ALAMEDA Alliance FOR HEALTH

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

Board of Governors

Regular Meeting

Friday, March 11th, 2022
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, March 11th, 2022
12:00 p.m. – 2:00 p.m.

Video Conference Call

Alameda, CA 94502

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

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

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

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

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

1. **CALL TO ORDER**

   (A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on March 11th, 2022, at 12:00 p.m. in Alameda County, California, by Dr. Evan Seevak, Presiding Officer. This meeting is to take place by video conference call.)

2. **ROLL CALL**

3. **AGENDA APPROVAL OR MODIFICATIONS**

4. **INTRODUCTIONS**

5. **CONSENT CALENDAR**

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

   a) **FEBRUARY 11th, 2022 BOARD OF GOVERNORS MEETING MINUTES**

   b) **MARCH 8th, 2022 FINANCE COMMITTEE MEETING MINUTES**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

   a) **REVIEW AND APPROVE JANUARY 2022 MONTHLY FINANCIAL STATEMENTS**

   b) **FISCAL YEAR 2022 SECOND QUARTER FORECAST**

   c) **COVID-19 VACCINATION PROGRESS REPORT**

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

10. **STAFF UPDATES**

11. **UNFINISHED BUSINESS**

12. **STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS**

13. **PUBLIC COMMENT (NON-AGENDA ITEMS)**

14. CLOSED SESSION:

a) **DISCUSSION AND DELIBERATION REGARDING TRADE SECRETS (WELFARE & INSTITUTIONS CODE SECTION 14087.35). DISCUSSION WILL CONCERN A NEW LINE OF BUSINESS; PROTECTION OF ECONOMIC BENEFIT TO THE HEALTH AUTHORITY. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF OCTOBER 2022.**

15. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

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

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

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

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

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

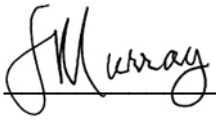
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org. You may also provide comment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

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

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

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org on March 7th, 2022, by 12:00 p.m.



_____Clerk of the Board – Jeanette Murray

ALAMEDA Alliance FOR HEALTH

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Consent Calendar

ALAMEDA Alliance FOR HEALTH

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Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
February 11th, 2022
12:00 pm – 2:00 pm
(Video Conference Call)
Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice-Chair), Dr. Kelley Meade, Nicholas Peraino, Marty Lynch, Natalie Williams, Byron Lopez, Dr. Michael Marchiano, James Jackson, Dr. Noha Aboelata, Aarondeep Basrai, Supervisor Dave Brown, Andrea Schwab-Galindo

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

Guests Present on Conference Call: Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Excused: Dr. Rollington Ferguson

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Evan Seevak	The regular board meeting was called to order by Dr. Seevak at 12:04 pm. The following public announcement was read. "The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County levels, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed State of emergency." "Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."	None	None

2. ROLL CALL			
Dr. Evan Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Evan Seevak	Dr. Seevak moved to change Board Business item 9.d. to be presented after 9.am.	None	None
4. INTRODUCTIONS			
Dr. Evan Seevak	None	None	None
5. CONSENT CALENDAR			
Dr. Evan Seevak	Dr. Seevak presented the February 11th, 2022, Consent Calendar. a) January 14th, 2022, Board of Governors Meeting Minutes b) February 8th, 2022, Finance Committee Meeting Minutes Motion to Approve February 11th, 2022, Board of Governors Consent Calendar. A roll call vote was taken, and the motion passed.	Motion to Approve February 11th, 2022, Board of Governors Consent Calendar. Motion: M. Lynch Second: Supervisor Brown Vote: Yes No opposed or abstained.	None
7. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			

Rebecca Gebhart	The Compliance Advisory Committee (CAC) was held telephonically on February 11th, 2022, at 10:30 am. Rebecca Gebhart gave the following Compliance Advisory Committee updates. Compliance Audit Dashboard: • Dashboard is tracking 133 findings, and 112 have been closed in total. DHCS Medical Audit findings from 2021: • The Compliance Advisory Committee discussed 4 repeat findings. These audit findings are close to being closed: (1) finding on medical necessity denials and the plan has been working to ensure medical necessity standards are documented for denials; (2) decision-makers name was not on the notice of action; (3) health risk assessment that needs to happen within a required timeframe did not happen in the required timeframe. These did not happen timely because they were retroactive assignments; we have developed more precise internal tracking; (4) The Alliance's MOU with Alameda County – the State found that we did not follow all requirements for meeting and reporting from those meetings. The Alliance was able to meet with the State on January 31st, and another meeting is scheduled for February 25th. 2021 Delegate Audits: • The delegates are being audited similarly to how the State audits us. An audit date confirmation is sent to the delegates with a request for documents. Then the State audits the documents, a preliminary report is sent to the delegates, and then a final report. • There are 5 audits in process. CHCN's final report is scheduled to be on March 31st. Beacon's final audit report is expected around April 1st. March Vision is completed with no findings. CFMG is in process; final audit report will be delivered approximately February 25th. • The 5th delegate was Modivcare, our transportation provider. We added this to our audit list because of an audit finding. The finding was that the plan did not ensure that the transportation providers/drivers are enrolled in Medi-Cal, have appropriate licensure, and are not subject to any	Informational update to the Board of Governors. Vote not required.	None

	exclusions. Our internal review found that 1 driver did not meet the requirements. This is an issue statewide with other plans. • The audit for Modivcare is scheduled for March 9th. • Once the final report is issued to these delegates, the final report can be shared with the Compliance Advisory Committee, and we can bring those results to the Board. 2022 DHCS Survey: • The Alliance is in the pre-audit document collection phase. • DHCS has requested 900 documents, due February 14th. 94% of these documents have been collected and are being reviewed internally to make sure they are responsive to the request. • This is the first phase of document collection, and the subsequent phases could be related to individual files. • For informational purposes, there are 6 categories of audits: utilization management; case management and care coordination; access and availability; quality improvement; member rights; admin and organizational capacity. Upcoming Audits: • NCQA Reaccreditation - July • 2022 DHCS Medical Survey - April 4th • DMHC Financial Services Audit in the 4th Quarter of 2022 Question: Can the Board be educated on the background and performance of the delegate details? Answer: We are looking into the structure of this, and a presentation would be informative. We are in the process of building delegate dashboards, and they will be available in the future. Informational update to the Board of Governors. Vote not required.		

7. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Nicholas Peraino	The Finance Committee was held telephonically on Tuesday, February 8th, 2022. Dr. Ferguson was absent at the Board meeting due to an emergency; Nicholas Peraino provided updates: Highlights: • December Financial Report was discussed and Gil will be covering in detail during his Board report. • Presentation from Matthew Woodruff about claims interest and auto-adjudicating claims. • Gil presented the opportunities around changing the investment portfolio and what our options are. Question: Is HealthSuite the program that runs adjudicating claims or are there others? Answer: Yes, it is HealthSuite. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
8. CEO UPDATE			
Scott Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: • Scott congratulated Dr. Noha Aboelata for receiving a distinguished award. She is the recipient of the 2022 James Irvine Foundation Leadership Award. Executive Summary:	Informational update to the Board of Governors. Vote not required.	None

	Finances: • The Alliance is forecasting this fiscal year to end at a $3.5 million dollar net income. The budget process for the fiscal year 2023 begins July 1, 2022. Key Performance Indicators: • Regulatory metrics - our standard Member Grievances turnaround time was off by 3%, and the expedited grievances were 88% below requirement. • Non-Regulatory metrics – Member Services call center abandonment rate and average speed to answer exceeded internal targets, and the Operations teams are working on staffing to improve the customer service experience. Single Plan Model Update: • The Department of Health Care Services (DHCS) released the Medical Managed Care request for proposals on February 9th, 2022. The RFP addresses 58 counties in California, and responses are due to DHCS by April 11th, and then the notices of intent to award are scheduled for August 9th. Alameda Alliance for Health is not participating in this procurement process. • Alameda County is identified in the RFP as a single plan model as of January 1st, 2024. o Next steps include: ▪ In 2022: Initiate the transition planning with DHCS, Anthem and updating our regulatory submissions and other planning materials. ▪ In 2023: Public stakeholder forums with Medi-Cal providers and Medi-Cal beneficiaries would be held at different times in the year, expansion of the provider network, and other operational readiness activities. ▪ Following a series of Member & Provider communications in 2023, the Medi-Cal beneficiaries enrolled in Anthem would transition into Alameda Alliance on January 1st, 2024		

	Question: Does this information make the Alliance Singe Plan Model official? Answer: As stated in the RFP, we are moving forward to be a Single Plan Model. Contract with Kaiser Permanente: • On February 4th, the State of California announced their intention to contract with Kaiser Permanente for Medi-Cal managed care services in 22 California counties. • The contract begins January 1st, 2024 and continues through the calendar year 2028. There is a provision that mandates a 25% enrollment growth over 5 years. • DHCS is seeking approval from CMS and will propose language to the state legislature to authorize this change to the statewide Medi-Cal delivery system. • In response to this announcement, the Alliance is launching an impact analysis in the month of February to assess the short-term and long-term implications. The analysis will include the impacts to financials, quality, enrollment, operations, regulatory compliance, and other parts of the organization. • The analysis will also include a preliminary view of impacts to our Medi-Cal beneficiaries and providers. This contract arrangement raises a series of questions, such as: • What are the potential impacts to the Alameda County public health infrastructure & programs, including the Medi-Cal Single Plan Model? • What are the potential impacts to the Medi-Cal beneficiaries and providers in Alameda County? • Does the Governor of California have the authority to enter into a sole source contract without public stakeholder engagement? • Does the DHCS have the state and federal authority to execute this contract? • Should the DHCS mandate the enrollment growth of a contracted managed care organization?		

	Question: If Kaiser has lower risk beneficiaries, then will we see better rates in the plans that are not Kaiser? Answers: Rates are included in the impact analysis. Question: What is the 25% growth for Kaiser to have? Answers: Estimates will be developed statewide and in Alameda County. Question: If we are to be a Single Plan Model and Kaiser is a Plan in our County, how is the State explaining that? Answer: These are questions being asked statewide as 2 other counties besides Alameda are being moved forward to a Single Plan Model. Question: Does the State have any plans to make up for lost revenue due to the Kaiser Contract? Answer: Not at this time. Question: Will Kaiser be eligible for IGTs? Answer: We will follow up with this with the DHCS. Question: Challenge stakeholder input in the contract; is there precedent for direct contracting without stakeholders? Question: What is the impact on consumer choice? Answer: These questions will be on the impact analysis. Informational update to the Board of Governors. Vote not required.		

9. a. BOARD BUSINESS – REVIEW AND APPROVE DECEMBER 2021 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	Gil Riojas gave the following December 2021 Finance updates: Enrollment: • For the month ending December 31st, 2021, the Alliance had an enrollment of almost 297,000 members, a net loss of $1.5M, and the tangible net equity was 532% of the required amount. • Our enrollment has increased by almost 1600 members since November 2021. • Highlight for next month: from December to January, we passed 300,000 members. Net Operating Results: • For the month ending December 31st, 2021, the actual net loss was $1.5M, and the budgeted net loss was $2.7M. • The Alliance performed better than what we had budgeted in terms of the net loss. Revenue: • For the month ending December 31st, 2021, the actual revenue was $99.8M vs. the budgeted revenue of $99.6M. • For the fiscal year ending December 31st, 2021, the actual revenue was $589.8M vs. the budgeted revenue of $589.7M. Medical Expense: • For the month ending December 31st, 2021, the actual medical expense was $95.3M, and the budgeted medical expense was $95.3M. • For the fiscal year ending December 31st, 2021, the actual medical expense was $560.9M vs. the budgeted revenue of $564.4M.	Motion to Approve December 31st, 2021, Monthly Financial Statements as presented. Motion: James Jackson Second: N. Williams Vote: Yes No opposed or abstained.	None

	Medical Loss Ratio (MLR): • For the month ending December 31st, 2021, the MLR was 95.5% and 95.1% for the fiscal year-to-date. Administrative Expense: • For the month ending December 31st, 2021, the actual administrative expense was $6.0M vs. the budgeted administrative expense of $7.0M. • For the fiscal YTD ending December 31st, 2021, the actual administrative expense was $32.0M vs. the budgeted administrative expense of $34.5M. Other Income / (Expense): • As of December 31st, 2021, our YTD interest income from investments is $215,000, and YTD claims interest expense is $192,000. Tangible Net Equity (TNE): • Tangible net equity results continue to remain healthy, and at the end of December 31st, 2021, the TNE was reported at 532% of the required amount. Cash Position and Assets: • For the month ending December 31st, 2021, the Alliance reported $326.5M in cash; $149.4M in uncommitted cash. Our current ratio is above the minimum required at 1.59 compared to the regulatory minimum of 1.0. Motion to Approve December 31st, 2021, Monthly Financial Statements as presented. A roll call vote was taken, and the motion passed.		

• **Dr. Seevak announced that Bobbie Wunsch would be next on the agenda.**			
9.d. BOARD BUSINESS – BOARD OF GOVERNORS EFFECTIVENESS ASSESSMENT			

Bobbie Wunsch	Bobbie Wunsch presented the Board of Governors Effectiveness Assessment.
	Dr. Seevak gave a quick introduction.
	
	Governing with Intent:
	• Alameda Alliance for Health Board Effectiveness Review
	  ○ Board's impact on organizational performance
	  ○ How Board operates as a group
	  ○ Board structure and membership
	  ○ Board's impact on CEO partnership and support
	
	Next Steps:
	• Receive BoardSource Board Effectiveness Survey
	• Analyze survey results
	• Follow-Up interviews with Board Members based on survey results
	• Present summary of findings of survey and interviews to the Alliance Board
	• Identify areas for change and improvement of performance
	
	Bobbie will return in April with the survey results.
	
	To view the complete Board of Governors Effectiveness Assessment presentation, see Board Packet.
	
	Informational update to the Board of Governors.
	
	Vote not required.
		Informational update to the Board of Governors.
		
		Vote not required.
			None

9. b. BOARD BUSINESS – CALAIM PROGRESS REPORT			
Dr. S. O'Brien and Ruth Watson	Dr. O'Brien and Ruth Watson presented the CalAIM Progress Report Update. CalAIM Operational Readiness is divided into two phases and includes all our community-based organizations and other contracted entities for Enhanced Care Management (ECM), Community Supports (CS), and Major Organ Transplants (MOT). Progress report: • Phase one – Day One o Operational Readiness Status (ECM, CS, and MOT) - Day One o ECM & CS Successfully transitioned Whole Person Care (WPC) and Health Home Pilot Program (HHP) Participants into ECM and CS – total eligible members 3,330. o MOT readiness completed. ▪ 30 Alliance members currently in transplant pipeline with Stanford and UCSF. ▪ COE Network certified with DHCS. ▪ Stanford contract fully executed. ▪ UCSF – Letter of Intent fully executed – final rates pending DHCS negotiation with UC System. • Phase Two – 60/90 Days and Beyond o Incentive Programs: CalAIM Incentive Payment Program (IPP) Potential Allocation of Funds $11.5M. o Three-year DHCS program to provide funding for the support of ECM and CS. Submitted Needs Assessment and Gap Filing Plan to DHCS on January 12th. o Student Behavioral Health Incentive Program (SBHIP) Potential Allocation of Funds TBD. Letter of Intent to Participate in the program submitted to DHCS on January 27th. Partner form due to DHCS March 15th. Needs Assessment due 12/31/2022. o Housing and Homelessness Incentive Program (HHIP) Potential Allocation of Funds TBD. Letter of Intent due to DHCS March 2022.	Informational update to the Board of Governors. Vote not required.	None

	Alameda County Health Care Services Agency (HCSA) due June 30th, 2022.
	
	Medi-Cal Rx Transition – First 30 Days:
	• Successful transition of Medi-Cal Rx benefit to Magellan completed on 1/1/2022.
	• Multiple challenges were identified and rapidly addressed.
	  o Eligibility issues (resolved)
	  o Prior authorization issues (partially resolved)
	  o Data issues (DHCS is addressing)
	
	To view the complete CalAIM Progress Report Update presentation, see Board Packet.
	
	Informational update to the Board of Governors.
	
	Vote not required.		

9. c. BOARD BUSINESS – COVID-19 VACCINATIONS AND INCENTIVE PROGRESS UPDATE			
Matthew Woodruff	Matthew Woodruff presented the COVID-19 Vaccinations and Incentives Progress Update. The purpose is to update the vaccinations to both Medi-Cal and Group Care lines of business and discuss the new incentive program. The topics discussed were: COVID-19 Vaccinations Outreach: • The Alliance as of February 7th, 2022: o 72.2% of Medi-Cal members 12 years and older are vaccinated (fully/partially) based on CAIR, encounter, claim, and HEDIS data; target to reach 89.6% by March 6th. • Averaging 1,000 vaccines a week.	Informational update to the Board of Governors. Vote not required.	None

	• Medi-Cal managed care enrollment continues to reach record-highs each month, and the majority of the Alliance's newly enrolled Medi-Cal Beneficiaries are not vaccinated.
	• Live after-hours outbound calls to unvaccinated members 12+ started December 14th, 2021 and occur weekdays 4 pm to 7 pm and Saturdays 10 am to 1 pm.
	  ○ To date, 14,140 calls have been made, more than 8,552 of which were completed: 60.5% successful answer rate.
	  ○ The texting campaign as a follow-up to live calls began on January 7th, 2022.
	• Newsletters:
	  ○ Member Connect Newsletter will be mailed in February 2022 to over 150,000 member households and include vaccine inventive information.
	• The Alliance, Alameda County Public Health Department Partnership (scheduled to end about April 2022).
	• Continuing partnerships with community providers, physicians, Alameda County Care.
	• Alliance and other faith-based organizations:
	  ○ Support from ACCMA/SMMA Board Members.
	• School partnerships, and Alameda Community Partnerships.
	  ○ Program ends February 28th, 2022. State will extract data March 6th, 2022. Alliance submits the final report to DHCS on April 20th, 2022. Alliance will report to the Board in March and May on the vaccine program.
	
	Question: Will the gift cards continue after February 28th? Will the provider be able to have them at their office to make it an easier incentive for the member?
	Answer: Extension of member incentives will be discussed and decided.
	
	To view the complete COVID-19 Vaccinations and Incentives Progress Update presentation, see Board Packet.
	
	Informational update to the Board of Governors.
	
	Vote not required.		

10. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. Steve O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on January 18th, 2022. Dr. Steve O'Brien gave the following Committee updates: • There were fifteen (15) initial providers approved, including two (2) PCPs. Additionally, twenty-nine (29) providers were re-credentialed at this meeting. • There were thirty (30) providers who left the Alliance, including four (4) PCPs. We have been running negative in our providers for approximately 6 months. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
10. b. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE			
Dr. Steve O'Brien	The Health Care Quality Committee (HCQC) was held telephonically on January 20th, 2022. Dr. Steve O'Brien gave the following Committee updates: • Dr. O'Brien introduced the new Quality manager, Farashta Zainal. • Senior Director of Quality Stephanie Wakefield will retire at the end of April after the DHCS audit. • General updates provided at the meeting were P4P, a presentation on re-admission work, and an update on CalAIM and Medi-Cal Rx.	Informational update to the Board of Governors. Vote not required.	None

	Informational update to the Board of Governors. Vote not required.		
11. STAFF UPDATES			
Sandra Galindo	None	None	None
12. UNFINISHED BUSINESS			
Sandra Galindo	None	None	None
13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Sandra Galindo	None	None	None
14. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Sandra Galindo	None	None	None
15. ADJOURNMENT			
Dr. Evan Seevak	Dr. Evan Seevak adjourned the meeting at 1:55 pm.	None	None

Respectfully Submitted by: Danube Serri
Legal Analyst, Legal Services.

ALAMEDA Alliance FOR HEALTH

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Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

March 8th, 2022
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, Sasi Karaiyan, Dr. Steve O'Brien, Anastacia Swift, Ruth Watson, Matt Woodruff, Shulin Lin, Carol van Oosterwijk, Linda Ly, Jennifer Vo, Sandra Galindo, Christine Corpus

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER, ROLL CALL, and INTRODUCTIONS			
Dr. Rollington Ferguson	Dr. Ferguson called the Finance Committee meeting to order at 8:01 am. The following public announcement was read. "The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County level, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed state of emergency." "Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment." A telephonic Roll Call was then conducted.		

CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. February 8th, 2022, Finance Committee Minutes were approved at the Board of Governors meeting February 11th, 2022, and not presented today.	There were no modifications to the Consent Calendar, and no items to approve.	
a.) CEO Update			
Scott Coffin	Scott Coffin provided updates to the committee on the following: **CalAIM:** The CalAIM program launched on January 1st, 2022, and included three services: 1) Enhanced Care Management, 2) Community Supports, and 3) Major Organ Transplant. The ECM and transplant services are defined benefits under Medi-Cal, and the community supports are optional services. The DHCS is currently negotiating a case rate with the University of California health system; the Alliance has negotiated an interim rate until the final reimbursement rate is determined by the DHCS and UC health system. We will have discussion in the coming months about the cost experience with the CalAIM program. **Incentive Programs:** The State of California, authorized through Governor Newsom's revised budget, released five incentive programs related to the CalAIM program, including 1) Behavioral health incentive program, 2) Student behavioral health incentive program, 3) CalAIM incentive payment program, 4) housing & homelessness incentive program, and 5) vaccine incentive program. The student behavioral health incentive program aligns Alameda Alliance with Alameda County's Office of Education and other agencies. **Vaccine Incentive Program:** The vaccine incentive program ended on February 28th, 2022. DHCS awarded the Alliance up to $8.4 million for this incentive program and paid the Alliance $1.2 million to date. The Alliance spent $1.4 million, and increased vaccination ratios by 12.2% for Medi-Cal beneficiaries 12 years and older. The final result was 74.4%, representing 10.6% under the 85% goal. A final report is being prepared for delivery to the DHCS on April 20th, and a report will be presented to the Finance Committee and Board of Governors in April 2022.	Informational update to the Finance Committee Vote not required	

b.) Review and approve January 2022 Monthly Financial Statements			
Gil Riojas	**<u>January 2022 Financial Statement Summary</u>** **Enrollment:** For the first time in Alameda Alliance history, we surpassed the 300,000 member threshold. Current enrollment is 303,173 and continues to trend upward. Total enrollment has increased by 6,445 members from December 2021, and 14,619 members since June 2021. As discussed in prior meeting, the significant increase in enrollment is primarily due to the mandatory enrollment in Managed Care that took place in January. The increases were primarily in the Child, Adult, and Optional Expansion categories of aid, and include slight increases in the Duals category of aid. SPD and Group Care remain relatively flat. Approximately 5,000 of the new members came from the mandatory enrollment into Managed Care. As previously discussed, we also expect an additional bump in membership toward the end of our fiscal year as enrollment of undocumented adults over the age of 50 is added in May 2022. We continue to evaluate the potential implication to our Budget, our Revenue, and our Expenses. **Net Income:** For the month ending January 31st, 2022, the Alliance reported a Net Income of $4.1 million (versus budgeted Net Income of $2.4 million). The favorable variance is attributed to lower than anticipated Administrative Expenses and higher than anticipated Revenue, which was slightly offset by higher than anticipated Medical Expense. For the year-to-date, the Alliance recorded a Net Income of $1.1 million versus a budgeted Net Loss of $6.8 million. **Revenue:** For the month ending January 31st, 2022, actual Revenue was slightly higher at $98.3 million vs. our budgeted amount of $96.8 million. We continue to remain close to budget on Revenue. **Medical Expense:** Actual Medical Expenses for the month were $89.0 million, vs. our budgeted amount of $86.5 million. For the year-to-date, actual Medical Expenses were $649.9 million versus budgeted $650.9 million. As a reminder, January is the first month that the Revenue and Expenses for the Pharmacy carveout had an		

	effect on our financials. Drivers leading to the favorable variance can be seen on the tables on page 11. Further explanation of the variances can be seen on pages 11 and 12. **Medical Loss Ratio:** Our MLR ratio for this month was reported at 90.5%. Year-to-date MLR was at 94.4% vs our annual budgeted percentage 91.5%. **Administrative Expense:** Actual Administrative Expenses for the month ending January 31st, 2022 were $5.1 million vs. our budgeted amount of $7.9 million. Our Administrative Expense represents 5.2% of our Revenue for the month, and 5.4% of Net Revenue for year-to-date. Reasons for the favorable month-end variances, as well as the favorable year-to-date variances can be attributed to 1) Delayed timing of new project start dates for Consultants, Computer Support Services, and Purchased Services, and 2) Delayed hiring of new employees. **Other Income / (Expense):** As of January 31st, 2022, our YTD interest income from investments was $238,329. YTD claims interest expense is $232,772. **TangibleNet Equity (TNE):** We reported a TNE of 543%, with an excess of $168.5 million. This remains a healthy number in terms of our reserves. **Cash and Cash Equivalents:** We reported $324.1 million in cash; $197.3 million is uncommitted. Our current ratio is above the minimum required at 1.68 compared to regulatory minimum of 1.0. **Capital Investments:** We have spent $112,000 in Capital Assets year-to-date. Our annual capital budget is $1.4 million. **Question:** Dr. Marchiano asked if there is a difference in reimbursement for the additional undocumented members we are expecting in May. Gil Riojas answered that the State only pays differently based on Category of Aid and		

	not on documentation status. The incoming members would be folded into appropriate Category of Aid and paid accordingly. Scott Coffin clarified that the age group we are expecting in May are over age 50. Dr. Marchiano asked if we know the acuity of this population. Gil Riojas answered that this is a new population base for us and so we do not have historical data yet to answer that but are actively seeking the answer.	Motion to accept **January 2022 Financial Statements** Motion: Dr. Marchiano Seconded: N. Peraino Motion Passed No opposed or abstained	
c.) Fiscal Year 2022 Second Quarter Forecast			
Gil Riojas	Gil Riojas shared our Fiscal Year 2022 Second Quarter Forecast. Highlights of the Presentation: ▪ Projected Net Income of $5.2 million is $1.8 million higher than the Final Budget presented to the Board of Governors on December 12, 2021. ▪ Tangible Net Equity is 550% of required TNE at year-end. ▪ Final Base rates were received on January 31st, 2022. The Final Rates were approximately 0.6% lower than the draft rates. ➢ The University of California MOT Case rate is pending finalization between the UC system and DHCS. ▪ Administrative staffing is consistent with Budget. Clinical Departments have an increase of 2 Full-time Equivalent Employees compared to Budget. ▪ Clinical Department Expense decreases by $1.8 million, driven by an increase in vacant positions. ▪ Administrative Department Expense decreases by $3.1 million, driven by an increase in vacancies and delayed projects. ▪ Year-end total enrollment is 14,000 higher than Budget.	Motion to accept Fiscal Year 2022 Second Quarter Forecast Motion: N. Peraino Seconded: J. Jackson Motion Passed No opposed or abstained	
d.) Investment Update			
Gil Riojas	Gil Riojas advised the committee that we are continuing our analysis of our investment policy to look at the ESG (Environmental, Social, and Governance) criteria. The Investment Manager will be meeting with Scott and Gil at the end of the month to review potential scenarios of what our ESG portfolio would	Informational update to the Finance Committee Vote not required	

	look like. This involves taking some of our longer-term investments (1-year or above) and moving a portion of those investments into the ESG portfolio. Questions we have for our Investment Manager include: 1) What type of ESG investment would fit in our portfolio given our governance rules; and 2) As we look at those investments and make some projections for the rest of this year, what is impact to return on those investments. **Question:** Dr. Ferguson asked if the situation in Europe changes anything we are looking to do. Gil Riojas answered that is one of the questions presented to the Investment Manager. We are currently looking at less volatile bond type investments such as municipal bonds with States, Cities, and counties vs. investments on the open market. Scott clarified that markets are volatile, and the timing of the portfolio changes may occur after the security markets stabilize.		
ADJOURNMENT			
Dr. Rollington Ferguson	Dr. Ferguson motioned to adjourn the meeting. The meeting adjourned at 8:40 am.	Motion to adjourn: Dr. Ferguson Seconded: N. Peraino No opposed or abstained.	

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: **March 11th, 2022**

Subject: **CEO Report**

- **Financials:**

  - Revenue $98.3 million in January, and $688 million Year-to-Date (YTD).

    - Medical expenses for January were $89 million, and $650 million year-to-date, representing a 94.4% average in the seven months of the fiscal year, and 5.4% in administrative expenses.

  - Tangible Net Equity (TNE): Financial reserves are 543% above the regulatory requirement, representing $168.5 million in excess TNE.

  - Total enrollment 303,173 in February 2022, increasing by 6,500 Medi-Cal members as compared to January. Approximately 5,000 new Medi-Cal beneficiaries were enrolled through the DHCS mandatory managed care initiative, transitioning Medi-Cal beneficiaries from the fee-for-service system into managed care.

  - Enrollment trending continues to average an increase of 1,500 Medi-Cal members per month, primarily driven by the Governor's Executive Order to defer the redetermination process.

  - January 2022 - Net Operating Performance by Line of Business:

	January	YTD
Medi-Cal	$4.2M	$1.7M
Group Care	($56K)	($628K)
Totals	$4.1M	$1.1M

  - Second Quarter Forecast by June 30, 2022 (FY2022)

	Net Forecast
Medi-Cal	$8.0M
Group Care	($2.8M)
Total	$5.2M

- **Key Performance Indicators:**

    - Regulatory Metrics:

        Standard member grievances (turnaround within 30 calendar days) were 1.1% under the required threshold and represents the third consecutive month of non-compliance. A total of 464 standard grievances were received, and eleven (11) were not processed in the required turnaround time. A total of three (3) expedited grievances were received in February, and two (2) were not process in the 72-hour timeframe, resulting in a 33.3% compliance rate. Remediation efforts are being accelerated to overcome the staffing and volume challenges, and to restore these metrics into full compliance.

    - Non-Regulatory Metrics:

        The Member Services call center received 15,678 inbound calls in February. The average wait time to speak with a Member Services Representative was 8.3 minutes, resulting in 27% abandonment rate, which is 21% over the internal target. Subsequently, inbound calls answered in 30 seconds or less fell to 32%, which is 38% below the internal service goal. A remediation plan was implemented to increase staffing in the call center, and seven (7) additional agents to support member benefit inquiries.

        Vacancy rates (Human Resources) for unfilled staff positions is 14%, which is 4% above the internal target. In the month of February, a total of 18 job positions were posted, and in addition, the vacancy was reinforced by backfill positions related to turnover and voluntary terminations.

- **Medi-Cal Rx:**

    - The Medi-Cal Rx project implemented on January 1, 2022.
    - DHCS is preparing to release a public dashboard that illustrates the open issues, resolutions, and access to medications.
    - A total of 784 calls were received from Alliance Members in the month of February reporting access issues to medications and were transferred to the state administrator (Magellan). Prior authorization requests reduced from 169 (January) to 44 (February).
    - DHCS reported a discrepancy in the member data and the Alliance is in the process of validation and is expected to complete by the end of March.

- **CalAIM Incentive Programs [2022-2024]:**

    - The State of California, authorized through Governor Newsom's revised budget, released five incentive programs related to the CalAIM program, including 1) Behavioral health incentive program, 2) Student behavioral health incentive program, 3) CalAIM incentive payment program, 4) housing & homelessness incentive program, and 5) vaccine incentive program. The student behavioral health incentive program aligns Alameda Alliance with Alameda County's Office of Education and other agencies.
    - Incentive funding will be allocated to build capacity, invest in infrastructure, and to incentivize community-based organizations to participate in the delivery of CalAIM services.
    - Alameda Alliance is developing a process to address the incentive funding life cycles, and includes the application, evaluation, and the awarding of funds for the incentive programs.
    - Providing Access and Transforming Health (PATH) funding is available to county agencies to fund services excluded from the Whole-Person Care pilot. Alameda Alliance and Alameda County Health Care Services Agency (HCSA) are coordinating to maximize the funding opportunity. PATH funding addresses the justice-involved capacity building and supports the implementation of enhanced care management and community supports.

- **Insourcing of Mild-Moderate Mental Health & Autism Spectrum Services:**

    - Planning for insourcing of the mild to moderate mental health & autism spectrum services has begun, and the target date to complete the transition of administration of services is October 1, 2022.
    - Beacon Health Options and Alameda Alliance are coordinating to develop a detailed transition plan, to assign the implementation resources, and to complete the operational readiness phases prior to October.
    - The Alliance hired a Behavioral Health Clinical Director, and in addition, organization restructuring has been initiated, and recruiting for selected staff starts in FY2022 and continues in FY2023.

- **Regulatory Audits & NCQA Accreditations:**

    - DHCS routine medical survey is scheduled for April 5th – 14th
    - NCQA re-accreditation survey is scheduled for June 2022. Applies to both lines of business, Group Care and Medi-Cal.
    - DMHC routine financial survey is scheduled for mid-August.
    - DMHC focused mental health parity audit is pending confirmation and is expected to occur in calendar year 2022.

- **COVID-19 Vaccinations:**

    - The COVID-19 vaccination campaign ended on February 28, 2022. This program applied to Medi-Cal members (12 years and older) and the goal was to reach 85% of our eligible members. The program started in October 2021 at 62.2% and ended in February at 74.4%, representing a gain of 12.2%.
    - Alameda Alliance is seventh-highest managed care health plan in the state for vaccination rates of Medi-Cal beneficiaries. Alameda County is fifth highest as compared to the county vaccination rates for Medi-Cal beneficiaries, San Francisco, Santa Clara, Marin, and San Mateo counties.
    - DHCS awarded Alameda Alliance up to $8.4 million for incentive funding to increase the vaccination rates, and established outcome measures were defined. A total of $1.2 million was paid to the Alliance by the DHCS, and $1.4 million was spent, resulting in a $200,000 loss.

- **Medi-Cal Managed Care Contract in 2024:**

    - The DHCS released the Request for Proposal (RFP) on February 9th, 2022.
    - Alameda County is excluded from the procurement process and is identified as a “Single Plan Model, as of January 1, 2024”.
    - Selected commercial health plans will contract with the DHCS in October 2022, operational readiness commences in 2023, and Medi-Cal enrollment begins on January 1st, 2024.
    - The DHCS is executing a new managed care contract with all health plans serving the Medi-Cal managed care beneficiaries; the preliminary contract template was recently released by the DHCS and analysis will be conducted to determine changes to the Alliance’s operations.

- **Single Plan Model:**

    - Alameda County remains in “conditional approval” status with the DHCS, and the DHCS and CMS are coordinating on terms & conditions to change the Medi-Cal delivery model from a two-plan to a single plan model.
    - Alameda County Health Care Services Agency (HCSA), Alameda Alliance for Health, and the Department of Health Care Services are scheduling a quarterly planning meeting. DHCS is combining Alameda and Contra Costa counties into a joint-planning workgroup.

- **Medi-Cal strategy to support health & opportunity for children and families:**

    - Provides family and community-based care
    - Promotes integrated care
    - Whole-child model approach, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); aligns with CalAIM, Behavioral Health Youth Initiative (CYBHI), and Adverse childhood experiences (ACEs) screening.

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Executive Dashboard

OPERATIONS DASHBOARD

MARCH 2022

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Financials

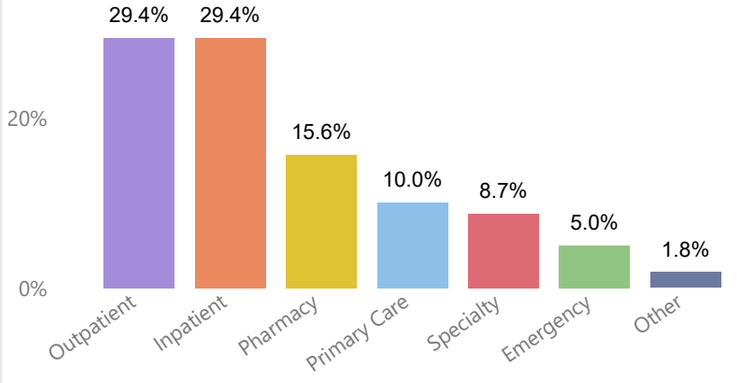
Income & Expenses

	FEBRUARY 2022	FISCAL YTD
REVENUE	$ 98.3 M	$ 688.1 M
MEDICAL EXPENSE	$ (89.0) M	$ (649.9) M
ADMIN EXPENSE	$ (5.1) M	$ (37.1) M
OTHER	$ (111) K	$ (111) K
NET INCOME	$ 4.1 M	$ 1.1 M

Gross Margin %

5.6%

Medical Expenses



Liquid Reserves

MLR Net %

94.4%

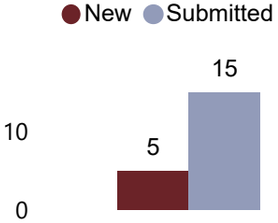
TNE %

543.1%

TNE $

$206.5M

Reinsurance Cases



Balance Sheet

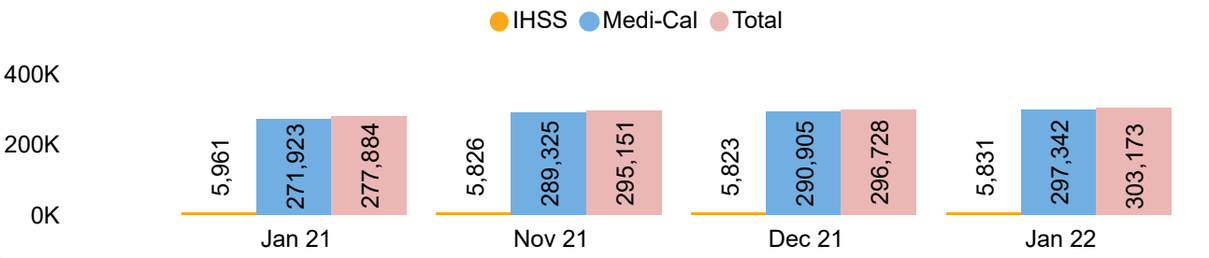
Cash Equivalents	$324.1M
Pass-Through Liabilities	$126.8M
Uncommitted Cash	$197.3M
Working Capital	$185.9M

Current Ratio %

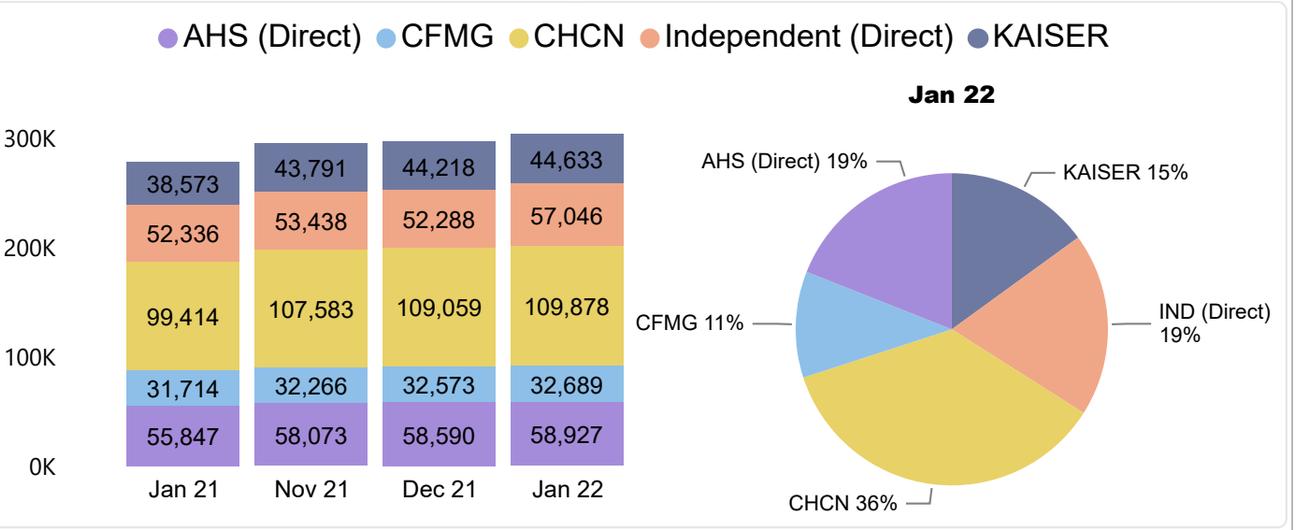
168.0%

Membership

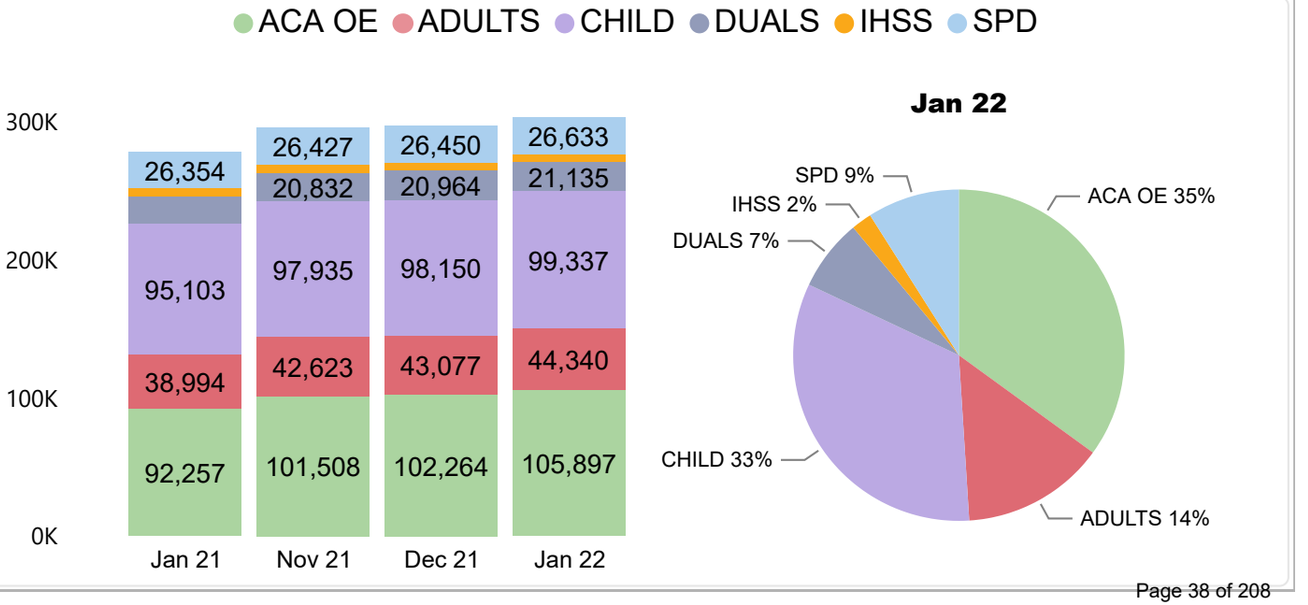
By Plan



By Network



By Category



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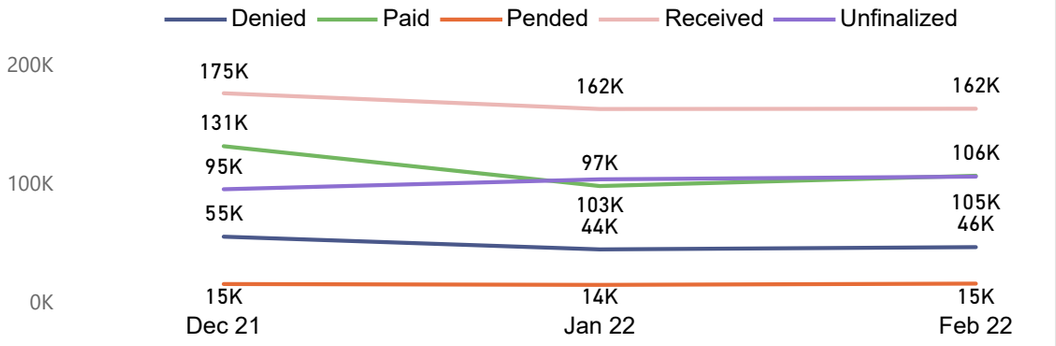
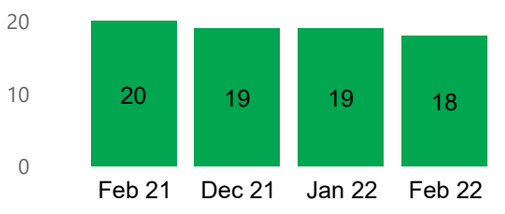
Claims

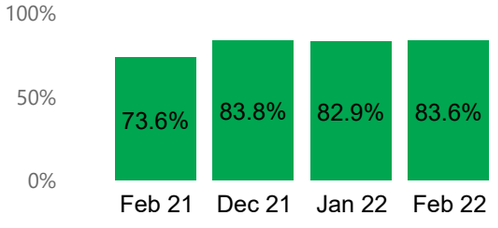
Claims Processing



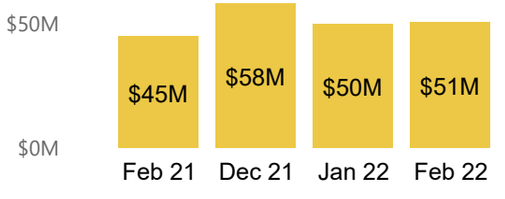
Average Payment TAT (Days)



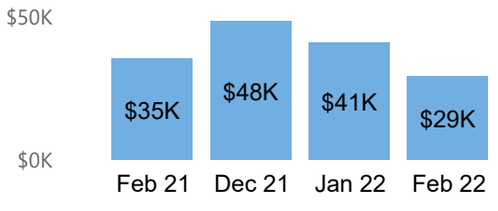
Auto Adjudication Rate (%)



Claims Paid ($)

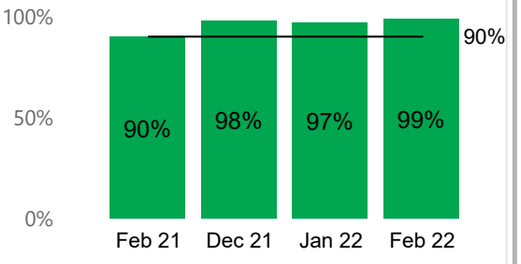


Interest Paid ($)

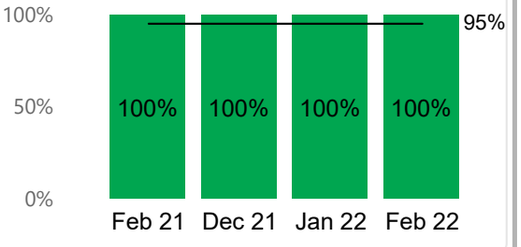


Claims Compliance

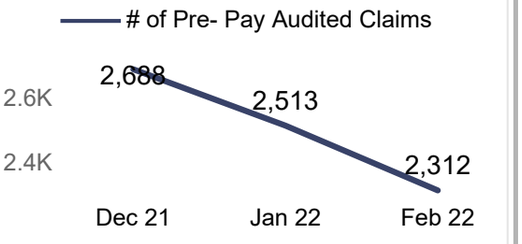
Processed 30 Cal Days (%)



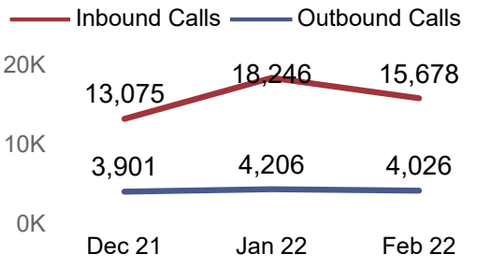
Processed 45 Work Days (%)



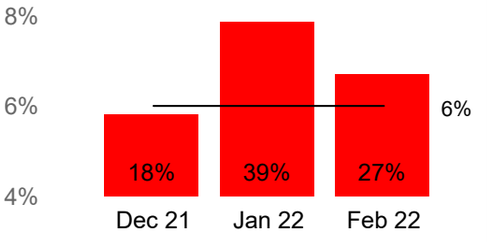
Claims Auditing



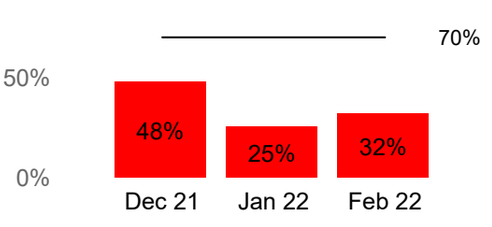
Member Services



Abandoned Call Rate (%)

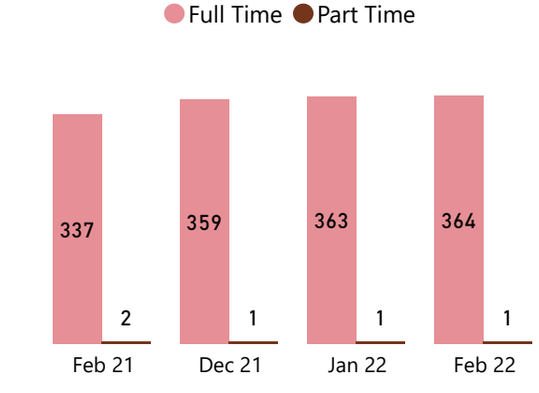


Calls Answered in 60 Seconds (%)



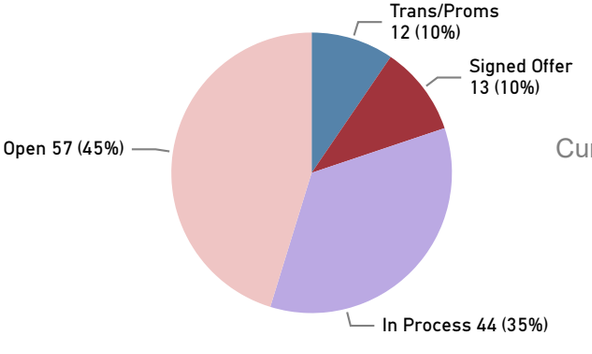
Average Call Times	Dec 21	Jan 22	Feb 22
Wait Time	03:45	11:52	08:30
Call Duration	06:38	06:29	05:43

Human Resources



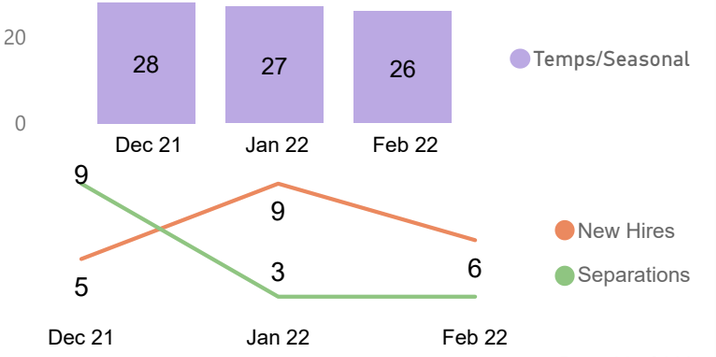
Recruiting Status

Feb 22



Current Vacancy

14%



OPERATIONS DASHBOARD

MARCH 2022

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Provider Services

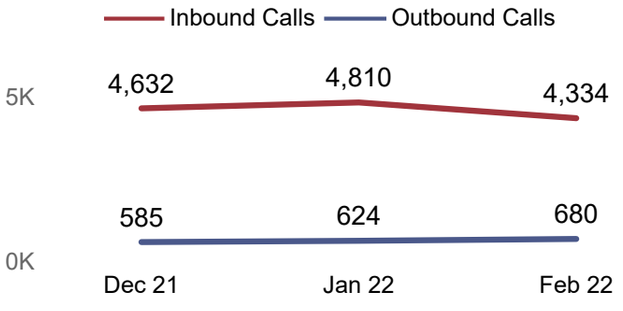
Provider Network

Hospital	17
Specialist	8,360
Primary Care Physician	722
Skilled Nursing Facility	65
Urgent Care	9
Health Centers (FQHCs and Non-FQHCs)	65
Transportation	380
TOTAL	**9,618**

Provider Credentialing

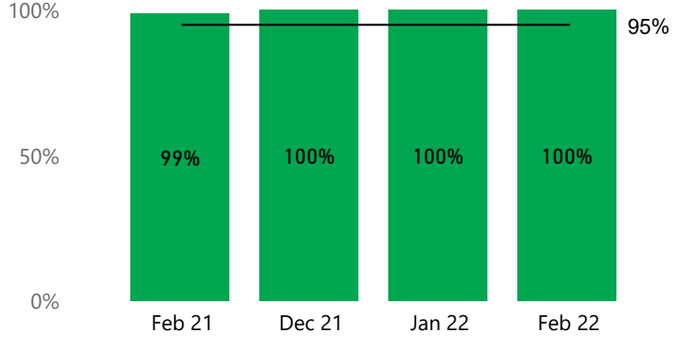
1,385

Provider Call Center



Provider Disputes & Resolutions

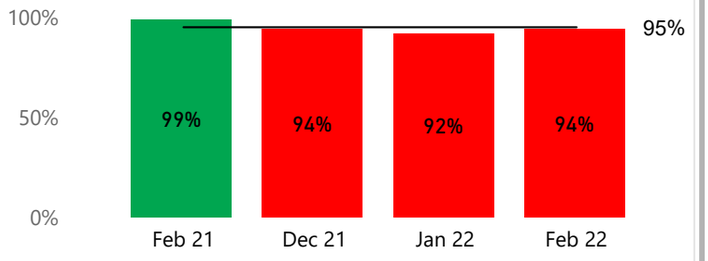
Turnaround Compliance (45 business days)



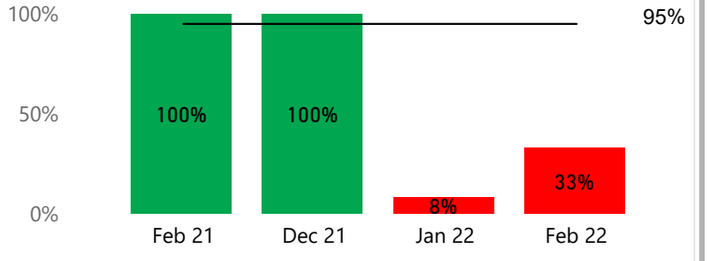
Compliance

Member Grievances

Standard (30 calendar days)

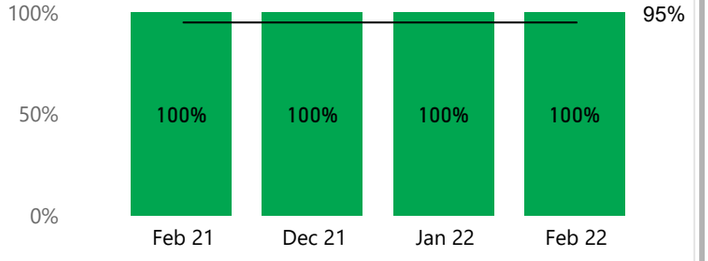


Expedited (3 calendar days)

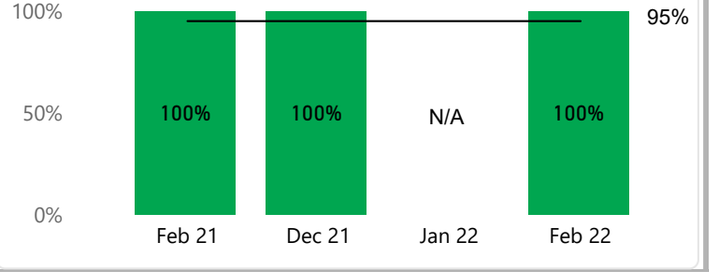


Member Appeals

Standard (30 calendar days)

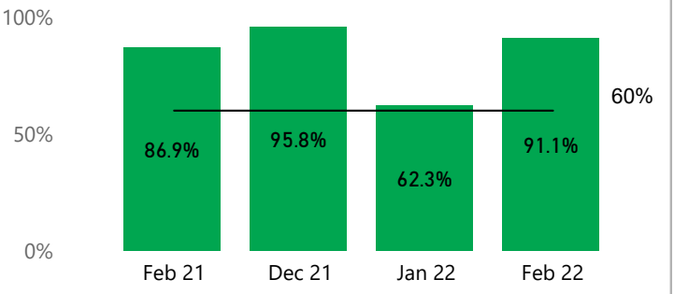


Expedited (3 calendar days)

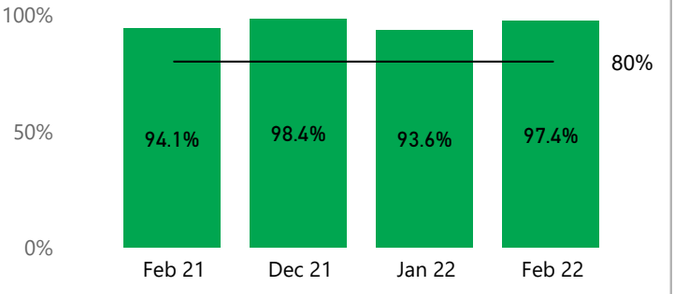


Encounter Data

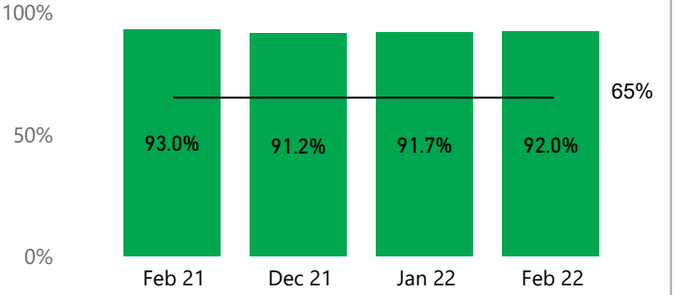
Institutional 0-90 days



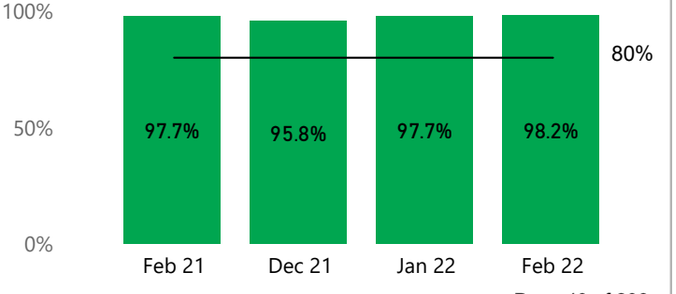
Institutional 0-180 days



Professional 0-90 days

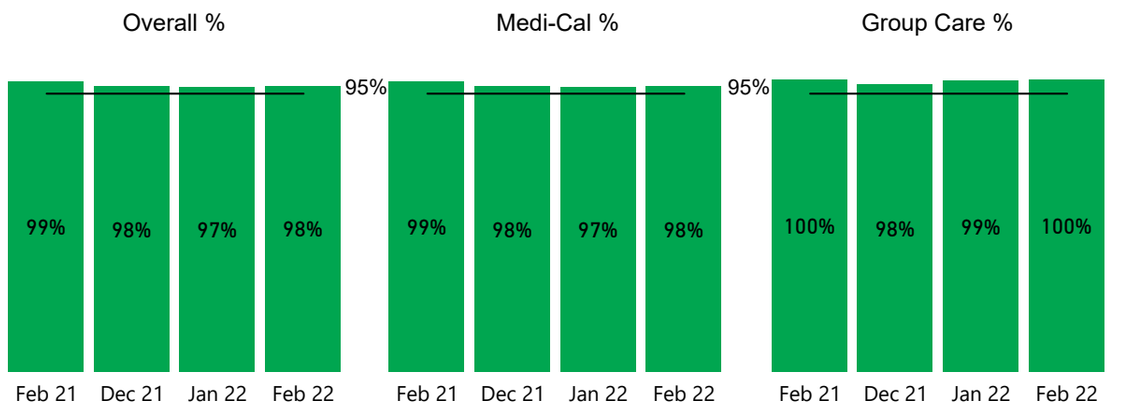


Professional 0-180 days

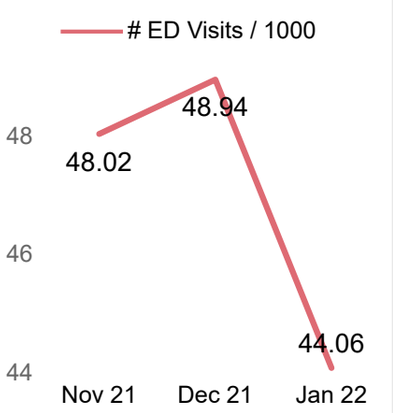


Health Care Services

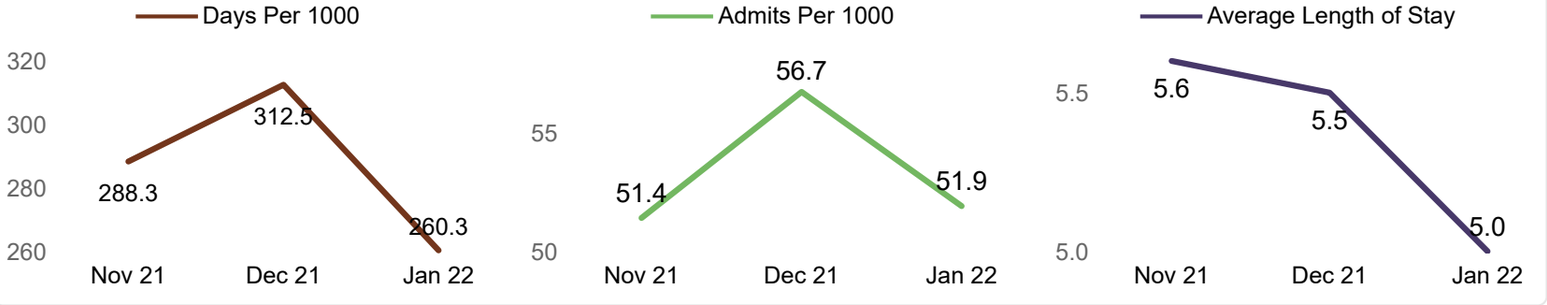
Authorization Turnaround



ED Utilization

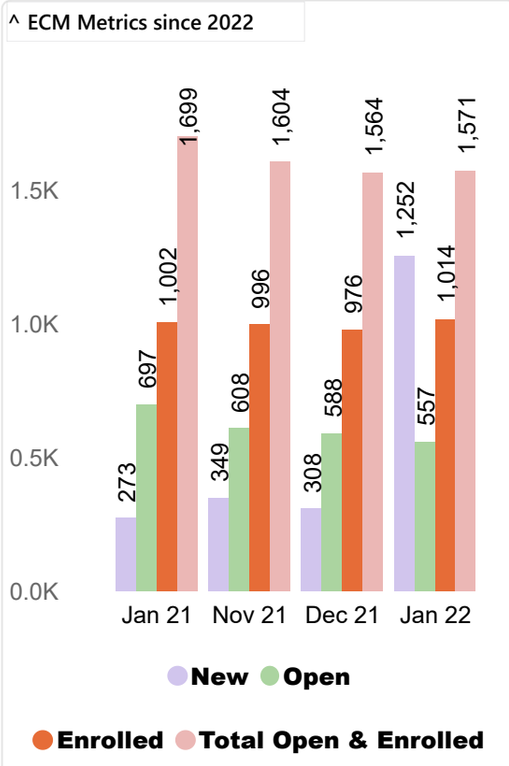


Inpatient Utilization

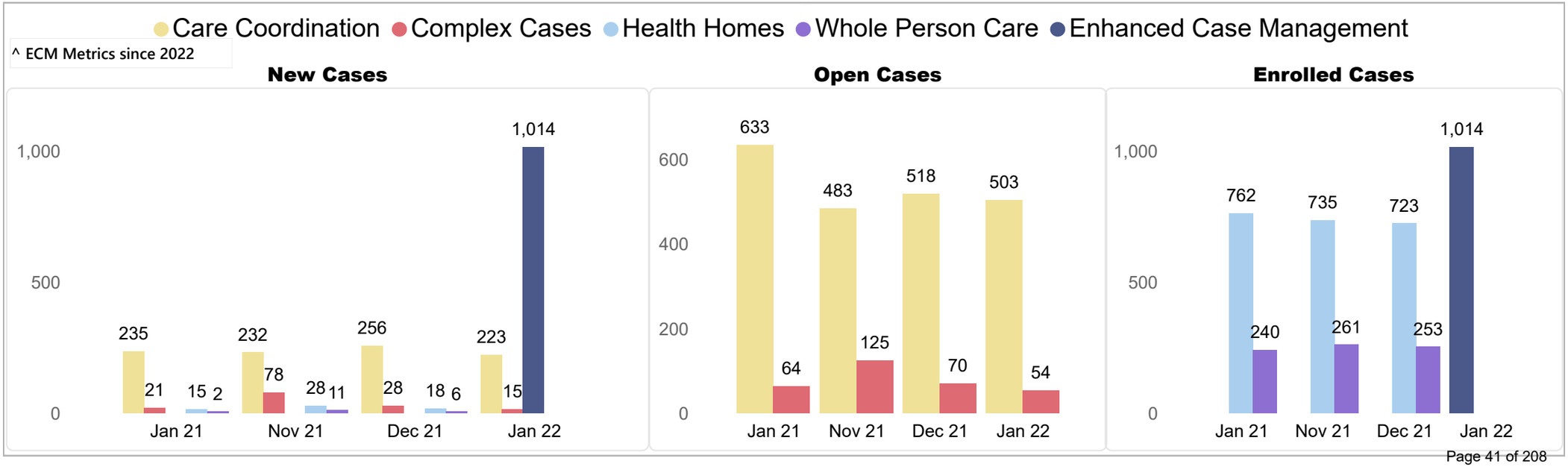


Case Management

Total Cases



Case Management^



Technology (Business Availability)

Applications	Feb 21	Dec 21	Jan 22	Feb 22
HEALTHsuite System	100.0%	100.0%	100.0%	98.9%
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	Feb 21	Dec 21	Jan 22	Feb 22
Denial Rate Excluding Partial Denials (%)	4.4%	4.2%	3.3%	3.1%
Overall Denial Rate (%)	4.4%	4.8%	3.9%	3.6%
Partial Denial Rate (%)	0.1%	0.6%	0.7%	0.6%

*** IHSS and Medi-Cal Line Of Business**

Pharmacy Authorizations

Authorizations	Feb 21	Dec 21	Jan 22	Feb 22
Approved Prior Authorizations	795	763	18	18
Closed Prior Authorizations	577	705	204	63
Denied Prior Authorizations	662	566	15	25
Total Prior Authorizations	2,034	2,034	237	106

ALAMEDA Alliance FOR HEALTH

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COVID-19 Dashboard

COVID-19 Vaccination Summary as % of Population (Ages >= 5 Years) v4

Data as of: 2022-03-07

Network: All | **LOB:** All | **City:** All

ALAMEDA Alliance FOR HEALTH

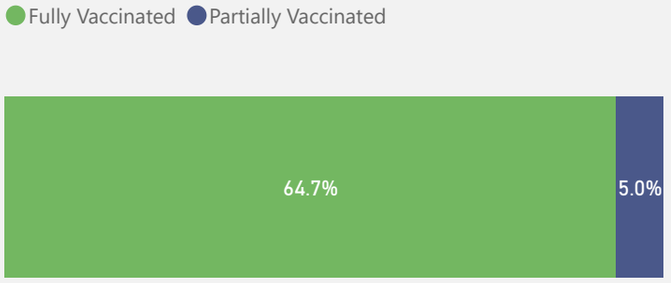
Members Fully Or Partially Vaccinated:

197,986

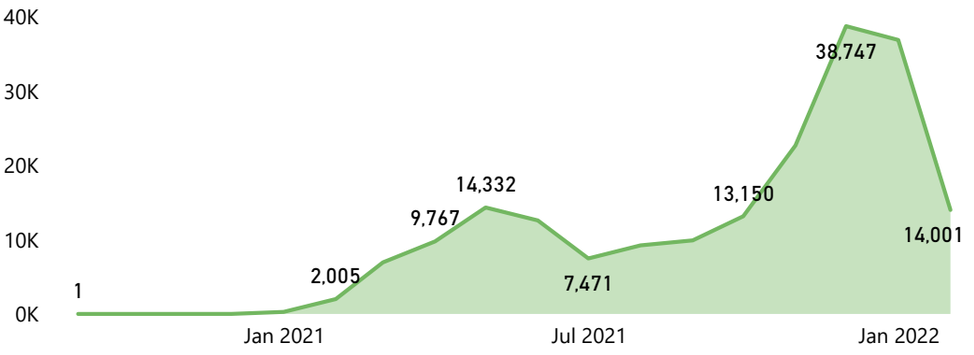
% Fully Or Partially Vaccinated:

69.7%

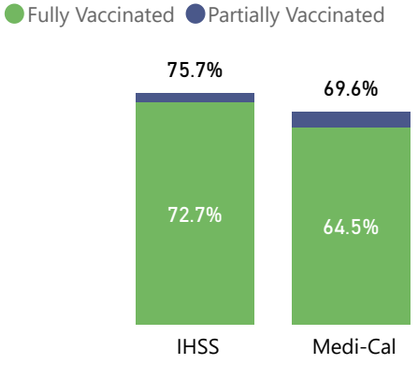
Breakout by Status



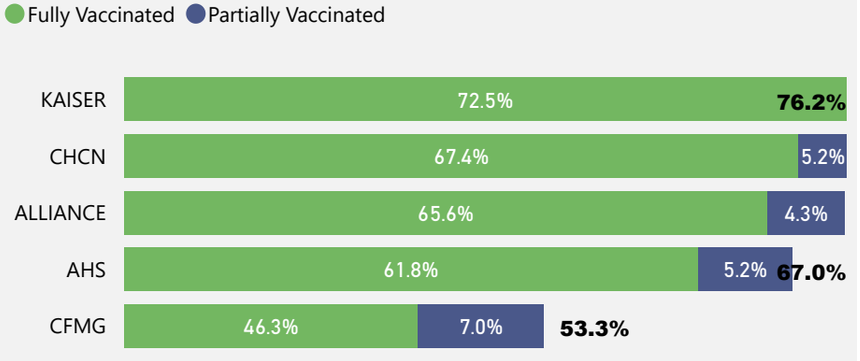
Monthly Trend



Medi-Cal vs IHSS

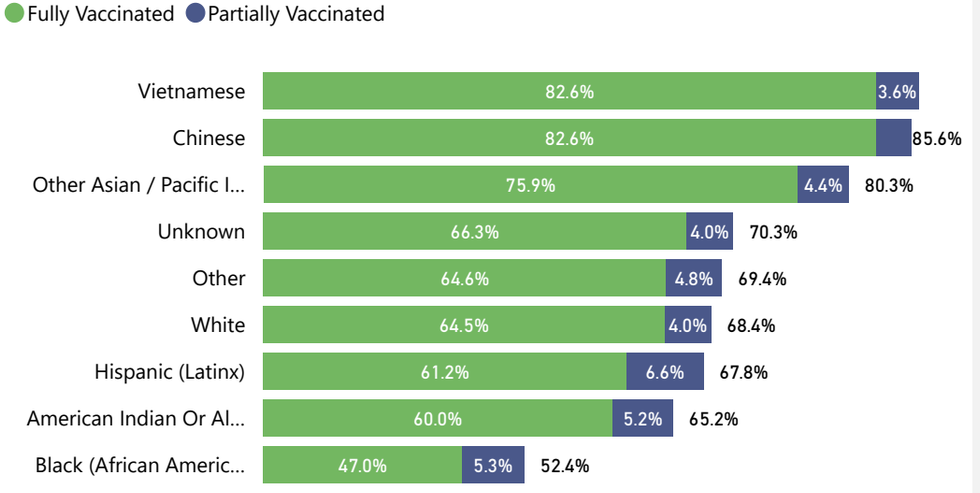


Network

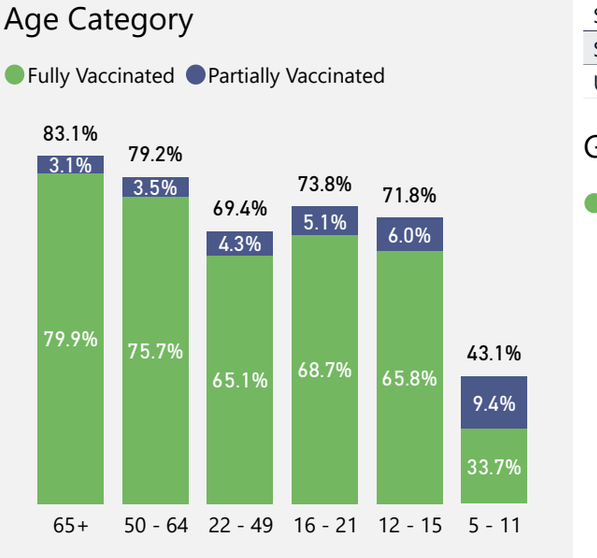


Top 15 Cities	Fully Vaccinated	Partially Vaccinated
ALAMEDA	71.4%	4.0%
ALBANY	76.2%	3.3%
BERKELEY	68.4%	4.3%
CASTRO VALLEY	68.8%	4.2%
DUBLIN	66.2%	4.7%
EMERYVILLE	61.6%	5.3%
FREMONT	68.2%	4.5%
HAYWARD	63.3%	5.4%
LIVERMORE	58.5%	4.9%
NEWARK	65.9%	4.4%
OAKLAND	61.6%	5.5%
PLEASANTON	67.1%	4.5%
SAN LEANDRO	67.7%	4.4%
SAN LORENZO	71.0%	4.6%
UNION CITY	70.6%	4.3%

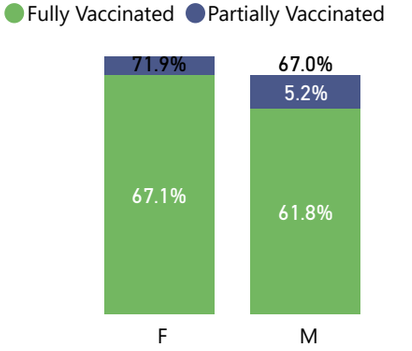
Ethnicity



Age Category



Gender



COVID-19 Vaccination Summary Member Counts (Ages >= 5 Years) v4

Data as of: 2022-03-07

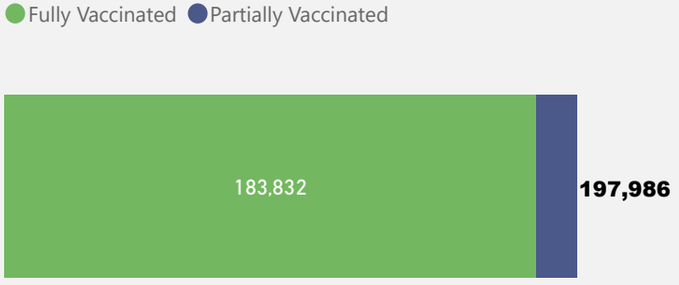
Network: All | LOB: All | City: All

ALAMEDA Alliance FOR HEALTH

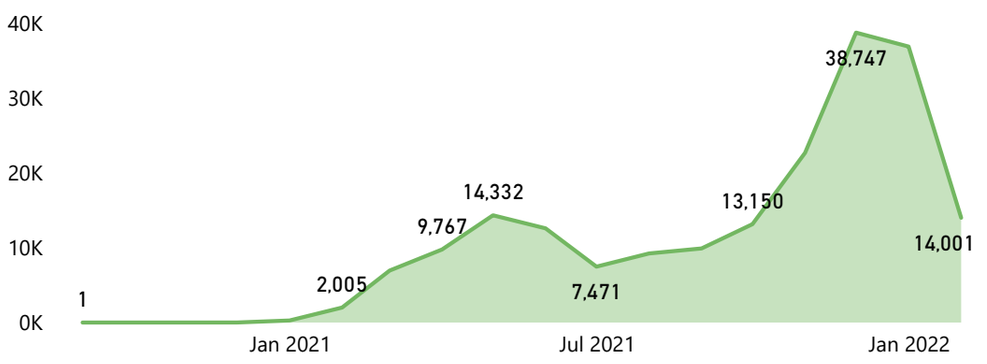
Members Fully Or Partially Vaccinated: 197,986

% Fully Or Partially Vaccinated: 69.7%

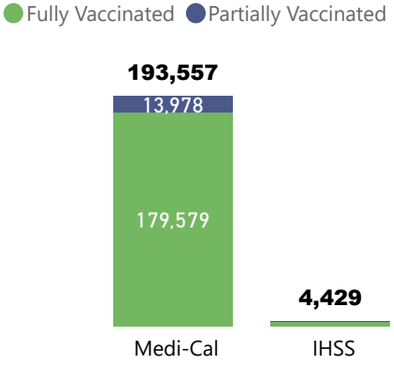
Breakout by Status



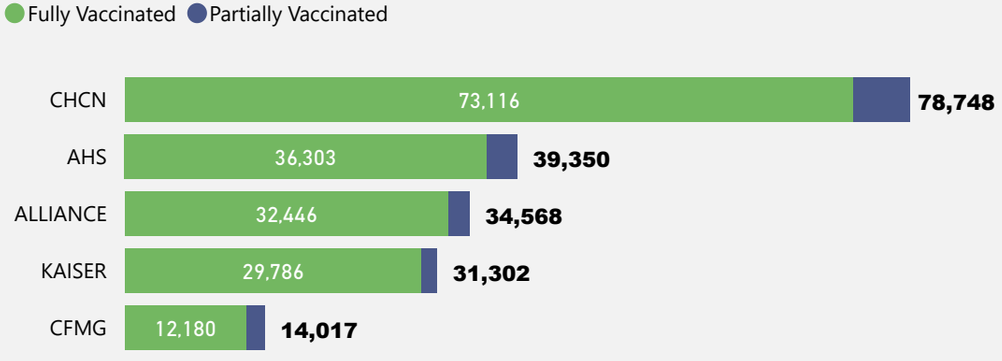
Monthly Trend



Medi-Cal vs IHSS

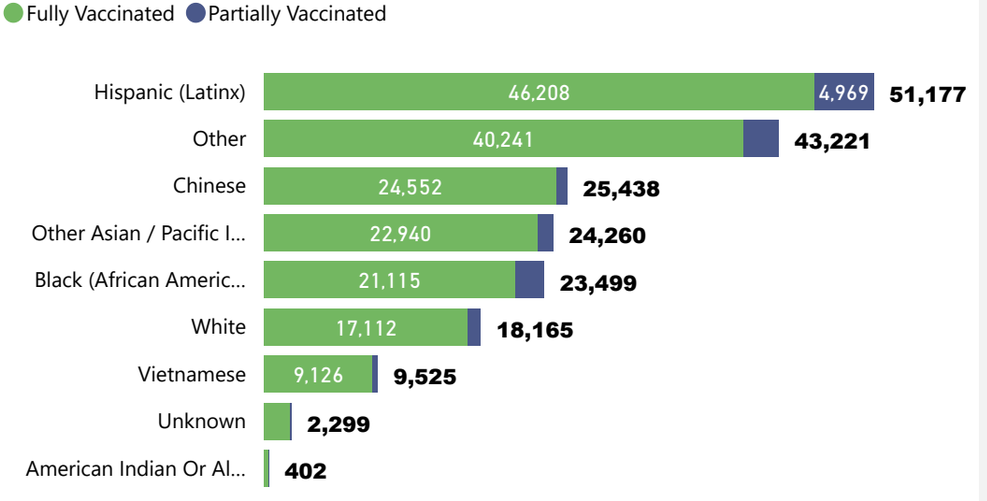


Network

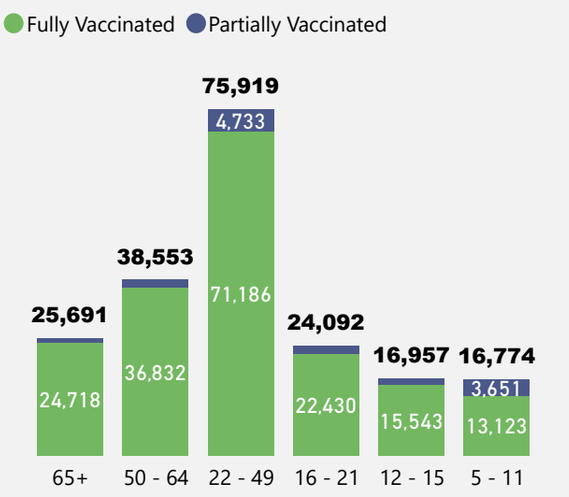


Top 15 Cities	Fully Vaccinated	Partially Vaccinated
ALAMEDA	7,990	449
ALBANY	1,328	57
BERKELEY	7,517	471
CASTRO VALLEY	4,949	305
DUBLIN	3,424	244
EMERYVILLE	1,189	103
FREMONT	17,826	1,173
HAYWARD	27,379	2,331
LIVERMORE	4,998	420
NEWARK	4,325	291
OAKLAND	68,701	6,121
PLEASANTON	3,203	213
SAN LEANDRO	17,259	1,116
SAN LORENZO	4,290	278
UNION CITY	8,566	519

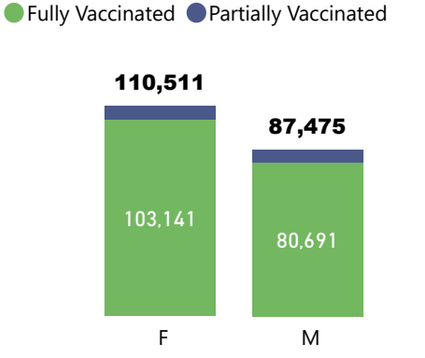
Ethnicity



Age Category



Gender



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Legislative Tracking

2022 Legislative Tracking List

The following is a list of state bills tracked by the Public Affairs Department that were introduced during the 2021 and 2022 Legislative Sessions. This list includes 2-year bills introduced in 2021 that did not make it through the legislature but may be acted on in 2022, as well as bills introduced in 2022. These bills are of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

Medi-Cal (Medicaid)

Bills in process in house of origin (introduced in 2022):

- **AB 1880 (Arambula – D) Prior Authorization and Step Therapy**
  - **Introduced:** 1/24/2022
  - **Status:** 2/18/22 Referred to Com. on HEALTH.
  - **Summary:** Under current law, if a health care service plan or other related entity fails to notify a prescribing provider of its coverage determination within a prescribed time period after receiving a prior authorization or step therapy exception request, the prior authorization or step therapy exception request is deemed approved for the duration of the prescription. Current law excepts contracts entered into under specified medical assistance programs from these time limit requirements. This bill would delete that exception.

- **AB 1892 (Flora - R) Medi-Cal: orthotic and prosthetic devices**
  - **Introduced:** 2/9/2022
  - **Status:** 2/18/22 Referred to Com. on HEALTH.
  - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would instead require reimbursement for these appliances to be set at 80% of the lowest maximum allowance for California established by the federal medicare program and would require that reimbursement to be adjusted annually.

- **AB 1894 (Rivas) Designated public hospital financing advisory group**
  - **Introduced:** 2/9/2022
  - **Status:** 2/18/22 Referred to Com. on HEALTH.
  - **Summary:** Under current law, certain medically needy persons with higher incomes qualify for Medi-Cal with a share of cost, if they meet specified criteria. Under existing law, the share of cost for those persons is generally the total after deducting an amount for maintenance from the person's

monthly income. Existing law requires the department to establish income levels for maintenance 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. Under existing law, for a single individual, the amount of the income level for maintenance per month is based on a calculation of 80% of the highest amount that would ordinarily be paid to a family of 2 persons, without any income or resources, under specified cash assistance provisions, multiplied by the federal financial participation rate, adjusted as specified. This bill, to the extent that any necessary federal authorization is obtained, would increase the above-described income level for maintenance per month to be equal to the income limit for Medi-Cal without a share of cost for individuals who are 65 years of age or older or are disabled, generally totaling 138% of the federal poverty level.

- **AB 1900 (Arambula – D): Medi-Cal: income level for maintenance**
  - **Introduced:** 2/9/2022
  - **Status:** 2/18/22 Referred to Com. on HEALTH.
  - **Summary:** Under current law, certain medically needy persons with higher incomes qualify for Medi-Cal with a share of cost, if they meet specified criteria. Under existing law, the share of cost for those persons is generally the total after deducting an amount for maintenance from the person's monthly income. Existing law requires the department to establish income levels for maintenance 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. Under existing law, for a single individual, the amount of the income level for maintenance per month is based on a calculation of 80% of the highest amount that would ordinarily be paid to a family of 2 persons, without any income or resources, under specified cash assistance provisions, multiplied by the federal financial participation rate, adjusted as specified. This bill, to the extent that any necessary federal authorization is obtained, would increase the above-described income level for maintenance per month to be equal to the income limit for Medi-Cal without a share of cost for individuals who are 65 years of age or older or are disabled, generally totaling 138% of the federal poverty level.

- **AB 2449 (Rubio – D) Open meetings: local agencies: teleconferences**
  - **Introduced:** 1/24/2022
  - **Status:** 2/17/22 Referred to Com. on L. Gov.
  - **Summary:** Current law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health. This bill would authorize a local agency to use teleconferencing without complying with those specified teleconferencing requirements if at least a

quorum of the members of the legislative body participates in person from a singular location clearly identified on the agenda that is open to the public and situated within the local agency's jurisdiction. The bill would impose prescribed requirements for this exception relating to notice, agendas, the means and manner of access, and procedures for disruptions. The bill would require the legislative body to implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with federal law.

- **AB 2458 (Weber – D) California Children's Services: reimbursement rates.**
  - **Introduced:** 2/17/2022
  - **Status:** 3/3/22 Referred to Com. on HEALTH.
  - **Summary:** Would make legislative findings relating to the need for an increase in the reimbursement rates for physician services provided under the California Children's Services (CCS) Program. Under the bill, subject to an appropriation, and commencing January 1, 2023, those reimbursement rates would be increased by adding at least 25% to the above-described augmentation percentage relative to the applicable Medi-Cal rates. The bill would make the rate increase applicable only if the services are provided by a physician in a practice in which at least 30% of the practice's pediatric patients are Medi-Cal beneficiaries.

- **AB 2659 (Patterson - R) Medi-Cal managed care: midwifery services**
  - **Introduced:** 2/18/2022
  - **Status:** 2/19/22 From printer. May be heard in committee March 21.
  - **Summary:** Would require a Medi-Cal managed care plan to have within its provider network at least one licensed midwife (LM) or certified-nurse midwife (CNM) within each county where the Medi-Cal managed care plan provides services to Medi-Cal beneficiaries. The bill would exempt a Medi-Cal managed care plan from that requirement for purposes of a given county if no LM or CNM is available in that county or if no LM or CNM in that county accepts Medi-Cal payments. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

- **AB 2680 (Arambula - D) Medi-Cal: Community Health Navigator Program**
  - **Introduced:** 2/19/2022
  - **Status:** 2/19/22 From printer. May be heard in committee March 21.
  - **Summary:** Would require the department to create the Community Health Navigator Program to make direct grants to qualified community-based organizations, as defined, to conduct targeted outreach, enrollment, retention, and access activities for Medi-Cal-eligible individuals and families. The bill would specify the basis for issuing a grant, including specified factors in the applicant's service area. The bill would require the department to contract with a private foundation to administer the grant application and allocation process. The bill would require the department to

contract with specified providers to furnish training and technical assistance to grant recipients. The bill would also require the department to coordinate and partner with Covered California and counties that elect to participate, on an approach for outreach, enrollment, retention, and access activities for marketing to eligible individuals, including development of a joint application tracker system to allow specified persons and entities to track application and referrals between commercial and Medi-Cal enrollment progress and facilitation of quarterly meetings on enrollment and access barriers and solutions, among other requirements.

- **AB 2539 (Choi - R) Public health: COVID-19 vaccination: proof of status**
  - **Introduced:** 2/17/2022
  - **Status:** 2/18/22 From printer. May be heard in committee March 20.
  - **Summary:** Would require a public or private entity that requires a member of the public to provide documentation regarding the individual's vaccination status for any COVID-19 vaccine as a condition of receipt of any service or entrance to any place to accept a written medical record or government-issued digital medical record in satisfaction of the condition, as specified.

- **AB 2813 (Santiago - D) Long-Term Services and Supports Benefit Program**
  - **Introduced:** 2/18/2022
  - **Status:** 2/19/22 From printer. May be heard in committee March 21.
  - **Summary:** Would require the California Department of Aging, upon appropriation, in conjunction with an unspecified board operating under the auspices of the State Treasurer, to establish and administer a Long-Term Services and Supports Benefits Program with the purpose of providing supportive care to aging Californians and those with physical disabilities. The bill would establish the Long-Term Services and Supports Benefit Program Fund and would require the department and the board to administer the program using proceeds from the fund. The bill would require an individual to have paid into the fund for an unspecified number of years to be eligible to receive benefits pursuant to the program.

- **AB 2942 (Daly - D) Prescription drug cost sharing**
  - **Introduced:** 2/18/2022
  - **Status:** 2/19/22 From printer. May be heard in committee March 21.
  - **Summary:** Current law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price. This bill would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of their decrease in cost sharing. The bill would require

a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified.

- **AB 1929 (Gabriel - D) Medi-Cal: violence preventive services**
  - **Introduced:** 2/10/2022
  - **Status:** 2/18/22 Referred to Com. on HEALTH.
  - **Summary:** Would require the state Department of Health Care Services to establish, no later than January 1, 2024, a violence intervention pilot program at a minimum of 9 sites, including at least one site in 9 specified counties, and would require the department to consult with identified stakeholders, such as professionals in the community violence intervention field, for purposes of establishing the pilot program. The bill would require the department to provide violence preventive services that are rendered by a qualified violence prevention professional to a Medi-Cal beneficiary who meets identified criteria, including that the beneficiary has received medical treatment for a violent injury. The bill would require the department to approve one or more training and certification programs for violence prevention professionals, and would require an entity that employs or contracts with a qualified violence prevention professional to maintain specified documentation on, and to ensure compliance by, that professional.

- **AB 1930 (Arambula - D) Medi-Cal: comprehensive perinatal services**
  - **Introduced:** 2/10/2022
  - **Status:** 2/18/22 Referred to Com. on HEALTH.
  - **Summary:** Under current law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy. This bill, during the one-year post pregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day post pregnancy period in effect on that date. The bill would require the department to collaborate with the State Department of Public Health and a broad stakeholder group to determine the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.

- **AB 1937 (Patterson - R) Medi-Cal: out-of-pocket pregnancy costs**
  - **Introduced:** 2/10/2022
  - **Status:** 2/18/22 Referred to Com. on HEALTH.

- **Summary:** Would require the State Department of Health Care Services, on or before January 1, 2024, to establish a health expense account program for pregnant Medi-Cal beneficiaries and pregnant subscribers of the Medi-Cal Access Program. The bill would make a Medi-Cal beneficiary who is pregnant or a pregnant subscriber of the Medi-Cal Access Program eligible for reimbursement for "out-of-pocket pregnancy related costs," as defined, in an amount not to exceed $1,000. The bill would require the person to submit the request for reimbursement within 3 months of the end of the pregnancy in order to be reimbursed. The bill would require the department to seek to maximize federal financial participation in implementing the program. The bill would require the department, to the extent federal financial participation is unavailable, to implement the program only with state funds.

- **AB 1995 (Arambula - D) Medi-Cal: premiums or contribution**
  - **Introduced:** 1/24/2022
  - **Status:** 2/10/22 Referred to Com. on HEALTH.
  - **Summary:** Current law requires that Medi-Cal benefits be provided to optional targeted low-income children, as defined, based on a certain income eligibility threshold. Current law also establishes the Medi-Cal Access Program, which provides health care services to a woman who is pregnant or in her postpartum period and whose household income is between certain thresholds, and to a child under 2 years of age who is delivered by a mother enrolled in the program, as specified. Current law also establishes a program under which certain employed persons with disabilities are eligible for Medi-Cal benefits based on income and other criteria. Current law requires the department to exercise the option, available to the state under federal law, to impose specified monthly premiums, based on income level, for the above-described children and employed persons with disabilities. Current law requires the department to determine schedules for subscriber contribution amounts for persons enrolled in the Medi-Cal Access Program. This bill would eliminate the premiums and subscriber contributions for the above-described populations.

- **AB 2024 (Friedman - D) Health care coverage: diagnostic imaging**
  - **Introduced:** 2/14/2022
  - **Status:** 2/24/22 Referred to Com. on HEALTH.
  - **Summary:** Would require a health care service plan contract issued, amended, or renewed on or after January 1, 2023, to provide coverage for medically necessary diagnostic or supplemental breast examinations, as defined, without a referral by specified professionals. The bill would require the cost-sharing imposed for a diagnostic or supplemental breast examination to be the same as the cost-sharing imposed for mammography under a health care service plan contract issued, amended, or renewed on or after January 1, 2023.

- **AB 2029 (Wicks - D) Health care coverage: treatment for infertility**
  - **Introduced:** 2/14/2022
  - **Status:** 2/24/22 Referred to Com. on HEALTH.
  - **Summary:** Would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2023, to provide coverage for the diagnosis and treatment of infertility and fertility services. 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. The bill would also delete a requirement that a health care service plan contract and health insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contract holders and prospective group contract holders.

- **AB 2077 (Calderon - D) Medi-Cal: monthly maintenance amount: personal and incidental needs**
  - **Introduced:** 2/14/2022
  - **Status:** 2/24/22 Referred to Com. on HEALTH.
  - **Summary:** Qualified individuals under the Medi-Cal program include medically needy persons and medically needy family persons who meet the required eligibility criteria, including applicable income requirements. Current law requires the department to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than $35 per month while a patient. This bill would increase the monthly maintenance amount for personal and incidental needs from $35 to $50 and would specify that the cost of this benefit would be supplemented by federal funds, to the extent they are available.

- **AB 2352 (Nazarian - D) Prescription drug coverage**
  - **Introduced:** 2/16/2022
  - **Status:** 3/3/22 Referred to Com. on HEALTH.
  - **Summary:** Would require a health care service plan or health insurer that provides prescription drug benefits and maintains one or more drug formularies to furnish specified information about a prescription drug upon request by an enrollee or insured, or their health care provider. The bill

would require the plan or insurer to respond in real time to that request and ensure the information is current no later than one business day after a change is made. The bill would prohibit a health care service plan or health insurer from, among other things, restricting a health care provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing a lower cost 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 2402 (Rubio - D) Medi-Cal: continuous eligibility**
  - **Introduced:** 2/17/2022
  - **Status:** 3/3/22 Referred to Com. on HEALTH.
  - **Summary:** Current law requires the State Department of Health Care Services, to the extent federal financial participation is available, to exercise a federal option to extend continuous eligibility for the Medi-Cal program to children 19 years of age and younger until the earlier of either the end of a 12-month period following the eligibility determination or the date the child exceeds 19 years of age. Under this bill, a child under 5 years of age would be continuously eligible for Medi-Cal, including without regard to income and without an annual review of eligibility, until the child reaches 5 years of age, to the extent that any necessary federal approvals are obtained and federal financial participation is available. The bill would also apply this continuous eligibility to children who are without satisfactory immigration status but who are eligible for Medi-Cal, as specified.

- **AB 2516 (Aguiar-Curry - D) Health care coverage: human papillomavirus**
  - **Introduced:** 2/17/2022
  - **Status:** 2/18/22 from printer. May be heard in committee on March 20.
  - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for the HPV vaccine for persons for whom the vaccine is FDA approved. 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. The bill would also expand comprehensive clinical family planning services under the Family PACT Program to include the HPV vaccine for persons for whom it is FDA approved.

- **SB 974 (Portantino - D) Health care coverage: diagnostic imaging**
  - **Introduced:** 2/10/2022
  - **Status:** 2/23/22 Referred to Com. on HEALTH.
  - **Summary:** Current law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under current

law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, to provide coverage without imposing cost sharing for medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result.

- **SB 1184 (Cortese - D) Confidentiality of Medical Information Act: school-linked services coordinators**
  - **Introduced:** 2/17/2022
  - **Status:** 3/2/22 Referred to Com. on JUD.
  - **Summary:** Would additionally require a provider of health care, a health care service plan, or a contractor to disclose medical information if the disclosure is compelled by a school-linked services coordinator. The bill would define the term "school-linked services coordinator" as any of certain individuals or entities, including a licensed educational psychologist, located on a school campus or under contract by a county behavioral health provider agency for the treatment and health care operations and referrals of students and their families. By expanding the crime of violating the act, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

- **SB 1298 (Ochoa Bogh - R) Behavioral Health Continuum Infrastructure Program**
  - **Introduced:** 2/18/2022
  - **Status:** 3/2/22 Referred to Com. on HEALTH.
  - **Summary:** Current law authorizes the State Department of Health Care Services to, subject to an appropriation, establish a Behavioral Health Continuum Infrastructure Program. Current law authorizes the department, pursuant to this program, to award competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets or to invest in needed mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources to build or expand the capacity of various treatment and rehabilitation options for persons with behavioral health disorders, as specified. This bill would authorize the department, in awarding the above-described grants, to give preference to qualified entities that are, among other things, intending to place their projects in any recently closed hospitals or skilled nursing facilities, as specified.

- **SB 1361 (Kamlager - D) Importation of prescription drugs**
  - **Introduced:** 2/18/2022
  - **Status:** 2/22/22 From printer.
  - **Summary:** Current law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with the

administration of health, social, and other human services. This bill would create the Affordable Prescription Drug Importation Program in CHHSA, under which the state would be a licensed wholesaler that imports prescription drugs, as specified, for the exclusive purpose of dispensing those drugs to program participants. The bill would require CHHSA to seek federal approval for the importation program on or before June 1, 2023, and would require CHHSA to contract with at least one contracted importer to provide services under the importation program within 6 months of receiving federal approval.

- **SB 1379 (Ochoa Bogh - R) Pharmacy: remote services**
  - **Introduced:** 2/18/2022
  - **Status:** 2/22/22 From printer.
  - **Summary:** The Controlled Substances Act regulates, among other matters, the dispensing by prescription of controlled substances, which are classified into schedules, and the Pharmacy Law regulates, among other matters, the dispensing by prescription of dangerous drugs and dangerous devices, which also include controlled substances. Current law authorizes a prescriber, a prescriber's authorized agent, or a pharmacist to electronically enter a prescription or order from outside of a pharmacy or hospital, as specified, except for prescriptions for controlled substances classified in Schedules II, III, IV, or V. Under current law, a violation of these provisions is a crime. This bill would extend the authority to remotely enter a prescription or order to include prescriptions for controlled substances classified in Schedules II, III, IV, or V. The bill would also authorize a pharmacist to perform various services remotely, as specified, on behalf of a pharmacy located in California and under the written authorization of a pharmacist-in-charge.

- **SB 245 (Gonzalez – D) Health Care Coverage: Abortion Services: Cost of Sharing**
  - **Introduced:** 1/24/2022
  - **Status:** 1/24/22 Read third time and amended. (Ayes 47. Noes 8.) Ordered to third reading.
  - **Summary:** The Reproductive Privacy Act prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. The act defines "abortion" as a medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth. This bill would prohibit a health care service plan or an individual or group policy or certificate of health insurance or student blanket disability insurance that is issued, amended, renewed, or delivered on or after January 1, 2023, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services, as specified. The bill would prohibit a health care service plan and an insurer subject to these requirements

from imposing utilization management or utilization review on the coverage for outpatient abortion services. The bill would require that for a contract, certificate, or policy that is a high deductible health plan, the cost-sharing prohibition would apply once the enrollee's or insured's deductible has been satisfied for the benefit year.

- **SB 853 (Wiener – D) Prescription drug coverage**
  - **Introduced:** 1/19/2022
  - **Status:** 2/28/22 From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.
  - **Summary:** Current law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Current law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would expand the above-described prohibitions to prohibit limiting or excluding coverage of a dose of a drug or dosage form.

- **SB 858 (Wiener – D) Health care service plans: discipline: civil penalties.**
  - **Introduced:** 1/19/2022
  - **Status:** 2/7/22 Art. IV. Sec. 8(a) of the Constitution dispense with. (Ayes 31. Noes 6.) Joint Rule 55 suspended. (Ayes 31. Noes 6.)
  - **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 authorizes the Director of the Department of Managed Health Care to take disciplinary measures, including the imposition of civil penalties, against a licensee when the director determines that the licensee has committed an act or omission constituting grounds for disciplinary action, as specified. Under existing law, a person who violates the act, or a rule or order adopted or issued under the act, is generally liable for a civil penalty not to exceed $2,500 per violation. Current law also includes various provisions that assess specific civil and administrative penalties for certain violations. Fines and penalties under the act are deposited into the Managed Care Administrative Fines and Penalties Fund, and used, upon appropriation by the Legislature, for designated purposes. This bill would increase the maximum base amount of the civil penalty from $2,500 per violation to $25,000 per violation, which would be adjusted annually commencing January 1, 2024, as specified.

- **SB 871 (Pan – D) Public Health: Immunization**
  - **Introduced:** 2/4/2022
  - **Status:** 2/24/22 Referral to Com on JUD. Rescinded because of the limitation placed on committee hearings due to ongoing health and safety risks of the COVID-19 virus.
  - **Summary:** Current law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless prior to their admission to that institution they have been fully immunized against various diseases, including measles, mumps, pertussis, hepatitis B, and any other disease deemed appropriate by the State Department of Public Health, as specified. Current law authorizes an exemption from those provisions for medical reasons. Under existing law, notwithstanding the above-described prohibition, full immunization against hepatitis B is not a condition by which the governing authority admits or advances a pupil to the 7th grade level of a public or private elementary or secondary school. This bill would remove the above-described exception relating to hepatitis B. The bill would additionally prohibit the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless prior to their admission to that institution they have been fully immunized against COVID-19.

- **SB 912 (Limon – D) Biomarker testing**
  - **Introduced:** 2/3/2022
  - **Status:** 2/9/22 Referred to Com. on HEALTH.
  - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2023, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition if the test is supported by medical and scientific evidence, as prescribed. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. 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 923 (Wiener – D) Gender- affirming care**
  - **Introduced:** 1/25/2022
  - **Status:** 3/1/22 From committee with author's amendments. Read second time and amended. Re-referred to committee on HEALTH.

- **Summary:** Current law establishes the Transgender Wellness and Equity Fund, administered by the Office of Health Equity within the State Department of Public Health, for the purpose of grant funding focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex (TGI). This bill would require a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, as specified, to require its staff and contracted providers to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as TGI. The bill would specify the required components of the training and would make use of any training curricula subject to approval by the respective departments.

- **SB 958 (Limon - D) Medication and Patient Safety Act**
  - **Introduced:** 2/09/2022
  - **Status:** 2/16/22 Referred to Coms. On HEALTH and JUD.
  - **Summary:** Would prohibit a health care service plan or health insurer, or its designee, from arranging for or requiring a vendor to dispense an infused or injected medication directly to a patient with the intent that the patient will transport the medication to a health care provider for administration. The bill would authorize a plan or insurer, or its designee, to cover an infused or injected medication to be administered in an enrollee's or insured's home if the treating health care provider determines it is safe and appropriate, and to cover an infused or injected medication supplied by a vendor specified by the plan or insurer, or its designee, if specified criteria are met.

- **SB 966 (Limon -D) Federally qualified health centers and rural health clinics**
  - **Introduced:** 2/09/2022
  - **Status:** 2/16/22 Referred to Com. On HEALTH
  - **Summary:** The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. "Visit" is defined as a face-to-face encounter between an FQHC or RHC patient and any of specified health care professionals, including a physician, a licensed clinical social worker, or a marriage and family therapist. This bill would also include, within the definition of a visit, a face-to-face encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when supervised by a licensed behavioral health practitioner as required by the Board of Behavioral Sciences, as specified. The bill would make this provision operative 60 days after the termination of the national emergency declared on March 13, 2020.

- **SB 987 (Portantino – D) Medi-Cal: time and distance standards**
  - **Introduced:** 2/14/2022
  - **Status:** 2/23/22 Referred to Com. on HEALTH.

- **Summary:** The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes certain time and distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Current law repeals these provisions on January 1, 2023.This bill would extend the repeal date for those provisions until January 1, 2028. This bill contains other existing laws.

- **SB 1019 (Gonzalez – D) Medi-Ca managed care plans: mental health benefits**
  - **Introduced:** 2/14/2022
  - **Status:** 2/23/22 Referred to Com. on HEALTH.
  - **Summary:** Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including fee-for-service and managed care. Current law requires a Medi-Cal managed care plan to provide mental health benefits covered in the state plan, excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. This bill would require a Medi-Cal managed care plan to conduct annual outreach and education to its enrollees regarding the mental health benefits that are covered by the plan, and to also develop annual outreach and education to inform primary care physicians regarding those mental health benefits.

- **SB 1033 (Pan – D) Health care coverage**
  - **Introduced:** 2/15/2022
  - **Status:** 2/23/22 Referred to Com. on HEALTH.
  - **Summary:** Current law requires the Department of Managed Health Care and Insurance Commissioner, in developing the regulations, to require health care service plans and health insurers to assess the linguistic needs of the enrollee and insured population, and to provide for translation and interpretation for medical services, as indicated. Current law requires the regulations to include, among other things, requirements for conducting assessments of the enrollees and insured groups, and requires health care service plans and health insurers to update the needs assessment, demographic profile, and language translation requirements every 3 years. This bill would require the Department of Managed Health Care and the commissioner to revise these regulations, no later than July 1, 2023, and to require health care service plans and health insurers to assess the cultural, linguistic, and health-related social needs of the enrollees and insured groups for the purpose of identifying and addressing health disparities, improving health care quality and outcomes, and addressing population health.

2-Year Bills that may be acted upon in 2022

- **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 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 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 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 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, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. This bill would make specified portions of the CCI operative only through December 31, 2022, as specified, and would repeal its provisions on January 1, 2025.

- **AB 1051 (Bennett D) Medi-Cal: specialty mental health services: foster youth.**
  - **Introduced:** 2/18/2021
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(11). (Last location was INACTIVE FILE on 9/1/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or

arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.

- **AB 1355 (Levine – D) Medi-Cal: Independent Medical Review System**
  - **Introduced:** 2/19/2021
  - **Status:** 1/27/22 Read third time. Passed. Ordered to Senate. In Senate. Read first time. To Com on RLS. For assignment.
  - **Summary:** Would require the State Department of Health Care Services to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1, 2023, which generally models specified requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary appeal involving a disputed health care service is eligible for review under the IMRS if certain requirements are met, 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, including, but not limited to, a Medi-Cal managed care plan, 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 displayed in or on specified material, including the “myMedi-Cal: How to Get the Health Care You Need” publication and the department’s internet website.

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

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

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

- **SB 281 (Dodd – D) Medi-Cal: California Community Transitions Program**
  - **Introduced:** 2/1/2021
  - **Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a)(15). (Last location was HEALTH on 5/20/2021) (May be acted upon Jan 2022)
  - **Summary:** Current law requires the State Department of Health Care Services to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Current law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days and would make conforming changes. The bill would extend the provision of those services to January 1, 2029 and would extend the repeal date of those provisions to January 1, 2030.

- **SB 293 (Limon – D) Medi-Cal: Specialty Mental Health Services**
  - **Introduced:** 2/1/2021
  - **Status:** 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 receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, this bill would require the department to develop standard forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California.

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

- **SB 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

2 Year Bills that may be acted upon in 2022

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

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

contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2024. The bill would also require the department to convene an advisory group, composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation.

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

- **AB 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 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 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.

EPSDT

EARLY, PERIODIC SCREENING, DIAGNOSIS & TREATMENT

Presented to the Alameda Alliance Board of Governors

Tiffany Cheang & Dr. Steve O'Brien

March 11th, 2022

EPSDT: Children & Youth up to age 21

- **Early, Periodic Screening**
  - Identifying problems early, starting at birth
  - Screen & vaccinate at regular, age-appropriate intervals*
  - Physical, mental, developmental, dental, lab, substance use, hearing & vision screenings plus more
- **Diagnosis**
  - Diagnostic tests as indicated by screening results
- **Treatment**
  - All necessary, non-experimental treatment to correct or ameliorate physical & mental illness & conditions
    - → Primary & specialty care, durable medical equipment, medications, rehabilitation, behavioral health & autism services, therapies (physical, speech/language, occupational), vision/hearing/dental treatment, enteral nutrition & more
  - More robust than adult Medi-Cal benefit

***Bright Futures (www.brightfutures.org) periodicity guidelines for preventative screenings & well-child visits**

EPSDT: RATIONALE

- **Many children on Medi-Cal**
  - ~50% all children, ~75% African American & LatinX children in California
- **Health Disparities & Inequities**
  - Poor children more likely to have:
    - → Vision, hearing & speech issues, elevated lead levels, sickle cell, behavioral health issues, asthma….and more

EPSDT: Broad Array of Services

- **EPSDT includes carved out services**
  - California Children's Services (CCS)
  - Serious mental illness & substance use (ACBH, AC Medi-Cal ODS)
- **Wrap-around services**
  - Case management to coordinate all needed services
- **Key Partners**
  - AC CCS, ACBH & ODS
  - Regional Center of East Bay
  - First 5 Alameda County
  - Providers
    - → Benioff Children's Hospital Oakland (B-CHO)
    - → Children's First Medical Group (CFMG)
    - → CHCN

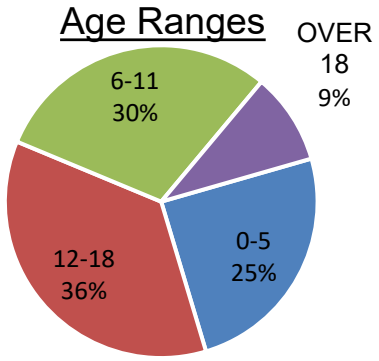
EPSDT: KEY INITIATIVES

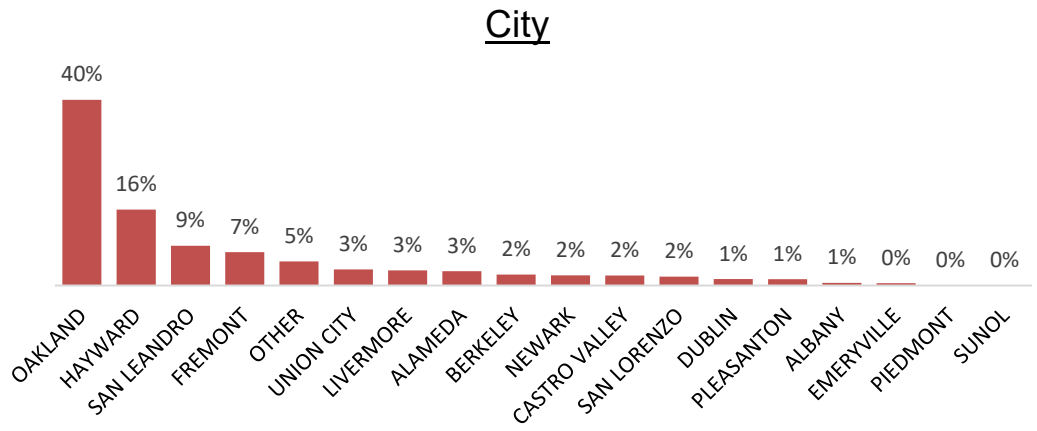
- **Medi-Cal's Strategy to Support Health & Opportunity for Children & Families***
  - Addressing health disparities & advancing health equity
    - → Comprehensive Quality Strategy
  - Whole-Child, preventive approach informed by families
  - Family & community-based care
  - Promoting integrated care
  - Improving accountability & oversight

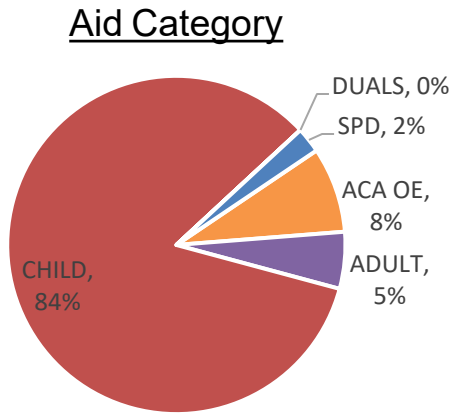
* *Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

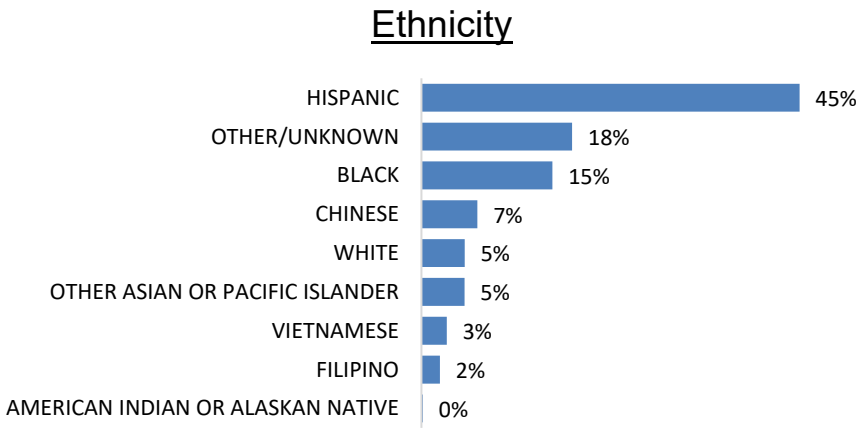
EPSDT: AAH MEMBERS

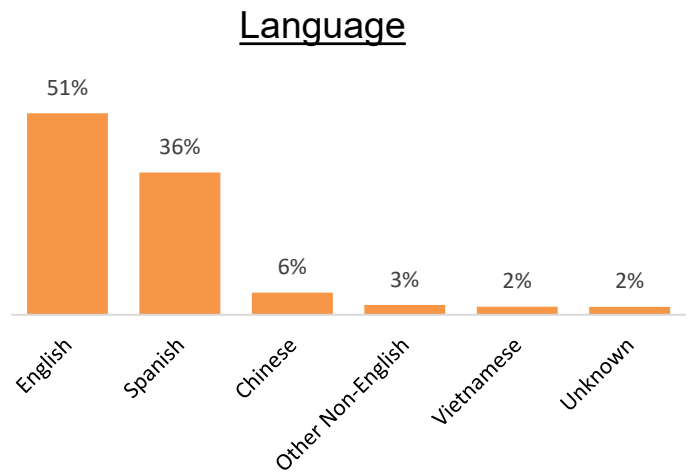
92,803	10.7
Current Membership	Average Age





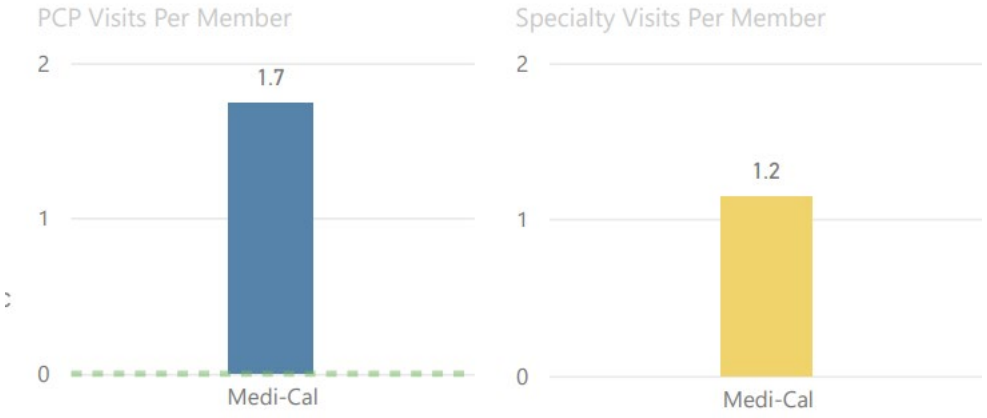




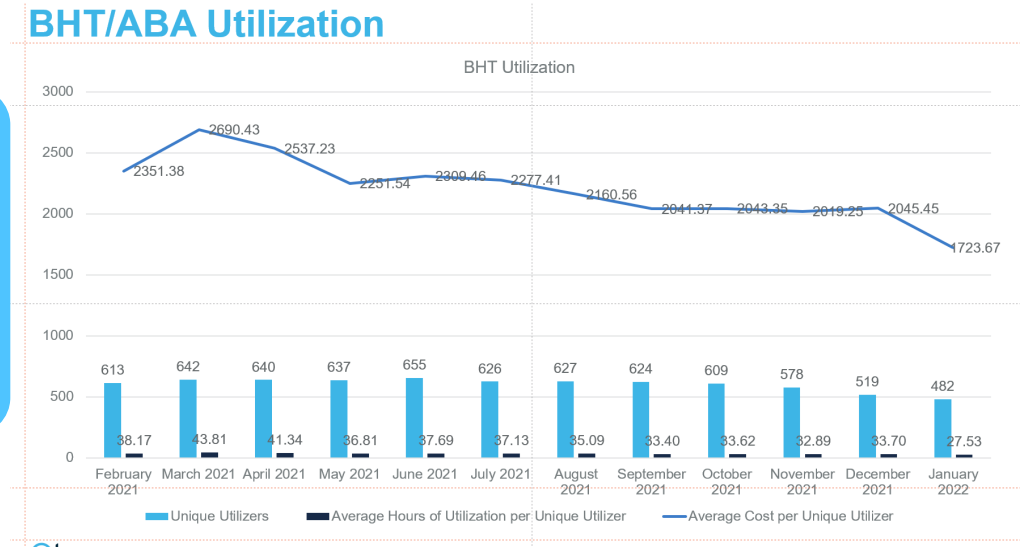


Based on March 2022 enrollment

EPSDT: AAH MEMBERS

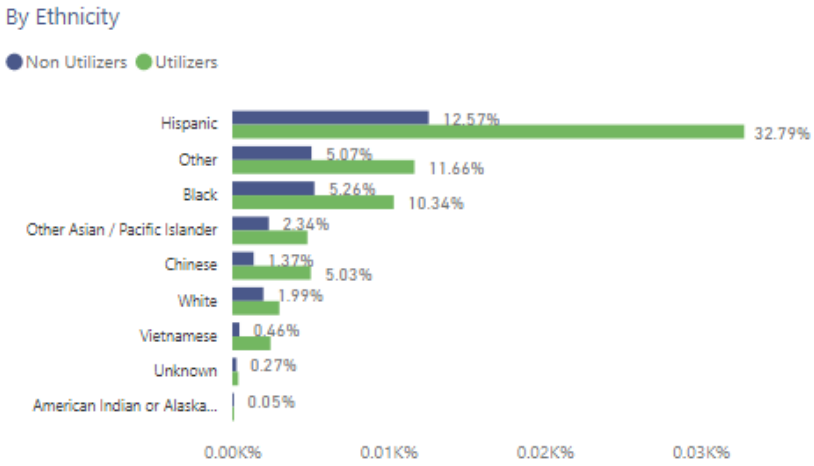


3.6% of the EPSDT population utilize Mild-Moderate BH services



HEDIS Rates (MY2020)

39.47%	Child & Adolescent Well-Care Visit
57.91%	Childhood Immunization Status: Combination 10
50.61%	Immunizations for Adolescents: Combination 2
70.83%	Counseling for Nutrition for Children/Adolescents



ALAMEDA Alliance FOR HEALTH

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

Board Business

ALAMEDA Alliance FOR HEALTH

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

Finance

Gil Riojas

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

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

Date: **March 11th, 2022**

Subject: **Finance Report – January 2022**

Executive Summary

- For the month ended January 31st, 2022, the Alliance had enrollment of 303,173 members, a Net Income of $4.1 million and 543% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$98,311	$688,112
Medical Expense	88,973	649,874
Admin. Expense	5,106	37,067
Other Inc. / (Exp.)	(111)	(111)
Net Income	**$4,122**	**$1,061**

Net Income by Program:

	Month	YTD
Medi-Cal	$4,178	$1,689
Group Care	(56)	(628)
	$4,122	**$1,061**

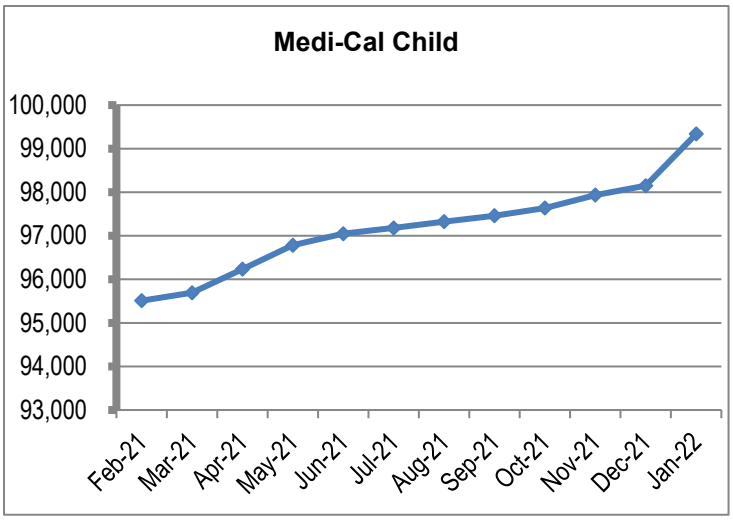
Enrollment

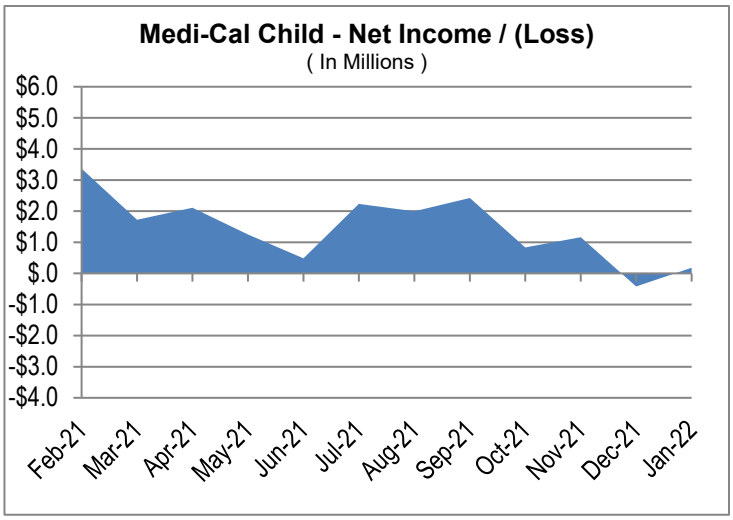
- Total enrollment increased by 6,445 members since December 2021.
- Total enrollment increased by 14,619 members since June 2021.

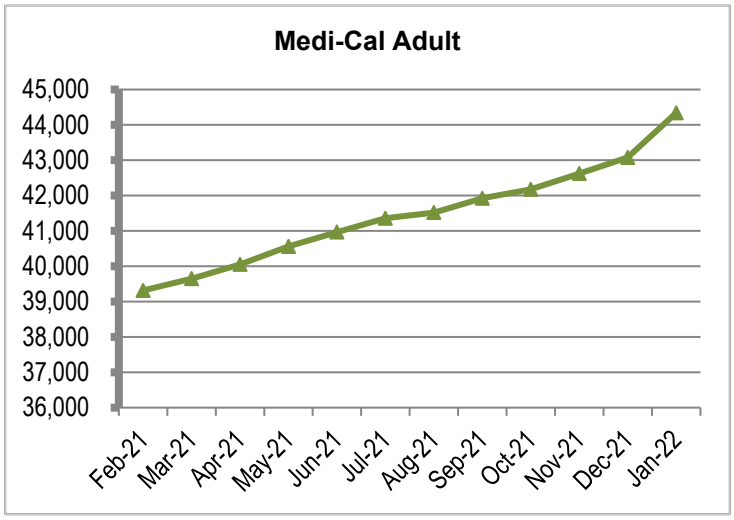
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

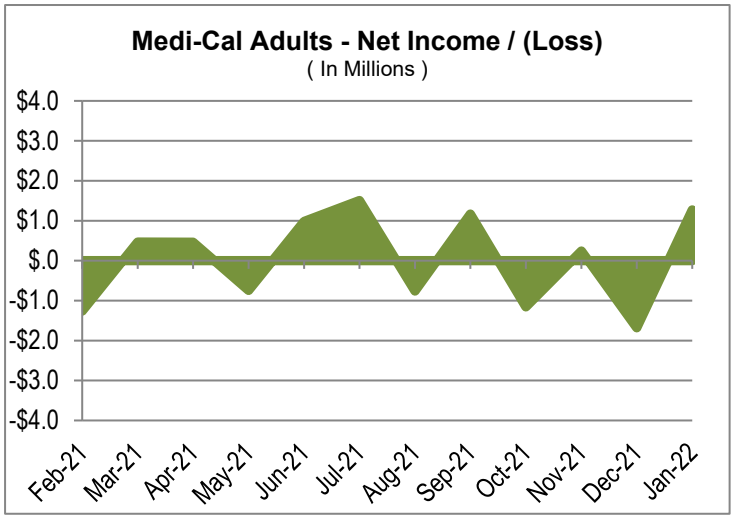
Enrollment					Member Months			
January-2022					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
44,340	43,156	1,184	2.7%	Adult	297,018	295,247	1,771	0.6%
99,337	99,591	(254)	-0.3%	Child	685,021	684,990	31	0.0%
26,633	26,467	166	0.6%	SPD	184,842	184,639	203	0.1%
21,135	20,796	339	1.6%	Duals	144,740	144,460	280	0.2%
105,897	101,787	4,110	4.0%	ACA OE	709,870	704,801	5,069	0.7%
297,342	**291,797**	**5,545**	**1.9%**	**Medi-Cal Total**	**2,021,491**	**2,014,137**	**7,354**	**0.4%**
5,831	5,852	(21)	-0.4%	Group Care	41,086	41,173	(87)	-0.2%
303,173	**297,649**	**5,524**	**1.9%**	**Total**	**2,062,577**	**2,055,310**	**7,267**	**0.4%**

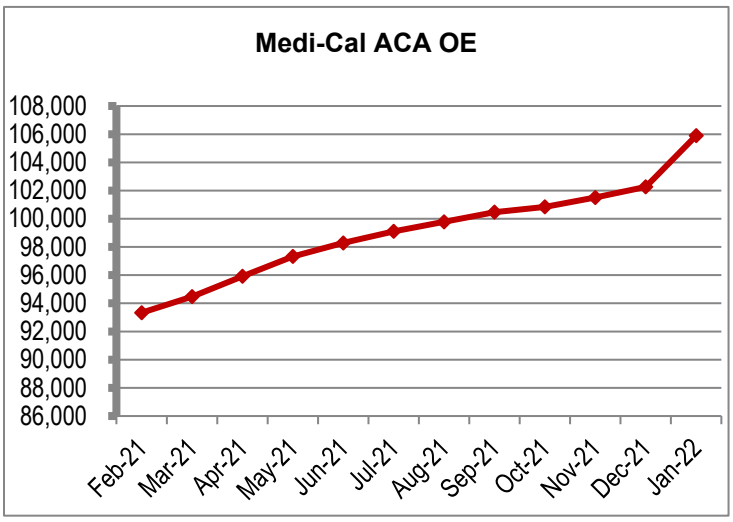
Enrollment and Profitability by Program and Category of Aid

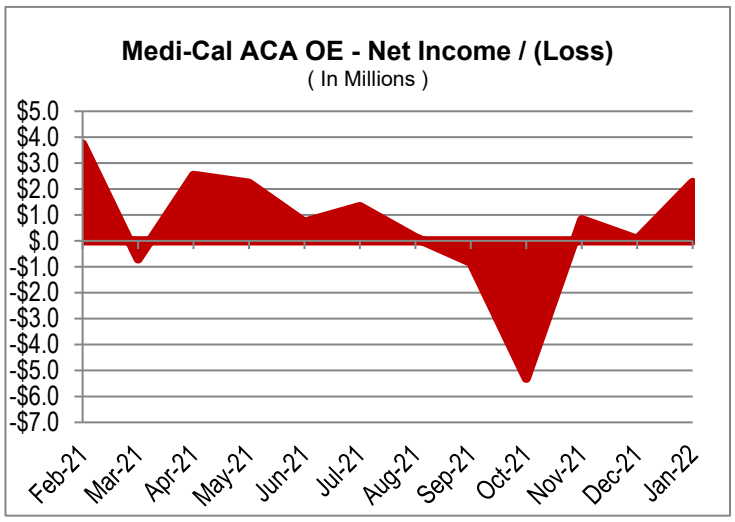




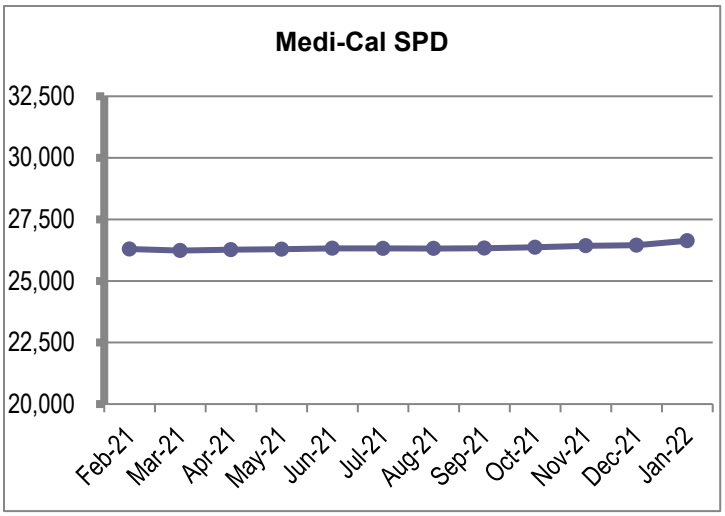


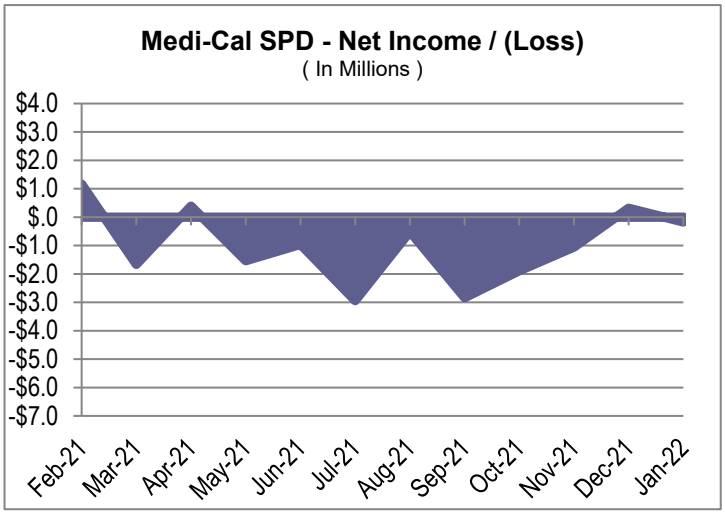


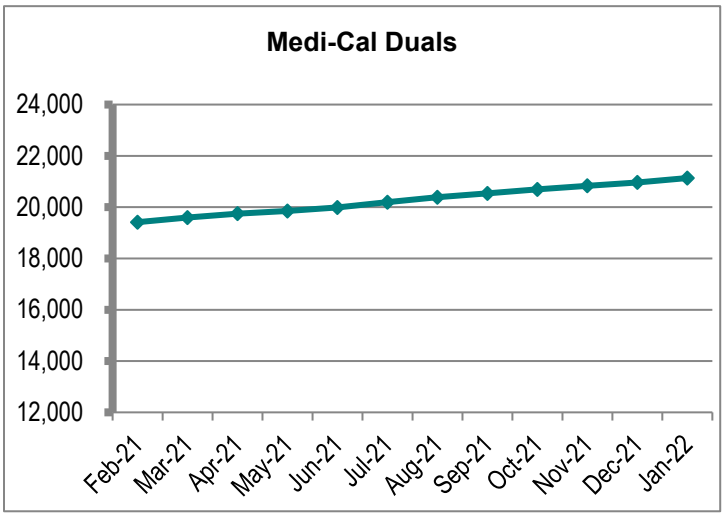


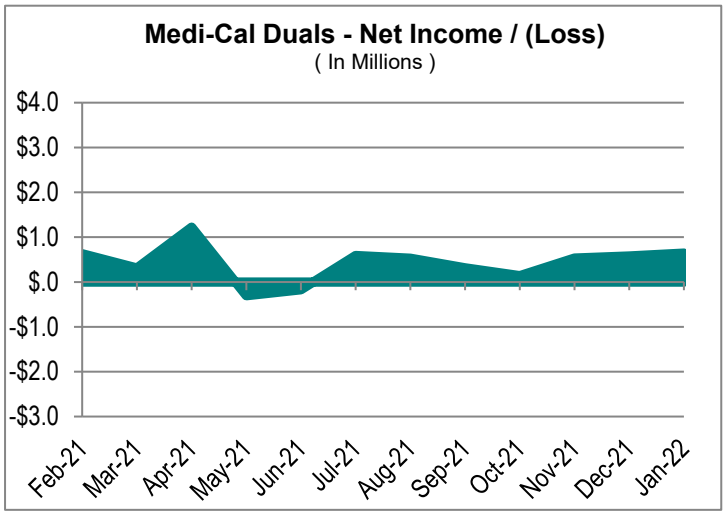


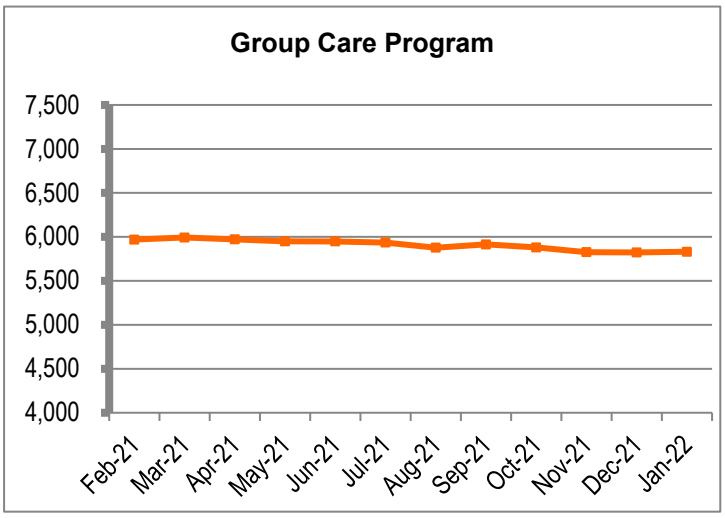
Enrollment and Profitability by Program and Category of Aid

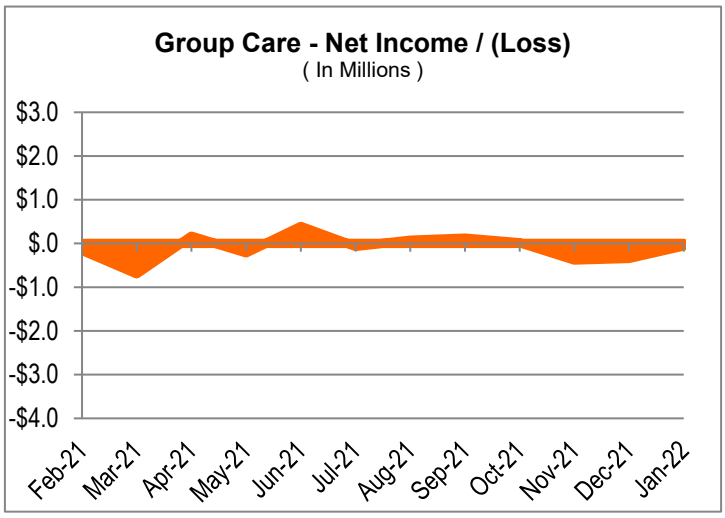




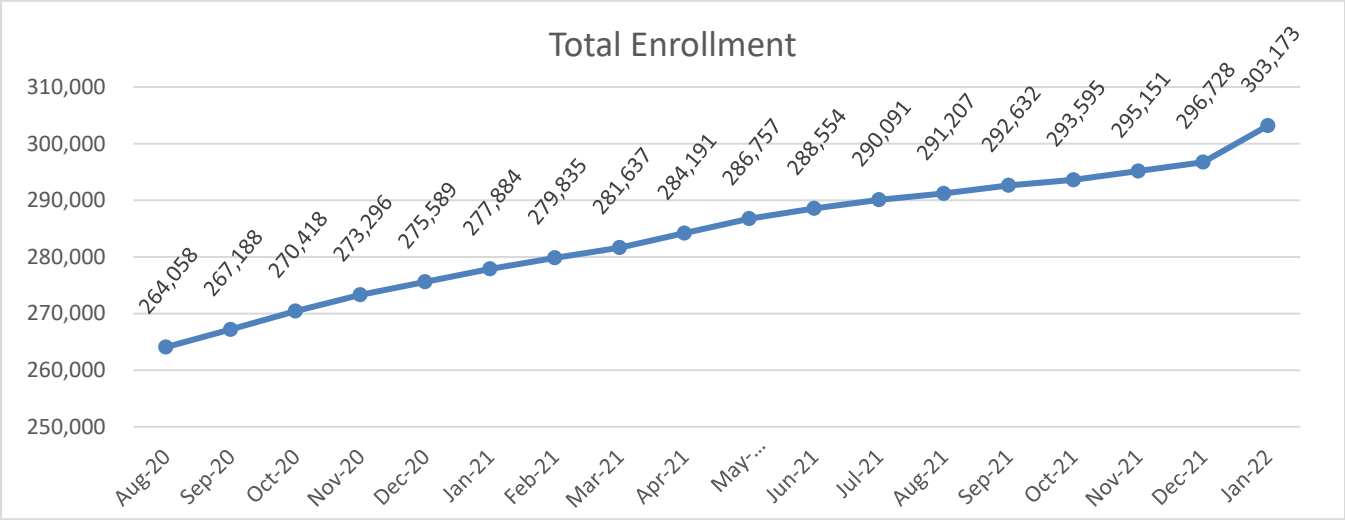


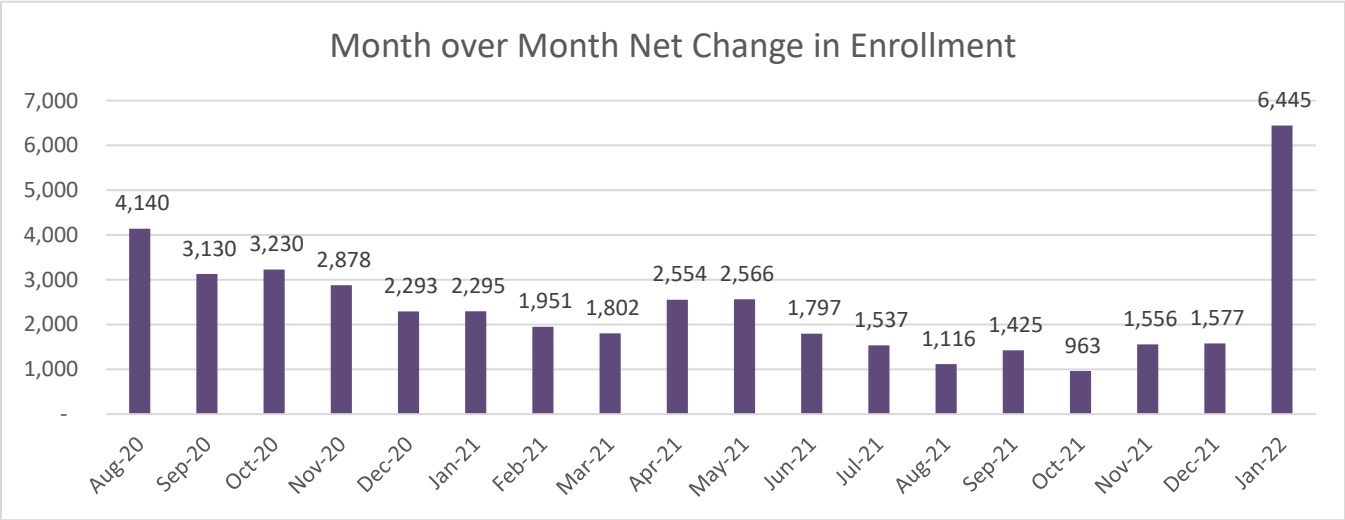






Net Change in Enrollment



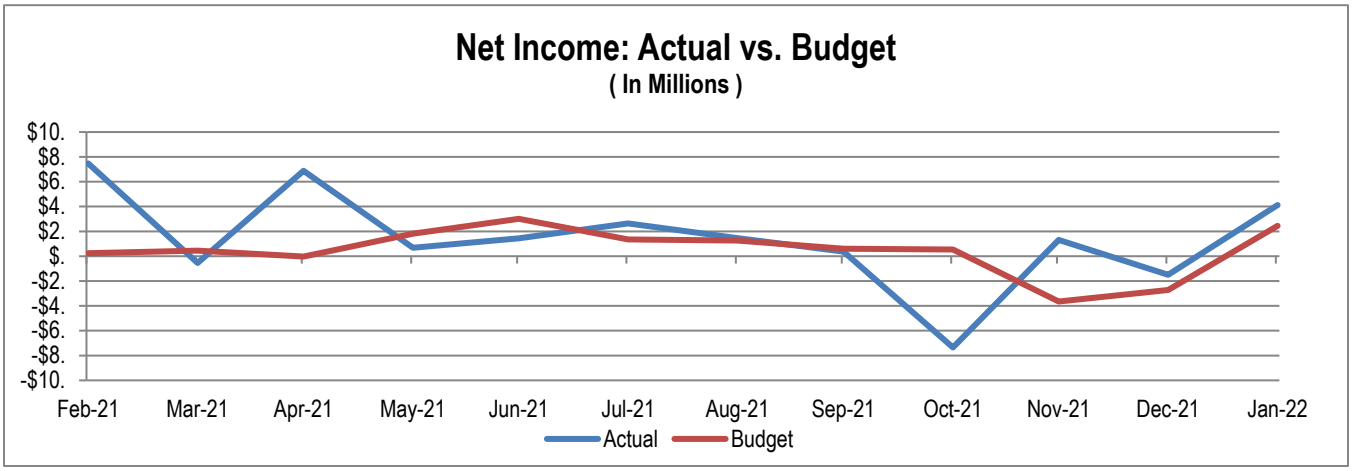


- Total enrollment increased in January due to the addition of approximately 5,000 Mandatory Managed Care enrollees joining the Alliance. These new enrollees were previously covered through the Medi-Cal Fee-For-Service system. The Child, Adult and ACA OE categories of aid represent 94% of the enrollees transitioning.

Net Income

- For the month ended January 31st, 2022:
  - Actual Net Income: $4.1 million.
  - Budgeted Net Income: $2.4 million.

- For the fiscal YTD ended January 31st, 2022:
  - Actual Net Income: $1.1 million.
  - Budgeted Net Loss: $6.8 million.

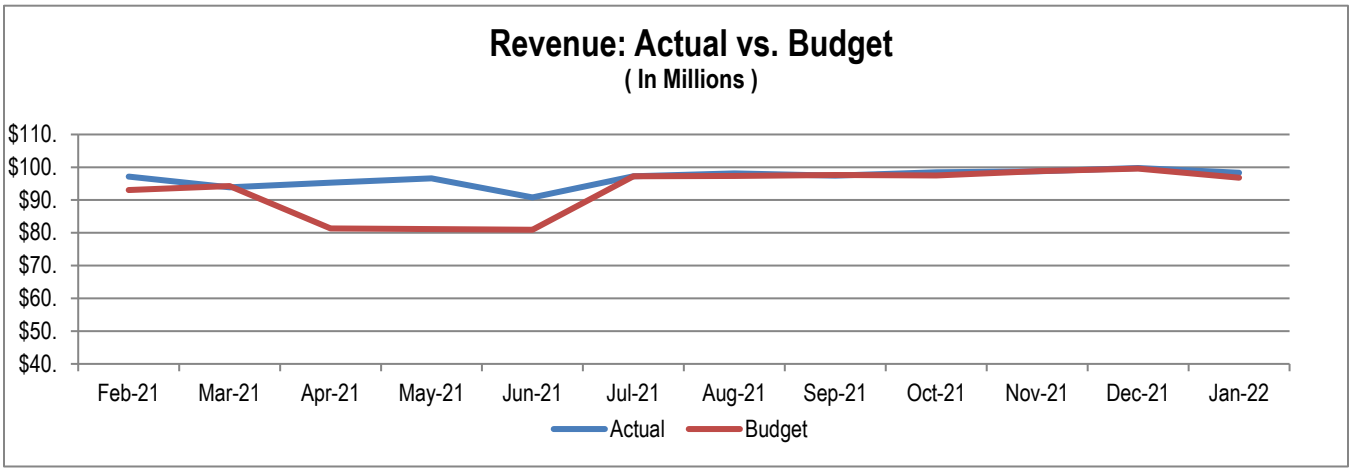


- The favorable variance of $1.7 million in the current month is primarily due to:
  - Favorable $2.8 million lower than anticipated Administrative Expense.
  - Favorable $1.5 million higher than anticipated Revenue.
  - Unfavorable $2.5 million higher than anticipated Medical Expense.

Revenue

- For the month ended January 31st, 2022:
  - Actual Revenue: $98.3 million.
  - Budgeted Revenue: $96.8 million.

- For the fiscal YTD ended January 31st, 2022:
  - Actual Revenue: $688.1 million.
  - Budgeted Revenue: $686.5 million.

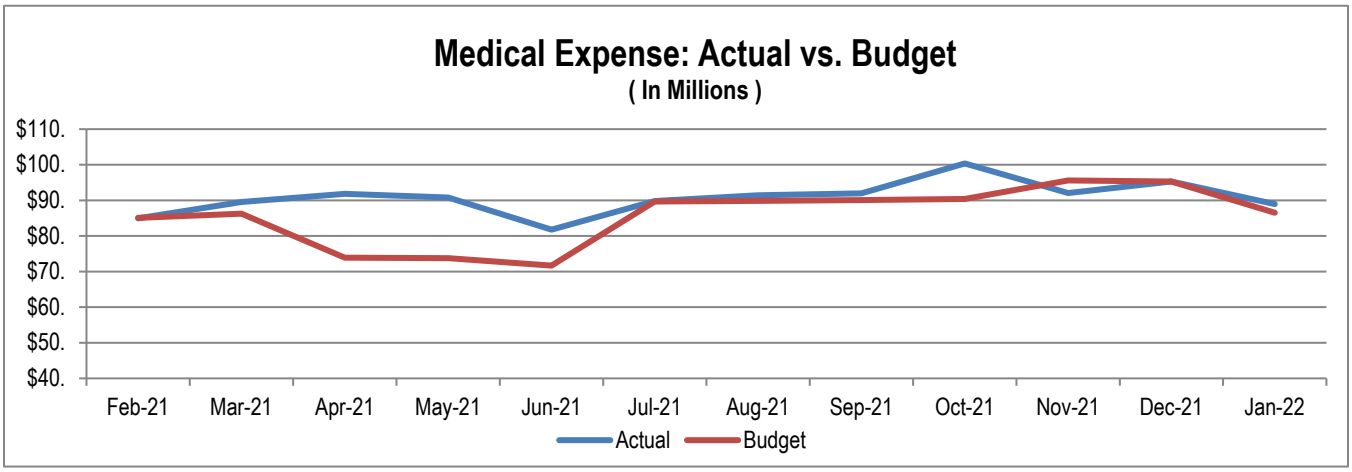


- For the month ended January 31, 2021, the favorable revenue variance of $1.5 million is largely due to favorable $2.0 million retroactive Prop 56 Admin Revenue for FY20-FY22.

Medical Expense

- For the month ended January 31st, 2022:
  - Actual Medical Expense: $89.0 million.
  - Budgeted Medical Expense: $86.5 million.

- For the fiscal YTD ended January 31st, 2022:
  - Actual Medical Expense: $649.9 million.
  - Budgeted Medical Expense: $650.9 million.



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

- For January, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by $1.1 million. The estimate for prior years increased by $2.7 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)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$155,215,070	$0	$155,215,070	$156,634,685	$1,419,615	0.9%
Primary Care FFS	30,982,182	25,836	31,008,018	31,357,924	$375,742	1.2%
Specialty Care FFS	32,724,704	155,851	32,880,555	32,751,004	$26,300	0.1%
Outpatient FFS	58,093,605	277,698	58,371,303	59,039,749	$946,144	1.6%
Ancillary FFS	35,069,730	258,649	35,328,379	32,276,081	($2,793,649)	-8.7%
Pharmacy FFS	100,339,636	1,169,994	101,509,630	99,253,796	($1,085,840)	-1.1%
ER Services FFS	32,325,700	216,125	32,541,825	31,617,551	($708,149)	-2.2%
Inpatient Hospital & SNF FFS	190,431,977	577,341	191,009,318	192,807,782	$2,375,806	1.2%
Other Benefits & Services	12,716,634	0	12,716,634	14,831,038	$2,114,404	14.3%
Net Reinsurance	(706,851)	0	(706,851)	366,345	$1,073,196	292.9%
	$647,192,387	**$2,681,494**	**$649,873,881**	**$650,935,955**	**$3,743,569**	**0.6%**

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

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

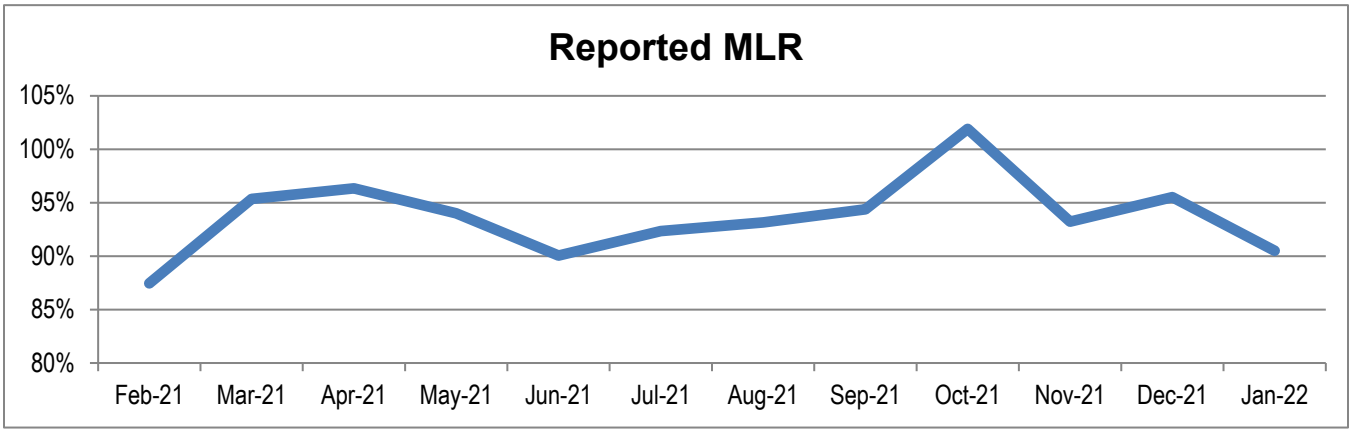
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$75.25	$0.00	$75.25	$76.21	$0.96	1.3%
Primary Care FFS	15.02	0.01	15.03	15.26	0.24	1.5%
Specialty Care FFS	15.87	0.08	15.94	15.93	0.07	0.4%
Outpatient FFS	28.17	0.13	28.30	28.73	0.56	1.9%
Ancillary FFS	17.00	0.13	17.13	15.70	(1.30)	-8.3%
Pharmacy FFS	48.65	0.57	49.21	48.29	(0.36)	-0.7%
ER Services FFS	15.67	0.10	15.78	15.38	(0.29)	-1.9%
Inpatient Hospital & SNF FFS	92.33	0.28	92.61	93.81	1.48	1.6%
Other Benefits & Services	6.17	0.00	6.17	7.22	1.05	14.6%
Net Reinsurance	(0.34)	0.00	(0.34)	0.18	0.52	292.3%
	$313.78	**$1.30**	**$315.08**	**$316.71**	**$2.93**	**0.9%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $3.7 million favorable to final budget. On a PMPM basis, medical expense is 0.9% favorable to budget.
    - Capitated Expense is slightly under budget primarily due to delayed submissions for payment for BHT and Maternity Supplemental Expenses from our global subcontractor.
    - Primary Care Expense is below budget driven by favorable utilization in the ACA OE and Dual populations.

- Specialty Care is favorable compared to budget, generally driven by favorable utilization across all member groups except for the SPD and Group Care populations whose utilization is unfavorable.
- Outpatient Expense is under budget, driven by favorable utilization offset by unfavorable unit cost.
- Ancillary Expense is above budget due to Home Heath, DME, Outpatient Therapy, Laboratory and Radiology, Non-Emergency Transportation, Other Medical Professional, Ambulance, ECM and Community Support services offset by favorability in the CBAS and Hospice service category. Overall utilization is unfavorable offset by favorable unit cost.
- Pharmacy Expense is above budget due to unfavorable Non-PBM expense driven by unit cost offset by favorable PBM expense driven by favorable utilization across all member groups except for the Child population.
- Emergency Room Expense is unfavorable, due to unfavorable utilization across all member categories except for the ACA OE and Dual populations.
- Inpatient Expense is under budget driven by favorable unit cost offset by unfavorable utilization.
- Other Benefits & Services are favorable to budget, primarily due to open positions in the Clinical Organization and lower than expected costs in licensing, insurance, fees, supplies and purchased services.
- Net Reinsurance is favorable to budget because we continue to receive recoveries at higher levels than expected.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 90.5% for the month and 94.4% for the fiscal year-to-date.



Administrative Expense

- For the month ended January 31st, 2022:
  - Actual Administrative Expense: $5.1 million.
  - Budgeted Administrative Expense: $7.9 million.
- For the fiscal YTD ended January 31st, 2022:
  - Actual Administrative Expense: $37.1 million.
  - Budgeted Administrative Expense: $42.4 million.

Summary of Administrative Expense (In Dollars) **For the Month and Fiscal Year-to-Date** **Favorable/(Unfavorable)**								
Month					**Year-to-Date**			
Actual	**Budget**	**Variance $**	**Variance %**		**Actual**	**Budget**	**Variance $**	**Variance %**
$3,198,072	$3,864,378	$666,306	17.2%	Employee Expense	$20,900,859	$22,381,321	$1,480,462	6.6%
247,547	317,616	70,069	22.1%	Medical Benefits Admin Expense	4,364,446	4,357,182	(7,264)	-0.2%
613,054	2,021,244	1,408,190	69.7%	Purchased & Professional Services	4,751,293	7,536,472	2,785,179	37.0%
1,047,465	1,661,880	614,415	37.0%	Other Admin Expense	7,049,903	8,119,313	1,069,410	13.2%
$5,106,138	$7,865,118	$2,758,980	35.1%	Total Administrative Expense	$37,066,501	$42,394,288	$5,327,787	12.6%

The year-to-date variances include:

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

Administrative loss ratio (ALR) represented 5.2% of net revenue for the month and 5.4% of net revenue year-to-date.

Other Income / (Expense)

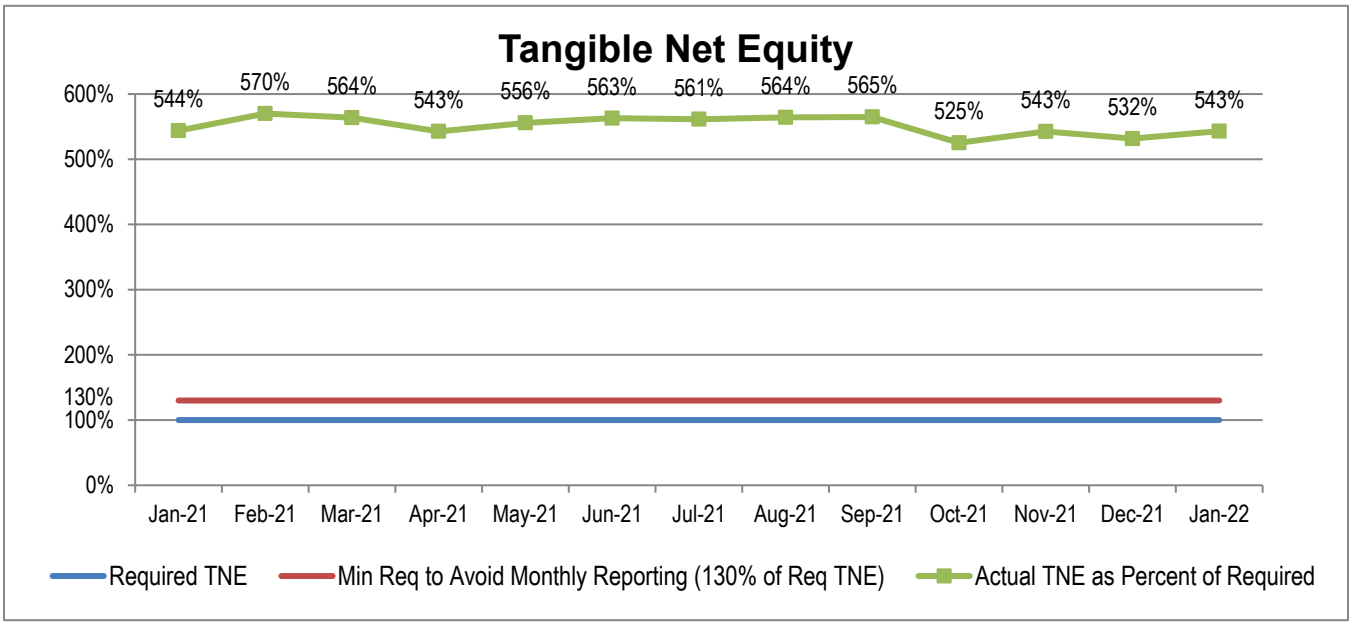
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date interest income from investments is $238,329.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $232,772.

Tangible Net Equity (TNE)

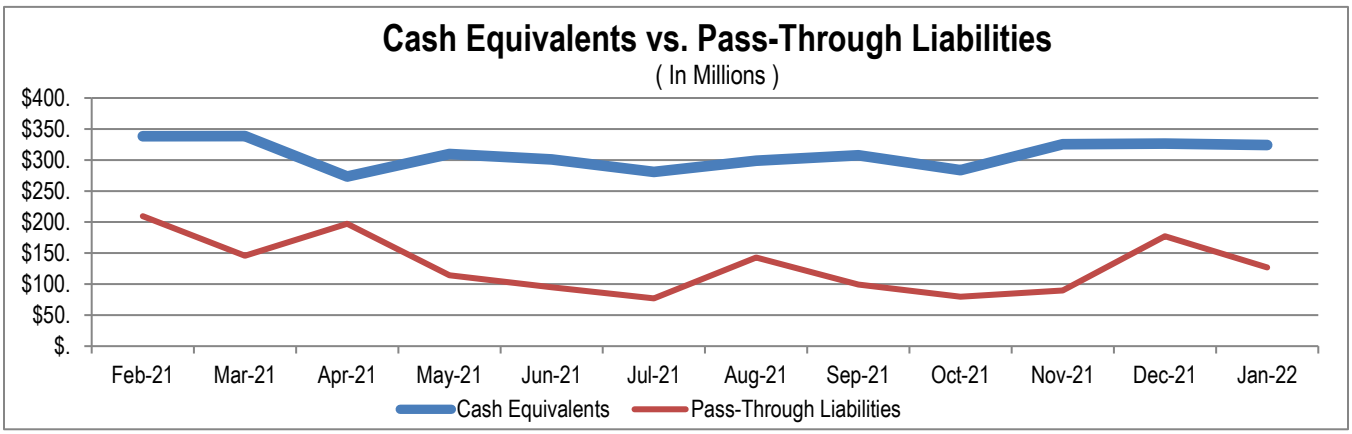
- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required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

- Required TNE $38.0 million
- Actual TNE $206.5 million
- Excess TNE $168.5 million
- TNE as % of Required TNE 543%



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

- Key Metrics
  - Cash & Cash Equivalents $324.1 million
  - Pass-Through Liabilities $126.8 million
  - Uncommitted Cash $197.3 million
  - Working Capital $185.9 million
  - Current Ratio 1.68 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: $112,000.

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

Caveats to Financial Statements

- We continue to caveat these financial statements that, due to challenges of projecting medical expense and liabilities based on incomplete claims experience, financial results are subject to revision.

- The full set of financial statements and reports are included in the Board of Governors Report. This is a high-level summary of key components of those statements, which are unaudited.

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
297,342	291,797	5,545	1.9%	1 - Medi-Cal	2,021,491	2,014,137	7,354	0.4%
5,831	5,852	(21)	(0.4%)	2 - Group Care	41,086	41,173	(87)	(0.2%)
303,173	**297,649**	**5,524**	**1.9%**	**3 - Total Member Months**	**2,062,577**	**2,055,310**	**7,267**	**0.4%**
				REVENUE				
$98,311,213	**$96,810,878**	**$1,500,335**	**1.5%**	**4 - TOTAL REVENUE**	**$688,111,858**	**$686,501,415**	**$1,610,443**	**0.2%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
22,643,458	22,456,084	(187,374)	(0.8%)	5 - Capitated Medical Expense	155,215,072	156,634,696	1,419,624	0.9%
				Fee for Service Medical Expenses:				
29,693,670	27,889,049	(1,804,621)	(6.5%)	6 - Inpatient Hospital & SNF FFS Expense	191,009,316	192,807,786	1,798,470	0.9%
4,652,404	4,612,099	(40,305)	(0.9%)	7 - Primary Care Physician FFS Expense	31,008,016	31,357,923	349,907	1.1%
4,740,371	4,681,340	(59,031)	(1.3%)	8 - Specialty Care Physician Expense	32,880,557	32,751,004	(129,553)	(0.4%)
7,399,424	6,420,235	(979,189)	(15.3%)	9 - Ancillary Medical Expense	35,328,377	32,276,080	(3,052,297)	(9.5%)
7,170,613	8,328,965	1,158,352	13.9%	10 - Outpatient Medical Expense	58,371,301	59,039,747	668,446	1.1%
4,347,249	4,379,400	32,151	0.7%	11 - Emergency Expense	32,541,826	31,617,552	(924,274)	(2.9%)
6,135,212	5,147,710	(987,502)	(19.2%)	12 - Pharmacy Expense	101,509,630	99,253,800	(2,255,830)	(2.3%)
64,138,943	61,458,798	(2,680,145)	(4.4%)	13 - Total Fee for Service Expense	482,649,022	479,103,892	(3,545,130)	(0.7%)
2,026,938	2,455,636	428,698	17.5%	14 - Other Benefits & Services	12,716,631	14,831,025	2,114,394	14.3%
163,202	136,596	(26,606)	(19.5%)	15 - Reinsurance Expense	(706,853)	366,346	1,073,199	292.9%
88,972,541	**86,507,114**	**(2,465,427)**	**(2.8%)**	**17 - TOTAL MEDICAL EXPENSES**	**649,873,872**	**650,935,959**	**1,062,087**	**0.2%**
9,338,672	**10,303,764**	**(965,092)**	**(9.4%)**	**18 - GROSS MARGIN**	**38,237,986**	**35,565,456**	**2,672,531**	**7.5%**
				ADMINISTRATIVE EXPENSES				
3,198,071	3,864,378	666,307	17.2%	19 - Personnel Expense	20,900,856	22,381,321	1,480,465	6.6%
247,547	317,616	70,069	22.1%	20 - Benefits Administration Expense	4,364,447	4,357,182	(7,265)	(0.2%)
613,051	2,021,244	1,408,193	69.7%	21 - Purchased & Professional Services	4,751,293	7,536,472	2,785,179	37.0%
1,047,465	1,661,880	614,415	37.0%	22 - Other Administrative Expense	7,049,904	8,119,313	1,069,409	13.2%
5,106,134	**7,865,118**	**2,758,984**	**35.1%**	**23 -Total Administrative Expense**	**37,066,501**	**42,394,288**	**5,327,787**	**12.6%**
4,232,538	**2,438,646**	**1,793,892**	**73.6%**	**24 - NET OPERATING INCOME / (LOSS)**	**1,171,486**	**(6,828,832)**	**8,000,318**	**117.2%**
				OTHER INCOME / EXPENSE				
(110,521)	**8,751**	**(119,272)**	**(1,363.0%)**	**25 - Total Other Income / (Expense)**	**(110,683)**	**23,938**	**(134,621)**	**(562.4%)**
$4,122,017	**$2,447,397**	**$1,674,619**	**68.4%**	**26 - NET INCOME / (LOSS)**	**$1,060,803**	**($6,804,894)**	**$7,865,697**	**115.6%**
5.2%	8.1%	2.9%	36.1%	27 - Admin Exp % of Revenue	5.4%	6.2%	0.8%	12.8%

ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2022
CURRENT MONTH VS. PRIOR MONTH
January 31, 2022

	January	December	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$22,722,582	$40,307,645	($17,585,064)	-43.63%
Short-Term Investments	301,369,725	286,231,516	15,138,209	5.29%
Interest Receivable	102,795	43,172	59,623	138.11%
Other Receivables - Net	126,383,532	177,842,261	(51,458,729)	-28.94%
Prepaid Expenses	5,952,175	5,689,155	263,020	4.62%
Prepaid Inventoried Items	12,259	12,318	(60)	-0.49%
CalPERS Net Pension Asset	(1,665,176)	(1,665,176)	0	0.00%
Deferred CalPERS Outflow	4,501,849	4,501,849	0	0.00%
TOTAL CURRENT ASSETS	**459,379,740**	**512,962,739**	**(53,582,999)**	**-10.45%**
OTHER ASSETS:				
Long-Term Investments	14,458,804	4,970,118	9,488,685	190.91%
Restricted Assets	350,000	350,000	0	0.00%
TOTAL OTHER ASSETS	**14,808,804**	**5,320,118**	**9,488,685**	**178.35%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,611,531	9,611,531	0	0.00%
Furniture And Equipment	11,540,223	11,540,223	0	0.00%
Leasehold Improvement	902,447	902,447	0	0.00%
Construction in Process	169,640	169,640	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,047,843	37,047,843	0	0.00%
Less: Accumulated Depreciation	(31,273,657)	(31,195,902)	(77,756)	0.25%
NET PROPERTY AND EQUIPMENT	**5,774,186**	**5,851,942**	**(77,756)**	**-1.33%**
TOTAL ASSETS	**$479,962,729**	**$524,134,799**	**($44,172,070)**	**-8.43%**
CURRENT LIABILITIES:				
Accounts Payable	$2,177,752	$3,119,507	($941,755)	-30.19%
Pass-Through Liabilities	126,775,285	177,136,980	(50,361,696)	-28.43%
Claims Payable	14,150,981	17,839,327	(3,688,346)	-20.68%
IBNP Reserves	115,770,906	109,409,265	6,361,641	5.81%
Payroll Liabilities	5,152,276	5,005,393	146,883	2.93%
CalPERS Deferred Inflow	859,093	859,093	0	0.00%
Risk Sharing	8,124,932	8,124,932	0	0.00%
Provider Grants/ New Health Program	280,660	291,474	(10,814)	-3.71%
Deferred Revenue	200,000	0	200,000	0.00%
TOTAL CURRENT LIABILITIES	**273,491,885**	**321,785,971**	**(48,294,086)**	**-15.01%**
TOTAL LIABILITIES	**273,491,885**	**321,785,971**	**(48,294,086)**	**-15.01%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	204,569,809	204,569,809	0	0.00%
Year-to Date Net Income / (Loss)	1,060,803	(3,061,213)	4,122,017	-134.65%
TOTAL NET WORTH	**206,470,845**	**202,348,828**	**4,122,017**	**2.04%**
TOTAL LIABILITIES AND NET WORTH	**$479,962,729**	**$524,134,799**	**($44,172,070)**	**-8.43%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$147,108,427	$291,996,335	$580,114,635	$673,767,206
Commercial Premium Revenue	2,183,794	6,523,955	13,183,681	15,398,879
Other Income	278,949	913,231	1,832,298	2,029,074
Investment Income	(121,760)	(53,676)	26,980	46,534
Cash Paid To:				
Medical Expenses	(85,918,628)	(273,352,237)	(555,747,808)	(647,342,060)
Vendor & Employee Expenses	(6,127,254)	(18,221,564)	(31,489,954)	(38,214,642)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	57,403,528	7,806,044	7,919,832	5,684,991
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	0	0	(112,366)	(112,366)
Net Cash Provided By (Used In) Financing Activities	0	0	(112,366)	(112,366)
Cash Flows from Investing Activities:				
Changes in Investments	(9,488,685)	(14,458,804)	(14,458,804)	(14,458,804)
Restricted Cash	(50,361,696)	47,147,665	49,788,529	31,942,748
Net Cash Provided By (Used In) Investing Activities	(59,850,381)	32,688,861	35,329,725	17,483,944
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(2,446,853)**	**40,494,905**	**43,137,191**	**23,056,569**
Cash @ Beginning of Period	326,539,161	283,597,403	280,955,115	301,035,735
Subtotal	$324,092,308	$324,092,308	$324,092,306	$324,092,304
Rounding	(1)	(1)	1	3
Cash @ End of Period	**$324,092,307**	**$324,092,307**	**$324,092,307**	**$324,092,307**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$4,122,016	$3,940,868	($1,584,810)	$1,060,803
Depreciation	77,756	239,807	499,267	610,317
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	51,399,106	2,777,531	7,801,136	9,917,897
Prepaid Expenses	(262,960)	(1,305,240)	224,720	209,692
Trade Payables	(941,755)	(355,732)	(514,031)	(2,121,387)
Claims payable & IBNP	2,673,296	2,653,884	683,132	(4,407,856)
Deferred Revenue	200,000	200,000	200,000	200,000
Accrued Interest	0	0	0	0
Other Liabilities	136,069	(345,075)	610,417	215,526
Subtotal	57,403,528	7,806,043	7,919,831	5,684,992
Rounding	0	1	1	(1)
Cash Flows from Operating Activities	**$57,403,528**	**$7,806,044**	**$7,919,832**	**$5,684,991**
Rounding Difference	0	1	1	(1)

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,183,794	$6,523,955	$13,183,681	$15,398,879
Total	2,183,794	6,523,955	13,183,681	15,398,879
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	95,841,129	289,375,677	575,816,138	670,666,236
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	200,000	200,000	200,000	200,000
Premium Receivable	51,067,298	2,420,658	4,098,497	2,900,970
Total	147,108,427	291,996,335	580,114,635	673,767,206
Investment & Other Income Cash Flows				
Other Revenue (Grants)	278,949	913,231	1,832,298	2,029,074
Interest Income	(62,137)	27,792	112,054	139,758
Interest Receivable	(59,623)	(81,468)	(85,074)	(93,224)
Total	157,189	859,555	1,859,278	2,075,608
Medical & Hospital Cash Flows				
Total Medical Expenses	(88,972,541)	(276,333,032)	(560,048,170)	(649,873,872)
Other Receivable	391,431	438,341	3,787,713	7,110,151
Claims Payable	(3,688,346)	(5,715,131)	(12,415,582)	(19,313,288)
IBNP Payable	6,361,641	8,369,015	15,323,631	17,130,348
Risk Share Payable	0	0	(2,224,917)	(2,224,917)
Health Program	(10,814)	(111,430)	(170,483)	(170,483)
Other Liabilities	1	0	0	1
Total	(85,918,628)	(273,352,237)	(555,747,808)	(647,342,060)
Administrative Cash Flows				
Total Administrative Expenses	(5,147,178)	(16,566,754)	(32,480,810)	(37,299,273)
Prepaid Expenses	(262,960)	(1,305,240)	224,720	209,692
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(941,755)	(355,732)	(514,031)	(2,121,387)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	146,883	(233,645)	780,900	386,009
Depreciation Expense	77,756	239,807	499,267	610,317
Total	(6,127,254)	(18,221,564)	(31,489,954)	(38,214,642)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**57,403,528**	**7,806,044**	**7,919,832**	**5,684,991**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	(9,488,685)	(14,458,804)	(14,458,804)	(14,458,804)
	(9,488,685)	(14,458,804)	(14,458,804)	(14,458,804)
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(50,361,696)	47,147,665	49,788,529	31,942,748
Restricted Cash	0	0	0	0
	(50,361,696)	47,147,665	49,788,529	31,942,748
Fixed Asset Cash Flows				
Depreciation expense	77,756	239,807	499,267	610,317
Fixed Asset Acquisitions	0	0	(112,366)	(112,366)
Change in A/D	(77,756)	(239,807)	(499,267)	(610,317)
	0	0	(112,366)	(112,366)
Total Cash Flows from Investing Activities	**(59,850,381)**	**32,688,861**	**35,217,359**	**17,371,578**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(2,446,853)**	**40,494,905**	**43,137,191**	**23,056,569**
Rounding	(1)	(1)	1	3
Cash @ Beginning of Period	326,539,161	283,597,403	280,955,115	301,035,735
Cash @ End of Period	**$324,092,307**	**$324,092,307**	**$324,092,307**	**$324,092,307**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$4,122,016	$3,940,868	($1,584,810)	$1,060,803
Add back: Depreciation	77,756	239,807	499,267	610,317
Receivables				
Premiums Receivable	51,067,298	2,420,658	4,098,497	2,900,970
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(59,623)	(81,468)	(85,074)	(93,224)
Other Receivable	391,431	438,341	3,787,713	7,110,151
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	51,399,106	2,777,531	7,801,136	9,917,897
Prepaid Expenses	(262,960)	(1,305,240)	224,720	209,692
Trade Payables	(941,755)	(355,732)	(514,031)	(2,121,387)
Claims Payable, IBNR & Risk Share				
IBNP	6,361,641	8,369,015	15,323,631	17,130,348
Claims Payable	(3,688,346)	(5,715,131)	(12,415,582)	(19,313,288)
Risk Share Payable	0	0	(2,224,917)	(2,224,917)
Other Liabilities	1	0	0	1
Total	2,673,296	2,653,884	683,132	(4,407,856)
Unearned Revenue				
Total	200,000	200,000	200,000	200,000
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	146,883	(233,645)	780,900	386,009
Health Program	(10,814)	(111,430)	(170,483)	(170,483)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	136,069	(345,075)	610,417	215,526
Cash Flows from Operating Activities	**$57,403,528**	**$7,806,043**	**$7,919,831**	**$5,684,992**
Difference (rounding)	0	(1)	(1)	1

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF JANUARY 2022

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	99,337	44,340	26,633	105,897	21,135	297,342	5,831	303,173
Net Revenue	$12,797,796	$14,792,778	$25,446,717	$39,204,197	$3,885,930	$96,127,419	$2,183,794	$98,311,213
Medical Expense	$12,188,883	$12,809,361	$23,794,918	$35,032,763	$3,073,375	$86,899,301	$2,073,240	$88,972,541
Gross Margin	$608,913	$1,983,417	$1,651,799	$4,171,434	$812,555	$9,228,118	$110,554	$9,338,672
Administrative Expense	$419,967	$695,671	$1,789,373	$1,873,465	$163,818	$4,942,294	$163,840	$5,106,134
Operating Income / (Expense)	$188,945	$1,287,746	($137,574)	$2,297,969	$648,737	$4,285,824	($53,286)	$4,232,538
Other Income / (Expense)	($5,446)	($18,586)	($34,933)	($45,748)	($3,504)	($108,217)	($2,304)	($110,521)
Net Income / (Loss)	$183,500	$1,269,160	($172,507)	$2,252,221	$645,233	$4,177,606	($55,590)	$4,122,017
Revenue PMPM	$128.83	$333.62	$955.46	$370.21	$183.86	$323.29	$374.51	$324.27
Medical Expense PMPM	$122.70	$288.89	$893.44	$330.82	$145.42	$292.25	$355.55	$293.47
Gross Margin PMPM	$6.13	$44.73	$62.02	$39.39	$38.45	$31.04	$18.96	$30.80
Administrative Expense PMPM	$4.23	$15.69	$67.19	$17.69	$7.75	$16.62	$28.10	$16.84
Operating Income / (Expense) PMPM	$1.90	$29.04	($5.17)	$21.70	$30.69	$14.41	($9.14)	$13.96
Other Income / (Expense) PMPM	($0.05)	($0.42)	($1.31)	($0.43)	($0.17)	($0.36)	($0.40)	($0.36)
Net Income / (Loss) PMPM	$1.85	$28.62	($6.48)	$21.27	$30.53	$14.05	($9.53)	$13.60
Medical Loss Ratio	95.2%	86.6%	93.5%	89.4%	79.1%	90.4%	94.9%	90.5%
Gross Margin Ratio	4.8%	13.4%	6.5%	10.6%	20.9%	9.6%	5.1%	9.5%
Administrative Expense Ratio	3.3%	4.7%	7.0%	4.8%	4.2%	5.1%	7.5%	5.2%
Net Income Ratio	1.4%	8.6%	-0.7%	5.7%	16.6%	4.3%	-2.5%	4.2%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - JANUARY 2022

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	685,021	297,018	184,842	709,870	144,740	2,021,491	41,086	2,062,577
Net Revenue	$86,032,125	$98,533,259	$194,269,432	$268,365,436	$25,511,506	$672,711,758	$15,400,100	$688,111,858
Medical Expense	$74,567,039	$92,885,269	$190,384,458	$256,280,241	$20,981,510	$635,098,518	$14,775,354	$649,873,872
Gross Margin	$11,465,085	$5,647,990	$3,884,974	$12,085,195	$4,529,995	$37,613,240	$624,746	$38,237,986
Administrative Expense	$3,046,516	$5,024,917	$12,953,742	$13,596,146	$1,191,110	$35,812,431	$1,254,069	$37,066,501
Operating Income / (Expense)	$8,418,569	$623,073	($9,068,768)	($1,510,950)	$3,338,885	$1,800,809	($629,323)	$1,171,486
Other Income / (Expense)	($3,214)	($40,153)	($23,252)	($41,972)	($2,973)	($111,564)	$882	($110,683)
Net Income / (Loss)	$8,415,355	$582,920	($9,092,020)	($1,552,922)	$3,335,912	$1,689,245	($628,441)	$1,060,803
Revenue PMPM	$125.59	$331.74	$1,051.00	$378.05	$176.26	$332.78	$374.83	$333.62
Medical Expense PMPM	$108.85	$312.73	$1,029.98	$361.02	$144.96	$314.17	$359.62	$315.08
Gross Margin PMPM	$16.74	$19.02	$21.02	$17.02	$31.30	$18.61	$15.21	$18.54
Administrative Expense PMPM	$4.45	$16.92	$70.08	$19.15	$8.23	$17.72	$30.52	$17.97
Operating Income / (Expense) PMPM	$12.29	$2.10	($49.06)	($2.13)	$23.07	$0.89	($15.32)	$0.57
Other Income / (Expense) PMPM	($0.00)	($0.14)	($0.13)	($0.06)	($0.02)	($0.06)	$0.02	($0.05)
Net Income / (Loss) PMPM	$12.28	$1.96	($49.19)	($2.19)	$23.05	$0.84	($15.30)	$0.51
Medical Loss Ratio	86.7%	94.3%	98.0%	95.5%	82.2%	94.4%	95.9%	94.4%
Gross Margin Ratio	13.3%	5.7%	2.0%	4.5%	17.8%	5.6%	4.1%	5.6%
Administrative Expense Ratio	3.5%	5.1%	6.7%	5.1%	4.7%	5.3%	8.1%	5.4%
Net Income Ratio	9.8%	0.6%	-4.7%	-0.6%	13.1%	0.3%	-4.1%	0.2%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$3,198,071	$3,864,378	$666,307	17.2%	Personnel Expenses	$20,900,856	$22,381,321	$1,480,465	6.6%
247,547	317,616	70,069	22.1%	Benefits Administration Expense	4,364,447	4,357,182	(7,265)	(0.2%)
613,051	2,021,244	1,408,193	69.7%	Purchased & Professional Services	4,751,293	7,536,472	2,785,179	37.0%
235,219	283,719	48,500	17.1%	Occupancy	1,803,782	1,912,990	109,208	5.7%
21,667	340,137	318,470	93.6%	Printing Postage & Promotion	1,342,577	1,380,157	37,580	2.7%
529,951	748,093	218,142	29.2%	Licenses Insurance & Fees	3,363,286	3,769,580	406,294	10.8%
260,628	289,931	29,303	10.1%	Supplies & Other Expenses	540,259	1,056,586	516,327	48.9%
1,908,063	4,000,740	2,092,677	52.3%	Total Other Administrative Expense	16,165,644	20,012,967	3,847,322	19.2%
$5,106,134	**$7,865,118**	**$2,758,984**	**35.1%**	**Total Administrative Expenses**	**$37,066,501**	**$42,394,288**	**$5,327,787**	**12.6%**

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,969,820	$2,175,941	$206,121	9.5%	Salaries & Wages	$13,765,560	$14,018,333	$252,773	1.8%
179,268	237,956	58,688	24.7%	Paid Time Off	1,414,533	1,515,258	100,725	6.6%
2,496	3,268	772	23.6%	Incentives	13,502	17,133	3,631	21.2%
0	25,000	25,000	100.0%	Severance Pay	0	75,000	75,000	100.0%
120,087	177,533	57,447	32.4%	Payroll Taxes	312,837	387,497	74,660	19.3%
3,747	15,088	11,341	75.2%	Overtime	202,253	201,399	(854)	(0.4%)
175,074	184,444	9,370	5.1%	CalPERS ER Match	1,051,313	1,130,227	78,914	7.0%
0	0	0	0.0%	Mandated Covid -19 Supplemental Sick Leave	10,398	10,400	2	0.0%
536,497	689,371	152,874	22.2%	Employee Benefits	3,357,096	3,655,865	298,769	8.2%
101,153	111,402	10,249	9.2%	Personal Floating Holiday	102,690	112,983	10,293	9.1%
3,045	15,882	12,837	80.8%	Employee Relations	43,152	86,002	42,850	49.8%
7,320	9,392	2,072	22.1%	Work from Home Stipend	48,660	54,094	5,434	10.0%
27	2,486	2,460	98.9%	Transportation Reimbursement	221	3,943	3,722	94.4%
213	7,084	6,871	97.0%	Travel & Lodging	1,471	26,218	24,747	94.4%
40,277	91,733	51,456	56.1%	Temporary Help Services	435,938	624,470	188,532	30.2%
16,579	57,576	40,997	71.2%	Staff Development/Training	41,964	232,344	190,380	81.9%
42,470	60,222	17,752	29.5%	Staff Recruitment/Advertising	99,270	230,155	130,885	56.9%
3,198,071	**3,864,378**	**666,307**	**17.2%**	**Total Employee Expenses**	**20,900,856**	**22,381,321**	**1,480,465**	**6.6%**
				Benefit Administration Expense				
2,692	53,141	50,449	94.9%	RX Administration Expense	2,507,512	2,502,179	(5,333)	(0.2%)
226,763	247,560	20,797	8.4%	Behavioral Hlth Administration Fees	1,733,877	1,734,212	335	0.0%
18,092	16,915	(1,177)	(7.0%)	Telemedicine Admin Fees	123,058	120,791	(2,267)	(1.9%)
247,547	**317,616**	**70,069**	**22.1%**	**Total Employee Expenses**	**4,364,447**	**4,357,182**	**(7,265)**	**(0.2%)**
				Purchased & Professional Services				
206,616	648,164	441,549	68.1%	Consulting Services	1,875,343	2,808,138	932,795	33.2%
243,013	670,291	427,278	63.7%	Computer Support Services	1,905,712	2,808,687	902,975	32.1%
10,545	11,583	1,038	9.0%	Professional Fees-Accounting	70,041	71,073	1,032	1.5%
0	10	10	100.0%	Professional Fees-Medical	95	30	(65)	(217.5%)
1,450	290,354	288,904	99.5%	Other Purchased Services	227,025	649,172	422,147	65.0%
3,818	5,000	1,182	23.6%	Maint.& Repair-Office Equipment	34,098	36,809	2,711	7.4%
33,416	128,171	94,755	73.9%	HMS Recovery Fees	260,938	482,908	221,970	46.0%
0	125,001	125,001	100.0%	MIS Software (Non-Capital)	0	125,001	125,001	100.0%
52,141	89,330	37,189	41.6%	Hardware (Non-Capital)	124,607	239,117	114,510	47.9%
14,034	21,193	7,159	33.8%	Provider Relations-Credentialing	88,082	109,222	21,140	19.4%
48,019	32,147	(15,872)	(49.4%)	Legal Fees	165,352	206,315	40,963	19.9%
613,051	**2,021,244**	**1,408,193**	**69.7%**	**Total Purchased & Professional Services**	**4,751,293**	**7,536,472**	**2,785,179**	**37.0%**
				Occupancy				
77,756	95,612	17,856	18.7%	Depreciation	610,317	641,935	31,618	4.9%
70,286	70,286	0	0.0%	Building Lease	494,375	494,375	0	0.0%
379	2,006	1,627	81.1%	Leased and Rented Office Equipment	15,854	14,140	(1,714)	(12.1%)
15,252	14,879	(373)	(2.5%)	Utilities	89,762	98,920	9,158	9.3%
52,533	71,401	18,868	26.4%	Telephone	495,100	503,604	8,504	1.7%
19,014	29,535	10,521	35.6%	Building Maintenance	98,374	160,016	61,642	38.5%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$235,219	**$283,719**	**$48,500**	**17.1%**	**Total Occupancy**	**$1,803,782**	**$1,912,990**	**$109,208**	**5.7%**
				Printing Postage & Promotion				
(7,842)	77,222	85,064	110.2%	Postage	189,995	318,736	128,741	40.4%
(8,245)	9,500	17,745	186.8%	Design & Layout	18,045	37,888	19,843	52.4%
(1,050)	122,866	123,916	100.9%	Printing Services	334,062	411,968	77,906	18.9%
0	2,500	2,500	100.0%	Mailing Services	15,712	18,394	2,682	14.6%
2,714	3,225	511	15.8%	Courier/Delivery Service	26,770	25,903	(867)	(3.3%)
567	2,034	1,467	72.1%	Pre-Printed Materials and Publications	601	3,036	2,435	80.2%
0	2,500	2,500	100.0%	Promotional Products	0	2,500	2,500	100.0%
30,895	111,790	80,896	72.4%	Community Relations	616,155	434,598	(181,557)	(41.8%)
4,628	8,500	3,872	45.6%	Translation - Non-Clinical	141,236	127,134	(14,102)	(11.1%)
21,667	**340,137**	**318,470**	**93.6%**	**Total Printing Postage & Promotion**	**1,342,577**	**1,380,157**	**37,580**	**2.7%**
				Licenses Insurance & Fees				
21,117	20,800	(317)	(1.5%)	Bank Fees	142,108	144,065	1,957	1.4%
61,920	61,377	(543)	(0.9%)	Insurance	430,723	429,637	(1,086)	(0.3%)
370,451	571,569	201,118	35.2%	Licenses, Permits and Fees	2,323,542	2,683,954	360,412	13.4%
76,463	94,347	17,884	19.0%	Subscriptions & Dues	466,914	511,924	45,010	8.8%
529,951	**748,093**	**218,142**	**29.2%**	**Total Licenses Insurance & Postage**	**3,363,286**	**3,769,580**	**406,294**	**10.8%**
				Supplies & Other Expenses				
21,043	42,357	21,314	50.3%	Office and Other Supplies	37,473	104,606	67,133	64.2%
1,691	13,900	12,209	87.8%	Ergonomic Supplies	10,349	34,880	24,531	70.3%
1,094	6,675	5,581	83.6%	Commissary-Food & Beverage	4,806	12,897	8,091	62.7%
0	4,000	4,000	100.0%	Member Incentive Expense	4,850	19,350	14,500	74.9%
236,600	221,333	(15,267)	(6.9%)	Covid-19 Vaccination Incentive Expense	481,985	879,855	397,870	45.2%
0	100	100	100.0%	Covid-19 IT Expenses	0	300	300	100.0%
200	1,566	1,366	87.2%	Covid-19 Non IT Expenses	797	4,698	3,901	83.0%
260,628	**289,931**	**29,303**	**10.1%**	**Total Supplies & Other Expense**	**540,259**	**1,056,586**	**516,327**	**48.9%**
$5,106,134	**$7,865,118**	**$2,758,984**	**35.1%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$37,066,501**	**$42,394,288**	**$5,327,787**	**12.6%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED JANUARY 31, 2022

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Network Hardware	IT-FY22-07	$ -	$ -	**$ -**	$ 150,000	$ 150,000
	Cisco UCS Blade	IT-FY22-08	$ -		**$ -**	$ 100,000	$ 100,000
	Veeam Backup	IT-FY22-10	$ -		**$ -**	$ 60,000	$ 60,000
	Call Center Hardware	IT-FY22-11	$ -		**$ -**	$ 100,000	$ 100,000
	Network / AV Cabling	IT-FY22-13	$ -		**$ -**	$ 150,000	$ 150,000
Hardware Subtotal			**$ -**	**$ -**	**$ -**	**$ 560,000**	**$ 560,000**
2. Software:							
	Patch Management	AC-FY22-01	$ -		**$ -**	$ 20,000	$ 20,000
	Zerto Licenses (DR - Replication Orchestration)	AC-FY22-02	$ -		**$ -**	$ 50,000	$ 50,000
	Monitoring Software	AC-FY22-03	$ -		**$ -**	$ 40,000	$ 40,000
	Identity and Access Management (Security)	AC-FY22-04	$ -		**$ -**	$ 40,000	$ 40,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 150,000**	**$ 150,000**
3. Building Improvement:							
	1240 Emergency Generator (carryover from FY21)	FA-FY22-06	**$ 106,025**		**$ 106,025**	$ 360,800	$ 254,775
	1240 Electrical Requirements for EV Charging Stations (est.)	FA-FY22-07	$ -		**$ -**	$ 20,000	$ 20,000
	1240 EV Charging stations installation, fees (est. only)	FA-FY22-08	$ -		**$ -**	$ 50,000	$ 50,000
	1240 Seismic Improvements (carryover from FY21)	FA-FY22-09	$ -		**$ -**	$ 50,000	$ 50,000
	Contingency	FA-FY22-16	**$ 6,341**		**$ 6,341**	$ 100,000	$ 93,659
Building Improvement Subtotal			**$ 112,366**	**$ -**	**$ 112,366**	**$ 580,800**	**$ 468,434**
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			**$ 112,366**	**$ -**	**$ 112,366**	**$ 1,415,800**	**$ 1,303,434**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 1/31/22	**$ 37,047,843**
Fixed Assets @ Cost - 6/30/21	**$ 36,935,477**
Fixed Assets Acquired YTD	**$ 112,366**

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

TANGIBLE NET EQUITY (TNE)

	Jul-21	Aug-21	QTR. END Sep-21	Oct-21	Nov-21	QTR. END Dec-21	Jan-22
Current Month Net Income / (Loss)	$2,645,613	$1,455,041	$370,178	($7,350,897)	$1,314,900	($1,496,048)	$4,122,017
YTD Net Income / (Loss)	$2,645,613	$4,100,654	$4,470,832	($2,880,065)	($1,565,165)	($3,061,213)	$1,060,804
Actual TNE							
Net Assets	$208,055,654	$209,510,696	$209,880,873	$202,529,977	$203,844,876	$202,348,828	$206,470,845
Subordinated Debt & Interest	$0	$0	$0	$0	$0	$0	$0
Total Actual TNE	**$208,055,654**	**$209,510,696**	**$209,880,873**	**$202,529,977**	**$203,844,876**	**$202,348,828**	**$206,470,845**
Increase/(Decrease) in Actual TNE	$3,467,237	$1,455,042	$370,177	($7,350,896)	$1,314,899	($1,496,048)	$4,122,017
Required TNE[(1)]	**$37,061,269**	**$37,134,762**	**$37,155,961**	**$38,560,140**	**$37,568,385**	**$38,067,278**	**$38,019,954**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$48,179,650	$48,275,191	$48,302,749	$50,128,181	$48,838,900	$49,487,461	$49,425,940
TNE Excess / (Deficiency)	$170,994,385	$172,375,934	$172,724,912	$163,969,837	$166,276,491	$164,281,550	$168,450,891
Actual TNE as a Multiple of Required	**5.61**	**5.64**	**5.65**	**5.25**	**5.43**	**5.32**	**5.43**

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	$208,055,654	$209,510,696	$209,880,873	$202,529,977	$203,844,876	$202,348,828	$206,470,845
Fixed Assets at Net Book Value	(6,161,088)	(6,073,778)	(6,093,339)	(6,013,994)	(5,931,375)	(5,851,942)	(5,774,186)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(5,320,118)	(14,808,804)
Liquid TNE (Liquid Reserves)	**$201,544,566**	**$203,086,918**	**$203,437,534**	**$196,165,983**	**$197,563,501**	**$191,176,768**	**$185,887,855**
Liquid TNE as Multiple of Required	**5.44**	**5.47**	**5.48**	**5.09**	**5.26**	**5.02**	**4.89**

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

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

	Actual Jul-21	Actual Aug-21	Actual Sep-21	Actual Oct-21	Actual Nov-21	Actual Dec-21	Actual Jan-22	Actual Feb-22	Actual Mar-22	Actual Apr-22	Actual May-22	Actual Jun-22	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,179	97,324	97,460	97,636	97,935	98,150	99,337						685,021
Adult	41,358	41,519	41,924	42,177	42,623	43,077	44,340						297,018
SPD	26,320	26,316	26,330	26,366	26,427	26,450	26,633						184,842
ACA OE	99,105	99,783	100,469	100,844	101,508	102,264	105,897						709,870
Duals	20,194	20,388	20,535	20,692	20,832	20,964	21,135						144,740
Medi-Cal Program	284,156	285,330	286,718	287,715	289,325	290,905	297,342						2,021,491
Group Care Program	5,935	5,877	5,914	5,880	5,826	5,823	5,831						41,086
Total	**290,091**	**291,207**	**292,632**	**293,595**	**295,151**	**296,728**	**303,173**						**2,062,577**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	145	136	176	299	215	1,187						2,289
Adult	392	161	405	253	446	454	1,263						3,374
SPD	(3)	(4)	14	36	61	23	183						310
ACA OE	824	678	686	375	664	756	3,633						7,616
Duals	206	194	147	157	140	132	171						1,147
Medi-Cal Program	1,550	1,174	1,388	997	1,610	1,580	6,437						14,736
Group Care Program	(13)	(58)	37	(34)	(54)	(3)	8						(117)
Total	**1,537**	**1,116**	**1,425**	**963**	**1,556**	**1,577**	**6,445**						**14,619**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	34.2%	34.1%	34.0%	33.9%	33.8%	33.7%	33.4%						33.9%
Adult % of Medi-Cal	14.6%	14.6%	14.6%	14.7%	14.7%	14.8%	14.9%						14.7%
SPD % of Medi-Cal	9.3%	9.2%	9.2%	9.2%	9.1%	9.1%	9.0%						9.1%
ACA OE % of Medi-Cal	34.9%	35.0%	35.0%	35.0%	35.1%	35.2%	35.6%						35.1%
Duals % of Medi-Cal	7.1%	7.1%	7.2%	7.2%	7.2%	7.2%	7.1%						7.2%
Medi-Cal Program % of Total	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.1%						98.0%
Group Care Program % of Total	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	1.9%						2.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**						**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 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	53,441	53,246	53,081	53,438	52,288	57,046						375,729
Alameda Health System	58,045	57,812	58,060	58,049	58,073	58,590	58,927						407,556
	111,234	111,253	111,306	111,130	111,511	110,878	115,973						783,285
Delegated:													
CFMG	32,217	32,167	32,217	32,232	32,266	32,573	32,689						226,361
CHCN	104,433	105,113	106,050	106,808	107,583	109,059	109,878						748,924
Kaiser	42,207	42,674	43,059	43,425	43,791	44,218	44,633						304,007
Delegated Subtotal	178,857	179,954	181,326	182,465	183,640	185,850	187,200						1,279,292
Total	**290,091**	**291,207**	**292,632**	**293,595**	**295,151**	**296,728**	**303,173**						**2,062,577**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(24)	19	53	(176)	381	(633)	5,095						4,715
Delegated:													
CFMG	20	(50)	50	15	34	307	116						492
CHCN	1,094	680	937	758	775	1,476	819						6,539
Kaiser	447	467	385	366	366	427	415						2,873
Delegated Subtotal	1,561	1,097	1,372	1,139	1,175	2,210	1,350						9,904
Total	**1,537**	**1,116**	**1,425**	**963**	**1,556**	**1,577**	**6,445**						**14,619**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.3%	38.2%	38.0%	37.9%	37.8%	37.4%	38.3%						38.0%
Delegated:													
CFMG	11.1%	11.0%	11.0%	11.0%	10.9%	11.0%	10.8%						11.0%
CHCN	36.0%	36.1%	36.2%	36.4%	36.5%	36.8%	36.2%						36.3%
Kaiser	14.5%	14.7%	14.7%	14.8%	14.8%	14.9%	14.7%						14.7%
Delegated Subtotal	61.7%	61.8%	62.0%	62.1%	62.2%	62.6%	61.7%						62.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**						**100.0%**

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

	Budget Jul-21	Budget Aug-21	Budget Sep-21	Budget Oct-21	Budget Nov-21	Budget Dec-21	Budget Jan-22	Budget Feb-22	Budget Mar-22	Budget Apr-22	Budget May-22	Budget Jun-22	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,179	97,324	97,460	97,636	97,812	97,988	99,591	98,621	97,661	96,710	95,743	94,811	1,168,536
Adult	41,358	41,519	41,924	42,177	42,430	42,683	43,156	42,733	42,315	41,901	41,482	41,076	504,754
SPD	26,320	26,316	26,330	26,366	26,402	26,438	26,467	26,220	25,976	25,734	26,997	26,745	316,311
ACA OE	99,105	99,783	100,469	100,844	101,219	101,594	101,787	100,845	99,913	98,990	104,404	103,436	1,212,389
Duals	20,194	20,388	20,535	20,692	20,849	21,006	20,796	20,588	20,382	20,178	19,976	19,776	245,360
Medi-Cal Program	284,156	285,330	286,718	287,715	288,712	289,709	291,797	289,007	286,247	283,513	288,602	285,844	3,447,350
Group Care Program	5,935	5,877	5,914	5,880	5,863	5,852	5,852	5,852	5,852	5,852	5,852	5,852	70,433
Total	**290,091**	**291,207**	**292,632**	**293,595**	**294,575**	**295,561**	**297,649**	**294,859**	**292,099**	**289,365**	**294,454**	**291,696**	**3,517,783**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(346)	145	136	176	176	176	1,603	(970)	(960)	(951)	(967)	(932)	(2,714)
Adult	1,053	161	405	253	253	253	473	(423)	(418)	(414)	(419)	(406)	771
SPD	122	(4)	14	36	36	36	29	(247)	(244)	(242)	1,263	(252)	547
ACA OE	3,254	678	686	375	375	375	193	(942)	(932)	(923)	5,414	(968)	7,585
Duals	676	194	147	157	157	157	(210)	(208)	(206)	(204)	(202)	(200)	258
Medi-Cal Program	4,760	1,174	1,388	997	997	997	2,088	(2,790)	(2,760)	(2,734)	5,089	(2,758)	6,448
Group Care Program	(74)	(58)	37	(34)	(17)	(11)	0	0	0	0	0	0	(157)
Total	**4,686**	**1,116**	**1,425**	**963**	**980**	**986**	**2,088**	**(2,790)**	**(2,760)**	**(2,734)**	**5,089**	**(2,758)**	**6,291**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	34.2%	34.1%	34.0%	33.9%	33.9%	33.8%	34.1%	34.1%	34.1%	34.1%	33.2%	33.2%	33.9%
Adult % of Medi-Cal	14.6%	14.6%	14.6%	14.7%	14.7%	14.7%	14.8%	14.8%	14.8%	14.8%	14.4%	14.4%	14.6%
SPD % of Medi-Cal	9.3%	9.2%	9.2%	9.2%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.4%	9.4%	9.2%
ACA OE % of Medi-Cal	34.9%	35.0%	35.0%	35.0%	35.1%	35.1%	34.9%	34.9%	34.9%	34.9%	36.2%	36.2%	35.2%
Duals % of Medi-Cal	7.1%	7.1%	7.2%	7.2%	7.2%	7.3%	7.1%	7.1%	7.1%	7.1%	6.9%	6.9%	7.1%
Medi-Cal Program % of Total	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
Group Care Program % of Total	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
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

	Budget Jul-21	Budget Aug-21	Budget Sep-21	Budget Oct-21	Budget Nov-21	Budget Dec-21	Budget Jan-22	Budget Feb-22	Budget Mar-22	Budget Apr-22	Budget May-22	Budget Jun-22	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	111,234	111,253	111,306	111,130	111,539	111,951	112,449	111,411	110,386	109,370	112,142	111,106	1,335,277
Delegated:													
CFMG	32,217	32,167	32,217	32,232	32,294	32,356	32,848	32,529	32,214	31,902	31,716	31,408	386,100
CHCN	104,433	105,113	106,050	106,808	107,165	107,525	108,250	107,240	106,240	105,250	107,230	106,231	1,277,535
Kaiser	42,207	42,674	43,059	43,425	43,577	43,729	44,102	43,679	43,259	42,843	43,366	42,951	518,871
Delegated Subtotal	178,857	179,954	181,326	182,465	183,036	183,610	185,200	183,448	181,713	179,995	182,312	180,590	2,182,506
Total	**290,091**	**291,207**	**292,632**	**293,595**	**294,575**	**295,561**	**297,649**	**294,859**	**292,099**	**289,365**	**294,454**	**291,696**	**3,517,783**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(81)	19	53	(176)	409	412	498	(1,038)	(1,025)	(1,016)	2,772	(1,036)	(209)
Delegated:													
CFMG	(159)	(50)	50	15	62	62	492	(319)	(315)	(312)	(186)	(308)	(968)
CHCN	1,533	680	937	758	357	360	725	(1,010)	(1,000)	(990)	1,980	(999)	3,331
Kaiser	3,394	467	385	366	152	152	373	(423)	(420)	(416)	523	(415)	4,138
Delegated Subtotal	4,768	1,097	1,372	1,139	571	574	1,590	(1,752)	(1,735)	(1,718)	2,317	(1,722)	6,501
Total	**4,686**	**1,116**	**1,425**	**963**	**980**	**986**	**2,088**	**(2,790)**	**(2,760)**	**(2,734)**	**5,089**	**(2,758)**	**6,291**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.3%	38.2%	38.0%	37.9%	37.9%	37.9%	37.8%	37.8%	37.8%	37.8%	38.1%	38.1%	38.0%
Delegated:													
CFMG	11.1%	11.0%	11.0%	11.0%	11.0%	10.9%	11.0%	11.0%	11.0%	11.0%	10.8%	10.8%	11.0%
CHCN	36.0%	36.1%	36.2%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.4%	36.3%
Kaiser	14.5%	14.7%	14.7%	14.8%	14.8%	14.8%	14.8%	14.8%	14.8%	14.8%	14.7%	14.7%	14.7%
Delegated Subtotal	61.7%	61.8%	62.0%	62.1%	62.1%	62.1%	62.2%	62.2%	62.2%	62.2%	61.9%	61.9%	62.0%
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 Jul-21	Variance Aug-21	Variance Sep-21	Variance Oct-21	Variance Nov-21	Variance Dec-21	Variance Jan-22	Variance Feb-22	Variance Mar-22	Variance Apr-22	Variance May-22	Variance Jun-22	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	123	162	(254)						31
Adult	0	0	0	0	193	394	1,184						1,771
SPD	0	0	0	0	25	12	166						203
ACA OE	0	0	0	0	289	670	4,110						5,069
Duals	0	0	0	0	(17)	(42)	339						280
Medi-Cal Program	0	0	0	0	613	1,196	5,545						7,354
Group Care Program	0	0	0	0	(37)	(29)	(21)						(87)
Total	**0**	**0**	**0**	**0**	**576**	**1,167**	**5,524**						**7,267**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	(28)	(1,073)	3,524						2,423
Delegated:													
CFMG	0	0	0	0	(28)	217	(159)						30
CHCN	0	0	0	0	418	1,534	1,628						3,580
Kaiser	0	0	0	0	214	489	531						1,234
Delegated Subtotal	0	0	0	0	604	2,240	2,000						4,844
Total	**0**	**0**	**0**	**0**	**576**	**1,167**	**5,524**						**7,267**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2022

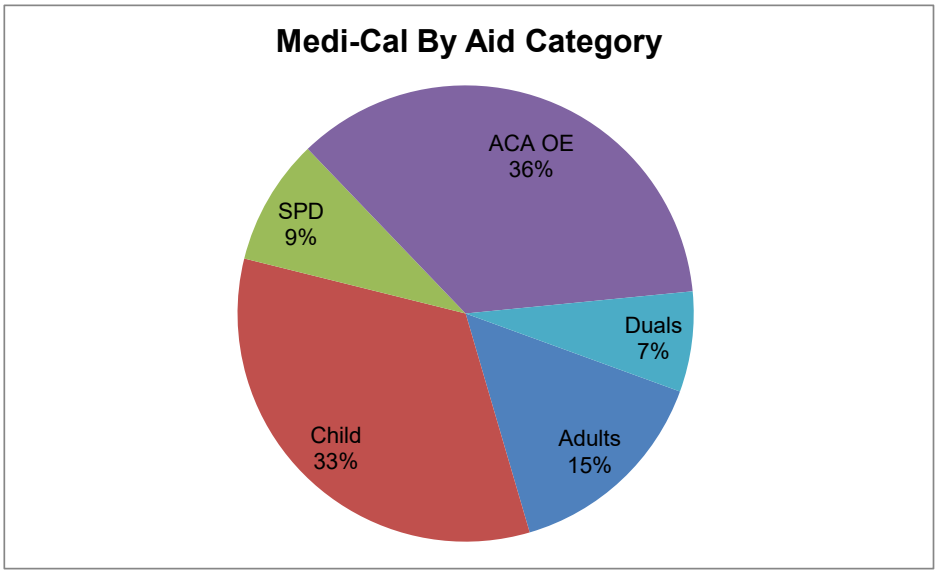
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,886,445	$1,851,683	($34,762)	(1.9%)	PCP-Capitation	$13,058,545	$12,999,748	($58,797)	(0.5%)
3,073,925	3,211,679	137,754	4.3%	PCP-Capitation - FQHC	20,998,814	21,079,656	80,842	0.4%
283,936	277,261	(6,675)	(2.4%)	Specialty-Capitation	1,965,580	1,956,113	(9,467)	(0.5%)
3,188,704	3,354,945	166,241	5.0%	Specialty-Capitation FQHC	21,813,089	21,952,601	139,512	0.6%
379,025	369,111	(9,914)	(2.7%)	Laboratory-Capitation	2,561,414	2,549,755	(11,659)	(0.5%)
910,932	892,947	(17,985)	(2.0%)	Transportation (Ambulance)-Cap	6,538,184	6,259,738	(278,446)	(4.4%)
222,025	217,994	(4,031)	(1.8%)	Vision Cap	1,510,650	1,505,987	(4,663)	(0.3%)
82,748	80,778	(1,970)	(2.4%)	CFMG Capitation	572,761	569,960	(2,801)	(0.5%)
160,793	168,597	7,804	4.6%	Anc IPA Admin Capitation FQHC	1,099,181	1,104,827	5,646	0.5%
11,023,182	10,185,151	(838,031)	(8.2%)	Kaiser Capitation	75,381,104	74,848,408	(532,696)	(0.7%)
583,149	772,280	189,131	24.5%	BHT Supplemental Expense	3,419,661	5,098,564	1,678,903	32.9%
(62)	0	62	0.0%	Hep-C Supplemental Expense	102,679	100,877	(1,802)	(1.8%)
296,881	492,965	196,084	39.8%	Maternity Supplemental Expense	2,387,412	2,704,426	317,014	11.7%
551,775	580,693	28,918	5.0%	DME - Cap	3,805,999	3,904,036	98,037	2.5%
22,643,458	**22,456,084**	**(187,374)**	**(0.8%)**	**5-TOTAL CAPITATED EXPENSES**	**155,215,072**	**156,634,696**	**1,419,624**	**0.9%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
3,571,834	0	(3,571,834)	0.0%	IBNP-Inpatient Services	8,958,540	0	(8,958,540)	0.0%
107,155	0	(107,155)	0.0%	IBNP-Settlement (IP)	268,754	0	(268,754)	0.0%
285,746	0	(285,746)	0.0%	IBNP-Claims Fluctuation (IP)	716,681	0	(716,681)	0.0%
22,788,243	26,574,883	3,786,640	14.2%	Inpatient Hospitalization-FFS	157,597,760	188,881,172	31,283,412	16.6%
966,295	0	(966,295)	0.0%	IP OB - Mom & NB	8,238,114	0	(8,238,114)	0.0%
93,005	0	(93,005)	0.0%	IP Behavioral Health	1,493,042	0	(1,493,042)	0.0%
967,592	1,314,166	346,574	26.4%	IP - Long Term Care	8,097,708	3,926,614	(4,171,094)	(106.2%)
913,799	0	(913,799)	0.0%	IP - Facility Rehab FFS	5,638,717	0	(5,638,717)	0.0%
29,693,670	**27,889,049**	**(1,804,621)**	**(6.5%)**	**6-Inpatient Hospital & SNF FFS Expense**	**191,009,316**	**192,807,786**	**1,798,470**	**0.9%**
361,660	0	(361,660)	0.0%	IBNP-PCP	146,797	0	(146,797)	0.0%
10,851	0	(10,851)	0.0%	IBNP-Settlement (PCP)	4,407	0	(4,407)	0.0%
28,932	0	(28,932)	0.0%	IBNP-Claims Fluctuation (PCP)	11,746	0	(11,746)	0.0%
2,310	0	(2,310)	0.0%	Telemedicine FFS	7,042	0	(7,042)	0.0%
946,912	1,325,840	378,928	28.6%	Primary Care Non-Contracted FF	8,188,213	21,653,031	13,464,818	62.2%
36,704	81,965	45,261	55.2%	PCP FQHC FFS	343,879	244,246	(99,633)	(40.8%)
1,873,185	3,204,294	1,331,109	41.5%	Prop 56 Direct Payment Expenses	12,750,798	9,460,646	(3,290,152)	(34.8%)
13,654	0	(13,654)	0.0%	Prop 56 Hyde Direct Payment Expenses	13,654	0	(13,654)	0.0%
74,938	0	(74,938)	0.0%	Prop 56-Trauma Expense	527,554	0	(527,554)	0.0%
97,075	0	(97,075)	0.0%	Prop 56-Dev. Screening Exp.	697,334	0	(697,334)	0.0%
639,932	0	(639,932)	0.0%	Prop 56-Fam. Planning Exp.	4,469,791	0	(4,469,791)	0.0%
566,251	0	(566,251)	0.0%	Prop 56-Value Based Purchasing	3,846,801	0	(3,846,801)	0.0%
4,652,404	**4,612,099**	**(40,305)**	**(0.9%)**	**7-Primary Care Physician FFS Expense**	**31,008,016**	**31,357,923**	**349,907**	**1.1%**
820,052	0	(820,052)	0.0%	IBNP-Specialist	1,074,520	0	(1,074,520)	0.0%
1,979,528	4,676,356	2,696,828	57.7%	Specialty Care-FFS	16,405,757	32,736,110	16,330,353	49.9%
93,420	0	(93,420)	0.0%	Anesthesiology - FFS	833,792	0	(833,792)	0.0%
623,044	0	(623,044)	0.0%	Spec Rad Therapy - FFS	5,219,251	0	(5,219,251)	0.0%
93,566	0	(93,566)	0.0%	Obstetrics-FFS	784,131	0	(784,131)	0.0%
277,856	0	(277,856)	0.0%	Spec IP Surgery - FFS	1,898,791	0	(1,898,791)	0.0%
373,065	0	(373,065)	0.0%	Spec OP Surgery - FFS	3,556,145	0	(3,556,145)	0.0%
347,237	0	(347,237)	0.0%	Spec IP Physician	2,687,891	0	(2,687,891)	0.0%
42,397	4,984	(37,413)	(750.7%)	SCP FQHC FFS	302,086	14,894	(287,192)	(1,928.2%)
24,602	0	(24,602)	0.0%	IBNP-Settlement (SCP)	32,234	0	(32,234)	0.0%
65,604	0	(65,604)	0.0%	IBNP-Claims Fluctuation (SCP)	85,960	0	(85,960)	0.0%
4,740,371	**4,681,340**	**(59,031)**	**(1.3%)**	**8-Specialty Care Physician Expense**	**32,880,557**	**32,751,004**	**(129,553)**	**(0.4%)**
418,289	0	(418,289)	0.0%	IBNP-Ancillary	1,332,608	0	(1,332,608)	0.0%
12,548	0	(12,548)	0.0%	IBNP Settlement (ANC)	39,979	0	(39,979)	0.0%
33,462	0	(33,462)	0.0%	IBNP Claims Fluctuation (ANC)	106,608	0	(106,608)	0.0%
496,381	0	(496,381)	0.0%	Acupuncture/Biofeedback	2,906,065	0	(2,906,065)	0.0%
60,807	0	(60,807)	0.0%	Hearing Devices	536,323	0	(536,323)	0.0%
28,004	0	(28,004)	0.0%	Imaging/MRI/CT Global	240,199	0	(240,199)	0.0%
19,857	0	(19,857)	0.0%	Vision FFS	324,205	0	(324,205)	0.0%
18,563	0	(18,563)	0.0%	Family Planning	153,720	0	(153,720)	0.0%
787,848	0	(787,848)	0.0%	Laboratory-FFS	4,598,577	0	(4,598,577)	0.0%
72,836	0	(72,836)	0.0%	ANC Therapist	637,976	0	(637,976)	0.0%
0	0	0	0.0%	ANC Diagnostic Procedures	(166)	0	166	0.0%
245,840	0	(245,840)	0.0%	Transportation (Ambulance)-FFS	2,055,725	0	(2,055,725)	0.0%
184,748	0	(184,748)	0.0%	Transportation (Other)-FFS	958,653	0	(958,653)	0.0%
495,938	0	(495,938)	0.0%	Hospice	3,672,099	0	(3,672,099)	0.0%
447,011	0	(447,011)	0.0%	Home Health Services	4,815,490	0	(4,815,490)	0.0%
0	3,482,291	3,482,291	100.0%	Other Medical-FFS	0	28,170,498	28,170,498	100.0%

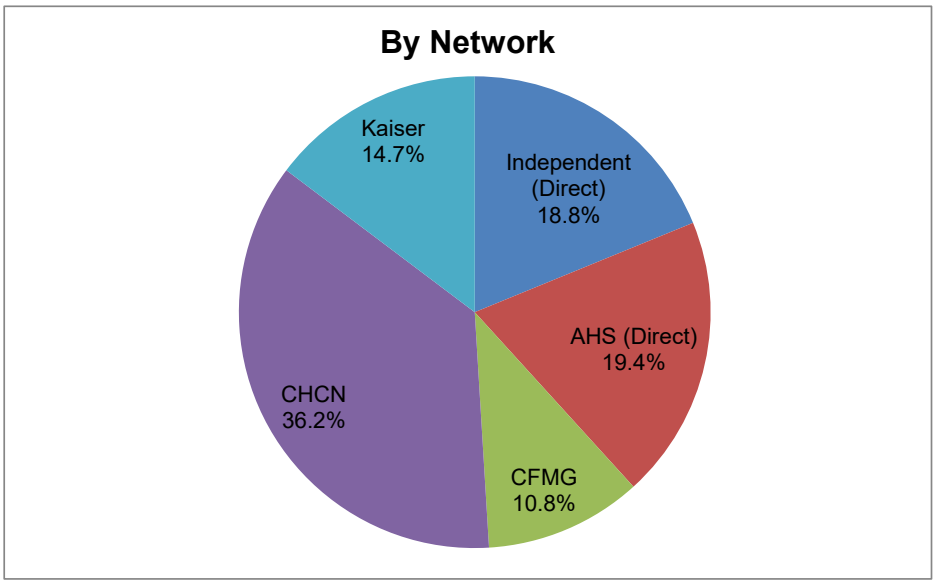
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$74,611	$0	($74,611)	0.0%	HMS Medical Refunds	$20,318	$0	($20,318)	0.0%
(138)	0	138	0.0%	Refunds-Medical Payments	(64)	0	64	0.0%
452,520	0	(452,520)	0.0%	DME & Medical Supplies	3,270,086	0	(3,270,086)	0.0%
0	0	0	0.0%	Denials	167	0	(167)	0.0%
614,560	592,397	(22,163)	(3.7%)	GEMT Direct Payment Expense	4,117,715	1,760,035	(2,357,680)	(134.0%)
488,437	0	(488,437)	0.0%	Community Based Adult Services (CBAS)	3,094,790	0	(3,094,790)	0.0%
835,433	723,679	(111,754)	(15.4%)	ECM Base FFS Ancillary	835,433	723,679	(111,754)	(15.4%)
0	10,000	10,000	100.0%	ECM Outreach FFS Ancillary	0	10,000	10,000	100.0%
398,608	398,608	0	0.0%	CS - Housing Deposits FFS Ancillary	398,608	398,608	0	0.0%
407,667	407,667	0	0.0%	CS - Housing Tenancy FFS Ancillary	407,667	407,667	0	0.0%
298,956	298,956	0	0.0%	CS - Housing Navigation Services FFS Ancillary	298,956	298,956	0	0.0%
241,313	241,312	(1)	0.0%	CS - Medical Respite FFS Ancillary	241,313	241,312	(1)	0.0%
230,081	230,081	0	0.0%	CS - Medically Tailored Meals FFS Ancillary	230,081	230,081	0	0.0%
35,244	35,244	0	0.0%	CS - Asthma Remediation FFS Ancillary	35,244	35,244	0	0.0%
7,399,424	**6,420,235**	**(979,189)**	**(15.3%)**	**9-Ancillary Medical Expense**	**35,328,377**	**32,276,080**	**(3,052,297)**	**(9.5%)**
368,551	0	(368,551)	0.0%	IBNP-Outpatient	1,754,318	0	(1,754,318)	0.0%
11,056	0	(11,056)	0.0%	IBNP Settlement (OP)	52,631	0	(52,631)	0.0%
29,484	0	(29,484)	0.0%	IBNP Claims Fluctuation (OP)	140,346	0	(140,346)	0.0%
1,209,180	8,328,965	7,119,785	85.5%	Out-Patient FFS	8,923,140	59,039,747	50,116,607	84.9%
1,118,383	0	(1,118,383)	0.0%	OP Ambul Surgery - FFS	8,908,400	0	(8,908,400)	0.0%
1,043,425	0	(1,043,425)	0.0%	OP Fac Imaging Services-FFS	7,656,670	0	(7,656,670)	0.0%
631,444	0	(631,444)	0.0%	Behav Health - FFS	13,532,048	0	(13,532,048)	0.0%
889,674	0	(889,674)	0.0%	Behavioral Health Therapy - FFS	889,674	0	(889,674)	0.0%
429,616	0	(429,616)	0.0%	OP Facility - Lab FFS	3,281,265	0	(3,281,265)	0.0%
89,663	0	(89,663)	0.0%	OP Facility - Cardio FFS	722,617	0	(722,617)	0.0%
49,457	0	(49,457)	0.0%	OP Facility - PT/OT/ST FFS	340,350	0	(340,350)	0.0%
1,300,680	0	(1,300,680)	0.0%	OP Facility - Dialysis FFS	12,169,841	0	(12,169,841)	0.0%
7,170,613	**8,328,965**	**1,158,352**	**13.9%**	**10-Outpatient Medical Expense Medical Expense**	**58,371,301**	**59,039,747**	**668,446**	**1.1%**
367,483	0	(367,483)	0.0%	IBNP-Emergency	1,821,118	0	(1,821,118)	0.0%
11,025	0	(11,025)	0.0%	IBNP Settlement (ER)	54,632	0	(54,632)	0.0%
29,398	0	(29,398)	0.0%	IBNP Claims Fluctuation (ER)	145,689	0	(145,689)	0.0%
549,822	0	(549,822)	0.0%	Special ER Physician-FFS	4,353,685	0	(4,353,685)	0.0%
3,389,521	4,379,400	989,879	22.6%	ER-Facility	26,166,702	31,617,552	5,450,850	17.2%
4,347,249	**4,379,400**	**32,151**	**0.7%**	**11-Emergency Expense**	**32,541,826**	**31,617,552**	**(924,274)**	**(2.9%)**
(176,659)	0	176,659	0.0%	IBNP-Pharmacy	344,845	0	(344,845)	0.0%
(5,299)	0	5,299	0.0%	IBNP Settlement (RX)	10,347	0	(10,347)	0.0%
(14,133)	0	14,133	0.0%	IBNP Claims Fluctuation (RX)	27,588	0	(27,588)	0.0%
436,148	343,746	(92,402)	(26.9%)	Pharmacy-FFS	70,320,737	69,709,877	(610,860)	(0.9%)
6,077,634	4,822,096	(1,255,538)	(26.0%)	Pharmacy- Non-PBM FFS-Other Anc	34,850,018	32,990,211	(1,859,807)	(5.6%)
(182,479)	0	182,479	0.0%	HMS RX Refunds	(618,777)	0	618,777	0.0%
0	(18,132)	(18,132)	100.0%	Pharmacy-Rebate	(3,425,129)	(3,446,288)	(21,159)	0.6%
6,135,212	**5,147,710**	**(987,502)**	**(19.2%)**	**12-Pharmacy Expense**	**101,509,630**	**99,253,800**	**(2,255,830)**	**(2.3%)**
64,138,943	**61,458,798**	**(2,680,145)**	**(4.4%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**482,649,022**	**479,103,892**	**(3,545,130)**	**(0.7%)**
0	(48,464)	(48,464)	100.0%	Clinical Vacancy	0	(206,888)	(206,888)	100.0%
75,395	80,233	4,838	6.0%	Quality Analytics	494,075	505,955	11,880	2.3%
400,198	557,834	157,636	28.3%	Health Plan Services Department Total	2,841,938	3,284,522	442,584	13.5%
609,034	515,880	(93,154)	(18.1%)	Case & Disease Management Department Total	4,022,578	4,176,541	153,963	3.7%
206,389	246,530	40,141	16.3%	Medical Services Department Total	1,067,876	1,120,414	52,539	4.7%
601,897	785,194	183,297	23.3%	Quality Management Department Total	3,143,500	4,485,508	1,342,008	29.9%
(22,182)	60,046	82,228	136.9%	HCS Behavioral Health Department Total	156,324	294,275	137,951	46.9%
121,224	201,970	80,746	40.0%	Pharmacy Services Department Total	794,943	896,229	101,286	11.3%
34,985	56,413	21,428	38.0%	Regulatory Readiness Total	195,398	274,469	79,071	28.8%
2,026,938	**2,455,636**	**428,698**	**17.5%**	**14-Other Benefits & Services**	**12,716,631**	**14,831,025**	**2,114,394**	**14.3%**
				Reinsurance Expense				
(392,219)	(409,785)	(17,566)	4.3%	Reinsurance Recoveries	(4,508,291)	(3,426,771)	1,081,520	(31.6%)
555,421	546,381	(9,040)	(1.7%)	Stop-Loss Expense	3,801,438	3,793,117	(8,321)	(0.2%)
163,202	**136,596**	**(26,606)**	**(19.5%)**	**15-Reinsurance Expense**	**(706,853)**	**366,346**	**1,073,199**	**292.9%**
				Preventive Health Services				
88,972,541	**86,507,114**	**(2,465,427)**	**(2.8%)**	**17-TOTAL MEDICAL EXPENSES**	**649,873,872**	**650,935,959**	**1,062,087**	**0.2%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Jan 2022**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	44,340	15%	9,895	9,057	699	16,731	7,958
Child	99,337	33%	9,071	8,869	29,798	33,602	17,997
SPD	26,633	9%	8,440	4,150	1,059	10,956	2,028
ACA OE	105,897	36%	18,918	33,687	1,133	38,583	13,576
Duals	21,135	7%	8,247	2,275	-	7,539	3,074
Medi-Cal	297,342		54,571	58,038	32,689	107,411	44,633
Group Care	5,831		2,475	889	-	2,467	-
Total	**303,173**	**100%**	**57,046**	**58,927**	**32,689**	**109,878**	**44,633**
Medi-Cal %	98.1%		95.7%	98.5%	100.0%	97.8%	100.0%
Group Care %	1.9%		4.3%	1.5%	0.0%	2.2%	0.0%
	Network Distribution		*18.8%*	*19.4%*	*10.8%*	*36.2%*	*14.7%*
			% Direct:	**38%**		**% Delegated:**	**62%**

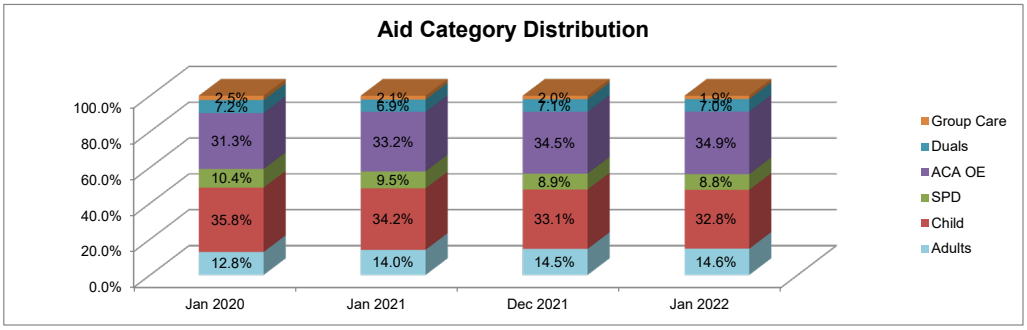




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

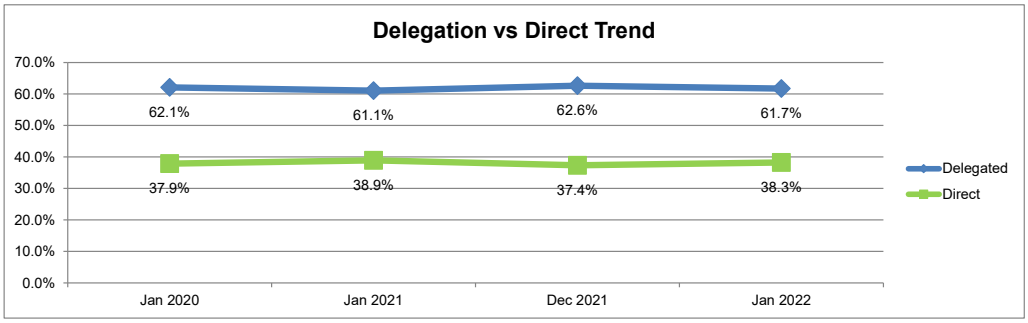
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020 to Jan 2021	Jan 2021 to Jan 2022	Dec 2021 to Jan 2022
Adults	31,620	38,994	43,077	44,340	12.8%	14.0%	14.5%	14.6%	23.3%	13.7%	2.9%
Child	88,329	95,103	98,150	99,337	35.8%	34.2%	33.1%	32.8%	7.7%	4.5%	1.2%
SPD	25,571	26,354	26,450	26,633	10.4%	9.5%	8.9%	8.8%	3.1%	1.1%	0.7%
ACA OE	77,093	92,257	102,264	105,897	31.3%	33.2%	34.5%	34.9%	19.7%	14.8%	3.6%
Duals	17,800	19,215	20,964	21,135	7.2%	6.9%	7.1%	7.0%	7.9%	10.0%	0.8%
Medi-Cal Total	240,413	271,923	290,905	297,342	97.5%	97.9%	98.0%	98.1%	13.1%	9.3%	2.2%
Group Care	6,048	5,961	5,823	5,831	2.5%	2.1%	2.0%	1.9%	-1.4%	-2.2%	0.1%
Total	**246,461**	**277,884**	**296,728**	**303,173**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**12.7%**	**9.1%**	**2.2%**



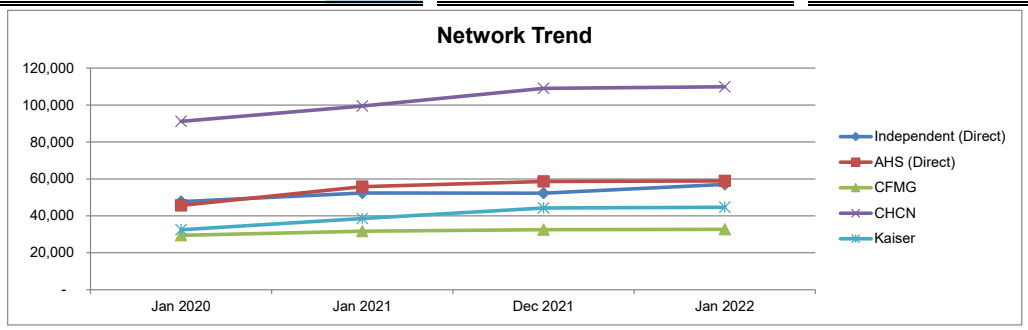
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020 to Jan 2021	Jan 2021 to Jan 2022	Dec 2021 to Jan 2022
Delegated	153,096	169,701	185,850	187,200	62.1%	61.1%	62.6%	61.7%	10.8%	10.3%	0.7%
Direct	93,365	108,183	110,878	115,973	37.9%	38.9%	37.4%	38.3%	15.9%	7.2%	4.6%
Total	**246,461**	**277,884**	**296,728**	**303,173**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**12.7%**	**9.1%**	**2.2%**



Network Trend

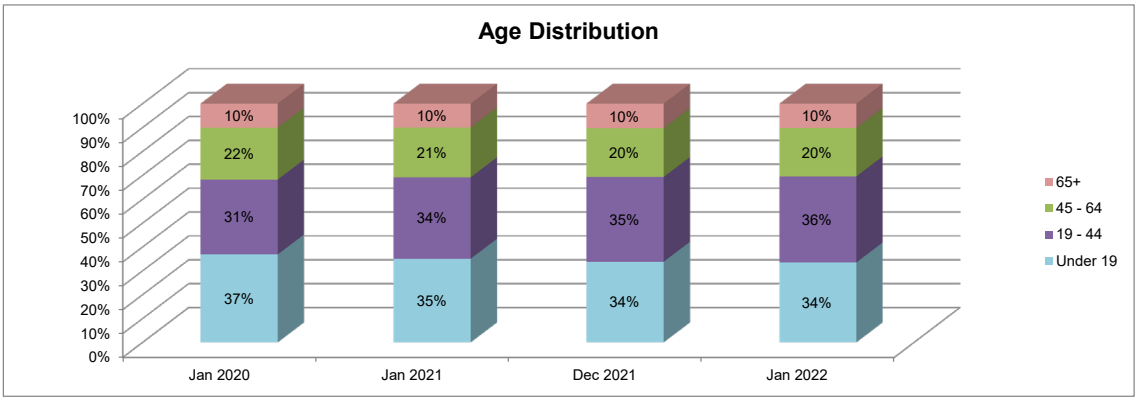
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020 to Jan 2021	Jan 2021 to Jan 2022	Dec 2021 to Jan 2022
Independent (Direct)	47,700	52,336	52,288	57,046	19.4%	18.8%	17.6%	18.8%	9.7%	9.0%	9.1%
AHS (Direct)	45,665	55,847	58,590	58,927	18.5%	20.1%	19.7%	19.4%	22.3%	5.5%	0.6%
CFMG	29,460	31,714	32,573	32,689	12.0%	11.4%	11.0%	10.8%	7.7%	3.1%	0.4%
CHCN	91,165	99,414	109,059	109,878	37.0%	35.8%	36.8%	36.2%	9.0%	10.5%	0.8%
Kaiser	32,471	38,573	44,218	44,633	13.2%	13.9%	14.9%	14.7%	18.8%	15.7%	0.9%
Total	**246,461**	**277,884**	**296,728**	**303,173**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**12.7%**	**9.1%**	**2.2%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

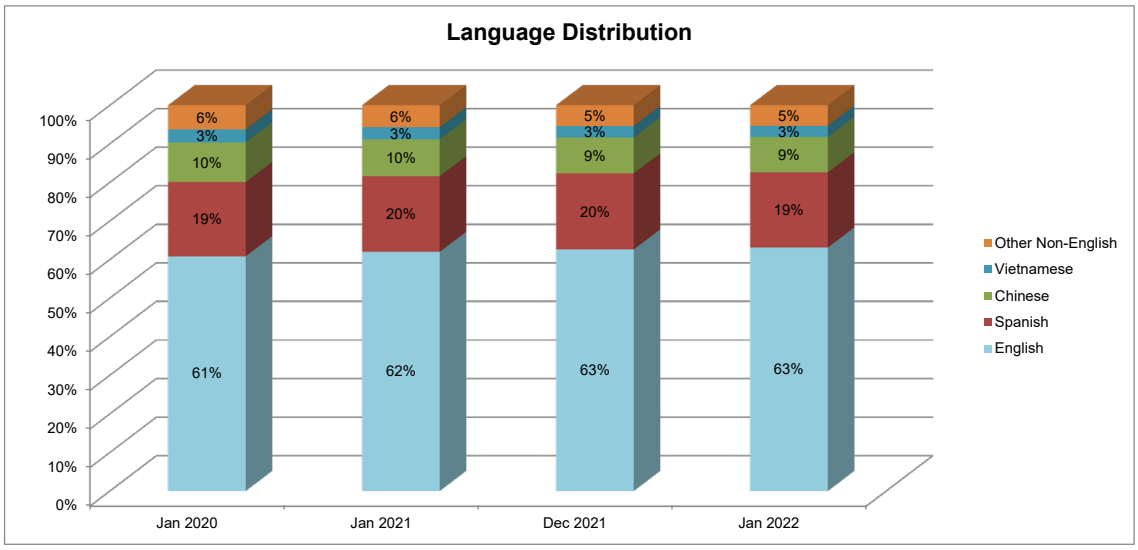
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020 to Jan 2021	Jan 2021 to Jan 2022	Dec 2021 to Jan 2022
Under 19	90,897	97,507	100,408	101,615	37%	35%	34%	34%	7%	4%	1%
19 - 44	77,224	94,684	105,212	109,198	31%	34%	35%	36%	23%	15%	4%
45 - 64	53,632	58,017	60,685	61,651	22%	21%	20%	20%	8%	6%	2%
65+	24,708	27,676	30,423	30,709	10%	10%	10%	10%	12%	11%	1%
Total	**246,461**	**277,884**	**296,728**	**303,173**	**100%**	**100%**	**100%**	**100%**	**13%**	**9%**	**2%**



Language Trend

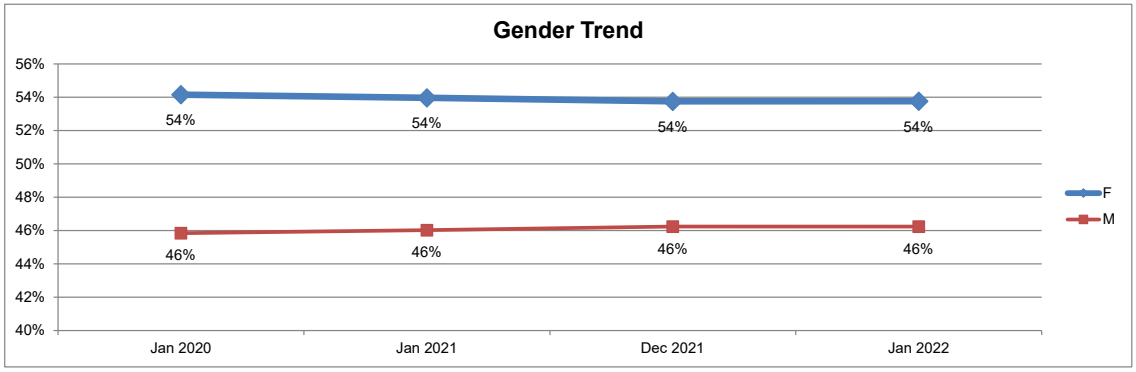
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020 to Jan 2021	Jan 2021 to Jan 2022	Dec 2021 to Jan 2022
English	149,918	172,244	185,754	191,279	61%	62%	63%	63%	15%	11%	3%
Spanish	47,516	54,485	58,510	59,086	19%	20%	20%	19%	15%	8%	1%
Chinese	25,284	26,616	27,703	27,931	10%	10%	9%	9%	5%	5%	1%
Vietnamese	8,360	8,707	8,807	8,831	3%	3%	3%	3%	4%	1%	0%
Other Non-English	15,383	15,832	15,954	16,046	6%	6%	5%	5%	3%	1%	1%
Total	**246,461**	**277,884**	**296,728**	**303,173**	**100%**	**100%**	**100%**	**100%**	**13%**	**9%**	**2%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

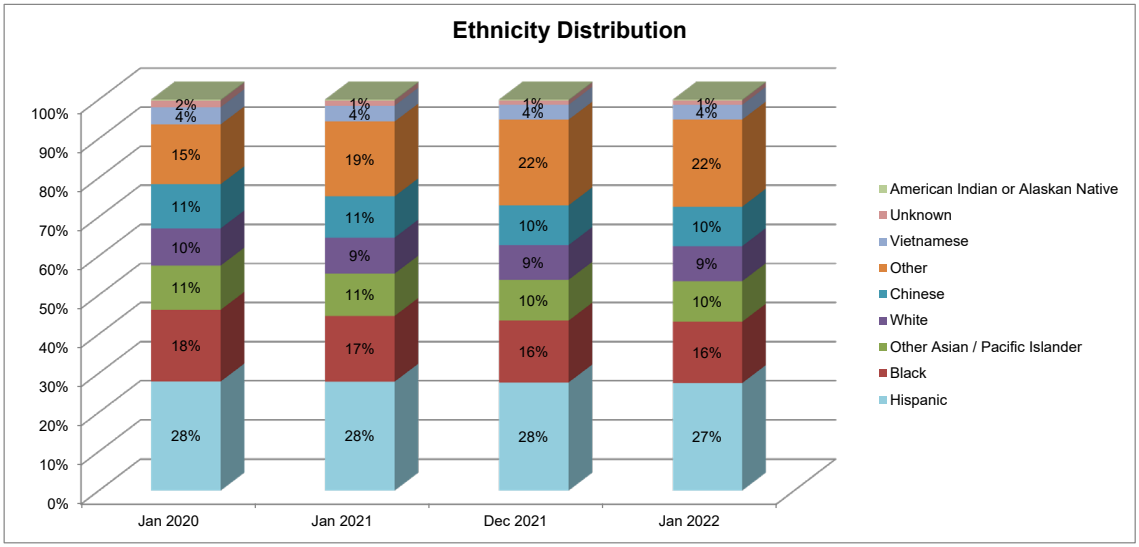
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020 to Jan 2021	Jan 2021 to Jan 2022	Dec 2021 to Jan 2022
F	133,472	149,977	159,514	162,997	54%	54%	54%	54%	12%	9%	2%
M	112,989	127,907	137,214	140,176	46%	46%	46%	46%	13%	10%	2%
Total	**246,461**	**277,884**	**296,728**	**303,173**	**100%**	**100%**	**100%**	**100%**	**13%**	**9%**	**2%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020	Jan 2021	Dec 2021	Jan 2022	Jan 2020 to Jan 2021	Jan 2021 to Jan 2022	Dec 2021 to Jan 2022
Hispanic	68,682	77,331	81,963	83,229	28%	28%	28%	27%	13%	8%	2%
Black	45,213	46,714	46,951	47,604	18%	17%	16%	16%	3%	2%	1%
Other Asian / Pacific Islander	27,864	30,076	30,972	31,403	11%	11%	10%	10%	8%	4%	1%
White	23,487	25,637	26,402	27,265	10%	9%	9%	9%	9%	6%	3%
Chinese	27,859	29,332	30,169	30,557	11%	11%	10%	10%	5%	4%	1%
Other	37,693	53,208	65,026	67,560	15%	19%	22%	22%	41%	27%	4%
Vietnamese	10,856	11,202	11,257	11,406	4%	4%	4%	4%	3%	2%	1%
Unknown	4,214	3,772	3,360	3,506	2%	1%	1%	1%	-10%	-7%	4%
American Indian or Alaskan Native	593	612	628	643	0%	0%	0%	0%	3%	5%	2%
Total	**246,461**	**277,884**	**296,728**	**303,173**	**100%**	**100%**	**100%**	**100%**	**13%**	**9%**	**2%**



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

Medi-Cal By City

City	Jan 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	117,251	39%	14,001	27,700	13,927	48,958	12,665
Hayward	46,364	16%	8,536	9,860	5,250	14,537	8,181
Fremont	26,782	9%	10,126	4,039	875	7,255	4,487
San Leandro	26,786	9%	4,680	4,099	3,398	9,788	4,821
Union City	12,504	4%	4,448	1,916	406	3,355	2,379
Alameda	11,418	4%	2,259	1,767	1,627	3,939	1,826
Berkeley	11,022	4%	1,923	1,635	1,290	4,504	1,670
Livermore	9,109	3%	1,165	776	1,896	3,623	1,649
Newark	6,854	2%	1,943	2,133	208	1,287	1,283
Castro Valley	7,399	2%	1,423	1,198	1,086	2,171	1,521
San Lorenzo	6,330	2%	993	1,097	732	2,173	1,335
Pleasanton	4,911	2%	1,026	446	511	2,078	850
Dublin	5,294	2%	1,057	452	673	2,123	989
Emeryville	2,003	1%	363	376	299	617	348
Albany	1,844	1%	318	219	354	572	381
Piedmont	357	0%	62	87	23	92	93
Sunol	55	0%	9	10	7	18	11
Antioch	21	0%	5	5	3	7	1
Other	1,038	0%	234	223	124	314	143
Total	**297,342**	**100%**	**54,571**	**58,038**	**32,689**	**107,411**	**44,633**

Group Care By City

City	Jan 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,947	33%	474	369	-	1,104	-
Hayward	657	11%	361	139	-	157	-
Fremont	616	11%	462	51	-	103	-
San Leandro	570	10%	226	88	-	256	-
Union City	317	5%	229	28	-	60	-
Alameda	293	5%	116	24	-	153	-
Berkeley	164	3%	50	8	-	106	-
Livermore	80	1%	27	1	-	52	-
Newark	143	2%	88	36	-	19	-
Castro Valley	182	3%	93	20	-	69	-
San Lorenzo	125	2%	56	17	-	52	-
Pleasanton	57	1%	26	3	-	28	-
Dublin	105	2%	38	10	-	57	-
Emeryville	33	1%	11	5	-	17	-
Albany	15	0%	7	1	-	7	-
Piedmont	14	0%	4	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	27	0%	6	8	-	13	-
Other	486	8%	201	81	-	204	-
Total	**5,831**	**100%**	**2,475**	**889**	**-**	**2,467**	**-**

Total By City

City	Jan 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	119,198	39%	14,475	28,069	13,927	50,062	12,665
Hayward	47,021	16%	8,897	9,999	5,250	14,694	8,181
Fremont	27,398	9%	10,588	4,090	875	7,358	4,487
San Leandro	27,356	9%	4,906	4,187	3,398	10,044	4,821
Union City	12,821	4%	4,677	1,944	406	3,415	2,379
Alameda	11,711	4%	2,375	1,791	1,627	4,092	1,826
Berkeley	11,186	4%	1,973	1,643	1,290	4,610	1,670
Livermore	9,189	3%	1,192	777	1,896	3,675	1,649
Newark	6,997	2%	2,031	2,169	208	1,306	1,283
Castro Valley	7,581	3%	1,516	1,218	1,086	2,240	1,521
San Lorenzo	6,455	2%	1,049	1,114	732	2,225	1,335
Pleasanton	4,968	2%	1,052	449	511	2,106	850
Dublin	5,399	2%	1,095	462	673	2,180	989
Emeryville	2,036	1%	374	381	299	634	348
Albany	1,859	1%	325	220	354	579	381
Piedmont	371	0%	66	87	23	102	93
Sunol	55	0%	9	10	7	18	11
Antioch	48	0%	11	13	3	20	1
Other	1,524	1%	435	304	124	518	143
Total	**303,173**	**100%**	**57,046**	**58,927**	**32,689**	**109,878**	**44,633**

FY 2022 Second Quarter Forecast

Presented to the Alameda Alliance Board of Governors

March 11, 2022

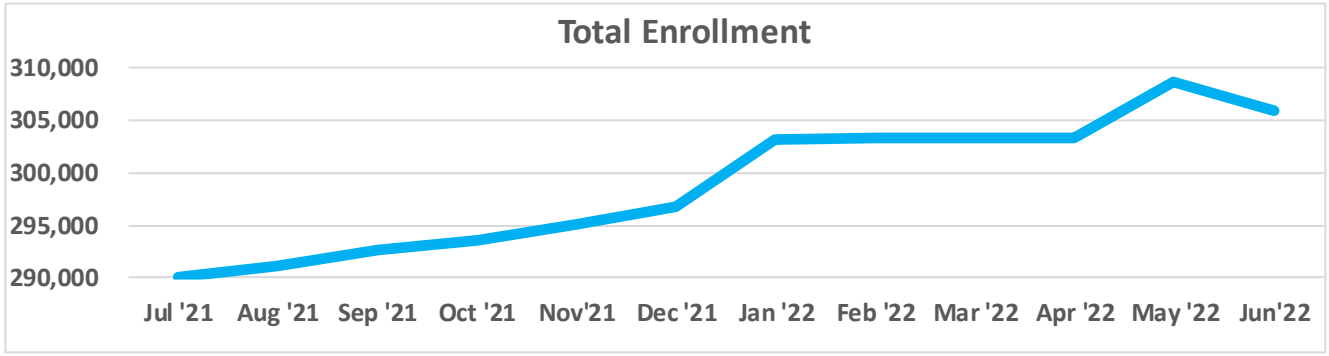
Forecast Highlights

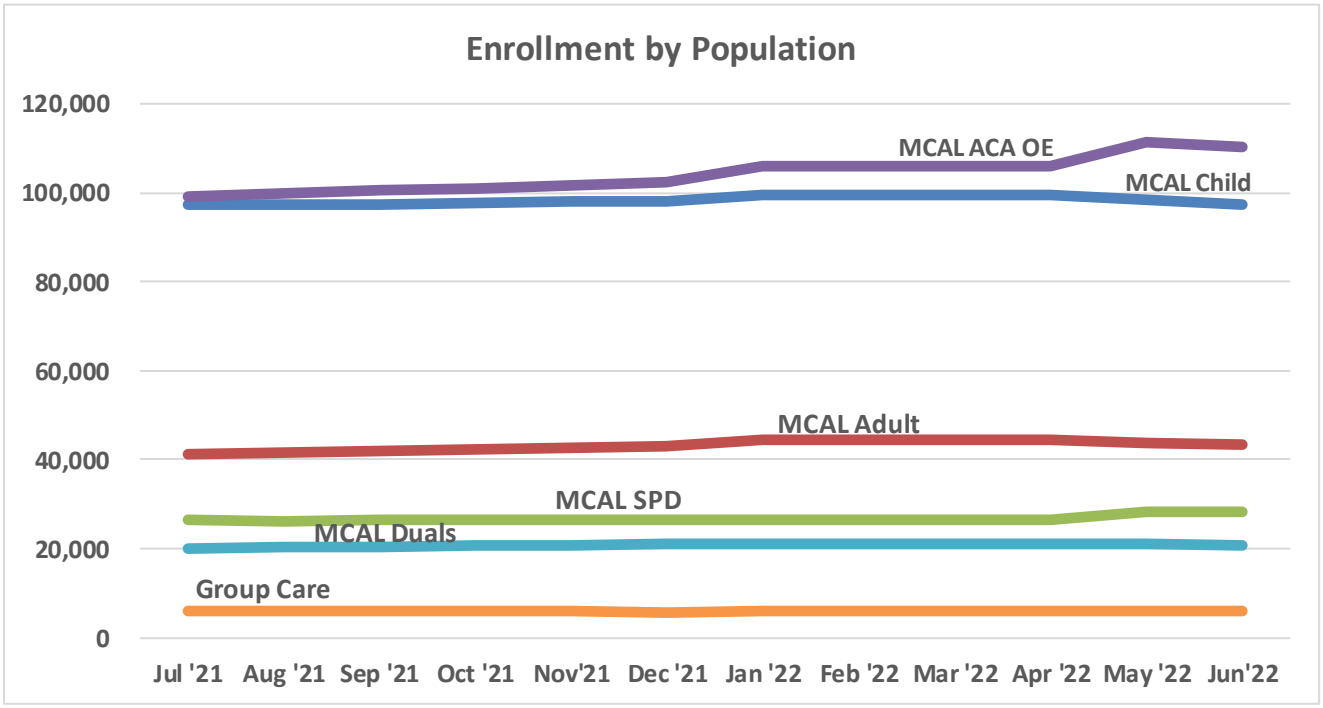
- Projected Net Income of $5.2 million is $1.8 million higher than the Final Budget presented to the Board of Governors on December 12, 2021.
- Tangible Net Equity is 550% of required TNE at year-end.
- Final Base rates were received on January 31, 2022. The Final Rates were approximately 0.6% lower that the draft rates.
  - The University of California MOT Case rate is pending finalization between the UC system and DHCS.
- Administrative staffing is consistent with Budget. Clinical Departments have an increase of 2 Full-time Equivalent Employees compared to budget.
- Clinical Department Expense decreases by $1.8 million, driven by an increase in vacant positions.
- Administrative Department Expense decreases by $3.1 million, driven by an increase in vacancies and delayed projects.

FY2022 Second Quarter Forecast

Membership Projections

- Total member months are 69,000 higher than budget. Year-end enrollment is 14,000 higher than Budget.
- 5,000 members transitioned from fee-for-service Medi-Cal in January. 8,000 members are scheduled to transition from HealthPAC in May.
- The projected end of the Public Health Emergency (PHE) has been delayed until mid-April. At that time, redeterminations and disenrollments will recommence.





Revenue

- Higher Medi-Cal enrollment adds approximately $25.0 million in Revenue to the Forecast compared to Budget.
- The reduction in base Medi-Cal rates decreases revenue by approximately $4.5 million.
- ECM revenue is included for $5.1 million.
- Community Supports revenue is included for $9.4 million.
- Revenue for Major Organ Transplants is included for $6.3 million, based on draft rates.
- The County Wide Averaging process reduces revenue by $7.1 million and the Risk Adjustment increases revenue by $9.6 million. The net benefit to AAH is $2.5 million.
- $1.2 million is included for COVID Vaccine Incentives.

Medical Expense

- Higher Medi-Cal enrollment adds $21.8 million in Expense to the Forecast compared to Budget.
- Based on recent high trends, $4.8 million has been added to fee-for-service expense, primarily in Inpatient and Emergency Room expense.
- Net capitation contract changes decrease expense by $2.2 million versus the Budget, as rate increases have been postponed.
- Favorable reinsurance recoveries reduce net expense by $1.0 million versus Budget.
- ECM expense is included for $4.6 million.
- Expense for Major Organ Transplants is included for $5.6 million.
- Community Supports expense is included for $9.7 million. This includes $6.7 million for Housing Support, and $3.0 million for Asthma Remediation, Medically Tailored Meals and Medical Respite.
- $1.4M is included for COVID Vaccine Incentive expense.

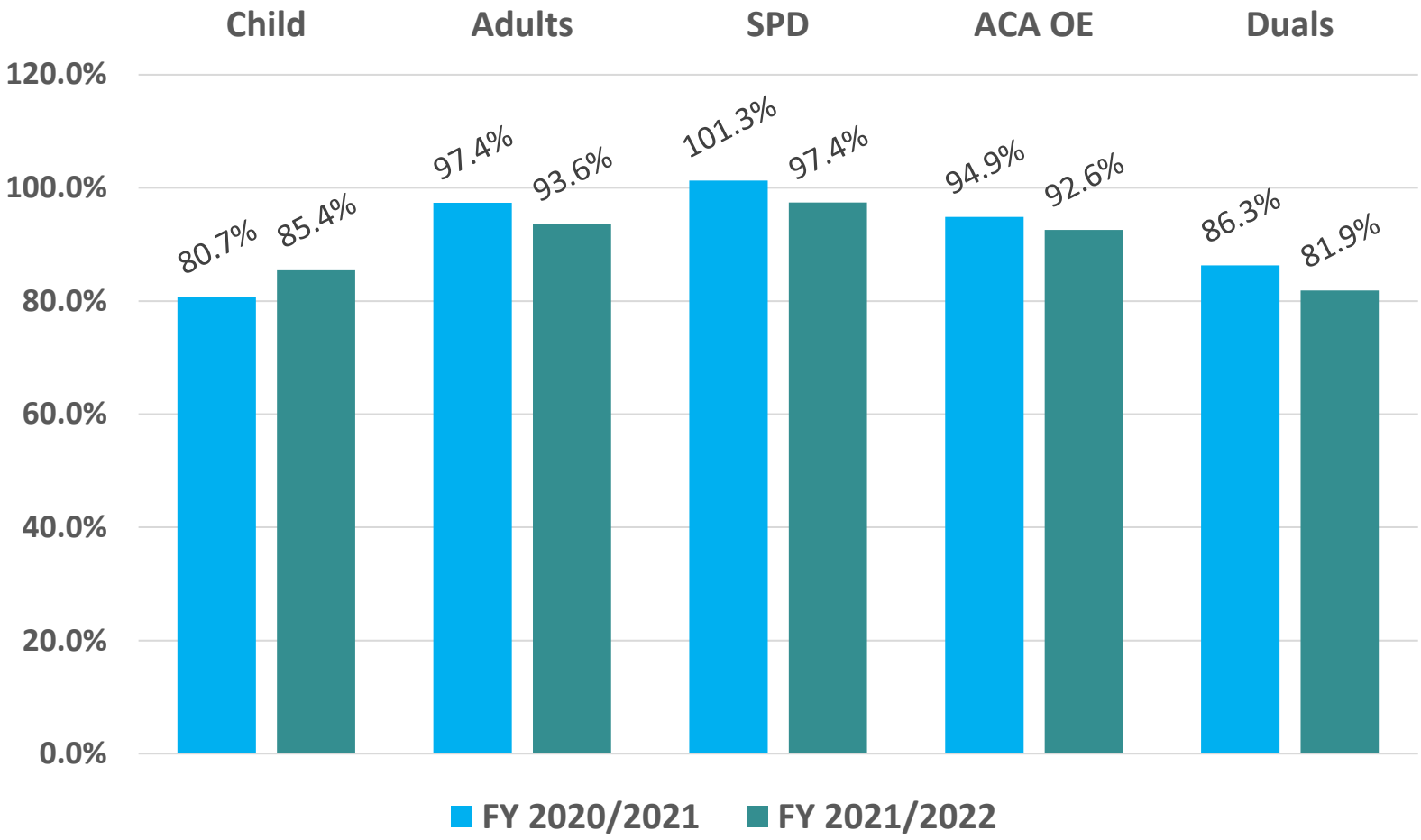
FY2022 Second Quarter Forecast

Comparison to Budget

$ in Thousands	FY 2022 Q2 Forecast			FY 2022 Final Budget			Variance F/(U)		
	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total
Enrollment at Year-End	*300,128*	*5,831*	*305,959*	*285,844*	*5,852*	*291,696*	*14,284*	*(21)*	*14,263*
Member Months	*3,516,922*	*70,241*	*3,587,163*	*3,447,350*	*70,433*	*3,517,783*	*69,572*	*(192)*	*69,380*
Revenues	$1,156,839	$26,301	$1,183,140	$1,137,508	$26,385	$1,163,893	$19,331	($84)	$19,247
Medical Expense	1,072,900	26,036	1,098,936	1,053,181	25,331	1,078,512	(19,719)	(705)	(20,423)
Gross Margin	**83,939**	**265**	**84,204**	**84,327**	**1,053**	**85,381**	**(388)**	**(788)**	**(1,176)**
Administrative Expense	75,815	3,084	78,900	79,304	2,676	81,981	3,489	(408)	3,081
Operating Margin	**8,124**	**(2,819)**	**5,305**	**5,023**	**(1,623)**	**3,400**	**3,101**	**(1,196)**	**1,904**
Other Income / (Expense)	(69)	2	(67)	64	4	68	(133)	(1)	(135)
Net Income / (Loss)	**$8,055**	**($2,817)**	**$5,238**	**$5,087**	**($1,620)**	**$3,468**	**$2,967**	**($1,198)**	**$1,770**
Administrative Expense % of Revenue	**6.6%**	**11.7%**	**6.7%**	**7.0%**	**10.1%**	**7.0%**	**0.4%**	**-1.6%**	**0.4%**
Medical Loss Ratio	**92.7%**	**99.0%**	**92.9%**	**92.6%**	**96.0%**	**92.7%**	**-0.2%**	**-3.0%**	**-0.2%**
TNE at Year-End			**$210,734**			**$210,291**			**$444**
TNE Percent of Required at Year-End			**550.4%**			**562.9%**			**(12.5%)**

FY2022 Second Quarter Forecast

Medical Loss Ratio by Category of Aid



FY2022 Second Quarter Forecast

Staffing Comparison to Budget

Administrative FTEs	FY22 Forecast	FY22 Budget	Increase/ Decrease
Administrative Vacancy	(34.8)	(33.3)	(1.4)
Operations	3.0	3.0	0.0
Executive	2.0	2.0	0.0
Finance	25.0	25.0	0.0
Healthcare Analytics	16.0	16.0	0.0
Claims	41.0	41.0	0.0
Information Technology	2.0	2.0	0.0
IT Infrastructure	13.0	13.0	0.0
IT Applications	15.0	15.0	0.0
IT Development	15.0	15.0	0.0
IT Data Exchange	8.0	8.0	0.0
IT- Ops and Quality Apps Mgt	9.0	9.0	0.0
Member Services	61.4	61.4	0.0
Provider Relations	31.0	31.0	0.0
Credentialing	5.0	5.0	0.0
Health Plan Operations	1.0	1.0	0.0
Human Resources	13.0	13.0	0.0
Vendor Management	5.0	5.0	0.0
Legal	6.0	6.0	0.0
Facilities	7.0	7.0	0.0
Community Relations	10.0	10.0	0.0
Privacy and SIU	9.0	9.0	0.0
Regulatory Compliance	7.0	7.0	0.0
Delegation Oversight and G&A	15.0	15.0	0.0
Projects & Programs	15.0	14.0	1.0
Total Administrative FTEs	**299.6**	**300.1**	**(0.4)**

Clinical FTEs	FY22 Forecast	FY22 Budget	Increase/ Decrease
Clinical Vacancy	(3.6)	(3.7)	0.1
Quality Analytics	4.0	4.0	0.0
Utilization Management	41.9	39.9	2.0
Disease Mgmt. / Care Mgmt.	32.0	32.0	0.0
Medical Services	6.0	6.0	0.0
Quality Management	23.0	23.0	0.0
HCS Behavioral Health	8.0	8.0	0.0
Pharmacy Services	9.0	9.0	0.0
Regulatory Readiness	2.0	2.0	0.0
Total Clinical FTEs	**122.2**	**120.1**	**2.1**

Total FTEs	**421.8**	**420.3**	**1.6**

**FTE = Full-Time Equivalent Personnel working approximately 2,080 hours per year. Includes Temporary Employees.*

ALAMEDA Alliance FOR HEALTH

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

COVID-19 Vaccination Progress Report

COVID-19 Vaccinations & Incentives

Progress Report

Presented to the Alameda Alliance Board of Governors

Matthew Woodruff, Chief Operating Officer

March 11th, 2022

Vaccination Progress Report

- Where we ended up: The Alliance as of February 28th, 2022
  - 74.4% of Medi-Cal members 12 years and older are vaccinated (fully/partially) based on internal claims and encounter data (please note: there may be a lag in CAIR2 data)
    - → Medi-Cal: 176,665 of 237,374 people
  - Ranked 4th highest Managed Care Plan in CA
  - Averaged 11.4% increase among all key measured populations and approximately 1000+ vaccines per week
  - Key measures 1 and 2 – final reporting date March 6th (Due April 30th)

Rates as of 2/28/2022 - DRAFT	Numerator	Denominator	Achievement Rate	Target Rate*
Measure 1: Percent of homebound Medi-Cal beneficiaries who received at least one dose of a COVID-19 vaccine (5% weight).	2,621	3,110	84.3%	100.0%
Measure 2: Percent of Medi-Cal beneficiaries ages 50-64 years of age with one or more chronic diseases (as defined by the federal Centers for Disease Control and Prevention (CDC) who received at least one dose of a COVID-19 vaccine (5% weight).	17,207	20,044	85.9%	100.0%
Sum of Achievement Values as of 2/28/2022 ***Target rate = 30% over the baseline rate or 85% for a measure at any evaluation point in time.**				

- Ongoing Programs: County projects continue through April and Alliance vaccine and booster promotions will continue
- Next steps : Intermediate Outcome Measures Report due April 20th, Vaccine Response Plan (VRP) Summary due March 25th, Direct Member Incentives Reimbursement Report 1 due March 31st, and Report 2 due August 30th

Operations

Matt Woodruff

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

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

Date: **March 11th, 2022**

Subject: **Operations Report**

Member Services

- 12-Month Trend Summary:

    - The Member Services Department received a fifteen percent (15%) increase in calls in February 2022, totaling 15,678 compared to 13,254 in February 2021. Call volume pre-pandemic in February 2019 was 14,233, which is nine percent (9%) lower than the current call volume.
    - February utilization for the member automated eligibility IVR system totaled three hundred and eight (308).
    - The abandonment rate for February 2022 was twenty-seven percent (27%), compared to six percent (6%) in February 2021.
    - The Department's service level was thirty-two percent (32%) in February 2022, compared to seventy percent (70%) in February 2021. The Department continues to recruit to fill open positions. Service levels continue to be directly impacted due to the increased volume of calls and the staffing challenges (unplanned call-outs related to personal or family illnesses with COVID-19). Customer service vendor support went live in mid-February. Additional queue support will be implemented in multiple phases to ensure seamless transition.
    - The average talk time (ATT) was five minutes and forty-three seconds (05:43) for February 2022 compared to seven minutes and forty-two seconds (07:42) for February 2021.
    - The top five call reasons for February 2022 were: 1). Kaiser, 2). Eligibility/Enrollment 3). Change of PCP, 4). Benefits, 5). Pharmacy. The top five call reasons for February 2021 were: 1). Eligibility/Enrollment, 2). Kaiser, 3). Change of PCP 4). Benefits, 5). ID Card Requests.
    - The Department continues to service members via multiple non-contact communication channels (telephonic, email, web-based requests) while honoring the organization's policies. The Department responded to seven hundred thirty-eight (738) web-based requests (17% increase) in February 2022 compared to five hundred sixty-five (611) in February 2021. The top three web reason requests for February 2022 were: 1). Change of PCP 2). ID Card Requests, 3). Update Contact Information.

- Training:
    - Routine and new hire training are conducted via (remote) model by the MS Leadership Team until staff returns to the office.

Claims

- 12-Month Trend Summary:
    - The Claims Department received 162,433 claims in February 2022 compared to 119,001 in February 2021.
    - The Auto Adjudication was 83.6% in February 2022 compared to 73.6% in February 2021.
    - Claims compliance for the 30-day turn-around time was 98.8% in February 2022 compared to 89.6% in February 2021. The 45-day turn-around time was 99.9% in February 2022 compared to 99.9% in February 2021.
- Training:
    - Routine and new hire training is being conducted remotely by the Claims Trainer.
- Monthly Analysis:
    - In February, we received a total of 162,433 claims in the HEALTHsuite system. This represents an increase of .14% from January and is higher by 43,432 claims, than the number of claims received in February 2021; the higher volume of received claims remains attributed to COVID-19, COBA implementation, and increased membership.
    - We received 86% of claims via EDI and 13% of claims via paper.
    - During January, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 83.6% for February.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services department's call volume in February 2022 was 4,334 calls compared to 4,884 calls in February 2021.
    - 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 323 visits during February 2022.
    - The Provider Services department answered over 3,784 calls for February 2022 and made over 680 outbound calls.

Credentialing

- 12-Month Trend Summary:

    - At the Peer Review and Credentialing (PRCC) meeting held on February 15th, 2022, there were fifteen (15) initial providers approved; three (3) primary care providers, two (2) specialists, one (1) ancillary provider, and nine (9) midlevel providers. Additionally, thirty-eight (38) providers were re-credentialed at this meeting; fourteen (14) primary care providers, twelve (12) specialists, two (2) ancillary providers, and ten (10) midlevel providers.
    - Please refer to the Credentialing charts and graphs located in the Operations supporting documentation for more information.

Provider Dispute Resolution

- 12-Month Trend Summary:

    - In February 2022, the Provider Dispute Resolution (PDR) team received 790 PDRs versus 674 in February 2021.
    - The PDR team resolved 815 cases in February 2022 compared to 657 cases in February 2021.
    - In February 2022, the PDR team upheld 71% of cases versus 72% in February 2021.

- The PDR team resolved 100% of cases within the compliance standard of 95% within 45 working days in February 2022 compared to 99.2% in February 2021.

- Monthly Analysis:

  - AAH received 709 PDRs in February 2022.
  - In February, 815 PDRs were resolved. Out of the 815 PDRs, 580 were upheld, and 235 were overturned.
  - The overturn rate for PDRs was 29% which did not meet our goal of 25% or less.
  - Below is a breakdown of the various causes for the 235 overturned PDRs. Please note that there were two primary areas that caused the Department to miss its goal of 25% or less. There was a larger than normal volume of overturns due to services denied for no authorization, with 68 cases are denied incorrectly. Out of the 78 cases, 16 are due to the radiology/lab services authorization updates, 18 cases due to CFMG authorization not provided to AAH, and 28 cases due to incorrect Processing. Training has been provided, and a Focus audit on Inpatient claims has started March 1st, 2022. The second was claims paid at the incorrect rate, with 23 cases. There are various reasons, the main one is the ASC claims with no Medicare rate. A workflow and training were provided to the Claims staff to avoid incorrect payments. The volume of the primary issues for overturned PDRs this month stopped us from achieving the goal of 25% or less.

Community Relations and Outreach

- 12-Month Trend Summary:

  - In February 2022, the Alliance completed 368-member orientation outreach calls and 104 member orientations by phone.
  - The C&O Department reached 104 people (100% identified as Alliance members) during outreach activities, compared to 209 individuals (100% self-identified as Alliance members) in February 2021.
  - The C&O Department spent a total of $0 in donations, fees, and/or sponsorships, compared to $0 in February 2021.
  - The C&O Department reached members in 14 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 18 cities in February 2021.

- Monthly Analysis:

    - In February 2022, the C&O Department completed 368-member orientation outreach calls and 104 member orientations by phone and 77 Alliance website inquiries.
    - Among the 104 people reached, 100% identified as Alliance members.
    - In February 2022, the C&O Department reached members in 14 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	February 2022
Incoming Calls (R/V)	15,678
Abandoned Rate (R/V)	27%
Answered Calls (R/V)	11,031
Average Speed to Answer (ASA)	08:30
Calls Answered in 60 Seconds (R/V)	32%
Average Talk Time (ATT)	05:43
Outbound Calls	4,026

Top 5 Call Reasons (Medi-Cal and Group Care) February 2022
Kaiser
Eligibility/Enrollment
Change PCP
Benefits
ID Card/Member Materials Request

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) February 2022
Change PCP
ID Card Request
Update Contact Info

Claims Department
January 2022 Final and February 2022 Final

METRICS		
Claims Compliance	**Jan-22**	**Feb-22**
90% of clean claims processed within 30 calendar days	96.7%	98.8%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Jan-22**	**Feb-22**
Paper claims	19,654	22,386
EDI claims	142,547	140,047
Claim Volume Total	**162,201**	**162,433**
Percentage of Claims Volume by Submission Method	**Jan-22**	**Feb-22**
% Paper	12.12%	13.78%
% EDI	87.88%	86.22%
Claims Processed	**Jan-22**	**Feb-22**
HEALTHsuite Paid (original claims)	97,441	106,093
HEALTHsuite Denied (original claims)	44,188	46,104
HEALTHsuite Original Claims Sub-Total	**141,629**	**152,197**
HEALTHsuite Adjustments	24,130	952
HEALTHsuite Total	**165,759**	**153,149**
Claims Expense	**Jan-22**	**Feb-22**
Medical Claims Paid	$49,750,868	$50,549,917
Interest Paid	$41,044	$29,329
Auto Adjudication	**Jan-22**	**Feb-22**
Claims Auto Adjudicated	117,375	127,197
% Auto Adjudicated	82.9%	83.6%
Average Days from Receipt to Payment	**Jan-22**	**Feb-22**
HEALTHsuite	19	18
Pended Claim Age	**Jan-22**	**Feb-22**
0-29 calendar days		
HEALTHsuite	14,242	15,305
30-59 calendar days		
HEALTHsuite	131	134
Over 60 calendar days		
HEALTHsuite	0	1
Overall Denial Rate	**Jan-22**	**Feb-22**
Claims denied in HEALTHsuite	44,188	46,104
% Denied	26.7%	30.1%

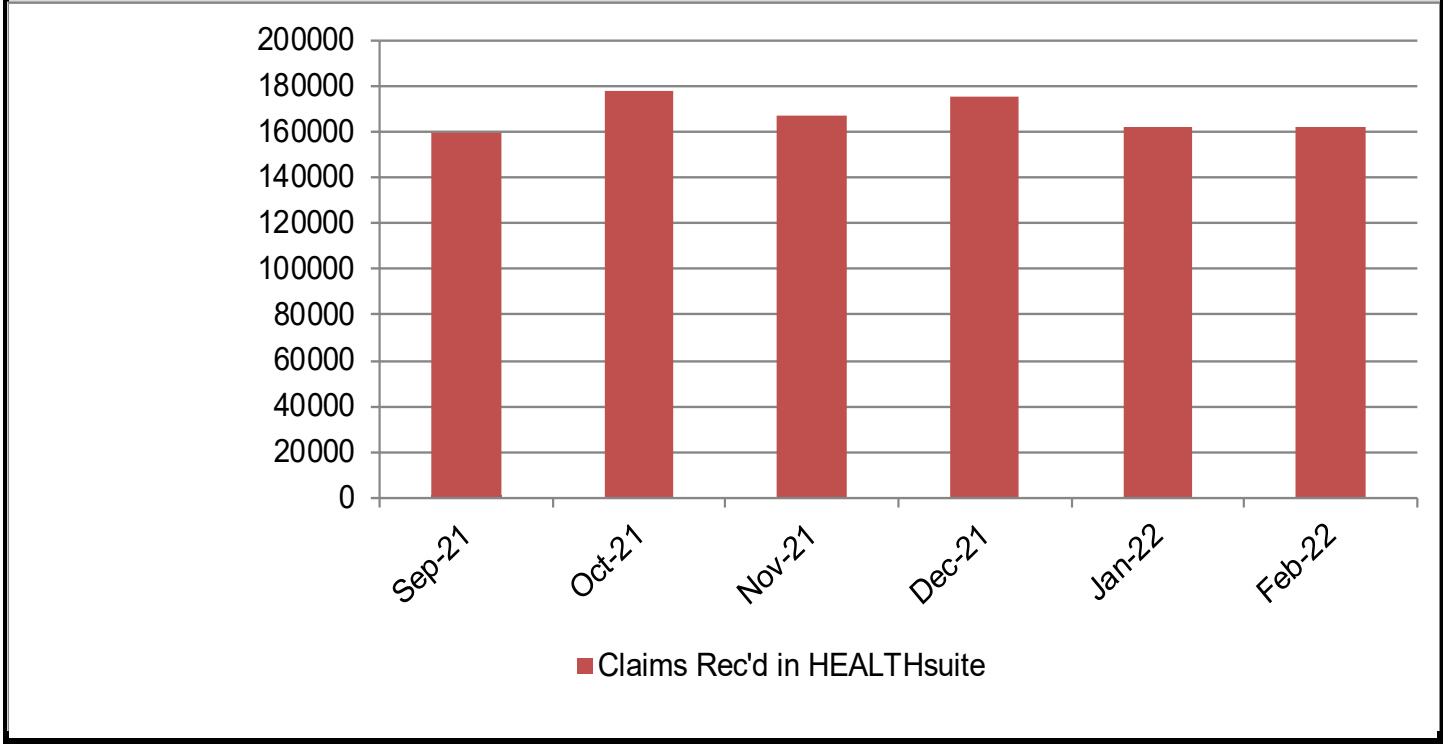
Claims Department
January 2022 Final and February 2022 Final

Feb-22

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	26%
No Benefits Found For Dates of Service	14%
Non-Covered Benefit for this Plan	11%
Duplicate Claim	9%
This is a Capitated Service	5%
% Total of all denials	**65%**

Claims Received By Month

Claims Received Through	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Claims Rec'd in HEALTHsuite	159,558	177,483	167,057	175,441	162,201	162,433



Provider Relations Dashboard February 2022

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	4,810	4,334										
Abandoned Calls	626	586										
Answered Calls (PR)	4,184	3,748										
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	332	373										
Abandoned Calls (R/V)												
Answered Calls (R/V)	332	373										
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	624	680										
N/A												
Outbound Calls	624	680										
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	5,766	5,387										
Abandoned Calls	626	586										
Total Answered Incoming, R/V, Outbound Calls	5,140	4,801										

Provider Relations Dashboard February 2022

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	3.4%	4.2%										
Benefits	4.1%	3.4%										
Claims Inquiry	40.2%	41.5%										
Change of PCP	2.4%	4.0%										
Complaint/Grievance (includes PDR's)	4.9%	5.3%										
Contracts	0.5%	0.7%										
Correspondence Question/Followup	0.0%	0.1%										
Demographic Change	0.1%	0.3%										
Eligibility - Call from Provider	25.3%	23.2%										
Exempt Grievance/ G&A	0.0%	0.1%										
General Inquiry/Non member	0.0%	0.0%										
Health Education	0.0%	0.0%										
Intrepreter Services Request	0.8%	0.4%										
Kaiser	0.0%	0.1%										
Member bill	0.0%	0.2%										
Mystery Shopper Call	0.0%	0.0%										
Provider Portal Assistance	4.5%	5.4%										
Pharmacy	1.2%	0.3%										
Provider Network Info	0.1%	0.1%										
Transferred Call	0.0%	0.0%										
All Other Calls	12.3%	10.8%										
TOTAL	100.0%	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	9	18										
Contracting/Credentialing	8	10										
Drop-ins	0	0										
JOM's	1	2										
New Provider Orientation	22	15										
Quarterly Visits	211	274										
UM Issues	2	4										
Total Field Visits	253	323	0	0	0	0	0	0	0	0	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		AHP 398	PCP 355	SPEC 618	PCP/SPEC 14
AAH/AHS/CHCN Breakdown		AAH 380	AHS 153	CHCN 430	COMBINATION OF GROUPS 422
Facilities	**276**				

VENDOR SUMMARY
Credentialing Verification Organization, Symply CVO

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	39	47	25	Y	Y
Recred Files in Process	33	21	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**72**				

CAQH Applications Processed in February 2022

	Invoice not received
Standard Providers and Allied Health	

February 2022 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	3
SPEC	2
ANCILLARY	1
MIDLEVEL/AHP	9
	15
Recredentialing	
PCP	14
SPEC	12
ANCILLARY	2
MIDLEVEL/AHP	10
	38
TOTAL	**53**

February 2022 Facility Approvals

Initial Credentialing	0
Recredentialing	9
	9
Facility Files in Process	**24**

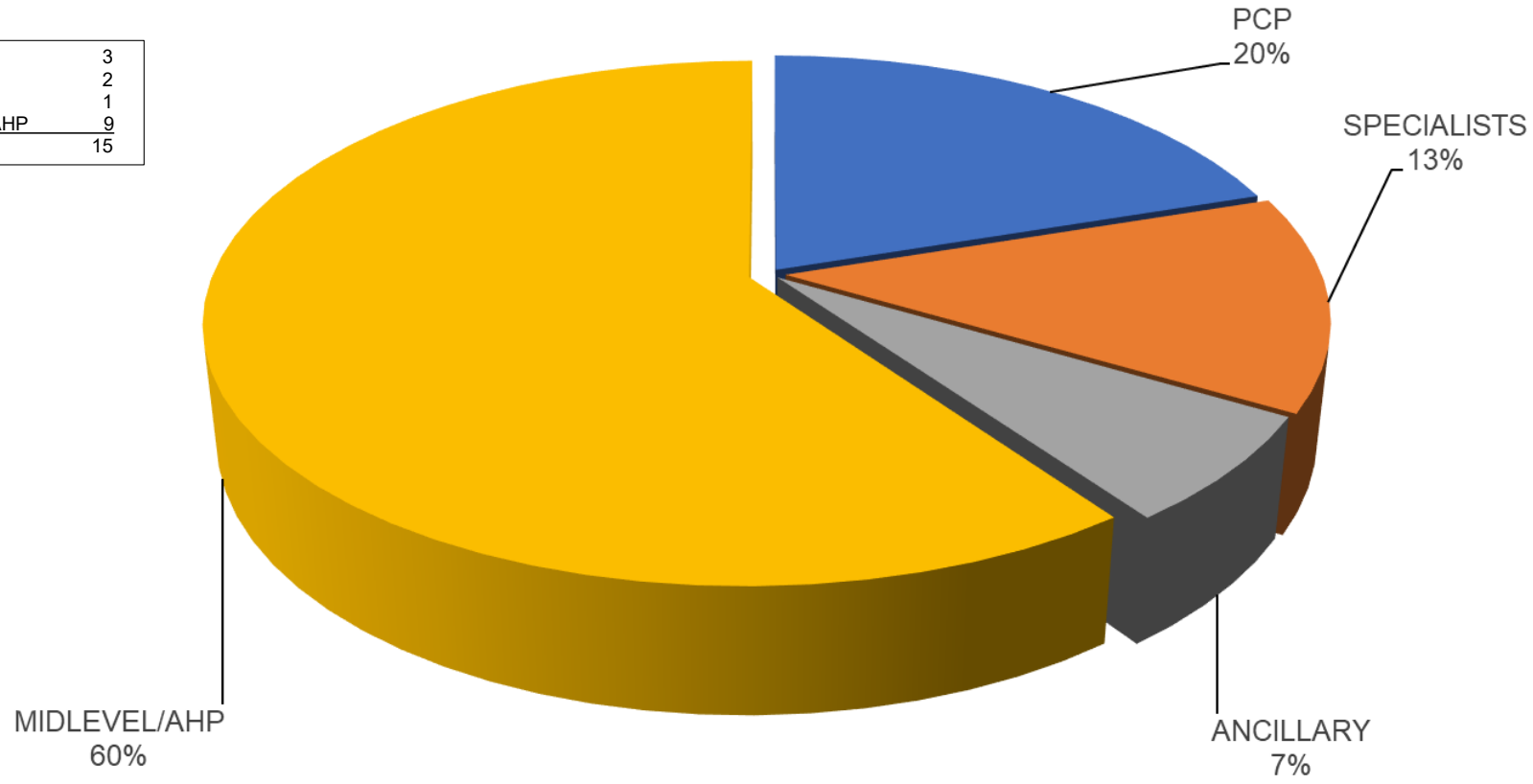
February 2022 Employee Metrics

	4	
File Processing	Timely processing within 3 days of receipt	Y
Credentialing Accuracy	<3% error rate	Y
DHCS, DMHC, CMS, NCQA Compliant	98%	Y
MBC Monitoring	Timely processing within 3 days of receipt	Y

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Benitez	Fredalyne	Ancillary	INITIAL	2/15/2022
Grewal	Navjot	Specialist	INITIAL	2/15/2022
Hanavan	Caitlin	Allied Health	INITIAL	2/15/2022
Lagman	Jacqueline	Allied Health	INITIAL	2/15/2022
Makhija	Shilpa	Allied Health	INITIAL	2/15/2022
Mancuso	Kristin	Allied Health	INITIAL	2/15/2022
Nguyen	Uyen	Primary Care Physician	INITIAL	2/15/2022
Rahman	Sarah	Primary Care Physician	INITIAL	2/15/2022
Rowe	Aimee	Allied Health	INITIAL	2/15/2022
Sadeh	Sivan	Allied Health	INITIAL	2/15/2022
Sclafani	Jessica	Allied Health	INITIAL	2/15/2022
Snavely	Michael	Primary Care Physician	INITIAL	2/15/2022
Sung	Michael	Specialist	INITIAL	2/15/2022
Taylor	Brittany	Allied Health	INITIAL	2/15/2022
Wiest	RaeLynne	Allied Health	INITIAL	2/15/2022
Arnesty	Janet	Primary Care Physician	RECRED	2/15/2022
Asfour	Fareed	Specialist	RECRED	2/15/2022
Chan	Edward	Primary Care Physician	RECRED	2/15/2022
Cheng	Joseph	Specialist	RECRED	2/15/2022
Clanon	Kathleen	Primary Care Physician	RECRED	2/15/2022
Daly	Sabra	Allied Health	RECRED	2/15/2022
Davis	Maisha	Primary Care Physician	RECRED	2/15/2022
Davis-Marten	Rita	Allied Health	RECRED	2/15/2022
Eichel	James	Primary Care Physician	RECRED	2/15/2022
Eisenberg	Emily	Allied Health	RECRED	2/15/2022
Estakhri	Mary	Specialist	RECRED	2/15/2022
Flores	Joan	Allied Health	RECRED	2/15/2022
Gray	Gia	Primary Care Physician	RECRED	2/15/2022
Gupta	Anurag	Specialist	RECRED	2/15/2022
Ibrahimi	Said	Specialist	RECRED	2/15/2022
Jacolbia	Ronald	Allied Health	RECRED	2/15/2022
Jones	Sharon	Primary Care Physician	RECRED	2/15/2022
Kong	Li	Specialist	RECRED	2/15/2022
Lin	Jennifer	Primary Care Physician	RECRED	2/15/2022
McEntee	Rebecca	Primary Care Physician	RECRED	2/15/2022
Moser	Meg	Allied Health	RECRED	2/15/2022
Motamed	Soheil	Specialist	RECRED	2/15/2022
Mouratoff	John	Specialist	RECRED	2/15/2022
Nair	Archana	Primary Care Physician	RECRED	2/15/2022
Novotny	Ava	Allied Health	RECRED	2/15/2022
Pampalone	Ingrid	Allied Health	RECRED	2/15/2022
Salzman	John	Specialist	RECRED	2/15/2022
Saxena	Meeta	Primary Care Physician	RECRED	2/15/2022
Searls	Gwynne	Allied Health	RECRED	2/15/2022
Sengupta	Geetika	Primary Care Physician	RECRED	2/15/2022
Solano-Rojas	Natalia	Ancillary	RECRED	2/15/2022
Stanten	Steven	Specialist	RECRED	2/15/2022
Tang	Michele	Specialist	RECRED	2/15/2022
Valencia	Benito	Primary Care Physician	RECRED	2/15/2022
Valjalo	Elizabeth	Allied Health	RECRED	2/15/2022
Wu	Monte	Specialist	RECRED	2/15/2022
Yeung	Kevin	Ancillary	RECRED	2/15/2022
Zhu	Li	Primary Care Physician	RECRED	2/15/2022

FEBRUARY PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY

PCP	3
Specialists	2
Ancillary	1
MIDLEVEL/AHP	9
Total	15



Provider Dispute Resolution
January 2022 and February 2022

METRICS

PDR Compliance	Jan-22	Feb-22
# of PDRs Resolved	936	815
# Resolved Within 45 Working Days	932	815
% of PDRs Resolved Within 45 Working Days	99.6%	100.0%

PDRs Received	Jan-22	Feb-22
# of PDRs Received	563	709
PDR Volume Total	**563**	**709**

PDRs Resolved	Jan-22	Feb-22
# of PDRs Upheld	695	580
% of PDRs Upheld	74%	71%
# of PDRs Overturned	241	235
% of PDRs Overturned	26%	29%
Total # of PDRs Resolved	**936**	**815**

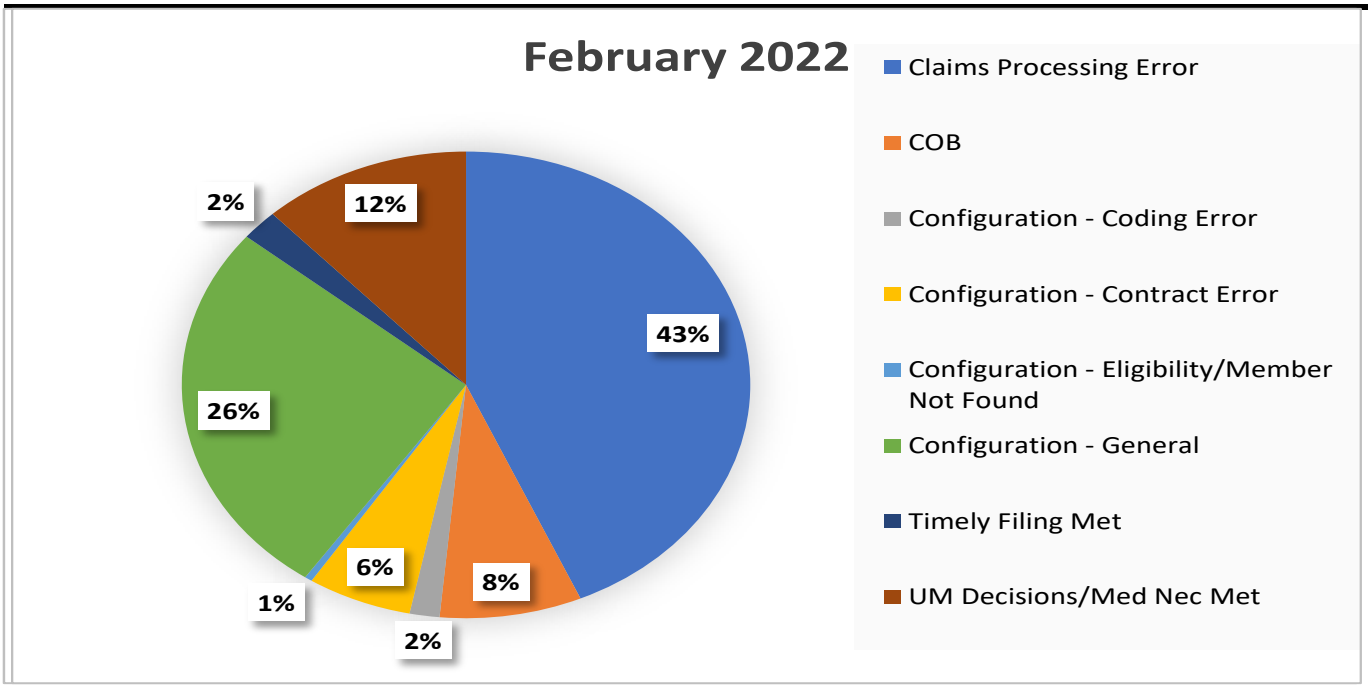
Average Turnaround Time	Jan-22	Feb-22
Average # of Days to Resolve PDRs	37	31
Oldest Unresolved PDR in Days	43	45

Unresolved PDR Age	Jan-22	Feb-22
0-45 Working Days	976	905
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**976**	**905**

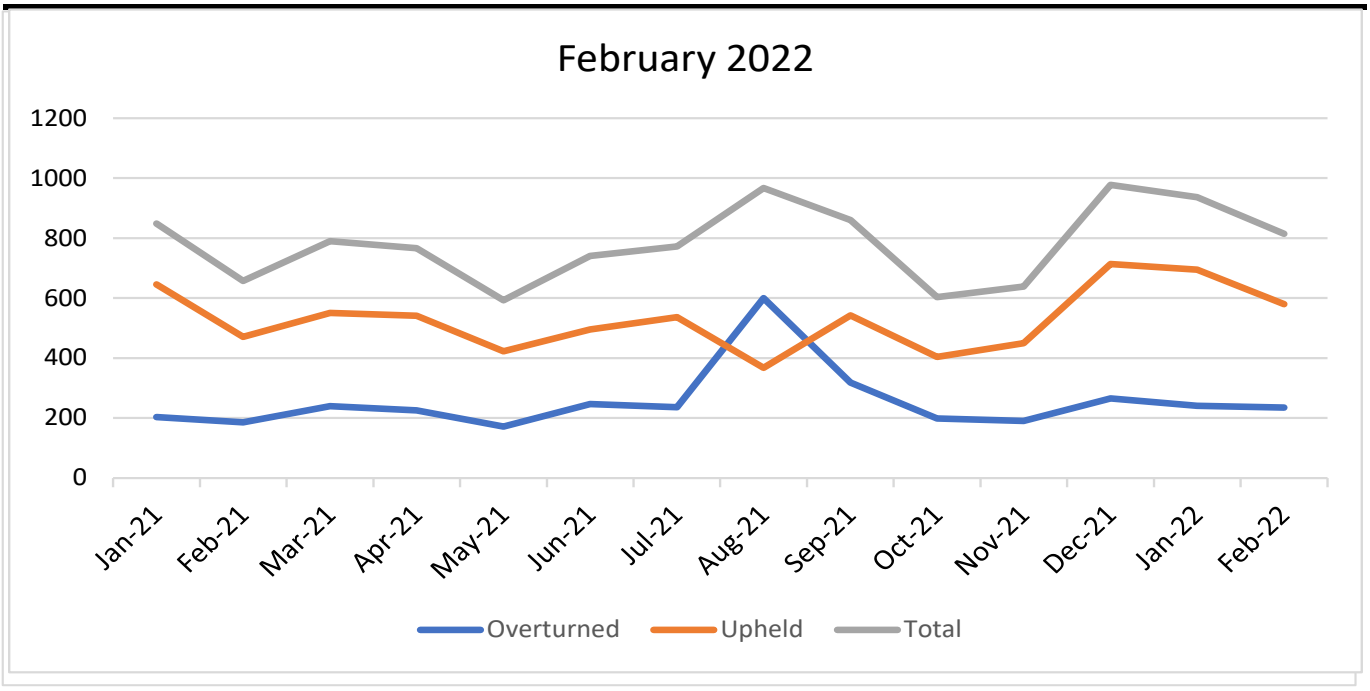
Provider Dispute Resolution
January 2022 and February 2022

Feb-22

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



During **February 2022**, the Alliance completed **368**-member orientation outreach calls and conducted **104** member orientations by phone (**28%** member participation rate). In addition, in **February 2022**, the Outreach team completed **77** Alliance website inquiries.

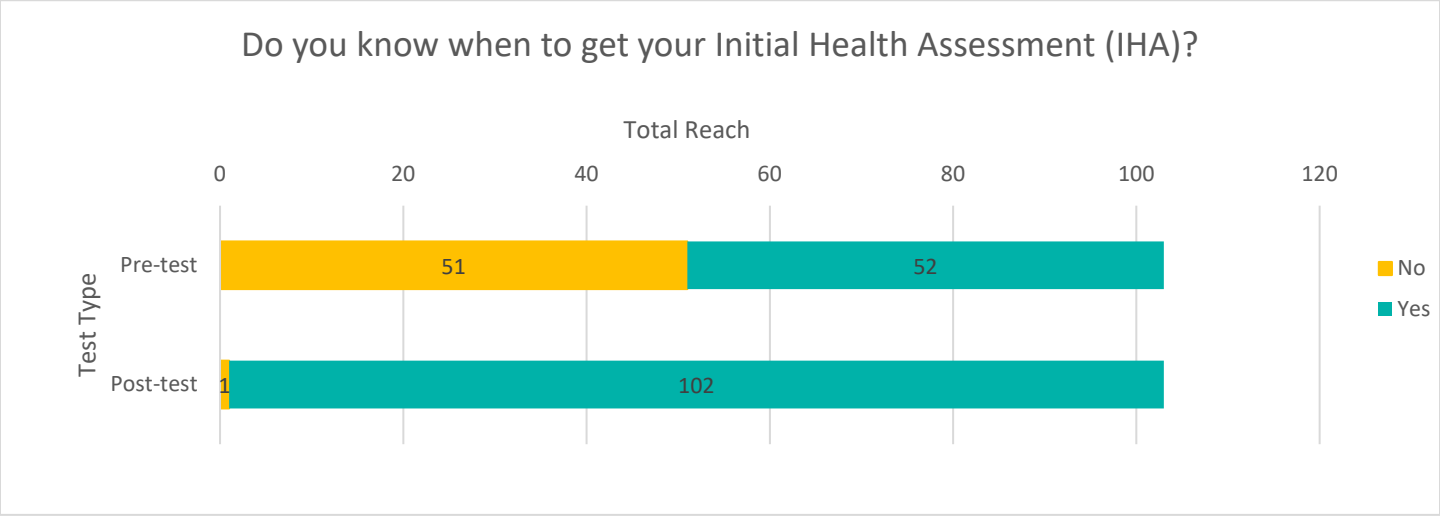
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late **February 2018**. Since **July 2018**, **24,796** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16th, 2020**, the Alliance began assisting members by phone, 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 18th, 2020,** the Alliance began conducting member orientations by phone. As of **February 28th, 2022**, the Outreach Team completed **17,567**-member orientation outreach calls and conducted **4,971** member orientations (**28%-**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 **February 1st, through February 28th, 2022** (**19** working days) – **104** net new members completed a MO by phone.

After completing a MO **99%** of members who completed the post-test survey in **February 2022** reported knowing when to get their IHA, compared to only **50.5%** 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\Q3\2. February 2022**

FY 2020-2021 FEBRUARY 2021 TOTALS

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

18 CITIES

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

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

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2021-2022 FEBRUARY 2022 TOTALS

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

14 CITIES*

Alameda
Berkeley
Castro Valley
Dublin
Fremont
Hayward
Livermore
Los Angeles
Newark
Oakland
Pleasanton
San Leandro
San Lorenzo
Union City

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

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

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

Compliance

Richard Golfin III

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

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

Date: **March 11th, 2022**

Subject: **Compliance Division Report**

Compliance Audit Updates

- 2022 DHCS Routine Medical Survey:
  - On January 3rd, 2022, the DHCS sent notice of the 2022 DHCS Routine Medical Survey. The audit will be conducted from April 4th, 2022, through April 15th, 2022. The review period is April 1st, 2021, through March 31st, 2022. The Plan will be evaluated in the following areas:
    - Utilization Management;
    - Case Management & Care Coordination;
    - Access & Availability;
    - Member's Rights & Responsibilities;
    - Quality Improvement System, and;
    - Organization and Administration.
  - The Plan's Pre-Audit submission was completed and sent to the DHCS on February 14th, 2022. The Compliance Department will conduct a series of Mock Interview Sessions with Plan staff from March 23 – April 1, 2022. Staff anticipate a series of 10-mock audit interviews lasting from 1 – 2 hours each.

- 2022 DMHC Routine Financial Examination (Audit):
  - On February 25th, 2022, the DMHC sent notice to the Plan of the 2022 DMHC Routine Financial Examination beginning August 15th, 2022. The audit will review the Plan's fiscal and administrative affairs. Other than to mark the date of the review, no additional details were provided.

- 2021 DMHC Full Medical Survey:
  - On November 13th, 2020, the DMHC sent notice to the Plan of the 2021 DMHC Routine Medical Survey beginning April 12th, 2021. DMHC conducted virtual audit interviews on April 13th, 2021, through April 16th, 2021, however no audit report has been received to date.

- 2020 DHCS Kindred Focused Audit:
  - On October 23rd, 2020, the DHCS sent notice to the Plan of a focused audit involving the Plan's delegate, CHCN, and Kindred facilities. On March 5th, 2021, the DHCS issued the Final Audit Report and Corrective Action Plan (CAP). The Plan submitted its CAP response and available supporting documents to the DHCS on April 6th, 2021. The Plan is currently tracking

towards its stated CAP milestones. Audits of the Plan and its applicable delegate's Concurrent Review Process and Notice of Action letters will continue through Q1 2022.

Delegation Oversight Audit Activity Updates

- During the summer of 2021, Kaiser Foundation Health Plan, in collaboration with Northern California Medi-Cal Health Plans, received a Joint Annual Delegation Oversight Audit. The Audit is complete, and the Preliminary Audit Findings were provided to Kaiser on October 29th, 2021. The Final Audit Report is expected to be provided to Kaiser by the end of Q1 2022.

- On November 2nd, 2021, the Plan sent notice to CFMG of the Plan's annual delegation oversight audit for the Medi-Cal line of business. The virtual audit took place December 14th through December 16th, 2021. The final Audit Report was sent to CFMG on March 1st, 2022. There were a total of 7 Findings – 5 were related to Utilization Management and 2 were related to Compliance.

- On December 6th, 2021, the Plan sent notice to Beacon of the Plan's annual delegation oversight audit for the Medi-Cal and IHSS lines of business. The virtual audit took place January 18th through January 20th, 2022. Due to the 2022 DHCS Routine Medical Survey, issuance of the final findings has been delayed. The Final Audit Report is expected May 6th, 2022.

- On December 17th, 2021, the Plan sent notice to CHCN of the Plan's annual delegation oversight audit for the Medi-Cal and IHSS lines of business. The virtual took place from February 8th through February 9th, 2022. Due to the 2022 DHCS Routine Medical Survey, issuance of the final findings has been delayed. The Final Audit Report is expected May 6th, 2022.

  On January 18th, 2022, the Plan sent notice to ModivCare of the Plan's annual delegation oversight audit for the Medi-Cal line of business. The virtual audit took place on March 9th, 2022. The Final Audit Report is scheduled to be provided to ModivCare by May 13th, 2022.

Compliance Activity Updates

- DMHC Measurement Year (MY) 2021 Timely Access Survey:
  - The DMHC requires health plans to measure timely access in an annual assessment, due to the Department by March 31st of each year. The annual submission is a multi-departmental effort that takes more than 8-weeks to complete. As of March 4, 2022, the Plan is approximately 20% complete. The Plan expects to complete its submission to the DMHC by March 31st, 2022, as is required by statute.

Compliance

Supporting Documents

2022 APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
1	DMHC	22-001	1/4/2022	LARGE GROUP RENEWAL NOTICE REQUIREMENTS	MEDI-CAL	California Health and Safety Code (HSC) section 1374.21, subdivision (a)(2) requires all commercial full-service health care service plans (“plans”) to comply with disclosure requirements relating to large group renewal notices. Specifically, no change in premium rates or changes in coverage stated in a large group health care service plan contract shall become effective unless the plan has delivered in writing a notice indicating the change or changes at least 120 days prior to the contract renewal effective date.
2	DHCS	22-001	1/11/2022	2022-2023 MEDI-CAL MANAGED CARE HEALTH PLAN MEDS/834 CUTOFF AND PROCESSING SCHEDULE	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the 2022-2023 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule.
3	DMHC	22-002	1/19/2022	HOSPITAL BLOCK TRANSFER FILINGS FOR PPO ENROLLEES	MEDI-CAL	The Department of Managed Health Care is reminding health care service plans to comply with the Block Transfer filing and notice requirements applicable to hospital contract terminations affecting PPO enrollees. The block transfer statute and regulation is not limited in applicability to a particular product type and therefore applies to PPO products. Accordingly, health plans shall submit a Block Transfer filing for hospital contract terminations that will result in the redirection of 2,000 or more PPO enrollees (or PPO combined with other lines of business).
4	DMHC	22-003	1/21/2022	ASSEMBLY BILL 457 PROTECTION OF PATIENT CHOICE IN TELEHEALTH PROVIDER ACT	GROUP CARE	On October 1, 2021, Governor Gavin Newsom signed AB 457, which amends Section 1374.14 and adds Section 1374.141. Section 1374.141 requires a plan to meet certain conditions if it offers telehealth services to an enrollee through a third-party corporate telehealth provider. AB 457 also requires a plan that provides services to an enrollee through a third-party corporate telehealth provider to (a) notify the enrollee of their right to access their medical records, (b) share the records of any telehealth services provided with the enrollee’s PCP, (c) ensure such records are shared with the enrollee’s PCP unless the enrollee objects, and (d) notify the enrollee that all services received through the thirdparty corporate telehealth provider are available at in-network cost-sharing and all costsharing shall accrue to the out-of-pocket maximum and deductible (if any).
5	DMHC	22-004	1/21/2022	ASSEMBLY BILL 347 STEP THERAPY EXCEPTION COVERAGE GUIDANCE	MEDI-CAL & GROUP CARE	On October 9, 2021, Governor Gavin Newsom signed Assembly Bill (AB) 347. AB 347 requires health care service plans (health plans or plans), effective January 1, 2022, to expeditiously grant step therapy exceptions within specified time periods when use of the prescription drug required under step therapy is inconsistent with good professional practice. AB 347 also permits providers to appeal a health plan’s denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request.
6	DMHC	22-005	1/25/2022	FEDERAL REQUIREMENT TO COVER AT-HOME COVID-19 TESTS PURCHASED OVER-THE COUNTER	GROUP CARE	On January 10, 2022, the federal Departments of Labor, Health and Human Services,and the Treasury issued guidance regarding commercial health plan coverage of athome, over-the-counter COVID-19 tests (OTC COVID-19 tests) authorized by the U.S. Food and Drug Administration.
7	DMHC	22-006	2/1/2022	PLAN YEAR 2023 QHP AND QDP FILING REQUIREMENTS	MEDI-CAL & GROUP CARE	The DMHC offers current and prospective Qualified Health and Dentla Plans, Covered California for Small Business Issuers, and health plans offering non-grandfathered Individual and Small Group product(s) outside of the California Health Benefit Exchange (Covered Calfornia), guidance to assist in the preparation of Plan Year 2023 regulatory submissions, in compliance with Knox-Keene Act at California Health and Safety Code Sections 1340.

ALAMEDA Alliance FOR HEALTH

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

Health Care Services

Steve O'Brien, MD

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

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

Date: **March 11th, 2022**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- DHCS 2022 audit: Pre-audit documents requests have been received from DHCS, and the team has submitted all requested documents and case files for review by DHCS.

- DHCS 2021 audit response: Action Plans on UM findings from the DHCS audit are being monitored and reported at UM Committee, demonstrating sustained compliance with the requirements.

- NCQA 2022: UM team is gathering documents that address the NCQA UM standards for submission to NCQA in June 2022.

- Progress continues UM/Claims/Configuration alignment. This standardization improves accuracy and timeliness of claims payment through appropriate data integration between the authorization process and the claims processing.

- OP UM has implemented the carve in of Major Organ Transplant/Bone Marrow Transplant (MOT/BMT) as of 1/1/2022 go live. Iterative process improvements are occurring to ensure that the care of these most vulnerable and complex members is coordinated across settings.

- Process enhancements to our relationship with CCS are underway to integrate into the larger EPSDT strategy. Reports on shared members and workflows are being developed and will be used to enhance the care coordination between AAH and CCS on our mutual members under age 21.

- Turn-Around-Times and Denial Rates have remained steady over the past months, ensuring that members received their authorizations timely, and are usually approved.

Outpatient Authorization Denial Rates			
Denial Rate Type	**Dec 2021**	**Jan 2022**	**Feb 2022**
Overall Denial Rate	**4.8%**	**3.9%**	**3.6%**
Denial Rate Excluding Partial Denials	**4.2%**	**3.3%**	**3.1%**
Partial Denial Rate	**0.6%**	**0.7%**	**0.6%**

Turn Around Time Compliance			
Line of Business	**Dec 2021**	**Jan 2022**	**Feb 2022**
Overall	**98%**	**97%**	**98%**
Medi-Cal	**98%**	**97%**	**98%**
IHSS	**98%**	**99%**	**100%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- Inpatient department continues to track COVID admissions: COVID admissions due to the Omicron variant had spiked higher than the summer surge, but have dropped down, consistent with Alameda County data. The average length of stay of COVID admissions has also dropped, and there are fewer Intensive Care days than in the earlier time periods.

- Weekly complex/long stay patient rounds continue with partner hospitals with a goal of removing barriers to discharge. The focus of these rounds is on members with catastrophic injury or illness, longer lengths of stay, and patients with challenging barriers to placement. Case Management attends rounds to provide recommendations for post hospital care and identify referrals early in the process.

- Readmission reduction: CM continuing to collaborate with hospital partners and with their community-based TOC programs to focus on readmission reduction, which aligns with their readmission reduction goals. Data on readmission drivers is being developed to focus efforts.

- The IP team is developing workflows and standard work to manage members with catastrophic illness or injury, to ensure that they receive high quality, timely care in the right setting.

- AAH is engaging with CHCN to fund the Care Transition RN program to facilitate access to follow up care with the FQHC clinics and referrals for ongoing care after hospitalization. This initiative extends the reach of the TOC program to more hospitals.

Inpatient Med-Surg Utilization to Update Total All Aid Categories Actuals (excludes Maternity)			
Metric	**Nov 2021**	**Dec 2021**	**Jan 2022**
Authorized LOS	**5.6**	**5.5**	**5.0**
Admits/1,000	**51.4**	**56.7**	**51.9**
Days/1,000	**288.3**	**312.5**	**260.3**

Pharmacy

- Pharmacy Services process outpatient pharmacy prior authorizations (PA) for the IHSS line of business and has met turn-around time compliance for all lines of business.

Decisions	Number of PAs Processed
Approved	18
Denied	25
Closed	63
Total	**106**

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

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

Rank	Drug Name	Common Use	Common Denial Reason
1	JARDIANCE 25 MG TABLET	Diabetes	Criteria for approval not met
2	REPATHA 140 MG/ML SURECLICK	Hyperlipidemia	Criteria for approval not met
3	BASAGLAR 100 UNIT/ML KWIKPEN	Diabetes	Criteria for approval not met
4	OZEMPIC 0.25-0.5 MG/DOSE PEN	Diabetes	Criteria for approval not met
5	JARDIANCE 10 MG TABLET	Diabetes	Criteria for approval not met
6	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
7	BUPRENORPHINE 10 MCG/HR PATCH	Pain	Criteria for approval not met
8	AMITIZA 8 MCG CAPSULE	Irritable bowel syndrome	Criteria for approval not met
9	XIFAXAN 550 MG TABLET	Irritable bowel syndrome	Criteria for approval not met
10	BUPRENORPHINE 15 MCG/HR PATCH	Pain	Criteria for approval not met

- The Alameda Alliance for Health (AAH) Pharmacy Department has successfully carried out Medi-Cal RX go-live as of 1/1/2022 and continues to serve its members with the same high standards of care.
    - The AAH has been communicating with its Medi-Cal providers to keep them up to date via fax blast, quarterly packets and through its provider portal to help ensure that they have the most updated information as things evolve with Carve Out.
    - Additionally, there have been internal communications and trainings executed by the pharmacy department throughout AAH to keep each one of its employees well trained on the latest changes – which ultimately helps keep everyone well equipped when dealing with questions from providers, pharmacies, and members.
    - The AAH Pharmacy department is collaborating with the IT and analytics department to organize the data we receive from the state in useable report formats that allow us to execute clinical initiatives to help better serve our Medi-Cal members.
    - We are also in close communication with Magellan and DHCS on resolving any recurring or outstanding issues that arise when dealing with this new transition, which are largely on the Pharmacy Benefit Administrator's side thus far (i.e., Magellan) to help echo any concerns that are trending within our provider and member community with a goal to resolve issues as quickly as possible.

- The pharmacy department has been successfully growing its Transition of Care (TOC) clinical initiative from the early pilot stage to a fully functional workflow.
    - The AAH Pharmacy Department is working in collaboration with the Case Management Disease Management (CMDM) Department to continue to reduce the number of re-hospitalizations after members are discharged from hospitals through education to the member as well as filling potential gaps between providers and their patients.
    - This is an excellent opportunity for AAH to better serve its members in a way that not only improves their health outcomes but may also greatly reduce costs to the plan as well. The Pharmacy Department will continue to work with CMDM to further build out a program that will allow us to maximize its savings to the plan as well as improve the health outcomes of our members.

- As a result of an AAH population needs assessment, Pharmacy Services, QI, HealthEd and Case Management worked together to improve drug adherence for 200 Black adults with asthma between 21 to 44 years of age with asthma medication possession rate of 50% or below.
    - Our poster Presentation for 2022 CMS Quality Conference Virtual Gallery Walk has been completed and supported by MAC QI TA team as a part of CMS Asthma Affinity Group project.
    - We will also present our poster presentation to the DUR board meeting
    - Our 3rd group of member outreach calls are in progress to improve AMR (asthma medication ratio HEDIS) measures for this reported vulnerable population.
    - Smoking cessation survey questionnaire remains in effect for member outreach calls and TOC member cases.

- Pharmacy is leading initiatives on PAD focused internal and external partnership and biosimilar optimization (from July 2021 to December 2021).
    - Biosimilar utilization average was 69.1%.
    - Fiscal year savings were $910,985.
    - Savings per drug type were Oncology ($463), Immunology ($343k) drugs and White Blood Cell Stimulator ($101k).

- Pharmacy Services, Operations and Alameda County, and City of Alameda have collaborated with Haller's Pharmacy to have Mobile Booster Clinic on 1/29/2022. We vaccinated 318 people at Mastick Senior Center in Alameda for 12+ and third doses for immunocompromised individuals.

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. Major Organ Transplant (MOT) CM bundle was deployed on 1/1/22. MOT ramp up is occurring faster than anticipated, and the processes to support the members is working well. The next disease specific bundle to develop is for members requiring dialysis.

- Dialysis CM bundle work is commencing with collaboration with Davita. CM is communicating with Davita to open the communication channels to provide collaborative care coordinated efforts to impact our high-risk members.

- CalAIM Community Supports (CS): Policy and procedures and workflows have been configurated into TruCare CM software and staff trained on their roles so that the launch is successful. The CM team continues to staff the CS initiatives until CS staff are hired into the program.

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

- DHCS audit: Action Plans on CM findings from the DHCS audit is entering the monitoring phase after workflow improvement and staff training had been completed. Monitoring continues to demonstrate consistent compliance with requirements.

Case Type	New Cases Opened in Dec 2021	Total Open Cases as of Dec 2021	New Cases Opened in Jan 2022	Total Open Cases as of Jan 2022
Care Coordination	256	518	223	503
Complex Case Management	28	70	15	54
Transitions of Care (TOC)	258	485	262	525
Health Homes Program	1	411	0	0
Whole Person Care	6	211	0	0
ECM	0	0	TBD	1014

Health Homes Program (HHP) & Alameda County Care Connect (AC3) Closure and Launch of Enhanced Case Management and Community Supports Services

- Enhanced Case Management (ECM): Members receiving HHP/WPC have been successfully moved to ECM and/or Community Support Services. The close work with former HHP, (now ECM or CS) providers continues to ensure the smooth transition of our members into the new program structure. Final work to close out the HHP/WPC programs is expected to be completed by the end of April, simultaneous to the provision of services in the new program.

- Community Supports, (CS) are services not typically provided by managed health plans, to be provided in lieu of higher cost medical services. The CS selections are focused on services to reduce unnecessary hospitalizations and ED visits. The six initial CS services launched on 1/1/2022 are:
    - Housing Navigation
    - Housing Deposits
    - Tenancy Sustaining Services
    - Medical Respite
    - Medically Tailored/Supportive meals
    - Asthma Remediation

- Work with community providers to operationalize the six services was completed for the initial 1/1/2022 launch, including contracting, workflows, and authorization processes. Members are starting to receive services through the program, and outcomes will be closely tracked and reported to the State.

Community Supports	Services Started in Jan 2021	Services Started in Feb 2021
Housing Navigation	8	10
Housing Deposits	0	1
Housing Tenancy	4	13
Asthma Remediation	1	5
Meals	25	13
Medical Respite	10	1*

* Medical respites were closed to new patients for much of February due to COVID outbreaks

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes; however, standard grievances and expedited grievances were not resolved within the goal of 95% below.
    - Standard Grievances: Due to the decrease of cases received in January and February the G&A Department had to the opportunity to do a system clean up, we closed all out of compliance cases that were still open from 2022 resulting in a low compliance rate of 93.9% for the month of February, though an increase from the following month at 91.8%. In addition, the G&A team have been without a G&A Manager for the month on February, the position will be filled in March.
    - Expedited Grievances: Cases were incorrectly logged upon intake and processed as standard grievances; these cases should have been treated as expedited grievances and managed within required timeframes.
        - 2 out of the 3 cases were out of compliance. The one case was originally logged as standard and then identified as expedited by the G&A Department after the 72-hour timeframe for resolution had passed.
            - Action: Staff training has been provided that explains the process for identifying and logging expedited cases.

- Total grievances resolved in February were 4.52 complaints per 1,000 members.

- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of February 2022; we did meet our goal at 0.0% overturn rate.

February 2022 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	464	30 Calendar Days	95% compliance within standard	436	93.9%	1.52
Expedited Grievance	3	72 Hours	95% compliance within standard	1	33.3%	0.009
Exempt Grievance	888	Next Business Day	95% compliance within standard	888	100.0%	2.92
Standard Appeal	22	30 Calendar Days	95% compliance within standard	22	100.0%	0.07
Expedited Appeal	0	72 Hours	95% compliance within standard	0	NA	NA
Total Cases:	1,377		95% compliance within standard	1,347	97.8%	4.52

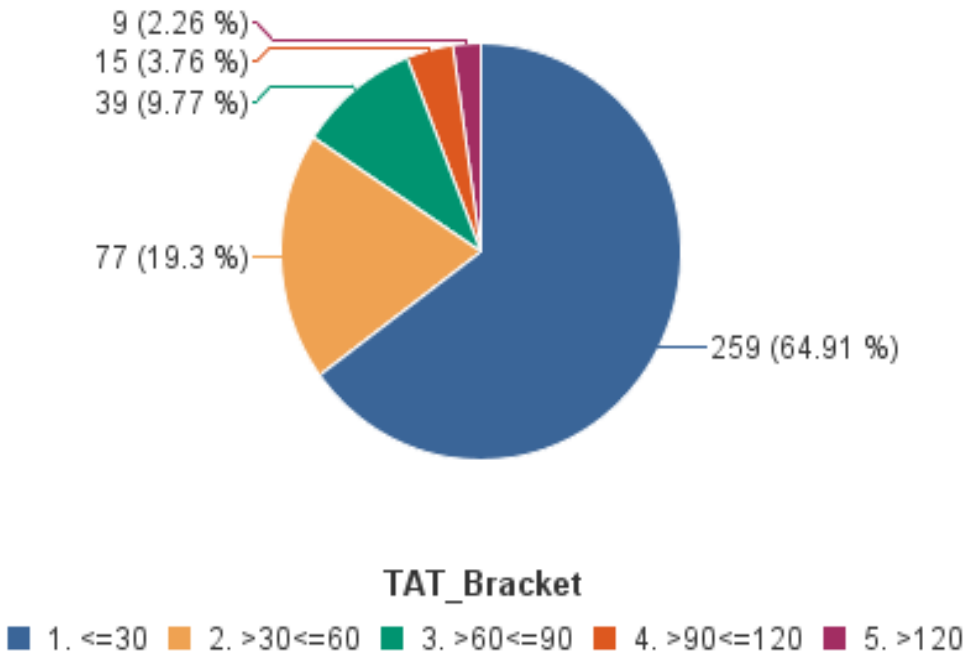
*Calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.

- Compliance Rate: 304437
    - The compliance rate for the month of February was still below our threshold because we were still closing our all out of compliance cases that were still open from 2021. We had the opportunity in January and February because of the decrease of cases to focus on those cases and to ensure that all the cases that were being received since 01/01/2022 were resolved within our regulatory time frames.
    - The G&A Department is now fully staffed with the budgeted 8 coordinators who are not managing a caseload of 50 cases each compared to the possible caseload of up to 100 cases that they were processing in 2022. However, the team was without a Manager for February, without the day to day focused supervision some cases have gone out of compliance.

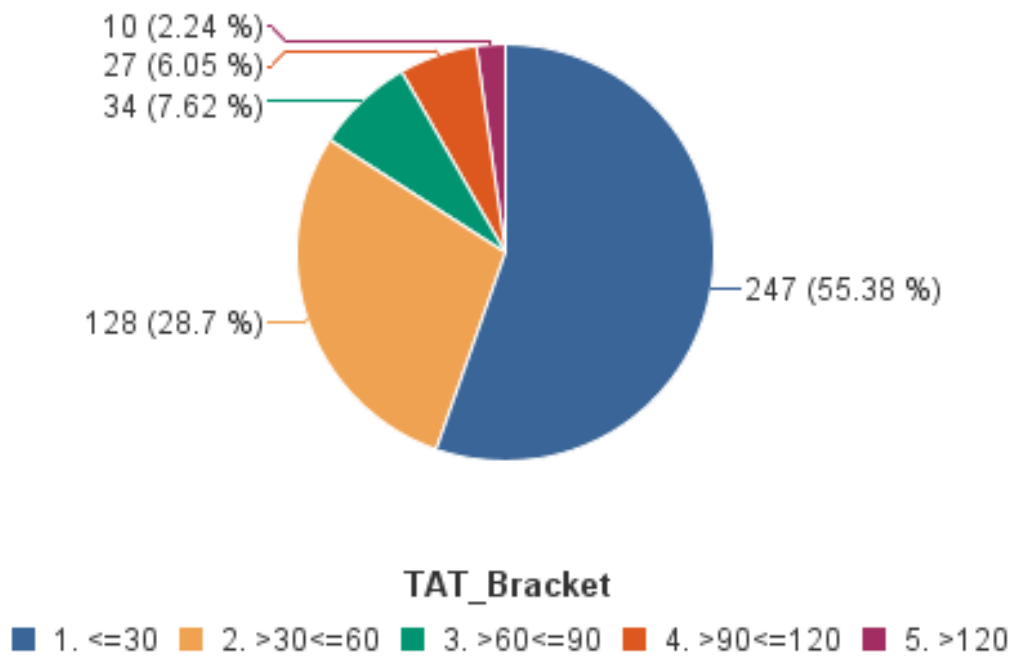
Quality

- Potential Quality Issues: Quality continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our aging report month to month goal is closure of PQIs within 120 days from receipt to resolution via nurse investigation and procurement of medical records. PQI cases > 120 days remained stable at 2.25% from January to February 2022, with a noted increase of 47 cases in February compared January. Cases >120 days are primarily related to delay in submission of medical records by specific providers. Quality continues to work with providers to identify operation barriers in medical record procurement to maintain a TAT goal of < 5% for cases >120 days. February TAT for cases at 90 days increased slightly by 2.29% due to temporary decrease in RN review nurse staffing.

PQI Aging Report as of 01/31/2022 N= 399



PQI Aging Report as of 02/28/2022 N= 446



After Hours Emergency and Access Report 2021

- Methodology: The Alliance After Hour survey vendor, SPH followed a phone-only protocol to administer the audit to the eligible provider population in September of 2021.

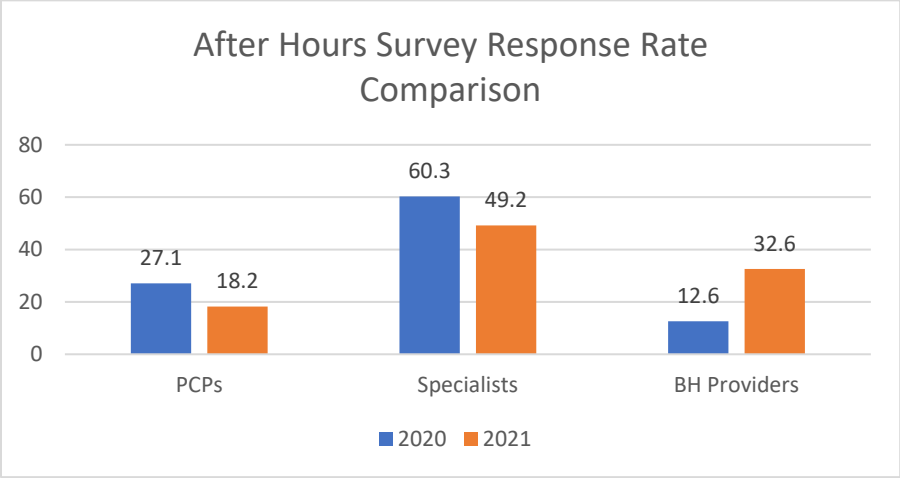
- The objective of the After-Hours Audit is to contact provider offices during close office hours (early morning, evening, or weekend hours) to audit the after-hours accessibility of the office. The results aid in determining if our provider network is adhering to the after-hours protocols developed by Alameda Alliance for Health. The audit ascertains the following:
    - Whether a recording/auto-attendant and/or a live person is reached after hours.
    - If a recording or auto-attendant is reached for the provider office, do the emergency instructions provided state the length of wait time for a return call from the provider.
    - If a live person is reached do the emergency instructions provided communicate the methods by which a provider or nurse can be reached and indicate length of wait time for a return call.

- **PCP, Specialists and Behavioral Health providers were surveyed.**

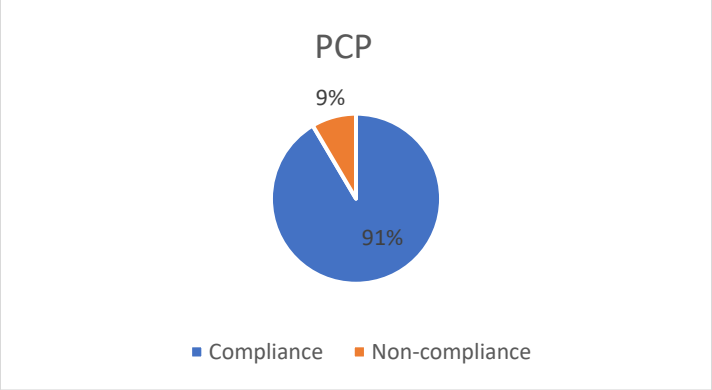
Provider Type	Number Surveyed
PCP	82
Specialists	222
BH Providers	147
Total	**451**

- **After Hours Survey Response Rate Comparison (2020 vs 2021)**
    - Number of survey respondents in 2020 = 350.
    - Number of survey respondents in 2021 = 451.
    - Year-over-Year Specialist providers have had the highest response rate to the survey.
    - BH providers response rate increased in 2021 from 2020 by 20%.

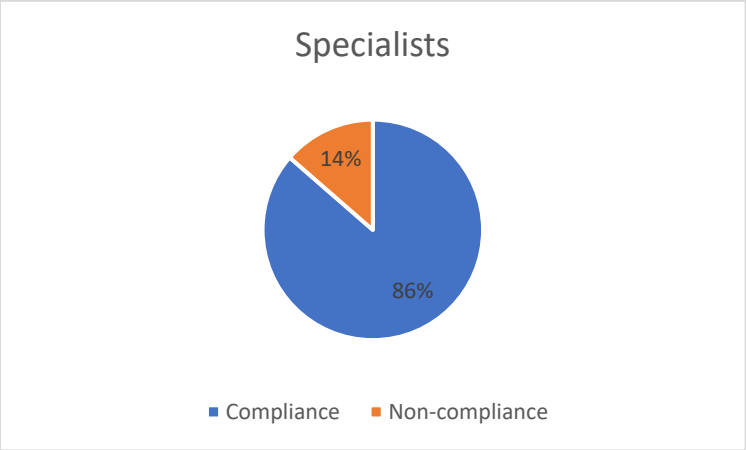
- PCPs and Specialist providers response rate in 2021 decreased from 2020 by 8.9% and 11.1% respectively.



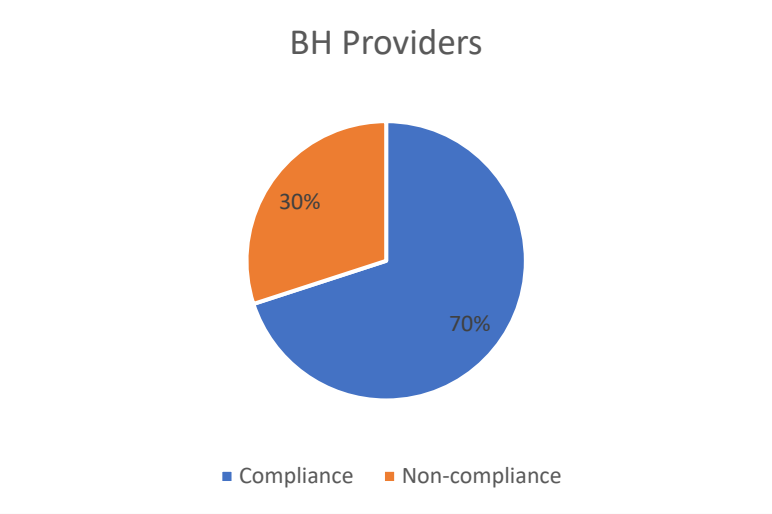
- **PCP**
  - Of the 82 providers surveyed, 75 were compliant.
  - Non-compliant providers = 7.
  - 2021 Compliance rate = 91.5%.
  - Goal = 80%. Exceeded.



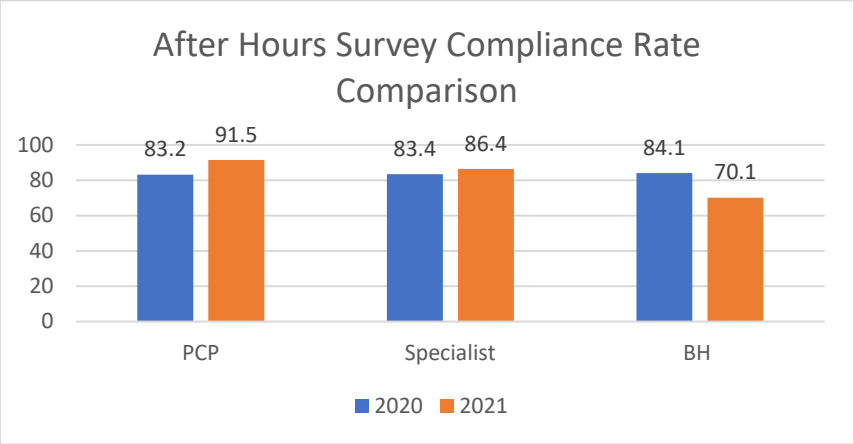
- **Specialists**
  - Of the 222 providers surveyed, 192 were compliant.
  - Non-compliant providers = 30.
  - 2021 compliance rate = 86.4%.
  - Goal = 80%. Exceeded.



- **Behavioral Health**
  - Of the 147 providers surveyed, 103 were compliant.
  - Non-compliant providers = 44.
  - 2021 Compliance rate = 70.1%.
  - Goal = 80%. Not Met.



- **After Hours Survey Compliance Rate Comparison (2020 vs 2021)**
  - PCPs had the highest level of compliance in the survey in 2021.
  - PCP and Specialist providers were the only provider groups that showed an increase in compliance in 2021.
  - 2021 compliance rate for BH providers decreased by 14% from 2020.



- **2021 After Hours Survey Non-Compliant Providers (Below 80% Goal)**

	AHS	Alliance	CFMG	CHCN	Beacon
PCP	0(1)	5(41)	2(23)	0(17)	0(0)
Specialist	0(2)	20(184)	10(34)	0(2)	0(0)
BH	0(0)	0(0)	0(0)	0(0)	44(147)
Grand Total Non-compliant	**0%**	**11%**	**21%**	**0%**	**30%**

**Number of providers surveyed for each group are enclosed in parenthesis.*

- Beacon providers had the highest number of non-compliant providers.

- **Providers with a Pattern of Non-compliance for Two Consecutive Years (2020 & 2021)**

	AHS	Alliance	CFMG	CHCN	Beacon
PCP	0	2	1	0	0
Specialist	0	7	2	0	0
BH	0	0	0	0	6

- Alliance (direct) providers had the highest numbers of non-compliance for two consecutive years.

- Next Action Steps
  - Share results with delegate and direct entities.
  - Share results with Provider Services and FSR staff to incorporate as part of provider and office staff education for identification of barriers to improvement opportunities.
  - Corrective Action Plans (CAPs) are sent to non-compliant providers.
  - CAPs are issued at the delegate level.
  - CAPs are issued at the direct provider level.

Information Technology

Sasikumar Karaiyan

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

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

Date: **March 11th, 2022**

Subject: **Information Technology Report**

Call Center System Availability

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

Office 365 Initiative

- The Alliance continues to enhance and expand the Microsoft Office 365 platform to the maximum potential as part of the cloud migration strategy. One of our goals is to move away from the silo operated platform to a consolidated shared services platform 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 newly updated capabilities.

- Microsoft Teams training and deployment phase has started and will continue throughout the month of February and is expected to complete by the end of March 2022.

- We have completed training and deployment for the pilot group which is 1/3 of the organization. Phase 1 training and deployment has been scheduled for the 2nd week of March 2022 and we anticipate completing all training and deployment by the end of the month.

    - **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 TEAMS will be integrated with our existing Cisco VOIP to allow for flexible voice communications without the use of physical phones.

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.

  The vendor procurement and implementation support contract has been executed and signed. The project kick-off has been scheduled for the 2nd week of March 2022.

IT Security Program

- IT Security 2.0 initiative is one of the Alliance's top priorities for fiscal year 2022. Our goal is to elevate and further improve our security posture, ensure that our network perimeter is secure from threats and vulnerabilities, and to improve and strengthen our security policies and procedures.

- This program will include multiple phases and remediation efforts are now in progress. 68% of all high-severity items have been completed and remediated and 32% are in the process of remediation.

  - **Key initiatives include:**

    - Remediating issues from security assessments. (e.g. Cyber, Microsoft Office 365, & Azure Cloud).

    - Create, update, and implement policies and procedures to operationalize and maintain security level after remediation.

    - Set up extended support for monitoring, alerting and supplementary support in cases of security issues.

- Implement Security Information and Event Management (SIEM) tool for the enterprise to provide real-time visibility across the organization's information security systems.

Encounter Data

- In the month of February 2022, the Alliance submitted 117 encounter files to the Department of Health Care Services (DHCS) with a total of 248,101 encounters.

Enrollment

- The Medi-Cal Enrollment file for the month of February 2022 was received and processed on time.

HealthSuite

- A total of 152,197 claims were processed in the month of February out of which 127,197 claims auto adjudicated. This sets the auto-adjudication rate for this period to 83.6%.

- Experienced a minor application service outage with HealthSuite on February 24th that lasted 1 hour and 45 minutes which declined the application availability down to 98.91% for the month of February 2022.

TruCare

- A total of 11,134 authorizations were loaded and processed in the TruCare application.

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

- IT has started the process of upgrade to TruCare 9.1 version. This upgrade is expected to go-live by June 2022. This version has additional features and is also compatible with Milliman Care Guideline v25. However, the plan is also to have the latest version of Milliman Care Guideline v26 by August 2022. Support for this version is being released by the vendor in July 2022.

Consumer and the Alliance Public Portal

- The provider and member consumer portal utilization for the month of January 2022 remains consistent with prior months.

- During the month of January 2022, the Provider portal has reached a new milestone i.e., check member eligibility utilization has reached 1 million times.

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 February 2022, the scope to add the Case Management data domains to the Data Warehouse was on hold due to focus on other mandate projects and the project is expected to resume in late March 2022.

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

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

- The Secure File Transfer Protocol (SFTP) Server Upgrade which is designed to expand its capabilities and provide redundancy for improved availability is now 100% completed. Final cleanup and decommission efforts of the old server has completed.

- Configuration and implementation of the Disaster Recovery (DR) environment for the new Secure File Transfer Protocol (SFTP) Server has been successfully completed in the last reporting period in February 2022.

- This project has been completed and the File Transfer Protocol Disaster Recovery (FTP DR) failover testing will be linked to the Disaster Recovery (DR) project which is anticipated to start by the 2nd week of March 2022.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medi-Cal and Group Care member enrollment in the month of February 2022”.
- Summary of Primary Care Physician (PCP) Auto-assignment in the month of February 2022”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of February 2022”.
- The following tables 1-1 and 1-2 are supporting documents from the enrollment summary section.

Table 1-1 Summary of Medi-Cal and Group Care Member enrollment in the month of February 2022

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
February	298,613	3,700	2,465	5,824	120	124

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

Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment For the Month of February 2022

Auto-Assignments	Member Count
Auto-assignments MC	4,087
Auto-assignments Expansion	3,795
Auto-assignments GC	45
PCP Changes (PCP Change Tool) Total	2,218

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of February 2022”.
- There were 11,134 authorizations processed into TruCare application.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

Table 2-1 Summary of TruCare Authorizations for the Month of February 2022

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
EDI	3,593	466	3,650
Paper to EDI	2,675	1,732	1,244
Provider Portal	2,123	383	1,995
Manual Entry			1,310
Total			8,199

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

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

Table 3-1 Web Portal Usage for the Month of January 2022

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	4,726	3,188	153,810	364
MCAL	80,107	3,227	8,298	1,285
IHSS	2,994	103	248	37
AAH Staff	160	45	802	4
Total	**87,987**	**6,563**	**163,158**	**1,690**

Table 3-2 Top Pages Viewed for the Month of January 2022

Top 25 Pages Viewed		
Category	**Page Name**	**January - 22**
Provider	Member Eligibility	1,168,462
Provider	Claim Status	140,222
Provider - authorizations	Auth Submit	6,676
Member My Care	Member Eligibility	4,769
Provider - authorizations	Auth Search	2,927
Member Help Resources	ID Card	2,642
Member Help Resources	Find a Doctor or Hospital	2,031
Member My Care	MC ID Card	1,427
Member Help Resources	Select or Change Your PCP	1,396
Provider	Member Roster	1,392
Member Help Resources	Request Kaiser as my Provider	1,015
Member My Care	My Claims Services	993
Provider - Provider Directory	Provider Directory	600
Member My Care	My Pharmacy Medication Benefits	590
Member My Care	Authorization	568
Provider	Pharmacy	403
Member Help Resources	FAQs	354
Provider - Home	Forms	322
Member My Care	Member Benefits Materials	317
Member Help Resources	Contact Us	269
Provider - Provider Directory	Instruction Guide	246
Member Help Resources	Forms Resources	232
Member My Care	My Pharmacy	230
Member Help Resources	Authorizations Referrals	223
Provider - Provider Directory	Manual	155

Table 3-3 Member Portal Preferred Language for the Month of January 2022

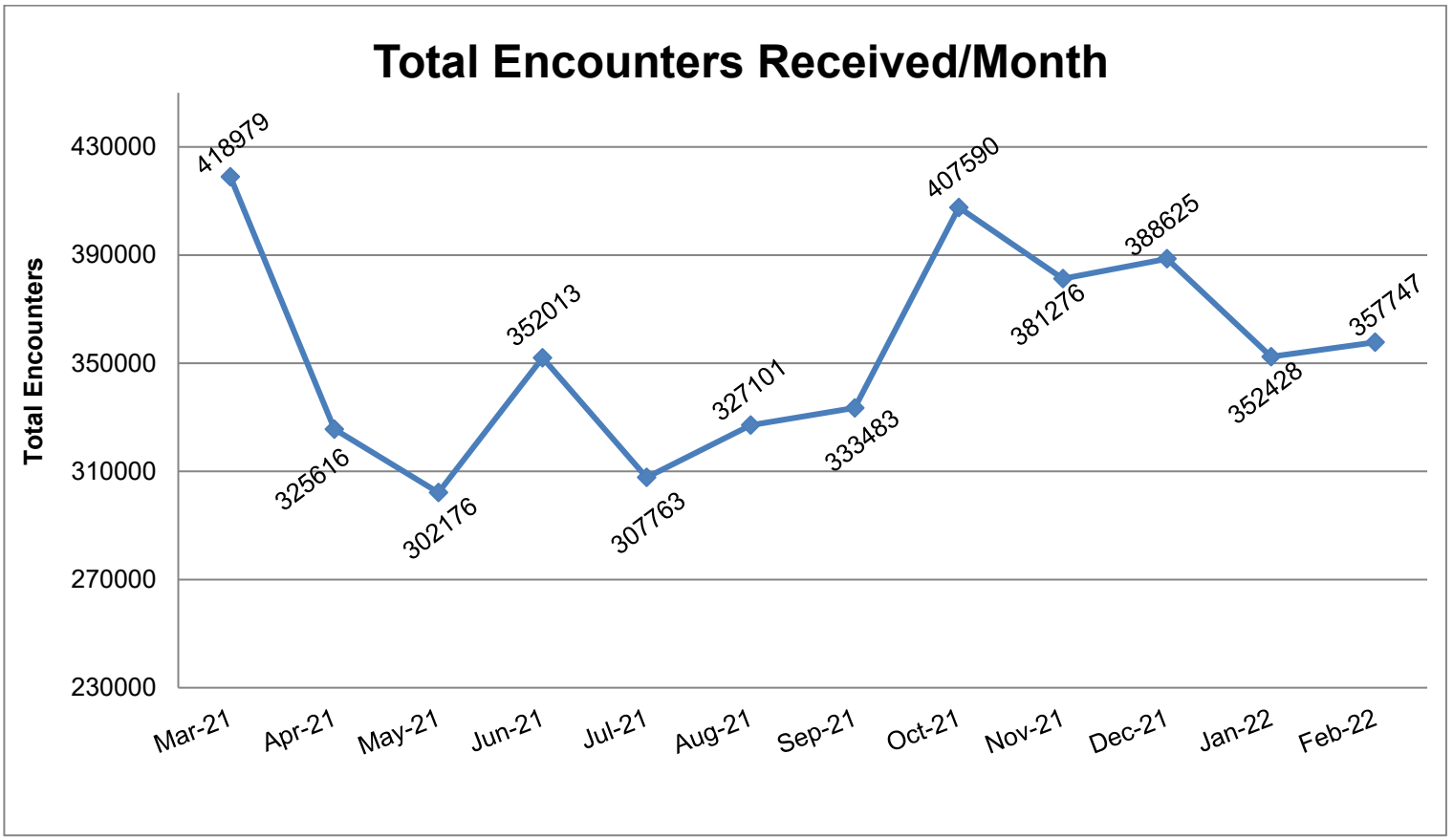
Member Portal Preferred Languages		
Member Group	**# of Individual User Accounts Accessed**	**Total Logins**
MCAL - English	3205	8240
MCAL - Spanish	9	25
MCAL - Vietnamese	0	0
MCAL - Tagalog	0	0
MCAL - Chinese	13	33
IHSS - English	101	241
IHSS - Spanish	1	2
IHSS - Vietnamese	0	0
IHSS - Tagalog	0	0
IHSS - Chinese	1	5
Total	**3,330**	**8,546**

Encounter Data from Trading Partners 2022

- **AHS**: February weekly files (5,630 records) were received on time.
- **BAC**: February monthly file (34 records) were received on time.
- **Beacon**: February weekly files (10,966 records) were received on time
- **CHCN**: February weekly files (77,276 records) were received on time.
- **CHME**: February monthly file (4,706 records) were received on time.
- **CFMG**: February weekly files (13,228 records) were received on time.
- **Docustream**: February monthly files (1,304 records) were received on time.
- **PerformRx**: February monthly files (327 records) were received on time.
- **Magellan**: February monthly files (272,137 records) were received on time.
- **Kaiser**: February bi-weekly files (52,179 records) and monthly Kaiser Pharmacy files (0 record) were received on time.
- **LogistiCare**: February weekly files (16,393 records) were received on time.
- **March Vision**: February monthly file (1,445 records) were received on time.
- **Quest Diagnostics**: February weekly files (12,121 records) were received on time.
- **Teladoc**: February monthly files (32 records) were received on time.

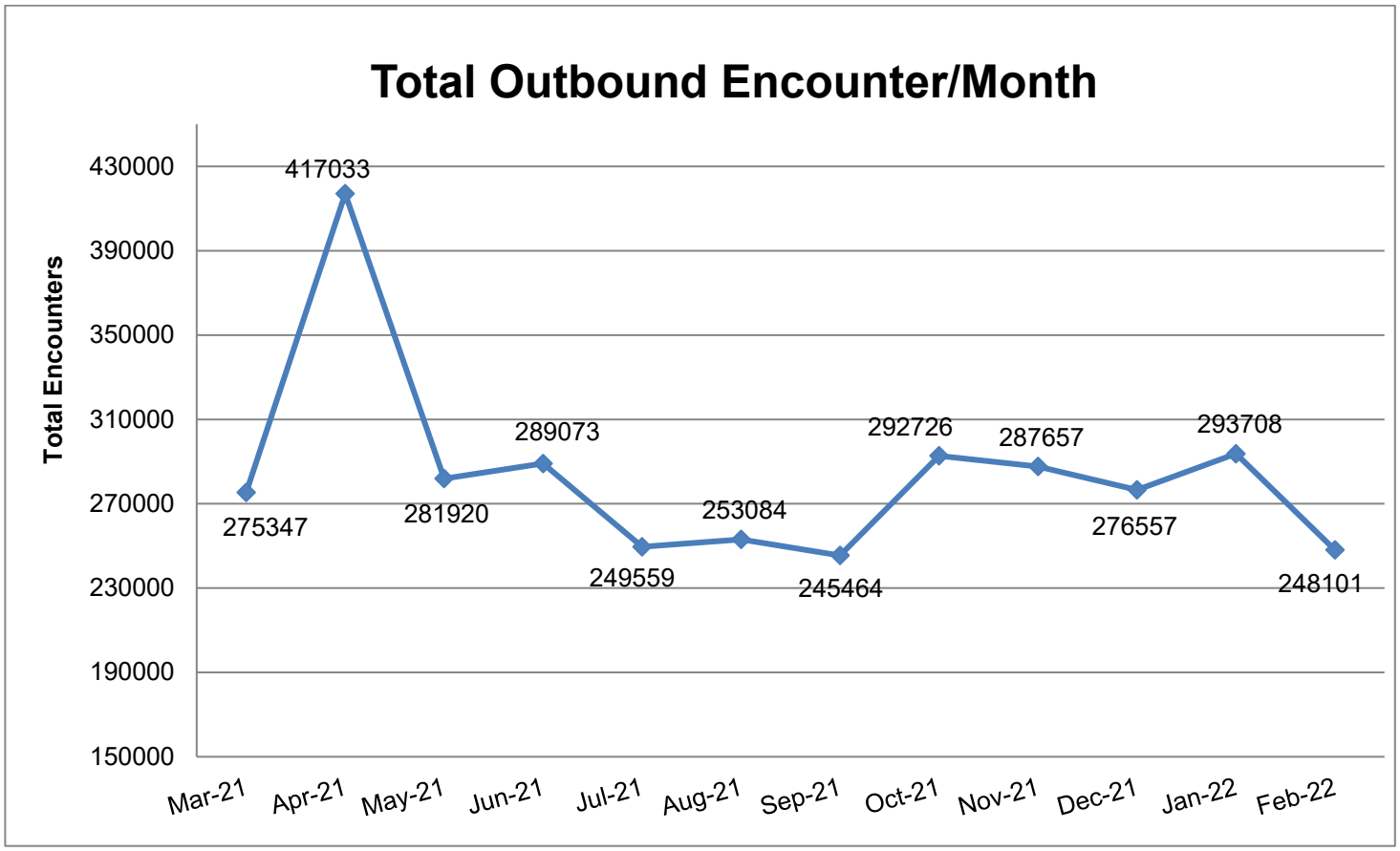
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
HealthSuite	143171	140678	129847	136687	133958	139079	159558	177483	167057	175441	162201	162433
AHS	9326	11166	9074	10138	8913	7869	7640	10625	8791	9314	6944	5630
BAC												34
Beacon	13002	19247	14951	17079	15236	13320	14618	13693	12456	14899	9796	10966
CHCN	89453	69080	66260	82211	63905	80862	60227	71581	99117	73269	75302	77276
CHME	5776	5497	4885	4700	4960	4926	5393	4814	5003	4908	9254	4706
Claimsnet	10905	8835	10834	8129	9774	7712	9880	15598	11032	12410	8643	13228
Docustream	935	1166	1445	1218	1296	1568	1594	1474	1185	1586	1703	1304
Kaiser	112545	39632	30039	60081	39398	35165	44366	75112	38085	63939	46458	52179
Logisticare	16924	12945	14399	15473	14415	17306	13803	16977	22403	17125	16536	16393
March Vision	2230	3156	3708	3306	3303	3531	3297	3377	3584	3220	2872	1445
Quest	14699	14203	16718	12979	12563	15746	13084	16841	12542	12494	12696	12121
Teladoc	13	11	16	12	42	17	23	15	21	20	23	32
Total	418979	325616	302176	352013	307763	327101	333483	407590	381276	388625	352428	357747



Outbound Medical Encounter Submission

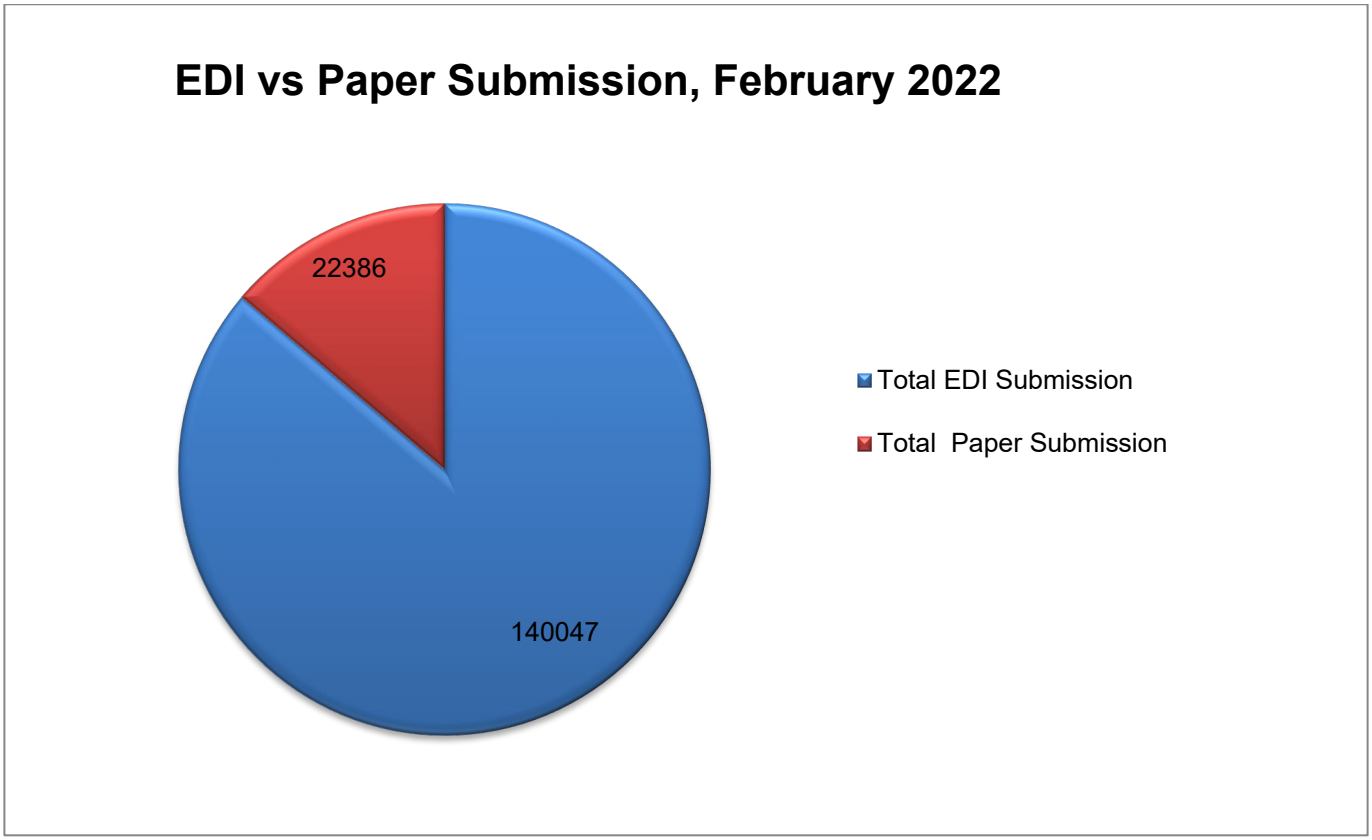
Trading Partners	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
HealthSuite	84220	216640	130885	128980	85346	109070	83690	100925	114507	95489	139452	97141
AHS	8655	8812	10762	9912	7163	9172	7476	10176	8541	7728	7943	5524
BAC												34
Beacon	10171	14881	12347	11746	12684	10959	9355	11423	9969	12659	7566	8140
CHCN	64275	49446	48573	58519	45338	46573	54958	49171	67383	49080	52531	44745
CHME	5283	5136	4767	4586	4753	4820	5280	4587	4849	4691	4496	4585
Claimsnet	7964	6489	8110	5993	5625	7335	7452	10829	7406	8465	6114	9917
Docustream	860	1070	1286	1016	1120	1273	1209	1094	981	1185	1176	66
Kaiser	59157	89295	29570	38443	59215	33798	43779	73264	37473	63433	44248	51831
Logisticare	16652	9705	17299	15178	14008	12751	17657	16231	19240	19787	16309	16242
March Vision	1930	2455	2850	2624	2596	2665	2483	2608	2831	2490	2175	1072
Quest	16169	13093	15455	12066	11711	14632	12102	12403	14457	11531	11676	8774
Teladoc	11	11	16	10	0	36	23	15	20	19	22	30
Total	275347	417033	281920	289073	249559	253084	245464	292726	287657	276557	293708	248101



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total claims
22-Feb	140047	22386	162433

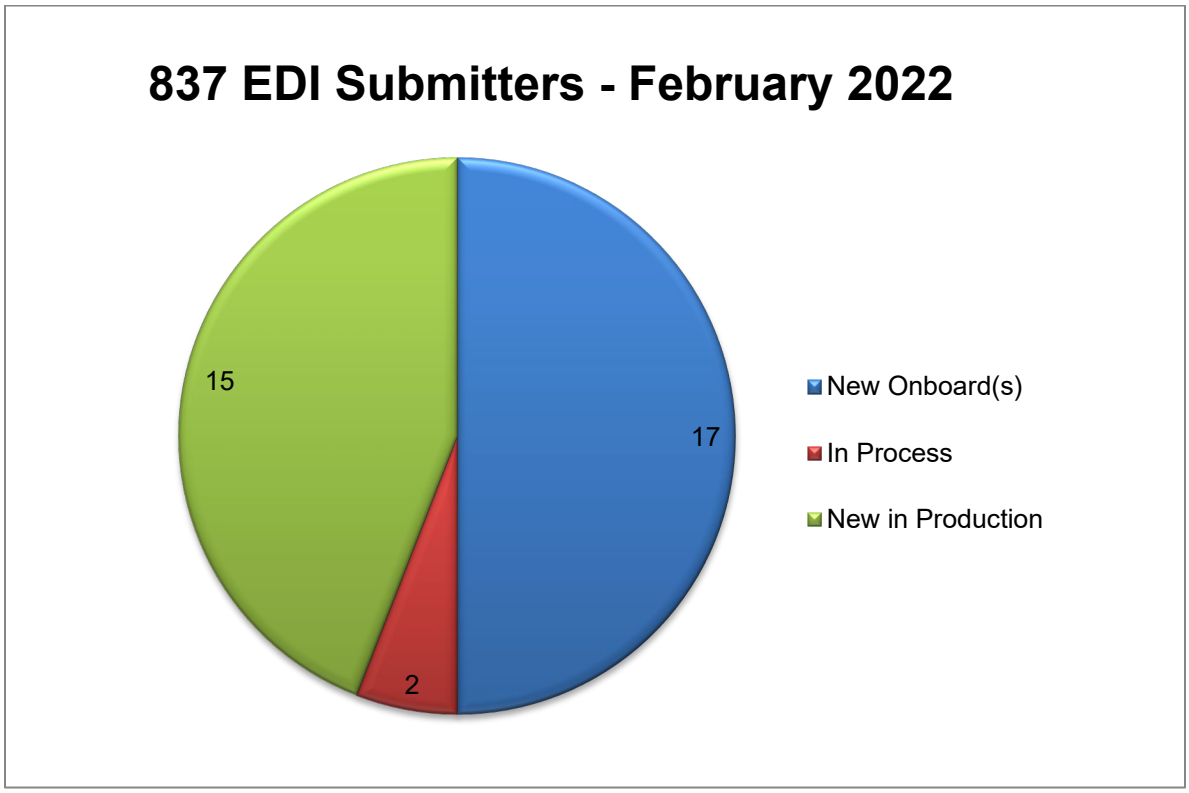
Key: EDI – Electronic Data Interchange

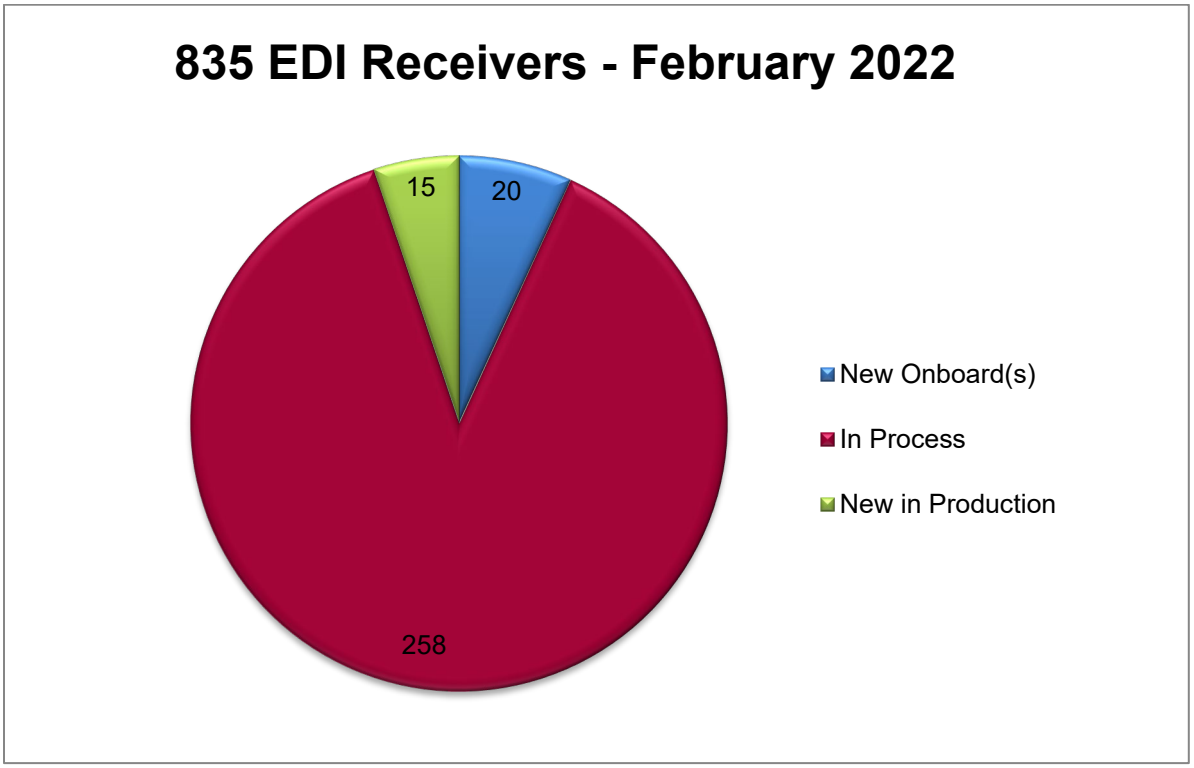


Onboarding EDI Providers - Updates

- February 2022 EDI Claims:
  - A total of 1289 new EDI submitters have been added since October 2015, with 15 added in February 2022.
  - The total number of EDI submitters is 2021 providers.
- February 2022 EDI Remittances (ERA):
  - A total of 402 new ERA receivers have been added since October 2015, with 15 added in February 2022.
  - The total number of ERA receivers is 429 providers.

	837				835			
	New on Boards	In Process	New In Production	Total in Production	New on Boards	In Process	New In Production	Total in Production
Mar-21	20	2	18	1825	23	117	7	306
Apr-21	5	0	5	1830	20	126	11	317
May-21	32	0	32	1862	20	134	12	329
Jun-21	13	0	13	1875	17	136	15	344
Jul-21	30	3	27	1902	14	138	12	356
Aug-21	17	0	17	1919	47	178	7	363
Sep-21	21	1	20	1939	15	193	0	363
Oct-21	17	0	17	1956	30	205	18	381
Nov-21	14	0	14	1970	19	210	14	395
Dec-21	8	0	8	1978	18	223	5	400
Jan-22	29	1	28	2006	44	253	14	414
Feb-22	17	2	15	2021	20	258	15	429


837 EDI Submitters - February 2022
15
17
2
New Onboard(s)
In Process
New in Production


835 EDI Receivers - February 2022
15
20
258
New Onboard(s)
In Process
New in Production

Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

- EDSRF Submission: Below is the total number of encounter files that AAH submitted in the month of February 2022.

File Type	Feb-22
837 I Files	20
837 P Files	97
NCPDP	2
Total Files	119

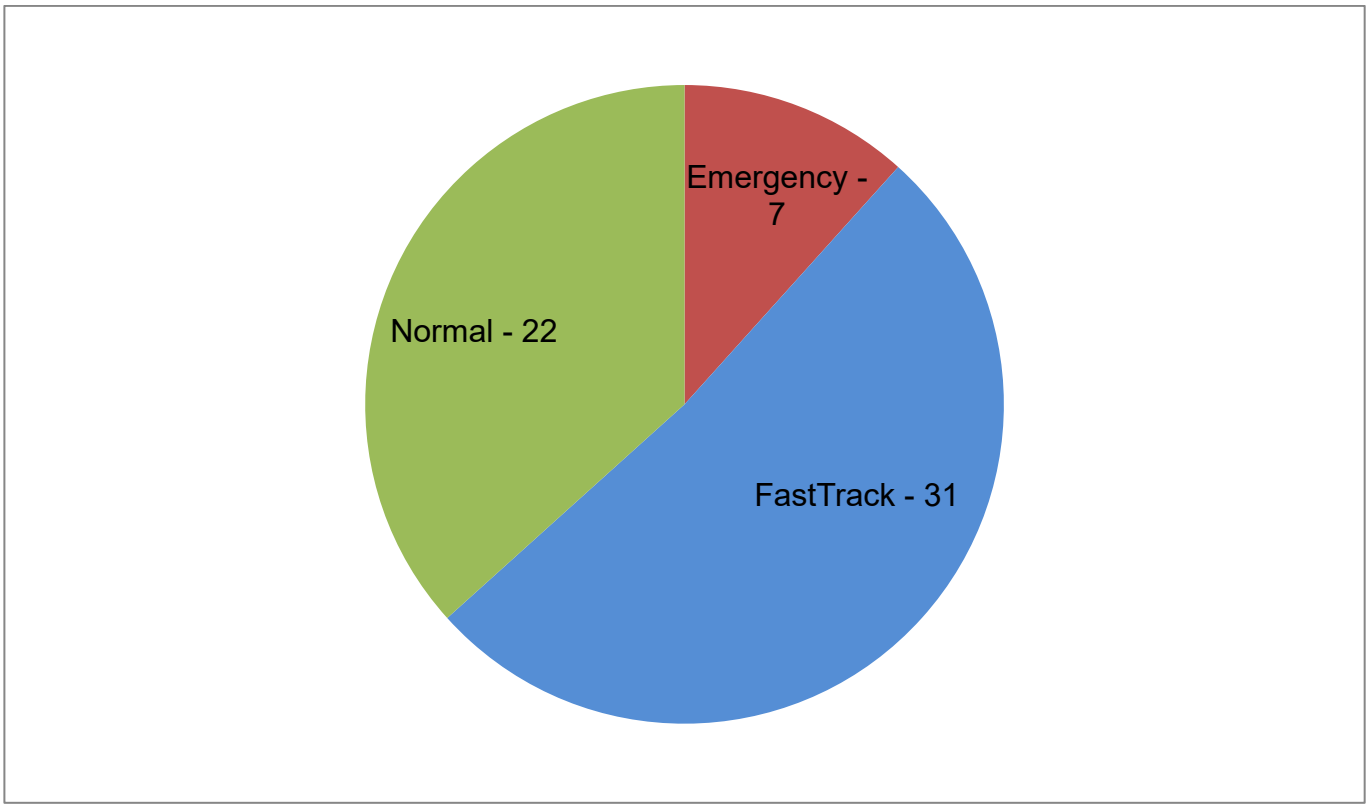
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	Feb-22	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	91%	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	98%	80%

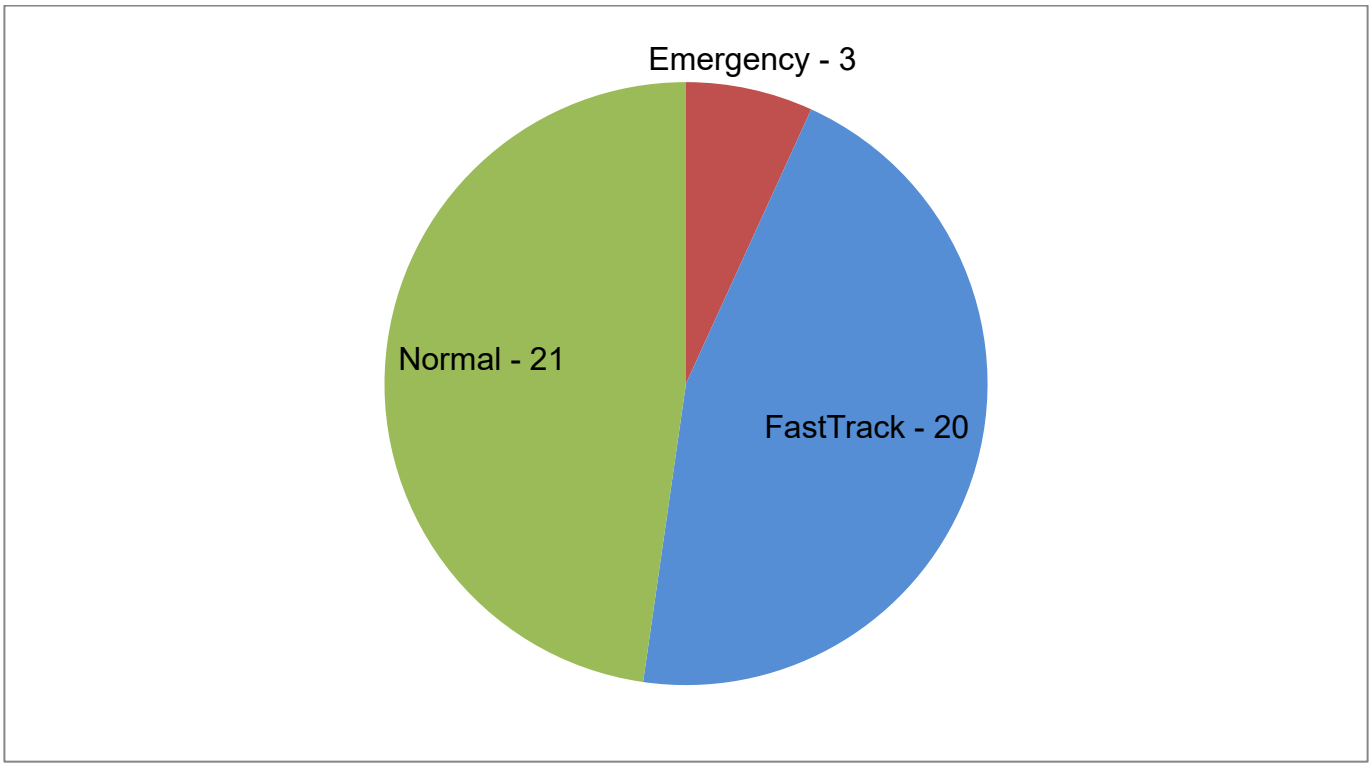
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of February 2022 KPI:
  - 60 Changes Submitted.
  - 44 Changes Completed and Closed.
  - 125 Active Change Requests in our pipeline.
  - 1 Change Request Cancelled or Rejected.

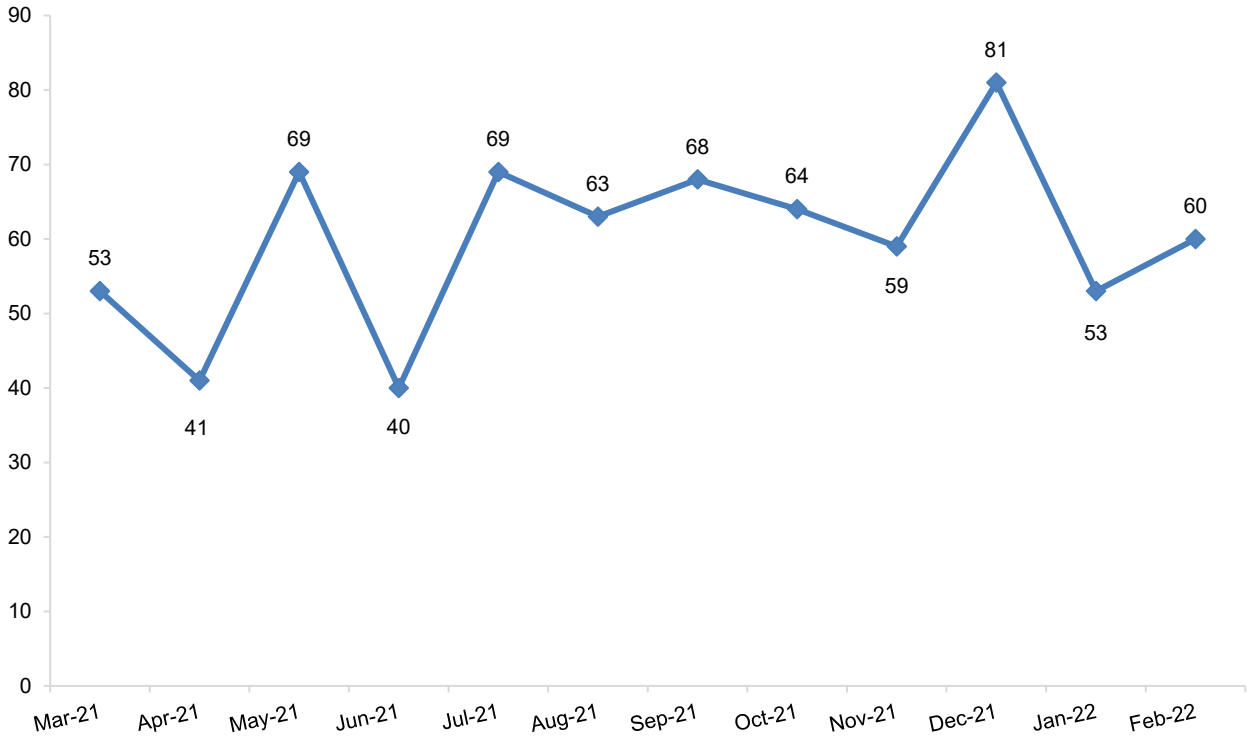
- 60 Change Requests Submitted/Logged in the month of February 2022



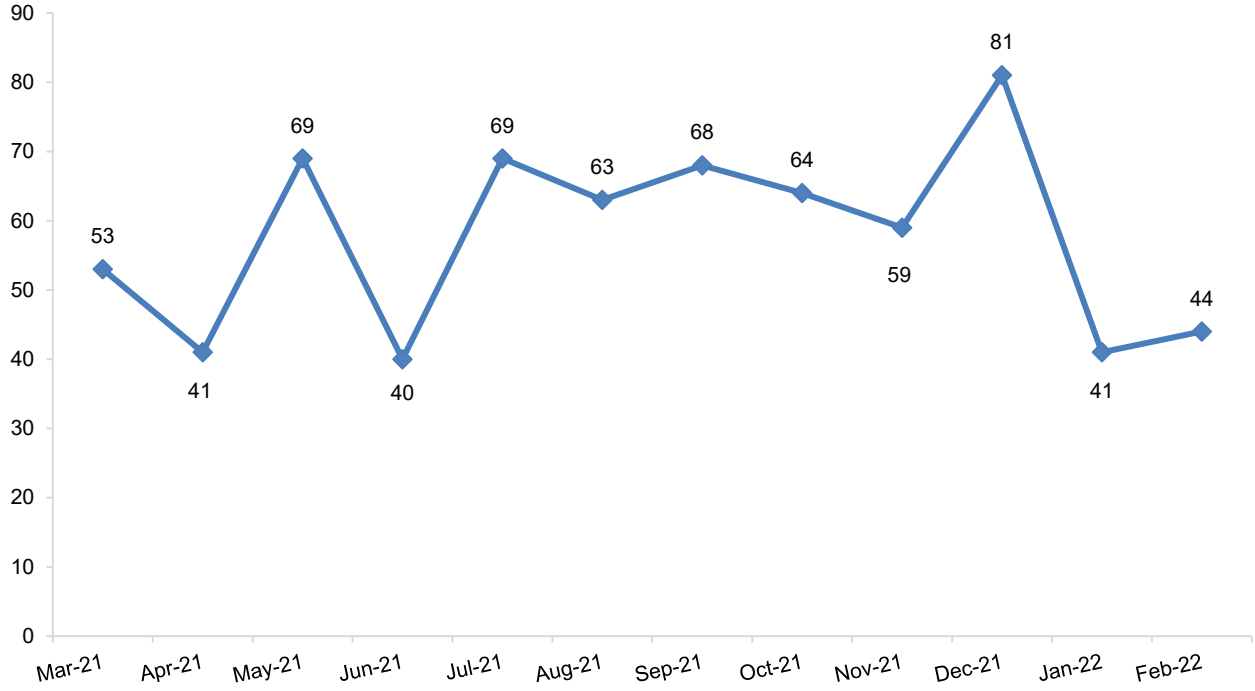
- 44 Change Requests Closed in the month of February 2022



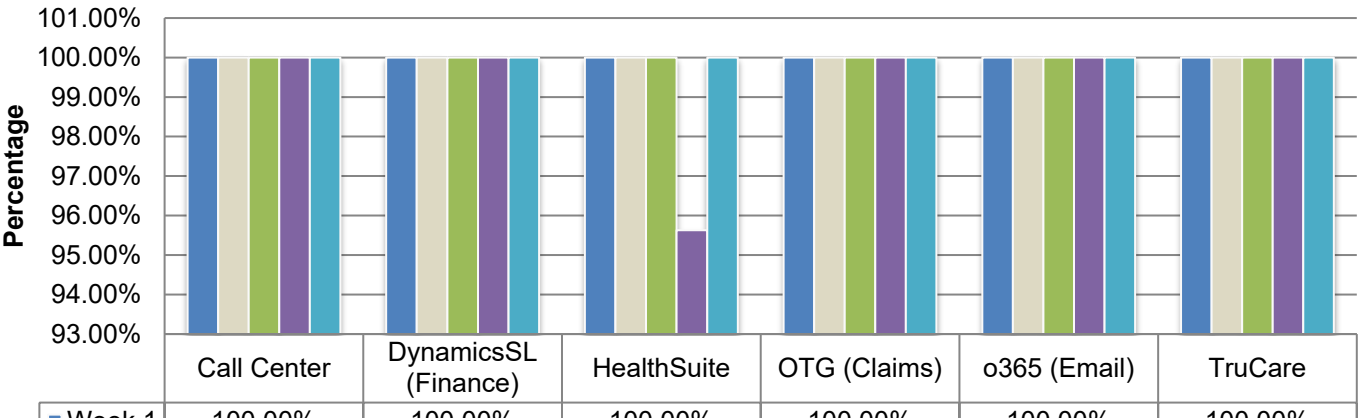
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend



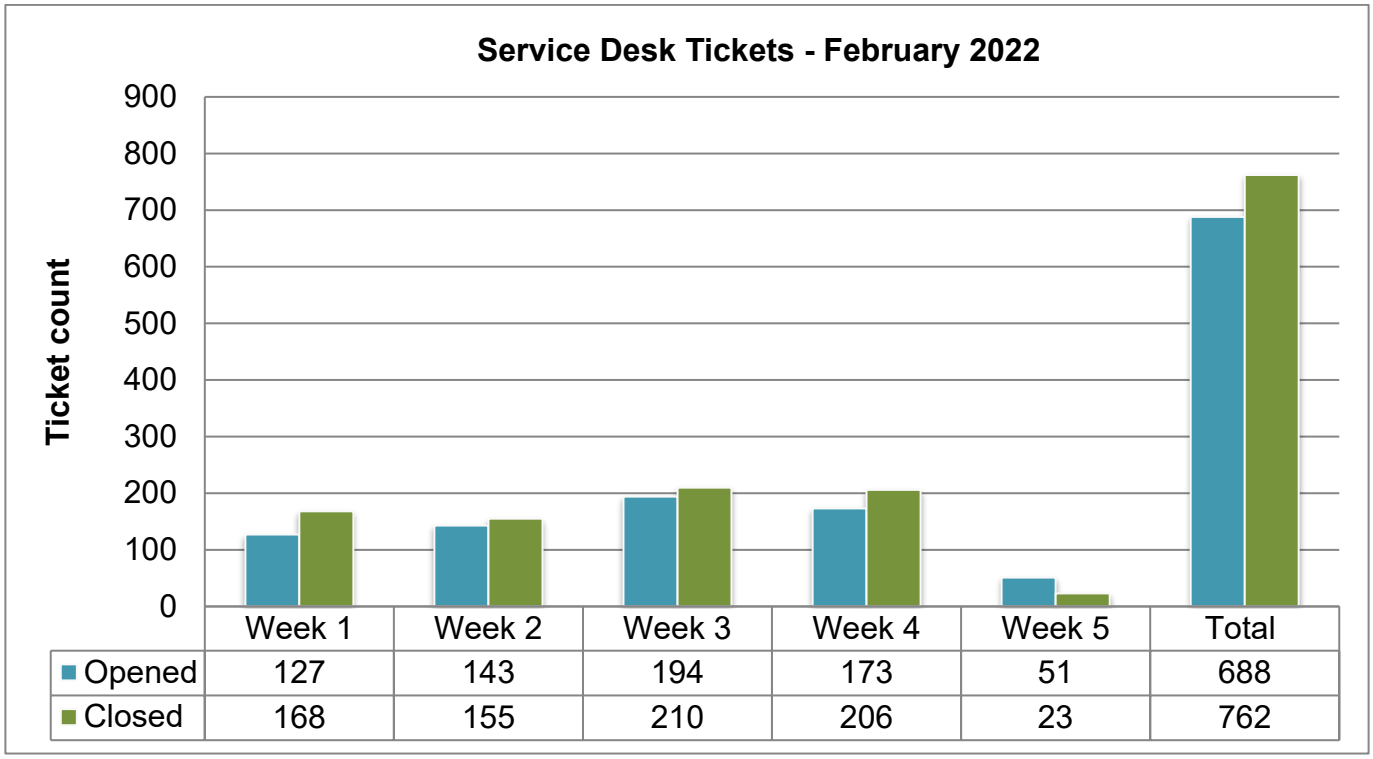
IT Stats: Infrastructure



	Call Center	DynamicsSL (Finance)	HealthSuite	OTG (Claims)	o365 (Email)	TruCare
Week 1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 2	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 3	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 4	100.00%	100.00%	95.63%	100.00%	100.00%	100.00%
Week 5	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

- All mission critical applications are monitored and managed thoroughly.
- There were no major outages experienced in the month of February 2022 despite supporting 97% of staff working remotely.
- Experienced a minor application service outage with HealthSuite on February 24th that lasted 1 hour and 45 minutes which declined the application availability down to 98.91% for the month of February 2022.
- Log4j Vulnerability Patching
    - Log4j is software is used to record all manner of activities that go on under the hood in a wide range of computer systems.
    - The vulnerability affects any systems and services that use the Java logging library.
    - Our security team has patched 100% of the systems in the enterprise affected by this vulnerability.

- 688 Service Desk tickets were opened in the month of February 2022, which is 4.1% slightly lower than the previous month and 762 Service Desk tickets were closed, which is 13.8% higher than the previous month.

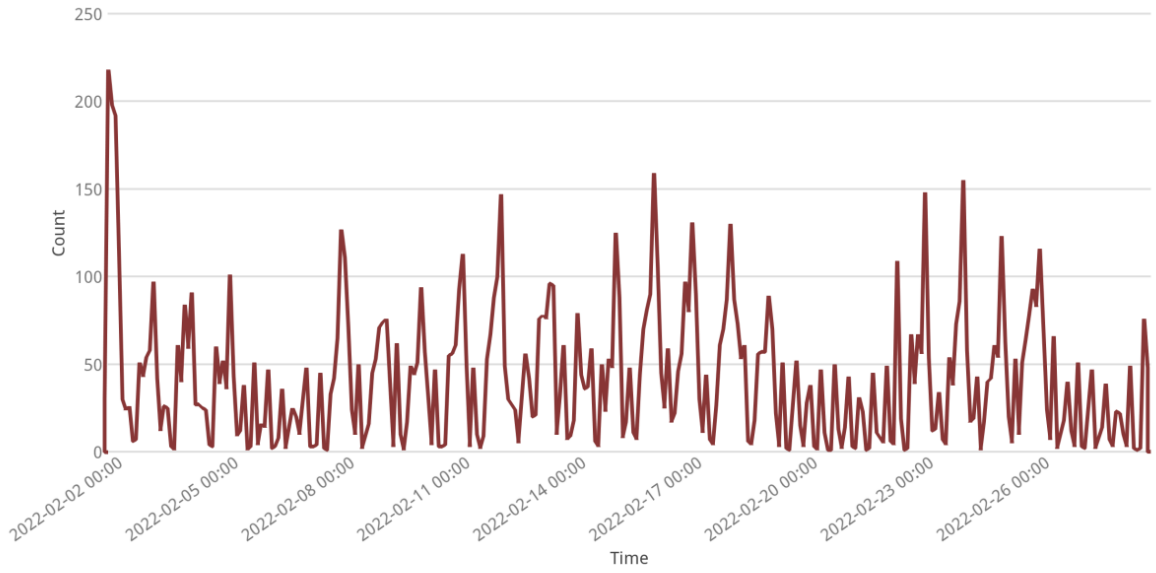


	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	127	143	194	173	51	688
Closed	168	155	210	206	23	762

- The open ticket count for the month of February is within the previous 3-month average of 750.
- The IT Service Desk is back to full-strength and has been focusing on new hires and equipment standardization rollout on premise in preparation for return to work.

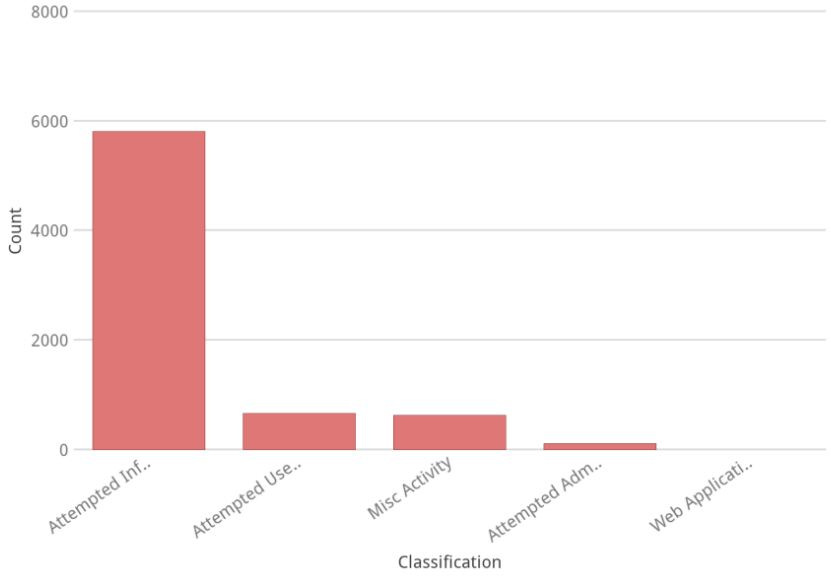
All Intrusion Events

Time Window: *2022-02-01 09:29:00 - 2022-02-28 09:29:00*



Dropped Intrusion Events

Time Window: *2022-02-01 09:30:00 - 2022-02-28 09:30:00*
Constraints: *Inline Result = dropped*

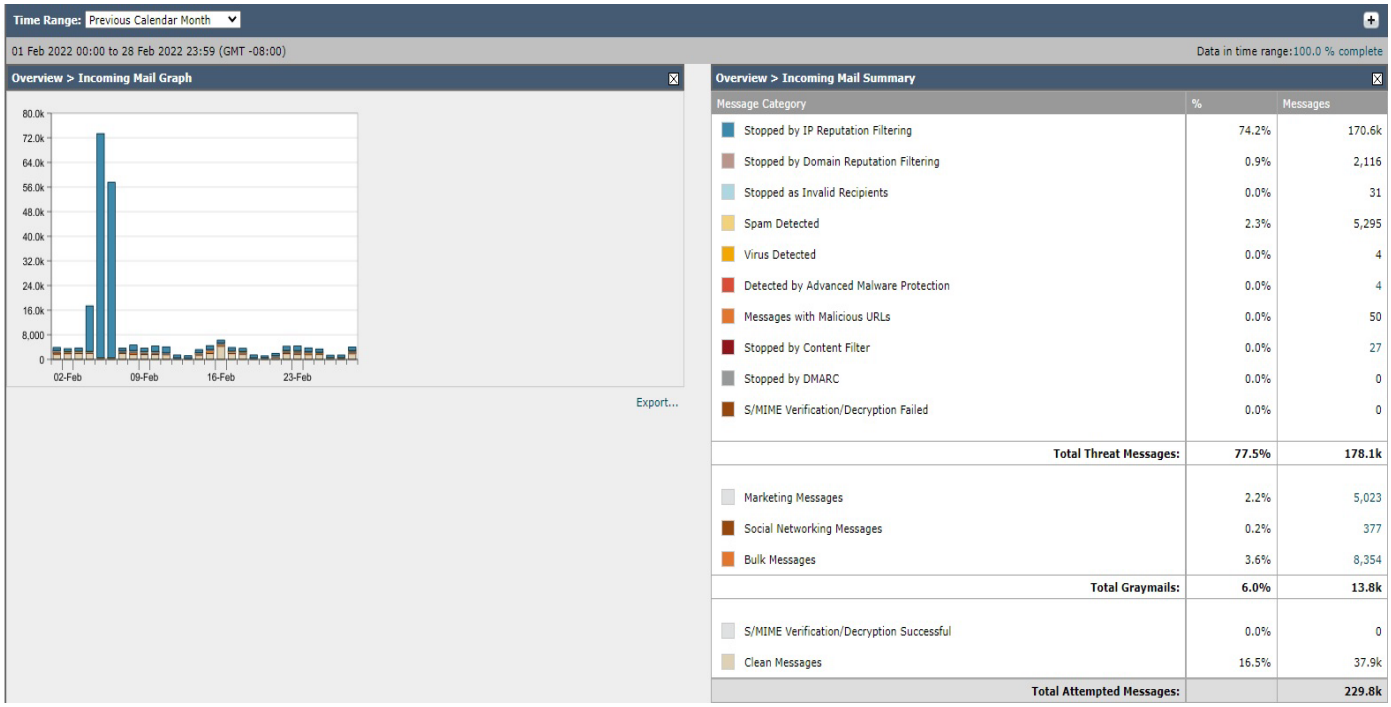


Classification	Count
Attempted Information Leak	5,813
Attempted User Privilege Gain	663
Misc Activity	626
Attempted Administrator Privilege Gain	116
Web Application Attack	1

IronPort Email Security Gateways

Email Filters

MX4



Time Range: Previous Calendar Month

01 Feb 2022 00:00 to 28 Feb 2022 23:59 (GMT -08:00)

Data in time range:100.0 % complete

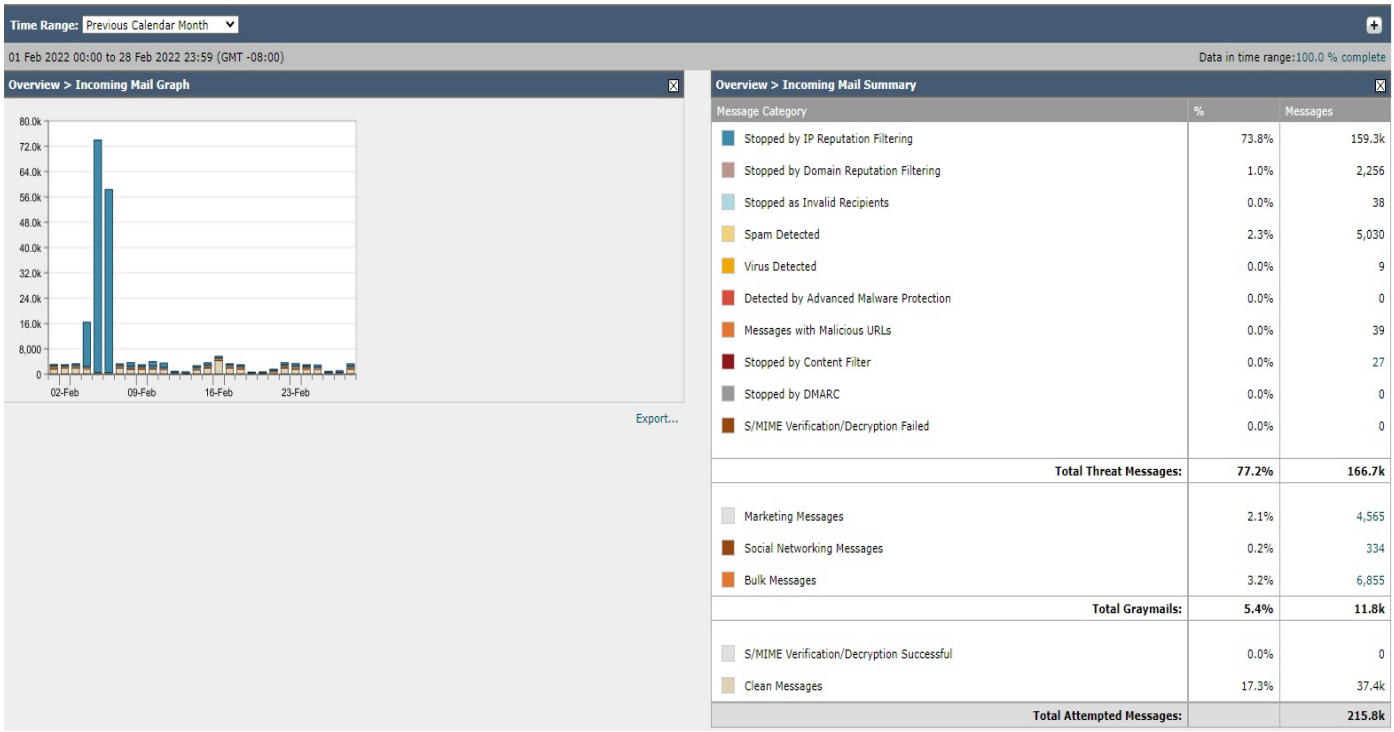
Overview > Incoming Mail Graph

Export...

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	74.2%	170.6k
Stopped by Domain Reputation Filtering	0.9%	2,116
Stopped as Invalid Recipients	0.0%	31
Spam Detected	2.3%	5,295
Virus Detected	0.0%	4
Detected by Advanced Malware Protection	0.0%	4
Messages with Malicious URLs	0.0%	50
Stopped by Content Filter	0.0%	27
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**77.5%**	**178.1k**
Marketing Messages	2.2%	5,023
Social Networking Messages	0.2%	377
Bulk Messages	3.6%	8,354
Total Graymails:	**6.0%**	**13.8k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	16.5%	37.9k
Total Attempted Messages:		**229.8k**

MX9



Time Range: Previous Calendar Month

01 Feb 2022 00:00 to 28 Feb 2022 23:59 (GMT -08:00)

Data in time range:100.0 % complete

Overview > Incoming Mail Graph

Export...

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	73.8%	159.3k
Stopped by Domain Reputation Filtering	1.0%	2,256
Stopped as Invalid Recipients	0.0%	38
Spam Detected	2.3%	5,030
Virus Detected	0.0%	9
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	39
Stopped by Content Filter	0.0%	27
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**77.2%**	**166.7k**
Marketing Messages	2.1%	4,565
Social Networking Messages	0.2%	334
Bulk Messages	3.2%	6,855
Total Graymails:	**5.4%**	**11.8k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	17.3%	37.4k
Total Attempted Messages:		**215.8k**

Item / Date	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	***Feb-22***
Stopped By Reputation	149k	60.7k	79.9k	65.4	78.8k	62.7k	43.1k	41.5k	24.3k	39.3k	69.7k	42.4k	***329.9***
Invalid Recipients	242	384	1,776	99	1,982	742	185	132	82	92	153	185	***69***
Spam Detected	30.2k	19.2k	19.2k	18	17.4k	27	12.8k	10.8k	5.6k	9,684	13.2k	10.3k	***10.3k***
Virus Detected	9	3	5	2	2	9	14	14	0	1	1	5	***13***
Advanced Malware	10	0	6	6	0	1	3	2	0	0	9	0	***4***
Malicious URLs	6	14	0	264	30	12	9	7	6	43	39	16	***89***
Content Filter	189	56	151	264	167	78	58	89	27	27	8	371	***54***
Marketing Messages	68	68	6,707	6,366	6,357	6,256	6,710	7,383	4,489	9,221	6,147	8,864	***9,588***
Attempted Admin Privilege Gain	160	89	96	95	109	101	129	157	128	124	116	103	***116***
Attempted User Privilege Gain	6	64	10	1	0	3	7	6	6	13	49	117	***663***
Attempted Information Leak	11	3	20	18	38	15	32	3,700	7,782	9,376	13.7k	13.7k	***5,813***
Potential Corp Policy Violation	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	0	24	11	0	3	1	0	0	0	0	0	0	***1***
Attempted Denial of Service	2,788	0	1	0	0	0	0	0	0	0	0	0	***0***
Misc. Attack	13,836	6,870	4,395	3,851	1,516	975	446	5,733	8,550	76	161	275	***626***

- 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 329.9k.
- Attempted information leaks detected and blocked at the firewall is at 5,813 for the month of February 2022.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is significantly higher at 663 from a previous six-month average of 33.

Projects and Programs

Ruth Watson

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

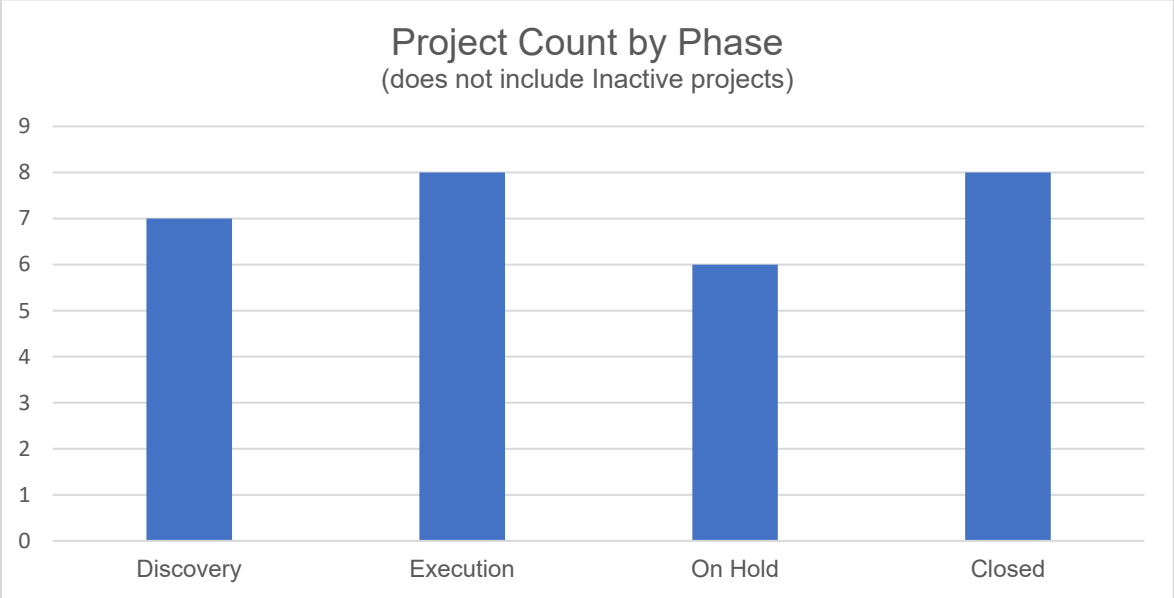
From: **Ruth Watson, Chief Projects and Programs Officer**

Date: **March 11th, 2022**

Subject: **Projects & Programs Report**

Project Management Office

- 36 projects currently on the Alliance enterprise-wide portfolio
  - 15 Active projects (discovery, initiation, planning, execution, warranty)
  - 6 On Hold projects
  - 8 Closed projects
  - 7 Inactive projects (**not included on chart as Inactive is not a phase**)



Integrated Planning

- CalAIM Enhanced Care Management (ECM) and Community Supports (CS):
  - Launched ECM and CS on January 1st
  - ECM portion of the Model of Care (MOC) fully approved:
    - DHCS is requiring all Managed Care Plans (MCPs) to revise ECM Policies & Procedures (P&Ps) to reflect updated guidance regarding authorization of ECM for members who were receiving ECM with a prior MCP; revisions were submitted to DHCS on February 11th and awaiting approval.
  - CS portion of the MOC fully approved for Parts 1 and 2 and conditionally approved for Part 3.

        - DHCS is requiring all MCPs to revise CS P&Ps to reflect updated guidance regarding authorization of CS for members who were receiving CS with a prior MCP; revisions were submitted to DHCS on February 11th and awaiting approval.
    - Operational Readiness Activities – Day 2 (30/60/90 days)
        - Sprint planning and execution continues in two-week increments to complete identified activities over the next 60 days.
    - Long-term planning underway for 2022 Q2 / Q3 / Q4 including:
        - Implementation of additional ECM Populations of Focus effective January 2023 and July 2023; will require submission of updated MOCs.
        - Identification and timing of additional CS services to be offered.
        - Automation of Day 1 manual processes.

- CalAIM Major Organ Transplants (MOT)
    - Submitted response to DHCS on January 7th regarding the Corrective Action Plan (CAP) received on December 10th for lack of a certified MOT network; CAP will remain in place until AAH has an executed contract with a transplant program that is a Center of Excellence (COE) for adult kidney-pancreas transplants.

- CalAIM Incentive Payment Program – three-year DHCS program to provide funding for the support of ECM and CS in the following areas:
    - Delivery System Infrastructure.
    - ECM Provider Capacity Building.
    - Community Supports Provider Capacity Building and Community Supports Take-Up.
    - Received approval from DHCS for most of the responses on the Needs Assessment and Gap Filling Plan; AAH was awarded 990 of the eligible 1,000 points; updated the response for the remaining 10 points and awaiting final approval from DHCS.
    - Program Year 1 (PY1), Payment 1 (50% of PY1 funding) expected from DHCS in March.

- Behavioral Health Integration (BHI) Incentive Program – DHCS pilot program commenced January 1st, 2021 and continues through December 31st, 2022.
    - Q42021 Milestone report submitted to DHCS on February 23rd.
    - PY1 Performance Measure reports were due from grantees on February 28th.

- Student Behavioral Health Incentive Program (SBHIP) – finalized contract for consulting services to assist with implementation of the program
    - Initial meeting with Alameda County Office of Education (COE) and HCSA staff, including the Center for Healthy Schools and Communities, held on February 25th.
    - Partners Form which identifies which entities, including Local Education Agencies (LEAs), are interested in participating is due to DHCS on March 15th.

Recruiting and Staffing

- Project Management Open position(s):
    - Recruitment completed for Business Analyst, Integrated Planning; employee has started on March 7th.
    - Recruitment to commence/continue for the following positions:
        - Manager, Project Management Office (PMO)
        - Senior Business Analyst
        - Project Manager

Projects and Programs

Supporting Documents

Project Descriptions

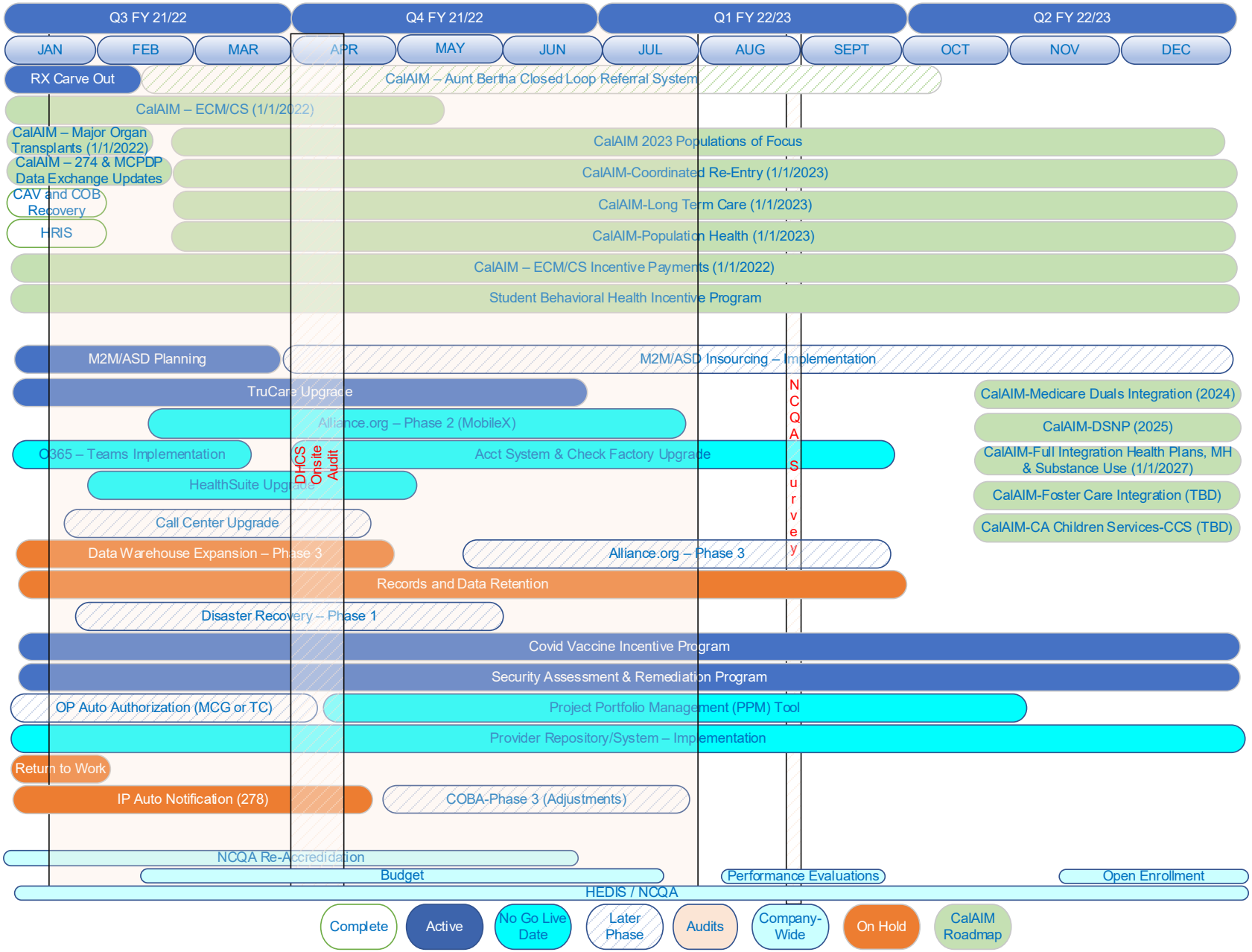
Key projects currently in-flight:

- 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) – ECM will target seven (7) specific populations of vulnerable and high-risk children and adults.
        - Three (3) Populations of Focus (PoF) transitioned from HHP and/or WPC on January 1st, 2022.
        - Three (3) additional PoFs will become effective on January 1st, 2023
        - Final PoF will become effective on July 1st, 2023.
    - Community Supports (CS) effective January 1st, 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 (6) Community Supports were implemented on January 1st, 2022.
    - Major Organ Transplants (MOT) – currently not within the scope of many Medi-Cal managed care plans (MCPs); carved into all MCPs effective January 1st, 2022.
        - Applicable to adults; also applicable to children for transplants not covered by California Children's Services.
    - CalAIM Incentive Payment Program (IPP) – The CalAIM ECM and CS programs will require significant new investments in care management capabilities, ECM and CS infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers and other community-based organizations. CalAIM incentive payments are intended to:
        - Build appropriate and sustainable ECM and ILOS capacity.
        - Drive MCP investment in necessary delivery system infrastructure.
        - Incentivize MCP take-up of ILOS.
        - Bridge current silos across physical and behavioral health care service delivery.
        - Reduce health disparities and promote health equity.
        - Achieve improvements in quality performance.
    - Long Term Care - currently not within the scope of many Medi-Cal managed care plans (MCPs); will be carved into all MCPs effective January 1st, 2023
    - Coordinated Re-Entry – adults and children/youth transitioning from incarceration or juvenile facilities will be enrolled into Medi-Cal upon release effective January 1st, 2023.
    - Population Health Management (PHM) – all Medi-Cal managed care plans will be required to develop and maintain a whole system, person-centered population health management strategy effective January 1st, 2023.
        - PHM is a cohesive plan of action for addressing member needs across the continuum of care based on data driven risk stratification, predictive analytics, and standardized assessment processes.

- Return to Work – assessment of current state work environment and recommendations for future configurations (remote/onsite/hybrid).
- Pharmacy Carve-Out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State occurred on January 1st, 2022.
- Project Portfolio Management (PPM) Tool – vendor demonstrations complete.
- 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 1st, 2021.
- Accounting & Enterprise Resource Planning (ERP) System Upgrade – upgrade current system to supported platform.
- Student Behavioral Health Incentive Program (SBHIP) – program launched in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships and capacity, statewide, for school behavioral health services.
    - Letter of Intent to participate submitted to DHCS on January 27th.
    - Meetings will be scheduled in February with the Alameda County Office of Education and Center for Healthy Schools and Communities to begin work to identify which of the fourteen (14) targeted interventions are a priority for Alameda County.

Key Projects on Hold:

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


Q3 FY 21/22
Q4 FY 21/22
Q1 FY 22/23
Q2 FY 22/23
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEPT
OCT
NOV
DEC
RX Carve Out
CalAIM – Aunt Bertha Closed Loop Referral System
CalAIM – ECM/CS (1/1/2022)
CalAIM – Major Organ Transplants (1/1/2022)
CalAIM 2023 Populations of Focus
CalAIM – 274 & MCPDP Data Exchange Updates
CalAIM-Coordinated Re-Entry (1/1/2023)
CAV and COB Recovery
CalAIM-Long Term Care (1/1/2023)
HRIS
CalAIM-Population Health (1/1/2023)
CalAIM – ECM/CS Incentive Payments (1/1/2022)
Student Behavioral Health Incentive Program
M2M/ASD Planning
M2M/ASD Insourcing – Implementation
TruCare Upgrade
CalAIM-Medicare Duals Integration (2024)
Alliance.org – Phase 2 (MobileX)
CalAIM-DSNP (2025)
O365 – Teams Implementation
DHCS Onsite Audit
Acct System & Check Factory Upgrade
CalAIM-Full Integration Health Plans, MH & Substance Use (1/1/2027)
HealthSuite Upgrade
NCQA Survey
CalAIM-Foster Care Integration (TBD)
Call Center Upgrade
CalAIM-CA Children Services-CCS (TBD)
Data Warehouse Expansion – Phase 3
Alliance.org – Phase 3
Records and Data Retention
Disaster Recovery – Phase 1
Covid Vaccine Incentive Program
Security Assessment & Remediation Program
OP Auto Authorization (MCG or TC)
Project Portfolio Management (PPM) Tool
Provider Repository/System – Implementation
Return to Work
IP Auto Notification (278)
COBA-Phase 3 (Adjustments)
NCQA Re-Accreditation
Budget
Performance Evaluations
Open Enrollment
HEDIS / NCQA
Complete
Active
No Go Live Date
Later Phase
Audits
Company-Wide
On Hold
CalAIM Roadmap

ALAMEDA Alliance FOR HEALTH

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

Analytics

Tiffany Cheang

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

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

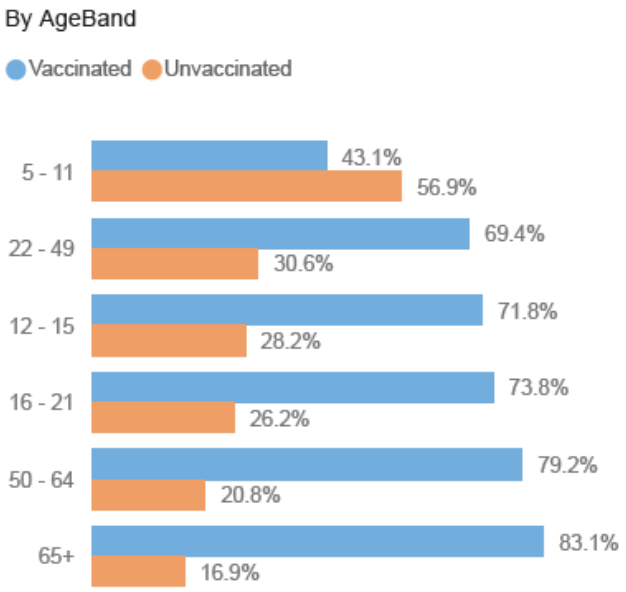
Date: **March 11th, 2022**

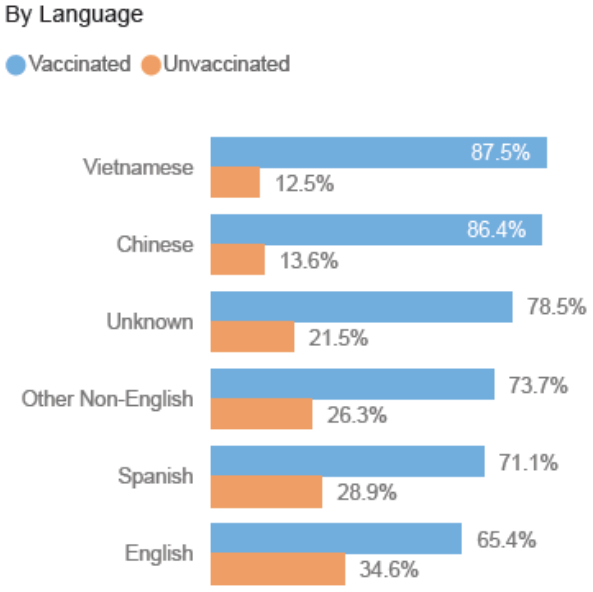
Subject: **Performance & Analytics Report**

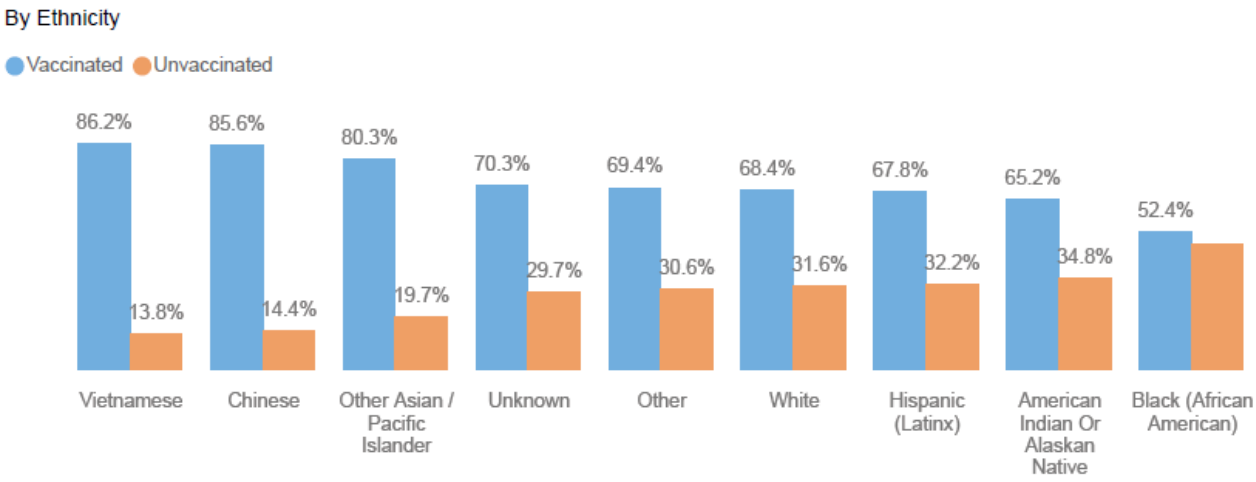
COVID-19 Vaccination Rate

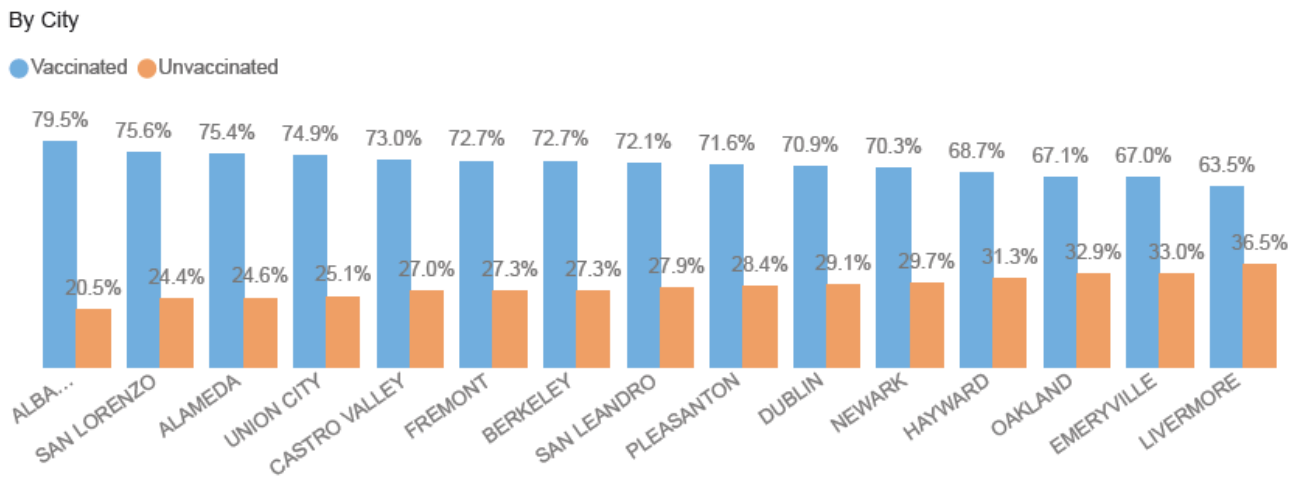
- The Alliance COVID-19 Vaccination rate is 69.7% for fully and partially vaccinated members aged **5** years and older.
  - 64.7% are fully vaccinated
  - 5.0% are partially vaccinated

A comparison of the Alliance's vaccinated vs unvaccinated members (30.3%) shows the following demographic results:









Member Cost Analysis

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

- For the Current reporting period, the top 8.6% of members account for 83.8% of total costs.

- In comparison, the Prior reporting period was lower at 7.8% of members accounting for 83.6% 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 slightly increased to account for 60.0% of the members, with SPDs accounting for 26.8% and ACA OE's at 33.2%.
  - The percent of members with costs >= $30K slightly increased from 1.6% to 1.9%.
  - Of those members with costs >= $100K, the percentage of total members remained consistent at 0.4%.
    - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, slightly decreasing to 48.8%.

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

- However, the age distribution of the top 8.6% is more concentrated in the 45-66 year old category (40.4%) compared to the overall population (20.9%).

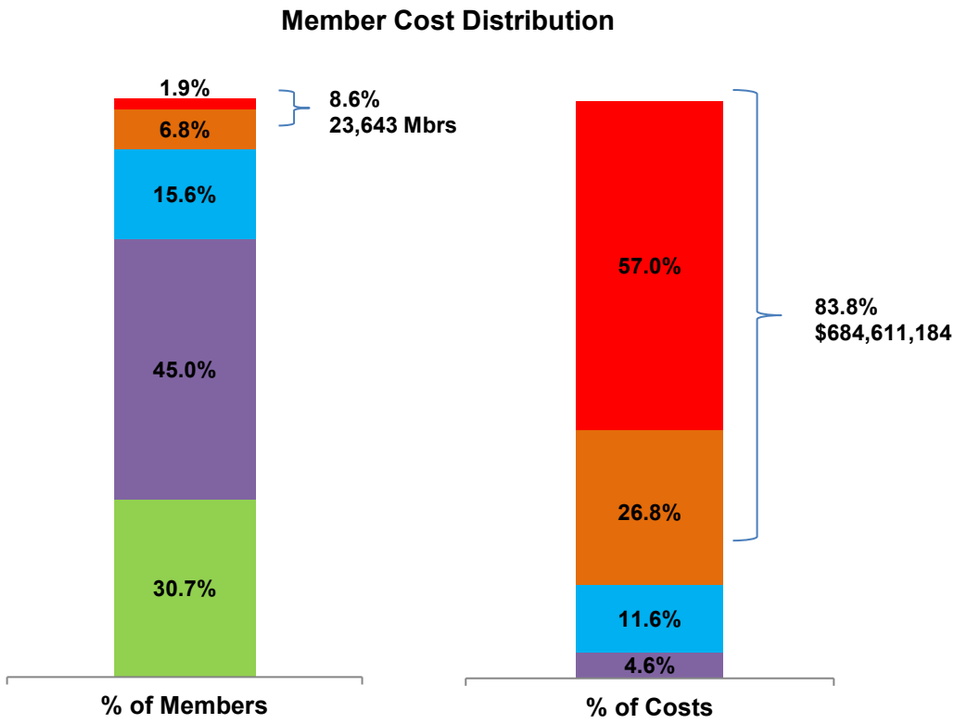
Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Dec 2020 - Nov 2021

Note: Data incomplete due to claims lag

Run Date: 03/01/2022



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	5,174	1.9%	$ 465,413,279	57.0%
$5K - $30K	18,469	6.8%	$ 219,197,905	26.8%
$1K - $5K	42,656	15.6%	$ 95,109,993	11.6%
< $1K	123,152	45.0%	$ 37,424,830	4.6%
$0	84,050	30.7%	$ -	0.0%
Totals	**273,501**	**100.0%**	**$ 817,146,007**	**100.0%**

Top 8.6% of Members = 83.8% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,222	0.4%	$ 255,002,619	31.2%
$75K to $100K	612	0.2%	$ 52,709,425	6.5%
$50K to $75K	1,275	0.5%	$ 78,213,180	9.6%
$40K to $50K	820	0.3%	$ 36,587,264	4.5%
$30K to $40K	1,245	0.5%	$ 42,900,790	5.3%
SubTotal	***5,174***	***1.9%***	***$ 465,413,279***	***57.0%***
$20K to $30K	2,423	0.9%	$ 58,950,402	7.2%
$10K to $20K	6,771	2.5%	$ 94,204,351	11.5%
$5K to $10K	9,275	3.4%	$ 66,043,153	8.1%
SubTotal	***18,469***	***6.8%***	***$ 219,197,905***	***26.8%***
Total	**23,643**	***8.6%***	**$ 684,611,184**	***83.8%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Nov 2021	251,002	$ 721,874,353
Dis-Enrolled During Year	22,499	$ 95,271,654
Totals	**273,501**	**$ 817,146,007**

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
8.6% of Members = 83.8% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Dec 2020 - Nov 2021
Note: Data incomplete due to claims lag
Run Date: 03/01/2022

8.6% of Members = 83.8% of Costs
26.8% of members are SPDs and account for 32.6% of costs.
33.2% of members are ACA OE and account for 32.1% of costs.
6.9% of members disenrolled as of Nov 2021 and account for 13.1% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	138	582	720	3.0%
MCAL	MCAL - ADULT	576	3,524	4,100	17.3%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	218	1,503	1,721	7.3%
	MCAL - ACA OE	1,662	6,179	7,841	33.2%
	MCAL - SPD	1,795	4,550	6,345	26.8%
	MCAL - DUALS	117	1,179	1,296	5.5%
Not Eligible	Not Eligible	668	952	1,620	6.9%
Total		**5,174**	**18,469**	**23,643**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 9,002,082	$ 6,481,650	$ 15,483,732	2.3%
MCAL	MCAL - ADULT	$ 44,805,729	$ 41,212,924	$ 86,018,653	12.6%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 10,557,529	$ 17,490,828	$ 28,048,357	4.1%
	MCAL - ACA OE	$ 147,941,602	$ 71,536,317	$ 219,477,919	32.1%
	MCAL - SPD	$ 166,871,142	$ 56,022,815	$ 222,893,956	32.6%
	MCAL - DUALS	$ 8,779,019	$ 14,341,758	$ 23,120,777	3.4%
Not Eligible	Not Eligible	$ 77,456,176	$ 12,111,614	$ 89,567,791	13.1%
Total		**$ 465,413,279**	**$ 219,197,905**	**$ 684,611,184**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
37.2% of members are SPDs and account for 36.4% of costs.
29.8% of members are ACA OE and account for 31.2% of costs.
19.9% of members disenrolled as of Nov 2021 and account for 20.8% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	18	1.5%
MCAL	MCAL - ADULT	113	9.2%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	6	0.5%
	MCAL - ACA OE	364	29.8%
	MCAL - SPD	454	37.2%
	MCAL - DUALS	24	2.0%
Not Eligible	Not Eligible	243	19.9%
Total		**1,222**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 3,002,866	1.2%
MCAL	MCAL - ADULT	$ 21,112,065	8.3%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 1,255,672	0.5%
	MCAL - ACA OE	$ 79,644,777	31.2%
	MCAL - SPD	$ 92,743,082	36.4%
	MCAL - DUALS	$ 4,172,110	1.6%
Not Eligible	Not Eligible	$ 53,072,048	20.8%
Total		**$ 255,002,619**	**100.0%**

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs
$100K+	8%	0%	0%
$75K to $100K	7%	0%	1%
$50K to $75K	7%	0%	1%
$40K to $50K	6%	1%	1%
$30K to $40K	14%	0%	1%
$20K to $30K	7%	2%	1%
$10K to $20K	1%	0%	1%
$5K to $10K	0%	0%	0%
Total	**6%**	**0%**	**1%**

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)
12%	57%	2%	14%	5%	2%	8%
17%	46%	3%	8%	5%	8%	13%
18%	42%	3%	7%	6%	9%	14%
15%	44%	5%	9%	6%	2%	18%
14%	38%	14%	7%	7%	1%	19%
19%	33%	11%	10%	8%	1%	19%
21%	33%	6%	13%	10%	1%	16%
24%	18%	9%	14%	15%	0%	20%
16%	**43%**	**5%**	**12%**	**7%**	**3%**	**13%**

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

ALAMEDA Alliance FOR HEALTH

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

Human Resources

Anastacia Swift

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

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

Date: **March 11th, 2022**

Subject: **Human Resources Report**

Staffing

- As of March 1st, 2022, the Alliance had 364 full time employees and 1 part time employee.

- On March 1st, 2022, the Alliance had 57 open positions in which 13 signed offer acceptance letters have been received with start dates in the near future, resulting in a total of 44 positions open to date. The Alliance is actively recruiting for the remaining 44 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions March 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	18	6	12
Operations	25	5	20
Healthcare Analytics	1	0	1
Information Technology	4	0	4
Finance	1	0	1
Regulatory Compliance	1	0	1
Human Resources	5	1	4
Projects & Programs	2	1	1
Total	57	13	44

- Our current recruitment rate is 14%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in February 2022 included:
    - 5 years:
        - Katrina Vo (Community Relations)
        - Christine Corpus (Finance)
    - 6 years:
        - Anna Sagapolutele (Complaints & Resolutions)
        - Arwyn Gonzales (IT Infrastructure)
        - Roxana Beltran-Murillo (Claims)
        - Sharanjit Kaur (IT Ops & Quality Applications Management)
    - 7 years:
        - Andre Morgan (Apps Management, IT Quality & Process Mgmt.)
        - Errin Poston (Provider Relation)
    - 9 years:
        - Sandra Galindo (Legal Services)
        - Tiffany Cheang (Healthcare Analytics)
    - 11 years:
        - Judith Rosas (Member Services)
    - 18 years:
        - Eric Val Verde (Finance)