6.6% | \$ 206,917,087 | 27.3% |
| Total | 22,327 | 8.4% | \$ 638,392,261 | 84.2% |

| Cost Range | Members | % of Members | Costs | % of Costs |
|---------------|----------------|---------------|-----------------------|---------------|
| \$30K+ | 4,797 | 1.8% | \$ 431,475,174 | 56.9% |
| \$5K - \$30K | 17,530 | 6.6% | \$ 206,917,087 | 27.3% |
| \$1K - \$5K | 38,233 | 14.4% | \$ 85,573,207 | 11.3% |
| < \$1K | 118,633 | 44.8% | \$ 34,023,405 | 4.5% |
| \$0 | 85,886 | 32.4% | \$ - | 0.0% |
| Totals | 265,079 | 100.0% | \$ 757,988,873 | 100.0% |

| Enrollment Status | Members | Total Costs |
|-------------------------------|----------------|-----------------------|
| Still Enrolled as of May 2021 | 245,179 | \$ 669,427,688 |
| Dis-Enrolled During Year | 19,900 | \$ 88,561,185 |
| Totals | 265,079 | \$ 757,988,873 |

Notes:

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

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

8.4% of Members = 84.2% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Jun 2020 - May 2021

Note: Data incomplete due to claims lag

Run Date: 08/30/2021

8.4% of Members = 84.2% of Costs

28.0% of members are SPDs and account for 34.7% of costs.

32.6% of members are ACA OE and account for 30.8% of costs.

6.7% of members disenrolled as of May 2021 and account for 12.9% of costs.

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

39.7% of members are SPDs and account for 39.3% of costs.

28.4% of members are ACA OE and account for 28.6% of costs.

19.1% of members disenrolled as of May 2021 and account for 21.2% of costs.

Member Breakout by LOB

| LOB | Eligibility Category | Members with Costs >=\$30K | Members with Costs \$5K-\$30K | Total Members | % of Members |
|--------------|----------------------|----------------------------|-------------------------------|---------------|---------------|
| IHSS | IHSS | 113 | 545 | 658 | 3.1% |
| MCAL | MCAL - ADULT | 483 | 3,151 | 3,634 | 17.2% |
| | MCAL - BCCTP | - | - | - | 0.0% |
| | MCAL - CHILD | 177 | 1,295 | 1,472 | 6.9% |
| | MCAL - ACA OE | 1,427 | 5,482 | 6,909 | 32.6% |
| | MCAL - SPD | 1,689 | 4,235 | 5,924 | 28.0% |
| | MCAL - DUALS | 90 | 1,075 | 1,165 | 5.5% |
| Not Eligible | Not Eligible | 542 | 879 | 1,421 | 6.7% |
| Total | | 4,521 | 16,662 | 21,183 | 100.0% |

Member Breakout by LOB

| LOB | Eligibility Category | Total Members | % of Members |
|--------------|----------------------|---------------|---------------|
| IHSS | IHSS | 18 | 1.7% |
| MCAL | MCAL - ADULT | 97 | 9.0% |
| | MCAL - BCCTP | - | 0.0% |
| | MCAL - CHILD | 7 | 0.7% |
| | MCAL - ACA OE | 304 | 28.4% |
| | MCAL - SPD | 426 | 39.7% |
| | MCAL - DUALS | 15 | 1.4% |
| Not Eligible | Not Eligible | 205 | 19.1% |
| Total | | 1,072 | 100.0% |

Cost Breakout by LOB

| LOB | Eligibility Category | Members with Costs >=\$30K | Members with Costs \$5K-\$30K | Total Costs | % of Costs |
|--------------|----------------------|----------------------------|-------------------------------|-----------------------|---------------|
| IHSS | IHSS | \$ 8,123,486 | \$ 6,044,611 | \$ 14,168,096 | 2.3% |
| MCAL | MCAL - ADULT | \$ 38,056,017 | \$ 35,961,853 | \$ 74,017,870 | 12.1% |
| | MCAL - BCCTP | \$ - | \$ - | \$ - | 0.0% |
| | MCAL - CHILD | \$ 8,896,089 | \$ 15,092,340 | \$ 23,988,428 | 3.9% |
| | MCAL - ACA OE | \$ 124,759,001 | \$ 63,193,827 | \$ 187,952,828 | 30.8% |
| | MCAL - SPD | \$ 159,179,108 | \$ 52,217,904 | \$ 211,397,012 | 34.7% |
| | MCAL - DUALS | \$ 6,043,222 | \$ 13,360,618 | \$ 19,403,841 | 3.2% |
| Not Eligible | Not Eligible | \$ 67,448,346 | \$ 11,201,554 | \$ 78,649,900 | 12.9% |
| Total | | \$ 412,505,269 | \$ 197,072,706 | \$ 609,577,975 | 100.0% |

Cost Breakout by LOB

| LOB | Eligibility Category | Total Costs | % of Costs |
|--------------|----------------------|-----------------------|---------------|
| IHSS | IHSS | \$ 2,955,937 | 1.3% |
| MCAL | MCAL - ADULT | \$ 18,434,356 | 8.2% |
| | MCAL - BCCTP | \$ - | 0.0% |
| | MCAL - CHILD | \$ 1,109,643 | 0.5% |
| | MCAL - ACA OE | \$ 64,560,537 | 28.6% |
| | MCAL - SPD | \$ 88,944,986 | 39.3% |
| | MCAL - DUALS | \$ 2,152,799 | 1.0% |
| Not Eligible | Not Eligible | \$ 47,945,417 | 21.2% |
| Total | | \$ 226,103,675 | 100.0% |

% of Total Costs By Service Type

| Cost Range | Trauma Costs | Hep C Rx Costs | Pregnancy, Childbirth & Newborn Related Costs | 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) |
| \$100K+ | 6% | 0% | 0% | 11% | 57% | 1% | 15% | 5% | 4% | 8% |
| \$75K to \$100K | 7% | 0% | 1% | 16% | 43% | 3% | 9% | 5% | 11% | 13% |
| \$50K to \$75K | 7% | 0% | 1% | 20% | 41% | 3% | 7% | 7% | 7% | 16% |
| \$40K to \$50K | 7% | 0% | 2% | 15% | 44% | 5% | 8% | 7% | 2% | 18% |
| \$30K to \$40K | 11% | 1% | 1% | 16% | 40% | 11% | 8% | 7% | 1% | 18% |
| \$20K to \$30K | 8% | 2% | 1% | 18% | 34% | 11% | 10% | 8% | 1% | 18% |
| \$10K to \$20K | 1% | 0% | 1% | 21% | 33% | 6% | 13% | 10% | 2% | 16% |
| \$5K to \$10K | 0% | 0% | 0% | 24% | 20% | 9% | 13% | 14% | 1% | 19% |
| Total | 6% | 0% | 1% | 16% | 43% | 5% | 12% | 7% | 4% | 13% |

Notes:

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



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Human Resources

Anastacia Swift

To: Alameda Alliance for Health Board of Governors

From: Anastacia Swift, Chief Human Resources Officer

Date: September 10, 2021

Subject: Human Resources Report

Staffing

- As of September 1, 2021, the Alliance had 353 full time employees and 1-part time employee.
- On September 1, 2021, the Alliance had 46 open positions in which 8 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 38 positions open to date. The Alliance is actively recruiting for the remaining 38 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

| Department | Open Positions September 1st | Signed Offers Accepted by Department | Remaining Recruitment Positions |
|------------------------|------------------------------|--------------------------------------|---------------------------------|
| Healthcare Services | 11 | 2 | 9 |
| Operations | 21 | 4 | 17 |
| Healthcare Analytics | 2 | 0 | 2 |
| Information Technology | 4 | 0 | 4 |
| Finance | 2 | 0 | 2 |
| Compliance | 5 | 2 | 3 |
| Human Resources | 1 | 0 | 1 |
| Projects & Programs | 0 | 0 | 0 |
| Total | 46 | 8 | 38 |

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in August 2021 included:
 - 5 years:
 - Eugene Tse (Healthcare Analytics)
 - Gigi Nguyen (Case & Disease Management)
 - Nancy Vongsay (Utilization Management)
 - 7 years:
 - Christina Ly (Member Services)
 - 9 years:
 - Hyacinth Joya (Claims)
 - Tina Tan (Finance)
 - 10 years:
 - Helen Ha (Claims)
 - 14 years:
 - Vanessa Swann (Member Services)